

USE OUR PREFERRED MEDICARE ADVANTAGE NETWORK PHARMACIES TO HELP PATIENTS SAVE MONEY AND IMPROVE ADHERENCE



Provider's guide to Medicare Advantage medication management

Cigna Preferred Medicare H5410-018
Cigna True Choice Medicare H7849-044 (PPO)
(North Florida)

Consider a formulary medication on a lower copay tier.

All Medicare Advantage patients receive an Annual Notice of Change which lists medications that Cigna covers. Please review this list at **Cigna.com** > Medicare > Member Resources and Services > [Medicare Drug List Formulary](#) to determine if there is an alternative medication that offers a lower copay.

Consider a **90-day supply** of a medication to help patients save money and time.

Copay savings at Preferred Pharmacies.

- **\$0 copay** for 90-day supply of Tier 1 and Tier 2 medications at preferred mail.
- **Savings** for 90-day supply of Tier 1 and Tier 2 at preferred retail pharmacies.
 - Medicare rules require application of deductibles, or coinsurance for Coverage Gap and Catastrophic phases.

Cigna Preferred Home Delivery Pharmacy:

- The Express Scripts PharmacySM e-prescribe or call **1-877-860-0982**

PATIENTS WITH LOW INCOME SUBSIDY (LIS)

LIS level	Deductible	Generic copay	Brand copay
1	\$0	\$3.95	\$9.85
2	\$0	\$1.35	\$4
3	\$0	\$0	\$0
4	\$99	15% coinsurance	15% coinsurance

LIS copays are applicable in all benefit phases. The maximum copay for a 90-day supply is the same as the maximum copay for a 30-day supply.

Over 32,000 pharmacies included in the Preferred Network

Cigna Preferred Network Pharmacies, patients will save **\$5-\$10** per month.

When it comes to your patient's health, finding a trusted pharmacy matters. We provide tools to help your patients find in-network pharmacies quickly at **Cigna.com** > Medicare > Resources > [Pharmacy Directories](#).

PREFERRED NETWORK PHARMACIES

Includes approximately 100 local independent pharmacies

- Costco
- The Medicine Shoppe
- Sam's Club Pharmacy
- Walgreens
- Walmart Pharmacy
- Winn-Dixie Pharmacy

PROVIDER'S GUIDE TO MEDICARE ADVANTAGE MEDICATION MANAGEMENT

(continued)

Cigna Preferred Medicare H5410-018
Cigna True Choice Medicare H7849-044 (PPO)
 (North Florida)

DRUG NAME AND STRENGTH	TIER	DRUG NAME AND STRENGTH	TIER
Diabetes Adherence Measure		Hypertension Adherence Measure	
Glimepiride 1, 2,4 mg	1	Amlodipine/benazepril 2.5/10, 5/10, 5/20, 10/20, 5/40, 10/40mg	1
Glipizide 2.5, 5, 10 mg	1	Amlodipine/valsartan 5/160, 10/160, 5/320, 10/320	1
Glipizide-metformin 500, 850, 1,000 mg	1	Amlodipine/valsartan/HCTZ 5/160/12.5, 5/160/25, 10/160/12.5, 10/160/25, 10/320/25mg	1
Metformin 500, 750, 1,000 mg	1	Benazepril 5, 10, 20, 40mg	1
Metformin ER 750, 850 mg	1	Benazepril/HCTZ 5/6.25, 10/12.5, 20/12.5, 20/25mg	1
Nateglinide 60, 120 mg	1	Candesartan 4, 8, 16, 32mg	1
Pioglitazone 15, 30, 45 mg	1	Candesartan/HCTZ 16/12.5, 32/12.5, 32/25mg	1
Pioglitazone-metformin 15-500, 15-850 mg mg	1	Enalapril 2.5, 5, 10, 20mg	1
Repaglinide 0.5,1, 2 mg	1	Enalapril/HCTZ 5/12.5, 10/25mg	1
Acarbose 25, 50, 100 mg	2	Fosinopril 10, 20, 40mg	1
BYDUREON BCISE 2 mg/0.85 mL	3	Fosinopril/HCTZ 10/12.5, 20/12.5mg	1
GLYXAMBI 10-5 mg	3	Irbesartan 75, 150, 300mg	1
INVOKAMET and INVOKAMET XR	3	Irbesartan/HCTZ 150/12.5, 300/12.5mg	1
INVOKANA	3	Lisinopril 2.5, 5, 10, 20, 30, 40mg	1
JANUMET and JANUMET XR	3	Lisinopril/HCTZ 10/12.5, 20/12.5, 20/25mg	1
JANUVIA 25, 50, 100 mg	3	Losartan 25, 50, 100mg	1
JARDIANCE 10, 25 mg	3	Losartan/HCTZ 50/12.5, 100/12.5, 100/25mg	1
JENTADUETO and JENTADUETO XR	3	Moexipril 7.5, 15mg	1
Metformin oral solution 500 mg/5 mL	3	Olmesartan 5, 20, 40mg	1
OZEMPIC	3	Olmesartan/HCTZ 20/12.5, 40/12.5, 40/25mg	1
RYBELSUS 3, 7, 14 mg	3	Perindopril 2, 4, 8mg	1
SYNJARDY and SYNJARDY XR	3	Quinapril 5, 10, 20, 40mg	1
TRADJENTA 5 mg	3	Quinapril/HCTZ 10/12.5, 20/12.5, 20/25mg	1
TRIJARDY XR	3	Ramipril 1.25, 2.5, 5, 10mg	1
TRULICITY	3	Telmisartan 20, 40, 80mg	1
VICTOZA	3	Telmisartan/amlodipine 40/5, 40/10, 80/5, 80/10mg	1
Miglitol 25, 50,100 mg	4	Telmisartan/HCTZ 40/12.5, 80/12.5, 80/25mg	1
SYMLINPEN [†]	5	Trandolapril 1,2,4mg	1
Statin Adherence Measure		Valsartan 40, 80, 160, 320mg	1
Atorvastatin 10, 20, 40, 80mg	1	Valsartan/HCTZ 80/12.5, 160/12.5, 160/25, 320/12.5, 320/25mg	1
Lovastatin 10, 20mg, 40mg	1	TEKTURNA HCT 150/12.5, 150/25, 300/12.5, 300/25mg	3
Pravastatin 10, 20, 40, 80mg	1	Aliskiren 150, 300mg	4
Rosuvastatin 5, 10, 20, 40mg	1	EDARBI 40, 80mg	4
Simvastatin 5, 10, 20, 40, 80mg	1	EDARBYCLOR 40/12.5, 40/25mg	4
LIVALO 1, 2, 4mg	3		
Ezetimibe/Simvastatin 10/10, 10/20, 10/40, 10/80mg	4		

Highlighted drugs indicate Tier 1 preferred generic drugs. [†]Prior authorization or Step Therapy rules apply.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2022 Cigna PCOMM-2022-494-AL FL 936374a