

# 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 AL Medicare \(HMO\)](#)  
[Cigna Preferred Medicare \(HMO\)](#)  
[Cigna Preferred Plus Medicare \(HMO\)](#)  
[Cigna True Choice Access Medicare \(PPO\)](#)  
[Cigna True Choice Savings Medicare \(PPO\)](#)  
 (Alabama, 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 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-\$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

- First Choice Pharmacy
- HealthyRX Pharmacy
- Jackson Medical Center Pharmacy
- Lee Pharmacy
- Mail-Meds Clinical Pharmacy
- Publix Pharmacy
- Sam's Club Pharmacy
- SpotRX Pharmacy
- The Medicine Shoppe
- The Prescription Place
- Walgreens
- Walmart Pharmacy
- Winn-Dixie Pharmacy

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

(continued)

<b>DRUG NAME AND STRENGTH</b>	<b>TIER</b>
<b>Diabetes Adherence Measure</b>	
Glimepiride 1, 2, 4mg	1
Glipizide 5, 10, 2.5ER, 5ER, 10ER, 2.5XL, 5XL, 10XL	1
Glipizide-metformin 2.5/250, 2.5/500, 5/500mg	1
Metformin 500, 850, 1,000mg	1
Metformin ER 500, 750, 1,000mg	1
Metformin ER 24H osmotic 500mg	1
Metformin ER 24H osmotic 1,000mg †	1
Nateglinide 60, 120mg	1
Pioglitazone 15, 30, 45mg	1
Pioglitazone-metformin 500/15, 850/15mg	1
Repaglinide 0.5, 1, 2mg	1
Acarbose 25, 50, 100mg	2
BYDUREON BCISE 2mg/0.85mL	3
FARXIGA 5, 10mg	3
GLYXAMBI 10/5, 25/5mg	3
JANUMET and JANUMET XR 50/500, 50/1,000, 100/1,000mg	3
JANUVIA 25, 50, 100mg	3
JARDIANCE 10, 25mg	3
JENTADUETO 2.5/500, 2.5/850, 2.5/1000mg, 2.5/1000XR, 5/1000XR	3
Metformin oral solution 500mg/5mL	3
MOUNJARO 2.5mg/0.5mL, 5mg/0.5mL, 7.5mg/0.5mL, 10mg/0.5mL, 12.5mg/0.5mL, 15mg/0.5mL	3*
OZEMPIC 0.25mg, 0.5mg (2mg/1.5ml), 1mg/dose (4mg/3mL), 2mg/dose (8mg/3mL)	3
RYBELSUS 3, 7, 14mg	3
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
TRADJENTA 5mg	3
TRIJARDY XR 10-5-1,000MG, 25-5-1,000MG, 12.5-2.5-1,000MG, 5-2.5-1,000MG	3
TRULICITY 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL	3
VICTOZA 18mg/3mL	3
XIGDUO XR 5/500,10/500, 2.5/1000, 500/10000, 10/1000mg	3
Miglitol 25, 50,100mg	4
SYMLINPEN 60 1500mcg/1.5ml, 120 2700mcg/2.7ml†	5
<b>Statin Adherence Measure</b>	
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

<b>DRUG NAME AND STRENGTH</b>	<b>TIER</b>
<b>Statin Adherence Measure (continued)</b>	
Atorvastatin 10, 20, 40, 80mg	1
Lovastatin 10, 20mg, 40mg	1
Pravastatin 10, 20, 40, 80mg	1
Rosuvastatin 5, 10, 20, 40mg	1
Simvastatin 5, 10, 20, 40, 80mg	1
LIVALO 1, 2, 4mg	3
Ezetimibe/Simvastatin 10/10, 10/20, 10/40, 10/80mg	4
<b>Hypertension Adherence Measure</b>	
Amlodipine/benazepril 2.5/10, 5/10, 5/20, 10/20, 5/40, 10/40mg	1
Amlodipine/valsartan 5/160, 10/160, 5/320, 10/320	1
Amlodipine/valsartan/HCTZ 5/160/12.5, 5/160/25, 10/160/12.5, 10/160/25, 10/320/25mg	1
Benazepril 5, 10, 20, 40mg	1
Benazepril/HCTZ 5/6.25, 10/12.5, 20/12.5, 20/25mg	1
Candesartan 4, 8, 16, 32mg	1
Candesartan/HCTZ 16/12.5, 32/12.5, 32/25mg	1
Enalapril 2.5, 5, 10, 20mg	1
Enalapril/HCTZ 5/12.5, 10/25mg	1
Fosinopril 10, 20, 40mg	1
Fosinopril/HCTZ 10/12.5, 20/12.5mg	1
Irbesartan 75, 150, 300mg	1
Irbesartan/HCTZ 150/12.5, 300/12.5mg	1
Lisinopril 2.5, 5, 10, 20, 30, 40mg	1
Lisinopril/HCTZ 10/12.5, 20/12.5, 20/25mg	1
Losartan 25, 50, 100mg	1
Losartan/HCTZ 50/12.5, 100/12.5, 100/25mg	1
Moexipril 7.5, 15mg	1
Olmesartan 5, 20, 40mg	1
Olmesartan/HCTZ 20/12.5, 40/12.5, 40/25mg	1
Perindopril 2, 4, 8mg	1
Quinapril 5, 10, 20, 40mg	1
Quinapril/HCTZ 10/12.5, 20/12.5, 20/25mg	1
Ramipril 1.25, 2.5, 5, 10mg	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. \*Please note Mounjaro is not currently included in the Adherence Measure.

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