

PREVENTIVE MEDICATION PROGRAM



Drug List

Coverage as of July 1, 2022

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 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.

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.



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.

966394 Prev&PrevPlus All for Legacy 05/22

Preventive Medication Program Drug List

Some plans may not include all of these medications and/or conditions in their preventive medication program. Check your plan materials to see which medications your plan includes in the program and how much they cost.

Anxiety/Depression/ Bipolar Disorder

CELEXA
citalopram
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
LEXAPRO
paroxetine suspension, tablet
paroxetine cr
paroxetine er
PAXIL
PAXIL CR
PEXEVA
PROZAC
sertraline oral conc, tablet
ZOLOFT

Asthma Related

ADVAIR HFA
AIRDUO DIGIHALER
AIRDUO RESPICLICK
albuterol
albuterol hfa
ALVESCO
ANORO ELLIPTA
aformoterol
ARMONAIR DIGIHALER
ARNUITY ELLIPTA
ASMANEX
ASMANEX HFA
BEVESPI AEROSPHERE
BREO ELLIPTA
budesonide suspension
BUDESONIDE-FORMOTEROL
caffeine oral solution
DUAKLIR PRESSAIR
DULERA
FLOVENT DISKUS
FLOVENT HFA
fluticasone-salmeterol
formoterol
INCRUSE ELLIPTA

ipratropium solution
ipratropium-albuterol
levalbuterol solution
LONHALA MAGNAIR REFILL
LONHALA MAGNAIR STARTER
metaproterenol
montelukast
PROAIR DIGIHALER
PROAIR RESPICLICK
PULMICORT FLEXHALER
QVAR REDIHALER
SEEBRI NEOHALER
SEREVENT DISKUS
SPIRIVA
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
theophylline oral solution
TUDORZA PRESSAIR
VENTOLIN HFA
wixela inhub
YUPELRI
zafirlukast

Blood Pressure Related

acebutolol
afeditab CR
ALDACTAZIDE 50-50
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
CARDIZEM LA 120MG TABLET
CAROSPIR
cartia XT
carvedilol
carvedilol er
chlorthalidone
clonidine
diltiazem
diltiazem 12hr er
diltiazem 24hr er
diltiazem 24hr er (CD)
diltiazem 24hr er (LA)
diltiazem 24hr er (XR)
dilt-XR
DIURIL
doxazosin
DUTOPROL
enalapril
enalapril-hctz
eplerenone
eprosartan
felodipine er
fosinopril
fosinopril-hctz
furosemide solution, tablet
guanfacine
hydralazine tablet
hydrochlorothiazide
indapamide
INDERAL XL
irbesartan
irbesartan-hctz
isradipine
KASPARGO SPRINKLE
KATERZIA
KERINDA
labetalol tablet
lisinopril
lisinopril-hctz
losartan
losartan-hctz
matzim la

Blood Pressure Related

(cont)

methyldopa
methyldopa-hctz
metolazone
metoprolol
metoprolol er
metoprolol-hctz
metoprolol er-hctz
metyrosine
minoxidil tablet
moexipril
nadolol
nebivolol
nicardipine capsulr
nifedipine
nifedipine er
nimodipine
nisoldipine
NYMALIZE
olmesartan
olmesartan-amlodipine-hctz
olmesartan-hctz
perindopril
pindolol
prazosin
PRESTALIA
propranolol solution, tablet
propranolol er
propranolol-hctz
QBRELIS
quinapril
quinapril-hctz
ramipril
SOTYLIZE
spironolactone
spironolactone-hctz
taztia xt
telmisartan
telmisartan-amlodipine
telmisartan-hctz
terazosin
THALITONE
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
dipyridamole tablet
ELIQUIS
jantoven
PRADAXA
prasugrel
SAVAYSA
warfarin
XARELTO
ZONTIVITY

Cholesterol Related

ALTOPREV
amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
COLESTID FLAVORED GRANULES
colestipol
EZALLOR SPRINKLE
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
FLOLIPID
fluvastatin
fluvastatin er
gemfibrozil
icosapent ethyl
LIPOFEN 50MG CAPSULE
lovastatin
niacin 500mg tablet
niacin er tablet
NIACOR
omega-3 acid ethyl esters
pravastatin
prevalite
rosuvastatin
ROSUVASTATIN-EZETIMIBE
ROSZET
simvastatin
triklo
ZYPITAMAG

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
ACCU-CHEK TEST STRIPS
ADLYXIN
ADMELOG
AFREZZA
ALOGLIPTIN
ALOGLIPTIN-METFORMIN
ALOGLIPTIN-PIOGLITAZONE
APIDRA
APIDRA SOLOSTAR
BASAGLAR KWIKPEN U-100
blood glucose test strips
BYDUREON
BYDUREON BCISE
BYDUREON PEN
BYETTA
chlorpropamide
DEXCOM G6 SENSOR
DEXCOM G6 RECEIVER
DEXCOM G6 TRANSMITTER
diabetic needles
diabetic syringes
EVOLUTION TEST STRIPS
EZ SMART
EZ SMART PLUS
FARXIGA
FIASP
FIASP FLEXTOUCH
FIASP PENFILL
FIFTY50 TEST STRIP
FORA
FREESTYLE LIBRE 2
FREESTYLE LIBRE 10
FREESTYLE LIBRE 14
glimepiride
glipizide
glipizide er
glipizide xl
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformini
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG MIX 50-50
HUMALOG MIX 75-25
HUMULIN 70-30

Diabetes Related (cont)

HUMULIN 70-30 KWIKPEN
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500 KWIKPEN
insulin administrative supplies
INSULIN ASPART
INSULIN ASPART FLEXPEN
INSULIN ASPART PENFILL
INSULIN LISPRO
INSULIN LISPRO JUNIOR
KWIKPEN
INSULIN ASPART KWIKPEN U-100
INSULIN ASPART PROTAMINE MIX
insulin pump syringe
INVOKANA
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
KAZANO
KOMBIGLYZE XR
lancets
lancing device
lancing device/lancets
LANTUS
LANTUS SOLOSTAR
LEVEMIR
LEVEMIR FLEXTOUCH
LYUMJEV
LYUMJEV KWIKPEN U-100
LYUMJEV KWIKPEN U-200
metformin
metformin er
miglitol
nateglinide
NESINA
NOVOLIN 70-30
NOVOLIN 70-30 FLEXPEN
NOVOLIN N

NOVOLIN N FLEXPEN
NOVOLIN R
NOVOLIN R FLEXPEN
NOVOLOG
NOVOLOG FLEXPEN
NOVOLOG MIX 70-30
ONETOUCH TEST STRIPS
ONGLYZA
OSENI
OZEMPIC
pen needles
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
RIOMET ER
RYBELSUS
SEMGLEE
SEMGLEE PEN
SEMGLEE (YFGN)
SEMGLEE (YFGN) PEN
STEGLATRO
STEGLUJAN
tolazamide
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
TRADJENTA
TRESIBA
TRESIBA FLEXTOUCH U-100
TRESIBA FLEXTOUCH U-200
TRIJARDY XR
TRULICITY
urine diabetic test strips
VICTOZA

*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
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. 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.
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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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).