Vermont State Colleges System) D F X O W \

2024 Cigna True Choi ce Medicare (PPO) For mul ary Ad dendum

2024 Standa rd Drug Li st Addendum

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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 to view the comprehensive 2024 Standard Drug L ist.

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

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Drug Name	Drug Tier	Requirements / Limits
NINJACOF-XG LIQUID	2	+
OBREDON 2.5-200 MG/5 ML SOLN	2	+
pcm la tablet	1	+
pe-guai drops	1	+
POLY-TUSSINAC LIQUID	2	+
promethazine-codeine syrup, solution	1	

Drug Name	Drug Tier	Requirements / Limits
MEPHYTON 5 MG TABLET	2	+
METHYLCOBALAMIN 1,000 MCG VIAL	2	+
m-natal plus tablet	1	+

Drug Name	Drug Tier	Requirements / Limits
se natal 19 chewable caplet, tablet	1	+
strong iodine solution	1	+
thiamine 200 mg/2 ml vial	1	+
TRIVITE RX TABLET	2	+
TRIFERDC 27.2 MG/5 ML AMPULE	2	+
TRIFERDC 27.2 MG POWDER PACKET	2	+
trinatal rx 1 tablet	1	+
TRINAZ TABLET	2	+
TRISTART DHA SOFTGEL	2	+
trust natal dha	1	+

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Drug Name	Medical Benefit	Requirements/Limits

2024 Covered Diabetic Lancets and Control Solutions

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Drug Name	Medical Benefit	Requirements/Limits
[redacted]		
CONTROL SOLUTIO(E)X AMPO		

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 w eekends, after hours, and on federal holidays. Customer service also has free language interpreter services available for non-English speakers.

CignaMedicare.com/group/MAresources

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