

AN ACTIVE, DISCIPLINED APPROACH TO FORMULARY MANAGEMENT TO DRIVE BETTER PLAN AFFORDABILITY

Changes begin 1/1/17

As part of the effort to position our pharmacy plans for long-term affordability, Cigna regularly makes changes to our prescription drug lists (formularies). Decisions are made in conjunction with the **Cigna Pharmacy and Therapeutics Committee (P&T)**, and the **Cigna Pharmacy Business Decision Team**. This ensures that any decision to actively manage a specific drug product is both clinically appropriate and provides the best overall value.

This year our focus was on finding solutions for drugs in the following categories:

- Drugs that had significant price hikes where alternative drugs are available to treat the same conditions
- Drugs where there are therapeutically equivalent (similar drugs) options available to treat a customer's condition

Our formulary approach allows us to more effectively negotiate with pharmaceutical manufacturers offering preferred status within Cigna's formularies – which is a win for our clients and the manufacturers.



The P&T Committee is a panel of experienced network doctors (with broad specialties) and pharmacists. The panel evaluates the safety and effectiveness of prescription medications on Cigna's formularies using the official indications approved by the FDA and the latest medical research and guidelines from national medical organizations.

Below is a list of drug classes and drugs that are moving to not-covered or non-preferred brand status on the **Standard formulary**, beginning January 1, 2017.*

DRUG CLASS	DRUG(S) NOT COVERED IN DRUG CLASS^	DRUG(S) COVERED IN DRUG CLASS
ALLERGY/NASAL SPRAYS	Beconase AQ, Dymista, Nasonex, Omnaris, QNASL, Veramyst, Zetonna	budesonide, flunisolide, fluticasone propionate, mometasone furoate, triamcinolone acetonide
	QNASL Children	fluticasone propionate, budesonide, triamcinolone acetonide
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin	bupropion XL
	Ativan	lorazepam
	Pexeva	paroxetine

Together, all the way.®



DRUG CLASS	DRUG(S) NOT COVERED IN DRUG CLASS^	DRUG(S) COVERED IN DRUG CLASS
ASTHMA/COPD/RESPIRATORY	Aerospan, Alvesco, Arnuity Ellipta, Asmanex, Asmanex HFA, Flovent Diskus, Flovent HFA	QVAR, Pulmicort Flexhaler
	Dulera	Advair HFA, Advair Diskus, Breo Ellipta, Symbicort
	Incruse Ellipta, Tudorza Pressair	Spiriva, Spiriva Respimat
	Proventil HFA, Xopenex HFA	ProAir Respiclick, ProAir HFA, Ventolin HFA
BLOOD PRESSURE/HEART MEDICATIONS	Cardizem CD	cartia XT, diltiazem 24hr CD, diltiazem 24hr ER
	Isordil	isosorbide
DIABETES	Fortamet, metformin ER (when filled as generic to Glumetza)	metformin ER (when filled as generic to Glucophage XR or generic to Fortamet)
	Jardiance, Synjardy	Invokamet, Invokana, Farxiga, Xigduo XR
	Tanzeum, Victoza	Trulicity, Bydureon, Byetta
GASTROINTESTINAL/HEARTBURN	Asacol HD, Colazal, Delzicol, Dipentum, Giazol	Apriso, balsalazide, Lialda, mesalamine, Pentasa, sulfasalazine
	Librax	chlordiazepoxide-clidinium
	Metozolv ODT	metoclopramide, metoclopramide ODT
	Nexium	esomeprazole magnesium
	Pepcid	famotidine
	Zegerid	omeprazole-sodium bicarbonate, omeprazole, omeprazole+syrspend sf alka
HORMONAL AGENTS	Zuplenz	ondansetron, ondansetron ODT
	Rayos	prednisone, prednisone intensol
	Saizen	Humatrope
INFECTIONS	Bethkis, Tobi	Kitabis Pak, tobramycin
	Sitavig	acyclovir
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	baclofen, carisoprodol, cyclobenzaprine, methocarbamol, tizanidine
	Belbuca	Butrans
	Bupap	butalbital-acetaminophen, Marten-Tab, Tencon
	diclofenac 1.5% solution, klofensaid II, Pennsaid	diclofenac 1% gel, generic oral NSAIDs (diclofenac, ibuprofen, meloxicam, naproxen)
	Lido-K	lidocaine, lidopin
	Sprix	ketorolac tromethamine
	Treximet	generic triptans (naratriptan, sumatriptan, zolmitriptan) plus a generic NSAID (ibuprofen, meloxicam, naproxen)
	Zembrace Symtouch	sumatriptan
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify, Abilify ODT	aripiprazole
	Fazaclo, Versacloz	clozapine, clozapine ODT
SEIZURE DISORDERS	Mysoline	primidone

DRUG CLASS	DRUG(S) NOT COVERED IN DRUG CLASS [^]	DRUG(S) COVERED IN DRUG CLASS
SKIN CONDITIONS	Absorica	claravis, myorisan, zenatane
	Benzaclin, Duac, Neuac kit	clindamycin-benzoyl peroxide, neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin phosphate
	Jublia, Kerydin	ciclodan, ciclopirox, itraconazole, terbinafine
	Noritate	metronidazole, rosadan
	Novacort	hydrocortisone
	Vanos	fluocinonide
	Xerese	acyclovir, hydrocortisone
	Zovirax	acyclovir
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Edluar, Intermezzo	zolpidem tartrate, zolpidem tartrate ER
SUBSTANCE ABUSE	Evzio	naloxone vial & PFS, Narcan
URINARY TRACT CONDITIONS	Myrbetriq, Toviaz, VESIcare	darifenacin ER, oxybutynin chloride ER, tolterodine tartrate ER, trospium chloride ER
DRUG CLASS	NON-PREFERRED BRAND MEDICATION	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
BLOOD MODIFIERS/BLEEDING DISORDERS	Neupogen ⁺	Granix ⁺ , Zarxio
CANCER	Gleevec ⁺	imatinib mesylate ⁺
CHOLESTEROL MEDICATIONS	Lescol XL	generic statins
PAIN RELIEF AND INFLAMMATORY DISEASE	Kadian, Nucynta ER, Xartemis XR	Hysingla ER, OxyContin, Xtampza ER
DRUG CLASS	MEDICATION WITH QUANTITY LIMITS	
PAIN RELIEF AND INFLAMMATORY DISEASE	Lidocaine 5% ointment	
DRUG CLASS	STEP THERAPY MEDICATION	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE	Kadian, Nucynta ER, Xartemis XR	Hysingla ER, OxyContin, Xtampza ER

[^] Please note: 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.

⁺ This is a specialty medication. Specialty medications are used to treat complex or chronic conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. Some plans cover specialty medications on a specialty tier. For plans with a specialty tier, this change will not affect the cost of the medication.



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



* In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.

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