July 2024

Cigna Healthcare Pharmacy clinical update

Plan affordability and prescription drug access are strategic imperatives for our clients and for Cigna Healthcare℠. Our low net drug cost and utilization management (UM) approach is an integral part of achieving affordability for clients and customers. This model reevaluates the traditional pricing process with the goal to deliver more affordable drug options to customers and immediate savings to clients. This includes removing certain high-priced and/or low-value drugs where other alternatives are available – regardless of incentives or rebates.

July 2024 clinical drug changes[1]

As part of our ongoing commitment to provide affordable and quality health care coverage, we regularly review and update our formularies. Our latest formulary changes focus on:

- Egregious drug removals
- Channel optimization
- Promotion of lower cost generic alternatives

Together, these actions impact less than 1% of membership[2] and achieve an average savings of $0.78 PMPM.[3]

Customer communications

We will send letters and emails to impacted customers in late March 2024. Reminder notifications will release in late April 2024 and again in July 2024. Other materials are available at client request, such as formulary-specific flyers for customers and formulary PDFs.

Health care provider communications

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

- Send patient-specific letters that outline key formulary changes and covered drug alternatives
- Post information on our provider portal
- Include an article in the provider newsletter

Our priority is to maintain affordability for our clients and customers now and in the future. We will continue to make drug coverage enhancements across medical and pharmacy benefits to help drive sustainable cost savings while improving both medication adherence and health outcomes.

Summary of July 1, 2024 formulary changes

Changes apply to Cigna Healthcare's Standard, Performance, Value, Advantage and Legacy formularies as noted. These highlights do not reflect the entire list of Cigna Healthcare's July 2024 drug changes. For drug-specific changes, please request a customer formulary change flyer.

Condition	Goal	Drug Removed*	Covered Alternatives
Narcolepsy	Promote use of lowest net cost authorized generic	Xyrem Sodium Oxybate by Amneal	Sodium Oxybate by Hikma
Osteoporosis	Promote use of generic alternative	Tymlos	teriparatide
Oncology	Promote use of FDA-approved generic equivalent	Votrient	pazopanib
Various	Remove drugs that are inappropriately priced compared to alternative products	21 Egregiously Priced Drugs	Generic equivalents and generic or preferred alternatives
Diabetes	Drive favorable market share	Xultophy	Soliqua
		Qtern**	Glyxambi

Channel Optimization: ensuring customers get the right drug at the right location to improve medication adherence and offer greater plan savings for clients and customers.

- Adding seven additional drugs to our Exclusive Home Delivery list, while some are removed from the list to allow access via retail pharmacy
- Adding 22 products to our Cigna 90 Now list to expand the list of products customers must fill at a 90-day supply

DAW9 Program is intended to maximize low net cost in situations where the cost of the generic drug exceeds the net cost of the brand. To drive additional savings, we are adding more drugs to the program, including: Absorica, Aczone 7.5% gel pump and Taclonex suspension.

Positive changes

- **Diabetes:** moving CeQur Simplicity insulin patch from non-preferred brand to preferred***
- **Depression:** moving Trintellix from non-preferred brand with step therapy to preferred brand***
- **Lupus:** moving Lupkynis from non-covered to non-preferred brand
- **Long-acting growth hormone:** to provide additional access to members due to increased demand and continued shortages, we are adding enhanced access to long-acting growth hormone replacements^
  - Skytrofa
  - Ngenla

*Medical necessity review by Cigna Healthcare is available for customers unable to use covered alternatives. Moving to non-preferred brand subject to prior authorization with embedded step on Legacy.

**This change only applies to Standard, Performance and Legacy formularies. Qtern is currently non-covered on Value, Advantage and Total Savings formularies.

***This change is effective 4/1/24.

^Changes are effective 3/15/24. Applies to Standard, Value and Legacy formularies only.

1. State laws in Connecticut, New York, Texas and Louisiana may require plan to cover medication at current benefit level until your plan renews. This means that if medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before plan will cover it, these changes may not begin until plan's renewal date. State law in Illinois may require plan to cover medications at current benefit level until plan renews. This means that if member currently has approval through a review process for plan to cover medication, the drug list change(s) listed here may not affect member until plan renewal date. If member doesn't currently have approval through a coverage review process, member may continue to receive coverage at current benefit level if doctor requests it.

2. Cigna Healthcare National Book of Business estimate of customers disrupted by 7/1/24 formulary changes.

3. Cigna Healthcare National Book of Business pricing analysis estimating value of July 2024 drugs under medical benefit, under pharmacy benefit (formulary) and UM changes (for clients that adopt Cigna Healthcare's UM packages or Cigna Healthcare specialty UM). Results may vary. PMPM = per member, per month.

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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