

# PREVENTIVE MEDICATION PROGRAM



## Generics and Preferred Brands Drug List

Starting January 1, 2022

Preventive medications are used to prevent certain conditions from developing, or to prevent a condition from coming back. These conditions include, but are not limited to, asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

### 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 January 1, 2022.<sup>1,2</sup> Medications are listed alphabetically by condition. **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. For example, some plans don't include medications used to treat depression in their preventive program.

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 and how much they cost.

### 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.

### 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 may cost you at the different pharmacies in your plan's network.<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>

Together, all the way.®



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 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.

## Asthma

ALVESCO  
ARNUITY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
budesonide  
FLOVENT DISKUS  
FLOVENT HFA  
PEAK FLOW METERS  
QVAR REDHALER

## Bone Disease And Fractures

alendronate  
DUAVEE  
ibandronate  
raloxifene  
risedronate  
risedronate dr  
zoledronic acid

## Cavities

GEL-KAM  
periomed  
PHOS-FLUR  
sodium fluoride rinse, gel, cream,  
paste, tabs and drops

## Cholesterol Lowering

### HMG-COA Reductase Inhibitors

atorvastatin  
fluvastatin  
fluvastatin er  
LIVALO  
lovastatin  
pravastatin  
rosuvastatin  
simvastatin

### Other

amlodipine/atorvastatin  
cholestyramine  
cholestyramine light, prevalite  
colesevealm  
colestipol  
ezetimibe  
ezetimibe/simvastatin  
fenofibrate

fenofibric acid  
fenofibric acid dr  
gemfibrozil  
icosapent ethyl  
LIPOFEN (fenofibrate)  
niacin  
VASCEPA

## Colonoscopy Preparation

CLENPIQ  
gavilyte-c  
gavilyte-g  
gavilyte-n  
polyethylene glycol  
SUPREP  
trilyte

## Depression

citalopram  
escitalopram  
fluoxetine  
fluoxetine dr  
fluvoxamine  
fluvoxamine er  
paroxetine  
paroxetine er  
SARAFEM (fluoxetine)  
sertraline

## Diabetes

### Insulins

BASAGLAR  
HUMALOG  
HUMULIN  
LANTUS  
LANTUS SOLOSTAR  
LEVEMIR  
LEVEMIR FLEXTOUCH  
LYUMJEV  
TOUJEO MAX SOLOSTAR  
TOUJEO SOLOSTAR  
TRESIBA  
TRESIBA FLEXTOUCH

### Insulin/GLP1 Receptor Agonist Combinations

SOLIQUA  
XULTOPHY

## Non-Insulins

acarbose  
BYETTA  
BYDUREON  
FARXIGA  
glimepiride  
glipizide er  
glipizide/metformin  
glyburide  
glyburide/metformin  
glyburide micronized  
GLYXAMBI  
JANUMET  
JANUMET XR  
JANUVIA  
JARDIANCE  
metformin  
metformin er  
miglitol  
nateglinide  
OZEMPIC  
pioglitazone  
pioglitazone/glimepiride  
pioglitazone/metformin  
repaglinide  
repaglinide/metformin  
RIOMET SOLUTION  
RYBELSUS  
SEGLUROMET  
STEGLATRO  
STEGLUJAN  
SYMLINPEN  
SYNJARDY  
SYNJARDY XR  
TRIJARDY XR  
TRULICITY  
XIGDUO XR

## Heart Disease And Stroke

### Blood Thinners

aspirin 81mg, 325mg  
aspirin/dipyridamole er  
BRILINTA  
clopidogrel  
dipyridamole  
DURLAZA ER  
ELIQUIS

## Heart Disease And Stroke

### *Blood Thinners (cont)*

prasugrel  
warfarin

## High Blood Pressure

### *Ace Inhibitors*

benazepril  
captopril  
enalapril  
fosinopril  
lisinopril  
moexipril  
perindopril  
quinapril  
ramipril  
trandolapril

### *Ace Inhibitors/ Diuretic Combinations*

benazepril/hctz  
captopril/hctz  
enalapril/hctz  
fosinopril/hctz  
lisinopril/hctz  
moexipril/hctz  
quinapril/hctz

### *Angiotensin II Receptor Antagonists*

candesartan  
EDARBI  
eprosartan  
irbesartan  
losartan  
olmesartan  
telmisartan  
valsartan

### *Angiotensin II Receptor Antagonists/Diuretic Combinations*

acebutolol  
candesartan/hctz  
EDARBYCLOR  
irbesartan/hctz  
losartan/hctz  
olmesartan/hctz  
telmisartan/hctz  
valsartan/hctz

### *Beta Blockers*

acebutolol  
atenolol

betaxolol  
bisoprolol  
BYSTOLIC  
metoprolol succinate  
metoprolol tartrate  
nadolol  
pindolol  
propranolol  
propranolol er  
timolol

### *Beta Blockers/ Diuretic Combinations*

atenolol/chlorthalidone  
bisoprolol/hctz  
LOPRESSOR HCT (metoprolol/  
hctz)  
nadolol/bendroflumethiazide  
propranolol/hctz

### *Calcium Channel Blockers*

amlodipine  
diltiazem er  
felodipine er  
isradipine  
nicardipine  
nifedipine er  
nisoldipine er  
TIAZAC ER (tiadylt er)  
verapamil

### *Diuretics*

chlorothiazide  
chlorthalidone  
hydrochlorothiazide  
indapamide  
metolazone

### *Other High Blood Pressure & Combinations*

amlodipine/atorvastatin  
amlodipine/benazepril  
amlodipine/olmesartan  
amlodipine/olmesartan/hctz  
amlodipine/valsartan  
amlodipine/valsartan/hctz  
BLOOD PRESSURE MONITORS  
BYVALSON  
trandolapril/verapamil  
TWINSTA (amlodipine/  
telmisartan)

## Malaria

atovaquone/proguanil  
chloroquine

mefloquine  
PRIMAQUINE

## Migraine Prevention

AIMOVIG  
AJOVY  
EMGALITY 120MG

## Misc Antivirals

emtricitabine/tenofovir  
200MG/300MG

## Obesity

benzphetamine  
diethylpropion  
diethylpropion er  
phendimetrazine  
phentermine

## Smoking Cessation

bupropion sr 150mg  
CHANTIX  
NICODERM CQ (nicotine patches)  
NICORETTE (nicotine gum and  
lozenges)

## Vaccines

ANTHRAX  
BCG  
CHOLERA  
COVID-19  
DIPHTHERIA  
HAEMOPHILUS  
INFLUENZA B  
HEPATITIS A AND B  
HUMAN PAPILLOMAVIRUS  
INFLUENZA  
MEASLES  
MENINGOCOCCAL  
MUMPS  
PERTUSSIS  
PNEUMOCOCCAL  
POLIOVIRUS  
ROTAVIRUS  
RUBELLA  
SHINGLES  
TETANUS  
VARICELLA  
ZOSTER

## Vitamins Or Minerals

FOLIC ACID  
PEDIATRIC MULTIVITAMINS WITH  
FLUORIDE  
PRENATAL VITAMINS



1. State laws in **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>.

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).