As of July 1, 2025

Preventive medications help keep you from getting certain health conditions or to keep them from coming back.

About this drug list

This is a list of preventive generic and preferred brand medications that health care providers usually write prescriptions for.

- Medications are listed in alphabetical order (A-Z) by condition.
- Generic medications are listed in all lowercase letters and brand-name medications are listed in all CAPITAL letters.
- This drug list doesn't show the preventive medications that are covered at no cost-share (\$0) under the Patient Protection and Affordable Care Act (PPACA)'s preventive services coverage requirement.
- The drug list is updated on a regular basis; so, this
 document may not show all of the preventive generic
 and preferred brand medications your plan covers.
 Also, your plan may not cover every medication on this
 list.

Log in to the myCigna® App^I or **myCigna.com**® to see the most up-to-date list of medications your plan covers.

Your cost-share for preventive generic and preferred brand medications

Not all plans have the same cost-share for preventive medications. For example, some plans may have you pay a copay, coinsurance and/or deductible; 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 generic preventive medication may be right for you. Generics work in the same way and provide the same clinical benefit as their brandname versions, but often cost much less.³



Your plan may not cover all of the generic and preferred brand medications and/or conditions in this list. Log in to the myCigna App or **myCigna.com**, or check your plan materials, to see which medications your plan covers and how much they cost to fill.

Anxiety/Depression/ Bipolar Disorder

citalopram oral solution, tablet

escitalopram fluoxetine fluoxetine dr fluvoxamine fluvoxamine er

paroxetine oral suspension, tablet

paroxetine cr paroxetine er

sertraline oral concentrate, tablet

Asthma Related

ADVAIR HFA AIRSUPRA

albuterol inhalation solution

albuterol hfa ANORO ELLIPTA arformoterol ASMANEX HFA

ASMANEX TWISTHALER

BREO ELLIPTA

breyna

budesonide oral suspension budesonide-formoterol caffeine citrate oral solution

DULERA

fluticasone-salmeterol 100-50, 250-

50, 500-50 formoterol INCRUSE ELLIPTA

ipratropium inhalation solution

ipratropium-albuterol

levalbuterol inhalation concentrate,

solution montelukast QVAR REDIHALER SPIRIVA RESPIMAT STIOLTO RESPIMAT STRIVERDI RESPIMAT

tiotropium wixela inhub zafirlukast

Blood Pressure Related

acebutolol aliskiren amiloride amiloride-hctz amlodipine

amlodipine-benazepril amlodipine-olmesartan amlodipine-valsartan amlodipine-valsartan-hctz

atenolol

atenolol-chlorthalidone

benazepril
benazepril-hctz
betaxolol tablet
bisoprolol
bisoprolol-hctz
bumetanide tablet
candesartan
candesartan-hctz

captopril
captopril-hctz
cartia xt
carvedilol
carvedilol er
chlorthalidone
clonidine patch, tablet

dilt xr

diltiazem tablet diltiazem I2hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr)

doxazosin enalapril enalapril-hctz eplerenone eprosartan felodipine er fosinopril fosinopril-hctz

DIURIL

furosemide oral solution, tablet

guanfacine

hydralazine tablet hydrochlorothiazide

indapamide irbesartan irbesartan-hctz isradipine

labetalol 100 mg, 200 mg, 300 mg

tablet
lisinopril
lisinopril-hctz
losartan
losartan-hctz
matzim la
methyldopa
methyldopa-hctz
metolazone
metoprolol tablet
metoprolol-hctz
minoxidil tablet
moexipril

nicardipine capsule

nadolol

nebivolol

Blood Pressure Related (Cont.)

nifedipine nifedipine er nimodipine nisoldipine NORLIQVA olmesartan

olmesartan-amlodipine-hctz

olmesartan-hctz perindopril pindolol prazosin

propranolol oral solution, tablet

propranolol er propranolol-hctz

quinapril quinapril-hctz ramipril

spironolactone

spironolactone-hctz

taztia xt telmisartan

telmisartan-amlodipine

telmisartan-hctz

terazosin tiadylt er timolol tablet torsemide trandolapril

trandolapril-verapamil er

triamterene triamterene-hctz valsartan tablet valsartan-hctz VECAMYL

verapamil tablet verapamil er verapamil er pm verapamil sr

Blood Thinner Related

aspirin-dipyridamole er

BRILINTA clopidogrel dabigatran

dipyridamole tablet

ELIQUIS jantoven prasugrel rivaroxaban warfarin XARELTO

Cholesterol Related

amlodipine-atorvastatin

atorvastatin cholestyramine cholestyramine light

colesevelam colestipol ezetimibe

ezetimibe-simvastatin

fenofibrate 43 mg, 50 mg, 67 mg, 130 mg, 134 mg 150 mg, 200 mg

capsule; tablet fenofibric acid fluvastatin fluvastatin er gemfibrozil icosapent ethyl

lovastatin niacin er

omega-3 acid ethyl esters

pitavastatin pravastatin prevalite rosuvastatin simvastatin

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

ACCU-CHEK FASTCLIX LANCING

DEVICE

BD LUER-LOK SYRINGE I ML

BYDUREON BCISE

BYETTA

DEXCOM G6 RECEIVER, SENSOR,

TRANSMITTER

DEXCOM G7 RECEIVER, SENSOR

diabetic needle diabetic syringe DROPLET LANCET e-z ject lancet FARXIGA

FREESTYLE LIBRE 2 PLUS SENSOR FREESTYLE LIBRE 2 READER, SENSOR FREESTYLE LIBRE 3 PLUS SENSOR FREESTYLE LIBRE 3 READER, SENSOR FREESTYLE LIBRE 14 DAY READER.

SENSOR

glimepiride I mg, 2 mg, 4 mg tablet

glipizide 5 mg, 10 mg tablet

glipizide er glipizide xl

glipizide-metformin

glucose monitoring kit, meter, system

glyburide

glyburide micronized glyburide-metformin

HUMALOG HUMULIN N HUMULIN R HUMULIN 70-30

Diabetes Related (Cont.)

INPEN (FOR HUMALOG, NOVOLOG OR FIASP)

insulin administrative supplies INSULIN GLARGINE-YFGN

INSULIN LISPRO insulin pump syringe

JANUVIA JARDIANCE

lancet, lancing device

liraglutide LYUMJEV

medlance plus lancet

metformin oral solution; 500 mg, 850

mg, I,000 mg tablet

metformin er*

miglitol

MOUNJARO

nateglinide

ONETOUCH LANCET

OZEMPIC

pen needle

pioglitazone

pioglitazone-glimepiride

pioglitazone-metformin

repaglinide

RYBELSUS

saxagliptin

saxagliptin-metformin er

SEMGLEE (YFGN)

TEST STRIP

TRESIBA

TRIJARDY XR

TRULICITY

urine diabetic test strip

* Only certain forms of metformin er 500 mg are "preventive." Log in to the myCigna App or myCigna.com to see which ones are available at your plan's preventive cost-share.

Osteoporosis Related

alendronate

calcitonin-salmon vial

ibandronate tablet

raloxifene

risedronate

risedronate dr

teriparatide 560 mcg/2.24 ml pen

Prenatal Vitamins

Under your plan, all prescriptionstrength generic prenatal vitamins are preventive.

Log in to the myCigna App or myCigna.com, or check your plan's drug list, to see which tier your vitamin is covered on and how much it costs to fill.



- 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 quaranteed 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.qov/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.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

936809 n Generics&PBs Stand/Perf 04/25 © 2025 Cigna Healthcare.

Discrimination is against the law.

Medical coverage

Cigna Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator P.O. 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 2020I I.800.368.IOI9, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of

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 LƯU 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 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

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 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 ناشنوایان: شماره 711 را شمارهگیری کنید).