



# 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Coverage as of January 1, 2024

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## View the drug list online



**myCigna® App<sup>1</sup> or myCigna.com®.** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/ifp-drug-list.** Select **Pennsylvania** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.

This is a list of the prescription medications covered on the Cigna Plus Pennsylvania 5-Tier Prescription Drug List as of January 1, 2024. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically.

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 Pennsylvania 5-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

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

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

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

Specialty medications 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 Pennsylvania 5-Tier Prescription Drug List.

## Tiers

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

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

## Abbreviations next to medications

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

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

\* 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.

(cont.)

<b>AGE</b>	<b>Age Requirements</b> – Certain medications will only be covered if you’re within a specific age range. These medications have <b>AGE</b> next to them. If you’re not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.
<b>SRX</b>	<b>Specialty Medications</b> – These medications are used to treat complex medical conditions. They’re typically injected or infused and may require refrigeration. These medications have <b>SRX</b> next to them. <b>Your plan limits specialty medications to a 30-day supply.</b>
<b>LDD</b>	<b>Limited Distribution Drugs</b> – 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 <b>LDD</b> next to them.

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

### How to find your medication

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

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ADVOCATE INS SYR 1 ML 30GX5/16	3	
ADVOCATE PEN NDL 12.7MM 29G	3	
ADVOCATE PEN NEEDLE	3	
ADVOCATE PEN NEEDLES 5MM 31G	3	
ADVOCATE PEN NEEDLES 8MM 31G	3	
ADVOCATE REDI-CODE+ CTRL SOLN	3	
AEROCHAMBER MINI	3	QL
AEROCHAMBER MV	3	QL
AEROCHAMBER PLUS FLOW-VU	3	QL
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL
AEROCHAMBER PLUS FLOW-VU MED	3	QL
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL
AEROCHAMBER WITH FLOWSIGNAL	3	QL
AEROCHAMBER Z-STAT PLUS LARGE	3	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL
AEROCHAMBER Z-STAT PLUS-MED	3	QL
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL
AEROGEAR ASTHMA ACTION KIT	3	
AEROTRACH HOLDING CHAMBER	3	QL
AEROVENT PLUS	3	QL
AFIRMELLE-28 TABLET	1	
AFLURIA QUAD	3	
AFTER PILL	1	
AFTERA 1.5 MG TABLET	1	
AGAMATRIX HIGH CONTROL SOLN	3	
AGAMATRIX NORM-HI CONTROL SOLN	3	
AIRZONE PEAK FLOW METER	3	
AK-POLY-BAC	2	
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX
ALBENDAZOLE 200 MG TABLET	4	PA
ALBUSTIX REAGENT	3	
ALBUTEROL 100 MG/20 ML SOLN	2	
ALBUTEROL 2.5 MG/0.5 ML SOL	2	
ALBUTEROL 25 MG/5 ML SOLUTION	2	
ALBUTEROL 5 MG/ML SOLUTION	2	
ALBUTEROL HFA 90 MCG INHALER	2	QL
ALBUTEROL SUL 0.63 MG/3 ML SOL	2	
ALBUTEROL SUL 1.25 MG/3 ML SOL	2	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	2	
ALBUTEROL SULF 2 MG/5 ML SYRUP	2	
ALBUTEROL SULFATE 2 MG TAB	2	
ALBUTEROL SULFATE 4 MG TAB	2	
ALBUTEROL SULFATE ER 4 MG TAB	2	
ALBUTEROL SULFATE ER 8 MG TAB	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ALCAINE	2	
ALCLOMETASONE DIPR 0.05% OINT	2	
ALCLOMETASONE DIPRO 0.05% CRM	2	
ALCOHOL 70% PADS	3	
ALCOHOL 70% SWABS	3	
ALCOHOL PREP PAD	3	
ALECENSA	5	PA, QL, LDD, SRX
ALENDRONATE SOD 70 MG/75 ML	2	
ALENDRONATE SODIUM 10 MG TAB	1	
ALENDRONATE SODIUM 35 MG TAB	1	
ALENDRONATE SODIUM 5 MG TABLET	1	
ALENDRONATE SODIUM 70 MG TAB	2	
ALFUZOSIN HCL ER 10 MG TABLET	2	
ALINIA 100 MG/5 ML SUSPENSION	4	
ALISKIREN 150 MG TABLET	4	QL
ALISKIREN 300 MG TABLET	4	QL
ALKALINE BATTERIES	3	
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
ALMOTRIPTAN MALATE 12.5 MG TAB	2	QL
ALMOTRIPTAN MALATE 6.25 MG TAB	2	QL
ALOCRIAL	4	
ALOMIDE 0.1% EYE DROP	4	
ALOSETRON HCL 0.5 MG TABLET	5	SRX
ALOSETRON HCL 1 MG TABLET	5	SRX
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM ER 0.5 MG TABLET	2	
ALPRAZOLAM ER 1 MG TABLET	2	
ALPRAZOLAM ER 2 MG TABLET	2	
ALPRAZOLAM ER 3 MG TABLET	2	
ALPRAZOLAM INTENSOL	2	
ALPRAZOLAM ODT 0.25 MG TAB	2	
ALPRAZOLAM ODT 0.5 MG TAB	2	
ALPRAZOLAM ODT 1 MG TAB	2	
ALPRAZOLAM ODT 2 MG TAB	2	
ALPRAZOLAM XR 0.5 MG TABLET	2	
ALPRAZOLAM XR 1 MG TABLET	2	
ALPRAZOLAM XR 2 MG TABLET	2	
ALPRAZOLAM XR 3 MG TABLET	2	
ALTABAX 1% OINTMENT	4	
ALTACAINA	2	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ALTAVERA-28 TABLET	1		AMLODIPINE-ATORVAST 5-20 MG	2	
ALVESCO 80 MCG INHALER	3		AMLODIPINE-ATORVAST 5-40 MG	2	
ALVESCO 160 MCG INHALER	3		AMLODIPINE-ATORVAST 5-80 MG	2	
ALYACEN 1-35 28 TABLET	1		AMLODIPINE-BENAZEPRIL 10-20 MG	2	
ALYACEN 7-7-7-28 TABLET	1		AMLODIPINE-BENAZEPRIL 10-40 MG	2	
ALYQ	5	PA, SRX	AMLODIPINE-BENAZEPRIL 2.5-10	2	
AMABELZ 0.5 MG-0.1 MG TABLET	2		AMLODIPINE-BENAZEPRIL 5-10 MG	2	
AMABELZ 1 MG-0.5 MG TABLET	2		AMLODIPINE-BENAZEPRIL 5-20 MG	2	
AMANTADINE 100 MG CAPSULE	2		AMLODIPINE-BENAZEPRIL 5-40 MG	2	
AMANTADINE 100 MG TABLET	2		AMLODIPINE-OLMESARTAN 10-20 MG	2	
AMANTADINE 100 MG/10 ML SOLN	2		AMLODIPINE-OLMESARTAN 10-40 MG	2	
AMANTADINE 50 MG/5 ML SOLUTION	2		AMLODIPINE-OLMESARTAN 5-20 MG	2	
AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-OLMESARTAN 5-40 MG	2	
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-VALSARTAN 10-160 MG	2	
AMCINONIDE 0.1% CREAM	2		AMLODIPINE-VALSARTAN 10-320 MG	2	
AMCINONIDE 0.1% LOTION	2		AMLODIPINE-VALSARTAN 5-160 MG	2	
AMETHIA 0.15-0.03-0.01 MG TAB	1		AMLODIPINE-VALSARTAN 5-320 MG	2	
AMETHIA LO TABLET	1		AMLOD-VALSA-HCTZ 10-160-12.5MG	2	
AMETHYST 90-20 MCG TABLET	1		AMLOD-VALSA-HCTZ 10-160-25 MG	2	
AMILORIDE HCL 5 MG TABLET	2		AMLOD-VALSA-HCTZ 10-320-25 MG	2	
AMILORIDE HCL-HCTZ 5-50 MG TAB	2		AMLOD-VALSA-HCTZ 5-160-12.5 MG	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	5	PA, SRX	AMLOD-VALSA-HCTZ 5-160-25 MG	2	
AMINOCAPROIC ACID 1,000 MG TAB	5	PA, SRX	AMMONIUM LACTATE 12% CREAM	2	
AMINOCAPROIC ACID 500 MG TAB	5	PA, SRX	AMMONIUM LACTATE 12% LOTION	2	
AMIODARONE HCL 100 MG TABLET	2		AMNESTEEM 10 MG CAPSULE	4	
AMIODARONE HCL 200 MG TABLET	2		AMNESTEEM 20 MG CAPSULE	4	
AMIODARONE HCL 400 MG TABLET	2		AMNESTEEM 40 MG CAPSULE	4	
AMITRIPTYLINE HCL 10 MG TAB	1		AMOXAPINE 100 MG TABLET	2	
AMITRIPTYLINE HCL 100 MG TAB	2		AMOXAPINE 150 MG TABLET	2	
AMITRIPTYLINE HCL 150 MG TAB	2		AMOXAPINE 25 MG TABLET	2	
AMITRIPTYLINE HCL 25 MG TAB	1		AMOXAPINE 50 MG TABLET	2	
AMITRIPTYLINE HCL 50 MG TAB	1		AMOX-CLAV 200-28.5 MG TAB CHEW	2	
AMITRIPTYLINE HCL 75 MG TAB	1		AMOX-CLAV 200-28.5 MG/5 ML SUS	2	
AMLODIPINE BESYLATE 10 MG TAB	2		AMOX-CLAV 250-125 MG TABLET	1	
AMLODIPINE BESYLATE 2.5 MG TAB	2		AMOX-CLAV 250-62.5 MG/5 ML SUS	2	
AMLODIPINE BESYLATE 5 MG TAB	2		AMOX-CLAV 400-57 MG TAB CHEW	2	
AMLODIPINE-ATORVAST 10-10 MG	2		AMOX-CLAV 400-57 MG/5 ML SUSP	2	
AMLODIPINE-ATORVAST 10-20 MG	2		AMOX-CLAV 500-125 MG TABLET	1	
AMLODIPINE-ATORVAST 10-40 MG	2		AMOX-CLAV 600-42.9 MG/5 ML SUS	2	
AMLODIPINE-ATORVAST 10-80 MG	2		AMOX-CLAV 875-125 MG TABLET	1	
AMLODIPINE-ATORVAST 2.5-10 MG	2		AMOX-CLAV ER 1,000-62.5 MG TAB	2	
AMLODIPINE-ATORVAST 2.5-20 MG	2		AMOXICILLIN 125 MG TAB CHEW	1	
AMLODIPINE-ATORVAST 2.5-40 MG	2		AMOXICILLIN 125 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-10 MG	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)
AMOXICILLIN 200 MG/5 ML SUSP	1		ARANESP 25 MCG/ML VIAL	5	PA, SRX
AMOXICILLIN 250 MG CAPSULE	1		ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX
AMOXICILLIN 250 MG TAB CHEW	2		ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX
AMOXICILLIN 250 MG/5 ML SUSP	1		ARANESP 40 MCG/ML VIAL	5	PA, SRX
AMOXICILLIN 400 MG/5 ML SUSP	1		ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX
AMOXICILLIN 500 MG CAPSULE	1		ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX
AMOXICILLIN 500 MG TABLET	1		ARANESP 60 MCG/ML VIAL	5	PA, SRX
AMOXICILLIN 875 MG TABLET	1		ARCALYST	5	PA, LDD, SRX
AMPHETAMINE SULFATE 10 MG TAB	2	QL	ARFORMOTEROL 15 MCG/2 ML SOLN	4	QL
AMPHETAMINE SULFATE 5 MG TAB	2	QL	ARIPIPRAZOLE 1 MG/ML SOLUTION	3	
AMPICILLIN 500 MG CAPSULE	2		ARIPIPRAZOLE 10 MG TABLET	2	
ANAGRELIDE HCL 0.5 MG CAPSULE	4		ARIPIPRAZOLE 15 MG TABLET	2	
ANAGRELIDE HCL 1 MG CAPSULE	4		ARIPIPRAZOLE 2 MG TABLET	2	
ANALPRAM HC 2.5%-1% LOTION	4		ARIPIPRAZOLE 20 MG TABLET	2	
ANASTROZOLE 1 MG TABLET	2		ARIPIPRAZOLE 30 MG TABLET	2	
ANORO ELLIPTA 62.5-25 MCG INH	3	QL	ARIPIPRAZOLE 5 MG TABLET	2	
ANUCORT-HC 25 MG SUPPOSITORY	2		ARIPIPRAZOLE ODT 10 MG TABLET	4	
ANZEMET	5	PA, QL, SRX	ARIPIPRAZOLE ODT 15 MG TABLET	4	
APEXICON E 0.05% CREAM	4		ARMODAFINIL 150 MG TABLET	2	PA
APIDRA	4	QL, ST	ARMODAFINIL 200 MG TABLET	2	PA
APIDRA SOLOSTAR	4	QL, ST	ARMODAFINIL 250 MG TABLET	2	PA
APRACLONIDINE HCL 0.5% DROPS	2		ARMODAFINIL 50 MG TABLET	2	PA
APREPITANT 125 MG CAPSULE	2	QL	ARMOUR THYROID 120 MG TABLET	3	
APREPITANT 125-80-80 MG PACK	2	QL	ARMOUR THYROID 15 MG TABLET	3	
APREPITANT 40 MG CAPSULE	2	QL	ARMOUR THYROID 180 MG TABLET	3	
APREPITANT 80 MG CAPSULE	2	QL	ARMOUR THYROID 240 MG TABLET	3	
APRI 28 DAY TABLET	1		ARMOUR THYROID 30 MG TABLET	3	
APTIOM 200 MG TABLET	4	PA, QL	ARMOUR THYROID 300 MG TABLET	3	
APTIOM 400 MG TABLET	4	PA, QL	ARMOUR THYROID 60 MG TABLET	3	
APTIOM 600 MG TABLET	4	PA, QL	ARMOUR THYROID 90 MG TABLET	3	
APTIOM 800 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 100 MCG INH	3	
APTIVUS	3		ARNUITY ELLIPTA 200 MCG INH	3	
AQ INSULIN SYR 0.5 ML 30G 8MM	3		ARNUITY ELLIPTA 50 MCG INH	3	
AQ INSULIN SYR 1 ML 31G 8MM	3		ASA-BUTALB-CAFF-COD #3 CAPSULE	2	PA
AQ INSULIN SYRIN 1 ML 29G 12MM	3		ASCOMP WITH CODEINE CAPSULE	2	PA
AQUA CARE 0.9% NACL IRRIGATION	2		ASENAPINE 10 MG TABLET SL	4	QL
AQUA CARE STERILE WATER IRRIG	2		ASENAPINE 2.5 MG TABLET SL	4	QL
ARANELLE 28 TABLET	1		ASENAPINE 5 MG TABLET SL	4	QL
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX	ASHLYNA 0.15-0.03-0.01 MG TAB	1	
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX	ASMANEX HFA 100 MCG INHALER	4	QL, ST
ARANESP 100 MCG/ML VIAL	5	PA, SRX	ASMANEX HFA 200 MCG INHALER	4	QL, ST
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX	ASMANEX HFA 50 MCG INHALER	4	QL, ST
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 110 MCG #30	4	QL, ST
ARANESP 200 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #14	4	ST
ARANESP 25 MCG/0.42 ML SYRING	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #30	4	QL, ST

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ASMANEX TWISTHALER 220 MCG #60	4	QL, ST	AUROVELA 1 MG-20 MCG TABLET	1	
ASMANEX TWISTHALER 220 MCG #120	4	QL, ST	AUROVELA 21 1.5-30 TABLET	1	
ASPIRIN-DIPYRIDAM ER 25-200 MG	2		AUROVELA 24 FE 1 MG-20 MCG TAB	1	
ASSURE 4 CONTROL SOLUTION	3		AUROVELA FE 1.5 MG-30 MCG TAB	1	
ASSURE DOSE CONTROL SOLUTION	3		AUROVELA FE 1-20 TABLET	1	
ASSURE ID PEN NEEDLE 30GX3/16"	3		AUTOJECT 2 INJECTION DEVICE	3	
ASSURE ID PEN NEEDLE 30GX5/16"	3		AUTOOPEN 1 TO 21 UNITS	3	
ASSURE ID PEN NEEDLE 31GX3/16"	3		AUTOOPEN 2 TO 42 UNITS	3	
ASSURE ID SYR 0.5 ML 29GX1/2"	3		AUTOSOFT 30 INFUS SET 23" 13MM	3	
ASSURE ID SYR 0.5ML 31GX15/64"	3		AUTOSOFT 30 INFUS SET 43" 13MM	3	
ASSURE ID SYR 1 ML 29GX1/2"	3		AUTOSOFT 90 INFUSN SET 23" 6MM	3	
ASSURE ID SYR 1 ML 31GX15/64"	3		AUTOSOFT 90 INFUSN SET 23" 9MM	3	
ASSURE PRISM CONTROL SOLUTION	3		AUTOSOFT 90 INFUSN SET 43" 6MM	3	
ASTAGRAF XL 0.5 MG CAPSULE	5	SRX	AUTOSOFT 90 INFUSN SET 43" 9MM	3	
ASTAGRAF XL 1 MG CAPSULE	5	SRX	AUTOSOFT XC INFUSN SET 23" 6MM	3	
ASTAGRAF XL 5 MG CAPSULE	5	SRX	AUTOSOFT XC INFUSN SET 23" 9MM	3	
ASTHMA CHECK	3		AUTOSOFT XC INFUSN SET 32" 6MM	3	
ASTHMAPACK CHILDREN'S	3		AUTOSOFT XC INFUSN SET 43" 6MM	3	
ATAZANAVIR SULFATE 150 MG CAP	2		AUTOSOFT XC INFUSN SET 43" 9MM	3	
ATAZANAVIR SULFATE 200 MG CAP	2		AVIANE-28 TABLET	1	
ATAZANAVIR SULFATE 300 MG CAP	2		AVONEX	5	PA, SRX
ATENOLOL 100 MG TABLET	1		AVONEX PEN	5	PA, SRX
ATENOLOL 25 MG TABLET	1		AYUNA-28 TABLET	1	
ATENOLOL 50 MG TABLET	1		AZASITE 1% EYE DROPS	4	
ATENOLOL-CHLORTHALIDONE 100-25	2		AZATHIOPRINE 50 MG TABLET	2	
ATENOLOL-CHLORTHALIDONE 50-25	2		AZELAIC ACID 15% GEL	2	
ATOMOXETINE HCL 10 MG CAPSULE	2	QL	AZELASTINE 0.1% (137 MCG) SPRY	2	
ATOMOXETINE HCL 100 MG CAPSULE	2	QL	AZELASTINE 0.15% NASAL SPRAY	2	
ATOMOXETINE HCL 18 MG CAPSULE	2	QL	AZELASTINE HCL 0.05% DROPS	2	
ATOMOXETINE HCL 25 MG CAPSULE	2	QL	AZELASTIN-FLUTIC 137-50MCG SPR	3	
ATOMOXETINE HCL 40 MG CAPSULE	2	QL	AZITHROMYCIN 1 GM PWD PACKET	2	
ATOMOXETINE HCL 60 MG CAPSULE	2	QL	AZITHROMYCIN 100 MG/5 ML SUSP	2	
ATOMOXETINE HCL 80 MG CAPSULE	2	QL	AZITHROMYCIN 200 MG/5 ML SUSP	2	
ATORVASTATIN 10 MG TABLET	2		AZITHROMYCIN 250 MG TABLET	1	
ATORVASTATIN 20 MG TABLET	2		AZITHROMYCIN 500 MG TABLET	1	
ATORVASTATIN 40 MG TABLET	2		AZITHROMYCIN 600 MG TABLET	2	
ATORVASTATIN 80 MG TABLET	2		AZO TEST STRIP	3	
ATOVAQUONE 1,500 MG/10 ML SUSP	4		AZURETTE 28 DAY TABLET	1	
ATOVAQUONE 750 MG/5 ML SUSP	4		BACITRACIN 500 UNIT/GM OPHTH	2	
ATOVAQUONE-PROGUANIL 250-100	2		BACITRACIN-POLYMYXIN	2	
ATOVAQUONE-PROGUANIL 62.5-25	2		BACLOFEN 10 MG TABLET	2	
ATROPINE 1% EYE DROPS	2		BACLOFEN 20 MG TABLET	2	
ATROPINE 1% EYE OINTMENT	2		BACLOFEN 5 MG TABLET	2	
AUBRA EQ-28 TABLET	1		BAL-CARE DHA COMBO PACK	1	
AUBRA-28 TABLET	1				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BALCOLTRA TABLET	4	
BALSALAZIDE DISODIUM 750 MG CP	2	
BALZIVA 28 TABLET	1	
BAQSIMI 3 MG SPRAY ONE PACK	3	QL
BAQSIMI 3 MG SPRAY TWO PACK	3	QL
BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
BD 3 ML SYRINGE 18GX1-1/2"	3	
BD 3 ML SYRINGE 20GX1-1/2"	3	
BD 3 ML SYRINGE 25GX1"	3	
BD 3 ML SYRINGE 25GX1-1/2"	3	
BD 3 ML SYRINGE WITH NEEDLE	3	
BD AUTOSHIELD DUO ND 5MMX30G	3	
BD BLUNT NEEDLE 18GX1-1/2"	3	
BD ECLIPSE 30GX1/2" SYRINGE	3	
BD ECLIPSE LUER-LOK SYR 3 ML	3	
BD ECLIPSE NEEDLE 18GX1 1/2"	3	
BD ECLIPSE NEEDLE 21GX1"	3	
BD ECLIPSE NEEDLE 22GX1"	3	
BD ECLIPSE NEEDLE 23GX1"	3	
BD ECLIPSE NEEDLE 25G 16MM	3	
BD ECLIPSE NEEDLE 25G 25MM	3	
BD ECLIPSE NEEDLE 25G 40MM	3	
BD ECLIPSE NEEDLE 25GX1"	3	
BD ECLIPSE NEEDLE 25GX1.5"	3	
BD ECLIPSE NEEDLE 25GX5/8"	3	
BD ECLIPSE NEEDLE 27GX1/2"	3	
BD ECLIPSE NEEDLE 30G 13MM	3	
BD ECLIPSE NEEDLE 30GX1/2"	3	
BD ECLIPSE NEEDLES 21GX1.5"	3	
BD FILTER NEEDLE	3	
BD INS SYR 0.3 ML 8MMX31G(1/2)	3	
BD INS SYR U-500 1/2ML 6MMX31G	3	
BD INS SYR UF 0.3ML 12.7MMX30G	3	
BD INS SYR UF 0.5ML 12.7MMX30G	3	
BD INS SYRN UF 1 ML 12.7MMX30G	3	
BD INS SYRNG 0.3 ML 29GX12.7MM	3	
BD INS SYRNG 0.5 ML 29GX12.7MM	3	
BD INS SYRNG UF 0.3 ML 8MMX31G	3	
BD INS SYRNG UF 0.5 ML 8MMX31G	3	
BD INSULIN SYR 0.5 ML 28GX1/2"	3	
BD INSULIN SYR 0.5 ML 29GX1/2"	3	
BD INSULIN SYR 1 ML 25GX1"	3	
BD INSULIN SYR 1 ML 25GX5/8"	3	
BD INSULIN SYR 1 ML 26GX1/2"	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD INSULIN SYR 1 ML 27GX12.7MM	3	
BD INSULIN SYR 1 ML 27GX5/8"	3	
BD INSULIN SYR 1 ML 28GX1/2"	3	
BD INSULIN SYR 1 ML 29GX1/2"	3	
BD INSULIN SYR 1 ML 29GX12.7MM	3	
BD INSULIN SYR UF 1 ML 8MMX31G	3	
BD INSULIN SYRINGE 1 ML	3	
BD INTEGRA RETRA NEEDLE 23G X1"	3	
BD INTEGRA NEEDLE 25G X 5/8"	3	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3	
BD LUER-LOK SYRINGE 1 ML	3	
BD MAGNI-GUIDE MAGNIFIER	3	
BD NANO 2 GEN PEN ND 32G 4MM	3	
BD NEEDLE 18GX1 1/2"	3	
BD NEEDLE 19GX1 1/2"	3	
BD NEEDLE 20GX1 1/2"	3	
BD NEEDLE 21GX1 1/2"	3	
BD NEEDLE 21GX1"	3	
BD NEEDLE 22GX1 1/2"	3	
BD NEEDLE 22GX3/4"	3	
BD NEEDLE 23GX1 1/2"	3	
BD NEEDLE 23GX1"	3	
BD NEEDLE 25GX1"	3	
BD NEEDLE 25GX5/8"	3	
BD NEEDLE 26GX0.625"	3	
BD NEEDLES 16GX1"	3	
BD NEEDLES 16GX1.5"	3	
BD NEEDLES 18GX1"	3	
BD NEEDLES 18GX1.5"	3	
BD NEEDLES 19GX1"	3	
BD NEEDLES 19GX1.5"	3	
BD NEEDLES 20GX1"	3	
BD NEEDLES 20GX1.5"	3	
BD NEEDLES 21GX1"	3	
BD NEEDLES 21GX1.5"	3	
BD NEEDLES 21GX2"	3	
BD NEEDLES 22GX1"	3	
BD NEEDLES 22GX1.5"	3	
BD NEEDLES 23GX0.75"	3	
BD NEEDLES 23GX1.25"	3	
BD NEEDLES 25GX0.625"	3	
BD NEEDLES 25GX0.875"	3	
BD NEEDLES 25GX1.5"	3	
BD NEEDLES 26GX0.375"	3	
BD NEEDLES 26GX0.5"	3	
BD NEEDLES 27GX0.5"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD NEEDLES 27GX1X1.25"	3	
BD NEEDLES 30GX0.5"	3	
BD NEEDLES 30GX1"	3	
BD NOKOR ADMIX NEEDLE 18GX1.5"	3	
BD NOKOR NEEDLE 16GX1"	3	
BD NOKOR NEEDLE 18GX1"	3	
BD PRECISIONGLI 27GX1-1/2" NDL	3	
BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD PRECISIONGLIDE NEEDLE 25G	3	
BD SAFETGLD INS 0.3ML 29G 13MM	3	
BD SAFETGLD INS 0.5ML 13MMX29G	3	
BD SAFETYGLD INS 0.3ML 31G 8MM	3	
BD SAFETYGLD INS 0.5ML 30G 8MM	3	
BD SAFETYGLD INS 1 ML 29G 13MM	3	
BD SAFETYGLID INS 1 ML 6MMX31G	3	
BD SAFETYGLIDE 3 ML SYRINGE	3	
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD SAFETYGLIDE NEEDLE 22GX1.5"	3	
BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD SAFTYGLD INS 0.3 ML 6MMX31G	3	
BD SAFTYGLD INS 0.5 ML 6MMX31G	3	
BD SAFTYGLD INS 0.5ML 29G 13MM	3	
BD SYRINGE-SAFETY GLIDE	3	
BD UF INS SYR 1 ML 30GX1/2"	3	
BD UF MINI PEN NEEDLE 5MMX31G	3	
BD UF NANO PEN NEEDLE 4MMX32G	3	
BD UF ORIG PEN NDL 12.7MMX29G	3	
BD UF SHORT PEN NEEDLE 8MMX31G	3	
BD VEO INS 0.3ML 6MMX31G (1/2)	3	
BD VEO INS SYRING 1 ML 6MMX31G	3	
BD VEO INS SYRN 0.3 ML 6MMX31G	3	
BD VEO INS SYRN 0.5 ML 6MMX31G	3	
BECONASE AQ	4	ST
BEKYREE 28 DAY TABLET	1	
BELLADONNA-OPIUM 16.2-30 SUPP	2	PA
BELLADONNA-OPIUM 16.2-60 SUPP	2	PA
BENAZEPRIL HCL 10 MG TABLET	1	
BENAZEPRIL HCL 20 MG TABLET	1	
BENAZEPRIL HCL 40 MG TABLET	1	
BENAZEPRIL HCL 5 MG TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TAB	2	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BENAZEPRIL-HCTZ 20-25 MG TAB	2	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	2	
BENZONATATE 100 MG CAPSULE	2	
BENZONATATE 200 MG CAPSULE	2	
BENZTROPINE MES 0.5 MG TAB	2	
BENZTROPINE MES 1 MG TABLET	2	
BENZTROPINE MES 2 MG TABLET	2	
BEPOTASTINE 1.5% EYE DROP	4	
BESER 0.05% LOTION	2	
BETADINE 5% EYE SOLUTION	4	
BETAINE 1 GRAM/SCOOP POWDER	5	PA, LDD, SRX
BETAMETHASONE DP 0.05% CRM	2	
BETAMETHASONE DP 0.05% LOT	2	
BETAMETHASONE DP 0.05% OINT	2	
BETAMETHASONE DP AUG 0.05% CRM	2	
BETAMETHASONE DP AUG 0.05% GEL	2	
BETAMETHASONE DP AUG 0.05% LOT	2	
BETAMETHASONE DP AUG 0.05% OIN	2	
BETAMETHASONE VA 0.1% CREAM	2	
BETAMETHASONE VA 0.1% LOTION	2	
BETAMETHASONE VALER 0.1% OINTM	2	
BETAMETHASONE VALER 0.12% FOAM	2	
BETAXOLOL 10 MG TABLET	2	
BETAXOLOL 20 MG TABLET	2	
BETAXOLOL HCL 0.5% EYE DROP	2	
BETHANECHOL 10 MG TABLET	2	
BETHANECHOL 25 MG TABLET	2	
BETHANECHOL 5 MG TABLET	2	
BETHANECHOL 50 MG TABLET	2	
BEXAROTENE 1% GEL	5	PA, SRX
BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BEXSERO PREFILLED SYRINGE	3	
BICALUTAMIDE 50 MG TABLET	2	
BIKTARVY 30-120-15 MG TABLET	3	QL
BIKTARVY 50-200-25 MG TABLET	3	QL
BIMATOPROST 0.03% EYE DROPS	2	QL
BINOSTO 70 MG EFFERVESCENT TAB	4	
BISOPROLOL FUMARATE 10 MG TAB	2	
BISOPROLOL FUMARATE 5 MG TAB	2	
BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BLISOVI 24 FE TABLET	1	
BLISOVI FE 1.5-30 TABLET	1	
BLISOVI FE 1-20 TABLET	1	
BLOOD GLUCOSE CONTROL	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BLUNT NEEDLE	3		BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BOOSTRIX TDAP VACCINE SYRINGE	3		BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BOOSTRIX TDAP VACCINE VIAL	3		BUPRENORPHINE 2 MG TABLET SL	2	
BOSENTAN 125 MG TABLET	5	PA, LDD, SRX	BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BOSENTAN 62.5 MG TABLET	5	PA, LDD, SRX	BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX	BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX	BUPRENORPHINE 8 MG TABLET SL	2	
BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX	BUPRENORPHINE-NALOX 12-3MG FLM	2	
BREATHERITE MDI SPACER	3	QL	BUPRENORPHINE-NALOX 2-0.5MG FM	2	
BREATHERITE SPACER-ADULT MASK	3	QL	BUPRENORPHINE-NALOX 2-0.5MG TB	2	
BREATHERITE SPACER-INFANT MASK	3	QL	BUPRENORPHINE-NALOX 4-1MG FILM	2	
BREATHERITE SPACER-LG CHLD MSK	3	QL	BUPRENORPHINE-NALOX 8-2 MG TAB	2	
BREATHERITE SPACER-NEONATE MSK	3	QL	BUPRENORPHINE-NALOX 8-2MG FILM	2	
BREATHERITE SPACER-SM CHLD MSK	3	QL	BUPROPION HCL 100 MG TABLET	2	QL
BREATHRITE VALVED MDI CHAMBER	3	QL	BUPROPION HCL 75 MG TABLET	2	QL
BREATHRITE VALVED MDI SPACER	3	QL	BUPROPION HCL SR 100 MG TABLET	2	QL
BREEZE 2 SOLUTION	3		BUPROPION HCL SR 150 MG TABLET	2	QL
BREO ELLIPTA 100-25 MCG INH	3	QL	"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	2	
BREO ELLIPTA 200-25 MCG INH	3	QL	BUPROPION HCL SR 200 MG TABLET	2	QL
BRIELLYN	1		BUPROPION HCL XL 150 MG TABLET	2	QL
BRILINTA 60 MG TABLET	4		BUPROPION HCL XL 300 MG TABLET	2	QL
BRILINTA 90 MG TABLET	4		BUSPIRONE HCL 10 MG TABLET	1	
BRIMONIDINE 0.2% EYE DROP	2		BUSPIRONE HCL 15 MG TABLET	2	
BRIMONIDINE TARTRATE 0.15% DRP	2		BUSPIRONE HCL 30 MG TABLET	2	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	4		BUSPIRONE HCL 5 MG TABLET	1	
BRINZOLAMIDE 1% EYE DROPS	3		BUSPIRONE HCL 7.5 MG TABLET	2	
BRIVIACT 10 MG TABLET	4	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-300	2	PA
BRIVIACT 10 MG/ML ORAL SOLN	4	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-325	2	PA
BRIVIACT 100 MG TABLET	4	PA, QL	BUTALB-ACETAMIN-CAFF 50-300-40	2	QL
BRIVIACT 25 MG TABLET	4	PA, QL	BUTALB-ACETAMIN-CAFF 50-325-40	2	QL
BRIVIACT 50 MG TABLET	4	PA, QL	BUTALBITAL COMP-CODEINE #3 CAP	2	PA
BRIVIACT 75 MG TABLET	4	PA, QL	BUTALBITAL-ACETAMINOPHN 50-325	2	
BROMFENAC SODIUM 0.09% EYE DRP	2		BUTALBITAL-ASPIRIN-CAFFEINE CP	2	QL
BROMOCRIPTINE 2.5 MG TABLET	2		BUTALBITAL-ASPIRIN-CAFFEINE TB	2	QL
BROMOCRIPTINE 5 MG CAPSULE	2		BUTORPHANOL 10 MG/ML SPRAY	2	PA, QL
BROMPHEN-PSE-DM 2-30-10 MG/5ML	2		BYDUREON BCISE 2 MG AUTOINJECT	3	PA, QL
BROOKS INSULIN 0.3ML SYRN	3		BYETTA 10 MCG DOSE PEN INJ	3	PA, QL
BUDESONIDE 0.25 MG/2 ML SUSP	4	QL	BYETTA 5 MCG DOSE PEN INJ	3	PA, QL
BUDESONIDE 0.5 MG/2 ML SUSP	4	QL	CA INS SYR 0.3 ML 30GX5/16"	3	
BUDESONIDE 1 MG/2 ML INH SUSP	4	QL	CA INS SYR 0.3 ML 31GX5/16"	3	
BUDESONIDE DR 3 MG CAPSULE	4		CA INS SYR 0.5 ML 30GX5/16"	3	
BUDESONIDE EC 3 MG CAPSULE	4		CA INS SYR 0.5 ML 31GX5/16"	3	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX	CA INSULIN SYR 0.3 ML 29GX1/2"	3	
BUMETANIDE 0.5 MG TABLET	2		CA INSULIN SYR 0.5 ML 29GX1/2"	3	
BUMETANIDE 1 MG TABLET	2		CA INSULIN SYR 1 ML 29GX1/2"	3	
BUMETANIDE 2 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)
CA INSULIN SYR 1 ML 30GX5/16"	3		CARBAMAZEPINE ER 200 MG CAP	2	
CA INSULIN SYR 1 ML 31GX5/16"	3		CARBAMAZEPINE ER 200 MG TABLET	2	
CABERGOLINE 0.5 MG TABLET	2	QL	CARBAMAZEPINE ER 300 MG CAP	2	
CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX	CARBAMAZEPINE ER 400 MG TABLET	2	
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA 25 MG TABLET	4	
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA-LEVO 10-100 MG ODT	2	
CAFFEINE CIT 60 MG/3 ML ORAL	2		CARBIDOPA-LEVO 25-100 MG ODT	2	
CALCIPOTRIENE 0.005% CREAM	2		CARBIDOPA-LEVO 25-250 MG ODT	2	
CALCIPOTRIENE 0.005% OINTMENT	2		CARBIDOPA-LEVO ER 25-100 TAB	2	
CALCIPOTRIENE 0.005% SOLUTION	2		CARBIDOPA-LEVO ER 50-200 TAB	2	
CALCIPOTRIENE-BETAMETH DP OINT	4		CARBIDOPA-LEVODOPA 100 MG-ENTA	2	
CALCITONIN-SALMON 200 UNITS SP	2		CARBIDOPA-LEVODOPA 10-100 TAB	2	
CALCITRIOL 0.25 MCG CAPSULE	2		CARBIDOPA-LEVODOPA 125 MG-ENTA	2	
CALCITRIOL 0.5 MCG CAPSULE	2		CARBIDOPA-LEVODOPA 150 MG-ENTA	2	
CALCITRIOL 1 MCG/ML SOLUTION	2		CARBIDOPA-LEVODOPA 200 MG-ENTA	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL	CARBIDOPA-LEVODOPA 25-100 TAB	2	
CALCIUM ACETATE 667 MG CAPSULE	2		CARBIDOPA-LEVODOPA 25-250 TAB	2	
CALCIUM ACETATE 667 MG GELCAP	2		CARBIDOPA-LEVODOPA 50 MG-ENTA	2	
CALCIUM ACETATE 667 MG TABLET	2		CARBIDOPA-LEVODOPA 75 MG-ENTA	2	
CAMILA 0.35 MG TABLET	1		CARBINOXAMINE 4 MG/5 ML LIQUID	2	
CAMRESE 0.15-0.03-0.01 MG TAB	1		CARBINOXAMINE MALEATE 4 MG TAB	2	
CAMRESE LO TABLET	1		CAREFINE PEN NEEDLE 12.7MM 29G	3	
CANDESARTAN CILEXETIL 16 MG TB	2		CAREFINE PEN NEEDLE 4MM 32G	3	
CANDESARTAN CILEXETIL 32 MG TB	2		CAREFINE PEN NEEDLE 5MM 32G	3	
CANDESARTAN CILEXETIL 4 MG TAB	2		CAREFINE PEN NEEDLE 6MM 31G	3	
CANDESARTAN CILEXETIL 8 MG TAB	2		CAREFINE PEN NEEDLE 8MM 30G	3	
CANDESARTAN-HCTZ 16-12.5 MG TB	2		CAREFINE PEN NEEDLES 6MM 32G	3	
CANDESARTAN-HCTZ 32-12.5 MG TB	2		CAREFINE PEN NEEDLES 8MM 31G	3	
CANDESARTAN-HCTZ 32-25 MG TAB	2		CAREONE SYR 0.3 ML 30GX1/2"	3	
CAPECITABINE 150 MG TABLET	5	PA, SRX	CAREONE SYR 0.5 ML 30GX1/2"	3	
CAPECITABINE 500 MG TABLET	5	PA, SRX	CAREONE SYR 1 ML 30GX1/2"	3	
CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX	CAREONE UNIFINE PENTIP 4MM 32G	3	
CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX	CAREONE UNIFINE PENTIP 5MM 31G	3	
CAPTOPRIL 100 MG TABLET	2		CAREONE UNIFINE PENTIP 6MM 31G	3	
CAPTOPRIL 12.5 MG TABLET	2		CAREONE UNIFINE PENTIP 8MM 31G	3	
CAPTOPRIL 25 MG TABLET	2		CAREONE UNIFINE PENTP 29GX1/2"	3	
CAPTOPRIL 50 MG TABLET	2		CAREONE UNIFINE PENTP 31GX1/4"	3	
CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL	CAREONE UNIFINE PNTP 12MM 29G	3	
CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL	CAREONE UNIFINE PNTP 31GX3/16"	3	
CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL	CAREONE UNIFINE PNTP 31GX5/16"	3	
CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL	CAREONE UNIFINE PNTP 32GX5/32"	3	
CARBAMAZEPINE 100 MG TAB CHEW	2		CAREPOINT LL SYR 3 ML 20GX1.5"	3	
CARBAMAZEPINE 100 MG/5 ML SUSP	2		CAREPOINT LL SYR 3 ML 21GX1"	3	
CARBAMAZEPINE 200 MG TABLET	2		CAREPOINT LL SYR 3 ML 21GX1.5"	3	
CARBAMAZEPINE ER 100 MG CAP	2		CAREPOINT LL SYR 3 ML 22G 1"	3	
CARBAMAZEPINE ER 100 MG TABLET	2		CAREPOINT LL SYR 3 ML 22G 38MM	3	
			CAREPOINT LL SYR 3 ML 23GX1"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CAREPOINT LL SYR 3 ML 23GX1.5"	3	
CAREPOINT LL SYR 3 ML 25G X 1"	3	
CAREPOINT LL SYR 3 ML 25GX5/8"	3	
CARESENS CONTROL SOLUTION	3	
CARETOUCH CONTROL SOLN L2-L3	3	
CARETOUCH HYPO NEEDLE 26G 1"	3	
CARETOUCH HYPODERMIC 18G 1.5"	3	
CARETOUCH HYPODERMIC 20G 1"	3	
CARETOUCH HYPODERMIC 22G 1"	3	
CARETOUCH HYPODERMIC 23G 1"	3	
CARETOUCH HYPODERMIC 23G 1.5"	3	
CARETOUCH HYPODERMIC 25G 1"	3	
CARETOUCH HYPODERMIC 25G 1.5"	3	
CARETOUCH HYPODERMIC 25G 5/8"	3	
CARETOUCH LL SYR 3 ML 22G 1"	3	
CARETOUCH LL SYR 3 ML 22G 1.5"	3	
CARETOUCH LL SYR 3 ML 23G 1"	3	
CARETOUCH LL SYR 3 ML 23G 1.5"	3	
CARETOUCH LL SYR 3 ML 25G 1"	3	
CARETOUCH LL SYR 3 ML 25G 1.5"	3	
CARETOUCH LL SYR 3 ML 25G 5/8"	3	
CARETOUCH PEN NEEDLE 29G 12MM	3	
CARETOUCH PEN NEEDLE 31GX1/4"	3	
CARETOUCH PEN NEEDLE 31GX3/16"	3	
CARETOUCH PEN NEEDLE 31GX5/16"	3	
CARETOUCH PEN NEEDLE 32GX3/16"	3	
CARETOUCH PEN NEEDLE 32GX5/32"	3	
CARETOUCH SYR 0.3 ML 31GX5/16"	3	
CARETOUCH SYR 0.5 ML 30GX5/16"	3	
CARETOUCH SYR 0.5 ML 31GX5/16"	3	
CARETOUCH SYR 1 ML 28GX5/16"	3	
CARETOUCH SYR 1 ML 29GX5/16"	3	
CARETOUCH SYR 1 ML 30GX5/16"	3	
CARETOUCH SYR 1 ML 31GX5/16"	3	
CARGLUMIC ACID 200 MG TAB SUSP	5	PA, SRX
CARISOPRODOL 250 MG TABLET	2	
CARISOPRODOL 350 MG TABLET	2	
CARISOPRODOL-ASPIRIN-CODEINE	2	PA
CARTEOLOL HCL 1% EYE DROPS	2	
CARTIA XT 120 MG CAPSULE	2	
CARTIA XT 180 MG CAPSULE	2	
CARTIA XT 240 MG CAPSULE	2	
CARTIA XT 300 MG CAPSULE	2	
CARTRIDGE STAMPED	3	
CARVEDILOL 12.5 MG TABLET	1	
CARVEDILOL 25 MG TABLET	1	
CARVEDILOL 3.125 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARVEDILOL 6.25 MG TABLET	1	
CAYSTON	5	PA, QL, LDD, SRX
CAZIAN 28 DAY TABLET	1	
CEFACTOR 125 MG/5 ML SUSP	2	
CEFACTOR 250 MG CAPSULE	2	
CEFACTOR 250 MG/5 ML SUSP	2	
CEFACTOR 375 MG/5 ML SUSPEN	2	
CEFACTOR 500 MG CAPSULE	2	
CEFACTOR ER	2	
CEFADROXIL 1 GM TABLET	2	
CEFADROXIL 250 MG/5 ML SUSP	2	
CEFADROXIL 500 MG CAPSULE	2	
CEFADROXIL 500 MG/5 ML SUSP	2	
CEFDINIR 125 MG/5 ML SUSP	2	
CEFDINIR 250 MG/5 ML SUSP	2	
CEFDINIR 300 MG CAPSULE	2	
CEFDITOREN PIVOXIL	2	
CEFIXIME 100 MG/5 ML SUSP	2	
CEFIXIME 200 MG/5 ML SUSP	2	
CEFIXIME 400 MG CAPSULE	3	
CEFPODOXIME 100 MG TABLET	2	
CEFPODOXIME 100 MG/5 ML SUSP	2	
CEFPODOXIME 200 MG TABLET	2	
CEFPODOXIME 50 MG/5 ML SUSP	2	
CEFPROZIL 125 MG/5 ML SUSP	2	
CEFPROZIL 250 MG TABLET	2	
CEFPROZIL 250 MG/5 ML SUSP	2	
CEFPROZIL 500 MG TABLET	2	
CEFUROXIME AXETIL 250 MG TAB	2	
CEFUROXIME AXETIL 500 MG TAB	2	
CELECOXIB 100 MG CAPSULE	2	QL
CELECOXIB 200 MG CAPSULE	2	QL
CELECOXIB 400 MG CAPSULE	2	QL
CELECOXIB 50 MG CAPSULE	2	QL
CELONTIN	4	
CEPHALEXIN 125 MG/5 ML SUSP	2	
CEPHALEXIN 250 MG CAPSULE	1	
CEPHALEXIN 250 MG/5 ML SUSP	2	
CEPHALEXIN 500 MG CAPSULE	1	
CEPHALEXIN 750 MG CAPSULE	2	
CEQR SIMPLICITY INSERTER	3	
CETIRIZINE HCL 1 MG/ML SOLN	2	
CETIRIZINE HCL 1 MG/ML SYRUP	2	
CEVIMELINE HCL 30 MG CAPSULE	2	
CHARLOTTE 24 FE CHEWABLE TAB	1	
CHATEAL EQ-28 TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CHATEAL-28 TABLET	1	
CHEK-STIX	3	
CHEMET	4	
CHEMSTRIP	3	
CHEMSTRIP 10 WITH SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 2 LN	3	
CHEMSTRIP 50B	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP BG DIARY	3	
CHEMSTRIP MICRAL	3	
CHLORDIAZEPO-AMITRIPTYL 5-12.5	2	
CHLORDIAZEPOX-AMITRIPTYL 10-25	2	
CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	
CHLORHEXIDINE 0.12% RINSE	2	
CHLOROQUINE PH 250 MG TABLET	2	
CHLOROQUINE PH 500 MG TABLET	2	
CHLORPROMAZINE 10 MG TABLET	2	
CHLORPROMAZINE 100 MG TABLET	2	
CHLORPROMAZINE 200 MG TABLET	2	
CHLORPROMAZINE 25 MG TABLET	2	
CHLORPROMAZINE 50 MG TABLET	2	
CHLORTHALIDONE 25 MG TABLET	1	
CHLORTHALIDONE 50 MG TABLET	1	
CHLORZOXAZONE 500 MG TABLET	2	
CHOLESTYRAMINE LIGHT PACKET	2	
CHOLESTYRAMINE LIGHT POWDER	2	
CHOLESTYRAMINE PACKET	2	
CHOLESTYRAMINE POWDER	2	
CHORIONIC GONAD 10,000 UNIT VL	2	PA
CICLODAN 0.77% CREAM	2	
CICLODAN 8% SOLUTION	2	
CICLOPIROX 0.77% CREAM	2	
CICLOPIROX 0.77% GEL	2	
CICLOPIROX 0.77% TOPICAL SUSP	2	
CICLOPIROX 1% SHAMPOO	2	
CICLOPIROX 8% SOLUTION	2	
CILOSTAZOL 100 MG TABLET	2	
CILOSTAZOL 50 MG TABLET	2	
CILOXAN	4	
CIMETIDINE 200 MG TABLET	2	
CIMETIDINE 300 MG TABLET	2	
CIMETIDINE 300 MG/5 ML SOLN	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CIMETIDINE 400 MG TABLET	2	
CIMETIDINE 800 MG TABLET	2	
CIMZIA 200 MG VIAL KIT	5	PA, QL, SRX
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, SRX
CIMZIA 2X200 MG/ML(X3)START KT	5	PA, QL, SRX
CINACALCET HCL 30 MG TABLET	5	PA, SRX
CINACALCET HCL 60 MG TABLET	5	PA, SRX
CINACALCET HCL 90 MG TABLET	5	PA, SRX
CIPROFLOXACIN 0.2% OTIC SOLN	2	
CIPROFLOXACIN 0.3% EYE DROP	2	
CIPROFLOXACIN 250 MG/5 ML SUSP	2	
CIPROFLOXACIN 500 MG/5 ML SUSP	2	
CIPROFLOXACIN HCL 100 MG TAB	2	
CIPROFLOXACIN HCL 250 MG TAB	1	
CIPROFLOXACIN HCL 500 MG TAB	1	
CIPROFLOXACIN HCL 750 MG TAB	1	
CIPROFLOX-FLUOCINLN 0.3-0.025%	3	PA
CIPROFLOX-DEXAMETH OTIC SUSP	3	
CITALOPRAM HBR 10 MG TABLET	1	QL
CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL
CITALOPRAM HBR 20 MG TABLET	1	QL
CITALOPRAM HBR 40 MG TABLET	1	QL
CLARAVIS 10 MG CAPSULE	4	
CLARAVIS 20 MG CAPSULE	4	
CLARAVIS 30 MG CAPSULE	4	
CLARAVIS 40 MG CAPSULE	4	
CLARITHROMYCIN 125 MG/5 ML SUS	2	
CLARITHROMYCIN 250 MG TABLET	2	
CLARITHROMYCIN 250 MG/5 ML SUS	2	
CLARITHROMYCIN 500 MG TABLET	2	
CLARITHROMYCIN ER 500 MG TAB	2	
CLEMASTINE FUMARATE	2	
CLEO 90 INFUSION SET 24" 6MM	3	
CLEO 90 INFUSION SET 24" 9MM	3	
CLEO 90 INFUSION SET 31" 6MM	3	
CLEO 90 INFUSION SET 31" 9MM	3	
CLEVER CHOICE CHAMBER-LRG MASK	3	QL
CLEVER CHOICE CHAMBER-MED MASK	3	QL
CLEVER CHOICE CHAMBER-SM MASK	3	QL
CLEVER CHOICE LVL 1 CONTRL SOL	3	
CLEVER CHOICE LVL 2 CONTRL SOL	3	
CLEVER CHOICE LVL 3 CONTRL SOL	3	
CLEVER CHOICE PEAK FLOW METER	3	
CLICKFINE 31G X 1/4" NEEDLES	3	
CLICKFINE 31G X 5/16" NEEDLES	3	
CLICKFINE PEN NEEDLE 32GX5/32"	3	



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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLICKFINE UNIVERSAL 31G X 1/4"	3		CLONAZEPAM 1 MG TABLET	2	
CLIND PH-BENZOYL PEROX 1.2-5%	2		CLONAZEPAM 2 MG ODT	2	
CLINDACIN 1% FOAM	2		CLONAZEPAM 2 MG TABLET	2	
CLINDACIN ETZ 1% PLEDGET	2		CLONIDINE 0.1 MG/DAY PATCH	2	
CLINDACIN P 1% PLEDGETS	2		CLONIDINE 0.2 MG/DAY PATCH	2	
CLINDAMYCIN (PEDI) 75 MG/5 ML	2		CLONIDINE 0.3 MG/DAY PATCH	2	
CLINDAMYCIN 2% VAGINAL CREAM	2		CLONIDINE HCL 0.1 MG TABLET	1	
CLINDAMYCIN HCL 150 MG CAPSULE	2		CLONIDINE HCL 0.2 MG TABLET	1	
CLINDAMYCIN HCL 300 MG CAPSULE	2		CLONIDINE HCL 0.3 MG TABLET	1	
CLINDAMYCIN HCL 75 MG CAPSULE	2		CLONIDINE HCL ER 0.1 MG TABLET	2	
CLINDAMYCIN PH 1% GEL	2		CLOPIDOGREL 300 MG TABLET	2	
CLINDAMYCIN PH 1% SOLUTION	2		CLOPIDOGREL 75 MG TABLET	1	
CLINDAMYCIN PHOS 1% PLEDGET	2		CLORAZEPATE 15 MG TABLET	2	
CLINDAMYCIN PHOSP 1% LOTION	2		CLORAZEPATE 3.75 MG TABLET	2	
CLINDAMYCIN PHOSPHATE 1% FOAM	2		CLORAZEPATE 7.5 MG TABLET	2	
CLINDAMYCIN-BENZOYL PEROX 1-5%	2		CLOTRIMAZOLE 1% SOLUTION	2	
CLINDAMYCIN-BNZ PEROX 1-5% PMP	2		CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CLINDA-TRETINOIN 1.2%-0.025%	2		CLOTRIMAZOLE 10 MG TROCHE	2	
CLINDESSE 2% VAGINAL CREAM	4		CLOTRIMAZOLE-BETAMETHASONE CRM	2	
CLOBAZAM 10 MG TABLET	4	PA	CLOTRIMAZOLE-BETAMETHASONE LOT	2	
CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA	CLOZAPINE 100 MG TABLET	2	
CLOBAZAM 20 MG TABLET	4	PA	CLOZAPINE 200 MG TABLET	2	
CLOBETASOL 0.05% CREAM	2		CLOZAPINE 25 MG TABLET	2	
CLOBETASOL 0.05% GEL	2		CLOZAPINE 50 MG TABLET	2	
CLOBETASOL 0.05% OINTMENT	2		CLOZAPINE ODT 100 MG TABLET	4	
CLOBETASOL 0.05% SHAMPOO	2		CLOZAPINE ODT 12.5 MG TABLET	4	
CLOBETASOL 0.05% SOLUTION	2		CLOZAPINE ODT 150 MG TABLET	4	
CLOBETASOL 0.05% TOPICAL LOTN	2		CLOZAPINE ODT 200 MG TABLET	4	
CLOBETASOL EMOLLIENT 0.05% CRM	2		CLOZAPINE ODT 25 MG TABLET	4	
CLOBETASOL EMOLLINT 0.05% FOAM	2		C-NATE DHA SOFTGEL	1	
CLOBETASOL EMULSION 0.05% FOAM	2		COARTEM TABLETS	4	QL
CLOBETASOL PROP 0.05% FOAM	2		CODEINE SULFATE 15 MG TABLET	2	PA
CLOBETASOL PROP 0.05% SPRAY	2		CODEINE SULFATE 30 MG TABLET	2	PA
CLOCORTOLONE 0.1% CREAM PUMP	2		CODEINE SULFATE 60 MG TABLET	2	PA
CLOCORTOLONE PIVALATE 0.1% CRM	2		COLCHICINE 0.6 MG TABLET	2	
CLODAN 0.05% SHAMPOO	2		COLESEVELAM 625 MG TABLET	2	
CLOMIPRAMINE 25 MG CAPSULE	4		COLESEVELAM HCL 3.75 G PACKET	2	
CLOMIPRAMINE 50 MG CAPSULE	4		COLESTIPOL HCL 1 GM TABLET	2	
CLOMIPRAMINE 75 MG CAPSULE	4		COLESTIPOL HCL GRANULES	2	
CLONAZEPAM 0.125 MG DIS TAB	2		COLESTIPOL HCL GRANULES PACKET	2	
CLONAZEPAM 0.125 MG ODT	2		COLOCORT 100 MG/60 ML ENEMA	2	
CLONAZEPAM 0.25 MG ODT	2		COMBISTIX REAGENT STRIPS	3	
CLONAZEPAM 0.5 MG DIS TABLET	2		COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
CLONAZEPAM 0.5 MG ODT	2		COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
CLONAZEPAM 0.5 MG TABLET	2		COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONAZEPAM 1 MG DIS TABLET	2		COMFORT EZ INS 0.3ML 30GX1/2"	3	
CLONAZEPAM 1 MG ODT	2				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
COMFORT EZ INS 0.3ML 30GX5/16"	3	
COMFORT EZ INS 0.5ML 31GX5/16"	3	
COMFORT EZ INS 1 ML 31GX5/16"	3	
COMFORT EZ INSULIN SYR 0.3 ML	3	
COMFORT EZ INSULIN SYR 0.5 ML	3	
COMFORT EZ PEN NEEDLE 12MM 29G	3	
COMFORT EZ PEN NEEDLES 4MM 32G	3	
COMFORT EZ PEN NEEDLES 4MM 33G	3	
COMFORT EZ PEN NEEDLES 5MM 31G	3	
COMFORT EZ PEN NEEDLES 5MM 32G	3	
COMFORT EZ PEN NEEDLES 5MM 33G	3	
COMFORT EZ PEN NEEDLES 6MM 31G	3	
COMFORT EZ PEN NEEDLES 6MM 32G	3	
COMFORT EZ PEN NEEDLES 6MM 33G	3	
COMFORT EZ PEN NEEDLES 8MM 31G	3	
COMFORT EZ PEN NEEDLES 8MM 32G	3	
COMFORT EZ PEN NEEDLES 8MM 33G	3	
COMFORT EZ SYR 0.3 ML 29GX1/2"	3	
COMFORT EZ SYR 0.5 ML 28GX1/2"	3	
COMFORT EZ SYR 0.5 ML 29GX1/2"	3	
COMFORT EZ SYR 0.5 ML 30GX1/2"	3	
COMFORT EZ SYR 1 ML 28GX1/2"	3	
COMFORT EZ SYR 1 ML 29GX1/2"	3	
COMFORT EZ SYR 1 ML 30GX1/2"	3	
COMFORT EZ SYR 1 ML 30GX5/16"	3	
COMFORT INFUSION SET 23" 17MM	3	
COMFORT INFUSION SET 31" 17MM	3	
COMFORT INFUSION SET 32" 17MM	3	
COMFORT INFUSION SET 43" 17MM	3	
COMFORT POINT PEN ND 29GX1/2"	3	
COMFORT POINT PEN ND 31GX1/3"	3	
COMFORT POINT PEN ND 31GX1/4"	3	
COMFORT POINT PEN ND 31GX1/6"	3	
COMFORT SHORT INFUSION SET 23"	3	
COMFORT SHORT INFUSION SET 31"	3	
COMFORT SHORT INFUSION SET 32"	3	
COMFORT SHORT INFUSION SET 43"	3	
COMFORT TOUCH PEN ND 31G 4MM	3	
COMFORT TOUCH PEN ND 31G 5MM	3	
COMFORT TOUCH PEN ND 31G 6MM	3	
COMFORT TOUCH PEN ND 31G 8MM	3	
COMFORT TOUCH PEN ND 32G 4MM	3	
COMFORT TOUCH PEN ND 32G 5MM	3	
COMFORT TOUCH PEN ND 32G 6MM	3	
COMFORT TOUCH PEN ND 32G 8MM	3	
COMFORT TOUCH PEN ND 33G 4MM	3	
COMFORT TOUCH PEN ND 33G 6MM	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
COMFORT TOUCH PEN ND 33GX5MM	3	
COMIRNATY 30MCG/0.3ML VAC-GRAY	3	
COMPACT SPACE CHAMBER	3	QL
COMPACT SPACE CHAMBER-LRG MASK	3	QL
COMPACT SPACE CHAMBER-MED MASK	3	QL
COMPACT SPACE CHAMBER-SM MASK	3	QL
COMPLERA	3	QL
COMPLETE NATAL DHA	1	
COMPLETENATE TABLET CHEW	1	
COMPRO 25 MG SUPPOSITORY	2	
CONSTULOSE 10 GM/15 ML SOLN	2	
CONTACT DETACH INFUSN SET 23"	3	
CONTACT DETACH INFUSN SET 32"	3	
CONTACT DETACH INFUSN SET 43"	3	
CONTOUR NEXT LEV 1 CONTROL SOL	3	
CONTOUR NEXT LEV 2 CONTROL SOL	3	
CONTOUR SOLUTION	3	
COOL CONTROL A SOLUTION	3	
COOL CONTROL B SOLUTION	3	
CORTISONE 25 MG TABLET	2	
CORTISPORIN CREAM	4	
CORTISPORIN OINTMENT	4	
CORTISPORIN-TC EAR SUSPENSION	4	
COSENTYX (2 SYRINGES)	5	PA, QL, LDD, SRX
COSENTYX 150 MG/ML SYRINGE	5	PA, QL, LDD, SRX
COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, LDD, SRX
COSENTYX 150 MG/ML PEN INJECT	5	PA, QL, LDD, SRX
COSENTYX 300 MG DOSE-2 PENS	5	PA, QL, LDD, SRX
COTELLIC	5	PA, QL, LDD, SRX
COVARYX TABLET	2	
COVARYX H.S. TABLET	2	
CRESEMBA 186 MG CAPSULE	4	PA
CROMOLYN 100 MG/5 ML ORAL CONC	4	
CROMOLYN 20 MG/2 ML NEB SOLN	4	QL
CROMOLYN 4% EYE DROPS	2	
CROTAN 10% LOTION	3	
CRYSELLE-28 TABLET	1	
CYANOCOBALAMIN 1,000 MCG/ML VL	2	
CYANOCOBALAMIN 10,000 MCG/10ML	2	
CYANOCOBALAMIN 30,000 MCG/30ML	2	
CYCLOBENZAPRINE 10 MG TABLET	1	
CYCLOBENZAPRINE 5 MG TABLET	1	
CYCLOMYDRIL EYE DROPS	4	
CYCLOPENTOLATE 0.5% EYE DROPS	2	
CYCLOPENTOLATE 1% EYE DROP	2	
CYCLOPENTOLATE 1% EYE DROPS	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)
CYCLOPENTOLATE HCL 2% DROPS	2		DEFERASIROX 500 MG TB FOR SUSP	5	PA, SRX
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3		DEFERASIROX 90 MG GRANULE PKT	5	PA, LDD, SRX
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3		DEFERASIROX 90 MG TABLET	5	PA, LDD, SRX
CYCLOSERINE 250 MG CAPSULE	2		DEFERIPRONE 1,000 MG TB(3X/DY)	5	PA, SRX
CYCLOSET 0.8 MG TABLET	4		DEFERIPRONE 500 MG TABLET	5	PA, SRX
CYCLOSPORINE 0.05% EYE EMULS	4		DELTEC COZMO CLEO INFUSION SET	3	
CYCLOSPORINE 100 MG CAPSULE	2		DEMECLOCYCLINE 150 MG TABLET	2	
CYCLOSPORINE 25 MG CAPSULE	2		DEMECLOCYCLINE 300 MG TABLET	2	
CYCLOSPORINE MODIFIED 100 MG	2		DENTA 5000 PLUS CREAM	2	
CYCLOSPORINE MODIFIED 100MG/ML	2		DENTAGEL 1.1% GEL	2	
CYCLOSPORINE MODIFIED 25 MG	2		DESCOVY 120-15 MG TABLET	4	PA
CYCLOSPORINE MODIFIED 50 MG	2		DESCOVY 200-25 MG TABLET	4	PA
CYLTEZO	5	PA, QL, SRX	DESIPRAMINE 10 MG TABLET	2	
CYPROHEPTADINE 2 MG/5 ML SOLN	2		DESIPRAMINE 100 MG TABLET	2	
CYPROHEPTADINE 2 MG/5 ML SYRUP	2		DESIPRAMINE 150 MG TABLET	2	
CYPROHEPTADINE 4 MG TABLET	2		DESIPRAMINE 25 MG TABLET	2	
CYRED 28 DAY TABLET	1		DESIPRAMINE 50 MG TABLET	2	
CYRED EQ 28 DAY TABLET	1		DESIPRAMINE 75 MG TABLET	2	
CYSTAGON 150 MG CAPSULE	5	PA, LDD, SRX	DESLOMATADINE 2.5 MG ODT	2	QL
CYSTAGON 50 MG CAPSULE	5	PA, LDD, SRX	DESLOMATADINE 5 MG ODT	2	QL
CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD	DESLOMATADINE 5 MG TABLET	2	QL
DABIGATRAN ETEXILATE 150 MG CP	4	PA, QL	DESMOPRESSIN 0.01% SOLUTION	2	
DABIGATRAN ETEXILATE 75 CAP	4	PA, QL	DESMOPRESSIN 10 MCG/0.1 ML SPR	2	
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, LDD, SRX	DESMOPRESSIN ACETATE 0.1 MG TB	2	
DANAZOL 100 MG CAPSULE	2		DESMOPRESSIN ACETATE 0.2 MG TB	2	
DANAZOL 200 MG CAPSULE	2		DESOGESTREL-EE 0.15-0.03 MG TB	1	
DANAZOL 50 MG CAPSULE	2		DESOGESTR-ETH ESTRAD ETH ESTRA	1	
DANTROLENE SODIUM 100 MG CAP	2		DESONIDE 0.05% CREAM	2	
DANTROLENE SODIUM 25 MG CAP	2		DESONIDE 0.05% LOTION	2	
DANTROLENE SODIUM 50 MG CAP	2		DESONIDE 0.05% OINTMENT	2	
DAPSONE 100 MG TABLET	4		DESOXIMETASONE 0.05% CREAM	2	
DAPSONE 25 MG TABLET	4		DESOXIMETASONE 0.05% GEL	2	
DAPTACEL DTAP VACCINE	3		DESOXIMETASONE 0.05% OINTMENT	2	
DARIFENACIN ER 15 MG TABLET	2		DESOXIMETASONE 0.25% CREAM	2	
DARIFENACIN ER 7.5 MG TABLET	2		DESOXIMETASONE 0.25% OINTMENT	2	
DARUNAVIR 600 MG TABLET	2		DESVENLAFAXINE SUCCNT ER 100MG	2	QL
DARUNAVIR 800 MG TABLET	2		DESVENLAFAXINE SUCCNT ER 25 MG	2	QL
DASETTA 1-35-28 TABLET	1		DESVENLAFAXINE SUCCNT ER 50 MG	2	QL
DASETTA 7/7/7-28 TABLET	1		DEXAMETHASONE 0.5 MG TABLET	2	
DAYSEE 0.15-0.03-0.01 MG TAB	1		DEXAMETHASONE 0.5 MG/5 ML ELX	2	
DEBLITANE 0.35 MG TABLET	1		DEXAMETHASONE 0.5 MG/5 ML LIQ	2	
DEFERASIROX 125 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 0.75 MG TABLET	2	
DEFERASIROX 180 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE 1 MG TABLET	2	
DEFERASIROX 180 MG TABLET	5	PA, LDD, SRX	DEXAMETHASONE 1.5 MG TABLET	2	
DEFERASIROX 250 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 2 MG TABLET	2	
DEFERASIROX 360 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE 4 MG TABLET	2	
DEFERASIROX 360 MG TABLET	5	PA, LDD, SRX			

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DEXAMETHASONE 6 MG TABLET	2	
DEXAMETHASONE INTENSOL 1 MG/ML	2	
DEXAMETHASONE 0.1% EYE DROP	2	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAP	4	QL
DEXLANSOPRAZOLE DR 60 MG CAP	4	QL
DEXMETHYLPHENIDATE 10 MG TAB	2	QL
DEXMETHYLPHENIDATE 2.5 MG TAB	2	QL
DEXMETHYLPHENIDATE 5 MG TAB	2	QL
DEXMETHYLPHENIDATE ER 10 MG CP	2	QL
DEXMETHYLPHENIDATE ER 15 MG CP	2	QL
DEXMETHYLPHENIDATE ER 20 MG CP	2	QL
DEXMETHYLPHENIDATE ER 25 MG CP	2	QL
DEXMETHYLPHENIDATE ER 30 MG CP	2	QL
DEXMETHYLPHENIDATE ER 35 MG CP	2	QL
DEXMETHYLPHENIDATE ER 40 MG CP	2	QL
DEXMETHYLPHENIDATE ER 5 MG CAP	2	QL
DEXTROAMP-AMPHET ER 10 MG CAP	2	QL
DEXTROAMP-AMPHET ER 15 MG CAP	2	QL
DEXTROAMP-AMPHET ER 20 MG CAP	2	QL
DEXTROAMP-AMPHET ER 25 MG CAP	2	QL
DEXTROAMP-AMPHET ER 30 MG CAP	2	QL
DEXTROAMP-AMPHET ER 5 MG CAP	2	QL
DEXTROAMP-AMPHETAM 12.5 MG TAB	2	QL
DEXTROAMP-AMPHETAM 7.5 MG TAB	2	QL
DEXTROAMP-AMPHETAMIN 10 MG TAB	2	QL
DEXTROAMP-AMPHETAMIN 15 MG TAB	2	QL
DEXTROAMP-AMPHETAMIN 20 MG TAB	2	QL
DEXTROAMP-AMPHETAMIN 30 MG TAB	2	QL
DEXTROAMP-AMPHETAMINE 5 MG TAB	2	QL
DEXTROAMPHETAMINE 10 MG TAB	2	QL
DEXTROAMPHETAMINE 5 MG TAB	2	QL
DEXTROAMPHETAMINE 5 MG/5 ML	2	QL
DEXTROAMPHETAMINE ER 10 MG CAP	2	QL
DEXTROAMPHETAMINE ER 15 MG CAP	2	QL
DEXTROAMPHETAMINE ER 5 MG CAP	2	QL
DIATESTIX REAGENT STRIPS	3	
DIATRUE LEVEL 1 CONTROL SOLN	3	
DIATRUE LEVEL 2 CONTROL SOLN	3	
DIATRUE LEVEL 3 CONTROL SOLN	3	
DIAZEPAM 10 MG RECTAL GEL SYST	2	
DIAZEPAM 10 MG TABLET	2	
DIAZEPAM 2 MG TABLET	2	

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

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DILTIAZEM 12HR ER 120 MG CAP	2		DIVALPROEX SOD DR 250 MG TAB	2	
DILTIAZEM 12HR ER 60 MG CAP	2		DIVALPROEX SOD DR 500 MG TAB	2	
DILTIAZEM 12HR ER 90 MG CAP	2		DIVALPROEX SOD ER 250 MG TAB	2	
DILTIAZEM 24H ER(CD) 120 MG CP	2		DIVALPROEX SOD ER 500 MG TAB	2	
DILTIAZEM 24H ER(CD) 180 MG CP	2		DODEX 1,000 MCG/ML VIAL	2	
DILTIAZEM 24H ER(CD) 240 MG CP	2		DODEX 10,000 MCG/10 ML VIAL	2	
DILTIAZEM 24H ER(CD) 300 MG CP	2		DODEX 30,000 MCG/30 ML VIAL	2	
DILTIAZEM 24H ER(CD) 360 MG CP	2		DOFETILIDE 125 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 120 MG TB	2		DOFETILIDE 250 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 180 MG TB	2		DOFETILIDE 500 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 240 MG TB	2		DOLISHALE 90-20 MCG TABLET	1	
DILTIAZEM 24H ER(LA) 300 MG TB	2		DONEPEZIL HCL 10 MG TABLET	2	
DILTIAZEM 24H ER(LA) 360 MG TB	2		DONEPEZIL HCL 23 MG TABLET	2	
DILTIAZEM 24H ER(LA) 420 MG TB	2		DONEPEZIL HCL 5 MG TABLET	2	
DILTIAZEM 24H ER(XR) 120 MG CP	2		DONEPEZIL HCL ODT 10 MG TABLET	2	
DILTIAZEM 24H ER(XR) 180 MG CP	2		DONEPEZIL HCL ODT 5 MG TABLET	2	
DILTIAZEM 24H ER(XR) 240 MG CP	2		DORZOLAMIDE HCL 2% EYE DROPS	2	
DILTIAZEM 24HR ER 120 MG CAP	2		DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DILTIAZEM 24HR ER 180 MG CAP	2		DOTTI 0.025 MG PATCH	2	QL
DILTIAZEM 24HR ER 240 MG CAP	2		DOTTI 0.0375 MG PATCH	2	QL
DILTIAZEM 24HR ER 300 MG CAP	2		DOTTI 0.05 MG PATCH	2	QL
DILTIAZEM 24HR ER 360 MG CAP	2		DOTTI 0.075 MG PATCH	2	QL
DILTIAZEM 24HR ER 420 MG CAP	2		DOTTI 0.1 MG PATCH	2	QL
DILTIAZEM 30 MG TABLET	1		DOVATO	3	QL
DILTIAZEM 60 MG TABLET	1		DOXAZOSIN MESYLATE 1 MG TAB	2	
DILTIAZEM 90 MG TABLET	1		DOXAZOSIN MESYLATE 2 MG TAB	2	
DIMETHYL FUMARATE 30D START PK	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 4 MG TAB	2	
DIMETHYL FUMARATE DR 120 MG CP	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 8 MG TAB	2	
DIMETHYL FUMARATE DR 240 MG CP	5	PA, QL, LDD, SRX	DOXEPIIN 10 MG CAPSULE	2	
DIPENTUM 250 MG CAPSULE	4		DOXEPIIN 10 MG/ML ORAL CONC	2	
DIPHEN 12.5 MG/5 ML ELIXIR	4		DOXEPIIN 100 MG CAPSULE	2	
DIPHEN 12.5 MG/5 ML SOLUTION	4		DOXEPIIN 150 MG CAPSULE	2	
DIPHENHYDRAMINE 12.5 MG/5 ML	2		DOXEPIIN 25 MG CAPSULE	2	
DIPHENHYDRAMINE 25 MG/10 ML	2		DOXEPIIN 5% CREAM	4	
DIPHENOXYLAT-ATROP 2.5-0.025/5	2		DOXEPIIN 50 MG CAPSULE	2	
DIPHENOXYLATE-ATROP 2.5-0.025	2		DOXEPIIN 75 MG CAPSULE	2	
DIPHThERIA-TETANUS TOXOIDS-PED	3		DOXEPIIN HCL 3 MG TABLET	3	QL
DIPYRIDAMOLE 25 MG TABLET	2		DOXEPIIN HCL 6 MG TABLET	3	QL
DIPYRIDAMOLE 50 MG TABLET	2		DOXERCALCIFEROL 0.5 MCG CAP	2	
DIPYRIDAMOLE 75 MG TABLET	2		DOXERCALCIFEROL 1 MCG CAPSULE	2	
DISOPYRAMIDE 100 MG CAPSULE	2		DOXERCALCIFEROL 2.5 MCG CAP	2	
DISOPYRAMIDE 150 MG CAPSULE	2		DOXYCYCLINE 25 MG/5 ML SUSP	2	
DISULFIRAM 250 MG TABLET	2		DOXYCYCLINE HYCLATE 100 MG CAP	1	
DISULFIRAM 500 MG TABLET	2		DOXYCYCLINE HYCLATE 100 MG TAB	1	
DIVALPROEX DR 125 MG CAP SPRNK	2		DOXYCYCLINE HYCLATE 20 MG TAB	2	
DIVALPROEX DR 125 MG CP(SPRNK)	2		DOXYCYCLINE HYCLATE 50 MG CAP	1	
DIVALPROEX SOD DR 125 MG TAB	2				

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DOXYCYCLINE MONO 100 MG CAP	1		DROPSAFE PEN NEEDLE 31GX1/4"	3	
DOXYCYCLINE MONO 100 MG TABLET	1		DROPSAFE PEN NEEDLE 31GX3/16"	3	
DOXYCYCLINE MONO 150 MG CAP	2		DROPSAFE PEN NEEDLE 31GX5/16"	3	
DOXYCYCLINE MONO 150 MG TABLET	2		DROSP-EE-LEVOMEF 3-0.02-0.451	1	
DOXYCYCLINE MONO 50 MG CAP	1		DROSP-EE-LEVOMEF 3-0.03-0.451	1	
DOXYCYCLINE MONO 50 MG TABLET	1		DROSPIRENONE-EE 3-0.02 MG TAB	1	
DOXYCYCLINE MONO 75 MG CAPSULE	2		DROSPIRENONE-EE 3-0.03 MG TAB	1	
DOXYCYCLINE MONO 75 MG TABLET	2		DROXIA 200 MG CAPSULE	4	
DRONABINOL 10 MG CAPSULE	4		DROXIA 300 MG CAPSULE	4	
DRONABINOL 2.5 MG CAPSULE	4		DROXIA 400 MG CAPSULE	4	
DRONABINOL 5 MG CAPSULE	4		DRUG MART ULTRA COMFORT SYR	3	
DROPLET 0.5 ML 29GX12.5MM(1/2)	3		DUAVEE 0.45-20 MG TABLET	4	
DROPLET 0.5 ML 30GX12.5MM(1/2)	3		DULERA 50 MCG-5 MCG INHALER	3	QL
DROPLET INS 0.3 ML 29GX12.5MM	3		DULERA 100 MCG-5 MCG INHALER	3	QL
DROPLET INS 0.3ML 30GX12.5MM	3		DULERA 200 MCG-5 MCG INHALER	3	QL
DROPLET INS 0.5ML 30GX6MM(1/2)	3		DULOXETINE HCL DR 20 MG CAP	2	QL
DROPLET INS 0.5ML 30GX8MM(1/2)	3		DULOXETINE HCL DR 30 MG CAP	2	QL
DROPLET INS 0.5ML 31GX6MM(1/2)	3		DULOXETINE HCL DR 60 MG CAP	2	QL
DROPLET INS 0.5ML 31GX8MM(1/2)	3		DUPIXENT 100 MG/0.67 ML SYRING	5	PA, SRX
DROPLET INS SYR 0.3 ML 30GX6MM	3		DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DROPLET INS SYR 0.3 ML 30GX8MM	3		DUPIXENT 200 MG/1.14 ML SYRING	5	PA, SRX
DROPLET INS SYR 0.3 ML 31GX6MM	3		DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DROPLET INS SYR 0.3 ML 31GX8MM	3		DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DROPLET INS SYR 1 ML 30GX6MM	3		DUTASTERIDE 0.5 MG CAPSULE	2	
DROPLET INS SYR 1 ML 30GX8MM	3		DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	
DROPLET INS SYR 1 ML 31GX6MM	3		EASIVENT HOLDING CHAMBER	3	QL
DROPLET INS SYR 1 ML 31GX8MM	3		EASIVENT MASK-LARGE	3	QL
DROPLET INS SYR 1ML 29GX12.5MM	3		EASIVENT MASK-MEDIUM	3	QL
DROPLET INS SYR 1ML 30GX12.5MM	3		EASIVENT MASK-SMALL	3	QL
DROPLET MICRON 34G X 9/64"	3		EASY COMFORT 0.3 ML SYRINGE	3	
DROPLET PEN NEEDLE 29GX1/2"	3		EASY COMFORT 0.5 ML 30GX1/2"	3	
DROPLET PEN NEEDLE 29GX3/8"	3		EASY COMFORT 0.5 ML 31GX5/16"	3	
DROPLET PEN NEEDLE 30GX5/16"	3		EASY COMFORT 0.5 ML 32GX5/16"	3	
DROPLET PEN NEEDLE 31GX1/4"	3		EASY COMFORT 0.5 ML SYRINGE	3	
DROPLET PEN NEEDLE 31GX3/16"	3		EASY COMFORT 1 ML 31GX5/16"	3	
DROPLET PEN NEEDLE 31GX5/16"	3		EASY COMFORT 1 ML 32GX5/16"	3	
DROPLET PEN NEEDLE 32GX1/4"	3		EASY COMFORT INSULIN 1 ML SYR	3	
DROPLET PEN NEEDLE 32GX3/16"	3		EASY COMFORT PEN ND 31GX1/4"	3	
DROPLET PEN NEEDLE 32GX5/16"	3		EASY COMFORT PEN ND 31GX3/16"	3	
DROPLET PEN NEEDLE 32GX5/32"	3		EASY COMFORT PEN ND 31GX5/16"	3	
DROPSAFE INS SYR 0.3ML 31G 6MM	3		EASY COMFORT PEN ND 32GX5/32"	3	
DROPSAFE INS SYR 0.3ML 31G 8MM	3		EASY COMFORT PEN ND 33G 4MM	3	
DROPSAFE INS SYR 0.5ML 31G 6MM	3		EASY COMFORT PEN ND 33G 5MM	3	
DROPSAFE INS SYR 0.5ML 31G 8MM	3		EASY COMFORT PEN ND 33G 6MM	3	
DROPSAFE INSUL SYR 1ML 31G 6MM	3		EASY COMFORT SYR 1 ML 30GX1/2"	3	
DROPSAFE INSUL SYR 1ML 31G 8MM	3		EASY GLIDE INS 0.3 ML 31GX6MM	3	
DROPSAFE INSULN 1ML 29G 12.5MM	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)
EASY GLIDE INS 0.5 ML 31GX6MM	3		EASY TOUCH HIGH-LOW CTRL SOLN	3	
EASY GLIDE INS 1 ML 31GX6MM	3		EASY TOUCH HYPODERMIC 16GX1"	3	
EASY GLIDE PEN NEEDLE 4MM 33G	3		EASY TOUCH HYPODERMIC 16GX1.5"	3	
EASY PLUS II CONTROL SOLN HIGH	3		EASY TOUCH HYPODERMIC 18GX1"	3	
EASY PLUS II CONTROL SOLN LOW	3		EASY TOUCH HYPODERMIC 18GX1.25	3	
EASY STEP CONTRL SOLN-HIGH	3		EASY TOUCH HYPODERMIC 18GX1.5"	3	
EASY STEP CONTROL SOLN-LOW	3		EASY TOUCH HYPODERMIC 19GX1"	3	
EASY STEP CONTROL SOLN-NORMAL	3		EASY TOUCH HYPODERMIC 19GX1.5"	3	
EASY TALK CONTROL SOLN LOW	3		EASY TOUCH HYPODERMIC 20GX1"	3	
EASY TALK HIGH CONTROL SOLN	3		EASY TOUCH HYPODERMIC 20GX1.5"	3	
EASY TALK PLUS II HIGH CONTROL	3		EASY TOUCH HYPODERMIC 21GX1"	3	
EASY TALK PLUS II LOW CTRL SLN	3		EASY TOUCH HYPODERMIC 21GX1.5"	3	
EASY TOUCH 0.3 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 22GX1"	3	
EASY TOUCH 0.5 ML SYR 27GX1/2"	3		EASY TOUCH HYPODERMIC 22GX1.5"	3	
EASY TOUCH 0.5 ML SYR 29GX1/2"	3		EASY TOUCH HYPODERMIC 23GX1"	3	
EASY TOUCH 0.5 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 23GX1.25	3	
EASY TOUCH 0.5 ML SYR 30GX5/16	3		EASY TOUCH HYPODERMIC 23GX1.5"	3	
EASY TOUCH 1 ML SYR 27GX1/2"	3		EASY TOUCH HYPODERMIC 23GX3/4"	3	
EASY TOUCH 1 ML SYR 29GX1/2"	3		EASY TOUCH HYPODERMIC 24GX1"	3	
EASY TOUCH 1 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 24GX1.25	3	
EASY TOUCH BLU LINK CTRL SOLN	3		EASY TOUCH HYPODERMIC 25GX1"	3	
EASY TOUCH FLIPLK NDL 30GX5/16	3		EASY TOUCH HYPODERMIC 25GX1.5"	3	
EASY TOUCH FLIPLK NDL 31GX5/16	3		EASY TOUCH HYPODERMIC 25GX5/8"	3	
EASY TOUCH FLIPLK NDL 18GX1"	3		EASY TOUCH HYPODERMIC 26GX1/2"	3	
EASY TOUCH FLIPLK NDL 19GX1"	3		EASY TOUCH HYPODERMIC 26GX3/8"	3	
EASY TOUCH FLIPLK NDL 20GX1"	3		EASY TOUCH HYPODERMIC 26GX5/8"	3	
EASY TOUCH FLIPLK NDL 21GX1"	3		EASY TOUCH HYPODERMIC 27GX1.25	3	
EASY TOUCH FLIPLK NDL 22GX1	3		EASY TOUCH HYPODERMIC 27GX1.5"	3	
EASY TOUCH FLIPLK NDL 23GX1"	3		EASY TOUCH HYPODERMIC 27GX1/2"	3	
EASY TOUCH FLIPLK NDL 25GX1"	3		EASY TOUCH HYPODERMIC 30GX1"	3	
EASY TOUCH FLIPLK NDL 26GX1"	3		EASY TOUCH HYPODERMIC 30GX1/2"	3	
EASY TOUCH FLIPLK NDL 27GX1"	3		EASY TOUCH HYPODERMIC 31GX5/16	3	
EASY TOUCH FLIPLK NDL 18GX1.5	3		EASY TOUCH HYPODERMIC 32GX5/16	3	
EASY TOUCH FLIPLK NDL 19GX1.5	3		EASY TOUCH INSULIN 1ML 29GX1/2	3	
EASY TOUCH FLIPLK NDL 20GX1.5	3		EASY TOUCH INSULIN 1ML 30GX1/2	3	
EASY TOUCH FLIPLK NDL 21GX1.5	3		EASY TOUCH INSULIN SYR 0.3 ML	3	
EASY TOUCH FLIPLK NDL 22GX1.5	3		EASY TOUCH INSULIN SYR 0.5 ML	3	
EASY TOUCH FLIPLK NDL 22GX3/4	3		EASY TOUCH INSULIN SYR 1 ML	3	
EASY TOUCH FLIPLK NDL 23GX1.5	3		EASY TOUCH INSULN 1ML 29GX1/2"	3	
EASY TOUCH FLIPLK NDL 23GX5/8	3		EASY TOUCH INSULN 1ML 30GX1/2"	3	
EASY TOUCH FLIPLK NDL 25GX1.5	3		EASY TOUCH INSULN 1ML 30GX5/16	3	
EASY TOUCH FLIPLK NDL 25GX5/8	3		EASY TOUCH INSULN 1ML 31GX5/16	3	
EASY TOUCH FLIPLK NDL 26GX1/2	3		EASY TOUCH LUER LOK INSUL 1 ML	3	
EASY TOUCH FLIPLK NDL 27GX1/2	3		EASY TOUCH PEN NEEDLE 29GX1/2"	3	
EASY TOUCH FLIPLK NDL 28GX1/2	3		EASY TOUCH PEN NEEDLE 30GX5/16	3	
EASY TOUCH FLIPLK NDL 29GX1/2	3		EASY TOUCH PEN NEEDLE 31GX1/4"	3	
EASY TOUCH FLIPLK NDL 30GX1/2	3		EASY TOUCH PEN NEEDLE 31GX3/16	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH PEN NEEDLE 31GX5/16	3	
EASY TOUCH PEN NEEDLE 32GX1/4"	3	
EASY TOUCH PEN NEEDLE 32GX3/16	3	
EASY TOUCH PEN NEEDLE 32GX5/32	3	
EASY TOUCH SAF PEN ND 29G 5MM	3	
EASY TOUCH SAF PEN ND 29G 8MM	3	
EASY TOUCH SAF PEN ND 30G 5MM	3	
EASY TOUCH SAF PEN ND 30G 8MM	3	
EASY TOUCH SYR 0.5ML 27G12.7MM	3	
EASY TOUCH SYR 0.5ML 28G12.7MM	3	
EASY TOUCH SYR 0.5ML 29G12.7MM	3	
EASY TOUCH SYR 1 ML 27G 12.7MM	3	
EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH SYR 1 ML 28G 12.7MM	3	
EASY TOUCH SYR 1 ML 29G 12.7MM	3	
EASY TOUCH SYR 3 ML 22GX1-1/2"	3	
EASY TOUCH SYR 3 ML 25GX5/8"	3	
EASY TOUCH SYRINGE 3 ML 20GX1"	3	
EASY TOUCH SYRINGE 3 ML 21GX1"	3	
EASY TOUCH SYRINGE 3 ML 22GX1"	3	
EASY TOUCH SYRINGE 3 ML 23GX1"	3	
EASY TOUCH SYRINGE 3 ML 25GX1"	3	
EASY TOUCH UNI-SLIP SYR 1 ML	3	
EASY TRAK CONTROL SOLN HIGH	3	
EASY TRAK CONTROL SOLN LOW	3	
EASY TRAK II CTRL SOLN-NORMAL	3	
EASYGLUCO PLUS CTRL SOL NORMAL	3	
EASYMAX NORMAL CONTROL SOLN	3	
EASYMAX 15 LEVEL 2 SOLUTION	3	
EASYPOINT NEEDLE 18G X 1"	3	
EASYPOINT NEEDLE 18G X 1-1/2"	3	
EASYPOINT NEEDLE 20G X 1"	3	
EASYPOINT NEEDLE 20G X 1-1/2"	3	
EASYPOINT NEEDLE 21G X 1"	3	
EASYPOINT NEEDLE 21G X 1-1/2"	3	
EASYPOINT NEEDLE 22G X 1"	3	
EASYPOINT NEEDLE 22G X 1-1/2"	3	
EASYPOINT NEEDLE 23G X 1"	3	
EASYPOINT NEEDLE 25G 16MM	3	
EASYPOINT NEEDLE 25G X 1"	3	
EASYPOINT NEEDLE 25G X 5/8"	3	
EASYPOINT NEEDLE 25GX1-1/2"	3	
EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH SAF PEN ND 30G 6MM	3	
EC-NAPROXEN DR 375 MG TABLET	2	
EC-NAPROXEN DR 500 MG TABLET	2	
ECONAZOLE NITRATE 1% CREAM	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ECONTRA EZ 1.5 MG TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1	
ED-SPAZ 0.125 MG ODT	2	
EDURANT 25 MG TABLET	3	
EEMT DS 1.25-2.5 MG TABLET	2	
EEMT HS 0.625-1.25 MG TABLET	2	
EFAVIR-EMTRI-TENOF 600-200-300	2	QL
EFAVIRENZ 200 MG CAPSULE	2	
EFAVIRENZ 50 MG CAPSULE	2	
EFAVIRENZ 600 MG TABLET	2	
EFAVIR-LAMIV-TENOF 400-300-300	2	QL
EFAVIR-LAMIV-TENOF 600-300-300	2	QL
EFFER-K 10 MEQ TABLET EFF	4	
EFFER-K 20 MEQ TABLET EFF	4	
ELEMENT COMPACT SOLN HIGH	3	
ELEMENT COMPACT SOLN NORMAL	3	
ELEMENT CONTROL SOLN NORMAL	3	
ELEMENT CONTROL SOLUTION HIGH	3	
ELEMENT CONTROL SOLUTION LOW	3	
ELETRIPTAN HBR 20 MG TABLET	2	QL
ELETRIPTAN HBR 40 MG TABLET	2	QL
ELINEST-28 TABLET	1	
ELIQUIS 2.5 MG TABLET	3	PA, QL
ELIQUIS 5 MG TABLET	3	PA, QL
ELIQUIS DVT-PE TREAT START 5MG	3	PA, QL
ELITE-OB CAPLET	1	
ELLA 30 MG TABLET	4	
ELMIRON 100 MG CAPSULE	4	
ELURYNG VAGINAL RING	2	
EMBRACE GLUC CONTROL SOLN HIGH	3	
EMBRACE EVO LEVEL 1 CTRL SOLN	3	
EMBRACE GLUC CONTROL SOLN LOW	3	
EMBRACE PEN NEEDLE 29G 12MM	3	
EMBRACE PEN NEEDLE 30G 5MM	3	
EMBRACE PEN NEEDLE 30G 8MM	3	
EMBRACE PEN NEEDLE 31G 5MM	3	
EMBRACE PEN NEEDLE 31G 6MM	3	
EMBRACE PEN NEEDLE 31G 8MM	3	
EMBRACE PEN NEEDLE 32G 4MM	3	
EMBRACE PRO CONTROL SOLUTION	3	
EMBRACE TALK CTRL SOL-HIGH(L2)	3	
EMBRACE TALK CTRL SOLN-LOW(L1)	3	
EMCYT 140 MG CAPSULE	5	SRX
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
EMGALITY 120 MG/ML PEN	3	PA
EMGALITY 120 MG/ML SYRINGE	3	PA



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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EMGALITY 300 MG (100 MG X3SYR)	3	PA	ENULOSE 10 GM/15 ML SOLUTION	2	
EMOQUETTE 28 DAY TABLET	1		EPCLUSA 150-37.5 MG PELLETT PKT	5	PA, QL, SRX
EMTRICITABINE 200 MG CAPSULE	2		EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX
EMTRICITABINE-TENOFV 100-150MG	2		EPCLUSA 200-50 MG PELLETT PACK	5	PA, QL, SRX
EMTRICITABINE-TENOFV 133-200MG	2		EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX
EMTRICITABINE-TENOFV 167-250MG	2		EPIDIOLEX 100 MG/ML SOLN PACK	4	PA, LDD
EMTRICITABINE-TENOFV 200-300MG	2		EPIDIOLEX 100 MG/ML SOLUTION	4	PA, LDD
EMTRIVA 10 MG/ML SOLUTION	3		EPIFOAM FOAM	4	
EMVERM 100 MG TABLET CHEW	4		EPINASTINE HCL 0.05% EYE DROPS	2	
ENALAPRIL MALEATE 10 MG TAB	1		EPINEPHRINE 0.15 MG AUTO-INJECT	2	QL
ENALAPRIL MALEATE 2.5 MG TAB	1		EPINEPHRINE 0.3 MG AUTO-INJECT	2	QL
ENALAPRIL MALEATE 20 MG TAB	1		EPITOL 200 MG TABLET	2	
ENALAPRIL MALEATE 5 MG TABLET	1		EPVIR HBV 25 MG/5 ML SOLN	5	SRX
ENALAPRIL-HCTZ 10-25 MG TABLET	1		EPLERENONE 25 MG TABLET	2	
ENALAPRIL-HCTZ 5-12.5 MG TAB	1		EPLERENONE 50 MG TABLET	2	
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX	EPROSARTAN MESYLATE 600 MG TAB	2	
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX	EQ SPACE CHAMBER	3	QL
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX	EQ SPACE CHAMBER-LARGE MASK	3	QL
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX	EQ SPACE CHAMBER-MEDIUM MASK	3	QL
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX	EQ SPACE CHAMBER-SMALL MASK	3	QL
ENDOCET 10-325 MG TABLET	2	PA	EQL INS SYR 1 ML 29GX1/2"	3	
ENDOCET 2.5-325 MG TABLET	2	PA	EQL INSUL SYR 0.3 ML 31GX5/16"	3	
ENDOCET 5-325 MG TABLET	2	PA	EQL INSUL SYR 0.5 ML 31GX5/16"	3	
ENDOCET 7.5-325 MG TABLET	2	PA	EQL INSULIN 0.3 ML SYRINGE	3	
ENDOMETRIN 100 MG VAG INSERT	4	PA	EQL INSULIN 0.5 ML SYRINGE	3	
ENGERIX-B 20 MCG/ML SYRN	3		EQL INSULIN 1 ML SYRINGE	3	
ENGERIX-B 20 MCG/ML VIAL	3		EQL INSULIN SYR 1 ML 31GX5/16"	3	
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3		EQL PEN 8MM 31G X 5/16" NEEDLE	3	
ENLITE SERTER	3		ERGOLOID MESYLATES 1 MG TAB	1	
ENLYTE SOFTGEL	4		ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX	ERLOTINIB HCL 100 MG TABLET	5	PA, LDD, SRX
ENOXAPARIN 120 MG/0.8 ML SYR	5	QL, SRX	ERLOTINIB HCL 150 MG TABLET	5	PA, LDD, SRX
ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX	ERLOTINIB HCL 25 MG TABLET	5	PA, LDD, SRX
ENOXAPARIN 30 MG/0.3 ML SYR	5	QL, SRX	ERRIN 0.35 MG TABLET	1	
ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX	ERTACZO 2% CREAM	4	
ENOXAPARIN 40 MG/0.4 ML SYR	5	QL, SRX	ERY 2% PADS	2	
ENOXAPARIN 60 MG/0.6 ML SYR	5	QL, SRX	ERYTHROCIN 250 MG TABLET	4	
ENOXAPARIN 80 MG/0.8 ML SYR	5	QL, SRX	ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ENPRESSE-28 TABLET	1		ERYTHROMYCIN 2% GEL	2	
ENSKYCE 28 TABLET	1		ERYTHROMYCIN 2% SOLUTION	2	
ENTACAPONE 200 MG TABLET	2		ERYTHROMYCIN 200 MG/5 ML SUSP	2	
ENTECAVIR 0.5 MG TABLET	5	SRX	ERYTHROMYCIN 250 MG TABLET	2	
ENTECAVIR 1 MG TABLET	5	SRX	ERYTHROMYCIN 400 MG/5 ML SUSP	2	
ENTRESTO 24 MG-26 MG TABLET	3	QL	ERYTHROMYCIN 500 MG TABLET	2	
ENTRESTO 49 MG-51 MG TABLET	3	QL	ERYTHROMYCIN DR 250 MG CAP	2	
ENTRESTO 97 MG-103 MG TABLET	3	QL	ERYTHROMYCIN ES 400 MG TAB	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ERYTHROMYCIN-BENZOYL GEL	2	
ESCITALOPRAM 10 MG TABLET	2	QL
ESCITALOPRAM 20 MG TABLET	2	QL
ESCITALOPRAM 5 MG TABLET	2	QL
ESCITALOPRAM OXALATE 5 MG/5 ML	2	QL
ESOMEPRAZOLE DR 10 MG PACKET	3	QL
ESOMEPRAZOLE DR 20 MG PACKET	3	QL
ESOMEPRAZOLE DR 40 MG PACKET	3	QL
ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL
ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL
ESOMEPRAZOLE DR 49.3 MG CAP	2	QL
ESTARYLLA 0.25-0.035 MG TABLET	1	
ESTAZOLAM 1 MG TABLET	2	
ESTAZOLAM 2 MG TABLET	2	
ESTRADIOL 0.025 MG PATCH(1/WK)	2	QL
ESTRADIOL 0.025 MG PATCH(2/WK)	2	QL
ESTRADIOL 0.0375MG PATCH(1/WK)	2	QL
ESTRADIOL 0.0375MG PATCH(2/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH(1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH(2/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSRT	2	QL
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL-NORETH 0.5-0.1 MG TB	2	
ESTRADIOL-NORETH 1-0.5 MG TAB	2	
ESTROGEN-METHYLTESTOS F.S. TAB	2	
ESTROGEN-METHYLTESTOS H.S. TAB	2	
ESZOPICLONE 1 MG TABLET	2	
ESZOPICLONE 2 MG TABLET	2	
ESZOPICLONE 3 MG TABLET	2	
ETHAMBUTOL HCL 100 MG TABLET	2	
ETHAMBUTOL HCL 400 MG TABLET	2	
ETHOSUXIMIDE 250 MG CAPSULE	2	
ETHOSUXIMIDE 250 MG/5 ML SOLN	2	
ETHYL CHLORIDE SPRAY	2	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1	
ETODOLAC 200 MG CAPSULE	2	
ETODOLAC 300 MG CAPSULE	2	
ETODOLAC 400 MG TABLET	2	
ETODOLAC 500 MG TABLET	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ETODOLAC ER 400 MG TABLET	2	
ETODOLAC ER 500 MG TABLET	2	
ETODOLAC ER 600 MG TABLET	2	
ETONOGESTREL-EE VAGINAL RING	2	
ETOPOSIDE 50 MG CAPSULE	5	SRX
ETRAVIRINE 100 MG TABLET	2	
ETRAVIRINE 200 MG TABLET	2	
EURAX 10% CREAM	4	
EUTHYROX 100 MCG TABLET	1	
EUTHYROX 112 MCG TABLET	1	
EUTHYROX 125 MCG TABLET	1	
EUTHYROX 137 MCG TABLET	1	
EUTHYROX 150 MCG TABLET	1	
EUTHYROX 175 MCG TABLET	1	
EUTHYROX 200 MCG TABLET	1	
EUTHYROX 25 MCG TABLET	1	
EUTHYROX 50 MCG TABLET	1	
EUTHYROX 75 MCG TABLET	1	
EUTHYROX 88 MCG TABLET	1	
EVENCARE G2 CONTROL SOLUTION	3	
EVENCARE G3 CONTROL SOLUTION	3	
EVEROLIMUS 0.25 MG TABLET	5	SRX
EVEROLIMUS 0.5 MG TABLET	5	SRX
EVEROLIMUS 0.75 MG TABLET	5	SRX
EVEROLIMUS 1 MG TABLET	5	SRX
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX
EVOLUTION CONTROL SOLN NORMAL	3	
EVOTAZ 300 MG-150 MG TABLET	3	
EXEL 3 ML SYRN 27G X 1 1/4"	3	
EXEL HUBER 22GX3/4" NEEDLE	3	
EXEL HUBER NEEDLE 22GX1"	3	
EXEL HYPO NEEDLE 16GX1"	3	
EXEL HYPO NEEDLE 18GX1"	3	
EXEL HYPO NEEDLE 18GX1.5"	3	
EXEL HYPO NEEDLE 19GX1"	3	
EXEL HYPO NEEDLE 19GX1.5"	3	
EXEL HYPO NEEDLE 20GX0.75"	3	
EXEL HYPO NEEDLE 20GX1"	3	
EXEL HYPO NEEDLE 20GX1.5"	3	
EXEL HYPO NEEDLE 21GX1"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EXEL HYPO NEEDLE 21GX1.5"	3	
EXEL HYPO NEEDLE 22GX0.75"	3	
EXEL HYPO NEEDLE 22GX1"	3	
EXEL HYPO NEEDLE 22GX1.5"	3	
EXEL HYPO NEEDLE 23GX0.75"	3	
EXEL HYPO NEEDLE 23GX1"	3	
EXEL HYPO NEEDLE 25GX0.625"	3	
EXEL HYPO NEEDLE 25GX0.75"	3	
EXEL HYPO NEEDLE 25GX1"	3	
EXEL HYPO NEEDLE 25GX1.5"	3	
EXEL HYPO NEEDLE 26GX0.375"	3	
EXEL HYPO NEEDLE 26GX0.5"	3	
EXEL HYPO NEEDLE 26GX0.625"	3	
EXEL HYPO NEEDLE 26GX1.5"	3	
EXEL HYPO NEEDLE 27GX0.5"	3	
EXEL HYPO NEEDLE 30GX0.5"	3	
EXEL INS SYR U100 1 ML 28GX1/2	3	
EXEL MTI DRAWING NDL 20GX1"	3	
EXEL MTI DRAWING NDL 21GX1"	3	
EXEL MTI DRAWING NDL 22GX1"	3	
EXEL SYRINGE 20GX1" 3 ML	3	
EXEL SYRINGE 20GX1-1/2" 3 ML	3	
EXEL SYRINGE 21GX1" 3 ML	3	
EXEL SYRINGE 21GX1-1/2" 3 ML	3	
EXEL SYRINGE 22GX1" 3 ML	3	
EXEL SYRINGE 22GX1-1/2" 3 ML	3	
EXEL SYRINGE 22GX3/4" 3 ML	3	
EXEL SYRINGE 23GX1" 3 ML	3	
EXEL SYRINGE 25GX1" 3 ML	3	
EXEL U100 0.3 ML 29GX1/2"	3	
EXEL U100 0.3 ML 30GX5/16"	3	
EXEL U100 0.5 ML 28GX1/2"	3	
EXEL U100 0.5 ML 29GX1/2"	3	
EXEL U100 0.5 ML 30GX5/16"	3	
EXEL U100 1 ML 30GX5/16"	3	
EXEL U100 INS SYR 1 ML 29GX1/2	3	
EXEMESTANE 25 MG TABLET	2	
EXTENDED RESERVOIR 3 ML	3	
EZETIMIBE 10 MG TABLET	2	
EZETIMIBE-SIMVASTATIN 10-10 MG	2	
EZETIMIBE-SIMVASTATIN 10-20 MG	2	
EZETIMIBE-SIMVASTATIN 10-40 MG	2	
EZETIMIBE-SIMVASTATIN 10-80 MG	2	
EZ-VAC	3	
FALMINA-28 TABLET	1	
FAMCICLOVIR 125 MG TABLET	2	
FAMCICLOVIR 250 MG TABLET	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FAMCICLOVIR 500 MG TABLET	2	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML SUSP	2	
FANAPT 1 MG TABLET	4	QL, ST
FANAPT 10 MG TABLET	4	QL, ST
FANAPT 12 MG TABLET	4	QL, ST
FANAPT 2 MG TABLET	4	QL, ST
FANAPT 4 MG TABLET	4	QL, ST
FANAPT 6 MG TABLET	4	QL, ST
FANAPT 8 MG TABLET	4	QL, ST
FANAPT TITRATION PACK	4	QL, ST
FARXIGA 10 MG TABLET	3	QL
FARXIGA 5 MG TABLET	3	QL
FEBUXOSTAT 40 MG TABLET	4	QL
FEBUXOSTAT 80 MG TABLET	4	QL
FELBAMATE 400 MG TABLET	4	
FELBAMATE 600 MG TABLET	4	
FELBAMATE 600 MG/5 ML SUSP	4	
FELODIPINE ER 10 MG TABLET	2	
FELODIPINE ER 2.5 MG TABLET	2	
FELODIPINE ER 5 MG TABLET	2	
FEM PH VAGINAL JELLY	2	
FEMYNOR 28 TABLET	1	
FENOFIBRATE 120 MG TABLET	2	
FENOFIBRATE 130 MG CAPSULE	2	
FENOFIBRATE 134 MG CAPSULE	2	
FENOFIBRATE 145 MG TABLET	2	
FENOFIBRATE 150 MG CAPSULE	2	
FENOFIBRATE 160 MG TABLET	2	
FENOFIBRATE 200 MG CAPSULE	2	
FENOFIBRATE 40 MG TABLET	2	
FENOFIBRATE 43 MG CAPSULE	2	
FENOFIBRATE 48 MG TABLET	2	
FENOFIBRATE 50 MG CAPSULE	2	
FENOFIBRATE 54 MG TABLET	2	
FENOFIBRATE 67 MG CAPSULE	2	
FENOFIBRIC ACID 105 MG TABLET	2	
FENOFIBRIC ACID 35 MG TABLET	2	
FENOFIBRIC ACID DR 135 MG CAP	2	
FENOFIBRIC ACID DR 45 MG CAP	2	
FENOPROFEN 600 MG TABLET	2	
FENTANYL 100 MCG/HR PATCH	2	PA
FENTANYL 12 MCG/HR PATCH	2	PA
FENTANYL 25 MCG/HR PATCH	2	PA
FENTANYL 37.5 MCG/HR PATCH	2	PA

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FENTANYL 50 MCG/HR PATCH	2	PA	FLOVENT 50 MCG DISKUS	3	QL
FENTANYL 62.5 MCG/HR PATCH	2	PA	FLOVENT HFA 110 MCG INHALER	3	QL
FENTANYL 75 MCG/HR PATCH	2	PA	FLOVENT HFA 220 MCG INHALER	3	QL
FENTANYL 87.5 MCG/HR PATCH	2	PA	FLOVENT HFA 44 MCG INHALER	3	QL
FENTANYL CIT OTFC 1,200 MCG	4	PA	FLOW-EZE VENTED NEEDLE	3	
FENTANYL CIT OTFC 1,600 MCG	4	PA	FLUAD QUAD	3	
FENTANYL CITRATE OTFC 200 MCG	4	PA	FLUARIX QUAD	3	
FENTANYL CITRATE OTFC 400 MCG	4	PA	FLUBLOK QUAD	3	
FENTANYL CITRATE OTFC 600 MCG	4	PA	FLUCELVAX QUAD	3	
FENTANYL CITRATE OTFC 800 MCG	4	PA	FLUCONAZOLE 10 MG/ML SUSP	2	
FERRIPROX 100 MG/ML SOLUTION	4	PA, LDD	FLUCONAZOLE 100 MG TABLET	2	
FESOTERODINE ER 4 MG TABLET	4	QL	FLUCONAZOLE 150 MG TABLET	2	
FESOTERODINE ER 8 MG TABLET	4	QL	FLUCONAZOLE 200 MG TABLET	2	
FETZIMA 20-40 MG TITRATION PAK	4	QL, ST	FLUCONAZOLE 40 MG/ML SUSP	2	
FETZIMA ER 120 MG CAPSULE	4	QL, ST	FLUCONAZOLE 50 MG TABLET	2	
FETZIMA ER 20 MG CAPSULE	4	QL, ST	FLUCYTOSINE 250 MG CAPSULE	4	
FETZIMA ER 40 MG CAPSULE	4	QL, ST	FLUCYTOSINE 500 MG CAPSULE	4	
FETZIMA ER 80 MG CAPSULE	4	QL, ST	FLUDROCORTISONE 0.1 MG TABLET	2	
FIFTY50 GLUCOSE CONTROL SOLN	3		FLULAVAL QUAD	3	
FIFTY50 INS 0.3 ML 31GX5/16"	3		FLUMIST QUAD	3	
FIFTY50 INS 0.5 ML 31GX5/16"	3		FLUNISOLIDE 0.025% SPRAY	2	
FIFTY50 INS SYR 1 ML 31GX5/16"	3		FLUOCINOLONE 0.01% BODY OIL	2	
FIFTY50 PEN 31G X 3/16" NEEDLE	3		FLUOCINOLONE 0.01% CREAM	2	
FIFTY50 PEN 31G X 5/16" NEEDLE	3		FLUOCINOLONE 0.01% SCALP OIL	2	
FIFTY50 PEN NEEDLE 32G X 1/4"	3		FLUOCINOLONE 0.01% SOLUTION	2	
FIFTY50 PEN NEEDLE 32G X 5/32"	3		FLUOCINOLONE 0.025% CREAM	2	
FILTER ASPIRATOR NEEDLE	3		FLUOCINOLONE 0.025% OINTMENT	2	
FILTER NEEDLE	3		FLUOCINOLONE OIL 0.01% EAR DRP	2	
FILTER NEEDLE 19GX1-1/2"	3		FLUOCINONIDE 0.05% CREAM	2	
FILTER NEEDLE 5 MICRON	3		FLUOCINONIDE 0.05% GEL	2	
FINASTERIDE 5 MG TABLET	2		FLUOCINONIDE 0.05% OINTMENT	2	
FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX	FLUOCINONIDE 0.05% SOLUTION	2	
FINZALA 1-0.02(24)-75 CHEW TAB	1		FLUOCINONIDE 0.1% CREAM	2	
FIRVANQ 25 MG/ML SOLUTION	3	QL	FLUOCINONIDE-E 0.05% CREAM	2	
FIRVANQ 50 MG/ML SOLUTION	3	QL	FLUORIDEX DAILY DEFENSE	2	
FLAC OTIC OIL 0.01% EAR DROP	2		FLUORIDEX SENSITIV RLF PASTE	2	
FLAVOXATE HCL 100 MG TABLET	2		FLUOROMETHOLONE 0.1% DROPS	2	
FLECAINIDE ACETATE 100 MG TAB	2		FLUOROURACIL 0.5% CREAM	4	
FLECAINIDE ACETATE 150 MG TAB	2		FLUOROURACIL 2% TOPICAL SOLN	2	
FLECAINIDE ACETATE 50 MG TAB	2		FLUOROURACIL 5% CREAM	2	
FLEXICHAMBER	3	QL	FLUOROURACIL 5% TOPICAL SOLN	2	
FLEXICHAMBER-LG CHILD MASK	3	QL	FLUOXETINE 20 MG/5 ML SOLUTION	2	QL
FLEXICHAMBER-SM ADULT MASK	3	QL	FLUOXETINE DR 90 MG CAPSULE	2	QL
FLEXICHAMBER-SM CHILD MASK	3	QL	FLUOXETINE HCL 10 MG CAPSULE	1	QL
FLOVENT 100 MCG DISKUS	3	QL	FLUOXETINE HCL 20 MG CAPSULE	1	QL
FLOVENT 250 MCG DISKUS	3	QL	FLUOXETINE HCL 40 MG CAPSULE	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)
FLUPHENAZINE 1 MG TABLET	2		FOSAMPRENAVIR 700 MG TABLET	2	
FLUPHENAZINE 10 MG TABLET	2		FOSFOMYCIN 3 GM SACHET	3	
FLUPHENAZINE 2.5 MG TABLET	2		FOSINOPRIL SODIUM 10 MG TAB	1	
FLUPHENAZINE 2.5 MG/5 ML ELIX	2		FOSINOPRIL SODIUM 20 MG TAB	1	
FLUPHENAZINE 5 MG TABLET	2		FOSINOPRIL SODIUM 40 MG TAB	1	
FLUPHENAZINE 5 MG/ML CONC	2		FOSINOPRIL-HCTZ 10-12.5 MG TAB	2	
FLURANDRENOLIDE 0.05% CREAM	4		FOSINOPRIL-HCTZ 20-12.5 MG TAB	2	
FLURANDRENOLIDE 0.05% LOTION	4		FOSRENOL 1,000 MG POWDER PACK	4	
FLURANDRENOLIDE 0.05% OINTMENT	4		FOSRENOL 750 MG POWDER PACKET	4	
FLURBIPROFEN 100 MG TABLET	2		FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX
FLURBIPROFEN 0.03% EYE DROP	2		FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX
FLUTAMIDE 125 MG CAPSULE	2		FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL, SRX
FLUTICASON PROP 0.005% OINT	2		FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL, SRX
FLUTICASON PROP 0.05% CREAM	2		FRAGMIN 18,000 UNIT/0.72 ML	5	QL, SRX
FLUTICASON PROP 0.05% LOTION	2		FRAGMIN 2,500 UNIT/0.2 ML SYR	5	QL, SRX
FLUTICASON PROP 50 MCG SPRAY	2		FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL, SRX
FLUTICASON-SALMETEROL 100-50	2	QL	FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL, SRX
FLUTICASON-SALMETEROL 250-50	2	QL	FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL, SRX
FLUTICASON-SALMETEROL 500-50	2	QL	FREESTYLE CONTROL SOLUTION	3	
FLUVASTATIN ER 80 MG TABLET	2		FREESTYLE LIBRE 10 DAY READER	3	PA, QL
FLUVASTATIN SODIUM 20 MG CAP	2		FREESTYLE LIBRE 10 DAY SENSOR	3	PA, QL
FLUVASTATIN SODIUM 40 MG CAP	2		FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FLUVOXAMINE ER 100 MG CAPSULE	2	QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FLUVOXAMINE ER 150 MG CAPSULE	2	QL	FREESTYLE LIBRE 2 READER	3	PA, QL
FLUVOXAMINE MALEATE 100 MG TAB	2	QL	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FLUVOXAMINE MALEATE 25 MG TAB	2	QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FLUVOXAMINE MALEATE 50 MG TAB	2	QL	FREESTYLE PREC 0.5 ML 30GX5/16	3	
FLUZONE HIGH-DOSE QUAD	3		FREESTYLE PREC 0.5 ML 31GX5/16	3	
FLUZONE QUAD	3		FREESTYLE PREC 1 ML 30GX5/16"	3	
FOLIC ACID 1 MG TABLET	1		FREESTYLE PREC 1 ML 31GX5/16"	3	
FOLIVANE-OB CAPSULE	1		FROVATRIPTAN SUCC 2.5 MG TAB	2	QL
FONDAPARINUX 10 MG/0.8 ML SYR	5	QL, SRX	FUROSEMIDE 10 MG/ML SOLUTION	1	
FONDAPARINUX 2.5 MG/0.5 ML SYR	5	QL, SRX	FUROSEMIDE 20 MG TABLET	1	
FONDAPARINUX 5 MG/0.4 ML SYR	5	QL, SRX	FUROSEMIDE 40 MG TABLET	1	
FONDAPARINUX 7.5 MG/0.6 ML SYR	5	QL, SRX	FUROSEMIDE 40 MG/5 ML SOLN	1	
FORA HIGH CONTROL SOLUTION	3		FUROSEMIDE 80 MG TABLET	1	
FORA KETONE CONTROL SOLN-L1	3		FUZEON 90 MG VIAL	5	LDD, SRX
FORA LOW CONTROL SOLUTION	3		FYAVOLV 0.5 MG-2.5 MCG TABLET	2	
FORA NORMAL CONTROL SOLUTION	3		FYAVOLV 1 MG-5 MCG TABLET	2	
FORACARE GDH HIGH CONTROL SOLN	3		FYCOMPA 10 MG TABLET	4	PA, QL
FORACARE GDH LOW CONTROL SOLN	3		FYCOMPA 12 MG TABLET	4	PA, QL
FORACARE GDH NORM CONTROL SOLN	3		FYCOMPA 2 MG TABLET	4	PA, QL
FORMOTEROL 20 MCG/2 ML NEB VL	4	QL	FYCOMPA 4 MG TABLET	4	PA, QL
FORTISCARE CONTROL SOLN HIGH	3		FYCOMPA 6 MG TABLET	4	PA, QL
FORTISCARE CONTROL SOLN LOW	3		FYCOMPA 8 MG TABLET	4	PA, QL
FORTISCARE CONTROL SOLN NORMAL	3		GABAPENTIN 100 MG CAPSULE	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GABAPENTIN 250 MG/5 ML SOLN	2	
GABAPENTIN 300 MG CAPSULE	2	
GABAPENTIN 300 MG/6 ML SOLN	2	
GABAPENTIN 400 MG CAPSULE	2	
GABAPENTIN 600 MG TABLET	2	
GABAPENTIN 800 MG TABLET	2	
GALANTAMINE ER 16 MG CAPSULE	2	QL
GALANTAMINE ER 24 MG CAPSULE	2	QL
GALANTAMINE ER 8 MG CAPSULE	2	QL
GALANTAMINE HBR 12 MG TABLET	2	
GALANTAMINE HBR 4 MG TABLET	2	
GALANTAMINE HBR 8 MG TABLET	2	
GALANTAMINE 4 MG/ML ORAL SOLN	2	
GALZIN 25 MG CAPSULE	4	
GALZIN 50 MG CAPSULE	4	
GARDASIL 9 SYRINGE	3	
GARDASIL 9 VIAL	3	
GATIFLOXACIN 0.5% EYE DROPS	2	
GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX
GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX
GATTEX 5 MG VIAL	5	PA, LDD, SRX
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
GE100 CONTROL SOLUTION NORMAL	3	
GEFITINIB 250 MG TABLET	5	PA, QL, SRX
GEMFIBROZIL 600 MG TABLET	2	
GEMMILY 1 MG-20 MCG CAPSULE	1	
GENERLAC 10 GM/15 ML SOLUTION	2	
GENGRAF 100 MG CAPSULE	2	
GENGRAF 100 MG/ML SOLUTION	2	
GENGRAF 25 MG CAPSULE	2	
GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX
GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX
GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX
GENOTROPIN MINIQUICK 0.4 MG	5	PA, SRX
GENOTROPIN MINIQUICK 0.6 MG	5	PA, SRX
GENOTROPIN MINIQUICK 0.8 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1.2 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1.4 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1.6 MG	5	PA, SRX
GENOTROPIN MINIQUICK 1.8 MG	5	PA, SRX
GENOTROPIN MINIQUICK 2 MG	5	PA, SRX
GENTAK 0.3 % EYE OINTMENT	2	
GENTAMICIN 0.1% CREAM	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GENTAMICIN 0.1% OINTMENT	2	
GENTAMICIN 0.3% EYE DROP	2	
GENVOYA TABLET	3	QL
GIANVI 3 MG-0.02 MG TABLET	1	
GILOTRIF 20 MG TABLET	5	PA, QL, LDD, SRX
GILOTRIF 30 MG TABLET	5	PA, QL, LDD, SRX
GILOTRIF 40 MG TABLET	5	PA, QL, LDD, SRX
GLATIRAMER 20 MG/ML SYRINGE	5	PA, SRX
GLATIRAMER 40 MG/ML SYRINGE	5	PA, SRX
GLATOPA 20 MG/ML SYRINGE	5	PA, SRX
GLATOPA 40 MG/ML SYRINGE	5	PA, SRX
GLEOSTINE 10 MG CAPSULE	4	PA
GLEOSTINE 100 MG CAPSULE	4	PA
GLEOSTINE 40 MG CAPSULE	4	PA
GLIMEPIRIDE 1 MG TABLET	1	
GLIMEPIRIDE 2 MG TABLET	1	
GLIMEPIRIDE 4 MG TABLET	1	
GLIPIZIDE 10 MG TABLET	1	
GLIPIZIDE 5 MG TABLET	1	
GLIPIZIDE ER 10 MG TABLET	1	
GLIPIZIDE ER 2.5 MG TABLET	1	
GLIPIZIDE ER 5 MG TABLET	1	
GLIPIZIDE XL 10 MG TABLET	1	
GLIPIZIDE XL 2.5 MG TABLET	1	
GLIPIZIDE XL 5 MG TABLET	1	
GLIPIZIDE-METFORMIN 2.5-250 MG	2	
GLIPIZIDE-METFORMIN 2.5-500 MG	2	
GLIPIZIDE-METFORMIN 5-500 MG	2	
GLUCAGON 1 MG EMERGENCY KIT	3	QL
GLUCOCARD 01 CONTROL SOLUTION	3	
GLUCOCARD EXPRESSION	3	
GLUCOCARD SHINE	3	
GLUCOCOM AUTOLINK	3	
GLUCOCOM CONTROL SOLUTION	3	
GLUCOSE CONTROL SOLN NORMAL	3	
GLUCOSE CONTROL SOLUTION	3	
GLYBURIDE 1.25 MG TABLET	1	
GLYBURIDE 2.5 MG TABLET	1	
GLYBURIDE 5 MG TABLET	1	
GLYBURIDE MICRO 1.5 MG TAB	1	
GLYBURIDE MICRO 3 MG TABLET	1	
GLYBURIDE MICRO 6 MG TABLET	1	
GLYBURIDE-METFORMIN 2.5-500 MG	2	
GLYBURIDE-METFORMIN 5-500 MG	2	
GLYBURID-METFORMIN 1.25-250 MG	2	
GLYCINE 1.5% IRRIGATION	2	
GLYCOPYRROLATE 1 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GLYCOPYRROLATE 2 MG TABLET	2	
GLYDO 2% JELLY SYRINGE	2	
GNP ALCOHOL SWAB	3	
GNP CLICKFINE 31G X 1/4" NDL	3	
GNP CLICKFINE 31G X 5/16" NDL	3	
GNP EASY TOUCH HIGH-LOW SOLN	3	
GNP INS SYR 0.3 ML 29GX1/2"	3	
GNP INS SYRINGE 1 ML 28G 1/2"	3	
GNP INSUL SYR 0.3 ML 31GX5/16"	3	
GNP INSUL SYR 0.5 ML 31GX5/16"	3	
GNP INSULIN SYR 1 ML 31GX5/16"	3	
GNP ULT C 0.3ML 29GX1/2" (1/2)	3	
GNP ULT CMFRT 0.5 ML 29GX1/2"	3	
GNP ULTICARE PEN NDL 31G 5MM	3	
GNP ULTICARE PEN NDL 31G 8MM	3	
GNP ULTICARE PEN NDL 32G 4MM	3	
GNP ULTICARE PEN NDL 32G 6MM	3	
GNP ULTIGUARD SAFEPACK 31G 5MM	3	
GNP ULTIGUARD SAFEPACK 31G 8MM	3	
GNP ULTIGUARD SAFEPACK 32G 4MM	3	
GNP ULTIGUARD SAFEPACK 32G 6MM	3	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	3	
GNP ULTR CMFRT 0.5 ML 30GX5/16	3	
GNP ULTR COMFORT 1 ML 29GX1/2"	3	
GNP ULTRA COMFORT 0.5 ML SYR	3	
GNP ULTRA COMFORT 1 ML SYRINGE	3	
GNP ULTRA COMFORT 3/10 ML SYR	3	
GNP ULTRA COMFRT 1 ML 28GX1/2"	3	
GOJJI GLUCOSE CONTROL SOLUTION	3	
GOJJI KETONE CONTROL SOLUTION	3	
GRANISETRON HCL 0.1 MG/ML VIAL	4	
GRANISETRON HCL 1 MG TABLET	4	
GRANISETRON HCL 1 MG/ML VIAL	4	
GRANISETRON HCL 4 MG/4 ML VIAL	4	
GRISEOFULVIN 125 MG/5 ML SUSP	2	
GRISEOFULVIN MICRO 500 MG TAB	2	
GRISEOFULVIN ULTRA 125 MG TAB	2	
GRISEOFULVIN ULTRA 250 MG TAB	2	
GS PEN NEEDLE 31G X 5/16"	3	
GS PEN NEEDLE 31G X 5MM	3	
GS PEN NEEDLE 31G X 6MM	3	
GS PEN NEEDLE 31G X 8MM	3	
GS PEN NEEDLE 32G X 4MM	3	
GS PEN NEEDLE 32G X 6MM	3	
GUANFACINE 1 MG TABLET	2	
GUANFACINE 2 MG TABLET	2	
GUANFACINE HCL ER 1 MG TABLET	2	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GUANFACINE HCL ER 2 MG TABLET	2	QL
GUANFACINE HCL ER 3 MG TABLET	2	QL
GUANFACINE HCL ER 4 MG TABLET	2	QL
GUARDIAN RT CHARGER	3	
GUARDIAN RT REPLACE TEST PLUG	3	
GUARDIAN RT STARTER KIT	3	
GUARDIAN RT SYSTEM	3	
GUARDIAN TEST PLUG	3	
GUARDIAN TRANSMITTER TAPE	3	
GYNAZOLE 1	2	
HAILEY 21 1.5 MG-30 MCG TAB	1	
HAILEY 24 FE 1 MG-20 MCG TAB	1	
HAILEY FE 1.5-30 TABLET	1	
HAILEY FE 1-20 TABLET	1	
HALCINONIDE 0.1% CREAM	4	
HALOBETASOL PROP 0.05% CREAM	2	
HALOBETASOL PROP 0.05% OINTMNT	2	
HALOETTE VAGINAL RING	2	
HALOPERIDOL 0.5 MG TABLET	2	
HALOPERIDOL 1 MG TABLET	2	
HALOPERIDOL 10 MG TABLET	2	
HALOPERIDOL 2 MG TABLET	2	
HALOPERIDOL 20 MG TABLET	2	
HALOPERIDOL 5 MG TABLET	2	
HALOPERIDOL LAC 10 MG/5 ML CUP	2	
HALOPERIDOL LAC 2 MG/ML CONC	2	
HARVONI 33.75-150 MG PELLETT PK	5	PA, QL, SRX
HARVONI 45-200 MG PELLETT PACKT	5	PA, QL, SRX
HARVONI 45-200 MG TABLET	5	PA, QL, SRX
HARVONI 90-400 MG TABLET	5	PA, QL, SRX
HAVRIX 1,440 UNIT/ML SYRINGE	3	
HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
HEALTHPRO GLUCOSE CONTROL SOLN	3	
HEALTHWISE INS 0.3ML 30GX5/16"	3	
HEALTHWISE INS 0.3ML 31GX5/16"	3	
HEALTHWISE INS 0.5ML 30GX5/16"	3	
HEALTHWISE INS 0.5ML 31GX5/16"	3	
HEALTHWISE INS 1 ML 30GX5/16"	3	
HEALTHWISE INS 1 ML 31GX5/16"	3	
HEALTHWISE PEN NEEDLE 31G 5MM	3	
HEALTHWISE PEN NEEDLE 31G 8MM	3	
HEALTHWISE PEN NEEDLE 32G 4MM	3	
HEALTHY ACCENTS PENTIP 4MM 32G	3	
HEALTHY ACCENTS PENTIP 5MM 31G	3	
HEALTHY ACCENTS PENTIP 6MM 31G	3	
HEALTHY ACCENTS PENTIP 8MM 31G	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HEALTHY ACCENTS PENTP 12MM 29G	3		HUMULIN 70-30 VIAL	3	QL
HEATHER 0.35 MG TABLET	1		HUMULIN N 100 UNIT/ML KWIKPEN	3	QL
HEB UNIFINE PNTF PLUS 31GX3/16	3		HUMULIN N 100 UNIT/ML VIAL	3	QL
HEMA-COMBISTIX	3		HUMULIN R 100 UNIT/ML VIAL	3	QL
HEMMOREX-HC 25 MG SUPPOSITORY	2		HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HEMMOREX-HC 30 MG SUPPOSITORY	2		HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HEPARIN SOD 5,000 UNIT/0.5 ML	2		HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX
HEPARIN SOD 5,000 UNIT/ML SYRG	2		HYCAMTIN 1 MG CAPSULE	5	PA, SRX
HEPLISAV-B 20 MCG/0.5 ML SYRNG	3		HYDRALAZINE 10 MG TABLET	1	
HER STYLE 1.5 MG TABLET	1		HYDRALAZINE 100 MG TABLET	2	
HIBERIX VACCINE VIAL	3		HYDRALAZINE 25 MG TABLET	1	
HIBERIX VACCINE WITH DILUENT	3		HYDRALAZINE 50 MG TABLET	1	
HM ULTICARE PEN NEEDLE 4MM 32G	3		HYDROCHLOROTHIAZIDE 12.5 MG CP	1	
HM ULTICARE PEN NEEDLE 5MM 31G	3		HYDROCHLOROTHIAZIDE 12.5 MG TB	1	
HM ULTICARE PEN NEEDLE 6MM 31G	3		HYDROCHLOROTHIAZIDE 25 MG TAB	1	
HM ULTICARE PEN NEEDLE 8MM 31G	3		HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HOMATROPAIRE 5% EYE DROPS	2		HYDROCODONE ER 100 MG TABLET	2	PA
HOMATROPINE 5% EYE DROPS	2		HYDROCODONE ER 120 MG TABLET	2	PA
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL	HYDROCODONE ER 20 MG TABLET	2	PA
HUMALOG 100 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 30 MG TABLET	2	PA
HUMALOG 100 UNIT/ML VIAL	3	QL	HYDROCODONE ER 40 MG TABLET	2	PA
HUMALOG 200 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 60 MG TABLET	2	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 80 MG TABLET	2	PA
HUMALOG MIX 50-50 VIAL	3	QL	HYDROCODONE-ACETAMIN 10-300 MG	2	PA
HUMALOG MIX 50-50 KWIKPEN	3	QL	HYDROCODONE-ACETAMIN 10-325 MG	2	PA
HUMALOG MIX 75-25 VIAL	3	QL	HYDROCODONE-ACETAMIN 10-325/15	2	PA
HUMALOG MIX 75-25 KWIKPEN	3	QL	HYDROCODONE-ACETAMIN 2.5-108/5	2	PA
HUMALOG TEMPO PEN 100 UNIT/ML	3	QL	HYDROCODONE-ACETAMIN 5-217/10	2	PA
HUMATROPE 12 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMIN 5-300 MG	2	PA
HUMATROPE 24 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMIN 5-325 MG	2	PA
HUMATROPE 6 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMIN 7.5-300	2	PA
HUMIRA	5	PA, QL, SRX	HYDROCODONE-ACETAMIN 7.5-325	2	PA
HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX	HYDROCODONE-ACETAMN 7.5-325/15	2	PA
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, QL, SRX	HYDROCODONE-CHLORPHEN ER SUSP	2	
HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5-1.5	2	QL
HUMIRA(CF) 10 MG/0.1 ML SYRING	5	PA, QL, SRX	HYDROCODONE-HOMATROPINE SOLN	2	QL
HUMIRA(CF) 20 MG/0.2 ML SYRING	5	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10-200	2	PA
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG	2	PA
HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL, LDD, SRX	HYDROCODONE-IBUPROFEN 7.5-200	2	PA
HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL, LDD, SRX	HYDROCORTISON-ACETIC ACID SOLN	2	
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX	HYDROCORTISONE 1% CREAM	2	
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX	HYDROCORTISONE 1% OINTMENT	2	
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, QL, SRX	HYDROCORTISONE 10 MG TABLET	2	
HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, QL, LDD, SRX	HYDROCORTISONE 100 MG/60 ML	2	
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, QL, SRX	HYDROCORTISONE 2.5% CREAM	2	
HUMULIN 70/30 KWIKPEN	3	QL	HYDROCORTISONE 2.5% LOTION	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)
HYDROCORTISONE 2.5% OINTMENT	2		IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE 20 MG TABLET	2		IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE 5 MG TABLET	2		IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE AC 25 MG SUPP	2		IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE AC 30 MG SUPP	2		IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE BUTY 0.1% CREAM	2		IBU 400 MG TABLET	1	
HYDROCORTISONE BUTYR 0.1% OINT	2		IBU 600 MG TABLET	1	
HYDROCORTISONE BUTYR 0.1% SOLN	2		IBU 800 MG TABLET	1	
HYDROCORTISONE VAL 0.2% CREAM	2		IBUPROFEN 100 MG/5 ML SUSP	2	
HYDROCORTISONE VAL 0.2% OINTMT	2		IBUPROFEN 400 MG TABLET	1	
HYDROMET 5 MG-1.5 MG/5 ML SOLN	2	QL	IBUPROFEN 600 MG TABLET	1	
HYDROMORPHONE 1 MG/ML SOLUTION	2	PA	IBUPROFEN 800 MG TABLET	1	
HYDROMORPHONE 2 MG TABLET	2	PA	ICATIBANT 30 MG/3 ML SYRINGE	5	PA, LDD, SRX
HYDROMORPHONE 3 MG SUPPOS	2	PA	ICLEVIA 0.15 MG-0.03 MG TABLET	1	
HYDROMORPHONE 4 MG TABLET	2	PA	ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 5 MG/5 ML SOLN	2	PA	ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 8 MG TABLET	2	PA	ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 12 MG TAB	2	PA	ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 16 MG TAB	2	PA	ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA
HYDROMORPHONE HCL ER 32 MG TAB	2	PA	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA
HYDROMORPHONE HCL ER 8 MG TAB	2	PA	ICOSAPENT ETHYL 500 MG CAPSULE	4	PA
HYDROXYCHLOROQUINE 200 MG TAB	2		ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX
HYDROXYUREA 500 MG CAPSULE	2		IMATINIB MESYLATE 100 MG TAB	5	PA, QL, SRX
HYDROXYZINE 10 MG/5 ML SOLN	2		IMATINIB MESYLATE 400 MG TAB	5	PA, QL, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	2		IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 10 MG TABLET	2		IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 25 MG TABLET	2		IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 50 MG TABLET	2		IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 100 MG CAP	2		IMBRUVICA 560 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 25 MG CAP	2		IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 50 MG CAP	2		IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX
HYOPHEN TABLET	2		IMIPRAMINE HCL 10 MG TABLET	2	
HYOSCYAMINE 0.125 MG ODT	2		IMIPRAMINE HCL 25 MG TABLET	2	
HYOSCYAMINE 0.125 MG TAB SL	2		IMIPRAMINE HCL 50 MG TABLET	2	
HYOSCYAMINE 0.125 MG/5 ML ELIX	2		IMIPRAMINE PAMOATE 100 MG CAP	3	
HYOSCYAMINE 0.125 MG/ML DROP	2		IMIPRAMINE PAMOATE 125 MG CAP	3	
HYOSCYAMINE ER 0.375 MG TAB	2		IMIPRAMINE PAMOATE 150 MG CAP	3	
HYOSCYAMINE SULF 0.125 MG TAB	2		IMIPRAMINE PAMOATE 75 MG CAP	3	
HYOSCYAMINE SR 0.375 MG TAB	2		IMIQUIMOD 5% CREAM PACKET	2	
HYOSYNE 0.125 MG/ML DROP	2		INCASSIA 0.35 MG TABLET	1	
HYOSYNE 125 MCG/5 ML ELIXIR	2		IN-CHECK NASAL WITH MASK	3	
HYPO NEEDLE,POLYPROPYL HUB	3		IN-CHECK ORAL FLOW METER	3	
HYPODERMIC NEEDLE,ALUM HUB	3		INCONTROL PEN NEEDLE 12MM 29G	3	
HYRIMOZ	5	PA, QL, SRX	INCONTROL PEN NEEDLE 4MM 32G	3	
IBANDRONATE SODIUM 150 MG TAB	2		INCONTROL PEN NEEDLE 5MM 31G	3	
IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 6MM 31G	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)
INCONTROL PEN NEEDLE 8MM 31G	3		INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST
INCONTROL ULTICARE NDL 31G 6MM	3		INSULIN ASPART PRO MIX70-30 PN	4	QL, ST
INCONTROL ULTICARE NDL 31G 8MM	3		INSULIN ASPART PRO MIX70-30 VL	4	QL, ST
INCONTROL ULTICARE NDL 32G 4MM	3		INSULIN CARTRIDGE 3 ML	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX	INSULIN SYR 0.3 ML 30GX5/16"	3	
INCRUSE ELLIPTA 62.5 MCG INH	3		INSULIN SYR 0.3ML 31GX1/4(1/2)	3	
INDAPAMIDE 1.25 MG TABLET	1		INSULIN SYRIN 0.3 ML 29GX1/2"	3	
INDAPAMIDE 2.5 MG TABLET	1		INSULIN SYRIN 0.3 ML 30GX1/2"	3	
INDOMETHACIN 25 MG CAPSULE	2		INSULIN SYRIN 0.3 ML 30GX5/16"	3	
INDOMETHACIN 50 MG CAPSULE	2		INSULIN SYRIN 0.3 ML 31GX5/16"	3	
INDOMETHACIN ER 75 MG CAPSULE	2		INSULIN SYRIN 0.5 ML 28G 1/2"	3	
INFANRIX DTAP SYRINGE	3		INSULIN SYRIN 0.5 ML 28GX1/2"	3	
INFANRIX DTAP VIAL	3		INSULIN SYRIN 0.5 ML 29GX1/2"	3	
INFINITY CONTROL SOLN HIGH	3		INSULIN SYRIN 0.5 ML 30G 1/2"	3	
INFINITY CONTROL SOLN LOW	3		INSULIN SYRIN 0.5 ML 30G 5/16"	3	
INFINITY CONTROL SOLN NORMAL	3		INSULIN SYRIN 0.5 ML 30GX1/2"	3	
INFINITY VOICE CTRL SOLN-LVL 2	3		INSULIN SYRIN 0.5 ML 30GX5/16"	3	
INFUSION SET 23"	3		INSULIN SYRIN 0.5 ML 31G 5/16"	3	
INFUSION SET 23" 6MM	3		INSULIN SYRIN 0.5 ML 31GX5/16"	3	
INFUSION SET 23" 9MM	3		INSULIN SYRIN 1 ML 29GX1/2"	3	
INFUSION SET 43"	3		INSULIN SYRING 0.5 ML 27G 1/2"	3	
INFUSION SET 43" 6MM	3		INSULIN SYRING 0.5 ML 27G 13MM	3	
INFUSION SET 43" 9MM	3		INSULIN SYRING 0.5 ML 27GX1/2"	3	
INJECT-EASE SYR NDL INTRODUCER	3		INSULIN SYRING 0.5 ML 28G 1/2"	3	
INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29G 1/2"	3	
INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29GX1/2"	3	
INPEN (FOR HUMALOG) BLUE	3		INSULIN SYRINGE 0.3 ML	3	
INPEN (FOR HUMALOG) GREY	3		INSULIN SYRINGE 0.3 ML 31GX1/4	3	
INPEN (FOR HUMALOG) PINK	3		INSULIN SYRINGE 0.5 ML	3	
INPEN (NOVOLOG OR FIASP) BLUE	3		INSULIN SYRINGE 0.5 ML 31GX1/4	3	
INPEN (NOVOLOG OR FIASP) GREY	3		INSULIN SYRINGE 1 ML	3	
INPEN (NOVOLOG OR FIASP) PINK	3		INSULIN SYRINGE 1 ML 27G 1/2"	3	
INSET 30 INFUSION SET 23"	3		INSULIN SYRINGE 1 ML 27G 13MM	3	
INSET INFUSION SET 23" 6MM	3		INSULIN SYRINGE 1 ML 27GX1/2"	3	
INSET INFUSION SET 23" 9MM	3		INSULIN SYRINGE 1 ML 28G 1/2"	3	
INSPIRACHAMBER	3	QL	INSULIN SYRINGE 1 ML 28G 13MM	3	
INSPIRACHAMBER WITH MASK-LARGE	3	QL	INSULIN SYRINGE 1 ML 28GX1/2"	3	
INSPIRACHAMBER WITH MASK-MED	3	QL	INSULIN SYRINGE 1 ML 29G 1/2"	3	
INSPIRACHAMBER WITH MASK-SMALL	3	QL	INSULIN SYRINGE 1 ML 29GX1/2"	3	
INSUL-CAP INSULIN HOLDER	3		INSULIN SYRINGE 1 ML 30G 1/2"	3	
INSUL-EZE SYRINGE MAGNIFIER	3		INSULIN SYRINGE 1 ML 30G 5/16"	3	
INSULIN 1 ML SYRINGE	3		INSULIN SYRINGE 1 ML 30GX1/2"	3	
INSULIN 1/2 ML SYRINGE	3		INSULIN SYRINGE 1 ML 30GX5/16"	3	
INSULIN 3/10 ML SYRINGE	3		INSULIN SYRINGE 1 ML 31G 5/16"	3	
INSULIN ASPART 100 UNIT/ML VL	4	QL, ST	INSULIN SYRINGE 1 ML 31GX1/4"	3	
INSULIN ASPART 100 UNIT/ML CRT	4	QL, ST	INSULIN SYRINGE 1 ML 31GX5/16"	3	
			INSUPEN 30G ULTRAFIN NEEDLE	3	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INSUPEN 31G ULTRAFIN NEEDLE	3		ISOSORBIDE MONONIT ER 60 MG TB	1	
INSUPEN 32G 6MM PEN NEEDLE	3		ISOTRETINOIN 10 MG CAPSULE	4	
INSUPEN 32G 8MM PEN NEEDLE	3		ISOTRETINOIN 20 MG CAPSULE	4	
INSUPEN PEN NEEDLE 29GX1/2"	3		ISOTRETINOIN 30 MG CAPSULE	4	
INSUPEN PEN NEEDLE 29GX12MM	3		ISOTRETINOIN 40 MG CAPSULE	4	
INSUPEN PEN NEEDLE 30GX8MM	3		ISOXSUPRINE 10 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 5MM	3		ISOXSUPRINE 20 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 8MM	3		ISRADIPINE 2.5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 31GX3/16"	3		ISRADIPINE 5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 31GX5/16"	3		ITRACONAZOLE 10 MG/ML SOLUTION	3	
INSUPEN PEN NEEDLE 31GX6MM	3		ITRACONAZOLE 100 MG CAPSULE	3	QL
INSUPEN PEN NEEDLE 31GX8MM	3		ITRACONAZOLE 100 MG/10 ML CUP	3	
INSUPEN PEN NEEDLE 32G 4MM	3		IV PREP ANTISEPTIC WIPES	3	
INSUPEN PEN NEEDLE 32GX4MM	3		IVERMECTIN 0.5% LOTION	4	
INSUPEN PEN NEEDLE 32GX5/32"	3		IVERMECTIN 3 MG TABLET	2	PA
INSUPEN PEN NEEDLE 32GX6MM	3		JAIMIESS 0.15-0.03-0.01 MG TAB	1	
INSUPEN PEN NEEDLE 32GX8MM	3		JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX
INSUPEN PEN NEEDLE 33GX4MM	3		JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX
INTELENCE 25 MG TABLET	3		JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX
INTROVALE 0.15-0.03 MG TABLET	1		JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX
IPOL VIAL	3		JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	2		JANSSSEN COVID-19 VACCINE (EUA)	3	
IPRATROPIUM 0.03% SPRAY	2		JANTOVEN 1 MG TABLET	1	
IPRATROPIUM 0.06% SPRAY	2		JANTOVEN 10 MG TABLET	1	
IPRATROPIUM BR 0.02% SOLN	2		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 4 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1		JANTOVEN 5 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1		JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	3		JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 100 MG TABLET CHEW	3		JASMIEL 3 MG-0.02 MG TABLET	1	
ISENTRESS 25 MG TABLET CHEW	3		JENCYCLA 0.35 MG TABLET	1	
ISENTRESS 400 MG TABLET	3		JINTELI 1 MG-5 MCG TABLET	2	
ISENTRESS HD 600 MG TABLET	3		JOLESSA 0.15 MG-0.03 MG TABLET	1	
ISIBLOOM 28 DAY TABLET	1		JULEBER 28 DAY TABLET	1	
ISONIAZID 100 MG TABLET	1		JULUCA 50-25 MG TABLET	3	QL
ISONIAZID 300 MG TABLET	1		JUNEL 1 MG-20 MCG TABLET	1	
ISONIAZID 50 MG/5 ML SOLUTION	2		JUNEL 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 10 MG TAB	2		JUNEL FE 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 20 MG TAB	2		JUNEL FE 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 30 MG TAB	2		JUNEL FE 24 TABLET	1	
ISOSORBIDE DINITRATE 5 MG TAB	2		KAITLIB FE 0.8-0.025MG CHEW TB	1	
ISOSORBIDE MONONIT 10 MG TAB	1		KALLIGA 28 DAY TABLET	1	
ISOSORBIDE MONONIT 20 MG TAB	1		KARIVA 28 DAY TABLET	1	
ISOSORBIDE MONONIT ER 120 MG	2		KELNOR 1-35 28 TABLET	1	
ISOSORBIDE MONONIT ER 30 MG TB	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)
KELNOR 1-50 TABLET	1		KROGER INS SYR 1 ML 29GX1/2"	3	
KETOCONAZOLE 2% CREAM	2		KROGER INS SYR 1 ML 31GX5/16"	3	
KETOCONAZOLE 2% SHAMPOO	2		KROGER PEN NEEDLES 31G X 5/16"	3	
KETOCONAZOLE 200 MG TABLET	2		KROGER SYR 0.5 ML 30GX5/16"	3	
KETO-DIASTIX REAGENT STRIPS	3		KROGER SYRING 0.3 ML 31GX5/16"	3	
CVS KETONE CARE TEST STRIP	3		KURVELO-28 TABLET	1	
KETONE TEST STRIP	3		KYNMOBI 10 MG SL FILM	5	PA, QL, SRX
KETOPROFEN 50 MG CAPSULE	2		KYNMOBI 15 MG SL FILM	5	PA, QL, SRX
KETOPROFEN 75 MG CAPSULE	2		KYNMOBI 20 MG SL FILM	5	PA, QL, SRX
KETOPROFEN ER 200 MG CAPSULE	2		KYNMOBI 25 MG SL FILM	5	PA, QL, SRX
KETOROLAC 0.4% OPHTH SOLUTION	2		KYNMOBI 30 MG SL FILM	5	PA, QL, SRX
KETOROLAC 0.5% OPHTH SOLUTION	2		LABETALOL HCL 100 MG TABLET	2	
KETOROLAC 10 MG TABLET	2	QL	LABETALOL HCL 200 MG TABLET	2	
KETOSTIX REAGENT STRIP	3		LABETALOL HCL 300 MG TABLET	2	
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX	LABSTIX REAGENT STRIPS	3	
KINRAY INS SYR 1 ML 31GX5/16"	3		LACOSAMIDE 10 MG/ML SOLUTION	3	QL
KINRAY SYRING 0.3 ML 31GX5/16"	3		LACOSAMIDE 100 MG TABLET	3	QL
KINRAY SYRING 0.5 ML 31GX5/16"	3		LACOSAMIDE 150 MG TABLET	3	QL
KINRIX TIP-LOK SYRINGE	3		LACOSAMIDE 200 MG TABLET	3	QL
KINRIX VIAL	3		LACOSAMIDE 50 MG TABLET	3	QL
KIONEX 15 GM/60 ML SUSPENSION	2		LACRISERT 5 MG EYE INSERT	4	
KISQALI 200 MG DAILY DOSE	5	PA, QL, SRX	LACTATED RINGERS IRRIGATION	2	
KISQALI 400 MG DAILY DOSE	5	PA, QL, SRX	LACTULOSE 10 GM/15 ML SOLUTION	2	
KISQALI 600 MG DAILY DOSE	5	PA, QL, SRX	LACTULOSE 20 GM/30 ML SOLUTION	2	
KLOR-CON 10 MEQ TABLET	2		LAMIVUDINE 10 MG/ML ORAL SOLN	2	
KLOR-CON 20 MEQ PACKET	2		LAMIVUDINE 150 MG TABLET	2	
KLOR-CON 8 MEQ TABLET	2		LAMIVUDINE 300 MG TABLET	2	
KLOR-CON M10 TABLET	2		LAMIVUDINE HBV 100 MG TABLET	2	
KLOR-CON M15 TABLET	4		LAMIVUDINE-ZIDOVUDINE TABLET	2	
KLOR-CON M20 TABLET	2		LAMOTRIGINE TAB START KIT-BLUE	2	
KMART VALU PLUS SYR 1/2 ML	3		LAMOTRIGINE TAB START KT-GREEN	2	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL	LAMOTRIGINE TAB START KT-ORANG	2	
KOMBIGLYZE XR 5-1,000 MG TAB	3	QL	LAMOTRIGINE 100 MG TABLET	2	
KOMBIGLYZE XR 5-500 MG TABLET	3	QL	LAMOTRIGINE 150 MG TABLET	2	
K-PHOS #2 TABLET	4		LAMOTRIGINE 200 MG TABLET	2	
K-PHOS ORIGINAL TABLET	4		LAMOTRIGINE 25 MG DISPER TAB	2	
KRO INS SYR 0.3 ML 29GX1/2"	3		LAMOTRIGINE 25 MG TABLET	2	
KRO INS SYRIN 0.5 ML 31GX5/16"	3		LAMOTRIGINE 5 MG DISPER TABLET	2	
KRO INSULIN SYR 1 ML 30GX5/16"	3		LAMOTRIGINE ER 100 MG TABLET	2	
KRO PEN NEEDLE 4MM X 32G	3		LAMOTRIGINE ER 200 MG TABLET	2	
KRO PEN NEEDLE 4MM X 33G	3		LAMOTRIGINE ER 25 MG TABLET	2	
KRO PEN NEEDLE 5MM X 31G	3		LAMOTRIGINE ER 250 MG TABLET	2	
KRO PEN NEEDLE 6MM X 31G	3		LAMOTRIGINE ER 300 MG TABLET	2	
KRO PEN NEEDLE 8MM X 31G	3		LAMOTRIGINE ER 50 MG TABLET	2	
KROGER INS SYR 0.3 ML 30GX5/16"	3		LAMOTRIGINE ODT KIT (BLUE)	2	
KROGER INS SYR 0.5 ML 29GX1/2"	3		LAMOTRIGINE ODT KIT (GREEN)	2	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LAMOTRIGINE ODT KIT (ORANGE)	2		LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 100 MG TABLET	2		LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 200 MG TABLET	2		LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 25 MG TABLET	2		LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 50 MG TABLET	2		LESSINA-28 TABLET	1	
LANSOPRAZOL-AMOXICIL-CLARITHRO	2		LETROZOLE 2.5 MG TABLET	2	
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL	LEUCOVORIN CALCIUM 10 MG TAB	2	
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL	LEUCOVORIN CALCIUM 15 MG TAB	2	
LANTHANUM CARB 1,000 MG TB CHW	4		LEUCOVORIN CALCIUM 25 MG TAB	2	
LANTHANUM CARB 500 MG TAB CHEW	4		LEUCOVORIN CALCIUM 5 MG TAB	2	
LANTHANUM CARB 750 MG TAB CHEW	4		LEUKERAN 2 MG TABLET	4	
LAPATINIB 250 MG TABLET	5	PA, QL, SRX	LEUKINE 250 MCG VIAL	5	SRX
LARIN 1.5 MG-30 MCG TABLET	1		LEUPROLIDE 2WK 14 MG/2.8 ML KT	5	PA, SRX
LARIN 21 1-20 TABLET	1		LEVALBUTEROL 0.31 MG/3 ML SOL	2	
LARIN 24 FE 1 MG-20 MCG TABLET	1		LEVALBUTEROL 0.63 MG/3 ML SOL	2	
LARIN FE 1.5-30 TABLET	1		LEVALBUTEROL 1.25 MG/3 ML SOL	2	
LARIN FE 1-20 TABLET	1		LEVALBUTEROL CONC 1.25 MG/0.5	2	
LARISSIA-28 TABLET	1		LEVALBUTEROL TAR HFA 45MCG INH	2	QL
LATANOPROST 0.005% EYE DROPS	2		LEVEMIR 100 UNIT/ML VIAL	4	QL, ST
LAYOLIS FE CHEWABLE TABLET	4		LEVEMIR FLEXPEN 100 UNIT/ML	4	QL, ST
LEADER INS SYR 0.3 ML 29GX1/2"	3		LEVEMIR FLEXTOUCH 100 UNIT/ML	4	QL, ST
LEADER INS SYR 0.5 ML 28GX1/2"	3		LEVETIRACETAM 1,000 MG TABLET	2	
LEADER INS SYR 0.5 ML 29GX1/2"	3		LEVETIRACETAM 1,000 MG/10 ML	2	
LEADER INS SYR 0.5 ML 30GX1/2"	3		LEVETIRACETAM 100 MG/ML SOLN	2	
LEADER INS SYR 1 ML 28GX1/2"	3		LEVETIRACETAM 250 MG TABLET	2	
LEADER INS SYR 1 ML 29GX1/2"	3		LEVETIRACETAM 500 MG TABLET	2	
LEADER INS SYR 1 ML 30GX5/16"	3		LEVETIRACETAM 500 MG/5 ML CUP	2	
LEADER INS SYR 1 ML 31GX5/16"	3		LEVETIRACETAM 500 MG/5 ML SOLN	2	
LEADER INSULIN SYRINGE 0.3 ML	3		LEVETIRACETAM 750 MG TABLET	2	
LEADER PEN NEEDLES 12MM 29G	3		LEVETIRACETAM ER 500 MG TABLET	2	
LEADER SYRING 0.3 ML 31GX5/16"	3		LEVETIRACETAM ER 750 MG TABLET	2	
LEADER SYRING 0.5 ML 31GX5/16"	3		LEVOBUNOLOL 0.5% EYE DROPS	2	
LEDIPASVIR-SOFOSBUVIR 90-400MG	5	PA, QL, SRX	LEVOCARNITINE 1 G/10 ML SOLN	2	
LEENA 28 TABLET	1		LEVOCARNITINE 330 MG TABLET	2	
LEFLUNOMIDE 10 MG TABLET	2		LEVOCARNITINE SF 1 G/10 ML SOL	2	
LEFLUNOMIDE 20 MG TABLET	2		LEVOCETIRIZINE 2.5 MG/5 ML SOL	2	
LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOCETIRIZINE 5 MG TABLET	2	
LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 0.5% EYE DROPS	2	
LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 1.5% EYE DROPS	2	
LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 25 MG/ML SOLUTION	2	
LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 250 MG TABLET	2	
LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 500 MG TABLET	2	
LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 750 MG TABLET	2	
LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONEST-28 TABLET	1	
LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONO-E ESTRAD 0.15-0.03-0.01	1	
LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-E ESTRAD 0.1-0.02-0.01	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	5	PA, SRX
LEVORPHANOL 3 MG TABLET	5	PA, SRX
LEVO-T 100 MCG TABLET	1	
LEVO-T 112 MCG TABLET	1	
LEVO-T 125 MCG TABLET	1	
LEVO-T 137 MCG TABLET	1	
LEVO-T 150 MCG TABLET	1	
LEVO-T 175 MCG TABLET	1	
LEVO-T 200 MCG TABLET	1	
LEVO-T 25 MCG TABLET	1	
LEVO-T 300 MCG TABLET	1	
LEVO-T 50 MCG TABLET	1	
LEVO-T 75 MCG TABLET	1	
LEVO-T 88 MCG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1	
LEVOTHYROXINE 150 MCG TABLET	1	
LEVOTHYROXINE 175 MCG TABLET	1	
LEVOTHYROXINE 200 MCG TABLET	1	
LEVOTHYROXINE 25 MCG TABLET	1	
LEVOTHYROXINE 300 MCG TABLET	1	
LEVOTHYROXINE 50 MCG TABLET	1	
LEVOTHYROXINE 75 MCG TABLET	1	
LEVOTHYROXINE 88 MCG TABLET	1	
LEVOXYL 100 MCG TABLET	1	
LEVOXYL 112 MCG TABLET	1	
LEVOXYL 125 MCG TABLET	1	
LEVOXYL 137 MCG TABLET	1	
LEVOXYL 150 MCG TABLET	1	
LEVOXYL 175 MCG TABLET	1	
LEVOXYL 200 MCG TABLET	1	
LEVOXYL 25 MCG TABLET	1	
LEVOXYL 50 MCG TABLET	1	
LEVOXYL 75 MCG TABLET	1	
LEVOXYL 88 MCG TABLET	1	
LEVULAN KERASTICK 20%	4	LDD
LEXIVA 50 MG/ML SUSPENSION	3	
LIDOCAINE 2% VISCOUS SOLN	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LIDOCAINE 5% OINTMENT	2	QL
LIDOCAINE 5% PATCH	2	
LIDOCAINE HCL 2% JEL UROJET AC	2	
LIDOCAINE HCL 2% JELLY	2	
LIDOCAINE HCL 2% JELLY URO-JET	2	
LIDOCAINE HCL 4% SOLUTION	2	
LIDOCAINE-PRILOCAINE CREAM	2	
LIFESHIELD BLUNT CANNULA	3	
LILLOW-28 TABLET	1	
LINDANE 1% SHAMPOO	2	
LINEZOLID 100 MG/5 ML SUSP	4	PA
LINEZOLID 600 MG TABLET	2	PA
LINZESS 145 MCG CAPSULE	4	QL
LINZESS 290 MCG CAPSULE	4	QL
LINZESS 72 MCG CAPSULE	4	QL
LIOthyRONINE SOD 25 MCG TAB	2	
LIOthyRONINE SOD 5 MCG TAB	2	
LIOthyRONINE SOD 50 MCG TAB	2	
LISINOPRIL 10 MG TABLET	1	
LISINOPRIL 2.5 MG TABLET	1	
LISINOPRIL 20 MG TABLET	1	
LISINOPRIL 30 MG TABLET	1	
LISINOPRIL 40 MG TABLET	1	
LISINOPRIL 5 MG TABLET	1	
LISINOPRIL-HCTZ 10-12.5 MG TAB	1	
LISINOPRIL-HCTZ 20-12.5 MG TAB	1	
LISINOPRIL-HCTZ 20-25 MG TAB	1	
LITE TOUCH 31GX1/4" PEN NEEDLE	3	
LITE TOUCH INSULIN 0.5 ML SYR	3	
LITE TOUCH INSULIN 1 ML SYR	3	
LITE TOUCH INSULIN SYR 0.3 ML	3	
LITE TOUCH INSULIN SYR 0.5 ML	3	
LITE TOUCH INSULIN SYR 1 ML	3	
LITE TOUCH PEN NEEDLE 29G	3	
LITE TOUCH PEN NEEDLE 31G	3	
LITEAIRE MDI CHAMBER	3	QL
LITETOUCH INS 0.3 ML 29GX1/2"	3	
LITETOUCH INS 0.3 ML 30GX5/16"	3	
LITETOUCH INS 0.3 ML 31GX5/16"	3	
LITETOUCH INS 0.5 ML 31GX5/16"	3	
LITETOUCH LARGE MASK	3	QL
LITETOUCH MEDIUM MASK	3	QL
LITETOUCH SMALL MASK	3	QL
LITETOUCH SYR 0.5 ML 28GX1/2"	3	
LITETOUCH SYR 0.5 ML 29GX1/2"	3	
LITETOUCH SYR 0.5 ML 30GX5/16"	3	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LITETOUCH SYRIN 1 ML 28GX1/2"	3		LUBIPROSTONE 24 MCG CAPSULE	4	
LITETOUCH SYRIN 1 ML 29GX1/2"	3		LUBIPROSTONE 8 MCG CAPSULE	4	
LITETOUCH SYRIN 1 ML 30GX5/16"	3		LURASIDONE HCL 120 MG TABLET	4	QL
LITHIUM CARBONATE 150 MG CAP	1		LURASIDONE HCL 20 MG TABLET	4	QL
LITHIUM CARBONATE 300 MG CAP	1		LURASIDONE HCL 40 MG TABLET	4	QL
LITHIUM CARBONATE 300 MG TAB	1		LURASIDONE HCL 60 MG TABLET	4	QL
LITHIUM CARBONATE 600 MG CAP	1		LURASIDONE HCL 80 MG TABLET	4	QL
LITHIUM CARBONATE ER 300 MG TB	2		LUTERA-28 TABLET	1	
LITHIUM CARBONATE ER 450 MG TB	2		LYLEQ 0.35 MG TABLET	1	
LITHOSTAT 250 MG TABLET	4		LYLLANA 0.025 MG PATCH	2	QL
LIVE BETTER PEN NEEDLES 8MM	3		LYLLANA 0.0375 MG PATCH	2	QL
LO LOESTRIN FE 1-10 TABLET	3		LYLLANA 0.05 MG PATCH	2	QL
LOJAIMIESS 0.1-0.02-0.01 TAB	1		LYLLANA 0.075 MG PATCH	2	QL
LOKELMA 10 GRAM POWDER PACKET	4		LYLLANA 0.1 MG PATCH	2	QL
LOKELMA 5 GRAM POWDER PACKET	4		LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LOPERAMIDE 2 MG CAPSULE	2		LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LOPINA VIR-RITONAVIR 80-20MG/ML	2		LYSODREN 500 MG TABLET	4	LDD
LOPINA VIR-RITONAVR 100-25MG TB	2		LYZA 0.35 MG TABLET	1	
LOPINA VIR-RITONAVR 200-50MG TB	2		MAGELLAN INSUL SYRINGE 0.3 ML	3	
LORAZEPAM 0.5 MG TABLET	2		MAGELLAN INSUL SYRINGE 0.5 ML	3	
LORAZEPAM 1 MG TABLET	2		MAGELLAN INSULIN SYR 0.3 ML	3	
LORAZEPAM 2 MG TABLET	2		MAGELLAN INSULIN SYR 0.5 ML	3	
LORAZEPAM 2 MG/ML ORAL CONCENT	2		MAGELLAN INSULIN SYRINGE 1 ML	3	
LORAZEPAM INTENSOL 2 MG/ML	2		MALATHION 0.5% LOTION	2	
LORCET 5-325 MG TABLET	2	PA	MAPROTI LINE 25 MG TABLET	2	
LORCET HD 10-325 MG TABLET	2	PA	MAPROTI LINE 75 MG TABLET	2	
LORCET PLUS 7.5-325 MG TABLET	2	PA	MARLISSA-28 TABLET	1	
LORTAB 10 MG-300 MG/15 ML ELXR	2	PA	MARPLAN 10 MG TABLET	4	
LORYNA 3 MG-0.02 MG TABLET	1		MATZIM LA 180 MG TABLET	2	
LOSARTAN POTASSIUM 100 MG TAB	1		MATZIM LA 240 MG TABLET	2	
LOSARTAN POTASSIUM 25 MG TAB	1		MATZIM LA 300 MG TABLET	2	
LOSARTAN POTASSIUM 50 MG TAB	1		MATZIM LA 360 MG TABLET	2	
LOSARTAN-HCTZ 100-12.5 MG TAB	1		MATZIM LA 420 MG TABLET	2	
LOSARTAN-HCTZ 100-25 MG TAB	1		MAXICOMFORT II PEN ND 31GX6MM	3	
LOSARTAN-HCTZ 50-12.5 MG TAB	1		MAXI-COMFORT INS 0.5 ML 28G	3	
LOTEPREDNOL 0.5% OPHTHALMC GEL	3		MAXICOMFORT INS 0.5ML 27GX1/2"	3	
LOTEPREDNOL ETABONATE 0.5% DRP	3		MAXICOMFORT INS 1 ML 27GX1/2"	3	
LOVASTATIN 10 MG TABLET	1		MAXI-COMFORT INS 1 ML 28GX1/2"	3	
LOVASTATIN 20 MG TABLET	1		MAXICOMFORT PEN ND 29G X 5MM	3	
LOVASTATIN 40 MG TABLET	1		MAXICOMFORT PEN ND 29G X 8MM	3	
LOW-OGESTREL-28 TABLET	1		MECLIZINE 12.5 MG TABLET	2	
LOXAPINE 10 MG CAPSULE	2		MECLIZINE 25 MG TABLET	2	
LOXAPINE 25 MG CAPSULE	2		MECLOFENAMATE 100 MG CAPSULE	2	
LOXAPINE 5 MG CAPSULE	2		MECLOFENAMATE 50 MG CAPSULE	2	
LOXAPINE 50 MG CAPSULE	2		MEDICATION TRANSFER NEEDLE	3	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1		MEDISENSE GLUC-KET CONT SOL	3	
			MEDISENSE H-L CONTROL SOLUTION	3	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MEDISENSE H-M-L CONTROL SOLN	3	
MEDISENSE MID CONTROL SOLUTION	3	
MEDPOINT CONTROL SOLUTION	3	
MEDROL 2 MG TABLET	4	
MEDROXYPROGESTERONE 10 MG TAB	1	
MEDROXYPROGESTERONE 150 MG/ML	1	
MEDROXYPROGESTERONE 2.5 MG TAB	1	
MEDROXYPROGESTERONE 5 MG TAB	1	
MEDTRONIC EXT INF SET 23" 6MM	3	
MEDTRONIC EXT INF SET 23" 9MM	3	
MEDTRONIC EXT INF SET 32" 9MM	3	
MEDTRONIC REMOTE CONTROL	3	
MEFENAMIC ACID 250 MG CAPSULE	2	
MEFLOQUINE HCL 250 MG TABLET	2	QL
MEGESTROL 20 MG TABLET	2	
MEGESTROL 40 MG TABLET	2	
MEGESTROL 625 MG/5 ML SUSP	4	
MEGESTROL ACET 40 MG/ML SUSP	2	
MEGESTROL ACET 400 MG/10 ML	2	
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL, SRX
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX
MEKINIST 2 MG TABLET	5	PA, QL, SRX
MELODETTA 24 FE CHEWABLE TAB	1	
MELOXICAM 15 MG TABLET	1	
MELOXICAM 7.5 MG TABLET	1	
MELPHALAN 2 MG TABLET	2	
MEMANTINE 5-10 MG TITRATION PK	2	
MEMANTINE HCL 10 MG TABLET	2	
MEMANTINE HCL 2 MG/ML SOLUTION	2	
MEMANTINE HCL 5 MG TABLET	2	
MENACTRA VIAL	3	
MENEST 0.3 MG TABLET	4	
MENEST 0.625 MG TABLET	4	
MENEST 1.25 MG TABLET	4	
MENEST 2.5 MG TABLET	4	
MENQUADFI VIAL	3	
MENTAX 1% CREAM	4	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	3	
MENVEO A-C-Y-W KIT (2 VIALS)	3	
MEPERIDINE 50 MG TABLET	2	PA
MEPERIDINE 50 MG/5 ML SOLUTION	2	PA
MEPROBAMATE 200 MG TABLET	2	
MEPROBAMATE 400 MG TABLET	2	
MERCAPTOPYRINE 50 MG TABLET	2	
MERZEE 1 MG-20 MCG CAPSULE	1	
MESALAMINE 4 GM/60 ML ENEMA	4	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MESALAMINE 4 GM/60 ML KIT	4	
MESALAMINE 800 MG DR TABLET	4	
MESALAMINE ER 0.375 GRAM CAP	3	
MESALAMINE ER 500 MG CAPSULE	4	
MESNEX 400 MG TABLET	5	SRX
METAXALL 800 MG TABLET	4	
METAXALONE 400 MG TABLET	4	
METAXALONE 800 MG TABLET	4	
METFORMIN HCL 1,000 MG TABLET	1	
METFORMIN HCL 500 MG TABLET	1	
METFORMIN HCL 850 MG TABLET	1	
METFORMIN HCL ER 500 MG TABLET	2	
METFORMIN HCL ER 750 MG TABLET	2	
METHADONE 10 MG/5 ML SOLUTION	2	PA
METHADONE 10 MG/ML ORAL CONC	2	PA
METHADONE 5 MG/5 ML SOLUTION	2	PA
METHADONE HCL 10 MG TABLET	2	PA
METHADONE HCL 5 MG TABLET	2	PA
METHADONE INTENSOL 10 MG/ML	2	PA
METHAMPHETAMINE 5 MG TABLET	4	QL
METHAZOLAMIDE 25 MG TABLET	2	
METHAZOLAMIDE 50 MG TABLET	2	
METHENAMINE HIPPI 1 GM TABLET	2	
METHENAMINE MAND 1 GM TABLET	2	
METHENAMINE MAND 500 MG TABLET	2	
METHERGINE 0.2 MG TABLET	4	
METHIMAZOLE 10 MG TABLET	2	
METHIMAZOLE 5 MG TABLET	2	
METHITEST 10 MG TABLET	5	SRX
METHOCARBAMOL 500 MG TABLET	2	
METHOCARBAMOL 750 MG TABLET	2	
METHOTREXATE 2.5 MG TABLET	2	
METHOXSALEN 10 MG SOFTGEL	4	
METHSCOPOLAMINE BROM 2.5 MG TB	2	
METHSCOPOLAMINE BROM 5 MG TAB	2	
METHSUXIMIDE 300 MG CAPSULE	4	
METHYLDOPA 250 MG TABLET	2	
METHYLDOPA 500 MG TABLET	2	
METHYLDOPA-HCTZ 250-15 MG TAB	2	
METHYLDOPA-HCTZ 250-25 MG TAB	2	
METHYLERGONOVINE 0.2 MG TABLET	4	
METHYLPHENIDATE 10 MG CHEW TAB	2	QL
METHYLPHENIDATE 10 MG TABLET	2	QL
METHYLPHENIDATE 10 MG/5 ML SOL	2	QL
METHYLPHENIDATE 2.5 MG CHEW TB	2	QL
METHYLPHENIDATE 20 MG TABLET	2	QL



## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

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

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MIGLUSTAT 100 MG CAPSULE	5	PA, SRX	MINOCYCLINE 100 MG CAPSULE	1	
MILI 0.25-0.035 MG TABLET	1		MINOCYCLINE 50 MG CAPSULE	1	
MIMVEY 1-0.5 MG TABLET	2		MINOCYCLINE 75 MG CAPSULE	1	
MINI PEN NEEDLE 32G 4MM	3		MINOCYCLINE HCL 100 MG TABLET	1	
MINI PEN NEEDLE 32G 5MM	3		MINOCYCLINE HCL 50 MG TABLET	1	
MINI PEN NEEDLE 32G 6MM	3		MINOCYCLINE HCL 75 MG TABLET	1	
MINI PEN NEEDLE 32G 8MM	3		MINOXIDIL 10 MG TABLET	2	
MINI PEN NEEDLE 33G 4MM	3		MINOXIDIL 2.5 MG TABLET	2	
MINI PEN NEEDLE 33G 5MM	3		MIO INFUSION SET 18"	3	
MINI PEN NEEDLE 33G 6MM	3		MIO INFUSION SET 23"	3	
MINI ULTRA-THIN II PEN ND1 31G	3		MIO INFUSION SET 32"	3	
MINI WRIGHT PEAK FLOW METER	3		MIRTAZAPINE 15 MG ODT	2	
MINIMED INFUSION SET	3		MIRTAZAPINE 15 MG TABLET	2	
MINIMED MIO ADV INFUSN 23"6MM	3		MIRTAZAPINE 30 MG ODT	2	
MINIMED MIO ADV INFUSN 23"9MM	3		MIRTAZAPINE 30 MG TABLET	2	
MINIMED MIO ADV INFUSN 43"6MM	3		MIRTAZAPINE 45 MG ODT	2	
MINIMED MIO ADV INFUSN 43"9MM	3		MIRTAZAPINE 45 MG TABLET	2	
MINIMED MIO INFUSN SET 18" 6MM	3		MIRTAZAPINE 7.5 MG TABLET	2	
MINIMED MIO INFUSN SET 23" 6MM	3		MISOPROSTOL 100 MCG TABLET	2	
MINIMED MIO INFUSN SET 32" 6MM	3		MISOPROSTOL 200 MCG TABLET	2	
MINIMED MIO INFUSN SET 32" 9MM	3		M-M-R II VACCINE VIAL	3	
MINIMED QUICK SET INF 18" 6MM	3		M-NATAL PLUS TABLET	1	
MINIMED QUICK SET INF 23" 6MM	3		MODAFINIL 100 MG TABLET	4	PA
MINIMED QUICK SET INF 23" 9MM	3		MODAFINIL 200 MG TABLET	4	PA
MINIMED QUICK SET INF 32" 6MM	3		MODERNA COVID (12Y UP)VAC(EUA)	3	
MINIMED QUICK SET INF 32" 9MM	3		MODERNA COVID BIVAL(6MO UP)EUA	3	
MINIMED QUICK SET INF 43" 6MM	3		MODERNA COVID BIVAL(6MO-5Y)EUA	3	
MINIMED QUICK SET INF 43" 9MM	3		MODERNA COVID(6-11Y) VACC(EUA)	3	
MINIMED QUICK-SERTER	3		MODERNA COVID(6M-5Y) VACC(EUA)	3	
MINIMED RESERVOIR 1.8 ML	3		MODERNA COVID-19 BOOSTER (EUA)	3	
MINIMED RESERVOIR 3 ML	3		MOEXIPRIL HCL 15 MG TABLET	2	
MINIMED SILHOUETTE INF SET 18"	3		MOEXIPRIL HCL 7.5 MG TABLET	2	
MINIMED SILHOUETTE INF SET 23"	3		MOLINDONE HCL 10 MG TABLET	2	
MINIMED SILHOUETTE INF SET 32"	3		MOLINDONE HCL 25 MG TABLET	2	
MINIMED SILHOUETTE INF SET 43"	3		MOLINDONE HCL 5 MG TABLET	2	
MINIMED SURE T INF SET 18" 6MM	3		MOMETASONE FUROATE 0.1% CREAM	2	
MINIMED SURE T INF SET 23" 6MM	3		MOMETASONE FUROATE 0.1% OINT	2	
MINIMED SURE T INF SET 23" 8MM	3		MOMETASONE FUROATE 0.1% SOLN	2	
MINIMED SURE T INF SET 32" 6MM	3		MOMETASONE FUROATE 50 MCG SPRY	2	QL
MINIMED SURE T INF SET 32" 8MM	3		MONDOXYNE NL 100 MG CAPSULE	1	
MINIMED SURE T INFUSN SET 23"	3		MONDOXYNE NL 75 MG CAPSULE	2	
MINIMED SURE T INFUSN SET 32"	3		MONOJECT 0.5 ML SYRN 28GX1/2"	3	
MINITRAN 0.1 MG/HR PATCH	2		MONOJECT 1 ML SYRN 27X1/2"	3	
MINITRAN 0.2 MG/HR PATCH	2		MONOJECT 1 ML SYRN 28GX1/2"	3	
MINITRAN 0.4 MG/HR PATCH	2		MONOJECT 3 ML SYRINGE 21GX1"	3	
MINITRAN 0.6 MG/HR PATCH	2		MONOJECT 3 ML SYRINGE 23GX1"	3	
MINI-WRIGHT PEAK FLOW METER	3				

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

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

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

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

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NEOMYC-BACIT-POLY MIX EYE OINT	2	
NEOMYCIN 500 MG TABLET	2	
NEOMYCIN-POLY-HC EYE DROPS	2	
NEOMYC-POLYM-GRAMICID EYE DROP	2	
NEOMYCIN-POLYMYXIN-HC EAR SOLN	2	
NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	
NEOMYC-POLYM-DEXAMET EYE OINTM	2	
NEOMYC-POLYM-DEXAMETH EYE DROP	2	
NEOMY-POLYMYXIN B 40 MG/ML AMP	2	
NEOMY-POLYMYXIN B 40 MG/ML VL	2	
NEO-POLYICIN EYE OINTMENT	2	
NEO-POLYICIN HC EYE OINTMENT	2	
NEUAC GEL	2	
NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX
NEVANAC 0.1% EYE DROP	4	
NEVIRAPINE 200 MG TABLET	2	
NEVIRAPINE 50 MG/5 ML SUSP	2	
NEVIRAPINE ER 100 MG TABLET	2	
NEVIRAPINE ER 400 MG TABLET	2	
NEW DAY 1.5 MG TABLET	1	
NEWGEN TABLET	1	
NIACIN ER 1,000 MG TABLET	2	
NIACIN ER 500 MG TABLET	2	
NIACIN ER 750 MG TABLET	2	
NICARDIPINE 20 MG CAPSULE	2	
NICARDIPINE 30 MG CAPSULE	2	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	
NIFEDIPINE 10 MG CAPSULE	2	
NIFEDIPINE 20 MG CAPSULE	2	
NIFEDIPINE ER 30 MG TABLET	2	
NIFEDIPINE ER 60 MG TABLET	2	
NIFEDIPINE ER 90 MG TABLET	2	
NIKKI 3 MG-0.02 MG TABLET	1	
NILUTAMIDE 150 MG TABLET	5	SRX
NIMODIPINE 30 MG CAPSULE	4	
NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX
NISOLDIPINE ER 17 MG TABLET	2	QL
NISOLDIPINE ER 20 MG TABLET	2	QL
NISOLDIPINE ER 25.5 MG TABLET	2	QL
NISOLDIPINE ER 30 MG TABLET	2	QL
NISOLDIPINE ER 34 MG TABLET	2	QL
NISOLDIPINE ER 40 MG TABLET	2	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NISOLDIPINE ER 8.5 MG TABLET	2	QL
NITAZOXANIDE 500 MG TABLET	4	PA
NITRO-BID 2% OINTMENT	2	
NITROFURANTOIN 25 MG/5 ML SUSP	4	
NITROFURANTOIN MCR 100 MG CAP	1	
NITROFURANTOIN MCR 25 MG CAP	2	
NITROFURANTOIN MCR 50 MG CAP	1	
NITROFURANTOIN MONO-MCR 100 MG	1	
NITROGLYCERIN 0.1 MG/HR PATCH	2	
NITROGLYCERIN 0.2 MG/HR PATCH	2	
NITROGLYCERIN 0.3 MG TABLET SL	2	
NITROGLYCERIN 0.4 MG TABLET SL	2	
NITROGLYCERIN 0.4 MG/HR PATCH	2	
NITROGLYCERIN 0.6 MG TABLET SL	2	
NITROGLYCERIN 0.6 MG/HR PATCH	2	
NITROGLYCERIN 400 MCG SPRAY	2	
NITRO-TIME ER 2.5 MG CAPSULE	2	
NITRO-TIME ER 6.5 MG CAPSULE	2	
NITRO-TIME ER 9 MG CAPSULE	2	
NIVA-PLUS TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRING	5	SRX
NIVESTYM 300 MCG/ML VIAL	5	SRX
NIVESTYM 480 MCG/0.8 ML SYRING	5	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NIZATIDINE 150 MG CAPSULE	2	
NIZATIDINE 300 MG CAPSULE	2	
NOLIX 0.05% CREAM	4	
NOLIX 0.05% LOTION	4	
NORA-BE TABLET	1	
NORDITROPIN FLEXPRO 10 MG/1.5	5	PA, SRX
NORDITROPIN FLEXPRO 15 MG/1.5	5	PA, SRX
NORDITROPIN FLEXPRO 30 MG/3 ML	5	PA, SRX
NORDITROPIN FLEXPRO 5 MG/1.5	5	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	2	
NORETHIND-ETH ESTRAD 1-0.02 MG	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	2	
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	2	
NORG-EE 0.18-0.215-0.25/0.025	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)
NORG-EE 0.18-0.215-0.25/0.035	1		NYMYO 0.25-0.035 MG (28) TAB	1	
NORGESTIMATE-EE 0.25-0.035 MG	1		NYSTATIN 100,000 UNIT/GM CREAM	2	
NORG-ETHIN ESTRA 0.25-0.035 MG	1		NYSTATIN 100,000 UNIT/GM OINT	2	
NORLYDA 0.35 MG TABLET	1		NYSTATIN 100,000 UNIT/GM POWD	2	
NORPACE CR 100 MG CAPSULE	4		NYSTATIN 100,000 UNIT/ML SUSP	2	
NORPACE CR 150 MG CAPSULE	4		NYSTATIN 500,000 UNIT ORAL TAB	2	
NORTREL 0.5-35-28 TABLET	1		NYSTATIN 500,000 UNIT/5 ML CUP	2	
NORTREL 1-35 21 TABLET	1		NYSTATIN-TRIAMCINOLONE CREAM	2	
NORTREL 1-35 28 TABLET	1		NYSTATIN-TRIAMCINOLONE OINTM	2	
NORTREL 7-7-7-28 TABLET	1		NYSTOP 100,000 UNIT/GM POWDER	2	
NORTRIPTYLINE 10 MG/5 ML SOLN	2		NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NORTRIPTYLINE HCL 10 MG CAP	1		OBSTETRIX DHA COMBO PAK	1	
NORTRIPTYLINE HCL 25 MG CAP	1		OBSTETRIX ONE SOFTGEL	1	
NORTRIPTYLINE HCL 50 MG CAP	1		OCELLA 3 MG-0.03 MG TABLET	1	
NORTRIPTYLINE HCL 75 MG CAP	1		OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA
NORVIR 100 MG POWDER PACKET	3		OCTREOTIDE 1,000 MCG/ML VIAL	2	PA
NOVA MAX GLUCOSE CONTROL SOLN	3		OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA
NOVAVAX COVID-19 VACC,ADJ(EUA)	3		OCTREOTIDE ACET 0.05 MG/ML VL	2	PA
NOVOFINE 32G NEEDLES	3		OCTREOTIDE ACET 100 MCG/ML AMP	2	PA
NOVOFINE AUTOCOVER 30G NEEDLE	3		OCTREOTIDE ACET 100 MCG/ML SYR	2	PA
NOVOFINE PLUS PEN NDJ 32GX1/6"	3		OCTREOTIDE ACET 100 MCG/ML VL	2	PA
NOVOLOG 100 UNIT/ML FLEXPEN	4	QL, ST	OCTREOTIDE ACET 200 MCG/ML VL	2	PA
NOVOLOG 100 UNIT/ML VIAL	4	QL, ST	OCTREOTIDE ACET 50 MCG/ML AMP	2	PA
NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST	OCTREOTIDE ACET 50 MCG/ML SYR	2	PA
NOVOLOG MIX 70-30 VIAL	4	QL, ST	OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA
NOVOLOG PENFILL 100 UNIT/ML	4	QL, ST	OCTREOTIDE ACET 500 MCG/ML AMP	2	PA
NOVOPEN 3 INSULIN DEVICE	3		OCTREOTIDE ACET 500 MCG/ML SYR	2	PA
NOVOPEN ECHO INSULIN DEVICE	3		OCTREOTIDE ACET 500 MCG/ML VL	2	PA
NOVOTWIST NEEDLE 32G 5MM	3		ODACTRA 12 SQ-HDM SL TABLET	4	PA, QL
NOXAFIL 40 MG/ML SUSPENSION	4		ODEFSEY TABLET	3	QL
NP THYROID 120 MG TABLET	1		ODOMZO 200 MG CAPSULE	5	PA, QL, LDD, SRX
NP THYROID 15 MG TABLET	1		OFLOXACIN 0.3% EAR DROPS	2	
NP THYROID 30 MG TABLET	1		OFLOXACIN 0.3% EYE DROPS	2	
NP THYROID 60 MG TABLET	1		OFLOXACIN 300 MG TABLET	2	
NP THYROID 90 MG TABLET	1		OFLOXACIN 400 MG TABLET	2	
NUCYNTA 100 MG TABLET	4	PA	OKEBO 75 MG CAPSULE	2	
NUCYNTA 50 MG TABLET	4	PA	OLANZAPINE 10 MG TABLET	2	
NUCYNTA 75 MG TABLET	4	PA	OLANZAPINE 15 MG TABLET	2	
NUCYNTA ER 100 MG TABLET	4	PA	OLANZAPINE 2.5 MG TABLET	2	
NUCYNTA ER 150 MG TABLET	4	PA	OLANZAPINE 20 MG TABLET	2	
NUCYNTA ER 200 MG TABLET	4	PA	OLANZAPINE 5 MG TABLET	2	
NUCYNTA ER 250 MG TABLET	4	PA	OLANZAPINE 7.5 MG TABLET	2	
NUCYNTA ER 50 MG TABLET	4	PA	OLANZAPINE ODT 10 MG TABLET	2	
NUEDEXTA 20-10 MG CAPSULE	4	PA	OLANZAPINE ODT 15 MG TABLET	2	
NYAMYC 100,000 UNIT/GM POWDER	2		OLANZAPINE ODT 20 MG TABLET	2	
NYLIA 1-35 28 TABLET	1		OLANZAPINE ODT 5 MG TABLET	2	
NYLIA 7-7-7-28 TABLET	1		OLANZAPINE-FLUOXETINE 12-25 MG	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)
OLANZAPINE-FLUOXETINE 12-50 MG	2		ONETOUCH DELICA PLUS LANC DEV	3	
OLANZAPINE-FLUOXETINE 3-25 MG	2		ONETOUCH DELICA SAF 30G LANCET	3	
OLANZAPINE-FLUOXETINE 6-25 MG	2		ONETOUCH ULTRASOFT LANCETS	3	
OLANZAPINE-FLUOXETINE 6-50 MG	2		ONETOUCH SOLUTIONS STARTER KIT	1	
OLMESARTAN MEDOXOMIL 20 MG TAB	2		ONETOUCH SURESOFT 18G LANC DEV	3	
OLMESARTAN MEDOXOMIL 40 MG TAB	2		ONETOUCH SURESOFT 21G LANC DEV	3	
OLMESARTAN MEDOXOMIL 5 MG TAB	2		ONETOUCH SURESOFT 28G LANC DEV	3	
OLMESARTAN-HCTZ 20-12.5 MG TAB	2		ONETOUCH ULTRA CONTROL SOLN	3	
OLMESARTAN-HCTZ 40-12.5 MG TAB	2		ONETOUCH ULTRA TEST STRIP	3	
OLMESARTAN-HCTZ 40-25 MG TAB	2		ONETOUCH ULTRA2 GLUCOSE SYST	1	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2		ONETOUCH ULTRASOFT2 30G LANCET	3	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2		ONETOUCH VERIO FLEX METER	1	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2		ONETOUCH VERIO HIGH CNTRL SOLN	3	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2		ONETOUCH VERIO METER	1	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2		ONETOUCH VERIO MID CNTRL SOLN	3	
OLOPATADINE 665 MCG NASAL SPRY	2		ONETOUCH VERIO REFLECT METER	1	
OLOPATADINE HCL 0.1% EYE DROPS	2		ONETOUCH VERIO TEST STRIP	3	
OLOPATADINE HCL 0.2% EYE DROP	2		ONGLYZA 2.5 MG TABLET	3	QL
OMEGA-3 ETHYL ESTERS 1 GM CAP	2		ONGLYZA 5 MG TABLET	3	QL
OMEPRAZOLE DR 10 MG CAPSULE	2	QL	OPCICON ONE-STEP 1.5 MG TABLET	1	
OMEPRAZOLE DR 20 MG CAPSULE	2	QL	OPIUM TINCTURE 10 MG/ML	2	PA
OMEPRAZOLE DR 40 MG CAPSULE	2	QL	OPTICHAMBER ADULT MASK-LARGE	3	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL	OPTICHAMBER DIAMOND VHC	3	QL
OMNIPOD 5 G6 PODS (GEN 5) 5PK	3		OPTICHAMBER DIAMOND W-LRG MASK	3	QL
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL	OPTICHAMBER DIAMOND W-MED MASK	3	QL
OMNIPOD CLASSIC PODS(GEN3) 5PK	3		OPTICHAMBER DIAMOND W-SML MASK	3	QL
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL	OPTION 2 1.5 MG TABLET	1	
OMNIPOD DASH PODS (GEN 4) 5PK	3		OPTUMRX GLUCOSE CONTROL SOLN	3	
OMNIPOD GO 10 UNIT/DAY PODS	3		ORACIT ORAL SOLUTION	4	
OMNIPOD GO 15 UNIT/DAY PODS	3		ORALONE 0.1% PASTE	2	
OMNIPOD GO 20 UNIT/DAY PODS	3		ORPHENADRINE ER 100 MG TABLET	2	
OMNIPOD GO 25 UNIT/DAY PODS	3		OSCIMIN 0.125 MG TABLET	2	
OMNIPOD GO 30 UNIT/DAY PODS	3		OSCIMIN SL 0.125 MG TABLET	2	
OMNIPOD GO 35 UNIT/DAY PODS	3		OSCIMIN SR 0.375 MG TABLET	2	
OMNIPOD GO 40 UNIT/DAY PODS	3		OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL
ON CALL EXPRESS CTRL SOLN PAK	3		OSELTAMIVIR PHOS 30 MG CAPSULE	2	QL
ON CALL PLUS CONTROL SOLUTION	3		OSELTAMIVIR PHOS 45 MG CAPSULE	2	QL
ON CALL VIVID CONTROL SOLUTION	3		OSELTAMIVIR PHOS 75 MG CAPSULE	2	QL
ONDANSETRON 4 MG/5 ML SOLUTION	2		OSMOPREP TABLET	4	
ONDANSETRON HCL 4 MG TABLET	2		OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX
ONDANSETRON HCL 8 MG TABLET	2		OTEZLA 30 MG TABLET	5	PA, QL, SRX
ONDANSETRON ODT 4 MG TABLET	2		OVAL TAPE	3	
ONDANSETRON ODT 8 MG TABLET	2		OXANDROLONE 10 MG TABLET	4	PA
ONE WAY VALVED MOUTHPIECE	3	QL	OXANDROLONE 2.5 MG TABLET	4	PA
ONETOUCH DELICA PLUS 30G LANCET	3		OXAPROZIN 600 MG CAPLET	2	
ONETOUCH DELICA PLUS 33G LANCET	3		OXAPROZIN 600 MG TABLET	2	
			OXAZEPAM 10 MG CAPSULE	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OXAZEPAM 15 MG CAPSULE	2	
OXAZEPAM 30 MG CAPSULE	2	
OXCARBAZEPINE 150 MG TABLET	2	
OXCARBAZEPINE 300 MG TABLET	2	
OXCARBAZEPINE 300 MG/5 ML SUSP	2	
OXCARBAZEPINE 600 MG TABLET	2	
OXICONAZOLE NITRATE 1% CREAM	3	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN 5 MG/5 ML SOLUTION	2	
OXYBUTYNIN 5 MG/5 ML SYRUP	2	
OXYBUTYNIN CL ER 10 MG TABLET	2	
OXYBUTYNIN CL ER 15 MG TABLET	2	
OXYBUTYNIN CL ER 5 MG TABLET	2	
OXYCODONE HCL (IR) 10 MG TAB	2	PA
OXYCODONE HCL (IR) 15 MG TAB	2	PA
OXYCODONE HCL (IR) 20 MG TAB	2	PA
OXYCODONE HCL (IR) 30 MG TAB	2	PA
OXYCODONE HCL (IR) 5 MG CAP	2	PA
OXYCODONE HCL (IR) 5 MG TABLET	2	PA
OXYCODONE HCL 100 MG/5 ML CONC	2	PA
OXYCODONE HCL 5 MG/5 ML SOLN	2	PA
OXYCODONE HCL-ASPIRIN	2	PA
OXYCODONE-ACETAMINOPHEN 10-325	2	PA
OXYCODONE-ACETAMINOPHEN 5-325	2	PA
OXYCODONE-ACETAMINOPHN 2.5-325	2	PA
OXYCODONE-ACETAMINOPHN 7.5-325	2	PA
OXYMORPHONE HCL 10 MG TABLET	2	PA
OXYMORPHONE HCL 5 MG TABLET	2	PA
OXYMORPHONE HCL ER 10 MG TAB	2	PA
OXYMORPHONE HCL ER 15 MG TAB	2	PA
OXYMORPHONE HCL ER 20 MG TAB	2	PA
OXYMORPHONE HCL ER 30 MG TAB	2	PA
OXYMORPHONE HCL ER 40 MG TAB	2	PA
OXYMORPHONE HCL ER 5 MG TABLET	2	PA
OXYMORPHONE HCL ER 7.5 MG TAB	2	PA
PACERONE 200 MG TABLET	2	
PALIPERIDONE ER 1.5 MG TABLET	4	
PALIPERIDONE ER 3 MG TABLET	4	
PALIPERIDONE ER 6 MG TABLET	4	
PALIPERIDONE ER 9 MG TABLET	4	
PANCREAZE DR 10,500 UNIT CAP	3	
PANCREAZE DR 16,800 UNIT CAP	3	
PANCREAZE DR 2,600 UNIT CAP	3	
PANCREAZE DR 21,000 UNIT CAP	3	
PANCREAZE DR 37,000 UNIT CAP	3	
PANCREAZE DR 4,200 UNIT CAP	3	
PANDA MASK LARGE	3	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PANDA MASK MEDIUM	3	QL
PANDA MASK SMALL	3	QL
PANRETIN 0.1% GEL	5	SRX
PANTOPRAZOLE SOD DR 20 MG TAB	2	QL
PANTOPRAZOLE SOD DR 40 MG TAB	2	QL
PARADIGM REMOTE CONTROL	3	
PARADIGM RESERVOIR 1.8 ML	3	
PARADIGM RESERVOIR 3 ML	3	
PAREGORIC LIQUID	2	
PARICALCITOL 1 MCG CAPSULE	2	
PARICALCITOL 2 MCG CAPSULE	2	
PARICALCITOL 4 MCG CAPSULE	2	
PAROEX 0.12% ORAL RINSE	2	
PAROMOMYCIN 250 MG CAPSULE	2	
PAROXETINE HCL 10 MG TABLET	1	QL
PAROXETINE HCL 20 MG TABLET	1	QL
PAROXETINE HCL 30 MG TABLET	1	QL
PAROXETINE HCL 40 MG TABLET	1	QL
PASER GRANULES 4 GM PACKET	4	
PC UNIFINE PENTIPS 12MM NEEDLE	3	
PC UNIFINE PENTIPS 6MM NEEDLE	3	
PC UNIFINE PENTIPS 8MM NEEDLE	3	
PEAK-AIR PEAK FLOW METER	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDIATRIC MEDIUM MASK	3	QL
PEDIATRIC MOUTHPIECE	3	QL
PEDIATRIC PANDA MASK	3	QL
PEDIATRIC SMALL MASK	3	QL
PEDVAXHIB VACCINE VIAL	3	
PEG 3350-ELECTROLYTE SOLUTION	2	
PEG3350 100-7.5-2.691-1.01-5.9	2	
PEG-3350 AND ELECTROLYTES SOLN	2	
PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX
PEGASYS 180 MCG/ML VIAL	5	PA, SRX
PEG-PREP KIT	2	
PEN NEEDLE 29G 12MM	3	
PEN NEEDLE 30G 5MM	3	
PEN NEEDLE 30G 8MM	3	
PEN NEEDLE 30G X 5/16"	3	
PEN NEEDLE 31G 5MM	3	
PEN NEEDLE 31G 6MM	3	
PEN NEEDLE 31G 8MM	3	
PEN NEEDLE 31G X 1/4"	3	
PEN NEEDLE 31G X 3/16"	3	
PEN NEEDLE 31G X 5/16"	3	
PEN NEEDLE 32G 4MM	3	



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

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

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PILOCARPINE 2% EYE DROPS	2		POLY HUB NEEDLE 25GX1"	3	
PILOCARPINE 4% EYE DROPS	2		POLY HUB NEEDLE 25GX1-1/2"	3	
PILOCARPINE HCL 5 MG TABLET	2		POLY HUB NEEDLE 25GX5/8"	3	
PILOCARPINE HCL 7.5 MG TABLET	2		POLY HUB NEEDLE 27GX1/2"	3	
PIMECROLIMUS 1% CREAM	4		POLY HUB NEEDLE 27GX1-1/4"	3	
PIMOZIDE 1 MG TABLET	2		POLY HUB NEEDLE 30GX1/2"	3	
PIMOZIDE 2 MG TABLET	2		POLYCIN EYE OINTMENT	2	
PIMTREA 28 DAY TABLET	1		POLYMYXIN B-TMP EYE DROPS	2	
PINDOLOL 10 MG TABLET	2		POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX
PINDOLOL 5 MG TABLET	2		POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX
PIOGLITAZONE HCL 15 MG TABLET	2		POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX
PIOGLITAZONE HCL 30 MG TABLET	2		POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PIOGLITAZONE HCL 45 MG TABLET	2		PORTIA-28 TABLET	1	
PIOGLITAZONE-GLIMEPIRIDE 30-2	2		POSACONAZOLE 200 MG/5 ML SUSP	4	
PIOGLITAZONE-GLIMEPIRIDE 30-4	2		POSACONAZOLE DR 100 MG TABLET	4	QL
PIOGLITAZONE-METFORMIN 15-500	2		POTASSIUM CITRATE ER 10 MEQ TB	2	
PIOGLITAZONE-METFORMIN 15-850	2		POTASSIUM CITRATE ER 15 MEQ TB	2	
PIP GLUCOSE CONTROL SOLN L1-L2	3		POTASSIUM CITRATE ER 5 MEQ TAB	2	
PIP PEN NEEDLE 31G X 5MM	3		POTASSIUM CL 10% (20 MEQ/15ML)	2	
PIP PEN NEEDLE 32G X 4MM	3		POTASSIUM CL 10% (40 MEQ/30ML)	2	
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX	POTASSIUM CL 20 MEQ PACKET	2	
PIRFENIDONE 267 MG TABLET	5	PA, SRX	POTASSIUM CL 20% (40 MEQ/15ML)	2	
PIRFENIDONE 801 MG TABLET	5	PA, SRX	POTASSIUM CL ER 10 MEQ CAPSULE	2	
PIRMELLA 1-35 28 TABLET	1		POTASSIUM CL ER 10 MEQ TABLET	2	
PIRMELLA 7-7-7-28 TABLET	1		POTASSIUM CL ER 15 MEQ TABLET	2	
PIROXICAM 10 MG CAPSULE	2		POTASSIUM CL ER 20 MEQ TABLET	2	
PIROXICAM 20 MG CAPSULE	2		POTASSIUM CL ER 8 MEQ CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4		POTASSIUM CL ER 8 MEQ TABLET	2	
PNEUMOVAX 23 SYRINGE	3		POTASSIUM IODIDE 1 GM/ML SOL	4	
PNEUMOVAX 23 VIAL	3		PR NATAL 400 COMBO PACK	1	
PNV 29-1 TABLET	1		PR NATAL 400 EC COMBO PACK	1	
PNV PRENATAL PLUS MULTIVIT TAB	1		PR NATAL 430 COMBO PACK	1	
PNV-DHA SOFTGEL	1		PR NATAL 430 EC COMBO PACK	1	
PNV-DHA + DOCUSATE SOFTGEL	1		PRADAXA 110 MG CAPSULE	4	PA, QL
PNV-OMEGA SOFTGEL	1		PRAMIPEXOLE 0.125 MG TABLET	2	
PNV-SELECT TABLET	1		PRAMIPEXOLE 0.25 MG TABLET	2	
POCKET CHAMBER	3	QL	PRAMIPEXOLE 0.5 MG TABLET	2	
POCKET PEAK FLOW METER	3		PRAMIPEXOLE 0.75 MG TABLET	2	
PODOFILOX 0.5% TOPICAL SOLN	2		PRAMIPEXOLE 1 MG TABLET	2	
POLY HUB NEEDLE 18GX1"	3		PRAMIPEXOLE 1.5 MG TABLET	2	
POLY HUB NEEDLE 18GX1-1/2"	3		PRAMIPEXOLE ER 0.375 MG TABLET	2	
POLY HUB NEEDLE 21GX1"	3		PRAMIPEXOLE ER 0.75 MG TABLET	2	
POLY HUB NEEDLE 21GX1-1/2"	3		PRAMIPEXOLE ER 1.5 MG TABLET	2	
POLY HUB NEEDLE 22GX1"	3		PRAMIPEXOLE ER 2.25 MG TABLET	2	
POLY HUB NEEDLE 22GX1-1/2"	3		PRAMIPEXOLE ER 3 MG TABLET	2	
POLY HUB NEEDLE 23GX1"	3		PRAMIPEXOLE ER 3.75 MG TABLET	2	
POLY HUB NEEDLE 23GX1-1/2"	3				

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PRAMIPEXOLE ER 4.5 MG TABLET	2		PREGABALIN 200 MG CAPSULE	2	QL
PRAMOSONE 1% LOTION	4		PREGABALIN 225 MG CAPSULE	2	QL
PRAMOSONE 1%-1% OINTMENT	4		PREGABALIN 25 MG CAPSULE	2	QL
PRAMOSONE 2.5%-1% LOTION	4		PREGABALIN 300 MG CAPSULE	2	QL
PRAMOSONE 2.5%-1% OINTMENT	4		PREGABALIN 50 MG CAPSULE	2	QL
PRASUGREL 10 MG TABLET	2		PREGABALIN 75 MG CAPSULE	2	QL
PRASUGREL 5 MG TABLET	2		PREHEVBRIO 10 MCG/ML VIAL	3	
PRAVASTATIN SODIUM 10 MG TAB	2		PREMARIN 0.3 MG TABLET	4	
PRAVASTATIN SODIUM 20 MG TAB	2		PREMARIN 0.45 MG TABLET	4	
PRAVASTATIN SODIUM 40 MG TAB	2		PREMARIN 0.625 MG TABLET	4	
PRAVASTATIN SODIUM 80 MG TAB	2		PREMARIN 0.9 MG TABLET	4	
PRAZIQUANTEL 600 MG TABLET	2		PREMARIN 1.25 MG TABLET	4	
PRAZOSIN 1 MG CAPSULE	2		PRENA1 TRUE COMBO PACK	1	
PRAZOSIN 2 MG CAPSULE	2		PRENAISSANCE CAPSULE	1	
PRAZOSIN 5 MG CAPSULE	2		PRENAISSANCE PLUS SOFTGEL	1	
PREDNICARBATE 0.1% CREAM	2		PRENATAL 19 CHEWABLE TABLET	1	
PREDNICARBATE 0.1% OINTMENT	2		PRENATAL 19 TABLET	1	
PREDNISOLONE 15 MG/5 ML SOLN	2		PRENATAL PLUS IRON TABLET	1	
PREDNISOLONE 5 MG/5 ML SOLN	2		PRENATAL PLUS VITAMIN-MINERAL	1	
PREDNISOLONE AC 1% EYE DROP	2		PRENATAL PLUS-DHA COMBO PACK	1	
PREDNISOLONE ODT 10 MG TABLET	2		PRENATAL VITAMIN PLUS LOW IRON	1	
PREDNISOLONE ODT 15 MG TABLET	2		PRENATAL-U CAPSULE	1	
PREDNISOLONE ODT 30 MG TABLET	2		PREP EASE ALCOHOL PADS	3	
PREDNISOLONE SOD 1% EYE DROP	2		PREPLUS CA-FE 27 MG-FA 1 MGTB	1	
PREDNISOLONE SOD PH 25 MG/5 ML	2		PRETAB 29 MG-1 MG TABLET	1	
PREDNISON 1 MG TABLET	2		PREVALITE PACKET	2	
PREDNISON 10 MG TAB DOSE PACK	2		PREVALITE POWDER	2	
PREDNISON 10 MG TABLET	2		PREVENT PEN NEEDLE 31GX1/4"	3	
PREDNISON 2.5 MG TABLET	2		PREVENT PEN NEEDLE 31GX5/16"	3	
PREDNISON 20 MG TABLET	2		PREVIFEM TABLET	1	
PREDNISON 5 MG TAB DOSE PACK	2		PREVNAR 13 SYRINGE	3	
PREDNISON 5 MG TABLET	2		PREVNAR 20 SYRINGE	3	
PREDNISON 5 MG/5 ML SOLUTION	2		PREVYMIS 240 MG TABLET	4	PA, QL
PREDNISON 50 MG TABLET	2		PREVYMIS 480 MG TABLET	4	PA, QL
PREDNISON INTENSOL 5 MG/ML	2		PREZCOBIX 800 MG-150 MG TABLET	3	
PREF PLUS INS 0.3 ML 29GX1/2"	3		PREZISTA 100 MG/ML SUSPENSION	3	
PREF PLUS SYR 0.5 ML 30GX5/16"	3		PREZISTA 150 MG TABLET	3	
PREF PLUS SYRING 1 ML 29GX1/2"	3		PREZISTA 600 MG TABLET	3	
PREFERRED PLUS 0.3 ML 30GX5/16	3		PREZISTA 75 MG TABLET	3	
PREFERRED PLUS 0.5 ML 29GX1/2"	3		PREZISTA 800 MG TABLET	3	
PREFERRED PLUS SYRINGE 0.5 ML	3		PRIFTIN 150 MG TABLET	4	
PREFERRED PLUS SYRINGE 1 ML	3		PRIMAQUINE 26.3 MG TABLET	2	
PREFEST TABLET	2		PRIMEAIRE CHAMBER	3	QL
PREFPLS INS SYR 1 ML 30GX5/16"	3		PRIMIDONE 250 MG TABLET	2	
PREGABALIN 100 MG CAPSULE	2	QL	PRIMIDONE 50 MG TABLET	2	
PREGABALIN 150 MG CAPSULE	2	QL	PRIMSOL 50 MG/5 ML ORAL SOLN	4	
PREGABALIN 20 MG/ML SOLUTION	2	QL	PRIORIX VIAL	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PRO COMFORT 0.5 ML 30GX1/2"	3	
PRO COMFORT 0.5 ML 30GX5/16"	3	
PRO COMFORT 0.5 ML 31GX5/16"	3	
PRO COMFORT 1 ML 30GX1/2"	3	
PRO COMFORT 1 ML 30GX5/16"	3	
PRO COMFORT 1 ML 31GX5/16"	3	
PRO COMFORT PEN ND 31GX5/16"	3	
PRO COMFORT PEN ND 32G X 1/4"	3	
PRO COMFORT PEN ND 4MM 32G	3	
PRO COMFORT PEN ND 5MM 32G	3	
PRO COMFORT SPACER-ADULT MASK	3	QL
PRO COMFORT SPACER-CHILD MASK	3	QL
PRO COMFORT SPACER-INFANT MASK	3	QL
PROBENECID 500 MG TABLET	2	
PROBENECID-COLCHICINE TABLET	2	
PROCARE SPACER WITH ADULT MASK	3	QL
PROCARE SPACER WITH CHILD MASK	3	QL
PROCENTRA 5 MG/5 ML SOLUTION	2	QL
PROCHAMBER HOLDING CHAMBER	3	QL
PROCHLORPERAZINE 10 MG TAB	2	
PROCHLORPERAZINE 25 MG SUPP	2	
PROCHLORPERAZINE 5 MG TABLET	2	
PROCTO-MED HC 2.5% CREAM	2	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
PRODIGY CONTROL SOLUTION	3	
PRODIGY CONTROL SOLUTION LOW	3	
PRODIGY INS SYR 1ML 28GX1/2"	3	
PRODIGY SYRNG 0.5 ML 31GX5/16"	3	
PRODIGY SYRNGE 0.3ML 31GX5/16"	3	
PROGESTERONE 100 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2	
PROGRAF 0.2 MG GRANULE PACKET	4	
PROGRAF 1 MG GRANULE PACKET	4	
PROMACTA 12.5 MG SUSPEN PACKET	5	PA, LDD, SRX
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LDD, SRX
PROMACTA 25 MG TABLET	5	PA, LDD, SRX
PROMACTA 50 MG TABLET	5	PA, LDD, SRX
PROMACTA 75 MG TABLET	5	PA, LDD, SRX
PROMETHAZINE 12.5 MG SUPPOS	2	
PROMETHAZINE 12.5 MG TABLET	2	
PROMETHAZINE 25 MG SUPPOSITORY	2	
PROMETHAZINE 25 MG TABLET	2	
PROMETHAZINE 50 MG TABLET	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PROMETHAZINE 6.25 MG/5 ML SOLN	2	
PROMETHAZINE 6.25 MG/5 ML SYRP	2	
PROMETHAZINE VC SOLUTION	2	
PROMETHAZINE VC-CODEINE SOLN	2	QL
PROMETHAZINE-CODEINE SOLUTION	2	QL
PROMETHAZINE-CODEINE SYRUP	2	QL
PROMETHAZINE-DM 6.25-15 MG/5ML	2	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL
PROMETHAZINE-PHENYLEPHRINE SYR	2	
PROMETHEGAN 12.5 MG SUPPOS	2	
PROMETHEGAN 25 MG SUPPOSITORY	2	
PROMETHEGAN 50 MG SUPPOSITORY	2	
PROPAPENONE HCL 150 MG TABLET	2	
PROPAPENONE HCL 225 MG TAB	2	
PROPAPENONE HCL 300 MG TAB	2	
PROPAPENONE HCL ER 225 MG CAP	2	
PROPAPENONE HCL ER 325 MG CAP	2	
PROPAPENONE HCL ER 425 MG CAP	2	
PROPARACAINE 0.5% EYE DROPS	2	
PROPRANOLOL 10 MG TABLET	2	
PROPRANOLOL 20 MG TABLET	2	
PROPRANOLOL 20 MG/5 ML SOLN	2	
PROPRANOLOL 40 MG TABLET	2	
PROPRANOLOL 40 MG/5 ML SOLN	2	
PROPRANOLOL 60 MG TABLET	2	
PROPRANOLOL 80 MG TABLET	2	
PROPRANOLOL ER 120 MG CAPSULE	2	
PROPRANOLOL ER 160 MG CAPSULE	2	
PROPRANOLOL ER 60 MG CAPSULE	2	
PROPRANOLOL ER 80 MG CAPSULE	2	
PROPRANOLOL-HCTZ 40-25 MG TAB	2	
PROPRANOLOL-HCTZ 80-25 MG TAB	2	
PROPYLTHIOURACIL 50 MG TABLET	2	
PROQUAD VIAL	3	
PROTRIPTYLINE HCL 10 MG TABLET	2	
PROTRIPTYLINE HCL 5 MG TABLET	2	
PUB INS SYRIN 0.3 ML 30GX1/2"	3	
PUB INS SYRINGE 1 ML 30GX1/2"	3	
PUB INSUL SYR 0.3 ML 31GX5/16"	3	
PUB INSUL SYR 0.5 ML 30GX1/2"	3	
PUB INSUL SYR 0.5 ML 31GX5/16"	3	
PUB INSULIN SYR 1 ML 31GX5/16"	3	
PUB PEN 12MM 29G NEEDLES	3	
PUB PEN 8MM 31G NEEDLES	3	
PUB PEN NEEDLE 6MM 31G	3	
PUB UNIFINE PNTF PLUS 31GX3/16	3	
PULMOSAL 7% VIAL	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PULMOZYME 1 MG/ML AMPUL	5	PA, SRX
PURE CMFT SFTY PEN ND1 31G 5MM	3	
PURE CMFT SFTY PEN ND1 31G 6MM	3	
PURE CMFT SFTY PEN ND1 32G 4MM	3	
PURE COMFORT PEN ND1 32G 4MM	3	
PURE COMFORT PEN ND1 32G 5MM	3	
PURE COMFORT PEN ND1 32G 6MM	3	
PURE COMFORT PEN ND1 32G 8MM	3	
PURE COMFORT SPACER-ADULT MASK	3	QL
PURECOMFORT PEAK FLOW MTR ADLT	3	
PURECOMFORT PEAK FLOW MTR CHLD	3	
PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX
PV UNIFINE PENTIP PLUS 31GX5MM	3	
PV UNIFINE PENTIP PLUS 31GX6MM	3	
PV UNIFINE PENTIP PLUS 31GX8MM	3	
PV UNIFINE PENTIP PLUS 32GX4MM	3	
PV UNIFINE PENTIP PLUS 33GX4MM	3	
PYRAZINAMIDE 500 MG TABLET	2	
PYRIDOSTIGMINE 60 MG/5 ML SOLN	5	PA, SRX
PYRIDOSTIGMINE BR 60 MG TABLET	4	
PYRIDOSTIGMINE ER 180 MG TAB	4	
PYRIMETHAMINE 25 MG TABLET	5	PA, LDD, SRX
QC ALCOHOL 70% SWABS	3	
QC UNIFINE PENTIPS 32GX5/32"	3	
QC UNIFINE PENTIPS 4MM 32G	3	
QUADRACEL DTAP-IPV SYRINGE	3	
QUADRACEL DTAP-IPV VIAL	3	
QUAZEPAM 15 MG TABLET	4	PA
QUETIAPINE ER 150 MG TABLET	2	
QUETIAPINE ER 200 MG TABLET	2	
QUETIAPINE ER 300 MG TABLET	2	
QUETIAPINE ER 400 MG TABLET	2	
QUETIAPINE ER 50 MG TABLET	2	
QUETIAPINE FUMARATE 100 MG TAB	2	
QUETIAPINE FUMARATE 200 MG TAB	2	
QUETIAPINE FUMARATE 25 MG TAB	2	
QUETIAPINE FUMARATE 300 MG TAB	2	
QUETIAPINE FUMARATE 400 MG TAB	2	
QUETIAPINE FUMARATE 50 MG TAB	2	
QUICK RELEASE TEFLN CANNULA	3	
QUICK-SET PARADIGM SET 18"	3	
QUICK-SET PARADIGM SET 32"	3	
QUINAPRIL 10 MG TABLET	1	
QUINAPRIL 20 MG TABLET	1	
QUINAPRIL 40 MG TABLET	1	
QUINAPRIL 5 MG TABLET	1	
QUINAPRIL-HCTZ 10-12.5 MG TAB	1	

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

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
REFUAH PLUS CONTROL SOLUTION	3		REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX
REGRANEX 0.01% GEL	4	PA, QL	REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX
RELENZA 5 MG DISKHALER	4	QL	REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
RELI ON 31G X 1/4" NEEDLES	3		REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX
RELION ALCOHOL 70% SWABS	3		REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 29GX1/2"	3		REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 31GX6MM	3		REYATAZ 50 MG POWDER PACKET	3	
RELION INS SYR 0.5 ML 29GX1/2"	3		RIBASPHERE 200 MG CAPSULE	4	
RELION INS SYR 0.5 ML 31GX6MM	3		RIBASPHERE 600 MG TABLET	4	
RELION INS SYR 1 ML 29GX1/2"	3		RIBAVIRIN 200 MG CAPSULE	4	
RELION INS SYR 1 ML 30GX5/16"	3		RIBAVIRIN 200 MG TABLET	4	
RELION INS SYR 1 ML 31GX15/64"	3		RIFABUTIN 150 MG CAPSULE	3	
RELION INS SYR 1 ML 31GX5/16"	3		RIFAMATE CAPSULE	4	
RELION INSULIN SYR 0.5 ML	3		RIFAMPIN 150 MG CAPSULE	2	
RELION KETONE TEST STRIP	3		RIFAMPIN 300 MG CAPSULE	2	
RELION MINI PEN 31G X 1/4" NDL	3		RIFATER TABLET	4	
RELION NOVOLOG 100 UNIT/ML VL	4	QL, ST	RIGHTEST CONTROL SOLN NORMAL	3	
RELION NOVOLOG MIX 70-30 FLXPN	4	QL, ST	RIGHTEST CONTROL SOLUTION HIGH	3	
RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST	RILUZOLE 50 MG TABLET	5	SRX
RELION NOVOLOG U-100 FLEXPEN	4	QL, ST	RIMANTADINE HCL 100 MG TABLET	2	
RELION PEN 29G NEEDLE	3		RINGERS IRRIGATION SOLUTION	4	
RELION PEN 31G NEEDLE	3		RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 29GX1/2"	3		RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	3		RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX1/4"	3		RISEDRONATE SOD DR 35 MG TAB	2	
RELION PEN NEEDLE 31GX5/16"	3		RISEDRONATE SODIUM 150 MG TAB	2	
RELION PEN NEEDLE 32GX5/32"	3		RISEDRONATE SODIUM 30 MG TAB	2	
RELION PEN NEEDLES 32GX5/32"	3		RISEDRONATE SODIUM 35 MG TAB	2	
RELION SYR 0.5 ML 30GX5/16"	3		RISEDRONATE SODIUM 5 MG TABLET	2	
RELION SYRING 0.3 ML 31GX5/16"	3		RISPERIDONE 0.25 MG ODT	2	
RELION SYRING 0.5 ML 31GX5/16"	3		RISPERIDONE 0.25 MG TABLET	1	
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA	RISPERIDONE 0.5 MG ODT	2	
RELISTOR 12 MG/0.6 ML VIAL	4	PA	RISPERIDONE 0.5 MG TABLET	1	
RELISTOR 150 MG TABLET	4	PA	RISPERIDONE 1 MG ODT	2	
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RISPERIDONE 1 MG TABLET	1	
RENACIDIN IRRIGATION SOLUTION	4		RISPERIDONE 1 MG/ML SOLUTION	2	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 2 MG ODT	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 2 MG TABLET	1	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 3 MG ODT	2	
REPAGLINIDE-METFORMIN 1-500 MG	2		RISPERIDONE 3 MG TABLET	1	
REPAGLINIDE-METFORMIN 2-500 MG	2		RISPERIDONE 4 MG ODT	2	
REPATHA 140 MG/ML SURECLICK	5	PA, SRX	RISPERIDONE 4 MG TABLET	1	
REPATHA 420 MG/3.5ML PUSHTRONX	5	PA, SRX	RIFEFLO SPACER	3	QL
REPATHA 140 MG/ML SYRINGE	5	PA, SRX	RITONAVIR 100 MG TABLET	2	
REPLACEMENT PEDIATRIC MONITOR	3		RIVASTIGMINE 1.5 MG CAPSULE	2	
RESPA A.R. TABLET SA	4		RIVASTIGMINE 13.3 MG/24HR PTCH	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RIVASTIGMINE 3 MG CAPSULE	2	
RIVASTIGMINE 4.5 MG CAPSULE	2	
RIVASTIGMINE 4.6 MG/24HR PATCH	2	
RIVASTIGMINE 6 MG CAPSULE	2	
RIVASTIGMINE 9.5 MG/24HR PATCH	2	
RIVELSA TABLET	1	
RIZATRIPTAN 10 MG ODT	2	QL
RIZATRIPTAN 10 MG TABLET	2	QL
RIZATRIPTAN 5 MG ODT	2	QL
RIZATRIPTAN 5 MG TABLET	2	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	4	QL
ROFLUMILAST 500 MCG TABLET	4	QL
ROPINIROLE HCL 0.25 MG TABLET	2	
ROPINIROLE HCL 0.5 MG TABLET	2	
ROPINIROLE HCL 1 MG TABLET	2	
ROPINIROLE HCL 2 MG TABLET	2	
ROPINIROLE HCL 3 MG TABLET	2	
ROPINIROLE HCL 4 MG TABLET	2	
ROPINIROLE HCL 5 MG TABLET	2	
ROPINIROLE HCL ER 12 MG TABLET	2	
ROPINIROLE HCL ER 2 MG TABLET	2	
ROPINIROLE HCL ER 4 MG TABLET	2	
ROPINIROLE HCL ER 6 MG TABLET	2	
ROPINIROLE HCL ER 8 MG TABLET	2	
ROSADAN 0.75% CREAM	2	
ROSADAN 0.75% GEL	2	
ROSUVASTATIN CALCIUM 10 MG TAB	2	
ROSUVASTATIN CALCIUM 20 MG TAB	2	
ROSUVASTATIN CALCIUM 40 MG TAB	2	
ROSUVASTATIN CALCIUM 5 MG TAB	2	
ROTARIX VACCINE ORAL SYRINGE	3	
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ VACCINE	3	
ROWEEPRA 1,000 MG TABLET	2	
ROWEEPRA 500 MG TABLET	2	
ROWEEPRA 750 MG TABLET	2	
RUFINAMIDE 200 MG TABLET	4	PA, QL
RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL
RUFINAMIDE 400 MG TABLET	4	PA, QL
SAFESNAP INSUL SYRINGE 0.3 ML	3	
SAFESNAP INSUL SYRINGE 0.5 ML	3	
SAFESNAP INSULIN SYRINGE 1 ML	3	
SAFETY PEN NEEDLE 31G 4MM	3	
SAFETY PEN NEEDLE 31G 5MM	3	
SAFETY PEN NEEDLE 5MM X 31G	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	2	
SALSALATE 500 MG TABLET	2	
SALSALATE 750 MG TABLET	2	
SANTYL OINTMENT	4	PA, QL
SAPROPTERIN 100 MG POWDER PKT	5	PA, SRX
SAPROPTERIN 100 MG TABLET	5	PA, SRX
SAPROPTERIN 500 MG POWDER PKT	5	PA, SRX
SAVAYSA 15 MG TABLET	4	PA, QL
SAVAYSA 30 MG TABLET	4	PA, QL
SAVAYSA 60 MG TABLET	4	PA, QL
SAVELLA 100 MG TABLET	4	
SAVELLA 12.5 MG TABLET	4	
SAVELLA 25 MG TABLET	4	
SAVELLA 50 MG TABLET	4	
SAVELLA TITRATION PACK	4	
SCOPOLAMINE 1 MG/3 DAY PATCH	2	
SECONAL SODIUM 100 MG CAPSULE	4	
SECURESAFE PEN NDL 30GX5/16"	3	
SECURESAFE SYR 0.5 ML 29G 1/2"	3	
SECURESAFE SYRNG 1 ML 29G 1/2"	3	
SELEGILINE HCL 5 MG CAPSULE	2	
SELEGILINE HCL 5 MG TABLET	2	
SELENIUM SULFIDE 2.25% SHAMPOO	2	
SELENIUM SULFIDE 2.5% LOTION	2	
SE-NATAL-19 TABLET	1	
SE-NATAL 19 CHEWABLE TABLET	1	
SEN-SERTER	3	
SEREVENT DISKUS 50 MCG	3	QL
SERTRALINE 20 MG/ML ORAL CONC	2	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	4	
SF 1.1% GEL	2	
SF 5000 PLUS CREAM	2	
SHAROBEL 0.35 MG TABLET	1	
SHINGRIX VIAL KIT	3	QL
SHOPKO UNIFINE PENTIPS 4MM 32G	3	
SHOPKO UNIFINE PENTIPS 5MM 31G	3	
SHOPKO UNIFINE PENTIPS 8MM 31G	3	
SHOPKO UNIFINE PNTIPS 12MM 29G	3	
SIDESTREAM PEDIATRIC FACE MASK	3	QL
SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX
SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX
SIGNIFOR 0.9 MG/ML AMPULE	5	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)
SILDENAFIL 20 MG TABLET	5	PA, SRX	SOD POLYSTYREN SULF 15 G/60 ML	2	
SILHOUETTE INFUSION SET 23"	3		SOD SUL-POTASS SUL-MAG SUL SOL	4	
SILHOUETTE INFUSION SET 43"	3		SODIUM CHLORIDE 0.9% INHAL VL	2	
SILICONE MASK-INFANT	3	QL	SODIUM CHLORIDE 0.9% IRRIG	2	
SILICONE MASK-PEDIATRIC	3	QL	SODIUM CHLORIDE 0.9% IRRIG.	2	
SILODOSIN 4 MG CAPSULE	2	QL	SODIUM CHLORIDE 0.9% PRCSS SOL	2	
SILODOSIN 8 MG CAPSULE	2	QL	SODIUM CHLORIDE 10% VIAL	2	
SIL-SERTER INFUSION SET	3		SODIUM CHLORIDE 3% VIAL	2	
SILVER NITRATE 0.5% SOLN	2		SODIUM CHLORIDE 7% VIAL	2	
SILVER NITRATE 10% SOLUTION	2		SODIUM FLUORIDE 0.2% RINSE	2	
SILVER NITRATE 25% SOLUTION	2		SODIUM FLUORIDE 1.1% CREAM	2	
SILVER NITRATE 50% SOLUTION	2		SODIUM FLUORIDE 1.1% GEL	2	
SILVER SULFADIAZINE 1% CREAM	2		SODIUM FLUORIDE 5000 DRY MOUTH	2	
SIMBRINZA 1%-0.2% EYE DROP	3		SODIUM FLUORIDE 5000 PLUS CRM	2	
SIMLANDI	5	PA, QL, SRX	SODIUM FLUORIDE 5000 PPM CREAM	2	
SIMLIYA 28 DAY TABLET	1		SODIUM FLUORIDE 5000 PPM PASTE	2	
SIMPESSE 0.15-0.03-0.01 MG TAB	1		SOD FLUORIDE ENAM PROT 5000PPM	2	
SIMVASTATIN 10 MG TABLET	1		SODIUM FLUORIDE SENSTV 5000PPM	2	
SIMVASTATIN 20 MG TABLET	1		SODIUM PHENYLBUTYRATE 500MG TB	5	SRX
SIMVASTATIN 40 MG TABLET	1		SODIUM PHENYLBUTYRATE POWDER	5	SRX
SIMVASTATIN 5 MG TABLET	1		SODIUM POLYSTYRENE SULF POWDER	2	
SIMVASTATIN 80 MG TABLET	1	QL	SODIUM SULFACETAMIDE 10% LOTN	2	
SIROLIMUS 0.5 MG TABLET	2		SOFOBUIVIR-VELPATASVIR 400-100	5	PA, QL, SRX
SIROLIMUS 1 MG TABLET	2		SOF-SERTER INSERTION DEVICE	3	
SIROLIMUS 1 MG/ML SOLUTION	5	SRX	SOF-SET MICRO INFUSION SET	3	
SIROLIMUS 2 MG TABLET	2		SOF-SET ULTIMATE QR SET	3	
SIRTURO 100 MG TABLET	4	PA, LDD	SOLIFENACIN 10 MG TABLET	3	QL
SIRTURO 20 MG TABLET	4	PA, LDD	SOLIFENACIN 5 MG TABLET	3	QL
SKY SAFETY PEN NEEDLE 30G 5MM	3		SOLUS V2 CONTROL SOLUTION HIGH	3	
SKY SAFETY PEN NEEDLE 30G 8MM	3		SOLUS V2 CONTROL SOLUTION LOW	3	
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX	SOMAVERT 10 MG VIAL	5	PA, LDD, SRX
SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX	SOMAVERT 15 MG VIAL	5	PA, LDD, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX	SOMAVERT 20 MG VIAL	5	PA, LDD, SRX
SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX	SOMAVERT 25 MG VIAL	5	PA, LDD, SRX
SLYND 4 MG TABLET	4		SOMAVERT 30 MG VIAL	5	PA, LDD, SRX
SM INS SYR 0.5 ML 29GX1/2"	3		SORAFENIB 200 MG TABLET	5	PA, QL, SRX
SM INS SYR 0.5 ML 30GX5/16"	3		SOTALOL 120 MG TABLET	2	
SM INS SYR 1 ML 29GX1/2"	3		SOTALOL 160 MG TABLET	2	
SM INS SYRINGE 0.3 ML 30GX5/16"	3		SOTALOL 240 MG TABLET	2	
SM INS SYRINGE 1 ML 28GX1/2"	3		SOTALOL 80 MG TABLET	2	
SM INS SYRINGE 1 ML 30GX5/16"	3		SOTALOL AF 120 MG TABLET	2	
SM INSUL SYR 0.3 ML 31GX5/16"	3		SOTALOL AF 160 MG TABLET	2	
SM INSUL SYR 0.5 ML 31GX5/16"	3		SOTALOL AF 80 MG TABLET	2	
SM INSULIN SYR 0.3 ML 29GX1/2"	3		SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SM INSULIN SYR 0.5 ML 28GX1/2"	3		SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX
SM INSULIN SYR 1 ML 31GX5/16"	3		SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX
SMARTEST CONTROL SOLUTION	3		SOVALDI 200 MG TABLET	5	PA, QL, SRX



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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SOVALDI 400 MG TABLET	5	PA, QL, SRX
SPIKEVAX COVID (18Y UP) VACC	3	
SPINOSAD 0.9% TOPICAL SUSP	2	
SPIRONOLACTONE 100 MG TABLET	2	
SPIRONOLACTONE 25 MG TABLET	2	
SPIRONOLACTONE 50 MG TABLET	2	
SPIRONOLACTONE-HCTZ 25-25 TAB	2	
SPRINTEC 28 DAY TABLET	1	
SPRYCEL 100 MG TABLET	5	PA, QL, SRX
SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SPRYCEL 20 MG TABLET	5	PA, QL, SRX
SPRYCEL 50 MG TABLET	5	PA, QL, SRX
SPRYCEL 70 MG TABLET	5	PA, QL, SRX
SPRYCEL 80 MG TABLET	5	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSP	2	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML SOLUTION	4	
STAVUDINE 40 MG CAPSULE	2	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2	
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
STRIBILD TABLET	3	QL
SUBVENITE TAB START KIT (BLUE)	2	
SUBVENITE TAB START KIT(GREEN)	2	
SUBVENITE TAB START KT(ORANGE)	2	
SUBVENITE 100 MG TABLET	2	
SUBVENITE 150 MG TABLET	2	
SUBVENITE 200 MG TABLET	2	
SUBVENITE 25 MG TABLET	2	
SUCRAID 17,000 UNIT/2 ML SOLN	5	LDD, SRX
SUCRAID 8,500 UNIT/ML SOLN	5	LDD, SRX
SUCRALFATE 1 GM TABLET	2	
SULFACETAMIDE 10% EYE DROPS	2	
SULFACETAMIDE 10% EYE OINTMENT	2	
SULFACETAMIDE SOD 10% TOP SUSP	2	
SULF-PRED 10-0.23% EYE DROPS	2	
SULFADIAZINE 500 MG TABLET	2	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMETHOXAZOLE-TMP SUSP	2	
SULFAMYLON 8.5% CREAM	4	
SULFASALAZINE 500 MG TABLET	2	
SULFASALAZINE DR 500 MG TAB	2	
SULINDAC 150 MG TABLET	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SULINDAC 200 MG TABLET	2	
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SUMATRIPTAN 4 MG/0.5 ML CART	2	QL
SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SUMATRIPTAN 6 MG/0.5 ML CART	2	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	2	QL
SUMATRIPTAN SUCC 100 MG TABLET	2	QL
SUMATRIPTAN SUCC 25 MG TABLET	2	QL
SUMATRIPTAN SUCC 50 MG TABLET	2	QL
SUNITINIB MALATE 12.5 MG CAP	5	PA, QL, SRX
SUNITINIB MALATE 25 MG CAPSULE	5	PA, QL, SRX
SUNITINIB MALATE 37.5 MG CAP	5	PA, QL, SRX
SUNITINIB MALATE 50 MG CAPSULE	5	PA, QL, SRX
SUPRAX 100 MG TABLET CHEWABLE	4	
SUPRAX 200 MG TABLET CHEWABLE	4	
SUPRAX 500 MG/5 ML SUSPENSION	4	
SURE CMFT SFTY PEN NDL 31G 6MM	3	
SURE CMFT SFTY PEN NDL 32G 4MM	3	
SURE COMFORT 0.3 ML SYRINGE	3	
SURE COMFORT 0.5 ML SYRINGE	3	
SURE COMFORT 1 ML SYRINGE	3	
SURE COMFORT 3/10 ML SYRINGE	3	
SURE COMFORT 30G PEN NEEDLE	3	
SURE COMFORT INS 0.3ML 31GX1/4	3	
SURE COMFORT INS 0.5ML 31GX1/4	3	
SURE COMFORT INS 1 ML 31GX1/4"	3	
SURE COMFORT PEN NDL 29GX1/2"	3	
SURE COMFORT PEN NDL 31G 5MM	3	
SURE COMFORT PEN NDL 31G 8MM	3	
SURE COMFORT PEN NDL 32G 4MM	3	
SURE COMFORT PEN NDL 32G 6MM	3	
SURE-FINE PEN NEEDLES 12.7MM	3	
SURE-FINE PEN NEEDLES 5MM	3	
SURE-FINE PEN NEEDLES 8MM	3	
SURE-JECT INS 0.3 ML 31GX5/16"	3	
SURE-JECT INS 0.5 ML 31GX5/16"	3	
SURE-JECT INSU SYR U100 0.3 ML	3	
SURE-JECT INSU SYR U100 0.5 ML	3	
SURE-JECT INSU SYR U100 1 ML	3	
SURE-JECT INSUL SYR U100 1 ML	3	
SURE-JECT INSULIN SYRINGE 1 ML	3	
SURE-T PARADIGM 18" SET	3	
SURE-T PARADIGM 23" SET	3	
SURE-T PARADIGM 32" SET	3	

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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-TEST EASYPLUS MINI SOLN	3		TAKE ACTION 1.5 MG TABLET	1	
SYEDA 28 TABLET	1		TAMOXIFEN 10 MG TABLET	2	
SYMAX FASTABS 0.125 MG TABLET	2		TAMOXIFEN 20 MG TABLET	2	
SYMAX-SL 0.125 MG TABLET SL	2		TAMSULOSIN HCL 0.4 MG CAPSULE	2	
SYMAX-SR 0.375 MG TABLET	2		TARINA 24 FE 1 MG-20 MCG TAB	1	
SYMLINPEN 120 PEN INJECTOR	4	QL	TARINA FE 1-20 EQ TABLET	1	
SYMLINPEN 60 PEN INJECTOR	4	QL	TARINA FE 1-20 TABLET	1	
SYMTUZA 800-150-200-10 MG TAB	3	QL	TARON-C DHA CAPSULE	1	
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX	TARON-PREX PRENATAL DHA CAP	1	
SYNERA PATCH	4		TASIGNA 150 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 100 MCG TABLET	4		TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 112 MCG TABLET	4		TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 125 MCG TABLET	4		TAYSOFY 1 MG-20 MCG CAPSULE	1	
SYNTHROID 137 MCG TABLET	4		TAZAROTENE 0.05% GEL	4	
SYNTHROID 150 MCG TABLET	4		TAZAROTENE 0.1% CREAM	2	
SYNTHROID 175 MCG TABLET	4		TAZAROTENE 0.1% GEL	4	
SYNTHROID 200 MCG TABLET	4		TAZORAC 0.05% CREAM	4	
SYNTHROID 25 MCG TABLET	4		TAZTIA XT 120 MG CAPSULE	2	
SYNTHROID 300 MCG TABLET	4		TAZTIA XT 180 MG CAPSULE	2	
SYNTHROID 50 MCG TABLET	4		TAZTIA XT 240 MG CAPSULE	2	
SYNTHROID 75 MCG TABLET	4		TAZTIA XT 300 MG CAPSULE	2	
SYNTHROID 88 MCG TABLET	4		TAZTIA XT 360 MG CAPSULE	2	
T:30 INFUSION SET 23" 13MM	3		TDVAX VIAL	3	
T:30 INFUSION SET 43" 13MM	3		TECHLITE 0.3 ML 29GX12MM (1/2)	3	
T:90 INFUSION SET 23" 6MM	3		TECHLITE 0.3 ML 30GX12MM (1/2)	3	
T:90 INFUSION SET 23" 9MM	3		TECHLITE 0.3 ML 30GX8MM (1/2)	3	
T:90 INFUSION SET 43" 9MM	3		TECHLITE 0.3 ML 31GX6MM (1/2)	3	
T:FLEX 4.8 ML CARTRIDGE	3		TECHLITE 0.3 ML 31GX8MM (1/2)	3	
T:SLIM 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 29GX12MM (1/2)	3	
T:SLIM G4 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30GX12MM (1/2)	3	
T:SLIM X2 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30GX8MM (1/2)	3	
TABLOID 40 MG TABLET	4	PA	TECHLITE 0.5 ML 31GX6MM (1/2)	3	
TACROLIMUS 0.03% OINTMENT	2		TECHLITE 0.5 ML 31GX8MM (1/2)	3	
TACROLIMUS 0.1% OINTMENT	2		TECHLITE INS SYR 1 ML 29GX12MM	3	
TACROLIMUS 0.5 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 30GX12MM	3	
TACROLIMUS 1 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 30GX8MM	3	
TACROLIMUS 5 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 31GX6MM	3	
TADALAFIL 2.5 MG TABLET	2	PA, QL	TECHLITE INS SYR 1 ML 31GX8MM	3	
TADALAFIL 20 MG TABLET	5	PA, SRX	TECHLITE PEN NEEDLE 29GX1/2"	3	
TADALAFIL 5 MG TABLET	2	PA, QL	TECHLITE PEN NEEDLE 29GX3/8"	3	
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL, SRX	TECHLITE PEN NEEDLE 31GX1/4"	3	
TAFINLAR 50 MG CAPSULE	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31GX3/16"	3	
TAFINLAR 75 MG CAPSULE	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31GX5/16"	3	
TAFLUPROST 0.0015% EYE DROP	4	QL	TECHLITE PEN NEEDLE 32GX1/4"	3	
TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32GX5/16"	3	
TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32GX5/32"	3	
			TELCARE CONTROL SOLUTION	3	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TELMISARTAN 20 MG TABLET	2	
TELMISARTAN 40 MG TABLET	2	
TELMISARTAN 80 MG TABLET	2	
TELMISARTAN-AMLODIPINE 40-10	2	
TELMISARTAN-AMLODIPINE 40-5 MG	2	
TELMISARTAN-AMLODIPINE 80-10	2	
TELMISARTAN-AMLODIPINE 80-5 MG	2	
TELMISARTAN-HCTZ 40-12.5 MG TB	2	
TELMISARTAN-HCTZ 80-12.5 MG TB	2	
TELMISARTAN-HCTZ 80-25 MG TAB	2	
TEMAZEPAM 15 MG CAPSULE	2	
TEMAZEPAM 22.5 MG CAPSULE	2	
TEMAZEPAM 30 MG CAPSULE	2	
TEMAZEPAM 7.5 MG CAPSULE	2	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX
TENCON 50-325 MG TABLET	2	
TENIVAC SYRINGE	3	
TENIVAC VIAL	3	
TENOFOVIR DISOP FUM 300 MG TB	2	
TERAZOSIN 1 MG CAPSULE	1	
TERAZOSIN 10 MG CAPSULE	1	
TERAZOSIN 2 MG CAPSULE	1	
TERAZOSIN 5 MG CAPSULE	1	
TERBINAFINE HCL 250 MG TABLET	1	
TERBUTALINE SULFATE 2.5 MG TAB	2	
TERBUTALINE SULFATE 5 MG TAB	2	
TERCONAZOLE 0.4% CREAM	2	
TERCONAZOLE 0.8% CREAM	2	
TERCONAZOLE 80 MG SUPPOSITORY	2	
TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TERUMO INS SYR 0.3 ML 29GX1/2"	3	
TERUMO INS SYRINGE U100-1 ML	3	
TERUMO INS SYRINGE U100-1/2 ML	3	
TERUMO INS SYRINGE U100-1/3 ML	3	
TERUMO INS SYRNG U100-1/2 ML	3	
TERUMO SURGUARD2 NDL 21GX1 1.5	3	
TERUMO SURGUARD2 NDL 22X1-1/2"	3	
TERUMO SURGUARD2 NDL 23X1-1/2"	3	
TERUMO SURGUARD2 NEEDLE 18GX1"	3	
TERUMO SURGUARD2 NEEDLE 18X1.5	3	
TERUMO SURGUARD2 NEEDLE 19GX1"	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TERUMO SURGUARD2 NEEDLE 19X1.5	3	
TERUMO SURGUARD2 NEEDLE 20GX1"	3	
TERUMO SURGUARD2 NEEDLE 20X1.5	3	
TERUMO SURGUARD2 NEEDLE 21GX1"	3	
TERUMO SURGUARD2 NEEDLE 22GX1"	3	
TERUMO SURGUARD2 NEEDLE 23GX1"	3	
TERUMO SURGUARD2 NEEDLE 25GX1"	3	
TERUMO SURGUARD2 NEEDLE 25X1.5	3	
TERUMO SURGUARD2 NEEDLE 25X5/8	3	
TERUMO SURGUARD2 NEEDLE 26X1/2	3	
TERUMO SURGUARD2 NEEDLE 27X1/2	3	
TERUMO SURGUARD2 NEEDLE 30X1/2	3	
TERUMO SYRINGE 3 ML	3	
TESTOSTERON CYP 1,000 MG/10 ML	2	
TESTOSTERON CYP 2,000 MG/10 ML	2	
TESTOSTERON ENAN 1,000 MG/5 ML	2	
TESTOSTERONE 1% (25MG/2.5G) PK	2	QL
TESTOSTERONE 1% (50 MG/5 G) PK	2	QL
TESTOSTERONE 1.62% (2.5 G) PKT	2	QL
TESTOSTERONE 1.62% GEL PUMP	2	QL
TESTOSTERONE 1.62%(1.25 G) PKT	2	QL
TESTOSTERONE 10 MG GEL PUMP	2	QL
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TESTOSTERONE 50 MG/5 GRAM PKT	2	QL
TESTOSTERONE CYP 1,000 MG/10ML	2	
TESTOSTERONE CYP 1,000 MG/5 ML	2	
TESTOSTERONE CYP 200 MG/ML	2	
TESTOSTERONE CYP 500 MG/2.5 ML	2	
TESTOSTERONE CYP 6,000 MG/30ML	2	
TESTOSTERONE ENAN 200 MG/ML	2	
TETCAINE 0.5% EYE DROP	2	
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX
TETRACAINE 0.5% EYE DROP	2	
TETRACAINE 0.5% STERI-UNIT SOL	2	
TETRACYCLINE 250 MG CAPSULE	2	
TETRACYCLINE 500 MG CAPSULE	2	
TEXACORT 2.5% SOLUTION	4	
TEXACORT	4	
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 150 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 200 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX
THEOPHYLLINE 80 MG/15 ML SOLN	2	
THEOPHYLLINE ER 100 MG TABLET	2	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
THEOPHYLLINE ER 200 MG TABLET	2		TIS-U-SOL PENTALYTE IRRIG SOLN	4	
THEOPHYLLINE ER 300 MG TAB	2		TIVICAY 10 MG TABLET	3	
THEOPHYLLINE ER 300 MG TABLET	2		TIVICAY 25 MG TABLET	3	
THEOPHYLLINE ER 400 MG TABLET	2		TIVICAY 50 MG TABLET	3	
THEOPHYLLINE ER 450 MG TAB	2		TIVICAY PD 5 MG TAB FOR SUSP	3	
THEOPHYLLINE ER 450 MG TABLET	2		TIZANIDINE HCL 2 MG TABLET	2	
THEOPHYLLINE ER 600 MG TABLET	2		TIZANIDINE HCL 4 MG TABLET	2	
THINPRO INS SYRIN U100-0.3 ML	3		TOBRAMYCIN 0.3% EYE DROP	2	
THINPRO INS SYRIN U100-0.5 ML	3		TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX
THINPRO INS SYRIN U100-1 ML	3		TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
THIORIDAZINE 10 MG TABLET	2		TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	
THIORIDAZINE 100 MG TABLET	2		TODAY'S HLTH PN NEEDLE 6MM 31G	3	
THIORIDAZINE 25 MG TABLET	2		TOLCAPONE 100 MG TABLET	5	SRX
THIORIDAZINE 50 MG TABLET	2		TOLMETIN SODIUM 200 MG TAB	2	
THIOTHIXENE 1 MG CAPSULE	2		TOLMETIN SODIUM 400 MG CAP	2	
THIOTHIXENE 10 MG CAPSULE	2		TOLMETIN SODIUM 600 MG TAB	2	
THIOTHIXENE 2 MG CAPSULE	2		TOLTERODINE TART ER 2 MG CAP	2	
THIOTHIXENE 5 MG CAPSULE	2		TOLTERODINE TART ER 4 MG CAP	2	
THRIVITE 19 TABLET	1		TOLTERODINE TARTRATE 1 MG TAB	2	
THYROID 120 MG TABLET	1		TOLTERODINE TARTRATE 2 MG TAB	2	
THYROID 15 MG TABLET	1		TOLVAPTAN 15 MG TABLET	5	PA, SRX
THYROID 30 MG TABLET	1		TOLVAPTAN 30 MG TABLET	5	PA, SRX
THYROID 60 MG TABLET	1		TOPCARE CLICKFINE 31G X 1/4"	3	
THYROID 90 MG TABLET	1		TOPCARE CLICKFINE 31G X 5/16"	3	
TIADYL ER 120 MG CAPSULE	2		TOPCARE ULTRA COMFORT SYRINGE	3	
TIADYL ER 180 MG CAPSULE	2		TOPIRAMATE 100 MG TABLET	2	
TIADYL ER 240 MG CAPSULE	2		TOPIRAMATE 15 MG SPRINKLE CAP	2	
TIADYL ER 300 MG CAPSULE	2		TOPIRAMATE 200 MG TABLET	2	
TIADYL ER 360 MG CAPSULE	2		TOPIRAMATE 25 MG SPRINKLE CAP	2	
TIADYL ER 420 MG CAPSULE	2		TOPIRAMATE 25 MG TABLET	2	
TIAGABINE HCL 12 MG TABLET	2		TOPIRAMATE 50 MG TABLET	2	
TIAGABINE HCL 16 MG TABLET	2		TOPIRAMATE ER 100 MG CAPSULE	2	
TIAGABINE HCL 2 MG TABLET	2		TOPIRAMATE ER 150 MG CAPSULE	2	
TIAGABINE HCL 4 MG TABLET	2		TOPIRAMATE ER 200 MG CAPSULE	2	
TILIA FE 28 TABLET	1		TOPIRAMATE ER 25 MG CAPSULE	2	
TIMOLOL 0.25% GEL-SOLUTION	2		TOPIRAMATE ER 50 MG CAPSULE	2	
TIMOLOL 0.5% GEL-SOLUTION	2		TOREMIFENE CITRATE 60 MG TAB	4	
TIMOLOL 0.5% GFS GEL-SOLUTION	2		TORSEMIDE 10 MG TABLET	2	
TIMOLOL MALEATE 0.25% EYE DROP	2		TORSEMIDE 100 MG TABLET	2	
TIMOLOL MALEATE 0.5% EYE DROPS	2		TORSEMIDE 20 MG TABLET	2	
TIMOLOL MALEATE 10 MG TABLET	2		TORSEMIDE 5 MG TABLET	2	
TIMOLOL MALEATE 20 MG TABLET	2		TOVET EMOLLIENT 0.05% FOAM	2	
TIMOLOL MALEATE 5 MG TABLET	2		TRAMADOL ER 100 MG TABLET	2	PA, QL
TINIDAZOLE 250 MG TABLET	2		TRAMADOL ER 200 MG TABLET	2	PA, QL
TINIDAZOLE 500 MG TABLET	2		TRAMADOL ER 300 MG TABLET	2	PA, QL
TIOPRONIN 100 MG TABLET	5	SRX	TRAMADOL HCL 50 MG TABLET	2	QL

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRAMADOL HCL ER 100 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.5% CREAM	2	
TRAMADOL HCL ER 150 MG CAPSULE	2	PA, QL	TRIAMCINOLONE 0.5% OINTMENT	2	
TRAMADOL HCL ER 200 MG TABLET	2	PA, QL	TRIAMTERENE 100 MG CAPSULE	4	
TRAMADOL HCL ER 300 MG TABLET	2	PA, QL	TRIAMTERENE 50 MG CAPSULE	4	
TRAMADOL-ACETAMINOPHN 37.5-325	2	QL	TRIAMTERENE-HCTZ 37.5-25 MG CP	2	
TRANDOLAPRIL 1 MG TABLET	1		TRIAMTERENE-HCTZ 37.5-25 MG TB	1	
TRANDOLAPRIL 2 MG TABLET	1		TRIAMTERENE-HCTZ 75-50 MG TAB	1	
TRANDOLAPRIL 4 MG TABLET	1		TRIAZOLAM 0.125 MG TABLET	2	
TRANDOLAPR-VERAPAM ER 1-240 MG	2		TRIAZOLAM 0.25 MG TABLET	2	
TRANDOLAPR-VERAPAM ER 2-180 MG	2		TRIDERM 0.1% CREAM	2	
TRANDOLAPR-VERAPAM ER 2-240 MG	2		TRIDERM 0.5% CREAM	2	
TRANDOLAPR-VERAPAM ER 4-240 MG	2		TRI-ESTARYLLA TABLET	1	
TRANEXAMIC ACID 650 MG TABLET	2		TRIFLUOPERAZINE 1 MG TABLET	2	
TRANLYCYPROMINE SULF 10 MG TAB	2		TRIFLUOPERAZINE 10 MG TABLET	2	
TRAVOPROST 0.004% EYE DROP	2		TRIFLUOPERAZINE 2 MG TABLET	2	
TRAZODONE 100 MG TABLET	1		TRIFLUOPERAZINE 5 MG TABLET	2	
TRAZODONE 150 MG TABLET	1		TRIFLURIDINE 1% EYE DROPS	2	
TRAZODONE 300 MG TABLET	2		TRIHEXYPHENIDYL 2 MG TABLET	1	
TRAZODONE 50 MG TABLET	1		TRIHEXYPHENIDYL 2 MG/5 ML SOLN	2	
TRECATOR 250 MG TABLET	4		TRIHEXYPHENIDYL 5 MG TABLET	2	
TRELEGY ELLIPTA 100-62.5-25	3	QL	TRIKAFTA 100-50-75 MG/150 MG	5	PA, QL, LDD, SRX
TRELEGY ELLIPTA 200-62.5-25	3	QL	TRIKAFTA 100-50-75 MG/75MG PKT	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML INJECTOR	5	PA, QL, SRX	TRIKAFTA 50-25-37.5 MG/75 MG	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX	TRIKAFTA 80-40-60MG/59.5MG PKT	5	PA, QL, LDD, SRX
TRETINOIN 0.01% GEL	2	PA_AGE	TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN 0.025% CREAM	2	PA_AGE	TRI-LINYAH TABLET	1	
TRETINOIN 0.025% GEL	2	PA_AGE	TRI-LO-ESTARYLLA TABLET	1	
TRETINOIN 0.05% CREAM	2	PA_AGE	TRI-LO-MARZIA TABLET	1	
TRETINOIN 0.05% GEL	2	PA_AGE	TRI-LO-MILI TABLET	1	
TRETINOIN 0.1% CREAM	2	PA_AGE	TRI-LO-SPRINTEC TABLET	1	
TRETINOIN 10 MG CAPSULE	4	PA	TRIMETHOBENZAMIDE 300 MG CAP	2	
TRETINOIN GEL MICRO 0.04% PUMP	2	PA_AGE	TRIMETHOPRIM 100 MG TABLET	2	
TRETINOIN GEL MICRO 0.04% TUBE	2	PA_AGE	TRI-MILI 28 TABLET	1	
TRETINOIN GEL MICRO 0.1% PUMP	2	PA_AGE	TRIMIPRAMINE MALEATE 100 MG CP	2	
TRETINOIN GEL MICRO 0.1% TUBE	2	PA_AGE	TRIMIPRAMINE MALEATE 25 MG CAP	2	
TRETIN-X 0.025% CREAM COMB PCK	4	PA_AGE	TRIMIPRAMINE MALEATE 50 MG CAP	2	
TRETIN-X 0.05% COMBO PACK	4	PA_AGE	TRINATAL RX 1	1	
TRETIN-X 0.075% CREAM	4	PA_AGE	TRINTELLIX 10 MG TABLET	4	QL, ST
TRETIN-X 0.1% COMBO PACK	4	PA_AGE	TRINTELLIX 20 MG TABLET	4	QL, ST
TRI FEMYNOR 28 TABLET	1		TRINTELLIX 5 MG TABLET	4	QL, ST
TRIAMCINOLONE 0.025% CREAM	2		TRI-NYMYO 28 TABLET	1	
TRIAMCINOLONE 0.025% LOTION	2		TRI-PREVFEM TABLET	1	
TRIAMCINOLONE 0.025% OINT	2		TRI-SPRINTEC TABLET	1	
TRIAMCINOLONE 0.1% CREAM	2		TRIUMEQ 600-50-300 MG TABLET	3	QL
TRIAMCINOLONE 0.1% LOTION	2		TRIUMEQ PD 60-5-30 MG TAB SUSP	3	QL
TRIAMCINOLONE 0.1% OINTMENT	2		TRI-VITE-FLUORIDE 0.25 MG/ML	2	
TRIAMCINOLONE 0.1% PASTE	2		TRI-VITE-FLUORIDE 0.5 MG/ML	2	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRI-VIT-FLUOR 0.25 MG/ML DROP	2		TRUEPLUS PEN NEEDLE 31GX5/16"	3	
TRI-VIT-FLUOR 0.5 MG/ML DROP	2		TRUEPLUS PEN NEEDLE 32GX5/32"	3	
TRIVORA-28 TABLET	1		TRUEPLUS SYR 0.3ML 29GX1/2"	3	
TRI-VYLIBRA 28 TABLET	1		TRUEPLUS SYR 0.3ML 30GX5/16"	3	
TRI-VYLIBRA LO TABLET	1		TRUEPLUS SYR 0.3ML 31GX5/16"	3	
TROPICAMIDE 0.5% EYE DROP	2		TRUEPLUS SYR 0.5ML 28GX1/2"	3	
TROPICAMIDE 0.5% EYE DROPS	2		TRUEPLUS SYR 0.5ML 29GX1/2"	3	
TROPICAMIDE 1% EYE DROP	2		TRUEPLUS SYR 0.5ML 30GX5/16"	3	
TROPICAMIDE 1% EYE DROPS	2		TRUEPLUS SYR 0.5ML 31GX5/16"	3	
TROSPIMUM CHLORIDE 20 MG TABLET	2		TRUEPLUS SYR 1ML 28GX1/2"	3	
TROSPIMUM CHLORIDE ER 60 MG CAP	2		TRUEPLUS SYR 1ML 29GX1/2"	3	
TRUE CMFRT PRO 0.5ML 30G 5/16"	3		TRUEPLUS SYR 1ML 30GX5/16"	3	
TRUE CMFRT PRO 0.5ML 31G 5/16"	3		TRUEPLUS SYR 1ML 31GX5/16"	3	
TRUE CMFRT PRO 0.5ML 32G 5/16"	3		TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN ND 31G 5MM	3		TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN ND 31G 6MM	3		TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN ND 32G 4MM	3		TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT 0.5 ML 31GX5/16"	3		TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TRUE COMFORT 1 ML 31GX5/16"	3		TRUST NATAL DHA	1	
TRUE COMFORT PEN ND 31G 5MM	3		TRUSTEEL INFUSION SET 23" 6MM	3	
TRUE COMFORT PEN ND 31G 6MM	3		TRUSTEEL INFUSION SET 23" 8MM	3	
TRUE COMFORT PEN ND 31G 8MM	3		TRUSTEEL INFUSION SET 32" 6MM	3	
TRUE COMFORT PEN ND 31GX5MM	3		TRUSTEEL INFUSION SET 32" 8MM	3	
TRUE COMFORT PEN ND 31GX6MM	3		TRUZONE PEAK FLOW METER	3	
TRUE COMFORT PEN ND 32G 4MM	3		TULANA 0.35 MG TABLET	1	
TRUE COMFORT PEN ND 32G 5MM	3		TWINRIX VACCINE SYRINGE	3	
TRUE COMFORT PEN ND 32G 6MM	3		TYBOST 150 MG TABLET	3	
TRUE COMFORT PEN ND 32GX4MM	3		TYDEMY 3-0.03-0.451 MG TABLET	1	
TRUE COMFORT PEN ND 33G 4MM	3		TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, QL, SRX
TRUE COMFORT PEN ND 33G 5MM	3		TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LDD, SRX
TRUE COMFORT PEN ND 33G 6MM	3		TYVASO INSTITUTIONAL START KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1 ML 30G 1/2"	3		TYVASO REFILL KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 30G 5/16"	3		TYVASO STARTER KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 31G 5/16"	3		UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
TRUE COMFORT PRO 1ML 32G 5/16"	3		UDENYCA 6 MG/0.6 ML AUTOINJECT	5	PA, SRX
TRUE COMFRT PRO 0.5ML 30G 1/2"	3		ULESFIA 5% LOTION	4	
TRUE METRIX LEVEL 1 CTRL SOLN	3		ULT CFT 0.3 ML 29GX1/2" (1/2)	3	
TRUE METRIX LEVEL 2 CTRL SOLN	3		ULT CFT 0.3 ML 31GX5/16" (1/2)	3	
TRUE METRIX LEVEL 3 CTRL SOLN	3		ULTICARE INS SYR 1 ML 31GX5/16"	3	
TRUECONTROL GLUCOSE SOLUTION	3		ULTICAR INS 0.3ML 31GX1/4(1/2)	3	
TRUEPLUS KETONE TEST STRIP	3		ULTICARE INS 0.3 ML 30GX1/2"	3	
TRUEPLUS PEN NEEDLE 29G 12MM	3		ULTICARE INS 0.3 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 29GX1/2"	3		ULTICARE INS 0.5 ML 30GX1/2"	3	
TRUEPLUS PEN NEEDLE 31G 5MM	3		ULTICARE INS 0.5 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 31G 8MM	3		ULTICARE INS 1 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 31G X 1/4"	3		ULTICARE INS SAFETY 1ML 29X1/2	3	
TRUEPLUS PEN NEEDLE 31GX3/16"	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)
ULTICARE INS SYR 1 ML 28GX1/2"	3		ULTILET PEN NEEDLE 4MM 32G	3	
ULTICARE INS SYR 1 ML 29GX1/2"	3		ULTRA COMFORT 0.3 ML 29GX1/2"	3	
ULTICARE INS SYR 1 ML 30GX1/2"	3		ULTRA COMFORT 0.3 ML SYRINGE	3	
ULTICARE LDS SYR 3 ML 22GX1.5"	3		ULTRA COMFORT 0.5 ML 28GX1/2"	3	
ULTICARE PEN NDJ 12.7 MM 29G	3		ULTRA COMFORT 0.5 ML 29GX1/2"	3	
ULTICARE PEN NEEDLE 31GX3/16"	3		ULTRA COMFORT 0.5 ML 31GX5/16"	3	
ULTICARE PEN NEEDLE 4MM 32G	3		ULTRA COMFORT 0.5 ML SYRINGE	3	
ULTICARE PEN NEEDLE 6MM 31G	3		ULTRA COMFORT 1 ML 28GX1/2"	3	
ULTICARE PEN NEEDLE 8 MM 31G	3		ULTRA COMFORT 1 ML 29GX1/2"	3	
ULTICARE PEN NEEDLE 8MM 31G	3		ULTRA COMFORT 1 ML 30GX5/16"	3	
ULTICARE PEN NEEDLES 12MM 29G	3		ULTRA COMFORT 1 ML 31GX5/16"	3	
ULTICARE PEN NEEDLES 4MM 32G	3		ULTRA COMFORT 1 ML SYRINGE	3	
ULTICARE PEN NEEDLES 6MM 31G	3		ULTRA FLO 0.3ML 30G 1/2" (1/2)	3	
ULTICARE PEN NEEDLES 6MM 32G	3		ULTRA FLO 0.3ML 30G 5/16"(1/2)	3	
ULTICARE PEN NEEDLES 8MM 31G	3		ULTRA FLO 0.3ML 31G 5/16"(1/2)	3	
ULTICARE SAFE PEN NDJ 30G 8MM	3		ULTRA FLO PEN NEEDLE 31G 5MM	3	
ULTICARE SAFE PEN NDJ 5MM 30G	3		ULTRA FLO PEN NEEDLE 31G 8MM	3	
ULTICARE SAFETY 0.5 ML 29GX1/2	3		ULTRA FLO PEN NEEDLE 32G 4MM	3	
ULTICARE SYR 0.3 ML 30GX1/2"	3		ULTRA FLO PEN NEEDLE 33G 4MM	3	
ULTICARE SYR 0.3 ML 30GX5/16"	3		ULTRA FLO PEN NEEDLES 12MM 29G	3	
ULTICARE SYR 0.3 ML 31GX5/16"	3		ULTRA FLO SYR 0.3 ML 29GX1/2"	3	
ULTICARE SYR 0.5 ML 29GX1/2"	3		ULTRA FLO SYR 0.3 ML 30G 5/16"	3	
ULTICARE SYR 0.5 ML 30GX1/2"	3		ULTRA FLO SYR 0.3 ML 31G 5/16"	3	
ULTICARE SYR 0.5 ML 30GX5/16"	3		ULTRA FLO SYR 0.5 ML 29G 1/2"	3	
ULTICARE SYR 0.5 ML 31GX5/16"	3		ULTRA THIN PEN NDJ 32G X 4MM	3	
ULTICARE SYR 1 ML 30GX5/16"	3		ULTRACARE INS 0.3 ML 30GX5/16"	3	
ULTICARE SYR 1 ML 31GX5/16"	3		ULTRACARE INS 0.3 ML 31GX5/16"	3	
ULTICARE SYRIN 0.3 ML 29GX1/2"	3		ULTRACARE INS 0.5 ML 30GX1/2"	3	
ULTICARE SYRIN 0.5 ML 28GX1/2"	3		ULTRACARE INS 0.5 ML 30GX5/16"	3	
ULTICARE SYRINGE 1 ML 30GX1/2"	3		ULTRACARE INS 0.5 ML 31GX5/16"	3	
ULTIGUARD SAFE 1ML 30G 12.7MM	3		ULTRACARE INS 1 ML 30G X 5/16"	3	
ULTIGUARD SAFE PACK 29G 12.7MM	3		ULTRACARE INS 1 ML 30GX1/2"	3	
ULTIGUARD SAFE PACK 32G 4MM	3		ULTRACARE INS 1 ML 31G X 5/16"	3	
ULTIGUARD SAFE0.3ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX1/4"	3	
ULTIGUARD SAFE0.5ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX3/16"	3	
ULTIGUARD SAFEPACK 1ML 31G 8MM	3		ULTRACARE PEN NEEDLE 31GX5/16"	3	
ULTIGUARD SAFEPACK 31G 5MM	3		ULTRACARE PEN NEEDLE 32GX1/4"	3	
ULTIGUARD SAFEPACK 31G 6MM	3		ULTRACARE PEN NEEDLE 32GX3/16"	3	
ULTIGUARD SAFEPACK 31G 8MM	3		ULTRACARE PEN NEEDLE 32GX5/32"	3	
ULTIGUARD SAFEPACK 32G 4MM	3		ULTRACARE PEN NEEDLE 33GX5/32"	3	
ULTIGUARD SAFEPACK 32G 6MM	3		ULTRA-FINE MICRO PEN NEEDLE	3	
ULTIGUARD SAFEPK 0.3ML 31G 8MM	3		ULTRA-THIN II 1 ML 31GX5/16"	3	
ULTIGUARD SAFEPK 0.5ML 31G 8MM	3		ULTRA-THIN II INS 0.3 ML 30G	3	
ULTILET INSULIN SYRINGE 0.3 ML	3		ULTRA-THIN II INS 0.3 ML 31G	3	
ULTILET INSULIN SYRINGE 0.5 ML	3		ULTRA-THIN II INS 0.5 ML 29G	3	
ULTILET INSULIN SYRINGE 1 ML	3		ULTRA-THIN II INS 0.5 ML 30G	3	
ULTILET PEN NEEDLE	3		ULTRA-THIN II INS 0.5 ML 31G	3	

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTRA-THIN II INS SYR 1 ML 29G	3		UNITHROID 200 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 30G	3		UNITHROID 25 MCG TABLET	1	
ULTRA-THIN II PEN NDJ 29GX1/2"	3		UNITHROID 300 MCG TABLET	1	
ULTRA-THIN II PEN NDJ 31GX5/16	3		UNITHROID 50 MCG TABLET	1	
ULTRATRAK CONTROL SOL NORMAL	3		UNITHROID 75 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	3		UNITHROID 88 MCG TABLET	1	
ULTRATRAK ULTIMATE CNTRL SOLN	3		URISTIX 4 REAGENT STRIPS	3	
UNIFINE PEN NEEDLE 32G 4MM	3		URISTIX REAGENT STRIPS	3	
UNIFINE PENTIPS 12MM 29G	3		UROQID-ACID NO.2 500-500 TB	4	
UNIFINE PENTIPS 29G 12MM	3		URSODIOL 250 MG TABLET	2	
UNIFINE PENTIPS 31G 5MM	3		URSODIOL 300 MG CAPSULE	2	
UNIFINE PENTIPS 31G 6MM	3		URSODIOL 500 MG TABLET	2	
UNIFINE PENTIPS 31G 8MM	3		USTELL CAPSULE	2	
UNIFINE PENTIPS 31GX3/16"	3		UTIRA-C TABLET	2	
UNIFINE PENTIPS 32G 4MM	3		VALACYCLOVIR HCL 1 GRAM TABLET	2	
UNIFINE PENTIPS 32G 6MM	3		VALACYCLOVIR HCL 500 MG TABLET	2	
UNIFINE PENTIPS 32GX1/4"	3		VALGANICLOVIR 450 MG TABLET	4	
UNIFINE PENTIPS 32GX5/32"	3		VALGANICLOVIR HCL 50 MG/ML	4	
UNIFINE PENTIPS 33GX5/32"	3		VALPROIC ACID 250 MG CAPSULE	2	
UNIFINE PENTIPS 6MM 31G	3		VALPROIC ACID 250 MG/5 ML SOLN	2	
UNIFINE PENTIPS 6MM NEEDLE	3		VALPROIC ACID 500 MG/10 ML SOL	2	
UNIFINE PENTIPS 8MM 31G	3		VALSARTAN 160 MG TABLET	2	
UNIFINE PENTIPS 8MM NEEDLE	3		VALSARTAN 320 MG TABLET	2	
UNIFINE PENTIPS MAX 30GX3/16"	3		VALSARTAN 40 MG TABLET	2	
UNIFINE PENTIPS NEEDLES 29G	3		VALSARTAN 80 MG TABLET	2	
UNIFINE PENTIPS PLUS 29GX1/2"	3		VALSARTAN-HCTZ 160-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX1/4"	3		VALSARTAN-HCTZ 160-25 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX3/16"	3		VALSARTAN-HCTZ 320-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX5/16"	3		VALSARTAN-HCTZ 320-25 MG TAB	2	
UNIFINE PENTIPS PLUS 32GX5/32"	3		VALSARTAN-HCTZ 80-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 33GX5/32"	3		VANADOM 350 MG TABLET	2	
UNIFINE PENTIPS PLUS 30GX3/16"	3		VANCOMYCIN HCL 125 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX3/16"	3		VANCOMYCIN HCL 250 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX5/16"	3		VANDA ZOLE VAGINAL 0.75% GEL	2	
UNIFINE SAFECONTROL 32G 4MM	3		VANISHPOINT 0.5 ML 30GX1/2" SY	3	
UNIFINE ULTRA PEN NDJ 31G 5MM	3		VANISHPOINT 20GX1" 3 ML SYRING	3	
UNIFINE ULTRA PEN NDJ 31G 6MM	3		VANISHPOINT 21GX1.5" 3 ML SYR	3	
UNIFINE ULTRA PEN NDJ 31G 8MM	3		VANISHPOINT 22GX1" 3 ML SYR	3	
UNIFINE ULTRA PEN NDJ 32G 4MM	3		VANISHPOINT 23GX1" 3 ML SYRING	3	
UNISTRIP CONTROL SOLUTION HIGH	3		VANISHPOINT 23GX1-1/2 3 ML SYR	3	
UNISTRIP CONTROL SOLUTION LOW	3		VANISHPOINT 25GX1" 3 ML SYRING	3	
UNITHROID 100 MCG TABLET	1		VANISHPOINT 25GX5/8" 3 ML SYR	3	
UNITHROID 112 MCG TABLET	1		VANISHPOINT 3 ML 21GX1" SYRING	3	
UNITHROID 125 MCG TABLET	1		VANISHPOINT 3 ML 22GX1.5" SYRG	3	
UNITHROID 137 MCG TABLET	1		VANISHPOINT INS 1 ML 30GX3/16"	3	
UNITHROID 150 MCG TABLET	1		VANISHPOINT U-100 29X1/2 SYR	3	
UNITHROID 175 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML SYRINGE	3	



## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VAQTA 25 UNITS/0.5 ML VIAL	3		VERAPAMIL SR 180 MG CAPSULE	2	
VAQTA 50 UNITS/ML SYRINGE	3		VERAPAMIL SR 240 MG CAPSULE	2	
VAQTA 50 UNITS/ML VIAL	3		VERAPAMIL SR 360 MG CAPSULE	2	
VARENICLINE STARTING MONTH BOX	3		VERASENS CONTROL SOLN-LEVEL 1	3	
VARENICLINE 0.5 MG TABLET	3		VEREGEN 15% OINTMENT	4	
VARENICLINE 1 MG TABLET	3		VERIFINE INS SYR 1 ML 29G 1/2"	3	
VARISOFT INFUSION SET 23" 13MM	3		VERIFINE PEN NEEDLE 29G 12MM	3	
VARISOFT INFUSION SET 23" 17MM	3		VERIFINE PEN NEEDLE 31G 5MM	3	
VARISOFT INFUSION SET 32" 13MM	3		VERIFINE PEN NEEDLE 31G 8MM	3	
VARISOFT INFUSION SET 32" 17MM	3		VERIFINE PEN NEEDLE 32G 4MM	3	
VARISOFT INFUSION SET 43" 13MM	3		VERIFINE PEN NEEDLE 32G 6MM	3	
VARISOFT INFUSION SET 43" 17MM	3		VERIFINE SYRING 0.5ML 29G 1/2"	3	
VARIVAX VACCINE VIAL	3		VERIFINE SYRING 1 ML 31G 5/16"	3	
VARIVAX VACCINE WITH DILUENT	3		VERIFINE SYRNG 0.3ML 31G 5/16"	3	
VAXELIS VACCINE SYRINGE	3		VERIFINE SYRNG 0.5ML 31G 5/16"	3	
VAXELIS VACCINE VIAL	3		VESTURA 3 MG-0.02 MG TABLET	1	
VAXNEUVANCE 0.5 ML SYRINGE	3		VIENVA-28 TABLET	1	
VELIVET 28 DAY TABLET	1		VIGABATRIN 500 MG POWDER PACKT	5	PA, QL, LDD, SRX
VEMLIDY 25 MG TABLET	5	PA, SRX	VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX
VENCLEXTA 10 MG TAB (10MG X 2)	5	PA, QL, LDD, SRX	VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX	VILAZODONE HCL 10 MG TABLET	4	QL
VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX	VILAZODONE HCL 20 MG TABLET	4	QL
VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX	VILAZODONE HCL 40 MG TABLET	4	QL
VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX	VINATE ONE TABLET	1	
VENLAFAXINE HCL 100 MG TABLET	2	QL	VIOKACE 10,440-39,150 UNIT TAB	4	
VENLAFAXINE HCL 25 MG TABLET	2	QL	VIOKACE 10,440-39,150 UNITS TB	4	
VENLAFAXINE HCL 37.5 MG TABLET	2	QL	VIOKACE 20,880-78,300 UNITS TB	4	
VENLAFAXINE HCL 50 MG TABLET	2	QL	VIORELE 28 DAY TABLET	1	
VENLAFAXINE HCL 75 MG TABLET	2	QL	VIREAD 150 MG TABLET	3	
VENLAFAXINE HCL ER 150 MG CAP	2	QL	VIREAD 200 MG TABLET	3	
VENLAFAXINE HCL ER 37.5 MG CAP	2	QL	VIREAD 250 MG TABLET	3	
VENLAFAXINE HCL ER 75 MG CAP	2	QL	VIREAD POWDER	3	
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, LDD, SRX	VIRT-C DHA SOFTGEL	1	
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, LDD, SRX	VIRT-NATE DHA SOFTGEL	1	
VERAPAMIL 120 MG TABLET	2		VIRT-PN DHA SOFTGEL	1	
VERAPAMIL 40 MG TABLET	2		VIRT-PN PLUS SOFTGEL	1	
VERAPAMIL 80 MG TABLET	2		VISTOGARD 10 GRAM PACKET	5	LDD, SRX
VERAPAMIL ER 120 MG CAPSULE	2		VIT A,C,D-FLUORIDE 0.25 MG/ML	2	
VERAPAMIL ER 120 MG TABLET	2		VITAFOL-OB CAPLET	1	
VERAPAMIL ER 180 MG CAPSULE	2		VITAMIN D2 1.25MG(50,000 UNIT)	2	
VERAPAMIL ER 180 MG TABLET	2		VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VERAPAMIL ER 240 MG CAPSULE	2		VIVAGUARD INO CTRL SOLN-L2	3	
VERAPAMIL ER 240 MG TABLET	2		VOLNEA 0.15-0.02-0.01 MG TAB	1	
VERAPAMIL ER PM 100 MG CAPSULE	2		VORICONAZOLE 200 MG TABLET	4	PA
VERAPAMIL ER PM 200 MG CAPSULE	2		VORICONAZOLE 40 MG/ML SUSP	4	PA
VERAPAMIL ER PM 300 MG CAPSULE	2		VORICONAZOLE 50 MG TABLET	4	PA
VERAPAMIL SR 120 MG CAPSULE	2				

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VORTEX ADULT MASK	3	QL
VORTEX HOLDING CHAMBER	3	QL
VORTEX HOLDING CHAMBER-CHILD	3	QL
VORTEX HOLDING CHAMBER-TODDLER	3	QL
VORTEX VHC FROG CHILD MASK	3	QL
VORTEX VHC LADYBUG TODDLER MSK	3	QL
VOTRIENT 200 MG TABLET	5	PA, QL, SRX
VRAYLAR 1.5 MG CAPSULE	4	QL, ST
VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST
VRAYLAR 3 MG CAPSULE	4	QL, ST
VRAYLAR 4.5 MG CAPSULE	4	QL, ST
VRAYLAR 6 MG CAPSULE	4	QL, ST
VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VYLIBRA 28 TABLET	1	
WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX
WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX
WARFARIN SODIUM 1 MG TABLET	1	
WARFARIN SODIUM 10 MG TABLET	1	
WARFARIN SODIUM 2 MG TABLET	1	
WARFARIN SODIUM 2.5 MG TABLET	1	
WARFARIN SODIUM 3 MG TABLET	1	
WARFARIN SODIUM 4 MG TABLET	1	
WARFARIN SODIUM 5 MG TABLET	1	
WARFARIN SODIUM 6 MG TABLET	1	
WARFARIN SODIUM 7.5 MG TABLET	1	
WAVESENSE CONTROL SOLN NORMAL	3	
WERA 0.5/0.035 MG 28 TABLET	1	
WESCAP-PN DHA CAPSULE	1	
WESNATE DHA SOFTGEL	1	
WESTAB PLUS TABLET	1	
WESTHROID 32.5 MG TABLET	1	
WESTHROID 65 MG TABLET	1	
WIXELA 100-50 INHUB	2	QL
WIXELA 250-50 INHUB	2	QL
WIXELA 500-50 INHUB	2	QL
WM UNIFINE PENTIP PLUS 4MM 32G	3	
WM UNIFINE PENTIP PLUS 5MM 31G	3	
WM UNIFINE PENTIP PLUS 6MM 31G	3	
WM UNIFINE PENTIP PLUS 8MM 31G	3	
WP THYROID 113.75 MG TABLET	3	
WP THYROID 130 MG TABLET	3	
WP THYROID 16.25 MG TABLET	3	
WP THYROID 32.5 MG TABLET	3	
WP THYROID 48.75 MG TABLET	3	
WP THYROID 65 MG TABLET	3	
WP THYROID 81.25 MG TABLET	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
WP THYROID 97.5 MG TABLET	3	
WYMZYA FE 0.4-0.035 MG CHEW TB	1	
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX
XARELTO 1 MG/ML SUSPENSION	3	PA, QL
XARELTO 10 MG TABLET	3	PA, QL
XARELTO 15 MG TABLET	3	PA, QL
XARELTO 2.5 MG TABLET	3	PA, QL
XARELTO 20 MG TABLET	3	PA, QL
XARELTO DVT-PE TREAT START 30D	3	PA, QL
XELJANZ 1 MG/ML SOLUTION	5	PA, QL, SRX
XELJANZ 10 MG TABLET	5	PA, QL, SRX
XELJANZ 5 MG TABLET	5	PA, QL, SRX
XELJANZ XR 11 MG TABLET	5	PA, QL, SRX
XELJANZ XR 22 MG TABLET	5	PA, QL, SRX
XIFAXAN 200 MG TABLET	4	PA, QL
XIFAXAN 550 MG TABLET	4	PA, QL
XIGDUO XR 10 MG-1,000 MG TAB	3	QL
XIGDUO XR 10 MG-500 MG TABLET	3	QL
XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL
XIGDUO XR 5 MG-1,000 MG TABLET	3	QL
XIGDUO XR 5 MG-500 MG TABLET	3	QL
XOLAIR 150 MG/1.2 ML POWDER VL	5	PA, LDD, SRX
XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
XTAMPZA ER 13.5 MG CAPSULE	3	PA
XTAMPZA ER 18 MG CAPSULE	3	PA
XTAMPZA ER 27 MG CAPSULE	3	PA
XTAMPZA ER 36 MG CAPSULE	3	PA
XTAMPZA ER 9 MG CAPSULE	3	PA
XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
XULANE 150-35 MCG/DAY PATCH	1	
YALE NEEDLES 21GX1.25"	3	
YOURX ULTICARE PEN NDL 4MM 32G	3	
YOURX ULTICARE PEN NDL 6MM 31G	3	
YOURX ULTICARE PEN NDL 8MM 31G	3	
YUVAFEM 10 MCG VAGINAL INSERT	2	QL
ZAFEMY 150-35 MCG/DAY PATCH	1	
ZAFIRLUKAST 10 MG TABLET	2	
ZAFIRLUKAST 20 MG TABLET	2	
ZALEPLON 10 MG CAPSULE	2	
ZALEPLON 5 MG CAPSULE	2	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX

## 2024 Cigna Plus Pennsylvania 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
ZATEAN-PN DHA CAPSULE	1	
ZATEAN-PN PLUS SOFTGEL	1	
ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
ZENATANE 10 MG CAPSULE	4	
ZENATANE 20 MG CAPSULE	4	
ZENATANE 30 MG CAPSULE	4	
ZENATANE 40 MG CAPSULE	4	
ZENZEDI 10 MG TABLET	2	QL
ZENZEDI 5 MG TABLET	2	QL
ZETONNA 37 MCG NASAL SPRAY	4	ST
ZIDOVUDINE 100 MG CAPSULE	2	
ZIDOVUDINE 300 MG TABLET	2	
ZIDOVUDINE 50 MG/5 ML SYRUP	2	
ZILEUTON ER 600 MG TABLET	5	SRX
ZIOPATAN 0.0015% EYE DROP	4	QL
ZIOPATAN 0.0015% EYE DROPS	4	QL
ZIPRASIDONE HCL 20 MG CAPSULE	2	
ZIPRASIDONE HCL 40 MG CAPSULE	2	
ZIPRASIDONE HCL 60 MG CAPSULE	2	
ZIPRASIDONE HCL 80 MG CAPSULE	2	
ZIRGAN 0.15% OPHTHALMIC GEL	4	
ZOLADEX 10.8 MG IMPLANT SYRN	5	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM TART ER 12.5 MG TAB	2	
ZOLPIDEM TART ER 6.25 MG TAB	2	
ZOLPIDEM TARTRATE 10 MG TABLET	2	
ZOLPIDEM TARTRATE 5 MG TABLET	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZOSTAVAX VIAL	3	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX
ZYLET EYE DROPS	4	PA

## Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

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

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

### **Q. How do you decide which medications to cover?**

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

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

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

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

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

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

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

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

A. Medications that:

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

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

A. Medications that are often:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**A.** Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### Q. Can I fill my prescriptions by mail?

A. Yes.<sup>4</sup>

#### Express Scripts® Pharmacy for maintenance medications

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost<sup>5</sup>
- Refill reminders<sup>6</sup>
- Fill up to a 90-day supply at one time<sup>7</sup>
- Helpful pharmacists available 24/7

Here are three easy ways to get started.

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

#### Accredo® for specialty medications

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

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

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost<sup>5</sup>
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs

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

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

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

## Exclusions and Limitations: What is Not Covered by This Policy

### Excluded Services

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

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



## Exclusions and Limitations: What is Not Covered by This Policy (cont.)

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

This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants:** dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. Any services covered under **both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Hearing aids** including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this Policy, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. **Routine hearing tests** except as provided under Preventive Care.
35. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
36. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
37. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision Care.
38. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
39. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one’s appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
40. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this Policy.

## Exclusions and Limitations: What is Not Covered by This Policy (cont.)

41. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, except as otherwise stated in this Policy.
42. **Services and procedures for** redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty; blepharoplasty and; orthognathic surgeries.
43. Procedures, surgery or treatments to **change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
44. Any treatment, Prescription Drug, service or supply to **treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
45. **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.
47. Blood administration **for the purpose of general improvement in physical condition**.
48. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
49. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
50. **Myoelectric Prostheses** peripheral nerve stimulators.
51. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
52. **Prefabricated foot Orthoses**.
53. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
54. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
55. Orthoses primarily used for cosmetic rather than functional reasons.
56. **Non-foot Orthoses**, except **only** the following non-foot Orthoses are covered when Medically Necessary:
  - Rigid and semi-rigid custom fabricated Orthoses;
  - Semi-rigid pre-fabricated and flexible Orthoses; and
  - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
57. Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
58. **Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this Policy.
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 Policy.

## Exclusions and Limitations: What is Not Covered by This Policy (cont.)

62. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the “Comprehensive Benefits: What the Policy Pays For” section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
63. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under “Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)” in the section of this Policy titled “Comprehensive Benefits: What the Policy Pays For.”
64. **Foreign Country Provider** charges except as specifically stated under “Foreign Country Providers” in the section of this Policy titled “Comprehensive Benefits: What the Policy Pays For.”
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 Policy.
66. **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
67. Charges for the **services of a standby Physician**.
68. Charges for **animal to human organ transplants**.
69. **Claims received by Cigna Healthcare after 90 days** from the date service was rendered, except (a) in the event of a legal incapacity this time frame is extended to 15 months or (b) if the claim is received by Cigna Healthcare later than 90 days but as soon as reasonably possible.
70. Charges for services for **Temporomandibular Joint Dysfunction (TMJ)**.
71. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

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

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



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

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

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

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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