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

948527 e All Standard Plus for CNPF 09/22

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, 2023.¹²

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.

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.⁵

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.⁶

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.
Preventive Medication Program Drug List

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

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

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

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
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)
OSENI
OZEMPIC
pen needles
pioglitazone-glimepiride
PRANDIN
PRECOSE
repaglinide-metformin
RIOMET
SEGLUROMET
SEMGLEE (YFGN) PEN
SOLIGUA 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

**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

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


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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Vitamins Or Minerals (cont)

VITATRUE
wesnate dha
westgel dha

Weight Loss

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

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


Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자들은 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 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 – توجيه: خدمات كمكك زياتي، بـ صحبت رايجٍ، يعنى ميشنود. برلائ ميلارمزót فقلي Cigna ًلطةً با شمارهٍ كه درشت كارت نسان نيتمات نسان بكيريد. در غرب انصورت با شماره 1.800.244.6224 (شماره لفين ويره ناشنويان: شماره 711 را شمارهٍ كهٍ گبريد).