Combining Cigna Pharmacy and Medical Plans Proven to Yield Healthy Savings

HARTFORD, Conn., May 18, 2010 - Individuals who have a health plan that offers both medical and pharmacy benefits that are designed to work together are far more likely to obtain necessary care, according to data presented today at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 15th Annual International Meeting. "Gaps in care", including not taking medications appropriately or getting necessary lab tests associated with chronic conditions such as diabetes or high cholesterol, are more likely to occur when health and pharmacy benefits are provided by different companies.

The results of the Cigna analysis showed that individuals in health plans that combine medical and pharmacy benefits from the same company were 2.8% more likely to close gaps in their health care than those in plans where the pharmacy benefit is not integrated with the medical benefit or where pharmacy claims data is imported from another pharmacy benefit management company. By closing gaps in health care, individuals are more likely to be able to prevent complications or the progression of their conditions. The improvements in obtaining necessary care by condition were:

- 14% higher for individuals with asthma
- 11.7% higher for individuals with chronic renal failure (CRF)
- 7.6% higher for individuals with hypertension (high blood pressure)
- 7.4% higher for individuals with coronary artery disease (CAD)
- 7.0% higher for individuals with hyperlipidemia (high cholesterol)
- 6.5% higher for individuals with diabetes

The analysis, "Pharmacy Benefit Integration and Adherence to Evidence-Based Medicine in a Commercially-Insured Population," was authored by Thomas J. Bunz, Pharm.D., Clinical Program Manager and co-authored by Ha V. Nguyen, senior informatics specialist, Cigna Pharmacy Management. The abstract for this analysis was published in the May 2010 issue of Value in Health.

Integrated benefits provide the best possible connection between data, systems, people, and programs. However, to date, there has been little data to back up the assertion that these connections result in improved clinical outcomes for individuals. "The data in this analysis supports the assertion that the connection between pharmacy and medical benefits really does make a difference," concluded Dr. Bunz. "By improving people's health and reducing costs, we are helping to improve the quality of their lives."

About the analysis

A retrospective cohort analysis was conducted on 262,000 individuals with medical coverage in 2008 from 25 integrated and 15 carve-out clients. Criteria included 12 months of continuous enrollment with the same employer with either an integrated or carve-out pharmacy benefit, clean demographic data, and enrollment in the Cigna Gaps in Care program. A gap in care was defined as any month where an individual was found to be not in compliance with an applicable evidence-based rule. A closed gap was any gap in care where the individual was non-compliant in one or more months, and then compliant with the rule for the remaining months of the study year. A two part regression model (logistic regression analysis and generalized linear model) and recycled predictions were required to control for potential confounders.

About Cigna
Cigna (NYSE:CI), a global health service company, is dedicated to helping people improve their health, well being and sense of security. Cigna Corporation's operating subsidiaries provide an integrated suite of medical, dental, behavioral health, pharmacy and vision care benefits, as well as group life, accident and disability insurance, to approximately 46 million people throughout the United States and around the world. To learn more about Cigna, visit www.cigna.com. To sign up for email alerts or an RSS feed of company news, log on to http://www.cigna.com/newsroom/rss. Also, follow us on Twitter: @cigna and visit Cigna's YouTube channel at http://www.youtube.com/cignatv