

Cigna Pharmacy July 2022 Clinical Update

As part of our ongoing commitment to provide affordable and quality health care coverage, we regularly review and update our formularies and the specialty drugs managed under Cigna's medical benefit. We act on research findings gleaned from integrated benefits and evaluate new drugs to market and other opportunities to increase drug access, reduce spend and improve health.

Here are areas of strategic clinical focus as part of our July 2022 clinical update

Drugs under medical benefit

- > Continuous Glucose Monitors (CGM)
- > Specialty drugs for depression and arthritis

Pharmacy benefit formularies

- > Specialty drugs
- > Insulin (biosimilar)
- > Continuous Glucose Monitors (CGM)
- > Egregiously priced drugs - high cost compared to alternatives providing same health benefit



Customer and financial impacts

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

\$0.63 PMPM²
> \$0.42 PMPM pharmacy benefit
> \$0.21 PMPM medical benefit

Summary of July 2022 formulary changes

Below is a summary of medications targeted as part of our clinical review change process for July 2022. Changes span across medical and pharmacy benefits and apply to formularies as noted.³ For more detailed drug-specific changes, please request a customer formulary change flyer.



Specialty drugs under medical benefit

DRUG CLASS OR CONDITION	DRUG	CHANGE
Depression	Spravato	<ul style="list-style-type: none"> • Will be excluded under medical benefit • Current medical authorizations will be allowed to expire • Cigna will automatically approve coverage under the pharmacy benefit • Spravato will remain non-preferred brand with a specialty prior authorization on all Cigna formularies • Lower cost when obtained under pharmacy benefit • Spravato is only available through participating Risk Evaluation and Mitigation Strategy (REMS) certified pharmacies
Intra-articular hyaluronic acid derivatives (IA HAD)	Monovisc Orthovisc Synvisc/Synvisc-One, Gel-One, GenVisc 850, Hyalgan, Hymovis, Supartz FX, Triluron, TriVisc, Visco-3	<ul style="list-style-type: none"> • Monovisc, Orthovisc and Synvisc/Synvisc-One are moving to non-preferred status • Approval for IA HADs will require use of Durolane or Euflexxa and Gelsyn-3, which are moving to preferred status⁴ • Preferring lower cost brands • This change impacts both integrated and medical-only clients



Drugs under pharmacy benefit

DRUG CLASS OR CONDITION	DRUG	CHANGE
SpecialtyRx - Pulmonary hypertension	Adempas	<ul style="list-style-type: none"> • Moving from non-preferred brand to preferred brand • Specialty prior authorization will continue to be required
	Adcirca Letairis Revatio Tracleer	<ul style="list-style-type: none"> • Specialty prior authorization update and applying more rigorous prior authorization criteria to increase use of FDA-approved generic equivalents • Current prior authorizations will be allowed to expire • Preferring lower cost identical generics

Drugs under pharmacy benefit (continued)

DRUG CLASS OR CONDITION	DRUG	CHANGE
Hypothyroidism	Tirosint, Tirosint-SOL and levothyroxine capsules (Tirosint authorized generic)	<ul style="list-style-type: none"> • Moving from non-preferred brand to non-covered⁵ on Standard, Performance, Value and Advantage formularies⁶ • Covered alternative is generic Synthroid (levothyroxine tablets) • Promoting use of generic alternatives
Long-acting (basal) insulin for type 1 and 2 diabetes	Basaglar and Semglee-YFGN	<ul style="list-style-type: none"> • Basaglar will become non-covered on Standard and Performance formularies⁵ • Alternative will be Semglee-YFGN, which is moving from non-covered to preferred brand with quantity limit on Standard and Performance formularies • Members will need to get a new prescription from their doctor • The above change will not occur for the Value/Advantage formulary where Basaglar will continue as preferred • Promoting use of interchangeable biosimilar
Continuous Glucose Monitor (CGM)	Therapeutic: Dexcom G6 Sensor, Dexcom G6 Transmitter, Dexcom Receiver, Abbott Freestyle Sensor 10,14, 2, and Abbott Reader	<ul style="list-style-type: none"> • Pharmacy customers will be subject to prior authorization starting 7/1/2022 • Customers of Cigna medical-only clients will be subject to precertification starting 7/1/2022 <ul style="list-style-type: none"> ◦ Includes certain non-therapeutic CGMs
Egregiously priced drugs	Various drugs and doses <ul style="list-style-type: none"> • Azathioprine • Doxycycline HYC DR • Glycopyrrolate tablet • Lidoderm patch • Mupirocin cream • Soloxide DR tablet • Tizanidine HCL capsule • Veregen ointment • Vtol LQ 	<ul style="list-style-type: none"> • These drugs will be non-covered on Standard, Performance, Value, Advantage and Total Savings formularies⁵; will be subject to prior authorization on Legacy formularies • Promoting low cost generic products
Epinephrine auto injectors	Authorized generic for Adrenaclick	<ul style="list-style-type: none"> • Moving to non-covered on Standard, Performance, Value, Advantage and Total Savings formularies⁵ • Moving to non-preferred brand with prior authorization on Legacy formularies • Alternatives will be generic EpiPen/EpiPen Jr • Promoting low cost generic products
Shingles	Shingrix vaccine	<ul style="list-style-type: none"> • Adding quantity limit on Standard, Performance, Value, Advantage, Legacy and Total Savings formularies • Some customers are receiving more doses than recommended by the Advisory Committee on Immunization Practices • Will only apply to clients who have utilization management programs • Promoting safe and appropriate use

Customer communications

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

We will send letters and emails to affected customers in early April 2022. Reminder notifications will be released in early May and again in July. We will post a notice of the changes on **Cigna.com** and **myCigna.com**. Other materials are available at client request, such as formulary specific flyers for customer and formulary PDFs.

Health care provider communications

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

- > Send a letter to affected providers that outlines key formulary changes/drug alternatives
- > Provide a posting on our provider portal
- > Share a newsletter article

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. Cigna's National Book of Business estimate of customers disrupted by 1/1/22 formulary changes.

2. For clients using Standard, Performance, Value or Advantage formularies. Cigna National Book of Business pricing analysis estimating value of July 2022 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.

3. The information herein does not include Cigna National Preferred Formulary July 2022 changes.

4. These changes also apply to Performance, Advantage, and Legacy Performance formularies. IA HADs excluded (coverage only via medical) for Standard, Performance, and Legacy Standard formularies.

5. 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.

6. This change applied to Standard and Performance formularies on 4/1/22.

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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