

PREVENTIVE MEDICATION PROGRAM



Generics and Preferred Brands Drug List

Coverage as of July 1, 2022

Your plan's Preventive Medication Program includes generic and preferred brand medications. Preventive medications are used to keep certain conditions from developing or from coming back.

About this drug list

This is a list of the most commonly prescribed generic and preferred brand medications that are part of Cigna's preventive program as of July 1, 2022.^{1,2}

Here's some helpful information about this drug list:

- › Medications are listed alphabetically by condition.
- › Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters. Most brand-name medications that have a generic equivalent are no longer part of Cigna's preventive medication program.
- › **This drug list doesn't include preventive medications that are covered at 100%, or no cost-share (\$0) to you, under the Patient Protection and Affordable Care Act (PPACA)'s preventive services coverage requirement.**
- › This drug list is updated often so it isn't a complete list of medications. Also, your specific plan's preventive medication program may not include all of these medications and/or conditions.

Log in to the **myCigna**® App or **myCigna.com**, or check your plan materials, to see all of the medications included in your plan's preventive medication program.

Your cost-share for preventive generic and preferred brand medications

Not all plans offer the same cost-share for their preventive medication program. For example, some plans may require you to pay a copay, coinsurance and/or deductible for preventive generic and preferred brand medications; other plans may not.

Log into the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs.³



Go generic and save

Ask your doctor if a preventive generic medication may be right for you. Generics have the same strength and active ingredients as brand-name medications, but often cost much less – in some cases, up to 85% less.⁴



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

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Some plans may not include all of these generic and preferred brand medications and/or conditions in their preventive medication program. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan includes in the program and how much they cost.

Anxiety/Depression/Bipolar Disorder

citalopram
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
paroxetine
paroxetine cr
paroxetine er
sertraline

Asthma Related

acetylcysteine
ADVAIR HFA
albuterol
albuterol hfa
ANORO ELLIPTA
arformoterol
ARNUITY ELLIPTA
ASMANEX
ASMANEX HFA
BEVESPI AEROSPHERE
BREO ELLIPTA
BREZTRI AEROSPHERE
budesonide
COMBIVENT RESPIMAT
cromolyn
DULERA
FASENRA
FLOVENT DISKUS
FLOVENT HFA
fluticasone-salmeterol
formoterol
INCRUSE ELLIPTA
INHALER AND NEBULIZER
ASSISTIVE DEVICES
ipratropium
ipratropium-albuterol
levalbuterol
metaproterenol
montelukast
NUCALA
QVAR REDHALER
SEREVENT DISKUS

SPIRIVA
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
SYMBICORT
terbutaline sulfate
theophylline
theophylline anhydrous
TRELEGY ELLIPTA
wixela inhub
XOLAIR
YUPELRI
zafirlukast
zileuton er

Blood Pressure Related

acebutolol
afeditab cr
amlodipine
amlodipine benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-valsartan-hctz
atenolol
atenolol-chlorthalidone
benazepril
benazepril-hctz
betaxolol
bisoprolol
bisoprolol-hctz
candesartan
candesartan-hctz
captopril
captopril-hctz
cartia xt
chlorothiazide
chlorthalidone
diltiazem
diltiazem 12hr er
diltiazem 24hr er
diltiazem 24hr er (cd)
diltiazem 24hr er (la)
diltiazem 24hr er (xr)
dilt-xr
enalapril
enalapril-hctz

eprosartan
felodipine er
fosinopril
fosinopril-hctz
hydrochlorothiazide
indapamide
irbesartan
irbesartan-hctz
isradipine
lisinopril
lisinopril-hctz
losartan
losartan-hctz
matzim la
metolazone
metoprolol
metoprolol er
metoprolol-hctz
moexipril
moexipril-hctz
nadolol
nebivolol
nicardipine
nifedipine
nifedipine er
nisoldipine
olmesartan
olmesartan-amlodipine-hctz
olmesartan-hctz
perindopril
pindolol
propranolol
propranolol er
propranolol-hctz
quinapril
quinapril-hctz
ramipril
taztia xt
telmisartan
telmisartan-amlodipine
telmisartan-hctz
tiadylt er
timolol
trandolapril
trandolapril-verapamil er

Blood Pressure Related (cont)

valsartan
valsartan-hctz
verapamil
verapamil er
verapamil er pm
verapamil sr

Blood Thinner Related

aspirin-dipyridamole er
BRILINTA
clopidogrel
dipyridamole
ELIQUIS
jantoven
prasugrel
warfarin
XARELTO

Bowel Prep Products for Colorectal Cancer Screenings

gavilyte-c
gavilyte-g
gavilyte-n
peg 3350-electrolyte
peg3350-sodium sulfate-sodium
chloride-potassium chloride
sodium ascorbate-ascorbic acid
peg-prep
PREPOPIK
trilyte with flavor packets

Cavities

fluoride chewable tablets
fluoritab
ludent fluoride
sodium fluoride oral drops and
tablets

Cholesterol Related

amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
endur-acin
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid

fluvastatin
fluvastatin er
gemfibrozil
icosapent ethyl
LIPOFEN
LIVALO
lovastatin
niacin
niacin er
niacin flush-free
niacin inositol
niacinamide
plain niacin
pravastatin
prevalite
REPATHA PUSHTRONEX
REPATHA SURECLICK
REPATHA SYRINGE
rosuvastatin
simvastatin
slo-niacin
VASCEPA

Diabetes Related

acarbose
BYDUREON
BYDUREON BCISE
BYDUREON PEN
BYETTA
chlorpropamide
DEXCOM G6
diabetic needles
diabetic syringes
FARXIGA
FREESTYLE LIBRE 10 DAY READER
FREESTYLE LIBRE 10 DAY SENSOR
FREESTYLE LIBRE 14 DAY READER
FREESTYLE LIBRE 14 DAY SENSOR
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR
glimepiride
glipizide
glipizide er
glipizide xl
glipizide-metformin
GLUCOMETERS
glyburide
glyburide micronized
glyburide-metformin
GLYXAMBI
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN U-100

HUMALOG KWIKPEN U-200
HUMALOG MIX 50-50
HUMALOG MIX 50-50 KWIKPEN
HUMALOG MIX 75-25
HUMALOG MIX 75-25 KWIKPEN
HUMULIN 70/30 KWIKPEN
HUMULIN 70-30
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500
HUMULIN R U-500 KWIKPEN
insulin administrative supplies
INSULIN PUMP SUPPLIES
insulin pump syringe
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
lancets
lancing device
lancing device/lancets
LEVEMIR
LEVEMIR FLEXTOUCH
LYUMJEV
LYUMJEV KWIKPEN U-100
LYUMJEV KWIKPEN U-200
metformin
metformin er
metformin er gastric
metformin er osmotic
miglitol
MISC. DIABETES SUPPLIES (E.G.
CONTROL SOLUTION, SENSORS,
TRANSMITTERS)
nateglinide
ONETOUCH TEST STRIPS
OZEMPIC
pen needles
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
RYBELSUS
SEGLUROMET
SEMGLEE (YFGN)
SEMGLEE (YFGN) PEN
SOLIQUA 100-33
STEGLATRO
STEGLUJAN
SYMLINPEN 120
SYMLINPEN 60

Diabetes Related (cont)

SYNJARDY
SYNJARDY XR
TEST STRIPS
tolazamide
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
TRESIBA
TRESIBA FLEXTOUCH U-100
TRESIBA FLEXTOUCH U-200
TRIJARDY XR
TRULICITY
urine diabetic test strips
XIGDUO XR
XULTOPHY 100-3.6

Malaria

atovaquone-proguanil hcl
chloroquine phosphate
mefloquine hcl
primaquine

Migraine Prevention

AIMOVIG AUTOINJECTOR
AJOVY AUTOINJECTOR
AJOVY SYRINGE
EMGALITY PEN
EMGALITY SYRINGE

Misc Antivirals

emtricitabine/tenofovir 200mg-
300mg
PREVYMIS

Osteoporosis Related

alendronate
DUAVEE
ibandronate
raloxifene
risedronate
risedronate dr

Smoking Cessation

bupropion sr 150mg
varenicline tartrate

Vaccines

ACTHIB
ADACEL TDAP
AFLURIA
AFLURIA QUAD
BEXSERO
BOOSTRIX TDAP

DAPTACEL DTAP
DIPHTHERIA-TETANUS TOXOIDS-
PED
ENGERIX-B
FLUAD
FLUAD QUAD
FLUARIX QUAD
FLUBLOK QUAD
FLUCELVAX QUAD
FLULAVAL QUAD
FLUMIST QUAD
FLUZONE HIGH-DOSE
FLUZONE HIGH-DOSE QUAD
FLUZONE QUAD
FLUZONE QUAD PEDI
GARDASIL 9
HIBERIX
INFANRIX DTAP
IPOL
JANSSEN COVID-19 VACCINE
(EUA)
MENACTRA
M-M-R II VACCINE
MODERNA COVID-19 VACCINE
(EUA)
PEDIARIX
PEDVAXHIB
PENTACEL
PENTACEL ACTHIB
PFIZER COVID-19 VACCINE (EUA)
PNEUMOVAX 23
PREVNAR 13
PREVNAR 20
PROQUAD
QUADRACEL DTAP-IPV
RECOMBIVAX HB
ROTATEQ
SHINGRIX
TDVAX
TRUMENBA
TWINRIX
VARIVAX
VAXNEUVANCE

Vitamins or Minerals

bal-care dha
classic prenatal
c-nate dha
complete natal dha
completenate
EXPECTA PRENATAL
folic acid 0.4mg, 0.8mg
hemenatal ob + dha
kpn
m-natal plus

multivitamin with fluoride
mynatal
mynatal plus
mynatal-z
newgen
obstetrix dha
one daily prenatal
perry prenatal
pnv 29-1
pnv ob+dha
pnv-dha + docusate
pnv-select
pr natal 400
pr natal 400 ec
pr natal 430
pr natal 430 ec
prena1 chew
prena1 pearl
prena1 true
prenaissance
prenaissance plus
prenatabs fa
prenatabs rx
prenatal
prenatal + dha
prenatal 19
prenatal complete
PRENATAL FORMULA
prenatal multi-dha
prenatal multivitamin
PRENATAL MULTIVITAMIN-DHA
prenatal one daily
prenatal plus
prenatal vitamin
PRENATAL VITAMIN + DHA
prenatal vitamin plus low iron
prenatal vitamins
preplus
pretab
RIGHT STEP PRENATAL VITAMINS
se-natal-19
trinatal rx 1
trinate
trust natal dha
vinate one
vinate-m
virt-nate
virt-nate dha
virt-pn
vp-heme ob
vp-heme one
westab plus
westgel dha
women's prenatal plus dha

Weight Loss

benzphetamine hcl
diethylpropion hcl
diethylpropion hcl er
phendimetrazine tartrate
phendimetrazine tartrate er
phentermine
WEGOVY

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.



1. State laws in **Connecticut, Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Cigna reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

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, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).