

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



Provider's guide to Medicare Advantage medication management

- Cigna Achieve Medicare (HMO C-SNP)**
- Cigna Alliance Medicare (HMO)**
- Cigna Preferred Medicare (HMO)**
- Cigna Preferred Plus Medicare (HMO)**
- Cigna True Choice Medicare (PPO)**
- Cigna True Choice Plus Medicare (PPO)**
- Cigna True Choice Savings Medicare (PPO)**  
(Philadelphia, surrounding counties in PA and New Jersey)

## 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 Pharmacy<sup>SM</sup> e-prescribe or call **1-877-860-0982**

### PATIENTS WITH LOW INCOME SUBSIDY (LIS)

LIS level	Deductible	Generic copay	Brand copay
1	\$0	\$4.15	\$10.35
2	\$0	\$1.45	\$4.30
3	\$0	\$0	\$0
4	\$104	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 29,000 pharmacies included in the Preferred Network

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

Network is subject to change.

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 300 local independent pharmacies

- › Acme/Sav-On Pharmacy
- › Giant Pharmacy
- › Medicap Pharmacy
- › Rite Aid
- › Sam's Club
- › Shoprite\*
- › Stop and Shop
- › Sunray Drugs
- › The Medicine Shoppe
- › Walgreens
- › Walmart Pharmacy
- › Wegmans

\*Not all pharmacies are preferred.

**PROVIDER'S GUIDE TO MEDICARE ADVANTAGE MEDICATION MANAGEMENT**

(continued)

<b>DRUG NAME AND STRENGTH</b>	<b>TIER</b>	<b>DRUG NAME AND STRENGTH</b>	<b>TIER</b>
<b>Diabetes Adherence Measure</b>		<b>Statin Adherence Measure (continued)</b>	
Glimepiride 1, 2,4mg	1	Atorvastatin 10, 20, 40, 80mg	1
Glipizide 5, 10, 2.5ER, 5ER, 10ER, 2.5XL, 5XL, 10XL	1	Lovastatin 10, 20mg, 40mg	1
Glipizide-metformin 2.5/250,2.5/500, 5/500mg	1	Pravastatin 10, 20, 40, 80mg	1
Metformin 500, 850, 1,000mg	1	Rosuvastatin 5, 10, 20, 40mg	1
Metformin ER 500, 750,1,000mg	1	Simvastatin 5, 10, 20, 40, 80mg	1
Metformin ER 24H osmotic 500mg	1	LIVALO 1, 2, 4mg	3
Metformin ER 24H osmotic 1,000mg †	1	Ezetimibe/Simvastatin 10/10, 10/20, 10/40, 10/80mg	4
Nateglinide 60, 120mg	1	<b>Hypertension Adherence Measure</b>	
Pioglitazone 15, 30, 45mg	1	Amlodipine/benazepril 2.5/10, 5/10, 5/20, 10/20, 5/40, 10/40mg	1
Pioglitazone-metformin 500/15, 850/15mg	1	Amlodipine/valsartan 5/160, 10/160, 5/320, 10/320	1
Repaglinide 0.5,1, 2mg	1	Amlodipine/valsartan/HCTZ 5/160/12.5, 5/160/25, 10/160/12.5, 10/160/25, 10/320/25mg	1
Acarbose 25, 50, 100mg	2	Benazepril 5, 10, 20, 40mg	1
BYDUREON BCISE 2mg/0.85mL	3‡	Benazepril/HCTZ 5/6.25, 10/12.5, 20/12.5, 20/25mg	1
FARXIGA 5,10mg	3‡	Candesartan 4, 8, 16, 32mg	1
GLYXAMBI 10/5, 25/5mg	3‡	Candesartan/HCTZ 16/12.5, 32/12.5, 32/25mg	1
JANUMET and JANUMET XR 50/500,50/1,000, 100/1,000mg	3	Enalapril 2.5, 5, 10, 20mg	1
JANUVIA 25, 50, 100mg	3	Enalapril/HCTZ 5/12.5, 10/25mg	1
JARDIANCE 10, 25mg	3‡	Fosinopril 10, 20, 40mg	1
JENTADUETO 2.5/500, 2.5/850, 2.5/1000mg, 2.5/1000XR, 5/1000XR	3	Fosinopril/HCTZ 10/12.5, 20/12.5mg	1
Metformin oral solution 500mg/5mL	3‡	Irbesartan 75, 150, 300mg	1
MOUNJARO 7.5mg/0.5mL, 10mg/0.5mL, 12.5mg/0.5mL, 15mg/0.5mL	3‡*	Irbesartan/HCTZ 150/12.5, 300/12.5mg	1
OZEMPIC 0.25mg, 0.5mg (2mg/1.5ml), 1mg/dose (4mg/3mL), 2mg/dose (8mg/3mL)	3‡	Lisinopril 2.5, 5, 10, 20, 30, 40mg	1
RYBELSUS 3, 7, 14mg	3‡	Lisinopril/HCTZ 10/12.5, 20/12.5, 20/25mg	1
SYNJARDY 5/500, 5/1000, 12.5/500, 12.5/1000, 5/1000 XR, 10/1000 XR, 12.5/1000 XR, 25/1000 XR	3‡	Losartan 25, 50, 100mg	1
TRADJENTA 5mg	3	Losartan/HCTZ 50/12.5, 100/12.5, 100/25mg	1
Trijardy XR 10-5-1,000MG, 25-5-1,000MG, 12.5-2.5-1,000MG, 5-2.5-1,000MG	3‡	Moexipril 7.5, 15mg	1
TRULICITY 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	3‡	Olmesartan 5, 20, 40mg	1
VICTOZA 18mg/3mL	3‡	Olmesartan/HCTZ 20/12.5, 40/12.5, 40/25mg	1
XIGDUO XR 5/500,10/500, 2.5/1000, 500/10000, 10/1000mg	3‡	Perindopril 2, 4, 8mg	1
Miglitol 25, 50,100mg	4	Quinapril 5, 10, 20, 40mg	1
SYMLINPEN 60 1500mcg/1.5ml, 120 2700mcg/2.7ml†	5	Quinapril/HCTZ 10/12.5, 20/12.5, 20/25mg	1
<b>Statin Adherence Measure</b>		Ramipril 1.25, 2.5, 5, 10mg	1
Amlodipine-atorvastatin 2.5/10mg, 2.5/20mg, 2.5/40mg, 5/10mg, 5/20mg, 5/40mg, 5/80mg, 10/10mg, 10/20mg, 10/40mg, 10/80mg	1	Telmisartan 20, 40, 80mg	1
		Telmisartan/amlodipine 40/5, 40/10, 80/5, 80/10mg	1
		Telmisartan/HCTZ 40/12.5, 80/12.5, 80/25mg	1
		Trandolapril 1, 2, 4mg	1
		Valsartan 40, 80, 160, 320mg	1
		Valsartan/HCTZ 80/12.5, 160/12.5, 160/25, 320/12.5, 320/25mg	1
		EDARBI 40, 80mg	3
		EDARBYCLOR 40/12.5, 40/25mg	3
		TEKTURNA HCT 300/12.5, 300/25mg	3
		Aliskiren 150, 300mg	4

**Highlighted drugs indicate Tier 1 preferred generic drugs.** †Prior authorization or Step Therapy rules apply. ‡ Medication is covered on Tier 6, Select Care Tier for the Achieve Chronic Special Needs formulary. \*Please note Mounjaro is not currently included in the Adherence Measure. 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. © 2023 Cigna PCOMM-2023-113-PA, NJ 936382c