



January 2025

Cigna Healthcare National Preferred Formulary clinical update

For January 2025, we are making a number of 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
Migraine	TRUDHESA	dihydroergotamine mesylate
Diabetes	HUMALOG VIALS*	INSULIN LISPRO
	BASAGLAR	INSULIN GLARGINE-YFGN, SEMGLEE (YFGN), TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
	STEGLATRO	FARXIGA, JARDIANCE
	SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR
Gastrointestinal	RELISTOR	lubiprostone, MOVANTIK, SYMPROIC
Glaucoma	LUMIGAN	bimatoprost, latanoprost, tafluprost, travoprost
	VYZULTA	bimatoprost, latanoprost, tafluprost, travoprost
Antihistamines	KARBINAL ER	carbinoxamine, cetirizine, clemastine, desloratadine, diphenhydramine, fexofenadine, levocetirizine
Inflammatory Diseases	HYRIMOZ	ADALIMUMAB-ADAZ, ADALIMUMAB-ADBIM, ADALIMUMAB-RYVK, CYLTEZO, SIMLANDI
Weight Loss	SAXENDA**	WEGOVY, ZEPBOUND

* New starts only

** This change only applies to clients electing optional weight management drug coverage



Multi-source brand exclusions¹

The generic equivalents of the following brand-name medications are covered on the Cigna HealthcareSM 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.

- DYMISTA – seasonal allergies
- FORTEO – osteoporosis

Positive changes

Excluded to Preferred

- INSULIN GLARGINE-YFGN – diabetes
- YONSA – prostate cancer
- INCRUSE ELLIPTA – COPD
- TRUQAP – breast cancer

Excluded to Non-Preferred

- RHOPRESSA – glaucoma
- ROCKLATAN – glaucoma
- TAVNEOS – immune-mediated vasculitis

Non-Preferred to Preferred

- HAEGARDA – hereditary angioedema

Customer communications

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

Changes will be effective January 2025 for customers currently using these medications, unless otherwise indicated. We will send letters to impacted customers in late October 2024 to give them ample time to discuss the change with their doctors. Reminder notifications will go out by January 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.

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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