



January 2024

Cigna HealthcareSM National Preferred Formulary clinical update

For January 2024, we have made 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
Antibiotic Agents Other	SIVEXTRO	linezolid
Antiparkinsonism Agents	GOCOVRI ER*, OSMOLEX ER	amantadine capsules, amantadine oral solution, amantadine tablets
BRAF Inhibitors	BRAFTOVI	TAFINLAR, ZELBORAF
Central Nervous System Stimulants	DYANAVEL XR, XELSTRYM*	dextroamphetamine er, dextroamphetamine/amphetamine er, MYDAYIS, VYVANSE
Central Nervous System Stimulants	METHYLPHENIDATE ER 45 MG, 63 MG & 72 MG*, QUILLICHEW ER, QUILLIVANT XR, RELEXXII ER*	dexmethylphenidate er, dextroamphetamine sulfate er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, MYDAYIS, VYVANSE
Cyclin-Dependent Kinase 4/6 Inhibitors	IBRANCE	KISQALI, VERZENIO
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/ Sodium Glucose Co-Transporter-2 (SGLT-2) Inhibitors Combinations	QTERN*, STEGLUJAN	GLYXAMBI
Growth Hormones	HUMATROPE*, NORDITROPIN FLEXPRO, NUTROPIN AQ NUSPIN*, SAIZEN*, SAIZENPREP*, SKYTROFA*, SOGROYA*, ZOMACTON*	GENOTROPIN, OMNITROPE



Single-source brand drug removals¹ (continued)

DRUG CLASS	IMPACTED MEDICATIONS	PREFERRED ALTERNATIVES
Helicobacter Pylori Agents	VOQUEZNA	bismuth/metronidazole/tetracycline, lansoprazole/amoxicillin/clarithromycin, TALICIA
Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN	NOVAREL, OVIDREL
Inflammatory Conditions - Adalimumab Products	ADALIMUMAB-FKJP*, AMJEVITA (NDCs starting with 55513), AMJEVITA (NDCs starting with 72511)*, HADLIMA*, HULIO*, IDACIO*, YUFLYMA*, YUSIMRY*	ADALIMUMAB-ADAZ, CYLTEZO, HUMIRA, HYRIMOZ
Insulins	BASAGLAR TEMPO*, INSULIN DEGLUDEC*, INSULIN GLARGINE (BY WINTHROP)*, INSULIN GLARGINE-YFGN*, LANTUS*, LEVEMIR, REZVOGLAR*	SEMGLEE (YFGN), TOUJEO, TRESIBA
Insulin (Basal) and Glucagon-Like Peptide-1 (GLP-1) Agonist Combination	XULTOPHY	SOLIQUA
Long-Acting Beta Agonist Inhalers	SEREVENT DISKUS	STRIVERDI RESPIMAT*
Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers	BEVESPI AEROSPHERE, DUAKLIR PRESSAIR*	ANORO ELLIPTA, STIOLTO RESPIMAT
MEK Inhibitors	MEKTOVI	COTELLIC, MEKINIST
Miscellaneous Antidepressants	APLENZIN, BUPROPION XL 450 MG*, FORFIVO XL *	bupropion xl 150 mg or 300 mg
Narcotic Analgesics & Combinations	OXAYDO, ROXYBOND*	oxycodone
Prenatal Vitamins	CITRANATAL, NATAL PNV*, PREGENNA*, TRINAZ*	generic prenatal vitamins
Prostate Cancer Agents	YONSA	abiraterone, XTANDI
Sedative-Hypnotic Agents	ZOLPIMIST	eszopiclone, zaleplon, zolpidem
Testosterone Products	KYZATREX*, NATESTO, TLANDO*	testosterone gel, testosterone solution, ANDRODERM PATCHES
Topical Antifungals	ECOZA*, ERTACZO*, LULICONAZOLE*, LUZU, OXISTAT LOTION*, SULCONAZOLE*, XOLEGEL*	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole

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Multi-source brand drug removals¹

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

AUBAGIO BIDIL CARAFATE KEVEYIS KUVAN LATUDA TOVIAZ

Removed or Non-Preferred to Preferred

DYSPORT INSULIN LISPRO STRIVERDI RESPIMAT*
(U100 KWIKPEN,
JUNIOR KWIKPEN
& MIX KWIKPEN)*

Removed to Non-Preferred

PREGNYL

Preferred to Non-Preferred

ENDOMETRIN

Customer communications

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

Changes will be effective January 2024 for customers currently using these medications, unless otherwise indicated. We will send letters to impacted customers in early November 2023 to give them ample time to discuss the change with their doctors. We will send reminder letters early January 2024.

Health care provider communications

To build awareness and help providers talk with their 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.

* Current 2023 drug removal(s) in this class

Please note that formulary and product placement for treatment of Inflammatory and Atopic Conditions in the Inflammatory Conditions Care Value (IACCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.



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.

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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