



July 2026

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.

July 2026 clinical drug changes¹

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 drugs removals
- Promotion of lower-cost generic alternatives
- Utilization management updates
- Biosimilar first strategy for select medical medications

Together, these actions impact less than 1% of membership² and achieve an average savings of \$0.81 PMPM.³

Customer communications

We will send letters and emails to impacted customers in late March 2026. Reminder notifications will release in May and July 2026. Other materials are available at client request, such as formulary-specific flyers for customers and formulary drug lists. .

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.



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

Biosimilar Strategy update

Effective July 1, 2026, utilizers of the following pharmacy medications will experience a biosimilar first strategy as noted below.⁵

Medication	Therapeutic Class	Covered Alternatives
Actemra® SQ	Anti-inflammatory	Avtozma® SQ, Tyenne® SQ
Humira® and Cyltezo® syringes	Anti-inflammatory	Adalimumab-adbm, (by Quallent) Adalimumab-ryvk, Simlandi®
Stelara® (45mg & 90mg)	Anti-inflammatory	Imuldosa®, Selarsdi™, Ustekinumab-ttwe, (by Quallent) Yesintek™

Medical Medications

Effective July 1, 2026, utilizers of the following medical medications will experience a biosimilar first strategy as noted below.^{4,5}

Medication	Therapeutic Class	Covered Alternatives
Actemra® IV	Anti-inflammatory	Avtozma® IV, Tyenne® IV
Prolia®	Bone Modifier	Bildyos®, Jubbonti®
Xgeva®	Bone Modifier	Bilprevda®, Wyost®
Stelara® 45mg vial, Ustekinumab 45mg vial	Anti-inflammatory	Imuldosa®, Selarsdi™, Ustekinumab-ttwe (by Quallent), Yesintek™

Multisource brand and egregious drug change⁵

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

Medication Name	Indication
Aczone® 7.5% gel pump	Acne
Fexmid®	Muscle spasm
Gralise® 300mg, 600mg	Anticonvulsant
Hysingla® ER	Opioid for pain
Prolensa®	Pain/Inflammation of the eye
Purixan®*	Antineoplastic
Vimpat® suspension**	Anticonvulsant
Zortress®*	Immunosuppressant
5 egregiously priced generic medications ⁶	Various indications

Summary of July 1, 2026 formulary changes

Additional utilization management updates

Cigna Pharmacy Management helps maximize pharmacy benefit value by monitoring drug use, steering members to lower-cost, clinically appropriate options, and enabling coaching outreach through integrated benefits.

- Quantity limits (QL) help ensure appropriate dosing and safe medication use while mitigating waste.
- Prior authorizations (PA) ensure medications are being taken according to benefit plan parameters including medical necessity, FDA-approved indication(s) and accepted off-label uses

Medication Name	Indication	Utilization Management Update
Bimzelx ^{®*} 320mg/2ml	Anti-inflammatory	Update quantity limit to 2ml in 56 days
Miebo [®]	Dry eyes	Update quantity limit to 1 bottle for 30 days
bimatoprost, tafluprost and travoprost	Glaucoma ⁷	Adding PA to mitigate use for cosmetic purposes on Cigna Healthcare's most robust Utilization Management Package (Complete)
Phentermine-topiramate ER, diethylpropion, diethylpropion ER, phentermine, benzphetamine, phendimetrazine tartrate, phendimetrazine tartrate ER	Weight Loss ^{7,8}	Adding PA to verify lifestyle modifications on Cigna Healthcare's most robust Utilization Management Package (Complete)

*Indicates a specialty medication.

**Applies to new utilizers 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 7/1/26 formulary changes.
3. Cigna Healthcare National Book of Business pricing analysis estimating value of July 2026 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. Advantage formulary may have utilization on the pharmacy benefit.
5. Medical necessity review by Cigna Healthcare is available for customers unable to use covered alternatives. Drug removals do not apply to Legacy formularies.
6. Number of removed egregious drugs may vary by formulary.
7. For clients with Complete UM.
8. For clients with optional weight loss medication coverage.

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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