**GENERIC & BRAND NAME - MEUHP PLANS HSA 4000 AND HSA 6550** 

# PREVENTIVE MEDICATION PROGRAM



### **Drug List**

Coverage as of January 1, 2022

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 brand-name medications that are part of Cigna's preventive program as of January 1, 2022. 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 brand-name 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 brand-name 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.<sup>3</sup>



#### 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.<sup>4</sup>

## Together, all the way.



## **Preventive Medication Program 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

cELEXA
citalopram
escitalopram
fluoxetine
fluoxetine DR
fluvoxamine
fluvoxamine ER
paroxetine
paroxetine CR
paroxetine ER

PAXIL
PAXIL CR
PROZAC
sertraline
ZOLOFT

#### **Asthma Related**

albuterol albuterol HFA ANORO ELLIPTA aformoterol budesonide

caffeine citrate oral solution

**DUI FRA** 

FLOVENT DISKUS FLOVENT HFA

fluticasone-salmeterol

formoterol

INCRUSE ELLIPTA ipratropium solution ipratropium-albuterol

levalbuterol

LONHALA MAGNAIR REFILL LONHALA MAGNAIR STARTER

metaproterenol montelukast QVAR REDIHALER SEREVENT DISKUS

**SPIRIVA** 

SPIRIVA RESPIMAT STIOLTO RESPIMAT

**SYMBICORT** 

theophylline anhydrous

wixela inhub zafirlukast

#### **Blood Pressure Related**

acebutolol afeditab CR ALDACTAZIDE 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

BYSTOLIC candesartan

candesartan-HCTZ

captopril

captopril-HCTZ
CARDIZEM LA
CAROSPIR
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 DUTOPROL enalapril
enalapril-HCTZ
eplerenone
eprosartan
felodipine ER
fosinopril

fosinopril-HCTZ furosemide guanfacine hydralazine

hydrochlorothiazide

indapamide INDERAL XL irbesartan irbesartan-HCTZ

isradipine

KAPSPARGO SPRINKLE

KATERZIA KERENDIA labetalol lisinopril

lisinopril-HCTZ

losartan

losartan-HCTZ matzim LA methyldopa methyldopa-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 NYMALIZE

#### **Blood Pressure Related**

(cont)

olmesartan

olmesartan-HCTZ

olmesartan-amlodipine-HCTZ

perindopril pindolol prazosin PRESTALIA propranolol propranolol ER

propranolol-HCTZ QBRELIS

quinapril quinapril-HCTZ

ramipril SOTYLIZE

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 jantoven PRADAXA prasugrel SAVAYSA warfarin XARELTO

ZONTIVITY

#### **Cholesterol Related**

amlodipine-atorvastatin

atorvastatin cholestyramine cholestyramine light

colesevelam COLESTID colestipol ezetimibe

ezetimibe-simvastatin

fenofibrate fenofibric acid fluvastatin fluvastatin ER gemfibrozil icosapent ethyl LIPOFEN

LIPOFEN lovastatin niacin ER

omega-3 acid ethyl esters

pravastatin prevalite 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** 

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-metformini

**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 LISPRO** 

INSULIN LISPRO JUNIOR

**KWIKPEN** 

INSULIN LISPRO KWIKPEN U-100 INSULIN LISPRO PROTAMINE MIX

insulin pump syringe

JANUVIA JARDIANCE

lancets

lancing device

lancing device/lancets

LEVEMIR

LEVEMIR FLEXTOUCH

LYUMJEV

LYUMJEV KWIKPEN U-100 LYUMJEV KWIKPEN U-200

metformin ER miglitol nateglinide

**ONETOUCH TEST STRIPS** 

OZEMPIC pen needles pioglitazone

pioglitazone-glimepiride pioglitazone-metformin

repaglinide

repaglinide-metformin

RIOMET ER RYBELSUS tolazamide tolbutamide TRESIBA

TRESIBA FLEXTOUCH U-100 TRESIBA FLEXTOUCH U-200

#### **Diabetes Related** (cont)

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.

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

#### **Osteoporosis Related**

alendronate calcitonin-salmon FOSAMAX PLUS D ibandronate raloxifene risedronate risedronate DR

#### **Prenatal Vitamins**

Your plan considers all prescription strength 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.
- 4. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers

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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