# THE DOSE

## Insights and Updates from Cigna Pharmacy

**SEPTEMBER 2019**

**VIEW ONLINE**

## Stronger utilization management to help improve savings, quality and care

At Cigna, we use insights from our connected benefits, vast clinical expertise, and strength from our combination with Express Scripts to design comprehensive utilization management (UM) solutions that help improve outcomes and reduce costs.

**Right drug, right dose, right time**
Our UM process focuses on total medical cost and customer safety. We proactively review integrated data on new and emerging drugs to help protect customers against potentially harmful, ineffective or unnecessary drug treatments.

- **Quantity limits:** Help ensure clinically appropriate dosing and duration of use to mitigate waste and potential stockpiling of medication.
- **Prior authorization:** Helps ensure clinically appropriate use of medications for improved safety.
- **Step therapy:** Helps ensure use of clinically effective first-line medications before second-line coverage is considered for improved affordability.

**We make UM easier for customers in the following ways, and help clients optimize pharmacy benefit spend:**

- **Real-time benefit check** – Cigna's new real-time benefit check makes it possible for a customer's specific pharmacy benefit and formulary information to be included in their Electronic Health Record (EHR) at the point of prescribing. This provides physicians and customers line of sight of what their medication may cost, if it requires UM (such as a prior authorization) and if there are alternatives to save and/or to avoid UM. **We see 50 to 75 percent of people move to the alternative medication when we provide clinical and cost information to doctors.**[1]
- **Electronic Prior Authorization (ePA)** – This is a process powered by our integrated medical and pharmacy data. If a PA is required

*Continued on page 2*

### 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.®**

Cigna®

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for a chosen medication, the provider will be able to initiate and obtain a response in real time. **In fact, ePA allows doctors to submit a PA in less than one minute.**[2]

- **Streamlined PA with Cigna Rx Claim Connect –** Cigna Rx Claim Connect uses medical and pharmacy data to avoid the need for a PA. We can avoid the PA if the demographic and clinical information in our medical and pharmacy claim databases satisfies the necessary drug management criteria. When criteria is met, the claim is paid. **Approximately 56 percent of PAs are thus avoided.**[3]

1. Cigna National Book of Business analysis of step therapy activity, October 2018 – performance dependent on therapeutic class – subject to change.
2. Cigna National Book of Business analysis of ePA program, full-year 2018.
3. Based on most recent results of Cigna Rx Claims Connect reported May 2019.

## Dedicated to making insulin more affordable and accessible – Cigna's Patient Assurance Program℠

For those who live with diabetes, the costs of essential medications, like insulin, shouldn't add to their burden. That's why Cigna will offer the Patient Assurance Program beginning in 2020. By working with pharmaceutical manufacturers for this program, we will assist customers with diabetes in participating plans to manage their costs for eligible insulin products.

**The Patient Assurance Program will:**

- Help make insulin costs affordable and predictable
- Cap the customer's out-of-pocket costs at no more than $25 for a 30-day supply; and no more than $75 for a 90-day supply (per prescription) any time the customer fills certain participating preferred brand insulin products through the benefit plan.[1]
- Help ease the burden of individuals paying high out-of-pocket costs for insulin, particularly those with coinsurance or those who must satisfy a high deductible before their insulin is covered.

A full list of drugs eligible under the program will be announced later in 2019. It will include some insulin products on the market such as Humulin, Humalog, Novolin, Novolog, and Lantus.

Beginning in early 2020, Cigna Pharmacy clients may elect to enroll in the Patient Assurance Program upon renewal or plan start. Clients must also be upgraded to our new claims engine. Note: This program is not available to Medicare or Medicaid plans and may not be available with insured plans in all states.

The Patient Assurance Program is a blueprint for other therapeutic areas where customers may be exposed to higher out-of-pocket medication costs – which may affect adherence for some customers.[2]

Learn More.

1. The drug manufacturer value of this program is applied at the point of sale. Actual customer cost may be less depending upon plan design. Plans with higher copays may have to absorb additional cost to get the customer to $25, after discounts from the drug makers. Clients must have benefit designs that align to the program requirements. 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. Out-of-network coverage may be excluded or limited by plan terms.
2. Health IT Analytics, Cost is a Primary Driver of Medication Non-Adherence Rates, Jennifer Bresnick, 9/2017. Patient Assurance Program is a trademark of Express Scripts Strategic Development, Inc.

## Reducing opioid use with the help of integrated dental, medical and pharmacy data

As a prescriber of opioids, dentists play an important role in addressing the opioid epidemic. As part of a long-standing commitment to help curb opioid use disorder and overdose, Cigna has collaborated with dentists to increase awareness of:

- The dangers of opioids.
- The greater risk of misuse and addiction among teenagers.
- Safer non-opioid options to manage acute dental pain.

For customers who have their dental, medical and pharmacy benefits through Cigna, this combined data plays a key role. Cigna is harnessing dental and pharmacy data and analytics to help drive prevention, early intervention, and create long-term solutions in collaboration with providers.

**An analysis of three years of Cigna customers with dental and pharmacy benefits revealed a 19 percent reduction in opioid (morphine milligram equivalent) prescriptions and 9 percent reduction for opioid days' supply across dental specialists in the Cigna network.**[1] These findings demonstrate that these Cigna's dental providers are embracing the CDC's recommendations [PDF] to help reduce opioid misuse, including to routinely prescribe NSAIDs for acute pain or prescribe opioids for three days or less to manage acute pain from dental procedures (e.g. wisdom tooth extraction, root canal, etc.).

"Analyzing integrated pharmacy and dental data is an important step in helping us understand patterns of opioid prescriptions among dental providers," said Dr. David Hamlin, Regional Dental Director, Cigna. "Through the power of data, collaboration, and

*Reducing opioid use, continued from page 2*

education, we can identify opportunities to help improve treatment, intervene early, and support dental providers and customers in new ways."

The recent data analysis of existing claims is just the start of what can be achieved through data. In addition to sharing insights with the dental community, including at the 2019 annual International Association for Dental Research (IADR) conference, Cigna will continue to evaluate what drives opioid prescriptions for specific populations and build tools to monitor safety across a network of over 146,000 dental providers.[2] Cigna is also exploring research and partnerships with technology companies to evaluate the role of digital pain management.

"We work closely with providers and give them the information, resources, and tools they need to help their patients manage pain in the safest way possible," said Dr. Doug Nemecek, Chief Medical Officer for Behavioral Health, Cigna. "One opportunity is informing treatment plans through data-driven insights. This is true for both medical and dental pain management, and as a result we are reducing reliance on opioids – a win for patients, families, and communities."

For more information about Cigna's commitment to reducing opioid use and efforts to fight the opioid epidemic, please visit Cigna: Fighting the Opioid Epidemic. To learn more about Cigna's efforts to improve oral health visit Cigna Dental DNA.

**Related Articles**

- Cigna and Shatterproof: Proud Partners in the Fight Against Opioid Addiction
- Loneliness At Epidemic Levels In America

1 Internal reporting based on 2015-2018 Cigna pharmacy claims and Cigna dental membership data.

2 Total number of dental providers contracted with Cigna Dental as of June 2019. Data gathered across Cigna DPPO and Cigna Dental Care (DHMO) networks and is subject to change.



## Customers new to opioids get safer start

Drug abuse can become ongoing and compulsive. In fact, it only takes 10 days. With just a 10-day prescription, one in five people have an increased risk of opioid addiction.[1] **The Cigna Safe Opioid Starts (SOS) program** attempts to help prevent this tough situation from taking root.

Cigna is intensifying our commitment to curtail the opioid abuse epidemic, and setting a new goal to reduce overdoses among our commercial customers in key markets by 25% by December 2021.[2] In striving to reach this goal, we now offer even stronger programs to help address and reduce opioid misuse. The Cigna Safe Opioid Starts program is an outreach to customers new to opioid medications. It arms them with education about the seriousness of opioids and the need for proper use, storage and disposal.

Starting in October this year, each Cigna customer who fills a first-time prescription for an opioid medication will receive an educational letter and flyer. These materials explain that:

> **Opioids are powerful** – They can be very effective for managing pain, but must be used exactly as prescribed.

> **Opioids can lead to dependence** – They can cause a number of side effects and, for some, can be habit-forming. Identified customers are encouraged to work with their doctor to find the safest and most effective pain management treatment.

> **Opioids require safe storage and disposal** – They must be stored with great care. Any remaining product must be disposed of responsibly.

This educational outreach encourages customers to dispose of any opioid medications they are not using. Leftover prescription opioids make an easy target for abuse. These medications may enter a household with good intentions – to relieve a person's pain. However, in the wrong hands, they could be destined for personal abuse (possibly by a minor) or sale to others. Customers are advised to visit www.FDA.gov/DrugDisposal to learn more about how to get rid of medication safely. For example, individuals can find their own community drug take-back program or pharmacy mail-back program.

The Cigna Safe Opioid Starts program also complements other efforts underway at Cigna to help clients and customers prevent opioid misuse. This includes the actions demonstrated by our utilization and formulary management programs, which work

*Customers new to opioids get safer start, continued from page 3*

to promote customer safety. For example, starting in January 2020, there will be a new three-day quantity limit on coverage for opioids prescribed for dental-related reasons. Cigna's Narcotic Therapy Management Program also engages our network of providers. The program works to identify unsafe opioid levels, abnormal prescribing patterns and related use with risky non-opioid medications. Letters then mail to all prescribers involved in the customer's risk profile.

**For more about Cigna's actions to reduce opioid overdoses, please review these resources:**

- Brochure
- Press Release
- Visit our pain resource hub at Cigna.com/helpwithpain

1 Centers for Disease Control and Prevention. "Characteristics of Initial Prescription Episodes and Likelihood of Long-Term" Opioid Use - United States 2006–2015." March 17, 2017. <https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm>.

2 Initial focus will be on the following targeted U.S. communities where a sizable number of Cigna commercial customers reside and where there are higher incidences of overdose. These include: Connecticut, Maryland, New Jersey, Virginia, Chicago, New York City, Philadelphia, Washington, DC.

## Lyrica loses patent protection, generics now available

Lyrica is commonly used to treat pain caused by nerve damage due to diabetes, shingles (herpes zoster) infection, fibromyalgia or spinal cord injury. It is also used with other medications to treat certain types of seizures.[1]

New therapeutic equivalent generics (pregabalin) to Lyrica received approval from the United States Food and Drug Administration (FDA) as of July 2019 and are now in the market:

> **Lyrica brand capsules** – Nine generic (pregabalin) options are currently available.

> **Lyrica brand solution (liquid formulation)** – One generic option is currently available.

> **Lyrica CR** is not available as a generic and is considered non-covered on Cigna formularies, and will remain off-formulary/not covered[2] (non-preferred brand with prior authorization on Legacy formularies).

**Coverage for Lyrica generic alternatives under Cigna-administered plans will take place as follows:**[3,4,5]

> **Immediately** – Generic pregabalin capsules and solution (when available) will process at Tier 1 without utilization management.

> **As of August 14, 2019** – Lyrica brand capsules will move from preferred brand to off-formulary/not covered[2] – for Cigna formularies (non-preferred brand with prior authorization on Legacy formularies). Lyrica brand solution (liquid formulation) will remain as a preferred brand at this time, pending availability of generic stock.

Most pharmacies will **replace the branded Lyrica with an available generic** at the time of dispensing.

1. Lyrica. WebMD.com. August 5, 2019. < https://www.webmd.com/drugs/2/drug-93965/lyrica-oral/details>.
2. 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.
3. Medical 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. Coverage is subject to plan copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of coverage.
4. State laws in Texas and Louisiana may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your 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 Customer Service using the number on your Cigna ID card.
5. State law in Illinois may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.

*Lyrica loses patent protection,, continued from page 4*

## New treatment for infants with spinal muscular atrophy

On May 24, 2019, the U.S. Food and Drug Administration approved Zolgensma (onasemnogene abeparvovec), a new gene replacement therapy. Zolgensma is approved to treat children less than two years of age with spinal muscular atrophy (SMA) with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene, a leading genetic cause of infant mortality.[1] Sufferers of this rare genetic neuromuscular flaw experience abnormal spinal muscle function and develop significant motor deficiencies before six months of age. The goal of Zolgensma is to correct the defect and restore normal muscle development and function.

AveXis/Novartis, the manufacturer of Zolgensma, determines the facilities in the United States authorized to administer this gene therapy. Customers should verify if a facility participates in their plan's Cigna network. If a customer receives treatment out-of-network, depending on their plan design, coverage may be excluded or subject to the plan's out-of-network cost-share requirements.

Approximately 450 to 500 infants are born with SMA in the U.S. annually.[2] Depending upon their specific genetic and clinical characteristics, a subset of these infants will be candidates for treatment with Zolgensma.

The wholesale acquisition cost of Zolgensma is $2,125,000.[3] AveXis is working with payers to offer pay-over-time options up to five years.[4]

Zolgensma must be administered by a health care provider and will be eligible for coverage as a medical benefit (not a pharmacy benefit) under Cigna-administered health plans.[5]

Learn More.

1. Zolgensma Prescribing Information. May 2019. <https://www.avexis.com/content/pdf/prescribing_information.pdf.>
2. Verhaart IEC, Robertson A, et al. J Neurol. 2017 Jul;264(7):1465-1473.
3. Zolgensma Product Fact Sheet. AveXis, Inc. May 2019.
4. AveXis Announces Innovative Zolgensma® Gene Therapy Access Programs for US Payers and Families. AveXis, Inc. Press Release. May 24, 2019. <http://investors.avexis.com/phoenix.zhtml?c=254285&p=irol-newsArticle&ID=2399690.>
5. Medical 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. Coverage is subject to plan copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of coverage.

## 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 |
|---|---|---|---|
| **semaglutide /** Novo Nordisk | reatment of diabetes mellitus, type II | This form of semaglutide is an **oral version of Ozempic**, an injectable insulin analogue given weekly. Oral semaglutide will be dosed once daily and may be preferred as an alternative to weekly self-injections. | **Route of administration:** Oral<br>**Benefit coverage:** Pharmacy<br>**Anticipated FDA decision:** 9/2019<br>**U.S. sales forecast in 2024:** $2,252M |
| **luspatercept /** 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. | **Route of administration:** Subcutaneous (SC) self-administered injection<br>**Benefit coverage:** Pharmacy<br>**Anticipated FDA decision:** 4Q2019<br>**U.S. sales forecast in 2024:** $490M |
| **bempedoic acid /** Esperion | Second-line treatment of individuals with elevated cholesterol (LDL) | Bempedoic acid is the **first cholesterol-lowering drug that works by inhibiting ATP citrate lyase** (ACL), which results in reduced production of fatty acids and cholesterol. It's role as a second-line agent for treating individuals who do not achieve an adequate reduction in LDL despite the use of current treatments **may depend on the product's pricing compared to the PCSK9 inhibitors Praluent and Repatha**. If approved, Esperion also plans to launch a combination product that includes bempedoic acid with ezetimibe/Zetia. | **Route of administration:** Oral<br>**Benefit coverage:** Pharmacy<br>**Anticipated FDA decision:** 1Q2020<br>**U.S. sales forecast in 2024:** $1,021M |

*Drug updates, continued from page 6*

## Pipeline review

| Drug name/ manufacturer | Proposed use | How it works | What's important |
|---|---|---|---|
| **idecabtagene /** bluebird bio | Treatment of advanced multiple myeloma that has failed or not responded to other therapies | Idecabtagene is a chimeric antigen receptor T-cell therapy (CAR-T) immuno-oncology agent. CAR-T therapy is a new type of immuno-oncology that **harnesses patient's own immune system to eliminate cancer cells.** If approved, it will be the first CAR-T therapy for use in multiple myeloma. | **Route of administration:** IV injection<br>**Benefit coverage:** Medicaly<br>**Anticipated FDA decision:** Mid 2020<br>**U.S. sales forecast in 2024:** $378M |
| **valoctocogene roxaparvovec /** 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**. | **Route of administration:** IV injection<br>**Benefit coverage:** Medicaly<br>**Anticipated FDA decision:** Mid 2020<br>**U.S. sales forecast in 2024:** $659M |

Notes:
U.S. sales forecast provided by EvaluatePharma. www.evaluatepharma.com Accessed August 27, 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 May 3, 2019 and June 28, 2019.

### Brand drug additions

| BRAND NAME | STRENGTH | COMMON USE | CLINICAL EDITS | PRESCRIPTION DRUG LIST TIER | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Standard formulary | Value formulary | Performance formulary | Advantage formulary | Legacy formulary |
| ADHANSIA XR | 25, 35, 45, 55, 70, 85 MG | ADD, ADHD | | NC | NC | NC | NC | NC |
| DIVIGEL | 0.75/0.75G | Menopause symptoms | | 2 | 3 | 2 | 3 | 2 |
| DUOBRII | 0.01-0.045 | Psoriasis | | NC | NC | NC | NC | 3 |
| EGATEN | 250 MG | Treatment of rare parasitic infection | | | | | | |
| EMGALITY SYRINGE | 100 MG/ML | Prevention of migraine | PA | 2 | 3 | 2 | 3 | 2 |
| EZALLOR SPRINKLE | 5, 10, 20, 40 MG | Cholesterol/lipid lowering | ST | NC | NC | NC | NC | 3 |
| FENOFIBRATE NANOCRYS-TALLIZED | 160 MG | Cholesterol/lipid lowering | | NC | NC | NC | NC | NC |
| JORNAY PM | 20, 40, 80, 100 MG | ADD, ADHD | | NC | NC | NC | NC | NC |
| KALYDECO | 25 MG | Cystic fibrosis | PA | 3 | 3 | 3 | 3 | 3 |
| NUCALA | 100 MG/ML | Eosinophilic asthma | | 3 | 3 | 3 | 3 | 3 |
| PIQRAY | 200, 250, 300 MG/DAY | Breast cancer | PA | 3 | 3 | 3 | 3 | 3 |
| QTERN | 5 MG-5 MG | Diabetes, type II | QL | 2 | 3 | 2 | 3 | 2 |
| RUZURGI | 10 MG | Lambert-Eaton Myasthenic Syndrome (LEMS) | PA | 3 | 3 | 3 | 3 | 3 |
| SKYRIZI | 75 MG/0.83 | Psoriasis | PA | 3 | 3 | 3 | 3 | 3 |
| SYMDEKO | 50 MG-75MG | Cystic fibrosis | PA, QL | 3 | 3 | 3 | 3 | 3 |
| VYNDAQEL | 20 MG | Hereditary transthyretin-mediated amyloidosis | PA, QL | 3 | 3 | 3 | 3 | 3 |
| ZYKADIA | 150 MG | Lung cancer | | 3 | 3 | 3 | 3 | 3 |

PA: Prior authorization
QL: Quantity limit
ST: Step therapy
T1/Tier 1: Generic
T2/Tier 2: Brand
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 | PRESCRIPTION DRUG LIST TIER | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Standard formulary | Value formulary | Performance formulary | Advantage formulary | Legacy formulary |
| BOSENTAN | 62.5, 125 MG | TRACLEER | Pulmonary arterial hypertension (PAH) | PA | 1 | 1 | 1 | 1 | 1 |
| CEFIXIME | 400 MG | SUPRAX | Bacterial infections | | 1 | 1 | 1 | 1 | 1 |
| DOXYLAMINE SUCCINATE/VIT B6 | 10 MG-10 MG | DICLEGIS | Nausea and vomiting | | 1 | 1 | 1 | 1 | 1 |
| ERLOTINIB HCL | 25, 100, 150 MG | TARCEVA | Lung or pancreatic cancer | PA | 1 | 1 | 1 | 1 | 1 |
| LOTEPREDNOL ETABONATE | 0.50% | LOTEMAX | Eye inflammation or pain | | 1 | 1 | 1 | 1 | 1 |
| MESALAMINE | 400 MG | DELZICOL | Inflammatory bowel disease (IBD) | | 1 | 1 | 1 | 1 | 1 |
| NAFTIFINE HCL | 1% | NAFTIN | Fungal infections | | 1 | 1 | 1 | 1 | 1 |
| PENICILLAMINE | 250 MG | CUPRIMINE | Wilson's disease | PA | 1 | 1 | 1 | 1 | 1 |
| SCOPOLAMINE | 1 MG/3 DAY | TRANSDERM-SCOP | Motion sickness | | 1 | 1 | 1 | 1 | 1 |
| SILDENAFIL CITRATE | 10 MG/ML | REVATIO | Pulmonary arterial hypertension (PAH) | PA | 1 | 1 | 1 | 1 | 1 |

PA: Prior authorization
QL: Quantity limit
ST: Step therapy

T1/Tier 1: Generic
T2/Tier 2: Brand
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 | PRESCRIPTION DRUG LIST TIER | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Standard formulary | Value formulary | Performance formulary | Advantage formulary | Legacy formulary |
| ADVAIR DISKUS | 100-50, 250-50, 500-50 MCG | Asthma | NEGATIVE | ST | DRT | DRT | DRT | DRT | 3 |
| NORDITRO-PIN | | Growth hormone deficiency syndromes | POSITIVE | PA | 2 | 2 | 2 | 2 | 2 |
| SIMPONI | 50, 100 MG/ML | Inflamma-tory conditions (rheumatoid arthritis, ankylosing spondylistis, psoriatic arthritis, ulcerative colitis) | POSITIVE | PA | 3 | 3 | 3 | 3 | 3 |
| TREMFYA | 100 MG/ML | Psoriasis | POSITIVE | PA | 2 | 2 | 2 | 2 | 2 |
| XELJANZ | 5, 10 MG | Inflamma-tory conditions (rheumatoid arthritis, psoriatic arthritis, ulcerative colitis) | POSITIVE | PA | 2 | 2 | 2 | 2 | 2 |
| XELJANZ XR | 11 MG | Inflamma-tory conditions (rheumatoid arthritis, psoriatic arthritis, ulcerative colitis) | POSITIVE | PA | 2 | 2 | 2 | 2 | 2 |

PA: Prior authorization
QL: Quantity limit
ST: Step therapy

T1/Tier 1: Generic
T2/Tier 2: Brand
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.

## On the horizon – upcoming first generic launches*

| TARGET DATE | BRAND NAME | GENERIC NAME | COMMON USE | 2018 U.S. BRAND SALES |
|---|---|---|---|---|
| 4Q2019 | OSMOPREP | Sodium Phosphate electrolytes | Bowel prep for colonoscopy | $8M |
| 4Q2019 | ACZONE 7.5% | Dapsone | Acne | $263M |
| 2020 | ATRIPLA | Efavirenz; Emtricitabine; Tenofovir Disoproxil Fumarate | HIV/AIDS | $1,273M |
| 2020 | TRUVADA | Emtricitabine; Tenofovir Disoproxil Fumarate | HIV/AIDS | $3,151M |
| 2020 | KUVAN | Sapropterin Dihydrochloride | Phenylketonuria | $25M |
| 2020 | AFINITOR | Everolimus | Kidney cancer | $394M |
| 2020 | SILENOR | Doxepin Hydrochloride | Insomnia | $47M |
| 2020 | CHANTIX | Varenicline Tartrate | Smoking cessation | $702M |
| 2020 | ABSORICA | Isotretinoin | Acne | $308M |
| 2020 | CIPRODEX | Ciprofloxacin; Dexamethasone | Ear Infections | $466M |
| 2020 | DALIRESP | Roflumilast | COPD | $214M |
| 2020 | VELCADE | Bortezomib | Lymphomas | $610M |

* Source: IPD Analytics, www.ipdanalytics.com, Accessed June 17, 2019