

# Cigna Pharmacy Clinical Update

## Formulary changes effective

April 2022

December 2021

### Summary

As part of our ongoing commitment to increase overall affordability and encourage appropriate use, we regularly review and update our formularies.<sup>1</sup> We will continue to focus on improving clinical outcomes (especially for those managing chronic conditions) and reducing the total cost of health care so our clients achieve optimal value from their pharmacy plan.

### Affected classes and drugs

Effective April 1, 2022, the following changes will be made to promote affordable generics.

#### Thyroid hormone replacement

Drugs below are considered “natural” and are used for thyroid hormone replacement or supplemental therapy in hypothyroidism.

- **Armour Thyroid** will be removed from Standard, Performance, Value and Advantage formularies<sup>2</sup> to encourage use of an alternative generic drug called NP Thyroid.
  - Legacy formulary: medication will be non-preferred brand with a prior authorization.
- **WP Thyroid** will be removed from Standard, Performance, Value, Advantage and Total Savings formularies<sup>2</sup> to encourage use of an alternative generic drug called NP Thyroid.
  - Legacy formulary: medication will be non-preferred brand with a prior authorization.

Drugs below are used for hypothyroidism or used post-surgery for thyroid cancer.

- **Tirosint, the authorized generic (AG) of Tirosint, and Tirosint-SOL** will be removed from Standard and Performance formularies<sup>2</sup> to encourage use of generic levothyroxine.
  - Effective July 1, 2022, they will be removed from Value and Advantage formularies.<sup>2</sup>

#### Respiratory conditions

Albuterol is used to treat or prevent bronchospasm in patients with asthma, bronchitis, emphysema, and other lung diseases.

- **Albuterol HFA (Ventolin AG)** will be removed from Standard, Performance, Value, Advantage and Total Savings formularies<sup>2</sup> to promote true generic Albuterol HFA products.
  - Legacy formulary: medication will be non-preferred brand with a quantity limit and prior authorization.
- It is estimated that only 15% of impacted customers are long term users.<sup>3</sup>



These changes will drive an average savings of

**\$1.92** PMPY

## Next steps

### Customer communications

Less than 1% of customers will be affected by these changes.<sup>3</sup>

Starting January 2022, we will send letters to customers impacted by the April 2022 changes to allow time for them to have discussions with their providers. Reminder letters will be sent in February and April.

### Health care provider communications

To build awareness and help providers talk with their patients, we will:

- ▶ Send patient-specific letters to impacted providers that outline key formulary changes and covered drug alternatives.
- ▶ Post information on our provider portal.
- ▶ Publish an article in the provider newsletter.

**During this time of rising drug costs, 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. Utilization management changes are for clients that have adopted Essential, Complete or Limited UM package. 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. 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.

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. Cigna's National Book of Business estimate of customers disrupted by 4/1/22 formulary changes. Results may vary.

4. Cigna national book of business analysis, December 2021. PMPY = Per Member Per Year.

This document is intended to provide current information as of the time it was published. It does not supersede contractual obligations and other detailed plan documents or contracts. This information is subject to change.

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. If your plan provides coverage for certain prescription drugs with no cost-share, the customer may be required to use an in-network pharmacy to fill the prescription or the prescription may not be covered or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements.

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