THE QUARTERLY DOSE

Q4 2016

Update on Praluent and Repatha for cholesterol

We last discussed the two new specialty drugs for treating high cholesterol, Praluent and Repatha, in the 3Q 2015 issue of The Quarterly Dose. Praluent and Repatha are the first two drugs in a class known as PCSK9 inhibitors. At that time, due to the potential for widespread use and high cost of these drugs (>$14,000 per year), many market forecasts predicted that they would drive significant pharmacy spend and affordability challenges for clients and customers. Those forecasts have turned out to be well overstated, at least in the one and a half years since Praluent and Repatha have been on the market.

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This article examines the current dynamics of the PCSK9 inhibitor market, and how we expect the use of these drugs might change over the next two years.

A new way to treat high cholesterol

Praluent and Repatha were approved by the U.S. Food and Drug Administration (FDA) in the summer of 2015. They are specialty drugs that are self-administered injectables used either once every two weeks or once every four weeks. PCSK9 inhibitors lower LDL cholesterol by increasing the ability of the liver to remove cholesterol from the body. When added to statin therapy, PCSK9 inhibitors have been shown to lower LDL cholesterol by up to 70%. The FDA approved Praluent and Repatha in individuals who have heterozygous familial hypercholesterolemia (HeFH) or existing atherosclerotic cardiovascular disease (ASCVD), and are:

- On a heart healthy diet
- Use the most effective statin at the highest recommended dose
- Require additional LDL cholesterol lowering

Repatha is also indicated in individuals who have a very rare genetic condition known as homozygous familial hypercholesterolemia (HoFH).

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Cigna Pharmacy Management®

As a Pharmacy Benefits Manager within a health service company, we deliver better insights and connected analytics that drive a more personalized experience and ultimately, lower total medical cost.

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Lack of enthusiasm for prescribing PCSK9 inhibitors

There are several factors at play that are key to understanding the current levels of PCSK9 inhibitor prescribing, as well as the potential for future growth of these drugs.

- **Statins are first-line therapy when diet and exercise have not controlled cholesterol.** Statin medications alone lower LDL cholesterol by approximately 30-60% depending on the statin chosen and its specific dosing. The annual cost per customer per year for commonly utilized generic statins (i.e. atorvastatin or simvastatin) ranges from $80-$270 per year.
- **Praluent and Repatha have not been shown to reduce the risk of serious cardiovascular events.** Numerous long-term studies with statins have shown that in addition to lowering LDL cholesterol, statins can also reduce the risk of serious cardiovascular events caused by elevated cholesterol, such as heart attack, stroke and death. Studies are currently underway to determine if Praluent or Repatha will demonstrate a significantly greater benefit compared to statins in improving cardiovascular outcomes. Results are expected some time in 2017.
- **Concerns with widespread prescribing of Praluent or Repatha per key cardiology community leaders.** These concerns will linger until the results of the outcome studies are available and they confirm that the drugs are more effective than statins at reducing the risk of serious cardiovascular events.
- **Litigation between PCSK9 inhibitors drug makers.** Sanofi Regeneron (maker of Praluent) and Amgen (maker of Repatha) are involved in patent infringement litigation that has the potential to remove Praluent from the market. On January 5, 2017, the court sided with Amgen and granted an injunction to prevent Sanofi-Regeneron from continuing to sell Praluent. At the time of publication of this Quarterly Dose, Sanofi-Regeneron announced their plan to appeal this decision. We will continue to monitor these developments.

Trends in the overall cholesterol lowering market

Over the period of 2015–2018, the cholesterol-lowering drug market is anticipated to experience a negative growth rate due to the market becoming increasingly genericized. Key brands facing generic competition include Crestor (rosuvastatin calcium; AstraZeneca/AbbVie/Shionogi), Zetia (ezetimibe; Merck & Co), and Vytorin (ezetimibe/simvastatin; Merck & Co).

However, the launch of the novel PCSK9 inhibitor drug class is expected to offset the trend of declining sales in the market by 2019, resulting in an overall positive growth rate over the forecast period.

Forecast for PCSK9 inhibitors

Statin drugs will continue to be the first-line treatment for the vast majority of individuals who need to lower their LDL cholesterol. Across Cigna's commercial book of business, approximately 8%-10% of customers are on a statin medication (i.e. approximately 800 customers on a statin per 10,000 customers).

8%–10%
of Cigna pharmacy customers are on a statin (or 800 per every 10,000 customers)

Assuming the outcome studies currently underway for Praluent and Repatha are positive and demonstrate significant benefit compared to statins, we expect that physician prescribing of the drugs will slowly ramp up in 2017 and 2018 for the very small percentage of customers who need additional LDL cholesterol lowering. In 2017 and 2018, we forecast prescribing for PCSK9 inhibitors will be one to two customers per 10,000 members.

Cigna affordability strategies for Praluent and Repatha

Preferred on our formularies

- For commercial group business: Praluent and Repatha are covered under the pharmacy benefit as preferred brand/tier 2 on our formularies and require prior authorization.
- For IFP business (both on and off public exchanges): Praluent and Repatha are covered on the specialty tier on our IFP prescription drug lists and require prior authorization.

Utilization management

- Both Praluent and Repatha require prior authorization. In addition to confirming that the drugs are used consistent with their FDA approved labelled uses, the prior authorization criteria require that an individual is receiving a maximum tolerated statin dose, is adherent to the statin and requires additional LDL cholesterol lowering.

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Value-based contracts in place

- In May 2016, Cigna entered into new value-based contracts with both Amgen and Sanofi/Regeneron for their PCSK9 inhibitors for commercial business. The contracts modify the cost of the new cholesterol-lowering drugs Repatha and Praluent based on how well customers respond to the medications, aligning incentives by linking financial terms to improved customer health. Cigna was the first health service company to reach value-based agreements for its commercial business with both Sanofi/Regeneron and Amgen for their PCSK9 inhibitor drugs. The contracts are independent of each other, but they share the same overall objective. If Cigna's customers aren't able to reduce their LDL-C levels at least as well as what was experienced in clinical trials, the two pharmaceutical companies will further discount the cost of the drugs. If the drugs meet or exceed expected LDL-C reduction, the original negotiated price remains in place. For additional information, see the press release at https://www.cigna.com/newsroom/news-releases/2016/cignas-two-new-value-based-contracts-with-pharma-for-pcsk9-inhibitor-cholesterol-drugs-tie-financial-terms-to-improved-customer-health.

- **Connected customer clinical care**
  Cigna manages total condition needs and risks through our real-time integrated customer care engine HealthEview® for more precise outreach and holistic coaching to help drive total health improvement. If customers don't respond to the outreach and they call our pharmacy service centers or home delivery pharmacy, they will be flagged for health coaching and with their permission, we will make the real-time connection.

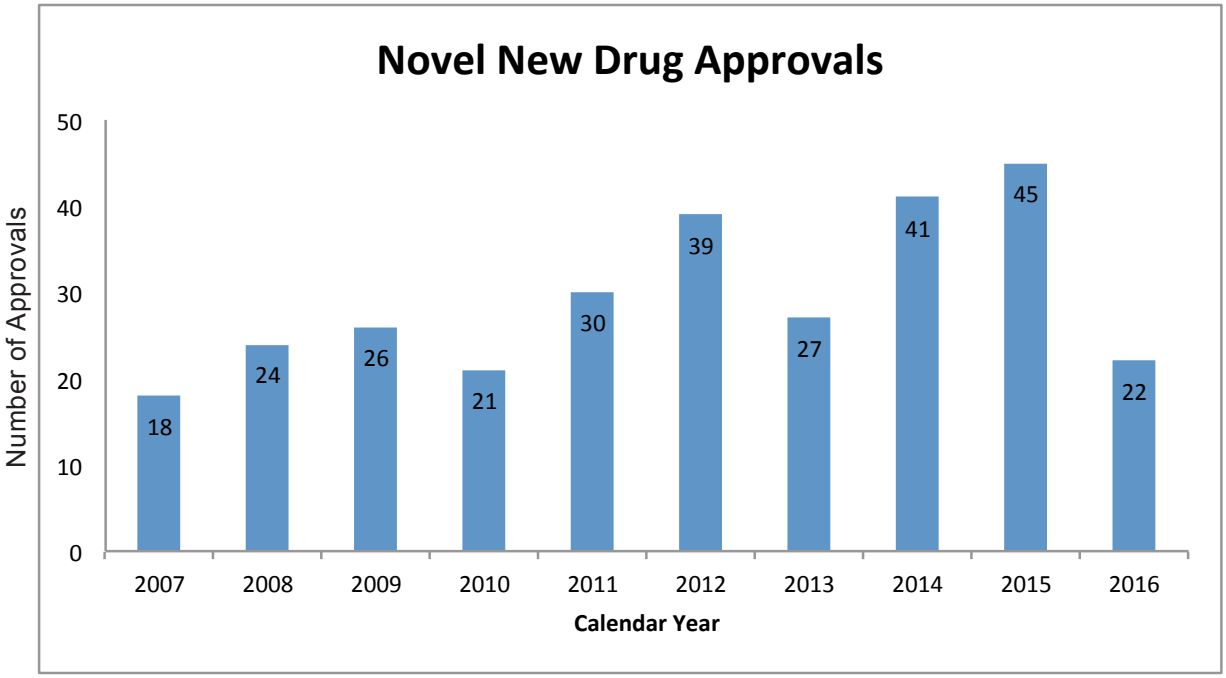
- **Cigna Specialty Pharmacy Services**
  As a specialty pharmacy fully accredited by URAC, Cigna Specialty Pharmacy Services provides support for customers using Praluent and Repatha. We deliver comprehensive, clinical coaching through our therapy management teams that are made up of pharmacists, health advocates with nursing backgrounds and support coordinators. They focus on quality health support to improve customer safety and productivity and **increase adherence to care guidelines** by monitoring side effects and drug interactions, provide injection training, review lab values and collaborate with the treating doctor.

* Datamonitor Healthcare Dyslipidemia Forecast, 11/2016. Datamonitor America, New York, NY

New drugs approved in 2016

In calendar year 2016, the FDA approved 22 novel new drugs. As shown in the Table 1, this is a lower number of drug approvals than seen in the prior five years. Table 2 provides a list of the 22 drugs and how they are used.

Table 1: Novel New Drug Approvals, 2007-2016



New drugs approved in 2016, continued from page 3

Table 2: Novel New Drug Approvals of 2016

TRADE NAME	ROUTE OF ADMINISTRATION	WHAT IT IS USED FOR	SPECIALTY MEDICATION	CLINICAL MANAGEMENT
Adlyxin	Injection (self-administered)	Diabetes, type II		
Anthim	Injection (by health care professional)	Anthrax infection	X	
Axumin	Injection (by health care professional)	Imaging agent for prostate cancer		
Briviact	Oral	Seizures		
Cinqair	Injection (by health care professional)	Severe asthma	X	PA
Defitelio	Injection (by health care professional)	Rare form of veno-occlusive disease		PA
Epclusa	Oral	Hepatitis C	X	PA
Eucrisa	Topical	Mild to moderate atopic dermatitis (eczema)		
Exondys 51	Injection (by health care professional)	Duchenne muscular dystrophy	X	PA
Lartruvo	Injection (by health care professional)	Soft tissue sarcomas	X	PA
Netspot	Injection (by health care professional)	Imaging agent for neuroendocrine tumors		
Nuplazid	Oral	Psychosis in Parkinson's disease		PA
Ocaliva	Oral	Primary biliary cirrhosis	X	PA
Rubraca	Oral	Ovarian cancer	X	
Spinraza	Injection (by health care professional)	Spinal muscular atrophy	X	PA
Taltz	Injection (self-administered)	Moderate to severe plaque psoriasis	X	PA
Tecentriq	Injection (by health care professional)	Bladder cancer	X	PA
Venclexta	Oral	Chronic lymphocytic leukemia (CLL)	X	PA
Xiidra	Ophthalmic	Dry eye disease		
Zepatier	Oral	Hepatitis C	X	PA
Zinbryta	Injection (self-administered)	Multiple sclerosis	X	PA
Zinplava	Injection (by health care professional)	Infectious diarrhea	X	EX

PA = Prior Authorization: Indicates drugs that require approval by Cigna before dispensing.
EX = Drug Not Covered: This drug is not covered on your plan. Please contact your physician for assistance or alternatives.

Pipeline Review

This section highlights some of the pipeline drugs expected to be approved by the U.S. Food and Drug Administration (FDA) in the second half of 2017 that may significantly impact clinical practice and/or pharmaceutical costs.

DRUG NAME/ MANUFACTURER	PROPOSED USE	HOW IT WORKS	WHAT'S IMPORTANT*
KTE-C19/Kite	Lymphoma	New approach called CAR-T (chimeric antigen receptor) immunotherapy. A type of the patient's immune cells (T-cells) are removed and genetically modified to target and destroy cancer cells.	**Route of administration:** Intravenous injection **Benefit coverage:** Medical **Impact:** Low **Anticipated FDA decision:** 2Q 2017
			• Specialty drug • First CAR-T immunotherapy; many others in late-stage development • Will be administered as one single infusion during a 7-day inpatient stay • Rare form of cancer; occurs in ~7 per 100,000 individuals; majority are age 65+ • Estimate high cost ($300-500K per customer), low utilization
Semaglutide/Novo Nordisk	Diabetes	Long-acting GLP-1 agonist that lowers blood glucose levels.	**Route of administration:** SC (subcutaneous) injection **Benefit coverage:** Pharmacy **Impact:** Moderate **Anticipated FDA decision:** 4Q 2017
			• Non-specialty drug • Given once weekly • Will compete with Victoza, Trulicity, Bydureon and Byetta • High cost condition
Austedo (deutetrabenzine)/Teva	Huntington's Disease	Affects neurons in the brain to help control movement	**Route of administration:** Oral **Benefit coverage:** Pharmacy **Impact:** Low **Anticipated FDA decision:** 2Q 2017
			• Specialty drug • Longer acting form of Xenazine, the only drug approved for Huntington's Disease • Estimated that 1 in 10,000 individuals have Huntington's • Estimate high cost ($125-150K per customer), low utilization
Voretigene Neparvovec/Spark	Leber's Congenital Amaurosis (LCA), a relatively rare inherited disease that causes childhood blindness	Gene therapy that delivers a functioning gene to restore vision	**Route of administration:** Intraocular (into the eye) **Benefit coverage:** Medical **Impact:** Low **Anticipated FDA decision:** 3Q 2017
			• Specialty drug • First gene therapy approved in U.S. • First treatment for this condition • Very rare condition; occurs in ~1 per 100,000 births • One-time treatment • Estimate high cost ($500K-1M per customer), low utilization

* Estimated $PMPM impact: Low, ≤ $0.10 PMPM; Moderate, $0.11-0.50 PMPM; High, ≥ $0.50 PMPM. Based on U.S. sales projection from EvaluatePharma. Projection is for year 2022 unless otherwise noted. Benefit coverage is based on currently available information and could change pending final FDA-approved prescribing information.

Topical pain medications excluded from Cigna's formularies

Some individuals dealing with pain from inflammation and muscle tension – or even minor injuries like sunburn and poison ivy – turn to topical pain relievers covered under their plan's pharmacy benefit. As part of our ongoing review and monitoring of pharmacy claim activity, we have identified use of certain topical pain products that are not approved by the U.S. Food and Drug Administration (FDA). The standard benefit plan language that governs Cigna's claims administration excludes coverage of non-FDA approved products.

Effective March 1, 2017, these non-FDA approved topical pain products will be excluded from Cigna's commercial (non-Medicare) formularies. Because this is a benefit exclusion, supported by standard benefit plan language, it is not an option for clients to cover these products – the change will be affective for all Cigna Pharmacy Management commercial clients on March 1, 2017.

The products being removed are marketed under many different brand and generic names. Some examples include **lidocaine, Cetacaine, Sinelee, Solaice, Lidorx, and Velma**. They may be formulated as a cream, gel, lotion, patch, or spray. Most contain various local anesthetics intended to reduce pain, such as lidocaine, menthol, or capsaicin. Just because a drug is referred to as a brand or generic doesn't necessarily mean it is FDA approved.

Alternatives for the non-covered topical pain medications

There are numerous topical lidocaine products available as alternatives for the products being removed from coverage. These alternatives include lidocaine products available by prescription, as well as over-the-counter products. Some are direct therapeutic equivalent to those mentioned above and, in other cases, there may be minor differences between the options. Examples of these differences may include:

- Alternatives are available over-the-counter without a prescription
- There may be a slight difference in the strength of lidocaine (e.g. 3.0% vs. 3.75%)
- The formulation of the alternative may differ (e.g. gel vs. ointment)

Medical necessity review process

There will not be a medical necessity review process in place to review claims for topical pain medications that are not FDA-approved for any use. Standard plan language that excludes coverage of non-FDA approved products supports this exclusion.

Drugs on the market that are not approved by the FDA

Under the Federal Food, Drug, and Cosmetic Act (FFDCA), certain drugs may be legally marketed despite lacking approval from the FDA (e.g., drugs approved prior to the Federal Food, Drug and Cosmetic Act of 1938). The FDA does not publicly identify legally marketed, unapproved drugs, maintaining that it is the manufacturer's responsibility to prove that a drug is legally marketed. As a result, the lack of publicly available information has hampered the pharmacy benefit management industry's ability to effectively manage unapproved drugs.

Cigna Pharmacy Management routinely reviews all pharmacy claims to help clients appropriately manage the use of unapproved drugs. By using newly available sources of information on unapproved drugs, we have identified these topical pain products that will no longer be covered after March 1, 2017.

We will continue to review and may exclude other non-FDA approved products in 2017.

How we will inform customers affected by the change

Customers with a current topical pain prescription have been notified on or before December 1, 2016 – 90-days prior to the implementation of the change. If the customer continues to fill the prescription on or after March 1, 2017, he or she will have to pay the full cost of the medication at the pharmacy. There are less than 1,300 customers affected by this change.

Coverage update for Granix, Neupogen and Zarxio

Effective January 1, 2017, prior authorization (PA) is required for coverage of the specialty medication, Neupogen. Neupogen is an injectable drug used to treat a low white blood cell count that is primarily caused by certain chemotherapy drugs. The two alternative specialty drugs to Neupogen, Granix and Zarxio, do not require prior authorization. Granix and Zarxio are as equally safe and effective as Neupogen and are lower cost alternatives.

These drugs may be covered under the pharmacy or medical benefit (majority under medical since they are administered by a health care professional). When covered under the medical benefit, PA only applies to clients with the PHS+ medical management program. There is no impact to customers currently using Neupogen; they will automatically receive approval to complete their course of treatment.

More details about these medications

Granix, Neupogen, and Zarxio are injectable biologic drugs used to treat neutropenia, a condition characterized by a white blood cell count that is below normal. White blood cells help the body fight infection. Granix, Neupogen and Zarxio stimulate the production of white blood cells.

While there are several conditions that may lower the white blood cell count, these drugs are most often used in individuals being treated for cancer who are receiving certain chemotherapy drugs that lower white blood cell counts. Granix, Neupogen, and Zarxio are not chronic long-term treatments, but rather are used short-term as needed to stimulate white blood cell production.

Zarxio was approved by the FDA in 2015 and is a biosimilar to Neupogen. A biosimilar is a biologic drug that is "highly similar" to an already approved biologic drug, but generally costs less. For FDA approval, the biosimilar must show it has no clinically meaningful differences in terms of safety and effectiveness from the reference product. More information on FDA's approval of Zarxio is available at:

http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm436648.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

Granix was approved by the FDA in 2012. While considered a biosimilar in Europe, it was approved by the FDA before the biosimilar approval pathway was established. More information on FDA's approval of Granix is available at:

http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm317392.htm?utm_source=twitterfeed&utm_medium=twitter

Formulary updates

The following changes were made to Cigna's prescription drug lists (PDLs) between September 1, 2016 and December 16, 2016.

Brand drug additions

BRAND NAME	STRENGTH	COMMON USE	CLINICAL EDITS	PDL TIER			
				Standard	Value	Performance	Advantage
Adlyxin	50, 100 MCG/ML	Diabetes		NC	NC	NC	NC
Bromsite	0.08%	Post-cataract surgery	PA	NC	NC	NC	NC
Evzio	2 MG/0.4ML	Treatment of opioid overdose	PA, QL	T3	T3	T3	T3
Gonitro	400 MCG	Angina, heart failure	PA	NC	NC	NC	NC
Invokamet XR	50-500, 150-500, 50-1000 MG	Diabetes		T2	T2	T2	T2
Micort-HC	2.5% (4G)	Inflammatory skin conditions	ST	T3	T3	T3	T3
Namzaric	7-10, 21-10 MG	Alzheimer's disease		T3	T3	T3	T3
Orkambi	100-125 MG	Cystic fibrosis	PA	T3	T3	T3	T3
Pancreaze	2.6 K-6.2 K	Pancreatic insufficiency		T3	T3	T3	T3
Pertzye	4000-14375	Pancreatic insufficiency		T3	T3	T3	T3
Raplixa	79 MG-699/G	Severe surgical bleeding		T3	T3	T3	T3
Rayaldee	30 MCG	Hyperparathyroidism associated with chronic kidney disease		NC	NC	NC	NC
Restasis Multidose	0.05%	Dry eye sndrome		T2	T3	T2	T3
Soliqua	100-33/ML	Diabetes		NC	NC	NC	NC
Taytulla	1 MG-75 MG-20 MCG	Oral contraceptive		T2	T2	T2	T2
Treximet	10 MG-60 MG	Migraine	PA, QL	NC	NC	NC	NC
Vascepa	0.5 G	Severe elevated triglycerides	ST	T3	T3	T3	T3
Vemlidy	25 MG	Chronic hepatitis B		NC	NC	NC	NC
Xultophy	100-3.6/ML	Diabetes		NC	NC	NC	NC
Yosprala	81-40, 325-40 MG	Heart disease	PA	NC	NC	NC	NC

Generic drug additions

GENERIC NAME	STRENGTH	CORRESPONDING BRAND NAME	COMMON USE	CLINICAL EDITS	PDL TIER			
					Standard	Value	Performance	Advantage
Abacavir/ Lamivudine	600-300 MG	EPZICOM	HIV		T1	T1	T1	T1
Amlodipine/ Olmesartan	5-20, 5-40, 10-20, 10-40 MG	AZOR	Hypertension		T1	T1	T1	T1
Cromolyn sodium	20 MG/0.2 ML	CROMOLYN SODIUM	Allergic rhinitis		T1	T1	T1	T1
Drospirenone/ Ethinyl Estradiol/ Levomefololate	3-0.02 MG	BEYAZ	Oral contraceptive		T1	T1	T1	T1

Formulary updates, continued from page 8

Generic drug additions, cont'd

GENERIC NAME	STRENGTH	CORRESPONDING BRAND NAME	COMMON USE	CLINICAL EDITS	PDL TIER			
					Standard	Value	Performance	Advantage
Epinephrine auto-injector	0.15, 0.3 MG	EPIPEN, EPIPEN JR	Severe allergic reaction	QL	T1	T1	T1	T1
Epinephrine auto-injector	0.15, 0.3 MG	ADRENACLICK	Severe allergic reaction	QL	T1	T1	T1	T1
Erythromycin Ethylsuccinate	200 MG/5 ML	ERYPED 200	Antibiotic		T1	T1	T1	T1
Estradiol	10 MCG	VAGIFEM	Menopausal symptoms		T1	T1	T1	T1
Ezetimibe	10 MG	ZETIA	Elevated cholesterol		T1	T1	T1	T1
Hydrocortisone	2.50%	MICORT-HC	Hemorrhoids		T1	T1	T1	T1
Levalbuterol	45 MCG	XOPENEX HFA	Asthma		T1	T1	T1	T1
Metoprolol/ Hydrochlorothiazide	25-12.5 MG	DUTOPROL	Hypertension		T1	T1	T1	T1
Nitroglycerin	0.3, 0.4, 0.6 MG	NITROSTAT	Angina		T1	T1	T1	T1
Ofloxacin	300 MG	FLOXIN	Bacterial infections		T1	T1	T1	T1
Olmesartan	5, 20, 40 MG	BENICAR	Hypertension	ST	T1	T1	T1	T1
Olmesartan/ Amlodipine/ Hydrochlorothiazide	20-5-12.5, 40-5-12.5, 40-5-25, 40-10-25, 40-10-12.5 MG	TRIBENZOR	Hypertension		T1	T1	T1	T1
Olmesartan/ Hydrochlorothiazide	20-12.5, 40-12.5, 40-25 MG	BENICAR HCT	Hypertension	ST	T1	T1	T1	T1
Oseltamivir	30, 45, 75 MG	TAMIFLU	Flu symptoms	QL	T1	T1	T1	T1
Phentermine	8 MG	LOMAIRA	Weight loss		T1	T1	T1	T1
Prenatal Vitamin	38-1-25 MG	OBSTETRIX ONE	Prenatal vitamin supplement		T1	T1	T1	T1
Quetiapine	50, 150, 200, 300, 400 MG	SEROQUEL XR	Bipolar disorder	PA, ST	T1	T1	T1	T1
Thyroid, pork	15 MG	ARMOUR THYROID	Hypothroidism		T1	T1	T1	T1
Tobramycin for nebulizer	300 MG/5 ML	KITABIS PAK	Prevent infection in cystic fibrosis		T1	T1	T1	T1
Valganciclovir	50 MG/ML	VALCYTE	Viral infections		T1	T1	T1	T1
Venlafaxine	225 MG	EFFEXOR XR	Depression		T1	T1	T1	T1

Formulary updates, continued from page 9

Tier changes

BRAND NAME	COMMON USE	TIER CHANGE	CLINICAL EDITS	PDL TIER			
				Standard	Value	Performance	Advantage
Bunavail	Opiate withdrawal	Moved down		T2	T2	T2	T2
Suboxone Filmtab	Opiate withdrawal	Moved down		T2 (no change)	T2	T2 (no change)	T2
Zarxio	Low white blood cell count	Moved down		T2	T2	T2	T2
Zubsolv	Opiate withdrawal	Moved down		T2	T2	T2	T2

Utilization management changes

BRAND NAME	CORRESPONDING GENERIC NAME	STRENGTH	UM CHANGE	COMMON USE	POSITIVE/ NEGATIVE CHANGE
Bunavail	Buprenorphine/ naloxone	All strengths	Remove PA	Opiate withdrawal	Positive
Buprenorphine/ naloxone	Buprenorphine/ naloxone	All strengths	Remove PA	Opiate withdrawal	Positive
Lidocaine	Lidocaine	5% ointment	Add QL	Topical pain relief	Negative
Suboxone filmtab	Buprenorphine/ naloxone	All strengths	Remove PA	Opiate withdrawal	Positive
Zarxio	Filgrastim	All strengths	Remove PA	Low white blood cell count	Positive
Zubsolv	Buprenorphine/ naloxone	All strengths	Remove PA	Opiate withdrawal	Positive

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

T1: Tier 1
T2: Tier 2
T3: Tier 3
NC: Not covered
EX: Excluded

On the Horizon – Upcoming First Generic Launches

TARGET DATE	BRAND NAME	GENERIC NAME	COMMON USE	2015 U.S. BRAND SALES
1Q 2017	Tracleer	Bosentan	Pulmonary arterial hypertension	$488M
1Q 2017	Minastrin 24 Fe	Ethinyl Estradiol; Norethindrone Acetate	Oral contraceptive	$306M
1Q 2017	Pristiq	Desvenlafaxine Succinate	Depression	$828M
2Q 2017	Vytorin	Ezetimibe; Simvastatin	Hyperlipidemia	$702M
2Q 2017	Strattera	Atomoxetine Hydrochloride	ADHD	$900M
4Q 2017	Effient	Prasugrel Hydrochloride	Heart disease	$541M
4Q 2017	Sustiva (600 Mg Tablet)	Efavirenz	HIV	$171M
4Q 2017	Viagra	Sildenafil Citrate	Erectile dysfunction	$1,455M
4Q 2017	Viread (300 Mg Tablet)	Tenofovir Disoproxil Fumarate	Hepatitis B, HIV	$784M
4Q 2017	Reyataz	Atazanavir Sulfate	HIV	$591M
2018	Viread (150, 200, 250 Mg Tablets)	Tenofovir Disoproxil Fumarate	Hepatitis B, HIV	$784M
2018	Remodulin	Treprostinil	Pulmonary arterial hypertension	$424M
2018	Moviprep	Ascorbic Acid; Polyethylene Glycol 3350; Potassium Chloride; Sodium Ascorbate; Sodium Chloride; Sodium Sulfate	Bowel prep for colonoscopy	$83M
2018	Finacea Gel	Azelaic Acid	Rosacea	$124M
2018	Canasa	Mesalamine	Ulcerative colitis	$198M