

# 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.<sup>1,2</sup> 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**<sup>®</sup> 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.<sup>3</sup>

"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.<sup>®</sup>



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

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# Preventive Generics Drug List

## Anxiety/Depression/ Bipolar Disorder

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  
metaproterenol  
montelukast  
terbutaline tablet  
theophylline  
theophylline anhydrous  
Wixela Inhub  
zafirlukast  
zileuton ER

## Blood Pressure Related

acebutolol  
acetazolamide tablet  
acetazolamide ER  
aliskiren  
amiloride  
amiloride-HCTZ  
amlodipine  
amlodipine-benazepril  
amlodipine-olmesartan  
amlodipine-valsartan  
amlodipine-valsartan-HCTZ  
atenolol  
atenolol-chlorthalidone  
benazepril  
benazepril-HCTZ

betaxolol tablet  
bisoprolol  
bisoprolol-HCTZ  
bumetanide tablet  
candesartan  
candesartan-HCTZ  
captopril  
captopril-HCTZ  
Cartia XT  
carvedilol  
carvedilol ER  
chlorthalidone  
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  
moexipril  
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  
terazosin  
Tiadyt 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

## 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.”*

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](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 LỜI 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).