the quarterly dose
filled by Cigna Pharmacy Management

Almost 30 Percent of Women Don't Fill Their Osteoporosis Prescription

A recent study by Kaiser Permanente found that a large percentage of women with osteoporosis failed to pick up new prescriptions for the condition. The study, which was based on the medical records of almost 8,500 women aged 55 years and older, showed that nearly 30 percent of women failed to pick up their bisphosphonate prescriptions. Bisphosphonate is commonly used to treat osteoporosis and similar bone diseases.

The study, published in the journal *Osteoporosis International*, also indicated that failure to pick up prescribed medications, known as "primary non-adherence," can lead to an increased risk of fractures. According to the National Osteoporosis Foundation, in the U.S. alone, approximately 10 million people have osteoporosis and another 34 million are considered at-risk for developing the disease.

"Although bisphosphonates have been proven to reduce the risk of osteoporotic fracture, low adherence to these medications is common, which contributes to serious and costly health problems," said Kristi Reynolds, research scientist at Kaiser Permanente and lead author of the study. "These findings suggest that healthcare providers must do a better job of identifying barriers and developing interventions that address the individual patient's needs and concerns at the time the prescription is ordered."

In the U.S., medication non-adherence is a significant health issue. As many as one in three patients fail to fill a prescription, and nearly three-quarters of all patients do not take their prescription medications according to the physician's instructions. Overall, non-adherence causes approximately 125,000 deaths each year and costs the healthcare system nearly $300 billion per year.

For more information: http://www.healthcarefinancenews.com/news/nearly-30-percent-women-dont-fill-osteoporosis-prescription

Quarters 1& 2, 2013

Cigna Pharmacy Management℠ Value Proposition

Clients with pharmacy and medical benefits from Cigna have lower health care costs, are more satisfied and have healthier, more productive employees than those who utilize a third-party pharmacy benefit manager (PBM).

Did You Know? Cigna Home Delivery Pharmacy can help with medication adherence.

QuickFill, our automatic refill reminder service, makes it simple for you to fill your prescriptions by email or phone. We also have **CoachRx,** a personalized support tool, that provides daily medication reminders, refill reminders and coaching. For more info, visit the Cigna Home Delivery Pharmacy page on myCigna.com.

Old Whooping Cough Vaccine Better Than New One

According to a new study, the whooping cough vaccine that was phased out in the late 1990s is more effective than the current version of the vaccine. The study included California teens born between 1994 and 1999 who received their initial four shots of whooping cough vaccine before they were two years old.

Teenagers who received the older vaccine, called whole-cell vaccine, before they were two years old were less likely to become infected with whooping cough, compared to children who received all of their immunizations with the new vaccines, called acellular vaccine.

The whole-cell vaccine was used from the 1940s to 1990s, but was phased out because of potential side effects. The acellular vaccine was introduced in the 1990s, and has few side effects.

“Teens who were vaccinated with the acellular vaccine appear to have a six times higher risk of [whooping cough] than teens who received four doses of the whole-cell vaccine. And, the teens who received some whole-cell vaccine and some acellular had about a four times higher risk than teens who received all whole-cell vaccines,” said Dr. Nicola Klein, co-director of the Northern California Kaiser Permanente Vaccine Study Center.

Whooping cough, also known as pertussis, is a highly contagious respiratory infection. According to the U.S. Centers for Disease Control and Prevention, in 2012, the United States had the highest number of cases of whooping cough since 1959, with more than 41,000 infections and 18 deaths, mostly among infants.

For more information: http://www.webmd.com/vaccines/news/20130520/study-older-whooping-cough-vaccine-more-effective

Cigna Optimizes its Pharmacy Benefit Manager (PBM)

We are excited to share with you that Cigna has entered into a 10-year strategic sourcing agreement with Catamaran as of June 10, 2013.

Cigna's pharmacy management capabilities are an essential component of our integrated approach to affordable and effective health care. Our eight million pharmacy customers will benefit from the same quality and exceptional service they have come to expect from Cigna at a lower cost over time as we leverage Catamaran’s enhanced technological platform and streamlined operating capabilities to drive greater efficiencies and affordability. Within this agreement, Catamaran will provide the following functions, while Cigna will continue to provide full strategic oversight and direction:

- Claims processing
- Prescription drug inventory procurement and order fulfillment for our home delivery pharmacy operations
- Retail network contracting

Why we are doing this

- Leverage the new, collective purchasing power and cost-to-fill economies of Cigna and Catamaran, as well as claim processing efficiencies to make us more competitive.
- Improve our ability to focus on key differentiators of our PBM, including customer engagement, improved outcomes through aligned incentives with physicians and pharmaceutical manufacturers, and condition-specific management across all components of health and productivity (pharmacy, medical, behavioral, and disability).
- Strengthen our focus on – and connection with – health care professionals to influence cost-savings in this rapidly changing health care system.
- Support the further penetration of our unique value message of full benefit connectivity in the market place.

We are committed to working closely with Catamaran to ensure a thoughtful and gradual transition over the next two to three years.

Cigna is driving positive change in the pharmacy benefit management system. We’re leveraging the power of both companies for the benefit of our customers and clients. And we are truly excited about the opportunities ahead.

Generic OxyContin Banned by FDA

On the same day that the patent for the original version of OxyContin was set to expire, the Food and Drug Administration (FDA) decided not to approve generic versions of the narcotic painkiller. OxyContin is a time-released form of the narcotic oxycodone.

The decision by the FDA represents a victory for OxyContin's manufacturer, Purdue Pharma, who in 2010, introduced a formulation of the drug that was more tamper-resistant. The original version of OxyContin, which was approved in 1995, could be easily crushed, releasing its entire narcotic payload at once rather than over a period of time. When crushed, the new version of OxyContin turns into a jelly-like mass.

The FDA also approved a label for the new version of OxyContin that states it is less prone to abuse through inhalation or injection. According to FDA official, Dr. Douglas C. Throckmorton, this is the first time that the FDA has allowed a manufacturer to state that a narcotic drug has tamper-resistant properties.

The decision comes at a time when the efficacy of strong narcotics for the treatment of long-term pain, such as OxyContin, comes under increased scrutiny.

For more information: http://www.nytimes.com/2013/04/17/business/fda-bars-generic-oxycontin.html?_r=1&

FDA Allows Generic Versions of Opana ER

The Food and Drug Administration (FDA) denied Endo Health Solutions Inc.'s petition to block generic forms of Opana ER, a powerful opioid painkiller that contains oxymorphone.

According to the U.S. Centers for Disease Control and Prevention, prescription drug abuse leads to more deaths in the United States than heroin and cocaine combined.

Endo argued that its reformulated version of Opana ER is more abuse-resistant than the original version, and asked the FDA to ban generics of the original version. The FDA said that the original formulation of Opana ER had not been withdrawn for safety reasons or effectiveness and, therefore, its generic forms could continue to be approved and marketed.

The FDA also said that the reformulated version of Opana ER could still be manipulated for abuse, and in particular, may be more susceptible to abuse via injection than the original version.

"Implicitly, what the agency has done by not blocking Opana ER generics is (to say) that there is no benefit to using Opana ER when there are generics available," said Shibani Malhotra, RBC Capital Markets analyst.

For more information: http://www.chicagotribune.com/health/sns-rt-us-endohealthsolutionsbre949101-20130510,0,2230505.story

Did You Know? Cigna has a Medication Safety Program (aka Narcotics Therapy Management) to help promote the safe use of highly regulated prescription drugs. Drug interactions, under/over use of drugs, prescription duplications and refilling too soon are just some examples of how pain medication misuse can occur. Prescription drugs account for 25 to 35 percent of all drug abuse in the U.S. and an estimated 31 million Americans have used painkillers without medical need.[1] Contact your pharmacy sales representative for more information.

[1] *Mental Disorder in Primary Care: Program Guide WHO/MSA/MNHIEAC/98.1.*

Radiation-Based Prostate Cancer Drug Wins FDA Approval

The Food and Drug Administration (FDA) approved Bayer Pharmaceuticals' new injectable drug, Xofigo. The drug uses radiation to treat patients who have advanced prostate cancer that has spread to the bone, even after undergoing treatment with medication or surgery to lower testosterone levels.

The drug was approved as a result of a study of 809 men with advanced prostate cancer who received the drug or placebo. Patients taking Xofigo typically lived 14 months compared to 11.2 months for those taking placebo.

For more information: http://www.usatoday.com/story/news/nation/2013/05/15/prostate-cancer-drug/2162723/

FDA Awards "Breakthrough" Designation to Merck's Melanoma Drug

Merck & Co's experimental treatment for advanced melanoma was awarded "breakthrough therapy" designation by the Food and Drug Administration (FDA). The FDA created the "breakthrough therapy" designation earlier this year for medicine believed likely to demonstrate "substantial improvement" over existing medications.

Merck's melanoma drug, whose chemical name is lambrolizumab, is also being tested for its effectiveness against other types of cancer. The drug belongs to a class of therapies that harness the body's immune system to find and attack cancer cells. Specifically, it targets a protein called PD-1, or Programmed Death receptor.

For more information: http://in.reuters.com/article/2013/04/24/us-merck-melanoma-idINBRE93N0XF20130424

AbbVie Drugs "Cure" Hepatitis C Virus in Eight Weeks

A combination of five oral drugs being tested by AbbVie cured at least 88 percent of new patients with hepatitis C after just eight weeks of treatment. Current hepatitis C treatments take either 24 or 48 weeks.

The latest findings are part of an ongoing trial called Aviator, sponsored by AbbVie. Patients participating in the study had the most common, but hardest-to-treat, genotype 1 variation of Hepatitis C. Results also showed that the virus was "eliminated" in 96 percent of patients taking the five medicines for 12 weeks, as assessed by blood tests 24 weeks treatment ended. If the virus is undetectable 24 weeks after completing treatment, a patient is considered "cured." The trial also showed impressive results among patients who had failed to benefit from earlier therapy.

Dr. Kris Kowdley, director of the Liver Center of Excellence at Virginia Mason Medical Center in Seattle, said "the data confirm that the 12-week treatment appears to be optimal, but certainly we are still very pleased with ... data for the eight-week treatment."

AbbVie and Gilead Sciences, Inc. are competing to be first-to-market with an all-oral treatment that increases the cure rate in less time and does not include interferon, a difficult-to-tolerate intravenous. While Gilead's experimental regimen involves fewer drugs, AbbVie is also testing regimens with fewer drugs and ones that do not include ribavirin, another difficult-to-tolerate oral drug.

Hepatitis C affects an estimated 170 million people worldwide. If left untreated, it can lead to cirrhosis, liver cancer or liver transplantation.

For more information: http://news.yahoo.com/abbvie-hepatitis-c-drugs-knock-virus-eight-weeks-100555214--finance.html

FDA Rejects Two Gilead HIV Drugs in 4-in-1 Pill

Gilead Sciences, Inc. failed to win Food and Drug Administration (FDA) approval to sell, as separate products, two HIV medicines that are part of its four-in-one pill. According to Gilead, the FDA cited "deficiencies in documentation and validation of certain quality testing procedures and methods."

The two HIV drugs, elvitegravir and cobicistat, are intended to help treat patients who have failed other medicines or boost the potency of certain HIV-treatment regimens. They are components of Stribild, the once-daily, four-in-one pill approved by the FDA in August. Two of the medications were already approved by the FDA as Gilead's Truvada.

Elvitegravir interferes with an enzyme necessary for HIV to multiply. Cobicistat enhances the potency of widely prescribed protease inhibitors, such as Bristol-Myers Squibb's Reyataz and Johnson & Johnson's Prezista. Bristol-Myers Squibb and Johnson & Johnson each have licensing agreements with Gilead to develop pills containing combinations of their drugs and cobicistat.

For more information: http://www.businessweek.com/news/2013-04-29/gilead-fails-fda-approval-for-two-hiv-drugs-in-4-in-1-pill-1

AVEO's Kidney Cancer Drug Rejected by FDA

An advisory panel to the Food and Drug Administration (FDA) recommended that the agency reject a kidney cancer drug made by AVEO Pharmaceuticals Inc. and Astellas Pharma Inc., saying data from the 517-patient clinical trial were inconsistent.

The panel said Aveo had not shown the drug's benefits to outweigh its risks in a well-controlled study, and said a second trial would be needed before the drug, tivozanib, should be approved.

While tivozanib did delay progression of the disease by 20 percent, the drug also increased the patient's risk of death by 25 percent. Patients did not live longer than those who took a rival treatment, Nexavar, known generically as sorafenib. Nexavar is made by Bayer AG and Onyx Pharmaceuticals.

The advisory panel also questioned whether the results would be applicable to the U.S. population, since most of the patients in the trial were from central and eastern Europe.

For more information: http://www.reuters.com/article/2013/05/02/us-aveo-advisorypanel-idUSBRE9410V020130502

Immune System: Powerful New Weapon Against Cancer

Results of two early-stage drug studies from Bristol-Myers Squibb Co. and Roche Holding AG are providing evidence that the immune system is emerging as a promising weapon in the fight against cancer.

The Bristol-Myers study tested a two-drug combination of Yervoy, a melanoma drug currently on the market, and nivolumab, an experimental drug. The combination therapy, which targets the immune system, resulted in "rapid and deep tumor regressions" in nearly one-third of 52 skin cancer patients treated. According to Jedd Wolchock, an oncologist at Memorial Sloan-Kettering Cancer Center in New York and leader of the Bristol-Myers study, the combination was more effective than each drug given alone.

The Roche trial tested a single agent currently known as MPDL3280A. In this trial, patients with various forms of cancer, including advanced lung, skin and kidney, were among those who responded favorably to treatment. The study suggests that immunotherapy may be successful in the treatment of a variety of different tumors.

For decades, scientists have been trying to understand why the body's immune system doesn't recognize cancer cells as the enemy, and attack them. Some experts believe that immunotherapy agents may be particularly effective when paired with drugs that specifically target genetic mutations. "Since you're treating the immune system, and not the cancer, this sort of approach should work against all kinds of cancer," said Dr. James Allison, a researcher at MD Anderson Cancer Center and scientific co-founder of Jounce Therapeutics Inc., a company focused on developing immunotherapy drugs.

For more information: http://online.wsj.com/article/SB10001424127887323398204578485401089823868.html

Recent Drug Approvals

Brand Name	Product Formulation	Common Use
Nessina	Oral	Diabetes
Kynamro	Subcutaneous Injection	Lipid Disorders
Pomalyst	Oral	Oncology - myeloma
Tecfidera	Oral	Multiple Sclerosis
Invokana	Oral	Diabetes
Juxtapid	Oral	Lipid Disorders
Breo	Inhaled	Chronic Lung Disease

New Generic Releases- 2013 YTD

Generic Name	Former Brand Name	Common Use	U.S. Annual Sales Est.
Zoledronic acid inj	Reclast	Osteoporosis	$355M
Betamethasone	Luxiq	Skin Conditions	$40M
Finasteride	Propecia	Hair Loss	$136M
Lamotrigine ER	Lamictal XR	Seizure Disorder	$265M
Fenofibrate	Antara	Cholesterol	$60M
Zolmitriptan	Zomig	Migraine	$196M

On the Horizon- Upcoming Patent Expirations

Target Date	Brand Name	Generic Name	Common Use
2Q 2013	Rilutek	Riluzole	
3Q 2013	Aricept 23mg	Donezepil	Alzheimer's Disease
3Q 2013	Temodar	Temozolomide	Oncology
3Q 2013	Lidoderm	Lidocaine	Pain
3Q 2013	Advicor	Niacin/Lovastatin	Cholesterol
3Q 2013	Niaspan	Niacin	Cholesterol
4Q 2013	Exalgo	Hydromorphone	Pain
4Q 2013	Cymbalta	Duloxetine	Behavioral Health/Pain
4Q 2013	Xeloda	Capecitabine	Oncology
4Q 2013	Vanos	Fluocinonide	Skin Conditions
4Q 2013	Vivelle-DOT	Estradiol patch	Hormone Replacement
4Q 2013	Aciphex	Rabeprazole	Gastrointestinal
4Q 2013	Locoid Lipocream	Hydrocortisone butyrate	Skin Conditions