



2024 Cigna HealthCare Plus North Carolina 5-Tier Prescription Drug List

Coverage as of January 1, 2024

What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Frequently Asked Questions (FAQs)	68
Exclusions and Limitations: What's not covered by this policy	72

View the drug list online



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



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

Questions?

Call **866.494.2111** or the toll-free number on your Cigna HealthcareSM ID card. We're here 24/7/365.

If you need language assistance, or have a disability, please call us at **800.244.6224 (For TTY services, dial 711)**. Accommodations are available and provided at no cost to you.

About this drug list

This is a list of the prescription medications covered on the Cigna HealthCare Plus North Carolina 5-Tier Prescription Drug List as of January 1, 2024. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2024 Cigna Plus North Carolina 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 North Carolina 5-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

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

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

Abbreviations next to medications (cont.)

AGE	Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have AGE next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.
SRX	Specialty Medications – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have SRX next to them. Your plan allows specialty medications to be filled in a 90-day supply.
LDD	Limited Distribution Drugs – These medications are only available at specific pharmacies in the United States. They're used to treat conditions that are very hard to manage and require special handling, patient support and monitoring. These medications have LDD next to them.

Plan exclusions

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

How to find your medication

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

Letter your medication starts with	Page	Letter your medication starts with	Page
I-2	6	M-N	39-46
A-B	6-13	O-P	46-53
C-D	13-22	Q-S	53-58
E-G	22-31	T-U	58-64
H-J	31-35	V-Z	64-67
K-L	35-39		

2024 Cigna Plus North Carolina 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		ACETYLCYSTEINE 10% VIAL	2	
1ST TIER UNIFINE PNTIP 4MM 32G	3		ACETYLCYSTEINE 20% VIAL	2	
1ST TIER UNIFINE PNTIP 6MM 31G	3		ACITRETIN 10 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 8MM 31G	3		ACITRETIN 17.5 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 12MM 29G	3		ACITRETIN 25 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 29GX1/2"	3		ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
1ST TIER UNIFINE PNTIP 31GX1/4"	3		ACTEMRA ACTPEN	5	PA, QL, SRX
1ST TIER UNIFINE PNTIP 31GX3/16	3		ACTHIB VACCINE VIAL	3	
1ST TIER UNIFINE PNTIP 31GX5/16	3		ACTHIB VACCINE WITH DILUENT	3	
1ST TIER UNIFINE PNTIP 32GX5/32	3		ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
2TEK CONTROL SOLUTION	3		ACYCLOVIR 200 MG CAPSULE	1	
ABACAVIR 20 MG/ML SOLUTION	2		ACYCLOVIR 200 MG/5 ML SUSP	2	
ABACAVIR 300 MG TABLET	2		ACYCLOVIR 400 MG TABLET	1	
ABACAVIR-LAMIVUDINE 600-300 MG	2		ACYCLOVIR 5% OINTMENT	4	PA, QL
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2		ACYCLOVIR 800 MG TABLET	1	
ABIRATERONE ACETATE 250 MG TAB	5	PA, LDD, SRX	ADACEL TDAP SYRINGE	3	
ABIRATERONE ACETATE 500 MG TAB	5	PA, LDD, SRX	ADACEL TDAP VIAL	3	
ABOUTIME PEN NEEDLE 30G X 8MM	3		ADALIMUMAB-ADAZ	5	PA, QL, SRX
ABOUTIME PEN NEEDLE 31G X 5MM	3		ADAPALENE 0.1% CREAM	2	PA_AGE
ABOUTIME PEN NEEDLE 31G X 8MM	3		ADAPALENE 0.1% GEL	2	PA_AGE
ABOUTIME PEN NEEDLE 32G X 4MM	3		ADAPALENE 0.1% LOTION	2	PA_AGE
ACAMPROSATE CALC DR 333 MG TAB	3		ADAPALENE 0.1% SOLUTION	2	PA_AGE
ACARBOSE 100 MG TABLET	2		ADAPALENE 0.3% GEL	2	PA_AGE
ACARBOSE 25 MG TABLET	2		ADAPALENE 0.3% GEL PUMP	2	PA_AGE
ACARBOSE 50 MG TABLET	2		ADDYI	4	PA
ACCU-CHEK AVIVA SOLUTION	3		ADEFOVIR DIPIVOXIL 10 MG TAB	5	SRX
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3		ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX
ACCU-CHEK SMARTVIEW CONTRL SOL	3		ADEMPAS 1 MG TABLET	5	PA, LDD, SRX
ACCUTANE 10 MG CAPSULE	4		ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX
ACCUTANE 20 MG CAPSULE	4		ADEMPAS 2 MG TABLET	5	PA, LDD, SRX
ACCUTANE 30 MG CAPSULE	4		ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ACCUTANE 40 MG CAPSULE	4		ADVOCATE CONTROL SOLUTION HIGH	3	
ACCUTREND GLUCOSE CONTROL	3		ADVOCATE CONTROL SOLUTION LOW	3	
ACE AEROSOL CLOUD ENHANCER	3	QL	ADVOCATE INS 0.3 ML 30GX5/16"	3	
ACEBUTOLOL 200 MG CAPSULE	2		ADVOCATE INS 0.3 ML 31GX5/16"	3	
ACEBUTOLOL 400 MG CAPSULE	2		ADVOCATE INS 0.5 ML 30GX5/16"	3	
ACETAMN-CAF-DIHYDRCODEIN 320.5	2	PA	ADVOCATE INS 0.5 ML 31GX5/16"	3	
ACETAMIN-CODEIN 300-30 MG/12.5	2		ADVOCATE INS 1 ML 31GX5/16"	3	
ACETAMINOP-CODEINE 120-12 MG/5	2		ADVOCATE INS SYR 0.3ML 29GX1/2	3	
ACETAMINOPHEN-COD #2 TABLET	2	PA	ADVOCATE INS SYR 0.5ML 29GX1/2	3	
ACETAMINOPHEN-COD #3 TABLET	2	PA	ADVOCATE INS SYR 1 ML 29GX1/2"	3	
ACETAMINOPHEN-COD #4 TABLET	2	PA	ADVOCATE INS SYR 1 ML 30GX5/16	3	
ACETAZOLAMIDE 125 MG TABLET	2		ADVOCATE PEN NDL 12.7MM 29G	3	
ACETAZOLAMIDE 250 MG TABLET	2		ADVOCATE PEN NEEDLE	3	
ACETAZOLAMIDE ER 500 MG CAP	2		ADVOCATE PEN NEEDLES 5MM 31G	3	
ACETIC ACID 0.25% IRRIG SOLN	2		ADVOCATE PEN NEEDLES 8MM 31G	3	
ACETIC ACID 2% EAR SOLUTION	2		ADVOCATE REDI-CODE+ CTRL SOLN	3	

2024 Cigna Plus North Carolina 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)
AEROCHAMBER MINI	3	QL	ALENDRONATE SODIUM 10 MG TAB	1	
AEROCHAMBER MV	3	QL	ALENDRONATE SODIUM 35 MG TAB	1	
AEROCHAMBER PLUS FLOW-VU	3	QL	ALENDRONATE SODIUM 5 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL	ALENDRONATE SODIUM 70 MG TAB	2	
AEROCHAMBER PLUS FLOW-VU MED	3	QL	ALFUZOSIN HCL ER 10 MG TABLET	2	
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL	ALINIA 100 MG/5 ML SUSPENSION	4	
AEROCHAMBER WITH FLOWSIGNAL	3	QL	ALISKIREN 150 MG TABLET	4	QL
AEROCHAMBER Z-STAT PLUS LARGE	3	QL	ALISKIREN 300 MG TABLET	4	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL	ALKALINE BATTERIES	3	
AEROCHAMBER Z-STAT PLUS-MED	3	QL	ALLOPURINOL 100 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL	ALLOPURINOL 300 MG TABLET	1	
AEROGEAR ASTHMA ACTION KIT	3		ALMOTRIPTAN MALATE 12.5 MG TAB	2	QL
AEROTRACH HOLDING CHAMBER	3	QL	ALMOTRIPTAN MALATE 6.25 MG TAB	2	QL
AEROVENT PLUS	3	QL	ALOCRI	4	
AFIRMELLE-28 TABLET	1		ALOMIDE 0.1% EYE DROP	4	
AFLURIA QUAD	3		ALOSETRON HCL 0.5 MG TABLET	5	SRX
AFTER PILL	1		ALOSETRON HCL 1 MG TABLET	5	SRX
AFTERA 1.5 MG TABLET	1		ALPRAZOLAM 0.25 MG TABLET	2	
AGAMATRIX HIGH CONTROL SOLN	3		ALPRAZOLAM 0.5 MG TABLET	2	
AGAMATRIX NORM-HI CONTROL SOLN	3		ALPRAZOLAM 1 MG TABLET	2	
AIRZONE PEAK FLOW METER	3		ALPRAZOLAM 2 MG TABLET	2	
AK-POLY-BAC	2		ALPRAZOLAM ER 0.5 MG TABLET	2	
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX	ALPRAZOLAM ER 1 MG TABLET	2	
ALBENDAZOLE 200 MG TABLET	4	PA	ALPRAZOLAM ER 2 MG TABLET	2	
ALBUSTIX REAGENT	3		ALPRAZOLAM ER 3 MG TABLET	2	
ALBUTEROL 100 MG/20 ML SOLN	2		ALPRAZOLAM INTENSOL	2	
ALBUTEROL 2.5 MG/0.5 ML SOL	2		ALPRAZOLAM ODT 0.25 MG TAB	2	
ALBUTEROL 25 MG/5 ML SOLUTION	2		ALPRAZOLAM ODT 0.5 MG TAB	2	
ALBUTEROL 5 MG/ML SOLUTION	2		ALPRAZOLAM ODT 1 MG TAB	2	
ALBUTEROL HFA 90 MCG INHALER	2	QL	ALPRAZOLAM ODT 2 MG TAB	2	
ALBUTEROL SUL 0.63 MG/3 ML SOL	2		ALPRAZOLAM XR 0.5 MG TABLET	2	
ALBUTEROL SUL 1.25 MG/3 ML SOL	2		ALPRAZOLAM XR 1 MG TABLET	2	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	2		ALPRAZOLAM XR 2 MG TABLET	2	
ALBUTEROL SULF 2 MG/5 ML SYRUP	2		ALPRAZOLAM XR 3 MG TABLET	2	
ALBUTEROL SULFATE 2 MG TAB	2		ALTABAX 1% OINTMENT	4	
ALBUTEROL SULFATE 4 MG TAB	2		ALTACAINE	2	
ALBUTEROL SULFATE ER 4 MG TAB	2		ALTAVERA-28 TABLET	1	
ALBUTEROL SULFATE ER 8 MG TAB	2		ALVESCO 160 MCG INHALER	4	ST
ALCAINE	2		ALVESCO 80 MCG INHALER	4	ST
ALCLOMETASONE DIPR 0.05% OINT	2		ALYACEN 1-35 28 TABLET	1	
ALCLOMETASONE DIPRO 0.05% CRM	2		ALYACEN 7-7-7-28 TABLET	1	
ALCOHOL 70% PADS	3		ALYQ	5	PA, SRX
ALCOHOL 70% SWABS	3		AMABELZ 0.5 MG-0.1 MG TABLET	2	
ALCOHOL PREP PAD	3		AMABELZ 1 MG-0.5 MG TABLET	2	
ALECENSA	5	PA, QL, LDD, SRX	AMANTADINE 100 MG CAPSULE	2	
ALENDRONATE SOD 70 MG/75 ML	2		AMANTADINE 100 MG TABLET	2	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AMANTADINE 100 MG/10 ML SOLN	2	
AMANTADINE 50 MG/5 ML SOLUTION	2	
AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX
AMCINONIDE 0.1% CREAM	2	
AMCINONIDE 0.1% LOTION	2	
AMETHIA 0.15-0.03-0.01 MG TAB	1	
AMETHIA LO TABLET	1	
AMETHYST 90-20 MCG TABLET	1	
AMILORIDE HCL 5 MG TABLET	2	
AMILORIDE HCL-HCTZ 5-50 MG TAB	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	5	PA, SRX
AMINOCAPROIC ACID 1,000 MG TAB	5	PA, SRX
AMINOCAPROIC ACID 500 MG TAB	5	PA, SRX
AMIODARONE HCL 100 MG TABLET	2	
AMIODARONE HCL 200 MG TABLET	2	
AMIODARONE HCL 400 MG TABLET	2	
AMITRIPTYLINE HCL 10 MG TAB	1	
AMITRIPTYLINE HCL 100 MG TAB	2	
AMITRIPTYLINE HCL 150 MG TAB	2	
AMITRIPTYLINE HCL 25 MG TAB	1	
AMITRIPTYLINE HCL 50 MG TAB	1	
AMITRIPTYLINE HCL 75 MG TAB	1	
AMLODIPINE BESYLATE 10 MG TAB	2	
AMLODIPINE BESYLATE 2.5 MG TAB	2	
AMLODIPINE BESYLATE 5 MG TAB	2	
AMLODIPINE-ATORVAST 10-10 MG	2	
AMLODIPINE-ATORVAST 10-20 MG	2	
AMLODIPINE-ATORVAST 10-40 MG	2	
AMLODIPINE-ATORVAST 10-80 MG	2	
AMLODIPINE-ATORVAST 2.5-10 MG	2	
AMLODIPINE-ATORVAST 2.5-20 MG	2	
AMLODIPINE-ATORVAST 2.5-40 MG	2	
AMLODIPINE-ATORVAST 5-10 MG	2	
AMLODIPINE-ATORVAST 5-20 MG	2	
AMLODIPINE-ATORVAST 5-40 MG	2	
AMLODIPINE-ATORVAST 5-80 MG	2	
AMLODIPINE-BENAZEPRIL 10-20 MG	2	
AMLODIPINE-BENAZEPRIL 10-40 MG	2	
AMLODIPINE-BENAZEPRIL 2.5-10	2	
AMLODIPINE-BENAZEPRIL 5-10 MG	2	
AMLODIPINE-BENAZEPRIL 5-20 MG	2	
AMLODIPINE-BENAZEPRIL 5-40 MG	2	
AMLODIPINE-OLMESARTAN 10-20 MG	2	
AMLODIPINE-OLMESARTAN 10-40 MG	2	
AMLODIPINE-OLMESARTAN 5-20 MG	2	

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ANUCORT-HC 25 MG SUPPOSITORY	2		ARIPIRAZOLE ODT 15 MG TABLET	4	
ANZEMET	5	PA, QL, SRX	ARMODAFINIL 150 MG TABLET	2	PA
APEXICON E 0.05% CREAM	4		ARMODAFINIL 200 MG TABLET	2	PA
APIDRA	4	QL, ST	ARMODAFINIL 250 MG TABLET	2	PA
APIDRA SOLOSTAR	4	QL, ST	ARMODAFINIL 50 MG TABLET	2	PA
APRACLONIDINE HCL 0.5% DROPS	2		ARMOUR THYROID 120 MG TABLET	3	
APREPITANT 125 MG CAPSULE	2	QL	ARMOUR THYROID 15 MG TABLET	3	
APREPITANT 125-80-80 MG PACK	2	QL	ARMOUR THYROID 180 MG TABLET	3	
APREPITANT 40 MG CAPSULE	2	QL	ARMOUR THYROID 240 MG TABLET	3	
APREPITANT 80 MG CAPSULE	2	QL	ARMOUR THYROID 30 MG TABLET	3	
APRI 28 DAY TABLET	1		ARMOUR THYROID 300 MG TABLET	3	
APTIOM 200 MG TABLET	4	PA, QL	ARMOUR THYROID 60 MG TABLET	3	
APTIOM 400 MG TABLET	4	PA, QL	ARMOUR THYROID 90 MG TABLET	3	
APTIOM 600 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 100 MCG INH	3	
APTIOM 800 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 200 MCG INH	3	
APTIVUS	3		ARNUITY ELLIPTA 50 MCG INH	3	
AQ INSULIN SYR 0.5 ML 30G 8MM	3		ASA-BUTALB-CAFF-COD #3 CAPSULE	2	PA
AQ INSULIN SYR 1 ML 31G 8MM	3		ASCOMP WITH CODEINE CAPSULE	2	PA
AQ INSULIN SYRIN 1 ML 29G 12MM	3		ASENAPINE 10 MG TABLET SL	4	QL
AQUA CARE 0.9% NACL IRRIGATION	2		ASENAPINE 2.5 MG TABLET SL	4	QL
AQUA CARE STERILE WATER IRRIG	2		ASENAPINE 5 MG TABLET SL	4	QL
ARANELLE 28 TABLET	1		ASHLYNA 0.15-0.03-0.01 MG TAB	1	
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX HFA 100 MCG INHALER	4	QL, ST
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX	ASMANEX HFA 200 MCG INHALER	4	QL, ST
ARANESP 100 MCG/ML VIAL	5	PA, SRX	ASMANEX HFA 50 MCG INHALER	4	QL, ST
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 110 MCG #30	4	QL, ST
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #14	4	ST
ARANESP 200 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #30	4	QL, ST
ARANESP 25 MCG/0.42 ML SYRING	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #60	4	QL, ST
ARANESP 25 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALR 220 MCG #120	4	QL, ST
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX	ASPIRIN-DIPYRIDAM ER 25-200 MG	2	
ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX	ASSURE 4 CONTROL SOLUTION	3	
ARANESP 40 MCG/ML VIAL	5	PA, SRX	ASSURE DOSE CONTROL SOLUTION	3	
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX	ASSURE ID PEN NEEDLE 30GX3/16"	3	
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX	ASSURE ID PEN NEEDLE 30GX5/16"	3	
ARANESP 60 MCG/ML VIAL	5	PA, SRX	ASSURE ID PEN NEEDLE 31GX3/16"	3	
ARCALYST	5	PA, LDD, SRX	ASSURE ID SYR 0.5 ML 29GX1/2"	3	
ARFORMOTEROL 15 MCG/2 ML SOLN	4	QL	ASSURE ID SYR 0.5ML 31GX15/64"	3	
ARIPIRAZOLE 1 MG/ML SOLUTION	3		ASSURE ID SYR 1 ML 29GX1/2"	3	
ARIPIRAZOLE 10 MG TABLET	2		ASSURE ID SYR 1 ML 31GX15/64"	3	
ARIPIRAZOLE 15 MG TABLET	2		ASSURE PRISM CONTROL SOLUTION	3	
ARIPIRAZOLE 2 MG TABLET	2		ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ARIPIRAZOLE 20 MG TABLET	2		ASTAGRAF XL 1 MG CAPSULE	5	SRX
ARIPIRAZOLE 30 MG TABLET	2		ASTAGRAF XL 5 MG CAPSULE	5	SRX
ARIPIRAZOLE 5 MG TABLET	2		ASTHMA CHECK	3	
ARIPIRAZOLE ODT 10 MG TABLET	4		ASTHMAPACK CHILDREN'S	3	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ATAZANAVIR SULFATE 150 MG CAP	2	
ATAZANAVIR SULFATE 200 MG CAP	2	
ATAZANAVIR SULFATE 300 MG CAP	2	
ATENOLOL 100 MG TABLET	1	
ATENOLOL 25 MG TABLET	1	
ATENOLOL 50 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 100-25	2	
ATENOLOL-CHLORTHALIDONE 50-25	2	
ATOMOXETINE HCL 10 MG CAPSULE	2	QL
ATOMOXETINE HCL 100 MG CAPSULE	2	QL
ATOMOXETINE HCL 18 MG CAPSULE	2	QL
ATOMOXETINE HCL 25 MG CAPSULE	2	QL
ATOMOXETINE HCL 40 MG CAPSULE	2	QL
ATOMOXETINE HCL 60 MG CAPSULE	2	QL
ATOMOXETINE HCL 80 MG CAPSULE	2	QL
ATORVASTATIN 10 MG TABLET	2	
ATORVASTATIN 20 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2	
ATORVASTATIN 80 MG TABLET	2	
ATOVAQUONE 1,500 MG/10 ML SUSP	4	
ATOVAQUONE 750 MG/5 ML SUSP	4	
ATOVAQUONE-PROGUANIL 250-100	2	
ATOVAQUONE-PROGUANIL 62.5-25	2	
ATROPINE 1% EYE DROPS	2	
ATROPINE 1% EYE OINTMENT	2	
AUBRA EQ-28 TABLET	1	
AUBRA-28 TABLET	1	
AUROVELA 1 MG-20 MCG TABLET	1	
AUROVELA 21 1.5-30 TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TAB	1	
AUROVELA FE 1.5 MG-30 MCG TAB	1	
AUROVELA FE 1-20 TABLET	1	
AUTOJECT 2 INJECTION DEVICE	3	
AUTOPEN 1 TO 21 UNITS	3	
AUTOPEN 2 TO 42 UNITS	3	
AUTOSOFT 30 INFUS SET 23" 13MM	3	
AUTOSOFT 30 INFUS SET 43" 13MM	3	
AUTOSOFT 90 INFUSN SET 23" 6MM	3	
AUTOSOFT 90 INFUSN SET 23" 9MM	3	
AUTOSOFT 90 INFUSN SET 43" 6MM	3	
AUTOSOFT 90 INFUSN SET 43" 9MM	3	
AUTOSOFT XC INFUSN SET 23" 6MM	3	
AUTOSOFT XC INFUSN SET 23" 9MM	3	
AUTOSOFT XC INFUSN SET 32" 6MM	3	
AUTOSOFT XC INFUSN SET 43" 6MM	3	
AUTOSOFT XC INFUSN SET 43" 9MM	3	
AVIANE-28 TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AVONEX	5	PA, SRX
AVONEX PEN	5	PA, SRX
AYUNA-28 TABLET	1	
AZASITE 1% EYE DROPS	4	
AZATHIOPRINE 50 MG TABLET	2	
AZELAIC ACID 15% GEL	2	
AZELASTINE 0.1% (137 MCG) SPRY	2	
AZELASTINE 0.15% NASAL SPRAY	2	
AZELASTINE HCL 0.05% DROPS	2	
AZELASTIN-FLUTIC 137-50MCG SPR	3	
AZITHROMYCIN 1 GM PWD PACKET	2	
AZITHROMYCIN 100 MG/5 ML SUSP	2	
AZITHROMYCIN 200 MG/5 ML SUSP	2	
AZITHROMYCIN 250 MG TABLET	1	
AZITHROMYCIN 500 MG TABLET	1	
AZITHROMYCIN 600 MG TABLET	2	
AZO TEST STRIP	3	
AZURETTE 28 DAY TABLET	1	
BACITRACIN 500 UNIT/GM OPHTH	2	
BACITRACIN-POLYMYXIN	2	
BACLOFEN 10 MG TABLET	2	
BACLOFEN 20 MG TABLET	2	
BACLOFEN 5 MG TABLET	2	
BAL-CARE DHA COMBO PACK	1	
BALCOLTRA TABLET	4	
BALSALAZIDE DISODIUM 750 MG CP	2	
BALZIVA 28 TABLET	1	
BAQSIMI 3 MG SPRAY ONE PACK	3	QL
BAQSIMI 3 MG SPRAY TWO PACK	3	QL
BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
BD 3 ML SYRINGE 18GX1-1/2"	3	
BD 3 ML SYRINGE 20GX1-1/2"	3	
BD 3 ML SYRINGE 25GX1"	3	
BD 3 ML SYRINGE 25GX1-1/2"	3	
BD 3 ML SYRINGE WITH NEEDLE	3	
BD AUTOSHIELD DUO ND 5MMX30G	3	
BD BLUNT NEEDLE 18GX1-1/2"	3	
BD ECLIPSE 30GX1/2" SYRINGE	3	
BD ECLIPSE LUER-LOK SYR 3 ML	3	
BD ECLIPSE NEEDLE 18GX1 1/2"	3	
BD ECLIPSE NEEDLE 21GX1"	3	
BD ECLIPSE NEEDLE 22GX1"	3	
BD ECLIPSE NEEDLE 23GX1"	3	
BD ECLIPSE NEEDLE 25G 16MM	3	

2024 Cigna Plus North Carolina 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)
BD ECLIPSE NEEDLE 25G 25MM	3		BD NEEDLE 25GX1"	3	
BD ECLIPSE NEEDLE 25G 40MM	3		BD NEEDLE 25GX5/8"	3	
BD ECLIPSE NEEDLE 25GX1"	3		BD NEEDLE 26GX0.625"	3	
BD ECLIPSE NEEDLE 25GX1.5"	3		BD NEEDLES 16GX1"	3	
BD ECLIPSE NEEDLE 25GX5/8"	3		BD NEEDLES 16GX1.5"	3	
BD ECLIPSE NEEDLE 27GX1/2"	3		BD NEEDLES 18GX1"	3	
BD ECLIPSE NEEDLE 30G 13MM	3		BD NEEDLES 18GX1.5"	3	
BD ECLIPSE NEEDLE 30GX1/2"	3		BD NEEDLES 19GX1"	3	
BD ECLIPSE NEEDLES 21GX1.5"	3		BD NEEDLES 19GX1.5"	3	
BD FILTER NEEDLE	3		BD NEEDLES 20GX1"	3	
BD INS SYR 0.3 ML 8MMX31G(1/2)	3		BD NEEDLES 20GX1.5"	3	
BD INS SYR U-500 1/2ML 6MMX31G	3		BD NEEDLES 21GX1"	3	
BD INS SYR UF 0.3ML 12.7MMX30G	3		BD NEEDLES 21GX1.5"	3	
BD INS SYR UF 0.5ML 12.7MMX30G	3		BD NEEDLES 21GX2"	3	
BD INS SYRN UF 1 ML 12.7MMX30G	3		BD NEEDLES 22GX1"	3	
BD INS SYRNG 0.3 ML 29GX12.7MM	3		BD NEEDLES 22GX1.5"	3	
BD INS SYRNG 0.5 ML 29GX12.7MM	3		BD NEEDLES 23GX0.75"	3	
BD INS SYRNG UF 0.3 ML 8MMX31G	3		BD NEEDLES 23GX1.25"	3	
BD INS SYRNG UF 0.5 ML 8MMX31G	3		BD NEEDLES 25GX0.625"	3	
BD INSULIN SYR 0.5 ML 28GX1/2"	3		BD NEEDLES 25GX0.875"	3	
BD INSULIN SYR 0.5 ML 29GX1/2"	3		BD NEEDLES 25GX1.5"	3	
BD INSULIN SYR 1 ML 25GX1"	3		BD NEEDLES 26GX0.375"	3	
BD INSULIN SYR 1 ML 25GX5/8"	3		BD NEEDLES 26GX0.5"	3	
BD INSULIN SYR 1 ML 26GX1/2"	3		BD NEEDLES 27GX0.5"	3	
BD INSULIN SYR 1 ML 27GX12.7MM	3		BD NEEDLES 27GX1X1.25"	3	
BD INSULIN SYR 1 ML 27GX5/8"	3		BD NEEDLES 30GX0.5"	3	
BD INSULIN SYR 1 ML 28GX1/2"	3		BD NEEDLES 30GX1"	3	
BD INSULIN SYR 1 ML 29GX1/2"	3		BD NOKOR ADMIX NEEDLE 18GX1.5"	3	
BD INSULIN SYR 1 ML 29GX12.7MM	3		BD NOKOR NEEDLE 16GX1"	3	
BD INSULIN SYR UF 1 ML 8MMX31G	3		BD NOKOR NEEDLE 18GX1"	3	
BD INSULIN SYRINGE 1 ML	3		BD PRECISIONGLI 27GX1-1/2" NDL	3	
BD INTEGRA RETRA NEEDLE 23G X1"	3		BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD INTEGRA NEEDLE 25G X 5/8"	3		BD PRECISIONGLIDE NEEDLE 25G	3	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3		BD SAFETGLD INS 0.3ML 29G 13MM	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3		BD SAFETGLD INS 0.5ML 13MMX29G	3	
BD LUER-LOK SYRINGE 1 ML	3		BD SAFETYGLD INS 0.3ML 31G 8MM	3	
BD MAGNI-GUIDE MAGNIFIER	3		BD SAFETYGLD INS 0.5ML 30G 8MM	3	
BD NANO 2 GEN PEN ND. 32G 4MM	3		BD SAFETYGLD INS 1 ML 29G 13MM	3	
BD NEEDLE 18GX1 1/2"	3		BD SAFETYGLID INS 1 ML 6MMX31G	3	
BD NEEDLE 19GX1 1/2"	3		BD SAFETYGLIDE 3 ML SYRINGE	3	
BD NEEDLE 20GX1 1/2"	3		BD SAFETYGLIDE NEEDLE	3	
BD NEEDLE 21GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD NEEDLE 21GX1"	3		BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD NEEDLE 22GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD NEEDLE 22GX3/4"	3		BD SAFETYGLIDE NEEDLE 22GX1.5"	3	
BD NEEDLE 23GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD NEEDLE 23GX1"	3		BD SAFETYGLIDE NEEDLE 27GX5/8"	3	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
BENZAEPRIH HCL 10 MG TABLET	1	
BENZAEPRIH HCL 20 MG TABLET	1	
BENZAEPRIH HCL 40 MG TABLET	1	
BENZAEPRIH HCL 5 MG TABLET	1	
BENZAEPRIH-HCTZ 10-12.5 MG TAB	2	
BENZAEPRIH-HCTZ 20-12.5 MG TAB	2	
BENZAEPRIH-HCTZ 20-25 MG TAB	2	
BENZAEPRIH-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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
BLUNT NEEDLE	3	
BOOSTRIX TDAP VACCINE SYRINGE	3	
BOOSTRIX TDAP VACCINE VIAL	3	
BOSENTAN 125 MG TABLET	5	PA, LDD, SRX
BOSENTAN 62.5 MG TABLET	5	PA, LDD, SRX
BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	3	QL
BREATHERITE SPACER-ADULT MASK	3	QL
BREATHERITE SPACER-INFANT MASK	3	QL
BREATHERITE SPACER-LG CHLD MSK	3	QL
BREATHERITE SPACER-NEONATE MSK	3	QL
BREATHERITE SPACER-SM CHLD MSK	3	QL
BREATHRITE VALVED MDI CHAMBER	3	QL
BREATHRITE VALVED MDI SPACER	3	QL
BREEZE 2 SOLUTION	3	
BREO ELLIPTA 100-25 MCG INH	3	QL
BREO ELLIPTA 200-25 MCG INH	3	QL
BRIELLYN	1	
BRILINTA 60 MG TABLET	4	
BRILINTA 90 MG TABLET	4	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BRIMONIDINE 0.2% EYE DROP	2	
BRIMONIDINE TARTRATE 0.15% DRP	2	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	4	
BRINZOLAMIDE 1% EYE DROPS	3	
BRIVIACT 10 MG TABLET	4	PA, QL
BRIVIACT 10 MG/ML ORAL SOLN	4	PA, QL
BRIVIACT 100 MG TABLET	4	PA, QL
BRIVIACT 25 MG TABLET	4	PA, QL
BRIVIACT 50 MG TABLET	4	PA, QL
BRIVIACT 75 MG TABLET	4	PA, QL
BROMFENAC SODIUM 0.09% EYE DRP	2	
BROMOCRIPTINE 2.5 MG TABLET	2	
BROMOCRIPTINE 5 MG CAPSULE	2	
BROMPHEN-PSE-DM 2-3-10 MG/5ML	2	
BROOKS INSULIN 0.3ML SYRN	3	
BUDESONIDE 0.25 MG/2 ML SUSP	4	QL
BUDESONIDE 0.5 MG/2 ML SUSP	4	QL
BUDESONIDE 1 MG/2 ML INH SUSP	4	QL
BUDESONIDE DR 3 MG CAPSULE	4	
BUDESONIDE EC 3 MG CAPSULE	4	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX
BUDESONIDE-FORMOTEROL 160-4.5	4	QL
BUDESONIDE-FORMOTEROL 80-4.5	4	QL
BUMETANIDE 0.5 MG TABLET	2	
BUMETANIDE 1 MG TABLET	2	
BUMETANIDE 2 MG TABLET	2	
BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BUPRENORPHINE 2 MG TABLET SL	2	
BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BUPRENORPHINE 8 MG TABLET SL	2	
BUPRENORPHINE-NALOX 12-3MG FLM	2	
BUPRENORPHINE-NALOX 2-0.5MG FM	2	
BUPRENORPHINE-NALOX 2-0.5MG TB	2	
BUPRENORPHINE-NALOX 4-1MG FILM	2	
BUPRENORPHINE-NALOX 8-2 MG TAB	2	
BUPRENORPHINE-NALOX 8-2MG FILM	2	
BUPROPION HCL 100 MG TABLET	2	QL
BUPROPION HCL 75 MG TABLET	2	QL
BUPROPION HCL SR 100 MG TABLET	2	QL
BUPROPION HCL SR 150 MG TABLET	2	QL
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	2	
BUPROPION HCL SR 200 MG TABLET	2	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BUPROPION HCL XL 150 MG TABLET	2	QL
BUPROPION HCL XL 300 MG TABLET	2	QL
BUSPIRONE HCL 10 MG TABLET	1	
BUSPIRONE HCL 15 MG TABLET	2	
BUSPIRONE HCL 30 MG TABLET	2	
BUSPIRONE HCL 5 MG TABLET	1	
BUSPIRONE HCL 7.5 MG TABLET	2	
BUTALB-ACETAMIN-CAF-COD 50-300	2	PA
BUTALB-ACETAMIN-CAF-COD 50-325	2	PA
BUTALB-ACETAMIN-CAFF 50-300-40	2	QL
BUTALB-ACETAMIN-CAFF 50-325-40	2	QL
BUTALBITAL COMP-CODEINE #3 CAP	2	PA
BUTALBITAL-ACETAMINOPHN 50-325	2	
BUTALBITAL-ASPIRIN-CAFFEINE CP	2	QL
BUTALBITAL-ASPIRIN-CAFFEINE TB	2	QL
BUTORPHANOL 10 MG/ML SPRAY	2	PA, QL
BYDUREON BCISE 2 MG AUTOINJECT	3	PA, QL
BYETTA 10 MCG DOSE PEN INJ	3	PA, QL
BYETTA 5 MCG DOSE PEN INJ	3	PA, QL
CA INS SYR 0.3 ML 30GX5/16"	3	
CA INS SYR 0.3 ML 31GX5/16"	3	
CA INS SYR 0.5 ML 30GX5/16"	3	
CA INS SYR 0.5 ML 31GX5/16"	3	
CA INSULIN SYR 0.3 ML 29GX1/2"	3	
CA INSULIN SYR 0.5 ML 29GX1/2"	3	
CA INSULIN SYR 1 ML 29GX1/2"	3	
CA INSULIN SYR 1 ML 30GX5/16"	3	
CA INSULIN SYR 1 ML 31GX5/16"	3	
CABERGOLINE 0.5 MG TABLET	2	QL
CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX
CAFFEINE CIT 60 MG/3 ML ORAL	2	
CALCIPOTRIENE 0.005% CREAM	2	
CALCIPOTRIENE 0.005% OINTMENT	2	
CALCIPOTRIENE 0.005% SOLUTION	2	
CALCIPOTRIENE-BETAMETH DP OINT	4	
CALCITONIN-SALMON 200 UNITS SP	2	
CALCITRIOL 0.25 MCG CAPSULE	2	
CALCITRIOL 0.5 MCG CAPSULE	2	
CALCITRIOL 1 MCG/ML SOLUTION	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL
CALCIUM ACETATE 667 MG CAPSULE	2	
CALCIUM ACETATE 667 MG GELCAP	2	
CALCIUM ACETATE 667 MG TABLET	2	
CAMILA 0.35 MG TABLET	1	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CAMRESE 0.15-0.03-0.01 MG TAB	1	
CAMRESE LO TABLET	1	
CANDESARTAN CILEXETIL 16 MG TB	2	
CANDESARTAN CILEXETIL 32 MG TB	2	
CANDESARTAN CILEXETIL 4 MG TAB	2	
CANDESARTAN CILEXETIL 8 MG TAB	2	
CANDESARTAN-HCTZ 16-12.5 MG TB	2	
CANDESARTAN-HCTZ 32-12.5 MG TB	2	
CANDESARTAN-HCTZ 32-25 MG TAB	2	
CAPECITABINE 150 MG TABLET	5	PA, SRX
CAPECITABINE 500 MG TABLET	5	PA, SRX
CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX
CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX
CAPTOPRIL 100 MG TABLET	2	
CAPTOPRIL 12.5 MG TABLET	2	
CAPTOPRIL 25 MG TABLET	2	
CAPTOPRIL 50 MG TABLET	2	
CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL
CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL
CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL
CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL
CARBAMAZEPINE 100 MG TAB CHEW	2	
CARBAMAZEPINE 100 MG/5 ML SUSP	2	
CARBAMAZEPINE 200 MG TABLET	2	
CARBAMAZEPINE ER 100 MG CAP	2	
CARBAMAZEPINE ER 100 MG TABLET	2	
CARBAMAZEPINE ER 200 MG CAP	2	
CARBAMAZEPINE ER 200 MG TABLET	2	
CARBAMAZEPINE ER 300 MG CAP	2	
CARBAMAZEPINE ER 400 MG TABLET	2	
CARBIDOPA 25 MG TABLET	4	
CARBIDOPA-LEVO 10-100 MG ODT	2	
CARBIDOPA-LEVO 25-100 MG ODT	2	
CARBIDOPA-LEVO 25-250 MG ODT	2	
CARBIDOPA-LEVO ER 25-100 TAB	2	
CARBIDOPA-LEVO ER 50-200 TAB	2	
CARBIDOPA-LEVODOPA 100 MG-ENTA	2	
CARBIDOPA-LEVODOPA 10-100 TAB	2	
CARBIDOPA-LEVODOPA 125 MG-ENTA	2	
CARBIDOPA-LEVODOPA 150 MG-ENTA	2	
CARBIDOPA-LEVODOPA 200 MG-ENTA	2	
CARBIDOPA-LEVODOPA 25-100 TAB	2	
CARBIDOPA-LEVODOPA 25-250 TAB	2	
CARBIDOPA-LEVODOPA 50 MG-ENTA	2	
CARBIDOPA-LEVODOPA 75 MG-ENTA	2	
CARBINOXAMINE 4 MG/5 ML LIQUID	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARBINOXAMINE MALEATE 4 MG TAB	2	
CAREFINE PEN NEEDLE 12.7MM 29G	3	
CAREFINE PEN NEEDLE 4MM 32G	3	
CAREFINE PEN NEEDLE 5MM 32G	3	
CAREFINE PEN NEEDLE 6MM 31G	3	
CAREFINE PEN NEEDLE 8MM 30G	3	
CAREFINE PEN NEEDLES 6MM 32G	3	
CAREFINE PEN NEEDLES 8MM 31G	3	
CAREONE SYR 0.3 ML 30GX1/2"	3	
CAREONE SYR 0.5 ML 30GX1/2"	3	
CAREONE SYR 1 ML 30GX1/2"	3	
CAREONE UNIFINE PENTIP 4MM 32G	3	
CAREONE UNIFINE PENTIP 5MM 31G	3	
CAREONE UNIFINE PENTIP 6MM 31G	3	
CAREONE UNIFINE PENTIP 8MM 31G	3	
CAREONE UNIFINE PENTP 29GX1/2"	3	
CAREONE UNIFINE PENTP 31GX1/4"	3	
CAREONE UNIFINE PNTP 12MM 29G	3	
CAREONE UNIFINE PNTP 31GX3/16"	3	
CAREONE UNIFINE PNTP 31GX5/16"	3	
CAREONE UNIFINE PNTP 32GX5/32"	3	
CAREPOINT LL SYR 3 ML 20GX1.5"	3	
CAREPOINT LL SYR 3 ML 21GX1"	3	
CAREPOINT LL SYR 3 ML 21GX1.5"	3	
CAREPOINT LL SYR 3 ML 22G 1"	3	
CAREPOINT LL SYR 3 ML 22G 38MM	3	
CAREPOINT LL SYR 3 ML 23GX1"	3	
CAREPOINT LL SYR 3 ML 23GX1.5"	3	
CAREPOINT LL SYR 3 ML 25G X 1"	3	
CAREPOINT LL SYR 3 ML 25GX5/8"	3	
CARESENS CONTROL SOLUTION	3	
CARETOUCH CONTROL SOLN L2-L3	3	
CARETOUCH HYPO NEEDLE 26G 1"	3	
CARETOUCH HYPODERMIC 18G 1.5"	3	
CARETOUCH HYPODERMIC 20G 1"	3	
CARETOUCH HYPODERMIC 22G 1"	3	
CARETOUCH HYPODERMIC 23G 1"	3	
CARETOUCH HYPODERMIC 23G 1.5"	3	
CARETOUCH HYPODERMIC 25G 1"	3	
CARETOUCH HYPODERMIC 25G 1.5"	3	
CARETOUCH HYPODERMIC 25G 5/8"	3	
CARETOUCH LL SYR 3 ML 22G 1"	3	
CARETOUCH LL SYR 3 ML 22G 1.5"	3	
CARETOUCH LL SYR 3 ML 23G 1"	3	
CARETOUCH LL SYR 3 ML 23G 1.5"	3	
CARETOUCH LL SYR 3 ML 25G 1"	3	
CARETOUCH LL SYR 3 ML 25G 1.5"	3	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
CARVEDILOL 6.25 MG TABLET	1	
CAYSTON	5	PA, QL, LDD, SRX
CAZANT 28 DAY TABLET	1	
CEFACLOR 125 MG/5 ML SUSP	2	
CEFACLOR 250 MG CAPSULE	2	
CEFACLOR 250 MG/5 ML SUSP	2	
CEFACLOR 375 MG/5 ML SUSPEN	2	
CEFACLOR 500 MG CAPSULE	2	
CEFACLOR ER	2	
CEFADROXIL 1 GM TABLET	2	
CEFADROXIL 250 MG/5 ML SUSP	2	
CEFADROXIL 500 MG CAPSULE	2	
CEFADROXIL 500 MG/5 ML SUSP	2	
CEFDINIR 125 MG/5 ML SUSP	2	
CEFDINIR 250 MG/5 ML SUSP	2	
CEFDINIR 300 MG CAPSULE	2	
CEFDITOREN PIVOXIL	2	
CEFIXIME 100 MG/5 ML SUSP	2	
CEFIXIME 200 MG/5 ML SUSP	2	
CEFIXIME 400 MG CAPSULE	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
CETRORELIX ACETATE	5	PA, SRX
CEVIMELINE HCL 30 MG CAPSULE	2	
CHARLOTTE 24 FE CHEWABLE TAB	1	
CHATEAL EQ-28 TABLET	1	
CHATEAL-28 TABLET	1	
CHEK-STIX	3	
CHEMET	4	
CHEMSTRIP	3	
CHEMSTRIP 10 WITH SG	3	
CHEMSTRIP 2 GP	3	
CHEMSTRIP 2 LN	3	
CHEMSTRIP 50B	3	
CHEMSTRIP 7	3	
CHEMSTRIP 9	3	
CHEMSTRIP BG DIARY	3	
CHEMSTRIP MICRAL	3	
CHLORDIAZEPO-AMITRIPTYL 5-12.5	2	
CHLORDIAZEPOX-AMITRIPTYL 10-25	2	
CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	
CHLORHEXIDINE 0.12% RINSE	2	

2024 Cigna Plus North Carolina 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)
CHLOROQUINE PH 250 MG TABLET	2		CITALOPRAM HBR 10 MG TABLET	1	QL
CHLOROQUINE PH 500 MG TABLET	2		CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL
CHLORPROMAZINE 10 MG TABLET	2		CITALOPRAM HBR 20 MG TABLET	1	QL
CHLORPROMAZINE 100 MG TABLET	2		CITALOPRAM HBR 40 MG TABLET	1	QL
CHLORPROMAZINE 200 MG TABLET	2		CLARAVIS 10 MG CAPSULE	4	
CHLORPROMAZINE 25 MG TABLET	2		CLARAVIS 20 MG CAPSULE	4	
CHLORPROMAZINE 50 MG TABLET	2		CLARAVIS 30 MG CAPSULE	4	
CHLORTHALIDONE 25 MG TABLET	1		CLARAVIS 40 MG CAPSULE	4	
CHLORTHALIDONE 50 MG TABLET	1		CLARITHROMYCIN 125 MG/5 ML SUS	2	
CHLORZOXAZONE 500 MG TABLET	2		CLARITHROMYCIN 250 MG TABLET	2	
CHOLESTYRAMINE LIGHT PACKET	2		CLARITHROMYCIN 250 MG/5 ML SUS	2	
CHOLESTYRAMINE LIGHT POWDER	2		CLARITHROMYCIN 500 MG TABLET	2	
CHOLESTYRAMINE PACKET	2		CLARITHROMYCIN ER 500 MG TAB	2	
CHOLESTYRAMINE POWDER	2		CLEMASTINE FUMARATE	2	
CHORIONIC GONAD 10,000 UNIT VL	2	PA	CLEO 90 INFUSION SET 24" 6MM	3	
CICLODAN 0.77% CREAM	2		CLEO 90 INFUSION SET 24" 9MM	3	
CICLODAN 8% SOLUTION	2		CLEO 90 INFUSION SET 31" 6MM	3	
CICLOPIROX 0.77% CREAM	2		CLEO 90 INFUSION SET 31" 9MM	3	
CICLOPIROX 0.77% GEL	2		CLEVER CHOICE CHAMBER-LRG MASK	3	QL
CICLOPIROX 0.77% TOPICAL SUSP	2		CLEVER CHOICE CHAMBER-MED MASK	3	QL
CICLOPIROX 1% SHAMPOO	2		CLEVER CHOICE CHAMBER-SM MASK	3	QL
CICLOPIROX 8% SOLUTION	2		CLEVER CHOICE LVL 1 CONTRL SOL	3	
CILOSTAZOL 100 MG TABLET	2		CLEVER CHOICE LVL 2 CONTRL SOL	3	
CILOSTAZOL 50 MG TABLET	2		CLEVER CHOICE LVL 3 CONTRL SOL	3	
CILOXAN	4		CLEVER CHOICE PEAK FLOW METER	3	
CIMETIDINE 200 MG TABLET	2		CLICKFINE 31G X 1/4" NEEDLES	3	
CIMETIDINE 300 MG TABLET	2		CLICKFINE 31G X 5/16" NEEDLES	3	
CIMETIDINE 300 MG/5 ML SOLN	2		CLICKFINE PEN NEEDLE 32GX5/32"	3	
CIMETIDINE 400 MG TABLET	2		CLICKFINE UNIVERSAL 31G X 1/4"	3	
CIMETIDINE 800 MG TABLET	2		CLIND PH-BENZOYL PEROX 1.2-5%	2	
CIMZIA 200 MG VIAL KIT	5	PA, QL, SRX	CLINDACIN 1% FOAM	2	
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, SRX	CLINDACIN ETZ 1% PLEDGET	2	
CIMZIA 2X200 MG/ML(X3)START KT	5	PA, QL, SRX	CLINDACIN P 1% PLEDGETS	2	
CINACALCET HCL 30 MG TABLET	5	PA, SRX	CLINDAMYCIN (PEDI) 75 MG/5 ML	2	
CINACALCET HCL 60 MG TABLET	5	PA, SRX	CLINDAMYCIN 2% VAGINAL CREAM	2	
CINACALCET HCL 90 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 150 MG CAPSULE	2	
CIPROFLOXACIN 0.2% OTIC SOLN	2		CLINDAMYCIN HCL 300 MG CAPSULE	2	
CIPROFLOXACIN 0.3% EYE DROP	2		CLINDAMYCIN HCL 75 MG CAPSULE	2	
CIPROFLOXACIN 250 MG/5 ML SUSP	2		CLINDAMYCIN PH 1% GEL	2	
CIPROFLOXACIN 500 MG/5 ML SUSP	2		CLINDAMYCIN PH 1% SOLUTION	2	
CIPROFLOXACIN HCL 100 MG TAB	2		CLINDAMYCIN PHOS 1% PLEDGET	2	
CIPROFLOXACIN HCL 250 MG TAB	1		CLINDAMYCIN PHOSP 1% LOTION	2	
CIPROFLOXACIN HCL 500 MG TAB	1		CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CIPROFLOXACIN HCL 750 MG TAB	1		CLINDAMYCIN-BENZOYL PEROX 1-5%	2	
CIPROFLOX-FLUOCINLN 0.3-0.025%	3	PA	CLINDAMYCIN-BNZ PEROX 1-5% PMP	2	
CIPROFLOX-DEXAMETH OTIC SUSP	3		CLINDA-TRETINOIN 1.2%-0.025%	2	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLINDESSE 2% VAGINAL CREAM	4	
CLOBAZAM 10 MG TABLET	4	PA
CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CLOBAZAM 20 MG TABLET	4	PA
CLOBETASOL 0.05% CREAM	2	
CLOBETASOL 0.05% GEL	2	
CLOBETASOL 0.05% OINTMENT	2	
CLOBETASOL 0.05% SHAMPOO	2	
CLOBETASOL 0.05% SOLUTION	2	
CLOBETASOL 0.05% TOPICAL LOTN	2	
CLOBETASOL EMOLLIENT 0.05% CRM	2	
CLOBETASOL EMOLLINT 0.05% FOAM	2	
CLOBETASOL EMULSION 0.05% FOAM	2	
CLOBETASOL PROP 0.05% FOAM	2	
CLOBETASOL PROP 0.05% SPRAY	2	
CLOCORTOLONE 0.1% CREAM PUMP	2	
CLOCORTOLONE PIVALATE 0.1% CRM	2	
CLODAN 0.05% SHAMPOO	2	
CLOMIPHENE CITRATE 50 MG TAB	2	
CLOMIPRAMINE 25 MG CAPSULE	4	
CLOMIPRAMINE 50 MG CAPSULE	4	
CLOMIPRAMINE 75 MG CAPSULE	4	
CLONAZEPAM 0.125 MG DIS TAB	2	
CLONAZEPAM 0.125 MG ODT	2	
CLONAZEPAM 0.25 MG ODT	2	
CLONAZEPAM 0.5 MG DIS TABLET	2	
CLONAZEPAM 0.5 MG ODT	2	
CLONAZEPAM 0.5 MG TABLET	2	
CLONAZEPAM 1 MG DIS TABLET	2	
CLONAZEPAM 1 MG ODT	2	
CLONAZEPAM 1 MG TABLET	2	
CLONAZEPAM 2 MG ODT	2	
CLONAZEPAM 2 MG TABLET	2	
CLONIDINE 0.1 MG/DAY PATCH	2	
CLONIDINE 0.2 MG/DAY PATCH	2	
CLONIDINE 0.3 MG/DAY PATCH	2	
CLONIDINE HCL 0.1 MG TABLET	1	
CLONIDINE HCL 0.2 MG TABLET	1	
CLONIDINE HCL 0.3 MG TABLET	1	
CLONIDINE HCL ER 0.1 MG TABLET	2	
CLOPIDOGREL 300 MG TABLET	2	
CLOPIDOGREL 75 MG TABLET	1	
CLORAZEPATE 15 MG TABLET	2	
CLORAZEPATE 3.75 MG TABLET	2	
CLORAZEPATE 7.5 MG TABLET	2	
CLOTRIMAZOLE 1% SOLUTION	2	
CLOTRIMAZOLE 1% TOPICAL CREAM	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLOTRIMAZOLE 10 MG TROCHE	2	
CLOTRIMAZOLE-BETAMETHASONE CRM	2	
CLOTRIMAZOLE-BETAMETHASONE LOT	2	
CLOZAPINE 100 MG TABLET	2	
CLOZAPINE 200 MG TABLET	2	
CLOZAPINE 25 MG TABLET	2	
CLOZAPINE 50 MG TABLET	2	
CLOZAPINE ODT 100 MG TABLET	4	
CLOZAPINE ODT 12.5 MG TABLET	4	
CLOZAPINE ODT 150 MG TABLET	4	
CLOZAPINE ODT 200 MG TABLET	4	
CLOZAPINE ODT 25 MG TABLET	4	
C-NATE DHA SOFTGEL	1	
COARTEM TABLETS	4	QL
CODEINE SULFATE 15 MG TABLET	2	PA
CODEINE SULFATE 30 MG TABLET	2	PA
CODEINE SULFATE 60 MG TABLET	2	PA
COLCHICINE 0.6 MG TABLET	2	
COLESEVELAM 625 MG TABLET	2	
COLESEVELAM HCL 3.75 G PACKET	2	
COLESTIPOL HCL 1 GM TABLET	2	
COLESTIPOL HCL GRANULES	2	
COLESTIPOL HCL GRANULES PACKET	2	
COLOCORT 100 MG/60 ML ENEMA	2	
COMBISTIX REAGENT STRIPS	3	
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
COMFORT EZ INS 0.3ML 30GX1/2"	3	
COMFORT EZ INS 0.3ML 30GX5/16"	3	
COMFORT EZ INS 0.5ML 31GX5/16"	3	
COMFORT EZ INS 1 ML 31GX5/16"	3	
COMFORT EZ INSULIN SYR 0.3 ML	3	
COMFORT EZ INSULIN SYR 0.5 ML	3	
COMFORT EZ PEN NEEDLE 12MM 29G	3	
COMFORT EZ PEN NEEDLES 4MM 32G	3	
COMFORT EZ PEN NEEDLES 4MM 33G	3	
COMFORT EZ PEN NEEDLES 5MM 31G	3	
COMFORT EZ PEN NEEDLES 5MM 32G	3	
COMFORT EZ PEN NEEDLES 5MM 33G	3	
COMFORT EZ PEN NEEDLES 6MM 31G	3	
COMFORT EZ PEN NEEDLES 6MM 32G	3	
COMFORT EZ PEN NEEDLES 6MM 33G	3	
COMFORT EZ PEN NEEDLES 8MM 31G	3	
COMFORT EZ PEN NEEDLES 8MM 32G	3	
COMFORT EZ PEN NEEDLES 8MM 33G	3	

2024 Cigna Plus North Carolina 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)
COMFORT EZ SYR 0.3 ML 29GX1/2"	3		CONTOUR SOLUTION	3	
COMFORT EZ SYR 0.5 ML 28GX1/2"	3		COOL CONTROL A SOLUTION	3	
COMFORT EZ SYR 0.5 ML 29GX1/2"	3		COOL CONTROL B SOLUTION	3	
COMFORT EZ SYR 0.5 ML 30GX1/2"	3		CORTISONE 25 MG TABLET	2	
COMFORT EZ SYR 1 ML 28GX1/2"	3		CORTISPORIN CREAM	4	
COMFORT EZ SYR 1 ML 29GX1/2"	3		CORTISPORIN OINTMENT	4	
COMFORT EZ SYR 1 ML 30GX1/2"	3		CORTISPORIN-TC EAR SUSPENSION	4	
COMFORT EZ SYR 1 ML 30GX5/16"	3		COSENTYX (2 SYRINGES)	5	PA, QL, LDD, SRX
COMFORT INFUSION SET 23" 17MM	3		COSENTYX 150 MG/ML SYRINGE	5	PA, QL, LDD, SRX
COMFORT INFUSION SET 31" 17MM	3		COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, LDD, SRX
COMFORT INFUSION SET 32" 17MM	3		COSENTYX 150 MG/ML PEN INJECT	5	PA, QL, LDD, SRX
COMFORT INFUSION SET 43" 17MM	3		COSENTYX 300 MG DOSE-2 PENS	5	PA, QL, LDD, SRX
COMFORT POINT PEN ND 29GX1/2"	3		COTELLIC	5	PA, QL, LDD, SRX
COMFORT POINT PEN ND 31GX1/3"	3		COVARYX TABLET	2	
COMFORT POINT PEN ND 31GX1/4"	3		COVARYX H.S. TABLET	2	
COMFORT POINT PEN ND 31GX1/6"	3		CRESEMBA 186 MG CAPSULE	4	PA
COMFORT SHORT INFUSION SET 23"	3		CROMOLYN 100 MG/5 ML ORAL CONC	4	
COMFORT SHORT INFUSION SET 31"	3		CROMOLYN 20 MG/2 ML NEB SOLN	4	QL
COMFORT SHORT INFUSION SET 32"	3		CROMOLYN 4% EYE DROPS	2	
COMFORT SHORT INFUSION SET 43"	3		CROTAN 10% LOTION	3	
COMFORT TOUCH PEN ND 31G 4MM	3		CRYSSELLE-28 TABLET	1	
COMFORT TOUCH PEN ND 31G 5MM	3		CYANOCOBALAMIN 1,000 MCG/ML VL	2	
COMFORT TOUCH PEN ND 31G 6MM	3		CYANOCOBALAMIN 10,000 MCG/10ML	2	
COMFORT TOUCH PEN ND 31G 8MM	3		CYANOCOBALAMIN 30,000 MCG/30ML	2	
COMFORT TOUCH PEN ND 32G 4MM	3		CYCLOBENZAPRINE 10 MG TABLET	1	
COMFORT TOUCH PEN ND 32G 5MM	3		CYCLOBENZAPRINE 5 MG TABLET	1	
COMFORT TOUCH PEN ND 32G 6MM	3		CYCLOMYDRIL EYE DROPS	4	
COMFORT TOUCH PEN ND 32G 8MM	3		CYCLOPENTOLATE 0.5% EYE DROPS	2	
COMFORT TOUCH PEN ND 33G 4MM	3		CYCLOPENTOLATE 1% EYE DROP	2	
COMFORT TOUCH PEN ND 33G 6MM	3		CYCLOPENTOLATE 1% EYE DROPS	2	
COMFORT TOUCH PEN ND 33GX5MM	3		CYCLOPENTOLATE HCL 2% DROPS	2	
COMIRNATY 30MCG/0.3ML VAC-GRAY	3		CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	
COMPACT SPACE CHAMBER	3	QL	CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	
COMPACT SPACE CHAMBER-LRG MASK	3	QL	CYCLOSERINE 250 MG CAPSULE	2	
COMPACT SPACE CHAMBER-MED MASK	3	QL	CYCLOSET 0.8 MG TABLET	4	
COMPACT SPACE CHAMBER-SM MASK	3	QL	CYCLOSPORINE 0.05% EYE EMULS	4	
COMPLERA	3	QL	CYCLOSPORINE 100 MG CAPSULE	2	
COMPLETE NATAL DHA	1		CYCLOSPORINE 25 MG CAPSULE	2	
COMPLETENATE TABLET CHEW	1		CYCLOSPORINE MODIFIED 100 MG	2	
COMPRO 25 MG SUPPOSITORY	2		CYCLOSPORINE MODIFIED 100MG/ML	2	
CONSTULOSE 10 GM/15 ML SOLN	2		CYCLOSPORINE MODIFIED 25 MG	2	
CONTACT DETACH INFUSN SET 23"	3		CYCLOSPORINE MODIFIED 50 MG	2	
CONTACT DETACH INFUSN SET 32"	3		CYLTEZO	5	PA, QL, SRX
CONTACT DETACH INFUSN SET 43"	3		CYPROHEPTADINE 2 MG/5 ML SOLN	2	
CONTOUR NEXT LEV 1 CONTROL SOL	3		CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CONTOUR NEXT LEV 2 CONTROL SOL	3		CYPROHEPTADINE 4 MG TABLET	2	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CYRED 28 DAY TABLET	1	
CYRED EQ 28 DAY TABLET	1	
CYSTAGON 150 MG CAPSULE	5	PA, LDD, SRX
CYSTAGON 50 MG CAPSULE	5	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD
DABIGATRAN ETEXILATE 150 MG CP	4	PA, QL
DABIGATRAN ETEXILATE 75 CAP	4	PA, QL
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, LDD, SRX
DANAZOL 100 MG CAPSULE	2	
DANAZOL 200 MG CAPSULE	2	
DANAZOL 50 MG CAPSULE	2	
DANTROLENE SODIUM 100 MG CAP	2	
DANTROLENE SODIUM 25 MG CAP	2	
DANTROLENE SODIUM 50 MG CAP	2	
DAPSONE 100 MG TABLET	4	
DAPSONE 25 MG TABLET	4	
DAPTACEL DTAP VACCINE	3	
DARIFENACIN ER 15 MG TABLET	2	
DARIFENACIN ER 7.5 MG TABLET	2	
DARUNAVIR 600 MG TABLET	2	
DARUNAVIR 800 MG TABLET	2	
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TAB	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 125 MG TB FOR SUSP	5	PA, SRX
DEFERASIROX 180 MG GRANULE PKT	5	PA, LDD, SRX
DEFERASIROX 180 MG TABLET	5	PA, LDD, SRX
DEFERASIROX 250 MG TB FOR SUSP	5	PA, SRX
DEFERASIROX 360 MG GRANULE PKT	5	PA, LDD, SRX
DEFERASIROX 360 MG TABLET	5	PA, LDD, SRX
DEFERASIROX 500 MG TB FOR SUSP	5	PA, SRX
DEFERASIROX 90 MG GRANULE PKT	5	PA, LDD, SRX
DEFERASIROX 90 MG TABLET	5	PA, LDD, SRX
DEFERIPRONE 1,000 MG TB(3X/DY)	5	PA, SRX
DEFERIPRONE 500 MG TABLET	5	PA, SRX
DELTEC COZMO CLEO INFUSION SET	3	
DEMECLOCYCLINE 150 MG TABLET	2	
DEMECLOCYCLINE 300 MG TABLET	2	
DENTA 5000 PLUS CREAM	2	
DENTAGEL 1.1% GEL	2	
DESCOVY 120-15 MG TABLET	4	PA
DESCOVY 200-25 MG TABLET	4	PA
DESIPRAMINE 10 MG TABLET	2	
DESIPRAMINE 100 MG TABLET	2	
DESIPRAMINE 150 MG TABLET	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DESIPRAMINE 25 MG TABLET	2	
DESIPRAMINE 50 MG TABLET	2	
DESIPRAMINE 75 MG TABLET	2	
DES LorATADINE 2.5 MG ODT	2	QL
DES LorATADINE 5 MG ODT	2	QL
DES LorATADINE 5 MG TABLET	2	QL
DESMOPRESSIN 0.01% SOLUTION	2	
DESMOPRESSIN 10 MCG/0.1 ML SPR	2	
DESMOPRESSIN ACETATE 0.1 MG TB	2	
DESMOPRESSIN ACETATE 0.2 MG TB	2	
DESOGESTREL-EE 0.15-0.03 MG TB	1	
DESOGESTR-ETH ESTRAD ETH ESTRA	1	
DESONIDE 0.05% CREAM	2	
DESONIDE 0.05% LOTION	2	
DESONIDE 0.05% OINTMENT	2	
DESOXIMETASONE 0.05% CREAM	2	
DESOXIMETASONE 0.05% GEL	2	
DESOXIMETASONE 0.05% OINTMENT	2	
DESOXIMETASONE 0.25% CREAM	2	
DESOXIMETASONE 0.25% OINTMENT	2	
DESVENLAFAXINE SUCCNT ER 100MG	2	QL
DESVENLAFAXINE SUCCNT ER 25 MG	2	QL
DESVENLAFAXINE SUCCNT ER 50 MG	2	QL
DEXAMETHASONE 0.5 MG TABLET	2	
DEXAMETHASONE 0.5 MG/5 ML ELX	2	
DEXAMETHASONE 0.5 MG/5 ML LIQ	2	
DEXAMETHASONE 0.75 MG TABLET	2	
DEXAMETHASONE 1 MG TABLET	2	
DEXAMETHASONE 1.5 MG TABLET	2	
DEXAMETHASONE 2 MG TABLET	2	
DEXAMETHASONE 4 MG TABLET	2	
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

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
DIASTIX 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	
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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DICLOFENAC SOD EC 50 MG TAB	2	
DICLOFENAC SOD EC 75 MG TAB	2	
DICLOFENAC SOD ER 100 MG TAB	2	
DICLOFENAC SODIUM 1% GEL	2	QL
DICLOFENAC-MISOPROST 50-0.2 MG	2	
DICLOFENAC-MISOPROST 75-0.2 MG	2	
DICLOXACILLIN 250 MG CAPSULE	2	
DICLOXACILLIN 500 MG CAPSULE	2	
DICYCLOMINE 10 MG CAPSULE	2	
DICYCLOMINE 10 MG/5 ML SOLN	2	
DICYCLOMINE 20 MG TABLET	2	
DIDANOSINE DR 250 MG CAPSULE	2	
DIDANOSINE DR 400 MG CAPSULE	2	
DIFICID 200 MG TABLET	4	PA, QL
DIFICID 40 MG/ML SUSPENSION	4	PA, QL
DIFLORASONE 0.05% CREAM	4	
DIFLORASONE 0.05% OINTMENT	4	
DIFLUNISAL 500 MG TABLET	2	
DIFLUPREDNATE 0.05% EYE DROP	3	
DIGOX 125 MCG TABLET	2	
DIGOX 250 MCG TABLET	2	
DIGOXIN 0.05 MG/ML SOLUTION	2	
DIGOXIN 0.125 MG TABLET	2	
DIGOXIN 0.25 MG TABLET	2	
DIGOXIN 125 MCG TABLET	2	
DIGOXIN 250 MCG TABLET	2	
DIHYDROERGOTAMINE 1 MG/ML AMP	4	QL
DILT XR 120 MG CAPSULE	2	
DILT XR 180 MG CAPSULE	2	
DILT XR 240 MG CAPSULE	2	
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER 120 MG CAP	2	
DILTIAZEM 12HR ER 60 MG CAP	2	
DILTIAZEM 12HR ER 90 MG CAP	2	
DILTIAZEM 24H ER(CD) 120 MG CP	2	
DILTIAZEM 24H ER(CD) 180 MG CP	2	
DILTIAZEM 24H ER(CD) 240 MG CP	2	
DILTIAZEM 24H ER(CD) 300 MG CP	2	
DILTIAZEM 24H ER(CD) 360 MG CP	2	
DILTIAZEM 24H ER(LA) 120 MG TB	2	
DILTIAZEM 24H ER(LA) 180 MG TB	2	
DILTIAZEM 24H ER(LA) 240 MG TB	2	
DILTIAZEM 24H ER(LA) 300 MG TB	2	
DILTIAZEM 24H ER(LA) 360 MG TB	2	
DILTIAZEM 24H ER(LA) 420 MG TB	2	
DILTIAZEM 24H ER(XR) 120 MG CP	2	

2024 Cigna Plus North Carolina 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 24H ER(XR) 180 MG CP	2		DONEPEZIL HCL ODT 10 MG TABLET	2	
DILTIAZEM 24H ER(XR) 240 MG CP	2		DONEPEZIL HCL ODT 5 MG TABLET	2	
DILTIAZEM 24HR ER 120 MG CAP	2		DORZOLAMIDE HCL 2% EYE DROPS	2	
DILTIAZEM 24HR ER 180 MG CAP	2		DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DILTIAZEM 24HR ER 240 MG CAP	2		DOTTI 0.025 MG PATCH	2	QL
DILTIAZEM 24HR ER 300 MG CAP	2		DOTTI 0.0375 MG PATCH	2	QL
DILTIAZEM 24HR ER 360 MG CAP	2		DOTTI 0.05 MG PATCH	2	QL
DILTIAZEM 24HR ER 420 MG CAP	2		DOTTI 0.075 MG PATCH	2	QL
DILTIAZEM 30 MG TABLET	1		DOTTI 0.1 MG PATCH	2	QL
DILTIAZEM 60 MG TABLET	1		DOVATO	3	QL
DILTIAZEM 90 MG TABLET	1		DOXAZOSIN MESYLATE 1 MG TAB	2	
DIMETHYL FUMARATE 30D START PK	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 2 MG TAB	2	
DIMETHYL FUMARATE DR 120 MG CP	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 4 MG TAB	2	
DIMETHYL FUMARATE DR 240 MG CP	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 8 MG TAB	2	
DIPENTUM 250 MG CAPSULE	4		DOXEPIN 10 MG CAPSULE	2	
DIPHEN 12.5 MG/5 ML ELIXIR	4		DOXEPIN 10 MG/ML ORAL CONC	2	
DIPHEN 12.5 MG/5 ML SOLUTION	4		DOXEPIN 100 MG CAPSULE	2	
DIPHENHYDRAMINE 12.5 MG/5 ML	2		DOXEPIN 150 MG CAPSULE	2	
DIPHENHYDRAMINE 25 MG/10 ML	2		DOXEPIN 25 MG CAPSULE	2	
DIPHENOXYLAT-ATROP 2.5-0.025/5	2		DOXEPIN 5% CREAM	4	
DIPHENOXYLATE-ATROP 2.5-0.025	2		DOXEPIN 50 MG CAPSULE	2	
DIPHTHERIA-TETANUS TOXOIDS-PED	3		DOXEPIN 75 MG CAPSULE	2	
DIPYRIDAMOLE 25 MG TABLET	2		DOXEPIN HCL 3 MG TABLET	3	QL
DIPYRIDAMOLE 50 MG TABLET	2		DOXEPIN HCL 6 MG TABLET	3	QL
DIPYRIDAMOLE 75 MG TABLET	2		DOXERCALCIFEROL 0.5 MCG CAP	2	
DISOPYRAMIDE 100 MG CAPSULE	2		DOXERCALCIFEROL 1 MCG CAPSULE	2	
DISOPYRAMIDE 150 MG CAPSULE	2		DOXERCALCIFEROL 2.5 MCG CAP	2	
DISULFIRAM 250 MG TABLET	2		DOXYCYCLINE 25 MG/5 ML SUSP	2	
DISULFIRAM 500 MG TABLET	2		DOXYCYCLINE HYCLATE 100 MG CAP	1	
DIVALPROEX DR 125 MG CAP SPRNK	2		DOXYCYCLINE HYCLATE 100 MG TAB	1	
DIVALPROEX DR 125 MG CP(SPRNK)	2		DOXYCYCLINE HYCLATE 20 MG TAB	2	
DIVALPROEX SOD DR 125 MG TAB	2		DOXYCYCLINE HYCLATE 50 MG CAP	1	
DIVALPROEX SOD DR 250 MG TAB	2		DOXYCYCLINE MONO 100 MG CAP	1	
DIVALPROEX SOD DR 500 MG TAB	2		DOXYCYCLINE MONO 100 MG TABLET	1	
DIVALPROEX SOD ER 250 MG TAB	2		DOXYCYCLINE MONO 150 MG CAP	2	
DIVALPROEX SOD ER 500 MG TAB	2		DOXYCYCLINE MONO 150 MG TABLET	2	
DODEX 1,000 MCG/ML VIAL	2		DOXYCYCLINE MONO 50 MG CAP	1	
DODEX 10,000 MCG/10 ML VIAL	2		DOXYCYCLINE MONO 50 MG TABLET	1	
DODEX 30,000 MCG/30 ML VIAL	2		DOXYCYCLINE MONO 75 MG CAPSULE	2	
DOFETILIDE 125 MCG CAPSULE	4	QL	DOXYCYCLINE MONO 75 MG TABLET	2	
DOFETILIDE 250 MCG CAPSULE	4	QL	DRONABINOL 10 MG CAPSULE	4	
DOFETILIDE 500 MCG CAPSULE	4	QL	DRONABINOL 2.5 MG CAPSULE	4	
DOLISHALE 90-20 MCG TABLET	1		DRONABINOL 5 MG CAPSULE	4	
DONEPEZIL HCL 10 MG TABLET	2		DROPLET 0.5 ML 29GX12.5MM(1/2)	3	
DONEPEZIL HCL 23 MG TABLET	2		DROPLET 0.5 ML 30GX12.5MM(1/2)	3	
DONEPEZIL HCL 5 MG TABLET	2		DROPLET INS 0.3 ML 29GX12.5MM	3	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DROPLET INS 0.3ML 30GX12.5MM	3	
DROPLET INS 0.5ML 30GX6MM(1/2)	3	
DROPLET INS 0.5ML 30GX8MM(1/2)	3	
DROPLET INS 0.5ML 31GX6MM(1/2)	3	
DROPLET INS 0.5ML 31GX8MM(1/2)	3	
DROPLET INS SYR 0.3 ML 30GX6MM	3	
DROPLET INS SYR 0.3 ML 30GX8MM	3	
DROPLET INS SYR 0.3 ML 31GX6MM	3	
DROPLET INS SYR 0.3 ML 31GX8MM	3	
DROPLET INS SYR 1 ML 30GX6MM	3	
DROPLET INS SYR 1 ML 30GX8MM	3	
DROPLET INS SYR 1 ML 31GX6MM	3	
DROPLET INS SYR 1 ML 31GX8MM	3	
DROPLET INS SYR 1ML 29GX12.5MM	3	
DROPLET INS SYR 1ML 30GX12.5MM	3	
DROPLET MICRON 34G X 9/64"	3	
DROPLET PEN NEEDLE 29GX1/2"	3	
DROPLET PEN NEEDLE 29GX3/8"	3	
DROPLET PEN NEEDLE 30GX5/16"	3	
DROPLET PEN NEEDLE 31GX1/4"	3	
DROPLET PEN NEEDLE 31GX3/16"	3	
DROPLET PEN NEEDLE 31GX5/16"	3	
DROPLET PEN NEEDLE 32GX1/4"	3	
DROPLET PEN NEEDLE 32GX3/16"	3	
DROPLET PEN NEEDLE 32GX5/16"	3	
DROPLET PEN NEEDLE 32GX5/32"	3	
DROPSAFE INS SYR 0.3ML 31G 6MM	3	
DROPSAFE INS SYR 0.3ML 31G 8MM	3	
DROPSAFE INS SYR 0.5ML 31G 6MM	3	
DROPSAFE INS SYR 0.5ML 31G 8MM	3	
DROPSAFE INSUL SYR 1ML 31G 6MM	3	
DROPSAFE INSUL SYR 1ML 31G 8MM	3	
DROPSAFE INSULN 1ML 29G 12.5MM	3	
DROPSAFE PEN NEEDLE 31GX1/4"	3	
DROPSAFE PEN NEEDLE 31GX3/16"	3	
DROPSAFE PEN NEEDLE 31GX5/16"	3	
DROSP-EE-LEVOMEF 3-0.02-0.451	1	
DROSP-EE-LEVOMEF 3-0.03-0.451	1	
DROSPIRENONE-EE 3-0.02 MG TAB	1	
DROSPIRENONE-EE 3-0.03 MG TAB	1	
DROXIA 200 MG CAPSULE	4	
DROXIA 300 MG CAPSULE	4	
DROXIA 400 MG CAPSULE	4	
DRUG MART ULTRA COMFORT SYR	3	
DUAVEE 0.45-20 MG TABLET	4	
DULERA 100 MCG-5 MCG INHALER	4	QL, ST
DULERA 200 MCG-5 MCG INHALER	4	QL, ST

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DULERA 50 MCG-5 MCG INHALER	4	QL, ST
DULOXETINE HCL DR 20 MG CAP	2	QL
DULOXETINE HCL DR 30 MG CAP	2	QL
DULOXETINE HCL DR 60 MG CAP	2	QL
DUPIXENT 100 MG/0.67 ML SYRING	5	PA, SRX
DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DUPIXENT 200 MG/1.14 ML SYRING	5	PA, SRX
DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DUTASTERIDE 0.5 MG CAPSULE	2	
DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	
EASIVENT HOLDING CHAMBER	3	QL
EASIVENT MASK-LARGE	3	QL
EASIVENT MASK-MEDIUM	3	QL
EASIVENT MASK-SMALL	3	QL
EASY COMFORT 0.3 ML SYRINGE	3	
EASY COMFORT 0.5 ML 30GX1/2"	3	
EASY COMFORT 0.5 ML 31GX5/16"	3	
EASY COMFORT 0.5 ML 32GX5/16"	3	
EASY COMFORT 0.5 ML SYRINGE	3	
EASY COMFORT 1 ML 31GX5/16"	3	
EASY COMFORT 1 ML 32GX5/16"	3	
EASY COMFORT INSULIN 1 ML SYR	3	
EASY COMFORT PEN ND 31GX1/4"	3	
EASY COMFORT PEN ND 31GX3/16"	3	
EASY COMFORT PEN ND 31GX5/16"	3	
EASY COMFORT PEN ND 32GX5/32"	3	
EASY COMFORT PEN ND 33G 4MM	3	
EASY COMFORT PEN ND 33G 5MM	3	
EASY COMFORT PEN ND 33G 6MM	3	
EASY COMFORT SYR 1 ML 30GX1/2"	3	
EASY GLIDE INS 0.3 ML 31GX6MM	3	
EASY GLIDE INS 0.5 ML 31GX6MM	3	
EASY GLIDE INS 1 ML 31GX6MM	3	
EASY GLIDE PEN NEEDLE 4MM 33G	3	
EASY PLUS II CONTROL SOLN HIGH	3	
EASY PLUS II CONTROL SOLN LOW	3	
EASY STEP CONTRL SOLN-HIGH	3	
EASY STEP CONTROL SOLN-LOW	3	
EASY STEP CONTROL SOLN-NORMAL	3	
EASY TALK CONTROL SOLN LOW	3	
EASY TALK HIGH CONTROL SOLN	3	
EASY TALK PLUS II HIGH CONTROL	3	
EASY TALK PLUS II LOW CTRL SLN	3	
EASY TOUCH 0.3 ML SYR 30GX1/2"	3	
EASY TOUCH 0.5 ML SYR 27GX1/2"	3	

2024 Cigna Plus North Carolina 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)
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 FLIPLCK NDL 18GX1"	3		EASY TOUCH HYPODERMIC 26GX1/2"	3	
EASY TOUCH FLIPLCK NDL 19GX1"	3		EASY TOUCH HYPODERMIC 26GX3/8"	3	
EASY TOUCH FLIPLCK NDL 20GX1"	3		EASY TOUCH HYPODERMIC 26GX5/8"	3	
EASY TOUCH FLIPLCK NDL 21GX1"	3		EASY TOUCH HYPODERMIC 27GX1.25	3	
EASY TOUCH FLIPLCK NDL 22GX1	3		EASY TOUCH HYPODERMIC 27GX1.5"	3	
EASY TOUCH FLIPLCK NDL 23GX1"	3		EASY TOUCH HYPODERMIC 27GX1/2"	3	
EASY TOUCH FLIPLCK NDL 25GX1"	3		EASY TOUCH HYPODERMIC 30GX1"	3	
EASY TOUCH FLIPLCK NDL 26GX1"	3		EASY TOUCH HYPODERMIC 30GX1/2"	3	
EASY TOUCH FLIPLCK NDL 27GX1"	3		EASY TOUCH HYPODERMIC 31GX5/16	3	
EASY TOUCH FLIPLCK NDL 18GX1.5	3		EASY TOUCH HYPODERMIC 32GX5/16	3	
EASY TOUCH FLIPLCK NDL 19GX1.5	3		EASY TOUCH INSULIN 1ML 29GX1/2	3	
EASY TOUCH FLIPLCK NDL 20GX1.5	3		EASY TOUCH INSULIN 1ML 30GX1/2	3	
EASY TOUCH FLIPLCK NDL 21GX1.5	3		EASY TOUCH INSULIN SYR 0.3 ML	3	
EASY TOUCH FLIPLCK NDL 22GX1.5	3		EASY TOUCH INSULIN SYR 0.5 ML	3	
EASY TOUCH FLIPLCK NDL 22GX3/4	3		EASY TOUCH INSULIN SYR 1 ML	3	
EASY TOUCH FLIPLCK NDL 23GX1.5	3		EASY TOUCH INSULN 1ML 29GX1/2"	3	
EASY TOUCH FLIPLCK NDL 23GX5/8	3		EASY TOUCH INSULN 1ML 30GX1/2"	3	
EASY TOUCH FLIPLCK NDL 25GX1.5	3		EASY TOUCH INSULN 1ML 30GX5/16	3	
EASY TOUCH FLIPLCK NDL 25GX5/8	3		EASY TOUCH INSULN 1ML 31GX5/16	3	
EASY TOUCH FLIPLCK NDL 26GX1/2	3		EASY TOUCH LUER LOK INSUL 1 ML	3	
EASY TOUCH FLIPLCK NDL 27GX1/2	3		EASY TOUCH PEN NEEDLE 29GX1/2"	3	
EASY TOUCH FLIPLCK NDL 28GX1/2	3		EASY TOUCH PEN NEEDLE 30GX5/16	3	
EASY TOUCH FLIPLCK NDL 29GX1/2	3		EASY TOUCH PEN NEEDLE 31GX1/4"	3	
EASY TOUCH FLIPLCK NDL 30GX1/2	3		EASY TOUCH PEN NEEDLE 31GX3/16	3	
EASY TOUCH HIGH-LOW CTRL SOLN	3		EASY TOUCH PEN NEEDLE 31GX5/16	3	
EASY TOUCH HYPODERMIC 16GX1"	3		EASY TOUCH PEN NEEDLE 32GX1/4"	3	
EASY TOUCH HYPODERMIC 16GX1.5"	3		EASY TOUCH PEN NEEDLE 32GX3/16	3	
EASY TOUCH HYPODERMIC 18GX1"	3		EASY TOUCH PEN NEEDLE 32GX5/32	3	
EASY TOUCH HYPODERMIC 18GX1.25	3		EASY TOUCH SAF PEN NDL 29G 5MM	3	
EASY TOUCH HYPODERMIC 18GX1.5"	3		EASY TOUCH SAF PEN NDL 29G 8MM	3	
EASY TOUCH HYPODERMIC 19GX1"	3		EASY TOUCH SAF PEN NDL 30G 5MM	3	
EASY TOUCH HYPODERMIC 19GX1.5"	3		EASY TOUCH SAF PEN NDL 30G 8MM	3	
EASY TOUCH HYPODERMIC 20GX1"	3		EASY TOUCH SYR 0.5ML 27G12.7MM	3	
EASY TOUCH HYPODERMIC 20GX1.5"	3		EASY TOUCH SYR 0.5ML 28G12.7MM	3	
EASY TOUCH HYPODERMIC 21GX1"	3		EASY TOUCH SYR 0.5ML 29G12.7MM	3	
EASY TOUCH HYPODERMIC 21GX1.5"	3		EASY TOUCH SYR 1 ML 27G 12.7MM	3	
EASY TOUCH HYPODERMIC 22GX1"	3		EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH HYPODERMIC 22GX1.5"	3		EASY TOUCH SYR 1 ML 28G 12.7MM	3	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
EASYTOUCH 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	
ECONTRA EZ 1.5 MG TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1	
EDEX 10 MCG CARTRIDGE 2-PK KIT	4	PA, QL
EDEX 10 MCG CARTRIDGE 6-PK KIT	4	PA, QL
EDEX 20 MCG CARTRIDGE 2-PK KIT	4	PA, QL
EDEX 20 MCG CARTRIDGE 6-PK KIT	4	PA, QL
EDEX 40 MCG CARTRIDGE 2-PK KIT	4	PA, QL
EDEX 40 MCG CARTRIDGE 6-PK KIT	4	PA, QL
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

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
EMOQUETTE 28 DAY TABLET	1	
EMTRICITABINE 200 MG CAPSULE	2	
EMTRICITABINE-TENOFV 100-150MG	2	
EMTRICITABINE-TENOFV 133-200MG	2	
EMTRICITABINE-TENOFV 167-250MG	2	
EMTRICITABINE-TENOFV 200-300MG	2	
EMTRIVA 10 MG/ML SOLUTION	3	
EMVERM 100 MG TABLET CHEW	4	
ENALAPRIL MALEATE 10 MG TAB	1	

2024 Cigna Plus North Carolina 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)
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	EQL INS SYR 1 ML 29GX1/2"	3	
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX	EQL INSUL SYR 0.3 ML 31GX5/16"	3	
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX	EQL INSUL SYR 0.5 ML 31GX5/16"	3	
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX	EQL INSULIN 0.3 ML SYRINGE	3	
ENDOCET 10-325 MG TABLET	2	PA	EQL INSULIN 0.5 ML SYRINGE	3	
ENDOCET 2.5-325 MG TABLET	2	PA	EQL INSULIN 1 ML SYRINGE	3	
ENDOCET 5-325 MG TABLET	2	PA	EQL INSULIN SYR 1 ML 31GX5/16"	3	
ENDOCET 7.5-325 MG TABLET	2	PA	EQL PEN 8MM 31G X 5/16" NEEDLE	3	
ENDOMETRIN 100 MG VAG INSERT	4	PA	ERGOLOID MESYLATES 1 MG TAB	1	
ENGERIX-B 20 MCG/ML SYRN	3		ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ENGERIX-B 20 MCG/ML VIAL	3		ERLOTINIB HCL 100 MG TABLET	5	PA, LDD, SRX
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3		ERLOTINIB HCL 150 MG TABLET	5	PA, LDD, SRX
ENLITE SERTER	3		ERLOTINIB HCL 25 MG TABLET	5	PA, LDD, SRX
ENLYTE SOFTGEL	4		ERRIN 0.35 MG TABLET	1	
ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX	ERTACZO 2% CREAM	4	
ENOXAPARIN 120 MG/0.8 ML SYR	5	QL, SRX	ERY 2% PADS	2	
ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX	ERYTHROCIN 250 MG TABLET	4	
ENOXAPARIN 30 MG/0.3 ML SYR	5	QL, SRX	ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX	ERYTHROMYCIN 2% GEL	2	
ENOXAPARIN 40 MG/0.4 ML SYR	5	QL, SRX	ERYTHROMYCIN 2% SOLUTION	2	
ENOXAPARIN 60 MG/0.6 ML SYR	5	QL, SRX	ERYTHROMYCIN 200 MG/5 ML SUSP	2	
ENOXAPARIN 80 MG/0.8 ML SYR	5	QL, SRX	ERYTHROMYCIN 250 MG TABLET	2	
ENPRESSE-28 TABLET	1		ERYTHROMYCIN 400 MG/5 ML SUSP	2	
ENSKYCE 28 TABLET	1		ERYTHROMYCIN 500 MG TABLET	2	
ENTACAPONE 200 MG TABLET	2		ERYTHROMYCIN DR 250 MG CAP	2	
ENTECAVIR 0.5 MG TABLET	5	SRX	ERYTHROMYCIN ES 400 MG TAB	2	
ENTECAVIR 1 MG TABLET	5	SRX	ERYTHROMYCIN-BENZOYL GEL	2	
ENTRESTO 24 MG-26 MG TABLET	3	QL	ESCITALOPRAM 10 MG TABLET	2	QL
ENTRESTO 49 MG-51 MG TABLET	3	QL	ESCITALOPRAM 20 MG TABLET	2	QL
ENTRESTO 97 MG-103 MG TABLET	3	QL	ESCITALOPRAM 5 MG TABLET	2	QL
ENULOSE 10 GM/15 ML SOLUTION	2		ESCITALOPRAM OXALATE 5 MG/5 ML	2	QL
EPCLUSA 150-37.5 MG PELLET PKT	5	PA, QL, SRX	ESOMEPRAZOLE DR 10 MG PACKET	3	QL
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX	ESOMEPRAZOLE DR 20 MG PACKET	3	QL
EPCLUSA 200-50 MG PELLET PACK	5	PA, QL, SRX	ESOMEPRAZOLE DR 40 MG PACKET	3	QL
EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX	ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL
EPIDIOLEX 100 MG/ML SOLN PACK	4	PA, LDD	ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL
EPIDIOLEX 100 MG/ML SOLUTION	4	PA, LDD	ESOMEPRAZOLE DR 49.3 MG CAP	2	QL
EPIFOAM FOAM	4		ESTARYLLA 0.25-0.035 MG TABLET	1	
EPINASTINE HCL 0.05% EYE DROPS	2		ESTAZOLAM 1 MG TABLET	2	
EPINEPHRINE 0.15 MG AUTO-INJCT	2	QL	ESTAZOLAM 2 MG TABLET	2	

2024 Cigna Plus North Carolina 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)
ESTRADIOL 0.025 MG PATCH(1/WK)	2	QL	EUTHYROX 200 MCG TABLET	1	
ESTRADIOL 0.025 MG PATCH(2/WK)	2	QL	EUTHYROX 25 MCG TABLET	1	
ESTRADIOL 0.0375MG PATCH(1/WK)	2	QL	EUTHYROX 50 MCG TABLET	1	
ESTRADIOL 0.0375MG PATCH(2/WK)	2	QL	EUTHYROX 75 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL	EUTHYROX 88 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL	EVENCARE G2 CONTROL SOLUTION	3	
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL	EVENCARE G3 CONTROL SOLUTION	3	
ESTRADIOL 0.075 MG PATCH(1/WK)	2	QL	EVEROLIMUS 0.25 MG TABLET	5	SRX
ESTRADIOL 0.075 MG PATCH(2/WK)	2	QL	EVEROLIMUS 0.5 MG TABLET	5	SRX
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL	EVEROLIMUS 0.75 MG TABLET	5	SRX
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL	EVEROLIMUS 1 MG TABLET	5	SRX
ESTRADIOL 0.5 MG TABLET	1		EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX
ESTRADIOL 1 MG TABLET	1		EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL 10 MCG VAGINAL INSRT	2	QL	EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX
ESTRADIOL 2 MG TABLET	1		EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MG TB	2		EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	2		EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX
ESTROGEN-METHYLTESTOS F.S. TAB	2		EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX
ESTROGEN-METHYLTESTOS H.S. TAB	2		EVOLUTION CONTROL SOLN NORMAL	3	
ESZOPICLONE 1 MG TABLET	2		EVOTAZ 300 MG-150 MG TABLET	3	
ESZOPICLONE 2 MG TABLET	2		EXEL 3 ML SYRN 27G X 1 1/4"	3	
ESZOPICLONE 3 MG TABLET	2		EXEL HUBER 22GX3/4" NEEDLE	3	
ETHAMBUTOL HCL 100 MG TABLET	2		EXEL HUBER NEEDLE 22GX1"	3	
ETHAMBUTOL HCL 400 MG TABLET	2		EXEL HYPO NEEDLE 16GX1"	3	
ETHOSUXIMIDE 250 MG CAPSULE	2		EXEL HYPO NEEDLE 18GX1"	3	
ETHOSUXIMIDE 250 MG/5 ML SOLN	2		EXEL HYPO NEEDLE 18GX1.5"	3	
ETHYL CHLORIDE SPRAY	2		EXEL HYPO NEEDLE 19GX1"	3	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1		EXEL HYPO NEEDLE 19GX1.5"	3	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1		EXEL HYPO NEEDLE 20GX0.75"	3	
ETODOLAC 200 MG CAPSULE	2		EXEL HYPO NEEDLE 20GX1"	3	
ETODOLAC 300 MG CAPSULE	2		EXEL HYPO NEEDLE 20GX1.5"	3	
ETODOLAC 400 MG TABLET	2		EXEL HYPO NEEDLE 21GX1"	3	
ETODOLAC 500 MG TABLET	2		EXEL HYPO NEEDLE 21GX1.5"	3	
ETODOLAC ER 400 MG TABLET	2		EXEL HYPO NEEDLE 22GX0.75"	3	
ETODOLAC ER 500 MG TABLET	2		EXEL HYPO NEEDLE 22GX1"	3	
ETODOLAC ER 600 MG TABLET	2		EXEL HYPO NEEDLE 22GX1.5"	3	
ETONOGESTREL-EE VAGINAL RING	2		EXEL HYPO NEEDLE 23GX0.75"	3	
ETOPOSIDE 50 MG CAPSULE	5	SRX	EXEL HYPO NEEDLE 23GX1"	3	
ETRAVIRINE 100 MG TABLET	2		EXEL HYPO NEEDLE 25GX0.625"	3	
ETRAVIRINE 200 MG TABLET	2		EXEL HYPO NEEDLE 25GX0.75"	3	
EURAX 10% CREAM	4		EXEL HYPO NEEDLE 25GX1"	3	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1.5"	3	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.375"	3	
EUTHYROX 125 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.5"	3	
EUTHYROX 137 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.625"	3	
EUTHYROX 150 MCG TABLET	1		EXEL HYPO NEEDLE 26GX1.5"	3	
EUTHYROX 175 MCG TABLET	1				

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

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

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

2024 Cigna Plus North Carolina 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)
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
FLOVENT 50 MCG DISKUS	3	QL	FLUPHENAZINE 1 MG TABLET	2	
FLOVENT HFA 110 MCG INHALER	3	QL	FLUPHENAZINE 10 MG TABLET	2	
FLOVENT HFA 220 MCG INHALER	3	QL	FLUPHENAZINE 2.5 MG TABLET	2	
FLOVENT HFA 44 MCG INHALER	3	QL	FLUPHENAZINE 2.5 MG/5 ML ELIX	2	
FLOW-EZE VENTED NEEDLE	3		FLUPHENAZINE 5 MG TABLET	2	
FLUAD QUAD	3		FLUPHENAZINE 5 MG/ML CONC	2	
FLUARIX QUAD	3		FLURANDRENOLIDE 0.05% CREAM	4	
FLUBLOK QUAD	3		FLURANDRENOLIDE 0.05% LOTION	4	
FLUCELVAX QUAD	3		FLURANDRENOLIDE 0.05% OINTMENT	4	
FLUCONAZOLE 10 MG/ML SUSP	2		FLURBIPROFEN 100 MG TABLET	2	
FLUCONAZOLE 100 MG TABLET	2		FLURBIPROFEN 0.03% EYE DROP	2	
FLUCONAZOLE 150 MG TABLET	2		FLUTAMIDE 125 MG CAPSULE	2	
FLUCONAZOLE 200 MG TABLET	2		FLUTICASONE PROP 0.005% OINT	2	
FLUCONAZOLE 40 MG/ML SUSP	2		FLUTICASONE PROP 0.05% CREAM	2	

2024 Cigna Plus North Carolina 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)
FLUTICASON PROPR 0.05% LOTION	2		FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL, SRX
FLUTICASON PROPR 50 MCG SPRAY	2		FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL, SRX
FLUTICASON-SALMETEROL 100-50	2	QL	FRAGMIN 18,000 UNIT/0.72 ML	5	QL, SRX
FLUTICASON-SALMETEROL 250-50	2	QL	FRAGMIN 2,500 UNIT/0.2 ML SYR	5	QL, SRX
FLUTICASON-SALMETEROL 500-50	2	QL	FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL, SRX
FLUVASTATIN ER 80 MG TABLET	2		FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL, SRX
FLUVASTATIN SODIUM 20 MG CAP	2		FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL, SRX
FLUVASTATIN SODIUM 40 MG CAP	2		FREESTYLE CONTROL SOLUTION	3	
FLUVOXAMINE ER 100 MG CAPSULE	2	QL	FREESTYLE LIBRE 10 DAY READER	3	PA, QL
FLUVOXAMINE ER 150 MG CAPSULE	2	QL	FREESTYLE LIBRE 10 DAY SENSOR	3	PA, QL
FLUVOXAMINE MALEATE 100 MG TAB	2	QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FLUVOXAMINE MALEATE 25 MG TAB	2	QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FLUVOXAMINE MALEATE 50 MG TAB	2	QL	FREESTYLE LIBRE 2 READER	3	PA, QL
FLUZONE HIGH-DOSE QUAD	3		FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FLUZONE QUAD	3		FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FOLIC ACID 1 MG TABLET	1		FREESTYLE PREC 0.5 ML 30GX5/16	3	
FOLIVANE-OB CAPSULE	1		FREESTYLE PREC 0.5 ML 31GX5/16	3	
FOLLISTIM AQ 300 UNIT CARTRIDG	5	PA, SRX	FREESTYLE PREC 1 ML 30GX5/16"	3	
FOLLISTIM AQ 600 UNIT CARTRIDG	5	PA, SRX	FREESTYLE PREC 1 ML 31GX5/16"	3	
FOLLISTIM AQ 900 UNIT CARTRIDG	5	PA, SRX	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	
FOSAMPRENAVIR 700 MG TABLET	2		GABAPENTIN 250 MG/5 ML SOLN	2	
FOSFOMYCIN 3 GM SACHET	3		GABAPENTIN 300 MG CAPSULE	2	
FOSINOPRIL SODIUM 10 MG TAB	1		GABAPENTIN 300 MG/6 ML SOLN	2	
FOSINOPRIL SODIUM 20 MG TAB	1		GABAPENTIN 400 MG CAPSULE	2	
FOSINOPRIL SODIUM 40 MG TAB	1		GABAPENTIN 600 MG TABLET	2	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	2		GABAPENTIN 800 MG TABLET	2	
FOSINOPRIL-HCTZ 20-12.5 MG TAB	2		GALANTAMINE ER 16 MG CAPSULE	2	QL
FOSRENOL 1,000 MG POWDER PACK	4		GALANTAMINE ER 24 MG CAPSULE	2	QL
FOSRENOL 750 MG POWDER PACKET	4		GALANTAMINE ER 8 MG CAPSULE	2	QL
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX	GALANTAMINE HBR 12 MG TABLET	2	
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX	GALANTAMINE HBR 4 MG TABLET	2	

2024 Cigna Plus North Carolina 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)
GALANTAMINE HBR 8 MG TABLET	2		GLATOPA 40 MG/ML SYRINGE	5	PA, SRX
GALANTAMINE 4 MG/ML ORAL SOLN	2		GLEOSTINE 10 MG CAPSULE	4	PA
GALZIN 25 MG CAPSULE	4		GLEOSTINE 100 MG CAPSULE	4	PA
GALZIN 50 MG CAPSULE	4		GLEOSTINE 40 MG CAPSULE	4	PA
GARDASIL 9 SYRINGE	3		GLIMEPIRIDE 1 MG TABLET	1	
GARDASIL 9 VIAL	3		GLIMEPIRIDE 2 MG TABLET	1	
GATIFLOXACIN 0.5% EYE DROPS	2		GLIMEPIRIDE 4 MG TABLET	1	
GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX	GLIPIZIDE 10 MG TABLET	1	
GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX	GLIPIZIDE 5 MG TABLET	1	
GATTEX 5 MG VIAL	5	PA, LDD, SRX	GLIPIZIDE ER 10 MG TABLET	1	
GAVILYTE-C	2		GLIPIZIDE ER 2.5 MG TABLET	1	
GAVILYTE-G	2		GLIPIZIDE ER 5 MG TABLET	1	
GAVILYTE-N	2		GLIPIZIDE XL 10 MG TABLET	1	
GE100 CONTROL SOLUTION NORMAL	3		GLIPIZIDE XL 2.5 MG TABLET	1	
GEFITINIB 250 MG TABLET	5	PA, QL, SRX	GLIPIZIDE XL 5 MG TABLET	1	
GEMFIBROZIL 600 MG TABLET	2		GLIPIZIDE-METFORMIN 2.5-250 MG	2	
GEMMILY 1 MG-20 MCG CAPSULE	1		GLIPIZIDE-METFORMIN 2.5-500 MG	2	
GENERLAC 10 GM/15 ML SOLUTION	2		GLIPIZIDE-METFORMIN 5-500 MG	2	
GENGRAF 100 MG CAPSULE	2		GLUCAGON 1 MG EMERGENCY KIT	3	QL
GENGRAF 100 MG/ML SOLUTION	2		GLUCOCARD 01 CONTROL SOLUTION	3	
GENGRAF 25 MG CAPSULE	2		GLUCOCARD EXPRESSION	3	
GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX	GLUCOCARD SHINE	3	
GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX	GLUCOCOM AUTOLINK	3	
GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX	GLUCOCOM CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX	GLUCOSE CONTROL SOLN NORMAL	3	
GENOTROPIN MINIQUICK 0.4 MG	5	PA, SRX	GLUCOSE CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 0.6 MG	5	PA, SRX	GLYBURIDE 1.25 MG TABLET	1	
GENOTROPIN MINIQUICK 0.8 MG	5	PA, SRX	GLYBURIDE 2.5 MG TABLET	1	
GENOTROPIN MINIQUICK 1 MG	5	PA, SRX	GLYBURIDE 5 MG TABLET	1	
GENOTROPIN MINIQUICK 1.2 MG	5	PA, SRX	GLYBURIDE MICRO 1.5 MG TAB	1	
GENOTROPIN MINIQUICK 1.4 MG	5	PA, SRX	GLYBURIDE MICRO 3 MG TABLET	1	
GENOTROPIN MINIQUICK 1.6 MG	5	PA, SRX	GLYBURIDE MICRO 6 MG TABLET	1	
GENOTROPIN MINIQUICK 1.8 MG	5	PA, SRX	GLYBURIDE-METFORMIN 2.5-500 MG	2	
GENOTROPIN MINIQUICK 2 MG	5	PA, SRX	GLYBURIDE-METFORMIN 5-500 MG	2	
GENTAK 0.3 % EYE OINTMENT	2		GLYBURID-METFORMIN 1.25-250 MG	2	
GENTAMICIN 0.1% CREAM	2		GLYCINE 1.5% IRRIGATION	2	
GENTAMICIN 0.1% OINTMENT	2		GLYCOPYRROLATE 1 MG TABLET	2	
GENTAMICIN 0.3% EYE DROP	2		GLYCOPYRROLATE 2 MG TABLET	2	
GENVOYA TABLET	3	QL	GLYDO 2% JELLY SYRINGE	2	
GIANVI 3 MG-0.02 MG TABLET	1		GNP ALCOHOL SWAB	3	
GILOTRIF 20 MG TABLET	5	PA, QL, LDD, SRX	GNP CLICKFINE 31G X 1/4" NDL	3	
GILOTRIF 30 MG TABLET	5	PA, QL, LDD, SRX	GNP CLICKFINE 31G X 5/16" NDL	3	
GILOTRIF 40 MG TABLET	5	PA, QL, LDD, SRX	GNP EASY TOUCH HIGH-LOW SOLN	3	
GLATIRAMER 20 MG/ML SYRINGE	5	PA, SRX	GNP INS SYR 0.3 ML 29GX1/2"	3	
GLATIRAMER 40 MG/ML SYRINGE	5	PA, SRX	GNP INS SYRINGE 1 ML 28G 1/2"	3	
GLATOPA 20 MG/ML SYRINGE	5	PA, SRX	GNP INSUL SYR 0.3 ML 31GX5/16"	3	
			GNP INSUL SYR 0.5 ML 31GX5/16"	3	

2024 Cigna Plus North Carolina 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)
GNP INSULIN SYR 1 ML 31GX5/16"	3		GUARDIAN RT CHARGER	3	
GNP ULT C 0.3ML 29GX1/2" (1/2)	3		GUARDIAN RT REPLACE TEST PLUG	3	
GNP ULT CMFRT 0.5 ML 29GX1/2"	3		GUARDIAN RT STARTER KIT	3	
GNP ULTICARE PEN ND 31G 5MM	3		GUARDIAN RT SYSTEM	3	
GNP ULTICARE PEN ND 31G 8MM	3		GUARDIAN TEST PLUG	3	
GNP ULTICARE PEN ND 32G 4MM	3		GUARDIAN TRANSMITTER TAPE	3	
GNP ULTICARE PEN ND 32G 6MM	3		GYNAZOLE 1	2	
GNP ULTIGUARD SAFEPAK 31G 5MM	3		HADLIMA	5	PA, QL, SRX
GNP ULTIGUARD SAFEPAK 31G 8MM	3		HAILEY 21 1.5 MG-30 MCG TAB	1	
GNP ULTIGUARD SAFEPAK 32G 4MM	3		HAILEY 24 FE 1 MG-20 MCG TAB	1	
GNP ULTIGUARD SAFEPAK 32G 6MM	3		HAILEY FE 1.5-30 TABLET	1	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	3		HAILEY FE 1-20 TABLET	1	
GNP ULTR CMFRT 0.5 ML 30GX5/16	3		HALCINONIDE 0.1% CREAM	4	
GNP ULTR COMFORT 1 ML 29GX1/2"	3		HALOBETASOL PROP 0.05% CREAM	2	
GNP ULTRA COMFORT 0.5 ML SYR	3		HALOBETASOL PROP 0.05% OINTMNT	2	
GNP ULTRA COMFORT 1 ML SYRINGE	3		HALOETTE VAGINAL RING	2	
GNP ULTRA COMFORT 3/10 ML SYR	3		HALOPERIDOL 0.5 MG TABLET	2	
GNP ULTRA COMFRT 1 ML 28GX1/2"	3		HALOPERIDOL 1 MG TABLET	2	
GOJJI GLUCOSE CONTROL SOLUTION	3		HALOPERIDOL 10 MG TABLET	2	
GOJJI KETONE CONTROL SOLUTION	3		HALOPERIDOL 2 MG TABLET	2	
GONAL-F 1,050 UNITS VIAL	5	PA, SRX	HALOPERIDOL 20 MG TABLET	2	
GONAL-F 450 UNITS VIAL	5	PA, SRX	HALOPERIDOL 5 MG TABLET	2	
GONAL-F RFF 75 UNIT VIAL	5	PA, SRX	HALOPERIDOL LAC 10 MG/5 ML CUP	2	
GONAL-F RFF REDI-JECT 300 UNIT	5	PA, SRX	HALOPERIDOL LAC 2 MG/ML CONC	2	
GONAL-F RFF REDI-JECT 450 UNIT	5	PA, SRX	HARVONI 33.75-150 MG PELLETT PK	5	PA, QL, SRX
GONAL-F RFF REDI-JECT 900 UNIT	5	PA, SRX	HARVONI 45-200 MG PELLETT PK	5	PA, QL, SRX
GRANISETRON HCL 0.1 MG/ML VIAL	4		HARVONI 45-200 MG TABLET	5	PA, QL, SRX
GRANISETRON HCL 1 MG TABLET	4		HARVONI 90-400 MG TABLET	5	PA, QL, SRX
GRANISETRON HCL 1 MG/ML VIAL	4		HAVRIX 1,440 UNIT/ML SYRINGE	3	
GRANISETRON HCL 4 MG/4 ML VIAL	4		HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
GRISEOFULVIN 125 MG/5 ML SUSP	2		HEALTHPRO GLUCOSE CONTROL SOLN	3	
GRISEOFULVIN MICRO 500 MG TAB	2		HEALTHWISE INS 0.3ML 30GX5/16"	3	
GRISEOFULVIN ULTRA 125 MG TAB	2		HEALTHWISE INS 0.3ML 31GX5/16"	3	
GRISEOFULVIN ULTRA 250 MG TAB	2		HEALTHWISE INS 0.5ML 30GX5/16"	3	
GS PEN NEEDLE 31G X 5/16"	3		HEALTHWISE INS 0.5ML 31GX5/16"	3	
GS PEN NEEDLE 31G X 5MM	3		HEALTHWISE INS 1 ML 30GX5/16"	3	
GS PEN NEEDLE 31G X 6MM	3		HEALTHWISE INS 1 ML 31GX5/16"	3	
GS PEN NEEDLE 31G X 8MM	3		HEALTHWISE PEN NEEDLE 31G 5MM	3	
GS PEN NEEDLE 32G X 4MM	3		HEALTHWISE PEN NEEDLE 31G 8MM	3	
GS PEN NEEDLE 32G X 6MM	3		HEALTHWISE PEN NEEDLE 32G 4MM	3	
GUANFACINE 1 MG TABLET	2		HEALTHY ACCENTS PENTIP 4MM 32G	3	
GUANFACINE 2 MG TABLET	2		HEALTHY ACCENTS PENTIP 5MM 31G	3	
GUANFACINE HCL ER 1 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 6MM 31G	3	
GUANFACINE HCL ER 2 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 8MM 31G	3	
GUANFACINE HCL ER 3 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 12MM 29G	3	
GUANFACINE HCL ER 4 MG TABLET	2	QL	HEATHER 0.35 MG TABLET	1	

2024 Cigna Plus North Carolina 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)
HEB UNIFINE PNTPL 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		HYCANTIN 0.25 MG CAPSULE	5	PA, SRX
HEPARIN SOD 5,000 UNIT/ML SYRG	2		HYCANTIN 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-ACETAMIN 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	
HUMULIN 70-30 VIAL	3	QL	HYDROCORTISONE 2.5% OINTMENT	2	
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL	HYDROCORTISONE 20 MG TABLET	2	

2024 Cigna Plus North Carolina 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)
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	
IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 8MM 31G	3	
IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 6MM	3	

2024 Cigna Plus North Carolina 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)
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	
INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST	INSUPEN 30G ULTRAFIN NEEDLE	3	
INSULIN ASPART PRO MIX70-30 PN	4	QL, ST	INSUPEN 31G ULTRAFIN NEEDLE	3	
			INSUPEN 32G 6MM PEN NEEDLE	3	

2024 Cigna Plus North Carolina 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 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		JANSSEN 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		KELNOR 1-50 TABLET	1	
ISOSORBIDE MONONIT ER 60 MG TB	1		KETOCONAZOLE 2% CREAM	2	
ISOTRETINOIN 10 MG CAPSULE	4				

2024 Cigna Plus North Carolina 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)
KETOCONAZOLE 2% SHAMPOO	2		KURVELO-28 TABLET	1	
KETOCONAZOLE 200 MG TABLET	2		KYNMOBI 10 MG SL FILM	5	PA, QL, SRX
KETO-DIASTIX REAGENT STRIPS	3		KYNMOBI 15 MG SL FILM	5	PA, QL, SRX
CVS KETONE CARE TEST STRIP	3		KYNMOBI 20 MG SL FILM	5	PA, QL, SRX
KETONE TEST STRIP	3		KYNMOBI 25 MG SL FILM	5	PA, QL, SRX
KETOPROFEN 50 MG CAPSULE	2		KYNMOBI 30 MG SL FILM	5	PA, QL, SRX
KETOPROFEN 75 MG CAPSULE	2		LABETALOL HCL 100 MG TABLET	2	
KETOPROFEN ER 200 MG CAPSULE	2		LABETALOL HCL 200 MG TABLET	2	
KETOROLAC 0.4% OPHTH SOLUTION	2		LABETALOL HCL 300 MG TABLET	2	
KETOROLAC 0.5% OPHTH SOLUTION	2		LABSTIX REAGENT STRIPS	3	
KETOROLAC 10 MG TABLET	2	QL	LACOSAMIDE 10 MG/ML SOLUTION	3	QL
KETOSTIX REAGENT STRIP	3		LACOSAMIDE 100 MG TABLET	3	QL
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX	LACOSAMIDE 150 MG TABLET	3	QL
KINRAY INS SYR 1 ML 31GX5/16"	3		LACOSAMIDE 200 MG TABLET	3	QL
KINRAY SYRING 0.3 ML 31GX5/16"	3		LACOSAMIDE 50 MG TABLET	3	QL
KINRAY SYRING 0.5 ML 31GX5/16"	3		LACRISERT 5 MG EYE INSERT	4	
KINRIX TIP-LOK SYRINGE	3		LACTATED RINGERS IRRIGATION	2	
KINRIX VIAL	3		LACTULOSE 10 GM/15 ML SOLUTION	2	
KIONEX 15 GM/60 ML SUSPENSION	2		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 (BLUE)	2	
KMART VALU PLUS SYR 1/2 ML	3		LAMOTRIGINE (GREEN)	2	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL	LAMOTRIGINE (ORANGE)	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 (BLUE)	2	
KROGER INS SYR 0.5 ML 29GX1/2"	3		LAMOTRIGINE ODT (GREEN)	2	
KROGER INS SYR 1 ML 29GX1/2"	3		LAMOTRIGINE ODT (ORANGE)	2	
KROGER INS SYR 1 ML 31GX5/16"	3		LAMOTRIGINE ODT 100 MG TABLET	2	
KROGER PEN NEEDLES 31G X 5/16"	3		LAMOTRIGINE ODT 200 MG TABLET	2	
KROGER SYR 0.5 ML 30GX5/16"	3		LAMOTRIGINE ODT 25 MG TABLET	2	
KROGER SYRING 0.3 ML 31GX5/16"	3		LAMOTRIGINE ODT 50 MG TABLET	2	

2024 Cigna Plus North Carolina 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)
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	
LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRA 0.09-0.02 MG	1	
LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD 0.1-0.02 MG	1	
LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD 0.15-0.03	1	
LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD TRIPHASIC	1	
LESSINA-28 TABLET	1		LEVONORG 0.15MG-EE 20-25-30MCG	1	

2024 Cigna Plus North Carolina 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)
LEVONORGESTREL 1.5 MG TABLET	1		LIDOCAINE HCL 4% SOLUTION	2	
LEVORA-28 TABLET	1		LIDOCAINE-PRILOCAINE CREAM	2	
LEVORPHANOL 2 MG TABLET	5	PA, SRX	LIFESHIELD BLUNT CANNULA	3	
LEVORPHANOL 3 MG TABLET	5	PA, SRX	LILLOW-28 TABLET	1	
LEVO-T 100 MCG TABLET	1		LINDANE 1% SHAMPOO	2	
LEVO-T 112 MCG TABLET	1		LINEZOLID 100 MG/5 ML SUSP	4	PA
LEVO-T 125 MCG TABLET	1		LINEZOLID 600 MG TABLET	2	PA
LEVO-T 137 MCG TABLET	1		LINZESS 145 MCG CAPSULE	4	QL
LEVO-T 150 MCG TABLET	1		LINZESS 290 MCG CAPSULE	4	QL
LEVO-T 175 MCG TABLET	1		LINZESS 72 MCG CAPSULE	4	QL
LEVO-T 200 MCG TABLET	1		LIOTHYRONINE SOD 25 MCG TAB	2	
LEVO-T 25 MCG TABLET	1		LIOTHYRONINE SOD 5 MCG TAB	2	
LEVO-T 300 MCG TABLET	1		LIOTHYRONINE SOD 50 MCG TAB	2	
LEVO-T 50 MCG TABLET	1		LISINAPRIL 10 MG TABLET	1	
LEVO-T 75 MCG TABLET	1		LISINAPRIL 2.5 MG TABLET	1	
LEVO-T 88 MCG TABLET	1		LISINAPRIL 20 MG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1		LISINAPRIL 30 MG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1		LISINAPRIL 40 MG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1		LISINAPRIL 5 MG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1		LISINAPRIL-HCTZ 10-12.5 MG TAB	1	
LEVOTHYROXINE 150 MCG TABLET	1		LISINAPRIL-HCTZ 20-12.5 MG TAB	1	
LEVOTHYROXINE 175 MCG TABLET	1		LISINAPRIL-HCTZ 20-25 MG TAB	1	
LEVOTHYROXINE 200 MCG TABLET	1		LITE TOUCH 31GX1/4" PEN NEEDLE	3	
LEVOTHYROXINE 25 MCG TABLET	1		LITE TOUCH INSULIN 0.5 ML SYR	3	
LEVOTHYROXINE 300 MCG TABLET	1		LITE TOUCH INSULIN 1 ML SYR	3	
LEVOTHYROXINE 50 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.3 ML	3	
LEVOTHYROXINE 75 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.5 ML	3	
LEVOTHYROXINE 88 MCG TABLET	1		LITE TOUCH INSULIN SYR 1 ML	3	
LEVOXYL 100 MCG TABLET	1		LITE TOUCH PEN NEEDLE 29G	3	
LEVOXYL 112 MCG TABLET	1		LITE TOUCH PEN NEEDLE 31G	3	
LEVOXYL 125 MCG TABLET	1		LITEAIRE MDI CHAMBER	3	QL
LEVOXYL 137 MCG TABLET	1		LITETOUCH INS 0.3 ML 29GX1/2"	3	
LEVOXYL 150 MCG TABLET	1		LITETOUCH INS 0.3 ML 30GX5/16"	3	
LEVOXYL 175 MCG TABLET	1		LITETOUCH INS 0.3 ML 31GX5/16"	3	
LEVOXYL 200 MCG TABLET	1		LITETOUCH INS 0.5 ML 31GX5/16"	3	
LEVOXYL 25 MCG TABLET	1		LITETOUCH LARGE MASK	3	QL
LEVOXYL 50 MCG TABLET	1		LITETOUCH MEDIUM MASK	3	QL
LEVOXYL 75 MCG TABLET	1		LITETOUCH SMALL MASK	3	QL
LEVOXYL 88 MCG TABLET	1		LITETOUCH SYR 0.5 ML 28GX1/2"	3	
LEVULAN KERASTICK 20%	4	LDD	LITETOUCH SYR 0.5 ML 29GX1/2"	3	
LEXIVA 50 MG/ML SUSPENSION	3		LITETOUCH SYR 0.5 ML 30GX5/16"	3	
LIDOCAINE 2% VISCOUS SOLN	2		LITETOUCH SYRIN 1 ML 28GX1/2"	3	
LIDOCAINE 5% OINTMENT	2	QL	LITETOUCH SYRIN 1 ML 29GX1/2"	3	
LIDOCAINE 5% PATCH	2		LITETOUCH SYRIN 1 ML 30GX5/16"	3	
LIDOCAINE HCL 2% JEL UROJET AC	2		LITHIUM CARBONATE 150 MG CAP	1	
LIDOCAINE HCL 2% JELLY	2		LITHIUM CARBONATE 300 MG CAP	1	
LIDOCAINE HCL 2% JELLY URO-JET	2		LITHIUM CARBONATE 300 MG TAB	1	

2024 Cigna Plus North Carolina 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)
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		MEDISENSE GLUC-KET CONT SOL	3	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1		MEDISENSE H-L CONTROL SOLUTION	3	
LUBIPROSTONE 24 MCG CAPSULE	4		MEDISENSE H-M-L CONTROL SOLN	3	
LUBIPROSTONE 8 MCG CAPSULE	4		MEDISENSE MID CONTROL SOLUTION	3	
LURASIDONE HCL 120 MG TABLET	4	QL	MEDPOINT CONTROL SOLUTION	3	
LURASIDONE HCL 20 MG TABLET	4	QL	MEDROL 2 MG TABLET	4	
LURASIDONE HCL 40 MG TABLET	4	QL	MEDROXYPROGESTERONE 10 MG TAB	1	
LURASIDONE HCL 60 MG TABLET	4	QL	MEDROXYPROGESTERONE 150 MG/ML	1	
			MEDROXYPROGESTERONE 2.5 MG TAB	1	

2024 Cigna Plus North Carolina 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)
MEDROXYPROGESTERONE 5 MG TAB	1		METAXALONE 800 MG TABLET	4	
MEDTRONIC EXT INF SET 23" 6MM	3		METFORMIN HCL 1,000 MG TABLET	1	
MEDTRONIC EXT INF SET 23" 9MM	3		METFORMIN HCL 500 MG TABLET	1	
MEDTRONIC EXT INF SET 32" 9MM	3		METFORMIN HCL 850 MG TABLET	1	
MEDTRONIC REMOTE CONTROL	3		METFORMIN HCL ER 500 MG TABLET	2	
MEFENAMIC ACID 250 MG CAPSULE	2		METFORMIN HCL ER 750 MG TABLET	2	
MEFLOQUINE HCL 250 MG TABLET	2	QL	METHADONE 10 MG/5 ML SOLUTION	2	PA
MEGESTROL 20 MG TABLET	2		METHADONE 10 MG/ML ORAL CONC	2	PA
MEGESTROL 40 MG TABLET	2		METHADONE 5 MG/5 ML SOLUTION	2	PA
MEGESTROL 625 MG/5 ML SUSP	4		METHADONE HCL 10 MG TABLET	2	PA
MEGESTROL ACET 40 MG/ML SUSP	2		METHADONE HCL 5 MG TABLET	2	PA
MEGESTROL ACET 400 MG/10 ML	2		METHADONE INTENSOL 10 MG/ML	2	PA
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL, SRX	METHAMPHETAMINE 5 MG TABLET	4	QL
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX	METHAZOLAMIDE 25 MG TABLET	2	
MEKINIST 2 MG TABLET	5	PA, QL, SRX	METHAZOLAMIDE 50 MG TABLET	2	
MELODETTA 24 FE CHEWABLE TAB	1		METHENAMINE HIPPI 1 GM TABLET	2	
MELOXICAM 15 MG TABLET	1		METHENAMINE MAND 1 GM TABLET	2	
MELOXICAM 7.5 MG TABLET	1		METHENAMINE MAND 500 MG TABLET	2	
MELPHALAN 2 MG TABLET	2		METHERGINE 0.2 MG TABLET	4	
MEMANTINE 5-10 MG TITRATION PK	2		METHIMAZOLE 10 MG TABLET	2	
MEMANTINE HCL 10 MG TABLET	2		METHIMAZOLE 5 MG TABLET	2	
MEMANTINE HCL 2 MG/ML SOLUTION	2		METHITEST 10 MG TABLET	5	SRX
MEMANTINE HCL 5 MG TABLET	2		METHOCARBAMOL 500 MG TABLET	2	
MENACTRA VIAL	3		METHOCARBAMOL 750 MG TABLET	2	
MENEST 0.3 MG TABLET	4		METHOTREXATE 2.5 MG TABLET	2	
MENEST 0.625 MG TABLET	4		METHOXSALEN 10 MG SOFTGEL	4	
MENEST 1.25 MG TABLET	4		METHSCOPOLAMINE BROM 2.5 MG TB	2	
MENEST 2.5 MG TABLET	4		METHSCOPOLAMINE BROM 5 MG TAB	2	
MENQUADFI VIAL	3		METHSUXIMIDE 300 MG CAPSULE	4	
MENTAX 1% CREAM	4		METHYLDOPA 250 MG TABLET	2	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	3		METHYLDOPA 500 MG TABLET	2	
MENVEO A-C-Y-W KIT (2 VIALS)	3		METHYLDOPA-HCTZ 250-15 MG TAB	2	
MEPERIDINE 50 MG TABLET	2	PA	METHYLDOPA-HCTZ 250-25 MG TAB	2	
MEPERIDINE 50 MG/5 ML SOLUTION	2	PA	METHYLERGONOVINE 0.2 MG TABLET	4	
MEPROBAMATE 200 MG TABLET	2		METHYLPHENIDATE 10 MG CHEW TAB	2	QL
MEPROBAMATE 400 MG TABLET	2		METHYLPHENIDATE 10 MG TABLET	2	QL
MERCAPTOPYRINE 50 MG TABLET	2		METHYLPHENIDATE 10 MG/5 ML SOL	2	QL
MERZEE 1 MG-20 MCG CAPSULE	1		METHYLPHENIDATE 2.5 MG CHEW TB	2	QL
MESALAMINE 4 GM/60 ML ENEMA	4		METHYLPHENIDATE 20 MG TABLET	2	QL
MESALAMINE 4 GM/60 ML KIT	4		METHYLPHENIDATE 5 MG CHEW TAB	2	QL
MESALAMINE 800 MG DR TABLET	4		METHYLPHENIDATE 5 MG TABLET	2	QL
MESALAMINE ER 0.375 GRAM CAP	3		METHYLPHENIDATE 5 MG/5 ML SOLN	2	QL
MESALAMINE ER 500 MG CAPSULE	4		METHYLPHENIDATE CD 10 MG CAP	2	QL
MESNEX 400 MG TABLET	5	SRX	METHYLPHENIDATE CD 20 MG CAP	2	QL
METAXALL 800 MG TABLET	4		METHYLPHENIDATE CD 30 MG CAP	2	QL
METAXALONE 400 MG TABLET	4		METHYLPHENIDATE CD 40 MG CAP	2	QL

2024 Cigna Plus North Carolina 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 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		MIGLUSTAT 100 MG CAPSULE	5	PA, SRX
METOPROLOL TARTRATE 100 MG TAB	1		MILI 0.25-0.035 MG TABLET	1	
METOPROLOL TARTRATE 25 MG TAB	1		MIMVEY 1-0.5 MG TABLET	2	
METOPROLOL TARTRATE 37.5 MG TB	2		MINI PEN NEEDLE 32G 4MM	3	
METOPROLOL TARTRATE 50 MG TAB	1		MINI PEN NEEDLE 32G 5MM	3	
METOPROLOL TARTRATE 75 MG TAB	2		MINI PEN NEEDLE 32G 6MM	3	
METOPROLOL-HCTZ 100-25 MG TAB	2		MINI PEN NEEDLE 32G 8MM	3	
METOPROLOL-HCTZ 100-50 MG TAB	2		MINI PEN NEEDLE 33G 4MM	3	

2024 Cigna Plus North Carolina 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)
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 NDL 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		MONOJECT 3 ML SYRINGE 25GX1"	3	
MINOCYCLINE 100 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX1"	3	
MINOCYCLINE 50 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX11/2"	3	
MINOCYCLINE 75 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX1-1/2"	3	
MINOCYCLINE HCL 100 MG TABLET	1		MONOJECT 3 ML SYRN 22GX11/2"	3	
MINOCYCLINE HCL 50 MG TABLET	1		MONOJECT 3 ML SYRN 22GX1-1/2"	3	
MINOCYCLINE HCL 75 MG TABLET	1		MONOJECT 3 ML SYRN 23GX1"	3	
MINOXIDIL 10 MG TABLET	2		MONOJECT 3 ML SYRN 25GX1"	3	
MINOXIDIL 2.5 MG TABLET	2				

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

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

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

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MS INSULIN SYRINGE 0.3 ML	3	
MS PEN NEEDLE 6MM 31G	3	
MULTISTIX REAGENT STRIPS	3	
MULTISTIX 10 SG REAGENT STRIPS	3	
MULTISTIX 5 STRIPS	3	
MULTISTIX 7 REAGENT STRIPS	3	
MULTISTIX 8 SG REAGENT STRIPS	3	
MULTISTIX 9 REAGENT STRIPS	3	
MULTISTIX 9 SG REAGENT STRIPS	3	
MULTIVIT-FLUOR 0.25 MG TAB CHW	2	
MULTIVIT-FLUOR 0.25 MG/ML DROP	2	
MULTIVIT-FLUOR 0.5 MG TAB CHEW	2	
MULTIVIT-FLUORIDE 1 MG TAB CHW	2	
MUPIROCIN 2% CREAM	2	
MUPIROCIN 2% OINTMENT	2	
MY CHOICE 1.5 MG TABLET	1	
MY WAY 1.5 MG TABLET	1	
MYCOPHENOLATE 200 MG/ML SUSP	2	
MYCOPHENOLATE 250 MG CAPSULE	2	
MYCOPHENOLATE 500 MG TABLET	2	
MYCOPHENOLIC ACID DR 180 MG TB	2	
MYCOPHENOLIC ACID DR 360 MG TB	2	
MYGLUCOHEALTH CONTROL SOLN PAK	3	
MYLERAN 2 MG TABLET	4	
MYNATAL CAPSULE	1	
MYNATAL PLUS CAPTAB	1	
MYNATAL ULTRACAPLET	1	
MYNATAL-Z CAPTAB	1	
MYORISAN 10 MG CAPSULE	4	
MYORISAN 20 MG CAPSULE	4	
MYORISAN 30 MG CAPSULE	4	
MYORISAN 40 MG CAPSULE	4	
MYRBETRIQ ER 25 MG TABLET	4	QL, ST
MYRBETRIQ ER 50 MG TABLET	4	QL, ST
MYTESI 125 MG DR TABLET	4	LDD
NABUMETONE 500 MG TABLET	2	
NABUMETONE 750 MG TABLET	2	
NADOLOL 20 MG TABLET	2	
NADOLOL 40 MG TABLET	2	
NADOLOL 80 MG TABLET	2	
NAFTIFINE HCL 1% CREAM	2	
NAFTIFINE HCL 1% GEL	2	
NAFTIFINE HCL 2% CREAM	2	
NAFTIFINE HCL 2% GEL	2	
NALOXONE 0.4 MG/ML CARPUJECT	2	
NALOXONE 2 MG/2 ML SYRINGE	2	
NALOXONE HCL 4 MG NASAL SPRAY	2	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NALTREXONE 50 MG TABLET	2	QL
NAPROXEN 250 MG TABLET	1	
NAPROXEN 375 MG TABLET	1	
NAPROXEN 500 MG KIT	1	
NAPROXEN 500 MG TABLET	1	
NAPROXEN DR 375 MG TABLET	2	
NAPROXEN DR 500 MG TABLET	2	
NAPROXEN SOD CR 375 MG TABLET	2	
NAPROXEN SOD ER 375 MG TABLET	2	
NAPROXEN SODIUM 275 MG TAB	2	
NAPROXEN SODIUM 550 MG TAB	2	
NARATRIPTAN HCL 1 MG TABLET	2	QL
NARATRIPTAN HCL 2.5 MG TABLET	2	QL
NATACYN 5% EYE DROPS	4	
NATAZIA 28 TABLET	4	
NATEGLINIDE 120 MG TABLET	2	
NATEGLINIDE 60 MG TABLET	2	
NATURE-THROID 113.75 MG TABLET	1	
NATURE-THROID 130 MG TABLET	1	
NATURE-THROID 146.25 MG TABLET	1	
NATURE-THROID 16.25 MG TABLET	1	
NATURE-THROID 162.5 MG TABLET	1	
NATURE-THROID 195 MG TABLET	1	
NATURE-THROID 260 MG TABLET	1	
NATURE-THROID 32.5 MG TABLET	1	
NATURE-THROID 325 MG TABLET	1	
NATURE-THROID 48.75 MG TABLET	1	
NATURE-THROID 65 MG TABLET	1	
NATURE-THROID 81.25 MG TABLET	1	
NATURE-THROID 97.5 MG TABLET	1	
NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX
NEBUSAL 3% VIAL	2	
NECON 0.5-35-28 TABLET	1	
NEFAZODONE HCL 100 MG TABLET	2	
NEFAZODONE HCL 150 MG TABLET	2	
NEFAZODONE HCL 200 MG TABLET	2	
NEFAZODONE HCL 250 MG TABLET	2	
NEFAZODONE HCL 50 MG TABLET	2	
NEO-BACIT-POLY-HC EYE OINTMENT	2	
NEOMYC-BACIT-POLYMIX 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	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NEOMYC-POLYM-DEXAMETH EYE DROP	2	
NEOMY-POLYMYXIN B 40 MG/ML AMP	2	
NEOMY-POLYMYXIN B 40 MG/ML VL	2	
NEO-POLYCIN EYE OINTMENT	2	
NEO-POLYCIN 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
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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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 SYRINGE	5	SRX
NIVESTYM 300 MCG/ML VIAL	5	SRX
NIVESTYM 480 MCG/0.8 ML SYRINGE	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 FLEXPOR 10 MG/1.5	5	PA, SRX
NORDITROPIN FLEXPOR 15 MG/1.5	5	PA, SRX
NORDITROPIN FLEXPOR 30 MG/3 ML	5	PA, SRX
NORDITROPIN FLEXPOR 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	
NORG-EE 0.18-0.215-0.25/0.035	1	
NORGESTIMATE-EE 0.25-0.035 MG	1	
NORG-ETHIN ESTRA 0.25-0.035 MG	1	
NORLYDA 0.35 MG TABLET	1	

2024 Cigna Plus North Carolina 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)
NORPACE CR 100 MG CAPSULE	4		NYSTATIN 100,000 UNIT/GM CREAM	2	
NORPACE CR 150 MG CAPSULE	4		NYSTATIN 100,000 UNIT/GM OINT	2	
NORTREL 0.5-35-28 TABLET	1		NYSTATIN 100,000 UNIT/GM POWD	2	
NORTREL 1-35 21 TABLET	1		NYSTATIN 100,000 UNIT/ML SUSP	2	
NORTREL 1-35 28 TABLET	1		NYSTATIN 500,000 UNIT ORAL TAB	2	
NORTREL 7-7-7-28 TABLET	1		NYSTATIN 500,000 UNIT/5 ML CUP	2	
NORTRIPTYLINE 10 MG/5 ML SOLN	2		NYSTATIN-TRIAMCINOLONE CREAM	2	
NORTRIPTYLINE HCL 10 MG CAP	1		NYSTATIN-TRIAMCINOLONE OINTM	2	
NORTRIPTYLINE HCL 25 MG CAP	1		NYSTOP 100,000 UNIT/GM POWDER	2	
NORTRIPTYLINE HCL 50 MG CAP	1		NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NORTRIPTYLINE HCL 75 MG CAP	1		OBSTETRIX DHA COMBO PAK	1	
NORVIR 100 MG POWDER PACKET	3		OBSTETRIX ONE SOFTGEL	1	
NOVA MAX GLUCOSE CONTROL SOLN	3		OCELLA 3 MG-0.03 MG TABLET	1	
NOVAVAX COVID-19 VACC,ADJ(EUA)	3		OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA
NOVOFINE 32G NEEDLES	3		OCTREOTIDE 1,000 MCG/ML VIAL	2	PA
NOVOFINE AUTOCOVER 30G NEEDLE	3		OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA
NOVOFINE PLUS PEN NDJ 32GX1/6"	3		OCTREOTIDE ACET 0.05 MG/ML VL	2	PA
NOVOLOG 100 UNIT/ML FLEXPEN	4	QL, ST	OCTREOTIDE ACET 100 MCG/ML AMP	2	PA
NOVOLOG 100 UNIT/ML VIAL	4	QL, ST	OCTREOTIDE ACET 100 MCG/ML SYR	2	PA
NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST	OCTREOTIDE ACET 100 MCG/ML VL	2	PA
NOVOLOG MIX 70-30 VIAL	4	QL, ST	OCTREOTIDE ACET 200 MCG/ML VL	2	PA
NOVOLOG PENFILL 100 UNIT/ML	4	QL, ST	OCTREOTIDE ACET 50 MCG/ML AMP	2	PA
NOVOPEN 3 INSULIN DEVICE	3		OCTREOTIDE ACET 50 MCG/ML SYR	2	PA
NOVOPEN ECHO INSULIN DEVICE	3		OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA
NOVOTWIST NEEDLE 32G 5MM	3		OCTREOTIDE ACET 500 MCG/ML AMP	2	PA
NOXAFIL 40 MG/ML SUSPENSION	4		OCTREOTIDE ACET 500 MCG/ML SYR	2	PA
NP THYROID 120 MG TABLET	1		OCTREOTIDE ACET 500 MCG/ML VL	2	PA
NP THYROID 15 MG TABLET	1		ODACTRA 12 SQ-HDM SL TABLET	4	PA, QL
NP THYROID 30 MG TABLET	1		ODEFSEY TABLET	3	QL
NP THYROID 60 MG TABLET	1		ODOMZO 200 MG CAPSULE	5	PA, QL, LDD, SRX
NP THYROID 90 MG TABLET	1		OFLOXACIN 0.3% EAR DROPS	2	
NUCYNTA 100 MG TABLET	4	PA	OFLOXACIN 0.3% EYE DROPS	2	
NUCYNTA 50 MG TABLET	4	PA	OFLOXACIN 300 MG TABLET	2	
NUCYNTA 75 MG TABLET	4	PA	OFLOXACIN 400 MG TABLET	2	
NUCYNTA ER 100 MG TABLET	4	PA	OKEBO 75 MG CAPSULE	2	
NUCYNTA ER 150 MG TABLET	4	PA	OLANZAPINE 10 MG TABLET	2	
NUCYNTA ER 200 MG TABLET	4	PA	OLANZAPINE 15 MG TABLET	2	
NUCYNTA ER 250 MG TABLET	4	PA	OLANZAPINE 2.5 MG TABLET	2	
NUCYNTA ER 50 MG TABLET	4	PA	OLANZAPINE 20 MG TABLET	2	
NUEDEXTA 20-10 MG CAPSULE	4	PA	OLANZAPINE 5 MG TABLET	2	
NYAMYC 100,000 UNIT/GM POWDER	2		OLANZAPINE 7.5 MG TABLET	2	
NYLIA 1-35 28 TABLET	1		OLANZAPINE ODT 10 MG TABLET	2	
NYLIA 7-7-7-28 TABLET	1		OLANZAPINE ODT 15 MG TABLET	2	
NYMYO 0.25-0.035 MG (28) TAB	1		OLANZAPINE ODT 20 MG TABLET	2	
			OLANZAPINE ODT 5 MG TABLET	2	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OLANZAPINE-FLUOXETINE 12-25 MG	2	
OLANZAPINE-FLUOXETINE 12-50 MG	2	
OLANZAPINE-FLUOXETINE 3-25 MG	2	
OLANZAPINE-FLUOXETINE 6-25 MG	2	
OLANZAPINE-FLUOXETINE 6-50 MG	2	
OLMESARTAN MEDOXOMIL 20 MG TAB	2	
OLMESARTAN MEDOXOMIL 40 MG TAB	2	
OLMESARTAN MEDOXOMIL 5 MG TAB	2	
OLMESARTAN-HCTZ 20-12.5 MG TAB	2	
OLMESARTAN-HCTZ 40-12.5 MG TAB	2	
OLMESARTAN-HCTZ 40-25 MG TAB	2	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2	
OLOPATADINE 665 MCG NASAL SPRY	2	
OLOPATADINE HCL 0.1% EYE DROPS	2	
OLOPATADINE HCL 0.2% EYE DROP	2	
OMEGA-3 ETHYL ESTERS 1 GM CAP	2	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL
OMEPRAZOLE DR 20 MG CAPSULE	2	QL
OMEPRAZOLE DR 40 MG CAPSULE	2	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL
OMNIPOD 5 G6 PODS (GEN 5) 5PK	3	
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL
OMNIPOD CLASSIC PODS(GEN3) 5PK	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL
OMNIPOD DASH PODS (GEN 4) 5PK	3	
OMNIPOD GO 10 UNIT/DAY PODS	3	
OMNIPOD GO 15 UNIT/DAY PODS	3	
OMNIPOD GO 20 UNIT/DAY PODS	3	
OMNIPOD GO 25 UNIT/DAY PODS	3	
OMNIPOD GO 30 UNIT/DAY PODS	3	
OMNIPOD GO 35 UNIT/DAY PODS	3	
OMNIPOD GO 40 UNIT/DAY PODS	3	
ON CALL EXPRESS CTRL SOLN PAK	3	
ON CALL PLUS CONTROL SOLUTION	3	
ON CALL VIVID CONTROL SOLUTION	3	
ONDANSETRON 4 MG/5 ML SOLUTION	2	
ONDANSETRON HCL 4 MG TABLET	2	
ONDANSETRON HCL 8 MG TABLET	2	
ONDANSETRON ODT 4 MG TABLET	2	
ONDANSETRON ODT 8 MG TABLET	2	
ONE WAY VALVED MOUTHPIECE	3	QL
ONETOUCH DELICA PLUS 30G LANCET	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ONETOUCH DELICA PLUS 33G LANCET	3	
ONETOUCH DELICA PLUS LANC DEV	3	
ONETOUCH DELICA SAF 30G LANCET	3	
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH SOLUTIONS STARTER KIT	1	
ONETOUCH SURESOFT 18G LANC DEV	3	
ONETOUCH SURESOFT 21G LANC DEV	3	
ONETOUCH SURESOFT 28G LANC DEV	3	
ONETOUCH ULTRA CONTROL SOLN	3	
ONETOUCH ULTRA TEST STRIP	3	
ONETOUCH ULTRA2 GLUCOSE SYST	1	
ONETOUCH ULTRASOFT2 30G LANCET	3	
ONETOUCH VERIO FLEX METER	1	
ONETOUCH VERIO HIGH CNTRL SOLN	3	
ONETOUCH VERIO METER	1	
ONETOUCH VERIO MID CNTRL SOLN	3	
ONETOUCH VERIO REFLECT METER	1	
ONETOUCH VERIO TEST STRIP	3	
ONGLYZA 2.5 MG TABLET	3	QL
ONGLYZA 5 MG TABLET	3	QL
OPCICON ONE-STEP 1.5 MG TABLET	1	
OPIUM TINCTURE 10 MG/ML	2	PA
OPTICHAMBER ADULT MASK-LARGE	3	QL
OPTICHAMBER DIAMOND VHC	3	QL
OPTICHAMBER DIAMOND W-LRG MASK	3	QL
OPTICHAMBER DIAMOND W-MED MASK	3	QL
OPTICHAMBER DIAMOND W-SML MASK	3	QL
OPTION 2 1.5 MG TABLET	1	
OPTUMRX GLUCOSE CONTROL SOLN	3	
ORACIT ORAL SOLUTION	4	
ORALONE 0.1% PASTE	2	
ORPHENADRINE ER 100 MG TABLET	2	
OSCIMIN 0.125 MG TABLET	2	
OSCIMIN SL 0.125 MG TABLET	2	
OSCIMIN SR 0.375 MG TABLET	2	
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL
OSELTAMIVIR PHOS 30 MG CAPSULE	2	QL
OSELTAMIVIR PHOS 45 MG CAPSULE	2	QL
OSELTAMIVIR PHOS 75 MG CAPSULE	2	QL
OSMOPREP TABLET	4	
OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX
OTEZLA 30 MG TABLET	5	PA, QL, SRX
OVAL TAPE	3	
OXANDROLONE 10 MG TABLET	4	PA
OXANDROLONE 2.5 MG TABLET	4	PA

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OXAPROZIN 600 MG CAPLET	2	
OXAPROZIN 600 MG TABLET	2	
OXAZEPAM 10 MG CAPSULE	2	
OXAZEPAM 15 MG CAPSULE	2	
OXAZEPAM 30 MG CAPSULE	2	
OXCARBAZEPINE 150 MG TABLET	2	
OXCARBAZEPINE 300 MG TABLET	2	
OXCARBAZEPINE 300 MG/5 ML SUSP	2	
OXCARBAZEPINE 600 MG TABLET	2	
OXICONAZOLE NITRATE 1% CREAM	3	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN 5 MG/5 ML SOLUTION	2	
OXYBUTYNIN 5 MG/5 ML SYRUP	2	
OXYBUTYNIN CL ER 10 MG TABLET	2	
OXYBUTYNIN CL ER 15 MG TABLET	2	
OXYBUTYNIN CL ER 5 MG TABLET	2	
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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
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 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	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PERPHENAZINE 2 MG TABLET	2	
PERPHENAZINE 4 MG TABLET	2	
PERPHENAZINE 8 MG TABLET	2	
PERSONAL BEST PEAK FLOW MTR	3	
PFIZER COVID (12Y UP) VAC-GRAY	3	
PFIZER COVID (5-11Y) VAC-ORANG	3	
PFIZER COVID (6M-4Y)VAC-MAROON	3	
PFIZER COVID BIVAL (12Y UP)EUA	3	
PFIZER COVID BIVAL (5-11YR)EUA	3	
PFIZER COVID BIVAL (6MO-4Y)EUA	3	
PFIZER COVID-19 VACCINE-PURPLE	3	
PHASEAL PROTECTOR 14	3	
PHASEAL PROTECTOR 21	3	
PHASEAL PROTECTOR 28	3	
PHASEAL PROTECTOR 50	3	
PHENAZOPYRIDINE 100 MG TAB	2	
PHENAZOPYRIDINE 200 MG TAB	2	
PHENELZINE SULFATE 15 MG TAB	2	
PHENOBARBITAL 100 MG TABLET	2	
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

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PHYSIOSOL IRRIGATION SOLN	4	
PHYTONADIONE 5 MG TABLET	4	
PIKO 1 FLOW METER	3	
PILOCARPINE 1% EYE DROPS	2	
PILOCARPINE 2% EYE DROPS	2	
PILOCARPINE 4% EYE DROPS	2	
PILOCARPINE HCL 5 MG TABLET	2	
PILOCARPINE HCL 7.5 MG TABLET	2	
PIMECROLIMUS 1% CREAM	4	
PIMOZIDE 1 MG TABLET	2	
PIMOZIDE 2 MG TABLET	2	
PIMTREA 28 DAY TABLET	1	
PINDOLOL 10 MG TABLET	2	
PINDOLOL 5 MG TABLET	2	
PIOGLITAZONE HCL 15 MG TABLET	2	
PIOGLITAZONE HCL 30 MG TABLET	2	
PIOGLITAZONE HCL 45 MG TABLET	2	
PIOGLITAZONE-GLIMEPIRIDE 30-2	2	
PIOGLITAZONE-GLIMEPIRIDE 30-4	2	
PIOGLITAZONE-METFORMIN 15-500	2	
PIOGLITAZONE-METFORMIN 15-850	2	
PIP GLUCOSE CONTROL SOLN L1-L2	3	
PIP PEN NEEDLE 31G X 5MM	3	
PIP PEN NEEDLE 32G X 4MM	3	
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX
PIRFENIDONE 267 MG TABLET	5	PA, SRX
PIRFENIDONE 801 MG TABLET	5	PA, SRX
PIRMELLA 1-35 28 TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1	
PIROXICAM 10 MG CAPSULE	2	
PIROXICAM 20 MG CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4	
PNEUMOVAX 23 SYRINGE	3	
PNEUMOVAX 23 VIAL	3	
PNV 29-1 TABLET	1	
PNV PRENATAL PLUS MULTIVIT TAB	1	
PNV-DHA SOFTGEL	1	
PNV-DHA + DOCUSATE SOFTGEL	1	
PNV-OMEGA SOFTGEL	1	
PNV-SELECT TABLET	1	
POCKET CHAMBER	3	QL
POCKET PEAK FLOW METER	3	
PODOFILOX 0.5% TOPICAL SOLN	2	
POLY HUB NEEDLE 18GX1"	3	
POLY HUB NEEDLE 18GX1-1/2"	3	
POLY HUB NEEDLE 21GX1"	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
POLY HUB NEEDLE 21GX1-1/2"	3	
POLY HUB NEEDLE 22GX1"	3	
POLY HUB NEEDLE 22GX1-1/2"	3	
POLY HUB NEEDLE 23GX1"	3	
POLY HUB NEEDLE 23GX1-1/2"	3	
POLY HUB NEEDLE 25GX1"	3	
POLY HUB NEEDLE 25GX1-1/2"	3	
POLY HUB NEEDLE 25GX5/8"	3	
POLY HUB NEEDLE 27GX1/2"	3	
POLY HUB NEEDLE 27GX1-1/4"	3	
POLY HUB NEEDLE 30GX1/2"	3	
POLYCYN EYE OINTMENT	2	
POLYMYXIN B-TMP EYE DROPS	2	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML SUSP	4	
POSACONAZOLE DR 100 MG TABLET	4	QL
POTASSIUM CITRATE ER 10 MEQ TB	2	
POTASSIUM CITRATE ER 15 MEQ TB	2	
POTASSIUM CITRATE ER 5 MEQ TAB	2	
POTASSIUM CL 10% (20 MEQ/15ML)	2	
POTASSIUM CL 10% (40 MEQ/30ML)	2	
POTASSIUM CL 20 MEQ PACKET	2	
POTASSIUM CL 20% (40 MEQ/15ML)	2	
POTASSIUM CL ER 10 MEQ CAPSULE	2	
POTASSIUM CL ER 10 MEQ TABLET	2	
POTASSIUM CL ER 15 MEQ TABLET	2	
POTASSIUM CL ER 20 MEQ TABLET	2	
POTASSIUM CL ER 8 MEQ CAPSULE	2	
POTASSIUM CL ER 8 MEQ TABLET	2	
POTASSIUM IODIDE 1 GM/ML SOL	4	
PR NATAL 400 COMBO PACK	1	
PR NATAL 400 EC COMBO PACK	1	
PR NATAL 430 COMBO PACK	1	
PR NATAL 430 EC COMBO PACK	1	
PRADAXA 110 MG CAPSULE	4	PA, QL
PRAMIPEXOLE 0.125 MG TABLET	2	
PRAMIPEXOLE 0.25 MG TABLET	2	
PRAMIPEXOLE 0.5 MG TABLET	2	
PRAMIPEXOLE 0.75 MG TABLET	2	
PRAMIPEXOLE 1 MG TABLET	2	
PRAMIPEXOLE 1.5 MG TABLET	2	
PRAMIPEXOLE ER 0.375 MG TABLET	2	
PRAMIPEXOLE ER 0.75 MG TABLET	2	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PRAMIPEXOLE ER 1.5 MG TABLET	2	
PRAMIPEXOLE ER 2.25 MG TABLET	2	
PRAMIPEXOLE ER 3 MG TABLET	2	
PRAMIPEXOLE ER 3.75 MG TABLET	2	
PRAMIPEXOLE ER 4.5 MG TABLET	2	
PRAMOSONE 1% LOTION	4	
PRAMOSONE 1%-1% OINTMENT	4	
PRAMOSONE 2.5%-1% LOTION	4	
PRAMOSONE 2.5%-1% OINTMENT	4	
PRASUGREL 10 MG TABLET	2	
PRASUGREL 5 MG TABLET	2	
PRAVASTATIN SODIUM 10 MG TAB	2	
PRAVASTATIN SODIUM 20 MG TAB	2	
PRAVASTATIN SODIUM 40 MG TAB	2	
PRAVASTATIN SODIUM 80 MG TAB	2	
PRAZIQUANTEL 600 MG TABLET	2	
PRAZOSIN 1 MG CAPSULE	2	
PRAZOSIN 2 MG CAPSULE	2	
PRAZOSIN 5 MG CAPSULE	2	
PREDNICARBATE 0.1% CREAM	2	
PREDNICARBATE 0.1% OINTMENT	2	
PREDNISOLONE 15 MG/5 ML SOLN	2	
PREDNISOLONE 5 MG/5 ML SOLN	2	
PREDNISOLONE AC 1% EYE DROP	2	
PREDNISOLONE ODT 10 MG TABLET	2	
PREDNISOLONE ODT 15 MG TABLET	2	
PREDNISOLONE ODT 30 MG TABLET	2	
PREDNISOLONE SOD 1% EYE DROP	2	
PREDNISOLONE SOD PH 25 MG/5 ML	2	
PREDNISON 1 MG TABLET	2	
PREDNISON 10 MG TAB DOSE PACK	2	
PREDNISON 10 MG TABLET	2	
PREDNISON 2.5 MG TABLET	2	
PREDNISON 20 MG TABLET	2	
PREDNISON 5 MG TAB DOSE PACK	2	
PREDNISON 5 MG TABLET	2	
PREDNISON 5 MG/5 ML SOLUTION	2	
PREDNISON 50 MG TABLET	2	
PREDNISON INTENSOL 5 MG/ML	2	
PREF PLUS INS 0.3 ML 29GX1/2"	3	
PREF PLUS SYR 0.5 ML 30GX5/16"	3	
PREF PLUS SYRING 1 ML 29GX1/2"	3	
PREFERRED PLUS 0.3 ML 30GX5/16	3	
PREFERRED PLUS 0.5 ML 29GX1/2"	3	
PREFERRED PLUS SYRINGE 0.5 ML	3	
PREFERRED PLUS SYRINGE 1 ML	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PREFEST TABLET	2	
PREFPLS INS SYR 1 ML 30GX5/16"	3	
PREGABALIN 100 MG CAPSULE	2	QL
PREGABALIN 150 MG CAPSULE	2	QL
PREGABALIN 20 MG/ML SOLUTION	2	QL
PREGABALIN 200 MG CAPSULE	2	QL
PREGABALIN 225 MG CAPSULE	2	QL
PREGABALIN 25 MG CAPSULE	2	QL
PREGABALIN 300 MG CAPSULE	2	QL
PREGABALIN 50 MG CAPSULE	2	QL
PREGABALIN 75 MG CAPSULE	2	QL
PREHEVBRIO 10 MCG/ML VIAL	3	
PREMARIN 0.3 MG TABLET	4	
PREMARIN 0.45 MG TABLET	4	
PREMARIN 0.625 MG TABLET	4	
PREMARIN 0.9 MG TABLET	4	
PREMARIN 1.25 MG TABLET	4	
PRENA1 TRUE COMBO PACK	1	
PRENAISSANCE CAPSULE	1	
PRENAISSANCE PLUS SOFTGEL	1	
PRENATAL 19 CHEWABLE TABLET	1	
PRENATAL 19 TABLET	1	
PRENATAL PLUS IRON TABLET	1	
PRENATAL PLUS VITAMIN-MINERAL	1	
PRENATAL PLUS-DHA COMBO PACK	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U CAPSULE	1	
PREP EASE ALCOHOL PADS	3	
PREPLUS CA-FE 27 MG-FA 1 MG TB	1	
PRETAB 29 MG-1 MG TABLET	1	
PREVALITE PACKET	2	
PREVALITE POWDER	2	
PREVENT PEN NEEDLE 31GX1/4"	3	
PREVENT PEN NEEDLE 31GX5/16"	3	
PREVIFEM TABLET	1	
PREVNAR 13 SYRINGE	3	
PREVNAR 20 SYRINGE	3	
PREVMIS 240 MG TABLET	4	PA, QL
PREVMIS 480 MG TABLET	4	PA, QL
PREZCOBIX 800 MG-150 MG TABLET	3	
PREZISTA 100 MG/ML SUSPENSION	3	
PREZISTA 150 MG TABLET	3	
PREZISTA 600 MG TABLET	3	
PREZISTA 75 MG TABLET	3	
PREZISTA 800 MG TABLET	3	
PRIFTIN 150 MG TABLET	4	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PRIMAQUINE 26.3 MG TABLET	2	
PRIMEAIRE CHAMBER	3	QL
PRIMIDONE 250 MG TABLET	2	
PRIMIDONE 50 MG TABLET	2	
PRIMSOL 50 MG/5 ML ORAL SOLN	4	
PRIORIX VIAL	3	
PRO COMFORT 0.5 ML 30GX1/2"	3	
PRO COMFORT 0.5 ML 30GX5/16"	3	
PRO COMFORT 0.5 ML 31GX5/16"	3	
PRO COMFORT 1 ML 30GX1/2"	3	
PRO COMFORT 1 ML 30GX5/16"	3	
PRO COMFORT 1 ML 31GX5/16"	3	
PRO COMFORT PEN NDL 31GX5/16"	3	
PRO COMFORT PEN NDL 32G X 1/4"	3	
PRO COMFORT PEN NDL 4MM 32G	3	
PRO COMFORT PEN NDL 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

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PROMETHAZINE 12.5 MG SUPPOS	2	
PROMETHAZINE 12.5 MG TABLET	2	
PROMETHAZINE 25 MG SUPPOSITORY	2	
PROMETHAZINE 25 MG TABLET	2	
PROMETHAZINE 50 MG TABLET	2	
PROMETHAZINE 6.25 MG/5 ML SOLN	2	
PROMETHAZINE 6.25 MG/5 ML SYRP	2	
PROMETHAZINE VC SOLUTION	2	
PROMETHAZINE VC-CODEINE SOLN	2	QL
PROMETHAZINE-CODEINE SOLUTION	2	QL
PROMETHAZINE-CODEINE SYRUP	2	QL
PROMETHAZINE-DM 6.25-15 MG/5ML	2	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL
PROMETHAZINE-PHENYLEPHRINE SYR	2	
PROMETHEGAN 12.5 MG SUPPOS	2	
PROMETHEGAN 25 MG SUPPOSITORY	2	
PROMETHEGAN 50 MG SUPPOSITORY	2	
PROPAFENONE HCL 150 MG TABLET	2	
PROPAFENONE HCL 225 MG TAB	2	
PROPAFENONE HCL 300 MG TAB	2	
PROPAFENONE HCL ER 225 MG CAP	2	
PROPAFENONE HCL ER 325 MG CAP	2	
PROPAFENONE HCL ER 425 MG CAP	2	
PROPARACAINE 0.5% EYE DROPS	2	
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	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PUB PEN 12MM 29G NEEDLES	3	
PUB PEN 8MM 31G NEEDLES	3	
PUB PEN NEEDLE 6MM 31G	3	
PUB UNIFINE PNTPLUS 31GX3/16	3	
PULMOSAL 7% VIAL	2	
PULMOZYME 1 MG/ML AMPUL	5	PA, SRX
PURE CMFT SFTY PEN ND 31G 5MM	3	
PURE CMFT SFTY PEN ND 31G 6MM	3	
PURE CMFT SFTY PEN ND 32G 4MM	3	
PURE COMFORT PEN ND 32G 4MM	3	
PURE COMFORT PEN ND 32G 5MM	3	
PURE COMFORT PEN ND 32G 6MM	3	
PURE COMFORT PEN ND 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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
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	4	ST
QVAR REDHALER 80 MCG	4	ST
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	

2024 Cigna Plus North Carolina 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)
RECOMBIVAX HB 10 MCG/ML SYR	3		REPAGLINIDE-METFORMIN 1-500 MG	2	
RECOMBIVAX HB 10 MCG/ML VIAL	3		REPAGLINIDE-METFORMIN 2-500 MG	2	
RECOMBIVAX HB 40 MCG/ML VIAL	3		REPATHA 140 MG/ML SURECLICK	5	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML SYR	3		REPATHA 420 MG/3.5ML PUSHTRONX	5	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML VL	3		REPATHA 140 MG/ML SYRINGE	5	PA, SRX
RECTIV 0.4% OINTMENT	4		REPLACEMENT PEDIATRIC MONITOR	3	
REFUAH PLUS CONTROL SOLUTION	3		RESPA A.R. TABLET SA	4	
REGRANEX 0.01% GEL	4	PA, QL	REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX
RELENZA 5 MG DISKHALER	4	QL	REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX
RELI ON 31G X 1/4" NEEDLES	3		REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
RELION ALCOHOL 70% SWABS	3		REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 29GX1/2"	3		REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 31GX6MM	3		REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX
RELION INS SYR 0.5 ML 29GX1/2"	3		REYATAZ 50 MG POWDER PACKET	3	
RELION INS SYR 0.5 ML 31GX6MM	3		RIBASPHERE 200 MG CAPSULE	4	
RELION INS SYR 1 ML 29GX1/2"	3		RIBASPHERE 600 MG TABLET	4	
RELION INS SYR 1 ML 30GX5/16"	3		RIBAVIRIN 200 MG CAPSULE	4	
RELION INS SYR 1 ML 31GX15/64"	3		RIBAVIRIN 200 MG TABLET	4	
RELION INS SYR 1 ML 31GX5/16"	3		RIFABUTIN 150 MG CAPSULE	3	
RELION INSULIN SYR 0.5 ML	3		RIFAMATE CAPSULE	4	
RELION KETONE TEST STRIP	3		RIFAMPIN 150 MG CAPSULE	2	
RELION MINI PEN 31G X 1/4" NDL	3		RIFAMPIN 300 MG CAPSULE	2	
RELION NOVOLOG 100 UNIT/ML VL	4	QL, ST	RIFATER TABLET	4	
RELION NOVOLOG MIX 70-30 FLXPN	4	QL, ST	RIGHTEST CONTROL SOLN NORMAL	3	
RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST	RIGHTEST CONTROL SOLUTION HIGH	3	
RELION NOVOLOG U-100 FLEXPEN	4	QL, ST	RILUZOLE 50 MG TABLET	5	SRX
RELION PEN 29G NEEDLE	3		RIMANTADINE HCL 100 MG TABLET	2	
RELION PEN 31G NEEDLE	3		RINGERS IRRIGATION SOLUTION	4	
RELION PEN NEEDLE 29GX1/2"	3		RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	3		RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX1/4"	3		RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX5/16"	3		RISEDRONATE SOD DR 35 MG TAB	2	
RELION PEN NEEDLE 32GX5/32"	3		RISEDRONATE SODIUM 150 MG TAB	2	
RELION PEN NEEDLES 32GX5/32"	3		RISEDRONATE SODIUM 30 MG TAB	2	
RELION SYR 0.5 ML 30GX5/16"	3		RISEDRONATE SODIUM 35 MG TAB	2	
RELION SYRING 0.3 ML 31GX5/16"	3		RISEDRONATE SODIUM 5 MG TABLET	2	
RELION SYRING 0.5 ML 31GX5/16"	3		RISPERIDONE 0.25 MG ODT	2	
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA	RISPERIDONE 0.25 MG TABLET	1	
RELISTOR 12 MG/0.6 ML VIAL	4	PA	RISPERIDONE 0.5 MG ODT	2	
RELISTOR 150 MG TABLET	4	PA	RISPERIDONE 0.5 MG TABLET	1	
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RISPERIDONE 1 MG ODT	2	
RENACIDIN IRRIGATION SOLUTION	4		RISPERIDONE 1 MG TABLET	1	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 1 MG/ML SOLUTION	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 2 MG ODT	2	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 2 MG TABLET	1	
			RISPERIDONE 3 MG ODT	2	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RISPERIDONE 3 MG TABLET	1	
RISPERIDONE 4 MG ODT	2	
RISPERIDONE 4 MG TABLET	1	
RITEFLO SPACER	3	QL
RITONAVIR 100 MG TABLET	2	
RIVASTIGMINE 1.5 MG CAPSULE	2	
RIVASTIGMINE 13.3 MG/24HR PTCH	2	
RIVASTIGMINE 3 MG CAPSULE	2	
RIVASTIGMINE 4.5 MG CAPSULE	2	
RIVASTIGMINE 4.6 MG/24HR PATCH	2	
RIVASTIGMINE 6 MG CAPSULE	2	
RIVASTIGMINE 9.5 MG/24HR PATCH	2	
RIVELSA TABLET	1	
RIZATRIPTAN 10 MG ODT	2	QL
RIZATRIPTAN 10 MG TABLET	2	QL
RIZATRIPTAN 5 MG ODT	2	QL
RIZATRIPTAN 5 MG TABLET	2	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	4	QL
ROFLUMILAST 500 MCG TABLET	4	QL
ROPINIROLE HCL 0.25 MG TABLET	2	
ROPINIROLE HCL 0.5 MG TABLET	2	
ROPINIROLE HCL 1 MG TABLET	2	
ROPINIROLE HCL 2 MG TABLET	2	
ROPINIROLE HCL 3 MG TABLET	2	
ROPINIROLE HCL 4 MG TABLET	2	
ROPINIROLE HCL 5 MG TABLET	2	
ROPINIROLE HCL ER 12 MG TABLET	2	
ROPINIROLE HCL ER 2 MG TABLET	2	
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	
ROWEEPPRA 1,000 MG TABLET	2	
ROWEEPPRA 500 MG TABLET	2	
ROWEEPPRA 750 MG TABLET	2	
RUFINAMIDE 200 MG TABLET	4	PA, QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
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 NDJ 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	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

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

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

2024 Cigna Plus North Carolina 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)
SORAFENIB 200 MG TABLET	5	PA, QL, SRX	SUBVENITE 100 MG TABLET	2	
SOTALOL 120 MG TABLET	2		SUBVENITE 150 MG TABLET	2	
SOTALOL 160 MG TABLET	2		SUBVENITE 200 MG TABLET	2	
SOTALOL 240 MG TABLET	2		SUBVENITE 25 MG TABLET	2	
SOTALOL 80 MG TABLET	2		SUCRAID 17,000 UNIT/2 ML SOLN	5	LDD, SRX
SOTALOL AF 120 MG TABLET	2		SUCRAID 8,500 UNIT/ML SOLN	5	LDD, SRX
SOTALOL AF 160 MG TABLET	2		SUCRALFATE 1 GM TABLET	2	
SOTALOL AF 80 MG TABLET	2		SULFACETAMIDE 10% EYE DROPS	2	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA	SULFACETAMIDE 10% EYE OINTMENT	2	
SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX	SULFACETAMIDE SOD 10% TOP SUSP	2	
SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX	SULF-PRED 10-0.23% EYE DROPS	2	
SOVALDI 200 MG TABLET	5	PA, QL, SRX	SULFADIAZINE 500 MG TABLET	2	
SOVALDI 400 MG TABLET	5	PA, QL, SRX	SULFAMETHOXAZOLE-TMP DS TABLET	1	
EQ SPACE CHAMBER	3	QL	SULFAMETHOXAZOLE-TMP SS TABLET	1	
EQ SPACE CHAMBER-LARGE MASK	3	QL	SULFAMETHOXAZOLE-TMP SUSP	2	
EQ SPACE CHAMBER-MEDIUM MASK	3	QL	SULFAMYLN 8.5% CREAM	4	
EQ SPACE CHAMBER-SMALL MASK	3	QL	SULFASALAZINE 500 MG TABLET	2	
SPIKEVAX COVID (18Y UP) VACC	3		SULFASALAZINE DR 500 MG TAB	2	
SPINOSAD 0.9% TOPICAL SUSP	2		SULINDAC 150 MG TABLET	2	
SPIRONOLACTONE 100 MG TABLET	2		SULINDAC 200 MG TABLET	2	
SPIRONOLACTONE 25 MG TABLET	2		SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SPIRONOLACTONE 50 MG TABLET	2		SUMATRIPTAN 4 MG/0.5 ML CART	2	QL
SPIRONOLACTONE-HCTZ 25-25 TAB	2		SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL
SPRINTEC 28 DAY TABLET	1		SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SPRYCEL 100 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN 6 MG/0.5 ML CART	2	QL
SPRYCEL 140 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL
SPRYCEL 20 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN 6 MG/0.5ML AUTOINJ	2	QL
SPRYCEL 50 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN SUCC 100 MG TABLET	2	QL
SPRYCEL 70 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN SUCC 25 MG TABLET	2	QL
SPRYCEL 80 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN SUCC 50 MG TABLET	2	QL
SPS 15 GM/60 ML SUSPENSION	2		SUMATRIPTAN-NAPROXEN 85-500 MG	4	QL
SPS 30 GM/120 ML ENEMA SUSP	2		SUNITINIB MALATE 12.5 MG CAP	5	PA, QL, SRX
SRONYX 0.10-0.02 MG TABLET	1		SUNITINIB MALATE 25 MG CAPSULE	5	PA, QL, SRX
SSKI 1 GM/ML SOLUTION	4		SUNITINIB MALATE 37.5 MG CAP	5	PA, QL, SRX
STAVUDINE 40 MG CAPSULE	2		SUNITINIB MALATE 50 MG CAPSULE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX	SUPRAX 100 MG TABLET CHEWABLE	4	
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX	SUPRAX 200 MG TABLET CHEWABLE	4	
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX	SUPRAX 500 MG/5 ML SUSPENSION	4	
STERILE WATER FOR IRRIGATION	2		SURE CMFT SFTY PEN ND 31G 6MM	3	
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX	SURE CMFT SFTY PEN ND 32G 4MM	3	
STRIBILD TABLET	3	QL	SURE COMFORT 0.3 ML SYRINGE	3	
STRIVERDI RESPIMAT	4	QL, ST	SURE COMFORT 0.5 ML SYRINGE	3	
SUBVENITE (BLUE)	2		SURE COMFORT 1 ML SYRINGE	3	
SUBVENITE (GREEN)	2		SURE COMFORT 3/10 ML SYRINGE	3	
SUBVENITE (ORANGE)	2		SURE COMFORT 30G PEN NEEDLE	3	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
SURE-TEST EASYPLUS MINI SOLN	3	
SYEDA 28 TABLET	1	
SYMAX FASTABS 0.125 MG TABLET	2	
SYMAX-SL 0.125 MG TABLET SL	2	
SYMAX-SR 0.375 MG TABLET	2	
SYMLINPEN 120 PEN INJECTOR	4	QL
SYMLINPEN 60 PEN INJECTOR	4	QL
SYMTUZA 800-150-200-10 MG TAB	3	QL
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX
SYNERA PATCH	4	
SYNTHROID 100 MCG TABLET	4	
SYNTHROID 112 MCG TABLET	4	
SYNTHROID 125 MCG TABLET	4	
SYNTHROID 137 MCG TABLET	4	
SYNTHROID 150 MCG TABLET	4	
SYNTHROID 175 MCG TABLET	4	
SYNTHROID 200 MCG TABLET	4	
SYNTHROID 25 MCG TABLET	4	
SYNTHROID 300 MCG TABLET	4	
SYNTHROID 50 MCG TABLET	4	
SYNTHROID 75 MCG TABLET	4	
SYNTHROID 88 MCG TABLET	4	
T:30 INFUSION SET 23" 13MM	3	
T:30 INFUSION SET 43" 13MM	3	

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

2024 Cigna Plus North Carolina 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)
TECHLITE 0.3 ML 29GX12MM (1/2)	3		TENIVAC VIAL	3	
TECHLITE 0.3 ML 30GX12MM (1/2)	3		TENOFOVIR DISOP FUM 300 MG TB	2	
TECHLITE 0.3 ML 30GX8MM (1/2)	3		TERAZOSIN 1 MG CAPSULE	1	
TECHLITE 0.3 ML 31GX6MM (1/2)	3		TERAZOSIN 10 MG CAPSULE	1	
TECHLITE 0.3 ML 31GX8MM (1/2)	3		TERAZOSIN 2 MG CAPSULE	1	
TECHLITE 0.5 ML 29GX12MM (1/2)	3		TERAZOSIN 5 MG CAPSULE	1	
TECHLITE 0.5 ML 30GX12MM (1/2)	3		TERBINAFINE HCL 250 MG TABLET	1	
TECHLITE 0.5 ML 30GX8MM (1/2)	3		TERBUTALINE SULFATE 2.5 MG TAB	2	
TECHLITE 0.5 ML 31GX6MM (1/2)	3		TERBUTALINE SULFATE 5 MG TAB	2	
TECHLITE 0.5 ML 31GX8MM (1/2)	3		TERCONAZOLE 0.4% CREAM	2	
TECHLITE INS SYR 1 ML 29GX12MM	3		TERCONAZOLE 0.8% CREAM	2	
TECHLITE INS SYR 1 ML 30GX12MM	3		TERCONAZOLE 80 MG SUPPOSITORY	2	
TECHLITE INS SYR 1 ML 30GX8MM	3		TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TECHLITE INS SYR 1 ML 31GX6MM	3		TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TECHLITE INS SYR 1 ML 31GX8MM	3		TERUMO INS SYR 0.3 ML 29GX1/2"	3	
TECHLITE PEN NEEDLE 29GX1/2"	3		TERUMO INS SYRINGE U100-1 ML	3	
TECHLITE PEN NEEDLE 29GX3/8"	3		TERUMO INS SYRINGE U100-1/2 ML	3	
TECHLITE PEN NEEDLE 31GX1/4"	3		TERUMO INS SYRINGE U100-1/3 ML	3	
TECHLITE PEN NEEDLE 31GX3/16"	3		TERUMO INS SYRNG U100-1/2 ML	3	
TECHLITE PEN NEEDLE 31GX5/16"	3		TERUMO SURGUARD2 NDL 21GX1.5	3	
TECHLITE PEN NEEDLE 32GX1/4"	3		TERUMO SURGUARD2 NDL 22X1-1/2"	3	
TECHLITE PEN NEEDLE 32GX5/16"	3		TERUMO SURGUARD2 NDL 23X1-1/2"	3	
TECHLITE PEN NEEDLE 32GX5/32"	3		TERUMO SURGUARD2 NEEDLE 18GX1"	3	
TELCARE CONTROL SOLUTION	3		TERUMO SURGUARD2 NEEDLE 18X1.5	3	
TELMISARTAN 20 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 19GX1"	3	
TELMISARTAN 40 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 19X1.5	3	
TELMISARTAN 80 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 20GX1"	3	
TELMISARTAN-AMLODIPINE 40-10	2		TERUMO SURGUARD2 NEEDLE 20X1.5	3	
TELMISARTAN-AMLODIPINE 40-5 MG	2		TERUMO SURGUARD2 NEEDLE 21GX1"	3	
TELMISARTAN-AMLODIPINE 80-10	2		TERUMO SURGUARD2 NEEDLE 22GX1"	3	
TELMISARTAN-AMLODIPINE 80-5 MG	2		TERUMO SURGUARD2 NEEDLE 23GX1"	3	
TELMISARTAN-HCTZ 40-12.5 MG TB	2		TERUMO SURGUARD2 NEEDLE 25GX1"	3	
TELMISARTAN-HCTZ 80-12.5 MG TB	2		TERUMO SURGUARD2 NEEDLE 25X1.5	3	
TELMISARTAN-HCTZ 80-25 MG TAB	2		TERUMO SURGUARD2 NEEDLE 25X5/8	3	
TEMAZEPAM 15 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 26X1/2	3	
TEMAZEPAM 22.5 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 27X1/2	3	
TEMAZEPAM 30 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 30X1/2	3	
TEMAZEPAM 7.5 MG CAPSULE	2		TERUMO SYRINGE 3 ML	3	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX	TESTOSTERON CYP 1,000 MG/10 ML	2	
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX	TESTOSTERON CYP 2,000 MG/10 ML	2	
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX	TESTOSTERON ENAN 1,000 MG/5 ML	2	
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1% (25MG/2.5G) PK	2	QL
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1% (50 MG/5 G) PK	2	QL
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1.62% (2.5 G) PKT	2	QL
TENCON 50-325 MG TABLET	2		TESTOSTERONE 1.62% GEL PUMP	2	QL
TENIVAC SYRINGE	3		TESTOSTERONE 1.62%(1.25 G) PKT	2	QL

2024 Cigna Plus North Carolina 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)
TESTOSTERONE 10 MG GEL PUMP	2	QL	THYROID 30 MG TABLET	1	
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL	THYROID 60 MG TABLET	1	
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL	THYROID 90 MG TABLET	1	
TESTOSTERONE 50 MG/5 GRAM PKT	2	QL	TIADYLT ER 120 MG CAPSULE	2	
TESTOSTERONE CYP 1,000 MG/10ML	2		TIADYLT ER 180 MG CAPSULE	2	
TESTOSTERONE CYP 1,000 MG/5 ML	2		TIADYLT ER 240 MG CAPSULE	2	
TESTOSTERONE CYP 200 MG/ML	2		TIADYLT ER 300 MG CAPSULE	2	
TESTOSTERONE CYP 500 MG/2.5 ML	2		TIADYLT ER 360 MG CAPSULE	2	
TESTOSTERONE CYP 6,000 MG/30ML	2		TIADYLT ER 420 MG CAPSULE	2	
TESTOSTERONE ENAN 200 MG/ML	2		TIAGABINE HCL 12 MG TABLET	2	
TETCAINE 0.5% EYE DROP	2		TIAGABINE HCL 16 MG TABLET	2	
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX	TIAGABINE HCL 2 MG TABLET	2	
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX	TIAGABINE HCL 4 MG TABLET	2	
TETRACAINE 0.5% EYE DROP	2		TILIA FE 28 TABLET	1	
TETRACAINE 0.5% STERI-UNIT SOL	2		TIMOLOL 0.25% GEL-SOLUTION	2	
TETRACYCLINE 250 MG CAPSULE	2		TIMOLOL 0.5% GEL-SOLUTION	2	
TETRACYCLINE 500 MG CAPSULE	2		TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TEXACORT 2.5% SOLUTION	4		TIMOLOL MALEATE 0.25% EYE DROP	2	
TEXACORT	4		TIMOLOL MALEATE 0.5% EYE DROPS	2	
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL MALEATE 10 MG TABLET	2	
THALOMID 150 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL MALEATE 20 MG TABLET	2	
THALOMID 200 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL MALEATE 5 MG TABLET	2	
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX	TINIDAZOLE 250 MG TABLET	2	
THEOPHYLLINE 80 MG/15 ML SOLN	2		TINIDAZOLE 500 MG TABLET	2	
THEOPHYLLINE ER 100 MG TABLET	2		TIOPRONIN 100 MG TABLET	5	SRX
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

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

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TOLVAPTAN 30 MG TABLET	5	PA, SRX
TOPCARE CLICKFINE 31G X 1/4"	3	
TOPCARE CLICKFINE 31G X 5/16"	3	
TOPCARE ULTRA COMFORT SYRINGE	3	
TOPIRAMATE 100 MG TABLET	2	
TOPIRAMATE 15 MG SPRINKLE CAP	2	
TOPIRAMATE 200 MG TABLET	2	
TOPIRAMATE 25 MG SPRINKLE CAP	2	
TOPIRAMATE 25 MG TABLET	2	
TOPIRAMATE 50 MG TABLET	2	
TOPIRAMATE ER 100 MG CAPSULE	2	
TOPIRAMATE ER 150 MG CAPSULE	2	
TOPIRAMATE ER 200 MG CAPSULE	2	
TOPIRAMATE ER 25 MG CAPSULE	2	
TOPIRAMATE ER 50 MG CAPSULE	2	
TOREMIFENE CITRATE 60 MG TAB	4	
TORSEMIDE 10 MG TABLET	2	
TORSEMIDE 100 MG TABLET	2	
TORSEMIDE 20 MG TABLET	2	
TORSEMIDE 5 MG TABLET	2	
TOVET EMOLLIENT 0.05% FOAM	2	
TRAMADOL ER 100 MG TABLET	2	PA, QL
TRAMADOL ER 200 MG TABLET	2	PA, QL
TRAMADOL ER 300 MG TABLET	2	PA, QL
TRAMADOL HCL 50 MG TABLET	2	QL
TRAMADOL HCL ER 100 MG TABLET	2	PA, QL
TRAMADOL HCL ER 150 MG CAPSULE	2	PA, QL
TRAMADOL HCL ER 200 MG TABLET	2	PA, QL
TRAMADOL HCL ER 300 MG TABLET	2	PA, QL
TRAMADOL-ACETAMINOPHN 37.5-325	2	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	
TRANDOLAPR-VERAPAM ER 1-240 MG	2	
TRANDOLAPR-VERAPAM ER 2-180 MG	2	
TRANDOLAPR-VERAPAM ER 2-240 MG	2	
TRANDOLAPR-VERAPAM ER 4-240 MG	2	
TRANEXAMIC ACID 650 MG TABLET	2	
MEDICATION TRANSFER NEEDLE	3	
TRANLYCPROMINE SULF 10 MG TAB	2	
TRAVOPROST 0.004% EYE DROP	2	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	2	
TRAZODONE 50 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRECATOR 250 MG TABLET	4	
TREMFYA 100 MG/ML INJECTOR	5	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX
TRETINOIN 0.01% GEL	2	PA_AGE
TRETINOIN 0.025% CREAM	2	PA_AGE
TRETINOIN 0.025% GEL	2	PA_AGE
TRETINOIN 0.05% CREAM	2	PA_AGE
TRETINOIN 0.05% GEL	2	PA_AGE
TRETINOIN 0.1% CREAM	2	PA_AGE
TRETINOIN 10 MG CAPSULE	4	PA
TRETINOIN GEL MICRO 0.04% PUMP	2	PA_AGE
TRETINOIN GEL MICRO 0.04% TUBE	2	PA_AGE
TRETINOIN GEL MICRO 0.1% PUMP	2	PA_AGE
TRETINOIN GEL MICRO 0.1% TUBE	2	PA_AGE
TRETIN-X 0.025% CREAM COMB PCK	4	PA_AGE
TRETIN-X 0.05% COMBO PACK	4	PA_AGE
TRETIN-X 0.075% CREAM	4	PA_AGE
TRETIN-X 0.1% COMBO PACK	4	PA_AGE
TRI FEMYNOR 28 TABLET	1	
TRIAMCINOLONE 0.025% CREAM	2	
TRIAMCINOLONE 0.025% LOTION	2	
TRIAMCINOLONE 0.025% OINT	2	
TRIAMCINOLONE 0.1% CREAM	2	
TRIAMCINOLONE 0.1% LOTION	2	
TRIAMCINOLONE 0.1% OINTMENT	2	
TRIAMCINOLONE 0.1% PASTE	2	
TRIAMCINOLONE 0.5% CREAM	2	
TRIAMCINOLONE 0.5% OINTMENT	2	
TRIAMTERENE 100 MG CAPSULE	4	
TRIAMTERENE 50 MG CAPSULE	4	
TRIAMTERENE-HCTZ 37.5-25 MG CP	2	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1	
TRIAMTERENE-HCTZ 75-50 MG TAB	1	
TRIAZOLAM 0.125 MG TABLET	2	
TRIAZOLAM 0.25 MG TABLET	2	
TRIDERM 0.1% CREAM	2	
TRIDERM 0.5% CREAM	2	
TRI-ESTARYLLA TABLET	1	
TRIFLUOPERAZINE 1 MG TABLET	2	
TRIFLUOPERAZINE 10 MG TABLET	2	
TRIFLUOPERAZINE 2 MG TABLET	2	
TRIFLUOPERAZINE 5 MG TABLET	2	
TRIFLURIDINE 1% EYE DROPS	2	
TRIHEXYPHENIDYL 2 MG TABLET	1	
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	2	
TRIHEXYPHENIDYL 5 MG TABLET	2	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRIKAFTA 100-50-75 MG/150 MG	5	PA, QL, LDD, SRX
TRIKAFTA 100-50-75 MG/75MG PKT	5	PA, QL, LDD, SRX
TRIKAFTA 50-25-37.5 MG/75 MG	5	PA, QL, LDD, SRX
TRIKAFTA 80-40-60MG/59.5MG PKT	5	PA, QL, LDD, SRX
TRI-LEGEST FE-28 DAY TABLET	1	
TRI-LINYAH TABLET	1	
TRI-LO-ESTARYLLA TABLET	1	
TRI-LO-MARZIA TABLET	1	
TRI-LO-MILI TABLET	1	
TRI-LO-SPRINTEC TABLET	1	
TRIMETHOBENZAMIDE 300 MG CAP	2	
TRIMETHOPRIM 100 MG TABLET	2	
TRI-MILI 28 TABLET	1	
TRIMIPRAMINE MALEATE 100 MG CP	2	
TRIMIPRAMINE MALEATE 25 MG CAP	2	
TRIMIPRAMINE MALEATE 50 MG CAP	2	
TRINATAL RX 1	1	
TRINTELLIX 10 MG TABLET	4	QL, ST
TRINTELLIX 20 MG TABLET	4	QL, ST
TRINTELLIX 5 MG TABLET	4	QL, ST
TRI-NYMYO 28 TABLET	1	
TRI-PREVIFEM TABLET	1	
TRI-SPRINTEC TABLET	1	
TRIUMEQ 600-50-300 MG TABLET	3	QL
TRIUMEQ PD 60-5-30 MG TAB SUSP	3	QL
TRI-VITE-FLUORIDE 0.25 MG/ML	2	
TRI-VITE-FLUORIDE 0.5 MG/ML	2	
TRI-VIT-FLUOR 0.25 MG/ML DROP	2	
TRI-VIT-FLUOR 0.5 MG/ML DROP	2	
TRIVORA-28 TABLET	1	
TRI-VYLIBRA 28 TABLET	1	
TRI-VYLIBRA LO TABLET	1	
TROPICAMIDE 0.5% EYE DROP	2	
TROPICAMIDE 0.5% EYE DROPS	2	
TROPICAMIDE 1% EYE DROP	2	
TROPICAMIDE 1% EYE DROPS	2	
TROSPIMUM CHLORIDE 20 MG TABLET	2	
TROSPIMUM CHLORIDE ER 60 MG CAP	2	
TRUE CMFRT PRO 0.5ML 30G 5/16"	3	
TRUE CMFRT PRO 0.5ML 31G 5/16"	3	
TRUE CMFRT PRO 0.5ML 32G 5/16"	3	
TRUE CMFT SFTY PEN ND 31G 5MM	3	
TRUE CMFT SFTY PEN ND 31G 6MM	3	
TRUE CMFT SFTY PEN ND 32G 4MM	3	
TRUE COMFORT 0.5 ML 31GX5/16"	3	
TRUE COMFORT 1 ML 31GX5/16"	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRUE COMFORT PEN ND 31G 5MM	3	
TRUE COMFORT PEN ND 31G 6MM	3	
TRUE COMFORT PEN ND 31G 8MM	3	
TRUE COMFORT PEN ND 31GX5MM	3	
TRUE COMFORT PEN ND 31GX6MM	3	
TRUE COMFORT PEN ND 32G 4MM	3	
TRUE COMFORT PEN ND 32G 5MM	3	
TRUE COMFORT PEN ND 32G 6MM	3	
TRUE COMFORT PEN ND 32GX4MM	3	
TRUE COMFORT PEN ND 33G 4MM	3	
TRUE COMFORT PEN ND 33G 5MM	3	
TRUE COMFORT PEN ND 33G 6MM	3	
TRUE COMFORT PRO 1 ML 30G 1/2"	3	
TRUE COMFORT PRO 1ML 30G 5/16"	3	
TRUE COMFORT PRO 1ML 31G 5/16"	3	
TRUE COMFORT PRO 1ML 32G 5/16"	3	
TRUE COMFORT PRO 0.5ML 30G 1/2"	3	
TRUE METRIX LEVEL 1 CTRL SOLN	3	
TRUE METRIX LEVEL 2 CTRL SOLN	3	
TRUE METRIX LEVEL 3 CTRL SOLN	3	
TRUECONTROL GLUCOSE SOLUTION	3	
TRUEPLUS KETONE TEST STRIP	3	
TRUEPLUS PEN NEEDLE 29G 12MM	3	
TRUEPLUS PEN NEEDLE 29GX1/2"	3	
TRUEPLUS PEN NEEDLE 31G 5MM	3	
TRUEPLUS PEN NEEDLE 31G 8MM	3	
TRUEPLUS PEN NEEDLE 31G X 1/4"	3	
TRUEPLUS PEN NEEDLE 31GX3/16"	3	
TRUEPLUS PEN NEEDLE 31GX5/16"	3	
TRUEPLUS PEN NEEDLE 32GX5/32"	3	
TRUEPLUS SYR 0.3ML 29GX1/2"	3	
TRUEPLUS SYR 0.3ML 30GX5/16"	3	
TRUEPLUS SYR 0.3ML 31GX5/16"	3	
TRUEPLUS SYR 0.5ML 28GX1/2"	3	
TRUEPLUS SYR 0.5ML 29GX1/2"	3	
TRUEPLUS SYR 0.5ML 30GX5/16"	3	
TRUEPLUS SYR 0.5ML 31GX5/16"	3	
TRUEPLUS SYR 1ML 28GX1/2"	3	
TRUEPLUS SYR 1ML 29GX1/2"	3	
TRUEPLUS SYR 1ML 30GX5/16"	3	
TRUEPLUS SYR 1ML 31GX5/16"	3	
TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUMENBA 120 MCG/0.5 ML VACCIN	3	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

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ULTRA FLO PEN NEEDLE 33G 4MM	3		UNIFINE PENTIPS 33GX5/32"	3	
ULTRA FLO PEN NEEDLES 12MM 29G	3		UNIFINE PENTIPS 6MM 31G	3	
ULTRA FLO SYR 0.3 ML 29GX1/2"	3		UNIFINE PENTIPS 6MM NEEDLE	3	
ULTRA FLO SYR 0.3 ML 30G 5/16"	3		UNIFINE PENTIPS 8MM 31G	3	
ULTRA FLO SYR 0.3 ML 31G 5/16"	3		UNIFINE PENTIPS 8MM NEEDLE	3	
ULTRA FLO SYR 0.5 ML 29G 1/2"	3		UNIFINE PENTIPS MAX 30GX3/16"	3	
ULTRA THIN PEN ND 32G X 4MM	3		UNIFINE PENTIPS NEEDLES 29G	3	
ULTRACARE INS 0.3 ML 30GX5/16"	3		UNIFINE PENTIPS PLUS 29GX1/2"	3	
ULTRACARE INS 0.3 ML 31GX5/16"	3		UNIFINE PENTIPS PLUS 31GX1/4"	3	
ULTRACARE INS 0.5 ML 30GX1/2"	3		UNIFINE PENTIPS PLUS 31GX3/16"	3	
ULTRACARE INS 0.5 ML 30GX5/16"	3		UNIFINE PENTIPS PLUS 31GX5/16"	3	
ULTRACARE INS 0.5 ML 31GX5/16"	3		UNIFINE PENTIPS PLUS 32GX5/32"	3	
ULTRACARE INS 1 ML 30G X 5/16"	3		UNIFINE PENTIPS PLUS 33GX5/32"	3	
ULTRACARE INS 1 ML 30GX1/2"	3		UNIFINE PENTIPS PLUS 30GX3/16"	3	
ULTRACARE INS 1 ML 31G X 5/16"	3		UNIFINE SAFECONTROL 30GX3/16"	3	
ULTRACARE PEN NEEDLE 31GX1/4"	3		UNIFINE SAFECONTROL 30GX5/16"	3	
ULTRACARE PEN NEEDLE 31GX3/16"	3		UNIFINE SAFECONTROL 32G 4MM	3	
ULTRACARE PEN NEEDLE 31GX5/16"	3		UNIFINE ULTRA PEN ND 31G 5MM	3	
ULTRACARE PEN NEEDLE 32GX1/4"	3		UNIFINE ULTRA PEN ND 31G 6MM	3	
ULTRACARE PEN NEEDLE 32GX3/16"	3		UNIFINE ULTRA PEN ND 31G 8MM	3	
ULTRACARE PEN NEEDLE 32GX5/32"	3		UNIFINE ULTRA PEN ND 32G 4MM	3	
ULTRACARE PEN NEEDLE 33GX5/32"	3		UNISTRIP CONTROL SOLUTION HIGH	3	
ULTRA-FINE MICRO PEN NEEDLE	3		UNISTRIP CONTROL SOLUTION LOW	3	
ULTRA-THIN II 1 ML 31GX5/16"	3		UNITHROID 100 MCG TABLET	1	
ULTRA-THIN II INS 0.3 ML 30G	3		UNITHROID 112 MCG TABLET	1	
ULTRA-THIN II INS 0.3 ML 31G	3		UNITHROID 125 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 29G	3		UNITHROID 137 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 30G	3		UNITHROID 150 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 31G	3		UNITHROID 175 MCG TABLET	1	
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 ND 29GX1/2"	3		UNITHROID 300 MCG TABLET	1	
ULTRA-THIN II PEN ND 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		VALGANCICLOVIR 450 MG TABLET	4	
UNIFINE PENTIPS 32GX5/32"	3		VALGANCICLOVIR HCL 50 MG/ML	4	

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VALPROIC ACID 250 MG CAPSULE	2	
VALPROIC ACID 250 MG/5 ML SOLN	2	
VALPROIC ACID 500 MG/10 ML SOL	2	
VALSARTAN 160 MG TABLET	2	
VALSARTAN 320 MG TABLET	2	
VALSARTAN 40 MG TABLET	2	
VALSARTAN 80 MG TABLET	2	
VALSARTAN-HCTZ 160-12.5 MG TAB	2	
VALSARTAN-HCTZ 160-25 MG TAB	2	
VALSARTAN-HCTZ 320-12.5 MG TAB	2	
VALSARTAN-HCTZ 320-25 MG TAB	2	
VALSARTAN-HCTZ 80-12.5 MG TAB	2	
VANADOM 350 MG TABLET	2	
VANCOMYCIN HCL 125 MG CAPSULE	4	QL
VANCOMYCIN HCL 250 MG CAPSULE	4	QL
VANDA ZOLE VAGINAL 0.75% GEL	2	
VANISHPOINT 0.5 ML 30GX1/2" SY	3	
VANISHPOINT 20GX1" 3 ML SYRING	3	
VANISHPOINT 21GX1.5" 3 ML SYR	3	
VANISHPOINT 22GX1" 3 ML SYR	3	
VANISHPOINT 23GX1" 3 ML SYRING	3	
VANISHPOINT 23GX1-1/2 3 ML SYR	3	
VANISHPOINT 25GX1" 3 ML SYRING	3	
VANISHPOINT 25GX5/8" 3 ML SYR	3	
VANISHPOINT 3 ML 21GX1" SYRING	3	
VANISHPOINT 3 ML 22GX1.5" SYRG	3	
VANISHPOINT INS 1 ML 30GX3/16"	3	
VANISHPOINT U-100 29X1/2 SYR	3	
VAQTA 25 UNITS/0.5 ML SYRINGE	3	
VAQTA 25 UNITS/0.5 ML VIAL	3	
VAQTA 50 UNITS/ML SYRINGE	3	
VAQTA 50 UNITS/ML VIAL	3	
VARENICLINE STARTING MONTH BOX	3	
VARENICLINE 0.5 MG TABLET	3	
VARENICLINE 1 MG TABLET	3	
VARISOFT INFUSION SET 23" 13MM	3	
VARISOFT INFUSION SET 23" 17MM	3	
VARISOFT INFUSION SET 32" 13MM	3	
VARISOFT INFUSION SET 32" 17MM	3	
VARISOFT INFUSION SET 43" 13MM	3	
VARISOFT INFUSION SET 43" 17MM	3	
VARIVAX VACCINE VIAL	3	
VARIVAX VACCINE WITH DILUENT	3	
VAXELIS VACCINE SYRINGE	3	
VAXELIS VACCINE VIAL	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VAXNEUVANCE 0.5 ML SYRINGE	3	
VELIVET 28 DAY TABLET	1	
VELPHORO	4	
VEMLIDY 25 MG TABLET	5	PA, SRX
VENCLEXTA 10 MG TAB (10MG X 2)	5	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX
VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX
VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX
VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX
VENLAFAXINE HCL 100 MG TABLET	2	QL
VENLAFAXINE HCL 25 MG TABLET	2	QL
VENLAFAXINE HCL 37.5 MG TABLET	2	QL
VENLAFAXINE HCL 50 MG TABLET	2	QL
VENLAFAXINE HCL 75 MG TABLET	2	QL
VENLAFAXINE HCL ER 150 MG CAP	2	QL
VENLAFAXINE HCL ER 37.5 MG CAP	2	QL
VENLAFAXINE HCL ER 75 MG CAP	2	QL
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, LDD, SRX
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, LDD, SRX
VERAPAMIL 120 MG TABLET	2	
VERAPAMIL 40 MG TABLET	2	
VERAPAMIL 80 MG TABLET	2	
VERAPAMIL ER 120 MG CAPSULE	2	
VERAPAMIL ER 120 MG TABLET	2	
VERAPAMIL ER 180 MG CAPSULE	2	
VERAPAMIL ER 180 MG TABLET	2	
VERAPAMIL ER 240 MG CAPSULE	2	
VERAPAMIL ER 240 MG TABLET	2	
VERAPAMIL ER PM 100 MG CAPSULE	2	
VERAPAMIL ER PM 200 MG CAPSULE	2	
VERAPAMIL ER PM 300 MG CAPSULE	2	
VERAPAMIL SR 120 MG CAPSULE	2	
VERAPAMIL SR 180 MG CAPSULE	2	
VERAPAMIL SR 240 MG CAPSULE	2	
VERAPAMIL SR 360 MG CAPSULE	2	
VERASENS CONTROL SOLN-LEVEL 1	3	
VEREGEN 15% OINTMENT	4	
VERIFINE INS SYR 1 ML 29G 1/2"	3	
VERIFINE PEN NEEDLE 29G 12MM	3	
VERIFINE PEN NEEDLE 31G 5MM	3	
VERIFINE PEN NEEDLE 31G 8MM	3	
VERIFINE PEN NEEDLE 32G 4MM	3	
VERIFINE PEN NEEDLE 32G 6MM	3	
VERIFINE SYRING 0.5ML 29G 1/2"	3	
VERIFINE SYRING 1 ML 31G 5/16"	3	
VERIFINE SYRNG 0.3ML 31G 5/16"	3	

2024 Cigna Plus North Carolina 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)
VERIFINE SYRNG 0.5ML 31G 5/16"	3		VYLIBRA 28 TABLET	1	
VESTURA 3 MG-0.02 MG TABLET	1		WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX
VIENVA-28 TABLET	1		WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX
VIGABATRIN 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN SODIUM 1 MG TABLET	1	
VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX	WARFARIN SODIUM 10 MG TABLET	1	
VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN SODIUM 2 MG TABLET	1	
VILAZODONE HCL 10 MG TABLET	4	QL	WARFARIN SODIUM 2.5 MG TABLET	1	
VILAZODONE HCL 20 MG TABLET	4	QL	WARFARIN SODIUM 3 MG TABLET	1	
VILAZODONE HCL 40 MG TABLET	4	QL	WARFARIN SODIUM 4 MG TABLET	1	
VINATE ONE TABLET	1		WARFARIN SODIUM 5 MG TABLET	1	
VIOKACE 10,440-39,150 UNIT TAB	4		WARFARIN SODIUM 6 MG TABLET	1	
VIOKACE 10,440-39,150 UNITS TB	4		WARFARIN SODIUM 7.5 MG TABLET	1	
VIOKACE 20,880-78,300 UNITS TB	4		WAVESENSE CONTROL SOLN NORMAL	3	
VIORELE 28 DAY TABLET	1		WERA 0.5/0.035 MG 28 TABLET	1	
VIREAD 150 MG TABLET	3		WESCAP-PN DHA CAPSULE	1	
VIREAD 200 MG TABLET	3		WESNATE DHA SOFTGEL	1	
VIREAD 250 MG TABLET	3		WESTAB PLUS TABLET	1	
VIREAD POWDER	3		WESTHROID 32.5 MG TABLET	1	
VIRT-C DHA SOFTGEL	1		WESTHROID 65 MG TABLET	1	
VIRT-NATE DHA SOFTGEL	1		WIXELA 100-50 INHUB	2	QL
VIRT-PN DHA SOFTGEL	1		WIXELA 250-50 INHUB	2	QL
VIRT-PN PLUS SOFTGEL	1		WIXELA 500-50 INHUB	2	QL
VISTOGARD 10 GRAM PACKET	5	LDD, SRX	WM UNIFINE PENTIP PLUS 4MM 32G	3	
VIT A,C,D-FLUORIDE 0.25 MG/ML	2		WM UNIFINE PENTIP PLUS 5MM 31G	3	
VITAFOL-OB CAPLET	1		WM UNIFINE PENTIP PLUS 6MM 31G	3	
VITAMIN D2 1.25MG(50,000 UNIT)	2		WM UNIFINE PENTIP PLUS 8MM 31G	3	
VIVAGUARD INO CTRL SOLN-L1,2,3	3		WP THYROID 113.75 MG TABLET	3	
VIVAGUARD INO CTRL SOLN-L2	3		WP THYROID 130 MG TABLET	3	
VOLNEA 0.15-0.02-0.01 MG TAB	1		WP THYROID 16.25 MG TABLET	3	
VORICONAZOLE 200 MG TABLET	4	PA	WP THYROID 32.5 MG TABLET	3	
VORICONAZOLE 40 MG/ML SUSP	4	PA	WP THYROID 48.75 MG TABLET	3	
VORICONAZOLE 50 MG TABLET	4	PA	WP THYROID 65 MG TABLET	3	
VORTEX ADULT MASK	3	QL	WP THYROID 81.25 MG TABLET	3	
VORTEX HOLDING CHAMBER	3	QL	WP THYROID 97.5 MG TABLET	3	
VORTEX HOLDING CHAMBER-CHILD	3	QL	WYMZYA FE 0.4-0.035 MG CHEW TB	1	
VORTEX HOLDING CHAMBER-TODDLER	3	QL	XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX
VORTEX VHC FROG CHILD MASK	3	QL	XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX
VORTEX VHC LADYBUG TODDLER MSK	3	QL	XARELTO 1 MG/ML SUSPENSION	3	PA, QL
VOTRIENT 200 MG TABLET	5	PA, QL, SRX	XARELTO 10 MG TABLET	3	PA, QL
VRAYLAR 1.5 MG CAPSULE	4	QL, ST	XARELTO 15 MG TABLET	3	PA, QL
VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST	XARELTO 2.5 MG TABLET	3	PA, QL
VRAYLAR 3 MG CAPSULE	4	QL, ST	XARELTO 20 MG TABLET	3	PA, QL
VRAYLAR 4.5 MG CAPSULE	4	QL, ST	XARELTO DVT-PE TREAT START 30D	3	PA, QL
VRAYLAR 6 MG CAPSULE	4	QL, ST	XELJANZ 1 MG/ML SOLUTION	5	PA, QL, SRX
VYFEMLA 0.4 MG-0.035 MG TABLET	1		XELJANZ 10 MG TABLET	5	PA, QL, SRX

2024 Cigna Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
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

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZIDOVUDINE 100 MG CAPSULE	2	
ZIDOVUDINE 300 MG TABLET	2	
ZIDOVUDINE 50 MG/5 ML SYRUP	2	
ZILEUTON ER 600 MG TABLET	5	SRX
ZIOPTAN 0.0015% EYE DROP	4	QL
ZIOPTAN 0.0015% EYE DROPS	4	QL
ZIPRASIDONE HCL 20 MG CAPSULE	2	
ZIPRASIDONE HCL 40 MG CAPSULE	2	
ZIPRASIDONE HCL 60 MG CAPSULE	2	
ZIPRASIDONE HCL 80 MG CAPSULE	2	
ZIRGAN 0.15% OPHTHALMIC GEL	4	
ZOLADEX 10.8 MG IMPLANT SYRN	5	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM TART ER 12.5 MG TAB	2	
ZOLPIDEM TART ER 6.25 MG TAB	2	
ZOLPIDEM TARTRATE 10 MG TABLET	2	
ZOLPIDEM TARTRATE 5 MG TABLET	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZOSTAVAX VIAL	3	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX
ZYLET EYE DROPS	4	PA

Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

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

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

A. Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

Q. Can I fill my prescriptions by mail?

A. Yes.⁴

Express Scripts® Pharmacy for maintenance medications

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

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

Here are three easy ways to get started.

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

Accredo® for specialty medications

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

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

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

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

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

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

Exclusions and Limitations: What is not covered by this policy (Not Covered)

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

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

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

“Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.

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

This exclusion does not apply to mammography.

27. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
28. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except as specifically provided in this EOC.
29. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
30. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
31. **Routine hearing tests** except as provided under Preventive Care.
32. **Genetic screening**, except for the testing for the

occurrence of BRCA gene (breast cancer related genetic marker) under federal preventative care for women, or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease

33. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
34. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery and as specifically stated in this EOC under Pediatric Vision Care.
35. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
36. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn, foster or adopted child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
37. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
38. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.
39. **Services and procedures for redundant skin surgery** including abdominoplasty/panniculectomy (except treatment of congenital anomaly), removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal

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

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

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

Services (Physical Therapy, Occupational Therapy and Speech Therapy)” in the section of this EOC titled “Comprehensive Benefits: What the EOC Pays For.”

61. **Foreign Country Provider charges** except as specifically stated under “Foreign Country Providers” in the section of this EOC titled “Comprehensive Benefits: What the EOC Pays For.”
62. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered except when there is a localized illness, or a systemic condition, such as metabolic (including diabetes) neurologic or peripheral vascular disease; or Injury or symptoms involving the feet.
63. **Charges for which We are unable to determine Our liability** because the Member failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
64. Charges for the **Services of a standby Physician.**
65. Charges for **animal to human organ transplants.**
66. **Claims received by Cigna Healthcare after 18 months from the date service was rendered,** except in the event of a legal incapacity.
67. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

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

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



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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).