January 2026

Cigna Healthcare Pharmacy Clinical Update

Plan affordability and **prescription drug access** are imperatives for our clients and for Cigna Healthcare®. Our low net drug cost and utilization management (UM) strategies are an integral part of achieving affordability for clients and customers. This model reevaluates the traditional approach and delivers 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.

January 2026 Drug Coverage 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:

- Increasing Stelara® biosimilar adoption
- Egregiously priced drug removals
- Promotion of generic equivalents of branded products
- Positive changes to enhance medication access

Our Stelara biosimilar strategy is projected to deliver $1.50-$6.00 PMPM savings with no impact to current utilizers, while our other formulary changes achieve an average savings of $3.95 PMPM while impacting less than 1% of membership.[2,3]

Customer communications

We will send letters and emails to impacted customers in late September 2025. Reminder notifications will release in November 2025 and again in January 2026. 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 to help drive sustainable cost savings while improving both medication adherence and health outcomes.

cigna healthcare

989936 08/25

Summary of January 1, 2026 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 January 2026 drug changes. For drug-specific changes, please request a customer formulary change flyer.

Stelara Biosimilar Strategy

Stelara is a preferred brand specialty drug approved to treat a variety of chronic inflammatory conditions. It is covered at parity alongside the following select biosimilars and may be covered under the pharmacy or medical benefit depending on formulation (intravenous vs self-injection) and plan design.[4]

- ustekinumab-ttwe by Quallent Pharmaceuticals℠
- Yesintek™ by Biocon Biologic
- Selarsdi™ by Teva USA

Additionally, the Stelara biosimilar available through Evernorth and Quallent Pharmaceuticals, ustekinumab-ttwe, brings added affordability and access to our customers by offering **$0 out-of-pocket cost to eligible patients of Accredo® specialty pharmacy**. This interchangeable biosimilar is expected to save individual Accredo patients an estimated $4,000 on average per year.[5]

Effective January 1, 2026, new utilizers of Stelara will experience a biosimilars first strategy as noted below:[4]

Stelara Product	Benefit	Change
Prefilled syringes (45 mg & 90 mg)	Pharmacy	Step through a preferred biosimilar for new utilizers only
45 mg vials	Pharmacy and Medical	Step through a preferred biosimilar for new utilizers only
130 mg vials	Medical[6]	Not covered in lieu of preferred alternatives[6]

Stelara will remain a preferred option for existing utilizers.

Multisource Brand Removals[7]

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

Drug Name	Drug Indication
NAMZARIC®	Alzheimer's Disease
NEXIUM® packets (2.5 mg, 5 mg)	Acid Reflux
REVLIMID®[8]	Oncology
31 egregiously priced brands[9]	Various

Additional Removals[7]

Drug (classification)	Drug Indication	Alternative(s)
FETZIMA® (single source brand)[10]	Depression	Various generic options
Sajazir™ (branded generic)	Hereditary Angioedema	icatibant
OneTouch test strips	Blood Glucose Testing	Freestyle & True Metrix

Positive changes: To unlock additional client affordability and earlier customer access, the following positive changes will be effective October 1, 2025.

Drug Name	Drug Indication	Change
ALUNBRIG®	Oncology	Non-covered to preferred brand
AUVELITY®[11]	Depression	Non-covered to preferred brand
FRUZAQLA®	Oncology	Non-covered to preferred brand
VALTOCO®	Seizures	Non-preferred to preferred brand

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 Healthcare 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 analysis 2025. Savings are not guaranteed and your results may vary depending on various factors including patient drug mix and utilization patterns. PMPM = per member per month.
3. Cigna Healthcare National Book of Business estimate of customers disrupted by 1/1/26 formulary changes.
4. Effective January 1, 2026, Stelara syringes and 45 mg vials will require a step through preferred biosimilars as part of the prior authorization/precertification process, while Stelara 130 mg will move to non-covered status. Medical necessity review by Cigna Healthcare is available for customers unable to use covered alternatives.
5. Accredo analysis 2024. Individual patient results may vary.
6. Stelara 130mg vials are covered under pharmacy and medical for Facets clients.
7. 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.
8. Change is effective February 1, 2026.
9. Number of removed egregious drugs may vary by formulary.
10. Change applies to new starts only. Current utilizers will not be impacted.
11. Change applies to Standard, Performance, and Legacy formularies only. Effective January 1, 2026.

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.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

989936 08/25 © 2025 Cigna Healthcare. Some content provided under license.