



2024 Cigna Plus Mississippi 4-Tier Prescription Drug List

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



Cigna.com/ifp-drug-list. Select **Mississippi** 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 HealthcareSM 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 Mississippi 4-Tier Prescription Drug List as of January 1, 2024.^{2,3} 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 Mississippi 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 in the Notes column

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 Mississippi 4-Tier Prescription Drug List.

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

Abbreviations next to medications

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

- Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have **PA** next to them. Your plan won’t cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
- Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have **QL** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
- 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 **PA** next to them. You have many covered options to choose from, and they’re used to treat the same condition.
- Certain medications will only be covered if you’re within a specific age range. These medications have **AR** 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.
- These medications are used to treat complex medical conditions. They’re typically injected or infused and may require refrigeration. These medications have **BI** next to them.

* 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.)

– 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 **†** next to them.

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

How to find your medication

Letter your medication starts with	Page	Letter your medication starts with	Page
I-2	6	M-N	38-45
A-B	6-13	O-P	45-52
C-D	13-22	Q-S	52-57
E-G	22-30	T-U	57-63
H-J	30-35	V-Z	63-66
K-L	35-38		

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

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)	
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	ALOCRIAL	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	
AKYNZEO 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		ALTACAIN	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	
ALENDRONATE SODIUM 35 MG TAB	1		AMBRISENTAN 10 MG TABLET	4	PA, LDD, SRX
ALENDRONATE SODIUM 5 MG TABLET	1		AMBRISENTAN 5 MG TABLET	4	PA, LDD, SRX
ALENDRONATE SODIUM 70 MG TAB	1		AMCINONIDE 0.1% CREAM	1	
ALFUZOSIN HCL ER 10 MG TABLET	1		AMCINONIDE 0.1% LOTION	1	

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

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
APREPITANT 40 MG CAPSULE	1	QL		ARMOUR THYROID 300 MG TABLET	2
APREPITANT 80 MG CAPSULE	1	QL		ARMOUR THYROID 60 MG TABLET	2
APRI 28 DAY TABLET	1			ARMOUR THYROID 90 MG TABLET	2
APTIOM 200 MG TABLET	3	PA, QL		ARNUITY ELLIPTA 100 MCG INH	2
APTIOM 400 MG TABLET	3	PA, QL		ARNUITY ELLIPTA 200 MCG INH	2
APTIOM 600 MG TABLET	3	PA, QL		ARNUITY ELLIPTA 50 MCG INH	2
APTIOM 800 MG TABLET	3	PA, QL		ASA-BUTALB-CAFF-COD #3 CAPSULE	1
APTIVUS	2			ASCOMP WITH CODEINE CAPSULE	1
AQ INSULIN SYR 0.5 ML 30G 8MM	2			ASENAPINE 10 MG TABLET SL	3
AQ INSULIN SYR 1 ML 31G 8MM	2			ASENAPINE 2.5 MG TABLET SL	3
AQ INSULIN SYRIN 1 ML 29G 12MM	2			ASENAPINE 5 MG TABLET SL	3
AQUA CARE 0.9% NACL IRRIGATION	1			ASHLYNA 0.15-0.03-0.01 MG TAB	1
AQUA CARE STERILE WATER IRRIG	1			ASMANEX HFA 100 MCG INHALER	3
ARANELLE 28 TABLET	1			ASMANEX HFA 200 MCG INHALER	3
ARANESP 10 MCG/0.4 ML SYRINGE	4	PA, SRX		ASMANEX HFA 50 MCG INHALER	3
ARANESP 100 MCG/0.5 ML SYRINGE	4	PA, SRX		ASMANEX TWISTHALER 110 MCG #30	3
ARANESP 100 MCG/ML VIAL	4	PA, SRX		ASMANEX TWISTHALER 220 MCG #14	3
ARANESP 150 MCG/0.3 ML SYRINGE	4	PA, SRX		ASMANEX TWISTHALER 220 MCG #30	3
ARANESP 200 MCG/0.4 ML SYRINGE	4	PA, SRX		ASMANEX TWISTHALER 220 MCG #60	3
ARANESP 200 MCG/ML VIAL	4	PA, SRX		ASMANEX TWISTHALR 220 MCG #120	3
ARANESP 25 MCG/0.42 ML SYRING	4	PA, SRX		ASPIRIN-DIPYRIDAM ER 25-200 MG	1
ARANESP 25 MCG/ML VIAL	4	PA, SRX		ASSURE 4 CONTROL SOLUTION	2
ARANESP 300 MCG/0.6 ML SYRINGE	4	PA, SRX		ASSURE DOSE CONTROL SOLUTION	2
ARANESP 40 MCG/0.4 ML SYRINGE	4	PA, SRX		ASSURE ID PEN NEEDLE 30GX3/16"	2
ARANESP 40 MCG/ML VIAL	4	PA, SRX		ASSURE ID PEN NEEDLE 30GX5/16"	2
ARANESP 500 MCG/1 ML SYRINGE	4	PA, SRX		ASSURE ID PEN NEEDLE 31GX3/16"	2
ARANESP 60 MCG/0.3 ML SYRINGE	4	PA, SRX		ASSURE ID SYR 0.5 ML 29GX1/2"	2
ARANESP 60 MCG/ML VIAL	4	PA, SRX		ASSURE ID SYR 0.5ML 31GX15/64"	2
ARCALYST	4	PA, LDD, SRX		ASSURE ID SYR 1 ML 29GX1/2"	2
ARFORMOTEROL 15 MCG/2 ML SOLN	3	QL		ASSURE ID SYR 1 ML 31GX15/64"	2
ARIPIPIRAZOLE 1 MG/ML SOLUTION	2			ASSURE PRISM CONTROL SOLUTION	2
ARIPIPIRAZOLE 10 MG TABLET	1			ASTAGRAF XL 0.5 MG CAPSULE	4
ARIPIPIRAZOLE 15 MG TABLET	1			ASTAGRAF XL 1 MG CAPSULE	4
ARIPIPIRAZOLE 2 MG TABLET	1			ASTAGRAF XL 5 MG CAPSULE	4
ARIPIPIRAZOLE 20 MG TABLET	1			ASTHMA CHECK	2
ARIPIPIRAZOLE 30 MG TABLET	1			ASTHMAPACK CHILDREN'S	2
ARIPIPIRAZOLE 5 MG TABLET	1			ATAZANAVIR SULFATE 150 MG CAP	1
ARIPIPIRAZOLE ODT 10 MG TABLET	3			ATAZANAVIR SULFATE 200 MG CAP	1
ARIPIPIRAZOLE ODT 15 MG TABLET	3			ATAZANAVIR SULFATE 300 MG CAP	1
ARMODAFINIL 150 MG TABLET	1	PA		ATENOLOL 100 MG TABLET	1
ARMODAFINIL 200 MG TABLET	1	PA		ATENOLOL 25 MG TABLET	1
ARMODAFINIL 250 MG TABLET	1	PA		ATENOLOL 50 MG TABLET	1
ARMODAFINIL 50 MG TABLET	1	PA		ATENOLOL-CHLORTHALIDONE 100-25	1
ARMOUR THYROID 120 MG TABLET	2			ATENOLOL-CHLORTHALIDONE 50-25	1
ARMOUR THYROID 15 MG TABLET	2			ATOMOXETINE HCL 10 MG CAPSULE	1
ARMOUR THYROID 180 MG TABLET	2			ATOMOXETINE HCL 100 MG CAPSULE	1
ARMOUR THYROID 240 MG TABLET	2			ATOMOXETINE HCL 18 MG CAPSULE	1
ARMOUR THYROID 30 MG TABLET	2			ATOMOXETINE HCL 25 MG CAPSULE	1

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
ATOMOXETINE HCL 40 MG CAPSULE	1	QL	AZITHROMYCIN 250 MG TABLET	1	
ATOMOXETINE HCL 60 MG CAPSULE	1	QL	AZITHROMYCIN 500 MG TABLET	1	
ATOMOXETINE HCL 80 MG CAPSULE	1	QL	AZITHROMYCIN 600 MG TABLET	1	
ATORVASTATIN 10 MG TABLET	1		AZO TEST STRIP	2	
ATORVASTATIN 20 MG TABLET	1		AZURETTE 28 DAY TABLET	1	
ATORVASTATIN 40 MG TABLET	1		BACITRACIN 500 UNIT/GM OPHTH	1	
ATORVASTATIN 80 MG TABLET	1		BACITRACIN-POLYMYXIN	1	
ATOVAQUONE 1,500 MG/10 ML SUSP	3		BACLOFEN 10 MG TABLET	1	
ATOVAQUONE 750 MG/5 ML SUSP	3		BACLOFEN 20 MG TABLET	1	
ATOVAQUONE-PROGUANIL 250-100	1		BACLOFEN 5 MG TABLET	1	
ATOVAQUONE-PROGUANIL 62.5-25	1		BAL-CARE DHA COMBO PACK	1	
ATROPINE 1% EYE DROPS	1		BALCOLTRA TABLET	3	
ATROPINE 1% EYE OINTMENT	1		BALSALAZIDE DISODIUM 750 MG CP	1	
AUBRA EQ-28 TABLET	1		BALZIVA 28 TABLET	1	
AUBRA-28 TABLET	1		BAQSIMI 3 MG SPRAY ONE PACK	2	QL
AUROVELA 1 MG-20 MCG TABLET	1		BAQSIMI 3 MG SPRAY TWO PACK	2	QL
AUROVELA 21 1.5-30 TABLET	1		BARACLUDE 0.05 MG/ML SOLUTION	4	SRX
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BASAGLAR 100 UNIT/ML KWIKPEN	2	QL
AUROVELA FE 1.5 MG-30 MCG TAB	1		BASAGLAR TEMPO PEN 100 UNIT/ML	2	QL
AUROVELA FE 1-20 TABLET	1		BD 3 ML SYRINGE 18GX1-1/2"	2	
AUTOJECT 2 INJECTION DEVICE	2		BD 3 ML SYRINGE 20GX1-1/2"	2	
AUTOPEN 1 TO 21 UNITS	2		BD 3 ML SYRINGE 25GX1"	2	
AUTOPEN 2 TO 42 UNITS	2		BD 3 ML SYRINGE 25GX1-1/2"	2	
AUTOSOFT 30 INFUS SET 23" 13MM	2		BD 3 ML SYRINGE WITH NEEDLE	2	
AUTOSOFT 30 INFUS SET 43" 13MM	2		BD AUTOSHIELD DUO NDL 5MMX30G	2	
AUTOSOFT 90 INFUSN SET 23" 6MM	2		BD BLUNT NEEDLE 18GX1-1/2"	2	
AUTOSOFT 90 INFUSN SET 23" 9MM	2		BD ECLIPSE 30GX1/2" SYRINGE	2	
AUTOSOFT 90 INFUSN SET 43" 6MM	2		BD ECLIPSE LUER-LOK SYR 3 ML	2	
AUTOSOFT 90 INFUSN SET 43" 9MM	2		BD ECLIPSE NEEDLE 18GX1 1/2"	2	
AUTOSOFT XC INFUSN SET 23" 6MM	2		BD ECLIPSE NEEDLE 21GX1"	2	
AUTOSOFT XC INFUSN SET 23" 9MM	2		BD ECLIPSE NEEDLE 22GX1"	2	
AUTOSOFT XC INFUSN SET 32" 6MM	2		BD ECLIPSE NEEDLE 23GX1"	2	
AUTOSOFT XC INFUSN SET 43" 6MM	2		BD ECLIPSE NEEDLE 25G 16MM	2	
AUTOSOFT XC INFUSN SET 43" 9MM	2		BD ECLIPSE NEEDLE 25G 25MM	2	
AVIANE-28 TABLET	1		BD ECLIPSE NEEDLE 25G 40MM	2	
AVONEX	4	PA, SRX	BD ECLIPSE NEEDLE 25GX1"	2	
AVONEX PEN	4	PA, SRX	BD ECLIPSE NEEDLE 25GX1.5"	2	
AYUNA-28 TABLET	1		BD ECLIPSE NEEDLE 25GX5/8"	2	
AZASITE 1% EYE DROPS	3		BD ECLIPSE NEEDLE 27GX1/2"	2	
AZATHIOPRINE 50 MG TABLET	1		BD ECLIPSE NEEDLE 30G 13MM	2	
AZELAIC ACID 15% GEL	1		BD ECLIPSE NEEDLE 30GX1/2"	2	
AZELASTINE 0.1% (137 MCG) SPRY	1		BD ECLIPSE NEEDLES 21GX1.5"	2	
AZELASTINE 0.15% NASAL SPRAY	1		BD FILTER NEEDLE	2	
AZELASTINE HCL 0.05% DROPS	1		BD INS SYR 0.3 ML 8MMX31G(1/2)	2	
AZELASTIN-FLUTIC 137-50MCG SPR	2		BD INS SYR U-500 1/2ML 6MMX31G	2	
AZITHROMYCIN 1 GM PWD PACKET	1		BD INS SYR UF 0.3ML 12.7MMX30G	2	
AZITHROMYCIN 100 MG/5 ML SUSP	1		BD INS SYR UF 0.5ML 12.7MMX30G	2	
AZITHROMYCIN 200 MG/5 ML SUSP	1				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
BD INS SYRN UF 1 ML 12.7MMX30G	2		BD NEEDLES 22GX1.5"	2	
BD INS SYRNG 0.3 ML 29GX12.7MM	2		BD NEEDLES 23GX0.75"	2	
BD INS SYRNG 0.5 ML 29GX12.7MM	2		BD NEEDLES 23GX1.25"	2	
BD INS SYRNG UF 0.3 ML 8MMX31G	2		BD NEEDLES 25GX0.625"	2	
BD INS SYRNG UF 0.5 ML 8MMX31G	2		BD NEEDLES 25GX0.875"	2	
BD INSULIN SYR 0.5 ML 28GX1/2"	2		BD NEEDLES 25GX1.5"	2	
BD INSULIN SYR 0.5 ML 29GX1/2"	2		BD NEEDLES 26GX0.375"	2	
BD INSULIN SYR 1 ML 25GX1"	2		BD NEEDLES 26GX0.5"	2	
BD INSULIN SYR 1 ML 25GX5/8"	2		BD NEEDLES 27GX0.5"	2	
BD INSULIN SYR 1 ML 26GX1/2"	2		BD NEEDLES 27GX1X1.25"	2	
BD INSULIN SYR 1 ML 27GX12.7MM	2		BD NEEDLES 30GX0.5"	2	
BD INSULIN SYR 1 ML 27GX5/8"	2		BD NEEDLES 30GX1"	2	
BD INSULIN SYR 1 ML 28GX1/2"	2		BD NOKOR ADMIX NEEDLE 18GX1.5"	2	
BD INSULIN SYR 1 ML 29GX1/2"	2		BD NOKOR NEEDLE 16GX1"	2	
BD INSULIN SYR 1 ML 29GX12.7MM	2		BD NOKOR NEEDLE 18GX1"	2	
BD INSULIN SYR UF 1 ML 8MMX31G	2		BD PRECISIONGLI 27GX1-1/2" NDL	2	
BD INSULIN SYRINGE 1 ML	2		BD PRECISIONGLIDE 3 ML 22GX3/4	2	
BD INTEGRA RETRA NEEDLE 23G X1"	2		BD PRECISIONGLIDE NEEDLE 25G	2	
BD INTEGRA NEEDLE 25G X 5/8"	2		BD SAFETGLD INS 0.3ML 29G 13MM	2	
BD INTEGRA SYR 3 ML 21GX1 1/2"	2		BD SAFETGLD INS 0.5ML 13MMX29G	2	
BD LUER-LOK SYR 3 ML 25GX5/8"	2		BD SAFETYGLD INS 0.3ML 31G 8MM	2	
BD LUER-LOK SYRINGE 1 ML	2		BD SAFETYGLD INS 0.5ML 30G 8MM	2	
BD MAGNI-GUIDE MAGNIFIER	2		BD SAFETYGLD INS 1 ML 29G 13MM	2	
BD NANO 2 GEN PEN NDL 32G 4MM	2		BD SAFETYGLID INS 1 ML 6MMX31G	2	
BD NEEDLE 18GX1 1/2"	2		BD SAFETYGLIDE 3 ML SYRINGE	2	
BD NEEDLE 19GX1 1/2"	2		BD SAFETYGLIDE NEEDLE	2	
BD NEEDLE 20GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 18GX1.5"	2	
BD NEEDLE 21GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 21GX1"	2	
BD NEEDLE 21GX1"	2		BD SAFETYGLIDE NEEDLE 21GX1.5"	2	
BD NEEDLE 22GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 22GX1.5"	2	
BD NEEDLE 22GX3/4"	2		BD SAFETYGLIDE NEEDLE 25GX1"	2	
BD NEEDLE 23GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 27GX5/8"	2	
BD NEEDLE 23GX1"	2		BD SAFETYGLIDE SYRINGE 27GX5/8	2	
BD NEEDLE 25GX1"	2		BD SAFTYGLD INS 0.3 ML 6MMX31G	2	
BD NEEDLE 25GX5/8"	2		BD SAFTYGLD INS 0.5 ML 6MMX31G	2	
BD NEEDLE 26GX0.625"	2		BD SAFTYGLD INS 0.5ML 29G 13MM	2	
BD NEEDLES 16GX1"	2		BD SYRINGE-SAFETY GLIDE	2	
BD NEEDLES 16GX1.5"	2		BD UF INS SYR 1 ML 30GX1/2"	2	
BD NEEDLES 18GX1"	2		BD UF MINI PEN NEEDLE 5MMX31G	2	
BD NEEDLES 18GX1.5"	2		BD UF NANO PEN NEEDLE 4MMX32G	2	
BD NEEDLES 19GX1"	2		BD UF ORIG PEN NDL 12.7MMX29G	2	
BD NEEDLES 19GX1.5"	2		BD UF SHORT PEN NEEDLE 8MMX31G	2	
BD NEEDLES 20GX1"	2		BD VEO INS 0.3ML 6MMX31G (1/2)	2	
BD NEEDLES 20GX1.5"	2		BD VEO INS SYRING 1 ML 6MMX31G	2	
BD NEEDLES 21GX1"	2		BD VEO INS SYRN 0.3 ML 6MMX31G	2	
BD NEEDLES 21GX1.5"	2		BD VEO INS SYRN 0.5 ML 6MMX31G	2	
BD NEEDLES 21GX2"	2		BECONASE AQ	3	ST
BD NEEDLES 22GX1"	2		BEKYREE 28 DAY TABLET	1	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
BELLADONNA-OPIUM 16.2-30 SUPP	1	PA	BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BELLADONNA-OPIUM 16.2-60 SUPP	1	PA	BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BENZAEPRIH HCL 10 MG TABLET	1		BLISOVI 24 FE TABLET	1	
BENZAEPRIH HCL 20 MG TABLET	1		BLISOVI FE 1.5-30 TABLET	1	
BENZAEPRIH HCL 40 MG TABLET	1		BLISOVI FE 1-20 TABLET	1	
BENZAEPRIH HCL 5 MG TABLET	1		BLOOD GLUCOSE CONTROL	2	
BENZAEPRIH-HCTZ 10-12.5 MG TAB	1		BLUNT NEEDLE	2	
BENZAEPRIH-HCTZ 20-12.5 MG TAB	1		BOOSTRIX TDAP VACCINE SYRINGE	2	
BENZAEPRIH-HCTZ 20-25 MG TAB	1		BOOSTRIX TDAP VACCINE VIAL	2	
BENZAEPRIH-HCTZ 5-6.25 MG TAB	1		BOSENTAN 125 MG TABLET	4	PA, LDD, SRX
BENZONATATE 100 MG CAPSULE	1		BOSENTAN 62.5 MG TABLET	4	PA, LDD, SRX
BENZONATATE 200 MG CAPSULE	1		BOSULIF 100 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 0.5 MG TAB	1		BOSULIF 400 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 1 MG TABLET	1		BOSULIF 500 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 2 MG TABLET	1		BREATHERITE MDI SPACER	2	QL
BEPOTASTINE 1.5% EYE DROP	3		BREATHERITE SPACER-ADULT MASK	2	QL
BESER 0.05% LOTION	1		BREATHERITE SPACER-INFANT MASK	2	QL
BETADINE 5% EYE SOLUTION	3		BREATHERITE SPACER-LG CHLD MSK	2	QL
BETAINE 1 GRAM/SCOOP POWDER	4	PA, LDD, SRX	BREATHERITE SPACER-NEONATE MSK	2	QL
BETAMETHASONE DP 0.05% CRM	1		BREATHERITE SPACER-SM CHLD MSK	2	QL
BETAMETHASONE DP 0.05% LOT	1		BREATHRITE VALVED MDI CHAMBER	2	QL
BETAMETHASONE DP 0.05% OINT	1		BREATHRITE VALVED MDI SPACER	2	QL
BETAMETHASONE DP AUG 0.05% CRM	1		BREEZE 2 SOLUTION	2	
BETAMETHASONE DP AUG 0.05% GEL	1		BREO ELLIPTA 100-25 MCG INH	2	QL
BETAMETHASONE DP AUG 0.05% LOT	1		BREO ELLIPTA 200-25 MCG INH	2	QL
BETAMETHASONE DP AUG 0.05% OIN	1		BRIELLYN	1	
BETAMETHASONE VA 0.1% CREAM	1		BRILINTA 60 MG TABLET	3	
BETAMETHASONE VA 0.1% LOTION	1		BRILINTA 90 MG TABLET	3	
BETAMETHASONE VALER 0.1% OINTM	1		BRIMONIDINE 0.2% EYE DROP	1	
BETAMETHASONE VALER 0.12% FOAM	1		BRIMONIDINE TARTRATE 0.15% DRP	1	
BETAXOLOL 10 MG TABLET	1		BRIMONIDINE-TIMOLOL 0.2%-0.5%	3	
BETAXOLOL 20 MG TABLET	1		BRINZOLAMIDE 1% EYE DROPS	2	
BETAXOLOL HCL 0.5% EYE DROP	1		BRIVIACT 10 MG TABLET	3	PA, QL
BETHANECHOL 10 MG TABLET	1		BRIVIACT 10 MG/ML ORAL SOLN	3	PA, QL
BETHANECHOL 25 MG TABLET	1		BRIVIACT 100 MG TABLET	3	PA, QL
BETHANECHOL 5 MG TABLET	1		BRIVIACT 25 MG TABLET	3	PA, QL
BETHANECHOL 50 MG TABLET	1		BRIVIACT 50 MG TABLET	3	PA, QL
BEXAROTENE 1% GEL	4	PA, SRX	BRIVIACT 75 MG TABLET	3	PA, QL
BEXAROTENE 75 MG CAPSULE	4	PA, SRX	BROMFENAC SODIUM 0.09% EYE DRP	1	
BEXSERO PREFILLED SYRINGE	2		BROMOCRIPTINE 2.5 MG TABLET	1	
BICALUTAMIDE 50 MG TABLET	1		BROMOCRIPTINE 5 MG CAPSULE	1	
BIKTARVY 30-120-15 MG TABLET	2	QL	BROMPHEN-PSE-DM 2-30-10 MG/5ML	1	
BIKTARVY 50-200-25 MG TABLET	2	QL	BROOKS INSULIN 0.3ML SYRN	2	
BIMATOPROST 0.03% EYE DROPS	1	QL	BUDESONIDE 0.25 MG/2 ML SUSP	3	QL
BINOSTO 70 MG EFFERVESCENT TAB	3		BUDESONIDE 0.5 MG/2 ML SUSP	3	QL
BISOPROLOL FUMARATE 10 MG TAB	1		BUDESONIDE 1 MG/2 ML INH SUSP	3	QL
BISOPROLOL FUMARATE 5 MG TAB	1		BUDESONIDE DR 3 MG CAPSULE	3	
BISOPROLOL-HCTZ 10-6.25 MG TAB	1		BUDESONIDE EC 3 MG CAPSULE	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
BUDESONIDE ER 9 MG TABLET	4	PA, QL, SRX	CA INS SYR 0.5 ML 31GX5/16"	2	
BUDESONIDE-FORMOTEROL 160-4.5	3	QL	CA INSULIN SYR 0.3 ML 29GX1/2"	2	
BUDESONIDE-FORMOTEROL 80-4.5	3	QL	CA INSULIN SYR 0.5 ML 29GX1/2"	2	
BUMETANIDE 0.5 MG TABLET	1		CA INSULIN SYR 1 ML 29GX1/2"	2	
BUMETANIDE 1 MG TABLET	1		CA INSULIN SYR 1 ML 30GX5/16"	2	
BUMETANIDE 2 MG TABLET	1		CA INSULIN SYR 1 ML 31GX5/16"	2	
BUPRENORPHINE 10 MCG/HR PATCH	1	QL	CABERGOLINE 0.5 MG TABLET	1	QL
BUPRENORPHINE 15 MCG/HR PATCH	1	QL	CABOMETYX 20 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 2 MG TABLET SL	1		CABOMETYX 40 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 20 MCG/HR PATCH	1	QL	CABOMETYX 60 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 5 MCG/HR PATCH	1	QL	CAFFEINE CIT 60 MG/3 ML ORAL	1	
BUPRENORPHINE 7.5 MCG/HR PATCH	1	QL	CALCIPOTRIENE 0.005% CREAM	1	
BUPRENORPHINE 8 MG TABLET SL	1		CALCIPOTRIENE 0.005% OINTMENT	1	
BUPRENORPHINE-NALOX 12-3MG FLM	1		CALCIPOTRIENE 0.005% SOLUTION	1	
BUPRENORPHINE-NALOX 2-0.5MG FM	1		CALCIPOTRIENE-BETAMETH DP OINT	3	
BUPRENORPHINE-NALOX 2-0.5MG TB	1		CALCITONIN-SALMON 200 UNITS SP	1	
BUPRENORPHINE-NALOX 4-1MG FILM	1		CALCITRIOL 0.25 MCG CAPSULE	1	
BUPRENORPHINE-NALOX 8-2 MG TAB	1		CALCITRIOL 0.5 MCG CAPSULE	1	
BUPRENORPHINE-NALOX 8-2MG FILM	1		CALCITRIOL 1 MCG/ML SOLUTION	1	
BUPROPION HCL 100 MG TABLET	1	QL	CALCITRIOL 3 MCG/G OINTMENT	1	QL
BUPROPION HCL 75 MG TABLET	1	QL	CALCIUM ACETATE 667 MG CAPSULE	1	
BUPROPION HCL SR 100 MG TABLET	1	QL	CALCIUM ACETATE 667 MG GELCAP	1	
BUPROPION HCL SR 150 MG TABLET	1	QL	CALCIUM ACETATE 667 MG TABLET	1	
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	1		CAMILA 0.35 MG TABLET	1	
BUPROPION HCL SR 200 MG TABLET	1	QL	CAMRESE 0.15-0.03-0.01 MG TAB	1	
BUPROPION HCL XL 150 MG TABLET	1	QL	CAMRESE LO TABLET	1	
BUPROPION HCL XL 300 MG TABLET	1	QL	CANDESARTAN CILEXETIL 16 MG TB	1	
BUSPIRONE HCL 10 MG TABLET	1		CANDESARTAN CILEXETIL 32 MG TB	1	
BUSPIRONE HCL 15 MG TABLET	1		CANDESARTAN CILEXETIL 4 MG TAB	1	
BUSPIRONE HCL 30 MG TABLET	1		CANDESARTAN CILEXETIL 8 MG TAB	1	
BUSPIRONE HCL 5 MG TABLET	1		CANDESARTAN-HCTZ 16-12.5 MG TB	1	
BUSPIRONE HCL 7.5 MG TABLET	1		CANDESARTAN-HCTZ 32-12.5 MG TB	1	
BUTALB-ACETAMIN-CAF-COD 50-300	1	PA	CANDESARTAN-HCTZ 32-25 MG TAB	1	
BUTALB-ACETAMIN-CAF-COD 50-325	1	PA	CAPECITABINE 150 MG TABLET	4	PA, SRX
BUTALB-ACETAMIN-CAFF 50-300-40	1	QL	CAPECITABINE 500 MG TABLET	4	PA, SRX
BUTALB-ACETAMIN-CAFF 50-325-40	1	QL	CAPRELSA 100 MG TABLET	4	PA, QL, LDD, SRX
BUTALBITAL COMP-CODEINE #3 CAP	1	PA	CAPRELSA 300 MG TABLET	4	PA, QL, LDD, SRX
BUTALBITAL-ACETAMINOPHN 50-325	1		CAPTOPRIL 100 MG TABLET	1	
BUTALBITAL-ASPIRIN-CAFFEINE CP	1	QL	CAPTOPRIL 12.5 MG TABLET	1	
BUTALBITAL-ASPIRIN-CAFFEINE TB	1	QL	CAPTOPRIL 25 MG TABLET	1	
BUTORPHANOL 10 MG/ML SPRAY	1	PA, QL	CAPTOPRIL 50 MG TABLET	1	
BYDUREON BCISE 2 MG AUTOINJECT	2	PA, QL	CAPTOPRIL-HCTZ 25-15 MG TABLET	1	QL
BYETTA 10 MCG DOSE PEN INJ	2	PA, QL	CAPTOPRIL-HCTZ 25-25 MG TABLET	1	QL
BYETTA 5 MCG DOSE PEN INJ	2	PA, QL	CAPTOPRIL-HCTZ 50-15 MG TABLET	1	QL
CA INS SYR 0.3 ML 30GX5/16"	2		CAPTOPRIL-HCTZ 50-25 MG TABLET	1	QL
CA INS SYR 0.3 ML 31GX5/16"	2		CARBAMAZEPINE 100 MG TAB CHEW	1	
CA INS SYR 0.5 ML 30GX5/16"	2		CARBAMAZEPINE 100 MG/5 ML SUSP	1	

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CARBAMAZEPINE 200 MG TABLET	1		CAREPOINT LL SYR 3 ML 22G 38MM	2	
CARBAMAZEPINE ER 100 MG CAP	1		CAREPOINT LL SYR 3 ML 23GX1"	2	
CARBAMAZEPINE ER 100 MG TABLET	1		CAREPOINT LL SYR 3 ML 23GX1.5"	2	
CARBAMAZEPINE ER 200 MG CAP	1		CAREPOINT LL SYR 3 ML 25G X 1"	2	
CARBAMAZEPINE ER 200 MG TABLET	1		CAREPOINT LL SYR 3 ML 25GX5/8"	2	
CARBAMAZEPINE ER 300 MG CAP	1		CARESENS CONTROL SOLUTION	2	
CARBAMAZEPINE ER 400 MG TABLET	1		CARETOUCH CONTROL SOLN L2-L3	2	
CARBIDOPA 25 MG TABLET	3		CARETOUCH HYPO NEEDLE 26G 1"	2	
CARBIDOPA-LEVO 10-100 MG ODT	1		CARETOUCH HYPODERMIC 18G 1.5"	2	
CARBIDOPA-LEVO 25-100 MG ODT	1		CARETOUCH HYPODERMIC 20G 1"	2	
CARBIDOPA-LEVO 25-250 MG ODT	1		CARETOUCH HYPODERMIC 22G 1"	2	
CARBIDOPA-LEVO ER 25-100 TAB	1		CARETOUCH HYPODERMIC 23G 1"	2	
CARBIDOPA-LEVO ER 50-200 TAB	1		CARETOUCH HYPODERMIC 23G 1.5"	2	
CARBIDOPA-LEVODOPA 100 MG-ENTA	1		CARETOUCH HYPODERMIC 25G 1"	2	
CARBIDOPA-LEVODOPA 10-100 TAB	1		CARETOUCH HYPODERMIC 25G 1.5"	2	
CARBIDOPA-LEVODOPA 125 MG-ENTA	1		CARETOUCH HYPODERMIC 25G 5/8"	2	
CARBIDOPA-LEVODOPA 150 MG-ENTA	1		CARETOUCH LL SYR 3 ML 22G 1"	2	
CARBIDOPA-LEVODOPA 200 MG-ENTA	1		CARETOUCH LL SYR 3 ML 22G 1.5"	2	
CARBIDOPA-LEVODOPA 25-100 TAB	1		CARETOUCH LL SYR 3 ML 23G 1"	2	
CARBIDOPA-LEVODOPA 25-250 TAB	1		CARETOUCH LL SYR 3 ML 23G 1.5"	2	
CARBIDOPA-LEVODOPA 50 MG-ENTA	1		CARETOUCH LL SYR 3 ML 25G 1"	2	
CARBIDOPA-LEVODOPA 75 MG-ENTA	1		CARETOUCH LL SYR 3 ML 25G 1.5"	2	
CARBINOXAMINE 4 MG/5 ML LIQUID	1		CARETOUCH LL SYR 3 ML 25G 5/8"	2	
CARBINOXAMINE MALEATE 4 MG TAB	1		CARETOUCH PEN NEEDLE 29G 12MM	2	
CAREFINE PEN NEEDLE 12.7MM 29G	2		CARETOUCH PEN NEEDLE 31GX1/4"	2	
CAREFINE PEN NEEDLE 4MM 32G	2		CARETOUCH PEN NEEDLE 31GX3/16"	2	
CAREFINE PEN NEEDLE 5MM 32G	2		CARETOUCH PEN NEEDLE 31GX5/16"	2	
CAREFINE PEN NEEDLE 6MM 31G	2		CARETOUCH PEN NEEDLE 32GX3/16"	2	
CAREFINE PEN NEEDLE 8MM 30G	2		CARETOUCH PEN NEEDLE 32GX5/32"	2	
CAREFINE PEN NEEDLES 6MM 32G	2		CARETOUCH SYR 0.3 ML 31GX5/16"	2	
CAREFINE PEN NEEDLES 8MM 31G	2		CARETOUCH SYR 0.5 ML 30GX5/16"	2	
CAREONE SYR 0.3 ML 30GX1/2"	2		CARETOUCH SYR 0.5 ML 31GX5/16"	2	
CAREONE SYR 0.5 ML 30GX1/2"	2		CARETOUCH SYR 1 ML 28GX5/16"	2	
CAREONE SYR 1 ML 30GX1/2"	2		CARETOUCH SYR 1 ML 29GX5/16"	2	
CAREONE UNIFINE PENTIP 4MM 32G	2		CARETOUCH SYR 1 ML 30GX5/16"	2	
CAREONE UNIFINE PENTIP 5MM 31G	2		CARETOUCH SYR 1 ML 31GX5/16"	2	
CAREONE UNIFINE PENTIP 6MM 31G	2		CARETOUCH SYR 1 ML 31GX5/16"	2	
CAREONE UNIFINE PENTIP 8MM 31G	2		CARGLUMIC ACID 200 MG TAB SUSP	4	PA, SRX
CAREONE UNIFINE PENTP 29GX1/2"	2		CARISOPRODOL 250 MG TABLET	1	
CAREONE UNIFINE PENTP 31GX1/4"	2		CARISOPRODOL 350 MG TABLET	1	
CAREONE UNIFINE PNTIP 12MM 29G	2		CARISOPRODOL-ASPIRIN-CODEINE	1	PA
CAREONE UNIFINE PNTIP 31GX3/16"	2		CARTEOLOL HCL 1% EYE DROPS	1	
CAREONE UNIFINE PNTIP 31GX5/16"	2		CARTIA XT 120 MG CAPSULE	1	
CAREONE UNIFINE PNTIP 32GX5/32"	2		CARTIA XT 180 MG CAPSULE	1	
CAREPOINT LL SYR 3 ML 20GX1.5"	2		CARTIA XT 240 MG CAPSULE	1	
CAREPOINT LL SYR 3 ML 21GX1"	2		CARTIA XT 300 MG CAPSULE	1	
CAREPOINT LL SYR 3 ML 21GX1.5"	2		CARTRIDGE STAMPED	2	
CAREPOINT LL SYR 3 ML 22G 1"	2		CARVEDILOL 12.5 MG TABLET	1	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
CARVEDILOL 25 MG TABLET	1			CHATEAL EQ-28 TABLET	1
CARVEDILOL 3.125 MG TABLET	1			CHATEAL-28 TABLET	1
CARVEDILOL 6.25 MG TABLET	1			CHEK-STIX	2
CAYSTON	4	PA, QL, LDD, SRX		CHEMET	3
CAZANT 28 DAY TABLET	1			CHEMSTRIP	2
CEFACLOR 125 MG/5 ML SUSP	1			CHEMSTRIP 10 WITH SG	2
CEFACLOR 250 MG CAPSULE	1			CHEMSTRIP 2 GP	2
CEFACLOR 250 MG/5 ML SUSP	1			CHEMSTRIP 2 LN	2
CEFACLOR 375 MG/5 ML SUSPEN	1			CHEMSTRIP 50B	2
CEFACLOR 500 MG CAPSULE	1			CHEMSTRIP 7	2
CEFACLOR ER	1			CHEMSTRIP 9	2
CEFADROXIL 1 GM TABLET	1			CHEMSTRIP BG DIARY	2
CEFADROXIL 250 MG/5 ML SUSP	1			CHEMSTRIP MICRAL	2
CEFADROXIL 500 MG CAPSULE	1			CHLORDIAZEPO-AMITRIPTYL 5-12.5	1
CEFADROXIL 500 MG/5 ML SUSP	1			CHLORDIAZEPOX-AMITRIPTYL 10-25	1
CEFDINIR 125 MG/5 ML SUSP	1			CHLORDIAZEPOXIDE 10 MG CAPSULE	1
CEFDINIR 250 MG/5 ML SUSP	1			CHLORDIAZEPOXIDE 25 MG CAPSULE	1
CEFDINIR 300 MG CAPSULE	1			CHLORDIAZEPOXIDE 5 MG CAPSULE	1
CEFDITOREN PIVOXIL	1			CHLORDIAZEPOXIDE-CLIDINIUM CAP	1
CEFIXIME 100 MG/5 ML SUSP	1			CHLORHEXIDINE 0.12% RINSE	1
CEFIXIME 200 MG/5 ML SUSP	1			CHLOROQUINE PH 250 MG TABLET	1
CEFIXIME 400 MG CAPSULE	2			CHLOROQUINE PH 500 MG TABLET	1
CEFPODOXIME 100 MG TABLET	1			CHLORPROMAZINE 10 MG TABLET	1
CEFPODOXIME 100 MG/5 ML SUSP	1			CHLORPROMAZINE 100 MG TABLET	1
CEFPODOXIME 200 MG TABLET	1			CHLORPROMAZINE 200 MG TABLET	1
CEFPODOXIME 50 MG/5 ML SUSP	1			CHLORPROMAZINE 25 MG TABLET	1
CEFPROZIL 125 MG/5 ML SUSP	1			CHLORPROMAZINE 50 MG TABLET	1
CEFPROZIL 250 MG TABLET	1			CHLORTHALIDONE 25 MG TABLET	1
CEFPROZIL 250 MG/5 ML SUSP	1			CHLORTHALIDONE 50 MG TABLET	1
CEFPROZIL 500 MG TABLET	1			CHLORZOAZONE 500 MG TABLET	1
CEFUROXIME AXETIL 250 MG TAB	1			CHOLESTYRAMINE LIGHT PACKET	1
CEFUROXIME AXETIL 500 MG TAB	1			CHOLESTYRAMINE LIGHT POWDER	1
CELECOXIB 100 MG CAPSULE	1	QL		CHOLESTYRAMINE PACKET	1
CELECOXIB 200 MG CAPSULE	1	QL		CHOLESTYRAMINE POWDER	1
CELECOXIB 400 MG CAPSULE	1	QL		CHORIONIC GONAD 10,000 UNIT VL	1 PA
CELECOXIB 50 MG CAPSULE	1	QL		CICLODAN 0.77% CREAM	1
CELONTIN	3			CICLODAN 8% SOLUTION	1
CEPHALEXIN 125 MG/5 ML SUSP	1			CICLOPIROX 0.77% CREAM	1
CEPHALEXIN 250 MG CAPSULE	1			CICLOPIROX 0.77% GEL	1
CEPHALEXIN 250 MG/5 ML SUSP	1			CICLOPIROX 0.77% TOPICAL SUSP	1
CEPHALEXIN 500 MG CAPSULE	1			CICLOPIROX 1% SHAMPOO	1
CEPHALEXIN 750 MG CAPSULE	1			CICLOPIROX 8% SOLUTION	1
CEOUR SIMPLICITY INSERTER	2			CILOSTAZOL 100 MG TABLET	1
CETIRIZINE HCL 1 MG/ML SOLN	1			CILOSTAZOL 50 MG TABLET	1
CETIRIZINE HCL 1 MG/ML SYRUP	1			CILOXAN	3
CEVIMELINE HCL 30 MG CAPSULE	1			CIMETIDINE 200 MG TABLET	1
CHARLOTTE 24 FE CHEWABLE TAB	1			CIMETIDINE 300 MG TABLET	1

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
CIMETIDINE 300 MG/5 ML SOLN	1			CLIND PH-BENZOYL PEROX 1.2-5%	1
CIMETIDINE 400 MG TABLET	1			CLINDACIN 1% FOAM	1
CIMETIDINE 800 MG TABLET	1			CLINDACIN ETZ 1% PLEDGET	1
CIMZIA 200 MG VIAL KIT	4	PA, QL, SRX		CLINDACIN P 1% PLEDGETS	1
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA, QL, SRX		CLINDAMYCIN (PEDI) 75 MG/5 ML	1
CIMZIA 2X200 MG/ML(X3)START KT	4	PA, QL, SRX		CLINDAMYCIN 2% VAGINAL CREAM	1
CINACALCET HCL 30 MG TABLET	4	PA, SRX		CLINDAMYCIN HCL 150 MG CAPSULE	1
CINACALCET HCL 60 MG TABLET	4	PA, SRX		CLINDAMYCIN HCL 300 MG CAPSULE	1
CINACALCET HCL 90 MG TABLET	4	PA, SRX		CLINDAMYCIN HCL 75 MG CAPSULE	1
CIPROFLOXACIN 0.2% OTIC SOLN	1			CLINDAMYCIN PH 1% GEL	1
CIPROFLOXACIN 0.3% EYE DROP	1			CLINDAMYCIN PH 1% SOLUTION	1
CIPROFLOXACIN 250 MG/5 ML SUSP	1			CLINDAMYCIN PHOS 1% PLEDGET	1
CIPROFLOXACIN 500 MG/5 ML SUSP	1			CLINDAMYCIN PHOSP 1% LOTION	1
CIPROFLOXACIN HCL 100 MG TAB	1			CLINDAMYCIN PHOSPHATE 1% FOAM	1
CIPROFLOXACIN HCL 250 MG TAB	1			CLINDAMYCIN-BENZOYL PEROX 1-5%	1
CIPROFLOXACIN HCL 500 MG TAB	1			CLINDAMYCIN-BNZ PEROX 1-5% PMP	1
CIPROFLOXACIN HCL 750 MG TAB	1			CLINDA-TRETINOIN 1.2%-0.025%	1
CIPROFLOX-FLUOCINLN 0.3-0.025%	2	PA		CLINDESSE 2% VAGINAL CREAM	3
CIPROFLOX-DEXAMETH OTIC SUSP	2			CLOBAZAM 10 MG TABLET	3
CITALOPRAM HBR 10 MG TABLET	1	QL		CLOBAZAM 2.5 MG/ML SUSPENSION	3
CITALOPRAM HBR 10 MG/5 ML SOLN	1	QL		CLOBAZAM 20 MG TABLET	3
CITALOPRAM HBR 20 MG TABLET	1	QL		CLOBETASOL 0.05% CREAM	1
CITALOPRAM HBR 40 MG TABLET	1	QL		CLOBETASOL 0.05% GEL	1
CLARAVIS 10 MG CAPSULE	3			CLOBETASOL 0.05% OINTMENT	1
CLARAVIS 20 MG CAPSULE	3			CLOBETASOL 0.05% SHAMPOO	1
CLARAVIS 30 MG CAPSULE	3			CLOBETASOL 0.05% SOLUTION	1
CLARAVIS 40 MG CAPSULE	3			CLOBETASOL 0.05% TOPICAL LOTN	1
CLARITHROMYCIN 125 MG/5 ML SUS	1			CLOBETASOL EMOLLIENT 0.05% CRM	1
CLARITHROMYCIN 250 MG TABLET	1			CLOBETASOL EMOLLNT 0.05% FOAM	1
CLARITHROMYCIN 250 MG/5 ML SUS	1			CLOBETASOL EMULSION 0.05% FOAM	1
CLARITHROMYCIN 500 MG TABLET	1			CLOBETASOL PROP 0.05% FOAM	1
CLARITHROMYCIN ER 500 MG TAB	1			CLOBETASOL PROP 0.05% SPRAY	1
CLEMASTINE FUMARATE	1			CLOCORTOLONE 0.1% CREAM PUMP	1
CLEO 90 INFUSION SET 24" 6MM	2			CLOCORTOLONE PIVALATE 0.1% CRM	1
CLEO 90 INFUSION SET 24" 9MM	2			CLODAN 0.05% SHAMPOO	1
CLEO 90 INFUSION SET 31" 6MM	2			CLOMIPRAMINE 25 MG CAPSULE	3
CLEO 90 INFUSION SET 31" 9MM	2			CLOMIPRAMINE 50 MG CAPSULE	3
CLEVER CHOICE CHAMBER-LRG MASK	2	QL		CLOMIPRAMINE 75 MG CAPSULE	3
CLEVER CHOICE CHAMBER-MED MASK	2	QL		CLONAZEPAM 0.125 MG DIS TAB	1
CLEVER CHOICE CHAMBER-SM MASK	2	QL		CLONAZEPAM 0.125 MG ODT	1
CLEVER CHOICE LVL 1 CONTRL SOL	2			CLONAZEPAM 0.25 MG ODT	1
CLEVER CHOICE LVL 2 CONTRL SOL	2			CLONAZEPAM 0.5 MG DIS TABLET	1
CLEVER CHOICE LVL 3 CONTRL SOL	2			CLONAZEPAM 0.5 MG ODT	1
CLEVER CHOICE PEAK FLOW METER	2			CLONAZEPAM 0.5 MG TABLET	1
CLICKFINE 31G X 1/4" NEEDLES	2			CLONAZEPAM 1 MG DIS TABLET	1
CLICKFINE 31G X 5/16" NEEDLES	2			CLONAZEPAM 1 MG ODT	1
CLICKFINE PEN NEEDLE 32GX5/32"	2			CLONAZEPAM 1 MG TABLET	1
CLICKFINE UNIVERSAL 31G X 1/4"	2			CLONAZEPAM 2 MG ODT	1

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
CLONAZEPAM 2 MG TABLET	1		COMFORT EZ INSULIN SYR 0.5 ML	2	
CLONIDINE 0.1 MG/DAY PATCH	1		COMFORT EZ PEN NEEDLE 12MM 29G	2	
CLONIDINE 0.2 MG/DAY PATCH	1		COMFORT EZ PEN NEEDLES 4MM 32G	2	
CLONIDINE 0.3 MG/DAY PATCH	1		COMFORT EZ PEN NEEDLES 4MM 33G	2	
CLONIDINE HCL 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 31G	2	
CLONIDINE HCL 0.2 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 32G	2	
CLONIDINE HCL 0.3 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 33G	2	
CLONIDINE HCL ER 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 31G	2	
CLOPIDOGREL 300 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 32G	2	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 33G	2	
CLORAZEPATE 15 MG TABLET	1		COMFORT EZ PEN NEEDLES 8MM 31G	2	
CLORAZEPATE 3.75 MG TABLET	1		COMFORT EZ PEN NEEDLES 8MM 32G	2	
CLORAZEPATE 7.5 MG TABLET	1		COMFORT EZ PEN NEEDLES 8MM 33G	2	
CLOTRIMAZOLE 1% SOLUTION	1		COMFORT EZ SYR 0.3 ML 29GX1/2"	2	
CLOTRIMAZOLE 1% TOPICAL CREAM	1		COMFORT EZ SYR 0.5 ML 28GX1/2"	2	
CLOTRIMAZOLE 10 MG TROCHE	1		COMFORT EZ SYR 0.5 ML 29GX1/2"	2	
CLOTRIMAZOLE-BETAMETHASONE CRM	1		COMFORT EZ SYR 0.5 ML 30GX1/2"	2	
CLOTRIMAZOLE-BETAMETHASONE LOT	1		COMFORT EZ SYR 1 ML 28GX1/2"	2	
CLOZAPINE 100 MG TABLET	1		COMFORT EZ SYR 1 ML 29GX1/2"	2	
CLOZAPINE 200 MG TABLET	1		COMFORT EZ SYR 1 ML 30GX1/2"	2	
CLOZAPINE 25 MG TABLET	1		COMFORT EZ SYR 1 ML 30GX5/16"	2	
CLOZAPINE 50 MG TABLET	1		COMFORT INFUSION SET 23" 17MM	2	
CLOZAPINE ODT 100 MG TABLET	3		COMFORT INFUSION SET 31" 17MM	2	
CLOZAPINE ODT 12.5 MG TABLET	3		COMFORT INFUSION SET 32" 17MM	2	
CLOZAPINE ODT 150 MG TABLET	3		COMFORT INFUSION SET 43" 17MM	2	
CLOZAPINE ODT 200 MG TABLET	3		COMFORT POINT PEN NDL 29GX1/2"	2	
CLOZAPINE ODT 25 MG TABLET	3		COMFORT POINT PEN NDL 31GX1/3"	2	
C-NATE DHA SOFTGEL	1		COMFORT POINT PEN NDL 31GX1/4"	2	
COARTEM TABLETS	3	QL	COMFORT POINT PEN NDL 31GX1/6"	2	
CODEINE SULFATE 15 MG TABLET	1	PA	COMFORT SHORT INFUSION SET 23"	2	
CODEINE SULFATE 30 MG TABLET	1	PA	COMFORT SHORT INFUSION SET 31"	2	
CODEINE SULFATE 60 MG TABLET	1	PA	COMFORT SHORT INFUSION SET 32"	2	
COLCHICINE 0.6 MG TABLET	1		COMFORT SHORT INFUSION SET 43"	2	
COLESEVELAM 625 MG TABLET	1		COMFORT TOUCH PEN NDL 31G 4MM	2	
COLESEVELAM HCL 3.75 G PACKET	1		COMFORT TOUCH PEN NDL 31G 5MM	2	
COLESTIPOL HCL 1 GM TABLET	1		COMFORT TOUCH PEN NDL 31G 6MM	2	
COLESTIPOL HCL GRANULES	1		COMFORT TOUCH PEN NDL 31G 8MM	2	
COLESTIPOL HCL GRANULES PACKET	1		COMFORT TOUCH PEN NDL 32G 4MM	2	
COLOCORT 100 MG/60 ML ENEMA	1		COMFORT TOUCH PEN NDL 32G 5MM	2	
COMBISTIX REAGENT STRIPS	2		COMFORT TOUCH PEN NDL 32G 6MM	2	
COMETRIQ 100 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX	COMFORT TOUCH PEN NDL 32G 8MM	2	
COMETRIQ 140 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX	COMFORT TOUCH PEN NDL 33G 4MM	2	
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL, LDD, SRX	COMFORT TOUCH PEN NDL 33G 6MM	2	
COMFORT EZ INS 0.3ML 30GX1/2"	2		COMFORT TOUCH PEN NDL 33GX5MM	2	
COMFORT EZ INS 0.3ML 30GX5/16"	2		COMIRNATY 30MCG/0.3ML VAC-GRAY	2	
COMFORT EZ INS 0.5ML 31GX5/16"	2		COMPACT SPACE CHAMBER	2	QL
COMFORT EZ INS 1 ML 31GX5/16"	2		COMPACT SPACE CHAMBER-LRG MASK	2	QL
COMFORT EZ INSULIN SYR 0.3 ML	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
COMPACT SPACE CHAMBER-MED MASK	2	QL	CYCLOSPORINE 100 MG CAPSULE	1	
COMPACT SPACE CHAMBER-SM MASK	2	QL	CYCLOSPORINE 25 MG CAPSULE	1	
COMPLERA	2	QL	CYCLOSPORINE MODIFIED 100 MG	1	
COMPLETE NATAL DHA	1		CYCLOSPORINE MODIFIED 100MG/ML	1	
COMPLETENATE TABLET CHEW	1		CYCLOSPORINE MODIFIED 25 MG	1	
COMPRO 25 MG SUPPOSITORY	1		CYCLOSPORINE MODIFIED 50 MG	1	
CONSTULOSE 10 GM/15 ML SOLN	1		CYLTEZO	4	PA, QL, SRX
CONTACT DETACH INFUSN SET 23"	2		CYPROHEPTADINE 2 MG/5 ML SOLN	1	
CONTACT DETACH INFUSN SET 32"	2		CYPROHEPTADINE 2 MG/5 ML SYRUP	1	
CONTACT DETACH INFUSN SET 43"	2		CYPROHEPTADINE 4 MG TABLET	1	
CONTOUR NEXT LEV 1 CONTROL SOL	2		CYRED 28 DAY TABLET	1	
CONTOUR NEXT LEV 2 CONTROL SOL	2		CYRED EQ 28 DAY TABLET	1	
CONTOUR SOLUTION	2		CYSTAGON 150 MG CAPSULE	4	PA, LDD, SRX
COOL CONTROL A SOLUTION	2		CYSTAGON 50 MG CAPSULE	4	PA, LDD, SRX
COOL CONTROL B SOLUTION	2		CYSTARAN 0.44% EYE DROPS	3	PA, QL, LDD
CORTISONE 25 MG TABLET	1		DABIGATRAN ETEXILATE 150 MG CP	3	PA, QL
CORTISPORIN CREAM	3		DABIGATRAN ETEXILATE 75 CAP	3	PA, QL
CORTISPORIN OINTMENT	3		DALFAMPRIDINE ER 10 MG TABLET	4	PA, QL, LDD, SRX
CORTISPORIN-TC EAR SUSPENSION	3		DANAZOL 100 MG CAPSULE	1	
COSENTYX (2 SYRINGES)	4	PA, QL, LDD, SRX	DANAZOL 200 MG CAPSULE	1	
COSENTYX 150 MG/ML SYRINGE	4	PA, QL, LDD, SRX	DANAZOL 50 MG CAPSULE	1	
COSENTYX 75 MG/0.5 ML SYRINGE	4	PA, QL, LDD, SRX	DANTROLENE SODIUM 100 MG CAP	1	
COSENTYX 150 MG/ML PEN INJECT	4	PA, QL, LDD, SRX	DANTROLENE SODIUM 25 MG CAP	1	
COSENTYX 300 MG DOSE-2 PENS	4	PA, QL, LDD, SRX	DANTROLENE SODIUM 50 MG CAP	1	
COTELLIC	4	PA, QL, LDD, SRX	DAPSONE 100 MG TABLET	3	
COVARYX TABLET	1		DAPSONE 25 MG TABLET	3	
COVARYX H.S. TABLET	1		DAPTACEL DTAP VACCINE	2	
CRESEMBA 186 MG CAPSULE	3	PA	DARIFENACIN ER 15 MG TABLET	1	
CROMOLYN 100 MG/5 ML ORAL CONC	3		DARIFENACIN ER 7.5 MG TABLET	1	
CROMOLYN 20 MG/2 ML NEB SOLN	3	QL	DARUNAVIR 600 MG TABLET	1	
CROMOLYN 4% EYE DROPS	1		DARUNAVIR 800 MG TABLET	1	
CROTAN 10% LOTION	2		DASETTA 1-35-28 TABLET	1	
CRYSSELLE-28 TABLET	1		DASETTA 7/7/7-28 TABLET	1	
CYANOCOBALAMIN 1,000 MCG/ML VL	1		DAYSEE 0.15-0.03-0.01 MG TAB	1	
CYANOCOBALAMIN 10,000 MCG/10ML	1		DEBLITANE 0.35 MG TABLET	1	
CYANOCOBALAMIN 30,000 MCG/30ML	1		DEFERASIROX 125 MG TB FOR SUSP	4	PA, SRX
CYCLOBENZAPRINE 10 MG TABLET	1		DEFERASIROX 180 MG GRANULE PKT	4	PA, LDD, SRX
CYCLOBENZAPRINE 5 MG TABLET	1		DEFERASIROX 180 MG TABLET	4	PA, LDD, SRX
CYCLOMYDRIL EYE DROPS	3		DEFERASIROX 250 MG TB FOR SUSP	4	PA, SRX
CYCLOPENTOLATE 0.5% EYE DROPS	1		DEFERASIROX 360 MG GRANULE PKT	4	PA, LDD, SRX
CYCLOPENTOLATE 1% EYE DROP	1		DEFERASIROX 360 MG TABLET	4	PA, LDD, SRX
CYCLOPENTOLATE 1% EYE DROPS	1		DEFERASIROX 500 MG TB FOR SUSP	4	PA, SRX
CYCLOPENTOLATE HCL 2% DROPS	1		DEFERASIROX 90 MG GRANULE PKT	4	PA, LDD, SRX
CYCLOPHOSPHAMIDE 25 MG CAPSULE	2		DEFERASIROX 90 MG TABLET	4	PA, LDD, SRX
CYCLOPHOSPHAMIDE 50 MG CAPSULE	2		DEFERIPRONE 1,000 MG TB(3X/DY)	4	PA, SRX
CYCLOSERINE 250 MG CAPSULE	1		DEFERIPRONE 500 MG TABLET	4	PA, SRX
CYCLOSET 0.8 MG TABLET	3		DELTEC COZMO CLEO INFUSION SET	2	
CYCLOSPORINE 0.05% EYE EMULS	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
DEMECLOCYCLINE 150 MG TABLET	1				
DEMECLOCYCLINE 300 MG TABLET	1				
DENTA 5000 PLUS CREAM	1				
DENTAGEL 1.1% GEL	1				
DESCOVY 120-15 MG TABLET	3	PA			
DESCOVY 200-25 MG TABLET	3	PA			
DESIPRAMINE 10 MG TABLET	1				
DESIPRAMINE 100 MG TABLET	1				
DESIPRAMINE 150 MG TABLET	1				
DESIPRAMINE 25 MG TABLET	1				
DESIPRAMINE 50 MG TABLET	1				
DESIPRAMINE 75 MG TABLET	1				
DESLORATADINE 2.5 MG ODT	1	QL			
DESLORATADINE 5 MG ODT	1	QL			
DESLORATADINE 5 MG TABLET	1	QL			
DESMOPRESSIN 0.01% SOLUTION	1				
DESMOPRESSIN 10 MCG/0.1 ML SPR	1				
DESMOPRESSIN ACETATE 0.1 MG TB	1				
DESMOPRESSIN ACETATE 0.2 MG TB	1				
DESOGESTREL-EE 0.15-0.03 MG TB	1				
DESOGESTR-ETH ESTRAD ETH ESTRA	1				
DESONIDE 0.05% CREAM	1				
DESONIDE 0.05% LOTION	1				
DESONIDE 0.05% OINTMENT	1				
DESOXIMETASONE 0.05% CREAM	1				
DESOXIMETASONE 0.05% GEL	1				
DESOXIMETASONE 0.05% OINTMENT	1				
DESOXIMETASONE 0.25% CREAM	1				
DESOXIMETASONE 0.25% OINTMENT	1				
DESVENLAFAXINE SUCCNT ER 100MG	1	QL			
DESVENLAFAXINE SUCCNT ER 25 MG	1	QL			
DESVENLAFAXINE SUCCNT ER 50 MG	1	QL			
DEXAMETHASONE 0.5 MG TABLET	1				
DEXAMETHASONE 0.5 MG/5 ML ELX	1				
DEXAMETHASONE 0.5 MG/5 ML LIQ	1				
DEXAMETHASONE 0.75 MG TABLET	1				
DEXAMETHASONE 1 MG TABLET	1				
DEXAMETHASONE 1.5 MG TABLET	1				
DEXAMETHASONE 2 MG TABLET	1				
DEXAMETHASONE 4 MG TABLET	1				
DEXAMETHASONE 6 MG TABLET	1				
DEXAMETHASONE INTENSOL 1 MG/ML	1				
DEXAMETHASONE 0.1% EYE DROP	1				
DEXCOM G6 RECEIVER	2	PA, QL			
DEXCOM G6 SENSOR	2	PA, QL			
DEXCOM G6 TRANSMITTER	2	PA, QL			
DEXCOM G7 RECEIVER	2	PA, QL			
DEXCOM G7 SENSOR	2	PA, QL			
DEXLANSOPRAZOLE DR 30 MG CAP	3	QL			
DEXLANSOPRAZOLE DR 60 MG CAP	3	QL			
DEXMETHYLPHENIDATE 10 MG TAB	1	QL			
DEXMETHYLPHENIDATE 2.5 MG TAB	1	QL			
DEXMETHYLPHENIDATE 5 MG TAB	1	QL			
DEXMETHYLPHENIDATE ER 10 MG CP	1	QL			
DEXMETHYLPHENIDATE ER 15 MG CP	1	QL			
DEXMETHYLPHENIDATE ER 20 MG CP	1	QL			
DEXMETHYLPHENIDATE ER 25 MG CP	1	QL			
DEXMETHYLPHENIDATE ER 30 MG CP	1	QL			
DEXMETHYLPHENIDATE ER 35 MG CP	1	QL			
DEXMETHYLPHENIDATE ER 40 MG CP	1	QL			
DEXMETHYLPHENIDATE ER 5 MG CAP	1	QL			
DEXTROAMP-AMPHET ER 10 MG CAP	1	QL			
DEXTROAMP-AMPHET ER 15 MG CAP	1	QL			
DEXTROAMP-AMPHET ER 20 MG CAP	1	QL			
DEXTROAMP-AMPHET ER 25 MG CAP	1	QL			
DEXTROAMP-AMPHET ER 30 MG CAP	1	QL			
DEXTROAMP-AMPHET ER 5 MG CAP	1	QL			
DEXTROAMP-AMPHETAM 12.5 MG TAB	1	QL			
DEXTROAMP-AMPHETAM 7.5 MG TAB	1	QL			
DEXTROAMP-AMPHETAMIN 10 MG TAB	1	QL			
DEXTROAMP-AMPHETAMIN 15 MG TAB	1	QL			
DEXTROAMP-AMPHETAMIN 20 MG TAB	1	QL			
DEXTROAMP-AMPHETAMIN 30 MG TAB	1	QL			
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	QL			
DEXTROAMP-AMPHETAMINE 10 MG TAB	1	QL			
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	QL			
DEXTROAMP-AMPHETAMINE 5 MG/5 ML	1	QL			
DEXTROAMP-AMPHETAMINE ER 10 MG CAP	1	QL			
DEXTROAMP-AMPHETAMINE ER 15 MG CAP	1	QL			
DEXTROAMP-AMPHETAMINE ER 5 MG CAP	1	QL			
DIASTIX REAGENT STRIPS	2				
DIATRUE LEVEL 1 CONTROL SOLN	2				
DIATRUE LEVEL 2 CONTROL SOLN	2				
DIATRUE LEVEL 3 CONTROL SOLN	2				
DIAZEPAM 10 MG RECTAL GEL SYST	1				
DIAZEPAM 10 MG TABLET	1				
DIAZEPAM 2 MG TABLET	1				
DIAZEPAM 2.5 MG RECTAL GEL SYS	1				
DIAZEPAM 20 MG RECTAL GEL SYST	1				
DIAZEPAM 25 MG/5 ML ORAL CONC	1				
DIAZEPAM 5 MG TABLET	1				
DIAZEPAM 5 MG/5 ML ORAL SOLN	1				
DIAZEPAM 5 MG/5 ML SOLUTION	1				
DIAZEPAM 5 MG/ML ORAL CONC	1				
DIAZOXIDE 50 MG/ML ORAL SUSP	3				
DICLOFENAC 0.1% EYE DROPS	1				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
DICLOFENAC 1.5% TOPICAL SOLN	1				
DICLOFENAC POT 50 MG TABLET	1				
DICLOFENAC SOD DR 25 MG TAB	1				
DICLOFENAC SOD DR 50 MG TAB	1				
DICLOFENAC SOD DR 75 MG TAB	1				
DICLOFENAC SOD EC 25 MG TAB	1				
DICLOFENAC SOD EC 50 MG TAB	1				
DICLOFENAC SOD EC 75 MG TAB	1				
DICLOFENAC SOD ER 100 MG TAB	1				
DICLOFENAC SODIUM 1% GEL	1	QL			
DICLOFENAC-MISOPROST 50-0.2 MG	1				
DICLOFENAC-MISOPROST 75-0.2 MG	1				
DICLOXACILLIN 250 MG CAPSULE	1				
DICLOXACILLIN 500 MG CAPSULE	1				
DICYCLOMINE 10 MG CAPSULE	1				
DICYCLOMINE 10 MG/5 ML SOLN	1				
DICYCLOMINE 20 MG TABLET	1				
DIDANOSINE DR 250 MG CAPSULE	1				
DIDANOSINE DR 400 MG CAPSULE	1				
DIFICID 200 MG TABLET	3	PA, QL			
DIFICID 40 MG/ML SUSPENSION	3	PA, QL			
DIFLORASONE 0.05% CREAM	3				
DIFLORASONE 0.05% OINTMENT	3				
DIFLUNISAL 500 MG TABLET	1				
DIFLUPREDNATE 0.05% EYE DROP	2				
DIGOX 125 MCG TABLET	1				
DIGOX 250 MCG TABLET	1				
DIGOXIN 0.05 MG/ML SOLUTION	1				
DIGOXIN 0.125 MG TABLET	1				
DIGOXIN 0.25 MG TABLET	1				
DIGOXIN 125 MCG TABLET	1				
DIGOXIN 250 MCG TABLET	1				
DIHYDROERGOTAMINE 1 MG/ML AMP	3	QL			
DILT XR 120 MG CAPSULE	1				
DILT XR 180 MG CAPSULE	1				
DILT XR 240 MG CAPSULE	1				
DILTIAZEM 120 MG TABLET	1				
DILTIAZEM 12HR ER 120 MG CAP	1				
DILTIAZEM 12HR ER 60 MG CAP	1				
DILTIAZEM 12HR ER 90 MG CAP	1				
DILTIAZEM 24H ER(CD) 120 MG CP	1				
DILTIAZEM 24H ER(CD) 180 MG CP	1				
DILTIAZEM 24H ER(CD) 240 MG CP	1				
DILTIAZEM 24H ER(CD) 300 MG CP	1				
DILTIAZEM 24H ER(CD) 360 MG CP	1				
DILTIAZEM 24H ER(LA) 120 MG TB	1				
DILTIAZEM 24H ER(LA) 180 MG TB	1				
DILTIAZEM 24H ER(LA) 240 MG TB	1				
DILTIAZEM 24H ER(LA) 300 MG TB	1				
DILTIAZEM 24H ER(LA) 360 MG TB	1				
DILTIAZEM 24H ER(LA) 420 MG TB	1				
DILTIAZEM 24H ER(XR) 120 MG CP	1				
DILTIAZEM 24H ER(XR) 180 MG CP	1				
DILTIAZEM 24H ER(XR) 240 MG CP	1				
DILTIAZEM 24HR ER 120 MG CAP	1				
DILTIAZEM 24HR ER 180 MG CAP	1				
DILTIAZEM 24HR ER 240 MG CAP	1				
DILTIAZEM 24HR ER 300 MG CAP	1				
DILTIAZEM 24HR ER 360 MG CAP	1				
DILTIAZEM 24HR ER 420 MG CAP	1				
DILTIAZEM 30 MG TABLET	1				
DILTIAZEM 60 MG TABLET	1				
DILTIAZEM 90 MG TABLET	1				
DIMETHYL FUMARATE 30D START PK	4			PA, QL, LDD, SRX	
DIMETHYL FUMARATE DR 120 MG CP	4			PA, QL, LDD, SRX	
DIMETHYL FUMARATE DR 240 MG CP	4			PA, QL, LDD, SRX	
DIPENTUM 250 MG CAPSULE	3				
DIPHEN 12.5 MG/5 ML ELIXIR	3				
DIPHEN 12.5 MG/5 ML SOLUTION	3				
DIPHENHYDRAMINE 12.5 MG/5 ML	1				
DIPHENHYDRAMINE 25 MG/10 ML	1				
DIPHENOXYLAT-ATROP 2.5-0.025/5	1				
DIPHENOXYLATE-ATROP 2.5-0.025	1				
DIPHTHERIA-TETANUS TOXOIDS-PED	2				
DIPYRIDAMOLE 25 MG TABLET	1				
DIPYRIDAMOLE 50 MG TABLET	1				
DIPYRIDAMOLE 75 MG TABLET	1				
DISOPYRAMIDE 100 MG CAPSULE	1				
DISOPYRAMIDE 150 MG CAPSULE	1				
DISULFIRAM 250 MG TABLET	1				
DISULFIRAM 500 MG TABLET	1				
DIVALPROEX DR 125 MG CAP SPRNK	1				
DIVALPROEX DR 125 MG CP(SPRNK)	1				
DIVALPROEX SOD DR 125 MG TAB	1				
DIVALPROEX SOD DR 250 MG TAB	1				
DIVALPROEX SOD DR 500 MG TAB	1				
DIVALPROEX SOD ER 250 MG TAB	1				
DIVALPROEX SOD ER 500 MG TAB	1				
DODEX 1,000 MCG/ML VIAL	1				
DODEX 10,000 MCG/10 ML VIAL	1				
DODEX 30,000 MCG/30 ML VIAL	1				
DOFETILIDE 125 MCG CAPSULE	3			QL	
DOFETILIDE 250 MCG CAPSULE	3			QL	
DOFETILIDE 500 MCG CAPSULE	3			QL	
DOLISHALE 90-20 MCG TABLET	1				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
DONEPEZIL HCL 10 MG TABLET	1			DROPLET INS 0.3 ML 29GX12.5MM	2
DONEPEZIL HCL 23 MG TABLET	1			DROPLET INS 0.3ML 30GX12.5MM	2
DONEPEZIL HCL 5 MG TABLET	1			DROPLET INS 0.5ML 30GX6MM(1/2)	2
DONEPEZIL HCL ODT 10 MG TABLET	1			DROPLET INS 0.5ML 30GX8MM(1/2)	2
DONEPEZIL HCL ODT 5 MG TABLET	1			DROPLET INS 0.5ML 31GX6MM(1/2)	2
DORZOLAMIDE HCL 2% EYE DROPS	1			DROPLET INS 0.5ML 31GX8MM(1/2)	2
DORZOLAMIDE-TIMOLOL EYE DROPS	1			DROPLET INS SYR 0.3 ML 30GX6MM	2
DOTTI 0.025 MG PATCH	1	QL		DROPLET INS SYR 0.3 ML 30GX8MM	2
DOTTI 0.0375 MG PATCH	1	QL		DROPLET INS SYR 0.3 ML 31GX6MM	2
DOTTI 0.05 MG PATCH	1	QL		DROPLET INS SYR 0.3 ML 31GX8MM	2
DOTTI 0.075 MG PATCH	1	QL		DROPLET INS SYR 1 ML 30GX6MM	2
DOTTI 0.1 MG PATCH	1	QL		DROPLET INS SYR 1 ML 30GX8MM	2
DOVATO	2	QL		DROPLET INS SYR 1 ML 31GX6MM	2
DOXAZOSIN MESYLATE 1 MG TAB	1			DROPLET INS SYR 1 ML 31GX8MM	2
DOXAZOSIN MESYLATE 2 MG TAB	1			DROPLET INS SYR 1ML 29GX12.5MM	2
DOXAZOSIN MESYLATE 4 MG TAB	1			DROPLET INS SYR 1ML 30GX12.5MM	2
DOXAZOSIN MESYLATE 8 MG TAB	1			DROPLET MICRON 34G X 9/64"	2
DOXEPIN 10 MG CAPSULE	1			DROPLET PEN NEEDLE 29GX1/2"	2
DOXEPIN 10 MG/ML ORAL CONC	1			DROPLET PEN NEEDLE 29GX3/8"	2
DOXEPIN 100 MG CAPSULE	1			DROPLET PEN NEEDLE 30GX5/16"	2
DOXEPIN 150 MG CAPSULE	1			DROPLET PEN NEEDLE 31GX1/4"	2
DOXEPIN 25 MG CAPSULE	1			DROPLET PEN NEEDLE 31GX3/16"	2
DOXEPIN 5% CREAM	3			DROPLET PEN NEEDLE 31GX5/16"	2
DOXEPIN 50 MG CAPSULE	1			DROPLET PEN NEEDLE 32GX1/4"	2
DOXEPIN 75 MG CAPSULE	1			DROPLET PEN NEEDLE 32GX3/16"	2
DOXEPIN HCL 3 MG TABLET	2	QL		DROPLET PEN NEEDLE 32GX5/16"	2
DOXEPIN HCL 6 MG TABLET	2	QL		DROPLET PEN NEEDLE 32GX5/32"	2
DOXERCALCIFEROL 0.5 MCG CAP	1			DROPSAFE INS SYR 0.3ML 31G 6MM	2
DOXERCALCIFEROL 1 MCG CAPSULE	1			DROPSAFE INS SYR 0.3ML 31G 8MM	2
DOXERCALCIFEROL 2.5 MCG CAP	1			DROPSAFE INS SYR 0.5ML 31G 6MM	2
DOXYCYCLINE 25 MG/5 ML SUSP	1			DROPSAFE INS SYR 0.5ML 31G 8MM	2
DOXYCYCLINE HYCLATE 100 MG CAP	1			DROPSAFE INSUL SYR 1ML 31G 6MM	2
DOXYCYCLINE HYCLATE 100 MG TAB	1			DROPSAFE INSUL SYR 1ML 31G 8MM	2
DOXYCYCLINE HYCLATE 20 MG TAB	1			DROPSAFE INSULN 1ML 29G 12.5MM	2
DOXYCYCLINE HYCLATE 50 MG CAP	1			DROPSAFE PEN NEEDLE 31GX1/4"	2
DOXYCYCLINE MONO 100 MG CAP	1			DROPSAFE PEN NEEDLE 31GX3/16"	2
DOXYCYCLINE MONO 100 MG TABLET	1			DROPSAFE PEN NEEDLE 31GX5/16"	2
DOXYCYCLINE MONO 150 MG CAP	1			DROSP-EE-LEVOMEF 3-0.02-0.451	1
DOXYCYCLINE MONO 150 MG TABLET	1			DROSP-EE-LEVOMEF 3-0.03-0.451	1
DOXYCYCLINE MONO 50 MG CAP	1			DROSPIRENONE-EE 3-0.02 MG TAB	1
DOXYCYCLINE MONO 50 MG TABLET	1			DROSPIRENONE-EE 3-0.03 MG TAB	1
DOXYCYCLINE MONO 75 MG CAPSULE	1			DROXIA 200 MG CAPSULE	3
DOXYCYCLINE MONO 75 MG TABLET	1			DROXIA 300 MG CAPSULE	3
DRONABINOL 10 MG CAPSULE	3			DROXIA 400 MG CAPSULE	3
DRONABINOL 2.5 MG CAPSULE	3			DRUG MART ULTRA COMFORT SYR	2
DRONABINOL 5 MG CAPSULE	3			DUAVEE 0.45-20 MG TABLET	3
DROPLET 0.5 ML 29GX12.5MM(1/2)	2			DULOXETINE HCL DR 20 MG CAP	1
DROPLET 0.5 ML 30GX12.5MM(1/2)	2				QL

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
DULOXETINE HCL DR 30 MG CAP	1	QL	EASY TOUCH 1 ML SYR 29GX1/2"	2	
DULOXETINE HCL DR 60 MG CAP	1	QL	EASY TOUCH 1 ML SYR 30GX1/2"	2	
DUPIXENT 100 MG/0.67 ML SYRING	4	PA, SRX	EASY TOUCH BLU LINK CTRL SOLN	2	
DUPIXENT 200 MG/1.14 ML PEN	4	PA, SRX	EASY TOUCH FLIPLK NDL 30GX5/16	2	
DUPIXENT 200 MG/1.14 ML SYRING	4	PA, SRX	EASY TOUCH FLIPLK NDL 31GX5/16	2	
DUPIXENT 300 MG/2 ML PEN	4	PA, SRX	EASY TOUCH FLIPLK NDL 18GX1"	2	
DUPIXENT 300 MG/2 ML SYRINGE	4	PA, SRX	EASY TOUCH FLIPLK NDL 19GX1"	2	
DUTASTERIDE 0.5 MG CAPSULE	1		EASY TOUCH FLIPLK NDL 20GX1"	2	
DUTASTERIDE-TAMSULOSIN 0.5-0.4	1		EASY TOUCH FLIPLK NDL 21GX1"	2	
EASIVENT HOLDING CHAMBER	2	QL	EASY TOUCH FLIPLK NDL 22GX1	2	
EASIVENT MASK-LARGE	2	QL	EASY TOUCH FLIPLK NDL 23GX1"	2	
EASIVENT MASK-MEDIUM	2	QL	EASY TOUCH FLIPLK NDL 25GX1"	2	
EASIVENT MASK-SMALL	2	QL	EASY TOUCH FLIPLK NDL 26GX1"	2	
EASY COMFORT 0.3 ML SYRINGE	2		EASY TOUCH FLIPLK NDL 27GX1"	2	
EASY COMFORT 0.5 ML 30GX1/2"	2		EASY TOUCH FLIPLK NDL 18GX1.5	2	
EASY COMFORT 0.5 ML 31GX5/16"	2		EASY TOUCH FLIPLK NDL 19GX1.5	2	
EASY COMFORT 0.5 ML 32GX5/16"	2		EASY TOUCH FLIPLK NDL 20GX1.5	2	
EASY COMFORT 0.5 ML SYRINGE	2		EASY TOUCH FLIPLK NDL 21GX1.5	2	
EASY COMFORT 1 ML 31GX5/16"	2		EASY TOUCH FLIPLK NDL 22GX1.5	2	
EASY COMFORT 1 ML 32GX5/16"	2		EASY TOUCH FLIPLK NDL 22GX3/4	2	
EASY COMFORT INSULIN 1 ML SYR	2		EASY TOUCH FLIPLK NDL 23GX1.5	2	
EASY COMFORT PEN NDL 31GX1/4"	2		EASY TOUCH FLIPLK NDL 23GX5/8	2	
EASY COMFORT PEN NDL 31GX3/16"	2		EASY TOUCH FLIPLK NDL 25GX1.5	2	
EASY COMFORT PEN NDL 31GX5/16"	2		EASY TOUCH FLIPLK NDL 25GX5/8	2	
EASY COMFORT PEN NDL 32GX5/32"	2		EASY TOUCH FLIPLK NDL 26GX1/2	2	
EASY COMFORT PEN NDL 33G 4MM	2		EASY TOUCH FLIPLK NDL 27GX1/2	2	
EASY COMFORT PEN NDL 33G 5MM	2		EASY TOUCH FLIPLK NDL 28GX1/2	2	
EASY COMFORT PEN NDL 33G 6MM	2		EASY TOUCH FLIPLK NDL 29GX1/2	2	
EASY COMFORT SYR 1 ML 30GX1/2"	2		EASY TOUCH FLIPLK NDL 30GX1/2	2	
EASY GLIDE INS 0.3 ML 31GX6MM	2		EASY TOUCH HIGH-LOW CTRL SOLN	2	
EASY GLIDE INS 0.5 ML 31GX6MM	2		EASY TOUCH HYPODERMIC 16GX1"	2	
EASY GLIDE INS 1 ML 31GX6MM	2		EASY TOUCH HYPODERMIC 16GX1.5"	2	
EASY GLIDE PEN NEEDLE 4MM 33G	2		EASY TOUCH HYPODERMIC 18GX1"	2	
EASY PLUS II CONTROL SOLN HIGH	2		EASY TOUCH HYPODERMIC 18GX1.25	2	
EASY PLUS II CONTROL SOLN LOW	2		EASY TOUCH HYPODERMIC 18GX1.5"	2	
EASY STEP CONTRL SOLN-HIGH	2		EASY TOUCH HYPODERMIC 19GX1"	2	
EASY STEP CONTROL SOLN-LOW	2		EASY TOUCH HYPODERMIC 19GX1.5"	2	
EASY STEP CONTROL SOLN-NORMAL	2		EASY TOUCH HYPODERMIC 20GX1"	2	
EASY TALK CONTROL SOLN LOW	2		EASY TOUCH HYPODERMIC 20GX1.5"	2	
EASY TALK HIGH CONTROL SOLN	2		EASY TOUCH HYPODERMIC 21GX1"	2	
EASY TALK PLUS II HIGH CONTROL	2		EASY TOUCH HYPODERMIC 21GX1.5"	2	
EASY TALK PLUS II LOW CTRL SLN	2		EASY TOUCH HYPODERMIC 22GX1"	2	
EASY TOUCH 0.3 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 22GX1.5"	2	
EASY TOUCH 0.5 ML SYR 27GX1/2"	2		EASY TOUCH HYPODERMIC 23GX1"	2	
EASY TOUCH 0.5 ML SYR 29GX1/2"	2		EASY TOUCH HYPODERMIC 23GX1.25	2	
EASY TOUCH 0.5 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 23GX1.5"	2	
EASY TOUCH 0.5 ML SYR 30GX5/16	2		EASY TOUCH HYPODERMIC 23GX3/4"	2	
EASY TOUCH 1 ML SYR 27GX1/2"	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH HYPODERMIC 24GX1"	2		EASY TOUCH SYRINGE 3 ML 22GX1"	2	
EASY TOUCH HYPODERMIC 24GX1.25	2		EASY TOUCH SYRINGE 3 ML 23GX1"	2	
EASY TOUCH HYPODERMIC 25GX1"	2		EASY TOUCH SYRINGE 3 ML 25GX1"	2	
EASY TOUCH HYPODERMIC 25GX1.5"	2		EASY TOUCH UNI-SLIP SYR 1 ML	2	
EASY TOUCH HYPODERMIC 25GX5/8"	2		EASY TRAK CONTROL SOLN HIGH	2	
EASY TOUCH HYPODERMIC 26GX1/2"	2		EASY TRAK CONTROL SOLN LOW	2	
EASY TOUCH HYPODERMIC 26GX3/8"	2		EASY TRAK II CTRL SOLN-NORMAL	2	
EASY TOUCH HYPODERMIC 26GX5/8"	2		EASYGLUCO PLUS CTRL SOL NORMAL	2	
EASY TOUCH HYPODERMIC 27GX1.25	2		EASYMAX NORMAL CONTROL SOLN	2	
EASY TOUCH HYPODERMIC 27GX1.5"	2		EASYMAX 15 LEVEL 2 SOLUTION	2	
EASY TOUCH HYPODERMIC 27GX1/2"	2		EASYPOINT NEEDLE 18G X 1"	2	
EASY TOUCH HYPODERMIC 30GX1"	2		EASYPOINT NEEDLE 18G X 1-1/2"	2	
EASY TOUCH HYPODERMIC 30GX1/2"	2		EASYPOINT NEEDLE 20G X 1"	2	
EASY TOUCH HYPODERMIC 31GX5/16	2		EASYPOINT NEEDLE 20G X 1-1/2"	2	
EASY TOUCH HYPODERMIC 32GX5/16	2		EASYPOINT NEEDLE 21G X 1"	2	
EASY TOUCH INSULIN 1ML 29GX1/2	2		EASYPOINT NEEDLE 21G X 1-1/2"	2	
EASY TOUCH INSULIN 1ML 30GX1/2	2		EASYPOINT NEEDLE 22G X 1"	2	
EASY TOUCH INSULIN SYR 0.3 ML	2		EASYPOINT NEEDLE 22G X 1-1/2"	2	
EASY TOUCH INSULIN SYR 0.5 ML	2		EASYPOINT NEEDLE 23G X 1"	2	
EASY TOUCH INSULIN SYR 1 ML	2		EASYPOINT NEEDLE 25G 16MM	2	
EASY TOUCH INSULN 1ML 29GX1/2"	2		EASYPOINT NEEDLE 25G X 1"	2	
EASY TOUCH INSULN 1ML 30GX1/2"	2		EASYPOINT NEEDLE 25G X 5/8"	2	
EASY TOUCH INSULN 1ML 30GX5/16	2		EASYPOINT NEEDLE 25GX1-1/2"	2	
EASY TOUCH INSULN 1ML 31GX5/16	2		EASY TOUCH SYR 1 ML 27G 16MM	2	
EASY TOUCH LUER LOK INSUL 1 ML	2		EASYTOUCH SAF PEN NDL 30G 6MM	2	
EASY TOUCH PEN NEEDLE 29GX1/2"	2		EC-NAPROXEN DR 375 MG TABLET	1	
EASY TOUCH PEN NEEDLE 30GX5/16	2		EC-NAPROXEN DR 500 MG TABLET	1	
EASY TOUCH PEN NEEDLE 31GX1/4"	2		ECONAZOLE NITRATE 1% CREAM	1	
EASY TOUCH PEN NEEDLE 31GX3/16	2		ECONTRA EZ 1.5 MG TABLET	1	
EASY TOUCH PEN NEEDLE 31GX5/16	2		ECONTRA ONE-STEP 1.5 MG TABLET	1	
EASY TOUCH PEN NEEDLE 32GX1/4"	2		ED-SPAZ 0.125 MG ODT	1	
EASY TOUCH PEN NEEDLE 32GX3/16	2		EDURANT 25 MG TABLET	2	
EASY TOUCH PEN NEEDLE 32GX5/32	2		EEMT DS 1.25-2.5 MG TABLET	1	
EASY TOUCH SAF PEN NDL 29G 5MM	2		EEMT HS 0.625-1.25 MG TABLET	1	
EASY TOUCH SAF PEN NDL 29G 8MM	2		EFAVIR-EMTRI-TENOF 600-200-300	1	QL
EASY TOUCH SAF PEN NDL 30G 5MM	2		EFAVIRENZ 200 MG CAPSULE	1	
EASY TOUCH SAF PEN NDL 30G 8MM	2		EFAVIRENZ 50 MG CAPSULE	1	
EASY TOUCH SYR 0.5ML 27G12.7MM	2		EFAVIRENZ 600 MG TABLET	1	
EASY TOUCH SYR 0.5ML 28G12.7MM	2		EFAVIR-LAMIV-TENOF 400-300-300	1	QL
EASY TOUCH SYR 0.5ML 29G12.7MM	2		EFAVIR-LAMIV-TENOF 600-300-300	1	QL
EASY TOUCH SYR 1 ML 27G 12.7MM	2		EFFER-K 10 MEQ TABLET EFF	3	
EASY TOUCH SYR 1 ML 27G 16MM	2		EFFER-K 20 MEQ TABLET EFF	3	
EASY TOUCH SYR 1 ML 28G 12.7MM	2		ELEMENT COMPACT SOLN HIGH	2	
EASY TOUCH SYR 1 ML 29G 12.7MM	2		ELEMENT COMPACT SOLN NORMAL	2	
EASY TOUCH SYR 3 ML 22GX1-1/2"	2		ELEMENT CONTROL SOLN NORMAL	2	
EASY TOUCH SYR 3 ML 25GX5/8"	2		ELEMENT CONTROL SOLUTION HIGH	2	
EASY TOUCH SYRINGE 3 ML 20GX1"	2		ELEMENT CONTROL SOLUTION LOW	2	
EASY TOUCH SYRINGE 3 ML 21GX1"	2		ELETRIPTAN HBR 20 MG TABLET	1	QL

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
ELETRIPTAN HBR 40 MG TABLET	1	QL		2	
ELINEST-28 TABLET	1			2	
ELIQUIS 2.5 MG TABLET	2	PA, QL		2	
ELIQUIS 5 MG TABLET	2	PA, QL		2	
ELIQUIS DVT-PE TREAT START 5MG	2	PA, QL		3	
ELITE-OB CAPLET	1			4	QL, SRX
ELLA 30 MG TABLET	3			4	QL, SRX
ELMIRON 100 MG CAPSULE	3			4	QL, SRX
ELURYNG VAGINAL RING	1			4	QL, SRX
EMBRACE GLUC CONTROL SOLN HIGH	2			4	QL, SRX
EMBRACE EVO LEVEL 1 CTRL SOLN	2			4	QL, SRX
EMBRACE GLUC CONTROL SOLN LOW	2			4	QL, SRX
EMBRACE PEN NEEDLE 29G 12MM	2			4	QL, SRX
EMBRACE PEN NEEDLE 30G 5MM	2			1	
EMBRACE PEN NEEDLE 30G 8MM	2			1	
EMBRACE PEN NEEDLE 31G 5MM	2			1	
EMBRACE PEN NEEDLE 31G 6MM	2			4	SRX
EMBRACE PEN NEEDLE 31G 8MM	2			4	SRX
EMBRACE PEN NEEDLE 32G 4MM	2			2	QL
EMBRACE PRO CONTROL SOLUTION	2			2	QL
EMBRACE TALK CTRL SOL-HIGH(L2)	2			2	QL
EMBRACE TALK CTRL SOLN-LOW(L1)	2			1	
EMCYT 140 MG CAPSULE	4	SRX		4	PA, QL, SRX
EMEND 125 MG POWDER PACKET	4	PA, QL, SRX		4	PA, QL, SRX
EMOQUETTE 28 DAY TABLET	1			4	PA, QL, SRX
EMTRICITABINE 200 MG CAPSULE	1			4	PA, QL, SRX
EMTRICITABINE-TENOFV 100-150MG	1			3	PA, LDD
EMTRICITABINE-TENOFV 133-200MG	1			3	PA, LDD
EMTRICITABINE-TENOFV 167-250MG	1			3	
EMTRICITABINE-TENOFV 200-300MG	1			1	
EMTRIVA 10 MG/ML SOLUTION	2			1	QL
EMVERM 100 MG TABLET CHEW	3			1	QL
ENALAPRIL MALEATE 10 MG TAB	1			1	
ENALAPRIL MALEATE 2.5 MG TAB	1			4	SRX
ENALAPRIL MALEATE 20 MG TAB	1			1	
ENALAPRIL MALEATE 5 MG TABLET	1			1	
ENALAPRIL-HCTZ 10-25 MG TABLET	1			1	
ENALAPRIL-HCTZ 5-12.5 MG TAB	1			2	
ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX		2	
ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, SRX		2	
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX		2	
ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX		2	
ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX		2	
ENDOCET 10-325 MG TABLET	1	PA		2	
ENDOCET 2.5-325 MG TABLET	1	PA		2	
ENDOCET 5-325 MG TABLET	1	PA		2	
ENDOCET 7.5-325 MG TABLET	1	PA		4	PA, QL, LDD, SRX
ENDOMETRIN 100 MG VAG INSERT	3	PA		4	PA, LDD, SRX
ENGERIX-B 20 MCG/ML SYRN				2	
ENGERIX-B 20 MCG/ML VIAL				2	
ENGERIX-B PEDI 10 MCG/0.5 SYRN				2	
ENLITE SERTER				2	
ENLYTE SOFTGEL				3	
ENOXAPARIN 100 MG/ML SYRINGE				4	QL, SRX
ENOXAPARIN 120 MG/0.8 ML SYR				4	QL, SRX
ENOXAPARIN 150 MG/ML SYRINGE				4	QL, SRX
ENOXAPARIN 30 MG/0.3 ML SYR				4	QL, SRX
ENOXAPARIN 300 MG/3 ML VIAL				4	QL, SRX
ENOXAPARIN 40 MG/0.4 ML SYR				4	QL, SRX
ENOXAPARIN 60 MG/0.6 ML SYR				4	QL, SRX
ENOXAPARIN 80 MG/0.8 ML SYR				4	QL, SRX
ENPRESSE-28 TABLET				1	
ENSKYCE 28 TABLET				1	
ENTACAPONE 200 MG TABLET				1	
ENTECAVIR 0.5 MG TABLET				4	SRX
ENTECAVIR 1 MG TABLET				4	SRX
ENTRESTO 24 MG-26 MG TABLET				2	QL
ENTRESTO 49 MG-51 MG TABLET				2	QL
ENTRESTO 97 MG-103 MG TABLET				2	QL
ENULOSE 10 GM/15 ML SOLUTION				1	
EPCLUSA 150-37.5 MG PELLETT PKT				4	PA, QL, SRX
EPCLUSA 200 MG-50 MG TABLET				4	PA, QL, SRX
EPCLUSA 200-50 MG PELLETT PACK				4	PA, QL, SRX
EPCLUSA 400 MG-100 MG TABLET				4	PA, QL, SRX
EPIDIOLEX 100 MG/ML SOLN PACK				3	PA, LDD
EPIDIOLEX 100 MG/ML SOLUTION				3	PA, LDD
EPIFOAM FOAM				3	
EPINASTINE HCL 0.05% EYE DROPS				1	
EPINEPHRINE 0.15 MG AUTO-INJECT				1	QL
EPINEPHRINE 0.3 MG AUTO-INJECT				1	QL
EPITOL 200 MG TABLET				1	
EPIVIR HBV 25 MG/5 ML SOLN				4	SRX
EPLERENONE 25 MG TABLET				1	
EPLERENONE 50 MG TABLET				1	
EPROSARTAN MESYLATE 600 MG TAB				1	
EQL INS SYR 1 ML 29GX1/2"				2	
EQL INSUL SYR 0.3 ML 31GX5/16"				2	
EQL INSUL SYR 0.5 ML 31GX5/16"				2	
EQL INSULIN 0.3 ML SYRINGE				2	
EQL INSULIN 0.5 ML SYRINGE				2	
EQL INSULIN 1 ML SYRINGE				2	
EQL INSULIN SYR 1 ML 31GX5/16"				2	
EQL PEN 8MM 31G X 5/16" NEEDLE				2	
ERGOLOID MESYLATES 1 MG TAB				1	
ERIVEDGE 150 MG CAPSULE				4	PA, QL, LDD, SRX
ERLOTINIB HCL 100 MG TABLET				4	PA, LDD, SRX

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)		
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	
ERYTHROMYCIN 2% SOLUTION	1			ETHYL CHLORIDE SPRAY	1	
ERYTHROMYCIN 200 MG/5 ML SUSP	1			ETHYNODIOL-ETH ESTRA 1MG-35MCG	1	
ERYTHROMYCIN 250 MG TABLET	1			ETHYNODIOL-ETH ESTRA 1MG-50MCG	1	
ERYTHROMYCIN 400 MG/5 ML SUSP	1			ETODOLAC 200 MG CAPSULE	1	
ERYTHROMYCIN 500 MG TABLET	1			ETODOLAC 300 MG CAPSULE	1	
ERYTHROMYCIN DR 250 MG CAP	1			ETODOLAC 400 MG TABLET	1	
ERYTHROMYCIN ES 400 MG TAB	1			ETODOLAC 500 MG TABLET	1	
ERYTHROMYCIN-BENZOYL GEL	1			ETODOLAC ER 400 MG TABLET	1	
ESCITALOPRAM 10 MG TABLET	1	QL		ETODOLAC ER 500 MG TABLET	1	
ESCITALOPRAM 20 MG TABLET	1	QL		ETODOLAC ER 600 MG TABLET	1	
ESCITALOPRAM 5 MG TABLET	1	QL		ETONOGESTREL-EE VAGINAL RING	1	
ESCITALOPRAM OXALATE 5 MG/5 ML	1	QL		ETOPOSIDE 50 MG CAPSULE	4	SRX
ESOMEPRAZOLE DR 10 MG PACKET	2	QL		ETRAVIRINE 100 MG TABLET	1	
ESOMEPRAZOLE DR 20 MG PACKET	2	QL		ETRAVIRINE 200 MG TABLET	1	
ESOMEPRAZOLE DR 40 MG PACKET	2	QL		EURAX 10% CREAM	3	
ESOMEPRAZOLE MAG DR 20 MG CAP	1	QL		EUTHYROX 100 MCG TABLET	1	
ESOMEPRAZOLE MAG DR 40 MG CAP	1	QL		EUTHYROX 112 MCG TABLET	1	
ESOMEPRAZOLE DR 49.3 MG CAP	1	QL		EUTHYROX 125 MCG TABLET	1	
ESTARYLLA 0.25-0.035 MG TABLET	1			EUTHYROX 137 MCG TABLET	1	
ESTAZOLAM 1 MG TABLET	1			EUTHYROX 150 MCG TABLET	1	
ESTAZOLAM 2 MG TABLET	1			EUTHYROX 175 MCG TABLET	1	
ESTRADIOL 0.025 MG PATCH(1/WK)	1	QL		EUTHYROX 200 MCG TABLET	1	
ESTRADIOL 0.025 MG PATCH(2/WK)	1	QL		EUTHYROX 25 MCG TABLET	1	
ESTRADIOL 0.0375MG PATCH(1/WK)	1	QL		EUTHYROX 50 MCG TABLET	1	
ESTRADIOL 0.0375MG PATCH(2/WK)	1	QL		EUTHYROX 75 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL		EUTHYROX 88 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL		EVENCARE G2 CONTROL SOLUTION	2	
ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL		EVENCARE G3 CONTROL SOLUTION	2	
ESTRADIOL 0.075 MG PATCH(1/WK)	1	QL		EVEROLIMUS 0.25 MG TABLET	4	SRX
ESTRADIOL 0.075 MG PATCH(2/WK)	1	QL		EVEROLIMUS 0.5 MG TABLET	4	SRX
ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL		EVEROLIMUS 0.75 MG TABLET	4	SRX
ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL		EVEROLIMUS 1 MG TABLET	4	SRX
ESTRADIOL 0.5 MG TABLET	1			EVEROLIMUS 10 MG TABLET	4	PA, QL, SRX
ESTRADIOL 1 MG TABLET	1			EVEROLIMUS 2 MG TAB FOR SUSP	4	PA, QL, SRX
ESTRADIOL 10 MCG VAGINAL INSRT	1	QL		EVEROLIMUS 2.5 MG TABLET	4	PA, QL, SRX
ESTRADIOL 2 MG TABLET	1			EVEROLIMUS 3 MG TAB FOR SUSP	4	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MG TB	1			EVEROLIMUS 5 MG TAB FOR SUSP	4	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	1			EVEROLIMUS 5 MG TABLET	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS F.S. TAB	1			EVEROLIMUS 7.5 MG TABLET	4	PA, QL, SRX

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
EVOLUTION CONTROL SOLN NORMAL	2		EXEL U100 1 ML 30GX5/16"	2	
EVOTAZ 300 MG-150 MG TABLET	2		EXEL U100 INS SYR 1 ML 29GX1/2	2	
EXEL 3 ML SYRN 27G X 1 1/4"	2		EXEMESTANE 25 MG TABLET	1	
EXEL HUBER 22GX3/4" NEEDLE	2		EXTENDED RESERVOIR 3 ML	2	
EXEL HUBER NEEDLE 22GX1"	2		EZETIMIBE 10 MG TABLET	1	
EXEL HYPO NEEDLE 16GX1"	2		EZETIMIBE-SIMVASTATIN 10-10 MG	1	
EXEL HYPO NEEDLE 18GX1"	2		EZETIMIBE-SIMVASTATIN 10-20 MG	1	
EXEL HYPO NEEDLE 18GX1.5"	2		EZETIMIBE-SIMVASTATIN 10-40 MG	1	
EXEL HYPO NEEDLE 19GX1"	2		EZETIMIBE-SIMVASTATIN 10-80 MG	1	
EXEL HYPO NEEDLE 19GX1.5"	2		EZ-VAC	2	
EXEL HYPO NEEDLE 20GX0.75"	2		FALMINA-28 TABLET	1	
EXEL HYPO NEEDLE 20GX1"	2		FAMCICLOVIR 125 MG TABLET	1	
EXEL HYPO NEEDLE 20GX1.5"	2		FAMCICLOVIR 250 MG TABLET	1	
EXEL HYPO NEEDLE 21GX1"	2		FAMCICLOVIR 500 MG TABLET	1	
EXEL HYPO NEEDLE 21GX1.5"	2		FAMOTIDINE 20 MG TABLET	1	
EXEL HYPO NEEDLE 22GX0.75"	2		FAMOTIDINE 40 MG TABLET	1	
EXEL HYPO NEEDLE 22GX1"	2		FAMOTIDINE 40 MG/5 ML SUSP	1	
EXEL HYPO NEEDLE 22GX1.5"	2		FANAPT 1 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 23GX0.75"	2		FANAPT 10 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 23GX1"	2		FANAPT 12 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 25GX0.625"	2		FANAPT 2 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 25GX0.75"	2		FANAPT 4 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 25GX1"	2		FANAPT 6 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 25GX1.5"	2		FANAPT 8 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 26GX0.375"	2		FANAPT TITRATION PACK	3	QL, ST
EXEL HYPO NEEDLE 26GX0.5"	2		FARXIGA 10 MG TABLET	2	QL
EXEL HYPO NEEDLE 26GX0.625"	2		FARXIGA 5 MG TABLET	2	QL
EXEL HYPO NEEDLE 26GX1.5"	2		FEBUXOSTAT 40 MG TABLET	3	QL
EXEL HYPO NEEDLE 27GX0.5"	2		FEBUXOSTAT 80 MG TABLET	3	QL
EXEL HYPO NEEDLE 30GX0.5"	2		FELBAMATE 400 MG TABLET	3	
EXEL INS SYR U100 1 ML 28GX1/2	2		FELBAMATE 600 MG TABLET	3	
EXEL MTI DRAWING NDL 20GX1"	2		FELBAMATE 600 MG/5 ML SUSP	3	
EXEL MTI DRAWING NDL 21GX1"	2		FELODIPINE ER 10 MG TABLET	1	
EXEL MTI DRAWING NDL 22GX1"	2		FELODIPINE ER 2.5 MG TABLET	1	
EXEL SYRINGE 20GX1" 3 ML	2		FELODIPINE ER 5 MG TABLET	1	
EXEL SYRINGE 20GX1-1/2" 3 ML	2		FEM PH VAGINAL JELLY	1	
EXEL SYRINGE 21GX1" 3 ML	2		FEMYNOR 28 TABLET	1	
EXEL SYRINGE 21GX1-1/2" 3 ML	2		FENOFIBRATE 120 MG TABLET	1	
EXEL SYRINGE 22GX1" 3 ML	2		FENOFIBRATE 130 MG CAPSULE	1	
EXEL SYRINGE 22GX1-1/2" 3 ML	2		FENOFIBRATE 134 MG CAPSULE	1	
EXEL SYRINGE 22GX3/4" 3 ML	2		FENOFIBRATE 145 MG TABLET	1	
EXEL SYRINGE 23GX1" 3 ML	2		FENOFIBRATE 150 MG CAPSULE	1	
EXEL SYRINGE 25GX1" 3 ML	2		FENOFIBRATE 160 MG TABLET	1	
EXEL U100 0.3 ML 29GX1/2"	2		FENOFIBRATE 200 MG CAPSULE	1	
EXEL U100 0.3 ML 30GX5/16"	2		FENOFIBRATE 40 MG TABLET	1	
EXEL U100 0.5 ML 28GX1/2"	2		FENOFIBRATE 43 MG CAPSULE	1	
EXEL U100 0.5 ML 29GX1/2"	2		FENOFIBRATE 48 MG TABLET	1	
EXEL U100 0.5 ML 30GX5/16"	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
FENOFIBRATE 50 MG CAPSULE	1				
FENOFIBRATE 54 MG TABLET	1				
FENOFIBRATE 67 MG CAPSULE	1				
FENOFIBRIC ACID 105 MG TABLET	1				
FENOFIBRIC ACID 35 MG TABLET	1				
FENOFIBRIC ACID DR 135 MG CAP	1				
FENOFIBRIC ACID DR 45 MG CAP	1				
FENOPROFEN 600 MG TABLET	1				
FENTANYL 100 MCG/HR PATCH	1	PA			
FENTANYL 12 MCG/HR PATCH	1	PA			
FENTANYL 25 MCG/HR PATCH	1	PA			
FENTANYL 37.5 MCG/HR PATCH	1	PA			
FENTANYL 50 MCG/HR PATCH	1	PA			
FENTANYL 62.5 MCG/HR PATCH	1	PA			
FENTANYL 75 MCG/HR PATCH	1	PA			
FENTANYL 87.5 MCG/HR PATCH	1	PA			
FENTANYL CIT OTFC 1,200 MCG	3	PA			
FENTANYL CIT OTFC 1,600 MCG	3	PA			
FENTANYL CITRATE OTFC 200 MCG	3	PA			
FENTANYL CITRATE OTFC 400 MCG	3	PA			
FENTANYL CITRATE OTFC 600 MCG	3	PA			
FENTANYL CITRATE OTFC 800 MCG	3	PA			
FERRIPROX 100 MG/ML SOLUTION	3	PA, LDD			
FESOTERODINE ER 4 MG TABLET	3	QL			
FESOTERODINE ER 8 MG TABLET	3	QL			
FETZIMA 20-40 MG TITRATION PAK	3	QL, ST			
FETZIMA ER 120 MG CAPSULE	3	QL, ST			
FETZIMA ER 20 MG CAPSULE	3	QL, ST			
FETZIMA ER 40 MG CAPSULE	3	QL, ST			
FETZIMA ER 80 MG CAPSULE	3	QL, ST			
FIFTY50 GLUCOSE CONTROL SOLN	2				
FIFTY50 INS 0.3 ML 31GX5/16"	2				
FIFTY50 INS 0.5 ML 31GX5/16"	2				
FIFTY50 INS SYR 1 ML 31GX5/16"	2				
FIFTY50 PEN 31G X 3/16" NEEDLE	2				
FIFTY50 PEN 31G X 5/16" NEEDLE	2				
FIFTY50 PEN NEEDLE 32G X 1/4"	2				
FIFTY50 PEN NEEDLE 32G X 5/32"	2				
FILTER ASPIRATOR NEEDLE	2				
FILTER NEEDLE	2				
FILTER NEEDLE 19GX1-1/2"	2				
FILTER NEEDLE 5 MICRON	2				
FINASTERIDE 5 MG TABLET	1				
FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX			
FINZALA 1-0.02(24)-75 CHEW TAB	1				
FIRVANQ 25 MG/ML SOLUTION	2	QL			
FIRVANQ 50 MG/ML SOLUTION	2	QL			
FLAC OTIC OIL 0.01% EAR DROP	1				
FLAVOXATE HCL 100 MG TABLET	1				
FLECAINIDE ACETATE 100 MG TAB	1				
FLECAINIDE ACETATE 150 MG TAB	1				
FLECAINIDE ACETATE 50 MG TAB	1				
FLEXICHAMBER	2	QL			
FLEXICHAMBER-LG CHILD MASK	2	QL			
FLEXICHAMBER-SM ADULT MASK	2	QL			
FLEXICHAMBER-SM CHILD MASK	2	QL			
FLOVENT 100 MCG DISKUS	2	QL			
FLOVENT 250 MCG DISKUS	2	QL			
FLOVENT 50 MCG DISKUS	2	QL			
FLOVENT HFA 110 MCG INHALER	2	QL			
FLOVENT HFA 220 MCG INHALER	2	QL			
FLOVENT HFA 44 MCG INHALER	2	QL			
FLOW-EZE VENTED NEEDLE	2				
FLUAD QUAD	2				
FLUARIX QUAD	2				
FLUBLOK QUAD	2				
FLUCELVAX QUAD	2				
FLUCONAZOLE 10 MG/ML SUSP	1				
FLUCONAZOLE 100 MG TABLET	1				
FLUCONAZOLE 150 MG TABLET	1				
FLUCONAZOLE 200 MG TABLET	1				
FLUCONAZOLE 40 MG/ML SUSP	1				
FLUCONAZOLE 50 MG TABLET	1				
FLUCYTOSINE 250 MG CAPSULE	3				
FLUCYTOSINE 500 MG CAPSULE	3				
FLUDROCORTISONE 0.1 MG TABLET	1				
FLULAVAL QUAD	2				
FLUMIST QUAD	2				
FLUNISOLIDE 0.025% SPRAY	1				
FLUOCINOLONE 0.01% BODY OIL	1				
FLUOCINOLONE 0.01% CREAM	1				
FLUOCINOLONE 0.01% SCALP OIL	1				
FLUOCINOLONE 0.01% SOLUTION	1				
FLUOCINOLONE 0.025% CREAM	1				
FLUOCINOLONE 0.025% OINTMENT	1				
FLUOCINOLONE OIL 0.01% EAR DRP	1				
FLUOCINONIDE 0.05% CREAM	1				
FLUOCINONIDE 0.05% GEL	1				
FLUOCINONIDE 0.05% OINTMENT	1				
FLUOCINONIDE 0.05% SOLUTION	1				
FLUOCINONIDE 0.1% CREAM	1				
FLUOCINONIDE-E 0.05% CREAM	1				
FLUORIDEX DAILY DEFENSE	1				
FLUORIDEX SENSITIV RLF PASTE	1				
FLUOROMETHOLONE 0.1% DROPS	1				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
FLUOROURACIL 0.5% CREAM	3				
FLUOROURACIL 2% TOPICAL SOLN	1				
FLUOROURACIL 5% CREAM	1				
FLUOROURACIL 5% TOPICAL SOLN	1				
FLUOXETINE 20 MG/5 ML SOLUTION	1	QL			
FLUOXETINE DR 90 MG CAPSULE	1	QL			
FLUOXETINE HCL 10 MG CAPSULE	1	QL			
FLUOXETINE HCL 20 MG CAPSULE	1	QL			
FLUOXETINE HCL 40 MG CAPSULE	1	QL			
FLUPHENAZINE 1 MG TABLET	1				
FLUPHENAZINE 10 MG TABLET	1				
FLUPHENAZINE 2.5 MG TABLET	1				
FLUPHENAZINE 2.5 MG/5 ML ELIX	1				
FLUPHENAZINE 5 MG TABLET	1				
FLUPHENAZINE 5 MG/ML CONC	1				
FLURANDRENOLIDE 0.05% CREAM	3				
FLURANDRENOLIDE 0.05% LOTION	3				
FLURANDRENOLIDE 0.05% OINTMENT	3				
FLURBIPROFEN 100 MG TABLET	1				
FLURBIPROFEN 0.03% EYE DROP	1				
FLUTAMIDE 125 MG CAPSULE	1				
FLUTICASON PROP 0.005% OINT	1				
FLUTICASON PROP 0.05% CREAM	1				
FLUTICASON PROP 0.05% LOTION	1				
FLUTICASON PROP 50 MCG SPRAY	1				
FLUTICASON-SALMETEROL 100-50	1	QL			
FLUTICASON-SALMETEROL 250-50	1	QL			
FLUTICASON-SALMETEROL 500-50	1	QL			
FLUVASTATIN ER 80 MG TABLET	1				
FLUVASTATIN SODIUM 20 MG CAP	1				
FLUVASTATIN SODIUM 40 MG CAP	1				
FLUVOXAMINE ER 100 MG CAPSULE	1	QL			
FLUVOXAMINE ER 150 MG CAPSULE	1	QL			
FLUVOXAMINE MALEATE 100 MG TAB	1	QL			
FLUVOXAMINE MALEATE 25 MG TAB	1	QL			
FLUVOXAMINE MALEATE 50 MG TAB	1	QL			
FLUZONE HIGH-DOSE QUAD	2				
FLUZONE QUAD	2				
FOLIC ACID 1 MG TABLET	1				
FOLIVANE-OB CAPSULE	1				
FONDAPARINUX 10 MG/0.8 ML SYR	4	QL, SRX			
FONDAPARINUX 2.5 MG/0.5 ML SYR	4	QL, SRX			
FONDAPARINUX 5 MG/0.4 ML SYR	4	QL, SRX			
FONDAPARINUX 7.5 MG/0.6 ML SYR	4	QL, SRX			
FORA HIGH CONTROL SOLUTION	2				
FORA KETONE CONTROL SOLN-L1	2				
FORA LOW CONTROL SOLUTION	2				
FORA NORMAL CONTROL SOLUTION	2				
FORACARE GDH HIGH CONTROL SOLN	2				
FORACARE GDH LOW CONTROL SOLN	2				
FORACARE GDH NORM CONTROL SOLN	2				
FORMOTEROL 20 MCG/2 ML NEB VL	3	QL			
FORTISCARE CONTROL SOLN HIGH	2				
FORTISCARE CONTROL SOLN LOW	2				
FORTISCARE CONTROL SOLN NORMAL	2				
FOSAMPRENAVIR 700 MG TABLET	1				
FOSFOMYCIN 3 GM SACHET	2				
FOSINOPRIL SODIUM 10 MG TAB	1				
FOSINOPRIL SODIUM 20 MG TAB	1				
FOSINOPRIL SODIUM 40 MG TAB	1				
FOSINOPRIL-HCTZ 10-12.5 MG TAB	1				
FOSINOPRIL-HCTZ 20-12.5 MG TAB	1				
FOSRENOL 1,000 MG POWDER PACK	3				
FOSRENOL 750 MG POWDER PACKET	3				
FRAGMIN 10,000 UNIT/4 ML VIAL	4	QL, SRX			
FRAGMIN 10,000 UNIT/ML SYRINGE	4	QL, SRX			
FRAGMIN 12,500 UNIT/0.5 ML SYR	4	QL, SRX			
FRAGMIN 15,000 UNIT/0.6 ML SYR	4	QL, SRX			
FRAGMIN 18,000 UNIT/0.72 ML	4	QL, SRX			
FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL, SRX			
FRAGMIN 5,000 UNIT/0.2 ML SYR	4	QL, SRX			
FRAGMIN 7,500 UNIT/0.3 ML SYR	4	QL, SRX			
FRAGMIN 95,000 UNIT/3.8 ML VL	4	QL, SRX			
FREESTYLE CONTROL SOLUTION	2				
FREESTYLE LIBRE 10 DAY READER	2	PA, QL			
FREESTYLE LIBRE 10 DAY SENSOR	2	PA, QL			
FREESTYLE LIBRE 14 DAY READER	2	PA, QL			
FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL			
FREESTYLE LIBRE 2 READER	2	PA, QL			
FREESTYLE LIBRE 2 SENSOR	2	PA, QL			
FREESTYLE LIBRE 3 SENSOR	2	PA, QL			
FREESTYLE PREC 0.5 ML 30GX5/16	2				
FREESTYLE PREC 0.5 ML 31GX5/16	2				
FREESTYLE PREC 1 ML 30GX5/16"	2				
FREESTYLE PREC 1 ML 31GX5/16"	2				
FROVATRIPTAN SUCC 2.5 MG TAB	1	QL			
FUROSEMIDE 10 MG/ML SOLUTION	1				
FUROSEMIDE 20 MG TABLET	1				
FUROSEMIDE 40 MG TABLET	1				
FUROSEMIDE 40 MG/5 ML SOLN	1				
FUROSEMIDE 80 MG TABLET	1				
FUZEON 90 MG VIAL	4	LDD, SRX			
FYAVOLV 0.5 MG-2.5 MCG TABLET	1				
FYAVOLV 1 MG-5 MCG TABLET	1				
FYCOMPA 10 MG TABLET	3	PA, QL			

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
FYCOMPA 12 MG TABLET	3	PA, QL	GENOTROPIN MINIQUICK 1.6 MG	4 PA, SRX
FYCOMPA 2 MG TABLET	3	PA, QL	GENOTROPIN MINIQUICK 1.8 MG	4 PA, SRX
FYCOMPA 4 MG TABLET	3	PA, QL	GENOTROPIN MINIQUICK 2 MG	4 PA, SRX
FYCOMPA 6 MG TABLET	3	PA, QL	GENTAK 0.3 % EYE OINTMENT	1
FYCOMPA 8 MG TABLET	3	PA, QL	GENTAMICIN 0.1% CREAM	1
GABAPENTIN 100 MG CAPSULE	1		GENTAMICIN 0.1% OINTMENT	1
GABAPENTIN 250 MG/5 ML SOLN	1		GENTAMICIN 0.3% EYE DROP	1
GABAPENTIN 300 MG CAPSULE	1		GENVOYA TABLET	2 QL
GABAPENTIN 300 MG/6 ML SOLN	1		GIANVI 3 MG-0.02 MG TABLET	1
GABAPENTIN 400 MG CAPSULE	1		GILOTRIF 20 MG TABLET	4 PA, QL, LDD, SRX
GABAPENTIN 600 MG TABLET	1		GILOTRIF 30 MG TABLET	4 PA, QL, LDD, SRX
GABAPENTIN 800 MG TABLET	1		GILOTRIF 40 MG TABLET	4 PA, QL, LDD, SRX
GALANTAMINE ER 16 MG CAPSULE	1	QL	GLATIRAMER 20 MG/ML SYRINGE	4 PA, SRX
GALANTAMINE ER 24 MG CAPSULE	1	QL	GLATIRAMER 40 MG/ML SYRINGE	4 PA, SRX
GALANTAMINE ER 8 MG CAPSULE	1	QL	GLATOPA 20 MG/ML SYRINGE	4 PA, SRX
GALANTAMINE HBR 12 MG TABLET	1		GLATOPA 40 MG/ML SYRINGE	4 PA, SRX
GALANTAMINE HBR 4 MG TABLET	1		GLEOSTINE 10 MG CAPSULE	3 PA
GALANTAMINE HBR 8 MG TABLET	1		GLEOSTINE 100 MG CAPSULE	3 PA
GALANTAMINE 4 MG/ML ORAL SOLN	1		GLEOSTINE 40 MG CAPSULE	3 PA
GALZIN 25 MG CAPSULE	3		GLIMEPIRIDE 1 MG TABLET	1
GALZIN 50 MG CAPSULE	3		GLIMEPIRIDE 2 MG TABLET	1
GARDASIL 9 SYRINGE	2		GLIMEPIRIDE 4 MG TABLET	1
GARDASIL 9 VIAL	2		GLIPIZIDE 10 MG TABLET	1
GATIFLOXACIN 0.5% EYE DROPS	1		GLIPIZIDE 5 MG TABLET	1
GATTEX 5 MG 30-VIAL KIT	4	PA, LDD, SRX	GLIPIZIDE ER 10 MG TABLET	1
GATTEX 5 MG ONE-VIAL KIT	4	PA, LDD, SRX	GLIPIZIDE ER 2.5 MG TABLET	1
GATTEX 5 MG VIAL	4	PA, LDD, SRX	GLIPIZIDE ER 5 MG TABLET	1
GAVILYTE-C	1		GLIPIZIDE XL 10 MG TABLET	1
GAVILYTE-G	1		GLIPIZIDE XL 2.5 MG TABLET	1
GAVILYTE-N	1		GLIPIZIDE XL 5 MG TABLET	1
GE100 CONTROL SOLUTION NORMAL	2		GLIPIZIDE-METFORMIN 2.5-250 MG	1
GEFITINIB 250 MG TABLET	4	PA, QL, SRX	GLIPIZIDE-METFORMIN 2.5-500 MG	1
GEMFIBROZIL 600 MG TABLET	1		GLIPIZIDE-METFORMIN 5-500 MG	1
GEMMILY 1 MG-20 MCG CAPSULE	1		GLUCAGON 1 MG EMERGENCY KIT	2 QL
GENERLAC 10 GM/15 ML SOLUTION	1		GLUCOCARD 01 CONTROL SOLUTION	2
GENGRAF 100 MG CAPSULE	1		GLUCOCARD EXPRESSION	2
GENGRAF 100 MG/ML SOLUTION	1		GLUCOCARD SHINE	2
GENGRAF 25 MG CAPSULE	1		GLUCOCOM AUTOLINK	2
GENOTROPIN 12 MG CARTRIDGE	4	PA, SRX	GLUCOCOM CONTROL SOLUTION	2
GENOTROPIN 5 MG CARTRIDGE	4	PA, SRX	GLUCOSE CONTROL SOLN NORMAL	2
GENOTROPIN MINIQUICK 0.2 MG	4	PA, SRX	GLUCOSE CONTROL SOLUTION	2
GENOTROPIN MINIQUICK 0.2 MG	4	PA, SRX	GLYBURIDE 1.25 MG TABLET	1
GENOTROPIN MINIQUICK 0.4 MG	4	PA, SRX	GLYBURIDE 2.5 MG TABLET	1
GENOTROPIN MINIQUICK 0.6 MG	4	PA, SRX	GLYBURIDE 5 MG TABLET	1
GENOTROPIN MINIQUICK 0.8 MG	4	PA, SRX	GLYBURIDE MICRO 1.5 MG TAB	1
GENOTROPIN MINIQUICK 1 MG	4	PA, SRX	GLYBURIDE MICRO 3 MG TABLET	1
GENOTROPIN MINIQUICK 1.2 MG	4	PA, SRX	GLYBURIDE MICRO 6 MG TABLET	1
GENOTROPIN MINIQUICK 1.4 MG	4	PA, SRX	GLYBURIDE-METFORMIN 2.5-500 MG	1

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
GLYBURIDE-METFORMIN 5-500 MG	1		GUANFACINE 1 MG TABLET	1	
GLYBURID-METFORMIN 1.25-250 MG	1		GUANFACINE 2 MG TABLET	1	
GLYCINE 1.5% IRRIGATION	1		GUANFACINE HCL ER 1 MG TABLET	1	QL
GLYCOPYRROLATE 1 MG TABLET	1		GUANFACINE HCL ER 2 MG TABLET	1	QL
GLYCOPYRROLATE 2 MG TABLET	1		GUANFACINE HCL ER 3 MG TABLET	1	QL
GLYDO 2% JELLY SYRINGE	1		GUANFACINE HCL ER 4 MG TABLET	1	QL
GNP ALCOHOL SWAB	2		GUARDIAN RT CHARGER	2	
GNP CLICKFINE 31G X 1/4" ND	2		GUARDIAN RT REPLACE TEST PLUG	2	
GNP CLICKFINE 31G X 5/16" ND	2		GUARDIAN RT STARTER KIT	2	
GNP EASY TOUCH HIGH-LOW SOLN	2		GUARDIAN RT SYSTEM	2	
GNP INS SYR 0.3 ML 29GX1/2"	2		GUARDIAN TEST PLUG	2	
GNP INS SYRINGE 1 ML 28G 1/2"	2		GUARDIAN TRANSMITTER TAPE	2	
GNP INSUL SYR 0.3 ML 31GX5/16"	2		GYNAZOLE 1	1	
GNP INSUL SYR 0.5 ML 31GX5/16"	2		HADLIMA	4	PA, QL, SRX
GNP INSULIN SYR 1 ML 31GX5/16"	2		HAILEY 21 1.5 MG-30 MCG TAB	1	
GNP ULT C 0.3ML 29GX1/2" (1/2)	2		HAILEY 24 FE 1 MG-20 MCG TAB	1	
GNP ULT CMFRT 0.5 ML 29GX1/2"	2		HAILEY FE 1.5-30 TABLET	1	
GNP ULTICARE PEN ND 31G 5MM	2		HAILEY FE 1-20 TABLET	4	
GNP ULTICARE PEN ND 31G 8MM	2		HALCINONIDE 0.1% CREAM	3	
GNP ULTICARE PEN ND 32G 4MM	2		HALOBETASOL PROP 0.05% CREAM	1	
GNP ULTICARE PEN ND 32G 6MM	2		HALOBETASOL PROP 0.05% OINTMNT	1	
GNP ULTIGUARD SAFEPACK 31G 5MM	2		HALOETTE VAGINAL RING	1	
GNP ULTIGUARD SAFEPACK 31G 8MM	2		HALOPERIDOL 0.5 MG TABLET	1	
GNP ULTIGUARD SAFEPACK 32G 4MM	2		HALOPERIDOL 1 MG TABLET	1	
GNP ULTIGUARD SAFEPACK 32G 6MM	2		HALOPERIDOL 10 MG TABLET	1	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	2		HALOPERIDOL 2 MG TABLET	1	
GNP ULTR CMFRT 0.5 ML 30GX5/16	2		HALOPERIDOL 20 MG TABLET	1	
GNP ULTR COMFORT 1 ML 29GX1/2"	2		HALOPERIDOL 5 MG TABLET	1	
GNP ULTRA COMFORT 0.5 ML SYR	2		HALOPERIDOL LAC 10 MG/5 ML CUP	1	
GNP ULTRA COMFORT 1 ML SYRINGE	2		HALOPERIDOL LAC 2 MG/ML CONC	1	
GNP ULTRA COMFORT 3/10 ML SYR	2		HARVONI 33.75-150 MG PELLETT PK	4	PA, QL, SRX
GNP ULTRA COMFRT 1 ML 28GX1/2"	2		HARVONI 45-200 MG PELLETT PACKT	4	PA, QL, SRX
GOJJI GLUCOSE CONTROL SOLUTION	2		HARVONI 45-200 MG TABLET	4	PA, QL, SRX
GOJJI KETONE CONTROL SOLUTION	2		HARVONI 90-400 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 0.1 MG/ML VIAL	3		HAVRIX 1,440 UNIT/ML SYRINGE	2	
GRANISETRON HCL 1 MG TABLET	3		HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
GRANISETRON HCL 1 MG/ML VIAL	3		HEALTHPRO GLUCOSE CONTROL SOLN	2	
GRANISETRON HCL 4 MG/4 ML VIAL	3		HEALTHWISE INS 0.3ML 30GX5/16"	2	
GRISEOFULVIN 125 MG/5 ML SUSP	1		HEALTHWISE INS 0.3ML 31GX5/16"	2	
GRISEOFULVIN MICRO 500 MG TAB	1		HEALTHWISE INS 0.5ML 30GX5/16"	2	
GRISEOFULVIN ULTRA 125 MG TAB	1		HEALTHWISE INS 0.5ML 31GX5/16"	2	
GRISEOFULVIN ULTRA 250 MG TAB	1		HEALTHWISE INS 1 ML 30GX5/16"	2	
GS PEN NEEDLE 31G X 5/16"	2		HEALTHWISE INS 1 ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 5MM	2		HEALTHWISE PEN NEEDLE 31G 5MM	2	
GS PEN NEEDLE 31G X 6MM	2		HEALTHWISE PEN NEEDLE 31G 8MM	2	
GS PEN NEEDLE 31G X 8MM	2		HEALTHWISE PEN NEEDLE 32G 4MM	2	
GS PEN NEEDLE 32G X 4MM	2		HEALTHY ACCENTS PENTIP 4MM 32G	2	
GS PEN NEEDLE 32G X 6MM	2		HEALTHY ACCENTS PENTIP 5MM 31G	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
HEALTHY ACCENTS PENTIP 6MM 31G	2		HUMULIN 70-30 VIAL	2	QL
HEALTHY ACCENTS PENTIP 8MM 31G	2		HUMULIN N 100 UNIT/ML KWIKPEN	2	QL
HEALTHY ACCENTS PENTIP 12MM 29G	2		HUMULIN N 100 UNIT/ML VIAL	2	QL
HEATHER 0.35 MG TABLET	1		HUMULIN R 100 UNIT/ML VIAL	2	QL
HEB UNIFINE PNTP PLUS 31GX3/16	2		HUMULIN R 500 UNIT/ML KWIKPEN	2	QL
HEMA-COMBISTIX	2		HUMULIN R 500 UNIT/ML KWIKPEN	2	QL
HEMMOREX-HC 25 MG SUPPOSITORY	1		HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX
HEMMOREX-HC 30 MG SUPPOSITORY	1		HYCAMTIN 1 MG CAPSULE	4	PA, SRX
HEPARIN SOD 5,000 UNIT/0.5 ML	1		HYDRALAZINE 10 MG TABLET	1	
HEPARIN SOD 5,000 UNIT/ML SYRG	1		HYDRALAZINE 100 MG TABLET	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2		HYDRALAZINE 25 MG TABLET	1	
HER STYLE 1.5 MG TABLET	1		HYDRALAZINE 50 MG TABLET	1	
HIBERIX VACCINE VIAL	2		HYDROCHLOROTHIAZIDE 12.5 MG CP	1	
HIBERIX VACCINE WITH DILUENT	2		HYDROCHLOROTHIAZIDE 12.5 MG TB	1	
HM ULTICARE PEN NEEDLE 4MM 32G	2		HYDROCHLOROTHIAZIDE 25 MG TAB	1	
HM ULTICARE PEN NEEDLE 5MM 31G	2		HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HM ULTICARE PEN NEEDLE 6MM 31G	2		HYDROCODONE ER 100 MG TABLET	1	PA
HM ULTICARE PEN NEEDLE 8MM 31G	2		HYDROCODONE ER 120 MG TABLET	1	PA
HOMATROPAIRE 5% EYE DROPS	1		HYDROCODONE ER 20 MG TABLET	1	PA
HOMATROPINE 5% EYE DROPS	1		HYDROCODONE ER 30 MG TABLET	1	PA
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL	HYDROCODONE ER 40 MG TABLET	1	PA
HUMALOG 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 60 MG TABLET	1	PA
HUMALOG 100 UNIT/ML VIAL	2	QL	HYDROCODONE ER 80 MG TABLET	1	PA
HUMALOG 200 UNIT/ML KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-300 MG	1	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-325 MG	1	PA
HUMALOG MIX 50-50 VIAL	2	QL	HYDROCODONE-ACETAMIN 10-325/15	1	PA
HUMALOG MIX 50-50 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 2.5-108/5	1	PA
HUMALOG MIX 75-25 VIAL	2	QL	HYDROCODONE-ACETAMIN 5-217/10	1	PA
HUMALOG MIX 75-25 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 5-300 MG	1	PA
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL	HYDROCODONE-ACETAMIN 5-325 MG	1	PA
HUMATROPE 12 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-300	1	PA
HUMATROPE 24 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-325	1	PA
HUMATROPE 6 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMN 7.5-325/15	1	PA
HUMIRA	4	PA, QL, SRX	HYDROCODONE-CHLORPHEN ER SUSP	1	
HUMIRA PEN 40 MG/0.8 ML	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5-1.5	1	QL
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE SOLN	1	QL
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10-200	1	PA
HUMIRA(CF) 10 MG/0.1 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG	1	PA
HUMIRA(CF) 20 MG/0.2 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 7.5-200	1	PA
HUMIRA(CF) 40 MG/0.4 ML SYRING	4	PA, QL, SRX	HYDROCORTISON-ACETIC ACID SOLN	1	
HUMIRA(CF) PEDI CROHN 80-40 MG	4	PA, QL, LDD, SRX	HYDROCORTISONE 1% CREAM	1	
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	PA, QL, LDD, SRX	HYDROCORTISONE 1% OINTMENT	1	
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA, QL, SRX	HYDROCORTISONE 10 MG TABLET	1	
HUMIRA(CF) PEN 80 MG/0.8 ML	4	PA, QL, SRX	HYDROCORTISONE 100 MG/60 ML	1	
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA, QL, SRX	HYDROCORTISONE 2.5% CREAM	1	
HUMIRA(CF) PEN PEDI UC 80 MG	4	PA, QL, LDD, SRX	HYDROCORTISONE 2.5% LOTION	1	
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA, QL, SRX	HYDROCORTISONE 2.5% OINTMENT	1	
HUMULIN 70/30 KWIKPEN	2	QL			

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
HYDROCORTISONE 20 MG TABLET	1			4	PA, QL, LDD, SRX
HYDROCORTISONE 5 MG TABLET	1			4	PA, QL, LDD, SRX
HYDROCORTISONE AC 25 MG SUPP	1			1	
HYDROCORTISONE AC 30 MG SUPP	1			1	
HYDROCORTISONE BUTY 0.1% CREAM	1			1	
HYDROCORTISONE BUTYR 0.1% OINT	1			1	
HYDROCORTISONE BUTYR 0.1% SOLN	1			1	
HYDROCORTISONE VAL 0.2% CREAM	1			1	
HYDROCORTISONE VAL 0.2% OINTMT	1			1	
HYDROMET 5 MG-1.5 MG/5 ML SOLN	1	QL		4	PA, LDD, SRX
HYDROMORPHONE 1 MG/ML SOLUTION	1	PA		1	
HYDROMORPHONE 2 MG TABLET	1	PA		4	PA, QL, LDD, SRX
HYDROMORPHONE 3 MG SUPPOS	1	PA		4	PA, QL, LDD, SRX
HYDROMORPHONE 4 MG TABLET	1	PA		4	PA, QL, LDD, SRX
HYDROMORPHONE 5 MG/5 ML SOLN	1	PA		4	PA, QL, LDD, SRX
HYDROMORPHONE 8 MG TABLET	1	PA		3	PA
HYDROMORPHONE HCL ER 12 MG TAB	1	PA		3	PA
HYDROMORPHONE HCL ER 16 MG TAB	1	PA		3	PA
HYDROMORPHONE HCL ER 32 MG TAB	1	PA		4	PA, LDD, SRX
HYDROMORPHONE HCL ER 8 MG TAB	1	PA		4	PA, QL, SRX
HYDROXYCHLOROQUINE 200 MG TAB	1			4	PA, QL, SRX
HYDROXYUREA 500 MG CAPSULE	1			4	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML SOLN	1			4	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	1			4	PA, QL, LDD, SRX
HYDROXYZINE HCL 10 MG TABLET	1			4	PA, QL, LDD, SRX
HYDROXYZINE HCL 25 MG TABLET	1			4	PA, QL, LDD, SRX
HYDROXYZINE HCL 50 MG TABLET	1			4	PA, QL, LDD, SRX
HYDROXYZINE PAM 100 MG CAP	1			4	PA, QL, LDD, SRX
HYDROXYZINE PAM 25 MG CAP	1			1	
HYDROXYZINE PAM 50 MG CAP	1			1	
HYOPHEN TABLET	1			1	
HYOSCYAMINE 0.125 MG ODT	1			2	
HYOSCYAMINE 0.125 MG TAB SL	1			2	
HYOSCYAMINE 0.125 MG/5 ML ELIX	1			2	
HYOSCYAMINE 0.125 MG/ML DROP	1			2	
HYOSCYAMINE ER 0.375 MG TAB	1			1	
HYOSCYAMINE SULF 0.125 MG TAB	1			1	
HYOSCYAMINE SR 0.375 MG TAB	1			2	
HYOSYNE 0.125 MG/ML DROP	1			2	
HYOSYNE 125 MCG/5 ML ELIXIR	1			2	
HYPO NEEDLE,POLYPROPYL HUB	2			2	
HYPODERMIC NEEDLE,ALUM HUB	2			2	
HYRIMOZ	4	PA, QL, SRX		2	
IBANDRONATE SODIUM 150 MG TAB	1			2	
IBRANCE 100 MG CAPSULE	4	PA, QL, LDD, SRX		2	
IBRANCE 100 MG TABLET	4	PA, QL, LDD, SRX		2	
IBRANCE 125 MG CAPSULE	4	PA, QL, LDD, SRX		2	
IBRANCE 125 MG TABLET	4	PA, QL, LDD, SRX		4	PA, LDD, SRX
IBRANCE 75 MG CAPSULE	4			4	PA, QL, LDD, SRX
IBRANCE 75 MG TABLET	4			4	PA, QL, LDD, SRX
IBU 400 MG TABLET	1			1	
IBU 600 MG TABLET	1			1	
IBU 800 MG TABLET	1			1	
IBUPROFEN 100 MG/5 ML SUSP	1			1	
IBUPROFEN 400 MG TABLET	1			1	
IBUPROFEN 600 MG TABLET	1			1	
IBUPROFEN 800 MG TABLET	1			1	
ICATIBANT 30 MG/3 ML SYRINGE	1			4	PA, LDD, SRX
ICLEVIA 0.15 MG-0.03 MG TABLET	1			1	
ICLUSIG 10 MG TABLET	1			4	PA, QL, LDD, SRX
ICLUSIG 15 MG TABLET	1			4	PA, QL, LDD, SRX
ICLUSIG 30 MG TABLET	1			4	PA, QL, LDD, SRX
ICLUSIG 45 MG TABLET	1			4	PA, QL, LDD, SRX
ICOSAPENT ETHYL 0.5 GM CAPSULE	1			3	PA
ICOSAPENT ETHYL 1 GRAM CAPSULE	1			3	PA
ICOSAPENT ETHYL 500 MG CAPSULE	1			3	PA
ILARIS 150 MG/ML VIAL	1			4	PA, LDD, SRX
IMATINIB MESYLATE 100 MG TAB	1			4	PA, QL, SRX
IMATINIB MESYLATE 400 MG TAB	1			4	PA, QL, SRX
IMBRUVICA 140 MG CAPSULE	1			4	PA, QL, LDD, SRX
IMBRUVICA 140 MG TABLET	1			4	PA, QL, LDD, SRX
IMBRUVICA 280 MG TABLET	1			4	PA, QL, LDD, SRX
IMBRUVICA 420 MG TABLET	1			4	PA, QL, LDD, SRX
IMBRUVICA 560 MG TABLET	1			4	PA, QL, LDD, SRX
IMBRUVICA 70 MG CAPSULE	1			4	PA, QL, LDD, SRX
IMBRUVICA 70 MG/ML SUSPENSION	1			4	PA, QL, LDD, SRX
IMIPRAMINE HCL 10 MG TABLET	1			1	
IMIPRAMINE HCL 25 MG TABLET	1			1	
IMIPRAMINE HCL 50 MG TABLET	1			1	
IMIPRAMINE PAMOATE 100 MG CAP	1			2	
IMIPRAMINE PAMOATE 125 MG CAP	1			2	
IMIPRAMINE PAMOATE 150 MG CAP	1			2	
IMIPRAMINE PAMOATE 75 MG CAP	1			2	
IMIQUIMOD 5% CREAM PACKET	1			1	
INCASSIA 0.35 MG TABLET	1			1	
IN-CHECK NASAL WITH MASK	1			2	
IN-CHECK ORAL FLOW METER	1			2	
INCONTROL PEN NEEDLE 12MM 29G	1			2	
INCONTROL PEN NEEDLE 4MM 32G	1			2	
INCONTROL PEN NEEDLE 5MM 31G	1			2	
INCONTROL PEN NEEDLE 6MM 31G	1			2	
INCONTROL PEN NEEDLE 8MM 31G	1			2	
INCONTROL ULTICARE ND 31G 6MM	1			2	
INCONTROL ULTICARE ND 31G 8MM	1			2	
INCONTROL ULTICARE ND 32G 4MM	1			2	
INCRELEX 40 MG/4 ML VIAL	1			4	PA, LDD, SRX

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INCRUSE ELLIPTA 62.5 MCG INH	2			INSULIN SYRIN 0.3 ML 30GX1/2"	2
INDAPAMIDE 1.25 MG TABLET	1			INSULIN SYRIN 0.3 ML 30GX5/16"	2
INDAPAMIDE 2.5 MG TABLET	1			INSULIN SYRIN 0.3 ML 31GX5/16"	2
INDOMETHACIN 25 MG CAPSULE	1			INSULIN SYRIN 0.5 ML 28G 1/2"	2
INDOMETHACIN 50 MG CAPSULE	1			INSULIN SYRIN 0.5 ML 28GX1/2"	2
INDOMETHACIN ER 75 MG CAPSULE	1			INSULIN SYRIN 0.5 ML 29GX1/2"	2
INFANRIX DTAP SYRINGE	2			INSULIN SYRIN 0.5 ML 30G 1/2"	2
INFANRIX DTAP VIAL	2			INSULIN SYRIN 0.5 ML 30G 5/16"	2
INFINITY CONTROL SOLN HIGH	2			INSULIN SYRIN 0.5 ML 30GX1/2"	2
INFINITY CONTROL SOLN LOW	2			INSULIN SYRIN 0.5 ML 30GX5/16"	2
INFINITY CONTROL SOLN NORMAL	2			INSULIN SYRIN 0.5 ML 31G 5/16"	2
INFINITY VOICE CTRL SOLN-LVL 2	2			INSULIN SYRIN 0.5 ML 31GX5/16"	2
INFUSION SET 23"	2			INSULIN SYRIN 1 ML 29GX1/2"	2
INFUSION SET 23" 6MM	2			INSULIN SYRING 0.5 ML 27G 1/2"	2
INFUSION SET 23" 9MM	2			INSULIN SYRING 0.5 ML 27G 13MM	2
INFUSION SET 43"	2			INSULIN SYRING 0.5 ML 27GX1/2"	2
INFUSION SET 43" 6MM	2			INSULIN SYRING 0.5 ML 28G 1/2"	2
INFUSION SET 43" 9MM	2			INSULIN SYRING 0.5 ML 29G 1/2"	2
INJECT-EASE SYR NDL INTRODUCER	2			INSULIN SYRING 0.5 ML 29GX1/2"	2
INLYTA 1 MG TABLET	4	PA, QL, LDD, SRX		INSULIN SYRINGE 0.3 ML	2
INLYTA 5 MG TABLET	4	PA, QL, LDD, SRX		INSULIN SYRINGE 0.3 ML 31GX1/4	2
INPEN (FOR HUMALOG) BLUE	2			INSULIN SYRINGE 0.5 ML	2
INPEN (FOR HUMALOG) GREY	2			INSULIN SYRINGE 0.5 ML 31GX1/4	2
INPEN (FOR HUMALOG) PINK	2			INSULIN SYRINGE 1 ML	2
INPEN (NOVOLOG OR FIASP) BLUE	2			INSULIN SYRINGE 1 ML 27G 1/2"	2
INPEN (NOVOLOG OR FIASP) GREY	2			INSULIN SYRINGE 1 ML 27G 13MM	2
INPEN (NOVOLOG OR FIASP) PINK	2			INSULIN SYRINGE 1 ML 27GX1/2"	2
INSET 30 INFUSION SET 23"	2			INSULIN SYRINGE 1 ML 28G 1/2"	2
INSET INFUSION SET 23" 6MM	2			INSULIN SYRINGE 1 ML 28G 13MM	2
INSET INFUSION SET 23" 9MM	2			INSULIN SYRINGE 1 ML 28GX1/2"	2
INSPIRACHAMBER	2	QL		INSULIN SYRINGE 1 ML 29G 1/2"	2
INSPIRACHAMBER WITH MASK-LARGE	2	QL		INSULIN SYRINGE 1 ML 29GX1/2"	2
INSPIRACHAMBER WITH MASK-MED	2	QL		INSULIN SYRINGE 1 ML 30G 1/2"	2
INSPIRACHAMBER WITH MASK-SMALL	2	QL		INSULIN SYRINGE 1 ML 30G 5/16"	2
INSUL-CAP INSULIN HOLDER	2			INSULIN SYRINGE 1 ML 30GX1/2"	2
INSUL-EZE SYRINGE MAGNIFIER	2			INSULIN SYRINGE 1 ML 30GX5/16"	2
INSULIN 1 ML SYRINGE	2			INSULIN SYRINGE 1 ML 31G 5/16"	2
INSULIN 1/2 ML SYRINGE	2			INSULIN SYRINGE 1 ML 31GX1/4"	2
INSULIN 3/10 ML SYRINGE	2			INSULIN SYRINGE 1 ML 31GX5/16"	2
INSULIN ASPART 100 UNIT/ML VL	3	QL, ST		INSUPEN 30G ULTRAFIN NEEDLE	2
INSULIN ASPART 100 UNIT/ML CRT	3	QL, ST		INSUPEN 31G ULTRAFIN NEEDLE	2
INSULIN ASPART 100 UNIT/ML PEN	3	QL, ST		INSUPEN 32G 6MM PEN NEEDLE	2
INSULIN ASPART PRO MIX70-30 PN	3	QL, ST		INSUPEN 32G 8MM PEN NEEDLE	2
INSULIN ASPART PRO MIX70-30 VL	3	QL, ST		INSUPEN PEN NEEDLE 29GX1/2"	2
INSULIN CARTRIDGE 3 ML	2			INSUPEN PEN NEEDLE 29GX12MM	2
INSULIN SYR 0.3 ML 30GX5/16"	2			INSUPEN PEN NEEDLE 30GX8MM	2
INSULIN SYR 0.3ML 31GX1/4(1/2)	2			INSUPEN PEN NEEDLE 31G 5MM	2
INSULIN SYRIN 0.3 ML 29GX1/2"	2			INSUPEN PEN NEEDLE 31G 8MM	2

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
INSUPEN PEN NEEDLE 31GX3/16"	2		ITRACONAZOLE 10 MG/ML SOLUTION	2	
INSUPEN PEN NEEDLE 31GX5/16"	2		ITRACONAZOLE 100 MG CAPSULE	2	QL
INSUPEN PEN NEEDLE 31GX6MM	2		ITRACONAZOLE 100 MG/10 ML CUP	2	
INSUPEN PEN NEEDLE 31GX8MM	2		IV PREP ANTISEPTIC WIPES	2	
INSUPEN PEN NEEDLE 32G 4MM	2		IVERMECTIN 0.5% LOTION	3	
INSUPEN PEN NEEDLE 32GX4MM	2		IVERMECTIN 3 MG TABLET	1	PA
INSUPEN PEN NEEDLE 32GX5/32"	2		JAIMIESS 0.15-0.03-0.01 MG TAB	1	
INSUPEN PEN NEEDLE 32GX6MM	2		JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX
INSUPEN PEN NEEDLE 32GX8MM	2		JAKAFI 15 MG TABLET	4	PA, QL, LDD, SRX
INSUPEN PEN NEEDLE 33GX4MM	2		JAKAFI 20 MG TABLET	4	PA, QL, LDD, SRX
INTELENCE 25 MG TABLET	2		JAKAFI 25 MG TABLET	4	PA, QL, LDD, SRX
INTROVALE 0.15-0.03 MG TABLET	1		JAKAFI 5 MG TABLET	4	PA, QL, LDD, SRX
IPOL VIAL	2		JANSSEN COVID-19 VACCINE (EUA)	2	
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1		JANTOVEN 1 MG TABLET	1	
IPRATROPIUM 0.03% SPRAY	1		JANTOVEN 10 MG TABLET	1	
IPRATROPIUM 0.06% SPRAY	1		JANTOVEN 2 MG TABLET	1	
IPRATROPIUM BR 0.02% SOLN	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 4 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 5 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1		JANTOVEN 6 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1		JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	2		JASMIEL 3 MG-0.02 MG TABLET	1	
ISENTRESS 100 MG TABLET CHEW	2		JENCYCLA 0.35 MG TABLET	1	
ISENTRESS 25 MG TABLET CHEW	2		JINTELI 1 MG-5 MCG TABLET	1	
ISENTRESS 400 MG TABLET	2		JOLESSA 0.15 MG-0.03 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	2		JULEBER 28 DAY TABLET	1	
ISIBLOOM 28 DAY TABLET	1		JULUCA 50-25 MG TABLET	2	QL
ISONIAZID 100 MG TABLET	1		JUNEL 1 MG-20 MCG TABLET	1	
ISONIAZID 300 MG TABLET	1		JUNEL 1.5 MG-30 MCG TABLET	1	
ISONIAZID 50 MG/5 ML SOLUTION	1		JUNEL FE 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 10 MG TAB	1		JUNEL FE 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 20 MG TAB	1		JUNEL FE 24 TABLET	1	
ISOSORBIDE DINITRATE 30 MG TAB	1		KAITLIB FE 0.8-0.025MG CHEW TB	1	
ISOSORBIDE DINITRATE 5 MG TAB	1		KALLIGA 28 DAY TABLET	1	
ISOSORBIDE MONONIT 10 MG TAB	1		KARIVA 28 DAY TABLET	1	
ISOSORBIDE MONONIT 20 MG TAB	1		KELNOR 1-35 28 TABLET	1	
ISOSORBIDE MONONIT ER 120 MG	1		KELNOR 1-50 TABLET	1	
ISOSORBIDE MONONIT ER 30 MG TB	1		KETOCONAZOLE 2% CREAM	1	
ISOSORBIDE MONONIT ER 60 MG TB	1		KETOCONAZOLE 2% SHAMPOO	1	
ISOTRETINOIN 10 MG CAPSULE	3		KETOCONAZOLE 200 MG TABLET	1	
ISOTRETINOIN 20 MG CAPSULE	3		KETO-DIASTIX REAGENT STRIPS	2	
ISOTRETINOIN 30 MG CAPSULE	3		CVS KETONE CARE TEST STRIP	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				

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
KETOROLAC 0.4% OPHTH SOLUTION	1		LACOSAMIDE 10 MG/ML SOLUTION	2 QL
KETOROLAC 0.5% OPHTH SOLUTION	1		LACOSAMIDE 100 MG TABLET	2 QL
KETOROLAC 10 MG TABLET	1	QL	LACOSAMIDE 150 MG TABLET	2 QL
KETOSTIX REAGENT STRIP	2		LACOSAMIDE 200 MG TABLET	2 QL
KINERET 100 MG/0.67 ML SYRINGE	4	PA, QL, LDD, SRX	LACOSAMIDE 50 MG TABLET	2 QL
KINRAY INS SYR 1 ML 31GX5/16"	2		LACRISERT 5 MG EYE INSERT	3
KINRAY SYRING 0.3 ML 31GX5/16"	2		LACTATED RINGERS IRRIGATION	1
KINRAY SYRING 0.5 ML 31GX5/16"	2		LACTULOSE 10 GM/15 ML SOLUTION	1
KINRIX TIP-LOK SYRINGE	2		LACTULOSE 20 GM/30 ML SOLUTION	1
KINRIX VIAL	2		LAMIVUDINE 10 MG/ML ORAL SOLN	1
KIONEX 15 GM/60 ML SUSPENSION	1		LAMIVUDINE 150 MG TABLET	1
KLOR-CON 10 MEQ TABLET	1		LAMIVUDINE 300 MG TABLET	1
KLOR-CON 20 MEQ PACKET	1		LAMIVUDINE HBV 100 MG TABLET	1
KLOR-CON 8 MEQ TABLET	1		LAMIVUDINE-ZIDOVUDINE TABLET	1
KLOR-CON M10 TABLET	1		LAMOTRIGINE (BLUE)	1
KLOR-CON M15 TABLET	3		LAMOTRIGINE (GREEN)	1
KLOR-CON M20 TABLET	1		LAMOTRIGINE (ORANGE)	1
KMART VALU PLUS SYR 1/2 ML	2		LAMOTRIGINE 100 MG TABLET	1
KOMBIGLYZE XR 2.5-1,000 MG TAB	2	QL	LAMOTRIGINE 150 MG TABLET	1
KOMBIGLYZE XR 5-1,000 MG TAB	2	QL	LAMOTRIGINE 200 MG TABLET	1
KOMBIGLYZE XR 5-500 MG TABLET	2	QL	LAMOTRIGINE 25 MG DISPER TAB	1
K-PHOS #2 TABLET	3		LAMOTRIGINE 25 MG TABLET	1
K-PHOS ORIGINAL TABLET	3		LAMOTRIGINE 5 MG DISPER TABLET	1
KRO INS SYR 0.3 ML 29GX1/2"	2		LAMOTRIGINE ER 100 MG TABLET	1
KRO INS SYRIN 0.5 ML 31GX5/16"	2		LAMOTRIGINE ER 200 MG TABLET	1
KRO INSULIN SYR 1 ML 30GX5/16"	2		LAMOTRIGINE ER 25 MG TABLET	1
KRO PEN NEEDLE 4MM X 32G	2		LAMOTRIGINE ER 250 MG TABLET	1
KRO PEN NEEDLE 4MM X 33G	2		LAMOTRIGINE ER 300 MG TABLET	1
KRO PEN NEEDLE 5MM X 31G	2		LAMOTRIGINE ER 50 MG TABLET	1
KRO PEN NEEDLE 6MM X 31G	2		LAMOTRIGINE ODT (BLUE)	1
KRO PEN NEEDLE 8MM X 31G	2		LAMOTRIGINE ODT (GREEN)	1
KROGER INS SYR 0.3 ML 30GX5/16	2		LAMOTRIGINE ODT (ORANGE)	1
KROGER INS SYR 0.5 ML 29GX1/2"	2		LAMOTRIGINE ODT 100 MG TABLET	1
KROGER INS SYR 1 ML 29GX1/2"	2		LAMOTRIGINE ODT 200 MG TABLET	1
KROGER INS SYR 1 ML 31GX5/16"	2		LAMOTRIGINE ODT 25 MG TABLET	1
KROGER PEN NEEDLES 31G X 5/16"	2		LAMOTRIGINE ODT 50 MG TABLET	1
KROGER SYR 0.5 ML 30GX5/16"	2		LANSOPRAZOL-AMOXICIL-CLARITHRO	1
KROGER SYRING 0.3 ML 31GX5/16"	2		LANSOPRAZOLE DR 15 MG CAPSULE	1 QL
KURVELO-28 TABLET	1		LANSOPRAZOLE DR 30 MG CAPSULE	1 QL
KYNMOBI 10 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 1,000 MG TB CHW	3
KYNMOBI 15 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 500 MG TAB CHEW	3
KYNMOBI 20 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 750 MG TAB CHEW	3
KYNMOBI 25 MG SL FILM	4	PA, QL, SRX	LAPATINIB 250 MG TABLET	4 PA, QL, SRX
KYNMOBI 30 MG SL FILM	4	PA, QL, SRX	LARIN 1.5 MG-30 MCG TABLET	1
LABETALOL HCL 100 MG TABLET	1		LARIN 21 1-20 TABLET	1
LABETALOL HCL 200 MG TABLET	1		LARIN 24 FE 1 MG-20 MCG TABLET	1
LABETALOL HCL 300 MG TABLET	1		LARIN FE 1.5-30 TABLET	1
LABSTIX REAGENT STRIPS	2		LARIN FE 1-20 TABLET	1

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
LARISSIA-28 TABLET	1		3	QL, ST
LATANOPROST 0.005% EYE DROPS	1		3	QL, ST
LAYOLIS FE CHEWABLE TABLET	3		1	
LEADER INS SYR 0.3 ML 29GX1/2"	2		1	
LEADER INS SYR 0.5 ML 28GX1/2"	2		1	
LEADER INS SYR 0.5 ML 29GX1/2"	2		1	
LEADER INS SYR 0.5 ML 30GX1/2"	2		1	
LEADER INS SYR 1 ML 28GX1/2"	2		1	
LEADER INS SYR 1 ML 29GX1/2"	2		1	
LEADER INS SYR 1 ML 30GX5/16"	2		1	
LEADER INS SYR 1 ML 31GX5/16"	2		1	
LEADER INSULIN SYRINGE 0.3 ML	2		1	
LEADER PEN NEEDLES 12MM 29G	2		1	
LEADER SYRING 0.3 ML 31GX5/16"	2		1	
LEADER SYRING 0.5 ML 31GX5/16"	2		1	
LEDIPASVIR-SOFOSBUVIR 90-400MG	4	PA, QL, SRX	1	
LEENA 28 TABLET	1		1	
LEFLUNOMIDE 10 MG TABLET	1		1	
LEFLUNOMIDE 20 MG TABLET	1		1	
LENALIDOMIDE 10 MG CAPSULE	4	PA, QL, LDD, SRX	1	
LENALIDOMIDE 15 MG CAPSULE	4	PA, QL, LDD, SRX	1	
LENALIDOMIDE 2.5 MG CAPSULE	4	PA, QL, LDD, SRX	1	
LENALIDOMIDE 20 MG CAPSULE	4	PA, QL, LDD, SRX	1	
LENALIDOMIDE 25 MG CAPSULE	4	PA, QL, LDD, SRX	1	
LENALIDOMIDE 5 MG CAPSULE	4	PA, QL, LDD, SRX	1	
LENVIMA 10 MG DAILY DOSE	4	PA, QL, LDD, SRX	1	
LENVIMA 12 MG DAILY DOSE	4	PA, QL, LDD, SRX	1	
LENVIMA 14 MG DAILY DOSE	4	PA, QL, LDD, SRX	1	
LENVIMA 18 MG DAILY DOSE	4	PA, QL, LDD, SRX	1	
LENVIMA 20 MG DAILY DOSE	4	PA, QL, LDD, SRX	1	
LENVIMA 24 MG DAILY DOSE	4	PA, QL, LDD, SRX	1	
LENVIMA 4 MG CAPSULE	4	PA, QL, LDD, SRX	1	
LENVIMA 8 MG DAILY DOSE	4	PA, QL, LDD, SRX	1	
LESSINA-28 TABLET	1		1	
LETROZOLE 2.5 MG TABLET	1		4	PA, SRX
LEUCOVORIN CALCIUM 10 MG TAB	1		4	PA, SRX
LEUCOVORIN CALCIUM 15 MG TAB	1		1	
LEUCOVORIN CALCIUM 25 MG TAB	1		1	
LEUCOVORIN CALCIUM 5 MG TAB	1		1	
LEUKERAN 2 MG TABLET	3		1	
LEUKINE 250 MCG VIAL	4	SRX	1	
LEUPROLIDE 2WK 14 MG/2.8 ML KT	4	PA, SRX	1	
LEVALBUTEROL 0.31 MG/3 ML SOL	1		1	
LEVALBUTEROL 0.63 MG/3 ML SOL	1		1	
LEVALBUTEROL 1.25 MG/3 ML SOL	1		1	
LEVALBUTEROL CONC 1.25 MG/0.5	1		1	
LEVALBUTEROL TAR HFA 45MCG INH	1	QL	1	
LEVEMIR 100 UNIT/ML VIAL	3	QL, ST	1	
LEVEMIR FLEXPEN 100 UNIT/ML			3	QL, ST
LEVEMIR FLEXTOUCH 100 UNIT/ML			3	QL, ST
LEVETIRACETAM 1,000 MG TABLET			1	
LEVETIRACETAM 1,000 MG/10 ML			1	
LEVETIRACETAM 100 MG/ML SOLN			1	
LEVETIRACETAM 250 MG TABLET			1	
LEVETIRACETAM 500 MG TABLET			1	
LEVETIRACETAM 500 MG/5 ML CUP			1	
LEVETIRACETAM 500 MG/5 ML SOLN			1	
LEVETIRACETAM 750 MG TABLET			1	
LEVETIRACETAM ER 500 MG TABLET			1	
LEVETIRACETAM ER 750 MG TABLET			1	
LEVOBUNOLOL 0.5% EYE DROPS			1	
LEVOCARNITINE 1 G/10 ML SOLN			1	
LEVOCARNITINE 330 MG TABLET			1	
LEVOCARNITINE SF 1 G/10 ML SOL			1	
LEVOCETIRIZINE 2.5 MG/5 ML SOL			1	
LEVOCETIRIZINE 5 MG TABLET			1	
LEVOFLOXACIN 0.5% EYE DROPS			1	
LEVOFLOXACIN 1.5% EYE DROPS			1	
LEVOFLOXACIN 25 MG/ML SOLUTION			1	
LEVOFLOXACIN 250 MG TABLET			1	
LEVOFLOXACIN 500 MG TABLET			1	
LEVOFLOXACIN 750 MG TABLET			1	
LEVONEST-28 TABLET			1	
LEVONO-E ESTRAD 0.15-0.03-0.01			1	
LEVONOR-E ESTRAD 0.1-0.02-0.01			1	
LEVONOR-ETH ESTRA 0.09-0.02 MG			1	
LEVONOR-ETH ESTRAD 0.1-0.02 MG			1	
LEVONOR-ETH ESTRAD 0.15-0.03			1	
LEVONOR-ETH ESTRAD TRIPHASIC			1	
LEVONORG 0.15MG-EE 20-25-30MCG			1	
LEVONORGESTREL 1.5 MG TABLET			1	
LEVORA-28 TABLET			1	
LEVORPHANOL 2 MG TABLET			4	PA, SRX
LEVORPHANOL 3 MG TABLET			4	PA, SRX
LEVO-T 100 MCG TABLET			1	
LEVO-T 112 MCG TABLET			1	
LEVO-T 125 MCG TABLET			1	
LEVO-T 137 MCG TABLET			1	
LEVO-T 150 MCG TABLET			1	
LEVO-T 175 MCG TABLET			1	
LEVO-T 200 MCG TABLET			1	
LEVO-T 25 MCG TABLET			1	
LEVO-T 300 MCG TABLET			1	
LEVO-T 50 MCG TABLET			1	
LEVO-T 75 MCG TABLET			1	
LEVO-T 88 MCG TABLET			1	

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

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
LORCET 5-325 MG TABLET	1	PA	MARLISSA-28 TABLET	1	
LORCET HD 10-325 MG TABLET	1	PA	MARPLAN 10 MG TABLET	3	
LORCET PLUS 7.5-325 MG TABLET	1	PA	MATZIM LA 180 MG TABLET	1	
LORTAB 10 MG-300 MG/15 ML ELXR	1	PA	MATZIM LA 240 MG TABLET	1	
LORYNA 3 MG-0.02 MG TABLET	1		MATZIM LA 300 MG TABLET	1	
LOSARTAN POTASSIUM 100 MG TAB	1		MATZIM LA 360 MG TABLET	1	
LOSARTAN POTASSIUM 25 MG TAB	1		MATZIM LA 420 MG TABLET	1	
LOSARTAN POTASSIUM 50 MG TAB	1		MAXICOMFORT II PEN NDL 31GX6MM	2	
LOSARTAN-HCTZ 100-12.5 MG TAB	1		MAXI-COMFORT INS 0.5 ML 28G	2	
LOSARTAN-HCTZ 100-25 MG TAB	1		MAXICOMFORT INS 0.5ML 27GX1/2"	2	
LOSARTAN-HCTZ 50-12.5 MG TAB	1		MAXICOMFORT INS 1 ML 27GX1/2"	2	
LOTEPREDNOL 0.5% OPHTHALMC GEL	2		MAXI-COMFORT INS 1 ML 28GX1/2"	2	
LOTEPREDNOL ETABONATE 0.5% DRP	2		MAXICOMFORT PEN NDL 29G X 5MM	2	
LOVASTATIN 10 MG TABLET	1		MAXICOMFORT PEN NDL 29G X 8MM	2	
LOVASTATIN 20 MG TABLET	1		MECLIZINE 12.5 MG TABLET	1	
LOVASTATIN 40 MG TABLET	1		MECLIZINE 25 MG TABLET	1	
LOW-OGESTREL-28 TABLET	1		MECLOFENAMATE 100 MG CAPSULE	1	
LOXAPINE 10 MG CAPSULE	1		MECLOFENAMATE 50 MG CAPSULE	1	
LOXAPINE 25 MG CAPSULE	1		MEDISENSE GLUC-KET CONT SOL	2	
LOXAPINE 5 MG CAPSULE	1		MEDISENSE H-L CONTROL SOLUTION	2	
LOXAPINE 50 MG CAPSULE	1		MEDISENSE H-M-L CONTROL SOLN	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1		MEDISENSE MID CONTROL SOLUTION	2	
LUBIPROSTONE 24 MCG CAPSULE	3		MEDPOINT CONTROL SOLUTION	2	
LUBIPROSTONE 8 MCG CAPSULE	3		MEDROL 2 MG TABLET	3	
LURASIDONE HCL 120 MG TABLET	3	QL	MEDROXYPROGESTERONE 10 MG TAB	1	
LURASIDONE HCL 20 MG TABLET	3	QL	MEDROXYPROGESTERONE 150 MG/ML	1	
LURASIDONE HCL 40 MG TABLET	3	QL	MEDROXYPROGESTERONE 2.5 MG TAB	1	
LURASIDONE HCL 60 MG TABLET	3	QL	MEDROXYPROGESTERONE 5 MG TAB	1	
LURASIDONE HCL 80 MG TABLET	3	QL	MEDTRONIC EXT INF SET 23" 6MM	2	
LUTERA-28 TABLET	1		MEDTRONIC EXT INF SET 23" 9MM	2	
LYLEQ 0.35 MG TABLET	1		MEDTRONIC EXT INF SET 32" 9MM	2	
LYLLANA 0.025 MG PATCH	1	QL	MEDTRONIC REMOTE CONTROL	2	
LYLLANA 0.0375 MG PATCH	1	QL	MEFENAMIC ACID 250 MG CAPSULE	1	
LYLLANA 0.05 MG PATCH	1	QL	MEFLOQUINE HCL 250 MG TABLET	1	QL
LYLLANA 0.075 MG PATCH	1	QL	MEGESTROL 20 MG TABLET	1	
LYLLANA 0.1 MG PATCH	1	QL	MEGESTROL 40 MG TABLET	1	
LYNPARZA 100 MG TABLET	4	PA, QL, LDD, SRX	MEGESTROL 625 MG/5 ML SUSP	3	
LYNPARZA 150 MG TABLET	4	PA, QL, LDD, SRX	MEGESTROL ACET 40 MG/ML SUSP	1	
LYSODREN 500 MG TABLET	3	LDD	MEGESTROL ACET 400 MG/10 ML	1	
LYZA 0.35 MG TABLET	1		MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL, SRX
MAGELLAN INSUL SYRINGE 0.3 ML	2		MEKINIST 0.5 MG TABLET	4	PA, QL, SRX
MAGELLAN INSUL SYRINGE 0.5 ML	2		MEKINIST 2 MG TABLET	4	PA, QL, SRX
MAGELLAN INSULIN SYR 0.3 ML	2		MELODETTA 24 FE CHEWABLE TAB	1	
MAGELLAN INSULIN SYR 0.5 ML	2		MELOXICAM 15 MG TABLET	1	
MAGELLAN INSULIN SYRINGE 1 ML	2		MELOXICAM 7.5 MG TABLET	1	
MALATHION 0.5% LOTION	1		MELPHALAN 2 MG TABLET	1	
MAPROTIline 25 MG TABLET	1		MEMANTINE 5-10 MG TITRATION PK	1	
MAPROTIline 75 MG TABLET	1		MEMANTINE HCL 10 MG TABLET	1	

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MEMANTINE HCL 2 MG/ML SOLUTION	1				
MEMANTINE HCL 5 MG TABLET	1				
MENACTRA VIAL	2				
MENEST 0.3 MG TABLET	3				
MENEST 0.625 MG TABLET	3				
MENEST 1.25 MG TABLET	3				
MENEST 2.5 MG TABLET	3				
MENQUADFI VIAL	2				
MENTAX 1% CREAM	3				
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2				
MENVEO A-C-Y-W KIT (2 VIALS)	2				
MEPERIDINE 50 MG TABLET	1	PA			
MEPERIDINE 50 MG/5 ML SOLUTION	1	PA			
MEPROBAMATE 200 MG TABLET	1				
MEPROBAMATE 400 MG TABLET	1				
MERCAPTOPYRINE 50 MG TABLET	1				
MERZEE 1 MG-20 MCG CAPSULE	1				
MESALAMINE 4 GM/60 ML ENEMA	3				
MESALAMINE 4 GM/60 ML KIT	3				
MESALAMINE 800 MG DR TABLET	3				
MESALAMINE ER 0.375 GRAM CAP	2				
MESALAMINE ER 500 MG CAPSULE	3				
MESNEX 400 MG TABLET	4	SRX			
METAXALL 800 MG TABLET	3				
METAXALONE 400 MG TABLET	3				
METAXALONE 800 MG TABLET	3				
METFORMIN HCL 1,000 MG TABLET	1				
METFORMIN HCL 500 MG TABLET	1				
METFORMIN HCL 850 MG TABLET	1				
METFORMIN HCL ER 500 MG TABLET	1				
METFORMIN HCL ER 750 MG TABLET	1				
METHADONE 10 MG/5 ML SOLUTION	1	PA			
METHADONE 10 MG/ML ORAL CONC	1	PA			
METHADONE 5 MG/5 ML SOLUTION	1	PA			
METHADONE HCL 10 MG TABLET	1	PA			
METHADONE HCL 5 MG TABLET	1	PA			
METHADONE INTENSOL 10 MG/ML	1	PA			
METHAMPHETAMINE 5 MG TABLET	3	QL			
METHAZOLAMIDE 25 MG TABLET	1				
METHAZOLAMIDE 50 MG TABLET	1				
METHENAMINE HIPPI 1 GM TABLET	1				
METHENAMINE MAND 1 GM TABLET	1				
METHENAMINE MAND 500 MG TABLET	1				
METHERGINE 0.2 MG TABLET	3				
METHIMAZOLE 10 MG TABLET	1				
METHIMAZOLE 5 MG TABLET	1				
METHITEST 10 MG TABLET	4	SRX			
METHOCARBAMOL 500 MG TABLET	1				
METHOCARBAMOL 750 MG TABLET	1				
METHOTREXATE 2.5 MG TABLET	1				
METHOXSALEN 10 MG SOFTGEL	3				
METHSCOPOLAMINE BROM 2.5 MG TB	1				
METHSCOPOLAMINE BROM 5 MG TAB	1				
METHSUXIMIDE 300 MG CAPSULE	3				
METHYLDOPA 250 MG TABLET	1				
METHYLDOPA 500 MG TABLET	1				
METHYLDOPA-HCTZ 250-15 MG TAB	1				
METHYLDOPA-HCTZ 250-25 MG TAB	1				
METHYLERGONOVINE 0.2 MG TABLET	3				
METHYLPHENIDATE 10 MG CHEW TAB	1	QL			
METHYLPHENIDATE 10 MG TABLET	1	QL			
METHYLPHENIDATE 10 MG/5 ML SOL	1	QL			
METHYLPHENIDATE 2.5 MG CHEW TB	1	QL			
METHYLPHENIDATE 20 MG TABLET	1	QL			
METHYLPHENIDATE 5 MG CHEW TAB	1	QL			
METHYLPHENIDATE 5 MG TABLET	1	QL			
METHYLPHENIDATE 5 MG/5 ML SOLN	1	QL			
METHYLPHENIDATE CD 10 MG CAP	1	QL			
METHYLPHENIDATE CD 20 MG CAP	1	QL			
METHYLPHENIDATE CD 30 MG CAP	1	QL			
METHYLPHENIDATE CD 40 MG CAP	1	QL			
METHYLPHENIDATE CD 50 MG CAP	1	QL			
METHYLPHENIDATE CD 60 MG CAP	1	QL			
METHYLPHENIDATE ER 10 MG TAB	1	QL			
METHYLPHENIDATE ER 18 MG TAB	1	QL			
METHYLPHENIDATE ER 20 MG TAB	1	QL			
METHYLPHENIDATE ER 27 MG TAB	1	QL			
METHYLPHENIDATE ER 36 MG TAB	1	QL			
METHYLPHENIDATE ER 54 MG TAB	1	QL			
METHYLPHENIDATE ER(CD) 10MG CP	1	QL			
METHYLPHENIDATE ER(CD) 20MG CP	1	QL			
METHYLPHENIDATE ER(CD) 30MG CP	1	QL			
METHYLPHENIDATE ER(CD) 40MG CP	1	QL			
METHYLPHENIDATE ER(CD) 50MG CP	1	QL			
METHYLPHENIDATE ER(CD) 60MG CP	1	QL			
METHYLPHENIDATE ER(LA) 10MG CP	1	QL			
METHYLPHENIDATE ER(LA) 20MG CP	1	QL			
METHYLPHENIDATE ER(LA) 30MG CP	1	QL			
METHYLPHENIDATE ER(LA) 40MG CP	1	QL			
METHYLPHENIDATE LA 10 MG CAP	1	QL			
METHYLPHENIDATE LA 20 MG CAP	1	QL			
METHYLPHENIDATE LA 30 MG CAP	1	QL			
METHYLPHENIDATE LA 40 MG CAP	1	QL			
METHYLPHENIDATE LA 60 MG CAP	1	QL			
METHYLPREDNISOLONE 16 MG TAB	1				
METHYLPREDNISOLONE 32 MG TAB	1				

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METHYLPREDNISOLONE 4 MG DOSEPK	1				
METHYLPREDNISOLONE 4 MG TABLET	1				
METHYLPREDNISOLONE 8 MG TABLET	1				
METHYLTESTOSTERONE 10 MG CAP	4	SRX			
METOCLOPRAMIDE 10 MG TABLET	1				
METOCLOPRAMIDE 10 MG/10 ML SOL	1				
METOCLOPRAMIDE 5 MG TABLET	1				
METOCLOPRAMIDE 5 MG/5 ML SOLN	1				
METOLAZONE 10 MG TABLET	1				
METOLAZONE 2.5 MG TABLET	1				
METOLAZONE 5 MG TABLET	1				
METOPROLOL SUCC ER 100 MG TAB	1				
METOPROLOL SUCC ER 200 MG TAB	1				
METOPROLOL SUCC ER 25 MG TAB	1				
METOPROLOL SUCC ER 50 MG TAB	1				
METOPROLOL TARTRATE 100 MG TAB	1				
METOPROLOL TARTRATE 25 MG TAB	1				
METOPROLOL TARTRATE 37.5 MG TB	1				
METOPROLOL TARTRATE 50 MG TAB	1				
METOPROLOL TARTRATE 75 MG TAB	1				
METOPROLOL-HCTZ 100-25 MG TAB	1				
METOPROLOL-HCTZ 100-50 MG TAB	1				
METOPROLOL-HCTZ 50-25 MG TAB	1				
METRONIDAZOLE 0.75% CREAM	1				
METRONIDAZOLE 0.75% LOTION	1				
METRONIDAZOLE 250 MG TABLET	1				
METRONIDAZOLE 375 MG CAPSULE	1				
METRONIDAZOLE 500 MG TABLET	1				
METRONIDAZOLE TOP 1% GEL PUMP	1				
METRONIDAZOLE TOPICAL 0.75% GL	1				
METRONIDAZOLE TOPICAL 1% GEL	1				
METRONIDAZOLE VAGINAL 0.75% GL	1				
METYROSINE 250 MG CAPSULE	4	PA, SRX			
MEXILETINE 150 MG CAPSULE	1				
MEXILETINE 200 MG CAPSULE	1				
MEXILETINE 250 MG CAPSULE	1				
MIBELAS 24 FE CHEWABLE TABLET	1				
MICONAZOLE 3 200 MG VAG SUPP	1				
MICROCHAMBER	2	QL			
MICRODOT HIGH-LOW CONTROL SOL	2				
MICRODOT NORMAL CONTROL SOLUT	2				
MICRODOT PEN NEEDLE 31GX6MM	2				
MICRODOT PEN NEEDLE 32GX4MM	2				
MICRODOT PEN NEEDLE 33GX4MM	2				
MICROGESTIN 21 1.5-30 TAB	1				
MICROGESTIN 21 1-20 TABLET	1				
MICROGESTIN 24 FE 1 MG-20 MCG	1				
MICROGESTIN FE 1.5-30 TAB	1				
MICROGESTIN FE 1-20 TABLET	1				
MICROLIFE PEAK FLOW METER	2				
MICROSPACER FOR AEROSOL DEVICE	2	QL			
MIDAZOLAM HCL 10 MG/5 ML SYRUP	1				
MIDAZOLAM HCL 2 MG/ML SYRUP	1				
MIDAZOLAM HCL 5 MG/2.5 ML SYRP	1				
MIDODRINE HCL 10 MG TABLET	1				
MIDODRINE HCL 2.5 MG TABLET	1				
MIDODRINE HCL 5 MG TABLET	1				
MIGERGOT 2-100 MG SUPPOSITORY	3				
MIGLITOL 100 MG TABLET	1				
MIGLITOL 25 MG TABLET	1				
MIGLITOL 50 MG TABLET	1				
MIGLUSTAT 100 MG CAPSULE	4	PA, SRX			
MILI 0.25-0.035 MG TABLET	1				
MIMVEY 1-0.5 MG TABLET	1				
MINI PEN NEEDLE 32G 4MM	2				
MINI PEN NEEDLE 32G 5MM	2				
MINI PEN NEEDLE 32G 6MM	2				
MINI PEN NEEDLE 32G 8MM	2				
MINI PEN NEEDLE 33G 4MM	2				
MINI PEN NEEDLE 33G 5MM	2				
MINI PEN NEEDLE 33G 6MM	2				
MINI ULTRA-THIN II PEN NDL 31G	2				
MINI WRIGHT PEAK FLOW METER	2				
MINIMED INFUSION SET	2				
MINIMED MIO ADV INFUSN 23"6MM	2				
MINIMED MIO ADV INFUSN 23"9MM	2				
MINIMED MIO ADV INFUSN 43"6MM	2				
MINIMED MIO ADV INFUSN 43"9MM	2				
MINIMED MIO INFUSN SET 18" 6MM	2				
MINIMED MIO INFUSN SET 23" 6MM	2				
MINIMED MIO INFUSN SET 32" 6MM	2				
MINIMED MIO INFUSN SET 32" 9MM	2				
MINIMED QUICK SET INF 18" 6MM	2				
MINIMED QUICK SET INF 23" 6MM	2				
MINIMED QUICK SET INF 23" 9MM	2				
MINIMED QUICK SET INF 32" 6MM	2				
MINIMED QUICK SET INF 32" 9MM	2				
MINIMED QUICK SET INF 43" 6MM	2				
MINIMED QUICK SET INF 43" 9MM	2				
MINIMED QUICK-SERTER	2				
MINIMED RESERVOIR 1.8 ML	2				
MINIMED RESERVOIR 3 ML	2				
MINIMED SILHOUETTE INF SET 18"	2				
MINIMED SILHOUETTE INF SET 23"	2				
MINIMED SILHOUETTE INF SET 32"	2				
MINIMED SILHOUETTE INF SET 43"	2				

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MINIMED SURE T INF SET 18" 6MM	2		MOMETASONE FUROATE 0.1% OINT	1	
MINIMED SURE T INF SET 23" 6MM	2		MOMETASONE FUROATE 0.1% SOLN	1	
MINIMED SURE T INF SET 23" 8MM	2		MOMETASONE FUROATE 50 MCG SPRY	1	QL
MINIMED SURE T INF SET 32" 6MM	2		MONDOXYNE NL 100 MG CAPSULE	1	
MINIMED SURE T INF SET 32" 8MM	2		MONDOXYNE NL 75 MG CAPSULE	1	
MINIMED SURE T INFUSN SET 23"	2		MONOJECT 0.5 ML SYRN 28GX1/2"	2	
MINIMED SURE T INFUSN SET 32"	2		MONOJECT 1 ML SYRN 27X1/2"	2	
MINITRAN 0.1 MG/HR PATCH	1		MONOJECT 1 ML SYRN 28GX1/2"	2	
MINITRAN 0.2 MG/HR PATCH	1		MONOJECT 3 ML SYRINGE 21GX1"	2	
MINITRAN 0.4 MG/HR PATCH	1		MONOJECT 3 ML SYRINGE 23GX1"	2	
MINITRAN 0.6 MG/HR PATCH	1		MONOJECT 3 ML SYRINGE 25GX1"	2	
MINI-WRIGHT PEAK FLOW METER	2		MONOJECT 3 ML SYRN 21GX1"	2	
MINOCYCLINE 100 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX11/2"	2	
MINOCYCLINE 50 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX1-1/2"	2	
MINOCYCLINE 75 MG CAPSULE	1		MONOJECT 3 ML SYRN 22GX11/2"	2	
MINOCYCLINE HCL 100 MG TABLET	1		MONOJECT 3 ML SYRN 22GX1-1/2"	2	
MINOCYCLINE HCL 50 MG TABLET	1		MONOJECT 3 ML SYRN 23GX1"	2	
MINOCYCLINE HCL 75 MG TABLET	1		MONOJECT 3 ML SYRN 25GX1"	2	
MINOXIDIL 10 MG TABLET	1		MONOJECT 3 ML SYRN 25GX1.25"	2	
MINOXIDIL 2.5 MG TABLET	1		MONOJECT 3 ML SYRN 25GX5/8"	2	
MIO INFUSION SET 18"	2		MONOJECT 3 ML SYRN 27GX1.25"	2	
MIO INFUSION SET 23"	2		MONOJECT 3 ML SYRN 27GX11/4"	2	
MIO INFUSION SET 32"	2		MONOJECT 6 ML SYRN 20GX11/2"	2	
MIRTAZAPINE 15 MG ODT	1		MONOJECT 6 ML SYRN 21GX1"	2	
MIRTAZAPINE 15 MG TABLET	1		MONOJECT 6 ML SYRN 21GX11/2"	2	
MIRTAZAPINE 30 MG ODT	1		MONOJECT 6 ML SYRN 22GX11/2"	2	
MIRTAZAPINE 30 MG TABLET	1		MONOJECT 6CC SAFETY SYRINGE	2	
MIRTAZAPINE 45 MG ODT	1		MONOJECT BLD COL NEEDL 20GX1.5	2	
MIRTAZAPINE 45 MG TABLET	1		MONOJECT BLD COL NEEDLE 20GX1"	2	
MIRTAZAPINE 7.5 MG TABLET	1		MONOJECT BLD COL NEEDLE 21GX1"	2	
MISOPROSTOL 100 MCG TABLET	1		MONOJECT BLD COL NEEDLE 22GX1"	2	
MISOPROSTOL 200 MCG TABLET	1		MONOJECT FILTR 18GX1.5" NEEDLE	2	
M-M-R II VACCINE VIAL	2		MONOJECT HYPO NDL 27GX1-1/2"	2	
M-NATAL PLUS TABLET	1		MONOJECT HYPO NEEDLE 18X1A	2	
MODAFINIL 100 MG TABLET	3	PA	MONOJECT HYPO NEEDLE 19X1	2	
MODAFINIL 200 MG TABLET	3	PA	MONOJECT HYPO NEEDLE 19X1-1/2	2	
MODERNA COVID (12Y UP)VAC(EUA)	2		MONOJECT HYPO NEEDLE 20X1	2	
MODERNA COVID BIVAL(6MO UP)EUA	2		MONOJECT HYPO NEEDLE 20X1-1/2	2	
MODERNA COVID BIVAL(6MO-5Y)EUA	2		MONOJECT HYPO NEEDLE 21X1	2	
MODERNA COVID(6-11Y) VACC(EUA)	2		MONOJECT HYPO NEEDLE 21X1-1/2	2	
MODERNA COVID(6M-5Y) VACC(EUA)	2		MONOJECT HYPO NEEDLE 22X1	2	
MODERNA COVID-19 BOOSTER (EUA)	2		MONOJECT HYPO NEEDLE 22X1.5	2	
MOEXIPRIL HCL 15 MG TABLET	1		MONOJECT HYPO NEEDLE 23X1	2	
MOEXIPRIL HCL 7.5 MG TABLET	1		MONOJECT HYPO NEEDLE 25X1	2	
MOLINDONE HCL 10 MG TABLET	1		MONOJECT HYPO NEEDLE 25X1.5	2	
MOLINDONE HCL 25 MG TABLET	1		MONOJECT HYPO NEEDLE 25X5/8	2	
MOLINDONE HCL 5 MG TABLET	1		MONOJECT HYPO NEEDLE 26X1.5	2	
MOMETASONE FUROATE 0.1% CREAM	1		MONOJECT HYPO NEEDLE 27X0.5	2	

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MONOJECT HYPO NEEDLE 30X3/4	2		1	PA
MONOJECT HYPODERMIC NEEDLE	2		1	PA
MONOJECT INSUL SYR U100	2		1	PA
MONOJECT INSUL SYR U100 0.5 ML	2		1	PA
MONOJECT INSUL SYR U100 1 ML	2		2	QL
MONOJECT INSULIN SAFETY SYRNG	2		1	
MONOJECT INSULIN SYR 0.3 ML	2		1	
MONOJECT INSULIN SYR 0.5 ML	2		1	
MONOJECT INSULIN SYR 1 ML	2		2	
MONOJECT INSULIN SYR U-100	2		2	
MONOJECT INSULIN SYRN 3/10 ML	2		2	
MONOJECT SYRINGE 0.3 ML	2		2	
MONOJECT SYRINGE 0.5 ML	2		2	
MONOJECT SYRINGE 1 ML	2		2	
MONOJECT SYRINGE 3 ML 20GX1	2		2	
MONOJECT SYRINGE 3 ML 22GX1"	2		2	
MONOJECT SYRN 3 ML 20GX1-1/2"	2		2	
MONOJECT SYRN 3 ML 20GX3/4"	2		2	
MONOJECT SYRNG 20GX1" 3 ML	2		2	
MONO-LINYAH 28 TABLET	1		2	
MONTELUKAST SOD 10 MG TABLET	1		2	
MONTELUKAST SOD 4 MG GRANULES	1		2	
MONTELUKAST SOD 4 MG TAB CHEW	1		2	
MONTELUKAST SOD 5 MG TAB CHEW	1		2	
MORGIDOX 100 MG CAPSULE	1		2	
MORGIDOX 50 MG CAPSULE	1		1	
MORPHINE SULF 10 MG SUPPOS	1	PA	1	
MORPHINE SULF 10 MG/5 ML SOLN	1	PA	1	
MORPHINE SULF 100 MG/5 ML CONC	1	PA	1	
MORPHINE SULF 20 MG SUPPOS	1	PA	1	
MORPHINE SULF 20 MG/5 ML SOLN	1	PA	1	
MORPHINE SULF 30 MG SUPPOS	1	PA	1	
MORPHINE SULF 5 MG SUPPOS	1	PA	1	
MORPHINE SULF ER 100 MG TABLET	1	PA	1	
MORPHINE SULF ER 15 MG TABLET	1	PA	1	
MORPHINE SULF ER 200 MG TABLET	1	PA	1	
MORPHINE SULF ER 30 MG TABLET	1	PA	1	
MORPHINE SULF ER 60 MG TABLET	1	PA	1	
MORPHINE SULFATE ER 10 MG CAP	1	PA	1	
MORPHINE SULFATE ER 100 MG CAP	1	PA	1	
MORPHINE SULFATE ER 120 MG CAP	1	PA	1	
MORPHINE SULFATE ER 20 MG CAP	1	PA	1	
MORPHINE SULFATE ER 30 MG CAP	1	PA	1	
MORPHINE SULFATE ER 45 MG CAP	1	PA	1	
MORPHINE SULFATE ER 50 MG CAP	1	PA	1	
MORPHINE SULFATE ER 60 MG CAP	1	PA	1	
MORPHINE SULFATE ER 75 MG CAP	1	PA	1	
MORPHINE SULFATE ER 80 MG CAP	1	PA	1	
MORPHINE SULFATE ER 90 MG CAP	1	PA	1	
MORPHINE SULFATE IR 15 MG TAB	1	PA	1	
MORPHINE SULFATE IR 30 MG TAB	1	PA	1	
PEDIATRIC MOUTHPIECE	2		2	QL
MOXIFLOXACIN 0.5% EYE DROPS	1		1	
MOXIFLOXACIN 0.5% EYE DRP-VISC	1		1	
MOXIFLOXACIN HCL 400 MG TABLET	1		1	
MS INS SYR 0.5 ML 29GX1/2"	2		2	
MS INS SYR 1 ML 29GX1/2"	2		2	
MS INS SYRINGE 1 ML 30GX1/2"	2		2	
MS INSUL SYR 0.3 ML 31GX5/16"	2		2	
MS INSUL SYR 0.5 ML 30GX1/2"	2		2	
MS INSUL SYR 0.5 ML 31GX5/16"	2		2	
MS INSULIN SYR 0.3 ML 29GX1/2"	2		2	
MS INSULIN SYR 1 ML 31GX5/16"	2		2	
MS INSULIN SYRINGE 0.3 ML	2		2	
MS PEN NEEDLE 6MM 31G	2		2	
MULTISTIX REAGENT STRIPS	2		2	
MULTISTIX 10 SG REAGENT STRIPS	2		2	
MULTISTIX 5 STRIPS	2		2	
MULTISTIX 7 REAGENT STRIPS	2		2	
MULTISTIX 8 SG REAGENT STRIPS	2		2	
MULTISTIX 9 REAGENT STRIPS	2		2	
MULTISTIX 9 SG REAGENT STRIPS	2		2	
MULTIVIT-FLUOR 0.25 MG TAB CHW	1		1	
MULTIVIT-FLUOR 0.25 MG/ML DROP	1		1	
MULTIVIT-FLUOR 0.5 MG TAB CHEW	1		1	
MULTIVIT-FLUORIDE 1 MG TAB CHW	1		1	
MUPIROCIN 2% CREAM	1		1	
MUPIROCIN 2% OINTMENT	1		1	
MY CHOICE 1.5 MG TABLET	1		1	
MY WAY 1.5 MG TABLET	1		1	
MYCOPHENOLATE 200 MG/ML SUSP	1		1	
MYCOPHENOLATE 250 MG CAPSULE	1		1	
MYCOPHENOLATE 500 MG TABLET	1		1	
MYCOPHENOLIC ACID DR 180 MG TB	1		1	
MYCOPHENOLIC ACID DR 360 MG TB	1		1	
MYGLUCOHEALTH CONTROL SOLN PAK	2		2	
MYLERAN 2 MG TABLET	3		3	
MYNATAL CAPSULE	1		1	
MYNATAL PLUS CAPTAB	1		1	
MYNATAL ULTRACAPLET	1		1	
MYNATAL-Z CAPTAB	1		1	
MYORISAN 10 MG CAPSULE	3		3	
MYORISAN 20 MG CAPSULE	3		3	
MYORISAN 30 MG CAPSULE	3		3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
MYORISAN 40 MG CAPSULE	3				
MYRBETRIQ ER 25 MG TABLET	3	QL, ST			
MYRBETRIQ ER 50 MG TABLET	3	QL, ST			
MYTESI 125 MG DR TABLET	3	LDD			
NABUMETONE 500 MG TABLET	1				
NABUMETONE 750 MG TABLET	1				
NADOLOL 20 MG TABLET	1				
NADOLOL 40 MG TABLET	1				
NADOLOL 80 MG TABLET	1				
NAFTIFINE HCL 1% CREAM	1				
NAFTIFINE HCL 1% GEL	1				
NAFTIFINE HCL 2% CREAM	1				
NAFTIFINE HCL 2% GEL	1				
NALOXONE 0.4 MG/ML CARPUJECT	1				
NALOXONE 2 MG/2 ML SYRINGE	1				
NALOXONE HCL 4 MG NASAL SPRAY	1	QL			
NALTREXONE 50 MG TABLET	1	QL			
NAPROXEN 250 MG TABLET	1				
NAPROXEN 375 MG TABLET	1				
NAPROXEN 500 MG KIT	1				
NAPROXEN 500 MG TABLET	1				
NAPROXEN DR 375 MG TABLET	1				
NAPROXEN DR 500 MG TABLET	1				
NAPROXEN SOD CR 375 MG TABLET	1				
NAPROXEN SOD ER 375 MG TABLET	1				
NAPROXEN SODIUM 275 MG TAB	1				
NAPROXEN SODIUM 550 MG TAB	1				
NARATRIPTAN HCL 1 MG TABLET	1	QL			
NARATRIPTAN HCL 2.5 MG TABLET	1	QL			
NATACYN 5% EYE DROPS	3				
NATAZIA 28 TABLET	3				
NATEGLINIDE 120 MG TABLET	1				
NATEGLINIDE 60 MG TABLET	1				
NATURE-THROID 113.75 MG TABLET	1				
NATURE-THROID 130 MG TABLET	1				
NATURE-THROID 146.25 MG TABLET	1				
NATURE-THROID 16.25 MG TABLET	1				
NATURE-THROID 162.5 MG TABLET	1				
NATURE-THROID 195 MG TABLET	1				
NATURE-THROID 260 MG TABLET	1				
NATURE-THROID 32.5 MG TABLET	1				
NATURE-THROID 325 MG TABLET	1				
NATURE-THROID 48.75 MG TABLET	1				
NATURE-THROID 65 MG TABLET	1				
NATURE-THROID 81.25 MG TABLET	1				
NATURE-THROID 97.5 MG TABLET	1				
NAYZILAM 5 MG NASAL SPRAY	4	PA, QL, SRX			
NEBUSAL 3% VIAL	1				
NECON 0.5-35-28 TABLET	1				
NEFAZODONE HCL 100 MG TABLET	1				
NEFAZODONE HCL 150 MG TABLET	1				
NEFAZODONE HCL 200 MG TABLET	1				
NEFAZODONE HCL 250 MG TABLET	1				
NEFAZODONE HCL 50 MG TABLET	1				
NEO-BACIT-POLY-HC EYE OINTMENT	1				
NEOMYC-BACIT-POLYMIX EYE OINT	1				
NEOMYCIN 500 MG TABLET	1				
NEOMYCIN-POLY-HC EYE DROPS	1				
NEOMYC-POLYM-GRAMICID EYE DROP	1				
NEOMYCIN-POLYMYXIN-HC EAR SOLN	1				
NEOMYCIN-POLYMYXIN-HC EAR SUSP	1				
NEOMYC-POLYM-DEXAMET EYE OINTM	1				
NEOMYC-POLYM-DEXAMETH EYE DROP	1				
NEOMY-POLYMYXIN B 40 MG/ML AMP	1				
NEOMY-POLYMYXIN B 40 MG/ML VL	1				
NEO-POLYCIN EYE OINTMENT	1				
NEO-POLYCIN HC EYE OINTMENT	1				
NEUAC GEL	1				
NEULASTA 6 MG/0.6 ML SYRINGE	4				PA, SRX
NEULASTA ONPRO 6 MG/0.6 ML KIT	4				PA, SRX
NEVANAC 0.1% EYE DROP	3				
NEVIRAPINE 200 MG TABLET	1				
NEVIRAPINE 50 MG/5 ML SUSP	1				
NEVIRAPINE ER 100 MG TABLET	1				
NEVIRAPINE ER 400 MG TABLET	1				
NEW DAY 1.5 MG TABLET	1				
NEWGEN TABLET	1				
NIACIN ER 1,000 MG TABLET	1				
NIACIN ER 500 MG TABLET	1				
NIACIN ER 750 MG TABLET	1				
NICARDIPINE 20 MG CAPSULE	1				
NICARDIPINE 30 MG CAPSULE	1				
NICOTROL CARTRIDGE INHALER	3				
NICOTROL NS 10 MG/ML SPRAY	3				
NIFEDIPINE 10 MG CAPSULE	1				
NIFEDIPINE 20 MG CAPSULE	1				
NIFEDIPINE ER 30 MG TABLET	1				
NIFEDIPINE ER 60 MG TABLET	1				
NIFEDIPINE ER 90 MG TABLET	1				
NIKKI 3 MG-0.02 MG TABLET	1				
NILUTAMIDE 150 MG TABLET	4				SRX
NIMODIPINE 30 MG CAPSULE	3				
NINLARO 2.3 MG CAPSULE	4				PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	4				PA, QL, LDD, SRX

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX		
NISOLDIPINE ER 17 MG TABLET	1	QL		
NISOLDIPINE ER 20 MG TABLET	1	QL		
NISOLDIPINE ER 25.5 MG TABLET	1	QL		
NISOLDIPINE ER 30 MG TABLET	1	QL		
NISOLDIPINE ER 34 MG TABLET	1	QL		
NISOLDIPINE ER 40 MG TABLET	1	QL		
NISOLDIPINE ER 8.5 MG TABLET	1	QL		
NITAZOXANIDE 500 MG TABLET	3	PA		
NITRO-BID 2% OINTMENT	1			
NITROFURANTOIN 25 MG/5 ML SUSP	3			
NITROFURANTOIN MCR 100 MG CAP	1			
NITROFURANTOIN MCR 25 MG CAP	1			
NITROFURANTOIN MCR 50 MG CAP	1			
NITROFURANTOIN MONO-MCR 100 MG	1			
NITROGLYCERIN 0.1 MG/HR PATCH	1			
NITROGLYCERIN 0.2 MG/HR PATCH	1			
NITROGLYCERIN 0.3 MG TABLET SL	1			
NITROGLYCERIN 0.4 MG TABLET SL	1			
NITROGLYCERIN 0.4 MG/HR PATCH	1			
NITROGLYCERIN 0.6 MG TABLET SL	1			
NITROGLYCERIN 0.6 MG/HR PATCH	1			
NITROGLYCERIN 400 MCG SPRAY	1			
NITRO-TIME ER 2.5 MG CAPSULE	1			
NITRO-TIME ER 6.5 MG CAPSULE	1			
NITRO-TIME ER 9 MG CAPSULE	1			
NIVA-PLUS TABLET	1			
NIVESTYM 300 MCG/0.5 ML SYRING	4	SRX		
NIVESTYM 300 MCG/ML VIAL	4	SRX		
NIVESTYM 480 MCG/0.8 ML SYRING	4	SRX		
NIVESTYM 480 MCG/1.6 ML VIAL	4	SRX		
NIZATIDINE 150 MG CAPSULE	1			
NIZATIDINE 300 MG CAPSULE	1			
NOLIX 0.05% CREAM	3			
NOLIX 0.05% LOTION	3			
NORA-BE TABLET	1			
NORDITROPIN FLEXPRO 10 MG/1.5	4	PA, SRX		
NORDITROPIN FLEXPRO 15 MG/1.5	4	PA, SRX		
NORDITROPIN FLEXPRO 30 MG/3 ML	4	PA, SRX		
NORDITROPIN FLEXPRO 5 MG/1.5	4	PA, SRX		
NORET-ESTR-FE 0.4-0.035(21)-75	1			
NORETH-EE-FE 1 MG/20-30-35 MCG	1			
NORETH-EE-FE 1.5-0.03MG(21)-75	1			
NORETH-EE-FE 1-0.02(21)-75 TAB	1			
NORETH-EE-FE 1-0.02(24)-75 CAP	1			
NORETH-EE-FE 1-0.02(24)-75 CHW	1			
NORETHIND-ETH ESTRAD 0.5-2.5	1			
NORETHIND-ETH ESTRAD 1-0.02 MG	1			
NORETHINDRONE 0.35 MG TABLET	1			
NORETHINDRONE 5 MG TABLET	1			
NORETHIN-EE 1.5-0.03 MG(21) TB	1			
NORETHIN-ESTRA-FE 0.8-0.025 MG	1			
NORETHIN-ETH ESTRAD 1 MG-5 MCG	1			
NORG-EE 0.18-0.215-0.25/0.025	1			
NORG-EE 0.18-0.215-0.25/0.035	1			
NORGESTIMATE-EE 0.25-0.035 MG	1			
NORG-ETHIN ESTRA 0.25-0.035 MG	1			
NORLYDA 0.35 MG TABLET	1			
NORPACE CR 100 MG CAPSULE	3			
NORPACE CR 150 MG CAPSULE	3			
NORTREL 0.5-35-28 TABLET	1			
NORTREL 1-35 21 TABLET	1			
NORTREL 1-35 28 TABLET	1			
NORTREL 7-7-7-28 TABLET	1			
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			
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 AUTOCOVERT 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	

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
NUCYNTA ER 200 MG TABLET	3	PA	OLANZAPINE 2.5 MG TABLET	1
NUCYNTA ER 250 MG TABLET	3	PA	OLANZAPINE 20 MG TABLET	1
NUCYNTA ER 50 MG TABLET	3	PA	OLANZAPINE 5 MG TABLET	1
NUEDEXTA 20-10 MG CAPSULE	3	PA	OLANZAPINE 7.5 MG TABLET	1
NYAMYC 100,000 UNIT/GM POWDER	1		OLANZAPINE ODT 10 MG TABLET	1
NYLIA 1-35 28 TABLET	1		OLANZAPINE ODT 15 MG TABLET	1
NYLIA 7-7-7-28 TABLET	1		OLANZAPINE ODT 20 MG TABLET	1
NYMYO 0.25-0.035 MG (28) TAB	1		OLANZAPINE ODT 5 MG TABLET	1
NYSTATIN 100,000 UNIT/GM CREAM	1		OLANZAPINE-FLUOXETINE 12-25 MG	1
NYSTATIN 100,000 UNIT/GM OINT	1		OLANZAPINE-FLUOXETINE 12-50 MG	1
NYSTATIN 100,000 UNIT/GM POWD	1		OLANZAPINE-FLUOXETINE 3-25 MG	1
NYSTATIN 100,000 UNIT/ML SUSP	1		OLANZAPINE-FLUOXETINE 6-25 MG	1
NYSTATIN 500,000 UNIT ORAL TAB	1		OLANZAPINE-FLUOXETINE 6-50 MG	1
NYSTATIN 500,000 UNIT/5 ML CUP	1		OLMESARTAN MEDOXOMIL 20 MG TAB	1
NYSTATIN-TRIAMCINOLONE CREAM	1		OLMESARTAN MEDOXOMIL 40 MG TAB	1
NYSTATIN-TRIAMCINOLONE OINTM	1		OLMESARTAN MEDOXOMIL 5 MG TAB	1
NYSTOP 100,000 UNIT/GM POWDER	1		OLMESARTAN-HCTZ 20-12.5 MG TAB	1
NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA, SRX	OLMESARTAN-HCTZ 40-12.5 MG TAB	1
OBSTETRIX DHA COMBO PAK	1		OLMESARTAN-HCTZ 40-25 MG TAB	1
OBSTETRIX ONE SOFTGEL	1		OLMSRTN-AMLDPN-HCTZ 20-5-12.5	1
OCELLA 3 MG-0.03 MG TABLET	1		OLMSRTN-AMLDPN-HCTZ 40-10-12.5	1
OCTREOTIDE 1,000 MCG/5 ML VIAL	1	PA	OLMSRTN-AMLDPN-HCTZ 40-10-25MG	1
OCTREOTIDE 1,000 MCG/ML VIAL	1	PA	OLMSRTN-AMLDPN-HCTZ 40-5-12.5	1
OCTREOTIDE 5,000 MCG/5 ML VIAL	1	PA	OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	1
OCTREOTIDE ACET 0.05 MG/ML VL	1	PA	OLOPATADINE 665 MCG NASAL SPRY	1
OCTREOTIDE ACET 100 MCG/ML AMP	1	PA	OLOPATADINE HCL 0.1% EYE DROPS	1
OCTREOTIDE ACET 100 MCG/ML SYR	1	PA	OLOPATADINE HCL 0.2% EYE DROP	1
OCTREOTIDE ACET 100 MCG/ML VL	1	PA	OMEGA-3 ETHYL ESTERS 1 GM CAP	1
OCTREOTIDE ACET 200 MCG/ML VL	1	PA	OMEPRAZOLE DR 10 MG CAPSULE	1
OCTREOTIDE ACET 50 MCG/ML AMP	1	PA	OMEPRAZOLE DR 20 MG CAPSULE	1
OCTREOTIDE ACET 50 MCG/ML SYR	1	PA	OMEPRAZOLE DR 40 MG CAPSULE	1
OCTREOTIDE ACET 50 MCG/ML VIAL	1	PA	OMNIPOD 5 G6 INTRO KIT (GEN 5)	2
OCTREOTIDE ACET 500 MCG/ML AMP	1	PA	OMNIPOD 5 G6 PODS (GEN 5) 5PK	2
OCTREOTIDE ACET 500 MCG/ML SYR	1	PA	OMNIPOD CLASSIC PDM KIT(GEN 3)	2
OCTREOTIDE ACET 500 MCG/ML VL	1	PA	OMNIPOD CLASSIC PODS(GEN3) 5PK	2
ODACTRA 12 SQ-HDM SL TABLET	3	PA, QL	OMNIPOD DASH INTRO KIT (GEN 4)	2
ODEFSEY TABLET	2	QL	OMNIPOD DASH PODS (GEN 4) 5PK	2
ODOMZO 200 MG CAPSULE	4	PA, QL, LDD, SRX	OMNIPOD GO 10 UNIT/DAY PODS	2
OFEV 100 MG CAPSULE	4	PA, LDD, SRX	OMNIPOD GO 15 UNIT/DAY PODS	2
OFEV 150 MG CAPSULE	4	PA, 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

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
PERPHENAZINE 16 MG TABLET	1		PHYSIOSOL IRRIGATION SOLN	3	
PERPHENAZINE 2 MG TABLET	1		PHYTONADIONE 5 MG TABLET	3	
PERPHENAZINE 4 MG TABLET	1		PIKO 1 FLOW METER	2	
PERPHENAZINE 8 MG TABLET	1		PILOCARPINE 1% EYE DROPS	1	
PERSONAL BEST PEAK FLOW MTR	2		PILOCARPINE 2% EYE DROPS	1	
PFIZER COVID (12Y UP) VAC-GRAY	2		PILOCARPINE 4% EYE DROPS	1	
PFIZER COVID (5-11Y) VAC-ORANG	2		PILOCARPINE HCL 5 MG TABLET	1	
PFIZER COVID (6M-4Y)VAC-MAROON	2		PILOCARPINE HCL 7.5 MG TABLET	1	
PFIZER COVID BIVAL (12Y UP)EUA	2		PIMECROLIMUS 1% CREAM	3	
PFIZER COVID BIVAL (5-11YR)EUA	2		PIMOZIDE 1 MG TABLET	1	
PFIZER COVID BIVAL (6MO-4Y)EUA	2		PIMOZIDE 2 MG TABLET	1	
PFIZER COVID-19 VACCINE-PURPLE	2		PIMTREA 28 DAY TABLET	1	
PHASEAL PROTECTOR 14	2		PINDOLOL 10 MG TABLET	1	
PHASEAL PROTECTOR 21	2		PINDOLOL 5 MG TABLET	1	
PHASEAL PROTECTOR 28	2		PIOGLITAZONE HCL 15 MG TABLET	1	
PHASEAL PROTECTOR 50	2		PIOGLITAZONE HCL 30 MG TABLET	1	
PHENAZOPYRIDINE 100 MG TAB	1		PIOGLITAZONE HCL 45 MG TABLET	1	
PHENAZOPYRIDINE 200 MG TAB	1		PIOGLITAZONE-GLIMEPIRIDE 30-2	1	
PHENELZINE SULFATE 15 MG TAB	1		PIOGLITAZONE-GLIMEPIRIDE 30-4	1	
PHENOBARBITAL 100 MG TABLET	1		PIOGLITAZONE-METFORMIN 15-500	1	
PHENOBARBITAL 15 MG TABLET	1		PIOGLITAZONE-METFORMIN 15-850	1	
PHENOBARBITAL 16.2 MG TABLET	1		PIP GLUCOSE CONTROL SOLN L1-L2	2	
PHENOBARBITAL 20 MG/5 ML CUP	1		PIP PEN NEEDLE 31G X 5MM	2	
PHENOBARBITAL 20 MG/5 ML ELIX	1		PIP PEN NEEDLE 32G X 4MM	2	
PHENOBARBITAL 20 MG/5 ML SOLN	1		PIRFENIDONE 267 MG CAPSULE	4	PA, SRX
PHENOBARBITAL 30 MG TABLET	1		PIRFENIDONE 267 MG TABLET	4	PA, SRX
PHENOBARBITAL 30 MG/7.5 ML CUP	1		PIRFENIDONE 801 MG TABLET	4	PA, SRX
PHENOBARBITAL 32.4 MG TABLET	1		PIRMELLA 1-35 28 TABLET	1	
PHENOBARBITAL 60 MG TABLET	1		PIRMELLA 7-7-7-28 TABLET	1	
PHENOBARBITAL 60 MG/15 ML CUP	1		PIROXICAM 10 MG CAPSULE	1	
PHENOBARBITAL 64.8 MG TABLET	1		PIROXICAM 20 MG CAPSULE	1	
PHENOBARBITAL 97.2 MG TABLET	1		PLAN B ONE-STEP 1.5 MG TABLET	3	
PHENOXYBENZAMINE HCL 10 MG CAP	4	SRX	PNEUMOVAX 23 SYRINGE	2	
PHENYLEPHRINE 10% EYE DROPS	1		PNEUMOVAX 23 VIAL	2	
PHENYLEPHRINE 2.5% EYE DROP	1		PNV 29-1 TABLET	1	
PHENYTOIN 100 MG/4 ML SUSP	1		PNV PRENATAL PLUS MULTIVIT TAB	1	
PHENYTOIN 125 MG/5 ML SUSP	1		PNV-DHA SOFTGEL	1	
PHENYTOIN 50 MG INFATAB CHEW	1		PNV-DHA + DOCUSATE SOFTGEL	1	
PHENYTOIN 50 MG TABLET CHEW	1		PNV-OMEGA SOFTGEL	1	
PHENYTOIN SOD EXT 100 MG CAP	1		PNV-SELECT TABLET	1	
PHENYTOIN SOD EXT 200 MG CAP	1		POCKET CHAMBER	2	QL
PHENYTOIN SOD EXT 300 MG CAP	1		POCKET PEAK FLOW METER	2	
PHILITH 0.4-0.035 MG TABLET	1		PODOFILOX 0.5% TOPICAL SOLN	1	
PHOSLYRA 667 MG/5 ML SOLUTION	3		POLY HUB NEEDLE 18GX1"	2	
PHOSPHASAL TABLET	1		POLY HUB NEEDLE 18GX1-1/2"	2	
PHOSPHOLINE IODIDE 0.125%	3	LDD	POLY HUB NEEDLE 21GX1"	2	
PHOSPHOLINE IODIDE 0.125% DROP	3	LDD	POLY HUB NEEDLE 21GX1-1/2"	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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				
POTASSIUM CITRATE ER 5 MEQ TAB	1				
POTASSIUM CL 10% (20 MEQ/15ML)	1				
POTASSIUM CL 10% (40 MEQ/30ML)	1				
POTASSIUM CL 20 MEQ PACKET	1				
POTASSIUM CL 20% (40 MEQ/15ML)	1				
POTASSIUM CL ER 10 MEQ CAPSULE	1				
POTASSIUM CL ER 10 MEQ TABLET	1				
POTASSIUM CL ER 15 MEQ TABLET	1				
POTASSIUM CL ER 20 MEQ TABLET	1				
POTASSIUM CL ER 8 MEQ CAPSULE	1				
POTASSIUM CL ER 8 MEQ TABLET	1				
POTASSIUM IODIDE 1 GM/ML SOL	3				
PR NATAL 400 COMBO PACK	1				
PR NATAL 400 EC COMBO PACK	1				
PR NATAL 430 COMBO PACK	1				
PR NATAL 430 EC COMBO PACK	1				
PRADAXA 110 MG CAPSULE	3	PA, QL			
PRAMIPEXOLE 0.125 MG TABLET	1				
PRAMIPEXOLE 0.25 MG TABLET	1				
PRAMIPEXOLE 0.5 MG TABLET	1				
PRAMIPEXOLE 0.75 MG TABLET	1				
PRAMIPEXOLE 1 MG TABLET	1				
PRAMIPEXOLE 1.5 MG TABLET	1				
PRAMIPEXOLE ER 0.375 MG TABLET	1				
PRAMIPEXOLE ER 0.75 MG TABLET	1				
PRAMIPEXOLE ER 1.5 MG TABLET	1				
PRAMIPEXOLE ER 2.25 MG TABLET	1				
PRAMIPEXOLE ER 3 MG TABLET	1				
PRAMIPEXOLE ER 3.75 MG TABLET	1				
PRAMIPEXOLE ER 4.5 MG TABLET	1				
PRAMOSONE 1% LOTION	3				
PRAMOSONE 1%-1% OINTMENT	3				
PRAMOSONE 2.5%-1% LOTION	3				
PRAMOSONE 2.5%-1% OINTMENT	3				
PRASUGREL 10 MG TABLET	1				
PRASUGREL 5 MG TABLET	1				
PRAVASTATIN SODIUM 10 MG TAB	1				
PRAVASTATIN SODIUM 20 MG TAB	1				
PRAVASTATIN SODIUM 40 MG TAB	1				
PRAVASTATIN SODIUM 80 MG TAB	1				
PRAZICUANTEL 600 MG TABLET	1				
PRAZOSIN 1 MG CAPSULE	1				
PRAZOSIN 2 MG CAPSULE	1				
PRAZOSIN 5 MG CAPSULE	1				
PREDNICARBATE 0.1% CREAM	1				
PREDNICARBATE 0.1% OINTMENT	1				
PREDNISOLONE 15 MG/5 ML SOLN	1				
PREDNISOLONE 5 MG/5 ML SOLN	1				
PREDNISOLONE AC 1% EYE DROP	1				
PREDNISOLONE ODT 10 MG TABLET	1				
PREDNISOLONE ODT 15 MG TABLET	1				
PREDNISOLONE ODT 30 MG TABLET	1				
PREDNISOLONE SOD 1% EYE DROP	1				
PREDNISOLONE SOD PH 25 MG/5 ML	1				
PREDNISON 1 MG TABLET	1				
PREDNISON 10 MG TAB DOSE PACK	1				
PREDNISON 10 MG TABLET	1				
PREDNISON 2.5 MG TABLET	1				
PREDNISON 20 MG TABLET	1				
PREDNISON 5 MG TAB DOSE PACK	1				
PREDNISON 5 MG TABLET	1				
PREDNISON 5 MG/5 ML SOLUTION	1				
PREDNISON 50 MG TABLET	1				
PREDNISON INTENSOL 5 MG/ML	1				
PREF PLUS INS 0.3 ML 29GX1/2"	2				
PREF PLUS SYR 0.5 ML 30GX5/16"	2				
PREF PLUS SYRING 1 ML 29GX1/2"	2				
PREFERRED PLUS 0.3 ML 30GX5/16	2				
PREFERRED PLUS 0.5 ML 29GX1/2"	2				
PREFERRED PLUS SYRINGE 0.5 ML	2				
PREFERRED PLUS SYRINGE 1 ML	2				
PREFEST TABLET	1				
PREFPLS INS SYR 1 ML 30GX5/16"	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
PREGABALIN 100 MG CAPSULE	1	QL		PRIMIDONE 50 MG TABLET	1
PREGABALIN 150 MG CAPSULE	1	QL		PRIMSOL 50 MG/5 ML ORAL SOLN	3
PREGABALIN 20 MG/ML SOLUTION	1	QL		PRIORIX VIAL	2
PREGABALIN 200 MG CAPSULE	1	QL		PRO COMFORT 0.5 ML 30GX1/2"	2
PREGABALIN 225 MG CAPSULE	1	QL		PRO COMFORT 0.5 ML 30GX5/16"	2
PREGABALIN 25 MG CAPSULE	1	QL		PRO COMFORT 0.5 ML 31GX5/16"	2
PREGABALIN 300 MG CAPSULE	1	QL		PRO COMFORT 1 ML 30GX1/2"	2
PREGABALIN 50 MG CAPSULE	1	QL		PRO COMFORT 1 ML 30GX5/16"	2
PREGABALIN 75 MG CAPSULE	1	QL		PRO COMFORT 1 ML 31GX5/16"	2
PREHEVBRIO 10 MCG/ML VIAL	2			PRO COMFORT PEN NDL 31GX5/16"	2
PREMARIN 0.3 MG TABLET	3			PRO COMFORT PEN NDL 32G X 1/4"	2
PREMARIN 0.45 MG TABLET	3			PRO COMFORT PEN NDL 4MM 32G	2
PREMARIN 0.625 MG TABLET	3			PRO COMFORT PEN NDL 5MM 32G	2
PREMARIN 0.9 MG TABLET	3			PRO COMFORT SPACER-ADULT MASK	2 QL
PREMARIN 1.25 MG TABLET	3			PRO COMFORT SPACER-CHILD MASK	2 QL
PRENAT TRUE COMBO PACK	1			PRO COMFORT SPACER-INFANT MASK	2 QL
PRENAISSANCE CAPSULE	1			PROBENECID 500 MG TABLET	1
PRENAISSANCE PLUS SOFTGEL	1			PROBENECID-COLCHICINE TABLET	1
PRENATAL 19 CHEWABLE TABLET	1			PROCARE SPACER WITH ADULT MASK	2 QL
PRENATAL 19 TABLET	1			PROCARE SPACER WITH CHILD MASK	2 QL
PRENATAL PLUS IRON TABLET	1			PROCENTRA 5 MG/5 ML SOLUTION	1 QL
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
				PROMETHAZINE 50 MG TABLET	1

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
PROMETHAZINE 6.25 MG/5 ML SOLN	1		4	PA, SRX
PROMETHAZINE 6.25 MG/5 ML SYRP	1		2	
PROMETHAZINE VC SOLUTION	1		2	
PROMETHAZINE VC-CODEINE SOLN	1	QL	2	
PROMETHAZINE-CODEINE SOLUTION	1	QL	2	
PROMETHAZINE-CODEINE SYRUP	1	QL	2	
PROMETHAZINE-DM 6.25-15 MG/5ML	1		2	
PROMETHAZINE-PE-CODEINE SYRUP	1	QL	2	
PROMETHAZINE-PHENYLEPHRINE SYR	1		2	QL
PROMETHEGAN 12.5 MG SUPPOS	1		2	
PROMETHEGAN 25 MG SUPPOSITORY	1		2	
PROMETHEGAN 50 MG SUPPOSITORY	1		4	PA, SRX
PROPAFENONE HCL 150 MG TABLET	1		2	
PROPAFENONE HCL 225 MG TAB	1		2	
PROPAFENONE HCL 300 MG TAB	1		2	
PROPAFENONE HCL ER 225 MG CAP	1		2	
PROPAFENONE HCL ER 325 MG CAP	1		2	
PROPAFENONE HCL ER 425 MG CAP	1		1	
PROPARACAINE 0.5% EYE DROPS	1		4	PA, SRX
PROPRANOLOL 10 MG TABLET	1		3	
PROPRANOLOL 20 MG TABLET	1		3	
PROPRANOLOL 20 MG/5 ML SOLN	1		4	PA, LDD, SRX
PROPRANOLOL 40 MG TABLET	1		2	
PROPRANOLOL 40 MG/5 ML SOLN	1		2	
PROPRANOLOL 60 MG TABLET	1		2	
PROPRANOLOL 80 MG TABLET	1		2	
PROPRANOLOL ER 120 MG CAPSULE	1		2	
PROPRANOLOL ER 160 MG CAPSULE	1		3	PA
PROPRANOLOL ER 60 MG CAPSULE	1		1	
PROPRANOLOL ER 80 MG CAPSULE	1		1	
PROPRANOLOL-HCTZ 40-25 MG TAB	1		1	
PROPRANOLOL-HCTZ 80-25 MG TAB	1		1	
PROPYLTHIOURACIL 50 MG TABLET	1		1	
PROQUAD VIAL	2		1	
PROTRIPTYLINE HCL 10 MG TABLET	1		1	
PROTRIPTYLINE HCL 5 MG TABLET	1		1	
PUB INS SYRIN 0.3 ML 30GX1/2"	2		1	
PUB INS SYRINGE 1 ML 30GX1/2"	2		1	
PUB INSUL SYR 0.3 ML 31GX5/16"	2		1	
PUB INSUL SYR 0.5 ML 30GX1/2"	2		2	
PUB INSUL SYR 0.5 ML 31GX5/16"	2		2	
PUB INSULIN SYR 1 ML 31GX5/16"	2		2	
PUB PEN 12MM 29G NEEDLES	2		1	
PUB PEN 8MM 31G NEEDLES	2		1	
PUB PEN NEEDLE 6MM 31G	2		1	
PUB UNIFINE PNTIP PLUS 31GX3/16	2		1	
PULMOSAL 7% VIAL	1		1	
PULMOZYME 1 MG/ML AMPUL			4	PA, SRX
PURE CMFT SFTY PEN ND 31G 5MM			2	
PURE CMFT SFTY PEN ND 31G 6MM			2	
PURE CMFT SFTY PEN ND 32G 4MM			2	
PURE COMFORT PEN ND 32G 4MM			2	
PURE COMFORT PEN ND 32G 5MM			2	
PURE COMFORT PEN ND 32G 6MM			2	
PURE COMFORT PEN ND 32G 8MM			2	
PURE COMFORT SPACER-ADULT MASK			2	QL
PURECOMFORT PEAK FLOW MTR ADLT			2	
PURECOMFORT PEAK FLOW MTR CHLD			2	
PURIXAN 20 MG/ML ORAL SUSP			4	PA, SRX
PV UNIFINE PENTIP PLUS 31GX5MM			2	
PV UNIFINE PENTIP PLUS 31GX6MM			2	
PV UNIFINE PENTIP PLUS 31GX8MM			2	
PV UNIFINE PENTIP PLUS 32GX4MM			2	
PV UNIFINE PENTIP PLUS 33GX4MM			2	
PYRAZINAMIDE 500 MG TABLET			1	
PYRIDOSTIGMINE 60 MG/5 ML SOLN			4	PA, SRX
PYRIDOSTIGMINE BR 60 MG TABLET			3	
PYRIDOSTIGMINE ER 180 MG TAB			3	
PYRIMETHAMINE 25 MG TABLET			4	PA, LDD, SRX
QC ALCOHOL 70% SWABS			2	
QC UNIFINE PENTIPS 32GX5/32"			2	
QC UNIFINE PENTIPS 4MM 32G			2	
QUADRACEL DTAP-IPV SYRINGE			2	
QUADRACEL DTAP-IPV VIAL			2	
QUAZEPAM 15 MG TABLET			3	PA
QUETIAPINE ER 150 MG TABLET			1	
QUETIAPINE ER 200 MG TABLET			1	
QUETIAPINE ER 300 MG TABLET			1	
QUETIAPINE ER 400 MG TABLET			1	
QUETIAPINE ER 50 MG TABLET			1	
QUETIAPINE FUMARATE 100 MG TAB			1	
QUETIAPINE FUMARATE 200 MG TAB			1	
QUETIAPINE FUMARATE 25 MG TAB			1	
QUETIAPINE FUMARATE 300 MG TAB			1	
QUETIAPINE FUMARATE 400 MG TAB			1	
QUETIAPINE FUMARATE 50 MG TAB			1	
QUICK RELEASE TEFLN CANNULA			2	
QUICK-SET PARADIGM SET 18"			2	
QUICK-SET PARADIGM SET 32"			2	
QUINAPRIL 10 MG TABLET			1	
QUINAPRIL 20 MG TABLET			1	
QUINAPRIL 40 MG TABLET			1	
QUINAPRIL 5 MG TABLET			1	
QUINAPRIL-HCTZ 10-12.5 MG TAB			1	

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
QUINAPRIL-HCTZ 20-12.5 MG TAB	1		3	PA, QL
QUINAPRIL-HCTZ 20-25 MG TAB	1		3	QL
QUINIDINE GLUC ER 324 MG TAB	1		2	
QUINIDINE SULFATE 200 MG TAB	1		2	
QUINIDINE SULFATE 300 MG TAB	1		2	
QUININE SULFATE 324 MG CAPSULE	1		2	
QUTENZA 8% KIT (1 PATCH)	3		2	
QUTENZA 8% KIT (2 PATCH)	3		2	
QUTENZA 8% KIT (4 PATCH)	3		2	
QVAR REDIHALER 40 MCG	3	ST	2	
QVAR REDIHALER 80 MCG	3	ST	2	
RA ALCOHOL SWABS	2		2	
RA INS SYR 0.5 ML 29GX1/2"	2		2	
RA INS SYR 0.5 ML 30GX5/16"	2		2	
RA INS SYR 1 ML 29GX1/2"	2		2	
RA INS SYRINGE 1 ML 30GX5/16"	2		2	
RA PEN NEEDLE 31GX3/16"	2		3	QL, ST
RA PEN NEEDLE 31GX5/16"	2		3	QL, ST
RABEPRAZOLE SOD DR 20 MG TAB	1	QL	3	QL, ST
RALOXIFENE HCL 60 MG TABLET	1		2	
RAMELTEON 8 MG TABLET	2	QL	2	
RAMIPRIL 1.25 MG CAPSULE	1		2	
RAMIPRIL 10 MG CAPSULE	1		2	
RAMIPRIL 2.5 MG CAPSULE	1		2	
RAMIPRIL 5 MG CAPSULE	1		2	
RANITIDINE 15 MG/ML SYRUP	1		2	
RANITIDINE 150 MG CAPSULE	1		2	
RANITIDINE 150 MG TABLET	1		2	
RANITIDINE 150 MG/10 ML SYRUP	1		2	
RANITIDINE 300 MG CAPSULE	1		2	
RANITIDINE 300 MG TABLET	1		3	PA
RANOLAZINE ER 1,000 MG TABLET	3	QL	3	PA
RANOLAZINE ER 500 MG TABLET	3	QL	3	PA
RASAGILINE MESYLATE 0.5 MG TAB	1		3	PA
RASAGILINE MESYLATE 1 MG TAB	1		3	
RAYA SURE PEN NEEDLE 29G 12MM	2		1	
RAYA SURE PEN NEEDLE 31G 4MM	2		1	
RAYA SURE PEN NEEDLE 31G 5MM	2		1	
RAYA SURE PEN NEEDLE 31G 6MM	2		1	
RECLIPSEN 28 DAY TABLET	1		1	
RECOMBIVAX HB 10 MCG/ML SYR	2		4	PA, SRX
RECOMBIVAX HB 10 MCG/ML VIAL	2		4	PA, SRX
RECOMBIVAX HB 40 MCG/ML VIAL	2		4	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML SYR	2		2	
RECOMBIVAX HB 5 MCG/0.5 ML VL	2		3	
RECTIV 0.4% OINTMENT	3		4	PA, QL, LDD, SRX
REFUAH PLUS CONTROL SOLUTION	2		4	PA, QL, LDD, SRX
REGANEX 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" NDL			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	
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

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
REVLIMID 2.5 MG CAPSULE	4	PA, QL, LDD, SRX	1	
REVLIMID 20 MG CAPSULE	4	PA, QL, LDD, SRX	1	
REVLIMID 25 MG CAPSULE	4	PA, QL, LDD, SRX	1	
REVLIMID 5 MG CAPSULE	4	PA, QL, LDD, SRX	1	QL
REYATAZ 50 MG POWDER PACKET	2		1	QL
RIBASPHERE 200 MG CAPSULE	3		1	QL
RIBASPHERE 600 MG TABLET	3		1	QL
RIBAVIRIN 200 MG CAPSULE	3		1	
RIBAVIRIN 200 MG TABLET	3		1	
RIFABUTIN 150 MG CAPSULE	2		1	
RIFAMATE CAPSULE	3		1	
RIFAMPIN 150 MG CAPSULE	1		1	
RIFAMPIN 300 MG CAPSULE	1		1	
RIFATER TABLET	3		1	
RIGHTEST CONTROL SOLN NORMAL	2		1	
RIGHTEST CONTROL SOLUTION HIGH	2		1	
RILUZOLE 50 MG TABLET	4	SRX	1	
RIMANTADINE HCL 100 MG TABLET	1		1	
RINGERS IRRIGATION SOLUTION	3		1	
RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX	1	
RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX	1	
RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX	1	
RISEDRONATE SOD DR 35 MG TAB	1		1	
RISEDRONATE SODIUM 150 MG TAB	1		1	
RISEDRONATE SODIUM 30 MG TAB	1		1	
RISEDRONATE SODIUM 35 MG TAB	1		1	
RISEDRONATE SODIUM 5 MG TABLET	1		1	
RISPERIDONE 0.25 MG ODT	1		1	
RISPERIDONE 0.25 MG TABLET	1		1	
RISPERIDONE 0.5 MG ODT	1		1	
RISPERIDONE 0.5 MG TABLET	1		1	
RISPERIDONE 1 MG ODT	1		1	
RISPERIDONE 1 MG TABLET	1		1	
RISPERIDONE 1 MG/ML SOLUTION	1		1	
RISPERIDONE 2 MG ODT	1		1	
RISPERIDONE 2 MG TABLET	1		1	
RISPERIDONE 3 MG ODT	1		1	
RISPERIDONE 3 MG TABLET	1		1	
RISPERIDONE 4 MG ODT	1		1	
RISPERIDONE 4 MG TABLET	1		1	
RITEFLO SPACER	2	QL	1	
RITONAVIR 100 MG TABLET	1		1	
RIVASTIGMINE 1.5 MG CAPSULE	1		1	
RIVASTIGMINE 13.3 MG/24HR PTCH	1		1	
RIVASTIGMINE 3 MG CAPSULE	1		1	
RIVASTIGMINE 4.5 MG CAPSULE	1		1	
RIVASTIGMINE 4.6 MG/24HR PATCH	1		1	
RIVASTIGMINE 6 MG CAPSULE	1		1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1		1	
RIVELSA TABLET	1		1	
RIZATRIPTAN 10 MG ODT	1		1	QL
RIZATRIPTAN 10 MG TABLET	1		1	QL
RIZATRIPTAN 5 MG ODT	1		1	QL
RIZATRIPTAN 5 MG TABLET	1		1	QL
R-NATAL OB SOFTGEL	1		1	
ROFLUMILAST 250 MCG TABLET	3		1	QL
ROFLUMILAST 500 MCG TABLET	3		1	QL
ROPINIROLE HCL 0.25 MG TABLET	1		1	
ROPINIROLE HCL 0.5 MG TABLET	1		1	
ROPINIROLE HCL 1 MG TABLET	1		1	
ROPINIROLE HCL 2 MG TABLET	1		1	
ROPINIROLE HCL 3 MG TABLET	1		1	
ROPINIROLE HCL 4 MG TABLET	1		1	
ROPINIROLE HCL 5 MG TABLET	1		1	
ROPINIROLE HCL ER 12 MG TABLET	1		1	
ROPINIROLE HCL ER 2 MG TABLET	1		1	
ROPINIROLE HCL ER 4 MG TABLET	1		1	
ROPINIROLE HCL ER 6 MG TABLET	1		1	
ROPINIROLE HCL ER 8 MG TABLET	1		1	
ROSADAN 0.75% CREAM	1		1	
ROSADAN 0.75% GEL	1		1	
ROSUVASTATIN CALCIUM 10 MG TAB	1		1	
ROSUVASTATIN CALCIUM 20 MG TAB	1		1	
ROSUVASTATIN CALCIUM 40 MG TAB	1		1	
ROSUVASTATIN CALCIUM 5 MG TAB	1		1	
ROTARIX VACCINE ORAL SYRINGE	2		1	
ROTARIX VACCINE SUSPENSION	2		1	
ROTATEQ VACCINE	2		1	
ROWEEPRA 1,000 MG TABLET	1		1	
ROWEEPRA 500 MG TABLET	1		1	
ROWEEPRA 750 MG TABLET	1		1	
RUFINAMIDE 200 MG TABLET	3		1	PA, QL
RUFINAMIDE 40 MG/ML SUSPENSION	3		1	PA, QL
RUFINAMIDE 400 MG TABLET	3		1	PA, QL
SAFESNAP INSUL SYRINGE 0.3 ML	2		1	
SAFESNAP INSUL SYRINGE 0.5 ML	2		1	
SAFESNAP INSULIN SYRINGE 1 ML	2		1	
SAFETY PEN NEEDLE 31G 4MM	2		1	
SAFETY PEN NEEDLE 31G 5MM	2		1	
SAFETY PEN NEEDLE 5MM X 31G	2		1	
SAJAZIR 30 MG/3 ML SYRINGE	4		1	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	1		1	
SALSALATE 500 MG TABLET	1		1	
SALSALATE 750 MG TABLET	1		1	

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
SANTYL OINTMENT	3	PA, QL	SILICONE MASK-PEDIATRIC	2 QL
SAPROPTERIN 100 MG POWDER PKT	4	PA, SRX	SILODOSIN 4 MG CAPSULE	1 QL
SAPROPTERIN 100 MG TABLET	4	PA, SRX	SILODOSIN 8 MG CAPSULE	1 QL
SAPROPTERIN 500 MG POWDER PKT	4	PA, SRX	SIL-SERTER INFUSION SET	2
SAVAYSA 15 MG TABLET	3	PA, QL	SILVER NITRATE 0.5% SOLN	1
SAVAYSA 30 MG TABLET	3	PA, QL	SILVER NITRATE 10% SOLUTION	1
SAVAYSA 60 MG TABLET	3	PA, QL	SILVER NITRATE 25% SOLUTION	1
SAVELLA 100 MG TABLET	3		SILVER NITRATE 50% SOLUTION	1
SAVELLA 12.5 MG TABLET	3		SILVER SULFADIAZINE 1% CREAM	1
SAVELLA 25 MG TABLET	3		SIMBRINZA 1%-0.2% EYE DROP	2
SAVELLA 50 MG TABLET	3		SIMLIYA 28 DAY TABLET	1
SAVELLA TITRATION PACK	3		SIMPESSE 0.15-0.03-0.01 MG TAB	1
SCOPOLAMINE 1 MG/3 DAY PATCH	1		SIMVASTATIN 10 MG TABLET	1
SECONAL SODIUM 100 MG CAPSULE	3		SIMVASTATIN 20 MG TABLET	1
SECURESAFE PEN NDL 30GX5/16"	2		SIMVASTATIN 40 MG TABLET	1
SECURESAFE SYR 0.5 ML 29G 1/2"	2		SIMVASTATIN 5 MG TABLET	1
SECURESAFE SYRNG 1 ML 29G 1/2"	2		SIMVASTATIN 80 MG TABLET	1 QL
SELEGILINE HCL 5 MG CAPSULE	1		SIROLIMUS 0.5 MG TABLET	1
SELEGILINE HCL 5 MG TABLET	1		SIROLIMUS 1 MG TABLET	1
SELENIUM SULFIDE 2.25% SHAMPOO	1		SIROLIMUS 1 MG/ML SOLUTION	4 SRX
SELENIUM SULFIDE 2.5% LOTION	1		SIROLIMUS 2 MG TABLET	1
SE-NATAL-19 TABLET	1		SIRTURO 100 MG TABLET	3 PA, LDD
SE-NATAL 19 CHEWABLE TABLET	1		SIRTURO 20 MG TABLET	3 PA, LDD
SEN-SERTER	2		SKY SAFETY PEN NEEDLE 30G 5MM	2
SEREVENT DISKUS 50 MCG	2	QL	SKY SAFETY PEN NEEDLE 30G 8MM	2
SERTRALINE 20 MG/ML ORAL CONC	1	QL	SKYRIZI 150 MG/ML SYRINGE	4 PA, QL, SRX
SERTRALINE HCL 100 MG TABLET	1	QL	SKYRIZI 180 MG/1.2 ML ON-BODY	4 PA, QL, SRX
SERTRALINE HCL 25 MG TABLET	1	QL	SKYRIZI 360 MG/2.4 ML ON-BODY	4 PA, QL, SRX
SERTRALINE HCL 50 MG TABLET	1	QL	SKYRIZI 150 MG/ML PEN	4 PA, QL, SRX
SETLAKIN 0.15 MG-0.03 MG TAB	1		SLYND 4 MG TABLET	3
SEVELAMER CARBONATE 800 MG TAB	3		SM INS SYR 0.5 ML 29GX1/2"	2
SF 1.1% GEL	1		SM INS SYR 0.5 ML 30GX5/16"	2
SF 5000 PLUS CREAM	1		SM INS SYR 1 ML 29GX1/2"	2
SHAROBEL 0.35 MG TABLET	1		SM INS SYRINGE 0.3 ML 30GX5/16"	2
SHINGRIX VIAL KIT	2	QL	SM INS SYRINGE 1 ML 28GX1/2"	2
SHOPKO UNIFINE PENTIPS 4MM 32G	2		SM INS SYRINGE 1 ML 30GX5/16"	2
SHOPKO UNIFINE PENTIPS 5MM 31G	2		SM INSUL SYR 0.3 ML 31GX5/16"	2
SHOPKO UNIFINE PENTIPS 8MM 31G	2		SM INSUL SYR 0.5 ML 31GX5/16"	2
SHOPKO UNIFINE PNTIPS 12MM 29G	2		SM INSULIN SYR 0.3 ML 29GX1/2"	2
SIDESTREAM PEDIATRIC FACE MASK	2	QL	SM INSULIN SYR 0.5 ML 28GX1/2"	2
SIGNIFOR 0.3 MG/ML AMPULE	4	PA, LDD, SRX	SM INSULIN SYR 1 ML 31GX5/16"	2
SIGNIFOR 0.6 MG/ML AMPULE	4	PA, LDD, SRX	SMARTEST CONTROL SOLUTION	2
SIGNIFOR 0.9 MG/ML AMPULE	4	PA, LDD, SRX	SOD POLYSTYREN SULF 15 G/60 ML	1
SILDENAFIL 20 MG TABLET	4	PA, SRX	SOD SUL-POTASS SUL-MAG SUL SOL	3
SILHOUETTE INFUSION SET 23"	2		SODIUM CHLORIDE 0.9% INHAL VL	1
SILHOUETTE INFUSION SET 43"	2		SODIUM CHLORIDE 0.9% IRRIG	1
SILICONE MASK-INFANT	2	QL	SODIUM CHLORIDE 0.9% IRRIG.	1

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
SODIUM CHLORIDE 0.9% PRCS 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				
SOF-SET ULTIMATE QR SET	2				
SOLIFENACIN 10 MG TABLET	2	QL			
SOLIFENACIN 5 MG TABLET	2	QL			
SOLUS V2 CONTROL SOLUTION HIGH	2				
SOLUS V2 CONTROL SOLUTION LOW	2				
SOMAVERT 10 MG VIAL	4	PA, LDD, SRX			
SOMAVERT 15 MG VIAL	4	PA, LDD, SRX			
SOMAVERT 20 MG VIAL	4	PA, LDD, SRX			
SOMAVERT 25 MG VIAL	4	PA, LDD, SRX			
SOMAVERT 30 MG VIAL	4	PA, LDD, SRX			
SORAFENIB 200 MG TABLET	4	PA, QL, SRX			
SOTALOL 120 MG TABLET	1				
SOTALOL 160 MG TABLET	1				
SOTALOL 240 MG TABLET	1				
SOTALOL 80 MG TABLET	1				
SOTALOL AF 120 MG TABLET	1				
SOTALOL AF 160 MG TABLET	1				
SOTALOL AF 80 MG TABLET	1				
SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA			
SOVALDI 150 MG PELLET PACKET	4	PA, QL, SRX			
SOVALDI 200 MG PELLET PACKET	4	PA, QL, SRX			
SOVALDI 200 MG TABLET	4	PA, QL, SRX			
SOVALDI 400 MG TABLET	4	PA, QL, SRX			
EQ SPACE CHAMBER	2	QL			
EQ SPACE CHAMBER-LARGE MASK	2	QL			
EQ SPACE CHAMBER-MEDIUM MASK	2	QL			
EQ SPACE CHAMBER-SMALL MASK	2	QL			
SPIKEVAX COVID (18Y UP) VACC	2				
SPINOSAD 0.9% TOPICAL SUSP	1				
SPIRONOLACTONE 100 MG TABLET	1				
SPIRONOLACTONE 25 MG TABLET	1				
SPIRONOLACTONE 50 MG TABLET	1				
SPIRONOLACTONE-HCTZ 25-25 TAB	1				
SPRINTEC 28 DAY TABLET	1				
SPRYCEL 100 MG TABLET	4	PA, QL, SRX			
SPRYCEL 140 MG TABLET	4	PA, QL, SRX			
SPRYCEL 20 MG TABLET	4	PA, QL, SRX			
SPRYCEL 50 MG TABLET	4	PA, QL, SRX			
SPRYCEL 70 MG TABLET	4	PA, QL, SRX			
SPRYCEL 80 MG TABLET	4	PA, QL, SRX			
SPS 15 GM/60 ML SUSPENSION	1				
SPS 30 GM/120 ML ENEMA SUSP	1				
SRONYX 0.10-0.02 MG TABLET	1				
SSKI 1 GM/ML SOLUTION	3				
STAVUDINE 40 MG CAPSULE	1				
STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX			
STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX			
STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX			
STERILE WATER FOR IRRIGATION	1				
STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX			
STRIBILD TABLET	2	QL			
SUBVENITE TAB START KIT (BLUE)	1				
SUBVENITE TAB START KIT(GREEN)	1				
SUBVENITE TAB START KT(ORANGE)	1				
SUBVENITE 100 MG TABLET	1				
SUBVENITE 150 MG TABLET	1				
SUBVENITE 200 MG TABLET	1				
SUBVENITE 25 MG TABLET	1				
SUCRAID 17,000 UNIT/2 ML SOLN	4	LDD, SRX			
SUCRAID 8,500 UNIT/ML SOLN	4	LDD, SRX			
SUCRALFATE 1 GM TABLET	1				
SULFACETAMIDE 10% EYE DROPS	1				
SULFACETAMIDE 10% EYE OINTMENT	1				
SULFACETAMIDE SOD 10% TOP SUSP	1				
SULF-PRED 10-0.23% EYE DROPS	1				
SULFADIAZINE 500 MG TABLET	1				
SULFAMETHOXAZOLE-TMP DS TABLET	1				
SULFAMETHOXAZOLE-TMP SS TABLET	1				
SULFAMETHOXAZOLE-TMP SUSP	1				
SULFAMILYLON 8.5% CREAM	3				
SULFASALAZINE 500 MG TABLET	1				
SULFASALAZINE DR 500 MG TAB	1				
SULINDAC 150 MG TABLET	1				
SULINDAC 200 MG TABLET	1				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
SUMATRIPTAN 20 MG NASAL SPRAY	1	QL	SYMAX FASTABS 0.125 MG TABLET	1	
SUMATRIPTAN 4 MG/0.5 ML CART	1	QL	SYMAX-SL 0.125 MG TABLET SL	1	
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	QL	SYMAX-SR 0.375 MG TABLET	1	
SUMATRIPTAN 5 MG NASAL SPRAY	1	QL	SYMLINPEN 120 PEN INJECTOR	3	QL
SUMATRIPTAN 6 MG/0.5 ML CART	1	QL	SYMLINPEN 60 PEN INJECTOR	3	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL	SYM TUZA 800-150-200-10 MG TAB	2	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	QL	SYNAREL 2 MG/ML NASAL SPRAY	4	PA, SRX
SUMATRIPTAN SUCC 100 MG TABLET	1	QL	SYNERA PATCH	3	
SUMATRIPTAN SUCC 25 MG TABLET	1	QL	SYNTHROID 100 MCG TABLET	3	
SUMATRIPTAN SUCC 50 MG TABLET	1	QL	SYNTHROID 112 MCG TABLET	3	
SUNITINIB MALATE 12.5 MG CAP	4	PA, QL, SRX	SYNTHROID 125 MCG TABLET	3	
SUNITINIB MALATE 25 MG CAPSULE	4	PA, QL, SRX	SYNTHROID 137 MCG TABLET	3	
SUNITINIB MALATE 37.5 MG CAP	4	PA, QL, SRX	SYNTHROID 150 MCG TABLET	3	
SUNITINIB MALATE 50 MG CAPSULE	4	PA, QL, SRX	SYNTHROID 175 MCG TABLET	3	
SUPRAX 100 MG TABLET CHEWABLE	3		SYNTHROID 200 MCG TABLET	3	
SUPRAX 200 MG TABLET CHEWABLE	3		SYNTHROID 25 MCG TABLET	3	
SUPRAX 500 MG/5 ML SUSPENSION	3		SYNTHROID 300 MCG TABLET	3	
SURE CMFT SFTY PEN NDJ 31G 6MM	2		SYNTHROID 50 MCG TABLET	3	
SURE CMFT SFTY PEN NDJ 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 NDJ 29GX1/2"	2		T:SLIM G4 3 ML CARTRIDGE	2	
SURE COMFORT PEN NDJ 31G 5MM	2		T:SLIM X2 3 ML CARTRIDGE	2	
SURE COMFORT PEN NDJ 31G 8MM	2		TABLOID 40 MG TABLET	3	PA
SURE COMFORT PEN NDJ 32G 4MM	2		TACROLIMUS 0.03% OINTMENT	1	
SURE COMFORT PEN NDJ 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 2.5 MG TABLET	1	PA, QL
SURE-JECT INS 0.5 ML 31GX5/16"	2		TADALAFIL 20 MG TABLET	4	PA, SRX
SURE-JECT INSU SYR U100 0.3 ML	2		TADALAFIL 5 MG TABLET	1	PA, QL
SURE-JECT INSU SYR U100 0.5 ML	2		TAFINLAR 10 MG TABLET FOR SUSP	4	PA, QL, SRX
SURE-JECT INSU SYR U100 1 ML	2		TAFINLAR 50 MG CAPSULE	4	PA, QL, LDD, SRX
SURE-JECT INSUL SYR U100 1 ML	2		TAFINLAR 75 MG CAPSULE	4	PA, QL, LDD, SRX
SURE-JECT INSULIN SYRINGE 1 ML	2		TAF LUPROST 0.0015% EYE DROP	3	QL
SURE-T PARADIGM 18" SET	2		TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX
SURE-T PARADIGM 23" SET	2		TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX
SURE-T PARADIGM 32" SET	2		TAKE ACTION 1.5 MG TABLET	1	
SURE-TEST EASYPLUS MINI SOLN	2		TAMOXIFEN 10 MG TABLET	1	
SYEDA 28 TABLET	1		TAMOXIFEN 20 MG TABLET	1	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TAMSULOSIN HCL 0.4 MG CAPSULE	1		1		
TARINA 24 FE 1 MG-20 MCG TAB	1		1		
TARINA FE 1-20 EQ TABLET	1		1		
TARINA FE 1-20 TABLET	1		1		
TARON-C DHA CAPSULE	1		1		
TARON-PREX PRENATAL DHA CAP	1		1		
TASIGNA 150 MG CAPSULE	4	PA, QL, SRX			
TASIGNA 200 MG CAPSULE	4	PA, QL, SRX			
TASIGNA 50 MG CAPSULE	4	PA, QL, SRX			
TAYSOFY 1 MG-20 MCG CAPSULE	1				
TAZAROTENE 0.05% GEL	3				
TAZAROTENE 0.1% CREAM	1				
TAZAROTENE 0.1% GEL	3				
TAZORAC 0.05% CREAM	3				
TAZTIA XT 120 MG CAPSULE	1				
TAZTIA XT 180 MG CAPSULE	1				
TAZTIA XT 240 MG CAPSULE	1				
TAZTIA XT 300 MG CAPSULE	1				
TAZTIA XT 360 MG CAPSULE	1				
TDVAX VIAL	2				
TECHLITE 0.3 ML 29GX12MM (1/2)	2				
TECHLITE 0.3 ML 30GX12MM (1/2)	2				
TECHLITE 0.3 ML 30GX8MM (1/2)	2				
TECHLITE 0.3 ML 31GX6MM (1/2)	2				
TECHLITE 0.3 ML 31GX8MM (1/2)	2				
TECHLITE 0.5 ML 29GX12MM (1/2)	2				
TECHLITE 0.5 ML 30GX12MM (1/2)	2				
TECHLITE 0.5 ML 30GX8MM (1/2)	2				
TECHLITE 0.5 ML 31GX6MM (1/2)	2				
TECHLITE 0.5 ML 31GX8MM (1/2)	2				
TECHLITE INS SYR 1 ML 29GX12MM	2				
TECHLITE INS SYR 1 ML 30GX12MM	2				
TECHLITE INS SYR 1 ML 30GX8MM	2				
TECHLITE INS SYR 1 ML 31GX6MM	2				
TECHLITE INS SYR 1 ML 31GX8MM	2				
TECHLITE PEN NEEDLE 29GX1/2"	2				
TECHLITE PEN NEEDLE 29GX3/8"	2				
TECHLITE PEN NEEDLE 31GX1/4"	2				
TECHLITE PEN NEEDLE 31GX3/16"	2				
TECHLITE PEN NEEDLE 31GX5/16"	2				
TECHLITE PEN NEEDLE 32GX1/4"	2				
TECHLITE PEN NEEDLE 32GX5/16"	2				
TECHLITE PEN NEEDLE 32GX5/32"	2				
TELCARE CONTROL SOLUTION	2				
TELMISARTAN 20 MG TABLET	1				
TELMISARTAN 40 MG TABLET	1				
TELMISARTAN 80 MG TABLET	1				
TELMISARTAN-AMLODIPINE 40-10	1				
TELMISARTAN-AMLODIPINE 40-5 MG	1				
TELMISARTAN-AMLODIPINE 80-10	1				
TELMISARTAN-AMLODIPINE 80-5 MG	1				
TELMISARTAN-HCTZ 40-12.5 MG TB	1				
TELMISARTAN-HCTZ 80-12.5 MG TB	1				
TELMISARTAN-HCTZ 80-25 MG TAB	1				
TEMAZEPAM 15 MG CAPSULE	1				
TEMAZEPAM 22.5 MG CAPSULE	1				
TEMAZEPAM 30 MG CAPSULE	1				
TEMAZEPAM 7.5 MG CAPSULE	1				
TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX			
TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX			
TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX			
TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX			
TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX			
TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX			
TENCON 50-325 MG TABLET	1				
TENIVAC SYRINGE	2				
TENIVAC VIAL	2				
TENOFOVIR DISOP FUM 300 MG TB	1				
TERAZOSIN 1 MG CAPSULE	1				
TERAZOSIN 10 MG CAPSULE	1				
TERAZOSIN 2 MG CAPSULE	1				
TERAZOSIN 5 MG CAPSULE	1				
TERBINAFINE HCL 250 MG TABLET	1				
TERBUTALINE SULFATE 2.5 MG TAB	1				
TERBUTALINE SULFATE 5 MG TAB	1				
TERCONAZOLE 0.4% CREAM	1				
TERCONAZOLE 0.8% CREAM	1				
TERCONAZOLE 80 MG SUPPOSITORY	1				
TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX			
TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX			
TERUMO INS SYR 0.3 ML 29GX1/2"	2				
TERUMO INS SYRINGE U100-1 ML	2				
TERUMO INS SYRINGE U100-1/2 ML	2				
TERUMO INS SYRINGE U100-1/3 ML	2				
TERUMO INS SYRNG U100-1/2 ML	2				
TERUMO SURGUARD2 NDL 21GX1 1.5	2				
TERUMO SURGUARD2 NDL 22X1-1/2"	2				
TERUMO SURGUARD2 NDL 23X1-1/2"	2				
TERUMO SURGUARD2 NEEDLE 18GX1"	2				
TERUMO SURGUARD2 NEEDLE 18X1.5	2				
TERUMO SURGUARD2 NEEDLE 19GX1"	2				
TERUMO SURGUARD2 NEEDLE 19X1.5	2				
TERUMO SURGUARD2 NEEDLE 20GX1"	2				
TERUMO SURGUARD2 NEEDLE 20X1.5	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TERUMO SURGUARD2 NEEDLE 21GX1"	2			THEOPHYLLINE ER 450 MG TAB	1
TERUMO SURGUARD2 NEEDLE 22GX1"	2			THEOPHYLLINE ER 450 MG TABLET	1
TERUMO SURGUARD2 NEEDLE 23GX1"	2			THEOPHYLLINE ER 600 MG TABLET	1
TERUMO SURGUARD2 NEEDLE 25GX1"	2			THINPRO INS SYRIN U100-0.3 ML	2
TERUMO SURGUARD2 NEEDLE 25X1.5	2			THINPRO INS SYRIN U100-0.5 ML	2
TERUMO SURGUARD2 NEEDLE 25X5/8	2			THINPRO INS SYRIN U100-1 ML	2
TERUMO SURGUARD2 NEEDLE 26X1/2	2			THIORIDAZINE 10 MG TABLET	1
TERUMO SURGUARD2 NEEDLE 27X1/2	2			THIORIDAZINE 100 MG TABLET	1
TERUMO SURGUARD2 NEEDLE 30X1/2	2			THIORIDAZINE 25 MG TABLET	1
TERUMO SYRINGE 3 ML	2			THIORIDAZINE 50 MG TABLET	1
TESTOSTERON CYP 1,000 MG/10 ML	1			THIOTHIXENE 1 MG CAPSULE	1
TESTOSTERON CYP 2,000 MG/10 ML	1			THIOTHIXENE 10 MG CAPSULE	1
TESTOSTERON ENAN 1,000 MG/5 ML	1			THIOTHIXENE 2 MG CAPSULE	1
TESTOSTERONE 1% (25MG/2.5G) PK	1	QL		THIOTHIXENE 5 MG CAPSULE	1
TESTOSTERONE 1% (50 MG/5 G) PK	1	QL		THRIVITE 19 TABLET	1
TESTOSTERONE 1.62% (2.5 G) PKT	1	QL		THYROID 120 MG TABLET	1
TESTOSTERONE 1.62% GEL PUMP	1	QL		THYROID 15 MG TABLET	1
TESTOSTERONE 1.62%(1.25 G) PKT	1	QL		THYROID 30 MG TABLET	1
TESTOSTERONE 10 MG GEL PUMP	1	QL		THYROID 60 MG TABLET	1
TESTOSTERONE 12.5 MG/1.25 GRAM	1	QL		THYROID 90 MG TABLET	1
TESTOSTERONE 50 MG/5 GRAM GEL	1	QL		TIADYL ER 120 MG CAPSULE	1
TESTOSTERONE 50 MG/5 GRAM PKT	1	QL		TIADYL ER 180 MG CAPSULE	1
TESTOSTERONE CYP 1,000 MG/10ML	1			TIADYL ER 240 MG CAPSULE	1
TESTOSTERONE CYP 1,000 MG/5 ML	1			TIADYL ER 300 MG CAPSULE	1
TESTOSTERONE CYP 200 MG/ML	1			TIADYL ER 360 MG CAPSULE	1
TESTOSTERONE CYP 500 MG/2.5 ML	1			TIADYL ER 420 MG CAPSULE	1
TESTOSTERONE CYP 6,000 MG/30ML	1			TIAGABINE HCL 12 MG TABLET	1
TESTOSTERONE ENAN 200 MG/ML	1			TIAGABINE HCL 16 MG TABLET	1
TETCAINE 0.5% EYE DROP	1			TIAGABINE HCL 2 MG TABLET	1
TETRABENAZINE 12.5 MG TABLET	4	PA, QL, SRX		TIAGABINE HCL 4 MG TABLET	1
TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX		TILIA FE 28 TABLET	1
TETRACAINE 0.5% EYE DROP	1			TIMOLOL 0.25% GEL-SOLUTION	1
TETRACAINE 0.5% STERI-UNIT SOL	1			TIMOLOL 0.5% GEL-SOLUTION	1
TETRACYCLINE 250 MG CAPSULE	1			TIMOLOL 0.5% GFS GEL-SOLUTION	1
TETRACYCLINE 500 MG CAPSULE	1			TIMOLOL MALEATE 0.25% EYE DROP	1
TEXACORT 2.5% SOLUTION	3			TIMOLOL MALEATE 0.5% EYE DROPS	1
TEXACORT	3			TIMOLOL MALEATE 10 MG TABLET	1
THALOMID 100 MG CAPSULE	4	PA, QL, LDD, SRX		TIMOLOL MALEATE 20 MG TABLET	1
THALOMID 150 MG CAPSULE	4	PA, QL, LDD, SRX		TIMOLOL MALEATE 5 MG TABLET	1
THALOMID 200 MG CAPSULE	4	PA, QL, LDD, SRX		TINIDAZOLE 250 MG TABLET	1
THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX		TINIDAZOLE 500 MG TABLET	1
THEOPHYLLINE 80 MG/15 ML SOLN	1			TIOPRONIN 100 MG TABLET	4
THEOPHYLLINE ER 100 MG TABLET	1			TIS-U-SOL PENTALYTE IRRIG SOLN	3
THEOPHYLLINE ER 200 MG TABLET	1			TIVICAY 10 MG TABLET	2
THEOPHYLLINE ER 300 MG TAB	1			TIVICAY 25 MG TABLET	2
THEOPHYLLINE ER 300 MG TABLET	1			TIVICAY 50 MG TABLET	2
THEOPHYLLINE ER 400 MG TABLET	1			TIVICAY PD 5 MG TAB FOR SUSP	2

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TIZANIDINE HCL 2 MG TABLET	1			TRANDOLAPRIL 2 MG TABLET	1
TIZANIDINE HCL 4 MG TABLET	1			TRANDOLAPRIL 4 MG TABLET	1
TOBRAMYCIN 0.3% EYE DROP	1			TRANDOLAPR-VERAPAM ER 1-240 MG	1
TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX		TRANDOLAPR-VERAPAM ER 2-180 MG	1
TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX		TRANDOLAPR-VERAPAM ER 2-240 MG	1
TOBRAMYCIN-DEXAMETH OPHTH SUSP	1			TRANDOLAPR-VERAPAM ER 4-240 MG	1
TODAY'S HLTH PN NEEDLE 6MM 31G	2			TRANEXAMIC ACID 650 MG TABLET	1
TOLCAPONE 100 MG TABLET	4	SRX		MEDICATION TRANSFER NEEDLE	2
TOLMETIN SODIUM 200 MG TAB	1			TRANLYCYPROMINE SULF 10 MG TAB	1
TOLMETIN SODIUM 400 MG CAP	1			TRAVOPROST 0.004% EYE DROP	1
TOLMETIN SODIUM 600 MG TAB	1			TRAZODONE 100 MG TABLET	1
TOLTERODINE TART ER 2 MG CAP	1			TRAZODONE 150 MG TABLET	1
TOLTERODINE TART ER 4 MG CAP	1			TRAZODONE 300 MG TABLET	1
TOLTERODINE TARTRATE 1 MG TAB	1			TRAZODONE 50 MG TABLET	1
TOLTERODINE TARTRATE 2 MG TAB	1			TRECATOR 250 MG TABLET	3
TOLVAPTAN 15 MG TABLET	4	PA, SRX		TREMFYA 100 MG/ML INJECTOR	4
TOLVAPTAN 30 MG TABLET	4	PA, SRX		TREMFYA 100 MG/ML SYRINGE	4
TOPCARE CLICKFINE 31G X 1/4"	2			TRETINOIN 0.01% GEL	1
TOPCARE CLICKFINE 31G X 5/16"	2			TRETINOIN 0.025% CREAM	1
TOPCARE ULTRA COMFORT SYRINGE	2			TRETINOIN 0.025% GEL	1
TOPIRAMATE 100 MG TABLET	1			TRETINOIN 0.05% CREAM	1
TOPIRAMATE 15 MG SPRINKLE CAP	1			TRETINOIN 0.05% GEL	1
TOPIRAMATE 200 MG TABLET	1			TRETINOIN 0.1% CREAM	1
TOPIRAMATE 25 MG SPRINKLE CAP	1			TRETINOIN 10 MG CAPSULE	3
TOPIRAMATE 25 MG TABLET	1			TRETINOIN GEL MICRO 0.04% PUMP	1
TOPIRAMATE 50 MG TABLET	1			TRETINOIN GEL MICRO 0.04% TUBE	1
TOPIRAMATE.ER 100 MG CAPSULE	1			TRETINOIN GEL MICRO 0.1% PUMP	1
TOPIRAMATE.ER 150 MG CAPSULE	1			TRETINOIN GEL MICRO 0.1% TUBE	1
TOPIRAMATE.ER 200 MG CAPSULE	1			TRETIN-X 0.025% CREAM COMB PCK	3
TOPIRAMATE.ER 25 MG CAPSULE	1			TRETIN-X 0.05% COMBO PACK	3
TOPIRAMATE.ER 50 MG CAPSULE	1			TRETIN-X 0.075% CREAM	3
TOREMIFENE CITRATE 60 MG TAB	3			TRETIN-X 0.1% COMBO PACK	3
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

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TRIAZOLAM 0.125 MG TABLET	1		TROPICAMIDE 1% EYE DROP	1	
TRIAZOLAM 0.25 MG TABLET	1		TROPICAMIDE 1% EYE DROPS	1	
TRIDERM 0.1% CREAM	1		TROSPIMUM CHLORIDE 20 MG TABLET	1	
TRIDERM 0.5% CREAM	1		TROSPIMUM CHLORIDE ER 60 MG CAP	1	
TRI-ESTARYLLA TABLET	1		TRUE CMFRT PRO 0.5ML 30G 5/16"	2	
TRIFLUOPERAZINE 1 MG TABLET	1		TRUE CMFRT PRO 0.5ML 31G 5/16"	2	
TRIFLUOPERAZINE 10 MG TABLET	1		TRUE CMFRT PRO 0.5ML 32G 5/16"	2	
TRIFLUOPERAZINE 2 MG TABLET	1		TRUE CMFT SFTY PEN NDL 31G 5MM	2	
TRIFLUOPERAZINE 5 MG TABLET	1		TRUE CMFT SFTY PEN NDL 31G 6MM	2	
TRIFLURIDINE 1% EYE DROPS	1		TRUE CMFT SFTY PEN NDL 32G 4MM	2	
TRIHEXYPHENIDYL 2 MG TABLET	1		TRUE COMFORT 0.5 ML 31GX5/16"	2	
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	1		TRUE COMFORT 1 ML 31GX5/16"	2	
TRIHEXYPHENIDYL 5 MG TABLET	1		TRUE COMFORT PEN NDL 31G 5MM	2	
TRIKAFTA 100-50-75 MG/150 MG	4	PA, QL, LDD, SRX	TRUE COMFORT PEN NDL 31G 6MM	2	
TRIKAFTA 100-50-75 MG/75MG PKT	4	PA, QL, LDD, SRX	TRUE COMFORT PEN NDL 31G 8MM	2	
TRIKAFTA 50-25-37.5 MG/75 MG	4	PA, QL, LDD, SRX	TRUE COMFORT PEN NDL 31GX5MM	2	
TRIKAFTA 80-40-60MG/59.5MG PKT	4	PA, QL, LDD, SRX	TRUE COMFORT PEN NDL 31GX6MM	2	
TRI-LEGEST FE-28 DAY TABLET	1		TRUE COMFORT PEN NDL 32G 4MM	2	
TRI-LINYAH TABLET	1		TRUE COMFORT PEN NDL 32G 5MM	2	
TRI-LO-ESTARYLLA TABLET	1		TRUE COMFORT PEN NDL 32G 6MM	2	
TRI-LO-MARZIA TABLET	1		TRUE COMFORT PEN NDL 32GX4MM	2	
TRI-LO-MILI TABLET	1		TRUE COMFORT PEN NDL 33G 4MM	2	
TRI-LO-SPRINTEC TABLET	1		TRUE COMFORT PEN NDL 33G 5MM	2	
TRIMETHOBENZAMIDE 300 MG CAP	1		TRUE COMFORT PEN NDL 33G 6MM	2	
TRIMETHOPRIM 100 MG TABLET	1		TRUE COMFORT PRO 1 ML 30G 1/2"	2	
TRI-MILI 28 TABLET	1		TRUE COMFORT PRO 1ML 30G 5/16"	2	
TRIMIPRAMINE MALEATE 100 MG CP	1		TRUE COMFORT PRO 1ML 31G 5/16"	2	
TRIMIPRAMINE MALEATE 25 MG CAP	1		TRUE COMFORT PRO 1ML 32G 5/16"	2	
TRIMIPRAMINE MALEATE 50 MG CAP	1		TRUE COMFORT PRO 0.5ML 30G 1/2"	2	
TRINATAL RX 1	1		TRUE COMFORT PRO 1ML 31G 5/16"	2	
TRINTELLIX 10 MG TABLET	3	QL, ST	TRUE COMFORT PRO 1ML 32G 5/16"	2	
TRINTELLIX 20 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 1 CTRL SOLN	2	
TRINTELLIX 5 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 2 CTRL SOLN	2	
TRI-NYMYO 28 TABLET	1		TRUE METRIX LEVEL 3 CTRL SOLN	2	
TRI-PREVIFEM TABLET	1		TRUECONTROL GLUCOSE SOLUTION	2	
TRI-SPRINTEC TABLET	1		TRUEPLUS KETONE TEST STRIP	2	
TRIUMEQ 600-50-300 MG TABLET	2	QL	TRUEPLUS PEN NEEDLE 29G 12MM	2	
TRIUMEQ PD 60-5-30 MG TAB SUSP	2	QL	TRUEPLUS PEN NEEDLE 29GX1/2"	2	
TRI-VITE-FLUORIDE 0.25 MG/ML	1		TRUEPLUS PEN NEEDLE 31G 5MM	2	
TRI-VITE-FLUORIDE 0.5 MG/ML	1		TRUEPLUS PEN NEEDLE 31G 8MM	2	
TRI-VIT-FLUOR 0.25 MG/ML DROP	1		TRUEPLUS PEN NEEDLE 31G X 1/4"	2	
TRI-VIT-FLUOR 0.5 MG/ML DROP	1		TRUEPLUS PEN NEEDLE 31GX3/16"	2	
TRIVORA-28 TABLET	1		TRUEPLUS PEN NEEDLE 31GX5/16"	2	
TRI-VYLIBRA 28 TABLET	1		TRUEPLUS PEN NEEDLE 32GX5/32"	2	
TRI-VYLIBRA LO TABLET	1		TRUEPLUS SYR 0.3ML 29GX1/2"	2	
TROPICAMIDE 0.5% EYE DROP	1		TRUEPLUS SYR 0.3ML 30GX5/16"	2	
TROPICAMIDE 0.5% EYE DROPS	1		TRUEPLUS SYR 0.3ML 31GX5/16"	2	
			TRUEPLUS SYR 0.5ML 28GX1/2"	2	
			TRUEPLUS SYR 0.5ML 29GX1/2"	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TRUEPLUS SYR 0.5ML 30GX5/16"	2			ULTICARE PEN NEEDLE 8 MM 31G	2
TRUEPLUS SYR 0.5ML 31GX5/16"	2			ULTICARE PEN NEEDLE 8MM 31G	2
TRUEPLUS SYR 1ML 28GX1/2"	2			ULTICARE PEN NEEDLES 12MM 29G	2
TRUEPLUS SYR 1ML 29GX1/2"	2			ULTICARE PEN NEEDLES 4MM 32G	2
TRUEPLUS SYR 1ML 30GX5/16"	2			ULTICARE PEN NEEDLES 6MM 31G	2
TRUEPLUS SYR 1ML 31GX5/16"	2			ULTICARE PEN NEEDLES 6MM 32G	2
TRULICITY 0.75 MG/0.5 ML PEN	2	PA, QL		ULTICARE PEN NEEDLES 8MM 31G	2
TRULICITY 1.5 MG/0.5 ML PEN	2	PA, QL		ULTICARE SAFE PEN NDJ 30G 8MM	2
TRULICITY 3 MG/0.5 ML PEN	2	PA, QL		ULTICARE SAFE PEN NDJ 5MM 30G	2
TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL		ULTICARE SAFETY 0.5 ML 29GX1/2	2
TRUMENBA 120 MCG/0.5 ML VACCIN	2			ULTICARE SYR 0.3 ML 30GX1/2"	2
TRUST NATAL DHA	1			ULTICARE SYR 0.3 ML 30GX5/16"	2
TRUSTEEL INFUSION SET 23" 6MM	2			ULTICARE SYR 0.3 ML 31GX5/16"	2
TRUSTEEL INFUSION SET 23" 8MM	2			ULTICARE SYR 0.5 ML 29GX1/2"	2
TRUSTEEL INFUSION SET 32" 6MM	2			ULTICARE SYR 0.5 ML 30GX1/2"	2
TRUSTEEL INFUSION SET 32" 8MM	2			ULTICARE SYR 0.5 ML 30GX5/16"	2
TRUZONE PEAK FLOW METER	2			ULTICARE SYR 0.5 ML 31GX5/16"	2
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 NDJ 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

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
ULTRA COMFORT 1 ML 29GX1/2"	2		UNIFINE PENTIPS 12MM 29G	2	
ULTRA COMFORT 1 ML 30GX5/16"	2		UNIFINE PENTIPS 29G 12MM	2	
ULTRA COMFORT 1 ML 31GX5/16"	2		UNIFINE PENTIPS 31G 5MM	2	
ULTRA COMFORT 1 ML SYRINGE	2		UNIFINE PENTIPS 31G 6MM	2	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	2		UNIFINE PENTIPS 31G 8MM	2	
ULTRA FLO 0.3ML 30G 5/16"(1/2)	2		UNIFINE PENTIPS 31GX3/16"	2	
ULTRA FLO 0.3ML 31G 5/16"(1/2)	2		UNIFINE PENTIPS 32G 4MM	2	
ULTRA FLO PEN NEEDLE 31G 5MM	2		UNIFINE PENTIPS 32G 6MM	2	
ULTRA FLO PEN NEEDLE 31G 8MM	2		UNIFINE PENTIPS 32GX1/4"	2	
ULTRA FLO PEN NEEDLE 32G 4MM	2		UNIFINE PENTIPS 32GX5/32"	2	
ULTRA FLO PEN NEEDLE 33G 4MM	2		UNIFINE PENTIPS 33GX5/32"	2	
ULTRA FLO PEN NEEDLES 12MM 29G	2		UNIFINE PENTIPS 6MM 31G	2	
ULTRA FLO SYR 0.3 ML 29GX1/2"	2		UNIFINE PENTIPS 6MM NEEDLE	2	
ULTRA FLO SYR 0.3 ML 30G 5/16"	2		UNIFINE PENTIPS 8MM 31G	2	
ULTRA FLO SYR 0.3 ML 31G 5/16"	2		UNIFINE PENTIPS 8MM NEEDLE	2	
ULTRA FLO SYR 0.5 ML 29G 1/2"	2		UNIFINE PENTIPS MAX 30GX3/16"	2	
ULTRA THIN PEN NDL 32G X 4MM	2		UNIFINE PENTIPS NEEDLES 29G	2	
ULTRACARE INS 0.3 ML 30GX5/16"	2		UNIFINE PENTIPS PLUS 29GX1/2"	2	
ULTRACARE INS 0.3 ML 31GX5/16"	2		UNIFINE PENTIPS PLUS 31GX1/4"	2	
ULTRACARE INS 0.5 ML 30GX1/2"	2		UNIFINE PENTIPS PLUS 31GX3/16"	2	
ULTRACARE INS 0.5 ML 30GX5/16"	2		UNIFINE PENTIPS PLUS 31GX5/16"	2	
ULTRACARE INS 0.5 ML 31GX5/16"	2		UNIFINE PENTIPS PLUS 32GX5/32"	2	
ULTRACARE INS 1 ML 30G X 5/16"	2		UNIFINE PENTIPS PLUS 33GX5/32"	2	
ULTRACARE INS 1 ML 30GX1/2"	2		UNIFINE PENTIPS PLUS 30GX3/16"	2	
ULTRACARE INS 1 ML 31G X 5/16"	2		UNIFINE SAFECONTROL 30GX3/16"	2	
ULTRACARE PEN NEEDLE 31GX1/4"	2		UNIFINE SAFECONTROL 30GX5/16"	2	
ULTRACARE PEN NEEDLE 31GX3/16"	2		UNIFINE SAFECONTROL 32G 4MM	2	
ULTRACARE PEN NEEDLE 31GX5/16"	2		UNIFINE ULTRA PEN NDL 31G 5MM	2	
ULTRACARE PEN NEEDLE 32GX1/4"	2		UNIFINE ULTRA PEN NDL 31G 6MM	2	
ULTRACARE PEN NEEDLE 32GX3/16"	2		UNIFINE ULTRA PEN NDL 31G 8MM	2	
ULTRACARE PEN NEEDLE 32GX5/32"	2		UNIFINE ULTRA PEN NDL 32G 4MM	2	
ULTRACARE PEN NEEDLE 33GX5/32"	2		UNISTRIP CONTROL SOLUTION HIGH	2	
ULTRA-FINE MICRO PEN NEEDLE	2		UNISTRIP CONTROL SOLUTION LOW	2	
ULTRA-THIN II 1 ML 31GX5/16"	2		UNITHROID 100 MCG TABLET	1	
ULTRA-THIN II INS 0.3 ML 30G	2		UNITHROID 112 MCG TABLET	1	
ULTRA-THIN II INS 0.3 ML 31G	2		UNITHROID 125 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 29G	2		UNITHROID 137 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 30G	2		UNITHROID 150 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 31G	2		UNITHROID 175 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 29G	2		UNITHROID 200 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 30G	2		UNITHROID 25 MCG TABLET	1	
ULTRA-THIN II PEN NDL 29GX1/2"	2		UNITHROID 300 MCG TABLET	1	
ULTRA-THIN II PEN NDL 31GX5/16	2		UNITHROID 50 MCG TABLET	1	
ULTRATRAK CONTROL SOL NORMAL	2		UNITHROID 75 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	2		UNITHROID 88 MCG TABLET	1	
ULTRATRAK ULTIMATE CNTRL SOLN	2		URISTIX 4 REAGENT STRIPS	2	
UNIFINE PEN NEEDLE 32G 4MM	2		URISTIX REAGENT STRIPS	2	

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
UROQID-ACID NO.2 500-500 TB	3		2	
URSODIOL 250 MG TABLET	1		2	
URSODIOL 300 MG CAPSULE	1		2	
URSODIOL 500 MG TABLET	1		2	
USTELL CAPSULE	1		2	
UTIRA-C TABLET	1		2	
VALACYCLOVIR HCL 1 GRAM TABLET	1		2	
VALACYCLOVIR HCL 500 MG TABLET	1		2	
VALGANCICLOVIR 450 MG TABLET	3		2	
VALGANCICLOVIR HCL 50 MG/ML	3		1	
VALPROIC ACID 250 MG CAPSULE	1		3	
VALPROIC ACID 250 MG/5 ML SOLN	1		4	PA, SRX
VALPROIC ACID 500 MG/10 ML SOL	1		4	PA, QL, LDD, SRX
VALSARTAN 160 MG TABLET	1		4	PA, QL, LDD, SRX
VALSARTAN 320 MG TABLET	1		4	PA, QL, LDD, SRX
VALSARTAN 40 MG TABLET	1		4	PA, QL, LDD, SRX
VALSARTAN 80 MG TABLET	1		4	PA, QL, LDD, SRX
VALSARTAN-HCTZ 160-12.5 MG TAB	1		1	QL
VALSARTAN-HCTZ 160-25 MG TAB	1		1	QL
VALSARTAN-HCTZ 320-12.5 MG TAB	1		1	QL
VALSARTAN-HCTZ 320-25 MG TAB	1		1	QL
VALSARTAN-HCTZ 80-12.5 MG TAB	1		1	QL
VANADOM 350 MG TABLET	1		1	QL
VANCOMYCIN HCL 125 MG CAPSULE	3	QL	1	QL
VANCOMYCIN HCL 250 MG CAPSULE	3	QL	1	QL
VANDAZOLE VAGINAL 0.75% GEL	1		4	PA, LDD, SRX
VANISHPOINT 0.5 ML 30GX1/2" SY	2		4	PA, LDD, SRX
VANISHPOINT 20GX1" 3 ML SYRING	2		1	
VANISHPOINT 21GX1.5" 3 ML SYR	2		1	
VANISHPOINT 22GX1" 3 ML SYR	2		1	
VANISHPOINT 23GX1" 3 ML SYRING	2		1	
VANISHPOINT 23GX1-1/2 3 ML SYR	2		1	
VANISHPOINT 25GX1" 3 ML SYRING	2		1	
VANISHPOINT 25GX5/8" 3 ML SYR	2		1	
VANISHPOINT 3 ML 21GX1" SYRING	2		1	
VANISHPOINT 3 ML 22GX1.5" SYRG	2		1	
VANISHPOINT INS 1 ML 30GX3/16"	2		1	
VANISHPOINT U-100 29X1/2 SYR	2		1	
VAQTA 25 UNITS/0.5 ML SYRINGE	2		1	
VAQTA 25 UNITS/0.5 ML VIAL	2		1	
VAQTA 50 UNITS/ML SYRINGE	2		1	
VAQTA 50 UNITS/ML VIAL	2		1	
VARENICLINE STARTING MONTH BOX	2		1	
VARENICLINE 0.5 MG TABLET	2		2	
VARENICLINE 1 MG TABLET	2		3	
VARISOFT INFUSION SET 23" 13MM	2		2	
VARISOFT INFUSION SET 23" 17MM	2		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
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	

2024 Cigna Plus Mississippi 4-Tier Prescription Drug List

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

2024 Cigna Plus Mississippi 4-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
XARELTO DVT-PE TREAT START 30D	2	PA, QL	ZETONNA 37 MCG NASAL SPRAY	3 ST
XELJANZ 1 MG/ML SOLUTION	4	PA, QL, SRX	ZIDOVDINE 100 MG CAPSULE	1
XELJANZ 10 MG TABLET	4	PA, QL, SRX	ZIDOVDINE 300 MG TABLET	1
XELJANZ 5 MG TABLET	4	PA, QL, SRX	ZIDOVDINE 50 MG/5 ML SYRUP	1
XELJANZ XR 11 MG TABLET	4	PA, QL, SRX	ZILEUTON ER 600 MG TABLET	4 SRX
XELJANZ XR 22 MG TABLET	4	PA, QL, SRX	ZIOPTAN 0.0015% EYE DROP	3 QL
XIFAXAN 200 MG TABLET	3	PA, QL	ZIOPTAN 0.0015% EYE DROPS	3 QL
XIFAXAN 550 MG TABLET	3	PA, QL	ZIPRASIDONE HCL 20 MG CAPSULE	1
XIGDUO XR 10 MG-1,000 MG TAB	2	QL	ZIPRASIDONE HCL 40 MG CAPSULE	1
XIGDUO XR 10 MG-500 MG TABLET	2	QL	ZIPRASIDONE HCL 60 MG CAPSULE	1
XIGDUO XR 2.5 MG-1,000 MG TAB	2	QL	ZIPRASIDONE HCL 80 MG CAPSULE	1
XIGDUO XR 5 MG-1,000 MG TABLET	2	QL	ZIRGAN 0.15% OPHTHALMIC GEL	3
XIGDUO XR 5 MG-500 MG TABLET	2	QL	ZOLADEX 10.8 MG IMPLANT SYRN	4 PA, SRX
XOLAIR 150 MG/1.2 ML POWDER VL	4	PA, LDD, SRX	ZOLADEX 3.6 MG IMPLANT SYRN	4 PA, SRX
XOLAIR 150 MG/ML SYRINGE	4	PA, LDD, SRX	ZOLINZA 100 MG CAPSULE	4 PA, QL, SRX
XOLAIR 75 MG/0.5 ML SYRINGE	4	PA, LDD, SRX	ZOLMITRIPTAN 2.5 MG ODT	1 QL
XTAMPZA ER 13.5 MG CAPSULE	2	PA	ZOLMITRIPTAN 2.5 MG TABLET	1 QL
XTAMPZA ER 18 MG CAPSULE	2	PA	ZOLMITRIPTAN 5 MG ODT	1 QL
XTAMPZA ER 27 MG CAPSULE	2	PA	ZOLMITRIPTAN 5 MG TABLET	1 QL
XTAMPZA ER 36 MG CAPSULE	2	PA	ZOLPIDEM TART ER 12.5 MG TAB	1
XTAMPZA ER 9 MG CAPSULE	2	PA	ZOLPIDEM TART ER 6.25 MG TAB	1
XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX	ZOLPIDEM TARTRATE 10 MG TABLET	1
XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX	ZOLPIDEM TARTRATE 5 MG TABLET	1
XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX	ZONISAMIDE 100 MG CAPSULE	1
XULANE 150-35 MCG/DAY PATCH	1		ZONISAMIDE 25 MG CAPSULE	1
YALE NEEDLES 21GX1.25"	2		ZONISAMIDE 50 MG CAPSULE	1
YOURX ULTICARE PEN NDJ 4MM 32G	2		ZOSTAVAX VIAL	2
YOURX ULTICARE PEN NDJ 6MM 31G	2		ZOVIA 1-35 TABLET	1
YOURX ULTICARE PEN NDJ 8MM 31G	2		ZUMANDIMINE 3 MG-0.03 MG TAB	1
YUVAFEM 10 MCG VAGINAL INSERT	1	QL	ZYDELIG 100 MG TABLET	4 PA, QL, LDD, SRX
ZAFEMY 150-35 MCG/DAY PATCH	1		ZYDELIG 150 MG TABLET	4 PA, QL, LDD, SRX
ZAFIRLUKAST 10 MG TABLET	1		ZYKADIA 150 MG TABLET	4 PA, QL, SRX
ZAFIRLUKAST 20 MG TABLET	1		ZYLET EYE DROPS	3 PA
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		

Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

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

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

A. Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

Q. Can I fill my prescriptions by mail?

A. Yes.⁴

Express Scripts® Pharmacy for maintenance medications

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

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

Here are three easy ways to get started.

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

Accredo® for specialty medications

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

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

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

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

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

1. , except for treatment of an Emergency Medical Condition.
2. Any stated in this Policy.
3. Services in this Policy.
4. Services or supplies that are .
5. Services or supplies that are considered to be for .
6. Services .
7. Services .
8. Services or for which no charge would be made if you did not have a health plan or insurance coverage.
9. Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, , even if the Insured Person does not claim those benefits.
10. Conditions caused by: (a) an ; (b) the when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person ; (d) an Insured Person (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a (whether or not charged) (f) an Insured Person being intoxicated, as defined by applicable state law in the state where the Illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician.
11. Any , except when payment under this Policy is expressly required by federal or state law.
12. Any services required by state or federal law to be supplied by a public school system or school district.
13. Any (except Medicaid). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
14. Part A, B, C or D, Cigna Healthcare will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna Healthcare would have paid if it were the sole insurance carrier.
15. , unless such treatment is prescribed by a Physician and listed as covered in this Policy.
16. Professional any of the following:
 - Yourself or your employer;
 - A person who lives in the Insured Person's home, or that person's employer;
 - A person who is related to the Insured Person by blood, marriage or adoption, or that person's employer; or
 - A facility or health care professional that provides remuneration to you, directly or indirectly, or to an organization from which you receive, directly or indirectly, remuneration.
17. Services of a Hospital emergency room as defined in this Policy.
18. .
19. except when provided as part of the home health care services or Hospice Care Services benefit in this Policy.
20. Inpatient room and board
21. Services received during behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
22. : massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under "Rehabilitative Therapy" and "Habilitative Therapy" are not subject to this exclusion.
23. Any services or supplies a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. , including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. or services which do not require licensure to perform, for example—meditation, breathing exercises, guided visualization.
26. Inpatient room and board which could have been performed safely on an outpatient basis.
27. to a free-standing or Hospital-based diagnostic facility.
28. Services , when that Physician or other Provider:
 - Has not been actively involved in your medical care

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

prior to ordering the service, or

- Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.

29. , dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
30. , braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. : dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. Any services covered under and reimbursed under the dental plan will not be reimbursed under this plan.
33. including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this Policy, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. except as provided under Preventive Care.
35. or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
36. 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. , eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision Care.
37. An of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
38. or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
39. , including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this Policy.
40. , including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, except as otherwise stated in this Policy.
41. redundant skin surgery including abdominoplasty/ panniculectomy, removal of skin tags, craniosacral/ cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries
42. Procedures, surgery or treatments to to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
43. Any treatment, Prescription Drug, service or supply , enhance sexual performance or increase sexual desire.
44. All services related to , including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT).
45. of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
46. Fees associated with the , except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
47. Blood administration
48. (except when joined to Braces), shoe inserts, foot Orthotic Devices.
49. or power controls for Prosthetic limbs and terminal devices.
50. peripheral nerve stimulators.
51. unless Medically Necessary, when a less-costly alternative is not sufficient.
52. .
53. , except when used postoperatively for synostotic plagiocephaly.
54. , shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
55. Orthoses primarily used for cosmetic rather than functional reasons.
56. , except the following non-foot Orthoses are covered when Medically Necessary:

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

- Rigid and semi-rigid custom fabricated Orthoses;
 - Semi-rigid pre-fabricated and flexible Orthoses; and
 - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
57. Services primarily for , or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
58. that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this Policy.
59. Therapy or treatment or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
60. except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
61. , except as stated in this Policy.
62. not specifically listed as Covered Services in the “Comprehensive Benefits: What the Policy Pays For” section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
63. except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under “Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)” in the section of this Policy titled “Comprehensive Benefits: What the Policy Pays For.”
64. charges except as specifically stated under “Foreign Country Providers” in the section of this Policy titled
- “Comprehensive Benefits: What the Policy Pays For.”
65. including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, a systemic condition, Injury or symptoms involving the feet except as otherwise stated in this Policy.
66. because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
67. Charges for the .
68. Charges for .
69. , except in the event of a legal incapacity.
70. Services obtained from a 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 limited to a 30-day supply.**
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN LƯU 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).