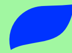
July 2024

Plan a ordability

$0.78 PMPM.[3]

Customer communications

Health care provider communications



Our priority is to maintain a ordability for our clients and customers now and in the future. We will continue to make drug coverage enhancements across medical and pharmacy bene ts to help drive sustainable cost savings while improving both medication adherence and health outcomes.

Summary of July 1, 2024 formulary changes

Changes apply to Cigna Healthcare's Standard, Performance, Value, Advantage and Legacy formularies as noted. These highlights do not re ect the entire list of Cigna Healthcare's July 2024 drug changes. For drug-speci c changes, please request a customer formulary change yer.

Channel Optimization: [illegible]

- [illegible]
- [illegible]

DAW9 Program [illegible]

Positive changes

- **Diabetes:** [illegible]***
- **Depression:** [illegible]***
- **Lupus:** [illegible]
- **Long-acting growth hormone:** [illegible]^
  - [illegible]
  - [illegible]

*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.

**This change only applies to Standard, Performance and Legacy formularies. Qtern is currently non-covered on Value, Advantage and Total Savings formularies.

***This change is e ective 4/1/24.

^Changes are e ective 3/15/24. Applies to Standard, Value and Legacy formularies only.

1. State laws in Connecticut, New York, Texas and Louisiana may require plan to cover medication at current bene t level until your plan renews. This means that if medication is taken o 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 bene t 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 a ect 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 bene t level if doctor requests it.
2. Cigna Healthcare National Book of Business estimate of customers disrupted by 7/1/24 formulary changes.
3. Cigna Healthcare National Book of Business pricing analysis estimating value of July 2024 drugs under medical bene t, under pharmacy bene t (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.

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 bene t 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 ll 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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