

# Preventive Medication Program

## Generics and Brands Drug List Coverage as of January 1, 2024

Your plan's Preventive Medication Program includes generic and brand-name 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 brand-name medications that are part of your plan's preventive program as of January 1, 2024.

### 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 the 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 full list of medications.** Also, your plan's preventive medication program may not include all of these medications and/or conditions.

Log in to the **myCigna**® App<sup>1</sup> 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 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 medications; other plans may not.

Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs.<sup>2</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>3</sup>

## Preventive Medication Program Drug List

Some plans may not include all of these 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 oral solution, tablet  
escitalopram  
fluoxetine  
fluoxetine dr  
fluvoxamine  
fluvoxamine er  
paroxetine suspension, tablet  
paroxetine cr  
paroxetine er  
sertraline oral concentrate, solution

### Asthma Related

ADVAIR HFA  
AIRDUO DIGIHALER  
albuterol  
albuterol hfa  
ALVESCO  
ANORO ELLIPTA  
aformoterol  
ASMANEX  
ASMANEX HFA  
BREO ELLIPTA  
breyna  
budesonide suspension  
BUDESONIDE-FORMOTEROL  
caffeine oral solution  
DULERA  
fluticasone-salmeterol 100-50, 250-50,  
500-50  
formoterol 20 mcg/2 ml nebulizer vial  
INCRUSE ELLIPTA  
ipratropium 0.02% solution  
ipratropium-albuterol  
levalbuterol  
montelukast  
QVAR REDIHALER  
SEREVENT DISKUS  
SPIRIVA HANDIHALER  
SPIRIVA RESPIMAT  
STIOLTO RESPIMAT  
STRIVERDI RESPIMAT  
theophylline  
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  
CAROSPIR  
cartia xt  
carvedilol  
carvedilol er  
chlorthalidone  
clonidine  
diltiazem tablet  
diltiazem 12hr er  
diltiazem 24hr er  
diltiazem 24hr er (cd)  
diltiazem 24hr er (la)  
diltiazem 24hr er (xr)  
dilt-xr  
DIURIL  
doxazosin  
enalapril  
enalapril-hctz  
eplerenone  
eprosartan  
felodipine er  
fosinopril  
fosinopril-hctz

furosemide oral solution, tablet  
FUROSEMIDE 40 MG/4 ML ORAL  
SOLUTION  
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  
NYMALIZE  
olmesartan  
olmesartan-amlodipine-hctz  
olmesartan-hctz  
perindopril  
pindolol  
prazosin  
PRESTALIA  
propranolol solution, tablet  
propranolol er  
propranolol-hctz  
quinapril  
quinapril-hctz  
ramipril

## Blood Pressure Related *(Cont.)*

SOTYLIZE  
spironolactone  
spironolactone-hctz  
taztia xt  
telmisartan  
telmisartan-amlodipine  
telmisartan-hctz  
terazosin  
tiadylt er  
timolol tablet  
torsemide  
trandolapril  
trandolapril-verapamil er  
triamterene  
triamterene-hctz  
valsartan  
VALSARTAN 4 MG/ML SOLUTION  
valsartan-hctz  
VECAMYL  
verapamil tablet  
verapamil er  
verapamil er pm  
verapamil sr

## Blood Thinner Related

aspirin-dipyridamole er  
BRILINTA  
clopidogrel  
dabigatran  
dipyridamole vial  
ELIQUIS  
jantoven  
prasugrel  
SAVAYSA  
warfarin  
XARELTO  
ZONTIVITY

## Cholesterol Related

ALTOPREV  
amlodipine-atorvastatin  
atorvastatin  
cholestyramine  
cholestyramine light  
colesevelam  
COLESTID GRANULES  
colestipol  
ezetimibe  
ezetimibe-simvastatin

fenofibrate  
FENOFIBRATE 50 MG, 150 MG CAPSULE  
fenofibric acid  
fluvastatin  
fluvastatin er  
gemfibrozil  
icosapent ethyl  
LIPOFEN  
lovastatin  
niacin er  
omega-3 acid ethyl esters  
pravastatin  
prevalite  
rosuvastatin  
ROSZET  
simvastatin

## Diabetes Related

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

acarbose  
BYDUREON BCISE  
BYETTA  
DEXCOM G6 RECEIVER, SENSOR, TRANSMITTER  
DEXCOM G7 RECEIVER, SENSOR  
diabetic needles  
diabetic syringes  
FARXIGA  
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 CARTRIDGE  
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  
HUMALOG TEMPO PEN U-100  
HUMULIN 70-30  
HUMULIN 70-30 KWIKPEN  
HUMULIN N  
HUMULIN N KWIKPEN  
HUMULIN R  
HUMULIN R U-500  
HUMULIN R U-500 KWIKPEN  
INPEN (FOR HUMALOG)  
INPEN (FOR NOVLOG OR FIASP)  
insulin administrative supplies  
INSULIN GLARGINE-YFGN  
INSULIN LISPRO  
INSULIN LISPRO JUNIOR KWIKPEN  
INSULIN LISPRO KWIKPEN U-100  
INSULIN LISPRO PROTAMINE MIX  
insulin pump syringe  
JANUVIA  
JARDIANCE  
lancets  
lancing device  
LYUMJEV KWIKPEN U-100  
LYUMJEV KWIKPEN U-200  
LYUMJEV TEMPO PEN U-100  
metformin  
metformin er\*  
miglitol  
MOUNJARO  
nateglinide  
ONE TOUCH TEST STRIPS  
OZEMPIC  
pioglitazone  
pioglitazone-glimepiride  
pioglitazone-metformin  
repaglinide  
repaglinide-metformin  
RIOMET ER  
RYBELSUS  
SEMGLEE (YFGN)  
SEMGLEE (YFGN) PEN  
TRESIBA FLEXTOUCH U-100  
TRESIBA FLEXTOUCH U-200  
TRIJARDY XR  
TRULICITY  
urine diabetic test strips

\*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

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 drug list to see on which tier your plan covers prenatal vitamins.

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



1. 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**.
2. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
3. 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 Healthcare.**

Cigna Healthcare 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 Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare 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 Healthcare. 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.

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, review your plan documents or contact a Cigna Healthcare representative.

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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 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).