

PREVENTIVE MEDICATION PROGRAM



Drug List

Coverage as of 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 brand-name medications that are part of Cigna's preventive program as of January 1, 2022.^{1,2} 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. 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 brand-name 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 brand-name 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.³



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

Together, all the way.[®]



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

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

CELEXA
citalopram
escitalopram
fluoxetine
fluoxetine DR
fluvoxamine
fluvoxamine ER
paroxetine
paroxetine CR
paroxetine ER
PAXIL
PAXIL CR
PROZAC
sertraline

Asthma Related

ADVAIR HFA
albuterol
albuterol HFA
ANORO ELLIPTA
aformoterol
BEVESPI AEROSPHERE
BREO ELLIPTA
budesonide
caffeine citrate oral solution
DULERA
FLOVENT DISKUS
FLOVENT HFA
fluticasone-salmeterol
formoterol
INCRUSE ELLIPTA
ipratropium solution
ipratropium-albuterol
levalbuterol
LONHALA MAGNAIR REFILL
LONHALA MAGNAIR STARTER
metaproterenol
montelukast
PULMICORT FLEXHALER
QVAR REDIHALER
SEREVENT DISKUS
SPIRIVA
SPIRIVA RESPIMAT
STIOLTO RESPIMAT

SYMBICORT
theophylline anhydrous
wixela inhub
zafirlukast

Blood Pressure Related

acebutolol
afeditab CR
ALDACTAZIDE
aliskiren
amiloride
amiloride-HCTZ
amlodipine
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-valsartan-HCTZ
atenolol
atenolol-chlorthalidone
benazepril
benazepril-HCTZ
betaxolol
bisoprolol
bisoprolol-HCTZ
bumetanide
BYSTOLIC
candesartan
candesartan-HCTZ
captopril
captopril-HCTZ
CARDIZEM LA
CAROSPIR
cartia XT
carvedilol
carvedilol ER
chlorothiazide
chlorthalidone
clonidine
diltiazem
diltiazem 24hr ER
diltiazem 24hr ER (CD)
diltiazem 24hr ER (LA)
diltiazem 24hr ER (XR)
diltiazem ER
dilt-XR
DIURIL

doxazosin
DUTOPROL
enalapril
enalapril-HCTZ
epplerenone
eprosartan
felodipine ER
fosinopril
fosinopril-HCTZ
furosemide
guanfacine
hydralazine
hydrochlorothiazide
indapamide
INDERAL XL
irbesartan
irbesartan-HCTZ
isradipine
KASPARGO SPRINKLE
KATERZIA
KERINDA
labetalol
lisinopril
lisinopril-HCTZ
losartan
losartan-HCTZ
matzim LA
methyldopa
methyldopa-HCTZ
metolazone
metoprolol
metoprolol ER
metoprolol-HCTZ
METOPROLOL SUCCINATE-HCTZ
ER
metyrosine
minoxidil
moexipril
moexipril-HCTZ
nadolol
nadolol-bendroflumethiazide
nebivolol
nicardipine
nifedipine
nifedipine ER
nimodipine

Blood Pressure Related

(cont)

nisoldipine
NYMALIZE
olmesartan
olmesartan-amlodipine-HCTZ
olmesartan-HCTZ
perindopril
pindolol
prazosin
PRESTALIA
propranolol
propranolol ER
propranolol-HCTZ
QBRELIS
quinapril
quinapril-HCTZ
ramipril
SOTYLIZE
spironolactone
spironolactone-HCTZ
taztia XT
telmisartan
telmisartan-amlodipine
telmisartan-HCTZ
terazosin
tiadylt ER
timolol
torsemide
trandolapril
trandolapril-verapamil
triamterene
triamterene-HCTZ
valsartan
valsartan-HCTZ
VECAMYL
verapamil
verapamil ER
verapamil ER PM

Blood Thinner Related

aspirin-dipyridamole ER
BRILINTA
clopidogrel
dipyridamole
ELIQUIS
jantoven
PRADAXA
prasugrel
SAVAYSA
warfarin
XARELTO
ZONTIVITY

Cholesterol Related

ALTOPREV
amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
COLESTID
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin
fluvastatin ER
gemfibrozil
icosapent ethyl
lovastatin
niacin ER
omega-3 acid ethyl esters
pravastatin
prevalite
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
BASAGLAR KWIKPEN U-100
BYDUREON
BYDUREON BCISE
BYDUREON PEN
BYETTA
chlorpropamide
DEXCOM G6 SENSOR
DEXCOM G6 RECEIVER
DEXCOM G6 TRANSMITTER
diabetic needles
diabetic syringes
FARXIGA
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR
FREESTYLE LIBRE READER
FREESTYLE LIBRE SENSOR
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
HUMULIN 70-30 KWIKPEN
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500 KWIKPEN
insulin administrative supplies
insulin pump syringe
JANUVIA
JARDIANCE
lancets
lancing device
lancing device/lancets
LEVEMIR
LEVEMIR FLEXTOUCH
LYUMJEV
LYUMJEV KWIKPEN U-100
LYUMJEV KWIKPEN U-200
metformin
metformin ER
miglitol
nateglinide
ONETOUCH TEST STRIPS
OZEMPIC
pen needles
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
RIOMET ER
RYBELSUS
tolazamide
tolbutamide
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
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. 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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