PREVENTIVE GENERICS
DRUG LIST

Starting January 1, 2021

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 document shows the most commonly prescribed preventive generic medications covered as of January 1, 2021. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically by the condition they prevent.

The Preventive Generics Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers. Not all plans consider all of the conditions and medications listed in this document to be part of the preventive program. Log in to the myCigna App, or check your plan materials, to see which medications your plan covers as preventive.

About your cost-share for preventive medications.
Not all plans offer the same cost-share for their preventive program. 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) for a preventive generic medication.

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

Log into the myCigna* App or website, or check your plan materials, to learn more about the medications included in your plan’s preventive program. You can also click on “Price a Medication” to see how much your medication may cost you at the different pharmacies in your plan’s network.

*“Preventive medications” don’t include medications covered at 100%, or no cost ($0) to you, under the Patient Protection and Affordable Care Act (PPACA)’s preventive services coverage requirement.

Together, all the way.
**Preventive Generics Drug List**

**Anxiety/Depression/ Bipolar Disorder**
citalopram  
escitalopram  
fluoxetine  
fluoxetine DR  
fluvoxamine  
fluvoxamine ER  
paroxetine  
paroxetine CR  
paroxetine ER  
sertraline  
citalopram  
escitalopram  
fluoxetine  
fluoxetine DR  
fluvoxamine  
fluvoxamine ER  
paroxetine  
paroxetine CR  
paroxetine ER  
sertraline  

**Asthma Related**
albuterol  
albuterol HFA  
budesonide suspension  
caffeine citrate oral solution  
cromolyn nebulizer solution  
fluticasone-salmeterol  
ipratropium solution  
ipratropium-albuterol  
levalbuterol  
levalbuterol concentrate  
levalbuterol HFA  
mometasone  
montelukast  
terbutaline tablet  
theophylline  
theophylline anhydrous  
Wixela Inhub  
zafirlukast  
zileuton ER  

**Blood Pressure Related**
acebutolol  
acetalazolamide tablet  
acetalazolamide ER  
aliskiren  
amiloride  
amiloride-HCTZ  
amiodipine  
amiodipine-benazepril  
amiodipine-olmesartan  
amiodipine-valsartan  
amiodipine-valsartan-HCTZ  
atenolol  
atenolol-chlorthalidone  
benazepril  
benazepril-HCTZ  

betaxolol tablet  
bisoprolol  
bisoprolol-HCTZ  
bumetanide tablet  
candesartan  
candesartan-HCTZ  
captopril  
captopril-HCTZ  
Cordia XT  
carvedilol  
carvedilol ER  
clonidine tablet, patch  
diltiazem tablet  
diltiazem 12hr ER  
diltiazem 24hr ER  
diltiazem 24hr ER (CD)  
diltiazem 24hr ER (LA)  
diltiazem 24hr ER (XR)  
Dilt-XR  
doxazosin  
enalapril  
enalapril-HCTZ  
eplerenone  
felodipine ER  
fosinopril  
fosinopril-HCTZ  
furosemide tablet, solution  
guanfacine  
hydralazine tablet  
hydrochlorothiazide  
indapamide  
irbesartan  
irbesartan-HCTZ  
isradipine  
labetalol tablet  
lisinopril  
lisinopril-HCTZ  
losartan  
losartan-HCTZ  
Matzim LA  
methazolamide  
methyldopa  
methyldopa-HCTZ  
metolazone  
metoprolol tablet  
metoprolol ER  
metoprolol-HCTZ  
minoxidil tablet  
moxipril  
nadolol  
nicardipine capsule  
nifedipine  
nifedipine ER  
nimodipine  
nisoldipine  
olmesartan  
olmesartan-amlodipine-HCTZ  
olmesartan-HCTZ  
perindopril  
phenoxybenzamine  
pindolol  
prazosin  
propranolol tablet, solution  
propranolol ER  
propranolol-HCTZ  
quinapril  
quinapril-HCTZ  
ramipril  
Sorine  
sotalol tablet  
sotalol AF tablet  
spironolactone  
spironolactone-HCTZ  
Taztia XT  
telmisartan  
telmisartan-amlodipine  
telmisartan-HCTZ  
teronzolate  
Tiaadyt ER  
timolol tablet  
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 tablet  
jantoven  
prasugrel  
warfarin  

*Not all plans consider all of the conditions and medications listed in this document to be part of preventive coverage. Log in to the myCigna App, or check your plan materials, to see which medications your plan covers as preventive.*
**Cholesterol Related**
- amlodipine-atorvastatin
- atorvastatin
- cholestyramine
- cholestyramine light
- colesevelam
- colestipol
- ezetimibe
- ezetimibe-simvastatin
- fenofibrate
- fenofibric acid
- fluvastatin ER
- fluvastatin
- gemfibrozil
- lovastatin
- niacin 500mg tablet
- niacin ER tablet
- Niacor
- omega-3 acid ethyl esters
- pravastatin
- Prevalite
- rosuvastatin
- simvastatin

**Diabetes Related**
- Log in to the mycigna app or website, or check your plan materials, to learn more about how your plan covers diabetes-related preventive medications.
- acarbose
- 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 500mg,
  750mg tablet
- miglitol
- nateglinide
- pioglitazone
- pioglitazone-glimepiride
- pioglitazone-metformin
- repaglinide

**Osteoporosis Related**
- alendronate
- calcitonin-salmon
- ibandronate tablet
- raloxifene
- risedronate
- risedronate DR

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

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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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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).

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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）。


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


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 – احترام – بخصوص الخدمات اللغوية المجانية، فإن كل من هو مرتادي مخطط Cigna يُوصى بالتواصل مع رقم على الامام من بطاقة الهوية الشخصية، في حالة عدم المشاركة في مخطط Cigna، يُرجى الرد على رقم 1.800.244.6224 (TTY: 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：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).