

AN ACTIVE, DISCIPLINED APPROACH TO FORMULARY AND UTILIZATION MANAGEMENT TO DRIVE BETTER PLAN PERFORMANCE

Changes begin 1/1/20^{*,**}

As a result of our combination with Express Scripts we have strengthened our scale and influence with drug manufacturers, driving greater affordability with more preferred brand drugs in key classes in our formularies. And we are adding clinical utilization management (UM) edits to help clients achieve immediate cost savings, quality and safety.

Our proven formulary strategy, combined with additional clinical UM edits, helps drive lower-costs, promotes the use of clinically appropriate alternatives, and provides additional assurance against potentially harmful, ineffective or unnecessary drug treatments.



\$1.00 – \$2.20
savings per member per
month for clients using
Cigna's UM packages²

Savings vary by UM package and formulary

January 1, 2020 formulary changes¹

As part of our ongoing commitment to provide affordable and quality health care coverage, we regularly review and update our formularies.

Here are major areas of formulary change focus:

- **UM strategies** that promote proper and safe use.
- **Improving access to more medications by adding drugs to formulary** and/or moving to preferred tier due to enhanced contracting.
- Removing drugs **priced inappropriately** compared with identical or near identical products.³
- Removing drugs used for conditions where other **more cost-effective** options are available.³

Here are highlights of drug classes that are part of our January 2020 formulary changes

Opioids

To promote safety and avoid long-term use for those with a new prescription for opioids we will:

- Update current short-acting opioid > than 7 day prior authorization (PA) to include a lower limit opioid prescription for new users for acute dental pain - PA if day supply is >3 days.
- Add PA to opioids containing cough suppressants for non-acute use (>21 days).

HIV

Based on a Cigna internal study,⁴ looking at total medical cost, and review of other literature, Cigna recommends single tablet regimens that can help improve adherence by taking only one pill a day vs. multiple pills per day.

Cigna's study results show adherence rates could improve by **15 percent** when customers took single tablet instead of multiple tablet regimens.⁴

- We will add PA to all HIV medications for new starts with some exceptions, such as if the medication is a single-tablet regimen.
- We will add to preferred brand tier, two single-tablet regimens: **Dovato and Symfi/Symfi Lo**
- Several multi-source brand drugs will move off formulary to encourage use of identical generics.

Inflammatory conditions

Adding quantity limit to **all oral and self-injectable anti-inflammatory products that do not already have one.**

- › For clients who have medical and pharmacy benefits with Cigna, we will use integrated data to identify certain conditions and allow higher dosing for: **Cimzia, Humira** and **Stelara**.

In Vitro Fertilization (IVF)

(For clients who have chosen to cover IVF therapy) **Gonal-F** will be preferred IVF product on both medical and pharmacy benefit. Gonal-F is a preferred product at Freedom Fertility Pharmacy®, Cigna's preferred fertility pharmacy - making coverage for this therapy more accessible and affordable for many customers.

- › **Gonal-F** will be added to the preferred-brand tier and added as a preferred brand for medical coverage.
- › **Follistim AQ** will be added to non-preferred brand tier for pharmacy and medical.

Diabetes

Metformin first-line treatment for type 2 diabetes

- › An internal study of Cigna medical, pharmacy, and lab data estimated improvements in glucose control and reduction in total cost of care when metformin

therapy is optimized.⁴ As a result, metformin will be preferred over branded diabetes drugs for all customers new to insulin therapy.

- › All branded diabetic medications will require a trial of metformin prior to coverage.

As a result of enhanced contracting, we are:

- › **Adding two diabetes-branded drugs** to preferred-brand tier, to improve access.
 - **Steglatro and Segluromet**

Other actions:

- › Adding quantity limits on **insulins**
- › **Removing certain branded drugs and high-cost generics**, to drive to lower-cost alternatives - Current users grandfathered indefinitely.
 - alogliptin, alogliptin/metformin, alogliptin/pioglitazone

Drug costs (under the medical and pharmacy benefit) are the number one driver of health care costs for an employer.⁵ Our priority is to maintain affordability for our clients and customers now and in the future. We will continue to make enhancements to our formularies to help drive sustainable cost savings and improve customer health outcomes.

1. For clients using Standard, Performance, Value or Advantage formularies and using either Essential or Complete UM package. Cigna National Book of Business pricing analysis estimating value of January 2020 formulary and UM changes. Results may vary.

2. For clients using Standard, Performance, Value or Advantage formularies and using either Essential or Complete UM package. Cigna National Book of Business pricing analysis estimating value of January 2020 formulary and UM changes. Individual client/customer results will vary and are not guaranteed. In accordance with Texas and Louisiana state law, changes made to Cigna's drug list during the plan year may not apply until your plan renewal date. To find out if these state mandates apply to your plan, please contact your Cigna representative.

3. If a customer and/or prescriber believes any of the products that will no longer be covered as preferred options are medically necessary, then Cigna will review requests for a medical necessity exception.

4. Cigna national book of business study, full year 2018. Individual results will vary.

5. Cigna Book of Business national study 2017. Projection compares the following health care spend for medical service categories: Drugs and Biologics, Inpatient Facility, Outpatient Facility, Professional Services, Other Medical Services.

Below is a list of drugs that are moving to not-covered or non-preferred brand status, and/or will require approval for coverage on the [Value Formulary](#), beginning January 1, 2020.*,**

DRUG CLASS	DRUGS THAT WILL NO LONGER BE COVERED ¹	COVERED ALTERNATIVE(S)
AIDS/HIV	Combivir tab	lamivudine-zidovudine tablet
	didanosine DR ⁵	Customers should talk with their doctor about other alternatives.
	Epivir solution ³	lamivudine
	Epivir tablets	lamivudine
	Epzicom	abacavir-lamivudine
	Retrovir capsule	zidovudine
	stavudine ⁵	Customers should talk with their doctor about other alternatives.
	Trizivir	abacavir-lamivudine-zidovudine
	Viramune suspension	nevirapine suspension

DRUG CLASS	DRUGS THAT WILL NO LONGER BE COVERED ¹	COVERED ALTERNATIVE(S)
AIDS/HIV (<i>Cont</i>)	Viread 300mg	tenofovir 300mg tablet
	Ziagen	abacavir
ASTHMA/COPD/RESPIRATORY	Striverdi Respimat	Serevent
CANCER	Tarceva ²	erlotinib
	Zytiga 250mg ⁴	abiraterone
	Zytiga 500mg ³	abiraterone
GASTROINTESTINAL/HEARTBURN	Colyte With Flavor Packets, GoLyteLy, MoviPrep, OsmoPrep, Plenuv	Clenpiq, GaviLyte-C, GaviLyte-G, GaviLyte-N, PEG 3350-electrolyte, PEG-3350 with Flavor Packs, Prepopik, Suprep
INFECTIONS	doxycycline IR-DR, Oracea, Seysara	doxycycline 50mg delayed release tablet, doxycycline monohydrate 50mg tablet, minocycline ER 45mg
MISCELLANEOUS	Syprine	Depen, penicillamine, trientine
MULTIPLE SCLEROSIS	Aubagio ⁵	Gilenya, Tecfidera, Mayzent
NUTRITIONAL/DIETARY	Nascobal ³	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY DISEASE	Cuprimine	Depen, penicillamine, trientine

Generic drugs start with a lowercase letter and brand-name drugs start with a capital letter.

1. There is a "medical necessity" review process in place for customers who have proven they have exhausted drug alternatives and would like to use a drug moving to not-covered status.
2. For customers who currently have approval to receive coverage for this drug, that approval will end on 1/1/20. To receive continued coverage, the customer's doctor's office will have to request approval through a "medical necessity" review process. If Cigna approves continued coverage of this drug, the customer will pay a higher cost-share to fill the prescription. They'll pay their tier 3 (non-preferred brand) copay or coinsurance.
3. If Cigna approves coverage of this drug through a "medical necessity" review process, the customer will pay a higher cost-share to fill the prescription. They'll pay their tier 3 (non-preferred brand) copay or coinsurance.
4. If Cigna approves coverage of this drug through a "medical necessity" review process, the customer will pay a higher cost-share to fill the prescription. They'll pay their tier 3 (non-preferred brand) copay or coinsurance. If your plan has Member Pay Difference (MPD), the MPD penalty will also apply to this drug as of 1/1/20. However, if your plan allows for Dispense as Written (DAW) and the doctor requests the brand, the penalty won't apply.
5. For new prescriptions only. This change won't affect customers currently taking this drug.

DRUG CLASS	DRUGS MOVING TO NON-PREFERRED BRAND	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFERTILITY	Follistim AQ ¹	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-Ject
DRUG CLASS	DRUGS THAT WILL REQUIRE PRIOR AUTHORIZATION ³	
AIDS/HIV	abacavir-lamivudine ⁵ , abacavir-lamivudine-zidovudine ⁵ , atazanavir ⁵ , lamivudine ⁵ 300mg, Lexiva ⁵ suspension, lopinavir-ritonavir ⁵ , tenofovir ⁵	
	Aptivus ⁵ , Atripla ⁵ , Cimduo ⁵ , Complera ⁵ , Delstrigo ⁵ , Descovy ⁵ , Edurant ⁵ , efavirenz ⁵ , Emtriva ⁵ , Evotaz ⁵ , fosamprenavir ⁵ , Fuzeon ⁵ , Intelence ⁵	
	Isentress HD ⁵ , Invirase ⁵ , Juluca ⁵ , Kaletra ⁵ , Odefsey ⁵ , PrezcoBix ⁵ , Selzentry ⁵ , Stribild ⁵ , Symtuza, Viread ⁵ 150mg, 200mg, 250mg, powder	
	nevirapine ⁵ , nevirapine ER ⁵ , Reyataz ⁵ powder	
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Adderall ⁷ , dextroamphetamine-amphetamine ⁷ , dextroamphetamine-amphetamine ER ⁷	
	dexmethylphenidate ⁷ , dexmethylphenidate ER ⁷	
	Evekeo ⁷ , Focalin ⁷ , Metadate ER ⁷ , methamphetamine ⁷ , Methylin ⁷ , Procentra ⁷ , Relexxii ⁷ , Ritalin ⁷ , Zenzedi ⁷	
	methylphenidate ⁷ , methylphenidate CD ⁷ , methylphenidate ER (CD) ⁷	
	methylphenidate ER ⁷ , methylphenidate ER (LA) ⁷ , methylphenidate LA ⁷	

DRUG CLASS	DRUGS THAT WILL REQUIRE PRIOR AUTHORIZATION ⁵
CHOLESTEROL MEDICATIONS	Vascepa ⁴
COUGH/COLD MEDICATIONS	hydrocodone-chlorpheniramine ER, promethazine-codeine syrup, promethazine-PE-codeine syrup hydrocodone-homatropine, Tuxarin ER, Tuzistra XR
HORMONAL AGENTS	Forteo ⁶
INFECTIONS	Cayston, Kitabis Pak, TOBI Podhaler, tobramycin ampule Plaquenil
MISCELLANEOUS	Exjade Ferriprox Jadenu
OSTEOPOROSIS PRODUCTS	Tymlos ⁶

DRUG CLASS	DRUGS THAT WILL HAVE A QUANTITY LIMIT ³
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Metadate ER, methylphenidate CD, methylphenidate ER (CD), Daytrana methylphenidate ER, methylphenidate ER (LA), methylphenidate LA Quillivant XR, Relexxii
DIABETES	Basaglar ¹¹ , Humalog ¹¹ , Humulin ¹¹ , Levemir ¹¹ , Tresiba ¹¹ Farxiga, Glyxambi, Janumet, Janumet XR, Januvia, Jardiance, Segluromet, Steglatro, Synjardy, Synjardy XR, Xigduo XR
HORMONAL AGENTS	Forteo ⁶
INFECTIONS	Cayston ⁸ , Kitabis Pak ⁸ , TOBI Podhaler ⁸ , tobramycin ⁸ ampule Xifaxan ⁹ 550mg tablet
OSTEOPOROSIS PRODUCTS	Tymlos ⁶
PAIN RELIEF AND INFLAMMATORY DISEASE	Actemra ¹⁰ , Actemra Actpen ¹⁰ , Cimzia ¹⁰ , Cosentyx ¹⁰ , Enbrel ¹⁰ Humira ¹⁰ , Ilumya ¹⁰ , Kevzara ¹⁰ , Olumiant ¹⁰ , Orencia ¹⁰ syringe Otezla ¹⁰ , Simponi ¹⁰ , Stelara ¹⁰ syringe and 45mg/0.5ml vial, Taltz ¹⁰ , TREMFYA ¹⁰ , Xeljanz ¹⁰ , Xeljanz XR ¹⁰

DRUG CLASS	DRUGS BEING ADDED TO STEP THERAPY ^{3,12}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Coreg CR, Corgard, Inderal LA, Inderal XL, Innopran XL, Kapsargo Sprinkle, Tenormin, Toprol XL	generic beta blockers (e.g. metoprolol)
DIABETES	Bydureon ⁵ , Byetta ⁵ , Farxiga ⁵ , Glyxambi ⁵ , Januvia ⁵ , Jardiance ⁵ , Ozempic ⁵ , Steglatro, Trulicity ⁵ , Victoza ⁵ ,	metformin

DRUG CLASS	DRUGS THAT WILL BE EXCLUDED FROM COVERAGE	ADDITIONAL INFORMATION
GASTROINTESTINAL/HEARTBURN	cimetidine tablet, powder, famotidine tablet, vial, powder, nizatidine capsule, Pepcid, ranitidine tablet, capsule, vial, Zantac	Talk with your doctor about your options.
INFECTIONS	Avidoxy DK Kit, Morgidox Kit	Customers should talk with their doctor about their options.

Generic drugs start with a lowercase letter and brand-name drugs start with a capital letter.

1. This is a specialty drug. Some plans cover these drugs on a specialty tier, may limit coverage to a 30-day supply and/or require the use of Accredo, a Cigna specialty pharmacy, to receive coverage. For plans that cover these drugs on a specialty tier, this change won't affect the cost of the drug.
2. If your plan has Member Pay Difference (MPD), the MPD penalty will apply to this drug as of 1/1/20. However, if your plan allows for Dispense as Written (DAW) and the doctor requests the brand, the penalty won't apply.
3. **These changes may not apply to your specific plan.** Not all plans include requirements for prior authorization, quantity limits and/or Step Therapy.
4. This change won't affect customers who received approval for coverage in 2017 through a "medical necessity" review process.
5. For new prescriptions only. This change won't affect customers currently taking this drug.
6. For customers currently taking this drug, this change won't affect them until January 1, 2022.
7. **This change may not apply to your specific plan.** If it does, it will only affect customers age 18 and over.
8. Applies to all customers, including those who currently have approval to receive coverage for this drug.
9. This change doesn't affect customers currently taking this drug to treat hepatic encephalopathy.
10. Depending on the health condition this drug is being used to treat, customers may be able to receive coverage for more than the new quantity limit.
11. This change won't affect customers who are consistently exceeding the quantity limit.
12. There is a "medical necessity" review process in place for customers who have proven they have exhausted drug alternatives and would like to use a Step Therapy drug.



Please contact your Cigna account manager or service partner if you'd like to discuss these changes.



* State laws in **Texas** and **Louisiana** may require your plan to cover these medications at the current benefit level until your plan renews. This means that if the medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call your Cigna representative.

** **Illinois** state law allows customers to receive continued coverage of their medication, and at their current cost share (tier) level, if their doctor requests approval through a "medical necessity" review process. To find out if this state law applies to your plan, please call your Cigna representative.

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