



July 2026

Cigna Healthcare National Preferred Formulary Clinical update

For July 2026, we are making the following changes to achieve better drug affordability and improved pharmacy plan performance for clients and customers.

Medication Removals¹

Impacted Medications	Category	Preferred Alternatives
LIVDELZI® (SRx)	Primary biliary cholangitis	IQIRVO®
STELARA® (SRx)*	Anti-inflammatory	IMULDOSA® SELARSDI™ USTEKINUMAB-TTWE YESINTEK™

Generic Removals¹

Impacted Medications	Category	Preferred Alternatives
fluvastatin/fluvastatin er	High cholesterol	atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
orphenadrine/aspirin/caffeine	Muscle relaxant	orphenadrine citrate er
protriptyline HCL ²	Depression	desipramine hcl, nortriptyline hcl

Multi-Source Brand Removals¹

Impacted Medications	Category	Preferred Alternatives
ENTRESTO® Caps	Heart failure	sacubitril-valsartan
LESCOL®, LESCOL XL	High cholesterol	atorvastatin calcium, lovastatin, pitavastatin calcium, pravastatin sodium, rosuvastatin calcium, simvastatin
MAVENCLAD® (SRx)	Multiple sclerosis	cladribine
MYDAYIS®	Attention-deficit hyperactivity disorder (ADHD)	dextroamphetamine-amphetamine er
NORGESIC®, NORGESIC FORTE	Muscle relaxant	orphenadrine citrate er
REVLIMID® (SRx)	Oncology	lenalidomide



Tier Change - Moving from Preferred Brand to Non-Preferred Brand

Impacted Medications	Category	Preferred Alternatives
EPIPEN®, EPIPEN Jr	Anaphylaxis	epinephrine auto injectors
HYSINGLA® ER tabs	Pain	hydrocodone bitartrate er
MESNEX® 400 MG	Antidote	mesna
PRIMAQUINE® 26.3 MG	Antimalarial	primaquine (generic)

Customer communications

Changes will be effective July 2026 for customers currently using these medications, unless otherwise indicated. We will send letters to impacted customers in May 2026 to give them ample time to discuss the change with their doctors. Reminder notifications will go out by late June 2026.

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 changes to our digital provider communications tool.



All CAPS indicates Branded medications.

SRx indicates specialty medications.

*Stelara was removed from coverage on 1/1/2026, however, continuation of therapy was allowed through June 30, 2026, for existing users. Starting on 7/1/26, all utilizers will be impacted by this change.

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. Continuation of therapy proactively loaded for 1-year to ensure existing patients have uninterrupted access.

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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