

Express Scripts® Pharmacy Benefit Services

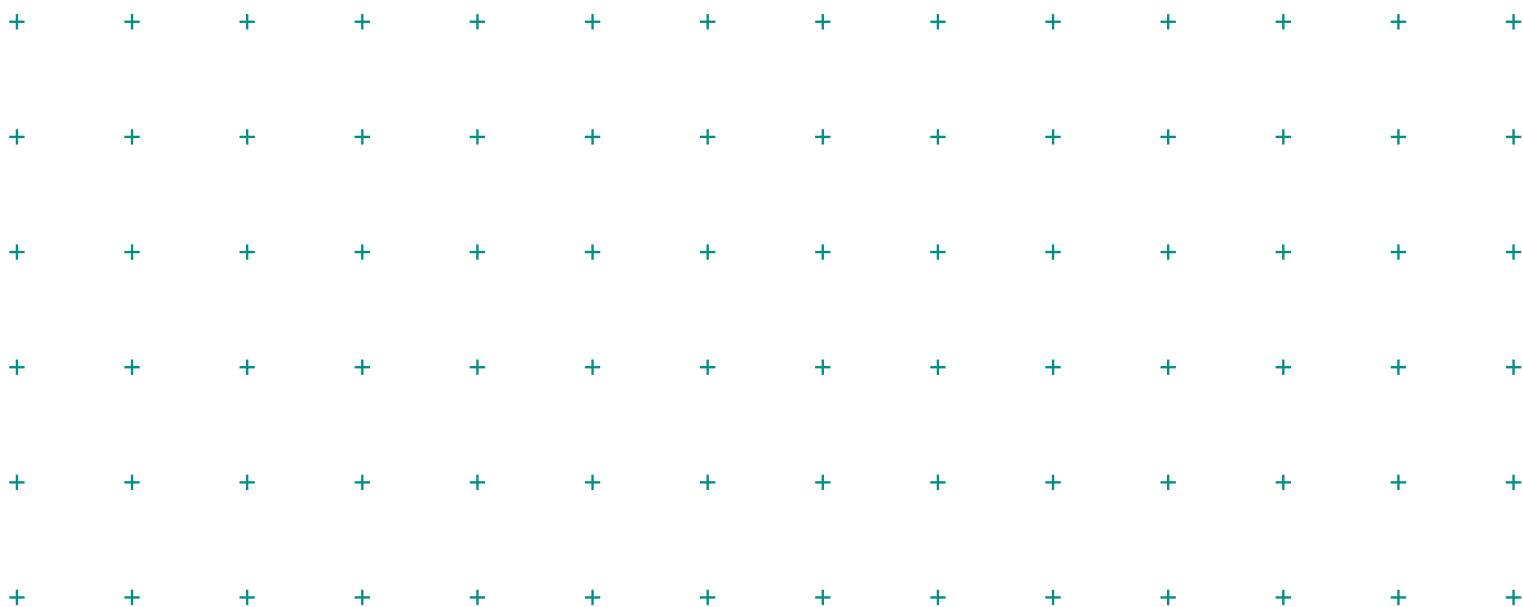
The future of pharmacy benefits

Key signals from buyers and members on where pharmacy benefits are headed next



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What we heard

500

HR decision makers

88

Health plan leaders

101

Consultants

3,000

Americans

Every year, pharmacy benefits grow more complex—and more consequential. In our most recent Annual Buyer Insights research, we set out to understand how the people who help build strategies to enable health, and those who use them every day, are experiencing that complexity right now.

Listen to both groups at once and the picture sharpens. We heard from 500 HR decision makers, 88 health plan leaders, and 101 benefits consultants—the people who shape pharmacy benefit strategy every day. And we heard from 3,000 Americans who count on that strategy for their own health and their families’.

Across the issues members care about most and the priorities plan sponsors are focused on addressing, three themes consistently emerged:



Relieving cost pressures

Affordability isn’t just a talking point—it’s a daily reality. Rapid innovation and high-cost therapies are increasing affordability pressure, and both plan sponsors and members are looking for ways to stay ahead.



Easing the health care experience

Benefits keep multiplying and the people who use them need more help finding their way through.



Proving value of investments

Buyers want partners who show their work. Proof of demonstrated outcomes and transparency is simply the baseline in benefit strategy.



Why it matters

These themes are more than data points. They map **where pharmacy benefits need to go next**—and they hand plan sponsors, health plans, and consultants a clear read on where to strengthen strategy, close gaps in care, and improve the member experience. Read on to explore how these findings can be applied to your own pharmacy benefit strategy.

Relieving cost pressures

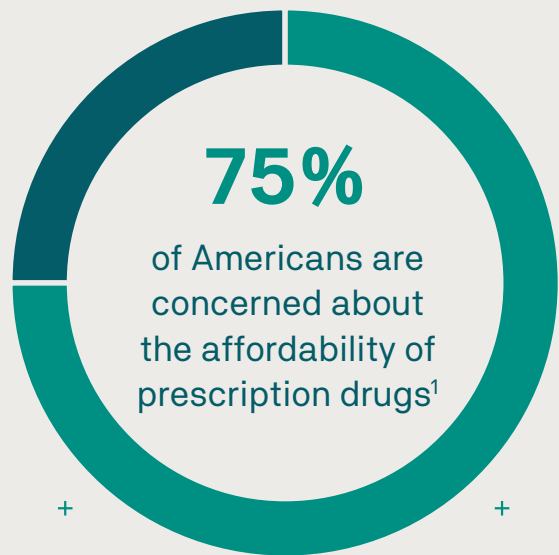
In pharmacy and beyond, affordability is the pressure point for plans and members, alike.



Are you focused on what members say they need?

For the members you cover, that concern can lead to real tradeoffs¹:

- 35% can't afford a medication their doctor prescribed, up from 32%
- 24% have used discounts or coupons to close the gap
- 18% have researched a medication's cost to determine whether they could afford it, up from 16%
- 11% have rationed or skipped doses
- 10% have stopped filling a prescription altogether



Affordability trade-off ladder



CAUTION

These trade-offs add up

When cost pushes members to ration, skip or stop filling a prescription, adherence suffers—and poor adherence can lead to worse health outcomes, more complications and greater downstream costs.

You're watching the same pressure build from the other side of the table.

Affordability is a top future priority for 22% of health plan leaders, and ensuring medical and drug affordability is employers' #1 future benefit-investment priority.² Health plan leaders are prioritizing affordability and clinical outcomes in tandem, while consultants train their attention on two categories in particular: GLP-1 medications and the cost of rare disease and gene therapies.

Health plan leaders like you optimize networks and channel strategies—often through exclusive or limited pharmacy partners—while leaning on utilization management to keep therapy and dosing appropriate. Employers, for their part, lean into wellness and prevention. And across every audience, formulary management—guiding members toward clinically appropriate, lower-cost alternatives—remains a go-to lever for controlling cost without sacrificing access.



Affordability and clinical outcomes are both climbing the priority list for health plan leaders, with utilization management and network strategy being the most direct levers.



GLP-1s: Not a one-size-fits-all approach

Few therapy categories illustrate the tension between affordability and access more clearly than GLP-1s.

Most recent Annual Buyer Insights research:

63%

of health plans and consultants report GLP-1s account for more than 15% of total pharmacy spend²

As the GLP-1 landscape rapidly evolves, organizations are taking a more deliberate approach to determining where coverage makes sense, establishing appropriate clinical criteria and supporting members throughout treatment.

Members, for their part, are largely satisfied:

87% of GLP-1 users report satisfaction with the medication. **But satisfaction doesn't end the conversation.** They still worry about side effects (49%), long-term safety (42%) and cost (40%). About a third want more help with nutrition, lifestyle changes and managing side effects. And 9 in 10 say they'd take on at least one added step—regular monitoring, an exercise program, ongoing blood work—if it meant their GLP-1 stayed covered. That willingness is an opening, not an obstacle.¹

87%

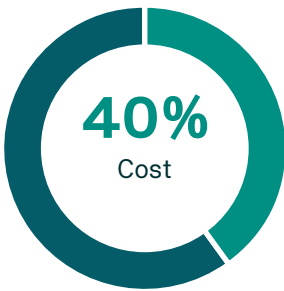
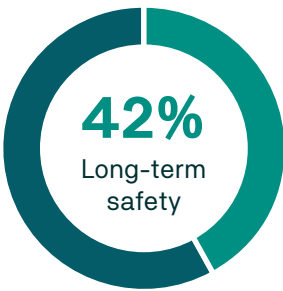
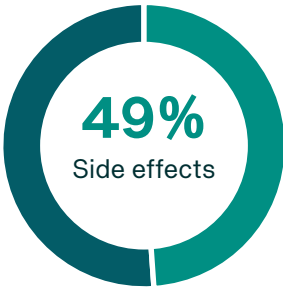
of GLP-1 users are satisfied¹

9 in 10

would take on an added step to keep coverage¹



GLP-1 member satisfaction vs. top concerns



There is no one-size-fits-all approach to GLP-1 coverage.

Instead, plan sponsors are seeking solutions that help them determine where coverage makes the most sense, establish appropriate clinical criteria and support members throughout their treatment journey. Striking that balance can help improve outcomes, manage costs and create greater confidence in long-term benefit strategy.



THE EVERNORTH CONNECTION

A consultative approach to GLP-1s

At Express Scripts Pharmacy Benefit Services, we serve as a consultative partner, helping plans navigate GLP-1 coverage decisions and offering a range of solutions tailored to their unique goals and priorities.



Easing the health care experience

The navigation gap: perception vs. reality



Even well-designed benefits fall short if people can't find their way through them.

Nearly 9 in 10 buyers believe their members know where to go for information and when to use the benefits available to them.²



Members tell a different story:

64% find it hard to know when to use which benefit or solution, 61% aren't confident they know everything available to them and half struggle just to navigate the online portals meant to make things simpler. Optimizing coverage feels daunting to a majority and 52% feel overwhelmed by the sheer volume of plan information.¹

That gap matters because it quietly erodes value.

Organizations may be paying for benefits members aren't using—or aren't using well—simply because they can't find their way to them. And the timing compounds the problem: compared with last year, nearly 2/3 of Americans worry their coverage will be scaled back, including pharmacy and prescription drug benefits (63%, up from 60%).¹

Here's the twist. Many health plans and employers aren't cutting benefits at all—they're investing more. The disconnect isn't a lack of offering something. It's whether people know it exists, understand how to use it and feel confident doing so. That's a navigation problem, not an investment problem—and it calls for a navigation answer.



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Perception gap

~9 in 10

buyers believe their members know where to go for information and when to use the benefits available to them

vs.

MEMBER REALITY

Find it hard to know when to use which benefit or solution



Aren't confident they know everything available to them



Feel overwhelmed by the sheer volume of plan information





WEEKLY COORDINATION TIME

19hrs

average time per
week health plans spent
coordinating vendors²

When more vendors mean more complexity

Complexity is mounting behind the scenes, too. Nearly half of health plan leaders (47%) now manage 10 or more vendors, with consultants close behind (38%). **All that coordination eats time**—roughly 19 hours a week for health plans, 18 for consultants, and 13 for employers—time that could go toward strategy instead of spreadsheets. And every new vendor arrives with its own ROI story to evaluate separately, adding to the load.²

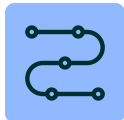
It's a reminder that **piling on more and more solutions isn't automatically the answer**, especially when the foundational challenge is awareness and navigation rather than a shortage of options. There's also growing appetite for AI to help close the gap—guiding members as they navigate and understand their benefits, flagging potential drug interactions among medications and speeding up prior authorization reviews. Used well, these tools lighten the load on both sides: less time lost to coordination for buyers, less confusion for members.



You're managing more vendors than any other buyer—nearly half of you work with 10 or more.

Consolidating onto a connected foundation frees time for strategy and gives members a clearer path to care.





The path forward starts with a simple reframe

Invest less in adding new benefits, and more in helping people find, understand, and use the ones already in place. And when new solutions are worth adding, the right foundation makes them easy to connect—so **your existing ecosystem plugs in rather than getting boxed in.**



THE EVERNORTH CONNECTION

Simplifying the vendor landscape through digital innovation

Health Connect 360® brings pharmacy, medical and clinical data together to create a more connected view of care.

The Evernorth Digital Health Formulary® provides access to vetted point-solution vendors and integrated digital connections, helping simplify the vendor landscape. And for clients looking to extend that connectivity, additional capabilities can connect benefits and care while helping members confidently navigate their health care journey.



Proving value of investments

As market pressures intensify and pharmacy benefits continue to evolve, plan sponsors and members can't navigate the complexity alone. They need partners and capabilities that make the system work—and results that prove it.

From pressure to proven results

Affordability pressures, shifting market dynamics, and growing complexity are raising the stakes for pharmacy benefit strategies. Plan sponsors need more than solutions—**they need a partner who can help make the system work better, adapt as needs change, and stand behind the outcomes.** That makes demonstrated results more than a measure of success. They're essential to building confidence that pharmacy benefit investments are delivering meaningful value.

Increasingly, that evidence means clinical outcomes. Improving outcomes like medication adherence is a top future investment strategy for 22% of health plan leaders and 13% of employers. Identifying at-risk members for targeted intervention is a priority for 15% of health plan leaders and 10% of employers. And 35% of health plan leaders and 28% of employers are focused on utilization management to ensure appropriate therapy and dosing.²

The through-line: buyers want partners who help members get and stay well—on the right therapy, supported, and out of the hospital—not just a partner who reports a number at year-end.

22% of health plan leaders name improving clinical outcomes, like medication adherence, a top future investment.²

35% of health plan leaders are focused on utilization management to ensure appropriate therapy and dosing.²

Data and reporting matter here—but as part of the proof, not the whole story. Buyers already report high satisfaction with reporting; what they're really asking for is someone who **turns that data into action and owns the results** alongside them: clear visibility into how the benefit is performing and consultation on what to do next.



Managing cost remains essential, alongside demonstrated clinical value and a better member experience.

Partners who pair reporting with consultation—and own outcomes with you—make that value easier to demonstrate.





75%

of consumers remain concerned about the lack of transparency in the prescription drug system.¹

Transparency you can verify

Members feel the transparency gap too. 75% remain concerned about the lack of transparency across the health care and prescription drug system—including how rebates and pricing agreements work—and they want clearer answers on what medications cost, how coverage decisions get made and how their benefits actually work.¹

Plans are answering by looking beyond their current arrangements. More than 8 in 10 employers, health plans, and consultants are actively considering or planning to evaluate alternative PBM models in the coming years—from rebate-free structures to pass-through pricing to direct manufacturer contracting. Health plans and consultants lead the shift, but interest reaches every stakeholder group we spoke with.²

Movement like that doesn't come from pricing alone. It comes when buyers want a partner who shows its work—clear rebate structures, visible pricing logic, and accountability built into the model instead of bolted on afterward.

Transparency has moved from differentiator to baseline expectation, and the partners who treat it that way are the ones who earn buyer trust and keep it.



THE EVERNORTH CONNECTION

A model built for transparency

Evernorth SignatureSM pharmacy benefit services offers plan sponsors a transparent, pass-through approach to pharmacy benefits—providing clearer visibility into pricing and performance to help inform benefit decisions, while supporting a pharmacy benefit that delivers greater value for the members they serve.



Turning insight into action

Members and plan sponsors alike are expressing the need for relief from cost pressures, an easier way to interact with care and proven results. These needs are connected—someone squeezed by cost also struggles to navigate what's available, and the buyers managing that complexity are the same ones asking for evidence their strategy works. Solve for one alone, and the others keep pulling at the seams.

The organizations making real progress start by listening closely to what their people are living through, and by choosing a partner who brings more than a product, combining insight, proven cost-management strategies and consultative expertise to help anticipate emerging pressures, simplify the experience and demonstrate meaningful value. **Do all three together, and the whole system starts to feel less like a maze and more like a map.**

That's the role Express Scripts Pharmacy Benefit Services aims to play: a source of insight you can act on and a steady hand helping you stay ahead of what's next in pharmacy benefits.



Ready to talk through what these findings mean for your own strategy?

[Contact us](#) to connect with our team and learn more.



MORE INSIGHTS
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*Consumer respondents were adults with health insurance and prescription drug coverage through an employer or union, government or military employment, or the VA.

1. Evernorth Health Services, Annual Buyer Insights: Consumer Report (Wave 6, December 2025/January 2026)
2. Evernorth Health Services, Annual Buyer Insights: B2B Report (Wave 6, December 2025/January 2026)

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