



## Frederick County Government

# 2023 Cigna True Choice Medicare (PPO) Formulary Addendum

2023 Enhanced Drug List Addendum

H7787\_801\_FCMPO ver A4

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

Please visit [CignaMedicare.com/group/MAresources](https://CignaMedicare.com/group/MAresources) to view the comprehensive 2023 Enhanced 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](https://www.cignamedicare.com/group/MAresources) to view the current list of covered drugs for the **2023 Enhanced 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 Enhanced Drug List**.

## What additional coverage is available with my plan?

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

**Fertility Drugs<sup>^</sup>**

**Erectile Dysfunction Drugs<sup>^</sup>**

**Cough and Cold Drugs**

**Prescription Vitamins**

**Weight Loss Weight Gain Drugs<sup>^</sup>**

<sup>^</sup>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 Enhanced drug list for more information.

## **Preventive Benefits**

The following preventive benefits are covered at a \$0 copay (deductible does not apply):

Preventive (Generic Only)

## **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.

## **Contraceptive Drugs and Devices**

You pay \$0 for contraceptive drugs and devices.

## **Prescriptions to treat HIV and AIDS 150 Max**

You will not pay more than \$150 for a 30-day supply of drugs prescribed to treat HIV and AIDS.

## **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.

## **60/90 day supply allowed for Specialty medication**

You can purchase a 60 and 90 day supply of Tier 4 Specialty medications.

**Infertility Drugs**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CETROTIDE 0.25 MG KIT	2	PA; ^,+
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 6,000 UNIT, 10,000 UNIT, 12,000 UNIT, 50,000 UNIT VIALS	2	PA; ^+
CLOMID 50 MG TABLET	2	PA; ^+
<i>clomiphene citrate oral tablet 50 mg</i>	2	PA; ^+
CRINONE VAGINAL GEL 8 %	2	PA; ^+
ENDOMETRIN 100 MG VAG INSERT	2	+
FIRST-PROGESTERONE VGS 100 SUP, 200 SUP	2	+
FOLLISTIM AQ	2	PA; ^,+
FYREMADEL 250 MCG/0.5 ML SYR	2	PA; ^,+
GANIRELIX ACET 250 MCG/0.5ML	2	PA; ^,+
GONAL-F	2	PA; ^,+
GONAL-F RFF	2	PA; ^,+
MENOPUR	2	PA; ^,+
NOVAREL VIAL	2	PA; ^,+
OVIDREL	2	PA; ^,+
PREGNYL 10,000 UNIT VIAL	2	PA; ^,+

## 2023 Erectile Dysfunction and Lifestyle

Drug Name	Drug Tier	Requirements / Limits
<b>Sexual Dysfunction</b>		
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,+
<i>sildenafil 25 mg, 50 mg, 100 mg tablets (generic Viagra)</i>	1	QL 8/30,+
STENDRA 50 MG, 100 MG, 200 MG TABLETS	2	QL 8/30,+
<i>tadalafil 2.5 mg, 5 mg (generic Cialis)</i>	1	PA, ^, QL 8/30,+
<i>tadalafil 10 mg, 20 mg (generic Cialis)</i>	1	PA, ^, QL 8/30,+
<i>vardenafil tab 2.5 mg, 5 mg, 10 mg, 20 mg tablets</i>	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
<b>Cough &amp; Cold Supplemental</b>		
<i>benzonatate capsules 100mg, 150 mg, 200mg</i>	1	+
<i>benzonatate pearle 100 mg cap</i>	1	
<b>BROMFED DM 2-30-10 MG/5 ML SYR</b>	2	+
<i>bromphen-pse-dm 2-30-20 mg/5ml syr</i>	1	+
CAPCOF LIQUID	2	+
<i>codeine-guaifen 10-100 mg/5 ml</i>	1	+
CODITUSSIN AC LIQUID	2	+
CODITUSSIN DAC LIQUID	2	+
<i>g tussin ac liquid</i>	1	+
<i>guaiaitussin ac liquid</i>	1	+
<i>guaifen-codeine 100-10mg/5ml</i>	1	+
GUAIFEN-CODEINE 100-10MG/ML, 200-20 MG/10ML	2	+
<i>guaifenesin ac cough syrup</i>	1	+
<i>guaifenesin dac oral solution</i>	1	+
<i>guaifenesin-codeine syrup (generics)</i>	1	+
HISTEX-AC SYRUP	2	+
<i>hydrocodone-chlorphen er susp</i>	1	+
<i>hydrocodone-homatropine 5-1.5</i>	1	+
<i>hydrocodone-homatropine soln</i>	1	+
<i>hydromet 5mg-1.5mg/5ml soln</i>	1	+
MAR-COF BP LIQUID	2	+
MAR-COF CG LIQUID	2	+
MAXI-TUSS AC LIQUID	2	+
MAXI-TUSS CD LIQUID	2	+
<i>m-clear wc liquid</i>	1	+
<b>Cough &amp; Cold Supplemental</b>		
M-END PE LIQUID	2	+
NINJACOF-XG LIQUID	2	+

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

## 2023 Prescription Vitamins

Drug Name	Drug Tier	Requirements / Limits
<b>Prescription Vitamins</b>		
AQUASOL A 50,000 UNITS/ML VIAL	2	+
<i>ascorbic acid 500 mg/ml vial</i>	1	+
B-12 COMPLIANCE INJ KIT	2	+
<i>b-complex 100 injection</i>	1	+
<i>calcitriol 0.25 mcg capsule</i>	1	+
<i>calcitriol 0.5 mcg capsule</i>	1	+
<i>calcitriol 1 mcg/ml ampul</i>	1	+
<i>cyanocobalamin 1,000 mcg/ml</i>	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	+
<i>folic acid 1 mg tablet</i>	1	+
<i>folic acid 5 mg/ml vial</i>	1	+
INJECTAFER 100 MG/2 ML VIAL	2	+
INJECTAFER 750 MG/15 ML VIAL	2	+
<i>hydroxocobalamin 1,000 mcg/ml</i>	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	+
<i>newgen tablet</i>	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	+



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

## 2023 Weight Loss and Weight Gain

Drug Name	Drug Tier	Requirements / Limits
<b>Weight Loss/Weight Gain</b>		
ADIPEX-P 37.5 MG CAPSULES, TABLETS	2	+
<i>benzphetamine hcl 50 mg tablet</i>	1	+
CONTRAVE ER 8-90 MG TABLET	2	+
<i>diethylpropion hcl 25mg tablet</i>	1	+
<i>diethylpropion hcl er 75 mg tablet</i>	1	+
IMCIVREE	2	PA; ^, +
LOMAIRA	2	+
<i>phendimetrazine tartrate 35 mg tablet</i>	1	+
<i>phendimetrazine tartrate er 105 mg capsule</i>	1	+
<i>phentermine hcl capsules, tablets</i>	1	+
PLENITY 0.75 GM CAP WELCOME KT	2	+
PLENITY 0.75 GRAM CAPSULE	2	+
QSYMIA CAPSULES	2	+
SAXENDA 18 MG/3 ML PEN	2	+
WEGOVY 0.25 MG/0.5 ML PEN	2	+
WEGOVY 0.5 MG/0.5 ML PEN	2	+
WEGOVY 1 MG/0.5 ML PEN	2	+
WEGOVY 1.7 MG/0.75 ML PEN	2	+
WEGOVY 2.4 MG/0.75 ML PEN	2	+
XENICAL 120 MG CAPSULE (RX)	2	PA; ^,+



## 2023 Generic Preventive List

Preventive drugs are used to improve outcomes for high blood pressure, high cholesterol, diabetes, Part D covered diabetic supplies, asthma, osteoporosis, heart attack, stroke and prenatal vitamins. The list below contains the **generic drugs** sorted by each category. If you have questions about which drugs are right for you, talk to your doctor. **You do not have to pay a copay or coinsurance for the preventive drugs on this list** if filled at a pharmacy in the Cigna Medicare network. All quantity limits, prior authorization and step therapy in the full drug list still apply.

### Asthma

Inhalation Solns		Inhalers and Inhalation Devices		
albuterol solution ^	formoterol neb ^	albuterol HFA	levulbuterol HFA	
budesonide susp ^	ipratropium-albut ^	fluticasone-salmeterol inh	WIXELA INHUB	
cromolyn soln^	levulbuterol soln ^	ipratropium bromide inh		
Oral Products				
albuterol tab, syrup	metaproterenol syr	montelukast tabs	theophylline ER, CR, elixir, soln	zafirlukast tab

### Blood Pressure

acebutolol cap	candesartan-hctz	fosinopril-hctz	moexipril tab	spironolactone-hctz
acetazolamide ir, er	captopril tab	furosemide	nadolol tab	TAZTIA XT
aliskiren tab	CARTIA XT	guanfacine	nebivolol tabs	telmisartan tab
amiloride tab	carvedilol tab, er	hydralazine tab, inj	nicardipine cap	telmisartan-amlodipine
amiloride-hctz	chlorothiazide vials	hydrochlorothiazide	nicardipine inj	telmisartan-hctz
amlodipine tab	chlorthalidone tab	indapamide tab	nifedipine er tab	terazosin cap
amlodipine-atorv	clonidine tab, patch	irbesartan tab	nimodipine cap	timolol tab
amlodipine benz	DILT-XR	irbesartan-hctz	nisoldipine er tab	toremide tab
amlodipine-olmes	diltiazem tab, vial	isradipine cap	olmesartan	trandolapril tab
amlodipine-valsart.	diltiazem er, cd	labetalol tab	olm-aml-hctz	trandolapril-verap er
amlodipine-val-hctz	doxazosin tab	lisinopril tab	olmesartan-hctz	toremide tab
atenolol tab	diltiazem cd	lisinopril-hctz	perindopril tab	trandolapril tab
atenolol-chlorthalid	diltiazem er	losartan tab	pindolol tab	trandolapril-verap er
benazepril tab	doxazosin tab	losartan-hctz	prazosin cap	triamterene caps
benazepril-hctz	enalapril tab	MATZIM LA	propranolol,er	triamterene-hctz
betaxolol tab	enalapril-hctz	methazolamide tab	quinapril tab	valsartan tab
bisoprolol tab	eplerenone tab	metolazone tab	quinapril-hctz	valsartan-hctz
bisoprolol-hctz	ethacrynic sod	metoprolol succ er	ramipril cap	verapamil cp,tab, er
bumetanide tab	ethacrynic acid	metoprolol tart tab	sotalol tab	verapamil sr cap
bumetanide inj	felodipine er	metoprolol-hctz	sotalol af tab	verapamil tab, inj
candesartan tab	fosinopril tab	minoxidil tab	spironolactone tab	

<sup>^</sup>This prescription drug has a Part B versus D administrative prior authorization requirement.

### Blood Thinners

aspirin-dipyridam er	clopidogrel tab	dipyridamole tab	prasugrel tab
cilostazol tab	dabigatran caps	JANTOVEN tab	warfarin tab

2023 Generic Preventive Continued.

**Cholesterol**

atorvastatin tab	ezetimibe	fenofibrate tab	lovastatin tabs	prevalite pwd pkt
cholestyramine, light	ezetimibe-simvast	fenofibric acid, dr	niacin, er <sup>RX</sup>	rosuvastatin tab
colesevelam pck,tab	fenofibrate cap	fluvastatin cap,er tb	omega-3 ethyl <sup>RX</sup>	simvastatin tab
colestipol granules,tb	(not 30 mg, 90mg)	gemfibrozil tab	pravastatin tab	

**Diabetes**

<b>Oral Products</b>				
acarbose tabs	glipizide-metformin	miglitol tab	pioglitazone-glimpir	
glimepiride tab	metformin er osm	nateglinide tab	pioglitazone-metfm	
glipizide ER, XL, tab	metformin tab, er tab	pioglitazone tab	repaglinide tab	
<b>Insulins</b>				
insulin lispro JR	insulin lispro KWKPN	insulin lispro vial	insulin lispro mix 75/25 KWKPN	

**Osteoporosis**

alendronate	ibandronate tab	raloxifene tab	risedronate dr tab
calcitonin-salmon	pamidronate inj	risedronate tab	zoledronic acid inj

**Prenatal Vitamins**

All Formulary Generic Prescription Prenatal Vitamins
--

## 2023 Contraceptive Drug and Devices Coverage for Zero Copay

Applies to the 2023 Standard and Enhanced Formularies

This 2023 list provides the contraceptive drugs and devices covered for \$0.

Drug Name	Drug Tier	Requirements/Limits
<b>CONTRACEPTIVES</b>		
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<b>ORAL CONTRACEPTIVES</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
ELLA ORAL TABLET 30 MG	2	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<b>TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG</b>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tab 0.15-0.02 mgx2/0.01 mg x 5</i>	1	
<i>volnea (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zarah oral tablet 3-0.03 mg</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	

## **PROGESTINS**

<i>camila oral tablet 0.35 mg</i>	1	
-----------------------------------	---	--

<i>deblitane oral tablet 0.35 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	

Any amount you pay for the following products do not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

#### **CONTRACEPTIVES / RELATED AGENTS (OTC/NON-MEDICARE PART D)**

CONDOMS LUBRICATED		+
DUREX AVANTI REAL FEEL CONDOM		+
FANTASY CONDOM		+
FC2 FEMALE CONDOM		+
FEMCAP CERTICAL CAP		+
GYNOL II 3% GEL		+
KIMONO CONDOMS		+
KIMONO MAXX CONDOM		+
KIMONO MICROTHIN AQUA LUBE		+
KIMONO MICROTHIN CONDOM		+
KIMONO MICROTHIN LARGE CONDOM		+
KIMONO TEXTURED CONDOM		+
TODAY CONTRACEPTIVE SPONGE		+
TRUSTEX CONDOM		+
TRUSTEX LATEX CONDOM		+
TRUSTEX-RIA CONDOM		+
VCF CONTRACEPTIVE FOAM 28%, 12.5%, 4%		+
WIDE SEAL DIAPHRAGM		+

**EMERGENCY CONTRACEPTIVES (OTC)**

AFTERA 1.5 MG TABLET		+
ECONTRA EZ 1.5 MG TABLET		+
ECONTRA ONE-STEP 1.5 MG TABLET		+
LEVONORGEST-REL 1.5 MG TABLET		+
MY CHOICE 1.5 MG TABLET		+
MY WAY 1.5 MG TABLET		+
NEW DAY 1.5 MG TABLET		+
OPCICON ONE-STEP 1.5 MG TABLET		+
OPTION 2 1.5 MG TABLET		+
PLAN B ONE-STEP 1.5 MG TABLET		+
TAKE ACTION 1.5 MG TABLET		+

<b>Drug Name</b>	<b>Medical Benefit</b>	<b>Requirements/Limits</b>
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
<b>PREFERRED DIABETIC METERS</b>		
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)
<b>PREFERRED DIABETIC GLUCOSE TEST STRIPS</b>		
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
<b>DIABETIC SUPPLIES MISCELLANEOUS</b>		
<b>CONTROL SOLUTIONS (EXAMPLES)</b>		
FREESTYLE CONTROL SOLUTIONS	Part B \$0 Copay	
ONETOUCH CONTROL SOLUTIONS	Part B \$0 Copay	
<b>LANCETS AND LANCING DEVICES (EXAMPLES)</b>		
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.



[CignaMedicare.com/group/MAresources](https://www.cignamedicare.com/group/MAresources) 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. Cigna contracts with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in Cigna depends on contract renewal.