January 2027

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 of delivering 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.

January 2027 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:

- Promotion of lower cost medications
- Egregious medication removals
- Adding/updating quantity limits

Together, these actions impact less than 1% of membership[2] and achieve an average savings of $0.63 PMPM.[3]

Customer communications

We will send letters and emails to impacted customers in late September 2026. Reminder notifications will release in November 2026 and January 2027. 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 important 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.

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Summary of January 1, 2027 formulary changes

Changes apply to Cigna Healthcare's Value and Advantage formularies as noted. These highlights do not reflect the entire list of Cigna Healthcare's January 2027 drug changes. For drug-specific changes, please request a customer formulary change flyer.

Medical Medication Removals[4]

Medication	Indication	Preferred Alternative Examples
Belrapzo®, Bendeka®, Vivimusta®	Antineoplastic	bendamustine, Treanda®
Leuprolide Depot 22.5mgˇ, Lutrate® Depot 22.5mgˇ	Antineoplastic	Eligard®, Firmagon®
Rolvedon®	Neutropenia	Neulasta®, Nyvepria®, Udenyca®

Pharmacy Removals[5]

Medication	Indication	Preferred Alternative Examples
Attruby®*	Cardiomyopathy	Vyndamax®
Austedo®/Austedo XR®*	Movement disorders	Ingrezza®, tetrabenazine
Ilevro® eye drops	Pain/inflammation	bromfenac, diclofenac, ketorolac
Insulin Aspart repacks	Diabetes	Merilog®
Livdelzi®*	Primary biliary cholangitis	Iqirvo®
Myqorzo™*^	Cardiomyopathy	Camzyos®
Opsynvi™*	Pulmonary arterial hypertension	macitentan and tadalafil
Velphoro®	Control phosphate levels	lanthanum, sevelamer
Winrevair®*	Pulmonary arterial hypertension	Customer should speak with their health care provider
ZTlido® patches	Pain	lidocaine

Key
* = specialty medication
^ = will only impact new utilizers
ˇADV only

Summary of January 1, 2027 formulary changes

Multisource Brand Removals[5]

Brand medications no longer protected under patent exclusivity and have therapeutically equivalent generics available.

Medication Name	Indication
Arimidex® (anastrozole)	Antineoplastic
Carbaglu® (carglumic acid)*	Hyperammonemia
Dificid® (fidaxomicin) tabs	Infection
Klonopin® (clonazepam)	Anxiolytic/Anticonvulsant
Lyrica® (pregabalin) solution	Nerve Pain/Anticonvulsant
Oxtellar XR® (oxcarbazepine)^	Anticonvulsant
Tegretol® (carbamazepine) tabs, susp, & XR^	Anticonvulsant
Tracleer® (bosentan)*	Pulmonary Arterial Hypertension
Trokendi XR® (topiramate)^	Anticonvulsant

Egregious drug removals[5]

To promote the lower cost FDA-approved generic equivalents, coverage of certain originator products will be removed, including:

Medication Name	Preferred Alternatives
fluvastatin ER/IR	pravastatin, atorvastatin, lovastatin, rosuvastatin, simvastatin
protriptyline	desipramine, nortriptyline
Unithroid®	levothyroxine, Levoxyl®, levo-t

Summary of January 1, 2027 formulary changes

Utilization Management

Quantity limits (QL) help ensure appropriate dosing and safe medication use while mitigating waste. The following will have additions of, or updates to, existing quantity limits.

Medication Name	Indication
Adbry®*	Anti-inflammatory/Immunologics
Dupixent®*	
Ebglyss®*	
Exdensur®*	
Fasenra®*	
Nemluvio®*	
Nucala®*	
Rhapsido™	
Tezspire®*	
Xolair®*	
Braftovi®*	Antineoplastics
Cotellic®*	
Rozlytrek®*	
Xalkori®*	
Zelboraf®*	

Tier change – moving from preferred brand to non-preferred brand

Medication	Primary Indication	Preferred Alternatives
Novarel®#^	Infertility	Ovidrel®, Pregnyl®

For clients covering injectable infertility medications

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 1/1/27 formulary changes.
3. Cigna Healthcare National Book of Business pricing analysis estimating value of January 2027 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.
4. Some benefits may allow for coverage under the pharmacy benefit. Medical necessity review by Cigna Healthcare is available for customers unable to use covered alternatives.
5. Medical necessity review by Cigna Healthcare is available for customers unable to use covered alternatives.

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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