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, 2022.1,2 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® 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.3

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.4
Preventive Medication Program - Generics and Preferred Brands

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
- escitalopram
- fluoxetine
- fluoxetine DR
- fluvoxamine
- fluvoxamine ER
- paroxetine
- paroxetine CR
- paroxetine ER
- sertraline
- zafirlukast

### Blood Pressure Related
- acebutolol
- afeditab CR
- aliskiren
- amiloride
- amiloride-HCTZ
- amlopidine
- amlopidine-benazepril
- amlopidine-olmesartan
- amlopidine-valsartan
- amlopidine-valsartan-HCTZ
- atenolol
- atenolol-chlorthalidone
- benazepril
- benazepril-HCTZ
- betaxolol
- bisoprolol
- bisoprolol-HCTZ
- bumetanide
- candesartan
- candesartan-HCTZ
- captopril
- captopril-HCTZ
- cartia XT
- carvedilol
- carvedilol ER
- chlorothiazide
- chlorthalidone
- clonidine
- diltiazem
- diltiazem 24hr ER
- diltiazem 24hr ER (CD)
- diltiazem 24hr ER (LA)
- diltiazem 24hr ER (XR)
- diltiazem ER
- dilt-XR
- DIURIL
- doxazosin
- enalapril
- enalapril-HCTZ
- eplerenone
- eprosartan
- felodipine ER
- fosinopril
- fosinopril-HCTZ
- furosemide
- guanfacine
- hydralazine
- hydrochlorothiazide
- indapamide
- irbesartan
- irbesartan-HCTZ
- isradipine
- labetalol
- lisinopril
- lisinopril-HCTZ
- losartan
- losartan-HCTZ
- matzim LA
- methylodopa
- methylodopa-HCTZ
- metolazone
- metoprolol
- metoprolol ER
- metoprolol-HCTZ
- METOPROLOL SUCCINATE-HCTZ
- ER
- metyrosine
- minoxidil
- moexipril
- moexipril-HCTZ
- nadolol
- nadolol-bendroflumethiazide
- nebivolol
- nicardipine
- nifedipine
- nifedipine ER
- nimodipine
- nisoldipine
- olmesartan
- olmesartan-amlodipine-HCTZ
- olmesartan-HCTZ
- perindopril
- pindolol
- prazosin
- propranolol

**Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.**
Blood Pressure Related
(cont)
propranolol ER
propranolol-HCTZ
quinapril
quinapril-HCTZ
ramipril
spironolactone
spironolactone-HCTZ
taztia XT
telmisartan
telmisartan-amlodipine
telmisartan-HCTZ
terazosin
tiadylt ER
timolol
torsemide
trandolapril
trandolapril-verapamil ER
triamterene
triamterene-HCTZ
valsartan
valsartan-HCTZ
VECAMYL
verapamil
verapamil ER
verapamil ER PM

Blood Thinner Related
aspirin-dipyridamole ER
BRILINTA
clopidogrel
dipyridamole
ELIQUIS
ejantoven
prasugrel
warfarin
XARELTO

Cholesterol Related
amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesvelem
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin
fluvastatin ER
gemfibrozil
icosapent ethyl
lovastatin
niacin ER
omega-3 acid ethyl esters
pravastatin
prevale
rosuvastatin
simvastatin
triklo

Diabetes Related
Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about how your plan covers diabetes-related preventive medications.

acarbose
BASAGLAR KWIKPEN U-100
BYDUREON
BYDUREON BCISE
BYDUREON PEN
BYETTA
chlorpropamide
DEXCOM G6 SENSOR
DEXCOM G6 RECEIVER
DEXCOM G6 TRANSMITTER
diabetic needles
diabetic syringes
FARXIGA
FLASH GLUCOSE SCANNING READER
FLASH GLUCOSE SENSOR
FREESTYLE LIBRE 2 READER
FREESTYLE LIBRE 2 SENSOR
FREESTYLE LIBRE READER
FREESTYLE LIBRE SENSOR
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG MIX 50-50
HUMALOG MIX 75-25
HUMULIN 70-30
HUMULIN 70-30 KWIKPEN
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500 KWIKPEN
insulin administrative supplies
insulin pump syringe
JANUVIA
JARDIANCE
lancets
lancing device/lancets
LEVEMIR
LEVEMIR FLEXTOUCH
LYUMJEV
LYUMJEV KWIKPEN U-100
LYUMJEV KWIKPEN U-200
metformin
metformin ER
miglitol
nateglinide
ONETOUCH TEST STRIPS
OZEMPIC
pen needles
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
Rybelsus
tolazamide
tolbutamide
TRESIBA
TRESIBA FLEXTOUCH U-100
TRESIBA FLEXTOUCH U-200
TRIJARDY XR
TRULICITY
urine diabetic test strips
VICTOZA

*Only certain formulations of metformin ER 500mg are considered preventive. Log in to the myCigna App or myCigna.com to see which ones are included in your plan’s preventive medication program.

Osteoporosis Related
alendronate
calcitonin-salmon
ibandronate
raloxifene
risedronate
risedronate DR

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

Your plan considers all prescription strength generic prenatal vitamins to be “preventive.”

Log in to the myCigna App or to myCigna.com, or check your druglist to see which tier your plan covers prenatal vitamins on.

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)

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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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）。


Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711) 번으로 전화해주세요.


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 – برامج الترجمة المتاحة لعملاء Cigna الحاليين، والموضوعات المحددة من خلال الترجمة. أو اتصل ب 1.800.244.6224 (TTY: 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 فعلی Cigna، لطفاً با شماره گیری که در کارت شناسایی شما پر شده، تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).