



## Waukesha County

# 2023 Cigna True Choice Medicare (PPO) Formulary Addendum

2023 Standard Drug List Addendum

H7849-817-WAUKP-A-1

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 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](https://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?

### 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.

### **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**

If you live in a state that requires insurance companies to provide additional coverage, that coverage is outlined below and any 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.

## 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	

<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)



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)

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