



2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

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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 **Texas** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.

Questions?

Call **866.494.2111** or the toll-free number on your Cigna 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.

This is a list of the prescription medications covered on the Cigna Plus Texas 4-Tier Prescription Drug List as of January 1, 2024.^{2,3} All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically.

Use the chart below to help you read this drug list. It may not show how these medications are actually covered on the 2024 Cigna Plus Texas 4-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

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

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

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

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

This chart is just a sample. It may not show how these medications are actually covered on the 2024 Cigna Plus Texas 4-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

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.
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.

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

Abbreviations next to medications (cont.)

SRX **Specialty Medications** – These medications are used to treat complex medical conditions. They’re typically injected or infused and may require refrigeration. These medications have **SRX** next to them. **Your plan limits specialty medications to a 30-day supply.**

LDD **Limited Distribution Drugs** – These medications are only available at specific pharmacies in the United States. They’re used to treat conditions that are very hard to manage and require special handling, patient support and monitoring. These medications have **LDD** next to them.

Plan exclusions

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

How to find your medication

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

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

2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ANASTROZOLE 1 MG TABLET	1	
ANORO ELLIPTA 62.5-25 MCG INH	2	QL
ANUCORT-HC 25 MG SUPPOSITORY	1	
ANZEMET	4	PA, QL, SRX
APEXICON E 0.05% CREAM	3	
APIDRA	3	QL, ST
APIDRA SOLOSTAR	3	QL, ST
APRACLONIDINE HCL 0.5% DROPS	1	
APREPITANT 125 MG CAPSULE	1	QL
APREPITANT 125-80-80 MG PACK	1	QL
APREPITANT 40 MG CAPSULE	1	QL
APREPITANT 80 MG CAPSULE	1	QL
APRI 28 DAY TABLET	1	
APTIOM 200 MG TABLET	3	PA, QL
APTIOM 400 MG TABLET	3	PA, QL
APTIOM 600 MG TABLET	3	PA, QL
APTIOM 800 MG TABLET	3	PA, QL
APTIVUS	2	
AQ INSULIN SYR 0.5 ML 30G 8MM	2	
AQ INSULIN SYR 1 ML 31G 8MM	2	
AQ INSULIN SYRIN 1 ML 29G 12MM	2	
AQUA CARE 0.9% NACL IRRIGATION	1	
AQUA CARE STERILE WATER IRRIG	1	
ARANELLE 28 TABLET	1	
ARANESP 10 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 100 MCG/0.5 ML SYRINGE	4	PA, SRX
ARANESP 100 MCG/ML VIAL	4	PA, SRX
ARANESP 150 MCG/0.3 ML SYRINGE	4	PA, SRX
ARANESP 200 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 200 MCG/ML VIAL	4	PA, SRX
ARANESP 25 MCG/0.42 ML SYRING	4	PA, SRX
ARANESP 25 MCG/ML VIAL	4	PA, SRX
ARANESP 300 MCG/0.6 ML SYRINGE	4	PA, SRX
ARANESP 40 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 40 MCG/ML VIAL	4	PA, SRX
ARANESP 500 MCG/1 ML SYRINGE	4	PA, SRX
ARANESP 60 MCG/0.3 ML SYRINGE	4	PA, SRX
ARANESP 60 MCG/ML VIAL	4	PA, SRX
ARCALYST	4	PA, LDD, SRX
ARFORMOTEROL 15 MCG/2 ML SOLN	3	QL
ARIPIRAZOLE 1 MG/ML SOLUTION	2	
ARIPIRAZOLE 10 MG TABLET	1	
ARIPIRAZOLE 15 MG TABLET	1	
ARIPIRAZOLE 2 MG TABLET	1	
ARIPIRAZOLE 20 MG TABLET	1	
ARIPIRAZOLE 30 MG TABLET	1	
ARIPIRAZOLE 5 MG TABLET	1	

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

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ATAZANAVIR SULFATE 150 MG CAP	1		AUTOSOFT XC INFUSN SET 43" 9MM	2	
ATAZANAVIR SULFATE 200 MG CAP	1		AVIANE-28 TABLET	1	
ATAZANAVIR SULFATE 300 MG CAP	1		AVONEX	4	PA, SRX
ATENOLOL 100 MG TABLET	1		AVONEX PEN	4	PA, SRX
ATENOLOL 25 MG TABLET	1		AYUNA-28 TABLET	1	
ATENOLOL 50 MG TABLET	1		AZASITE 1% EYE DROPS	3	
ATENOLOL-CHLORTHALIDONE 100-25	1		AZATHIOPRINE 50 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 50-25	1		AZELAIC ACID 15% GEL	1	
ATOMOXETINE HCL 10 MG CAPSULE	1	QL	AZELASTINE 0.1% (137 MCG) SPRY	1	
ATOMOXETINE HCL 100 MG CAPSULE	1	QL	AZELASTINE 0.15% NASAL SPRAY	1	
ATOMOXETINE HCL 18 MG CAPSULE	1	QL	AZELASTINE HCL 0.05% DROPS	1	
ATOMOXETINE HCL 25 MG CAPSULE	1	QL	AZELASTIN-FLUTIC 137-50MCG SPR	2	
ATOMOXETINE HCL 40 MG CAPSULE	1	QL	AZITHROMYCIN 1 GM PWD PACKET	1	
ATOMOXETINE HCL 60 MG CAPSULE	1	QL	AZITHROMYCIN 100 MG/5 ML SUSP	1	
ATOMOXETINE HCL 80 MG CAPSULE	1	QL	AZITHROMYCIN 200 MG/5 ML SUSP	1	
ATORVASTATIN 10 MG TABLET	1		AZITHROMYCIN 250 MG TABLET	1	
ATORVASTATIN 20 MG TABLET	1		AZITHROMYCIN 500 MG TABLET	1	
ATORVASTATIN 40 MG TABLET	1		AZITHROMYCIN 600 MG TABLET	1	
ATORVASTATIN 80 MG TABLET	1		AZO TEST STRIP	2	
ATOVAQUONE 1,500 MG/10 ML SUSP	3		AZURETTE 28 DAY TABLET	1	
ATOVAQUONE 750 MG/5 ML SUSP	3		BACITRACIN 500 UNIT/GM OPHTH	1	
ATOVAQUONE-PROGUANIL 250-100	1		BACITRACIN-POLYMYXIN	1	
ATOVAQUONE-PROGUANIL 62.5-25	1		BACLOFEN 10 MG TABLET	1	
ATROPINE 1% EYE DROPS	1		BACLOFEN 20 MG TABLET	1	
ATROPINE 1% EYE OINTMENT	1		BACLOFEN 5 MG TABLET	1	
AUBRA EQ-28 TABLET	1		BAL-CARE DHA COMBO PACK	1	
AUBRA-28 TABLET	1		BALCOLTRA TABLET	3	
AUROVELA 1 MG-20 MCG TABLET	1		BALSALAZIDE DISODIUM 750 MG CP	1	
AUROVELA 21 1.5-30 TABLET	1		BALZIVA 28 TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BAQSIMI 3 MG SPRAY ONE PACK	2	QL
AUROVELA FE 1.5 MG-30 MCG TAB	1		BAQSIMI 3 MG SPRAY TWO PACK	2	QL
AUROVELA FE 1-20 TABLET	1		BARACLUDE 0.05 MG/ML SOLUTION	4	SRX
AUTOJECT 2 INJECTION DEVICE	2		BASAGLAR 100 UNIT/ML KWIKPEN	2	QL
AUTOPEN 1 TO 21 UNITS	2		BASAGLAR TEMPO PEN 100 UNIT/ML	2	QL
AUTOPEN 2 TO 42 UNITS	2		BD 3 ML SYRINGE 18GX1-1/2"	2	
AUTOSOFT 30 INFUS SET 23" 13MM	2		BD 3 ML SYRINGE 20GX1-1/2"	2	
AUTOSOFT 30 INFUS SET 43" 13MM	2		BD 3 ML SYRINGE 25GX1"	2	
AUTOSOFT 90 INFUSN SET 23" 6MM	2		BD 3 ML SYRINGE 25GX1-1/2"	2	
AUTOSOFT 90 INFUSN SET 23" 9MM	2		BD 3 ML SYRINGE WITH NEEDLE	2	
AUTOSOFT 90 INFUSN SET 43" 6MM	2		BD AUTOSHIELD DUO ND 5MMX30G	2	
AUTOSOFT 90 INFUSN SET 43" 9MM	2		BD BLUNT NEEDLE 18GX1-1/2"	2	
AUTOSOFT XC INFUSN SET 23" 6MM	2		BD ECLIPSE LUER-LOK SYR 3 ML	2	
AUTOSOFT XC INFUSN SET 23" 9MM	2		BD ECLIPSE 30GX1/2" SYRINGE	2	
AUTOSOFT XC INFUSN SET 32" 6MM	2		BD ECLIPSE NEEDLE 18GX1 1/2"	2	
AUTOSOFT XC INFUSN SET 43" 6MM	2		BD ECLIPSE NEEDLE 21GX1"	2	
			BD ECLIPSE NEEDLE 22GX1"	2	

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD SAFETYGLIDE NEEDLE 21GX1.5"	2		BETAMETHASONE VA 0.1% LOTION	1	
BD SAFETYGLIDE NEEDLE 22GX1.5"	2		BETAMETHASONE VALER 0.1% OINTM	1	
BD SAFETYGLIDE NEEDLE 25GX1"	2		BETAMETHASONE VALER 0.12% FOAM	1	
BD SAFETYGLIDE NEEDLE 27GX5/8"	2		BETAXOLOL 10 MG TABLET	1	
BD SAFETYGLIDE SYRINGE 27GX5/8	2		BETAXOLOL 20 MG TABLET	1	
BD SAFTYGLD INS 0.3 ML 6MMX31G	2		BETAXOLOL HCL 0.5% EYE DROP	1	
BD SAFTYGLD INS 0.5 ML 6MMX31G	2		BETHANECHOL 10 MG TABLET	1	
BD SAFTYGLD INS 0.5ML 29G 13MM	2		BETHANECHOL 25 MG TABLET	1	
BD SYRINGE-SAFETY GLIDE	2		BETHANECHOL 5 MG TABLET	1	
BD UF INS SYR 1 ML 30GX1/2"	2		BETHANECHOL 50 MG TABLET	1	
BD UF MINI PEN NEEDLE 5MMX31G	2		BEXAROTENE 1% GEL	4	PA, SRX
BD UF NANO PEN NEEDLE 4MMX32G	2		BEXAROTENE 75 MG CAPSULE	4	PA, SRX
BD UF ORIG PEN NDL 12.7MMX29G	2		BEXSERO PREFILLED SYRINGE	2	
BD UF SHORT PEN NEEDLE 8MMX31G	2		BICALUTAMIDE 50 MG TABLET	1	
BD VEO INS 0.3ML 6MMX31G (1/2)	2		BIKTARVY 30-120-15 MG TABLET	2	QL
BD VEO INS SYRINGE 1 ML 6MMX31G	2		BIKTARVY 50-200-25 MG TABLET	2	QL
BD VEO INS SYRN 0.3 ML 6MMX31G	2		BIMATOPROST 0.03% EYE DROPS	1	QL
BD VEO INS SYRN 0.5 ML 6MMX31G	2		BINOSTO 70 MG EFFERVESCENT TAB	3	
BECONASE AQ	3	ST	BISOPROLOL FUMARATE 10 MG TAB	1	
BEKYREE 28 DAY TABLET	1		BISOPROLOL FUMARATE 5 MG TAB	1	
BELLADONNA-OPIUM 16.2-30 SUPP	1	PA	BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BELLADONNA-OPIUM 16.2-60 SUPP	1	PA	BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BENAZEPRIL HCL 10 MG TABLET	1		BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BENAZEPRIL HCL 20 MG TABLET	1		BLISOVI 24 FE TABLET	1	
BENAZEPRIL HCL 40 MG TABLET	1		BLISOVI FE 1.5-30 TABLET	1	
BENAZEPRIL HCL 5 MG TABLET	1		BLISOVI FE 1-20 TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TAB	1		BLOOD GLUCOSE CONTROL	2	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	1		BLUNT NEEDLE	2	
BENAZEPRIL-HCTZ 20-25 MG TAB	1		BOOSTRIX TDAP VACCINE SYRINGE	2	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	1		BOOSTRIX TDAP VACCINE VIAL	2	
BENZONATATE 100 MG CAPSULE	1		BOSENTAN 125 MG TABLET	4	PA, LDD, SRX
BENZONATATE 200 MG CAPSULE	1		BOSENTAN 62.5 MG TABLET	4	PA, LDD, SRX
BENZTROPINE MES 0.5 MG TAB	1		BOSULIF 100 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 1 MG TABLET	1		BOSULIF 400 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 2 MG TABLET	1		BOSULIF 500 MG TABLET	4	PA, QL, LDD, SRX
BEPOTASTINE 1.5% EYE DROP	3		BREATHERITE MDI SPACER	2	QL
BESER 0.05% LOTION	1		BREATHERITE SPACER-ADULT MASK	2	QL
BETADINE 5% EYE SOLUTION	3		BREATHERITE SPACER-INFANT MASK	2	QL
BETAINE 1 GRAM/SCOOP POWDER	4	PA, LDD, SRX	BREATHERITE SPACER-LG CHLD MSK	2	QL
BETAMETHASONE DP 0.05% CRM	1		BREATHERITE SPACER-NEONATE MSK	2	QL
BETAMETHASONE DP 0.05% LOT	1		BREATHERITE SPACER-SM CHLD MSK	2	QL
BETAMETHASONE DP 0.05% OINT	1		BREATHRITE VALVED MDI CHAMBER	2	QL
BETAMETHASONE DP AUG 0.05% CRM	1		BREATHRITE VALVED MDI SPACER	2	QL
BETAMETHASONE DP AUG 0.05% GEL	1		BREEZE 2 SOLUTION	2	
BETAMETHASONE DP AUG 0.05% LOT	1		BREO ELLIPTA 100-25 MCG INH	2	QL
BETAMETHASONE DP AUG 0.05% OIN	1		BREO ELLIPTA 200-25 MCG INH	2	QL
BETAMETHASONE VA 0.1% CREAM	1		BRIELLYN	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BRILINTA 60 MG TABLET	3		BUPROPION HCL XL 300 MG TABLET	1	QL
BRILINTA 90 MG TABLET	3		BUSPIRONE HCL 10 MG TABLET	1	
BRIMONIDINE 0.2% EYE DROP	1		BUSPIRONE HCL 15 MG TABLET	1	
BRIMONIDINE TARTRATE 0.15% DRP	1		BUSPIRONE HCL 30 MG TABLET	1	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	3		BUSPIRONE HCL 5 MG TABLET	1	
BRINZOLAMIDE 1% EYE DROPS	2		BUSPIRONE HCL 7.5 MG TABLET	1	
BRIVIACT 10 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-300	1	PA
BRIVIACT 10 MG/ML ORAL SOLN	3	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-325	1	PA
BRIVIACT 100 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAFF 50-300-40	1	QL
BRIVIACT 25 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAFF 50-325-40	1	QL
BRIVIACT 50 MG TABLET	3	PA, QL	BUTALBITAL COMP-CODEINE #3 CAP	1	PA
BRIVIACT 75 MG TABLET	3	PA, QL	BUTALBITAL-ACETAMINOPHN 50-325	1	
BROMFENAC SODIUM 0.09% EYE DRP	1		BUTALBITAL-ASPIRIN-CAFFEINE CP	1	QL
BROMOCRIPTINE 2.5 MG TABLET	1		BUTALBITAL-ASPIRIN-CAFFEINE TB	1	QL
BROMOCRIPTINE 5 MG CAPSULE	1		BUTORPHANOL 10 MG/ML SPRAY	1	PA, QL
BROMPHEN-PSE-DM 2-30-10 MG/5ML	1		BYDUREON BCISE 2 MG AUTOINJECT	2	PA, QL
BROOKS INSULIN 0.3ML SYRN	2		BYETTA 10 MCG DOSE PEN INJ	2	PA, QL
BUDESONIDE 0.25 MG/2 ML SUSP	3	QL	BYETTA 5 MCG DOSE PEN INJ	2	PA, QL
BUDESONIDE 0.5 MG/2 ML SUSP	3	QL	CA INS SYR 0.3 ML 30GX5/16"	2	
BUDESONIDE 1 MG/2 ML INH SUSP	3	QL	CA INS SYR 0.3 ML 31GX5/16"	2	
BUDESONIDE DR 3 MG CAPSULE	3		CA INS SYR 0.5 ML 30GX5/16"	2	
BUDESONIDE EC 3 MG CAPSULE	3		CA INS SYR 0.5 ML 31GX5/16"	2	
BUDESONIDE ER 9 MG TABLET	4	PA, QL, SRX	CA INSULIN SYR 0.3 ML 29GX1/2"	2	
BUMETANIDE 0.5 MG TABLET	1		CA INSULIN SYR 0.5 ML 29GX1/2"	2	
BUMETANIDE 1 MG TABLET	1		CA INSULIN SYR 1 ML 29GX1/2"	2	
BUMETANIDE 2 MG TABLET	1		CA INSULIN SYR 1 ML 30GX5/16"	2	
BUPRENORPHINE 10 MCG/HR PATCH	1	QL	CA INSULIN SYR 1 ML 31GX5/16"	2	
BUPRENORPHINE 15 MCG/HR PATCH	1	QL	CABERGOLINE 0.5 MG TABLET	1	QL
BUPRENORPHINE 2 MG TABLET SL	1		CABOMETYX 20 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 20 MCG/HR PATCH	1	QL	CABOMETYX 40 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 5 MCG/HR PATCH	1	QL	CABOMETYX 60 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 7.5 MCG/HR PATCH	1	QL	CAFFEINE CIT 60 MG/3 ML ORAL	1	
BUPRENORPHINE 8 MG TABLET SL	1		CALCIPOTRIENE 0.005% CREAM	1	
BUPRENORPHINE-NALOX 12-3MG FLM	1		CALCIPOTRIENE 0.005% OINTMENT	1	
BUPRENORPHINE-NALOX 2-0.5MG FM	1		CALCIPOTRIENE 0.005% SOLUTION	1	
BUPRENORPHINE-NALOX 2-0.5MG TB	1		CALCIPOTRIENE-BETAMETH DP OINT	3	
BUPRENORPHINE-NALOX 4-1MG FILM	1		CALCITONIN-SALMON 200 UNITS SP	1	
BUPRENORPHINE-NALOX 8-2 MG TAB	1		CALCITRIOL 0.25 MCG CAPSULE	1	
BUPRENORPHINE-NALOX 8-2MG FILM	1		CALCITRIOL 0.5 MCG CAPSULE	1	
BUPROPION HCL 100 MG TABLET	1	QL	CALCITRIOL 1 MCG/ML SOLUTION	1	
BUPROPION HCL 75 MG TABLET	1	QL	CALCITRIOL 3 MCG/G OINTMENT	1	QL
BUPROPION HCL SR 100 MG TABLET	1	QL	CALCIUM ACETATE 667 MG CAPSULE	1	
BUPROPION HCL SR 150 MG TABLET	1	QL	CALCIUM ACETATE 667 MG GELCAP	1	
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	1		CALCIUM ACETATE 667 MG TABLET	1	
BUPROPION HCL SR 200 MG TABLET	1	QL	CAMILA 0.35 MG TABLET	1	
BUPROPION HCL XL 150 MG TABLET	1	QL	CAMRESE 0.15-0.03-0.01 MG TAB	1	

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

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARETOUCH LL SYR 3 ML 25G 1.5"	2		CEFIXIME 200 MG/5 ML SUSP	1	
CARETOUCH LL SYR 3 ML 25G 5/8"	2		CEFIXIME 400 MG CAPSULE	2	
CARETOUCH PEN NEEDLE 29G 12MM	2		CEFPODOXIME 100 MG TABLET	1	
CARETOUCH PEN NEEDLE 31GX1/4"	2		CEFPODOXIME 100 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 31GX3/16"	2		CEFPODOXIME 200 MG TABLET	1	
CARETOUCH PEN NEEDLE 31GX5/16"	2		CEFPODOXIME 50 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 32GX3/16"	2		CEFPROZIL 125 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 32GX5/32"	2		CEFPROZIL 250 MG TABLET	1	
CARETOUCH SYR 0.3 ML 31GX5/16"	2		CEFPROZIL 250 MG/5 ML SUSP	1	
CARETOUCH SYR 0.5 ML 30GX5/16"	2		CEFPROZIL 500 MG TABLET	1	
CARETOUCH SYR 0.5 ML 31GX5/16"	2		CEFUROXIME AXETIL 250 MG TAB	1	
CARETOUCH SYR 1 ML 28GX5/16"	2		CEFUROXIME AXETIL 500 MG TAB	1	
CARETOUCH SYR 1 ML 29GX5/16"	2		CELECOXIB 100 MG CAPSULE	1	QL
CARETOUCH SYR 1 ML 30GX5/16"	2		CELECOXIB 200 MG CAPSULE	1	QL
CARETOUCH SYR 1 ML 31GX5/16"	2		CELECOXIB 400 MG CAPSULE	1	QL
CARGLUMIC ACID 200 MG TAB SUSP	4	PA, SRX	CELECOXIB 50 MG CAPSULE	1	QL
CARISOPRODOL 250 MG TABLET	1		CELONTIN	3	
CARISOPRODOL 350 MG TABLET	1		CEPHALEXIN 125 MG/5 ML SUSP	1	
CARISOPRODOL-ASPIRIN-CODEINE	1	PA	CEPHALEXIN 250 MG CAPSULE	1	
CARTEOLOL HCL 1% EYE DROPS	1		CEPHALEXIN 250 MG/5 ML SUSP	1	
CARTIA XT 120 MG CAPSULE	1		CEPHALEXIN 500 MG CAPSULE	1	
CARTIA XT 180 MG CAPSULE	1		CEPHALEXIN 750 MG CAPSULE	1	
CARTIA XT 240 MG CAPSULE	1		CEQUR SIMPLICITY INSERTER	2	
CARTIA XT 300 MG CAPSULE	1		CETIRIZINE HCL 1 MG/ML SOLN	1	
CARTRIDGE STAMPED	2		CETIRIZINE HCL 1 MG/ML SYRUP	1	
CARVEDILOL 12.5 MG TABLET	1		CEVIMELINE HCL 30 MG CAPSULE	1	
CARVEDILOL 25 MG TABLET	1		CHARLOTTE 24 FE CHEWABLE TAB	1	
CARVEDILOL 3.125 MG TABLET	1		CHATEAL EQ-28 TABLET	1	
CARVEDILOL 6.25 MG TABLET	1		CHATEAL-28 TABLET	1	
CAYSTON	4	PA, QL, LDD, SRX	CHEK-STIX	2	
CAZIAN 28 DAY TABLET	1		CHEMET	3	
CEFACLOR 125 MG/5 ML SUSP	1		CHEMSTRIP	2	
CEFACLOR 250 MG CAPSULE	1		CHEMSTRIP 10 WITH SG	2	
CEFACLOR 250 MG/5 ML SUSP	1		CHEMSTRIP 2 GP	2	
CEFACLOR 375 MG/5 ML SUSPEN	1		CHEMSTRIP 2 LN	2	
CEFACLOR 500 MG CAPSULE	1		CHEMSTRIP 50B	2	
CEFACLOR ER	1		CHEMSTRIP 7	2	
CEFADROXIL 1 GM TABLET	1		CHEMSTRIP 9	2	
CEFADROXIL 250 MG/5 ML SUSP	1		CHEMSTRIP BG DIARY	2	
CEFADROXIL 500 MG CAPSULE	1		CHEMSTRIP MICRAL	2	
CEFADROXIL 500 MG/5 ML SUSP	1		CHLORDIAZEPO-AMITRIPTYL 5-12.5	1	
CEFDINIR 125 MG/5 ML SUSP	1		CHLORDIAZEPOX-AMITRIPTYL 10-25	1	
CEFDINIR 250 MG/5 ML SUSP	1		CHLORDIAZEPOXIDE 10 MG CAPSULE	1	
CEFDINIR 300 MG CAPSULE	1		CHLORDIAZEPOXIDE 25 MG CAPSULE	1	
CEFDITOREN PIVOXIL	1		CHLORDIAZEPOXIDE 5 MG CAPSULE	1	
CEFIXIME 100 MG/5 ML SUSP	1		CHLORDIAZEPOXIDE-CLIDINIUM CAP	1	
			CHLORHEXIDINE 0.12% RINSE	1	

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

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLOBAZAM 10 MG TABLET	3	PA	CLOTRIMAZOLE-BETAMETHASONE CRM	1	
CLOBAZAM 2.5 MG/ML SUSPENSION	3	PA	CLOTRIMAZOLE-BETAMETHASONE LOT	1	
CLOBAZAM 20 MG TABLET	3	PA	CLOZAPINE 100 MG TABLET	1	
CLOBETASOL 0.05% CREAM	1		CLOZAPINE 200 MG TABLET	1	
CLOBETASOL 0.05% GEL	1		CLOZAPINE 25 MG TABLET	1	
CLOBETASOL 0.05% OINTMENT	1		CLOZAPINE 50 MG TABLET	1	
CLOBETASOL 0.05% SHAMPOO	1		CLOZAPINE ODT 100 MG TABLET	3	
CLOBETASOL 0.05% SOLUTION	1		CLOZAPINE ODT 12.5 MG TABLET	3	
CLOBETASOL 0.05% TOPICAL LOTN	1		CLOZAPINE ODT 150 MG TABLET	3	
CLOBETASOL EMOLLIENT 0.05% CRM	1		CLOZAPINE ODT 200 MG TABLET	3	
CLOBETASOL EMOLLINT 0.05% FOAM	1		CLOZAPINE ODT 25 MG TABLET	3	
CLOBETASOL EMULSION 0.05% FOAM	1		C-NATE DHA SOFTGEL	1	
CLOBETASOL PROP 0.05% FOAM	1		COARTEM TABLETS	3	QL
CLOBETASOL PROP 0.05% SPRAY	1		CODEINE SULFATE 15 MG TABLET	1	PA
CLOCORTOLONE 0.1% CREAM PUMP	1		CODEINE SULFATE 30 MG TABLET	1	PA
CLOCORTOLONE PIVALATE 0.1% CRM	1		CODEINE SULFATE 60 MG TABLET	1	PA
CLODAN 0.05% SHAMPOO	1		COLCHICINE 0.6 MG TABLET	1	
CLOMIPRAMINE 25 MG CAPSULE	3		COLESEVELAM 625 MG TABLET	1	
CLOMIPRAMINE 50 MG CAPSULE	3		COLESEVELAM HCL 3.75 G PACKET	1	
CLOMIPRAMINE 75 MG CAPSULE	3		COLESTIPOL HCL 1 GM TABLET	1	
CLONAZEPAM 0.125 MG DIS TAB	1		COLESTIPOL HCL GRANULES	1	
CLONAZEPAM 0.125 MG ODT	1		COLESTIPOL HCL GRANULES PACKET	1	
CLONAZEPAM 0.25 MG ODT	1		COLOCORT 100 MG/60 ML ENEMA	1	
CLONAZEPAM 0.5 MG DIS TABLET	1		COMBISTIX REAGENT STRIPS	2	
CLONAZEPAM 0.5 MG ODT	1		COMETRIQ 100 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX
CLONAZEPAM 0.5 MG TABLET	1		COMETRIQ 140 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX
CLONAZEPAM 1 MG DIS TABLET	1		COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL, LDD, SRX
CLONAZEPAM 1 MG ODT	1		COMFORT EZ INS 0.3ML 30GX1/2"	2	
CLONAZEPAM 1 MG TABLET	1		COMFORT EZ INS 0.3ML 30GX5/16"	2	
CLONAZEPAM 2 MG ODT	1		COMFORT EZ INS 0.5ML 31GX5/16"	2	
CLONAZEPAM 2 MG TABLET	1		COMFORT EZ INS 1 ML 31GX5/16"	2	
CLONIDINE 0.1 MG/DAY PATCH	1		COMFORT EZ INSULIN SYR 0.3 ML	2	
CLONIDINE 0.2 MG/DAY PATCH	1		COMFORT EZ INSULIN SYR 0.5 ML	2	
CLONIDINE 0.3 MG/DAY PATCH	1		COMFORT EZ PEN NEEDLE 12MM 29G	2	
CLONIDINE HCL 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 4MM 32G	2	
CLONIDINE HCL 0.2 MG TABLET	1		COMFORT EZ PEN NEEDLES 4MM 33G	2	
CLONIDINE HCL 0.3 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 31G	2	
CLONIDINE HCL ER 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 32G	2	
CLOPIDOGREL 300 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 33G	2	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 31G	2	
CLORAZEPATE 15 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 32G	2	
CLORAZEPATE 3.75 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 33G	2	
CLORAZEPATE 7.5 MG TABLET	1		COMFORT EZ PEN NEEDLES 8MM 31G	2	
CLOTRIMAZOLE 1% SOLUTION	1		COMFORT EZ PEN NEEDLES 8MM 32G	2	
CLOTRIMAZOLE 1% TOPICAL CREAM	1		COMFORT EZ PEN NEEDLES 8MM 33G	2	
CLOTRIMAZOLE 10 MG TROCHE	1		COMFORT EZ SYR 0.3 ML 29GX1/2"	2	

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CYRED EQ 28 DAY TABLET	1	
CYSTAGON 150 MG CAPSULE	4	PA, LDD, SRX
CYSTAGON 50 MG CAPSULE	4	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	3	PA, QL, LDD
DABIGATRAN ETEXILATE 150 MG CP	3	PA, QL
DABIGATRAN ETEXILATE 75 CAP	3	PA, QL
DALFAMPRIDINE ER 10 MG TABLET	4	PA, QL, LDD, SRX
DANAZOL 100 MG CAPSULE	1	
DANAZOL 200 MG CAPSULE	1	
DANAZOL 50 MG CAPSULE	1	
DANTROLENE SODIUM 100 MG CAP	1	
DANTROLENE SODIUM 25 MG CAP	1	
DANTROLENE SODIUM 50 MG CAP	1	
DAPSONE 100 MG TABLET	3	
DAPSONE 25 MG TABLET	3	
DAPTACEL DTAP VACCINE	2	
DARIFENACIN ER 15 MG TABLET	1	
DARIFENACIN ER 7.5 MG TABLET	1	
DARUNAVIR 600 MG TABLET	1	
DARUNAVIR 800 MG TABLET	1	
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	4	PA, SRX
DEFERASIROX 180 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 180 MG TABLET	4	PA, LDD, SRX
DEFERASIROX 250 MG TB FOR SUSP	4	PA, SRX
DEFERASIROX 360 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 360 MG TABLET	4	PA, LDD, SRX
DEFERASIROX 500 MG TB FOR SUSP	4	PA, SRX
DEFERASIROX 90 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 90 MG TABLET	4	PA, LDD, SRX
DEFERIPRONE 1,000 MG TB(3X/DY)	4	PA, SRX
DEFERIPRONE 500 MG TABLET	4	PA, SRX
DELTEC COZMO CLEO INFUSION SET	2	
DEMECLOCYCLINE 150 MG TABLET	1	
DEMECLOCYCLINE 300 MG TABLET	1	
DENTA 5000 PLUS CREAM	1	
DENTAGEL 1.1% GEL	1	
DESCOVY 120-15 MG TABLET	3	PA
DESCOVY 200-25 MG TABLET	3	PA
DESIPRAMINE 10 MG TABLET	1	
DESIPRAMINE 100 MG TABLET	1	
DESIPRAMINE 150 MG TABLET	1	
DESIPRAMINE 25 MG TABLET	1	
DESIPRAMINE 50 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DESIPRAMINE 75 MG TABLET	1	
DES Loratadine 2.5 MG ODT	1	QL
DES Loratadine 5 MG ODT	1	QL
DES Loratadine 5 MG TABLET	1	QL
DESMOPRESSIN 0.01% SOLUTION	1	
DESMOPRESSIN 10 MCG/0.1 ML SPR	1	
DESMOPRESSIN ACETATE 0.1 MG TB	1	
DESMOPRESSIN ACETATE 0.2 MG TB	1	
DESOGESTREL-EE 0.15-0.03 MG TB	1	
DESOGESTR-ETH ESTRAD ETH ESTRA	1	
DESONIDE 0.05% CREAM	1	
DESONIDE 0.05% LOTION	1	
DESONIDE 0.05% OINTMENT	1	
DESOXIMETASONE 0.05% CREAM	1	
DESOXIMETASONE 0.05% GEL	1	
DESOXIMETASONE 0.05% OINTMENT	1	
DESOXIMETASONE 0.25% CREAM	1	
DESOXIMETASONE 0.25% OINTMENT	1	
DESVENLAFAXINE SUCCNT ER 100MG	1	QL
DESVENLAFAXINE SUCCNT ER 25 MG	1	QL
DESVENLAFAXINE SUCCNT ER 50 MG	1	QL
DEXAMETHASONE 0.5 MG TABLET	1	
DEXAMETHASONE 0.5 MG/5 ML ELX	1	
DEXAMETHASONE 0.5 MG/5 ML LIQ	1	
DEXAMETHASONE 0.75 MG TABLET	1	
DEXAMETHASONE 1 MG TABLET	1	
DEXAMETHASONE 1.5 MG TABLET	1	
DEXAMETHASONE 2 MG TABLET	1	
DEXAMETHASONE 4 MG TABLET	1	
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL 1 MG/ML	1	
DEXAMETHASONE 0.1% EYE DROP	1	
DEXCOM G6 RECEIVER	2	PA, QL
DEXCOM G6 SENSOR	2	PA, QL
DEXCOM G6 TRANSMITTER	2	PA, QL
DEXCOM G7 RECEIVER	2	PA, QL
DEXCOM G7 SENSOR	2	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAP	3	QL
DEXLANSOPRAZOLE DR 60 MG CAP	3	QL
DEXMETHYLPHENIDATE 10 MG TAB	1	QL
DEXMETHYLPHENIDATE 2.5 MG TAB	1	QL
DEXMETHYLPHENIDATE 5 MG TAB	1	QL
DEXMETHYLPHENIDATE ER 10 MG CP	1	QL
DEXMETHYLPHENIDATE ER 15 MG CP	1	QL
DEXMETHYLPHENIDATE ER 20 MG CP	1	QL
DEXMETHYLPHENIDATE ER 25 MG CP	1	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DEXMETHYLPHENIDATE ER 30 MG CP	1	QL	DICLOFENAC SOD EC 75 MG TAB	1	
DEXMETHYLPHENIDATE ER 35 MG CP	1	QL	DICLOFENAC SOD ER 100 MG TAB	1	
DEXMETHYLPHENIDATE ER 40 MG CP	1	QL	DICLOFENAC SODIUM 1% GEL	1	QL
DEXMETHYLPHENIDATE ER 5 MG CAP	1	QL	DICLOFENAC-MISOPROST 50-0.2 MG	1	
DEXTROAMP-AMPHET ER 10 MG CAP	1	QL	DICLOFENAC-MISOPROST 75-0.2 MG	1	
DEXTROAMP-AMPHET ER 15 MG CAP	1	QL	DICLOXACILLIN 250 MG CAPSULE	1	
DEXTROAMP-AMPHET ER 20 MG CAP	1	QL	DICLOXACILLIN 500 MG CAPSULE	1	
DEXTROAMP-AMPHET ER 25 MG CAP	1	QL	DICYCLOMINE 10 MG CAPSULE	1	
DEXTROAMP-AMPHET ER 30 MG CAP	1	QL	DICYCLOMINE 10 MG/5 ML SOLN	1	
DEXTROAMP-AMPHET ER 5 MG CAP	1	QL	DICYCLOMINE 20 MG TABLET	1	
DEXTROAMP-AMPHETAM 12.5 MG TAB	1	QL	DIDANOSINE DR 250 MG CAPSULE	1	
DEXTROAMP-AMPHETAM 7.5 MG TAB	1	QL	DIDANOSINE DR 400 MG CAPSULE	1	
DEXTROAMP-AMPHETAMIN 10 MG TAB	1	QL	DIFICID 200 MG TABLET	3	PA, QL
DEXTROAMP-AMPHETAMIN 15 MG TAB	1	QL	DIFICID 40 MG/ML SUSPENSION	3	PA, QL
DEXTROAMP-AMPHETAMIN 20 MG TAB	1	QL	DIFLORASONE 0.05% CREAM	3	
DEXTROAMP-AMPHETAMIN 30 MG TAB	1	QL	DIFLORASONE 0.05% OINTMENT	3	
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	QL	DIFLUNISAL 500 MG TABLET	1	
DEXTROAMPHETAMINE 10 MG TAB	1	QL	DIFLUPREDNATE 0.05% EYE DROP	2	
DEXTROAMPHETAMINE 5 MG TAB	1	QL	DIGOX 125 MCG TABLET	1	
DEXTROAMPHETAMINE 5 MG/5 ML	1	QL	DIGOX 250 MCG TABLET	1	
DEXTROAMPHETAMINE ER 10 MG CAP	1	QL	DIGOXIN 0.05 MG/ML SOLUTION	1	
DEXTROAMPHETAMINE ER 15 MG CAP	1	QL	DIGOXIN 0.125 MG TABLET	1	
DEXTROAMPHETAMINE ER 5 MG CAP	1	QL	DIGOXIN 0.25 MG TABLET	1	
DIAXIX REAGENT STRIPS	2		DIGOXIN 125 MCG TABLET	1	
DIATRUE LEVEL 1 CONTROL SOLN	2		DIGOXIN 250 MCG TABLET	1	
DIATRUE LEVEL 2 CONTROL SOLN	2		DIHYDROERGOTAMINE 1 MG/ML AMP	3	QL
DIATRUE LEVEL 3 CONTROL SOLN	2		DILT XR 120 MG CAPSULE	1	
DIAZEPAM 10 MG RECTAL GEL SYST	1		DILT XR 180 MG CAPSULE	1	
DIAZEPAM 10 MG TABLET	1		DILT XR 240 MG CAPSULE	1	
DIAZEPAM 2 MG TABLET	1		DILTIAZEM 120 MG TABLET	1	
DIAZEPAM 2.5 MG RECTAL GEL SYS	1		DILTIAZEM 12HR ER 120 MG CAP	1	
DIAZEPAM 20 MG RECTAL GEL SYST	1		DILTIAZEM 12HR ER 60 MG CAP	1	
DIAZEPAM 25 MG/5 ML ORAL CONC	1		DILTIAZEM 12HR ER 90 MG CAP	1	
DIAZEPAM 5 MG TABLET	1		DILTIAZEM 24H ER(CD) 120 MG CP	1	
DIAZEPAM 5 MG/5 ML ORAL SOLN	1		DILTIAZEM 24H ER(CD) 180 MG CP	1	
DIAZEPAM 5 MG/5 ML SOLUTION	1		DILTIAZEM 24H ER(CD) 240 MG CP	1	
DIAZEPAM 5 MG/ML ORAL CONC	1		DILTIAZEM 24H ER(CD) 300 MG CP	1	
DIAZOXIDE 50 MG/ML ORAL SUSP	3		DILTIAZEM 24H ER(CD) 360 MG CP	1	
DICLOFENAC 0.1% EYE DROPS	1		DILTIAZEM 24H ER(LA) 120 MG TB	1	
DICLOFENAC 1.5% TOPICAL SOLN	1		DILTIAZEM 24H ER(LA) 180 MG TB	1	
DICLOFENAC POT 50 MG TABLET	1		DILTIAZEM 24H ER(LA) 240 MG TB	1	
DICLOFENAC SOD DR 25 MG TAB	1		DILTIAZEM 24H ER(LA) 300 MG TB	1	
DICLOFENAC SOD DR 50 MG TAB	1		DILTIAZEM 24H ER(LA) 360 MG TB	1	
DICLOFENAC SOD DR 75 MG TAB	1		DILTIAZEM 24H ER(LA) 420 MG TB	1	
DICLOFENAC SOD EC 25 MG TAB	1		DILTIAZEM 24H ER(XR) 120 MG CP	1	
DICLOFENAC SOD EC 50 MG TAB	1				

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DROPLET INS 0.5ML 30GX6MM(1/2)	2		DULOXETINE HCL DR 60 MG CAP	1	QL
DROPLET INS 0.5ML 30GX8MM(1/2)	2		DULERA 50 MCG-5 MCG INHALER	2	QL
DROPLET INS 0.5ML 31GX6MM(1/2)	2		DULERA 100 MCG-5 MCG INHALER	2	QL
DROPLET INS 0.5ML 31GX8MM(1/2)	2		DULERA 200 MCG-5 MCG INHALER	2	QL
DROPLET INS SYR 0.3 ML 30GX6MM	2		DUPIXENT 100 MG/0.67 ML SYRINGE	4	PA, SRX
DROPLET INS SYR 0.3 ML 30GX8MM	2		DUPIXENT 200 MG/1.14 ML PEN	4	PA, SRX
DROPLET INS SYR 0.3 ML 31GX6MM	2		DUPIXENT 200 MG/1.14 ML SYRINGE	4	PA, SRX
DROPLET INS SYR 0.3 ML 31GX8MM	2		DUPIXENT 300 MG/2 ML PEN	4	PA, SRX
DROPLET INS SYR 1 ML 30GX6MM	2		DUPIXENT 300 MG/2 ML SYRINGE	4	PA, SRX
DROPLET INS SYR 1 ML 30GX8MM	2		DUTASTERIDE 0.5 MG CAPSULE	1	
DROPLET INS SYR 1 ML 31GX6MM	2		DUTASTERIDE-TAMSULOSIN 0.5-0.4	1	
DROPLET INS SYR 1 ML 31GX8MM	2		EASIVENT HOLDING CHAMBER	2	QL
DROPLET INS SYR 1ML 29GX12.5MM	2		EASIVENT MASK-LARGE	2	QL
DROPLET INS SYR 1ML 30GX12.5MM	2		EASIVENT MASK-MEDIUM	2	QL
DROPLET MICRON 34G X 9/64"	2		EASIVENT MASK-SMALL	2	QL
DROPLET PEN NEEDLE 29GX1/2"	2		EASY COMFORT 0.3 ML SYRINGE	2	
DROPLET PEN NEEDLE 29GX3/8"	2		EASY COMFORT 0.5 ML 30GX1/2"	2	
DROPLET PEN NEEDLE 30GX5/16"	2		EASY COMFORT 0.5 ML 31GX5/16"	2	
DROPLET PEN NEEDLE 31GX1/4"	2		EASY COMFORT 0.5 ML 32GX5/16"	2	
DROPLET PEN NEEDLE 31GX3/16"	2		EASY COMFORT 0.5 ML SYRINGE	2	
DROPLET PEN NEEDLE 31GX5/16"	2		EASY COMFORT 1 ML 31GX5/16"	2	
DROPLET PEN NEEDLE 32GX1/4"	2		EASY COMFORT 1 ML 32GX5/16"	2	
DROPLET PEN NEEDLE 32GX3/16"	2		EASY COMFORT INSULIN 1 ML SYR	2	
DROPLET PEN NEEDLE 32GX5/16"	2		EASY COMFORT PEN ND 31GX1/4"	2	
DROPLET PEN NEEDLE 32GX5/32"	2		EASY COMFORT PEN ND 31GX3/16"	2	
DROPSAFE INS SYR 0.3ML 31G 6MM	2		EASY COMFORT PEN ND 31GX5/16"	2	
DROPSAFE INS SYR 0.3ML 31G 8MM	2		EASY COMFORT PEN ND 32GX5/32"	2	
DROPSAFE INS SYR 0.5ML 31G 6MM	2		EASY COMFORT PEN ND 33G 4MM	2	
DROPSAFE INS SYR 0.5ML 31G 8MM	2		EASY COMFORT PEN ND 33G 5MM	2	
DROPSAFE INSUL SYR 1ML 31G 6MM	2		EASY COMFORT PEN ND 33G 6MM	2	
DROPSAFE INSUL SYR 1ML 31G 8MM	2		EASY COMFORT SYR 1 ML 30GX1/2"	2	
DROPSAFE INSULN 1ML 29G 12.5MM	2		EASY GLIDE INS 0.3 ML 31GX6MM	2	
DROPSAFE PEN NEEDLE 31GX1/4"	2		EASY GLIDE INS 0.5 ML 31GX6MM	2	
DROPSAFE PEN NEEDLE 31GX3/16"	2		EASY GLIDE INS 1 ML 31GX6MM	2	
DROPSAFE PEN NEEDLE 31GX5/16"	2		EASY GLIDE PEN NEEDLE 4MM 33G	2	
DROSP-EE-LEVOMEF 3-0.02-0.451	1		EASY PLUS II CONTROL SOLN HIGH	2	
DROSP-EE-LEVOMEF 3-0.03-0.451	1		EASY PLUS II CONTROL SOLN LOW	2	
DROSPIRENONE-EE 3-0.02 MG TAB	1		EASY STEP CONTRL SOLN-HIGH	2	
DROSPIRENONE-EE 3-0.03 MG TAB	1		EASY STEP CONTROL SOLN-LOW	2	
DROXIA 200 MG CAPSULE	3		EASY STEP CONTROL SOLN-NORMAL	2	
DROXIA 300 MG CAPSULE	3		EASY TALK CONTROL SOLN LOW	2	
DROXIA 400 MG CAPSULE	3		EASY TALK HIGH CONTROL SOLN	2	
DRUG MART ULTRA COMFORT SYR	2		EASY TALK PLUS II HIGH CONTROL	2	
DUAVEE 0.45-20 MG TABLET	3		EASY TALK PLUS II LOW CTRL SLN	2	
DULOXETINE HCL DR 20 MG CAP	1	QL	EASY TOUCH 0.3 ML SYR 30GX1/2"	2	
DULOXETINE HCL DR 30 MG CAP	1	QL	EASY TOUCH 0.5 ML SYR 27GX1/2"	2	

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

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EASY TOUCH SYR 1 ML 28G 12.7MM	2		EFFER-K 20 MEQ TABLET EFF	3	
EASY TOUCH SYR 1 ML 29G 12.7MM	2		ELEMENT COMPACT SOLN HIGH	2	
EASY TOUCH SYR 3 ML 22GX1-1/2"	2		ELEMENT COMPACT SOLN NORMAL	2	
EASY TOUCH SYR 3 ML 25GX5/8"	2		ELEMENT CONTROL SOLN NORMAL	2	
EASY TOUCH SYRINGE 3 ML 20GX1"	2		ELEMENT CONTROL SOLUTION HIGH	2	
EASY TOUCH SYRINGE 3 ML 21GX1"	2		ELEMENT CONTROL SOLUTION LOW	2	
EASY TOUCH SYRINGE 3 ML 22GX1"	2		ELETRIPTAN HBR 20 MG TABLET	1	QL
EASY TOUCH SYRINGE 3 ML 23GX1"	2		ELETRIPTAN HBR 40 MG TABLET	1	QL
EASY TOUCH SYRINGE 3 ML 25GX1"	2		ELINEST-28 TABLET	1	
EASY TOUCH UNI-SLIP SYR 1 ML	2		ELIQUIS 2.5 MG TABLET	2	PA, QL
EASY TRAK CONTROL SOLN HIGH	2		ELIQUIS 5 MG TABLET	2	PA, QL
EASY TRAK CONTROL SOLN LOW	2		ELIQUIS DVT-PE TREAT START 5MG	2	PA, QL
EASY TRAK II CTRL SOLN-NORMAL	2		ELITE-OB CAPLET	1	
EASYGLUCO PLUS CTRL SOL NORMAL	2		ELLA 30 MG TABLET	3	
EASYMAX NORMAL CONTROL SOLN	2		ELMIRON 100 MG CAPSULE	3	
EASYMAX 15 LEVEL 2 SOLUTION	2		ELURYNG VAGINAL RING	1	
EASYPOINT NEEDLE 18G X 1"	2		EMBRACE GLUC CONTROL SOLN HIGH	2	
EASYPOINT NEEDLE 18G X 1-1/2"	2		EMBRACE EVO LEVEL 1 CTRL SOLN	2	
EASYPOINT NEEDLE 20G X 1"	2		EMBRACE GLUC CONTROL SOLN LOW	2	
EASYPOINT NEEDLE 20G X 1-1/2"	2		EMBRACE PEN NEEDLE 29G 12MM	2	
EASYPOINT NEEDLE 21G X 1"	2		EMBRACE PEN NEEDLE 30G 5MM	2	
EASYPOINT NEEDLE 21G X 1-1/2"	2		EMBRACE PEN NEEDLE 30G 8MM	2	
EASYPOINT NEEDLE 22G X 1"	2		EMBRACE PEN NEEDLE 31G 5MM	2	
EASYPOINT NEEDLE 22G X 1-1/2"	2		EMBRACE PEN NEEDLE 31G 6MM	2	
EASYPOINT NEEDLE 23G X 1"	2		EMBRACE PEN NEEDLE 31G 8MM	2	
EASYPOINT NEEDLE 25G 16MM	2		EMBRACE PEN NEEDLE 32G 4MM	2	
EASYPOINT NEEDLE 25G X 1"	2		EMBRACE PRO CONTROL SOLUTION	2	
EASYPOINT NEEDLE 25G X 5/8"	2		EMBRACE TALK CTRL SOL-HIGH(L2)	2	
EASYPOINT NEEDLE 25GX1-1/2"	2		EMBRACE TALK CTRL SOLN-LOW(L1)	2	
EASY TOUCH SYR 1 ML 27G 16MM	2		EMCYT 140 MG CAPSULE	4	SRX
EASYTOUCH SAF PEN ND 30G 6MM	2		EMEND 125 MG POWDER PACKET	4	PA, QL, SRX
EC-NAPROXEN DR 375 MG TABLET	1		EMGALITY 120 MG/ML PEN	2	PA
EC-NAPROXEN DR 500 MG TABLET	1		EMGALITY 120 MG/ML SYRINGE	2	PA
ECONAZOLE NITRATE 1% CREAM	1		EMGALITY 300 MG (100 MG X3SYR)	2	PA
ECONTRA EZ 1.5 MG TABLET	1		EMOQUETTE 28 DAY TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1		EMTRICITABINE 200 MG CAPSULE	1	
ED-SPAZ 0.125 MG ODT	1		EMTRICITABINE-TENOFV 100-150MG	1	
EDURANT 25 MG TABLET	2		EMTRICITABINE-TENOFV 133-200MG	1	
EEMT DS 1.25-2.5 MG TABLET	1		EMTRICITABINE-TENOFV 167-250MG	1	
EEMT HS 0.625-1.25 MG TABLET	1		EMTRICITABINE-TENOFV 200-300MG	1	
EFAVIR-EMTRI-TENOF 600-200-300	1	QL	EMTRIVA 10 MG/ML SOLUTION	2	
EFAVIRENZ 200 MG CAPSULE	1		EMVERM 100 MG TABLET CHEW	3	
EFAVIRENZ 50 MG CAPSULE	1		ENALAPRIL MALEATE 10 MG TAB	1	
EFAVIRENZ 600 MG TABLET	1		ENALAPRIL MALEATE 2.5 MG TAB	1	
EFAVIR-LAMIV-TENOF 400-300-300	1	QL	ENALAPRIL MALEATE 20 MG TAB	1	
EFAVIR-LAMIV-TENOF 600-300-300	1	QL	ENALAPRIL MALEATE 5 MG TABLET	1	
EFFER-K 10 MEQ TABLET EFF	3		ENALAPRIL-HCTZ 10-25 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ENALAPRIL-HCTZ 5-12.5 MG TAB	1	
ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX
ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, SRX
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX
ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX
ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX
ENDOCET 10-325 MG TABLET	1	PA
ENDOCET 2.5-325 MG TABLET	1	PA
ENDOCET 5-325 MG TABLET	1	PA
ENDOCET 7.5-325 MG TABLET	1	PA
ENDOMETRIN 100 MG VAG INSERT	3	PA
ENGERIX-B 20 MCG/ML SYRN	2	
ENGERIX-B 20 MCG/ML VIAL	2	
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2	
ENLITE SERTER	2	
ENLYTE SOFTGEL	3	
ENOXAPARIN 100 MG/ML SYRINGE	4	QL, SRX
ENOXAPARIN 120 MG/0.8 ML SYR	4	QL, SRX
ENOXAPARIN 150 MG/ML SYRINGE	4	QL, SRX
ENOXAPARIN 30 MG/0.3 ML SYR	4	QL, SRX
ENOXAPARIN 300 MG/3 ML VIAL	4	QL, SRX
ENOXAPARIN 40 MG/0.4 ML SYR	4	QL, SRX
ENOXAPARIN 60 MG/0.6 ML SYR	4	QL, SRX
ENOXAPARIN 80 MG/0.8 ML SYR	4	QL, SRX
ENPRESSE-28 TABLET	1	
ENSKYCE 28 TABLET	1	
ENTACAPONE 200 MG TABLET	1	
ENTECAVIR 0.5 MG TABLET	4	SRX
ENTECAVIR 1 MG TABLET	4	SRX
ENTRESTO 24 MG-26 MG TABLET	2	QL
ENTRESTO 49 MG-51 MG TABLET	2	QL
ENTRESTO 97 MG-103 MG TABLET	2	QL
ENULOSE 10 GM/15 ML SOLUTION	1	
EPCLUSA 150-37.5 MG PELLET PKT	4	PA, QL, SRX
EPCLUSA 200 MG-50 MG TABLET	4	PA, QL, SRX
EPCLUSA 200-50 MG PELLET PACK	4	PA, QL, SRX
EPCLUSA 400 MG-100 MG TABLET	4	PA, QL, SRX
EPIDIOLEX 100 MG/ML SOLN PACK	3	PA, LDD
EPIDIOLEX 100 MG/ML SOLUTION	3	PA, LDD
EPIFOAM FOAM	3	
EPINASTINE HCL 0.05% EYE DROPS	1	
EPINEPHRINE 0.15 MG AUTO-INJCT	1	QL
EPINEPHRINE 0.3 MG AUTO-INJECT	1	QL
EPITOL 200 MG TABLET	1	
EPIVIR HBV 25 MG/5 ML SOLN	4	SRX
EPLERENONE 25 MG TABLET	1	
EPLERENONE 50 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EPROSARTAN MESYLATE 600 MG TAB	1	
EQL INS SYR 1 ML 29GX1/2"	2	
EQL INSUL SYR 0.3 ML 31GX5/16"	2	
EQL INSUL SYR 0.5 ML 31GX5/16"	2	
EQL INSULIN 0.3 ML SYRINGE	2	
EQL INSULIN 0.5 ML SYRINGE	2	
EQL INSULIN 1 ML SYRINGE	2	
EQL INSULIN SYR 1 ML 31GX5/16"	2	
EQL PEN 8MM 31G X 5/16" NEEDLE	2	
ERGOLOID MESYLATES 1 MG TAB	1	
ERIVEDGE 150 MG CAPSULE	4	PA, QL, LDD, SRX
ERLOTINIB HCL 100 MG TABLET	4	PA, LDD, SRX
ERLOTINIB HCL 150 MG TABLET	4	PA, LDD, SRX
ERLOTINIB HCL 25 MG TABLET	4	PA, LDD, SRX
ERRIN 0.35 MG TABLET	1	
ERTACZO 2% CREAM	3	
ERY 2% PADS	1	
ERYTHROCIN 250 MG TABLET	3	
ERYTHROMYCIN 0.5% EYE OINTMENT	1	
ERYTHROMYCIN 2% GEL	1	
ERYTHROMYCIN 2% SOLUTION	1	
ERYTHROMYCIN 200 MG/5 ML SUSP	1	
ERYTHROMYCIN 250 MG TABLET	1	
ERYTHROMYCIN 400 MG/5 ML SUSP	1	
ERYTHROMYCIN 500 MG TABLET	1	
ERYTHROMYCIN DR 250 MG CAP	1	
ERYTHROMYCIN ES 400 MG TAB	1	
ERYTHROMYCIN-BENZOYL GEL	1	
ESCITALOPRAM 10 MG TABLET	1	QL
ESCITALOPRAM 20 MG TABLET	1	QL
ESCITALOPRAM 5 MG TABLET	1	QL
ESCITALOPRAM OXALATE 5 MG/5 ML	1	QL
ESOMEPRAZOLE DR 10 MG PACKET	2	QL
ESOMEPRAZOLE DR 20 MG PACKET	2	QL
ESOMEPRAZOLE DR 40 MG PACKET	2	QL
ESOMEPRAZOLE MAG DR 20 MG CAP	1	QL
ESOMEPRAZOLE MAG DR 40 MG CAP	1	QL
ESOMEPRAZOLE DR 49.3 MG CAP	1	QL
ESTARYLLA 0.25-0.035 MG TABLET	1	
ESTAZOLAM 1 MG TABLET	1	
ESTAZOLAM 2 MG TABLET	1	
ESTRADIOL 0.025 MG PATCH(1/WK)	1	QL
ESTRADIOL 0.025 MG PATCH(2/WK)	1	QL
ESTRADIOL 0.0375MG PATCH(1/WK)	1	QL
ESTRADIOL 0.0375MG PATCH(2/WK)	1	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL	EUTHYROX 75 MCG TABLET	1	
ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL	EUTHYROX 88 MCG TABLET	1	
ESTRADIOL 0.075 MG PATCH(1/WK)	1	QL	EVENCARE G2 CONTROL SOLUTION	2	
ESTRADIOL 0.075 MG PATCH(2/WK)	1	QL	EVENCARE G3 CONTROL SOLUTION	2	
ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL	EVEROLIMUS 0.25 MG TABLET	4	SRX
ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL	EVEROLIMUS 0.5 MG TABLET	4	SRX
ESTRADIOL 0.5 MG TABLET	1		EVEROLIMUS 0.75 MG TABLET	4	SRX
ESTRADIOL 1 MG TABLET	1		EVEROLIMUS 1 MG TABLET	4	SRX
ESTRADIOL 10 MCG VAGINAL INSRT	1	QL	EVEROLIMUS 10 MG TABLET	4	PA, QL, SRX
ESTRADIOL 2 MG TABLET	1		EVEROLIMUS 2 MG TAB FOR SUSP	4	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MG TB	1		EVEROLIMUS 2.5 MG TABLET	4	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	1		EVEROLIMUS 3 MG TAB FOR SUSP	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS F.S. TAB	1		EVEROLIMUS 5 MG TAB FOR SUSP	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS H.S. TAB	1		EVEROLIMUS 5 MG TABLET	4	PA, QL, SRX
ESZOPICLONE 1 MG TABLET	1		EVEROLIMUS 7.5 MG TABLET	4	PA, QL, SRX
ESZOPICLONE 2 MG TABLET	1		EVOLUTION CONTROL SOLN NORMAL	2	
ESZOPICLONE 3 MG TABLET	1		EVOTAZ 300 MG-150 MG TABLET	2	
ETHAMBUTOL HCL 100 MG TABLET	1		EXEL 3 ML SYRN 27G X 1 1/4"	2	
ETHAMBUTOL HCL 400 MG TABLET	1		EXEL HUBER 22GX3/4" NEEDLE	2	
ETHOSUXIMIDE 250 MG CAPSULE	1		EXEL HUBER NEEDLE 22GX1"	2	
ETHOSUXIMIDE 250 MG/5 ML SOLN	1		EXEL HYPO NEEDLE 16GX1"	2	
ETHYL CHLORIDE SPRAY	1		EXEL HYPO NEEDLE 18GX1"	2	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1		EXEL HYPO NEEDLE 18GX1.5"	2	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1		EXEL HYPO NEEDLE 19GX1"	2	
ETODOLAC 200 MG CAPSULE	1		EXEL HYPO NEEDLE 19GX1.5"	2	
ETODOLAC 300 MG CAPSULE	1		EXEL HYPO NEEDLE 20GX0.75"	2	
ETODOLAC 400 MG TABLET	1		EXEL HYPO NEEDLE 20GX1"	2	
ETODOLAC 500 MG TABLET	1		EXEL HYPO NEEDLE 20GX1.5"	2	
ETODOLAC ER 400 MG TABLET	1		EXEL HYPO NEEDLE 21GX1"	2	
ETODOLAC ER 500 MG TABLET	1		EXEL HYPO NEEDLE 21GX1.5"	2	
ETODOLAC ER 600 MG TABLET	1		EXEL HYPO NEEDLE 22GX0.75"	2	
ETONOGESTREL-EE VAGINAL RING	1		EXEL HYPO NEEDLE 22GX1"	2	
ETOPOSIDE 50 MG CAPSULE	4	SRX	EXEL HYPO NEEDLE 22GX1.5"	2	
ETRAVIRINE 100 MG TABLET	1		EXEL HYPO NEEDLE 23GX0.75"	2	
ETRAVIRINE 200 MG TABLET	1		EXEL HYPO NEEDLE 23GX1"	2	
EURAX 10% CREAM	3		EXEL HYPO NEEDLE 25GX0.625"	2	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25GX0.75"	2	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1"	2	
EUTHYROX 125 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1.5"	2	
EUTHYROX 137 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.375"	2	
EUTHYROX 150 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.5"	2	
EUTHYROX 175 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.625"	2	
EUTHYROX 200 MCG TABLET	1		EXEL HYPO NEEDLE 26GX1.5"	2	
EUTHYROX 25 MCG TABLET	1		EXEL HYPO NEEDLE 27GX0.5"	2	
EUTHYROX 50 MCG TABLET	1		EXEL HYPO NEEDLE 30GX0.5"	2	

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EXEL INS SYR U100 1 ML 28GX1/2	2		FEBUXOSTAT 80 MG TABLET	3	QL
EXEL MTI DRAWING NDL 20GX1"	2		FELBAMATE 400 MG TABLET	3	
EXEL MTI DRAWING NDL 21GX1"	2		FELBAMATE 600 MG TABLET	3	
EXEL MTI DRAWING NDL 22GX1"	2		FELBAMATE 600 MG/5 ML SUSP	3	
EXEL SYRINGE 20GX1" 3 ML	2		FELODIPINE ER 10 MG TABLET	1	
EXEL SYRINGE 20GX1-1/2" 3 ML	2		FELODIPINE ER 2.5 MG TABLET	1	
EXEL SYRINGE 21GX1" 3 ML	2		FELODIPINE ER 5 MG TABLET	1	
EXEL SYRINGE 21GX1-1/2" 3 ML	2		FEM PH VAGINAL JELLY	1	
EXEL SYRINGE 22GX1" 3 ML	2		FEMYNOR 28 TABLET	1	
EXEL SYRINGE 22GX1-1/2" 3 ML	2		FENOFIBRATE 120 MG TABLET	1	
EXEL SYRINGE 22GX3/4" 3 ML	2		FENOFIBRATE 130 MG CAPSULE	1	
EXEL SYRINGE 23GX1" 3 ML	2		FENOFIBRATE 134 MG CAPSULE	1	
EXEL SYRINGE 25GX1" 3 ML	2		FENOFIBRATE 145 MG TABLET	1	
EXEL U100 0.3 ML 29GX1/2"	2		FENOFIBRATE 150 MG CAPSULE	1	
EXEL U100 0.3 ML 30GX5/16"	2		FENOFIBRATE 160 MG TABLET	1	
EXEL U100 0.5 ML 28GX1/2"	2		FENOFIBRATE 200 MG CAPSULE	1	
EXEL U100 0.5 ML 29GX1/2"	2		FENOFIBRATE 40 MG TABLET	1	
EXEL U100 0.5 ML 30GX5/16"	2		FENOFIBRATE 43 MG CAPSULE	1	
EXEL U100 1 ML 30GX5/16"	2		FENOFIBRATE 48 MG TABLET	1	
EXEL U100 INS SYR 1 ML 29GX1/2	2		FENOFIBRATE 50 MG CAPSULE	1	
EXEMESTANE 25 MG TABLET	1		FENOFIBRATE 54 MG TABLET	1	
EXTENDED RESERVOIR 3 ML	2		FENOFIBRATE 67 MG CAPSULE	1	
EZETIMIBE 10 MG TABLET	1		FENOFIBRIC ACID 105 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-10 MG	1		FENOFIBRIC ACID 35 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-20 MG	1		FENOFIBRIC ACID DR 135 MG CAP	1	
EZETIMIBE-SIMVASTATIN 10-40 MG	1		FENOFIBRIC ACID DR 45 MG CAP	1	
EZETIMIBE-SIMVASTATIN 10-80 MG	1		FENOPROFEN 600 MG TABLET	1	
EZ-VAC	2		FENTANYL 100 MCG/HR PATCH	1	PA
FALMINA-28 TABLET	1		FENTANYL 12 MCG/HR PATCH	1	PA
FAMCICLOVIR 125 MG TABLET	1		FENTANYL 25 MCG/HR PATCH	1	PA
FAMCICLOVIR 250 MG TABLET	1		FENTANYL 37.5 MCG/HR PATCH	1	PA
FAMCICLOVIR 500 MG TABLET	1		FENTANYL 50 MCG/HR PATCH	1	PA
FAMOTIDINE 20 MG TABLET	1		FENTANYL 62.5 MCG/HR PATCH	1	PA
FAMOTIDINE 40 MG TABLET	1		FENTANYL 75 MCG/HR PATCH	1	PA
FAMOTIDINE 40 MG/5 ML SUSP	1		FENTANYL 87.5 MCG/HR PATCH	1	PA
FANAPT 1 MG TABLET	3	QL, ST	FENTANYL CIT OTFC 1,200 MCG	3	PA
FANAPT 10 MG TABLET	3	QL, ST	FENTANYL CIT OTFC 1,600 MCG	3	PA
FANAPT 12 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 200 MCG	3	PA
FANAPT 2 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 400 MCG	3	PA
FANAPT 4 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 600 MCG	3	PA
FANAPT 6 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 800 MCG	3	PA
FANAPT 8 MG TABLET	3	QL, ST	FERRIPROX 100 MG/ML SOLUTION	3	PA, LDD
FANAPT TITRATION PACK	3	QL, ST	FESOTERODINE ER 4 MG TABLET	3	QL
FARXIGA 10 MG TABLET	2	QL	FESOTERODINE ER 8 MG TABLET	3	QL
FARXIGA 5 MG TABLET	2	QL	FETZIMA 20-40 MG TITRATION PAK	3	QL, ST
FEBUXOSTAT 40 MG TABLET	3	QL	FETZIMA ER 120 MG CAPSULE	3	QL, ST

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FETZIMA ER 20 MG CAPSULE	3	QL, ST	FLUCYTOSINE 250 MG CAPSULE	3	
FETZIMA ER 40 MG CAPSULE	3	QL, ST	FLUCYTOSINE 500 MG CAPSULE	3	
FETZIMA ER 80 MG CAPSULE	3	QL, ST	FLUDROCORTISONE 0.1 MG TABLET	1	
FIFTY50 GLUCOSE CONTROL SOLN	2		FLULAVAL QUAD	2	
FIFTY50 INS 0.3 ML 31GX5/16"	2		FLUMIST QUAD	2	
FIFTY50 INS 0.5 ML 31GX5/16"	2		FLUNISOLIDE 0.025% SPRAY	1	
FIFTY50 INS SYR 1 ML 31GX5/16"	2		FLUOCINOLONE 0.01% BODY OIL	1	
FIFTY50 PEN 31G X 3/16" NEEDLE	2		FLUOCINOLONE 0.01% CREAM	1	
FIFTY50 PEN 31G X 5/16" NEEDLE	2		FLUOCINOLONE 0.01% SCALP OIL	1	
FIFTY50 PEN NEEDLE 32G X 1/4"	2		FLUOCINOLONE 0.01% SOLUTION	1	
FIFTY50 PEN NEEDLE 32G X 5/32"	2		FLUOCINOLONE 0.025% CREAM	1	
FILTER ASPIRATOR NEEDLE	2		FLUOCINOLONE 0.025% OINTMENT	1	
FILTER NEEDLE	2		FLUOCINOLONE OIL 0.01% EAR DRP	1	
FILTER NEEDLE 19GX1-1/2"	2		FLUOCINONIDE 0.05% CREAM	1	
FILTER NEEDLE 5 MICRON	2		FLUOCINONIDE 0.05% GEL	1	
FINASTERIDE 5 MG TABLET	1		FLUOCINONIDE 0.05% OINTMENT	1	
FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX	FLUOCINONIDE 0.05% SOLUTION	1	
FINZALA 1-0.02(24)-75 CHEW TAB	1		FLUOCINONIDE 0.1% CREAM	1	
FIRVANQ 25 MG/ML SOLUTION	2	QL	FLUOCINONIDE-E 0.05% CREAM	1	
FIRVANQ 50 MG/ML SOLUTION	2	QL	FLUORIDEX DAILY DEFENSE	1	
FLAC OTIC OIL 0.01% EAR DROP	1		FLUORIDEX SENSITIV RLF PASTE	1	
FLAVOXATE HCL 100 MG TABLET	1		FLUOROMETHOLONE 0.1% DROPS	1	
FLECAINIDE ACETATE 100 MG TAB	1		FLUOROURACIL 0.5% CREAM	3	
FLECAINIDE ACETATE 150 MG TAB	1		FLUOROURACIL 2% TOPICAL SOLN	1	
FLECAINIDE ACETATE 50 MG TAB	1		FLUOROURACIL 5% CREAM	1	
FLEXICHAMBER	2	QL	FLUOROURACIL 5% TOPICAL SOLN	1	
FLEXICHAMBER-LG CHILD MASK	2	QL	FLUOXETINE 20 MG/5 ML SOLUTION	1	QL
FLEXICHAMBER-SM ADULT MASK	2	QL	FLUOXETINE DR 90 MG CAPSULE	1	QL
FLEXICHAMBER-SM CHILD MASK	2	QL	FLUOXETINE HCL 10 MG CAPSULE	1	QL
FLOVENT 100 MCG DISKUS	2	QL	FLUOXETINE HCL 20 MG CAPSULE	1	QL
FLOVENT 250 MCG DISKUS	2	QL	FLUOXETINE HCL 40 MG CAPSULE	1	QL
FLOVENT 50 MCG DISKUS	2	QL	FLUPHENAZINE 1 MG TABLET	1	
FLOVENT HFA 110 MCG INHALER	2	QL	FLUPHENAZINE 10 MG TABLET	1	
FLOVENT HFA 220 MCG INHALER	2	QL	FLUPHENAZINE 2.5 MG TABLET	1	
FLOVENT HFA 44 MCG INHALER	2	QL	FLUPHENAZINE 2.5 MG/5 ML ELIX	1	
FLOW-EZE VENTED NEEDLE	2		FLUPHENAZINE 5 MG TABLET	1	
FLUAD QUAD	2		FLUPHENAZINE 5 MG/ML CONC	1	
FLUARIX QUAD	2		FLURANDRENOLIDE 0.05% CREAM	3	
FLUBLOK QUAD	2		FLURANDRENOLIDE 0.05% LOTION	3	
FLUCELVAX QUAD	2		FLURANDRENOLIDE 0.05% OINTMENT	3	
FLUCONAZOLE 10 MG/ML SUSP	1		FLURBIPROFEN 100 MG TABLET	1	
FLUCONAZOLE 100 MG TABLET	1		FLURBIPROFEN 0.03% EYE DROP	1	
FLUCONAZOLE 150 MG TABLET	1		FLUTAMIDE 125 MG CAPSULE	1	
FLUCONAZOLE 200 MG TABLET	1		FLUTICASONE PROP 0.005% OINT	1	
FLUCONAZOLE 40 MG/ML SUSP	1		FLUTICASONE PROP 0.05% CREAM	1	
FLUCONAZOLE 50 MG TABLET	1				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FLUTICASON PROPR 0.05% LOTION	1		FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL, SRX
FLUTICASON PROPR 50 MCG SPRAY	1		FRAGMIN 5,000 UNIT/0.2 ML SYR	4	QL, SRX
FLUTICASON-SALMETEROL 100-50	1	QL	FRAGMIN 7,500 UNIT/0.3 ML SYR	4	QL, SRX
FLUTICASON-SALMETEROL 250-50	1	QL	FRAGMIN 95,000 UNIT/3.8 ML VL	4	QL, SRX
FLUTICASON-SALMETEROL 500-50	1	QL	FREESTYLE CONTROL SOLUTION	2	
FLUVASTATIN ER 80 MG TABLET	1		FREESTYLE LIBRE 10 DAY READER	2	PA, QL
FLUVASTATIN SODIUM 20 MG CAP	1		FREESTYLE LIBRE 10 DAY SENSOR	2	PA, QL
FLUVASTATIN SODIUM 40 MG CAP	1		FREESTYLE LIBRE 14 DAY READER	2	PA, QL
FLUVOXAMINE ER 100 MG CAPSULE	1	QL	FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL
FLUVOXAMINE ER 150 MG CAPSULE	1	QL	FREESTYLE LIBRE 2 READER	2	PA, QL
FLUVOXAMINE MALEATE 100 MG TAB	1	QL	FREESTYLE LIBRE 2 SENSOR	2	PA, QL
FLUVOXAMINE MALEATE 25 MG TAB	1	QL	FREESTYLE LIBRE 3 SENSOR	2	PA, QL
FLUVOXAMINE MALEATE 50 MG TAB	1	QL	FREESTYLE PREC 0.5 ML 30GX5/16	2	
FLUZONE HIGH-DOSE QUAD	2		FREESTYLE PREC 0.5 ML 31GX5/16	2	
FLUZONE QUAD	2		FREESTYLE PREC 1 ML 30GX5/16"	2	
FOLIC ACID 1 MG TABLET	1		FREESTYLE PREC 1 ML 31GX5/16"	2	
FOLIVANE-OB CAPSULE	1		FROVATRIPTAN SUCC 2.5 MG TAB	1	QL
FONDAPARINUX 10 MG/0.8 ML SYR	4	QL, SRX	FUROSEMIDE 10 MG/ML SOLUTION	1	
FONDAPARINUX 2.5 MG/0.5 ML SYR	4	QL, SRX	FUROSEMIDE 20 MG TABLET	1	
FONDAPARINUX 5 MG/0.4 ML SYR	4	QL, SRX	FUROSEMIDE 40 MG TABLET	1	
FONDAPARINUX 7.5 MG/0.6 ML SYR	4	QL, SRX	FUROSEMIDE 40 MG/5 ML SOLN	1	
FORA HIGH CONTROL SOLUTION	2		FUROSEMIDE 80 MG TABLET	1	
FORA KETONE CONTROL SOLN-L1	2		FUZEON 90 MG VIAL	4	LDD, SRX
FORA LOW CONTROL SOLUTION	2		FYAVOLV 0.5 MG-2.5 MCG TABLET	1	
FORA NORMAL CONTROL SOLUTION	2		FYAVOLV 1 MG-5 MCG TABLET	1	
FORACARE GDH HIGH CONTROL SOLN	2		FYCOMPA 10 MG TABLET	3	PA, QL
FORACARE GDH LOW CONTROL SOLN	2		FYCOMPA 12 MG TABLET	3	PA, QL
FORACARE GDH NORM CONTROL SOLN	2		FYCOMPA 2 MG TABLET	3	PA, QL
FORMOTEROL 20 MCG/2 ML NEB VL	3	QL	FYCOMPA 4 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN HIGH	2		FYCOMPA 6 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN LOW	2		FYCOMPA 8 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN NORMAL	2		GABAPENTIN 100 MG CAPSULE	1	
FOSAMPRENAVIR 700 MG TABLET	1		GABAPENTIN 250 MG/5 ML SOLN	1	
FOSFOMYCIN 3 GM SACHET	2		GABAPENTIN 300 MG CAPSULE	1	
FOSINOPRIL SODIUM 10 MG TAB	1		GABAPENTIN 300 MG/6 ML SOLN	1	
FOSINOPRIL SODIUM 20 MG TAB	1		GABAPENTIN 400 MG CAPSULE	1	
FOSINOPRIL SODIUM 40 MG TAB	1		GABAPENTIN 600 MG TABLET	1	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	1		GABAPENTIN 800 MG TABLET	1	
FOSINOPRIL-HCTZ 20-12.5 MG TAB	1		GALANTAMINE ER 16 MG CAPSULE	1	QL
FOSRENOL 1,000 MG POWDER PACK	3		GALANTAMINE ER 24 MG CAPSULE	1	QL
FOSRENOL 750 MG POWDER PACKET	3		GALANTAMINE ER 8 MG CAPSULE	1	QL
FRAGMIN 10,000 UNIT/4 ML VIAL	4	QL, SRX	GALANTAMINE HBR 12 MG TABLET	1	
FRAGMIN 10,000 UNIT/ML SYRINGE	4	QL, SRX	GALANTAMINE HBR 4 MG TABLET	1	
FRAGMIN 12,500 UNIT/0.5 ML SYR	4	QL, SRX	GALANTAMINE HBR 8 MG TABLET	1	
FRAGMIN 15,000 UNIT/0.6 ML SYR	4	QL, SRX	GALANTAMINE 4 MG/ML ORAL SOLN	1	
FRAGMIN 18,000 UNIT/0.72 ML	4	QL, SRX	GALZIN 25 MG CAPSULE	3	
			GALZIN 50 MG CAPSULE	3	

2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GNP ULTICARE PEN ND1 31G 5MM	2		HAILEY FE 1.5-30 TABLET	1	
GNP ULTICARE PEN ND1 31G 8MM	2		HAILEY FE 1-20 TABLET	1	
GNP ULTICARE PEN ND1 32G 4MM	2		HALCINONIDE 0.1% CREAM	3	
GNP ULTICARE PEN ND1 32G 6MM	2		HALOBETASOL PROP 0.05% CREAM	1	
GNP ULTIGUARD SAFEPACK 31G 5MM	2		HALOBETASOL PROP 0.05% OINTMNT	1	
GNP ULTIGUARD SAFEPACK 31G 8MM	2		HALOETTE VAGINAL RING	1	
GNP ULTIGUARD SAFEPACK 32G 4MM	2		HALOPERIDOL 0.5 MG TABLET	1	
GNP ULTIGUARD SAFEPACK 32G 6MM	2		HALOPERIDOL 1 MG TABLET	1	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	2		HALOPERIDOL 10 MG TABLET	1	
GNP ULTR CMFRT 0.5 ML 30GX5/16	2		HALOPERIDOL 2 MG TABLET	1	
GNP ULTR COMFORT 1 ML 29GX1/2"	2		HALOPERIDOL 20 MG TABLET	1	
GNP ULTRA COMFORT 0.5 ML SYR	2		HALOPERIDOL 5 MG TABLET	1	
GNP ULTRA COMFORT 1 ML SYRINGE	2		HALOPERIDOL LAC 10 MG/5 ML CUP	1	
GNP ULTRA COMFORT 3/10 ML SYR	2		HALOPERIDOL LAC 2 MG/ML CONC	1	
GNP ULTRA COMFRT 1 ML 28GX1/2"	2		HARVONI 33.75-150 MG PELLETT PK	4	PA, QL, SRX
GOJJI GLUCOSE CONTROL SOLUTION	2		HARVONI 45-200 MG PELLETT PKCT	4	PA, QL, SRX
GOJJI KETONE CONTROL SOLUTION	2		HARVONI 45-200 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 0.1 MG/ML VIAL	3		HARVONI 90-400 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 1 MG TABLET	3		HAVRIX 1,440 UNIT/ML SYRINGE	2	
GRANISETRON HCL 1 MG/ML VIAL	3		HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
GRANISETRON HCL 4 MG/4 ML VIAL	3		HEALTHPRO GLUCOSE CONTROL SOLN	2	
GRISEOFULVIN 125 MG/5 ML SUSP	1		HEALTHWISE INS 0.3ML 30GX5/16"	2	
GRISEOFULVIN MICRO 500 MG TAB	1		HEALTHWISE INS 0.3ML 31GX5/16"	2	
GRISEOFULVIN ULTRA 125 MG TAB	1		HEALTHWISE INS 0.5ML 30GX5/16"	2	
GRISEOFULVIN ULTRA 250 MG TAB	1		HEALTHWISE INS 0.5ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 5/16"	2		HEALTHWISE INS 1 ML 30GX5/16"	2	
GS PEN NEEDLE 31G X 5MM	2		HEALTHWISE INS 1 ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 6MM	2		HEALTHWISE PEN NEEDLE 31G 5MM	2	
GS PEN NEEDLE 31G X 8MM	2		HEALTHWISE PEN NEEDLE 31G 8MM	2	
GS PEN NEEDLE 32G X 4MM	2		HEALTHWISE PEN NEEDLE 32G 4MM	2	
GS PEN NEEDLE 32G X 6MM	2		HEALTHY ACCENTS PENTIP 4MM 32G	2	
GUANFACINE 1 MG TABLET	1		HEALTHY ACCENTS PENTIP 5MM 31G	2	
GUANFACINE 2 MG TABLET	1		HEALTHY ACCENTS PENTIP 6MM 31G	2	
GUANFACINE HCL ER 1 MG TABLET	1	QL	HEALTHY ACCENTS PENTIP 8MM 31G	2	
GUANFACINE HCL ER 2 MG TABLET	1	QL	HEALTHY ACCENTS PENTIP 12MM 29G	2	
GUANFACINE HCL ER 3 MG TABLET	1	QL	HEATHER 0.35 MG TABLET	1	
GUANFACINE HCL ER 4 MG TABLET	1	QL	HEB UNIFINE PNTPL PLUS 31GX3/16	2	
GUARDIAN RT CHARGER	2		HEMA-COMBISTIX	2	
GUARDIAN RT REPLACE TEST PLUG	2		HEMMOREX-HC 25 MG SUPPOSITORY	1	
GUARDIAN RT STARTER KIT	2		HEMMOREX-HC 30 MG SUPPOSITORY	1	
GUARDIAN RT SYSTEM	2		HEPARIN SOD 5,000 UNIT/0.5 ML	1	
GUARDIAN TEST PLUG	2		HEPARIN SOD 5,000 UNIT/ML SYRNG	1	
GUARDIAN TRANSMITTER TAPE	2		HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	
GYNAZOLE 1	1		HER STYLE 1.5 MG TABLET	1	
HAILEY 21 1.5 MG-30 MCG TAB	1		HIBERIX VACCINE VIAL	2	
HAILEY 24 FE 1 MG-20 MCG TAB	1		HIBERIX VACCINE WITH DILUENT	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HM ULTICARE PEN NEEDLE 4MM 32G	2		HYDROCHLOROTHIAZIDE 12.5 MG TB	1	
HM ULTICARE PEN NEEDLE 5MM 31G	2		HYDROCHLOROTHIAZIDE 25 MG TAB	1	
HM ULTICARE PEN NEEDLE 6MM 31G	2		HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HM ULTICARE PEN NEEDLE 8MM 31G	2		HYDROCODONE ER 100 MG TABLET	1	PA
HOMATROPAIRE 5% EYE DROPS	1		HYDROCODONE ER 120 MG TABLET	1	PA
HOMATROPINE 5% EYE DROPS	1		HYDROCODONE ER 20 MG TABLET	1	PA
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL	HYDROCODONE ER 30 MG TABLET	1	PA
HUMALOG 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 40 MG TABLET	1	PA
HUMALOG 100 UNIT/ML VIAL	2	QL	HYDROCODONE ER 60 MG TABLET	1	PA
HUMALOG 200 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 80 MG TABLET	1	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-300 MG	1	PA
HUMALOG MIX 50-50 VIAL	2	QL	HYDROCODONE-ACETAMIN 10-325 MG	1	PA
HUMALOG MIX 50-50 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-325/15	1	PA
HUMALOG MIX 75-25 VIAL	2	QL	HYDROCODONE-ACETAMIN 2.5-108/5	1	PA
HUMALOG MIX 75-25 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 5-217/10	1	PA
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL	HYDROCODONE-ACETAMIN 5-300 MG	1	PA
HUMATROPE 12 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 5-325 MG	1	PA
HUMATROPE 24 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-300	1	PA
HUMATROPE 6 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-325	1	PA
HUMIRA	4	PA, QL, SRX	HYDROCODONE-ACETAMIN 7.5-325/15	1	PA
HUMIRA PEN 40 MG/0.8 ML	4	PA, QL, SRX	HYDROCODONE-CHLORPHEN ER SUSP	1	
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5-1.5	1	QL
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE SOLN	1	QL
HUMIRA(CF) 10 MG/0.1 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10-200	1	PA
HUMIRA(CF) 20 MG/0.2 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG	1	PA
HUMIRA(CF) 40 MG/0.4 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 7.5-200	1	PA
HUMIRA(CF) PEDI CROHN 80-40 MG	4	PA, QL, LDD, SRX	HYDROCORTISON-ACETIC ACID SOLN	1	
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	PA, QL, LDD, SRX	HYDROCORTISONE 1% CREAM	1	
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA, QL, SRX	HYDROCORTISONE 1% OINTMENT	1	
HUMIRA(CF) PEN 80 MG/0.8 ML	4	PA, QL, SRX	HYDROCORTISONE 10 MG TABLET	1	
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA, QL, SRX	HYDROCORTISONE 100 MG/60 ML	1	
HUMIRA(CF) PEN PEDI UC 80 MG	4	PA, QL, LDD, SRX	HYDROCORTISONE 2.5% CREAM	1	
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA, QL, SRX	HYDROCORTISONE 2.5% LOTION	1	
HUMULIN 70/30 KWIKPEN	2	QL	HYDROCORTISONE 2.5% OINTMENT	1	
HUMULIN 70-30 VIAL	2	QL	HYDROCORTISONE 20 MG TABLET	1	
HUMULIN N 100 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE 5 MG TABLET	1	
HUMULIN N 100 UNIT/ML VIAL	2	QL	HYDROCORTISONE AC 25 MG SUPP	1	
HUMULIN R 100 UNIT/ML VIAL	2	QL	HYDROCORTISONE AC 30 MG SUPP	1	
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE BUTYR 0.1% CREAM	1	
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE BUTYR 0.1% OINT	1	
HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX	HYDROCORTISONE BUTYR 0.1% SOLN	1	
HYCAMTIN 1 MG CAPSULE	4	PA, SRX	HYDROCORTISONE VAL 0.2% CREAM	1	
HYDRALAZINE 10 MG TABLET	1		HYDROCORTISONE VAL 0.2% OINTMT	1	
HYDRALAZINE 100 MG TABLET	1		HYDROMET 5 MG-1.5 MG/5 ML SOLN	1	QL
HYDRALAZINE 25 MG TABLET	1		HYDROMORPHONE 1 MG/ML SOLUTION	1	PA
HYDRALAZINE 50 MG TABLET	1		HYDROMORPHONE 2 MG TABLET	1	PA
HYDROCHLOROTHIAZIDE 12.5 MG CP	1		HYDROMORPHONE 3 MG SUPPOS	1	PA

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HYDROMORPHONE 4 MG TABLET	1	PA
HYDROMORPHONE 5 MG/5 ML SOLN	1	PA
HYDROMORPHONE 8 MG TABLET	1	PA
HYDROMORPHONE HCL ER 12 MG TAB	1	PA
HYDROMORPHONE HCL ER 16 MG TAB	1	PA
HYDROMORPHONE HCL ER 32 MG TAB	1	PA
HYDROMORPHONE HCL ER 8 MG TAB	1	PA
HYDROXYCHLOROQUINE 200 MG TAB	1	
HYDROXYUREA 500 MG CAPSULE	1	
HYDROXYZINE 10 MG/5 ML SOLN	1	
HYDROXYZINE 10 MG/5 ML SYRUP	1	
HYDROXYZINE HCL 10 MG TABLET	1	
HYDROXYZINE HCL 25 MG TABLET	1	
HYDROXYZINE HCL 50 MG TABLET	1	
HYDROXYZINE PAM 100 MG CAP	1	
HYDROXYZINE PAM 25 MG CAP	1	
HYDROXYZINE PAM 50 MG CAP	1	
HYOPHEN TABLET	1	
HYOSCYAMINE 0.125 MG ODT	1	
HYOSCYAMINE 0.125 MG TAB SL	1	
HYOSCYAMINE 0.125 MG/5 ML ELIX	1	
HYOSCYAMINE 0.125 MG/ML DROP	1	
HYOSCYAMINE ER 0.375 MG TAB	1	
HYOSCYAMINE SULF 0.125 MG TAB	1	
HYOSCYAMINE SR 0.375 MG TAB	1	
HYOSYNE 0.125 MG/ML DROP	1	
HYOSYNE 125 MCG/5 ML ELIXIR	1	
HYPONEDDLE,POLYPROPYL HUB	2	
HYPONEDDLE,ALUM HUB	2	
HYRIMOZ	4	PA, QL, SRX
IBANDRONATE SODIUM 150 MG TAB	1	
IBRANCE 100 MG CAPSULE	4	PA, QL, LDD, SRX
IBRANCE 100 MG TABLET	4	PA, QL, LDD, SRX
IBRANCE 125 MG CAPSULE	4	PA, QL, LDD, SRX
IBRANCE 125 MG TABLET	4	PA, QL, LDD, SRX
IBRANCE 75 MG CAPSULE	4	PA, QL, LDD, SRX
IBRANCE 75 MG TABLET	4	PA, QL, LDD, SRX
IBU 400 MG TABLET	1	
IBU 600 MG TABLET	1	
IBU 800 MG TABLET	1	
IBUPROFEN 100 MG/5 ML SUSP	1	
IBUPROFEN 400 MG TABLET	1	
IBUPROFEN 600 MG TABLET	1	
IBUPROFEN 800 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ICATIBANT 30 MG/3 ML SYRINGE	4	PA, LDD, SRX
ICLEVIA 0.15 MG-0.03 MG TABLET	1	
ICLUSIG 10 MG TABLET	4	PA, QL, LDD, SRX
ICLUSIG 15 MG TABLET	4	PA, QL, LDD, SRX
ICLUSIG 30 MG TABLET	4	PA, QL, LDD, SRX
ICLUSIG 45 MG TABLET	4	PA, QL, LDD, SRX
ICOSAPENT ETHYL 0.5 GM CAPSULE	3	PA
ICOSAPENT ETHYL 1 GRAM CAPSULE	3	PA
ICOSAPENT ETHYL 500 MG CAPSULE	3	PA
ILARIS 150 MG/ML VIAL	4	PA, LDD, SRX
IMATINIB MESYLATE 100 MG TAB	4	PA, QL, SRX
IMATINIB MESYLATE 400 MG TAB	4	PA, QL, SRX
IMBRUVICA 140 MG CAPSULE	4	PA, QL, LDD, SRX
IMBRUVICA 140 MG TABLET	4	PA, QL, LDD, SRX
IMBRUVICA 280 MG TABLET	4	PA, QL, LDD, SRX
IMBRUVICA 420 MG TABLET	4	PA, QL, LDD, SRX
IMBRUVICA 560 MG TABLET	4	PA, QL, LDD, SRX
IMBRUVICA 70 MG CAPSULE	4	PA, QL, LDD, SRX
IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL, LDD, SRX
IMIPRAMINE HCL 10 MG TABLET	1	
IMIPRAMINE HCL 25 MG TABLET	1	
IMIPRAMINE HCL 50 MG TABLET	1	
IMIPRAMINE PAMOATE 100 MG CAP	2	
IMIPRAMINE PAMOATE 125 MG CAP	2	
IMIPRAMINE PAMOATE 150 MG CAP	2	
IMIPRAMINE PAMOATE 75 MG CAP	2	
IMIQUIMOD 5% CREAM PACKET	1	
INCASSIA 0.35 MG TABLET	1	
IN-CHECK NASAL WITH MASK	2	
IN-CHECK ORAL FLOW METER	2	
INCONTROL PEN NEEDLE 12MM 29G	2	
INCONTROL PEN NEEDLE 4MM 32G	2	
INCONTROL PEN NEEDLE 5MM 31G	2	
INCONTROL PEN NEEDLE 6MM 31G	2	
INCONTROL PEN NEEDLE 8MM 31G	2	
INCONTROL ULTICARE ND 31G 6MM	2	
INCONTROL ULTICARE ND 31G 8MM	2	
INCONTROL ULTICARE ND 32G 4MM	2	
INCRELEX 40 MG/4 ML VIAL	4	PA, LDD, SRX
INCRUSE ELLIPTA 62.5 MCG INH	2	
INDAPAMIDE 1.25 MG TABLET	1	
INDAPAMIDE 2.5 MG TABLET	1	
INDOMETHACIN 25 MG CAPSULE	1	
INDOMETHACIN 50 MG CAPSULE	1	
INDOMETHACIN ER 75 MG CAPSULE	1	
INFANRIX DTAP SYRINGE	2	

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INSUPEN PEN NEEDLE 31GX6MM	2		ITRACONAZOLE 10 MG/ML SOLUTION	2	
INSUPEN PEN NEEDLE 31GX8MM	2		ITRACONAZOLE 100 MG CAPSULE	2	QL
INSUPEN PEN NEEDLE 32G 4MM	2		ITRACONAZOLE 100 MG/10 ML CUP	2	
INSUPEN PEN NEEDLE 32GX4MM	2		IV PREP ANTISEPTIC WIPES	2	
INSUPEN PEN NEEDLE 32GX5/32"	2		IVERMECTIN 0.5% LOTION	3	
INSUPEN PEN NEEDLE 32GX6MM	2		IVERMECTIN 3 MG TABLET	1	PA
INSUPEN PEN NEEDLE 32GX8MM	2		JAIMIESS 0.15-0.03-0.01 MG TAB	1	
INSUPEN PEN NEEDLE 33GX4MM	2		JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX
INTELENCE 25 MG TABLET	2		JAKAFI 15 MG TABLET	4	PA, QL, LDD, SRX
INTROVALE 0.15-0.03 MG TABLET	1		JAKAFI 20 MG TABLET	4	PA, QL, LDD, SRX
IPOL VIAL	2		JAKAFI 25 MG TABLET	4	PA, QL, LDD, SRX
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1		JAKAFI 5 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.03% SPRAY	1		JANSSSEN COVID-19 VACCINE (EUA)	2	
IPRATROPIUM 0.06% SPRAY	1		JANTOVEN 1 MG TABLET	1	
IPRATROPIUM BR 0.02% SOLN	1		JANTOVEN 10 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1		JANTOVEN 4 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1		JANTOVEN 5 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	2		JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG TABLET CHEW	2		JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 25 MG TABLET CHEW	2		JASMIEL 3 MG-0.02 MG TABLET	1	
ISENTRESS 400 MG TABLET	2		JENCYCLA 0.35 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	2		JINTELI 1 MG-5 MCG TABLET	1	
ISIBLOOM 28 DAY TABLET	1		JOLESSA 0.15 MG-0.03 MG TABLET	1	
ISONIAZID 100 MG TABLET	1		JULEBER 28 DAY TABLET	1	
ISONIAZID 300 MG TABLET	1		JULUCA 50-25 MG TABLET	2	QL
ISONIAZID 50 MG/5 ML SOLUTION	1		JUNEL 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 10 MG TAB	1		JUNEL 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 20 MG TAB	1		JUNEL FE 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 30 MG TAB	1		JUNEL FE 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 5 MG TAB	1		JUNEL FE 24 TABLET	1	
ISOSORBIDE MONONIT 10 MG TAB	1		KAITLIB FE 0.8-0.025MG CHEW TB	1	
ISOSORBIDE MONONIT 20 MG TAB	1		KALLIGA 28 DAY TABLET	1	
ISOSORBIDE MONONIT ER 120 MG	1		KARIVA 28 DAY TABLET	1	
ISOSORBIDE MONONIT ER 30 MG TB	1		KELNOR 1-35 28 TABLET	1	
ISOSORBIDE MONONIT ER 60 MG TB	1		KELNOR 1-50 TABLET	1	
ISOTRETINOIN 10 MG CAPSULE	3		KETOCONAZOLE 2% CREAM	1	
ISOTRETINOIN 20 MG CAPSULE	3		KETOCONAZOLE 2% SHAMPOO	1	
ISOTRETINOIN 30 MG CAPSULE	3		KETOCONAZOLE 200 MG TABLET	1	
ISOTRETINOIN 40 MG CAPSULE	3		KETO-DIASTIX REAGENT STRIPS	2	
ISOXSUPRINE 10 MG TABLET	1		CVS KETONE CARE TEST STRIP	2	
ISOXSUPRINE 20 MG TABLET	1		KETONE TEST STRIP	2	
ISRADIPINE 2.5 MG CAPSULE	1		KETOPROFEN 50 MG CAPSULE	1	
ISRADIPINE 5 MG CAPSULE	1		KETOPROFEN 75 MG CAPSULE	1	
			KETOPROFEN ER 200 MG CAPSULE	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
KETOROLAC 0.4% OPHTH SOLUTION	1		LABELALOL HCL 100 MG TABLET	1	
KETOROLAC 0.5% OPHTH SOLUTION	1		LABELALOL HCL 200 MG TABLET	1	
KETOROLAC 10 MG TABLET	1	QL	LABELALOL HCL 300 MG TABLET	1	
KETOSTIX REAGENT STRIP	2		LABSTIX REAGENT STRIPS	2	
KINERET 100 MG/0.67 ML SYRINGE	4	PA, QL, LDD, SRX	LACOSAMIDE 10 MG/ML SOLUTION	2	QL
KINRAY INS SYR 1 ML 31GX5/16"	2		LACOSAMIDE 100 MG TABLET	2	QL
KINRAY SYRING 0.3 ML 31GX5/16"	2		LACOSAMIDE 150 MG TABLET	2	QL
KINRAY SYRING 0.5 ML 31GX5/16"	2		LACOSAMIDE 200 MG TABLET	2	QL
KINRIX TIP-LOK SYRINGE	2		LACOSAMIDE 50 MG TABLET	2	QL
KINRIX VIAL	2		LACRISERT 5 MG EYE INSERT	3	
KIONEX 15 GM/60 ML SUSPENSION	1		LACTATED RINGERS IRRIGATION	1	
KISQALI 200 MG DAILY DOSE	4	PA, QL, SRX	LACTULOSE 10 GM/15 ML SOLUTION	1	
KISQALI 400 MG DAILY DOSE	4	PA, QL, SRX	LACTULOSE 20 GM/30 ML SOLUTION	1	
KISQALI 600 MG DAILY DOSE	4	PA, QL, SRX	LAMIVUDINE 10 MG/ML ORAL SOLN	1	
KLOR-CON 10 MEQ TABLET	1		LAMIVUDINE 150 MG TABLET	1	
KLOR-CON 20 MEQ PACKET	1		LAMIVUDINE 300 MG TABLET	1	
KLOR-CON 8 MEQ TABLET	1		LAMIVUDINE HBV 100 MG TABLET	1	
KLOR-CON M10 TABLET	1		LAMIVUDINE-ZIDOVUDINE TABLET	1	
KLOR-CON M15 TABLET	3		LAMOTRIGINE (BLUE)	1	
KLOR-CON M20 TABLET	1		LAMOTRIGINE (GREEN)	1	
KMART VALU PLUS SYR 1/2 ML	2		LAMOTRIGINE (ORANGE)	1	
KOMBIGLYZE XR 2.5-1,000 MG TAB	2	QL	LAMOTRIGINE 100 MG TABLET	1	
KOMBIGLYZE XR 5-1,000 MG TAB	2	QL	LAMOTRIGINE 150 MG TABLET	1	
KOMBIGLYZE XR 5-500 MG TABLET	2	QL	LAMOTRIGINE 200 MG TABLET	1	
K-PHOS #2 TABLET	3		LAMOTRIGINE 25 MG DISPER TAB	1	
K-PHOS ORIGINAL TABLET	3		LAMOTRIGINE 25 MG TABLET	1	
KRO INS SYR 0.3 ML 29GX1/2"	2		LAMOTRIGINE 5 MG DISPER TABLET	1	
KRO INS SYRIN 0.5 ML 31GX5/16"	2		LAMOTRIGINE ER 100 MG TABLET	1	
KRO INSULIN SYR 1 ML 30GX5/16"	2		LAMOTRIGINE ER 200 MG TABLET	1	
KRO PEN NEEDLE 4MM X 32G	2		LAMOTRIGINE ER 25 MG TABLET	1	
KRO PEN NEEDLE 4MM X 33G	2		LAMOTRIGINE ER 250 MG TABLET	1	
KRO PEN NEEDLE 5MM X 31G	2		LAMOTRIGINE ER 300 MG TABLET	1	
KRO PEN NEEDLE 6MM X 31G	2		LAMOTRIGINE ER 50 MG TABLET	1	
KRO PEN NEEDLE 8MM X 31G	2		LAMOTRIGINE ODT (BLUE)	1	
KROGER INS SYR 0.3 ML 30GX5/16	2		LAMOTRIGINE ODT (GREEN)	1	
KROGER INS SYR 0.5 ML 29GX1/2"	2		LAMOTRIGINE ODT (ORANGE)	1	
KROGER INS SYR 1 ML 29GX1/2"	2		LAMOTRIGINE ODT 100 MG TABLET	1	
KROGER INS SYR 1 ML 31GX5/16"	2		LAMOTRIGINE ODT 200 MG TABLET	1	
KROGER PEN NEEDLES 31G X 5/16"	2		LAMOTRIGINE ODT 25 MG TABLET	1	
KROGER SYR 0.5 ML 30GX5/16"	2		LAMOTRIGINE ODT 50 MG TABLET	1	
KROGER SYRING 0.3 ML 31GX5/16"	2		LANSOPRAZOL-AMOXICIL-CLARITHRO	1	
KURVELO-28 TABLET	1		LANSOPRAZOLE DR 15 MG CAPSULE	1	QL
KYNMOBI 10 MG SL FILM	4	PA, QL, SRX	LANSOPRAZOLE DR 30 MG CAPSULE	1	QL
KYNMOBI 15 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 1,000 MG TB CHW	3	
KYNMOBI 20 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 500 MG TAB CHEW	3	
KYNMOBI 25 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 750 MG TAB CHEW	3	
KYNMOBI 30 MG SL FILM	4	PA, QL, SRX			

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LAPATINIB 250 MG TABLET	4	PA, QL, SRX
LARIN 1.5 MG-30 MCG TABLET	1	
LARIN 21 1-20 TABLET	1	
LARIN 24 FE 1 MG-20 MCG TABLET	1	
LARIN FE 1.5-30 TABLET	1	
LARIN FE 1-20 TABLET	1	
LARISSIA-28 TABLET	1	
LATANOPROST 0.005% EYE DROPS	1	
LAYOLIS FE CHEWABLE TABLET	3	
LEADER INS SYR 0.3 ML 29GX1/2"	2	
LEADER INS SYR 0.5 ML 28GX1/2"	2	
LEADER INS SYR 0.5 ML 29GX1/2"	2	
LEADER INS SYR 0.5 ML 30GX1/2"	2	
LEADER INS SYR 1 ML 28GX1/2"	2	
LEADER INS SYR 1 ML 29GX1/2"	2	
LEADER INS SYR 1 ML 30GX5/16"	2	
LEADER INS SYR 1 ML 31GX5/16"	2	
LEADER INSULIN SYRINGE 0.3 ML	2	
LEADER PEN NEEDLES 12MM 29G	2	
LEADER SYRING 0.3 ML 31GX5/16"	2	
LEADER SYRING 0.5 ML 31GX5/16"	2	
LEDIPASVIR-SOFOSBUVIR 90-400MG	4	PA, QL, SRX
LEENA 28 TABLET	1	
LEFLUNOMIDE 10 MG TABLET	1	
LEFLUNOMIDE 20 MG TABLET	1	
LENALIDOMIDE 10 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 15 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 20 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 25 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 5 MG CAPSULE	4	PA, QL, LDD, SRX
LENVIMA 10 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 12 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 14 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 18 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 20 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 24 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 4 MG CAPSULE	4	PA, QL, LDD, SRX
LENVIMA 8 MG DAILY DOSE	4	PA, QL, LDD, SRX
LESSINA-28 TABLET	1	
LETROZOLE 2.5 MG TABLET	1	
LEUCOVORIN CALCIUM 10 MG TAB	1	
LEUCOVORIN CALCIUM 15 MG TAB	1	
LEUCOVORIN CALCIUM 25 MG TAB	1	
LEUCOVORIN CALCIUM 5 MG TAB	1	
LEUKERAN 2 MG TABLET	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LEUKINE 250 MCG VIAL	4	SRX
LEUPROLIDE 2WK 14 MG/2.8 ML KT	4	PA, SRX
LEVALBUTEROL 0.31 MG/3 ML SOL	1	
LEVALBUTEROL 0.63 MG/3 ML SOL	1	
LEVALBUTEROL 1.25 MG/3 ML SOL	1	
LEVALBUTEROL CONC 1.25 MG/0.5	1	
LEVALBUTEROL TAR HFA 45MCG INH	1	QL
LEVEMIR 100 UNIT/ML VIAL	3	QL, ST
LEVEMIR FLEXPEN 100 UNIT/ML	3	QL, ST
LEVEMIR FLEXTOUCH 100 UNIT/ML	3	QL, ST
LEVETIRACETAM 1,000 MG TABLET	1	
LEVETIRACETAM 1,000 MG/10 ML	1	
LEVETIRACETAM 100 MG/ML SOLN	1	
LEVETIRACETAM 250 MG TABLET	1	
LEVETIRACETAM 500 MG TABLET	1	
LEVETIRACETAM 500 MG/5 ML CUP	1	
LEVETIRACETAM 500 MG/5 ML SOLN	1	
LEVETIRACETAM 750 MG TABLET	1	
LEVETIRACETAM ER 500 MG TABLET	1	
LEVETIRACETAM ER 750 MG TABLET	1	
LEVOBUNOLOL 0.5% EYE DROPS	1	
LEVOCARNITINE 1 G/10 ML SOLN	1	
LEVOCARNITINE 330 MG TABLET	1	
LEVOCARNITINE SF 1 G/10 ML SOL	1	
LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	
LEVOCETIRIZINE 5 MG TABLET	1	
LEVOFLOXACIN 0.5% EYE DROPS	1	
LEVOFLOXACIN 1.5% EYE DROPS	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	1	
LEVOFLOXACIN 250 MG TABLET	1	
LEVOFLOXACIN 500 MG TABLET	1	
LEVOFLOXACIN 750 MG TABLET	1	
LEVONEST-28 TABLET	1	
LEVONO-E ESTRAD 0.15-0.03-0.01	1	
LEVONOR-E ESTRAD 0.1-0.02-0.01	1	
LEVONOR-ETH ESTRA 0.09-0.02 MG	1	
LEVONOR-ETH ESTRAD 0.1-0.02 MG	1	
LEVONOR-ETH ESTRAD 0.15-0.03	1	
LEVONOR-ETH ESTRAD TRIPHASIC	1	
LEVONORG 0.15MG-EE 20-25-30MCG	1	
LEVONORGESTREL 1.5 MG TABLET	1	
LEVORA-28 TABLET	1	
LEVORPHANOL 2 MG TABLET	4	PA, SRX
LEVORPHANOL 3 MG TABLET	4	PA, SRX
LEVO-T 100 MCG TABLET	1	
LEVO-T 112 MCG TABLET	1	
LEVO-T 125 MCG TABLET	1	

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

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LIVE BETTER PEN NEEDLES 8MM	2		LYLLANA 0.05 MG PATCH	1	QL
LO LOESTRIN FE 1-10 TABLET	2		LYLLANA 0.075 MG PATCH	1	QL
LOJAIMIESS 0.1-0.02-0.01 TAB	1		LYLLANA 0.1 MG PATCH	1	QL
LOKELMA 10 GRAM POWDER PACKET	3		LYNPARZA 100 MG TABLET	4	PA, QL, LDD, SRX
LOKELMA 5 GRAM POWDER PACKET	3		LYNPARZA 150 MG TABLET	4	PA, QL, LDD, SRX
LOPERAMIDE 2 MG CAPSULE	1		LYSODREN 500 MG TABLET	3	LDD
LOPINA VIR-RITONAVIR 80-20MG/ML	1		LYZA 0.35 MG TABLET	1	
LOPINA VIR-RITONAVIR 100-25MG TB	1		MAGELLAN INSUL SYRINGE 0.3 ML	2	
LOPINA VIR-RITONAVIR 200-50MG TB	1		MAGELLAN INSUL SYRINGE 0.5 ML	2	
LORAZEPAM 0.5 MG TABLET	1		MAGELLAN INSULIN SYR 0.3 ML	2	
LORAZEPAM 1 MG TABLET	1		MAGELLAN INSULIN SYR 0.5 ML	2	
LORAZEPAM 2 MG TABLET	1		MAGELLAN INSULIN SYRINGE 1 ML	2	
LORAZEPAM 2 MG/ML ORAL CONCENT	1		MALATHION 0.5% LOTION	1	
LORAZEPAM INTENSOL 2 MG/ML	1		MAPROTI LINE 25 MG TABLET	1	
LORCET 5-325 MG TABLET	1	PA	MAPROTI LINE 75 MG TABLET	1	
LORCET HD 10-325 MG TABLET	1	PA	MARLISSA-28 TABLET	1	
LORCET PLUS 7.5-325 MG TABLET	1	PA	MARPLAN 10 MG TABLET	3	
LORTAB 10 MG-300 MG/15 ML ELXR	1	PA	MATZIM LA 180 MG TABLET	1	
LORYNA 3 MG-0.02 MG TABLET	1		MATZIM LA 240 MG TABLET	1	
LOSARTAN POTASSIUM 100 MG TAB	1		MATZIM LA 300 MG TABLET	1	
LOSARTAN POTASSIUM 25 MG TAB	1		MATZIM LA 360 MG TABLET	1	
LOSARTAN POTASSIUM 50 MG TAB	1		MATZIM LA 420 MG TABLET	1	
LOSARTAN-HCTZ 100-12.5 MG TAB	1		MAXICOMFORT II PEN ND L 31GX6MM	2	
LOSARTAN-HCTZ 100-25 MG TAB	1		MAXI-COMFORT INS 0.5 ML 28G	2	
LOSARTAN-HCTZ 50-12.5 MG TAB	1		MAXICOMFORT INS 0.5ML 27GX1/2"	2	
LOTEPREDNOL 0.5% OPHTHALMC GEL	2		MAXICOMFORT INS 1 ML 27GX1/2"	2	
LOTEPREDNOL ETABONATE 0.5% DRP	2		MAXI-COMFORT INS 1 ML 28GX1/2"	2	
LOVASTATIN 10 MG TABLET	1		MAXICOMFORT PEN ND L 29G X 5MM	2	
LOVASTATIN 20 MG TABLET	1		MAXICOMFORT PEN ND L 29G X 8MM	2	
LOVASTATIN 40 MG TABLET	1		MECLIZINE 12.5 MG TABLET	1	
LOW-OGESTREL-28 TABLET	1		MECLIZINE 25 MG TABLET	1	
LOXAPINE 10 MG CAPSULE	1		MECLOFENAMATE 100 MG CAPSULE	1	
LOXAPINE 25 MG CAPSULE	1		MECLOFENAMATE 50 MG CAPSULE	1	
LOXAPINE 5 MG CAPSULE	1		MEDICATION TRANSFER NEEDLE	2	
LOXAPINE 50 MG CAPSULE	1		MEDISENSE GLUC-KET CONT SOL	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1		MEDISENSE H-L CONTROL SOLUTION	2	
LUBIPROSTONE 24 MCG CAPSULE	3		MEDISENSE H-M-L CONTROL SOLN	2	
LUBIPROSTONE 8 MCG CAPSULE	3		MEDISENSE MID CONTROL SOLUTION	2	
LURASIDONE HCL 120 MG TABLET	3	QL	MEDPOINT CONTROL SOLUTION	2	
LURASIDONE HCL 20 MG TABLET	3	QL	MEDROL 2 MG TABLET	3	
LURASIDONE HCL 40 MG TABLET	3	QL	MEDROXYPROGESTERONE 10 MG TAB	1	
LURASIDONE HCL 60 MG TABLET	3	QL	MEDROXYPROGESTERONE 150 MG/ML	1	
LURASIDONE HCL 80 MG TABLET	3	QL	MEDROXYPROGESTERONE 2.5 MG TAB	1	
LUTERA-28 TABLET	1		MEDROXYPROGESTERONE 5 MG TAB	1	
LYLEQ 0.35 MG TABLET	1		MEDTRONIC EXT INF SET 23" 6MM	2	
LYLLANA 0.025 MG PATCH	1	QL	MEDTRONIC EXT INF SET 23" 9MM	2	
LYLLANA 0.0375 MG PATCH	1	QL	MEDTRONIC EXT INF SET 32" 9MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MEDTRONIC REMOTE CONTROL	2		METFORMIN HCL ER 500 MG TABLET	1	
MEFENAMIC ACID 250 MG CAPSULE	1		METFORMIN HCL ER 750 MG TABLET	1	
MEFLOQUINE HCL 250 MG TABLET	1	QL	METHADONE 10 MG/5 ML SOLUTION	1	PA
MEGESTROL 20 MG TABLET	1		METHADONE 10 MG/ML ORAL CONC	1	PA
MEGESTROL 40 MG TABLET	1		METHADONE 5 MG/5 ML SOLUTION	1	PA
MEGESTROL 625 MG/5 ML SUSP	3		METHADONE HCL 10 MG TABLET	1	PA
MEGESTROL ACET 40 MG/ML SUSP	1		METHADONE HCL 5 MG TABLET	1	PA
MEGESTROL ACET 400 MG/10 ML	1		METHADONE INTENSOL 10 MG/ML	1	PA
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL, SRX	METHAMPHETAMINE 5 MG TABLET	3	QL
MEKINIST 0.5 MG TABLET	4	PA, QL, SRX	METHAZOLAMIDE 25 MG TABLET	1	
MEKINIST 2 MG TABLET	4	PA, QL, SRX	METHAZOLAMIDE 50 MG TABLET	1	
MELODETTA 24 FE CHEWABLE TAB	1		METHENAMINE HIPPI 1 GM TABLET	1	
MELOXICAM 15 MG TABLET	1		METHENAMINE MAND 1 GM TABLET	1	
MELOXICAM 7.5 MG TABLET	1		METHENAMINE MAND 500 MG TABLET	1	
MELPHALAN 2 MG TABLET	1		METHERGINE 0.2 MG TABLET	3	
MEMANTINE 5-10 MG TITRATION PK	1		METHIMAZOLE 10 MG TABLET	1	
MEMANTINE HCL 10 MG TABLET	1		METHIMAZOLE 5 MG TABLET	1	
MEMANTINE HCL 2 MG/ML SOLUTION	1		METHITEST 10 MG TABLET	4	SRX
MEMANTINE HCL 5 MG TABLET	1		METHOCARBAMOL 500 MG TABLET	1	
MENACTRA VIAL	2		METHOCARBAMOL 750 MG TABLET	1	
MENEST 0.3 MG TABLET	3		METHOTREXATE 2.5 MG TABLET	1	
MENEST 0.625 MG TABLET	3		METHOXSALEN 10 MG SOFTGEL	3	
MENEST 1.25 MG TABLET	3		METHSCOPOLAMINE BROM 2.5 MG TB	1	
MENEST 2.5 MG TABLET	3		METHSCOPOLAMINE BROM 5 MG TAB	1	
MENQUADFI VIAL	2		METHSUXIMIDE 300 MG CAPSULE	3	
MENTAX 1% CREAM	3		METHYLDOPA 250 MG TABLET	1	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2		METHYLDOPA 500 MG TABLET	1	
MENVEO A-C-Y-W KIT (2 VIALS)	2		METHYLDOPA-HCTZ 250-15 MG TAB	1	
MEPERIDINE 50 MG TABLET	1	PA	METHYLDOPA-HCTZ 250-25 MG TAB	1	
MEPERIDINE 50 MG/5 ML SOLUTION	1	PA	METHYLERGONOVINE 0.2 MG TABLET	3	
MEPROBAMATE 200 MG TABLET	1		METHYLPHENIDATE 10 MG CHEW TAB	1	QL
MEPROBAMATE 400 MG TABLET	1		METHYLPHENIDATE 10 MG TABLET	1	QL
MERCAPTOPYRINE 50 MG TABLET	1		METHYLPHENIDATE 10 MG/5 ML SOL	1	QL
MERZEE 1 MG-20 MCG CAPSULE	1		METHYLPHENIDATE 2.5 MG CHEW TB	1	QL
MESALAMINE 4 GM/60 ML ENEMA	3		METHYLPHENIDATE 20 MG TABLET	1	QL
MESALAMINE 4 GM/60 ML KIT	3		METHYLPHENIDATE 5 MG CHEW TAB	1	QL
MESALAMINE 800 MG DR TABLET	3		METHYLPHENIDATE 5 MG TABLET	1	QL
MESALAMINE ER 0.375 GRAM CAP	2		METHYLPHENIDATE 5 MG/5 ML SOLN	1	QL
MESALAMINE ER 500 MG CAPSULE	3		METHYLPHENIDATE CD 10 MG CAP	1	QL
MESNEX 400 MG TABLET	4	SRX	METHYLPHENIDATE CD 20 MG CAP	1	QL
METAXALL 800 MG TABLET	3		METHYLPHENIDATE CD 30 MG CAP	1	QL
METAXALONE 400 MG TABLET	3		METHYLPHENIDATE CD 40 MG CAP	1	QL
METAXALONE 800 MG TABLET	3		METHYLPHENIDATE CD 50 MG CAP	1	QL
METFORMIN HCL 1,000 MG TABLET	1		METHYLPHENIDATE CD 60 MG CAP	1	QL
METFORMIN HCL 500 MG TABLET	1		METHYLPHENIDATE ER 10 MG TAB	1	QL
METFORMIN HCL 850 MG TABLET	1		METHYLPHENIDATE ER 18 MG TAB	1	QL

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MINI PEN NEEDLE 33G 6MM	2		MINOXIDIL 2.5 MG TABLET	1	
MINI ULTRA-THIN II PEN NDL 31G	2		MIO INFUSION SET 18"	2	
MINI WRIGHT PEAK FLOW METER	2		MIO INFUSION SET 23"	2	
MINIMED INFUSION SET	2		MIO INFUSION SET 32"	2	
MINIMED MIO ADV INFUSN 23"6MM	2		MIRTAZAPINE 15 MG ODT	1	
MINIMED MIO ADV INFUSN 23"9MM	2		MIRTAZAPINE 15 MG TABLET	1	
MINIMED MIO ADV INFUSN 43"6MM	2		MIRTAZAPINE 30 MG ODT	1	
MINIMED MIO ADV INFUSN 43"9MM	2		MIRTAZAPINE 30 MG TABLET	1	
MINIMED MIO INFUSN SET 18" 6MM	2		MIRTAZAPINE 45 MG ODT	1	
MINIMED MIO INFUSN SET 23" 6MM	2		MIRTAZAPINE 45 MG TABLET	1	
MINIMED MIO INFUSN SET 32" 6MM	2		MIRTAZAPINE 7.5 MG TABLET	1	
MINIMED MIO INFUSN SET 32" 9MM	2		MISOPROSTOL 100 MCG TABLET	1	
MINIMED QUICK SET INF 18" 6MM	2		MISOPROSTOL 200 MCG TABLET	1	
MINIMED QUICK SET INF 23" 6MM	2		M-M-R II VACCINE VIAL	2	
MINIMED QUICK SET INF 23" 9MM	2		M-NATAL PLUS TABLET	1	
MINIMED QUICK SET INF 32" 6MM	2		MODAFINIL 100 MG TABLET	3	PA
MINIMED QUICK SET INF 32" 9MM	2		MODAFINIL 200 MG TABLET	3	PA
MINIMED QUICK SET INF 43" 6MM	2		MODERNA COVID (12Y UP)VAC(EUA)	2	
MINIMED QUICK SET INF 43" 9MM	2		MODERNA COVID BIVAL(6MO UP)EUA	2	
MINIMED QUICK-SERTER	2		MODERNA COVID BIVAL(6MO-5Y)EUA	2	
MINIMED RESERVOIR 1.8 ML	2		MODERNA COVID(6-11Y) VACC(EUA)	2	
MINIMED RESERVOIR 3 ML	2		MODERNA COVID(6M-5Y) VACC(EUA)	2	
MINIMED SILHOUETTE INF SET 18"	2		MODERNA COVID-19 BOOSTER (EUA)	2	
MINIMED SILHOUETTE INF SET 23"	2		MOEXIPRIL HCL 15 MG TABLET	1	
MINIMED SILHOUETTE INF SET 32"	2		MOEXIPRIL HCL 7.5 MG TABLET	1	
MINIMED SILHOUETTE INF SET 43"	2		MOLINDONE HCL 10 MG TABLET	1	
MINIMED SURE T INF SET 18" 6MM	2		MOLINDONE HCL 25 MG TABLET	1	
MINIMED SURE T INF SET 23" 6MM	2		MOLINDONE HCL 5 MG TABLET	1	
MINIMED SURE T INF SET 23" 8MM	2		MOMETASONE FUROATE 0.1% CREAM	1	
MINIMED SURE T INF SET 32" 6MM	2		MOMETASONE FUROATE 0.1% OINT	1	
MINIMED SURE T INF SET 32" 8MM	2		MOMETASONE FUROATE 0.1% SOLN	1	
MINIMED SURE T INFUSN SET 23"	2		MOMETASONE FUROATE 50 MCG SPRY	1	QL
MINIMED SURE T INFUSN SET 32"	2		MONDOXYNE NL 100 MG CAPSULE	1	
MINITRAN 0.1 MG/HR PATCH	1		MONDOXYNE NL 75 MG CAPSULE	1	
MINITRAN 0.2 MG/HR PATCH	1		MONOJECT 0.5 ML SYRN 28GX1/2"	2	
MINITRAN 0.4 MG/HR PATCH	1		MONOJECT 1 ML SYRN 27X1/2"	2	
MINITRAN 0.6 MG/HR PATCH	1		MONOJECT 1 ML SYRN 28GX1/2"	2	
MINI-WRIGHT PEAK FLOW METER	2		MONOJECT 3 ML SYRINGE 21GX1"	2	
MINOCYCLINE 100 MG CAPSULE	1		MONOJECT 3 ML SYRINGE 23GX1"	2	
MINOCYCLINE 50 MG CAPSULE	1		MONOJECT 3 ML SYRINGE 25GX1"	2	
MINOCYCLINE 75 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX1"	2	
MINOCYCLINE HCL 100 MG TABLET	1		MONOJECT 3 ML SYRN 21GX1/2"	2	
MINOCYCLINE HCL 50 MG TABLET	1		MONOJECT 3 ML SYRN 21GX1-1/2"	2	
MINOCYCLINE HCL 75 MG TABLET	1		MONOJECT 3 ML SYRN 22GX11/2"	2	
MINOXIDIL 10 MG TABLET	1		MONOJECT 3 ML SYRN 22GX1-1/2"	2	
			MONOJECT 3 ML SYRN 23GX1"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MONOJECT 3 ML SYRN 25GX1"	2	
MONOJECT 3 ML SYRN 25GX1.25"	2	
MONOJECT 3 ML SYRN 25GX5/8"	2	
MONOJECT 3 ML SYRN 27GX1.25"	2	
MONOJECT 3 ML SYRN 27GX11/4"	2	
MONOJECT 6 ML SYRN 20GX11/2"	2	
MONOJECT 6 ML SYRN 21GX1"	2	
MONOJECT 6 ML SYRN 21GX11/2"	2	
MONOJECT 6 ML SYRN 22GX11/2"	2	
MONOJECT 6CC SAFETY SYRINGE	2	
MONOJECT BLD COL NEEDL 20GX1.5	2	
MONOJECT BLD COL NEEDLE 20GX1"	2	
MONOJECT BLD COL NEEDLE 21GX1"	2	
MONOJECT BLD COL NEEDLE 22GX1"	2	
MONOJECT FILTR 18GX1.5" NEEDLE	2	
MONOJECT HYPO NDL 27GX1-1/2"	2	
MONOJECT HYPO NEEDLE 18X1A	2	
MONOJECT HYPO NEEDLE 19X1	2	
MONOJECT HYPO NEEDLE 19X1-1/2	2	
MONOJECT HYPO NEEDLE 20X1	2	
MONOJECT HYPO NEEDLE 20X1-1/2	2	
MONOJECT HYPO NEEDLE 21X1	2	
MONOJECT HYPO NEEDLE 21X1-1/2	2	
MONOJECT HYPO NEEDLE 22X1	2	
MONOJECT HYPO NEEDLE 22X1.5	2	
MONOJECT HYPO NEEDLE 23X1	2	
MONOJECT HYPO NEEDLE 25X1	2	
MONOJECT HYPO NEEDLE 25X1.5	2	
MONOJECT HYPO NEEDLE 25X5/8	2	
MONOJECT HYPO NEEDLE 26X1.5	2	
MONOJECT HYPO NEEDLE 27X0.5	2	
MONOJECT HYPO NEEDLE 30X3/4	2	
MONOJECT HYPODERMIC NEEDLE	2	
MONOJECT INSUL SYR U100	2	
MONOJECT INSUL SYR U100 0.5 ML	2	
MONOJECT INSUL SYR U100 1 ML	2	
MONOJECT INSULIN SAFETY SYRNG	2	
MONOJECT INSULIN SYR 0.3 ML	2	
MONOJECT INSULIN SYR 0.5 ML	2	
MONOJECT INSULIN SYR 1 ML	2	
MONOJECT INSULIN SYR U-100	2	
MONOJECT INSULIN SYRN 3/10 ML	2	
MONOJECT SYRINGE 0.3 ML	2	
MONOJECT SYRINGE 0.5 ML	2	
MONOJECT SYRINGE 1 ML	2	
MONOJECT SYRINGE 3 ML 20GX1	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MONOJECT SYRINGE 3 ML 22GX1"	2	
MONOJECT SYRN 3 ML 20GX1-1/2"	2	
MONOJECT SYRN 3 ML 20GX3/4"	2	
MONOJECT SYRNG 20GX1" 3 ML	2	
MONO-LINYAH 28 TABLET	1	
MONTELUKAST SOD 10 MG TABLET	1	
MONTELUKAST SOD 4 MG GRANULES	1	
MONTELUKAST SOD 4 MG TAB CHEW	1	
MONTELUKAST SOD 5 MG TAB CHEW	1	
MORGIDOX 100 MG CAPSULE	1	
MORGIDOX 50 MG CAPSULE	1	
MORPHINE SULF 10 MG SUPPOS	1	PA
MORPHINE SULF 10 MG/5 ML SOLN	1	PA
MORPHINE SULF 100 MG/5 ML CONC	1	PA
MORPHINE SULF 20 MG SUPPOS	1	PA
MORPHINE SULF 20 MG/5 ML SOLN	1	PA
MORPHINE SULF 30 MG SUPPOS	1	PA
MORPHINE SULF 5 MG SUPPOS	1	PA
MORPHINE SULF ER 100 MG TABLET	1	PA
MORPHINE SULF ER 15 MG TABLET	1	PA
MORPHINE SULF ER 200 MG TABLET	1	PA
MORPHINE SULF ER 30 MG TABLET	1	PA
MORPHINE SULF ER 60 MG TABLET	1	PA
MORPHINE SULFATE ER 10 MG CAP	1	PA
MORPHINE SULFATE ER 100 MG CAP	1	PA
MORPHINE SULFATE ER 120 MG CAP	1	PA
MORPHINE SULFATE ER 20 MG CAP	1	PA
MORPHINE SULFATE ER 30 MG CAP	1	PA
MORPHINE SULFATE ER 45 MG CAP	1	PA
MORPHINE SULFATE ER 50 MG CAP	1	PA
MORPHINE SULFATE ER 60 MG CAP	1	PA
MORPHINE SULFATE ER 75 MG CAP	1	PA
MORPHINE SULFATE ER 80 MG CAP	1	PA
MORPHINE SULFATE ER 90 MG CAP	1	PA
MORPHINE SULFATE IR 15 MG TAB	1	PA
MORPHINE SULFATE IR 30 MG TAB	1	PA
PEDIATRIC MOUTHPIECE	2	QL
MOXIFLOXACIN 0.5% EYE DROPS	1	
MOXIFLOXACIN 0.5% EYE DRP-VISC	1	
MOXIFLOXACIN HCL 400 MG TABLET	1	
MS INS SYR 0.5 ML 29GX1/2"	2	
MS INS SYR 1 ML 29GX1/2"	2	
MS INS SYRINGE 1 ML 30GX1/2"	2	
MS INSUL SYR 0.3 ML 31GX5/16"	2	
MS INSUL SYR 0.5 ML 30GX1/2"	2	
MS INSUL SYR 0.5 ML 31GX5/16"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MS INSULIN SYR 0.3 ML 29GX1/2"	2		NALOXONE 0.4 MG/ML CARPUJECT	1	
MS INSULIN SYR 1 ML 31GX5/16"	2		NALOXONE 2 MG/2 ML SYRINGE	1	
MS INSULIN SYRINGE 0.3 ML	2		NALOXONE HCL 4 MG NASAL SPRAY	1	QL
MS PEN NEEDLE 6MM 31G	2		NALTREXONE 50 MG TABLET	1	QL
MULTISTIX REAGENT STRIPS	2		NAPROXEN 250 MG TABLET	1	
MULTISTIX 10 SG REAGENT STRIPS	2		NAPROXEN 375 MG TABLET	1	
MULTISTIX 5 STRIPS	2		NAPROXEN 500 MG KIT	1	
MULTISTIX 7 REAGENT STRIPS	2		NAPROXEN 500 MG TABLET	1	
MULTISTIX 8 SG REAGENT STRIPS	2		NAPROXEN DR 375 MG TABLET	1	
MULTISTIX 9 REAGENT STRIPS	2		NAPROXEN DR 500 MG TABLET	1	
MULTISTIX 9 SG REAGENT STRIPS	2		NAPROXEN SOD CR 375 MG TABLET	1	
MULTIVIT-FLUOR 0.25 MG TAB CHW	1		NAPROXEN SOD ER 375 MG TABLET	1	
MULTIVIT-FLUOR 0.25 MG/ML DROP	1		NAPROXEN SODIUM 275 MG TAB	1	
MULTIVIT-FLUOR 0.5 MG TAB CHEW	1		NAPROXEN SODIUM 550 MG TAB	1	
MULTIVIT-FLUORIDE 1 MG TAB CHW	1		NARATRIPTAN HCL 1 MG TABLET	1	QL
MUPIROCIN 2% CREAM	1		NARATRIPTAN HCL 2.5 MG TABLET	1	QL
MUPIROCIN 2% OINTMENT	1		NATACYN 5% EYE DROPS	3	
MY CHOICE 1.5 MG TABLET	1		NATAZIA 28 TABLET	3	
MY WAY 1.5 MG TABLET	1		NATEGLINIDE 120 MG TABLET	1	
MYCOPHENOLATE 200 MG/ML SUSP	1		NATEGLINIDE 60 MG TABLET	1	
MYCOPHENOLATE 250 MG CAPSULE	1		NATURE-THROID 113.75 MG TABLET	1	
MYCOPHENOLATE 500 MG TABLET	1		NATURE-THROID 130 MG TABLET	1	
MYCOPHENOLIC ACID DR 180 MG TB	1		NATURE-THROID 146.25 MG TABLET	1	
MYCOPHENOLIC ACID DR 360 MG TB	1		NATURE-THROID 16.25 MG TABLET	1	
MYGLUCOHEALTH CONTROL SOLN PAK	2		NATURE-THROID 162.5 MG TABLET	1	
MYLERAN 2 MG TABLET	3		NATURE-THROID 195 MG TABLET	1	
MYNATAL CAPSULE	1		NATURE-THROID 260 MG TABLET	1	
MYNATAL PLUS CAPTAB	1		NATURE-THROID 32.5 MG TABLET	1	
MYNATAL ULTRACAPLET	1		NATURE-THROID 325 MG TABLET	1	
MYNATAL-Z CAPTAB	1		NATURE-THROID 48.75 MG TABLET	1	
MYORISAN 10 MG CAPSULE	3		NATURE-THROID 65 MG TABLET	1	
MYORISAN 20 MG CAPSULE	3		NATURE-THROID 81.25 MG TABLET	1	
MYORISAN 30 MG CAPSULE	3		NATURE-THROID 97.5 MG TABLET	1	
MYORISAN 40 MG CAPSULE	3		NAYZILAM 5 MG NASAL SPRAY	4	PA, QL, SRX
MYRBETRIQ ER 25 MG TABLET	3	QL, ST	NEBUSAL 3% VIAL	1	
MYRBETRIQ ER 50 MG TABLET	3	QL, ST	NECON 0.5-35-28 TABLET	1	
MYTESI 125 MG DR TABLET	3	LDD	NEFAZODONE HCL 100 MG TABLET	1	
NABUMETONE 500 MG TABLET	1		NEFAZODONE HCL 150 MG TABLET	1	
NABUMETONE 750 MG TABLET	1		NEFAZODONE HCL 200 MG TABLET	1	
NADOLOL 20 MG TABLET	1		NEFAZODONE HCL 250 MG TABLET	1	
NADOLOL 40 MG TABLET	1		NEFAZODONE HCL 50 MG TABLET	1	
NADOLOL 80 MG TABLET	1		NEO-BACIT-POLY-HC EYE OINTMENT	1	
NAFTIFINE HCL 1% CREAM	1		NEOMYC-BACIT-POLYMIX EYE OINT	1	
NAFTIFINE HCL 1% GEL	1		NEOMYCIN 500 MG TABLET	1	
NAFTIFINE HCL 2% CREAM	1				
NAFTIFINE HCL 2% GEL	1				

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NEOMYCIN-POLY-HC EYE DROPS	1	
NEOMYC-POLYM-GRAMICID EYE DROP	1	
NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	
NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	
NEOMYC-POLYM-DEXAMET EYE OINTM	1	
NEOMYC-POLYM-DEXAMETH EYE DROP	1	
NEOMY-POLYMYXIN B 40 MG/ML AMP	1	
NEOMY-POLYMYXIN B 40 MG/ML VL	1	
NEO-POLYCIN EYE OINTMENT	1	
NEO-POLYCIN HC EYE OINTMENT	1	
NEUAC GEL	1	
NEULASTA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA, SRX
NEVANAC 0.1% EYE DROP	3	
NEVIRAPINE 200 MG TABLET	1	
NEVIRAPINE 50 MG/5 ML SUSP	1	
NEVIRAPINE ER 100 MG TABLET	1	
NEVIRAPINE ER 400 MG TABLET	1	
NEW DAY 1.5 MG TABLET	1	
NEWGEN TABLET	1	
NIACIN ER 1,000 MG TABLET	1	
NIACIN ER 500 MG TABLET	1	
NIACIN ER 750 MG TABLET	1	
NICARDIPINE 20 MG CAPSULE	1	
NICARDIPINE 30 MG CAPSULE	1	
NICOTROL CARTRIDGE INHALER	3	
NICOTROL NS 10 MG/ML SPRAY	3	
NIFEDIPINE 10 MG CAPSULE	1	
NIFEDIPINE 20 MG CAPSULE	1	
NIFEDIPINE ER 30 MG TABLET	1	
NIFEDIPINE ER 60 MG TABLET	1	
NIFEDIPINE ER 90 MG TABLET	1	
NIKKI 3 MG-0.02 MG TABLET	1	
NILUTAMIDE 150 MG TABLET	4	SRX
NIMODIPINE 30 MG CAPSULE	3	
NINLARO 2.3 MG CAPSULE	4	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	4	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX
NISOLDIPINE ER 17 MG TABLET	1	QL
NISOLDIPINE ER 20 MG TABLET	1	QL
NISOLDIPINE ER 25.5 MG TABLET	1	QL
NISOLDIPINE ER 30 MG TABLET	1	QL
NISOLDIPINE ER 34 MG TABLET	1	QL
NISOLDIPINE ER 40 MG TABLET	1	QL
NISOLDIPINE ER 8.5 MG TABLET	1	QL
NITAZOXANIDE 500 MG TABLET	3	PA

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NORGESTIMATE-EE 0.25-0.035 MG	1		NYMYO 0.25-0.035 MG (28) TAB	1	
NORG-ETHIN ESTRA 0.25-0.035 MG	1		NYSTATIN 100,000 UNIT/GM CREAM	1	
NORLYDA 0.35 MG TABLET	1		NYSTATIN 100,000 UNIT/GM OINT	1	
NORPACE CR 100 MG CAPSULE	3		NYSTATIN 100,000 UNIT/GM POWD	1	
NORPACE CR 150 MG CAPSULE	3		NYSTATIN 100,000 UNIT/ML SUSP	1	
NORTREL 0.5-35-28 TABLET	1		NYSTATIN 500,000 UNIT ORAL TAB	1	
NORTREL 1-35 21 TABLET	1		NYSTATIN 500,000 UNIT/5 ML CUP	1	
NORTREL 1-35 28 TABLET	1		NYSTATIN-TRIAMCINOLONE CREAM	1	
NORTREL 7-7-7-28 TABLET	1		NYSTATIN-TRIAMCINOLONE OINTM	1	
NORTRIPTYLINE 10 MG/5 ML SOLN	1		NYSTOP 100,000 UNIT/GM POWDER	1	
NORTRIPTYLINE HCL 10 MG CAP	1		NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NORTRIPTYLINE HCL 25 MG CAP	1		OBSTETRIX DHA COMBO PAK	1	
NORTRIPTYLINE HCL 50 MG CAP	1		OBSTETRIX ONE SOFTGEL	1	
NORTRIPTYLINE HCL 75 MG CAP	1		OCELLA 3 MG-0.03 MG TABLET	1	
NORVIR 100 MG POWDER PACKET	2		OCTREOTIDE 1,000 MCG/5 ML VIAL	1	PA
NOVA MAX GLUCOSE CONTROL SOLN	2		OCTREOTIDE 1,000 MCG/ML VIAL	1	PA
NOVAVAX COVID-19 VACC,ADJ(EUA)	2		OCTREOTIDE 5,000 MCG/5 ML VIAL	1	PA
NOVOFINE 32G NEEDLES	2		OCTREOTIDE ACET 0.05 MG/ML VL	1	PA
NOVOFINE AUTOCOVER 30G NEEDLE	2		OCTREOTIDE ACET 100 MCG/ML AMP	1	PA
NOVOFINE PLUS PEN NDJ 32GX1/6"	2		OCTREOTIDE ACET 100 MCG/ML SYR	1	PA
NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST	OCTREOTIDE ACET 100 MCG/ML VL	1	PA
NOVOLOG 100 UNIT/ML VIAL	3	QL, ST	OCTREOTIDE ACET 200 MCG/ML VL	1	PA
NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML AMP	1	PA
NOVOLOG MIX 70-30 VIAL	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML SYR	1	PA
NOVOLOG PENFILL 100 UNIT/ML	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML VIAL	1	PA
NOVOPEN 3 INSULIN DEVICE	2		OCTREOTIDE ACET 500 MCG/ML AMP	1	PA
NOVOPEN ECHO INSULIN DEVICE	2		OCTREOTIDE ACET 500 MCG/ML SYR	1	PA
NOVOTWIST NEEDLE 32G 5MM	2		OCTREOTIDE ACET 500 MCG/ML VL	1	PA
NOXAFIL 40 MG/ML SUSPENSION	3		ODACTRA 12 SQ-HDM SL TABLET	3	PA, QL
NP THYROID 120 MG TABLET	1		ODEFSEY TABLET	2	QL
NP THYROID 15 MG TABLET	1		ODOMZO 200 MG CAPSULE	4	PA, QL, LDD, SRX
NP THYROID 30 MG TABLET	1		OFLOXACIN 0.3% EAR DROPS	1	
NP THYROID 60 MG TABLET	1		OFLOXACIN 0.3% EYE DROPS	1	
NP THYROID 90 MG TABLET	1		OFLOXACIN 300 MG TABLET	1	
NUCYNTA 100 MG TABLET	3	PA	OFLOXACIN 400 MG TABLET	1	
NUCYNTA 50 MG TABLET	3	PA	OKEBO 75 MG CAPSULE	1	
NUCYNTA 75 MG TABLET	3	PA	OLANZAPINE 10 MG TABLET	1	
NUCYNTA ER 100 MG TABLET	3	PA	OLANZAPINE 15 MG TABLET	1	
NUCYNTA ER 150 MG TABLET	3	PA	OLANZAPINE 2.5 MG TABLET	1	
NUCYNTA ER 200 MG TABLET	3	PA	OLANZAPINE 20 MG TABLET	1	
NUCYNTA ER 250 MG TABLET	3	PA	OLANZAPINE 5 MG TABLET	1	
NUCYNTA ER 50 MG TABLET	3	PA	OLANZAPINE 7.5 MG TABLET	1	
NUEDEXTA 20-10 MG CAPSULE	3	PA	OLANZAPINE ODT 10 MG TABLET	1	
NYAMYC 100,000 UNIT/GM POWDER	1		OLANZAPINE ODT 15 MG TABLET	1	
NYLIA 1-35 28 TABLET	1		OLANZAPINE ODT 20 MG TABLET	1	
NYLIA 7-7-7-28 TABLET	1		OLANZAPINE ODT 5 MG TABLET	1	

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OLANZAPINE-FLUOXETINE 12-25 MG	1		ONETOUCH DELICA PLUS 33G LANCT	2	
OLANZAPINE-FLUOXETINE 12-50 MG	1		ONETOUCH DELICA PLUS LANC DEV	2	
OLANZAPINE-FLUOXETINE 3-25 MG	1		ONETOUCH DELICA SAF 30G LANCET	2	
OLANZAPINE-FLUOXETINE 6-25 MG	1		ONETOUCH ULTRASOFT LANCETS	2	
OLANZAPINE-FLUOXETINE 6-50 MG	1		ONETOUCH SOLUTIONS STARTER KIT	1	
OLMESARTAN MEDOXOMIL 20 MG TAB	1		ONETOUCH SURESOFT 18G LANC DEV	2	
OLMESARTAN MEDOXOMIL 40 MG TAB	1		ONETOUCH SURESOFT 21G LANC DEV	2	
OLMESARTAN MEDOXOMIL 5 MG TAB	1		ONETOUCH SURESOFT 28G LANC DEV	2	
OLMESARTAN-HCTZ 20-12.5 MG TAB	1		ONETOUCH ULTRA CONTROL SOLN	2	
OLMESARTAN-HCTZ 40-12.5 MG TAB	1		ONETOUCH ULTRA TEST STRIP	2	
OLMESARTAN-HCTZ 40-25 MG TAB	1		ONETOUCH ULTRA2 GLUCOSE SYST	1	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	1		ONETOUCH ULTRASOFT2 30G LANCET	2	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	1		ONETOUCH VERIO FLEX METER	1	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	1		ONETOUCH VERIO HIGH CNTRL SOLN	2	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	1		ONETOUCH VERIO METER	1	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	1		ONETOUCH VERIO MID CNTRL SOLN	2	
OLOPATADINE 665 MCG NASAL SPRY	1		ONETOUCH VERIO REFLECT METER	1	
OLOPATADINE HCL 0.1% EYE DROPS	1		ONETOUCH VERIO TEST STRIP	2	
OLOPATADINE HCL 0.2% EYE DROP	1		ONGLYZA 2.5 MG TABLET	2	QL
OMEGA-3 ETHYL ESTERS 1 GM CAP	1		ONGLYZA 5 MG TABLET	2	QL
OMEPRAZOLE DR 10 MG CAPSULE	1	QL	OPCICON ONE-STEP 1.5 MG TABLET	1	
OMEPRAZOLE DR 20 MG CAPSULE	1	QL	OPIUM TINCTURE 10 MG/ML	1	PA
OMEPRAZOLE DR 40 MG CAPSULE	1	QL	OPTICHAMBER ADULT MASK-LARGE	2	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL	OPTICHAMBER DIAMOND VHC	2	QL
OMNIPOD 5 G6 PODS (GEN 5) 5PK	2		OPTICHAMBER DIAMOND W-LRG MASK	2	QL
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL	OPTICHAMBER DIAMOND W-MED MASK	2	QL
OMNIPOD CLASSIC PODS(GEN3) 5PK	2		OPTICHAMBER DIAMOND W-SML MASK	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL	OPTION 2 1.5 MG TABLET	1	
OMNIPOD DASH PODS (GEN 4) 5PK	2		OPTUMRX GLUCOSE CONTROL SOLN	2	
OMNIPOD GO 10 UNIT/DAY PODS	2		ORACIT ORAL SOLUTION	3	
OMNIPOD GO 15 UNIT/DAY PODS	2		ORALONE 0.1% PASTE	1	
OMNIPOD GO 20 UNIT/DAY PODS	2		ORPHENADRINE ER 100 MG TABLET	1	
OMNIPOD GO 25 UNIT/DAY PODS	2		OSCIMIN 0.125 MG TABLET	1	
OMNIPOD GO 30 UNIT/DAY PODS	2		OSCIMIN SL 0.125 MG TABLET	1	
OMNIPOD GO 35 UNIT/DAY PODS	2		OSCIMIN SR 0.375 MG TABLET	1	
OMNIPOD GO 40 UNIT/DAY PODS	2		OSELTAMIVIR 6 MG/ML SUSPENSION	1	QL
ON CALL EXPRESS CTRL SOLN PAK	2		OSELTAMIVIR PHOS 30 MG CAPSULE	1	QL
ON CALL PLUS CONTROL SOLUTION	2		OSELTAMIVIR PHOS 45 MG CAPSULE	1	QL
ON CALL VIVID CONTROL SOLUTION	2		OSELTAMIVIR PHOS 75 MG CAPSULE	1	QL
ONDANSETRON 4 MG/5 ML SOLUTION	1		OSMOPREP TABLET	3	
ONDANSETRON HCL 4 MG TABLET	1		OTEZLA 28 DAY STARTER PACK	4	PA, QL, SRX
ONDANSETRON HCL 8 MG TABLET	1		OTEZLA 30 MG TABLET	4	PA, QL, SRX
ONDANSETRON ODT 4 MG TABLET	1		OVAL TAPE	2	
ONDANSETRON ODT 8 MG TABLET	1		OXANDROLONE 10 MG TABLET	3	PA
ONE WAY VALVED MOUTHPIECE	2	QL	OXANDROLONE 2.5 MG TABLET	3	PA
ONETOUCH DELICA PLUS 30G LANCT	2		OXAPROZIN 600 MG CAPLET	1	

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OXAPROZIN 600 MG TABLET	1		PANCREAZE DR 37,000 UNIT CAP	2	
OXAZEPAM 10 MG CAPSULE	1		PANCREAZE DR 4,200 UNIT CAP	2	
OXAZEPAM 15 MG CAPSULE	1		PANDA MASK LARGE	2	QL
OXAZEPAM 30 MG CAPSULE	1		PANDA MASK MEDIUM	2	QL
OXCARBAZEPINE 150 MG TABLET	1		PANDA MASK SMALL	2	QL
OXCARBAZEPINE 300 MG TABLET	1		PANRETIN 0.1% GEL	4	SRX
OXCARBAZEPINE 300 MG/5 ML SUSP	1		PANTOPRAZOLE SOD DR 20 MG TAB	1	QL
OXCARBAZEPINE 600 MG TABLET	1		PANTOPRAZOLE SOD DR 40 MG TAB	1	QL
OXICONAZOLE NITRATE 1% CREAM	2		PARADIGM REMOTE CONTROL	2	
OXYBUTYNIN 5 MG TABLET	1		PARADIGM RESERVOIR 1.8 ML	2	
OXYBUTYNIN 5 MG/5 ML SOLUTION	1		PARADIGM RESERVOIR 3 ML	2	
OXYBUTYNIN 5 MG/5 ML SYRUP	1		PAREGORIC LIQUID	1	
OXYBUTYNIN CL ER 10 MG TABLET	1		PARICALCITOL 1 MCG CAPSULE	1	
OXYBUTYNIN CL ER 15 MG TABLET	1		PARICALCITOL 2 MCG CAPSULE	1	
OXYBUTYNIN CL ER 5 MG TABLET	1		PARICALCITOL 4 MCG CAPSULE	1	
OXYCODONE HCL (IR) 10 MG TAB	1	PA	PAROEX 0.12% ORAL RINSE	1	
OXYCODONE HCL (IR) 15 MG TAB	1	PA	PAROMOMYCIN 250 MG CAPSULE	1	
OXYCODONE HCL (IR) 20 MG TAB	1	PA	PAROXETINE HCL 10 MG TABLET	1	QL
OXYCODONE HCL (IR) 30 MG TAB	1	PA	PAROXETINE HCL 20 MG TABLET	1	QL
OXYCODONE HCL (IR) 5 MG CAP	1	PA	PAROXETINE HCL 30 MG TABLET	1	QL
OXYCODONE HCL (IR) 5 MG TABLET	1	PA	PAROXETINE HCL 40 MG TABLET	1	QL
OXYCODONE HCL 100 MG/5 ML CONC	1	PA	PASER GRANULES 4 GM PACKET	3	
OXYCODONE HCL 5 MG/5 ML SOLN	1	PA	PC UNIFINE PENTIPS 12MM NEEDLE	2	
OXYCODONE HCL-ASPIRIN	1	PA	PC UNIFINE PENTIPS 6MM NEEDLE	2	
OXYCODONE-ACETAMINOPHEN 10-325	1	PA	PC UNIFINE PENTIPS 8MM NEEDLE	2	
OXYCODONE-ACETAMINOPHEN 5-325	1	PA	PEAK-AIR PEAK FLOW METER	2	
OXYCODONE-ACETAMINOPHN 2.5-325	1	PA	PEDIARIX 0.5 ML SYRINGE	2	
OXYCODONE-ACETAMINOPHN 7.5-325	1	PA	PEDIATRIC MEDIUM MASK	2	QL
OXYMORPHONE HCL 10 MG TABLET	1	PA	PEDIATRIC PANDA MASK	2	QL
OXYMORPHONE HCL 5 MG TABLET	1	PA	PEDIATRIC SMALL MASK	2	QL
OXYMORPHONE HCL ER 10 MG TAB	1	PA	PEDVAXHIB VACCINE VIAL	2	
OXYMORPHONE HCL ER 15 MG TAB	1	PA	PEG 3350-ELECTROLYTE SOLUTION	1	
OXYMORPHONE HCL ER 20 MG TAB	1	PA	PEG3350 100-7.5-2.691-1.01-5.9	1	
OXYMORPHONE HCL ER 30 MG TAB	1	PA	PEG-3350 AND ELECTROLYTES SOLN	1	
OXYMORPHONE HCL ER 40 MG TAB	1	PA	PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX
OXYMORPHONE HCL ER 5 MG TABLET	1	PA	PEGASYS 180 MCG/ML VIAL	4	PA, SRX
OXYMORPHONE HCL ER 7.5 MG TAB	1	PA	PEG-PREP KIT	1	
PACERONE 200 MG TABLET	1		PEN NEEDLE 29G 12MM	2	
PALIPERIDONE ER 1.5 MG TABLET	3		PEN NEEDLE 30G 5MM	2	
PALIPERIDONE ER 3 MG TABLET	3		PEN NEEDLE 30G 8MM	2	
PALIPERIDONE ER 6 MG TABLET	3		PEN NEEDLE 30G X 5/16"	2	
PALIPERIDONE ER 9 MG TABLET	3		PEN NEEDLE 31G 5MM	2	
PANCREAZE DR 10,500 UNIT CAP	2		PEN NEEDLE 31G 6MM	2	
PANCREAZE DR 16,800 UNIT CAP	2		PEN NEEDLE 31G 8MM	2	
PANCREAZE DR 2,600 UNIT CAP	2		PEN NEEDLE 31G X 1/4"	2	
PANCREAZE DR 21,000 UNIT CAP	2				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PEN NEEDLE 31G X 3/16"	2	
PEN NEEDLE 31G X 5/16"	2	
PEN NEEDLE 32G 4MM	2	
PEN NEEDLE 32G X 1/4"	2	
PEN NEEDLE 32G X 3/16"	2	
PEN NEEDLE 32G X 5/32"	2	
PEN NEEDLE 33G 4MM	2	
PEN NEEDLE 6MM 31G	2	
PEN NEEDLES 12MM 29G	2	
PEN NEEDLES 4MM 32G	2	
PEN NEEDLES 5MM 31G	2	
PEN NEEDLES 6MM 31G	2	
PEN NEEDLES 8MM 31G	2	
PENICILLAMINE 250 MG TABLET	4	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML SOLN	1	
PENICILLIN VK 250 MG TABLET	1	
PENICILLIN VK 250 MG/5 ML SOLN	1	
PENICILLIN VK 500 MG TABLET	1	
PENTACEL VIAL KIT	2	
PENTAMIDINE 300 MG INHAL POWDR	2	
PENTAZOCINE-NALOXONE TABLET	1	PA
PENTIPS PEN NEEDLE 29G 12MM	2	
PENTIPS PEN NEEDLE 29GX1/2"	2	
PENTIPS PEN NEEDLE 31G 5MM	2	
PENTIPS PEN NEEDLE 31G 6MM	2	
PENTIPS PEN NEEDLE 31G 8MM	2	
PENTIPS PEN NEEDLE 31GX1/4"	2	
PENTIPS PEN NEEDLE 31GX3/16"	2	
PENTIPS PEN NEEDLE 31GX5/16"	2	
PENTIPS PEN NEEDLE 32G 4MM	2	
PENTIPS PEN NEEDLE 32G 6MM	2	
PENTIPS PEN NEEDLE 32GX5/32"	2	
PENTIPS PEN NEEDLE 6MM 31G	2	
PENTOXIFYLLINE ER 400 MG TAB	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	
PERINDOPRIL ERBUMINE 4 MG TAB	1	
PERINDOPRIL ERBUMINE 8 MG TAB	1	
PERIOGARD 0.12% ORAL RINSE	1	
PERMETHRIN 5% CREAM	1	
PERPHEN-AMITRIP 2 MG-10 MG TAB	1	
PERPHEN-AMITRIP 2 MG-25 MG TAB	1	
PERPHEN-AMITRIP 4 MG-10 MG TAB	1	
PERPHEN-AMITRIP 4 MG-25 MG TAB	1	
PERPHEN-AMITRIP 4 MG-50 MG TAB	1	
PERPHENAZINE 16 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PERPHENAZINE 2 MG TABLET	1	
PERPHENAZINE 4 MG TABLET	1	
PERPHENAZINE 8 MG TABLET	1	
PERSONAL BEST PEAK FLOW MTR	2	
PFIZER COVID (12Y UP) VAC-GRAY	2	
PFIZER COVID (5-11Y) VAC-ORANG	2	
PFIZER COVID (6M-4Y)VAC-MAROON	2	
PFIZER COVID BIVAL (12Y UP)EUA	2	
PFIZER COVID BIVAL (5-11YR)EUA	2	
PFIZER COVID BIVAL (6MO-4Y)EUA	2	
PFIZER COVID-19 VACCINE-PURPLE	2	
PHASEAL PROTECTOR 14	2	
PHASEAL PROTECTOR 21	2	
PHASEAL PROTECTOR 28	2	
PHASEAL PROTECTOR 50	2	
PHENAZOPYRIDINE 100 MG TAB	1	
PHENAZOPYRIDINE 200 MG TAB	1	
PHENELZINE SULFATE 15 MG TAB	1	
PHENOBARBITAL 100 MG TABLET	1	
PHENOBARBITAL 15 MG TABLET	1	
PHENOBARBITAL 16.2 MG TABLET	1	
PHENOBARBITAL 20 MG/5 ML CUP	1	
PHENOBARBITAL 20 MG/5 ML ELIX	1	
PHENOBARBITAL 20 MG/5 ML SOLN	1	
PHENOBARBITAL 30 MG TABLET	1	
PHENOBARBITAL 30 MG/7.5 ML CUP	1	
PHENOBARBITAL 32.4 MG TABLET	1	
PHENOBARBITAL 60 MG TABLET	1	
PHENOBARBITAL 60 MG/15 ML CUP	1	
PHENOBARBITAL 64.8 MG TABLET	1	
PHENOBARBITAL 97.2 MG TABLET	1	
PHENOXYBENZAMINE HCL 10 MG CAP	4	SRX
PHENYLEPHRINE 10% EYE DROPS	1	
PHENYLEPHRINE 2.5% EYE DROP	1	
PHENYTOIN 100 MG/4 ML SUSP	1	
PHENYTOIN 125 MG/5 ML SUSP	1	
PHENYTOIN 50 MG INFATAB CHEW	1	
PHENYTOIN 50 MG TABLET CHEW	1	
PHENYTOIN SOD EXT 100 MG CAP	1	
PHENYTOIN SOD EXT 200 MG CAP	1	
PHENYTOIN SOD EXT 300 MG CAP	1	
PHILITH 0.4-0.035 MG TABLET	1	
PHOSLYRA 667 MG/5 ML SOLUTION	3	
PHOSPHASAL TABLET	1	
PHOSPHOLINE IODIDE 0.125%	3	LDD

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PHOSPHOLINE IODIDE 0.125% DROP	3	LDD	POLY HUB NEEDLE 21GX1"	2	
PHYSIOSOL IRRIGATION SOLN	3		POLY HUB NEEDLE 21GX1-1/2"	2	
PHYTONADIONE 5 MG TABLET	3		POLY HUB NEEDLE 22GX1"	2	
PIKO 1 FLOW METER	2		POLY HUB NEEDLE 22GX1-1/2"	2	
PILOCARPINE 1% EYE DROPS	1		POLY HUB NEEDLE 23GX1"	2	
PILOCARPINE 2% EYE DROPS	1		POLY HUB NEEDLE 23GX1-1/2"	2	
PILOCARPINE 4% EYE DROPS	1		POLY HUB NEEDLE 25GX1"	2	
PILOCARPINE HCL 5 MG TABLET	1		POLY HUB NEEDLE 25GX1-1/2"	2	
PILOCARPINE HCL 7.5 MG TABLET	1		POLY HUB NEEDLE 25GX5/8"	2	
PIMECROLIMUS 1% CREAM	3		POLY HUB NEEDLE 27GX1/2"	2	
PIMOZIDE 1 MG TABLET	1		POLY HUB NEEDLE 27GX1-1/4"	2	
PIMOZIDE 2 MG TABLET	1		POLY HUB NEEDLE 30GX1/2"	2	
PIMTREA 28 DAY TABLET	1		POLYCYN EYE OINTMENT	1	
PINDOLOL 10 MG TABLET	1		POLYMYXIN B-TMP EYE DROPS	1	
PINDOLOL 5 MG TABLET	1		POMALYST 1 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 15 MG TABLET	1		POMALYST 2 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 30 MG TABLET	1		POMALYST 3 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 45 MG TABLET	1		POMALYST 4 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE--GLIMEPIRIDE 30-2	1		PORTIA-28 TABLET	1	
PIOGLITAZONE--GLIMEPIRIDE 30-4	1		POSACONAZOLE 200 MG/5 ML SUSP	3	
PIOGLITAZONE--METFORMIN 15-500	1		POSACONAZOLE DR 100 MG TABLET	3	QL
PIOGLITAZONE--METFORMIN 15-850	1		POTASSIUM CITRATE ER 10 MEQ TB	1	
PIP GLUCOSE CONTROL SOLN L1-L2	2		POTASSIUM CITRATE ER 15 MEQ TB	1	
PIP PEN NEEDLE 31G X 5MM	2		POTASSIUM CITRATE ER 5 MEQ TAB	1	
PIP PEN NEEDLE 32G X 4MM	2		POTASSIUM CL 10% (20 MEQ/15ML)	1	
PIRFENIDONE 267 MG CAPSULE	4	PA, SRX	POTASSIUM CL 10% (40 MEQ/30ML)	1	
PIRFENIDONE 267 MG TABLET	4	PA, SRX	POTASSIUM CL 20 MEQ PACKET	1	
PIRFENIDONE 801 MG TABLET	4	PA, SRX	POTASSIUM CL 20% (40 MEQ/15ML)	1	
PIRMELLA 1-35 28 TABLET	1		POTASSIUM CL ER 10 MEQ CAPSULE	1	
PIRMELLA 7-7-7-28 TABLET	1		POTASSIUM CL ER 10 MEQ TABLET	1	
PIROXICAM 10 MG CAPSULE	1		POTASSIUM CL ER 15 MEQ TABLET	1	
PIROXICAM 20 MG CAPSULE	1		POTASSIUM CL ER 20 MEQ TABLET	1	
PLAN B ONE-STEP 1.5 MG TABLET	3		POTASSIUM CL ER 8 MEQ CAPSULE	1	
PNEUMOVAX 23 SYRINGE	2		POTASSIUM CL ER 8 MEQ TABLET	1	
PNEUMOVAX 23 VIAL	2		POTASSIUM IODIDE 1 GM/ML SOL	3	
PNV 29-1 TABLET	1		PR NATAL 400 COMBO PACK	1	
PNV PRENATAL PLUS MULTIVIT TAB	1		PR NATAL 400 EC COMBO PACK	1	
PNV-DHA SOFTGEL	1		PR NATAL 430 COMBO PACK	1	
PNV-DHA + DOCUSATE SOFTGEL	1		PR NATAL 430 EC COMBO PACK	1	
PNV-OMEGA SOFTGEL	1		PRADAXA 110 MG CAPSULE	3	PA, QL
PNV-SELECT TABLET	1		PRAMIPEXOLE 0.125 MG TABLET	1	
POCKET CHAMBER	2	QL	PRAMIPEXOLE 0.25 MG TABLET	1	
POCKET PEAK FLOW METER	2		PRAMIPEXOLE 0.5 MG TABLET	1	
PODOFILOX 0.5% TOPICAL SOLN	1		PRAMIPEXOLE 0.75 MG TABLET	1	
POLY HUB NEEDLE 18GX1"	2		PRAMIPEXOLE 1 MG TABLET	1	
POLY HUB NEEDLE 18GX1-1/2"	2		PRAMIPEXOLE 1.5 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PRAMIPEXOLE ER 0.375 MG TABLET	1		PREFERRED PLUS SYRINGE 0.5 ML	2	
PRAMIPEXOLE ER 0.75 MG TABLET	1		PREFERRED PLUS SYRINGE 1 ML	2	
PRAMIPEXOLE ER 1.5 MG TABLET	1		PREFEST TABLET	1	
PRAMIPEXOLE ER 2.25 MG TABLET	1		PREFPLS INS SYR 1 ML 30GX5/16"	2	
PRAMIPEXOLE ER 3 MG TABLET	1		PREGABALIN 100 MG CAPSULE	1	QL
PRAMIPEXOLE ER 3.75 MG TABLET	1		PREGABALIN 150 MG CAPSULE	1	QL
PRAMIPEXOLE ER 4.5 MG TABLET	1		PREGABALIN 20 MG/ML SOLUTION	1	QL
PRAMOSONE 1% LOTION	3		PREGABALIN 200 MG CAPSULE	1	QL
PRAMOSONE 1%-1% OINTMENT	3		PREGABALIN 225 MG CAPSULE	1	QL
PRAMOSONE 2.5%-1% LOTION	3		PREGABALIN 25 MG CAPSULE	1	QL
PRAMOSONE 2.5%-1% OINTMENT	3		PREGABALIN 300 MG CAPSULE	1	QL
PRASUGREL 10 MG TABLET	1		PREGABALIN 50 MG CAPSULE	1	QL
PRASUGREL 5 MG TABLET	1		PREGABALIN 75 MG CAPSULE	1	QL
PRAVASTATIN SODIUM 10 MG TAB	1		PREHEVBRIO 10 MCG/ML VIAL	2	
PRAVASTATIN SODIUM 20 MG TAB	1		PREMARIN 0.3 MG TABLET	3	
PRAVASTATIN SODIUM 40 MG TAB	1		PREMARIN 0.45 MG TABLET	3	
PRAVASTATIN SODIUM 80 MG TAB	1		PREMARIN 0.625 MG TABLET	3	
PRAZQUANTEL 600 MG TABLET	1		PREMARIN 0.9 MG TABLET	3	
PRAZOSIN 1 MG CAPSULE	1		PREMARIN 1.25 MG TABLET	3	
PRAZOSIN 2 MG CAPSULE	1		PRENA1 TRUE COMBO PACK	1	
PRAZOSIN 5 MG CAPSULE	1		PRENAISSANCE CAPSULE	1	
PREDNICARBATE 0.1% CREAM	1		PRENAISSANCE PLUS SOFTGEL	1	
PREDNICARBATE 0.1% OINTMENT	1		PRENATAL 19 CHEWABLE TABLET	1	
PREDNISOLONE 15 MG/5 ML SOLN	1		PRENATAL 19 TABLET	1	
PREDNISOLONE 5 MG/5 ML SOLN	1		PRENATAL PLUS IRON TABLET	1	
PREDNISOLONE AC 1% EYE DROP	1		PRENATAL PLUS VITAMIN-MINERAL	1	
PREDNISOLONE ODT 10 MG TABLET	1		PRENATAL PLUS-DHA COMBO PACK	1	
PREDNISOLONE ODT 15 MG TABLET	1		PRENATAL VITAMIN PLUS LOW IRON	1	
PREDNISOLONE ODT 30 MG TABLET	1		PRENATAL-U CAPSULE	1	
PREDNISOLONE SOD 1% EYE DROP	1		PREP EASE ALCOHOL PADS	2	
PREDNISOLONE SOD PH 25 MG/5 ML	1		PREPLUS CA-FE 27 MG-FA 1 MG TB	1	
PREDNISON 1 MG TABLET	1		PRETAB 29 MG-1 MG TABLET	1	
PREDNISON 10 MG TAB DOSE PACK	1		PREVALITE PACKET	1	
PREDNISON 10 MG TABLET	1		PREVALITE POWDER	1	
PREDNISON 2.5 MG TABLET	1		PREVENT PEN NEEDLE 31GX1/4"	2	
PREDNISON 20 MG TABLET	1		PREVENT PEN NEEDLE 31GX5/16"	2	
PREDNISON 5 MG TAB DOSE PACK	1		PREVIFEM TABLET	1	
PREDNISON 5 MG TABLET	1		PREVNAR 13 SYRINGE	2	
PREDNISON 5 MG/5 ML SOLUTION	1		PREVNAR 20 SYRINGE	2	
PREDNISON 50 MG TABLET	1		PREVYMIS 240 MG TABLET	3	PA, QL
PREDNISON INTENSOL 5 MG/ML	1		PREVYMIS 480 MG TABLET	3	PA, QL
PREF PLUS INS 0.3 ML 29GX1/2"	2		PREZCOBIX 800 MG-150 MG TABLET	2	
PREF PLUS SYR 0.5 ML 30GX5/16"	2		PREZISTA 100 MG/ML SUSPENSION	2	
PREF PLUS SYRING 1 ML 29GX1/2"	2		PREZISTA 150 MG TABLET	2	
PREFERRED PLUS 0.3 ML 30GX5/16	2		PREZISTA 600 MG TABLET	2	
PREFERRED PLUS 0.5 ML 29GX1/2"	2		PREZISTA 75 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PREZISTA 800 MG TABLET	2		PROMACTA 75 MG TABLET	4	PA, LDD, SRX
PRIFTIN 150 MG TABLET	3		PROMETHAZINE 12.5 MG SUPPOS	1	
PRIMAQUINE 26.3 MG TABLET	1		PROMETHAZINE 12.5 MG TABLET	1	
PRIMEAIRE CHAMBER	2	QL	PROMETHAZINE 25 MG SUPPOSITORY	1	
PRIMIDONE 250 MG TABLET	1		PROMETHAZINE 25 MG TABLET	1	
PRIMIDONE 50 MG TABLET	1		PROMETHAZINE 50 MG TABLET	1	
PRIMSOL 50 MG/5 ML ORAL SOLN	3		PROMETHAZINE 6.25 MG/5 ML SOLN	1	
PRIORIX VIAL	2		PROMETHAZINE 6.25 MG/5 ML SYRP	1	
PRO COMFORT 0.5 ML 30GX1/2"	2		PROMETHAZINE VC SOLUTION	1	
PRO COMFORT 0.5 ML 30GX5/16"	2		PROMETHAZINE VC-CODEINE SOLN	1	QL
PRO COMFORT 0.5 ML 31GX5/16"	2		PROMETHAZINE-CODEINE SOLUTION	1	QL
PRO COMFORT 1 ML 30GX1/2"	2		PROMETHAZINE-CODEINE SYRUP	1	QL
PRO COMFORT 1 ML 30GX5/16"	2		PROMETHAZINE-DM 6.25-15 MG/5ML	1	
PRO COMFORT 1 ML 31GX5/16"	2		PROMETHAZINE-PE-CODEINE SYRUP	1	QL
PRO COMFORT PEN ND 31GX5/16"	2		PROMETHAZINE-PHENYLEPHRINE SYR	1	
PRO COMFORT PEN ND 32G X 1/4"	2		PROMETHEGAN 12.5 MG SUPPOS	1	
PRO COMFORT PEN ND 4MM 32G	2		PROMETHEGAN 25 MG SUPPOSITORY	1	
PRO COMFORT PEN ND 5MM 32G	2		PROMETHEGAN 50 MG SUPPOSITORY	1	
PRO COMFORT SPACER-ADULT MASK	2	QL	PROPAFENONE HCL 150 MG TABLET	1	
PRO COMFORT SPACER-CHILD MASK	2	QL	PROPAFENONE HCL 225 MG TAB	1	
PRO COMFORT SPACER-INFANT MASK	2	QL	PROPAFENONE HCL 300 MG TAB	1	
PROBENECID 500 MG TABLET	1		PROPAFENONE HCL ER 225 MG CAP	1	
PROBENECID-COLCHICINE TABLET	1		PROPAFENONE HCL ER 325 MG CAP	1	
PROCARE SPACER WITH ADULT MASK	2	QL	PROPAFENONE HCL ER 425 MG CAP	1	
PROCARE SPACER WITH CHILD MASK	2	QL	PROPARACAINE 0.5% EYE DROPS	1	
PROCENTRA 5 MG/5 ML SOLUTION	1	QL	PROPRANOLOL 10 MG TABLET	1	
PROCHAMBER HOLDING CHAMBER	2	QL	PROPRANOLOL 20 MG TABLET	1	
PROCHLORPERAZINE 10 MG TAB	1		PROPRANOLOL 20 MG/5 ML SOLN	1	
PROCHLORPERAZINE 25 MG SUPP	1		PROPRANOLOL 40 MG TABLET	1	
PROCHLORPERAZINE 5 MG TABLET	1		PROPRANOLOL 40 MG/5 ML SOLN	1	
PROCTO-MED HC 2.5% CREAM	1		PROPRANOLOL 60 MG TABLET	1	
PROCTOSOL-HC 2.5% CREAM	1		PROPRANOLOL 80 MG TABLET	1	
PROCTOZONE-HC 2.5% CREAM	1		PROPRANOLOL ER 120 MG CAPSULE	1	
PRODIGY CONTROL SOLUTION	2		PROPRANOLOL ER 160 MG CAPSULE	1	
PRODIGY CONTROL SOLUTION LOW	2		PROPRANOLOL ER 60 MG CAPSULE	1	
PRODIGY INS SYR 1ML 28GX1/2"	2		PROPRANOLOL ER 80 MG CAPSULE	1	
PRODIGY SYRNG 0.5 ML 31GX5/16"	2		PROPRANOLOL-HCTZ 40-25 MG TAB	1	
PRODIGY SYRNGE 0.3ML 31GX5/16"	2		PROPRANOLOL-HCTZ 80-25 MG TAB	1	
PROGESTERONE 100 MG CAPSULE	1		PROPYLTHIOURACIL 50 MG TABLET	1	
PROGESTERONE 200 MG CAPSULE	1		PROQUAD VIAL	2	
PROGRAF 0.2 MG GRANULE PACKET	3		PROTRIPTYLINE HCL 10 MG TABLET	1	
PROGRAF 1 MG GRANULE PACKET	3		PROTRIPTYLINE HCL 5 MG TABLET	1	
PROMACTA 12.5 MG SUSPEN PACKET	4	PA, LDD, SRX	PUB INS SYRIN 0.3 ML 30GX1/2"	2	
PROMACTA 12.5 MG TABLET	4	PA, LDD, SRX	PUB INS SYRINGE 1 ML 30GX1/2"	2	
PROMACTA 25 MG SUSPENSION PCKT	4	PA, LDD, SRX	PUB INSUL SYR 0.3 ML 31GX5/16"	2	
PROMACTA 25 MG TABLET	4	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 30GX1/2"	2	
PROMACTA 50 MG TABLET	4	PA, LDD, SRX			

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PUB INSUL SYR 0.5 ML 31GX5/16"	2		QUICK RELEASE TEFLN CANNULA	2	
PUB INSULIN SYR 1 ML 31GX5/16"	2		QUICK-SET PARADIGM SET 18"	2	
PUB PEN 12MM 29G NEEDLES	2		QUICK-SET PARADIGM SET 32"	2	
PUB PEN 8MM 31G NEEDLES	2		QUINAPRIL 10 MG TABLET	1	
PUB PEN NEEDLE 6MM 31G	2		QUINAPRIL 20 MG TABLET	1	
PUB UNIFINE PNTPLUS 31GX3/16	2		QUINAPRIL 40 MG TABLET	1	
PULMOSAL 7% VIAL	1		QUINAPRIL 5 MG TABLET	1	
PULMOZYME 1 MG/ML AMPUL	4	PA, SRX	QUINAPRIL-HCTZ 10-12.5 MG TAB	1	
PURE CMFT SFTY PEN ND 31G 5MM	2		QUINAPRIL-HCTZ 20-12.5 MG TAB	1	
PURE CMFT SFTY PEN ND 31G 6MM	2		QUINAPRIL-HCTZ 20-25 MG TAB	1	
PURE CMFT SFTY PEN ND 32G 4MM	2		QUINIDINE GLUC ER 324 MG TAB	1	
PURE COMFORT PEN ND 32G 4MM	2		QUINIDINE SULFATE 200 MG TAB	1	
PURE COMFORT PEN ND 32G 5MM	2		QUINIDINE SULFATE 300 MG TAB	1	
PURE COMFORT PEN ND 32G 6MM	2		QUININE SULFATE 324 MG CAPSULE	1	
PURE COMFORT PEN ND 32G 8MM	2		QUTENZA 8% KIT (1 PATCH)	3	
PURE COMFORT SPACER-ADULT MASK	2	QL	QUTENZA 8% KIT (2 PATCH)	3	
PURECOMFORT PEAK FLOW MTR ADLT	2		QUTENZA 8% KIT (4 PATCH)	3	
PURECOMFORT PEAK FLOW MTR CHLD	2		QVAR REDHALER 40 MCG	2	
PURIXAN 20 MG/ML ORAL SUSP	4	PA, SRX	QVAR REDHALER 80 MCG	2	
PV UNIFINE PENTIP PLUS 31GX5MM	2		RA ALCOHOL SWABS	2	
PV UNIFINE PENTIP PLUS 31GX6MM	2		RA INS SYR 0.5 ML 29GX1/2"	2	
PV UNIFINE PENTIP PLUS 31GX8MM	2		RA INS SYR 0.5 ML 30GX5/16"	2	
PV UNIFINE PENTIP PLUS 32GX4MM	2		RA INS SYR 1 ML 29GX1/2"	2	
PV UNIFINE PENTIP PLUS 33GX4MM	2		RA INS SYRINGE 1 ML 30GX5/16"	2	
PYRAZINAMIDE 500 MG TABLET	1		RA PEN NEEDLE 31GX3/16"	2	
PYRIDOSTIGMINE 60 MG/5 ML SOLN	4	PA, SRX	RA PEN NEEDLE 31GX5/16"	2	
PYRIDOSTIGMINE BR 60 MG TABLET	3		RABEPRAZOLE SOD DR 20 MG TAB	1	QL
PYRIDOSTIGMINE ER 180 MG TAB	3		RALOXIFENE HCL 60 MG TABLET	1	
PYRIMETHAMINE 25 MG TABLET	4	PA, LDD, SRX	RAMELTEON 8 MG TABLET	2	QL
QC ALCOHOL 70% SWABS	2		RAMIPRIL 1.25 MG CAPSULE	1	
QC UNIFINE PENTIPS 32GX5/32"	2		RAMIPRIL 10 MG CAPSULE	1	
QC UNIFINE PENTIPS 4MM 32G	2		RAMIPRIL 2.5 MG CAPSULE	1	
QUADRACEL DTAP-IPV SYRINGE	2		RAMIPRIL 5 MG CAPSULE	1	
QUADRACEL DTAP-IPV VIAL	2		RANITIDINE 15 MG/ML SYRUP	1	
QUAZEPAM 15 MG TABLET	3	PA	RANITIDINE 150 MG CAPSULE	1	
QUETIAPINE ER 150 MG TABLET	1		RANITIDINE 150 MG TABLET	1	
QUETIAPINE ER 200 MG TABLET	1		RANITIDINE 150 MG/10 ML SYRUP	1	
QUETIAPINE ER 300 MG TABLET	1		RANITIDINE 300 MG CAPSULE	1	
QUETIAPINE ER 400 MG TABLET	1		RANITIDINE 300 MG TABLET	1	
QUETIAPINE ER 50 MG TABLET	1		RANOLAZINE ER 1,000 MG TABLET	3	QL
QUETIAPINE FUMARATE 100 MG TAB	1		RANOLAZINE ER 500 MG TABLET	3	QL
QUETIAPINE FUMARATE 200 MG TAB	1		RASAGILINE MESYLATE 0.5 MG TAB	1	
QUETIAPINE FUMARATE 25 MG TAB	1		RASAGILINE MESYLATE 1 MG TAB	1	
QUETIAPINE FUMARATE 300 MG TAB	1		RAYA SURE PEN NEEDLE 29G 12MM	2	
QUETIAPINE FUMARATE 400 MG TAB	1		RAYA SURE PEN NEEDLE 31G 4MM	2	
QUETIAPINE FUMARATE 50 MG TAB	1		RAYA SURE PEN NEEDLE 31G 5MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RAYA SURE PEN NEEDLE 31G 6MM	3		REPAGLINIDE 2 MG TABLET	1	
RECLIPSEN 28 DAY TABLET	1		REPAGLINIDE-METFORMIN 1-500 MG	1	
RECOMBIVAX HB 10 MCG/ML SYR	3		REPAGLINIDE-METFORMIN 2-500 MG	1	
RECOMBIVAX HB 10 MCG/ML VIAL	3		REPATHA 140 MG/ML SURECLICK	4	PA, SRX
RECOMBIVAX HB 40 MCG/ML VIAL	3		REPATHA 420 MG/3.5ML PUSHTRONX	4	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML SYR	3		REPATHA 140 MG/ML SYRINGE	4	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML VL	3		REPLACEMENT PEDIATRIC MONITOR	2	
RECTIV 0.4% OINTMENT	4		RESPA A.R. TABLET SA	3	
REFUAH PLUS CONTROL SOLUTION	3		REVLIMID 10 MG CAPSULE	4	PA, QL, LDD, SRX
REGRANEX 0.01% GEL	4	PA, QL	REVLIMID 15 MG CAPSULE	4	PA, QL, LDD, SRX
RELENZA 5 MG DISKHALER	4	QL	REVLIMID 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
RELION 31G X 1/4" NEEDLES	3		REVLIMID 20 MG CAPSULE	4	PA, QL, LDD, SRX
RELION ALCOHOL 70% SWABS	3		REVLIMID 25 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 29GX1/2"	3		REVLIMID 5 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 31GX6MM	3		REYATAZ 50 MG POWDER PACKET	2	
RELION INS SYR 0.5 ML 29GX1/2"	2		RIBASPHERE 200 MG CAPSULE	3	
RELION INS SYR 0.5 ML 31GX6MM	2		RIBASPHERE 600 MG TABLET	3	
RELION INS SYR 1 ML 29GX1/2"	2		RIBAVIRIN 200 MG CAPSULE	3	
RELION INS SYR 1 ML 30GX5/16"	2		RIBAVIRIN 200 MG TABLET	3	
RELION INS SYR 1 ML 31GX15/64"	2		RIFABUTIN 150 MG CAPSULE	2	
RELION INS SYR 1 ML 31GX5/16"	2		RIFAMATE CAPSULE	3	
RELION INSULIN SYR 0.5 ML	2		RIFAMPIN 150 MG CAPSULE	1	
RELION KETONE TEST STRIP	2		RIFAMPIN 300 MG CAPSULE	1	
RELION MINI PEN 31G X 1/4" NDL	2		RIFATER TABLET	3	
RELION NOVOLOG 100 UNIT/ML VL	3	QL, ST	RIGHTEST CONTROL SOLN NORMAL	2	
RELION NOVOLOG MIX 70-30 FLXPN	3	QL, ST	RIGHTEST CONTROL SOLUTION HIGH	2	
RELION NOVOLOG MIX 70-30 VIAL	3	QL, ST	RILUZOLE 50 MG TABLET	4	SRX
RELION NOVOLOG U-100 FLEXPEN	3	QL, ST	RIMANTADINE HCL 100 MG TABLET	1	
RELION PEN 29G NEEDLE	2		RINGERS IRRIGATION SOLUTION	3	
RELION PEN 31G NEEDLE	2		RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 29GX1/2"	2		RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	2		RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX1/4"	2		RISEDRONATE SOD DR 35 MG TAB	1	
RELION PEN NEEDLE 31GX5/16"	2		RISEDRONATE SODIUM 150 MG TAB	1	
RELION PEN NEEDLE 32GX5/32"	2		RISEDRONATE SODIUM 30 MG TAB	1	
RELION PEN NEEDLES 32GX5/32"	2		RISEDRONATE SODIUM 35 MG TAB	1	
RELION SYR 0.5 ML 30GX5/16"	2		RISEDRONATE SODIUM 5 MG TABLET	1	
RELION SYRING 0.3 ML 31GX5/16"	2		RISPERIDONE 0.25 MG ODT	1	
RELION SYRING 0.5 ML 31GX5/16"	2		RISPERIDONE 0.25 MG TABLET	1	
RELISTOR 12 MG/0.6 ML SYRINGE	3	PA	RISPERIDONE 0.5 MG ODT	1	
RELISTOR 12 MG/0.6 ML VIAL	3	PA	RISPERIDONE 0.5 MG TABLET	1	
RELISTOR 150 MG TABLET	3	PA	RISPERIDONE 1 MG ODT	1	
RELISTOR 8 MG/0.4 ML SYRINGE	3	PA	RISPERIDONE 1 MG TABLET	1	
RENACIDIN IRRIGATION SOLUTION	3		RISPERIDONE 1 MG/ML SOLUTION	1	
REPAGLINIDE 0.5 MG TABLET	1		RISPERIDONE 2 MG ODT	1	
REPAGLINIDE 1 MG TABLET	1		RISPERIDONE 2 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RISPERIDONE 3 MG ODT	1	
RISPERIDONE 3 MG TABLET	1	
RISPERIDONE 4 MG ODT	1	
RISPERIDONE 4 MG TABLET	1	
RITEFLO SPACER	2	QL
RITONAVIR 100 MG TABLET	1	
RIVASTIGMINE 1.5 MG CAPSULE	1	
RIVASTIGMINE 13.3 MG/24HR PTCH	1	
RIVASTIGMINE 3 MG CAPSULE	1	
RIVASTIGMINE 4.5 MG CAPSULE	1	
RIVASTIGMINE 4.6 MG/24HR PATCH	1	
RIVASTIGMINE 6 MG CAPSULE	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1	
RIVELSA TABLET	1	
RIZATRIPTAN 10 MG ODT	1	QL
RIZATRIPTAN 10 MG TABLET	1	QL
RIZATRIPTAN 5 MG ODT	1	QL
RIZATRIPTAN 5 MG TABLET	1	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	3	QL
ROFLUMILAST 500 MCG TABLET	3	QL
ROPINIROLE HCL 0.25 MG TABLET	1	
ROPINIROLE HCL 0.5 MG TABLET	1	
ROPINIROLE HCL 1 MG TABLET	1	
ROPINIROLE HCL 2 MG TABLET	1	
ROPINIROLE HCL 3 MG TABLET	1	
ROPINIROLE HCL 4 MG TABLET	1	
ROPINIROLE HCL 5 MG TABLET	1	
ROPINIROLE HCL ER 12 MG TABLET	1	
ROPINIROLE HCL ER 2 MG TABLET	1	
ROPINIROLE HCL ER 4 MG TABLET	1	
ROPINIROLE HCL ER 6 MG TABLET	1	
ROPINIROLE HCL ER 8 MG TABLET	1	
ROSADAN 0.75% CREAM	1	
ROSADAN 0.75% GEL	1	
ROSUVASTATIN CALCIUM 10 MG TAB	1	
ROSUVASTATIN CALCIUM 20 MG TAB	1	
ROSUVASTATIN CALCIUM 40 MG TAB	1	
ROSUVASTATIN CALCIUM 5 MG TAB	1	
ROTARIX VACCINE ORAL SYRINGE	2	
ROTARIX VACCINE SUSPENSION	2	
ROTATEQ VACCINE	2	
ROWEEPPRA 1,000 MG TABLET	1	
ROWEEPPRA 500 MG TABLET	1	
ROWEEPPRA 750 MG TABLET	1	
RUFINAMIDE 200 MG TABLET	3	PA, QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RUFINAMIDE 40 MG/ML SUSPENSION	3	PA, QL
RUFINAMIDE 400 MG TABLET	3	PA, QL
SAFESNAP INSUL SYRINGE 0.3 ML	2	
SAFESNAP INSUL SYRINGE 0.5 ML	2	
SAFESNAP INSULIN SYRINGE 1 ML	2	
SAFETY PEN NEEDLE 31G 4MM	2	
SAFETY PEN NEEDLE 31G 5MM	2	
SAFETY PEN NEEDLE 5MM X 31G	2	
SAJAZIR 30 MG/3 ML SYRINGE	4	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	1	
SALSALATE 500 MG TABLET	1	
SALSALATE 750 MG TABLET	1	
SANTYL OINTMENT	3	PA, QL
SAPROPTERIN 100 MG POWDER PKT	4	PA, SRX
SAPROPTERIN 100 MG TABLET	4	PA, SRX
SAPROPTERIN 500 MG POWDER PKT	4	PA, SRX
SAVAYSA 15 MG TABLET	3	PA, QL
SAVAYSA 30 MG TABLET	3	PA, QL
SAVAYSA 60 MG TABLET	3	PA, QL
SAVELLA 100 MG TABLET	3	
SAVELLA 12.5 MG TABLET	3	
SAVELLA 25 MG TABLET	3	
SAVELLA 50 MG TABLET	3	
SAVELLA TITRATION PACK	3	
SCOPOLAMINE 1 MG/3 DAY PATCH	1	
SECONAL SODIUM 100 MG CAPSULE	3	
SECURESAFE PEN ND 30GX5/16"	2	
SECURESAFE SYR 0.5 ML 29G 1/2"	2	
SECURESAFE SYRNG 1 ML 29G 1/2"	2	
SELEGILINE HCL 5 MG CAPSULE	1	
SELEGILINE HCL 5 MG TABLET	1	
SELENIUM SULFIDE 2.25% SHAMPOO	1	
SELENIUM SULFIDE 2.5% LOTION	1	
SE-NATAL-19 TABLET	1	
SE-NATAL 19 CHEWABLE TABLET	1	
SEN-SERTER	2	
SEREVENT DISKUS 50 MCG	2	QL
SERTRALINE 20 MG/ML ORAL CONC	1	QL
SERTRALINE HCL 100 MG TABLET	1	QL
SERTRALINE HCL 25 MG TABLET	1	QL
SERTRALINE HCL 50 MG TABLET	1	QL
SETLAKIN 0.15 MG-0.03 MG TAB	1	
SEVELAMER CARBONATE 800 MG TAB	3	
SF 1.1% GEL	1	
SF 5000 PLUS CREAM	1	
SHAROBEL 0.35 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SHINGRIX VIAL KIT	2	QL
SHOPKO UNIFINE PENTIPS 4MM 32G	2	
SHOPKO UNIFINE PENTIPS 5MM 31G	2	
SHOPKO UNIFINE PENTIPS 8MM 31G	2	
SHOPKO UNIFINE PNTIPS 12MM 29G	2	
SIDESTREAM PEDIATRIC FACE MASK	2	QL
SIGNIFOR 0.3 MG/ML AMPULE	4	PA, LDD, SRX
SIGNIFOR 0.6 MG/ML AMPULE	4	PA, LDD, SRX
SIGNIFOR 0.9 MG/ML AMPULE	4	PA, LDD, SRX
SILDENAFIL 20 MG TABLET	4	PA, SRX
SILHOUETTE INFUSION SET 23"	2	
SILHOUETTE INFUSION SET 43"	2	
SILICONE MASK-INFANT	2	QL
SILICONE MASK-PEDIATRIC	2	QL
SILODOSIN 4 MG CAPSULE	1	QL
SILODOSIN 8 MG CAPSULE	1	QL
SIL-SERTER INFUSION SET	2	
SILVER NITRATE 0.5% SOLN	1	
SILVER NITRATE 10% SOLUTION	1	
SILVER NITRATE 25% SOLUTION	1	
SILVER NITRATE 50% SOLUTION	1	
SILVER SULFADIAZINE 1% CREAM	1	
SIMBRINZA 1%-0.2% EYE DROP	2	
SIMLANDI	4	PA, QL, SRX
SIMLIYA 28 DAY TABLET	1	
SIMPESSE 0.15-0.03-0.01 MG TAB	1	
SIMVASTATIN 10 MG TABLET	1	
SIMVASTATIN 20 MG TABLET	1	
SIMVASTATIN 40 MG TABLET	1	
SIMVASTATIN 5 MG TABLET	1	
SIMVASTATIN 80 MG TABLET	1	QL
SIROLIMUS 0.5 MG TABLET	1	
SIROLIMUS 1 MG TABLET	1	
SIROLIMUS 1 MG/ML SOLUTION	4	SRX
SIROLIMUS 2 MG TABLET	1	
SIRTURO 100 MG TABLET	3	PA, LDD
SIRTURO 20 MG TABLET	3	PA, LDD
SKY SAFETY PEN NEEDLE 30G 5MM	2	
SKY SAFETY PEN NEEDLE 30G 8MM	2	
SKYRIZI 150 MG/ML SYRINGE	4	PA, QL, SRX
SKYRIZI 180 MG/1.2 ML ON-BODY	4	PA, QL, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	4	PA, QL, SRX
SKYRIZI 150 MG/ML PEN	4	PA, QL, SRX
SLYND 4 MG TABLET	3	
SM INS SYR 0.5 ML 29GX1/2"	2	
SM INS SYR 0.5 ML 30GX5/16"	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SM INS SYR 1 ML 29GX1/2"	2	
SM INS SYRING 0.3 ML 30GX5/16"	2	
SM INS SYRINGE 1 ML 28GX1/2"	2	
SM INS SYRINGE 1 ML 30GX5/16"	2	
SM INSUL SYR 0.3 ML 31GX5/16"	2	
SM INSUL SYR 0.5 ML 31GX5/16"	2	
SM INSULIN SYR 0.3 ML 29GX1/2"	2	
SM INSULIN SYR 0.5 ML 28GX1/2"	2	
SM INSULIN SYR 1 ML 31GX5/16"	2	
SMARTEST CONTROL SOLUTION	2	
SOD POLYSTYREN SULF 15 G/60 ML	1	
SOD SUL-POTASS SUL-MAG SUL SOL	3	
SODIUM CHLORIDE 0.9% INHAL VL	1	
SODIUM CHLORIDE 0.9% IRRIG	1	
SODIUM CHLORIDE 0.9% IRRIG.	1	
SODIUM CHLORIDE 0.9% PRCSS SOL	1	
SODIUM CHLORIDE 10% VIAL	1	
SODIUM CHLORIDE 3% VIAL	1	
SODIUM CHLORIDE 7% VIAL	1	
SODIUM FLUORIDE 0.2% RINSE	1	
SODIUM FLUORIDE 1.1% CREAM	1	
SODIUM FLUORIDE 1.1% GEL	1	
SODIUM FLUORIDE 5000 DRY MOUTH	1	
SODIUM FLUORIDE 5000 PLUS CRM	1	
SODIUM FLUORIDE 5000 PPM CREAM	1	
SODIUM FLUORIDE 5000 PPM PASTE	1	
SOD FLUORIDE ENAM PROT 5000PPM	1	
SODIUM FLUORIDE SENSTV 5000PPM	1	
SODIUM PHENYL BUTYRATE 500MG TB	4	SRX
SODIUM PHENYL BUTYRATE POWDER	4	SRX
SODIUM POLYSTYRENE SULF POWDER	1	
SODIUM SULFACETAMIDE 10% LOTN	1	
SOFOSBUVIR-VELPATASVIR 400-100	4	PA, QL, SRX
SOF-SERTER INSERTION DEVICE	2	
SOF-SET MICRO INFUSION SET	2	
SOF-SET ULTIMATE QR SET	2	
SOLIFENACIN 10 MG TABLET	2	QL
SOLIFENACIN 5 MG TABLET	2	QL
SOLUS V2 CONTROL SOLUTION HIGH	2	
SOLUS V2 CONTROL SOLUTION LOW	2	
SOMAVERT 10 MG VIAL	4	PA, LDD, SRX
SOMAVERT 15 MG VIAL	4	PA, LDD, SRX
SOMAVERT 20 MG VIAL	4	PA, LDD, SRX
SOMAVERT 25 MG VIAL	4	PA, LDD, SRX
SOMAVERT 30 MG VIAL	4	PA, LDD, SRX
SORAFENIB 200 MG TABLET	4	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SOTALOL 120 MG TABLET	1		SUBVENITE 25 MG TABLET	1	
SOTALOL 160 MG TABLET	1		SUCRAID 17,000 UNIT/2 ML SOLN	4	LDD, SRX
SOTALOL 240 MG TABLET	1		SUCRAID 8,500 UNIT/ML SOLN	4	LDD, SRX
SOTALOL 80 MG TABLET	1		SUCRALFATE 1 GM TABLET	1	
SOTALOL AF 120 MG TABLET	1		SULFACETAMIDE 10% EYE DROPS	1	
SOTALOL AF 160 MG TABLET	1		SULFACETAMIDE 10% EYE OINTMENT	1	
SOTALOL AF 80 MG TABLET	1		SULFACETAMIDE SOD 10% TOP SUSP	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA	SULF-PRED 10-0.23% EYE DROPS	1	
SOVALDI 150 MG PELLETT PACKET	4	PA, QL, SRX	SULFADIAZINE 500 MG TABLET	1	
SOVALDI 200 MG PELLETT PACKET	4	PA, QL, SRX	SULFAMETHOXAZOLE-TMP DS TABLET	1	
SOVALDI 200 MG TABLET	4	PA, QL, SRX	SULFAMETHOXAZOLE-TMP SS TABLET	1	
SOVALDI 400 MG TABLET	4	PA, QL, SRX	SULFAMETHOXAZOLE-TMP SUSP	1	
SPACE CHAMBER	2	QL	SULFAMYLON 8.5% CREAM	3	
SPACE CHAMBER-LARGE MASK	2	QL	SULFASALAZINE 500 MG TABLET	1	
SPACE CHAMBER-MEDIUM MASK	2	QL	SULFASALAZINE DR 500 MG TAB	1	
SPACE CHAMBER-SMALL MASK	2	QL	SULINDAC 150 MG TABLET	1	
SPIKEVAX COVID (18Y UP) VACC	2		SULINDAC 200 MG TABLET	1	
SPINOSAD 0.9% TOPICAL SUSP	1		SUMATRIPTAN 20 MG NASAL SPRAY	1	QL
SPIRONOLACTONE 100 MG TABLET	1		SUMATRIPTAN 4 MG/0.5 ML CART	1	QL
SPIRONOLACTONE 25 MG TABLET	1		SUMATRIPTAN 4 MG/0.5 ML INJECT	1	QL
SPIRONOLACTONE 50 MG TABLET	1		SUMATRIPTAN 5 MG NASAL SPRAY	1	QL
SPIRONOLACTONE-HCTZ 25-25 TAB	1		SUMATRIPTAN 6 MG/0.5 ML CART	1	QL
SPRINTEC 28 DAY TABLET	1		SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL
SPRYCEL 100 MG TABLET	4	PA, QL, SRX	SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	QL
SPRYCEL 140 MG TABLET	4	PA, QL, SRX	SUMATRIPTAN SUCC 100 MG TABLET	1	QL
SPRYCEL 20 MG TABLET	4	PA, QL, SRX	SUMATRIPTAN SUCC 25 MG TABLET	1	QL
SPRYCEL 50 MG TABLET	4	PA, QL, SRX	SUMATRIPTAN SUCC 50 MG TABLET	1	QL
SPRYCEL 70 MG TABLET	4	PA, QL, SRX	SUNITINIB MALATE 12.5 MG CAP	4	PA, QL, SRX
SPRYCEL 80 MG TABLET	4	PA, QL, SRX	SUNITINIB MALATE 25 MG CAPSULE	4	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	1		SUNITINIB MALATE 37.5 MG CAP	4	PA, QL, SRX
SPS 30 GM/120 ML ENEMA SUSP	1		SUNITINIB MALATE 50 MG CAPSULE	4	PA, QL, SRX
SRONYX 0.10-0.02 MG TABLET	1		SUPRAX 100 MG TABLET CHEWABLE	3	
SSKI 1 GM/ML SOLUTION	3		SUPRAX 200 MG TABLET CHEWABLE	3	
STAVUDINE 40 MG CAPSULE	1		SUPRAX 500 MG/5 ML SUSPENSION	3	
STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX	SURE CMFT SFTY PEN ND 31G 6MM	2	
STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX	SURE CMFT SFTY PEN ND 32G 4MM	2	
STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX	SURE COMFORT 0.3 ML SYRINGE	2	
STERILE WATER FOR IRRIGATION	1		SURE COMFORT 0.5 ML SYRINGE	2	
STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX	SURE COMFORT 1 ML SYRINGE	2	
STRIBILD TABLET	2	QL	SURE COMFORT 3/10 ML SYRINGE	2	
SUBVENITE TAB START KIT (BLUE)	1		SURE COMFORT 30G PEN NEEDLE	2	
SUBVENITE TAB START KIT(GREEN)	1		SURE COMFORT INS 0.3ML 31GX1/4	2	
SUBVENITE TAB START KT(ORANGE)	1		SURE COMFORT INS 0.5ML 31GX1/4	2	
SUBVENITE 100 MG TABLET	1		SURE COMFORT INS 1 ML 31GX1/4"	2	
SUBVENITE 150 MG TABLET	1		SURE COMFORT PEN ND 29GX1/2"	2	
SUBVENITE 200 MG TABLET	1		SURE COMFORT PEN ND 31G 5MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SURE COMFORT PEN NDL 31G 8MM	2		T:SLIM 3 ML CARTRIDGE	2	
SURE COMFORT PEN NDL 32G 4MM	2		T:SLIM G4	2	
SURE COMFORT PEN NDL 32G 6MM	2		T:SLIM G4 3 ML CARTRIDGE	2	
SURE-FINE PEN NEEDLES 12.7MM	2		TABLOID 40 MG TABLET	3	PA
SURE-FINE PEN NEEDLES 5MM	2		TACROLIMUS 0.03% OINTMENT	1	
SURE-FINE PEN NEEDLES 8MM	2		TACROLIMUS 0.1% OINTMENT	1	
SURE-JECT INS 0.3 ML 31GX5/16"	2		TACROLIMUS 0.5 MG CAPSULE (IR)	1	
SURE-JECT INS 0.5 ML 31GX5/16"	2		TACROLIMUS 1 MG CAPSULE (IR)	1	
SURE-JECT INSU SYR U100 0.3 ML	2		TACROLIMUS 5 MG CAPSULE (IR)	1	
SURE-JECT INSU SYR U100 0.5 ML	2		TADALAFIL 2.5 MG TABLET	1	PA, QL
SURE-JECT INSU SYR U100 1 ML	2		TADALAFIL 20 MG TABLET	4	PA, SRX
SURE-JECT INSUL SYR U100 1 ML	2		TADALAFIL 5 MG TABLET	1	PA, QL
SURE-JECT INSULIN SYRINGE 1 ML	2		TAFINLAR 10 MG TABLET FOR SUSP	4	PA, QL, SRX
SURE-T PARADIGM 18" SET	2		TAFINLAR 50 MG CAPSULE	4	PA, QL, LDD, SRX
SURE-T PARADIGM 23" SET	2		TAFINLAR 75 MG CAPSULE	4	PA, QL, LDD, SRX
SURE-T PARADIGM 32" SET	2		TAFLUPROST 0.0015% EYE DROP	3	QL
SURE-TEST EASYPLUS MINI SOLN	2		TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX
SYEDA 28 TABLET	1		TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX
SYMAX	1		TAKE ACTION 1.5 MG TABLET	1	
SYMAX FASTABS 0.125 MG TABLET	1		TAMOXIFEN 10 MG TABLET	1	
SYMAX-SL 0.125 MG TABLET SL	1		TAMOXIFEN 20 MG TABLET	1	
SYMAX-SR 0.375 MG TABLET	3	QL	TAMSULOSIN HCL 0.4 MG CAPSULE	1	
SYMLINPEN 120 PEN INJECTOR	3	QL	TARINA 24 FE 1 MG-20 MCG TAB	1	
SYMLINPEN 60 PEN INJECTOR	2	QL	TARINA FE 1-20 EQ TABLET	1	
SYMTUZA 800-150-200-10 MG TAB	4	PA, SRX	TARINA FE 1-20 TABLET	1	
SYNAREL 2 MG/ML NASAL SPRAY	3		TARON-C DHA	1	
SYNTHROID 100 MCG TABLET	3		TARON-C DHA CAPSULE	1	
SYNTHROID 112 MCG TABLET	3		TARON-PREX PRENATAL DHA CAP	4	PA, QL, SRX
SYNTHROID 125 MCG TABLET	3		TASIGNA 200 MG CAPSULE	4	PA, QL, SRX
SYNTHROID 137 MCG TABLET	3		TASIGNA 50 MG CAPSULE	4	PA, QL, SRX
SYNTHROID 150 MCG TABLET	3		TAYSOFY 1 MG-20 MCG CAPSULE	1	
SYNTHROID 175 MCG TABLET	3		TAZAROTENE 0.05% GEL	3	
SYNTHROID 200 MCG TABLET	3		TAZAROTENE 0.1% CREAM	1	
SYNTHROID 25 MCG TABLET	3		TAZAROTENE 0.1% GEL	3	
SYNTHROID 300 MCG TABLET	3		TAZORAC 0.05% CREAM	3	
SYNTHROID 50 MCG TABLET	3		TAZTIA XT 120 MG CAPSULE	1	
SYNTHROID 75 MCG TABLET	3		TAZTIA XT 180 MG CAPSULE	1	
SYNTHROID 88 MCG TABLET	3		TAZTIA XT 240 MG CAPSULE	1	
T:30 INFUSION SET 23" 13MM	2		TAZTIA XT 300 MG CAPSULE	1	
T:30 INFUSION SET 43" 13MM	2		TAZTIA XT 360 MG CAPSULE	1	
T:90 INFUSION SET 23" 6MM	2		TDVAX VIAL	2	
T:90 INFUSION SET 23" 9MM	2		TECHLITE 0.3 ML 29GX12MM (1/2)	2	
T:90 INFUSION SET 43" 9MM	2		TECHLITE 0.3 ML 30GX12MM (1/2)	2	
T:FLEX 4.8 ML CARTRIDGE	2		TECHLITE 0.3 ML 30GX8MM (1/2)	2	
			TECHLITE 0.3 ML 31GX6MM (1/2)	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TECHLITE 0.3 ML 31GX8MM (1/2)	2		TERAZOSIN 5 MG CAPSULE	1	
TECHLITE 0.5 ML 29GX12MM (1/2)	2		TERBINAFINE HCL 250 MG TABLET	1	
TECHLITE 0.5 ML 30GX12MM (1/2)	2		TERBUTALINE SULFATE 2.5 MG TAB	1	
TECHLITE 0.5 ML 30GX8MM (1/2)	2		TERBUTALINE SULFATE 5 MG TAB	1	
TECHLITE 0.5 ML 31GX6MM (1/2)	2		TERCONAZOLE 0.4% CREAM	1	
TECHLITE 0.5 ML 31GX8MM (1/2)	2		TERCONAZOLE 0.8% CREAM	1	
TECHLITE INS SYR 1 ML 29GX12MM	2		TERCONAZOLE 80 MG SUPPOSITORY	1	
TECHLITE INS SYR 1 ML 30GX12MM	2		TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX
TECHLITE INS SYR 1 ML 30GX8MM	2		TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX
TECHLITE INS SYR 1 ML 31GX6MM	2		TERUMO INS SYR 0.3 ML 29GX1/2"	2	
TECHLITE INS SYR 1 ML 31GX8MM	2		TERUMO INS SYRINGE U100-1 ML	2	
TECHLITE PEN NEEDLE 29GX1/2"	2		TERUMO INS SYRINGE U100-1/2 ML	2	
TECHLITE PEN NEEDLE 29GX3/8"	2		TERUMO INS SYRINGE U100-1/3 ML	2	
TECHLITE PEN NEEDLE 31GX1/4"	2		TERUMO INS SYRNG U100-1/2 ML	2	
TECHLITE PEN NEEDLE 31GX3/16"	2		TERUMO SURGUARD2 NDL 21GX1 1.5	2	
TECHLITE PEN NEEDLE 31GX5/16"	2		TERUMO SURGUARD2 NDL 22X1-1/2"	2	
TECHLITE PEN NEEDLE 32GX1/4"	2		TERUMO SURGUARD2 NDL 23X1-1/2"	2	
TECHLITE PEN NEEDLE 32GX5/16"	2		TERUMO SURGUARD2 NEEDLE 18GX1"	2	
TECHLITE PEN NEEDLE 32GX5/32"	2		TERUMO SURGUARD2 NEEDLE 18X1.5	2	
TELCARE CONTROL SOLUTION	2		TERUMO SURGUARD2 NEEDLE 19GX1"	2	
TELMISARTAN 20 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 19X1.5	2	
TELMISARTAN 40 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 20GX1"	2	
TELMISARTAN 80 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 20X1.5	2	
TELMISARTAN-AMLODIPINE 40-10	1		TERUMO SURGUARD2 NEEDLE 21GX1"	2	
TELMISARTAN-AMLODIPINE 40-5 MG	1		TERUMO SURGUARD2 NEEDLE 22GX1"	2	
TELMISARTAN-AMLODIPINE 80-10	1		TERUMO SURGUARD2 NEEDLE 23GX1"	2	
TELMISARTAN-AMLODIPINE 80-5 MG	1		TERUMO SURGUARD2 NEEDLE 25GX1"	2	
TELMISARTAN-HCTZ 40-12.5 MG TB	1		TERUMO SURGUARD2 NEEDLE 25X1.5	2	
TELMISARTAN-HCTZ 80-12.5 MG TB	1		TERUMO SURGUARD2 NEEDLE 25X5/8	2	
TELMISARTAN-HCTZ 80-25 MG TAB	1		TERUMO SURGUARD2 NEEDLE 26X1/2	2	
TEMAZEPAM 15 MG CAPSULE	1		TERUMO SURGUARD2 NEEDLE 27X1/2	2	
TEMAZEPAM 22.5 MG CAPSULE	1		TERUMO SURGUARD2 NEEDLE 30X1/2	2	
TEMAZEPAM 30 MG CAPSULE	1		TERUMO SYRINGE 3 ML	2	
TEMAZEPAM 7.5 MG CAPSULE	1		TESTOSTERON CYP 1,000 MG/10 ML	1	
TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX	TESTOSTERON CYP 2,000 MG/10 ML	1	
TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX	TESTOSTERON ENAN 1,000 MG/5 ML	1	
TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX	TESTOSTERONE 1% (25MG/2.5G) PK	1	QL
TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX	TESTOSTERONE 1% (50 MG/5 G) PK	1	QL
TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX	TESTOSTERONE 1.62% (2.5 G) PKT	1	QL
TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX	TESTOSTERONE 1.62% GEL PUMP	1	QL
TENCON 50-325 MG TABLET	1		TESTOSTERONE 1.62%(1.25 G) PKT	1	QL
TENIVAC VIAL	2		TESTOSTERONE 10 MG GEL PUMP	1	QL
TENOFOVIR DISOP FUM 300 MG TB	1		TESTOSTERONE 12.5 MG/1.25 GRAM	1	QL
TERAZOSIN 1 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM GEL	1	QL
TERAZOSIN 10 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM PKT	1	QL
TERAZOSIN 2 MG CAPSULE	1				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TESTOSTERONE CYP 1,000 MG/10ML	1		TIADYLT ER 300 MG CAPSULE	1	
TESTOSTERONE CYP 1,000 MG/5 ML	1		TIADYLT ER 360 MG CAPSULE	1	
TESTOSTERONE CYP 200 MG/ML	1		TIADYLT ER 420 MG CAPSULE	1	
TESTOSTERONE CYP 500 MG/2.5 ML	1		TIAGABINE HCL 12 MG TABLET	1	
TESTOSTERONE CYP 6,000 MG/30ML	1		TIAGABINE HCL 16 MG TABLET	1	
TESTOSTERONE ENAN 200 MG/ML	1		TIAGABINE HCL 2 MG TABLET	1	
TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX	TIAGABINE HCL 4 MG TABLET	1	
TETRACAINE 0.5% EYE DROP	1		TILIA FE 28 TABLET	1	
TETRACAINE 0.5% STERI-UNIT SOL	1		TIMOLOL 0.25% GEL-SOLUTION	1	
TETRACYCLINE 250 MG CAPSULE	1		TIMOLOL 0.5% GEL-SOLUTION	1	
TETRACYCLINE 500 MG CAPSULE	1		TIMOLOL 0.5% GFS GEL-SOLUTION	1	
TETRAVISC 0.5% EYE DROPS	3		TIMOLOL MALEATE 0.25% EYE DROP	1	
TEXACORT 2.5% SOLUTION	3		TIMOLOL MALEATE 0.5% EYE DROPS	1	
THALOMID 100 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 10 MG TABLET	1	
THALOMID 150 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 20 MG TABLET	1	
THALOMID 200 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 5 MG TABLET	1	
THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX	TINIDAZOLE 250 MG TABLET	1	
THEOPHYLLINE 80 MG/15 ML SOLN	1		TINIDAZOLE 500 MG TABLET	1	
THEOPHYLLINE ER 100 MG TABLET	1		TIOPRONIN 100 MG TABLET	4	SRX
THEOPHYLLINE ER 200 MG TABLET	1		TIS-U-SOL PENTALYTE IRRIG SOLN	2	
THEOPHYLLINE ER 300 MG TAB	1		TIVICAY 10 MG TABLET	2	
THEOPHYLLINE ER 300 MG TABLET	1		TIVICAY 25 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	1		TIVICAY 50 MG TABLET	2	
THEOPHYLLINE ER 450 MG TAB	1		TIVICAY PD 5 MG TAB FOR SUSP	2	
THEOPHYLLINE ER 450 MG TABLET	1		TIZANIDINE HCL 4 MG TABLET	1	
THEOPHYLLINE ER 600 MG TABLET	1		TOBRAMYCIN 0.3% EYE DROP	1	
THINPRO INS SYRIN U100-0.3 ML	2		TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX
THINPRO INS SYRIN U100-0.5 ML	2		TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX
THINPRO INS SYRIN U100-1 ML	2		TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	
THIORIDAZINE 10 MG TABLET	1		TODAY'S HLTH PN NEEDLE 6MM 31G	2	
THIORIDAZINE 100 MG TABLET	1		TOLCAPONE 100 MG TABLET	4	SRX
THIORIDAZINE 25 MG TABLET	1		TOLMETIN SODIUM 200 MG TAB	1	
THIORIDAZINE 50 MG TABLET	1		TOLMETIN SODIUM 400 MG CAP	1	
THIOTHIXENE 1 MG CAPSULE	1		TOLMETIN SODIUM 600 MG TAB	1	
THIOTHIXENE 10 MG CAPSULE	1		TOLTERODINE TART ER 2 MG CAP	1	
THIOTHIXENE 2 MG CAPSULE	1		TOLTERODINE TART ER 4 MG CAP	1	
THIOTHIXENE 5 MG CAPSULE	1		TOLTERODINE TARTRATE 1 MG TAB	1	
THRIVITE 19	1		TOLTERODINE TARTRATE 2 MG TAB	1	
THRIVITE 19 TABLET	1		TOLVAPTAN 15 MG TABLET	4	PA, SRX
THYROID 15 MG TABLET	1		TOLVAPTAN 30 MG TABLET	4	PA, SRX
THYROID 30 MG TABLET	1		TOPCARE CLICKFINE 31G X 1/4"	2	
THYROID 60 MG TABLET	1		TOPCARE CLICKFINE 31G X 5/16"	2	
THYROID 90 MG TABLET	1		TOPCARE ULTRA COMFORT SYRINGE	2	
TIADYLT ER 120 MG CAPSULE	1		TOPIRAMATE 100 MG TABLET	1	
TIADYLT ER 180 MG CAPSULE	1		TOPIRAMATE 15 MG SPRINKLE CAP	1	
TIADYLT ER 240 MG CAPSULE	1		TOPIRAMATE 200 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TOPIRAMATE 25 MG SPRINKLE CAP	1	
TOPIRAMATE 25 MG TABLET	1	
TOPIRAMATE 50 MG TABLET	1	
TOPIRAMATE ER 100 MG CAPSULE	1	
TOPIRAMATE ER 150 MG CAPSULE	1	
TOPIRAMATE ER 200 MG CAPSULE	1	
TOPIRAMATE ER 25 MG CAPSULE	1	
TOPIRAMATE ER 50 MG CAPSULE	1	
TOREMIFENE CITRATE 60 MG TAB	3	
TORSEMIDE 10 MG TABLET	1	
TOPIRAMATE 200 MG TABLET	1	
TOPIRAMATE 25 MG SPRINKLE CAP	1	
TOPIRAMATE 25 MG TABLET	1	
TOPIRAMATE 50 MG TABLET	1	
TOPIRAMATE ER 100 MG CAPSULE	1	
TOPIRAMATE ER 150 MG CAPSULE	1	
TOPIRAMATE ER 200 MG CAPSULE	1	
TOPIRAMATE ER 25 MG CAPSULE	1	
TOPIRAMATE ER 50 MG CAPSULE	1	
TOREMIFENE CITRATE 60 MG TAB	3	
TORSEMIDE 10 MG TABLET	1	
TRAMADOL HCL ER 100 MG TABLET	1	PA, QL
TRAMADOL HCL ER 150 MG CAPSULE	1	PA, QL
TRAMADOL HCL ER 200 MG TABLET	1	PA, QL
TRAMADOL HCL ER 300 MG TABLET	1	PA, QL
TRAMADOL-ACETAMINOPHN 37.5-325	1	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	
TRANDOLAPR-VERAPAM ER 1-240 MG	1	
TRANDOLAPR-VERAPAM ER 2-180 MG	1	
TRANDOLAPR-VERAPAM ER 2-240 MG	1	
TRANDOLAPR-VERAPAM ER 4-240 MG	1	
TRANEXAMIC ACID 650 MG TABLET	1	
TRANSFER NEEDLE	2	
TRAVOPROST 0.004% EYE DROP	1	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	1	
TRAZODONE 50 MG TABLET	1	
TRECTOR 250 MG TABLET	3	
TRELEGY ELLIPTA 100-62.5-25	2	QL
TRELEGY ELLIPTA 200-62.5-25	2	QL
TREMFYA 100 MG/ML INJECTOR	4	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	4	PA, QL, SRX
TRETINOIN 0.025% CREAM	1	PA_AGE

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRETINOIN 0.025% GEL	1	PA_AGE
TRETINOIN 0.05% CREAM	1	PA_AGE
TRETINOIN 0.05% GEL	1	PA_AGE
TRETINOIN 0.1% CREAM	1	PA_AGE
TRETINOIN 10 MG CAPSULE	3	PA
TRETINOIN GEL MICRO 0.04% PUMP	1	PA_AGE
TRETINOIN GEL MICRO 0.04% TUBE	1	PA_AGE
TRETINOIN GEL MICRO 0.1% PUMP	1	PA_AGE
TRETINOIN GEL MICRO 0.1% TUBE	1	PA_AGE
TRETIN-X 0.025% CREAM COMB PCK	3	PA_AGE
TRETIN-X 0.05% COMBO PACK	3	PA_AGE
TRETIN-X 0.075% CREAM	3	PA_AGE
TRETIN-X 0.1% COMBO PACK	3	PA_AGE
TRI FEMYNOR	1	
TRI FEMYNOR 28 TABLET	1	
TRIAMCINOLONE 0.025% LOTION	1	
TRIAMCINOLONE 0.025% OINT	1	
TRIAMCINOLONE 0.1% CREAM	1	
TRIAMCINOLONE 0.1% LOTION	1	
TRIAMCINOLONE 0.1% OINTMENT	1	
TRIAMCINOLONE 0.1% PASTE	1	
TRIAMCINOLONE 0.5% CREAM	1	
TRIAMCINOLONE 0.5% OINTMENT	1	
TRIAMTERENE 100 MG CAPSULE	3	
TRIAMTERENE 50 MG CAPSULE	3	
TRIAMTERENE-HCTZ 37.5-25 MG CP	1	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1	
TRIAMTERENE-HCTZ 75-50 MG TAB	1	
TRIAZOLAM 0.125 MG TABLET	1	
TRIAZOLAM 0.25 MG TABLET	1	
TRIDERM 0.1% CREAM	1	
TRIDERM 0.5% CREAM	1	
TRI-ESTARYLLA TABLET	1	
TRIFLUOPERAZINE 1 MG TABLET	1	
TRIFLUOPERAZINE 10 MG TABLET	1	
TRIFLUOPERAZINE 2 MG TABLET	1	
TRIFLUOPERAZINE 5 MG TABLET	1	
TRIFLURIDINE	1	
TRIFLURIDINE 1% EYE DROPS	1	
TRIHXYPHENIDYL 2 MG/5 ML SOLN	1	
TRIHXYPHENIDYL 5 MG TABLET	1	
TRIKAFTA 100-50-75 MG/150 MG	4	PA, QL, LDD, SRX
TRIKAFTA 100-50-75 MG/75MG PKT	4	PA, QL, LDD, SRX
TRIKAFTA 50-25-37.5 MG/75 MG	4	PA, QL, LDD, SRX
TRIKAFTA 80-40-60MG/59.5MG PKT	4	PA, QL, LDD, SRX
TRI-LEGEST FE	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRI-LEGEST FE-28 DAY TABLET	1	
TRI-LO-ESTARYLLA TABLET	1	
TRI-LO-MARZIA TABLET	1	
TRI-LO-MILI TABLET	1	
TRI-LO-SPRINTEC TABLET	1	
TRIMETHOBENZAMIDE 300 MG CAP	1	
TRIMETHOPRIM 100 MG TABLET	1	
TRI-MILI 28 TABLET	1	
TRIMIPRAMINE MALEATE 100 MG CP	1	
TRIMIPRAMINE MALEATE 25 MG CAP	1	
TRIMIPRAMINE MALEATE 50 MG CAP	1	
TRINATAL RX 1	1	
TRINTELLIX 10 MG TABLET	3	QL, ST
TRINTELLIX 20 MG TABLET	3	QL, ST
TRINTELLIX 5 MG TABLET	3	QL, ST
TRI-NYMYO 28 TABLET	1	
TRI-PREVIFEM TABLET	1	
TRI-SPRINTEC TABLET	1	
TRIUMEQ 600-50-300 MG TABLET	2	QL
TRIUMEQ PD 60-5-30 MG TAB SUSP	2	QL
TRI-VITE-FLUORIDE 0.5 MG/ML	1	
TRI-VIT-FLUOR 0.25 MG/ML DROP	1	
TRI-VIT-FLUOR 0.5 MG/ML DROP	1	
TRIVORA-28 TABLET	1	
TRI-VYLIBRA 28 TABLET	1	
TRI-VYLIBRA LO TABLET	1	
TROPICAMIDE 0.5% EYE DROP	1	
TROPICAMIDE 0.5% EYE DROPS	1	
TROPICAMIDE 1% EYE DROP	1	
TROPICAMIDE 1% EYE DROPS	1	
TROSPIMUM CHLORIDE 20 MG TABLET	1	
TROSPIMUM CHLORIDE ER 60 MG CAP	1	
TRUE CMFRT PRO 0.5ML 30G 5/16"	2	
TRUE CMFRT PRO 0.5ML 31G 5/16"	2	
TRUE CMFRT PRO 0.5ML 32G 5/16"	2	
TRUE CMFT SFTY PEN ND 31G 5MM	2	
TRUE CMFT SFTY PEN ND 31G 6MM	2	
TRUE COMFORT 0.5 ML 31GX5/16"	2	
TRUE COMFORT 1 ML 31GX5/16"	2	
TRUE COMFORT PEN ND 31G 5MM	2	
TRUE COMFORT PEN ND 31G 6MM	2	
TRUE COMFORT PEN ND 31G 8MM	2	
TRUE COMFORT PEN ND 31GX5MM	2	
TRUE COMFORT PEN ND 31GX6MM	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRUE COMFORT PEN ND 32G 4MM	2	
TRUE COMFORT PEN ND 32G 5MM	2	
TRUE COMFORT PEN ND 32G 6MM	2	
TRUE COMFORT PEN ND 32GX4MM	2	
TRUE COMFORT PEN ND 33G 4MM	2	
TRUE COMFORT PEN ND 33G 5MM	2	
TRUE COMFORT PEN ND 33G 6MM	2	
TRUE COMFORT PRO 1 ML 30G 1/2"	2	
TRUE COMFORT PRO 1ML 30G 5/16"	2	
TRUE COMFORT PRO 1ML 31G 5/16"	2	
TRUE COMFORT PRO 1ML 32G 5/16"	4	
TRUE COMFRT PRO 0.5ML 30G 1/2"	2	
TRUE METRIX LEVEL 1 CTRL SOLN	2	
TRUE METRIX LEVEL 2 CTRL SOLN	2	
TRUE METRIX LEVEL 3 CTRL SOLN	2	
TRUECONTROL GLUCOSE SOLUTION	2	
TRUEPLUS KETONE TEST STRIP	2	
TRUEPLUS PEN NEEDLE 29G 12MM	2	
TRUEPLUS PEN NEEDLE 29GX1/2"	2	
TRUEPLUS PEN NEEDLE 31G 5MM	2	
TRUEPLUS PEN NEEDLE 31G 8MM	2	
TRUEPLUS PEN NEEDLE 31G X 1/4"	2	
TRUEPLUS PEN NEEDLE 31GX3/16"	2	
TRUEPLUS PEN NEEDLE 31GX5/16"	2	
TRUEPLUS PEN NEEDLE 32GX5/32"	2	
TRUEPLUS SYR 0.3ML 29GX1/2"	2	
TRUEPLUS SYR 0.3ML 30GX5/16"	2	
TRUEPLUS SYR 0.3ML 31GX5/16"	2	
TRUEPLUS SYR 0.5ML 28GX1/2"	2	
TRUEPLUS SYR 0.5ML 29GX1/2"	2	
TRUEPLUS SYR 0.5ML 30GX5/16"	2	
TRUEPLUS SYR 0.5ML 31GX5/16"	2	
TRUEPLUS SYR 1ML 28GX1/2"	2	
TRUEPLUS SYR 1ML 29GX1/2"	2	
TRUEPLUS SYR 1ML 30GX5/16"	2	
TRUEPLUS SYR 1ML 31GX5/16"	2	
TRULICITY 0.75 MG/0.5 ML PEN	2	PA, QL
TRULICITY 1.5 MG/0.5 ML PEN	2	PA, QL
TRULICITY 3 MG/0.5 ML PEN	2	PA, QL
TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL
TRUMENBA 120 MCG/0.5 ML VACCIN	2	
TRUST NATAL DHA	1	
TRUSTEEL INFUSION SET 23" 6MM	2	
TRUSTEEL INFUSION SET 23" 8MM	2	
TRUSTEEL INFUSION SET 32" 6MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRUSTEEL INFUSION SET 32" 8MM	2	
TRUZONE PEAK FLOW METER	2	
TULANA 0.35 MG TABLET	1	
TWINRIX VACCINE SYRINGE	2	
TYBOST 150 MG TABLET	2	
TYMLOS 80 MCG DOSE PEN INJECTR	4	PA, QL, SRX
TYVASO	4	PA, LDD, SRX
TYVASO 1.74 MG/2.9 ML SOLUTION	4	PA, LDD, SRX
TYVASO REFILL KIT	4	PA, LDD, SRX
TYVASO STARTER KIT	4	PA, LDD, SRX
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA, SRX
UDENYCA 6 MG/0.6 ML AUTOINJECT	4	PA, SRX
ULESFIA 5% LOTION	2	
ULT CFT 0.3 ML 31GX5/16" (1/2)	2	
ULTICARE INS SYR 1 ML 31GX5/16"	2	
ULTICAR INS 0.3ML 31GX1/4(1/2)	2	
ULTICARE INS 0.3 ML 30GX1/2"	2	
ULTICARE INS 0.3 ML 31GX1/4"	2	
ULTICARE INS 0.5 ML 30GX1/2"	2	
ULTICARE INS 0.5 ML 31GX1/4"	2	
ULTICARE INS 1 ML 31GX1/4"	2	
ULTICARE INS SAFETY 1ML 29X1/2	2	
ULTICARE INS SYR 1 ML 28GX1/2"	2	
ULTICARE INS SYR 1 ML 29GX1/2"	2	
ULTICARE INS SYR 1 ML 30GX1/2"	2	
ULTICARE LOW DEAD SPACE SYRINGE	2	
ULTICARE LDS SYR 3 ML 22GX1.5"	2	
ULTICARE PEN NEEDLE 31GX3/16"	2	
ULTICARE PEN NEEDLE 4MM 32G	2	
ULTICARE PEN NEEDLE 6MM 31G	2	
ULTICARE PEN NEEDLE 8 MM 31G	2	
ULTICARE PEN NEEDLE 8MM 31G	2	
ULTICARE PEN NEEDLES 12MM 29G	2	
ULTICARE PEN NEEDLES 4MM 32G	2	
ULTICARE PEN NEEDLES 6MM 31G	2	
ULTICARE PEN NEEDLES 6MM 32G	2	
ULTICARE PEN NEEDLES 8MM 31G	2	
ULTICARE SAFE PEN ND 30G 8MM	2	
ULTICARE SAFE PEN ND 5MM 30G	2	
ULTICARE SAFETY 0.5 ML 29GX1/2	2	
ULTICARE SYR 0.3 ML 30GX1/2"	2	
ULTICARE SYR 0.3 ML 30GX5/16"	2	
ULTICARE SYR 0.3 ML 31GX5/16"	2	
ULTICARE SYR 0.5 ML 29GX1/2"	2	
ULTICARE SYR 0.5 ML 30GX1/2"	2	
ULTICARE SYR 0.5 ML 30GX5/16"	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTICARE SYR 0.5 ML 31GX5/16"	2	
ULTICARE SYR 1 ML 30GX5/16"	2	
ULTICARE SYR 1 ML 31GX5/16"	2	
ULTICARE SYRIN 0.3 ML 29GX1/2"	2	
ULTICARE SYRIN 0.5 ML 28GX1/2"	2	
ULTICARE SYRINGE 1 ML 30GX1/2"	2	
ULTIGUARD SAFE 1ML 30G 12.7MM	2	
ULTIGUARD SAFE PACK 29G 12.7MM	2	
ULTIGUARD SAFE PACK 32G 4MM	2	
ULTIGUARD SAFE0.3ML 30G 12.7MM	2	
ULTIGUARD SAFE0.5ML 30G 12.7MM	2	
ULTIGUARD SAFEPACK 1ML 31G 8MM	2	
ULTIGUARD SAFEPACK 31G 5MM	2	
ULTIGUARD SAFEPACK 31G 6MM	2	
ULTIGUARD SAFEPACK 31G 8MM	2	
ULTIGUARD SAFEPACK 32G 4MM	2	
ULTIGUARD SAFEPACK 32G 6MM	2	
ULTIGUARD SAFEPK 0.3ML 31G 8MM	2	
ULTIGUARD SAFEPK 0.5ML 31G 8MM	2	
ULTILET INSULIN SYRINGE 0.3 ML	2	
ULTILET INSULIN SYRINGE 0.5 ML	2	
ULTILET INSULIN SYRINGE 1 ML	2	
ULTILET PEN NEEDLE	2	
ULTILET PEN NEEDLE 4MM 32G	2	
ULTRA COMFORT 0.3 ML 29GX1/2"	2	
ULTRA COMFORT 0.3 ML SYRINGE	2	
ULTRA COMFORT 0.5 ML 28GX1/2"	2	
ULTRA COMFORT 0.5 ML 29GX1/2"	2	
ULTRA COMFORT 0.5 ML 31GX5/16"	2	
ULTRA COMFORT 0.5 ML SYRINGE	2	
ULTRA COMFORT 1 ML 28GX1/2"	2	
ULTRA COMFORT 1 ML 29GX1/2"	2	
ULTRA COMFORT 1 ML 30GX5/16"	2	
ULTRA COMFORT 1 ML 31GX5/16"	2	
ULTRA COMFORT 1 ML SYRINGE	2	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	2	
ULTRA FLO 0.3ML 30G 5/16"(1/2)	2	
ULTRA FLO 0.3ML 31G 5/16"(1/2)	2	
ULTRA FLO PEN NEEDLE 31G 5MM	2	
ULTRA FLO PEN NEEDLE 31G 8MM	2	
ULTRA FLO PEN NEEDLE 32G 4MM	2	
ULTRA FLO PEN NEEDLE 33G 4MM	2	
ULTRA FLO PEN NEEDLES 12MM 29G	2	
ULTRA FLO SYR 0.3 ML 29GX1/2"	2	
ULTRA FLO SYR 0.3 ML 30G 5/16"	2	
ULTRA FLO SYR 0.3 ML 31G 5/16"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTRA FLO SYR 0.5 ML 29G 1/2"	2		UNIFINE PENTIPS 8MM NEEDLE	2	
ULTRA THIN	2		UNIFINE PENTIPS MAXFLOW	2	
ULTRA THIN PEN NDL 32G X 4MM	2		UNIFINE PENTIPS MAX 30GX3/16"	2	
ULTRACARE INS 0.3 ML 31GX5/16"	2		UNIFINE PENTIPS PLUS 29GX1/2"	2	
ULTRACARE INS 0.5 ML 30GX1/2"	2		UNIFINE PENTIPS PLUS 31GX1/4"	2	
ULTRACARE INS 0.5 ML 30GX5/16"	2		UNIFINE PENTIPS PLUS 31GX3/16"	2	
ULTRACARE INS 0.5 ML 31GX5/16"	2		UNIFINE PENTIPS PLUS 31GX5/16"	2	
ULTRACARE INS 1 ML 30G X 5/16"	2		UNIFINE PENTIPS PLUS 32GX5/32"	2	
ULTRACARE INS 1 ML 30GX1/2"	2		UNIFINE PENTIPS PLUS 33GX5/32"	2	
ULTRACARE INS 1 ML 31G X 5/16"	2		UNIFINE PENTIPS PLUS MAXFLOW	2	
ULTRACARE PEN NEEDLE 31GX1/4"	2		UNIFINE PENTIPS PLUS 30GX3/16"	2	
ULTRACARE PEN NEEDLE 31GX3/16"	2		UNIFINE SAFECONTROL 30GX5/16"	2	
ULTRACARE PEN NEEDLE 31GX5/16"	2		UNIFINE SAFECONTROL 32G 4MM	2	
ULTRACARE PEN NEEDLE 32GX1/4"	2		UNIFINE ULTRA PEN NDL 31G 5MM	2	
ULTRACARE PEN NEEDLE 32GX3/16"	2		UNIFINE ULTRA PEN NDL 31G 6MM	2	
ULTRACARE PEN NEEDLE 32GX5/32"	2		UNIFINE ULTRA PEN NDL 31G 8MM	2	
ULTRACARE PEN NEEDLE 33GX5/32"	2		UNIFINE ULTRA PEN NDL 32G 4MM	2	
ULTRA-FINE MICRO PEN NEEDLE	2		UNISTRIP CONTROL SOLUTION HIGH	2	
ULTRA-THIN II 1 ML 31GX5/16"	2		UNISTRIP CONTROL SOLUTION LOW	2	
ULTRA-THIN II INS 0.3 ML 30G	2		UNITHROID 100 MCG TABLET	1	
ULTRA-THIN II INS 0.3 ML 31G	2		UNITHROID 112 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 29G	2		UNITHROID 125 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 30G	2		UNITHROID 137 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 31G	2		UNITHROID 150 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 29G	2		UNITHROID 175 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 30G	2		UNITHROID 200 MCG TABLET	1	
ULTRA-THIN II PEN NDL 29GX1/2"	2		UNITHROID 25 MCG TABLET	1	
ULTRA-THIN II PEN NDL 31GX5/16	2		UNITHROID 300 MCG TABLET	1	
ULTRATRAK CONTROL SOL NORMAL	2		UNITHROID 50 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	2		UNITHROID 75 MCG TABLET	1	
ULTRATRAK ULTIMATE	2		UNITHROID 88 MCG TABLET	1	
ULTRATRAK ULTIMATE CNTRL SOLN	2		URISTIX 4 REAGENT STRIPS	2	
UNIFINE PEN NEEDLE 32G 4MM	2		URISTIX REAGENT STRIPS	2	
UNIFINE PENTIPS 29G 12MM	2		UROQID-ACID NO.2 500-500 TB	1	
UNIFINE PENTIPS 31G 5MM	2		URSODIOL 300 MG CAPSULE	1	
UNIFINE PENTIPS 31G 6MM	2		URSODIOL 500 MG TABLET	1	
UNIFINE PENTIPS 31G 8MM	2		USTELL	1	
UNIFINE PENTIPS 31GX3/16"	2		USTELL CAPSULE	1	
UNIFINE PENTIPS 32G 4MM	2		UTIRA-C TABLET	1	
UNIFINE PENTIPS 32G 6MM	2		VALACYCLOVIR HCL 500 MG TABLET	1	
UNIFINE PENTIPS 32GX1/4"	2		VALGANCICLOVIR 450 MG TABLET	3	
UNIFINE PENTIPS 32GX5/32"	2		VALGANCICLOVIR HCL 50 MG/ML	3	
UNIFINE PENTIPS 33GX5/32"	2		VALPROIC ACID 250 MG CAPSULE	1	
UNIFINE PENTIPS 6MM 31G	2		VALPROIC ACID 250 MG/5 ML SOLN	1	
UNIFINE PENTIPS 6MM NEEDLE	2		VALPROIC ACID 500 MG/10 ML SOL	1	
UNIFINE PENTIPS 8MM 31G	2		VALSARTAN 160 MG TABLET	1	

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VALSARTAN 320 MG TABLET	1		VENLAFAXINE HCL 100 MG TABLET	1	QL
VALSARTAN 40 MG TABLET	1		VENLAFAXINE HCL 25 MG TABLET	1	QL
VALSARTAN 80 MG TABLET	1		VENLAFAXINE HCL 37.5 MG TABLET	1	QL
VALSARTAN-HCTZ 160-12.5 MG TAB	1		VENLAFAXINE HCL 50 MG TABLET	1	QL
VALSARTAN-HCTZ 160-25 MG TAB	1		VENLAFAXINE HCL 75 MG TABLET	1	QL
VALSARTAN-HCTZ 320-12.5 MG TAB	1		VENLAFAXINE HCL ER 150 MG CAP	1	QL
VALSARTAN-HCTZ 320-25 MG TAB	1		VENLAFAXINE HCL ER 37.5 MG CAP	1	QL
VALSARTAN-HCTZ 80-12.5 MG TAB	1		VENLAFAXINE HCL ER 75 MG CAP	1	QL
VANADOM 350 MG TABLET	1		VENTAVIS 10 MCG/1 ML SOLUTION	4	PA, LDD, SRX
VANCOMYCIN HCL 250 MG CAPSULE	3	QL	VENTAVIS 20 MCG/1 ML SOLUTION	4	PA, LDD, SRX
VANDA ZOLE VAGINAL 0.75% GEL	1		VERAPAMIL 120 MG TABLET	1	
VANISHPOINT 20GX1" 3 ML SYRING	2		VERAPAMIL 40 MG TABLET	1	
VANISHPOINT 21GX1.5" 3 ML SYR	2		VERAPAMIL 80 MG TABLET	1	
VANISHPOINT 22GX1" 3 ML SYR	2		VERAPAMIL ER 120 MG CAPSULE	1	
VANISHPOINT 23GX1" 3 ML SYRING	2		VERAPAMIL ER 120 MG TABLET	1	
VANISHPOINT 23GX1-1/2 3 ML SYR	2		VERAPAMIL ER 180 MG CAPSULE	1	
VANISHPOINT 25GX1" 3 ML SYRING	2		VERAPAMIL ER 180 MG TABLET	1	
VANISHPOINT 25GX5/8" 3 ML SYR	2		VERAPAMIL ER 240 MG CAPSULE	1	
VANISHPOINT 3 ML 21GX1" SYRING	2		VERAPAMIL ER 240 MG TABLET	1	
VANISHPOINT 3 ML 22GX1.5" SYRG	2		VERAPAMIL ER PM 100 MG CAPSULE	1	
VANISHPOINT INSULIN SYRINGE	2		VERAPAMIL ER PM 200 MG CAPSULE	1	
VANISHPOINT INS 1 ML 30GX3/16"	2		VERAPAMIL ER PM 300 MG CAPSULE	1	
VAQTA 25 UNITS/0.5 ML SYRINGE	2		VERAPAMIL SR 120 MG CAPSULE	1	
VAQTA 25 UNITS/0.5 ML VIAL	2		VERAPAMIL SR 180 MG CAPSULE	1	
VAQTA 50 UNITS/ML SYRINGE	2		VERAPAMIL SR 240 MG CAPSULE	1	
VAQTA 50 UNITS/ML VIAL	2		VERAPAMIL SR 360 MG CAPSULE	1	
VARENICLINE	2		VERASENS CONTROL SOLN-LEVEL 1	2	
VARENICLINE STARTING MONTH BOX	2		VERIFINE INS SYR 1 ML 29G 1/2"	2	
VARENICLINE 1 MG TABLET	2		VERIFINE PEN NEEDLE 29G 12MM	2	
VARISOFT INFUSION SET 23" 13MM	2		VERIFINE PEN NEEDLE 31G 5MM	2	
VARISOFT INFUSION SET 23" 17MM	2		VERIFINE PEN NEEDLE 31G 8MM	2	
VARISOFT INFUSION SET 32" 13MM	2		VERIFINE PEN NEEDLE 32G 4MM	2	
VARISOFT INFUSION SET 32" 17MM	2		VERIFINE PEN NEEDLE 32G 6MM	2	
VARISOFT INFUSION SET 43" 13MM	2		VERIFINE SYRING 0.5ML 29G 1/2"	2	
VARISOFT INFUSION SET 43" 17MM	2		VERIFINE SYRING 1 ML 31G 5/16"	2	
VARIVAX VACCINE VIAL	2		VERIFINE SYRNG 0.3ML 31G 5/16"	2	
VARIVAX VACCINE WITH DILUENT	2		VERIFINE SYRNG 0.5ML 31G 5/16"	2	
VAXELIS VACCINE SYRINGE	2		VESTURA 3 MG-0.02 MG TABLET	1	
VAXELIS VACCINE VIAL	2		VIENVA-28 TABLET	1	
VAXNEUVANCE 0.5 ML SYRINGE	2		VIGABATRIN 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VELIVET 28 DAY TABLET	1		VIGABATRIN 500 MG TABLET	4	PA, QL, LDD, SRX
VEMLIDY 25 MG TABLET	4	PA, SRX	VIGADRONE 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX	VILAZODONE HCL 10 MG TABLET	3	QL
VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX	VILAZODONE HCL 20 MG TABLET	3	QL
VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX	VILAZODONE HCL 40 MG TABLET	3	QL
VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX	VINATE ONE TABLET	1	

2024 Cigna Plus Texas 4-Tier Prescription Drug List

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

2024 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
XTAMPZA ER 18 MG CAPSULE	2	PA
XTAMPZA ER 27 MG CAPSULE	2	PA
XTAMPZA ER 36 MG CAPSULE	2	PA
XTAMPZA ER 9 MG CAPSULE	2	PA
XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX
XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX
XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX
XULANE 150-35 MCG/DAY PATCH	1	
YALE NEEDLES	2	
YALE NEEDLES 21GX1.25"	2	
YOURX ULTICARE PEN ND L 6MM 31G	2	
YOURX ULTICARE PEN ND L 8MM 31G	2	
YUVAFEM 10 MCG VAGINAL INSERT	1	QL
ZAFEMY 150-35 MCG/DAY PATCH	1	
ZAFIRLUKAST 10 MG TABLET	1	
ZAFIRLUKAST 20 MG TABLET	1	
ZALEPLON 10 MG CAPSULE	1	
ZALEPLON 5 MG CAPSULE	1	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	4	SRX
ZATEAN-PN DHA CAPSULE	1	
ZATEAN-PN PLUS SOFTGEL	1	
ZELBORAF 240 MG TABLET	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	
ZENZEDI 10 MG TABLET	1	QL
ZENZEDI 5 MG TABLET	1	QL
ZETONNA 37 MCG NASAL SPRAY	3	ST
ZIDOVUDINE 300 MG TABLET	1	
ZIDOVUDINE 50 MG/5 ML SYRUP	1	
ZILEUTON ER 600 MG TABLET	4	SRX
ZIOPTAN 0.0015% EYE DROP	3	QL
ZIOPTAN 0.0015% EYE DROPS	3	QL
ZIPRASIDONE HCL 20 MG CAPSULE	1	
ZIPRASIDONE HCL 40 MG CAPSULE	1	
ZIPRASIDONE HCL 60 MG CAPSULE	1	
ZIPRASIDONE HCL 80 MG CAPSULE	1	
ZIRGAN 0.15% OPHTHALMIC GEL	3	
ZOLADEX 3.6 MG IMPLANT SYRN	4	PA, SRX
ZOLINZA 100 MG CAPSULE	4	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG TABLET	1	QL
ZOLMITRIPTAN 5 MG ODT	1	QL
ZOLMITRIPTAN 5 MG TABLET	1	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZOLPIDEM TART ER 12.5 MG TAB	1	
ZOLPIDEM TART ER 6.25 MG TAB	1	
ZOLPIDEM TARTRATE 10 MG TABLET	1	
ZOLPIDEM TARTRATE 5 MG TABLET	1	
ZONISAMIDE 100 MG CAPSULE	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 MG CAPSULE	1	
ZOSTAVAX VIAL	2	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	4	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	4	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	4	PA, QL, SRX
ZYLET EYE DROPS	4	

Frequently Asked Questions (FAQs)

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

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

A. To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list.^{2,3} We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

(cont.)

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

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

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

A. Yes.

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

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

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

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

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

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

much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.⁴

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.⁵ 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.⁵ 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.⁶

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 cost⁷
- Refill reminders⁸
- Fill up to a 90-day supply at one time⁹
- 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)⁸ 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).¹⁰ 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 cost⁷
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs

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

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

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

Exclusions and Limitations: What is not covered by this policy

Excluded Services

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

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

Exclusions and Limitations: What is not covered by this policy

leisure, or any other services that are not Covered Services.

24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example—meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
 - 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 EOC.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Routine hearing tests** except as provided under Preventive Care.
34. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
35. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
36. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric Vision Care.
37. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
38. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
39. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
40. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.
41. **Services and procedures for redundant skin surgery** including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries.
42. Procedures, surgery or treatments to **change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
43. Any treatment, Prescription Drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
44. All services related to **the treatment of fertility and/or infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this EOC.
45. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
46. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.

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

47. Blood administration **for the purpose of general improvement in physical condition.**
48. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
49. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
50. **Myoelectric Prosthesis** peripheral nerve stimulators.
51. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
52. **Prefabricated foot Orthoses.**
53. **Cranial banding/cranial Orthoses/other similar devices,** except when used postoperatively for synostotic plagiocephaly.
54. **Orthosis shoes,** shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
55. **Orthoses primarily used for cosmetic** rather than functional reasons.
56. **Non-foot Orthoses,** except **only** the following non-foot Orthoses are covered when Medically Necessary:
 - 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.
57. Services primarily for **weight reduction or treatment of obesity including morbid obesity,** or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Member has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
58. **Routine physical exams or tests** that do not directly treat an actual illness, injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
59. Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
60. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
61. **Nutritional counseling or food supplements,** except as stated in this EOC.
62. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the "Comprehensive Benefits: What the EOC Pays For" section of this EOC. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this EOC.
63. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For."
64. **Foreign Country Provider charges** except as specifically stated under "Foreign Country Providers" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For."
65. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet except as otherwise stated in this EOC.
66. **Charges for which We are unable to determine Our liability** because the Member failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
67. Charges for the **services of a standby Physician.**
68. Charges for **animal to human organ transplants.**
69. **Claims received by Cigna Healthcare after 15 months from the date service was rendered,** except in the event of a legal incapacity.
70. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

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

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



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

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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