

# 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.<sup>1,2</sup>

#### 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.<sup>3</sup>



#### 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.<sup>4</sup>

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# Preventive Medication Program - Generics and Preferred Brands Drug List

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  
fluritan  
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

AIMOVI 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.

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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](mailto: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](mailto: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).