

Individual & Family Plans

Cigna Health and Life Insurance Company



2024 Cigna Healthcare Plus Mississippi 5-Tier Prescription Drug List

Coverage as of January 1, 2024

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View the drug list online



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



Cigna.com/ifp-drug-list. Select **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 Healthcare Plus Mississippi 5-Tier Prescription Drug List as of January 1, 2024. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **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 5-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

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

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

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

Specialty medications

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

Tiers

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

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

Abbreviations next to medications

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

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

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

Abbreviations next to medications (cont.)

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

Plan exclusions

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

How to find your medication

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

Letter your medication starts with	Page	Letter your medication starts with	Page
I-2	6	M-N	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		

2024 Cigna Plus Mississippi 5-Tier Prescription Drug List

Medication Name	Tier	Notes
1ST TIER UNIFINE PENTP 5MM 31G	3	
1ST TIER UNIFINE PNTIP 4MM 32G	3	
1ST TIER UNIFINE PNTIP 6MM 31G	3	
1ST TIER UNIFINE PNTIP 8MM 31G	3	
1ST TIER UNIFINE PNTP 12MM 29G	3	
1ST TIER UNIFINE PNTP 29GX1/2"	3	
1ST TIER UNIFINE PNTP 31GX1/4"	3	
1ST TIER UNIFINE PNTP 31GX3/16	3	
1ST TIER UNIFINE PNTP 31GX5/16	3	
1ST TIER UNIFINE PNTP 32GX5/32	3	
2TEK CONTROL SOLUTION	3	
ABACAVIR 20 MG/ML SOLUTION	2	
ABACAVIR 300 MG TABLET	2	
ABACAVIR-LAMIVUDINE 600-300 MG	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ABIRATERONE ACETATE 250 MG TAB	5	PA, LDD, SRX
ABIRATERONE ACETATE 500 MG TAB	5	PA, LDD, SRX
ABOUTIME PEN NEEDLE 30G X 8MM	3	
ABOUTIME PEN NEEDLE 31G X 5MM	3	
ABOUTIME PEN NEEDLE 31G X 8MM	3	
ABOUTIME PEN NEEDLE 32G X 4MM	3	
ACAMPROSATE CALC DR 333 MG TAB	3	
ACARBOSE 100 MG TABLET	2	
ACARBOSE 25 MG TABLET	2	
ACARBOSE 50 MG TABLET	2	
ACCU-CHEK AVIVA SOLUTION	3	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	
ACCU-CHEK SMARTVIEW CONTRL SOL	3	
ACCUTANE 10 MG CAPSULE	4	
ACCUTANE 20 MG CAPSULE	4	
ACCUTANE 30 MG CAPSULE	4	
ACCUTANE 40 MG CAPSULE	4	
ACCUTREND GLUCOSE CONTROL	3	
ACE AEROSOL CLOUD ENHANCER	3	QL
ACEBUTOLOL 200 MG CAPSULE	2	
ACEBUTOLOL 400 MG CAPSULE	2	
ACETAMN-CAF-DIHYDRCODEIN 320.5	2	PA
ACETAMIN-CODEIN 300-30 MG/12.5	2	
ACETAMINOP-CODEINE 120-12 MG/5	2	
ACETAMINOPHEN-COD #2 TABLET	2	PA
ACETAMINOPHEN-COD #3 TABLET	2	PA
ACETAMINOPHEN-COD #4 TABLET	2	PA
ACETAZOLAMIDE 125 MG TABLET	2	
ACETAZOLAMIDE 250 MG TABLET	2	
ACETAZOLAMIDE ER 500 MG CAP	2	
ACETIC ACID 0.25% IRRIG SOLN	2	
ACETIC ACID 2% EAR SOLUTION	2	

Medication Name	Tier	Notes
ACETYLCYSTEINE 10% VIAL	2	
ACETYLCYSTEINE 20% VIAL	2	
ACITRETIN 10 MG CAPSULE	4	
ACITRETIN 17.5 MG CAPSULE	4	
ACITRETIN 25 MG CAPSULE	4	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
ACTEMRA ACTPEN	5	PA, QL, SRX
ACTHIB VACCINE VIAL	3	
ACTHIB VACCINE WITH DILUENT	3	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSP	2	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	3	
ADACEL TDAP VIAL	3	
ADALIMUMAB-ADAZ	5	PA, QL, SRX
ADALIMUMAB-ADBM	5	PA, QL, SRX
ADALIMUMAB-RYVK	5	PA, QL, SRX
ADAPALENE 0.1% CREAM	2	PA_AGE
ADAPALENE 0.1% GEL	2	PA_AGE
ADAPALENE 0.1% LOTION	2	PA_AGE
ADAPALENE 0.1% SOLUTION	2	PA_AGE
ADAPALENE 0.3% GEL	2	PA_AGE
ADAPALENE 0.3% GEL PUMP	2	PA_AGE
ADEFOVIR DIPIVOXIL 10 MG TAB	5	SRX
ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX
ADEMPAS 1 MG TABLET	5	PA, LDD, SRX
ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX
ADEMPAS 2 MG TABLET	5	PA, LDD, SRX
ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ADVOCATE CONTROL SOLUTION HIGH	3	
ADVOCATE CONTROL SOLUTION LOW	3	
ADVOCATE INS 0.3 ML 30GX5/16"	3	
ADVOCATE INS 0.3 ML 31GX5/16"	3	
ADVOCATE INS 0.5 ML 30GX5/16"	3	
ADVOCATE INS 0.5 ML 31GX5/16"	3	
ADVOCATE INS 1 ML 31GX5/16"	3	
ADVOCATE INS SYR 0.3ML 29GX1/2	3	
ADVOCATE INS SYR 0.5ML 29GX1/2	3	
ADVOCATE INS SYR 1 ML 29GX1/2"	3	
ADVOCATE INS SYR 1 ML 30GX5/16	3	
ADVOCATE PEN ND. 12.7MM 29G	3	
ADVOCATE PEN NEEDLE	3	
ADVOCATE PEN NEEDLES 5MM 31G	3	
ADVOCATE PEN NEEDLES 8MM 31G	3	
ADVOCATE REDI-CODE+ CTRL SOLN	3	

2024 Cigna Plus Mississippi 5-Tier Prescription Drug List

Medication Name	Tier	Notes
AEROCHAMBER MINI	3	QL
AEROCHAMBER MV	3	QL
AEROCHAMBER PLUS FLOW-VU	3	QL
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL
AEROCHAMBER PLUS FLOW-VU MED	3	QL
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL
AEROCHAMBER WITH FLOWSIGNAL	3	QL
AEROCHAMBER Z-STAT PLUS LARGE	3	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL
AEROCHAMBER Z-STAT PLUS-MED	3	QL
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL
AEROGear ASTHMA ACTION KIT	3	
AEROTRACH HOLDING CHAMBER	3	QL
AEROVENT PLUS	3	QL
AFIRMELLE-28 TABLET	1	
AFLURIA QUAD	3	
AFTER PILL	1	
AFTERA 1.5 MG TABLET	1	
AGAMATRIX HIGH CONTROL SOLN	3	
AGAMATRIX NORM-HI CONTROL SOLN	3	
AIRZONE PEAK FLOW METER	3	
AK-POLY-BAC	2	
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX
ALBENDAZOLE 200 MG TABLET	4	PA
ALBUSTIX REAGENT	3	
ALBUTEROL 100 MG/20 ML SOLN	2	
ALBUTEROL 2.5 MG/0.5 ML SOL	2	
ALBUTEROL 25 MG/5 ML SOLUTION	2	
ALBUTEROL 5 MG/ML SOLUTION	2	
ALBUTEROL HFA 90 MCG INHALER	2	QL
ALBUTEROL SUL 0.63 MG/3 ML SOL	2	
ALBUTEROL SUL 1.25 MG/3 ML SOL	2	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	
ALBUTEROL SULF 2 MG/5 ML SYRUP	2	
ALBUTEROL SULFATE 2 MG TAB	2	
ALBUTEROL SULFATE 4 MG TAB	2	
ALBUTEROL SULFATE ER 4 MG TAB	2	
ALBUTEROL SULFATE ER 8 MG TAB	2	
ALCAINE	2	
ALCLOMETASONE DIPR 0.05% OINT	2	
ALCLOMETASONE DIPRO 0.05% CRM	2	
ALCOHOL 70% PADS	3	
ALCOHOL 70% SWABS	3	
ALCOHOL PREP PAD	3	
ALECENSA	5	PA, QL, LDD, SRX
ALENDRONATE SOD 70 MG/75 ML	2	
ALENDRONATE SODIUM 10 MG TAB	1	

Medication Name	Tier	Notes
ALENDRONATE SODIUM 35 MG TAB	1	
ALENDRONATE SODIUM 5 MG TABLET	1	
ALENDRONATE SODIUM 70 MG TAB	2	
ALFUZOSIN HCL ER 10 MG TABLET	2	
ALINIA 100 MG/5 ML SUSPENSION	4	
ALISKIREN 150 MG TABLET	4	QL
ALISKIREN 300 MG TABLET	4	QL
ALKALINE BATTERIES	3	
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
ALMOTRIPTAN MALATE 12.5 MG TAB	2	QL
ALMOTRIPTAN MALATE 6.25 MG TAB	2	QL
ALOCRIAL	4	
ALOMIDE 0.1% EYE DROP	4	
ALOSETRON HCL 0.5 MG TABLET	5	SRX
ALOSETRON HCL 1 MG TABLET	5	SRX
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM ER 0.5 MG TABLET	2	
ALPRAZOLAM ER 1 MG TABLET	2	
ALPRAZOLAM ER 2 MG TABLET	2	
ALPRAZOLAM ER 3 MG TABLET	2	
ALPRAZOLAM INTENSOL	2	
ALPRAZOLAM ODT 0.25 MG TAB	2	
ALPRAZOLAM ODT 0.5 MG TAB	2	
ALPRAZOLAM ODT 1 MG TAB	2	
ALPRAZOLAM ODT 2 MG TAB	2	
ALPRAZOLAM XR 0.5 MG TABLET	2	
ALPRAZOLAM XR 1 MG TABLET	2	
ALPRAZOLAM XR 2 MG TABLET	2	
ALPRAZOLAM XR 3 MG TABLET	2	
ALTABAX 1% OINTMENT	4	
ALTACAINE	2	
ALTAVERA-28 TABLET	1	
ALVESCO 80 MCG INHALER	3	
ALVESCO 160 MCG INHALER	3	
ALYACEN 1-35 28 TABLET	1	
ALYACEN 7-7-7-28 TABLET	1	
ALYQ	5	PA, SRX
AMABELZ 0.5 MG-0.1 MG TABLET	2	
AMABELZ 1 MG-0.5 MG TABLET	2	
AMANTADINE 100 MG CAPSULE	2	
AMANTADINE 100 MG TABLET	2	
AMANTADINE 100 MG/10 ML SOLN	2	
AMANTADINE 50 MG/5 ML SOLUTION	2	

2024 Cigna Plus Mississippi 5-Tier Prescription Drug List

Medication Name	Tier	Notes
AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX
AMCINONIDE 0.1% CREAM	2	
AMCINONIDE 0.1% LOTION	2	
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	2	
AMILORIDE HCL-HCTZ 5-50 MG TAB	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	5	PA, SRX
AMINOCAPROIC ACID 1,000 MG TAB	5	PA, SRX
AMINOCAPROIC ACID 500 MG TAB	5	PA, SRX
AMIODARONE HCL 100 MG TABLET	2	
AMIODARONE HCL 200 MG TABLET	2	
AMIODARONE HCL 400 MG TABLET	2	
AMITRIPTYLINE HCL 10 MG TAB	1	
AMITRIPTYLINE HCL 100 MG TAB	2	
AMITRIPTYLINE HCL 150 MG TAB	2	
AMITRIPTYLINE HCL 25 MG TAB	1	
AMITRIPTYLINE HCL 50 MG TAB	1	
AMITRIPTYLINE HCL 75 MG TAB	1	
AMLODIPINE BESYLATE 10 MG TAB	2	
AMLODIPINE BESYLATE 2.5 MG TAB	2	
AMLODIPINE BESYLATE 5 MG TAB	2	
AMLODIPINE-ATORVAST 10-10 MG	2	
AMLODIPINE-ATORVAST 10-20 MG	2	
AMLODIPINE-ATORVAST 10-40 MG	2	
AMLODIPINE-ATORVAST 10-80 MG	2	
AMLODIPINE-ATORVAST 2.5-10 MG	2	
AMLODIPINE-ATORVAST 2.5-20 MG	2	
AMLODIPINE-ATORVAST 2.5-40 MG	2	
AMLODIPINE-ATORVAST 5-10 MG	2	
AMLODIPINE-ATORVAST 5-20 MG	2	
AMLODIPINE-ATORVAST 5-40 MG	2	
AMLODIPINE-ATORVAST 5-80 MG	2	
AMLODIPINE-BENAZEPRIL 10-20 MG	2	
AMLODIPINE-BENAZEPRIL 10-40 MG	2	
AMLODIPINE-BENAZEPRIL 2.5-10	2	
AMLODIPINE-BENAZEPRIL 5-10 MG	2	
AMLODIPINE-BENAZEPRIL 5-20 MG	2	
AMLODIPINE-BENAZEPRIL 5-40 MG	2	
AMLODIPINE-OLMESARTAN 10-20 MG	2	
AMLODIPINE-OLMESARTAN 10-40 MG	2	
AMLODIPINE-OLMESARTAN 5-20 MG	2	
AMLODIPINE-OLMESARTAN 5-40 MG	2	
AMLODIPINE-VALSARTAN 10-160 MG	2	
AMLODIPINE-VALSARTAN 10-320 MG	2	
AMLODIPINE-VALSARTAN 5-160 MG	2	

Medication Name	Tier	Notes
AMLODIPINE-VALSARTAN 5-320 MG	2	
AMLOD-VALSA-HCTZ 10-160-12.5MG	2	
AMLOD-VALSA-HCTZ 10-160-25 MG	2	
AMLOD-VALSA-HCTZ 10-320-25 MG	2	
AMLOD-VALSA-HCTZ 5-160-12.5 MG	2	
AMLOD-VALSA-HCTZ 5-160-25 MG	2	
AMMONIUM LACTATE 12% CREAM	2	
AMMONIUM LACTATE 12% LOTION	2	
AMNESTEEM 10 MG CAPSULE	4	
AMNESTEEM 20 MG CAPSULE	4	
AMNESTEEM 40 MG CAPSULE	4	
AMOXAPINE 100 MG TABLET	2	
AMOXAPINE 150 MG TABLET	2	
AMOXAPINE 25 MG TABLET	2	
AMOXAPINE 50 MG TABLET	2	
AMOX-CLAV 200-28.5 MG TAB CHEW	2	
AMOX-CLAV 200-28.5 MG/5 ML SUS	2	
AMOX-CLAV 250-125 MG TABLET	1	
AMOX-CLAV 250-62.5 MG/5 ML SUS	2	
AMOX-CLAV 400-57 MG TAB CHEW	2	
AMOX-CLAV 400-57 MG/5 ML SUSP	2	
AMOX-CLAV 500-125 MG TABLET	1	
AMOX-CLAV 600-42.9 MG/5 ML SUS	2	
AMOX-CLAV 875-125 MG TABLET	1	
AMOX-CLAV ER 1,000-62.5 MG TAB	2	
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	2	
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	2	QL
AMPHETAMINE SULFATE 5 MG TAB	2	QL
AMPICILLIN 500 MG CAPSULE	2	
ANAGRELIDE HCL 0.5 MG CAPSULE	4	
ANAGRELIDE HCL 1 MG CAPSULE	4	
ANALPRAM HC 2.5%-1% LOTION	4	
ANASTROZOLE 1 MG TABLET	2	
ANORO ELLIPTA 62.5-25 MCG INH	3	QL
ANUCORT-HC 25 MG SUPPOSITORY	2	
ANZEMET	5	PA, QL, SRX
APEXICON E 0.05% CREAM	4	
APIDRA	4	QL, ST

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Medication Name	Tier	Notes
APIDRA SOLOSTAR	4	QL, ST
APRACLONIDINE HCL 0.5% DROPS	2	
APREPITANT 125 MG CAPSULE	2	QL
APREPITANT 125-80-80 MG PACK	2	QL
APREPITANT 40 MG CAPSULE	2	QL
APREPITANT 80 MG CAPSULE	2	QL
APRI 28 DAY TABLET	1	
APTIOM 200 MG TABLET	4	PA, QL
APTIOM 400 MG TABLET	4	PA, QL
APTIOM 600 MG TABLET	4	PA, QL
APTIOM 800 MG TABLET	4	PA, QL
APTIVUS	3	
AQ INSULIN SYR 0.5 ML 30G 8MM	3	
AQ INSULIN SYR 1 ML 31G 8MM	3	
AQ INSULIN SYRIN 1 ML 29G 12MM	3	
AQUA CARE 0.9% NACL IRRIGATION	2	
AQUA CARE STERILE WATER IRRIG	2	
ARANELLE 28 TABLET	1	
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX
ARANESP 100 MCG/ML VIAL	5	PA, SRX
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX
ARANESP 200 MCG/ML VIAL	5	PA, SRX
ARANESP 25 MCG/0.42 ML SYRING	5	PA, SRX
ARANESP 25 MCG/ML VIAL	5	PA, SRX
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX
ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX
ARANESP 40 MCG/ML VIAL	5	PA, SRX
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX
ARANESP 60 MCG/ML VIAL	5	PA, SRX
ARCALYST	5	PA, LDD, SRX
ARFORMOTEROL 15 MCG/2 ML SOLN	4	QL
ARIPIPIRAZOLE 1 MG/ML SOLUTION	3	
ARIPIPIRAZOLE 10 MG TABLET	2	
ARIPIPIRAZOLE 15 MG TABLET	2	
ARIPIPIRAZOLE 2 MG TABLET	2	
ARIPIPIRAZOLE 20 MG TABLET	2	
ARIPIPIRAZOLE 30 MG TABLET	2	
ARIPIPIRAZOLE 5 MG TABLET	2	
ARIPIPIRAZOLE ODT 10 MG TABLET	4	
ARIPIPIRAZOLE ODT 15 MG TABLET	4	
ARMODAFINIL 150 MG TABLET	2	PA
ARMODAFINIL 200 MG TABLET	2	PA
ARMODAFINIL 250 MG TABLET	2	PA
ARMODAFINIL 50 MG TABLET	2	PA
ARMOUR THYROID 120 MG TABLET	3	

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

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Medication Name	Tier	Notes
ATENOLOL-CHLORTHALIDONE 50-25	2	
ATOMOXETINE HCL 10 MG CAPSULE	2	QL
ATOMOXETINE HCL 100 MG CAPSULE	2	QL
ATOMOXETINE HCL 18 MG CAPSULE	2	QL
ATOMOXETINE HCL 25 MG CAPSULE	2	QL
ATOMOXETINE HCL 40 MG CAPSULE	2	QL
ATOMOXETINE HCL 60 MG CAPSULE	2	QL
ATOMOXETINE HCL 80 MG CAPSULE	2	QL
ATORVASTATIN 10 MG TABLET	2	
ATORVASTATIN 20 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2	
ATORVASTATIN 80 MG TABLET	2	
ATOVAQUONE 1,500 MG/10 ML SUSP	4	
ATOVAQUONE 750 MG/5 ML SUSP	4	
ATOVAQUONE-PROGUANIL 250-100	2	
ATOVAQUONE-PROGUANIL 62.5-25	2	
ATROPINE 1% EYE DROPS	2	
ATROPINE 1% EYE OINTMENT	2	
AUBRA EQ-28 TABLET	1	
AUBRA-28 TABLET	1	
AUROVELA 1 MG-20 MCG TABLET	1	
AUROVELA 21 1.5-30 TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TAB	1	
AUROVELA FE 1.5 MG-30 MCG TAB	1	
AUROVELA FE 1-20 TABLET	1	
AUTOJECT 2 INJECTION DEVICE	3	
AUTOPEN 1 TO 21 UNITS	3	
AUTOPEN 2 TO 42 UNITS	3	
AUTOSOFT 30 INFUS SET 23" 13MM	3	
AUTOSOFT 30 INFUS SET 43" 13MM	3	
AUTOSOFT 90 INFUSN SET 23" 6MM	3	
AUTOSOFT 90 INFUSN SET 23" 9MM	3	
AUTOSOFT 90 INFUSN SET 43" 6MM	3	
AUTOSOFT 90 INFUSN SET 43" 9MM	3	
AUTOSOFT XC INFUSN SET 23" 6MM	3	
AUTOSOFT XC INFUSN SET 23" 9MM	3	
AUTOSOFT XC INFUSN SET 32" 6MM	3	
AUTOSOFT XC INFUSN SET 43" 6MM	3	
AUTOSOFT XC INFUSN SET 43" 9MM	3	
AVIANE-28 TABLET	1	
AVONEX	5	PA, SRX
AVONEX PEN	5	PA, SRX
AYUNA-28 TABLET	1	
AZASITE 1% EYE DROPS	4	
AZATHIOPRINE 50 MG TABLET	2	
AZELAIC ACID 15% GEL	2	
AZELASTINE 0.1% (137 MCG) SPRY	2	
AZELASTINE 0.15% NASAL SPRAY	2	

Medication Name	Tier	Notes
AZELASTINE HCL 0.05% DROPS	2	
AZELASTIN-FLUTIC 137-50MCG SPR	3	
AZITHROMYCIN 1 GM PWD PACKET	2	
AZITHROMYCIN 100 MG/5 ML SUSP	2	
AZITHROMYCIN 200 MG/5 ML SUSP	2	
AZITHROMYCIN 250 MG TABLET	1	
AZITHROMYCIN 500 MG TABLET	1	
AZITHROMYCIN 600 MG TABLET	2	
AZO TEST STRIP	3	
AZURETTE 28 DAY TABLET	1	
BACITRACIN 500 UNIT/GM OPHTH	2	
BACITRACIN-POLYMYXIN	2	
BACLOFEN 10 MG TABLET	2	
BACLOFEN 20 MG TABLET	2	
BACLOFEN 5 MG TABLET	2	
BAL-CARE DHA COMBO PACK	1	
BALCOLTRA TABLET	4	
BALSALAZIDE DISODIUM 750 MG CP	2	
BALZIVA 28 TABLET	1	
BAQSIMI 3 MG SPRAY ONE PACK	3	QL
BAQSIMI 3 MG SPRAY TWO PACK	3	QL
BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
BD 3 ML SYRINGE 18GX1-1/2"	3	
BD 3 ML SYRINGE 20GX1-1/2"	3	
BD 3 ML SYRINGE 25GX1"	3	
BD 3 ML SYRINGE 25GX1-1/2"	3	
BD 3 ML SYRINGE WITH NEEDLE	3	
BD AUTOSHIELD DUO ND 5MMX30G	3	
BD BLUNT NEEDLE 18GX1-1/2"	3	
BD ECLIPSE 30GX1/2" SYRINGE	3	
BD ECLIPSE LUER-LOK SYR 3 ML	3	
BD ECLIPSE NEEDLE 18GX1 1/2"	3	
BD ECLIPSE NEEDLE 21GX1"	3	
BD ECLIPSE NEEDLE 22GX1"	3	
BD ECLIPSE NEEDLE 23GX1"	3	
BD ECLIPSE NEEDLE 25G 16MM	3	
BD ECLIPSE NEEDLE 25G 25MM	3	
BD ECLIPSE NEEDLE 25G 40MM	3	
BD ECLIPSE NEEDLE 25GX1"	3	
BD ECLIPSE NEEDLE 25GX1.5"	3	
BD ECLIPSE NEEDLE 25GX5/8"	3	
BD ECLIPSE NEEDLE 27GX1/2"	3	
BD ECLIPSE NEEDLE 30G 13MM	3	
BD ECLIPSE NEEDLE 30GX1/2"	3	
BD ECLIPSE NEEDLES 21GX1.5"	3	

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Medication Name	Tier	Notes
BD FILTER NEEDLE	3	
BD INS SYR 0.3 ML 8MMX31G(1/2)	3	
BD INS SYR U-500 1/2ML 6MMX31G	3	
BD INS SYR UF 0.3ML 12.7MMX30G	3	
BD INS SYR UF 0.5ML 12.7MMX30G	3	
BD INS SYRN UF 1 ML 12.7MMX30G	3	
BD INS SYRNG 0.3 ML 29GX12.7MM	3	
BD INS SYRNG 0.5 ML 29GX12.7MM	3	
BD INS SYRNG UF 0.3 ML 8MMX31G	3	
BD INS SYRNG UF 0.5 ML 8MMX31G	3	
BD INSULIN SYR 0.5 ML 28GX1/2"	3	
BD INSULIN SYR 0.5 ML 29GX1/2"	3	
BD INSULIN SYR 1 ML 25GX1"	3	
BD INSULIN SYR 1 ML 25GX5/8"	3	
BD INSULIN SYR 1 ML 26GX1/2"	3	
BD INSULIN SYR 1 ML 27GX12.7MM	3	
BD INSULIN SYR 1 ML 27GX5/8"	3	
BD INSULIN SYR 1 ML 28GX1/2"	3	
BD INSULIN SYR 1 ML 29GX1/2"	3	
BD INSULIN SYR 1 ML 29GX12.7MM	3	
BD INSULIN SYR UF 1 ML 8MMX31G	3	
BD INSULIN SYRINGE 1 ML	3	
BD INTEGRA RETRA NEEDLE 23G X1"	3	
BD INTEGRA NEEDLE 25G X 5/8"	3	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3	
BD LUER-LOK SYRINGE 1 ML	3	
BD MAGNI-GUIDE MAGNIFIER	3	
BD NANO 2 GEN PEN ND L 32G 4MM	3	
BD NEEDLE 18GX1 1/2"	3	
BD NEEDLE 19GX1 1/2"	3	
BD NEEDLE 20GX1 1/2"	3	
BD NEEDLE 21GX1 1/2"	3	
BD NEEDLE 21GX1"	3	
BD NEEDLE 22GX1 1/2"	3	
BD NEEDLE 22GX3/4"	3	
BD NEEDLE 23GX1 1/2"	3	
BD NEEDLE 23GX1"	3	
BD NEEDLE 25GX1"	3	
BD NEEDLE 25GX5/8"	3	
BD NEEDLE 26GX0.625"	3	
BD NEEDLES 16GX1"	3	
BD NEEDLES 16GX1.5"	3	
BD NEEDLES 18GX1"	3	
BD NEEDLES 18GX1.5"	3	
BD NEEDLES 19GX1"	3	
BD NEEDLES 19GX1.5"	3	

Medication Name	Tier	Notes
BD NEEDLES 20GX1"	3	
BD NEEDLES 20GX1.5"	3	
BD NEEDLES 21GX1"	3	
BD NEEDLES 21GX1.5"	3	
BD NEEDLES 21GX2"	3	
BD NEEDLES 22GX1"	3	
BD NEEDLES 22GX1.5"	3	
BD NEEDLES 23GX0.75"	3	
BD NEEDLES 23GX1.25"	3	
BD NEEDLES 25GX0.625"	3	
BD NEEDLES 25GX0.875"	3	
BD NEEDLES 25GX1.5"	3	
BD NEEDLES 26GX0.375"	3	
BD NEEDLES 26GX0.5"	3	
BD NEEDLES 27GX0.5"	3	
BD NEEDLES 27GX1X1.25"	3	
BD NEEDLES 30GX0.5"	3	
BD NEEDLES 30GX1"	3	
BD NOKOR ADMIX NEEDLE 18GX1.5"	3	
BD NOKOR NEEDLE 16GX1"	3	
BD NOKOR NEEDLE 18GX1"	3	
BD PRECISIONGLI 27GX1-1/2" ND L	3	
BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD PRECISIONGLIDE NEEDLE 25G	3	
BD SAFETGLD INS 0.3ML 29G 13MM	3	
BD SAFETGLD INS 0.5ML 13MMX29G	3	
BD SAFETYGLD INS 0.3ML 31G 8MM	3	
BD SAFETYGLD INS 0.5ML 30G 8MM	3	
BD SAFETYGLD INS 1 ML 29G 13MM	3	
BD SAFETYGLID INS 1 ML 6MMX31G	3	
BD SAFETYGLIDE 3 ML SYRINGE	3	
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD SAFETYGLIDE NEEDLE 22GX1.5"	3	
BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD SAFTYGLD INS 0.3 ML 6MMX31G	3	
BD SAFTYGLD INS 0.5 ML 6MMX31G	3	
BD SAFTYGLD INS 0.5ML 29G 13MM	3	
BD SYRINGE-SAFETY GLIDE	3	
BD UF INS SYR 1 ML 30GX1/2"	3	
BD UF MINI PEN NEEDLE 5MMX31G	3	
BD UF NANO PEN NEEDLE 4MMX32G	3	
BD UF ORIG PEN ND L 12.7MMX29G	3	
BD UF SHORT PEN NEEDLE 8MMX31G	3	

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Medication Name	Tier	Notes
BD VEO INS 0.3ML 6MMX31G (1/2)	3	
BD VEO INS SYRING 1 ML 6MMX31G	3	
BD VEO INS SYRN 0.3 ML 6MMX31G	3	
BD VEO INS SYRN 0.5 ML 6MMX31G	3	
BECONASE AQ	4	ST
BEKYREE 28 DAY TABLET	1	
BELLADONNA-OPIUM 16.2-30 SUPP	2	PA
BELLADONNA-OPIUM 16.2-60 SUPP	2	PA
BENAZEPRIL HCL 10 MG TABLET	1	
BENAZEPRIL HCL 20 MG TABLET	1	
BENAZEPRIL HCL 40 MG TABLET	1	
BENAZEPRIL HCL 5 MG TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TAB	2	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	2	
BENAZEPRIL-HCTZ 20-25 MG TAB	2	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	2	
BENZONATATE 100 MG CAPSULE	2	
BENZONATATE 200 MG CAPSULE	2	
BENZTROPINE MES 0.5 MG TAB	2	
BENZTROPINE MES 1 MG TABLET	2	
BENZTROPINE MES 2 MG TABLET	2	
BEPOTASTINE 1.5% EYE DROP	4	
BESER 0.05% LOTION	2	
BETADINE 5% EYE SOLUTION	4	
BETAINE 1 GRAM/SCOOP POWDER	5	PA, LDD, SRX
BETAMETHASONE DP 0.05% CRM	2	
BETAMETHASONE DP 0.05% LOT	2	
BETAMETHASONE DP 0.05% OINT	2	
BETAMETHASONE DP AUG 0.05% CRM	2	
BETAMETHASONE DP AUG 0.05% GEL	2	
BETAMETHASONE DP AUG 0.05% LOT	2	
BETAMETHASONE DP AUG 0.05% OIN	2	
BETAMETHASONE VA 0.1% CREAM	2	
BETAMETHASONE VA 0.1% LOTION	2	
BETAMETHASONE VALER 0.1% OINTM	2	
BETAMETHASONE VALER 0.12% FOAM	2	
BETAXOLOL 10 MG TABLET	2	
BETAXOLOL 20 MG TABLET	2	
BETAXOLOL HCL 0.5% EYE DROP	2	
BETHANECHOL 10 MG TABLET	2	
BETHANECHOL 25 MG TABLET	2	
BETHANECHOL 5 MG TABLET	2	
BETHANECHOL 50 MG TABLET	2	
BEXAROTENE 1% GEL	5	PA, SRX
BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BEXSERO PREFILLED SYRINGE	3	
BICALUTAMIDE 50 MG TABLET	2	

Medication Name	Tier	Notes
BIKTARVY 30-120-15 MG TABLET	3	QL
BIKTARVY 50-200-25 MG TABLET	3	QL
BIMATOPROST 0.03% EYE DROPS	2	QL
BINOSTO 70 MG EFFERVESCENT TAB	4	
BISOPROLOL FUMARATE 10 MG TAB	2	
BISOPROLOL FUMARATE 5 MG TAB	2	
BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BLISOVI 24 FE TABLET	1	
BLISOVI FE 1.5-30 TABLET	1	
BLISOVI FE 1-20 TABLET	1	
BLOOD GLUCOSE CONTROL	3	
BLOOD-GLUCOSE CONTROL	3	
BLUNT NEEDLE	3	
BOOSTRIX TDAP VACCINE SYRINGE	3	
BOOSTRIX TDAP VACCINE VIAL	3	
BOSENTAN 125 MG TABLET	5	PA, LDD, SRX
BOSENTAN 62.5 MG TABLET	5	PA, LDD, SRX
BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	3	QL
BREATHERITE SPACER-ADULT MASK	3	QL
BREATHERITE SPACER-INFANT MASK	3	QL
BREATHERITE SPACER-LG CHLD MSK	3	QL
BREATHERITE SPACER-NEONATE MSK	3	QL
BREATHERITE SPACER-SM CHLD MSK	3	QL
BREATHRITE VALVED MDI CHAMBER	3	QL
BREATHRITE VALVED MDI SPACER	3	QL
BREEZE 2 SOLUTION	3	
BREO ELLIPTA 100-25 MCG INH	3	QL
BREO ELLIPTA 200-25 MCG INH	3	QL
BRIELLYN	1	
BRILINTA 60 MG TABLET	4	
BRILINTA 90 MG TABLET	4	
BRIMONIDINE 0.2% EYE DROP	2	
BRIMONIDINE TARTRATE 0.15% DRP	2	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	4	
BRINZOLAMIDE 1% EYE DROPS	3	
BRIVIACT 10 MG TABLET	4	PA, QL
BRIVIACT 10 MG/ML ORAL SOLN	4	PA, QL
BRIVIACT 100 MG TABLET	4	PA, QL
BRIVIACT 25 MG TABLET	4	PA, QL
BRIVIACT 50 MG TABLET	4	PA, QL
BRIVIACT 75 MG TABLET	4	PA, QL
BROMFENAC SODIUM 0.09% EYE DRP	2	

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Medication Name	Tier	Notes
BROMOCRIPTINE 2.5 MG TABLET	2	
BROMOCRIPTINE 5 MG CAPSULE	2	
BROMPHEN-PSE-DM 2-30-10 MG/5ML	2	
BROOKS INSULIN 0.3ML SYRN	3	
BUDESONIDE 0.25 MG/2 ML SUSP	4	QL
BUDESONIDE 0.5 MG/2 ML SUSP	4	QL
BUDESONIDE 1 MG/2 ML INH SUSP	4	QL
BUDESONIDE DR 3 MG CAPSULE	4	
BUDESONIDE EC 3 MG CAPSULE	4	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX
BUDESONIDE-FORMOTEROL 160-4.5	4	QL
BUDESONIDE-FORMOTEROL 80-4.5	4	QL
BUMETANIDE 0.5 MG TABLET	2	
BUMETANIDE 1 MG TABLET	2	
BUMETANIDE 2 MG TABLET	2	
BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BUPRENORPHINE 2 MG TABLET SL	2	
BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BUPRENORPHINE 8 MG TABLET SL	2	
BUPRENORPHINE-NALOX 12-3MG FLM	2	
BUPRENORPHINE-NALOX 2-0.5MG FM	2	
BUPRENORPHINE-NALOX 2-0.5MG TB	2	
BUPRENORPHINE-NALOX 4-1MG FLM	2	
BUPRENORPHINE-NALOX 8-2 MG TAB	2	
BUPRENORPHINE-NALOX 8-2MG FLM	2	
BUPROPION HCL 100 MG TABLET	2	QL
BUPROPION HCL 75 MG TABLET	2	QL
BUPROPION HCL SR 100 MG TABLET	2	QL
BUPROPION HCL SR 150 MG TABLET	2	QL
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	2	
BUPROPION HCL SR 200 MG TABLET	2	QL
BUPROPION HCL XL 150 MG TABLET	2	QL
BUPROPION HCL XL 300 MG TABLET	2	QL
BUSPIRONE HCL 10 MG TABLET	1	
BUSPIRONE HCL 15 MG TABLET	2	
BUSPIRONE HCL 30 MG TABLET	2	
BUSPIRONE HCL 5 MG TABLET	1	
BUSPIRONE HCL 7.5 MG TABLET	2	
BUTALB-ACETAMIN-CAF-COD 50-300	2	PA
BUTALB-ACETAMIN-CAF-COD 50-325	2	PA
BUTALB-ACETAMIN-CAFF 50-300-40	2	QL
BUTALB-ACETAMIN-CAFF 50-325-40	2	QL
BUTALBITAL COMP-CODEINE #3 CAP	2	PA
BUTALBITAL-ACETAMINOPHN 50-325	2	

Medication Name	Tier	Notes
BUTALBITAL-ASPIRIN-CAFFEINE CP	2	QL
BUTALBITAL-ASPIRIN-CAFFEINE TB	2	QL
BUTORPHANOL 10 MG/ML SPRAY	2	PA, QL
BYDUREON BCISE 2 MG AUTOINJECT	3	PA, QL
BYETTA 10 MCG DOSE PEN INJ	3	PA, QL
BYETTA 5 MCG DOSE PEN INJ	3	PA, QL
CA INS SYR 0.3 ML 30GX5/16"	3	
CA INS SYR 0.3 ML 31GX5/16"	3	
CA INS SYR 0.5 ML 30GX5/16"	3	
CA INS SYR 0.5 ML 31GX5/16"	3	
CA INSULIN SYR 0.3 ML 29GX1/2"	3	
CA INSULIN SYR 0.5 ML 29GX1/2"	3	
CA INSULIN SYR 1 ML 29GX1/2"	3	
CA INSULIN SYR 1 ML 30GX5/16"	3	
CA INSULIN SYR 1 ML 31GX5/16"	3	
CABERGOLINE 0.5 MG TABLET	2	QL
CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX
CAFFEINE CIT 60 MG/3 ML ORAL	2	
CALCIPOTRIENE 0.005% CREAM	2	
CALCIPOTRIENE 0.005% OINTMENT	2	
CALCIPOTRIENE 0.005% SOLUTION	2	
CALCIPOTRIENE-BETAMETH DP OINT	4	
CALCITONIN-SALMON 200 UNITS SP	2	
CALCITRIOL 0.25 MCG CAPSULE	2	
CALCITRIOL 0.5 MCG CAPSULE	2	
CALCITRIOL 1 MCG/ML SOLUTION	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL
CALCIUM ACETATE 667 MG CAPSULE	2	
CALCIUM ACETATE 667 MG GELCAP	2	
CALCIUM ACETATE 667 MG TABLET	2	
CAMILA 0.35 MG TABLET	1	
CAMRESE 0.15-0.03-0.01 MG TAB	1	
CAMRESE LO TABLET	1	
CANDESARTAN CILEXETIL 16 MG TB	2	
CANDESARTAN CILEXETIL 32 MG TB	2	
CANDESARTAN CILEXETIL 4 MG TAB	2	
CANDESARTAN CILEXETIL 8 MG TAB	2	
CANDESARTAN-HCTZ 16-12.5 MG TB	2	
CANDESARTAN-HCTZ 32-12.5 MG TB	2	
CANDESARTAN-HCTZ 32-25 MG TAB	2	
CAPECITABINE 150 MG TABLET	5	PA, SRX
CAPECITABINE 500 MG TABLET	5	PA, SRX
CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX
CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX
CAPTOPRIL 100 MG TABLET	2	

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Medication Name	Tier	Notes
CAPTOPRIL 12.5 MG TABLET	2	
CAPTOPRIL 25 MG TABLET	2	
CAPTOPRIL 50 MG TABLET	2	
CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL
CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL
CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL
CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL
CARBAMAZEPINE 100 MG TAB CHEW	2	
CARBAMAZEPINE 100 MG/5 ML SUSP	2	
CARBAMAZEPINE 200 MG TABLET	2	
CARBAMAZEPINE ER 100 MG CAP	2	
CARBAMAZEPINE ER 100 MG TABLET	2	
CARBAMAZEPINE ER 200 MG CAP	2	
CARBAMAZEPINE ER 200 MG TABLET	2	
CARBAMAZEPINE ER 300 MG CAP	2	
CARBAMAZEPINE ER 400 MG TABLET	2	
CARBIDOPA 25 MG TABLET	4	
CARBIDOPA-LEVO 10-100 MG ODT	2	
CARBIDOPA-LEVO 25-100 MG ODT	2	
CARBIDOPA-LEVO 25-250 MG ODT	2	
CARBIDOPA-LEVO ER 25-100 TAB	2	
CARBIDOPA-LEVO ER 50-200 TAB	2	
CARBIDOPA-LEVODOPA 100 MG-ENTA	2	
CARBIDOPA-LEVODOPA 10-100 TAB	2	
CARBIDOPA-LEVODOPA 125 MG-ENTA	2	
CARBIDOPA-LEVODOPA 150 MG-ENTA	2	
CARBIDOPA-LEVODOPA 200 MG-ENTA	2	
CARBIDOPA-LEVODOPA 25-100 TAB	2	
CARBIDOPA-LEVODOPA 25-250 TAB	2	
CARBIDOPA-LEVODOPA 50 MG-ENTA	2	
CARBIDOPA-LEVODOPA 75 MG-ENTA	2	
CARBINOXAMINE 4 MG/5 ML LIQUID	2	
CARBINOXAMINE MALEATE 4 MG TAB	2	
CAREFINE PEN NEEDLE 12.7MM 29G	3	
CAREFINE PEN NEEDLE 4MM 32G	3	
CAREFINE PEN NEEDLE 5MM 32G	3	
CAREFINE PEN NEEDLE 6MM 31G	3	
CAREFINE PEN NEEDLE 8MM 30G	3	
CAREFINE PEN NEEDLES 6MM 32G	3	
CAREFINE PEN NEEDLES 8MM 31G	3	
CAREONE SYR 0.3 ML 30GX1/2"	3	
CAREONE SYR 0.5 ML 30GX1/2"	3	
CAREONE SYR 1 ML 30GX1/2"	3	
CAREONE UNIFINE PENTIP 4MM 32G	3	
CAREONE UNIFINE PENTIP 5MM 31G	3	
CAREONE UNIFINE PENTIP 6MM 31G	3	
CAREONE UNIFINE PENTIP 8MM 31G	3	
CAREONE UNIFINE PENTP 29GX1/2"	3	

Medication Name	Tier	Notes
CAREONE UNIFINE PENTP 31GX1/4"	3	
CAREONE UNIFINE PNTP 12MM 29G	3	
CAREONE UNIFINE PNTP 31GX3/16"	3	
CAREONE UNIFINE PNTP 31GX5/16"	3	
CAREONE UNIFINE PNTP 32GX5/32"	3	
CAREPOINT LL SYR 3 ML 20GX1.5"	3	
CAREPOINT LL SYR 3 ML 21GX1"	3	
CAREPOINT LL SYR 3 ML 21GX1.5"	3	
CAREPOINT LL SYR 3 ML 22G 1"	3	
CAREPOINT LL SYR 3 ML 22G 38MM	3	
CAREPOINT LL SYR 3 ML 23GX1"	3	
CAREPOINT LL SYR 3 ML 23GX1.5"	3	
CAREPOINT LL SYR 3 ML 25G X 1"	3	
CAREPOINT LL SYR 3 ML 25GX5/8"	3	
CARESENS CONTROL SOLUTION	3	
CARETOUCH CONTROL SOLN L2-L3	3	
CARETOUCH HYPO NEEDLE 26G 1"	3	
CARETOUCH HYPODERMIC 18G 1.5"	3	
CARETOUCH HYPODERMIC 20G 1"	3	
CARETOUCH HYPODERMIC 22G 1"	3	
CARETOUCH HYPODERMIC 23G 1"	3	
CARETOUCH HYPODERMIC 23G 1.5"	3	
CARETOUCH HYPODERMIC 25G 1"	3	
CARETOUCH HYPODERMIC 25G 1.5"	3	
CARETOUCH HYPODERMIC 25G 5/8"	3	
CARETOUCH LL SYR 3 ML 22G 1"	3	
CARETOUCH LL SYR 3 ML 22G 1.5"	3	
CARETOUCH LL SYR 3 ML 23G 1"	3	
CARETOUCH LL SYR 3 ML 23G 1.5"	3	
CARETOUCH LL SYR 3 ML 25G 1"	3	
CARETOUCH LL SYR 3 ML 25G 1.5"	3	
CARETOUCH LL SYR 3 ML 25G 5/8"	3	
CARETOUCH PEN NEEDLE 29G 12MM	3	
CARETOUCH PEN NEEDLE 31GX1/4"	3	
CARETOUCH PEN NEEDLE 31GX3/16"	3	
CARETOUCH PEN NEEDLE 31GX5/16"	3	
CARETOUCH PEN NEEDLE 32GX3/16"	3	
CARETOUCH PEN NEEDLE 32GX5/32"	3	
CARETOUCH SYR 0.3 ML 31GX5/16"	3	
CARETOUCH SYR 0.5 ML 30GX5/16"	3	
CARETOUCH SYR 0.5 ML 31GX5/16"	3	
CARETOUCH SYR 1 ML 28GX5/16"	3	
CARETOUCH SYR 1 ML 29GX5/16"	3	
CARETOUCH SYR 1 ML 30GX5/16"	3	
CARETOUCH SYR 1 ML 31GX5/16"	3	
CARGLUMIC ACID 200 MG TAB SUSP	5	PA, SRX
CARISOPRODOL 250 MG TABLET	2	

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Medication Name	Tier	Notes
CARISOPRODOL 350 MG TABLET	2	
CARISOPRODOL-ASPIRIN-CODEINE	2	PA
CARTEOLOL HCL 1% EYE DROPS	2	
CARTIA XT 120 MG CAPSULE	2	
CARTIA XT 180 MG CAPSULE	2	
CARTIA XT 240 MG CAPSULE	2	
CARTIA XT 300 MG CAPSULE	2	
CARTRIDGE STAMPED	3	
CARVEDILOL 12.5 MG TABLET	1	
CARVEDILOL 25 MG TABLET	1	
CARVEDILOL 3.125 MG TABLET	1	
CARVEDILOL 6.25 MG TABLET	1	
CAYSTON	5	PA, QL, LDD, SRX
CAZANT 28 DAY TABLET	1	
CEFACLOR 125 MG/5 ML SUSP	2	
CEFACLOR 250 MG CAPSULE	2	
CEFACLOR 250 MG/5 ML SUSP	2	
CEFACLOR 375 MG/5 ML SUSP	2	
CEFACLOR 500 MG CAPSULE	2	
CEFACLOR ER	2	
CEFADROXIL 1 GM TABLET	2	
CEFADROXIL 250 MG/5 ML SUSP	2	
CEFADROXIL 500 MG CAPSULE	2	
CEFADROXIL 500 MG/5 ML SUSP	2	
CEFDINIR 125 MG/5 ML SUSP	2	
CEFDINIR 250 MG/5 ML SUSP	2	
CEFDINIR 300 MG CAPSULE	2	
CEFDITOREN PIVOXIL	2	
CEFIXIME 100 MG/5 ML SUSP	2	
CEFIXIME 200 MG/5 ML SUSP	2	
CEFIXIME 400 MG CAPSULE	3	
CEFPODOXIME 100 MG TABLET	2	
CEFPODOXIME 100 MG/5 ML SUSP	2	
CEFPODOXIME 200 MG TABLET	2	
CEFPODOXIME 50 MG/5 ML SUSP	2	
CEFPROZIL 125 MG/5 ML SUSP	2	
CEFPROZIL 250 MG TABLET	2	
CEFPROZIL 250 MG/5 ML SUSP	2	
CEFPROZIL 500 MG TABLET	2	
CEFUROXIME AXETIL 250 MG TAB	2	
CEFUROXIME AXETIL 500 MG TAB	2	
CELECOXIB 100 MG CAPSULE	2	QL
CELECOXIB 200 MG CAPSULE	2	QL
CELECOXIB 400 MG CAPSULE	2	QL
CELECOXIB 50 MG CAPSULE	2	QL
CELONTIN	4	
CEPHALEXIN 125 MG/5 ML SUSP	2	

Medication Name	Tier	Notes
CEPHALEXIN 250 MG CAPSULE	1	
CEPHALEXIN 250 MG/5 ML SUSP	2	
CEPHALEXIN 500 MG CAPSULE	1	
CEPHALEXIN 750 MG CAPSULE	2	
CEQUR SIMPLICITY INSERTER	3	
CETIRIZINE HCL 1 MG/ML SOLN	2	
CETIRIZINE HCL 1 MG/ML SYRUP	2	
CEVIMELINE HCL 30 MG CAPSULE	2	
CHARLOTTE 24 FE CHEWABLE TAB	1	
CHATEAL EQ-28 TABLET	1	
CHATEAL-28 TABLET	1	
CHEK-STIX	3	
CHEMET	4	
CHEMSTRIP	3	
CHEMSTRIP 10 WITH SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 2 LN	3	
CHEMSTRIP 50B	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP BG DIARY	3	
CHEMSTRIP MICRAL	3	
CHLORDIAZEPO-AMITRIPTYL 5-12.5	2	
CHLORDIAZEPOX-AMITRIPTYL 10-25	2	
CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	
CHLORHEXIDINE 0.12% RINSE	2	
CHLOROQUINE PH 250 MG TABLET	2	
CHLOROQUINE PH 500 MG TABLET	2	
CHLORPROMAZINE 10 MG TABLET	2	
CHLORPROMAZINE 100 MG TABLET	2	
CHLORPROMAZINE 200 MG TABLET	2	
CHLORPROMAZINE 25 MG TABLET	2	
CHLORPROMAZINE 50 MG TABLET	2	
CHLORTHALIDONE 25 MG TABLET	1	
CHLORTHALIDONE 50 MG TABLET	1	
CHLORZOXAZONE 500 MG TABLET	2	
CHOLESTYRAMINE LIGHT PACKET	2	
CHOLESTYRAMINE LIGHT POWDER	2	
CHOLESTYRAMINE PACKET	2	
CHOLESTYRAMINE POWDER	2	
CHORIONIC GONAD 10,000 UNIT VL	2	PA
CICLODAN 0.77% CREAM	2	
CICLODAN 8% SOLUTION	2	
CICLOPIROX 0.77% CREAM	2	

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Medication Name	Tier	Notes
CICLOPIROX 0.77% GEL	2	
CICLOPIROX 0.77% TOPICAL SUSP	2	
CICLOPIROX 1% SHAMPOO	2	
CICLOPIROX 8% SOLUTION	2	
CILOSTAZOL 100 MG TABLET	2	
CILOSTAZOL 50 MG TABLET	2	
CILOXAN	4	
CIMETIDINE 200 MG TABLET	2	
CIMETIDINE 300 MG TABLET	2	
CIMETIDINE 300 MG/5 ML SOLN	2	
CIMETIDINE 400 MG TABLET	2	
CIMETIDINE 800 MG TABLET	2	
CIMZIA 200 MG VIAL KIT	5	PA, QL, SRX
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, SRX
CIMZIA 2X200 MG/ML(X3)START KT	5	PA, QL, SRX
CINACALCET HCL 30 MG TABLET	5	PA, SRX
CINACALCET HCL 60 MG TABLET	5	PA, SRX
CINACALCET HCL 90 MG TABLET	5	PA, SRX
CIPROFLOXACIN 0.2% OTIC SOLN	2	
CIPROFLOXACIN 0.3% EYE DROP	2	
CIPROFLOXACIN 250 MG/5 ML SUSP	2	
CIPROFLOXACIN 500 MG/5 ML SUSP	2	
CIPROFLOXACIN HCL 100 MG TAB	2	
CIPROFLOXACIN HCL 250 MG TAB	1	
CIPROFLOXACIN HCL 500 MG TAB	1	
CIPROFLOXACIN HCL 750 MG TAB	1	
CIPROFLOX-FLUOCINLN 0.3-0.025%	3	PA
CIPROFLOX-DEXAMETH OTIC SUSP	3	
CITALOPRAM HBR 10 MG TABLET	1	QL
CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL
CITALOPRAM HBR 20 MG TABLET	1	QL
CITALOPRAM HBR 40 MG TABLET	1	QL
CLARAVIS 10 MG CAPSULE	4	
CLARAVIS 20 MG CAPSULE	4	
CLARAVIS 30 MG CAPSULE	4	
CLARAVIS 40 MG CAPSULE	4	
CLARITHROMYCIN 125 MG/5 ML SUS	2	
CLARITHROMYCIN 250 MG TABLET	2	
CLARITHROMYCIN 250 MG/5 ML SUS	2	
CLARITHROMYCIN 500 MG TABLET	2	
CLARITHROMYCIN ER 500 MG TAB	2	
CLEMASTINE FUMARATE	2	
CLEO 90 INFUSION SET 24" 6MM	3	
CLEO 90 INFUSION SET 24" 9MM	3	
CLEO 90 INFUSION SET 31" 6MM	3	
CLEO 90 INFUSION SET 31" 9MM	3	
CLEVER CHOICE CHAMBER-LRG MASK	3	QL
CLEVER CHOICE CHAMBER-MED MASK	3	QL

Medication Name	Tier	Notes
CLEVER CHOICE CHAMBER-SM MASK	3	QL
CLEVER CHOICE LVL 1 CONTRL SOL	3	
CLEVER CHOICE LVL 2 CONTRL SOL	3	
CLEVER CHOICE LVL 3 CONTRL SOL	3	
CLEVER CHOICE PEAK FLOW METER	3	
CLICKFINE 31G X 1/4" NEEDLES	3	
CLICKFINE 31G X 5/16" NEEDLES	3	
CLICKFINE PEN NEEDLE 32GX5/32"	3	
CLICKFINE UNIVERSAL 31G X 1/4"	3	
CLIND PH-BENZOYL PEROX 1.2-5%	2	
CLINDACIN 1% FOAM	2	
CLINDACIN ETZ 1% PLEDGET	2	
CLINDACIN P 1% PLEDGETS	2	
CLINDAMYCIN (PEDI) 75 MG/5 ML	2	
CLINDAMYCIN 2% VAGINAL CREAM	2	
CLINDAMYCIN HCL 150 MG CAPSULE	2	
CLINDAMYCIN HCL 300 MG CAPSULE	2	
CLINDAMYCIN HCL 75 MG CAPSULE	2	
CLINDAMYCIN PH 1% GEL	2	
CLINDAMYCIN PH 1% SOLUTION	2	
CLINDAMYCIN PHOS 1% PLEDGET	2	
CLINDAMYCIN PHOSP 1% LOTION	2	
CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CLINDAMYCIN-BENZOYL PEROX 1-5%	2	
CLINDAMYCIN-BNZ PEROX 1-5% PMP	2	
CLINDA-TRETINOIN 1.2%-0.025%	2	
CLINDESSE 2% VAGINAL CREAM	4	
CLOBAZAM 10 MG TABLET	4	PA
CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CLOBAZAM 20 MG TABLET	4	PA
CLOBETASOL 0.05% CREAM	2	
CLOBETASOL 0.05% GEL	2	
CLOBETASOL 0.05% OINTMENT	2	
CLOBETASOL 0.05% SHAMPOO	2	
CLOBETASOL 0.05% SOLUTION	2	
CLOBETASOL 0.05% TOPICAL LOTN	2	
CLOBETASOL EMOLLIENT 0.05% CRM	2	
CLOBETASOL EMOLLNT 0.05% FOAM	2	
CLOBETASOL EMULSION 0.05% FOAM	2	
CLOBETASOL PROP 0.05% FOAM	2	
CLOBETASOL PROP 0.05% SPRAY	2	
CLOCORTOLONE 0.1% CREAM PUMP	2	
CLOCORTOLONE PIVALATE 0.1% CRM	2	
CLODAN 0.05% SHAMPOO	2	
CLOMIPRAMINE 25 MG CAPSULE	4	
CLOMIPRAMINE 50 MG CAPSULE	4	
CLOMIPRAMINE 75 MG CAPSULE	4	
CLONAZEPAM 0.125 MG DIS TAB	2	

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Medication Name	Tier	Notes
CLONAZEPAM 0.125 MG ODT	2	
CLONAZEPAM 0.25 MG ODT	2	
CLONAZEPAM 0.5 MG DIS TABLET	2	
CLONAZEPAM 0.5 MG ODT	2	
CLONAZEPAM 0.5 MG TABLET	2	
CLONAZEPAM 1 MG DIS TABLET	2	
CLONAZEPAM 1 MG ODT	2	
CLONAZEPAM 1 MG TABLET	2	
CLONAZEPAM 2 MG ODT	2	
CLONAZEPAM 2 MG TABLET	2	
CLONIDINE 0.1 MG/DAY PATCH	2	
CLONIDINE 0.2 MG/DAY PATCH	2	
CLONIDINE 0.3 MG/DAY PATCH	2	
CLONIDINE HCL 0.1 MG TABLET	1	
CLONIDINE HCL 0.2 MG TABLET	1	
CLONIDINE HCL 0.3 MG TABLET	1	
CLONIDINE HCL ER 0.1 MG TABLET	2	
CLOPIDOGREL 300 MG TABLET	2	
CLOPIDOGREL 75 MG TABLET	1	
CLORAZEPATE 15 MG TABLET	2	
CLORAZEPATE 3.75 MG TABLET	2	
CLORAZEPATE 7.5 MG TABLET	2	
CLOTRIMAZOLE 1% SOLUTION	2	
CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CLOTRIMAZOLE 10 MG TROCHE	2	
CLOTRIMAZOLE-BETAMETHASONE CRM	2	
CLOTRIMAZOLE-BETAMETHASONE LOT	2	
CLOZAPINE 100 MG TABLET	2	
CLOZAPINE 200 MG TABLET	2	
CLOZAPINE 25 MG TABLET	2	
CLOZAPINE 50 MG TABLET	2	
CLOZAPINE ODT 100 MG TABLET	4	
CLOZAPINE ODT 12.5 MG TABLET	4	
CLOZAPINE ODT 150 MG TABLET	4	
CLOZAPINE ODT 200 MG TABLET	4	
CLOZAPINE ODT 25 MG TABLET	4	
C-NATE DHA SOFTGEL	1	
COARTEM TABLETS	4	QL
CODEINE SULFATE 15 MG TABLET	2	PA
CODEINE SULFATE 30 MG TABLET	2	PA
CODEINE SULFATE 60 MG TABLET	2	PA
COLCHICINE 0.6 MG TABLET	2	
COLESEVELAM 625 MG TABLET	2	
COLESEVELAM HCL 3.75 G PACKET	2	
COLESTIPOL HCL 1 GM TABLET	2	
COLESTIPOL HCL GRANULES	2	
COLESTIPOL HCL GRANULES PACKET	2	
COLOCORT 100 MG/60 ML ENEMA	2	

Medication Name	Tier	Notes
COMBISTIX REAGENT STRIPS	3	
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
COMFORT EZ INS 0.3ML 30GX1/2"	3	
COMFORT EZ INS 0.3ML 30GX5/16"	3	
COMFORT EZ INS 0.5ML 31GX5/16"	3	
COMFORT EZ INS 1 ML 31GX5/16"	3	
COMFORT EZ INSULIN SYR 0.3 ML	3	
COMFORT EZ INSULIN SYR 0.5 ML	3	
COMFORT EZ PEN NEEDLE 12MM 29G	3	
COMFORT EZ PEN NEEDLES 4MM 32G	3	
COMFORT EZ PEN NEEDLES 4MM 33G	3	
COMFORT EZ PEN NEEDLES 5MM 31G	3	
COMFORT EZ PEN NEEDLES 5MM 32G	3	
COMFORT EZ PEN NEEDLES 5MM 33G	3	
COMFORT EZ PEN NEEDLES 6MM 31G	3	
COMFORT EZ PEN NEEDLES 6MM 32G	3	
COMFORT EZ PEN NEEDLES 6MM 33G	3	
COMFORT EZ PEN NEEDLES 8MM 31G	3	
COMFORT EZ PEN NEEDLES 8MM 32G	3	
COMFORT EZ PEN NEEDLES 8MM 33G	3	
COMFORT EZ SYR 0.3 ML 29GX1/2"	3	
COMFORT EZ SYR 0.5 ML 28GX1/2"	3	
COMFORT EZ SYR 0.5 ML 29GX1/2"	3	
COMFORT EZ SYR 0.5 ML 30GX1/2"	3	
COMFORT EZ SYR 1 ML 28GX1/2"	3	
COMFORT EZ SYR 1 ML 29GX1/2"	3	
COMFORT EZ SYR 1 ML 30GX1/2"	3	
COMFORT EZ SYR 1 ML 30GX5/16"	3	
COMFORT INFUSION SET 23" 17MM	3	
COMFORT INFUSION SET 31" 17MM	3	
COMFORT INFUSION SET 32" 17MM	3	
COMFORT INFUSION SET 43" 17MM	3	
COMFORT POINT PEN NDL 29GX1/2"	3	
COMFORT POINT PEN NDL 31GX1/3"	3	
COMFORT POINT PEN NDL 31GX1/4"	3	
COMFORT POINT PEN NDL 31GX1/6"	3	
COMFORT SHORT INFUSION SET 23"	3	
COMFORT SHORT INFUSION SET 31"	3	
COMFORT SHORT INFUSION SET 32"	3	
COMFORT SHORT INFUSION SET 43"	3	
COMFORT TOUCH PEN NDL 31G 4MM	3	
COMFORT TOUCH PEN NDL 31G 5MM	3	
COMFORT TOUCH PEN NDL 31G 6MM	3	
COMFORT TOUCH PEN NDL 31G 8MM	3	
COMFORT TOUCH PEN NDL 32G 4MM	3	

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Medication Name	Tier	Notes
COMFORT TOUCH PEN NDL 32G 5MM	3	
COMFORT TOUCH PEN NDL 32G 6MM	3	
COMFORT TOUCH PEN NDL 32G 8MM	3	
COMFORT TOUCH PEN NDL 33G 4MM	3	
COMFORT TOUCH PEN NDL 33G 6MM	3	
COMFORT TOUCH PEN NDL 33GX5MM	3	
COMIRNATY 30MCG/0.3ML VAC-GRAY	3	
COMPACT SPACE CHAMBER	3	QL
COMPACT SPACE CHAMBER-LRG MASK	3	QL
COMPACT SPACE CHAMBER-MED MASK	3	QL
COMPACT SPACE CHAMBER-SM MASK	3	QL
COMPLERA	3	QL
COMPLETE NATAL DHA	1	
COMPLETENATE TABLET CHEW	1	
COMPRO 25 MG SUPPOSITORY	2	
CONSTULOSE 10 GM/15 ML SOLN	2	
CONTACT DETACH INFUSN SET 23"	3	
CONTACT DETACH INFUSN SET 32"	3	
CONTACT DETACH INFUSN SET 43"	3	
CONTOUR NEXT LEV 1 CONTROL SOL	3	
CONTOUR NEXT LEV 2 CONTROL SOL	3	
CONTOUR SOLUTION	3	
COOL CONTROL A SOLUTION	3	
COOL CONTROL B SOLUTION	3	
CORTISONE 25 MG TABLET	2	
CORTISPORIN CREAM	4	
CORTISPORIN OINTMENT	4	
CORTISPORIN-TC EAR SUSPENSION	4	
COSENTYX (2 SYRINGES)	5	PA, QL, LDD, SRX
COSENTYX 150 MG/ML SYRINGE	5	PA, QL, LDD, SRX
COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, LDD, SRX
COSENTYX 150 MG/ML PEN INJECT	5	PA, QL, LDD, SRX
COSENTYX 300 MG DOSE-2 PENS	5	PA, QL, LDD, SRX
COTELLIC	5	PA, QL, LDD, SRX
COVARYX TABLET	2	
COVARYX H.S. TABLET	2	
CRESEMBA 186 MG CAPSULE	4	PA
CROMOLYN 100 MG/5 ML ORAL CONC	4	
CROMOLYN 20 MG/2 ML NEB SOLN	4	QL
CROMOLYN 4% EYE DROPS	2	
CROTAN 10% LOTION	3	
CRYSSELLE-28 TABLET	1	
CYANOCOBALAMIN 1,000 MCG/ML VL	2	
CYANOCOBALAMIN 10,000 MCG/10ML	2	
CYANOCOBALAMIN 30,000 MCG/30ML	2	
CYCLOBENZAPRINE 10 MG TABLET	1	
CYCLOBENZAPRINE 5 MG TABLET	1	

Medication Name	Tier	Notes
CYCLOMYDRIL EYE DROPS	4	
CYCLOPENTOLATE 0.5% EYE DROPS	2	
CYCLOPENTOLATE 1% EYE DROP	2	
CYCLOPENTOLATE 1% EYE DROPS	2	
CYCLOPENTOLATE HCL 2% DROPS	2	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	
CYCLOSERINE 250 MG CAPSULE	2	
CYCLOSET 0.8 MG TABLET	4	
CYCLOSPORINE 0.05% EYE EMULS	4	
CYCLOSPORINE 100 MG CAPSULE	2	
CYCLOSPORINE 25 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 100 MG	2	
CYCLOSPORINE MODIFIED 100MG/ML	2	
CYCLOSPORINE MODIFIED 25 MG	2	
CYCLOSPORINE MODIFIED 50 MG	2	
CYLTEZO	5	PA, QL, SRX
CYPROHEPTADINE 2 MG/5 ML SOLN	2	
CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CYPROHEPTADINE 4 MG TABLET	2	
CYRED 28 DAY TABLET	1	
CYRED EQ 28 DAY TABLET	1	
CYSTAGON 150 MG CAPSULE	5	PA, LDD, SRX
CYSTAGON 50 MG CAPSULE	5	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD
DABIGATRAN ETEXILATE 150 MG CP	4	PA, QL
DABIGATRAN ETEXILATE 75 CAP	4	PA, QL
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, LDD, SRX
DANAZOL 100 MG CAPSULE	2	
DANAZOL 200 MG CAPSULE	2	
DANAZOL 50 MG CAPSULE	2	
DANTROLENE SODIUM 100 MG CAP	2	
DANTROLENE SODIUM 25 MG CAP	2	
DANTROLENE SODIUM 50 MG CAP	2	
DAPSONE 100 MG TABLET	4	
DAPSONE 25 MG TABLET	4	
DAPTACEL DTAP VACCINE	3	
DARIFENACIN ER 15 MG TABLET	2	
DARIFENACIN ER 7.5 MG TABLET	2	
DARUNAVIR 600 MG TABLET	2	
DARUNAVIR 800 MG TABLET	2	
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TAB	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 125 MG TB FOR SUSP	5	PA, SRX
DEFERASIROX 180 MG GRANULE PKT	5	PA, LDD, SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
DEFERASIROX 180 MG TABLET	5	PA, LDD, SRX	DEXAMETHASONE 2 MG TABLET	2	
DEFERASIROX 250 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 4 MG TABLET	2	
DEFERASIROX 360 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE 6 MG TABLET	2	
DEFERASIROX 360 MG TABLET	5	PA, LDD, SRX	DEXAMETHASONE INTENSOL 1 MG/ML	2	
DEFERASIROX 500 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 0.1% EYE DROP	2	
DEFERASIROX 90 MG GRANULE PKT	5	PA, LDD, SRX	DEXCOM G6 RECEIVER	3	PA, QL
DEFERASIROX 90 MG TABLET	5	PA, LDD, SRX	DEXCOM G6 SENSOR	3	PA, QL
DEFERIPRONE 1,000 MG TB(3X/DY)	5	PA, SRX	DEXCOM G6 TRANSMITTER	3	PA, QL
DEFERIPRONE 500 MG TABLET	5	PA, SRX	DEXCOM G7 RECEIVER	3	PA, QL
DELTEC COZMO CLEO INFUSION SET	3		DEXCOM G7 SENSOR	3	PA, QL
DEMECLOCYCLINE 150 MG TABLET	2		DEXLANSOPRAZOLE DR 30 MG CAP	4	QL
DEMECLOCYCLINE 300 MG TABLET	2		DEXLANSOPRAZOLE DR 60 MG CAP	4	QL
DENTA 5000 PLUS CREAM	2		DEXMETHYLPHENIDATE 10 MG TAB	2	QL
DENTAGEL 1.1% GEL	2		DEXMETHYLPHENIDATE 2.5 MG TAB	2	QL
DESCOVY 120-15 MG TABLET	4	PA	DEXMETHYLPHENIDATE 5 MG TAB	2	QL
DESCOVY 200-25 MG TABLET	4	PA	DEXMETHYLPHENIDATE ER 10 MG CP	2	QL
DESIPRAMINE 10 MG TABLET	2		DEXMETHYLPHENIDATE ER 15 MG CP	2	QL
DESIPRAMINE 100 MG TABLET	2		DEXMETHYLPHENIDATE ER 20 MG CP	2	QL
DESIPRAMINE 150 MG TABLET	2		DEXMETHYLPHENIDATE ER 25 MG CP	2	QL
DESIPRAMINE 25 MG TABLET	2		DEXMETHYLPHENIDATE ER 30 MG CP	2	QL
DESIPRAMINE 50 MG TABLET	2		DEXMETHYLPHENIDATE ER 35 MG CP	2	QL
DESIPRAMINE 75 MG TABLET	2		DEXMETHYLPHENIDATE ER 40 MG CP	2	QL
DESLORATADINE 2.5 MG ODT	2	QL	DEXMETHYLPHENIDATE ER 5 MG CAP	2	QL
DESLORATADINE 5 MG ODT	2	QL	DEXTROAMP-AMPHET ER 10 MG CAP	2	QL
DESLORATADINE 5 MG TABLET	2	QL	DEXTROAMP-AMPHET ER 15 MG CAP	2	QL
DESMOPRESSIN 0.01% SOLUTION	2		DEXTROAMP-AMPHET ER 20 MG CAP	2	QL
DESMOPRESSIN 10 MCG/0.1 ML SPR	2		DEXTROAMP-AMPHET ER 25 MG CAP	2	QL
DESMOPRESSIN ACETATE 0.1 MG TB	2		DEXTROAMP-AMPHET ER 30 MG CAP	2	QL
DESMOPRESSIN ACETATE 0.2 MG TB	2		DEXTROAMP-AMPHET ER 5 MG CAP	2	QL
DESOGESTREL-EE 0.15-0.03 MG TB	1		DEXTROAMP-AMPHETAM 12.5 MG TAB	2	QL
DESOGESTR-ETH ESTRAD ETH ESTRA	1		DEXTROAMP-AMPHETAM 7.5 MG TAB	2	QL
DESONIDE 0.05% CREAM	2		DEXTROAMP-AMPHETAMIN 10 MG TAB	2	QL
DESONIDE 0.05% LOTION	2		DEXTROAMP-AMPHETAMIN 15 MG TAB	2	QL
DESONIDE 0.05% OINTMENT	2		DEXTROAMP-AMPHETAMIN 20 MG TAB	2	QL
DESOXIMETASONE 0.05% CREAM	2		DEXTROAMP-AMPHETAMIN 30 MG TAB	2	QL
DESOXIMETASONE 0.05% GEL	2		DEXTROAMP-AMPHETAMINE 5 MG TAB	2	QL
DESOXIMETASONE 0.05% OINTMENT	2		DEXTROAMPHETAMINE 10 MG TAB	2	QL
DESOXIMETASONE 0.25% CREAM	2		DEXTROAMPHETAMINE 5 MG TAB	2	QL
DESOXIMETASONE 0.25% OINTMENT	2		DEXTROAMPHETAMINE 5 MG/5 ML	2	QL
DESVENLAFAXINE SUCCNT ER 100MG	2	QL	DEXTROAMPHETAMINE ER 10 MG CAP	2	QL
DESVENLAFAXINE SUCCNT ER 25 MG	2	QL	DEXTROAMPHETAMINE ER 15 MG CAP	2	QL
DESVENLAFAXINE SUCCNT ER 50 MG	2	QL	DEXTROAMPHETAMINE ER 5 MG CAP	2	QL
DEXAMETHASONE 0.5 MG TABLET	2		DIASTIX REAGENT STRIPS	3	
DEXAMETHASONE 0.5 MG/5 ML ELX	2		DIATRUE LEVEL 1 CONTROL SOLN	3	
DEXAMETHASONE 0.5 MG/5 ML LIQ	2		DIATRUE LEVEL 2 CONTROL SOLN	3	
DEXAMETHASONE 0.75 MG TABLET	2		DIATRUE LEVEL 3 CONTROL SOLN	3	
DEXAMETHASONE 1 MG TABLET	2		DIAZEPAM 10 MG RECTAL GEL SYST	2	
DEXAMETHASONE 1.5 MG TABLET	2		DIAZEPAM 10 MG TABLET	2	

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Medication Name	Tier	Notes
DIAZEPAM 2 MG TABLET	2	
DIAZEPAM 2.5 MG RECTAL GEL SYS	2	
DIAZEPAM 20 MG RECTAL GEL SYST	2	
DIAZEPAM 25 MG/5 ML ORAL CONC	2	
DIAZEPAM 5 MG TABLET	2	
DIAZEPAM 5 MG/5 ML ORAL SOLN	2	
DIAZEPAM 5 MG/5 ML SOLUTION	2	
DIAZEPAM 5 MG/ML ORAL CONC	2	
DIAZOXIDE 50 MG/ML ORAL SUSP	4	
DICLOFENAC 0.1% EYE DROPS	2	
DICLOFENAC 1.5% TOPICAL SOLN	2	
DICLOFENAC POT 50 MG TABLET	2	
DICLOFENAC SOD DR 25 MG TAB	2	
DICLOFENAC SOD DR 50 MG TAB	2	
DICLOFENAC SOD DR 75 MG TAB	2	
DICLOFENAC SOD EC 25 MG TAB	2	
DICLOFENAC SOD EC 50 MG TAB	2	
DICLOFENAC SOD EC 75 MG TAB	2	
DICLOFENAC SOD ER 100 MG TAB	2	
DICLOFENAC SODIUM 1% GEL	2	QL
DICLOFENAC-MISOPROST 50-0.2 MG	2	
DICLOFENAC-MISOPROST 75-0.2 MG	2	
DICLOXACILLIN 250 MG CAPSULE	2	
DICLOXACILLIN 500 MG CAPSULE	2	
DICYCLOMINE 10 MG CAPSULE	2	
DICYCLOMINE 10 MG/5 ML SOLN	2	
DICYCLOMINE 20 MG TABLET	2	
DIDANOSINE DR 250 MG CAPSULE	2	
DIDANOSINE DR 400 MG CAPSULE	2	
DIFICID 200 MG TABLET	4	PA, QL
DIFICID 40 MG/ML SUSPENSION	4	PA, QL
DIFLORASONE 0.05% CREAM	4	
DIFLORASONE 0.05% OINTMENT	4	
DIFLUNISAL 500 MG TABLET	2	
DIFLUPREDNATE 0.05% EYE DROP	3	
DIGOX 125 MCG TABLET	2	
DIGOX 250 MCG TABLET	2	
DIGOXIN 0.05 MG/ML SOLUTION	2	
DIGOXIN 0.125 MG TABLET	2	
DIGOXIN 0.25 MG TABLET	2	
DIGOXIN 125 MCG TABLET	2	
DIGOXIN 250 MCG TABLET	2	
DIHYDROERGOTAMINE 1 MG/ML AMP	4	QL
DILT XR 120 MG CAPSULE	2	
DILT XR 180 MG CAPSULE	2	
DILT XR 240 MG CAPSULE	2	
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER 120 MG CAP	2	

Medication Name	Tier	Notes
DILTIAZEM 12HR ER 60 MG CAP	2	
DILTIAZEM 12HR ER 90 MG CAP	2	
DILTIAZEM 24H ER(CD) 120 MG CP	2	
DILTIAZEM 24H ER(CD) 180 MG CP	2	
DILTIAZEM 24H ER(CD) 240 MG CP	2	
DILTIAZEM 24H ER(CD) 300 MG CP	2	
DILTIAZEM 24H ER(CD) 360 MG CP	2	
DILTIAZEM 24H ER(LA) 120 MG TB	2	
DILTIAZEM 24H ER(LA) 180 MG TB	2	
DILTIAZEM 24H ER(LA) 240 MG TB	2	
DILTIAZEM 24H ER(LA) 300 MG TB	2	
DILTIAZEM 24H ER(LA) 360 MG TB	2	
DILTIAZEM 24H ER(LA) 420 MG TB	2	
DILTIAZEM 24H ER(XR) 120 MG CP	2	
DILTIAZEM 24H ER(XR) 180 MG CP	2	
DILTIAZEM 24H ER(XR) 240 MG CP	2	
DILTIAZEM 24HR ER 120 MG CAP	2	
DILTIAZEM 24HR ER 180 MG CAP	2	
DILTIAZEM 24HR ER 240 MG CAP	2	
DILTIAZEM 24HR ER 300 MG CAP	2	
DILTIAZEM 24HR ER 360 MG CAP	2	
DILTIAZEM 24HR ER 420 MG CAP	2	
DILTIAZEM 30 MG TABLET	1	
DILTIAZEM 60 MG TABLET	1	
DILTIAZEM 90 MG TABLET	1	
DIMETHYL FUMARATE 30D START PK	5	PA, QL, LDD, SRX
DIMETHYL FUMARATE DR 120 MG CP	5	PA, QL, LDD, SRX
DIMETHYL FUMARATE DR 240 MG CP	5	PA, QL, LDD, SRX
DIPENTUM 250 MG CAPSULE	4	
DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIPHEN 12.5 MG/5 ML SOLUTION	4	
DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DIPHENHYDRAMINE 25 MG/10 ML	2	
DIPHENOXYLAT-ATROP 2.5-0.025/5	2	
DIPHENOXYLATE-ATROP 2.5-0.025	2	
DIPHThERIA-TETANUS TOXOIDS-PED	3	
DIPYRIDAMOLE 25 MG TABLET	2	
DIPYRIDAMOLE 50 MG TABLET	2	
DIPYRIDAMOLE 75 MG TABLET	2	
DISOPYRAMIDE 100 MG CAPSULE	2	
DISOPYRAMIDE 150 MG CAPSULE	2	
DISULFIRAM 250 MG TABLET	2	
DISULFIRAM 500 MG TABLET	2	
DIVALPROEX DR 125 MG CAP SPRNK	2	
DIVALPROEX DR 125 MG CP(SPRNK)	2	
DIVALPROEX SOD DR 125 MG TAB	2	
DIVALPROEX SOD DR 250 MG TAB	2	

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Medication Name	Tier	Notes
DIVALPROEX SOD DR 500 MG TAB	2	
DIVALPROEX SOD ER 250 MG TAB	2	
DIVALPROEX SOD ER 500 MG TAB	2	
DODEX 1,000 MCG/ML VIAL	2	
DODEX 10,000 MCG/10 ML VIAL	2	
DODEX 30,000 MCG/30 ML VIAL	2	
DOFETILIDE 125 MCG CAPSULE	4	QL
DOFETILIDE 250 MCG CAPSULE	4	QL
DOFETILIDE 500 MCG CAPSULE	4	QL
DOLISHALE 90-20 MCG TABLET	1	
DONEPEZIL HCL 10 MG TABLET	2	
DONEPEZIL HCL 23 MG TABLET	2	
DONEPEZIL HCL 5 MG TABLET	2	
DONEPEZIL HCL ODT 10 MG TABLET	2	
DONEPEZIL HCL ODT 5 MG TABLET	2	
DORZOLAMIDE HCL 2% EYE DROPS	2	
DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DOTTI 0.025 MG PATCH	2	QL
DOTTI 0.0375 MG PATCH	2	QL
DOTTI 0.05 MG PATCH	2	QL
DOTTI 0.075 MG PATCH	2	QL
DOTTI 0.1 MG PATCH	2	QL
DOVATO	3	QL
DOXAZOSIN MESYLATE 1 MG TAB	2	
DOXAZOSIN MESYLATE 2 MG TAB	2	
DOXAZOSIN MESYLATE 4 MG TAB	2	
DOXAZOSIN MESYLATE 8 MG TAB	2	
DOXEPIN 10 MG CAPSULE	2	
DOXEPIN 10 MG/ML ORAL CONC	2	
DOXEPIN 100 MG CAPSULE	2	
DOXEPIN 150 MG CAPSULE	2	
DOXEPIN 25 MG CAPSULE	2	
DOXEPIN 5% CREAM	4	
DOXEPIN 50 MG CAPSULE	2	
DOXEPIN 75 MG CAPSULE	2	
DOXEPIN HCL 3 MG TABLET	3	QL
DOXEPIN HCL 6 MG TABLET	3	QL
DOXERCALCIFEROL 0.5 MCG CAP	2	
DOXERCALCIFEROL 1 MCG CAPSULE	2	
DOXERCALCIFEROL 2.5 MCG CAP	2	
DOXYCYCLINE 25 MG/5 ML SUSP	2	
DOXYCYCLINE HYCLATE 100 MG CAP	1	
DOXYCYCLINE HYCLATE 100 MG TAB	1	
DOXYCYCLINE HYCLATE 20 MG TAB	2	
DOXYCYCLINE HYCLATE 50 MG CAP	1	
DOXYCYCLINE MONO 100 MG CAP	1	
DOXYCYCLINE MONO 100 MG TABLET	1	

Medication Name	Tier	Notes
DOXYCYCLINE MONO 150 MG CAP	2	
DOXYCYCLINE MONO 150 MG TABLET	2	
DOXYCYCLINE MONO 50 MG CAP	1	
DOXYCYCLINE MONO 50 MG TABLET	1	
DOXYCYCLINE MONO 75 MG CAPSULE	2	
DOXYCYCLINE MONO 75 MG TABLET	2	
DRONABINOL 10 MG CAPSULE	4	
DRONABINOL 2.5 MG CAPSULE	4	
DRONABINOL 5 MG CAPSULE	4	
DROPLET 0.5 ML 29GX12.5MM(1/2)	3	
DROPLET 0.5 ML 30GX12.5MM(1/2)	3	
DROPLET INS 0.3 ML 29GX12.5MM	3	
DROPLET INS 0.3ML 30GX12.5MM	3	
DROPLET INS 0.5ML 30GX6MM(1/2)	3	
DROPLET INS 0.5ML 30GX8MM(1/2)	3	
DROPLET INS 0.5ML 31GX6MM(1/2)	3	
DROPLET INS 0.5ML 31GX8MM(1/2)	3	
DROPLET INS SYR 0.3 ML 30GX6MM	3	
DROPLET INS SYR 0.3 ML 30GX8MM	3	
DROPLET INS SYR 0.3 ML 31GX6MM	3	
DROPLET INS SYR 0.3 ML 31GX8MM	3	
DROPLET INS SYR 1 ML 30GX6MM	3	
DROPLET INS SYR 1 ML 30GX8MM	3	
DROPLET INS SYR 1 ML 31GX6MM	3	
DROPLET INS SYR 1 ML 31GX8MM	3	
DROPLET INS SYR 1ML 29GX12.5MM	3	
DROPLET INS SYR 1ML 30GX12.5MM	3	
DROPLET MICRON 34G X 9/64"	3	
DROPLET PEN NEEDLE 29GX1/2"	3	
DROPLET PEN NEEDLE 29GX3/8"	3	
DROPLET PEN NEEDLE 30GX5/16"	3	
DROPLET PEN NEEDLE 31GX1/4"	3	
DROPLET PEN NEEDLE 31GX3/16"	3	
DROPLET PEN NEEDLE 31GX5/16"	3	
DROPLET PEN NEEDLE 32GX1/4"	3	
DROPLET PEN NEEDLE 32GX3/16"	3	
DROPLET PEN NEEDLE 32GX5/16"	3	
DROPLET PEN NEEDLE 32GX5/32"	3	
DROPSAFE INS SYR 0.3ML 31G 6MM	3	
DROPSAFE INS SYR 0.3ML 31G 8MM	3	
DROPSAFE INS SYR 0.5ML 31G 6MM	3	
DROPSAFE INS SYR 0.5ML 31G 8MM	3	
DROPSAFE INSUL SYR 1ML 31G 6MM	3	
DROPSAFE INSUL SYR 1ML 31G 8MM	3	
DROPSAFE INSULN 1ML 29G 12.5MM	3	
DROPSAFE PEN NEEDLE 31GX1/4"	3	
DROPSAFE PEN NEEDLE 31GX3/16"	3	

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Medication Name	Tier	Notes
DROPSAFE PEN NEEDLE 31GX5/16"	3	
DROSP-EE-LEVOMEF 3-0.02-0.451	1	
DROSP-EE-LEVOMEF 3-0.03-0.451	1	
DROSPIRENONE-EE 3-0.02 MG TAB	1	
DROSPIRENONE-EE 3-0.03 MG TAB	1	
DROXIA 200 MG CAPSULE	4	
DROXIA 300 MG CAPSULE	4	
DROXIA 400 MG CAPSULE	4	
DRUG MART ULTRA COMFORT SYR	3	
DUAVEE 0.45-20 MG TABLET	4	
DULERA 50 MCG-5 MCG INHALER	3	QL
DULERA 100 MCG-5 MCG INHALER	3	QL
DULERA 200 MCG-5 MCG INHALER	3	QL
DULOXETINE HCL DR 20 MG CAP	2	QL
DULOXETINE HCL DR 30 MG CAP	2	QL
DULOXETINE HCL DR 60 MG CAP	2	QL
DUPIXENT 100 MG/0.67 ML SYRINGE	5	PA, SRX
DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DUPIXENT 200 MG/1.14 ML SYRINGE	5	PA, SRX
DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DUTASTERIDE 0.5 MG CAPSULE	2	
DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	
EASIVENT HOLDING CHAMBER	3	QL
EASIVENT MASK-LARGE	3	QL
EASIVENT MASK-MEDIUM	3	QL
EASIVENT MASK-SMALL	3	QL
EASY COMFORT 0.3 ML SYRINGE	3	
EASY COMFORT 0.5 ML 30GX1/2"	3	
EASY COMFORT 0.5 ML 31GX5/16"	3	
EASY COMFORT 0.5 ML 32GX5/16"	3	
EASY COMFORT 0.5 ML SYRINGE	3	
EASY COMFORT 1 ML 31GX5/16"	3	
EASY COMFORT 1 ML 32GX5/16"	3	
EASY COMFORT INSULIN 1 ML SYR	3	
EASY COMFORT PEN ND 31GX1/4"	3	
EASY COMFORT PEN ND 31GX3/16"	3	
EASY COMFORT PEN ND 31GX5/16"	3	
EASY COMFORT PEN ND 32GX5/32"	3	
EASY COMFORT PEN ND 33G 4MM	3	
EASY COMFORT PEN ND 33G 5MM	3	
EASY COMFORT PEN ND 33G 6MM	3	
EASY COMFORT SYR 1 ML 30GX1/2"	3	
EASY GLIDE INS 0.3 ML 31GX6MM	3	
EASY GLIDE INS 0.5 ML 31GX6MM	3	
EASY GLIDE INS 1 ML 31GX6MM	3	
EASY GLIDE PEN NEEDLE 4MM 33G	3	
EASY PLUS II CONTROL SOLN HIGH	3	

Medication Name	Tier	Notes
EASY PLUS II CONTROL SOLN LOW	3	
EASY STEP CONTRL SOLN-HIGH	3	
EASY STEP CONTROL SOLN-LOW	3	
EASY STEP CONTROL SOLN-NORMAL	3	
EASY TALK CONTROL SOLN LOW	3	
EASY TALK HIGH CONTROL SOLN	3	
EASY TALK PLUS II HIGH CONTROL	3	
EASY TALK PLUS II LOW CTRL SLN	3	
EASY TOUCH 0.3 ML SYR 30GX1/2"	3	
EASY TOUCH 0.5 ML SYR 27GX1/2"	3	
EASY TOUCH 0.5 ML SYR 29GX1/2"	3	
EASY TOUCH 0.5 ML SYR 30GX1/2"	3	
EASY TOUCH 0.5 ML SYR 30GX5/16	3	
EASY TOUCH 1 ML SYR 27GX1/2"	3	
EASY TOUCH 1 ML SYR 29GX1/2"	3	
EASY TOUCH 1 ML SYR 30GX1/2"	3	
EASY TOUCH BLU LINK CTRL SOLN	3	
EASY TOUCH FLIPLK ND 30GX5/16	3	
EASY TOUCH FLIPLK ND 31GX5/16	3	
EASY TOUCH FLIPLK ND 18GX1"	3	
EASY TOUCH FLIPLK ND 19GX1"	3	
EASY TOUCH FLIPLK ND 20GX1"	3	
EASY TOUCH FLIPLK ND 21GX1"	3	
EASY TOUCH FLIPLK ND 22GX1	3	
EASY TOUCH FLIPLK ND 23GX1"	3	
EASY TOUCH FLIPLK ND 25GX1"	3	
EASY TOUCH FLIPLK ND 26GX1"	3	
EASY TOUCH FLIPLK ND 27GX1"	3	
EASY TOUCH FLIPLK ND 18GX1.5	3	
EASY TOUCH FLIPLK ND 19GX1.5	3	
EASY TOUCH FLIPLK ND 20GX1.5	3	
EASY TOUCH FLIPLK ND 21GX1.5	3	
EASY TOUCH FLIPLK ND 22GX1.5	3	
EASY TOUCH FLIPLK ND 22GX3/4	3	
EASY TOUCH FLIPLK ND 23GX1.5	3	
EASY TOUCH FLIPLK ND 23GX5/8	3	
EASY TOUCH FLIPLK ND 25GX1.5	3	
EASY TOUCH FLIPLK ND 25GX5/8	3	
EASY TOUCH FLIPLK ND 26GX1/2	3	
EASY TOUCH FLIPLK ND 27GX1/2	3	
EASY TOUCH FLIPLK ND 28GX1/2	3	
EASY TOUCH FLIPLK ND 29GX1/2	3	
EASY TOUCH FLIPLK ND 30GX1/2	3	
EASY TOUCH HIGH-LOW CTRL SOLN	3	
EASY TOUCH HYPODERMIC 16GX1"	3	
EASY TOUCH HYPODERMIC 16GX1.5"	3	
EASY TOUCH HYPODERMIC 18GX1"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
EASY TOUCH HYPODERMIC 18GX1.25	3		EASY TOUCH SAF PEN NDL 29G 8MM	3	
EASY TOUCH HYPODERMIC 18GX1.5"	3		EASY TOUCH SAF PEN NDL 30G 5MM	3	
EASY TOUCH HYPODERMIC 19GX1"	3		EASY TOUCH SAF PEN NDL 30G 8MM	3	
EASY TOUCH HYPODERMIC 19GX1.5"	3		EASY TOUCH SYR 0.5ML 27G12.7MM	3	
EASY TOUCH HYPODERMIC 20GX1"	3		EASY TOUCH SYR 0.5ML 28G12.7MM	3	
EASY TOUCH HYPODERMIC 20GX1.5"	3		EASY TOUCH SYR 0.5ML 29G12.7MM	3	
EASY TOUCH HYPODERMIC 21GX1"	3		EASY TOUCH SYR 1 ML 27G 12.7MM	3	
EASY TOUCH HYPODERMIC 21GX1.5"	3		EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH HYPODERMIC 22GX1"	3		EASY TOUCH SYR 1 ML 28G 12.7MM	3	
EASY TOUCH HYPODERMIC 22GX1.5"	3		EASY TOUCH SYR 1 ML 29G 12.7MM	3	
EASY TOUCH HYPODERMIC 23GX1"	3		EASY TOUCH SYR 3 ML 22GX1-1/2"	3	
EASY TOUCH HYPODERMIC 23GX1.25	3		EASY TOUCH SYR 3 ML 25GX5/8"	3	
EASY TOUCH HYPODERMIC 23GX1.5"	3		EASY TOUCH SYRINGE 3 ML 20GX1"	3	
EASY TOUCH HYPODERMIC 23GX3/4"	3		EASY TOUCH SYRINGE 3 ML 21GX1"	3	
EASY TOUCH HYPODERMIC 24GX1"	3		EASY TOUCH SYRINGE 3 ML 22GX1"	3	
EASY TOUCH HYPODERMIC 24GX1.25	3		EASY TOUCH SYRINGE 3 ML 23GX1"	3	
EASY TOUCH HYPODERMIC 25GX1"	3		EASY TOUCH SYRINGE 3 ML 25GX1"	3	
EASY TOUCH HYPODERMIC 25GX1.5"	3		EASY TOUCH UNI-SLIP SYR 1 ML	3	
EASY TOUCH HYPODERMIC 25GX5/8"	3		EASY TRAK CONTROL SOLN HIGH	3	
EASY TOUCH HYPODERMIC 26GX1/2"	3		EASY TRAK CONTROL SOLN LOW	3	
EASY TOUCH HYPODERMIC 26GX3/8"	3		EASY TRAK II CTRL SOLN-NORMAL	3	
EASY TOUCH HYPODERMIC 26GX5/8"	3		EASYGLUCO PLUS CTRL SOL NORMAL	3	
EASY TOUCH HYPODERMIC 27GX1.25	3		EASYMAX NORMAL CONTROL SOLN	3	
EASY TOUCH HYPODERMIC 27GX1.5"	3		EASYMAX 15 LEVEL 2 SOLUTION	3	
EASY TOUCH HYPODERMIC 27GX1/2"	3		EASYPOINT NEEDLE 18G X 1"	3	
EASY TOUCH HYPODERMIC 30GX1"	3		EASYPOINT NEEDLE 18G X 1-1/2"	3	
EASY TOUCH HYPODERMIC 30GX1/2"	3		EASYPOINT NEEDLE 20G X 1"	3	
EASY TOUCH HYPODERMIC 31GX5/16	3		EASYPOINT NEEDLE 20G X 1-1/2"	3	
EASY TOUCH HYPODERMIC 32GX5/16	3		EASYPOINT NEEDLE 21G X 1"	3	
EASY TOUCH INSULIN 1ML 29GX1/2	3		EASYPOINT NEEDLE 21G X 1-1/2"	3	
EASY TOUCH INSULIN 1ML 30GX1/2	3		EASYPOINT NEEDLE 22G X 1"	3	
EASY TOUCH INSULIN SYR 0.3 ML	3		EASYPOINT NEEDLE 22G X 1-1/2"	3	
EASY TOUCH INSULIN SYR 0.5 ML	3		EASYPOINT NEEDLE 23G X 1"	3	
EASY TOUCH INSULIN SYR 1 ML	3		EASYPOINT NEEDLE 25G 16MM	3	
EASY TOUCH INSULN 1ML 29GX1/2"	3		EASYPOINT NEEDLE 25G X 1"	3	
EASY TOUCH INSULN 1ML 30GX1/2"	3		EASYPOINT NEEDLE 25G X 5/8"	3	
EASY TOUCH INSULN 1ML 30GX5/16	3		EASYPOINT NEEDLE 25GX1-1/2"	3	
EASY TOUCH INSULN 1ML 31GX5/16	3		EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH LUER LOK INSUL 1 ML	3		EASYTOUCH SAF PEN NDL 30G 6MM	3	
EASY TOUCH PEN NEEDLE 29GX1/2"	3		EC-NAPROXEN DR 375 MG TABLET	2	
EASY TOUCH PEN NEEDLE 30GX5/16	3		EC-NAPROXEN DR 500 MG TABLET	2	
EASY TOUCH PEN NEEDLE 31GX1/4"	3		ECONAZOLE NITRATE 1% CREAM	2	
EASY TOUCH PEN NEEDLE 31GX3/16	3		ECONTRA EZ 1.5 MG TABLET	1	
EASY TOUCH PEN NEEDLE 31GX5/16	3		ECONTRA ONE-STEP 1.5 MG TABLET	1	
EASY TOUCH PEN NEEDLE 32GX1/4"	3		ED-SPAZ 0.125 MG ODT	2	
EASY TOUCH PEN NEEDLE 32GX3/16	3		EDURANT 25 MG TABLET	3	
EASY TOUCH PEN NEEDLE 32GX5/32	3		EEMT DS 1.25-2.5 MG TABLET	2	
EASY TOUCH SAF PEN NDL 29G 5MM	3		EEMT HS 0.625-1.25 MG TABLET	2	

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Medication Name	Tier	Notes
EFAVIR-EMTRI-TENOF 600-200-300	2	QL
EFAVIRENZ 200 MG CAPSULE	2	
EFAVIRENZ 50 MG CAPSULE	2	
EFAVIRENZ 600 MG TABLET	2	
EFAVIR-LAMIV-TENOF 400-300-300	2	QL
EFAVIR-LAMIV-TENOF 600-300-300	2	QL
EFFER-K 10 MEQ TABLET EFF	4	
EFFER-K 20 MEQ TABLET EFF	4	
ELEMENT COMPACT SOLN HIGH	3	
ELEMENT COMPACT SOLN NORMAL	3	
ELEMENT CONTROL SOLN NORMAL	3	
ELEMENT CONTROL SOLUTION HIGH	3	
ELEMENT CONTROL SOLUTION LOW	3	
ELETRIPTAN HBR 20 MG TABLET	2	QL
ELETRIPTAN HBR 40 MG TABLET	2	QL
ELINEST-28 TABLET	1	
ELIQUIS 2.5 MG TABLET	3	PA, QL
ELIQUIS 5 MG TABLET	3	PA, QL
ELIQUIS DVT-PE TREAT START 5MG	3	PA, QL
ELITE-OB CAPLET	1	
ELLA 30 MG TABLET	4	
ELMIRON 100 MG CAPSULE	4	
ELURYNG VAGINAL RING	2	
EMBRACE GLUC CONTROL SOLN HIGH	3	
EMBRACE EVO LEVEL 1 CTRL SOLN	3	
EMBRACE GLUC CONTROL SOLN LOW	3	
EMBRACE PEN NEEDLE 29G 12MM	3	
EMBRACE PEN NEEDLE 30G 5MM	3	
EMBRACE PEN NEEDLE 30G 8MM	3	
EMBRACE PEN NEEDLE 31G 5MM	3	
EMBRACE PEN NEEDLE 31G 6MM	3	
EMBRACE PEN NEEDLE 31G 8MM	3	
EMBRACE PEN NEEDLE 32G 4MM	3	
EMBRACE PRO CONTROL SOLUTION	3	
EMBRACE TALK CTRL SOL-HIGH(L2)	3	
EMBRACE TALK CTRL SOLN-LOW(L1)	3	
EMCYT 140 MG CAPSULE	5	SRX
EMGALITY 120 MG/ML PEN	3	PA
EMGALITY 120 MG/ML SYRINGE	3	PA
EMGALITY 300 MG (100 MG X3SYR)	3	PA
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
EMOQUETTE 28 DAY TABLET	1	
EMTRICITABINE 200 MG CAPSULE	2	
EMTRICITABINE-TENOFV 100-150MG	2	
EMTRICITABINE-TENOFV 133-200MG	2	
EMTRICITABINE-TENOFV 167-250MG	2	
EMTRICITABINE-TENOFV 200-300MG	2	

Medication Name	Tier	Notes
EMTRIVA 10 MG/ML SOLUTION	3	
EMVERM 100 MG TABLET CHEW	4	
ENALAPRIL MALEATE 10 MG TAB	1	
ENALAPRIL MALEATE 2.5 MG TAB	1	
ENALAPRIL MALEATE 20 MG TAB	1	
ENALAPRIL MALEATE 5 MG TABLET	1	
ENALAPRIL-HCTZ 10-25 MG TABLET	1	
ENALAPRIL-HCTZ 5-12.5 MG TAB	1	
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX
ENDOCET 10-325 MG TABLET	2	PA
ENDOCET 2.5-325 MG TABLET	2	PA
ENDOCET 5-325 MG TABLET	2	PA
ENDOCET 7.5-325 MG TABLET	2	PA
ENDOMETRIN 100 MG VAG INSERT	4	PA
ENGERIX-B 20 MCG/ML SYRN	3	
ENGERIX-B 20 MCG/ML VIAL	3	
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3	
ENLITE SERTER	3	
ENLYTE SOFTGEL	4	
ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX
ENOXAPARIN 120 MG/0.8 ML SYR	5	QL, SRX
ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX
ENOXAPARIN 30 MG/0.3 ML SYR	5	QL, SRX
ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX
ENOXAPARIN 40 MG/0.4 ML SYR	5	QL, SRX
ENOXAPARIN 60 MG/0.6 ML SYR	5	QL, SRX
ENOXAPARIN 80 MG/0.8 ML SYR	5	QL, SRX
ENPRESSE-28 TABLET	1	
ENSKYCE 28 TABLET	1	
ENTACAPONE 200 MG TABLET	2	
ENTECAVIR 0.5 MG TABLET	5	SRX
ENTECAVIR 1 MG TABLET	5	SRX
ENTRESTO 24 MG-26 MG TABLET	3	QL
ENTRESTO 49 MG-51 MG TABLET	3	QL
ENTRESTO 97 MG-103 MG TABLET	3	QL
ENULOSE 10 GM/15 ML SOLUTION	2	
EPCLUSA 150-37.5 MG PELLETT PKT	5	PA, QL, SRX
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX
EPCLUSA 200-50 MG PELLETT PACK	5	PA, QL, SRX
EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX
EPIDIOLEX 100 MG/ML SOLN PACK	4	PA, LDD
EPIDIOLEX 100 MG/ML SOLUTION	4	PA, LDD
EPIFOAM FOAM	4	
EPINASTINE HCL 0.05% EYE DROPS	2	

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Medication Name	Tier	Notes
EPINEPHRINE 0.15 MG AUTO-INJECT	2	QL
EPINEPHRINE 0.3 MG AUTO-INJECT	2	QL
EPITOL 200 MG TABLET	2	
EPIVIR HBV 25 MG/5 ML SOLN	5	SRX
EPLERENONE 25 MG TABLET	2	
EPLERENONE 50 MG TABLET	2	
EPROSARTAN MESYLATE 600 MG TAB	2	
EQ SPACE CHAMBER	3	QL
EQ SPACE CHAMBER-LARGE MASK	3	QL
EQ SPACE CHAMBER-MEDIUM MASK	3	QL
EQ SPACE CHAMBER-SMALL MASK	3	QL
EQL INS SYR 1 ML 29GX1/2"	3	
EQL INSUL SYR 0.3 ML 31GX5/16"	3	
EQL INSUL SYR 0.5 ML 31GX5/16"	3	
EQL INSULIN 0.3 ML SYRINGE	3	
EQL INSULIN 0.5 ML SYRINGE	3	
EQL INSULIN 1 ML SYRINGE	3	
EQL INSULIN SYR 1 ML 31GX5/16"	3	
EQL PEN 8MM 31G X 5/16" NEEDLE	3	
ERGOLOID MESYLATES 1 MG TAB	1	
ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ERLOTINIB HCL 100 MG TABLET	5	PA, LDD, SRX
ERLOTINIB HCL 150 MG TABLET	5	PA, LDD, SRX
ERLOTINIB HCL 25 MG TABLET	5	PA, LDD, SRX
ERRIN 0.35 MG TABLET	1	
ERTACZO 2% CREAM	4	
ERY 2% PADS	2	
ERYTHROCIN 250 MG TABLET	4	
ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ERYTHROMYCIN 2% GEL	2	
ERYTHROMYCIN 2% SOLUTION	2	
ERYTHROMYCIN 200 MG/5 ML SUSP	2	
ERYTHROMYCIN 250 MG TABLET	2	
ERYTHROMYCIN 400 MG/5 ML SUSP	2	
ERYTHROMYCIN 500 MG TABLET	2	
ERYTHROMYCIN DR 250 MG CAP	2	
ERYTHROMYCIN ES 400 MG TAB	2	
ERYTHROMYCIN-BENZOYL GEL	2	
ESCITALOPRAM 10 MG TABLET	2	QL
ESCITALOPRAM 20 MG TABLET	2	QL
ESCITALOPRAM 5 MG TABLET	2	QL
ESCITALOPRAM OXALATE 5 MG/5 ML	2	QL
ESOMEPRAZOLE DR 10 MG PACKET	3	QL
ESOMEPRAZOLE DR 20 MG PACKET	3	QL
ESOMEPRAZOLE DR 40 MG PACKET	3	QL
ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL
ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL

Medication Name	Tier	Notes
ESOMEPRAZOLE DR 49.3 MG CAP	2	QL
ESTARYLLA 0.25-0.035 MG TABLET	1	
ESTAZOLAM 1 MG TABLET	2	
ESTAZOLAM 2 MG TABLET	2	
ESTRADIOL 0.025 MG PATCH(1/WK)	2	QL
ESTRADIOL 0.025 MG PATCH(2/WK)	2	QL
ESTRADIOL 0.0375MG PATCH(1/WK)	2	QL
ESTRADIOL 0.0375MG PATCH(2/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH(1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH(2/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSRT	2	QL
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL-NORETH 0.5-0.1 MG TB	2	
ESTRADIOL-NORETH 1-0.5 MG TAB	2	
ESTROGEN-METHYLTESTOS F.S. TAB	2	
ESTROGEN-METHYLTESTOS H.S. TAB	2	
ESZOPICLONE 1 MG TABLET	2	
ESZOPICLONE 2 MG TABLET	2	
ESZOPICLONE 3 MG TABLET	2	
ETHAMBUTOL HCL 100 MG TABLET	2	
ETHAMBUTOL HCL 400 MG TABLET	2	
ETHOSUXIMIDE 250 MG CAPSULE	2	
ETHOSUXIMIDE 250 MG/5 ML SOLN	2	
ETHYL CHLORIDE SPRAY	2	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1	
ETODOLAC 200 MG CAPSULE	2	
ETODOLAC 300 MG CAPSULE	2	
ETODOLAC 400 MG TABLET	2	
ETODOLAC 500 MG TABLET	2	
ETODOLAC ER 400 MG TABLET	2	
ETODOLAC ER 500 MG TABLET	2	
ETODOLAC ER 600 MG TABLET	2	
ETONOGESTREL-EE VAGINAL RING	2	
ETOPOSIDE 50 MG CAPSULE	5	SRX
ETRIVIRINE 100 MG TABLET	2	
ETRIVIRINE 200 MG TABLET	2	
EURAX 10% CREAM	4	
EUTHYROX 100 MCG TABLET	1	
EUTHYROX 112 MCG TABLET	1	

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Medication Name	Tier	Notes
EUTHYROX 125 MCG TABLET	1	
EUTHYROX 137 MCG TABLET	1	
EUTHYROX 150 MCG TABLET	1	
EUTHYROX 175 MCG TABLET	1	
EUTHYROX 200 MCG TABLET	1	
EUTHYROX 25 MCG TABLET	1	
EUTHYROX 50 MCG TABLET	1	
EUTHYROX 75 MCG TABLET	1	
EUTHYROX 88 MCG TABLET	1	
EVENCARE G2 CONTROL SOLUTION	3	
EVENCARE G3 CONTROL SOLUTION	3	
EVEROLIMUS 0.25 MG TABLET	5	SRX
EVEROLIMUS 0.5 MG TABLET	5	SRX
EVEROLIMUS 0.75 MG TABLET	5	SRX
EVEROLIMUS 1 MG TABLET	5	SRX
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX
EVOLUTION CONTROL SOLN NORMAL	3	
EVOTAZ 300 MG-150 MG TABLET	3	
EXEL 3 ML SYRN 27G X 1 1/4"	3	
EXEL HUBER 22GX3/4" NEEDLE	3	
EXEL HUBER NEEDLE 22GX1"	3	
EXEL HYPO NEEDLE 16GX1"	3	
EXEL HYPO NEEDLE 18GX1"	3	
EXEL HYPO NEEDLE 18GX1.5"	3	
EXEL HYPO NEEDLE 19GX1"	3	
EXEL HYPO NEEDLE 19GX1.5"	3	
EXEL HYPO NEEDLE 20GX0.75"	3	
EXEL HYPO NEEDLE 20GX1"	3	
EXEL HYPO NEEDLE 20GX1.5"	3	
EXEL HYPO NEEDLE 21GX1"	3	
EXEL HYPO NEEDLE 21GX1.5"	3	
EXEL HYPO NEEDLE 22GX0.75"	3	
EXEL HYPO NEEDLE 22GX1"	3	
EXEL HYPO NEEDLE 22GX1.5"	3	
EXEL HYPO NEEDLE 23GX0.75"	3	
EXEL HYPO NEEDLE 23GX1"	3	
EXEL HYPO NEEDLE 25GX0.625"	3	
EXEL HYPO NEEDLE 25GX0.75"	3	
EXEL HYPO NEEDLE 25GX1"	3	
EXEL HYPO NEEDLE 25GX1.5"	3	
EXEL HYPO NEEDLE 26GX0.375"	3	
EXEL HYPO NEEDLE 26GX0.5"	3	

Medication Name	Tier	Notes
EXEL HYPO NEEDLE 26GX0.625"	3	
EXEL HYPO NEEDLE 26GX1.5"	3	
EXEL HYPO NEEDLE 27GX0.5"	3	
EXEL HYPO NEEDLE 30GX0.5"	3	
EXEL INS SYR U100 1 ML 28GX1/2	3	
EXEL MTI DRAWING NDL 20GX1"	3	
EXEL MTI DRAWING NDL 21GX1"	3	
EXEL MTI DRAWING NDL 22GX1"	3	
EXEL SYRINGE 20GX1" 3 ML	3	
EXEL SYRINGE 20GX1-1/2" 3 ML	3	
EXEL SYRINGE 21GX1" 3 ML	3	
EXEL SYRINGE 21GX1-1/2" 3 ML	3	
EXEL SYRINGE 22GX1" 3 ML	3	
EXEL SYRINGE 22GX1-1/2" 3 ML	3	
EXEL SYRINGE 22GX3/4" 3 ML	3	
EXEL SYRINGE 23GX1" 3 ML	3	
EXEL SYRINGE 25GX1" 3 ML	3	
EXEL U100 0.3 ML 29GX1/2"	3	
EXEL U100 0.3 ML 30GX5/16"	3	
EXEL U100 0.5 ML 28GX1/2"	3	
EXEL U100 0.5 ML 29GX1/2"	3	
EXEL U100 0.5 ML 30GX5/16"	3	
EXEL U100 1 ML 30GX5/16"	3	
EXEL U100 INS SYR 1 ML 29GX1/2	3	
EXEMESTANE 25 MG TABLET	2	
EXTENDED RESERVOIR 3 ML	3	
EZETIMIBE 10 MG TABLET	2	
EZETIMIBE-SIMVASTATIN 10-10 MG	2	
EZETIMIBE-SIMVASTATIN 10-20 MG	2	
EZETIMIBE-SIMVASTATIN 10-40 MG	2	
EZETIMIBE-SIMVASTATIN 10-80 MG	2	
EZ-VAC	3	
FALMINA-28 TABLET	1	
FAMCICLOVIR 125 MG TABLET	2	
FAMCICLOVIR 250 MG TABLET	2	
FAMCICLOVIR 500 MG TABLET	2	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML SUSP	2	
FANAPT 1 MG TABLET	4	QL, ST
FANAPT 10 MG TABLET	4	QL, ST
FANAPT 12 MG TABLET	4	QL, ST
FANAPT 2 MG TABLET	4	QL, ST
FANAPT 4 MG TABLET	4	QL, ST
FANAPT 6 MG TABLET	4	QL, ST
FANAPT 8 MG TABLET	4	QL, ST
FANAPT TITRATION PACK	4	QL, ST

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Medication Name	Tier	Notes
FARXIGA 10 MG TABLET	3	QL
FARXIGA 5 MG TABLET	3	QL
FEBUXOSTAT 40 MG TABLET	4	QL
FEBUXOSTAT 80 MG TABLET	4	QL
FELBAMATE 400 MG TABLET	4	
FELBAMATE 600 MG TABLET	4	
FELBAMATE 600 MG/5 ML SUSP	4	
FELODIPINE ER 10 MG TABLET	2	
FELODIPINE ER 2.5 MG TABLET	2	
FELODIPINE ER 5 MG TABLET	2	
FEM PH VAGINAL JELLY	2	
FEMYNOR 28 TABLET	1	
FENOFIBRATE 120 MG TABLET	2	
FENOFIBRATE 130 MG CAPSULE	2	
FENOFIBRATE 134 MG CAPSULE	2	
FENOFIBRATE 145 MG TABLET	2	
FENOFIBRATE 150 MG CAPSULE	2	
FENOFIBRATE 160 MG TABLET	2	
FENOFIBRATE 200 MG CAPSULE	2	
FENOFIBRATE 40 MG TABLET	2	
FENOFIBRATE 43 MG CAPSULE	2	
FENOFIBRATE 48 MG TABLET	2	
FENOFIBRATE 50 MG CAPSULE	2	
FENOFIBRATE 54 MG TABLET	2	
FENOFIBRATE 67 MG CAPSULE	2	
FENOFIBRIC ACID 105 MG TABLET	2	
FENOFIBRIC ACID 35 MG TABLET	2	
FENOFIBRIC ACID DR 135 MG CAP	2	
FENOFIBRIC ACID DR 45 MG CAP	2	
FENOPROFEN 600 MG TABLET	2	
FENTANYL 100 MCG/HR PATCH	2	PA
FENTANYL 12 MCG/HR PATCH	2	PA
FENTANYL 25 MCG/HR PATCH	2	PA
FENTANYL 37.5 MCG/HR PATCH	2	PA
FENTANYL 50 MCG/HR PATCH	2	PA
FENTANYL 62.5 MCG/HR PATCH	2	PA
FENTANYL 75 MCG/HR PATCH	2	PA
FENTANYL 87.5 MCG/HR PATCH	2	PA
FENTANYL CIT OTFC 1,200 MCG	4	PA
FENTANYL CIT OTFC 1,600 MCG	4	PA
FENTANYL CITRATE OTFC 200 MCG	4	PA
FENTANYL CITRATE OTFC 400 MCG	4	PA
FENTANYL CITRATE OTFC 600 MCG	4	PA
FENTANYL CITRATE OTFC 800 MCG	4	PA
FERRIPROX 100 MG/ML SOLUTION	4	PA, LDD
FESOTERODINE ER 4 MG TABLET	4	QL
FESOTERODINE ER 8 MG TABLET	4	QL
FETZIMA 20-40 MG TITRATION PAK	4	QL,ST

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

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

Medication Name	Tier	Notes
FLUTICASONE-SALMETEROL 100-50	2	QL
FLUTICASONE-SALMETEROL 250-50	2	QL
FLUTICASONE-SALMETEROL 500-50	2	QL
FLUVASTATIN ER 80 MG TABLET	2	
FLUVASTATIN SODIUM 20 MG CAP	2	
FLUVASTATIN SODIUM 40 MG CAP	2	
FLUVOXAMINE ER 100 MG CAPSULE	2	QL
FLUVOXAMINE ER 150 MG CAPSULE	2	QL
FLUVOXAMINE MALEATE 100 MG TAB	2	QL
FLUVOXAMINE MALEATE 25 MG TAB	2	QL
FLUVOXAMINE MALEATE 50 MG TAB	2	QL
FLUZONE HIGH-DOSE QUAD	3	
FLUZONE QUAD	3	
FOLIC ACID 1 MG TABLET	1	
FOLIVANE-OB CAPSULE	1	
FONDAPARINUX 10 MG/0.8 ML SYR	5	QL, SRX
FONDAPARINUX 2.5 MG/0.5 ML SYR	5	QL, SRX
FONDAPARINUX 5 MG/0.4 ML SYR	5	QL, SRX
FONDAPARINUX 7.5 MG/0.6 ML SYR	5	QL, SRX
FORA HIGH CONTROL SOLUTION	3	
FORA KETONE CONTROL SOLN-L1	3	
FORA LOW CONTROL SOLUTION	3	
FORA NORMAL CONTROL SOLUTION	3	
FORACARE GDH HIGH CONTROL SOLN	3	
FORACARE GDH LOW CONTROL SOLN	3	
FORACARE GDH NORM CONTROL SOLN	3	
FORMOTEROL 20 MCG/2 ML NEB VL	4	QL
FORTISCARE CONTROL SOLN HIGH	3	
FORTISCARE CONTROL SOLN LOW	3	
FORTISCARE CONTROL SOLN NORMAL	3	
FOSAMPRENAVIR 700 MG TABLET	2	
FOSFOMYCIN 3 GM SACHET	3	
FOSINOPRIL SODIUM 10 MG TAB	1	
FOSINOPRIL SODIUM 20 MG TAB	1	
FOSINOPRIL SODIUM 40 MG TAB	1	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	2	
FOSINOPRIL-HCTZ 20-12.5 MG TAB	2	
FOSRENOL 1,000 MG POWDER PACK	4	
FOSRENOL 750 MG POWDER PACKET	4	
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX
FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL, SRX
FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL, SRX
FRAGMIN 18,000 UNIT/0.72 ML	5	QL, SRX
FRAGMIN 2,500 UNIT/0.2 ML SYR	5	QL, SRX
FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL, SRX
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL, SRX

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

Medication Name	Tier	Notes
GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX
GATTEX 5 MG VIAL	5	PA, LDD, SRX
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
GE100 CONTROL SOLUTION NORMAL	3	
GEFITINIB 250 MG TABLET	5	PA, QL, SRX
GEMFIBROZIL 600 MG TABLET	2	
GEMMILY 1 MG-20 MCG CAPSULE	1	
GENERLAC 10 GM/15 ML SOLUTION	2	
GENGRAF 100 MG CAPSULE	2	
GENGRAF 100 MG/ML SOLUTION	2	
GENGRAF 25 MG CAPSULE	2	
GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX
GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX
GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX
GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX
GENOTROPIN MINIQUICK 0.4 MG	5	PA, SRX
GENOTROPIN MINIQUICK 0.6 MG	5	PA, SRX
GENOTROPIN MINIQUICK 0.8 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1.2 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1.4 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1.6 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1.8 MG	5	PA, SRX
GENOTROPIN MINIQUICK 2 MG	5	PA, SRX
GENTAK 0.3 % EYE OINTMENT	2	
GENTAMICIN 0.1% CREAM	2	
GENTAMICIN 0.1% OINTMENT	2	
GENTAMICIN 0.3% EYE DROP	2	
GENVOYA TABLET	3	QL
GIANVI 3 MG-0.02 MG TABLET	1	
GILOTRIF 20 MG TABLET	5	PA, QL, LDD, SRX
GILOTRIF 30 MG TABLET	5	PA, QL, LDD, SRX
GILOTRIF 40 MG TABLET	5	PA, QL, LDD, SRX
GLATIRAMER 20 MG/ML SYRINGE	5	PA, SRX
GLATIRAMER 40 MG/ML SYRINGE	5	PA, SRX
GLATOPA 20 MG/ML SYRINGE	5	PA, SRX
GLATOPA 40 MG/ML SYRINGE	5	PA, SRX
GLEOSTINE 10 MG CAPSULE	4	PA
GLEOSTINE 100 MG CAPSULE	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
GLIMEPIRIDE 1 MG TABLET	1	
GLIMEPIRIDE 2 MG TABLET	1	
GLIMEPIRIDE 4 MG TABLET	1	
GLIPIZIDE 10 MG TABLET	1	
GLIPIZIDE 5 MG TABLET	1	
GLIPIZIDE ER 10 MG TABLET	1	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
GLIPIZIDE ER 2.5 MG TABLET	1		GNP ULTR CMFRT 0.5 ML 28GX1/2"	3	
GLIPIZIDE ER 5 MG TABLET	1		GNP ULTR CMFRT 0.5 ML 30GX5/16	3	
GLIPIZIDE XL 10 MG TABLET	1		GNP ULTR COMFORT 1 ML 29GX1/2"	3	
GLIPIZIDE XL 2.5 MG TABLET	1		GNP ULTRA COMFORT 0.5 ML SYR	3	
GLIPIZIDE XL 5 MG TABLET	1		GNP ULTRA COMFORT 1 ML SYRINGE	3	
GLIPIZIDE-METFORMIN 2.5-250 MG	2		GNP ULTRA COMFORT 3/10 ML SYR	3	
GLIPIZIDE-METFORMIN 2.5-500 MG	2		GNP ULTRA COMFRT 1 ML 28GX1/2"	3	
GLIPIZIDE-METFORMIN 5-500 MG	2		GOJJI GLUCOSE CONTROL SOLUTION	3	
GLUCAGON 1 MG EMERGENCY KIT	3	QL	GOJJI KETONE CONTROL SOLUTION	3	
GLUCOCARD 01 CONTROL SOLUTION	3		GRANISETRON HCL 0.1 MG/ML VIAL	4	
GLUCOCARD EXPRESSION	3		GRANISETRON HCL 1 MG TABLET	4	
GLUCOCARD SHINE	3		GRANISETRON HCL 1 MG/ML VIAL	4	
GLUCOCOM AUTOLINK	3		GRANISETRON HCL 4 MG/4 ML VIAL	4	
GLUCOCOM CONTROL SOLUTION	3		GRISEOFULVIN 125 MG/5 ML SUSP	2	
GLUCOSE CONTROL SOLN NORMAL	3		GRISEOFULVIN MICRO 500 MG TAB	2	
GLUCOSE CONTROL SOLUTION	3		GRISEOFULVIN ULTRA 125 MG TAB	2	
GLYBURIDE 1.25 MG TABLET	1		GRISEOFULVIN ULTRA 250 MG TAB	2	
GLYBURIDE 2.5 MG TABLET	1		GS PEN NEEDLE 31G X 5/16"	3	
GLYBURIDE 5 MG TABLET	1		GS PEN NEEDLE 31G X 5MM	3	
GLYBURIDE MICRO 1.5 MG TAB	1		GS PEN NEEDLE 31G X 6MM	3	
GLYBURIDE MICRO 3 MG TABLET	1		GS PEN NEEDLE 31G X 8MM	3	
GLYBURIDE MICRO 6 MG TABLET	1		GS PEN NEEDLE 32G X 4MM	3	
GLYBURIDE-METFORMIN 2.5-500 MG	2		GS PEN NEEDLE 32G X 6MM	3	
GLYBURIDE-METFORMIN 5-500 MG	2		GUANFACINE 1 MG TABLET	2	
GLYBURID-METFORMIN 1.25-250 MG	2		GUANFACINE 2 MG TABLET	2	
GLYCINE 1.5% IRRIGATION	2		GUANFACINE HCL ER 1 MG TABLET	2	QL
GLYCOPYRROLATE 1 MG TABLET	2		GUANFACINE HCL ER 2 MG TABLET	2	QL
GLYCOPYRROLATE 2 MG TABLET	2		GUANFACINE HCL ER 3 MG TABLET	2	QL
GLYDO 2% JELLY SYRINGE	2		GUANFACINE HCL ER 4 MG TABLET	2	QL
GNP ALCOHOL SWAB	3		GUARDIAN RT CHARGER	3	
GNP CLICKFINE 31G X 1/4" NDL	3		GUARDIAN RT REPLACE TEST PLUG	3	
GNP CLICKFINE 31G X 5/16" NDL	3		GUARDIAN RT STARTER KIT	3	
GNP EASY TOUCH HIGH-LOW SOLN	3		GUARDIAN RT SYSTEM	3	
GNP INS SYR 0.3 ML 29GX1/2"	3		GUARDIAN TEST PLUG	3	
GNP INS SYRINGE 1 ML 28G 1/2"	3		GUARDIAN TRANSMITTER TAPE	3	
GNP INSUL SYR 0.3 ML 31GX5/16"	3		GYNAZOLE 1	2	
GNP INSUL SYR 0.5 ML 31GX5/16"	3		HAILEY 21 1.5 MG-30 MCG TAB	1	
GNP INSULIN SYR 1 ML 31GX5/16"	3		HAILEY 24 FE 1 MG-20 MCG TAB	1	
GNP ULT C 0.3ML 29GX1/2" (1/2)	3		HAILEY FE 1.5-30 TABLET	1	
GNP ULT CMFRT 0.5 ML 29GX1/2"	3		HAILEY FE 1-20 TABLET	1	
GNP ULTICARE PEN NDL 31G 5MM	3		HALCINONIDE 0.1% CREAM	4	
GNP ULTICARE PEN NDL 31G 8MM	3		HALOBETASOL PROP 0.05% CREAM	2	
GNP ULTICARE PEN NDL 32G 4MM	3		HALOBETASOL PROP 0.05% OINTMNT	2	
GNP ULTICARE PEN NDL 32G 6MM	3		HALOETTE VAGINAL RING	2	
GNP ULTIGUARD SAFEPACK 31G 5MM	3		HALOPERIDOL 0.5 MG TABLET	2	
GNP ULTIGUARD SAFEPACK 31G 8MM	3		HALOPERIDOL 1 MG TABLET	2	
GNP ULTIGUARD SAFEPACK 32G 4MM	3		HALOPERIDOL 10 MG TABLET	2	
GNP ULTIGUARD SAFEPACK 32G 6MM	3		HALOPERIDOL 2 MG TABLET	2	

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Medication Name	Tier	Notes
HALOPERIDOL 20 MG TABLET	2	
HALOPERIDOL 5 MG TABLET	2	
HALOPERIDOL LAC 10 MG/5 ML CUP	2	
HALOPERIDOL LAC 2 MG/ML CONC	2	
HARVONI 33.75-150 MG PELLET PK	5	PA, QL, SRX
HARVONI 45-200 MG PELLET PACKT	5	PA, QL, SRX
HARVONI 45-200 MG TABLET	5	PA, QL, SRX
HARVONI 90-400 MG TABLET	5	PA, QL, SRX
HAVRIX 1,440 UNIT/ML SYRINGE	3	
HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
HEALTHPRO GLUCOSE CONTROL SOLN	3	
HEALTHWISE INS 0.3ML 30GX5/16"	3	
HEALTHWISE INS 0.3ML 31GX5/16"	3	
HEALTHWISE INS 0.5ML 30GX5/16"	3	
HEALTHWISE INS 0.5ML 31GX5/16"	3	
HEALTHWISE INS 1 ML 30GX5/16"	3	
HEALTHWISE INS 1 ML 31GX5/16"	3	
HEALTHWISE PEN NEEDLE 31G 5MM	3	
HEALTHWISE PEN NEEDLE 31G 8MM	3	
HEALTHWISE PEN NEEDLE 32G 4MM	3	
HEALTHY ACCENTS PENTIP 4MM 32G	3	
HEALTHY ACCENTS PENTIP 5MM 31G	3	
HEALTHY ACCENTS PENTIP 6MM 31G	3	
HEALTHY ACCENTS PENTIP 8MM 31G	3	
HEALTHY ACCENTS PENTP 12MM 29G	3	
HEATHER 0.35 MG TABLET	1	
HEB UNIFINE PNTPLUS 31GX3/16	3	
HEMA-COMBISTIX	3	
HEMMOREX-HC 25 MG SUPPOSITORY	2	
HEMMOREX-HC 30 MG SUPPOSITORY	2	
HEPARIN SOD 5,000 UNIT/0.5 ML	2	
HEPARIN SOD 5,000 UNIT/ML SYRG	2	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	3	
HER STYLE 1.5 MG TABLET	1	
HIBERIX VACCINE VIAL	3	
HIBERIX VACCINE WITH DILUENT	3	
HM ULTICARE PEN NEEDLE 4MM 32G	3	
HM ULTICARE PEN NEEDLE 5MM 31G	3	
HM ULTICARE PEN NEEDLE 6MM 31G	3	
HM ULTICARE PEN NEEDLE 8MM 31G	3	
HOMATROPAIRE 5% EYE DROPS	2	
HOMATROPINE 5% EYE DROPS	2	
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL
HUMALOG 100 UNIT/ML KWIKPEN	3	QL
HUMALOG 100 UNIT/ML VIAL	3	QL
HUMALOG 200 UNIT/ML KWIKPEN	3	QL
HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL
HUMALOG MIX 50-50 VIAL	3	QL

Medication Name	Tier	Notes
HUMALOG MIX 50-50 KWIKPEN	3	QL
HUMALOG MIX 75-25 VIAL	3	QL
HUMALOG MIX 75-25 KWIKPEN	3	QL
HUMALOG TEMPO PEN 100 UNIT/ML	3	QL
HUMATROPE 12 MG CARTRIDGE	5	PA, SRX
HUMATROPE 24 MG CARTRIDGE	5	PA, SRX
HUMATROPE 6 MG CARTRIDGE	5	PA, SRX
HUMIRA	5	PA, QL, SRX
HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, QL, SRX
HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, QL, SRX
HUMIRA(CF) 10 MG/0.1 ML SYRING	5	PA, QL, SRX
HUMIRA(CF) 20 MG/0.2 ML SYRING	5	PA, QL, SRX
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL, SRX
HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL, LDD, SRX
HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL, LDD, SRX
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, QL, SRX
HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, QL, LDD, SRX
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	3	QL
HUMULIN 70-30 VIAL	3	QL
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL
HUMULIN N 100 UNIT/ML VIAL	3	QL
HUMULIN R 100 UNIT/ML VIAL	3	QL
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX
HYCAMTIN 1 MG CAPSULE	5	PA, SRX
HYDRALAZINE 10 MG TABLET	1	
HYDRALAZINE 100 MG TABLET	2	
HYDRALAZINE 25 MG TABLET	1	
HYDRALAZINE 50 MG TABLET	1	
HYDROCHLOROTHIAZIDE 12.5 MG CP	1	
HYDROCHLOROTHIAZIDE 12.5 MG TB	1	
HYDROCHLOROTHIAZIDE 25 MG TAB	1	
HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HYDROCODONE ER 100 MG TABLET	2	PA
HYDROCODONE ER 120 MG TABLET	2	PA
HYDROCODONE ER 20 MG TABLET	2	PA
HYDROCODONE ER 30 MG TABLET	2	PA
HYDROCODONE ER 40 MG TABLET	2	PA
HYDROCODONE ER 60 MG TABLET	2	PA
HYDROCODONE ER 80 MG TABLET	2	PA
HYDROCODONE-ACETAMIN 10-300 MG	2	PA
HYDROCODONE-ACETAMIN 10-325 MG	2	PA

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
HYDROCODONE-ACETAMIN 10-325/15	2	PA	HYDROXYZINE HCL 50 MG TABLET	2	
HYDROCODONE-ACETAMIN 2.5-108/5	2	PA	HYDROXYZINE PAM 100 MG CAP	2	
HYDROCODONE-ACETAMIN 5-217/10	2	PA	HYDROXYZINE PAM 25 MG CAP	2	
HYDROCODONE-ACETAMIN 5-300 MG	2	PA	HYDROXYZINE PAM 50 MG CAP	2	
HYDROCODONE-ACETAMIN 5-325 MG	2	PA	HYOPHEN TABLET	2	
HYDROCODONE-ACETAMIN 7.5-300	2	PA	HYOSCYAMINE 0.125 MG ODT	2	
HYDROCODONE-ACETAMIN 7.5-325	2	PA	HYOSCYAMINE 0.125 MG TAB SL	2	
HYDROCODONE-ACETAMN 7.5-325/15	2	PA	HYOSCYAMINE 0.125 MG/5 ML ELIX	2	
HYDROCODONE-CHLORPHEN ER SUSP	2		HYOSCYAMINE 0.125 MG/ML DROP	2	
HYDROCODONE-HOMATROPINE 5-1.5	2	QL	HYOSCYAMINE ER 0.375 MG TAB	2	
HYDROCODONE-HOMATROPINE SOLN	2	QL	HYOSCYAMINE SULF 0.125 MG TAB	2	
HYDROCODONE-IBUPROFEN 10-200	2	PA	HYOSCYAMINE SR 0.375 MG TAB	2	
HYDROCODONE-IBUPROFEN 5-200 MG	2	PA	HYOSYNE 0.125 MG/ML DROP	2	
HYDROCODONE-IBUPROFEN 7.5-200	2	PA	HYOSYNE 125 MCG/5 ML ELIXIR	2	
HYDROCORTISON-ACETIC ACID SOLN	2		HYPO NEEDLE,POLYPROPYL HUB	3	
HYDROCORTISONE 1% CREAM	2		HYRIMOZ	5	PA, QL, SRX
HYDROCORTISONE 1% OINTMENT	2		HYPODERMIC NEEDLE,ALUM HUB	3	
HYDROCORTISONE 10 MG TABLET	2		IBANDRONATE SODIUM 150 MG TAB	2	
HYDROCORTISONE 100 MG/60 ML	2		IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE 2.5% CREAM	2		IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE 2.5% LOTION	2		IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE 2.5% OINTMENT	2		IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE 20 MG TABLET	2		IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE 5 MG TABLET	2		IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE AC 25 MG SUPP	2		IBU 400 MG TABLET	1	
HYDROCORTISONE AC 30 MG SUPP	2		IBU 600 MG TABLET	1	
HYDROCORTISONE BUTY 0.1% CREAM	2		IBU 800 MG TABLET	1	
HYDROCORTISONE BUTYR 0.1% OINT	2		IBUPROFEN 100 MG/5 ML SUSP	2	
HYDROCORTISONE BUTYR 0.1% SOLN	2		IBUPROFEN 400 MG TABLET	1	
HYDROCORTISONE VAL 0.2% CREAM	2		IBUPROFEN 600 MG TABLET	1	
HYDROCORTISONE VAL 0.2% OINTMT	2		IBUPROFEN 800 MG TABLET	1	
HYDROMET 5 MG-1.5 MG/5 ML SOLN	2	QL	ICATIBANT 30 MG/3 ML SYRINGE	5	PA, LDD, SRX
HYDROMORPHONE 1 MG/ML SOLUTION	2	PA	ICLEVIA 0.15 MG-0.03 MG TABLET	1	
HYDROMORPHONE 2 MG TABLET	2	PA	ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 3 MG SUPPOS	2	PA	ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 4 MG TABLET	2	PA	ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 5 MG/5 ML SOLN	2	PA	ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 8 MG TABLET	2	PA	ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA
HYDROMORPHONE HCL ER 12 MG TAB	2	PA	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA
HYDROMORPHONE HCL ER 16 MG TAB	2	PA	ICOSAPENT ETHYL 500 MG CAPSULE	4	PA
HYDROMORPHONE HCL ER 32 MG TAB	2	PA	ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX
HYDROMORPHONE HCL ER 8 MG TAB	2	PA	IMATINIB MESYLATE 100 MG TAB	5	PA, QL, SRX
HYDROXYCHLOROQUINE 200 MG TAB	2		IMATINIB MESYLATE 400 MG TAB	5	PA, QL, SRX
HYDROXYUREA 500 MG CAPSULE	2		IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML SOLN	2		IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	2		IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 10 MG TABLET	2		IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 25 MG TABLET	2		IMBRUVICA 560 MG TABLET	5	PA, QL, LDD, SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) PINK	3	
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX	INSET 30 INFUSION SET 23"	3	
IMIPRAMINE HCL 10 MG TABLET	2		INSET INFUSION SET 23" 6MM	3	
IMIPRAMINE HCL 25 MG TABLET	2		INSET INFUSION SET 23" 9MM	3	
IMIPRAMINE HCL 50 MG TABLET	2		INSPIRACHAMBER	3	QL
IMIPRAMINE PAMOATE 100 MG CAP	3		INSPIRACHAMBER WITH MASK-LARGE	3	QL
IMIPRAMINE PAMOATE 125 MG CAP	3		INSPIRACHAMBER WITH MASK-MED	3	QL
IMIPRAMINE PAMOATE 150 MG CAP	3		INSPIRACHAMBER WITH MASK-SMALL	3	QL
IMIPRAMINE PAMOATE 75 MG CAP	3		INSUL-CAP INSULIN HOLDER	3	
IMIQUIMOD 5% CREAM PACKET	2		INSUL-EZE SYRINGE MAGNIFIER	3	
INCASSIA 0.35 MG TABLET	1		INSULIN 1 ML SYRINGE	3	
IN-CHECK NASAL WITH MASK	3		INSULIN 1/2 ML SYRINGE	3	
IN-CHECK ORAL FLOW METER	3		INSULIN 3/10 ML SYRINGE	3	
INCONTROL PEN NEEDLE 12MM 29G	3		INSULIN ASPART 100 UNIT/ML VL	4	QL, ST
INCONTROL PEN NEEDLE 4MM 32G	3		INSULIN ASPART 100 UNIT/ML CRT	4	QL, ST
INCONTROL PEN NEEDLE 5MM 31G	3		INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST
INCONTROL PEN NEEDLE 6MM 31G	3		INSULIN ASPART PRO MIX70-30 PN	4	QL, ST
INCONTROL PEN NEEDLE 8MM 31G	3		INSULIN ASPART PRO MIX70-30 VL	4	QL, ST
INCONTROL ULTICARE NDL 31G 6MM	3		INSULIN CARTRIDGE 3 ML	3	
INCONTROL ULTICARE NDL 31G 8MM	3		INSULIN SYR 0.3 ML 30GX5/16"	3	
INCONTROL ULTICARE NDL 32G 4MM	3		INSULIN SYR 0.3ML 31GX1/4(1/2)	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX	INSULIN SYRIN 0.3 ML 29GX1/2"	3	
INCRUSE ELLIPTA 62.5 MCG INH	3		INSULIN SYRIN 0.3 ML 30GX1/2"	3	
INDAPAMIDE 1.25 MG TABLET	1		INSULIN SYRIN 0.3 ML 30GX5/16"	3	
INDAPAMIDE 2.5 MG TABLET	1		INSULIN SYRIN 0.3 ML 31GX5/16"	3	
INDOMETHACIN 25 MG CAPSULE	2		INSULIN SYRIN 0.5 ML 28G 1/2"	3	
INDOMETHACIN 50 MG CAPSULE	2		INSULIN SYRIN 0.5 ML 28GX1/2"	3	
INDOMETHACIN ER 75 MG CAPSULE	2		INSULIN SYRIN 0.5 ML 29GX1/2"	3	
INFANRIX DTAP SYRINGE	3		INSULIN SYRIN 0.5 ML 30G 1/2"	3	
INFANRIX DTAP VIAL	3		INSULIN SYRIN 0.5 ML 30G 5/16"	3	
INFINITY CONTROL SOLN HIGH	3		INSULIN SYRIN 0.5 ML 30GX1/2"	3	
INFINITY CONTROL SOLN LOW	3		INSULIN SYRIN 0.5 ML 30GX5/16"	3	
INFINITY CONTROL SOLN NORMAL	3		INSULIN SYRIN 0.5 ML 31G 5/16"	3	
INFINITY VOICE CTRL SOLN-LVL 2	3		INSULIN SYRIN 0.5 ML 31GX5/16"	3	
INFUSION SET 23"	3		INSULIN SYRIN 1 ML 29GX1/2"	3	
INFUSION SET 23" 6MM	3		INSULIN SYRING 0.5 ML 27G 1/2"	3	
INFUSION SET 23" 9MM	3		INSULIN SYRING 0.5 ML 27G 13MM	3	
INFUSION SET 43"	3		INSULIN SYRING 0.5 ML 27GX1/2"	3	
INFUSION SET 43" 6MM	3		INSULIN SYRING 0.5 ML 28G 1/2"	3	
INFUSION SET 43" 9MM	3		INSULIN SYRING 0.5 ML 29G 1/2"	3	
INJECT-EASE SYR NDL INTRODUCER	3		INSULIN SYRING 0.5 ML 29GX1/2"	3	
INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRINGE 0.3 ML	3	
INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRINGE 0.3 ML 31GX1/4	3	
INPEN (FOR HUMALOG) BLUE	3		INSULIN SYRINGE 0.5 ML	3	
INPEN (FOR HUMALOG) GREY	3		INSULIN SYRINGE 0.5 ML 31GX1/4	3	
INPEN (FOR HUMALOG) PINK	3		INSULIN SYRINGE 1 ML	3	
INPEN (NOVOLOG OR FIASP) BLUE	3		INSULIN SYRINGE 1 ML 27G 1/2"	3	
INPEN (NOVOLOG OR FIASP) GREY	3		INSULIN SYRINGE 1 ML 27G 13MM	3	

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Medication Name	Tier	Notes
INSULIN SYRINGE 1 ML 27GX1/2"	3	
INSULIN SYRINGE 1 ML 28G 1/2"	3	
INSULIN SYRINGE 1 ML 28G 13MM	3	
INSULIN SYRINGE 1 ML 28GX1/2"	3	
INSULIN SYRINGE 1 ML 29G 1/2"	3	
INSULIN SYRINGE 1 ML 29GX1/2"	3	
INSULIN SYRINGE 1 ML 30G 1/2"	3	
INSULIN SYRINGE 1 ML 30G 5/16"	3	
INSULIN SYRINGE 1 ML 30GX1/2"	3	
INSULIN SYRINGE 1 ML 30GX5/16"	3	
INSULIN SYRINGE 1 ML 31G 5/16"	3	
INSULIN SYRINGE 1 ML 31GX1/4"	3	
INSULIN SYRINGE 1 ML 31GX5/16"	3	
INSUPEN 30G ULTRAFIN NEEDLE	3	
INSUPEN 31G ULTRAFIN NEEDLE	3	
INSUPEN 32G 6MM PEN NEEDLE	3	
INSUPEN 32G 8MM PEN NEEDLE	3	
INSUPEN PEN NEEDLE 29GX1/2"	3	
INSUPEN PEN NEEDLE 29GX12MM	3	
INSUPEN PEN NEEDLE 30GX8MM	3	
INSUPEN PEN NEEDLE 31G 5MM	3	
INSUPEN PEN NEEDLE 31G 8MM	3	
INSUPEN PEN NEEDLE 31GX3/16"	3	
INSUPEN PEN NEEDLE 31GX5/16"	3	
INSUPEN PEN NEEDLE 31GX6MM	3	
INSUPEN PEN NEEDLE 31GX8MM	3	
INSUPEN PEN NEEDLE 32G 4MM	3	
INSUPEN PEN NEEDLE 32GX4MM	3	
INSUPEN PEN NEEDLE 32GX5/32"	3	
INSUPEN PEN NEEDLE 32GX6MM	3	
INSUPEN PEN NEEDLE 32GX8MM	3	
INSUPEN PEN NEEDLE 33GX4MM	3	
INTELENCE 25 MG TABLET	3	
INTROVALE 0.15-0.03 MG TABLET	1	
IPOL VIAL	3	
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	2	
IPRATROPIUM 0.03% SPRAY	2	
IPRATROPIUM 0.06% SPRAY	2	
IPRATROPIUM BR 0.02% SOLN	2	
IRBESARTAN 150 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1	
ISENTRESS 100 MG POWDER PACKET	3	
ISENTRESS 100 MG TABLET CHEW	3	
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS 400 MG TABLET	3	

Medication Name	Tier	Notes
ISENTRESS HD 600 MG TABLET	3	
ISIBLOOM 28 DAY TABLET	1	
ISONIAZID 100 MG TABLET	1	
ISONIAZID 300 MG TABLET	1	
ISONIAZID 50 MG/5 ML SOLUTION	2	
ISOSORBIDE DINITRATE 10 MG TAB	2	
ISOSORBIDE DINITRATE 20 MG TAB	2	
ISOSORBIDE DINITRATE 30 MG TAB	2	
ISOSORBIDE DINITRATE 5 MG TAB	2	
ISOSORBIDE MONONIT 10 MG TAB	1	
ISOSORBIDE MONONIT 20 MG TAB	1	
ISOSORBIDE MONONIT ER 120 MG	2	
ISOSORBIDE MONONIT ER 30 MG TB	1	
ISOSORBIDE MONONIT ER 60 MG TB	1	
ISOTRETINOIN 10 MG CAPSULE	4	
ISOTRETINOIN 20 MG CAPSULE	4	
ISOTRETINOIN 30 MG CAPSULE	4	
ISOTRETINOIN 40 MG CAPSULE	4	
ISOXSUPRINE 10 MG TABLET	2	
ISOXSUPRINE 20 MG TABLET	2	
ISRADIPINE 2.5 MG CAPSULE	2	
ISRADIPINE 5 MG CAPSULE	2	
ITRACONAZOLE 10 MG/ML SOLUTION	3	
ITRACONAZOLE 100 MG CAPSULE	3	QL
ITRACONAZOLE 100 MG/10 ML CUP	3	
IV PREP ANTISEPTIC WIPES	3	
IVERMECTIN 0.5% LOTION	4	
IVERMECTIN 3 MG TABLET	2	PA
JAIMIESS 0.15-0.03-0.01 MG TAB	1	
JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX
JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX
JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX
JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX
JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX
JANSSSEN COVID-19 VACCINE (EUA)	3	
JANTOVEN 1 MG TABLET	1	
JANTOVEN 10 MG TABLET	1	
JANTOVEN 2 MG TABLET	1	
JANTOVEN 2.5 MG TABLET	1	
JANTOVEN 3 MG TABLET	1	
JANTOVEN 4 MG TABLET	1	
JANTOVEN 5 MG TABLET	1	
JANTOVEN 6 MG TABLET	1	
JANTOVEN 7.5 MG TABLET	1	
JASMIEL 3 MG-0.02 MG TABLET	1	
JENCYCLA 0.35 MG TABLET	1	
JINTELI 1 MG-5 MCG TABLET	2	

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Medication Name	Tier	Notes
JOLESSA 0.15 MG-0.03 MG TABLET	1	
JULEBER 28 DAY TABLET	1	
JULUCA 50-25 MG TABLET	3	QL
JUNEL 1 MG-20 MCG TABLET	1	
JUNEL 1.5 MG-30 MCG TABLET	1	
JUNEL FE 1 MG-20 MCG TABLET	1	
JUNEL FE 1.5 MG-30 MCG TABLET	1	
JUNEL FE 24 TABLET	1	
KAITLIB FE 0.8-0.025MG CHEW TB	1	
KALLIGA 28 DAY TABLET	1	
KARIVA 28 DAY TABLET	1	
KELNOR 1-35 28 TABLET	1	
KELNOR 1-50 TABLET	1	
KETOCONAZOLE 2% CREAM	2	
KETOCONAZOLE 2% SHAMPOO	2	
KETOCONAZOLE 200 MG TABLET	2	
KETO-DIASTIX REAGENT STRIPS	3	
CVS KETONE CARE TEST STRIP	3	
KETONE TEST STRIP	3	
KETOPROFEN 50 MG CAPSULE	2	
KETOPROFEN 75 MG CAPSULE	2	
KETOPROFEN ER 200 MG CAPSULE	2	
KETOROLAC 0.4% OPTH SOLUTION	2	
KETOROLAC 0.5% OPTH SOLUTION	2	
KETOROLAC 10 MG TABLET	2	QL
KETOSTIX REAGENT STRIP	3	
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX
KINRAY INS SYR 1 ML 31GX5/16"	3	
KINRAY SYRING 0.3 ML 31GX5/16"	3	
KINRAY SYRING 0.5 ML 31GX5/16"	3	
KINRIX TIP-LOK SYRINGE	3	
KINRIX VIAL	3	
KIONEX 15 GM/60 ML SUSPENSION	2	
KISQALI 200 MG DAILY DOSE	5	PA, QL, SRX
KISQALI 400 MG DAILY DOSE	5	PA, QL, SRX
KISQALI 600 MG DAILY DOSE	5	PA, QL, SRX
KLOR-CON 10 MEQ TABLET	2	
KLOR-CON 20 MEQ PACKET	2	
KLOR-CON 8 MEQ TABLET	2	
KLOR-CON M10 TABLET	2	
KLOR-CON M15 TABLET	4	
KLOR-CON M20 TABLET	2	
KMART VALU PLUS SYR 1/2 ML	3	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL
KOMBIGLYZE XR 5-1,000 MG TAB	3	QL
KOMBIGLYZE XR 5-500 MG TABLET	3	QL
K-PHOS #2 TABLET	4	
K-PHOS ORIGINAL TABLET	4	

Medication Name	Tier	Notes
KRO INS SYR 0.3 ML 29GX1/2"	3	
KRO INS SYRIN 0.5 ML 31GX5/16"	3	
KRO INSULIN SYR 1 ML 30GX5/16"	3	
KRO PEN NEEDLE 4MM X 32G	3	
KRO PEN NEEDLE 4MM X 33G	3	
KRO PEN NEEDLE 5MM X 31G	3	
KRO PEN NEEDLE 6MM X 31G	3	
KRO PEN NEEDLE 8MM X 31G	3	
KROGER INS SYR 0.3 ML 30GX5/16	3	
KROGER INS SYR 0.5 ML 29GX1/2"	3	
KROGER INS SYR 1 ML 29GX1/2"	3	
KROGER INS SYR 1 ML 31GX5/16"	3	
KROGER PEN NEEDLES 31G X 5/16"	3	
KROGER SYR 0.5 ML 30GX5/16"	3	
KROGER SYRING 0.3 ML 31GX5/16"	3	
KURVELO-28 TABLET	1	
KYNMOBI 10 MG SL FILM	5	PA, QL, SRX
KYNMOBI 15 MG SL FILM	5	PA, QL, SRX
KYNMOBI 20 MG SL FILM	5	PA, QL, SRX
KYNMOBI 25 MG SL FILM	5	PA, QL, SRX
KYNMOBI 30 MG SL FILM	5	PA, QL, SRX
LABETALOL HCL 100 MG TABLET	2	
LABETALOL HCL 200 MG TABLET	2	
LABETALOL HCL 300 MG TABLET	2	
LABSTIX REAGENT STRIPS	3	
LACOSAMIDE 10 MG/ML SOLUTION	3	QL
LACOSAMIDE 100 MG TABLET	3	QL
LACOSAMIDE 150 MG TABLET	3	QL
LACOSAMIDE 200 MG TABLET	3	QL
LACOSAMIDE 50 MG TABLET	3	QL
LACRISERT 5 MG EYE INSERT	4	
LACTATED RINGERS IRRIGATION	2	
LACTULOSE 10 GM/15 ML SOLUTION	2	
LACTULOSE 20 GM/30 ML SOLUTION	2	
LAMIVUDINE 10 MG/ML ORAL SOLN	2	
LAMIVUDINE 150 MG TABLET	2	
LAMIVUDINE 300 MG TABLET	2	
LAMIVUDINE HBV 100 MG TABLET	2	
LAMIVUDINE-ZIDOVUDINE TABLET	2	
LAMOTRIGINE (BLUE)	2	
LAMOTRIGINE (GREEN)	2	
LAMOTRIGINE (ORANGE)	2	
LAMOTRIGINE 100 MG TABLET	2	
LAMOTRIGINE 150 MG TABLET	2	
LAMOTRIGINE 200 MG TABLET	2	
LAMOTRIGINE 25 MG DISPER TAB	2	
LAMOTRIGINE 25 MG TABLET	2	
LAMOTRIGINE 5 MG DISPER TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
LAMOTRIGINE ER 100 MG TABLET	2		LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 200 MG TABLET	2		LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 25 MG TABLET	2		LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 250 MG TABLET	2		LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 300 MG TABLET	2		LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 50 MG TABLET	2		LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (BLUE)	2		LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (GREEN)	2		LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (ORANGE)	2		LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 100 MG TABLET	2		LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 200 MG TABLET	2		LESSINA-28 TABLET	1	
LAMOTRIGINE ODT 25 MG TABLET	2		LETROZOLE 2.5 MG TABLET	2	
LAMOTRIGINE ODT 50 MG TABLET	2		LEUCOVORIN CALCIUM 10 MG TAB	2	
LANSOPRAZOL-AMOXICIL-CLARITHRO	2		LEUCOVORIN CALCIUM 15 MG TAB	2	
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL	LEUCOVORIN CALCIUM 25 MG TAB	2	
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL	LEUCOVORIN CALCIUM 5 MG TAB	2	
LANTHANUM CARB 1,000 MG TB CHW	4		LEUKERAN 2 MG TABLET	4	
LANTHANUM CARB 500 MG TAB CHEW	4		LEUKINE 250 MCG VIAL	5	SRX
LANTHANUM CARB 750 MG TAB CHEW	4		LEUPROLIDE 2WK 14 MG/2.8 ML KT	5	PA, SRX
LAPATINIB 250 MG TABLET	5	PA, QL, SRX	LEVALBUTEROL 0.31 MG/3 ML SOL	2	
LARIN 1.5 MG-30 MCG TABLET	1		LEVALBUTEROL 0.63 MG/3 ML SOL	2	
LARIN 21 1-20 TABLET	1		LEVALBUTEROL 1.25 MG/3 ML SOL	2	
LARIN 24 FE 1 MG-20 MCG TABLET	1		LEVALBUTEROL CONC 1.25 MG/0.5	2	
LARIN FE 1.5-30 TABLET	1		LEVALBUTEROL TAR HFA 45MCG INH	2	QL
LARIN FE 1-20 TABLET	1		LEVEMIR 100 UNIT/ML VIAL	4	QL, ST
LARISSIA-28 TABLET	1		LEVEMIR FLEXPEN 100 UNIT/ML	4	QL, ST
LATANOPROST 0.005% EYE DROPS	2		LEVEMIR FLEXTOUCH 100 UNIT/ML	4	QL, ST
LAYOLIS FE CHEWABLE TABLET	4		LEVETIRACETAM 1,000 MG TABLET	2	
LEADER INS SYR 0.3 ML 29GX1/2"	3		LEVETIRACETAM 1,000 MG/10 ML	2	
LEADER INS SYR 0.5 ML 28GX1/2"	3		LEVETIRACETAM 100 MG/ML SOLN	2	
LEADER INS SYR 0.5 ML 29GX1/2"	3		LEVETIRACETAM 250 MG TABLET	2	
LEADER INS SYR 0.5 ML 30GX1/2"	3		LEVETIRACETAM 500 MG TABLET	2	
LEADER INS SYR 1 ML 28GX1/2"	3		LEVETIRACETAM 500 MG/5 ML CUP	2	
LEADER INS SYR 1 ML 29GX1/2"	3		LEVETIRACETAM 500 MG/5 ML SOLN	2	
LEADER INS SYR 1 ML 30GX5/16"	3		LEVETIRACETAM 750 MG TABLET	2	
LEADER INS SYR 1 ML 31GX5/16"	3		LEVETIRACETAM ER 500 MG TABLET	2	
LEADER INSULIN SYRINGE 0.3 ML	3		LEVETIRACETAM ER 750 MG TABLET	2	
LEADER PEN NEEDLES 12MM 29G	3		LEVOBUNOLOL 0.5% EYE DROPS	2	
LEADER SYRING 0.3 ML 31GX5/16"	3		LEVOCARNITINE 1 G/10 ML SOLN	2	
LEADER SYRING 0.5 ML 31GX5/16"	3		LEVOCARNITINE 330 MG TABLET	2	
LEDIPASVIR-SOFOSBUVIR 90-400MG	5	PA, QL, SRX	LEVOCARNITINE SF 1 G/10 ML SOL	2	
LEENA 28 TABLET	1		LEVOCETIRIZINE 2.5 MG/5 ML SOL	2	
LEFLUNOMIDE 10 MG TABLET	2		LEVOCETIRIZINE 5 MG TABLET	2	
LEFLUNOMIDE 20 MG TABLET	2		LEVOFLOXACIN 0.5% EYE DROPS	2	
LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 1.5% EYE DROPS	2	
LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 25 MG/ML SOLUTION	2	
LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 250 MG TABLET	2	
LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 500 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
LEVOFLOXACIN 750 MG TABLET	2		LEVULAN KERASTICK 20%	4	LDD
LEVONEST-28 TABLET	1		LEXIVA 50 MG/ML SUSPENSION	3	
LEVONO-E ESTRAD 0.15-0.03-0.01	1		LIDOCAINE 2% VISCOUS SOLN	2	
LEVONOR-E ESTRAD 0.1-0.02-0.01	1		LIDOCAINE 5% OINTMENT	2	QL
LEVONOR-ETH ESTRA 0.09-0.02 MG	1		LIDOCAINE 5% PATCH	2	
LEVONOR-ETH ESTRAD 0.1-0.02 MG	1		LIDOCAINE HCL 2% JEL UROJET AC	2	
LEVONOR-ETH ESTRAD 0.15-0.03	1		LIDOCAINE HCL 2% JELLY	2	
LEVONOR-ETH ESTRAD TRIPHASIC	1		LIDOCAINE HCL 2% JELLY URO-JET	2	
LEVONORG 0.15MG-EE 20-25-30MCG	1		LIDOCAINE HCL 4% SOLUTION	2	
LEVONORGESTREL 1.5 MG TABLET	1		LIDOCAINE-PRILOCAINE CREAM	2	
LEVORA-28 TABLET	1		LIFESHIELD BLUNT CANNULA	3	
LEVORPHANOL 2 MG TABLET	5	PA, SRX	LILLOW-28 TABLET	1	
LEVORPHANOL 3 MG TABLET	5	PA, SRX	LINDANE 1% SHAMPOO	2	
LEVO-T 100 MCG TABLET	1		LINEZOLID 100 MG/5 ML SUSP	4	PA
LEVO-T 112 MCG TABLET	1		LINEZOLID 600 MG TABLET	2	PA
LEVO-T 125 MCG TABLET	1		LINZESS 145 MCG CAPSULE	4	QL
LEVO-T 137 MCG TABLET	1		LINZESS 290 MCG CAPSULE	4	QL
LEVO-T 150 MCG TABLET	1		LINZESS 72 MCG CAPSULE	4	QL
LEVO-T 175 MCG TABLET	1		LIOTHYRONINE SOD 25 MCG TAB	2	
LEVO-T 200 MCG TABLET	1		LIOTHYRONINE SOD 5 MCG TAB	2	
LEVO-T 25 MCG TABLET	1		LIOTHYRONINE SOD 50 MCG TAB	2	
LEVO-T 300 MCG TABLET	1		LISINAPRIL 10 MG TABLET	1	
LEVO-T 50 MCG TABLET	1		LISINAPRIL 2.5 MG TABLET	1	
LEVO-T 75 MCG TABLET	1		LISINAPRIL 20 MG TABLET	1	
LEVO-T 88 MCG TABLET	1		LISINAPRIL 30 MG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1		LISINAPRIL 40 MG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1		LISINAPRIL 5 MG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1		LISINAPRIL-HCTZ 10-12.5 MG TAB	1	
LEVOTHYROXINE 137 MCG TABLET	1		LISINAPRIL-HCTZ 20-12.5 MG TAB	1	
LEVOTHYROXINE 150 MCG TABLET	1		LISINAPRIL-HCTZ 20-25 MG TAB	1	
LEVOTHYROXINE 175 MCG TABLET	1		LITE TOUCH 31GX1/4" PEN NEEDLE	3	
LEVOTHYROXINE 200 MCG TABLET	1		LITE TOUCH INSULIN 0.5 ML SYR	3	
LEVOTHYROXINE 25 MCG TABLET	1		LITE TOUCH INSULIN 1 ML SYR	3	
LEVOTHYROXINE 300 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.3 ML	3	
LEVOTHYROXINE 50 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.5 ML	3	
LEVOTHYROXINE 75 MCG TABLET	1		LITE TOUCH INSULIN SYR 1 ML	3	
LEVOTHYROXINE 88 MCG TABLET	1		LITE TOUCH PEN NEEDLE 29G	3	
LEVOXYL 100 MCG TABLET	1		LITE TOUCH PEN NEEDLE 31G	3	
LEVOXYL 112 MCG TABLET	1		LITEAIRE MDI CHAMBER	3	QL
LEVOXYL 125 MCG TABLET	1		LITETOUCH INS 0.3 ML 29GX1/2"	3	
LEVOXYL 137 MCG TABLET	1		LITETOUCH INS 0.3 ML 30GX5/16"	3	
LEVOXYL 150 MCG TABLET	1		LITETOUCH INS 0.3 ML 31GX5/16"	3	
LEVOXYL 175 MCG TABLET	1		LITETOUCH INS 0.5 ML 31GX5/16"	3	
LEVOXYL 200 MCG TABLET	1		LITETOUCH LARGE MASK	3	QL
LEVOXYL 25 MCG TABLET	1		LITETOUCH MEDIUM MASK	3	QL
LEVOXYL 50 MCG TABLET	1		LITETOUCH SMALL MASK	3	QL
LEVOXYL 75 MCG TABLET	1		LITETOUCH SYR 0.5 ML 28GX1/2"	3	
LEVOXYL 88 MCG TABLET	1		LITETOUCH SYR 0.5 ML 29GX1/2"	3	

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Medication Name	Tier	Notes
LITETOUCH SYR 0.5 ML 30GX5/16"	3	
LITETOUCH SYRIN 1 ML 28GX1/2"	3	
LITETOUCH SYRIN 1 ML 29GX1/2"	3	
LITETOUCH SYRIN 1 ML 30GX5/16"	3	
LITHIUM CARBONATE 150 MG CAP	1	
LITHIUM CARBONATE 300 MG CAP	1	
LITHIUM CARBONATE 300 MG TAB	1	
LITHIUM CARBONATE 600 MG CAP	1	
LITHIUM CARBONATE ER 300 MG TB	2	
LITHIUM CARBONATE ER 450 MG TB	2	
LITHOSTAT 250 MG TABLET	4	
LIVE BETTER PEN NEEDLES 8MM	3	
LO LOESTRIN FE 1-10 TABLET	3	
LOJAIMIESS 0.1-0.02-0.01 TAB	1	
LOKELMA 10 GRAM POWDER PACKET	4	
LOKELMA 5 GRAM POWDER PACKET	4	
LOPERAMIDE 2 MG CAPSULE	2	
LOPINA VIR-RITONAVIR 80-20MG/ML	2	
LOPINA VIR-RITONAVIR 100-25MG TB	2	
LOPINA VIR-RITONAVIR 200-50MG TB	2	
LORAZEPAM 0.5 MG TABLET	2	
LORAZEPAM 1 MG TABLET	2	
LORAZEPAM 2 MG TABLET	2	
LORAZEPAM 2 MG/ML ORAL CONCENT	2	
LORAZEPAM INTENSOL 2 MG/ML	2	
LORCET 5-325 MG TABLET	2	PA
LORCET HD 10-325 MG TABLET	2	PA
LORCET PLUS 7.5-325 MG TABLET	2	PA
LORTAB 10 MG-300 MG/15 ML ELXR	2	PA
LORYNA 3 MG-0.02 MG TABLET	1	
LOSARTAN POTASSIUM 100 MG TAB	1	
LOSARTAN POTASSIUM 25 MG TAB	1	
LOSARTAN POTASSIUM 50 MG TAB	1	
LOSARTAN-HCTZ 100-12.5 MG TAB	1	
LOSARTAN-HCTZ 100-25 MG TAB	1	
LOSARTAN-HCTZ 50-12.5 MG TAB	1	
LOTEPREDNOL 0.5% OPHTHALMC GEL	3	
LOTEPREDNOL ETABONATE 0.5% DRP	3	
LOVASTATIN 10 MG TABLET	1	
LOVASTATIN 20 MG TABLET	1	
LOVASTATIN 40 MG TABLET	1	
LOW-OGESTREL-28 TABLET	1	
LOXAPINE 10 MG CAPSULE	2	
LOXAPINE 25 MG CAPSULE	2	
LOXAPINE 5 MG CAPSULE	2	
LOXAPINE 50 MG CAPSULE	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	
LUBIPROSTONE 24 MCG CAPSULE	4	

Medication Name	Tier	Notes
LUBIPROSTONE 8 MCG CAPSULE	4	
LURASIDONE HCL 120 MG TABLET	4	QL
LURASIDONE HCL 20 MG TABLET	4	QL
LURASIDONE HCL 40 MG TABLET	4	QL
LURASIDONE HCL 60 MG TABLET	4	QL
LURASIDONE HCL 80 MG TABLET	4	QL
LUTERA-28 TABLET	1	
LYLEQ 0.35 MG TABLET	1	
LYLLANA 0.025 MG PATCH	2	QL
LYLLANA 0.0375 MG PATCH	2	QL
LYLLANA 0.05 MG PATCH	2	QL
LYLLANA 0.075 MG PATCH	2	QL
LYLLANA 0.1 MG PATCH	2	QL
LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LYSODREN 500 MG TABLET	4	LDD
LYZA 0.35 MG TABLET	1	
MAGELLAN INSUL SYRINGE 0.3 ML	3	
MAGELLAN INSUL SYRINGE 0.5 ML	3	
MAGELLAN INSULIN SYR 0.3 ML	3	
MAGELLAN INSULIN SYR 0.5 ML	3	
MAGELLAN INSULIN SYRINGE 1 ML	3	
MALATHION 0.5% LOTION	2	
MAPROTI LINE 25 MG TABLET	2	
MAPROTI LINE 75 MG TABLET	2	
MARLISSA-28 TABLET	1	
MARPLAN 10 MG TABLET	4	
MATZIM LA 180 MG TABLET	2	
MATZIM LA 240 MG TABLET	2	
MATZIM LA 300 MG TABLET	2	
MATZIM LA 360 MG TABLET	2	
MATZIM LA 420 MG TABLET	2	
MAXICOMFORT II PEN ND L 31GX6MM	3	
MAXI-COMFORT INS 0.5 ML 28G	3	
MAXICOMFORT INS 0.5ML 27GX1/2"	3	
MAXICOMFORT INS 1 ML 27GX1/2"	3	
MAXI-COMFORT INS 1 ML 28GX1/2"	3	
MAXICOMFORT PEN ND L 29G X 5MM	3	
MAXICOMFORT PEN ND L 29G X 8MM	3	
MECLIZINE 12.5 MG TABLET	2	
MECLIZINE 25 MG TABLET	2	
MECLOFENAMATE 100 MG CAPSULE	2	
MECLOFENAMATE 50 MG CAPSULE	2	
MEDICATION TRANSFER NEEDLE	3	
MEDISENSE GLUC-KET CONT SOL	3	
MEDISENSE H-L CONTROL SOLUTION	3	
MEDISENSE H-M-L CONTROL SOLN	3	
MEDISENSE MID CONTROL SOLUTION	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
MEDPOINT CONTROL SOLUTION	3		MESNEX 400 MG TABLET	5	SRX
MEDROL 2 MG TABLET	4		METAXALL 800 MG TABLET	4	
MEDROXYPROGESTERONE 10 MG TAB	1		METAXALONE 400 MG TABLET	4	
MEDROXYPROGESTERONE 150 MG/ML	1		METAXALONE 800 MG TABLET	4	
MEDROXYPROGESTERONE 2.5 MG TAB	1		METFORMIN HCL 1,000 MG TABLET	1	
MEDROXYPROGESTERONE 5 MG TAB	1		METFORMIN HCL 500 MG TABLET	1	
MEDTRONIC EXT INF SET 23" 6MM	3		METFORMIN HCL 850 MG TABLET	1	
MEDTRONIC EXT INF SET 23" 9MM	3		METFORMIN HCL ER 500 MG TABLET	2	
MEDTRONIC EXT INF SET 32" 9MM	3		METFORMIN HCL ER 750 MG TABLET	2	
MEDTRONIC REMOTE CONTROL	3		METHADONE 10 MG/5 ML SOLUTION	2	PA
MEFENAMIC ACID 250 MG CAPSULE	2		METHADONE 10 MG/ML ORAL CONC	2	PA
MEFLOQUINE HCL 250 MG TABLET	2	QL	METHADONE 5 MG/5 ML SOLUTION	2	PA
MEGESTROL 20 MG TABLET	2		METHADONE HCL 10 MG TABLET	2	PA
MEGESTROL 40 MG TABLET	2		METHADONE HCL 5 MG TABLET	2	PA
MEGESTROL 625 MG/5 ML SUSP	4		METHADONE INTENSOL 10 MG/ML	2	PA
MEGESTROL ACET 40 MG/ML SUSP	2		METHAMPHETAMINE 5 MG TABLET	4	QL
MEGESTROL ACET 400 MG/10 ML	2		METHAZOLAMIDE 25 MG TABLET	2	
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL, SRX	METHAZOLAMIDE 50 MG TABLET	2	
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX	METHENAMINE HIPPI 1 GM TABLET	2	
MEKINIST 2 MG TABLET	5	PA, QL, SRX	METHENAMINE MAND 1 GM TABLET	2	
MELODETTA 24 FE CHEWABLE TAB	1		METHENAMINE MAND 500 MG TABLET	2	
MELOXICAM 15 MG TABLET	1		METHERGINE 0.2 MG TABLET	4	
MELOXICAM 7.5 MG TABLET	1		METHIMAZOLE 10 MG TABLET	2	
MELPHALAN 2 MG TABLET	2		METHIMAZOLE 5 MG TABLET	2	
MEMANTINE 5-10 MG TITRATION PK	2		METHITEST 10 MG TABLET	5	SRX
MEMANTINE HCL 10 MG TABLET	2		METHOCARBAMOL 500 MG TABLET	2	
MEMANTINE HCL 2 MG/ML SOLUTION	2		METHOCARBAMOL 750 MG TABLET	2	
MEMANTINE HCL 5 MG TABLET	2		METHOTREXATE 2.5 MG TABLET	2	
MENACTRA VIAL	3		METHOXSALEN 10 MG SOFTGEL	4	
MENEST 0.3 MG TABLET	4		METHSCOPOLAMINE BROM 2.5 MG TB	2	
MENEST 0.625 MG TABLET	4		METHSCOPOLAMINE BROM 5 MG TAB	2	
MENEST 1.25 MG TABLET	4		METHSUXIMIDE 300 MG CAPSULE	4	
MENEST 2.5 MG TABLET	4		METHYLDOPA 250 MG TABLET	2	
MENQUADFI VIAL	3		METHYLDOPA 500 MG TABLET	2	
MENTAX 1% CREAM	4		METHYLDOPA-HCTZ 250-15 MG TAB	2	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	3		METHYLDOPA-HCTZ 250-25 MG TAB	2	
MENVEO A-C-Y-W KIT (2 VIALS)	3		METHYLERGONOVINE 0.2 MG TABLET	4	
MEPERIDINE 50 MG TABLET	2	PA	METHYLPHENIDATE 10 MG CHEW TAB	2	QL
MEPERIDINE 50 MG/5 ML SOLUTION	2	PA	METHYLPHENIDATE 10 MG TABLET	2	QL
MEPROBAMATE 200 MG TABLET	2		METHYLPHENIDATE 10 MG/5 ML SOL	2	QL
MEPROBAMATE 400 MG TABLET	2		METHYLPHENIDATE 2.5 MG CHEW TB	2	QL
MERCAPTOPYRINE 50 MG TABLET	2		METHYLPHENIDATE 20 MG TABLET	2	QL
MERZEE 1 MG-20 MCG CAPSULE	1		METHYLPHENIDATE 5 MG CHEW TAB	2	QL
MESALAMINE 4 GM/60 ML ENEMA	4		METHYLPHENIDATE 5 MG TABLET	2	QL
MESALAMINE 4 GM/60 ML KIT	4		METHYLPHENIDATE 5 MG/5 ML SOLN	2	QL
MESALAMINE 800 MG DR TABLET	4		METHYLPHENIDATE CD 10 MG CAP	2	QL
MESALAMINE ER 0.375 GRAM CAP	3		METHYLPHENIDATE CD 20 MG CAP	2	QL
MESALAMINE ER 500 MG CAPSULE	4		METHYLPHENIDATE CD 30 MG CAP	2	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
METHYLPHENIDATE CD 40 MG CAP	2	QL	METOPROLOL-HCTZ 50-25 MG TAB	2	
METHYLPHENIDATE CD 50 MG CAP	2	QL	METRONIDAZOLE 0.75% CREAM	2	
METHYLPHENIDATE CD 60 MG CAP	2	QL	METRONIDAZOLE 0.75% LOTION	2	
METHYLPHENIDATE ER 10 MG TAB	2	QL	METRONIDAZOLE 250 MG TABLET	2	
METHYLPHENIDATE ER 18 MG TAB	2	QL	METRONIDAZOLE 375 MG CAPSULE	2	
METHYLPHENIDATE ER 20 MG TAB	2	QL	METRONIDAZOLE 500 MG TABLET	2	
METHYLPHENIDATE ER 27 MG TAB	2	QL	METRONIDAZOLE TOP 1% GEL PUMP	2	
METHYLPHENIDATE ER 36 MG TAB	2	QL	METRONIDAZOLE TOPICAL 0.75% GL	2	
METHYLPHENIDATE ER 54 MG TAB	2	QL	METRONIDAZOLE TOPICAL 1% GEL	2	
METHYLPHENIDATE ER(CD) 10MG CP	2	QL	METRONIDAZOLE VAGINAL 0.75% GL	2	
METHYLPHENIDATE ER(CD) 20MG CP	2	QL	METYROSINE 250 MG CAPSULE	5	PA, SRX
METHYLPHENIDATE ER(CD) 30MG CP	2	QL	MEXILETINE 150 MG CAPSULE	2	
METHYLPHENIDATE ER(CD) 40MG CP	2	QL	MEXILETINE 200 MG CAPSULE	2	
METHYLPHENIDATE ER(CD) 50MG CP	2	QL	MEXILETINE 250 MG CAPSULE	2	
METHYLPHENIDATE ER(CD) 60MG CP	2	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE ER(LA) 10MG CP	2	QL	MICONAZOLE 3 200 MG VAG SUPP	2	
METHYLPHENIDATE ER(LA) 20MG CP	2	QL	MICROCHAMBER	3	QL
METHYLPHENIDATE ER(LA) 30MG CP	2	QL	MICRODOT HIGH-LOW CONTROL SOL	3	
METHYLPHENIDATE ER(LA) 40MG CP	2	QL	MICRODOT NORMAL CONTROL SOLUT	3	
METHYLPHENIDATE LA 10 MG CAP	2	QL	MICRODOT PEN NEEDLE 31GX6MM	3	
METHYLPHENIDATE LA 20 MG CAP	2	QL	MICRODOT PEN NEEDLE 32GX4MM	3	
METHYLPHENIDATE LA 30 MG CAP	2	QL	MICRODOT PEN NEEDLE 33GX4MM	3	
METHYLPHENIDATE LA 40 MG CAP	2	QL	MICROGESTIN 21 1.5-30 TAB	1	
METHYLPHENIDATE LA 60 MG CAP	2	QL	MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 16 MG TAB	2		MICROGESTIN 24 FE 1 MG-20 MCG	1	
METHYLPREDNISOLONE 32 MG TAB	2		MICROGESTIN FE 1.5-30 TAB	1	
METHYLPREDNISOLONE 4 MG DOSEPK	2		MICROGESTIN FE 1-20 TABLET	1	
METHYLPREDNISOLONE 4 MG TABLET	2		MICROLIFE PEAK FLOW METER	3	
METHYLPREDNISOLONE 8 MG TABLET	2		MICROSPACER FOR AEROSOL DEVICE	3	QL
METHYLTESTOSTERONE 10 MG CAP	5	SRX	MIDAZOLAM HCL 10 MG/5 ML SYRUP	2	
METOCLOPRAMIDE 10 MG TABLET	1		MIDAZOLAM HCL 2 MG/ML SYRUP	2	
METOCLOPRAMIDE 10 MG/10 ML SOL	2		MIDAZOLAM HCL 5 MG/2.5 ML SYRUP	2	
METOCLOPRAMIDE 5 MG TABLET	1		MIDODRINE HCL 10 MG TABLET	2	
METOCLOPRAMIDE 5 MG/5 ML SOLN	2		MIDODRINE HCL 2.5 MG TABLET	2	
METOLAZONE 10 MG TABLET	2		MIDODRINE HCL 5 MG TABLET	2	
METOLAZONE 2.5 MG TABLET	2		MIGERGOT 2-100 MG SUPPOSITORY	4	
METOLAZONE 5 MG TABLET	2		MIGLITOL 100 MG TABLET	2	
METOPROLOL SUCC ER 100 MG TAB	2		MIGLITOL 25 MG TABLET	2	
METOPROLOL SUCC ER 200 MG TAB	2		MIGLITOL 50 MG TABLET	2	
METOPROLOL SUCC ER 25 MG TAB	2		MIGLUSTAT 100 MG CAPSULE	5	PA, SRX
METOPROLOL SUCC ER 50 MG TAB	2		MILI 0.25-0.035 MG TABLET	1	
METOPROLOL TARTRATE 100 MG TAB	1		MIMVEY 1-0.5 MG TABLET	2	
METOPROLOL TARTRATE 25 MG TAB	1		MINI PEN NEEDLE 32G 4MM	3	
METOPROLOL TARTRATE 37.5 MG TB	2		MINI PEN NEEDLE 32G 5MM	3	
METOPROLOL TARTRATE 50 MG TAB	1		MINI PEN NEEDLE 32G 6MM	3	
METOPROLOL TARTRATE 75 MG TAB	2		MINI PEN NEEDLE 32G 8MM	3	
METOPROLOL-HCTZ 100-25 MG TAB	2		MINI PEN NEEDLE 33G 4MM	3	
METOPROLOL-HCTZ 100-50 MG TAB	2		MINI PEN NEEDLE 33G 5MM	3	

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Medication Name	Tier	Notes
MINI PEN NEEDLE 33G 6MM	3	
MINI ULTRA-THIN II PEN NDL 31G	3	
MINI WRIGHT PEAK FLOW METER	3	
MINIMED INFUSION SET	3	
MINIMED MIO ADV INFUSN 23"6MM	3	
MINIMED MIO ADV INFUSN 23"9MM	3	
MINIMED MIO ADV INFUSN 43"6MM	3	
MINIMED MIO ADV INFUSN 43"9MM	3	
MINIMED MIO INFUSN SET 18" 6MM	3	
MINIMED MIO INFUSN SET 23" 6MM	3	
MINIMED MIO INFUSN SET 32" 6MM	3	
MINIMED MIO INFUSN SET 32" 9MM	3	
MINIMED QUICK SET INF 18" 6MM	3	
MINIMED QUICK SET INF 23" 6MM	3	
MINIMED QUICK SET INF 23" 9MM	3	
MINIMED QUICK SET INF 32" 6MM	3	
MINIMED QUICK SET INF 32" 9MM	3	
MINIMED QUICK SET INF 43" 6MM	3	
MINIMED QUICK SET INF 43" 9MM	3	
MINIMED QUICK-SERTER	3	
MINIMED RESERVOIR 1.8 ML	3	
MINIMED RESERVOIR 3 ML	3	
MINIMED SILHOUETTE INF SET 18"	3	
MINIMED SILHOUETTE INF SET 23"	3	
MINIMED SILHOUETTE INF SET 32"	3	
MINIMED SILHOUETTE INF SET 43"	3	
MINIMED SURE T INF SET 18" 6MM	3	
MINIMED SURE T INF SET 23" 6MM	3	
MINIMED SURE T INF SET 23" 8MM	3	
MINIMED SURE T INF SET 32" 6MM	3	
MINIMED SURE T INF SET 32" 8MM	3	
MINIMED SURE T INFUSN SET 23"	3	
MINIMED SURE T INFUSN SET 32"	3	
MINITRAN 0.1 MG/HR PATCH	2	
MINITRAN 0.2 MG/HR PATCH	2	
MINITRAN 0.4 MG/HR PATCH	2	
MINITRAN 0.6 MG/HR PATCH	2	
MINI-WRIGHT PEAK FLOW METER	3	
MINOCYCLINE 100 MG CAPSULE	1	
MINOCYCLINE 50 MG CAPSULE	1	
MINOCYCLINE 75 MG CAPSULE	1	
MINOCYCLINE HCL 100 MG TABLET	1	
MINOCYCLINE HCL 50 MG TABLET	1	
MINOCYCLINE HCL 75 MG TABLET	1	
MINOXIDIL 10 MG TABLET	2	
MINOXIDIL 2.5 MG TABLET	2	
MIO INFUSION SET 18"	3	
MIO INFUSION SET 23"	3	

Medication Name	Tier	Notes
MIO INFUSION SET 32"	3	
MIRTAZAPINE 15 MG ODT	2	
MIRTAZAPINE 15 MG TABLET	2	
MIRTAZAPINE 30 MG ODT	2	
MIRTAZAPINE 30 MG TABLET	2	
MIRTAZAPINE 45 MG ODT	2	
MIRTAZAPINE 45 MG TABLET	2	
MIRTAZAPINE 7.5 MG TABLET	2	
MISOPROSTOL 100 MCG TABLET	2	
MISOPROSTOL 200 MCG TABLET	2	
M-M-R II VACCINE VIAL	3	
M-NATAL PLUS TABLET	1	
MODAFINIL 100 MG TABLET	4	PA
MODAFINIL 200 MG TABLET	4	PA
MODERNA COVID (12Y UP)VAC(EUA)	3	
MODERNA COVID BIVAL(6MO UP)EUA	3	
MODERNA COVID BIVAL(6MO-5Y)EUA	3	
MODERNA COVID(6-11Y) VACC(EUA)	3	
MODERNA COVID(6M-5Y) VACC(EUA)	3	
MODERNA COVID-19 BOOSTER (EUA)	3	
MOEXIPRIL HCL 15 MG TABLET	2	
MOEXIPRIL HCL 7.5 MG TABLET	2	
MOLINDONE HCL 10 MG TABLET	2	
MOLINDONE HCL 25 MG TABLET	2	
MOLINDONE HCL 5 MG TABLET	2	
MOMETASONE FUROATE 0.1% CREAM	2	
MOMETASONE FUROATE 0.1% OINT	2	
MOMETASONE FUROATE 0.1% SOLN	2	
MOMETASONE FUROATE 50 MCG SPRY	2	QL
MONDOXYNE NL 100 MG CAPSULE	1	
MONDOXYNE NL 75 MG CAPSULE	2	
MONOJECT 0.5 ML SYRN 28GX1/2"	3	
MONOJECT 1 ML SYRN 27X1/2"	3	
MONOJECT 1 ML SYRN 28GX1/2"	3	
MONOJECT 3 ML SYRINGE 21GX1"	3	
MONOJECT 3 ML SYRINGE 23GX1"	3	
MONOJECT 3 ML SYRINGE 25GX1"	3	
MONOJECT 3 ML SYRN 21GX1"	3	
MONOJECT 3 ML SYRN 21GX11/2"	3	
MONOJECT 3 ML SYRN 21GX1-1/2"	3	
MONOJECT 3 ML SYRN 22GX11/2"	3	
MONOJECT 3 ML SYRN 22GX1-1/2"	3	
MONOJECT 3 ML SYRN 23GX1"	3	
MONOJECT 3 ML SYRN 25GX1"	3	
MONOJECT 3 ML SYRN 25GX1.25"	3	
MONOJECT 3 ML SYRN 25GX5/8"	3	
MONOJECT 3 ML SYRN 27GX1.25"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
MONOJECT 3 ML SYRN 27GX11/4"	3		MONTELUKAST SOD 10 MG TABLET	2	
MONOJECT 6 ML SYRN 20GX11/2"	3		MONTELUKAST SOD 4 MG GRANULES	2	
MONOJECT 6 ML SYRN 21GX1"	3		MONTELUKAST SOD 4 MG TAB CHEW	2	
MONOJECT 6 ML SYRN 21GX11/2"	3		MONTELUKAST SOD 5 MG TAB CHEW	2	
MONOJECT 6 ML SYRN 22GX11/2"	3		MORGIDOX 100 MG CAPSULE	1	
MONOJECT 6CC SAFETY SYRINGE	3		MORGIDOX 50 MG CAPSULE	1	
MONOJECT BLD COL NEEDL 20GX1.5	3		MORPHINE SULF 10 MG SUPPOS	2	PA
MONOJECT BLD COL NEEDLE 20GX1"	3		MORPHINE SULF 10 MG/5 ML SOLN	2	PA
MONOJECT BLD COL NEEDLE 21GX1"	3		MORPHINE SULF 100 MG/5 ML CONC	2	PA
MONOJECT BLD COL NEEDLE 22GX1"	3		MORPHINE SULF 20 MG SUPPOS	2	PA
MONOJECT FILTR 18GX1.5" NEEDLE	3		MORPHINE SULF 20 MG/5 ML SOLN	2	PA
MONOJECT HYPO NDL 27GX1-1/2"	3		MORPHINE SULF 30 MG SUPPOS	2	PA
MONOJECT HYPO NEEDLE 18X1A	3		MORPHINE SULF 5 MG SUPPOS	2	PA
MONOJECT HYPO NEEDLE 19X1	3		MORPHINE SULF ER 100 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 19X1-1/2	3		MORPHINE SULF ER 15 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1	3		MORPHINE SULF ER 200 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1-1/2	3		MORPHINE SULF ER 30 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1	3		MORPHINE SULF ER 60 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1-1/2	3		MORPHINE SULFATE ER 10 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1	3		MORPHINE SULFATE ER 100 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1.5	3		MORPHINE SULFATE ER 120 MG CAP	2	PA
MONOJECT HYPO NEEDLE 23X1	3		MORPHINE SULFATE ER 20 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1	3		MORPHINE SULFATE ER 30 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1.5	3		MORPHINE SULFATE ER 45 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X5/8	3		MORPHINE SULFATE ER 50 MG CAP	2	PA
MONOJECT HYPO NEEDLE 26X1.5	3		MORPHINE SULFATE ER 60 MG CAP	2	PA
MONOJECT HYPO NEEDLE 27X0.5	3		MORPHINE SULFATE ER 75 MG CAP	2	PA
MONOJECT HYPO NEEDLE 30X3/4	3		MORPHINE SULFATE ER 80 MG CAP	2	PA
MONOJECT HYPODERMIC NEEDLE	3		MORPHINE SULFATE ER 90 MG CAP	2	PA
MONOJECT INSUL SYR U100	3		MORPHINE SULFATE IR 15 MG TAB	2	PA
MONOJECT INSUL SYR U100 0.5 ML	3		MORPHINE SULFATE IR 30 MG TAB	2	PA
MONOJECT INSUL SYR U100 1 ML	3		MOXIFLOXACIN 0.5% EYE DROPS	2	
MONOJECT INSULIN SAFETY SYRNG	3		MOXIFLOXACIN 0.5% EYE DRP-VISC	2	
MONOJECT INSULIN SYR 0.3 ML	3		MOXIFLOXACIN HCL 400 MG TABLET	2	
MONOJECT INSULIN SYR 0.5 ML	3		MS INS SYR 0.5 ML 29GX1/2"	3	
MONOJECT INSULIN SYR 1 ML	3		MS INS SYR 1 ML 29GX1/2"	3	
MONOJECT INSULIN SYR U-100	3		MS INS SYRINGE 1 ML 30GX1/2"	3	
MONOJECT INSULIN SYRN 3/10 ML	3		MS INSUL SYR 0.3 ML 31GX5/16"	3	
MONOJECT SYRINGE 0.3 ML	3		MS INSUL SYR 0.5 ML 30GX1/2"	3	
MONOJECT SYRINGE 0.5 ML	3		MS INSUL SYR 0.5 ML 31GX5/16"	3	
MONOJECT SYRINGE 1 ML	3		MS INSULIN SYR 0.3 ML 29GX1/2"	3	
MONOJECT SYRINGE 3 ML 20GX1	3		MS INSULIN SYR 1 ML 31GX5/16"	3	
MONOJECT SYRINGE 3 ML 22GX1"	3		MS INSULIN SYRINGE 0.3 ML	3	
MONOJECT SYRN 3 ML 20GX1-1/2"	3		MS PEN NEEDLE 6MM 31G	3	
MONOJECT SYRN 3 ML 20GX3/4"	3		MULTISTIX REAGENT STRIPS	3	
MONOJECT SYRNG 20GX1" 3 ML	3		MULTISTIX 10 SG REAGENT STRIPS	3	
MONO-LINYAH 28 TABLET	1		MULTISTIX 5 STRIPS	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
MULTISTIX 7 REAGENT STRIPS	3		NAPROXEN DR 375 MG TABLET	2	
MULTISTIX 8 SG REAGENT STRIPS	3		NAPROXEN DR 500 MG TABLET	2	
MULTISTIX 9 REAGENT STRIPS	3		NAPROXEN SOD CR 375 MG TABLET	2	
MULTISTIX 9 SG REAGENT STRIPS	3		NAPROXEN SOD ER 375 MG TABLET	2	
MULTIVIT-FLUOR 0.25 MG TAB CHW	2		NAPROXEN SODIUM 275 MG TAB	2	
MULTIVIT-FLUOR 0.25 MG/ML DROP	2		NAPROXEN SODIUM 550 MG TAB	2	
MULTIVIT-FLUOR 0.5 MG TAB CHEW	2		NARATRIPTAN HCL 1 MG TABLET	2	QL
MULTIVIT-FLUORIDE 1 MG TAB CHW	2		NARATRIPTAN HCL 2.5 MG TABLET	2	QL
MUPIROCIN 2% CREAM	2		NATACYN 5% EYE DROPS	4	
MUPIROCIN 2% OINTMENT	2		NATAZIA 28 TABLET	4	
MY CHOICE 1.5 MG TABLET	1		NATEGLINIDE 120 MG TABLET	2	
MY WAY 1.5 MG TABLET	1		NATEGLINIDE 60 MG TABLET	2	
MYCOPHENOLATE 200 MG/ML SUSP	2		NATURE-THROID 113.75 MG TABLET	1	
MYCOPHENOLATE 250 MG CAPSULE	2		NATURE-THROID 130 MG TABLET	1	
MYCOPHENOLATE 500 MG TABLET	2		NATURE-THROID 146.25 MG TABLET	1	
MYCOPHENOLIC ACID DR 180 MG TB	2		NATURE-THROID 16.25 MG TABLET	1	
MYCOPHENOLIC ACID DR 360 MG TB	2		NATURE-THROID 162.5 MG TABLET	1	
MYGLUCOHEALTH CONTROL SOLN PAK	3		NATURE-THROID 195 MG TABLET	1	
MYLERAN 2 MG TABLET	4		NATURE-THROID 260 MG TABLET	1	
MYNATAL CAPSULE	1		NATURE-THROID 32.5 MG TABLET	1	
MYNATAL PLUS CAPTAB	1		NATURE-THROID 325 MG TABLET	1	
MYNATAL ULTRACAPLET	1		NATURE-THROID 48.75 MG TABLET	1	
MYNATAL-Z CAPTAB	1		NATURE-THROID 65 MG TABLET	1	
MYORISAN 10 MG CAPSULE	4		NATURE-THROID 81.25 MG TABLET	1	
MYORISAN 20 MG CAPSULE	4		NATURE-THROID 97.5 MG TABLET	1	
MYORISAN 30 MG CAPSULE	4		NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX
MYORISAN 40 MG CAPSULE	4		NEBUSAL 3% VIAL	2	
MYRBETRIQ ER 25 MG TABLET	4	QL, ST	NECON 0.5-35-28 TABLET	1	
MYRBETRIQ ER 50 MG TABLET	4	QL, ST	NEFAZODONE HCL 100 MG TABLET	2	
MYTESI 125 MG DR TABLET	4	LDD	NEFAZODONE HCL 150 MG TABLET	2	
NABUMETONE 500 MG TABLET	2		NEFAZODONE HCL 200 MG TABLET	2	
NABUMETONE 750 MG TABLET	2		NEFAZODONE HCL 250 MG TABLET	2	
NADOLOL 20 MG TABLET	2		NEFAZODONE HCL 50 MG TABLET	2	
NADOLOL 40 MG TABLET	2		NEO-BACIT-POLY-HC EYE OINTMENT	2	
NADOLOL 80 MG TABLET	2		NEOMYC-BACIT-POLY MIX EYE OINT	2	
NAFTIFINE HCL 1% CREAM	2		NEOMYCIN 500 MG TABLET	2	
NAFTIFINE HCL 1% GEL	2		NEOMYCIN-POLY-HC EYE DROPS	2	
NAFTIFINE HCL 2% CREAM	2		NEOMYC-POLYM-GRAMICID EYE DROP	2	
NAFTIFINE HCL 2% GEL	2		NEOMYCIN-POLYMYXIN-HC EAR SOLN	2	
NALOXONE 0.4 MG/ML CARPUJECT	2		NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	
NALOXONE 2 MG/2 ML SYRINGE	2		NEOMYC-POLYM-DEXAMET EYE OINTM	2	
NALOXONE HCL 4 MG NASAL SPRAY	2	QL	NEOMYC-POLYM-DEXAMETH EYE DROP	2	
NALTREXONE 50 MG TABLET	2	QL	NEOMY-POLYMYXIN B 40 MG/ML AMP	2	
NAPROXEN 250 MG TABLET	1		NEOMY-POLYMYXIN B 40 MG/ML VL	2	
NAPROXEN 375 MG TABLET	1		NEO-POLYCIN EYE OINTMENT	2	
NAPROXEN 500 MG KIT	1		NEO-POLYCIN HC EYE OINTMENT	2	
NAPROXEN 500 MG TABLET	1		NEUAC GEL	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX	NITROGLYCERIN 0.6 MG/HR PATCH	2	
NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX	NITROGLYCERIN 400 MCG SPRAY	2	
NEVANAC 0.1% EYE DROP	4		NITRO-TIME ER 2.5 MG CAPSULE	2	
NEVIRAPINE 200 MG TABLET	2		NITRO-TIME ER 6.5 MG CAPSULE	2	
NEVIRAPINE 50 MG/5 ML SUSP	2		NITRO-TIME ER 9 MG CAPSULE	2	
NEVIRAPINE ER 100 MG TABLET	2		NIVA-PLUS TABLET	1	
NEVIRAPINE ER 400 MG TABLET	2		NIVESTYM 300 MCG/0.5 ML SYRING	5	SRX
NEW DAY 1.5 MG TABLET	1		NIVESTYM 300 MCG/ML VIAL	5	SRX
NEWGEN TABLET	1		NIVESTYM 480 MCG/0.8 ML SYRING	5	SRX
NIACIN ER 1,000 MG TABLET	2		NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NIACIN ER 500 MG TABLET	2		NIZATIDINE 150 MG CAPSULE	2	
NIACIN ER 750 MG TABLET	2		NIZATIDINE 300 MG CAPSULE	2	
NICARDIPINE 20 MG CAPSULE	2		NOLIX 0.05% CREAM	4	
NICARDIPINE 30 MG CAPSULE	2		NOLIX 0.05% LOTION	4	
NICOTROL CARTRIDGE INHALER	4		NORA-BE TABLET	1	
NICOTROL NS 10 MG/ML SPRAY	4		NORDITROPIN FLEXPRO 10 MG/1.5	5	PA, SRX
NIFEDIPINE 10 MG CAPSULE	2		NORDITROPIN FLEXPRO 15 MG/1.5	5	PA, SRX
NIFEDIPINE 20 MG CAPSULE	2		NORDITROPIN FLEXPRO 30 MG/3 ML	5	PA, SRX
NIFEDIPINE ER 30 MG TABLET	2		NORDITROPIN FLEXPRO 5 MG/1.5	5	PA, SRX
NIFEDIPINE ER 60 MG TABLET	2		NORET-ESTR-FE 0.4-0.035(21)-75	1	
NIFEDIPINE ER 90 MG TABLET	2		NORETH-EE-FE 1 MG/20-30-35 MCG	1	
NIKKI 3 MG-0.02 MG TABLET	1		NORETH-EE-FE 1.5-0.03MG(21)-75	1	
NILUTAMIDE 150 MG TABLET	5	SRX	NORETH-EE-FE 1-0.02(21)-75 TAB	1	
NIMODIPINE 30 MG CAPSULE	4		NORETH-EE-FE 1-0.02(24)-75 CAP	1	
NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX	NORETH-EE-FE 1-0.02(24)-75 CHW	1	
NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX	NORETHIND-ETH ESTRAD 0.5-2.5	2	
NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX	NORETHIND-ETH ESTRAD 1-0.02 MG	1	
NISOLDIPINE ER 17 MG TABLET	2	QL	NORETHINDRONE 0.35 MG TABLET	1	
NISOLDIPINE ER 20 MG TABLET	2	QL	NORETHINDRONE 5 MG TABLET	2	
NISOLDIPINE ER 25.5 MG TABLET	2	QL	NORETHIN-EE 1.5-0.03 MG(21) TB	1	
NISOLDIPINE ER 30 MG TABLET	2	QL	NORETHIN-ESTRA-FE 0.8-0.025 MG	1	
NISOLDIPINE ER 34 MG TABLET	2	QL	NORETHIN-ETH ESTRAD 1 MG-5 MCG	2	
NISOLDIPINE ER 40 MG TABLET	2	QL	NORG-EE 0.18-0.215-0.25/0.025	1	
NISOLDIPINE ER 8.5 MG TABLET	2	QL	NORG-EE 0.18-0.215-0.25/0.035	1	
NITAZOXANIDE 500 MG TABLET	4	PA	NORGESTIMATE-EE 0.25-0.035 MG	1	
NITRO-BID 2% OINTMENT	2		NORG-ETHIN ESTRA 0.25-0.035 MG	1	
NITROFURANTOIN 25 MG/5 ML SUSP	4		NORLYDA 0.35 MG TABLET	1	
NITROFURANTOIN MCR 100 MG CAP	1		NORPACE CR 100 MG CAPSULE	4	
NITROFURANTOIN MCR 25 MG CAP	2		NORPACE CR 150 MG CAPSULE	4	
NITROFURANTOIN MCR 50 MG CAP	1		NORTREL 0.5-35-28 TABLET	1	
NITROFURANTOIN MONO-MCR 100 MG	1		NORTREL 1-35 21 TABLET	1	
NITROGLYCERIN 0.1 MG/HR PATCH	2		NORTREL 1-35 28 TABLET	1	
NITROGLYCERIN 0.2 MG/HR PATCH	2		NORTREL 7-7-7-28 TABLET	1	
NITROGLYCERIN 0.3 MG TABLET SL	2		NORTRIPTYLINE 10 MG/5 ML SOLN	2	
NITROGLYCERIN 0.4 MG TABLET SL	2		NORTRIPTYLINE HCL 10 MG CAP	1	
NITROGLYCERIN 0.4 MG/HR PATCH	2		NORTRIPTYLINE HCL 25 MG CAP	1	
NITROGLYCERIN 0.6 MG TABLET SL	2		NORTRIPTYLINE HCL 50 MG CAP	1	

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

Medication Name	Tier	Notes
OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA
OCTREOTIDE 1,000 MCG/ML VIAL	2	PA
OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA
OCTREOTIDE ACET 0.05 MG/ML VL	2	PA
OCTREOTIDE ACET 100 MCG/ML AMP	2	PA
OCTREOTIDE ACET 100 MCG/ML SYR	2	PA
OCTREOTIDE ACET 100 MCG/ML VL	2	PA
OCTREOTIDE ACET 200 MCG/ML VL	2	PA
OCTREOTIDE ACET 50 MCG/ML AMP	2	PA
OCTREOTIDE ACET 50 MCG/ML SYR	2	PA
OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA
OCTREOTIDE ACET 500 MCG/ML AMP	2	PA
OCTREOTIDE ACET 500 MCG/ML SYR	2	PA
OCTREOTIDE ACET 500 MCG/ML VL	2	PA
ODACTRA 12 SQ-HDM SL TABLET	4	PA, QL
ODEFSEY TABLET	3	QL
ODOMZO 200 MG CAPSULE	5	PA, QL, LDD, SRX
OFEV 100 MG CAPSULE	5	PA, LDD, SRX
OFEV 150 MG CAPSULE	5	PA, LDD, SRX
OFLOXACIN 0.3% EAR DROPS	2	
OFLOXACIN 0.3% EYE DROPS	2	
OFLOXACIN 300 MG TABLET	2	
OFLOXACIN 400 MG TABLET	2	
OKEBO 75 MG CAPSULE	2	
OLANZAPINE 10 MG TABLET	2	
OLANZAPINE 15 MG TABLET	2	
OLANZAPINE 2.5 MG TABLET	2	
OLANZAPINE 20 MG TABLET	2	
OLANZAPINE 5 MG TABLET	2	
OLANZAPINE 7.5 MG TABLET	2	
OLANZAPINE ODT 10 MG TABLET	2	
OLANZAPINE ODT 15 MG TABLET	2	
OLANZAPINE ODT 20 MG TABLET	2	
OLANZAPINE ODT 5 MG TABLET	2	
OLANZAPINE-FLUOXETINE 12-25 MG	2	
OLANZAPINE-FLUOXETINE 12-50 MG	2	
OLANZAPINE-FLUOXETINE 3-25 MG	2	
OLANZAPINE-FLUOXETINE 6-25 MG	2	
OLANZAPINE-FLUOXETINE 6-50 MG	2	
OLMESARTAN MEDOXOMIL 20 MG TAB	2	
OLMESARTAN MEDOXOMIL 40 MG TAB	2	
OLMESARTAN MEDOXOMIL 5 MG TAB	2	
OLMESARTAN-HCTZ 20-12.5 MG TAB	2	
OLMESARTAN-HCTZ 40-12.5 MG TAB	2	
OLMESARTAN-HCTZ 40-25 MG TAB	2	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2	

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Medication Name	Tier	Notes
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2	
OLOPATADINE 665 MCG NASAL SPRY	2	
OLOPATADINE HCL 0.1% EYE DROPS	2	
OLOPATADINE HCL 0.2% EYE DROP	2	
OMEGA-3 ETHYL ESTERS 1 GM CAP	2	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL
OMEPRAZOLE DR 20 MG CAPSULE	2	QL
OMEPRAZOLE DR 40 MG CAPSULE	2	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL
OMNIPOD 5 G6 PODS (GEN 5) 5PK	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL
OMNIPOD CLASSIC PODS(GEN3) 5PK	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL
OMNIPOD DASH PODS (GEN 4) 5PK	3	
OMNIPOD GO 10 UNIT/DAY PODS	3	
OMNIPOD GO 15 UNIT/DAY PODS	3	
OMNIPOD GO 20 UNIT/DAY PODS	3	
OMNIPOD GO 25 UNIT/DAY PODS	3	
OMNIPOD GO 30 UNIT/DAY PODS	3	
OMNIPOD GO 35 UNIT/DAY PODS	3	
OMNIPOD GO 40 UNIT/DAY PODS	3	
ON CALL EXPRESS CTRL SOLN PAK	3	
ON CALL PLUS CONTROL SOLUTION	3	
ON CALL VIVID CONTROL SOLUTION	3	
ONDANSETRON 4 MG/5 ML SOLUTION	2	
ONDANSETRON HCL 4 MG TABLET	2	
ONDANSETRON HCL 8 MG TABLET	2	
ONDANSETRON ODT 4 MG TABLET	2	
ONDANSETRON ODT 8 MG TABLET	2	
ONE WAY VALVED MOUTHPIECE	3	QL
ONETOUCH DELICA PLUS 30G LANCT	3	
ONETOUCH DELICA PLUS 33G LANCT	3	
ONETOUCH DELICA PLUS LANC DEV	3	
ONETOUCH DELICA SAF 30G LANCET	3	
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH SOLUTIONS STARTER KIT	1	
ONETOUCH SURESOF 18G LANC DEV	3	
ONETOUCH SURESOF 21G LANC DEV	3	
ONETOUCH SURESOF 28G LANC DEV	3	
ONETOUCH ULTRA CONTROL SOLN	3	
ONETOUCH ULTRA TEST STRIP	3	
ONETOUCH ULTRA2 GLUCOSE SYST	1	
ONETOUCH ULTRASOFT2 30G LANCET	3	
ONETOUCH VERIO FLEX METER	1	
ONETOUCH VERIO HIGH CNTRL SOLN	3	

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

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
OXYCODONE HCL (IR) 10 MG TAB	2	PA	PAROMOMYCIN 250 MG CAPSULE	2	
OXYCODONE HCL (IR) 15 MG TAB	2	PA	PAROXETINE HCL 10 MG TABLET	1	QL
OXYCODONE HCL (IR) 20 MG TAB	2	PA	PAROXETINE HCL 20 MG TABLET	1	QL
OXYCODONE HCL (IR) 30 MG TAB	2	PA	PAROXETINE HCL 30 MG TABLET	1	QL
OXYCODONE HCL (IR) 5 MG CAP	2	PA	PAROXETINE HCL 40 MG TABLET	1	QL
OXYCODONE HCL (IR) 5 MG TABLET	2	PA	PASER GRANULES 4 GM PACKET	4	
OXYCODONE HCL 100 MG/5 ML CONC	2	PA	PC UNIFINE PENTIPS 12MM NEEDLE	3	
OXYCODONE HCL 5 MG/5 ML SOLN	2	PA	PC UNIFINE PENTIPS 6MM NEEDLE	3	
OXYCODONE HCL-ASPIRIN	2	PA	PC UNIFINE PENTIPS 8MM NEEDLE	3	
OXYCODONE-ACETAMINOPHEN 10-325	2	PA	PEAK-AIR PEAK FLOW METER	3	
OXYCODONE-ACETAMINOPHEN 5-325	2	PA	PEDIARIX 0.5 ML SYRINGE	3	
OXYCODONE-ACETAMINOPHN 2.5-325	2	PA	PEDIATRIC MEDIUM MASK	3	QL
OXYCODONE-ACETAMINOPHN 7.5-325	2	PA	PEDIATRIC MOUTHPIECE	3	QL
OXYMORPHONE HCL 10 MG TABLET	2	PA	PEDIATRIC PANDA MASK	3	QL
OXYMORPHONE HCL 5 MG TABLET	2	PA	PEDIATRIC SMALL MASK	3	QL
OXYMORPHONE HCL ER 10 MG TAB	2	PA	PEDVAXHIB VACCINE VIAL	3	
OXYMORPHONE HCL ER 15 MG TAB	2	PA	PEG 3350-ELECTROLYTE SOLUTION	2	
OXYMORPHONE HCL ER 20 MG TAB	2	PA	PEG3350 100-7.5-2.691-1.01-5.9	2	
OXYMORPHONE HCL ER 30 MG TAB	2	PA	PEG-3350 AND ELECTROLYTES SOLN	2	
OXYMORPHONE HCL ER 40 MG TAB	2	PA	PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX
OXYMORPHONE HCL ER 5 MG TABLET	2	PA	PEGASYS 180 MCG/ML VIAL	5	PA, SRX
OXYMORPHONE HCL ER 7.5 MG TAB	2	PA	PEG-PPREP KIT	2	
PACERONE 200 MG TABLET	2		PEN NEEDLE 29G 12MM	3	
PALIPERIDONE ER 1.5 MG TABLET	4		PEN NEEDLE 30G 5MM	3	
PALIPERIDONE ER 3 MG TABLET	4		PEN NEEDLE 30G 8MM	3	
PALIPERIDONE ER 6 MG TABLET	4		PEN NEEDLE 30G X 5/16"	3	
PALIPERIDONE ER 9 MG TABLET	4		PEN NEEDLE 31G 5MM	3	
PANCREAZE DR 10,500 UNIT CAP	3		PEN NEEDLE 31G 6MM	3	
PANCREAZE DR 16,800 UNIT CAP	3		PEN NEEDLE 31G 8MM	3	
PANCREAZE DR 2,600 UNIT CAP	3		PEN NEEDLE 31G X 1/4"	3	
PANCREAZE DR 21,000 UNIT CAP	3		PEN NEEDLE 31G X 3/16"	3	
PANCREAZE DR 37,000 UNIT CAP	3		PEN NEEDLE 31G X 5/16"	3	
PANCREAZE DR 4,200 UNIT CAP	3		PEN NEEDLE 32G 4MM	3	
PANDA MASK LARGE	3	QL	PEN NEEDLE 32G X 1/4"	3	
PANDA MASK MEDIUM	3	QL	PEN NEEDLE 32G X 3/16"	3	
PANDA MASK SMALL	3	QL	PEN NEEDLE 32G X 5/32"	3	
PANRETIN 0.1% GEL	5	SRX	PEN NEEDLE 33G 4MM	3	
PANTOPRAZOLE SOD DR 20 MG TAB	2	QL	PEN NEEDLE 6MM 31G	3	
PANTOPRAZOLE SOD DR 40 MG TAB	2	QL	PEN NEEDLES 12MM 29G	3	
PARADIGM REMOTE CONTROL	3		PEN NEEDLES 4MM 32G	3	
PARADIGM RESERVOIR 1.8 ML	3		PEN NEEDLES 5MM 31G	3	
PARADIGM RESERVOIR 3 ML	3		PEN NEEDLES 6MM 31G	3	
PAREGORIC LIQUID	2		PEN NEEDLES 8MM 31G	3	
PARICALCITOL 1 MCG CAPSULE	2		PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PARICALCITOL 2 MCG CAPSULE	2		PENICILLIN VK 125 MG/5 ML SOLN	2	
PARICALCITOL 4 MCG CAPSULE	2		PENICILLIN VK 250 MG TABLET	2	
PAROEX 0.12% ORAL RINSE	2		PENICILLIN VK 250 MG/5 ML SOLN	2	

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Medication Name	Tier	Notes
PENICILLIN VK 500 MG TABLET	2	
PENTACEL VIAL KIT	3	
PENTAMIDINE 300 MG INHAL POWDR	3	
PENTAZOCINE-NALOXONE TABLET	2	PA
PENTIPS PEN NEEDLE 29G 12MM	3	
PENTIPS PEN NEEDLE 29GX1/2"	3	
PENTIPS PEN NEEDLE 31G 5MM	3	
PENTIPS PEN NEEDLE 31G 6MM	3	
PENTIPS PEN NEEDLE 31G 8MM	3	
PENTIPS PEN NEEDLE 31GX1/4"	3	
PENTIPS PEN NEEDLE 31GX3/16"	3	
PENTIPS PEN NEEDLE 31GX5/16"	3	
PENTIPS PEN NEEDLE 32G 4MM	3	
PENTIPS PEN NEEDLE 32G 6MM	3	
PENTIPS PEN NEEDLE 32GX5/32"	3	
PENTIPS PEN NEEDLE 6MM 31G	3	
PENTOXIFYLLINE ER 400 MG TAB	2	
PERINDOPRIL ERBUMINE 2 MG TAB	2	
PERINDOPRIL ERBUMINE 4 MG TAB	2	
PERINDOPRIL ERBUMINE 8 MG TAB	2	
PERIOGARD 0.12% ORAL RINSE	2	
PERMETHRIN 5% CREAM	2	
PERPHEN-AMITRIP 2 MG-10 MG TAB	2	
PERPHEN-AMITRIP 2 MG-25 MG TAB	2	
PERPHEN-AMITRIP 4 MG-10 MG TAB	2	
PERPHEN-AMITRIP 4 MG-25 MG TAB	2	
PERPHEN-AMITRIP 4 MG-50 MG TAB	2	
PERPHENAZINE 16 MG TABLET	2	
PERPHENAZINE 2 MG TABLET	2	
PERPHENAZINE 4 MG TABLET	2	
PERPHENAZINE 8 MG TABLET	2	
PERSONAL BEST PEAK FLOW MTR	3	
PFIZER COVID (12Y UP) VAC-GRAY	3	
PFIZER COVID (5-11Y) VAC-ORANG	3	
PFIZER COVID (6M-4Y)VAC-MAROON	3	
PFIZER COVID BIVAL (12Y UP)EUA	3	
PFIZER COVID BIVAL (5-11YR)EUA	3	
PFIZER COVID BIVAL (6MO-4Y)EUA	3	
PFIZER COVID-19 VACCINE-PURPLE	3	
PHASEAL PROTECTOR 14	3	
PHASEAL PROTECTOR 21	3	
PHASEAL PROTECTOR 28	3	
PHASEAL PROTECTOR 50	3	
PHENAZOPYRIDINE 100 MG TAB	2	
PHENAZOPYRIDINE 200 MG TAB	2	
PHENELZINE SULFATE 15 MG TAB	2	
PHENOBARBITAL 100 MG TABLET	2	

Medication Name	Tier	Notes
PHENOBARBITAL 15 MG TABLET	2	
PHENOBARBITAL 16.2 MG TABLET	2	
PHENOBARBITAL 20 MG/5 ML CUP	2	
PHENOBARBITAL 20 MG/5 ML ELIX	2	
PHENOBARBITAL 20 MG/5 ML SOLN	2	
PHENOBARBITAL 30 MG TABLET	2	
PHENOBARBITAL 30 MG/7.5 ML CUP	2	
PHENOBARBITAL 32.4 MG TABLET	2	
PHENOBARBITAL 60 MG TABLET	2	
PHENOBARBITAL 60 MG/15 ML CUP	2	
PHENOBARBITAL 64.8 MG TABLET	2	
PHENOBARBITAL 97.2 MG TABLET	2	
PHENOXYBENZAMINE HCL 10 MG CAP	5	SRX
PHENYLEPHRINE 10% EYE DROPS	2	
PHENYLEPHRINE 2.5% EYE DROP	2	
PHENYTOIN 100 MG/4 ML SUSP	2	
PHENYTOIN 125 MG/5 ML SUSP	2	
PHENYTOIN 50 MG INFATAB CHEW	2	
PHENYTOIN 50 MG TABLET CHEW	2	
PHENYTOIN SOD EXT 100 MG CAP	2	
PHENYTOIN SOD EXT 200 MG CAP	2	
PHENYTOIN SOD EXT 300 MG CAP	2	
PHILITH 0.4-0.035 MG TABLET	1	
PHOSLYRA 667 MG/5 ML SOLUTION	4	
PHOSPHASAL TABLET	2	
PHOSPHOLINE IODIDE 0.125%	4	LDD
PHOSPHOLINE IODIDE 0.125% DROP	4	LDD
PHYSIOSOL IRRIGATION SOLN	4	
PHYTONADIONE 5 MG TABLET	4	
PIKO 1 FLOW METER	3	
PILOCARPINE 1% EYE DROPS	2	
PILOCARPINE 2% EYE DROPS	2	
PILOCARPINE 4% EYE DROPS	2	
PILOCARPINE HCL 5 MG TABLET	2	
PILOCARPINE HCL 7.5 MG TABLET	2	
PIMECROLIMUS 1% CREAM	4	
PIMOZIDE 1 MG TABLET	2	
PIMOZIDE 2 MG TABLET	2	
PIMTREA 28 DAY TABLET	1	
PINDOLOL 10 MG TABLET	2	
PINDOLOL 5 MG TABLET	2	
PIOGLITAZONE HCL 15 MG TABLET	2	
PIOGLITAZONE HCL 30 MG TABLET	2	
PIOGLITAZONE HCL 45 MG TABLET	2	
PIOGLITAZONE-GLIMEPIRIDE 30-2	2	
PIOGLITAZONE-GLIMEPIRIDE 30-4	2	
PIOGLITAZONE-METFORMIN 15-500	2	

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Medication Name	Tier	Notes
PIOGLITAZONE-METFORMIN 15-850	2	
PIP GLUCOSE CONTROL SOLN L1-L2	3	
PIP PEN NEEDLE 31G X 5MM	3	
PIP PEN NEEDLE 32G X 4MM	3	
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX
PIRFENIDONE 267 MG TABLET	5	PA, SRX
PIRFENIDONE 801 MG TABLET	5	PA, SRX
PIRMELLA 1-35 28 TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1	
PIROXICAM 10 MG CAPSULE	2	
PIROXICAM 20 MG CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4	
PNEUMOVAX 23 SYRINGE	3	
PNEUMOVAX 23 VIAL	3	
PNV 29-1 TABLET	1	
PNV PRENATAL PLUS MULTIVIT TAB	1	
PNV-DHA SOFTGEL	1	
PNV-DHA + DOCUSATE SOFTGEL	1	
PNV-OMEGA SOFTGEL	1	
PNV-SELECT TABLET	1	
POCKET CHAMBER	3	QL
POCKET PEAK FLOW METER	3	
PODOFILOX 0.5% TOPICAL SOLN	2	
POLY HUB NEEDLE 18GX1"	3	
POLY HUB NEEDLE 18GX1-1/2"	3	
POLY HUB NEEDLE 21GX1"	3	
POLY HUB NEEDLE 21GX1-1/2"	3	
POLY HUB NEEDLE 22GX1"	3	
POLY HUB NEEDLE 22GX1-1/2"	3	
POLY HUB NEEDLE 23GX1"	3	
POLY HUB NEEDLE 23GX1-1/2"	3	
POLY HUB NEEDLE 25GX1"	3	
POLY HUB NEEDLE 25GX1-1/2"	3	
POLY HUB NEEDLE 25GX5/8"	3	
POLY HUB NEEDLE 27GX1/2"	3	
POLY HUB NEEDLE 27GX1-1/4"	3	
POLY HUB NEEDLE 30GX1/2"	3	
POLYCIN EYE OINTMENT	2	
POLYMYXIN B-TMP EYE DROPS	2	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML SUSP	4	
POSACONAZOLE DR 100 MG TABLET	4	QL
POTASSIUM CITRATE ER 10 MEQ TB	2	

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

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

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

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Medication Name	Tier	Notes
PROCENTRA 5 MG/5 ML SOLUTION	2	QL
PROCHAMBER HOLDING CHAMBER	3	QL
PROCHLORPERAZINE 10 MG TAB	2	
PROCHLORPERAZINE 25 MG SUPP	2	
PROCHLORPERAZINE 5 MG TABLET	2	
PROCTO-MED HC 2.5% CREAM	2	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
PRODIGY CONTROL SOLUTION	3	
PRODIGY CONTROL SOLUTION LOW	3	
PRODIGY INS SYR 1ML 28GX1/2"	3	
PRODIGY SYRNG 0.5 ML 31GX5/16"	3	
PRODIGY SYRNGE 0.3ML 31GX5/16"	3	
PROGESTERONE 100 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2	
PROGRAF 0.2 MG GRANULE PACKET	4	
PROGRAF 1 MG GRANULE PACKET	4	
PROMACTA 12.5 MG SUSPEN PACKET	5	PA, LDD, SRX
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LDD, SRX
PROMACTA 25 MG TABLET	5	PA, LDD, SRX
PROMACTA 50 MG TABLET	5	PA, LDD, SRX
PROMACTA 75 MG TABLET	5	PA, LDD, SRX
PROMETHAZINE 12.5 MG SUPPOS	2	
PROMETHAZINE 12.5 MG TABLET	2	
PROMETHAZINE 25 MG SUPPOSITORY	2	
PROMETHAZINE 25 MG TABLET	2	
PROMETHAZINE 50 MG TABLET	2	
PROMETHAZINE 6.25 MG/5 ML SOLN	2	
PROMETHAZINE 6.25 MG/5 ML SYRP	2	
PROMETHAZINE VC SOLUTION	2	
PROMETHAZINE VC-CODEINE SOLN	2	QL
PROMETHAZINE-CODEINE SOLUTION	2	QL
PROMETHAZINE-CODEINE SYRUP	2	QL
PROMETHAZINE-DM 6.25-15 MG/5ML	2	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL
PROMETHAZINE-PHENYLEPHRINE SYR	2	
PROMETHEGAN 12.5 MG SUPPOS	2	
PROMETHEGAN 25 MG SUPPOSITORY	2	
PROMETHEGAN 50 MG SUPPOSITORY	2	
PROPAFENONE HCL 150 MG TABLET	2	
PROPAFENONE HCL 225 MG TAB	2	
PROPAFENONE HCL 300 MG TAB	2	
PROPAFENONE HCL ER 225 MG CAP	2	
PROPAFENONE HCL ER 325 MG CAP	2	
PROPAFENONE HCL ER 425 MG CAP	2	
PROPARACAINE 0.5% EYE DROPS	2	

Medication Name	Tier	Notes
PROPRANOLOL 10 MG TABLET	2	
PROPRANOLOL 20 MG TABLET	2	
PROPRANOLOL 20 MG/5 ML SOLN	2	
PROPRANOLOL 40 MG TABLET	2	
PROPRANOLOL 40 MG/5 ML SOLN	2	
PROPRANOLOL 60 MG TABLET	2	
PROPRANOLOL 80 MG TABLET	2	
PROPRANOLOL ER 120 MG CAPSULE	2	
PROPRANOLOL ER 160 MG CAPSULE	2	
PROPRANOLOL ER 60 MG CAPSULE	2	
PROPRANOLOL ER 80 MG CAPSULE	2	
PROPRANOLOL-HCTZ 40-25 MG TAB	2	
PROPRANOLOL-HCTZ 80-25 MG TAB	2	
PROPYLTHIOURACIL 50 MG TABLET	2	
PROQUAD VIAL	3	
PROTRIPTYLINE HCL 10 MG TABLET	2	
PROTRIPTYLINE HCL 5 MG TABLET	2	
PUB INS SYRIN 0.3 ML 30GX1/2"	3	
PUB INS SYRINGE 1 ML 30GX1/2"	3	
PUB INSUL SYR 0.3 ML 31GX5/16"	3	
PUB INSUL SYR 0.5 ML 30GX1/2"	3	
PUB INSUL SYR 0.5 ML 31GX5/16"	3	
PUB INSULIN SYR 1 ML 31GX5/16"	3	
PUB PEN 12MM 29G NEEDLES	3	
PUB PEN 8MM 31G NEEDLES	3	
PUB PEN NEEDLE 6MM 31G	3	
PUB UNIFINE PNTPLUS 31GX3/16	3	
PULMOSAL 7% VIAL	2	
PULMOZYME 1 MG/ML AMPUL	5	PA, SRX
PURE CMFT SFTY PEN NDL 31G 5MM	3	
PURE CMFT SFTY PEN NDL 31G 6MM	3	
PURE CMFT SFTY PEN NDL 32G 4MM	3	
PURE COMFORT PEN NDL 32G 4MM	3	
PURE COMFORT PEN NDL 32G 5MM	3	
PURE COMFORT PEN NDL 32G 6MM	3	
PURE COMFORT PEN NDL 32G 8MM	3	
PURE COMFORT SPACER-ADULT MASK	3	QL
PURECOMFORT PEAK FLOW MTR ADLT	3	
PURECOMFORT PEAK FLOW MTR CHLD	3	
PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX
PV UNIFINE PENTIP PLUS 31GX5MM	3	
PV UNIFINE PENTIP PLUS 31GX6MM	3	
PV UNIFINE PENTIP PLUS 31GX8MM	3	
PV UNIFINE PENTIP PLUS 32GX4MM	3	
PV UNIFINE PENTIP PLUS 33GX4MM	3	
PYRAZINAMIDE 500 MG TABLET	2	
PYRIDOSTIGMINE 60 MG/5 ML SOLN	5	PA, SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PYRIDOSTIGMINE BR 60 MG TABLET	4		RALOXIFENE HCL 60 MG TABLET	2	
PYRIDOSTIGMINE ER 180 MG TAB	4		RAMELTEON 8 MG TABLET	3	QL
PYRIMETHAMINE 25 MG TABLET	5	PA, LDD, SRX	RAMIPRIL 1.25 MG CAPSULE	2	
QC ALCOHOL 70% SWABS	3		RAMIPRIL 10 MG CAPSULE	1	
QC UNIFINE PENTIPS 32GX5/32"	3		RAMIPRIL 2.5 MG CAPSULE	1	
QC UNIFINE PENTIPS 4MM 32G	3		RAMIPRIL 5 MG CAPSULE	1	
QUADRACEL DTAP-IPV SYRINGE	3		RANITIDINE 15 MG/ML SYRUP	2	
QUADRACEL DTAP-IPV VIAL	3		RANITIDINE 150 MG CAPSULE	1	
QUAZEPAM 15 MG TABLET	4	PA	RANITIDINE 150 MG TABLET	1	
QUETIAPINE ER 150 MG TABLET	2		RANITIDINE 150 MG/10 ML SYRUP	2	
QUETIAPINE ER 200 MG TABLET	2		RANITIDINE 300 MG CAPSULE	1	
QUETIAPINE ER 300 MG TABLET	2		RANITIDINE 300 MG TABLET	1	
QUETIAPINE ER 400 MG TABLET	2		RANOLAZINE ER 1,000 MG TABLET	4	QL
QUETIAPINE ER 50 MG TABLET	2		RANOLAZINE ER 500 MG TABLET	4	QL
QUETIAPINE FUMARATE 100 MG TAB	2		RASAGILINE MESYLATE 0.5 MG TAB	2	
QUETIAPINE FUMARATE 200 MG TAB	2		RASAGILINE MESYLATE 1 MG TAB	2	
QUETIAPINE FUMARATE 25 MG TAB	2		RAYA SURE PEN NEEDLE 29G 12MM	3	
QUETIAPINE FUMARATE 300 MG TAB	2		RAYA SURE PEN NEEDLE 31G 4MM	3	
QUETIAPINE FUMARATE 400 MG TAB	2		RAYA SURE PEN NEEDLE 31G 5MM	3	
QUETIAPINE FUMARATE 50 MG TAB	2		RAYA SURE PEN NEEDLE 31G 6MM	3	
QUICK RELEASE TEFLN CANNULA	3		RECLIPSEN 28 DAY TABLET	1	
QUICK-SET PARADIGM SET 18"	3		RECOMBIVAX HB 10 MCG/ML SYR	3	
QUICK-SET PARADIGM SET 32"	3		RECOMBIVAX HB 10 MCG/ML VIAL	3	
QUINAPRIL 10 MG TABLET	1		RECOMBIVAX HB 40 MCG/ML VIAL	3	
QUINAPRIL 20 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML SYR	3	
QUINAPRIL 40 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML VL	3	
QUINAPRIL 5 MG TABLET	1		RECTIV 0.4% OINTMENT	4	
QUINAPRIL-HCTZ 10-12.5 MG TAB	1		REFUAH PLUS CONTROL SOLUTION	3	
QUINAPRIL-HCTZ 20-12.5 MG TAB	1		REGRANEX 0.01% GEL	4	PA, QL
QUINAPRIL-HCTZ 20-25 MG TAB	1		RELENZA 5 MG DISKHALER	4	QL
QUINIDINE GLUC ER 324 MG TAB	2		RELI ON 31G X 1/4" NEEDLES	3	
QUINIDINE SULFATE 200 MG TAB	2		RELION ALCOHOL 70% SWABS	3	
QUINIDINE SULFATE 300 MG TAB	2		RELION INS SYR 0.3 ML 29GX1/2"	3	
QUININE SULFATE 324 MG CAPSULE	2		RELION INS SYR 0.3 ML 31GX6MM	3	
QUTENZA 8% KIT (1 PATCH)	4		RELION INS SYR 0.5 ML 29GX1/2"	3	
QUTENZA 8% KIT (2 PATCH)	4		RELION INS SYR 0.5 ML 31GX6MM	3	
QUTENZA 8% KIT (4 PATCH)	4		RELION INS SYR 1 ML 29GX1/2"	3	
QVAR REDIHALER 40 MCG	3		RELION INS SYR 1 ML 30GX5/16"	3	
QVAR REDIHALER 80 MCG	3		RELION INS SYR 1 ML 31GX15/64"	3	
RA ALCOHOL SWABS	3		RELION INS SYR 1 ML 31GX5/16"	3	
RA INS SYR 0.5 ML 29GX1/2"	3		RELION INSULIN SYR 0.5 ML	3	
RA INS SYR 0.5 ML 30GX5/16"	3		RELION KETONE TEST STRIP	3	
RA INS SYR 1 ML 29GX1/2"	3		RELION MINI PEN 31G X 1/4" NDL	3	
RA INS SYRINGE 1 ML 30GX5/16"	3		RELION NOVOLOG 100 UNIT/ML VL	4	QL, ST
RA PEN NEEDLE 31GX3/16"	3		RELION NOVOLOG MIX 70-30 FLXPN	4	QL, ST
RA PEN NEEDLE 31GX5/16"	3		RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST
RABEPRAZOLE SOD DR 20 MG TAB	2	QL	RELION NOVOLOG U-100 FLEXPEN	4	QL, ST

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

Medication Name	Tier	Notes
RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RISEDRONATE SOD DR 35 MG TAB	2	
RISEDRONATE SODIUM 150 MG TAB	2	
RISEDRONATE SODIUM 30 MG TAB	2	
RISEDRONATE SODIUM 35 MG TAB	2	
RISEDRONATE SODIUM 5 MG TABLET	2	
RISPERIDONE 0.25 MG ODT	2	
RISPERIDONE 0.25 MG TABLET	1	
RISPERIDONE 0.5 MG ODT	2	
RISPERIDONE 0.5 MG TABLET	1	
RISPERIDONE 1 MG ODT	2	
RISPERIDONE 1 MG TABLET	1	
RISPERIDONE 1 MG/ML SOLUTION	2	
RISPERIDONE 2 MG ODT	2	
RISPERIDONE 2 MG TABLET	1	
RISPERIDONE 3 MG ODT	2	
RISPERIDONE 3 MG TABLET	1	
RISPERIDONE 4 MG ODT	2	
RISPERIDONE 4 MG TABLET	1	
RITEFLO SPACER	3	QL
RITONAVIR 100 MG TABLET	2	
RIVASTIGMINE 1.5 MG CAPSULE	2	
RIVASTIGMINE 13.3 MG/24HR PTCH	2	
RIVASTIGMINE 3 MG CAPSULE	2	
RIVASTIGMINE 4.5 MG CAPSULE	2	
RIVASTIGMINE 4.6 MG/24HR PATCH	2	
RIVASTIGMINE 6 MG CAPSULE	2	
RIVASTIGMINE 9.5 MG/24HR PATCH	2	
RIVELSA TABLET	1	
RIZATRIPTAN 10 MG ODT	2	QL
RIZATRIPTAN 10 MG TABLET	2	QL
RIZATRIPTAN 5 MG ODT	2	QL
RIZATRIPTAN 5 MG TABLET	2	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	4	QL
ROFLUMILAST 500 MCG TABLET	4	QL
ROPINIROLE HCL 0.25 MG TABLET	2	
ROPINIROLE HCL 0.5 MG TABLET	2	
ROPINIROLE HCL 1 MG TABLET	2	
ROPINIROLE HCL 2 MG TABLET	2	
ROPINIROLE HCL 3 MG TABLET	2	
ROPINIROLE HCL 4 MG TABLET	2	
ROPINIROLE HCL 5 MG TABLET	2	
ROPINIROLE HCL ER 12 MG TABLET	2	
ROPINIROLE HCL ER 2 MG TABLET	2	

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

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

Medication Name	Tier	Notes
SOF-SERTER INSERTION DEVICE	3	
SOF-SET MICRO INFUSION SET	3	
SOF-SET ULTIMATE QR SET	3	
SOLIFENACIN 10 MG TABLET	3	QL
SOLIFENACIN 5 MG TABLET	3	QL
SOLUS V2 CONTROL SOLUTION HIGH	3	
SOLUS V2 CONTROL SOLUTION LOW	3	
SOMAVERT 10 MG VIAL	5	PA, LDD, SRX
SOMAVERT 15 MG VIAL	5	PA, LDD, SRX
SOMAVERT 20 MG VIAL	5	PA, LDD, SRX
SOMAVERT 25 MG VIAL	5	PA, LDD, SRX
SOMAVERT 30 MG VIAL	5	PA, LDD, SRX
SORAFENIB 200 MG TABLET	5	PA, QL, SRX
SOTALOL 120 MG TABLET	2	
SOTALOL 160 MG TABLET	2	
SOTALOL 240 MG TABLET	2	
SOTALOL 80 MG TABLET	2	
SOTALOL AF 120 MG TABLET	2	
SOTALOL AF 160 MG TABLET	2	
SOTALOL AF 80 MG TABLET	2	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX
SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX
SOVALDI 200 MG TABLET	5	PA, QL, SRX
SOVALDI 400 MG TABLET	5	PA, QL, SRX
SPIKEVAX COVID (18Y UP) VACC	3	
SPINOSAD 0.9% TOPICAL SUSP	2	
SPIRONOLACTONE 100 MG TABLET	2	
SPIRONOLACTONE 25 MG TABLET	2	
SPIRONOLACTONE 50 MG TABLET	2	
SPIRONOLACTONE-HCTZ 25-25 TAB	2	
SPRINTEC 28 DAY TABLET	1	
SPRYCEL 100 MG TABLET	5	PA, QL, SRX
SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SPRYCEL 20 MG TABLET	5	PA, QL, SRX
SPRYCEL 50 MG TABLET	5	PA, QL, SRX
SPRYCEL 70 MG TABLET	5	PA, QL, SRX
SPRYCEL 80 MG TABLET	5	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSP	2	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML SOLUTION	4	
STAVUDINE 40 MG CAPSULE	2	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2	

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Medication Name	Tier	Notes
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
STRIBILD TABLET	3	QL
SUBVENITE TAB START KIT (BLUE)	2	
SUBVENITE TAB START KIT(GREEN)	2	
SUBVENITE TAB START KT(ORANGE)	2	
SUBVENITE 100 MG TABLET	2	
SUBVENITE 150 MG TABLET	2	
SUBVENITE 200 MG TABLET	2	
SUBVENITE 25 MG TABLET	2	
SUCRAID 17,000 UNIT/2 ML SOLN	5	LDD, SRX
SUCRAID 8,500 UNIT/ML SOLN	5	LDD, SRX
SUCRALFATE 1 GM TABLET	2	
SULFACETAMIDE 10% EYE DROPS	2	
SULFACETAMIDE 10% EYE OINTMENT	2	
SULFACETAMIDE SOD 10% TOP SUSP	2	
SULF-PRED 10-0.23% EYE DROPS	2	
SULFADIAZINE 500 MG TABLET	2	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMETHOXAZOLE-TMP SUSP	2	
SULFAMYLON 8.5% CREAM	4	
SULFASALAZINE 500 MG TABLET	2	
SULFASALAZINE DR 500 MG TAB	2	
SULINDAC 150 MG TABLET	2	
SULINDAC 200 MG TABLET	2	
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SUMATRIPTAN 4 MG/0.5 ML CART	2	QL
SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SUMATRIPTAN 6 MG/0.5 ML CART	2	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	2	QL
SUMATRIPTAN SUCC 100 MG TABLET	2	QL
SUMATRIPTAN SUCC 25 MG TABLET	2	QL
SUMATRIPTAN SUCC 50 MG TABLET	2	QL
SUNITINIB MALATE 12.5 MG CAP	5	PA, QL, SRX
SUNITINIB MALATE 25 MG CAPSULE	5	PA, QL, SRX
SUNITINIB MALATE 37.5 MG CAP	5	PA, QL, SRX
SUNITINIB MALATE 50 MG CAPSULE	5	PA, QL, SRX
SUPRAX 100 MG TABLET CHEWABLE	4	
SUPRAX 200 MG TABLET CHEWABLE	4	
SUPRAX 500 MG/5 ML SUSPENSION	4	
SURE CMFT SFTY PEN ND 31G 6MM	3	
SURE CMFT SFTY PEN ND 32G 4MM	3	
SURE COMFORT 0.3 ML SYRINGE	3	
SURE COMFORT 0.5 ML SYRINGE	3	
SURE COMFORT 1 ML SYRINGE	3	

Medication Name	Tier	Notes
SURE COMFORT 3/10 ML SYRINGE	3	
SURE COMFORT 30G PEN NEEDLE	3	
SURE COMFORT INS 0.3ML 31GX1/4	3	
SURE COMFORT INS 0.5ML 31GX1/4	3	
SURE COMFORT INS 1 ML 31GX1/4"	3	
SURE COMFORT PEN ND 29GX1/2"	3	
SURE COMFORT PEN ND 31G 5MM	3	
SURE COMFORT PEN ND 31G 8MM	3	
SURE COMFORT PEN ND 32G 4MM	3	
SURE COMFORT PEN ND 32G 6MM	3	
SURE-FINE PEN NEEDLES 12.7MM	3	
SURE-FINE PEN NEEDLES 5MM	3	
SURE-FINE PEN NEEDLES 8MM	3	
SURE-JECT INS 0.3 ML 31GX5/16"	3	
SURE-JECT INS 0.5 ML 31GX5/16"	3	
SURE-JECT INSU SYR U100 0.3 ML	3	
SURE-JECT INSU SYR U100 0.5 ML	3	
SURE-JECT INSU SYR U100 1 ML	3	
SURE-JECT INSUL SYR U100 1 ML	3	
SURE-JECT INSULIN SYRINGE 1 ML	3	
SURE-T PARADIGM 18" SET	3	
SURE-T PARADIGM 23" SET	3	
SURE-T PARADIGM 32" SET	3	
SURE-TEST EASYPLUS MINI SOLN	3	
SYEDA 28 TABLET	1	
SYMAX FASTABS 0.125 MG TABLET	2	
SYMAX-SL 0.125 MG TABLET SL	2	
SYMAX-SR 0.375 MG TABLET	2	
SYMLINPEN 120 PEN INJECTOR	4	QL
SYMLINPEN 60 PEN INJECTOR	4	QL
SYMTOZA 800-150-200-10 MG TAB	3	QL
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX
SYNERA PATCH	4	
SYNTHROID 100 MCG TABLET	4	
SYNTHROID 112 MCG TABLET	4	
SYNTHROID 125 MCG TABLET	4	
SYNTHROID 137 MCG TABLET	4	
SYNTHROID 150 MCG TABLET	4	
SYNTHROID 175 MCG TABLET	4	
SYNTHROID 200 MCG TABLET	4	
SYNTHROID 25 MCG TABLET	4	
SYNTHROID 300 MCG TABLET	4	
SYNTHROID 50 MCG TABLET	4	
SYNTHROID 75 MCG TABLET	4	
SYNTHROID 88 MCG TABLET	4	
T:30 INFUSION SET 23" 13MM	3	
T:30 INFUSION SET 43" 13MM	3	

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Medication Name	Tier	Notes
T:90 INFUSION SET 23" 6MM	3	
T:90 INFUSION SET 23" 9MM	3	
T:90 INFUSION SET 43" 9MM	3	
T:FLEX 4.8 ML CARTRIDGE	3	
T:SLIM 3 ML CARTRIDGE	3	
T:SLIM G4 3 ML CARTRIDGE	3	
T:SLIM X2 3 ML CARTRIDGE	3	
TABLOID 40 MG TABLET	4	PA
TACROLIMUS 0.03% OINTMENT	2	
TACROLIMUS 0.1% OINTMENT	2	
TACROLIMUS 0.5 MG CAPSULE (IR)	2	
TACROLIMUS 1 MG CAPSULE (IR)	2	
TACROLIMUS 5 MG CAPSULE (IR)	2	
TADALAFIL 2.5 MG TABLET	2	PA, QL
TADALAFIL 20 MG TABLET	5	PA, SRX
TADALAFIL 5 MG TABLET	2	PA, QL
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL, SRX
TAFINLAR 50 MG CAPSULE	5	PA, QL, LDD, SRX
TAFINLAR 75 MG CAPSULE	5	PA, QL, LDD, SRX
TAFLUPROST 0.0015% EYE DROP	4	QL
TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX
TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX
TAKE ACTION 1.5 MG TABLET	1	
TAMOXIFEN 10 MG TABLET	2	
TAMOXIFEN 20 MG TABLET	2	
TAMSULOSIN HCL 0.4 MG CAPSULE	2	
TARINA 24 FE 1 MG-20 MCG TAB	1	
TARINA FE 1-20 EQ TABLET	1	
TARINA FE 1-20 TABLET	1	
TARON-C DHA CAPSULE	1	
TARON-PREX PRENATAL DHA CAP	1	
TASIGNA 150 MG CAPSULE	5	PA, QL, SRX
TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
TAYSOFY 1 MG-20 MCG CAPSULE	1	
TAZAROTENE 0.05% GEL	4	
TAZAROTENE 0.1% CREAM	2	
TAZAROTENE 0.1% GEL	4	
TAZORAC 0.05% CREAM	4	
TAZTIA XT 120 MG CAPSULE	2	
TAZTIA XT 180 MG CAPSULE	2	
TAZTIA XT 240 MG CAPSULE	2	
TAZTIA XT 300 MG CAPSULE	2	
TAZTIA XT 360 MG CAPSULE	2	
TDVAX VIAL	3	
TECHLITE 0.3 ML 29GX12MM (1/2)	3	
TECHLITE 0.3 ML 30GX12MM (1/2)	3	

Medication Name	Tier	Notes
TECHLITE 0.3 ML 30GX8MM (1/2)	3	
TECHLITE 0.3 ML 31GX6MM (1/2)	3	
TECHLITE 0.3 ML 31GX8MM (1/2)	3	
TECHLITE 0.5 ML 29GX12MM (1/2)	3	
TECHLITE 0.5 ML 30GX12MM (1/2)	3	
TECHLITE 0.5 ML 30GX8MM (1/2)	3	
TECHLITE 0.5 ML 31GX6MM (1/2)	3	
TECHLITE 0.5 ML 31GX8MM (1/2)	3	
TECHLITE INS SYR 1 ML 29GX12MM	3	
TECHLITE INS SYR 1 ML 30GX12MM	3	
TECHLITE INS SYR 1 ML 30GX8MM	3	
TECHLITE INS SYR 1 ML 31GX6MM	3	
TECHLITE INS SYR 1 ML 31GX8MM	3	
TECHLITE PEN NEEDLE 29GX1/2"	3	
TECHLITE PEN NEEDLE 29GX3/8"	3	
TECHLITE PEN NEEDLE 31GX1/4"	3	
TECHLITE PEN NEEDLE 31GX3/16"	3	
TECHLITE PEN NEEDLE 31GX5/16"	3	
TECHLITE PEN NEEDLE 32GX1/4"	3	
TECHLITE PEN NEEDLE 32GX5/16"	3	
TECHLITE PEN NEEDLE 32GX5/32"	3	
TELCARE CONTROL SOLUTION	3	
TELMISARTAN 20 MG TABLET	2	
TELMISARTAN 40 MG TABLET	2	
TELMISARTAN 80 MG TABLET	2	
TELMISARTAN-AMLODIPINE 40-10	2	
TELMISARTAN-AMLODIPINE 40-5 MG	2	
TELMISARTAN-AMLODIPINE 80-10	2	
TELMISARTAN-AMLODIPINE 80-5 MG	2	
TELMISARTAN-HCTZ 40-12.5 MG TB	2	
TELMISARTAN-HCTZ 80-12.5 MG TB	2	
TELMISARTAN-HCTZ 80-25 MG TAB	2	
TEMAZEPAM 15 MG CAPSULE	2	
TEMAZEPAM 22.5 MG CAPSULE	2	
TEMAZEPAM 30 MG CAPSULE	2	
TEMAZEPAM 7.5 MG CAPSULE	2	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX
TENCON 50-325 MG TABLET	2	
TENIVAC SYRINGE	3	
TENIVAC VIAL	3	
TENOFOVIR DISOP FUM 300 MG TB	2	
TERAZOSIN 1 MG CAPSULE	1	

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Medication Name	Tier	Notes
TERAZOSIN 10 MG CAPSULE	1	
TERAZOSIN 2 MG CAPSULE	1	
TERAZOSIN 5 MG CAPSULE	1	
TERBINAFINE HCL 250 MG TABLET	1	
TERBUTALINE SULFATE 2.5 MG TAB	2	
TERBUTALINE SULFATE 5 MG TAB	2	
TERCONAZOLE 0.4% CREAM	2	
TERCONAZOLE 0.8% CREAM	2	
TERCONAZOLE 80 MG SUPPOSITORY	2	
TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TERUMO INS SYR 0.3 ML 29GX1/2"	3	
TERUMO INS SYRINGE U100-1 ML	3	
TERUMO INS SYRINGE U100-1/2 ML	3	
TERUMO INS SYRINGE U100-1/3 ML	3	
TERUMO INS SYRNG U100-1/2 ML	3	
TERUMO SURGUARD2 NDL 21GX1 1.5	3	
TERUMO SURGUARD2 NDL 22X1-1/2"	3	
TERUMO SURGUARD2 NDL 23X1-1/2"	3	
TERUMO SURGUARD2 NEEDLE 18GX1"	3	
TERUMO SURGUARD2 NEEDLE 18X1.5	3	
TERUMO SURGUARD2 NEEDLE 19GX1"	3	
TERUMO SURGUARD2 NEEDLE 19X1.5	3	
TERUMO SURGUARD2 NEEDLE 20GX1"	3	
TERUMO SURGUARD2 NEEDLE 20X1.5	3	
TERUMO SURGUARD2 NEEDLE 21GX1"	3	
TERUMO SURGUARD2 NEEDLE 22GX1"	3	
TERUMO SURGUARD2 NEEDLE 23GX1"	3	
TERUMO SURGUARD2 NEEDLE 25GX1"	3	
TERUMO SURGUARD2 NEEDLE 25X1.5	3	
TERUMO SURGUARD2 NEEDLE 25X5/8	3	
TERUMO SURGUARD2 NEEDLE 26X1/2	3	
TERUMO SURGUARD2 NEEDLE 27X1/2	3	
TERUMO SURGUARD2 NEEDLE 30X1/2	3	
TERUMO SYRINGE 3 ML	3	
TESTOSTERON CYP 1,000 MG/10 ML	2	
TESTOSTERON CYP 2,000 MG/10 ML	2	
TESTOSTERON ENAN 1,000 MG/5 ML	2	
TESTOSTERONE 1% (25MG/2.5G) PK	2	QL
TESTOSTERONE 1% (50 MG/5 G) PK	2	QL
TESTOSTERONE 1.62% (2.5 G) PKT	2	QL
TESTOSTERONE 1.62% GEL PUMP	2	QL
TESTOSTERONE 1.62%(1.25 G) PKT	2	QL
TESTOSTERONE 10 MG GEL PUMP	2	QL
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TESTOSTERONE 50 MG/5 GRAM PKT	2	QL
TESTOSTERONE CYP 1,000 MG/10ML	2	

Medication Name	Tier	Notes
TESTOSTERONE CYP 1,000 MG/5 ML	2	
TESTOSTERONE CYP 200 MG/ML	2	
TESTOSTERONE CYP 500 MG/2.5 ML	2	
TESTOSTERONE CYP 6,000 MG/30ML	2	
TESTOSTERONE ENAN 200 MG/ML	2	
TETCAINE 0.5% EYE DROP	2	
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX
TETRACAINE 0.5% EYE DROP	2	
TETRACAINE 0.5% STERI-UNIT SOL	2	
TETRACYCLINE 250 MG CAPSULE	2	
TETRACYCLINE 500 MG CAPSULE	2	
TEXACORT 2.5% SOLUTION	4	
TEXACORT	4	
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 150 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 200 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX
THEOPHYLLINE 80 MG/15 ML SOLN	2	
THEOPHYLLINE ER 100 MG TABLET	2	
THEOPHYLLINE ER 200 MG TABLET	2	
THEOPHYLLINE ER 300 MG TAB	2	
THEOPHYLLINE ER 300 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	2	
THEOPHYLLINE ER 450 MG TAB	2	
THEOPHYLLINE ER 450 MG TABLET	2	
THEOPHYLLINE ER 600 MG TABLET	2	
THINPRO INS SYRIN U100-0.3 ML	3	
THINPRO INS SYRIN U100-0.5 ML	3	
THINPRO INS SYRIN U100-1 ML	3	
THIORIDAZINE 10 MG TABLET	2	
THIORIDAZINE 100 MG TABLET	2	
THIORIDAZINE 25 MG TABLET	2	
THIORIDAZINE 50 MG TABLET	2	
THIOTHIXENE 1 MG CAPSULE	2	
THIOTHIXENE 10 MG CAPSULE	2	
THIOTHIXENE 2 MG CAPSULE	2	
THIOTHIXENE 5 MG CAPSULE	2	
THRIVITE 19 TABLET	1	
THYROID 120 MG TABLET	1	
THYROID 15 MG TABLET	1	
THYROID 30 MG TABLET	1	
THYROID 60 MG TABLET	1	
THYROID 90 MG TABLET	1	
TIADYL ER 120 MG CAPSULE	2	
TIADYL ER 180 MG CAPSULE	2	
TIADYL ER 240 MG CAPSULE	2	

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

Medication Name	Tier	Notes
TOPIRAMATE 25 MG SPRINKLE CAP	2	
TOPIRAMATE 25 MG TABLET	2	
TOPIRAMATE 50 MG TABLET	2	
TOPIRAMATE ER 100 MG CAPSULE	2	
TOPIRAMATE ER 150 MG CAPSULE	2	
TOPIRAMATE ER 200 MG CAPSULE	2	
TOPIRAMATE ER 25 MG CAPSULE	2	
TOPIRAMATE ER 50 MG CAPSULE	2	
TOREMIFENE CITRATE 60 MG TAB	4	
TORSEMIDE 10 MG TABLET	2	
TORSEMIDE 100 MG TABLET	2	
TORSEMIDE 20 MG TABLET	2	
TORSEMIDE 5 MG TABLET	2	
TOVET EMOLLIENT 0.05% FOAM	2	
TRAMADOL ER 100 MG TABLET	2	PA, QL
TRAMADOL ER 200 MG TABLET	2	PA, QL
TRAMADOL ER 300 MG TABLET	2	PA, QL
TRAMADOL HCL 50 MG TABLET	2	QL
TRAMADOL HCL ER 100 MG TABLET	2	PA, QL
TRAMADOL HCL ER 150 MG CAPSULE	2	PA, QL
TRAMADOL HCL ER 200 MG TABLET	2	PA, QL
TRAMADOL HCL ER 300 MG TABLET	2	PA, QL
TRAMADOL-ACETAMINOPHN 37.5-325	2	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	
TRANDOLAPR-VERAPAM ER 1-240 MG	2	
TRANDOLAPR-VERAPAM ER 2-180 MG	2	
TRANDOLAPR-VERAPAM ER 2-240 MG	2	
TRANDOLAPR-VERAPAM ER 4-240 MG	2	
TRANEXAMIC ACID 650 MG TABLET	2	
TRANLYCPROMINE SULF 10 MG TAB	2	
TRAVOPROST 0.004% EYE DROP	2	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	2	
TRAZODONE 50 MG TABLET	1	
TRECATOR 250 MG TABLET	4	
TRELEGY ELLIPTA 100-62.5-25	3	QL
TRELEGY ELLIPTA 200-62.5-25	3	QL
TREMFYA 100 MG/ML INJECTOR	5	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX
TRETINOIN 0.01% GEL	2	PA_AGE
TRETINOIN 0.025% CREAM	2	PA_AGE
TRETINOIN 0.025% GEL	2	PA_AGE
TRETINOIN 0.05% CREAM	2	PA_AGE
TRETINOIN 0.05% GEL	2	PA_AGE

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRETINOIN 0.1% CREAM	2	PA_AGE	TRI-LO-SPRINTEC TABLET	1	
TRETINOIN 10 MG CAPSULE	4	PA	TRIMETHOBENZAMIDE 300 MG CAP	2	
TRETINOIN GEL MICRO 0.04% PUMP	2	PA_AGE	TRIMETHOPRIM 100 MG TABLET	2	
TRETINOIN GEL MICRO 0.04% TUBE	2	PA_AGE	TRI-MILI 28 TABLET	1	
TRETINOIN GEL MICRO 0.1% PUMP	2	PA_AGE	TRIMIPRAMINE MALEATE 100 MG CP	2	
TRETINOIN GEL MICRO 0.1% TUBE	2	PA_AGE	TRIMIPRAMINE MALEATE 25 MG CAP	2	
TRETIN-X 0.025% CREAM COMB PCK	4	PA_AGE	TRIMIPRAMINE MALEATE 50 MG CAP	2	
TRETIN-X 0.05% COMBO PACK	4	PA_AGE	TRINATAL RX 1	1	
TRETIN-X 0.075% CREAM	4	PA_AGE	TRINTELLIX 10 MG TABLET	4	QL, ST
TRETIN-X 0.1% COMBO PACK	4	PA_AGE	TRINTELLIX 20 MG TABLET	4	QL, ST
TRI FEMYNOR 28 TABLET	1		TRINTELLIX 5 MG TABLET	4	QL, ST
TRIAMCINOLONE 0.025% CREAM	2		TRI-NYMYO 28 TABLET	1	
TRIAMCINOLONE 0.025% LOTION	2		TRI-PREVIFEM TABLET	1	
TRIAMCINOLONE 0.025% OINT	2		TRI-SPRINTEC TABLET	1	
TRIAMCINOLONE 0.1% CREAM	2		TRIUMEQ 600-50-300 MG TABLET	3	QL
TRIAMCINOLONE 0.1% LOTION	2		TRIUMEQ PD 60-5-30 MG TAB SUSP	3	QL
TRIAMCINOLONE 0.1% OINTMENT	2		TRI-VITE-FLUORIDE 0.25 MG/ML	2	
TRIAMCINOLONE 0.1% PASTE	2		TRI-VITE-FLUORIDE 0.5 MG/ML	2	
TRIAMCINOLONE 0.5% CREAM	2		TRI-VIT-FLUOR 0.25 MG/ML DROP	2	
TRIAMCINOLONE 0.5% OINTMENT	2		TRI-VIT-FLUOR 0.5 MG/ML DROP	2	
TRIAMTERENE 100 MG CAPSULE	4		TRIVORA-28 TABLET	1	
TRIAMTERENE 50 MG CAPSULE	4		TRI-VYLIBRA 28 TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG CP	2		TRI-VYLIBRA LO TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1		TROPICAMIDE 0.5% EYE DROP	2	
TRIAMTERENE-HCTZ 75-50 MG TAB	1		TROPICAMIDE 0.5% EYE DROPS	2	
TRIAZOLAM 0.125 MG TABLET	2		TROPICAMIDE 1% EYE DROP	2	
TRIAZOLAM 0.25 MG TABLET	2		TROPICAMIDE 1% EYE DROPS	2	
TRIDERM 0.1% CREAM	2		TROSPIMUM CHLORIDE 20 MG TABLET	2	
TRIDERM 0.5% CREAM	2		TROSPIMUM CHLORIDE ER 60 MG CAP	2	
TRI-ESTARYLLA TABLET	1		TRUE CMFRT PRO 0.5ML 30G 5/16"	3	
TRIFLUOPERAZINE 1 MG TABLET	2		TRUE CMFRT PRO 0.5ML 31G 5/16"	3	
TRIFLUOPERAZINE 10 MG TABLET	2		TRUE CMFRT PRO 0.5ML 32G 5/16"	3	
TRIFLUOPERAZINE 2 MG TABLET	2		TRUE CMFT SFTY PEN ND 31G 5MM	3	
TRIFLUOPERAZINE 5 MG TABLET	2		TRUE CMFT SFTY PEN ND 31G 6MM	3	
TRIFLURIDINE 1% EYE DROPS	2		TRUE CMFT SFTY PEN ND 32G 4MM	3	
TRIHEXYPHENIDYL 2 MG TABLET	1		TRUE COMFORT 0.5 ML 31GX5/16"	3	
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	2		TRUE COMFORT 1 ML 31GX5/16"	3	
TRIHEXYPHENIDYL 5 MG TABLET	2		TRUE COMFORT PEN ND 31G 5MM	3	
TRIKAFTA 100-50-75 MG/150 MG	5	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31G 6MM	3	
TRIKAFTA 100-50-75 MG/75MG PKT	5	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31G 8MM	3	
TRIKAFTA 50-25-37.5 MG/75 MG	5	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31GX5MM	3	
TRIKAFTA 80-40-60MG/59.5MG PKT	5	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31GX6MM	3	
TRI-LEGEST FE-28 DAY TABLET	1		TRUE COMFORT PEN ND 32G 4MM	3	
TRI-LINYAH TABLET	1		TRUE COMFORT PEN ND 32G 5MM	3	
TRI-LO-ESTARYLLA TABLET	1		TRUE COMFORT PEN ND 32G 6MM	3	
TRI-LO-MARZIA TABLET	1		TRUE COMFORT PEN ND 32GX4MM	3	
TRI-LO-MILI TABLET	1		TRUE COMFORT PEN ND 33G 4MM	3	

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Medication Name	Tier	Notes
TRUE COMFORT PEN NDL 33G 5MM	3	
TRUE COMFORT PEN NDL 33G 6MM	3	
TRUE COMFORT PRO 1 ML 30G 1/2"	3	
TRUE COMFORT PRO 1ML 30G 5/16"	3	
TRUE COMFORT PRO 1ML 31G 5/16"	3	
TRUE COMFORT PRO 1ML 32G 5/16"	3	
TRUE COMFORT PRO 0.5ML 30G 1/2"	3	
TRUE METRIX LEVEL 1 CTRL SOLN	3	
TRUE METRIX LEVEL 2 CTRL SOLN	3	
TRUE METRIX LEVEL 3 CTRL SOLN	3	
TRUECONTROL GLUCOSE SOLUTION	3	
TRUEPLUS KETONE TEST STRIP	3	
TRUEPLUS PEN NEEDLE 29G 12MM	3	
TRUEPLUS PEN NEEDLE 29GX1/2"	3	
TRUEPLUS PEN NEEDLE 31G 5MM	3	
TRUEPLUS PEN NEEDLE 31G 8MM	3	
TRUEPLUS PEN NEEDLE 31G X 1/4"	3	
TRUEPLUS PEN NEEDLE 31GX3/16"	3	
TRUEPLUS PEN NEEDLE 31GX5/16"	3	
TRUEPLUS PEN NEEDLE 32GX5/32"	3	
TRUEPLUS SYR 0.3ML 29GX1/2"	3	
TRUEPLUS SYR 0.3ML 30GX5/16"	3	
TRUEPLUS SYR 0.3ML 31GX5/16"	3	
TRUEPLUS SYR 0.5ML 28GX1/2"	3	
TRUEPLUS SYR 0.5ML 29GX1/2"	3	
TRUEPLUS SYR 0.5ML 30GX5/16"	3	
TRUEPLUS SYR 0.5ML 31GX5/16"	3	
TRUEPLUS SYR 1ML 28GX1/2"	3	
TRUEPLUS SYR 1ML 29GX1/2"	3	
TRUEPLUS SYR 1ML 30GX5/16"	3	
TRUEPLUS SYR 1ML 31GX5/16"	3	
TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TRUST NATAL DHA	1	
TRUSTEEL INFUSION SET 23" 6MM	3	
TRUSTEEL INFUSION SET 23" 8MM	3	
TRUSTEEL INFUSION SET 32" 6MM	3	
TRUSTEEL INFUSION SET 32" 8MM	3	
TRUZONE PEAK FLOW METER	3	
TULANA 0.35 MG TABLET	1	
TWINRIX VACCINE SYRINGE	3	
TYBOST 150 MG TABLET	3	
TYDEMY 3-0.03-0.451 MG TABLET	1	
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, QL, SRX

Medication Name	Tier	Notes
TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LDD, SRX
TYVASO INSTITUTIONAL START KIT	5	PA, LDD, SRX
TYVASO REFILL KIT	5	PA, LDD, SRX
TYVASO STARTER KIT	5	PA, LDD, SRX
UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
UDENYCA 6 MG/0.6 ML AUTOINJECT	5	PA, SRX
ULESFIA 5% LOTION	4	
ULT CFT 0.3 ML 29GX1/2" (1/2)	3	
ULT CFT 0.3 ML 31GX5/16" (1/2)	3	
ULTICARE INS SYR 1 ML 31GX5/16"	3	
ULTICAR INS 0.3ML 31GX1/4(1/2)	3	
ULTICARE INS 0.3 ML 30GX1/2"	3	
ULTICARE INS 0.3 ML 31GX1/4"	3	
ULTICARE INS 0.5 ML 30GX1/2"	3	
ULTICARE INS 0.5 ML 31GX1/4"	3	
ULTICARE INS 1 ML 31GX1/4"	3	
ULTICARE INS SAFETY 1ML 29X1/2	3	
ULTICARE INS SYR 1 ML 28GX1/2"	3	
ULTICARE INS SYR 1 ML 29GX1/2"	3	
ULTICARE INS SYR 1 ML 30GX1/2"	3	
ULTICARE LDS SYR 3 ML 22GX1.5"	3	
ULTICARE PEN NDL 12.7 MM 29G	3	
ULTICARE PEN NEEDLE 31GX3/16"	3	
ULTICARE PEN NEEDLE 4MM 32G	3	
ULTICARE PEN NEEDLE 6MM 31G	3	
ULTICARE PEN NEEDLE 8 MM 31G	3	
ULTICARE PEN NEEDLE 8MM 31G	3	
ULTICARE PEN NEEDLES 12MM 29G	3	
ULTICARE PEN NEEDLES 4MM 32G	3	
ULTICARE PEN NEEDLES 6MM 31G	3	
ULTICARE PEN NEEDLES 6MM 32G	3	
ULTICARE PEN NEEDLES 8MM 31G	3	
ULTICARE SAFE PEN NDL 30G 8MM	3	
ULTICARE SAFE PEN NDL 5MM 30G	3	
ULTICARE SAFETY 0.5 ML 29GX1/2	3	
ULTICARE SYR 0.3 ML 30GX1/2"	3	
ULTICARE SYR 0.3 ML 30GX5/16"	3	
ULTICARE SYR 0.3 ML 31GX5/16"	3	
ULTICARE SYR 0.5 ML 29GX1/2"	3	
ULTICARE SYR 0.5 ML 30GX1/2"	3	
ULTICARE SYR 0.5 ML 30GX5/16"	3	
ULTICARE SYR 0.5 ML 31GX5/16"	3	
ULTICARE SYR 1 ML 30GX5/16"	3	
ULTICARE SYR 1 ML 31GX5/16"	3	
ULTICARE SYRIN 0.3 ML 29GX1/2"	3	
ULTICARE SYRIN 0.5 ML 28GX1/2"	3	

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Medication Name	Tier	Notes
ULTICARE SYRINGE 1 ML 30GX1/2"	3	
ULTIGUARD SAFE 1ML 30G 12.7MM	3	
ULTIGUARD SAFE PACK 29G 12.7MM	3	
ULTIGUARD SAFE PACK 32G 4MM	3	
ULTIGUARD SAFE0.3ML 30G 12.7MM	3	
ULTIGUARD SAFE0.5ML 30G 12.7MM	3	
ULTIGUARD SAFEPACK 1ML 31G 8MM	3	
ULTIGUARD SAFEPACK 31G 5MM	3	
ULTIGUARD SAFEPACK 31G 6MM	3	
ULTIGUARD SAFEPACK 31G 8MM	3	
ULTIGUARD SAFEPACK 32G 4MM	3	
ULTIGUARD SAFEPACK 32G 6MM	3	
ULTIGUARD SAFEPK 0.3ML 31G 8MM	3	
ULTIGUARD SAFEPK 0.5ML 31G 8MM	3	
ULTILET INSULIN SYRINGE 0.3 ML	3	
ULTILET INSULIN SYRINGE 0.5 ML	3	
ULTILET INSULIN SYRINGE 1 ML	3	
ULTILET PEN NEEDLE	3	
ULTILET PEN NEEDLE 4MM 32G	3	
ULTRA COMFORT 0.3 ML 29GX1/2"	3	
ULTRA COMFORT 0.3 ML SYRINGE	3	
ULTRA COMFORT 0.5 ML 28GX1/2"	3	
ULTRA COMFORT 0.5 ML 29GX1/2"	3	
ULTRA COMFORT 0.5 ML 31GX5/16"	3	
ULTRA COMFORT 0.5 ML SYRINGE	3	
ULTRA COMFORT 1 ML 28GX1/2"	3	
ULTRA COMFORT 1 ML 29GX1/2"	3	
ULTRA COMFORT 1 ML 30GX5/16"	3	
ULTRA COMFORT 1 ML 31GX5/16"	3	
ULTRA COMFORT 1 ML SYRINGE	3	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	3	
ULTRA FLO 0.3ML 30G 5/16"(1/2)	3	
ULTRA FLO 0.3ML 31G 5/16"(1/2)	3	
ULTRA FLO PEN NEEDLE 31G 5MM	3	
ULTRA FLO PEN NEEDLE 31G 8MM	3	
ULTRA FLO PEN NEEDLE 32G 4MM	3	
ULTRA FLO PEN NEEDLE 33G 4MM	3	
ULTRA FLO PEN NEEDLES 12MM 29G	3	
ULTRA FLO SYR 0.3 ML 29GX1/2"	3	
ULTRA FLO SYR 0.3 ML 30G 5/16"	3	
ULTRA FLO SYR 0.3 ML 31G 5/16"	3	
ULTRA FLO SYR 0.5 ML 29G 1/2"	3	
ULTRA THIN PEN ND 32G X 4MM	3	
ULTRACARE INS 0.3 ML 30GX5/16"	3	
ULTRACARE INS 0.3 ML 31GX5/16"	3	
ULTRACARE INS 0.5 ML 30GX1/2"	3	
ULTRACARE INS 0.5 ML 30GX5/16"	3	

Medication Name	Tier	Notes
ULTRACARE INS 0.5 ML 31GX5/16"	3	
ULTRACARE INS 1 ML 30G X 5/16"	3	
ULTRACARE INS 1 ML 30GX1/2"	3	
ULTRACARE INS 1 ML 31G X 5/16"	3	
ULTRACARE PEN NEEDLE 31GX1/4"	3	
ULTRACARE PEN NEEDLE 31GX3/16"	3	
ULTRACARE PEN NEEDLE 31GX5/16"	3	
ULTRACARE PEN NEEDLE 32GX1/4"	3	
ULTRACARE PEN NEEDLE 32GX3/16"	3	
ULTRACARE PEN NEEDLE 32GX5/32"	3	
ULTRACARE PEN NEEDLE 33GX5/32"	3	
ULTRA-FINE MICRO PEN NEEDLE	3	
ULTRA-THIN II 1 ML 31GX5/16"	3	
ULTRA-THIN II INS 0.3 ML 30G	3	
ULTRA-THIN II INS 0.3 ML 31G	3	
ULTRA-THIN II INS 0.5 ML 29G	3	
ULTRA-THIN II INS 0.5 ML 30G	3	
ULTRA-THIN II INS 0.5 ML 31G	3	
ULTRA-THIN II INS SYR 1 ML 29G	3	
ULTRA-THIN II INS SYR 1 ML 30G	3	
ULTRA-THIN II PEN ND 29GX1/2"	3	
ULTRA-THIN II PEN ND 31GX5/16	3	
ULTRATRAK CONTROL SOL NORMAL	3	
ULTRATRAK CONTROL SOLUTION	3	
ULTRATRAK ULTIMATE CNTRL SOLN	3	
UNIFINE PEN NEEDLE 32G 4MM	3	
UNIFINE PENTIPS 12MM 29G	3	
UNIFINE PENTIPS 29G 12MM	3	
UNIFINE PENTIPS 31G 5MM	3	
UNIFINE PENTIPS 31G 6MM	3	
UNIFINE PENTIPS 31G 8MM	3	
UNIFINE PENTIPS 31GX3/16"	3	
UNIFINE PENTIPS 32G 4MM	3	
UNIFINE PENTIPS 32G 6MM	3	
UNIFINE PENTIPS 32GX1/4"	3	
UNIFINE PENTIPS 32GX5/32"	3	
UNIFINE PENTIPS 33GX5/32"	3	
UNIFINE PENTIPS 6MM 31G	3	
UNIFINE PENTIPS 6MM NEEDLE	3	
UNIFINE PENTIPS 8MM 31G	3	
UNIFINE PENTIPS 8MM NEEDLE	3	
UNIFINE PENTIPS MAX 30GX3/16"	3	
UNIFINE PENTIPS NEEDLES 29G	3	
UNIFINE PENTIPS PLUS 29GX1/2"	3	
UNIFINE PENTIPS PLUS 31GX1/4"	3	
UNIFINE PENTIPS PLUS 31GX3/16"	3	
UNIFINE PENTIPS PLUS 31GX5/16"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
UNIFINE PENTIPS PLUS 32GX5/32"	3		VALSARTAN-HCTZ 80-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 33GX5/32"	3		VANADOM 350 MG TABLET	2	
UNIFINE PENTIPS PLUS 30GX3/16"	3		VANCOMYCIN HCL 125 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX3/16"	3		VANCOMYCIN HCL 250 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX5/16"	3		VANDA ZOLE VAGINAL 0.75% GEL	2	
UNIFINE SAFECONTROL 32G 4MM	3		VANISHPOINT 0.5 ML 30GX1/2" SY	3	
UNIFINE ULTRA PEN ND L 31G 5MM	3		VANISHPOINT 20GX1" 3 ML SYRING	3	
UNIFINE ULTRA PEN ND L 31G 6MM	3		VANISHPOINT 21GX1.5" 3 ML SYR	3	
UNIFINE ULTRA PEN ND L 31G 8MM	3		VANISHPOINT 22GX1" 3 ML SYR	3	
UNIFINE ULTRA PEN ND L 32G 4MM	3		VANISHPOINT 23GX1" 3 ML SYRING	3	
UNISTRIP CONTROL SOLUTION HIGH	3		VANISHPOINT 23GX1-1/2 3 ML SYR	3	
UNISTRIP CONTROL SOLUTION LOW	3		VANISHPOINT 25GX1" 3 ML SYRING	3	
UNITHROID 100 MCG TABLET	1		VANISHPOINT 25GX5/8" 3 ML SYR	3	
UNITHROID 112 MCG TABLET	1		VANISHPOINT 3 ML 21GX1" SYRING	3	
UNITHROID 125 MCG TABLET	1		VANISHPOINT 3 ML 22GX1.5" SYRG	3	
UNITHROID 137 MCG TABLET	1		VANISHPOINT INS 1 ML 30GX3/16"	3	
UNITHROID 150 MCG TABLET	1		VANISHPOINT U-100 29X1/2 SYR	3	
UNITHROID 175 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML SYRINGE	3	
UNITHROID 200 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML VIAL	3	
UNITHROID 25 MCG TABLET	1		VAQTA 50 UNITS/ML SYRINGE	3	
UNITHROID 300 MCG TABLET	1		VAQTA 50 UNITS/ML VIAL	3	
UNITHROID 50 MCG TABLET	1		VARENICLINE STARTING MONTH BOX	3	
UNITHROID 75 MCG TABLET	1		VARENICLINE 0.5 MG TABLET	3	
UNITHROID 88 MCG TABLET	1		VARENICLINE 1 MG TABLET	3	
URISTIX 4 REAGENT STRIPS	3		VARISOFT INFUSION SET 23" 13MM	3	
URISTIX REAGENT STRIPS	3		VARISOFT INFUSION SET 23" 17MM	3	
UROQID-ACID NO.2 500-500 TB	4		VARISOFT INFUSION SET 32" 13MM	3	
URSODIOL 250 MG TABLET	2		VARISOFT INFUSION SET 32" 17MM	3	
URSODIOL 300 MG CAPSULE	2		VARISOFT INFUSION SET 43" 13MM	3	
URSODIOL 500 MG TABLET	2		VARISOFT INFUSION SET 43" 17MM	3	
USTELL CAPSULE	2		VARIVAX VACCINE VIAL	3	
UTIRA-C TABLET	2		VARIVAX VACCINE WITH DILUENT	3	
VALACYCLOVIR HCL 1 GRAM TABLET	2		VAXELIS VACCINE SYRINGE	3	
VALACYCLOVIR HCL 500 MG TABLET	2		VAXELIS VACCINE VIAL	3	
VALGANCICLOVIR 450 MG TABLET	4		VAXNEUVANCE 0.5 ML SYRINGE	3	
VALGANCICLOVIR HCL 50 MG/ML	4		VELIVET 28 DAY TABLET	1	
VALPROIC ACID 250 MG CAPSULE	2		VELPHORO	4	
VALPROIC ACID 250 MG/5 ML SOLN	2		VEMLIDY 25 MG TABLET	5	PA, SRX
VALPROIC ACID 500 MG/10 ML SOL	2		VENCLEXTA 10 MG TAB (10MG X 2)	5	PA, QL, LDD, SRX
VALSARTAN 160 MG TABLET	2		VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX
VALSARTAN 320 MG TABLET	2		VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX
VALSARTAN 40 MG TABLET	2		VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX
VALSARTAN 80 MG TABLET	2		VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX
VALSARTAN-HCTZ 160-12.5 MG TAB	2		VENLAFAXINE HCL 100 MG TABLET	2	QL
VALSARTAN-HCTZ 160-25 MG TAB	2		VENLAFAXINE HCL 25 MG TABLET	2	QL
VALSARTAN-HCTZ 320-12.5 MG TAB	2		VENLAFAXINE HCL 37.5 MG TABLET	2	QL
VALSARTAN-HCTZ 320-25 MG TAB	2		VENLAFAXINE HCL 50 MG TABLET	2	QL

2024 Cigna Plus Mississippi 5-Tier Prescription Drug List

Medication Name	Tier	Notes
VENLAFAXINE HCL 75 MG TABLET	2	QL
VENLAFAXINE HCL ER 150 MG CAP	2	QL
VENLAFAXINE HCL ER 37.5 MG CAP	2	QL
VENLAFAXINE HCL ER 75 MG CAP	2	QL
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, LDD, SRX
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, LDD, SRX
VERAPAMIL 120 MG TABLET	2	
VERAPAMIL 40 MG TABLET	2	
VERAPAMIL 80 MG TABLET	2	
VERAPAMIL ER 120 MG CAPSULE	2	
VERAPAMIL ER 120 MG TABLET	2	
VERAPAMIL ER 180 MG CAPSULE	2	
VERAPAMIL ER 180 MG TABLET	2	
VERAPAMIL ER 240 MG CAPSULE	2	
VERAPAMIL ER 240 MG TABLET	2	
VERAPAMIL ER PM 100 MG CAPSULE	2	
VERAPAMIL ER PM 200 MG CAPSULE	2	
VERAPAMIL ER PM 300 MG CAPSULE	2	
VERAPAMIL SR 120 MG CAPSULE	2	
VERAPAMIL SR 180 MG CAPSULE	2	
VERAPAMIL SR 240 MG CAPSULE	2	
VERAPAMIL SR 360 MG CAPSULE	2	
VERASENS CONTROL SOLN-LEVEL 1	3	
VEREGEN 15% OINTMENT	4	
VERIFINE INS SYR 1 ML 29G 1/2"	3	
VERIFINE PEN NEEDLE 29G 12MM	3	
VERIFINE PEN NEEDLE 31G 5MM	3	
VERIFINE PEN NEEDLE 31G 8MM	3	
VERIFINE PEN NEEDLE 32G 4MM	3	
VERIFINE PEN NEEDLE 32G 6MM	3	
VERIFINE SYRING 0.5ML 29G 1/2"	3	
VERIFINE SYRING 1 ML 31G 5/16"	3	
VERIFINE SYRNG 0.3ML 31G 5/16"	3	
VERIFINE SYRNG 0.5ML 31G 5/16"	3	
VESTURA 3 MG-0.02 MG TABLET	1	
VIENVA-28 TABLET	1	
VIGABATRIN 500 MG POWDER PACKT	5	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX
VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VILAZODONE HCL 10 MG TABLET	4	QL
VILAZODONE HCL 20 MG TABLET	4	QL
VILAZODONE HCL 40 MG TABLET	4	QL
VINATE ONE TABLET	1	
VIOKACE 10,440-39,150 UNIT TAB	4	
VIOKACE 10,440-39,150 UNITS TB	4	
VIOKACE 20,880-78,300 UNITS TB	4	
VIORELE 28 DAY TABLET	1	

Medication Name	Tier	Notes
VIREAD 150 MG TABLET	3	
VIREAD 200 MG TABLET	3	
VIREAD 250 MG TABLET	3	
VIREAD POWDER	3	
VIRT-C DHA SOFTGEL	1	
VIRT-NATE DHA SOFTGEL	1	
VIRT-PN DHA SOFTGEL	1	
VIRT-PN PLUS SOFTGEL	1	
VISTOGARD 10 GRAM PACKET	5	LDD, SRX
VIT A,C,D-FLUORIDE 0.25 MG/ML	2	
VITAFOL-OB CAPLET	1	
VITAMIN D2 1.25MG(50,000 UNIT)	2	
VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VIVAGUARD INO CTRL SOLN-L2	3	
VOLNEA 0.15-0.02-0.01 MG TAB	1	
VORICONAZOLE 200 MG TABLET	4	PA
VORICONAZOLE 40 MG/ML SUSP	4	PA
VORICONAZOLE 50 MG TABLET	4	PA
VORTEX ADULT MASK	3	QL
VORTEX HOLDING CHAMBER	3	QL
VORTEX HOLDING CHAMBER-CHILD	3	QL
VORTEX HOLDING CHAMBER-TODDLER	3	QL
VORTEX VHC FROG CHILD MASK	3	QL
VORTEX VHC LADYBUG TODDLER MSK	3	QL
VOTRIENT 200 MG TABLET	5	PA, QL, SRX
VRAYLAR 1.5 MG CAPSULE	4	QL, ST
VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST
VRAYLAR 3 MG CAPSULE	4	QL, ST
VRAYLAR 4.5 MG CAPSULE	4	QL, ST
VRAYLAR 6 MG CAPSULE	4	QL, ST
VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VYLIBRA 28 TABLET	1	
WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX
WAKIX 4.45 MG TABLET	5	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	3	
WERA 0.5/0.035 MG 28 TABLET	1	
WESCAP-PN DHA CAPSULE	1	
WESNATE DHA SOFTGEL	1	

2024 Cigna Plus Mississippi 5-Tier Prescription Drug List

Medication Name	Tier	Notes
WESTAB PLUS TABLET	1	
WESTHROID 32.5 MG TABLET	1	
WESTHROID 65 MG TABLET	1	
WIXELA 100-50 INHUB	2	QL
WIXELA 250-50 INHUB	2	QL
WIXELA 500-50 INHUB	2	QL
WM UNIFINE PENTIP PLUS 4MM 32G	3	
WM UNIFINE PENTIP PLUS 5MM 31G	3	
WM UNIFINE PENTIP PLUS 6MM 31G	3	
WM UNIFINE PENTIP PLUS 8MM 31G	3	
WP THYROID 113.75 MG TABLET	3	
WP THYROID 130 MG TABLET	3	
WP THYROID 16.25 MG TABLET	3	
WP THYROID 32.5 MG TABLET	3	
WP THYROID 48.75 MG TABLET	3	
WP THYROID 65 MG TABLET	3	
WP THYROID 81.25 MG TABLET	3	
WP THYROID 97.5 MG TABLET	3	
WYMZYA FE 0.4-0.035 MG CHEW TB	1	
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX
XARELTO 1 MG/ML SUSPENSION	3	PA, QL
XARELTO 10 MG TABLET	3	PA, QL
XARELTO 15 MG TABLET	3	PA, QL
XARELTO 2.5 MG TABLET	3	PA, QL
XARELTO 20 MG TABLET	3	PA, QL
XARELTO DVT-PE TREAT START 30D	3	PA, QL
XELJANZ 1 MG/ML SOLUTION	5	PA, QL, SRX
XELJANZ 10 MG TABLET	5	PA, QL, SRX
XELJANZ 5 MG TABLET	5	PA, QL, SRX
XELJANZ XR 11 MG TABLET	5	PA, QL, SRX
XELJANZ XR 22 MG TABLET	5	PA, QL, SRX
XIFAXAN 200 MG TABLET	4	PA, QL
XIFAXAN 550 MG TABLET	4	PA, QL
XIGDUO XR 10 MG-1,000 MG TAB	3	QL
XIGDUO XR 10 MG-500 MG TABLET	3	QL
XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL
XIGDUO XR 5 MG-1,000 MG TABLET	3	QL
XIGDUO XR 5 MG-500 MG TABLET	3	QL
XOLAIR 150 MG/1.2 ML POWDER VL	5	PA, LDD, SRX
XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
XTAMPZA ER 13.5 MG CAPSULE	3	PA
XTAMPZA ER 18 MG CAPSULE	3	PA
XTAMPZA ER 27 MG CAPSULE	3	PA
XTAMPZA ER 36 MG CAPSULE	3	PA
XTAMPZA ER 9 MG CAPSULE	3	PA

Medication Name	Tier	Notes
XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
XULANE 150-35 MCG/DAY PATCH	1	
YALE NEEDLES 21GX1.25"	3	
YOURX ULTICARE PEN ND 4MM 32G	3	
YOURX ULTICARE PEN ND 6MM 31G	3	
YOURX ULTICARE PEN ND 8MM 31G	3	
YUVAFEM 10 MCG VAGINAL INSERT	2	QL
ZAFEMY 150-35 MCG/DAY PATCH	1	
ZAFIRLUKAST 10 MG TABLET	2	
ZAFIRLUKAST 20 MG TABLET	2	
ZALEPLON 10 MG CAPSULE	2	
ZALEPLON 5 MG CAPSULE	2	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
ZATEAN-PN DHA CAPSULE	1	
ZATEAN-PN PLUS SOFTGEL	1	
ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
ZENATANE 10 MG CAPSULE	4	
ZENATANE 20 MG CAPSULE	4	
ZENATANE 30 MG CAPSULE	4	
ZENATANE 40 MG CAPSULE	4	
ZENZEDI 10 MG TABLET	2	QL
ZENZEDI 5 MG TABLET	2	QL
ZETONNA 37 MCG NASAL SPRAY	4	ST
ZIDOVUDINE 100 MG CAPSULE	2	
ZIDOVUDINE 300 MG TABLET	2	
ZIDOVUDINE 50 MG/5 ML SYRUP	2	
ZILEUTON ER 600 MG TABLET	5	SRX
ZIOPTAN 0.0015% EYE DROP	4	QL
ZIOPTAN 0.0015% EYE DROPS	4	QL
ZIPRASIDONE HCL 20 MG CAPSULE	2	
ZIPRASIDONE HCL 40 MG CAPSULE	2	
ZIPRASIDONE HCL 60 MG CAPSULE	2	
ZIPRASIDONE HCL 80 MG CAPSULE	2	
ZIRGAN 0.15% OPHTHALMIC GEL	4	
ZOLADEX 10.8 MG IMPLANT SYRN	5	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM TART ER 12.5 MG TAB	2	
ZOLPIDEM TART ER 6.25 MG TAB	2	

2024 Cigna Plus Mississippi 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ZOLPIDEM TARTRATE 10 MG TABLET	2	
ZOLPIDEM TARTRATE 5 MG TABLET	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZOSTAVAX VIAL	3	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX
ZYLET EYE DROPS	4	PA

Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

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

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

A. Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

Q. Can I fill my prescriptions by mail?

A. Yes.⁴

Express Scripts® Pharmacy for maintenance medications

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

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

Here are three easy ways to get started.

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

Accredo® for specialty medications

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

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

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

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

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

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

Exclusions and Limitations: What is not covered by this policy

Excluded Services

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

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

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

acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under "Rehabilitative Therapy" and "Habilitative Therapy" are not subject to this exclusion.

23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example—meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
 - Has not been actively involved in your medical care prior to ordering the service, or
 - Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.

29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. Any services covered under **both this medical plan and an accompanying exchange-certified pediatric dental**

plan and reimbursed under the dental plan will not be reimbursed under this plan.

33. **Hearing aids** including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this Policy, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. **Routine hearing tests** except as provided under Preventive Care.
35. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
36. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
37. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision Care.
38. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
39. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
40. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this Policy.
41. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, except as otherwise stated in this Policy.

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

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

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

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.

- 64. Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under “Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)” in the section of this Policy titled “Comprehensive Benefits: What the Policy Pays For.”
- 65. Foreign Country Provider** charges except as specifically stated under “Foreign Country Providers” in the section of this Policy titled “Comprehensive Benefits: What the Policy Pays For.”
- 66. Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet except as otherwise stated in this Policy.
- 67. Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
68. Charges for the **services of a standby Physician.**
69. Charges for **animal to human organ transplants.**
- 70. Claims received by Cigna Healthcare after 15 months from the date service was rendered,** except in the event of a legal incapacity.

Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

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

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



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

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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