



September 29, 2016

JEFFERSON CITY MEDICAL GROUP
PAM LUEBBERT
1241 W STADIUM BLVD
JEFFERSON CITY MO 65109-6023

Re: Changes in drug formulary, effective January 1, 2017

Dear JEFFERSON CITY MEDICAL GROUP,

The rising cost of brand-name drugs, namely specialty drugs, can make drug therapies costly. For those who are managing complex, chronic conditions, this financial burden can be challenging.

Therefore, to help guide our customers to more affordable drugs, we will be making changes to our drug formulary effective January 1, 2017, focusing on the following categories:

- **Egregiously-priced** – drugs that have experienced significant price increases, or are inappropriately priced compared to identical or near-identical products
- **Multisource brands** – brand name drugs with equivalent generics
- **Therapeutic alternatives** – drugs with similar clinical value for the treatment of a disease or condition as one or more other drugs.

As a result of these changes, some drugs may:

- Move to preferred brand status
- Move tiers from preferred to non-preferred brands
- Be moved to non-covered status (covered only by medical necessity review)
- Be reviewed under our other utilization management program (e.g., prior authorization, step therapy, quantity limits, age limits, etc.)

Please note that some drug classes on our commercial (non-Medicare) formulary will feature either one, or a select set of, preferred brand-name drugs. Other brand-name equivalent drugs may only be considered for coverage by going through our medical necessity review process.

What this means to you and your patients with Cigna coverage

We identified one or more of your patients with a Cigna pharmacy benefit who has been prescribed a brand name drug that is affected by this change. In late September 2016, we will send letters explaining the drug list changes to affected customers. **Customers may contact you directly to discuss drug alternatives.**

Beginning January 1, 2017, customers who continue filling prescriptions that are no longer covered— or that have moved from preferred to non-preferred — may experience higher out-of-pocket costs (non-covered drugs are covered only if approved as medically necessary).

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Additional information

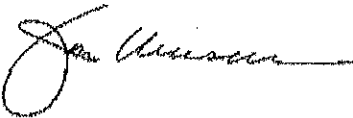
For a listing of the affected drugs, or a way to search for alternative drugs for your patients, please refer to the following resources:

- **Prescription Drug List Changes for 2017**
Enclosed is a list that highlights the covered preferred brand-name and generic drug changes within the affected drug classes. You can also find this resource on the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists > Prescription Drug Lists Changes for 2017. *Note: You do not need to be registered for the website to access this list.*
- **Customer-specific drug coverage search tool**
This tool allows you to search specific drug lists for customers with Cigna coverage, and view their estimated out-of-pocket costs based on their plan benefits. This tool is available by logging in to CignaforHCP.com > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists. *Note: You must be a registered user of the website to use this tool.*

If you have questions about these changes, please call Cigna Customer Service at 1.800.88Cigna (882.4462).

Thank you for your shared commitment to help our customers better manage their medication therapies and improve their health outcomes.

Sincerely,



Jon Maesner, PharmD
Chief Pharmacy Officer
Cigna Pharmacy Management

Enclosure

Drug Coverage Changes by Class

Effective January 1, 2017



Please note that this list only applies to our non-Medicare **Standard Prescription Drug List** and does not reflect the entire list of covered and not-covered drugs for this or any other Cigna drug list.

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 & INFLAMMATORY DISEASE	Kadian, Nucynta ER, Xartemis XR	Hysingla ER, OxyContin, Xtampza ER
Drug class	Medication not covered^	Generic and/or preferred brand alternatives
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
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, Gazo	Apriso, balsalazide, Lialda, mesalamine, Pentasa, sulfasalazine
	Librax	chlordiazepoxide-clidinium
	Metozolv ODT	metoclopramide, metoclopramide ODT
	Nexium	esomeprazole magnesium
	Pepcid	famotidine

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Drug class	Medication not covered^	Generic and/or preferred brand alternatives
GASTROINTESTINAL/ HEARTBURN, <i>cont'd</i>	Zegerid	omeprazole-sodium bicarbonate, omeprazole, omeprazole+syrspend sf alka
	Zuplenz	ondansetron, ondansetron ODT
HORMONAL AGENTS	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 Syntouch	sumatriptan
SCHIZOPHRENIA/ ANTI-PSYCHOTICS	Abilify, Abilify ODT	aripiprazole
	Fazacllo, Versacloz	clozapine, clozapine ODT
SEIZURE DISORDERS	Mysoline	primidone
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	Medication with Quantity Limits	
PAIN RELIEF AND INFLAMMATORY DISEASE	Lidocaine 5% ointment	

** Prior authorization also added to this drug as of January 1, 2017.*

^ These drugs are not covered in our formulary; however, health care professionals can ask Cigna to consider approving coverage through a "medical necessity" review process. Through this process, health care professionals must show that covered alternatives failed to produce results for the patient and therefore a non-covered medication should be considered for coverage.

