

Preventive Generics and Preferred Brands Drug List

As of January 1, 2026

Preventive medications can help keep you from getting certain long-term health conditions. They improve your chances of staying well and living longer.¹

About this drug list

This is a list of the most common preventive generic and preferred brand medications health care providers 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.
- **This drug list is updated often;** so, not all of the preventive generic and preferred brand medications your plan covers may be listed here. Also, your plan may not cover all of these medications. Log in to the myCigna® App² or **myCigna.com**[®] to see which ones your plan covers.

Your preventive cost-share

Not all plans have the same cost-share for preventive medications. For example, some plans have a copay, coinsurance and/or deductible; other plans don't.

Log in to the myCigna App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs.³

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 brand-name versions.

They have the same active ingredient, strength and dosage form and treat the same condition(s) – and usually cost less.⁴

Preventive Generics and Preferred Brands Drug List

Your plan may not cover all of these medications and/or conditions. Log in to the myCigna App or [myCigna.com](https://mycigna.com), or check your plan materials, to see which ones 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

Asthma Related

ADVAIR HFA
AIRSUPRA
albuterol inhalation solution
albuterol hfa
ANORO ELLIPTA
arformoterol
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
BREO ELLIPTA
breyna
budesonide inhalation 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 5 mg, 10 mg tablet
bisoprolol-hctz
bumetanide tablet
candesartan
candesartan-hctz
captopril
captopril-hctz
cartia xt
carvedilol
carvedilol er
chlorthalidone
clonidine patch, tablet
dilt
diltiazem tablet
diltiazem 12hr er

diltiazem 24hr er
diltiazem 24hr er (cd)
diltiazem 24hr er (la)
diltiazem 24hr er (xr)
DIURIL
doxazosin
enalapril
enalapril-hctz
eplerenone
eprosartan
felodipine er
fosinopril
fosinopril-hctz
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 er
metoprolol-hctz
minoxidil tablet
moexipril
nadolol
nebivolol

Preventive Generics and Preferred Brands Drug List

Blood Pressure Related *(Cont.)*

nicardipine capsule
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
clopidogrel
dabigatran
dipyridamole tablet
ELIQUIS
jantoven
prasugrel
rivaroxaban
ticagrelor
warfarin
XARELTO DOSE PACK, ORAL
SUSPENSION; 10 MG, 15 MG, 20 MG
TABLET

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](https://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
BYDUREON BCISE
DEXCOM G6
DEXCOM G7
diabetic needle
diabetic syringe
DROPLET LANCET
exenatide
e-z ject lancet
FARXIGA
FREESTYLE LIBRE 2 READER, SENSOR
FREESTYLE LIBRE 2 PLUS SENSOR
FREESTYLE LIBRE 3 READER, SENSOR
FREESTYLE LIBRE 3 PLUS SENSOR
FREESTYLE LIBRE 14 DAY READER,
SENSOR
glimepiride 1 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
INPEN (FOR FIASP, HUMALOG,
NOVOLOG)
insulin administrative supplies

Preventive Generics and Preferred Brands Drug List

Diabetes Related *(Cont.)*

INSULIN GLARGINE-YFGN
INSULIN LISPRO
insulin pump syringe
JANUVIA
JARDIANCE
lancet, lancing device
LANTUS
LANTUS SOLOSTAR
liraglutide
LYUMJEV
medlance plus lancet
metformin oral solution; 500 mg, 850
mg, 1,000 mg tablet
metformin er*
miglitol
MOUNJARO
nateglinide
ONETOUCH LANCET
OZEMPIC

pen needle
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
PRECISION XTRA TEST STRIP
repaglinide
RYBELSUS
saxagliptin
saxagliptin-metformin er
SEMGLEE (YFGN)
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
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

Prenatal Vitamins

Under your plan, all prescription-strength 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. Centers for Disease Control and Prevention (CDC) website, "Preventing Chronic Diseases: What You Can Do Now." Content current as of 05/15/24. [cdc.gov/chronic-disease/prevention](https://www.cdc.gov/chronic-disease/prevention).
2. 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](https://mycigna.com).
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 Drug Facts." Content current as of 11/01/21. [fda.gov/drugs/generic-drugs/generic-drug-facts](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts).

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.

Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages



If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/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 California, Inc. Cigna HealthCare of Colorado, Inc. Cigna HealthCare of Connecticut, Inc. Cigna HealthCare of Florida, Inc. Cigna HealthCare of Georgia, Inc. Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna HealthCare of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance service, free of charge are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna

Proficiency of Language Assistance Services

English – ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文, 我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك.

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنين، وسايل و خدمات كمكى مناسب براى در دسترس است. خدمات رايگان كمك زبان براى شما صحبت مي‌كنيد، توجه: اگر به فارسي تماس بگيريد يا با (شماره 711 را بگيريد: TTY) ارائه اطلاعات در قالبهاي قابل دسترس به صورت رايگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت كنيد