

PREVENTIVE MEDICATION PROGRAM



Generics and Preferred Brands Drug List

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, 2023.^{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**® App³ 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.⁴



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.⁵



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

936807 g Prev&PrevPlus Gen&PB for Value/Adv 07/23

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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 solution, tablet
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
paroxetine
paroxetine cr
paroxetine er
sertraline oral concentrate, tablet

Asthma Related

albuterol solution
albuterol hfa
ANORO ELLIPTA
aformoterol
budesonide suspension
caffeine citrate oral solution
DULERA
FLOVENT DISKUS
FLOVENT HFA
fluticasone-salmeterol 100-50,
250-50, 500-50
formoterol
INCRUSE ELLIPTA
ipratropium solution
ipratropium-albuterol
levalbuterol solution
montelukast
QVAR REDIMALER
SEREVENT DISKUS
SPIRIVA HANDIMALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
SYMBICORT
theophylline solution
wixela inhub
zafirlukast

Blood Pressure Related

acebutolol

aliskiren
amiloride
amiloride-hctz
amlodipine
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-valsartan-hctz
atenolol
atenolol-chlorthalidone
benazepril
benazepril-hctz
betaxolol tablet
bisoprolol
bisoprolol-hctz
bumetanide tablet
candesartan
candesartan-hctz
captopril
captopril-hctz
cartia xt
carvedilol
carvedilol er
chlorothiazide
chlorthalidone
clonidine patch, tablet
diltiazem tablet
diltiazem 12hr er
diltiazem 24hr er
diltiazem 24hr er (cd)
diltiazem 24hr er (la)
diltiazem 24hr er (xr)
dilt-xr
doxazosin
enalapril
enalapril-hctz
eprenone
eprosartan
felodipine er
fosinopril
fosinopril-hctz
furosemide solution, tablet
guanfacine
hydralazine tablet
hydrochlorothiazide

indapamide
irbesartan
irbesartan-hctz
isradipine
labetalol tablet
lisinopril
lisinopril-hctz
losartan
losartan-hctz
matzim la
methyldopa
methyldopa-hctz
metolazone
metoprolol tablet
metoprolol er
metoprolol-hctz
minoxidil tablet
moexipril
nadolol
nebivolol
nicardipine capsule
nifedipine
nifedipine er
nimodipine
nisoldipine
olmesartan
olmesartan-hctz
olmesartan-amlodipine-hctz
perindopril
pindolol
prazosin
propranolol solution, tablet
propranolol er
propranolol-hctz
quinapril
quinapril-hctz
ramipril
spironolactone
spironolactone-hctz
taztia xt
telmisartan
telmisartan-amlodipine
telmisartan-hctz
terazosin

Blood Pressure Related

(cont)

tiadylt er
timolol tablet
torsemide
trandolapril
trandolapril-verapamil er
triamterene
triamterene-hctz
valsartan
valsartan-hctz
VECAMYL
verapamil tablet
verapamil er
verapamil er pm
verapamil sr

Blood Thinner Related

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

Cholesterol Related

amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin
fluvastatin er
gemfibrozil
icosapent
lovastatin
niacin er
omega-3 acid ethyl esters
pravastatin
prevalite
rosuvastatin
simvastatin

Diabetes Related

Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to learn more about how your plan covers diabetes-related preventive medications.

acarbose
BASAGLAR
BASAGLAR TEMPO PEN U-100
BYDUREON
BYDUREON PEN
BYETTA
DEXCOM G6 RECEIVER, SENSOR,
TRANSMITTER
DEXCOM G7 RECEIVER, SENSOR
diabetic needles
diabetic syringes
FARXIGA
FREESTYLE LIBRE 10 DAY
READER, SENSOR
FREESTYLE LIBRE 14 DAY
READER, SENSOR
FREESTYLE LIBRE 2 READER,
SENSOR
FREESTYLE LIBRE 3 SENSOR
glimepiride
glipizide
glipizide er
glipizide xl
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin
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 KWIKPEN
HUMALOG MIX 75-25
HUMALOG TEMPO PEN U-100
HUMULIN 70-30
HUMULIN 70-30 KWIKPEN
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500 KWIKPEN
HUMULIN R U-500
INPEN (FOR HUMALOG)
INPEN (FOR NOVOLOG OR FIASP)

insulin administrative supplies
INSULIN LISPRO
INSULIN LISPRO JUNIOR
KWIKPEN
INSULIN LISPRO KWIKPEN U-100
INSULIN LISPRO PROTAMINE MIX
insulin pump syringe
JANUVIA
JARDIANCE
lancets
lancing device
lancing device/lancets
LEVEMIR
LEVEMIR FLEXTOUCH
LYUMJEV
LYUMJEV KWIKPEN
LYUMJEV TEMPO PEN
metformin
metformin er
miglitol
MOUNJARO
nateglinide
ONE TOUCH TEST STRIPS
OZEMPIC
pen needles
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
RYBELSUS
TRESIBA
TRESIBA FLEXTOUCH
TRIJARDY XR
TRULICITY
urine diabetic test strips
VICTOZA 2-PAK
VICTOZA 3-PAK

**Only certain formulations of metformin ER 500mg are considered preventive. Log in to the [myCigna App](#) or [myCigna.com](#) to see which ones are included in your plan's preventive medication program.

Osteoporosis Related

alendronate
calcitonin-salmon 400unit/2ml
FOSAMAX PLUS D
ibandronate tablet
raloxifene
risedronate
risedronate dr

Prenatal Vitamins

Your plan considers all prescription strength generic prenatal vitamins to be “preventive.”

Log in to the **myCigna** App or to **myCigna.com**, or check your druglist to see which tier your plan covers prenatal vitamins on.

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



1. If you're taking a medication that will be covered differently as of July 1st, you may not be affected by the change(s) at that time. That's because there are state laws in **Connecticut**, **Louisiana**, **New York** and **Texas** that may require your plan to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna is making a change to a medication on your drug list on July 1st but your new plan year doesn't start until November 1st, the change(s) won't affect you until November 1st. It's up to you to remember that your coverage will change at that time. 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. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
4. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
5. 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 LỜI 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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).