

Individual & Family Plans

Cigna Healthcare of North Carolina, Inc.



# 2024 Cigna HealthCare Plus North Carolina 4-Tier Prescription Drug List

Coverage as of January 1, 2024

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**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 **North Carolina** 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.

## About this drug list

This is a list of the prescription medications covered on the Cigna Plus North Carolina 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. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

## How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2024 Cigna Plus North Carolina 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 North Carolina 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<br>\$        |
| <b>Tier 2 – Preferred Brand Medications.</b> This tier typically includes preferred brand-name medications and some high-cost generic medications.  | Lower-cost medication<br>\$\$       |
| <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<br>\$\$\$    |
| <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<br>\$\$\$\$ |

## 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 allows specialty medications to be filled in a 90-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                                | 57-63 |
| H-J                                | 31-35 | V-Z                                | 63-66 |
| K-L                                | 35-39 |                                    |       |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

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

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| AEROCHAMBER MINI               | 2    | QL                                      | ALENDRONATE SODIUM 35 MG TAB   | 1    |   |
| AEROCHAMBER MV                 | 2    | QL                                      | ALENDRONATE SODIUM 5 MG TABLET | 1    |   |
| AEROCHAMBER PLUS FLOW-VU       | 2    | QL                                      | ALENDRONATE SODIUM 70 MG TAB   | 1    |   |
| AEROCHAMBER PLUS FLOW-VU LARGE | 2    | QL                                      | ALFUZOSIN HCL ER 10 MG TABLET  | 1    |   |
| AEROCHAMBER PLUS FLOW-VU MED   | 2    | QL                                      | ALINIA 100 MG/5 ML SUSPENSION  | 3    |   |
| AEROCHAMBER PLUS FLOW-VU SMALL | 2    | QL                                      | ALISKIREN 150 MG TABLET        | 3    | QL                                      |
| AEROCHAMBER WITH FLOWSIGNAL    | 2    | QL                                      | ALISKIREN 300 MG TABLET        | 3    | QL                                      |
| AEROCHAMBER Z-STAT PLUS LARGE  | 2    | QL                                      | ALKALINE BATTERIES             | 2    |   |
| AEROCHAMBER Z-STAT PLUS W-FLOW | 2    | QL                                      | ALLOPURINOL 100 MG TABLET      | 1    |   |
| AEROCHAMBER Z-STAT PLUS-MED    | 2    | QL                                      | ALLOPURINOL 300 MG TABLET      | 1    |   |
| AEROCHAMBER Z-STAT PLUS-SMALL  | 2    | QL                                      | ALMOTRIPTAN MALATE 12.5 MG TAB | 1    | QL                                      |
| AEROGear ASTHMA ACTION KIT     | 2    |   | ALMOTRIPTAN MALATE 6.25 MG TAB | 1    | QL                                      |
| AEROTRACH HOLDING CHAMBER      | 2    | QL                                      | ALOCRIl                        | 3    |   |
| AEROVENT PLUS                  | 2    | QL                                      | ALOMIDE 0.1% EYE DROP          | 3    |   |
| AFIRMELLE-28 TABLET            | 1    |   | ALOSETRON HCL 0.5 MG TABLET    | 4    | SRX                                     |
| AFLURIA QUAD                   | 2    |   | ALOSETRON HCL 1 MG TABLET      | 4    | SRX                                     |
| AFTER PILL                     | 1    |   | ALPRAZOLAM 0.25 MG TABLET      | 1    |   |
| AFTERA 1.5 MG TABLET           | 1    |   | ALPRAZOLAM 0.5 MG TABLET       | 1    |   |
| AGAMATRIX HIGH CONTROL SOLN    | 2    |   | ALPRAZOLAM 1 MG TABLET         | 1    |   |
| AGAMATRIX NORM-HI CONTROL SOLN | 2    |   | ALPRAZOLAM 2 MG TABLET         | 1    |   |
| AIRZONE PEAK FLOW METER        | 2    |   | ALPRAZOLAM ER 0.5 MG TABLET    | 1    |   |
| AK-POLY-BAC                    | 1    |   | ALPRAZOLAM ER 1 MG TABLET      | 1    |   |
| AKYZEZO 300-0.5 MG CAPSULE     | 4    | PA, QL, SRX                             | ALPRAZOLAM ER 2 MG TABLET      | 1    |   |
| ALBENDAZOLE 200 MG TABLET      | 3    | PA                                      | ALPRAZOLAM ER 3 MG TABLET      | 1    |   |
| ALBUSTIX REAGENT               | 2    |   | ALPRAZOLAM INTENSOL            | 1    |   |
| ALBUTEROL 100 MG/20 ML SOLN    | 1    |   | ALPRAZOLAM ODT 0.25 MG TAB     | 1    |   |
| ALBUTEROL 2.5 MG/0.5 ML SOL    | 1    |   | ALPRAZOLAM ODT 0.5 MG TAB      | 1    |   |
| ALBUTEROL 25 MG/5 ML SOLUTION  | 1    |   | ALPRAZOLAM ODT 1 MG TAB        | 1    |   |
| ALBUTEROL 5 MG/ML SOLUTION     | 1    |   | ALPRAZOLAM ODT 2 MG TAB        | 1    |   |
| ALBUTEROL HFA 90 MCG INHALER   | 1    | QL                                      | ALPRAZOLAM XR 0.5 MG TABLET    | 1    |   |
| ALBUTEROL SUL 0.63 MG/3 ML SOL | 1    |   | ALPRAZOLAM XR 1 MG TABLET      | 1    |   |
| ALBUTEROL SUL 1.25 MG/3 ML SOL | 1    |   | ALPRAZOLAM XR 2 MG TABLET      | 1    |   |
| ALBUTEROL SUL 2.5 MG/3 ML SOLN | 1    |   | ALPRAZOLAM XR 3 MG TABLET      | 1    |   |
| ALBUTEROL SULF 2 MG/5 ML SYRUP | 1    |   | ALTABAX 1% OINTMENT            | 3    |   |
| ALBUTEROL SULFATE 2 MG TAB     | 1    |   | ALTACAINE                      | 1    |   |
| ALBUTEROL SULFATE 4 MG TAB     | 1    |   | ALTAVERA-28 TABLET             | 1    |   |
| ALBUTEROL SULFATE ER 4 MG TAB  | 1    |   | ALVESCO 160 MCG INHALER        | 3    | ST                                      |
| ALBUTEROL SULFATE ER 8 MG TAB  | 1    |   | ALVESCO 80 MCG INHALER         | 3    | ST                                      |
| ALCAINE                        | 1    |   | ALYACEN 1-35 28 TABLET         | 1    |   |
| ALCLOMETASONE DIPR 0.05% OINT  | 1    |   | ALYACEN 7-7-7-28 TABLET        | 1    |   |
| ALCLOMETASONE DIPRO 0.05% CRM  | 1    |   | ALYQ                           | 4    | PA, SRX                                 |
| ALCOHOL 70% PADS               | 2    |   | AMABELZ 0.5 MG-0.1 MG TABLET   | 1    |   |
| ALCOHOL 70% SWABS              | 2    |   | AMABELZ 1 MG-0.5 MG TABLET     | 1    |   |
| ALCOHOL PREP PAD               | 2    |   | AMANTADINE 100 MG CAPSULE      | 1    |   |
| ALECENSA                       | 4    | PA, QL, LDD, SRX                        | AMANTADINE 100 MG TABLET       | 1    |   |
| ALENDRONATE SOD 70 MG/75 ML    | 1    |   | AMANTADINE 100 MG/10 ML SOLN   | 1    |   |
| ALENDRONATE SODIUM 10 MG TAB   | 1    |   | AMANTADINE 50 MG/5 ML SOLUTION | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| AMBRISENTAN 10 MG TABLET       | 4    | PA, LDD, SRX                            | AMLODIPINE-VALSARTAN 5-160 MG  | 1    |   |
| AMBRISENTAN 5 MG TABLET        | 4    | PA, LDD, SRX                            | AMLODIPINE-VALSARTAN 5-320 MG  | 1    |   |
| AMCINONIDE 0.1% CREAM          | 1    |   | AMLOD-VALSA-HCTZ 10-160-12.5MG | 1    |   |
| AMCINONIDE 0.1% LOTION         | 1    |   | AMLOD-VALSA-HCTZ 10-160-25 MG  | 1    |   |
| AMETHIA 0.15-0.03-0.01 MG TAB  | 1    |   | AMLOD-VALSA-HCTZ 10-320-25 MG  | 1    |   |
| AMETHIA LO TABLET              | 1    |   | AMLOD-VALSA-HCTZ 5-160-12.5 MG | 1    |   |
| AMETHYST 90-20 MCG TABLET      | 1    |   | AMLOD-VALSA-HCTZ 5-160-25 MG   | 1    |   |
| AMILORIDE HCL 5 MG TABLET      | 1    |   | AMMONIUM LACTATE 12% CREAM     | 1    |   |
| AMILORIDE HCL-HCTZ 5-50 MG TAB | 1    |   | AMMONIUM LACTATE 12% LOTION    | 1    |   |
| AMINOCAPROIC ACID 0.25 GRAM/ML | 4    | PA, SRX                                 | AMNESTEEM 10 MG CAPSULE        | 3    |   |
| AMINOCAPROIC ACID 1,000 MG TAB | 4    | PA, SRX                                 | AMNESTEEM 20 MG CAPSULE        | 3    |   |
| AMINOCAPROIC ACID 500 MG TAB   | 4    | PA, SRX                                 | AMNESTEEM 40 MG CAPSULE        | 3    |   |
| AMIODARONE HCL 100 MG TABLET   | 1    |   | AMOXAPINE 100 MG TABLET        | 1    |   |
| AMIODARONE HCL 200 MG TABLET   | 1    |   | AMOXAPINE 150 MG TABLET        | 1    |   |
| AMIODARONE HCL 400 MG TABLET   | 1    |   | AMOXAPINE 25 MG TABLET         | 1    |   |
| AMITRIPTYLINE HCL 10 MG TAB    | 1    |   | AMOXAPINE 50 MG TABLET         | 1    |   |
| AMITRIPTYLINE HCL 100 MG TAB   | 1    |   | AMOX-CLAV 200-28.5 MG TAB CHEW | 1    |   |
| AMITRIPTYLINE HCL 150 MG TAB   | 1    |   | AMOX-CLAV 200-28.5 MG/5 ML SUS | 1    |   |
| AMITRIPTYLINE HCL 25 MG TAB    | 1    |   | AMOX-CLAV 250-125 MG TABLET    | 1    |   |
| AMITRIPTYLINE HCL 50 MG TAB    | 1    |   | AMOX-CLAV 250-62.5 MG/5 ML SUS | 1    |   |
| AMITRIPTYLINE HCL 75 MG TAB    | 1    |   | AMOX-CLAV 400-57 MG TAB CHEW   | 1    |   |
| AMLODIPINE BESYLATE 10 MG TAB  | 1    |   | AMOX-CLAV 400-57 MG/5 ML SUSP  | 1    |   |
| AMLODIPINE BESYLATE 2.5 MG TAB | 1    |   | AMOX-CLAV 500-125 MG TABLET    | 1    |   |
| AMLODIPINE BESYLATE 5 MG TAB   | 1    |   | AMOX-CLAV 600-42.9 MG/5 ML SUS | 1    |   |
| AMLODIPINE-ATORVAST 10-10 MG   | 1    |   | AMOX-CLAV 875-125 MG TABLET    | 1    |   |
| AMLODIPINE-ATORVAST 10-20 MG   | 1    |   | AMOX-CLAV ER 1,000-62.5 MG TAB | 1    |   |
| AMLODIPINE-ATORVAST 10-40 MG   | 1    |   | AMOXICILLIN 125 MG TAB CHEW    | 1    |   |
| AMLODIPINE-ATORVAST 10-80 MG   | 1    |   | AMOXICILLIN 125 MG/5 ML SUSP   | 1    |   |
| AMLODIPINE-ATORVAST 2.5-10 MG  | 1    |   | AMOXICILLIN 200 MG/5 ML SUSP   | 1    |   |
| AMLODIPINE-ATORVAST 2.5-20 MG  | 1    |   | AMOXICILLIN 250 MG CAPSULE     | 1    |   |
| AMLODIPINE-ATORVAST 2.5-40 MG  | 1    |   | AMOXICILLIN 250 MG TAB CHEW    | 1    |   |
| AMLODIPINE-ATORVAST 5-10 MG    | 1    |   | AMOXICILLIN 250 MG/5 ML SUSP   | 1    |   |
| AMLODIPINE-ATORVAST 5-20 MG    | 1    |   | AMOXICILLIN 400 MG/5 ML SUSP   | 1    |   |
| AMLODIPINE-ATORVAST 5-40 MG    | 1    |   | AMOXICILLIN 500 MG CAPSULE     | 1    |   |
| AMLODIPINE-ATORVAST 5-80 MG    | 1    |   | AMOXICILLIN 500 MG TABLET      | 1    |   |
| AMLODIPINE-BENAZEPRIL 10-20 MG | 1    |   | AMOXICILLIN 875 MG TABLET      | 1    |   |
| AMLODIPINE-BENAZEPRIL 10-40 MG | 1    |   | AMPHETAMINE SULFATE 10 MG TAB  | 1    | QL                                      |
| AMLODIPINE-BENAZEPRIL 2.5-10   | 1    |   | AMPHETAMINE SULFATE 5 MG TAB   | 1    | QL                                      |
| AMLODIPINE-BENAZEPRIL 5-10 MG  | 1    |   | AMPICILLIN 500 MG CAPSULE      | 1    |   |
| AMLODIPINE-BENAZEPRIL 5-20 MG  | 1    |   | ANAGRELIDE HCL 0.5 MG CAPSULE  | 3    |   |
| AMLODIPINE-BENAZEPRIL 5-40 MG  | 1    |   | ANAGRELIDE HCL 1 MG CAPSULE    | 3    |   |
| AMLODIPINE-OLMESARTAN 10-20 MG | 1    |   | ANALPRAM HC 2.5%-1% LOTION     | 3    |   |
| AMLODIPINE-OLMESARTAN 10-40 MG | 1    |   | ANASTROZOLE 1 MG TABLET        | 1    |   |
| AMLODIPINE-OLMESARTAN 5-20 MG  | 1    |   | ANORO ELLIPTA 62.5-25 MCG INH  | 2    | QL                                      |
| AMLODIPINE-OLMESARTAN 5-40 MG  | 1    |   | ANUCORT-HC 25 MG SUPPOSITORY   | 1    |   |
| AMLODIPINE-VALSARTAN 10-160 MG | 1    |   | ANZEMET                        | 4    | PA, QL, SRX                             |
| AMLODIPINE-VALSARTAN 10-320 MG | 1    |   | APEXICON E 0.05% CREAM         | 3    |   |



## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| APIDRA                         | 3    | QL, ST                                  | ARMODAFINIL 50 MG TABLET       | 1    | PA                                      |
| APIDRA SOLOSTAR                | 3    | QL, ST                                  | ARMOUR THYROID 120 MG TABLET   | 2    |   |
| APRACLONIDINE HCL 0.5% DROPS   | 1    |   | ARMOUR THYROID 15 MG TABLET    | 2    |   |
| APREPITANT 125 MG CAPSULE      | 1    | QL                                      | ARMOUR THYROID 180 MG TABLET   | 2    |   |
| APREPITANT 125-80-80 MG PACK   | 1    | QL                                      | ARMOUR THYROID 240 MG TABLET   | 2    |   |
| APREPITANT 40 MG CAPSULE       | 1    | QL                                      | ARMOUR THYROID 30 MG TABLET    | 2    |   |
| APREPITANT 80 MG CAPSULE       | 1    | QL                                      | ARMOUR THYROID 300 MG TABLET   | 2    |   |
| APRI 28 DAY TABLET             | 1    |   | ARMOUR THYROID 60 MG TABLET    | 2    |   |
| APTIOM 200 MG TABLET           | 3    | PA, QL                                  | ARMOUR THYROID 90 MG TABLET    | 2    |   |
| APTIOM 400 MG TABLET           | 3    | PA, QL                                  | ARNUITY ELLIPTA 100 MCG INH    | 2    |   |
| APTIOM 600 MG TABLET           | 3    | PA, QL                                  | ARNUITY ELLIPTA 200 MCG INH    | 2    |   |
| APTIOM 800 MG TABLET           | 3    | PA, QL                                  | ARNUITY ELLIPTA 50 MCG INH     | 2    |   |
| APTIVUS                        | 2    |   | ASA-BUTALB-CAFF-COD #3 CAPSULE | 1    | PA                                      |
| AQ INSULIN SYR 0.5 ML 30G 8MM  | 2    |   | ASCOMP WITH CODEINE CAPSULE    | 1    | PA                                      |
| AQ INSULIN SYR 1 ML 31G 8MM    | 2    |   | ASENAPINE 10 MG TABLET SL      | 3    | QL                                      |
| AQ INSULIN SYRIN 1 ML 29G 12MM | 2    |   | ASENAPINE 2.5 MG TABLET SL     | 3    | QL                                      |
| AQUA CARE 0.9% NACL IRRIGATION | 1    |   | ASENAPINE 5 MG TABLET SL       | 3    | QL                                      |
| AQUA CARE STERILE WATER IRRIG  | 1    |   | ASHLYNA 0.15-0.03-0.01 MG TAB  | 1    |   |
| ARANELLE 28 TABLET             | 1    |   | ASMANEX HFA 100 MCG INHALER    | 3    | QL, ST                                  |
| ARANESP 10 MCG/0.4 ML SYRINGE  | 4    | PA, SRX                                 | ASMANEX HFA 200 MCG INHALER    | 3    | QL, ST                                  |
| ARANESP 100 MCG/0.5 ML SYRINGE | 4    | PA, SRX                                 | ASMANEX HFA 50 MCG INHALER     | 3    | QL, ST                                  |
| ARANESP 100 MCG/ML VIAL        | 4    | PA, SRX                                 | ASMANEX TWISTHALER 110 MCG #30 | 3    | QL, ST                                  |
| ARANESP 150 MCG/0.3 ML SYRINGE | 4    | PA, SRX                                 | ASMANEX TWISTHALER 220 MCG #14 | 3    | ST                                      |
| ARANESP 200 MCG/0.4 ML SYRINGE | 4    | PA, SRX                                 | ASMANEX TWISTHALER 220 MCG #30 | 3    | QL, ST                                  |
| ARANESP 200 MCG/ML VIAL        | 4    | PA, SRX                                 | ASMANEX TWISTHALER 220 MCG #60 | 3    | QL, ST                                  |
| ARANESP 25 MCG/0.42 ML SYRING  | 4    | PA, SRX                                 | ASMANEX TWISTHALR 220 MCG #120 | 3    | QL, ST                                  |
| ARANESP 25 MCG/ML VIAL         | 4    | PA, SRX                                 | ASPIRIN-DIPYRIDAM ER 25-200 MG | 1    |   |
| ARANESP 300 MCG/0.6 ML SYRINGE | 4    | PA, SRX                                 | ASSURE 4 CONTROL SOLUTION      | 2    |   |
| ARANESP 40 MCG/0.4 ML SYRINGE  | 4    | PA, SRX                                 | ASSURE DOSE CONTROL SOLUTION   | 2    |   |
| ARANESP 40 MCG/ML VIAL         | 4    | PA, SRX                                 | ASSURE ID PEN NEEDLE 30GX3/16" | 2    |   |
| ARANESP 500 MCG/1 ML SYRINGE   | 4    | PA, SRX                                 | ASSURE ID PEN NEEDLE 30GX5/16" | 2    |   |
| ARANESP 60 MCG/0.3 ML SYRINGE  | 4    | PA, SRX                                 | ASSURE ID PEN NEEDLE 31GX3/16" | 2    |   |
| ARANESP 60 MCG/ML VIAL         | 4    | PA, SRX                                 | ASSURE ID SYR 0.5 ML 29GX1/2"  | 2    |   |
| ARCALYST                       | 4    | PA, LDD, SRX                            | ASSURE ID SYR 0.5ML 31GX15/64" | 2    |   |
| ARFORMOTEROL 15 MCG/2 ML SOLN  | 3    | QL                                      | ASSURE ID SYR 1 ML 29GX1/2"    | 2    |   |
| ARIPIPIRAZOLE 1 MG/ML SOLUTION | 2    |   | ASSURE ID SYR 1 ML 31GX15/64"  | 2    |   |
| ARIPIPIRAZOLE 10 MG TABLET     | 1    |   | ASSURE PRISM CONTROL SOLUTION  | 2    |   |
| ARIPIPIRAZOLE 15 MG TABLET     | 1    |   | ASTAGRAF XL 0.5 MG CAPSULE     | 4    | SRX                                     |
| ARIPIPIRAZOLE 2 MG TABLET      | 1    |   | ASTAGRAF XL 1 MG CAPSULE       | 4    | SRX                                     |
| ARIPIPIRAZOLE 20 MG TABLET     | 1    |   | ASTAGRAF XL 5 MG CAPSULE       | 4    | SRX                                     |
| ARIPIPIRAZOLE 30 MG TABLET     | 1    |   | ASTHMA CHECK                   | 2    |   |
| ARIPIPIRAZOLE 5 MG TABLET      | 1    |   | ASTHMAPACK CHILDREN'S          | 2    |   |
| ARIPIPIRAZOLE ODT 10 MG TABLET | 3    |   | ATAZANAVIR SULFATE 150 MG CAP  | 1    |   |
| ARIPIPIRAZOLE ODT 15 MG TABLET | 3    |   | ATAZANAVIR SULFATE 200 MG CAP  | 1    |   |
| ARMODAFINIL 150 MG TABLET      | 1    | PA                                      | ATAZANAVIR SULFATE 300 MG CAP  | 1    |   |
| ARMODAFINIL 200 MG TABLET      | 1    | PA                                      | ATENOLOL 100 MG TABLET         | 1    |   |
| ARMODAFINIL 250 MG TABLET      | 1    | PA                                      | ATENOLOL 25 MG TABLET          | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| ATENOLOL 50 MG TABLET          | 1    |   | AZELAIC ACID 15% GEL           | 1    |   |
| ATENOLOL-CHLORTHALIDONE 100-25 | 1    |   | AZELASTINE 0.1% (137 MCG) SPRY | 1    |   |
| ATENOLOL-CHLORTHALIDONE 50-25  | 1    |   | AZELASTINE 0.15% NASAL SPRAY   | 1    |   |
| ATOMOXETINE HCL 10 MG CAPSULE  | 1    | QL                                      | AZELASTINE HCL 0.05% DROPS     | 1    |   |
| ATOMOXETINE HCL 100 MG CAPSULE | 1    | QL                                      | AZELASTIN-FLUTIC 137-50MCG SPR | 2    |   |
| ATOMOXETINE HCL 18 MG CAPSULE  | 1    | QL                                      | AZITHROMYCIN 1 GM PWD PACKET   | 1    |   |
| ATOMOXETINE HCL 25 MG CAPSULE  | 1    | QL                                      | AZITHROMYCIN 100 MG/5 ML SUSP  | 1    |   |
| ATOMOXETINE HCL 40 MG CAPSULE  | 1    | QL                                      | AZITHROMYCIN 200 MG/5 ML SUSP  | 1    |   |
| ATOMOXETINE HCL 60 MG CAPSULE  | 1    | QL                                      | AZITHROMYCIN 250 MG TABLET     | 1    |   |
| ATOMOXETINE HCL 80 MG CAPSULE  | 1    | QL                                      | AZITHROMYCIN 500 MG TABLET     | 1    |   |
| ATORVASTATIN 10 MG TABLET      | 1    |   | AZITHROMYCIN 600 MG TABLET     | 1    |   |
| ATORVASTATIN 20 MG TABLET      | 1    |   | AZO TEST STRIP                 | 2    |   |
| ATORVASTATIN 40 MG TABLET      | 1    |   | AZURETTE 28 DAY TABLET         | 1    |   |
| ATORVASTATIN 80 MG TABLET      | 1    |   | BACITRACIN 500 UNIT/GM OPHTH   | 1    |   |
| ATOVAQUONE 1,500 MG/10 ML SUSP | 3    |   | BACITRACIN-POLYMYXIN           | 1    |   |
| ATOVAQUONE 750 MG/5 ML SUSP    | 3    |   | BACLOFEN 10 MG TABLET          | 1    |   |
| ATOVAQUONE-PROGUANIL 250-100   | 1    |   | BACLOFEN 20 MG TABLET          | 1    |   |
| ATOVAQUONE-PROGUANIL 62.5-25   | 1    |   | BACLOFEN 5 MG TABLET           | 1    |   |
| ATROPINE 1% EYE DROPS          | 1    |   | BAL-CARE DHA COMBO PACK        | 1    |   |
| ATROPINE 1% EYE OINTMENT       | 1    |   | BALCOLTRA TABLET               | 3    |   |
| AUBRA EQ-28 TABLET             | 1    |   | BALSALAZIDE DISODIUM 750 MG CP | 1    |   |
| AUBRA-28 TABLET                | 1    |   | BALZIVA 28 TABLET              | 1    |   |
| AUROVELA 1 MG-20 MCG TABLET    | 1    |   | BAQSIMI 3 MG SPRAY ONE PACK    | 2    | QL                                      |
| AUROVELA 21 1.5-30 TABLET      | 1    |   | BAQSIMI 3 MG SPRAY TWO PACK    | 2    | QL                                      |
| AUROVELA 24 FE 1 MG-20 MCG TAB | 1    |   | BARACLUE 0.05 MG/ML SOLUTION   | 4    | SRX                                     |
| AUROVELA FE 1.5 MG-30 MCG TAB  | 1    |   | BASAGLAR 100 UNIT/ML KWIKPEN   | 2    | QL                                      |
| AUROVELA FE 1-20 TABLET        | 1    |   | BASAGLAR TEMPO PEN 100 UNIT/ML | 2    | QL                                      |
| AUTOJECT 2 INJECTION DEVICE    | 2    |   | BD 3 ML SYRINGE 18GX1-1/2"     | 2    |   |
| AUTOPEN 1 TO 21 UNITS          | 2    |   | BD 3 ML SYRINGE 20GX1-1/2"     | 2    |   |
| AUTOPEN 2 TO 42 UNITS          | 2    |   | BD 3 ML SYRINGE 25GX1"         | 2    |   |
| AUTOSOFT 30 INFUS SET 23" 13MM | 2    |   | BD 3 ML SYRINGE 25GX1-1/2"     | 2    |   |
| AUTOSOFT 30 INFUS SET 43" 13MM | 2    |   | BD 3 ML SYRINGE WITH NEEDLE    | 2    |   |
| AUTOSOFT 90 INFUSN SET 23" 6MM | 2    |   | BD AUTOSHIELD DUO ND 5MMX30G   | 2    |   |
| AUTOSOFT 90 INFUSN SET 23" 9MM | 2    |   | BD BLUNT NEEDLE 18GX1-1/2"     | 2    |   |
| AUTOSOFT 90 INFUSN SET 43" 6MM | 2    |   | BD ECLIPSE 30GX1/2" SYRINGE    | 2    |   |
| AUTOSOFT 90 INFUSN SET 43" 9MM | 2    |   | BD ECLIPSE LUER-LOK SYR 3 ML   | 2    |   |
| AUTOSOFT XC INFUSN SET 23" 6MM | 2    |   | BD ECLIPSE NEEDLE 18GX1 1/2"   | 2    |   |
| AUTOSOFT XC INFUSN SET 23" 9MM | 2    |   | BD ECLIPSE NEEDLE 21GX1"       | 2    |   |
| AUTOSOFT XC INFUSN SET 32" 6MM | 2    |   | BD ECLIPSE NEEDLE 22GX1"       | 2    |   |
| AUTOSOFT XC INFUSN SET 43" 6MM | 2    |   | BD ECLIPSE NEEDLE 23GX1"       | 2    |   |
| AUTOSOFT XC INFUSN SET 43" 9MM | 2    |   | BD ECLIPSE NEEDLE 25G 16MM     | 2    |   |
| AVIANE-28 TABLET               | 1    |   | BD ECLIPSE NEEDLE 25G 25MM     | 2    |   |
| AVONEX                         | 4    | PA, SRX                                 | BD ECLIPSE NEEDLE 25G 40MM     | 2    |   |
| AVONEX PEN                     | 4    | PA, SRX                                 | BD ECLIPSE NEEDLE 25GX1"       | 2    |   |
| AYUNA-28 TABLET                | 1    |   | BD ECLIPSE NEEDLE 25GX1.5"     | 2    |   |
| AZASITE 1% EYE DROPS           | 3    |   | BD ECLIPSE NEEDLE 25GX5/8"     | 2    |   |
| AZATHIOPRINE 50 MG TABLET      | 1    |   | BD ECLIPSE NEEDLE 27GX1/2"     | 2    |   |

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

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|--------------------------------|------|---|--------------------------------|------|---|
| 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    |   |
| BETAMETHASONE VALER 0.12% FOAM | 1    |   | BRIMONIDINE 0.2% EYE DROP      | 1    |   |
| BETAXOLOL 10 MG TABLET         | 1    |   | BRIMONIDINE TARTRATE 0.15% DRP | 1    |   |
| BETAXOLOL 20 MG TABLET         | 1    |   | BRIMONIDINE-TIMOLOL 0.2%-0.5%  | 3    |   |
| BETAXOLOL HCL 0.5% EYE DROP    | 1    |   | BRINZOLAMIDE 1% EYE DROPS      | 2    |   |
| BETHANECHOL 10 MG TABLET       | 1    |   | BRIVIACT 10 MG TABLET          | 3    | PA, QL                                  |
| BETHANECHOL 25 MG TABLET       | 1    |   | BRIVIACT 10 MG/ML ORAL SOLN    | 3    | PA, QL                                  |
| BETHANECHOL 5 MG TABLET        | 1    |   | BRIVIACT 100 MG TABLET         | 3    | PA, QL                                  |
| BETHANECHOL 50 MG TABLET       | 1    |   | BRIVIACT 25 MG TABLET          | 3    | PA, QL                                  |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name   | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|---|------|---|
| BRIVIACT 50 MG TABLET                                   | 3    | PA, QL                                  |
| BRIVIACT 75 MG TABLET                                   | 3    | PA, QL                                  |
| BROMFENAC SODIUM 0.09% EYE DRP                          | 1    |   |
| BROMOCRIPTINE 2.5 MG TABLET                             | 1    |   |
| BROMOCRIPTINE 5 MG CAPSULE                              | 1    |   |
| BROMPHEN-PSE-DM 2-30-10 MG/5ML                          | 1    |   |
| BROOKS INSULIN 0.3ML SYRN                               | 2    |   |
| BUDESONIDE 0.25 MG/2 ML SUSP                            | 3    | QL                                      |
| BUDESONIDE 0.5 MG/2 ML SUSP                             | 3    | QL                                      |
| BUDESONIDE 1 MG/2 ML INH SUSP                           | 3    | QL                                      |
| BUDESONIDE DR 3 MG CAPSULE                              | 3    |   |
| BUDESONIDE EC 3 MG CAPSULE                              | 3    |   |
| BUDESONIDE ER 9 MG TABLET                               | 4    | PA, QL, SRX                             |
| BUDESONIDE-FORMOTEROL 160-4.5                           | 3    | QL                                      |
| BUDESONIDE-FORMOTEROL 80-4.5                            | 3    | QL                                      |
| BUMETANIDE 0.5 MG TABLET                                | 1    |   |
| BUMETANIDE 1 MG TABLET                                  | 1    |   |
| BUMETANIDE 2 MG TABLET                                  | 1    |   |
| BUPRENORPHINE 10 MCG/HR PATCH                           | 1    | QL                                      |
| BUPRENORPHINE 15 MCG/HR PATCH                           | 1    | QL                                      |
| BUPRENORPHINE 2 MG TABLET SL                            | 1    |   |
| BUPRENORPHINE 20 MCG/HR PATCH                           | 1    | QL                                      |
| BUPRENORPHINE 5 MCG/HR PATCH                            | 1    | QL                                      |
| BUPRENORPHINE 7.5 MCG/HR PATCH                          | 1    | QL                                      |
| BUPRENORPHINE 8 MG TABLET SL                            | 1    |   |
| BUPRENORPHINE-NALOX 12-3MG FLM                          | 1    |   |
| BUPRENORPHINE-NALOX 2-0.5MG FM                          | 1    |   |
| BUPRENORPHINE-NALOX 2-0.5MG TB                          | 1    |   |
| BUPRENORPHINE-NALOX 4-1MG FILM                          | 1    |   |
| BUPRENORPHINE-NALOX 8-2 MG TAB                          | 1    |   |
| BUPRENORPHINE-NALOX 8-2MG FILM                          | 1    |   |
| BUPROPION HCL 100 MG TABLET                             | 1    | QL                                      |
| BUPROPION HCL 75 MG TABLET                              | 1    | QL                                      |
| BUPROPION HCL SR 100 MG TABLET                          | 1    | QL                                      |
| BUPROPION HCL SR 150 MG TABLET                          | 1    | QL                                      |
| "BUPROPION HCL SR 150 MG TABLET<br>(smoking cessation)" | 1    |   |
| BUPROPION HCL SR 200 MG TABLET                          | 1    | QL                                      |
| BUPROPION HCL XL 150 MG TABLET                          | 1    | QL                                      |
| BUPROPION HCL XL 300 MG TABLET                          | 1    | QL                                      |
| BUSPIRONE HCL 10 MG TABLET                              | 1    |   |
| BUSPIRONE HCL 15 MG TABLET                              | 1    |   |
| BUSPIRONE HCL 30 MG TABLET                              | 1    |   |
| BUSPIRONE HCL 5 MG TABLET                               | 1    |   |
| BUSPIRONE HCL 7.5 MG TABLET                             | 1    |   |
| BUTALB-ACETAMIN-CAF-COD 50-300                          | 1    | PA                                      |
| BUTALB-ACETAMIN-CAF-COD 50-325                          | 1    | PA                                      |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| BUTALB-ACETAMIN-CAFF 50-300-40 | 1    | QL                                      |
| BUTALB-ACETAMIN-CAFF 50-325-40 | 1    | QL                                      |
| BUTALBITAL COMP-CODEINE #3 CAP | 1    | PA                                      |
| BUTALBITAL-ACETAMINOPHN 50-325 | 1    |   |
| BUTALBITAL-ASPIRIN-CAFFEINE CP | 1    | QL                                      |
| BUTALBITAL-ASPIRIN-CAFFEINE TB | 1    | QL                                      |
| BUTORPHANOL 10 MG/ML SPRAY     | 1    | PA, QL                                  |
| BYDUREON BCISE 2 MG AUTOINJECT | 2    | PA, QL                                  |
| BYETTA 10 MCG DOSE PEN INJ     | 2    | PA, QL                                  |
| BYETTA 5 MCG DOSE PEN INJ      | 2    | PA, QL                                  |
| CA INS SYR 0.3 ML 30GX5/16"    | 2    |   |
| CA INS SYR 0.3 ML 31GX5/16"    | 2    |   |
| CA INS SYR 0.5 ML 30GX5/16"    | 2    |   |
| CA INS SYR 0.5 ML 31GX5/16"    | 2    |   |
| CA INSULIN SYR 0.3 ML 29GX1/2" | 2    |   |
| CA INSULIN SYR 0.5 ML 29GX1/2" | 2    |   |
| CA INSULIN SYR 1 ML 29GX1/2"   | 2    |   |
| CA INSULIN SYR 1 ML 30GX5/16"  | 2    |   |
| CA INSULIN SYR 1 ML 31GX5/16"  | 2    |   |
| CABERGOLINE 0.5 MG TABLET      | 1    | QL                                      |
| CABOMETYX 20 MG TABLET         | 4    | PA, QL, LDD, SRX                        |
| CABOMETYX 40 MG TABLET         | 4    | PA, QL, LDD, SRX                        |
| CABOMETYX 60 MG TABLET         | 4    | PA, QL, LDD, SRX                        |
| CAFFEINE CIT 60 MG/3 ML ORAL   | 1    |   |
| CALCIPOTRIENE 0.005% CREAM     | 1    |   |
| CALCIPOTRIENE 0.005% OINTMENT  | 1    |   |
| CALCIPOTRIENE 0.005% SOLUTION  | 1    |   |
| CALCIPOTRIENE-BETAMETH DP OINT | 3    |   |
| CALCITONIN-SALMON 200 UNITS SP | 1    |   |
| CALCITRIOL 0.25 MCG CAPSULE    | 1    |   |
| CALCITRIOL 0.5 MCG CAPSULE     | 1    |   |
| CALCITRIOL 1 MCG/ML SOLUTION   | 1    |   |
| CALCITRIOL 3 MCG/G OINTMENT    | 1    | QL                                      |
| CALCIUM ACETATE 667 MG CAPSULE | 1    |   |
| CALCIUM ACETATE 667 MG GELCAP  | 1    |   |
| CALCIUM ACETATE 667 MG TABLET  | 1    |   |
| CAMILA 0.35 MG TABLET          | 1    |   |
| CAMRESE 0.15-0.03-0.01 MG TAB  | 1    |   |
| CAMRESE LO TABLET              | 1    |   |
| CANDESARTAN CILEXETIL 16 MG TB | 1    |   |
| 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                                 |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CAPECITABINE 500 MG TABLET     | 4    | PA, SRX                                 | CAREONE UNIFINE PENTIP 4MM 32G | 2    |   |
| CAPRELSA 100 MG TABLET         | 4    | PA, QL, LDD, SRX                        | CAREONE UNIFINE PENTIP 5MM 31G | 2    |   |
| CAPRELSA 300 MG TABLET         | 4    | PA, QL, LDD, SRX                        | CAREONE UNIFINE PENTIP 6MM 31G | 2    |   |
| CAPTOPRIL 100 MG TABLET        | 1    |   | CAREONE UNIFINE PENTIP 8MM 31G | 2    |   |
| CAPTOPRIL 12.5 MG TABLET       | 1    |   | CAREONE UNIFINE PENTP 29GX1/2" | 2    |   |
| CAPTOPRIL 25 MG TABLET         | 1    |   | CAREONE UNIFINE PENTP 31GX1/4" | 2    |   |
| CAPTOPRIL 50 MG TABLET         | 1    |   | CAREONE UNIFINE PNTP 12MM 29G  | 2    |   |
| CAPTOPRIL-HCTZ 25-15 MG TABLET | 1    | QL                                      | CAREONE UNIFINE PNTP 31GX3/16" | 2    |   |
| CAPTOPRIL-HCTZ 25-25 MG TABLET | 1    | QL                                      | CAREONE UNIFINE PNTP 31GX5/16" | 2    |   |
| CAPTOPRIL-HCTZ 50-15 MG TABLET | 1    | QL                                      | CAREONE UNIFINE PNTP 32GX5/32" | 2    |   |
| CAPTOPRIL-HCTZ 50-25 MG TABLET | 1    | QL                                      | CAREPOINT LL SYR 3 ML 20GX1.5" | 2    |   |
| CARBAMAZEPINE 100 MG TAB CHEW  | 1    |   | CAREPOINT LL SYR 3 ML 21GX1"   | 2    |   |
| CARBAMAZEPINE 100 MG/5 ML SUSP | 1    |   | CAREPOINT LL SYR 3 ML 21GX1.5" | 2    |   |
| CARBAMAZEPINE 200 MG TABLET    | 1    |   | CAREPOINT LL SYR 3 ML 22G 1"   | 2    |   |
| CARBAMAZEPINE ER 100 MG CAP    | 1    |   | CAREPOINT LL SYR 3 ML 22G 38MM | 2    |   |
| CARBAMAZEPINE ER 100 MG TABLET | 1    |   | CAREPOINT LL SYR 3 ML 23GX1"   | 2    |   |
| CARBAMAZEPINE ER 200 MG CAP    | 1    |   | CAREPOINT LL SYR 3 ML 23GX1.5" | 2    |   |
| CARBAMAZEPINE ER 200 MG TABLET | 1    |   | CAREPOINT LL SYR 3 ML 25G X 1" | 2    |   |
| CARBAMAZEPINE ER 300 MG CAP    | 1    |   | CAREPOINT LL SYR 3 ML 25GX5/8" | 2    |   |
| CARBAMAZEPINE ER 400 MG TABLET | 1    |   | CARESENS CONTROL SOLUTION      | 2    |   |
| CARBIDOPA 25 MG TABLET         | 3    |   | CARETOUCH CONTROL SOLN L2-L3   | 2    |   |
| CARBIDOPA-LEVO 10-100 MG ODT   | 1    |   | CARETOUCH HYPO NEEDLE 26G 1"   | 2    |   |
| CARBIDOPA-LEVO 25-100 MG ODT   | 1    |   | CARETOUCH HYPODERMIC 18G 1.5"  | 2    |   |
| CARBIDOPA-LEVO 25-250 MG ODT   | 1    |   | CARETOUCH HYPODERMIC 20G 1"    | 2    |   |
| CARBIDOPA-LEVO ER 25-100 TAB   | 1    |   | CARETOUCH HYPODERMIC 22G 1"    | 2    |   |
| CARBIDOPA-LEVO ER 50-200 TAB   | 1    |   | CARETOUCH HYPODERMIC 23G 1"    | 2    |   |
| CARBIDOPA-LEVODOPA 100 MG-ENTA | 1    |   | CARETOUCH HYPODERMIC 23G 1.5"  | 2    |   |
| CARBIDOPA-LEVODOPA 10-100 TAB  | 1    |   | CARETOUCH HYPODERMIC 25G 1"    | 2    |   |
| CARBIDOPA-LEVODOPA 125 MG-ENTA | 1    |   | CARETOUCH HYPODERMIC 25G 1.5"  | 2    |   |
| CARBIDOPA-LEVODOPA 150 MG-ENTA | 1    |   | CARETOUCH HYPODERMIC 25G 5/8"  | 2    |   |
| CARBIDOPA-LEVODOPA 200 MG-ENTA | 1    |   | CARETOUCH LL SYR 3 ML 22G 1"   | 2    |   |
| CARBIDOPA-LEVODOPA 25-100 TAB  | 1    |   | CARETOUCH LL SYR 3 ML 22G 1.5" | 2    |   |
| CARBIDOPA-LEVODOPA 25-250 TAB  | 1    |   | CARETOUCH LL SYR 3 ML 23G 1"   | 2    |   |
| CARBIDOPA-LEVODOPA 50 MG-ENTA  | 1    |   | CARETOUCH LL SYR 3 ML 23G 1.5" | 2    |   |
| CARBIDOPA-LEVODOPA 75 MG-ENTA  | 1    |   | CARETOUCH LL SYR 3 ML 25G 1"   | 2    |   |
| CARBINOXAMINE 4 MG/5 ML LIQUID | 1    |   | CARETOUCH LL SYR 3 ML 25G 1.5" | 2    |   |
| CARBINOXAMINE MALEATE 4 MG TAB | 1    |   | CARETOUCH LL SYR 3 ML 25G 5/8" | 2    |   |
| CAREFINE PEN NEEDLE 12.7MM 29G | 2    |   | CARETOUCH PEN NEEDLE 29G 12MM  | 2    |   |
| CAREFINE PEN NEEDLE 4MM 32G    | 2    |   | CARETOUCH PEN NEEDLE 31GX1/4"  | 2    |   |
| CAREFINE PEN NEEDLE 5MM 32G    | 2    |   | CARETOUCH PEN NEEDLE 31GX3/16" | 2    |   |
| CAREFINE PEN NEEDLE 6MM 31G    | 2    |   | CARETOUCH PEN NEEDLE 31GX5/16" | 2    |   |
| CAREFINE PEN NEEDLE 8MM 30G    | 2    |   | CARETOUCH PEN NEEDLE 32GX3/16" | 2    |   |
| CAREFINE PEN NEEDLES 6MM 32G   | 2    |   | CARETOUCH PEN NEEDLE 32GX5/32" | 2    |   |
| CAREFINE PEN NEEDLES 8MM 31G   | 2    |   | CARETOUCH SYR 0.3 ML 31GX5/16" | 2    |   |
| CAREONE SYR 0.3 ML 30GX1/2"    | 2    |   | CARETOUCH SYR 0.5 ML 30GX5/16" | 2    |   |
| CAREONE SYR 0.5 ML 30GX1/2"    | 2    |   | CARETOUCH SYR 0.5 ML 31GX5/16" | 2    |   |
| CAREONE SYR 1 ML 30GX1/2"      | 2    |   | CARETOUCH SYR 1 ML 28GX5/16"   | 2    |   |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CARETOUCH SYR 1 ML 29GX5/16"   | 2    |   | CELECOXIB 200 MG CAPSULE       | 1    | QL                                      |
| CARETOUCH SYR 1 ML 30GX5/16"   | 2    |   | CELECOXIB 400 MG CAPSULE       | 1    | QL                                      |
| CARETOUCH SYR 1 ML 31GX5/16"   | 2    |   | CELECOXIB 50 MG CAPSULE        | 1    | QL                                      |
| CARGLUMIC ACID 200 MG TAB SUSP | 4    | PA, SRX                                 | CELONTIN                       | 3    |   |
| CARISOPRODOL 250 MG TABLET     | 1    |   | CEPHALEXIN 125 MG/5 ML SUSP    | 1    |   |
| CARISOPRODOL 350 MG TABLET     | 1    |   | CEPHALEXIN 250 MG CAPSULE      | 1    |   |
| CARISOPRODOL-ASPIRIN-CODEINE   | 1    | PA                                      | CEPHALEXIN 250 MG/5 ML SUSP    | 1    |   |
| CARTEOLOL HCL 1% EYE DROPS     | 1    |   | CEPHALEXIN 500 MG CAPSULE      | 1    |   |
| CARTIA XT 120 MG CAPSULE       | 1    |   | CEPHALEXIN 750 MG CAPSULE      | 1    |   |
| CARTIA XT 180 MG CAPSULE       | 1    |   | CEQR SIMPLICITY INSERTER       | 2    |   |
| CARTIA XT 240 MG CAPSULE       | 1    |   | CETIRIZINE HCL 1 MG/ML SOLN    | 1    |   |
| CARTIA XT 300 MG CAPSULE       | 1    |   | CETIRIZINE HCL 1 MG/ML SYRUP   | 1    |   |
| CARTRIDGE STAMPED              | 2    |   | CETRORELIX ACETATE             | 4    | PA, SRX                                 |
| 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    |   |
| CEFACLOR 125 MG/5 ML SUSP      | 1    |   | CHEMSTRIP                      | 2    |   |
| CEFACLOR 250 MG CAPSULE        | 1    |   | CHEMSTRIP 10 WITH SG           | 2    |   |
| CEFACLOR 250 MG/5 ML SUSP      | 1    |   | CHEMSTRIP 2 GP                 | 2    |   |
| CEFACLOR 375 MG/5 ML SUSPEN    | 1    |   | CHEMSTRIP 2 LN                 | 2    |   |
| CEFACLOR 500 MG CAPSULE        | 1    |   | CHEMSTRIP 50B                  | 2    |   |
| CEFACLOR 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    |   |
| CEFPODOXIME 100 MG TABLET      | 1    |   | CHLOROQUINE PH 500 MG TABLET   | 1    |   |
| CEFPODOXIME 100 MG/5 ML SUSP   | 1    |   | CHLORPROMAZINE 10 MG TABLET    | 1    |   |
| CEFPODOXIME 200 MG TABLET      | 1    |   | CHLORPROMAZINE 100 MG TABLET   | 1    |   |
| CEFPODOXIME 50 MG/5 ML SUSP    | 1    |   | CHLORPROMAZINE 200 MG TABLET   | 1    |   |
| CEFPROZIL 125 MG/5 ML SUSP     | 1    |   | CHLORPROMAZINE 25 MG TABLET    | 1    |   |
| CEFPROZIL 250 MG TABLET        | 1    |   | CHLORPROMAZINE 50 MG TABLET    | 1    |   |
| CEFPROZIL 250 MG/5 ML SUSP     | 1    |   | CHLORTHALIDONE 25 MG TABLET    | 1    |   |
| CEFPROZIL 500 MG TABLET        | 1    |   | CHLORTHALIDONE 50 MG TABLET    | 1    |   |
| CEFUROXIME AXETIL 250 MG TAB   | 1    |   | CHLORZOAZONE 500 MG TABLET     | 1    |   |
| CEFUROXIME AXETIL 500 MG TAB   | 1    |   | CHOLESTYRAMINE LIGHT PACKET    | 1    |   |
| CELECOXIB 100 MG CAPSULE       | 1    | QL                                      | CHOLESTYRAMINE LIGHT POWDER    | 1    |   |

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|---------------------------------|------|---|--------------------------------|------|---|
| CHOLESTYRAMINE PACKET           | 1    |   | CLEMASTINE FUMARATE            | 1    |   |
| CHOLESTYRAMINE POWDER           | 1    |   | CLEO 90 INFUSION SET 24" 6MM   | 2    |   |
| CHORIONIC GONAD 10,000 UNIT VL  | 1    | PA                                      | CLEO 90 INFUSION SET 24" 9MM   | 2    |   |
| CICLODAN 0.77% CREAM            | 1    |   | CLEO 90 INFUSION SET 31" 6MM   | 2    |   |
| CICLODAN 8% SOLUTION            | 1    |   | CLEO 90 INFUSION SET 31" 9MM   | 2    |   |
| CICLOPIROX 0.77% CREAM          | 1    |   | CLEVER CHOICE CHAMBER-LRG MASK | 2    | QL                                      |
| CICLOPIROX 0.77% GEL            | 1    |   | CLEVER CHOICE CHAMBER-MED MASK | 2    | QL                                      |
| CICLOPIROX 0.77% TOPICAL SUSP   | 1    |   | CLEVER CHOICE CHAMBER-SM MASK  | 2    | QL                                      |
| CICLOPIROX 1% SHAMPOO           | 1    |   | CLEVER CHOICE LVL 1 CONTRL SOL | 2    |   |
| CICLOPIROX 8% SOLUTION          | 1    |   | CLEVER CHOICE LVL 2 CONTRL SOL | 2    |   |
| CILOSTAZOL 100 MG TABLET        | 1    |   | CLEVER CHOICE LVL 3 CONTRL SOL | 2    |   |
| CILOSTAZOL 50 MG TABLET         | 1    |   | CLEVER CHOICE PEAK FLOW METER  | 2    |   |
| CILOXAN                         | 3    |   | CLICKFINE 31G X 1/4" NEEDLES   | 2    |   |
| CIMETIDINE 200 MG TABLET        | 1    |   | CLICKFINE 31G X 5/16" NEEDLES  | 2    |   |
| CIMETIDINE 300 MG TABLET        | 1    |   | CLICKFINE PEN NEEDLE 32GX5/32" | 2    |   |
| CIMETIDINE 300 MG/5 ML SOLN     | 1    |   | CLICKFINE UNIVERSAL 31G X 1/4" | 2    |   |
| CIMETIDINE 400 MG TABLET        | 1    |   | CLIND PH-BENZOYL PEROX 1.2-5%  | 1    |   |
| CIMETIDINE 800 MG TABLET        | 1    |   | CLINDACIN 1% FOAM              | 1    |   |
| CIMZIA 200 MG VIAL KIT          | 4    | PA, QL, SRX                             | CLINDACIN ETZ 1% PLEDGET       | 1    |   |
| CIMZIA 2X200 MG/ML SYRINGE KIT  | 4    | PA, QL, SRX                             | CLINDACIN P 1% PLEDGETS        | 1    |   |
| CIMZIA 2X200 MG/ML(X3)START KIT | 4    | PA, QL, SRX                             | CLINDAMYCIN (PEDI) 75 MG/5 ML  | 1    |   |
| CINACALCET HCL 30 MG TABLET     | 4    | PA, SRX                                 | CLINDAMYCIN 2% VAGINAL CREAM   | 1    |   |
| CINACALCET HCL 60 MG TABLET     | 4    | PA, SRX                                 | CLINDAMYCIN HCL 150 MG CAPSULE | 1    |   |
| CINACALCET HCL 90 MG TABLET     | 4    | PA, SRX                                 | CLINDAMYCIN HCL 300 MG CAPSULE | 1    |   |
| CIPROFLOXACIN 0.2% OTIC SOLN    | 1    |   | CLINDAMYCIN HCL 75 MG CAPSULE  | 1    |   |
| CIPROFLOXACIN 0.3% EYE DROP     | 1    |   | CLINDAMYCIN PH 1% GEL          | 1    |   |
| CIPROFLOXACIN 250 MG/5 ML SUSP  | 1    |   | CLINDAMYCIN PH 1% SOLUTION     | 1    |   |
| CIPROFLOXACIN 500 MG/5 ML SUSP  | 1    |   | CLINDAMYCIN PHOS 1% PLEDGET    | 1    |   |
| CIPROFLOXACIN HCL 100 MG TAB    | 1    |   | CLINDAMYCIN PHOSP 1% LOTION    | 1    |   |
| CIPROFLOXACIN HCL 250 MG TAB    | 1    |   | CLINDAMYCIN PHOSPHATE 1% FOAM  | 1    |   |
| CIPROFLOXACIN HCL 500 MG TAB    | 1    |   | CLINDAMYCIN-BENZOYL PEROX 1-5% | 1    |   |
| CIPROFLOXACIN HCL 750 MG TAB    | 1    |   | CLINDAMYCIN-BNZ PEROX 1-5% PMP | 1    |   |
| CIPROFLOX-FLUOCINLN 0.3-0.025%  | 2    | PA                                      | CLINDA-TRETINOIN 1.2%-0.025%   | 1    |   |
| CIPROFLOX-DEXAMETH OTIC SUSP    | 2    |   | CLINDESSE 2% VAGINAL CREAM     | 3    |   |
| CITALOPRAM HBR 10 MG TABLET     | 1    | QL                                      | CLOBAZAM 10 MG TABLET          | 3    | PA                                      |
| CITALOPRAM HBR 10 MG/5 ML SOLN  | 1    | QL                                      | CLOBAZAM 2.5 MG/ML SUSPENSION  | 3    | PA                                      |
| CITALOPRAM HBR 20 MG TABLET     | 1    | QL                                      | CLOBAZAM 20 MG TABLET          | 3    | PA                                      |
| CITALOPRAM HBR 40 MG TABLET     | 1    | QL                                      | CLOBETASOL 0.05% CREAM         | 1    |   |
| CLARAVIS 10 MG CAPSULE          | 3    |   | CLOBETASOL 0.05% GEL           | 1    |   |
| CLARAVIS 20 MG CAPSULE          | 3    |   | CLOBETASOL 0.05% OINTMENT      | 1    |   |
| CLARAVIS 30 MG CAPSULE          | 3    |   | CLOBETASOL 0.05% SHAMPOO       | 1    |   |
| CLARAVIS 40 MG CAPSULE          | 3    |   | CLOBETASOL 0.05% SOLUTION      | 1    |   |
| CLARITHROMYCIN 125 MG/5 ML SUS  | 1    |   | CLOBETASOL 0.05% TOPICAL LOTN  | 1    |   |
| CLARITHROMYCIN 250 MG TABLET    | 1    |   | CLOBETASOL EMOLLIENT 0.05% CRM | 1    |   |
| CLARITHROMYCIN 250 MG/5 ML SUS  | 1    |   | CLOBETASOL EMOLLNT 0.05% FOAM  | 1    |   |
| CLARITHROMYCIN 500 MG TABLET    | 1    |   | CLOBETASOL EMULSION 0.05% FOAM | 1    |   |
| CLARITHROMYCIN ER 500 MG TAB    | 1    |   | CLOBETASOL PROP 0.05% FOAM     | 1    |   |



## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| 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    |   |
| CLOMIPHENE CITRATE 50 MG TAB   | 1    |   | COLESEVELAM 625 MG TABLET      | 1    |   |
| CLOMIPRAMINE 25 MG CAPSULE     | 3    |   | COLESEVELAM HCL 3.75 G PACKET  | 1    |   |
| CLOMIPRAMINE 50 MG CAPSULE     | 3    |   | COLESTIPOL HCL 1 GM TABLET     | 1    |   |
| CLOMIPRAMINE 75 MG CAPSULE     | 3    |   | COLESTIPOL HCL GRANULES        | 1    |   |
| CLONAZEPAM 0.125 MG DIS TAB    | 1    |   | COLESTIPOL HCL GRANULES PACKET | 1    |   |
| CLONAZEPAM 0.125 MG ODT        | 1    |   | COLOCORT 100 MG/60 ML ENEMA    | 1    |   |
| CLONAZEPAM 0.25 MG ODT         | 1    |   | COMBISTIX REAGENT STRIPS       | 2    |   |
| CLONAZEPAM 0.5 MG DIS TABLET   | 1    |   | COMETRIQ 100 MG DAILY-DOSE PK  | 4    | PA, QL, LDD, SRX                        |
| CLONAZEPAM 0.5 MG ODT          | 1    |   | COMETRIQ 140 MG DAILY-DOSE PK  | 4    | PA, QL, LDD, SRX                        |
| CLONAZEPAM 0.5 MG TABLET       | 1    |   | COMETRIQ 60 MG DAILY-DOSE PACK | 4    | PA, QL, LDD, SRX                        |
| CLONAZEPAM 1 MG DIS TABLET     | 1    |   | COMFORT EZ INS 0.3ML 30GX1/2"  | 2    |   |
| CLONAZEPAM 1 MG ODT            | 1    |   | COMFORT EZ INS 0.3ML 30GX5/16" | 2    |   |
| CLONAZEPAM 1 MG TABLET         | 1    |   | COMFORT EZ INS 0.5ML 31GX5/16" | 2    |   |
| CLONAZEPAM 2 MG ODT            | 1    |   | COMFORT EZ INS 1 ML 31GX5/16"  | 2    |   |
| CLONAZEPAM 2 MG TABLET         | 1    |   | COMFORT EZ INSULIN SYR 0.3 ML  | 2    |   |
| CLONIDINE 0.1 MG/DAY PATCH     | 1    |   | COMFORT EZ INSULIN SYR 0.5 ML  | 2    |   |
| CLONIDINE 0.2 MG/DAY PATCH     | 1    |   | COMFORT EZ PEN NEEDLE 12MM 29G | 2    |   |
| CLONIDINE 0.3 MG/DAY PATCH     | 1    |   | COMFORT EZ PEN NEEDLES 4MM 32G | 2    |   |
| CLONIDINE HCL 0.1 MG TABLET    | 1    |   | COMFORT EZ PEN NEEDLES 4MM 33G | 2    |   |
| CLONIDINE HCL 0.2 MG TABLET    | 1    |   | COMFORT EZ PEN NEEDLES 5MM 31G | 2    |   |
| CLONIDINE HCL 0.3 MG TABLET    | 1    |   | COMFORT EZ PEN NEEDLES 5MM 32G | 2    |   |
| CLONIDINE HCL ER 0.1 MG TABLET | 1    |   | COMFORT EZ PEN NEEDLES 5MM 33G | 2    |   |
| CLOPIDOGREL 300 MG TABLET      | 1    |   | COMFORT EZ PEN NEEDLES 6MM 31G | 2    |   |
| CLOPIDOGREL 75 MG TABLET       | 1    |   | COMFORT EZ PEN NEEDLES 6MM 32G | 2    |   |
| CLORAZEPATE 15 MG TABLET       | 1    |   | COMFORT EZ PEN NEEDLES 6MM 33G | 2    |   |
| CLORAZEPATE 3.75 MG TABLET     | 1    |   | COMFORT EZ PEN NEEDLES 8MM 31G | 2    |   |
| CLORAZEPATE 7.5 MG TABLET      | 1    |   | COMFORT EZ PEN NEEDLES 8MM 32G | 2    |   |
| CLOTIMAZOLE 1% SOLUTION        | 1    |   | COMFORT EZ PEN NEEDLES 8MM 33G | 2    |   |
| CLOTIMAZOLE 1% TOPICAL CREAM   | 1    |   | COMFORT EZ SYR 0.3 ML 29GX1/2" | 2    |   |
| CLOTIMAZOLE 10 MG TROCHE       | 1    |   | COMFORT EZ SYR 0.5 ML 28GX1/2" | 2    |   |
| CLOTIMAZOLE-BETAMETHASONE CRM  | 1    |   | COMFORT EZ SYR 0.5 ML 29GX1/2" | 2    |   |
| CLOTIMAZOLE-BETAMETHASONE LOT  | 1    |   | COMFORT EZ SYR 0.5 ML 30GX1/2" | 2    |   |
| CLOZAPINE 100 MG TABLET        | 1    |   | COMFORT EZ SYR 1 ML 28GX1/2"   | 2    |   |
| CLOZAPINE 200 MG TABLET        | 1    |   | COMFORT EZ SYR 1 ML 29GX1/2"   | 2    |   |
| CLOZAPINE 25 MG TABLET         | 1    |   | COMFORT EZ SYR 1 ML 30GX1/2"   | 2    |   |
| CLOZAPINE 50 MG TABLET         | 1    |   | COMFORT EZ SYR 1 ML 30GX5/16"  | 2    |   |
| CLOZAPINE ODT 100 MG TABLET    | 3    |   | COMFORT INFUSION SET 23" 17MM  | 2    |   |
| CLOZAPINE ODT 12.5 MG TABLET   | 3    |   | COMFORT INFUSION SET 31" 17MM  | 2    |   |
| CLOZAPINE ODT 150 MG TABLET    | 3    |   | COMFORT INFUSION SET 32" 17MM  | 2    |   |
| CLOZAPINE ODT 200 MG TABLET    | 3    |   | COMFORT INFUSION SET 43" 17MM  | 2    |   |
| CLOZAPINE ODT 25 MG TABLET     | 3    |   | COMFORT POINT PEN NDL 29GX1/2" | 2    |   |
| C-NATE DHA SOFTGEL             | 1    |   | COMFORT POINT PEN NDL 31GX1/3" | 2    |   |
| COARTEM TABLETS                | 3    | QL                                      | COMFORT POINT PEN NDL 31GX1/4" | 2    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| COMFORT POINT PEN ND1 31GX1/6" | 2    |   | CROMOLYN 100 MG/5 ML ORAL CONC | 3    |   |
| COMFORT SHORT INFUSION SET 23" | 2    |   | CROMOLYN 20 MG/2 ML NEB SOLN   | 3    | QL                                      |
| COMFORT SHORT INFUSION SET 31" | 2    |   | CROMOLYN 4% EYE DROPS          | 1    |   |
| COMFORT SHORT INFUSION SET 32" | 2    |   | CROTAN 10% LOTION              | 2    |   |
| COMFORT SHORT INFUSION SET 43" | 2    |   | CRYSSELLE-28 TABLET            | 1    |   |
| COMFORT TOUCH PEN ND1 31G 4MM  | 2    |   | CVS KETONE CARE TEST STRIP     | 2    |   |
| COMFORT TOUCH PEN ND1 31G 5MM  | 2    |   | CYANOCOBALAMIN 1,000 MCG/ML VL | 1    |   |
| COMFORT TOUCH PEN ND1 31G 6MM  | 2    |   | CYANOCOBALAMIN 10,000 MCG/10ML | 1    |   |
| COMFORT TOUCH PEN ND1 31G 8MM  | 2    |   | CYANOCOBALAMIN 30,000 MCG/30ML | 1    |   |
| COMFORT TOUCH PEN ND1 32G 4MM  | 2    |   | CYCLOBENZAPRINE 10 MG TABLET   | 1    |   |
| COMFORT TOUCH PEN ND1 32G 5MM  | 2    |   | CYCLOBENZAPRINE 5 MG TABLET    | 1    |   |
| COMFORT TOUCH PEN ND1 32G 6MM  | 2    |   | CYCLOMYDRIL EYE DROPS          | 3    |   |
| COMFORT TOUCH PEN ND1 32G 8MM  | 2    |   | CYCLOPENTOLATE 0.5% EYE DROPS  | 1    |   |
| COMFORT TOUCH PEN ND1 33G 4MM  | 2    |   | CYCLOPENTOLATE 1% EYE DROP     | 1    |   |
| COMFORT TOUCH PEN ND1 33G 6MM  | 2    |   | CYCLOPENTOLATE 1% EYE DROPS    | 1    |   |
| COMFORT TOUCH PEN ND1 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                            |
| CORTISONE 25 MG TABLET         | 1    |   | CYSTAGON 50 MG CAPSULE         | 4    | PA, LDD, SRX                            |
| CORTISPORIN CREAM              | 3    |   | CYSTARAN 0.44% EYE DROPS       | 3    | PA, QL, LDD                             |
| CORTISPORIN OINTMENT           | 3    |   | DABIGATRAN ETEXILATE 150 MG CP | 3    | PA, QL                                  |
| CORTISPORIN-TC EAR SUSPENSION  | 3    |   | DABIGATRAN ETEXILATE 75 CAP    | 3    | PA, QL                                  |
| COSENTYX (2 SYRINGES)          | 4    | PA, QL, LDD, SRX                        | DALFAMPRIDINE ER 10 MG TABLET  | 4    | PA, QL, LDD, SRX                        |
| COSENTYX 150 MG/ML SYRINGE     | 4    | PA, QL, LDD, SRX                        | DANAZOL 100 MG CAPSULE         | 1    |   |
| COSENTYX 75 MG/0.5 ML SYRINGE  | 4    | PA, QL, LDD, SRX                        | DANAZOL 200 MG CAPSULE         | 1    |   |
| COSENTYX 150 MG/ML PEN INJECT  | 4    | PA, QL, LDD, SRX                        | DANAZOL 50 MG CAPSULE          | 1    |   |
| COSENTYX 300 MG DOSE=2 PENS    | 4    | PA, QL, LDD, SRX                        | DANTROLENE SODIUM 100 MG CAP   | 1    |   |
| COTELLIC                       | 4    | PA, QL, LDD, SRX                        | DANTROLENE SODIUM 25 MG CAP    | 1    |   |
| COVARYX TABLET                 | 1    |   | DANTROLENE SODIUM 50 MG CAP    | 1    |   |
| COVARYX H.S. TABLET            | 1    |   | DAPSONE 100 MG TABLET          | 3    |   |
| CRESEMBA 186 MG CAPSULE        | 3    | PA                                      | DAPSONE 25 MG TABLET           | 3    |   |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| DAPTACEL DTAP VACCINE          | 2    |   | DESOXIMETASONE 0.05% OINTMENT  | 1    |   |
| DARIFENACIN ER 15 MG TABLET    | 1    |   | DESOXIMETASONE 0.25% CREAM     | 1    |   |
| DARIFENACIN ER 7.5 MG TABLET   | 1    |   | DESOXIMETASONE 0.25% OINTMENT  | 1    |   |
| DARUNAVIR 600 MG TABLET        | 1    |   | DESVENLAFAXINE SUCCNT ER 100MG | 1    | QL                                      |
| DARUNAVIR 800 MG TABLET        | 1    |   | DESVENLAFAXINE SUCCNT ER 25 MG | 1    | QL                                      |
| DASETTA 1-35-28 TABLET         | 1    |   | DESVENLAFAXINE SUCCNT ER 50 MG | 1    | QL                                      |
| DASETTA 7/7/7-28 TABLET        | 1    |   | DEXAMETHASONE 0.5 MG TABLET    | 1    |   |
| DAYSEE 0.15-0.03-0.01 MG TAB   | 1    |   | DEXAMETHASONE 0.5 MG/5 ML ELX  | 1    |   |
| DEBLITANE 0.35 MG TABLET       | 1    |   | DEXAMETHASONE 0.5 MG/5 ML LIQ  | 1    |   |
| DEFERASIROX 125 MG TB FOR SUSP | 4    | PA, SRX                                 | DEXAMETHASONE 0.75 MG TABLET   | 1    |   |
| DEFERASIROX 180 MG GRANULE PKT | 4    | PA, LDD, SRX                            | DEXAMETHASONE 1 MG TABLET      | 1    |   |
| DEFERASIROX 180 MG TABLET      | 4    | PA, LDD, SRX                            | DEXAMETHASONE 1.5 MG TABLET    | 1    |   |
| DEFERASIROX 250 MG TB FOR SUSP | 4    | PA, SRX                                 | DEXAMETHASONE 2 MG TABLET      | 1    |   |
| DEFERASIROX 360 MG GRANULE PKT | 4    | PA, LDD, SRX                            | DEXAMETHASONE 4 MG TABLET      | 1    |   |
| DEFERASIROX 360 MG TABLET      | 4    | PA, LDD, SRX                            | DEXAMETHASONE 6 MG TABLET      | 1    |   |
| DEFERASIROX 500 MG TB FOR SUSP | 4    | PA, SRX                                 | DEXAMETHASONE INTENSOL 1 MG/ML | 1    |   |
| DEFERASIROX 90 MG GRANULE PKT  | 4    | PA, LDD, SRX                            | DEXAMETHASONE 0.1% EYE DROP    | 1    |   |
| DEFERASIROX 90 MG TABLET       | 4    | PA, LDD, SRX                            | DEXCOM G6 RECEIVER             | 2    | PA, QL                                  |
| DEFERIPRONE 1,000 MG TB(3X/DY) | 4    | PA, SRX                                 | DEXCOM G6 SENSOR               | 2    | PA, QL                                  |
| DEFERIPRONE 500 MG TABLET      | 4    | PA, SRX                                 | DEXCOM G6 TRANSMITTER          | 2    | PA, QL                                  |
| DELTEC COZMO CLEO INFUSION SET | 2    |   | DEXCOM G7 RECEIVER             | 2    | PA, QL                                  |
| DEMECLOCYCLINE 150 MG TABLET   | 1    |   | DEXCOM G7 SENSOR               | 2    | PA, QL                                  |
| DEMECLOCYCLINE 300 MG TABLET   | 1    |   | DEXLANSOPRAZOLE DR 30 MG CAP   | 3    | QL                                      |
| DENTA 5000 PLUS CREAM          | 1    |   | DEXLANSOPRAZOLE DR 60 MG CAP   | 3    | QL                                      |
| DENTAGEL 1.1% GEL              | 1    |   | DEXMETHYLPHENIDATE 10 MG TAB   | 1    | QL                                      |
| DESCOVY 120-15 MG TABLET       | 3    | PA                                      | DEXMETHYLPHENIDATE 2.5 MG TAB  | 1    | QL                                      |
| DESCOVY 200-25 MG TABLET       | 3    | PA                                      | DEXMETHYLPHENIDATE 5 MG TAB    | 1    | QL                                      |
| DESIPRAMINE 10 MG TABLET       | 1    |   | DEXMETHYLPHENIDATE ER 10 MG CP | 1    | QL                                      |
| DESIPRAMINE 100 MG TABLET      | 1    |   | DEXMETHYLPHENIDATE ER 15 MG CP | 1    | QL                                      |
| DESIPRAMINE 150 MG TABLET      | 1    |   | DEXMETHYLPHENIDATE ER 20 MG CP | 1    | QL                                      |
| DESIPRAMINE 25 MG TABLET       | 1    |   | DEXMETHYLPHENIDATE ER 25 MG CP | 1    | QL                                      |
| DESIPRAMINE 50 MG TABLET       | 1    |   | DEXMETHYLPHENIDATE ER 30 MG CP | 1    | QL                                      |
| DESIPRAMINE 75 MG TABLET       | 1    |   | DEXMETHYLPHENIDATE ER 35 MG CP | 1    | QL                                      |
| DESLORATADINE 2.5 MG ODT       | 1    | QL                                      | DEXMETHYLPHENIDATE ER 40 MG CP | 1    | QL                                      |
| DESLORATADINE 5 MG ODT         | 1    | QL                                      | DEXMETHYLPHENIDATE ER 5 MG CAP | 1    | QL                                      |
| DESLORATADINE 5 MG TABLET      | 1    | QL                                      | DEXTROAMP-AMPHET ER 10 MG CAP  | 1    | QL                                      |
| DESMOPRESSIN 0.01% SOLUTION    | 1    |   | DEXTROAMP-AMPHET ER 15 MG CAP  | 1    | QL                                      |
| DESMOPRESSIN 10 MCG/0.1 ML SPR | 1    |   | DEXTROAMP-AMPHET ER 20 MG CAP  | 1    | QL                                      |
| DESMOPRESSIN ACETATE 0.1 MG TB | 1    |   | DEXTROAMP-AMPHET ER 25 MG CAP  | 1    | QL                                      |
| DESMOPRESSIN ACETATE 0.2 MG TB | 1    |   | DEXTROAMP-AMPHET ER 30 MG CAP  | 1    | QL                                      |
| DESOGESTREL-EE 0.15-0.03 MG TB | 1    |   | DEXTROAMP-AMPHET ER 5 MG CAP   | 1    | QL                                      |
| DESOGESTR-ETH ESTRAD ETH ESTRA | 1    |   | DEXTROAMP-AMPHETAM 12.5 MG TAB | 1    | QL                                      |
| DESONIDE 0.05% CREAM           | 1    |   | DEXTROAMP-AMPHETAM 7.5 MG TAB  | 1    | QL                                      |
| DESONIDE 0.05% LOTION          | 1    |   | DEXTROAMP-AMPHETAMIN 10 MG TAB | 1    | QL                                      |
| DESONIDE 0.05% OINTMENT        | 1    |   | DEXTROAMP-AMPHETAMIN 15 MG TAB | 1    | QL                                      |
| DESOXIMETASONE 0.05% CREAM     | 1    |   | DEXTROAMP-AMPHETAMIN 20 MG TAB | 1    | QL                                      |
| DESOXIMETASONE 0.05% GEL       | 1    |   | DEXTROAMP-AMPHETAMIN 30 MG TAB | 1    | QL                                      |

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|--------------------------------|------|---|--------------------------------|------|---|
| DEXTROAMP-AMPHETAMINE 5 MG TAB | 1    | QL                                      | DIFLUPREDNATE 0.05% EYE DROP   | 2    |   |
| DEXTROAMPHETAMINE 10 MG TAB    | 1    | QL                                      | DIGOX 125 MCG TABLET           | 1    |   |
| DEXTROAMPHETAMINE 5 MG TAB     | 1    | QL                                      | DIGOX 250 MCG TABLET           | 1    |   |
| DEXTROAMPHETAMINE 5 MG/5 ML    | 1    | QL                                      | DIGOXIN 0.05 MG/ML SOLUTION    | 1    |   |
| DEXTROAMPHETAMINE ER 10 MG CAP | 1    | QL                                      | DIGOXIN 0.125 MG TABLET        | 1    |   |
| DEXTROAMPHETAMINE ER 15 MG CAP | 1    | QL                                      | DIGOXIN 0.25 MG TABLET         | 1    |   |
| DEXTROAMPHETAMINE ER 5 MG CAP  | 1    | QL                                      | DIGOXIN 125 MCG TABLET         | 1    |   |
| DIASIX REAGENT STRIPS          | 2    |   | DIGOXIN 250 MCG TABLET         | 1    |   |
| DIATRUE LEVEL 1 CONTROL SOLN   | 2    |   | DIHYDROERGOTAMINE 1 MG/ML AMP  | 3    | QL                                      |
| DIATRUE LEVEL 2 CONTROL SOLN   | 2    |   | DILT XR 120 MG CAPSULE         | 1    |   |
| DIATRUE LEVEL 3 CONTROL SOLN   | 2    |   | DILT XR 180 MG CAPSULE         | 1    |   |
| DIAZEPAM 10 MG RECTAL GEL SYST | 1    |   | DILT XR 240 MG CAPSULE         | 1    |   |
| DIAZEPAM 10 MG TABLET          | 1    |   | DILTIAZEM 120 MG TABLET        | 1    |   |
| DIAZEPAM 2 MG TABLET           | 1    |   | DILTIAZEM 12HR ER 120 MG CAP   | 1    |   |
| DIAZEPAM 2.5 MG RECTAL GEL SYS | 1    |   | DILTIAZEM 12HR ER 60 MG CAP    | 1    |   |
| DIAZEPAM 20 MG RECTAL GEL SYST | 1    |   | DILTIAZEM 12HR ER 90 MG CAP    | 1    |   |
| DIAZEPAM 25 MG/5 ML ORAL CONC  | 1    |   | DILTIAZEM 24H ER(CD) 120 MG CP | 1    |   |
| DIAZEPAM 5 MG TABLET           | 1    |   | DILTIAZEM 24H ER(CD) 180 MG CP | 1    |   |
| DIAZEPAM 5 MG/5 ML ORAL SOLN   | 1    |   | DILTIAZEM 24H ER(CD) 240 MG CP | 1    |   |
| DIAZEPAM 5 MG/5 ML SOLUTION    | 1    |   | DILTIAZEM 24H ER(CD) 300 MG CP | 1    |   |
| DIAZEPAM 5 MG/ML ORAL CONC     | 1    |   | DILTIAZEM 24H ER(CD) 360 MG CP | 1    |   |
| DIAZOXIDE 50 MG/ML ORAL SUSP   | 3    |   | DILTIAZEM 24H ER(LA) 120 MG TB | 1    |   |
| DICLOFENAC 0.1% EYE DROPS      | 1    |   | DILTIAZEM 24H ER(LA) 180 MG TB | 1    |   |
| DICLOFENAC 1.5% TOPICAL SOLN   | 1    |   | DILTIAZEM 24H ER(LA) 240 MG TB | 1    |   |
| DICLOFENAC POT 50 MG TABLET    | 1    |   | DILTIAZEM 24H ER(LA) 300 MG TB | 1    |   |
| DICLOFENAC SOD DR 25 MG TAB    | 1    |   | DILTIAZEM 24H ER(LA) 360 MG TB | 1    |   |
| DICLOFENAC SOD DR 50 MG TAB    | 1    |   | DILTIAZEM 24H ER(LA) 420 MG TB | 1    |   |
| DICLOFENAC SOD DR 75 MG TAB    | 1    |   | DILTIAZEM 24H ER(XR) 120 MG CP | 1    |   |
| DICLOFENAC SOD EC 25 MG TAB    | 1    |   | DILTIAZEM 24H ER(XR) 180 MG CP | 1    |   |
| DICLOFENAC SOD EC 50 MG TAB    | 1    |   | DILTIAZEM 24H ER(XR) 240 MG CP | 1    |   |
| DICLOFENAC SOD EC 75 MG TAB    | 1    |   | DILTIAZEM 24HR ER 120 MG CAP   | 1    |   |
| DICLOFENAC SOD ER 100 MG TAB   | 1    |   | DILTIAZEM 24HR ER 180 MG CAP   | 1    |   |
| DICLOFENAC SODIUM 1% GEL       | 1    | QL                                      | DILTIAZEM 24HR ER 240 MG CAP   | 1    |   |
| DICLOFENAC-MISOPROST 50-0.2 MG | 1    |   | DILTIAZEM 24HR ER 300 MG CAP   | 1    |   |
| DICLOFENAC-MISOPROST 75-0.2 MG | 1    |   | DILTIAZEM 24HR ER 360 MG CAP   | 1    |   |
| DICLOXACILLIN 250 MG CAPSULE   | 1    |   | DILTIAZEM 24HR ER 420 MG CAP   | 1    |   |
| DICLOXACILLIN 500 MG CAPSULE   | 1    |   | DILTIAZEM 30 MG TABLET         | 1    |   |
| DICYCLOMINE 10 MG CAPSULE      | 1    |   | DILTIAZEM 60 MG TABLET         | 1    |   |
| DICYCLOMINE 10 MG/5 ML SOLN    | 1    |   | DILTIAZEM 90 MG TABLET         | 1    |   |
| DICYCLOMINE 20 MG TABLET       | 1    |   | DIMETHYL FUMARATE 30D START PK | 4    | PA, QL, LDD, SRX                        |
| DIDANOSINE DR 250 MG CAPSULE   | 1    |   | DIMETHYL FUMARATE DR 120 MG CP | 4    | PA, QL, LDD, SRX                        |
| DIDANOSINE DR 400 MG CAPSULE   | 1    |   | DIMETHYL FUMARATE DR 240 MG CP | 4    | PA, QL, LDD, SRX                        |
| DIFICID 200 MG TABLET          | 3    | PA, QL                                  | DIPENTUM 250 MG CAPSULE        | 3    |   |
| DIFICID 40 MG/ML SUSPENSION    | 3    | PA, QL                                  | DIPHEN 12.5 MG/5 ML ELIXIR     | 3    |   |
| DIFLORASONE 0.05% CREAM        | 3    |   | DIPHEN 12.5 MG/5 ML SOLUTION   | 3    |   |
| DIFLORASONE 0.05% OINTMENT     | 3    |   | DIPHENHYDRAMINE 12.5 MG/5 ML   | 1    |   |
| DIFLUNISAL 500 MG TABLET       | 1    |   | DIPHENHYDRAMINE 25 MG/10 ML    | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| DIPHENOXYLAT-ATROP 2.5-0.025/5 | 1    |   | DOXEPIN 50 MG CAPSULE          | 1    |   |
| DIPHENOXYLATE-ATROP 2.5-0.025  | 1    |   | DOXEPIN 75 MG CAPSULE          | 1    |   |
| DIPHTHERIA-TETANUS TOXOIDS-PED | 2    |   | DOXEPIN HCL 3 MG TABLET        | 2    | QL                                      |
| DIPYRIDAMOLE 25 MG TABLET      | 1    |   | DOXEPIN HCL 6 MG TABLET        | 2    | QL                                      |
| DIPYRIDAMOLE 50 MG TABLET      | 1    |   | DOXERCALCIFEROL 0.5 MCG CAP    | 1    |   |
| DIPYRIDAMOLE 75 MG TABLET      | 1    |   | DOXERCALCIFEROL 1 MCG CAPSULE  | 1    |   |
| DISOPYRAMIDE 100 MG CAPSULE    | 1    |   | DOXERCALCIFEROL 2.5 MCG CAP    | 1    |   |
| DISOPYRAMIDE 150 MG CAPSULE    | 1    |   | DOXYCYCLINE 25 MG/5 ML SUSP    | 1    |   |
| DISULFIRAM 250 MG TABLET       | 1    |   | DOXYCYCLINE HYCLATE 100 MG CAP | 1    |   |
| DISULFIRAM 500 MG TABLET       | 1    |   | DOXYCYCLINE HYCLATE 100 MG TAB | 1    |   |
| DIVALPROEX DR 125 MG CAP SPRNK | 1    |   | DOXYCYCLINE HYCLATE 20 MG TAB  | 1    |   |
| DIVALPROEX DR 125 MG CP(SPRNK) | 1    |   | DOXYCYCLINE HYCLATE 50 MG CAP  | 1    |   |
| DIVALPROEX SOD DR 125 MG TAB   | 1    |   | DOXYCYCLINE MONO 100 MG CAP    | 1    |   |
| DIVALPROEX SOD DR 250 MG TAB   | 1    |   | DOXYCYCLINE MONO 100 MG TABLET | 1    |   |
| DIVALPROEX SOD DR 500 MG TAB   | 1    |   | DOXYCYCLINE MONO 150 MG CAP    | 1    |   |
| DIVALPROEX SOD ER 250 MG TAB   | 1    |   | DOXYCYCLINE MONO 150 MG TABLET | 1    |   |
| DIVALPROEX SOD ER 500 MG TAB   | 1    |   | DOXYCYCLINE MONO 50 MG CAP     | 1    |   |
| DODEX 1,000 MCG/ML VIAL        | 1    |   | DOXYCYCLINE MONO 50 MG TABLET  | 1    |   |
| DODEX 10,000 MCG/10 ML VIAL    | 1    |   | DOXYCYCLINE MONO 75 MG CAPSULE | 1    |   |
| DODEX 30,000 MCG/30 ML VIAL    | 1    |   | DOXYCYCLINE MONO 75 MG TABLET  | 1    |   |
| DOFETILIDE 125 MCG CAPSULE     | 3    | QL                                      | DRONABINOL 10 MG CAPSULE       | 3    |   |
| DOFETILIDE 250 MCG CAPSULE     | 3    | QL                                      | DRONABINOL 2.5 MG CAPSULE      | 3    |   |
| DOFETILIDE 500 MCG CAPSULE     | 3    | QL                                      | DRONABINOL 5 MG CAPSULE        | 3    |   |
| DOLISHALE 90-20 MCG TABLET     | 1    |   | DROPLET 0.5 ML 29GX12.5MM(1/2) | 2    |   |
| DONEPEZIL HCL 10 MG TABLET     | 1    |   | DROPLET 0.5 ML 30GX12.5MM(1/2) | 2    |   |
| DONEPEZIL HCL 23 MG TABLET     | 1    |   | DROPLET INS 0.3 ML 29GX12.5MM  | 2    |   |
| DONEPEZIL HCL 5 MG TABLET      | 1    |   | DROPLET INS 0.3ML 30GX12.5MM   | 2    |   |
| DONEPEZIL HCL ODT 10 MG TABLET | 1    |   | DROPLET INS 0.5ML 30GX6MM(1/2) | 2    |   |
| DONEPEZIL HCL ODT 5 MG TABLET  | 1    |   | DROPLET INS 0.5ML 30GX8MM(1/2) | 2    |   |
| DORZOLAMIDE HCL 2% EYE DROPS   | 1    |   | DROPLET INS 0.5ML 31GX6MM(1/2) | 2    |   |
| DORZOLAMIDE-TIMOLOL EYE DROPS  | 1    |   | DROPLET INS 0.5ML 31GX8MM(1/2) | 2    |   |
| DOTTI 0.025 MG PATCH           | 1    | QL                                      | DROPLET INS SYR 0.3 ML 30GX6MM | 2    |   |
| DOTTI 0.0375 MG PATCH          | 1    | QL                                      | DROPLET INS SYR 0.3 ML 30GX8MM | 2    |   |
| DOTTI 0.05 MG PATCH            | 1    | QL                                      | DROPLET INS SYR 0.3 ML 31GX6MM | 2    |   |
| DOTTI 0.075 MG PATCH           | 1    | QL                                      | DROPLET INS SYR 0.3 ML 31GX8MM | 2    |   |
| DOTTI 0.1 MG PATCH             | 1    | QL                                      | DROPLET INS SYR 1 ML 30GX6MM   | 2    |   |
| DOVATO                         | 2    | QL                                      | DROPLET INS SYR 1 ML 30GX8MM   | 2    |   |
| DOXAZOSIN MESYLATE 1 MG TAB    | 1    |   | DROPLET INS SYR 1 ML 31GX6MM   | 2    |   |
| DOXAZOSIN MESYLATE 2 MG TAB    | 1    |   | DROPLET INS SYR 1 ML 31GX8MM   | 2    |   |
| DOXAZOSIN MESYLATE 4 MG TAB    | 1    |   | DROPLET INS SYR 1ML 29GX12.5MM | 2    |   |
| DOXAZOSIN MESYLATE 8 MG TAB    | 1    |   | DROPLET INS SYR 1ML 30GX12.5MM | 2    |   |
| DOXEPIN 10 MG CAPSULE          | 1    |   | DROPLET MICRON 34G X 9/64"     | 2    |   |
| DOXEPIN 10 MG/ML ORAL CONC     | 1    |   | DROPLET PEN NEEDLE 29GX1/2"    | 2    |   |
| DOXEPIN 100 MG CAPSULE         | 1    |   | DROPLET PEN NEEDLE 29GX3/8"    | 2    |   |
| DOXEPIN 150 MG CAPSULE         | 1    |   | DROPLET PEN NEEDLE 30GX5/16"   | 2    |   |
| DOXEPIN 25 MG CAPSULE          | 1    |   | DROPLET PEN NEEDLE 31GX1/4"    | 2    |   |
| DOXEPIN 5% CREAM               | 3    |   | DROPLET PEN NEEDLE 31GX3/16"   | 2    |   |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| DROPLET PEN NEEDLE 31GX5/16"   | 2    |   | EASY COMFORT 1 ML 32GX5/16"    | 2    |   |
| DROPLET PEN NEEDLE 32GX1/4"    | 2    |   | EASY COMFORT INSULIN 1 ML SYR  | 2    |   |
| DROPLET PEN NEEDLE 32GX3/16"   | 2    |   | EASY COMFORT PEN ND 31GX1/4"   | 2    |   |
| DROPLET PEN NEEDLE 32GX5/16"   | 2    |   | EASY COMFORT PEN ND 31GX3/16"  | 2    |   |
| DROPLET PEN NEEDLE 32GX5/32"   | 2    |   | EASY COMFORT PEN ND 31GX5/16"  | 2    |   |
| DROPSAFE INS SYR 0.3ML 31G 6MM | 2    |   | EASY COMFORT PEN ND 32GX5/32"  | 2    |   |
| DROPSAFE INS SYR 0.3ML 31G 8MM | 2    |   | EASY COMFORT PEN ND 33G 4MM    | 2    |   |
| DROPSAFE INS SYR 0.5ML 31G 6MM | 2    |   | EASY COMFORT PEN ND 33G 5MM    | 2    |   |
| DROPSAFE INS SYR 0.5ML 31G 8MM | 2    |   | EASY COMFORT PEN ND 33G 6MM    | 2    |   |
| DROPSAFE INSUL SYR 1ML 31G 6MM | 2    |   | EASY COMFORT SYR 1 ML 30GX1/2" | 2    |   |
| DROPSAFE INSUL SYR 1ML 31G 8MM | 2    |   | EASY GLIDE INS 0.3 ML 31GX6MM  | 2    |   |
| DROPSAFE INSULN 1ML 29G 12.5MM | 2    |   | EASY GLIDE INS 0.5 ML 31GX6MM  | 2    |   |
| DROPSAFE PEN NEEDLE 31GX1/4"   | 2    |   | EASY GLIDE INS 1 ML 31GX6MM    | 2    |   |
| DROPSAFE PEN NEEDLE 31GX3/16"  | 2    |   | EASY GLIDE PEN NEEDLE 4MM 33G  | 2    |   |
| DROPSAFE PEN NEEDLE 31GX5/16"  | 2    |   | EASY PLUS II CONTROL SOLN HIGH | 2    |   |
| DROSP-EE-LEVOMEF 3-0.02-0.451  | 1    |   | EASY PLUS II CONTROL SOLN LOW  | 2    |   |
| DROSP-EE-LEVOMEF 3-0.03-0.451  | 1    |   | EASY STEP CONTRL SOLN-HIGH     | 2    |   |
| DROSPIRENONE-EE 3-0.02 MG TAB  | 1    |   | EASY STEP CONTROL SOLN-LOW     | 2    |   |
| DROSPIRENONE-EE 3-0.03 MG TAB  | 1    |   | EASY STEP CONTROL SOLN-NORMAL  | 2    |   |
| DROXIA 200 MG CAPSULE          | 3    |   | EASY TALK CONTROL SOLN LOW     | 2    |   |
| DROXIA 300 MG CAPSULE          | 3    |   | EASY TALK HIGH CONTROL SOLN    | 2    |   |
| DROXIA 400 MG CAPSULE          | 3    |   | EASY TALK PLUS II HIGH CONTROL | 2    |   |
| DRUG MART ULTRA COMFORT SYR    | 2    |   | EASY TALK PLUS II LOW CTRL SLN | 2    |   |
| DUAVEE 0.45-20 MG TABLET       | 3    |   | EASY TOUCH 0.3 ML SYR 30GX1/2" | 2    |   |
| DULERA 100 MCG-5 MCG INHALER   | 3    | QL, ST                                  | EASY TOUCH 0.5 ML SYR 27GX1/2" | 2    |   |
| DULERA 200 MCG-5 MCG INHALER   | 3    | QL, ST                                  | EASY TOUCH 0.5 ML SYR 29GX1/2" | 2    |   |
| DULERA 50 MCG-5 MCG INHALER    | 3    | QL, ST                                  | EASY TOUCH 0.5 ML SYR 30GX1/2" | 2    |   |
| DULOXETINE HCL DR 20 MG CAP    | 1    | QL                                      | EASY TOUCH 0.5 ML SYR 30GX5/16 | 2    |   |
| DULOXETINE HCL DR 30 MG CAP    | 1    | QL                                      | EASY TOUCH 1 ML SYR 27GX1/2"   | 2    |   |
| DULOXETINE HCL DR 60 MG CAP    | 1    | QL                                      | EASY TOUCH 1 ML SYR 29GX1/2"   | 2    |   |
| DUPIXENT 100 MG/0.67 ML SYRING | 4    | PA, SRX                                 | EASY TOUCH 1 ML SYR 30GX1/2"   | 2    |   |
| DUPIXENT 200 MG/1.14 ML PEN    | 4    | PA, SRX                                 | EASY TOUCH BLU LINK CTRL SOLN  | 2    |   |
| DUPIXENT 200 MG/1.14 ML SYRING | 4    | PA, SRX                                 | EASY TOUCH FLIPLK ND 30GX5/16  | 2    |   |
| DUPIXENT 300 MG/2 ML PEN       | 4    | PA, SRX                                 | EASY TOUCH FLIPLK ND 31GX5/16  | 2    |   |
| DUPIXENT 300 MG/2 ML SYRINGE   | 4    | PA, SRX                                 | EASY TOUCH FLIPLK ND 18GX1"    | 2    |   |
| DUTASTERIDE 0.5 MG CAPSULE     | 1    |   | EASY TOUCH FLIPLK ND 19GX1"    | 2    |   |
| DUTASTERIDE-TAMSULOSIN 0.5-0.4 | 1    |   | EASY TOUCH FLIPLK ND 20GX1"    | 2    |   |
| EASIVENT HOLDING CHAMBER       | 2    | QL                                      | EASY TOUCH FLIPLK ND 21GX1"    | 2    |   |
| EASIVENT MASK-LARGE            | 2    | QL                                      | EASY TOUCH FLIPLK ND 22GX1     | 2    |   |
| EASIVENT MASK-MEDIUM           | 2    | QL                                      | EASY TOUCH FLIPLK ND 23GX1"    | 2    |   |
| EASIVENT MASK-SMALL            | 2    | QL                                      | EASY TOUCH FLIPLK ND 25GX1"    | 2    |   |
| EASY COMFORT 0.3 ML SYRINGE    | 2    |   | EASY TOUCH FLIPLK ND 26GX1"    | 2    |   |
| EASY COMFORT 0.5 ML 30GX1/2"   | 2    |   | EASY TOUCH FLIPLK ND 27GX1"    | 2    |   |
| EASY COMFORT 0.5 ML 31GX5/16"  | 2    |   | EASY TOUCH FLIPLK ND 18GX1.5   | 2    |   |
| EASY COMFORT 0.5 ML 32GX5/16"  | 2    |   | EASY TOUCH FLIPLK ND 19GX1.5   | 2    |   |
| EASY COMFORT 0.5 ML SYRINGE    | 2    |   | EASY TOUCH FLIPLK ND 20GX1.5   | 2    |   |
| EASY COMFORT 1 ML 31GX5/16"    | 2    |   | EASY TOUCH FLIPLK ND 21GX1.5   | 2    |   |

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|--------------------------------|------|---|--------------------------------|------|---|
| EASY TOUCH FLIPIKOL ND 22GX1.5 | 2    |   | EASY TOUCH INSULIN SYR 0.5 ML  | 2    |   |
| EASY TOUCH FLIPIKOL ND 22GX3/4 | 2    |   | EASY TOUCH INSULIN SYR 1 ML    | 2    |   |
| EASY TOUCH FLIPIKOL ND 23GX1.5 | 2    |   | EASY TOUCH INSULN 1ML 29GX1/2" | 2    |   |
| EASY TOUCH FLIPIKOL ND 23GX5/8 | 2    |   | EASY TOUCH INSULN 1ML 30GX1/2" | 2    |   |
| EASY TOUCH FLIPIKOL ND 25GX1.5 | 2    |   | EASY TOUCH INSULN 1ML 30GX5/16 | 2    |   |
| EASY TOUCH FLIPIKOL ND 25GX5/8 | 2    |   | EASY TOUCH INSULN 1ML 31GX5/16 | 2    |   |
| EASY TOUCH FLIPIKOL ND 26GX1/2 | 2    |   | EASY TOUCH LUER LOK INSUL 1 ML | 2    |   |
| EASY TOUCH FLIPIKOL ND 27GX1/2 | 2    |   | EASY TOUCH PEN NEEDLE 29GX1/2" | 2    |   |
| EASY TOUCH FLIPIKOL ND 28GX1/2 | 2    |   | EASY TOUCH PEN NEEDLE 30GX5/16 | 2    |   |
| EASY TOUCH FLIPIKOL ND 29GX1/2 | 2    |   | EASY TOUCH PEN NEEDLE 31GX1/4" | 2    |   |
| EASY TOUCH FLIPIKOL ND 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 ND 29G 5MM  | 2    |   |
| EASY TOUCH HYPODERMIC 18GX1.5" | 2    |   | EASY TOUCH SAF PEN ND 29G 8MM  | 2    |   |
| EASY TOUCH HYPODERMIC 19GX1"   | 2    |   | EASY TOUCH SAF PEN ND 30G 5MM  | 2    |   |
| EASY TOUCH HYPODERMIC 19GX1.5" | 2    |   | EASY TOUCH SAF PEN ND 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    |   | EASY TOUCH SYRINGE 3 ML 21GX1" | 2    |   |
| EASY TOUCH HYPODERMIC 24GX1.25 | 2    |   | EASY TOUCH SYRINGE 3 ML 22GX1" | 2    |   |
| EASY TOUCH HYPODERMIC 25GX1"   | 2    |   | EASY TOUCH SYRINGE 3 ML 23GX1" | 2    |   |
| EASY TOUCH HYPODERMIC 25GX1.5" | 2    |   | EASY TOUCH SYRINGE 3 ML 25GX1" | 2    |   |
| EASY TOUCH HYPODERMIC 25GX5/8" | 2    |   | EASY TOUCH UNI-SLIP SYR 1 ML   | 2    |   |
| EASY TOUCH HYPODERMIC 26GX1/2" | 2    |   | EASY TRAK CONTROL SOLN HIGH    | 2    |   |
| EASY TOUCH HYPODERMIC 26GX3/8" | 2    |   | EASY TRAK CONTROL SOLN LOW     | 2    |   |
| EASY TOUCH HYPODERMIC 26GX5/8" | 2    |   | EASY TRAK II CTRL SOLN-NORMAL  | 2    |   |
| EASY TOUCH HYPODERMIC 27GX1.25 | 2    |   | EASYGLUCO PLUS CTRL SOL NORMAL | 2    |   |
| EASY TOUCH HYPODERMIC 27GX1.5" | 2    |   | EASYMAX NORMAL CONTROL SOLN    | 2    |   |
| EASY TOUCH HYPODERMIC 27GX1/2" | 2    |   | EASYMAX 15 LEVEL 2 SOLUTION    | 2    |   |
| EASY TOUCH HYPODERMIC 30GX1"   | 2    |   | EASYPOINT NEEDLE 18G X 1"      | 2    |   |
| EASY TOUCH HYPODERMIC 30GX1/2" | 2    |   | EASYPOINT NEEDLE 18G X 1-1/2"  | 2    |   |
| EASY TOUCH HYPODERMIC 31GX5/16 | 2    |   | EASYPOINT NEEDLE 20G X 1"      | 2    |   |
| EASY TOUCH HYPODERMIC 32GX5/16 | 2    |   | EASYPOINT NEEDLE 20G X 1-1/2"  | 2    |   |
| EASY TOUCH INSULIN 1ML 29GX1/2 | 2    |   | EASYPOINT NEEDLE 21G X 1"      | 2    |   |
| EASY TOUCH INSULIN 1ML 30GX1/2 | 2    |   | EASYPOINT NEEDLE 21G X 1-1/2"  | 2    |   |
| EASY TOUCH INSULIN SYR 0.3 ML  | 2    |   | EASYPOINT NEEDLE 22G X 1"      | 2    |   |

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|--------------------------------|------|---|--------------------------------|------|---|
| EASYPPOINT NEEDLE 22G X 1-1/2" | 2    |   | EMBRACE EVO LEVEL 1 CTRL SOLN  | 2    |   |
| EASYPPOINT NEEDLE 23G X 1"     | 2    |   | EMBRACE GLUC CONTROL SOLN LOW  | 2    |   |
| EASYPPOINT NEEDLE 25G 16MM     | 2    |   | EMBRACE PEN NEEDLE 29G 12MM    | 2    |   |
| EASYPPOINT NEEDLE 25G X 1"     | 2    |   | EMBRACE PEN NEEDLE 30G 5MM     | 2    |   |
| EASYPPOINT NEEDLE 25G X 5/8"   | 2    |   | EMBRACE PEN NEEDLE 30G 8MM     | 2    |   |
| EASYPPOINT NEEDLE 25GX1-1/2"   | 2    |   | EMBRACE PEN NEEDLE 31G 5MM     | 2    |   |
| EASY TOUCH SYR 1 ML 27G 16MM   | 2    |   | EMBRACE PEN NEEDLE 31G 6MM     | 2    |   |
| EASYTOUCH SAF PEN ND 30G 6MM   | 2    |   | EMBRACE PEN NEEDLE 31G 8MM     | 2    |   |
| EC-NAPROXEN DR 375 MG TABLET   | 1    |   | EMBRACE PEN NEEDLE 32G 4MM     | 2    |   |
| EC-NAPROXEN DR 500 MG TABLET   | 1    |   | EMBRACE PRO CONTROL SOLUTION   | 2    |   |
| ECONAZOLE NITRATE 1% CREAM     | 1    |   | EMBRACE TALK CTRL SOL-HIGH(L2) | 2    |   |
| ECONTRA EZ 1.5 MG TABLET       | 1    |   | EMBRACE TALK CTRL SOLN-LOW(L1) | 2    |   |
| ECONTRA ONE-STEP 1.5 MG TABLET | 1    |   | EMCYT 140 MG CAPSULE           | 4    | SRX                                     |
| EDEX 10 MCG CARTRIDGE 2-PK KIT | 3    | PA, QL                                  | EMEND 125 MG POWDER PACKET     | 4    | PA, QL, SRX                             |
| EDEX 10 MCG CARTRIDGE 6-PK KIT | 3    | PA, QL                                  | EMOQUETTE 28 DAY TABLET        | 1    |   |
| EDEX 20 MCG CARTRIDGE 2-PK KIT | 3    | PA, QL                                  | EMTRICITABINE 200 MG CAPSULE   | 1    |   |
| EDEX 20 MCG CARTRIDGE 6-PK KIT | 3    | PA, QL                                  | EMTRICITABINE-TENOFV 100-150MG | 1    |   |
| EDEX 40 MCG CARTRIDGE 2-PK KIT | 3    | PA, QL                                  | EMTRICITABINE-TENOFV 133-200MG | 1    |   |
| EDEX 40 MCG CARTRIDGE 6-PK KIT | 3    | PA, QL                                  | 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                                      |
| ELEMENT CONTROL SOLUTION LOW   | 2    |   | ENDOCET 5-325 MG TABLET        | 1    | PA                                      |
| ELETRIPTAN HBR 20 MG TABLET    | 1    | QL                                      | ENDOCET 7.5-325 MG TABLET      | 1    | PA                                      |
| ELETRIPTAN HBR 40 MG TABLET    | 1    | QL                                      | ENDOMETRIN 100 MG VAG INSERT   | 3    | PA                                      |
| ELINEST-28 TABLET              | 1    |   | ENGERIX-B 20 MCG/ML SYRN       | 2    |   |
| ELIQUIS 2.5 MG TABLET          | 2    | PA, QL                                  | ENGERIX-B 20 MCG/ML VIAL       | 2    |   |
| ELIQUIS 5 MG TABLET            | 2    | PA, QL                                  | ENGERIX-B PEDI 10 MCG/0.5 SYRN | 2    |   |
| ELIQUIS DVT-PE TREAT START 5MG | 2    | PA, QL                                  | ENLITE SERTER                  | 2    |   |
| ELITE-OB CAPLET                | 1    |   | ENLYTE SOFTGEL                 | 3    |   |
| ELLA 30 MG TABLET              | 3    |   | ENOXAPARIN 100 MG/ML SYRINGE   | 4    | QL, SRX                                 |
| ELMIRON 100 MG CAPSULE         | 3    |   | ENOXAPARIN 120 MG/0.8 ML SYR   | 4    | QL, SRX                                 |
| ELURYNG VAGINAL RING           | 1    |   | ENOXAPARIN 150 MG/ML SYRINGE   | 4    | QL, SRX                                 |
| EMBRACE GLUC CONTROL SOLN HIGH | 2    |   | ENOXAPARIN 30 MG/0.3 ML SYR    | 4    | QL, SRX                                 |



## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

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

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|--------------------------------|------|---|--------------------------------|------|---|
| ETHYL CHLORIDE SPRAY           | 1    |   | EXEL HYPO NEEDLE 19GX1"        | 2    |   |
| ETHYNODIOL-ETH ESTRA 1MG-35MCG | 1    |   | EXEL HYPO NEEDLE 19GX1.5"      | 2    |   |
| ETHYNODIOL-ETH ESTRA 1MG-50MCG | 1    |   | EXEL HYPO NEEDLE 20GX0.75"     | 2    |   |
| ETODOLAC 200 MG CAPSULE        | 1    |   | EXEL HYPO NEEDLE 20GX1"        | 2    |   |
| ETODOLAC 300 MG CAPSULE        | 1    |   | EXEL HYPO NEEDLE 20GX1.5"      | 2    |   |
| ETODOLAC 400 MG TABLET         | 1    |   | EXEL HYPO NEEDLE 21GX1"        | 2    |   |
| ETODOLAC 500 MG TABLET         | 1    |   | EXEL HYPO NEEDLE 21GX1.5"      | 2    |   |
| ETODOLAC ER 400 MG TABLET      | 1    |   | EXEL HYPO NEEDLE 22GX0.75"     | 2    |   |
| ETODOLAC ER 500 MG TABLET      | 1    |   | EXEL HYPO NEEDLE 22GX1"        | 2    |   |
| ETODOLAC ER 600 MG TABLET      | 1    |   | EXEL HYPO NEEDLE 22GX1.5"      | 2    |   |
| ETONOGESTREL-EE VAGINAL RING   | 1    |   | EXEL HYPO NEEDLE 23GX0.75"     | 2    |   |
| ETOPOSIDE 50 MG CAPSULE        | 4    | SRX                                     | EXEL HYPO NEEDLE 23GX1"        | 2    |   |
| ETRAVIRINE 100 MG TABLET       | 1    |   | EXEL HYPO NEEDLE 25GX0.625"    | 2    |   |
| ETRAVIRINE 200 MG TABLET       | 1    |   | EXEL HYPO NEEDLE 25GX0.75"     | 2    |   |
| EURAX 10% CREAM                | 3    |   | EXEL HYPO NEEDLE 25GX1"        | 2    |   |
| EUTHYROX 100 MCG TABLET        | 1    |   | EXEL HYPO NEEDLE 25GX1.5"      | 2    |   |
| EUTHYROX 112 MCG TABLET        | 1    |   | EXEL HYPO NEEDLE 26GX0.375"    | 2    |   |
| EUTHYROX 125 MCG TABLET        | 1    |   | EXEL HYPO NEEDLE 26GX0.5"      | 2    |   |
| EUTHYROX 137 MCG TABLET        | 1    |   | EXEL HYPO NEEDLE 26GX0.625"    | 2    |   |
| EUTHYROX 150 MCG TABLET        | 1    |   | EXEL HYPO NEEDLE 26GX1.5"      | 2    |   |
| EUTHYROX 175 MCG TABLET        | 1    |   | EXEL HYPO NEEDLE 27GX0.5"      | 2    |   |
| EUTHYROX 200 MCG TABLET        | 1    |   | EXEL HYPO NEEDLE 30GX0.5"      | 2    |   |
| EUTHYROX 25 MCG TABLET         | 1    |   | EXEL INS SYR U100 1 ML 28GX1/2 | 2    |   |
| EUTHYROX 50 MCG TABLET         | 1    |   | EXEL MTI DRAWING NDL 20GX1"    | 2    |   |
| EUTHYROX 75 MCG TABLET         | 1    |   | EXEL MTI DRAWING NDL 21GX1"    | 2    |   |
| EUTHYROX 88 MCG TABLET         | 1    |   | EXEL MTI DRAWING NDL 22GX1"    | 2    |   |
| EVENCARE G2 CONTROL SOLUTION   | 2    |   | EXEL SYRINGE 20GX1" 3 ML       | 2    |   |
| EVENCARE G3 CONTROL SOLUTION   | 2    |   | EXEL SYRINGE 20GX1-1/2" 3 ML   | 2    |   |
| EVEROLIMUS 0.25 MG TABLET      | 4    | SRX                                     | EXEL SYRINGE 21GX1" 3 ML       | 2    |   |
| EVEROLIMUS 0.5 MG TABLET       | 4    | SRX                                     | EXEL SYRINGE 21GX1-1/2" 3 ML   | 2    |   |
| EVEROLIMUS 0.75 MG TABLET      | 4    | SRX                                     | EXEL SYRINGE 22GX1" 3 ML       | 2    |   |
| EVEROLIMUS 1 MG TABLET         | 4    | SRX                                     | EXEL SYRINGE 22GX1-1/2" 3 ML   | 2    |   |
| EVEROLIMUS 10 MG TABLET        | 4    | PA, QL, SRX                             | EXEL SYRINGE 22GX3/4" 3 ML     | 2    |   |
| EVEROLIMUS 2 MG TAB FOR SUSP   | 4    | PA, QL, SRX                             | EXEL SYRINGE 23GX1" 3 ML       | 2    |   |
| EVEROLIMUS 2.5 MG TABLET       | 4    | PA, QL, SRX                             | EXEL SYRINGE 25GX1" 3 ML       | 2    |   |
| EVEROLIMUS 3 MG TAB FOR SUSP   | 4    | PA, QL, SRX                             | EXEL U100 0.3 ML 29GX1/2"      | 2    |   |
| EVEROLIMUS 5 MG TAB FOR SUSP   | 4    | PA, QL, SRX                             | EXEL U100 0.3 ML 30GX5/16"     | 2    |   |
| EVEROLIMUS 5 MG TABLET         | 4    | PA, QL, SRX                             | EXEL U100 0.5 ML 28GX1/2"      | 2    |   |
| EVEROLIMUS 7.5 MG TABLET       | 4    | PA, QL, SRX                             | EXEL U100 0.5 ML 29GX1/2"      | 2    |   |
| EVOLUTION CONTROL SOLN NORMAL  | 2    |   | EXEL U100 0.5 ML 30GX5/16"     | 2    |   |
| EVOTAZ 300 MG-150 MG TABLET    | 2    |   | EXEL U100 1 ML 30GX5/16"       | 2    |   |
| EXEL 3 ML SYRN 27G X 1 1/4"    | 2    |   | EXEL U100 INS SYR 1 ML 29GX1/2 | 2    |   |
| EXEL HUBER 22GX3/4" NEEDLE     | 2    |   | EXEMESTANE 25 MG TABLET        | 1    |   |
| EXEL HUBER NEEDLE 22GX1"       | 2    |   | EXTENDED RESERVOIR 3 ML        | 2    |   |
| EXEL HYPO NEEDLE 16GX1"        | 2    |   | EZETIMIBE 10 MG TABLET         | 1    |   |
| EXEL HYPO NEEDLE 18GX1"        | 2    |   | EZETIMIBE-SIMVASTATIN 10-10 MG | 1    |   |
| EXEL HYPO NEEDLE 18GX1.5"      | 2    |   | EZETIMIBE-SIMVASTATIN 10-20 MG | 1    |   |

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|--------------------------------|------|---|--------------------------------|------|---|
| EZETIMIBE-SIMVASTATIN 10-40 MG | 1    |   | FENOPROFEN 600 MG TABLET       | 1    |   |
| EZETIMIBE-SIMVASTATIN 10-80 MG | 1    |   | FENTANYL 100 MCG/HR PATCH      | 1    | PA                                      |
| EZ-VAC                         | 2    |   | FENTANYL 12 MCG/HR PATCH       | 1    | PA                                      |
| FALMINA-28 TABLET              | 1    |   | FENTANYL 25 MCG/HR PATCH       | 1    | PA                                      |
| FAMCICLOVIR 125 MG TABLET      | 1    |   | FENTANYL 37.5 MCG/HR PATCH     | 1    | PA                                      |
| FAMCICLOVIR 250 MG TABLET      | 1    |   | FENTANYL 50 MCG/HR PATCH       | 1    | PA                                      |
| FAMCICLOVIR 500 MG TABLET      | 1    |   | FENTANYL 62.5 MCG/HR PATCH     | 1    | PA                                      |
| FAMOTIDINE 20 MG TABLET        | 1    |   | FENTANYL 75 MCG/HR PATCH       | 1    | PA                                      |
| FAMOTIDINE 40 MG TABLET        | 1    |   | FENTANYL 87.5 MCG/HR PATCH     | 1    | PA                                      |
| FAMOTIDINE 40 MG/5 ML SUSP     | 1    |   | FENTANYL CIT OTFC 1,200 MCG    | 3    | PA                                      |
| FANAPT 1 MG TABLET             | 3    | QL, ST                                  | FENTANYL CIT OTFC 1,600 MCG    | 3    | PA                                      |
| FANAPT 10 MG TABLET            | 3    | QL, ST                                  | FENTANYL CITRATE OTFC 200 MCG  | 3    | PA                                      |
| FANAPT 12 MG TABLET            | 3    | QL, ST                                  | FENTANYL CITRATE OTFC 400 MCG  | 3    | PA                                      |
| FANAPT 2 MG TABLET             | 3    | QL, ST                                  | FENTANYL CITRATE OTFC 600 MCG  | 3    | PA                                      |
| FANAPT 4 MG TABLET             | 3    | QL, ST                                  | FENTANYL CITRATE OTFC 800 MCG  | 3    | PA                                      |
| FANAPT 6 MG TABLET             | 3    | QL, ST                                  | FERRIPROX 100 MG/ML SOLUTION   | 3    | PA, LDD                                 |
| FANAPT 8 MG TABLET             | 3    | QL, ST                                  | FESOTERODINE ER 4 MG TABLET    | 3    | QL                                      |
| FANAPT TITRATION PACK          | 3    | QL, ST                                  | FESOTERODINE ER 8 MG TABLET    | 3    | QL                                      |
| FARXIGA 10 MG TABLET           | 2    | QL                                      | FETZIMA 20-40 MG TITRATION PAK | 3    | QL, ST                                  |
| FARXIGA 5 MG TABLET            | 2    | QL                                      | FETZIMA ER 120 MG CAPSULE      | 3    | QL, ST                                  |
| FEBUXOSTAT 40 MG TABLET        | 3    | QL                                      | FETZIMA ER 20 MG CAPSULE       | 3    | QL, ST                                  |
| FEBUXOSTAT 80 MG TABLET        | 3    | QL                                      | FETZIMA ER 40 MG CAPSULE       | 3    | QL, ST                                  |
| FELBAMATE 400 MG TABLET        | 3    |   | FETZIMA ER 80 MG CAPSULE       | 3    | QL, ST                                  |
| FELBAMATE 600 MG TABLET        | 3    |   | FIFTY50 GLUCOSE CONTROL SOLN   | 2    |   |
| FELBAMATE 600 MG/5 ML SUSP     | 3    |   | FIFTY50 INS 0.3 ML 31GX5/16"   | 2    |   |
| FELODIPINE ER 10 MG TABLET     | 1    |   | FIFTY50 INS 0.5 ML 31GX5/16"   | 2    |   |
| FELODIPINE ER 2.5 MG TABLET    | 1    |   | FIFTY50 INS SYR 1 ML 31GX5/16" | 2    |   |
| FELODIPINE ER 5 MG TABLET      | 1    |   | FIFTY50 PEN 31G X 3/16" NEEDLE | 2    |   |
| FEM PH VAGINAL JELLY           | 1    |   | FIFTY50 PEN 31G X 5/16" NEEDLE | 2    |   |
| FEMYNOR 28 TABLET              | 1    |   | FIFTY50 PEN NEEDLE 32G X 1/4"  | 2    |   |
| FENOFIBRATE 120 MG TABLET      | 1    |   | FIFTY50 PEN NEEDLE 32G X 5/32" | 2    |   |
| FENOFIBRATE 130 MG CAPSULE     | 1    |   | FILTER ASPIRATOR NEEDLE        | 2    |   |
| FENOFIBRATE 134 MG CAPSULE     | 1    |   | FILTER NEEDLE                  | 2    |   |
| FENOFIBRATE 145 MG TABLET      | 1    |   | FILTER NEEDLE 19GX1-1/2"       | 2    |   |
| FENOFIBRATE 150 MG CAPSULE     | 1    |   | FILTER NEEDLE 5 MICRON         | 2    |   |
| FENOFIBRATE 160 MG TABLET      | 1    |   | FINASTERIDE 5 MG TABLET        | 1    |   |
| FENOFIBRATE 200 MG CAPSULE     | 1    |   | FINGOLIMOD 0.5 MG CAPSULE      | 4    | PA, QL, SRX                             |
| FENOFIBRATE 40 MG TABLET       | 1    |   | FINZALA 1-0.02(24)-75 CHEW TAB | 1    |   |
| FENOFIBRATE 43 MG CAPSULE      | 1    |   | FIRVANQ 25 MG/ML SOLUTION      | 2    | QL                                      |
| FENOFIBRATE 48 MG TABLET       | 1    |   | FIRVANQ 50 MG/ML SOLUTION      | 2    | QL                                      |
| FENOFIBRATE 50 MG CAPSULE      | 1    |   | FLAC OTIC OIL 0.01% EAR DROP   | 1    |   |
| FENOFIBRATE 54 MG TABLET       | 1    |   | FLAVOXATE HCL 100 MG TABLET    | 1    |   |
| FENOFIBRATE 67 MG CAPSULE      | 1    |   | FLECAINIDE ACETATE 100 MG TAB  | 1    |   |
| FENOFIBRIC ACID 105 MG TABLET  | 1    |   | FLECAINIDE ACETATE 150 MG TAB  | 1    |   |
| FENOFIBRIC ACID 35 MG TABLET   | 1    |   | FLECAINIDE ACETATE 50 MG TAB   | 1    |   |
| FENOFIBRIC ACID DR 135 MG CAP  | 1    |   | FLEXICHAMBER                   | 2    | QL                                      |
| FENOFIBRIC ACID DR 45 MG CAP   | 1    |   | FLEXICHAMBER-LG CHILD MASK     | 2    | QL                                      |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| FLEXICHAMBER-SM ADULT MASK     | 2    | QL                                      | FLUOXETINE HCL 10 MG CAPSULE   | 1    | QL                                      |
| FLEXICHAMBER-SM CHILD MASK     | 2    | QL                                      | FLUOXETINE HCL 20 MG CAPSULE   | 1    | QL                                      |
| FLOVENT 100 MCG DISKUS         | 2    | QL                                      | FLUOXETINE HCL 40 MG CAPSULE   | 1    | QL                                      |
| FLOVENT 250 MCG DISKUS         | 2    | QL                                      | FLUPHENAZINE 1 MG TABLET       | 1    |   |
| FLOVENT 50 MCG DISKUS          | 2    | QL                                      | FLUPHENAZINE 10 MG TABLET      | 1    |   |
| FLOVENT HFA 110 MCG INHALER    | 2    | QL                                      | FLUPHENAZINE 2.5 MG TABLET     | 1    |   |
| FLOVENT HFA 220 MCG INHALER    | 2    | QL                                      | FLUPHENAZINE 2.5 MG/5 ML ELIX  | 1    |   |
| FLOVENT HFA 44 MCG INHALER     | 2    | QL                                      | FLUPHENAZINE 5 MG TABLET       | 1    |   |
| FLOW-EZE VENTED NEEDLE         | 2    |   | FLUPHENAZINE 5 MG/ML CONC      | 1    |   |
| FLUAD QUAD                     | 2    |   | FLURANDRENOLIDE 0.05% CREAM    | 3    |   |
| FLUARIX QUAD                   | 2    |   | FLURANDRENOLIDE 0.05% LOTION   | 3    |   |
| FLUBLOK QUAD                   | 2    |   | FLURANDRENOLIDE 0.05% OINTMENT | 3    |   |
| FLUCELVAX QUAD                 | 2    |   | FLURBIPROFEN 100 MG TABLET     | 1    |   |
| FLUCONAZOLE 10 MG/ML SUSP      | 1    |   | FLURBIPROFEN 0.03% EYE DROP    | 1    |   |
| FLUCONAZOLE 100 MG TABLET      | 1    |   | FLUTAMIDE 125 MG CAPSULE       | 1    |   |
| FLUCONAZOLE 150 MG TABLET      | 1    |   | FLUTICASON PROPR 0.005% OINT   | 1    |   |
| FLUCONAZOLE 200 MG TABLET      | 1    |   | FLUTICASON PROPR 0.05% CREAM   | 1    |   |
| FLUCONAZOLE 40 MG/ML SUSP      | 1    |   | FLUTICASON PROPR 0.05% LOTION  | 1    |   |
| FLUCONAZOLE 50 MG TABLET       | 1    |   | FLUTICASON PROPR 50 MCG SPRAY  | 1    |   |
| FLUCYTOSINE 250 MG CAPSULE     | 3    |   | FLUTICASON-SALMETEROL 100-50   | 1    | QL                                      |
| FLUCYTOSINE 500 MG CAPSULE     | 3    |   | FLUTICASON-SALMETEROL 250-50   | 1    | QL                                      |
| FLUDROCORTISONE 0.1 MG TABLET  | 1    |   | FLUTICASON-SALMETEROL 500-50   | 1    | QL                                      |
| FLULAVAL QUAD                  | 2    |   | FLUVASTATIN ER 80 MG TABLET    | 1    |   |
| FLUMIST QUAD                   | 2    |   | FLUVASTATIN SODIUM 20 MG CAP   | 1    |   |
| FLUNISOLIDE 0.025% SPRAY       | 1    |   | FLUVASTATIN SODIUM 40 MG CAP   | 1    |   |
| FLUCINOLONE 0.01% BODY OIL     | 1    |   | FLUVOXAMINE ER 100 MG CAPSULE  | 1    | QL                                      |
| FLUCINOLONE 0.01% CREAM        | 1    |   | FLUVOXAMINE ER 150 MG CAPSULE  | 1    | QL                                      |
| FLUCINOLONE 0.01% SCALP OIL    | 1    |   | FLUVOXAMINE MALEATE 100 MG TAB | 1    | QL                                      |
| FLUCINOLONE 0.01% SOLUTION     | 1    |   | FLUVOXAMINE MALEATE 25 MG TAB  | 1    | QL                                      |
| FLUCINOLONE 0.025% CREAM       | 1    |   | FLUVOXAMINE MALEATE 50 MG TAB  | 1    | QL                                      |
| FLUCINOLONE 0.025% OINTMENT    | 1    |   | FLUZONE HIGH-DOSE QUAD         | 2    |   |
| FLUCINOLONE OIL 0.01% EAR DRP  | 1    |   | FLUZONE QUAD                   | 2    |   |
| FLUCINONIDE 0.05% CREAM        | 1    |   | FOLIC ACID 1 MG TABLET         | 1    |   |
| FLUCINONIDE 0.05% GEL          | 1    |   | FOLIVANE-OB CAPSULE            | 1    |   |
| FLUCINONIDE 0.05% OINTMENT     | 1    |   | FOLLISTIM AQ 300 UNIT CARTRIDG | 4    | PA, SRX                                 |
| FLUCINONIDE 0.05% SOLUTION     | 1    |   | FOLLISTIM AQ 600 UNIT CARTRIDG | 4    | PA, SRX                                 |
| FLUCINONIDE 0.1% CREAM         | 1    |   | FOLLISTIM AQ 900 UNIT CARTRIDG | 4    | PA, SRX                                 |
| FLUCINONIDE-E 0.05% CREAM      | 1    |   | FONDAPARINUX 10 MG/0.8 ML SYR  | 4    | QL, SRX                                 |
| FLUORIDEX DAILY DEFENSE        | 1    |   | FONDAPARINUX 2.5 MG/0.5 ML SYR | 4    | QL, SRX                                 |
| FLUORIDEX SENSITIV RLF PASTE   | 1    |   | FONDAPARINUX 5 MG/0.4 ML SYR   | 4    | QL, SRX                                 |
| FLUOROMETHOLONE 0.1% DROPS     | 1    |   | FONDAPARINUX 7.5 MG/0.6 ML SYR | 4    | QL, SRX                                 |
| FLUOROURACIL 0.5% CREAM        | 3    |   | FORA HIGH CONTROL SOLUTION     | 2    |   |
| FLUOROURACIL 2% TOPICAL SOLN   | 1    |   | FORA KETONE CONTROL SOLN-L1    | 2    |   |
| FLUOROURACIL 5% CREAM          | 1    |   | FORA LOW CONTROL SOLUTION      | 2    |   |
| FLUOROURACIL 5% TOPICAL SOLN   | 1    |   | FORA NORMAL CONTROL SOLUTION   | 2    |   |
| FLUOXETINE 20 MG/5 ML SOLUTION | 1    | QL                                      | FORACARE GDH HIGH CONTROL SOLN | 2    |   |
| FLUOXETINE DR 90 MG CAPSULE    | 1    | QL                                      | FORACARE GDH LOW CONTROL SOLN  | 2    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name               | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|-------------------------------|------|---|
| FORACARE GDH NORM CONTROL SOLN | 2    |   | FYCOMPA 4 MG TABLET           | 3    | PA, QL                                  |
| FORMOTEROL 20 MCG/2 ML NEB VL  | 3    | QL                                      | FYCOMPA 6 MG TABLET           | 3    | PA, QL                                  |
| FORTISCARE CONTROL SOLN HIGH   | 2    |   | FYCOMPA 8 MG TABLET           | 3    | PA, QL                                  |
| FORTISCARE CONTROL SOLN LOW    | 2    |   | GABAPENTIN 100 MG CAPSULE     | 1    |   |
| FORTISCARE CONTROL SOLN NORMAL | 2    |   | GABAPENTIN 250 MG/5 ML SOLN   | 1    |   |
| FOSAMPRENAVIR 700 MG TABLET    | 1    |   | GABAPENTIN 300 MG CAPSULE     | 1    |   |
| FOSFOMYCIN 3 GM SACHET         | 2    |   | GABAPENTIN 300 MG/6 ML SOLN   | 1    |   |
| FOSINOPRIL SODIUM 10 MG TAB    | 1    |   | GABAPENTIN 400 MG CAPSULE     | 1    |   |
| FOSINOPRIL SODIUM 20 MG TAB    | 1    |   | GABAPENTIN 600 MG TABLET      | 1    |   |
| FOSINOPRIL SODIUM 40 MG TAB    | 1    |   | GABAPENTIN 800 MG TABLET      | 1    |   |
| FOSINOPRIL-HCTZ 10-12.5 MG TAB | 1    |   | GALANTAMINE ER 16 MG CAPSULE  | 1    | QL                                      |
| FOSINOPRIL-HCTZ 20-12.5 MG TAB | 1    |   | GALANTAMINE ER 24 MG CAPSULE  | 1    | QL                                      |
| FOSRENOL 1,000 MG POWDER PACK  | 3    |   | GALANTAMINE ER 8 MG CAPSULE   | 1    | QL                                      |
| FOSRENOL 750 MG POWDER PACKET  | 3    |   | GALANTAMINE HBR 12 MG TABLET  | 1    |   |
| FRAGMIN 10,000 UNIT/4 ML VIAL  | 4    | QL, SRX                                 | GALANTAMINE HBR 4 MG TABLET   | 1    |   |
| FRAGMIN 10,000 UNIT/ML SYRINGE | 4    | QL, SRX                                 | GALANTAMINE HBR 8 MG TABLET   | 1    |   |
| FRAGMIN 12,500 UNIT/0.5 ML SYR | 4    | QL, SRX                                 | GALANTAMINE 4 MG/ML ORAL SOLN | 1    |   |
| FRAGMIN 15,000 UNIT/0.6 ML SYR | 4    | QL, SRX                                 | GALZIN 25 MG CAPSULE          | 3    |   |
| FRAGMIN 18,000 UNIT/0.72 ML    | 4    | QL, SRX                                 | GALZIN 50 MG CAPSULE          | 3    |   |
| FRAGMIN 2,500 UNIT/0.2 ML SYR  | 4    | QL, SRX                                 | GARDASIL 9 SYRINGE            | 2    |   |
| FRAGMIN 5,000 UNIT/0.2 ML SYR  | 4    | QL, SRX                                 | GARDASIL 9 VIAL               | 2    |   |
| FRAGMIN 7,500 UNIT/0.3 ML SYR  | 4    | QL, SRX                                 | GATIFLOXACIN 0.5% EYE DROPS   | 1    |   |
| FRAGMIN 95,000 UNIT/3.8 ML VL  | 4    | QL, SRX                                 | GATTEX 5 MG 30-VIAL KIT       | 4    | PA, LDD, SRX                            |
| FREESTYLE CONTROL SOLUTION     | 2    |   | GATTEX 5 MG ONE-VIAL KIT      | 4    | PA, LDD, SRX                            |
| FREESTYLE LIBRE 10 DAY READER  | 2    | PA, QL                                  | GATTEX 5 MG VIAL              | 4    | PA, LDD, SRX                            |
| FREESTYLE LIBRE 10 DAY SENSOR  | 2    | PA, QL                                  | GAVILYTE-C                    | 1    |   |
| FREESTYLE LIBRE 14 DAY READER  | 2    | PA, QL                                  | GAVILYTE-G                    | 1    |   |
| FREESTYLE LIBRE 14 DAY SENSOR  | 2    | PA, QL                                  | GAVILYTE-N                    | 1    |   |
| FREESTYLE LIBRE 2 READER       | 2    | PA, QL                                  | GE100 CONTROL SOLUTION NORMAL | 2    |   |
| FREESTYLE LIBRE 2 SENSOR       | 2    | PA, QL                                  | GEFITINIB 250 MG TABLET       | 4    | PA, QL, SRX                             |
| FREESTYLE LIBRE 3 SENSOR       | 2    | PA, QL                                  | GEMFIBROZIL 600 MG TABLET     | 1    |   |
| FREESTYLE PREC 0.5 ML 30GX5/16 | 2    |   | GEMMILY 1 MG-20 MCG CAPSULE   | 1    |   |
| FREESTYLE PREC 0.5 ML 31GX5/16 | 2    |   | GENERLAC 10 GM/15 ML SOLUTION | 1    |   |
| FREESTYLE PREC 1 ML 30GX5/16"  | 2    |   | GENGRAF 100 MG CAPSULE        | 1    |   |
| FREESTYLE PREC 1 ML 31GX5/16"  | 2    |   | GENGRAF 100 MG/ML SOLUTION    | 1    |   |
| FROVATRIPTAN SUCC 2.5 MG TAB   | 1    | QL                                      | GENGRAF 25 MG CAPSULE         | 1    |   |
| FUROSEMIDE 10 MG/ML SOLUTION   | 1    |   | GENOTROPIN 12 MG CARTRIDGE    | 4    | PA, SRX                                 |
| FUROSEMIDE 20 MG TABLET        | 1    |   | GENOTROPIN 5 MG CARTRIDGE     | 4    | PA, SRX                                 |
| FUROSEMIDE 40 MG TABLET        | 1    |   | GENOTROPIN MINIQUICK 0.2 MG   | 4    | PA, SRX                                 |
| FUROSEMIDE 40 MG/5 ML SOLN     | 1    |   | GENOTROPIN MINIQUICK 0.2 MG   | 4    | PA, SRX                                 |
| FUROSEMIDE 80 MG TABLET        | 1    |   | GENOTROPIN MINIQUICK 0.4 MG   | 4    | PA, SRX                                 |
| FUZEON 90 MG VIAL              | 4    | LDD, SRX                                | GENOTROPIN MINIQUICK 0.6 MG   | 4    | PA, SRX                                 |
| FYAVOLV 0.5 MG-2.5 MCG TABLET  | 1    |   | GENOTROPIN MINIQUICK 0.8 MG   | 4    | PA, SRX                                 |
| FYAVOLV 1 MG-5 MCG TABLET      | 1    |   | GENOTROPIN MINIQUICK 1 MG     | 4    | PA, SRX                                 |
| FYCOMPA 10 MG TABLET           | 3    | PA, QL                                  | GENOTROPIN MINIQUICK 1.2 MG   | 4    | PA, SRX                                 |
| FYCOMPA 12 MG TABLET           | 3    | PA, QL                                  | GENOTROPIN MINIQUICK 1.4 MG   | 4    | PA, SRX                                 |
| FYCOMPA 2 MG TABLET            | 3    | PA, QL                                  | GENOTROPIN MINIQUICK 1.6 MG   | 4    | PA, SRX                                 |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| GENOTROPIN MINIQUICK 1.8 MG    | 4    | PA, SRX                                 | GLYBURIDE-METFORMIN 5-500 MG   | 1    |   |
| GENOTROPIN MINIQUICK 2 MG      | 4    | PA, SRX                                 | GLYBURID-METFORMIN 1.25-250 MG | 1    |   |
| GENTAK 0.3 % EYE OINTMENT      | 1    |   | GLYCINE 1.5% IRRIGATION        | 1    |   |
| GENTAMICIN 0.1% CREAM          | 1    |   | GLYCOPYRROLATE 1 MG TABLET     | 1    |   |
| GENTAMICIN 0.1% OINTMENT       | 1    |   | GLYCOPYRROLATE 2 MG TABLET     | 1    |   |
| GENTAMICIN 0.3% EYE DROP       | 1    |   | GLYDO 2% JELLY SYRINGE         | 1    |   |
| GENVOYA TABLET                 | 2    | QL                                      | GNP ALCOHOL SWAB               | 2    |   |
| GIANVI 3 MG-0.02 MG TABLET     | 1    |   | GNP CLICKFINE 31G X 1/4" NDJ   | 2    |   |
| GILOTRIF 20 MG TABLET          | 4    | PA, QL, LDD, SRX                        | GNP CLICKFINE 31G X 5/16" NDJ  | 2    |   |
| GILOTRIF 30 MG TABLET          | 4    | PA, QL, LDD, SRX                        | GNP EASY TOUCH HIGH-LOW SOLN   | 2    |   |
| GILOTRIF 40 MG TABLET          | 4    | PA, QL, LDD, SRX                        | GNP INS SYR 0.3 ML 29GX1/2"    | 2    |   |
| GLATIRAMER 20 MG/ML SYRINGE    | 4    | PA, SRX                                 | GNP INS SYRINGE 1 ML 28G 1/2"  | 2    |   |
| GLATIRAMER 40 MG/ML SYRINGE    | 4    | PA, SRX                                 | GNP INSUL SYR 0.3 ML 31GX5/16" | 2    |   |
| GLATOPA 20 MG/ML SYRINGE       | 4    | PA, SRX                                 | GNP INSUL SYR 0.5 ML 31GX5/16" | 2    |   |
| GLATOPA 40 MG/ML SYRINGE       | 4    | PA, SRX                                 | GNP INSULIN SYR 1 ML 31GX5/16" | 2    |   |
| GLEOSTINE 10 MG CAPSULE        | 3    | PA                                      | GNP ULT C 0.3ML 29GX1/2" (1/2) | 2    |   |
| GLEOSTINE 100 MG CAPSULE       | 3    | PA                                      | GNP ULT CMFRT 0.5 ML 29GX1/2"  | 2    |   |
| GLEOSTINE 40 MG CAPSULE        | 3    | PA                                      | GNP ULTICARE PEN NDJ 31G 5MM   | 2    |   |
| GLIMEPIRIDE 1 MG TABLET        | 1    |   | GNP ULTICARE PEN NDJ 31G 8MM   | 2    |   |
| GLIMEPIRIDE 2 MG TABLET        | 1    |   | GNP ULTICARE PEN NDJ 32G 4MM   | 2    |   |
| GLIMEPIRIDE 4 MG TABLET        | 1    |   | GNP ULTICARE PEN NDJ 32G 6MM   | 2    |   |
| GLIPIZIDE 10 MG TABLET         | 1    |   | GNP ULTIGUARD SAFEPACK 31G 5MM | 2    |   |
| GLIPIZIDE 5 MG TABLET          | 1    |   | GNP ULTIGUARD SAFEPACK 31G 8MM | 2    |   |
| GLIPIZIDE ER 10 MG TABLET      | 1    |   | GNP ULTIGUARD SAFEPACK 32G 4MM | 2    |   |
| GLIPIZIDE ER 2.5 MG TABLET     | 1    |   | GNP ULTIGUARD SAFEPACK 32G 6MM | 2    |   |
| GLIPIZIDE ER 5 MG TABLET       | 1    |   | GNP ULTR CMFRT 0.5 ML 28GX1/2" | 2    |   |
| GLIPIZIDE XL 10 MG TABLET      | 1    |   | GNP ULTR CMFRT 0.5 ML 30GX5/16 | 2    |   |
| GLIPIZIDE XL 2.5 MG TABLET     | 1    |   | GNP ULTR COMFORT 1 ML 29GX1/2" | 2    |   |
| GLIPIZIDE XL 5 MG TABLET       | 1    |   | GNP ULTRA COMFORT 0.5 ML SYR   | 2    |   |
| GLIPIZIDE-METFORMIN 2.5-250 MG | 1    |   | GNP ULTRA COMFORT 1 ML SYRINGE | 2    |   |
| GLIPIZIDE-METFORMIN 2.5-500 MG | 1    |   | GNP ULTRA COMFORT 3/10 ML SYR  | 2    |   |
| GLIPIZIDE-METFORMIN 5-500 MG   | 1    |   | GNP ULTRA COMFRT 1 ML 28GX1/2" | 2    |   |
| GLUCAGON 1 MG EMERGENCY KIT    | 2    | QL                                      | GOJJI GLUCOSE CONTROL SOLUTION | 2    |   |
| GLUCOCARD 01 CONTROL SOLUTION  | 2    |   | GOJJI KETONE CONTROL SOLUTION  | 2    |   |
| GLUCOCARD EXPRESSION           | 2    |   | GONAL-F 1,050 UNITS VIAL       | 4    | PA, SRX                                 |
| GLUCOCARD SHINE                | 2    |   | GONAL-F 450 UNITS VIAL         | 4    | PA, SRX                                 |
| GLUCOCOM AUTOLINK              | 2    |   | GONAL-F RFF 75 UNIT VIAL       | 4    | PA, SRX                                 |
| GLUCOCOM CONTROL SOLUTION      | 2    |   | GONAL-F RFF REDI-JECT 300 UNIT | 4    | PA, SRX                                 |
| GLUCOSE CONTROL SOLN NORMAL    | 2    |   | GONAL-F RFF REDI-JECT 450 UNIT | 4    | PA, SRX                                 |
| GLUCOSE CONTROL SOLUTION       | 2    |   | GONAL-F RFF REDI-JECT 900 UNIT | 4    | PA, SRX                                 |
| GLYBURIDE 1.25 MG TABLET       | 1    |   | GRANISETRON HCL 0.1 MG/ML VIAL | 3    |   |
| GLYBURIDE 2.5 MG TABLET        | 1    |   | GRANISETRON HCL 1 MG TABLET    | 3    |   |
| GLYBURIDE 5 MG TABLET          | 1    |   | GRANISETRON HCL 1 MG/ML VIAL   | 3    |   |
| GLYBURIDE MICRO 1.5 MG TAB     | 1    |   | GRANISETRON HCL 4 MG/4 ML VIAL | 3    |   |
| GLYBURIDE MICRO 3 MG TABLET    | 1    |   | GRISEOFULVIN 125 MG/5 ML SUSP  | 1    |   |
| GLYBURIDE MICRO 6 MG TABLET    | 1    |   | GRISEOFULVIN MICRO 500 MG TAB  | 1    |   |
| GLYBURIDE-METFORMIN 2.5-500 MG | 1    |   | GRISEOFULVIN ULTRA 125 MG TAB  | 1    |   |

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|---------------------------------|------|---|---------------------------------|------|---|
| GRISEOFULVIN ULTRA 250 MG TAB   | 1    |   | HEALTHWISE INS 0.5ML 31GX5/16"  | 2    |   |
| GS PEN NEEDLE 31G X 5/16"       | 2    |   | HEALTHWISE INS 1 ML 30GX5/16"   | 2    |   |
| GS PEN NEEDLE 31G X 5MM         | 2    |   | HEALTHWISE INS 1 ML 31GX5/16"   | 2    |   |
| GS PEN NEEDLE 31G X 6MM         | 2    |   | HEALTHWISE PEN NEEDLE 31G 5MM   | 2    |   |
| GS PEN NEEDLE 31G X 8MM         | 2    |   | HEALTHWISE PEN NEEDLE 31G 8MM   | 2    |   |
| GS PEN NEEDLE 32G X 4MM         | 2    |   | HEALTHWISE PEN NEEDLE 32G 4MM   | 2    |   |
| GS PEN NEEDLE 32G X 6MM         | 2    |   | HEALTHY ACCENTS PENTIP 4MM 32G  | 2    |   |
| GUANFACINE 1 MG TABLET          | 1    |   | HEALTHY ACCENTS PENTIP 5MM 31G  | 2    |   |
| GUANFACINE 2 MG TABLET          | 1    |   | HEALTHY ACCENTS PENTIP 6MM 31G  | 2    |   |
| GUANFACINE HCL ER 1 MG TABLET   | 1    | QL                                      | HEALTHY ACCENTS PENTIP 8MM 31G  | 2    |   |
| GUANFACINE HCL ER 2 MG TABLET   | 1    | QL                                      | HEALTHY ACCENTS PENTIP 12MM 29G | 2    |   |
| GUANFACINE HCL ER 3 MG TABLET   | 1    | QL                                      | HEATHER 0.35 MG TABLET          | 1    |   |
| GUANFACINE HCL ER 4 MG TABLET   | 1    | QL                                      | HEB UNIFINE PNTIP PLUS 31GX3/16 | 2    |   |
| GUARDIAN RT CHARGER             | 2    |   | HEMA-COMBISTIX                  | 2    |   |
| GUARDIAN RT REPLACE TEST PLUG   | 2    |   | HEMMOREX-HC 25 MG SUPPOSITORY   | 1    |   |
| GUARDIAN RT STARTER KIT         | 2    |   | HEMMOREX-HC 30 MG SUPPOSITORY   | 1    |   |
| GUARDIAN RT SYSTEM              | 2    |   | HEPARIN SOD 5,000 UNIT/0.5 ML   | 1    |   |
| GUARDIAN TEST PLUG              | 2    |   | HEPARIN SOD 5,000 UNIT/ML SYRG  | 1    |   |
| GUARDIAN TRANSMITTER TAPE       | 2    |   | HEPLISAV-B 20 MCG/0.5 ML SYRNG  | 2    |   |
| GYNAZOLE 1                      | 1    |   | HER STYLE 1.5 MG TABLET         | 1    |   |
| HADLIMA                         | 4    | PA, QL, SRX                             | HIBERIX VACCINE VIAL            | 2    |   |
| HAILEY 21 1.5 MG-30 MCG TAB     | 1    |   | HIBERIX VACCINE WITH DILUENT    | 2    |   |
| HAILEY 24 FE 1 MG-20 MCG TAB    | 1    |   | HM ULTICARE PEN NEEDLE 4MM 32G  | 2    |   |
| HAILEY FE 1.5-30 TABLET         | 1    |   | HM ULTICARE PEN NEEDLE 5MM 31G  | 2    |   |
| HAILEY FE 1-20 TABLET           | 1    |   | HM ULTICARE PEN NEEDLE 6MM 31G  | 2    |   |
| HALCINONIDE 0.1% CREAM          | 3    |   | HM ULTICARE PEN NEEDLE 8MM 31G  | 2    |   |
| HALOBETASOL PROP 0.05% CREAM    | 1    |   | HOMATROPAIRE 5% EYE DROPS       | 1    |   |
| HALOBETASOL PROP 0.05% OINTMNT  | 1    |   | HOMATROPINE 5% EYE DROPS        | 1    |   |
| HALOETTE VAGINAL RING           | 1    |   | HUMALOG 100 UNIT/ML CARTRIDGE   | 2    | QL                                      |
| HALOPERIDOL 0.5 MG TABLET       | 1    |   | HUMALOG 100 UNIT/ML KWIKPEN     | 2    | QL                                      |
| HALOPERIDOL 1 MG TABLET         | 1    |   | HUMALOG 100 UNIT/ML VIAL        | 2    | QL                                      |
| HALOPERIDOL 10 MG TABLET        | 1    |   | HUMALOG 200 UNIT/ML KWIKPEN     | 2    | QL                                      |
| HALOPERIDOL 2 MG TABLET         | 1    |   | HUMALOG JR 100 UNIT/ML KWIKPEN  | 2    | QL                                      |
| HALOPERIDOL 20 MG TABLET        | 1    |   | HUMALOG MIX 50-50 VIAL          | 2    | QL                                      |
| HALOPERIDOL 5 MG TABLET         | 1    |   | HUMALOG MIX 50-50 KWIKPEN       | 2    | QL                                      |
| HALOPERIDOL LAC 10 MG/5 ML CUP  | 1    |   | HUMALOG MIX 75-25 VIAL          | 2    | QL                                      |
| HALOPERIDOL LAC 2 MG/ML CONC    | 1    |   | HUMALOG MIX 75-25 KWIKPEN       | 2    | QL                                      |
| HARVONI 33.75-150 MG PELLETT PK | 4    | PA, QL, SRX                             | HUMALOG TEMPO PEN 100 UNIT/ML   | 2    | QL                                      |
| HARVONI 45-200 MG PELLETT PKCT  | 4    | PA, QL, SRX                             | HUMATROPE 12 MG CARTRIDGE       | 4    | PA, SRX                                 |
| HARVONI 45-200 MG TABLET        | 4    | PA, QL, SRX                             | HUMATROPE 24 MG CARTRIDGE       | 4    | PA, SRX                                 |
| HARVONI 90-400 MG TABLET        | 4    | PA, QL, SRX                             | HUMATROPE 6 MG CARTRIDGE        | 4    | PA, SRX                                 |
| HAVRIX 1,440 UNIT/ML SYRINGE    | 2    |   | HUMIRA                          | 4    | PA, QL, SRX                             |
| HAVRIX 720 UNIT/0.5 ML SYRINGE  | 2    |   | HUMIRA PEN 40 MG/0.8 ML         | 4    | PA, QL, SRX                             |
| HEALTHPRO GLUCOSE CONTROL SOLN  | 2    |   | HUMIRA PEN CROHN-UC-HS 40 MG    | 4    | PA, QL, SRX                             |
| HEALTHWISE INS 0.3ML 30GX5/16"  | 2    |   | HUMIRA PEN PS-UV-ADOL HS 40 MG  | 4    | PA, QL, SRX                             |
| HEALTHWISE INS 0.3ML 31GX5/16"  | 2    |   | HUMIRA(CF) 10 MG/0.1 ML SYRING  | 4    | PA, QL, SRX                             |
| HEALTHWISE INS 0.5ML 30GX5/16"  | 2    |   | HUMIRA(CF) 20 MG/0.2 ML SYRING  | 4    | PA, QL, SRX                             |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| 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                                      |
| HYDROCODONE ER 40 MG TABLET    | 1    | PA                                      | HYDROXYCHLOROQUINE 200 MG TAB  | 1    |   |
| HYDROCODONE ER 60 MG TABLET    | 1    | PA                                      | HYDROXYUREA 500 MG CAPSULE     | 1    |   |
| HYDROCODONE ER 80 MG TABLET    | 1    | PA                                      | HYDROXYZINE 10 MG/5 ML SOLN    | 1    |   |
| HYDROCODONE-ACETAMIN 10-300 MG | 1    | PA                                      | HYDROXYZINE 10 MG/5 ML SYRUP   | 1    |   |
| HYDROCODONE-ACETAMIN 10-325 MG | 1    | PA                                      | HYDROXYZINE HCL 10 MG TABLET   | 1    |   |
| HYDROCODONE-ACETAMIN 10-325/15 | 1    | PA                                      | HYDROXYZINE HCL 25 MG TABLET   | 1    |   |
| HYDROCODONE-ACETAMIN 2.5-108/5 | 1    | PA                                      | HYDROXYZINE HCL 50 MG TABLET   | 1    |   |
| HYDROCODONE-ACETAMIN 5-217/10  | 1    | PA                                      | HYDROXYZINE PAM 100 MG CAP     | 1    |   |
| HYDROCODONE-ACETAMIN 5-300 MG  | 1    | PA                                      | HYDROXYZINE PAM 25 MG CAP      | 1    |   |
| HYDROCODONE-ACETAMIN 5-325 MG  | 1    | PA                                      | HYDROXYZINE PAM 50 MG CAP      | 1    |   |
| HYDROCODONE-ACETAMIN 7.5-300   | 1    | PA                                      | HYOPHEN TABLET                 | 1    |   |
| HYDROCODONE-ACETAMIN 7.5-325   | 1    | PA                                      | HYOSCYAMINE 0.125 MG ODT       | 1    |   |
| HYDROCODONE-ACETAMN 7.5-325/15 | 1    | PA                                      | HYOSCYAMINE 0.125 MG TAB SL    | 1    |   |
| HYDROCODONE-CHLORPHEN ER SUSP  | 1    |   | HYOSCYAMINE 0.125 MG/5 ML ELIX | 1    |   |
| HYDROCODONE-HOMATROPINE 5-1.5  | 1    | QL                                      | HYOSCYAMINE 0.125 MG/ML DROP   | 1    |   |
| HYDROCODONE-HOMATROPINE SOLN   | 1    | QL                                      | HYOSCYAMINE ER 0.375 MG TAB    | 1    |   |
| HYDROCODONE-IBUPROFEN 10-200   | 1    | PA                                      | HYOSCYAMINE SULF 0.125 MG TAB  | 1    |   |
| HYDROCODONE-IBUPROFEN 5-200 MG | 1    | PA                                      | HYOSCYAMINE SR 0.375 MG TAB    | 1    |   |



## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                 | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|---------------------------------|------|---|
| HYOSYNE 0.125 MG/ML DROP       | 1    |   | IN-CHECK NASAL WITH MASK        | 2    |   |
| HYOSYNE 125 MCG/5 ML ELIXIR    | 1    |   | IN-CHECK ORAL FLOW METER        | 2    |   |
| HYPONEDLE,POLYPROPYL HUB       | 2    |   | INCONTROL PEN NEEDLE 12MM 29G   | 2    |   |
| HYPODERMIC NEEDLE,ALUM HUB     | 2    |   | INCONTROL PEN NEEDLE 4MM 32G    | 2    |   |
| HYRIMOZ                        | 4    | PA, QL, SRX                             | INCONTROL PEN NEEDLE 5MM 31G    | 2    |   |
| IBANDRONATE SODIUM 150 MG TAB  | 1    |   | INCONTROL PEN NEEDLE 6MM 31G    | 2    |   |
| IBRANCE 100 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        | INCONTROL PEN NEEDLE 8MM 31G    | 2    |   |
| IBRANCE 100 MG TABLET          | 4    | PA, QL, LDD, SRX                        | INCONTROL ULTICARE ND 31G 6MM   | 2    |   |
| IBRANCE 125 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        | INCONTROL ULTICARE ND 31G 8MM   | 2    |   |
| IBRANCE 125 MG TABLET          | 4    | PA, QL, LDD, SRX                        | INCONTROL ULTICARE ND 32G 4MM   | 2    |   |
| IBRANCE 75 MG CAPSULE          | 4    | PA, QL, LDD, SRX                        | INCRELEX 40 MG/4 ML VIAL        | 4    | PA, LDD, SRX                            |
| IBRANCE 75 MG TABLET           | 4    | PA, QL, LDD, SRX                        | INCRUSE ELLIPTA 62.5 MCG INH    | 2    |   |
| IBU 400 MG TABLET              | 1    |   | INDAPAMIDE 1.25 MG TABLET       | 1    |   |
| IBU 600 MG TABLET              | 1    |   | INDAPAMIDE 2.5 MG TABLET        | 1    |   |
| IBU 800 MG TABLET              | 1    |   | INDOMETHACIN 25 MG CAPSULE      | 1    |   |
| IBUPROFEN 100 MG/5 ML SUSP     | 1    |   | INDOMETHACIN 50 MG CAPSULE      | 1    |   |
| IBUPROFEN 400 MG TABLET        | 1    |   | INDOMETHACIN ER 75 MG CAPSULE   | 1    |   |
| IBUPROFEN 600 MG TABLET        | 1    |   | INFANRIX DTAP SYRINGE           | 2    |   |
| IBUPROFEN 800 MG TABLET        | 1    |   | INFANRIX DTAP VIAL              | 2    |   |
| ICATIBANT 30 MG/3 ML SYRINGE   | 4    | PA, LDD, SRX                            | INFINITY CONTROL SOLN HIGH      | 2    |   |
| ICLEVIA 0.15 MG-0.03 MG TABLET | 1    |   | INFINITY CONTROL SOLN LOW       | 2    |   |
| ICLUSIG 10 MG TABLET           | 4    | PA, QL, LDD, SRX                        | INFINITY CONTROL SOLN NORMAL    | 2    |   |
| ICLUSIG 15 MG TABLET           | 4    | PA, QL, LDD, SRX                        | INFINITY VOICE CTRL SOLN-LVL 2  | 2    |   |
| ICLUSIG 30 MG TABLET           | 4    | PA, QL, LDD, SRX                        | INFUSION SET 23"                | 2    |   |
| ICLUSIG 45 MG TABLET           | 4    | PA, QL, LDD, SRX                        | INFUSION SET 23" 6MM            | 2    |   |
| ICOSAPENT ETHYL 0.5 GM CAPSULE | 3    | PA                                      | INFUSION SET 23" 9MM            | 2    |   |
| ICOSAPENT ETHYL 1 GRAM CAPSULE | 3    | PA                                      | INFUSION SET 43"                | 2    |   |
| ICOSAPENT ETHYL 500 MG CAPSULE | 3    | PA                                      | INFUSION SET 43" 6MM            | 2    |   |
| ILARIS 150 MG/ML VIAL          | 4    | PA, LDD, SRX                            | INFUSION SET 43" 9MM            | 2    |   |
| IMATINIB MESYLATE 100 MG TAB   | 4    | PA, QL, SRX                             | INJECT-EASE SYR ND 1 INTRODUCER | 2    |   |
| IMATINIB MESYLATE 400 MG TAB   | 4    | PA, QL, SRX                             | INLYTA 1 MG TABLET              | 4    | PA, QL, LDD, SRX                        |
| IMBRUVICA 140 MG CAPSULE       | 4    | PA, QL, LDD, SRX                        | INLYTA 5 MG TABLET              | 4    | PA, QL, LDD, SRX                        |
| IMBRUVICA 140 MG TABLET        | 4    | PA, QL, LDD, SRX                        | INPEN (FOR HUMALOG) BLUE        | 2    |   |
| IMBRUVICA 280 MG TABLET        | 4    | PA, QL, LDD, SRX                        | INPEN (FOR HUMALOG) GREY        | 2    |   |
| IMBRUVICA 420 MG TABLET        | 4    | PA, QL, LDD, SRX                        | INPEN (FOR HUMALOG) PINK        | 2    |   |
| IMBRUVICA 560 MG TABLET        | 4    | PA, QL, LDD, SRX                        | INPEN (NOVOLOG OR FIASP) BLUE   | 2    |   |
| IMBRUVICA 70 MG CAPSULE        | 4    | PA, QL, LDD, SRX                        | INPEN (NOVOLOG OR FIASP) GREY   | 2    |   |
| IMBRUVICA 70 MG/ML SUSPENSION  | 4    | PA, QL, LDD, SRX                        | INPEN (NOVOLOG OR FIASP) PINK   | 2    |   |
| IMIPRAMINE HCL 10 MG TABLET    | 1    |   | INSET 30 INFUSION SET 23"       | 2    |   |
| IMIPRAMINE HCL 25 MG TABLET    | 1    |   | INSET INFUSION SET 23" 6MM      | 2    |   |
| IMIPRAMINE HCL 50 MG TABLET    | 1    |   | INSET INFUSION SET 23" 9MM      | 2    |   |
| IMIPRAMINE PAMOATE 100 MG CAP  | 2    |   | INSPIRACHAMBER                  | 2    | QL                                      |
| IMIPRAMINE PAMOATE 125 MG CAP  | 2    |   | INSPIRACHAMBER WITH MASK-LARGE  | 2    | QL                                      |
| IMIPRAMINE PAMOATE 150 MG CAP  | 2    |   | INSPIRACHAMBER WITH MASK-MED    | 2    | QL                                      |
| IMIPRAMINE PAMOATE 75 MG CAP   | 2    |   | INSPIRACHAMBER WITH MASK-SMALL  | 2    | QL                                      |
| IMIQUIMOD 5% CREAM PACKET      | 1    |   | INSUL-CAP INSULIN HOLDER        | 2    |   |
| INCASSIA 0.35 MG TABLET        | 1    |   | INSUL-EZE SYRINGE MAGNIFIER     | 2    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| 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    |   | INSUPEN PEN NEEDLE 32GX8MM     | 2    |   |
| INSULIN SYRIN 0.5 ML 31G 5/16" | 2    |   | INSUPEN PEN NEEDLE 33GX4MM     | 2    |   |
| INSULIN SYRIN 0.5 ML 31GX5/16" | 2    |   | INTELENCE 25 MG TABLET         | 2    |   |
| INSULIN SYRIN 1 ML 29GX1/2"    | 2    |   | INTROVALE 0.15-0.03 MG TABLET  | 1    |   |
| INSULIN SYRING 0.5 ML 27G 1/2" | 2    |   | IPOLE VIAL                     | 2    |   |
| INSULIN SYRING 0.5 ML 27G 13MM | 2    |   | IPRAT-ALBUT 0.5-3(2.5) MG/3 ML | 1    |   |
| INSULIN SYRING 0.5 ML 27GX1/2" | 2    |   | IPRATROPIUM 0.03% SPRAY        | 1    |   |
| INSULIN SYRING 0.5 ML 28G 1/2" | 2    |   | IPRATROPIUM 0.06% SPRAY        | 1    |   |
| INSULIN SYRING 0.5 ML 29G 1/2" | 2    |   | IPRATROPIUM BR 0.02% SOLN      | 1    |   |
| INSULIN SYRING 0.5 ML 29GX1/2" | 2    |   | IRBESARTAN 150 MG TABLET       | 1    |   |
| INSULIN SYRINGE 0.3 ML         | 2    |   | IRBESARTAN 300 MG TABLET       | 1    |   |
| INSULIN SYRINGE 0.3 ML 31GX1/4 | 2    |   | IRBESARTAN 75 MG TABLET        | 1    |   |
| INSULIN SYRINGE 0.5 ML         | 2    |   | IRBESARTAN-HCTZ 150-12.5 MG TB | 1    |   |
| INSULIN SYRINGE 0.5 ML 31GX1/4 | 2    |   | IRBESARTAN-HCTZ 300-12.5 MG TB | 1    |   |
| INSULIN SYRINGE 1 ML           | 2    |   | ISENTRESS 100 MG POWDER PACKET | 2    |   |
| INSULIN SYRINGE 1 ML 27G 1/2"  | 2    |   | ISENTRESS 100 MG TABLET CHEW   | 2    |   |
| INSULIN SYRINGE 1 ML 27G 13MM  | 2    |   | ISENTRESS 25 MG TABLET CHEW    | 2    |   |
| INSULIN SYRINGE 1 ML 27GX1/2"  | 2    |   | ISENTRESS 400 MG TABLET        | 2    |   |
| INSULIN SYRINGE 1 ML 28G 1/2"  | 2    |   | ISENTRESS HD 600 MG TABLET     | 2    |   |
| INSULIN SYRINGE 1 ML 28G 13MM  | 2    |   | ISIBLOOM 28 DAY TABLET         | 1    |   |
| INSULIN SYRINGE 1 ML 28GX1/2"  | 2    |   | ISONIAZID 100 MG TABLET        | 1    |   |
| INSULIN SYRINGE 1 ML 29G 1/2"  | 2    |   | ISONIAZID 300 MG TABLET        | 1    |   |
| INSULIN SYRINGE 1 ML 29GX1/2"  | 2    |   | ISONIAZID 50 MG/5 ML SOLUTION  | 1    |   |
| INSULIN SYRINGE 1 ML 30G 1/2"  | 2    |   | ISOSORBIDE DINITRATE 10 MG TAB | 1    |   |
| INSULIN SYRINGE 1 ML 30G 5/16" | 2    |   | ISOSORBIDE DINITRATE 20 MG TAB | 1    |   |
| INSULIN SYRINGE 1 ML 30GX1/2"  | 2    |   | ISOSORBIDE DINITRATE 30 MG TAB | 1    |   |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| ISOSORBIDE DINITRATE 5 MG TAB  | 1    |   | KAITLIB FE 0.8-0.025MG CHEW TB | 1    |   |
| ISOSORBIDE MONONIT 10 MG TAB   | 1    |   | KALLIGA 28 DAY TABLET          | 1    |   |
| ISOSORBIDE MONONIT 20 MG TAB   | 1    |   | KARIVA 28 DAY TABLET           | 1    |   |
| ISOSORBIDE MONONIT ER 120 MG   | 1    |   | KELNOR 1-35 28 TABLET          | 1    |   |
| ISOSORBIDE MONONIT ER 30 MG TB | 1    |   | KELNOR 1-50 TABLET             | 1    |   |
| ISOSORBIDE MONONIT ER 60 MG TB | 1    |   | KETOCONAZOLE 2% CREAM          | 1    |   |
| ISOTRETINOIN 10 MG CAPSULE     | 3    |   | KETOCONAZOLE 2% SHAMPOO        | 1    |   |
| ISOTRETINOIN 20 MG CAPSULE     | 3    |   | KETOCONAZOLE 200 MG TABLET     | 1    |   |
| ISOTRETINOIN 30 MG CAPSULE     | 3    |   | KETO-DIASTIX REAGENT STRIPS    | 2    |   |
| ISOTRETINOIN 40 MG CAPSULE     | 3    |   | KETONE TEST STRIP              | 2    |   |
| ISOXSUPRINE 10 MG TABLET       | 1    |   | KETOPROFEN 50 MG CAPSULE       | 1    |   |
| ISOXSUPRINE 20 MG TABLET       | 1    |   | KETOPROFEN 75 MG CAPSULE       | 1    |   |
| ISRADIPINE 2.5 MG CAPSULE      | 1    |   | KETOPROFEN ER 200 MG CAPSULE   | 1    |   |
| ISRADIPINE 5 MG CAPSULE        | 1    |   | KETOROLAC 0.4% OPHTH SOLUTION  | 1    |   |
| ITRACONAZOLE 10 MG/ML SOLUTION | 2    |   | KETOROLAC 0.5% OPHTH SOLUTION  | 1    |   |
| ITRACONAZOLE 100 MG CAPSULE    | 2    | QL                                      | KETOROLAC 10 MG TABLET         | 1    | QL                                      |
| ITRACONAZOLE 100 MG/10 ML CUP  | 2    |   | KETOSTIX REAGENT STRIP         | 2    |   |
| IV PREP ANTISEPTIC WIPES       | 2    |   | KINERET 100 MG/0.67 ML SYRINGE | 4    | PA, QL, LDD, SRX                        |
| IVERMECTIN 0.5% LOTION         | 3    |   | KINRAY INS SYR 1 ML 31GX5/16"  | 2    |   |
| IVERMECTIN 3 MG TABLET         | 1    | PA                                      | KINRAY SYRING 0.3 ML 31GX5/16" | 2    |   |
| JAIMI 0.15-0.03-0.01 MG TAB    | 1    |   | KINRAY SYRING 0.5 ML 31GX5/16" | 2    |   |
| JAKAFI 10 MG TABLET            | 4    | PA, QL, LDD, SRX                        | KINRIX TIP-LOK SYRINGE         | 2    |   |
| JAKAFI 15 MG TABLET            | 4    | PA, QL, LDD, SRX                        | KINRIX VIAL                    | 2    |   |
| JAKAFI 20 MG TABLET            | 4    | PA, QL, LDD, SRX                        | KIONEX 15 GM/60 ML SUSPENSION  | 1    |   |
| JAKAFI 25 MG TABLET            | 4    | PA, QL, LDD, SRX                        | KLOR-CON 10 MEQ TABLET         | 1    |   |
| JAKAFI 5 MG TABLET             | 4    | PA, QL, LDD, SRX                        | KLOR-CON 20 MEQ PACKET         | 1    |   |
| JANSSEN COVID-19 VACCINE (EUA) | 2    |   | KLOR-CON 8 MEQ TABLET          | 1    |   |
| JANTOVEN 1 MG TABLET           | 1    |   | KLOR-CON M10 TABLET            | 1    |   |
| JANTOVEN 10 MG TABLET          | 1    |   | KLOR-CON M15 TABLET            | 3    |   |
| JANTOVEN 2 MG TABLET           | 1    |   | KLOR-CON M20 TABLET            | 1    |   |
| JANTOVEN 2.5 MG TABLET         | 1    |   | KMART VALU PLUS SYR 1/2 ML     | 2    |   |
| JANTOVEN 3 MG TABLET           | 1    |   | KOMBIGLYZE XR 2.5-1,000 MG TAB | 2    | QL                                      |
| JANTOVEN 4 MG TABLET           | 1    |   | KOMBIGLYZE XR 5-1,000 MG TAB   | 2    | QL                                      |
| JANTOVEN 5 MG TABLET           | 1    |   | KOMBIGLYZE XR 5-500 MG TABLET  | 2    | QL                                      |
| JANTOVEN 6 MG TABLET           | 1    |   | K-PHOS #2 TABLET               | 3    |   |
| JANTOVEN 7.5 MG TABLET         | 1    |   | K-PHOS ORIGINAL TABLET         | 3    |   |
| JASMIEL 3 MG-0.02 MG TABLET    | 1    |   | KRO INS SYR 0.3 ML 29GX1/2"    | 2    |   |
| JENCYCLA 0.35 MG TABLET        | 1    |   | KRO INS SYRIN 0.5 ML 31GX5/16" | 2    |   |
| JINTELI 1 MG-5 MCG TABLET      | 1    |   | KRO INSULIN SYR 1 ML 30GX5/16" | 2    |   |
| JOLESSA 0.15 MG-0.03 MG TABLET | 1    |   | KRO PEN NEEDLE 4MM X 32G       | 2    |   |
| JULEBER 28 DAY TABLET          | 1    |   | KRO PEN NEEDLE 4MM X 33G       | 2    |   |
| JULUCA 50-25 MG TABLET         | 2    | QL                                      | KRO PEN NEEDLE 5MM X 31G       | 2    |   |
| JUNEL 1 MG-20 MCG TABLET       | 1    |   | KRO PEN NEEDLE 6MM X 31G       | 2    |   |
| JUNEL 1.5 MG-30 MCG TABLET     | 1    |   | KRO PEN NEEDLE 8MM X 31G       | 2    |   |
| JUNEL FE 1 MG-20 MCG TABLET    | 1    |   | KROGER INS SYR 0.3 ML 30GX5/16 | 2    |   |
| JUNEL FE 1.5 MG-30 MCG TABLET  | 1    |   | KROGER INS SYR 0.5 ML 29GX1/2" | 2    |   |
| JUNEL FE 24 TABLET             | 1    |   | KROGER INS SYR 1 ML 29GX1/2"   | 2    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| 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                                      | LEADER INS SYR 0.3 ML 29GX1/2" | 2    |   |
| LACRISERT 5 MG EYE INSERT      | 3    |   | LEADER INS SYR 0.5 ML 28GX1/2" | 2    |   |
| LACTATED RINGERS IRRIGATION    | 1    |   | LEADER INS SYR 0.5 ML 29GX1/2" | 2    |   |
| LACTULOSE 10 GM/15 ML SOLUTION | 1    |   | LEADER INS SYR 0.5 ML 30GX1/2" | 2    |   |
| LACTULOSE 20 GM/30 ML SOLUTION | 1    |   | LEADER INS SYR 1 ML 28GX1/2"   | 2    |   |
| LAMIVUDINE 10 MG/ML ORAL SOLN  | 1    |   | LEADER INS SYR 1 ML 29GX1/2"   | 2    |   |
| LAMIVUDINE 150 MG TABLET       | 1    |   | LEADER INS SYR 1 ML 30GX5/16"  | 2    |   |
| LAMIVUDINE 300 MG TABLET       | 1    |   | LEADER INS SYR 1 ML 31GX5/16"  | 2    |   |
| LAMIVUDINE HBV 100 MG TABLET   | 1    |   | LEADER INSULIN SYRINGE 0.3 ML  | 2    |   |
| LAMIVUDINE-ZIDOVUDINE TABLET   | 1    |   | LEADER PEN NEEDLES 12MM 29G    | 2    |   |
| LAMOTRIGINE (BLUE)             | 1    |   | LEADER SYRING 0.3 ML 31GX5/16" | 2    |   |
| LAMOTRIGINE (GREEN)            | 1    |   | LEADER SYRING 0.5 ML 31GX5/16" | 2    |   |
| LAMOTRIGINE (ORANGE)           | 1    |   | LEDIPASVIR-SOFOSBUVIR 90-400MG | 4    | PA, QL, SRX                             |
| LAMOTRIGINE 100 MG TABLET      | 1    |   | LEENA 28 TABLET                | 1    |   |
| LAMOTRIGINE 150 MG TABLET      | 1    |   | LEFLUNOMIDE 10 MG TABLET       | 1    |   |
| LAMOTRIGINE 200 MG TABLET      | 1    |   | LEFLUNOMIDE 20 MG TABLET       | 1    |   |
| LAMOTRIGINE 25 MG DISPER TAB   | 1    |   | LENALIDOMIDE 10 MG CAPSULE     | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE 25 MG TABLET       | 1    |   | LENALIDOMIDE 15 MG CAPSULE     | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE 5 MG DISPER TABLET | 1    |   | LENALIDOMIDE 2.5 MG CAPSULE    | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ER 100 MG TABLET   | 1    |   | LENALIDOMIDE 20 MG CAPSULE     | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ER 200 MG TABLET   | 1    |   | LENALIDOMIDE 25 MG CAPSULE     | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ER 25 MG TABLET    | 1    |   | LENALIDOMIDE 5 MG CAPSULE      | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ER 250 MG TABLET   | 1    |   | LENVIMA 10 MG DAILY DOSE       | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ER 300 MG TABLET   | 1    |   | LENVIMA 12 MG DAILY DOSE       | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ER 50 MG TABLET    | 1    |   | LENVIMA 14 MG DAILY DOSE       | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ODT (BLUE)         | 1    |   | LENVIMA 18 MG DAILY DOSE       | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ODT (GREEN)        | 1    |   | LENVIMA 20 MG DAILY DOSE       | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ODT (ORANGE)       | 1    |   | LENVIMA 24 MG DAILY DOSE       | 4    | PA, QL, LDD, SRX                        |
| LAMOTRIGINE ODT 100 MG TABLET  | 1    |   | LENVIMA 4 MG CAPSULE           | 4    | PA, QL, LDD, SRX                        |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| LENVIMA 8 MG DAILY DOSE        | 4    | PA, QL, LDD, SRX                        | LEVONORG 0.15MG-EE 20-25-30MCG | 1    |   |
| LESSINA-28 TABLET              | 1    |   | LEVONORGESTREL 1.5 MG TABLET   | 1    |   |
| LETROZOLE 2.5 MG TABLET        | 1    |   | LEVORA-28 TABLET               | 1    |   |
| LEUCOVORIN CALCIUM 10 MG TAB   | 1    |   | LEVORPHANOL 2 MG TABLET        | 4    | PA, SRX                                 |
| LEUCOVORIN CALCIUM 15 MG TAB   | 1    |   | LEVORPHANOL 3 MG TABLET        | 4    | PA, SRX                                 |
| LEUCOVORIN CALCIUM 25 MG TAB   | 1    |   | LEVO-T 100 MCG TABLET          | 1    |   |
| LEUCOVORIN CALCIUM 5 MG TAB    | 1    |   | LEVO-T 112 MCG TABLET          | 1    |   |
| LEUKERAN 2 MG TABLET           | 3    |   | LEVO-T 125 MCG TABLET          | 1    |   |
| LEUKINE 250 MCG VIAL           | 4    | SRX                                     | LEVO-T 137 MCG TABLET          | 1    |   |
| LEUPROLIDE 2WK 14 MG/2.8 ML KT | 4    | PA, SRX                                 | LEVO-T 150 MCG TABLET          | 1    |   |
| LEVALBUTEROL 0.31 MG/3 ML SOL  | 1    |   | LEVO-T 175 MCG TABLET          | 1    |   |
| LEVALBUTEROL 0.63 MG/3 ML SOL  | 1    |   | LEVO-T 200 MCG TABLET          | 1    |   |
| LEVALBUTEROL 1.25 MG/3 ML SOL  | 1    |   | LEVO-T 25 MCG TABLET           | 1    |   |
| LEVALBUTEROL CONC 1.25 MG/0.5  | 1    |   | LEVO-T 300 MCG TABLET          | 1    |   |
| LEVALBUTEROL TAR HFA 45MCG INH | 1    | QL                                      | LEVO-T 50 MCG TABLET           | 1    |   |
| LEVEMIR 100 UNIT/ML VIAL       | 3    | QL, ST                                  | LEVO-T 75 MCG TABLET           | 1    |   |
| LEVEMIR FLEXPEN 100 UNIT/ML    | 3    | QL, ST                                  | LEVO-T 88 MCG TABLET           | 1    |   |
| LEVEMIR FLEXTOUCH 100 UNIT/ML  | 3    | QL, ST                                  | LEVOTHYROXINE 100 MCG TABLET   | 1    |   |
| LEVETIRACETAM 1,000 MG TABLET  | 1    |   | LEVOTHYROXINE 112 MCG TABLET   | 1    |   |
| LEVETIRACETAM 1,000 MG/10 ML   | 1    |   | LEVOTHYROXINE 125 MCG TABLET   | 1    |   |
| LEVETIRACETAM 100 MG/ML SOLN   | 1    |   | LEVOTHYROXINE 137 MCG TABLET   | 1    |   |
| LEVETIRACETAM 250 MG TABLET    | 1    |   | LEVOTHYROXINE 150 MCG TABLET   | 1    |   |
| LEVETIRACETAM 500 MG TABLET    | 1    |   | LEVOTHYROXINE 175 MCG TABLET   | 1    |   |
| LEVETIRACETAM 500 MG/5 ML CUP  | 1    |   | LEVOTHYROXINE 200 MCG TABLET   | 1    |   |
| LEVETIRACETAM 500 MG/5 ML SOLN | 1    |   | LEVOTHYROXINE 25 MCG TABLET    | 1    |   |
| LEVETIRACETAM 750 MG TABLET    | 1    |   | LEVOTHYROXINE 300 MCG TABLET   | 1    |   |
| LEVETIRACETAM ER 500 MG TABLET | 1    |   | LEVOTHYROXINE 50 MCG TABLET    | 1    |   |
| LEVETIRACETAM ER 750 MG TABLET | 1    |   | LEVOTHYROXINE 75 MCG TABLET    | 1    |   |
| LEVOBUNOLOL 0.5% EYE DROPS     | 1    |   | LEVOTHYROXINE 88 MCG TABLET    | 1    |   |
| LEVOCARNITINE 1 G/10 ML SOLN   | 1    |   | LEVOXYL 100 MCG TABLET         | 1    |   |
| LEVOCARNITINE 330 MG TABLET    | 1    |   | LEVOXYL 112 MCG TABLET         | 1    |   |
| LEVOCARNITINE SF 1 G/10 ML SOL | 1    |   | LEVOXYL 125 MCG TABLET         | 1    |   |
| LEVOCETIRIZINE 2.5 MG/5 ML SOL | 1    |   | LEVOXYL 137 MCG TABLET         | 1    |   |
| LEVOCETIRIZINE 5 MG TABLET     | 1    |   | LEVOXYL 150 MCG TABLET         | 1    |   |
| LEVOFLOXACIN 0.5% EYE DROPS    | 1    |   | LEVOXYL 175 MCG TABLET         | 1    |   |
| LEVOFLOXACIN 1.5% EYE DROPS    | 1    |   | LEVOXYL 200 MCG TABLET         | 1    |   |
| LEVOFLOXACIN 25 MG/ML SOLUTION | 1    |   | LEVOXYL 25 MCG TABLET          | 1    |   |
| LEVOFLOXACIN 250 MG TABLET     | 1    |   | LEVOXYL 50 MCG TABLET          | 1    |   |
| LEVOFLOXACIN 500 MG TABLET     | 1    |   | LEVOXYL 75 MCG TABLET          | 1    |   |
| LEVOFLOXACIN 750 MG TABLET     | 1    |   | LEVOXYL 88 MCG TABLET          | 1    |   |
| LEVONEST-28 TABLET             | 1    |   | LEVULAN KERASTICK 20%          | 3    | LDD                                     |
| LEVONO-E ESTRAD 0.15-0.03-0.01 | 1    |   | LEXIVA 50 MG/ML SUSPENSION     | 2    |   |
| LEVONOR-E ESTRAD 0.1-0.02-0.01 | 1    |   | LIDOCAINE 2% VISCOUS SOLN      | 1    |   |
| LEVONOR-ETH ESTRA 0.09-0.02 MG | 1    |   | LIDOCAINE 5% OINTMENT          | 1    | QL                                      |
| LEVONOR-ETH ESTRA 0.1-0.02 MG  | 1    |   | LIDOCAINE 5% PATCH             | 1    |   |
| LEVONOR-ETH ESTRA 0.15-0.03    | 1    |   | LIDOCAINE HCL 2% JEL UROJET AC | 1    |   |
| LEVONOR-ETH ESTRA TRIPHASIC    | 1    |   | LIDOCAINE HCL 2% JELLY         | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                 | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|---------------------------------|------|---|
| LIDOCAINE HCL 2% JELLY URO-JET | 1    |   | LITHIUM CARBONATE 300 MG TAB    | 1    |   |
| LIDOCAINE HCL 4% SOLUTION      | 1    |   | LITHIUM CARBONATE 600 MG CAP    | 1    |   |
| LIDOCAINE-PRILOCAINE CREAM     | 1    |   | LITHIUM CARBONATE ER 300 MG TB  | 1    |   |
| LIFESHIELD BLUNT CANNULA       | 2    |   | LITHIUM CARBONATE ER 450 MG TB  | 1    |   |
| LILLOW-28 TABLET               | 1    |   | LITHOSTAT 250 MG TABLET         | 3    |   |
| LINDANE 1% SHAMPOO             | 1    |   | LIVE BETTER PEN NEEDLES 8MM     | 2    |   |
| LINEZOLID 100 MG/5 ML SUSP     | 3    | PA                                      | LO LOESTRIN FE 1-10 TABLET      | 2    |   |
| LINEZOLID 600 MG TABLET        | 1    | PA                                      | LOJAIMIESS 0.1-0.02-0.01 TAB    | 1    |   |
| LINZESS 145 MCG CAPSULE        | 3    | QL                                      | LOKELMA 10 GRAM POWDER PACKET   | 3    |   |
| LINZESS 290 MCG CAPSULE        | 3    | QL                                      | LOKELMA 5 GRAM POWDER PACKET    | 3    |   |
| LINZESS 72 MCG CAPSULE         | 3    | QL                                      | LOPERAMIDE 2 MG CAPSULE         | 1    |   |
| LIOTHYRONINE SOD 25 MCG TAB    | 1    |   | LOPINA VIR-RITONAVIR 80-20MG/ML | 1    |   |
| LIOTHYRONINE SOD 5 MCG TAB     | 1    |   | LOPINA VIR-RITONAVR 100-25MG TB | 1    |   |
| LIOTHYRONINE SOD 50 MCG TAB    | 1    |   | LOPINA VIR-RITONAVR 200-50MG TB | 1    |   |
| LISINOPRIL 10 MG TABLET        | 1    |   | LORAZEPAM 0.5 MG TABLET         | 1    |   |
| LISINOPRIL 2.5 MG TABLET       | 1    |   | LORAZEPAM 1 MG TABLET           | 1    |   |
| LISINOPRIL 20 MG TABLET        | 1    |   | LORAZEPAM 2 MG TABLET           | 1    |   |
| LISINOPRIL 30 MG TABLET        | 1    |   | LORAZEPAM 2 MG/ML ORAL CONCENT  | 1    |   |
| LISINOPRIL 40 MG TABLET        | 1    |   | LORAZEPAM INTENSOL 2 MG/ML      | 1    |   |
| LISINOPRIL 5 MG TABLET         | 1    |   | LORCET 5-325 MG TABLET          | 1    | PA                                      |
| LISINOPRIL-HCTZ 10-12.5 MG TAB | 1    |   | LORCET HD 10-325 MG TABLET      | 1    | PA                                      |
| LISINOPRIL-HCTZ 20-12.5 MG TAB | 1    |   | LORCET PLUS 7.5-325 MG TABLET   | 1    | PA                                      |
| LISINOPRIL-HCTZ 20-25 MG TAB   | 1    |   | LORTAB 10 MG-300 MG/15 ML ELXR  | 1    | PA                                      |
| LITE TOUCH 31GX1/4" PEN NEEDLE | 2    |   | LORYNA 3 MG-0.02 MG TABLET      | 1    |   |
| LITE TOUCH INSULIN 0.5 ML SYR  | 2    |   | LOSARTAN POTASSIUM 100 MG TAB   | 1    |   |
| LITE TOUCH INSULIN 1 ML SYR    | 2    |   | LOSARTAN POTASSIUM 25 MG TAB    | 1    |   |
| LITE TOUCH INSULIN SYR 0.3 ML  | 2    |   | LOSARTAN POTASSIUM 50 MG TAB    | 1    |   |
| LITE TOUCH INSULIN SYR 0.5 ML  | 2    |   | LOSARTAN-HCTZ 100-12.5 MG TAB   | 1    |   |
| LITE TOUCH INSULIN SYR 1 ML    | 2    |   | LOSARTAN-HCTZ 100-25 MG TAB     | 1    |   |
| LITE TOUCH PEN NEEDLE 29G      | 2    |   | LOSARTAN-HCTZ 50-12.5 MG TAB    | 1    |   |
| LITE TOUCH PEN NEEDLE 31G      | 2    |   | LOTEPREDNOL 0.5% OPHTHALMC GEL  | 2    |   |
| LITEAIRE MDI CHAMBER           | 2    | QL                                      | LOTEPREDNOL ETABONATE 0.5% DRP  | 2    |   |
| LITETOUCH INS 0.3 ML 29GX1/2"  | 2    |   | LOVASTATIN 10 MG TABLET         | 1    |   |
| LITETOUCH INS 0.3 ML 30GX5/16" | 2    |   | LOVASTATIN 20 MG TABLET         | 1    |   |
| LITETOUCH INS 0.3 ML 31GX5/16" | 2    |   | LOVASTATIN 40 MG TABLET         | 1    |   |
| LITETOUCH INS 0.5 ML 31GX5/16" | 2    |   | LOW-OGESTREL-28 TABLET          | 1    |   |
| LITETOUCH LARGE MASK           | 2    | QL                                      | LOXAPINE 10 MG CAPSULE          | 1    |   |
| LITETOUCH MEDIUM MASK          | 2    | QL                                      | LOXAPINE 25 MG CAPSULE          | 1    |   |
| LITETOUCH SMALL MASK           | 2    | QL                                      | LOXAPINE 5 MG CAPSULE           | 1    |   |
| LITETOUCH SYR 0.5 ML 28GX1/2"  | 2    |   | LOXAPINE 50 MG CAPSULE          | 1    |   |
| LITETOUCH SYR 0.5 ML 29GX1/2"  | 2    |   | LO-ZUMANDIMINE 3 MG-0.02 MG TB  | 1    |   |
| LITETOUCH SYR 0.5 ML 30GX5/16" | 2    |   | LUBIPROSTONE 24 MCG CAPSULE     | 3    |   |
| LITETOUCH SYRIN 1 ML 28GX1/2"  | 2    |   | LUBIPROSTONE 8 MCG CAPSULE      | 3    |   |
| LITETOUCH SYRIN 1 ML 29GX1/2"  | 2    |   | LURASIDONE HCL 120 MG TABLET    | 3    | QL                                      |
| LITETOUCH SYRIN 1 ML 30GX5/16" | 2    |   | LURASIDONE HCL 20 MG TABLET     | 3    | QL                                      |
| LITHIUM CARBONATE 150 MG CAP   | 1    |   | LURASIDONE HCL 40 MG TABLET     | 3    | QL                                      |
| LITHIUM CARBONATE 300 MG CAP   | 1    |   | LURASIDONE HCL 60 MG TABLET     | 3    | QL                                      |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| LURASIDONE HCL 80 MG TABLET    | 3    | QL                                      | MEDROXYPROGESTERONE 5 MG TAB   | 1    |   |
| LUTERA-28 TABLET               | 1    |   | MEDTRONIC EXT INF SET 23" 6MM  | 2    |   |
| LYLEQ 0.35 MG TABLET           | 1    |   | MEDTRONIC EXT INF SET 23" 9MM  | 2    |   |
| LYLLANA 0.025 MG PATCH         | 1    | QL                                      | MEDTRONIC EXT INF SET 32" 9MM  | 2    |   |
| LYLLANA 0.0375 MG PATCH        | 1    | QL                                      | MEDTRONIC REMOTE CONTROL       | 2    |   |
| LYLLANA 0.05 MG PATCH          | 1    | QL                                      | MEFENAMIC ACID 250 MG CAPSULE  | 1    |   |
| LYLLANA 0.075 MG PATCH         | 1    | QL                                      | MEFLOQUINE HCL 250 MG TABLET   | 1    | QL                                      |
| LYLLANA 0.1 MG PATCH           | 1    | QL                                      | MEGESTROL 20 MG TABLET         | 1    |   |
| LYNPARZA 100 MG TABLET         | 4    | PA, QL, LDD, SRX                        | MEGESTROL 40 MG TABLET         | 1    |   |
| LYNPARZA 150 MG TABLET         | 4    | PA, QL, LDD, SRX                        | MEGESTROL 625 MG/5 ML SUSP     | 3    |   |
| LYSODREN 500 MG TABLET         | 3    | LDD                                     | MEGESTROL ACET 40 MG/ML SUSP   | 1    |   |
| LYZA 0.35 MG TABLET            | 1    |   | MEGESTROL ACET 400 MG/10 ML    | 1    |   |
| MAGELLAN INSUL SYRINGE 0.3 ML  | 2    |   | MEKINIST 0.05 MG/ML SOLUTION   | 4    | PA, QL, SRX                             |
| MAGELLAN INSUL SYRINGE 0.5 ML  | 2    |   | MEKINIST 0.5 MG TABLET         | 4    | PA, QL, SRX                             |
| MAGELLAN INSULIN SYR 0.3 ML    | 2    |   | MEKINIST 2 MG TABLET           | 4    | PA, QL, SRX                             |
| MAGELLAN INSULIN SYR 0.5 ML    | 2    |   | MELODETTA 24 FE CHEWABLE TAB   | 1    |   |
| MAGELLAN INSULIN SYRINGE 1 ML  | 2    |   | MELOXICAM 15 MG TABLET         | 1    |   |
| MALATHION 0.5% LOTION          | 1    |   | MELOXICAM 7.5 MG TABLET        | 1    |   |
| MAPROTIline 25 MG TABLET       | 1    |   | MELPHALAN 2 MG TABLET          | 1    |   |
| MAPROTIline 75 MG TABLET       | 1    |   | MEMANTINE 5-10 MG TITRATION PK | 1    |   |
| MARLISSA-28 TABLET             | 1    |   | MEMANTINE HCL 10 MG TABLET     | 1    |   |
| MARPLAN 10 MG TABLET           | 3    |   | MEMANTINE HCL 2 MG/ML SOLUTION | 1    |   |
| MATZIM LA 180 MG TABLET        | 1    |   | MEMANTINE HCL 5 MG TABLET      | 1    |   |
| MATZIM LA 240 MG TABLET        | 1    |   | MENACTRA VIAL                  | 2    |   |
| MATZIM LA 300 MG TABLET        | 1    |   | MENEST 0.3 MG TABLET           | 3    |   |
| MATZIM LA 360 MG TABLET        | 1    |   | MENEST 0.625 MG TABLET         | 3    |   |
| MATZIM LA 420 MG TABLET        | 1    |   | MENEST 1.25 MG TABLET          | 3    |   |
| MAXICOMFORT II PEN NDl 31GX6MM | 2    |   | MENEST 2.5 MG TABLET           | 3    |   |
| MAXI-COMFORT INS 0.5 ML 28G    | 2    |   | MENQUADFI VIAL                 | 2    |   |
| MAXICOMFORT INS 0.5ML 27GX1/2" | 2    |   | MENTAX 1% CREAM                | 3    |   |
| MAXICOMFORT INS 1 ML 27GX1/2"  | 2    |   | MENVEO 1 VIAL-A-C-Y-W-135-DIP  | 2    |   |
| MAXI-COMFORT INS 1 ML 28GX1/2" | 2    |   | MENVEO A-C-Y-W KIT (2 VIALS)   | 2    |   |
| MAXICOMFORT PEN NDl 29G X 5MM  | 2    |   | MEPERIDINE 50 MG TABLET        | 1    | PA                                      |
| MAXICOMFORT PEN NDl 29G X 8MM  | 2    |   | MEPERIDINE 50 MG/5 ML SOLUTION | 1    | PA                                      |
| MECLIZINE 12.5 MG TABLET       | 1    |   | MEPROBAMATE 200 MG TABLET      | 1    |   |
| MECLIZINE 25 MG TABLET         | 1    |   | MEPROBAMATE 400 MG TABLET      | 1    |   |
| MECLOFENAMATE 100 MG CAPSULE   | 1    |   | MERCAPTOPYRINE 50 MG TABLET    | 1    |   |
| MECLOFENAMATE 50 MG CAPSULE    | 1    |   | MERZEE 1 MG-20 MCG CAPSULE     | 1    |   |
| MEDISENSE GLUC-KET CONT SOL    | 2    |   | MESALAMINE 4 GM/60 ML ENEMA    | 3    |   |
| MEDISENSE H-L CONTROL SOLUTION | 2    |   | MESALAMINE 4 GM/60 ML KIT      | 3    |   |
| MEDISENSE H-M-L CONTROL SOLN   | 2    |   | MESALAMINE 800 MG DR TABLET    | 3    |   |
| MEDISENSE MID CONTROL SOLUTION | 2    |   | MESALAMINE ER 0.375 GRAM CAP   | 2    |   |
| MEDPOINT CONTROL SOLUTION      | 2    |   | MESALAMINE ER 500 MG CAPSULE   | 3    |   |
| MEDROL 2 MG TABLET             | 3    |   | MESNEX 400 MG TABLET           | 4    | SRX                                     |
| MEDROXYPROGESTERONE 10 MG TAB  | 1    |   | METAXALL 800 MG TABLET         | 3    |   |
| MEDROXYPROGESTERONE 150 MG/ML  | 1    |   | METAXALONE 400 MG TABLET       | 3    |   |
| MEDROXYPROGESTERONE 2.5 MG TAB | 1    |   | METAXALONE 800 MG TABLET       | 3    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| METFORMIN HCL 1,000 MG TABLET  | 1    |   | METHYLPHENIDATE ER 10 MG TAB   | 1    | QL                                      |
| METFORMIN HCL 500 MG TABLET    | 1    |   | METHYLPHENIDATE ER 18 MG TAB   | 1    | QL                                      |
| METFORMIN HCL 850 MG TABLET    | 1    |   | METHYLPHENIDATE ER 20 MG TAB   | 1    | QL                                      |
| METFORMIN HCL ER 500 MG TABLET | 1    |   | METHYLPHENIDATE ER 27 MG TAB   | 1    | QL                                      |
| METFORMIN HCL ER 750 MG TABLET | 1    |   | METHYLPHENIDATE ER 36 MG TAB   | 1    | QL                                      |
| METHADONE 10 MG/5 ML SOLUTION  | 1    | PA                                      | METHYLPHENIDATE ER 54 MG TAB   | 1    | QL                                      |
| METHADONE 10 MG/ML ORAL CONC   | 1    | PA                                      | METHYLPHENIDATE ER(CD) 10MG CP | 1    | QL                                      |
| METHADONE 5 MG/5 ML SOLUTION   | 1    | PA                                      | METHYLPHENIDATE ER(CD) 20MG CP | 1    | QL                                      |
| METHADONE HCL 10 MG TABLET     | 1    | PA                                      | METHYLPHENIDATE ER(CD) 30MG CP | 1    | QL                                      |
| METHADONE HCL 5 MG TABLET      | 1    | PA                                      | METHYLPHENIDATE ER(CD) 40MG CP | 1    | QL                                      |
| METHADONE INTENSOL 10 MG/ML    | 1    | PA                                      | METHYLPHENIDATE ER(CD) 50MG CP | 1    | QL                                      |
| METHAMPHETAMINE 5 MG TABLET    | 3    | QL                                      | METHYLPHENIDATE ER(CD) 60MG CP | 1    | QL                                      |
| METHAZOLAMIDE 25 MG TABLET     | 1    |   | METHYLPHENIDATE ER(LA) 10MG CP | 1    | QL                                      |
| METHAZOLAMIDE 50 MG TABLET     | 1    |   | METHYLPHENIDATE ER(LA) 20MG CP | 1    | QL                                      |
| METHENAMINE HIPPI 1 GM TABLET  | 1    |   | METHYLPHENIDATE ER(LA) 30MG CP | 1    | QL                                      |
| METHENAMINE MAND 1 GM TABLET   | 1    |   | METHYLPHENIDATE ER(LA) 40MG CP | 1    | QL                                      |
| METHENAMINE MAND 500 MG TABLET | 1    |   | METHYLPHENIDATE LA 10 MG CAP   | 1    | QL                                      |
| METHERGINE 0.2 MG TABLET       | 3    |   | METHYLPHENIDATE LA 20 MG CAP   | 1    | QL                                      |
| METHIMAZOLE 10 MG TABLET       | 1    |   | METHYLPHENIDATE LA 30 MG CAP   | 1    | QL                                      |
| METHIMAZOLE 5 MG TABLET        | 1    |   | METHYLPHENIDATE LA 40 MG CAP   | 1    | QL                                      |
| METHITEST 10 MG TABLET         | 4    | SRX                                     | METHYLPHENIDATE LA 60 MG CAP   | 1    | QL                                      |
| METHOCARBAMOL 500 MG TABLET    | 1    |   | METHYLPREDNISOLONE 16 MG TAB   | 1    |   |
| METHOCARBAMOL 750 MG TABLET    | 1    |   | METHYLPREDNISOLONE 32 MG TAB   | 1    |   |
| METHOTREXATE 2.5 MG TABLET     | 1    |   | METHYLPREDNISOLONE 4 MG DOSEPK | 1    |   |
| METHOXSALEN 10 MG SOFTGEL      | 3    |   | METHYLPREDNISOLONE 4 MG TABLET | 1    |   |
| METHSCOPOLAMINE BROM 2.5 MG TB | 1    |   | METHYLPREDNISOLONE 8 MG TABLET | 1    |   |
| METHSCOPOLAMINE BROM 5 MG TAB  | 1    |   | METHYLTESTOSTERONE 10 MG CAP   | 4    | SRX                                     |
| METHSUXIMIDE 300 MG CAPSULE    | 3    |   | METOCLOPRAMIDE 10 MG TABLET    | 1    |   |
| METHYLDOPA 250 MG TABLET       | 1    |   | METOCLOPRAMIDE 10 MG/10 ML SOL | 1    |   |
| METHYLDOPA 500 MG TABLET       | 1    |   | METOCLOPRAMIDE 5 MG TABLET     | 1    |   |
| METHYLDOPA-HCTZ 250-15 MG TAB  | 1    |   | METOCLOPRAMIDE 5 MG/5 ML SOLN  | 1    |   |
| METHYLDOPA-HCTZ 250-25 MG TAB  | 1    |   | METOLAZONE 10 MG TABLET        | 1    |   |
| METHYLERGONOVINE 0.2 MG TABLET | 3    |   | METOLAZONE 2.5 MG TABLET       | 1    |   |
| METHYLPHENIDATE 10 MG CHEW TAB | 1    | QL                                      | METOLAZONE 5 MG TABLET         | 1    |   |
| METHYLPHENIDATE 10 MG TABLET   | 1    | QL                                      | METOPROLOL SUCC ER 100 MG TAB  | 1    |   |
| METHYLPHENIDATE 10 MG/5 ML SOL | 1    | QL                                      | METOPROLOL SUCC ER 200 MG TAB  | 1    |   |
| METHYLPHENIDATE 2.5 MG CHEW TB | 1    | QL                                      | METOPROLOL SUCC ER 25 MG TAB   | 1    |   |
| METHYLPHENIDATE 20 MG TABLET   | 1    | QL                                      | METOPROLOL SUCC ER 50 MG TAB   | 1    |   |
| METHYLPHENIDATE 5 MG CHEW TAB  | 1    | QL                                      | METOPROLOL TARTRATE 100 MG TAB | 1    |   |
| METHYLPHENIDATE 5 MG TABLET    | 1    | QL                                      | METOPROLOL TARTRATE 25 MG TAB  | 1    |   |
| METHYLPHENIDATE 5 MG/5 ML SOLN | 1    | QL                                      | METOPROLOL TARTRATE 37.5 MG TB | 1    |   |
| METHYLPHENIDATE CD 10 MG CAP   | 1    | QL                                      | METOPROLOL TARTRATE 50 MG TAB  | 1    |   |
| METHYLPHENIDATE CD 20 MG CAP   | 1    | QL                                      | METOPROLOL TARTRATE 75 MG TAB  | 1    |   |
| METHYLPHENIDATE CD 30 MG CAP   | 1    | QL                                      | METOPROLOL-HCTZ 100-25 MG TAB  | 1    |   |
| METHYLPHENIDATE CD 40 MG CAP   | 1    | QL                                      | METOPROLOL-HCTZ 100-50 MG TAB  | 1    |   |
| METHYLPHENIDATE CD 50 MG CAP   | 1    | QL                                      | METOPROLOL-HCTZ 50-25 MG TAB   | 1    |   |
| METHYLPHENIDATE CD 60 MG CAP   | 1    | QL                                      | METRONIDAZOLE 0.75% CREAM      | 1    |   |



## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                 | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|---------------------------------|------|---|
| METRONIDAZOLE 0.75% LOTION     | 1    |   | MINI ULTRA-THIN II PEN NDJL 31G | 2    |   |
| METRONIDAZOLE 250 MG TABLET    | 1    |   | MINI WRIGHT PEAK FLOW METER     | 2    |   |
| METRONIDAZOLE 375 MG CAPSULE   | 1    |   | MINIMED INFUSION SET            | 1    |   |
| METRONIDAZOLE 500 MG TABLET    | 1    |   | MINIMED MIO ADV INFUSN 23"6MM   | 1    |   |
| METRONIDAZOLE TOP 1% GEL PUMP  | 1    |   | MINIMED MIO ADV INFUSN 23"9MM   | 1    |   |
| METRONIDAZOLE TOPICAL 0.75% GL | 1    |   | MINIMED MIO ADV INFUSN 43"6MM   | 1    |   |
| METRONIDAZOLE TOPICAL 1% GEL   | 1    |   | MINIMED MIO ADV INFUSN 43"9MM   | 1    |   |
| METRONIDAZOLE VAGINAL 0.75% GL | 1    |   | MINIMED MIO INFUSN SET 18" 6MM  | 2    |   |
| METYROSINE 250 MG CAPSULE      | 4    | PA, SRX                                 | MINIMED MIO INFUSN SET 23" 6MM  | 2    |   |
| MEXILETINE 150 MG CAPSULE      | 1    |   | MINIMED MIO INFUSN SET 32" 6MM  | 1    |   |
| MEXILETINE 200 MG CAPSULE      | 1    |   | MINIMED MIO INFUSN SET 32" 9MM  | 1    |   |
| MEXILETINE 250 MG CAPSULE      | 1    |   | MINIMED QUICK SET INF 18" 6MM   | 1    |   |
| MIBELAS 24 FE CHEWABLE TABLET  | 1    |   | MINIMED QUICK SET INF 23" 6MM   | 1    |   |
| MICONAZOLE 3 200 MG VAG SUPP   | 1    |   | MINIMED QUICK SET INF 23" 9MM   | 1    |   |
| MICROCHAMBER                   | 2    | QL                                      | MINIMED QUICK SET INF 32" 6MM   | 1    |   |
| MICRODOT HIGH-LOW CONTROL SOL  | 2    |   | MINIMED QUICK SET INF 32" 9MM   | 3    |   |
| MICRODOT NORMAL CONTROL SOLUT  | 2    |   | MINIMED QUICK SET INF 43" 6MM   | 1    |   |
| MICRODOT PEN NEEDLE 31GX6MM    | 2    |   | MINIMED QUICK SET INF 43" 9MM   | 1    |   |
| MICRODOT PEN NEEDLE 32GX4MM    | 2    |   | MINIMED QUICK-SERTER            | 1    |   |
| MICRODOT PEN NEEDLE 33GX4MM    | 2    |   | MINIMED RESERVOIR 1.8 ML        | 2    |   |
| MICROGESTIN 21 1.5-30 TAB      | 1    |   | MINIMED RESERVOIR 3 ML          | 2    |   |
| MICROGESTIN 21 1-20 TABLET     | 1    |   | MINIMED SILHOUETTE INF SET 18"  | 2    |   |
| MICROGESTIN 24 FE 1 MG-20 MCG  | 1    |   | MINIMED SILHOUETTE INF SET 23"  | 2    |   |
| MICROGESTIN FE 1.5-30 TAB      | 1    |   | MINIMED SILHOUETTE INF SET 32"  | 2    |   |
| MICROGESTIN FE 1-20 TABLET     | 1    |   | MINIMED SILHOUETTE INF SET 43"  | 2    |   |
| MICROLIFE PEAK FLOW METER      | 2    |   | MINIMED SURE T INF SET 18" 6MM  | 2    |   |
| MICROSPACER FOR AEROSOL DEVICE | 2    | QL                                      | MINIMED SURE T INF SET 23" 6MM  | 2    |   |
| MIDAZOLAM HCL 10 MG/5 ML SYRUP | 1    |   | MINIMED SURE T INF SET 23" 8MM  | 2    |   |
| MIDAZOLAM HCL 2 MG/ML SYRUP    | 1    |   | MINIMED SURE T INF SET 32" 6MM  | 2    |   |
| MIDAZOLAM HCL 5 MG/2.5 ML SYRP | 1    |   | MINIMED SURE T INF SET 32" 8MM  | 2    |   |
| MIDODRINE HCL 10 MG TABLET     | 1    |   | MINIMED SURE T INFUSN SET 23"   | 2    |   |
| MIDODRINE HCL 2.5 MG TABLET    | 1    |   | MINIMED SURE T INFUSN SET 32"   | 2    |   |
| MIDODRINE HCL 5 MG TABLET      | 1    |   | MINITRAN 0.1 MG/HR PATCH        | 1    |   |
| MIGERGOT 2-100 MG SUPPOSITORY  | 3    |   | MINITRAN 0.2 MG/HR PATCH        | 1    |   |
| MIGLITOL 100 MG TABLET         | 1    |   | MINITRAN 0.4 MG/HR PATCH        | 1    |   |
| MIGLITOL 25 MG TABLET          | 1    |   | MINITRAN 0.6 MG/HR PATCH        | 1    |   |
| MIGLITOL 50 MG TABLET          | 1    |   | MINI-WRIGHT PEAK FLOW METER     | 2    |   |
| MIGLUSTAT 100 MG CAPSULE       | 4    | PA, SRX                                 | MINOCYCLINE 100 MG CAPSULE      | 1    |   |
| MILI 0.25-0.035 MG TABLET      | 1    |   | MINOCYCLINE 50 MG CAPSULE       | 1    |   |
| MIMVEY 1-0.5 MG TABLET         | 1    |   | MINOCYCLINE 75 MG CAPSULE       | 1    |   |
| MINI PEN NEEDLE 32G 4MM        | 1    |   | MINOCYCLINE HCL 100 MG TABLET   | 1    |   |
| MINI PEN NEEDLE 32G 5MM        | 1    |   | MINOCYCLINE HCL 50 MG TABLET    | 1    |   |
| MINI PEN NEEDLE 32G 6MM        | 1    |   | MINOCYCLINE HCL 75 MG TABLET    | 1    |   |
| MINI PEN NEEDLE 32G 8MM        | 2    |   | MINOXIDIL 10 MG TABLET          | 1    |   |
| MINI PEN NEEDLE 33G 4MM        | 2    |   | MINOXIDIL 2.5 MG TABLET         | 1    |   |
| MINI PEN NEEDLE 33G 5MM        | 2    |   | MIO INFUSION SET 18"            | 2    |   |
| MINI PEN NEEDLE 33G 6MM        | 2    |   | MIO INFUSION SET 23"            | 2    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| MIO INFUSION SET 32"           | 2    |   | MONOJECT 3 ML SYRN 27GX11/4"   | 2    |   |
| MIRTAZAPINE 15 MG ODT          | 1    |   | MONOJECT 6 ML SYRN 20GX11/2"   | 2    |   |
| MIRTAZAPINE 15 MG TABLET       | 1    |   | MONOJECT 6 ML SYRN 21GX1"      | 2    |   |
| MIRTAZAPINE 30 MG ODT          | 1    |   | MONOJECT 6 ML SYRN 21GX11/2"   | 2    |   |
| MIRTAZAPINE 30 MG TABLET       | 1    |   | MONOJECT 6 ML SYRN 22GX11/2"   | 2    |   |
| MIRTAZAPINE 45 MG ODT          | 1    |   | MONOJECT 6CC SAFETY SYRINGE    | 2    |   |
| MIRTAZAPINE 45 MG TABLET       | 1    |   | MONOJECT BLD COL NEEDL 20GX1.5 | 2    |   |
| MIRTAZAPINE 7.5 MG TABLET      | 1    |   | MONOJECT BLD COL NEEDLE 20GX1" | 2    |   |
| MISOPROSTOL 100 MCG TABLET     | 1    |   | MONOJECT BLD COL NEEDLE 21GX1" | 2    |   |
| MISOPROSTOL 200 MCG TABLET     | 1    |   | MONOJECT BLD COL NEEDLE 22GX1" | 2    |   |
| M-M-R II VACCINE VIAL          | 2    |   | MONOJECT FILTR 18GX1.5" NEEDLE | 2    |   |
| M-NATAL PLUS TABLET            | 1    |   | MONOJECT HYPO NDL 27GX1-1/2"   | 2    |   |
| MODAFINIL 100 MG TABLET        | 3    | PA                                      | MONOJECT HYPO NEEDLE 18X1A     | 2    |   |
| MODAFINIL 200 MG TABLET        | 3    | PA                                      | MONOJECT HYPO NEEDLE 19X1      | 2    |   |
| MODERNA COVID (12Y UP)VAC(EUA) | 2    |   | MONOJECT HYPO NEEDLE 19X1-1/2  | 2    |   |
| MODERNA COVID BIVAL(6MO UP)EUA | 2    |   | MONOJECT HYPO NEEDLE 20X1      | 2    |   |
| MODERNA COVID BIVAL(6MO-5Y)EUA | 2    |   | MONOJECT HYPO NEEDLE 20X1-1/2  | 2    |   |
| MODERNA COVID(6-11Y) VACC(EUA) | 2    |   | MONOJECT HYPO NEEDLE 21X1      | 2    |   |
| MODERNA COVID(6M-5Y) VACC(EUA) | 2    |   | MONOJECT HYPO NEEDLE 21X1-1/2  | 2    |   |
| MODERNA COVID-19 BOOSTER (EUA) | 2    |   | MONOJECT HYPO NEEDLE 22X1      | 2    |   |
| MOEXIPRIL HCL 15 MG TABLET     | 1    |   | MONOJECT HYPO NEEDLE 22X1.5    | 2    |   |
| MOEXIPRIL HCL 7.5 MG TABLET    | 1    |   | MONOJECT HYPO NEEDLE 23X1      | 2    |   |
| MOLINDONE HCL 10 MG TABLET     | 1    |   | MONOJECT HYPO NEEDLE 25X1      | 2    |   |
| MOLINDONE HCL 25 MG TABLET     | 1    |   | MONOJECT HYPO NEEDLE 25X1.5    | 2    |   |
| MOLINDONE HCL 5 MG TABLET      | 1    |   | MONOJECT HYPO NEEDLE 25X5/8    | 2    |   |
| MOMETASONE FUROATE 0.1% CREAM  | 1    |   | MONOJECT HYPO NEEDLE 26X1.5    | 2    |   |
| MOMETASONE FUROATE 0.1% OINT   | 1    |   | MONOJECT HYPO NEEDLE 27X0.5    | 2    |   |
| MOMETASONE FUROATE 0.1% SOLN   | 1    |   | MONOJECT HYPO NEEDLE 30X3/4    | 2    |   |
| MOMETASONE FUROATE 50 MCG SPRY | 1    | QL                                      | MONOJECT HYPODERMIC NEEDLE     | 2    |   |
| MONDOXYNE NL 100 MG CAPSULE    | 1    |   | MONOJECT INSUL SYR U100        | 2    |   |
| MONDOXYNE NL 75 MG CAPSULE     | 1    |   | MONOJECT INSUL SYR U100 0.5 ML | 2    |   |
| MONOJECT 0.5 ML SYRN 28GX1/2"  | 2    |   | MONOJECT INSUL SYR U100 1 ML   | 2    |   |
| MONOJECT 1 ML SYRN 27X1/2"     | 2    |   | MONOJECT INSULIN SAFETY SYRNG  | 2    |   |
| MONOJECT 1 ML SYRN 28GX1/2"    | 2    |   | MONOJECT INSULIN SYR 0.3 ML    | 2    |   |
| MONOJECT 3 ML SYRINGE 21GX1"   | 2    |   | MONOJECT INSULIN SYR 0.5 ML    | 2    |   |
| MONOJECT 3 ML SYRINGE 23GX1"   | 2    |   | MONOJECT INSULIN SYR 1 ML      | 2    |   |
| MONOJECT 3 ML SYRINGE 25GX1"   | 2    |   | MONOJECT INSULIN SYR U-100     | 2    |   |
| MONOJECT 3 ML SYRN 21GX1"      | 2    |   | MONOJECT INSULIN SYRN 3/10 ML  | 2    |   |
| MONOJECT 3 ML SYRN 21GX11/2"   | 2    |   | MONOJECT SYRINGE 0.3 ML        | 2    |   |
| MONOJECT 3 ML SYRN 21GX1-1/2"  | 2    |   | MONOJECT SYRINGE 0.5 ML        | 2    |   |
| MONOJECT 3 ML SYRN 22GX11/2"   | 2    |   | MONOJECT SYRINGE 1 ML          | 2    |   |
| MONOJECT 3 ML SYRN 22GX1-1/2"  | 2    |   | MONOJECT SYRINGE 3 ML 20GX1    | 2    |   |
| MONOJECT 3 ML SYRN 23GX1"      | 2    |   | MONOJECT SYRINGE 3 ML 22GX1"   | 2    |   |
| MONOJECT 3 ML SYRN 25GX1"      | 2    |   | MONOJECT SYRN 3 ML 20GX1-1/2"  | 2    |   |
| MONOJECT 3 ML SYRN 25GX1.25"   | 2    |   | MONOJECT SYRN 3 ML 20GX3/4"    | 2    |   |
| MONOJECT 3 ML SYRN 25GX5/8"    | 2    |   | MONOJECT SYRNG 20GX1" 3 ML     | 2    |   |
| MONOJECT 3 ML SYRN 27GX1.25"   | 2    |   | MONO-LINYAH 28 TABLET          | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| MONTELUKAST SOD 10 MG TABLET   | 1    |   | MULTISTIX 7 REAGENT STRIPS     | 2    |   |
| MONTELUKAST SOD 4 MG GRANULES  | 1    |   | MULTISTIX 8 SG REAGENT STRIPS  | 2    |   |
| MONTELUKAST SOD 4 MG TAB CHEW  | 1    |   | MULTISTIX 9 REAGENT STRIPS     | 2    |   |
| MONTELUKAST SOD 5 MG TAB CHEW  | 1    |   | MULTISTIX 9 SG REAGENT STRIPS  | 2    |   |
| MORGIDOX 100 MG CAPSULE        | 1    |   | MULTIVIT-FLUOR 0.25 MG TAB CHW | 1    |   |
| MORGIDOX 50 MG CAPSULE         | 1    |   | MULTIVIT-FLUOR 0.25 MG/ML DROP | 1    |   |
| MORPHINE SULF 10 MG SUPPOS     | 1    | PA                                      | MULTIVIT-FLUOR 0.5 MG TAB CHEW | 1    |   |
| MORPHINE SULF 10 MG/5 ML SOLN  | 1    | PA                                      | MULTIVIT-FLUORIDE 1 MG TAB CHW | 1    |   |
| MORPHINE SULF 100 MG/5 ML CONC | 1    | PA                                      | MUPIROCIN 2% CREAM             | 1    |   |
| MORPHINE SULF 20 MG SUPPOS     | 1    | PA                                      | MUPIROCIN 2% OINTMENT          | 1    |   |
| MORPHINE SULF 20 MG/5 ML SOLN  | 1    | PA                                      | MY CHOICE 1.5 MG TABLET        | 1    |   |
| MORPHINE SULF 30 MG SUPPOS     | 1    | PA                                      | MY WAY 1.5 MG TABLET           | 1    |   |
| MORPHINE SULF 5 MG SUPPOS      | 1    | PA                                      | MYCOPHENOLATE 200 MG/ML SUSP   | 1    |   |
| MORPHINE SULF ER 100 MG TABLET | 1    | PA                                      | MYCOPHENOLATE 250 MG CAPSULE   | 1    |   |
| MORPHINE SULF ER 15 MG TABLET  | 1    | PA                                      | MYCOPHENOLATE 500 MG TABLET    | 1    |   |
| MORPHINE SULF ER 200 MG TABLET | 1    | PA                                      | MYCOPHENOLIC ACID DR 180 MG TB | 1    |   |
| MORPHINE SULF ER 30 MG TABLET  | 1    | PA                                      | MYCOPHENOLIC ACID DR 360 MG TB | 1    |   |
| MORPHINE SULF ER 60 MG TABLET  | 1    | PA                                      | MYGLUCOHEALTH CONTROL SOLN PAK | 2    |   |
| MORPHINE SULFATE ER 10 MG CAP  | 1    | PA                                      | MYLERAN 2 MG TABLET            | 3    |   |
| MORPHINE SULFATE ER 100 MG CAP | 1    | PA                                      | MYNATAL CAPSULE                | 1    |   |
| MORPHINE SULFATE ER 120 MG CAP | 1    | PA                                      | MYNATAL PLUS CAPTAB            | 1    |   |
| MORPHINE SULFATE ER 20 MG CAP  | 1    | PA                                      | MYNATAL ULTRACAPLET            | 1    |   |
| MORPHINE SULFATE ER 30 MG CAP  | 1    | PA                                      | MYNATAL-Z CAPTAB               | 1    |   |
| MORPHINE SULFATE ER 45 MG CAP  | 1    | PA                                      | MYORISAN 10 MG CAPSULE         | 3    |   |
| MORPHINE SULFATE ER 50 MG CAP  | 1    | PA                                      | MYORISAN 20 MG CAPSULE         | 3    |   |
| MORPHINE SULFATE ER 60 MG CAP  | 1    | PA                                      | MYORISAN 30 MG CAPSULE         | 3    |   |
| MORPHINE SULFATE ER 75 MG CAP  | 1    | PA                                      | MYORISAN 40 MG CAPSULE         | 3    |   |
| MORPHINE SULFATE ER 80 MG CAP  | 1    | PA                                      | MYRBETRIQ ER 25 MG TABLET      | 3    | QL, ST                                  |
| MORPHINE SULFATE ER 90 MG CAP  | 1    | PA                                      | MYRBETRIQ ER 50 MG TABLET      | 3    | QL, ST                                  |
| MORPHINE SULFATE IR 15 MG TAB  | 1    | PA                                      | MYTESI 125 MG DR TABLET        | 3    | LDD                                     |
| MORPHINE SULFATE IR 30 MG TAB  | 1    | PA                                      | NABUMETONE 500 MG TABLET       | 1    |   |
| MOXIFLOXACIN 0.5% EYE DROPS    | 1    |   | NABUMETONE 750 MG TABLET       | 1    |   |
| MOXIFLOXACIN 0.5% EYE DRP-VISC | 1    |   | NADOLOL 20 MG TABLET           | 1    |   |
| MOXIFLOXACIN HCL 400 MG TABLET | 1    |   | NADOLOL 40 MG TABLET           | 1    |   |
| MS INS SYR 0.5 ML 29GX1/2"     | 2    |   | NADOLOL 80 MG TABLET           | 1    |   |
| MS INS SYR 1 ML 29GX1/2"       | 2    |   | NAFTIFINE HCL 1% CREAM         | 1    |   |
| MS INS SYRINGE 1 ML 30GX1/2"   | 2    |   | NAFTIFINE HCL 1% GEL           | 1    |   |
| MS INSUL SYR 0.3 ML 31GX5/16"  | 2    |   | NAFTIFINE HCL 2% CREAM         | 1    |   |
| MS INSUL SYR 0.5 ML 30GX1/2"   | 2    |   | NAFTIFINE HCL 2% GEL           | 1    |   |
| MS INSUL SYR 0.5 ML 31GX5/16"  | 2    |   | NALOXONE 0.4 MG/ML CARPUJECT   | 1    |   |
| MS INSULIN SYR 0.3 ML 29GX1/2" | 2    |   | NALOXONE 2 MG/2 ML SYRINGE     | 1    |   |
| MS INSULIN SYR 1 ML 31GX5/16"  | 2    |   | NALOXONE HCL 4 MG NASAL SPRAY  | 1    | QL                                      |
| MS INSULIN SYRINGE 0.3 ML      | 2    |   | NALTREXONE 50 MG TABLET        | 1    | QL                                      |
| MS PEN NEEDLE 6MM 31G          | 2    |   | NAPROXEN 250 MG TABLET         | 1    |   |
| MULTISTIX REAGENT STRIPS       | 2    |   | NAPROXEN 375 MG TABLET         | 1    |   |
| MULTISTIX 10 SG REAGENT STRIPS | 2    |   | NAPROXEN 500 MG KIT            | 1    |   |
| MULTISTIX 5 STRIPS             | 2    |   | NAPROXEN 500 MG TABLET         | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| NAPROXEN DR 375 MG TABLET      | 1    |   | NEULASTA 6 MG/0.6 ML SYRINGE   | 4    | PA, SRX                                 |
| NAPROXEN DR 500 MG TABLET      | 1    |   | NEULASTA ONPRO 6 MG/0.6 ML KIT | 4    | PA, SRX                                 |
| NAPROXEN SOD CR 375 MG TABLET  | 1    |   | NEVANAC 0.1% EYE DROP          | 3    |   |
| NAPROXEN SOD ER 375 MG TABLET  | 1    |   | NEVIRAPINE 200 MG TABLET       | 1    |   |
| NAPROXEN SODIUM 275 MG TAB     | 1    |   | NEVIRAPINE 50 MG/5 ML SUSP     | 1    |   |
| NAPROXEN SODIUM 550 MG TAB     | 1    |   | NEVIRAPINE ER 100 MG TABLET    | 1    |   |
| NARATRIPTAN HCL 1 MG TABLET    | 1    | QL                                      | NEVIRAPINE ER 400 MG TABLET    | 1    |   |
| NARATRIPTAN HCL 2.5 MG TABLET  | 1    | QL                                      | NEW DAY 1.5 MG TABLET          | 1    |   |
| NATACYN 5% EYE DROPS           | 3    |   | NEWGEN TABLET                  | 1    |   |
| NATAZIA 28 TABLET              | 3    |   | NIACIN ER 1,000 MG TABLET      | 1    |   |
| NATEGLINIDE 120 MG TABLET      | 1    |   | NIACIN ER 500 MG TABLET        | 1    |   |
| NATEGLINIDE 60 MG TABLET       | 1    |   | NIACIN ER 750 MG TABLET        | 1    |   |
| NATURE-THROID 113.75 MG TABLET | 1    |   | NICARDIPINE 20 MG CAPSULE      | 1    |   |
| NATURE-THROID 130 MG TABLET    | 1    |   | NICARDIPINE 30 MG CAPSULE      | 1    |   |
| NATURE-THROID 146.25 MG TABLET | 1    |   | NICOTROL CARTRIDGE INHALER     | 3    |   |
| NATURE-THROID 16.25 MG TABLET  | 1    |   | NICOTROL NS 10 MG/ML SPRAY     | 3    |   |
| NATURE-THROID 162.5 MG TABLET  | 1    |   | NIFEDIPINE 10 MG CAPSULE       | 1    |   |
| NATURE-THROID 195 MG TABLET    | 1    |   | NIFEDIPINE 20 MG CAPSULE       | 1    |   |
| NATURE-THROID 260 MG TABLET    | 1    |   | NIFEDIPINE ER 30 MG TABLET     | 1    |   |
| NATURE-THROID 32.5 MG TABLET   | 1    |   | NIFEDIPINE ER 60 MG TABLET     | 1    |   |
| NATURE-THROID 325 MG TABLET    | 1    |   | NIFEDIPINE ER 90 MG TABLET     | 1    |   |
| NATURE-THROID 48.75 MG TABLET  | 1    |   | NIKKI 3 MG-0.02 MG TABLET      | 1    |   |
| NATURE-THROID 65 MG TABLET     | 1    |   | NILUTAMIDE 150 MG TABLET       | 4    | SRX                                     |
| NATURE-THROID 81.25 MG TABLET  | 1    |   | NIMODIPINE 30 MG CAPSULE       | 3    |   |
| NATURE-THROID 97.5 MG TABLET   | 1    |   | NINLARO 2.3 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| NAYZILAM 5 MG NASAL SPRAY      | 4    | PA, QL, SRX                             | NINLARO 3 MG CAPSULE           | 4    | PA, QL, LDD, SRX                        |
| NEBUSAL 3% VIAL                | 1    |   | NINLARO 4 MG CAPSULE           | 4    | PA, QL, LDD, SRX                        |
| NECON 0.5-35-28 TABLET         | 1    |   | NISOLDIPINE ER 17 MG TABLET    | 1    | QL                                      |
| NEFAZODONE HCL 100 MG TABLET   | 1    |   | NISOLDIPINE ER 20 MG TABLET    | 1    | QL                                      |
| NEFAZODONE HCL 150 MG TABLET   | 1    |   | NISOLDIPINE ER 25.5 MG TABLET  | 1    | QL                                      |
| NEFAZODONE HCL 200 MG TABLET   | 1    |   | NISOLDIPINE ER 30 MG TABLET    | 1    | QL                                      |
| NEFAZODONE HCL 250 MG TABLET   | 1    |   | NISOLDIPINE ER 34 MG TABLET    | 1    | QL                                      |
| NEFAZODONE HCL 50 MG TABLET    | 1    |   | NISOLDIPINE ER 40 MG TABLET    | 1    | QL                                      |
| NEO-BACIT-POLY-HC EYE OINTMENT | 1    |   | NISOLDIPINE ER 8.5 MG TABLET   | 1    | QL                                      |
| NEOMYC-BACIT-POLYMIX EYE OINT  | 1    |   | NITAZOXANIDE 500 MG TABLET     | 3    | PA                                      |
| NEOMYCIN 500 MG TABLET         | 1    |   | NITRO-BID 2% OINTMENT          | 1    |   |
| NEOMYCIN-POLY-HC EYE DROPS     | 1    |   | NITROFURANTOIN 25 MG/5 ML SUSP | 3    |   |
| NEOMYC-POLYM-GRAMICID EYE DROP | 1    |   | NITROFURANTOIN MCR 100 MG CAP  | 1    |   |
| NEOMYCIN-POLYMYXIN-HC EAR SOLN | 1    |   | NITROFURANTOIN MCR 25 MG CAP   | 1    |   |
| NEOMYCIN-POLYMYXIN-HC EAR SUSP | 1    |   | NITROFURANTOIN MCR 50 MG CAP   | 1    |   |
| NEOMYC-POLYM-DEXAMET EYE OINTM | 1    |   | NITROFURANTOIN MONO-MCR 100 MG | 1    |   |
| NEOMYC-POLYM-DEXAMETH EYE DROP | 1    |   | NITROGLYCERIN 0.1 MG/HR PATCH  | 1    |   |
| NEOMY-POLYMYXIN B 40 MG/ML AMP | 1    |   | NITROGLYCERIN 0.2 MG/HR PATCH  | 1    |   |
| NEOMY-POLYMYXIN B 40 MG/ML VL  | 1    |   | NITROGLYCERIN 0.3 MG TABLET SL | 1    |   |
| NEO-POLYCIN EYE OINTMENT       | 1    |   | NITROGLYCERIN 0.4 MG TABLET SL | 1    |   |
| NEO-POLYCIN HC EYE OINTMENT    | 1    |   | NITROGLYCERIN 0.4 MG/HR PATCH  | 1    |   |
| NEUAC GEL                      | 1    |   | NITROGLYCERIN 0.6 MG TABLET SL | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| 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    |   |
| NORTRIPTYLINE 10 MG/5 ML SOLN  | 1    |   |
| NORTRIPTYLINE HCL 10 MG CAP    | 1    |   |
| NORTRIPTYLINE HCL 25 MG CAP    | 1    |   |
| NORTRIPTYLINE HCL 50 MG CAP    | 1    |   |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| NORTRIPTYLINE HCL 75 MG CAP    | 1    |   |
| NORVIR 100 MG POWDER PACKET    | 2    |   |
| NOVA MAX GLUCOSE CONTROL SOLN  | 2    |   |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | 2    |   |
| NOVOFINE 32G NEEDLES           | 2    |   |
| NOVOFINE AUTOCOVER 30G NEEDLE  | 2    |   |
| NOVOFINE PLUS PEN ND 32GX1/6"  | 2    |   |
| NOVOLOG 100 UNIT/ML FLEXPEN    | 3    | QL, ST                                  |
| NOVOLOG 100 UNIT/ML VIAL       | 3    | QL, ST                                  |
| NOVOLOG MIX 70-30 FLEXPEN      | 3    | QL, ST                                  |
| NOVOLOG MIX 70-30 VIAL         | 3    | QL, ST                                  |
| NOVOLOG PENFILL 100 UNIT/ML    | 3    | QL, ST                                  |
| NOVOPEN 3 INSULIN DEVICE       | 2    |   |
| NOVOPEN ECHO INSULIN DEVICE    | 2    |   |
| NOVOTWIST NEEDLE 32G 5MM       | 2    |   |
| NOXAFIL 40 MG/ML SUSPENSION    | 3    |   |
| NP THYROID 120 MG TABLET       | 1    |   |
| NP THYROID 15 MG TABLET        | 1    |   |
| NP THYROID 30 MG TABLET        | 1    |   |
| NP THYROID 60 MG TABLET        | 1    |   |
| NP THYROID 90 MG TABLET        | 1    |   |
| NUCYNTA 100 MG TABLET          | 3    | PA                                      |
| NUCYNTA 50 MG TABLET           | 3    | PA                                      |
| NUCYNTA 75 MG TABLET           | 3    | PA                                      |
| NUCYNTA ER 100 MG TABLET       | 3    | PA                                      |
| NUCYNTA ER 150 MG TABLET       | 3    | PA                                      |
| NUCYNTA ER 200 MG TABLET       | 3    | PA                                      |
| NUCYNTA ER 250 MG TABLET       | 3    | PA                                      |
| NUCYNTA ER 50 MG TABLET        | 3    | PA                                      |
| NUEDEXTA 20-10 MG CAPSULE      | 3    | PA                                      |
| NYAMYC 100,000 UNIT/GM POWDER  | 1    |   |
| NYLIA 1-35 28 TABLET           | 1    |   |
| NYLIA 7-7-7-28 TABLET          | 1    |   |
| NYMYO 0.25-0.035 MG (28) TAB   | 1    |   |
| NYSTATIN 100,000 UNIT/GM CREAM | 1    |   |
| NYSTATIN 100,000 UNIT/GM OINT  | 1    |   |
| NYSTATIN 100,000 UNIT/GM POWD  | 1    |   |
| NYSTATIN 100,000 UNIT/ML SUSP  | 1    |   |
| NYSTATIN 500,000 UNIT ORAL TAB | 1    |   |
| NYSTATIN 500,000 UNIT/5 ML CUP | 1    |   |
| NYSTATIN-TRIAMCINOLONE CREAM   | 1    |   |
| NYSTATIN-TRIAMCINOLONE OINTM   | 1    |   |
| NYSTOP 100,000 UNIT/GM POWDER  | 1    |   |
| NYVEPRIA 6 MG/0.6 ML SYRINGE   | 4    | PA, SRX                                 |
| OBSTETRIX DHA COMBO PAK        | 1    |   |
| OBSTETRIX ONE SOFTGEL          | 1    |   |
| OCELLA 3 MG-0.03 MG TABLET     | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                 | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|---------------------------------|------|---|
| OCTREOTIDE 1,000 MCG/5 ML VIAL | 1    | PA                                      | OLMSRTN-AMLDPN-HCTZ 40-5-25 MG  | 1    |   |
| OCTREOTIDE 1,000 MCG/ML VIAL   | 1    | PA                                      | OLOPATADINE 665 MCG NASAL SPRY  | 1    |   |
| OCTREOTIDE 5,000 MCG/5 ML VIAL | 1    | PA                                      | OLOPATADINE HCL 0.1% EYE DROPS  | 1    |   |
| OCTREOTIDE ACET 0.05 MG/ML VL  | 1    | PA                                      | OLOPATADINE HCL 0.2% EYE DROP   | 1    |   |
| OCTREOTIDE ACET 100 MCG/ML AMP | 1    | PA                                      | OMEGA-3 ETHYL ESTERS 1 GM CAP   | 1    |   |
| OCTREOTIDE ACET 100 MCG/ML SYR | 1    | PA                                      | OMEPRAZOLE DR 10 MG CAPSULE     | 1    | QL                                      |
| OCTREOTIDE ACET 100 MCG/ML VL  | 1    | PA                                      | OMEPRAZOLE DR 20 MG CAPSULE     | 1    | QL                                      |
| OCTREOTIDE ACET 200 MCG/ML VL  | 1    | PA                                      | OMEPRAZOLE DR 40 MG CAPSULE     | 1    | QL                                      |
| OCTREOTIDE ACET 50 MCG/ML AMP  | 1    | PA                                      | OMNIPOD 5 G6 INTRO KIT (GEN 5)  | 2    | QL                                      |
| OCTREOTIDE ACET 50 MCG/ML SYR  | 1    | PA                                      | OMNIPOD 5 G6 PODS (GEN 5) 5PK   | 2    |   |
| OCTREOTIDE ACET 50 MCG/ML VIAL | 1    | PA                                      | OMNIPOD CLASSIC PDM KIT(GEN 3)  | 2    | QL                                      |
| OCTREOTIDE ACET 500 MCG/ML AMP | 1    | PA                                      | OMNIPOD CLASSIC PODS(GEN3) 5PK  | 2    |   |
| OCTREOTIDE ACET 500 MCG/ML SYR | 1    | PA                                      | OMNIPOD DASH INTRO KIT (GEN 4)  | 2    | QL                                      |
| OCTREOTIDE ACET 500 MCG/ML VL  | 1    | PA                                      | OMNIPOD DASH PODS (GEN 4) 5PK   | 2    |   |
| ODACTRA 12 SQ-HDM SL TABLET    | 3    | PA, QL                                  | OMNIPOD GO 10 UNIT/DAY PODS     | 2    |   |
| ODEFSEY TABLET                 | 2    | QL                                      | OMNIPOD GO 15 UNIT/DAY PODS     | 2    |   |
| ODOMZO 200 MG CAPSULE          | 4    | PA, QL, LDD, SRX                        | OMNIPOD GO 20 UNIT/DAY PODS     | 2    |   |
| OFLOXACIN 0.3% EAR DROPS       | 1    |   | OMNIPOD GO 25 UNIT/DAY PODS     | 2    |   |
| OFLOXACIN 0.3% EYE DROPS       | 1    |   | OMNIPOD GO 30 UNIT/DAY PODS     | 2    |   |
| OFLOXACIN 300 MG TABLET        | 1    |   | OMNIPOD GO 35 UNIT/DAY PODS     | 2    |   |
| OFLOXACIN 400 MG TABLET        | 1    |   | OMNIPOD GO 40 UNIT/DAY PODS     | 2    |   |
| OKEBO 75 MG CAPSULE            | 1    |   | ON CALL EXPRESS CTRL SOLN PAK   | 2    |   |
| OLANZAPINE 10 MG TABLET        | 1    |   | ON CALL PLUS CONTROL SOLUTION   | 2    |   |
| OLANZAPINE 15 MG TABLET        | 1    |   | ON CALL VIVID CONTROL SOLUTION  | 2    |   |
| OLANZAPINE 2.5 MG TABLET       | 1    |   | ONDANSETRON 4 MG/5 ML SOLUTION  | 1    |   |
| OLANZAPINE 20 MG TABLET        | 1    |   | ONDANSETRON HCL 4 MG TABLET     | 1    |   |
| OLANZAPINE 5 MG TABLET         | 1    |   | ONDANSETRON HCL 8 MG TABLET     | 1    |   |
| OLANZAPINE 7.5 MG TABLET       | 1    |   | ONDANSETRON ODT 4 MG TABLET     | 1    |   |
| OLANZAPINE ODT 10 MG TABLET    | 1    |   | ONDANSETRON ODT 8 MG TABLET     | 1    |   |
| OLANZAPINE ODT 15 MG TABLET    | 1    |   | ONE WAY VALVED MOUTHPIECE       | 2    | QL                                      |
| OLANZAPINE ODT 20 MG TABLET    | 1    |   | ONETOUCH DELICA PLUS 30G LANCET | 2    |   |
| OLANZAPINE ODT 5 MG TABLET     | 1    |   | ONETOUCH DELICA PLUS 33G LANCET | 2    |   |
| OLANZAPINE-FLUOXETINE 12-25 MG | 1    |   | ONETOUCH DELICA PLUS LANC DEV   | 2    |   |
| OLANZAPINE-FLUOXETINE 12-50 MG | 1    |   | ONETOUCH DELICA SAF 30G LANCET  | 2    |   |
| OLANZAPINE-FLUOXETINE 3-25 MG  | 1    |   | ONETOUCH ULTRASOFT LANCETS      | 2    |   |
| OLANZAPINE-FLUOXETINE 6-25 MG  | 1    |   | ONETOUCH SOLUTIONS STARTER KIT  | 1    |   |
| OLANZAPINE-FLUOXETINE 6-50 MG  | 1    |   | ONETOUCH SURESOFT 18G LANC DEV  | 2    |   |
| OLMESARTAN MEDOXOMIL 20 MG TAB | 1    |   | ONETOUCH SURESOFT 21G LANC DEV  | 2    |   |
| OLMESARTAN MEDOXOMIL 40 MG TAB | 1    |   | ONETOUCH SURESOFT 28G LANC DEV  | 2    |   |
| OLMESARTAN MEDOXOMIL 5 MG TAB  | 1    |   | ONETOUCH ULTRA CONTROL SOLN     | 2    |   |
| OLMESARTAN-HCTZ 20-12.5 MG TAB | 1    |   | ONETOUCH ULTRA TEST STRIP       | 2    |   |
| OLMESARTAN-HCTZ 40-12.5 MG TAB | 1    |   | ONETOUCH ULTRA2 GLUCOSE SYST    | 1    |   |
| OLMESARTAN-HCTZ 40-25 MG TAB   | 1    |   | ONETOUCH ULTRASOFT2 30G LANCET  | 2    |   |
| OLMSRTN-AMLDPN-HCTZ 20-5-12.5  | 1    |   | ONETOUCH VERIO FLEX METER       | 1    |   |
| OLMSRTN-AMLDPN-HCTZ 40-10-12.5 | 1    |   | ONETOUCH VERIO HIGH CNTRL SOLN  | 2    |   |
| OLMSRTN-AMLDPN-HCTZ 40-10-25MG | 1    |   | ONETOUCH VERIO METER            | 1    |   |
| OLMSRTN-AMLDPN-HCTZ 40-5-12.5  | 1    |   | ONETOUCH VERIO MID CNTRL SOLN   | 2    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

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

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| 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    |   |
| 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                                      |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| PAROXETINE HCL 20 MG TABLET    | 1    | QL                                      | PENTACEL VIAL KIT              | 2    |   |
| PAROXETINE HCL 30 MG TABLET    | 1    | QL                                      | PENTAMIDINE 300 MG INHAL POWDR | 2    |   |
| PAROXETINE HCL 40 MG TABLET    | 1    | QL                                      | PENTAZOCINE-NALOXONE TABLET    | 1    | PA                                      |
| PASER GRANULES 4 GM PACKET     | 3    |   | PENTIPS PEN NEEDLE 29G 12MM    | 2    |   |
| PC UNIFINE PENTIPS 12MM NEEDLE | 2    |   | PENTIPS PEN NEEDLE 29GX1/2"    | 2    |   |
| PC UNIFINE PENTIPS 6MM NEEDLE  | 2    |   | PENTIPS PEN NEEDLE 31G 5MM     | 2    |   |
| PC UNIFINE PENTIPS 8MM NEEDLE  | 2    |   | PENTIPS PEN NEEDLE 31G 6MM     | 2    |   |
| PEAK-AIR PEAK FLOW METER       | 2    |   | PENTIPS PEN NEEDLE 31G 8MM     | 2    |   |
| PEDIARIX 0.5 ML SYRINGE        | 2    |   | PENTIPS PEN NEEDLE 31GX1/4"    | 2    |   |
| PEDIATRIC MEDIUM MASK          | 2    | QL                                      | PENTIPS PEN NEEDLE 31GX3/16"   | 2    |   |
| PEDIATRIC MOUTHPIECE           | 2    | QL                                      | PENTIPS PEN NEEDLE 31GX5/16"   | 2    |   |
| PEDIATRIC PANDA MASK           | 2    | QL                                      | PENTIPS PEN NEEDLE 32G 4MM     | 2    |   |
| PEDIATRIC SMALL MASK           | 2    | QL                                      | PENTIPS PEN NEEDLE 32G 6MM     | 2    |   |
| PEDVAXHIB VACCINE VIAL         | 2    |   | PENTIPS PEN NEEDLE 32GX5/32"   | 2    |   |
| PEG 3350-ELECTROLYTE SOLUTION  | 1    |   | PENTIPS PEN NEEDLE 6MM 31G     | 2    |   |
| PEG3350 100-7.5-2.691-1.01-5.9 | 1    |   | PENTOXIFYLLINE ER 400 MG TAB   | 1    |   |
| PEG-3350 AND ELECTROLYTES SOLN | 1    |   | PERINDOPRIL ERBUMINE 2 MG TAB  | 1    |   |
| PEGASYS 180 MCG/0.5 ML SYRINGE | 1    | PA, SRX                                 | PERINDOPRIL ERBUMINE 4 MG TAB  | 1    |   |
| PEGASYS 180 MCG/ML VIAL        | 4    | PA, SRX                                 | PERINDOPRIL ERBUMINE 8 MG TAB  | 1    |   |
| PEG-PREP KIT                   | 1    |   | PERIOGARD 0.12% ORAL RINSE     | 1    |   |
| PEN NEEDLE 29G 12MM            | 2    |   | PERMETHRIN 5% CREAM            | 1    |   |
| PEN NEEDLE 30G 5MM             | 2    |   | PERPHEN-AMITRIP 2 MG-10 MG TAB | 1    |   |
| PEN NEEDLE 30G 8MM             | 2    |   | PERPHEN-AMITRIP 2 MG-25 MG TAB | 1    |   |
| PEN NEEDLE 30G X 5/16"         | 2    |   | PERPHEN-AMITRIP 4 MG-10 MG TAB | 1    |   |
| PEN NEEDLE 31G 5MM             | 2    |   | PERPHEN-AMITRIP 4 MG-25 MG TAB | 1    |   |
| PEN NEEDLE 31G 6MM             | 2    |   | PERPHEN-AMITRIP 4 MG-50 MG TAB | 1    |   |
| PEN NEEDLE 31G 8MM             | 2    |   | PERPHENAZINE 16 MG TABLET      | 1    |   |
| PEN NEEDLE 31G X 1/4"          | 2    |   | PERPHENAZINE 2 MG TABLET       | 1    |   |
| PEN NEEDLE 31G X 3/16"         | 2    |   | PERPHENAZINE 4 MG TABLET       | 1    |   |
| PEN NEEDLE 31G X 5/16"         | 2    |   | PERPHENAZINE 8 MG TABLET       | 1    |   |
| PEN NEEDLE 32G 4MM             | 2    |   | PERSONAL BEST PEAK FLOW MTR    | 2    |   |
| PEN NEEDLE 32G X 1/4"          | 2    |   | PFIZER COVID (12Y UP) VAC-GRAY | 2    |   |
| PEN NEEDLE 32G X 3/16"         | 2    |   | PFIZER COVID (5-11Y) VAC-ORANG | 2    |   |
| PEN NEEDLE 32G X 5/32"         | 2    |   | PFIZER COVID (6M-4Y)VAC-MAROON | 2    |   |
| PEN NEEDLE 33G 4MM             | 2    |   | PFIZER COVID BIVAL (12Y UP)EUA | 2    |   |
| PEN NEEDLE 6MM 31G             | 2    |   | PFIZER COVID BIVAL (5-11YR)EUA | 2    |   |
| PEN NEEDLES 12MM 29G           | 2    |   | PFIZER COVID BIVAL (6MO-4Y)EUA | 2    |   |
| PEN NEEDLES 4MM 32G            | 2    |   | PFIZER COVID-19 VACCINE-PURPLE | 2    |   |
| PEN NEEDLES 5MM 31G            | 2    |   | PHASEAL PROTECTOR 14           | 2    |   |
| PEN NEEDLES 6MM 31G            | 2    |   | PHASEAL PROTECTOR 21           | 2    |   |
| PEN NEEDLES 8MM 31G            | 2    |   | PHASEAL PROTECTOR 28           | 2    |   |
| PENCICLOVIR 1% CREAM           | 3    | PA, QL                                  | PHASEAL PROTECTOR 50           | 2    |   |
| PENICILLAMINE 250 MG TABLET    | 4    | PA, QL, SRX                             | PHENAZOPYRIDINE 100 MG TAB     | 1    |   |
| PENICILLIN VK 125 MG/5 ML SOLN | 1    |   | PHENAZOPYRIDINE 200 MG TAB     | 1    |   |
| PENICILLIN VK 250 MG TABLET    | 1    |   | PHENELZINE SULFATE 15 MG TAB   | 1    |   |
| PENICILLIN VK 250 MG/5 ML SOLN | 1    |   | PHENOBARBITAL 100 MG TABLET    | 1    |   |
| PENICILLIN VK 500 MG TABLET    | 1    |   | PHENOBARBITAL 15 MG TABLET     | 1    |   |



## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| 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    |   |
| PIMECROLIMUS 1% CREAM          | 3    |   |
| PIMOZIDE 1 MG TABLET           | 1    |   |
| PIMOZIDE 2 MG TABLET           | 1    |   |
| PIMTREA 28 DAY TABLET          | 1    |   |
| PINDOLOL 10 MG TABLET          | 1    |   |
| PINDOLOL 5 MG TABLET           | 1    |   |
| PIOGLITAZONE HCL 15 MG TABLET  | 1    |   |
| PIOGLITAZONE HCL 30 MG TABLET  | 1    |   |
| PIOGLITAZONE HCL 45 MG TABLET  | 1    |   |
| PIOGLITAZONE-GLIMEPIRIDE 30-2  | 1    |   |
| PIOGLITAZONE-GLIMEPIRIDE 30-4  | 1    |   |
| PIOGLITAZONE-METFORMIN 15-500  | 1    |   |
| PIOGLITAZONE-METFORMIN 15-850  | 1    |   |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| PIP GLUCOSE CONTROL SOLN L1-L2 | 2    |   |
| PIP PEN NEEDLE 31G X 5MM       | 2    |   |
| PIP PEN NEEDLE 32G X 4MM       | 2    |   |
| PIRFENIDONE 267 MG CAPSULE     | 4    | PA, SRX                                 |
| PIRFENIDONE 267 MG TABLET      | 4    | PA, SRX                                 |
| PIRFENIDONE 801 MG TABLET      | 4    | PA, SRX                                 |
| PIRMELLA 1-35 28 TABLET        | 1    |   |
| PIRMELLA 7-7-7-28 TABLET       | 1    |   |
| PIROXICAM 10 MG CAPSULE        | 1    |   |
| PIROXICAM 20 MG CAPSULE        | 1    |   |
| PLAN B ONE-STEP 1.5 MG TABLET  | 3    |   |
| PNEUMOVAX 23 SYRINGE           | 2    |   |
| PNEUMOVAX 23 VIAL              | 2    |   |
| PNV 29-1 TABLET                | 1    |   |
| PNV PRENATAL PLUS MULTIVIT TAB | 1    |   |
| PNV-DHA SOFTGEL                | 1    |   |
| PNV-DHA + DOCUSATE SOFTGEL     | 1    |   |
| PNV-OMEGA SOFTGEL              | 1    |   |
| PNV-SELECT TABLET              | 1    |   |
| POCKET CHAMBER                 | 2    | QL                                      |
| POCKET PEAK FLOW METER         | 2    |   |
| PODOFILOX 0.5% TOPICAL SOLN    | 1    |   |
| POLY HUB NEEDLE 18GX1"         | 2    |   |
| POLY HUB NEEDLE 18GX1-1/2"     | 2    |   |
| POLY HUB NEEDLE 21GX1"         | 2    |   |
| POLY HUB NEEDLE 21GX1-1/2"     | 2    |   |
| POLY HUB NEEDLE 22GX1"         | 2    |   |
| POLY HUB NEEDLE 22GX1-1/2"     | 2    |   |
| POLY HUB NEEDLE 23GX1"         | 2    |   |
| POLY HUB NEEDLE 23GX1-1/2"     | 2    |   |
| POLY HUB NEEDLE 25GX1"         | 2    |   |
| POLY HUB NEEDLE 25GX1-1/2"     | 2    |   |
| POLY HUB NEEDLE 25GX5/8"       | 2    |   |
| POLY HUB NEEDLE 27GX1/2"       | 2    |   |
| POLY HUB NEEDLE 27GX1-1/4"     | 2    |   |
| POLY HUB NEEDLE 30GX1/2"       | 2    |   |
| POLYCIN EYE OINTMENT           | 1    |   |
| POLYMYXIN B-TMP EYE DROPS      | 1    |   |
| POMALYST 1 MG CAPSULE          | 4    | PA, QL, LDD, SRX                        |
| POMALYST 2 MG CAPSULE          | 4    | PA, QL, LDD, SRX                        |
| POMALYST 3 MG CAPSULE          | 4    | PA, QL, LDD, SRX                        |
| POMALYST 4 MG CAPSULE          | 4    | PA, QL, LDD, SRX                        |
| PORTIA-28 TABLET               | 1    |   |
| POSACONAZOLE 200 MG/5 ML SUSP  | 3    |   |
| POSACONAZOLE DR 100 MG TABLET  | 3    | QL                                      |
| POTASSIUM CITRATE ER 10 MEQ TB | 1    |   |
| POTASSIUM CITRATE ER 15 MEQ TB | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| POTASSIUM CITRATE ER 5 MEQ TAB | 1    |   | PREDNISOLONE 5 MG/5 ML SOLN    | 1    |   |
| POTASSIUM CL 10% (20 MEQ/15ML) | 1    |   | PREDNISOLONE AC 1% EYE DROP    | 1    |   |
| POTASSIUM CL 10% (40 MEQ/30ML) | 1    |   | PREDNISOLONE ODT 10 MG TABLET  | 1    |   |
| POTASSIUM CL 20 MEQ PACKET     | 1    |   | PREDNISOLONE ODT 15 MG TABLET  | 1    |   |
| POTASSIUM CL 20% (40 MEQ/15ML) | 1    |   | PREDNISOLONE ODT 30 MG TABLET  | 1    |   |
| POTASSIUM CL ER 10 MEQ CAPSULE | 1    |   | PREDNISOLONE SOD 1% EYE DROP   | 1    |   |
| POTASSIUM CL ER 10 MEQ TABLET  | 1    |   | PREDNISOLONE SOD PH 25 MG/5 ML | 1    |   |
| POTASSIUM CL ER 15 MEQ TABLET  | 1    |   | PREDNISON 1 MG TABLET          | 1    |   |
| POTASSIUM CL ER 20 MEQ TABLET  | 1    |   | PREDNISON 10 MG TAB DOSE PACK  | 1    |   |
| POTASSIUM CL ER 8 MEQ CAPSULE  | 1    |   | PREDNISON 10 MG TABLET         | 1    |   |
| POTASSIUM CL ER 8 MEQ TABLET   | 1    |   | PREDNISON 2.5 MG TABLET        | 1    |   |
| POTASSIUM IODIDE 1 GM/ML SOL   | 3    |   | PREDNISON 20 MG TABLET         | 1    |   |
| PR NATAL 400 COMBO PACK        | 1    |   | PREDNISON 5 MG TAB DOSE PACK   | 1    |   |
| PR NATAL 400 EC COMBO PACK     | 1    |   | PREDNISON 5 MG TABLET          | 1    |   |
| PR NATAL 430 COMBO PACK        | 1    |   | PREDNISON 5 MG/5 ML SOLUTION   | 1    |   |
| PR NATAL 430 EC COMBO PACK     | 1    |   | PREDNISON 50 MG TABLET         | 1    |   |
| PRADAXA 110 MG CAPSULE         | 3    | PA, QL                                  | PREDNISON INTENSOL 5 MG/ML     | 1    |   |
| PRAMIPEXOLE 0.125 MG TABLET    | 1    |   | PREF PLUS INS 0.3 ML 29GX1/2"  | 2    |   |
| PRAMIPEXOLE 0.25 MG TABLET     | 1    |   | PREF PLUS SYR 0.5 ML 30GX5/16" | 2    |   |
| PRAMIPEXOLE 0.5 MG TABLET      | 1    |   | PREF PLUS SYRING 1 ML 29GX1/2" | 2    |   |
| PRAMIPEXOLE 0.75 MG TABLET     | 1    |   | PREFERRED PLUS 0.3 ML 30GX5/16 | 2    |   |
| PRAMIPEXOLE 1 MG TABLET        | 1    |   | PREFERRED PLUS 0.5 ML 29GX1/2" | 2    |   |
| PRAMIPEXOLE 1.5 MG TABLET      | 1    |   | PREFERRED PLUS SYRINGE 0.5 ML  | 2    |   |
| PRAMIPEXOLE ER 0.375 MG TABLET | 1    |   | PREFERRED PLUS SYRINGE 1 ML    | 2    |   |
| PRAMIPEXOLE ER 0.75 MG TABLET  | 1    |   | PREFEST TABLET                 | 1    |   |
| PRAMIPEXOLE ER 1.5 MG TABLET   | 1    |   | PREFPLS INS SYR 1 ML 30GX5/16" | 2    |   |
| PRAMIPEXOLE ER 2.25 MG TABLET  | 1    |   | PREGABALIN 100 MG CAPSULE      | 1    | QL                                      |
| PRAMIPEXOLE ER 3 MG TABLET     | 1    |   | PREGABALIN 150 MG CAPSULE      | 1    | QL                                      |
| PRAMIPEXOLE ER 3.75 MG TABLET  | 1    |   | PREGABALIN 20 MG/ML SOLUTION   | 1    | QL                                      |
| PRAMIPEXOLE ER 4.5 MG TABLET   | 1    |   | PREGABALIN 200 MG CAPSULE      | 1    | QL                                      |
| PRAMOSONE 1% LOTION            | 3    |   | PREGABALIN 225 MG CAPSULE      | 1    | QL                                      |
| PRAMOSONE 1%-1% OINTMENT       | 3    |   | PREGABALIN 25 MG CAPSULE       | 1    | QL                                      |
| PRAMOSONE 2.5%-1% LOTION       | 3    |   | PREGABALIN 300 MG CAPSULE      | 1    | QL                                      |
| PRAMOSONE 2.5%-1% OINTMENT     | 3    |   | PREGABALIN 50 MG CAPSULE       | 1    | QL                                      |
| PRASUGREL 10 MG TABLET         | 1    |   | PREGABALIN 75 MG CAPSULE       | 1    | QL                                      |
| PRASUGREL 5 MG TABLET          | 1    |   | PREHEVBRIO 10 MCG/ML VIAL      | 2    |   |
| PRAVASTATIN SODIUM 10 MG TAB   | 1    |   | PREMARIN 0.3 MG TABLET         | 3    |   |
| PRAVASTATIN SODIUM 20 MG TAB   | 1    |   | PREMARIN 0.45 MG TABLET        | 3    |   |
| PRAVASTATIN SODIUM 40 MG TAB   | 1    |   | PREMARIN 0.625 MG TABLET       | 3    |   |
| PRAVASTATIN SODIUM 80 MG TAB   | 1    |   | PREMARIN 0.9 MG TABLET         | 3    |   |
| PRAZQUANTEL 600 MG TABLET      | 1    |   | PREMARIN 1.25 MG TABLET        | 3    |   |
| PRAZOSIN 1 MG CAPSULE          | 1    |   | PRENA1 TRUE COMBO PACK         | 1    |   |
| PRAZOSIN 2 MG CAPSULE          | 1    |   | PRENAISSANCE CAPSULE           | 1    |   |
| PRAZOSIN 5 MG CAPSULE          | 1    |   | PRENAISSANCE PLUS SOFTGEL      | 1    |   |
| PREDNICARBATE 0.1% CREAM       | 1    |   | PRENATAL 19 CHEWABLE TABLET    | 1    |   |
| PREDNICARBATE 0.1% OINTMENT    | 1    |   | PRENATAL 19 TABLET             | 1    |   |
| PREDNISOLONE 15 MG/5 ML SOLN   | 1    |   | PRENATAL PLUS IRON TABLET      | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| PRENATAL PLUS VITAMIN-MINERAL  | 1    |   | PROCHAMBER HOLDING CHAMBER     | 2    | QL                                      |
| PRENATAL PLUS-DHA COMBO PACK   | 1    |   | PROCHLORPERAZINE 10 MG TAB     | 1    |   |
| PRENATAL VITAMIN PLUS LOW IRON | 1    |   | PROCHLORPERAZINE 25 MG SUPP    | 1    |   |
| PRENATAL-U CAPSULE             | 1    |   | PROCHLORPERAZINE 5 MG TABLET   | 1    |   |
| PREP EASE ALCOHOL PADS         | 2    |   | PROCTO-MED HC 2.5% CREAM       | 1    |   |
| PREPLUS CA-FE 27 MG-FA 1 MG TB | 1    |   | PROCTOSOL-HC 2.5% CREAM        | 1    |   |
| PRETAB 29 MG-1 MG TABLET       | 1    |   | PROCTOZONE-HC 2.5% CREAM       | 1    |   |
| PREVALITE PACKET               | 1    |   | PRODIGY CONTROL SOLUTION       | 2    |   |
| PREVALITE POWDER               | 1    |   | PRODIGY CONTROL SOLUTION LOW   | 2    |   |
| PREVENT PEN NEEDLE 31GX1/4"    | 2    |   | PRODIGY INS SYR 1ML 28GX1/2"   | 2    |   |
| PREVENT PEN NEEDLE 31GX5/16"   | 2    |   | PRODIGY SYRNG 0.5 ML 31GX5/16" | 2    |   |
| PREVIFEM TABLET                | 1    |   | PRODIGY SYRNGE 0.3ML 31GX5/16" | 2    |   |
| PREVNAR 13 SYRINGE             | 2    |   | PROGESTERONE 100 MG CAPSULE    | 1    |   |
| PREVNAR 20 SYRINGE             | 2    |   | PROGESTERONE 200 MG CAPSULE    | 1    |   |
| PREVYMIS 240 MG TABLET         | 3    | PA, QL                                  | PROGRAF 0.2 MG GRANULE PACKET  | 3    |   |
| PREVYMIS 480 MG TABLET         | 3    | PA, QL                                  | PROGRAF 1 MG GRANULE PACKET    | 3    |   |
| PREZCOBIX 800 MG-150 MG TABLET | 2    |   | PROMACTA 12.5 MG SUSPEN PACKET | 4    | PA, LDD, SRX                            |
| PREZISTA 100 MG/ML SUSPENSION  | 2    |   | PROMACTA 12.5 MG TABLET        | 4    | PA, LDD, SRX                            |
| PREZISTA 150 MG TABLET         | 2    |   | PROMACTA 25 MG SUSPENSION PCKT | 4    | PA, LDD, SRX                            |
| PREZISTA 600 MG TABLET         | 2    |   | PROMACTA 25 MG TABLET          | 4    | PA, LDD, SRX                            |
| PREZISTA 75 MG TABLET          | 2    |   | PROMACTA 50 MG TABLET          | 4    | PA, LDD, SRX                            |
| PREZISTA 800 MG TABLET         | 2    |   | PROMACTA 75 MG TABLET          | 4    | PA, LDD, SRX                            |
| PRIFTIN 150 MG TABLET          | 3    |   | PROMETHAZINE 12.5 MG SUPPOS    | 1    |   |
| PRIMAQUINE 26.3 MG TABLET      | 1    |   | PROMETHAZINE 12.5 MG TABLET    | 1    |   |
| PRIMEAIRE CHAMBER              | 2    | QL                                      | PROMETHAZINE 25 MG SUPPOSITORY | 1    |   |
| PRIMIDONE 250 MG TABLET        | 1    |   | PROMETHAZINE 25 MG TABLET      | 1    |   |
| PRIMIDONE 50 MG TABLET         | 1    |   | PROMETHAZINE 50 MG TABLET      | 1    |   |
| PRIMSOL 50 MG/5 ML ORAL SOLN   | 3    |   | PROMETHAZINE 6.25 MG/5 ML SOLN | 1    |   |
| PRIORIX VIAL                   | 2    |   | PROMETHAZINE 6.25 MG/5 ML SYRP | 1    |   |
| PRO COMFORT 0.5 ML 30GX1/2"    | 2    |   | PROMETHAZINE VC SOLUTION       | 1    |   |
| PRO COMFORT 0.5 ML 30GX5/16"   | 2    |   | PROMETHAZINE VC-CODEINE SOLN   | 1    | QL                                      |
| PRO COMFORT 0.5 ML 31GX5/16"   | 2    |   | PROMETHAZINE-CODEINE SOLUTION  | 1    | QL                                      |
| PRO COMFORT 1 ML 30GX1/2"      | 2    |   | PROMETHAZINE-CODEINE SYRUP     | 1    | QL                                      |
| PRO COMFORT 1 ML 30GX5/16"     | 2    |   | PROMETHAZINE-DM 6.25-15 MG/5ML | 1    |   |
| PRO COMFORT 1 ML 31GX5/16"     | 2    |   | PROMETHAZINE-PE-CODEINE SYRUP  | 1    | QL                                      |
| PRO COMFORT PEN NDL 31GX5/16"  | 2    |   | PROMETHAZINE-PHENYLEPHRINE SYR | 1    |   |
| PRO COMFORT PEN NDL 32G X 1/4" | 2    |   | PROMETHEGAN 12.5 MG SUPPOS     | 1    |   |
| PRO COMFORT PEN NDL 4MM 32G    | 2    |   | PROMETHEGAN 25 MG SUPPOSITORY  | 1    |   |
| PRO COMFORT PEN NDL 5MM 32G    | 2    |   | PROMETHEGAN 50 MG SUPPOSITORY  | 1    |   |
| PRO COMFORT SPACER-ADULT MASK  | 2    | QL                                      | PROPAFENONE HCL 150 MG TABLET  | 1    |   |
| PRO COMFORT SPACER-CHILD MASK  | 2    | QL                                      | PROPAFENONE HCL 225 MG TAB     | 1    |   |
| PRO COMFORT SPACER-INFANT MASK | 2    | QL                                      | PROPAFENONE HCL 300 MG TAB     | 1    |   |
| PROBENECID 500 MG TABLET       | 1    |   | PROPAFENONE HCL ER 225 MG CAP  | 1    |   |
| PROBENECID-COLCHICINE TABLET   | 1    |   | PROPAFENONE HCL ER 325 MG CAP  | 1    |   |
| PROCARE SPACER WITH ADULT MASK | 2    | QL                                      | PROPAFENONE HCL ER 425 MG CAP  | 1    |   |
| PROCARE SPACER WITH CHILD MASK | 2    | QL                                      | PROPARACAINE 0.5% EYE DROPS    | 1    |   |
| PROCENTRA 5 MG/5 ML SOLUTION   | 1    | QL                                      | PROPRANOLOL 10 MG TABLET       | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| PROPRANOLOL 20 MG TABLET       | 1    |   | PYRIDOSTIGMINE ER 180 MG TAB   | 3    |   |
| PROPRANOLOL 20 MG/5 ML SOLN    | 1    |   | PYRIMETHAMINE 25 MG TABLET     | 4    | PA, LDD, SRX                            |
| PROPRANOLOL 40 MG TABLET       | 1    |   | QC ALCOHOL 70% SWABS           | 2    |   |
| PROPRANOLOL 40 MG/5 ML SOLN    | 1    |   | QC UNIFINE PENTIPS 32GX5/32"   | 2    |   |
| PROPRANOLOL 60 MG TABLET       | 1    |   | QC UNIFINE PENTIPS 4MM 32G     | 2    |   |
| PROPRANOLOL 80 MG TABLET       | 1    |   | QUADRACEL DTAP-IPV SYRINGE     | 2    |   |
| PROPRANOLOL ER 120 MG CAPSULE  | 1    |   | QUADRACEL DTAP-IPV VIAL        | 2    |   |
| PROPRANOLOL ER 160 MG CAPSULE  | 1    |   | QUAZEPAM 15 MG TABLET          | 3    | PA                                      |
| PROPRANOLOL ER 60 MG CAPSULE   | 1    |   | QUETIAPINE ER 150 MG TABLET    | 1    |   |
| PROPRANOLOL ER 80 MG CAPSULE   | 1    |   | QUETIAPINE ER 200 MG TABLET    | 1    |   |
| PROPRANOLOL-HCTZ 40-25 MG TAB  | 1    |   | QUETIAPINE ER 300 MG TABLET    | 1    |   |
| PROPRANOLOL-HCTZ 80-25 MG TAB  | 1    |   | QUETIAPINE ER 400 MG TABLET    | 1    |   |
| PROPYLTHIOURACIL 50 MG TABLET  | 1    |   | QUETIAPINE ER 50 MG TABLET     | 1    |   |
| PROQUAD VIAL                   | 2    |   | QUETIAPINE FUMARATE 100 MG TAB | 1    |   |
| PROTRIPTYLINE HCL 10 MG TABLET | 1    |   | QUETIAPINE FUMARATE 200 MG TAB | 1    |   |
| PROTRIPTYLINE HCL 5 MG TABLET  | 1    |   | QUETIAPINE FUMARATE 25 MG TAB  | 1    |   |
| PUB INS SYRIN 0.3 ML 30GX1/2"  | 2    |   | QUETIAPINE FUMARATE 300 MG TAB | 1    |   |
| PUB INS SYRINGE 1 ML 30GX1/2"  | 2    |   | QUETIAPINE FUMARATE 400 MG TAB | 1    |   |
| PUB INSUL SYR 0.3 ML 31GX5/16" | 2    |   | QUETIAPINE FUMARATE 50 MG TAB  | 1    |   |
| PUB INSUL SYR 0.5 ML 30GX1/2"  | 2    |   | QUICK RELEASE TEFLN CANNULA    | 2    |   |
| PUB INSUL SYR 0.5 ML 31GX5/16" | 2    |   | QUICK-SET PARADIGM SET 18"     | 2    |   |
| PUB INSULIN SYR 1 ML 31GX5/16" | 2    |   | QUICK-SET PARADIGM SET 32"     | 2    |   |
| PUB PEN 12MM 29G NEEDLES       | 2    |   | QUINAPRIL 10 MG TABLET         | 1    |   |
| PUB PEN 8MM 31G NEEDLES        | 2    |   | QUINAPRIL 20 MG TABLET         | 1    |   |
| PUB PEN NEEDLE 6MM 31G         | 2    |   | QUINAPRIL 40 MG TABLET         | 1    |   |
| PUB UNIFINE PNTPLUS 31GX3/16   | 2    |   | QUINAPRIL 5 MG TABLET          | 1    |   |
| PULMOSAL 7% VIAL               | 1    |   | QUINAPRIL-HCTZ 10-12.5 MG TAB  | 1    |   |
| PULMOZYME 1 MG/ML AMPUL        | 4    | PA, SRX                                 | QUINAPRIL-HCTZ 20-12.5 MG TAB  | 1    |   |
| PURE CMFT SFTY PEN ND 31G 5MM  | 2    |   | QUINAPRIL-HCTZ 20-25 MG TAB    | 1    |   |
| PURE CMFT SFTY PEN ND 31G 6MM  | 2    |   | QUINIDINE GLUC ER 324 MG TAB   | 1    |   |
| PURE CMFT SFTY PEN ND 32G 4MM  | 2    |   | QUINIDINE SULFATE 200 MG TAB   | 1    |   |
| PURE COMFORT PEN ND 32G 4MM    | 2    |   | QUINIDINE SULFATE 300 MG TAB   | 1    |   |
| PURE COMFORT PEN ND 32G 5MM    | 2    |   | QUININE SULFATE 324 MG CAPSULE | 1    |   |
| PURE COMFORT PEN ND 32G 6MM    | 2    |   | QUTENZA 8% KIT (1 PATCH)       | 3    |   |
| PURE COMFORT PEN ND 32G 8MM    | 2    |   | QUTENZA 8% KIT (2 PATCH)       | 3    |   |
| PURE COMFORT SPACER-ADULT MASK | 2    | QL                                      | QUTENZA 8% KIT (4 PATCH)       | 3    |   |
| PURECOMFORT PEAK FLOW MTR ADLT | 2    |   | QVAR REDHALER 40 MCG           | 3    | ST                                      |
| PURECOMFORT PEAK FLOW MTR CHLD | 2    |   | QVAR REDHALER 80 MCG           | 3    | ST                                      |
| PURIXAN 20 MG/ML ORAL SUSP     | 4    | PA, SRX                                 | RA ALCOHOL SWABS               | 2    |   |
| PV UNIFINE PENTIP PLUS 31GX5MM | 2    |   | RA INS SYR 0.5 ML 29GX1/2"     | 2    |   |
| PV UNIFINE PENTIP PLUS 31GX6MM | 2    |   | RA INS SYR 0.5 ML 30GX5/16"    | 2    |   |
| PV UNIFINE PENTIP PLUS 31GX8MM | 2    |   | RA INS SYR 1 ML 29GX1/2"       | 2    |   |
| PV UNIFINE PENTIP PLUS 32GX4MM | 2    |   | RA INS SYRINGE 1 ML 30GX5/16"  | 2    |   |
| PV UNIFINE PENTIP PLUS 33GX4MM | 2    |   | RA PEN NEEDLE 31GX3/16"        | 2    |   |
| PYRAZINAMIDE 500 MG TABLET     | 1    |   | RA PEN NEEDLE 31GX5/16"        | 2    |   |
| PYRIDOSTIGMINE 60 MG/5 ML SOLN | 4    | PA, SRX                                 | RABEPRAZOLE SOD DR 20 MG TAB   | 1    | QL                                      |
| PYRIDOSTIGMINE BR 60 MG TABLET | 3    |   | RALOXIFENE HCL 60 MG TABLET    | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| RAMELTEON 8 MG TABLET          | 2    | QL                                      |
| RAMIPRIL 1.25 MG CAPSULE       | 1    |   |
| RAMIPRIL 10 MG CAPSULE         | 1    |   |
| RAMIPRIL 2.5 MG CAPSULE        | 1    |   |
| RAMIPRIL 5 MG CAPSULE          | 1    |   |
| RANITIDINE 15 MG/ML SYRUP      | 1    |   |
| RANITIDINE 150 MG CAPSULE      | 1    |   |
| RANITIDINE 150 MG TABLET       | 1    |   |
| RANITIDINE 150 MG/10 ML SYRUP  | 1    |   |
| RANITIDINE 300 MG CAPSULE      | 1    |   |
| RANITIDINE 300 MG TABLET       | 1    |   |
| RANOLAZINE ER 1,000 MG TABLET  | 3    | QL                                      |
| RANOLAZINE ER 500 MG TABLET    | 3    | QL                                      |
| RASAGILINE MESYLATE 0.5 MG TAB | 1    |   |
| RASAGILINE MESYLATE 1 MG TAB   | 1    |   |
| RAYA SURE PEN NEEDLE 29G 12MM  | 2    |   |
| RAYA SURE PEN NEEDLE 31G 4MM   | 2    |   |
| RAYA SURE PEN NEEDLE 31G 5MM   | 2    |   |
| RAYA SURE PEN NEEDLE 31G 6MM   | 2    |   |
| RECLIPSEN 28 DAY TABLET        | 1    |   |
| RECOMBIVAX HB 10 MCG/ML SYR    | 2    |   |
| RECOMBIVAX HB 10 MCG/ML VIAL   | 2    |   |
| RECOMBIVAX HB 40 MCG/ML VIAL   | 2    |   |
| RECOMBIVAX HB 5 MCG/0.5 ML SYR | 2    |   |
| RECOMBIVAX HB 5 MCG/0.5 ML VL  | 2    |   |
| RECTIV 0.4% OINTMENT           | 3    |   |
| REFUAH PLUS CONTROL SOLUTION   | 2    |   |
| REGRANEX 0.01% GEL             | 3    | PA, QL                                  |
| RELENZA 5 MG DISKHALER         | 3    | QL                                      |
| RELI ON 31G X 1/4" NEEDLES     | 2    |   |
| RELION ALCOHOL 70% SWABS       | 2    |   |
| RELION INS SYR 0.3 ML 29GX1/2" | 2    |   |
| RELION INS SYR 0.3 ML 31GX6MM  | 2    |   |
| RELION INS SYR 0.5 ML 29GX1/2" | 2    |   |
| RELION INS SYR 0.5 ML 31GX6MM  | 2    |   |
| RELION INS SYR 1 ML 29GX1/2"   | 2    |   |
| RELION INS SYR 1 ML 30GX5/16"  | 2    |   |
| RELION INS SYR 1 ML 31GX15/64" | 2    |   |
| RELION INS SYR 1 ML 31GX5/16"  | 2    |   |
| RELION INSULIN SYR 0.5 ML      | 2    |   |
| RELION KETONE TEST STRIP       | 2    |   |
| RELION MINI PEN 31G X 1/4" ND  | 2    |   |
| RELION NOVOLOG 100 UNIT/ML VL  | 3    | QL, ST                                  |
| RELION NOVOLOG MIX 70-30 FLXPN | 3    | QL, ST                                  |
| RELION NOVOLOG MIX 70-30 VIAL  | 3    | QL, ST                                  |
| RELION NOVOLOG U-100 FLEXPEN   | 3    | QL, ST                                  |
| RELION PEN 29G NEEDLE          | 2    |   |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| RELION PEN 31G NEEDLE          | 2    |   |
| RELION PEN NEEDLE 29GX1/2"     | 2    |   |
| RELION PEN NEEDLE 31G 6MM      | 2    |   |
| RELION PEN NEEDLE 31GX1/4"     | 2    |   |
| RELION PEN NEEDLE 31GX5/16"    | 2    |   |
| RELION PEN NEEDLE 32GX5/32"    | 2    |   |
| RELION PEN NEEDLES 32GX5/32"   | 2    |   |
| RELION SYR 0.5 ML 30GX5/16"    | 2    |   |
| RELION SYRING 0.3 ML 31GX5/16" | 2    |   |
| RELION SYRING 0.5 ML 31GX5/16" | 2    |   |
| RELISTOR 12 MG/0.6 ML SYRINGE  | 3    | PA                                      |
| RELISTOR 12 MG/0.6 ML VIAL     | 3    | PA                                      |
| RELISTOR 150 MG TABLET         | 3    | PA                                      |
| RELISTOR 8 MG/0.4 ML SYRINGE   | 3    | PA                                      |
| RENACIDIN IRRIGATION SOLUTION  | 3    |   |
| REPAGLINIDE 0.5 MG TABLET      | 1    |   |
| REPAGLINIDE 1 MG TABLET        | 1    |   |
| REPAGLINIDE 2 MG TABLET        | 1    |   |
| REPAGLINIDE-METFORMIN 1-500 MG | 1    |   |
| REPAGLINIDE-METFORMIN 2-500 MG | 1    |   |
| REPATHA 140 MG/ML SURECLICK    | 4    | PA, SRX                                 |
| REPATHA 420 MG/3.5ML PUSHTRONX | 4    | PA, SRX                                 |
| REPATHA 140 MG/ML SYRINGE      | 4    | PA, SRX                                 |
| REPLACEMENT PEDIATRIC MONITOR  | 2    |   |
| RESPA A.R. TABLET SA           | 3    |   |
| REVLIMID 10 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| REVLIMID 15 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| REVLIMID 2.5 MG CAPSULE        | 4    | PA, QL, LDD, SRX                        |
| REVLIMID 20 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| REVLIMID 25 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| REVLIMID 5 MG CAPSULE          | 4    | PA, QL, LDD, SRX                        |
| REYATAZ 50 MG POWDER PACKET    | 2    |   |
| RIBASPHERE 200 MG CAPSULE      | 3    |   |
| RIBASPHERE 600 MG TABLET       | 3    |   |
| RIBAVIRIN 200 MG CAPSULE       | 3    |   |
| RIBAVIRIN 200 MG TABLET        | 3    |   |
| RIFABUTIN 150 MG CAPSULE       | 2    |   |
| RIFAMATE CAPSULE               | 3    |   |
| RIFAMPIN 150 MG CAPSULE        | 1    |   |
| RIFAMPIN 300 MG CAPSULE        | 1    |   |
| RIFATER TABLET                 | 3    |   |
| RIGHTEST CONTROL SOLN NORMAL   | 2    |   |
| RIGHTEST CONTROL SOLUTION HIGH | 2    |   |
| RILUZOLE 50 MG TABLET          | 4    | SRX                                     |
| RIMANTADINE HCL 100 MG TABLET  | 1    |   |
| RINGERS IRRIGATION SOLUTION    | 3    |   |
| RINVOQ ER 15 MG TABLET         | 4    | PA, QL, LDD, SRX                        |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| RINVOQ ER 30 MG TABLET         | 4    | PA, QL, LDD, SRX                        | ROPINIROLE HCL ER 6 MG TABLET  | 1    |   |
| RINVOQ ER 45 MG TABLET         | 4    | PA, QL, LDD, SRX                        | ROPINIROLE HCL ER 8 MG TABLET  | 1    |   |
| RISEDRONATE SOD DR 35 MG TAB   | 1    |   | ROSADAN 0.75% CREAM            | 1    |   |
| RISEDRONATE SODIUM 150 MG TAB  | 1    |   | ROSADAN 0.75% GEL              | 1    |   |
| RISEDRONATE SODIUM 30 MG TAB   | 1    |   | ROSUVASTATIN CALCIUM 10 MG TAB | 1    |   |
| RISEDRONATE SODIUM 35 MG TAB   | 1    |   | ROSUVASTATIN CALCIUM 20 MG TAB | 1    |   |
| RISEDRONATE SODIUM 5 MG TABLET | 1    |   | ROSUVASTATIN CALCIUM 40 MG TAB | 1    |   |
| RISPERIDONE 0.25 MG ODT        | 1    |   | ROSUVASTATIN CALCIUM 5 MG TAB  | 1    |   |
| RISPERIDONE 0.25 MG TABLET     | 1    |   | ROTARIX VACCINE ORAL SYRINGE   | 2    |   |
| RISPERIDONE 0.5 MG ODT         | 1    |   | ROTARIX VACCINE SUSPENSION     | 2    |   |
| RISPERIDONE 0.5 MG TABLET      | 1    |   | ROTATEQ VACCINE                | 2    |   |
| RISPERIDONE 1 MG ODT           | 1    |   | ROWEEPPRA 1,000 MG TABLET      | 1    |   |
| RISPERIDONE 1 MG TABLET        | 1    |   | ROWEEPPRA 500 MG TABLET        | 1    |   |
| RISPERIDONE 1 MG/ML SOLUTION   | 1    |   | ROWEEPPRA 750 MG TABLET        | 1    |   |
| RISPERIDONE 2 MG ODT           | 1    |   | RUFINAMIDE 200 MG TABLET       | 3    | PA, QL                                  |
| RISPERIDONE 2 MG TABLET        | 1    |   | RUFINAMIDE 40 MG/ML SUSPENSION | 3    | PA, QL                                  |
| RISPERIDONE 3 MG ODT           | 1    |   | RUFINAMIDE 400 MG TABLET       | 3    | PA, QL                                  |
| RISPERIDONE 3 MG TABLET        | 1    |   | SAFESNAP INSUL SYRINGE 0.3 ML  | 2    |   |
| RISPERIDONE 4 MG ODT           | 1    |   | SAFESNAP INSUL SYRINGE 0.5 ML  | 2    |   |
| RISPERIDONE 4 MG TABLET        | 1    |   | SAFESNAP INSULIN SYRINGE 1 ML  | 2    |   |
| RITEFLO SPACER                 | 2    | QL                                      | SAFETY PEN NEEDLE 31G 4MM      | 2    |   |
| RITONAVIR 100 MG TABLET        | 1    |   | SAFETY PEN NEEDLE 31G 5MM      | 2    |   |
| RIVASTIGMINE 1.5 MG CAPSULE    | 1    |   | SAFETY PEN NEEDLE 5MM X 31G    | 2    |   |
| RIVASTIGMINE 13.3 MG/24HR PTCH | 1    |   | SAJAZIR 30 MG/3 ML SYRINGE     | 4    | PA, LDD, SRX                            |
| RIVASTIGMINE 3 MG CAPSULE      | 1    |   | SALICYLIC ACID 27.5% LIQUID    | 1    |   |
| RIVASTIGMINE 4.5 MG CAPSULE    | 1    |   | SALSALATE 500 MG TABLET        | 1    |   |
| RIVASTIGMINE 4.6 MG/24HR PATCH | 1    |   | SALSALATE 750 MG TABLET        | 1    |   |
| RIVASTIGMINE 6 MG CAPSULE      | 1    |   | SANTYL OINTMENT                | 3    | PA, QL                                  |
| RIVASTIGMINE 9.5 MG/24HR PATCH | 1    |   | SAPROPTERIN 100 MG POWDER PKT  | 4    | PA, SRX                                 |
| RIVELSA TABLET                 | 1    |   | SAPROPTERIN 100 MG TABLET      | 4    | PA, SRX                                 |
| RIZATRIPTAN 10 MG ODT          | 1    | QL                                      | SAPROPTERIN 500 MG POWDER PKT  | 4    | PA, SRX                                 |
| RIZATRIPTAN 10 MG TABLET       | 1    | QL                                      | SAVAYSA 15 MG TABLET           | 3    | PA, QL                                  |
| RIZATRIPTAN 5 MG ODT           | 1    | QL                                      | SAVAYSA 30 MG TABLET           | 3    | PA, QL                                  |
| RIZATRIPTAN 5 MG TABLET        | 1    | QL                                      | SAVAYSA 60 MG TABLET           | 3    | PA, QL                                  |
| R-NATAL OB SOFTGEL             | 1    |   | SAVELLA 100 MG TABLET          | 3    |   |
| ROFLUMILAST 250 MCG TABLET     | 3    | QL                                      | SAVELLA 12.5 MG TABLET         | 3    |   |
| ROFLUMILAST 500 MCG TABLET     | 3    | QL                                      | SAVELLA 25 MG TABLET           | 3    |   |
| ROPINIROLE HCL 0.25 MG TABLET  | 1    |   | SAVELLA 50 MG TABLET           | 3    |   |
| ROPINIROLE HCL 0.5 MG TABLET   | 1    |   | SAVELLA TITRATION PACK         | 3    |   |
| ROPINIROLE HCL 1 MG TABLET     | 1    |   | SCOPOLAMINE 1 MG/3 DAY PATCH   | 1    |   |
| ROPINIROLE HCL 2 MG TABLET     | 1    |   | SECONAL SODIUM 100 MG CAPSULE  | 3    |   |
| ROPINIROLE HCL 3 MG TABLET     | 1    |   | SECURESAFE PEN NDL 30GX5/16"   | 2    |   |
| ROPINIROLE HCL 4 MG TABLET     | 1    |   | SECURESAFE SYR 0.5 ML 29G 1/2" | 2    |   |
| ROPINIROLE HCL 5 MG TABLET     | 1    |   | SECURESAFE SYRNG 1 ML 29G 1/2" | 2    |   |
| ROPINIROLE HCL ER 12 MG TABLET | 1    |   | SELEGILINE HCL 5 MG CAPSULE    | 1    |   |
| ROPINIROLE HCL ER 2 MG TABLET  | 1    |   | SELEGILINE HCL 5 MG TABLET     | 1    |   |
| ROPINIROLE HCL ER 4 MG TABLET  | 1    |   | SELENIUM SULFIDE 2.25% SHAMPOO | 1    |   |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| 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                            |
| SILDENAFIL 20 MG TABLET        | 4    | PA, SRX                                 |
| SILHOUETTE INFUSION SET 23"    | 2    |   |
| SILHOUETTE INFUSION SET 43"    | 2    |   |
| SILICONE MASK-INFANT           | 2    | QL                                      |
| SILICONE MASK-PEDIATRIC        | 2    | QL                                      |
| SILODOSIN 4 MG CAPSULE         | 1    | QL                                      |
| SILODOSIN 8 MG CAPSULE         | 1    | QL                                      |
| SIL-SERTER INFUSION SET        | 2    |   |
| SILVER NITRATE 0.5% SOLN       | 1    |   |
| SILVER NITRATE 10% SOLUTION    | 1    |   |
| SILVER NITRATE 25% SOLUTION    | 1    |   |
| SILVER NITRATE 50% SOLUTION    | 1    |   |
| SILVER SULFADIAZINE 1% CREAM   | 1    |   |
| SIMBRINZA 1%-0.2% EYE DROP     | 2    |   |
| SIMLIYA 28 DAY TABLET          | 1    |   |
| SIMPESSE 0.15-0.03-0.01 MG TAB | 1    |   |
| SIMVASTATIN 10 MG TABLET       | 1    |   |
| SIMVASTATIN 20 MG TABLET       | 1    |   |
| SIMVASTATIN 40 MG TABLET       | 1    |   |
| SIMVASTATIN 5 MG TABLET        | 1    |   |
| SIMVASTATIN 80 MG TABLET       | 1    | QL                                      |
| SIROLIMUS 0.5 MG TABLET        | 1    |   |
| SIROLIMUS 1 MG TABLET          | 1    |   |
| SIROLIMUS 1 MG/ML SOLUTION     | 4    | SRX                                     |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| SIROLIMUS 2 MG TABLET          | 1    |   |
| SIRTURO 100 MG TABLET          | 3    | PA, LDD                                 |
| SIRTURO 20 MG TABLET           | 3    | PA, LDD                                 |
| SKY SAFETY PEN NEEDLE 30G 5MM  | 2    |   |
| SKY SAFETY PEN NEEDLE 30G 8MM  | 2    |   |
| SKYRIZI 150 MG/ML SYRINGE      | 4    | PA, QL, SRX                             |
| SKYRIZI 180 MG/1.2 ML ON-BODY  | 4    | PA, QL, SRX                             |
| SKYRIZI 360 MG/2.4 ML ON-BODY  | 4    | PA, QL, SRX                             |
| SKYRIZI 150 MG/ML PEN          | 4    | PA, QL, SRX                             |
| SLYND 4 MG TABLET              | 3    |   |
| SM INS SYR 0.5 ML 29GX1/2"     | 2    |   |
| SM INS SYR 0.5 ML 30GX5/16"    | 2    |   |
| SM INS SYR 1 ML 29GX1/2"       | 2    |   |
| SM INS SYRING 0.3 ML 30GX5/16" | 2    |   |
| SM INS SYRINGE 1 ML 28GX1/2"   | 2    |   |
| SM INS SYRINGE 1 ML 30GX5/16"  | 2    |   |
| SM INSUL SYR 0.3 ML 31GX5/16"  | 2    |   |
| SM INSUL SYR 0.5 ML 31GX5/16"  | 2    |   |
| SM INSULIN SYR 0.3 ML 29GX1/2" | 2    |   |
| SM INSULIN SYR 0.5 ML 28GX1/2" | 2    |   |
| SM INSULIN SYR 1 ML 31GX5/16"  | 2    |   |
| SMARTEST CONTROL SOLUTION      | 2    |   |
| SOD POLYSTYREN SULF 15 G/60 ML | 1    |   |
| SOD SUL-POTASS SUL-MAG SUL SOL | 3    |   |
| SODIUM CHLORIDE 0.9% INHAL VL  | 1    |   |
| SODIUM CHLORIDE 0.9% IRRIG     | 1    |   |
| SODIUM CHLORIDE 0.9% IRRIG.    | 1    |   |
| SODIUM CHLORIDE 0.9% PRCSS SOL | 1    |   |
| SODIUM CHLORIDE 10% VIAL       | 1    |   |
| SODIUM CHLORIDE 3% VIAL        | 1    |   |
| SODIUM CHLORIDE 7% VIAL        | 1    |   |
| SODIUM FLUORIDE 0.2% RINSE     | 1    |   |
| SODIUM FLUORIDE 1.1% CREAM     | 1    |   |
| SODIUM FLUORIDE 1.1% GEL       | 1    |   |
| SODIUM FLUORIDE 5000 DRY MOUTH | 1    |   |
| SODIUM FLUORIDE 5000 PLUS CRM  | 1    |   |
| SODIUM FLUORIDE 5000 PPM CREAM | 1    |   |
| SODIUM FLUORIDE 5000 PPM PASTE | 1    |   |
| SOD FLUORIDE ENAM PROT 5000PPM | 1    |   |
| SODIUM FLUORIDE SENSTV 5000PPM | 1    |   |
| SODIUM PHENYLBUTYRATE 500MG TB | 4    | SRX                                     |
| SODIUM PHENYLBUTYRATE POWDER   | 4    | SRX                                     |
| SODIUM POLYSTYRENE SULF POWDER | 1    |   |
| SODIUM SULFACETAMIDE 10% LOTN  | 1    |   |
| SOFOSBUVIR-VELPATASVIR 400-100 | 4    | PA, QL, SRX                             |
| SOF-SERTER INSERTION DEVICE    | 2    |   |
| SOF-SET MICRO INFUSION SET     | 2    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| SOF-SET ULTIMATE QR SET        | 2    |   | STELARA 90 MG/ML SYRINGE       | 4    | PA, QL, SRX                             |
| SOLIFENACIN 10 MG TABLET       | 2    | QL                                      | STERILE WATER FOR IRRIGATION   | 1    |   |
| SOLIFENACIN 5 MG TABLET        | 2    | QL                                      | STIVARGA 40 MG TABLET          | 4    | PA, QL, LDD, SRX                        |
| SOLUS V2 CONTROL SOLUTION HIGH | 2    |   | STRIBILD TABLET                | 2    | QL                                      |
| SOLUS V2 CONTROL SOLUTION LOW  | 2    |   | STRIVERDI RESPIMAT             | 3    | QL, ST                                  |
| SOMAVERT 10 MG VIAL            | 4    | PA, LDD, SRX                            | SUBVENITE (BLUE)               | 1    |   |
| SOMAVERT 15 MG VIAL            | 4    | PA, LDD, SRX                            | SUBVENITE (GREEN)              | 1    |   |
| SOMAVERT 20 MG VIAL            | 4    | PA, LDD, SRX                            | SUBVENITE (ORANGE)             | 1    |   |
| SOMAVERT 25 MG VIAL            | 4    | PA, LDD, SRX                            | SUBVENITE 100 MG TABLET        | 1    |   |
| SOMAVERT 30 MG VIAL            | 4    | PA, LDD, SRX                            | SUBVENITE 150 MG TABLET        | 1    |   |
| SORAFENIB 200 MG TABLET        | 4    | PA, QL, SRX                             | SUBVENITE 200 MG TABLET        | 1    |   |
| SOTALOL 120 MG TABLET          | 1    |   | SUBVENITE 25 MG TABLET         | 1    |   |
| SOTALOL 160 MG TABLET          | 1    |   | SUCRAID 17,000 UNIT/2 ML SOLN  | 4    | LDD, SRX                                |
| SOTALOL 240 MG TABLET          | 1    |   | SUCRAID 8,500 UNIT/ML SOLN     | 4    | LDD, SRX                                |
| SOTALOL 80 MG TABLET           | 1    |   | SUCRALFATE 1 GM TABLET         | 1    |   |
| SOTALOL AF 120 MG TABLET       | 1    |   | SULFACETAMIDE 10% EYE DROPS    | 1    |   |
| SOTALOL AF 160 MG TABLET       | 1    |   | SULFACETAMIDE 10% EYE OINTMENT | 1    |   |
| SOTALOL AF 80 MG TABLET        | 1    |   | SULFACETAMIDE SOD 10% TOP SUSP | 1    |   |
| SOTYLIZE 5 MG/ML ORAL SOLUTION | 3    | PA                                      | SULF-PRED 10-0.23% EYE DROPS   | 1    |   |
| SOVALDI 150 MG PELLETT PACKET  | 4    | PA, QL, SRX                             | SULFADIAZINE 500 MG TABLET     | 1    |   |
| SOVALDI 200 MG PELLETT PACKET  | 4    | PA, QL, SRX                             | SULFAMETHOXAZOLE-TMP DS TABLET | 1    |   |
| SOVALDI 200 MG TABLET          | 4    | PA, QL, SRX                             | SULFAMETHOXAZOLE-TMP SS TABLET | 1    |   |
| SOVALDI 400 MG TABLET          | 4    | PA, QL, SRX                             | SULFAMETHOXAZOLE-TMP SUSP      | 1    |   |
| EQ SPACE CHAMBER               | 2    | QL                                      | SULFAMYLLON 8.5% CREAM         | 3    |   |
| EQ SPACE CHAMBER-LARGE MASK    | 2    | QL                                      | SULFASALAZINE 500 MG TABLET    | 1    |   |
| EQ SPACE CHAMBER-MEDIUM MASK   | 2    | QL                                      | SULFASALAZINE DR 500 MG TAB    | 1    |   |
| EQ SPACE CHAMBER-SMALL MASK    | 2    | QL                                      | SULINDAC 150 MG TABLET         | 1    |   |
| SPIKEVAX COVID (18Y UP) VACC   | 2    |   | SULINDAC 200 MG TABLET         | 1    |   |
| SPINOSAD 0.9% TOPICAL SUSP     | 1    |   | SUMATRIPTAN 20 MG NASAL SPRAY  | 1    | QL                                      |
| SPIRONOLACTONE 100 MG TABLET   | 1    |   | SUMATRIPTAN 4 MG/0.5 ML CART   | 1    | QL                                      |
| SPIRONOLACTONE 25 MG TABLET    | 1    |   | SUMATRIPTAN 4 MG/0.5 ML INJECT | 1    | QL                                      |
| SPIRONOLACTONE 50 MG TABLET    | 1    |   | SUMATRIPTAN 5 MG NASAL SPRAY   | 1    | QL                                      |
| SPIRONOLACTONE-HCTZ 25-25 TAB  | 1    |   | SUMATRIPTAN 6 MG/0.5 ML CART   | 1    | QL                                      |
| SPRINTEC 28 DAY TABLET         | 1    |   | SUMATRIPTAN 6 MG/0.5 ML VIAL   | 1    | QL                                      |
| SPRYCEL 100 MG TABLET          | 4    | PA, QL, SRX                             | SUMATRIPTAN 6 MG/0.5ML AUTOINJ | 1    | QL                                      |
| SPRYCEL 140 MG TABLET          | 4    | PA, QL, SRX                             | SUMATRIPTAN SUCC 100 MG TABLET | 1    | QL                                      |
| SPRYCEL 20 MG TABLET           | 4    | PA, QL, SRX                             | SUMATRIPTAN SUCC 25 MG TABLET  | 1    | QL                                      |
| SPRYCEL 50 MG TABLET           | 4    | PA, QL, SRX                             | SUMATRIPTAN SUCC 50 MG TABLET  | 1    | QL                                      |
| SPRYCEL 70 MG TABLET           | 4    | PA, QL, SRX                             | SUMATRIPTAN-NAPROXEN 85-500 MG | 3    | QL                                      |
| SPRYCEL 80 MG TABLET           | 4    | PA, QL, SRX                             | SUNITINIB MALATE 12.5 MG CAP   | 4    | PA, QL, SRX                             |
| SPS 15 GM/60 ML SUSPENSION     | 1    |   | SUNITINIB MALATE 25 MG CAPSULE | 4    | PA, QL, SRX                             |
| SPS 30 GM/120 ML ENEMA SUSP    | 1    |   | SUNITINIB MALATE 37.5 MG CAP   | 4    | PA, QL, SRX                             |
| SRONYX 0.10-0.02 MG TABLET     | 1    |   | SUNITINIB MALATE 50 MG CAPSULE | 4    | PA, QL, SRX                             |
| SSKI 1 GM/ML SOLUTION          | 3    |   | SUPRAX 100 MG TABLET CHEWABLE  | 3    |   |
| STAVUDINE 40 MG CAPSULE        | 1    |   | SUPRAX 200 MG TABLET CHEWABLE  | 3    |   |
| STELARA 45 MG/0.5 ML SYRINGE   | 4    | PA, QL, SRX                             | SUPRAX 500 MG/5 ML SUSPENSION  | 3    |   |
| STELARA 45 MG/0.5 ML VIAL      | 4    | PA, QL, SRX                             | SURE CMFT SFTY PEN NDL 31G 6MM | 2    |   |



## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| SURE CMFT SFTY PEN NDL 32G 4MM | 2    |   | SYNTHROID 75 MCG TABLET        | 3    |   |
| SURE COMFORT 0.3 ML SYRINGE    | 2    |   | SYNTHROID 88 MCG TABLET        | 3    |   |
| SURE COMFORT 0.5 ML SYRINGE    | 2    |   | T:30 INFUSION SET 23" 13MM     | 2    |   |
| SURE COMFORT 1 ML SYRINGE      | 2    |   | T:30 INFUSION SET 43" 13MM     | 2    |   |
| SURE COMFORT 3/10 ML SYRINGE   | 2    |   | T:90 INFUSION SET 23" 6MM      | 2    |   |
| SURE COMFORT 30G PEN NEEDLE    | 2    |   | T:90 INFUSION SET 23" 9MM      | 2    |   |
| SURE COMFORT INS 0.3ML 31GX1/4 | 2    |   | T:90 INFUSION SET 43" 9MM      | 2    |   |
| SURE COMFORT INS 0.5ML 31GX1/4 | 2    |   | T:FLEX 4.8 ML CARTRIDGE        | 2    |   |
| SURE COMFORT INS 1 ML 31GX1/4" | 2    |   | T:SLIM 3 ML CARTRIDGE          | 2    |   |
| SURE COMFORT PEN NDL 29GX1/2"  | 2    |   | T:SLIM G4 3 ML CARTRIDGE       | 2    |   |
| SURE COMFORT PEN NDL 31G 5MM   | 2    |   | T:SLIM X2 3 ML CARTRIDGE       | 2    |   |
| SURE COMFORT PEN NDL 31G 8MM   | 2    |   | TABLOID 40 MG TABLET           | 3    | PA                                      |
| SURE COMFORT PEN NDL 32G 4MM   | 2    |   | TACROLIMUS 0.03% OINTMENT      | 1    |   |
| SURE COMFORT PEN NDL 32G 6MM   | 2    |   | TACROLIMUS 0.1% OINTMENT       | 1    |   |
| SURE-FINE PEN NEEDLES 12.7MM   | 2    |   | TACROLIMUS 0.5 MG CAPSULE (IR) | 1    |   |
| SURE-FINE PEN NEEDLES 5MM      | 2    |   | TACROLIMUS 1 MG CAPSULE (IR)   | 1    |   |
| SURE-FINE PEN NEEDLES 8MM      | 2    |   | TACROLIMUS 5 MG CAPSULE (IR)   | 1    |   |
| SURE-JECT INS 0.3 ML 31GX5/16" | 2    |   | TADALAFIL 10 MG TABLET         | 1    | PA, QL                                  |
| SURE-JECT INS 0.5 ML 31GX5/16" | 2    |   | TADALAFIL 2.5 MG TABLET        | 1    | PA, QL                                  |
| SURE-JECT INSU SYR U100 0.3 ML | 2    |   | TADALAFIL 20 MG TABLET         | 4    | PA, SRX                                 |
| SURE-JECT INSU SYR U100 0.5 ML | 2    |   | TADALAFIL 5 MG TABLET          | 1    | PA, QL                                  |
| SURE-JECT INSU SYR U100 1 ML   | 2    |   | TAFINLAR 10 MG TABLET FOR SUSP | 4    | PA, QL, SRX                             |
| SURE-JECT INSUL SYR U100 1 ML  | 2    |   | TAFINLAR 50 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| SURE-JECT INSULIN SYRINGE 1 ML | 2    |   | TAFINLAR 75 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| SURE-T PARADIGM 18" SET        | 2    |   | TAFUPROST 0.0015% EYE DROP     | 3    | QL                                      |
| SURE-T PARADIGM 23" SET        | 2    |   | TAGRISSO 40 MG TABLET          | 4    | PA, QL, LDD, SRX                        |
| SURE-T PARADIGM 32" SET        | 2    |   | TAGRISSO 80 MG TABLET          | 4    | PA, QL, LDD, SRX                        |
| SURE-TEST EASYPLUS MINI SOLN   | 2    |   | TAKE ACTION 1.5 MG TABLET      | 1    |   |
| SYEDA 28 TABLET                | 1    |   | TAMOXIFEN 10 MG TABLET         | 1    |   |
| SYMAX FASTABS 0.125 MG TABLET  | 1    |   | TAMOXIFEN 20 MG TABLET         | 1    |   |
| SYMAX-SL 0.125 MG TABLET SL    | 1    |   | TAMSULOSIN HCL 0.4 MG CAPSULE  | 1    |   |
| SYMAX-SR 0.375 MG TABLET       | 1    |   | TARINA 24 FE 1 MG-20 MCG TAB   | 1    |   |
| SYMLINPEN 120 PEN INJECTOR     | 3    | QL                                      | TARINA FE 1-20 EQ TABLET       | 1    |   |
| SYMLINPEN 60 PEN INJECTOR      | 3    | QL                                      | TARINA FE 1-20 TABLET          | 1    |   |
| SYMTUZA 800-150-200-10 MG TAB  | 2    | QL                                      | TARON-C DHA CAPSULE            | 1    |   |
| SYNAREL 2 MG/ML NASAL SPRAY    | 4    | PA, SRX                                 | TARON-PREX PRENATAL DHA CAP    | 1    |   |
| SYNERA PATCH                   | 3    |   | TASIGNA 150 MG CAPSULE         | 4    | PA, QL, SRX                             |
| SYNTHROID 100 MCG TABLET       | 3    |   | TASIGNA 200 MG CAPSULE         | 4    | PA, QL, SRX                             |
| SYNTHROID 112 MCG TABLET       | 3    |   | TASIGNA 50 MG CAPSULE          | 4    | PA, QL, SRX                             |
| SYNTHROID 125 MCG TABLET       | 3    |   | TAYSOFY 1 MG-20 MCG CAPSULE    | 1    |   |
| SYNTHROID 137 MCG TABLET       | 3    |   | TAZAROTENE 0.05% GEL           | 3    |   |
| SYNTHROID 150 MCG TABLET       | 3    |   | TAZAROTENE 0.1% CREAM          | 1    |   |
| SYNTHROID 175 MCG TABLET       | 3    |   | TAZAROTENE 0.1% GEL            | 3    |   |
| SYNTHROID 200 MCG TABLET       | 3    |   | TAZORAC 0.05% CREAM            | 3    |   |
| SYNTHROID 25 MCG TABLET        | 3    |   | TAZTIA XT 120 MG CAPSULE       | 1    |   |
| SYNTHROID 300 MCG TABLET       | 3    |   | TAZTIA XT 180 MG CAPSULE       | 1    |   |
| SYNTHROID 50 MCG TABLET        | 3    |   | TAZTIA XT 240 MG CAPSULE       | 1    |   |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| TAZTIA XT 300 MG CAPSULE       | 1    |   | TENCON 50-325 MG TABLET        | 1    |   |
| TAZTIA XT 360 MG CAPSULE       | 1    |   | TENIVAC SYRINGE                | 2    |   |
| TDVAX VIAL                     | 2    |   | TENIVAC VIAL                   | 2    |   |
| TECHLITE 0.3 ML 29GX12MM (1/2) | 2    |   | TENOFOVIR DISOP FUM 300 MG TB  | 1    |   |
| TECHLITE 0.3 ML 30GX12MM (1/2) | 2    |   | TERAZOSIN 1 MG CAPSULE         | 1    |   |
| TECHLITE 0.3 ML 30GX8MM (1/2)  | 2    |   | TERAZOSIN 10 MG CAPSULE        | 1    |   |
| TECHLITE 0.3 ML 31GX6MM (1/2)  | 2    |   | TERAZOSIN 2 MG CAPSULE         | 1    |   |
| TECHLITE 0.3 ML 31GX8MM (1/2)  | 2    |   | TERAZOSIN 5 MG CAPSULE         | 1    |   |
| TECHLITE 0.5 ML 29GX12MM (1/2) | 2    |   | TERBINAFINE HCL 250 MG TABLET  | 1    |   |
| TECHLITE 0.5 ML 30GX12MM (1/2) | 2    |   | TERBUTALINE SULFATE 2.5 MG TAB | 1    |   |
| TECHLITE 0.5 ML 30GX8MM (1/2)  | 2    |   | TERBUTALINE SULFATE 5 MG TAB   | 1    |   |
| TECHLITE 0.5 ML 31GX6MM (1/2)  | 2    |   | TERCONAZOLE 0.4% CREAM         | 1    |   |
| TECHLITE 0.5 ML 31GX8MM (1/2)  | 2    |   | TERCONAZOLE 0.8% CREAM         | 1    |   |
| TECHLITE INS SYR 1 ML 29GX12MM | 2    |   | TERCONAZOLE 80 MG SUPPOSITORY  | 1    |   |
| TECHLITE INS SYR 1 ML 30GX12MM | 2    |   | TERIFLUNOMIDE 14 MG TABLET     | 4    | PA, QL, SRX                             |
| TECHLITE INS SYR 1 ML 30GX8MM  | 2    |   | TERIFLUNOMIDE 7 MG TABLET      | 4    | PA, QL, SRX                             |
| TECHLITE INS SYR 1 ML 31GX6MM  | 2    |   | TERUMO INS SYR 0.3 ML 29GX1/2" | 2    |   |
| TECHLITE INS SYR 1 ML 31GX8MM  | 2    |   | TERUMO INS SYRINGE U100-1 ML   | 2    |   |
| TECHLITE PEN NEEDLE 29GX1/2"   | 2    |   | TERUMO INS SYRINGE U100-1/2 ML | 2    |   |
| TECHLITE PEN NEEDLE 29GX3/8"   | 2    |   | TERUMO INS SYRINGE U100-1/3 ML | 2    |   |
| TECHLITE PEN NEEDLE 31GX1/4"   | 2    |   | TERUMO INS SYRNG U100-1/2 ML   | 2    |   |
| TECHLITE PEN NEEDLE 31GX3/16"  | 2    |   | TERUMO SURGUARD2 NDL 21GX1 1.5 | 2    |   |
| TECHLITE PEN NEEDLE 31GX5/16"  | 2    |   | TERUMO SURGUARD2 NDL 22X1-1/2" | 2    |   |
| TECHLITE PEN NEEDLE 32GX1/4"   | 2    |   | TERUMO SURGUARD2 NDL 23X1-1/2" | 2    |   |
| TECHLITE PEN NEEDLE 32GX5/16"  | 2    |   | TERUMO SURGUARD2 NEEDLE 18GX1" | 2    |   |
| TECHLITE PEN NEEDLE 32GX5/32"  | 2    |   | TERUMO SURGUARD2 NEEDLE 18X1.5 | 2    |   |
| TELCARE CONTROL SOLUTION       | 2    |   | TERUMO SURGUARD2 NEEDLE 19GX1" | 2    |   |
| TELMISARTAN 20 MG TABLET       | 1    |   | TERUMO SURGUARD2 NEEDLE 19X1.5 | 2    |   |
| TELMISARTAN 40 MG TABLET       | 1    |   | TERUMO SURGUARD2 NEEDLE 20GX1" | 2    |   |
| TELMISARTAN 80 MG TABLET       | 1    |   | TERUMO SURGUARD2 NEEDLE 20X1.5 | 2    |   |
| TELMISARTAN-AMLODIPINE 40-10   | 1    |   | TERUMO SURGUARD2 NEEDLE 21GX1" | 2    |   |
| TELMISARTAN-AMLODIPINE 40-5 MG | 1    |   | TERUMO SURGUARD2 NEEDLE 22GX1" | 2    |   |
| TELMISARTAN-AMLODIPINE 80-10   | 1    |   | TERUMO SURGUARD2 NEEDLE 23GX1" | 2    |   |
| TELMISARTAN-AMLODIPINE 80-5 MG | 1    |   | TERUMO SURGUARD2 NEEDLE 25GX1" | 2    |   |
| TELMISARTAN-HCTZ 40-12.5 MG TB | 1    |   | TERUMO SURGUARD2 NEEDLE 25X1.5 | 2    |   |
| TELMISARTAN-HCTZ 80-12.5 MG TB | 1    |   | TERUMO SURGUARD2 NEEDLE 25X5/8 | 2    |   |
| TELMISARTAN-HCTZ 80-25 MG TAB  | 1    |   | TERUMO SURGUARD2 NEEDLE 26X1/2 | 2    |   |
| TEMAZEPAM 15 MG CAPSULE        | 1    |   | TERUMO SURGUARD2 NEEDLE 27X1/2 | 2    |   |
| TEMAZEPAM 22.5 MG CAPSULE      | 1    |   | TERUMO SURGUARD2 NEEDLE 30X1/2 | 2    |   |
| TEMAZEPAM 30 MG CAPSULE        | 1    |   | TERUMO SYRINGE 3 ML            | 2    |   |
| TEMAZEPAM 7.5 MG CAPSULE       | 1    |   | TESTOSTERON CYP 1,000 MG/10 ML | 1    |   |
| TEMOZOLOMIDE 100 MG CAPSULE    | 4    | PA, SRX                                 | TESTOSTERON CYP 2,000 MG/10 ML | 1    |   |
| TEMOZOLOMIDE 140 MG CAPSULE    | 4    | PA, SRX                                 | TESTOSTERON ENAN 1,000 MG/5 ML | 1    |   |
| TEMOZOLOMIDE 180 MG CAPSULE    | 4    | PA, SRX                                 | TESTOSTERONE 1% (25MG/2.5G) PK | 1    | QL                                      |
| TEMOZOLOMIDE 20 MG CAPSULE     | 4    | PA, SRX                                 | TESTOSTERONE 1% (50 MG/5 G) PK | 1    | QL                                      |
| TEMOZOLOMIDE 250 MG CAPSULE    | 4    | PA, SRX                                 | TESTOSTERONE 1.62% (2.5 G) PKT | 1    | QL                                      |
| TEMOZOLOMIDE 5 MG CAPSULE      | 4    | PA, SRX                                 | TESTOSTERONE 1.62% GEL PUMP    | 1    | QL                                      |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| 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    |   |
| TETCAINE 0.5% EYE DROP         | 1    |   |
| TETRABENAZINE 12.5 MG TABLET   | 4    | PA, QL, SRX                             |
| 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    |   |
| TETRACYCLINE 500 MG CAPSULE    | 1    |   |
| TEXACORT 2.5% SOLUTION         | 3    |   |
| TEXACORT                       | 3    |   |
| THALOMID 100 MG CAPSULE        | 4    | PA, QL, LDD, SRX                        |
| THALOMID 150 MG CAPSULE        | 4    | PA, QL, LDD, SRX                        |
| THALOMID 200 MG CAPSULE        | 4    | PA, QL, LDD, SRX                        |
| THALOMID 50 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| THEOPHYLLINE 80 MG/15 ML SOLN  | 1    |   |
| THEOPHYLLINE ER 100 MG TABLET  | 1    |   |
| THEOPHYLLINE ER 200 MG TABLET  | 1    |   |
| THEOPHYLLINE ER 300 MG TAB     | 1    |   |
| THEOPHYLLINE ER 300 MG TABLET  | 1    |   |
| THEOPHYLLINE ER 400 MG TABLET  | 1    |   |
| THEOPHYLLINE ER 450 MG TAB     | 1    |   |
| THEOPHYLLINE ER 450 MG TABLET  | 1    |   |
| THEOPHYLLINE ER 600 MG TABLET  | 1    |   |
| THINPRO INS SYRIN U100-0.3 ML  | 2    |   |
| THINPRO INS SYRIN U100-0.5 ML  | 2    |   |
| THINPRO INS SYRIN U100-1 ML    | 2    |   |
| THIORIDAZINE 10 MG TABLET      | 1    |   |
| THIORIDAZINE 100 MG TABLET     | 1    |   |
| THIORIDAZINE 25 MG TABLET      | 1    |   |
| THIORIDAZINE 50 MG TABLET      | 1    |   |
| THIOTHIXENE 1 MG CAPSULE       | 1    |   |
| THIOTHIXENE 10 MG CAPSULE      | 1    |   |
| THIOTHIXENE 2 MG CAPSULE       | 1    |   |
| THIOTHIXENE 5 MG CAPSULE       | 1    |   |
| THRIVITE 19 TABLET             | 1    |   |
| THYROID 120 MG TABLET          | 1    |   |
| THYROID 15 MG TABLET           | 1    |   |

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

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| TOPCARE CLICKFINE 31G X 1/4"   | 2    |   | TRETINOIN 0.01% GEL            | 1    | PA_AGE                                  |
| TOPCARE CLICKFINE 31G X 5/16"  | 2    |   | TRETINOIN 0.025% CREAM         | 1    | PA_AGE                                  |
| TOPCARE ULTRA COMFORT SYRINGE  | 2    |   | TRETINOIN 0.025% GEL           | 1    | PA_AGE                                  |
| TOPIRAMATE 100 MG TABLET       | 1    |   | TRETINOIN 0.05% CREAM          | 1    | PA_AGE                                  |
| TOPIRAMATE 15 MG SPRINKLE CAP  | 1    |   | TRETINOIN 0.05% GEL            | 1    | PA_AGE                                  |
| TOPIRAMATE 200 MG TABLET       | 1    |   | TRETINOIN 0.1% CREAM           | 1    | PA_AGE                                  |
| TOPIRAMATE 25 MG SPRINKLE CAP  | 1    |   | TRETINOIN 10 MG CAPSULE        | 3    | PA                                      |
| TOPIRAMATE 25 MG TABLET        | 1    |   | TRETINOIN GEL MICRO 0.04% PUMP | 1    | PA_AGE                                  |
| TOPIRAMATE 50 MG TABLET        | 1    |   | TRETINOIN GEL MICRO 0.04% TUBE | 1    | PA_AGE                                  |
| TOPIRAMATE ER 100 MG CAPSULE   | 1    |   | TRETINOIN GEL MICRO 0.1% PUMP  | 1    | PA_AGE                                  |
| TOPIRAMATE ER 150 MG CAPSULE   | 1    |   | TRETINOIN GEL MICRO 0.1% TUBE  | 1    | PA_AGE                                  |
| TOPIRAMATE ER 200 MG CAPSULE   | 1    |   | TRETIN-X 0.025% CREAM COMB PCK | 3    | PA_AGE                                  |
| TOPIRAMATE ER 25 MG CAPSULE    | 1    |   | TRETIN-X 0.05% COMBO PACK      | 3    | PA_AGE                                  |
| TOPIRAMATE ER 50 MG CAPSULE    | 1    |   | TRETIN-X 0.075% CREAM          | 3    | PA_AGE                                  |
| TOREMIFENE CITRATE 60 MG TAB   | 3    |   | TRETIN-X 0.1% COMBO PACK       | 3    | PA_AGE                                  |
| TORSEMIDE 10 MG TABLET         | 1    |   | TRI FEMYNOR 28 TABLET          | 1    |   |
| TORSEMIDE 100 MG TABLET        | 1    |   | TRIAMCINOLONE 0.025% CREAM     | 1    |   |
| TORSEMIDE 20 MG TABLET         | 1    |   | TRIAMCINOLONE 0.025% LOTION    | 1    |   |
| TORSEMIDE 5 MG TABLET          | 1    |   | TRIAMCINOLONE 0.025% OINT      | 1    |   |
| TOVET EMOLLIENT 0.05% FOAM     | 1    |   | TRIAMCINOLONE 0.1% CREAM       | 1    |   |
| TRAMADOL ER 100 MG TABLET      | 1    | PA, QL                                  | TRIAMCINOLONE 0.1% LOTION      | 1    |   |
| TRAMADOL ER 200 MG TABLET      | 1    | PA, QL                                  | TRIAMCINOLONE 0.1% OINTMENT    | 1    |   |
| TRAMADOL ER 300 MG TABLET      | 1    | PA, QL                                  | TRIAMCINOLONE 0.1% PASTE       | 1    |   |
| TRAMADOL HCL 50 MG TABLET      | 1    | QL                                      | TRIAMCINOLONE 0.5% CREAM       | 1    |   |
| TRAMADOL HCL ER 100 MG TABLET  | 1    | PA, QL                                  | TRIAMCINOLONE 0.5% OINTMENT    | 1    |   |
| TRAMADOL HCL ER 150 MG CAPSULE | 1    | PA, QL                                  | TRIAMTERENE 100 MG CAPSULE     | 3    |   |
| TRAMADOL HCL ER 200 MG TABLET  | 1    | PA, QL                                  | TRIAMTERENE 50 MG CAPSULE      | 3    |   |
| TRAMADOL HCL ER 300 MG TABLET  | 1    | PA, QL                                  | TRIAMTERENE-HCTZ 37.5-25 MG CP | 1    |   |
| TRAMADOL-ACETAMINOPHN 37.5-325 | 1    | QL                                      | TRIAMTERENE-HCTZ 37.5-25 MG TB | 1    |   |
| TRANDOLAPRIL 1 MG TABLET       | 1    |   | TRIAMTERENE-HCTZ 75-50 MG TAB  | 1    |   |
| TRANDOLAPRIL 2 MG TABLET       | 1    |   | TRIAZOLAM 0.125 MG TABLET      | 1    |   |
| TRANDOLAPRIL 4 MG TABLET       | 1    |   | TRIAZOLAM 0.25 MG TABLET       | 1    |   |
| TRANDOLAPR-VERAPAM ER 1-240 MG | 1    |   | TRIDERM 0.1% CREAM             | 1    |   |
| TRANDOLAPR-VERAPAM ER 2-180 MG | 1    |   | TRIDERM 0.5% CREAM             | 1    |   |
| TRANDOLAPR-VERAPAM ER 2-240 MG | 1    |   | TRI-ESTARYLLA TABLET           | 1    |   |
| TRANDOLAPR-VERAPAM ER 4-240 MG | 1    |   | TRIFLUOPERAZINE 1 MG TABLET    | 1    |   |
| TRANEXAMIC ACID 650 MG TABLET  | 1    |   | TRIFLUOPERAZINE 10 MG TABLET   | 1    |   |
| MEDICATION TRANSFER NEEDLE     | 2    |   | TRIFLUOPERAZINE 2 MG TABLET    | 1    |   |
| TRANLYCYPROMINE SULF 10 MG TAB | 1    |   | TRIFLUOPERAZINE 5 MG TABLET    | 1    |   |
| TRAVOPROST 0.004% EYE DROP     | 1    |   | TRIFLURIDINE 1% EYE DROPS      | 1    |   |
| TRAZODONE 100 MG TABLET        | 1    |   | TRIHXYPHENIDYL 2 MG TABLET     | 1    |   |
| TRAZODONE 150 MG TABLET        | 1    |   | TRIHXYPHENIDYL 2 MG/5 ML SOLN  | 1    |   |
| TRAZODONE 300 MG TABLET        | 1    |   | TRIHXYPHENIDYL 5 MG TABLET     | 1    |   |
| TRAZODONE 50 MG TABLET         | 1    |   | TRIKAFTA 100-50-75 MG/150 MG   | 4    | PA, QL, LDD, SRX                        |
| TRECTOR 250 MG TABLET          | 3    |   | TRIKAFTA 100-50-75 MG/75MG PKT | 4    | PA, QL, LDD, SRX                        |
| TREMFYA 100 MG/ML INJECTOR     | 4    | PA, QL, SRX                             | TRIKAFTA 50-25-37.5 MG/75 MG   | 4    | PA, QL, LDD, SRX                        |
| TREMFYA 100 MG/ML SYRINGE      | 4    | PA, QL, SRX                             | TRIKAFTA 80-40-60MG/59.5MG PKT | 4    | PA, QL, LDD, SRX                        |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                 | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|---------------------------------|------|---|
| TRI-LEGEST FE-28 DAY TABLET     | 1    |   |
| TRI-LINYAH 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 0.25 MG/ML    | 1    |   |
| TRI-VITE-FLUORIDE 0.5 MG/ML     | 1    |   |
| TRI-VIT-FLUOR 0.25 MG/ML DROP   | 1    |   |
| 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    |   |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| 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" | 2    |   |
| 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    |   |
| 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    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                 | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| TULANA 0.35 MG TABLET           | 1    |   | ULTICARE SYR 1 ML 30GX5/16"    | 2    |   |
| TWINRIX VACCINE SYRINGE         | 2    |   | ULTICARE SYR 1 ML 31GX5/16"    | 2    |   |
| TYBOST 150 MG TABLET            | 2    |   | ULTICARE SYRIN 0.3 ML 29GX1/2" | 2    |   |
| TYDEMY 3-0.03-0.451 MG TABLET   | 1    |   | ULTICARE SYRIN 0.5 ML 28GX1/2" | 2    |   |
| TYMLOS 80 MCG DOSE PEN INJECTR  | 4    | PA, QL, SRX                             | ULTICARE SYRINGE 1 ML 30GX1/2" | 2    |   |
| TYVASO 1.74 MG/2.9 ML SOLUTION  | 4    | PA, LDD, SRX                            | ULTIGUARD SAFE 1ML 30G 12.7MM  | 2    |   |
| TYVASO INSTITUTIONAL START KIT  | 4    | PA, LDD, SRX                            | ULTIGUARD SAFE PACK 29G 12.7MM | 2    |   |
| TYVASO REFILL KIT               | 4    | PA, LDD, SRX                            | ULTIGUARD SAFE PACK 32G 4MM    | 2    |   |
| TYVASO STARTER KIT              | 4    | PA, LDD, SRX                            | ULTIGUARD SAFE0.3ML 30G 12.7MM | 2    |   |
| UDENYCA 6 MG/0.6 ML SYRINGE     | 4    | PA, SRX                                 | ULTIGUARD SAFE0.5ML 30G 12.7MM | 2    |   |
| UDENYCA 6 MG/0.6 ML AUTOINJECT  | 4    | PA, SRX                                 | ULTIGUARD SAFEPACK 1ML 31G 8MM | 2    |   |
| ULESFIA 5% LOTION               | 3    |   | ULTIGUARD SAFEPACK 31G 5MM     | 2    |   |
| ULT CFT 0.3 ML 29GX1/2" (1/2)   | 2    |   | ULTIGUARD SAFEPACK 31G 6MM     | 2    |   |
| ULT CFT 0.3 ML 31GX5/16" (1/2)  | 2    |   | ULTIGUARD SAFEPACK 31G 8MM     | 2    |   |
| ULTICARE INS SYR 1 ML 31GX5/16" | 2    |   | ULTIGUARD SAFEPACK 32G 4MM     | 2    |   |
| ULTICAR INS 0.3ML 31GX1/4(1/2)  | 2    |   | ULTIGUARD SAFEPACK 32G 6MM     | 2    |   |
| ULTICARE INS 0.3 ML 30GX1/2"    | 2    |   | ULTIGUARD SAFEPK 0.3ML 31G 8MM | 2    |   |
| ULTICARE INS 0.3 ML 31GX1/4"    | 2    |   | ULTIGUARD SAFEPK 0.5ML 31G 8MM | 2    |   |
| ULTICARE INS 0.5 ML 30GX1/2"    | 2    |   | ULTILET INSULIN SYRINGE 0.3 ML | 2    |   |
| ULTICARE INS 0.5 ML 31GX1/4"    | 2    |   | ULTILET INSULIN SYRINGE 0.5 ML | 2    |   |
| ULTICARE INS 1 ML 31GX1/4"      | 2    |   | ULTILET INSULIN SYRINGE 1 ML   | 2    |   |
| ULTICARE INS SAFETY 1ML 29X1/2  | 2    |   | ULTILET PEN NEEDLE             | 2    |   |
| ULTICARE INS SYR 1 ML 28GX1/2"  | 2    |   | ULTILET PEN NEEDLE 4MM 32G     | 2    |   |
| ULTICARE INS SYR 1 ML 29GX1/2"  | 2    |   | ULTRA COMFORT 0.3 ML 29GX1/2"  | 2    |   |
| ULTICARE INS SYR 1 ML 30GX1/2"  | 2    |   | ULTRA COMFORT 0.3 ML SYRINGE   | 2    |   |
| ULTICARE LDS SYR 3 ML 22GX1.5"  | 2    |   | ULTRA COMFORT 0.5 ML 28GX1/2"  | 2    |   |
| ULTICARE PEN ND 12.7 MM 29G     | 2    |   | ULTRA COMFORT 0.5 ML 29GX1/2"  | 2    |   |
| ULTICARE PEN NEEDLE 31GX3/16"   | 2    |   | ULTRA COMFORT 0.5 ML 31GX5/16" | 2    |   |
| ULTICARE PEN NEEDLE 4MM 32G     | 2    |   | ULTRA COMFORT 0.5 ML SYRINGE   | 2    |   |
| ULTICARE PEN NEEDLE 6MM 31G     | 2    |   | ULTRA COMFORT 1 ML 28GX1/2"    | 2    |   |
| ULTICARE PEN NEEDLE 8 MM 31G    | 2    |   | ULTRA COMFORT 1 ML 29GX1/2"    | 2    |   |
| ULTICARE PEN NEEDLE 8MM 31G     | 2    |   | ULTRA COMFORT 1 ML 30GX5/16"   | 2    |   |
| ULTICARE PEN NEEDLES 12MM 29G   | 2    |   | ULTRA COMFORT 1 ML 31GX5/16"   | 2    |   |
| ULTICARE PEN NEEDLES 4MM 32G    | 2    |   | ULTRA COMFORT 1 ML SYRINGE     | 2    |   |
| ULTICARE PEN NEEDLES 6MM 31G    | 2    |   | ULTRA FLO 0.3ML 30G 1/2" (1/2) | 2    |   |
| ULTICARE PEN NEEDLES 6MM 32G    | 2    |   | ULTRA FLO 0.3ML 30G 5/16"(1/2) | 2    |   |
| ULTICARE PEN NEEDLES 8MM 31G    | 2    |   | ULTRA FLO 0.3ML 31G 5/16"(1/2) | 2    |   |
| ULTICARE SAFE PEN ND 30G 8MM    | 2    |   | ULTRA FLO PEN NEEDLE 31G 5MM   | 2    |   |
| ULTICARE SAFE PEN ND 5MM 30G    | 2    |   | ULTRA FLO PEN NEEDLE 31G 8MM   | 2    |   |
| ULTICARE SAFETY 0.5 ML 29GX1/2  | 2    |   | ULTRA FLO PEN NEEDLE 32G 4MM   | 2    |   |
| ULTICARE SYR 0.3 ML 30GX1/2"    | 2    |   | ULTRA FLO PEN NEEDLE 33G 4MM   | 2    |   |
| ULTICARE SYR 0.3 ML 30GX5/16"   | 2    |   | ULTRA FLO PEN NEEDLES 12MM 29G | 2    |   |
| ULTICARE SYR 0.3 ML 31GX5/16"   | 2    |   | ULTRA FLO SYR 0.3 ML 29GX1/2"  | 2    |   |
| ULTICARE SYR 0.5 ML 29GX1/2"    | 2    |   | ULTRA FLO SYR 0.3 ML 30G 5/16" | 2    |   |
| ULTICARE SYR 0.5 ML 30GX1/2"    | 2    |   | ULTRA FLO SYR 0.3 ML 31G 5/16" | 2    |   |
| ULTICARE SYR 0.5 ML 30GX5/16"   | 2    |   | ULTRA FLO SYR 0.5 ML 29G 1/2"  | 2    |   |
| ULTICARE SYR 0.5 ML 31GX5/16"   | 2    |   | ULTRA THIN PEN ND 32G X 4MM    | 2    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| ULTRACARE INS 0.3 ML 30GX5/16" | 2    |   |
| ULTRACARE INS 0.3 ML 31GX5/16" | 2    |   |
| ULTRACARE INS 0.5 ML 30GX1/2"  | 2    |   |
| ULTRACARE INS 0.5 ML 30GX5/16" | 2    |   |
| ULTRACARE INS 0.5 ML 31GX5/16" | 2    |   |
| ULTRACARE INS 1 ML 30G X 5/16" | 2    |   |
| ULTRACARE INS 1 ML 30GX1/2"    | 2    |   |
| ULTRACARE INS 1 ML 31G X 5/16" | 2    |   |
| ULTRACARE PEN NEEDLE 31GX1/4"  | 2    |   |
| ULTRACARE PEN NEEDLE 31GX3/16" | 2    |   |
| ULTRACARE PEN NEEDLE 31GX5/16" | 2    |   |
| ULTRACARE PEN NEEDLE 32GX1/4"  | 2    |   |
| ULTRACARE PEN NEEDLE 32GX3/16" | 2    |   |
| ULTRACARE PEN NEEDLE 32GX5/32" | 2    |   |
| ULTRACARE PEN NEEDLE 33GX5/32" | 2    |   |
| ULTRA-FINE MICRO PEN NEEDLE    | 2    |   |
| ULTRA-THIN II 1 ML 31GX5/16"   | 2    |   |
| ULTRA-THIN II INS 0.3 ML 30G   | 2    |   |
| ULTRA-THIN II INS 0.3 ML 31G   | 2    |   |
| ULTRA-THIN II INS 0.5 ML 29G   | 2    |   |
| ULTRA-THIN II INS 0.5 ML 30G   | 2    |   |
| ULTRA-THIN II INS 0.5 ML 31G   | 2    |   |
| ULTRA-THIN II INS SYR 1 ML 29G | 2    |   |
| ULTRA-THIN II INS SYR 1 ML 30G | 2    |   |
| ULTRA-THIN II PEN ND 29GX1/2"  | 2    |   |
| ULTRA-THIN II PEN ND 31GX5/16  | 2    |   |
| ULTRATRAK CONTROL SOL NORMAL   | 2    |   |
| ULTRATRAK CONTROL SOLUTION     | 2    |   |
| ULTRATRAK ULTIMATE CNTRL SOLN  | 2    |   |
| UNIFINE PEN NEEDLE 32G 4MM     | 2    |   |
| UNIFINE PENTIPS 12MM 29G       | 2    |   |
| UNIFINE PENTIPS 29G 12MM       | 2    |   |
| UNIFINE PENTIPS 31G 5MM        | 2    |   |
| UNIFINE PENTIPS 31G 6MM        | 2    |   |
| UNIFINE PENTIPS 31G 8MM        | 2    |   |
| UNIFINE PENTIPS 31GX3/16"      | 2    |   |
| UNIFINE PENTIPS 32G 4MM        | 2    |   |
| UNIFINE PENTIPS 32G 6MM        | 2    |   |
| UNIFINE PENTIPS 32GX1/4"       | 2    |   |
| UNIFINE PENTIPS 32GX5/32"      | 2    |   |
| UNIFINE PENTIPS 33GX5/32"      | 2    |   |
| UNIFINE PENTIPS 6MM 31G        | 2    |   |
| UNIFINE PENTIPS 6MM NEEDLE     | 2    |   |
| UNIFINE PENTIPS 8MM 31G        | 2    |   |
| UNIFINE PENTIPS 8MM NEEDLE     | 2    |   |
| UNIFINE PENTIPS MAX 30GX3/16"  | 2    |   |
| UNIFINE PENTIPS NEEDLES 29G    | 2    |   |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| UNIFINE PENTIPS PLUS 29GX1/2"  | 2    |   |
| UNIFINE PENTIPS PLUS 31GX1/4"  | 2    |   |
| UNIFINE PENTIPS PLUS 31GX3/16" | 2    |   |
| UNIFINE PENTIPS PLUS 31GX5/16" | 2    |   |
| UNIFINE PENTIPS PLUS 32GX5/32" | 2    |   |
| UNIFINE PENTIPS PLUS 33GX5/32" | 2    |   |
| UNIFINE PENTIPS PLUS 30GX3/16" | 2    |   |
| UNIFINE SAFECONTROL 30GX3/16"  | 2    |   |
| UNIFINE SAFECONTROL 30GX5/16"  | 2    |   |
| UNIFINE SAFECONTROL 32G 4MM    | 2    |   |
| UNIFINE ULTRA PEN ND 31G 5MM   | 2    |   |
| UNIFINE ULTRA PEN ND 31G 6MM   | 2    |   |
| UNIFINE ULTRA PEN ND 31G 8MM   | 2    |   |
| UNIFINE ULTRA PEN ND 32G 4MM   | 2    |   |
| UNISTRIP CONTROL SOLUTION HIGH | 2    |   |
| UNISTRIP CONTROL SOLUTION LOW  | 2    |   |
| UNITHROID 100 MCG TABLET       | 1    |   |
| UNITHROID 112 MCG TABLET       | 1    |   |
| UNITHROID 125 MCG TABLET       | 1    |   |
| UNITHROID 137 MCG TABLET       | 1    |   |
| UNITHROID 150 MCG TABLET       | 1    |   |
| UNITHROID 175 MCG TABLET       | 1    |   |
| UNITHROID 200 MCG TABLET       | 1    |   |
| UNITHROID 25 MCG TABLET        | 1    |   |
| UNITHROID 300 MCG TABLET       | 1    |   |
| UNITHROID 50 MCG TABLET        | 1    |   |
| UNITHROID 75 MCG TABLET        | 1    |   |
| UNITHROID 88 MCG TABLET        | 1    |   |
| URISTIX 4 REAGENT STRIPS       | 2    |   |
| URISTIX REAGENT STRIPS         | 2    |   |
| UROQID-ACID NO.2 500-500 TB    | 3    |   |
| URSODIOL 250 MG TABLET         | 1    |   |
| URSODIOL 300 MG CAPSULE        | 1    |   |
| URSODIOL 500 MG TABLET         | 1    |   |
| USTELL CAPSULE                 | 1    |   |
| UTIRA-C TABLET                 | 1    |   |
| VALACYCLOVIR HCL 1 GRAM TABLET | 1    |   |
| VALACYCLOVIR HCL 500 MG TABLET | 1    |   |
| VALGANCICLOVIR 450 MG TABLET   | 3    |   |
| VALGANCICLOVIR HCL 50 MG/ML    | 3    |   |
| VALPROIC ACID 250 MG CAPSULE   | 1    |   |
| VALPROIC ACID 250 MG/5 ML SOLN | 1    |   |
| VALPROIC ACID 500 MG/10 ML SOL | 1    |   |
| VALSARTAN 160 MG TABLET        | 1    |   |
| VALSARTAN 320 MG TABLET        | 1    |   |
| VALSARTAN 40 MG TABLET         | 1    |   |
| VALSARTAN 80 MG TABLET         | 1    |   |

## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| VALSARTAN-HCTZ 160-12.5 MG TAB | 1    |   |
| VALSARTAN-HCTZ 160-25 MG TAB   | 1    |   |
| VALSARTAN-HCTZ 320-12.5 MG TAB | 1    |   |
| VALSARTAN-HCTZ 320-25 MG TAB   | 1    |   |
| VALSARTAN-HCTZ 80-12.5 MG TAB  | 1    |   |
| VANADOM 350 MG TABLET          | 1    |   |
| VANCOMYCIN HCL 125 MG CAPSULE  | 3    | QL                                      |
| VANCOMYCIN HCL 250 MG CAPSULE  | 3    | QL                                      |
| VANDA ZOLE VAGINAL 0.75% GEL   | 1    |   |
| VANISHPOINT 0.5 ML 30GX1/2" SY | 2    |   |
| VANISHPOINT 20GX1" 3 ML SYRING | 2    |   |
| VANISHPOINT 21GX1.5" 3 ML SYR  | 2    |   |
| VANISHPOINT 22GX1" 3 ML SYR    | 2    |   |
| VANISHPOINT 23GX1" 3 ML SYRING | 2    |   |
| VANISHPOINT 23GX1-1/2 3 ML SYR | 2    |   |
| VANISHPOINT 25GX1" 3 ML SYRING | 2    |   |
| VANISHPOINT 25GX5/8" 3 ML SYR  | 2    |   |
| VANISHPOINT 3 ML 21GX1" SYRING | 2    |   |
| VANISHPOINT 3 ML 22GX1.5" SYRG | 2    |   |
| VANISHPOINT INS 1 ML 30GX3/16" | 2    |   |
| VANISHPOINT U-100 29X1/2 SYR   | 2    |   |
| VAQTA 25 UNITS/0.5 ML SYRINGE  | 2    |   |
| VAQTA 25 UNITS/0.5 ML VIAL     | 2    |   |
| VAQTA 50 UNITS/ML SYRINGE      | 2    |   |
| VAQTA 50 UNITS/ML VIAL         | 2    |   |
| VARENICLINE STARTING MONTH BOX | 2    |   |
| VARENICLINE 0.5 MG TABLET      | 2    |   |
| VARENICLINE 1 MG TABLET        | 2    |   |
| VARISOFT INFUSION SET 23" 13MM | 2    |   |
| VARISOFT INFUSION SET 23" 17MM | 2    |   |
| VARISOFT INFUSION SET 32" 13MM | 2    |   |
| VARISOFT INFUSION SET 32" 17MM | 2    |   |
| VARISOFT INFUSION SET 43" 13MM | 2    |   |
| VARISOFT INFUSION SET 43" 17MM | 2    |   |
| VARIVAX VACCINE VIAL           | 2    |   |
| VARIVAX VACCINE WITH DILUENT   | 2    |   |
| VAXELIS VACCINE SYRINGE        | 2    |   |
| VAXELIS VACCINE VIAL           | 2    |   |
| VAXNEUVANCE 0.5 ML SYRINGE     | 2    |   |
| VELIVET 28 DAY TABLET          | 1    |   |
| VELPHORO                       | 3    |   |
| VEMLIDY 25 MG TABLET           | 4    | PA, SRX                                 |
| VENCLEXTA 10 MG TAB (10MG X 2) | 4    | PA, QL, LDD, SRX                        |
| VENCLEXTA 10 MG TABLET         | 4    | PA, QL, LDD, SRX                        |
| VENCLEXTA 100 MG TABLET        | 4    | PA, QL, LDD, SRX                        |
| VENCLEXTA 50 MG TABLET         | 4    | PA, QL, LDD, SRX                        |
| VENCLEXTA STARTING PACK        | 4    | PA, QL, LDD, SRX                        |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| VENLAFAXINE HCL 100 MG TABLET  | 1    | QL                                      |
| VENLAFAXINE HCL 25 MG TABLET   | 1    | QL                                      |
| VENLAFAXINE HCL 37.5 MG TABLET | 1    | QL                                      |
| VENLAFAXINE HCL 50 MG TABLET   | 1    | QL                                      |
| VENLAFAXINE HCL 75 MG TABLET   | 1    | QL                                      |
| VENLAFAXINE HCL ER 150 MG CAP  | 1    | QL                                      |
| VENLAFAXINE HCL ER 37.5 MG CAP | 1    | QL                                      |
| VENLAFAXINE HCL ER 75 MG CAP   | 1    | QL                                      |
| VENTAVIS 10 MCG/1 ML SOLUTION  | 4    | PA, LDD, SRX                            |
| VENTAVIS 20 MCG/1 ML SOLUTION  | 4    | PA, LDD, SRX                            |
| VERAPAMIL 120 MG TABLET        | 1    |   |
| VERAPAMIL 40 MG TABLET         | 1    |   |
| VERAPAMIL 80 MG TABLET         | 1    |   |
| VERAPAMIL ER 120 MG CAPSULE    | 1    |   |
| VERAPAMIL ER 120 MG TABLET     | 1    |   |
| VERAPAMIL ER 180 MG CAPSULE    | 1    |   |
| VERAPAMIL ER 180 MG TABLET     | 1    |   |
| VERAPAMIL ER 240 MG CAPSULE    | 1    |   |
| VERAPAMIL ER 240 MG TABLET     | 1    |   |
| VERAPAMIL ER PM 100 MG CAPSULE | 1    |   |
| VERAPAMIL ER PM 200 MG CAPSULE | 1    |   |
| VERAPAMIL ER PM 300 MG CAPSULE | 1    |   |
| VERAPAMIL SR 120 MG CAPSULE    | 1    |   |
| VERAPAMIL SR 180 MG CAPSULE    | 1    |   |
| VERAPAMIL SR 240 MG CAPSULE    | 1    |   |
| VERAPAMIL SR 360 MG CAPSULE    | 1    |   |
| VERASENS CONTROL SOLN-LEVEL 1  | 2    |   |
| VEREGEN 15% OINTMENT           | 3    |   |
| VERIFINE INS SYR 1 ML 29G 1/2" | 2    |   |
| VERIFINE PEN NEEDLE 29G 12MM   | 2    |   |
| VERIFINE PEN NEEDLE 31G 5MM    | 2    |   |
| VERIFINE PEN NEEDLE 31G 8MM    | 2    |   |
| VERIFINE PEN NEEDLE 32G 4MM    | 2    |   |
| VERIFINE PEN NEEDLE 32G 6MM    | 2    |   |
| VERIFINE SYRING 0.5ML 29G 1/2" | 2    |   |
| VERIFINE SYRING 1 ML 31G 5/16" | 2    |   |
| VERIFINE SYRNG 0.3ML 31G 5/16" | 2    |   |
| VERIFINE SYRNG 0.5ML 31G 5/16" | 2    |   |
| VESTURA 3 MG-0.02 MG TABLET    | 1    |   |
| VIENVA-28 TABLET               | 1    |   |
| VIGABATRIN 500 MG POWDER PACKT | 4    | PA, QL, LDD, SRX                        |
| VIGABATRIN 500 MG TABLET       | 4    | PA, QL, LDD, SRX                        |
| VIGADRONE 500 MG POWDER PACKET | 4    | PA, QL, LDD, SRX                        |
| VILAZODONE HCL 10 MG TABLET    | 3    | QL                                      |
| VILAZODONE HCL 20 MG TABLET    | 3    | QL                                      |
| VILAZODONE HCL 40 MG TABLET    | 3    | QL                                      |
| VINATE ONE TABLET              | 1    |   |



## 2024 Cigna Plus North Carolina 4-Tier Prescription Drug List

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) | Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| VIOKACE 10,440-39,150 UNIT TAB | 3    |   | WAVESENSE CONTROL SOLN NORMAL  | 2    |   |
| VIOKACE 10,440-39,150 UNITS TB | 3    |   | WERA 0.5/0.035 MG 28 TABLET    | 1    |   |
| VIOKACE 20,880-78,300 UNITS TB | 3    |   | WESCAP-PN DHA CAPSULE          | 1    |   |
| VIORELE 28 DAY TABLET          | 1    |   | WESNATE DHA SOFTGEL            | 1    |   |
| VIREAD 150 MG TABLET           | 2    |   | WESTAB PLUS TABLET             | 1    |   |
| VIREAD 200 MG TABLET           | 2    |   | WESTHROID 32.5 MG TABLET       | 1    |   |
| VIREAD 250 MG TABLET           | 2    |   | WESTHROID 65 MG TABLET         | 1    |   |
| VIREAD POWDER                  | 2    |   | WIXELA 100-50 INHUB            | 1    | QL                                      |
| VIRT-C DHA SOFTGEL             | 1    |   | WIXELA 250-50 INHUB            | 1    | QL                                      |
| VIRT-NATE DHA SOFTGEL          | 1    |   | WIXELA 500-50 INHUB            | 1    | QL                                      |
| VIRT-PN DHA SOFTGEL            | 1    |   | WM UNIFINE PENTIP PLUS 4MM 32G | 2    |   |
| VIRT-PN PLUS SOFTGEL           | 1    |   | WM UNIFINE PENTIP PLUS 5MM 31G | 2    |   |
| VISTOGARD 10 GRAM PACKET       | 4    | LDD, SRX                                | WM UNIFINE PENTIP PLUS 6MM 31G | 2    |   |
| VIT A,C,D-FLUORIDE 0.25 MG/ML  | 1    |   | WM UNIFINE PENTIP PLUS 8MM 31G | 2    |   |
| VITAFOL-OB CAPLET              | 1    |   | WP THYROID 113.75 MG TABLET    | 2    |   |
| VITAMIN D2 1.25MG(50,000 UNIT) | 1    |   | WP THYROID 130 MG TABLET       | 2    |   |
| VIVAGUARD INO CTRL SOLN-L1,2,3 | 2    |   | WP THYROID 16.25 MG TABLET     | 2    |   |
| VIVAGUARD INO CTRL SOLN-L2     | 2    |   | WP THYROID 32.5 MG TABLET      | 2    |   |
| VOLNEA 0.15-0.02-0.01 MG TAB   | 1    |   | WP THYROID 48.75 MG TABLET     | 2    |   |
| VORICONAZOLE 200 MG TABLET     | 3    | PA                                      | WP THYROID 65 MG TABLET        | 2    |   |
| VORICONAZOLE 40 MG/ML SUSP     | 3    | PA                                      | WP THYROID 81.25 MG TABLET     | 2    |   |
| VORICONAZOLE 50 MG TABLET      | 3    | PA                                      | WP THYROID 97.5 MG TABLET      | 2    |   |
| VORTEX ADULT MASK              | 2    | QL                                      | WYMZYA FE 0.4-0.035 MG CHEW TB | 1    |   |
| VORTEX HOLDING CHAMBER         | 2    | QL                                      | XALKORI 200 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| VORTEX HOLDING CHAMBER-CHILD   | 2    | QL                                      | XALKORI 250 MG CAPSULE         | 4    | PA, QL, LDD, SRX                        |
| VORTEX HOLDING CHAMBER-TODDLER | 2    | QL                                      | XARELTO 1 MG/ML SUSPENSION     | 2    | PA, QL                                  |
| VORTEX VHC FROG CHILD MASK     | 2    | QL                                      | XARELTO 10 MG TABLET           | 2    | PA, QL                                  |
| VORTEX VHC LADYBUG TODDLER MSK | 2    | QL                                      | XARELTO 15 MG TABLET           | 2    | PA, QL                                  |
| VOTRIENT 200 MG TABLET         | 4    | PA, QL, SRX                             | XARELTO 2.5 MG TABLET          | 2    | PA, QL                                  |
| VRAYLAR 1.5 MG CAPSULE         | 3    | QL, ST                                  | XARELTO 20 MG TABLET           | 2    | PA, QL                                  |
| VRAYLAR 1.5 MG-3 MG PACK       | 3    | QL, ST                                  | XARELTO DVT-PE TREAT START 30D | 2    | PA, QL                                  |
| VRAYLAR 3 MG CAPSULE           | 3    | QL, ST                                  | XELJANZ 1 MG/ML SOLUTION       | 4    | PA, QL, SRX                             |
| VRAYLAR 4.5 MG CAPSULE         | 3    | QL, ST                                  | XELJANZ 10 MG TABLET           | 4    | PA, QL, SRX                             |
| VRAYLAR 6 MG CAPSULE           | 3    | QL, ST                                  | XELJANZ 5 MG TABLET            | 4    | PA, QL, SRX                             |
| VYFEMLA 0.4 MG-0.035 MG TABLET | 1    |   | XELJANZ XR 11 MG TABLET        | 4    | PA, QL, SRX                             |
| VYLIBRA 28 TABLET              | 1    |   | XELJANZ XR 22 MG TABLET        | 4    | PA, QL, SRX                             |
| WAKIX 17.8 MG TABLET           | 4    | PA, QL, LDD, SRX                        | XIFAXAN 200 MG TABLET          | 3    | PA, QL                                  |
| WAKIX 4.45 MG TABLET           | 4    | PA, QL, LDD, SRX                        | XIFAXAN 550 MG TABLET          | 3    | PA, QL                                  |
| WARFARIN SODIUM 1 MG TABLET    | 1    |   | XIGDUO XR 10 MG-1,000 MG TAB   | 2    | QL                                      |
| WARFARIN SODIUM 10 MG TABLET   | 1    |   | XIGDUO XR 10 MG-500 MG TABLET  | 2    | QL                                      |
| WARFARIN SODIUM 2 MG TABLET    | 1    |   | XIGDUO XR 2.5 MG-1,000 MG TAB  | 2    | QL                                      |
| WARFARIN SODIUM 2.5 MG TABLET  | 1    |   | XIGDUO XR 5 MG-1,000 MG TABLET | 2    | QL                                      |
| WARFARIN SODIUM 3 MG TABLET    | 1    |   | XIGDUO XR 5 MG-500 MG TABLET   | 2    | QL                                      |
| WARFARIN SODIUM 4 MG TABLET    | 1    |   | XOLAIR 150 MG/1.2 ML POWDER VL | 4    | PA, LDD, SRX                            |
| WARFARIN SODIUM 5 MG TABLET    | 1    |   | XOLAIR 150 MG/ML SYRINGE       | 4    | PA, LDD, SRX                            |
| WARFARIN SODIUM 6 MG TABLET    | 1    |   | XOLAIR 75 MG/0.5 ML SYRINGE    | 4    | PA, LDD, SRX                            |
| WARFARIN SODIUM 7.5 MG TABLET  | 1    |   | XTAMPZA ER 13.5 MG CAPSULE     | 2    | PA                                      |

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| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| XTAMPZA ER 18 MG CAPSULE       | 2    | PA                                      |
| XTAMPZA ER 27 MG CAPSULE       | 2    | PA                                      |
| XTAMPZA ER 36 MG CAPSULE       | 2    | PA                                      |
| XTAMPZA ER 9 MG CAPSULE        | 2    | PA                                      |
| XTANDI 40 MG CAPSULE           | 4    | PA, QL, LDD, SRX                        |
| XTANDI 40 MG TABLET            | 4    | PA, QL, LDD, SRX                        |
| XTANDI 80 MG TABLET            | 4    | PA, QL, LDD, SRX                        |
| XULANE 150-35 MCG/DAY PATCH    | 1    |   |
| YALE NEEDLES 21GX1.25"         | 2    |   |
| YOURX ULTICARE PEN ND1 4MM 32G | 2    |   |
| YOURX ULTICARE PEN ND1 6MM 31G | 2    |   |
| YOURX ULTICARE PEN ND1 8MM 31G | 2    |   |
| YUVAFEM 10 MCG VAGINAL INSERT  | 1    | QL                                      |
| ZAFEMY 150-35 MCG/DAY PATCH    | 1    |   |
| ZAFIRLUKAST 10 MG TABLET       | 1    |   |
| ZAFIRLUKAST 20 MG TABLET       | 1    |   |
| ZALEPLON 10 MG CAPSULE         | 1    |   |
| ZALEPLON 5 MG CAPSULE          | 1    |   |
| ZARAH TABLET                   | 1    |   |
| 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         | 4    | PA, QL, LDD, SRX                        |
| ZENATANE 10 MG CAPSULE         | 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 100 MG CAPSULE      | 1    |   |
| 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 10.8 MG IMPLANT SYRN   | 4    | PA, SRX                                 |
| ZOLADEX 3.6 MG IMPLANT SYRN    | 4    | PA, SRX                                 |
| ZOLINZA 100 MG CAPSULE         | 4    | PA, QL, SRX                             |
| ZOLMITRIPTAN 2.5 MG ODT        | 1    | QL                                      |
| ZOLMITRIPTAN 2.5 MG TABLET     | 1    | QL                                      |

| Medication Name                | Tier | Notes<br>(PA, ST, QL, AGE,<br>SRX, LDD) |
|--------------------------------|------|---|
| 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                | 3    | PA                                      |

## Frequently Asked Questions (FAQs)

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

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

**A.** To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list.<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

## Frequently Asked Questions (FAQs) (cont.)

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

### Q. What types of medications typically need approval?

A. Medications that:

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

### Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

### Q. What types of medications require Step Therapy?

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

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

### Q. Why does my medication have an age requirement?

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

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

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

### **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

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 or as shown in the Special Circumstances section.
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**, except routine patient care costs related to qualified clinical trials as described in 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. Conditions caused by: (a) an **act of war (declared or undeclared)**, this does not apply to an act of terrorism; (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**.
10. Any **services required by state or federal law to be supplied by a public school system** or school district.
11. 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.
12. **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.
13. **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this EOC.
14. 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.
15. Services of a Hospital emergency room **for any condition that is not an Emergency Medical Condition** as defined in this EOC.
16. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.**
17. **Private duty nursing** except when provided as part of the home health care services or Hospice Care Services benefit or when deemed Medically Necessary. Private duty nursing will not be excluded in an inpatient setting, if skilled nursing is not available.
18. Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or Physical Therapy**.
19. 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.
20. **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 [(this exclusion does not apply to the +Acupuncture plans);] acupressure; 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.

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

Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.

21. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
22. **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.
23. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example-meditation, breathing exercises, guided visualization.
24. 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.
25. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
26. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
  - Has not been actively involved in your medical care prior to ordering the service, or
  - Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.

27. **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.
28. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except as specifically provided in this EOC.
29. **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.
30. **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.
31. **Routine hearing tests** except as provided under Preventive Care.

32. **Genetic screening**, except for the testing for the occurrence of BRCA gene (breast cancer related genetic marker) under federal preventative care for women, 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
33. **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.
34. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery and as specifically stated in this EOC under Pediatric Vision Care.
35. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
36. **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, foster or adopted child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
37. **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.
38. **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.
39. **Services and procedures for redundant skin surgery** including abdominoplasty/panniculectomy (except treatment of congenital anomaly), removal of skin tags, craniosacral/cranial therapy, applied



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

- kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; rhinoplasty, blepharoplasty.
40. 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.
  41. All services related to In-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals, except as specifically stated in this EOC.
  42. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
  43. 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.
  44. Blood administration **for the purpose of general improvement in physical condition**.
  45. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
  46. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
  47. **Myoelectric Prostheses** peripheral nerve stimulators.
  48. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
  49. **Prefabricated foot Orthoses**.
  50. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
  51. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
  52. **Orthoses primarily used for cosmetic** rather than functional reasons.
  53. **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.
  54. Services primarily for **weight reduction or treatment of obesity, except bariatric services for obesity**, or any care which involves weight reduction as a main method for treatment. This includes surgery, even if the Member has other health conditions that might be helped by a reduction of weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat weight control or weight reduction.
  55. **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.
  56. 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.
  57. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
  58. **Nutritional counseling or food supplements**, except as stated in this EOC.
  59. **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, except for the treatment of diabetes, 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.
  60. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit

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

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.”

61. **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.”
62. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered except when there is a localized illness, or a systemic condition, such as metabolic (including diabetes) neurologic or peripheral vascular disease; or Injury or symptoms involving the feet.
63. **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.
64. Charges for the **Services of a standby Physician.**
65. Charges for **animal to human organ transplants.**
66. **Claims received by Cigna Healthcare after 18 months from the date service was rendered,** except in the event of a legal incapacity.
67. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

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

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



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