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 medications that are part of Cigna’s preventive program as of January 1, 2022. 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.

Your cost-share for preventive generic medication
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 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.
Preventive Medication Program - Generics 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
escitalopram
fluoxetine
fluoxetine DR
fluvoxamine
fluvoxamine ER
paroxetine
paroxetine CR
paroxetine ER
setraline

citalopram
escitalopram
fluoxetine
fluoxetine DR
fluvoxamine
fluvoxamine ER
paroxetine
paroxetine CR
paroxetine ER
setraline

diltiazem

diltiazem 24hr ER (CD)
diltiazem 24hr ER (LA)
diltiazem 24hr ER (XR)
diltiazem ER
dilt-XR
doxazosin
enalapril
enalapril-HCTZ
eplerenone
eposartan
felodipine ER
fosinopril
fosinopril-HCTZ
furosemide tablet, solution
guanfacine
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan-HCTZ
isradipine
labetalol tablet
lisinopril
lisinopril-HCTZ
losartan
losartan-HCTZ
matzim LA
methyl dopa
methyl dopa-HCTZ
metolazone
metoprolol tablet
metoprolol ER
metoprolol-HCTZ
METOPROLOL SUCCINATE-HCTZ ER
metyrosine

Asthma Related

albuterol
albuterol HFA
arformoterol
budesonide
caffeine citrate oral solution
fluticasone-salmeterol
formoterol
ipratropium solution
ipratropium-albuterol
levosalbuterol
metaproterenol
montelukast
theophylline anhydrous
wixela inhub
zafirlukast

Blood Pressure Related

acebutolol
afeditab CR
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
bumetanide tablet
candesartan
candesartan-HCTZ
captopril
captopril-HCTZ
cartia XT
carvedilol
carvedilol ER
chlorothiazide
chlorothalidone
clonidine
diltiazem
diltiazem 24hr ER (CD)
diltiazem 24hr ER (LA)
diltiazem 24hr ER (XR)
diltiazem ER
dilt-XR
doxazosin
enalapril
enalapril-HCTZ
eplerenone
eposartan
felodipine ER
fosinopril
fosinopril-HCTZ
furosemide tablet, solution
guanfacine
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan-HCTZ
isradipine
labetalol tablet
lisinopril
lisinopril-HCTZ
losartan
losartan-HCTZ
matzim LA
methyl dopa
methyl dopa-HCTZ
metolazone
metoprolol tablet
metoprolol ER
metoprolol-HCTZ
METOPROLOL SUCCINATE-HCTZ ER
metyrosine

Blood Thinner Related

aspirin-dipyridamole ER
clopidogrel

minoxidil
moexipril
moexipril-HCTZ
nadolol
nadolol-bendroflumethiazide
nebivolol
nicardipine
nifedipine
nifedipine ER
nimodipine
nisoldipine
olmesartan
olmesartan-amlodipine-HCTZ
olmesartan-HCTZ
perindopril
phenoxybenzamine
pindolol
prazosin
propranolol
propranolol ER
propranolol-HCTZ
quinapril
quinapril-HCTZ
ramipril
spironolactone
spironolactone-HCTZ
tatzia XT
telmisartan
telmisartan-amlodipine
telmisartan-HCTZ
terazosin
tiadylt ER
timolol tablet
torsemide
trandolapril
trandolapril-verapamil ER
triamterene
triamterene-HCTZ
valsartan
valsartan-HCTZ
VECAMYL
verapamil
verapamil ER
verapamil ER PM
Blood Thinner Related (cont)
dipyridamole
jantoven
prasugrel
warfarin

Cholesterol Related
amlodipine-atorvastatin
atorvastatin
cholestryramine
cholestryramine light
colesevelam
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin
fluvastatin ER
gemfibrozil
icosapent ethyl
lovastatin
niacin ER
omega-3 acid ethyl esters
pravastatin
previalite
rosuvastatin
simvastatin
triklo

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
chlorpropamide
diabetic needles
diabetic syringes
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin
insulin administrative supplies
insulin pump syringe
lancets
lancing device
lancing device/lancets
metformin
metformin ER
miglitol
nateglinide
pen needles
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
tolazamide
tolbutamide
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
alendronate
calcitonin-salmon
ibandronate
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.
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.

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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  - 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
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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.

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  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)


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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）。


**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** – يجب أن يكون هناك خدمات الترجمة المجانية المتاحة للكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون على بطاقتهم الشخصية. (TTY: اتصل ب 1.800.244.6224)

**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).

**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).

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