

# PREVENTIVE MEDICATION PROGRAM



## Drug List

Coverage as of January 1, 2023

Your plan's Preventive Medication Program includes generic and brand-name medications. Preventive medications are used to keep certain conditions from developing or from coming back.

### 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, 2023.<sup>1,2</sup>

#### 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.
- › **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<sup>3</sup> or **myCigna.com**®,<sup>4</sup> or check your plan materials, to see all of the medications included in your plan's preventive medication program.

### Your cost-share for preventive 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 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 costs.<sup>5</sup>



#### 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.<sup>6</sup>



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

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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 Disorder

citalopram  
PAXIL  
sertraline

## Asthma Related

ADVAIR DISKUS  
ADVAIR HFA  
ASMANEX  
ASMANEX HFA  
ATROVENT HFA  
BREZTRI AEROSPHERE  
budesonide  
ELIXOPHYLLIN  
FLOVENT HFA  
fluticasone-salmeterol  
INHALER AND NEBULIZER  
ASSISTIVE DEVICES  
LONHALA MAGNAIR STARTER  
montelukast  
PERFOROMIST  
SEREVENT DISKUS  
STIOLTO RESPIMAT  
SYMBICORT  
wixela inhub  
ZYFLO

## Blood Pressure Related

ACCURETIC  
ALTACE  
amlodipine  
amlodipine-olmesartan  
atenolol  
atenolol-chlorthalidone  
benazepril  
CARDIZEM LA  
diltiazem 12hr er  
diltiazem 24hr er  
diltiazem 24hr er (la)  
diltiazem 24hr er (xr)  
dilt-xr  
DIURIL  
hydrochlorothiazide  
indapamide  
irbesartan  
lisinopril-hctz  
losartan

losartan-hctz  
metolazone  
metoprolol-hctz  
nifedipine  
nifedipine er  
nisoldipine  
olmesartan  
PROCARDIA XL  
quinapril  
telmisartan  
telmisartan-hctz  
TENORETIC 100  
TENORETIC 50  
TENORMIN  
tiadylt er  
trandolapril-verapamil er  
VASOTEC  
VERELAN  
VERELAN PM  
ZESTRIL

## Blood Thinner Related

clopidogrel  
COUMADIN  
EFFIENT  
XARELTO

## Bowel Prep Products for Colorectal Cancer Screenings

gavilyte-c  
NULYTELY SOLUTION  
peg3350-sodium sulfate-sodium  
chloride-potassium chloride  
sodium ascorbate-ascorbic acid

## Cavities

fluoride chewable tablets  
fluoritab

## Cholesterol Related

cholestyramine  
colesevelam  
ENDUR-AMIDE  
ezetimibe-simvastatin  
gemfibrozil  
LIVALO  
LOPID

lovastatin  
niacin flush-free  
pravastatin  
REPATHA PUSHTRONEX  
rosuvastatin  
TRILIPIX

## Diabetes Related

ACCU-CHECK TEST STRIPS  
AMARYL  
BYDUREON BCISE  
BYDUREON PEN  
DEXCOM G6 SENSOR  
diabetic needles  
diabetic syringes  
FREESTYLE LIBRE 10 DAY  
READER, SENSOR  
FREESTYLE LIBRE 14 DAY  
READER, SENSOR  
FREESTYLE LIBRE 2 READER  
glipizide xl  
GLUCOMETERS  
GLUCOTROL  
glyburide micronized  
glyburide-metformin  
GLYNASE  
GLYXAMBI  
HUMALOG JUNIOR KWIKPEN  
HUMALOG MIX 50-50  
HUMALOG MIX 50-50 KWIKPEN  
HUMALOG MIX 75-25  
HUMALOG MIX 75-25 KWIKPEN  
HUMULIN 70-30  
HUMULIN N  
HUMULIN R  
HUMULIN R U-500  
HUMULIN R U-500 KWIKPEN  
insulin administrative supplies  
INSULIN PUMP SUPPLIES  
insulin pump syringe  
JANUVIA  
JARDIANCE  
lancets  
lancing device  
lancing device/lancets  
LEVEMIR  
MISC. DIABETES SUPPLIES  
(e.g. control solution, sensors,  
transmitters)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

## Diabetes Related *(cont)*

nateglinide  
OMNIPOD 5 G6 PODS (GEN 5)  
OSEN  
OZEMPIC  
pen needles  
pioglitazone-glimepiride  
PRANDIN  
PRECOSE  
repaglinide-metformin  
RIOMET  
SEGLUROMET  
SEMGLEE (YFGN) PEN  
SOLIQUA 100-33  
STEGLUJAN  
SYNJARDY  
TEST STRIPS  
TOUJEO SOLOSTAR  
TRESIBA  
TRESIBA FLEXTOUCH U-100  
TRIJARDY XR  
TRULICITY  
urine diabetic test strips  
XIGDUO XR

## Malaria

ARAKODA  
atovaquone-proguanil hcl  
mefloquine hcl

## Migraine Prevention

AJOVY AUTOINJECTOR  
AJOVY SYRINGE  
EMGALITY PEN

## Misc Antivirals

DESCOVY

## Osteoporosis Related

DUAVEE  
raloxifene  
risedronate  
risedronate dr

## Smoking Cessation

NICOTROL

## Vaccines

ACTHIB  
AFLURIA QUAD  
BEXSERO  
BOOSTRIX TDAP  
COMIRNATY

FLUAD QUAD  
FLUARIX QUAD  
FLUBLOK QUAD  
FLUCELVAX QUAD  
FLULAVAL QUAD  
FLUMIST QUAD1  
FLUZONE HIGH-DOSE QUAD  
GARDASIL 9  
HEPLISAV-B  
HIBERIX  
INFANRIX DTAP  
JANSSEN COVID-19 VACCINE (EUA)  
M-M-R II VACCINE  
MODERNA COVID VAC(EUA)  
MODERNA COVID BIVAL EUA  
MODERNA COVID VACC(EUA)  
MODERNA COVID-19 BOOSTER (EUA)  
PEDIARIX  
PFIZER COVID VACCINE(EUA)  
PFIZER COVID-19 VACCINE (EUA)  
PNEUMOVAX 23  
PREHEVBRIO  
PREVNAR 13  
QUADRACEL DTAP-IPV  
ROTARIX  
ROTATEQ  
SPIKEVAX COVID (18Y UP) VACC  
TENIVAC  
TWINRIX  
VARIVAX  
VAXNEUVANCE

## Vitamins Or Minerals

bal-care dha  
CADEAU DHA  
CITRANATAL ASSURE  
CITRANATAL DHA  
CITRANATAL HARMONY  
classic prenatal  
complete natal dha  
DUET DHA BALANCED  
EXPECTA PRENATAL  
FA-8  
FLORIVA PLUS  
folic acid 0.4mg, 0.8mg  
KOSHER PRENATAL PLUS IRON  
MINI PRENATAL  
multivitamin with fluoride  
MULTI-VIT-FLOR  
mvc-fluoride  
NATACHEW  
NEONATAL PLUS

NESTABS  
NESTABS ABC  
NESTABS DHA  
newgen  
OB COMPLETE PREMIER  
obstetrix dha  
OBSTETRIX EC  
OBTREX DHA  
ONE A DAY WOMEN'S PRENATAL DHA  
one daily prenatal  
ONE-A-DAY PRENATAL-1  
perry prenatal  
pnv 29-1  
pnv-dha + docusate  
POLY-VI-FLOR  
pr natal 400 ec  
prena1 pearl  
PRENATA  
prenatabs rx  
prenatal + dha  
PRENATAL GUMMIES  
prenatal plus  
PRENATAL PLUS VITAMIN-MINERAL  
PRENATAL VITAMIN + DHA  
prenatal vitamin plus low iron  
prenatal vitamins  
PRENATE ENHANCE  
PRENATE STAR  
PRIMACARE  
QUFLORA FE  
QUFLORA PED 0.25MG/ML DROPS, 0.5MG/ML DROPS, 1MG CHEWABLE TABLET  
R-NATAL OB  
SELECT-OB + DHA  
se-natal-19  
SIMILAC PRENATAL  
STUART ONE  
THERANATAL  
THERANATAL COMPLETE  
THERANATAL ONE  
THERANATAL PLUS  
THRIVITE RX  
TRICARE  
trinate  
TRINAZ  
tri-vitamin with fluoride  
tri-vite with fluoride  
vinate-m  
VITAFOL-OB  
VITAFOL-OB+DHA  
VITAMEDMD ONE RX

## Vitamins Or Minerals *(cont)*

VITATRUE  
wesnate dha  
westgel dha

## Weight Loss

BELVIQ XR  
CONTRACE  
diethylpropion hcl  
diethylpropion hcl er  
phendimetrazine  
phendimetrazine er  
QSYMIA  
SAXENDA  
WEGOVY

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1. State laws in **Connecticut, Louisiana, New York, and Texas** 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. The downloading and use of the **myCigna** App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual App features available may vary depending on your plan and individual security profile.
4. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
5. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
6. 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>.

### Para obtener ayuda en español llame al número en su tarjeta de Cigna.

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