

January 2023

Cigna pharmacy clinical update

Plan affordability and prescription drug access are strategic imperatives for our clients and for Cigna. Our low net drug cost approach removes or manages certain high-priced, low-value drugs where clinically appropriate alternatives are available – regardless of drug company incentives or rebates. For January 2023, we will make a number of changes to achieve better drug affordability and improved pharmacy plan performance with low impact to customers.

January 2023 clinical drug changes¹

Our latest comprehensive drug review and actions expand choice, encourage preferred alternatives and offer tighter controls through comprehensive drug review and actions. They include:



Specialty drugs – pharmacy benefit

Encouraging use of generics or lower cost therapeutic alternatives for drugs used for oncology, transplant and growth hormone deficiency



Hemophilia A

Adding access to 18 Factor therapies under pharmacy benefit (currently only offered under medical benefit)



Gout treatment

A common form of inflammatory arthritis. We will remove high cost treatments for lower cost alternatives⁴



Egregiously priced drugs

Removing 16 high-cost, low-value drugs where clinically appropriate alternatives are available⁴



Benefit exclusions

Excluding certain high-cost, low-value drugs that have over-the-counter or other covered alternatives



Estrogen replacement treatments

Adding access to new treatments and removing high cost agents for lower cost alternatives⁴



Quantity limits

Quantity limits to promote appropriate use and control waste for conditions like ADHD, Asthma, HIV one pill regimens and Hepatitis C



Dry eye and eczema

Removing costly treatments and adding step therapy to promote generics⁴



Together, these actions impact less than 1% of membership² and achieve an average savings of

\$3.16 PMPM³

Summary of January 1, 2023 formulary changes

Changes apply to Cigna's Standard, Performance, Value, Advantage and Legacy formularies as noted. These highlights do not reflect the entire list of Cigna's January 2023 drug changes. For drug-specific changes, please request a customer formulary change flyer.

Specialty drugs – pharmacy benefit

Goal: Promoting generics or lower cost therapeutic alternatives

► Oral chemotherapy agents

- Gleevec, Afinitor, and Afinitor Disperz are multisource brands with FDA approved generic equivalents
- Above medications moving to non-covered status⁴
- Legacy formularies – adding prior authorization (PA)

► Transplant (organ rejection) agents

- Prograf a multisource brand drug is moving to non-covered status⁴
- Prescription for Prograf will require use of generic alternative tacrolimus
- Legacy formularies – adding prior authorization

► Growth Hormone deficiency

- Skytrofa, which allows for once weekly administration, is moving to non-covered status⁴
- Prescription for Skytrofa will require use of lower cost daily options
- Legacy formularies – adding PA

Hemophilia A

Goal: Access to Factor drugs under pharmacy benefit

► Factor replacement therapy

- Factor drugs (18) – previously only available under medical benefit – will now be offered under Cigna's pharmacy benefit – positive change
- Dependent on client's plan design, customer cost share is often more favorable on pharmacy benefit

Eczema

Goal: Promote generics

- **Protopic and Elidel** are multisource brands and moving to non-covered status to promote FDA approved generic equivalents⁴
- Legacy formularies – adding prior authorization

Additional Eczema strategy change: Eucrisa – adding step therapy

Inflammatory arthritis

Goal: Promoting generics

► Gout treatment

- Colchicine capsules are more costly than tablet options and are moving to non-covered⁴
- Colcris, Zylprim and Uloric will be non-covered⁴
 - Legacy formularies – Non-preferred brand with PA
- Mitigare moving from non-preferred to preferred brand (positive change)

Egregiously priced drugs

Goal: Promote covered alternatives

- **Removal of 16 drugs** that have a significant cost inflation or are otherwise inappropriately priced compared to alternative products – low customer impact⁴
 - Covered alternatives exist for all impacted products
 - Legacy formularies – adding PA

Benefit exclusions

Goal: Removal of high-cost, low-value medications

- **Duexis, Vimovo, and combination generics** are being removed from coverage (benefit exclusion with no medical necessity review offered)
 - Generic prescription and over-the-counter alternatives available
 - Low customer impact

Other low impact benefit exclusions: Ketodan 2% foam kit, Clindacin ETZ and PAC kit

Dry eye

Goal: Promote generics

- **Restasis Multidose** moving to non-covered status to promote generic alternative⁴
- Impacts Standard and Performance formularies only
- Legacy formularies – moving to non-preferred brand with a prior authorization

Additional dry eye strategy change: Cequa moving to preferred brand (positive change)

Estrogen replacement

Goal: Promote lowest cost treatment options

▶ Menopause symptom treatment

- Historically an unmanaged class with opportunity to drive savings
- Elestrin, Femring, Imvexxy, Estrace, Divigel, Vagifem, Climara Pro, Climara, Minivelle and Vivelle-Dot are moving to non-covered status⁴
- Legacy formularies – adding prior authorization
- Following products will move to preferred brand tier (positive change): Estrogel, Estring, and Combipatch
 - Estring – affects Value and Advantage formularies only

Utilization management (UM)

Goal: Promote appropriate use and control waste

▶ Quantity limits for certain medications for conditions including:

- ADHD
- Asthma/COPD (maintenance medications)
- Hepatitis C drugs
- HIV (one pill regimens)
- Oral cancer drugs
- Wakefulness promoting drugs
- Heart failure
- Irritable bowel syndrome

Customer communications

Less than 1% of customers will be affected by these changes.¹

We will send letters and emails to impacted customers in early October 2022. Reminder notifications will release in early November and again in January 2023. 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 patients, we will:

- ▶ Send patient-specific letters that outline key formulary changes and covered drug alternatives.
- ▶ Post information on our provider portal.
- ▶ Article in provider newsletter.

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



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's National Book of Business estimate of customers disrupted by 1/1/23 formulary changes.

3. For clients using Standard, Performance, Value or Advantage formularies. Cigna National Book of Business pricing analysis estimating value of January 2023 drugs under medical benefit, under pharmacy benefit (formulary) and UM changes (for clients that adopt Cigna's UM packages or Cigna specialty UM). Results may vary. PMPM = per member, per month.

4. 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.

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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