Cigna®

Vermont State Colleges System – Non Faculty

2023 Cigna True Choice Medicare (PPO) Formulary Addendum

2023 Standard Drug List Addendum

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Please read: This document contains information about the policies & criteria and any additional coverage offered with your plan.

Please visit **CignaMedicare.com/group/MAresources** to view the comprehensive 2023 Standard Drug List.

The drug list found on our website will be updated each month.

Are there any restrictions on my 2023 Cigna True Choice Medicare (PPO) coverage?

Some covered drugs may have additional requirements or limits on coverage. You can identify these by looking to the right of the name of the drug on the drug list located on our website. The requirements and limits for your plan are the following:

*	Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.
^	This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
+	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not apply to your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
B/D PA	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
HRM	This high risk medication requires prior authorization
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.
Prior Authorization	This drug requires prior authorization.
Quantity Limits	This drug has quantity limits.
Step Therapy	This drug has step therapy requirements.

Where can I find the list of covered drugs for my plan?

You can visit **CignaMedicare.com/group/MAresources** to view the current list of covered drugs for the **2023 Standard Drug List**. While there, you can also view documents that explain our prior authorization and step therapy restrictions as well as other useful plan information. To locate the drug list you need, simply visit the location above and search for the **2023 Standard Drug List.**

What additional coverage is available with my plan?

The following pages include additional coverage offered by Vermont State Colleges System. This coverage includes drugs that are normally excluded from CMS coverage that Vermont State Colleges System has added to your plan. The cost share you pay for these drugs does not count towards your annual TrOOP.

Erectile Dysfunction Drugs^
Cough and Cold Drugs
Prescription Vitamins

^Some drugs are subject to prior authorization and quantity limitations even though these limitations may be waived in other treatment categories. Please review your 2023 Standard drug list for more information.

Important Message About What You Pay for Insulin

You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than $35, you will pay the lower cost for your insulin.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

State Mandated Coverage
You live in a state that requires insurance companies to provide additional coverage. That coverage is outlined below and the lists of covered drugs and supplies are found in the pages that follow.

Residents of Utah will have a $27 maximum monthly charge for insulin drugs.

Residents of Oklahoma will have a $30 maximum monthly charge for insulin drugs.

Covered Diabetic Test Strips and Meters
You will not pay more than $0 for Preferred Products.

Covered Diabetic Lancets and Control Solutions
You will not pay more than $0 for this benefit.

2023 Erectile Dysfunction and Lifestyle

Drug Name	Drug Tier	Requirements / Limits
Sexual Dysfunction		
ADDYI	2	QL 30/30,+
CAVERJECT VIALS	2	QL 6/30,+
CAVERJECT IMPULSE	2	QL 6/30,+
CIALIS 2.5 MG, 5 MG	2	PA, ^, QL 8/30,+
CIALIS 10 MG, 20 MG	2	PA, ^, QL 8/30,+
EDEX 10 MCG, 20 MCG, 40 MCG CARTRIDGES	2	QL 6/30,+
MUSE 250 MCG, 500 MCG, 1000 MCG URETHRAL SUPPOSITORY	2	QL 6/30,+
sildenafil 25 mg, 50 mg, 100 mg tablets (generic Viagra)	1	QL 8/30,+
STENDRA 50 MG, 100 MG, 200 MG TABLETS	2	QL 8/30,+
tadalafil 2.5 mg, 5 mg (generic Cialis)	1	PA, ^, QL 8/30,+
tadalafil 10 mg, 20 mg (generic Cialis)	1	PA, ^, QL 8/30,+
vardenafil tab 2.5 mg, 5 mg, 10 mg, 20 mg tablets	1	QL 8/30,+
VIAGRA 25 MG, 50 MG, 100 MG	2	QL 8/30,+
VYLEESI	2	QL 30/30,+

2023 Cough and Cold Buy Up

Drug Name	Drug Tier	Requirements / Limits
Cough & Cold Supplemental		
benzonatate capsules 100mg, 150 mg, 200mg	1	+
benzonatate pearle 100 mg cap	1	
BROMFED DM 2-30-10 MG/5 ML SYR	2	+
bromphen-pse-dm 2-30-20 mg/5ml syr	1	+
CAPCOF LIQUID	2	+
codeine-guaifen 10-100 mg/5 ml	1	+
CODITUSSIN AC LIQUID	2	+
CODITUSSIN DAC LIQUID	2	+
g tussin ac liquid	1	+
guaiatussin ac liquid	1	+
guaifen-codeine 100-10mg/5ml	1	+
GUAIFEN-CODEINE 100-10MG/ML, 200-20 MG/10ML	2	+
guaifenesin ac cough syrup	1	+
guaifenesin dac oral solution	1	+
guaifenesin-codeine syrup (generics)	1	+
HISTEX-AC SYRUP	2	+
hydrocodone-chlorphen er susp	1	+
hydrocodone-homatropine 5-1.5	1	+
hydrocodone-homatropine soln	1	+
hydromet 5mg-1.5mg/5ml soln	1	+
MAR-COF BP LIQUID	2	+
MAR-COF CG LIQUID	2	+
MAXI-TUSS AC LIQUID	2	+
MAXI-TUSS CD LIQUID	2	+
m-clear wc liquid	1	+
Cough & Cold Supplemental		
M-END PE LIQUID	2	+
NINJACOF-XG LIQUID	2	+

Drug Name	Drug Tier	Requirements / Limits
OBREDON 2.5-200 MG/5 ML SOLN	2	+
pcm la tablet	1	+
pe-guai drops	1	+
POLY-TUSSIN AC LIQUID	2	+
promethazine-codeine syrup, solution	1	+
promethazine-dm solution	1	+
promethazine-dm syrup 6.25-15mg/5ml	1	+
promethazine-pe-codeine syrup	1	+
promethazine-vc codeine solution	1	+
RESPA A.R. TABLET SA	2	+
rydex liquid	1	+
TUXARIN ER 8-54.3 MG TABLET	2	+
TUZISTRA XR 14.7-2.8 MG/5 ML	2	+
virtussin dac liquid	1	+

2023 Prescription Vitamins

Drug Name	Drug Tier	Requirements / Limits
Prescription Vitamins		
AQUASOL A 50,000 UNITS/ML VIAL	2	+
ascorbic acid 500 mg/ml vial	1	+
B-12 COMPLIANCE INJ KIT	2	+
b-complex 100 injection	1	+
calcitriol 0.25 mcg capsule	1	+
calcitriol 0.5 mcg capsule	1	+
calcitriol 1 mcg/ml ampul	1	+
cyanocobalamin 1,000 mcg/ml	1	+
DRISDOL 1.25 MG (50,000 UNIT)	2	+
FERAHEME 510 MG/17 ML VIAL	2	+
FERRLECIT 62.5 MG/5 ML VIAL	2	+
FERUMOXYTOL 510 MG/17 ML VIAL	2	+
folic acid 1 mg tablet	1	+
folic acid 5 mg/ml vial	1	+
INJECTAFER 100 MG/2 ML VIAL	2	+
INJECTAFER 750 MG/15 ML VIAL	2	+
hydroxocobalamin 1,000 mcg/ml	1	+
MEPHYTON 5 MG TABLET	2	+
METHYLCOBALAMIN 10,000 MCG VIAL	2	+
MONOFERRIC 1,000 MG/10 ML VIAL	2	+
NASCOBAL 500 MCG NASAL SPRAY	2	+
NEEVODHA CAPSULE	2	+
newgen tablet	1	+
NEXA PLUS SOFTGEL	2	+
OBSTETRIX EC CAPLET	2	+
OBSTETRIX ONE SOFTGEL	2	+
PHYTONADIONE 1 MG/0.5 ML SYR	2	+
PHYTONADIONE 10 MG/ML AMPUL	1	+

Drug Name	Drug Tier	Requirements / Limits
PHYTONADIONE 5 MG TABLET	1	+
Prescription Vitamins		
POTABA 500 MG CAPSULE	2	+
prenatabs rx tablet	1	+
PRENATE ELITE TABLET	2	+
PRENATE ESSENTIAL SOFTGEL	2	+
PRENATE STAR TABLET	2	+
PROVIDA DHA CAPSULE	2	+
PUREFE OB PLUS CAPSULE	2	+
pyridoxine 100 mg/ml vial	1	+
ROCALTROL 0.25 MCG CAPSULE	2	+
ROCALTROL 0.5 MCG CAPSULE	2	+
ROCALTROL 1 MCG/ML ORAL SOLN	2	+
thiamine 200 mg/2 ml vial	1	+
TRIFERIC 27.2 MG/5 ML AMPULE	2	+
TRIFERIC 272 MG POWDER PACKET	2	+
trinate tablet	1	+
triveen-DUO combo pack	1	+
VENOFER 100 MG/5 ML VIAL	2	+
VENOFER 200 MG/10 ML VIAL	2	+
VENOFER 50 MG/2.5 ML VIAL	2	+
VITAFOL NANO TABLET	2	+
vitamin D2 1.25mg (50,000 unit) RX	1	+
vitamin K1 10 mg/ml, 1mg/0.5ml ampule	1	+
VITAPEARL SOFTGEL	2	+
VITATRUE COMBO PACK	2	+
wescap-C DHA softgel	1	+
zingiber tablet	1	+

Drug Name	Medical Benefit	Requirements/Limits
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
PREFERRED DIABETIC METERS		
FREESTYLE GLUCOSE METER	Part B $0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 14 DAY SENSOR	Part B $0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 14 DAY READER	Part B $0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 2 SENSOR	Part B $0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 2 READER	Part B $0 Copay	QL (1 EACH every 2 years)
FREESTYLE LITE GLUCOSE METER	Part B $0 Copay	QL (1 EACH every 2 years)
FREESTYLE PRECISION NEO METER	Part B $0 Copay	QL (1 EACH every 2 years)
ONETOUCH ULTRA2 GLUCOSE SYST	Part B $0 Copay	QL (1 EACH every 2 years)
ONETOUCH VERIO FLEX METER	Part B $0 Copay	QL (1 EACH every 2 years)
ONETOUCH VERIO REFLECT METER	Part B $0 Copay	QL (1 EACH every 2 years)
PREFERRED DIABETIC GLUCOSE TEST STRIPS		
FREESTYLE GLUCOSE TEST STRIPS	Part B $0 Copay	QL (200 STRIPS per 30 day fill)
FREESTYLE PREC NEO TEST STRIPS	Part B $0 Copay	QL (200 STRIPS per 30 day fill)
ONETOUCH ULTRA TEST STRIP	Part B $0 Copay	QL (200 STRIPS per 30 day fill)
ONETOUCH VERIO TEST STRIP	Part B $0 Copay	QL (200 STRIPS per 30 day fill)

2023 Covered Diabetic Lancets and Control Solutions

All lancing devices, lancets, and control solutions for diabetic blood sugar monitoring are covered. Below are examples of products available at the time the list was created.

Drug Name	Medical Benefit	Requirements/Limits
DIABETIC SUPPLIES MISCELLANEOUS		
CONTROL SOLUTIONS (EXAMPLES)		
FREESTYLE CONTROL SOLUTIONS	Part B $0 Copay	
ONETOUCH CONTROL SOLUTIONS	Part B $0 Copay	
LANCETS AND LANCING DEVICES (EXAMPLES)		
ACTI-LANCE LANCETS	Part B $0 Copay	
BD LANCETS DEVICES	Part B $0 Copay	
BD LANCETS	Part B $0 Copay	
E-Z JECT LANCETS	Part B $0 Copay	
FREESTYLE LANCETS	Part B $0 Copay	
LANCING DEVICES	Part B $0 Copay	
LANCETS	Part B $0 Copay	
MEDLANCE PLUS LANCETS	Part B $0 Copay	
ONETOUCH LANCET DEVICES	Part B $0 Copay	
ONETOUCH LANCETS	Part B $0 Copay	

1-888-281-7867 (TTY 711)

October 1 – March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Messaging service used weekends, after hours, and on federal holidays. Customer service also has free language interpreter services available for non-English speakers.

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