



2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Coverage as of January 1, 2024

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View the drug list online



myCigna® App¹ or myCigna.com®. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



Cigna.com/ifp-drug-list. Select **Pennsylvania** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.

This is a list of the prescription medications covered on the Cigna Plus Pennsylvania 5-Tier Prescription Drug List as of January 1, 2024. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically.

Use the chart below to help you read this drug list. It may not show how these medications are actually covered on the 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP	3	
ADAPALENE 0.1% CREAM	2	AGE
ALINIA	4	
ALISKIREN	4	QL
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
AMCINONIDE	2	
AMETHIA	1	
AMETHIA LO	1	
AMETHYST	1	
AMILORIDE	2	
AMILORIDE-HCTZ	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	4	
AMINOCAPROIC ACID 1,000 MG TABLET	4	SRX
AMIODARONE 100 MG TABLET	2	
AMIODARONE 200 MG TABLET	2	
AMIODARONE 400 MG TABLET	2	
AMITIZA	4	
AMITRIPTYLINE	1	

Tier (cost-share level) gives you an idea of how much you may pay for a medication

Medications that have extra coverage requirements will have an **abbreviation** in the Notes column

Specialty medications have SRX listed next to them in the Notes column

This chart is just a sample. It may not show how these medications are actually covered on the 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List.

Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

Tier 1 – Preferred Generic Medications. This tier typically includes preferred generic medications. These medications have the same strength and active ingredients as brand-name medications, but often cost much less. Preferred generic medications are covered at your plan's lowest cost share.	Lowest-cost medication \$
Tier 2 – Generic Medications. This tier typically includes most generic medications and some low-cost brand-name medications. Generic medications have the same strength and active ingredients as brand-name medications, but often cost much less.	Lower-cost medication \$\$
Tier 3 – Preferred Brand Medications. This tier typically includes preferred brand-name medications and some high-cost generic medications.	Medium-cost medication \$\$\$
Tier 4 – Non-Preferred Medications. This tier typically includes non-preferred brand-name medications and some high-cost generic medications.	Higher-cost medication \$\$\$\$
Tier 5 – Specialty and Other High-Cost Medications. This tier typically includes specialty medications and high-cost generic and brand-name medications.	Highest-cost medication \$\$\$\$\$

Abbreviations next to medications

In this drug list, some medications have an abbreviation listed next to them in the Notes column. Here's what they mean.

PA	Prior Authorization – Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have PA next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
QL	Quantity Limits – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have QL next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
ST	Step Therapy – This is a prior authorization program. Your plan doesn't cover certain high-cost medications until you try one or more lower-cost alternatives first.* These medications have ST next to them. You have many covered options to choose from, and they're used to treat the same condition.

* If your doctor feels an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication.

(cont.)

AGE	Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have AGE next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.
SRX	Specialty Medications – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have SRX next to them. Your plan limits specialty medications to a 30-day supply.
LDD	Limited Distribution Drugs – These medications are only available at specific pharmacies in the United States. They're used to treat conditions that are very hard to manage and require special handling, patient support and monitoring. These medications have LDD next to them.

There are certain medications and products that your plan doesn't cover at all - and there's no option to ask Cigna Healthcare to consider approving them through their coverage review process. These medications and products are considered to be a "plan or benefit exclusion." For example, your plan doesn't cover medications that aren't approved by the FDA. Log in to the [Drug Finder](#) or [Checklist](#), or check your plan materials, to see which medications your plan excludes.

How to find your medication

Letter your medication starts with	Page	Letter your medication starts with	Page
I-2	6	M-N	39-46
A-B	6-13	O-P	46-53
C-D	13-22	Q-S	53-57
E-G	22-31	T-U	57-61
H-J	31-35	V-Z	61-67
K-L	35-39		

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
1ST TIER UNIFINE PENTP 5MM 31G	3		ACETAZOLAMIDE ER 500 MG CAP	2	
1ST TIER UNIFINE PNTIP 4MM 32G	3		ACETIC ACID 0.25% IRRIG SOLN	2	
1ST TIER UNIFINE PNTIP 6MM 31G	3		ACETIC ACID 2% EAR SOLUTION	2	
1ST TIER UNIFINE PNTIP 8MM 31G	3		ACETYLCYSTEINE 10% VIAL	2	
1ST TIER UNIFINE PNTIP 12MM 29G	3		ACETYLCYSTEINE 20% VIAL	2	
1ST TIER UNIFINE PNTIP 29GX1/2"	3		ACITRETIN 10 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 31GX1/4"	3		ACITRETIN 17.5 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 31GX3/16	3		ACITRETIN 25 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 31GX5/16	3		ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
1ST TIER UNIFINE PNTIP 32GX5/32	3		ACTEMRA ACTPEN	5	PA, QL, SRX
2TEK CONTROL SOLUTION	3		ACTHIB VACCINE VIAL	3	
ABACAVIR 20 MG/ML SOLUTION	2		ACTHIB VACCINE WITH DILUENT	3	
ABACAVIR 300 MG TABLET	2		ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ABACAVIR-LAMIVUDINE 600-300 MG	2		ACYCLOVIR 200 MG CAPSULE	1	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2		ACYCLOVIR 200 MG/5 ML SUSP	2	
ABIRATERONE ACETATE 250 MG TAB	5	PA, LDD, SRX	ACYCLOVIR 400 MG TABLET	1	
ABIRATERONE ACETATE 500 MG TAB	5	PA, LDD, SRX	ACYCLOVIR 5% OINTMENT	4	PA, QL
ABOUTIME PEN NEEDLE 30G X 8MM	3		ACYCLOVIR 800 MG TABLET	1	
ABOUTIME PEN NEEDLE 31G X 5MM	3		ADACEL TDAP SYRINGE	3	
ABOUTIME PEN NEEDLE 31G X 8MM	3		ADACEL TDAP VIAL	3	
ABOUTIME PEN NEEDLE 32G X 4MM	3		ADALIMUMAB-ADAZ	5	PA, QL, SRX
ACAMPROSATE CALC DR 333 MG TAB	3		ADAPALENE 0.1% CREAM	2	PA_AGE
ACARBOSE 100 MG TABLET	2		ADAPALENE 0.1% GEL	2	PA_AGE
ACARBOSE 25 MG TABLET	2		ADAPALENE 0.1% LOTION	2	PA_AGE
ACARBOSE 50 MG TABLET	2		ADAPALENE 0.1% SOLUTION	2	PA_AGE
ACCU-CHEK AVIVA SOLUTION	3		ADAPALENE 0.3% GEL	2	PA_AGE
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3		ADAPALENE 0.3% GEL PUMP	2	PA_AGE
ACCU-CHEK SMARTVIEW CONTRL SOL	3		ADEFOVIR DIPIVOXIL 10 MG TAB	5	SRX
ACCUTANE 10 MG CAPSULE	4		ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX
ACCUTANE 20 MG CAPSULE	4		ADEMPAS 1 MG TABLET	5	PA, LDD, SRX
ACCUTANE 30 MG CAPSULE	4		ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX
ACCUTANE 40 MG CAPSULE	4		ADEMPAS 2 MG TABLET	5	PA, LDD, SRX
ACCUTREND GLUCOSE CONTROL	3		ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ACE AEROSOL CLOUD ENHANCER	3	QL	ADVOCATE CONTROL SOLUTION HIGH	3	
ACEBUTOLOL 200 MG CAPSULE	2		ADVOCATE CONTROL SOLUTION LOW	3	
ACEBUTOLOL 400 MG CAPSULE	2		ADVOCATE INS 0.3 ML 30GX5/16"	3	
ACETAMN-CAF-DIHYDRCODEIN 320.5	2	PA	ADVOCATE INS 0.3 ML 31GX5/16"	3	
ACETAMIN-CODEIN 300-30 MG/12.5	2		ADVOCATE INS 0.5 ML 30GX5/16"	3	
ACETAMINOP-CODEINE 120-12 MG/5	2		ADVOCATE INS 0.5 ML 31GX5/16"	3	
ACETAMINOPHEN-COD #2 TABLET	2	PA	ADVOCATE INS 1 ML 31GX5/16"	3	
ACETAMINOPHEN-COD #3 TABLET	2	PA	ADVOCATE INS SYR 0.3ML 29GX1/2	3	
ACETAMINOPHEN-COD #4 TABLET	2	PA	ADVOCATE INS SYR 0.5ML 29GX1/2	3	
ACETAZOLAMIDE 125 MG TABLET	2		ADVOCATE INS SYR 1 ML 29GX1/2"	3	
ACETAZOLAMIDE 250 MG TABLET	2		ADVOCATE INS SYR 1 ML 30GX5/16	3	
			ADVOCATE PEN NDCL 12.7MM 29G	3	

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ADVOCATE PEN NEEDLE	3	
ADVOCATE PEN NEEDLES 5MM 31G	3	
ADVOCATE PEN NEEDLES 8MM 31G	3	
ADVOCATE REDI-CODE+ CTRL SOLN	3	
AEROCHAMBER MINI	3	QL
AEROCHAMBER MV	3	QL
AEROCHAMBER PLUS FLOW-VU	3	QL
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL
AEROCHAMBER PLUS FLOW-VU MED	3	QL
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL
AEROCHAMBER WITH FLOWSIGNAL	3	QL
AEROCHAMBER Z-STAT PLUS LARGE	3	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL
AEROCHAMBER Z-STAT PLUS-MED	3	QL
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL
AEROGEAR ASTHMA ACTION KIT	3	
AEROTRACH HOLDING CHAMBER	3	QL
AEROVENT PLUS	3	QL
AFIRMELLE-28 TABLET	1	
AFLURIA QUAD	3	
AFTER PILL	1	
AFTERA 1.5 MG TABLET	1	
AGAMATRIX HIGH CONTROL SOLN	3	
AGAMATRIX NORM-HI CONTROL SOLN	3	
AIRZONE PEAK FLOW METER	3	
AK-POLY-BAC	2	
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX
ALBENDAZOLE 200 MG TABLET	4	PA
ALBUSTIX REAGENT	3	
ALBUTEROL 100 MG/20 ML SOLN	2	
ALBUTEROL 2.5 MG/0.5 ML SOL	2	
ALBUTEROL 25 MG/5 ML SOLUTION	2	
ALBUTEROL 5 MG/ML SOLUTION	2	
ALBUTEROL HFA 90 MCG INHALER	2	QL
ALBUTEROL SUL 0.63 MG/3 ML SOL	2	
ALBUTEROL SUL 1.25 MG/3 ML SOL	2	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	
ALBUTEROL SULF 2 MG/5 ML SYRUP	2	
ALBUTEROL SULFATE 2 MG TAB	2	
ALBUTEROL SULFATE 4 MG TAB	2	
ALBUTEROL SULFATE ER 4 MG TAB	2	
ALBUTEROL SULFATE ER 8 MG TAB	2	
ALCAINE	2	
ALCLOMETASONE DIPR 0.05% OINT	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ALCLOMETASONE DIPRO 0.05% CRM	2	
ALCOHOL 70% PADS	3	
ALCOHOL 70% SWABS	3	
ALCOHOL PREP PAD	3	
ALECENSA	5	PA, QL, LDD, SRX
ALENDRONATE SOD 70 MG/75 ML	2	
ALENDRONATE SODIUM 10 MG TAB	1	
ALENDRONATE SODIUM 35 MG TAB	1	
ALENDRONATE SODIUM 5 MG TABLET	1	
ALENDRONATE SODIUM 70 MG TAB	2	
ALFUZOSIN HCL ER 10 MG TABLET	2	
ALINIA 100 MG/5 ML SUSPENSION	4	
ALISKIREN 150 MG TABLET	4	QL
ALISKIREN 300 MG TABLET	4	QL
ALKALINE BATTERIES	3	
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
ALMOTRIPTAN MALATE 12.5 MG TAB	2	QL
ALMOTRIPTAN MALATE 6.25 MG TAB	2	QL
ALOCRI	4	
ALOMIDE 0.1% EYE DROP	4	
ALOSETRON HCL 0.5 MG TABLET	5	SRX
ALOSETRON HCL 1 MG TABLET	5	SRX
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM ER 0.5 MG TABLET	2	
ALPRAZOLAM ER 1 MG TABLET	2	
ALPRAZOLAM ER 2 MG TABLET	2	
ALPRAZOLAM ER 3 MG TABLET	2	
ALPRAZOLAM INTENSOL	2	
ALPRAZOLAM ODT 0.25 MG TAB	2	
ALPRAZOLAM ODT 0.5 MG TAB	2	
ALPRAZOLAM ODT 1 MG TAB	2	
ALPRAZOLAM ODT 2 MG TAB	2	
ALPRAZOLAM XR 0.5 MG TABLET	2	
ALPRAZOLAM XR 1 MG TABLET	2	
ALPRAZOLAM XR 2 MG TABLET	2	
ALPRAZOLAM XR 3 MG TABLET	2	
ALTABAX 1% OINTMENT	4	
ALTACAIN	2	
ALTAVERA-28 TABLET	1	
ALYACEN 1-35 28 TABLET	1	

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ALYACEN 7-7-7-28 TABLET	1		AMLODIPINE-BENAZEPRIL 10-40 MG	2	
ALYQ	5	PA, SRX	AMLODIPINE-BENAZEPRIL 2.5-10	2	
AMABELZ 0.5 MG-0.1 MG TABLET	2		AMLODIPINE-BENAZEPRIL 5-10 MG	2	
AMABELZ 1 MG-0.5 MG TABLET	2		AMLODIPINE-BENAZEPRIL 5-20 MG	2	
AMANTADINE 100 MG CAPSULE	2		AMLODIPINE-BENAZEPRIL 5-40 MG	2	
AMANTADINE 100 MG TABLET	2		AMLODIPINE-OLMESARTAN 10-20 MG	2	
AMANTADINE 100 MG/10 ML SOLN	2		AMLODIPINE-OLMESARTAN 10-40 MG	2	
AMANTADINE 50 MG/5 ML SOLUTION	2		AMLODIPINE-OLMESARTAN 5-20 MG	2	
AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-OLMESARTAN 5-40 MG	2	
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-VALSARTAN 10-160 MG	2	
AMCINONIDE 0.1% CREAM	2		AMLODIPINE-VALSARTAN 10-320 MG	2	
AMCINONIDE 0.1% LOTION	2		AMLODIPINE-VALSARTAN 5-160 MG	2	
AMETHIA 0.15-0.03-0.01 MG TAB	1		AMLODIPINE-VALSARTAN 5-320 MG	2	
AMETHIA LO TABLET	1		AMLOD-VALSA-HCTZ 10-160-12.5MG	2	
AMETHYST 90-20 MCG TABLET	1		AMLOD-VALSA-HCTZ 10-160-25 MG	2	
AMILORIDE HCL 5 MG TABLET	2		AMLOD-VALSA-HCTZ 10-320-25 MG	2	
AMILORIDE HCL-HCTZ 5-50 MG TAB	2		AMLOD-VALSA-HCTZ 5-160-12.5 MG	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	5	PA, SRX	AMLOD-VALSA-HCTZ 5-160-25 MG	2	
AMINOCAPROIC ACID 1,000 MG TAB	5	PA, SRX	AMMONIUM LACTATE 12% CREAM	2	
AMINOCAPROIC ACID 500 MG TAB	5	PA, SRX	AMMONIUM LACTATE 12% LOTION	2	
AMIODARONE HCL 100 MG TABLET	2		AMNESTEEM 10 MG CAPSULE	4	
AMIODARONE HCL 200 MG TABLET	2		AMNESTEEM 20 MG CAPSULE	4	
AMIODARONE HCL 400 MG TABLET	2		AMNESTEEM 40 MG CAPSULE	4	
AMITRIPTYLINE HCL 10 MG TAB	1		AMOXAPINE 100 MG TABLET	2	
AMITRIPTYLINE HCL 100 MG TAB	2		AMOXAPINE 150 MG TABLET	2	
AMITRIPTYLINE HCL 150 MG TAB	2		AMOXAPINE 25 MG TABLET	2	
AMITRIPTYLINE HCL 25 MG TAB	1		AMOXAPINE 50 MG TABLET	2	
AMITRIPTYLINE HCL 50 MG TAB	1		AMOX-CLAV 200-28.5 MG TAB CHEW	2	
AMITRIPTYLINE HCL 75 MG TAB	1		AMOX-CLAV 200-28.5 MG/5 ML SUS	2	
AMLODIPINE BESYLATE 10 MG TAB	2		AMOX-CLAV 250-125 MG TABLET	1	
AMLODIPINE BESYLATE 2.5 MG TAB	2		AMOX-CLAV 250-62.5 MG/5 ML SUS	2	
AMLODIPINE BESYLATE 5 MG TAB	2		AMOX-CLAV 400-57 MG TAB CHEW	2	
AMLODIPINE-ATORVAST 10-10 MG	2		AMOX-CLAV 400-57 MG/5 ML SUSP	2	
AMLODIPINE-ATORVAST 10-20 MG	2		AMOX-CLAV 500-125 MG TABLET	1	
AMLODIPINE-ATORVAST 10-40 MG	2		AMOX-CLAV 600-42.9 MG/5 ML SUS	2	
AMLODIPINE-ATORVAST 10-80 MG	2		AMOX-CLAV 875-125 MG TABLET	1	
AMLODIPINE-ATORVAST 2.5-10 MG	2		AMOX-CLAV ER 1,000-62.5 MG TAB	2	
AMLODIPINE-ATORVAST 2.5-20 MG	2		AMOXICILLIN 125 MG TAB CHEW	1	
AMLODIPINE-ATORVAST 2.5-40 MG	2		AMOXICILLIN 125 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-10 MG	2		AMOXICILLIN 200 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-20 MG	2		AMOXICILLIN 250 MG CAPSULE	1	
AMLODIPINE-ATORVAST 5-40 MG	2		AMOXICILLIN 250 MG TAB CHEW	2	
AMLODIPINE-ATORVAST 5-80 MG	2		AMOXICILLIN 250 MG/5 ML SUSP	1	
AMLODIPINE-BENAZEPRIL 10-20 MG	2				

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AMOXICILLIN 400 MG/5 ML SUSP	1		ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX
AMOXICILLIN 500 MG CAPSULE	1		ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX
AMOXICILLIN 500 MG TABLET	1		ARANESP 60 MCG/ML VIAL	5	PA, SRX
AMOXICILLIN 875 MG TABLET	1		ARCALYST	5	PA, LDD, SRX
AMPHETAMINE SULFATE 10 MG TAB	2	QL	ARFORMOTEROL 15 MCG/2 ML SOLN	4	QL
AMPHETAMINE SULFATE 5 MG TAB	2	QL	ARIPIPRAZOLE 1 MG/ML SOLUTION	3	
AMPICILLIN 500 MG CAPSULE	2		ARIPIPRAZOLE 10 MG TABLET	2	
ANAGRELIDE HCL 0.5 MG CAPSULE	4		ARIPIPRAZOLE 15 MG TABLET	2	
ANAGRELIDE HCL 1 MG CAPSULE	4		ARIPIPRAZOLE 2 MG TABLET	2	
ANALPRAM HC 2.5%-1% LOTION	4		ARIPIPRAZOLE 20 MG TABLET	2	
ANASTROZOLE 1 MG TABLET	2		ARIPIPRAZOLE 30 MG TABLET	2	
ANORO ELLIPTA 62.5-25 MCG INH	3	QL	ARIPIPRAZOLE 5 MG TABLET	2	
ANUCORT-HC 25 MG SUPPOSITORY	2		ARIPIPRAZOLE ODT 10 MG TABLET	4	
ANZEMET	5	PA, QL, SRX	ARIPIPRAZOLE ODT 15 MG TABLET	4	
APEXICON E 0.05% CREAM	4		ARMODAFINIL 150 MG TABLET	2	PA
APIDRA	4	QL, ST	ARMODAFINIL 200 MG TABLET	2	PA
APIDRA SOLOSTAR	4	QL, ST	ARMODAFINIL 250 MG TABLET	2	PA
APRACLONIDINE HCL 0.5% DROPS	2		ARMODAFINIL 50 MG TABLET	2	PA
APREPITANT 125 MG CAPSULE	2	QL	ARMOUR THYROID 120 MG TABLET	3	
APREPITANT 125-80-80 MG PACK	2	QL	ARMOUR THYROID 15 MG TABLET	3	
APREPITANT 40 MG CAPSULE	2	QL	ARMOUR THYROID 180 MG TABLET	3	
APREPITANT 80 MG CAPSULE	2	QL	ARMOUR THYROID 240 MG TABLET	3	
APRI 28 DAY TABLET	1		ARMOUR THYROID 30 MG TABLET	3	
APTIOM 200 MG TABLET	4	PA, QL	ARMOUR THYROID 300 MG TABLET	3	
APTIOM 400 MG TABLET	4	PA, QL	ARMOUR THYROID 60 MG TABLET	3	
APTIOM 600 MG TABLET	4	PA, QL	ARMOUR THYROID 90 MG TABLET	3	
APTIOM 800 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 100 MCG INH	3	
APTIVUS	3		ARNUITY ELLIPTA 200 MCG INH	3	
AQ INSULIN SYR 0.5 ML 30G 8MM	3		ARNUITY ELLIPTA 50 MCG INH	3	
AQ INSULIN SYR 1 ML 31G 8MM	3		ASA-BUTALB-CAFF-COD #3 CAPSULE	2	PA
AQ INSULIN SYRIN 1 ML 29G 12MM	3		ASCOMP WITH CODEINE CAPSULE	2	PA
AQUA CARE 0.9% NACL IRRIGATION	2		ASENAPINE 10 MG TABLET SL	4	QL
AQUA CARE STERILE WATER IRRIG	2		ASENAPINE 2.5 MG TABLET SL	4	QL
ARANELLE 28 TABLET	1		ASENAPINE 5 MG TABLET SL	4	QL
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX	ASHLYNA 0.15-0.03-0.01 MG TAB	1	
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX	ASMANEX HFA 100 MCG INHALER	4	QL, ST
ARANESP 100 MCG/ML VIAL	5	PA, SRX	ASMANEX HFA 200 MCG INHALER	4	QL, ST
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX	ASMANEX HFA 50 MCG INHALER	4	QL, ST
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 110 MCG #30	4	QL, ST
ARANESP 200 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #14	4	ST
ARANESP 25 MCG/0.42 ML SYRING	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #30	4	QL, ST
ARANESP 25 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #60	4	QL, ST
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALR 220 MCG #120	4	QL, ST
ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX	ASPIRIN-DIPYRIDAM ER 25-200 MG	2	
ARANESP 40 MCG/ML VIAL	5	PA, SRX	ASSURE 4 CONTROL SOLUTION	3	

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ASSURE DOSE CONTROL SOLUTION	3	
ASSURE ID PEN NEEDLE 30GX3/16"	3	
ASSURE ID PEN NEEDLE 30GX5/16"	3	
ASSURE ID PEN NEEDLE 31GX3/16"	3	
ASSURE ID SYR 0.5 ML 29GX1/2"	3	
ASSURE ID SYR 0.5ML 31GX15/64"	3	
ASSURE ID SYR 1 ML 29GX1/2"	3	
ASSURE ID SYR 1 ML 31GX15/64"	3	
ASSURE PRISM CONTROL SOLUTION	3	
ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ASTAGRAF XL 1 MG CAPSULE	5	SRX
ASTAGRAF XL 5 MG CAPSULE	5	SRX
ASTHMA CHECK	3	
ASTHMAPACK CHILDREN'S	3	
ATAZANAVIR SULFATE 150 MG CAP	2	
ATAZANAVIR SULFATE 200 MG CAP	2	
ATAZANAVIR SULFATE 300 MG CAP	2	
ATENOLOL 100 MG TABLET	1	
ATENOLOL 25 MG TABLET	1	
ATENOLOL 50 MG TABLET	1	
ATENOLOL-CHLOROTHALIDONE 100-25	2	
ATENOLOL-CHLOROTHALIDONE 50-25	2	
ATOMOXETINE HCL 10 MG CAPSULE	2	QL
ATOMOXETINE HCL 100 MG CAPSULE	2	QL
ATOMOXETINE HCL 18 MG CAPSULE	2	QL
ATOMOXETINE HCL 25 MG CAPSULE	2	QL
ATOMOXETINE HCL 40 MG CAPSULE	2	QL
ATOMOXETINE HCL 60 MG CAPSULE	2	QL
ATOMOXETINE HCL 80 MG CAPSULE	2	QL
ATORVASTATIN 10 MG TABLET	2	
ATORVASTATIN 20 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2	
ATORVASTATIN 80 MG TABLET	2	
ATOVAQUONE 1,500 MG/10 ML SUSP	4	
ATOVAQUONE 750 MG/5 ML SUSP	4	
ATOVAQUONE-PROGUANIL 250-100	2	
ATOVAQUONE-PROGUANIL 62.5-25	2	
ATROPINE 1% EYE DROPS	2	
ATROPINE 1% EYE OINTMENT	2	
AUBRA EQ-28 TABLET	1	
AUBRA-28 TABLET	1	
AUROVELA 1 MG-20 MCG TABLET	1	
AUROVELA 21 1.5-30 TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TAB	1	
AUROVELA FE 1.5 MG-30 MCG TAB	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AUROVELA FE 1-20 TABLET	1	
AUTOJECT 2 INJECTION DEVICE	3	
AUTOOPEN 1 TO 21 UNITS	3	
AUTOOPEN 2 TO 42 UNITS	3	
AUTOSOFT 30 INFUS SET 23" 13MM	3	
AUTOSOFT 30 INFUS SET 43" 13MM	3	
AUTOSOFT 90 INFUSN SET 23" 6MM	3	
AUTOSOFT 90 INFUSN SET 23" 9MM	3	
AUTOSOFT 90 INFUSN SET 43" 6MM	3	
AUTOSOFT 90 INFUSN SET 43" 9MM	3	
AUTOSOFT XC INFUSN SET 23" 6MM	3	
AUTOSOFT XC INFUSN SET 23" 9MM	3	
AUTOSOFT XC INFUSN SET 32" 6MM	3	
AUTOSOFT XC INFUSN SET 43" 6MM	3	
AUTOSOFT XC INFUSN SET 43" 9MM	3	
AVIANE-28 TABLET	1	
AVONEX	5	PA, SRX
AVONEX PEN	5	PA, SRX
AYUNA-28 TABLET	1	
AZASITE 1% EYE DROPS	4	
AZATHIOPRINE 50 MG TABLET	2	
AZELAIC ACID 15% GEL	2	
AZELASTINE 0.1% (137 MCG) SPRY	2	
AZELASTINE 0.15% NASAL SPRAY	2	
AZELASTINE HCL 0.05% DROPS	2	
AZELASTIN-FLUTIC 137-50MCG SPR	3	
AZITHROMYCIN 1 GM PWD PACKET	2	
AZITHROMYCIN 100 MG/5 ML SUSP	2	
AZITHROMYCIN 200 MG/5 ML SUSP	2	
AZITHROMYCIN 250 MG TABLET	1	
AZITHROMYCIN 500 MG TABLET	1	
AZITHROMYCIN 600 MG TABLET	2	
AZO TEST STRIP	3	
AZURETTE 28 DAY TABLET	1	
BACITRACIN 500 UNIT/GM OPHTH	2	
BACITRACIN-POLYMYXIN	2	
BACLOFEN 10 MG TABLET	2	
BACLOFEN 20 MG TABLET	2	
BACLOFEN 5 MG TABLET	2	
BAL-CARE DHA COMBO PACK	1	
BALCOLTRA TABLET	4	
BALSALAZIDE DISODIUM 750 MG CP	2	
BALZIVA 28 TABLET	1	
BAQSIMI 3 MG SPRAY ONE PACK	3	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BAQSIMI 3 MG SPRAY TWO PACK	3	QL
BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
BD 3 ML SYRINGE 18GX1-1/2"	3	
BD 3 ML SYRINGE 20GX1-1/2"	3	
BD 3 ML SYRINGE 25GX1"	3	
BD 3 ML SYRINGE 25GX1-1/2"	3	
BD 3 ML SYRINGE WITH NEEDLE	3	
BD AUTOSHIELD DUO ND 5MMX30G	3	
BD BLUNT NEEDLE 18GX1-1/2"	3	
BD ECLIPSE 30GX1/2" SYRINGE	3	
BD ECLIPSE LUER-LOK SYR 3 ML	3	
BD ECLIPSE NEEDLE 18GX1 1/2"	3	
BD ECLIPSE NEEDLE 21GX1"	3	
BD ECLIPSE NEEDLE 22GX1"	3	
BD ECLIPSE NEEDLE 23GX1"	3	
BD ECLIPSE NEEDLE 25G 16MM	3	
BD ECLIPSE NEEDLE 25G 25MM	3	
BD ECLIPSE NEEDLE 25G 40MM	3	
BD ECLIPSE NEEDLE 25GX1"	3	
BD ECLIPSE NEEDLE 25GX1.5"	3	
BD ECLIPSE NEEDLE 25GX5/8"	3	
BD ECLIPSE NEEDLE 27GX1/2"	3	
BD ECLIPSE NEEDLE 30G 13MM	3	
BD ECLIPSE NEEDLE 30GX1/2"	3	
BD ECLIPSE NEEDLES 21GX1.5"	3	
BD FILTER NEEDLE	3	
BD INS SYR 0.3 ML 8MMX31G(1/2)	3	
BD INS SYR U-500 1/2ML 6MMX31G	3	
BD INS SYR UF 0.3ML 12.7MMX30G	3	
BD INS SYR UF 0.5ML 12.7MMX30G	3	
BD INS SYRN UF 1 ML 12.7MMX30G	3	
BD INS SYRNG 0.3 ML 29GX12.7MM	3	
BD INS SYRNG 0.5 ML 29GX12.7MM	3	
BD INS SYRNG UF 0.3 ML 8MMX31G	3	
BD INS SYRNG UF 0.5 ML 8MMX31G	3	
BD INSULIN SYR 0.5 ML 28GX1/2"	3	
BD INSULIN SYR 0.5 ML 29GX1/2"	3	
BD INSULIN SYR 1 ML 25GX1"	3	
BD INSULIN SYR 1 ML 25GX5/8"	3	
BD INSULIN SYR 1 ML 26GX1/2"	3	
BD INSULIN SYR 1 ML 27GX12.7MM	3	
BD INSULIN SYR 1 ML 27GX5/8"	3	
BD INSULIN SYR 1 ML 28GX1/2"	3	
BD INSULIN SYR 1 ML 29GX1/2"	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD INSULIN SYR 1 ML 29GX12.7MM	3	
BD INSULIN SYR UF 1 ML 8MMX31G	3	
BD INSULIN SYRINGE 1 ML	3	
BD INTEGRA RETRA NEEDLE 23G X1"	3	
BD INTEGRA NEEDLE 25G X 5/8"	3	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3	
BD LUER-LOK SYRINGE 1 ML	3	
BD MAGNI-GUIDE MAGNIFIER	3	
BD NANO 2 GEN PEN ND 32G 4MM	3	
BD NEEDLE 18GX1 1/2"	3	
BD NEEDLE 19GX1 1/2"	3	
BD NEEDLE 20GX1 1/2"	3	
BD NEEDLE 21GX1 1/2"	3	
BD NEEDLE 21GX1"	3	
BD NEEDLE 22GX1 1/2"	3	
BD NEEDLE 22GX3/4"	3	
BD NEEDLE 23GX1 1/2"	3	
BD NEEDLE 23GX1"	3	
BD NEEDLE 25GX1"	3	
BD NEEDLE 25GX5/8"	3	
BD NEEDLE 26GX0.625"	3	
BD NEEDLES 16GX1"	3	
BD NEEDLES 16GX1.5"	3	
BD NEEDLES 18GX1"	3	
BD NEEDLES 18GX1.5"	3	
BD NEEDLES 19GX1"	3	
BD NEEDLES 19GX1.5"	3	
BD NEEDLES 20GX1"	3	
BD NEEDLES 20GX1.5"	3	
BD NEEDLES 21GX1"	3	
BD NEEDLES 21GX1.5"	3	
BD NEEDLES 21GX2"	3	
BD NEEDLES 22GX1"	3	
BD NEEDLES 22GX1.5"	3	
BD NEEDLES 23GX0.75"	3	
BD NEEDLES 23GX1.25"	3	
BD NEEDLES 25GX0.625"	3	
BD NEEDLES 25GX0.875"	3	
BD NEEDLES 25GX1.5"	3	
BD NEEDLES 26GX0.375"	3	
BD NEEDLES 26GX0.5"	3	
BD NEEDLES 27GX0.5"	3	
BD NEEDLES 27GX1X1.25"	3	
BD NEEDLES 30GX0.5"	3	
BD NEEDLES 30GX1"	3	
BD NOKOR ADMIX NEEDLE 18GX1.5"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD NOKOR NEEDLE 16GX1"	3	
BD NOKOR NEEDLE 18GX1"	3	
BD PRECISIONGLI 27GX1-1/2" ND	3	
BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD PRECISIONGLIDE NEEDLE 25G	3	
BD SAFETGLD INS 0.3ML 29G 13MM	3	
BD SAFETGLD INS 0.5ML 13MMX29G	3	
BD SAFETYGLD INS 0.3ML 31G 8MM	3	
BD SAFETYGLD INS 0.5ML 30G 8MM	3	
BD SAFETYGLD INS 1 ML 29G 13MM	3	
BD SAFETYGLID INS 1 ML 6MMX31G	3	
BD SAFETYGLIDE 3 ML SYRINGE	3	
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD SAFETYGLIDE NEEDLE 22GX1.5"	3	
BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD SAFTYGLD INS 0.3 ML 6MMX31G	3	
BD SAFTYGLD INS 0.5 ML 6MMX31G	3	
BD SAFTYGLD INS 0.5ML 29G 13MM	3	
BD SYRINGE-SAFETY GLIDE	3	
BD UF INS SYR 1 ML 30GX1/2"	3	
BD UF MINI PEN NEEDLE 5MMX31G	3	
BD UF NANO PEN NEEDLE 4MMX32G	3	
BD UF ORIG PEN ND 12.7MMX29G	3	
BD UF SHORT PEN NEEDLE 8MMX31G	3	
BD VEO INS 0.3ML 6MMX31G (1/2)	3	
BD VEO INS SYRING 1 ML 6MMX31G	3	
BD VEO INS SYRN 0.3 ML 6MMX31G	3	
BD VEO INS SYRN 0.5 ML 6MMX31G	3	
BECONASE AQ	4	ST
BEKYREE 28 DAY TABLET	1	
BELLADONNA-OPIUM 16.2-30 SUPP	2	PA
BELLADONNA-OPIUM 16.2-60 SUPP	2	PA
BENZAEPRIH HCL 10 MG TABLET	1	
BENZAEPRIH HCL 20 MG TABLET	1	
BENZAEPRIH HCL 40 MG TABLET	1	
BENZAEPRIH HCL 5 MG TABLET	1	
BENZAEPRIH-HCTZ 10-12.5 MG TAB	2	
BENZAEPRIH-HCTZ 20-12.5 MG TAB	2	
BENZAEPRIH-HCTZ 20-25 MG TAB	2	
BENZAEPRIH-HCTZ 5-6.25 MG TAB	2	
BENZONATATE 100 MG CAPSULE	2	
BENZONATATE 200 MG CAPSULE	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BENZTROPINE MES 0.5 MG TAB	2	
BENZTROPINE MES 1 MG TABLET	2	
BENZTROPINE MES 2 MG TABLET	2	
BEPOTASTINE 1.5% EYE DROP	4	
BESER 0.05% LOTION	2	
BETADINE 5% EYE SOLUTION	4	
BETAINE 1 GRAM/SCOOP POWDER	5	PA, LDD, SRX
BETAMETHASONE DP 0.05% CRM	2	
BETAMETHASONE DP 0.05% LOT	2	
BETAMETHASONE DP 0.05% OINT	2	
BETAMETHASONE DP AUG 0.05% CRM	2	
BETAMETHASONE DP AUG 0.05% GEL	2	
BETAMETHASONE DP AUG 0.05% LOT	2	
BETAMETHASONE DP AUG 0.05% OIN	2	
BETAMETHASONE VA 0.1% CREAM	2	
BETAMETHASONE VA 0.1% LOTION	2	
BETAMETHASONE VALER 0.1% OINTM	2	
BETAMETHASONE VALER 0.12% FOAM	2	
BETAXOLOL 10 MG TABLET	2	
BETAXOLOL 20 MG TABLET	2	
BETAXOLOL HCL 0.5% EYE DROP	2	
BETHANECHOL 10 MG TABLET	2	
BETHANECHOL 25 MG TABLET	2	
BETHANECHOL 5 MG TABLET	2	
BETHANECHOL 50 MG TABLET	2	
BEXAROTENE 1% GEL	5	PA, SRX
BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BEXSERO PREFILLED SYRINGE	3	
BICALUTAMIDE 50 MG TABLET	2	
BIKTARVY 30-120-15 MG TABLET	3	QL
BIKTARVY 50-200-25 MG TABLET	3	QL
BIMATOPROST 0.03% EYE DROPS	2	QL
BINOSTO 70 MG EFFERVESCENT TAB	4	
BISOPROLOL FUMARATE 10 MG TAB	2	
BISOPROLOL FUMARATE 5 MG TAB	2	
BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BLISOVI 24 FE TABLET	1	
BLISOVI FE 1.5-30 TABLET	1	
BLISOVI FE 1-20 TABLET	1	
BLOOD GLUCOSE CONTROL	3	
BLUNT NEEDLE	3	
BOOSTRIX TDAP VACCINE SYRINGE	3	
BOOSTRIX TDAP VACCINE VIAL	3	
BOSENTAN 125 MG TABLET	5	PA, LDD, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BOSENTAN 62.5 MG TABLET	5	PA, LDD, SRX	BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX	BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX	BUPRENORPHINE 8 MG TABLET SL	2	
BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX	BUPRENORPHINE-NALOX 12-3MG FLM	2	
BREATHERITE MDI SPACER	3	QL	BUPRENORPHINE-NALOX 2-0.5MG FM	2	
BREATHERITE SPACER-ADULT MASK	3	QL	BUPRENORPHINE-NALOX 2-0.5MG TB	2	
BREATHERITE SPACER-INFANT MASK	3	QL	BUPRENORPHINE-NALOX 4-1MG FILM	2	
BREATHERITE SPACER-LG CHLD MSK	3	QL	BUPRENORPHINE-NALOX 8-2 MG TAB	2	
BREATHERITE SPACER-NEONATE MSK	3	QL	BUPRENORPHINE-NALOX 8-2MG FILM	2	
BREATHERITE SPACER-SM CHLD MSK	3	QL	BUPROPION HCL 100 MG TABLET	2	QL
BREATHRITE VALVED MDI CHAMBER	3	QL	BUPROPION HCL 75 MG TABLET	2	QL
BREATHRITE VALVED MDI SPACER	3	QL	BUPROPION HCL SR 100 MG TABLET	2	QL
BREEZE 2 SOLUTION	3		BUPROPION HCL SR 150 MG TABLET	2	QL
BREO ELLIPTA 100-25 MCG INH	3	QL	"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	2	
BREO ELLIPTA 200-25 MCG INH	3	QL	BUPROPION HCL SR 200 MG TABLET	2	QL
BRIELLYN	1		BUPROPION HCL XL 150 MG TABLET	2	QL
BRILINTA 60 MG TABLET	4		BUPROPION HCL XL 300 MG TABLET	2	QL
BRILINTA 90 MG TABLET	4		BUSPIRONE HCL 10 MG TABLET	1	
BRIMONIDINE 0.2% EYE DROP	2		BUSPIRONE HCL 15 MG TABLET	2	
BRIMONIDINE TARTRATE 0.15% DRP	2		BUSPIRONE HCL 30 MG TABLET	2	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	4		BUSPIRONE HCL 5 MG TABLET	1	
BRINZOLAMIDE 1% EYE DROPS	3		BUSPIRONE HCL 7.5 MG TABLET	2	
BRIVIACT 10 MG TABLET	4	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-300	2	PA
BRIVIACT 10 MG/ML ORAL SOLN	4	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-325	2	PA
BRIVIACT 100 MG TABLET	4	PA, QL	BUTALB-ACETAMIN-CAFF 50-300-40	2	QL
BRIVIACT 25 MG TABLET	4	PA, QL	BUTALB-ACETAMIN-CAFF 50-325-40	2	QL
BRIVIACT 50 MG TABLET	4	PA, QL	BUTALBITAL COMP-CODEINE #3 CAP	2	PA
BRIVIACT 75 MG TABLET	4	PA, QL	BUTALBITAL-ACETAMINOPHN 50-325	2	
BROMFENAC SODIUM 0.09% EYE DRP	2		BUTALBITAL-ASPIRIN-CAFFEINE CP	2	QL
BROMOCRIPTINE 2.5 MG TABLET	2		BUTALBITAL-ASPIRIN-CAFFEINE TB	2	QL
BROMOCRIPTINE 5 MG CAPSULE	2		BUTORPHANOL 10 MG/ML SPRAY	2	PA, QL
BROMPHEN-PSE-DM 2-30-10 MG/5ML	2		BYDUREON BCISE 2 MG AUTOINJECT	3	PA, QL
BROOKS INSULIN 0.3ML SYRN	3		BYETTA 10 MCG DOSE PEN INJ	3	PA, QL
BUDESONIDE 0.25 MG/2 ML SUSP	4	QL	BYETTA 5 MCG DOSE PEN INJ	3	PA, QL
BUDESONIDE 0.5 MG/2 ML SUSP	4	QL	CA INS SYR 0.3 ML 30GX5/16"	3	
BUDESONIDE 1 MG/2 ML INH SUSP	4	QL	CA INS SYR 0.3 ML 31GX5/16"	3	
BUDESONIDE DR 3 MG CAPSULE	4		CA INS SYR 0.5 ML 30GX5/16"	3	
BUDESONIDE EC 3 MG CAPSULE	4		CA INS SYR 0.5 ML 31GX5/16"	3	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX	CA INSULIN SYR 0.3 ML 29GX1/2"	3	
BUMETANIDE 0.5 MG TABLET	2		CA INSULIN SYR 0.5 ML 29GX1/2"	3	
BUMETANIDE 1 MG TABLET	2		CA INSULIN SYR 1 ML 29GX1/2"	3	
BUMETANIDE 2 MG TABLET	2		CA INSULIN SYR 1 ML 30GX5/16"	3	
BUPRENORPHINE 10 MCG/HR PATCH	2	QL	CA INSULIN SYR 1 ML 31GX5/16"	3	
BUPRENORPHINE 15 MCG/HR PATCH	2	QL	CABERGOLINE 0.5 MG TABLET	2	QL
BUPRENORPHINE 2 MG TABLET SL	2		CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX
BUPRENORPHINE 20 MCG/HR PATCH	2	QL			

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA 25 MG TABLET	4	
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA-LEVO 10-100 MG ODT	2	
CAFFEINE CIT 60 MG/3 ML ORAL	2		CARBIDOPA-LEVO 25-100 MG ODT	2	
CALCIPOTRIENE 0.005% CREAM	2		CARBIDOPA-LEVO 25-250 MG ODT	2	
CALCIPOTRIENE 0.005% OINTMENT	2		CARBIDOPA-LEVO ER 25-100 TAB	2	
CALCIPOTRIENE 0.005% SOLUTION	2		CARBIDOPA-LEVO ER 50-200 TAB	2	
CALCIPOTRIENE-BETAMETH DP OINT	4		CARBIDOPA-LEVODOPA 100 MG-ENTA	2	
CALCITONIN-SALMON 200 UNITS SP	2		CARBIDOPA-LEVODOPA 10-100 TAB	2	
CALCITRIOL 0.25 MCG CAPSULE	2		CARBIDOPA-LEVODOPA 125 MG-ENTA	2	
CALCITRIOL 0.5 MCG CAPSULE	2		CARBIDOPA-LEVODOPA 150 MG-ENTA	2	
CALCITRIOL 1 MCG/ML SOLUTION	2		CARBIDOPA-LEVODOPA 200 MG-ENTA	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL	CARBIDOPA-LEVODOPA 25-100 TAB	2	
CALCIUM ACETATE 667 MG CAPSULE	2		CARBIDOPA-LEVODOPA 25-250 TAB	2	
CALCIUM ACETATE 667 MG GELCAP	2		CARBIDOPA-LEVODOPA 50 MG-ENTA	2	
CALCIUM ACETATE 667 MG TABLET	2		CARBIDOPA-LEVODOPA 75 MG-ENTA	2	
CAMILA 0.35 MG TABLET	1		CARBINOXAMINE 4 MG/5 ML LIQUID	2	
CAMRESE 0.15-0.03-0.01 MG TAB	1		CARBINOXAMINE MALEATE 4 MG TAB	2	
CAMRESE LO TABLET	1		CAREFINE PEN NEEDLE 12.7MM 29G	3	
CANDESARTAN CILEXETIL 16 MG TB	2		CAREFINE PEN NEEDLE 4MM 32G	3	
CANDESARTAN CILEXETIL 32 MG TB	2		CAREFINE PEN NEEDLE 5MM 32G	3	
CANDESARTAN CILEXETIL 4 MG TAB	2		CAREFINE PEN NEEDLE 6MM 31G	3	
CANDESARTAN CILEXETIL 8 MG TAB	2		CAREFINE PEN NEEDLE 8MM 30G	3	
CANDESARTAN-HCTZ 16-12.5 MG TB	2		CAREFINE PEN NEEDLES 6MM 32G	3	
CANDESARTAN-HCTZ 32-12.5 MG TB	2		CAREFINE PEN NEEDLES 8MM 31G	3	
CANDESARTAN-HCTZ 32-25 MG TAB	2		CAREONE SYR 0.3 ML 30GX1/2"	3	
CAPECITABINE 150 MG TABLET	5	PA, SRX	CAREONE SYR 0.5 ML 30GX1/2"	3	
CAPECITABINE 500 MG TABLET	5	PA, SRX	CAREONE SYR 1 ML 30GX1/2"	3	
CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX	CAREONE UNIFINE PENTIP 4MM 32G	3	
CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX	CAREONE UNIFINE PENTIP 5MM 31G	3	
CAPTOPRIL 100 MG TABLET	2		CAREONE UNIFINE PENTIP 6MM 31G	3	
CAPTOPRIL 12.5 MG TABLET	2		CAREONE UNIFINE PENTIP 8MM 31G	3	
CAPTOPRIL 25 MG TABLET	2		CAREONE UNIFINE PENTP 29GX1/2"	3	
CAPTOPRIL 50 MG TABLET	2		CAREONE UNIFINE PENTP 31GX1/4"	3	
CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL	CAREONE UNIFINE PNTP 12MM 29G	3	
CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL	CAREONE UNIFINE PNTP 31GX3/16"	3	
CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL	CAREONE UNIFINE PNTP 31GX5/16"	3	
CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL	CAREONE UNIFINE PNTP 32GX5/32"	3	
CARBAMAZEPINE 100 MG TAB CHEW	2		CAREPOINT LL SYR 3 ML 20GX1.5"	3	
CARBAMAZEPINE 100 MG/5 ML SUSP	2		CAREPOINT LL SYR 3 ML 21GX1"	3	
CARBAMAZEPINE 200 MG TABLET	2		CAREPOINT LL SYR 3 ML 21GX1.5"	3	
CARBAMAZEPINE ER 100 MG CAP	2		CAREPOINT LL SYR 3 ML 22G 1"	3	
CARBAMAZEPINE ER 100 MG TABLET	2		CAREPOINT LL SYR 3 ML 22G 38MM	3	
CARBAMAZEPINE ER 200 MG CAP	2		CAREPOINT LL SYR 3 ML 23GX1"	3	
CARBAMAZEPINE ER 200 MG TABLET	2		CAREPOINT LL SYR 3 ML 23GX1.5"	3	
CARBAMAZEPINE ER 300 MG CAP	2		CAREPOINT LL SYR 3 ML 25G X 1"	3	
CARBAMAZEPINE ER 400 MG TABLET	2		CAREPOINT LL SYR 3 ML 25GX5/8"	3	
			CARESENS CONTROL SOLUTION	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARETOUCH CONTROL SOLN L2-L3	3		CEFACTOR 250 MG CAPSULE	2	
CARETOUCH HYPO NEEDLE 26G 1"	3		CEFACTOR 250 MG/5 ML SUSP	2	
CARETOUCH HYPODERMIC 18G 1.5"	3		CEFACTOR 375 MG/5 ML SUSPEN	2	
CARETOUCH HYPODERMIC 20G 1"	3		CEFACTOR 500 MG CAPSULE	2	
CARETOUCH HYPODERMIC 22G 1"	3		CEFACTOR ER	2	
CARETOUCH HYPODERMIC 23G 1"	3		CEFADROXIL 1 GM TABLET	2	
CARETOUCH HYPODERMIC 23G 1.5"	3		CEFADROXIL 250 MG/5 ML SUSP	2	
CARETOUCH HYPODERMIC 25G 1"	3		CEFADROXIL 500 MG CAPSULE	2	
CARETOUCH HYPODERMIC 25G 1.5"	3		CEFADROXIL 500 MG/5 ML SUSP	2	
CARETOUCH HYPODERMIC 25G 5/8"	3		CEFDINIR 125 MG/5 ML SUSP	2	
CARETOUCH LL SYR 3 ML 22G 1"	3		CEFDINIR 250 MG/5 ML SUSP	2	
CARETOUCH LL SYR 3 ML 22G 1.5"	3		CEFDINIR 300 MG CAPSULE	2	
CARETOUCH LL SYR 3 ML 23G 1"	3		CEFDITOREN PIVOXIL	2	
CARETOUCH LL SYR 3 ML 23G 1.5"	3		CEFIXIME 100 MG/5 ML SUSP	2	
CARETOUCH LL SYR 3 ML 25G 1"	3		CEFIXIME 200 MG/5 ML SUSP	2	
CARETOUCH LL SYR 3 ML 25G 1.5"	3		CEFIXIME 400 MG CAPSULE	3	
CARETOUCH LL SYR 3 ML 25G 5/8"	3		CEFPODOXIME 100 MG TABLET	2	
CARETOUCH PEN NEEDLE 29G 12MM	3		CEFPODOXIME 100 MG/5 ML SUSP	2	
CARETOUCH PEN NEEDLE 31GX1/4"	3		CEFPODOXIME 200 MG TABLET	2	
CARETOUCH PEN NEEDLE 31GX3/16"	3		CEFPODOXIME 50 MG/5 ML SUSP	2	
CARETOUCH PEN NEEDLE 31GX5/16"	3		CEFPROZIL 125 MG/5 ML SUSP	2	
CARETOUCH PEN NEEDLE 32GX3/16"	3		CEFPROZIL 250 MG TABLET	2	
CARETOUCH PEN NEEDLE 32GX5/32"	3		CEFPROZIL 250 MG/5 ML SUSP	2	
CARETOUCH SYR 0.3 ML 31GX5/16"	3		CEFPROZIL 500 MG TABLET	2	
CARETOUCH SYR 0.5 ML 30GX5/16"	3		CEFUROXIME AXETIL 250 MG TAB	2	
CARETOUCH SYR 0.5 ML 31GX5/16"	3		CEFUROXIME AXETIL 500 MG TAB	2	
CARETOUCH SYR 1 ML 28GX5/16"	3		CELECOXIB 100 MG CAPSULE	2	QL
CARETOUCH SYR 1 ML 29GX5/16"	3		CELECOXIB 200 MG CAPSULE	2	QL
CARETOUCH SYR 1 ML 30GX5/16"	3		CELECOXIB 400 MG CAPSULE	2	QL
CARETOUCH SYR 1 ML 31GX5/16"	3		CELECOXIB 50 MG CAPSULE	2	QL
CARGLUMIC ACID 200 MG TAB SUSP	5	PA, SRX	CELONTIN	4	
CARISOPRODOL 250 MG TABLET	2		CEPHALEXIN 125 MG/5 ML SUSP	2	
CARISOPRODOL 350 MG TABLET	2		CEPHALEXIN 250 MG CAPSULE	1	
CARISOPRODOL-ASPIRIN-CODEINE	2	PA	CEPHALEXIN 250 MG/5 ML SUSP	2	
CARTEOLOL HCL 1% EYE DROPS	2		CEPHALEXIN 500 MG CAPSULE	1	
CARTIA XT 120 MG CAPSULE	2		CEPHALEXIN 750 MG CAPSULE	2	
CARTIA XT 180 MG CAPSULE	2		CEQR SIMPLICITY INSERTER	3	
CARTIA XT 240 MG CAPSULE	2		CETIRIZINE HCL 1 MG/ML SOLN	2	
CARTIA XT 300 MG CAPSULE	2		CETIRIZINE HCL 1 MG/ML SYRUP	2	
CARTRIDGE STAMPED	3		CEVIMELINE HCL 30 MG CAPSULE	2	
CARVEDILOL 12.5 MG TABLET	1		CHARLOTTE 24 FE CHEWABLE TAB	1	
CARVEDILOL 25 MG TABLET	1		CHATEAL EQ-28 TABLET	1	
CARVEDILOL 3.125 MG TABLET	1		CHATEAL-28 TABLET	1	
CARVEDILOL 6.25 MG TABLET	1		CHEK-STIX	3	
CAYSTON	5	PA, QL, LDD, SRX	CHEMET	4	
CAZIAN 28 DAY TABLET	1		CHEMSTRIP	3	
CEFACTOR 125 MG/5 ML SUSP	2				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CHEMSTRIP 10 WITH SG	3		CIMZIA 2X200 MG/ML(X3)START KT	5	PA, QL, SRX
CHEMSTRIP 2 GP	3		CINACALCET HCL 30 MG TABLET	5	PA, SRX
CHEMSTRIP 2 LN	3		CINACALCET HCL 60 MG TABLET	5	PA, SRX
CHEMSTRIP 50B	3		CINACALCET HCL 90 MG TABLET	5	PA, SRX
CHEMSTRIP 7	3		CIPROFLOXACIN 0.2% OTIC SOLN	2	
CHEMSTRIP 9	3		CIPROFLOXACIN 0.3% EYE DROP	2	
CHEMSTRIP BG DIARY	3		CIPROFLOXACIN 250 MG/5 ML SUSP	2	
CHEMSTRIP MICRAL	3		CIPROFLOXACIN 500 MG/5 ML SUSP	2	
CHLORDIAZEPO-AMITRIPTYL 5-12.5	2		CIPROFLOXACIN HCL 100 MG TAB	2	
CHLORDIAZEPOX-AMITRIPTYL 10-25	2		CIPROFLOXACIN HCL 250 MG TAB	1	
CHLORDIAZEPOXIDE 10 MG CAPSULE	2		CIPROFLOXACIN HCL 500 MG TAB	1	
CHLORDIAZEPOXIDE 25 MG CAPSULE	2		CIPROFLOXACIN HCL 750 MG TAB	1	
CHLORDIAZEPOXIDE 5 MG CAPSULE	2		CIPROFLOX-FLUOCINLN 0.3-0.025%	3	PA
CHLORDIAZEPOXIDE-CLIDINIUM CAP	2		CIPROFLOX-DEXAMETH OTIC SUSP	3	
CHLORHEXIDINE 0.12% RINSE	2		CITALOPRAM HBR 10 MG TABLET	1	QL
CHLOROQUINE PH 250 MG TABLET	2		CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL
CHLOROQUINE PH 500 MG TABLET	2		CITALOPRAM HBR 20 MG TABLET	1	QL
CHLORPROMAZINE 10 MG TABLET	2		CITALOPRAM HBR 40 MG TABLET	1	QL
CHLORPROMAZINE 100 MG TABLET	2		CLARAVIS 10 MG CAPSULE	4	
CHLORPROMAZINE 200 MG TABLET	2		CLARAVIS 20 MG CAPSULE	4	
CHLORPROMAZINE 25 MG TABLET	2		CLARAVIS 30 MG CAPSULE	4	
CHLORPROMAZINE 50 MG TABLET	2		CLARAVIS 40 MG CAPSULE	4	
CHLORTHALIDONE 25 MG TABLET	1		CLARITHROMYCIN 125 MG/5 ML SUS	2	
CHLORTHALIDONE 50 MG TABLET	1		CLARITHROMYCIN 250 MG TABLET	2	
CHLORZOXAZONE 500 MG TABLET	2		CLARITHROMYCIN 250 MG/5 ML SUS	2	
CHOLESTYRAMINE LIGHT PACKET	2		CLARITHROMYCIN 500 MG TABLET	2	
CHOLESTYRAMINE LIGHT POWDER	2		CLARITHROMYCIN ER 500 MG TAB	2	
CHOLESTYRAMINE PACKET	2		CLEMASTINE FUMARATE	2	
CHOLESTYRAMINE POWDER	2		CLEO 90 INFUSION SET 24" 6MM	3	
CHORIONIC GONAD 10,000 UNIT VL	2	PA	CLEO 90 INFUSION SET 24" 9MM	3	
CICLODAN 0.77% CREAM	2		CLEO 90 INFUSION SET 31" 6MM	3	
CICLODAN 8% SOLUTION	2		CLEO 90 INFUSION SET 31" 9MM	3	
CICLOPIROX 0.77% CREAM	2		CLEVER CHOICE CHAMBER-LRG MASK	3	QL
CICLOPIROX 0.77% GEL	2		CLEVER CHOICE CHAMBER-MED MASK	3	QL
CICLOPIROX 0.77% TOPICAL SUSP	2		CLEVER CHOICE CHAMBER-SM MASK	3	QL
CICLOPIROX 1% SHAMPOO	2		CLEVER CHOICE LVL 1 CONTRL SOL	3	
CICLOPIROX 8% SOLUTION	2		CLEVER CHOICE LVL 2 CONTRL SOL	3	
CILOSTAZOL 100 MG TABLET	2		CLEVER CHOICE LVL 3 CONTRL SOL	3	
CILOSTAZOL 50 MG TABLET	2		CLEVER CHOICE PEAK FLOW METER	3	
CILOXAN	4		CLICKFINE 31G X 1/4" NEEDLES	3	
CIMETIDINE 200 MG TABLET	2		CLICKFINE 31G X 5/16" NEEDLES	3	
CIMETIDINE 300 MG TABLET	2		CLICKFINE PEN NEEDLE 32GX5/32"	3	
CIMETIDINE 300 MG/5 ML SOLN	2		CLICKFINE UNIVERSAL 31G X 1/4"	3	
CIMETIDINE 400 MG TABLET	2		CLIND PH-BENZOYL PEROX 1.2-5%	2	
CIMETIDINE 800 MG TABLET	2		CLINDACIN 1% FOAM	2	
CIMZIA 200 MG VIAL KIT	5	PA, QL, SRX	CLINDACIN ETZ 1% PLEDGET	2	
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, SRX			

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLINDACIN P 1% PLEDGETS	2	
CLINDAMYCIN (PEDI) 75 MG/5 ML	2	
CLINDAMYCIN 2% VAGINAL CREAM	2	
CLINDAMYCIN HCL 150 MG CAPSULE	2	
CLINDAMYCIN HCL 300 MG CAPSULE	2	
CLINDAMYCIN HCL 75 MG CAPSULE	2	
CLINDAMYCIN PH 1% GEL	2	
CLINDAMYCIN PH 1% SOLUTION	2	
CLINDAMYCIN PHOS 1% PLEDGET	2	
CLINDAMYCIN PHOSP 1% LOTION	2	
CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CLINDAMYCIN-BENZOYL PEROX 1-5%	2	
CLINDAMYCIN-BNZ PEROX 1-5% PMP	2	
CLINDA-TRETINOIN 1.2%-0.025%	2	
CLINDESSE 2% VAGINAL CREAM	4	
CLOBAZAM 10 MG TABLET	4	PA
CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CLOBAZAM 20 MG TABLET	4	PA
CLOBETASOL 0.05% CREAM	2	
CLOBETASOL 0.05% GEL	2	
CLOBETASOL 0.05% OINTMENT	2	
CLOBETASOL 0.05% SHAMPOO	2	
CLOBETASOL 0.05% SOLUTION	2	
CLOBETASOL 0.05% TOPICAL LOTN	2	
CLOBETASOL EMOLLIENT 0.05% CRM	2	
CLOBETASOL EMOLLNT 0.05% FOAM	2	
CLOBETASOL EMULSION 0.05% FOAM	2	
CLOBETASOL PROP 0.05% FOAM	2	
CLOBETASOL PROP 0.05% SPRAY	2	
CLOCORTOLONE 0.1% CREAM PUMP	2	
CLOCORTOLONE PIVALATE 0.1% CRM	2	
CLODAN 0.05% SHAMPOO	2	
CLOMIPRAMINE 25 MG CAPSULE	4	
CLOMIPRAMINE 50 MG CAPSULE	4	
CLOMIPRAMINE 75 MG CAPSULE	4	
CLONAZEPAM 0.125 MG DIS TAB	2	
CLONAZEPAM 0.125 MG ODT	2	
CLONAZEPAM 0.25 MG ODT	2	
CLONAZEPAM 0.5 MG DIS TABLET	2	
CLONAZEPAM 0.5 MG ODT	2	
CLONAZEPAM 0.5 MG TABLET	2	
CLONAZEPAM 1 MG DIS TABLET	2	
CLONAZEPAM 1 MG ODT	2	
CLONAZEPAM 1 MG TABLET	2	
CLONAZEPAM 2 MG ODT	2	
CLONAZEPAM 2 MG TABLET	2	
CLONIDINE 0.1 MG/DAY PATCH	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLONIDINE 0.2 MG/DAY PATCH	2	
CLONIDINE 0.3 MG/DAY PATCH	2	
CLONIDINE HCL 0.1 MG TABLET	1	
CLONIDINE HCL 0.2 MG TABLET	1	
CLONIDINE HCL 0.3 MG TABLET	1	
CLONIDINE HCL ER 0.1 MG TABLET	2	
CLOPIDOGREL 300 MG TABLET	2	
CLOPIDOGREL 75 MG TABLET	1	
CLORAZEPATE 15 MG TABLET	2	
CLORAZEPATE 3.75 MG TABLET	2	
CLORAZEPATE 7.5 MG TABLET	2	
CLOTRIMAZOLE 1% SOLUTION	2	
CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CLOTRIMAZOLE 10 MG TROCHE	2	
CLOTRIMAZOLE-BETAMETHASONE CRM	2	
CLOTRIMAZOLE-BETAMETHASONE LOT	2	
CLOZAPINE 100 MG TABLET	2	
CLOZAPINE 200 MG TABLET	2	
CLOZAPINE 25 MG TABLET	2	
CLOZAPINE 50 MG TABLET	2	
CLOZAPINE ODT 100 MG TABLET	4	
CLOZAPINE ODT 12.5 MG TABLET	4	
CLOZAPINE ODT 150 MG TABLET	4	
CLOZAPINE ODT 200 MG TABLET	4	
CLOZAPINE ODT 25 MG TABLET	4	
C-NATE DHA SOFTGEL	1	
COARTEM TABLETS	4	QL
CODEINE SULFATE 15 MG TABLET	2	PA
CODEINE SULFATE 30 MG TABLET	2	PA
CODEINE SULFATE 60 MG TABLET	2	PA
COLCHICINE 0.6 MG TABLET	2	
COLESEVELAM 625 MG TABLET	2	
COLESEVELAM HCL 3.75 G PACKET	2	
COLESTIPOL HCL 1 GM TABLET	2	
COLESTIPOL HCL GRANULES	2	
COLESTIPOL HCL GRANULES PACKET	2	
COLOCORT 100 MG/60 ML ENEMA	2	
COMBISTIX REAGENT STRIPS	3	
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
COMFORT EZ INS 0.3ML 30GX1/2"	3	
COMFORT EZ INS 0.3ML 30GX5/16"	3	
COMFORT EZ INS 0.5ML 31GX5/16"	3	
COMFORT EZ INS 1 ML 31GX5/16"	3	
COMFORT EZ INSULIN SYR 0.3 ML	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
COMFORT EZ INSULIN SYR 0.5 ML	3	
COMFORT EZ PEN NEEDLE 12MM 29G	3	
COMFORT EZ PEN NEEDLES 4MM 32G	3	
COMFORT EZ PEN NEEDLES 4MM 33G	3	
COMFORT EZ PEN NEEDLES 5MM 31G	3	
COMFORT EZ PEN NEEDLES 5MM 32G	3	
COMFORT EZ PEN NEEDLES 5MM 33G	3	
COMFORT EZ PEN NEEDLES 6MM 31G	3	
COMFORT EZ PEN NEEDLES 6MM 32G	3	
COMFORT EZ PEN NEEDLES 6MM 33G	3	
COMFORT EZ PEN NEEDLES 8MM 31G	3	
COMFORT EZ PEN NEEDLES 8MM 32G	3	
COMFORT EZ PEN NEEDLES 8MM 33G	3	
COMFORT EZ SYR 0.3 ML 29GX1/2"	3	
COMFORT EZ SYR 0.5 ML 28GX1/2"	3	
COMFORT EZ SYR 0.5 ML 29GX1/2"	3	
COMFORT EZ SYR 0.5 ML 30GX1/2"	3	
COMFORT EZ SYR 1 ML 28GX1/2"	3	
COMFORT EZ SYR 1 ML 29GX1/2"	3	
COMFORT EZ SYR 1 ML 30GX1/2"	3	
COMFORT EZ SYR 1 ML 30GX5/16"	3	
COMFORT INFUSION SET 23" 17MM	3	
COMFORT INFUSION SET 31" 17MM	3	
COMFORT INFUSION SET 32" 17MM	3	
COMFORT INFUSION SET 43" 17MM	3	
COMFORT POINT PEN NDL 29GX1/2"	3	
COMFORT POINT PEN NDL 31GX1/3"	3	
COMFORT POINT PEN NDL 31GX1/4"	3	
COMFORT POINT PEN NDL 31GX1/6"	3	
COMFORT SHORT INFUSION SET 23"	3	
COMFORT SHORT INFUSION SET 31"	3	
COMFORT SHORT INFUSION SET 32"	3	
COMFORT SHORT INFUSION SET 43"	3	
COMFORT TOUCH PEN NDL 31G 4MM	3	
COMFORT TOUCH PEN NDL 31G 5MM	3	
COMFORT TOUCH PEN NDL 31G 6MM	3	
COMFORT TOUCH PEN NDL 31G 8MM	3	
COMFORT TOUCH PEN NDL 32G 4MM	3	
COMFORT TOUCH PEN NDL 32G 5MM	3	
COMFORT TOUCH PEN NDL 32G 6MM	3	
COMFORT TOUCH PEN NDL 32G 8MM	3	
COMFORT TOUCH PEN NDL 33G 4MM	3	
COMFORT TOUCH PEN NDL 33G 6MM	3	
COMFORT TOUCH PEN NDL 33GX5MM	3	
COMIRNATY 30MCG/0.3ML VAC-GRAY	3	
COMPACT SPACE CHAMBER	3	QL
COMPACT SPACE CHAMBER-LRG MASK	3	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
COMPACT SPACE CHAMBER-MED MASK	3	QL
COMPACT SPACE CHAMBER-SM MASK	3	QL
COMPLERA	3	QL
COMPLETE NATAL DHA	1	
COMPLETENATE TABLET CHEW	1	
COMPRO 25 MG SUPPOSITORY	2	
CONSTULOSE 10 GM/15 ML SOLN	2	
CONTACT DETACH INFUSN SET 23"	3	
CONTACT DETACH INFUSN SET 32"	3	
CONTACT DETACH INFUSN SET 43"	3	
CONTOUR NEXT LEV 1 CONTROL SOL	3	
CONTOUR NEXT LEV 2 CONTROL SOL	3	
CONTOUR SOLUTION	3	
COOL CONTROL A SOLUTION	3	
COOL CONTROL B SOLUTION	3	
CORTISONE 25 MG TABLET	2	
CORTISPORIN CREAM	4	
CORTISPORIN OINTMENT	4	
CORTISPORIN-TC EAR SUSPENSION	4	
COSENTYX (2 SYRINGES)	5	PA, QL, LDD, SRX
COSENTYX 150 MG/ML SYRINGE	5	PA, QL, LDD, SRX
COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, LDD, SRX
COSENTYX 150 MG/ML PEN INJECT	5	PA, QL, LDD, SRX
COSENTYX 300 MG DOSE-2 PENS	5	PA, QL, LDD, SRX
COTELLIC	5	PA, QL, LDD, SRX
COVARYX TABLET	2	
COVARYX H.S. TABLET	2	
CRESEMBA 186 MG CAPSULE	4	PA
CROMOLYN 100 MG/5 ML ORAL CONC	4	
CROMOLYN 20 MG/2 ML NEB SOLN	4	QL
CROMOLYN 4% EYE DROPS	2	
CROTAN 10% LOTION	3	
CRYSSELLE-28 TABLET	1	
CYANOCOBALAMIN 1,000 MCG/ML VL	2	
CYANOCOBALAMIN 10,000 MCG/10ML	2	
CYANOCOBALAMIN 30,000 MCG/30ML	2	
CYCLOBENZAPRINE 10 MG TABLET	1	
CYCLOBENZAPRINE 5 MG TABLET	1	
CYCLOMYDRIL EYE DROPS	4	
CYCLOPENTOLATE 0.5% EYE DROPS	2	
CYCLOPENTOLATE 1% EYE DROP	2	
CYCLOPENTOLATE 1% EYE DROPS	2	
CYCLOPENTOLATE HCL 2% DROPS	2	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	
CYCLOSERINE 250 MG CAPSULE	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CYCLOSET 0.8 MG TABLET	4	
CYCLOSPORINE 0.05% EYE EMULS	4	
CYCLOSPORINE 100 MG CAPSULE	2	
CYCLOSPORINE 25 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 100 MG	2	
CYCLOSPORINE MODIFIED 100MG/ML	2	
CYCLOSPORINE MODIFIED 25 MG	2	
CYCLOSPORINE MODIFIED 50 MG	2	
CYLTEZO	5	PA, QL, SRX
CYPROHEPTADINE 2 MG/5 ML SOLN	2	
CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CYPROHEPTADINE 4 MG TABLET	2	
CYRED 28 DAY TABLET	1	
CYRED EQ 28 DAY TABLET	1	
CYSTAGON 150 MG CAPSULE	5	PA, LDD, SRX
CYSTAGON 50 MG CAPSULE	5	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD
DABIGATRAN ETEXILATE 150 MG CP	4	PA, QL
DABIGATRAN ETEXILATE 75 CAP	4	PA, QL
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, LDD, SRX
DANAZOL 100 MG CAPSULE	2	
DANAZOL 200 MG CAPSULE	2	
DANAZOL 50 MG CAPSULE	2	
DANTROLENE SODIUM 100 MG CAP	2	
DANTROLENE SODIUM 25 MG CAP	2	
DANTROLENE SODIUM 50 MG CAP	2	
DAPSONE 100 MG TABLET	4	
DAPSONE 25 MG TABLET	4	
DAPTACEL DTAP VACCINE	3	
DARIFENACIN ER 15 MG TABLET	2	
DARIFENACIN ER 7.5 MG TABLET	2	
DARUNAVIR 600 MG TABLET	2	
DARUNAVIR 800 MG TABLET	2	
DASETTE 1-35-28 TABLET	1	
DASETTE 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TAB	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 125 MG TB FOR SUSP	5	PA, SRX
DEFERASIROX 180 MG GRANULE PKT	5	PA, LDD, SRX
DEFERASIROX 180 MG TABLET	5	PA, LDD, SRX
DEFERASIROX 250 MG TB FOR SUSP	5	PA, SRX
DEFERASIROX 360 MG GRANULE PKT	5	PA, LDD, SRX
DEFERASIROX 360 MG TABLET	5	PA, LDD, SRX
DEFERASIROX 500 MG TB FOR SUSP	5	PA, SRX
DEFERASIROX 90 MG GRANULE PKT	5	PA, LDD, SRX
DEFERASIROX 90 MG TABLET	5	PA, LDD, SRX
DEFERIPRONE 1,000 MG TB(3X/DY)	5	PA, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DEFERIPRONE 500 MG TABLET	5	PA, SRX
DELTEC COZMO CLEO INFUSION SET	3	
DEMECLOCYCLINE 150 MG TABLET	2	
DEMECLOCYCLINE 300 MG TABLET	2	
DENTA 5000 PLUS CREAM	2	
DENTAGEL 1.1% GEL	2	
DESCOVY 120-15 MG TABLET	4	PA
DESCOVY 200-25 MG TABLET	4	PA
DESIPRAMINE 10 MG TABLET	2	
DESIPRAMINE 100 MG TABLET	2	
DESIPRAMINE 150 MG TABLET	2	
DESIPRAMINE 25 MG TABLET	2	
DESIPRAMINE 50 MG TABLET	2	
DESIPRAMINE 75 MG TABLET	2	
DES Loratadine 2.5 MG ODT	2	QL
DES Loratadine 5 MG ODT	2	QL
DES Loratadine 5 MG TABLET	2	QL
DESMOPRESSIN 0.01% SOLUTION	2	
DESMOPRESSIN 10 MCG/0.1 ML SPR	2	
DESMOPRESSIN ACETATE 0.1 MG TB	2	
DESMOPRESSIN ACETATE 0.2 MG TB	2	
DESOGESTREL-EE 0.15-0.03 MG TB	1	
DESOGESTR-ETH ESTRAD ETH ESTRA	1	
DESONIDE 0.05% CREAM	2	
DESONIDE 0.05% LOTION	2	
DESONIDE 0.05% OINTMENT	2	
DESOXIMETASONE 0.05% CREAM	2	
DESOXIMETASONE 0.05% GEL	2	
DESOXIMETASONE 0.05% OINTMENT	2	
DESOXIMETASONE 0.25% CREAM	2	
DESOXIMETASONE 0.25% OINTMENT	2	
DESVENLAFAXINE SUCCNT ER 100MG	2	QL
DESVENLAFAXINE SUCCNT ER 25 MG	2	QL
DESVENLAFAXINE SUCCNT ER 50 MG	2	QL
DEXAMETHASONE 0.5 MG TABLET	2	
DEXAMETHASONE 0.5 MG/5 ML ELX	2	
DEXAMETHASONE 0.5 MG/5 ML LIQ	2	
DEXAMETHASONE 0.75 MG TABLET	2	
DEXAMETHASONE 1 MG TABLET	2	
DEXAMETHASONE 1.5 MG TABLET	2	
DEXAMETHASONE 2 MG TABLET	2	
DEXAMETHASONE 4 MG TABLET	2	
DEXAMETHASONE 6 MG TABLET	2	
DEXAMETHASONE INTENSOL 1 MG/ML	2	
DEXAMETHASONE 0.1% EYE DROP	2	
DEXCOM G6 RECEIVER	3	PA, QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAP	4	QL
DEXLANSOPRAZOLE DR 60 MG CAP	4	QL
DEXMETHYLPHENIDATE 10 MG TAB	2	QL
DEXMETHYLPHENIDATE 2.5 MG TAB	2	QL
DEXMETHYLPHENIDATE 5 MG TAB	2	QL
DEXMETHYLPHENIDATE ER 10 MG CP	2	QL
DEXMETHYLPHENIDATE ER 15 MG CP	2	QL
DEXMETHYLPHENIDATE ER 20 MG CP	2	QL
DEXMETHYLPHENIDATE ER 25 MG CP	2	QL
DEXMETHYLPHENIDATE ER 30 MG CP	2	QL
DEXMETHYLPHENIDATE ER 35 MG CP	2	QL
DEXMETHYLPHENIDATE ER 40 MG CP	2	QL
DEXMETHYLPHENIDATE ER 5 MG CAP	2	QL
DEXTROAMP-AMPHET ER 10 MG CAP	2	QL
DEXTROAMP-AMPHET ER 15 MG CAP	2	QL
DEXTROAMP-AMPHET ER 20 MG CAP	2	QL
DEXTROAMP-AMPHET ER 25 MG CAP	2	QL
DEXTROAMP-AMPHET ER 30 MG CAP	2	QL
DEXTROAMP-AMPHET ER 5 MG CAP	2	QL
DEXTROAMP-AMPHETAM 12.5 MG TAB	2	QL
DEXTROAMP-AMPHETAM 7.5 MG TAB	2	QL
DEXTROAMP-AMPHETAMIN 10 MG TAB	2	QL
DEXTROAMP-AMPHETAMIN 15 MG TAB	2	QL
DEXTROAMP-AMPHETAMIN 20 MG TAB	2	QL
DEXTROAMP-AMPHETAMIN 30 MG TAB	2	QL
DEXTROAMP-AMPHETAMINE 5 MG TAB	2	QL
DEXTROAMPHETAMINE 10 MG TAB	2	QL
DEXTROAMPHETAMINE 5 MG TAB	2	QL
DEXTROAMPHETAMINE 5 MG/5 ML	2	QL
DEXTROAMPHETAMINE ER 10 MG CAP	2	QL
DEXTROAMPHETAMINE ER 15 MG CAP	2	QL
DEXTROAMPHETAMINE ER 5 MG CAP	2	QL
DIATESTIX REAGENT STRIPS	3	
DIATRUE LEVEL 1 CONTROL SOLN	3	
DIATRUE LEVEL 2 CONTROL SOLN	3	
DIATRUE LEVEL 3 CONTROL SOLN	3	
DIAZEPAM 10 MG RECTAL GEL SYST	2	
DIAZEPAM 10 MG TABLET	2	
DIAZEPAM 2 MG TABLET	2	
DIAZEPAM 2.5 MG RECTAL GEL SYS	2	
DIAZEPAM 20 MG RECTAL GEL SYST	2	
DIAZEPAM 25 MG/5 ML ORAL CONC	2	
DIAZEPAM 5 MG TABLET	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DIAZEPAM 5 MG/5 ML ORAL SOLN	2	
DIAZEPAM 5 MG/5 ML SOLUTION	2	
DIAZEPAM 5 MG/ML ORAL CONC	2	
DIAZOXIDE 50 MG/ML ORAL SUSP	4	
DICLOFENAC 0.1% EYE DROPS	2	
DICLOFENAC 1.5% TOPICAL SOLN	2	
DICLOFENAC POT 50 MG TABLET	2	
DICLOFENAC SOD DR 25 MG TAB	2	
DICLOFENAC SOD DR 50 MG TAB	2	
DICLOFENAC SOD DR 75 MG TAB	2	
DICLOFENAC SOD EC 25 MG TAB	2	
DICLOFENAC SOD EC 50 MG TAB	2	
DICLOFENAC SOD EC 75 MG TAB	2	
DICLOFENAC SOD ER 100 MG TAB	2	
DICLOFENAC SODIUM 1% GEL	2	QL
DICLOFENAC-MISOPROST 50-0.2 MG	2	
DICLOFENAC-MISOPROST 75-0.2 MG	2	
DICLOXACILLIN 250 MG CAPSULE	2	
DICLOXACILLIN 500 MG CAPSULE	2	
DICYCLOMINE 10 MG CAPSULE	2	
DICYCLOMINE 10 MG/5 ML SOLN	2	
DICYCLOMINE 20 MG TABLET	2	
DIDANOSINE DR 250 MG CAPSULE	2	
DIDANOSINE DR 400 MG CAPSULE	2	
DIFICID 200 MG TABLET	4	PA, QL
DIFICID 40 MG/ML SUSPENSION	4	PA, QL
DIFLORASONE 0.05% CREAM	4	
DIFLORASONE 0.05% OINTMENT	4	
DIFLUNISAL 500 MG TABLET	2	
DIFLUPREDNATE 0.05% EYE DROP	3	
DIGOX 125 MCG TABLET	2	
DIGOX 250 MCG TABLET	2	
DIGOXIN 0.05 MG/ML SOLUTION	2	
DIGOXIN 0.125 MG TABLET	2	
DIGOXIN 0.25 MG TABLET	2	
DIGOXIN 125 MCG TABLET	2	
DIGOXIN 250 MCG TABLET	2	
DIHYDROERGOTAMINE 1 MG/ML AMP	4	QL
DILT XR 120 MG CAPSULE	2	
DILT XR 180 MG CAPSULE	2	
DILT XR 240 MG CAPSULE	2	
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER 120 MG CAP	2	
DILTIAZEM 12HR ER 60 MG CAP	2	
DILTIAZEM 12HR ER 90 MG CAP	2	
DILTIAZEM 24H ER(CD) 120 MG CP	2	

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DILTIAZEM 24H ER(CD) 180 MG CP	2		DODEX 1,000 MCG/ML VIAL	2	
DILTIAZEM 24H ER(CD) 240 MG CP	2		DODEX 10,000 MCG/10 ML VIAL	2	
DILTIAZEM 24H ER(CD) 300 MG CP	2		DODEX 30,000 MCG/30 ML VIAL	2	
DILTIAZEM 24H ER(CD) 360 MG CP	2		DOFETILIDE 125 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 120 MG TB	2		DOFETILIDE 250 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 180 MG TB	2		DOFETILIDE 500 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 240 MG TB	2		DOLISHALE 90-20 MCG TABLET	1	
DILTIAZEM 24H ER(LA) 300 MG TB	2		DONEPEZIL HCL 10 MG TABLET	2	
DILTIAZEM 24H ER(LA) 360 MG TB	2		DONEPEZIL HCL 23 MG TABLET	2	
DILTIAZEM 24H ER(LA) 420 MG TB	2		DONEPEZIL HCL 5 MG TABLET	2	
DILTIAZEM 24H ER(XR) 120 MG CP	2		DONEPEZIL HCL ODT 10 MG TABLET	2	
DILTIAZEM 24H ER(XR) 180 MG CP	2		DONEPEZIL HCL ODT 5 MG TABLET	2	
DILTIAZEM 24H ER(XR) 240 MG CP	2		DORZOLAMIDE HCL 2% EYE DROPS	2	
DILTIAZEM 24HR ER 120 MG CAP	2		DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DILTIAZEM 24HR ER 180 MG CAP	2		DOTTI 0.025 MG PATCH	2	QL
DILTIAZEM 24HR ER 240 MG CAP	2		DOTTI 0.0375 MG PATCH	2	QL
DILTIAZEM 24HR ER 300 MG CAP	2		DOTTI 0.05 MG PATCH	2	QL
DILTIAZEM 24HR ER 360 MG CAP	2		DOTTI 0.075 MG PATCH	2	QL
DILTIAZEM 24HR ER 420 MG CAP	2		DOTTI 0.1 MG PATCH	2	QL
DILTIAZEM 30 MG TABLET	1		DOVATO	3	QL
DILTIAZEM 60 MG TABLET	1		DOXAZOSIN MESYLATE 1 MG TAB	2	
DILTIAZEM 90 MG TABLET	1		DOXAZOSIN MESYLATE 2 MG TAB	2	
DIMETHYL FUMARATE 30D START PK	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 4 MG TAB	2	
DIMETHYL FUMARATE DR 120 MG CP	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 8 MG TAB	2	
DIMETHYL FUMARATE DR 240 MG CP	5	PA, QL, LDD, SRX	DOXEPIN 10 MG CAPSULE	2	
DIPENTUM 250 MG CAPSULE	4		DOXEPIN 10 MG/ML ORAL CONC	2	
DIPHEN 12.5 MG/5 ML ELIXIR	4		DOXEPIN 100 MG CAPSULE	2	
DIPHEN 12.5 MG/5 ML SOLUTION	4		DOXEPIN 150 MG CAPSULE	2	
DIPHENHYDRAMINE 12.5 MG/5 ML	2		DOXEPIN 25 MG CAPSULE	2	
DIPHENHYDRAMINE 25 MG/10 ML	2		DOXEPIN 5% CREAM	4	
DIPHENOXYLAT-ATROP 2.5-0.025/5	2		DOXEPIN 50 MG CAPSULE	2	
DIPHENOXYLATE-ATROP 2.5-0.025	2		DOXEPIN 75 MG CAPSULE	2	
DIPHTHERIA-TETANUS TOXOIDS-PED	3		DOXEPIN HCL 3 MG TABLET	3	QL
DIPYRIDAMOLE 25 MG TABLET	2		DOXEPIN HCL 6 MG TABLET	3	QL
DIPYRIDAMOLE 50 MG TABLET	2		DOXERCALCIFEROL 0.5 MCG CAP	2	
DIPYRIDAMOLE 75 MG TABLET	2		DOXERCALCIFEROL 1 MCG CAPSULE	2	
DISOPYRAMIDE 100 MG CAPSULE	2		DOXERCALCIFEROL 2.5 MCG CAP	2	
DISOPYRAMIDE 150 MG CAPSULE	2		DOXYCYCLINE 25 MG/5 ML SUSP	2	
DISULFIRAM 250 MG TABLET	2		DOXYCYCLINE HYCLATE 100 MG CAP	1	
DISULFIRAM 500 MG TABLET	2		DOXYCYCLINE HYCLATE 100 MG TAB	1	
DIVALPROEX DR 125 MG CAP SPRNK	2		DOXYCYCLINE HYCLATE 20 MG TAB	2	
DIVALPROEX DR 125 MG CP(SPRNK)	2		DOXYCYCLINE HYCLATE 50 MG CAP	1	
DIVALPROEX SOD DR 125 MG TAB	2		DOXYCYCLINE MONO 100 MG CAP	1	
DIVALPROEX SOD DR 250 MG TAB	2		DOXYCYCLINE MONO 100 MG TABLET	1	
DIVALPROEX SOD DR 500 MG TAB	2		DOXYCYCLINE MONO 150 MG CAP	2	
DIVALPROEX SOD ER 250 MG TAB	2		DOXYCYCLINE MONO 150 MG TABLET	2	
DIVALPROEX SOD ER 500 MG TAB	2				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DOXYCYCLINE MONO 50 MG CAP	1		DROSP-EE-LEVOMEF 3-0.03-0.451	1	
DOXYCYCLINE MONO 50 MG TABLET	1		DROSPIRENONE-EE 3-0.02 MG TAB	1	
DOXYCYCLINE MONO 75 MG CAPSULE	2		DROSPIRENONE-EE 3-0.03 MG TAB	1	
DOXYCYCLINE MONO 75 MG TABLET	2		DROXIA 200 MG CAPSULE	4	
DRONABINOL 10 MG CAPSULE	4		DROXIA 300 MG CAPSULE	4	
DRONABINOL 2.5 MG CAPSULE	4		DROXIA 400 MG CAPSULE	4	
DRONABINOL 5 MG CAPSULE	4		DRUG MART ULTRA COMFORT SYR	3	
DROPLET 0.5 ML 29GX12.5MM(1/2)	3		DUAVEE 0.45-20 MG TABLET	4	
DROPLET 0.5 ML 30GX12.5MM(1/2)	3		DULOXETINE HCL DR 20 MG CAP	2	QL
DROPLET INS 0.3 ML 29GX12.5MM	3		DULOXETINE HCL DR 30 MG CAP	2	QL
DROPLET INS 0.3ML 30GX12.5MM	3		DULOXETINE HCL DR 60 MG CAP	2	QL
DROPLET INS 0.5ML 30GX6MM(1/2)	3		DUPIXENT 100 MG/0.67 ML SYRINGE	5	PA, SRX
DROPLET INS 0.5ML 30GX8MM(1/2)	3		DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DROPLET INS 0.5ML 31GX6MM(1/2)	3		DUPIXENT 200 MG/1.14 ML SYRINGE	5	PA, SRX
DROPLET INS 0.5ML 31GX8MM(1/2)	3		DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DROPLET INS SYR 0.3 ML 30GX6MM	3		DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DROPLET INS SYR 0.3 ML 30GX8MM	3		DUTASTERIDE 0.5 MG CAPSULE	2	
DROPLET INS SYR 0.3 ML 31GX6MM	3		DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	
DROPLET INS SYR 0.3 ML 31GX8MM	3		EASIVENT HOLDING CHAMBER	3	QL
DROPLET INS SYR 1 ML 30GX6MM	3		EASIVENT MASK-LARGE	3	QL
DROPLET INS SYR 1 ML 30GX8MM	3		EASIVENT MASK-MEDIUM	3	QL
DROPLET INS SYR 1 ML 31GX6MM	3		EASIVENT MASK-SMALL	3	QL
DROPLET INS SYR 1 ML 31GX8MM	3		EASY COMFORT 0.3 ML SYRINGE	3	
DROPLET INS SYR 1ML 29GX12.5MM	3		EASY COMFORT 0.5 ML 30GX1/2"	3	
DROPLET INS SYR 1ML 30GX12.5MM	3		EASY COMFORT 0.5 ML 31GX5/16"	3	
DROPLET MICRON 34G X 9/64"	3		EASY COMFORT 0.5 ML 32GX5/16"	3	
DROPLET PEN NEEDLE 29GX1/2"	3		EASY COMFORT 0.5 ML SYRINGE	3	
DROPLET PEN NEEDLE 29GX3/8"	3		EASY COMFORT 1 ML 31GX5/16"	3	
DROPLET PEN NEEDLE 30GX5/16"	3		EASY COMFORT 1 ML 32GX5/16"	3	
DROPLET PEN NEEDLE 31GX1/4"	3		EASY COMFORT INSULIN 1 ML SYR	3	
DROPLET PEN NEEDLE 31GX3/16"	3		EASY COMFORT PEN ND 31GX1/4"	3	
DROPLET PEN NEEDLE 31GX5/16"	3		EASY COMFORT PEN ND 31GX3/16"	3	
DROPLET PEN NEEDLE 32GX1/4"	3		EASY COMFORT PEN ND 31GX5/16"	3	
DROPLET PEN NEEDLE 32GX3/16"	3		EASY COMFORT PEN ND 32GX5/32"	3	
DROPLET PEN NEEDLE 32GX5/16"	3		EASY COMFORT PEN ND 33G 4MM	3	
DROPLET PEN NEEDLE 32GX5/32"	3		EASY COMFORT PEN ND 33G 5MM	3	
DROPSAFE INS SYR 0.3ML 31G 6MM	3		EASY COMFORT PEN ND 33G 6MM	3	
DROPSAFE INS SYR 0.3ML 31G 8MM	3		EASY COMFORT SYR 1 ML 30GX1/2"	3	
DROPSAFE INS SYR 0.5ML 31G 6MM	3		EASY GLIDE INS 0.3 ML 31GX6MM	3	
DROPSAFE INS SYR 0.5ML 31G 8MM	3		EASY GLIDE INS 0.5 ML 31GX6MM	3	
DROPSAFE INSUL SYR 1ML 31G 6MM	3		EASY GLIDE INS 1 ML 31GX6MM	3	
DROPSAFE INSUL SYR 1ML 31G 8MM	3		EASY GLIDE PEN NEEDLE 4MM 33G	3	
DROPSAFE INSULN 1ML 29G 12.5MM	3		EASY PLUS II CONTROL SOLN HIGH	3	
DROPSAFE PEN NEEDLE 31GX1/4"	3		EASY PLUS II CONTROL SOLN LOW	3	
DROPSAFE PEN NEEDLE 31GX3/16"	3		EASY STEP CONTRL SOLN-HIGH	3	
DROPSAFE PEN NEEDLE 31GX5/16"	3		EASY STEP CONTROL SOLN-LOW	3	
DROSP-EE-LEVOMEF 3-0.02-0.451	1				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY STEP CONTROL SOLN-NORMAL	3		EASY TOUCH HYPODERMIC 19GX1.5"	3	
EASY TALK CONTROL SOLN LOW	3		EASY TOUCH HYPODERMIC 20GX1"	3	
EASY TALK HIGH CONTROL SOLN	3		EASY TOUCH HYPODERMIC 20GX1.5"	3	
EASY TALK PLUS II HIGH CONTROL	3		EASY TOUCH HYPODERMIC 21GX1"	3	
EASY TALK PLUS II LOW CTRL SLN	3		EASY TOUCH HYPODERMIC 21GX1.5"	3	
EASY TOUCH 0.3 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 22GX1"	3	
EASY TOUCH 0.5 ML SYR 27GX1/2"	3		EASY TOUCH HYPODERMIC 22GX1.5"	3	
EASY TOUCH 0.5 ML SYR 29GX1/2"	3		EASY TOUCH HYPODERMIC 23GX1"	3	
EASY TOUCH 0.5 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 23GX1.25	3	
EASY TOUCH 0.5 ML SYR 30GX5/16	3		EASY TOUCH HYPODERMIC 23GX1.5"	3	
EASY TOUCH 1 ML SYR 27GX1/2"	3		EASY TOUCH HYPODERMIC 23GX3/4"	3	
EASY TOUCH 1 ML SYR 29GX1/2"	3		EASY TOUCH HYPODERMIC 24GX1"	3	
EASY TOUCH 1 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 24GX1.25	3	
EASY TOUCH BLU LINK CTRL SOLN	3		EASY TOUCH HYPODERMIC 25GX1"	3	
EASY TOUCH FLIPLK NDL 30GX5/16	3		EASY TOUCH HYPODERMIC 25GX1.5"	3	
EASY TOUCH FLIPLK NDL 31GX5/16	3		EASY TOUCH HYPODERMIC 25GX5/8"	3	
EASY TOUCH FLIPLK NDL 18GX1"	3		EASY TOUCH HYPODERMIC 26GX1/2"	3	
EASY TOUCH FLIPLK NDL 19GX1"	3		EASY TOUCH HYPODERMIC 26GX3/8"	3	
EASY TOUCH FLIPLK NDL 20GX1"	3		EASY TOUCH HYPODERMIC 26GX5/8"	3	
EASY TOUCH FLIPLK NDL 21GX1"	3		EASY TOUCH HYPODERMIC 27GX1.25	3	
EASY TOUCH FLIPLK NDL 22GX1	3		EASY TOUCH HYPODERMIC 27GX1.5"	3	
EASY TOUCH FLIPLK NDL 23GX1"	3		EASY TOUCH HYPODERMIC 27GX1/2"	3	
EASY TOUCH FLIPLK NDL 25GX1"	3		EASY TOUCH HYPODERMIC 30GX1"	3	
EASY TOUCH FLIPLK NDL 26GX1"	3		EASY TOUCH HYPODERMIC 30GX1/2"	3	
EASY TOUCH FLIPLK NDL 27GX1"	3		EASY TOUCH HYPODERMIC 31GX5/16	3	
EASY TOUCH FLIPLK NDL 18GX1.5	3		EASY TOUCH HYPODERMIC 32GX5/16	3	
EASY TOUCH FLIPLK NDL 19GX1.5	3		EASY TOUCH INSULIN 1ML 29GX1/2	3	
EASY TOUCH FLIPLK NDL 20GX1.5	3		EASY TOUCH INSULIN 1ML 30GX1/2	3	
EASY TOUCH FLIPLK NDL 21GX1.5	3		EASY TOUCH INSULIN SYR 0.3 ML	3	
EASY TOUCH FLIPLK NDL 22GX1.5	3		EASY TOUCH INSULIN SYR 0.5 ML	3	
EASY TOUCH FLIPLK NDL 22GX3/4	3		EASY TOUCH INSULIN SYR 1 ML	3	
EASY TOUCH FLIPLK NDL 23GX1.5	3		EASY TOUCH INSULN 1ML 29GX1/2"	3	
EASY TOUCH FLIPLK NDL 23GX5/8	3		EASY TOUCH INSULN 1ML 30GX1/2"	3	
EASY TOUCH FLIPLK NDL 25GX1.5	3		EASY TOUCH INSULN 1ML 30GX5/16	3	
EASY TOUCH FLIPLK NDL 25GX5/8	3		EASY TOUCH INSULN 1ML 31GX5/16	3	
EASY TOUCH FLIPLK NDL 26GX1/2	3		EASY TOUCH LUER LOK INSUL 1 ML	3	
EASY TOUCH FLIPLK NDL 27GX1/2	3		EASY TOUCH PEN NEEDLE 29GX1/2"	3	
EASY TOUCH FLIPLK NDL 28GX1/2	3		EASY TOUCH PEN NEEDLE 30GX5/16	3	
EASY TOUCH FLIPLK NDL 29GX1/2	3		EASY TOUCH PEN NEEDLE 31GX1/4"	3	
EASY TOUCH FLIPLK NDL 30GX1/2	3		EASY TOUCH PEN NEEDLE 31GX3/16	3	
EASY TOUCH HIGH-LOW CTRL SOLN	3		EASY TOUCH PEN NEEDLE 31GX5/16	3	
EASY TOUCH HYPODERMIC 16GX1"	3		EASY TOUCH PEN NEEDLE 32GX1/4"	3	
EASY TOUCH HYPODERMIC 16GX1.5"	3		EASY TOUCH PEN NEEDLE 32GX3/16	3	
EASY TOUCH HYPODERMIC 18GX1"	3		EASY TOUCH PEN NEEDLE 32GX5/32	3	
EASY TOUCH HYPODERMIC 18GX1.25	3		EASY TOUCH SAF PEN NDL 29G 5MM	3	
EASY TOUCH HYPODERMIC 18GX1.5"	3		EASY TOUCH SAF PEN NDL 29G 8MM	3	
EASY TOUCH HYPODERMIC 19GX1"	3		EASY TOUCH SAF PEN NDL 30G 5MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH SAF PEN NDL 30G 8MM	3	
EASY TOUCH SYR 0.5ML 27G12.7MM	3	
EASY TOUCH SYR 0.5ML 28G12.7MM	3	
EASY TOUCH SYR 0.5ML 29G12.7MM	3	
EASY TOUCH SYR 1 ML 27G 12.7MM	3	
EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH SYR 1 ML 28G 12.7MM	3	
EASY TOUCH SYR 1 ML 29G 12.7MM	3	
EASY TOUCH SYR 3 ML 22GX1-1/2"	3	
EASY TOUCH SYR 3 ML 25GX5/8"	3	
EASY TOUCH SYRINGE 3 ML 20GX1"	3	
EASY TOUCH SYRINGE 3 ML 21GX1"	3	
EASY TOUCH SYRINGE 3 ML 22GX1"	3	
EASY TOUCH SYRINGE 3 ML 23GX1"	3	
EASY TOUCH SYRINGE 3 ML 25GX1"	3	
EASY TOUCH UNI-SLIP SYR 1 ML	3	
EASY TRAK CONTROL SOLN HIGH	3	
EASY TRAK CONTROL SOLN LOW	3	
EASY TRAK II CTRL SOLN-NORMAL	3	
EASYGLUCO PLUS CTRL SOL NORMAL	3	
EASYMAX NORMAL CONTROL SOLN	3	
EASYMAX 15 LEVEL 2 SOLUTION	3	
EASYPOINT NEEDLE 18G X 1"	3	
EASYPOINT NEEDLE 18G X 1-1/2"	3	
EASYPOINT NEEDLE 20G X 1"	3	
EASYPOINT NEEDLE 20G X 1-1/2"	3	
EASYPOINT NEEDLE 21G X 1"	3	
EASYPOINT NEEDLE 21G X 1-1/2"	3	
EASYPOINT NEEDLE 22G X 1"	3	
EASYPOINT NEEDLE 22G X 1-1/2"	3	
EASYPOINT NEEDLE 23G X 1"	3	
EASYPOINT NEEDLE 25G 16MM	3	
EASYPOINT NEEDLE 25G X 1"	3	
EASYPOINT NEEDLE 25G X 5/8"	3	
EASYPOINT NEEDLE 25GX1-1/2"	3	
EASY TOUCH SYR 1 ML 27G 16MM	3	
EASYTOUCH SAF PEN NDL 30G 6MM	3	
EC-NAPROXEN DR 375 MG TABLET	2	
EC-NAPROXEN DR 500 MG TABLET	2	
ECONAZOLE NITRATE 1% CREAM	2	
ECONTRA EZ 1.5 MG TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1	
ED-SPAZ 0.125 MG ODT	2	
EDURANT 25 MG TABLET	3	
EEMT DS 1.25-2.5 MG TABLET	2	
EEMT HS 0.625-1.25 MG TABLET	2	
EFAVIR-EMTRI-TENOF 600-200-300	2	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EFAVIRENZ 200 MG CAPSULE	2	
EFAVIRENZ 50 MG CAPSULE	2	
EFAVIRENZ 600 MG TABLET	2	
EFAVIR-LAMIV-TENOF 400-300-300	2	QL
EFAVIR-LAMIV-TENOF 600-300-300	2	QL
EFFER-K 10 MEQ TABLET EFF	4	
EFFER-K 20 MEQ TABLET EFF	4	
ELEMENT COMPACT SOLN HIGH	3	
ELEMENT COMPACT SOLN NORMAL	3	
ELEMENT CONTROL SOLN NORMAL	3	
ELEMENT CONTROL SOLUTION HIGH	3	
ELEMENT CONTROL SOLUTION LOW	3	
ELETRIPTAN HBR 20 MG TABLET	2	QL
ELETRIPTAN HBR 40 MG TABLET	2	QL
ELINEST-28 TABLET	1	
ELIQUIS 2.5 MG TABLET	3	PA, QL
ELIQUIS 5 MG TABLET	3	PA, QL
ELIQUIS DVT-PE TREAT START 5MG	3	PA, QL
ELITE-OB CAPLET	1	
ELLA 30 MG TABLET	4	
ELMIRON 100 MG CAPSULE	4	
ELURYNG VAGINAL RING	2	
EMBRACE GLUC CONTROL SOLN HIGH	3	
EMBRACE EVO LEVEL 1 CTRL SOLN	3	
EMBRACE GLUC CONTROL SOLN LOW	3	
EMBRACE PEN NEEDLE 29G 12MM	3	
EMBRACE PEN NEEDLE 30G 5MM	3	
EMBRACE PEN NEEDLE 30G 8MM	3	
EMBRACE PEN NEEDLE 31G 5MM	3	
EMBRACE PEN NEEDLE 31G 6MM	3	
EMBRACE PEN NEEDLE 31G 8MM	3	
EMBRACE PEN NEEDLE 32G 4MM	3	
EMBRACE PRO CONTROL SOLUTION	3	
EMBRACE TALK CTRL SOL-HIGH(L2)	3	
EMBRACE TALK CTRL SOLN-LOW(L1)	3	
EMCYT 140 MG CAPSULE	5	SRX
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
EMOQUETTE 28 DAY TABLET	1	
EMTRICITABINE 200 MG CAPSULE	2	
EMTRICITABINE-TENOFV 100-150MG	2	
EMTRICITABINE-TENOFV 133-200MG	2	
EMTRICITABINE-TENOFV 167-250MG	2	
EMTRICITABINE-TENOFV 200-300MG	2	
EMTRIVA 10 MG/ML SOLUTION	3	
EMVERM 100 MG TABLET CHEW	4	
ENALAPRIL MALEATE 10 MG TAB	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ENALAPRIL MALEATE 2.5 MG TAB	1		EPINEPHRINE 0.3 MG AUTO-INJECT	2	QL
ENALAPRIL MALEATE 20 MG TAB	1		EPITOL 200 MG TABLET	2	
ENALAPRIL MALEATE 5 MG TABLET	1		EPIVIR HBV 25 MG/5 ML SOLN	5	SRX
ENALAPRIL-HCTZ 10-25 MG TABLET	1		EPLERENONE 25 MG TABLET	2	
ENALAPRIL-HCTZ 5-12.5 MG TAB	1		EPLERENONE 50 MG TABLET	2	
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX	EPROSARTAN MESYLATE 600 MG TAB	2	
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX	EQL INS SYR 1 ML 29GX1/2"	3	
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX	EQL INSUL SYR 0.3 ML 31GX5/16"	3	
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX	EQL INSUL SYR 0.5 ML 31GX5/16"	3	
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX	EQL INSULIN 0.3 ML SYRINGE	3	
ENDOCET 10-325 MG TABLET	2	PA	EQL INSULIN 0.5 ML SYRINGE	3	
ENDOCET 2.5-325 MG TABLET	2	PA	EQL INSULIN 1 ML SYRINGE	3	
ENDOCET 5-325 MG TABLET	2	PA	EQL INSULIN SYR 1 ML 31GX5/16"	3	
ENDOCET 7.5-325 MG TABLET	2	PA	EQL PEN 8MM 31G X 5/16" NEEDLE	3	
ENDOMETRIN 100 MG VAG INSERT	4	PA	ERGOLOID MESYLATES 1 MG TAB	1	
ENGERIX-B 20 MCG/ML SYRN	3		ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ENGERIX-B 20 MCG/ML VIAL	3		ERLOTINIB HCL 100 MG TABLET	5	PA, LDD, SRX
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3		ERLOTINIB HCL 150 MG TABLET	5	PA, LDD, SRX
ENLITE SERTER	3		ERLOTINIB HCL 25 MG TABLET	5	PA, LDD, SRX
ENLYTE SOFTGEL	4		ERRIN 0.35 MG TABLET	1	
ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX	ERTACZO 2% CREAM	4	
ENOXAPARIN 120 MG/0.8 ML SYR	5	QL, SRX	ERY 2% PADS	2	
ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX	ERYTHROCIN 250 MG TABLET	4	
ENOXAPARIN 30 MG/0.3 ML SYR	5	QL, SRX	ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX	ERYTHROMYCIN 2% GEL	2	
ENOXAPARIN 40 MG/0.4 ML SYR	5	QL, SRX	ERYTHROMYCIN 2% SOLUTION	2	
ENOXAPARIN 60 MG/0.6 ML SYR	5	QL, SRX	ERYTHROMYCIN 200 MG/5 ML SUSP	2	
ENOXAPARIN 80 MG/0.8 ML SYR	5	QL, SRX	ERYTHROMYCIN 250 MG TABLET	2	
ENPRESSE-28 TABLET	1		ERYTHROMYCIN 400 MG/5 ML SUSP	2	
ENSKYCE 28 TABLET	1		ERYTHROMYCIN 500 MG TABLET	2	
ENTACAPONE 200 MG TABLET	2		ERYTHROMYCIN DR 250 MG CAP	2	
ENTECAVIR 0.5 MG TABLET	5	SRX	ERYTHROMYCIN ES 400 MG TAB	2	
ENTECAVIR 1 MG TABLET	5	SRX	ERYTHROMYCIN-BENZOYL GEL	2	
ENTRESTO 24 MG-26 MG TABLET	3	QL	ESCITALOPRAM 10 MG TABLET	2	QL
ENTRESTO 49 MG-51 MG TABLET	3	QL	ESCITALOPRAM 20 MG TABLET	2	QL
ENTRESTO 97 MG-103 MG TABLET	3	QL	ESCITALOPRAM 5 MG TABLET	2	QL
ENULOSE 10 GM/15 ML SOLUTION	2		ESCITALOPRAM OXALATE 5 MG/5 ML	2	QL
EPCLUSA 150-37.5 MG PELLETT PKT	5	PA, QL, SRX	ESOMEPRAZOLE DR 10 MG PACKET	3	QL
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX	ESOMEPRAZOLE DR 20 MG PACKET	3	QL
EPCLUSA 200-50 MG PELLETT PACK	5	PA, QL, SRX	ESOMEPRAZOLE DR 40 MG PACKET	3	QL
EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX	ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL
EPIDIOLEX 100 MG/ML SOLN PACK	4	PA, LDD	ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL
EPIDIOLEX 100 MG/ML SOLUTION	4	PA, LDD	ESOMEPRAZOLE DR 49.3 MG CAP	2	QL
EPIFOAM FOAM	4		ESTARYLLA 0.25-0.035 MG TABLET	1	
EPINASTINE HCL 0.05% EYE DROPS	2		ESTAZOLAM 1 MG TABLET	2	
EPINEPHRINE 0.15 MG AUTO-INJCT	2	QL	ESTAZOLAM 2 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ESTRADIOL 0.025 MG PATCH(1/WK)	2	QL
ESTRADIOL 0.025 MG PATCH(2/WK)	2	QL
ESTRADIOL 0.0375MG PATCH(1/WK)	2	QL
ESTRADIOL 0.0375MG PATCH(2/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH(1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH(2/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSRT	2	QL
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL-NORETH 0.5-0.1 MG TB	2	
ESTRADIOL-NORETH 1-0.5 MG TAB	2	
ESTROGEN-METHYLTESTOS F.S. TAB	2	
ESTROGEN-METHYLTESTOS H.S. TAB	2	
ESZOPICLONE 1 MG TABLET	2	
ESZOPICLONE 2 MG TABLET	2	
ESZOPICLONE 3 MG TABLET	2	
ETHAMBUTOL HCL 100 MG TABLET	2	
ETHAMBUTOL HCL 400 MG TABLET	2	
ETHOSUXIMIDE 250 MG CAPSULE	2	
ETHOSUXIMIDE 250 MG/5 ML SOLN	2	
ETHYL CHLORIDE SPRAY	2	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1	
ETODOLAC 200 MG CAPSULE	2	
ETODOLAC 300 MG CAPSULE	2	
ETODOLAC 400 MG TABLET	2	
ETODOLAC 500 MG TABLET	2	
ETODOLAC ER 400 MG TABLET	2	
ETODOLAC ER 500 MG TABLET	2	
ETODOLAC ER 600 MG TABLET	2	
ETONOGESTREL-EE VAGINAL RING	2	
ETOPOSIDE 50 MG CAPSULE	5	SRX
ETRAVIRINE 100 MG TABLET	2	
ETRAVIRINE 200 MG TABLET	2	
EURAX 10% CREAM	4	
EUTHYROX 100 MCG TABLET	1	
EUTHYROX 112 MCG TABLET	1	
EUTHYROX 125 MCG TABLET	1	
EUTHYROX 137 MCG TABLET	1	
EUTHYROX 150 MCG TABLET	1	
EUTHYROX 175 MCG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EUTHYROX 200 MCG TABLET	1	
EUTHYROX 25 MCG TABLET	1	
EUTHYROX 50 MCG TABLET	1	
EUTHYROX 75 MCG TABLET	1	
EUTHYROX 88 MCG TABLET	1	
EVENCARE G2 CONTROL SOLUTION	3	
EVENCARE G3 CONTROL SOLUTION	3	
EVEROLIMUS 0.25 MG TABLET	5	SRX
EVEROLIMUS 0.5 MG TABLET	5	SRX
EVEROLIMUS 0.75 MG TABLET	5	SRX
EVEROLIMUS 1 MG TABLET	5	SRX
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX
EVOLUTION CONTROL SOLN NORMAL	3	
EVOTAZ 300 MG-150 MG TABLET	3	
EXEL 3 ML SYRN 27G X 1 1/4"	3	
EXEL HUBER 22GX3/4" NEEDLE	3	
EXEL HUBER NEEDLE 22GX1"	3	
EXEL HYPO NEEDLE 16GX1"	3	
EXEL HYPO NEEDLE 18GX1"	3	
EXEL HYPO NEEDLE 18GX1.5"	3	
EXEL HYPO NEEDLE 19GX1"	3	
EXEL HYPO NEEDLE 19GX1.5"	3	
EXEL HYPO NEEDLE 20GX0.75"	3	
EXEL HYPO NEEDLE 20GX1"	3	
EXEL HYPO NEEDLE 20GX1.5"	3	
EXEL HYPO NEEDLE 21GX1"	3	
EXEL HYPO NEEDLE 21GX1.5"	3	
EXEL HYPO NEEDLE 22GX0.75"	3	
EXEL HYPO NEEDLE 22GX1"	3	
EXEL HYPO NEEDLE 22GX1.5"	3	
EXEL HYPO NEEDLE 23GX0.75"	3	
EXEL HYPO NEEDLE 23GX1"	3	
EXEL HYPO NEEDLE 25GX0.625"	3	
EXEL HYPO NEEDLE 25GX0.75"	3	
EXEL HYPO NEEDLE 25GX1"	3	
EXEL HYPO NEEDLE 25GX1.5"	3	
EXEL HYPO NEEDLE 26GX0.375"	3	
EXEL HYPO NEEDLE 26GX0.5"	3	
EXEL HYPO NEEDLE 26GX0.625"	3	
EXEL HYPO NEEDLE 26GX1.5"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EXEL HYPO NEEDLE 27GX0.5"	3	
EXEL HYPO NEEDLE 30GX0.5"	3	
EXEL INS SYR U100 1 ML 28GX1/2	3	
EXEL MTI DRAWING NDL 20GX1"	3	
EXEL MTI DRAWING NDL 21GX1"	3	
EXEL MTI DRAWING NDL 22GX1"	3	
EXEL SYRINGE 20GX1" 3 ML	3	
EXEL SYRINGE 20GX1-1/2" 3 ML	3	
EXEL SYRINGE 21GX1" 3 ML	3	
EXEL SYRINGE 21GX1-1/2" 3 ML	3	
EXEL SYRINGE 22GX1" 3 ML	3	
EXEL SYRINGE 22GX1-1/2" 3 ML	3	
EXEL SYRINGE 22GX3/4" 3 ML	3	
EXEL SYRINGE 23GX1" 3 ML	3	
EXEL SYRINGE 25GX1" 3 ML	3	
EXEL U100 0.3 ML 29GX1/2"	3	
EXEL U100 0.3 ML 30GX5/16"	3	
EXEL U100 0.5 ML 28GX1/2"	3	
EXEL U100 0.5 ML 29GX1/2"	3	
EXEL U100 0.5 ML 30GX5/16"	3	
EXEL U100 1 ML 30GX5/16"	3	
EXEL U100 INS SYR 1 ML 29GX1/2	3	
EXEMESTANE 25 MG TABLET	2	
EXTENDED RESERVOIR 3 ML	3	
EZETIMIBE 10 MG TABLET	2	
EZETIMIBE-SIMVASTATIN 10-10 MG	2	
EZETIMIBE-SIMVASTATIN 10-20 MG	2	
EZETIMIBE-SIMVASTATIN 10-40 MG	2	
EZETIMIBE-SIMVASTATIN 10-80 MG	2	
EZ-VAC	3	
FALMINA-28 TABLET	1	
FAMCICLOVIR 125 MG TABLET	2	
FAMCICLOVIR 250 MG TABLET	2	
FAMCICLOVIR 500 MG TABLET	2	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML SUSP	2	
FANAPT 1 MG TABLET	4	QL, ST
FANAPT 10 MG TABLET	4	QL, ST
FANAPT 12 MG TABLET	4	QL, ST
FANAPT 2 MG TABLET	4	QL, ST
FANAPT 4 MG TABLET	4	QL, ST
FANAPT 6 MG TABLET	4	QL, ST
FANAPT 8 MG TABLET	4	QL, ST
FANAPT TITRATION PACK	4	QL, ST
FARXIGA 10 MG TABLET	3	QL
FARXIGA 5 MG TABLET	3	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FEBUXOSTAT 40 MG TABLET	4	QL
FEBUXOSTAT 80 MG TABLET	4	QL
FELBAMATE 400 MG TABLET	4	
FELBAMATE 600 MG TABLET	4	
FELBAMATE 600 MG/5 ML SUSP	4	
FELODIPINE ER 10 MG TABLET	2	
FELODIPINE ER 2.5 MG TABLET	2	
FELODIPINE ER 5 MG TABLET	2	
FEM PH VAGINAL JELLY	2	
FEMYNOR 28 TABLET	1	
FENOFIBRATE 120 MG TABLET	2	
FENOFIBRATE 130 MG CAPSULE	2	
FENOFIBRATE 134 MG CAPSULE	2	
FENOFIBRATE 145 MG TABLET	2	
FENOFIBRATE 150 MG CAPSULE	2	
FENOFIBRATE 160 MG TABLET	2	
FENOFIBRATE 200 MG CAPSULE	2	
FENOFIBRATE 40 MG TABLET	2	
FENOFIBRATE 43 MG CAPSULE	2	
FENOFIBRATE 48 MG TABLET	2	
FENOFIBRATE 50 MG CAPSULE	2	
FENOFIBRATE 54 MG TABLET	2	
FENOFIBRATE 67 MG CAPSULE	2	
FENOFIBRIC ACID 105 MG TABLET	2	
FENOFIBRIC ACID 35 MG TABLET	2	
FENOFIBRIC ACID DR 135 MG CAP	2	
FENOFIBRIC ACID DR 45 MG CAP	2	
FENOPROFEN 600 MG TABLET	2	
FENTANYL 100 MCG/HR PATCH	2	PA
FENTANYL 12 MCG/HR PATCH	2	PA
FENTANYL 25 MCG/HR PATCH	2	PA
FENTANYL 37.5 MCG/HR PATCH	2	PA
FENTANYL 50 MCG/HR PATCH	2	PA
FENTANYL 62.5 MCG/HR PATCH	2	PA
FENTANYL 75 MCG/HR PATCH	2	PA
FENTANYL 87.5 MCG/HR PATCH	2	PA
FENTANYL CIT OTFC 1,200 MCG	4	PA
FENTANYL CIT OTFC 1,600 MCG	4	PA
FENTANYL CITRATE OTFC 200 MCG	4	PA
FENTANYL CITRATE OTFC 400 MCG	4	PA
FENTANYL CITRATE OTFC 600 MCG	4	PA
FENTANYL CITRATE OTFC 800 MCG	4	PA
FERRIPROX 100 MG/ML SOLUTION	4	PA, LDD
FESOTERODINE ER 4 MG TABLET	4	QL
FESOTERODINE ER 8 MG TABLET	4	QL
FETZIMA 20-40 MG TITRATION PAK	4	QL, ST

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FETZIMA ER 120 MG CAPSULE	4	QL, ST
FETZIMA ER 20 MG CAPSULE	4	QL, ST
FETZIMA ER 40 MG CAPSULE	4	QL, ST
FETZIMA ER 80 MG CAPSULE	4	QL, ST
FIFTY50 GLUCOSE CONTROL SOLN	3	
FIFTY50 INS 0.3 ML 31GX5/16"	3	
FIFTY50 INS 0.5 ML 31GX5/16"	3	
FIFTY50 INS SYR 1 ML 31GX5/16"	3	
FIFTY50 PEN 31G X 3/16" NEEDLE	3	
FIFTY50 PEN 31G X 5/16" NEEDLE	3	
FIFTY50 PEN NEEDLE 32G X 1/4"	3	
FIFTY50 PEN NEEDLE 32G X 5/32"	3	
FILTER ASPIRATOR NEEDLE	3	
FILTER NEEDLE	3	
FILTER NEEDLE 19GX1-1/2"	3	
FILTER NEEDLE 5 MICRON	3	
FINASTERIDE 5 MG TABLET	2	
FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX
FINZALA 1-0.02(24)-75 CHEW TAB	1	
FIRVANQ 25 MG/ML SOLUTION	3	QL
FIRVANQ 50 MG/ML SOLUTION	3	QL
FLAC OTIC OIL 0.01% EAR DROP	2	
FLAVOXATE HCL 100 MG TABLET	2	
FLECAINIDE ACETATE 100 MG TAB	2	
FLECAINIDE ACETATE 150 MG TAB	2	
FLECAINIDE ACETATE 50 MG TAB	2	
FLEXICHAMBER	3	QL
FLEXICHAMBER-LG CHILD MASK	3	QL
FLEXICHAMBER-SM ADULT MASK	3	QL
FLEXICHAMBER-SM CHILD MASK	3	QL
FLOVENT 100 MCG DISKUS	3	QL
FLOVENT 250 MCG DISKUS	3	QL
FLOVENT 50 MCG DISKUS	3	QL
FLOVENT HFA 110 MCG INHALER	3	QL
FLOVENT HFA 220 MCG INHALER	3	QL
FLOVENT HFA 44 MCG INHALER	3	QL
FLOW-EZE VENTED NEEDLE	3	
FLUAD QUAD	3	
FLUARIX QUAD	3	
FLUBLOK QUAD	3	
FLUCELVAX QUAD	3	
FLUCONAZOLE 10 MG/ML SUSP	2	
FLUCONAZOLE 100 MG TABLET	2	
FLUCONAZOLE 150 MG TABLET	2	
FLUCONAZOLE 200 MG TABLET	2	
FLUCONAZOLE 40 MG/ML SUSP	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FLUCONAZOLE 50 MG TABLET	2	
FLUCYTOSINE 250 MG CAPSULE	4	
FLUCYTOSINE 500 MG CAPSULE	4	
FLUDROCORTISONE 0.1 MG TABLET	2	
FLULAVAL QUAD	3	
FLUMIST QUAD	3	
FLUNISOLIDE 0.025% SPRAY	2	
FLUOCINOLONE 0.01% BODY OIL	2	
FLUOCINOLONE 0.01% CREAM	2	
FLUOCINOLONE 0.01% SCALP OIL	2	
FLUOCINOLONE 0.01% SOLUTION	2	
FLUOCINOLONE 0.025% CREAM	2	
FLUOCINOLONE 0.025% OINTMENT	2	
FLUOCINOLONE OIL 0.01% EAR DRP	2	
FLUOCINONIDE 0.05% CREAM	2	
FLUOCINONIDE 0.05% GEL	2	
FLUOCINONIDE 0.05% OINTMENT	2	
FLUOCINONIDE 0.05% SOLUTION	2	
FLUOCINONIDE 0.1% CREAM	2	
FLUOCINONIDE-E 0.05% CREAM	2	
FLUORIDEX DAILY DEFENSE	2	
FLUORIDEX SENSITIV RLF PASTE	2	
FLUOROMETHOLONE 0.1% DROPS	2	
FLUOROURACIL 0.5% CREAM	4	
FLUOROURACIL 2% TOPICAL SOLN	2	
FLUOROURACIL 5% CREAM	2	
FLUOROURACIL 5% TOPICAL SOLN	2	
FLUOXETINE 20 MG/5 ML SOLUTION	2	QL
FLUOXETINE DR 90 MG CAPSULE	2	QL
FLUOXETINE HCL 10 MG CAPSULE	1	QL
FLUOXETINE HCL 20 MG CAPSULE	1	QL
FLUOXETINE HCL 40 MG CAPSULE	1	QL
FLUPHENAZINE 1 MG TABLET	2	
FLUPHENAZINE 10 MG TABLET	2	
FLUPHENAZINE 2.5 MG TABLET	2	
FLUPHENAZINE 2.5 MG/5 ML ELIX	2	
FLUPHENAZINE 5 MG TABLET	2	
FLUPHENAZINE 5 MG/ML CONC	2	
FLURANDRENOLIDE 0.05% CREAM	4	
FLURANDRENOLIDE 0.05% LOTION	4	
FLURANDRENOLIDE 0.05% OINTMENT	4	
FLURBIPROFEN 100 MG TABLET	2	
FLURBIPROFEN 0.03% EYE DROP	2	
FLUTAMIDE 125 MG CAPSULE	2	
FLUTICASONE PROP 0.005% OINT	2	
FLUTICASONE PROP 0.05% CREAM	2	
FLUTICASONE PROP 0.05% LOTION	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FLUTICASON PROP 50 MCG SPRAY	2	
FLUTICASON-SALMETEROL 100-50	2	QL
FLUTICASON-SALMETEROL 250-50	2	QL
FLUTICASON-SALMETEROL 500-50	2	QL
FLUVASTATIN ER 80 MG TABLET	2	
FLUVASTATIN SODIUM 20 MG CAP	2	
FLUVASTATIN SODIUM 40 MG CAP	2	
FLUVOXAMINE ER 100 MG CAPSULE	2	QL
FLUVOXAMINE ER 150 MG CAPSULE	2	QL
FLUVOXAMINE MALEATE 100 MG TAB	2	QL
FLUVOXAMINE MALEATE 25 MG TAB	2	QL
FLUVOXAMINE MALEATE 50 MG TAB	2	QL
FLUZONE HIGH-DOSE QUAD	3	
FLUZONE QUAD	3	
FOLIC ACID 1 MG TABLET	1	
FOLIVANE-OB CAPSULE	1	
FONDAPARINUX 10 MG/0.8 ML SYR	5	QL, SRX
FONDAPARINUX 2.5 MG/0.5 ML SYR	5	QL, SRX
FONDAPARINUX 5 MG/0.4 ML SYR	5	QL, SRX
FONDAPARINUX 7.5 MG/0.6 ML SYR	5	QL, SRX
FORA HIGH CONTROL SOLUTION	3	
FORA KETONE CONTROL SOLN-L1	3	
FORA LOW CONTROL SOLUTION	3	
FORA NORMAL CONTROL SOLUTION	3	
FORACARE GDH HIGH CONTROL SOLN	3	
FORACARE GDH LOW CONTROL SOLN	3	
FORACARE GDH NORM CONTROL SOLN	3	
FORMOTEROL 20 MCG/2 ML NEB VL	4	QL
FORTISCARE CONTROL SOLN HIGH	3	
FORTISCARE CONTROL SOLN LOW	3	
FORTISCARE CONTROL SOLN NORMAL	3	
FOSAMPRENAVIR 700 MG TABLET	2	
FOSFOMYCIN 3 GM SACHET	3	
FOSINOPRIL SODIUM 10 MG TAB	1	
FOSINOPRIL SODIUM 20 MG TAB	1	
FOSINOPRIL SODIUM 40 MG TAB	1	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	2	
FOSINOPRIL-HCTZ 20-12.5 MG TAB	2	
FOSRENOL 1,000 MG POWDER PACK	4	
FOSRENOL 750 MG POWDER PACKET	4	
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX
FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL, SRX
FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL, SRX
FRAGMIN 18,000 UNIT/0.72 ML	5	QL, SRX
FRAGMIN 2,500 UNIT/0.2 ML SYR	5	QL, SRX
FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL, SRX
FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL, SRX
FREESTYLE CONTROL SOLUTION	3	
FREESTYLE LIBRE 10 DAY READER	3	PA, QL
FREESTYLE LIBRE 10 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PREC 0.5 ML 30GX5/16	3	
FREESTYLE PREC 0.5 ML 31GX5/16	3	
FREESTYLE PREC 1 ML 30GX5/16"	3	
FREESTYLE PREC 1 ML 31GX5/16"	3	
FROVATRIPTAN SUCC 2.5 MG TAB	2	QL
FUROSEMIDE 10 MG/ML SOLUTION	1	
FUROSEMIDE 20 MG TABLET	1	
FUROSEMIDE 40 MG TABLET	1	
FUROSEMIDE 40 MG/5 ML SOLN	1	
FUROSEMIDE 80 MG TABLET	1	
FUZEON 90 MG VIAL	5	LDD, SRX
FYAVOLV 0.5 MG-2.5 MCG TABLET	2	
FYAVOLV 1 MG-5 MCG TABLET	2	
FYCOMPA 10 MG TABLET	4	PA, QL
FYCOMPA 12 MG TABLET	4	PA, QL
FYCOMPA 2 MG TABLET	4	PA, QL
FYCOMPA 4 MG TABLET	4	PA, QL
FYCOMPA 6 MG TABLET	4	PA, QL
FYCOMPA 8 MG TABLET	4	PA, QL
GABAPENTIN 100 MG CAPSULE	2	
GABAPENTIN 250 MG/5 ML SOLN	2	
GABAPENTIN 300 MG CAPSULE	2	
GABAPENTIN 300 MG/6 ML SOLN	2	
GABAPENTIN 400 MG CAPSULE	2	
GABAPENTIN 600 MG TABLET	2	
GABAPENTIN 800 MG TABLET	2	
GALANTAMINE ER 16 MG CAPSULE	2	QL
GALANTAMINE ER 24 MG CAPSULE	2	QL
GALANTAMINE ER 8 MG CAPSULE	2	QL
GALANTAMINE HBR 12 MG TABLET	2	
GALANTAMINE HBR 4 MG TABLET	2	
GALANTAMINE HBR 8 MG TABLET	2	
GALANTAMINE 4 MG/ML ORAL SOLN	2	
GALZIN 25 MG CAPSULE	4	
GALZIN 50 MG CAPSULE	4	
GARDASIL 9 SYRINGE	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GARDASIL 9 VIAL	3		GLIMEPIRIDE 4 MG TABLET	1	
GATIFLOXACIN 0.5% EYE DROPS	2		GLIPIZIDE 10 MG TABLET	1	
GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX	GLIPIZIDE 5 MG TABLET	1	
GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX	GLIPIZIDE ER 10 MG TABLET	1	
GATTEX 5 MG VIAL	5	PA, LDD, SRX	GLIPIZIDE ER 2.5 MG TABLET	1	
GAVILYTE-C	2		GLIPIZIDE ER 5 MG TABLET	1	
GAVILYTE-G	2		GLIPIZIDE XL 10 MG TABLET	1	
GAVILYTE-N	2		GLIPIZIDE XL 2.5 MG TABLET	1	
GE100 CONTROL SOLUTION NORMAL	3		GLIPIZIDE XL 5 MG TABLET	1	
GEFITINIB 250 MG TABLET	5	PA, QL, SRX	GLIPIZIDE-METFORMIN 2.5-250 MG	2	
GEMFIBROZIL 600 MG TABLET	2		GLIPIZIDE-METFORMIN 2.5-500 MG	2	
GEMMILY 1 MG-20 MCG CAPSULE	1		GLIPIZIDE-METFORMIN 5-500 MG	2	
GENERLAC 10 GM/15 ML SOLUTION	2		GLUCAGON 1 MG EMERGENCY KIT	3	QL
GENGRAF 100 MG CAPSULE	2		GLUCOCARD 01 CONTROL SOLUTION	3	
GENGRAF 100 MG/ML SOLUTION	2		GLUCOCARD EXPRESSION	3	
GENGRAF 25 MG CAPSULE	2		GLUCOCARD SHINE	3	
GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX	GLUCOCOM AUTOLINK	3	
GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX	GLUCOCOM CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX	GLUCOSE CONTROL SOLN NORMAL	3	
GENOTROPIN MINIQUICK 0.4 MG	5	PA, SRX	GLUCOSE CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 0.6 MG	5	PA, SRX	GLYBURIDE 1.25 MG TABLET	1	
GENOTROPIN MINIQUICK 0.8 MG	5	PA, SRX	GLYBURIDE 2.5 MG TABLET	1	
GENOTROPIN MINIQUICK 1 MG	5	PA, SRX	GLYBURIDE 5 MG TABLET	1	
GENOTROPIN MINIQUICK 1.2 MG	5	PA, SRX	GLYBURIDE MICRO 1.5 MG TAB	1	
GENOTROPIN MINIQUICK 1.4 MG	5	PA, SRX	GLYBURIDE MICRO 3 MG TABLET	1	
GENOTROPIN MINIQUICK 1.6 MG	5	PA, SRX	GLYBURIDE MICRO 6 MG TABLET	1	
GENOTROPIN MINIQUICK 1.8 MG	5	PA, SRX	GLYBURIDE-METFORMIN 2.5-500 MG	2	
GENOTROPIN MINIQUICK 2 MG	5	PA, SRX	GLYBURIDE-METFORMIN 5-500 MG	2	
GENTAK 0.3 % EYE OINTMENT	2		GLYBURID-METFORMIN 1.25-250 MG	2	
GENTAMICIN 0.1% CREAM	2		GLYCINE 1.5% IRRIGATION	2	
GENTAMICIN 0.1% OINTMENT	2		GLYCOPYRROLATE 1 MG TABLET	2	
GENTAMICIN 0.3% EYE DROP	2		GLYCOPYRROLATE 2 MG TABLET	2	
GENVOYA TABLET	3	QL	GLYDO 2% JELLY SYRINGE	2	
GIANVI 3 MG-0.02 MG TABLET	1		GNP ALCOHOL SWAB	3	
GILOTRIF 20 MG TABLET	5	PA, QL, LDD, SRX	GNP CLICKFINE 31G X 1/4" NDL	3	
GILOTRIF 30 MG TABLET	5	PA, QL, LDD, SRX	GNP CLICKFINE 31G X 5/16" NDL	3	
GILOTRIF 40 MG TABLET	5	PA, QL, LDD, SRX	GNP EASY TOUCH HIGH-LOW SOLN	3	
GLATIRAMER 20 MG/ML SYRINGE	5	PA, SRX	GNP INS SYR 0.3 ML 29GX1/2"	3	
GLATIRAMER 40 MG/ML SYRINGE	5	PA, SRX	GNP INS SYRINGE 1 ML 28G 1/2"	3	
GLATOPA 20 MG/ML SYRINGE	5	PA, SRX	GNP INSUL SYR 0.3 ML 31GX5/16"	3	
GLATOPA 40 MG/ML SYRINGE	5	PA, SRX	GNP INSUL SYR 0.5 ML 31GX5/16"	3	
GLEOSTINE 10 MG CAPSULE	4	PA	GNP INSULIN SYR 1 ML 31GX5/16"	3	
GLEOSTINE 100 MG CAPSULE	4	PA	GNP ULT C 0.3ML 29GX1/2" (1/2)	3	
GLEOSTINE 40 MG CAPSULE	4	PA	GNP ULT CMFRT 0.5 ML 29GX1/2"	3	
GLIMEPIRIDE 1 MG TABLET	1		GNP ULTICARE PEN NDL 31G 5MM	3	
GLIMEPIRIDE 2 MG TABLET	1		GNP ULTICARE PEN NDL 31G 8MM	3	
			GNP ULTICARE PEN NDL 32G 4MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GNP ULTICARE PEN NDL 32G 6MM	3		HALOBETASOL PROP 0.05% CREAM	2	
GNP ULTIGUARD SAFEPAK 31G 5MM	3		HALOBETASOL PROP 0.05% OINTMNT	2	
GNP ULTIGUARD SAFEPAK 31G 8MM	3		HALOETTE VAGINAL RING	2	
GNP ULTIGUARD SAFEPAK 32G 4MM	3		HALOPERIDOL 0.5 MG TABLET	2	
GNP ULTIGUARD SAFEPAK 32G 6MM	3		HALOPERIDOL 1 MG TABLET	2	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	3		HALOPERIDOL 10 MG TABLET	2	
GNP ULTR CMFRT 0.5 ML 30GX5/16	3		HALOPERIDOL 2 MG TABLET	2	
GNP ULTR COMFORT 1 ML 29GX1/2"	3		HALOPERIDOL 20 MG TABLET	2	
GNP ULTRA COMFORT 0.5 ML SYR	3		HALOPERIDOL 5 MG TABLET	2	
GNP ULTRA COMFORT 1 ML SYRINGE	3		HALOPERIDOL LAC 10 MG/5 ML CUP	2	
GNP ULTRA COMFORT 3/10 ML SYR	3		HALOPERIDOL LAC 2 MG/ML CONC	2	
GNP ULTRA COMFRT 1 ML 28GX1/2"	3		HARVONI 33.75-150 MG PELLETT PK	5	PA, QL, SRX
GOJJI GLUCOSE CONTROL SOLUTION	3		HARVONI 45-200 MG PELLETT PK	5	PA, QL, SRX
GOJJI KETONE CONTROL SOLUTION	3		HARVONI 45-200 MG TABLET	5	PA, QL, SRX
GRANISETRON HCL 0.1 MG/ML VIAL	4		HARVONI 90-400 MG TABLET	5	PA, QL, SRX
GRANISETRON HCL 1 MG TABLET	4		HAVRIX 1,440 UNIT/ML SYRINGE	3	
GRANISETRON HCL 1 MG/ML VIAL	4		HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
GRANISETRON HCL 4 MG/4 ML VIAL	4		HEALTHPRO GLUCOSE CONTROL SOLN	3	
GRISEOFULVIN 125 MG/5 ML SUSP	2		HEALTHWISE INS 0.3ML 30GX5/16"	3	
GRISEOFULVIN MICRO 500 MG TAB	2		HEALTHWISE INS 0.3ML 31GX5/16"	3	
GRISEOFULVIN ULTRA 125 MG TAB	2		HEALTHWISE INS 0.5ML 30GX5/16"	3	
GRISEOFULVIN ULTRA 250 MG TAB	2		HEALTHWISE INS 0.5ML 31GX5/16"	3	
GS PEN NEEDLE 31G X 5/16"	3		HEALTHWISE INS 1 ML 30GX5/16"	3	
GS PEN NEEDLE 31G X 5MM	3		HEALTHWISE INS 1 ML 31GX5/16"	3	
GS PEN NEEDLE 31G X 6MM	3		HEALTHWISE PEN NEEDLE 31G 5MM	3	
GS PEN NEEDLE 31G X 8MM	3		HEALTHWISE PEN NEEDLE 31G 8MM	3	
GS PEN NEEDLE 32G X 4MM	3		HEALTHWISE PEN NEEDLE 32G 4MM	3	
GS PEN NEEDLE 32G X 6MM	3		HEALTHY ACCENTS PENTIP 4MM 32G	3	
GUANFACINE 1 MG TABLET	2		HEALTHY ACCENTS PENTIP 5MM 31G	3	
GUANFACINE 2 MG TABLET	2		HEALTHY ACCENTS PENTIP 6MM 31G	3	
GUANFACINE HCL ER 1 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 8MM 31G	3	
GUANFACINE HCL ER 2 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 12MM 29G	3	
GUANFACINE HCL ER 3 MG TABLET	2	QL	HEATHER 0.35 MG TABLET	1	
GUANFACINE HCL ER 4 MG TABLET	2	QL	HEB UNIFINE PNTPL PLUS 31GX3/16	3	
GUARDIAN RT CHARGER	3		HEMA-COMBISTIX	3	
GUARDIAN RT REPLACE TEST PLUG	3		HEMMOREX-HC 25 MG SUPPOSITORY	2	
GUARDIAN RT STARTER KIT	3		HEMMOREX-HC 30 MG SUPPOSITORY	2	
GUARDIAN RT SYSTEM	3		HEPARIN SOD 5,000 UNIT/0.5 ML	2	
GUARDIAN TEST PLUG	3		HEPARIN SOD 5,000 UNIT/ML SYRNG	2	
GUARDIAN TRANSMITTER TAPE	3		HEPLISAV-B 20 MCG/0.5 ML SYRNG	3	
GYNAZOLE 1	2		HER STYLE 1.5 MG TABLET	1	
HADLIMA	5	PA, QL, SRX	HIBERIX VACCINE VIAL	3	
HAILEY 21 1.5 MG-30 MCG TAB	1		HIBERIX VACCINE WITH DILUENT	3	
HAILEY 24 FE 1 MG-20 MCG TAB	1		HM ULTICARE PEN NEEDLE 4MM 32G	3	
HAILEY FE 1.5-30 TABLET	1		HM ULTICARE PEN NEEDLE 5MM 31G	3	
HAILEY FE 1-20 TABLET	1		HM ULTICARE PEN NEEDLE 6MM 31G	3	
HALCINONIDE 0.1% CREAM	4				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HM ULTICARE PEN NEEDLE 8MM 31G	3		HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HOMATROPAIRE 5% EYE DROPS	2		HYDROCODONE ER 100 MG TABLET	2	PA
HOMATROPINE 5% EYE DROPS	2		HYDROCODONE ER 120 MG TABLET	2	PA
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL	HYDROCODONE ER 20 MG TABLET	2	PA
HUMALOG 100 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 30 MG TABLET	2	PA
HUMALOG 100 UNIT/ML VIAL	3	QL	HYDROCODONE ER 40 MG TABLET	2	PA
HUMALOG 200 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 60 MG TABLET	2	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 80 MG TABLET	2	PA
HUMALOG MIX 50-50 VIAL	3	QL	HYDROCODONE-ACETAMIN 10-300 MG	2	PA
HUMALOG MIX 50-50 KWIKPEN	3	QL	HYDROCODONE-ACETAMIN 10-325 MG	2	PA
HUMALOG MIX 75-25 VIAL	3	QL	HYDROCODONE-ACETAMIN 10-325/15	2	PA
HUMALOG MIX 75-25 KWIKPEN	3	QL	HYDROCODONE-ACETAMIN 2.5-108/5	2	PA
HUMALOG TEMPO PEN 100 UNIT/ML	3	QL	HYDROCODONE-ACETAMIN 5-217/10	2	PA
HUMATROPE 12 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMIN 5-300 MG	2	PA
HUMATROPE 24 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMIN 5-325 MG	2	PA
HUMATROPE 6 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMIN 7.5-300	2	PA
HUMIRA	5	PA, QL, SRX	HYDROCODONE-ACETAMIN 7.5-325	2	PA
HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX	HYDROCODONE-ACETAMN 7.5-325/15	2	PA
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, QL, SRX	HYDROCODONE-CHLORPHEN ER SUSP	2	
HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5-1.5	2	QL
HUMIRA(CF) 10 MG/0.1 ML SYRING	5	PA, QL, SRX	HYDROCODONE-HOMATROPINE SOLN	2	QL
HUMIRA(CF) 20 MG/0.2 ML SYRING	5	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10-200	2	PA
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG	2	PA
HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL, LDD, SRX	HYDROCODONE-IBUPROFEN 7.5-200	2	PA
HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL, LDD, SRX	HYDROCORTISON-ACETIC ACID SOLN	2	
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX	HYDROCORTISONE 1% CREAM	2	
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX	HYDROCORTISONE 1% OINTMENT	2	
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, QL, SRX	HYDROCORTISONE 10 MG TABLET	2	
HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, QL, LDD, SRX	HYDROCORTISONE 100 MG/60 ML	2	
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, QL, SRX	HYDROCORTISONE 2.5% CREAM	2	
HUMULIN 70/30 KWIKPEN	3	QL	HYDROCORTISONE 2.5% LOTION	2	
HUMULIN 70-30 VIAL	3	QL	HYDROCORTISONE 2.5% OINTMENT	2	
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL	HYDROCORTISONE 20 MG TABLET	2	
HUMULIN N 100 UNIT/ML VIAL	3	QL	HYDROCORTISONE 5 MG TABLET	2	
HUMULIN R 100 UNIT/ML VIAL	3	QL	HYDROCORTISONE AC 25 MG SUPP	2	
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL	HYDROCORTISONE AC 30 MG SUPP	2	
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL	HYDROCORTISONE BUTY 0.1% CREAM	2	
HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX	HYDROCORTISONE BUTYR 0.1% OINT	2	
HYCAMTIN 1 MG CAPSULE	5	PA, SRX	HYDROCORTISONE BUTYR 0.1% SOLN	2	
HYDRALAZINE 10 MG TABLET	1		HYDROCORTISONE VAL 0.2% CREAM	2	
HYDRALAZINE 100 MG TABLET	2		HYDROCORTISONE VAL 0.2% OINTMT	2	
HYDRALAZINE 25 MG TABLET	1		HYDROMET 5 MG-1.5 MG/5 ML SOLN	2	QL
HYDRALAZINE 50 MG TABLET	1		HYDROMORPHONE 1 MG/ML SOLUTION	2	PA
HYDROCHLOROTHIAZIDE 12.5 MG CP	1		HYDROMORPHONE 2 MG TABLET	2	PA
HYDROCHLOROTHIAZIDE 12.5 MG TB	1		HYDROMORPHONE 3 MG SUPPOS	2	PA
HYDROCHLOROTHIAZIDE 25 MG TAB	1		HYDROMORPHONE 4 MG TABLET	2	PA

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HYDROMORPHONE 5 MG/5 ML SOLN	2	PA	ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 8 MG TABLET	2	PA	ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 12 MG TAB	2	PA	ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 16 MG TAB	2	PA	ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA
HYDROMORPHONE HCL ER 32 MG TAB	2	PA	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA
HYDROMORPHONE HCL ER 8 MG TAB	2	PA	ICOSAPENT ETHYL 500 MG CAPSULE	4	PA
HYDROXYCHLOROQUINE 200 MG TAB	2		ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX
HYDROXYUREA 500 MG CAPSULE	2		IMATINIB MESYLATE 100 MG TAB	5	PA, QL, SRX
HYDROXYZINE 10 MG/5 ML SOLN	2		IMATINIB MESYLATE 400 MG TAB	5	PA, QL, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	2		IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 10 MG TABLET	2		IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 25 MG TABLET	2		IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 50 MG TABLET	2		IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 100 MG CAP	2		IMBRUVICA 560 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 25 MG CAP	2		IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 50 MG CAP	2		IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX
HYOPHEN TABLET	2		IMIPRAMINE HCL 10 MG TABLET	2	
HYOSCYAMINE 0.125 MG ODT	2		IMIPRAMINE HCL 25 MG TABLET	2	
HYOSCYAMINE 0.125 MG TAB SL	2		IMIPRAMINE HCL 50 MG TABLET	2	
HYOSCYAMINE 0.125 MG/5 ML ELIX	2		IMIPRAMINE PAMOATE 100 MG CAP	3	
HYOSCYAMINE 0.125 MG/ML DROP	2		IMIPRAMINE PAMOATE 125 MG CAP	3	
HYOSCYAMINE ER 0.375 MG TAB	2		IMIPRAMINE PAMOATE 150 MG CAP	3	
HYOSCYAMINE SULF 0.125 MG TAB	2		IMIPRAMINE PAMOATE 75 MG CAP	3	
HYOSCYAMINE SR 0.375 MG TAB	2		IMIQUIMOD 5% CREAM PACKET	2	
HYOSYNE 0.125 MG/ML DROP	2		INCASSIA 0.35 MG TABLET	1	
HYOSYNE 125 MCG/5 ML ELIXIR	2		IN-CHECK NASAL WITH MASK	3	
HYPO NEEDLE,POLYPROPYL HUB	3		IN-CHECK ORAL FLOW METER	3	
HYPODERMIC NEEDLE,ALUM HUB	3		INCONTROL PEN NEEDLE 12MM 29G	3	
HYRIMOZ	5	PA, QL, SRX	INCONTROL PEN NEEDLE 4MM 32G	3	
IBANDRONATE SODIUM 150 MG TAB	2		INCONTROL PEN NEEDLE 5MM 31G	3	
IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 6MM 31G	3	
IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 8MM 31G	3	
IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 6MM	3	
IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 8MM	3	
IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 32G 4MM	3	
IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX	INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX
IBU 400 MG TABLET	1		INCRUSE ELLIPTA 62.5 MCG INH	3	
IBU 600 MG TABLET	1		INDAPAMIDE 1.25 MG TABLET	1	
IBU 800 MG TABLET	1		INDAPAMIDE 2.5 MG TABLET	1	
IBUPROFEN 100 MG/5 ML SUSP	2		INDOMETHACIN 25 MG CAPSULE	2	
IBUPROFEN 400 MG TABLET	1		INDOMETHACIN 50 MG CAPSULE	2	
IBUPROFEN 600 MG TABLET	1		INDOMETHACIN ER 75 MG CAPSULE	2	
IBUPROFEN 800 MG TABLET	1		INFANRIX DTAP SYRINGE	3	
ICATIBANT 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	INFANRIX DTAP VIAL	3	
ICLEVIA 0.15 MG-0.03 MG TABLET	1		INFINITY CONTROL SOLN HIGH	3	
ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX	INFINITY CONTROL SOLN LOW	3	
			INFINITY CONTROL SOLN NORMAL	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INFINITY VOICE CTRL SOLN-LVL 2	3	
INFUSION SET 23"	3	
INFUSION SET 23" 6MM	3	
INFUSION SET 23" 9MM	3	
INFUSION SET 43"	3	
INFUSION SET 43" 6MM	3	
INFUSION SET 43" 9MM	3	
INJECT-EASE SYR NDL INTRODUCER	3	
INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX
INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX
INPEN (FOR HUMALOG) BLUE	3	
INPEN (FOR HUMALOG) GREY	3	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) GREY	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
INSET 30 INFUSION SET 23"	3	
INSET INFUSION SET 23" 6MM	3	
INSET INFUSION SET 23" 9MM	3	
INSPIRACHAMBER	3	QL
INSPIRACHAMBER WITH MASK-LARGE	3	QL
INSPIRACHAMBER WITH MASK-MED	3	QL
INSPIRACHAMBER WITH MASK-SMALL	3	QL
INSUL-CAP INSULIN HOLDER	3	
INSUL-EZE SYRINGE MAGNIFIER	3	
INSULIN 1 ML SYRINGE	3	
INSULIN 1/2 ML SYRINGE	3	
INSULIN 3/10 ML SYRINGE	3	
INSULIN ASPART 100 UNIT/ML VL	4	QL, ST
INSULIN ASPART 100 UNIT/ML CRT	4	QL, ST
INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST
INSULIN ASPART PRO MIX70-30 PN	4	QL, ST
INSULIN ASPART PRO MIX70-30 VL	4	QL, ST
INSULIN CARTRIDGE 3 ML	3	
INSULIN SYR 0.3 ML 30GX5/16"	3	
INSULIN SYR 0.3ML 31GX1/4(1/2)	3	
INSULIN SYRIN 0.3 ML 29GX1/2"	3	
INSULIN SYRIN 0.3 ML 30GX1/2"	3	
INSULIN SYRIN 0.3 ML 30GX5/16"	3	
INSULIN SYRIN 0.3 ML 31GX5/16"	3	
INSULIN SYRIN 0.5 ML 28G 1/2"	3	
INSULIN SYRIN 0.5 ML 28GX1/2"	3	
INSULIN SYRIN 0.5 ML 29GX1/2"	3	
INSULIN SYRIN 0.5 ML 30G 1/2"	3	
INSULIN SYRIN 0.5 ML 30G 5/16"	3	
INSULIN SYRIN 0.5 ML 30GX1/2"	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INSULIN SYRIN 0.5 ML 30GX5/16"	3	
INSULIN SYRIN 0.5 ML 31G 5/16"	3	
INSULIN SYRIN 0.5 ML 31GX5/16"	3	
INSULIN SYRIN 1 ML 29GX1/2"	3	
INSULIN SYRING 0.5 ML 27G 1/2"	3	
INSULIN SYRING 0.5 ML 27G 13MM	3	
INSULIN SYRING 0.5 ML 27GX1/2"	3	
INSULIN SYRING 0.5 ML 28G 1/2"	3	
INSULIN SYRING 0.5 ML 29G 1/2"	3	
INSULIN SYRING 0.5 ML 29GX1/2"	3	
INSULIN SYRINGE 0.3 ML	3	
INSULIN SYRINGE 0.3 ML 31GX1/4	3	
INSULIN SYRINGE 0.5 ML	3	
INSULIN SYRINGE 0.5 ML 31GX1/4	3	
INSULIN SYRINGE 1 ML	3	
INSULIN SYRINGE 1 ML 27G 1/2"	3	
INSULIN SYRINGE 1 ML 27G 13MM	3	
INSULIN SYRINGE 1 ML 27GX1/2"	3	
INSULIN SYRINGE 1 ML 28G 1/2"	3	
INSULIN SYRINGE 1 ML 28G 13MM	3	
INSULIN SYRINGE 1 ML 28GX1/2"	3	
INSULIN SYRINGE 1 ML 29G 1/2"	3	
INSULIN SYRINGE 1 ML 29GX1/2"	3	
INSULIN SYRINGE 1 ML 30G 1/2"	3	
INSULIN SYRINGE 1 ML 30G 5/16"	3	
INSULIN SYRINGE 1 ML 30GX1/2"	3	
INSULIN SYRINGE 1 ML 30GX5/16"	3	
INSULIN SYRINGE 1 ML 31G 5/16"	3	
INSULIN SYRINGE 1 ML 31GX1/4"	3	
INSULIN SYRINGE 1 ML 31GX5/16"	3	
INSUPEN 30G ULTRAFIN NEEDLE	3	
INSUPEN 31G ULTRAFIN NEEDLE	3	
INSUPEN 32G 6MM PEN NEEDLE	3	
INSUPEN 32G 8MM PEN NEEDLE	3	
INSUPEN PEN NEEDLE 29GX1/2"	3	
INSUPEN PEN NEEDLE 29GX12MM	3	
INSUPEN PEN NEEDLE 30GX8MM	3	
INSUPEN PEN NEEDLE 31G 5MM	3	
INSUPEN PEN NEEDLE 31G 8MM	3	
INSUPEN PEN NEEDLE 31GX3/16"	3	
INSUPEN PEN NEEDLE 31GX5/16"	3	
INSUPEN PEN NEEDLE 31GX6MM	3	
INSUPEN PEN NEEDLE 31GX8MM	3	
INSUPEN PEN NEEDLE 32G 4MM	3	
INSUPEN PEN NEEDLE 32GX4MM	3	
INSUPEN PEN NEEDLE 32GX5/32"	3	
INSUPEN PEN NEEDLE 32GX6MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INSUPEN PEN NEEDLE 32GX8MM	3	
INSUPEN PEN NEEDLE 33GX4MM	3	
INTELENCE 25 MG TABLET	3	
INTROVALE 0.15-0.03 MG TABLET	1	
IPOL VIAL	3	
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	2	
IPRATROPIUM 0.03% SPRAY	2	
IPRATROPIUM 0.06% SPRAY	2	
IPRATROPIUM BR 0.02% SOLN	2	
IRBESARTAN 150 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1	
ISENTRESS 100 MG POWDER PACKET	3	
ISENTRESS 100 MG TABLET CHEW	3	
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS 400 MG TABLET	3	
ISENTRESS HD 600 MG TABLET	3	
ISIBLOOM 28 DAY TABLET	1	
ISONIAZID 100 MG TABLET	1	
ISONIAZID 300 MG TABLET	1	
ISONIAZID 50 MG/5 ML SOLUTION	2	
ISOSORBIDE DINITRATE 10 MG TAB	2	
ISOSORBIDE DINITRATE 20 MG TAB	2	
ISOSORBIDE DINITRATE 30 MG TAB	2	
ISOSORBIDE DINITRATE 5 MG TAB	2	
ISOSORBIDE MONONIT 10 MG TAB	1	
ISOSORBIDE MONONIT 20 MG TAB	1	
ISOSORBIDE MONONIT ER 120 MG	2	
ISOSORBIDE MONONIT ER 30 MG TB	1	
ISOSORBIDE MONONIT ER 60 MG TB	1	
ISOTRETINOIN 10 MG CAPSULE	4	
ISOTRETINOIN 20 MG CAPSULE	4	
ISOTRETINOIN 30 MG CAPSULE	4	
ISOTRETINOIN 40 MG CAPSULE	4	
ISOXSUPRINE 10 MG TABLET	2	
ISOXSUPRINE 20 MG TABLET	2	
ISRADIPINE 2.5 MG CAPSULE	2	
ISRADIPINE 5 MG CAPSULE	2	
ITRACONAZOLE 10 MG/ML SOLUTION	3	
ITRACONAZOLE 100 MG CAPSULE	3	QL
ITRACONAZOLE 100 MG/10 ML CUP	3	
IV PREP ANTISEPTIC WIPES	3	
IVERMECTIN 0.5% LOTION	4	
IVERMECTIN 3 MG TABLET	2	PA

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
JAIMIESS 0.15-0.03-0.01 MG TAB	1	
JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX
JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX
JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX
JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX
JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX
JANSSEN COVID-19 VACCINE (EUA)	3	
JANTOVEN 1 MG TABLET	1	
JANTOVEN 10 MG TABLET	1	
JANTOVEN 2 MG TABLET	1	
JANTOVEN 2.5 MG TABLET	1	
JANTOVEN 3 MG TABLET	1	
JANTOVEN 4 MG TABLET	1	
JANTOVEN 5 MG TABLET	1	
JANTOVEN 6 MG TABLET	1	
JANTOVEN 7.5 MG TABLET	1	
JASMIEL 3 MG-0.02 MG TABLET	1	
JENCYCLA 0.35 MG TABLET	1	
JINTELI 1 MG-5 MCG TABLET	2	
JOLESSA 0.15 MG-0.03 MG TABLET	1	
JULEBER 28 DAY TABLET	1	
JULUCA 50-25 MG TABLET	3	QL
JUNEL 1 MG-20 MCG TABLET	1	
JUNEL 1.5 MG-30 MCG TABLET	1	
JUNEL FE 1 MG-20 MCG TABLET	1	
JUNEL FE 1.5 MG-30 MCG TABLET	1	
JUNEL FE 24 TABLET	1	
KAITLIB FE 0.8-0.025MG CHEW TB	1	
KALLIGA 28 DAY TABLET	1	
KARIVA 28 DAY TABLET	1	
KELNOR 1-35 28 TABLET	1	
KELNOR 1-50 TABLET	1	
KETOCONAZOLE 2% CREAM	2	
KETOCONAZOLE 2% SHAMPOO	2	
KETOCONAZOLE 200 MG TABLET	2	
KETO-DIASTIX REAGENT STRIPS	3	
CVS KETONE CARE TEST STRIP	3	
KETONE TEST STRIP	3	
KETOPROFEN 50 MG CAPSULE	2	
KETOPROFEN 75 MG CAPSULE	2	
KETOPROFEN ER 200 MG CAPSULE	2	
KETOROLAC 0.4% OPHTH SOLUTION	2	
KETOROLAC 0.5% OPHTH SOLUTION	2	
KETOROLAC 10 MG TABLET	2	QL
KETOSTIX REAGENT STRIP	3	
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX
KINRAY INS SYR 1 ML 31GX5/16"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
KINRAY SYRING 0.3 ML 31GX5/16"	3		LACOSAMIDE 50 MG TABLET	3	QL
KINRAY SYRING 0.5 ML 31GX5/16"	3		LACRISERT 5 MG EYE INSERT	4	
KINRIX TIP-LOK SYRINGE	3		LACTATED RINGERS IRRIGATION	2	
KINRIX VIAL	3		LACTULOSE 10 GM/15 ML SOLUTION	2	
KIONEX 15 GM/60 ML SUSPENSION	2		LACTULOSE 20 GM/30 ML SOLUTION	2	
KLOR-CON 10 MEQ TABLET	2		LAMIVUDINE 10 MG/ML ORAL SOLN	2	
KLOR-CON 20 MEQ PACKET	2		LAMIVUDINE 150 MG TABLET	2	
KLOR-CON 8 MEQ TABLET	2		LAMIVUDINE 300 MG TABLET	2	
KLOR-CON M10 TABLET	2		LAMIVUDINE HBV 100 MG TABLET	2	
KLOR-CON M15 TABLET	4		LAMIVUDINE-ZIDOVUDINE TABLET	2	
KLOR-CON M20 TABLET	2		LAMOTRIGINE TAB START KIT-BLUE	2	
KMART VALU PLUS SYR 1/2 ML	3		LAMOTRIGINE TAB START KT-GREEN	2	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL	LAMOTRIGINE TAB START KT-ORANG	2	
KOMBIGLYZE XR 5-1,000 MG TAB	3	QL	LAMOTRIGINE 100 MG TABLET	2	
KOMBIGLYZE XR 5-500 MG TABLET	3	QL	LAMOTRIGINE 150 MG TABLET	2	
K-PHOS #2 TABLET	4		LAMOTRIGINE 200 MG TABLET	2	
K-PHOS ORIGINAL TABLET	4		LAMOTRIGINE 25 MG DISPER TAB	2	
KRO INS SYR 0.3 ML 29GX1/2"	3		LAMOTRIGINE 25 MG TABLET	2	
KRO INS SYRIN 0.5 ML 31GX5/16"	3		LAMOTRIGINE 5 MG DISPER TABLET	2	
KRO INSULIN SYR 1 ML 30GX5/16"	3		LAMOTRIGINE ER 100 MG TABLET	2	
KRO PEN NEEDLE 4MM X 32G	3		LAMOTRIGINE ER 200 MG TABLET	2	
KRO PEN NEEDLE 4MM X 33G	3		LAMOTRIGINE ER 25 MG TABLET	2	
KRO PEN NEEDLE 5MM X 31G	3		LAMOTRIGINE ER 250 MG TABLET	2	
KRO PEN NEEDLE 6MM X 31G	3		LAMOTRIGINE ER 300 MG TABLET	2	
KRO PEN NEEDLE 8MM X 31G	3		LAMOTRIGINE ER 50 MG TABLET	2	
KROGER INS SYR 0.3 ML 30GX5/16	3		LAMOTRIGINE ODT KIT (BLUE)	2	
KROGER INS SYR 0.5 ML 29GX1/2"	3		LAMOTRIGINE ODT KIT (GREEN)	2	
KROGER INS SYR 1 ML 29GX1/2"	3		LAMOTRIGINE ODT KIT (ORANGE)	2	
KROGER INS SYR 1 ML 31GX5/16"	3		LAMOTRIGINE ODT 100 MG TABLET	2	
KROGER PEN NEEDLES 31G X 5/16"	3		LAMOTRIGINE ODT 200 MG TABLET	2	
KROGER SYR 0.5 ML 30GX5/16"	3		LAMOTRIGINE ODT 25 MG TABLET	2	
KROGER SYRING 0.3 ML 31GX5/16"	3		LAMOTRIGINE ODT 50 MG TABLET	2	
KURVELO-28 TABLET	1		LANSOPRAZOL-AMOXICIL-CLARITHRO	2	
KYNMOBI 10 MG SL FILM	5	PA, QL, SRX	LANSOPRAZOLE DR 15 MG CAPSULE	2	QL
KYNMOBI 15 MG SL FILM	5	PA, QL, SRX	LANSOPRAZOLE DR 30 MG CAPSULE	2	QL
KYNMOBI 20 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 1,000 MG TB CHW	4	
KYNMOBI 25 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 500 MG TAB CHEW	4	
KYNMOBI 30 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 750 MG TAB CHEW	4	
LABETALOL HCL 100 MG TABLET	2		LAPATINIB 250 MG TABLET	5	PA, QL, SRX
LABETALOL HCL 200 MG TABLET	2		LARIN 1.5 MG-30 MCG TABLET	1	
LABETALOL HCL 300 MG TABLET	2		LARIN 21 1-20 TABLET	1	
LABSTIX REAGENT STRIPS	3		LARIN 24 FE 1 MG-20 MCG TABLET	1	
LACOSAMIDE 10 MG/ML SOLUTION	3	QL	LARIN FE 1.5-30 TABLET	1	
LACOSAMIDE 100 MG TABLET	3	QL	LARIN FE 1-20 TABLET	1	
LACOSAMIDE 150 MG TABLET	3	QL	LARISSIA-28 TABLET	1	
LACOSAMIDE 200 MG TABLET	3	QL	LATANOPROST 0.005% EYE DROPS	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LAYOLIS FE CHEWABLE TABLET	4		LEVEMIR FLEXPEN 100 UNIT/ML	4	QL, ST
LEADER INS SYR 0.3 ML 29GX1/2"	3		LEVEMIR FLEXTOUCH 100 UNIT/ML	4	QL, ST
LEADER INS SYR 0.5 ML 28GX1/2"	3		LEVETIRACETAM 1,000 MG TABLET	2	
LEADER INS SYR 0.5 ML 29GX1/2"	3		LEVETIRACETAM 1,000 MG/10 ML	2	
LEADER INS SYR 0.5 ML 30GX1/2"	3		LEVETIRACETAM 100 MG/ML SOLN	2	
LEADER INS SYR 1 ML 28GX1/2"	3		LEVETIRACETAM 250 MG TABLET	2	
LEADER INS SYR 1 ML 29GX1/2"	3		LEVETIRACETAM 500 MG TABLET	2	
LEADER INS SYR 1 ML 30GX5/16"	3		LEVETIRACETAM 500 MG/5 ML CUP	2	
LEADER INS SYR 1 ML 31GX5/16"	3		LEVETIRACETAM 500 MG/5 ML SOLN	2	
LEADER INSULIN SYRINGE 0.3 ML	3		LEVETIRACETAM 750 MG TABLET	2	
LEADER PEN NEEDLES 12MM 29G	3		LEVETIRACETAM ER 500 MG TABLET	2	
LEADER SYRINGE 0.3 ML 31GX5/16"	3		LEVETIRACETAM ER 750 MG TABLET	2	
LEADER SYRINGE 0.5 ML 31GX5/16"	3		LEVOBUNOLOL 0.5% EYE DROPS	2	
LEDIPASVIR-SOFOSBUVIR 90-400MG	5	PA, QL, SRX	LEVOCARNITINE 1 G/10 ML SOLN	2	
LEENA 28 TABLET	1		LEVOCARNITINE 330 MG TABLET	2	
LEFLUNOMIDE 10 MG TABLET	2		LEVOCARNITINE SF 1 G/10 ML SOL	2	
LEFLUNOMIDE 20 MG TABLET	2		LEVOCETIRIZINE 2.5 MG/5 ML SOL	2	
LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOCETIRIZINE 5 MG TABLET	2	
LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 0.5% EYE DROPS	2	
LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 1.5% EYE DROPS	2	
LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 25 MG/ML SOLUTION	2	
LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 250 MG TABLET	2	
LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 500 MG TABLET	2	
LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 750 MG TABLET	2	
LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONEST-28 TABLET	1	
LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONO-E ESTRAD 0.15-0.03-0.01	1	
LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-E ESTRAD 0.1-0.02-0.01	1	
LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRA 0.09-0.02 MG	1	
LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD 0.1-0.02 MG	1	
LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD 0.15-0.03	1	
LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD TRIPHASIC	1	
LESSINA-28 TABLET	1		LEVONORG 0.15MG-EE 20-25-30MCG	1	
LETROZOLE 2.5 MG TABLET	2		LEVONORGESTREL 1.5 MG TABLET	1	
LEUCOVORIN CALCIUM 10 MG TAB	2		LEVORA-28 TABLET	1	
LEUCOVORIN CALCIUM 15 MG TAB	2		LEVORPHANOL 2 MG TABLET	5	PA, SRX
LEUCOVORIN CALCIUM 25 MG TAB	2		LEVORPHANOL 3 MG TABLET	5	PA, SRX
LEUCOVORIN CALCIUM 5 MG TAB	2		LEVO-T 100 MCG TABLET	1	
LEUKERAN 2 MG TABLET	4		LEVO-T 112 MCG TABLET	1	
LEUKINE 250 MCG VIAL	5	SRX	LEVO-T 125 MCG TABLET	1	
LEUPROLIDE 2WK 14 MG/2.8 ML KT	5	PA, SRX	LEVO-T 137 MCG TABLET	1	
LEVALBUTEROL 0.31 MG/3 ML SOL	2		LEVO-T 150 MCG TABLET	1	
LEVALBUTEROL 0.63 MG/3 ML SOL	2		LEVO-T 175 MCG TABLET	1	
LEVALBUTEROL 1.25 MG/3 ML SOL	2		LEVO-T 200 MCG TABLET	1	
LEVALBUTEROL CONC 1.25 MG/0.5	2		LEVO-T 25 MCG TABLET	1	
LEVALBUTEROL TAR HFA 45MCG INH	2	QL	LEVO-T 300 MCG TABLET	1	
LEVEMIR 100 UNIT/ML VIAL	4	QL, ST	LEVO-T 50 MCG TABLET	1	
			LEVO-T 75 MCG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LEVO-T 88 MCG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1	
LEVOTHYROXINE 150 MCG TABLET	1	
LEVOTHYROXINE 175 MCG TABLET	1	
LEVOTHYROXINE 200 MCG TABLET	1	
LEVOTHYROXINE 25 MCG TABLET	1	
LEVOTHYROXINE 300 MCG TABLET	1	
LEVOTHYROXINE 50 MCG TABLET	1	
LEVOTHYROXINE 75 MCG TABLET	1	
LEVOTHYROXINE 88 MCG TABLET	1	
LEVOXYL 100 MCG TABLET	1	
LEVOXYL 112 MCG TABLET	1	
LEVOXYL 125 MCG TABLET	1	
LEVOXYL 137 MCG TABLET	1	
LEVOXYL 150 MCG TABLET	1	
LEVOXYL 175 MCG TABLET	1	
LEVOXYL 200 MCG TABLET	1	
LEVOXYL 25 MCG TABLET	1	
LEVOXYL 50 MCG TABLET	1	
LEVOXYL 75 MCG TABLET	1	
LEVOXYL 88 MCG TABLET	1	
LEVULAN KERASTICK 20%	4	LDD
LEXIVA 50 MG/ML SUSPENSION	3	
LIDOCAINE 2% VISCOUS SOLN	2	
LIDOCAINE 5% OINTMENT	2	QL
LIDOCAINE 5% PATCH	2	
LIDOCAINE HCL 2% JEL UROJET AC	2	
LIDOCAINE HCL 2% JELLY	2	
LIDOCAINE HCL 2% JELLY URO-JET	2	
LIDOCAINE HCL 4% SOLUTION	2	
LIDOCAINE-PRILOCAINE CREAM	2	
LIFESHIELD BLUNT CANNULA	3	
LILLOW-28 TABLET	1	
LINDANE 1% SHAMPOO	2	
LINEZOLID 100 MG/5 ML SUSP	4	PA
LINEZOLID 600 MG TABLET	2	PA
LINZESS 145 MCG CAPSULE	4	QL
LINZESS 290 MCG CAPSULE	4	QL
LINZESS 72 MCG CAPSULE	4	QL
LIOETHYRONINE SOD 25 MCG TAB	2	
LIOETHYRONINE SOD 5 MCG TAB	2	
LIOETHYRONINE SOD 50 MCG TAB	2	
LISINAPRIL 10 MG TABLET	1	
LISINAPRIL 2.5 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LISINAPRIL 20 MG TABLET	1	
LISINAPRIL 30 MG TABLET	1	
LISINAPRIL 40 MG TABLET	1	
LISINAPRIL 5 MG TABLET	1	
LISINAPRIL-HCTZ 10-12.5 MG TAB	1	
LISINAPRIL-HCTZ 20-12.5 MG TAB	1	
LISINAPRIL-HCTZ 20-25 MG TAB	1	
LITE TOUCH 31GX1/4" PEN NEEDLE	3	
LITE TOUCH INSULIN 0.5 ML SYR	3	
LITE TOUCH INSULIN 1 ML SYR	3	
LITE TOUCH INSULIN SYR 0.3 ML	3	
LITE TOUCH INSULIN SYR 0.5 ML	3	
LITE TOUCH INSULIN SYR 1 ML	3	
LITE TOUCH PEN NEEDLE 29G	3	
LITE TOUCH PEN NEEDLE 31G	3	
LITEAIRE MDI CHAMBER	3	QL
LITETOUCH INS 0.3 ML 29GX1/2"	3	
LITETOUCH INS 0.3 ML 30GX5/16"	3	
LITETOUCH INS 0.3 ML 31GX5/16"	3	
LITETOUCH INS 0.5 ML 31GX5/16"	3	
LITETOUCH LARGE MASK	3	QL
LITETOUCH MEDIUM MASK	3	QL
LITETOUCH SMALL MASK	3	QL
LITETOUCH SYR 0.5 ML 28GX1/2"	3	
LITETOUCH SYR 0.5 ML 29GX1/2"	3	
LITETOUCH SYR 0.5 ML 30GX5/16"	3	
LITETOUCH SYRIN 1 ML 28GX1/2"	3	
LITETOUCH SYRIN 1 ML 29GX1/2"	3	
LITETOUCH SYRIN 1 ML 30GX5/16"	3	
LITHIUM CARBONATE 150 MG CAP	1	
LITHIUM CARBONATE 300 MG CAP	1	
LITHIUM CARBONATE 300 MG TAB	1	
LITHIUM CARBONATE 600 MG CAP	1	
LITHIUM CARBONATE ER 300 MG TB	2	
LITHIUM CARBONATE ER 450 MG TB	2	
LITHOSTAT 250 MG TABLET	4	
LIVE BETTER PEN NEEDLES 8MM	3	
LO LOESTRIN FE 1-10 TABLET	3	
LOJAIMIESS 0.1-0.02-0.01 TAB	1	
LOKELMA 10 GRAM POWDER PACKET	4	
LOKELMA 5 GRAM POWDER PACKET	4	
LOPERAMIDE 2 MG CAPSULE	2	
LOPINAVIR-RITONAVIR 80-20MG/ML	2	
LOPINAVIR-RITONAVR 100-25MG TB	2	
LOPINAVIR-RITONAVR 200-50MG TB	2	
LORAZEPAM 0.5 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LORAZEPAM 1 MG TABLET	2	
LORAZEPAM 2 MG TABLET	2	
LORAZEPAM 2 MG/ML ORAL CONCENT	2	
LORAZEPAM INTENSOL 2 MG/ML	2	
LORCET 5-325 MG TABLET	2	PA
LORCET HD 10-325 MG TABLET	2	PA
LORCET PLUS 7.5-325 MG TABLET	2	PA
LORTAB 10 MG-300 MG/15 ML ELXR	2	PA
LORYNA 3 MG-0.02 MG TABLET	1	
LOSARTAN POTASSIUM 100 MG TAB	1	
LOSARTAN POTASSIUM 25 MG TAB	1	
LOSARTAN POTASSIUM 50 MG TAB	1	
LOSARTAN-HCTZ 100-12.5 MG TAB	1	
LOSARTAN-HCTZ 100-25 MG TAB	1	
LOSARTAN-HCTZ 50-12.5 MG TAB	1	
LOTEPREDNOL 0.5% OPHTHALMC GEL	3	
LOTEPREDNOL ETABONATE 0.5% DRP	3	
LOVASTATIN 10 MG TABLET	1	
LOVASTATIN 20 MG TABLET	1	
LOVASTATIN 40 MG TABLET	1	
LOW-OGESTREL-28 TABLET	1	
LOXAPINE 10 MG CAPSULE	2	
LOXAPINE 25 MG CAPSULE	2	
LOXAPINE 5 MG CAPSULE	2	
LOXAPINE 50 MG CAPSULE	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	
LUBIPROSTONE 24 MCG CAPSULE	4	
LUBIPROSTONE 8 MCG CAPSULE	4	
LURASIDONE HCL 120 MG TABLET	4	QL
LURASIDONE HCL 20 MG TABLET	4	QL
LURASIDONE HCL 40 MG TABLET	4	QL
LURASIDONE HCL 60 MG TABLET	4	QL
LURASIDONE HCL 80 MG TABLET	4	QL
LUTERA-28 TABLET	1	
LYLEQ 0.35 MG TABLET	1	
LYLLANA 0.025 MG PATCH	2	QL
LYLLANA 0.0375 MG PATCH	2	QL
LYLLANA 0.05 MG PATCH	2	QL
LYLLANA 0.075 MG PATCH	2	QL
LYLLANA 0.1 MG PATCH	2	QL
LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LYSODREN 500 MG TABLET	4	LDD
LYZA 0.35 MG TABLET	1	
MAGELLAN INSUL SYRINGE 0.3 ML	3	
MAGELLAN INSUL SYRINGE 0.5 ML	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MAGELLAN INSULIN SYR 0.3 ML	3	
MAGELLAN INSULIN SYR 0.5 ML	3	
MAGELLAN INSULIN SYRINGE 1 ML	3	
MALATHION 0.5% LOTION	2	
MAPROTIline 25 MG TABLET	2	
MAPROTIline 75 MG TABLET	2	
MARLISSA-28 TABLET	1	
MARPLAN 10 MG TABLET	4	
MATZIM LA 180 MG TABLET	2	
MATZIM LA 240 MG TABLET	2	
MATZIM LA 300 MG TABLET	2	
MATZIM LA 360 MG TABLET	2	
MATZIM LA 420 MG TABLET	2	
MAXICOMFORT II PEN ND 31GX6MM	3	
MAXI-COMFORT INS 0.5 ML 28G	3	
MAXICOMFORT INS 0.5ML 27GX1/2"	3	
MAXICOMFORT INS 1 ML 27GX1/2"	3	
MAXI-COMFORT INS 1 ML 28GX1/2"	3	
MAXICOMFORT PEN ND 29G X 5MM	3	
MAXICOMFORT PEN ND 29G X 8MM	3	
MECLIZINE 12.5 MG TABLET	2	
MECLIZINE 25 MG TABLET	2	
MECLOFENAMATE 100 MG CAPSULE	2	
MECLOFENAMATE 50 MG CAPSULE	2	
MEDISENSE GLUC-KET CONT SOL	3	
MEDISENSE H-L CONTROL SOLUTION	3	
MEDISENSE H-M-L CONTROL SOLN	3	
MEDISENSE MID CONTROL SOLUTION	3	
MEDPOINT CONTROL SOLUTION	3	
MEDROL 2 MG TABLET	4	
MEDROXYPROGESTERONE 10 MG TAB	1	
MEDROXYPROGESTERONE 150 MG/ML	1	
MEDROXYPROGESTERONE 2.5 MG TAB	1	
MEDROXYPROGESTERONE 5 MG TAB	1	
MEDTRONIC EXT INF SET 23" 6MM	3	
MEDTRONIC EXT INF SET 23" 9MM	3	
MEDTRONIC EXT INF SET 32" 9MM	3	
MEDTRONIC REMOTE CONTROL	3	
MEFENAMIC ACID 250 MG CAPSULE	2	
MEFLOQUINE HCL 250 MG TABLET	2	QL
MEGESTROL 20 MG TABLET	2	
MEGESTROL 40 MG TABLET	2	
MEGESTROL 625 MG/5 ML SUSP	4	
MEGESTROL ACET 40 MG/ML SUSP	2	
MEGESTROL ACET 400 MG/10 ML	2	
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX	METHAZOLAMIDE 25 MG TABLET	2	
MEKINIST 2 MG TABLET	5	PA, QL, SRX	METHAZOLAMIDE 50 MG TABLET	2	
MELODETTA 24 FE CHEWABLE TAB	1		METHENAMINE HIPPI 1 GM TABLET	2	
MELOXICAM 15 MG TABLET	1		METHENAMINE MAND 1 GM TABLET	2	
MELOXICAM 7.5 MG TABLET	1		METHENAMINE MAND 500 MG TABLET	2	
MELPHALAN 2 MG TABLET	2		METHERGINE 0.2 MG TABLET	4	
MEMANTINE 5-10 MG TITRATION PK	2		METHIMAZOLE 10 MG TABLET	2	
MEMANTINE HCL 10 MG TABLET	2		METHIMAZOLE 5 MG TABLET	2	
MEMANTINE HCL 2 MG/ML SOLUTION	2		METHITEST 10 MG TABLET	5	SRX
MEMANTINE HCL 5 MG TABLET	2		METHOCARBAMOL 500 MG TABLET	2	
MENACTRA VIAL	3		METHOCARBAMOL 750 MG TABLET	2	
MENEST 0.3 MG TABLET	4		METHOTREXATE 2.5 MG TABLET	2	
MENEST 0.625 MG TABLET	4		METHOXSALEN 10 MG SOFTGEL	4	
MENEST 1.25 MG TABLET	4		METHSCOPOLAMINE BROM 2.5 MG TB	2	
MENEST 2.5 MG TABLET	4		METHSCOPOLAMINE BROM 5 MG TAB	2	
MENQUADFI VIAL	3		METHSUXIMIDE 300 MG CAPSULE	4	
MENTAX 1% CREAM	4		METHYLDOPA 250 MG TABLET	2	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	3		METHYLDOPA 500 MG TABLET	2	
MENVEO A-C-Y-W KIT (2 VIALS)	3		METHYLDOPA-HCTZ 250-15 MG TAB	2	
MEPERIDINE 50 MG TABLET	2	PA	METHYLDOPA-HCTZ 250-25 MG TAB	2	
MEPERIDINE 50 MG/5 ML SOLUTION	2	PA	METHYLERGONOVINE 0.2 MG TABLET	4	
MEPROBAMATE 200 MG TABLET	2		METHYLPHENIDATE 10 MG CHEW TAB	2	QL
MEPROBAMATE 400 MG TABLET	2		METHYLPHENIDATE 10 MG TABLET	2	QL
MERCAPTOPYRINE 50 MG TABLET	2		METHYLPHENIDATE 10 MG/5 ML SOL	2	QL
MERZEE 1 MG-20 MCG CAPSULE	1		METHYLPHENIDATE 2.5 MG CHEW TB	2	QL
MESALAMINE 4 GM/60 ML ENEMA	4		METHYLPHENIDATE 20 MG TABLET	2	QL
MESALAMINE 4 GM/60 ML KIT	4		METHYLPHENIDATE 5 MG CHEW TAB	2	QL
MESALAMINE 800 MG DR TABLET	4		METHYLPHENIDATE 5 MG TABLET	2	QL
MESALAMINE ER 0.375 GRAM CAP	3		METHYLPHENIDATE 5 MG/5 ML SOLN	2	QL
MESALAMINE ER 500 MG CAPSULE	4		METHYLPHENIDATE CD 10 MG CAP	2	QL
MESNEX 400 MG TABLET	5	SRX	METHYLPHENIDATE CD 20 MG CAP	2	QL
METAXALL 800 MG TABLET	4		METHYLPHENIDATE CD 30 MG CAP	2	QL
METAXALONE 400 MG TABLET	4		METHYLPHENIDATE CD 40 MG CAP	2	QL
METAXALONE 800 MG TABLET	4		METHYLPHENIDATE CD 50 MG CAP	2	QL
METFORMIN HCL 1,000 MG TABLET	1		METHYLPHENIDATE CD 60 MG CAP	2	QL
METFORMIN HCL 500 MG TABLET	1		METHYLPHENIDATE ER 10 MG TAB	2	QL
METFORMIN HCL 850 MG TABLET	1		METHYLPHENIDATE ER 18 MG TAB	2	QL
METFORMIN HCL ER 500 MG TABLET	2		METHYLPHENIDATE ER 20 MG TAB	2	QL
METFORMIN HCL ER 750 MG TABLET	2		METHYLPHENIDATE ER 27 MG TAB	2	QL
METHADONE 10 MG/5 ML SOLUTION	2	PA	METHYLPHENIDATE ER 36 MG TAB	2	QL
METHADONE 10 MG/ML ORAL CONC	2	PA	METHYLPHENIDATE ER 54 MG TAB	2	QL
METHADONE 5 MG/5 ML SOLUTION	2	PA	METHYLPHENIDATE ER(CD) 10MG CP	2	QL
METHADONE HCL 10 MG TABLET	2	PA	METHYLPHENIDATE ER(CD) 20MG CP	2	QL
METHADONE HCL 5 MG TABLET	2	PA	METHYLPHENIDATE ER(CD) 30MG CP	2	QL
METHADONE INTENSOL 10 MG/ML	2	PA	METHYLPHENIDATE ER(CD) 40MG CP	2	QL
METHAMPHETAMINE 5 MG TABLET	4	QL	METHYLPHENIDATE ER(CD) 50MG CP	2	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
METHYLPHENIDATE ER(CD) 60MG CP	2	QL	MEXILETINE 250 MG CAPSULE	2	
METHYLPHENIDATE ER(LA) 10MG CP	2	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE ER(LA) 20MG CP	2	QL	MICONAZOLE 3 200 MG VAG SUPP	2	
METHYLPHENIDATE ER(LA) 30MG CP	2	QL	MICROCHAMBER	3	QL
METHYLPHENIDATE ER(LA) 40MG CP	2	QL	MICRODOT HIGH-LOW CONTROL SOL	3	
METHYLPHENIDATE LA 10 MG CAP	2	QL	MICRODOT NORMAL CONTROL SOLUT	3	
METHYLPHENIDATE LA 20 MG CAP	2	QL	MICRODOT PEN NEEDLE 31GX6MM	3	
METHYLPHENIDATE LA 30 MG CAP	2	QL	MICRODOT PEN NEEDLE 32GX4MM	3	
METHYLPHENIDATE LA 40 MG CAP	2	QL	MICRODOT PEN NEEDLE 33GX4MM	3	
METHYLPHENIDATE LA 60 MG CAP	2	QL	MICROGESTIN 21 1.5-30 TAB	1	
METHYLPREDNISOLONE 16 MG TAB	2		MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 32 MG TAB	2		MICROGESTIN 24 FE 1 MG-20 MCG	1	
METHYLPREDNISOLONE 4 MG DOSEPK	2		MICROGESTIN FE 1.5-30 TAB	1	
METHYLPREDNISOLONE 4 MG TABLET	2		MICROGESTIN FE 1-20 TABLET	1	
METHYLPREDNISOLONE 8 MG TABLET	2		MICROLIFE PEAK FLOW METER	3	
METHYLTESTOSTERONE 10 MG CAP	5	SRX	MICROSPACER FOR AEROSOL DEVICE	3	QL
METOCLOPRAMIDE 10 MG TABLET	1		MIDAZOLAM HCL 10 MG/5 ML SYRUP	2	
METOCLOPRAMIDE 10 MG/10 ML SOL	2		MIDAZOLAM HCL 2 MG/ML SYRUP	2	
METOCLOPRAMIDE 5 MG TABLET	1		MIDAZOLAM HCL 5 MG/2.5 ML SYRUP	2	
METOCLOPRAMIDE 5 MG/5 ML SOLN	2		MIDODRINE HCL 10 MG TABLET	2	
METOLAZONE 10 MG TABLET	2		MIDODRINE HCL 2.5 MG TABLET	2	
METOLAZONE 2.5 MG TABLET	2		MIDODRINE HCL 5 MG TABLET	2	
METOLAZONE 5 MG TABLET	2		MIGERGOT 2-100 MG SUPPOSITORY	4	
METOPROLOL SUCC ER 100 MG TAB	2		MIGLITOL 100 MG TABLET	2	
METOPROLOL SUCC ER 200 MG TAB	2		MIGLITOL 25 MG TABLET	2	
METOPROLOL SUCC ER 25 MG TAB	2		MIGLITOL 50 MG TABLET	2	
METOPROLOL SUCC ER 50 MG TAB	2		MIGLUSTAT 100 MG CAPSULE	5	PA, SRX
METOPROLOL TARTRATE 100 MG TAB	1		MILI 0.25-0.035 MG TABLET	1	
METOPROLOL TARTRATE 25 MG TAB	1		MIMVEY 1-0.5 MG TABLET	2	
METOPROLOL TARTRATE 37.5 MG TB	2		MINI PEN NEEDLE 32G 4MM	3	
METOPROLOL TARTRATE 50 MG TAB	1		MINI PEN NEEDLE 32G 5MM	3	
METOPROLOL TARTRATE 75 MG TAB	2		MINI PEN NEEDLE 32G 6MM	3	
METOPROLOL-HCTZ 100-25 MG TAB	2		MINI PEN NEEDLE 32G 8MM	3	
METOPROLOL-HCTZ 100-50 MG TAB	2		MINI PEN NEEDLE 33G 4MM	3	
METOPROLOL-HCTZ 50-25 MG TAB	2		MINI PEN NEEDLE 33G 5MM	3	
METRONIDAZOLE 0.75% CREAM	2		MINI PEN NEEDLE 33G 6MM	3	
METRONIDAZOLE 0.75% LOTION	2		MINI ULTRA-THIN II PEN ND 31G	3	
METRONIDAZOLE 250 MG TABLET	2		MINI WRIGHT PEAK FLOW METER	3	
METRONIDAZOLE 375 MG CAPSULE	2		MINIMED INFUSION SET	3	
METRONIDAZOLE 500 MG TABLET	2		MINIMED MIO ADV INFUSN 23"6MM	3	
METRONIDAZOLE TOP 1% GEL PUMP	2		MINIMED MIO ADV INFUSN 23"9MM	3	
METRONIDAZOLE TOPICAL 0.75% GL	2		MINIMED MIO ADV INFUSN 43"6MM	3	
METRONIDAZOLE TOPICAL 1% GEL	2		MINIMED MIO ADV INFUSN 43"9MM	3	
METRONIDAZOLE VAGINAL 0.75% GL	2		MINIMED MIO INFUSN SET 18" 6MM	3	
METYROSINE 250 MG CAPSULE	5	PA, SRX	MINIMED MIO INFUSN SET 23" 6MM	3	
MEXILETINE 150 MG CAPSULE	2		MINIMED MIO INFUSN SET 32" 6MM	3	
MEXILETINE 200 MG CAPSULE	2		MINIMED MIO INFUSN SET 32" 9MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MINIMED QUICK SET INF 18" 6MM	3		M-M-R II VACCINE VIAL	3	
MINIMED QUICK SET INF 23" 6MM	3		M-NATAL PLUS TABLET	1	
MINIMED QUICK SET INF 23" 9MM	3		MODAFINIL 100 MG TABLET	4	PA
MINIMED QUICK SET INF 32" 6MM	3		MODAFINIL 200 MG TABLET	4	PA
MINIMED QUICK SET INF 32" 9MM	3		MODERNA COVID (12Y UP)VAC(EUA)	3	
MINIMED QUICK SET INF 43" 6MM	3		MODERNA COVID BIVAL(6MO UP)EUA	3	
MINIMED QUICK SET INF 43" 9MM	3		MODERNA COVID BIVAL(6MO-5Y)EUA	3	
MINIMED QUICK-SERTER	3		MODERNA COVID(6-11Y) VACC(EUA)	3	
MINIMED RESERVOIR 1.8 ML	3		MODERNA COVID(6M-5Y) VACC(EUA)	3	
MINIMED RESERVOIR 3 ML	3		MODERNA COVID-19 BOOSTER (EUA)	3	
MINIMED SILHOUETTE INF SET 18"	3		MOEXIPRIL HCL 15 MG TABLET	2	
MINIMED SILHOUETTE INF SET 23"	3		MOEXIPRIL HCL 7.5 MG TABLET	2	
MINIMED SILHOUETTE INF SET 32"	3		MOLINDONE HCL 10 MG TABLET	2	
MINIMED SILHOUETTE INF SET 43"	3		MOLINDONE HCL 25 MG TABLET	2	
MINIMED SURE T INF SET 18" 6MM	3		MOLINDONE HCL 5 MG TABLET	2	
MINIMED SURE T INF SET 23" 6MM	3		MOMETASONE FUROATE 0.1% CREAM	2	
MINIMED SURE T INF SET 23" 8MM	3		MOMETASONE FUROATE 0.1% OINT	2	
MINIMED SURE T INF SET 32" 6MM	3		MOMETASONE FUROATE 0.1% SOLN	2	
MINIMED SURE T INF SET 32" 8MM	3		MOMETASONE FUROATE 50 MCG SPRY	2	QL
MINIMED SURE T INFUSN SET 23"	3		MONDOXYNE NL 100 MG CAPSULE	1	
MINIMED SURE T INFUSN SET 32"	3		MONDOXYNE NL 75 MG CAPSULE	2	
MINITRAN 0.1 MG/HR PATCH	2		MONOJECT 0.5 ML SYRN 28GX1/2"	3	
MINITRAN 0.2 MG/HR PATCH	2		MONOJECT 1 ML SYRN 27X1/2"	3	
MINITRAN 0.4 MG/HR PATCH	2		MONOJECT 1 ML SYRN 28GX1/2"	3	
MINITRAN 0.6 MG/HR PATCH	2		MONOJECT 3 ML SYRINGE 21GX1"	3	
MINI-WRIGHT PEAK FLOW METER	3		MONOJECT 3 ML SYRINGE 23GX1"	3	
MINOCYCLINE 100 MG CAPSULE	1		MONOJECT 3 ML SYRINGE 25GX1"	3	
MINOCYCLINE 50 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX1"	3	
MINOCYCLINE 75 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX11/2"	3	
MINOCYCLINE HCL 100 MG TABLET	1		MONOJECT 3 ML SYRN 21GX1-1/2"	3	
MINOCYCLINE HCL 50 MG TABLET	1		MONOJECT 3 ML SYRN 22GX11/2"	3	
MINOCYCLINE HCL 75 MG TABLET	1		MONOJECT 3 ML SYRN 22GX1-1/2"	3	
MINOXIDIL 10 MG TABLET	2		MONOJECT 3 ML SYRN 23GX1"	3	
MINOXIDIL 2.5 MG TABLET	2		MONOJECT 3 ML SYRN 25GX1"	3	
MIO INFUSION SET 18"	3		MONOJECT 3 ML SYRN 25GX1.25"	3	
MIO INFUSION SET 23"	3		MONOJECT 3 ML SYRN 25GX5/8"	3	
MIO INFUSION SET 32"	3		MONOJECT 3 ML SYRN 27GX1.25"	3	
MIRTAZAPINE 15 MG ODT	2		MONOJECT 3 ML SYRN 27GX11/4"	3	
MIRTAZAPINE 15 MG TABLET	2		MONOJECT 6 ML SYRN 20GX11/2"	3	
MIRTAZAPINE 30 MG ODT	2		MONOJECT 6 ML SYRN 21GX1"	3	
MIRTAZAPINE 30 MG TABLET	2		MONOJECT 6 ML SYRN 21GX11/2"	3	
MIRTAZAPINE 45 MG ODT	2		MONOJECT 6 ML SYRN 22GX11/2"	3	
MIRTAZAPINE 45 MG TABLET	2		MONOJECT 6CC SAFETY SYRINGE	3	
MIRTAZAPINE 7.5 MG TABLET	2		MONOJECT BLD COL NEEDL 20GX1.5	3	
MISOPROSTOL 100 MCG TABLET	2		MONOJECT BLD COL NEEDLE 20GX1"	3	
MISOPROSTOL 200 MCG TABLET	2		MONOJECT BLD COL NEEDLE 21GX1"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MONOJECT BLD COL NEEDLE 22GX1"	3		MORPHINE SULF 20 MG SUPPOS	2	PA
MONOJECT FILTR 18GX1.5" NEEDLE	3		MORPHINE SULF 20 MG/5 ML SOLN	2	PA
MONOJECT HYPO NDL 27GX1-1/2"	3		MORPHINE SULF 30 MG SUPPOS	2	PA
MONOJECT HYPO NEEDLE 18X1A	3		MORPHINE SULF 5 MG SUPPOS	2	PA
MONOJECT HYPO NEEDLE 19X1	3		MORPHINE SULF ER 100 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 19X1-1/2	3		MORPHINE SULF ER 15 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1	3		MORPHINE SULF ER 200 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1-1/2	3		MORPHINE SULF ER 30 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1	3		MORPHINE SULF ER 60 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1-1/2	3		MORPHINE SULFATE ER 10 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1	3		MORPHINE SULFATE ER 100 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1.5	3		MORPHINE SULFATE ER 120 MG CAP	2	PA
MONOJECT HYPO NEEDLE 23X1	3		MORPHINE SULFATE ER 20 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1	3		MORPHINE SULFATE ER 30 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1.5	3		MORPHINE SULFATE ER 45 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X5/8	3		MORPHINE SULFATE ER 50 MG CAP	2	PA
MONOJECT HYPO NEEDLE 26X1.5	3		MORPHINE SULFATE ER 60 MG CAP	2	PA
MONOJECT HYPO NEEDLE 27X0.5	3		MORPHINE SULFATE ER 75 MG CAP	2	PA
MONOJECT HYPO NEEDLE 30X3/4	3		MORPHINE SULFATE ER 80 MG CAP	2	PA
MONOJECT HYPODERMIC NEEDLE	3		MORPHINE SULFATE ER 90 MG CAP	2	PA
MONOJECT INSUL SYR U100	3		MORPHINE SULFATE IR 15 MG TAB	2	PA
MONOJECT INSUL SYR U100 0.5 ML	3		MORPHINE SULFATE IR 30 MG TAB	2	PA
MONOJECT INSUL SYR U100 1 ML	3		PEDIATRIC MOUTHPIECE	3	QL
MONOJECT INSULIN SAFETY SYRNG	3		MOXIFLOXACIN 0.5% EYE DROPS	2	
MONOJECT INSULIN SYR 0.3 ML	3		MOXIFLOXACIN 0.5% EYE DRP-VISC	2	
MONOJECT INSULIN SYR 0.5 ML	3		MOXIFLOXACIN HCL 400 MG TABLET	2	
MONOJECT INSULIN SYR 1 ML	3		MS INS SYR 0.5 ML 29GX1/2"	3	
MONOJECT INSULIN SYR U-100	3		MS INS SYR 1 ML 29GX1/2"	3	
MONOJECT INSULIN SYRN 3/10 ML	3		MS INS SYRINGE 1 ML 30GX1/2"	3	
MONOJECT SYRINGE 0.3 ML	3		MS INSUL SYR 0.3 ML 31GX5/16"	3	
MONOJECT SYRINGE 0.5 ML	3		MS INSUL SYR 0.5 ML 30GX1/2"	3	
MONOJECT SYRINGE 1 ML	3		MS INSUL SYR 0.5 ML 31GX5/16"	3	
MONOJECT SYRINGE 3 ML 20GX1	3		MS INSULIN SYR 0.3 ML 29GX1/2"	3	
MONOJECT SYRINGE 3 ML 22GX1"	3		MS INSULIN SYR 1 ML 31GX5/16"	3	
MONOJECT SYRN 3 ML 20GX1-1/2"	3		MS INSULIN SYRINGE 0.3 ML	3	
MONOJECT SYRN 3 ML 20GX3/4"	3		MS PEN NEEDLE 6MM 31G	3	
MONOJECT SYRNG 20GX1" 3 ML	3		MULTISTIX REAGENT STRIPS	3	
MONO-LINYAH 28 TABLET	1		MULTISTIX 10 SG REAGENT STRIPS	3	
MONTELUKAST SOD 10 MG TABLET	2		MULTISTIX 5 STRIPS	3	
MONTELUKAST SOD 4 MG GRANULES	2		MULTISTIX 7 REAGENT STRIPS	3	
MONTELUKAST SOD 4 MG TAB CHEW	2		MULTISTIX 8 SG REAGENT STRIPS	3	
MONTELUKAST SOD 5 MG TAB CHEW	2		MULTISTIX 9 REAGENT STRIPS	3	
MORGIDOX 100 MG CAPSULE	1		MULTISTIX 9 SG REAGENT STRIPS	3	
MORGIDOX 50 MG CAPSULE	1		MULTIVIT-FLUOR 0.25 MG TAB CHW	2	
MORPHINE SULF 10 MG SUPPOS	2	PA	MULTIVIT-FLUOR 0.25 MG/ML DROP	2	
MORPHINE SULF 10 MG/5 ML SOLN	2	PA	MULTIVIT-FLUOR 0.5 MG TAB CHEW	2	
MORPHINE SULF 100 MG/5 ML CONC	2	PA	MULTIVIT-FLUORIDE 1 MG TAB CHW	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MUPIROCIN 2% CREAM	2		NARATRIPTAN HCL 2.5 MG TABLET	2	QL
MUPIROCIN 2% OINTMENT	2		NATACYN 5% EYE DROPS	4	
MY CHOICE 1.5 MG TABLET	1		NATAZIA 28 TABLET	4	
MY WAY 1.5 MG TABLET	1		NATEGLINIDE 120 MG TABLET	2	
MYCOPHENOLATE 200 MG/ML SUSP	2		NATEGLINIDE 60 MG TABLET	2	
MYCOPHENOLATE 250 MG CAPSULE	2		NATURE-THROID 113.75 MG TABLET	1	
MYCOPHENOLATE 500 MG TABLET	2		NATURE-THROID 130 MG TABLET	1	
MYCOPHENOLIC ACID DR 180 MG TB	2		NATURE-THROID 146.25 MG TABLET	1	
MYCOPHENOLIC ACID DR 360 MG TB	2		NATURE-THROID 16.25 MG TABLET	1	
MYGLUCOHEALTH CONTROL SOLN PAK	3		NATURE-THROID 162.5 MG TABLET	1	
MYLERAN 2 MG TABLET	4		NATURE-THROID 195 MG TABLET	1	
MYNATAL CAPSULE	1		NATURE-THROID 260 MG TABLET	1	
MYNATAL PLUS CAPTAB	1		NATURE-THROID 32.5 MG TABLET	1	
MYNATAL ULTRACAPLET	1		NATURE-THROID 325 MG TABLET	1	
MYNATAL-Z CAPTAB	1		NATURE-THROID 48.75 MG TABLET	1	
MYORISAN 10 MG CAPSULE	4		NATURE-THROID 65 MG TABLET	1	
MYORISAN 20 MG CAPSULE	4		NATURE-THROID 81.25 MG TABLET	1	
MYORISAN 30 MG CAPSULE	4		NATURE-THROID 97.5 MG TABLET	1	
MYORISAN 40 MG CAPSULE	4		NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX
MYRBETRIQ ER 25 MG TABLET	4	QL, ST	NEBUSAL 3% VIAL	2	
MYRBETRIQ ER 50 MG TABLET	4	QL, ST	NECON 0.5-35-28 TABLET	1	
MYTESI 125 MG DR TABLET	4	LDD	NEFAZODONE HCL 100 MG TABLET	2	
NABUMETONE 500 MG TABLET	2		NEFAZODONE HCL 150 MG TABLET	2	
NABUMETONE 750 MG TABLET	2		NEFAZODONE HCL 200 MG TABLET	2	
NADOLOL 20 MG TABLET	2		NEFAZODONE HCL 250 MG TABLET	2	
NADOLOL 40 MG TABLET	2		NEFAZODONE HCL 50 MG TABLET	2	
NADOLOL 80 MG TABLET	2		NEO-BACIT-POLY-HC EYE OINTMENT	2	
NAFTIFINE HCL 1% CREAM	2		NEOMYC-BACIT-POLYMIX EYE OINT	2	
NAFTIFINE HCL 1% GEL	2		NEOMYCIN 500 MG TABLET	2	
NAFTIFINE HCL 2% CREAM	2		NEOMYCIN-POLY-HC EYE DROPS	2	
NAFTIFINE HCL 2% GEL	2		NEOMYC-POLYM-GRAMICID EYE DROP	2	
NALOXONE 0.4 MG/ML CARPUJECT	2		NEOMYCIN-POLYMYXIN-HC EAR SOLN	2	
NALOXONE 2 MG/2 ML SYRINGE	2		NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	
NALOXONE HCL 4 MG NASAL SPRAY	2	QL	NEOMYC-POLYM-DEXAMET EYE OINTM	2	
NALTREXONE 50 MG TABLET	2	QL	NEOMYC-POLYM-DEXAMETH EYE DROP	2	
NAPROXEN 250 MG TABLET	1		NEOMY-POLYMYXIN B 40 MG/ML AMP	2	
NAPROXEN 375 MG TABLET	1		NEOMY-POLYMYXIN B 40 MG/ML VL	2	
NAPROXEN 500 MG KIT	1		NEO-POLYCIN EYE OINTMENT	2	
NAPROXEN 500 MG TABLET	1		NEO-POLYCIN HC EYE OINTMENT	2	
NAPROXEN DR 375 MG TABLET	2		NEUAC GEL	2	
NAPROXEN DR 500 MG TABLET	2		NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NAPROXEN SOD CR 375 MG TABLET	2		NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX
NAPROXEN SOD ER 375 MG TABLET	2		NEVANAC 0.1% EYE DROP	4	
NAPROXEN SODIUM 275 MG TAB	2		NEVIRAPINE 200 MG TABLET	2	
NAPROXEN SODIUM 550 MG TAB	2		NEVIRAPINE 50 MG/5 ML SUSP	2	
NARATRIPTAN HCL 1 MG TABLET	2	QL	NEVIRAPINE ER 100 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NEVIRAPINE ER 400 MG TABLET	2	
NEW DAY 1.5 MG TABLET	1	
NEWGEN TABLET	1	
NIACIN ER 1,000 MG TABLET	2	
NIACIN ER 500 MG TABLET	2	
NIACIN ER 750 MG TABLET	2	
NICARDIPINE 20 MG CAPSULE	2	
NICARDIPINE 30 MG CAPSULE	2	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	
NIFEDIPINE 10 MG CAPSULE	2	
NIFEDIPINE 20 MG CAPSULE	2	
NIFEDIPINE ER 30 MG TABLET	2	
NIFEDIPINE ER 60 MG TABLET	2	
NIFEDIPINE ER 90 MG TABLET	2	
NIKKI 3 MG-0.02 MG TABLET	1	
NILUTAMIDE 150 MG TABLET	5	SRX
NIMODIPINE 30 MG CAPSULE	4	
NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX
NISOLDIPINE ER 17 MG TABLET	2	QL
NISOLDIPINE ER 20 MG TABLET	2	QL
NISOLDIPINE ER 25.5 MG TABLET	2	QL
NISOLDIPINE ER 30 MG TABLET	2	QL
NISOLDIPINE ER 34 MG TABLET	2	QL
NISOLDIPINE ER 40 MG TABLET	2	QL
NISOLDIPINE ER 8.5 MG TABLET	2	QL
NITAZOXANIDE 500 MG TABLET	4	PA
NITRO-BID 2% OINTMENT	2	
NITROFURANTOIN 25 MG/5 ML SUSP	4	
NITROFURANTOIN MCR 100 MG CAP	1	
NITROFURANTOIN MCR 25 MG CAP	2	
NITROFURANTOIN MCR 50 MG CAP	1	
NITROFURANTOIN MONO-MCR 100 MG	1	
NITROGLYCERIN 0.1 MG/HR PATCH	2	
NITROGLYCERIN 0.2 MG/HR PATCH	2	
NITROGLYCERIN 0.3 MG TABLET SL	2	
NITROGLYCERIN 0.4 MG TABLET SL	2	
NITROGLYCERIN 0.4 MG/HR PATCH	2	
NITROGLYCERIN 0.6 MG TABLET SL	2	
NITROGLYCERIN 0.6 MG/HR PATCH	2	
NITROGLYCERIN 400 MCG SPRAY	2	
NITRO-TIME ER 2.5 MG CAPSULE	2	
NITRO-TIME ER 6.5 MG CAPSULE	2	
NITRO-TIME ER 9 MG CAPSULE	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NIVA-PLUS TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRING	5	SRX
NIVESTYM 300 MCG/ML VIAL	5	SRX
NIVESTYM 480 MCG/0.8 ML SYRING	5	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NIZATIDINE 150 MG CAPSULE	2	
NIZATIDINE 300 MG CAPSULE	2	
NOLIX 0.05% CREAM	4	
NOLIX 0.05% LOTION	4	
NORA-BE TABLET	1	
NORDITROPIN FLEXPOR 10 MG/1.5	5	PA, SRX
NORDITROPIN FLEXPOR 15 MG/1.5	5	PA, SRX
NORDITROPIN FLEXPOR 30 MG/3 ML	5	PA, SRX
NORDITROPIN FLEXPOR 5 MG/1.5	5	PA, SRX
NORETH-ESTR-FE 0.4-0.035(21)-75	1	
NORETH-EE-FE 1 MG/20-30-35 MCG	1	
NORETH-EE-FE 1.5-0.03MG(21)-75	1	
NORETH-EE-FE 1-0.02(21)-75 TAB	1	
NORETH-EE-FE 1-0.02(24)-75 CAP	1	
NORETH-EE-FE 1-0.02(24)-75 CHW	1	
NORETHIND-ETH ESTRAD 0.5-2.5	2	
NORETHIND-ETH ESTRAD 1-0.02 MG	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	2	
NORETHIN-EE 1.5-0.03 MG(21) TB	1	
NORETHIN-ESTRA-FE 0.8-0.025 MG	1	
NORETHIN-ETH ESTRAD 1 MG-5 MCG	2	
NORG-EE 0.18-0.215-0.25/0.025	1	
NORG-EE 0.18-0.215-0.25/0.035	1	
NORGESTIMATE-EE 0.25-0.035 MG	1	
NORG-ETHIN ESTRA 0.25-0.035 MG	1	
NORLYDA 0.35 MG TABLET	1	
NORPACE CR 100 MG CAPSULE	4	
NORPACE CR 150 MG CAPSULE	4	
NORTREL 0.5-35-28 TABLET	1	
NORTREL 1-35 21 TABLET	1	
NORTREL 1-35 28 TABLET	1	
NORTREL 7-7-7-28 TABLET	1	
NORTRIPTYLINE 10 MG/5 ML SOLN	2	
NORTRIPTYLINE HCL 10 MG CAP	1	
NORTRIPTYLINE HCL 25 MG CAP	1	
NORTRIPTYLINE HCL 50 MG CAP	1	
NORTRIPTYLINE HCL 75 MG CAP	1	
NORVIR 100 MG POWDER PACKET	3	
NOVA MAX GLUCOSE CONTROL SOLN	3	
NOVAVAX COVID-19 VACC,ADJ(EUA)	3	
NOVOFINE 32G NEEDLES	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NOVOFINE AUTOCOVER 30G NEEDLE	3	
NOVOFINE PLUS PEN NDJ 32GX1/6"	3	
NOVOLOG 100 UNIT/ML FLEXPEN	4	QL, ST
NOVOLOG 100 UNIT/ML VIAL	4	QL, ST
NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST
NOVOLOG MIX 70-30 VIAL	4	QL, ST
NOVOLOG PENFILL 100 UNIT/ML	4	QL, ST
NOVOPEN 3 INSULIN DEVICE	3	
NOVOPEN ECHO INSULIN DEVICE	3	
NOVOTWIST NEEDLE 32G 5MM	3	
NOXAFIL 40 MG/ML SUSPENSION	4	
NP THYROID 120 MG TABLET	1	
NP THYROID 15 MG TABLET	1	
NP THYROID 30 MG TABLET	1	
NP THYROID 60 MG TABLET	1	
NP THYROID 90 MG TABLET	1	
NUCYNTA 100 MG TABLET	4	PA
NUCYNTA 50 MG TABLET	4	PA
NUCYNTA 75 MG TABLET	4	PA
NUCYNTA ER 100 MG TABLET	4	PA
NUCYNTA ER 150 MG TABLET	4	PA
NUCYNTA ER 200 MG TABLET	4	PA
NUCYNTA ER 250 MG TABLET	4	PA
NUCYNTA ER 50 MG TABLET	4	PA
NUEDEXTA 20-10 MG CAPSULE	4	PA
NYAMYC 100,000 UNIT/GM POWDER	2	
NYLIA 1-35 28 TABLET	1	
NYLIA 7-7-7-28 TABLET	1	
NYMYO 0.25-0.035 MG (28) TAB	1	
NYSTATIN 100,000 UNIT/GM CREAM	2	
NYSTATIN 100,000 UNIT/GM OINT	2	
NYSTATIN 100,000 UNIT/GM POWD	2	
NYSTATIN 100,000 UNIT/ML SUSP	2	
NYSTATIN 500,000 UNIT ORAL TAB	2	
NYSTATIN 500,000 UNIT/5 ML CUP	2	
NYSTATIN-TRIAMCINOLONE CREAM	2	
NYSTATIN-TRIAMCINOLONE OINTM	2	
NYSTOP 100,000 UNIT/GM POWDER	2	
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
OBSTETRIX DHA COMBO PAK	1	
OBSTETRIX ONE SOFTGEL	1	
OCELLA 3 MG-0.03 MG TABLET	1	
OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA
OCTREOTIDE 1,000 MCG/ML VIAL	2	PA
OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA
OCTREOTIDE ACET 0.05 MG/ML VL	2	PA
OCTREOTIDE ACET 100 MCG/ML AMP	2	PA

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OCTREOTIDE ACET 100 MCG/ML SYR	2	PA
OCTREOTIDE ACET 100 MCG/ML VL	2	PA
OCTREOTIDE ACET 200 MCG/ML VL	2	PA
OCTREOTIDE ACET 50 MCG/ML AMP	2	PA
OCTREOTIDE ACET 50 MCG/ML SYR	2	PA
OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA
OCTREOTIDE ACET 500 MCG/ML AMP	2	PA
OCTREOTIDE ACET 500 MCG/ML SYR	2	PA
OCTREOTIDE ACET 500 MCG/ML VL	2	PA
ODACTRA 12 SQ-HDM SL TABLET	4	PA, QL
ODEFSEY TABLET	3	QL
ODOMZO 200 MG CAPSULE	5	PA, QL, LDD, SRX
OFLOXACIN 0.3% EAR DROPS	2	
OFLOXACIN 0.3% EYE DROPS	2	
OFLOXACIN 300 MG TABLET	2	
OFLOXACIN 400 MG TABLET	2	
OKEBO 75 MG CAPSULE	2	
OLANZAPINE 10 MG TABLET	2	
OLANZAPINE 15 MG TABLET	2	
OLANZAPINE 2.5 MG TABLET	2	
OLANZAPINE 20 MG TABLET	2	
OLANZAPINE 5 MG TABLET	2	
OLANZAPINE 7.5 MG TABLET	2	
OLANZAPINE ODT 10 MG TABLET	2	
OLANZAPINE ODT 15 MG TABLET	2	
OLANZAPINE ODT 20 MG TABLET	2	
OLANZAPINE ODT 5 MG TABLET	2	
OLANZAPINE-FLUOXETINE 12-25 MG	2	
OLANZAPINE-FLUOXETINE 12-50 MG	2	
OLANZAPINE-FLUOXETINE 3-25 MG	2	
OLANZAPINE-FLUOXETINE 6-25 MG	2	
OLANZAPINE-FLUOXETINE 6-50 MG	2	
OLMESARTAN MEDOXOMIL 20 MG TAB	2	
OLMESARTAN MEDOXOMIL 40 MG TAB	2	
OLMESARTAN MEDOXOMIL 5 MG TAB	2	
OLMESARTAN-HCTZ 20-12.5 MG TAB	2	
OLMESARTAN-HCTZ 40-12.5 MG TAB	2	
OLMESARTAN-HCTZ 40-25 MG TAB	2	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2	
OLOPATADINE 665 MCG NASAL SPRY	2	
OLOPATADINE HCL 0.1% EYE DROPS	2	
OLOPATADINE HCL 0.2% EYE DROP	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OMEGA-3 ETHYL ESTERS 1 GM CAP	2	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL
OMEPRAZOLE DR 20 MG CAPSULE	2	QL
OMEPRAZOLE DR 40 MG CAPSULE	2	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL
OMNIPOD 5 G6 PODS (GEN 5) 5PK	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL
OMNIPOD CLASSIC PODS(GEN3) 5PK	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL
OMNIPOD DASH PODS (GEN 4) 5PK	3	
OMNIPOD GO 10 UNIT/DAY PODS	3	
OMNIPOD GO 15 UNIT/DAY PODS	3	
OMNIPOD GO 20 UNIT/DAY PODS	3	
OMNIPOD GO 25 UNIT/DAY PODS	3	
OMNIPOD GO 30 UNIT/DAY PODS	3	
OMNIPOD GO 35 UNIT/DAY PODS	3	
OMNIPOD GO 40 UNIT/DAY PODS	3	
ON CALL EXPRESS CTRL SOLN PAK	3	
ON CALL PLUS CONTROL SOLUTION	3	
ON CALL VIVID CONTROL SOLUTION	3	
ONDANSETRON 4 MG/5 ML SOLUTION	2	
ONDANSETRON HCL 4 MG TABLET	2	
ONDANSETRON HCL 8 MG TABLET	2	
ONDANSETRON ODT 4 MG TABLET	2	
ONDANSETRON ODT 8 MG TABLET	2	
ONE WAY VALVED MOUTHPIECE	3	QL
ONETOUCH DELICA PLUS 30G LANCET	3	
ONETOUCH DELICA PLUS 33G LANCET	3	
ONETOUCH DELICA PLUS LANC DEV	3	
ONETOUCH DELICA SAF 30G LANCET	3	
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH SOLUTIONS STARTER KIT	1	
ONETOUCH SURESOFT 18G LANC DEV	3	
ONETOUCH SURESOFT 21G LANC DEV	3	
ONETOUCH SURESOFT 28G LANC DEV	3	
ONETOUCH ULTRA CONTROL SOLN	3	
ONETOUCH ULTRA TEST STRIP	3	
ONETOUCH ULTRA2 GLUCOSE SYST	1	
ONETOUCH ULTRASOFT2 30G LANCET	3	
ONETOUCH VERIO FLEX METER	1	
ONETOUCH VERIO HIGH CNTRL SOLN	3	
ONETOUCH VERIO METER	1	
ONETOUCH VERIO MID CNTRL SOLN	3	
ONETOUCH VERIO REFLECT METER	1	
ONETOUCH VERIO TEST STRIP	3	
ONGLYZA 2.5 MG TABLET	3	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ONGLYZA 5 MG TABLET	3	QL
OPCICON ONE-STEP 1.5 MG TABLET	1	
OPIUM TINCTURE 10 MG/ML	2	PA
OPTICHAMBER ADULT MASK-LARGE	3	QL
OPTICHAMBER DIAMOND VHC	3	QL
OPTICHAMBER DIAMOND W-LRG MASK	3	QL
OPTICHAMBER DIAMOND W-MED MASK	3	QL
OPTICHAMBER DIAMOND W-SML MASK	3	QL
OPTION 2 1.5 MG TABLET	1	
OPTUMRX GLUCOSE CONTROL SOLN	3	
ORACIT ORAL SOLUTION	4	
ORALONE 0.1% PASTE	2	
ORPHENADRINE ER 100 MG TABLET	2	
OSCIMIN 0.125 MG TABLET	2	
OSCIMIN SL 0.125 MG TABLET	2	
OSCIMIN SR 0.375 MG TABLET	2	
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL
OSELTAMIVIR PHOS 30 MG CAPSULE	2	QL
OSELTAMIVIR PHOS 45 MG CAPSULE	2	QL
OSELTAMIVIR PHOS 75 MG CAPSULE	2	QL
OSMOPREP TABLET	4	
OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX
OTEZLA 30 MG TABLET	5	PA, QL, SRX
OVAL TAPE	3	
OXANDROLONE 10 MG TABLET	4	PA
OXANDROLONE 2.5 MG TABLET	4	PA
OXAPROZIN 600 MG CAPLET	2	
OXAPROZIN 600 MG TABLET	2	
OXAZEPAM 10 MG CAPSULE	2	
OXAZEPAM 15 MG CAPSULE	2	
OXAZEPAM 30 MG CAPSULE	2	
OXCARBAZEPINE 150 MG TABLET	2	
OXCARBAZEPINE 300 MG TABLET	2	
OXCARBAZEPINE 300 MG/5 ML SUSP	2	
OXCARBAZEPINE 600 MG TABLET	2	
OXICONAZOLE NITRATE 1% CREAM	3	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN 5 MG/5 ML SOLUTION	2	
OXYBUTYNIN 5 MG/5 ML SYRUP	2	
OXYBUTYNIN CL ER 10 MG TABLET	2	
OXYBUTYNIN CL ER 15 MG TABLET	2	
OXYBUTYNIN CL ER 5 MG TABLET	2	
OXYCODONE HCL (IR) 10 MG TAB	2	PA
OXYCODONE HCL (IR) 15 MG TAB	2	PA
OXYCODONE HCL (IR) 20 MG TAB	2	PA
OXYCODONE HCL (IR) 30 MG TAB	2	PA
OXYCODONE HCL (IR) 5 MG CAP	2	PA

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OXYCODONE HCL (IR) 5 MG TABLET	2	PA
OXYCODONE HCL 100 MG/5 ML CONC	2	PA
OXYCODONE HCL 5 MG/5 ML SOLN	2	PA
OXYCODONE HCL-ASPIRIN	2	PA
OXYCODONE-ACETAMINOPHEN 10-325	2	PA
OXYCODONE-ACETAMINOPHEN 5-325	2	PA
OXYCODONE-ACETAMINOPHN 2.5-325	2	PA
OXYCODONE-ACETAMINOPHN 7.5-325	2	PA
OXYMORPHONE HCL 10 MG TABLET	2	PA
OXYMORPHONE HCL 5 MG TABLET	2	PA
OXYMORPHONE HCL ER 10 MG TAB	2	PA
OXYMORPHONE HCL ER 15 MG TAB	2	PA
OXYMORPHONE HCL ER 20 MG TAB	2	PA
OXYMORPHONE HCL ER 30 MG TAB	2	PA
OXYMORPHONE HCL ER 40 MG TAB	2	PA
OXYMORPHONE HCL ER 5 MG TABLET	2	PA
OXYMORPHONE HCL ER 7.5 MG TAB	2	PA
PACERONE 200 MG TABLET	2	
PALIPERIDONE ER 1.5 MG TABLET	4	
PALIPERIDONE ER 3 MG TABLET	4	
PALIPERIDONE ER 6 MG TABLET	4	
PALIPERIDONE ER 9 MG TABLET	4	
PANCREAZE DR 10,500 UNIT CAP	3	
PANCREAZE DR 16,800 UNIT CAP	3	
PANCREAZE DR 2,600 UNIT CAP	3	
PANCREAZE DR 21,000 UNIT CAP	3	
PANCREAZE DR 37,000 UNIT CAP	3	
PANCREAZE DR 4,200 UNIT CAP	3	
PANDA MASK LARGE	3	QL
PANDA MASK MEDIUM	3	QL
PANDA MASK SMALL	3	QL
PANRETIN 0.1% GEL	5	SRX
PANTOPRAZOLE SOD DR 20 MG TAB	2	QL
PANTOPRAZOLE SOD DR 40 MG TAB	2	QL
PARADIGM REMOTE CONTROL	3	
PARADIGM RESERVOIR 1.8 ML	3	
PARADIGM RESERVOIR 3 ML	3	
PAREGORIC LIQUID	2	
PARICALCITOL 1 MCG CAPSULE	2	
PARICALCITOL 2 MCG CAPSULE	2	
PARICALCITOL 4 MCG CAPSULE	2	
PAROEX 0.12% ORAL RINSE	2	
PAROMOMYCIN 250 MG CAPSULE	2	
PAROXETINE HCL 10 MG TABLET	1	QL
PAROXETINE HCL 20 MG TABLET	1	QL
PAROXETINE HCL 30 MG TABLET	1	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PAROXETINE HCL 40 MG TABLET	1	QL
PASER GRANULES 4 GM PACKET	4	
PC UNIFINE PENTIPS 12MM NEEDLE	3	
PC UNIFINE PENTIPS 6MM NEEDLE	3	
PC UNIFINE PENTIPS 8MM NEEDLE	3	
PEAK-AIR PEAK FLOW METER	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDIATRIC MEDIUM MASK	3	QL
PEDIATRIC PANDA MASK	3	QL
PEDIATRIC SMALL MASK	3	QL
PEDVAXHIB VACCINE VIAL	3	
PEG 3350-ELECTROLYTE SOLUTION	2	
PEG3350 100-7.5-2.691-1.01-5.9	2	
PEG-3350 AND ELECTROLYTES SOLN	2	
PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX
PEGASYS 180 MCG/ML VIAL	5	PA, SRX
PEG-PREP KIT	2	
PEN NEEDLE 29G 12MM	3	
PEN NEEDLE 30G 5MM	3	
PEN NEEDLE 30G 8MM	3	
PEN NEEDLE 30G X 5/16"	3	
PEN NEEDLE 31G 5MM	3	
PEN NEEDLE 31G 6MM	3	
PEN NEEDLE 31G 8MM	3	
PEN NEEDLE 31G X 1/4"	3	
PEN NEEDLE 31G X 3/16"	3	
PEN NEEDLE 31G X 5/16"	3	
PEN NEEDLE 32G 4MM	3	
PEN NEEDLE 32G X 1/4"	3	
PEN NEEDLE 32G X 3/16"	3	
PEN NEEDLE 32G X 5/32"	3	
PEN NEEDLE 33G 4MM	3	
PEN NEEDLE 6MM 31G	3	
PEN NEEDLES 12MM 29G	3	
PEN NEEDLES 4MM 32G	3	
PEN NEEDLES 5MM 31G	3	
PEN NEEDLES 6MM 31G	3	
PEN NEEDLES 8MM 31G	3	
PENCICLOVIR 1% CREAM	4	PA, QL
PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML SOLN	2	
PENICILLIN VK 250 MG TABLET	2	
PENICILLIN VK 250 MG/5 ML SOLN	2	
PENICILLIN VK 500 MG TABLET	2	
PENTACEL VIAL KIT	3	
PENTAMIDINE 300 MG INHAL POWDR	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PENTAZOCINE-NALOXONE TABLET	2	PA	PHENOBARBITAL 20 MG/5 ML ELIX	2	
PENTIPS PEN NEEDLE 29G 12MM	3		PHENOBARBITAL 20 MG/5 ML SOLN	2	
PENTIPS PEN NEEDLE 29GX1/2"	3		PHENOBARBITAL 30 MG TABLET	2	
PENTIPS PEN NEEDLE 31G 5MM	3		PHENOBARBITAL 30 MG/7.5 ML CUP	2	
PENTIPS PEN NEEDLE 31G 6MM	3		PHENOBARBITAL 32.4 MG TABLET	2	
PENTIPS PEN NEEDLE 31G 8MM	3		PHENOBARBITAL 60 MG TABLET	2	
PENTIPS PEN NEEDLE 31GX1/4"	3		PHENOBARBITAL 60 MG/15 ML CUP	2	
PENTIPS PEN NEEDLE 31GX3/16"	3		PHENOBARBITAL 64.8 MG TABLET	2	
PENTIPS PEN NEEDLE 31GX5/16"	3		PHENOBARBITAL 97.2 MG TABLET	2	
PENTIPS PEN NEEDLE 32G 4MM	3		PHENOXYBENZAMINE HCL 10 MG CAP	5	SRX
PENTIPS PEN NEEDLE 32G 6MM	3		PHENYLEPHRINE 10% EYE DROPS	2	
PENTIPS PEN NEEDLE 32GX5/32"	3		PHENYLEPHRINE 2.5% EYE DROP	2	
PENTIPS PEN NEEDLE 6MM 31G	3		PHENYTOIN 100 MG/4 ML SUSP	2	
PENTOXIFYLLINE ER 400 MG TAB	2		PHENYTOIN 125 MG/5 ML SUSP	2	
PERINDOPRIL ERBUMINE 2 MG TAB	2		PHENYTOIN 50 MG INFATAB CHEW	2	
PERINDOPRIL ERBUMINE 4 MG TAB	2		PHENYTOIN 50 MG TABLET CHEW	2	
PERINDOPRIL ERBUMINE 8 MG TAB	2		PHENYTOIN SOD EXT 100 MG CAP	2	
PERIOGARD 0.12% ORAL RINSE	2		PHENYTOIN SOD EXT 200 MG CAP	2	
PERMETHRIN 5% CREAM	2		PHENYTOIN SOD EXT 300 MG CAP	2	
PERPHEN-AMITRIP 2 MG-10 MG TAB	2		PHILITH 0.4-0.035 MG TABLET	1	
PERPHEN-AMITRIP 2 MG-25 MG TAB	2		PHOSLYRA 667 MG/5 ML SOLUTION	4	
PERPHEN-AMITRIP 4 MG-10 MG TAB	2		PHOSPHASAL TABLET	2	
PERPHEN-AMITRIP 4 MG-25 MG TAB	2		PHOSPHOLINE IODIDE 0.125%	4	LDD
PERPHEN-AMITRIP 4 MG-50 MG TAB	2		PHOSPHOLINE IODIDE 0.125% DROP	4	LDD
PERPHENAZINE 16 MG TABLET	2		PHYSIOSOL IRRIGATION SOLN	4	
PERPHENAZINE 2 MG TABLET	2		PHYTONADIONE 5 MG TABLET	4	
PERPHENAZINE 4 MG TABLET	2		PIKO 1 FLOW METER	3	
PERPHENAZINE 8 MG TABLET	2		PILOCARPINE 1% EYE DROPS	2	
PERSONAL BEST PEAK FLOW MTR	3		PILOCARPINE 2% EYE DROPS	2	
PFIZER COVID (12Y UP) VAC-GRAY	3		PILOCARPINE 4% EYE DROPS	2	
PFIZER COVID (5-11Y) VAC-ORANG	3		PILOCARPINE HCL 5 MG TABLET	2	
PFIZER COVID (6M-4Y) VAC-MAROON	3		PILOCARPINE HCL 7.5 MG TABLET	2	
PFIZER COVID BIVAL (12Y UP) EUA	3		PIMECROLIMUS 1% CREAM	4	
PFIZER COVID BIVAL (5-11YR) EUA	3		PIMOZIDE 1 MG TABLET	2	
PFIZER COVID BIVAL (6MO-4Y) EUA	3		PIMOZIDE 2 MG TABLET	2	
PFIZER COVID-19 VACCINE-PURPLE	3		PIMTREA 28 DAY TABLET	1	
PHASEAL PROTECTOR 14	3		PINDOLOL 10 MG TABLET	2	
PHASEAL PROTECTOR 21	3		PINDOLOL 5 MG TABLET	2	
PHASEAL PROTECTOR 28	3		PIOGLITAZONE HCL 15 MG TABLET	2	
PHASEAL PROTECTOR 50	3		PIOGLITAZONE HCL 30 MG TABLET	2	
PHENAZOPYRIDINE 100 MG TAB	2		PIOGLITAZONE HCL 45 MG TABLET	2	
PHENAZOPYRIDINE 200 MG TAB	2		PIOGLITAZONE-GLIMEPIRIDE 30-2	2	
PHENELZINE SULFATE 15 MG TAB	2		PIOGLITAZONE-GLIMEPIRIDE 30-4	2	
PHENOBARBITAL 100 MG TABLET	2		PIOGLITAZONE-METFORMIN 15-500	2	
PHENOBARBITAL 15 MG TABLET	2		PIOGLITAZONE-METFORMIN 15-850	2	
PHENOBARBITAL 16.2 MG TABLET	2		PIP GLUCOSE CONTROL SOLN L1-L2	3	
PHENOBARBITAL 20 MG/5 ML CUP	2		PIP PEN NEEDLE 31G X 5MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PIP PEN NEEDLE 32G X 4MM	3	
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX
PIRFENIDONE 267 MG TABLET	5	PA, SRX
PIRFENIDONE 801 MG TABLET	5	PA, SRX
PIRMELLA 1-35 28 TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1	
PIROXICAM 10 MG CAPSULE	2	
PIROXICAM 20 MG CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4	
PNEUMOVAX 23 SYRINGE	3	
PNEUMOVAX 23 VIAL	3	
PNV 29-1 TABLET	1	
PNV PRENATAL PLUS MULTIVIT TAB	1	
PNV-DHA SOFTGEL	1	
PNV-DHA + DOCUSATE SOFTGEL	1	
PNV-OMEGA SOFTGEL	1	
PNV-SELECT TABLET	1	
POCKET CHAMBER	3	QL
POCKET PEAK FLOW METER	3	
PODOFILOX 0.5% TOPICAL SOLN	2	
POLY HUB NEEDLE 18GX1"	3	
POLY HUB NEEDLE 18GX1-1/2"	3	
POLY HUB NEEDLE 21GX1"	3	
POLY HUB NEEDLE 21GX1-1/2"	3	
POLY HUB NEEDLE 22GX1"	3	
POLY HUB NEEDLE 22GX1-1/2"	3	
POLY HUB NEEDLE 23GX1"	3	
POLY HUB NEEDLE 23GX1-1/2"	3	
POLY HUB NEEDLE 25GX1"	3	
POLY HUB NEEDLE 25GX1-1/2"	3	
POLY HUB NEEDLE 25GX5/8"	3	
POLY HUB NEEDLE 27GX1/2"	3	
POLY HUB NEEDLE 27GX1-1/4"	3	
POLY HUB NEEDLE 30GX1/2"	3	
POLYCYN EYE OINTMENT	2	
POLYMYXIN B-TMP EYE DROPS	2	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML SUSP	4	
POSACONAZOLE DR 100 MG TABLET	4	QL
POTASSIUM CITRATE ER 10 MEQ TB	2	
POTASSIUM CITRATE ER 15 MEQ TB	2	
POTASSIUM CITRATE ER 5 MEQ TAB	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
POTASSIUM CL 10% (20 MEQ/15ML)	2	
POTASSIUM CL 10% (40 MEQ/30ML)	2	
POTASSIUM CL 20 MEQ PACKET	2	
POTASSIUM CL 20% (40 MEQ/15ML)	2	
POTASSIUM CL ER 10 MEQ CAPSULE	2	
POTASSIUM CL ER 10 MEQ TABLET	2	
POTASSIUM CL ER 15 MEQ TABLET	2	
POTASSIUM CL ER 20 MEQ TABLET	2	
POTASSIUM CL ER 8 MEQ CAPSULE	2	
POTASSIUM CL ER 8 MEQ TABLET	2	
POTASSIUM IODIDE 1 GM/ML SOL	4	
PR NATAL 400 COMBO PACK	1	
PR NATAL 400 EC COMBO PACK	1	
PR NATAL 430 COMBO PACK	1	
PR NATAL 430 EC COMBO PACK	1	
PRADAXA 110 MG CAPSULE	4	PA, QL
PRAMIPEXOLE 0.125 MG TABLET	2	
PRAMIPEXOLE 0.25 MG TABLET	2	
PRAMIPEXOLE 0.5 MG TABLET	2	
PRAMIPEXOLE 0.75 MG TABLET	2	
PRAMIPEXOLE 1 MG TABLET	2	
PRAMIPEXOLE 1.5 MG TABLET	2	
PRAMIPEXOLE ER 0.375 MG TABLET	2	
PRAMIPEXOLE ER 0.75 MG TABLET	2	
PRAMIPEXOLE ER 1.5 MG TABLET	2	
PRAMIPEXOLE ER 2.25 MG TABLET	2	
PRAMIPEXOLE ER 3 MG TABLET	2	
PRAMIPEXOLE ER 3.75 MG TABLET	2	
PRAMIPEXOLE ER 4.5 MG TABLET	2	
PRAMOSONE 1% LOTION	4	
PRAMOSONE 1%-1% OINTMENT	4	
PRAMOSONE 2.5%-1% LOTION	4	
PRAMOSONE 2.5%-1% OINTMENT	4	
PRASUGREL 10 MG TABLET	2	
PRASUGREL 5 MG TABLET	2	
PRAVASTATIN SODIUM 10 MG TAB	2	
PRAVASTATIN SODIUM 20 MG TAB	2	
PRAVASTATIN SODIUM 40 MG TAB	2	
PRAVASTATIN SODIUM 80 MG TAB	2	
PRAZICQUANTEL 600 MG TABLET	2	
PRAZOSIN 1 MG CAPSULE	2	
PRAZOSIN 2 MG CAPSULE	2	
PRAZOSIN 5 MG CAPSULE	2	
PREDNICARBATE 0.1% CREAM	2	
PREDNICARBATE 0.1% OINTMENT	2	
PREDNISOLONE 15 MG/5 ML SOLN	2	
PREDNISOLONE 5 MG/5 ML SOLN	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PREDNISOLONE AC 1% EYE DROP	2	
PREDNISOLONE ODT 10 MG TABLET	2	
PREDNISOLONE ODT 15 MG TABLET	2	
PREDNISOLONE ODT 30 MG TABLET	2	
PREDNISOLONE SOD 1% EYE DROP	2	
PREDNISOLONE SOD PH 25 MG/5 ML	2	
PREDNISON 1 MG TABLET	2	
PREDNISON 10 MG TAB DOSE PACK	2	
PREDNISON 10 MG TABLET	2	
PREDNISON 2.5 MG TABLET	2	
PREDNISON 20 MG TABLET	2	
PREDNISON 5 MG TAB DOSE PACK	2	
PREDNISON 5 MG TABLET	2	
PREDNISON 5 MG/5 ML SOLUTION	2	
PREDNISON 50 MG TABLET	2	
PREDNISON INTENSOL 5 MG/ML	2	
PREF PLUS INS 0.3 ML 29GX1/2"	3	
PREF PLUS SYR 0.5 ML 30GX5/16"	3	
PREF PLUS SYRING 1 ML 29GX1/2"	3	
PREFERRED PLUS 0.3 ML 30GX5/16	3	
PREFERRED PLUS 0.5 ML 29GX1/2"	3	
PREFERRED PLUS SYRINGE 0.5 ML	3	
PREFERRED PLUS SYRINGE 1 ML	3	
PREFEST TABLET	2	
PREFPLS INS SYR 1 ML 30GX5/16"	3	
PREGABALIN 100 MG CAPSULE	2	QL
PREGABALIN 150 MG CAPSULE	2	QL
PREGABALIN 20 MG/ML SOLUTION	2	QL
PREGABALIN 200 MG CAPSULE	2	QL
PREGABALIN 225 MG CAPSULE	2	QL
PREGABALIN 25 MG CAPSULE	2	QL
PREGABALIN 300 MG CAPSULE	2	QL
PREGABALIN 50 MG CAPSULE	2	QL
PREGABALIN 75 MG CAPSULE	2	QL
PREHEVBRIO 10 MCG/ML VIAL	3	
PREMARIN 0.3 MG TABLET	4	
PREMARIN 0.45 MG TABLET	4	
PREMARIN 0.625 MG TABLET	4	
PREMARIN 0.9 MG TABLET	4	
PREMARIN 1.25 MG TABLET	4	
PRENATAL TRUE COMBO PACK	1	
PRENAISSANCE CAPSULE	1	
PRENAISSANCE PLUS SOFTGEL	1	
PRENATAL 19 CHEWABLE TABLET	1	
PRENATAL 19 TABLET	1	
PRENATAL PLUS IRON TABLET	1	
PRENATAL PLUS VITAMIN-MINERAL	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PRENATAL PLUS-DHA COMBO PACK	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U CAPSULE	1	
PREP EASE ALCOHOL PADS	3	
PREPLUS CA-FE 27 MG-FA 1 MG TB	1	
PRETAB 29 MG-1 MG TABLET	1	
PREVALITE PACKET	2	
PREVALITE POWDER	2	
PREVENT PEN NEEDLE 31GX1/4"	3	
PREVENT PEN NEEDLE 31GX5/16"	3	
PREVIFEM TABLET	1	
PREVNAR 13 SYRINGE	3	
PREVNAR 20 SYRINGE	3	
PREVYMIS 240 MG TABLET	4	PA, QL
PREVYMIS 480 MG TABLET	4	PA, QL
PREZCOBIX 800 MG-150 MG TABLET	3	
PREZISTA 100 MG/ML SUSPENSION	3	
PREZISTA 150 MG TABLET	3	
PREZISTA 600 MG TABLET	3	
PREZISTA 75 MG TABLET	3	
PREZISTA 800 MG TABLET	3	
PRIFTIN 150 MG TABLET	4	
PRIMAQUINE 26.3 MG TABLET	2	
PRIMEAIRE CHAMBER	3	QL
PRIMIDONE 250 MG TABLET	2	
PRIMIDONE 50 MG TABLET	2	
PRIMSOL 50 MG/5 ML ORAL SOLN	4	
PRIORIX VIAL	3	
PRO COMFORT 0.5 ML 30GX1/2"	3	
PRO COMFORT 0.5 ML 30GX5/16"	3	
PRO COMFORT 0.5 ML 31GX5/16"	3	
PRO COMFORT 1 ML 30GX1/2"	3	
PRO COMFORT 1 ML 30GX5/16"	3	
PRO COMFORT 1 ML 31GX5/16"	3	
PRO COMFORT PEN NDL 31GX5/16"	3	
PRO COMFORT PEN NDL 32G X 1/4"	3	
PRO COMFORT PEN NDL 4MM 32G	3	
PRO COMFORT PEN NDL 5MM 32G	3	
PRO COMFORT SPACER-ADULT MASK	3	QL
PRO COMFORT SPACER-CHILD MASK	3	QL
PRO COMFORT SPACER-INFANT MASK	3	QL
PROBENECID 500 MG TABLET	2	
PROBENECID-COLCHICINE TABLET	2	
PROCARE SPACER WITH ADULT MASK	3	QL
PROCARE SPACER WITH CHILD MASK	3	QL
PROCENTRA 5 MG/5 ML SOLUTION	2	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PROCHAMBER HOLDING CHAMBER	3	QL	PROPRANOLOL 10 MG TABLET	2	
PROCHLORPERAZINE 10 MG TAB	2		PROPRANOLOL 20 MG TABLET	2	
PROCHLORPERAZINE 25 MG SUPP	2		PROPRANOLOL 20 MG/5 ML SOLN	2	
PROCHLORPERAZINE 5 MG TABLET	2		PROPRANOLOL 40 MG TABLET	2	
PROCTO-MED HC 2.5% CREAM	2		PROPRANOLOL 40 MG/5 ML SOLN	2	
PROCTOSOL-HC 2.5% CREAM	2		PROPRANOLOL 60 MG TABLET	2	
PROCTOZONE-HC 2.5% CREAM	2		PROPRANOLOL 80 MG TABLET	2	
PRODIGY CONTROL SOLUTION	3		PROPRANOLOL ER 120 MG CAPSULE	2	
PRODIGY CONTROL SOLUTION LOW	3		PROPRANOLOL ER 160 MG CAPSULE	2	
PRODIGY INS SYR 1ML 28GX1/2"	3		PROPRANOLOL ER 60 MG CAPSULE	2	
PRODIGY SYRNG 0.5 ML 31GX5/16"	3		PROPRANOLOL ER 80 MG CAPSULE	2	
PRODIGY SYRNGE 0.3ML 31GX5/16"	3		PROPRANOLOL-HCTZ 40-25 MG TAB	2	
PROGESTERONE 100 MG CAPSULE	2		PROPRANOLOL-HCTZ 80-25 MG TAB	2	
PROGESTERONE 200 MG CAPSULE	2		PROPYLTHIOURACIL 50 MG TABLET	2	
PROGRAF 0.2 MG GRANULE PACKET	4		PROQUAD VIAL	3	
PROGRAF 1 MG GRANULE PACKET	4		PROTRIPTYLINE HCL 10 MG TABLET	2	
PROMACTA 12.5 MG SUSPEN PACKET	5	PA, LDD, SRX	PROTRIPTYLINE HCL 5 MG TABLET	2	
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX	PUB INS SYRIN 0.3 ML 30GX1/2"	3	
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LDD, SRX	PUB INS SYRINGE 1 ML 30GX1/2"	3	
PROMACTA 25 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.3 ML 31GX5/16"	3	
PROMACTA 50 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 30GX1/2"	3	
PROMACTA 75 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 31GX5/16"	3	
PROMETHAZINE 12.5 MG SUPPOS	2		PUB INSULIN SYR 1 ML 31GX5/16"	3	
PROMETHAZINE 12.5 MG TABLET	2		PUB PEN 12MM 29G NEEDLES	3	
PROMETHAZINE 25 MG SUPPOSITORY	2		PUB PEN 8MM 31G NEEDLES	3	
PROMETHAZINE 25 MG TABLET	2		PUB PEN NEEDLE 6MM 31G	3	
PROMETHAZINE 50 MG TABLET	2		PUB UNIFINE PNTPLUS 31GX3/16	3	
PROMETHAZINE 6.25 MG/5 ML SOLN	2		PULMOSAL 7% VIAL	2	
PROMETHAZINE 6.25 MG/5 ML SYR	2		PULMOZYME 1 MG/ML AMPUL	5	PA, SRX
PROMETHAZINE VC SOLUTION	2		PURE CMFT SFTY PEN ND 31G 5MM	3	
PROMETHAZINE VC-CODEINE SOLN	2	QL	PURE CMFT SFTY PEN ND 31G 6MM	3	
PROMETHAZINE-CODEINE SOLUTION	2	QL	PURE CMFT SFTY PEN ND 32G 4MM	3	
PROMETHAZINE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 4MM	3	
PROMETHAZINE-DM 6.25-15 MG/5ML	2		PURE COMFORT PEN ND 32G 5MM	3	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 6MM	3	
PROMETHAZINE-PHENYLEPHRINE SYR	2		PURE COMFORT PEN ND 32G 8MM	3	
PROMETHEGAN 12.5 MG SUPPOS	2		PURE COMFORT SPACER-ADULT MASK	3	QL
PROMETHEGAN 25 MG SUPPOSITORY	2		PURECOMFORT PEAK FLOW MTR ADLT	3	
PROMETHEGAN 50 MG SUPPOSITORY	2		PURECOMFORT PEAK FLOW MTR CHLD	3	
PROPAPENONE HCL 150 MG TABLET	2		PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX
PROPAPENONE HCL 225 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX5MM	3	
PROPAPENONE HCL 300 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX6MM	3	
PROPAPENONE HCL ER 225 MG CAP	2		PV UNIFINE PENTIP PLUS 31GX8MM	3	
PROPAPENONE HCL ER 325 MG CAP	2		PV UNIFINE PENTIP PLUS 32GX4MM	3	
PROPAPENONE HCL ER 425 MG CAP	2		PV UNIFINE PENTIP PLUS 33GX4MM	3	
PROPAPENONE HCL ER 425 MG CAP	2		PYRAZINAMIDE 500 MG TABLET	2	
PROPACARCAINE 0.5% EYE DROPS	2		PYRIDOSTIGMINE 60 MG/5 ML SOLN	5	PA, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PYRIDOSTIGMINE BR 60 MG TABLET	4	
PYRIDOSTIGMINE ER 180 MG TAB	4	
PYRIMETHAMINE 25 MG TABLET	5	PA, LDD, SRX
QC ALCOHOL 70% SWABS	3	
QC UNIFINE PENTIPS 32GX5/32"	3	
QC UNIFINE PENTIPS 4MM 32G	3	
QUADRACEL DTAP-IPV SYRINGE	3	
QUADRACEL DTAP-IPV VIAL	3	
QUAZEPAM 15 MG TABLET	4	PA
QUETIAPINE ER 150 MG TABLET	2	
QUETIAPINE ER 200 MG TABLET	2	
QUETIAPINE ER 300 MG TABLET	2	
QUETIAPINE ER 400 MG TABLET	2	
QUETIAPINE ER 50 MG TABLET	2	
QUETIAPINE FUMARATE 100 MG TAB	2	
QUETIAPINE FUMARATE 200 MG TAB	2	
QUETIAPINE FUMARATE 25 MG TAB	2	
QUETIAPINE FUMARATE 300 MG TAB	2	
QUETIAPINE FUMARATE 400 MG TAB	2	
QUETIAPINE FUMARATE 50 MG TAB	2	
QUICK RELEASE TEFLN CANNULA	3	
QUICK-SET PARADIGM SET 18"	3	
QUICK-SET PARADIGM SET 32"	3	
QUINAPRIL 10 MG TABLET	1	
QUINAPRIL 20 MG TABLET	1	
QUINAPRIL 40 MG TABLET	1	
QUINAPRIL 5 MG TABLET	1	
QUINAPRIL-HCTZ 10-12.5 MG TAB	1	
QUINAPRIL-HCTZ 20-12.5 MG TAB	1	
QUINAPRIL-HCTZ 20-25 MG TAB	1	
QUINIDINE GLUC ER 324 MG TAB	2	
QUINIDINE SULFATE 200 MG TAB	2	
QUINIDINE SULFATE 300 MG TAB	2	
QUININE SULFATE 324 MG CAPSULE	2	
QUTENZA 8% KIT (1 PATCH)	4	
QUTENZA 8% KIT (2 PATCH)	4	
QUTENZA 8% KIT (4 PATCH)	4	
RA ALCOHOL SWABS	3	
RA INS SYR 0.5 ML 29GX1/2"	3	
RA INS SYR 0.5 ML 30GX5/16"	3	
RA INS SYR 1 ML 29GX1/2"	3	
RA INS SYRINGE 1 ML 30GX5/16"	3	
RA PEN NEEDLE 31GX3/16"	3	
RA PEN NEEDLE 31GX5/16"	3	
RABEPRAZOLE SOD DR 20 MG TAB	2	QL
RALOXIFENE HCL 60 MG TABLET	2	
RAMELTEON 8 MG TABLET	3	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RAMIPRIL 1.25 MG CAPSULE	2	
RAMIPRIL 10 MG CAPSULE	1	
RAMIPRIL 2.5 MG CAPSULE	1	
RAMIPRIL 5 MG CAPSULE	1	
RANITIDINE 15 MG/ML SYRUP	2	
RANITIDINE 150 MG CAPSULE	1	
RANITIDINE 150 MG TABLET	1	
RANITIDINE 150 MG/10 ML SYRUP	2	
RANITIDINE 300 MG CAPSULE	1	
RANITIDINE 300 MG TABLET	1	
RANOLAZINE ER 1,000 MG TABLET	4	QL
RANOLAZINE ER 500 MG TABLET	4	QL
RASAGILINE MESYLATE 0.5 MG TAB	2	
RASAGILINE MESYLATE 1 MG TAB	2	
RAYA SURE PEN NEEDLE 29G 12MM	3	
RAYA SURE PEN NEEDLE 31G 4MM	3	
RAYA SURE PEN NEEDLE 31G 5MM	3	
RAYA SURE PEN NEEDLE 31G 6MM	3	
RECLIPSEN 28 DAY TABLET	1	
RECOMBIVAX HB 10 MCG/ML SYR	3	
RECOMBIVAX HB 10 MCG/ML VIAL	3	
RECOMBIVAX HB 40 MCG/ML VIAL	3	
RECOMBIVAX HB 5 MCG/0.5 ML SYR	3	
RECOMBIVAX HB 5 MCG/0.5 ML VL	3	
RECTIV 0.4% OINTMENT	4	
REFUAH PLUS CONTROL SOLUTION	3	
REGANEX 0.01% GEL	4	PA, QL
RELENZA 5 MG DISKHALER	4	QL
RELI ON 31G X 1/4" NEEDLES	3	
RELION ALCOHOL 70% SWABS	3	
RELION INS SYR 0.3 ML 29GX1/2"	3	
RELION INS SYR 0.3 ML 31GX6MM	3	
RELION INS SYR 0.5 ML 29GX1/2"	3	
RELION INS SYR 0.5 ML 31GX6MM	3	
RELION INS SYR 1 ML 29GX1/2"	3	
RELION INS SYR 1 ML 30GX5/16"	3	
RELION INS SYR 1 ML 31GX15/64"	3	
RELION INS SYR 1 ML 31GX5/16"	3	
RELION INSULIN SYR 0.5 ML	3	
RELION KETONE TEST STRIP	3	
RELION MINI PEN 31G X 1/4" NDL	3	
RELION NOVOLOG 100 UNIT/ML VL	4	QL, ST
RELION NOVOLOG MIX 70-30 FLXPN	4	QL, ST
RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST
RELION NOVOLOG U-100 FLEXPEN	4	QL, ST
RELION PEN 29G NEEDLE	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RELION PEN 31G NEEDLE	3		RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 29GX1/2"	3		RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	3		RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX1/4"	3		RISEDRONATE SOD DR 35 MG TAB	2	
RELION PEN NEEDLE 31GX5/16"	3		RISEDRONATE SODIUM 150 MG TAB	2	
RELION PEN NEEDLE 32GX5/32"	3		RISEDRONATE SODIUM 30 MG TAB	2	
RELION PEN NEEDLES 32GX5/32"	3		RISEDRONATE SODIUM 35 MG TAB	2	
RELION SYR 0.5 ML 30GX5/16"	3		RISEDRONATE SODIUM 5 MG TABLET	2	
RELION SYRING 0.3 ML 31GX5/16"	3		RISPERIDONE 0.25 MG ODT	2	
RELION SYRING 0.5 ML 31GX5/16"	3		RISPERIDONE 0.25 MG TABLET	1	
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA	RISPERIDONE 0.5 MG ODT	2	
RELISTOR 12 MG/0.6 ML VIAL	4	PA	RISPERIDONE 0.5 MG TABLET	1	
RELISTOR 150 MG TABLET	4	PA	RISPERIDONE 1 MG ODT	2	
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RISPERIDONE 1 MG TABLET	1	
RENACIDIN IRRIGATION SOLUTION	4		RISPERIDONE 1 MG/ML SOLUTION	2	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 2 MG ODT	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 2 MG TABLET	1	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 3 MG ODT	2	
REPAGLINIDE-METFORMIN 1-500 MG	2		RISPERIDONE 3 MG TABLET	1	
REPAGLINIDE-METFORMIN 2-500 MG	2		RISPERIDONE 4 MG ODT	2	
REPATHA 140 MG/ML SURECLICK	5	PA, SRX	RISPERIDONE 4 MG TABLET	1	
REPATHA 420 MG/3.5ML PUSHTRONX	5	PA, SRX	RITEFLO SPACER	3	QL
REPATHA 140 MG/ML SYRINGE	5	PA, SRX	RITONAVIR 100 MG TABLET	2	
REPLACEMENT PEDIATRIC MONITOR	3		RIVASTIGMINE 1.5 MG CAPSULE	2	
RESPA A.R. TABLET SA	4		RIVASTIGMINE 13.3 MG/24HR PTCH	2	
REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 3 MG CAPSULE	2	
REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.5 MG CAPSULE	2	
REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.6 MG/24HR PATCH	2	
REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 6 MG CAPSULE	2	
REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 9.5 MG/24HR PATCH	2	
REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX	RIVELSA TABLET	1	
REYATAZ 50 MG POWDER PACKET	3		RIZATRIPTAN 10 MG ODT	2	QL
RIBASPHERE 200 MG CAPSULE	4		RIZATRIPTAN 10 MG TABLET	2	QL
RIBASPHERE 600 MG TABLET	4		RIZATRIPTAN 5 MG ODT	2	QL
RIBAVIRIN 200 MG CAPSULE	4		RIZATRIPTAN 5 MG TABLET	2	QL
RIBAVIRIN 200 MG TABLET	4		R-NATAL OB SOFTGEL	1	
RIFABUTIN 150 MG CAPSULE	3		ROFLUMILAST 250 MCG TABLET	4	QL
RIFAMATE CAPSULE	4		ROFLUMILAST 500 MCG TABLET	4	QL
RIFAMPIN 150 MG CAPSULE	2		ROPINIROLE HCL 0.25 MG TABLET	2	
RIFAMPIN 300 MG CAPSULE	2		ROPINIROLE HCL 0.5 MG TABLET	2	
RIFATER TABLET	4		ROPINIROLE HCL 1 MG TABLET	2	
RIGHTEST CONTROL SOLN NORMAL	3		ROPINIROLE HCL 2 MG TABLET	2	
RIGHTEST CONTROL SOLUTION HIGH	3		ROPINIROLE HCL 3 MG TABLET	2	
RILUZOLE 50 MG TABLET	5	SRX	ROPINIROLE HCL 4 MG TABLET	2	
RIMANTADINE HCL 100 MG TABLET	2		ROPINIROLE HCL 5 MG TABLET	2	
RINGERS IRRIGATION SOLUTION	4		ROPINIROLE HCL ER 12 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ROPINIROLE HCL ER 2 MG TABLET	2		SELEGILINE HCL 5 MG TABLET	2	
ROPINIROLE HCL ER 4 MG TABLET	2		SELENIUM SULFIDE 2.25% SHAMPOO	2	
ROPINIROLE HCL ER 6 MG TABLET	2		SELENIUM SULFIDE 2.5% LOTION	2	
ROPINIROLE HCL ER 8 MG TABLET	2		SE-NATAL-19 TABLET	1	
ROSADAN 0.75% CREAM	2		SE-NATAL 19 CHEWABLE TABLET	1	
ROSADAN 0.75% GEL	2		SEN-SERTER	3	
ROSUVASTATIN CALCIUM 10 MG TAB	2		SEREVENT DISKUS 50 MCG	3	QL
ROSUVASTATIN CALCIUM 20 MG TAB	2		SERTRALINE 20 MG/ML ORAL CONC	2	QL
ROSUVASTATIN CALCIUM 40 MG TAB	2		SERTRALINE HCL 100 MG TABLET	1	QL
ROSUVASTATIN CALCIUM 5 MG TAB	2		SERTRALINE HCL 25 MG TABLET	1	QL
ROTARIX VACCINE ORAL SYRINGE	3		SERTRALINE HCL 50 MG TABLET	1	QL
ROTARIX VACCINE SUSPENSION	3		SETLAKIN 0.15 MG-0.03 MG TAB	1	
ROTATEQ VACCINE	3		SEVELAMER CARBONATE 800 MG TAB	4	
ROWEEPPRA 1,000 MG TABLET	2		SF 1.1% GEL	2	
ROWEEPPRA 500 MG TABLET	2		SF 5000 PLUS CREAM	2	
ROWEEPPRA 750 MG TABLET	2		SHAROBEL 0.35 MG TABLET	1	
RUFINAMIDE 200 MG TABLET	4	PA, QL	SHINGRIX VIAL KIT	3	QL
RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL	SHOPKO UNIFINE PENTIPS 4MM 32G	3	
RUFINAMIDE 400 MG TABLET	4	PA, QL	SHOPKO UNIFINE PENTIPS 5MM 31G	3	
SAFESNAP INSUL SYRINGE 0.3 ML	3		SHOPKO UNIFINE PENTIPS 8MM 31G	3	
SAFESNAP INSUL SYRINGE 0.5 ML	3		SHOPKO UNIFINE PNTIPS 12MM 29G	3	
SAFESNAP INSULIN SYRINGE 1 ML	3		SIDESTREAM PEDIATRIC FACE MASK	3	QL
SAFETY PEN NEEDLE 31G 4MM	3		SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX
SAFETY PEN NEEDLE 31G 5MM	3		SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX
SAFETY PEN NEEDLE 5MM X 31G	3		SIGNIFOR 0.9 MG/ML AMPULE	5	PA, LDD, SRX
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	SILDENAFIL 20 MG TABLET	5	PA, SRX
SALICYLIC ACID 27.5% LIQUID	2		SILHOUETTE INFUSION SET 23"	3	
SALSALATE 500 MG TABLET	2		SILHOUETTE INFUSION SET 43"	3	
SALSALATE 750 MG TABLET	2		SILICONE MASK-INFANT	3	QL
SANTYL OINTMENT	4	PA, QL	SILICONE MASK-PEDIATRIC	3	QL
SAPROPTERIN 100 MG POWDER PKT	5	PA, SRX	SILODOSIN 4 MG CAPSULE	2	QL
SAPROPTERIN 100 MG TABLET	5	PA, SRX	SILODOSIN 8 MG CAPSULE	2	QL
SAPROPTERIN 500 MG POWDER PKT	5	PA, SRX	SIL-SERTER INFUSION SET	3	
SAVAYSA 15 MG TABLET	4	PA, QL	SILVER NITRATE 0.5% SOLN	2	
SAVAYSA 30 MG TABLET	4	PA, QL	SILVER NITRATE 10% SOLUTION	2	
SAVAYSA 60 MG TABLET	4	PA, QL	SILVER NITRATE 25% SOLUTION	2	
SAVELLA 100 MG TABLET	4		SILVER NITRATE 50% SOLUTION	2	
SAVELLA 12.5 MG TABLET	4		SILVER SULFADIAZINE 1% CREAM	2	
SAVELLA 25 MG TABLET	4		SIMBRINZA 1%-0.2% EYE DROP	3	
SAVELLA 50 MG TABLET	4		SIMLIYA 28 DAY TABLET	1	
SAVELLA TITRATION PACK	4		SIMPESSE 0.15-0.03-0.01 MG TAB	1	
SCOPOLAMINE 1 MG/3 DAY PATCH	2		SIMVASTATIN 10 MG TABLET	1	
SECONAL SODIUM 100 MG CAPSULE	4		SIMVASTATIN 20 MG TABLET	1	
SECURESAFE PEN ND 30GX5/16"	3		SIMVASTATIN 40 MG TABLET	1	
SECURESAFE SYR 0.5 ML 29G 1/2"	3		SIMVASTATIN 5 MG TABLET	1	
SECURESAFE SYRNG 1 ML 29G 1/2"	3		SIMVASTATIN 80 MG TABLET	1	QL
SELEGILINE HCL 5 MG CAPSULE	2		SIROLIMUS 0.5 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SIROLIMUS 1 MG TABLET	2		SOF-SERTER INSERTION DEVICE	3	
SIROLIMUS 1 MG/ML SOLUTION	5	SRX	SOF-SET MICRO INFUSION SET	3	
SIROLIMUS 2 MG TABLET	2		SOF-SET ULTIMATE QR SET	3	
SIRTURO 100 MG TABLET	4	PA, LDD	SOLIFENACIN 10 MG TABLET	3	QL
SIRTURO 20 MG TABLET	4	PA, LDD	SOLIFENACIN 5 MG TABLET	3	QL
SKY SAFETY PEN NEEDLE 30G 5MM	3		SOLUS V2 CONTROL SOLUTION HIGH	3	
SKY SAFETY PEN NEEDLE 30G 8MM	3		SOLUS V2 CONTROL SOLUTION LOW	3	
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX	SOMAVERT 10 MG VIAL	5	PA, LDD, SRX
SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX	SOMAVERT 15 MG VIAL	5	PA, LDD, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX	SOMAVERT 20 MG VIAL	5	PA, LDD, SRX
SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX	SOMAVERT 25 MG VIAL	5	PA, LDD, SRX
SLYND 4 MG TABLET	4		SOMAVERT 30 MG VIAL	5	PA, LDD, SRX
SM INS SYR 0.5 ML 29GX1/2"	3		SORAFENIB 200 MG TABLET	5	PA, QL, SRX
SM INS SYR 0.5 ML 30GX5/16"	3		SOTALOL 120 MG TABLET	2	
SM INS SYR 1 ML 29GX1/2"	3		SOTALOL 160 MG TABLET	2	
SM INS SYRINGE 0.3 ML 30GX5/16"	3		SOTALOL 240 MG TABLET	2	
SM INS SYRINGE 1 ML 28GX1/2"	3		SOTALOL 80 MG TABLET	2	
SM INS SYRINGE 1 ML 30GX5/16"	3		SOTALOL AF 120 MG TABLET	2	
SM INSUL SYR 0.3 ML 31GX5/16"	3		SOTALOL AF 160 MG TABLET	2	
SM INSUL SYR 0.5 ML 31GX5/16"	3		SOTALOL AF 80 MG TABLET	2	
SM INSULIN SYR 0.3 ML 29GX1/2"	3		SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SM INSULIN SYR 0.5 ML 28GX1/2"	3		SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX
SM INSULIN SYR 1 ML 31GX5/16"	3		SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX
SMARTEST CONTROL SOLUTION	3		SOVALDI 200 MG TABLET	5	PA, QL, SRX
SOD POLYSTYREN SULF 15 G/60 ML	2		SOVALDI 400 MG TABLET	5	PA, QL, SRX
SOD SUL-POTASS SUL-MAG SUL SOL	4		EQ SPACE CHAMBER	3	QL
SODIUM CHLORIDE 0.9% INHAL VL	2		EQ SPACE CHAMBER-LARGE MASK	3	QL
SODIUM CHLORIDE 0.9% IRRIG	2		EQ SPACE CHAMBER-MEDIUM MASK	3	QL
SODIUM CHLORIDE 0.9% IRRIG.	2		EQ SPACE CHAMBER-SMALL MASK	3	QL
SODIUM CHLORIDE 0.9% PRCSS SOL	2		SPIKEVAX COVID (18Y UP) VACC	3	
SODIUM CHLORIDE 10% VIAL	2		SPINOSAD 0.9% TOPICAL SUSP	2	
SODIUM CHLORIDE 3% VIAL	2		SPIRONOLACTONE 100 MG TABLET	2	
SODIUM CHLORIDE 7% VIAL	2		SPIRONOLACTONE 25 MG TABLET	2	
SODIUM FLUORIDE 0.2% RINSE	2		SPIRONOLACTONE 50 MG TABLET	2	
SODIUM FLUORIDE 1.1% CREAM	2		SPIRONOLACTONE-HCTZ 25-25 TAB	2	
SODIUM FLUORIDE 1.1% GEL	2		SPRINTEC 28 DAY TABLET	1	
SODIUM FLUORIDE 5000 DRY MOUTH	2		SPRYCEL 100 MG TABLET	5	PA, QL, SRX
SODIUM FLUORIDE 5000 PLUS CRM	2		SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SODIUM FLUORIDE 5000 PPM CREAM	2		SPRYCEL 20 MG TABLET	5	PA, QL, SRX
SODIUM FLUORIDE 5000 PPM PASTE	2		SPRYCEL 50 MG TABLET	5	PA, QL, SRX
SOD FLUORIDE ENAM PROT 5000PPM	2		SPRYCEL 70 MG TABLET	5	PA, QL, SRX
SODIUM FLUORIDE SENSTV 5000PPM	2		SPRYCEL 80 MG TABLET	5	PA, QL, SRX
SODIUM PHENYLBUTYRATE 500MG TB	5	SRX	SPS 15 GM/60 ML SUSPENSION	2	
SODIUM PHENYLBUTYRATE POWDER	5	SRX	SPS 30 GM/120 ML ENEMA SUSP	2	
SODIUM POLYSTYRENE SULF POWDER	2		SRONYX 0.10-0.02 MG TABLET	1	
SODIUM SULFACETAMIDE 10% LOTN	2		SSKI 1 GM/ML SOLUTION	4	
SOFOSBUVIR-VELPATASVIR 400-100	5	PA, QL, SRX	STAVUDINE 40 MG CAPSULE	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX	SURE CMFT SFTY PEN NDL 32G 4MM	3	
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX	SURE COMFORT 0.3 ML SYRINGE	3	
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX	SURE COMFORT 0.5 ML SYRINGE	3	
STERILE WATER FOR IRRIGATION	2		SURE COMFORT 1 ML SYRINGE	3	
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX	SURE COMFORT 3/10 ML SYRINGE	3	
STRIBILD TABLET	3	QL	SURE COMFORT 30G PEN NEEDLE	3	
SUBVENITE TAB START KIT (BLUE)	2		SURE COMFORT INS 0.3ML 31GX1/4	3	
SUBVENITE TAB START KIT (GREEN)	2		SURE COMFORT INS 0.5ML 31GX1/4	3	
SUBVENITE TAB START KT (ORANGE)	2		SURE COMFORT INS 1 ML 31GX1/4"	3	
SUBVENITE 100 MG TABLET	2		SURE COMFORT PEN NDL 29GX1/2"	3	
SUBVENITE 150 MG TABLET	2		SURE COMFORT PEN NDL 31G 5MM	3	
SUBVENITE 200 MG TABLET	2		SURE COMFORT PEN NDL 31G 8MM	3	
SUBVENITE 25 MG TABLET	2		SURE COMFORT PEN NDL 32G 4MM	3	
SUCRAID 17,000 UNIT/2 ML SOLN	5	LDD, SRX	SURE COMFORT PEN NDL 32G 6MM	3	
SUCRAID 8,500 UNIT/ML SOLN	5	LDD, SRX	SURE-FINE PEN NEEDLES 12.7MM	3	
SUCRALFATE 1 GM TABLET	2		SURE-FINE PEN NEEDLES 5MM	3	
SULFACETAMIDE 10% EYE DROPS	2		SURE-FINE PEN NEEDLES 8MM	3	
SULFACETAMIDE 10% EYE OINTMENT	2		SURE-JECT INS 0.3 ML 31GX5/16"	3	
SULFACETAMIDE SOD 10% TOP SUSP	2		SURE-JECT INS 0.5 ML 31GX5/16"	3	
SULF-PRED 10-0.23% EYE DROPS	2		SURE-JECT INSU SYR U100 0.3 ML	3	
SULFADIAZINE 500 MG TABLET	2		SURE-JECT INSU SYR U100 0.5 ML	3	
SULFAMETHOXAZOLE-TMP DS TABLET	1		SURE-JECT INSU SYR U100 1 ML	3	
SULFAMETHOXAZOLE-TMP SS TABLET	1		SURE-JECT INSUL SYR U100 1 ML	3	
SULFAMETHOXAZOLE-TMP SUSP	2		SURE-JECT INSULIN SYRINGE 1 ML	3	
SULFAMYLON 8.5% CREAM	4		SURE-T PARADIGM 18" SET	3	
SULFASALAZINE 500 MG TABLET	2		SURE-T PARADIGM 23" SET	3	
SULFASALAZINE DR 500 MG TAB	2		SURE-T PARADIGM 32" SET	3	
SULINDAC 150 MG TABLET	2		SURE-TEST EASYPLUS MINI SOLN	3	
SULINDAC 200 MG TABLET	2		SYEDA 28 TABLET	1	
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL	SYMAX FASTABS 0.125 MG TABLET	2	
SUMATRIPTAN 4 MG/0.5 ML CART	2	QL	SYMAX-SL 0.125 MG TABLET SL	2	
SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL	SYMAX-SR 0.375 MG TABLET	2	
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL	SYMLINPEN 120 PEN INJECTOR	4	QL
SUMATRIPTAN 6 MG/0.5 ML CART	2	QL	SYMLINPEN 60 PEN INJECTOR	4	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL	SYMTOZA 800-150-200-10 MG TAB	3	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	2	QL	SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX
SUMATRIPTAN SUCC 100 MG TABLET	2	QL	SYNERA PATCH	4	
SUMATRIPTAN SUCC 25 MG TABLET	2	QL	SYNTHROID 100 MCG TABLET	4	
SUMATRIPTAN SUCC 50 MG TABLET	2	QL	SYNTHROID 112 MCG TABLET	4	
SUNITINIB MALATE 12.5 MG CAP	5	PA, QL, SRX	SYNTHROID 125 MCG TABLET	4	
SUNITINIB MALATE 25 MG CAPSULE	5	PA, QL, SRX	SYNTHROID 137 MCG TABLET	4	
SUNITINIB MALATE 37.5 MG CAP	5	PA, QL, SRX	SYNTHROID 150 MCG TABLET	4	
SUNITINIB MALATE 50 MG CAPSULE	5	PA, QL, SRX	SYNTHROID 175 MCG TABLET	4	
SUPRAX 100 MG TABLET CHEWABLE	4		SYNTHROID 200 MCG TABLET	4	
SUPRAX 200 MG TABLET CHEWABLE	4		SYNTHROID 25 MCG TABLET	4	
SUPRAX 500 MG/5 ML SUSPENSION	4		SYNTHROID 300 MCG TABLET	4	
SURE CMFT SFTY PEN NDL 31G 6MM	3				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SYNTHROID 50 MCG TABLET	4	
SYNTHROID 75 MCG TABLET	4	
SYNTHROID 88 MCG TABLET	4	
T:30 INFUSION SET 23" 13MM	3	
T:30 INFUSION SET 43" 13MM	3	
T:90 INFUSION SET 23" 6MM	3	
T:90 INFUSION SET 23" 9MM	3	
T:90 INFUSION SET 43" 9MM	3	
T:FLEX 4.8 ML CARTRIDGE	3	
T:SLIM 3 ML CARTRIDGE	3	
T:SLIM G4 3 ML CARTRIDGE	3	
T:SLIM X2 3 ML CARTRIDGE	3	
TABLOID 40 MG TABLET	4	PA
TACROLIMUS 0.03% OINTMENT	2	
TACROLIMUS 0.1% OINTMENT	2	
TACROLIMUS 0.5 MG CAPSULE (IR)	2	
TACROLIMUS 1 MG CAPSULE (IR)	2	
TACROLIMUS 5 MG CAPSULE (IR)	2	
TADALAFIL 2.5 MG TABLET	2	PA, QL
TADALAFIL 20 MG TABLET	5	PA, SRX
TADALAFIL 5 MG TABLET	2	PA, QL
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL, SRX
TAFINLAR 50 MG CAPSULE	5	PA, QL, LDD, SRX
TAFINLAR 75 MG CAPSULE	5	PA, QL, LDD, SRX
TAFLUPROST 0.0015% EYE DROP	4	QL
TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX
TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX
TAKE ACTION 1.5 MG TABLET	1	
TAMOXIFEN 10 MG TABLET	2	
TAMOXIFEN 20 MG TABLET	2	
TAMSULOSIN HCL 0.4 MG CAPSULE	2	
TARINA 24 FE 1 MG-20 MCG TAB	1	
TARINA FE 1-20 EQ TABLET	1	
TARINA FE 1-20 TABLET	1	
TARON-C DHA CAPSULE	1	
TARON-PREX PRENATAL DHA CAP	1	
TASIGNA 150 MG CAPSULE	5	PA, QL, SRX
TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
TAYSOFY 1 MG-20 MCG CAPSULE	1	
TAZAROTENE 0.05% GEL	4	
TAZAROTENE 0.1% CREAM	2	
TAZAROTENE 0.1% GEL	4	
TAZORAC 0.05% CREAM	4	
TAZTIA XT 120 MG CAPSULE	2	
TAZTIA XT 180 MG CAPSULE	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TAZTIA XT 240 MG CAPSULE	2	
TAZTIA XT 300 MG CAPSULE	2	
TAZTIA XT 360 MG CAPSULE	2	
TDVAXVIAL	3	
TECHLITE 0.3 ML 29GX12MM (1/2)	3	
TECHLITE 0.3 ML 30GX12MM (1/2)	3	
TECHLITE 0.3 ML 30GX8MM (1/2)	3	
TECHLITE 0.3 ML 31GX6MM (1/2)	3	
TECHLITE 0.3 ML 31GX8MM (1/2)	3	
TECHLITE 0.5 ML 29GX12MM (1/2)	3	
TECHLITE 0.5 ML 30GX12MM (1/2)	3	
TECHLITE 0.5 ML 30GX8MM (1/2)	3	
TECHLITE 0.5 ML 31GX6MM (1/2)	3	
TECHLITE 0.5 ML 31GX8MM (1/2)	3	
TECHLITE INS SYR 1 ML 29GX12MM	3	
TECHLITE INS SYR 1 ML 30GX12MM	3	
TECHLITE INS SYR 1 ML 30GX8MM	3	
TECHLITE INS SYR 1 ML 31GX6MM	3	
TECHLITE INS SYR 1 ML 31GX8MM	3	
TECHLITE PEN NEEDLE 29GX1/2"	3	
TECHLITE PEN NEEDLE 29GX3/8"	3	
TECHLITE PEN NEEDLE 31GX1/4"	3	
TECHLITE PEN NEEDLE 31GX3/16"	3	
TECHLITE PEN NEEDLE 31GX5/16"	3	
TECHLITE PEN NEEDLE 32GX1/4"	3	
TECHLITE PEN NEEDLE 32GX5/16"	3	
TECHLITE PEN NEEDLE 32GX5/32"	3	
TELCARE CONTROL SOLUTION	3	
TELMISARTAN 20 MG TABLET	2	
TELMISARTAN 40 MG TABLET	2	
TELMISARTAN 80 MG TABLET	2	
TELMISARTAN-AMLODIPINE 40-10	2	
TELMISARTAN-AMLODIPINE 40-5 MG	2	
TELMISARTAN-AMLODIPINE 80-10	2	
TELMISARTAN-AMLODIPINE 80-5 MG	2	
TELMISARTAN-HCTZ 40-12.5 MG TB	2	
TELMISARTAN-HCTZ 80-12.5 MG TB	2	
TELMISARTAN-HCTZ 80-25 MG TAB	2	
TEMAZEPAM 15 MG CAPSULE	2	
TEMAZEPAM 22.5 MG CAPSULE	2	
TEMAZEPAM 30 MG CAPSULE	2	
TEMAZEPAM 7.5 MG CAPSULE	2	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX
TENCON 50-325 MG TABLET	2	
TENIVAC SYRINGE	3	
TENIVAC VIAL	3	
TENOFOVIR DISOP FUM 300 MG TB	2	
TERAZOSIN 1 MG CAPSULE	1	
TERAZOSIN 10 MG CAPSULE	1	
TERAZOSIN 2 MG CAPSULE	1	
TERAZOSIN 5 MG CAPSULE	1	
TERBINAFINE HCL 250 MG TABLET	1	
TERBUTALINE SULFATE 2.5 MG TAB	2	
TERBUTALINE SULFATE 5 MG TAB	2	
TERCONAZOLE 0.4% CREAM	2	
TERCONAZOLE 0.8% CREAM	2	
TERCONAZOLE 80 MG SUPPOSITORY	2	
TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TERUMO INS SYR 0.3 ML 29GX1/2"	3	
TERUMO INS SYRINGE U100-1 ML	3	
TERUMO INS SYRINGE U100-1/2 ML	3	
TERUMO INS SYRINGE U100-1/3 ML	3	
TERUMO INS SYRNG U100-1/2 ML	3	
TERUMO SURGUARD2 NDL 21GX1 1.5	3	
TERUMO SURGUARD2 NDL 22X1-1/2"	3	
TERUMO SURGUARD2 NDL 23X1-1/2"	3	
TERUMO SURGUARD2 NEEDLE 18GX1"	3	
TERUMO SURGUARD2 NEEDLE 18X1.5	3	
TERUMO SURGUARD2 NEEDLE 19GX1"	3	
TERUMO SURGUARD2 NEEDLE 19X1.5	3	
TERUMO SURGUARD2 NEEDLE 20GX1"	3	
TERUMO SURGUARD2 NEEDLE 20X1.5	3	
TERUMO SURGUARD2 NEEDLE 21GX1"	3	
TERUMO SURGUARD2 NEEDLE 22GX1"	3	
TERUMO SURGUARD2 NEEDLE 23GX1"	3	
TERUMO SURGUARD2 NEEDLE 25GX1"	3	
TERUMO SURGUARD2 NEEDLE 25X1.5	3	
TERUMO SURGUARD2 NEEDLE 25X5/8	3	
TERUMO SURGUARD2 NEEDLE 26X1/2	3	
TERUMO SURGUARD2 NEEDLE 27X1/2	3	
TERUMO SURGUARD2 NEEDLE 30X1/2	3	
TERUMO SYRINGE 3 ML	3	
TESTOSTERON CYP 1,000 MG/10 ML	2	
TESTOSTERON CYP 2,000 MG/10 ML	2	
TESTOSTERON ENAN 1,000 MG/5 ML	2	
TESTOSTERONE 1% (25MG/2.5G) PK	2	QL
TESTOSTERONE 1% (50 MG/5 G) PK	2	QL
TESTOSTERONE 1.62% (2.5 G) PKT	2	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TESTOSTERONE 1.62% GEL PUMP	2	QL
TESTOSTERONE 1.62%(1.25 G) PKT	2	QL
TESTOSTERONE 10 MG GEL PUMP	2	QL
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TESTOSTERONE 50 MG/5 GRAM PKT	2	QL
TESTOSTERONE CYP 1,000 MG/10ML	2	
TESTOSTERONE CYP 1,000 MG/5 ML	2	
TESTOSTERONE CYP 200 MG/ML	2	
TESTOSTERONE CYP 500 MG/2.5 ML	2	
TESTOSTERONE CYP 6,000 MG/30ML	2	
TESTOSTERONE ENAN 200 MG/ML	2	
TETCAINE 0.5% EYE DROP	2	
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX
TETRACAINE 0.5% EYE DROP	2	
TETRACAINE 0.5% STERI-UNIT SOL	2	
TETRACYCLINE 250 MG CAPSULE	2	
TETRACYCLINE 500 MG CAPSULE	2	
TEXACORT 2.5% SOLUTION	4	
TEXACORT	4	
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 150 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 200 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX
THEOPHYLLINE 80 MG/15 ML SOLN	2	
THEOPHYLLINE ER 100 MG TABLET	2	
THEOPHYLLINE ER 200 MG TABLET	2	
THEOPHYLLINE ER 300 MG TAB	2	
THEOPHYLLINE ER 300 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	2	
THEOPHYLLINE ER 450 MG TAB	2	
THEOPHYLLINE ER 450 MG TABLET	2	
THEOPHYLLINE ER 600 MG TABLET	2	
THINPRO INS SYRIN U100-0.3 ML	3	
THINPRO INS SYRIN U100-0.5 ML	3	
THINPRO INS SYRIN U100-1 ML	3	
THIORIDAZINE 10 MG TABLET	2	
THIORIDAZINE 100 MG TABLET	2	
THIORIDAZINE 25 MG TABLET	2	
THIORIDAZINE 50 MG TABLET	2	
THIOTHIXENE 1 MG CAPSULE	2	
THIOTHIXENE 10 MG CAPSULE	2	
THIOTHIXENE 2 MG CAPSULE	2	
THIOTHIXENE 5 MG CAPSULE	2	
THRIVITE 19 TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
THYROID 120 MG TABLET	1	
THYROID 15 MG TABLET	1	
THYROID 30 MG TABLET	1	
THYROID 60 MG TABLET	1	
THYROID 90 MG TABLET	1	
TIADYL ER 120 MG CAPSULE	2	
TIADYL ER 180 MG CAPSULE	2	
TIADYL ER 240 MG CAPSULE	2	
TIADYL ER 300 MG CAPSULE	2	
TIADYL ER 360 MG CAPSULE	2	
TIADYL ER 420 MG CAPSULE	2	
TIAGABINE HCL 12 MG TABLET	2	
TIAGABINE HCL 16 MG TABLET	2	
TIAGABINE HCL 2 MG TABLET	2	
TIAGABINE HCL 4 MG TABLET	2	
TILIA FE 28 TABLET	1	
TIMOLOL 0.25% GEL-SOLUTION	2	
TIMOLOL 0.5% GEL-SOLUTION	2	
TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TIMOLOL MALEATE 0.25% EYE DROP	2	
TIMOLOL MALEATE 0.5% EYE DROPS	2	
TIMOLOL MALEATE 10 MG TABLET	2	
TIMOLOL MALEATE 20 MG TABLET	2	
TIMOLOL MALEATE 5 MG TABLET	2	
TINIDAZOLE 250 MG TABLET	2	
TINIDAZOLE 500 MG TABLET	2	
TIOPRONIN 100 MG TABLET	5	SRX
TIS-U-SOL PENTALYTE IRRIG SOLN	4	
TIVICAY 10 MG TABLET	3	
TIVICAY 25 MG TABLET	3	
TIVICAY 50 MG TABLET	3	
TIVICAY PD 5 MG TAB FOR SUSP	3	
TIZANIDINE HCL 2 MG TABLET	2	
TIZANIDINE HCL 4 MG TABLET	2	
TOBRAMYCIN 0.3% EYE DROP	2	
TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX
TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	
TODAY'S HLTH PN NEEDLE 6MM 31G	3	
TOLCAPONE 100 MG TABLET	5	SRX
TOLMETIN SODIUM 200 MG TAB	2	
TOLMETIN SODIUM 400 MG CAP	2	
TOLMETIN SODIUM 600 MG TAB	2	
TOLTERODINE TART ER 2 MG CAP	2	
TOLTERODINE TART ER 4 MG CAP	2	
TOLTERODINE TARTRATE 1 MG TAB	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TOLTERODINE TARTRATE 2 MG TAB	2	
TOLVAPTAN 15 MG TABLET	5	PA, SRX
TOLVAPTAN 30 MG TABLET	5	PA, SRX
TOPCARE CLICKFINE 31G X 1/4"	3	
TOPCARE CLICKFINE 31G X 5/16"	3	
TOPCARE ULTRA COMFORT SYRINGE	3	
TOPIRAMATE 100 MG TABLET	2	
TOPIRAMATE 15 MG SPRINKLE CAP	2	
TOPIRAMATE 200 MG TABLET	2	
TOPIRAMATE 25 MG SPRINKLE CAP	2	
TOPIRAMATE 25 MG TABLET	2	
TOPIRAMATE 50 MG TABLET	2	
TOPIRAMATE ER 100 MG CAPSULE	2	
TOPIRAMATE ER 150 MG CAPSULE	2	
TOPIRAMATE ER 200 MG CAPSULE	2	
TOPIRAMATE ER 25 MG CAPSULE	2	
TOPIRAMATE ER 50 MG CAPSULE	2	
TOREMIFENE CITRATE 60 MG TAB	4	
TORSEMIDE 10 MG TABLET	2	
TORSEMIDE 100 MG TABLET	2	
TORSEMIDE 20 MG TABLET	2	
TORSEMIDE 5 MG TABLET	2	
TOVET EMOLLIENT 0.05% FOAM	2	
TRAMADOL ER 100 MG TABLET	2	PA, QL
TRAMADOL ER 200 MG TABLET	2	PA, QL
TRAMADOL ER 300 MG TABLET	2	PA, QL
TRAMADOL HCL 50 MG TABLET	2	QL
TRAMADOL HCL ER 100 MG TABLET	2	PA, QL
TRAMADOL HCL ER 150 MG CAPSULE	2	PA, QL
TRAMADOL HCL ER 200 MG TABLET	2	PA, QL
TRAMADOL HCL ER 300 MG TABLET	2	PA, QL
TRAMADOL-ACETAMINOPHN 37.5-325	2	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	
TRANDOLAPR-VERAPAM ER 1-240 MG	2	
TRANDOLAPR-VERAPAM ER 2-180 MG	2	
TRANDOLAPR-VERAPAM ER 2-240 MG	2	
TRANDOLAPR-VERAPAM ER 4-240 MG	2	
TRANEXAMIC ACID 650 MG TABLET	2	
MEDICATION TRANSFER NEEDLE	3	
TRANLYCYPROMINE SULF 10 MG TAB	2	
TRAVOPROST 0.004% EYE DROP	2	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	2	
TRAZODONE 50 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRECATOR 250 MG TABLET	4		TRIKAFTA 100-50-75 MG/75MG PKT	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML INJECTOR	5	PA, QL, SRX	TRIKAFTA 50-25-37.5 MG/75 MG	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX	TRIKAFTA 80-40-60MG/59.5MG PKT	5	PA, QL, LDD, SRX
TRETINOIN 0.01% GEL	2	PA_AGE	TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN 0.025% CREAM	2	PA_AGE	TRI-LINYAH TABLET	1	
TRETINOIN 0.025% GEL	2	PA_AGE	TRI-LO-ESTARYLLA TABLET	1	
TRETINOIN 0.05% CREAM	2	PA_AGE	TRI-LO-MARZIA TABLET	1	
TRETINOIN 0.05% GEL	2	PA_AGE	TRI-LO-MILI TABLET	1	
TRETINOIN 0.1% CREAM	2	PA_AGE	TRI-LO-SPRINTEC TABLET	1	
TRETINOIN 10 MG CAPSULE	4	PA	TRIMETHOBENZAMIDE 300 MG CAP	2	
TRETINOIN GEL MICRO 0.04% PUMP	2	PA_AGE	TRIMETHOPRIM 100 MG TABLET	2	
TRETINOIN GEL MICRO 0.04% TUBE	2	PA_AGE	TRI-MILI 28 TABLET	1	
TRETINOIN GEL MICRO 0.1% PUMP	2	PA_AGE	TRIMIPRAMINE MALEATE 100 MG CP	2	
TRETINOIN GEL MICRO 0.1% TUBE	2	PA_AGE	TRIMIPRAMINE MALEATE 25 MG CAP	2	
TRETIN-X 0.025% CREAM COMB PCK	4	PA_AGE	TRIMIPRAMINE MALEATE 50 MG CAP	2	
TRETIN-X 0.05% COMBO PACK	4	PA_AGE	TRINATAL RX 1	1	
TRETIN-X 0.075% CREAM	4	PA_AGE	TRINTELLIX 10 MG TABLET	4	QL, ST
TRETIN-X 0.1% COMBO PACK	4	PA_AGE	TRINTELLIX 20 MG TABLET	4	QL, ST
TRI FEMYNOR 28 TABLET	1		TRINTELLIX 5 MG TABLET	4	QL, ST
TRIAMCINOLONE 0.025% CREAM	2		TRI-NYMYO 28 TABLET	1	
TRIAMCINOLONE 0.025% LOTION	2		TRI-PREVIFEM TABLET	1	
TRIAMCINOLONE 0.025% OINT	2		TRI-SPRINTEC TABLET	1	
TRIAMCINOLONE 0.1% CREAM	2		TRIUMEQ 600-50-300 MG TABLET	3	QL
TRIAMCINOLONE 0.1% LOTION	2		TRIUMEQ PD 60-5-30 MG TAB SUSP	3	QL
TRIAMCINOLONE 0.1% OINTMENT	2		TRI-VITE-FLUORIDE 0.25 MG/ML	2	
TRIAMCINOLONE 0.1% PASTE	2		TRI-VITE-FLUORIDE 0.5 MG/ML	2	
TRIAMCINOLONE 0.5% CREAM	2		TRI-VIT-FLUOR 0.25 MG/ML DROP	2	
TRIAMCINOLONE 0.5% OINTMENT	2		TRI-VIT-FLUOR 0.5 MG/ML DROP	2	
TRIAMTERENE 100 MG CAPSULE	4		TRIVORA-28 TABLET	1	
TRIAMTERENE 50 MG CAPSULE	4		TRI-VYLIBRA 28 TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG CP	2		TRI-VYLIBRA LO TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1		TROPICAMIDE 0.5% EYE DROP	2	
TRIAMTERENE-HCTZ 75-50 MG TAB	1		TROPICAMIDE 0.5% EYE DROPS	2	
TRIAZOLAM 0.125 MG TABLET	2		TROPICAMIDE 1% EYE DROP	2	
TRIAZOLAM 0.25 MG TABLET	2		TROPICAMIDE 1% EYE DROPS	2	
TRIDERM 0.1% CREAM	2		TROSPIMUM CHLORIDE 20 MG TABLET	2	
TRIDERM 0.5% CREAM	2		TROSPIMUM CHLORIDE ER 60 MG CAP	2	
TRI-ESTARYLLA TABLET	1		TRUE CMFRT PRO 0.5ML 30G 5/16"	3	
TRIFLUOPERAZINE 1 MG TABLET	2		TRUE CMFRT PRO 0.5ML 31G 5/16"	3	
TRIFLUOPERAZINE 10 MG TABLET	2		TRUE CMFRT PRO 0.5ML 32G 5/16"	3	
TRIFLUOPERAZINE 2 MG TABLET	2		TRUE CMFT SFTY PEN NDL 31G 5MM	3	
TRIFLUOPERAZINE 5 MG TABLET	2		TRUE CMFT SFTY PEN NDL 31G 6MM	3	
TRIFLURIDINE 1% EYE DROPS	2		TRUE CMFT SFTY PEN NDL 32G 4MM	3	
TRIHXYPHENIDYL 2 MG TABLET	1		TRUE COMFORT 0.5 ML 31GX5/16"	3	
TRIHXYPHENIDYL 2 MG/5 ML SOLN	2		TRUE COMFORT 1 ML 31GX5/16"	3	
TRIHXYPHENIDYL 5 MG TABLET	2		TRUE COMFORT PEN NDL 31G 5MM	3	
TRIKAFTA 100-50-75 MG/150 MG	5	PA, QL, LDD, SRX	TRUE COMFORT PEN NDL 31G 6MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRUE COMFORT PEN NDL 31G 8MM	3		TRUSTEEL INFUSION SET 23" 6MM	3	
TRUE COMFORT PEN NDL 31GX5MM	3		TRUSTEEL INFUSION SET 32" 6MM	3	
TRUE COMFORT PEN NDL 31GX6MM	3		TRUSTEEL INFUSION SET 32" 8MM	3	
TRUE COMFORT PEN NDL 32G 4MM	3		TRUZONE PEAK FLOW METER	3	
TRUE COMFORT PEN NDL 32G 5MM	3		TULANA 0.35 MG TABLET	1	
TRUE COMFORT PEN NDL 32G 6MM	3		TWINRIX VACCINE SYRINGE	3	
TRUE COMFORT PEN NDL 32GX4MM	3		TYBOST 150 MG TABLET	3	
TRUE COMFORT PEN NDL 33G 4MM	3		TYDEMY 3-0.03-0.451 MG TABLET	1	
TRUE COMFORT PEN NDL 33G 5MM	3		TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, QL, SRX
TRUE COMFORT PEN NDL 33G 6MM	3		TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LDD, SRX
TRUE COMFORT PRO 1 ML 30G 1/2"	3		TYVASO INSTITUTIONAL START KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 30G 5/16"	3		TYVASO REFILL KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 31G 5/16"	3		TYVASO STARTER KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 32G 5/16"	3		UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
TRUE COMFORT PRO 0.5ML 30G 1/2"	3		UDENYCA 6 MG/0.6 ML AUTOINJECT	5	PA, SRX
TRUE METRIX LEVEL 1 CTRL SOLN	3		ULESFIA 5% LOTION	4	
TRUE METRIX LEVEL 2 CTRL SOLN	3		ULT CFT 0.3 ML 29GX1/2" (1/2)	3	
TRUE METRIX LEVEL 3 CTRL SOLN	3		ULT CFT 0.3 ML 31GX5/16" (1/2)	3	
TRUECONTROL GLUCOSE SOLUTION	3		ULTICARE INS SYR 1 ML 31GX5/16"	3	
TRUEPLUS KETONE TEST STRIP	3		ULTICAR INS 0.3ML 31GX1/4(1/2)	3	
TRUEPLUS PEN NEEDLE 29G 12MM	3		ULTICARE INS 0.3 ML 30GX1/2"	3	
TRUEPLUS PEN NEEDLE 29GX1/2"	3		ULTICARE INS 0.3 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 31G 5MM	3		ULTICARE INS 0.5 ML 30GX1/2"	3	
TRUEPLUS PEN NEEDLE 31G 8MM	3		ULTICARE INS 0.5 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 31G X 1/4"	3		ULTICARE INS 1 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 31GX3/16"	3		ULTICARE INS SAFETY 1ML 29X1/2	3	
TRUEPLUS PEN NEEDLE 31GX5/16"	3		ULTICARE INS SYR 1 ML 28GX1/2"	3	
TRUEPLUS PEN NEEDLE 32GX5/32"	3		ULTICARE INS SYR 1 ML 29GX1/2"	3	
TRUEPLUS SYR 0.3ML 29GX1/2"	3		ULTICARE INS SYR 1 ML 30GX1/2"	3	
TRUEPLUS SYR 0.3ML 30GX5/16"	3		ULTICARE LDS SYR 3 ML 22GX1.5"	3	
TRUEPLUS SYR 0.3ML 31GX5/16"	3		ULTICARE PEN NDL 12.7 MM 29G	3	
TRUEPLUS SYR 0.5ML 28GX1/2"	3		ULTICARE PEN NEEDLE 31GX3/16"	3	
TRUEPLUS SYR 0.5ML 29GX1/2"	3		ULTICARE PEN NEEDLE 4MM 32G	3	
TRUEPLUS SYR 0.5ML 30GX5/16"	3		ULTICARE PEN NEEDLE 6MM 31G	3	
TRUEPLUS SYR 0.5ML 31GX5/16"	3		ULTICARE PEN NEEDLE 8 MM 31G	3	
TRUEPLUS SYR 1ML 28GX1/2"	3		ULTICARE PEN NEEDLE 8MM 31G	3	
TRUEPLUS SYR 1ML 29GX1/2"	3		ULTICARE PEN NEEDLES 12MM 29G	3	
TRUEPLUS SYR 1ML 30GX5/16"	3		ULTICARE PEN NEEDLES 4MM 32G	3	
TRUEPLUS SYR 1ML 31GX5/16"	3		ULTICARE PEN NEEDLES 6MM 31G	3	
TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL	ULTICARE PEN NEEDLES 6MM 32G	3	
TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL	ULTICARE PEN NEEDLES 8MM 31G	3	
TRULICITY 3 MG/0.5 ML PEN	3	PA, QL	ULTICARE SAFE PEN NDL 30G 8MM	3	
TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL	ULTICARE SAFE PEN NDL 5MM 30G	3	
TRUMENBA 120 MCG/0.5 ML VACCIN	3		ULTICARE SAFETY 0.5 ML 29GX1/2	3	
TRUST NATAL DHA	1		ULTICARE SYR 0.3 ML 30GX1/2"	3	
TRUSTEEL INFUSION SET 23" 6MM	3		ULTICARE SYR 0.3 ML 30GX5/16"	3	
			ULTICARE SYR 0.3 ML 31GX5/16"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTICARE SYR 0.5 ML 29GX1/2"	3		ULTRA FLO SYR 0.3 ML 30G 5/16"	3	
ULTICARE SYR 0.5 ML 30GX1/2"	3		ULTRA FLO SYR 0.3 ML 31G 5/16"	3	
ULTICARE SYR 0.5 ML 30GX5/16"	3		ULTRA FLO SYR 0.5 ML 29G 1/2"	3	
ULTICARE SYR 0.5 ML 31GX5/16"	3		ULTRA THIN PEN NDL 32G X 4MM	3	
ULTICARE SYR 1 ML 30GX5/16"	3		ULTRACARE INS 0.3 ML 30GX5/16"	3	
ULTICARE SYR 1 ML 31GX5/16"	3		ULTRACARE INS 0.3 ML 31GX5/16"	3	
ULTICARE SYRIN 0.3 ML 29GX1/2"	3		ULTRACARE INS 0.5 ML 30GX1/2"	3	
ULTICARE SYRIN 0.5 ML 28GX1/2"	3		ULTRACARE INS 0.5 ML 30GX5/16"	3	
ULTICARE SYRINGE 1 ML 30GX1/2"	3		ULTRACARE INS 0.5 ML 31GX5/16"	3	
ULTIGUARD SAFE 1ML 30G 12.7MM	3		ULTRACARE INS 1 ML 30G X 5/16"	3	
ULTIGUARD SAFE PACK 29G 12.7MM	3		ULTRACARE INS 1 ML 30GX1/2"	3	
ULTIGUARD SAFE PACK 32G 4MM	3		ULTRACARE INS 1 ML 31G X 5/16"	3	
ULTIGUARD SAFE0.3ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX1/4"	3	
ULTIGUARD SAFE0.5ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX3/16"	3	
ULTIGUARD SAFEPACK 1ML 31G 8MM	3		ULTRACARE PEN NEEDLE 31GX5/16"	3	
ULTIGUARD SAFEPACK 31G 5MM	3		ULTRACARE PEN NEEDLE 32GX1/4"	3	
ULTIGUARD SAFEPACK 31G 6MM	3		ULTRACARE PEN NEEDLE 32GX3/16"	3	
ULTIGUARD SAFEPACK 31G 8MM	3		ULTRACARE PEN NEEDLE 32GX5/32"	3	
ULTIGUARD SAFEPACK 32G 4MM	3		ULTRACARE PEN NEEDLE 33GX5/32"	3	
ULTIGUARD SAFEPACK 32G 6MM	3		ULTRA-FINE MICRO PEN NEEDLE	3	
ULTIGUARD SAFEPK 0.3ML 31G 8MM	3		ULTRA-THIN II 1 ML 31GX5/16"	3	
ULTIGUARD SAFEPK 0.5ML 31G 8MM	3		ULTRA-THIN II INS 0.3 ML 30G	3	
ULTILET INSULIN SYRINGE 0.3 ML	3		ULTRA-THIN II INS 0.3 ML 31G	3	
ULTILET INSULIN SYRINGE 0.5 ML	3		ULTRA-THIN II INS 0.5 ML 29G	3	
ULTILET INSULIN SYRINGE 1 ML	3		ULTRA-THIN II INS 0.5 ML 30G	3	
ULTILET PEN NEEDLE	3		ULTRA-THIN II INS 0.5 ML 31G	3	
ULTILET PEN NEEDLE 4MM 32G	3		ULTRA-THIN II INS SYR 1 ML 29G	3	
ULTRA COMFORT 0.3 ML 29GX1/2"	3		ULTRA-THIN II INS SYR 1 ML 30G	3	
ULTRA COMFORT 0.3 ML SYRINGE	3		ULTRA-THIN II PEN NDL 29GX1/2"	3	
ULTRA COMFORT 0.5 ML 28GX1/2"	3		ULTRA-THIN II PEN NDL 31GX5/16	3	
ULTRA COMFORT 0.5 ML 29GX1/2"	3		ULTRATRAK CONTROL SOL NORMAL	3	
ULTRA COMFORT 0.5 ML 31GX5/16"	3		ULTRATRAK CONTROL SOLUTION	3	
ULTRA COMFORT 0.5 ML SYRINGE	3		ULTRATRAK ULTIMATE CNTRL SOLN	3	
ULTRA COMFORT 1 ML 28GX1/2"	3		UNIFINE PEN NEEDLE 32G 4MM	3	
ULTRA COMFORT 1 ML 29GX1/2"	3		UNIFINE PENTIPS 12MM 29G	3	
ULTRA COMFORT 1 ML 30GX5/16"	3		UNIFINE PENTIPS 29G 12MM	3	
ULTRA COMFORT 1 ML 31GX5/16"	3		UNIFINE PENTIPS 31G 5MM	3	
ULTRA COMFORT 1 ML SYRINGE	3		UNIFINE PENTIPS 31G 6MM	3	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	3		UNIFINE PENTIPS 31G 8MM	3	
ULTRA FLO 0.3ML 30G 5/16"(1/2)	3		UNIFINE PENTIPS 31GX3/16"	3	
ULTRA FLO 0.3ML 31G 5/16"(1/2)	3		UNIFINE PENTIPS 32G 4MM	3	
ULTRA FLO PEN NEEDLE 31G 5MM	3		UNIFINE PENTIPS 32G 6MM	3	
ULTRA FLO PEN NEEDLE 31G 8MM	3		UNIFINE PENTIPS 32GX1/4"	3	
ULTRA FLO PEN NEEDLE 32G 4MM	3		UNIFINE PENTIPS 32GX5/32"	3	
ULTRA FLO PEN NEEDLE 33G 4MM	3		UNIFINE PENTIPS 33GX5/32"	3	
ULTRA FLO PEN NEEDLES 12MM 29G	3		UNIFINE PENTIPS 6MM 31G	3	
ULTRA FLO SYR 0.3 ML 29GX1/2"	3		UNIFINE PENTIPS 6MM NEEDLE	3	

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
UNIFINE PENTIPS 8MM 31G	3		VALSARTAN 160 MG TABLET	2	
UNIFINE PENTIPS 8MM NEEDLE	3		VALSARTAN 320 MG TABLET	2	
UNIFINE PENTIPS MAX 30GX3/16"	3		VALSARTAN 40 MG TABLET	2	
UNIFINE PENTIPS NEEDLES 29G	3		VALSARTAN 80 MG TABLET	2	
UNIFINE PENTIPS PLUS 29GX1/2"	3		VALSARTAN-HCTZ 160-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX1/4"	3		VALSARTAN-HCTZ 160-25 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX3/16"	3		VALSARTAN-HCTZ 320-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX5/16"	3		VALSARTAN-HCTZ 320-25 MG TAB	2	
UNIFINE PENTIPS PLUS 32GX5/32"	3		VALSARTAN-HCTZ 80-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 33GX5/32"	3		VANADOM 350 MG TABLET	2	
UNIFINE PENTIPS PLUS 30GX3/16"	3		VANCOMYCIN HCL 125 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX3/16"	3		VANCOMYCIN HCL 250 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX5/16"	3		VANAZOLE VAGINAL 0.75% GEL	2	
UNIFINE SAFECONTROL 32G 4MM	3		VANISHPOINT 0.5 ML 30GX1/2" SY	3	
UNIFINE ULTRA PEN ND1 31G 5MM	3		VANISHPOINT 20GX1" 3 ML SYRING	3	
UNIFINE ULTRA PEN ND1 31G 6MM	3		VANISHPOINT 21GX1.5" 3 ML SYR	3	
UNIFINE ULTRA PEN ND1 31G 8MM	3		VANISHPOINT 22GX1" 3 ML SYR	3	
UNIFINE ULTRA PEN ND1 32G 4MM	3		VANISHPOINT 23GX1" 3 ML SYRING	3	
UNISTRIP CONTROL SOLUTION HIGH	3		VANISHPOINT 23GX1-1/2 3 ML SYR	3	
UNISTRIP CONTROL SOLUTION LOW	3		VANISHPOINT 25GX1" 3 ML SYRING	3	
UNITHROID 100 MCG TABLET	1		VANISHPOINT 25GX5/8" 3 ML SYR	3	
UNITHROID 112 MCG TABLET	1		VANISHPOINT 3 ML 21GX1" SYRING	3	
UNITHROID 125 MCG TABLET	1		VANISHPOINT 3 ML 22GX1.5" SYR	3	
UNITHROID 137 MCG TABLET	1		VANISHPOINT INS 1 ML 30GX3/16"	3	
UNITHROID 150 MCG TABLET	1		VANISHPOINT U-100 29X1/2 SYR	3	
UNITHROID 175 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML SYRINGE	3	
UNITHROID 200 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML VIAL	3	
UNITHROID 25 MCG TABLET	1		VAQTA 50 UNITS/ML SYRINGE	3	
UNITHROID 300 MCG TABLET	1		VAQTA 50 UNITS/ML VIAL	3	
UNITHROID 50 MCG TABLET	1		VARENICLINE STARTING MONTH BOX	3	
UNITHROID 75 MCG TABLET	1		VARENICLINE 0.5 MG TABLET	3	
UNITHROID 88 MCG TABLET	1		VARENICLINE 1 MG TABLET	3	
URISTIX 4 REAGENT STRIPS	3		VARISOFT INFUSION SET 23" 13MM	3	
URISTIX REAGENT STRIPS	3		VARISOFT INFUSION SET 23" 17MM	3	
UROQID-ACID NO.2 500-500 TB	4		VARISOFT INFUSION SET 32" 13MM	3	
URSODIOL 250 MG TABLET	2		VARISOFT INFUSION SET 32" 17MM	3	
URSODIOL 300 MG CAPSULE	2		VARISOFT INFUSION SET 43" 13MM	3	
URSODIOL 500 MG TABLET	2		VARISOFT INFUSION SET 43" 17MM	3	
USTELL CAPSULE	2		VARIVAX VACCINE VIAL	3	
UTIRA-C TABLET	2		VARIVAX VACCINE WITH DILUENT	3	
VALACYCLOVIR HCL 1 GRAM TABLET	2		VAXELIS VACCINE SYRINGE	3	
VALACYCLOVIR HCL 500 MG TABLET	2		VAXELIS VACCINE VIAL	3	
VALGANCICLOVIR 450 MG TABLET	4		VAXNEUVANCE 0.5 ML SYRINGE	3	
VALGANCICLOVIR HCL 50 MG/ML	4		VELIVET 28 DAY TABLET	1	
VALPROIC ACID 250 MG CAPSULE	2		VEMLIDY 25 MG TABLET	5	PA, SRX
VALPROIC ACID 250 MG/5 ML SOLN	2		VENCLEXTA 10 MG TAB (10MG X 2)	5	PA, QL, LDD, SRX
VALPROIC ACID 500 MG/10 ML SOL	2		VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX	VILAZODONE HCL 10 MG TABLET	4	QL
VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX	VILAZODONE HCL 20 MG TABLET	4	QL
VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX	VILAZODONE HCL 40 MG TABLET	4	QL
VENLAFAXINE HCL 100 MG TABLET	2	QL	VINATE ONE TABLET	1	
VENLAFAXINE HCL 25 MG TABLET	2	QL	VIOKACE 10,440-39,150 UNIT TAB	4	
VENLAFAXINE HCL 37.5 MG TABLET	2	QL	VIOKACE 10,440-39,150 UNITS TB	4	
VENLAFAXINE HCL 50 MG TABLET	2	QL	VIOKACE 20,880-78,300 UNITS TB	4	
VENLAFAXINE HCL 75 MG TABLET	2	QL	VIORELE 28 DAY TABLET	1	
VENLAFAXINE HCL ER 150 MG CAP	2	QL	VIREAD 150 MG TABLET	3	
VENLAFAXINE HCL ER 37.5 MG CAP	2	QL	VIREAD 200 MG TABLET	3	
VENLAFAXINE HCL ER 75 MG CAP	2	QL	VIREAD 250 MG TABLET	3	
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, LDD, SRX	VIREAD POWDER	3	
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, LDD, SRX	VIRT-C DHA SOFTGEL	1	
VERAPAMIL 120 MG TABLET	2		VIRT-NATE DHA SOFTGEL	1	
VERAPAMIL 40 MG TABLET	2		VIRT-PN DHA SOFTGEL	1	
VERAPAMIL 80 MG TABLET	2		VIRT-PN PLUS SOFTGEL	1	
VERAPAMIL ER 120 MG CAPSULE	2		VISTOGARD 10 GRAM PACKET	5	LDD, SRX
VERAPAMIL ER 120 MG TABLET	2		VIT A,C,D-FLUORIDE 0.25 MG/ML	2	
VERAPAMIL ER 180 MG CAPSULE	2		VITAFOL-OB CAPLET	1	
VERAPAMIL ER 180 MG TABLET	2		VITAMIN D2 1.25MG(50,000 UNIT)	2	
VERAPAMIL ER 240 MG CAPSULE	2		VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VERAPAMIL ER 240 MG TABLET	2		VIVAGUARD INO CTRL SOLN-L2	3	
VERAPAMIL ER PM 100 MG CAPSULE	2		VOLNEA 0.15-0.02-0.01 MG TAB	1	
VERAPAMIL ER PM 200 MG CAPSULE	2		VORICONAZOLE 200 MG TABLET	4	PA
VERAPAMIL ER PM 300 MG CAPSULE	2		VORICONAZOLE 40 MG/ML SUSP	4	PA
VERAPAMIL SR 120 MG CAPSULE	2		VORICONAZOLE 50 MG TABLET	4	PA
VERAPAMIL SR 180 MG CAPSULE	2		VORTEX ADULT MASK	3	QL
VERAPAMIL SR 240 MG CAPSULE	2		VORTEX HOLDING CHAMBER	3	QL
VERAPAMIL SR 360 MG CAPSULE	2		VORTEX HOLDING CHAMBER-CHILD	3	QL
VERASENS CONTROL SOLN-LEVEL 1	3		VORTEX HOLDING CHAMBER-TODDLER	3	QL
VEREGEN 15% OINTMENT	4		VORTEX VHC FROG CHILD MASK	3	QL
VERIFINE INS SYR 1 ML 29G 1/2"	3		VORTEX VHC LADYBUG TODDLER MSK	3	QL
VERIFINE PEN NEEDLE 29G 12MM	3		VOTRIENT 200 MG TABLET	5	PA, QL, SRX
VERIFINE PEN NEEDLE 31G 5MM	3		VRAYLAR 1.5 MG CAPSULE	4	QL, ST
VERIFINE PEN NEEDLE 31G 8MM	3		VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST
VERIFINE PEN NEEDLE 32G 4MM	3		VRAYLAR 3 MG CAPSULE	4	QL, ST
VERIFINE PEN NEEDLE 32G 6MM	3		VRAYLAR 4.5 MG CAPSULE	4	QL, ST
VERIFINE SYRING 0.5ML 29G 1/2"	3		VRAYLAR 6 MG CAPSULE	4	QL, ST
VERIFINE SYRING 1 ML 31G 5/16"	3		VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VERIFINE SYRNG 0.3ML 31G 5/16"	3		VYLIBRA 28 TABLET	1	
VERIFINE SYRNG 0.5ML 31G 5/16"	3		WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX
VESTURA 3 MG-0.02 MG TABLET	1		WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX
VIENVA-28 TABLET	1		WARFARIN SODIUM 1 MG TABLET	1	
VIGABATRIN 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN SODIUM 10 MG TABLET	1	
VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX	WARFARIN SODIUM 2 MG TABLET	1	
VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN SODIUM 2.5 MG TABLET	1	

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
WARFARIN SODIUM 3 MG TABLET	1		XIGDUO XR 5 MG-1,000 MG TABLET	3	QL
WARFARIN SODIUM 4 MG TABLET	1		XIGDUO XR 5 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 5 MG TABLET	1		XOLAIR 150 MG/1.2 ML POWDER VL	5	PA, LDD, SRX
WARFARIN SODIUM 6 MG TABLET	1		XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 7.5 MG TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
WAVESENSE CONTROL SOLN NORMAL	3		XTAMPZA ER 13.5 MG CAPSULE	3	PA
WERA 0.5/0.035 MG 28 TABLET	1		XTAMPZA ER 18 MG CAPSULE	3	PA
WESCAP-PN DHA CAPSULE	1		XTAMPZA ER 27 MG CAPSULE	3	PA
WESNATE DHA SOFTGEL	1		XTAMPZA ER 36 MG CAPSULE	3	PA
WESTAB PLUS TABLET	1		XTAMPZA ER 9 MG CAPSULE	3	PA
WESTHROID 32.5 MG TABLET	1		XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
WESTHROID 65 MG TABLET	1		XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
WIXELA 100-50 INHUB	2	QL	XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
WIXELA 250-50 INHUB	2	QL	XULANE 150-35 MCG/DAY PATCH	1	
WIXELA 500-50 INHUB	2	QL	YALE NEEDLES 21GX1.25"	3	
WM UNIFINE PENTIP PLUS 4MM 32G	3		YOURX ULTICARE PEN ND 4MM 32G	3	
WM UNIFINE PENTIP PLUS 5MM 31G	3		YOURX ULTICARE PEN ND 6MM 31G	3	
WM UNIFINE PENTIP PLUS 6MM 31G	3		YOURX ULTICARE PEN ND 8MM 31G	3	
WM UNIFINE PENTIP PLUS 8MM 31G	3		YUVAFEM 10 MCG VAGINAL INSERT	2	QL
WP THYROID 113.75 MG TABLET	3		ZAFEMY 150-35 MCG/DAY PATCH	1	
WP THYROID 130 MG TABLET	3		ZAFIRLUKAST 10 MG TABLET	2	
WP THYROID 16.25 MG TABLET	3		ZAFIRLUKAST 20 MG TABLET	2	
WP THYROID 32.5 MG TABLET	3		ZALEPLON 10 MG CAPSULE	2	
WP THYROID 48.75 MG TABLET	3		ZALEPLON 5 MG CAPSULE	2	
WP THYROID 65 MG TABLET	3		ZARAH TABLET	1	
WP THYROID 81.25 MG TABLET	3		ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
WP THYROID 97.5 MG TABLET	3		ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
WYMZYA FE 0.4-0.035 MG CHEW TB	1		ZATEAN-PN DHA CAPSULE	1	
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX	ZATEAN-PN PLUS SOFTGEL	1	
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX	ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
XARELTO 1 MG/ML SUSPENSION	3	PA, QL	ZENATANE 10 MG CAPSULE	4	
XARELTO 10 MG TABLET	3	PA, QL	ZENATANE 20 MG CAPSULE	4	
XARELTO 15 MG TABLET	3	PA, QL	ZENATANE 30 MG CAPSULE	4	
XARELTO 2.5 MG TABLET	3	PA, QL	ZENATANE 40 MG CAPSULE	4	
XARELTO 20 MG TABLET	3	PA, QL	ZENZEDI 10 MG TABLET	2	QL
XARELTO DVT-PE TREAT START 30D	3	PA, QL	ZENZEDI 5 MG TABLET	2	QL
XELJANZ 1 MG/ML SOLUTION	5	PA, QL, SRX	ZETONNA 37 MCG NASAL SPRAY	4	ST
XELJANZ 10 MG TABLET	5	PA, QL, SRX	ZIDOVUDINE 100 MG CAPSULE	2	
XELJANZ 5 MG TABLET	5	PA, QL, SRX	ZIDOVUDINE 300 MG TABLET	2	
XELJANZ XR 11 MG TABLET	5	PA, QL, SRX	ZIDOVUDINE 50 MG/5 ML SYRUP	2	
XELJANZ XR 22 MG TABLET	5	PA, QL, SRX	ZILEUTON ER 600 MG TABLET	5	SRX
XIFAXAN 200 MG TABLET	4	PA, QL	ZIOPTAN 0.0015% EYE DROP	4	QL
XIFAXAN 550 MG TABLET	4	PA, QL	ZIOPTAN 0.0015% EYE DROPS	4	QL
XIGDUO XR 10 MG-1,000 MG TAB	3	QL	ZIPRASIDONE HCL 20 MG CAPSULE	2	
XIGDUO XR 10 MG-500 MG TABLET	3	QL	ZIPRASIDONE HCL 40 MG CAPSULE	2	
XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL	ZIPRASIDONE HCL 60 MG CAPSULE	2	
			ZIPRASIDONE HCL 80 MG CAPSULE	2	

2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZIRGAN 0.15% OPHTHALMIC GEL	4	
ZOLADEX 10.8 MG IMPLANT SYRN	5	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM TART ER 12.5 MG TAB	2	
ZOLPIDEM TART ER 6.25 MG TAB	2	
ZOLPIDEM TARTRATE 10 MG TABLET	2	
ZOLPIDEM TARTRATE 5 MG TABLET	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZOSTAVAX VIAL	3	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX
ZYLET EYE DROPS	4	PA

Frequently Asked Questions (FAQs)

Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. Why do you make changes to the drug list?

A. To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

- Moving a medication to a **lower cost tier**.
- Moving a brand medication to a **higher cost tier** when a generic becomes available.
- Moving a medication to a **higher cost tier and/or no longer covering a medication**.
- **Adding extra coverage requirements** to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

Q. Why doesn't my plan cover certain medications?

A. To help lower your overall health care costs, your plan doesn't cover certain high-cost brand-name medications that have lower-cost alternatives. That's because these lower-cost options work the same as, or similar to, the non-covered medication. If you're taking a medication that isn't covered and your doctor feels a different medication isn't right for you, he or she can ask Cigna Healthcare to consider approving your medication through their coverage review process.

There are also certain medications and products that cannot be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through their coverage review process. For example, your plan

doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. The Prescription Drug List is managed by the Health Plan Value Assessment Committee (HVAC), which makes, subject to the Pharmacy and Therapeutics Committee's review and approval of the Prescription Drug List, coverage tier placement decisions of Prescription Drugs or Related Supplies and/or applies utilization management requirements to certain Prescription Drugs or Related Supplies. Your Policy/Service Agreement coverage tiers may contain Prescription Drugs or Related Supplies that are Generic Drugs, Brand Drugs or Specialty Medications. Placement of any Prescription Drug or Related Supplies in a specific tier, and application of utilization management requirements to a Prescription Drug, depends on a number of clinical and economic factors. Clinical factors include, without limitation, the P&T Committee's evaluations of the place in therapy, or relative safety or relative efficacy of the Prescription Drug or Related Supplies, and economic factors include, without limitation, the cost and/or available rebates for Prescription Drugs or Related Supplies. Whether a particular Prescription Drug or Related Supply is appropriate for You or any of Your Family Member(s), regardless of its eligibility coverage under Your Policy/Service Agreement is a determination that is made by You (or Your Family Member) and the prescribing Physician.

Q. Why do certain medications need approval before my plan will cover them?

A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna App** or **myCigna.com**, or

Frequently Asked Questions (FAQs) (cont.)

check your plan materials, to learn more about how your plan covers your medications. If your medication has a **PA** or **ST** next to it, your medication needs approval before your plan will cover it. If it has a **QL** next to it, you may need approval depending on the amount you're filling. If it has **AGE** next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that are often:

- Taken in amounts larger than, or for longer than, may be appropriate
- Misused or abused

Q. What types of medications require Step Therapy?

A. High-cost medications that are used to treat many conditions, such as:

- ADD/ADHD
- Allergies
- Asthma/COPD
- Cardiovascular health
- Diabetes
- Heartburn/ulcer/stomach acid
- High blood pressure
- High cholesterol
- Mental health
- Overactive bladder/bladder problems
- Pain management
- Sleep disorders

Q. Why does my medication have an age requirement?

A. The FDA considers certain medication to only be clinically appropriate for people of a certain age or within a certain age range.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact Cigna Healthcare to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna Healthcare's provider portal at cignaforhcp.com.

Cigna Healthcare will review information your doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna** App or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

If your medication isn't approved, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining why the medication should be covered.

Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs pre-approval from Cigna Healthcare. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna Healthcare to start the coverage review process. Or, you can choose to pay the medication's full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

Frequently Asked Questions (FAQs) (cont.)

Q. What happens if I try to fill a prescription that has a quantity limit?

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna Healthcare to request approval for the larger amount.

Q. Are all of the medications on this drug list approved by the FDA?

A. Yes.

Q. Does my plan cover medications that the FDA recently approved?

A. We review all recently approved medications and products to see if they should be covered – and if so, at what cost-share (tier). It can take up to six months from the date the FDA approved them to make a decision. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. If your doctor wants you to use a recently approved medication, he or she can ask Cigna Healthcare to consider approving it through their coverage review process.

Q. Which medications are covered under the health care reform law?

A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/PDL**. For more information about health care reform, go to **www.informedonreform.com** or **CignaHealthcare.com**.

Q. How can I find out how much I'll pay for a specific medication?

A. When you and your doctor are considering the right medication for your treatment, knowing how

much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.²

Q. How can I save money on my prescription medications?

A. Consider taking a medication that's covered on a lower tier (such as a generic or preferred brand medication) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to see if one of these options may work for you.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.³ Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality, and safety.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand, but they're just as safe and effective.

Generics typically cost much less than brand-name medications – in some cases, up to 85% less.³ Just because generics cost less, it doesn't mean they're a lower-quality.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. Your plan doesn't offer out-of-network coverage. For your medication to be covered, you should use an in-network pharmacy.

Frequently Asked Questions (FAQs) (cont.)

Q. Can I fill my prescriptions by mail?

A. Yes.⁴

Express Scripts® Pharmacy for maintenance medications

Express Scripts® Pharmacy is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy.

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost⁵
- Refill reminders⁶
- Fill up to a 90-day supply at one time⁷
- Helpful pharmacists available 24/7

Here are three easy ways to get started.

- 1. Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills)⁷ electronically to Express Scripts Home Delivery. Or,
- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

Accredo® for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of

specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁸ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost⁵
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. To learn more about Accredo, go to **Cigna.com/specialty**.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna App** or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details and more. You can also manage your home delivery prescription orders.

Exclusions and Limitations: What is Not Covered by This Policy

Excluded Services

In addition to any other exclusions and limitations described in this Policy, there are no benefits provided for the following:

1. **Services obtained from a Non-Participating/Out-of-Network Provider**, except for treatment of an Emergency Medical Condition.
2. Any **amounts in excess of maximum benefit limitations of Covered Expenses** stated in this Policy.
3. Services **not specifically listed as Covered Services** in this Policy.
4. Services or supplies that are **not Medically Necessary**.
5. Services or supplies that are considered to be for **Experimental Procedures or Investigational Procedures or Unproven Procedures**.
6. Services **received before the Effective Date of coverage**.
7. Services **received after coverage under this Policy ends**.
8. Services **for which you have no legal obligation to pay** or for which no charge would be made if you did not have a health plan or insurance coverage.
9. Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, **under any workers' compensation, employer's liability law or occupational disease law**, even if the Insured Person does not claim those benefits.
10. Conditions caused by: (a) an **act of war (declared or undeclared)**; (b) the **inadvertent release of nuclear energy** when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person **participating in the military service of any country**; (d) an Insured Person **participating in an insurrection, rebellion, or riot**; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Insured Person being engaged in an illegal occupation**; (f) an Insured Person being intoxicated, as defined by applicable state law in the state where the Illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician.
11. Any **services provided by a local, state or federal government agency**, except when payment under this Policy is expressly required by federal or state law.
12. Any services required by state or federal law to be supplied by a public school system or school district.
13. Any **services for which payment may be obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
14. **If the Insured Person is enrolled in Medicare** Part A, B, C or D, Cigna Healthcare will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna Healthcare would have paid if it were the sole insurance carrier.
15. **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this Policy.
16. Professional **services or supplies received or purchased directly or on your behalf by anyone, including a Physician**, from any of the following:
 - o Yourself or your employer;
 - o A person who lives in the Insured Person's home, or that person's employer;
 - o A person who is related to the Insured Person by blood, marriage or adoption, or that person's employer; or
 - o A facility or health care professional that provides remuneration to you, directly or indirectly, or to an organization from which you receive, directly or indirectly, remuneration.
17. Services of a Hospital emergency room **for any condition that is not an Emergency Medical Condition** as defined in this Policy.
18. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care**.
19. **Private duty nursing** except when provided as part of the home health care services or Hospice Care Services benefit in this Policy.
20. Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or Physical Therapy**.
21. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.

Exclusions and Limitations: What is Not Covered by This Policy (cont.)

22. **Complementary and alternative medicine services, including but not limited to:** massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; Acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example—meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
 - Has not been actively involved in your medical care prior to ordering the service, or
 - Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants:** dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. Any services covered under **both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Hearing aids** including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this Policy, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. **Routine hearing tests** except as provided under Preventive Care.
35. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
36. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
37. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision Care.
38. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
39. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one’s appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
40. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this Policy.

Exclusions and Limitations: What is Not Covered by This Policy (cont.)

41. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, except as otherwise stated in this Policy.
42. **Services and procedures for** redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty; blepharoplasty and; orthognathic surgeries.
43. Procedures, surgery or treatments to **change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
44. Any treatment, Prescription Drug, service or supply to **treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
45. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
46. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
47. Blood administration **for the purpose of general improvement in physical condition**.
48. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
49. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
50. **Myoelectric Prostheses** peripheral nerve stimulators.
51. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
52. **Prefabricated foot Orthoses**.
53. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
54. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
55. Orthoses primarily used for cosmetic rather than functional reasons.
56. **Non-foot Orthoses**, except **only** the following non-foot Orthoses are covered when Medically Necessary:
 - Rigid and semi-rigid custom fabricated Orthoses;
 - Semi-rigid pre-fabricated and flexible Orthoses; and
 - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
57. Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
58. **Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this Policy.
59. Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
60. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
61. **Nutritional counseling or food supplements**, except as stated in this Policy.

Exclusions and Limitations: What is Not Covered by This Policy (cont.)

62. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the “Comprehensive Benefits: What the Policy Pays For” section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
63. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under “Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)” in the section of this Policy titled “Comprehensive Benefits: What the Policy Pays For.”
64. **Foreign Country Provider** charges except as specifically stated under “Foreign Country Providers” in the section of this Policy titled “Comprehensive Benefits: What the Policy Pays For.”
65. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet except as otherwise stated in this Policy.
66. **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
67. Charges for the **services of a standby Physician**.
68. Charges for **animal to human organ transplants**.
69. **Claims received by Cigna Healthcare after 90 days** from the date service was rendered, except (a) in the event of a legal incapacity this time frame is extended to 15 months or (b) if the claim is received by Cigna Healthcare later than 90 days but as soon as reasonably possible.
70. Charges for services for **Temporomandibular Joint Dysfunction (TMJ)**.
71. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Please reference [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://www.cigna.com).
2. Prices shown on [myCigna](https://www.cigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://www.cigna.com) for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
4. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
5. Standard shipping costs are included as part of your prescription plan.
6. You can sign up to get emails and/or texts from Express Scripts® Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
7. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription. **Tier 5 medications are limited to a 30-day supply.**
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna Healthcare of North Carolina, Inc., Cigna HealthCare of South Carolina, Inc., or Cigna HealthCare of Texas, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).