

# Loudoun County School Board

# 2024 Cigna Rx Medicare

# (PDP)

# Formulary Addendum

2024 Enhanced Drug List 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/PDPresources](https://www.CignaMedicare.com/group/PDPresources) 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 Rx Medicare (PDP) 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/PDPresources](https://www.cignamedicare.com/group/PDPresources) 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**.

### **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.

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

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



1-800-558-9562 (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/PDPresources](https://www.cignamedicare.com/group/PDPresources)**

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