

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



## Provider's guide to Medicare Advantage medication management

### Cigna-HealthSpring Preferred H7787-001 (PPO) (Texas)

#### 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 to determine if there is an alternative medication that offers a lower copay.

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

- **\$0 copay** for a 90-day supply of Tier 1 and Tier 2 medications.
  - Deductibles may apply.
  - Medicare rules require application of coinsurance for Coverage Gap and Catastrophic benefit phases.
  - LIS copays are applicable in all benefit phases.

#### Cigna Preferred Home Delivery Pharmacy:

- The Express Scripts Pharmacy<sup>SM</sup> uses e-prescribing or call **1-877-860-0982 TTY (711)**, 7 a.m. - 11 p.m., Monday - Friday (CST)

| PATIENTS WITH LOW INCOME SUBSIDY (LIS) |            |                 |                 |
|--|------------|-----------------|-----------------|
| LIS level                              | Deductible | Generic copay   | Brand copay     |
| 1                                      | \$0        | \$3.60          | \$8.95          |
| 2                                      | \$0        | \$1.30          | \$3.90          |
| 3                                      | \$0        | \$0             | \$0             |
| 4                                      | \$89       | 15% coinsurance | 15% coinsurance |

The maximum copay for a 90-day supply is the same as the maximum copay for a 30-day supply.

### Over 32,000 independent, regional and chain pharmacies included in the Preferred Network

By using a Cigna Preferred Network Pharmacy, most patients will save **\$5** per month for most medications.

Network is subject to change. For the most up-to-date network listing, visit [Cigna.destinationrx.com/compare/medicare/home](https://www.cigna.com/static/medicare-2020-cigna-com/docs/north-texas-ppo-provider-and-pharmacy-directory.pdf).

Over 2,000 pharmacies in TX (*not a complete list*).

Or, the Provider Directory is available:

DFW and San Antonio

<https://www.cigna.com/static/medicare-2020-cigna-com/docs/north-texas-ppo-provider-and-pharmacy-directory.pdf>

#### PREFERRED NETWORK PHARMACIES

Includes approximately 450 local independent pharmacies

- Albertsons
- Baylor Scott & White
- Benzer Pharmacy
- Brookshire Brothers
- Brookshire's Pharmacy
- H-E-B Pharmacy
- Fred's Pharmacy
- Kroger Pharmacy
- The Medicine Shoppe
- Randalls
- Sam's Club Pharmacy
- Tom Thumb
- United Pharmacy
- Walgreens
- Walmart Pharmacy

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

(continued)

**Cigna-HealthSpring Preferred H7787-001 (PPO)**

(Texas)

| <b>DRUG NAME AND STRENGTH</b>  | <b>TIER</b> | <b>DRUG NAME AND STRENGTH</b>   | <b>TIER</b> |
|--|-------------|---|-------------|
| <b>Diabetes Adherence Measure</b>  |             | <b>Hypertension Adherence Measure</b>   |             |
| Glimepiride 1, 2, 4mg  | 1           | Amlodipine/benazepril 2.5/10, 5/10, 5/20, 10/20, 5/40, 10/40mg                      | 1           |
| Glipizide 5, 10, 2.5ER, 5ER, 10ER, 2.5XL, 5XL, 10XL  | 1           | Amlodipine/valsartan 5/160, 10/160, 5/320, 10/320                                   | 1           |
| Glipizide/Metformin 2.5/500, 2.5/250, 5/500mg  | 1           | Amlodipine/valsartan/HCTZ 5/12.5/160, 5/25/160, 10/12.5/160, 10/25/160, 10/25/320mg | 1           |
| Metformin 500, 850, 1000, 500ER, 750ER, 1000ER   | 1           | Benazepril 5, 10, 20, 40mg  | 1           |
| Metformin/Pioglitazone 500/15, 850/15mg  | 1           | Benazepril/HCTZ 5/6.25, 10/12.5, 20/12.5, 20/25mg                                   | 1           |
| Nateglinide 60, 120mg  | 1           | Candesartan 4, 8, 16, 32mg  | 1           |
| Pioglitazone 15, 30, 45mg  | 1           | Candesartan/HCTZ 16/12.5, 32/12.5, 32/25mg  | 1           |
| Repaglinide 0.5, 1, 2mg  | 1           | Enalapril 2.5, 5, 10, 20mg  | 1           |
| Farxiga 5, 10mg  | 3           | Enalapril/HCTZ 5/12.5, 10/25mg  | 1           |
| Glyxambi 10/5, 25/5mg  | 3           | Fosinopril 10, 20, 40mg   | 1           |
| Janumet 500/50, 1000/50, 500/50XR, 1000/50XR, 1000/100XR                                     | 3           | Fosinopril/HCTZ 10/12.5, 20/12.5mg  | 1           |
| Januvia 25, 50, 100mg  | 3           | Irbesartan 75, 150, 300mg   | 1           |
| Jardiance 10, 25mg   | 3           | Irbesartan/HCTZ 150/12.5, 300/12.5mg  | 1           |
| Jentaduetto 2.5/500, 2.5/850, 2.5/1000mg, 2.5/1000XR, 5/1000XR                               | 3           | Lisinopril 2.5, 5, 10, 20, 30, 40mg   | 1           |
| Metformin solution 500mg/5ml   | 3           | Lisinopril/HCTZ 12.5/10, 12.5/20, 25/20mg   | 1           |
| Ozempic 2mg/1.5ml <sup>†</sup>   | 3           | Losartan 25, 50, 100mg  | 1           |
| Riomet Soln 500mg/5ml  | 3           | Losartan/HCTZ 50/12.5, 100/12.5, 100/25mg   | 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           | Moexipril 7.5, 15mg   | 1           |
| Tradjenta 5mg  | 3           | Moexipril/HCTZ 7.5/12.5, 15/12.5, 15/25mg   | 1           |
| Trulicity 0.75mg/0.5mL, 1.5mg/0.5mL  | 3           | Olmesartan 5, 20, 40mg  | 1           |
| Victoza 18mg/3mL   | 3           | Olmesartan/HCTZ 12.5/20, 12.5/40, 25/40mg   | 1           |
| Xigduo XR 5/500, 5/1000, 10/500, 10/1000mg   | 3           | Perindopril 2, 4, 8mg   | 1           |
| Bydureon 2mg   | 4           | Quinapril 5, 10, 20, 40mg   | 1           |
| Invokamet 50/500, 50/1000, 150/500, 150/1000, 50/500XR, 50/1000XR, 150/500XR, 150/1000XR     | 4           | Quinapril/HCTZ 10/12.5, 20/12.5, 20/25mg  | 1           |
| Invokana 100, 300mg  | 4           | Ramipril 1.25, 2.5, 5, 10mg   | 1           |
| Miglitol 25, 50, 100mg   | 4           | Telmisartan 20, 40, 80mg  | 1           |
| SymLinPen 60 1500mcg/1.5ml, 120 2700mcg/2.7ml <sup>†</sup>                                   | 5           | Telmisartan/amlodipine 40/5, 40/10, 80/5, 80/10mg                                   | 1           |
| <b>Statin Adherence Measure</b>  |             | Telmisartan/HCTZ 40/12.5, 80/12.5, 80/25mg  | 1           |
| Atorvastatin 10, 20, 40, 80mg  | 1           | Trandolapril 1,2,4mg  | 1           |
| Lovastatin 10, 20mg, 40mg  | 1           | Valsartan 40, 80, 160, 320mg  | 1           |
| Pravastatin 10, 20, 40, 80mg   | 1           | Valsartan/HCTZ 80/12.5, 160/12.5, 160/25, 320/12.5, 320/25mg                        | 1           |
| Rosuvastatin 5, 10, 20, 40mg   | 1           | Tekturna HCT 150/12.5, 150/25, 300/12.5, 300/25mg                                   | 4           |
| Simvastatin 5, 10, 20, 40, 80mg  | 1           | Aliskiren 150, 300mg  | 4           |
| Livalo 1, 2, 4mg   | 3           | Edarbi 40, 80mg <sup>†</sup>  | 4           |
| Ezetimibe/Simvastatin 10/10, 10/20, 10/40, 10/80mg   | 4           | Edarbichlor 40/25, 40/12.5mg <sup>†</sup>   | 4           |

Highlighted drugs indicate Tier 1 preferred generic drugs. <sup>†</sup>Prior authorization or Step Therapy rules apply.

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