

# PREVENTIVE MEDICATION PROGRAM – GENERICS DRUG LIST



**Starting July 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 is a list of the most commonly prescribed generic medications that are part of Cigna's preventive program as of July 1, 2021.<sup>1,2</sup> 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**<sup>®</sup> 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.

## Your cost-share for preventive generic 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 medications. And 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.<sup>3</sup>

**Together, all the way.<sup>®</sup>**



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

948529 a Generics Standard Plus for CNPF 03/21

# Preventive Medication Program – Generics Drug List

## ASTHMA/COPD

albuterol  
budesonide  
cromolyn oral inhalation  
ipratropium/albuterol oral inhalation  
ipratropium oral inhalation  
levabuterol  
metaproterenol  
montelukast  
terbutaline tablets  
theophylline  
wixela inhub  
zafirlukast  
zileuton ER

## 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 Cholesterol Lowering 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  
generic syringes, lancets and needles  
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

Some plans may not consider these conditions and medications to be part of their preventive medication coverage. 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.

## 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  
chlorquine  
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

Some plans may not consider these conditions and medications to be part of their preventive medication coverage. 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.



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](mailto: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](mailto: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 LƯU Ý: 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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).