Generics and Preferred Brands Drug List

Starting January 1, 2022

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 and preferred brand medications that are part of Cigna’s preventive program as of January 1, 2022. 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. For example, some plans don’t include medications used to treat depression in their preventive program.

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.

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.

Your cost-share for preventive generic and preferred brand 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 and preferred brand 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 may cost you at the different pharmacies in your plan’s network.

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.

Together, all the way.

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.
### Asthma
- ALVESCO
- ARNUITY ELLIPTA
- ASMANEX HFA
- ASMANEX TWISTHALER
- budesonide
- FLOVENT DISKUS
- FLOVENT HFA
- PEAK FLOW METERS
- QVAR REDIHALER

### Bone Disease And Fractures
- alendronate
- DUAVEE
- ibandronate
- raloxifene
- risedronate
- risedronate dr
- zoledronic acid

### Cavities
- GEL-KAM
- periomed
- PHOS-FLUR
- sodium fluoride rinse, gel, cream, paste, tabs and drops

### Cholesterol Lowering
#### HMG-COA Reductase Inhibitors
- atorvastatin
- fluvastatin
- fluvastatin er
- LIVALO
- lovastatin
- pravastatin
- rosuvastatin
- simvastatin

### Other
- amlodipine/atorvastatin
- cholestryramine
- cholestryramine light, prevalsept
- colesveal
- colestipol
- ezetimibe
- ezetimibe/simvastatin
- fenofibrate

### Colonoscopy Preparation
- gavilyte-c
- gavilyte-g
- gavilyte-n
- polyethylene glycol
- trilyte

### Depression
- citalopram
- escitalopram
- fluoxetine
- fluoxetine dr
- fluvoxamine
- fluvoxamine er
- paroxetine
- paroxetine er
- SARAFEM (fluoxetine)
- sertraline

### Diabetes
#### Insulins
- BASAGLAR
- HUMALOG
- HUMULIN
- LEVEMIR
- LEVEMIR FLEXTOUCH
- LYUMJEV
- SEMGLEE
- TOUJEO MAX SOLOSTAR
- TOUJEO SOLOSTAR
- TRESIBA
- TRESIBA FLEXTOUCH
- SOLIQUA
- XULTOPHY

#### Insulin/GLP1 Receptor Agonist Combinations
- acarbose

#### Non-Insulins
- BYETTA
- BYDUREON
- FARXIGA
- glimepiride
- glipizide er
- glipizide/metformin
- glyburide
- glyburide/metformin
- glyburide micronized
- GLYXAMBI
- JANUMET
- JANUMET XR
- JANUVIA
- JARDIANE
- metformin
- metformin er
- miglitol
- nateglinide
- OZEMPIC
- pioglitazone
- pioglitazone/glimepiride
- pioglitazone/metformin
- repaglinide
- repaglinide/metformin
- RYBELSUS
- SEGLUROMET
- STEGLATRO
- STEGLUJAN
- SYMLINPEN
- SYNJARDY
- SYNJARDY XR
- TRIJARDY XR
- TRULICITY
- XIGDUO XR

### Heart Disease And Stroke
#### Blood Thinners
- aspirin 81mg, 325mg
- aspirin/dipyridamole er
- BRILINTA
- clopidogrel
- dipyridamole
- DURLAZA ER

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.
Heart Disease And Stroke
Blood Thinners (cont)
prasugrel
warfarin

High Blood Pressure
Ace Inhibitors
benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
perindopril
quinapril
ramipril
trandolapril

Ace Inhibitors/Diuretic Combinations
benazepril/hctz
captopril/hctz
enalapril/hctz
fosinopril/hctz
lisinopril/hctz
moexipril/hctz
quinapril/hctz

Angiotensin II Receptor Antagonists
 candesartan
eprosartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

Angiotensin II Receptor Antagonists/Diuretic Combinations
acebutolol
candesartan/hctz
irbesartan/hctz
losartan/hctz
olmesartan/hctz
telmisartan/hctz
valsartan/hctz

Beta Blockers
acebutolol
atenolol
betaxolol
bisoprolol
metoprolol succinate
metoprolol tartrate
nadolol
pindolol
propranolol
propanolol er
timolol

Beta Blockers/Diuretic Combinations
atenolol/chlorthalidone
bisoprolol/hctz
LOPRESSOR HCT (metoprolol/hctz)
nadolol/bendroflumethiazide
propranolol/hctz

Calcium Channel Blockers
amlodipine
diltiazem er
felodipine er
isradipine
nicardipine
nifedipine er
nisoldipine er
TIAZAC ER (tiadylt er)
verapamil

Diuretics
chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
metolazone

Other High Blood Pressure & Combinations
amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/olmesartan/hctz
amlodipine/valsartan
amlodipine/valsartan/hctz
BLOOD PRESSURE MONITORS
BYVALSON
trandolapril/verapamil
TWYNSTA (amlodipine/telmisartan)

Malaria
atovaquone/proguanil
chloroquine
mefloquine
PRIMAQUINE

Migraine Prevention
AIMOVIG
AJOVY
EMGALITY 120MG

Misc Antivirals
emtricitabine/tenofovir
200MG/300MG

Obesity
benzphetamine
diethylpropion
diethylpropion er
phendimetrazine
phentermine

Smoking Cessation
bupropion sr 150mg
NICODERM CQ (nicotine patches)
NICORETTE (nicotine gum and lozenges)

Vaccines
ANTHRAX
BCG
CHOLERA
COVID-19
DIPHTHERIA
HAEMOPHILUS
INFLUENZA B
HEPATITIS A AND B
HUMAN PAPILLOMAVIRUS
INFLUENZA
MEASLES
MENINGOCOCCAL
MUMPS
PERTUSSIS
PNEUMOCOCCAL
POLIOVIRUS
ROTAVIRUS
RUBELLA
SHINGLES
TETANUS
VARICELLA
ZOSTER

Vitamins Or Minerals
FOLIC ACID
PEDIATRIC MULTIVITAMINS WITH FLUORIDE
PRENATAL VITAMINS

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

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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 LUU Y: Quy vi duoc cap dich vu tro giup ve ngung ngiem phai. Dang cho khach hang hien tai cu Cigna, vui long goi so o mat sau the Hoi vien. Canh trung hop khac xin goi so 1.800.244.6224 (TTY: Quay so 711).

**Arabic** – ملاحظة: إذا كنت تتحدث اللغة العربية، فتوفر خدمة دعم اللغة مجانًا. إذا كنت عميلًا قائمًا لدى Cigna، تفضل الاتصال بالرقم الموجود على ظهر بطاقة الهوية. في حالة عدم تحمل الوسيلة الهاتفية، يرجى الاتصال ب 1.800.244.6224 (TTY: 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).

**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).


**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعال Cigna، لطفاً با شماره‌های که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 1.800.244.6224 با شماره‌گیری کنید).