

Preventive Medication Program

Generics and Preferred Brands Drug List Coverage as of July 1, 2024

Your plan's Preventive Medication Program includes generic and preferred brand 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 preferred brand medications that are part of your plan's preventive program as of July 1, 2024.

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 the 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 full list of medications.** Also, your plan's preventive medication program may not include all of these medications and/or conditions.

Log in to the **myCigna® App**¹ or **myCigna.com**[®], or check your plan materials, to see all of the medications included in your plan'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 in to the **myCigna App** or **myCigna.com** and use the Price a Medication tool to see how much your medication costs.²

Go generic and save



Ask your doctor if a preventive generic medication may be right for you. Generics work in the same way and provide the same clinical benefit as their brand-name versions, but often cost much less – in some cases, up to 85% less.³

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Some plans may not include all of these generic and preferred brand 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 solution, tablet
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
paroxetine
paroxetine cr
paroxetine er
sertraline oral concentrate, tablet

Asthma Related

ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
budesonide suspension
QVAR REDHALER

Blood Pressure Related

acebutolol
amlodipine
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-valsartan-hctz
atenolol
atenolol-chlorthalidone
benazepril
benazepril-hctz
betaxolol tablet
bisoprolol
bisoprolol-hctz
candesartan
candesartan-hctz
captopril
captopril-hctz
cartia xt
chlorthalidone
diltiazem tablet
diltiazem 12hr er
diltiazem 24hr er
diltiazem 24hr er (cd)

diltiazem 24hr er (la)
diltiazem 24hr er (xr)
dilt xr
enalapril
enalapril-hctz
eprosartan
felodipine er
fosinopril
fosinopril-hctz
hydrochlorothiazide
indapamide
irbesartan
irbesartan-hctz
isradipine
lisinopril
lisinopril-hctz
losartan
losartan-hctz
matzim la
metolazone
metoprolol tablet
metoprolol er
metoprolol-hctz
moexipril
nadolol
nebivolol
nicardipine capsule
nifedipine
nifedipine er
nisoldipine
olmesartan
olmesartan-amlodipine-hctz
olmesartan-hctz
perindopril
pindolol
propranolol solution, tablet
propranolol er
propranolol-hctz
quinapril
quinapril-hctz
ramipril
taztia xt
telmisartan
telmisartan-amlodipine
telmisartan-hctz

tiadylt er
timolol tablet
trandolapril
trandolapril-verapamil er
valsartan tablet
valsartan-hctz
verapamil tablet
verapamil er
verapamil er pm
verapamil sr

Blood Thinner Related

aspirin-dipyridamole er
BRILINTA
clopidogrel
dabigatran
dipyridamole tablet
ELIQUIS
jantoven
prasugrel
warfarin
XARELTO

Bowel Prep Products for Colorectal Cancer Screenings

gavilyte-c
gavilyte-g
gavilyte-n
peg 3350-electrolyte
peg-3350 and electrolytes
peg3350-sodium sulfate-sodium
chloride-potassium chloride sodium
ascorbate-ascorbic acid
peg-prep
sodium sulfate-potassium sulfate-
magnesium sulfate

Cavities

denta 5000 plus
denta 5000 plus sensitive
dentagel
fluoride
fluoritab
ludent fluoride

Cavities (Cont.)

sf
sf 5000 plus
sodium fluoride
sodium fluoride 5000 dry mouth
sodium fluoride 5000 plus
sodium fluoride enamel protect
sodium fluoride sensitive

Cholesterol Related

amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
endur-acin
ezetimibe
ezetimibe-atorvastatin
ezetimibe-simvastatin
fenofibrate 43 mg, 67 mg, 130 mg, 134 mg, 200 mg capsule, tablet
fenofibric acid
fluvastatin
fluvastatin er
gemfibrozil
icosapent ethyl
lovastatin
NEXLETOL
NEXLIZET
niacin
niacin (niacinamide)
niacin er
niacin flush-free
niacin inositol
niacinamide
niavasc
pitavastatin
plain niacin
pravastatin
prevalite
REPATHA
rosuvastatin
simvastatin
slo-niacin
VASCEPA

Diabetes Related

acarbose
BYDUREON BCISE
BYETTA

DEXCOM G6 RECEIVER
DEXCOM G7 RECEIVER
FARXIGA
glimepiride
glipizide 5 mg, 10 mg
glipizide er
glipizide xl
glipizide-metformin
GLUCOMETERS
glyburide
glyburide micronized
glyburide-metformin
GLYXAMBI
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN U-100
HUMALOG KWIKPEN U-200
HUMALOG MIX 50-50
HUMALOG MIX 50-50 KWIKPEN
HUMALOG MIX 75-25
HUMALOG MIX 75-25 KWIKPEN
HUMALOG TEMPO PEN U-100
HUMULIN 70/30 KWIKPEN
HUMULIN 70-30
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500
HUMULIN R U-500 KWIKPEN
INSULIN LISPRO
INSULIN LISPRO JUNIOR KWIKPEN
INSULIN LISPRO KWIKPEN U-100
INSULIN LISPRO PROTAMINE MIX
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
LYUMJEV
LYUMJEV KWIKPEN U-100
LYUMJEV KWIKPEN U-200
LYUMJEV TEMPO PEN U-100
metformin cup, solution, 500 mg, 850 mg, 1,000 mg tablet
metformin er
metformin er gastric
metformin er osmotic
miglitol
MOUNJARO
nateglinide
OZEMPIC
pioglitazone

pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
RYBELSUS
saxagliptin
saxagliptin-metformin er
SEGLUROMET
SEMGLEE (YFGN)
SEMGLEE (YFGN) PEN
SOLIQUA 100-33
STEGLATRO
SYMLINPEN 120
SYMLINPEN 60
SYNJARDY
SYNJARDY XR
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
TRESIBA
TRESIBA FLEXTOUCH U-100
TRESIBA FLEXTOUCH U-200
TRIJARDY XR
TRULICITY
XIGDUO XR

Malaria

atovaquone-proguanil
chloroquine
mefloquine
primaquine

Migraine Prevention

AIMOVIG AUTO-INJECTOR
AJOVY AUTO-INJECTOR
AJOVY SYRINGE
EMGALITY PEN
EMGALITY 120 MG/ML SYRINGE
QULIPTA

Miscellaneous Antivirals

APRETUDE
DESCOVY
emtricitabine-tenofovir 200 mg-300 mg
PREVYMIS TABLET

Osteoporosis Related

alendronate
DUAVEE
ibandronate tablet
raloxifene
risedronate
risedronate dr

Quit Smoking Medications

bupropion sr 150 mg
varenicline

Vaccines

ABRYSVO
ACAM2000 (NATIONAL STOCKPILE)
ACTHIB
ADACEL TDAP
AFLURIA QUAD
AREXVY
BEXSERO
BOOSTRIX TDAP
COMIRNATY
DAPTACEL DTAP
DIPHtheria-TETANUS TOXoids-PED
ENGERIX-B
FLUAD
FLUAD QUAD
FLUARIX QUAD
FLUBLOK QUAD
FLUCELVAX QUAD
FLULAVAL QUAD
FLUMIST QUAD
FLUZONE HIGH-DOSE QUAD
FLUZONE QUAD
GARDASIL 9
HEPLISAV-B
HIBERIX
INFANRIX DTAP
IPOL
JANSSEN COVID-19 VACCINE (EUA)
JYNNEOS
KINRIX
MENQUADFI
MENVEO A-C-Y-W-135-DIP
M-M-R II VACCINE
MODERNA COVID
NOVAVAX COVID
PEDIARIX
PEDVAXHIB
PENBRAYA
PENTACEL
PENTACEL ACTHIB COMPONENT
PFIZER COVID

PNEUMOVAX 23
PREHEVBRIO
PREVNAR 20
PRIORIX
PROQUAD
QUADRACEL DTAP-IPV
RECOMBIVAX HB
ROTARIX
ROTATEQ
SHINGRIX
SPIKEVAX COVID
TDVAX
TENIVAC
TRUMENBA
TWINRIX
VAQTA
VARIVAX VACCINE
VAXELIS
VAXNEUVANCE

Vitamins or Minerals

bal-care dha
classic prenatal
c-nate dha
complete natal dha
completenate
folic acid tablet
kpn
m-natal plus
multi-vitamin w-fluoride-iron
multivitamin with fluoride
multivitamin-iron-fluoride
mvc-fluoride
mynatal
mynatal plus
mynatal-z
newgen
obstetrix dha
one daily prenatal
perry prenatal
pnv 29-I
pnv-dha + docusate
pnv-select
pr natal 400, 430
pr natal 400 ec, 430 ec
prenal chew

prenal pearl
prenal true
prenaissance
prenaissance plus
prenatabs fa
prenatabs rx
prenatal
prenatal + dha
prenatal I9
prenatal complete
PRENATAL FORMULA
prenatal multi-dha
prenatal multivitamin
PRENATAL MULTIVITAMIN-DHA
prenatal one daily
prenatal plus
prenatal vitamin
PRENATAL VITAMIN + DHA
prenatal vitamin plus low iron
prenatal vitamins
preplus
pretab
se-natal-I9
trinatal rx I
trinate
tri-vitamin with fluoride
tri-vite with fluoride
virt-nate dha
vitamins a,c,d and fluoride
wesnatal dha complete
wesnate dha
westab plus
westgel dha
WOMEN'S PRENATAL PLUS DHA

Weight Management

benzphetamine
diethylpropion
diethylpropion er
phendimetrazine
phendimetrazine er
phentermine
WEGOY
ZEPBOUND



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. [fda.gov/drugs/questions-answers/generic-drugs-questions-answers](https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers).

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

Cigna Healthcare 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 Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare 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 Healthcare. 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.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

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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)
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).