



# 2024 Cigna Plus Texas 4-Tier Prescription Drug List

This drug list is applicable for plans sold in 2023 in Texas effective 1/1/2024

## What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Frequently Asked Questions (FAQs)	67
Exclusions and Limitations: What's not covered by this policy	71

## View the drug list online



**myCigna® App<sup>1</sup> 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 **Texas** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.

### Questions?

Call **866.494.2111** or the toll-free number on your Cigna Healthcare<sup>SM</sup> ID card. We're here 24/7/365.

If you need language assistance, or have a disability, please call us at **800.244.6224 (For TTY services, dial 711)**. Accommodations are available and provided at no cost to you.

This is a list of the prescription medications covered on the Cigna Plus Texas 4-Tier Prescription Drug List as of January 1, 2024.<sup>2,3</sup> 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 Texas 4-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 Texas 4-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.

<b>Tier 1 – Generic Medications.</b> 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.	Lowest-cost medication \$
<b>Tier 2 – Preferred Brand Medications.</b> This tier typically includes preferred brand-name medications and some high-cost generic medications.	Lower-cost medication \$\$
<b>Tier 3 – Non-Preferred Medications.</b> This tier typically includes non-preferred brand-name medications and some high-cost generic medications.	Higher-cost medication \$\$\$
<b>Tier 4 – Specialty and Other High-Cost Medications.</b> 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.

<b>PA</b>	<b>Prior Authorization</b> – Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have <b>PA</b> next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
<b>QL</b>	<b>Quantity Limits</b> – 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 <b>QL</b> next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
<b>ST</b>	<b>Step Therapy</b> – 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 <b>ST</b> next to them. You have many covered options to choose from, and they're used to treat the same condition.
<b>AGE</b>	<b>Age Requirements</b> – Certain medications will only be covered if you're within a specific age range. These medications have <b>AGE</b> 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.

\* 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.

## Abbreviations next to medications (cont.)

**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.

### Plan exclusions

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 **myCigna App** or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

### How to find your medication

Use the table below to find the page your medication is listed on.

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

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AEROCHAMBER PLUS FLOW-VU	2	QL	ALENDRONATE SODIUM 5 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU LARGE	2	QL	ALENDRONATE SODIUM 70 MG TAB	1	
AEROCHAMBER PLUS FLOW-VU MED	2	QL	ALFUZOSIN HCL ER 10 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU SMALL	2	QL	ALINIA 100 MG/5 ML SUSPENSION	3	
AEROCHAMBER WITH FLOWSIGNAL	2	QL	ALISKIREN 150 MG TABLET	3	QL
AEROCHAMBER Z-STAT PLUS LARGE	2	QL	ALISKIREN 300 MG TABLET	3	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	2	QL	ALKALINE BATTERIES	2	
AEROCHAMBER Z-STAT PLUS-MED	2	QL	ALLOPURINOL 100 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-SMALL	2	QL	ALLOPURINOL 300 MG TABLET	1	
AEROGEAR ASTHMA ACTION KIT	2		ALMOTRIPTAN MALATE 12.5 MG TAB	1	QL
AEROTRACH HOLDING CHAMBER	2	QL	ALMOTRIPTAN MALATE 6.25 MG TAB	1	QL
AEROVENT PLUS	2	QL	ALOCRIAL	3	
AFIRMELLE-28 TABLET	1		ALOMIDE 0.1% EYE DROP	3	
AFLURIA QUAD	2		ALOSETRON HCL 0.5 MG TABLET	4	SRX
AFTER PILL	1		ALOSETRON HCL 1 MG TABLET	4	SRX
AFTERA 1.5 MG TABLET	1		ALPRAZOLAM 0.25 MG TABLET	1	
AGAMATRIX HIGH CONTROL SOLN	2		ALPRAZOLAM 0.5 MG TABLET	1	
AGAMATRIX NORM-HI CONTROL SOLN	2		ALPRAZOLAM 1 MG TABLET	1	
AIRZONE PEAK FLOW METER	2		ALPRAZOLAM 2 MG TABLET	1	
AK-POLY-BAC	1		ALPRAZOLAM ER 0.5 MG TABLET	1	
AKYNZEO 300-0.5 MG CAPSULE	4	PA, QL, SRX	ALPRAZOLAM ER 1 MG TABLET	1	
ALBENDAZOLE 200 MG TABLET	3	PA	ALPRAZOLAM ER 2 MG TABLET	1	
ALBUSTIX REAGENT	2		ALPRAZOLAM ER 3 MG TABLET	1	
ALBUTEROL 100 MG/20 ML SOLN	1		ALPRAZOLAM INTENSOL	1	
ALBUTEROL 2.5 MG/0.5 ML SOL	1		ALPRAZOLAM ODT 0.25 MG TAB	1	
ALBUTEROL 25 MG/5 ML SOLUTION	1		ALPRAZOLAM ODT 0.5 MG TAB	1	
ALBUTEROL 5 MG/ML SOLUTION	1		ALPRAZOLAM ODT 1 MG TAB	1	
ALBUTEROL HFA 90 MCG INHALER	1	QL	ALPRAZOLAM ODT 2 MG TAB	1	
ALBUTEROL SUL 0.63 MG/3 ML SOL	1		ALPRAZOLAM XR 0.5 MG TABLET	1	
ALBUTEROL SUL 1.25 MG/3 ML SOL	1		ALPRAZOLAM XR 1 MG TABLET	1	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	1		ALPRAZOLAM XR 2 MG TABLET	1	
ALBUTEROL SULF 2 MG/5 ML SYRUP	1		ALPRAZOLAM XR 3 MG TABLET	1	
ALBUTEROL SULFATE 2 MG TAB	1		ALTABAX 1% OINTMENT	3	
ALBUTEROL SULFATE 4 MG TAB	1		ALTACAINA	1	
ALBUTEROL SULFATE ER 4 MG TAB	1		ALTAVERA-28 TABLET	1	
ALBUTEROL SULFATE ER 8 MG TAB	1		ALYACEN 1-35 28 TABLET	1	
ALCAINE	1		ALYACEN 7-7-7-28 TABLET	1	
ALCLOMETASONE DIPR 0.05% OINT	1		ALYQ	4	PA, SRX
ALCLOMETASONE DIPRO 0.05% CRM	1		AMABELZ 0.5 MG-0.1 MG TABLET	1	
ALCOHOL 70% PADS	2		AMABELZ 1 MG-0.5 MG TABLET	1	
ALCOHOL 70% SWABS	2		AMANTADINE 100 MG CAPSULE	1	
ALCOHOL PREP PAD	2		AMANTADINE 100 MG TABLET	1	
ALECENSA	4	PA, QL, LDD, SRX	AMANTADINE 100 MG/10 ML SOLN	1	
ALENDRONATE SOD 70 MG/75 ML	1		AMANTADINE 50 MG/5 ML SOLUTION	1	
ALENDRONATE SODIUM 10 MG TAB	1		AMBRISANTAN 10 MG TABLET	4	PA, LDD, SRX
ALENDRONATE SODIUM 35 MG TAB	1				

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AMBRISENTAN 5 MG TABLET	4	PA, LDD, SRX	AMLODIPINE-VALSARTAN 5-160 MG	1	
AMCINONIDE 0.1% CREAM	1		AMLODIPINE-VALSARTAN 5-320 MG	1	
AMCINONIDE 0.1% LOTION	1		AMLOD-VALSA-HCTZ 10-160-12.5MG	1	
AMETHIA 0.15-0.03-0.01 MG TAB	1		AMLOD-VALSA-HCTZ 10-160-25 MG	1	
AMETHIA LO TABLET	1		AMLOD-VALSA-HCTZ 10-320-25 MG	1	
AMETHYST 90-20 MCG TABLET	1		AMLOD-VALSA-HCTZ 5-160-12.5 MG	1	
AMILORIDE HCL 5 MG TABLET	1		AMLOD-VALSA-HCTZ 5-160-25 MG	1	
AMILORIDE HCL-HCTZ 5-50 MG TAB	1		AMMONIUM LACTATE 12% CREAM	1	
AMINOCAPROIC ACID 0.25 GRAM/ML	4	PA, SRX	AMMONIUM LACTATE 12% LOTION	1	
AMINOCAPROIC ACID 1,000 MG TAB	4	PA, SRX	AMNESTEEM 10 MG CAPSULE	3	
AMINOCAPROIC ACID 500 MG TAB	4	PA, SRX	AMNESTEEM 20 MG CAPSULE	3	
AMIODARONE HCL 100 MG TABLET	1		AMNESTEEM 40 MG CAPSULE	3	
AMIODARONE HCL 200 MG TABLET	1		AMOXAPINE 100 MG TABLET	1	
AMIODARONE HCL 400 MG TABLET	1		AMOXAPINE 150 MG TABLET	1	
AMITRIPTYLINE HCL 10 MG TAB	1		AMOXAPINE 25 MG TABLET	1	
AMITRIPTYLINE HCL 100 MG TAB	1		AMOXAPINE 50 MG TABLET	1	
AMITRIPTYLINE HCL 150 MG TAB	1		AMOX-CLAV 200-28.5 MG TAB CHEW	1	
AMITRIPTYLINE HCL 25 MG TAB	1		AMOX-CLAV 200-28.5 MG/5 ML SUS	1	
AMITRIPTYLINE HCL 50 MG TAB	1		AMOX-CLAV 250-125 MG TABLET	1	
AMITRIPTYLINE HCL 75 MG TAB	1		AMOX-CLAV 250-62.5 MG/5 ML SUS	1	
AMLODIPINE BESYLATE 10 MG TAB	1		AMOX-CLAV 400-57 MG TAB CHEW	1	
AMLODIPINE BESYLATE 2.5 MG TAB	1		AMOX-CLAV 400-57 MG/5 ML SUSP	1	
AMLODIPINE BESYLATE 5 MG TAB	1		AMOX-CLAV 500-125 MG TABLET	1	
AMLODIPINE-ATORVAST 10-10 MG	1		AMOX-CLAV 600-42.9 MG/5 ML SUS	1	
AMLODIPINE-ATORVAST 10-20 MG	1		AMOX-CLAV 875-125 MG TABLET	1	
AMLODIPINE-ATORVAST 10-40 MG	1		AMOX-CLAV ER 1,000-62.5 MG TAB	1	
AMLODIPINE-ATORVAST 10-80 MG	1		AMOXICILLIN 125 MG TAB CHEW	1	
AMLODIPINE-ATORVAST 2.5-10 MG	1		AMOXICILLIN 125 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 2.5-20 MG	1		AMOXICILLIN 200 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 2.5-40 MG	1		AMOXICILLIN 250 MG CAPSULE	1	
AMLODIPINE-ATORVAST 5-10 MG	1		AMOXICILLIN 250 MG TAB CHEW	1	
AMLODIPINE-ATORVAST 5-20 MG	1		AMOXICILLIN 250 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-40 MG	1		AMOXICILLIN 400 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-80 MG	1		AMOXICILLIN 500 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 10-20 MG	1		AMOXICILLIN 500 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 10-40 MG	1		AMOXICILLIN 875 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 2.5-10	1		AMPHETAMINE SULFATE 10 MG TAB	1	QL
AMLODIPINE-BENAZEPRIL 5-10 MG	1		AMPHETAMINE SULFATE 5 MG TAB	1	QL
AMLODIPINE-BENAZEPRIL 5-20 MG	1		AMPICILLIN 500 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 5-40 MG	1		ANAGRELIDE HCL 0.5 MG CAPSULE	3	
AMLODIPINE-OLMESARTAN 10-20 MG	1		ANAGRELIDE HCL 1 MG CAPSULE	3	
AMLODIPINE-OLMESARTAN 10-40 MG	1		ANALPRAM HC 2.5%-1% LOTION	3	
AMLODIPINE-OLMESARTAN 5-20 MG	1		ANASTROZOLE 1 MG TABLET	1	
AMLODIPINE-OLMESARTAN 5-40 MG	1		ANORO ELLIPTA 62.5-25 MCG INH	2	QL
AMLODIPINE-VALSARTAN 10-160 MG	1		ANUCORT-HC 25 MG SUPPOSITORY	1	
AMLODIPINE-VALSARTAN 10-320 MG	1		ANZEMET	4	PA, QL, SRX



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
APEXICON E 0.05% CREAM	3	
APIDRA	3	QL, ST
APIDRA SOLOSTAR	3	QL, ST
APRACLONIDINE HCL 0.5% DROPS	1	
APREPITANT 125 MG CAPSULE	1	QL
APREPITANT 125-80-80 MG PACK	1	QL
APREPITANT 40 MG CAPSULE	1	QL
APREPITANT 80 MG CAPSULE	1	QL
APRI 28 DAY TABLET	1	
APTIOM 200 MG TABLET	3	PA, QL
APTIOM 400 MG TABLET	3	PA, QL
APTIOM 600 MG TABLET	3	PA, QL
APTIOM 800 MG TABLET	3	PA, QL
APTIVUS	2	
AQ INSULIN SYR 0.5 ML 30G 8MM	2	
AQ INSULIN SYR 1 ML 31G 8MM	2	
AQ INSULIN SYRIN 1 ML 29G 12MM	2	
AQUA CARE 0.9% NACL IRRIGATION	1	
AQUA CARE STERILE WATER IRRIG	1	
ARANELLE 28 TABLET	1	
ARANESP 10 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 100 MCG/0.5 ML SYRINGE	4	PA, SRX
ARANESP 100 MCG/ML VIAL	4	PA, SRX
ARANESP 150 MCG/0.3 ML SYRINGE	4	PA, SRX
ARANESP 200 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 200 MCG/ML VIAL	4	PA, SRX
ARANESP 25 MCG/0.42 ML SYRING	4	PA, SRX
ARANESP 25 MCG/ML VIAL	4	PA, SRX
ARANESP 300 MCG/0.6 ML SYRINGE	4	PA, SRX
ARANESP 40 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 40 MCG/ML VIAL	4	PA, SRX
ARANESP 500 MCG/1 ML SYRINGE	4	PA, SRX
ARANESP 60 MCG/0.3 ML SYRINGE	4	PA, SRX
ARANESP 60 MCG/ML VIAL	4	PA, SRX
ARCALYST	4	PA, LDD, SRX
ARFORMOTEROL 15 MCG/2 ML SOLN	3	QL
ARIPIPIRAZOLE 1 MG/ML SOLUTION	2	
ARIPIPIRAZOLE 10 MG TABLET	1	
ARIPIPIRAZOLE 15 MG TABLET	1	
ARIPIPIRAZOLE 2 MG TABLET	1	
ARIPIPIRAZOLE 20 MG TABLET	1	
ARIPIPIRAZOLE 30 MG TABLET	1	
ARIPIPIRAZOLE 5 MG TABLET	1	
ARIPIPIRAZOLE ODT 10 MG TABLET	3	
ARIPIPIRAZOLE ODT 15 MG TABLET	3	
ARMODAFINIL 150 MG TABLET	1	PA
ARMODAFINIL 200 MG TABLET	1	PA

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ARMODAFINIL 250 MG TABLET	1	PA
ARMODAFINIL 50 MG TABLET	1	PA
ARMOUR THYROID 120 MG TABLET	2	
ARMOUR THYROID 15 MG TABLET	2	
ARMOUR THYROID 180 MG TABLET	2	
ARMOUR THYROID 240 MG TABLET	2	
ARMOUR THYROID 30 MG TABLET	2	
ARMOUR THYROID 300 MG TABLET	2	
ARMOUR THYROID 60 MG TABLET	2	
ARMOUR THYROID 90 MG TABLET	2	
ARNUITY ELLIPTA 100 MCG INH	2	
ARNUITY ELLIPTA 200 MCG INH	2	
ARNUITY ELLIPTA 50 MCG INH	2	
ASA-BUTALB-CAFF-COD #3 CAPSULE	1	PA
ASCOMP WITH CODEINE CAPSULE	1	PA
ASENAPINE 10 MG TABLET SL	3	QL
ASENAPINE 2.5 MG TABLET SL	3	QL
ASENAPINE 5 MG TABLET SL	3	QL
ASHLYNA 0.15-0.03-0.01 MG TAB	1	
ASMANEX HFA 100 MCG INHALER	3	QL, ST
ASMANEX HFA 200 MCG INHALER	3	QL, ST
ASMANEX HFA 50 MCG INHALER	3	QL, ST
ASMANEX TWISTHALER 110 MCG #30	3	QL, ST
ASMANEX TWISTHALER 220 MCG #14	3	ST
ASMANEX TWISTHALER 220 MCG #30	3	QL, ST
ASMANEX TWISTHALER 220 MCG #60	3	QL, ST
ASMANEX TWISTHALR 220 MCG #120	3	QL, ST
ASPIRIN-DIPYRIDAM ER 25-200 MG	1	
ASSURE 4 CONTROL SOLUTION	2	
ASSURE DOSE CONTROL SOLUTION	2	
ASSURE ID PEN NEEDLE 30GX3/16"	2	
ASSURE ID PEN NEEDLE 30GX5/16"	2	
ASSURE ID PEN NEEDLE 31GX3/16"	2	
ASSURE ID SYR 0.5 ML 29GX1/2"	2	
ASSURE ID SYR 0.5ML 31GX15/64"	2	
ASSURE ID SYR 1 ML 29GX1/2"	2	
ASSURE ID SYR 1 ML 31GX15/64"	2	
ASSURE PRISM CONTROL SOLUTION	2	
ASTAGRAF XL 0.5 MG CAPSULE	4	SRX
ASTAGRAF XL 1 MG CAPSULE	4	SRX
ASTAGRAF XL 5 MG CAPSULE	4	SRX
ASTHMA CHECK	2	
ASTHMAPACK CHILDREN'S	2	
ATAZANAVIR SULFATE 150 MG CAP	1	
ATAZANAVIR SULFATE 200 MG CAP	1	
ATAZANAVIR SULFATE 300 MG CAP	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ATENOLOL 100 MG TABLET	1		AVONEX PEN	4	PA, SRX
ATENOLOL 25 MG TABLET	1		AYUNA-28 TABLET	1	
ATENOLOL 50 MG TABLET	1		AZASITE 1% EYE DROPS	3	
ATENOLOL-CHLOROTHALIDONE 100-25	1		AZATHIOPRINE 50 MG TABLET	1	
ATENOLOL-CHLOROTHALIDONE 50-25	1		AZELAIC ACID 15% GEL	1	
ATOMOXETINE HCL 10 MG CAPSULE	1	QL	AZELASTINE 0.1% (137 MCG) SPRY	1	
ATOMOXETINE HCL 100 MG CAPSULE	1	QL	AZELASTINE 0.15% NASAL SPRAY	1	
ATOMOXETINE HCL 18 MG CAPSULE	1	QL	AZELASTINE HCL 0.05% DROPS	1	
ATOMOXETINE HCL 25 MG CAPSULE	1	QL	AZELASTIN-FLUTIC 137-50MCG SPR	2	
ATOMOXETINE HCL 40 MG CAPSULE	1	QL	AZITHROMYCIN 1 GM PWD PACKET	1	
ATOMOXETINE HCL 60 MG CAPSULE	1	QL	AZITHROMYCIN 100 MG/5 ML SUSP	1	
ATOMOXETINE HCL 80 MG CAPSULE	1	QL	AZITHROMYCIN 200 MG/5 ML SUSP	1	
ATORVASTATIN 10 MG TABLET	1		AZITHROMYCIN 250 MG TABLET	1	
ATORVASTATIN 20 MG TABLET	1		AZITHROMYCIN 500 MG TABLET	1	
ATORVASTATIN 40 MG TABLET	1		AZITHROMYCIN 600 MG TABLET	1	
ATORVASTATIN 80 MG TABLET	1		AZO TEST STRIP	2	
ATOVAQUONE 1,500 MG/10 ML SUSP	3		AZURETTE 28 DAY TABLET	1	
ATOVAQUONE 750 MG/5 ML SUSP	3		BACITRACIN 500 UNIT/GM OPHTH	1	
ATOVAQUONE-PROGUANIL 250-100	1		BACITRACIN-POLYMYXIN	1	
ATOVAQUONE-PROGUANIL 62.5-25	1		BACLOFEN 10 MG TABLET	1	
ATROPINE 1% EYE DROPS	1		BACLOFEN 20 MG TABLET	1	
ATROPINE 1% EYE OINTMENT	1		BACLOFEN 5 MG TABLET	1	
AUBRA EQ-28 TABLET	1		BAL-CARE DHA COMBO PACK	1	
AUBRA-28 TABLET	1		BALCOLTRA TABLET	3	
AUROVELA 1 MG-20 MCG TABLET	1		BALSALAZIDE DISODIUM 750 MG CP	1	
AUROVELA 21 1.5-30 TABLET	1		BALZIVA 28 TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BAQSIMI 3 MG SPRAY ONE PACK	2	QL
AUROVELA FE 1.5 MG-30 MCG TAB	1		BAQSIMI 3 MG SPRAY TWO PACK	2	QL
AUROVELA FE 1-20 TABLET	1		BARACLUDE 0.05 MG/ML SOLUTION	4	SRX
AUTOJECT 2 INJECTION DEVICE	2		BASAGLAR 100 UNIT/ML KWIKPEN	2	QL
AUTOPEN 1 TO 21 UNITS	2		BASAGLAR TEMPO PEN 100 UNIT/ML	2	QL
AUTOPEN 2 TO 42 UNITS	2		BD 3 ML SYRINGE 18GX1-1/2"	2	
AUTOSOFT 30 INFUS SET 23" 13MM	2		BD 3 ML SYRINGE 20GX1-1/2"	2	
AUTOSOFT 30 INFUS SET 43" 13MM	2		BD 3 ML SYRINGE 25GX1"	2	
AUTOSOFT 90 INFUSN SET 23" 6MM	2		BD 3 ML SYRINGE 25GX1-1/2"	2	
AUTOSOFT 90 INFUSN SET 23" 9MM	2		BD 3 ML SYRINGE WITH NEEDLE	2	
AUTOSOFT 90 INFUSN SET 43" 6MM	2		BD AUTOSHIELD DUO ND 5MMX30G	2	
AUTOSOFT 90 INFUSN SET 43" 9MM	2		BD BLUNT NEEDLE 18GX1-1/2"	2	
AUTOSOFT XC INFUSN SET 23" 6MM	2		BD ECLIPSE LUER-LOK SYR 3 ML	2	
AUTOSOFT XC INFUSN SET 23" 9MM	2		BD ECLIPSE 30GX1/2" SYRINGE	2	
AUTOSOFT XC INFUSN SET 32" 6MM	2		BD ECLIPSE NEEDLE 18GX1 1/2"	2	
AUTOSOFT XC INFUSN SET 43" 6MM	2		BD ECLIPSE NEEDLE 21GX1"	2	
AUTOSOFT XC INFUSN SET 43" 9MM	2		BD ECLIPSE NEEDLE 22GX1"	2	
AVIANE-28 TABLET	1		BD ECLIPSE NEEDLE 23GX1"	2	
AVONEX	4	PA, SRX	BD ECLIPSE NEEDLE 25G 16MM	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD ECLIPSE NEEDLE 25G 25MM	2		BD NEEDLE 23GX1"	2	
BD ECLIPSE NEEDLE 25G 40MM	2		BD NEEDLE 25GX1"	2	
BD ECLIPSE NEEDLE 25GX1"	2		BD NEEDLE 25GX5/8"	2	
BD ECLIPSE NEEDLE 25GX1.5"	2		BD NEEDLE 26GX0.625"	2	
BD ECLIPSE NEEDLE 25GX5/8"	2		BD NEEDLES 16GX1"	2	
BD ECLIPSE NEEDLE 27GX1/2"	2		BD NEEDLES 16GX1.5"	2	
BD ECLIPSE NEEDLE 30G 13MM	2		BD NEEDLES 18GX1"	2	
BD ECLIPSE NEEDLE 30GX1/2"	2		BD NEEDLES 18GX1.5"	2	
BD ECLIPSE NEEDLES 21GX1.5"	2		BD NEEDLES 19GX1"	2	
BD FILTER NEEDLE	2		BD NEEDLES 19GX1.5"	2	
BD INS SYR 0.3 ML 8MMX31G(1/2)	2		BD NEEDLES 20GX1"	2	
BD INS SYR U-500 1/2ML 6MMX31G	2		BD NEEDLES 20GX1.5"	2	
BD INS SYR UF 0.3ML 12.7MMX30G	2		BD NEEDLES 21GX1"	2	
BD INS SYR UF 0.5ML 12.7MMX30G	2		BD NEEDLES 21GX1.5"	2	
BD INS SYRN UF 1 ML 12.7MMX30G	2		BD NEEDLES 21GX2"	2	
BD INS SYRNG 0.3 ML 29GX12.7MM	2		BD NEEDLES 22GX1"	2	
BD INS SYRNG 0.5 ML 29GX12.7MM	2		BD NEEDLES 22GX1.5"	2	
BD INS SYRNG UF 0.3 ML 8MMX31G	2		BD NEEDLES 23GX0.75"	2	
BD INS SYRNG UF 0.5 ML 8MMX31G	2		BD NEEDLES 23GX1.25"	2	
BD INSULIN SYR 0.5 ML 28GX1/2"	2		BD NEEDLES 25GX0.625"	2	
BD INSULIN SYR 0.5 ML 29GX1/2"	2		BD NEEDLES 25GX0.875"	2	
BD INSULIN SYR 1 ML 25GX1"	2		BD NEEDLES 25GX1.5"	2	
BD INSULIN SYR 1 ML 25GX5/8"	2		BD NEEDLES 26GX0.375"	2	
BD INSULIN SYR 1 ML 26GX1/2"	2		BD NEEDLES 26GX0.5"	2	
BD INSULIN SYR 1 ML 27GX12.7MM	2		BD NEEDLES 27GX0.5"	2	
BD INSULIN SYR 1 ML 27GX5/8"	2		BD NEEDLES 27GX1X1.25"	2	
BD INSULIN SYR 1 ML 28GX1/2"	2		BD NEEDLES 30GX0.5"	2	
BD INSULIN SYR 1 ML 29GX1/2"	2		BD NEEDLES 30GX1"	2	
BD INSULIN SYR 1 ML 29GX12.7MM	2		BD NOKOR ADMIX NEEDLE 18GX1.5"	2	
BD INSULIN SYR UF 1 ML 8MMX31G	2		BD NOKOR NEEDLE 16GX1"	2	
BD INSULIN SYRINGE 1 ML	2		BD NOKOR NEEDLE 18GX1"	2	
BD INTEGRA RETRA NEEDLE 23G X1"	2		BD PRECISIONGLI 27GX1-1/2" NDL	2	
BD INTEGRA NEEDLE 25G X 5/8"	2		BD PRECISIONGLIDE 3 ML 22GX3/4	2	
BD INTEGRA SYR 3 ML 21GX1 1/2"	2		BD PRECISIONGLIDE NEEDLE 25G	2	
BD LUER-LOK SYR 3 ML 25GX5/8"	2		BD SAFETGLD INS 0.3ML 29G 13MM	2	
BD LUER-LOK SYRINGE 1 ML	2		BD SAFETGLD INS 0.5ML 13MMX29G	2	
BD MAGNI-GUIDE MAGNIFIER	2		BD SAFETYGLD INS 0.3ML 31G 8MM	2	
BD NANO 2 GEN PEN NDL 32G 4MM	2		BD SAFETYGLD INS 0.5ML 30G 8MM	2	
BD NEEDLE 18GX1 1/2"	2		BD SAFETYGLD INS 1 ML 29G 13MM	2	
BD NEEDLE 19GX1 1/2"	2		BD SAFETYGLID INS 1 ML 6MMX31G	2	
BD NEEDLE 20GX1 1/2"	2		BD SAFETYGLIDE 3 ML SYRINGE	2	
BD NEEDLE 21GX1 1/2"	2		BD SAFETYGLIDE NEEDLE	2	
BD NEEDLE 21GX1"	2		BD SAFETYGLIDE NEEDLE 18GX1.5"	2	
BD NEEDLE 22GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 21GX1"	2	
BD NEEDLE 22GX3/4"	2		BD SAFETYGLIDE NEEDLE 21GX1.5"	2	
BD NEEDLE 23GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 22GX1.5"	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD SAFETYGLIDE NEEDLE 25GX1"	2		BETAMETHASONE VALER 0.12% FOAM	1	
BD SAFETYGLIDE NEEDLE 27GX5/8"	2		BETAXOLOL 10 MG TABLET	1	
BD SAFETYGLIDE SYRINGE 27GX5/8	2		BETAXOLOL 20 MG TABLET	1	
BD SAFTYGLD INS 0.3 ML 6MMX31G	2		BETAXOLOL HCL 0.5% EYE DROP	1	
BD SAFTYGLD INS 0.5 ML 6MMX31G	2		BETHANECHOL 10 MG TABLET	1	
BD SAFTYGLD INS 0.5ML 29G 13MM	2		BETHANECHOL 25 MG TABLET	1	
BD SYRINGE-SAFETY GLIDE	2		BETHANECHOL 5 MG TABLET	1	
BD UF INS SYR 1 ML 30GX1/2"	2		BETHANECHOL 50 MG TABLET	1	
BD UF MINI PEN NEEDLE 5MMX31G	2		BEXAROTENE 1% GEL	4	PA, SRX
BD UF NANO PEN NEEDLE 4MMX32G	2		BEXAROTENE 75 MG CAPSULE	4	PA, SRX
BD UF ORIG PEN NDL 12.7MMX29G	2		BEXSERO PREFILLED SYRINGE	2	
BD UF SHORT PEN NEEDLE 8MMX31G	2		BICALUTAMIDE 50 MG TABLET	1	
BD VEO INS 0.3ML 6MMX31G (1/2)	2		BIKTARVY 30-120-15 MG TABLET	2	QL
BD VEO INS SYRING 1 ML 6MMX31G	2		BIKTARVY 50-200-25 MG TABLET	2	QL
BD VEO INS SYRN 0.3 ML 6MMX31G	2		BIMATOPROST 0.03% EYE DROPS	1	QL
BD VEO INS SYRN 0.5 ML 6MMX31G	2		BINOSTO 70 MG EFFERVESCENT TAB	3	
BECONASE AQ	3	ST	BISOPROLOL FUMARATE 10 MG TAB	1	
BEKYREE 28 DAY TABLET	1		BISOPROLOL FUMARATE 5 MG TAB	1	
BELLADONNA-OPIUM 16.2-30 SUPP	1	PA	BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BELLADONNA-OPIUM 16.2-60 SUPP	1	PA	BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BENAZEPRIL HCL 10 MG TABLET	1		BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BENAZEPRIL HCL 20 MG TABLET	1		BLISOVI 24 FE TABLET	1	
BENAZEPRIL HCL 40 MG TABLET	1		BLISOVI FE 1.5-30 TABLET	1	
BENAZEPRIL HCL 5 MG TABLET	1		BLISOVI FE 1-20 TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TAB	1		BLOOD GLUCOSE CONTROL	2	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	1		BLUNT NEEDLE	2	
BENAZEPRIL-HCTZ 20-25 MG TAB	1		BOOSTRIX TDAP VACCINE SYRINGE	2	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	1		BOOSTRIX TDAP VACCINE VIAL	2	
BENZONATATE 100 MG CAPSULE	1		BOSENTAN 125 MG TABLET	4	PA, LDD, SRX
BENZONATATE 200 MG CAPSULE	1		BOSENTAN 62.5 MG TABLET	4	PA, LDD, SRX
BENZTROPINE MES 0.5 MG TAB	1		BOSULIF 100 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 1 MG TABLET	1		BOSULIF 400 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 2 MG TABLET	1		BOSULIF 500 MG TABLET	4	PA, QL, LDD, SRX
BEPOTASTINE 1.5% EYE DROP	3		BREATHERITE MDI SPACER	2	QL
BESER 0.05% LOTION	1		BREATHERITE SPACER-ADULT MASK	2	QL
BETADINE 5% EYE SOLUTION	3		BREATHERITE SPACER-INFANT MASK	2	QL
BETAINE 1 GRAM/SCOOP POWDER	4	PA, LDD, SRX	BREATHERITE SPACER-LG CHLD MSK	2	QL
BETAMETHASONE DP 0.05% CRM	1		BREATHERITE SPACER-NEONATE MSK	2	QL
BETAMETHASONE DP 0.05% LOT	1		BREATHERITE SPACER-SM CHLD MSK	2	QL
BETAMETHASONE DP 0.05% OINT	1		BREATHRITE VALVED MDI CHAMBER	2	QL
BETAMETHASONE DP AUG 0.05% CRM	1		BREATHRITE VALVED MDI SPACER	2	QL
BETAMETHASONE DP AUG 0.05% GEL	1		BREEZE 2 SOLUTION	2	
BETAMETHASONE DP AUG 0.05% LOT	1		BREO ELLIPTA 100-25 MCG INH	2	QL
BETAMETHASONE DP AUG 0.05% OIN	1		BREO ELLIPTA 200-25 MCG INH	2	QL
BETAMETHASONE VA 0.1% CREAM	1		BRIELLYN	1	
BETAMETHASONE VA 0.1% LOTION	1		BRILINTA 60 MG TABLET	3	
BETAMETHASONE VALER 0.1% OINTM	1		BRILINTA 90 MG TABLET	3	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BRIMONIDINE 0.2% EYE DROP	1		BUSPIRONE HCL 15 MG TABLET	1	
BRIMONIDINE TARTRATE 0.15% DRP	1		BUSPIRONE HCL 30 MG TABLET	1	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	3		BUSPIRONE HCL 5 MG TABLET	1	
BRINZOLAMIDE 1% EYE DROPS	2		BUSPIRONE HCL 7.5 MG TABLET	1	
BRIVIACT 10 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-300	1	PA
BRIVIACT 10 MG/ML ORAL SOLN	3	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-325	1	PA
BRIVIACT 100 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAFF 50-300-40	1	QL
BRIVIACT 25 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAFF 50-325-40	1	QL
BRIVIACT 50 MG TABLET	3	PA, QL	BUTALBITAL COMP-CODEINE #3 CAP	1	PA
BRIVIACT 75 MG TABLET	3	PA, QL	BUTALBITAL-ACETAMINOPHN 50-325	1	
BROMFENAC SODIUM 0.09% EYE DRP	1		BUTALBITAL-ASPIRIN-CAFFEINE CP	1	QL
BROMOCRIPTINE 2.5 MG TABLET	1		BUTALBITAL-ASPIRIN-CAFFEINE TB	1	QL
BROMOCRIPTINE 5 MG CAPSULE	1		BUTORPHANOL 10 MG/ML SPRAY	1	PA, QL
BROMPHEN-PSE-DM 2-30-10 MG/5ML	1		BYDUREON BCISE 2 MG AUTOINJECT	2	PA, QL
BROOKS INSULIN 0.3ML SYRN	2		BYETTA 10 MCG DOSE PEN INJ	2	PA, QL
BUDESONIDE 0.25 MG/2 ML SUSP	3	QL	BYETTA 5 MCG DOSE PEN INJ	2	PA, QL
BUDESONIDE 0.5 MG/2 ML SUSP	3	QL	CA INS SYR 0.3 ML 30GX5/16"	2	
BUDESONIDE 1 MG/2 ML INH SUSP	3	QL	CA INS SYR 0.3 ML 31GX5/16"	2	
BUDESONIDE DR 3 MG CAPSULE	3		CA INS SYR 0.5 ML 30GX5/16"	2	
BUDESONIDE EC 3 MG CAPSULE	3		CA INS SYR 0.5 ML 31GX5/16"	2	
BUDESONIDE ER 9 MG TABLET	4	PA, QL, SRX	CA INSULIN SYR 0.3 ML 29GX1/2"	2	
BUMETANIDE 0.5 MG TABLET	1		CA INSULIN SYR 0.5 ML 29GX1/2"	2	
BUMETANIDE 1 MG TABLET	1		CA INSULIN SYR 1 ML 29GX1/2"	2	
BUMETANIDE 2 MG TABLET	1		CA INSULIN SYR 1 ML 30GX5/16"	2	
BUPRENORPHINE 10 MCG/HR PATCH	1	QL	CA INSULIN SYR 1 ML 31GX5/16"	2	
BUPRENORPHINE 15 MCG/HR PATCH	1	QL	CABERGOLINE 0.5 MG TABLET	1	QL
BUPRENORPHINE 2 MG TABLET SL	1		CABOMETYX 20 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 20 MCG/HR PATCH	1	QL	CABOMETYX 40 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 5 MCG/HR PATCH	1	QL	CABOMETYX 60 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 7.5 MCG/HR PATCH	1	QL	CAFFEINE CIT 60 MG/3 ML ORAL	1	
BUPRENORPHINE 8 MG TABLET SL	1		CALCIPOTRIENE 0.005% CREAM	1	
BUPRENORPHINE-NALOX 12-3MG FLM	1		CALCIPOTRIENE 0.005% OINTMENT	1	
BUPRENORPHINE-NALOX 2-0.5MG FM	1		CALCIPOTRIENE 0.005% SOLUTION	1	
BUPRENORPHINE-NALOX 2-0.5MG TB	1		CALCIPOTRIENE-BETAMETH DP OINT	3	
BUPRENORPHINE-NALOX 4-1MG FILM	1		CALCITONIN-SALMON 200 UNITS SP	1	
BUPRENORPHINE-NALOX 8-2 MG TAB	1		CALCITRIOL 0.25 MCG CAPSULE	1	
BUPRENORPHINE-NALOX 8-2MG FILM	1		CALCITRIOL 0.5 MCG CAPSULE	1	
BUPROPION HCL 100 MG TABLET	1	QL	CALCITRIOL 1 MCG/ML SOLUTION	1	
BUPROPION HCL 75 MG TABLET	1	QL	CALCITRIOL 3 MCG/G OINTMENT	1	QL
BUPROPION HCL SR 100 MG TABLET	1	QL	CALCIUM ACETATE 667 MG CAPSULE	1	
BUPROPION HCL SR 150 MG TABLET	1	QL	CALCIUM ACETATE 667 MG GELCAP	1	
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	1		CALCIUM ACETATE 667 MG TABLET	1	
BUPROPION HCL SR 200 MG TABLET	1	QL	CAMILA 0.35 MG TABLET	1	
BUPROPION HCL XL 150 MG TABLET	1	QL	CAMRESE 0.15-0.03-0.01 MG TAB	1	
BUPROPION HCL XL 300 MG TABLET	1	QL	CAMRESE LO TABLET	1	
BUSPIRONE HCL 10 MG TABLET	1		CANDESARTAN CILEXETIL 16 MG TB	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CANDESARTAN CILEXETIL 32 MG TB	1	
CANDESARTAN CILEXETIL 4 MG TAB	1	
CANDESARTAN CILEXETIL 8 MG TAB	1	
CANDESARTAN-HCTZ 16-12.5 MG TB	1	
CANDESARTAN-HCTZ 32-12.5 MG TB	1	
CANDESARTAN-HCTZ 32-25 MG TAB	1	
CAPECITABINE 150 MG TABLET	4	PA, SRX
CAPECITABINE 500 MG TABLET	4	PA, SRX
CAPRELSA 100 MG TABLET	4	PA, QL, LDD, SRX
CAPRELSA 300 MG TABLET	4	PA, QL, LDD, SRX
CAPTOPRIL 100 MG TABLET	1	
CAPTOPRIL 12.5 MG TABLET	1	
CAPTOPRIL 25 MG TABLET	1	
CAPTOPRIL 50 MG TABLET	1	
CAPTOPRIL-HCTZ 25-15 MG TABLET	1	QL
CAPTOPRIL-HCTZ 25-25 MG TABLET	1	QL
CAPTOPRIL-HCTZ 50-15 MG TABLET	1	QL
CAPTOPRIL-HCTZ 50-25 MG TABLET	1	QL
CARBAMAZEPINE 100 MG TAB CHEW	1	
CARBAMAZEPINE 100 MG/5 ML SYR	1	
CARBAMAZEPINE 200 MG TABLET	1	
CARBAMAZEPINE ER 100 MG CAP	1	
CARBAMAZEPINE ER 100 MG TABLET	1	
CARBAMAZEPINE ER 200 MG CAP	1	
CARBAMAZEPINE ER 200 MG TABLET	1	
CARBAMAZEPINE ER 300 MG CAP	1	
CARBAMAZEPINE ER 400 MG TABLET	1	
CARBIDOPA 25 MG TABLET	3	
CARBIDOPA-LEVO 10-100 MG ODT	1	
CARBIDOPA-LEVO 25-100 MG ODT	1	
CARBIDOPA-LEVO 25-250 MG ODT	1	
CARBIDOPA-LEVO ER 25-100 TAB	1	
CARBIDOPA-LEVO ER 50-200 TAB	1	
CARBIDOPA-LEVODOPA 100 MG-ENTA	1	
CARBIDOPA-LEVODOPA 10-100 TAB	1	
CARBIDOPA-LEVODOPA 125 MG-ENTA	1	
CARBIDOPA-LEVODOPA 150 MG-ENTA	1	
CARBIDOPA-LEVODOPA 200 MG-ENTA	1	
CARBIDOPA-LEVODOPA 25-100 TAB	1	
CARBIDOPA-LEVODOPA 25-250 TAB	1	
CARBIDOPA-LEVODOPA 50 MG-ENTA	1	
CARBIDOPA-LEVODOPA 75 MG-ENTA	1	
CARBINOXAMINE 4 MG/5 ML LIQUID	1	
CARBINOXAMINE MALEATE 4 MG TAB	1	
CAREFINE PEN NEEDLE 12.7MM 29G	2	
CAREFINE PEN NEEDLE 4MM 32G	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CAREFINE PEN NEEDLE 5MM 32G	2	
CAREFINE PEN NEEDLE 6MM 31G	2	
CAREFINE PEN NEEDLE 8MM 30G	2	
CAREFINE PEN NEEDLES 6MM 32G	2	
CAREFINE PEN NEEDLES 8MM 31G	2	
CAREONE SYR 0.3 ML 30GX1/2"	2	
CAREONE SYR 0.5 ML 30GX1/2"	2	
CAREONE SYR 1 ML 30GX1/2"	2	
CAREONE UNIFINE PENTIP 4MM 32G	2	
CAREONE UNIFINE PENTIP 5MM 31G	2	
CAREONE UNIFINE PENTIP 6MM 31G	2	
CAREONE UNIFINE PENTIP 8MM 31G	2	
CAREONE UNIFINE PENTP 29GX1/2"	2	
CAREONE UNIFINE PENTP 31GX1/4"	2	
CAREONE UNIFINE PNTIP 12MM 29G	2	
CAREONE UNIFINE PNTIP 31GX3/16"	2	
CAREONE UNIFINE PNTIP 31GX5/16"	2	
CAREONE UNIFINE PNTIP 32GX5/32"	2	
CAREPOINT LL SYR 3 ML 20GX1.5"	2	
CAREPOINT LL SYR 3 ML 21GX1"	2	
CAREPOINT LL SYR 3 ML 21GX1.5"	2	
CAREPOINT LL SYR 3 ML 22G 1"	2	
CAREPOINT LL SYR 3 ML 22G 38MM	2	
CAREPOINT LL SYR 3 ML 23GX1"	2	
CAREPOINT LL SYR 3 ML 23GX1.5"	2	
CAREPOINT LL SYR 3 ML 25G X 1"	2	
CAREPOINT LL SYR 3 ML 25GX5/8"	2	
CARESENS CONTROL SOLUTION	2	
CARETOUCH CONTROL SOLN L2-L3	2	
CARETOUCH HYPO NEEDLE 26G 1"	2	
CARETOUCH HYPODERMIC 18G 1.5"	2	
CARETOUCH HYPODERMIC 20G 1"	2	
CARETOUCH HYPODERMIC 22G 1"	2	
CARETOUCH HYPODERMIC 23G 1"	2	
CARETOUCH HYPODERMIC 23G 1.5"	2	
CARETOUCH HYPODERMIC 25G 1"	2	
CARETOUCH HYPODERMIC 25G 1.5"	2	
CARETOUCH HYPODERMIC 25G 5/8"	2	
CARETOUCH LL SYR 3 ML 22G 1"	2	
CARETOUCH LL SYR 3 ML 22G 1.5"	2	
CARETOUCH LL SYR 3 ML 23G 1"	2	
CARETOUCH LL SYR 3 ML 23G 1.5"	2	
CARETOUCH LL SYR 3 ML 25G 1"	2	
CARETOUCH LL SYR 3 ML 25G 1.5"	2	
CARETOUCH LL SYR 3 ML 25G 5/8"	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARETOUCH PEN NEEDLE 29G 12MM	2		CEFPODOXIME 100 MG TABLET	1	
CARETOUCH PEN NEEDLE 31GX1/4"	2		CEFPODOXIME 100 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 31GX3/16"	2		CEFPODOXIME 200 MG TABLET	1	
CARETOUCH PEN NEEDLE 31GX5/16"	2		CEFPODOXIME 50 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 32GX3/16"	2		CEFPROZIL 125 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 32GX5/32"	2		CEFPROZIL 250 MG TABLET	1	
CARETOUCH SYR 0.3 ML 31GX5/16"	2		CEFPROZIL 250 MG/5 ML SUSP	1	
CARETOUCH SYR 0.5 ML 30GX5/16"	2		CEFPROZIL 500 MG TABLET	1	
CARETOUCH SYR 0.5 ML 31GX5/16"	2		CEFUOXIME AXETIL 250 MG TAB	1	
CARETOUCH SYR 1 ML 28GX5/16"	2		CEFUOXIME AXETIL 500 MG TAB	1	
CARETOUCH SYR 1 ML 29GX5/16"	2		CELECOXIB 100 MG CAPSULE	1	QL
CARETOUCH SYR 1 ML 30GX5/16"	2		CELECOXIB 200 MG CAPSULE	1	QL
CARETOUCH SYR 1 ML 31GX5/16"	2		CELECOXIB 400 MG CAPSULE	1	QL
CARGLUMIC ACID 200 MG TAB SUSP	4	PA, SRX	CELECOXIB 50 MG CAPSULE	1	QL
CARISOPRODOL 250 MG TABLET	1		CELONTIN	3	
CARISOPRODOL 350 MG TABLET	1		CEPHALEXIN 125 MG/5 ML SUSP	1	
CARISOPRODOL-ASPIRIN-CODEINE	1	PA	CEPHALEXIN 250 MG CAPSULE	1	
CARTEOLOL HCL 1% EYE DROPS	1		CEPHALEXIN 250 MG/5 ML SUSP	1	
CARTIA XT 120 MG CAPSULE	1		CEPHALEXIN 500 MG CAPSULE	1	
CARTIA XT 180 MG CAPSULE	1		CEPHALEXIN 750 MG CAPSULE	1	
CARTIA XT 240 MG CAPSULE	1		CEQR SIMPLICITY INSERTER	2	
CARTIA XT 300 MG CAPSULE	1		CETIRIZINE HCL 1 MG/ML SOLN	1	
CARTRIDGE STAMPED	2		CETIRIZINE HCL 1 MG/ML SYRUP	1	
CARVEDILOL 12.5 MG TABLET	1		CEVIMELINE HCL 30 MG CAPSULE	1	
CARVEDILOL 25 MG TABLET	1		CHARLOTTE 24 FE CHEWABLE TAB	1	
CARVEDILOL 3.125 MG TABLET	1		CHATEAL EQ-28 TABLET	1	
CARVEDILOL 6.25 MG TABLET	1		CHATEAL-28 TABLET	1	
CAYSTON	4	PA, QL, LDD, SRX	CHEK-STIX	2	
CAZIAN 28 DAY TABLET	1		CHEMET	3	
CEFACTOR 125 MG/5 ML SUSP	1		CHEMSTRIP	2	
CEFACTOR 250 MG CAPSULE	1		CHEMSTRIP 10 WITH SG	2	
CEFACTOR 250 MG/5 ML SUSP	1		CHEMSTRIP 2 GP	2	
CEFACTOR 375 MG/5 ML SUSP	1		CHEMSTRIP 2 LN	2	
CEFACTOR 500 MG CAPSULE	1		CHEMSTRIP 50B	2	
CEFACTOR ER	1		CHEMSTRIP 7	2	
CEFADROXIL 1 GM TABLET	1		CHEMSTRIP 9	2	
CEFADROXIL 250 MG/5 ML SUSP	1		CHEMSTRIP BG DIARY	2	
CEFADROXIL 500 MG CAPSULE	1		CHEMSTRIP MICRAL	2	
CEFADROXIL 500 MG/5 ML SUSP	1		CHLORDIAZEPO-AMITRIPTYL 5-12.5	1	
CEFDINIR 125 MG/5 ML SUSP	1		CHLORDIAZEPOX-AMITRIPTYL 10-25	1	
CEFDINIR 250 MG/5 ML SUSP	1		CHLORDIAZEPOXIDE 10 MG CAPSULE	1	
CEFDINIR 300 MG CAPSULE	1		CHLORDIAZEPOXIDE 25 MG CAPSULE	1	
CEFDITOREN PIVOXIL	1		CHLORDIAZEPOXIDE 5 MG CAPSULE	1	
CEFIXIME 100 MG/5 ML SUSP	1		CHLORDIAZEPOXIDE-CLIDINIUM CAP	1	
CEFIXIME 200 MG/5 ML SUSP	1		CHLORHEXIDINE 0.12% RINSE	1	
CEFIXIME 400 MG CAPSULE	2		CHLOROQUINE PH 250 MG TABLET	1	
			CHLOROQUINE PH 500 MG TABLET	1	



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CHLORPROMAZINE 10 MG TABLET	1	
CHLORPROMAZINE 100 MG TABLET	1	
CHLORPROMAZINE 200 MG TABLET	1	
CHLORPROMAZINE 25 MG TABLET	1	
CHLORPROMAZINE 50 MG TABLET	1	
CHLORTHALIDONE 25 MG TABLET	1	
CHLORTHALIDONE 50 MG TABLET	1	
CHLORZOXAZONE 500 MG TABLET	1	
CHOLESTYRAMINE LIGHT PACKET	1	
CHOLESTYRAMINE LIGHT POWDER	1	
CHOLESTYRAMINE PACKET	1	
CHOLESTYRAMINE POWDER	1	
CHORIONIC GONAD 10,000 UNIT VL	1	PA
CICLODAN 0.77% CREAM	1	
CICLODAN 8% SOLUTION	1	
CICLOPIROX 0.77% CREAM	1	
CICLOPIROX 0.77% GEL	1	
CICLOPIROX 0.77% TOPICAL SUSP	1	
CICLOPIROX 1% SHAMPOO	1	
CICLOPIROX 8% SOLUTION	1	
CILOSTAZOL 100 MG TABLET	1	
CILOSTAZOL 50 MG TABLET	1	
CILOXAN	3	
CIMETIDINE 200 MG TABLET	1	
CIMETIDINE 300 MG TABLET	1	
CIMETIDINE 300 MG/5 ML SOLN	1	
CIMETIDINE 400 MG TABLET	1	
CIMETIDINE 800 MG TABLET	1	
CIMZIA 200 MG VIAL KIT	4	PA, QL, SRX
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA, QL, SRX
CIMZIA 2X200 MG/ML(X3)START KT	4	PA, QL, SRX
CINACALCET HCL 30 MG TABLET	4	PA, SRX
CINACALCET HCL 60 MG TABLET	4	PA, SRX
CINACALCET HCL 90 MG TABLET	4	PA, SRX
CIPROFLOXACIN 0.2% OTIC SOLN	1	
CIPROFLOXACIN 0.3% EYE DROP	1	
CIPROFLOXACIN 250 MG/5 ML SUSP	1	
CIPROFLOXACIN 500 MG/5 ML SUSP	1	
CIPROFLOXACIN HCL 100 MG TAB	1	
CIPROFLOXACIN HCL 250 MG TAB	1	
CIPROFLOXACIN HCL 500 MG TAB	1	
CIPROFLOXACIN HCL 750 MG TAB	1	
CIPROFLOX-FLUOCINLN 0.3-0.025%	2	PA
CIPROFLOX-DEXAMETH OTIC SUSP	2	
CITALOPRAM HBR 10 MG TABLET	1	QL
CITALOPRAM HBR 10 MG/5 ML SOLN	1	QL
CITALOPRAM HBR 20 MG TABLET	1	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CITALOPRAM HBR 40 MG TABLET	1	QL
CLARAVIS 10 MG CAPSULE	3	
CLARAVIS 20 MG CAPSULE	3	
CLARAVIS 30 MG CAPSULE	3	
CLARAVIS 40 MG CAPSULE	3	
CLARITHROMYCIN 125 MG/5 ML SUS	1	
CLARITHROMYCIN 250 MG TABLET	1	
CLARITHROMYCIN 250 MG/5 ML SUS	1	
CLARITHROMYCIN 500 MG TABLET	1	
CLARITHROMYCIN ER 500 MG TAB	1	
CLEMASTINE FUMARATE	1	
CLEO 90 INFUSION SET 24" 6MM	2	
CLEO 90 INFUSION SET 24" 9MM	2	
CLEO 90 INFUSION SET 31" 6MM	2	
CLEO 90 INFUSION SET 31" 9MM	2	
CLEVER CHOICE CHAMBER-LRG MASK	2	QL
CLEVER CHOICE CHAMBER-MED MASK	2	QL
CLEVER CHOICE CHAMBER-SM MASK	2	QL
CLEVER CHOICE LVL 1 CONTRL SOL	2	
CLEVER CHOICE LVL 2 CONTRL SOL	2	
CLEVER CHOICE LVL 3 CONTRL SOL	2	
CLEVER CHOICE PEAK FLOW METER	2	
CLICKFINE 31G X 1/4" NEEDLES	2	
CLICKFINE 31G X 5/16" NEEDLES	2	
CLICKFINE PEN NEEDLE 32GX5/32"	2	
CLICKFINE UNIVERSAL 31G X 1/4"	2	
CLIND PH-BENZOYL PEROX 1.2-5%	1	
CLINDACIN 1% FOAM	1	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P 1% PLEDGETS	1	
CLINDAMYCIN (PEDI) 75 MG/5 ML	1	
CLINDAMYCIN 2% VAGINAL CREAM	1	
CLINDAMYCIN HCL 150 MG CAPSULE	1	
CLINDAMYCIN HCL 300 MG CAPSULE	1	
CLINDAMYCIN HCL 75 MG CAPSULE	1	
CLINDAMYCIN PH 1% GEL	1	
CLINDAMYCIN PH 1% SOLUTION	1	
CLINDAMYCIN PHOS 1% PLEDGET	1	
CLINDAMYCIN PHOSP 1% LOTION	1	
CLINDAMYCIN PHOSPHATE 1% FOAM	1	
CLINDAMYCIN-BENZOYL PEROX 1-5%	1	
CLINDAMYCIN-BNZ PEROX 1-5% PMP	1	
CLINDA-TRETINOIN 1.2%-0.025%	1	
CLINDESSE 2% VAGINAL CREAM	3	
CLOBAZAM 10 MG TABLET	3	PA
CLOBAZAM 2.5 MG/ML SUSPENSION	3	PA



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLOBAZAM 20 MG TABLET	3	PA	CLOZAPINE 100 MG TABLET	1	
CLOBETASOL 0.05% CREAM	1		CLOZAPINE 200 MG TABLET	1	
CLOBETASOL 0.05% GEL	1		CLOZAPINE 25 MG TABLET	1	
CLOBETASOL 0.05% OINTMENT	1		CLOZAPINE 50 MG TABLET	1	
CLOBETASOL 0.05% SHAMPOO	1		CLOZAPINE ODT 100 MG TABLET	3	
CLOBETASOL 0.05% SOLUTION	1		CLOZAPINE ODT 12.5 MG TABLET	3	
CLOBETASOL 0.05% TOPICAL LOTN	1		CLOZAPINE ODT 150 MG TABLET	3	
CLOBETASOL EMOLLIENT 0.05% CRM	1		CLOZAPINE ODT 200 MG TABLET	3	
CLOBETASOL EMOLLNT 0.05% FOAM	1		CLOZAPINE ODT 25 MG TABLET	3	
CLOBETASOL EMULSION 0.05% FOAM	1		C-NATE DHA SOFTGEL	1	
CLOBETASOL PROP 0.05% FOAM	1		COARTEM TABLETS	3	QL
CLOBETASOL PROP 0.05% SPRAY	1		CODEINE SULFATE 15 MG TABLET	1	PA
CLOCORTOLONE 0.1% CREAM PUMP	1		CODEINE SULFATE 30 MG TABLET	1	PA
CLOCORTOLONE PIVALATE 0.1% CRM	1		CODEINE SULFATE 60 MG TABLET	1	PA
CLODAN 0.05% SHAMPOO	1		COLCHICINE 0.6 MG TABLET	1	
CLOMIPRAMINE 25 MG CAPSULE	3		COLESEVELAM 625 MG TABLET	1	
CLOMIPRAMINE 50 MG CAPSULE	3		COLESEVELAM HCL 3.75 G PACKET	1	
CLOMIPRAMINE 75 MG CAPSULE	3		COLESTIPOL HCL 1 GM TABLET	1	
CLONAZEPAM 0.125 MG DIS TAB	1		COLESTIPOL HCL GRANULES	1	
CLONAZEPAM 0.125 MG ODT	1		COLESTIPOL HCL GRANULES PACKET	1	
CLONAZEPAM 0.25 MG ODT	1		COLOCORT 100 MG/60 ML ENEMA	1	
CLONAZEPAM 0.5 MG DIS TABLET	1		COMBISTIX REAGENT STRIPS	2	
CLONAZEPAM 0.5 MG ODT	1		COMETRIQ 100 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX
CLONAZEPAM 0.5 MG TABLET	1		COMETRIQ 140 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX
CLONAZEPAM 1 MG DIS TABLET	1		COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL, LDD, SRX
CLONAZEPAM 1 MG ODT	1		COMFORT EZ INS 0.3ML 30GX1/2"	2	
CLONAZEPAM 1 MG TABLET	1		COMFORT EZ INS 0.3ML 30GX5/16"	2	
CLONAZEPAM 2 MG ODT	1		COMFORT EZ INS 0.5ML 31GX5/16"	2	
CLONAZEPAM 2 MG TABLET	1		COMFORT EZ INS 1 ML 31GX5/16"	2	
CLONIDINE 0.1 MG/DAY PATCH	1		COMFORT EZ INSULIN SYR 0.3 ML	2	
CLONIDINE 0.2 MG/DAY PATCH	1		COMFORT EZ INSULIN SYR 0.5 ML	2	
CLONIDINE 0.3 MG/DAY PATCH	1		COMFORT EZ PEN NEEDLE 12MM 29G	2	
CLONIDINE HCL 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 4MM 32G	2	
CLONIDINE HCL 0.2 MG TABLET	1		COMFORT EZ PEN NEEDLES 4MM 33G	2	
CLONIDINE HCL 0.3 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 31G	2	
CLONIDINE HCL ER 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 32G	2	
CLOPIDOGREL 300 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 33G	2	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 31G	2	
CLORAZEPATE 15 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 32G	2	
CLORAZEPATE 3.75 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 33G	2	
CLORAZEPATE 7.5 MG TABLET	1		COMFORT EZ PEN NEEDLES 8MM 31G	2	
CLOTIRMAZOLE 1% SOLUTION	1		COMFORT EZ PEN NEEDLES 8MM 32G	2	
CLOTIRMAZOLE 1% TOPICAL CREAM	1		COMFORT EZ PEN NEEDLES 8MM 33G	2	
CLOTIRMAZOLE 10 MG TROCHE	1		COMFORT EZ SYR 0.3 ML 29GX1/2"	2	
CLOTIRMAZOLE-BETAMETHASONE CRM	1		COMFORT EZ SYR 0.5 ML 28GX1/2"	2	
CLOTIRMAZOLE-BETAMETHASONE LOT	1		COMFORT EZ SYR 0.5 ML 29GX1/2"	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
COMFORT EZ SYR 0.5 ML 30GX1/2"	2		CORTISONE 25 MG TABLET	1	
COMFORT EZ SYR 1 ML 28GX1/2"	2		CORTISPORIN CREAM	3	
COMFORT EZ SYR 1 ML 29GX1/2"	2		CORTISPORIN OINTMENT	3	
COMFORT EZ SYR 1 ML 30GX1/2"	2		CORTISPORIN-TC EAR SUSPENSION	3	
COMFORT EZ SYR 1 ML 30GX5/16"	2		COSENTYX (2 SYRINGES)	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 23" 17MM	2		COSENTYX 150 MG/ML SYRINGE	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 31" 17MM	2		COSENTYX 75 MG/0.5 ML SYRINGE	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 32" 17MM	2		COSENTYX 150 MG/ML PEN INJECT	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 43" 17MM	2		COSENTYX 300 MG DOSE-2 PENS	4	PA, QL, LDD, SRX
COMFORT POINT PEN ND 29GX1/2"	2		COTELLIC	4	PA, QL, LDD, SRX
COMFORT POINT PEN ND 31GX1/3"	2		COVARYX TABLET	1	
COMFORT POINT PEN ND 31GX1/4"	2		COVARYX H.S. TABLET	1	
COMFORT POINT PEN ND 31GX1/6"	2		CRESEMBA 186 MG CAPSULE	3	PA
COMFORT SHORT INFUSION SET 23"	2		CROMOLYN 100 MG/5 ML ORAL CONC	3	
COMFORT SHORT INFUSION SET 31"	2		CROMOLYN 20 MG/2 ML NEB SOLN	3	QL
COMFORT SHORT INFUSION SET 32"	2		CROMOLYN 4% EYE DROPS	1	
COMFORT SHORT INFUSION SET 43"	2		CROTAN 10% LOTION	2	
COMFORT TOUCH PEN ND 31G 4MM	2		CRYSSELLE-28 TABLET	1	
COMFORT TOUCH PEN ND 31G 5MM	2		CYANOCOBALAMIN 1,000 MCG/ML VL	1	
COMFORT TOUCH PEN ND 31G 6MM	2		CYANOCOBALAMIN 10,000 MCG/10ML	1	
COMFORT TOUCH PEN ND 31G 8MM	2		CYANOCOBALAMIN 30,000 MCG/30ML	1	
COMFORT TOUCH PEN ND 32G 4MM	2		CYCLOBENZAPRINE 10 MG TABLET	1	
COMFORT TOUCH PEN ND 32G 5MM	2		CYCLOBENZAPRINE 5 MG TABLET	1	
COMFORT TOUCH PEN ND 32G 6MM	2		CYCLOMYDRIL EYE DROPS	3	
COMFORT TOUCH PEN ND 32G 8MM	2		CYCLOPENTOLATE 0.5% EYE DROPS	1	
COMFORT TOUCH PEN ND 33G 4MM	2		CYCLOPENTOLATE 1% EYE DROP	1	
COMFORT TOUCH PEN ND 33G 6MM	2		CYCLOPENTOLATE 1% EYE DROPS	1	
COMFORT TOUCH PEN ND 33GX5MM	2		CYCLOPENTOLATE HCL 2% DROPS	1	
COMIRNATY 30MCG/0.3ML VAC-GRAY	2		CYCLOPHOSPHAMIDE 25 MG CAPSULE	2	
COMPACT SPACE CHAMBER	2	QL	CYCLOPHOSPHAMIDE 50 MG CAPSULE	2	
COMPACT SPACE CHAMBER-LRG MASK	2	QL	CYCLOSERINE 250 MG CAPSULE	1	
COMPACT SPACE CHAMBER-MED MASK	2	QL	CYCLOSET 0.8 MG TABLET	3	
COMPACT SPACE CHAMBER-SM MASK	2	QL	CYCLOSPORINE 0.05% EYE EMULS	3	
COMPLERA	2	QL	CYCLOSPORINE 100 MG CAPSULE	1	
COMPLETE NATAL DHA	1		CYCLOSPORINE 25 MG CAPSULE	1	
COMPLETENATE TABLET CHEW	1		CYCLOSPORINE MODIFIED 100 MG	1	
COMPRO 25 MG SUPPOSITORY	1		CYCLOSPORINE MODIFIED 100MG/ML	1	
CONSTULOSE 10 GM/15 ML SOLN	1		CYCLOSPORINE MODIFIED 25 MG	1	
CONTACT DETACH INFUSN SET 23"	2		CYCLOSPORINE MODIFIED 50 MG	1	
CONTACT DETACH INFUSN SET 32"	2		CYLTEZO	4	PA, QL, SRX
CONTACT DETACH INFUSN SET 43"	2		CYPROHEPTADINE 2 MG/5 ML SOLN	1	
CONTOUR NEXT LEV 1 CONTROL SOL	2		CYPROHEPTADINE 2 MG/5 ML SYRUP	1	
CONTOUR NEXT LEV 2 CONTROL SOL	2		CYPROHEPTADINE 4 MG TABLET	1	
CONTOUR SOLUTION	2		CYRED 28 DAY TABLET	1	
COOL CONTROL A SOLUTION	2		CYRED EQ 28 DAY TABLET	1	
COOL CONTROL B SOLUTION	2		CYSTAGON 150 MG CAPSULE	4	PA, LDD, SRX

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CYSTAGON 50 MG CAPSULE	4	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	3	PA, QL, LDD
DABIGATRAN ETEXILATE 150 MG CP	3	PA, QL
DABIGATRAN ETEXILATE 75 CAP	3	PA, QL
DALFAMPRIDINE ER 10 MG TABLET	4	PA, QL, LDD, SRX
DANAZOL 100 MG CAPSULE	1	
DANAZOL 200 MG CAPSULE	1	
DANAZOL 50 MG CAPSULE	1	
DANTROLENE SODIUM 100 MG CAP	1	
DANTROLENE SODIUM 25 MG CAP	1	
DANTROLENE SODIUM 50 MG CAP	1	
DAPSONE 100 MG TABLET	3	
DAPSONE 25 MG TABLET	3	
DAPTACEL DTAP VACCINE	2	
DARIFENACIN ER 15 MG TABLET	1	
DARIFENACIN ER 7.5 MG TABLET	1	
DARUNAVIR 600 MG TABLET	1	
DARUNAVIR 800 MG TABLET	1	
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	4	PA, SRX
DEFERASIROX 180 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 180 MG TABLET	4	PA, LDD, SRX
DEFERASIROX 250 MG TB FOR SUSP	4	PA, SRX
DEFERASIROX 360 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 360 MG TABLET	4	PA, LDD, SRX
DEFERASIROX 500 MG TB FOR SUSP	4	PA, SRX
DEFERASIROX 90 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 90 MG TABLET	4	PA, LDD, SRX
DEFERIPRONE 1,000 MG TB(3X/DY)	4	PA, SRX
DEFERIPRONE 500 MG TABLET	4	PA, SRX
DELTEC COZMO CLEO INFUSION SET	2	
DEMECLOCYCLINE 150 MG TABLET	1	
DEMECLOCYCLINE 300 MG TABLET	1	
DENTA 5000 PLUS CREAM	1	
DENTAGEL 1.1% GEL	1	
DESCOVY 120-15 MG TABLET	3	PA
DESCOVY 200-25 MG TABLET	3	PA
DESIPRAMINE 10 MG TABLET	1	
DESIPRAMINE 100 MG TABLET	1	
DESIPRAMINE 150 MG TABLET	1	
DESIPRAMINE 25 MG TABLET	1	
DESIPRAMINE 50 MG TABLET	1	
DESIPRAMINE 75 MG TABLET	1	
DES Loratadine 2.5 MG ODT	1	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DES Loratadine 5 MG ODT	1	QL
DES Loratadine 5 MG TABLET	1	QL
DESMOPRESSIN 0.01% SOLUTION	1	
DESMOPRESSIN 10 MCG/0.1 ML SPR	1	
DESMOPRESSIN ACETATE 0.1 MG TB	1	
DESMOPRESSIN ACETATE 0.2 MG TB	1	
DESOGESTREL-EE 0.15-0.03 MG TB	1	
DESOGESTR-ETH ESTRAD ETH ESTRA	1	
DESONIDE 0.05% CREAM	1	
DESONIDE 0.05% LOTION	1	
DESONIDE 0.05% OINTMENT	1	
DESOXIMETASONE 0.05% CREAM	1	
DESOXIMETASONE 0.05% GEL	1	
DESOXIMETASONE 0.05% OINTMENT	1	
DESOXIMETASONE 0.25% CREAM	1	
DESOXIMETASONE 0.25% OINTMENT	1	
DESVENLAFAXINE SUCCNT ER 100MG	1	QL
DESVENLAFAXINE SUCCNT ER 25 MG	1	QL
DESVENLAFAXINE SUCCNT ER 50 MG	1	QL
DEXAMETHASONE 0.5 MG TABLET	1	
DEXAMETHASONE 0.5 MG/5 ML ELX	1	
DEXAMETHASONE 0.5 MG/5 ML LIQ	1	
DEXAMETHASONE 0.75 MG TABLET	1	
DEXAMETHASONE 1 MG TABLET	1	
DEXAMETHASONE 1.5 MG TABLET	1	
DEXAMETHASONE 2 MG TABLET	1	
DEXAMETHASONE 4 MG TABLET	1	
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL 1 MG/ML	1	
DEXAMETHASONE 0.1% EYE DROP	1	
DEXCOM G6 RECEIVER	2	PA, QL
DEXCOM G6 SENSOR	2	PA, QL
DEXCOM G6 TRANSMITTER	2	PA, QL
DEXCOM G7 RECEIVER	2	PA, QL
DEXCOM G7 SENSOR	2	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAP	3	QL
DEXLANSOPRAZOLE DR 60 MG CAP	3	QL
DEXMETHYLPHENIDATE 10 MG TAB	1	QL
DEXMETHYLPHENIDATE 2.5 MG TAB	1	QL
DEXMETHYLPHENIDATE 5 MG TAB	1	QL
DEXMETHYLPHENIDATE ER 10 MG CP	1	QL
DEXMETHYLPHENIDATE ER 15 MG CP	1	QL
DEXMETHYLPHENIDATE ER 20 MG CP	1	QL
DEXMETHYLPHENIDATE ER 25 MG CP	1	QL
DEXMETHYLPHENIDATE ER 30 MG CP	1	QL
DEXMETHYLPHENIDATE ER 35 MG CP	1	QL

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DESMETHYLPHENIDATE ER 40 MG CP	1	QL
DESMETHYLPHENIDATE ER 5 MG CAP	1	QL
DEXTROAMP-AMPHET ER 10 MG CAP	1	QL
DEXTROAMP-AMPHET ER 15 MG CAP	1	QL
DEXTROAMP-AMPHET ER 20 MG CAP	1	QL
DEXTROAMP-AMPHET ER 25 MG CAP	1	QL
DEXTROAMP-AMPHET ER 30 MG CAP	1	QL
DEXTROAMP-AMPHET ER 5 MG CAP	1	QL
DEXTROAMP-AMPHETAM 12.5 MG TAB	1	QL
DEXTROAMP-AMPHETAM 7.5 MG TAB	1	QL
DEXTROAMP-AMPHETAMIN 10 MG TAB	1	QL
DEXTROAMP-AMPHETAMIN 15 MG TAB	1	QL
DEXTROAMP-AMPHETAMIN 20 MG TAB	1	QL
DEXTROAMP-AMPHETAMIN 30 MG TAB	1	QL
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	QL
DEXTROAMPHETAMINE 10 MG TAB	1	QL
DEXTROAMPHETAMINE 5 MG TAB	1	QL
DEXTROAMPHETAMINE 5 MG/5 ML	1	QL
DEXTROAMPHETAMINE ER 10 MG CAP	1	QL
DEXTROAMPHETAMINE ER 15 MG CAP	1	QL
DEXTROAMPHETAMINE ER 5 MG CAP	1	QL
DIASIX REAGENT STRIPS	2	
DIATRUE LEVEL 1 CONTROL SOLN	2	
DIATRUE LEVEL 2 CONTROL SOLN	2	
DIATRUE LEVEL 3 CONTROL SOLN	2	
DIAZEPAM 10 MG RECTAL GEL SYST	1	
DIAZEPAM 10 MG TABLET	1	
DIAZEPAM 2 MG TABLET	1	
DIAZEPAM 2.5 MG RECTAL GEL SYS	1	
DIAZEPAM 20 MG RECTAL GEL SYST	1	
DIAZEPAM 25 MG/5 ML ORAL CONC	1	
DIAZEPAM 5 MG TABLET	1	
DIAZEPAM 5 MG/5 ML ORAL SOLN	1	
DIAZEPAM 5 MG/5 ML SOLUTION	1	
DIAZEPAM 5 MG/ML ORAL CONC	1	
DIAZOXIDE 50 MG/ML ORAL SUSP	3	
DICLOFENAC 0.1% EYE DROPS	1	
DICLOFENAC 1.5% TOPICAL SOLN	1	
DICLOFENAC POT 50 MG TABLET	1	
DICLOFENAC SOD DR 25 MG TAB	1	
DICLOFENAC SOD DR 50 MG TAB	1	
DICLOFENAC SOD DR 75 MG TAB	1	
DICLOFENAC SOD EC 25 MG TAB	1	
DICLOFENAC SOD EC 50 MG TAB	1	
DICLOFENAC SOD EC 75 MG TAB	1	
DICLOFENAC SOD ER 100 MG TAB	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DICLOFENAC SODIUM 1% GEL	1	QL
DICLOFENAC-MISOPROST 50-0.2 MG	1	
DICLOFENAC-MISOPROST 75-0.2 MG	1	
DICLOXACILLIN 250 MG CAPSULE	1	
DICLOXACILLIN 500 MG CAPSULE	1	
DICYCLOMINE 10 MG CAPSULE	1	
DICYCLOMINE 10 MG/5 ML SOLN	1	
DICYCLOMINE 20 MG TABLET	1	
DIDANOSINE DR 250 MG CAPSULE	1	
DIDANOSINE DR 400 MG CAPSULE	1	
DIFICID 200 MG TABLET	3	PA, QL
DIFICID 40 MG/ML SUSPENSION	3	PA, QL
DIFLORASONE 0.05% CREAM	3	
DIFLORASONE 0.05% OINTMENT	3	
DIFLUNISAL 500 MG TABLET	1	
DIFLUPREDNATE 0.05% EYE DROP	2	
DIGOX 125 MCG TABLET	1	
DIGOX 250 MCG TABLET	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
DIGOXIN 0.125 MG TABLET	1	
DIGOXIN 0.25 MG TABLET	1	
DIGOXIN 125 MCG TABLET	1	
DIGOXIN 250 MCG TABLET	1	
DIHYDROERGOTAMINE 1 MG/ML AMP	3	QL
DILT XR 120 MG CAPSULE	1	
DILT XR 180 MG CAPSULE	1	
DILT XR 240 MG CAPSULE	1	
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER 120 MG CAP	1	
DILTIAZEM 12HR ER 60 MG CAP	1	
DILTIAZEM 12HR ER 90 MG CAP	1	
DILTIAZEM 24H ER(CD) 120 MG CP	1	
DILTIAZEM 24H ER(CD) 180 MG CP	1	
DILTIAZEM 24H ER(CD) 240 MG CP	1	
DILTIAZEM 24H ER(CD) 300 MG CP	1	
DILTIAZEM 24H ER(CD) 360 MG CP	1	
DILTIAZEM 24H ER(LA) 120 MG TB	1	
DILTIAZEM 24H ER(LA) 180 MG TB	1	
DILTIAZEM 24H ER(LA) 240 MG TB	1	
DILTIAZEM 24H ER(LA) 300 MG TB	1	
DILTIAZEM 24H ER(LA) 360 MG TB	1	
DILTIAZEM 24H ER(LA) 420 MG TB	1	
DILTIAZEM 24H ER(XR) 120 MG CP	1	
DILTIAZEM 24H ER(XR) 180 MG CP	1	
DILTIAZEM 24H ER(XR) 240 MG CP	1	

## 2024 Cigna Plus Texas 4-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 24HR ER 120 MG CAP	1		DORZOLAMIDE-TIMOLOL EYE DROPS	1	
DILTIAZEM 24HR ER 180 MG CAP	1		DOTTI 0.025 MG PATCH	1	QL
DILTIAZEM 24HR ER 240 MG CAP	1		DOTTI 0.0375 MG PATCH	1	QL
DILTIAZEM 24HR ER 300 MG CAP	1		DOTTI 0.05 MG PATCH	1	QL
DILTIAZEM 24HR ER 360 MG CAP	1		DOTTI 0.075 MG PATCH	1	QL
DILTIAZEM 24HR ER 420 MG CAP	1		DOTTI 0.1 MG PATCH	1	QL
DILTIAZEM 30 MG TABLET	1		DOVATO	2	QL
DILTIAZEM 60 MG TABLET	1		DOXAZOSIN MESYLATE 1 MG TAB	1	
DILTIAZEM 90 MG TABLET	1		DOXAZOSIN MESYLATE 2 MG TAB	1	
DIMETHYL FUMARATE 30D START PK	4	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 4 MG TAB	1	
DIMETHYL FUMARATE DR 120 MG CP	4	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 8 MG TAB	1	
DIMETHYL FUMARATE DR 240 MG CP	4	PA, QL, LDD, SRX	DOXEPIN 10 MG CAPSULE	1	
DIPENTUM 250 MG CAPSULE	3		DOXEPIN 10 MG/ML ORAL CONC	1	
DIPHENHYDRAMINE 12.5 MG/5 ML	1		DOXEPIN 100 MG CAPSULE	1	
DIPHENHYDRAMINE 25 MG/10 ML	1		DOXEPIN 150 MG CAPSULE	1	
DIPHENOXYLAT-ATROP 2.5-0.025/5	1		DOXEPIN 25 MG CAPSULE	1	
DIPHENOXYLATE-ATROP 2.5-0.025	1		DOXEPIN 5% CREAM	3	
DIPHThERIA-TETANUS TOXOIDS-PED	2		DOXEPIN 50 MG CAPSULE	1	
DIPYRIDAMOLE 25 MG TABLET	1		DOXEPIN 75 MG CAPSULE	1	
DIPYRIDAMOLE 50 MG TABLET	1		DOXEPIN HCL 3 MG TABLET	2	QL
DIPYRIDAMOLE 75 MG TABLET	1		DOXEPIN HCL 6 MG TABLET	2	QL
DISOPYRAMIDE 100 MG CAPSULE	1		DOXERCALCIFEROL 0.5 MCG CAP	1	
DISOPYRAMIDE 150 MG CAPSULE	1		DOXERCALCIFEROL 1 MCG CAPSULE	1	
DISULFIRAM 250 MG TABLET	1		DOXERCALCIFEROL 2.5 MCG CAP	1	
DISULFIRAM 500 MG TABLET	1		DOXYCYCLINE 25 MG/5 ML SUSP	1	
DIVALPROEX DR 125 MG CAP SPRNK	1		DOXYCYCLINE HYCLATE 100 MG CAP	1	
DIVALPROEX DR 125 MG CP(SPRNK)	1		DOXYCYCLINE HYCLATE 100 MG TAB	1	
DIVALPROEX SOD DR 125 MG TAB	1		DOXYCYCLINE HYCLATE 20 MG TAB	1	
DIVALPROEX SOD DR 250 MG TAB	1		DOXYCYCLINE HYCLATE 50 MG CAP	1	
DIVALPROEX SOD DR 500 MG TAB	1		DOXYCYCLINE MONO 100 MG CAP	1	
DIVALPROEX SOD ER 250 MG TAB	1		DOXYCYCLINE MONO 100 MG TABLET	1	
DIVALPROEX SOD ER 500 MG TAB	1		DOXYCYCLINE MONO 150 MG CAP	1	
DODEX 1,000 MCG/ML VIAL	1		DOXYCYCLINE MONO 150 MG TABLET	1	
DODEX 10,000 MCG/10 ML VIAL	1		DOXYCYCLINE MONO 50 MG CAP	1	
DODEX 30,000 MCG/30 ML VIAL	1		DOXYCYCLINE MONO 50 MG TABLET	1	
DOFETILIDE 125 MCG CAPSULE	3	QL	DOXYCYCLINE MONO 75 MG CAPSULE	1	
DOFETILIDE 250 MCG CAPSULE	3	QL	DOXYCYCLINE MONO 75 MG TABLET	1	
DOFETILIDE 500 MCG CAPSULE	3	QL	DRONABINOL 10 MG CAPSULE	3	
DOLISHALE 90-20 MCG TABLET	1		DRONABINOL 2.5 MG CAPSULE	3	
DONEPEZIL HCL 10 MG TABLET	1		DRONABINOL 5 MG CAPSULE	3	
DONEPEZIL HCL 23 MG TABLET	1		DROPLET 0.5 ML 29GX12.5MM(1/2)	2	
DONEPEZIL HCL 5 MG TABLET	1		DROPLET 0.5 ML 30GX12.5MM(1/2)	2	
DONEPEZIL HCL ODT 10 MG TABLET	1		DROPLET INS 0.3 ML 29GX12.5MM	2	
DONEPEZIL HCL ODT 5 MG TABLET	1		DROPLET INS 0.3ML 30GX12.5MM	2	
DORZOLAMIDE HCL 2% EYE DROPS	1		DROPLET INS 0.5ML 30GX6MM(1/2)	2	
			DROPLET INS 0.5ML 30GX8MM(1/2)	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DROPLET INS 0.5ML 31GX6MM(1/2)	2		DUPIXENT 200 MG/1.14 ML PEN	4	PA, SRX
DROPLET INS 0.5ML 31GX8MM(1/2)	2		DUPIXENT 200 MG/1.14 ML SYRING	4	PA, SRX
DROPLET INS SYR 0.3 ML 30GX6MM	2		DUPIXENT 300 MG/2 ML PEN	4	PA, SRX
DROPLET INS SYR 0.3 ML 30GX8MM	2		DUPIXENT 300 MG/2 ML SYRINGE	4	PA, SRX
DROPLET INS SYR 0.3 ML 31GX6MM	2		DUTASTERIDE 0.5 MG CAPSULE	1	
DROPLET INS SYR 0.3 ML 31GX8MM	2		DUTASTERIDE-TAMSULOSIN 0.5-0.4	1	
DROPLET INS SYR 1 ML 30GX6MM	2		EASIVENT HOLDING CHAMBER	2	QL
DROPLET INS SYR 1 ML 30GX8MM	2		EASIVENT MASK-LARGE	2	QL
DROPLET INS SYR 1 ML 31GX6MM	2		EASIVENT MASK-MEDIUM	2	QL
DROPLET INS SYR 1 ML 31GX8MM	2		EASIVENT MASK-SMALL	2	QL
DROPLET INS SYR 1ML 29GX12.5MM	2		EASY COMFORT 0.3 ML SYRINGE	2	
DROPLET INS SYR 1ML 30GX12.5MM	2		EASY COMFORT 0.5 ML 30GX1/2"	2	
DROPLET MICRON 34G X 9/64"	2		EASY COMFORT 0.5 ML 31GX5/16"	2	
DROPLET PEN NEEDLE 29GX1/2"	2		EASY COMFORT 0.5 ML 32GX5/16"	2	
DROPLET PEN NEEDLE 29GX3/8"	2		EASY COMFORT 0.5 ML SYRINGE	2	
DROPLET PEN NEEDLE 30GX5/16"	2		EASY COMFORT 1 ML 31GX5/16"	2	
DROPLET PEN NEEDLE 31GX1/4"	2		EASY COMFORT 1 ML 32GX5/16"	2	
DROPLET PEN NEEDLE 31GX3/16"	2		EASY COMFORT INSULIN 1 ML SYR	2	
DROPLET PEN NEEDLE 31GX5/16"	2		EASY COMFORT PEN ND 31GX1/4"	2	
DROPLET PEN NEEDLE 32GX1/4"	2		EASY COMFORT PEN ND 31GX3/16"	2	
DROPLET PEN NEEDLE 32GX3/16"	2		EASY COMFORT PEN ND 31GX5/16"	2	
DROPLET PEN NEEDLE 32GX5/16"	2		EASY COMFORT PEN ND 32GX5/32"	2	
DROPLET PEN NEEDLE 32GX5/32"	2		EASY COMFORT PEN ND 33G 4MM	2	
DROPSAFE INS SYR 0.3ML 31G 6MM	2		EASY COMFORT PEN ND 33G 5MM	2	
DROPSAFE INS SYR 0.3ML 31G 8MM	2		EASY COMFORT PEN ND 33G 6MM	2	
DROPSAFE INS SYR 0.5ML 31G 6MM	2		EASY COMFORT SYR 1 ML 30GX1/2"	2	
DROPSAFE INS SYR 0.5ML 31G 8MM	2		EASY GLIDE INS 0.3 ML 31GX6MM	2	
DROPSAFE INSUL SYR 1ML 31G 6MM	2		EASY GLIDE INS 0.5 ML 31GX6MM	2	
DROPSAFE INSUL SYR 1ML 31G 8MM	2		EASY GLIDE INS 1 ML 31GX6MM	2	
DROPSAFE INSULN 1ML 29G 12.5MM	2		EASY GLIDE PEN NEEDLE 4MM 33G	2	
DROPSAFE PEN NEEDLE 31GX1/4"	2		EASY PLUS II CONTROL SOLN HIGH	2	
DROPSAFE PEN NEEDLE 31GX3/16"	2		EASY PLUS II CONTROL SOLN LOW	2	
DROPSAFE PEN NEEDLE 31GX5/16"	2		EASY STEP CONTRL SOLN-HIGH	2	
DROSP-EE-LEVOMEF 3-0.02-0.451	1		EASY STEP CONTROL SOLN-LOW	2	
DROSP-EE-LEVOMEF 3-0.03-0.451	1		EASY STEP CONTROL SOLN-NORMAL	2	
DROSPIRENONE-EE 3-0.02 MG TAB	1		EASY TALK CONTROL SOLN LOW	2	
DROSPIRENONE-EE 3-0.03 MG TAB	1		EASY TALK HIGH CONTROL SOLN	2	
DROXIA 200 MG CAPSULE	3		EASY TALK PLUS II HIGH CONTROL	2	
DROXIA 300 MG CAPSULE	3		EASY TALK PLUS II LOW CTRL SLN	2	
DROXIA 400 MG CAPSULE	3		EASY TOUCH 0.3 ML SYR 30GX1/2"	2	
DRUG MART ULTRA COMFORT SYR	2		EASY TOUCH 0.5 ML SYR 27GX1/2"	2	
DUAVEE 0.45-20 MG TABLET	3		EASY TOUCH 0.5 ML SYR 29GX1/2"	2	
DULOXETINE HCL DR 20 MG CAP	1	QL	EASY TOUCH 0.5 ML SYR 30GX1/2"	2	
DULOXETINE HCL DR 30 MG CAP	1	QL	EASY TOUCH 0.5 ML SYR 30GX5/16	2	
DULOXETINE HCL DR 60 MG CAP	1	QL	EASY TOUCH 1 ML SYR 27GX1/2"	2	
DUPIXENT 100 MG/0.67 ML SYRING	4	PA, SRX	EASY TOUCH 1 ML SYR 29GX1/2"	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH 1 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 24GX1.25	2	
EASY TOUCH BLU LINK CTRL SOLN	2		EASY TOUCH HYPODERMIC 25GX1"	2	
EASY TOUCH FLIPLK NDL 30GX5/16	2		EASY TOUCH HYPODERMIC 25GX1.5"	2	
EASY TOUCH FLIPLK NDL 31GX5/16	2		EASY TOUCH HYPODERMIC 25GX5/8"	2	
EASY TOUCH FLIPLCK NDL 18GX1"	2		EASY TOUCH HYPODERMIC 26GX1/2"	2	
EASY TOUCH FLIPLCK NDL 19GX1"	2		EASY TOUCH HYPODERMIC 26GX3/8"	2	
EASY TOUCH FLIPLCK NDL 20GX1"	2		EASY TOUCH HYPODERMIC 26GX5/8"	2	
EASY TOUCH FLIPLCK NDL 21GX1"	2		EASY TOUCH HYPODERMIC 27GX1.25	2	
EASY TOUCH FLIPLCK NDL 22GX1	2		EASY TOUCH HYPODERMIC 27GX1.5"	2	
EASY TOUCH FLIPLCK NDL 23GX1"	2		EASY TOUCH HYPODERMIC 27GX1/2"	2	
EASY TOUCH FLIPLCK NDL 25GX1"	2		EASY TOUCH HYPODERMIC 30GX1"	2	
EASY TOUCH FLIPLCK NDL 26GX1"	2		EASY TOUCH HYPODERMIC 30GX1/2"	2	
EASY TOUCH FLIPLCK NDL 27GX1"	2		EASY TOUCH HYPODERMIC 31GX5/16	2	
EASY TOUCH FLIPLCK NDL 18GX1.5	2		EASY TOUCH HYPODERMIC 32GX5/16	2	
EASY TOUCH FLIPLCK NDL 19GX1.5	2		EASY TOUCH INSULIN 1ML 29GX1/2	2	
EASY TOUCH FLIPLCK NDL 20GX1.5	2		EASY TOUCH INSULIN 1ML 30GX1/2	2	
EASY TOUCH FLIPLCK NDL 21GX1.5	2		EASY TOUCH INSULIN SYR 0.3 ML	2	
EASY TOUCH FLIPLCK NDL 22GX1.5	2		EASY TOUCH INSULIN SYR 0.5 ML	2	
EASY TOUCH FLIPLCK NDL 22GX3/4	2		EASY TOUCH INSULIN SYR 1 ML	2	
EASY TOUCH FLIPLCK NDL 23GX1.5	2		EASY TOUCH INSULN 1ML 29GX1/2"	2	
EASY TOUCH FLIPLCK NDL 23GX5/8	2		EASY TOUCH INSULN 1ML 30GX1/2"	2	
EASY TOUCH FLIPLCK NDL 25GX1.5	2		EASY TOUCH INSULN 1ML 30GX5/16	2	
EASY TOUCH FLIPLCK NDL 25GX5/8	2		EASY TOUCH INSULN 1ML 31GX5/16	2	
EASY TOUCH FLIPLCK NDL 26GX1/2	2		EASY TOUCH LUER LOK INSUL 1 ML	2	
EASY TOUCH FLIPLCK NDL 27GX1/2	2		EASY TOUCH PEN NEEDLE 29GX1/2"	2	
EASY TOUCH FLIPLCK NDL 28GX1/2	2		EASY TOUCH PEN NEEDLE 30GX5/16	2	
EASY TOUCH FLIPLCK NDL 29GX1/2	2		EASY TOUCH PEN NEEDLE 31GX1/4"	2	
EASY TOUCH FLIPLCK NDL 30GX1/2	2		EASY TOUCH PEN NEEDLE 31GX3/16	2	
EASY TOUCH HIGH-LOW CTRL SOLN	2		EASY TOUCH PEN NEEDLE 31GX5/16	2	
EASY TOUCH HYPODERMIC 16GX1"	2		EASY TOUCH PEN NEEDLE 32GX1/4"	2	
EASY TOUCH HYPODERMIC 16GX1.5"	2		EASY TOUCH PEN NEEDLE 32GX3/16	2	
EASY TOUCH HYPODERMIC 18GX1"	2		EASY TOUCH PEN NEEDLE 32GX5/32	2	
EASY TOUCH HYPODERMIC 18GX1.25	2		EASY TOUCH SAF PEN NDL 29G 5MM	2	
EASY TOUCH HYPODERMIC 18GX1.5"	2		EASY TOUCH SAF PEN NDL 29G 8MM	2	
EASY TOUCH HYPODERMIC 19GX1"	2		EASY TOUCH SAF PEN NDL 30G 5MM	2	
EASY TOUCH HYPODERMIC 19GX1.5"	2		EASY TOUCH SAF PEN NDL 30G 8MM	2	
EASY TOUCH HYPODERMIC 20GX1"	2		EASY TOUCH SYR 0.5ML 27G12.7MM	2	
EASY TOUCH HYPODERMIC 20GX1.5"	2		EASY TOUCH SYR 0.5ML 28G12.7MM	2	
EASY TOUCH HYPODERMIC 21GX1"	2		EASY TOUCH SYR 0.5ML 29G12.7MM	2	
EASY TOUCH HYPODERMIC 21GX1.5"	2		EASY TOUCH SYR 1 ML 27G 12.7MM	2	
EASY TOUCH HYPODERMIC 22GX1"	2		EASY TOUCH SYR 1 ML 27G 16MM	2	
EASY TOUCH HYPODERMIC 22GX1.5"	2		EASY TOUCH SYR 1 ML 28G 12.7MM	2	
EASY TOUCH HYPODERMIC 23GX1"	2		EASY TOUCH SYR 1 ML 29G 12.7MM	2	
EASY TOUCH HYPODERMIC 23GX1.25	2		EASY TOUCH SYR 3 ML 22GX1-1/2"	2	
EASY TOUCH HYPODERMIC 23GX1.5"	2		EASY TOUCH SYR 3 ML 25GX5/8"	2	
EASY TOUCH HYPODERMIC 23GX3/4"	2		EASY TOUCH SYRINGE 3 ML 20GX1"	2	
EASY TOUCH HYPODERMIC 24GX1"	2				



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH SYRINGE 3 ML 21GX1"	2		ELEMENT CONTROL SOLUTION LOW	2	
EASY TOUCH SYRINGE 3 ML 22GX1"	2		ELETRIPTAN HBR 20 MG TABLET	1	QL
EASY TOUCH SYRINGE 3 ML 23GX1"	2		ELETRIPTAN HBR 40 MG TABLET	1	QL
EASY TOUCH SYRINGE 3 ML 25GX1"	2		ELINEST-28 TABLET	1	
EASY TOUCH UNI-SLIP SYR 1 ML	2		ELIQUIS 2.5 MG TABLET	2	PA, QL
EASY TRAK CONTROL SOLN HIGH	2		ELIQUIS 5 MG TABLET	2	PA, QL
EASY TRAK CONTROL SOLN LOW	2		ELIQUIS DVT-PE TREAT START 5MG	2	PA, QL
EASY TRAK II CTRL SOLN-NORMAL	2		ELITE-OB CAPLET	1	
EASYGLUCO PLUS CTRL SOL NORMAL	2		ELLA 30 MG TABLET	3	
EASYMAX NORMAL CONTROL SOLN	2		ELMIRON 100 MG CAPSULE	3	
EASYMAX 15 LEVEL 2 SOLUTION	2		ELURYNG VAGINAL RING	1	
EASYPOINT NEEDLE 18G X 1"	2		EMBRACE GLUC CONTROL SOLN HIGH	2	
EASYPOINT NEEDLE 18G X 1-1/2"	2		EMBRACE EVO LEVEL 1 CTRL SOLN	2	
EASYPOINT NEEDLE 20G X 1"	2		EMBRACE GLUC CONTROL SOLN LOW	2	
EASYPOINT NEEDLE 20G X 1-1/2"	2		EMBRACE PEN NEEDLE 29G 12MM	2	
EASYPOINT NEEDLE 21G X 1"	2		EMBRACE PEN NEEDLE 30G 5MM	2	
EASYPOINT NEEDLE 21G X 1-1/2"	2		EMBRACE PEN NEEDLE 30G 8MM	2	
EASYPOINT NEEDLE 22G X 1"	2		EMBRACE PEN NEEDLE 31G 5MM	2	
EASYPOINT NEEDLE 22G X 1-1/2"	2		EMBRACE PEN NEEDLE 31G 6MM	2	
EASYPOINT NEEDLE 23G X 1"	2		EMBRACE PEN NEEDLE 31G 8MM	2	
EASYPOINT NEEDLE 25G 16MM	2		EMBRACE PEN NEEDLE 32G 4MM	2	
EASYPOINT NEEDLE 25G X 1"	2		EMBRACE PRO CONTROL SOLUTION	2	
EASYPOINT NEEDLE 25G X 5/8"	2		EMBRACE TALK CTRL SOL-HIGH(L2)	2	
EASYPOINT NEEDLE 25GX1-1/2"	2		EMBRACE TALK CTRL SOLN-LOW(L1)	2	
EASY TOUCH SYR 1 ML 27G 16MM	2		EMCYT 140 MG CAPSULE	4	SRX
EASYTOUCH SAF PEN ND 30G 6MM	2		EMEND 125 MG POWDER PACKET	4	PA, QL, SRX
EC-NAPROXEN DR 375 MG TABLET	1		EMOQUETTE 28 DAY TABLET	1	
EC-NAPROXEN DR 500 MG TABLET	1		EMTRICITABINE 200 MG CAPSULE	1	
ECONAZOLE NITRATE 1% CREAM	1		EMTRICITABINE-TENOFV 100-150MG	1	
ECONTRA EZ 1.5 MG TABLET	1		EMTRICITABINE-TENOFV 133-200MG	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1		EMTRICITABINE-TENOFV 167-250MG	1	
ED-SPAZ 0.125 MG ODT	1		EMTRICITABINE-TENOFV 200-300MG	1	
EDURANT 25 MG TABLET	2		EMTRIVA 10 MG/ML SOLUTION	2	
EEMT DS 1.25-2.5 MG TABLET	1		EMVERM 100 MG TABLET CHEW	3	
EEMT HS 0.625-1.25 MG TABLET	1		ENALAPRIL MALEATE 10 MG TAB	1	
EFAVIR-EMTRI-TENOF 600-200-300	1	QL	ENALAPRIL MALEATE 2.5 MG TAB	1	
EFAVIRENZ 200 MG CAPSULE	1		ENALAPRIL MALEATE 20 MG TAB	1	
EFAVIRENZ 50 MG CAPSULE	1		ENALAPRIL MALEATE 5 MG TABLET	1	
EFAVIRENZ 600 MG TABLET	1		ENALAPRIL-HCTZ 10-25 MG TABLET	1	
EFAVIR-LAMIV-TENOF 400-300-300	1	QL	ENALAPRIL-HCTZ 5-12.5 MG TAB	1	
EFAVIR-LAMIV-TENOF 600-300-300	1	QL	ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX
EFFER-K 10 MEQ TABLET EFF	3		ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, SRX
EFFER-K 20 MEQ TABLET EFF	3		ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX
ELEMENT COMPACT SOLN HIGH	2		ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX
ELEMENT COMPACT SOLN NORMAL	2		ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX
ELEMENT CONTROL SOLN NORMAL	2		ENDOCET 10-325 MG TABLET	1	PA
ELEMENT CONTROL SOLUTION HIGH	2		ENDOCET 2.5-325 MG TABLET	1	PA



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ENDOCET 5-325 MG TABLET	1	PA	EQL INSULIN SYR 1 ML 31GX5/16"	2	
ENDOCET 7.5-325 MG TABLET	1	PA	EQL PEN 8MM 31G X 5/16" NEEDLE	2	
ENDOMETRIN 100 MG VAG INSERT	3	PA	ERGOLOID MESYLATES 1 MG TAB	1	
ENGERIX-B 20 MCG/ML SYRN	2		ERIVEDGE 150 MG CAPSULE	4	PA, QL, LDD, SRX
ENGERIX-B 20 MCG/ML VIAL	2		ERLOTINIB HCL 100 MG TABLET	4	PA, LDD, SRX
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2		ERLOTINIB HCL 150 MG TABLET	4	PA, LDD, SRX
ENLITE SERTER	2		ERLOTINIB HCL 25 MG TABLET	4	PA, LDD, SRX
ENLYTE SOFTGEL	3		ERRIN 0.35 MG TABLET	1	
ENOXAPARIN 100 MG/ML SYRINGE	4	QL, SRX	ERTACZO 2% CREAM	3	
ENOXAPARIN 120 MG/0.8 ML SYR	4	QL, SRX	ERY 2% PADS	1	
ENOXAPARIN 150 MG/ML SYRINGE	4	QL, SRX	ERYTHROCIN 250 MG TABLET	3	
ENOXAPARIN 30 MG/0.3 ML SYR	4	QL, SRX	ERYTHROMYCIN 0.5% EYE OINTMENT	1	
ENOXAPARIN 300 MG/3 ML VIAL	4	QL, SRX	ERYTHROMYCIN 2% GEL	1	
ENOXAPARIN 40 MG/0.4 ML SYR	4	QL, SRX	ERYTHROMYCIN 2% SOLUTION	1	
ENOXAPARIN 60 MG/0.6 ML SYR	4	QL, SRX	ERYTHROMYCIN 200 MG/5 ML SUSP	1	
ENOXAPARIN 80 MG/0.8 ML SYR	4	QL, SRX	ERYTHROMYCIN 250 MG TABLET	1	
ENPRESSE-28 TABLET	1		ERYTHROMYCIN 400 MG/5 ML SUSP	1	
ENSKYCE 28 TABLET	1		ERYTHROMYCIN 500 MG TABLET	1	
ENTACAPONE 200 MG TABLET	1		ERYTHROMYCIN DR 250 MG CAP	1	
ENTECAVIR 0.5 MG TABLET	4	SRX	ERYTHROMYCIN ES 400 MG TAB	1	
ENTECAVIR 1 MG TABLET	4	SRX	ERYTHROMYCIN-BENZOYL GEL	1	
ENTRESTO 24 MG-26 MG TABLET	2	QL	ESCITALOPRAM 10 MG TABLET	1	QL
ENTRESTO 49 MG-51 MG TABLET	2	QL	ESCITALOPRAM 20 MG TABLET	1	QL
ENTRESTO 97 MG-103 MG TABLET	2	QL	ESCITALOPRAM 5 MG TABLET	1	QL
ENULOSE 10 GM/15 ML SOLUTION	1		ESCITALOPRAM OXALATE 5 MG/5 ML	1	QL
EPCLUSA 150-37.5 MG PELLETT PKT	4	PA, QL, SRX	ESOMEPRAZOLE DR 10 MG PACKET	2	QL
EPCLUSA 200 MG-50 MG TABLET	4	PA, QL, SRX	ESOMEPRAZOLE DR 20 MG PACKET	2	QL
EPCLUSA 200-50 MG PELLETT PACK	4	PA, QL, SRX	ESOMEPRAZOLE DR 40 MG PACKET	2	QL
EPCLUSA 400 MG-100 MG TABLET	4	PA, QL, SRX	ESOMEPRAZOLE MAG DR 20 MG CAP	1	QL
EPIDIOLEX 100 MG/ML SOLN PACK	3	PA, LDD	ESOMEPRAZOLE MAG DR 40 MG CAP	1	QL
EPIDIOLEX 100 MG/ML SOLUTION	3	PA, LDD	ESOMEPRAZOLE DR 49.3 MG CAP	1	QL
EPIFOAM FOAM	3		ESTARYLLA 0.25-0.035 MG TABLET	1	
EPINASTINE HCL 0.05% EYE DROPS	1		ESTAZOLAM 1 MG TABLET	1	
EPINEPHRINE 0.15 MG AUTO-INJCT	1	QL	ESTAZOLAM 2 MG TABLET	1	
EPINEPHRINE 0.3 MG AUTO-INJECT	1	QL	ESTRADIOL 0.025 MG PATCH(1/WK)	1	QL
EPITOL 200 MG TABLET	1		ESTRADIOL 0.025 MG PATCH(2/WK)	1	QL
EPIVIR HBV 25 MG/5 ML SOLN	4	SRX	ESTRADIOL 0.0375MG PATCH(1/WK)	1	QL
EPLERENONE 25 MG TABLET	1		ESTRADIOL 0.0375MG PATCH(2/WK)	1	QL
EPLERENONE 50 MG TABLET	1		ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL
EPROSARTAN MESYLATE 600 MG TAB	1		ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL
EQL INS SYR 1 ML 29GX1/2"	2		ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL
EQL INSUL SYR 0.3 ML 31GX5/16"	2		ESTRADIOL 0.075 MG PATCH(1/WK)	1	QL
EQL INSUL SYR 0.5 ML 31GX5/16"	2		ESTRADIOL 0.075 MG PATCH(2/WK)	1	QL
EQL INSULIN 0.3 ML SYRINGE	2		ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL
EQL INSULIN 0.5 ML SYRINGE	2		ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL
EQL INSULIN 1 ML SYRINGE	2		ESTRADIOL 0.5 MG TABLET	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ESTRADIOL 1 MG TABLET	1		EVEROLIMUS 1 MG TABLET	4	SRX
ESTRADIOL 10 MCG VAGINAL INSRT	1	QL	EVEROLIMUS 10 MG TABLET	4	PA, QL, SRX
ESTRADIOL 2 MG TABLET	1		EVEROLIMUS 2 MG TAB FOR SUSP	4	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MG TB	1		EVEROLIMUS 2.5 MG TABLET	4	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	1		EVEROLIMUS 3 MG TAB FOR SUSP	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS F.S. TAB	1		EVEROLIMUS 5 MG TAB FOR SUSP	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS H.S. TAB	1		EVEROLIMUS 5 MG TABLET	4	PA, QL, SRX
ESZOPICLONE 1 MG TABLET	1		EVEROLIMUS 7.5 MG TABLET	4	PA, QL, SRX
ESZOPICLONE 2 MG TABLET	1		EVOLUTION CONTROL SOLN NORMAL	2	
ESZOPICLONE 3 MG TABLET	1		EVOTAZ 300 MG-150 MG TABLET	2	
ETHAMBUTOL HCL 100 MG TABLET	1		EXEL 3 ML SYRN 27G X 1 1/4"	2	
ETHAMBUTOL HCL 400 MG TABLET	1		EXEL HUBER 22GX3/4" NEEDLE	2	
ETHOSUXIMIDE 250 MG CAPSULE	1		EXEL HUBER NEEDLE 22GX1"	2	
ETHOSUXIMIDE 250 MG/5 ML SOLN	1		EXEL HYPO NEEDLE 16GX1"	2	
ETHYL CHLORIDE SPRAY	1		EXEL HYPO NEEDLE 18GX1"	2	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1		EXEL HYPO NEEDLE 18GX1.5"	2	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1		EXEL HYPO NEEDLE 19GX1"	2	
ETODOLAC 200 MG CAPSULE	1		EXEL HYPO NEEDLE 19GX1.5"	2	
ETODOLAC 300 MG CAPSULE	1		EXEL HYPO NEEDLE 20GX0.75"	2	
ETODOLAC 400 MG TABLET	1		EXEL HYPO NEEDLE 20GX1"	2	
ETODOLAC 500 MG TABLET	1		EXEL HYPO NEEDLE 20GX1.5"	2	
ETODOLAC ER 400 MG TABLET	1		EXEL HYPO NEEDLE 21GX1"	2	
ETODOLAC ER 500 MG TABLET	1		EXEL HYPO NEEDLE 21GX1.5"	2	
ETODOLAC ER 600 MG TABLET	1		EXEL HYPO NEEDLE 22GX0.75"	2	
ETONOGESTREL-EE VAGINAL RING	1		EXEL HYPO NEEDLE 22GX1"	2	
ETOPOSIDE 50 MG CAPSULE	4	SRX	EXEL HYPO NEEDLE 22GX1.5"	2	
ETRAVIRINE 100 MG TABLET	1		EXEL HYPO NEEDLE 23GX0.75"	2	
ETRAVIRINE 200 MG TABLET	1		EXEL HYPO NEEDLE 23GX1"	2	
EURAX 10% CREAM	3		EXEL HYPO NEEDLE 25GX0.625"	2	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25GX0.75"	2	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1"	2	
EUTHYROX 125 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1.5"	2	
EUTHYROX 137 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.375"	2	
EUTHYROX 150 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.5"	2	
EUTHYROX 175 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.625"	2	
EUTHYROX 200 MCG TABLET	1		EXEL HYPO NEEDLE 26GX1.5"	2	
EUTHYROX 25 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.5"	2	
EUTHYROX 50 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.625"	2	
EUTHYROX 75 MCG TABLET	1		EXEL HYPO NEEDLE 26GX1.5"	2	
EUTHYROX 88 MCG TABLET	1		EXEL HYPO NEEDLE 27GX0.5"	2	
EVENCARE G2 CONTROL SOLUTION	2		EXEL HYPO NEEDLE 30GX0.5"	2	
EVENCARE G3 CONTROL SOLUTION	2		EXEL INS SYR U100 1 ML 28GX1/2	2	
EVEROLIMUS 0.25 MG TABLET	4	SRX	EXEL MTI DRAWING ND 20GX1"	2	
EVEROLIMUS 0.5 MG TABLET	4	SRX	EXEL MTI DRAWING ND 21GX1"	2	
EVEROLIMUS 0.75 MG TABLET	4	SRX	EXEL MTI DRAWING ND 22GX1"	2	
			EXEL SYRINGE 20GX1" 3 ML	2	
			EXEL SYRINGE 20GX1-1/2" 3 ML	2	
			EXEL SYRINGE 21GX1" 3 ML	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EXEL SYRINGE 21GX1-1/2" 3 ML	2	
EXEL SYRINGE 22GX1" 3 ML	2	
EXEL SYRINGE 22GX1-1/2" 3 ML	2	
EXEL SYRINGE 22GX3/4" 3 ML	2	
EXEL SYRINGE 23GX1" 3 ML	2	
EXEL SYRINGE 25GX1" 3 ML	2	
EXEL U100 0.3 ML 29GX1/2"	2	
EXEL U100 0.3 ML 30GX5/16"	2	
EXEL U100 0.5 ML 28GX1/2"	2	
EXEL U100 0.5 ML 29GX1/2"	2	
EXEL U100 0.5 ML 30GX5/16"	2	
EXEL U100 1 ML 30GX5/16"	2	
EXEL U100 INS SYR 1 ML 29GX1/2	2	
EXEMESTANE 25 MG TABLET	1	
EXTENDED RESERVOIR 3 ML	2	
EZETIMIBE 10 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-10 MG	1	
EZETIMIBE-SIMVASTATIN 10-20 MG	1	
EZETIMIBE-SIMVASTATIN 10-40 MG	1	
EZETIMIBE-SIMVASTATIN 10-80 MG	1	
EZ-VAC	2	
FALMINA-28 TABLET	1	
FAMCICLOVIR 125 MG TABLET	1	
FAMCICLOVIR 250 MG TABLET	1	
FAMCICLOVIR 500 MG TABLET	1	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML SUSP	1	
FANAPT 1 MG TABLET	3	QL, ST
FANAPT 10 MG TABLET	3	QL, ST
FANAPT 12 MG TABLET	3	QL, ST
FANAPT 2 MG TABLET	3	QL, ST
FANAPT 4 MG TABLET	3	QL, ST
FANAPT 6 MG TABLET	3	QL, ST
FANAPT 8 MG TABLET	3	QL, ST
FANAPT TITRATION PACK	3	QL, ST
FARXIGA 10 MG TABLET	2	QL
FARXIGA 5 MG TABLET	2	QL
FEBUXOSTAT 40 MG TABLET	3	QL
FEBUXOSTAT 80 MG TABLET	3	QL
FELBAMATE 400 MG TABLET	3	
FELBAMATE 600 MG TABLET	3	
FELBAMATE 600 MG/5 ML SUSP	3	
FELODIPINE ER 10 MG TABLET	1	
FELODIPINE ER 2.5 MG TABLET	1	
FELODIPINE ER 5 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FEM PH VAGINAL JELLY	1	
FEMYNOR 28 TABLET	1	
FENOFIBRATE 120 MG TABLET	1	
FENOFIBRATE 130 MG CAPSULE	1	
FENOFIBRATE 134 MG CAPSULE	1	
FENOFIBRATE 145 MG TABLET	1	
FENOFIBRATE 150 MG CAPSULE	1	
FENOFIBRATE 160 MG TABLET	1	
FENOFIBRATE 200 MG CAPSULE	1	
FENOFIBRATE 40 MG TABLET	1	
FENOFIBRATE 43 MG CAPSULE	1	
FENOFIBRATE 48 MG TABLET	1	
FENOFIBRATE 50 MG CAPSULE	1	
FENOFIBRATE 54 MG TABLET	1	
FENOFIBRATE 67 MG CAPSULE	1	
FENOFIBRIC ACID 105 MG TABLET	1	
FENOFIBRIC ACID 35 MG TABLET	1	
FENOFIBRIC ACID DR 135 MG CAP	1	
FENOFIBRIC ACID DR 45 MG CAP	1	
FENOPROFEN 600 MG TABLET	1	
FENTANYL 100 MCG/HR PATCH	1	PA
FENTANYL 12 MCG/HR PATCH	1	PA
FENTANYL 25 MCG/HR PATCH	1	PA
FENTANYL 37.5 MCG/HR PATCH	1	PA
FENTANYL 50 MCG/HR PATCH	1	PA
FENTANYL 62.5 MCG/HR PATCH	1	PA
FENTANYL 75 MCG/HR PATCH	1	PA
FENTANYL 87.5 MCG/HR PATCH	1	PA
FENTANYL CIT OTFC 1,200 MCG	3	PA
FENTANYL CIT OTFC 1,600 MCG	3	PA
FENTANYL CITRATE OTFC 200 MCG	3	PA
FENTANYL CITRATE OTFC 400 MCG	3	PA
FENTANYL CITRATE OTFC 600 MCG	3	PA
FENTANYL CITRATE OTFC 800 MCG	3	PA
FERRIPROX 100 MG/ML SOLUTION	3	PA, LDD
FESOTERODINE ER 4 MG TABLET	3	QL
FESOTERODINE ER 8 MG TABLET	3	QL
FETZIMA 20-40 MG TITRATION PAK	3	QL, ST
FETZIMA ER 120 MG CAPSULE	3	QL, ST
FETZIMA ER 20 MG CAPSULE	3	QL, ST
FETZIMA ER 40 MG CAPSULE	3	QL, ST
FETZIMA ER 80 MG CAPSULE	3	QL, ST
FIFTY50 GLUCOSE CONTROL SOLN	2	
FIFTY50 INS 0.3 ML 31GX5/16"	2	
FIFTY50 INS 0.5 ML 31GX5/16"	2	
FIFTY50 INS SYR 1 ML 31GX5/16"	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FIFTY50 PEN 31G X 3/16" NEEDLE	2		FLUOCINOLONE 0.01% CREAM	1	
FIFTY50 PEN 31G X 5/16" NEEDLE	2		FLUOCINOLONE 0.01% SCALP OIL	1	
FIFTY50 PEN NEEDLE 32G X 1/4"	2		FLUOCINOLONE 0.01% SOLUTION	1	
FIFTY50 PEN NEEDLE 32G X 5/32"	2		FLUOCINOLONE 0.025% CREAM	1	
FILTER ASPIRATOR NEEDLE	2		FLUOCINOLONE 0.025% OINTMENT	1	
FILTER NEEDLE	2		FLUOCINOLONE OIL 0.01% EAR DRP	1	
FILTER NEEDLE 19GX1-1/2"	2		FLUOCINONIDE 0.05% CREAM	1	
FILTER NEEDLE 5 MICRON	2		FLUOCINONIDE 0.05% GEL	1	
FINASTERIDE 5 MG TABLET	1		FLUOCINONIDE 0.05% OINTMENT	1	
FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX	FLUOCINONIDE 0.05% SOLUTION	1	
FINZALA 1-0.02(24)-75 CHEW TAB	1		FLUOCINONIDE 0.1% CREAM	1	
FIRVANQ 25 MG/ML SOLUTION	2	QL	FLUOCINONIDE-E 0.05% CREAM	1	
FIRVANQ 50 MG/ML SOLUTION	2	QL	FLUORIDEX DAILY DEFENSE	1	
FLAC OTIC OIL 0.01% EAR DROP	1		FLUORIDEX SENSITIV RLF PASTE	1	
FLAVOXATE HCL 100 MG TABLET	1		FLUOROMETHOLONE 0.1% DROPS	1	
FLECAINIDE ACETATE 100 MG TAB	1		FLUOROURACIL 0.5% CREAM	3	
FLECAINIDE ACETATE 150 MG TAB	1		FLUOROURACIL 2% TOPICAL SOLN	1	
FLECAINIDE ACETATE 50 MG TAB	1		FLUOROURACIL 5% CREAM	1	
FLEXICHAMBER	2	QL	FLUOROURACIL 5% TOPICAL SOLN	1	
FLEXICHAMBER-LG CHILD MASK	2	QL	FLUOXETINE 20 MG/5 ML SOLUTION	1	QL
FLEXICHAMBER-SM ADULT MASK	2	QL	FLUOXETINE DR 90 MG CAPSULE	1	QL
FLEXICHAMBER-SM CHILD MASK	2	QL	FLUOXETINE HCL 10 MG CAPSULE	1	QL
FLOVENT 100 MCG DISKUS	2	QL	FLUOXETINE HCL 20 MG CAPSULE	1	QL
FLOVENT 250 MCG DISKUS	2	QL	FLUOXETINE HCL 40 MG CAPSULE	1	QL
FLOVENT 50 MCG DISKUS	2	QL	FLUPHENAZINE 1 MG TABLET	1	
FLOVENT HFA 110 MCG INHALER	2	QL	FLUPHENAZINE 10 MG TABLET	1	
FLOVENT HFA 220 MCG INHALER	2	QL	FLUPHENAZINE 2.5 MG TABLET	1	
FLOVENT HFA 44 MCG INHALER	2	QL	FLUPHENAZINE 2.5 MG/5 ML ELIX	1	
FLOW-EZE VENTED NEEDLE	2		FLUPHENAZINE 5 MG TABLET	1	
FLUAD QUAD	2		FLUPHENAZINE 5 MG/ML CONC	1	
FLUARIX QUAD	2		FLURANDRENOLIDE 0.05% CREAM	3	
FLUBLOK QUAD	2		FLURANDRENOLIDE 0.05% LOTION	3	
FLUCELVAX QUAD	2		FLURANDRENOLIDE 0.05% OINTMENT	3	
FLUCONAZOLE 10 MG/ML SUSP	1		FLURBIPROFEN 100 MG TABLET	1	
FLUCONAZOLE 100 MG TABLET	1		FLURBIPROFEN 0.03% EYE DROP	1	
FLUCONAZOLE 150 MG TABLET	1		FLUTAMIDE 125 MG CAPSULE	1	
FLUCONAZOLE 200 MG TABLET	1		FLUTICASON PROP 0.005% OINT	1	
FLUCONAZOLE 40 MG/ML SUSP	1		FLUTICASON PROP 0.05% CREAM	1	
FLUCONAZOLE 50 MG TABLET	1		FLUTICASON PROP 0.05% LOTION	1	
FLUCYTOSINE 250 MG CAPSULE	3		FLUTICASON PROP 50 MCG SPRAY	1	
FLUCYTOSINE 500 MG CAPSULE	3		FLUTICASON-SALMETEROL 100-50	1	QL
FLUDROCORTISONE 0.1 MG TABLET	1		FLUTICASON-SALMETEROL 250-50	1	QL
FLULAVAL QUAD	2		FLUTICASON-SALMETEROL 500-50	1	QL
FLUMIST QUAD	2		FLUVASTATIN ER 80 MG TABLET	1	
FLUNISOLIDE 0.025% SPRAY	1		FLUVASTATIN SODIUM 20 MG CAP	1	
FLUOCINOLONE 0.01% BODY OIL	1				

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FLUVASTATIN SODIUM 40 MG CAP	1		FREESTYLE LIBRE 14 DAY READER	2	PA, QL
FLUVOXAMINE ER 100 MG CAPSULE	1	QL	FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL
FLUVOXAMINE ER 150 MG CAPSULE	1	QL	FREESTYLE LIBRE 2 READER	2	PA, QL
FLUVOXAMINE MALEATE 100 MG TAB	1	QL	FREESTYLE LIBRE 2 SENSOR	2	PA, QL
FLUVOXAMINE MALEATE 25 MG TAB	1	QL	FREESTYLE LIBRE 3 SENSOR	2	PA, QL
FLUVOXAMINE MALEATE 50 MG TAB	1	QL	FREESTYLE PREC 0.5 ML 30GX5/16	2	
FLUZONE HIGH-DOSE QUAD	2		FREESTYLE PREC 0.5 ML 31GX5/16	2	
FLUZONE QUAD	2		FREESTYLE PREC 1 ML 30GX5/16"	2	
FOLIC ACID 1 MG TABLET	1		FREESTYLE PREC 1 ML 31GX5/16"	2	
FOLIVANE-OB CAPSULE	1		FROVATRIPTAN SUCC 2.5 MG TAB	1	QL
FONDAPARINUX 10 MG/0.8 ML SYR	4	QL, SRX	FUROSEMIDE 10 MG/ML SOLUTION	1	
FONDAPARINUX 2.5 MG/0.5 ML SYR	4	QL, SRX	FUROSEMIDE 20 MG TABLET	1	
FONDAPARINUX 5 MG/0.4 ML SYR	4	QL, SRX	FUROSEMIDE 40 MG TABLET	1	
FONDAPARINUX 7.5 MG/0.6 ML SYR	4	QL, SRX	FUROSEMIDE 40 MG/5 ML SOLN	1	
FORA HIGH CONTROL SOLUTION	2		FUROSEMIDE 80 MG TABLET	1	
FORA KETONE CONTROL SOLN-L1	2		FUZEON 90 MG VIAL	4	LDD, SRX
FORA LOW CONTROL SOLUTION	2		FYAVOLV 0.5 MG-2.5 MCG TABLET	1	
FORA NORMAL CONTROL SOLUTION	2		FYAVOLV 1 MG-5 MCG TABLET	1	
FORACARE GDH HIGH CONTROL SOLN	2		FYCOMPA 10 MG TABLET	3	PA, QL
FORACARE GDH LOW CONTROL SOLN	2		FYCOMPA 12 MG TABLET	3	PA, QL
FORACARE GDH NORM CONTROL SOLN	2		FYCOMPA 2 MG TABLET	3	PA, QL
FORMOTEROL 20 MCG/2 ML NEB VL	3	QL	FYCOMPA 4 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN HIGH	2		FYCOMPA 6 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN LOW	2		FYCOMPA 8 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN NORMAL	2		GABAPENTIN 100 MG CAPSULE	1	
FOSAMPRENAVIR 700 MG TABLET	1		GABAPENTIN 250 MG/5 ML SOLN	1	
FOSFOMYCIN 3 GM SACHET	2		GABAPENTIN 300 MG CAPSULE	1	
FOSINOPRIL SODIUM 10 MG TAB	1		GABAPENTIN 300 MG/6 ML SOLN	1	
FOSINOPRIL SODIUM 20 MG TAB	1		GABAPENTIN 400 MG CAPSULE	1	
FOSINOPRIL SODIUM 40 MG TAB	1		GABAPENTIN 600 MG TABLET	1	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	1		GABAPENTIN 800 MG TABLET	1	
FOSINOPRIL-HCTZ 20-12.5 MG TAB	1		GALANTAMINE ER 16 MG CAPSULE	1	QL
FOSRENOL 1,000 MG POWDER PACK	3		GALANTAMINE ER 24 MG CAPSULE	1	QL
FOSRENOL 750 MG POWDER PACKET	3		GALANTAMINE ER 8 MG CAPSULE	1	QL
FRAGMIN 10,000 UNIT/4 ML VIAL	4	QL, SRX	GALANTAMINE HBR 12 MG TABLET	1	
FRAGMIN 10,000 UNIT/ML SYRINGE	4	QL, SRX	GALANTAMINE HBR 4 MG TABLET	1	
FRAGMIN 12,500 UNIT/0.5 ML SYR	4	QL, SRX	GALANTAMINE HBR 8 MG TABLET	1	
FRAGMIN 15,000 UNIT/0.6 ML SYR	4	QL, SRX	GALANTAMINE 4 MG/ML ORAL SOLN	1	
FRAGMIN 18,000 UNIT/0.72 ML	4	QL, SRX	GALZIN 25 MG CAPSULE	3	
FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL, SRX	GALZIN 50 MG CAPSULE	3	
FRAGMIN 5,000 UNIT/0.2 ML SYR	4	QL, SRX	GARDASIL 9 SYRINGE	2	
FRAGMIN 7,500 UNIT/0.3 ML SYR	4	QL, SRX	GARDASIL 9 VIAL	2	
FRAGMIN 95,000 UNIT/3.8 ML VL	4	QL, SRX	GATIFLOXACIN 0.5% EYE DROPS	1	
FREESTYLE CONTROL SOLUTION	2		GATTEX 5 MG 30-VIAL KIT	4	PA, LDD, SRX
FREESTYLE LIBRE 10 DAY READER	2	PA, QL	GATTEX 5 MG ONE-VIAL KIT	4	PA, LDD, SRX
FREESTYLE LIBRE 10 DAY SENSOR	2	PA, QL	GATTEX 5 MG VIAL	4	PA, LDD, SRX
			GAVILYTE-C	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GNP ULTIGUARD SAFEPACK 32G 6MM	2		HALOPERIDOL 0.5 MG TABLET	1	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	2		HALOPERIDOL 1 MG TABLET	1	
GNP ULTR CMFRT 0.5 ML 30GX5/16	2		HALOPERIDOL 10 MG TABLET	1	
GNP ULTR COMFORT 1 ML 29GX1/2"	2		HALOPERIDOL 2 MG TABLET	1	
GNP ULTRA COMFORT 0.5 ML SYR	2		HALOPERIDOL 20 MG TABLET	1	
GNP ULTRA COMFORT 1 ML SYRINGE	2		HALOPERIDOL 5 MG TABLET	1	
GNP ULTRA COMFORT 3/10 ML SYR	2		HALOPERIDOL LAC 10 MG/5 ML CUP	1	
GNP ULTRA COMFRT 1 ML 28GX1/2"	2		HALOPERIDOL LAC 2 MG/ML CONC	1	
GOJJI GLUCOSE CONTROL SOLUTION	2		HARVONI 33.75-150 MG PELLETT PK	4	PA, QL, SRX
GOJJI KETONE CONTROL SOLUTION	2		HARVONI 45-200 MG PELLETT PK	4	PA, QL, SRX
GRANISETRON HCL 0.1 MG/ML VIAL	3		HARVONI 45-200 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 1 MG TABLET	3		HARVONI 90-400 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 1 MG/ML VIAL	3		HAVRIX 1,440 UNIT/ML SYRINGE	2	
GRANISETRON HCL 4 MG/4 ML VIAL	3		HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
GRISEOFULVIN 125 MG/5 ML SUSP	1		HEALTHPRO GLUCOSE CONTROL SOLN	2	
GRISEOFULVIN MICRO 500 MG TAB	1		HEALTHWISE INS 0.3ML 30GX5/16"	2	
GRISEOFULVIN ULTRA 125 MG TAB	1		HEALTHWISE INS 0.3ML 31GX5/16"	2	
GRISEOFULVIN ULTRA 250 MG TAB	1		HEALTHWISE INS 0.5ML 30GX5/16"	2	
GS PEN NEEDLE 31G X 5/16"	2		HEALTHWISE INS 0.5ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 5MM	2		HEALTHWISE INS 1 ML 30GX5/16"	2	
GS PEN NEEDLE 31G X 6MM	2		HEALTHWISE INS 1 ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 8MM	2		HEALTHWISE PEN NEEDLE 31G 5MM	2	
GS PEN NEEDLE 32G X 4MM	2		HEALTHWISE PEN NEEDLE 31G 8MM	2	
GS PEN NEEDLE 32G X 6MM	2		HEALTHWISE PEN NEEDLE 32G 4MM	2	
GUANFACINE 1 MG TABLET	1		HEALTHY ACCENTS PENTIP 4MM 32G	2	
GUANFACINE 2 MG TABLET	1		HEALTHY ACCENTS PENTIP 5MM 31G	2	
GUANFACINE HCL ER 1 MG TABLET	1	QL	HEALTHY ACCENTS PENTIP 6MM 31G	2	
GUANFACINE HCL ER 2 MG TABLET	1	QL	HEALTHY ACCENTS PENTIP 8MM 31G	2	
GUANFACINE HCL ER 3 MG TABLET	1	QL	HEALTHY ACCENTS PENTIP 12MM 29G	2	
GUANFACINE HCL ER 4 MG TABLET	1	QL	HEATHER 0.35 MG TABLET	1	
GUARDIAN RT CHARGER	2		HEB UNIFINE PNTIP PLUS 31GX3/16	2	
GUARDIAN RT REPLACE TEST PLUG	2		HEMA-COMBISTIX	2	
GUARDIAN RT STARTER KIT	2		HEMMOREX-HC 25 MG SUPPOSITORY	1	
GUARDIAN RT SYSTEM	2		HEMMOREX-HC 30 MG SUPPOSITORY	1	
GUARDIAN TEST PLUG	2		HEPARIN SOD 5,000 UNIT/0.5 ML	1	
GUARDIAN TRANSMITTER TAPE	2		HEPARIN SOD 5,000 UNIT/ML SYRNG	1	
GYNAZOLE 1	1		HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	
HADLIMA	4	PA, QL, SRX	HER STYLE 1.5 MG TABLET	1	
HAILEY 21 1.5 MG-30 MCG TAB	1		HIBERIX VACCINE VIAL	2	
HAILEY 24 FE 1 MG-20 MCG TAB	1		HIBERIX VACCINE WITH DILUENT	2	
HAILEY FE 1.5-30 TABLET	1		HM ULTICARE PEN NEEDLE 4MM 32G	2	
HAILEY FE 1-20 TABLET	1		HM ULTICARE PEN NEEDLE 5MM 31G	2	
HALCINONIDE 0.1% CREAM	3		HM ULTICARE PEN NEEDLE 6MM 31G	2	
HALOBETASOL PROP 0.05% CREAM	1		HM ULTICARE PEN NEEDLE 8MM 31G	2	
HALOBETASOL PROP 0.05% OINTMNT	1		HOMATROPAIRE 5% EYE DROPS	1	
HALOETTE VAGINAL RING	1		HOMATROPINE 5% EYE DROPS	1	
			HUMALOG 100 UNIT/ML CARTRIDGE	2	QL



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HUMALOG 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 40 MG TABLET	1	PA
HUMALOG 100 UNIT/ML VIAL	2	QL	HYDROCODONE ER 60 MG TABLET	1	PA
HUMALOG 200 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 80 MG TABLET	1	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-300 MG	1	PA
HUMALOG MIX 50-50 VIAL	2	QL	HYDROCODONE-ACETAMIN 10-325 MG	1	PA
HUMALOG MIX 50-50 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-325/15	1	PA
HUMALOG MIX 75-25 VIAL	2	QL	HYDROCODONE-ACETAMIN 2.5-108/5	1	PA
HUMALOG MIX 75-25 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 5-217/10	1	PA
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL	HYDROCODONE-ACETAMIN 5-300 MG	1	PA
HUMATROPE 12 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 5-325 MG	1	PA
HUMATROPE 24 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-300	1	PA
HUMATROPE 6 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-325	1	PA
HUMIRA	4	PA, QL, SRX	HYDROCODONE-ACETAMN 7.5-325/15	1	PA
HUMIRA PEN 40 MG/0.8 ML	4	PA, QL, SRX	HYDROCODONE-CHLORPHEN ER SUSP	1	
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5-1.5	1	QL
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE SOLN	1	QL
HUMIRA(CF) 10 MG/0.1 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10-200	1	PA
HUMIRA(CF) 20 MG/0.2 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG	1	PA
HUMIRA(CF) 40 MG/0.4 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 7.5-200	1	PA
HUMIRA(CF) PEDI CROHN 80-40 MG	4	PA, QL, LDD, SRX	HYDROCORTISON-ACETIC ACID SOLN	1	
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	PA, QL, LDD, SRX	HYDROCORTISONE 1% CREAM	1	
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA, QL, SRX	HYDROCORTISONE 1% OINTMENT	1	
HUMIRA(CF) PEN 80 MG/0.8 ML	4	PA, QL, SRX	HYDROCORTISONE 10 MG TABLET	1	
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA, QL, SRX	HYDROCORTISONE 100 MG/60 ML	1	
HUMIRA(CF) PEN PEDI UC 80 MG	4	PA, QL, LDD, SRX	HYDROCORTISONE 2.5% CREAM	1	
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA, QL, SRX	HYDROCORTISONE 2.5% LOTION	1	
HUMULIN 70/30 KWIKPEN	2	QL	HYDROCORTISONE 2.5% OINTMENT	1	
HUMULIN 70-30 VIAL	2	QL	HYDROCORTISONE 20 MG TABLET	1	
HUMULIN N 100 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE 5 MG TABLET	1	
HUMULIN N 100 UNIT/ML VIAL	2	QL	HYDROCORTISONE AC 25 MG SUPP	1	
HUMULIN R 100 UNIT/ML VIAL	2	QL	HYDROCORTISONE AC 30 MG SUPP	1	
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE BUTY 0.1% CREAM	1	
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE BUTYR 0.1% OINT	1	
HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX	HYDROCORTISONE BUTYR 0.1% SOLN	1	
HYCAMTIN 1 MG CAPSULE	4	PA, SRX	HYDROCORTISONE VAL 0.2% CREAM	1	
HYDRALAZINE 10 MG TABLET	1		HYDROCORTISONE VAL 0.2% OINTMT	1	
HYDRALAZINE 100 MG TABLET	1		HYDROMET 5 MG-1.5 MG/5 ML SOLN	1	QL
HYDRALAZINE 25 MG TABLET	1		HYDROMORPHONE 1 MG/ML SOLUTION	1	PA
HYDRALAZINE 50 MG TABLET	1		HYDROMORPHONE 2 MG TABLET	1	PA
HYDROCHLOROTHIAZIDE 12.5 MG CP	1		HYDROMORPHONE 3 MG SUPPOS	1	PA
HYDROCHLOROTHIAZIDE 12.5 MG TB	1		HYDROMORPHONE 4 MG TABLET	1	PA
HYDROCHLOROTHIAZIDE 25 MG TAB	1		HYDROMORPHONE 5 MG/5 ML SOLN	1	PA
HYDROCHLOROTHIAZIDE 50 MG TAB	1		HYDROMORPHONE 8 MG TABLET	1	PA
HYDROCODONE ER 100 MG TABLET	1	PA	HYDROMORPHONE HCL ER 12 MG TAB	1	PA
HYDROCODONE ER 120 MG TABLET	1	PA	HYDROMORPHONE HCL ER 16 MG TAB	1	PA
HYDROCODONE ER 20 MG TABLET	1	PA	HYDROMORPHONE HCL ER 32 MG TAB	1	PA
HYDROCODONE ER 30 MG TABLET	1	PA	HYDROMORPHONE HCL ER 8 MG TAB	1	PA



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HYDROXYCHLOROQUINE 200 MG TAB	1		ICOSAPENT ETHYL 1 GRAM CAPSULE	3	PA
HYDROXYUREA 500 MG CAPSULE	1		ICOSAPENT ETHYL 500 MG CAPSULE	3	PA
HYDROXYZINE 10 MG/5 ML SOLN	1		ILARIS 150 MG/ML VIAL	4	PA, LDD, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	1		IMATINIB MESYLATE 100 MG TAB	4	PA, QL, SRX
HYDROXYZINE HCL 10 MG TABLET	1		IMATINIB MESYLATE 400 MG TAB	4	PA, QL, SRX
HYDROXYZINE HCL 25 MG TABLET	1		IMBRUVICA 140 MG CAPSULE	4	PA, QL, LDD, SRX
HYDROXYZINE HCL 50 MG TABLET	1		IMBRUVICA 140 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 100 MG CAP	1		IMBRUVICA 280 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 25 MG CAP	1		IMBRUVICA 420 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 50 MG CAP	1		IMBRUVICA 560 MG TABLET	4	PA, QL, LDD, SRX
HYOPHEN TABLET	1		IMBRUVICA 70 MG CAPSULE	4	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG ODT	1		IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG TAB SL	1		IMIPRAMINE HCL 10 MG TABLET	1	
HYOSCYAMINE 0.125 MG/5 ML ELIX	1		IMIPRAMINE HCL 25 MG TABLET	1	
HYOSCYAMINE 0.125 MG/ML DROP	1		IMIPRAMINE HCL 50 MG TABLET	1	
HYOSCYAMINE ER 0.375 MG TAB	1		IMIPRAMINE PAMOATE 100 MG CAP	2	
HYOSCYAMINE SULF 0.125 MG TAB	1		IMIPRAMINE PAMOATE 125 MG CAP	2	
HYOSCYAMINE SR 0.375 MG TAB	1		IMIPRAMINE PAMOATE 150 MG CAP	2	
HYOSYNE 0.125 MG/ML DROP	1		IMIPRAMINE PAMOATE 75 MG CAP	2	
HYOSYNE 125 MCG/5 ML ELIXIR	1		IMIQUIMOD 5% CREAM PACKET	1	
HYPO NEEDLE,POLYPROPYL HUB	2		INCASSIA 0.35 MG TABLET	1	
HYPODERMIC NEEDLE,ALUM HUB	2		IN-CHECK NASAL WITH MASK	2	
HYRIMOZ	4	PA, QL, SRX	IN-CHECK ORAL FLOW METER	2	
IBANDRONATE SODIUM 150 MG TAB	1		INCONTROL PEN NEEDLE 12MM 29G	2	
IBRANCE 100 MG CAPSULE	4	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 4MM 32G	2	
IBRANCE 100 MG TABLET	4	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 5MM 31G	2	
IBRANCE 125 MG CAPSULE	4	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 6MM 31G	2	
IBRANCE 125 MG TABLET	4	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 8MM 31G	2	
IBRANCE 75 MG CAPSULE	4	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 6MM	2	
IBRANCE 75 MG TABLET	4	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 8MM	2	
IBU 400 MG TABLET	1		INCONTROL ULTICARE ND 32G 4MM	2	
IBU 600 MG TABLET	1		INCRELEX 40 MG/4 ML VIAL	4	PA, LDD, SRX
IBU 800 MG TABLET	1		INCRUSE ELLIPTA 62.5 MCG INH	2	
IBUPROFEN 100 MG/5 ML SUSP	1		INDAPAMIDE 1.25 MG TABLET	1	
IBUPROFEN 400 MG TABLET	1		INDAPAMIDE 2.5 MG TABLET	1	
IBUPROFEN 600 MG TABLET	1		INDOMETHACIN 25 MG CAPSULE	1	
IBUPROFEN 800 MG TABLET	1		INDOMETHACIN 50 MG CAPSULE	1	
ICATIBANT 30 MG/3 ML SYRINGE	4	PA, LDD, SRX	INDOMETHACIN ER 75 MG CAPSULE	1	
ICLEVIA 0.15 MG-0.03 MG TABLET	1		INFANRIX DTAP SYRINGE	2	
ICLUSIG 10 MG TABLET	4	PA, QL, LDD, SRX	INFANRIX DTAP VIAL	2	
ICLUSIG 15 MG TABLET	4	PA, QL, LDD, SRX	INFINITY CONTROL SOLN HIGH	2	
ICLUSIG 30 MG TABLET	4	PA, QL, LDD, SRX	INFINITY CONTROL SOLN LOW	2	
ICLUSIG 45 MG TABLET	4	PA, QL, LDD, SRX	INFINITY CONTROL SOLN NORMAL	2	
ICOSAPENT ETHYL 0.5 GM CAPSULE	3	PA	INFINITY VOICE CTRL SOLN-LVL 2	2	
			INFUSION SET 23"	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INFUSION SET 23" 6MM	2		INSULIN SYRIN 0.5 ML 31GX5/16"	2	
INFUSION SET 23" 9MM	2		INSULIN SYRIN 1 ML 29GX1/2"	2	
INFUSION SET 43"	2		INSULIN SYRING 0.5 ML 27G 1/2"	2	
INFUSION SET 43" 6MM	2		INSULIN SYRING 0.5 ML 27G 13MM	2	
INFUSION SET 43" 9MM	2		INSULIN SYRING 0.5 ML 27GX1/2"	2	
INJECT-EASE SYR NDL INTRODUCER	2		INSULIN SYRING 0.5 ML 28G 1/2"	2	
INLYTA 1 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29G 1/2"	2	
INLYTA 5 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29GX1/2"	2	
INPEN (FOR HUMALOG) BLUE	2		INSULIN SYRINGE 0.3 ML	2	
INPEN (FOR HUMALOG) GREY	2		INSULIN SYRINGE 0.3 ML 31GX1/4	2	
INPEN (FOR HUMALOG) PINK	2		INSULIN SYRINGE 0.5 ML	2	
INPEN (NOVOLOG OR FIASP) BLUE	2		INSULIN SYRINGE 0.5 ML 31GX1/4	2	
INPEN (NOVOLOG OR FIASP) GREY	2		INSULIN SYRINGE 1 ML	2	
INPEN (NOVOLOG OR FIASP) PINK	2		INSULIN SYRINGE 1 ML 27G 1/2"	2	
INSET 30 INFUSION SET 23"	2		INSULIN SYRINGE 1 ML 27G 13MM	2	
INSET INFUSION SET 23" 6MM	2		INSULIN SYRINGE 1 ML 27GX1/2"	2	
INSET INFUSION SET 23" 9MM	2		INSULIN SYRINGE 1 ML 28G 1/2"	2	
INSPIRACHAMBER	2	QL	INSULIN SYRINGE 1 ML 28G 13MM	2	
INSPIRACHAMBER WITH MASK-LARGE	2	QL	INSULIN SYRINGE 1 ML 28GX1/2"	2	
INSPIRACHAMBER WITH MASK-MED	2	QL	INSULIN SYRINGE 1 ML 29G 1/2"	2	
INSPIRACHAMBER WITH MASK-SMALL	2	QL	INSULIN SYRINGE 1 ML 29GX1/2"	2	
INSUL-CAP INSULIN HOLDER	2		INSULIN SYRINGE 1 ML 30G 5/16"	2	
INSUL-EZE SYRINGE MAGNIFIER	2		INSULIN SYRINGE 1 ML 30GX1/2"	2	
INSULIN 1 ML SYRINGE	2		INSULIN SYRINGE 1 ML 30GX5/16"	2	
INSULIN 1/2 ML SYRINGE	2		INSULIN SYRINGE 1 ML 31G 5/16"	2	
INSULIN 3/10 ML SYRINGE	2		INSULIN SYRINGE 1 ML 31GX1/4"	2	
INSULIN ASPART 100 UNIT/ML VL	3	QL, ST	INSULIN SYRINGE 1 ML 31GX5/16"	2	
INSULIN ASPART 100 UNIT/ML CRT	3	QL, ST	INSUPEN 30G ULTRAFIN NEEDLE	2	
INSULIN ASPART 100 UNIT/ML PEN	3	QL, ST	INSUPEN 31G ULTRAFIN NEEDLE	2	
INSULIN ASPART PRO MIX70-30 PN	3	QL, ST	INSUPEN 32G 6MM PEN NEEDLE	2	
INSULIN ASPART PRO MIX70-30 VL	3	QL, ST	INSUPEN 32G 8MM PEN NEEDLE	2	
INSULIN CARTRIDGE 3 ML	2		INSUPEN PEN NEEDLE 29GX1/2"	2	
INSULIN SYR 0.3 ML 30GX5/16"	2		INSUPEN PEN NEEDLE 29GX12MM	2	
INSULIN SYR 0.3ML 31GX1/4(1/2)	2		INSUPEN PEN NEEDLE 30GX8MM	2	
INSULIN SYRIN 0.3 ML 29GX1/2"	2		INSUPEN PEN NEEDLE 31G 5MM	2	
INSULIN SYRIN 0.3 ML 30GX1/2"	2		INSUPEN PEN NEEDLE 31G 8MM	2	
INSULIN SYRIN 0.3 ML 30GX5/16"	2		INSUPEN PEN NEEDLE 31GX3/16"	2	
INSULIN SYRIN 0.3 ML 31GX5/16"	2		INSUPEN PEN NEEDLE 31GX5/16"	2	
INSULIN SYRIN 0.5 ML 28G 1/2"	2		INSUPEN PEN NEEDLE 31GX6MM	2	
INSULIN SYRIN 0.5 ML 28GX1/2"	2		INSUPEN PEN NEEDLE 31GX8MM	2	
INSULIN SYRIN 0.5 ML 29GX1/2"	2		INSUPEN PEN NEEDLE 32G 4MM	2	
INSULIN SYRIN 0.5 ML 30G 1/2"	2		INSUPEN PEN NEEDLE 32GX4MM	2	
INSULIN SYRIN 0.5 ML 30G 5/16"	2		INSUPEN PEN NEEDLE 32GX5/32"	2	
INSULIN SYRIN 0.5 ML 30GX1/2"	2		INSUPEN PEN NEEDLE 32GX6MM	2	
INSULIN SYRIN 0.5 ML 30GX5/16"	2				
INSULIN SYRIN 0.5 ML 31G 5/16"	2				

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INSUPEN PEN NEEDLE 32GX8MM	2		JAIMIESS 0.15-0.03-0.01 MG TAB	1	
INSUPEN PEN NEEDLE 33GX4MM	2		JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX
INTELENCE 25 MG TABLET	2		JAKAFI 15 MG TABLET	4	PA, QL, LDD, SRX
INTROVALE 0.15-0.03 MG TABLET	1		JAKAFI 20 MG TABLET	4	PA, QL, LDD, SRX
IPOL VIAL	2		JAKAFI 25 MG TABLET	4	PA, QL, LDD, SRX
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1		JAKAFI 5 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.03% SPRAY	1		JANSSEN COVID-19 VACCINE (EUA)	2	
IPRATROPIUM 0.06% SPRAY	1		JANTOVEN 1 MG TABLET	1	
IPRATROPIUM BR 0.02% SOLN	1		JANTOVEN 10 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1		JANTOVEN 4 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1		JANTOVEN 5 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	2		JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG TABLET CHEW	2		JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 25 MG TABLET CHEW	2		JASMIEL 3 MG-0.02 MG TABLET	1	
ISENTRESS 400 MG TABLET	2		JENCYCLA 0.35 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	2		JINTELI 1 MG-5 MCG TABLET	1	
ISIBLOOM 28 DAY TABLET	1		JOLESSA 0.15 MG-0.03 MG TABLET	1	
ISONIAZID 100 MG TABLET	1		JULEBER 28 DAY TABLET	1	
ISONIAZID 300 MG TABLET	1		JULUCA 50-25 MG TABLET	2	QL
ISONIAZID 50 MG/5 ML SOLUTION	1		JUNEL 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 10 MG TAB	1		JUNEL 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 20 MG TAB	1		JUNEL FE 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 30 MG TAB	1		JUNEL FE 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 5 MG TAB	1		JUNEL FE 24 TABLET	1	
ISOSORBIDE MONONIT 10 MG TAB	1		KAITLIB FE 0.8-0.025MG CHEW TB	1	
ISOSORBIDE MONONIT 20 MG TAB	1		KALLIGA 28 DAY TABLET	1	
ISOSORBIDE MONONIT ER 120 MG	1		KARIVA 28 DAY TABLET	1	
ISOSORBIDE MONONIT ER 30 MG TB	1		KELNOR 1-35 28 TABLET	1	
ISOSORBIDE MONONIT ER 60 MG TB	1		KELNOR 1-50 TABLET	1	
ISOTRETINOIN 10 MG CAPSULE	3		KETOCONAZOLE 2% CREAM	1	
ISOTRETINOIN 20 MG CAPSULE	3		KETOCONAZOLE 2% SHAMPOO	1	
ISOTRETINOIN 30 MG CAPSULE	3		KETOCONAZOLE 200 MG TABLET	1	
ISOTRETINOIN 40 MG CAPSULE	3		KETO-DIASTIX REAGENT STRIPS	2	
ISOXSUPRINE 10 MG TABLET	1		CVS KETONE CARE TEST STRIP	2	
ISOXSUPRINE 20 MG TABLET	1		KETONE TEST STRIP	2	
ISRADIPINE 2.5 MG CAPSULE	1		KETOPROFEN 50 MG CAPSULE	1	
ISRADIPINE 5 MG CAPSULE	1		KETOPROFEN 75 MG CAPSULE	1	
ITRACONAZOLE 10 MG/ML SOLUTION	2		KETOPROFEN ER 200 MG CAPSULE	1	
ITRACONAZOLE 100 MG CAPSULE	2	QL	KETOROLAC 0.4% OPHTH SOLUTION	1	
ITRACONAZOLE 100 MG/10 ML CUP	2		KETOROLAC 0.5% OPHTH SOLUTION	1	
IV PREP ANTISEPTIC WIPES	2		KETOROLAC 10 MG TABLET	1	QL
IVERMECTIN 0.5% LOTION	3		KETOSTIX REAGENT STRIP	2	
IVERMECTIN 3 MG TABLET	1	PA	KINERET 100 MG/0.67 ML SYRINGE	4	PA, QL, LDD, SRX
			KINRAY INS SYR 1 ML 31GX5/16"	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LEADER INS SYR 0.3 ML 29GX1/2"	2		LEVEMIR FLEXTOUCH 100 UNIT/ML	3	QL, ST
LEADER INS SYR 0.5 ML 28GX1/2"	2		LEVETIRACETAM 1,000 MG TABLET	1	
LEADER INS SYR 0.5 ML 29GX1/2"	2		LEVETIRACETAM 1,000 MG/10 ML	1	
LEADER INS SYR 0.5 ML 30GX1/2"	2		LEVETIRACETAM 100 MG/ML SOLN	1	
LEADER INS SYR 1 ML 28GX1/2"	2		LEVETIRACETAM 250 MG TABLET	1	
LEADER INS SYR 1 ML 29GX1/2"	2		LEVETIRACETAM 500 MG TABLET	1	
LEADER INS SYR 1 ML 30GX5/16"	2		LEVETIRACETAM 500 MG/5 ML CUP	1	
LEADER INS SYR 1 ML 31GX5/16"	2		LEVETIRACETAM 500 MG/5 ML SOLN	1	
LEADER INSULIN SYRINGE 0.3 ML	2		LEVETIRACETAM 750 MG TABLET	1	
LEADER PEN NEEDLES 12MM 29G	2		LEVETIRACETAM ER 500 MG TABLET	1	
LEADER SYRING 0.3 ML 31GX5/16"	2		LEVETIRACETAM ER 750 MG TABLET	1	
LEADER SYRING 0.5 ML 31GX5/16"	2		LEVOBUNOLOL 0.5% EYE DROPS	1	
LEDIPASVIR-SOFOSBUVIR 90-400MG	4	PA, QL, SRX	LEVOCARNITINE 1 G/10 ML SOLN	1	
LEENA 28 TABLET	1		LEVOCARNITINE 330 MG TABLET	1	
LEFLUNOMIDE 10 MG TABLET	1		LEVOCARNITINE SF 1 G/10 ML SOL	1	
LEFLUNOMIDE 20 MG TABLET	1		LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	
LENALIDOMIDE 10 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOCETIRIZINE 5 MG TABLET	1	
LENALIDOMIDE 15 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 0.5% EYE DROPS	1	
LENALIDOMIDE 2.5 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 1.5% EYE DROPS	1	
LENALIDOMIDE 20 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 25 MG/ML SOLUTION	1	
LENALIDOMIDE 25 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 250 MG TABLET	1	
LENALIDOMIDE 5 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 500 MG TABLET	1	
LENVIMA 10 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 750 MG TABLET	1	
LENVIMA 12 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONEST-28 TABLET	1	
LENVIMA 14 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONO-E ESTRAD 0.15-0.03-0.01	1	
LENVIMA 18 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONOR-E ESTRAD 0.1-0.02-0.01	1	
LENVIMA 20 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONOR-ETH ESTRA 0.09-0.02 MG	1	
LENVIMA 24 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONOR-ETH ESTRA 0.1-0.02 MG	1	
LENVIMA 4 MG CAPSULE	4	PA, QL, LDD, SRX	LEVONOR-ETH ESTRA 0.15-0.03	1	
LENVIMA 8 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONOR-ETH ESTRA TRIPHASIC	1	
LESSINA-28 TABLET	1		LEVONORG 0.15MG-EE 20-25-30MCG	1	
LETROZOLE 2.5 MG TABLET	1		LEVONORGESTREL 1.5 MG TABLET	1	
LEUCOVORIN CALCIUM 10 MG TAB	1		LEVORA-28 TABLET	1	
LEUCOVORIN CALCIUM 15 MG TAB	1		LEVORPHANOL 2 MG TABLET	4	PA, SRX
LEUCOVORIN CALCIUM 25 MG TAB	1		LEVORPHANOL 3 MG TABLET	4	PA, SRX
LEUCOVORIN CALCIUM 5 MG TAB	1		LEVO-T 100 MCG TABLET	1	
LEUKERAN 2 MG TABLET	3		LEVO-T 112 MCG TABLET	1	
LEUKINE 250 MCG VIAL	4	SRX	LEVO-T 125 MCG TABLET	1	
LEUPROLIDE 2WK 14 MG/2.8 ML KT	4	PA, SRX	LEVO-T 137 MCG TABLET	1	
LEVALBUTEROL 0.31 MG/3 ML SOL	1		LEVO-T 150 MCG TABLET	1	
LEVALBUTEROL 0.63 MG/3 ML SOL	1		LEVO-T 175 MCG TABLET	1	
LEVALBUTEROL 1.25 MG/3 ML SOL	1		LEVO-T 200 MCG TABLET	1	
LEVALBUTEROL CONC 1.25 MG/0.5	1		LEVO-T 25 MCG TABLET	1	
LEVALBUTEROL TAR HFA 45MCG INH	1	QL	LEVO-T 300 MCG TABLET	1	
LEVEMIR 100 UNIT/ML VIAL	3	QL, ST	LEVO-T 50 MCG TABLET	1	
LEVEMIR FLEXPEN 100 UNIT/ML	3	QL, ST	LEVO-T 75 MCG TABLET	1	
			LEVO-T 88 MCG TABLET	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LEVOTHYROXINE 100 MCG TABLET	1		LISINOPRIL 2.5 MG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1		LISINOPRIL 20 MG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1		LISINOPRIL 30 MG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1		LISINOPRIL 40 MG TABLET	1	
LEVOTHYROXINE 150 MCG TABLET	1		LISINOPRIL 5 MG TABLET	1	
LEVOTHYROXINE 175 MCG TABLET	1		LISINOPRIL-HCTZ 10-12.5 MG TAB	1	
LEVOTHYROXINE 200 MCG TABLET	1		LISINOPRIL-HCTZ 20-12.5 MG TAB	1	
LEVOTHYROXINE 25 MCG TABLET	1		LISINOPRIL-HCTZ 20-25 MG TAB	1	
LEVOTHYROXINE 300 MCG TABLET	1		LITE TOUCH 31GX1/4" PEN NEEDLE	2	
LEVOTHYROXINE 50 MCG TABLET	1		LITE TOUCH INSULIN 0.5 ML SYR	2	
LEVOTHYROXINE 75 MCG TABLET	1		LITE TOUCH INSULIN 1 ML SYR	2	
LEVOTHYROXINE 88 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.3 ML	2	
LEVOXYL 100 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.5 ML	2	
LEVOXYL 112 MCG TABLET	1		LITE TOUCH INSULIN SYR 1 ML	2	
LEVOXYL 125 MCG TABLET	1		LITE TOUCH PEN NEEDLE 29G	2	
LEVOXYL 137 MCG TABLET	1		LITE TOUCH PEN NEEDLE 31G	2	
LEVOXYL 150 MCG TABLET	1		LITEAIRE MDI CHAMBER	2	QL
LEVOXYL 175 MCG TABLET	1		LITETOUCH INS 0.3 ML 29GX1/2"	2	
LEVOXYL 200 MCG TABLET	1		LITETOUCH INS 0.3 ML 30GX5/16"	2	
LEVOXYL 25 MCG TABLET	1		LITETOUCH INS 0.3 ML 31GX5/16"	2	
LEVOXYL 50 MCG TABLET	1		LITETOUCH INS 0.5 ML 31GX5/16"	2	
LEVOXYL 75 MCG TABLET	1		LITETOUCH LARGE MASK	2	QL
LEVOXYL 88 MCG TABLET	1		LITETOUCH MEDIUM MASK	2	QL
LEVULAN KERASTICK 20%	3	LDD	LITETOUCH SMALL MASK	2	QL
LEXIVA 50 MG/ML SUSPENSION	2		LITETOUCH SYR 0.5 ML 28GX1/2"	2	
LIDOCAINE 2% VISCOUS SOLN	1		LITETOUCH SYR 0.5 ML 29GX1/2"	2	
LIDOCAINE 5% OINTMENT	1	QL	LITETOUCH SYR 0.5 ML 30GX5/16"	2	
LIDOCAINE 5% PATCH	1		LITETOUCH SYRIN 1 ML 28GX1/2"	2	
LIDOCAINE HCL 2% JEL UROJET AC	1		LITETOUCH SYRIN 1 ML 29GX1/2"	2	
LIDOCAINE HCL 2% JELLY	1		LITETOUCH SYRIN 1 ML 30GX5/16"	2	
LIDOCAINE HCL 2% JELLY URO-JET	1		LITHIUM CARBONATE 150 MG CAP	1	
LIDOCAINE HCL 4% SOLUTION	1		LITHIUM CARBONATE 300 MG CAP	1	
LIDOCAINE-PRILOCAINE CREAM	1		LITHIUM CARBONATE 300 MG TAB	1	
LIFESHIELD BLUNT CANNULA	2		LITHIUM CARBONATE 600 MG CAP	1	
LILLOW-28 TABLET	1		LITHIUM CARBONATE ER 300 MG TB	1	
LINDANE 1% SHAMPOO	1		LITHIUM CARBONATE ER 450 MG TB	1	
LINEZOLID 100 MG/5 ML SUSP	3	PA	LITHOSTAT 250 MG TABLET	3	
LINEZOLID 600 MG TABLET	1	PA	LIVE BETTER PEN NEEDLES 8MM	2	
LINZESS 145 MCG CAPSULE	3	QL	LO LOESTRIN FE 1-10 TABLET	2	
LINZESS 290 MCG CAPSULE	3	QL	LOJAIMIESS 0.1-0.02-0.01 TAB	1	
LINZESS 72 MCG CAPSULE	3	QL	LOKELMA 10 GRAM POWDER PACKET	3	
LIOTHYRONINE SOD 25 MCG TAB	1		LOKELMA 5 GRAM POWDER PACKET	3	
LIOTHYRONINE SOD 5 MCG TAB	1		LOPERAMIDE 2 MG CAPSULE	1	
LIOTHYRONINE SOD 50 MCG TAB	1		LOPINAVIR-RITONAVIR 80-20MG/ML	1	
LISINOPRIL 10 MG TABLET	1		LOPINAVIR-RITONAVR 100-25MG TB	1	
			LOPINAVIR-RITONAVR 200-50MG TB	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

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



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL, SRX	METHAMPHETAMINE 5 MG TABLET	3	QL
MEKINIST 0.5 MG TABLET	4	PA, QL, SRX	METHAZOLAMIDE 25 MG TABLET	1	
MEKINIST 2 MG TABLET	4	PA, QL, SRX	METHAZOLAMIDE 50 MG TABLET	1	
MELODETTA 24 FE CHEWABLE TAB	1		METHENAMINE HIPP 1 GM TABLET	1	
MELOXICAM 15 MG TABLET	1		METHENAMINE MAND 1 GM TABLET	1	
MELOXICAM 7.5 MG TABLET	1		METHENAMINE MAND 500 MG TABLET	1	
MELPHALAN 2 MG TABLET	1		METHERGINE 0.2 MG TABLET	3	
MEMANTINE 5-10 MG TITRATION PK	1		METHIMAZOLE 10 MG TABLET	1	
MEMANTINE HCL 10 MG TABLET	1		METHIMAZOLE 5 MG TABLET	1	
MEMANTINE HCL 2 MG/ML SOLUTION	1		METHITEST 10 MG TABLET	4	SRX
MEMANTINE HCL 5 MG TABLET	1		METHOCARBAMOL 500 MG TABLET	1	
MENACTRA VIAL	2		METHOCARBAMOL 750 MG TABLET	1	
MENEST 0.3 MG TABLET	3		METHOTREXATE 2.5 MG TABLET	1	
MENEST 0.625 MG TABLET	3		METHOXSALEN 10 MG SOFTGEL	3	
MENEST 1.25 MG TABLET	3		METHSCOPOLAMINE BROM 2.5 MG TB	1	
MENEST 2.5 MG TABLET	3		METHSCOPOLAMINE BROM 5 MG TAB	1	
MENQUADFI VIAL	2		METHSUXIMIDE 300 MG CAPSULE	3	
MENTAX 1% CREAM	3		METHYLDOPA 250 MG TABLET	1	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2		METHYLDOPA 500 MG TABLET	1	
MENVEO A-C-Y-W KIT (2 VIALS)	2		METHYLDOPA-HCTZ 250-15 MG TAB	1	
MEPERIDINE 50 MG TABLET	1	PA	METHYLDOPA-HCTZ 250-25 MG TAB	1	
MEPERIDINE 50 MG/5 ML SOLUTION	1	PA	METHYLERGONOVINE 0.2 MG TABLET	3	
MEPROBAMATE 200 MG TABLET	1		METHYLPHENIDATE 10 MG CHEW TAB	1	QL
MEPROBAMATE 400 MG TABLET	1		METHYLPHENIDATE 10 MG TABLET	1	QL
MERCAPTOPYRINE 50 MG TABLET	1		METHYLPHENIDATE 10 MG/5 ML SOL	1	QL
MERZEE 1 MG-20 MCG CAPSULE	1		METHYLPHENIDATE 2.5 MG CHEW TB	1	QL
MESALAMINE 4 GM/60 ML ENEMA	3		METHYLPHENIDATE 20 MG TABLET	1	QL
MESALAMINE 4 GM/60 ML KIT	3		METHYLPHENIDATE 5 MG CHEW TAB	1	QL
MESALAMINE 800 MG DR TABLET	3		METHYLPHENIDATE 5 MG TABLET	1	QL
MESALAMINE ER 0.375 GRAM CAP	2		METHYLPHENIDATE 5 MG/5 ML SOLN	1	QL
MESALAMINE ER 500 MG CAPSULE	3		METHYLPHENIDATE CD 10 MG CAP	1	QL
MESNEX 400 MG TABLET	4	SRX	METHYLPHENIDATE CD 20 MG CAP	1	QL
METAXALL 800 MG TABLET	3		METHYLPHENIDATE CD 30 MG CAP	1	QL
METAXALONE 400 MG TABLET	3		METHYLPHENIDATE CD 40 MG CAP	1	QL
METAXALONE 800 MG TABLET	3		METHYLPHENIDATE CD 50 MG CAP	1	QL
METFORMIN HCL 1,000 MG TABLET	1		METHYLPHENIDATE CD 60 MG CAP	1	QL
METFORMIN HCL 500 MG TABLET	1		METHYLPHENIDATE CD 10 MG TAB	1	QL
METFORMIN HCL 850 MG TABLET	1		METHYLPHENIDATE ER 18 MG TAB	1	QL
METFORMIN HCL ER 500 MG TABLET	1		METHYLPHENIDATE ER 20 MG TAB	1	QL
METFORMIN HCL ER 750 MG TABLET	1		METHYLPHENIDATE ER 27 MG TAB	1	QL
METHADONE 10 MG/5 ML SOLUTION	1	PA	METHYLPHENIDATE ER 36 MG TAB	1	QL
METHADONE 10 MG/ML ORAL CONC	1	PA	METHYLPHENIDATE ER 54 MG TAB	1	QL
METHADONE 5 MG/5 ML SOLUTION	1	PA	METHYLPHENIDATE ER(CD) 10MG CP	1	QL
METHADONE HCL 10 MG TABLET	1	PA	METHYLPHENIDATE ER(CD) 20MG CP	1	QL
METHADONE HCL 5 MG TABLET	1	PA	METHYLPHENIDATE ER(CD) 30MG CP	1	QL
METHADONE INTENSOL 10 MG/ML	1	PA	METHYLPHENIDATE ER(CD) 40MG CP	1	QL
			METHYLPHENIDATE ER(CD) 50MG CP	1	QL



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MONOJECT 6CC SAFETY SYRINGE	2	
MONOJECT BLD COL NEEDL 20GX1.5	2	
MONOJECT BLD COL NEEDLE 20GX1"	2	
MONOJECT BLD COL NEEDLE 21GX1"	2	
MONOJECT BLD COL NEEDLE 22GX1"	2	
MONOJECT FILTR 18GX1.5" NEEDLE	2	
MONOJECT HYPO NDL 27GX1-1/2"	2	
MONOJECT HYPO NEEDLE 18X1A	2	
MONOJECT HYPO NEEDLE 19X1	2	
MONOJECT HYPO NEEDLE 19X1-1/2	2	
MONOJECT HYPO NEEDLE 20X1	2	
MONOJECT HYPO NEEDLE 20X1-1/2	2	
MONOJECT HYPO NEEDLE 21X1	2	
MONOJECT HYPO NEEDLE 21X1-1/2	2	
MONOJECT HYPO NEEDLE 22X1	2	
MONOJECT HYPO NEEDLE 22X1.5	2	
MONOJECT HYPO NEEDLE 23X1	2	
MONOJECT HYPO NEEDLE 25X1	2	
MONOJECT HYPO NEEDLE 25X1.5	2	
MONOJECT HYPO NEEDLE 25X5/8	2	
MONOJECT HYPO NEEDLE 26X1.5	2	
MONOJECT HYPO NEEDLE 27X0.5	2	
MONOJECT HYPO NEEDLE 30X3/4	2	
MONOJECT HYPODERMIC NEEDLE	2	
MONOJECT INSUL SYR U100	2	
MONOJECT INSUL SYR U100 0.5 ML	2	
MONOJECT INSUL SYR U100 1 ML	2	
MONOJECT INSULIN SAFETY SYRNG	2	
MONOJECT INSULIN SYR 0.3 ML	2	
MONOJECT INSULIN SYR 0.5 ML	2	
MONOJECT INSULIN SYR 1 ML	2	
MONOJECT INSULIN SYR U-100	2	
MONOJECT INSULIN SYRN 3/10 ML	2	
MONOJECT SYRINGE 0.3 ML	2	
MONOJECT SYRINGE 0.5 ML	2	
MONOJECT SYRINGE 1 ML	2	
MONOJECT SYRINGE 3 ML 20GX1	2	
MONOJECT SYRINGE 3 ML 22GX1"	2	
MONOJECT SYRN 3 ML 20GX1-1/2"	2	
MONOJECT SYRN 3 ML 20GX3/4"	2	
MONOJECT SYRNG 20GX1" 3 ML	2	
MONO-LINYAH 28 TABLET	1	
MONTELUKAST SOD 10 MG TABLET	1	
MONTELUKAST SOD 4 MG GRANULES	1	
MONTELUKAST SOD 4 MG TAB CHEW	1	
MONTELUKAST SOD 5 MG TAB CHEW	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MORGIDOX 100 MG CAPSULE	1	
MORGIDOX 50 MG CAPSULE	1	
MORPHINE SULF 10 MG SUPPOS	1	PA
MORPHINE SULF 10 MG/5 ML SOLN	1	PA
MORPHINE SULF 100 MG/5 ML CONC	1	PA
MORPHINE SULF 20 MG SUPPOS	1	PA
MORPHINE SULF 20 MG/5 ML SOLN	1	PA
MORPHINE SULF 30 MG SUPPOS	1	PA
MORPHINE SULF 5 MG SUPPOS	1	PA
MORPHINE SULF ER 100 MG TABLET	1	PA
MORPHINE SULF ER 15 MG TABLET	1	PA
MORPHINE SULF ER 200 MG TABLET	1	PA
MORPHINE SULF ER 30 MG TABLET	1	PA
MORPHINE SULF ER 60 MG TABLET	1	PA
MORPHINE SULFATE ER 10 MG CAP	1	PA
MORPHINE SULFATE ER 100 MG CAP	1	PA
MORPHINE SULFATE ER 120 MG CAP	1	PA
MORPHINE SULFATE ER 20 MG CAP	1	PA
MORPHINE SULFATE ER 30 MG CAP	1	PA
MORPHINE SULFATE ER 45 MG CAP	1	PA
MORPHINE SULFATE ER 50 MG CAP	1	PA
MORPHINE SULFATE ER 60 MG CAP	1	PA
MORPHINE SULFATE ER 75 MG CAP	1	PA
MORPHINE SULFATE ER 80 MG CAP	1	PA
MORPHINE SULFATE ER 90 MG CAP	1	PA
MORPHINE SULFATE IR 15 MG TAB	1	PA
MORPHINE SULFATE IR 30 MG TAB	1	PA
PEDIATRIC MOUTHPIECE	2	QL
MOXIFLOXACIN 0.5% EYE DROPS	1	
MOXIFLOXACIN 0.5% EYE DRP-VISC	1	
MOXIFLOXACIN HCL 400 MG TABLET	1	
MS INS SYR 0.5 ML 29GX1/2"	2	
MS INS SYR 1 ML 29GX1/2"	2	
MS INS SYRINGE 1 ML 30GX1/2"	2	
MS INSUL SYR 0.3 ML 31GX5/16"	2	
MS INSUL SYR 0.5 ML 30GX1/2"	2	
MS INSUL SYR 0.5 ML 31GX5/16"	2	
MS INSULIN SYR 0.3 ML 29GX1/2"	2	
MS INSULIN SYR 1 ML 31GX5/16"	2	
MS INSULIN SYRINGE 0.3 ML	2	
MS PEN NEEDLE 6MM 31G	2	
MULTISTIX REAGENT STRIPS	2	
MULTISTIX 10 SG REAGENT STRIPS	2	
MULTISTIX 5 STRIPS	2	
MULTISTIX 7 REAGENT STRIPS	2	
MULTISTIX 8 SG REAGENT STRIPS	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MULTISTIX 9 REAGENT STRIPS	2	
MULTISTIX 9 SG REAGENT STRIPS	2	
MULTIVIT-FLUOR 0.25 MG TAB CHW	1	
MULTIVIT-FLUOR 0.25 MG/ML DROP	1	
MULTIVIT-FLUOR 0.5 MG TAB CHEW	1	
MULTIVIT-FLUORIDE 1 MG TAB CHW	1	
MUIPIROCIN 2% CREAM	1	
MUIPIROCIN 2% OINTMENT	1	
MY CHOICE 1.5 MG TABLET	1	
MY WAY 1.5 MG TABLET	1	
MYCOPHENOLATE 200 MG/ML SUSP	1	
MYCOPHENOLATE 250 MG CAPSULE	1	
MYCOPHENOLATE 500 MG TABLET	1	
MYCOPHENOLIC ACID DR 180 MG TB	1	
MYCOPHENOLIC ACID DR 360 MG TB	1	
MYGLUCOHEALTH CONTROL SOLN PAK	2	
MYLERAN 2 MG TABLET	3	
MYNATAL CAPSULE	1	
MYNATAL PLUS CAPTAB	1	
MYNATAL ULTRACAPLET	1	
MYNATAL-Z CAPTAB	1	
MYORISAN 10 MG CAPSULE	3	
MYORISAN 20 MG CAPSULE	3	
MYORISAN 30 MG CAPSULE	3	
MYORISAN 40 MG CAPSULE	3	
MYRBETRIQ ER 25 MG TABLET	3	QL, ST
MYRBETRIQ ER 50 MG TABLET	3	QL, ST
MYTESI 125 MG DR TABLET	3	LDD
NABUMETONE 500 MG TABLET	1	
NABUMETONE 750 MG TABLET	1	
NADOLOL 20 MG TABLET	1	
NADOLOL 40 MG TABLET	1	
NADOLOL 80 MG TABLET	1	
NAFTIFINE HCL 1% CREAM	1	
NAFTIFINE HCL 1% GEL	1	
NAFTIFINE HCL 2% CREAM	1	
NAFTIFINE HCL 2% GEL	1	
NALOXONE 0.4 MG/ML CARPUJECT	1	
NALOXONE 2 MG/2 ML SYRINGE	1	
NALOXONE HCL 4 MG NASAL SPRAY	1	QL
NALTREXONE 50 MG TABLET	1	QL
NAPROXEN 250 MG TABLET	1	
NAPROXEN 375 MG TABLET	1	
NAPROXEN 500 MG KIT	1	
NAPROXEN 500 MG TABLET	1	
NAPROXEN DR 375 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NAPROXEN DR 500 MG TABLET	1	
NAPROXEN SOD CR 375 MG TABLET	1	
NAPROXEN SOD ER 375 MG TABLET	1	
NAPROXEN SODIUM 275 MG TAB	1	
NAPROXEN SODIUM 550 MG TAB	1	
NARATRIPTAN HCL 1 MG TABLET	1	QL
NARATRIPTAN HCL 2.5 MG TABLET	1	QL
NATACYN 5% EYE DROPS	3	
NATAZIA 28 TABLET	3	
NATEGLINIDE 120 MG TABLET	1	
NATEGLINIDE 60 MG TABLET	1	
NATURE-THROID 113.75 MG TABLET	1	
NATURE-THROID 130 MG TABLET	1	
NATURE-THROID 146.25 MG TABLET	1	
NATURE-THROID 16.25 MG TABLET	1	
NATURE-THROID 162.5 MG TABLET	1	
NATURE-THROID 195 MG TABLET	1	
NATURE-THROID 260 MG TABLET	1	
NATURE-THROID 32.5 MG TABLET	1	
NATURE-THROID 325 MG TABLET	1	
NATURE-THROID 48.75 MG TABLET	1	
NATURE-THROID 65 MG TABLET	1	
NATURE-THROID 81.25 MG TABLET	1	
NATURE-THROID 97.5 MG TABLET	1	
NAYZILAM 5 MG NASAL SPRAY	4	PA, QL, SRX
NEBUSAL 3% VIAL	1	
NECON 0.5-35-28 TABLET	1	
NEFAZODONE HCL 100 MG TABLET	1	
NEFAZODONE HCL 150 MG TABLET	1	
NEFAZODONE HCL 200 MG TABLET	1	
NEFAZODONE HCL 250 MG TABLET	1	
NEFAZODONE HCL 50 MG TABLET	1	
NEO-BACIT-POLY-HC EYE OINTMENT	1	
NEOMYC-BACIT-POLY MIX EYE OINT	1	
NEOMYCIN 500 MG TABLET	1	
NEOMYCIN-POLY-HC EYE DROPS	1	
NEOMYC-POLYM-GRAMICID EYE DROP	1	
NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	
NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	
NEOMYC-POLYM-DEXAMET EYE OINTM	1	
NEOMYC-POLYM-DEXAMETH EYE DROP	1	
NEOMY-POLYMYXIN B 40 MG/ML AMP	1	
NEOMY-POLYMYXIN B 40 MG/ML VL	1	
NEO-POLYCIN EYE OINTMENT	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NEO-POLYICIN HC EYE OINTMENT	1	
NEUAC GEL	1	
NEULASTA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA, SRX
NEVANAC 0.1% EYE DROP	3	
NEVIRAPINE 200 MG TABLET	1	
NEVIRAPINE 50 MG/5 ML SUSP	1	
NEVIRAPINE ER 100 MG TABLET	1	
NEVIRAPINE ER 400 MG TABLET	1	
NEW DAY 1.5 MG TABLET	1	
NEWGEN TABLET	1	
NIACIN ER 1,000 MG TABLET	1	
NIACIN ER 500 MG TABLET	1	
NIACIN ER 750 MG TABLET	1	
NICARDIPINE 20 MG CAPSULE	1	
NICARDIPINE 30 MG CAPSULE	1	
NICOTROL CARTRIDGE INHALER	3	
NICOTROL NS 10 MG/ML SPRAY	3	
NIFEDIPINE 10 MG CAPSULE	1	
NIFEDIPINE 20 MG CAPSULE	1	
NIFEDIPINE ER 30 MG TABLET	1	
NIFEDIPINE ER 60 MG TABLET	1	
NIFEDIPINE ER 90 MG TABLET	1	
NIKKI 3 MG-0.02 MG TABLET	1	
NILUTAMIDE 150 MG TABLET	4	SRX
NIMODIPINE 30 MG CAPSULE	3	
NINLARO 2.3 MG CAPSULE	4	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	4	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX
NISOLDIPINE ER 17 MG TABLET	1	QL
NISOLDIPINE ER 20 MG TABLET	1	QL
NISOLDIPINE ER 25.5 MG TABLET	1	QL
NISOLDIPINE ER 30 MG TABLET	1	QL
NISOLDIPINE ER 34 MG TABLET	1	QL
NISOLDIPINE ER 40 MG TABLET	1	QL
NISOLDIPINE ER 8.5 MG TABLET	1	QL
NITAZOXANIDE 500 MG TABLET	3	PA
NITRO-BID 2% OINTMENT	1	
NITROFURANTOIN 25 MG/5 ML SUSP	3	
NITROFURANTOIN MCR 100 MG CAP	1	
NITROFURANTOIN MCR 25 MG CAP	1	
NITROFURANTOIN MCR 50 MG CAP	1	
NITROFURANTOIN MONO-MCR 100 MG	1	
NITROGLYCERIN 0.1 MG/HR PATCH	1	
NITROGLYCERIN 0.2 MG/HR PATCH	1	
NITROGLYCERIN 0.3 MG TABLET SL	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NITROGLYCERIN 0.4 MG TABLET SL	1	
NITROGLYCERIN 0.4 MG/HR PATCH	1	
NITROGLYCERIN 0.6 MG TABLET SL	1	
NITROGLYCERIN 0.6 MG/HR PATCH	1	
NITROGLYCERIN 400 MCG SPRAY	1	
NITRO-TIME ER 2.5 MG CAPSULE	1	
NITRO-TIME ER 6.5 MG CAPSULE	1	
NITRO-TIME ER 9 MG CAPSULE	1	
NIVA-PLUS TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRING	4	SRX
NIVESTYM 300 MCG/ML VIAL	4	SRX
NIVESTYM 480 MCG/0.8 ML SYRING	4	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	4	SRX
NIZATIDINE 150 MG CAPSULE	1	
NIZATIDINE 300 MG CAPSULE	1	
NOLIX 0.05% CREAM	3	
NOLIX 0.05% LOTION	3	
NORA-BE TABLET	1	
NORDITROPIN FLEXPRO 10 MG/1.5	4	PA, SRX
NORDITROPIN FLEXPRO 15 MG/1.5	4	PA, SRX
NORDITROPIN FLEXPRO 30 MG/3 ML	4	PA, SRX
NORDITROPIN FLEXPRO 5 MG/1.5	4	PA, SRX
NORET-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	1	
NORETHIND-ETH ESTRAD 1-0.02 MG	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	1	
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	1	
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	3	
NORPACE CR 150 MG CAPSULE	3	
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	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NORTRIPTYLINE 10 MG/5 ML SOLN	1		NYSTOP 100,000 UNIT/GM POWDER	1	
NORTRIPTYLINE HCL 10 MG CAP	1		NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NORTRIPTYLINE HCL 25 MG CAP	1		OBSTETRIX DHA COMBO PAK	1	
NORTRIPTYLINE HCL 50 MG CAP	1		OBSTETRIX ONE SOFTGEL	1	
NORTRIPTYLINE HCL 75 MG CAP	1		OCELLA 3 MG-0.03 MG TABLET	1	
NORVIR 100 MG POWDER PACKET	2		OCTREOTIDE 1,000 MCG/5 ML VIAL	1	PA
NOVA MAX GLUCOSE CONTROL SOLN	2		OCTREOTIDE 1,000 MCG/ML VIAL	1	PA
NOVAVAX COVID-19 VACC,ADJ(EUA)	2		OCTREOTIDE 5,000 MCG/5 ML VIAL	1	PA
NOVOFINE 32G NEEDLES	2		OCTREOTIDE ACET 0.05 MG/ML VL	1	PA
NOVOFINE AUTOCOVERT 30G NEEDLE	2		OCTREOTIDE ACET 100 MCG/ML AMP	1	PA
NOVOFINE PLUS PEN NDL 32GX1/6"	2		OCTREOTIDE ACET 100 MCG/ML SYR	1	PA
NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST	OCTREOTIDE ACET 100 MCG/ML VL	1	PA
NOVOLOG 100 UNIT/ML VIAL	3	QL, ST	OCTREOTIDE ACET 200 MCG/ML VL	1	PA
NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML AMP	1	PA
NOVOLOG MIX 70-30 VIAL	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML SYR	1	PA
NOVOLOG PENFILL 100 UNIT/ML	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML VIAL	1	PA
NOVOPEN 3 INSULIN DEVICE	2		OCTREOTIDE ACET 500 MCG/ML AMP	1	PA
NOVOPEN ECHO INSULIN DEVICE	2		OCTREOTIDE ACET 500 MCG/ML SYR	1	PA
NOVOTWIST NEEDLE 32G 5MM	2		OCTREOTIDE ACET 500 MCG/ML VL	1	PA
NOXAFIL 40 MG/ML SUSPENSION	3		ODACTRA 12 SQ-HDM SL TABLET	3	PA, QL
NP THYROID 120 MG TABLET	1		ODEFSEY TABLET	2	QL
NP THYROID 15 MG TABLET	1		ODOMZO 200 MG CAPSULE	4	PA, QL, LDD, SRX
NP THYROID 30 MG TABLET	1		OFLOXACIN 0.3% EAR DROPS	1	
NP THYROID 60 MG TABLET	1		OFLOXACIN 0.3% EYE DROPS	1	
NP THYROID 90 MG TABLET	1		OFLOXACIN 300 MG TABLET	1	
NUCYNTA 100 MG TABLET	3	PA	OFLOXACIN 400 MG TABLET	1	
NUCYNTA 50 MG TABLET	3	PA	OKEBO 75 MG CAPSULE	1	
NUCYNTA 75 MG TABLET	3	PA	OLANZAPINE 10 MG TABLET	1	
NUCYNTA ER 100 MG TABLET	3	PA	OLANZAPINE 15 MG TABLET	1	
NUCYNTA ER 150 MG TABLET	3	PA	OLANZAPINE 2.5 MG TABLET	1	
NUCYNTA ER 200 MG TABLET	3	PA	OLANZAPINE 20 MG TABLET	1	
NUCYNTA ER 250 MG TABLET	3	PA	OLANZAPINE 5 MG TABLET	1	
NUCYNTA ER 50 MG TABLET	3	PA	OLANZAPINE 7.5 MG TABLET	1	
NUEDEXTA 20-10 MG CAPSULE	3	PA	OLANZAPINE ODT 10 MG TABLET	1	
NYAMYC 100,000 UNIT/GM POWDER	1		OLANZAPINE ODT 15 MG TABLET	1	
NYLIA 1-35 28 TABLET	1		OLANZAPINE ODT 20 MG TABLET	1	
NYLIA 7-7-7-28 TABLET	1		OLANZAPINE ODT 5 MG TABLET	1	
NYMYO 0.25-0.035 MG (28) TAB	1		OLANZAPINE-FLUOXETINE 12-25 MG	1	
NYSTATIN 100,000 UNIT/GM CREAM	1		OLANZAPINE-FLUOXETINE 12-50 MG	1	
NYSTATIN 100,000 UNIT/GM OINT	1		OLANZAPINE-FLUOXETINE 3-25 MG	1	
NYSTATIN 100,000 UNIT/GM POWD	1		OLANZAPINE-FLUOXETINE 6-25 MG	1	
NYSTATIN 100,000 UNIT/ML SUSP	1		OLANZAPINE-FLUOXETINE 6-50 MG	1	
NYSTATIN 500,000 UNIT ORAL TAB	1		OLMESARTAN MEDOXOMIL 20 MG TAB	1	
NYSTATIN 500,000 UNIT/5 ML CUP	1		OLMESARTAN MEDOXOMIL 40 MG TAB	1	
NYSTATIN-TRIAMCINOLONE CREAM	1		OLMESARTAN MEDOXOMIL 5 MG TAB	1	
NYSTATIN-TRIAMCINOLONE OINTM	1		OLMESARTAN-HCTZ 20-12.5 MG TAB	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OLMESARTAN-HCTZ 40-12.5 MG TAB	1		ONETOUCH ULTRA TEST STRIP	2	
OLMESARTAN-HCTZ 40-25 MG TAB	1		ONETOUCH ULTRA2 GLUCOSE SYST	1	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	1		ONETOUCH ULTRASOFT2 30G LANCET	2	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	1		ONETOUCH VERIO FLEX METER	1	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	1		ONETOUCH VERIO HIGH CNTRL SOLN	2	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	1		ONETOUCH VERIO METER	1	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	1		ONETOUCH VERIO MID CNTRL SOLN	2	
OLOPATADINE 665 MCG NASAL SPRY	1		ONETOUCH VERIO REFLECT METER	1	
OLOPATADINE HCL 0.1% EYE DROPS	1		ONETOUCH VERIO TEST STRIP	2	
OLOPATADINE HCL 0.2% EYE DROP	1		ONGLYZA 2.5 MG TABLET	2	QL
OMEGA-3 ETHYL ESTERS 1 GM CAP	1		ONGLYZA 5 MG TABLET	2	QL
OMEPRAZOLE DR 10 MG CAPSULE	1	QL	OPCICON ONE-STEP 1.5 MG TABLET	1	
OMEPRAZOLE DR 20 MG CAPSULE	1	QL	OPIUM TINCTURE 10 MG/ML	1	PA
OMEPRAZOLE DR 40 MG CAPSULE	1	QL	OPTICHAMBER ADULT MASK-LARGE	2	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL	OPTICHAMBER DIAMOND VHC	2	QL
OMNIPOD 5 G6 PODS (GEN 5) 5PK	2		OPTICHAMBER DIAMOND W-LRG MASK	2	QL
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL	OPTICHAMBER DIAMOND W-MED MASK	2	QL
OMNIPOD CLASSIC PODS(GEN3) 5PK	2		OPTICHAMBER DIAMOND W-SML MASK	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL	OPTION 2 1.5 MG TABLET	1	
OMNIPOD DASH PODS (GEN 4) 5PK	2		OPTUMRX GLUCOSE CONTROL SOLN	2	
OMNIPOD GO 10 UNIT/DAY PODS	2		ORACIT ORAL SOLUTION	3	
OMNIPOD GO 15 UNIT/DAY PODS	2		ORALONE 0.1% PASTE	1	
OMNIPOD GO 20 UNIT/DAY PODS	2		ORPHENADRINE ER 100 MG TABLET	1	
OMNIPOD GO 25 UNIT/DAY PODS	2		OSCIMIN 0.125 MG TABLET	1	
OMNIPOD GO 30 UNIT/DAY PODS	2		OSCIMIN SL 0.125 MG TABLET	1	
OMNIPOD GO 35 UNIT/DAY PODS	2		OSCIMIN SR 0.375 MG TABLET	1	
OMNIPOD GO 40 UNIT/DAY PODS	2		OSELTAMIVIR 6 MG/ML SUSPENSION	1	QL
ON CALL EXPRESS CTRL SOLN PAK	2		OSELTAMIVIR PHOS 30 MG CAPSULE	1	QL
ON CALL PLUS CONTROL SOLUTION	2		OSELTAMIVIR PHOS 45 MG CAPSULE	1	QL
ON CALL VIVID CONTROL SOLUTION	2		OSELTAMIVIR PHOS 75 MG CAPSULE	1	QL
ONDANSETRON 4 MG/5 ML SOLUTION	1		OSMOPREP TABLET	3	
ONDANSETRON HCL 4 MG TABLET	1		OTEZLA 28 DAY STARTER PACK	4	PA, QL, SRX
ONDANSETRON HCL 8 MG TABLET	1		OTEZLA 30 MG TABLET	4	PA, QL, SRX
ONDANSETRON ODT 4 MG TABLET	1		OVAL TAPE	2	
ONDANSETRON ODT 8 MG TABLET	1		OXANDROLONE 10 MG TABLET	3	PA
ONE WAY VALVED MOUTHPIECE	2	QL	OXANDROLONE 2.5 MG TABLET	3	PA
ONETOUCH DELICA PLUS 30G LANCET	2		OXAPROZIN 600 MG CAPLET	1	
ONETOUCH DELICA PLUS 33G LANCET	2		OXAPROZIN 600 MG TABLET	1	
ONETOUCH DELICA PLUS LANC DEV	2		OXAZEPAM 10 MG CAPSULE	1	
ONETOUCH DELICA SAF 30G LANCET	2		OXAZEPAM 15 MG CAPSULE	1	
ONETOUCH ULTRASOFT LANCETS	2		OXAZEPAM 30 MG CAPSULE	1	
ONETOUCH SOLUTIONS STARTER KIT	1		OXCARBAZEPINE 150 MG TABLET	1	
ONETOUCH SURESOF 18G LANC DEV	2		OXCARBAZEPINE 300 MG TABLET	1	
ONETOUCH SURESOF 21G LANC DEV	2		OXCARBAZEPINE 300 MG/5 ML SUSP	1	
ONETOUCH SURESOF 28G LANC DEV	2		OXCARBAZEPINE 600 MG TABLET	1	
ONETOUCH ULTRA CONTROL SOLN	2		OXICONAZOLE NITRATE 1% CREAM	2	



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PARADIGM RESERVOIR 1.8 ML	2	
PARADIGM RESERVOIR 3 ML	2	
PAREGORIC LIQUID	1	
PARICALCITOL 1 MCG CAPSULE	1	
PARICALCITOL 2 MCG CAPSULE	1	
PARICALCITOL 4 MCG CAPSULE	1	
PAROEX 0.12% ORAL RINSE	1	
PAROMOMYCIN 250 MG CAPSULE	1	
PAROXETINE HCL 10 MG TABLET	1	QL
PAROXETINE HCL 20 MG TABLET	1	QL
PAROXETINE HCL 30 MG TABLET	1	QL
PAROXETINE HCL 40 MG TABLET	1	QL
PASER GRANULES 4 GM PACKET	3	
PC UNIFINE PENTIPS 12MM NEEDLE	2	
PC UNIFINE PENTIPS 6MM NEEDLE	2	
PC UNIFINE PENTIPS 8MM NEEDLE	2	
PEAK-AIR PEAK FLOW METER	2	
PEDIARIX 0.5 ML SYRINGE	2	
PEDIATRIC MEDIUM MASK	2	QL
PEDIATRIC PANDA MASK	2	QL
PEDIATRIC SMALL MASK	2	QL
PEDVAXHIB VACCINE VIAL	2	
PEG 3350-ELECTROLYTE SOLUTION	1	
PEG3350 100-7.5-2.691-1.01-5.9	1	
PEG-3350 AND ELECTROLYTES SOLN	1	
PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX
PEGASYS 180 MCG/ML VIAL	4	PA, SRX
PEG-PREP KIT	1	
PEN NEEDLE 29G 12MM	2	
PEN NEEDLE 30G 5MM	2	
PEN NEEDLE 30G 8MM	2	
PEN NEEDLE 30G X 5/16"	2	
PEN NEEDLE 31G 5MM	2	
PEN NEEDLE 31G 6MM	2	
PEN NEEDLE 31G 8MM	2	
PEN NEEDLE 31G X 1/4"	2	
PEN NEEDLE 31G X 3/16"	2	
PEN NEEDLE 31G X 5/16"	2	
PEN NEEDLE 32G 4MM	2	
PEN NEEDLE 32G X 1/4"	2	
PEN NEEDLE 32G X 3/16"	2	
PEN NEEDLE 32G X 5/32"	2	
PEN NEEDLE 33G 4MM	2	
PEN NEEDLE 6MM 31G	2	
PEN NEEDLES 12MM 29G	2	



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PEN NEEDLES 4MM 32G	2	
PEN NEEDLES 5MM 31G	2	
PEN NEEDLES 6MM 31G	2	
PEN NEEDLES 8MM 31G	2	
PENICILLAMINE 250 MG TABLET	4	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML SOLN	1	
PENICILLIN VK 250 MG TABLET	1	
PENICILLIN VK 250 MG/5 ML SOLN	1	
PENICILLIN VK 500 MG TABLET	1	
PENTACEL VIAL KIT	2	
PENTAMIDINE 300 MG INHAL POWDR	2	
PENTAZOCINE-NALOXONE TABLET	1	PA
PENTIPS PEN NEEDLE 29G 12MM	2	
PENTIPS PEN NEEDLE 29GX1/2"	2	
PENTIPS PEN NEEDLE 31G 5MM	2	
PENTIPS PEN NEEDLE 31G 6MM	2	
PENTIPS PEN NEEDLE 31G 8MM	2	
PENTIPS PEN NEEDLE 31GX1/4"	2	
PENTIPS PEN NEEDLE 31GX3/16"	2	
PENTIPS PEN NEEDLE 31GX5/16"	2	
PENTIPS PEN NEEDLE 32G 4MM	2	
PENTIPS PEN NEEDLE 32G 6MM	2	
PENTIPS PEN NEEDLE 32GX5/32"	2	
PENTIPS PEN NEEDLE 6MM 31G	2	
PENTOXIFYLLINE ER 400 MG TAB	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	
PERINDOPRIL ERBUMINE 4 MG TAB	1	
PERINDOPRIL ERBUMINE 8 MG TAB	1	
PERIOGARD 0.12% ORAL RINSE	1	
PERMETHRIN 5% CREAM	1	
PERPHEN-AMITRIP 2 MG-10 MG TAB	1	
PERPHEN-AMITRIP 2 MG-25 MG TAB	1	
PERPHEN-AMITRIP 4 MG-10 MG TAB	1	
PERPHEN-AMITRIP 4 MG-25 MG TAB	1	
PERPHEN-AMITRIP 4 MG-50 MG TAB	1	
PERPHENAZINE 16 MG TABLET	1	
PERPHENAZINE 2 MG TABLET	1	
PERPHENAZINE 4 MG TABLET	1	
PERPHENAZINE 8 MG TABLET	1	
PERSONAL BEST PEAK FLOW MTR	2	
PFIZER COVID (12Y UP) VAC-GRAY	2	
PFIZER COVID (5-11Y) VAC-ORANG	2	
PFIZER COVID (6M-4Y)VAC-MAROON	2	
PFIZER COVID BIVAL (12Y UP)EUA	2	
PFIZER COVID BIVAL (5-11YR)EUA	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PFIZER COVID BIVAL (6MO-4Y)EUA	2	
PFIZER COVID-19 VACCINE-PURPLE	2	
PHASEAL PROTECTOR 14	2	
PHASEAL PROTECTOR 21	2	
PHASEAL PROTECTOR 28	2	
PHASEAL PROTECTOR 50	2	
PHENAZOPYRIDINE 100 MG TAB	1	
PHENAZOPYRIDINE 200 MG TAB	1	
PHENELZINE SULFATE 15 MG TAB	1	
PHENOBARBITAL 100 MG TABLET	1	
PHENOBARBITAL 15 MG TABLET	1	
PHENOBARBITAL 16.2 MG TABLET	1	
PHENOBARBITAL 20 MG/5 ML CUP	1	
PHENOBARBITAL 20 MG/5 ML ELIX	1	
PHENOBARBITAL 20 MG/5 ML SOLN	1	
PHENOBARBITAL 30 MG TABLET	1	
PHENOBARBITAL 30 MG/7.5 ML CUP	1	
PHENOBARBITAL 32.4 MG TABLET	1	
PHENOBARBITAL 60 MG TABLET	1	
PHENOBARBITAL 60 MG/15 ML CUP	1	
PHENOBARBITAL 64.8 MG TABLET	1	
PHENOBARBITAL 97.2 MG TABLET	1	
PHENOXYBENZAMINE HCL 10 MG CAP	4	SRX
PHENYLEPHRINE 10% EYE DROPS	1	
PHENYLEPHRINE 2.5% EYE DROP	1	
PHENYTOIN 100 MG/4 ML SUSP	1	
PHENYTOIN 125 MG/5 ML SUSP	1	
PHENYTOIN 50 MG INFATAB CHEW	1	
PHENYTOIN 50 MG TABLET CHEW	1	
PHENYTOIN SOD EXT 100 MG CAP	1	
PHENYTOIN SOD EXT 200 MG CAP	1	
PHENYTOIN SOD EXT 300 MG CAP	1	
PHILITH 0.4-0.035 MG TABLET	1	
PHOSLYRA 667 MG/5 ML SOLUTION	3	
PHOSPHASAL TABLET	1	
PHOSPHOLINE IODIDE 0.125%	3	LDD
PHOSPHOLINE IODIDE 0.125% DROP	3	LDD
PHYSIOSOL IRRIGATION SOLN	3	
PHYTONADIONE 5 MG TABLET	3	
PIKO 1 FLOW METER	2	
PILOCARPINE 1% EYE DROPS	1	
PILOCARPINE 2% EYE DROPS	1	
PILOCARPINE 4% EYE DROPS	1	
PILOCARPINE HCL 5 MG TABLET	1	
PILOCARPINE HCL 7.5 MG TABLET	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PIMECROLIMUS 1% CREAM	3		POLY HUB NEEDLE 27GX1/2"	2	
PIMOZIDE 1 MG TABLET	1		POLY HUB NEEDLE 27GX1-1/4"	2	
PIMOZIDE 2 MG TABLET	1		POLY HUB NEEDLE 30GX1/2"	2	
PIMTREA 28 DAY TABLET	1		POLYCIN EYE OINTMENT	1	
PINDOLOL 10 MG TABLET	1		POLYMYXIN B-TMP EYE DROPS	1	
PINDOLOL 5 MG TABLET	1		POMALYST 1 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 15 MG TABLET	1		POMALYST 2 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 30 MG TABLET	1		POMALYST 3 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 45 MG TABLET	1		POMALYST 4 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE-GLIMEPIRIDE 30-2	1		PORTIA-28 TABLET	1	
PIOGLITAZONE-GLIMEPIRIDE 30-4	1		POSACONAZOLE 200 MG/5 ML SUSP	3	
PIOGLITAZONE-METFORMIN 15-500	1		POSACONAZOLE DR 100 MG TABLET	3	QL
PIOGLITAZONE-METFORMIN 15-850	1		POTASSIUM CITRATE ER 10 MEQ TB	1	
PIP GLUCOSE CONTROL SOLN L1-L2	2		POTASSIUM CITRATE ER 15 MEQ TB	1	
PIP PEN NEEDLE 31G X 5MM	2		POTASSIUM CITRATE ER 5 MEQ TAB	1	
PIP PEN NEEDLE 32G X 4MM	2		POTASSIUM CL 10% (20 MEQ/15ML)	1	
PIRFENIDONE 267 MG CAPSULE	4	PA, SRX	POTASSIUM CL 10% (40 MEQ/30ML)	1	
PIRFENIDONE 267 MG TABLET	4	PA, SRX	POTASSIUM CL 20 MEQ PACKET	1	
PIRFENIDONE 801 MG TABLET	4	PA, SRX	POTASSIUM CL 20% (40 MEQ/15ML)	1	
PIRMELLA 1-35 28 TABLET	1		POTASSIUM CL ER 10 MEQ CAPSULE	1	
PIRMELLA 7-7-7-28 TABLET	1		POTASSIUM CL ER 10 MEQ TABLET	1	
PIROXICAM 10 MG CAPSULE	1		POTASSIUM CL ER 15 MEQ TABLET	1	
PIROXICAM 20 MG CAPSULE	1		POTASSIUM CL ER 20 MEQ TABLET	1	
PLAN B ONE-STEP 1.5 MG TABLET	3		POTASSIUM CL ER 8 MEQ CAPSULE	1	
PNEUMOVAX 23 SYRINGE	2		POTASSIUM CL ER 8 MEQ TABLET	1	
PNEUMOVAX 23 VIAL	2		POTASSIUM IODIDE 1 GM/ML SOL	3	
PNV 29-1 TABLET	1		PR NATAL 400 COMBO PACK	1	
PNV PRENATAL PLUS MULTIVIT TAB	1		PR NATAL 400 EC COMBO PACK	1	
PNV-DHA SOFTGEL	1		PR NATAL 430 COMBO PACK	1	
PNV-DHA + DOCUSATE SOFTGEL	1		PR NATAL 430 EC COMBO PACK	1	
PNV-OMEGA SOFTGEL	1		PRADAXA 110 MG CAPSULE	3	PA, QL
PNV-SELECT TABLET	1		PRAMIPEXOLE 0.125 MG TABLET	1	
POCKET CHAMBER	2	QL	PRAMIPEXOLE 0.25 MG TABLET	1	
POCKET PEAK FLOW METER	2		PRAMIPEXOLE 0.5 MG TABLET	1	
PODOFILOX 0.5% TOPICAL SOLN	1		PRAMIPEXOLE 0.75 MG TABLET	1	
POLY HUB NEEDLE 18GX1"	2		PRAMIPEXOLE 1 MG TABLET	1	
POLY HUB NEEDLE 18GX1-1/2"	2		PRAMIPEXOLE 1.5 MG TABLET	1	
POLY HUB NEEDLE 21GX1"	2		PRAMIPEXOLE ER 0.375 MG TABLET	1	
POLY HUB NEEDLE 21GX1-1/2"	2		PRAMIPEXOLE ER 0.75 MG TABLET	1	
POLY HUB NEEDLE 22GX1"	2		PRAMIPEXOLE ER 1.5 MG TABLET	1	
POLY HUB NEEDLE 22GX1-1/2"	2		PRAMIPEXOLE ER 2.25 MG TABLET	1	
POLY HUB NEEDLE 23GX1"	2		PRAMIPEXOLE ER 3 MG TABLET	1	
POLY HUB NEEDLE 23GX1-1/2"	2		PRAMIPEXOLE ER 3.75 MG TABLET	1	
POLY HUB NEEDLE 25GX1"	2		PRAMIPEXOLE ER 4.5 MG TABLET	1	
POLY HUB NEEDLE 25GX1-1/2"	2		PRAMOSONE 1% LOTION	3	
POLY HUB NEEDLE 25GX5/8"	2		PRAMOSONE 1%-1% OINTMENT	3	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PRAMOSONE 2.5%-1% LOTION	3		PREGABALIN 25 MG CAPSULE	1	QL
PRAMOSONE 2.5%-1% OINTMENT	3		PREGABALIN 300 MG CAPSULE	1	QL
PRASUGREL 10 MG TABLET	1		PREGABALIN 50 MG CAPSULE	1	QL
PRASUGREL 5 MG TABLET	1		PREGABALIN 75 MG CAPSULE	1	QL
PRAVASTATIN SODIUM 10 MG TAB	1		PREHEVBRIO 10 MCG/ML VIAL	2	
PRAVASTATIN SODIUM 20 MG TAB	1		PREMARIN 0.3 MG TABLET	3	
PRAVASTATIN SODIUM 40 MG TAB	1		PREMARIN 0.45 MG TABLET	3	
PRAVASTATIN SODIUM 80 MG TAB	1		PREMARIN 0.625 MG TABLET	3	
PRAZQUANTEL 600 MG TABLET	1		PREMARIN 0.9 MG TABLET	3	
PRAZOSIN 1 MG CAPSULE	1		PREMARIN 1.25 MG TABLET	3	
PRAZOSIN 2 MG CAPSULE	1		PRENA1 TRUE COMBO PACK	1	
PRAZOSIN 5 MG CAPSULE	1		PRENAISSANCE CAPSULE	1	
PREDNICARBATE 0.1% CREAM	1		PRENAISSANCE PLUS SOFTGEL	1	
PREDNICARBATE 0.1% OINTMENT	1		PRENATAL 19 CHEWABLE TABLET	1	
PREDNISOLONE 15 MG/5 ML SOLN	1		PRENATAL 19 TABLET	1	
PREDNISOLONE 5 MG/5 ML SOLN	1		PRENATAL PLUS IRON TABLET	1	
PREDNISOLONE AC 1% EYE DROP	1		PRENATAL PLUS VITAMIN-MINERAL	1	
PREDNISOLONE ODT 10 MG TABLET	1		PRENATAL PLUS-DHA COMBO PACK	1	
PREDNISOLONE ODT 15 MG TABLET	1		PRENATAL VITAMIN PLUS LOW IRON	1	
PREDNISOLONE ODT 30 MG TABLET	1		PRENATAL-U CAPSULE	1	
PREDNISOLONE SOD 1% EYE DROP	1		PREP EASE ALCOHOL PADS	2	
PREDNISOLONE SOD PH 25 MG/5 ML	1		PREPLUS CA-FE 27 MG-FA 1 MG TB	1	
PREDNISON 1 MG TABLET	1		PRETAB 29 MG-1 MG TABLET	1	
PREDNISON 10 MG TAB DOSE PACK	1		PREVALITE PACKET	1	
PREDNISON 10 MG TABLET	1		PREVALITE POWDER	1	
PREDNISON 2.5 MG TABLET	1		PREVENT PEN NEEDLE 31GX1/4"	2	
PREDNISON 20 MG TABLET	1		PREVENT PEN NEEDLE 31GX5/16"	2	
PREDNISON 5 MG TAB DOSE PACK	1		PREVIFEM TABLET	1	
PREDNISON 5 MG TABLET	1		PREVNAR 13 SYRINGE	2	
PREDNISON 5 MG/5 ML SOLUTION	1		PREVNAR 20 SYRINGE	2	
PREDNISON 50 MG TABLET	1		PREVYMIS 240 MG TABLET	3	PA, QL
PREDNISON INTENSOL 5 MG/ML	1		PREVYMIS 480 MG TABLET	3	PA, QL
PREF PLUS INS 0.3 ML 29GX1/2"	2		PREZCOBIX 800 MG-150 MG TABLET	2	
PREF PLUS SYR 0.5 ML 30GX5/16"	2		PREZISTA 100 MG/ML SUSPENSION	2	
PREF PLUS SYRINGE 1 ML 29GX1/2"	2		PREZISTA 150 MG TABLET	2	
PREFERRED PLUS 0.3 ML 30GX5/16	2		PREZISTA 600 MG TABLET	2	
PREFERRED PLUS 0.5 ML 29GX1/2"	2		PREZISTA 75 MG TABLET	2	
PREFERRED PLUS SYRINGE 0.5 ML	2		PREZISTA 800 MG TABLET	2	
PREFERRED PLUS SYRINGE 1 ML	2		PRIFTIN 150 MG TABLET	3	
PREFEST TABLET	1		PRIMAQUINE 26.3 MG TABLET	1	
PREFPLS INS SYR 1 ML 30GX5/16"	2		PRIMEAIRE CHAMBER	2	QL
PREGABALIN 100 MG CAPSULE	1	QL	PRIMIDONE 250 MG TABLET	1	
PREGABALIN 150 MG CAPSULE	1	QL	PRIMIDONE 50 MG TABLET	1	
PREGABALIN 20 MG/ML SOLUTION	1	QL	PRIMSOL 50 MG/5 ML ORAL SOLN	3	
PREGABALIN 200 MG CAPSULE	1	QL	PRIORIX VIAL	2	
PREGABALIN 225 MG CAPSULE	1	QL	PRO COMFORT 0.5 ML 30GX1/2"	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PRO COMFORT 0.5 ML 30GX5/16"	2		PROMETHAZINE VC SOLUTION	1	
PRO COMFORT 0.5 ML 31GX5/16"	2		PROMETHAZINE VC-CODEINE SOLN	1	QL
PRO COMFORT 1 ML 30GX1/2"	2		PROMETHAZINE-CODEINE SOLUTION	1	QL
PRO COMFORT 1 ML 30GX5/16"	2		PROMETHAZINE-CODEINE SYRUP	1	QL
PRO COMFORT 1 ML 31GX5/16"	2		PROMETHAZINE-DM 6.25-15 MG/5ML	1	
PRO COMFORT PEN ND1 31GX5/16"	2		PROMETHAZINE-PE-CODEINE SYRUP	1	QL
PRO COMFORT PEN ND1 32G X 1/4"	2		PROMETHAZINE-PHENYLEPHRINE SYR	1	
PRO COMFORT PEN ND1 4MM 32G	2		PROMETHEGAN 12.5 MG SUPPOS	1	
PRO COMFORT PEN ND1 5MM 32G	2		PROMETHEGAN 25 MG SUPPOSITORY	1	
PRO COMFORT SPACER-ADULT MASK	2	QL	PROMETHEGAN 50 MG SUPPOSITORY	1	
PRO COMFORT SPACER-CHILD MASK	2	QL	PROPAPENONE HCL 150 MG TABLET	1	
PRO COMFORT SPACER-INFANT MASK	2	QL	PROPAPENONE HCL 225 MG TAB	1	
PROBENECID 500 MG TABLET	1		PROPAPENONE HCL 300 MG TAB	1	
PROBENECID-COLCHICINE TABLET	1		PROPAPENONE HCL ER 225 MG CAP	1	
PROCARE SPACER WITH ADULT MASK	2	QL	PROPAPENONE HCL ER 325 MG CAP	1	
PROCARE SPACER WITH CHILD MASK	2	QL	PROPAPENONE HCL ER 425 MG CAP	1	
PROCENTRA 5 MG/5 ML SOLUTION	1	QL	PROPARACAINE 0.5% EYE DROPS	1	
PROCHAMBER HOLDING CHAMBER	2	QL	PROPRANOLOL 10 MG TABLET	1	
PROCHLORPERAZINE 10 MG TAB	1		PROPRANOLOL 20 MG TABLET	1	
PROCHLORPERAZINE 25 MG SUPP	1		PROPRANOLOL 20 MG/5 ML SOLN	1	
PROCHLORPERAZINE 5 MG TABLET	1		PROPRANOLOL 40 MG TABLET	1	
PROCTO-MED HC 2.5% CREAM	1		PROPRANOLOL 40 MG/5 ML SOLN	1	
PROCTOSOL-HC 2.5% CREAM	1		PROPRANOLOL 60 MG TABLET	1	
PROCTOZONE-HC 2.5% CREAM	1		PROPRANOLOL 80 MG TABLET	1	
PRODIGY CONTROL SOLUTION	2		PROPRANOLOL ER 120 MG CAPSULE	1	
PRODIGY CONTROL SOLUTION LOW	2		PROPRANOLOL ER 160 MG CAPSULE	1	
PRODIGY INS SYR 1ML 28GX1/2"	2		PROPRANOLOL ER 60 MG CAPSULE	1	
PRODIGY SYRNG 0.5 ML 31GX5/16"	2		PROPRANOLOL ER 80 MG CAPSULE	1	
PRODIGY SYRNGE 0.3ML 31GX5/16"	2		PROPRANOLOL-HCTZ 40-25 MG TAB	1	
PROGESTERONE 100 MG CAPSULE	1		PROPRANOLOL-HCTZ 80-25 MG TAB	1	
PROGESTERONE 200 MG CAPSULE	1		PROPYLTHIOURACIL 50 MG TABLET	1	
PROGRAF 0.2 MG GRANULE PACKET	3		PROQUAD VIAL	2	
PROGRAF 1 MG GRANULE PACKET	3		PROTRIPTYLINE HCL 10 MG TABLET	1	
PROMACTA 12.5 MG SUSPEN PACKET	4	PA, LDD, SRX	PROTRIPTYLINE HCL 5 MG TABLET	1	
PROMACTA 12.5 MG TABLET	4	PA, LDD, SRX	PUB INS SYRIN 0.3 ML 30GX1/2"	2	
PROMACTA 25 MG SUSPENSION PCKT	4	PA, LDD, SRX	PUB INS SYRINGE 1 ML 30GX1/2"	2	
PROMACTA 25 MG TABLET	4	PA, LDD, SRX	PUB INSUL SYR 0.3 ML 31GX5/16"	2	
PROMACTA 50 MG TABLET	4	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 30GX1/2"	2	
PROMACTA 75 MG TABLET	4	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 31GX5/16"	2	
PROMETHAZINE 12.5 MG SUPPOS	1		PUB INSULIN SYR 1 ML 31GX5/16"	2	
PROMETHAZINE 12.5 MG TABLET	1		PUB PEN 12MM 29G NEEDLES	2	
PROMETHAZINE 25 MG SUPPOSITORY	1		PUB PEN 8MM 31G NEEDLES	2	
PROMETHAZINE 25 MG TABLET	1		PUB PEN NEEDLE 6MM 31G	2	
PROMETHAZINE 50 MG TABLET	1		PUB UNIFINE PNTF PLUS 31GX3/16	2	
PROMETHAZINE 6.25 MG/5 ML SOLN	1		PULMOSAL 7% VIAL	1	
PROMETHAZINE 6.25 MG/5 ML SYRP	1		PULMOZYME 1 MG/ML AMPUL	4	PA, SRX

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PURE CMFT SFTY PEN NDL 31G 5MM	2		QUINAPRIL-HCTZ 20-12.5 MG TAB	1	
PURE CMFT SFTY PEN NDL 31G 6MM	2		QUINAPRIL-HCTZ 20-25 MG TAB	1	
PURE CMFT SFTY PEN NDL 32G 4MM	2		QUINIDINE GLUC ER 324 MG TAB	1	
PURE COMFORT PEN NDL 32G 4MM	2		QUINIDINE SULFATE 200 MG TAB	1	
PURE COMFORT PEN NDL 32G 5MM	2		QUINIDINE SULFATE 300 MG TAB	1	
PURE COMFORT PEN NDL 32G 6MM	2		QUININE SULFATE 324 MG CAPSULE	1	
PURE COMFORT PEN NDL 32G 8MM	2		QUTENZA 8% KIT (1 PATCH)	3	
PURE COMFORT SPACER-ADULT MASK	2	QL	QUTENZA 8% KIT (2 PATCH)	3	
PURECOMFORT PEAK FLOW MTR ADLT	2		QUTENZA 8% KIT (4 PATCH)	3	
PURECOMFORT PEAK FLOW MTR CHLD	2		RA ALCOHOL SWABS	2	
PURIXAN 20 MG/ML ORAL SUSP	4	PA, SRX	RA INS SYR 0.5 ML 29GX1/2"	2	
PV UNIFINE PENTIP PLUS 31GX5MM	2		RA INS SYR 0.5 ML 30GX5/16"	2	
PV UNIFINE PENTIP PLUS 31GX6MM	2		RA INS SYR 1 ML 29GX1/2"	2	
PV UNIFINE PENTIP PLUS 31GX8MM	2		RA INS SYRINGE 1 ML 30GX5/16"	2	
PV UNIFINE PENTIP PLUS 32GX4MM	2		RA PEN NEEDLE 31GX3/16"	2	
PV UNIFINE PENTIP PLUS 33GX4MM	2		RA PEN NEEDLE 31GX5/16"	2	
PYRAZINAMIDE 500 MG TABLET	1		RABEPRAZOLE SOD DR 20 MG TAB	1	QL
PYRIDOSTIGMINE 60 MG/5 ML SOLN	4	PA, SRX	RALOXIFENE HCL 60 MG TABLET	1	
PYRIDOSTIGMINE BR 60 MG TABLET	3		RAMELTEON 8 MG TABLET	2	QL
PYRIDOSTIGMINE ER 180 MG TAB	3		RAMIPRIL 1.25 MG CAPSULE	1	
PYRIMETHAMINE 25 MG TABLET	4	PA, LDD, SRX	RAMIPRIL 10 MG CAPSULE	1	
QC ALCOHOL 70% SWABS	2		RAMIPRIL 2.5 MG CAPSULE	1	
QC UNIFINE PENTIPS 32GX5/32"	2		RAMIPRIL 5 MG CAPSULE	1	
QC UNIFINE PENTIPS 4MM 32G	2		RANITIDINE 15 MG/ML SYRUP	1	
QUADRACEL DTAP-IPV SYRINGE	2		RANITIDINE 150 MG CAPSULE	1	
QUADRACEL DTAP-IPV VIAL	2		RANITIDINE 150 MG TABLET	1	
QUAZEPAM 15 MG TABLET	3	PA	RANITIDINE 150 MG/10 ML SYRUP	1	
QUETIAPINE ER 150 MG TABLET	1		RANITIDINE 300 MG CAPSULE	1	
QUETIAPINE ER 200 MG TABLET	1		RANITIDINE 300 MG TABLET	1	
QUETIAPINE ER 300 MG TABLET	1		RANOLAZINE ER 1,000 MG TABLET	3	QL
QUETIAPINE ER 400 MG TABLET	1		RANOLAZINE ER 500 MG TABLET	3	QL
QUETIAPINE ER 50 MG TABLET	1		RASAGILINE MESYLATE 0.5 MG TAB	1	
QUETIAPINE FUMARATE 100 MG TAB	1		RASAGILINE MESYLATE 1 MG TAB	1	
QUETIAPINE FUMARATE 200 MG TAB	1		RAYA SURE PEN NEEDLE 29G 12MM	2	
QUETIAPINE FUMARATE 25 MG TAB	1		RAYA SURE PEN NEEDLE 31G 4MM	2	
QUETIAPINE FUMARATE 300 MG TAB	1		RAYA SURE PEN NEEDLE 31G 5MM	2	
QUETIAPINE FUMARATE 400 MG TAB	1		RAYA SURE PEN NEEDLE 31G 6MM	2	
QUETIAPINE FUMARATE 50 MG TAB	1		RECLIPSEN 28 DAY TABLET	1	
QUICK RELEASE TEFLN CANNULA	2		RECOMBIVAX HB 10 MCG/ML SYR	2	
QUICK-SET PARADIGM SET 18"	2		RECOMBIVAX HB 10 MCG/ML VIAL	2	
QUICK-SET PARADIGM SET 32"	2		RECOMBIVAX HB 40 MCG/ML VIAL	2	
QUINAPRIL 10 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML SYR	2	
QUINAPRIL 20 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML VL	2	
QUINAPRIL 40 MG TABLET	1		RECTIV 0.4% OINTMENT	3	
QUINAPRIL 5 MG TABLET	1		REFUAH PLUS CONTROL SOLUTION	2	
QUINAPRIL-HCTZ 10-12.5 MG TAB	1		REGANEX 0.01% GEL	3	PA, QL

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RELION ALCOHOL 70% SWABS	2		REVLIMID 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 29GX1/2"	2		REVLIMID 20 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 31GX6MM	2		REVLIMID 25 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INS SYR 0.5 ML 29GX1/2"	2		REVLIMID 5 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INS SYR 0.5 ML 31GX6MM	2		REYATAZ 50 MG POWDER PACKET	2	
RELION INS SYR 1 ML 29GX1/2"	2		RIBASPHERE 200 MG CAPSULE	3	
RELION INS SYR 1 ML 30GX5/16"	2		RIBASPHERE 600 MG TABLET	3	
RELION INS SYR 1 ML 31GX15/64"	2		RIBAVIRIN 200 MG CAPSULE	3	
RELION INS SYR 1 ML 31GX5/16"	2		RIBAVIRIN 200 MG TABLET	3	
RELION INSULIN SYR 0.5 ML	2		RIFABUTIN 150 MG CAPSULE	2	
RELION KETONE TEST STRIP	2		RIFAMATE CAPSULE	3	
RELION MINI PEN 31G X 1/4" NDL	2		RIFAMPIN 150 MG CAPSULE	1	
RELION NOVOLOG 100 UNIT/ML VL	3	QL, ST	RIFAMPIN 300 MG CAPSULE	1	
RELION NOVOLOG MIX 70-30 FLXPN	3	QL, ST	RIFATER TABLET	3	
RELION NOVOLOG MIX 70-30 VIAL	3	QL, ST	RIGHTEST CONTROL SOLN NORMAL	2	
RELION NOVOLOG U-100 FLEXPEN	3	QL, ST	RIGHTEST CONTROL SOLUTION HIGH	2	
RELION PEN 29G NEEDLE	2		RILUZOLE 50 MG TABLET	4	SRX
RELION PEN 31G NEEDLE	2		RIMANTADINE HCL 100 MG TABLET	1	
RELION PEN NEEDLE 29GX1/2"	2		RINGERS IRRIGATION SOLUTION	3	
RELION PEN NEEDLE 31G 6MM	2		RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX1/4"	2		RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX5/16"	2		RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 32GX5/32"	2		RISEDRONATE SOD DR 35 MG TAB	1	
RELION PEN NEEDLES 32GX5/32"	2		RISEDRONATE SODIUM 150 MG TAB	1	
RELION SYR 0.5 ML 30GX5/16"	2		RISEDRONATE SODIUM 30 MG TAB	1	
RELION SYRING 0.3 ML 31GX5/16"	2		RISEDRONATE SODIUM 35 MG TAB	1	
RELION SYRING 0.5 ML 31GX5/16"	2		RISEDRONATE SODIUM 5 MG TABLET	1	
RELISTOR 12 MG/0.6 ML SYRINGE	3	PA	RISPERIDONE 0.25 MG ODT	1	
RELISTOR 12 MG/0.6 ML VIAL	3	PA	RISPERIDONE 0.25 MG TABLET	1	
RELISTOR 150 MG TABLET	3	PA	RISPERIDONE 0.5 MG ODT	1	
RELISTOR 8 MG/0.4 ML SYRINGE	3	PA	RISPERIDONE 0.5 MG TABLET	1	
RENACIDIN IRRIGATION SOLUTION	3		RISPERIDONE 1 MG ODT	1	
REPAGLINIDE 0.5 MG TABLET	1		RISPERIDONE 1 MG TABLET	1	
REPAGLINIDE 1 MG TABLET	1		RISPERIDONE 1 MG/ML SOLUTION	1	
REPAGLINIDE 2 MG TABLET	1		RISPERIDONE 2 MG ODT	1	
REPAGLINIDE-METFORMIN 1-500 MG	1		RISPERIDONE 2 MG TABLET	1	
REPAGLINIDE-METFORMIN 2-500 MG	1		RISPERIDONE 3 MG ODT	1	
REPATHA 140 MG/ML SURECLICK	4	PA, SRX	RISPERIDONE 3 MG TABLET	1	
REPATHA 420 MG/3.5ML PUSHTRONX	4	PA, SRX	RISPERIDONE 4 MG ODT	1	
REPATHA 140 MG/ML SYRINGE	4	PA, SRX	RISPERIDONE 4 MG TABLET	1	
REPLACEMENT PEDIATRIC MONITOR	2		RITEFLO SPACER	2	QL
RESPA A.R. TABLET SA	3		RITONAVIR 100 MG TABLET	1	
REVLIMID 10 MG CAPSULE	4	PA, QL, LDD, SRX	RIVASTIGMINE 1.5 MG CAPSULE	1	
REVLIMID 15 MG CAPSULE	4	PA, QL, LDD, SRX	RIVASTIGMINE 13.3 MG/24HR PTCH	1	
			RIVASTIGMINE 3 MG CAPSULE	1	
			RIVASTIGMINE 4.5 MG CAPSULE	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RIVASTIGMINE 4.6 MG/24HR PATCH	1	
RIVASTIGMINE 6 MG CAPSULE	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1	
RIVELSA TABLET	1	
RIZATRIPTAN 10 MG ODT	1	QL
RIZATRIPTAN 10 MG TABLET	1	QL
RIZATRIPTAN 5 MG ODT	1	QL
RIZATRIPTAN 5 MG TABLET	1	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	3	QL
ROFLUMILAST 500 MCG TABLET	3	QL
ROPINIROLE HCL 0.25 MG TABLET	1	
ROPINIROLE HCL 0.5 MG TABLET	1	
ROPINIROLE HCL 1 MG TABLET	1	
ROPINIROLE HCL 2 MG TABLET	1	
ROPINIROLE HCL 3 MG TABLET	1	
ROPINIROLE HCL 4 MG TABLET	1	
ROPINIROLE HCL 5 MG TABLET	1	
ROPINIROLE HCL ER 12 MG TABLET	1	
ROPINIROLE HCL ER 2 MG TABLET	1	
ROPINIROLE HCL ER 4 MG TABLET	1	
ROPINIROLE HCL ER 6 MG TABLET	1	
ROPINIROLE HCL ER 8 MG TABLET	1	
ROSADAN 0.75% CREAM	1	
ROSADAN 0.75% GEL	1	
ROSUVASTATIN CALCIUM 10 MG TAB	1	
ROSUVASTATIN CALCIUM 20 MG TAB	1	
ROSUVASTATIN CALCIUM 40 MG TAB	1	
ROSUVASTATIN CALCIUM 5 MG TAB	1	
ROTARIX VACCINE ORAL SYRINGE	2	
ROTARIX VACCINE SUSPENSION	2	
ROTATEQ VACCINE	2	
ROWEEPPRA 1,000 MG TABLET	1	
ROWEEPPRA 500 MG TABLET	1	
ROWEEPPRA 750 MG TABLET	1	
RUFINAMIDE 200 MG TABLET	3	PA, QL
RUFINAMIDE 40 MG/ML SUSPENSION	3	PA, QL
RUFINAMIDE 400 MG TABLET	3	PA, QL
SAFESNAP INSUL SYRINGE 0.3 ML	2	
SAFESNAP INSUL SYRINGE 0.5 ML	2	
SAFESNAP INSULIN SYRINGE 1 ML	2	
SAFETY PEN NEEDLE 31G 4MM	2	
SAFETY PEN NEEDLE 31G 5MM	2	
SAFETY PEN NEEDLE 5MM X 31G	2	
SAJAZIR 30 MG/3 ML SYRINGE	4	PA, LDD, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SALICYLIC ACID 27.5% LIQUID	1	
SALSALATE 500 MG TABLET	1	
SALSALATE 750 MG TABLET	1	
SANTYL OINTMENT	3	PA, QL
SAPROPTERIN 100 MG POWDER PKT	4	PA, SRX
SAPROPTERIN 100 MG TABLET	4	PA, SRX
SAPROPTERIN 500 MG POWDER PKT	4	PA, SRX
SAVAYSA 15 MG TABLET	3	PA, QL
SAVAYSA 30 MG TABLET	3	PA, QL
SAVAYSA 60 MG TABLET	3	PA, QL
SAVELLA 100 MG TABLET	3	
SAVELLA 12.5 MG TABLET	3	
SAVELLA 25 MG TABLET	3	
SAVELLA 50 MG TABLET	3	
SAVELLA TITRATION PACK	3	
SCOPOLAMINE 1 MG/3 DAY PATCH	1	
SECONAL SODIUM 100 MG CAPSULE	3	
SECURESAFE PEN ND 30GX5/16"	2	
SECURESAFE SYR 0.5 ML 29G 1/2"	2	
SECURESAFE SYRNG 1 ML 29G 1/2"	2	
SELEGILINE HCL 5 MG CAPSULE	1	
SELEGILINE HCL 5 MG TABLET	1	
SELENIUM SULFIDE 2.25% SHAMPOO	1	
SELENIUM SULFIDE 2.5% LOTION	1	
SE-NATAL-19 TABLET	1	
SE-NATAL 19 CHEWABLE TABLET	1	
SEN-SERTER	2	
SEREVENT DISKUS 50 MCG	2	QL
SERTRALINE 20 MG/ML ORAL CONC	1	QL
SERTRALINE HCL 100 MG TABLET	1	QL
SERTRALINE HCL 25 MG TABLET	1	QL
SERTRALINE HCL 50 MG TABLET	1	QL
SETLAKIN 0.15 MG-0.03 MG TAB	1	
SEVELAMER CARBONATE 800 MG TAB	3	
SF 1.1% GEL	1	
SF 5000 PLUS CREAM	1	
SHAROBEL 0.35 MG TABLET	1	
SHINGRIX VIAL KIT	2	QL
SHOPKO UNIFINE PENTIPS 4MM 32G	2	
SHOPKO UNIFINE PENTIPS 5MM 31G	2	
SHOPKO UNIFINE PENTIPS 8MM 31G	2	
SHOPKO UNIFINE PNTIPS 12MM 29G	2	
SIDESTREAM PEDIATRIC FACE MASK	2	QL
SIGNIFOR 0.3 MG/ML AMPULE	4	PA, LDD, SRX
SIGNIFOR 0.6 MG/ML AMPULE	4	PA, LDD, SRX
SIGNIFOR 0.9 MG/ML AMPULE	4	PA, LDD, SRX



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SILDENAFIL 20 MG TABLET	4	PA, SRX	SOD POLYSTYREN SULF 15 G/60 ML	1	
SILHOUETTE INFUSION SET 23"	2		SOD SUL-POTASS SUL-MAG SUL SOL	3	
SILHOUETTE INFUSION SET 43"	2		SODIUM CHLORIDE 0.9% INHAL VL	1	
SILICONE MASK-INFANT	2	QL	SODIUM CHLORIDE 0.9% IRRIG	1	
SILICONE MASK-PEDIATRIC	2	QL	SODIUM CHLORIDE 0.9% IRRIG.	1	
SILODOSIN 4 MG CAPSULE	1	QL	SODIUM CHLORIDE 0.9% PRCSS SOL	1	
SILODOSIN 8 MG CAPSULE	1	QL	SODIUM CHLORIDE 10% VIAL	1	
SIL-SERTER INFUSION SET	2		SODIUM CHLORIDE 3% VIAL	1	
SILVER NITRATE 0.5% SOLN	1		SODIUM CHLORIDE 7% VIAL	1	
SILVER NITRATE 10% SOLUTION	1		SODIUM FLUORIDE 0.2% RINSE	1	
SILVER NITRATE 25% SOLUTION	1		SODIUM FLUORIDE 1.1% CREAM	1	
SILVER NITRATE 50% SOLUTION	1		SODIUM FLUORIDE 1.1% GEL	1	
SILVER SULFADIAZINE 1% CREAM	1		SODIUM FLUORIDE 5000 DRY MOUTH	1	
SIMBRINZA 1%-0.2% EYE DROP	2		SODIUM FLUORIDE 5000 PLUS CRM	1	
SIMLIYA 28 DAY TABLET	1		SODIUM FLUORIDE 5000 PPM CREAM	1	
SIMPESSE 0.15-0.03-0.01 MG TAB	1		SODIUM FLUORIDE 5000 PPM PASTE	1	
SIMVASTATIN 10 MG TABLET	1		SOD FLUORIDE ENAM PROT 5000PPM	1	
SIMVASTATIN 20 MG TABLET	1		SODIUM FLUORIDE SENSTV 5000PPM	1	
SIMVASTATIN 40 MG TABLET	1		SODIUM PHENYL BUTYRATE 500MG TB	4	SRX
SIMVASTATIN 5 MG TABLET	1		SODIUM PHENYL BUTYRATE POWDER	4	SRX
SIMVASTATIN 80 MG TABLET	1	QL	SODIUM POLYSTYRENE SULF POWDER	1	
SIROLIMUS 0.5 MG TABLET	1		SODIUM SULFACETAMIDE 10% LOTN	1	
SIROLIMUS 1 MG TABLET	1		SOFOSBUVIR-VELPATASVIR 400-100	4	PA, QL, SRX
SIROLIMUS 1 MG/ML SOLUTION	4	SRX	SOF-SERTER INSERTION DEVICE	2	
SIROLIMUS 2 MG TABLET	1		SOF-SET MICRO INFUSION SET	2	
SIRTURO 100 MG TABLET	3	PA, LDD	SOF-SET ULTIMATE QR SET	2	
SIRTURO 20 MG TABLET	3	PA, LDD	SOLIFENACIN 10 MG TABLET	2	QL
SKY SAFETY PEN NEEDLE 30G 5MM	2		SOLIFENACIN 5 MG TABLET	2	QL
SKY SAFETY PEN NEEDLE 30G 8MM	2		SOLUS V2 CONTROL SOLUTION HIGH	2	
SKYRIZI 150 MG/ML SYRINGE	4	PA, QL, SRX	SOLUS V2 CONTROL SOLUTION LOW	2	
SKYRIZI 180 MG/1.2 ML ON-BODY	4	PA, QL, SRX	SOMAVERT 10 MG VIAL	4	PA, LDD, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	4	PA, QL, SRX	SOMAVERT 15 MG VIAL	4	PA, LDD, SRX
SKYRIZI 150 MG/ML PEN	4	PA, QL, SRX	SOMAVERT 20 MG VIAL	4	PA, LDD, SRX
SLYND 4 MG TABLET	3		SOMAVERT 25 MG VIAL	4	PA, LDD, SRX
SM INS SYR 0.5 ML 29GX1/2"	2		SOMAVERT 30 MG VIAL	4	PA, LDD, SRX
SM INS SYR 0.5 ML 30GX5/16"	2		SORAFENIB 200 MG TABLET	4	PA, QL, SRX
SM INS SYR 1 ML 29GX1/2"	2		SOTALOL 120 MG TABLET	1	
SM INS SYRINGE 0.3 ML 30GX5/16"	2		SOTALOL 160 MG TABLET	1	
SM INS SYRINGE 1 ML 28GX1/2"	2		SOTALOL 240 MG TABLET	1	
SM INS SYRINGE 1 ML 30GX5/16"	2		SOTALOL 80 MG TABLET	1	
SM INSUL SYR 0.3 ML 31GX5/16"	2		SOTALOL AF 120 MG TABLET	1	
SM INSUL SYR 0.5 ML 31GX5/16"	2		SOTALOL AF 160 MG TABLET	1	
SM INSULIN SYR 0.3 ML 29GX1/2"	2		SOTALOL AF 80 MG TABLET	1	
SM INSULIN SYR 0.5 ML 28GX1/2"	2		SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA
SM INSULIN SYR 1 ML 31GX5/16"	2		SOVALDI 150 MG PELLETT PACKET	4	PA, QL, SRX
SMARTEST CONTROL SOLUTION	2		SOVALDI 200 MG PELLETT PACKET	4	PA, QL, SRX



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SOVALDI 200 MG TABLET	4	PA, QL, SRX
SOVALDI 400 MG TABLET	4	PA, QL, SRX
SPACE CHAMBER	2	QL
SPACE CHAMBER-LARGE MASK	2	QL
SPACE CHAMBER-MEDIUM MASK	2	QL
SPACE CHAMBER-SMALL MASK	2	QL
SPIKEVAX COVID (18Y UP) VACC	2	
SPINOSAD 0.9% TOPICAL SUSP	1	
SPIRONOLACTONE 100 MG TABLET	1	
SPIRONOLACTONE 25 MG TABLET	1	
SPIRONOLACTONE 50 MG TABLET	1	
SPIRONOLACTONE-HCTZ 25-25 TAB	1	
SPRINTEC 28 DAY TABLET	1	
SPRYCEL 100 MG TABLET	4	PA, QL, SRX
SPRYCEL 140 MG TABLET	4	PA, QL, SRX
SPRYCEL 20 MG TABLET	4	PA, QL, SRX
SPRYCEL 50 MG TABLET	4	PA, QL, SRX
SPRYCEL 70 MG TABLET	4	PA, QL, SRX
SPRYCEL 80 MG TABLET	4	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	1	
SPS 30 GM/120 ML ENEMA SUSP	1	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML SOLUTION	3	
STAVUDINE 40 MG CAPSULE	1	
STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX
STERILE WATER FOR IRRIGATION	1	
STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX
STRIBILD TABLET	2	QL
SUBVENITE TAB START KIT (BLUE)	1	
SUBVENITE TAB START KIT(GREEN)	1	
SUBVENITE TAB START KT(ORANGE)	1	
SUBVENITE 100 MG TABLET	1	
SUBVENITE 150 MG TABLET	1	
SUBVENITE 200 MG TABLET	1	
SUBVENITE 25 MG TABLET	1	
SUCRAID 17,000 UNIT/2 ML SOLN	4	LDD, SRX
SUCRAID 8,500 UNIT/ML SOLN	4	LDD, SRX
SUCRALFATE 1 GM TABLET	1	
SULFACETAMIDE 10% EYE DROPS	1	
SULFACETAMIDE 10% EYE OINTMENT	1	
SULFACETAMIDE SOD 10% TOP SUSP	1	
SULF-PRED 10-0.23% EYE DROPS	1	
SULFADIAZINE 500 MG TABLET	1	
SULFAMETHOXAZOLE-TMP DS TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMETHOXAZOLE-TMP SUSP	1	
SULFAMYLON 8.5% CREAM	3	
SULFASALAZINE 500 MG TABLET	1	
SULFASALAZINE DR 500 MG TAB	1	
SULINDAC 150 MG TABLET	1	
SULINDAC 200 MG TABLET	1	
SUMATRIPTAN 20 MG NASAL SPRAY	1	QL
SUMATRIPTAN 4 MG/0.5 ML CART	1	QL
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	QL
SUMATRIPTAN 5 MG NASAL SPRAY	1	QL
SUMATRIPTAN 6 MG/0.5 ML CART	1	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	QL
SUMATRIPTAN SUCC 100 MG TABLET	1	QL
SUMATRIPTAN SUCC 25 MG TABLET	1	QL
SUMATRIPTAN SUCC 50 MG TABLET	1	QL
SUNITINIB MALATE 12.5 MG CAP	4	PA, QL, SRX
SUNITINIB MALATE 25 MG CAPSULE	4	PA, QL, SRX
SUNITINIB MALATE 37.5 MG CAP	4	PA, QL, SRX
SUNITINIB MALATE 50 MG CAPSULE	4	PA, QL, SRX
SUPRAX 100 MG TABLET CHEWABLE	3	
SUPRAX 200 MG TABLET CHEWABLE	3	
SUPRAX 500 MG/5 ML SUSPENSION	3	
SURE CMFT SFTY PEN ND 31G 6MM	2	
SURE CMFT SFTY PEN ND 32G 4MM	2	
SURE COMFORT 0.3 ML SYRINGE	2	
SURE COMFORT 0.5 ML SYRINGE	2	
SURE COMFORT 1 ML SYRINGE	2	
SURE COMFORT 3/10 ML SYRINGE	2	
SURE COMFORT 30G PEN NEEDLE	2	
SURE COMFORT INS 0.3ML 31GX1/4	2	
SURE COMFORT INS 0.5ML 31GX1/4	2	
SURE COMFORT INS 1 ML 31GX1/4"	2	
SURE COMFORT PEN ND 29GX1/2"	2	
SURE COMFORT PEN ND 31G 5MM	2	
SURE COMFORT PEN ND 31G 8MM	2	
SURE COMFORT PEN ND 32G 4MM	2	
SURE COMFORT PEN ND 32G 6MM	2	
SURE-FINE PEN NEEDLES 12.7MM	2	
SURE-FINE PEN NEEDLES 5MM	2	
SURE-FINE PEN NEEDLES 8MM	2	
SURE-JECT INS 0.3 ML 31GX5/16"	2	
SURE-JECT INS 0.5 ML 31GX5/16"	2	
SURE-JECT INSU SYR U100 0.3 ML	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SURE-T PARADIGM 23" SET	2	
SURE-T PARADIGM 32" SET	2	
SURE-TEST EASYPLUS MINI SOLN	2	
SYEDA 28 TABLET	1	
SYMAX	1	
SYMAX FASTABS 0.125 MG TABLET	1	
SYMAX-SL 0.125 MG TABLET SL	1	
SYMAX-SR 0.375 MG TABLET	3	QL
SYMLINPEN 120 PEN INJECTOR	3	QL
SYMLINPEN 60 PEN INJECTOR	2	QL
SYMTUZA 800-150-200-10 MG TAB	4	PA, SRX
SYNAREL 2 MG/ML NASAL SPRAY	3	
SYNTHROID 100 MCG TABLET	3	
SYNTHROID 112 MCG TABLET	3	
SYNTHROID 125 MCG TABLET	3	
SYNTHROID 137 MCG TABLET	3	
SYNTHROID 150 MCG TABLET	3	
SYNTHROID 175 MCG TABLET	3	
SYNTHROID 200 MCG TABLET	3	
SYNTHROID 25 MCG TABLET	3	
SYNTHROID 300 MCG TABLET	3	
SYNTHROID 50 MCG TABLET	3	
SYNTHROID 75 MCG TABLET	3	
SYNTHROID 88 MCG TABLET	3	
T:30 INFUSION SET 23" 13MM	2	
T:30 INFUSION SET 43" 13MM	2	
T:90 INFUSION SET 23" 6MM	2	
T:90 INFUSION SET 23" 9MM	2	
T:90 INFUSION SET 43" 9MM	2	
T:FLEX 4.8 ML CARTRIDGE	2	
T:SLIM 3 ML CARTRIDGE	2	
T:SLIM G4	2	
T:SLIM G4 3 ML CARTRIDGE	2	
TABLOID 40 MG TABLET	3	PA
TACROLIMUS 0.03% OINTMENT	1	
TACROLIMUS 0.1% OINTMENT	1	
TACROLIMUS 0.5 MG CAPSULE (IR)	1	
TACROLIMUS 1 MG CAPSULE (IR)	1	
TACROLIMUS 5 MG CAPSULE (IR)	1	
TADALAFIL 2.5 MG TABLET	1	PA, QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TADALAFIL 20 MG TABLET	4	PA, SRX
TADALAFIL 5 MG TABLET	1	PA, QL
TAFINLAR 10 MG TABLET FOR SUSP	4	PA, QL, SRX
TAFINLAR 50 MG CAPSULE	4	PA, QL, LDD, SRX
TAFINLAR 75 MG CAPSULE	4	PA, QL, LDD, SRX
TAFLUPROST 0.0015% EYE DROP	3	QL
TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX
TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX
TAKE ACTION 1.5 MG TABLET	1	
TAMOXIFEN 10 MG TABLET	1	
TAMOXIFEN 20 MG TABLET	1	
TAMSULOSIN HCL 0.4 MG CAPSULE	1	
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	1	
TARON-C DHA CAPSULE	1	
TARON-PREX PRENATAL DHA CAP	4	PA, QL, SRX
TASIGNA 200 MG CAPSULE	4	PA, QL, SRX
TASIGNA 50 MG CAPSULE	4	PA, QL, SRX
TAYSOFY 1 MG-20 MCG CAPSULE	1	
TAZAROTENE 0.05% GEL	3	
TAZAROTENE 0.1% CREAM	1	
TAZAROTENE 0.1% GEL	3	
TAZORAC 0.05% CREAM	3	
TAZTIA XT 120 MG CAPSULE	1	
TAZTIA XT 180 MG CAPSULE	1	
TAZTIA XT 240 MG CAPSULE	1	
TAZTIA XT 300 MG CAPSULE	1	
TAZTIA XT 360 MG CAPSULE	1	
TDVAX VIAL	2	
TECHLITE 0.3 ML 29GX12MM (1/2)	2	
TECHLITE 0.3 ML 30GX12MM (1/2)	2	
TECHLITE 0.3 ML 30GX8MM (1/2)	2	
TECHLITE 0.3 ML 31GX6MM (1/2)	2	
TECHLITE 0.3 ML 31GX8MM (1/2)	2	
TECHLITE 0.5 ML 29GX12MM (1/2)	2	
TECHLITE 0.5 ML 30GX12MM (1/2)	2	
TECHLITE 0.5 ML 30GX8MM (1/2)	2	
TECHLITE 0.5 ML 31GX6MM (1/2)	2	
TECHLITE 0.5 ML 31GX8MM (1/2)	2	
TECHLITE INS SYR 1 ML 29GX12MM	2	
TECHLITE INS SYR 1 ML 30GX12MM	2	
TECHLITE INS SYR 1 ML 30GX8MM	2	
TECHLITE INS SYR 1 ML 31GX6MM	2	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TECHLITE INS SYR 1 ML 31GX8MM	2	
TECHLITE PEN NEEDLE 29GX1/2"	2	
TECHLITE PEN NEEDLE 29GX3/8"	2	
TECHLITE PEN NEEDLE 31GX1/4"	2	
TECHLITE PEN NEEDLE 31GX3/16"	2	
TECHLITE PEN NEEDLE 31GX5/16"	2	
TECHLITE PEN NEEDLE 32GX1/4"	2	
TECHLITE PEN NEEDLE 32GX5/16"	2	
TECHLITE PEN NEEDLE 32GX5/32"	2	
TELCARE CONTROL SOLUTION	2	
TELMISARTAN 20 MG TABLET	1	
TELMISARTAN 40 MG TABLET	1	
TELMISARTAN 80 MG TABLET	1	
TELMISARTAN-AMLODIPINE 40-10	1	
TELMISARTAN-AMLODIPINE 40-5 MG	1	
TELMISARTAN-AMLODIPINE 80-10	1	
TELMISARTAN-AMLODIPINE 80-5 MG	1	
TELMISARTAN-HCTZ 40-12.5 MG TB	1	
TELMISARTAN-HCTZ 80-12.5 MG TB	1	
TELMISARTAN-HCTZ 80-25 MG TAB	1	
TEMAZEPAM 15 MG CAPSULE	1	
TEMAZEPAM 22.5 MG CAPSULE	1	
TEMAZEPAM 30 MG CAPSULE	1	
TEMAZEPAM 7.5 MG CAPSULE	1	
TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX
TENCON 50-325 MG TABLET	1	
TENIVAC VIAL	2	
TENOFOVIR DISOP FUM 300 MG TB	1	
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	1	
TERBUTALINE SULFATE 5 MG TAB	1	
TERCONAZOLE 0.4% CREAM	1	
TERCONAZOLE 0.8% CREAM	1	
TERCONAZOLE 80 MG SUPPOSITORY	1	
TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX
TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX
TERUMO INS SYR 0.3 ML 29GX1/2"	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TERUMO INS SYRINGE U100-1 ML	2	
TERUMO INS SYRINGE U100-1/2 ML	2	
TERUMO INS SYRINGE U100-1/3 ML	2	
TERUMO INS SYRNG U100-1/2 ML	2	
TERUMO SURGUARD2 NDL 21GX1 1.5	2	
TERUMO SURGUARD2 NDL 22X1-1/2"	2	
TERUMO SURGUARD2 NDL 23X1-1/2"	2	
TERUMO SURGUARD2 NEEDLE 18GX1"	2	
TERUMO SURGUARD2 NEEDLE 18X1.5	2	
TERUMO SURGUARD2 NEEDLE 19GX1"	2	
TERUMO SURGUARD2 NEEDLE 19X1.5	2	
TERUMO SURGUARD2 NEEDLE 20GX1"	2	
TERUMO SURGUARD2 NEEDLE 20X1.5	2	
TERUMO SURGUARD2 NEEDLE 21GX1"	2	
TERUMO SURGUARD2 NEEDLE 22GX1"	2	
TERUMO SURGUARD2 NEEDLE 23GX1"	2	
TERUMO SURGUARD2 NEEDLE 25GX1"	2	
TERUMO SURGUARD2 NEEDLE 25X1.5	2	
TERUMO SURGUARD2 NEEDLE 25X5/8	2	
TERUMO SURGUARD2 NEEDLE 26X1/2	2	
TERUMO SURGUARD2 NEEDLE 27X1/2	2	
TERUMO SURGUARD2 NEEDLE 30X1/2	2	
TERUMO SYRINGE 3 ML	2	
TESTOSTERON CYP 1,000 MG/10 ML	1	
TESTOSTERON CYP 2,000 MG/10 ML	1	
TESTOSTERON ENAN 1,000 MG/5 ML	1	
TESTOSTERONE 1% (25MG/2.5G) PK	1	QL
TESTOSTERONE 1% (50 MG/5 G) PK	1	QL
TESTOSTERONE 1.62% (2.5 G) PKT	1	QL
TESTOSTERONE 1.62% GEL PUMP	1	QL
TESTOSTERONE 1.62%(1.25 G) PKT	1	QL
TESTOSTERONE 10 MG GEL PUMP	1	QL
TESTOSTERONE 12.5 MG/1.25 GRAM	1	QL
TESTOSTERONE 50 MG/5 GRAM GEL	1	QL
TESTOSTERONE 50 MG/5 GRAM PKT	1	QL
TESTOSTERONE CYP 1,000 MG/10ML	1	
TESTOSTERONE CYP 1,000 MG/5 ML	1	
TESTOSTERONE CYP 200 MG/ML	1	
TESTOSTERONE CYP 500 MG/2.5 ML	1	
TESTOSTERONE CYP 6,000 MG/30ML	1	
TESTOSTERONE ENAN 200 MG/ML	1	
TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX
TETRACAINE 0.5% EYE DROP	1	
TETRACAINE 0.5% STERI-UNIT SOL	1	
TETRACYCLINE 250 MG CAPSULE	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TETRACYCLINE 500 MG CAPSULE	1		TIMOLOL 0.5% GFS GEL-SOLUTION	1	
TETRAVISC 0.5% EYE DROPS	3		TIMOLOL MALEATE 0.25% EYE DROP	1	
TEXACORT 2.5% SOLUTION	3		TIMOLOL MALEATE 0.5% EYE DROPS	1	
THALOMID 100 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 10 MG TABLET	1	
THALOMID 150 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 20 MG TABLET	1	
THALOMID 200 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 5 MG TABLET	1	
THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX	TINIDAZOLE 250 MG TABLET	1	
THEOPHYLLINE 80 MG/15 ML SOLN	1		TINIDAZOLE 500 MG TABLET	1	
THEOPHYLLINE ER 100 MG TABLET	1		TIOPRONIN 100 MG TABLET	4	SRX
THEOPHYLLINE ER 200 MG TABLET	1		TIS-U-SOL PENTALYTE IRRIG SOLN	2	
THEOPHYLLINE ER 300 MG TAB	1		TIVICAY 10 MG TABLET	2	
THEOPHYLLINE ER 300 MG TABLET	1		TIVICAY 25 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	1		TIVICAY 50 MG TABLET	2	
THEOPHYLLINE ER 450 MG TAB	1		TIVICAY PD 5 MG TAB FOR SUSP	2	
THEOPHYLLINE ER 450 MG TABLET	1		TIZANIDINE HCL 4 MG TABLET	1	
THEOPHYLLINE ER 600 MG TABLET	1		TOBRAMYCIN 0.3% EYE DROP	1	
THINPRO INS SYRIN U100-0.3 ML	2		TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX
THINPRO INS SYRIN U100-0.5 ML	2		TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX
THINPRO INS SYRIN U100-1 ML	2		TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	
THIORIDAZINE 10 MG TABLET	1		TODAY'S HLTH PN NEEDLE 6MM 31G	2	
THIORIDAZINE 100 MG TABLET	1		TOLCAPONE 100 MG TABLET	4	SRX
THIORIDAZINE 25 MG TABLET	1		TOLMETIN SODIUM 200 MG TAB	1	
THIORIDAZINE 50 MG TABLET	1		TOLMETIN SODIUM 400 MG CAP	1	
THIOTHIXENE 1 MG CAPSULE	1		TOLMETIN SODIUM 600 MG TAB	1	
THIOTHIXENE 10 MG CAPSULE	1		TOLTERODINE TART ER 2 MG CAP	1	
THIOTHIXENE 2 MG CAPSULE	1		TOLTERODINE TART ER 4 MG CAP	1	
THIOTHIXENE 5 MG CAPSULE	1		TOLTERODINE TARTRATE 1 MG TAB	1	
THRIVITE 19	1		TOLTERODINE TARTRATE 2 MG TAB	1	
THRIVITE 19 TABLET	1		TOLVAPTAN 15 MG TABLET	4	PA, SRX
THYROID 15 MG TABLET	1		TOLVAPTAN 30 MG TABLET	4	PA, SRX
THYROID 30 MG TABLET	1		TOPCARE CLICKFINE 31G X 1/4"	2	
THYROID 60 MG TABLET	1		TOPCARE CLICKFINE 31G X 5/16"	2	
THYROID 90 MG TABLET	1		TOPCARE ULTRA COMFORT SYRINGE	2	
TIADYL ER 120 MG CAPSULE	1		TOPIRAMATE 100 MG TABLET	1	
TIADYL ER 180 MG CAPSULE	1		TOPIRAMATE 15 MG SPRINKLE CAP	1	
TIADYL ER 240 MG CAPSULE	1		TOPIRAMATE 200 MG TABLET	1	
TIADYL ER 300 MG CAPSULE	1		TOPIRAMATE 25 MG SPRINKLE CAP	1	
TIADYL ER 360 MG CAPSULE	1		TOPIRAMATE 25 MG TABLET	1	
TIADYL ER 420 MG CAPSULE	1		TOPIRAMATE 50 MG TABLET	1	
TIAGABINE HCL 12 MG TABLET	1		TOPIRAMATE ER 100 MG CAPSULE	1	
TIAGABINE HCL 16 MG TABLET	1		TOPIRAMATE ER 150 MG CAPSULE	1	
TIAGABINE HCL 2 MG TABLET	1		TOPIRAMATE ER 200 MG CAPSULE	1	
TIAGABINE HCL 4 MG TABLET	1		TOPIRAMATE ER 25 MG CAPSULE	1	
TILIA FE 28 TABLET	1		TOPIRAMATE ER 50 MG CAPSULE	1	
TIMOLOL 0.25% GEL-SOLUTION	1		TOREMIFENE CITRATE 60 MG TAB	3	
TIMOLOL 0.5% GEL-SOLUTION	1		TORSEMIDE 10 MG TABLET	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRAMADOL HCL 50 MG TABLET	1	QL
TRAMADOL HCL ER 100 MG TABLET	1	PA, QL
TRAMADOL HCL ER 150 MG CAPSULE	1	PA, QL
TRAMADOL HCL ER 200 MG TABLET	1	PA, QL
TRAMADOL HCL ER 300 MG TABLET	1	PA, QL
TRAMADOL-ACETAMINOPHN 37.5-325	1	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	
TRANDOLAPR-VERAPAM ER 1-240 MG	1	
TRANDOLAPR-VERAPAM ER 2-180 MG	1	
TRANDOLAPR-VERAPAM ER 2-240 MG	1	
TRANDOLAPR-VERAPAM ER 4-240 MG	1	
TRANEXAMIC ACID 650 MG TABLET	1	
TRANSFER NEEDLE	2	
TRAVOPROST 0.004% EYE DROP	1	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	1	
TRAZODONE 50 MG TABLET	1	
TRECATOR 250 MG TABLET	3	
TREMFYA 100 MG/ML INJECTOR	4	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	4	PA, QL, SRX
TRETINOIN 0.025% CREAM	1	PA_AGE
TRETINOIN 0.025% GEL	1	PA_AGE
TRETINOIN 0.05% CREAM	1	PA_AGE
TRETINOIN 0.05% GEL	1	PA_AGE
TRETINOIN 0.1% CREAM	1	PA_AGE
TRETINOIN 10 MG CAPSULE	3	PA
TRETINOIN GEL MICRO 0.04% PUMP	1	PA_AGE
TRETINOIN GEL MICRO 0.04% TUBE	1	PA_AGE
TRETINOIN GEL MICRO 0.1% PUMP	1	PA_AGE
TRETINOIN GEL MICRO 0.1% TUBE	1	PA_AGE
TRETIN-X 0.025% CREAM COMB PCK	3	PA_AGE
TRETIN-X 0.05% COMBO PACK	3	PA_AGE
TRETIN-X 0.075% CREAM	3	PA_AGE
TRETIN-X 0.1% COMBO PACK	3	PA_AGE
TRI FEMYNOR	1	
TRI FEMYNOR 28 TABLET	1	
TRIAMCINOLONE 0.025% LOTION	1	
TRIAMCINOLONE 0.025% OINT	1	
TRIAMCINOLONE 0.1% CREAM	1	
TRIAMCINOLONE 0.1% LOTION	1	
TRIAMCINOLONE 0.1% OINTMENT	1	
TRIAMCINOLONE 0.1% PASTE	1	
TRIAMCINOLONE 0.5% CREAM	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRIAMCINOLONE 0.5% OINTMENT	1	
TRIAMTERENE 100 MG CAPSULE	3	
TRIAMTERENE 50 MG CAPSULE	3	
TRIAMTERENE-HCTZ 37.5-25 MG CP	1	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1	
TRIAMTERENE-HCTZ 75-50 MG TAB	1	
TRIAZOLAM 0.125 MG TABLET	1	
TRIAZOLAM 0.25 MG TABLET	1	
TRIDERM 0.1% CREAM	1	
TRIDERM 0.5% CREAM	1	
TRI-ESTARYLLA TABLET	1	
TRIFLUOPERAZINE 1 MG TABLET	1	
TRIFLUOPERAZINE 10 MG TABLET	1	
TRIFLUOPERAZINE 2 MG TABLET	1	
TRIFLUOPERAZINE 5 MG TABLET	1	
TRIFLURIDINE	1	
TRIFLURIDINE 1% EYE DROPS	1	
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	1	
TRIHEXYPHENIDYL 5 MG TABLET	1	
TRIKAFTA 100-50-75 MG/150 MG	4	PA, QL, LDD, SRX
TRIKAFTA 100-50-75 MG/75MG PKT	4	PA, QL, LDD, SRX
TRIKAFTA 50-25-37.5 MG/75 MG	4	PA, QL, LDD, SRX
TRIKAFTA 80-40-60MG/59.5MG PKT	4	PA, QL, LDD, SRX
TRI-LEGEST FE	1	
TRI-LEGEST FE-28 DAY TABLET	1	
TRI-LO-ESTARYLLA TABLET	1	
TRI-LO-MARZIA TABLET	1	
TRI-LO-MILI TABLET	1	
TRI-LO-SPRINTEC TABLET	1	
TRIMETHOBENZAMIDE 300 MG CAP	1	
TRIMETHOPRIM 100 MG TABLET	1	
TRI-MILI 28 TABLET	1	
TRIMIPRAMINE MALEATE 100 MG CP	1	
TRIMIPRAMINE MALEATE 25 MG CAP	1	
TRIMIPRAMINE MALEATE 50 MG CAP	1	
TRINATAL RX 1	1	
TRINTELLIX 10 MG TABLET	3	QL, ST
TRINTELLIX 20 MG TABLET	3	QL, ST
TRINTELLIX 5 MG TABLET	3	QL, ST
TRI-NYMYO 28 TABLET	1	
TRI-PREVIFEM TABLET	1	
TRI-SPRINTEC TABLET	1	
TRIUMEQ 600-50-300 MG TABLET	2	QL
TRIUMEQ PD 60-5-30 MG TAB SUSP	2	QL
TRI-VITE-FLUORIDE 0.5 MG/ML	1	
TRI-VIT-FLUOR 0.25 MG/ML DROP	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRI-VIT-FLUOR 0.5 MG/ML DROP	1	
TRIVORA-28 TABLET	1	
TRI-VYLIBRA 28 TABLET	1	
TRI-VYLIBRA LO TABLET	1	
TROPICAMIDE 0.5% EYE DROP	1	
TROPICAMIDE 0.5% EYE DROPS	1	
TROPICAMIDE 1% EYE DROP	1	
TROPICAMIDE 1% EYE DROPS	1	
TROSPIMUM CHLORIDE 20 MG TABLET	1	
TROSPIMUM CHLORIDE ER 60 MG CAP	1	
TRUE CMFRT PRO 0.5ML 30G 5/16"	2	
TRUE CMFRT PRO 0.5ML 31G 5/16"	2	
TRUE CMFRT PRO 0.5ML 32G 5/16"	2	
TRUE CMFT SFTY PEN ND 31G 5MM	2	
TRUE CMFT SFTY PEN ND 31G 6MM	2	
TRUE CMFT SFTY PEN ND 32G 4MM	2	
TRUE COMFORT 0.5 ML 31GX5/16"	2	
TRUE COMFORT 1 ML 31GX5/16"	2	
TRUE COMFORT PEN ND 31G 5MM	2	
TRUE COMFORT PEN ND 31G 6MM	2	
TRUE COMFORT PEN ND 31G 8MM	2	
TRUE COMFORT PEN ND 31GX5MM	2	
TRUE COMFORT PEN ND 31GX6MM	2	
TRUE COMFORT PEN ND 32G 4MM	2	
TRUE COMFORT PEN ND 32G 5MM	2	
TRUE COMFORT PEN ND 32G 6MM	2	
TRUE COMFORT PEN ND 32GX4MM	2	
TRUE COMFORT PEN ND 33G 4MM	2	
TRUE COMFORT PEN ND 33G 5MM	2	
TRUE COMFORT PEN ND 33G 6MM	2	
TRUE COMFORT PRO 1 ML 30G 1/2"	2	
TRUE COMFORT PRO 1ML 30G 5/16"	2	
TRUE COMFORT PRO 1ML 31G 5/16"	2	
TRUE COMFORT PRO 1ML 32G 5/16"	4	
TRUE COMFRT PRO 0.5ML 30G 1/2"	2	
TRUE METRIX LEVEL 1 CTRL SOLN	2	
TRUE METRIX LEVEL 2 CTRL SOLN	2	
TRUE METRIX LEVEL 3 CTRL SOLN	2	
TRUECONTROL GLUCOSE SOLUTION	2	
TRUEPLUS KETONE TEST STRIP	2	
TRUEPLUS PEN NEEDLE 29G 12MM	2	
TRUEPLUS PEN NEEDLE 29GX1/2"	2	
TRUEPLUS PEN NEEDLE 31G 5MM	2	
TRUEPLUS PEN NEEDLE 31G 8MM	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRUEPLUS PEN NEEDLE 31G X 1/4"	2	
TRUEPLUS PEN NEEDLE 31GX3/16"	2	
TRUEPLUS PEN NEEDLE 31GX5/16"	2	
TRUEPLUS PEN NEEDLE 32GX5/32"	2	
TRUEPLUS SYR 0.3ML 29GX1/2"	2	
TRUEPLUS SYR 0.3ML 30GX5/16"	2	
TRUEPLUS SYR 0.3ML 31GX5/16"	2	
TRUEPLUS SYR 0.5ML 28GX1/2"	2	
TRUEPLUS SYR 0.5ML 29GX1/2"	2	
TRUEPLUS SYR 0.5ML 30GX5/16"	2	
TRUEPLUS SYR 0.5ML 31GX5/16"	2	
TRUEPLUS SYR 1ML 28GX1/2"	2	
TRUEPLUS SYR 1ML 29GX1/2"	2	
TRUEPLUS SYR 1ML 30GX5/16"	2	
TRUEPLUS SYR 1ML 31GX5/16"	2	
TRULICITY 0.75 MG/0.5 ML PEN	2	PA, QL
TRULICITY 1.5 MG/0.5 ML PEN	2	PA, QL
TRULICITY 3 MG/0.5 ML PEN	2	PA, QL
TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL
TRUMENBA 120 MCG/0.5 ML VACCIN	2	
TRUST NATAL DHA	1	
TRUSTEEL INFUSION SET 23" 6MM	2	
TRUSTEEL INFUSION SET 23" 8MM	2	
TRUSTEEL INFUSION SET 32" 6MM	2	
TRUSTEEL INFUSION SET 32" 8MM	2	
TRUZONE PEAK FLOW METER	2	
TULANA 0.35 MG TABLET	1	
TWINRIX VACCINE SYRINGE	2	
TYBOST 150 MG TABLET	2	
TYMLOS 80 MCG DOSE PEN INJECTR	4	PA, QL, SRX
TYVASO	4	PA, LDD, SRX
TYVASO 1.74 MG/2.9 ML SOLUTION	4	PA, LDD, SRX
TYVASO REFILL KIT	4	PA, LDD, SRX
TYVASO STARTER KIT	4	PA, LDD, SRX
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA, SRX
UDENYCA 6 MG/0.6 ML AUTOINJECT	4	PA, SRX
ULESFIA 5% LOTION	2	
ULT CFT 0.3 ML 31GX5/16" (1/2)	2	
ULTCARE INS SYR 1 ML 31GX5/16"	2	
ULTICAR INS 0.3ML 31GX1/4(1/2)	2	
ULTICARE INS 0.3 ML 30GX1/2"	2	
ULTICARE INS 0.3 ML 31GX1/4"	2	
ULTICARE INS 0.5 ML 30GX1/2"	2	
ULTICARE INS 0.5 ML 31GX1/4"	2	
ULTICARE INS 1 ML 31GX1/4"	2	





## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTRA-THIN II INS 0.3 ML 31G	2		UNITHROID 112 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 29G	2		UNITHROID 125 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 30G	2		UNITHROID 137 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 31G	2		UNITHROID 150 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 29G	2		UNITHROID 175 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 30G	2		UNITHROID 200 MCG TABLET	1	
ULTRA-THIN II PEN NDL 29GX1/2"	2		UNITHROID 25 MCG TABLET	1	
ULTRA-THIN II PEN NDL 31GX5/16	2		UNITHROID 300 MCG TABLET	1	
ULTRATRAK CONTROL SOL NORMAL	2		UNITHROID 50 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	2		UNITHROID 75 MCG TABLET	1	
ULTRATRAK ULTIMATE	2		UNITHROID 88 MCG TABLET	1	
ULTRATRAK ULTIMATE CNTRL SOLN	2		URISTIX 4 REAGENT STRIPS	2	
UNIFINE PEN NEEDLE 32G 4MM	2		URISTIX REAGENT STRIPS	2	
UNIFINE PENTIPS 29G 12MM	2		UROQID-ACID NO.2 500-500 TB	1	
UNIFINE PENTIPS 31G 5MM	2		URSODIOL 300 MG CAPSULE	1	
UNIFINE PENTIPS 31G 6MM	2		URSODIOL 500 MG TABLET	1	
UNIFINE PENTIPS 31G 8MM	2		USTELL	1	
UNIFINE PENTIPS 31GX3/16"	2		USTELL CAPSULE	1	
UNIFINE PENTIPS 32G 4MM	2		UTIRA-C TABLET	1	
UNIFINE PENTIPS 32G 6MM	2		VALACYCLOVIR HCL 500 MG TABLET	1	
UNIFINE PENTIPS 32GX1/4"	2		VALGANCICLOVIR 450 MG TABLET	3	
UNIFINE PENTIPS 32GX5/32"	2		VALGANCICLOVIR HCL 50 MG/ML	3	
UNIFINE PENTIPS 33GX5/32"	2		VALPROIC ACID 250 MG CAPSULE	1	
UNIFINE PENTIPS 6MM 31G	2		VALPROIC ACID 250 MG/5 ML SOLN	1	
UNIFINE PENTIPS 6MM NEEDLE	2		VALPROIC ACID 500 MG/10 ML SOL	1	
UNIFINE PENTIPS 8MM 31G	2		VALSARTAN 160 MG TABLET	1	
UNIFINE PENTIPS 8MM NEEDLE	2		VALSARTAN 320 MG TABLET	1	
UNIFINE PENTIPS MAXFLOW	2		VALSARTAN 40 MG TABLET	1	
UNIFINE PENTIPS MAX 30GX3/16"	2		VALSARTAN 80 MG TABLET	1	
UNIFINE PENTIPS PLUS 29GX1/2"	2		VALSARTAN-HCTZ 160-12.5 MG TAB	1	
UNIFINE PENTIPS PLUS 31GX1/4"	2		VALSARTAN-HCTZ 160-25 MG TAB	1	
UNIFINE PENTIPS PLUS 31GX3/16"	2		VALSARTAN-HCTZ 320-12.5 MG TAB	1	
UNIFINE PENTIPS PLUS 31GX5/16"	2		VALSARTAN-HCTZ 320-25 MG TAB	1	
UNIFINE PENTIPS PLUS 32GX5/32"	2		VALSARTAN-HCTZ 80-12.5 MG TAB	1	
UNIFINE PENTIPS PLUS 33GX5/32"	2		VANADOM 350 MG TABLET	1	
UNIFINE PENTIPS PLUS MAXFLOW	2		VANCOMYCIN HCL 250 MG CAPSULE	3	QL
UNIFINE PENTIPS PLUS 30GX3/16"	2		VANDAZOLE VAGINAL 0.75% GEL	1	
UNIFINE SAFECONTROL 30GX5/16"	2		VANISHPOINT 20GX1" 3 ML SYRING	2	
UNIFINE SAFECONTROL 32G 4MM	2		VANISHPOINT 21GX1.5" 3 ML SYR	2	
UNIFINE ULTRA PEN NDL 31G 5MM	2		VANISHPOINT 22GX1" 3 ML SYR	2	
UNIFINE ULTRA PEN NDL 31G 6MM	2		VANISHPOINT 23GX1" 3 ML SYRING	2	
UNIFINE ULTRA PEN NDL 31G 8MM	2		VANISHPOINT 23GX1-1/2 3 ML SYR	2	
UNIFINE ULTRA PEN NDL 32G 4MM	2		VANISHPOINT 25GX1" 3 ML SYRING	2	
UNISTRIP CONTROL SOLUTION HIGH	2		VANISHPOINT 25GX5/8" 3 ML SYR	2	
UNISTRIP CONTROL SOLUTION LOW	2		VANISHPOINT 3 ML 21GX1" SYRING	2	
UNITHROID 100 MCG TABLET	1		VANISHPOINT 3 ML 22GX1.5" SYRG	2	



## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VANISHPOINT INSULIN SYRINGE	2		VERAPAMIL ER PM 200 MG CAPSULE	1	
VANISHPOINT INS 1 ML 30GX3/16"	2		VERAPAMIL ER PM 300 MG CAPSULE	1	
VAQTA 25 UNITS/0.5 ML SYRINGE	2		VERAPAMIL SR 120 MG CAPSULE	1	
VAQTA 25 UNITS/0.5 ML VIAL	2		VERAPAMIL SR 180 MG CAPSULE	1	
VAQTA 50 UNITS/ML SYRINGE	2		VERAPAMIL SR 240 MG CAPSULE	1	
VAQTA 50 UNITS/ML VIAL	2		VERAPAMIL SR 360 MG CAPSULE	1	
VARENICLINE	2		VERASENS CONTROL SOLN-LEVEL 1	2	
VARENICLINE STARTING MONTH BOX	2		VERIFINE INS SYR 1 ML 29G 1/2"	2	
VARENICLINE 1 MG TABLET	2		VERIFINE PEN NEEDLE 29G 12MM	2	
VARISOFT INFUSION SET 23" 13MM	2		VERIFINE PEN NEEDLE 31G 5MM	2	
VARISOFT INFUSION SET 23" 17MM	2		VERIFINE PEN NEEDLE 31G 8MM	2	
VARISOFT INFUSION SET 32" 13MM	2		VERIFINE PEN NEEDLE 32G 4MM	2	
VARISOFT INFUSION SET 32" 17MM	2		VERIFINE PEN NEEDLE 32G 6MM	2	
VARISOFT INFUSION SET 43" 13MM	2		VERIFINE SYRING 0.5ML 29G 1/2"	2	
VARISOFT INFUSION SET 43" 17MM	2		VERIFINE SYRING 1 ML 31G 5/16"	2	
VARIVAX VACCINE VIAL	2		VERIFINE SYRNG 0.3ML 31G 5/16"	2	
VARIVAX VACCINE WITH DILUENT	2		VERIFINE SYRNG 0.5ML 31G 5/16"	2	
VAXELIS VACCINE SYRINGE	2		VESTURA 3 MG-0.02 MG TABLET	1	
VAXELIS VACCINE VIAL	2		VIENVA-28 TABLET	1	
VAXNEUVANCE 0.5 ML SYRINGE	2		VIGABATRIN 500 MG POWDER PACKT	4	PA, QL, LDD, SRX
VELIVET 28 DAY TABLET	1		VIGABATRIN 500 MG TABLET	4	PA, QL, LDD, SRX
VEMLIDY 25 MG TABLET	4	PA, SRX	VIGADRONE 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX	VILAZODONE HCL 10 MG TABLET	3	QL
VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX	VILAZODONE HCL 20 MG TABLET	3	QL
VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX	VILAZODONE HCL 40 MG TABLET	3	QL
VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX	VINATE ONE TABLET	1	
VENLAFAXINE HCL 100 MG TABLET	1	QL	VIOKACE 10,440-39,150 UNITS TB	3	
VENLAFAXINE HCL 25 MG TABLET	1	QL	VIOKACE 20,880-78,300 UNITS TB	3	
VENLAFAXINE HCL 37.5 MG TABLET	1	QL	VIORELE 28 DAY TABLET	1	
VENLAFAXINE HCL 50 MG TABLET	1	QL	VIREAD 150 MG TABLET	2	
VENLAFAXINE HCL 75 MG TABLET	1	QL	VIREAD 200 MG TABLET	2	
VENLAFAXINE HCL ER 150 MG CAP	1	QL	VIREAD 250 MG TABLET	2	
VENLAFAXINE HCL ER 37.5 MG CAP	1	QL	VIREAD POWDER	2	
VENLAFAXINE HCL ER 75 MG CAP	1	QL	VIRT-C DHA	1	
VENTAVIS 10 MCG/1 ML SOLUTION	4	PA, LDD, SRX	VIRT-C DHA SOFTGEL	1	
VENTAVIS 20 MCG/1 ML SOLUTION	4	PA, LDD, SRX	VIRT-NATE DHA SOFTGEL	1	
VERAPAMIL 120 MG TABLET	1		VIRT-PN DHA SOFTGEL	1	
VERAPAMIL 40 MG TABLET	1		VIRT-PN PLUS SOFTGEL	1	
VERAPAMIL 80 MG TABLET	1		VIT A,C,D-FLUORIDE 0.25 MG/ML	1	
VERAPAMIL ER 120 MG CAPSULE	1		VITAFOL-OB	1	
VERAPAMIL ER 120 MG TABLET	1		VITAFOL-OB CAPLET	1	
VERAPAMIL ER 180 MG CAPSULE	1		VIVAGUARD INO CTRL SOLN-L1,2,3	2	
VERAPAMIL ER 180 MG TABLET	1		VIVAGUARD INO CTRL SOLN-L2	2	
VERAPAMIL ER 240 MG CAPSULE	1		VOLNEA 0.15-0.02-0.01 MG TAB	1	
VERAPAMIL ER 240 MG TABLET	1		VORICONAZOLE 200 MG TABLET	3	PA
VERAPAMIL ER PM 100 MG CAPSULE	1		VORICONAZOLE 40 MG/ML SUSP	3	PA

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VORICONAZOLE 50 MG TABLET	3	PA	WP THYROID 81.25 MG TABLET	2	
VORTEX ADULT MASK	2	QL	WP THYROID 97.5 MG TABLET	2	
VORTEX HOLDING CHAMBER	2	QL	WYMZYA FE 0.4-0.035 MG CHEW TB	1	
VORTEX HOLDING CHAMBER-CHILD	2	QL	XALKORI 200 MG CAPSULE	4	PA, QL, LDD, SRX
VORTEX HOLDING CHAMBER-TODDLER	2	QL	XALKORI 250 MG CAPSULE	4	PA, QL, LDD, SRX
VORTEX VHC FROG CHILD MASK	2	QL	XARELTO 1 MG/ML SUSPENSION	2	PA, QL
VORTEX VHC LADYBUG TODDLER MSK	2	QL	XARELTO 10 MG TABLET	2	PA, QL
VOTRIENT 200 MG TABLET	4	PA, QL, SRX	XARELTO 15 MG TABLET	2	PA, QL
VRAYLAR 1.5 MG CAPSULE	3	QL, ST	XARELTO 2.5 MG TABLET	2	PA, QL
VRAYLAR 1.5 MG-3 MG PACK	3	QL, ST	XARELTO 20 MG TABLET	2	PA, QL
VRAYLAR 3 MG CAPSULE	3	QL, ST	XARELTO DVT-PE TREAT START 30D	2	PA, QL
VRAYLAR 4.5 MG CAPSULE	3	QL, ST	XELJANZ 1 MG/ML SOLUTION	4	PA, QL, SRX
VRAYLAR 6 MG CAPSULE	3	QL, ST	XELJANZ 10 MG TABLET	4	PA, QL, SRX
VYFEMLA 0.4 MG-0.035 MG TABLET	1		XELJANZ 5 MG TABLET	4	PA, QL, SRX
VYLIBRA 28 TABLET	1		XELJANZ XR 11 MG TABLET	4	PA, QL, SRX
WAKIX 17.8 MG TABLET	4	PA, QL, LDD, SRX	XELJANZ XR 22 MG TABLET	4	PA, QL, SRX
WAKIX 4.45 MG TABLET	4	PA, QL, LDD, SRX	XIFAXAN 200 MG TABLET	3	PA, QL
WARFARIN SODIUM 1 MG TABLET	1		XIFAXAN 550 MG TABLET	3	PA, QL
WARFARIN SODIUM 10 MG TABLET	1		XIGDUO XR 10 MG-1,000 MG TAB	2	QL
WARFARIN SODIUM 2 MG TABLET	1		XIGDUO XR 10 MG-500 MG TABLET	2	QL
WARFARIN SODIUM 2.5 MG TABLET	1		XIGDUO XR 2.5 MG-1,000 MG TAB	2	QL
WARFARIN SODIUM 3 MG TABLET	1		XIGDUO XR 5 MG-1,000 MG TABLET	2	QL
WARFARIN SODIUM 4 MG TABLET	1		XIGDUO XR 5 MG-500 MG TABLET	2	QL
WARFARIN SODIUM 5 MG TABLET	1		XOLAIR 150 MG/1.2 ML POWDER VL	4	PA, LDD, SRX
WARFARIN SODIUM 6 MG TABLET	1		XOLAIR 150 MG/ML SYRINGE	4	PA, LDD, SRX
WARFARIN SODIUM 7.5 MG TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	4	PA, LDD, SRX
WAVESENSE CONTROL SOLN NORMAL	2		XTAMPZA ER 13.5 MG CAPSULE	2	PA
WESCAP-PN DHA	1		XTAMPZA ER 18 MG CAPSULE	2	PA
WESCAP-PN DHA CAPSULE	1		XTAMPZA ER 27 MG CAPSULE	2	PA
WESNATE DHA SOFTGEL	1		XTAMPZA ER 36 MG CAPSULE	2	PA
WESTAB PLUS TABLET	1		XTAMPZA ER 9 MG CAPSULE	2	PA
WESTHROID 65 MG TABLET	1		XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX
WIXELA 100-50 INHUB	1	QL	XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX
WIXELA 250-50 INHUB	1	QL	XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX
WIXELA 500-50 INHUB	1	QL	XULANE 150-35 MCG/DAY PATCH	1	
WM UNIFINE PENTIP PLUS 4MM 32G	2		YALE NEEDLES	2	
WM UNIFINE PENTIP PLUS 5MM 31G	2		YALE NEEDLES 21GX1.25"	2	
WM UNIFINE PENTIP PLUS 6MM 31G	2		YOURX ULTICARE PEN ND 6MM 31G	2	
WM UNIFINE PENTIP PLUS 8MM 31G	2		YOURX ULTICARE PEN ND 8MM 31G	2	
WP THYROID 113.75 MG TABLET	2		YUVAFEM 10 MCG VAGINAL INSERT	1	QL
WP THYROID 130 MG TABLET	2		ZAFEMY 150-35 MCG/DAY PATCH	1	
WP THYROID 16.25 MG TABLET	2		ZAFIRLUKAST 10 MG TABLET	1	
WP THYROID 32.5 MG TABLET	2		ZAFIRLUKAST 20 MG TABLET	1	
WP THYROID 48.75 MG TABLET	2		ZALEPLON 10 MG CAPSULE	1	
WP THYROID 65 MG TABLET	2		ZALEPLON 5 MG CAPSULE	1	
			ZARAH TABLET	1	

## 2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	4	SRX
ZATEAN-PN DHA CAPSULE	1	
ZATEAN-PN PLUS SOFTGEL	1	
ZELBORAF 240 MG TABLET	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	
ZENZEDI 10 MG TABLET	1	QL
ZENZEDI 5 MG TABLET	1	QL
ZETONNA 37 MCG NASAL SPRAY	3	ST
ZIDOVUDINE 300 MG TABLET	1	
ZIDOVUDINE 50 MG/5 ML SYRUP	1	
ZILEUTON ER 600 MG TABLET	4	SRX
ZIOPTAN 0.0015% EYE DROP	3	QL
ZIOPTAN 0.0015% EYE DROPS	3	QL
ZIPRASIDONE HCL 20 MG CAPSULE	1	
ZIPRASIDONE HCL 40 MG CAPSULE	1	
ZIPRASIDONE HCL 60 MG CAPSULE	1	
ZIPRASIDONE HCL 80 MG CAPSULE	1	
ZIRGAN 0.15% OPHTHALMIC GEL	3	
ZOLADEX 3.6 MG IMPLANT SYRN	4	PA, SRX
ZOLINZA 100 MG CAPSULE	4	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG TABLET	1	QL
ZOLMITRIPTAN 5 MG ODT	1	QL
ZOLMITRIPTAN 5 MG TABLET	1	QL
ZOLPIDEM TART ER 12.5 MG TAB	1	
ZOLPIDEM TART ER 6.25 MG TAB	1	
ZOLPIDEM TARTRATE 10 MG TABLET	1	
ZOLPIDEM TARTRATE 5 MG TABLET	1	
ZONISAMIDE 100 MG CAPSULE	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 MG CAPSULE	1	
ZOSTAVAX VIAL	2	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	4	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	4	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	4	PA, QL, SRX
ZYLET EYE DROPS	4	

## 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.<sup>2,3</sup> 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

(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](http://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 **Cigna.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.<sup>4</sup>

### **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.<sup>5</sup> 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.<sup>5</sup> 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.<sup>6</sup>

#### 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 cost<sup>7</sup>
- Refill reminders<sup>8</sup>
- Fill up to a 90-day supply at one time<sup>9</sup>
- 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)<sup>8</sup> 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).<sup>10</sup> 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 cost<sup>7</sup>
- 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 EOC, 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 EOC.
3. Services **not specifically listed as Covered Services** in this EOC.
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**. Denials based upon Experimental and Investigational services or supplies are considered Adverse Determinations and are subject to the Appeal of Adverse Determination and Independent Review sections of this EOC.
6. Services **received before the Effective Date of coverage**.
7. Services **received after coverage under this EOC 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 Member 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) a Member **participating in the military service of any country**; (d) a Member **participating in an insurrection, rebellion, or riot**; (e) services received as a direct result of a Member's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Member being engaged in an illegal occupation**; (f) a Member **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 EOC 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 Member is enrolled in Medicare** Part A, B, C or D, Cigna Healthcare will provide claim payment according to this EOC 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 EOC.
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 Member's home, or that person's employer;
  - o A person who is related to the Member 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 EOC.
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, Inpatient Services or Hospice Care Services benefit in this EOC.
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.
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,



## Exclusions and Limitations: What is not covered by this policy

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:
  - o Has not been actively involved in your medical care prior to ordering the service, or
  - o 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 EOC.
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. **Routine hearing tests** except as provided under Preventive Care.
34. **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.
35. **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.
36. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric Vision Care.
37. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
38. **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.
39. **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 EOC.
40. **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 EOC.
41. **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.
42. 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.
43. Any treatment, Prescription Drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
44. All services related to **the treatment of fertility and/or infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this EOC.
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.

## Exclusions and Limitations: What is not covered by this policy (cont.)

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 Member 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 EOC.
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 EOC.
62. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the "Comprehensive Benefits: What the EOC Pays For" section of this EOC. 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 EOC.
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 EOC titled "Comprehensive Benefits: What the EOC Pays For."
64. **Foreign Country Provider charges** except as specifically stated under "Foreign Country Providers" in the section of this EOC titled "Comprehensive Benefits: What the EOC 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 EOC.
66. **Charges for which We are unable to determine Our liability** because the Member 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 15 months from the date service was rendered,** except in the event of a legal incapacity.
70. 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.myCigna.com).
2. Prices shown on [myCigna](https://www.myCigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://www.myCigna.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 4 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](mailto: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](mailto: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).