

2019 PREVENTIVE GENERICS DRUG LIST



As of January 1, 2019

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 your plan covers as of January 1, 2019.* 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, some plans may:

- Require you 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) to receive coverage for a preventive generic medication. Or,
- 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 preventive medications. You can also use the Drug Cost tool to estimate how much your medication may cost.**

Together, all the way.[®]



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

825433 v Generics With Diabetic Supplies 10/18

Preventive Generics Drug List

Asthma related

albuterol
budesonide
caffeine citrate
cromolyn
fluticasone-salmeterol
ipratropium
ipratropium-albuterol
levalbuterol
levalbuterol concentrate
levalbuterol HFA
metaproterenol
montelukast
terbutaline
Theochron
theophylline
zafirlukast
zileuton ER

Blood pressure related

acebutolol
acetazolamide
Afeditab CR
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
diltiazem
diltiazem 12hr ER
diltiazem 24hr CD
diltiazem 24hr ER
diltiazem ER
Dilt-XR
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
methazolamide
methyclothiazide
methyldopa tablet
methyldopa-HCTZ
metolazone
metoprolol
metoprolol ER-HCTZ
metoprolol-HCTZ
minoxidil
moexipril
moexipril-HCTZ
nadolol
nadolol-bendroflumethiazide
nicardipine
nifedipine
nifedipine ER

nimodipine
nisoldipine
olmesartan
olmesartan-amlodipine-HCTZ
olmesartan-HCTZ
perindopril
phenoxybenzamine
pindolol
prazosin
propranolol
propranolol ER
propranolol-HCTZ
quinapril
quinapril-HCTZ
ramipril
Sorine
sotalol
sotalol AF
spironolactone
spironolactone-HCTZ
Taztia XT
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

aspirin-dipyridamole ER
cilostazol
clopidogrel
dipyridamole
Jantoven
prasugrel
warfarin

Brand name medications are capitalized and generic medications are lowercase

Cholesterol related

amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin ER
fluvastatin
gemfibrozil
lovastatin
niacin ER
Niacor
omega-3 ethyl esters
pravastatin
Prevalite
rosuvastatin
simvastatin
Triko

Diabetes related

*Please log in to the **myCigna** website or app, or check your plan materials, to learn more about how your plan covers diabetes-related preventive medications.*

acarbose
alogliptin
alogliptin-metformin
alogliptin-pioglitazone
chlorpropamide
Diabetic Supplies (i.e. lancets, syringes, urine test, alcohol pads)
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin
metformin
metformin ER

miglitol
nateglinide
OneTouch test strips and meters
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
tolazamide
tolbutamide

Osteoporosis related

alendronate
calcitonin-salmon
etidronate
ibandronate
raloxifene
risedronate
risedronate DR

Prenatal vitamins

Your plan considers all prescription strength prenatal vitamins to be "preventive."

Brand name medications are capitalized and generic medications are lowercase



* State laws in Texas and Louisiana may require your plan to cover your medications 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, these changes may not begin until your 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.

** Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool. Coverage and pricing may change.

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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Medical coverage

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).