

# THE DOSE

## Pharmacy clinical insight from Cigna



MARCH 2019

VIEW ONLINE

### Cigna's July 2019 Formulary Strategy

We make periodic formulary changes as part of ongoing efforts to provide affordable and quality pharmacy coverage. Our upcoming changes cover these key areas:

- > High cost, low value drug removals
- > Opioid use management
- > Helping to improve health for those with chronic heart failure
- > Promote generics when available
- > Diabetes – expanded coverage of therapeutic Continuous Glucose Monitors (CGMs)
- > Enhanced customer choice, coverage and cost – in categories such as anti-inflammatory

Read more about Cigna's July 2019 Formulary Strategy. [Click here.](#)

### Continuous Glucose Monitors now easier to access for less

As of April 1, 2019, customers managing diabetes will see expanded coverage options for therapeutic Continuous Glucose Monitor (CGM) sensors. This includes **Dexcom G6®** and **Abbott FreeStyle Libre**, the only therapeutic CGMs currently on the market. These CGMs are available with a prescription at in-network pharmacies.<sup>1</sup>

Coverage will continue under the medical benefit, but will expand to the pharmacy benefit as well. This means easier access to coverage for CGM sensor products. Although we will encourage customers and providers to fill CGM sensors under the pharmacy benefit with a prescription, we will continue to cover CGM sensors under the medical benefit for all clients/customers, whether or not they have integrated medical and pharmacy benefits.

Most clients and customers will experience improved savings when filling therapeutic CGMs under the pharmacy benefit instead of the medical benefit. In addition, through a program sponsored by the

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### Cigna Pharmacy Management®

We are a Pharmacy Benefits Manager within a global health service company. Our goal is to leverage holistic customer insights and integrated analytics to deliver a more personalized experience and, ultimately, better outcomes and lower total medical costs.

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Together, all the way.®





manufacturer of these CGMs, the transmitters and readers/receivers are offered at no additional cost at the pharmacy.<sup>2</sup>

For clients, the addition of coverage on the formulary for CGM sensors may help reduce overall health care spending on CGMs when medical and pharmacy spending is considered overall. Customer and client savings will vary by plan design and the specific CGM product.

### **Specific criteria determines if a CGM is appropriate for a customer**

CGMs are not for everyone managing diabetes. Glucometers and **finger sticks are still the most cost effective** way to monitor glucose for those managing diabetes. A patient with type 2 diabetes, managed with oral medications, is not a likely CGM candidate. A patient who requires high dose insulin (Basal/long acting + rapid acting/mealtime insulin or an insulin pump) is a more appropriate candidate for a CGM. Prior authorization and quantity limits apply.

For customers with more challenging diabetes, therapeutic CGMs may be an appropriate mechanism for testing and managing blood sugar.<sup>3</sup>

### **Engagement-driven cost savings**

Increased engagement in managing health conditions also helps generate medical cost savings for clients who connect their benefits with Cigna.

### **How therapeutic CGMs can improve care:**

#### **> Convenient**

- Checking glucose is faster than with a blood glucose meter.
- The CGMs are filled immediately at the pharmacy (also can be filled at Cigna Home Delivery Pharmacy) just like traditional test strips.

#### **> Easy and actionable**

- CGMs continuously monitor glucose levels, allowing a person to take action quicker.
- Finger sticks are capable of generating a single glucose level reading. CGM systems are inserted once over a 10- to 14-day period and gather actionable data, day and night, without disruption to daily activities or sleep.
- The reader/receiver is preprogrammed with the individual's glucose goals, tracks trends, and some can alert of hyperglycemia or hypoglycemia. A reader/receiver does not require calibration for accuracy.

Cigna Pharmacy Management® will inform customers currently using a CGM (and their providers) of the expanded coverage now available under the pharmacy benefit.

1. For some customers, their plan may allow them to use an out-of-network pharmacy and still receive coverage at the out-of-network level.
2. Through manufacturer e-voucher after obtaining the sensor under the pharmacy benefit. Cigna, while administering coverage for products described herein, is not responsible for the operation of the manufacturers' programs. Such programs are subject to change.
3. Survey by Diabetes in Control Data: (Piper Jaffray diabetes survey (n=339) from Feb 13-26, 2018 consisting of patients, physicians, nurses and CDEs).

## **The power of connection**

Body and mind. At Cigna, we understand that the health system can't fully work for your employees until it supports both. As an integrated Pharmacy Benefits Manager within a global health service company, we are better able to manage the holistic health needs of those we serve, increasing engagement for improved outcomes and controlled costs.

**Learn More!** Check out our short [Value of Integration video](#) that highlights the powerful results of our latest national study completed with KPMG.



## Drug updates

### Pipeline review

This section highlights some of the pipeline drugs expected to be approved by the U.S. Food and Drug Administration (FDA) in late 2019 or early 2020 that may significantly impact clinical practice and/or pharmaceutical costs.

Drug name/ manufacturer	Proposed use	How it works	What's important
<b>bb2121</b> / bluebird bio	Treatment of advanced multiple myeloma that has failed or not responded to other therapies	bb2121 is a chimeric anti-gen receptor T-cell therapy (CAR-T) immune-oncology agent. CAR-T therapy is a new type of immuno-oncology that harnesses patient's own immune system to eliminate cancer cells.	<b>Route of administration:</b> IV injection <b>Benefit coverage:</b> Medical <b>Anticipated FDA decision:</b> 4Q2019 or early 2020 <b>U.S. sales forecast in 2024:</b> \$399M
<b>luspatercept</b> / Acceleron Pharma, Inc.	Treatment of Beta-Thalassemia, an ultra-rare genetic blood disorder that causes severe anemia	Luspatercept is the first treatment designed to repair the red blood cell (RBC) production defect that causes Beta-Thalassemia and restore RBC production. It works by targeting specific proteins involved in late-stage red blood cell production and significantly reducing or eliminating the need for frequent and lifelong blood transfusions	<b>Route of administration:</b> Subcutaneous (SC) self-administered injection <b>Benefit coverage:</b> Pharmacy <b>Anticipated FDA decision:</b> 4Q2019 <b>U.S. sales forecast in 2024:</b> \$483M
<b>valoctogene roxa-parvovec</b> / BioMarin Pharmaceutical, Inc.	Treatment of hemophilia A	Valoctogene is a one-time gene therapy treatment designed to replace the missing gene that causes hemophilia A, thereby restoring normal blood clotting function and eliminating the need for lifelong factor replacement therapy.	<b>Route of administration:</b> IV injection <b>Benefit coverage:</b> Medical <b>Anticipated FDA decision:</b> 4Q2019 or early 2020 <b>U.S. sales forecast in 2024:</b> \$657M
<b>aducanumab</b> / Biogen, Inc.	Treatment and/or prevention of early Alzheimer's Disease	The memory loss and functional decline of Alzheimer's Disease has been linked to the formation of amyloid plaques, abnormal protein deposits that build up in the brain. Aducanumab binds to and may reduce amyloid plaques from the brain, potentially slowing the progress of Alzheimer's Disease. Clinical studies of aducanumab have included individuals between the ages of 50 and 85 with mild to moderate cognitive impairment.	<b>Route of administration:</b> IV injection <b>Benefit coverage:</b> Medical <b>Anticipated FDA decision:</b> 2020 <b>U.S. sales forecast in 2024:</b> \$1.9B

Notes:

U.S. sales forecast provided by EvaluatePharma. [www.evaluatepharma.com](http://www.evaluatepharma.com) Accessed February 4, 2019

Benefit coverage is based on currently available information and could change pending final FDA-approved prescribing information.



## Formulary updates

The following changes were made to Cigna formularies between July 6, 2018 and November 2, 2018.

### Brand drug additions

BRAND NAME	STRENGTH	COMMON USE	CLINICAL EDITS	COPAY TIER				
				Standard formulary	Value formulary	Performance formulary	Advantage formulary	Legacy formulary
ABILIFY MYCITE	2,5,10,15,20,30 MG	Schizophrenia and bipolar disorder		NC	NC	NC	NC	3
ACTEMRA ACT-PEN	162 MG/0.9 ML	Inflammatory conditions	PA	2	2	2	2	2
AEMCOLO	194 MG	Traveler's diarrhea	QL	3	3	3	3	3
BRYHALI	0.01%	Psoriasis		NC	NC	NC	NC	3
CEQUA	0.09%	Dry eye		NC	NC	NC	NC	3
DAURISMO	25,100 MG	Leukemia	PA	3	3	3	3	3
FIRDAPSE	10 MG	Lambert-Eaton myasthenic syndrome	PA, QL	3	3	3	3	3
GRANIX	300 MCG/ML	Neutropenia (low white blood cell count)		2	2	2	2	2
INVELTYS	1%	Ophthalmic inflammation following surgery		NC	NC	NC	NC	3
LORBRENA	25,100 MG	Lung cancer	PA	3	3	3	3	3
NUZYRA	150 MG	Bacterial pneumonia and skin infections	PA	3	3	3	3	3
OXERVATE	0.002%	Neurotrophic keratitis	PA	3	3	3	3	3
SEYSARA	60,100,150 MG	Acne		NC	NC	NC	NC	3
SIKLOS	1000 MG	Sickle cell anemia	PA	3	3	3	3	3
SYMPAZAN	5,10,20 MG	Lennox-Gastaut syndrome		NC	NC	NC	NC	3
TIROSINT	175,200 MCG	Hypothyroidism		3	3	3	3	3
TOLSURA	65 MG	Systemic fungal infections		NC	NC	NC	NC	3
TRESIBA	100/ML	Diabetes		2	2	2	2	2
UDENYCA	6 MG/0.6ML	Neutropenia (low white blood cell count)		NC	NC	NC	NC	3
VITRAKVI	25 MG,100 MG,20 MG/ML	Solid tumors	PA	3	3	3	3	3



Formulary updates, continued from page 4

## Brand drug additions

BRAND NAME	STRENGTH	COMMON USE	CLINICAL EDITS	COPAY TIER				
				Standard formulary	Value formulary	Performance formulary	Advantage formulary	Legacy formulary
XELPROS	0.005%	Glaucoma		3	3	3	3	3
XOLAIR	75MG/0.5ML, 150 MG/ML	Asthma	PA	2	2	2	3	2
XOSPATA	40 MG	Leukemia	PA	3	3	3	3	3
XYOSTED	50MG/0.5ML, 75 MG/0.5 ML, 100 MG/0.5 ML	Testosterone replacement		NC	NC	NC	NC	3
YUPELRI	175MCG/3ML	Chronic obstructive pulmonary disease (COPD)		NC	NC	NC	NC	3

PA: Prior authorization

T1/Tier 1: Generic

QL: Quantity limit

T2/Tier 2: Brand

ST: Step therapy

T3/Tier 3: Non-preferred

NC: Not covered: This drug is not covered. However, if the covered alternative is not appropriate for the customer, there is a process where his/her provider can request approval of this drug.

## Generic drug additions

GENERIC NAME	STRENGTH	CORRESPONDING BRAND NAME	COMMON USE	CLINICAL EDITS	COPAY TIER				
					Standard formulary	Value formulary	Performance formulary	Advantage formulary	Legacy formulary
ABIRATERONE ACETATE	250 MG	ZYTIGA	Prostate cancer		1	1	1	1	1
AMINOCAPROIC ACID	500,1000 MG	AMICAR	Acute bleeding conditions		1	1	1	1	1
AZELAIC ACID	15.00%	FINACEA	Rosacea		1	1	1	1	1
FENOFIBRATE NANOCRYSTALLIZED	160 MG	TRIGLIDE	Elevated cholesterol or triglycerides		1	1	1	1	1
LEDIPASVIR-SOFOSBUVIR	90MG-400MG	HARVONI	Hepatitis C		1	1	1	1	1
MESALAMINE	1000 MG	CANASA	Ulcerative proctitis		1	1	1	1	1
MINOCYCLINE HCL	55 MG	SOLODYN	Acne		1	1	1	1	1
PIMECROLIMUS	1%	ELIDEL	Atopic dermatitis		1	1	1	1	1
SILODOSIN	4,8 MG	RAPAFLO	Benign prostatic hyperplasia		1	1	1	1	1
SOFOSBUVIR-VELPATASVIR	400-100 MG	EPCLUSA	Hepatitis C		1	1	1	1	1

PA: Prior authorization

T1/Tier 1: Generic

QL: Quantity limit

T2/Tier 2: Brand

ST: Step therapy

T3/Tier 3: Non-preferred

NC: Not covered: This drug is not covered. However, if the covered alternative is not appropriate for the customer, there is a process where his/her provider can request approval of this drug.



## Tier changes

BRAND NAME	STRENGTH	COMMON USE	TIER CHANGE	CLINICAL EDITS	PDL TIER				
					Standard formulary	Value formulary	Performance formulary	Advantage formulary	Legacy formulary
NITROFURANTOIN ORAL SUSPENSION	25 MG/5 ML	Urinary tract infections	From 3 to NC	PA	NC	NC	NC	NC	NPB

PA: Prior authorization

T1/Tier 1: Generic

QL: Quantity limit

T2/Tier 2: Brand

ST: Step therapy

T3/Tier 3: Non-preferred

NC: Not covered: This drug is not covered. However, if the covered alternative is not appropriate for the customer, there is a process where his/her provider can request approval of this drug.

## Utilization management changes

BRAND NAME	GENERIC NAME	STRENGTH	UM CHANGE	COMMON USE
ENTRESTO	sacubitril-valsartan	24-26MG,49-51MG,97-103MG	REMOVE PA	Heart failure

## On the horizon – upcoming first generic launches\*

TARGET DATE	BRAND NAME	GENERIC NAME	COMMON USE	2016 U.S. BRAND SALES
1H2019	ADVAIR DISKUS	Fluticasone-salmeterol	Asthma, COPD	\$2,075M
1H2019	AMITIZA (24 mcg capsule)	Lubiprostone	Constipation	\$351M
1H2019	RANEXA	Ranolazine	Chronic angina	\$889M
1H2019	BYSTOLIC	Nebivolol Hydrochloride	Hypertension	\$967M
1H2019	BROVANA	Arformoterol Tartrate	COPD	\$495M
2H2019	AFINITOR (10 mg)	Everolimus	Breast, pancreatic, kidney cancers	\$375M
2H2019	FASLODEX	Fulvestrant	Breast cancer	\$498M
2H2019	PROVENTIL-HFA	Albuterol	Asthma	\$17M
2H2019	REMODULIN	Treprostinil	Pulmonary arterial hypertension	\$671M
2020	LYRICA (capsules)	Pregabalin	Neuralgia, neuropathies, fibromyalgia, seizures	\$4,907M
2020	TRAVATAN Z	Travoprost	Glaucoma	\$544M
2020	ABSORICA	Isotretinoin	Acne	\$461M
2020	VIIBRYD	Vilazodone Hydrochloride	Depression	\$367M
2020	ULORIC	Febuxostat	Gout	\$545M

\*Source for upcoming first generic launches table: IPD Analytics, <http://www.ipdanalytics.com>; accessed February 1, 2019



Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. Some plans require use an in-network pharmacy for prescriptions to be covered. Coverage is subject to any plan deductible, copayment and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of prescription drug coverage, contact a Cigna representative.

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