

Cigna Healthcare National Preferred Formulary clinical update

For July 2025, we are making the following changes to achieve better drug affordability and improved pharmacy plan performance for clients and customers.

Single-source Brand Drug Removals¹

Drug Class	Impacted Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Antimigraine Agents	sumatriptan/naproxen sodium , TREXIMET	naproxen tablets, naproxen sodium tablets or naproxen ec tablets plus sumatriptan tablets
Antipsychotics (Oral)	CAPLYTA , FANAPT	aripiprazole, asenapine, lurasidone, olanzapine, paliperidone er, quetiapine tablets (except 150 mg), risperidone, ziprasidone
Multiple Sclerosis Agents	GILENYA, PONVORY , TASCENSO ODT	dimethyl fumarate, fingolimod, teriflunomide, BAFIERTAM, MAYZENT, VUMERITY, ZEPOSIA (for Multiple Sclerosis only)
Narcotic Analgesics & Combinations	levorphanol	hydromorphone tablets, morphine tablets, oxycodone tablets, oxymorphone tablets
INFLAMMATORY CONDITIONS Biologics	HUMIRA²	Preferred HUMIRA biosimilar or other preferred product (vary by indication)
DERMATOLOGICAL Topical Corticosteroids	clocortolone, diflorasone, diflorasone/emollient, flurandrenolide, halcinonide , IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE, VERDESO	generic topical corticosteroids except those listed in the exclusion column
Miscellaneous Topical Dermatological Agents	doxepin cream	alclometasone cream and ointment; desonide cream and ointment; fluocinolone body oil, cream, ointment and solution; hydrocortisone 1% cream and ointment, 2.5% cream, lotion, ointment and solution; hydrocortisone valerate cream and ointment
GASTROINTESTINAL Proton Pump Inhibitors	dexlansoprazole , DEXILANT	esomeprazole magnesium capsules, lansoprazole capsules, omeprazole capsules, pantoprazole tablets, rabeprazole tablets

Bolded Medication removals are new for July 1, 2025

Single-source Brand Drug Removals¹ (continued)

Drug Class	Impacted Medications	Preferred Alternatives
OBSTETRICAL & GYNECOLOGICAL Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN 10,000 UNITS, NOVAREL³	OVIDREL, PREGNYL
RESPIRATORY Antihistamines (Oral)	clemastine , CARBINOXAMINE ER 4 MG/5 ML SUSPENSION, KARBINAL ER SUSPENSION	carbinoxamine liquid and 4 mg tablets; cetirizine solution and syrup; desloratidine tablets; hydroxyzine solution, syrup and tablets; levocetirizine solution and tablets
Leukotriene Pathway Inhibitors	zileuton er, ZYFLO	montelukast, zafirlukast
RENAL Nonsteroidal Mineralocorticoid Receptor Antagonist	KERENDIA	FARXIGA, JARDIANCE
MISCELLANEOUS AGENTS NSAID and Acid Reducing Agent Combination Products	ibuprofen/famotidine	ibuprofen tablets plus famotidine tablets
	naproxen/esomeprazole magnesium, VIMOVO	naproxen tablets, naproxen sodium tablets or naproxen ec tablets plus esomeprazole magnesium capsules

Bolded Medication removals are new for July 1, 2025

Multi-Source Brand Removals¹

The generic equivalents of the following brand-name medications are covered on the Cigna Healthcare[®] National Preferred Formulary. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

LIVALO TACLONEX
SPRYCEL TYKERB

Non-Preferred to Preferred

PREGNYL³

Preferred to Non-Preferred

RISPERDAL CONSTA SPIRIVA HANDIHALER
UCERIS VYVANSE chewable

Customer communications

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

Changes will be effective July 2025 for customers currently using these medications, unless otherwise indicated. We will send letters to impacted customers in late April 2025 to give them ample time to discuss the change with their doctors. Reminder notifications will go out by July 2025.

Healthcare provider communications

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

- Send patient-specific letters to affected providers that outline key changes and covered drug alternatives.
- Post changes to our digital provider communications tool.



1. 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 Healthcare will review requests for a medical necessity exception.
2. Humira was removed from coverage for new utilizers on January 1, 2025. All utilizers will be impacted for July 1, 2025.
3. This change applies only to clients electing infertility 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.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

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