

2018 PREVENTIVE GENERICS DRUG LIST



As of July 1, 2018

Preventive medications are used to prevent conditions like high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack, stroke and prenatal nutrient deficiency.

This document shows the most commonly prescribed preventive generic medications covered by your plan as of July 1, 2018.* Medications are listed alphabetically by the condition they prevent. **The Preventive Generics Drug List is regularly updated so it's important to know that this is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan.**

Some plans have specific coverage requirements for preventive medications. For example, you may have to pay a copay, coinsurance (the percentage you pay after you meet your deductible) and/or deductible (the amount you pay before your plan starts to pay) for preventive generic medications. Or, your plan may cover preventive generic medications at 100%, or no cost (\$0) to you. You should log into the **myCigna**[®] website or app or check your plan materials to learn more about how your plan covers these medications.

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Preventive Generics Drug List

Asthma related

albuterol
aminophylline
budesonide
caffeine and sodium benzoate
caffeine citrate
cromolyn
fluticasone-salmeterol
ipratropium
ipratropium-albuterol
levalbuterol
levalbuterol concentrate
levalbuterol HFA
metaproterenol
montelukast sodium
terbutaline
Theochron
theophylline
theophylline anhydrous
theophylline in 5% dextrose
zafirlukast
zileuton ER

Blood pressure related

acebutolol
acetazolamide
acetazolamide
Afeditab CR (nifedipine)
amiloride
amiloride-HCTZ
amlodipine
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-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
Clorpres
diltiazem
diltiazem-0.9% NaCl
diltiazem-D5W
Dilt-XR (diltiazem)
dopamine
dopamine in 5% dextrose
doxazosin
enalapril
enalaprilat
enalapril-HCTZ
epinephrine
eplerenone
eprosartan
esmolol
ethacrynate
ethacrynic acid
felodipine ER
fosinopril
fosinopril-HCTZ
furosemide
furosemide-0.9% NaCl
gemfibrozil
guanfacine
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan-HCTZ
isoproterenol
isradipine
labetalol
lisinopril
lisinopril-HCTZ
losartan
losartan-HCTZ
Matzim LA (diltiazem)
methazolamide
methylothiazide
methyldopa
methyldopa-HCTZ
methyldopate
metolazone
metoprolol
metoprolol ER-HCTZ

metoprolol-HCTZ
minoxidil
moexipril
moexipril-HCTZ
nadolol
nadolol-bendroflumethiazide
nicardipine
nicardipine-D5W
nimodipine
nisoldipine
norepinephrine bitar-0.9% NaCl
norepinephrine bitartrate
norepinephrine bitartrate-D5W
olmesartan
olmesartan-amlodipine-HCTZ
olmesartan-HCTZ
perindopril
phenoxybenzamine
phentolamine
pindolol
prazosin
propranolol
propranolol ER
propranolol-HCTZ
quinapril
quinapril-HCTZ
ramipril
sodium nitroprusside
Sorine (sotalol)
sotalol AF
spironolactone
spironolactone-HCTZ
Taztia XT (diltiazem)
telmisartan
telmisartan-amlodipine
telmisartan-HCTZ
terazosin
timolol
torseamide
trandolapril
trandolapril-verapamil ER
triamterene-HCTZ
valsartan
valsartan-HCTZ
Vecamyl
verapamil
verapamil ER
verapamil ER PM
verapamil SR

Blood thinner related

argatroban
argatroban-0.9% NaCl
argatroban-sodium chloride
aspirin-dipyridamole ER
cilostazol
clopidogrel
dipyridamole
eptifibatide
Jantoven (warfarin)
prasugrel

Cholesterol related

amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin ER
fluvastatin
lovastatin
niacin ER

Niacor
omega-3 acid ethyl esters
pindolol
pravastatin
Prevalite
rosuvastatin
simvastatin
Triko

Diabetes related

Log in to the [myCigna website](#) or check your plan materials to learn more about how your plan covers diabetes-related preventive medications.

alogliptin
alogliptin-metformin
alogliptin-pioglitazone
chlorpropamide
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin

metformin
metformin ER
miglitol
nateglinide
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
tolazamide
tolbutamide

Osteoporosis related

alendronate
calcitonin-salmon
etidronate
ibandronate
pamidronate
raloxifene
risedronate
risedronate DR
zoledronic acid

Prenatal vitamins

All prescription strength prenatal vitamins are considered preventive.



* State laws in Texas and Louisiana require health insurance plans to cover medications at current benefit levels until the plan renews. This means that if a medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, the plan can't make these changes until the plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.

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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