

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.^{1,2} 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.³

"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.®



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

948528 Generics Standard for CNPF 10/20

Preventive Generics Drug List

ASTHMA

budesonide

BONE DISEASE AND FRACTURES

alendronate
ibandronate
raloxifene
risedronate
zoledronic acid 5mg

CAVITIES

sodium fluoride rinse, gel cream,
paste, tabs and drops
stannous fluoride rinse and gel

CHOLESTEROL LOWERING (HMG-COA Reductase Inhibitors)

atorvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

CHOLESTEROL LOWERING (Other Agents)

cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe/simvastatin
fenofibrate
fenofibric acid
gemfibrozil
niacin
prevalite

COLONOSCOPY PREPARATION

polyethylene glycol

DEPRESSION

citalopram
escitalopram
fluoxetine
fluvoxamine

paroxetine
paroxetine er
sertraline

DIABETES

acarbose
glimepiride
glipizide ER
glipizide/metformin
glyburide
glyburide/metformin
metformin ER
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
repaglinide/metformin

HEART DISEASE AND STROKE (Blood Thinners)

aspirin 81mg, 325mg
aspirin-dipyridamole ER
clopidogrel
dipyridamole
prasugrel
warfarin

HIGH BLOOD PRESSURE (Ace Inhibitors)

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
perindopril
quinapril
ramipril
trandolapril

HIGH BLOOD PRESSURE (Ace Inhibitors/Diuretic Combinations)

benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
fosinopril/HCTZ

lisinopril/HCTZ
moexipril/HCTZ
quinapril/HCTZ

HIGH BLOOD PRESSURE (Angiotensin II Receptor Antagonists)

candesartan
eprosartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

HIGH BLOOD PRESSURE (Angiotensin II Receptor Antagonists/Diuretic Combinations)

candesartan/HCTZ
irbesartan/HCTZ
losartan/HCTZ
olmesartan/HCTZ
telmisartan/HCTZ
valsartan/HCTZ

HIGH BLOOD PRESSURE (Beta Blockers)

acebutolol
atenolol
betaxolol
bisoprolol
metoprolol succinate
metoprolol tartrate
nadolol
pindolol
propranolol
timolol

HIGH BLOOD PRESSURE (Beta Blockers/Diuretic Combinations)

atenolol/chlorthalidone
bisoprolol/HCTZ
metoprolol/HCTZ
nadolol/bendroflumethiazide
propranolol/HCTZ

HIGH BLOOD PRESSURE (Calcium Channel Blockers)

amlodipine
diltiazem ER
felodipine ER
isradipine
nicardipine
nifedipine ER
nisoldipine ER
tiadylt ER
verapamil

HIGH BLOOD PRESSURE (Diuretics)

chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
metolazone

HIGH BLOOD PRESSURE (Other Combinations)

amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/olmesartan/HCTZ
amlodipine/telmisartan
amlodipine/valsartan
amlodipine/valsartan/HCTZ
tranolapril/verapamil

MALARIA

atovaquone/proguanil
chloroquine
mefloquine

OBESITY

benzphetamine
diethylpropion
phendimetrazine
phentermine

SMOKING-CESSATION

bupropion SR 150mg
nicotine gum, lozenges and patches

VITAMINS OR MINERALS

folic acid
generic prenatal vitamins
generic pediatric multivitamins
with fluoride

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.



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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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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 Ỗ: 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 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).