Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency.

This document shows the most commonly prescribed preventive generic medications your plan covers as of January 1, 2019.* Medications are listed alphabetically by the condition they prevent. The Preventive Generics Drug List is regularly updated so it's important to know that this is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan.

Some plans have specific coverage requirements for preventive medications.

For example, some plans may:

› Require you to pay a copay, coinsurance (the percentage you pay after you meet your deductible) and/or deductible (the amount you pay before your plan starts to pay) to receive coverage for a preventive generic medication. Or,

› Cover preventive generic medications at 100%, or no cost ($0) to you.

You should log into the myCigna® website or app or check your plan materials to learn more about how your plan covers preventive medications. You can also use the Drug Cost tool to estimate how much your medication may cost.**
Preventive Generics Drug List

**Asthma related**

- albuterol
- budesonide
- caffeine citrate
- cromolyn
- fluticasone-salmeterol
- ipratropium
- ipratropium-albuterol
- levalbuterol
- levalbuterol concentrate
- levalbuterol HFA
- metaproterenol
- montelukast
- terbutaline
- Theochron
- theophylline
- zafirlukast
- zileuton ER

**Blood pressure related**

- acebutolol
- acetazolamide
- Afeditab CR
- amiloride
- amiloride-HCTZ
- amlodipine
- amlodipine-benazepril
- amlodipine-olmesartan
- amlodipine-valsartan
- amlodipine-valsartan-HCTZ
- atenolol
- atenolol-chlorthalidone
- benazepril
- benazepril-HCTZ
- betaxolol
- bisoprolol
- bisoprolol-HCTZ
- bumetanide
- candesartan
- candesartan-HCTZ
- captopril
- captopril-HCTZ
- Cartia XT
- carvedilol
- carvedilol ER
- chlorothiazide
- chlorthalidone
- clonidine
- diltiazem
- diltiazem 12hr ER
- diltiazem 24hr CD
- diltiazem 24hr ER
- diltiazem ER
- Dilt-XR
- doxazosin
- enalapril
- enalapril-HCTZ
- eplerenone
- eprosartan
- felodipine ER
- fosinopril
- fosinopril-HCTZ
- furosemide
- guanfacine
- hydralazine
- hydrochlorothiazide
- indapamide
- irbesartan
- irbesartan-HCTZ
- isradipine
- labetalol
- lisinopril
- lisinopril-HCTZ
- losartan
- losartan-HCTZ
- Matzim LA
- methazolamide
- methyclothiazide
- methyl dopa tablet
- methyl dopa-HCTZ
- metolazone
- metoprolol
- metoprolol ER-HCTZ
- metoprolol-HCTZ
- minoxidil
- moexipril
- moexipril-HCTZ
- nadolol
- nadolol-bendroflumethiazide
- nicardipine
- nifedipine
- nifedipine ER
- nimodipine
- nisoldipine
- olmesartan
- olmesartan-amlodipine-HCTZ
- olmesartan-HCTZ
- perindopril
- phenoxycbenzamine
- pindolol
- prazosin
- propranolol
- propranolol ER
- propranolol-HCTZ
- quinapril
- quinapril-HCTZ
- ramipril
- Sorine
- sotalol
- sotalol AF
- spironolactone
- spironolactone-HCTZ
- Taztia XT
- telmisartan
- telmisartan-amlodipine
- telmisartan-HCTZ
- terazosin
- timolol
- torsemide
- trandolapril
- trandolapril-verapamil ER
- triamterene-HCTZ
- valsartan
- valsartan-HCTZ
- Vecamyl
- verapamil
- verapamil ER
- verapamil ER PM
- verapamil SR

**Blood thinner related**

- aspirin-dipyridamole ER
- cilostazol
- clopidogrel
- dipyridamole
- Jantoven
- prasugrel
- warfarin

*Brand name medications are capitalized and generic medications are lowercase*
**Cholesterol related**
amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin ER
fluvastatin
gemfibrozil
lovastatin
niacin ER
Niacor
omega-3 ethyl esters
pravastatin
Prevalite
rosvu Statin
simvastatin
Triklo

**Diabetes related**
Please log in to the myCigna website or app, or check your plan materials, to learn more about how your plan covers diabetes-related preventive medications.

- acarbose
- alogliptin
- alogliptin-metformin
- alogliptin-pioglitazone
- chlorpropamide
- Diabetic Supplies (i.e. lancets, syringes, urine test, alcohol pads)

- glimepiride
- glipizide
- glipizide ER
- glipizide XL
- glipizide-metformin
- glyburide
- glyburide micronized
- glyburide-metformin
- metformin
- metformin ER

- miglitol
- nateglinide
- OneTouch test strips and meters
- pioglitazone
- pioglitazone-glimepiride
- pioglitazone-metformin
- repaglinide
- repaglinide-metformin
- tolazamide
- tolbutamide

**Osteoporosis related**
alendronate
calcitonin-salmon
etidronate
ibandronate
raloxifene
risedronate
risedronate DR

**Prenatal vitamins**
Your plan considers all prescription strength prenatal vitamins to be “preventive.”
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.


* State laws in Texas and Louisiana may require your plan to cover your medications 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, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.

** Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, it’s not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy’s retail cash price for a specific medication may be less than the price shown in the Drug Cost tool. Coverage and pricing may change.

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.
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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)

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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 LUU Y: Quy vi duoc cap dich vu truy giai ve ngon ngu mien phi. Danh cho khach hang hien tai cua Cigna, vui long goi so o mat sau the Hoi vien. Ca truong hop khac xin goi so 1.800.244.6224 (TTY: Quay so 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자들과는 ID 카드 뒷면에 있는 전화번호로 연락해주세요. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711) 번으로 전화해주세요.


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 – توج: خدمات كمك زبانية، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌های که در کارت شناسایی شما بر روی آن نشان داده شده‌است تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 (شماره تلفن ویژه ناشنوایان: شماره 711 را برای ناشنوایان) تماس بگیرید.


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).