

# University of Vermont

## 2024 Cigna True Choice Medicare (PPO) Formulary Addendum

2024 Enhanced Drug List Addendum

H7787\_801\_A4

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

Please visit [CignaMedicare.com/group/MAresources](https://CignaMedicare.com/group/MAresources) to view the comprehensive 2024 Enhanced Drug List.

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



## Are there any restrictions on my 2024 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.
V	This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).
PA	This drug requires prior authorization.
QL	This drug has quantity limits.
ST	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 **2024 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 **2024 Enhanced Drug List**.

## **What additional coverage is available with my plan?**

The following pages include additional coverage offered by University of Vermont. This coverage includes drugs that are normally excluded from CMS coverage that University of Vermont 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<sup>^</sup>**

### **Cough and Cold Preps**

### **Prescription Vitamins**

### **Weight Loss / Weight Gain<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 2024 Enhanced 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.

### **Contraceptive Drugs and Devices**

You pay \$0 for contraceptive drugs and devices.

### **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.

### **Covered Non-sedating Antihistamines**

\$5 generics; \$40 Brand drugs per 30-day supply

### **Inhaler Assisting Devices**

You will not pay more than \$0 for this benefit.

**2024 Infertility Supplemental Benefits**

Drug Name	Drug Tier	Requirements / Limits
<b>Infertility Drugs</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; ^,+

## 2024 Erectile Dysfunction and Lifestyle Supplemental Benefits

Drug Name	Drug Tier	Requirements / Limits
<b>Sexual Dysfunction Supplemental Benefits</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>vardeafil tab 2.5 mg, 5 mg, 10 mg, 20 mg tablets</i>	1	QL 8/30,+
<i>vardeafil odt tab</i>	1	QL 8/30,+
VIAGRA 25 MG, 50 MG, 100 MG	2	QL 8/30,+
VYLEESI	2	QL 30/30,+

**2024 Cough and Cold Buy Up (Prescription Only)**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>Cough and Cold Supplemental Benefits</b>		
<i>benzonatate capsules 100mg, 150 mg, 200mg</i>	1	+
<i>benzonatate pearle 100 mg cap</i>	1	
<i>BROMFED DM 2-30-10 MG/5 ML SYR</i>	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>guaiatussin ac liquid</i>	1	+
<i>guaifen-codeine 100-10mg/5ml</i>	1	+
GUAIFEN-COD 100-10MG/ML, 200-20MG/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 and Cold Supplemental Benefits</b>		
M-END PE LIQUID	2	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NINJACOF-XG LIQUID	2	+
OBREDON 2.5-200 MG/5 ML SOLN	2	+
<i>pcm la tablet</i>	1	+
<i>pe-guai drops</i>	1	+
POLY-TUSSIN AC LIQUID	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	+
RESPA A.R. TABLET SA	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	+

## 2024 Prescription Vitamins Supplemental Benefits

Drug Name	Drug Tier	Requirements / Limits
<b>Prescription Vitamins Supplemental Benefits</b>		
AQUASOL A 100,000 UNITS/2ML VIAL	2	+
<i>ascorbic acid 500 mg/ml vial</i>	1	+
AZESCO TABLET	2	+
BAL-CARE DHA ESSENTIAL PACK	2	+
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	+
DERMACINRX PRENATRIX CAPLET	2	+
DRISDOL 1.25 MG (50,000 UNIT)	2	+
DUET DHA 400 COMBO PACK, BALANCED	2	+
EMBRACE HR SOFTGEL	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	+
GALZIN 25 MG, 50MG CAPSULE	2	+
HECTOROL 2 MCG/ML, 4 MCG/2ML VIALS	2	+
INFED 100 MG/2ML VIAL	2	+
INFUVITE ADULT, PEDIATRIC	2	+
INJECTAFER 100 MG/2 ML VIAL	2	+
INJECTAFER 750 MG/15 ML VIAL	2	+
IODOPEN 100 MCG/ML VIAL	2	+
<i>hydroxocobalamin 1,000 mcg/ml</i>	1	+



Drug Name	Drug Tier	Requirements / Limits
MEPHYTON 5 MG TABLET	2	+
METHYLCOBALAMIN 10,000 MCG VIAL	2	+
<i>m-natal plus tablet</i>	1	+
MONOFERRIC 1,000 MG/10 ML VIAL	2	+
<i>mynatal-z captab</i>	1	+
NASCOBAL 500 MCG NASAL SPRAY	2	+
NEEVODHA CAPSULE	2	+
NESTABS ABC PRENATAL COMBO PK	2	+
NESTABS DHA COMBO PAK	2	+
NESTABS ONE SOFTGEL	2	+
NESTABS TABLET	2	+
<i>newgen tablet</i>	1	+
OBSTETRIX DHA COMBOPAK	2	+
OBSTETRIX EC CAPLET	2	+
OBSTETRIX ONE SOFTGEL	2	+
PHYTONADIONE 1 MG/0.5 ML SYRINGE	2	+
PHYTONADIONE 10 MG/ML AMPUL	2	+
<i>phytonadione 5mg tablet</i>	1	+
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	+
RAYALDEE ER 30 MCG CAPSULE	2	+
ROCALTROL 0.25 MCG CAPSULE	2	+
ROCALTROL 0.5 MCG CAPSULE	2	+
ROCALTROL 1 MCG/ML ORAL SOLN	2	+

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>se natal 19 chewable caplet, tablet</i>	1	+
<i>strong iodine solution</i>	1	+
<i>thiamine 200 mg/2 ml vial</i>	1	+
TRIVITE RX TABLET	2	+
TRIFERIC 27.2 MG/5 ML AMPULE	2	+
TRIFERIC 272 MG POWDER PACKET	2	+
<i>trinatal rx 1 tablet</i>	1	+
TRINAZ TABLET	2	+
TRISTART DHA SOFTGEL	2	+
<i>trust natal dha</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 GUMMIES, NANO TABLET, OB CAPLET	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>wesnate dha softgel</i>	1	+
<i>westab plus tablet</i>	1	+
<i>westgel dha softgel</i>	1	+
ZALVIT TABLET	2	+
zatean pn dha capsule	1	+
zatean pn plus softgel	1	+
ZEMPLAR 1 MCG, 2 MCG CAPSULE	2	+
ZEMPLAR 10 MCG/2ML, 2 MCG/ML, 5 MCG/ML VIALS	2	+
zinc sulfate 10 mg/10ml, 30 mg/10 ml, 25mg/5ml vials	1	+
<i>zingiber tablet</i>	1	+
ZIPHEX TABLET	2	+

## 2024 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>orlistat 120 mg capsule (RX)</i>	2	PA; ^, +
<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; ^,+

## 2024 Diabetic Glucose Testing Supplies

Drug Name	Medical Benefit	Requirements/Limits
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
<b>PREFERRED DIABETIC METERS</b>		
DEXCOM G6 RECEIVER	Part B \$0 Copay	QL (1 EA/ 2 years)
DEXCOM G6 SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
DEXCOM G6 TRANSMITTER	Part B \$0 Copay	
DEXCOM G7 RECEIVER	Part B \$0 Copay	QL (1 EA/ 2 years)
DEXCOM G7 SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
DEXCOM RECEIVER KIT	Part B \$0 Copay	QL (1 EA/ 2 years)
FREESTYLE GLUCOSE METER	Part B \$0 Copay	QL (1 EA/ 2 years)
FREESTYLE FREEDOME LITE METER	Part B \$0 Copay	QL (1 EA/ 2 years)
FREESTYLE LIBRE 14 DAY SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
FREESTYLE LIBRE 14 DAY READER	Part B \$0 Copay	QL (1 EACH /2 years)
FREESTYLE LIBRE 2 SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
FREESTYLE LIBRE 2 READER	Part B \$0 Copay	QL (1 EACH/ 2 years)
FREESTYLE LIBRE 3 SENSOR	Part B \$0 Copay	QL (3 UNITS/ 30 day fill)
FREESTYLE LIBRE 3 READER	Part B \$0 Copay	QL (1 EACH/ 2 years)
FREESTYLE LITE GLUCOSE METER	Part B \$0 Copay	QL (1 EACH/ 2 years)
FREESTYLE PRECISION NEO METER	Part B \$0 Copay	QL (1 EACH/ 2 years)
ONETOUCH ULTRA2 GLUCOSE SYST	Part B \$0 Copay	QL (1 EACH/ 2 years)
ONETOUCH VERIO FLEX METER	Part B \$0 Copay	QL (1 EACH/ 2 years)
ONETOUCH VERIO REFLECT METER	Part B \$0 Copay	QL (1 EACH/ 2 years)
<b>PREFERRED DIABETIC GLUCOSE TEST STRIPS</b>		
FREESTYLE LITE GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS/ 30 day fill)
FREESTYLE PREC NEO TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS/ 30 day fill)
ONETOUCH ULTRA TEST STRIP	Part B \$0 Copay	QL (200 STRIPS/ 30 day fill)
ONETOUCH VERIO TEST STRIP	Part B \$0 Copay	QL (200 STRIPS/ 30 day fill)

## 2024 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	

## Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)

### 2024 Contraceptive Drug and Devices Coverage for Zero Copay Applies to the 2024 Standard and Enhanced Formularies

This 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>PHEXXI VAGINAL GEL 1.8-1-0.4 %</i>	2	
<i>xulane transdermal patch wkly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch wkly 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 tab 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>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 tab 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	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<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 tab 0.15-0.02 mgx21/0.01 mgx5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tab 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 eq (28) oral tablet 0.15-0.03 mg</i>	1	
<i>cryelle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyred eq 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 tab0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee</i>	1	
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)

Drug Name	Drug Tier	Requirements/Limits
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
ELLA ORAL TABLET 30 MG	2	
<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>finzala</i>	1	
<i>gemmily oral capsule 1 mg-20 mcg</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg</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 tabs,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	
<i>junel fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



## Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20 (28) oral tab 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 tab 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>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>levono norgest/e.estradiol-e.estrad</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets</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>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	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)

Drug Name	Drug Tier	Requirements/Limits
<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>lutera (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)</i>	1	
<i>microgestin 1.5/30 (21) oral tablet</i>	1	
<i>microgestin 1/20 (21) oral tablet</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	
<i>microgestin fe 1/20 (28) oral tablet</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</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-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</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>norethindrone ac-eth estradiol tab0.5-2.5 mg-mcg, 1-20 mg-mcg, 1-5 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24),75 mg (4)</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtreea (28) 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>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>rivelsa oral tabs,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>setlakin oral tab,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>simliya (28) oral tab 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 tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)</i>		
<i>TILIA FE TAB 1-20(5)/1-30(7) /1MG-35MCG (9)</i>	1	
<i>tri-estarylla tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

**Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-legest fe tab 1-20(5)/1-30(7)/1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-nymyo tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) tab 0.18/0.215/0.25 mg-35 mcg</i>	1	
<i>trivora (28) oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
TYBLUME CHEW TAB 0.1 MG- 20 MCG	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 chew tab 0.4mg-35mcg(21), 75 mg (7)</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	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)

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 im suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone im 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).

Drug Name	Drug Tier	Requirements/Limits
<b>CONTRACEPTIVES / RELATED AGENTS (OTC/NON-MEDICARE PART D)</b>		
AIMSCO LATEX CONDOM		+
CONDOMS LUBRICATED		+
CAYA CONTOURED DIAPHRAGM		+
CONDOMS LUBRICATED		+
DUREX AVANTI REAL FEEL CONDOM		+
FANTASY CONDOM		+
FC2 FEMALE CONDOM		+
FEMCAP CERTICAL CAP		+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## Contraceptives Benefit Drugs and Supplies (Over-the-Counter, Prescription)

Drug Name	Drug Tier	Requirements/Limits
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 FM 28%, 12.5%, 4%		+
WIDE SEAL DIAPHRAGM		+
<b>EMERGENCY CONTRACEPTIVES (OTC)</b>		
<i>after pill 1.5 mg tablet</i>		+
AFTERA 1.5 MG TABLET		+
<i>ECONTRA EZ 1.5 MG TABLET</i>		+
<i>ECONTRA ONE-STEP 1.5 MG TABLET</i>		+
<i>her style 1.5 mg tablet</i>		+
<i>levonorgest-rel 1.5 mg tablet</i>		+
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		+
<i>option 2 1.5mg tablet</i>		+
PLAN B ONE-STEP 1.5 MG TABLET		+
TAKE ACTION 1.5 MG TABLET		+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

**2024 Cough and Cold Supplemental Benefits (Over-the-Counter, Prescription)**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>Cough and Cold Supplemental Benefits</b>		
<i>acetaminophen-dextromethorphan</i>	1	+
<i>acetaminophen-guaifenesin</i>	1	+
<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-codeine 1.3-10-6.3 syr</i>	1	+
<i>bromphen-pse-dm 2-30-20 mg/5ml syr</i>	1	+
<b>CAPCOF LIQUID</b>	2	+
<i>codeine-guaifen 10-100 mg/5 ml</i>	1	+
<b>CODITUSSIN AC LIQUID</b>	2	+
<b>CODITUSSIN DAC LIQUID</b>	2	+
<i>dextromethorphan-acetaminophen</i>	1	+
<i>dextromethorphan-PE-acetaminophen</i>	1	+
<i>diphenhydramine-pe-acetaminophen</i>	1	+
<i>doxylamine-pe-dm-acetaminophen-gg</i>	1	+
<i>g tussin ac liquid</i>	1	+
<i>guaifenesin solution</i>	1	+
<i>guaiatussin ac liquid</i>	1	+
<i>guaifen-codeine 100-10mg/5ml</i>	1	+
<b>GUAIFEN-COD 100-10MG/ML, 200-20MG/10ML</b>	2	+
<i>guaifenesin ac cough syrup</i>	1	+
<i>guaifenesin acetaminophen-pe</i>	1	+
<i>guaifenesin-codeine syrup (generics)</i>	1	+
<i>guaifenesin dac oral solution</i>	1	+
<i>guaifenesin dm-pe</i>	1	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## Cough and Cold Supplemental Benefits (Over-the-Counter, Prescription)

Drug Name	Drug Tier	Requirements / Limits
<b>Cough and Cold Supplemental Benefits</b>		
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	+
<i>ibuprophen/pseudoephedrine</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	+
M-END PE LIQUID	2	+
MUCINEX	2	+
<i>naproxen sodium/pseudoephedrine</i>	1	+
NINJACOF-XG LIQUID	2	+
OBREDON 2.5-200 MG/5 ML SOLN	2	+
<i>pcm la tablet</i>	1	+
<i>pe-guai drops</i>	1	+
<i>phenylephrine/acetaminophen</i>	1	+
<i>pheniramine/PE/acetaminophen</i>	1	+
POLY-TUSSIN AC LIQUID	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	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



**Cough and Cold Supplemental Benefits (Over-the-Counter, Prescription)**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>Cough and Cold Supplemental</b>		
<i>pseudoephedrine-cpm-methylscop</i>	1	+
<i>pyrilamine-dextromethorphan HB</i>	1	+
<i>rydex liquid</i>	1	+
<i>triprolidine-phenyleph-dm-acetaminophen</i>	1	+
<i>triprolidine-phenylephine-codeine</i>	1	+
<i>triprolidine-phenylephine-dm</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	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## 2024 Inhaler Assisting Devices

All inhaler assisting devices are covered. Below are examples of products available at the time the list was created.

Drug Name	Medical Benefit	Requirements/Limits
<b>INHALER ASSIST DEVICES AND MASKS</b>		
AEROCHAMBER PLUS FLOW-VU MED	Part B \$0 Copay	
AEROCHAMBER PLUS FLOW-VU LARGE	Part B \$0 Copay	
AEROTRACH HOLDING CHAMBER	Part B \$0 Copay	
AEROCHAMBER Z-STAT PLUS W-FLOW	Part B \$0 Copay	
AEROCHAMBER PLUS FLOW-VU	Part B \$0 Copay	
BREATHERITE MDI SPACER	Part B \$0 Copay	
BREATHERITE SPACER-ADULT MASK	Part B \$0 Copay	
BREATHRITE VALVED MDI CHAMBER	Part B \$0 Copay	
BREATHRITE VALVED MDI SPACER	Part B \$0 Copay	
CLEVER CHOICE HOLDING CHAMBER	Part B \$0 Copay	
EASIVENT	Part B \$0 Copay	
OPTICHAMBER	Part B \$0 Copay	
OPTICHAMBER DIAMOND	Part B \$0 Copay	
POCKET CHAMBER	Part B \$0 Copay	
PRIMEAIRE CHAMBER	Part B \$0 Copay	
PROCHAMBER HOLDING CHAMBER	Part B \$0 Copay	
PURE COMFORT SPACER-ADULT MASK	Part B \$0 Copay	
RITEFLO SPACER	Part B \$0 Copay	
VORTEX ADULT MASK	Part B \$0 Copay	
VORTEX HOLDING CHAMBER	Part B \$0 Copay	

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

## Over-the-Counter Covered Non-Sedating Antihistamines

Drug Name	Drug Tier	Requirements / Limits
<b>Non-Sedating Antihistamines</b>		
ALAVERT 10 MG ODT	2	+
ALAVERT D-12 ALLERGY SINUS TABLET	2	+
ALLEGRA GELCAP, TABLET	2	+
ALLEGRA-D 12 HOUR TABLET	2	+
ALLEGRA-D 24 HOUR ER TABLET	2	+
<i>cetirizine tab, chew tablet, solution, syrup</i>	1	+
<i>cetirizine pse er tablet</i>	1	+
CLARITIN TAB, REDITAB, SOLUTION	2	+
<i>fexofenadine tablet</i>	1	+
<i>fexofenadine pse er tablet</i>	1	+
<i>levocetirizine tablet</i>	1	+
<i>loratadine tablet, solution, syrup</i>	1	+
<i>loratadine-D 24 hr tablet</i>	1	+
<i>loratadine-pseudoephed tablet</i>	1	+
XYZAL SOLUTION, TABLET	2	+
ZYRTEC LIQUID GELS, TABLET	2	+
ZYRTEC-D	2	+

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.



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)**

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. The Cigna names, logos, and marks, including THE CIGNA GROUP and CIGNA HEALTHCARE are owned by Cigna Intellectual Property, Inc. Subsidiaries of The Cigna Group contract 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 a Cigna Healthcare product depends on contract renewal. © 2023 Cigna Healthcare