

Individual & Family Plans

Cigna Health and Life Insurance Company



2024 Cigna Plus Tennessee 4-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) | 67 |
| Exclusions and Limitations: What's not covered by this policy | 71 |

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

Questions?

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

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

About this drug list

This is a list of the prescription medications covered on the Cigna Plus Tennessee 4-Tier Prescription Drug List as of January 1, 2024.^{2,3} All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

How to read this drug list

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

Medications are listed in **alphabetical** order

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

Tiers (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 Tennessee 4-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

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

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

Abbreviations next to medications (cont.)

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

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

Plan exclusions

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

How to find your medication

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

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| AEROCHAMBER MV | 2 | QL |
| AEROCHAMBER PLUS FLOW-VU | 2 | QL |
| AEROCHAMBER PLUS FLOW-VU LARGE | 2 | QL |
| AEROCHAMBER PLUS FLOW-VU MED | 2 | QL |
| AEROCHAMBER PLUS FLOW-VU SMALL | 2 | QL |
| AEROCHAMBER WITH FLOWSIGNAL | 2 | QL |
| AEROCHAMBER Z-STAT PLUS LARGE | 2 | QL |
| AEROCHAMBER Z-STAT PLUS W-FLOW | 2 | QL |
| AEROCHAMBER Z-STAT PLUS-MED | 2 | QL |
| AEROCHAMBER Z-STAT PLUS-SMALL | 2 | QL |
| AEROGEAR ASTHMA ACTION KIT | 2 | |
| AEROTRACH HOLDING CHAMBER | 2 | QL |
| AEROVENT PLUS | 2 | QL |
| AFIRMELLE-28 TABLET | 1 | |
| AFLURIA QUAD | 2 | |
| AFTER PILL | 1 | |
| AFTERA 1.5 MG TABLET | 1 | |
| AGAMATRIX HIGH CONTROL SOLN | 2 | |
| AGAMATRIX NORM-HI CONTROL SOLN | 2 | |
| AIRZONE PEAK FLOW METER | 2 | |
| AK-POLY-BAC | 1 | |
| AKYNZEO 300-0.5 MG CAPSULE | 4 | PA, QL, SRX |
| ALBENDAZOLE 200 MG TABLET | 3 | PA |
| ALBUSTIX REAGENT | 2 | |
| ALBUTEROL 100 MG/20 ML SOLN | 1 | |
| ALBUTEROL 2.5 MG/0.5 ML SOL | 1 | |
| ALBUTEROL 2.5 MG/5 ML SOLUTION | 1 | |
| ALBUTEROL 5 MG/ML SOLUTION | 1 | |
| ALBUTEROL HFA 90 MCG INHALER | 1 | QL |
| ALBUTEROL SUL 0.63 MG/3 ML SOL | 1 | |
| ALBUTEROL SUL 1.25 MG/3 ML SOL | 1 | |
| ALBUTEROL SUL 2.5 MG/3 ML SOLN | 1 | |
| ALBUTEROL SULF 2 MG/5 ML SYRUP | 1 | |
| ALBUTEROL SULFATE 2 MG TAB | 1 | |
| ALBUTEROL SULFATE 4 MG TAB | 1 | |
| ALBUTEROL SULFATE ER 4 MG TAB | 1 | |
| ALBUTEROL SULFATE ER 8 MG TAB | 1 | |
| ALCAINE | 1 | |
| ALCLOMETASONE DIPR 0.05% OINT | 1 | |
| ALCLOMETASONE DIPRO 0.05% CRM | 1 | |
| ALCOHOL 70% PADS | 2 | |
| ALCOHOL 70% SWABS | 2 | |
| ALCOHOL PREP PAD | 2 | |
| ALECENSA | 4 | PA, QL, LDD, SRX |
| ALENDRONATE SOD 70 MG/75 ML | 1 | |
| ALENDRONATE SODIUM 10 MG TAB | 1 | |
| ALENDRONATE SODIUM 35 MG TAB | 1 | |

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| AMBRISENTAN 5 MG TABLET | 4 | PA, LDD, SRX | AMLODIPINE-VALSARTAN 5-320 MG | 1 | |
| AMCINONIDE 0.1% CREAM | 1 | | AMLOD-VALSA-HCTZ 10-160-12.5MG | 1 | |
| AMCINONIDE 0.1% LOTION | 1 | | AMLOD-VALSA-HCTZ 10-160-25 MG | 1 | |
| AMETHIA 0.15-0.03-0.01 MG TAB | 1 | | AMLOD-VALSA-HCTZ 10-320-25 MG | 1 | |
| AMETHIA LO TABLET | 1 | | AMLOD-VALSA-HCTZ 5-160-12.5 MG | 1 | |
| AMETHYST 90-20 MCG TABLET | 1 | | AMLOD-VALSA-HCTZ 5-160-25 MG | 1 | |
| AMILORIDE HCL 5 MG TABLET | 1 | | AMMONIUM LACTATE 12% CREAM | 1 | |
| AMILORIDE HCL-HCTZ 5-50 MG TAB | 1 | | AMMONIUM LACTATE 12% LOTION | 1 | |
| AMINOCAPROIC ACID 0.25 GRAM/ML | 4 | PA, SRX | AMNESTEEM 10 MG CAPSULE | 3 | |
| AMINOCAPROIC ACID 1,000 MG TAB | 4 | PA, SRX | AMNESTEEM 20 MG CAPSULE | 3 | |
| AMINOCAPROIC ACID 500 MG TAB | 4 | PA, SRX | AMNESTEEM 40 MG CAPSULE | 3 | |
| AMIODARONE HCL 100 MG TABLET | 1 | | AMOXAPINE 100 MG TABLET | 1 | |
| AMIODARONE HCL 200 MG TABLET | 1 | | AMOXAPINE 150 MG TABLET | 1 | |
| AMIODARONE HCL 400 MG TABLET | 1 | | AMOXAPINE 25 MG TABLET | 1 | |
| AMITRIPTYLINE HCL 10 MG TAB | 1 | | AMOXAPINE 50 MG TABLET | 1 | |
| AMITRIPTYLINE HCL 100 MG TAB | 1 | | AMOX-CLAV 200-28.5 MG TAB CHEW | 1 | |
| AMITRIPTYLINE HCL 150 MG TAB | 1 | | AMOX-CLAV 200-28.5 MG/5 ML SUS | 1 | |
| AMITRIPTYLINE HCL 25 MG TAB | 1 | | AMOX-CLAV 250-125 MG TABLET | 1 | |
| AMITRIPTYLINE HCL 50 MG TAB | 1 | | AMOX-CLAV 250-62.5 MG/5 ML SUS | 1 | |
| AMITRIPTYLINE HCL 75 MG TAB | 1 | | AMOX-CLAV 400-57 MG TAB CHEW | 1 | |
| AMLODIPINE BESYLATE 10 MG TAB | 1 | | AMOX-CLAV 400-57 MG/5 ML SUSP | 1 | |
| AMLODIPINE BESYLATE 2.5 MG TAB | 1 | | AMOX-CLAV 500-125 MG TABLET | 1 | |
| AMLODIPINE BESYLATE 5 MG TAB | 1 | | AMOX-CLAV 600-42.9 MG/5 ML SUS | 1 | |
| AMLODIPINE-ATORVAST 10-10 MG | 1 | | AMOX-CLAV 875-125 MG TABLET | 1 | |
| AMLODIPINE-ATORVAST 10-20 MG | 1 | | AMOX-CLAV ER 1,000-62.5 MG TAB | 1 | |
| AMLODIPINE-ATORVAST 10-40 MG | 1 | | AMOXICILLIN 125 MG TAB CHEW | 1 | |
| AMLODIPINE-ATORVAST 10-80 MG | 1 | | AMOXICILLIN 125 MG/5 ML SUSP | 1 | |
| AMLODIPINE-ATORVAST 2.5-10 MG | 1 | | AMOXICILLIN 200 MG/5 ML SUSP | 1 | |
| AMLODIPINE-ATORVAST 2.5-20 MG | 1 | | AMOXICILLIN 250 MG CAPSULE | 1 | |
| AMLODIPINE-ATORVAST 2.5-40 MG | 1 | | AMOXICILLIN 250 MG TAB CHEW | 1 | |
| AMLODIPINE-ATORVAST 5-10 MG | 1 | | AMOXICILLIN 250 MG/5 ML SUSP | 1 | |
| AMLODIPINE-ATORVAST 5-20 MG | 1 | | AMOXICILLIN 400 MG/5 ML SUSP | 1 | |
| AMLODIPINE-ATORVAST 5-40 MG | 1 | | AMOXICILLIN 500 MG CAPSULE | 1 | |
| AMLODIPINE-ATORVAST 5-80 MG | 1 | | AMOXICILLIN 500 MG TABLET | 1 | |
| AMLODIPINE-BENAZEPRIL 10-20 MG | 1 | | AMOXICILLIN 875 MG TABLET | 1 | |
| AMLODIPINE-BENAZEPRIL 10-40 MG | 1 | | AMPHETAMINE SULFATE 10 MG TAB | 1 | QL |
| AMLODIPINE-BENAZEPRIL 2.5-10 | 1 | | AMPHETAMINE SULFATE 5 MG TAB | 1 | QL |
| AMLODIPINE-BENAZEPRIL 5-10 MG | 1 | | AMPICILLIN 500 MG CAPSULE | 1 | |
| AMLODIPINE-BENAZEPRIL 5-20 MG | 1 | | ANAGRELIDE HCL 0.5 MG CAPSULE | 3 | |
| AMLODIPINE-BENAZEPRIL 5-40 MG | 1 | | ANAGRELIDE HCL 1 MG CAPSULE | 3 | |
| AMLODIPINE-OLMESARTAN 10-20 MG | 1 | | ANALPRAM HC 2.5%-1% LOTION | 3 | |
| AMLODIPINE-OLMESARTAN 10-40 MG | 1 | | ANASTROZOLE 1 MG TABLET | 1 | |
| AMLODIPINE-OLMESARTAN 5-20 MG | 1 | | ANORO ELLIPTA 62.5-25 MCG INH | 2 | QL |
| AMLODIPINE-OLMESARTAN 5-40 MG | 1 | | ANUCORT-HC 25 MG SUPPOSITORY | 1 | |
| AMLODIPINE-VALSARTAN 10-160 MG | 1 | | ANZEMET | 4 | PA, QL, SRX |
| AMLODIPINE-VALSARTAN 10-320 MG | 1 | | APEXICON E 0.05% CREAM | 3 | |
| AMLODIPINE-VALSARTAN 5-160 MG | 1 | | APIDRA | 3 | QL, ST |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| BD ECLIPSE NEEDLE 30GX1/2" | 2 | | BD NEEDLES 19GX1" | 2 | |
| BD ECLIPSE NEEDLES 21GX1.5" | 2 | | BD NEEDLES 19GX1.5" | 2 | |
| BD FILTER NEEDLE | 2 | | BD NEEDLES 20GX1" | 2 | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) | 2 | | BD NEEDLES 20GX1.5" | 2 | |
| BD INS SYR U-500 1/2ML 6MMX31G | 2 | | BD NEEDLES 21GX1" | 2 | |
| BD INS SYR UF 0.3ML 12.7MMX30G | 2 | | BD NEEDLES 21GX1.5" | 2 | |
| BD INS SYR UF 0.5ML 12.7MMX30G | 2 | | BD NEEDLES 21GX2" | 2 | |
| BD INS SYRN UF 1 ML 12.7MMX30G | 2 | | BD NEEDLES 22GX1" | 2 | |
| BD INS SYRNG 0.3 ML 29GX12.7MM | 2 | | BD NEEDLES 22GX1.5" | 2 | |
| BD INS SYRNG 0.5 ML 29GX12.7MM | 2 | | BD NEEDLES 23GX0.75" | 2 | |
| BD INS SYRNG UF 0.3 ML 8MMX31G | 2 | | BD NEEDLES 23GX1.25" | 2 | |
| BD INS SYRNG UF 0.5 ML 8MMX31G | 2 | | BD NEEDLES 25GX0.625" | 2 | |
| BD INSULIN SYR 0.5 ML 28GX1/2" | 2 | | BD NEEDLES 25GX0.875" | 2 | |
| BD INSULIN SYR 0.5 ML 29GX1/2" | 2 | | BD NEEDLES 25GX1.5" | 2 | |
| BD INSULIN SYR 1 ML 25GX1" | 2 | | BD NEEDLES 26GX0.375" | 2 | |
| BD INSULIN SYR 1 ML 25GX5/8" | 2 | | BD NEEDLES 26GX0.5" | 2 | |
| BD INSULIN SYR 1 ML 26GX1/2" | 2 | | BD NEEDLES 27GX0.5" | 2 | |
| BD INSULIN SYR 1 ML 27GX12.7MM | 2 | | BD NEEDLES 27GX1X1.25" | 2 | |
| BD INSULIN SYR 1 ML 27GX5/8" | 2 | | BD NEEDLES 30GX0.5" | 2 | |
| BD INSULIN SYR 1 ML 28GX1/2" | 2 | | BD NEEDLES 30GX1" | 2 | |
| BD INSULIN SYR 1 ML 29GX1/2" | 2 | | BD NOKOR ADMIX NEEDLE 18GX1.5" | 2 | |
| BD INSULIN SYR 1 ML 29GX12.7MM | 2 | | BD NOKOR NEEDLE 16GX1" | 2 | |
| BD INSULIN SYR UF 1 ML 8MMX31G | 2 | | BD NOKOR NEEDLE 18GX1" | 2 | |
| BD INSULIN SYRINGE 1 ML | 2 | | BD PRECISIONGLI 27GX1-1/2" NDL | 2 | |
| BD INTEGRA RETRA NEEDLE 23G X1" | 2 | | BD PRECISIONGLIDE 3 ML 22GX3/4 | 2 | |
| BD INTEGRA NEEDLE 25G X 5/8" | 2 | | BD PRECISIONGLIDE NEEDLE 25G | 2 | |
| BD INTEGRA SYR 3 ML 21GX1 1/2" | 2 | | BD SAFETGLD INS 0.3ML 29G 13MM | 2 | |
| BD LUER-LOK SYR 3 ML 25GX5/8" | 2 | | BD SAFETGLD INS 0.5ML 13MMX29G | 2 | |
| BD LUER-LOK SYRINGE 1 ML | 2 | | BD SAFETYGLD INS 0.3ML 31G 8MM | 2 | |
| BD MAGNI-GUIDE MAGNIFIER | 2 | | BD SAFETYGLD INS 0.5ML 30G 8MM | 2 | |
| BD NANO 2 GEN PEN ND L 32G 4MM | 2 | | BD SAFETYGLD INS 1 ML 29G 13MM | 2 | |
| BD NEEDLE 18GX1 1/2" | 2 | | BD SAFETYGLID INS 1 ML 6MMX31G | 2 | |
| BD NEEDLE 19GX1 1/2" | 2 | | BD SAFETYGLIDE 3 ML SYRINGE | 2 | |
| BD NEEDLE 20GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE | 2 | |
| BD NEEDLE 21GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE 18GX1.5" | 2 | |
| BD NEEDLE 21GX1" | 2 | | BD SAFETYGLIDE NEEDLE 21GX1" | 2 | |
| BD NEEDLE 22GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE 21GX1.5" | 2 | |
| BD NEEDLE 22GX3/4" | 2 | | BD SAFETYGLIDE NEEDLE 22GX1.5" | 2 | |
| BD NEEDLE 23GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE 25GX1" | 2 | |
| BD NEEDLE 23GX1" | 2 | | BD SAFETYGLIDE NEEDLE 27GX5/8" | 2 | |
| BD NEEDLE 25GX1" | 2 | | BD SAFETYGLIDE SYRINGE 27GX5/8 | 2 | |
| BD NEEDLE 25GX5/8" | 2 | | BD SAFTYGLD INS 0.3 ML 6MMX31G | 2 | |
| BD NEEDLE 26GX0.625" | 2 | | BD SAFTYGLD INS 0.5 ML 6MMX31G | 2 | |
| BD NEEDLES 16GX1" | 2 | | BD SAFTYGLD INS 0.5ML 29G 13MM | 2 | |
| BD NEEDLES 16GX1.5" | 2 | | BD SYRINGE-SAFETY GLIDE | 2 | |
| BD NEEDLES 18GX1" | 2 | | BD UF INS SYR 1 ML 30GX1/2" | 2 | |
| BD NEEDLES 18GX1.5" | 2 | | BD UF MINI PEN NEEDLE 5MMX31G | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| BD UF NANO PEN NEEDLE 4MMX32G | 2 | | BEXAROTENE 75 MG CAPSULE | 4 | PA, SRX |
| BD UF ORIG PEN ND. 12.7MMX29G | 2 | | BEXSERO PREFILLED SYRINGE | 2 | |
| BD UF SHORT PEN NEEDLE 8MMX31G | 2 | | BICALUTAMIDE 50 MG TABLET | 1 | |
| BD VEO INS 0.3ML 6MMX31G (1/2) | 2 | | BIKTARVY 30-120-15 MG TABLET | 2 | QL |
| BD VEO INS SYRING 1 ML 6MMX31G | 2 | | BIKTARVY 50-200-25 MG TABLET | 2 | QL |
| BD VEO INS SYRN 0.3 ML 6MMX31G | 2 | | BIMATOPROST 0.03% EYE DROPS | 1 | QL |
| BD VEO INS SYRN 0.5 ML 6MMX31G | 2 | | BINOSTO 70 MG EFFERVESCENT TAB | 3 | |
| BECONASE AQ | 3 | ST | BISOPROLOL FUMARATE 10 MG TAB | 1 | |
| BEKYREE 28 DAY TABLET | 1 | | BISOPROLOL FUMARATE 5 MG TAB | 1 | |
| BELLADONNA-OPIUM 16.2-30 SUPP | 1 | PA | BISOPROLOL-HCTZ 10-6.25 MG TAB | 1 | |
| BELLADONNA-OPIUM 16.2-60 SUPP | 1 | PA | BISOPROLOL-HCTZ 2.5-6.25 MG TB | 1 | |
| BENAZEPRIL HCL 10 MG TABLET | 1 | | BISOPROLOL-HCTZ 5-6.25 MG TAB | 1 | |
| BENAZEPRIL HCL 20 MG TABLET | 1 | | BLISOVI 24 FE TABLET | 1 | |
| BENAZEPRIL HCL 40 MG TABLET | 1 | | BLISOVI FE 1.5-30 TABLET | 1 | |
| BENAZEPRIL HCL 5 MG TABLET | 1 | | BLISOVI FE 1-20 TABLET | 1 | |
| BENAZEPRIL-HCTZ 10-12.5 MG TAB | 1 | | BLOOD GLUCOSE CONTROL | 2 | |
| BENAZEPRIL-HCTZ 20-12.5 MG TAB | 1 | | BLOOD-GLUCOSE CONTROL | 2 | |
| BENAZEPRIL-HCTZ 20-25 MG TAB | 1 | | BLUNT NEEDLE | 2 | |
| BENAZEPRIL-HCTZ 5-6.25 MG TAB | 1 | | BOOSTRIX TDAP VACCINE SYRINGE | 2 | |
| BENZONATATE 100 MG CAPSULE | 1 | | BOOSTRIX TDAP VACCINE VIAL | 2 | |
| BENZONATATE 200 MG CAPSULE | 1 | | BOSENTAN 125 MG TABLET | 4 | PA, LDD, SRX |
| BENZTROPINE MES 0.5 MG TAB | 1 | | BOSENTAN 62.5 MG TABLET | 4 | PA, LDD, SRX |
| BENZTROPINE MES 1 MG TABLET | 1 | | BOSULIF 100 MG TABLET | 4 | PA, QL, LDD, SRX |
| BENZTROPINE MES 2 MG TABLET | 1 | | BOSULIF 400 MG TABLET | 4 | PA, QL, LDD, SRX |
| BEPOTASTINE 1.5% EYE DROP | 3 | | BOSULIF 500 MG TABLET | 4 | PA, QL, LDD, SRX |
| BESER 0.05% LOTION | 1 | | BREATHERITE MDI SPACER | 2 | QL |
| BETADINE 5% EYE SOLUTION | 3 | | BREATHERITE SPACER-ADULT MASK | 2 | QL |
| BETAINE 1 GRAM/SCOOP POWDER | 4 | PA, LDD, SRX | BREATHERITE SPACER-INFANT MASK | 2 | QL |
| BETAMETHASONE DP 0.05% CRM | 1 | | BREATHERITE SPACER-LG CHLD MSK | 2 | QL |
| BETAMETHASONE DP 0.05% LOT | 1 | | BREATHERITE SPACER-NEONATE MSK | 2 | QL |
| BETAMETHASONE DP 0.05% OINT | 1 | | BREATHERITE SPACER-SM CHLD MSK | 2 | QL |
| BETAMETHASONE DP AUG 0.05% CRM | 1 | | BREATHRITE VALVED MDI CHAMBER | 2 | QL |
| BETAMETHASONE DP AUG 0.05% GEL | 1 | | BREATHRITE VALVED MDI SPACER | 2 | QL |
| BETAMETHASONE DP AUG 0.05% LOT | 1 | | BREEZE 2 SOLUTION | 2 | |
| BETAMETHASONE DP AUG 0.05% OIN | 1 | | BREO ELLIPTA 100-25 MCG INH | 2 | QL |
| BETAMETHASONE VA 0.1% CREAM | 1 | | BREO ELLIPTA 200-25 MCG INH | 2 | QL |
| BETAMETHASONE VA 0.1% LOTION | 1 | | BRIELLYN | 1 | |
| BETAMETHASONE VALER 0.1% OINTM | 1 | | BRILINTA 60 MG TABLET | 3 | |
| BETAMETHASONE VALER 0.12% FOAM | 1 | | BRILINTA 90 MG TABLET | 3 | |
| BETAXOLOL 10 MG TABLET | 1 | | BRIMONIDINE 0.2% EYE DROP | 1 | |
| BETAXOLOL 20 MG TABLET | 1 | | BRIMONIDINE TARTRATE 0.15% DRP | 1 | |
| BETAXOLOL HCL 0.5% EYE DROP | 1 | | BRIMONIDINE-TIMOLOL 0.2%-0.5% | 3 | |
| BETHANECHOL 10 MG TABLET | 1 | | BRINZOLAMIDE 1% EYE DROPS | 2 | |
| BETHANECHOL 25 MG TABLET | 1 | | BRIVIACT 10 MG TABLET | 3 | PA, QL |
| BETHANECHOL 5 MG TABLET | 1 | | BRIVIACT 10 MG/ML ORAL SOLN | 3 | PA, QL |
| BETHANECHOL 50 MG TABLET | 1 | | BRIVIACT 100 MG TABLET | 3 | PA, QL |
| BEXAROTENE 1% GEL | 4 | PA, SRX | BRIVIACT 25 MG TABLET | 3 | PA, QL |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---|------|---|
| BRIVIACT 50 MG TABLET | 3 | PA, QL |
| BRIVIACT 75 MG TABLET | 3 | PA, QL |
| BROMFENAC SODIUM 0.09% EYE DRP | 1 | |
| BROMOCRIPTINE 2.5 MG TABLET | 1 | |
| BROMOCRIPTINE 5 MG CAPSULE | 1 | |
| BROMPHEN-PSE-DM 2-30-10 MG/5ML | 1 | |
| BROOKS INSULIN 0.3ML SYRN | 2 | |
| BUDESONIDE 0.25 MG/2 ML SUSP | 3 | QL |
| BUDESONIDE 0.5 MG/2 ML SUSP | 3 | QL |
| BUDESONIDE 1 MG/2 ML INH SUSP | 3 | QL |
| BUDESONIDE DR 3 MG CAPSULE | 3 | |
| BUDESONIDE EC 3 MG CAPSULE | 3 | |
| BUDESONIDE ER 9 MG TABLET | 4 | PA, QL, SRX |
| BUMETANIDE 0.5 MG TABLET | 1 | |
| BUMETANIDE 1 MG TABLET | 1 | |
| BUMETANIDE 2 MG TABLET | 1 | |
| BUPRENORPHINE 10 MCG/HR PATCH | 1 | QL |
| BUPRENORPHINE 15 MCG/HR PATCH | 1 | QL |
| BUPRENORPHINE 2 MG TABLET SL | 1 | |
| BUPRENORPHINE 20 MCG/HR PATCH | 1 | QL |
| BUPRENORPHINE 5 MCG/HR PATCH | 1 | QL |
| BUPRENORPHINE 7.5 MCG/HR PATCH | 1 | QL |
| BUPRENORPHINE 8 MG TABLET SL | 1 | |
| BUPRENORPHINE-NALOX 12-3MG FLM | 1 | |
| BUPRENORPHINE-NALOX 2-0.5MG FM | 1 | |
| BUPRENORPHINE-NALOX 2-0.5MG TB | 1 | |
| BUPRENORPHINE-NALOX 4-1MG FILM | 1 | |
| BUPRENORPHINE-NALOX 8-2 MG TAB | 1 | |
| BUPRENORPHINE-NALOX 8-2MG FILM | 1 | |
| BUPROPION HCL 100 MG TABLET | 1 | QL |
| BUPROPION HCL 75 MG TABLET | 1 | QL |
| BUPROPION HCL SR 100 MG TABLET | 1 | QL |
| BUPROPION HCL SR 150 MG TABLET | 1 | QL |
| "BUPROPION HCL SR 150 MG TABLET (smoking cessation)" | 1 | |
| BUPROPION HCL SR 200 MG TABLET | 1 | QL |
| BUPROPION HCL XL 150 MG TABLET | 1 | QL |
| BUPROPION HCL XL 300 MG TABLET | 1 | QL |
| BUSPIRONE HCL 10 MG TABLET | 1 | |
| BUSPIRONE HCL 15 MG TABLET | 1 | |
| BUSPIRONE HCL 30 MG TABLET | 1 | |
| BUSPIRONE HCL 5 MG TABLET | 1 | |
| BUSPIRONE HCL 7.5 MG TABLET | 1 | |
| BUTALB-ACETAMIN-CAF-COD 50-300 | 1 | PA |
| BUTALB-ACETAMIN-CAF-COD 50-325 | 1 | PA |
| BUTALB-ACETAMIN-CAFF 50-300-40 | 1 | QL |
| BUTALB-ACETAMIN-CAFF 50-325-40 | 1 | QL |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| BUTALBITAL COMP-CODEINE #3 CAP | 1 | PA |
| BUTALBITAL-ACETAMINOPHN 50-325 | 1 | |
| BUTALBITAL-ASPIRIN-CAFFEINE CP | 1 | QL |
| BUTALBITAL-ASPIRIN-CAFFEINE TB | 1 | QL |
| BUTORPHANOL 10 MG/ML SPRAY | 1 | PA, QL |
| BYDUREON BCISE 2 MG AUTOINJECT | 2 | PA, QL |
| BYETTA 10 MCG DOSE PEN INJ | 2 | PA, QL |
| BYETTA 5 MCG DOSE PEN INJ | 2 | PA, QL |
| CA INS SYR 0.3 ML 30GX5/16" | 2 | |
| CA INS SYR 0.3 ML 31GX5/16" | 2 | |
| CA INS SYR 0.5 ML 30GX5/16" | 2 | |
| CA INS SYR 0.5 ML 31GX5/16" | 2 | |
| CA INSULIN SYR 0.3 ML 29GX1/2" | 2 | |
| CA INSULIN SYR 0.5 ML 29GX1/2" | 2 | |
| CA INSULIN SYR 1 ML 29GX1/2" | 2 | |
| CA INSULIN SYR 1 ML 30GX5/16" | 2 | |
| CA INSULIN SYR 1 ML 31GX5/16" | 2 | |
| CABERGOLINE 0.5 MG TABLET | 1 | QL |
| CABOMETYX 20 MG TABLET | 4 | PA, QL, LDD, SRX |
| CABOMETYX 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| CABOMETYX 60 MG TABLET | 4 | PA, QL, LDD, SRX |
| CAFFEINE CIT 60 MG/3 ML ORAL | 1 | |
| CALCIPOTRIENE 0.005% CREAM | 1 | |
| CALCIPOTRIENE 0.005% OINTMENT | 1 | |
| CALCIPOTRIENE 0.005% SOLUTION | 1 | |
| CALCIPOTRIENE-BETAMETH DP OINT | 3 | |
| CALCITONIN-SALMON 200 UNITS SP | 1 | |
| CALCITRIOL 0.25 MCG CAPSULE | 1 | |
| CALCITRIOL 0.5 MCG CAPSULE | 1 | |
| CALCITRIOL 1 MCG/ML SOLUTION | 1 | |
| CALCITRIOL 3 MCG/G OINTMENT | 1 | QL |
| CALCIUM ACETATE 667 MG CAPSULE | 1 | |
| CALCIUM ACETATE 667 MG GELCAP | 1 | |
| CALCIUM ACETATE 667 MG TABLET | 1 | |
| CAMILA 0.35 MG TABLET | 1 | |
| CAMRESE 0.15-0.03-0.01 MG TAB | 1 | |
| CAMRESE LO TABLET | 1 | |
| CANDESARTAN CILEXETIL 16 MG TB | 1 | |
| CANDESARTAN CILEXETIL 32 MG TB | 1 | |
| CANDESARTAN CILEXETIL 4 MG TAB | 1 | |
| CANDESARTAN CILEXETIL 8 MG TAB | 1 | |
| CANDESARTAN-HCTZ 16-12.5 MG TB | 1 | |
| CANDESARTAN-HCTZ 32-12.5 MG TB | 1 | |
| CANDESARTAN-HCTZ 32-25 MG TAB | 1 | |
| CAPECITABINE 150 MG TABLET | 4 | PA, SRX |
| CAPECITABINE 500 MG TABLET | 4 | PA, SRX |
| CAPRELSA 100 MG TABLET | 4 | PA, QL, LDD, SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CAPRELSA 300 MG TABLET | 4 | PA, QL, LDD, SRX | CAREONE UNIFINE PENTIP 6MM 31G | 2 | |
| CAPTOPRIL 100 MG TABLET | 1 | | CAREONE UNIFINE PENTIP 8MM 31G | 2 | |
| CAPTOPRIL 12.5 MG TABLET | 1 | | CAREONE UNIFINE PENTP 29GX1/2" | 2 | |
| CAPTOPRIL 25 MG TABLET | 1 | | CAREONE UNIFINE PENTP 31GX1/4" | 2 | |
| CAPTOPRIL 50 MG TABLET | 1 | | CAREONE UNIFINE PNTP 12MM 29G | 2 | |
| CAPTOPRIL-HCTZ 25-15 MG TABLET | 1 | QL | CAREONE UNIFINE PNTP 31GX3/16" | 2 | |
| CAPTOPRIL-HCTZ 25-25 MG TABLET | 1 | QL | CAREONE UNIFINE PNTP 31GX5/16" | 2 | |
| CAPTOPRIL-HCTZ 50-15 MG TABLET | 1 | QL | CAREONE UNIFINE PNTP 32GX5/32" | 2 | |
| CAPTOPRIL-HCTZ 50-25 MG TABLET | 1 | QL | CAREPOINT LL SYR 3 ML 20GX1.5" | 2 | |
| CARBAMAZEPINE 100 MG TAB CHEW | 1 | | CAREPOINT LL SYR 3 ML 21GX1" | 2 | |
| CARBAMAZEPINE 100 MG/5 ML SUSP | 1 | | CAREPOINT LL SYR 3 ML 21GX1.5" | 2 | |
| CARBAMAZEPINE 200 MG TABLET | 1 | | CAREPOINT LL SYR 3 ML 22G 1" | 2 | |
| CARBAMAZEPINE ER 100 MG CAP | 1 | | CAREPOINT LL SYR 3 ML 22G 38MM | 2 | |
| CARBAMAZEPINE ER 100 MG TABLET | 1 | | CAREPOINT LL SYR 3 ML 23GX1" | 2 | |
| CARBAMAZEPINE ER 200 MG CAP | 1 | | CAREPOINT LL SYR 3 ML 23GX1.5" | 2 | |
| CARBAMAZEPINE ER 200 MG TABLET | 1 | | CAREPOINT LL SYR 3 ML 25G X 1" | 2 | |
| CARBAMAZEPINE ER 300 MG CAP | 1 | | CAREPOINT LL SYR 3 ML 25GX5/8" | 2 | |
| CARBAMAZEPINE ER 400 MG TABLET | 1 | | CARESENS CONTROL SOLUTION | 2 | |
| CARBIDOPA 25 MG TABLET | 3 | | CARETOUCH CONTROL SOLN L2-L3 | 2 | |
| CARBIDOPA-LEVO 10-100 MG ODT | 1 | | CARETOUCH HYPO NEEDLE 26G 1" | 2 | |
| CARBIDOPA-LEVO 25-100 MG ODT | 1 | | CARETOUCH HYPODERMIC 18G 1.5" | 2 | |
| CARBIDOPA-LEVO 25-250 MG ODT | 1 | | CARETOUCH HYPODERMIC 20G 1" | 2 | |
| CARBIDOPA-LEVO ER 25-100 TAB | 1 | | CARETOUCH HYPODERMIC 22G 1" | 2 | |
| CARBIDOPA-LEVO ER 50-200 TAB | 1 | | CARETOUCH HYPODERMIC 23G 1" | 2 | |
| CARBIDOPA-LEVODOPA 100 MG-ENTA | 1 | | CARETOUCH HYPODERMIC 23G 1.5" | 2 | |
| CARBIDOPA-LEVODOPA 10-100 TAB | 1 | | CARETOUCH HYPODERMIC 25G 1" | 2 | |
| CARBIDOPA-LEVODOPA 125 MG-ENTA | 1 | | CARETOUCH HYPODERMIC 25G 1.5" | 2 | |
| CARBIDOPA-LEVODOPA 150 MG-ENTA | 1 | | CARETOUCH HYPODERMIC 25G 5/8" | 2 | |
| CARBIDOPA-LEVODOPA 200 MG-ENTA | 1 | | CARETOUCH LL SYR 3 ML 22G 1" | 2 | |
| CARBIDOPA-LEVODOPA 25-100 TAB | 1 | | CARETOUCH LL SYR 3 ML 22G 1.5" | 2 | |
| CARBIDOPA-LEVODOPA 25-250 TAB | 1 | | CARETOUCH LL SYR 3 ML 23G 1" | 2 | |
| CARBIDOPA-LEVODOPA 50 MG-ENTA | 1 | | CARETOUCH LL SYR 3 ML 23G 1.5" | 2 | |
| CARBIDOPA-LEVODOPA 75 MG-ENTA | 1 | | CARETOUCH LL SYR 3 ML 25G 1" | 2 | |
| CARBINOXAMINE 4 MG/5 ML LIQUID | 1 | | CARETOUCH LL SYR 3 ML 25G 1.5" | 2 | |
| CARBINOXAMINE MALEATE 4 MG TAB | 1 | | CARETOUCH LL SYR 3 ML 25G 5/8" | 2 | |
| CAREFINE PEN NEEDLE 12.7MM 29G | 2 | | CARETOUCH PEN NEEDLE 29G 12MM | 2 | |
| CAREFINE PEN NEEDLE 4MM 32G | 2 | | CARETOUCH PEN NEEDLE 31GX1/4" | 2 | |
| CAREFINE PEN NEEDLE 5MM 32G | 2 | | CARETOUCH PEN NEEDLE 31GX3/16" | 2 | |
| CAREFINE PEN NEEDLE 6MM 31G | 2 | | CARETOUCH PEN NEEDLE 31GX5/16" | 2 | |
| CAREFINE PEN NEEDLE 8MM 30G | 2 | | CARETOUCH PEN NEEDLE 32GX3/16" | 2 | |
| CAREFINE PEN NEEDLES 6MM 32G | 2 | | CARETOUCH PEN NEEDLE 32GX5/32" | 2 | |
| CAREFINE PEN NEEDLES 8MM 31G | 2 | | CARETOUCH SYR 0.3 ML 31GX5/16" | 2 | |
| CAREONE SYR 0.3 ML 30GX1/2" | 2 | | CARETOUCH SYR 0.5 ML 30GX5/16" | 2 | |
| CAREONE SYR 0.5 ML 30GX1/2" | 2 | | CARETOUCH SYR 0.5 ML 31GX5/16" | 2 | |
| CAREONE SYR 1 ML 30GX1/2" | 2 | | CARETOUCH SYR 1 ML 28GX5/16" | 2 | |
| CAREONE UNIFINE PENTIP 4MM 32G | 2 | | CARETOUCH SYR 1 ML 29GX5/16" | 2 | |
| CAREONE UNIFINE PENTIP 5MM 31G | 2 | | CARETOUCH SYR 1 ML 30GX5/16" | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CARETOUCH SYR 1 ML 31GX5/16" | 2 | | CELECOXIB 50 MG CAPSULE | 1 | QL |
| CARGLUMIC ACID 200 MG TAB SUSP | 4 | PA, SRX | CELONTIN | 3 | |
| CARISOPRODOL 250 MG TABLET | 1 | | CEPHALEXIN 125 MG/5 ML SUSP | 1 | |
| CARISOPRODOL 350 MG TABLET | 1 | | CEPHALEXIN 250 MG CAPSULE | 1 | |
| CARISOPRODOL-ASPIRIN-CODEINE | 1 | PA | CEPHALEXIN 250 MG/5 ML SUSP | 1 | |
| CARTEOLOL HCL 1% EYE DROPS | 1 | | CEPHALEXIN 500 MG CAPSULE | 1 | |
| CARTIA XT 120 MG CAPSULE | 1 | | CEPHALEXIN 750 MG CAPSULE | 1 | |
| CARTIA XT 180 MG CAPSULE | 1 | | CEQUR SIMPLICITY INSERTER | 2 | |
| CARTIA XT 240 MG CAPSULE | 1 | | CETIRIZINE HCL 1 MG/ML SOLN | 1 | |
| CARTIA XT 300 MG CAPSULE | 1 | | CETIRIZINE HCL 1 MG/ML SYRUP | 1 | |
| CARTRIDGE STAMPED | 2 | | CEVIMELINE HCL 30 MG CAPSULE | 1 | |
| CARVEDILOL 12.5 MG TABLET | 1 | | CHARLOTTE 24 FE CHEWABLE TAB | 1 | |
| CARVEDILOL 25 MG TABLET | 1 | | CHATEAL EQ-28 TABLET | 1 | |
| CARVEDILOL 3.125 MG TABLET | 1 | | CHATEAL-28 TABLET | 1 | |
| CARVEDILOL 6.25 MG TABLET | 1 | | CHEK-STIX | 2 | |
| CAYSTON | 4 | PA, QL, LDD, SRX | CHEMET | 3 | |
| CAZIAN 28 DAY TABLET | 1 | | CHEMSTRIP | 2 | |
| CEFACLOR 125 MG/5 ML SUSP | 1 | | CHEMSTRIP 10 WITH SG | 2 | |
| CEFACLOR 250 MG CAPSULE | 1 | | CHEMSTRIP 2 GP | 2 | |
| CEFACLOR 250 MG/5 ML SUSP | 1 | | CHEMSTRIP 2 LN | 2 | |
| CEFACLOR 375 MG/5 ML SUSPEN | 1 | | CHEMSTRIP 50B | 2 | |
| CEFACLOR 500 MG CAPSULE | 1 | | CHEMSTRIP 7 | 2 | |
| CEFACLOR ER | 1 | | CHEMSTRIP 9 | 2 | |
| CEFADROXIL 1 GM TABLET | 1 | | CHEMSTRIP BG DIARY | 2 | |
| CEFADROXIL 250 MG/5 ML SUSP | 1 | | CHEMSTRIP MICRAL | 2 | |
| CEFADROXIL 500 MG CAPSULE | 1 | | CHLORDIAZEPO-AMITRIPTYL 5-12.5 | 1 | |
| CEFADROXIL 500 MG/5 ML SUSP | 1 | | CHLORDIAZEPOX-AMITRIPTYL 10-25 | 1 | |
| CEFDINIR 125 MG/5 ML SUSP | 1 | | CHLORDIAZEPOXIDE 10 MG CAPSULE | 1 | |
| CEFDINIR 250 MG/5 ML SUSP | 1 | | CHLORDIAZEPOXIDE 25 MG CAPSULE | 1 | |
| CEFDINIR 300 MG CAPSULE | 1 | | CHLORDIAZEPOXIDE 5 MG CAPSULE | 1 | |
| CEFDITOREN PIVOXIL | 1 | | CHLORDIAZEPOXIDE-CLIDINIUM CAP | 1 | |
| CEFIXIME 100 MG/5 ML SUSP | 1 | | CHLORHEXIDINE 0.12% RINSE | 1 | |
| CEFIXIME 200 MG/5 ML SUSP | 1 | | CHLOROQUINE PH 250 MG TABLET | 1 | |
| CEFIXIME 400 MG CAPSULE | 2 | | CHLOROQUINE PH 500 MG TABLET | 1 | |
| CEFPODOXIME 100 MG TABLET | 1 | | CHLORPROMAZINE 10 MG TABLET | 1 | |
| CEFPODOXIME 100 MG/5 ML SUSP | 1 | | CHLORPROMAZINE 100 MG TABLET | 1 | |
| CEFPODOXIME 200 MG TABLET | 1 | | CHLORPROMAZINE 200 MG TABLET | 1 | |
| CEFPODOXIME 50 MG/5 ML SUSP | 1 | | CHLORPROMAZINE 25 MG TABLET | 1 | |
| CEFPROZIL 125 MG/5 ML SUSP | 1 | | CHLORPROMAZINE 50 MG TABLET | 1 | |
| CEFPROZIL 250 MG TABLET | 1 | | CHLORTHALIDONE 25 MG TABLET | 1 | |
| CEFPROZIL 250 MG/5 ML SUSP | 1 | | CHLORTHALIDONE 50 MG TABLET | 1 | |
| CEFPROZIL 500 MG TABLET | 1 | | CHLORZOAZONE 500 MG TABLET | 1 | |
| CEFUROXIME AXETIL 250 MG TAB | 1 | | CHOLESTYRAMINE LIGHT PACKET | 1 | |
| CEFUROXIME AXETIL 500 MG TAB | 1 | | CHOLESTYRAMINE LIGHT POWDER | 1 | |
| CELECOXIB 100 MG CAPSULE | 1 | QL | CHOLESTYRAMINE PACKET | 1 | |
| CELECOXIB 200 MG CAPSULE | 1 | QL | CHOLESTYRAMINE POWDER | 1 | |
| CELECOXIB 400 MG CAPSULE | 1 | QL | CHORIONIC GONAD 10,000 UNIT VL | 1 | PA |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CICLODAN 0.77% CREAM | 1 | | CLEO 90 INFUSION SET 31" 6MM | 2 | |
| CICLODAN 8% SOLUTION | 1 | | CLEO 90 INFUSION SET 31" 9MM | 2 | |
| CICLOPIROX 0.77% CREAM | 1 | | CLEVER CHOICE CHAMBER-LRG MASK | 2 | QL |
| CICLOPIROX 0.77% GEL | 1 | | CLEVER CHOICE CHAMBER-MED MASK | 2 | QL |
| CICLOPIROX 0.77% TOPICAL SUSP | 1 | | CLEVER CHOICE CHAMBER-SM MASK | 2 | QL |
| CICLOPIROX 1% SHAMPOO | 1 | | CLEVER CHOICE LVL 1 CONTRL SOL | 2 | |
| CICLOPIROX 8% SOLUTION | 1 | | CLEVER CHOICE LVL 2 CONTRL SOL | 2 | |
| CILOSTAZOL 100 MG TABLET | 1 | | CLEVER CHOICE LVL 3 CONTRL SOL | 2 | |
| CILOSTAZOL 50 MG TABLET | 1 | | CLEVER CHOICE PEAK FLOW METER | 2 | |
| CILOXAN | 3 | | CLICKFINE 31G X 1/4" NEEDLES | 2 | |
| CIMETIDINE 200 MG TABLET | 1 | | CLICKFINE 31G X 5/16" NEEDLES | 2 | |
| CIMETIDINE 300 MG TABLET | 1 | | CLICKFINE PEN NEEDLE 32GX5/32" | 2 | |
| CIMETIDINE 300 MG/5 ML SOLN | 1 | | CLICKFINE UNIVERSAL 31G X 1/4" | 2 | |
| CIMETIDINE 400 MG TABLET | 1 | | CLIND PH-BENZOYL PEROX 1.2-5% | 1 | |
| CIMETIDINE 800 MG TABLET | 1 | | CLINDACIN 1% FOAM | 1 | |
| CIMZIA 200 MG VIAL KIT | 4 | PA, QL, SRX | CLINDACIN ETZ 1% PLEDGET | 1 | |
| CIMZIA 2X200 MG/ML SYRINGE KIT | 4 | PA, QL, SRX | CLINDACIN P 1% PLEDGETS | 1 | |
| CIMZIA 2X200 MG/ML(X3)START KT | 4 | PA, QL, SRX | CLINDAMYCIN (PEDI) 75 MG/5 ML | 1 | |
| CINACALCET HCL 30 MG TABLET | 4 | PA, SRX | CLINDAMYCIN 2% VAGINAL CREAM | 1 | |
| CINACALCET HCL 60 MG TABLET | 4 | PA, SRX | CLINDAMYCIN HCL 150 MG CAPSULE | 1 | |
| CINACALCET HCL 90 MG TABLET | 4 | PA, SRX | CLINDAMYCIN HCL 300 MG CAPSULE | 1 | |
| CIPROFLOXACIN 0.2% OTIC SOLN | 1 | | CLINDAMYCIN HCL 75 MG CAPSULE | 1 | |
| CIPROFLOXACIN 0.3% EYE DROP | 1 | | CLINDAMYCIN PH 1% GEL | 1 | |
| CIPROFLOXACIN 250 MG/5 ML SUSP | 1 | | CLINDAMYCIN PH 1% SOLUTION | 1 | |
| CIPROFLOXACIN 500 MG/5 ML SUSP | 1 | | CLINDAMYCIN PHOS 1% PLEDGET | 1 | |
| CIPROFLOXACIN HCL 100 MG TAB | 1 | | CLINDAMYCIN PHOSP 1% LOTION | 1 | |
| CIPROFLOXACIN HCL 250 MG TAB | 1 | | CLINDAMYCIN PHOSPHATE 1% FOAM | 1 | |
| CIPROFLOXACIN HCL 500 MG TAB | 1 | | CLINDAMYCIN-BENZOYL PEROX 1-5% | 1 | |
| CIPROFLOXACIN HCL 750 MG TAB | 1 | | CLINDAMYCIN-BNZ PEROX 1-5% PMP | 1 | |
| CIPROFLOX-FLUOCINLN 0.3-0.025% | 2 | PA | CLINDA-TRETINOIN 1.2%-0.025% | 1 | |
| CIPROFLOX-DEXAMETH OTIC SUSP | 2 | | CLINDESSE 2% VAGINAL CREAM | 3 | |
| CITALOPRAM HBR 10 MG TABLET | 1 | QL | CLOBAZAM 10 MG TABLET | 3 | PA |
| CITALOPRAM HBR 10 MG/5 ML SOLN | 1 | QL | CLOBAZAM 2.5 MG/ML SUSPENSION | 3 | PA |
| CITALOPRAM HBR 20 MG TABLET | 1 | QL | CLOBAZAM 20 MG TABLET | 3 | PA |
| CITALOPRAM HBR 40 MG TABLET | 1 | QL | CLOBETASOL 0.05% CREAM | 1 | |
| CLARAVIS 10 MG CAPSULE | 3 | | CLOBETASOL 0.05% GEL | 1 | |
| CLARAVIS 20 MG CAPSULE | 3 | | CLOBETASOL 0.05% OINTMENT | 1 | |
| CLARAVIS 30 MG CAPSULE | 3 | | CLOBETASOL 0.05% SHAMPOO | 1 | |
| CLARAVIS 40 MG CAPSULE | 3 | | CLOBETASOL 0.05% SOLUTION | 1 | |
| CLARITHROMYCIN 125 MG/5 ML SUS | 1 | | CLOBETASOL 0.05% TOPICAL LOTN | 1 | |
| CLARITHROMYCIN 250 MG TABLET | 1 | | CLOBETASOL EMOLLIENT 0.05% CRM | 1 | |
| CLARITHROMYCIN 250 MG/5 ML SUS | 1 | | CLOBETASOL EMOLLNT 0.05% FOAM | 1 | |
| CLARITHROMYCIN 500 MG TABLET | 1 | | CLOBETASOL EMULSION 0.05% FOAM | 1 | |
| CLARITHROMYCIN ER 500 MG TAB | 1 | | CLOBETASOL PROP 0.05% FOAM | 1 | |
| CLEMASTINE FUMARATE | 1 | | CLOBETASOL PROP 0.05% SPRAY | 1 | |
| CLEO 90 INFUSION SET 24" 6MM | 2 | | CLOCORTOLONE 0.1% CREAM PUMP | 1 | |
| CLEO 90 INFUSION SET 24" 9MM | 2 | | CLOCORTOLONE PIVALATE 0.1% CRM | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CLODAN 0.05% SHAMPOO | 1 | | COLESEVELAM 625 MG TABLET | 1 | |
| CLOMIPRAMINE 25 MG CAPSULE | 3 | | COLESEVELAM HCL 3.75 G PACKET | 1 | |
| CLOMIPRAMINE 50 MG CAPSULE | 3 | | COLESTIPOL HCL 1 GM TABLET | 1 | |
| CLOMIPRAMINE 75 MG CAPSULE | 3 | | COLESTIPOL HCL GRANULES | 1 | |
| CLONAZEPAM 0.125 MG DIS TAB | 1 | | COLESTIPOL HCL GRANULES PACKET | 1 | |
| CLONAZEPAM 0.125 MG ODT | 1 | | COLOCORT 100 MG/60 ML ENEMA | 1 | |
| CLONAZEPAM 0.25 MG ODT | 1 | | COMBISTIX REAGENT STRIPS | 2 | |
| CLONAZEPAM 0.5 MG DIS TABLET | 1 | | COMETRIQ 100 MG DAILY-DOSE PK | 4 | PA, QL, LDD, SRX |
| CLONAZEPAM 0.5 MG ODT | 1 | | COMETRIQ 140 MG DAILY-DOSE PK | 4 | PA, QL, LDD, SRX |
| CLONAZEPAM 0.5 MG TABLET | 1 | | COMETRIQ 60 MG DAILY-DOSE PACK | 4 | PA, QL, LDD, SRX |
| CLONAZEPAM 1 MG DIS TABLET | 1 | | COMFORT EZ INS 0.3ML 30GX1/2" | 2 | |
| CLONAZEPAM 1 MG ODT | 1 | | COMFORT EZ INS 0.3ML 30GX5/16" | 2 | |
| CLONAZEPAM 1 MG TABLET | 1 | | COMFORT EZ INS 0.5ML 31GX5/16" | 2 | |
| CLONAZEPAM 2 MG ODT | 1 | | COMFORT EZ INS 1 ML 31GX5/16" | 2 | |
| CLONAZEPAM 2 MG TABLET | 1 | | COMFORT EZ INSULIN SYR 0.3 ML | 2 | |
| CLONIDINE 0.1 MG/DAY PATCH | 1 | | COMFORT EZ INSULIN SYR 0.5 ML | 2 | |
| CLONIDINE 0.2 MG/DAY PATCH | 1 | | COMFORT EZ PEN NEEDLE 12MM 29G | 2 | |
| CLONIDINE 0.3 MG/DAY PATCH | 1 | | COMFORT EZ PEN NEEDLES 4MM 32G | 2 | |
| CLONIDINE HCL 0.1 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 4MM 33G | 2 | |
| CLONIDINE HCL 0.2 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 5MM 31G | 2 | |
| CLONIDINE HCL 0.3 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 5MM 32G | 2 | |
| CLONIDINE HCL ER 0.1 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 5MM 33G | 2 | |
| CLOPIDOGREL 300 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 6MM 31G | 2 | |
| CLOPIDOGREL 75 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 6MM 32G | 2 | |
| CLORAZEPATE 15 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 6MM 33G | 2 | |
| CLORAZEPATE 3.75 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 8MM 31G | 2 | |
| CLORAZEPATE 7.5 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 8MM 32G | 2 | |
| CLOTIRMAZOLE 1% SOLUTION | 1 | | COMFORT EZ PEN NEEDLES 8MM 33G | 2 | |
| CLOTIRMAZOLE 1% TOPICAL CREAM | 1 | | COMFORT EZ SYR 0.3 ML 29GX1/2" | 2 | |
| CLOTIRMAZOLE 10 MG TROCHE | 1 | | COMFORT EZ SYR 0.5 ML 28GX1/2" | 2 | |
| CLOTIRMAZOLE-BETAMETHASONE CRM | 1 | | COMFORT EZ SYR 0.5 ML 29GX1/2" | 2 | |
| CLOTIRMAZOLE-BETAMETHASONE LOT | 1 | | COMFORT EZ SYR 0.5 ML 30GX1/2" | 2 | |
| CLOZAPINE 100 MG TABLET | 1 | | COMFORT EZ SYR 1 ML 28GX1/2" | 2 | |
| CLOZAPINE 200 MG TABLET | 1 | | COMFORT EZ SYR 1 ML 29GX1/2" | 2 | |
| CLOZAPINE 25 MG TABLET | 1 | | COMFORT EZ SYR 1 ML 30GX1/2" | 2 | |
| CLOZAPINE 50 MG TABLET | 1 | | COMFORT EZ SYR 1 ML 30GX5/16" | 2 | |
| CLOZAPINE ODT 100 MG TABLET | 3 | | COMFORT INFUSION SET 23" 17MM | 2 | |
| CLOZAPINE ODT 12.5 MG TABLET | 3 | | COMFORT INFUSION SET 31" 17MM | 2 | |
| CLOZAPINE ODT 150 MG TABLET | 3 | | COMFORT INFUSION SET 32" 17MM | 2 | |
| CLOZAPINE ODT 200 MG TABLET | 3 | | COMFORT INFUSION SET 43" 17MM | 2 | |
| CLOZAPINE ODT 25 MG TABLET | 3 | | COMFORT POINT PEN NDL 29GX1/2" | 2 | |
| C-NATE DHA SOFTGEL | 1 | | COMFORT POINT PEN NDL 31GX1/3" | 2 | |
| COARTEM TABLETS | 3 | QL | COMFORT POINT PEN NDL 31GX1/4" | 2 | |
| CODEINE SULFATE 15 MG TABLET | 1 | PA | COMFORT POINT PEN NDL 31GX1/6" | 2 | |
| CODEINE SULFATE 30 MG TABLET | 1 | PA | COMFORT SHORT INFUSION SET 23" | 2 | |
| CODEINE SULFATE 60 MG TABLET | 1 | PA | COMFORT SHORT INFUSION SET 31" | 2 | |
| COLCHICINE 0.6 MG TABLET | 1 | | COMFORT SHORT INFUSION SET 32" | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| COMFORT SHORT INFUSION SET 43" | 2 | | CRYSSELLE-28 TABLET | 1 | |
| COMFORT TOUCH PEN ND1 31G 4MM | 2 | | CYANOCOBALAMIN 1,000 MCG/ML VL | 1 | |
| COMFORT TOUCH PEN ND1 31G 5MM | 2 | | CYANOCOBALAMIN 10,000 MCG/10ML | 1 | |
| COMFORT TOUCH PEN ND1 31G 6MM | 2 | | CYANOCOBALAMIN 30,000 MCG/30ML | 1 | |
| COMFORT TOUCH PEN ND1 31G 8MM | 2 | | CYCLOBENZAPRINE 10 MG TABLET | 1 | |
| COMFORT TOUCH PEN ND1 32G 4MM | 2 | | CYCLOBENZAPRINE 5 MG TABLET | 1 | |
| COMFORT TOUCH PEN ND1 32G 5MM | 2 | | CYCLOMYDRIL EYE DROPS | 3 | |
| COMFORT TOUCH PEN ND1 32G 6MM | 2 | | CYCLOPENTOLATE 0.5% EYE DROPS | 1 | |
| COMFORT TOUCH PEN ND1 32G 8MM | 2 | | CYCLOPENTOLATE 1% EYE DROP | 1 | |
| COMFORT TOUCH PEN ND1 33G 4MM | 2 | | CYCLOPENTOLATE 1% EYE DROPS | 1 | |
| COMFORT TOUCH PEN ND1 33G 6MM | 2 | | CYCLOPENTOLATE HCL 2% DROPS | 1 | |
| COMFORT TOUCH PEN ND1 33GX5MM | 2 | | CYCLOPHOSPHAMIDE 25 MG CAPSULE | 2 | |
| COMIRNATY 30MCG/0.3ML VAC-GRAY | 2 | | CYCLOPHOSPHAMIDE 50 MG CAPSULE | 2 | |
| COMPACT SPACE CHAMBER | 2 | QL | CYCLOSERINE 250 MG CAPSULE | 1 | |
| COMPACT SPACE CHAMBER-LRG MASK | 2 | QL | CYCLOSET 0.8 MG TABLET | 3 | |
| COMPACT SPACE CHAMBER-MED MASK | 2 | QL | CYCLOSPORINE 0.05% EYE EMULS | 3 | |
| COMPACT SPACE CHAMBER-SM MASK | 2 | QL | CYCLOSPORINE 100 MG CAPSULE | 1 | |
| COMPLERA | 2 | QL | CYCLOSPORINE 25 MG CAPSULE | 1 | |
| COMPLETE NATAL DHA | 1 | | CYCLOSPORINE MODIFIED 100 MG | 1 | |
| COMPLETENATE TABLET CHEW | 1 | | CYCLOSPORINE MODIFIED 100MG/ML | 1 | |
| COMPRO 25 MG SUPPOSITORY | 1 | | CYCLOSPORINE MODIFIED 25 MG | 1 | |
| CONSTULOSE 10 GM/15 ML SOLN | 1 | | CYCLOSPORINE MODIFIED 50 MG | 1 | |
| CONTACT DETACH INFUSN SET 23" | 2 | | CYLTEZO | 4 | PA, QL, SRX |
| CONTACT DETACH INFUSN SET 32" | 2 | | CYPROHEPTADINE 2 MG/5 ML SOLN | 1 | |
| CONTACT DETACH INFUSN SET 43" | 2 | | CYPROHEPTADINE 2 MG/5 ML SYRUP | 1 | |
| CONTOUR NEXT LEV 1 CONTROL SOL | 2 | | CYPROHEPTADINE 4 MG TABLET | 1 | |
| CONTOUR NEXT LEV 2 CONTROL SOL | 2 | | CYRED 28 DAY TABLET | 1 | |
| CONTOUR SOLUTION | 2 | | CYRED EQ 28 DAY TABLET | 1 | |
| COOL CONTROL A SOLUTION | 2 | | CYSTAGON 150 MG CAPSULE | 4 | PA, LDD, SRX |
| COOL CONTROL B SOLUTION | 2 | | CYSTAGON 50 MG CAPSULE | 4 | PA, LDD, SRX |
| CORTISONE 25 MG TABLET | 1 | | CYSTARAN 0.44% EYE DROPS | 3 | PA, QL, LDD |
| CORTISPORIN CREAM | 3 | | DABIGATRAN ETEXILATE 150 MG CP | 3 | PA, QL |
| CORTISPORIN OINTMENT | 3 | | DABIGATRAN ETEXILATE 75 CAP | 3 | PA, QL |
| CORTISPORIN-TC EAR SUSPENSION | 3 | | DALFAMPRIDINE ER 10 MG TABLET | 4 | PA, QL, LDD, SRX |
| COSENTYX (2 SYRINGES) | 4 | PA, QL, LDD, SRX | DANAZOL 100 MG CAPSULE | 1 | |
| COSENTYX 150 MG/ML SYRINGE | 4 | PA, QL, LDD, SRX | DANAZOL 200 MG CAPSULE | 1 | |
| COSENTYX 75 MG/0.5 ML SYRINGE | 4 | PA, QL, LDD, SRX | DANAZOL 50 MG CAPSULE | 1 | |
| COSENTYX 150 MG/ML PEN INJECT | 4 | PA, QL, LDD, SRX | DANTROLENE SODIUM 100 MG CAP | 1 | |
| COSENTYX 300 MG DOSE-2 PENS | 4 | PA, QL, LDD, SRX | DANTROLENE SODIUM 25 MG CAP | 1 | |
| COTELLIC | 4 | PA, QL, LDD, SRX | DANTROLENE SODIUM 50 MG CAP | 1 | |
| COVARYX TABLET | 1 | | DAPSONE 100 MG TABLET | 3 | |
| COVARYX H.S. TABLET | 1 | | DAPSONE 25 MG TABLET | 3 | |
| CRESEMBA 186 MG CAPSULE | 3 | PA | DAPTACEL DTAP VACCINE | 2 | |
| CROMOLYN 100 MG/5 ML ORAL CONC | 3 | | DARIFENACIN ER 15 MG TABLET | 1 | |
| CROMOLYN 20 MG/2 ML NEB SOLN | 3 | QL | DARIFENACIN ER 7.5 MG TABLET | 1 | |
| CROMOLYN 4% EYE DROPS | 1 | | DARUNAVIR 600 MG TABLET | 1 | |
| CROTAN 10% LOTION | 2 | | DARUNAVIR 800 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| DASETTE 1-35-28 TABLET | 1 | |
| DASETTE 7/7/7-28 TABLET | 1 | |
| DAYSEE 0.15-0.03-0.01 MG TAB | 1 | |
| DEBLITANE 0.35 MG TABLET | 1 | |
| DEFERASIROX 125 MG TB FOR SUSP | 4 | PA, SRX |
| DEFERASIROX 180 MG GRANULE PKT | 4 | PA, LDD, SRX |
| DEFERASIROX 180 MG TABLET | 4 | PA, LDD, SRX |
| DEFERASIROX 250 MG TB FOR SUSP | 4 | PA, SRX |
| DEFERASIROX 360 MG GRANULE PKT | 4 | PA, LDD, SRX |
| DEFERASIROX 360 MG TABLET | 4 | PA, LDD, SRX |
| DEFERASIROX 500 MG TB FOR SUSP | 4 | PA, SRX |
| DEFERASIROX 90 MG GRANULE PKT | 4 | PA, LDD, SRX |
| DEFERASIROX 90 MG TABLET | 4 | PA, LDD, SRX |
| DEFERIPRONE 1,000 MG TB(3X/DY) | 4 | PA, SRX |
| DEFERIPRONE 500 MG TABLET | 4 | PA, SRX |
| DELTEC COZMO CLEO INFUSION SET | 2 | |
| DEMECLOCYCLINE 150 MG TABLET | 1 | |
| DEMECLOCYCLINE 300 MG TABLET | 1 | |
| DENTA 5000 PLUS CREAM | 1 | |
| DENTAGEL 1.1% GEL | 1 | |
| DESCOVY 120-15 MG TABLET | 3 | PA |
| DESCOVY 200-25 MG TABLET | 3 | PA |
| DESIPRAMINE 10 MG TABLET | 1 | |
| DESIPRAMINE 100 MG TABLET | 1 | |
| DESIPRAMINE 150 MG TABLET | 1 | |
| DESIPRAMINE 25 MG TABLET | 1 | |
| DESIPRAMINE 50 MG TABLET | 1 | |
| DESIPRAMINE 75 MG TABLET | 1 | |
| DESLORATADINE 2.5 MG ODT | 1 | QL |
| DESLORATADINE 5 MG ODT | 1 | QL |
| DESLORATADINE 5 MG TABLET | 1 | QL |
| DESMOPRESSIN 0.01% SOLUTION | 1 | |
| DESMOPRESSIN 10 MCG/0.1 ML SPR | 1 | |
| DESMOPRESSIN ACETATE 0.1 MG TB | 1 | |
| DESMOPRESSIN ACETATE 0.2 MG TB | 1 | |
| DESOGESTREL-EE 0.15-0.03 MG TB | 1 | |
| DESOGESTR-ETH ESTRAD ETH ESTRA | 1 | |
| DESONIDE 0.05% CREAM | 1 | |
| DESONIDE 0.05% LOTION | 1 | |
| DESONIDE 0.05% OINTMENT | 1 | |
| DESOXIMETASONE 0.05% CREAM | 1 | |
| DESOXIMETASONE 0.05% GEL | 1 | |
| DESOXIMETASONE 0.05% OINTMENT | 1 | |
| DESOXIMETASONE 0.25% CREAM | 1 | |
| DESOXIMETASONE 0.25% OINTMENT | 1 | |
| DESVENLAFAXINE SUCCNT ER 100MG | 1 | QL |
| DESVENLAFAXINE SUCCNT ER 25 MG | 1 | QL |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|------------------------------------|------|---|
| DESVENLAFAXINE SUCCNT ER 50 MG | 1 | QL |
| DEXAMETHASONE 0.5 MG TABLET | 1 | |
| DEXAMETHASONE 0.5 MG/5 ML ELX | 1 | |
| DEXAMETHASONE 0.5 MG/5 ML LIQ | 1 | |
| DEXAMETHASONE 0.75 MG TABLET | 1 | |
| DEXAMETHASONE 1 MG TABLET | 1 | |
| DEXAMETHASONE 1.5 MG TABLET | 1 | |
| DEXAMETHASONE 2 MG TABLET | 1 | |
| DEXAMETHASONE 4 MG TABLET | 1 | |
| DEXAMETHASONE 6 MG TABLET | 1 | |
| DEXAMETHASONE INTENSOL 1 MG/ML | 1 | |
| DEXAMETHASONE 0.1% EYE DROP | 1 | |
| DEXCOM G6 RECEIVER | 2 | PA, QL |
| DEXCOM G6 SENSOR | 2 | PA, QL |
| DEXCOM G6 TRANSMITTER | 2 | PA, QL |
| DEXCOM G7 RECEIVER | 2 | PA, QL |
| DEXCOM G7 SENSOR | 2 | PA, QL |
| DEXLANSOPRAZOLE DR 30 MG CAP | 3 | QL |
| DEXLANSOPRAZOLE DR 60 MG CAP | 3 | QL |
| DEXMETHYLPHENIDATE 10 MG TAB | 1 | QL |
| DEXMETHYLPHENIDATE 2.5 MG TAB | 1 | QL |
| DEXMETHYLPHENIDATE 5 MG TAB | 1 | QL |
| DEXMETHYLPHENIDATE ER 10 MG CP | 1 | QL |
| DEXMETHYLPHENIDATE ER 15 MG CP | 1 | QL |
| DEXMETHYLPHENIDATE ER 20 MG CP | 1 | QL |
| DEXMETHYLPHENIDATE ER 25 MG CP | 1 | QL |
| DEXMETHYLPHENIDATE ER 30 MG CP | 1 | QL |
| DEXMETHYLPHENIDATE ER 35 MG CP | 1 | QL |
| DEXMETHYLPHENIDATE ER 40 MG CP | 1 | QL |
| DEXMETHYLPHENIDATE ER 5 MG CAP | 1 | QL |
| DEXTROAMP-AMPHET ER 10 MG CAP | 1 | QL |
| DEXTROAMP-AMPHET ER 15 MG CAP | 1 | QL |
| DEXTROAMP-AMPHET ER 20 MG CAP | 1 | QL |
| DEXTROAMP-AMPHET ER 25 MG CAP | 1 | QL |
| DEXTROAMP-AMPHET ER 30 MG CAP | 1 | QL |
| DEXTROAMP-AMPHET ER 5 MG CAP | 1 | QL |
| DEXTROAMP-AMPHETAM 12.5 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAM 7.5 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAMIN 10 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAMIN 15 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAMIN 20 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAMIN 30 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAMINE 5 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAMINE 10 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAMINE 5 MG TAB | 1 | QL |
| DEXTROAMP-AMPHETAMINE 5 MG/5 ML | 1 | QL |
| DEXTROAMP-AMPHETAMINE ER 10 MG CAP | 1 | QL |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| DEXTROAMPHETAMINE ER 15 MG CAP | 1 | QL | DIGOXIN 0.25 MG TABLET | 1 | |
| DEXTROAMPHETAMINE ER 5 MG CAP | 1 | QL | DIGOXIN 125 MCG TABLET | 1 | |
| DIATESTIX REAGENT STRIPS | 2 | | DIGOXIN 250 MCG TABLET | 1 | |
| DIATRUE LEVEL 1 CONTROL SOLN | 2 | | DIHYDROERGOTAMINE 1 MG/ML AMP | 3 | QL |
| DIATRUE LEVEL 2 CONTROL SOLN | 2 | | DILT XR 120 MG CAPSULE | 1 | |
| DIATRUE LEVEL 3 CONTROL SOLN | 2 | | DILT XR 180 MG CAPSULE | 1 | |
| DIAZEPAM 10 MG RECTAL GEL SYST | 1 | | DILT XR 240 MG CAPSULE | 1 | |
| DIAZEPAM 10 MG TABLET | 1 | | DILTIAZEM 120 MG TABLET | 1 | |
| DIAZEPAM 2 MG TABLET | 1 | | DILTIAZEM 12HR ER 120 MG CAP | 1 | |
| DIAZEPAM 2.5 MG RECTAL GEL SYS | 1 | | DILTIAZEM 12HR ER 60 MG CAP | 1 | |
| DIAZEPAM 20 MG RECTAL GEL SYST | 1 | | DILTIAZEM 12HR ER 90 MG CAP | 1 | |
| DIAZEPAM 25 MG/5 ML ORAL CONC | 1 | | DILTIAZEM 24H ER(CD) 120 MG CP | 1 | |
| DIAZEPAM 5 MG TABLET | 1 | | DILTIAZEM 24H ER(CD) 180 MG CP | 1 | |
| DIAZEPAM 5 MG/5 ML ORAL SOLN | 1 | | DILTIAZEM 24H ER(CD) 240 MG CP | 1 | |
| DIAZEPAM 5 MG/5 ML SOLUTION | 1 | | DILTIAZEM 24H ER(CD) 300 MG CP | 1 | |
| DIAZEPAM 5 MG/ML ORAL CONC | 1 | | DILTIAZEM 24H ER(CD) 360 MG CP | 1 | |
| DIAZOXIDE 50 MG/ML ORAL SUSP | 3 | | DILTIAZEM 24H ER(LA) 120 MG TB | 1 | |
| DICLOFENAC 0.1% EYE DROPS | 1 | | DILTIAZEM 24H ER(LA) 180 MG TB | 1 | |
| DICLOFENAC 1.5% TOPICAL SOLN | 1 | | DILTIAZEM 24H ER(LA) 240 MG TB | 1 | |
| DICLOFENAC POT 50 MG TABLET | 1 | | DILTIAZEM 24H ER(LA) 300 MG TB | 1 | |
| DICLOFENAC SOD DR 25 MG TAB | 1 | | DILTIAZEM 24H ER(LA) 360 MG TB | 1 | |
| DICLOFENAC SOD DR 50 MG TAB | 1 | | DILTIAZEM 24H ER(LA) 420 MG TB | 1 | |
| DICLOFENAC SOD DR 75 MG TAB | 1 | | DILTIAZEM 24H ER(XR) 120 MG CP | 1 | |
| DICLOFENAC SOD EC 25 MG TAB | 1 | | DILTIAZEM 24H ER(XR) 180 MG CP | 1 | |
| DICLOFENAC SOD EC 50 MG TAB | 1 | | DILTIAZEM 24H ER(XR) 240 MG CP | 1 | |
| DICLOFENAC SOD EC 75 MG TAB | 1 | | DILTIAZEM 24HR ER 120 MG CAP | 1 | |
| DICLOFENAC SOD ER 100 MG TAB | 1 | | DILTIAZEM 24HR ER 180 MG CAP | 1 | |
| DICLOFENAC SODIUM 1% GEL | 1 | QL | DILTIAZEM 24HR ER 240 MG CAP | 1 | |
| DICLOFENAC-MISOPROST 50-0.2 MG | 1 | | DILTIAZEM 24HR ER 300 MG CAP | 1 | |
| DICLOFENAC-MISOPROST 75-0.2 MG | 1 | | DILTIAZEM 24HR ER 360 MG CAP | 1 | |
| DICLOXACILLIN 250 MG CAPSULE | 1 | | DILTIAZEM 24HR ER 420 MG CAP | 1 | |
| DICLOXACILLIN 500 MG CAPSULE | 1 | | DILTIAZEM 30 MG TABLET | 1 | |
| DICYCLOMINE 10 MG CAPSULE | 1 | | DILTIAZEM 60 MG TABLET | 1 | |
| DICYCLOMINE 10 MG/5 ML SOLN | 1 | | DILTIAZEM 90 MG TABLET | 1 | |
| DICYCLOMINE 20 MG TABLET | 1 | | DIMETHYL FUMARATE 30D START PK | 4 | PA, QL, LDD, SRX |
| DIDANOSINE DR 250 MG CAPSULE | 1 | | DIMETHYL FUMARATE DR 120 MG CP | 4 | PA, QL, LDD, SRX |
| DIDANOSINE DR 400 MG CAPSULE | 1 | | DIMETHYL FUMARATE DR 240 MG CP | 4 | PA, QL, LDD, SRX |
| DIFICID 200 MG TABLET | 3 | PA, QL | DIPENTUM 250 MG CAPSULE | 3 | |
| DIFICID 40 MG/ML SUSPENSION | 3 | PA, QL | DIPHEN 12.5 MG/5 ML ELIXIR | 3 | |
| DIFLORASONE 0.05% CREAM | 3 | | DIPHEN 12.5 MG/5 ML SOLUTION | 3 | |
| DIFLORASONE 0.05% OINTMENT | 3 | | DIPHENHYDRAMINE 12.5 MG/5 ML | 1 | |
| DIFLUNISAL 500 MG TABLET | 1 | | DIPHENHYDRAMINE 25 MG/10 ML | 1 | |
| DIFLUPREDNATE 0.05% EYE DROP | 2 | | DIPHENOXYLAT-ATROP 2.5-0.025/5 | 1 | |
| DIGOX 125 MCG TABLET | 1 | | DIPHENOXYLATE-ATROP 2.5-0.025 | 1 | |
| DIGOX 250 MCG TABLET | 1 | | DIPHThERIA-TETANUS TOXOIDS-PED | 2 | |
| DIGOXIN 0.05 MG/ML SOLUTION | 1 | | DIPYRIDAMOLE 25 MG TABLET | 1 | |
| DIGOXIN 0.125 MG TABLET | 1 | | DIPYRIDAMOLE 50 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| DIPYRIDAMOLE 75 MG TABLET | 1 | | DOXERCALCIFEROL 1 MCG CAPSULE | 1 | |
| DISOPYRAMIDE 100 MG CAPSULE | 1 | | DOXERCALCIFEROL 2.5 MCG CAP | 1 | |
| DISOPYRAMIDE 150 MG CAPSULE | 1 | | DOXYCYCLINE 25 MG/5 ML SUSP | 1 | |
| DISULFIRAM 250 MG TABLET | 1 | | DOXYCYCLINE HYCLATE 100 MG CAP | 1 | |
| DISULFIRAM 500 MG TABLET | 1 | | DOXYCYCLINE HYCLATE 100 MG TAB | 1 | |
| DIVALPROEX DR 125 MG CAP SPRNK | 1 | | DOXYCYCLINE HYCLATE 20 MG TAB | 1 | |
| DIVALPROEX DR 125 MG CP(SPRNK) | 1 | | DOXYCYCLINE HYCLATE 50 MG CAP | 1 | |
| DIVALPROEX SOD DR 125 MG TAB | 1 | | DOXYCYCLINE MONO 100 MG CAP | 1 | |
| DIVALPROEX SOD DR 250 MG TAB | 1 | | DOXYCYCLINE MONO 100 MG TABLET | 1 | |
| DIVALPROEX SOD DR 500 MG TAB | 1 | | DOXYCYCLINE MONO 150 MG CAP | 1 | |
| DIVALPROEX SOD ER 250 MG TAB | 1 | | DOXYCYCLINE MONO 150 MG TABLET | 1 | |
| DIVALPROEX SOD ER 500 MG TAB | 1 | | DOXYCYCLINE MONO 50 MG CAP | 1 | |
| DODEX 1,000 MCG/ML VIAL | 1 | | DOXYCYCLINE MONO 50 MG TABLET | 1 | |
| DODEX 10,000 MCG/10 ML VIAL | 1 | | DOXYCYCLINE MONO 75 MG CAPSULE | 1 | |
| DODEX 30,000 MCG/30 ML VIAL | 1 | | DOXYCYCLINE MONO 75 MG TABLET | 1 | |
| DOFETILIDE 125 MCG CAPSULE | 3 | QL | DRONABINOL 10 MG CAPSULE | 3 | |
| DOFETILIDE 250 MCG CAPSULE | 3 | QL | DRONABINOL 2.5 MG CAPSULE | 3 | |
| DOFETILIDE 500 MCG CAPSULE | 3 | QL | DRONABINOL 5 MG CAPSULE | 3 | |
| DOLISHALE 90-20 MCG TABLET | 1 | | DROPLET 0.5 ML 29GX12.5MM(1/2) | 2 | |
| DONEPEZIL HCL 10 MG TABLET | 1 | | DROPLET 0.5 ML 30GX12.5MM(1/2) | 2 | |
| DONEPEZIL HCL 23 MG TABLET | 1 | | DROPLET INS 0.3 ML 29GX12.5MM | 2 | |
| DONEPEZIL HCL 5 MG TABLET | 1 | | DROPLET INS 0.3ML 30GX12.5MM | 2 | |
| DONEPEZIL HCL ODT 10 MG TABLET | 1 | | DROPLET INS 0.5ML 30GX6MM(1/2) | 2 | |
| DONEPEZIL HCL ODT 5 MG TABLET | 1 | | DROPLET INS 0.5ML 30GX8MM(1/2) | 2 | |
| DORZOLAMIDE HCL 2% EYE DROPS | 1 | | DROPLET INS 0.5ML 31GX6MM(1/2) | 2 | |
| DORZOLAMIDE-TIMOLOL EYE DROPS | 1 | | DROPLET INS 0.5ML 31GX8MM(1/2) | 2 | |
| DOTTI 0.025 MG PATCH | 1 | QL | DROPLET INS SYR 0.3 ML 30GX6MM | 2 | |
| DOTTI 0.0375 MG PATCH | 1 | QL | DROPLET INS SYR 0.3 ML 30GX8MM | 2 | |
| DOTTI 0.05 MG PATCH | 1 | QL | DROPLET INS SYR 0.3 ML 31GX6MM | 2 | |
| DOTTI 0.075 MG PATCH | 1 | QL | DROPLET INS SYR 0.3 ML 31GX8MM | 2 | |
| DOTTI 0.1 MG PATCH | 1 | QL | DROPLET INS SYR 1 ML 30GX6MM | 2 | |
| DOVATO | 2 | QL | DROPLET INS SYR 1 ML 30GX8MM | 2 | |
| DOXAZOSIN MESYLATE 1 MG TAB | 1 | | DROPLET INS SYR 1 ML 31GX6MM | 2 | |
| DOXAZOSIN MESYLATE 2 MG TAB | 1 | | DROPLET INS SYR 1 ML 31GX8MM | 2 | |
| DOXAZOSIN MESYLATE 4 MG TAB | 1 | | DROPLET INS SYR 1ML 29GX12.5MM | 2 | |
| DOXAZOSIN MESYLATE 8 MG TAB | 1 | | DROPLET INS SYR 1ML 30GX12.5MM | 2 | |
| DOXEPIN 10 MG CAPSULE | 1 | | DROPLET MICRON 34G X 9/64" | 2 | |
| DOXEPIN 10 MG/ML ORAL CONC | 1 | | DROPLET PEN NEEDLE 29GX1/2" | 2 | |
| DOXEPIN 100 MG CAPSULE | 1 | | DROPLET PEN NEEDLE 29GX3/8" | 2 | |
| DOXEPIN 150 MG CAPSULE | 1 | | DROPLET PEN NEEDLE 30GX5/16" | 2 | |
| DOXEPIN 25 MG CAPSULE | 1 | | DROPLET PEN NEEDLE 31GX1/4" | 2 | |
| DOXEPIN 5% CREAM | 3 | | DROPLET PEN NEEDLE 31GX3/16" | 2 | |
| DOXEPIN 50 MG CAPSULE | 1 | | DROPLET PEN NEEDLE 31GX5/16" | 2 | |
| DOXEPIN 75 MG CAPSULE | 1 | | DROPLET PEN NEEDLE 32GX1/4" | 2 | |
| DOXEPIN HCL 3 MG TABLET | 2 | QL | DROPLET PEN NEEDLE 32GX3/16" | 2 | |
| DOXEPIN HCL 6 MG TABLET | 2 | QL | DROPLET PEN NEEDLE 32GX5/16" | 2 | |
| DOXERCALCIFEROL 0.5 MCG CAP | 1 | | DROPLET PEN NEEDLE 32GX5/32" | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| EASY TOUCH FLIPLK NDL 28GX1/2 | 2 | | EASY TOUCH PEN NEEDLE 30GX5/16 | 2 | |
| EASY TOUCH FLIPLK NDL 29GX1/2 | 2 | | EASY TOUCH PEN NEEDLE 31GX1/4" | 2 | |
| EASY TOUCH FLIPLK NDL 30GX1/2 | 2 | | EASY TOUCH PEN NEEDLE 31GX3/16 | 2 | |
| EASY TOUCH HIGH-LOW CTRL SOLN | 2 | | EASY TOUCH PEN NEEDLE 31GX5/16 | 2 | |
| EASY TOUCH HYPODERMIC 16GX1" | 2 | | EASY TOUCH PEN NEEDLE 32GX1/4" | 2 | |
| EASY TOUCH HYPODERMIC 16GX1.5" | 2 | | EASY TOUCH PEN NEEDLE 32GX3/16 | 2 | |
| EASY TOUCH HYPODERMIC 18GX1" | 2 | | EASY TOUCH PEN NEEDLE 32GX5/32 | 2 | |
| EASY TOUCH HYPODERMIC 18GX1.25 | 2 | | EASY TOUCH SAF PEN NDL 29G 5MM | 2 | |
| EASY TOUCH HYPODERMIC 18GX1.5" | 2 | | EASY TOUCH SAF PEN NDL 29G 8MM | 2 | |
| EASY TOUCH HYPODERMIC 19GX1" | 2 | | EASY TOUCH SAF PEN NDL 30G 5MM | 2 | |
| EASY TOUCH HYPODERMIC 19GX1.5" | 2 | | EASY TOUCH SAF PEN NDL 30G 8MM | 2 | |
| EASY TOUCH HYPODERMIC 20GX1" | 2 | | EASY TOUCH SYR 0.5ML 27G12.7MM | 2 | |
| EASY TOUCH HYPODERMIC 20GX1.5" | 2 | | EASY TOUCH SYR 0.5ML 28G12.7MM | 2 | |
| EASY TOUCH HYPODERMIC 21GX1" | 2 | | EASY TOUCH SYR 0.5ML 29G12.7MM | 2 | |
| EASY TOUCH HYPODERMIC 21GX1.5" | 2 | | EASY TOUCH SYR 1 ML 27G 12.7MM | 2 | |
| EASY TOUCH HYPODERMIC 22GX1" | 2 | | EASY TOUCH SYR 1 ML 27G 16MM | 2 | |
| EASY TOUCH HYPODERMIC 22GX1.5" | 2 | | EASY TOUCH SYR 1 ML 28G 12.7MM | 2 | |
| EASY TOUCH HYPODERMIC 23GX1" | 2 | | EASY TOUCH SYR 1 ML 29G 12.7MM | 2 | |
| EASY TOUCH HYPODERMIC 23GX1.25 | 2 | | EASY TOUCH SYR 3 ML 22GX1-1/2" | 2 | |
| EASY TOUCH HYPODERMIC 23GX1.5" | 2 | | EASY TOUCH SYR 3 ML 25GX5/8" | 2 | |
| EASY TOUCH HYPODERMIC 23GX3/4" | 2 | | EASY TOUCH SYRINGE 3 ML 20GX1" | 2 | |
| EASY TOUCH HYPODERMIC 24GX1" | 2 | | EASY TOUCH SYRINGE 3 ML 21GX1" | 2 | |
| EASY TOUCH HYPODERMIC 24GX1.25 | 2 | | EASY TOUCH SYRINGE 3 ML 22GX1" | 2 | |
| EASY TOUCH HYPODERMIC 25GX1" | 2 | | EASY TOUCH SYRINGE 3 ML 23GX1" | 2 | |
| EASY TOUCH HYPODERMIC 25GX1.5" | 2 | | EASY TOUCH SYRINGE 3 ML 25GX1" | 2 | |
| EASY TOUCH HYPODERMIC 25GX5/8" | 2 | | EASY TOUCH UNI-SLIP SYR 1 ML | 2 | |
| EASY TOUCH HYPODERMIC 26GX1/2" | 2 | | EASY TRAK CONTROL SOLN HIGH | 2 | |
| EASY TOUCH HYPODERMIC 26GX3/8" | 2 | | EASY TRAK CONTROL SOLN LOW | 2 | |
| EASY TOUCH HYPODERMIC 26GX5/8" | 2 | | EASY TRAK II CTRL SOLN-NORMAL | 2 | |
| EASY TOUCH HYPODERMIC 27GX1.25 | 2 | | EASYGLUCO PLUS CTRL SOL NORMAL | 2 | |
| EASY TOUCH HYPODERMIC 27GX1.5" | 2 | | EASYMAX NORMAL CONTROL SOLN | 2 | |
| EASY TOUCH HYPODERMIC 27GX1/2" | 2 | | EASYMAX 15 LEVEL 2 SOLUTION | 2 | |
| EASY TOUCH HYPODERMIC 30GX1" | 2 | | EASYPOINT NEEDLE 18G X 1" | 2 | |
| EASY TOUCH HYPODERMIC 30GX1/2" | 2 | | EASYPOINT NEEDLE 18G X 1-1/2" | 2 | |
| EASY TOUCH HYPODERMIC 31GX5/16 | 2 | | EASYPOINT NEEDLE 20G X 1" | 2 | |
| EASY TOUCH HYPODERMIC 32GX5/16 | 2 | | EASYPOINT NEEDLE 20G X 1-1/2" | 2 | |
| EASY TOUCH INSULIN 1ML 29GX1/2 | 2 | | EASYPOINT NEEDLE 21G X 1" | 2 | |
| EASY TOUCH INSULIN 1ML 30GX1/2 | 2 | | EASYPOINT NEEDLE 21G X 1-1/2" | 2 | |
| EASY TOUCH INSULIN SYR 0.3 ML | 2 | | EASYPOINT NEEDLE 22G X 1" | 2 | |
| EASY TOUCH INSULIN SYR 0.5 ML | 2 | | EASYPOINT NEEDLE 22G X 1-1/2" | 2 | |
| EASY TOUCH INSULIN SYR 1 ML | 2 | | EASYPOINT NEEDLE 23G X 1" | 2 | |
| EASY TOUCH INSULN 1ML 29GX1/2" | 2 | | EASYPOINT NEEDLE 25G 16MM | 2 | |
| EASY TOUCH INSULN 1ML 30GX1/2" | 2 | | EASYPOINT NEEDLE 25G X 1" | 2 | |
| EASY TOUCH INSULN 1ML 30GX5/16 | 2 | | EASYPOINT NEEDLE 25G X 5/8" | 2 | |
| EASY TOUCH INSULN 1ML 31GX5/16 | 2 | | EASYPOINT NEEDLE 25GX1-1/2" | 2 | |
| EASY TOUCH LUER LOK INSUL 1 ML | 2 | | EASY TOUCH SYR 1 ML 27G 16MM | 2 | |
| EASY TOUCH PEN NEEDLE 29GX1/2" | 2 | | EASYTOUCH SAF PEN NDL 30G 6MM | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|---------------------------------|------|---|
| EC-NAPROXEN DR 375 MG TABLET | 1 | | EMOQUETTE 28 DAY TABLET | 1 | |
| EC-NAPROXEN DR 500 MG TABLET | 1 | | EMTRICITABINE 200 MG CAPSULE | 1 | |
| ECONAZOLE NITRATE 1% CREAM | 1 | | EMTRICITABINE-TENOFV 100-150MG | 1 | |
| ECONTRA EZ 1.5 MG TABLET | 1 | | EMTRICITABINE-TENOFV 133-200MG | 1 | |
| ECONTRA ONE-STEP 1.5 MG TABLET | 1 | | EMTRICITABINE-TENOFV 167-250MG | 1 | |
| ED-SPAZ 0.125 MG ODT | 1 | | EMTRICITABINE-TENOFV 200-300MG | 1 | |
| EDURANT 25 MG TABLET | 2 | | EMTRIVA 10 MG/ML SOLUTION | 2 | |
| EEMT DS 1.25-2.5 MG TABLET | 1 | | EMVERM 100 MG TABLET CHEW | 3 | |
| EEMT HS 0.625-1.25 MG TABLET | 1 | | ENALAPRIL MALEATE 10 MG TAB | 1 | |
| EFAVIR-EMTRI-TENOF 600-200-300 | 1 | QL | ENALAPRIL MALEATE 2.5 MG TAB | 1 | |
| EFAVIRENZ 200 MG CAPSULE | 1 | | ENALAPRIL MALEATE 20 MG TAB | 1 | |
| EFAVIRENZ 50 MG CAPSULE | 1 | | ENALAPRIL MALEATE 5 MG TABLET | 1 | |
| EFAVIRENZ 600 MG TABLET | 1 | | ENALAPRIL-HCTZ 10-25 MG TABLET | 1 | |
| EFAVIR-LAMIV-TENOF 400-300-300 | 1 | QL | ENALAPRIL-HCTZ 5-12.5 MG TAB | 1 | |
| EFAVIR-LAMIV-TENOF 600-300-300 | 1 | QL | ENBREL 25 MG/0.5 ML SYRINGE | 4 | PA, QL, SRX |
| EFFER-K 10 MEQ TABLET EFF | 3 | | ENBREL 25 MG/0.5 ML VIAL | 4 | PA, QL, SRX |
| EFFER-K 20 MEQ TABLET EFF | 3 | | ENBREL 50 MG/ML MINI CARTRIDGE | 4 | PA, QL, SRX |
| ELEMENT COMPACT SOLN HIGH | 2 | | ENBREL 50 MG/ML SURECLICK | 4 | PA, QL, SRX |
| ELEMENT COMPACT SOLN NORMAL | 2 | | ENBREL 50 MG/ML SYRINGE | 4 | PA, QL, SRX |
| ELEMENT CONTROL SOLN NORMAL | 2 | | ENDOCET 10-325 MG TABLET | 1 | PA |
| ELEMENT CONTROL SOLUTION HIGH | 2 | | ENDOCET 2.5-325 MG TABLET | 1 | PA |
| ELEMENT CONTROL SOLUTION LOW | 2 | | ENDOCET 5-325 MG TABLET | 1 | PA |
| ELETRIPTAN HBR 20 MG TABLET | 1 | QL | ENDOCET 7.5-325 MG TABLET | 1 | PA |
| ELETRIPTAN HBR 40 MG TABLET | 1 | QL | ENDOMETRIN 100 MG VAG INSERT | 3 | PA |
| ELINEST-28 TABLET | 1 | | ENGERIX-B 20 MCG/ML SYRN | 2 | |
| ELIQUIS 2.5 MG TABLET | 2 | PA, QL | ENGERIX-B 20 MCG/ML VIAL | 2 | |
| ELIQUIS 5 MG TABLET | 2 | PA, QL | ENGERIX-B PEDI 10 MCG/0.5 SYRN | 2 | |
| ELIQUIS DVT-PE TREAT START 5MG | 2 | PA, QL | ENLITE SERTER | 2 | |
| ELITE-OB CAPLET | 1 | | ENLYTE SOFTGEL | 3 | |
| ELLA 30 MG TABLET | 3 | | ENOXAPARIN 100 MG/ML SYRINGE | 4 | QL, SRX |
| ELMIRON 100 MG CAPSULE | 3 | | ENOXAPARIN 120 MG/0.8 ML SYR | 4 | QL, SRX |
| ELURYNG VAGINAL RING | 1 | | ENOXAPARIN 150 MG/ML SYRINGE | 4 | QL, SRX |
| EMBRACE GLUC CONTROL SOLN HIGH | 2 | | ENOXAPARIN 30 MG/0.3 ML SYR | 4 | QL, SRX |
| EMBRACE EVO LEVEL 1 CTRL SOLN | 2 | | ENOXAPARIN 300 MG/3 ML VIAL | 4 | QL, SRX |
| EMBRACE GLUC CONTROL SOLN LOW | 2 | | ENOXAPARIN 40 MG/0.4 ML SYR | 4 | QL, SRX |
| EMBRACE PEN NEEDLE 29G 12MM | 2 | | ENOXAPARIN 60 MG/0.6 ML SYR | 4 | QL, SRX |
| EMBRACE PEN NEEDLE 30G 5MM | 2 | | ENOXAPARIN 80 MG/0.8 ML SYR | 4 | QL, SRX |
| EMBRACE PEN NEEDLE 30G 8MM | 2 | | ENPRESSE-28 TABLET | 1 | |
| EMBRACE PEN NEEDLE 31G 5MM | 2 | | ENSKYCE 28 TABLET | 1 | |
| EMBRACE PEN NEEDLE 31G 6MM | 2 | | ENTACAPONE 200 MG TABLET | 1 | |
| EMBRACE PEN NEEDLE 31G 8MM | 2 | | ENTECAVIR 0.5 MG TABLET | 4 | SRX |
| EMBRACE PEN NEEDLE 32G 4MM | 2 | | ENTECAVIR 1 MG TABLET | 4 | SRX |
| EMBRACE PRO CONTROL SOLUTION | 2 | | ENTRESTO 24 MG-26 MG TABLET | 2 | QL |
| EMBRACE TALK CTRL SOL-HIGH(L2) | 2 | | ENTRESTO 49 MG-51 MG TABLET | 2 | QL |
| EMBRACE TALK CTRL SOLN-LOW(L1) | 2 | | ENTRESTO 97 MG-103 MG TABLET | 2 | QL |
| EMCYT 140 MG CAPSULE | 4 | SRX | ENULOSE 10 GM/15 ML SOLUTION | 1 | |
| EMEND 125 MG POWDER PACKET | 4 | PA, QL, SRX | EPCLUSA 150-37.5 MG PELLETT PKT | 4 | PA, QL, SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| EPCLUSA 200 MG-50 MG TABLET | 4 | PA, QL, SRX | ESOMEPRAZOLE DR 40 MG PACKET | 2 | QL |
| EPCLUSA 200-50 MG PELLET PACK | 4 | PA, QL, SRX | ESOMEPRAZOLE MAG DR 20 MG CAP | 1 | QL |
| EPCLUSA 400 MG-100 MG TABLET | 4 | PA, QL, SRX | ESOMEPRAZOLE MAG DR 40 MG CAP | 1 | QL |
| EPIDIOLEX 100 MG/ML SOLN PACK | 3 | PA, LDD | ESOMEPRAZOLE DR 49.3 MG CAP | 1 | QL |
| EPIDIOLEX 100 MG/ML SOLUTION | 3 | PA, LDD | ESTARYLLA 0.25-0.035 MG TABLET | 1 | |
| EPIFOAM FOAM | 3 | | ESTAZOLAM 1 MG TABLET | 1 | |
| EPINASTINE HCL 0.05% EYE DROPS | 1 | | ESTAZOLAM 2 MG TABLET | 1 | |
| EPINEPHRINE 0.15 MG AUTO-INJCT | 1 | QL | ESTRADIOL 0.025 MG PATCH(1/WK) | 1 | QL |
| EPINEPHRINE 0.3 MG AUTO-INJECT | 1 | QL | ESTRADIOL 0.025 MG PATCH(2/WK) | 1 | QL |
| EPITOL 200 MG TABLET | 1 | | ESTRADIOL 0.0375MG PATCH(1/WK) | 1 | QL |
| EPIVIR HBV 25 MG/5 ML SOLN | 4 | SRX | ESTRADIOL 0.0375MG PATCH(2/WK) | 1 | QL |
| EPLERENONE 25 MG TABLET | 1 | | ESTRADIOL 0.05 MG PATCH (1/WK) | 1 | QL |
| EPLERENONE 50 MG TABLET | 1 | | ESTRADIOL 0.05 MG PATCH (2/WK) | 1 | QL |
| EPROSARTAN MESYLATE 600 MG TAB | 1 | | ESTRADIOL 0.06 MG PATCH (1/WK) | 1 | QL |
| EQL INS SYR 1 ML 29GX1/2" | 2 | | ESTRADIOL 0.075 MG PATCH(1/WK) | 1 | QL |
| EQL INSUL SYR 0.3 ML 31GX5/16" | 2 | | ESTRADIOL 0.075 MG PATCH(2/WK) | 1 | QL |
| EQL INSUL SYR 0.5 ML 31GX5/16" | 2 | | ESTRADIOL 0.1 MG PATCH (1/WK) | 1 | QL |
| EQL INSULIN 0.3 ML SYRINGE | 2 | | ESTRADIOL 0.1 MG PATCH (2/WK) | 1 | QL |
| EQL INSULIN 0.5 ML SYRINGE | 2 | | ESTRADIOL 0.5 MG TABLET | 1 | |
| EQL INSULIN 1 ML SYRINGE | 2 | | ESTRADIOL 1 MG TABLET | 1 | |
| EQL INSULIN SYR 1 ML 31GX5/16" | 2 | | ESTRADIOL 10 MCG VAGINAL INSRT | 1 | QL |
| EQL PEN 8MM 31G X 5/16" NEEDLE | 2 | | ESTRADIOL 2 MG TABLET | 1 | |
| ERGOLOID MESYLATES 1 MG TAB | 1 | | ESTRADIOL-NORETH 0.5-0.1 MG TB | 1 | |
| ERIVEDGE 150 MG CAPSULE | 4 | PA, QL, LDD, SRX | ESTRADIOL-NORETH 1-0.5 MG TAB | 1 | |
| ERLOTINIB HCL 100 MG TABLET | 4 | PA, LDD, SRX | ESTROGEN-METHYLTESTOS F.S. TAB | 1 | |
| ERLOTINIB HCL 150 MG TABLET | 4 | PA, LDD, SRX | ESTROGEN-METHYLTESTOS H.S. TAB | 1 | |
| ERLOTINIB HCL 25 MG TABLET | 4 | PA, LDD, SRX | ESZOPICLONE 1 MG TABLET | 1 | |
| ERRIN 0.35 MG TABLET | 1 | | ESZOPICLONE 2 MG TABLET | 1 | |
| ERTACZO 2% CREAM | 3 | | ESZOPICLONE 3 MG TABLET | 1 | |
| ERY 2% PADS | 1 | | ETHAMBUTOL HCL 100 MG TABLET | 1 | |
| ERYTHROCIN 250 MG TABLET | 3 | | ETHAMBUTOL HCL 400 MG TABLET | 1 | |
| ERYTHROMYCIN 0.5% EYE OINTMENT | 1 | | ETHOSUXIMIDE 250 MG CAPSULE | 1 | |
| ERYTHROMYCIN 2% GEL | 1 | | ETHOSUXIMIDE 250 MG/5 ML SOLN | 1 | |
| ERYTHROMYCIN 2% SOLUTION | 1 | | ETHYL CHLORIDE SPRAY | 1 | |
| ERYTHROMYCIN 200 MG/5 ML SUSP | 1 | | ETHYNODIOL-ETH ESTRA 1MG-35MCG | 1 | |
| ERYTHROMYCIN 250 MG TABLET | 1 | | ETHYNODIOL-ETH ESTRA 1MG-50MCG | 1 | |
| ERYTHROMYCIN 400 MG/5 ML SUSP | 1 | | ETODOLAC 200 MG CAPSULE | 1 | |
| ERYTHROMYCIN 500 MG TABLET | 1 | | ETODOLAC 300 MG CAPSULE | 1 | |
| ERYTHROMYCIN DR 250 MG CAP | 1 | | ETODOLAC 400 MG TABLET | 1 | |
| ERYTHROMYCIN ES 400 MG TAB | 1 | | ETODOLAC 500 MG TABLET | 1 | |
| ERYTHROMYCIN-BENZOYL GEL | 1 | | ETODOLAC ER 400 MG TABLET | 1 | |
| ESCITALOPRAM 10 MG TABLET | 1 | QL | ETODOLAC ER 500 MG TABLET | 1 | |
| ESCITALOPRAM 20 MG TABLET | 1 | QL | ETODOLAC ER 600 MG TABLET | 1 | |
| ESCITALOPRAM 5 MG TABLET | 1 | QL | ETONOGESTREL-EE VAGINAL RING | 1 | |
| ESCITALOPRAM OXALATE 5 MG/5 ML | 1 | QL | ETOPOSIDE 50 MG CAPSULE | 4 | SRX |
| ESOMEPRAZOLE DR 10 MG PACKET | 2 | QL | ETRAVIRINE 100 MG TABLET | 1 | |
| ESOMEPRAZOLE DR 20 MG PACKET | 2 | QL | ETRAVIRINE 200 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|-------------------------------|------|---|--------------------------------|------|---|
| EURAX 10% CREAM | 3 | | EXEL HYPO NEEDLE 25GX1" | 2 | |
| EUTHYROX 100 MCG TABLET | 1 | | EXEL HYPO NEEDLE 25GX1.5" | 2 | |
| EUTHYROX 112 MCG TABLET | 1 | | EXEL HYPO NEEDLE 26GX0.375" | 2 | |
| EUTHYROX 125 MCG TABLET | 1 | | EXEL HYPO NEEDLE 26GX0.5" | 2 | |
| EUTHYROX 137 MCG TABLET | 1 | | EXEL HYPO NEEDLE 26GX0.625" | 2 | |
| EUTHYROX 150 MCG TABLET | 1 | | EXEL HYPO NEEDLE 26GX1.5" | 2 | |
| EUTHYROX 175 MCG TABLET | 1 | | EXEL HYPO NEEDLE 27GX0.5" | 2 | |
| EUTHYROX 200 MCG TABLET | 1 | | EXEL HYPO NEEDLE 30GX0.5" | 2 | |
| EUTHYROX 25 MCG TABLET | 1 | | EXEL INS SYR U100 1 ML 28GX1/2 | 2 | |
| EUTHYROX 50 MCG TABLET | 1 | | EXEL MTI DRAWING NDL 20GX1" | 2 | |
| EUTHYROX 75 MCG TABLET | 1 | | EXEL MTI DRAWING NDL 21GX1" | 2 | |
| EUTHYROX 88 MCG TABLET | 1 | | EXEL MTI DRAWING NDL 22GX1" | 2 | |
| EVENCARE G2 CONTROL SOLUTION | 2 | | EXEL SYRINGE 20GX1" 3 ML | 2 | |
| EVENCARE G3 CONTROL SOLUTION | 2 | | EXEL SYRINGE 20GX1-1/2" 3 ML | 2 | |
| EVEROLIMUS 0.25 MG TABLET | 4 | SRX | EXEL SYRINGE 21GX1" 3 ML | 2 | |
| EVEROLIMUS 0.5 MG TABLET | 4 | SRX | EXEL SYRINGE 21GX1-1/2" 3 ML | 2 | |
| EVEROLIMUS 0.75 MG TABLET | 4 | SRX | EXEL SYRINGE 22GX1" 3 ML | 2 | |
| EVEROLIMUS 1 MG TABLET | 4 | SRX | EXEL SYRINGE 22GX1-1/2" 3 ML | 2 | |
| EVEROLIMUS 10 MG TABLET | 4 | PA, QL, SRX | EXEL SYRINGE 22GX3/4" 3 ML | 2 | |
| EVEROLIMUS 2 MG TAB FOR SUSP | 4 | PA, QL, SRX | EXEL SYRINGE 23GX1" 3 ML | 2 | |
| EVEROLIMUS 2.5 MG TABLET | 4 | PA, QL, SRX | EXEL SYRINGE 25GX1" 3 ML | 2 | |
| EVEROLIMUS 3 MG TAB FOR SUSP | 4 | PA, QL, SRX | EXEL U100 0.3 ML 29GX1/2" | 2 | |
| EVEROLIMUS 5 MG TAB FOR SUSP | 4 | PA, QL, SRX | EXEL U100 0.3 ML 30GX5/16" | 2 | |
| EVEROLIMUS 5 MG TABLET | 4 | PA, QL, SRX | EXEL U100 0.5 ML 28GX1/2" | 2 | |
| EVEROLIMUS 7.5 MG TABLET | 4 | PA, QL, SRX | EXEL U100 0.5 ML 29GX1/2" | 2 | |
| EVOLUTION CONTROL SOLN NORMAL | 2 | | EXEL U100 0.5 ML 30GX5/16" | 2 | |
| EVOTAZ 300 MG-150 MG TABLET | 2 | | EXEL U100 1 ML 30GX5/16" | 2 | |
| EXEL 3 ML SYRN 27G X 1 1/4" | 2 | | EXEL U100 INS SYR 1 ML 29GX1/2 | 2 | |
| EXEL HUBER 22GX3/4" NEEDLE | 2 | | EXEMESTANE 25 MG TABLET | 1 | |
| EXEL HUBER NEEDLE 22GX1" | 2 | | EXTENDED RESERVOIR 3 ML | 2 | |
| EXEL HYPO NEEDLE 16GX1" | 2 | | EZETIMIBE 10 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 18GX1" | 2 | | EZETIMIBE-SIMVASTATIN 10-10 MG | 1 | |
| EXEL HYPO NEEDLE 18GX1.5" | 2 | | EZETIMIBE-SIMVASTATIN 10-20 MG | 1 | |
| EXEL HYPO NEEDLE 19GX1" | 2 | | EZETIMIBE-SIMVASTATIN 10-40 MG | 1 | |
| EXEL HYPO NEEDLE 19GX1.5" | 2 | | EZETIMIBE-SIMVASTATIN 10-80 MG | 1 | |
| EXEL HYPO NEEDLE 20GX0.75" | 2 | | EZ-VAC | 2 | |
| EXEL HYPO NEEDLE 20GX1" | 2 | | FALMINA-28 TABLET | 1 | |
| EXEL HYPO NEEDLE 20GX1.5" | 2 | | FAMCICLOVIR 125 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 21GX1" | 2 | | FAMCICLOVIR 250 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 21GX1.5" | 2 | | FAMCICLOVIR 500 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 22GX0.75" | 2 | | FAMOTIDINE 20 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 22GX1" | 2 | | FAMOTIDINE 40 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 22GX1.5" | 2 | | FAMOTIDINE 40 MG/5 ML SUSP | 1 | |
| EXEL HYPO NEEDLE 23GX0.75" | 2 | | FANAPT 1 MG TABLET | 3 | QL, ST |
| EXEL HYPO NEEDLE 23GX1" | 2 | | FANAPT 10 MG TABLET | 3 | QL, ST |
| EXEL HYPO NEEDLE 25GX0.625" | 2 | | FANAPT 12 MG TABLET | 3 | QL, ST |
| EXEL HYPO NEEDLE 25GX0.75" | 2 | | FANAPT 2 MG TABLET | 3 | QL, ST |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|-------------------------------|------|---|--------------------------------|------|---|
| FANAPT 4 MG TABLET | 3 | QL, ST | FENTANYL CITRATE OTFC 800 MCG | 3 | PA |
| FANAPT 6 MG TABLET | 3 | QL, ST | FERRIPROX 100 MG/ML SOLUTION | 3 | PA, LDD |
| FANAPT 8 MG TABLET | 3 | QL, ST | FESOTERODINE ER 4 MG TABLET | 3 | QL |
| FANAPT TITRATION PACK | 3 | QL, ST | FESOTERODINE ER 8 MG TABLET | 3 | QL |
| FARXIGA 10 MG TABLET | 2 | QL | FETZIMA 20-40 MG TITRATION PAK | 3 | QL, ST |
| FARXIGA 5 MG TABLET | 2 | QL | FETZIMA ER 120 MG CAPSULE | 3 | QL, ST |
| FEBUXOSTAT 40 MG TABLET | 3 | QL | FETZIMA ER 20 MG CAPSULE | 3 | QL, ST |
| FEBUXOSTAT 80 MG TABLET | 3 | QL | FETZIMA ER 40 MG CAPSULE | 3 | QL, ST |
| FELBAMATE 400 MG TABLET | 3 | | FETZIMA ER 80 MG CAPSULE | 3 | QL, ST |
| FELBAMATE 600 MG TABLET | 3 | | FIFTY50 GLUCOSE CONTROL SOLN | 2 | |
| FELBAMATE 600 MG/5 ML SUSP | 3 | | FIFTY50 INS 0.3 ML 31GX5/16" | 2 | |
| FELODIPINE ER 10 MG TABLET | 1 | | FIFTY50 INS 0.5 ML 31GX5/16" | 2 | |
| FELODIPINE ER 2.5 MG TABLET | 1 | | FIFTY50 INS SYR 1 ML 31GX5/16" | 2 | |
| FELODIPINE ER 5 MG TABLET | 1 | | FIFTY50 PEN 31G X 3/16" NEEDLE | 2 | |
| FEM PH VAGINAL JELLY | 1 | | FIFTY50 PEN 31G X 5/16" NEEDLE | 2 | |
| FEMYNOR 28 TABLET | 1 | | FIFTY50 PEN NEEDLE 32G X 1/4" | 2 | |
| FENOFIBRATE 120 MG TABLET | 1 | | FIFTY50 PEN NEEDLE 32G X 5/32" | 2 | |
| FENOFIBRATE 130 MG CAPSULE | 1 | | FILTER ASPIRATOR NEEDLE | 2 | |
| FENOFIBRATE 134 MG CAPSULE | 1 | | FILTER NEEDLE | 2 | |
| FENOFIBRATE 145 MG TABLET | 1 | | FILTER NEEDLE 19GX1-1/2" | 2 | |
| FENOFIBRATE 150 MG CAPSULE | 1 | | FILTER NEEDLE 5 MICRON | 2 | |
| FENOFIBRATE 160 MG TABLET | 1 | | FINASTERIDE 5 MG TABLET | 1 | |
| FENOFIBRATE 200 MG CAPSULE | 1 | | FINGOLIMOD 0.5 MG CAPSULE | 4 | PA, QL, SRX |
| FENOFIBRATE 40 MG TABLET | 1 | | FINZALA 1-0.02(24)-75 CHEW TAB | 1 | |
| FENOFIBRATE 43 MG CAPSULE | 1 | | FIRVANQ 25 MG/ML SOLUTION | 2 | QL |
| FENOFIBRATE 48 MG TABLET | 1 | | FIRVANQ 50 MG/ML SOLUTION | 2 | QL |
| FENOFIBRATE 50 MG CAPSULE | 1 | | FLAC OTIC OIL 0.01% EAR DROP | 1 | |
| FENOFIBRATE 54 MG TABLET | 1 | | FLAVOXATE HCL 100 MG TABLET | 1 | |
| FENOFIBRATE 67 MG CAPSULE | 1 | | FLECAINIDE ACETATE 100 MG TAB | 1 | |
| FENOFIBRIC ACID 105 MG TABLET | 1 | | FLECAINIDE ACETATE 150 MG TAB | 1 | |
| FENOFIBRIC ACID 35 MG TABLET | 1 | | FLECAINIDE ACETATE 50 MG TAB | 1 | |
| FENOFIBRIC ACID DR 135 MG CAP | 1 | | FLEXICHAMBER | 2 | QL |
| FENOFIBRIC ACID DR 45 MG CAP | 1 | | FLEXICHAMBER-LG CHILD MASK | 2 | QL |
| FENOPROFEN 600 MG TABLET | 1 | | FLEXICHAMBER-SM ADULT MASK | 2 | QL |
| FENTANYL 100 MCG/HR PATCH | 1 | PA | FLEXICHAMBER-SM CHILD MASK | 2 | QL |
| FENTANYL 12 MCG/HR PATCH | 1 | PA | FLOVENT 100 MCG DISKUS | 2 | QL |
| FENTANYL 25 MCG/HR PATCH | 1 | PA | FLOVENT 250 MCG DISKUS | 2 | QL |
| FENTANYL 37.5 MCG/HR PATCH | 1 | PA | FLOVENT 50 MCG DISKUS | 2 | QL |
| FENTANYL 50 MCG/HR PATCH | 1 | PA | FLOVENT HFA 110 MCG INHALER | 2 | QL |
| FENTANYL 62.5 MCG/HR PATCH | 1 | PA | FLOVENT HFA 220 MCG INHALER | 2 | QL |
| FENTANYL 75 MCG/HR PATCH | 1 | PA | FLOVENT HFA 44 MCG INHALER | 2 | QL |
| FENTANYL 87.5 MCG/HR PATCH | 1 | PA | FLOW-EZE VENTED NEEDLE | 2 | |
| FENTANYL CIT OTFC 1,200 MCG | 3 | PA | FLUAD QUAD | 2 | |
| FENTANYL CIT OTFC 1,600 MCG | 3 | PA | FLUARIX QUAD | 2 | |
| FENTANYL CITRATE OTFC 200 MCG | 3 | PA | FLUBLOK QUAD | 2 | |
| FENTANYL CITRATE OTFC 400 MCG | 3 | PA | FLUCELVAX QUAD | 2 | |
| FENTANYL CITRATE OTFC 600 MCG | 3 | PA | FLUCONAZOLE 10 MG/ML SUSP | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| FLUCONAZOLE 100 MG TABLET | 1 | | FLUTAMIDE 125 MG CAPSULE | 1 | |
| FLUCONAZOLE 150 MG TABLET | 1 | | FLUTICASON PROP 0.005% OINT | 1 | |
| FLUCONAZOLE 200 MG TABLET | 1 | | FLUTICASON PROP 0.05% CREAM | 1 | |
| FLUCONAZOLE 40 MG/ML SUSP | 1 | | FLUTICASON PROP 0.05% LOTION | 1 | |
| FLUCONAZOLE 50 MG TABLET | 1 | | FLUTICASON PROP 50 MCG SPRAY | 1 | |
| FLUCYTOSINE 250 MG CAPSULE | 3 | | FLUTICASON-SALMETEROL 100-50 | 1 | QL |
| FLUCYTOSINE 500 MG CAPSULE | 3 | | FLUTICASON-SALMETEROL 250-50 | 1 | QL |
| FLUDROCORTISONE 0.1 MG TABLET | 1 | | FLUTICASON-SALMETEROL 500-50 | 1 | QL |
| FLULAVAL QUAD | 2 | | FLUVASTATIN ER 80 MG TABLET | 1 | |
| FLUMIST QUAD | 2 | | FLUVASTATIN SODIUM 20 MG CAP | 1 | |
| FLUNISOLIDE 0.025% SPRAY | 1 | | FLUVASTATIN SODIUM 40 MG CAP | 1 | |
| FLUOCINOLONE 0.01% BODY OIL | 1 | | FLUVOXAMINE ER 100 MG CAPSULE | 1 | QL |
| FLUOCINOLONE 0.01% CREAM | 1 | | FLUVOXAMINE ER 150 MG CAPSULE | 1 | QL |
| FLUOCINOLONE 0.01% SCALP OIL | 1 | | FLUVOXAMINE MALEATE 100 MG TAB | 1 | QL |
| FLUOCINOLONE 0.01% SOLUTION | 1 | | FLUVOXAMINE MALEATE 25 MG TAB | 1 | QL |
| FLUOCINOLONE 0.025% CREAM | 1 | | FLUVOXAMINE MALEATE 50 MG TAB | 1 | QL |
| FLUOCINOLONE 0.025% OINTMENT | 1 | | FLUZONE HIGH-DOSE QUAD | 2 | |
| FLUOCINOLONE OIL 0.01% EAR DRP | 1 | | FLUZONE QUAD | 2 | |
| FLUOCINONIDE 0.05% CREAM | 1 | | FOLIC ACID 1 MG TABLET | 1 | |
| FLUOCINONIDE 0.05% GEL | 1 | | FOLIVANE-OB CAPSULE | 1 | |
| FLUOCINONIDE 0.05% OINTMENT | 1 | | FONDAPARINUX 10 MG/0.8 ML SYR | 4 | QL, SRX |
| FLUOCINONIDE 0.05% SOLUTION | 1 | | FONDAPARINUX 2.5 MG/0.5 ML SYR | 4 | QL, SRX |
| FLUOCINONIDE 0.1% CREAM | 1 | | FONDAPARINUX 5 MG/0.4 ML SYR | 4 | QL, SRX |
| FLUOCINONIDE-E 0.05% CREAM | 1 | | FONDAPARINUX 7.5 MG/0.6 ML SYR | 4 | QL, SRX |
| FLUORIDEX DAILY DEFENSE | 1 | | FORA HIGH CONTROL SOLUTION | 2 | |
| FLUORIDEX SENSITIV RLF PASTE | 1 | | FORA KETONE CONTROL SOLN-L1 | 2 | |
| FLUOROMETHOLONE 0.1% DROPS | 1 | | FORA LOW CONTROL SOLUTION | 2 | |
| FLUOROURACIL 0.5% CREAM | 3 | | FORA NORMAL CONTROL SOLUTION | 2 | |
| FLUOROURACIL 2% TOPICAL SOLN | 1 | | FORACARE GDH HIGH CONTROL SOLN | 2 | |
| FLUOROURACIL 5% CREAM | 1 | | FORACARE GDH LOW CONTROL SOLN | 2 | |
| FLUOROURACIL 5% TOPICAL SOLN | 1 | | FORACARE GDH NORM CONTROL SOLN | 2 | |
| FLUOXETINE 20 MG/5 ML SOLUTION | 1 | QL | FORMOTEROL 20 MCG/2 ML NEB VL | 3 | QL |
| FLUOXETINE DR 90 MG CAPSULE | 1 | QL | FORTISCARE CONTROL SOLN HIGH | 2 | |
| FLUOXETINE HCL 10 MG CAPSULE | 1 | QL | FORTISCARE CONTROL SOLN LOW | 2 | |
| FLUOXETINE HCL 20 MG CAPSULE | 1 | QL | FORTISCARE CONTROL SOLN NORMAL | 2 | |
| FLUOXETINE HCL 40 MG CAPSULE | 1 | QL | FOSAMPRENAVIR 700 MG TABLET | 1 | |
| FLUPHENAZINE 1 MG TABLET | 1 | | FOSFOMYCIN 3 GM SACHET | 2 | |
| FLUPHENAZINE 10 MG TABLET | 1 | | FOSINOPRIL SODIUM 10 MG TAB | 1 | |
| FLUPHENAZINE 2.5 MG TABLET | 1 | | FOSINOPRIL SODIUM 20 MG TAB | 1 | |
| FLUPHENAZINE 2.5 MG/5 ML ELIX | 1 | | FOSINOPRIL SODIUM 40 MG TAB | 1 | |
| FLUPHENAZINE 5 MG TABLET | 1 | | FOSINOPRIL-HCTZ 10-12.5 MG TAB | 1 | |
| FLUPHENAZINE 5 MG/ML CONC | 1 | | FOSINOPRIL-HCTZ 20-12.5 MG TAB | 1 | |
| FLURANDRENOLIDE 0.05% CREAM | 3 | | FOSRENOL 1,000 MG POWDER PACK | 3 | |
| FLURANDRENOLIDE 0.05% LOTION | 3 | | FOSRENOL 750 MG POWDER PACKET | 3 | |
| FLURANDRENOLIDE 0.05% OINTMENT | 3 | | FRAGMIN 10,000 UNIT/4 ML VIAL | 4 | QL, SRX |
| FLURBIPROFEN 100 MG TABLET | 1 | | FRAGMIN 10,000 UNIT/ML SYRINGE | 4 | QL, SRX |
| FLURBIPROFEN 0.03% EYE DROP | 1 | | FRAGMIN 12,500 UNIT/0.5 ML SYR | 4 | QL, SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|-------------------------------|------|---|
| FRAGMIN 15,000 UNIT/0.6 ML SYR | 4 | QL, SRX | GALZIN 25 MG CAPSULE | 3 | |
| FRAGMIN 18,000 UNIT/0.72 ML | 4 | QL, SRX | GALZIN 50 MG CAPSULE | 3 | |
| FRAGMIN 2,500 UNIT/0.2 ML SYR | 4 | QL, SRX | GARDASIL 9 SYRINGE | 2 | |
| FRAGMIN 5,000 UNIT/0.2 ML SYR | 4 | QL, SRX | GARDASIL 9 VIAL | 2 | |
| FRAGMIN 7,500 UNIT/0.3 ML SYR | 4 | QL, SRX | GATIFLOXACIN 0.5% EYE DROPS | 1 | |
| FRAGMIN 95,000 UNIT/3.8 ML VL | 4 | QL, SRX | GATTEX 5 MG 30-VIAL KIT | 4 | PA, LDD, SRX |
| FREESTYLE CONTROL SOLUTION | 2 | | GATTEX 5 MG ONE-VIAL KIT | 4 | PA, LDD, SRX |
| FREESTYLE LIBRE 10 DAY READER | 2 | PA, QL | GATTEX 5 MG VIAL | 4 | PA, LDD, SRX |
| FREESTYLE LIBRE 10 DAY SENSOR | 2 | PA, QL | GAVILYTE-C | 1 | |
| FREESTYLE LIBRE 14 DAY READER | 2 | PA, QL | GAVILYTE-G | 1 | |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA, QL | GAVILYTE-N | 1 | |
| FREESTYLE LIBRE 2 READER | 2 | PA, QL | GE100 CONTROL SOLUTION NORMAL | 2 | |
| FREESTYLE LIBRE 2 SENSOR | 2 | PA, QL | GEFITINIB 250 MG TABLET | 4 | PA, QL, SRX |
| FREESTYLE LIBRE 3 SENSOR | 2 | PA, QL | GEMFIBROZIL 600 MG TABLET | 1 | |
| FREESTYLE PREC 0.5 ML 30GX5/16 | 2 | | GEMMILY 1 MG-20 MCG CAPSULE | 1 | |
| FREESTYLE PREC 0.5 ML 31GX5/16 | 2 | | GENERLAC 10 GM/15 ML SOLUTION | 1 | |
| FREESTYLE PREC 1 ML 30GX5/16" | 2 | | GENGRAF 100 MG CAPSULE | 1 | |
| FREESTYLE PREC 1 ML 31GX5/16" | 2 | | GENGRAF 100 MG/ML SOLUTION | 1 | |
| FROVATRIPTAN SUCC 2.5 MG TAB | 1 | QL | GENGRAF 25 MG CAPSULE | 1 | |
| FUROSEMIDE 10 MG/ML SOLUTION | 1 | | GENOTROPIN 12 MG CARTRIDGE | 4 | PA, SRX |
| FUROSEMIDE 20 MG TABLET | 1 | | GENOTROPIN 5 MG CARTRIDGE | 4 | PA, SRX |
| FUROSEMIDE 40 MG TABLET | 1 | | GENOTROPIN MINIQUICK 0.2 MG | 4 | PA, SRX |
| FUROSEMIDE 40 MG/5 ML SOLN | 1 | | GENOTROPIN MINIQUICK 0.4 MG | 4 | PA, SRX |
| FUROSEMIDE 80 MG TABLET | 1 | | GENOTROPIN MINIQUICK 0.6 MG | 4 | PA, SRX |
| FUZEON 90 MG VIAL | 4 | LDD, SRX | GENOTROPIN MINIQUICK 0.8 MG | 4 | PA, SRX |
| FYAVOLV 0.5 MG-2.5 MCG TABLET | 1 | | GENOTROPIN MINIQUICK 1 MG | 4 | PA, SRX |
| FYAVOLV 1 MG-5 MCG TABLET | 1 | | GENOTROPIN MINIQUICK 1.2 MG | 4 | PA, SRX |
| FYCOMPA 10 MG TABLET | 3 | PA, QL | GENOTROPIN MINIQUICK 1.4 MG | 4 | PA, SRX |
| FYCOMPA 12 MG TABLET | 3 | PA, QL | GENOTROPIN MINIQUICK 1.6 MG | 4 | PA, SRX |
| FYCOMPA 2 MG TABLET | 3 | PA, QL | GENOTROPIN MINIQUICK 1.8 MG | 4 | PA, SRX |
| FYCOMPA 4 MG TABLET | 3 | PA, QL | GENOTROPIN MINIQUICK 2 MG | 4 | PA, SRX |
| FYCOMPA 6 MG TABLET | 3 | PA, QL | GENTAK 0.3 % EYE OINTMENT | 1 | |
| FYCOMPA 8 MG TABLET | 3 | PA, QL | GENTAMICIN 0.1% CREAM | 1 | |
| GABAPENTIN 100 MG CAPSULE | 1 | | GENTAMICIN 0.1% OINTMENT | 1 | |
| GABAPENTIN 250 MG/5 ML SOLN | 1 | | GENTAMICIN 0.3% EYE DROP | 1 | |
| GABAPENTIN 300 MG CAPSULE | 1 | | GENVOYA TABLET | 2 | QL |
| GABAPENTIN 300 MG/6 ML SOLN | 1 | | GIANVI 3 MG-0.02 MG TABLET | 1 | |
| GABAPENTIN 400 MG CAPSULE | 1 | | GILOTRIF 20 MG TABLET | 4 | PA, QL, LDD, SRX |
| GABAPENTIN 600 MG TABLET | 1 | | GILOTRIF 30 MG TABLET | 4 | PA, QL, LDD, SRX |
| GABAPENTIN 800 MG TABLET | 1 | | GILOTRIF 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| GALANTAMINE ER 16 MG CAPSULE | 1 | QL | GLATIRAMER 20 MG/ML SYRINGE | 4 | PA, SRX |
| GALANTAMINE ER 24 MG CAPSULE | 1 | QL | GLATIRAMER 40 MG/ML SYRINGE | 4 | PA, SRX |
| GALANTAMINE ER 8 MG CAPSULE | 1 | QL | GLATOPA 20 MG/ML SYRINGE | 4 | PA, SRX |
| GALANTAMINE HBR 12 MG TABLET | 1 | | GLATOPA 40 MG/ML SYRINGE | 4 | PA, SRX |
| GALANTAMINE HBR 4 MG TABLET | 1 | | GLEOSTINE 10 MG CAPSULE | 3 | PA |
| GALANTAMINE HBR 8 MG TABLET | 1 | | GLEOSTINE 100 MG CAPSULE | 3 | PA |
| GALANTAMINE 4 MG/ML ORAL SOLN | 1 | | GLEOSTINE 40 MG CAPSULE | 3 | PA |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| HAILEY FE 1-20 TABLET | 1 | | HM ULTICARE PEN NEEDLE 6MM 31G | 2 | |
| HALCINONIDE 0.1% CREAM | 3 | | HM ULTICARE PEN NEEDLE 8MM 31G | 2 | |
| HALOBETASOL PROP 0.05% CREAM | 1 | | HOMATROPAIRE 5% EYE DROPS | 1 | |
| HALOBETASOL PROP 0.05% OINTMNT | 1 | | HOMATROPINE 5% EYE DROPS | 1 | |
| HALOETTE VAGINAL RING | 1 | | HUMALOG 100 UNIT/ML CARTRIDGE | 2 | QL |
| HALOPERIDOL 0.5 MG TABLET | 1 | | HUMALOG 100 UNIT/ML KWIKPEN | 2 | QL |
| HALOPERIDOL 1 MG TABLET | 1 | | HUMALOG 100 UNIT/ML VIAL | 2 | QL |
| HALOPERIDOL 10 MG TABLET | 1 | | HUMALOG 200 UNIT/ML KWIKPEN | 2 | QL |
| HALOPERIDOL 2 MG TABLET | 1 | | HUMALOG JR 100 UNIT/ML KWIKPEN | 2 | QL |
| HALOPERIDOL 20 MG TABLET | 1 | | HUMALOG MIX 50-50 VIAL | 2 | QL |
| HALOPERIDOL 5 MG TABLET | 1 | | HUMALOG MIX 50-50 KWIKPEN | 2 | QL |
| HALOPERIDOL LAC 10 MG/5 ML CUP | 1 | | HUMALOG MIX 75-25 VIAL | 2 | QL |
| HALOPERIDOL LAC 2 MG/ML CONC | 1 | | HUMALOG MIX 75-25 KWIKPEN | 2 | QL |
| HARVONI 33.75-150 MG PELLETT PK | 4 | PA, QL, SRX | HUMALOG TEMPO PEN 100 UNIT/ML | 2 | QL |
| HARVONI 45-200 MG PELLETT PKCT | 4 | PA, QL, SRX | HUMATROPE 12 MG CARTRIDGE | 4 | PA, SRX |
| HARVONI 45-200 MG TABLET | 4 | PA, QL, SRX | HUMATROPE 24 MG CARTRIDGE | 4 | PA, SRX |
| HARVONI 90-400 MG TABLET | 4 | PA, QL, SRX | HUMATROPE 6 MG CARTRIDGE | 4 | PA, SRX |
| HAVRIX 1,440 UNIT/ML SYRINGE | 2 | | HUMIRA | 4 | PA, QL, SRX |
| HAVRIX 720 UNIT/0.5 ML SYRINGE | 2 | | HUMIRA PEN 40 MG/0.8 ML | 4 | PA, QL, SRX |
| HEALTHPRO GLUCOSE CONTROL SOLN | 2 | | HUMIRA PEN CROHN-UC-HS 40 MG | 4 | PA, QL, SRX |
| HEALTHWISE INS 0.3ML 30GX5/16" | 2 | | HUMIRA PEN PS-UV-ADOL HS 40 MG | 4 | PA, QL, SRX |
| HEALTHWISE INS 0.3ML 31GX5/16" | 2 | | HUMIRA(CF) 10 MG/0.1 ML SYRING | 4 | PA, QL, SRX |
| HEALTHWISE INS 0.5ML 30GX5/16" | 2 | | HUMIRA(CF) 20 MG/0.2 ML SYRING | 4 | PA, QL, SRX |
| HEALTHWISE INS 0.5ML 31GX5/16" | 2 | | HUMIRA(CF) 40 MG/0.4 ML SYRING | 4 | PA, QL, SRX |
| HEALTHWISE INS 1 ML 30GX5/16" | 2 | | HUMIRA(CF) PEDI CROHN 80-40 MG | 4 | PA, QL, LDD, SRX |
| HEALTHWISE INS 1 ML 31GX5/16" | 2 | | HUMIRA(CF) PEDI CROHN 80MG/0.8 | 4 | PA, QL, LDD, SRX |
| HEALTHWISE PEN NEEDLE 31G 5MM | 2 | | HUMIRA(CF) PEN 40 MG/0.4 ML | 4 | PA, QL, SRX |
| HEALTHWISE PEN NEEDLE 31G 8MM | 2 | | HUMIRA(CF) PEN 80 MG/0.8 ML | 4 | PA, QL, SRX |
| HEALTHWISE PEN NEEDLE 32G 4MM | 2 | | HUMIRA(CF) PEN CRHN-UC-HS 80MG | 4 | PA, QL, SRX |
| HEALTHY ACCENTS PENTIP 4MM 32G | 2 | | HUMIRA(CF) PEN PEDI UC 80 MG | 4 | PA, QL, LDD, SRX |
| HEALTHY ACCENTS PENTIP 5MM 31G | 2 | | HUMIRA(CF) PEN PS-UV-AHS 80-40 | 4 | PA, QL, SRX |
| HEALTHY ACCENTS PENTIP 6MM 31G | 2 | | HUMULIN 70/30 KWIKPEN | 2 | QL |
| HEALTHY ACCENTS PENTIP 8MM 31G | 2 | | HUMULIN 70-30 VIAL | 2 | QL |
| HEALTHY ACCENTS PENTIP 12MM 29G | 2 | | HUMULIN N 100 UNIT/ML KWIKPEN | 2 | QL |
| HEATHER 0.35 MG TABLET | 1 | | HUMULIN N 100 UNIT/ML VIAL | 2 | QL |
| HEB UNIFINE PNTPL PLUS 31GX3/16 | 2 | | HUMULIN R 100 UNIT/ML VIAL | 2 | QL |
| HEMA-COMBISTIX | 2 | | HUMULIN R 500 UNIT/ML KWIKPEN | 2 | QL |
| HEMMOREX-HC 25 MG SUPPOSITORY | 1 | | HUMULIN R 500 UNIT/ML KWIKPEN | 2 | QL |
| HEMMOREX-HC 30 MG SUPPOSITORY | 1 | | HYCAMTIN 0.25 MG CAPSULE | 4 | PA, SRX |
| HEPARIN SOD 5,000 UNIT/0.5 ML | 1 | | HYCAMTIN 1 MG CAPSULE | 4 | PA, SRX |
| HEPARIN SOD 5,000 UNIT/ML SYRG | 1 | | HYDRALAZINE 10 MG TABLET | 1 | |
| HEPLISAV-B 20 MCG/0.5 ML SYRNG | 2 | | HYDRALAZINE 100 MG TABLET | 1 | |
| HER STYLE 1.5 MG TABLET | 1 | | HYDRALAZINE 25 MG TABLET | 1 | |
| HIBERIX VACCINE VIAL | 2 | | HYDRALAZINE 50 MG TABLET | 1 | |
| HIBERIX VACCINE WITH DILUENT | 2 | | HYDROCHLOROTHIAZIDE 12.5 MG CP | 1 | |
| HM ULTICARE PEN NEEDLE 4MM 32G | 2 | | HYDROCHLOROTHIAZIDE 12.5 MG TB | 1 | |
| HM ULTICARE PEN NEEDLE 5MM 31G | 2 | | HYDROCHLOROTHIAZIDE 25 MG TAB | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| HYDROCHLOROTHIAZIDE 50 MG TAB | 1 | | HYDROMORPHONE 8 MG TABLET | 1 | PA |
| HYDROCODONE ER 100 MG TABLET | 1 | PA | HYDROMORPHONE HCL ER 12 MG TAB | 1 | PA |
| HYDROCODONE ER 120 MG TABLET | 1 | PA | HYDROMORPHONE HCL ER 16 MG TAB | 1 | PA |
| HYDROCODONE ER 20 MG TABLET | 1 | PA | HYDROMORPHONE HCL ER 32 MG TAB | 1 | PA |
| HYDROCODONE ER 30 MG TABLET | 1 | PA | HYDROMORPHONE HCL ER 8 MG TAB | 1 | PA |
| HYDROCODONE ER 40 MG TABLET | 1 | PA | HYDROXYCHLOROQUINE 200 MG TAB | 1 | |
| HYDROCODONE ER 60 MG TABLET | 1 | PA | HYDROXYUREA 500 MG CAPSULE | 1 | |
| HYDROCODONE ER 80 MG TABLET | 1 | PA | HYDROXYZINE 10 MG/5 ML SOLN | 1 | |
| HYDROCODONE-ACETAMIN 10-300 MG | 1 | PA | HYDROXYZINE 10 MG/5 ML SYRUP | 1 | |
| HYDROCODONE-ACETAMIN 10-325 MG | 1 | PA | HYDROXYZINE HCL 10 MG TABLET | 1 | |
| HYDROCODONE-ACETAMIN 10-325/15 | 1 | PA | HYDROXYZINE HCL 25 MG TABLET | 1 | |
| HYDROCODONE-ACETAMIN 2.5-108/5 | 1 | PA | HYDROXYZINE HCL 50 MG TABLET | 1 | |
| HYDROCODONE-ACETAMIN 5-217/10 | 1 | PA | HYDROXYZINE PAM 100 MG CAP | 1 | |
| HYDROCODONE-ACETAMIN 5-300 MG | 1 | PA | HYDROXYZINE PAM 25 MG CAP | 1 | |
| HYDROCODONE-ACETAMIN 5-325 MG | 1 | PA | HYDROXYZINE PAM 50 MG CAP | 1 | |
| HYDROCODONE-ACETAMIN 7.5-300 | 1 | PA | HYOPHEN TABLET | 1 | |
| HYDROCODONE-ACETAMIN 7.5-325 | 1 | PA | HYOSCYAMINE 0.125 MG ODT | 1 | |
| HYDROCODONE-ACETAMIN 7.5-325/15 | 1 | PA | HYOSCYAMINE 0.125 MG TAB SL | 1 | |
| HYDROCODONE-CHLORPHEN ER SUSP | 1 | | HYOSCYAMINE 0.125 MG/5 ML ELIX | 1 | |
| HYDROCODONE-HOMATROPINE 5-1.5 | 1 | QL | HYOSCYAMINE 0.125 MG/ML DROP | 1 | |
| HYDROCODONE-HOMATROPINE SOLN | 1 | QL | HYOSCYAMINE ER 0.375 MG TAB | 1 | |
| HYDROCODONE-IBUPROFEN 10-200 | 1 | PA | HYOSCYAMINE SULF 0.125 MG TAB | 1 | |
| HYDROCODONE-IBUPROFEN 5-200 MG | 1 | PA | HYOSCYAMINE SR 0.375 MG TAB | 1 | |
| HYDROCODONE-IBUPROFEN 7.5-200 | 1 | PA | HYOSYNE 0.125 MG/ML DROP | 1 | |
| HYDROCORTISON-ACETIC ACID SOLN | 1 | | HYOSYNE 125 MCG/5 ML ELIXIR | 1 | |
| HYDROCORTISONE 1% CREAM | 1 | | HYPO NEEDLE,POLYPROPYL HUB | 2 | |
| HYDROCORTISONE 1% OINTMENT | 1 | | HYPODERMIC NEEDLE,ALUM HUB | 2 | |
| HYDROCORTISONE 10 MG TABLET | 1 | | HYRIMOZ | 4 | PA, QL, SRX |
| HYDROCORTISONE 100 MG/60 ML | 1 | | IBANDRONATE SODIUM 150 MG TAB | 1 | |
| HYDROCORTISONE 2.5% CREAM | 1 | | IBRANCE 100 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE 2.5% LOTION | 1 | | IBRANCE 100 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE 2.5% OINTMENT | 1 | | IBRANCE 125 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE 20 MG TABLET | 1 | | IBRANCE 125 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE 5 MG TABLET | 1 | | IBRANCE 75 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE AC 25 MG SUPP | 1 | | IBRANCE 75 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE AC 30 MG SUPP | 1 | | IBU 400 MG TABLET | 1 | |
| HYDROCORTISONE BUTY 0.1% CREAM | 1 | | IBU 600 MG TABLET | 1 | |
| HYDROCORTISONE BUTYR 0.1% OINT | 1 | | IBU 800 MG TABLET | 1 | |
| HYDROCORTISONE BUTYR 0.1% SOLN | 1 | | IBUPROFEN 100 MG/5 ML SUSP | 1 | |
| HYDROCORTISONE VAL 0.2% CREAM | 1 | | IBUPROFEN 400 MG TABLET | 1 | |
| HYDROCORTISONE VAL 0.2% OINTMT | 1 | | IBUPROFEN 600 MG TABLET | 1 | |
| HYDROMET 5 MG-1.5 MG/5 ML SOLN | 1 | QL | IBUPROFEN 800 MG TABLET | 1 | |
| HYDROMORPHONE 1 MG/ML SOLUTION | 1 | PA | ICATIBANT 30 MG/3 ML SYRINGE | 4 | PA, LDD, SRX |
| HYDROMORPHONE 2 MG TABLET | 1 | PA | ICLEVIA 0.15 MG-0.03 MG TABLET | 1 | |
| HYDROMORPHONE 3 MG SUPPOS | 1 | PA | ICLUSIG 10 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROMORPHONE 4 MG TABLET | 1 | PA | ICLUSIG 15 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROMORPHONE 5 MG/5 ML SOLN | 1 | PA | ICLUSIG 30 MG TABLET | 4 | PA, QL, LDD, SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| ICLUSIG 45 MG TABLET | 4 | PA, QL, LDD, SRX | INFUSION SET 23" 6MM | 2 | |
| ICOSAPENT ETHYL 0.5 GM CAPSULE | 3 | PA | INFUSION SET 23" 9MM | 2 | |
| ICOSAPENT ETHYL 1 GRAM CAPSULE | 3 | PA | INFUSION SET 43" | 2 | |
| ICOSAPENT ETHYL 500 MG CAPSULE | 3 | PA | INFUSION SET 43" 6MM | 2 | |
| ILARIS 150 MG/ML VIAL | 4 | PA, LDD, SRX | INFUSION SET 43" 9MM | 2 | |
| IMATINIB MESYLATE 100 MG TAB | 4 | PA, QL, SRX | INJECT-EASE SYR NDL INTRODUCER | 2 | |
| IMATINIB MESYLATE 400 MG TAB | 4 | PA, QL, SRX | INLYTA 1 MG TABLET | 4 | PA, QL, LDD, SRX |
| IMBRUVICA 140 MG CAPSULE | 4 | PA, QL, LDD, SRX | INLYTA 5 MG TABLET | 4 | PA, QL, LDD, SRX |
| IMBRUVICA 140 MG TABLET | 4 | PA, QL, LDD, SRX | INPEN (FOR HUMALOG) BLUE | 2 | |
| IMBRUVICA 280 MG TABLET | 4 | PA, QL, LDD, SRX | INPEN (FOR HUMALOG) GREY | 2 | |
| IMBRUVICA 420 MG TABLET | 4 | PA, QL, LDD, SRX | INPEN (FOR HUMALOG) PINK | 2 | |
| IMBRUVICA 560 MG TABLET | 4 | PA, QL, LDD, SRX | INPEN (NOVOLOG OR FIASP) BLUE | 2 | |
| IMBRUVICA 70 MG CAPSULE | 4 | PA, QL, LDD, SRX | INPEN (NOVOLOG OR FIASP) GREY | 2 | |
| IMBRUVICA 70 MG/ML SUSPENSION | 4 | PA, QL, LDD, SRX | INPEN (NOVOLOG OR FIASP) PINK | 2 | |
| IMIPRAMINE HCL 10 MG TABLET | 1 | | INSET 30 INFUSION SET 23" | 2 | |
| IMIPRAMINE HCL 25 MG TABLET | 1 | | INSET INFUSION SET 23" 6MM | 2 | |
| IMIPRAMINE HCL 50 MG TABLET | 1 | | INSET INFUSION SET 23" 9MM | 2 | |
| IMIPRAMINE PAMOATE 100 MG CAP | 2 | | INSPIRACHAMBER | 2 | QL |
| IMIPRAMINE PAMOATE 125 MG CAP | 2 | | INSPIRACHAMBER WITH MASK-LARGE | 2 | QL |
| IMIPRAMINE PAMOATE 150 MG CAP | 2 | | INSPIRACHAMBER WITH MASK-MED | 2 | QL |
| IMIPRAMINE PAMOATE 75 MG CAP | 2 | | INSPIRACHAMBER WITH MASK-SMALL | 2 | QL |
| IMIQUIMOD 5% CREAM PACKET | 1 | | INSUL-CAP INSULIN HOLDER | 2 | |
| INCASSIA 0.35 MG TABLET | 1 | | INSUL-EZE SYRINGE MAGNIFIER | 2 | |
| IN-CHECK NASAL WITH MASK | 2 | | INSULIN 1 ML SYRINGE | 2 | |
| IN-CHECK ORAL FLOW METER | 2 | | INSULIN 1/2 ML SYRINGE | 2 | |
| INCONTROL PEN NEEDLE 12MM 29G | 2 | | INSULIN 3/10 ML SYRINGE | 2 | |
| INCONTROL PEN NEEDLE 4MM 32G | 2 | | INSULIN ASPART 100 UNIT/ML VL | 3 | QL, ST |
| INCONTROL PEN NEEDLE 5MM 31G | 2 | | INSULIN ASPART 100 UNIT/ML CRT | 3 | QL, ST |
| INCONTROL PEN NEEDLE 6MM 31G | 2 | | INSULIN ASPART 100 UNIT/ML PEN | 3 | QL, ST |
| INCONTROL PEN NEEDLE 8MM 31G | 2 | | INSULIN ASPART PRO MIX70-30 PN | 3 | QL, ST |
| INCONTROL ULTICARE NDL 31G 6MM | 2 | | INSULIN ASPART PRO MIX70-30 VL | 3 | QL, ST |
| INCONTROL ULTICARE NDL 31G 8MM | 2 | | INSULIN CARTRIDGE 3 ML | 2 | |
| INCONTROL ULTICARE NDL 32G 4MM | 2 | | INSULIN SYR 0.3 ML 30GX5/16" | 2 | |
| INCRELEX 40 MG/4 ML VIAL | 4 | PA, LDD, SRX | INSULIN SYR 0.3ML 31GX1/4(1/2) | 2 | |
| INCRUSE ELLIPTA 62.5 MCG INH | 2 | | INSULIN SYRIN 0.3 ML 29GX1/2" | 2 | |
| INDAPAMIDE 1.25 MG TABLET | 1 | | INSULIN SYRIN 0.3 ML 30GX1/2" | 2 | |
| INDAPAMIDE 2.5 MG TABLET | 1 | | INSULIN SYRIN 0.3 ML 30GX5/16" | 2 | |
| INDOMETHACIN 25 MG CAPSULE | 1 | | INSULIN SYRIN 0.3 ML 31GX5/16" | 2 | |
| INDOMETHACIN 50 MG CAPSULE | 1 | | INSULIN SYRIN 0.5 ML 28G 1/2" | 2 | |
| INDOMETHACIN ER 75 MG CAPSULE | 1 | | INSULIN SYRIN 0.5 ML 28GX1/2" | 2 | |
| INFANRIX DTAP SYRINGE | 2 | | INSULIN SYRIN 0.5 ML 29GX1/2" | 2 | |
| INFANRIX DTAP VIAL | 2 | | INSULIN SYRIN 0.5 ML 30G 1/2" | 2 | |
| INFINITY CONTROL SOLN HIGH | 2 | | INSULIN SYRIN 0.5 ML 30G 5/16" | 2 | |
| INFINITY CONTROL SOLN LOW | 2 | | INSULIN SYRIN 0.5 ML 30GX1/2" | 2 | |
| INFINITY CONTROL SOLN NORMAL | 2 | | INSULIN SYRIN 0.5 ML 30GX5/16" | 2 | |
| INFINITY VOICE CTRL SOLN-LVL 2 | 2 | | INSULIN SYRIN 0.5 ML 31G 5/16" | 2 | |
| INFUSION SET 23" | 2 | | INSULIN SYRIN 0.5 ML 31GX5/16" | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| INSULIN SYRIN 1 ML 29GX1/2" | 2 | | INTROVALE 0.15-0.03 MG TABLET | 1 | |
| INSULIN SYRING 0.5 ML 27G 1/2" | 2 | | IPOLE VIAL | 2 | |
| INSULIN SYRING 0.5 ML 27G 13MM | 2 | | IPRAT-ALBUT 0.5-3(2.5) MG/3 ML | 1 | |
| INSULIN SYRING 0.5 ML 27GX1/2" | 2 | | IPRATROPIUM 0.03% SPRAY | 1 | |
| INSULIN SYRING 0.5 ML 28G 1/2" | 2 | | IPRATROPIUM 0.06% SPRAY | 1 | |
| INSULIN SYRING 0.5 ML 29G 1/2" | 2 | | IPRATROPIUM BR 0.02% SOLN | 1 | |
| INSULIN SYRING 0.5 ML 29GX1/2" | 2 | | IRBESARTAN 150 MG TABLET | 1 | |
| INSULIN SYRINGE 0.3 ML | 2 | | IRBESARTAN 300 MG TABLET | 1 | |
| INSULIN SYRINGE 0.3 ML 31GX1/4 | 2 | | IRBESARTAN 75 MG TABLET | 1 | |
| INSULIN SYRINGE 0.5 ML | 2 | | IRBESARTAN-HCTZ 150-12.5 MG TB | 1 | |
| INSULIN SYRINGE 0.5 ML 31GX1/4 | 2 | | IRBESARTAN-HCTZ 300-12.5 MG TB | 1 | |
| INSULIN SYRINGE 1 ML | 2 | | ISENTRESS 100 MG POWDER PACKET | 2 | |
| INSULIN SYRINGE 1 ML 27G 1/2" | 2 | | ISENTRESS 100 MG TABLET CHEW | 2 | |
| INSULIN SYRINGE 1 ML 27G 13MM | 2 | | ISENTRESS 25 MG TABLET CHEW | 2 | |
| INSULIN SYRINGE 1 ML 27GX1/2" | 2 | | ISENTRESS 400 MG TABLET | 2 | |
| INSULIN SYRINGE 1 ML 28G 1/2" | 2 | | ISENTRESS HD 600 MG TABLET | 2 | |
| INSULIN SYRINGE 1 ML 28G 13MM | 2 | | ISIBLOOM 28 DAY TABLET | 1 | |
| INSULIN SYRINGE 1 ML 28GX1/2" | 2 | | ISONIAZID 100 MG TABLET | 1 | |
| INSULIN SYRINGE 1 ML 29G 1/2" | 2 | | ISONIAZID 300 MG TABLET | 1 | |
| INSULIN SYRINGE 1 ML 29GX1/2" | 2 | | ISONIAZID 50 MG/5 ML SOLUTION | 1 | |
| INSULIN SYRINGE 1 ML 30G 1/2" | 2 | | ISOSORBIDE DINITRATE 10 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 30G 5/16" | 2 | | ISOSORBIDE DINITRATE 20 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 30GX1/2" | 2 | | ISOSORBIDE DINITRATE 30 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 30GX5/16" | 2 | | ISOSORBIDE DINITRATE 5 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 31G 5/16" | 2 | | ISOSORBIDE MONONIT 10 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 31GX1/4" | 2 | | ISOSORBIDE MONONIT 20 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 31GX5/16" | 2 | | ISOSORBIDE MONONIT ER 120 MG | 1 | |
| INSUPEN 30G ULTRAFIN NEEDLE | 2 | | ISOSORBIDE MONONIT ER 30 MG TB | 1 | |
| INSUPEN 31G ULTRAFIN NEEDLE | 2 | | ISOSORBIDE MONONIT ER 60 MG TB | 1 | |
| INSUPEN 32G 6MM PEN NEEDLE | 2 | | ISOTRETINOIN 10 MG CAPSULE | 3 | |
| INSUPEN 32G 8MM PEN NEEDLE | 2 | | ISOTRETINOIN 20 MG CAPSULE | 3 | |
| INSUPEN PEN NEEDLE 29GX1/2" | 2 | | ISOTRETINOIN 30 MG CAPSULE | 3 | |
| INSUPEN PEN NEEDLE 29GX12MM | 2 | | ISOTRETINOIN 40 MG CAPSULE | 3 | |
| INSUPEN PEN NEEDLE 30GX8MM | 2 | | ISOXSUPRINE 10 MG TABLET | 1 | |
| INSUPEN PEN NEEDLE 31G 5MM | 2 | | ISOXSUPRINE 20 MG TABLET | 1 | |
| INSUPEN PEN NEEDLE 31G 8MM | 2 | | ISRADIPINE 2.5 MG CAPSULE | 1 | |
| INSUPEN PEN NEEDLE 31GX3/16" | 2 | | ISRADIPINE 5 MG CAPSULE | 1 | |
| INSUPEN PEN NEEDLE 31GX5/16" | 2 | | ITRACONAZOLE 10 MG/ML SOLUTION | 2 | |
| INSUPEN PEN NEEDLE 31GX6MM | 2 | | ITRACONAZOLE 100 MG CAPSULE | 2 | QL |
| INSUPEN PEN NEEDLE 31GX8MM | 2 | | ITRACONAZOLE 100 MG/10 ML CUP | 2 | |
| INSUPEN PEN NEEDLE 32G 4MM | 2 | | IV PREP ANTISEPTIC WIPES | 2 | |
| INSUPEN PEN NEEDLE 32GX4MM | 2 | | IVERMECTIN 0.5% LOTION | 3 | |
| INSUPEN PEN NEEDLE 32GX5/32" | 2 | | IVERMECTIN 3 MG TABLET | 1 | PA |
| INSUPEN PEN NEEDLE 32GX6MM | 2 | | JAIMIESS 0.15-0.03-0.01 MG TAB | 1 | |
| INSUPEN PEN NEEDLE 32GX8MM | 2 | | JAKAFI 10 MG TABLET | 4 | PA, QL, LDD, SRX |
| INSUPEN PEN NEEDLE 33GX4MM | 2 | | JAKAFI 15 MG TABLET | 4 | PA, QL, LDD, SRX |
| INTELENCE 25 MG TABLET | 2 | | JAKAFI 20 MG TABLET | 4 | PA, QL, LDD, SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|---------------------------------|------|---|
| JAKAFI 25 MG TABLET | 4 | PA, QL, LDD, SRX | KIONEX 15 GM/60 ML SUSPENSION | 1 | |
| JAKAFI 5 MG TABLET | 4 | PA, QL, LDD, SRX | KLOR-CON 10 MEQ TABLET | 1 | |
| JANSSEN COVID-19 VACCINE (EUA) | 2 | | KLOR-CON 20 MEQ PACKET | 1 | |
| JANTOVEN 1 MG TABLET | 1 | | KLOR-CON 8 MEQ TABLET | 1 | |
| JANTOVEN 10 MG TABLET | 1 | | KLOR-CON M10 TABLET | 1 | |
| JANTOVEN 2 MG TABLET | 1 | | KLOR-CON M15 TABLET | 3 | |
| JANTOVEN 2.5 MG TABLET | 1 | | KLOR-CON M20 TABLET | 1 | |
| JANTOVEN 3 MG TABLET | 1 | | KMART VALU PLUS SYR 1/2 ML | 2 | |
| JANTOVEN 4 MG TABLET | 1 | | KOMBIGLYZE XR 2.5-1,000 MG TAB | 2 | QL |
| JANTOVEN 5 MG TABLET | 1 | | KOMBIGLYZE XR 5-1,000 MG TAB | 2 | QL |
| JANTOVEN 6 MG TABLET | 1 | | KOMBIGLYZE XR 5-500 MG TABLET | 2 | QL |
| JANTOVEN 7.5 MG TABLET | 1 | | K-PHOS #2 TABLET | 3 | |
| JASMIEL 3 MG-0.02 MG TABLET | 1 | | K-PHOS ORIGINAL TABLET | 3 | |
| JENCYCLA 0.35 MG TABLET | 1 | | KRO INS SYR 0.3 ML 29GX1/2" | 2 | |
| JINTELI 1 MG-5 MCG TABLET | 1 | | KRO INS SYRIN 0.5 ML 31GX5/16" | 2 | |
| JOLESSA 0.15 MG-0.03 MG TABLET | 1 | | KRO INSULIN SYR 1 ML 30GX5/16" | 2 | |
| JULEBER 28 DAY TABLET | 1 | | KRO PEN NEEDLE 4MM X 32G | 2 | |
| JULUCA 50-25 MG TABLET | 2 | QL | KRO PEN NEEDLE 4MM X 33G | 2 | |
| JUNEL 1 MG-20 MCG TABLET | 1 | | KRO PEN NEEDLE 5MM X 31G | 2 | |
| JUNEL 1.5 MG-30 MCG TABLET | 1 | | KRO PEN NEEDLE 6MM X 31G | 2 | |
| JUNEL FE 1 MG-20 MCG TABLET | 1 | | KRO PEN NEEDLE 8MM X 31G | 2 | |
| JUNEL FE 1.5 MG-30 MCG TABLET | 1 | | KROGER INS SYR 0.3 ML 30GX5/16" | 2 | |
| JUNEL FE 24 TABLET | 1 | | KROGER INS SYR 0.5 ML 29GX1/2" | 2 | |
| KAITLIB FE 0.8-0.025MG CHEW TB | 1 | | KROGER INS SYR 1 ML 29GX1/2" | 2 | |
| KALLIGA 28 DAY TABLET | 1 | | KROGER INS SYR 1 ML 31GX5/16" | 2 | |
| KARIVA 28 DAY TABLET | 1 | | KROGER PEN NEEDLES 31G X 5/16" | 2 | |
| KELNOR 1-35 28 TABLET | 1 | | KROGER SYR 0.5 ML 30GX5/16" | 2 | |
| KELNOR 1-50 TABLET | 1 | | KROGER SYRING 0.3 ML 31GX5/16" | 2 | |
| KETOCONAZOLE 2% CREAM | 1 | | KURVELO-28 TABLET | 1 | |
| KETOCONAZOLE 2% SHAMPOO | 1 | | KYNMOBI 10 MG SL FILM | 4 | PA, QL, SRX |
| KETOCONAZOLE 200 MG TABLET | 1 | | KYNMOBI 15 MG SL FILM | 4 | PA, QL, SRX |
| KETO-DIASTIX REAGENT STRIPS | 2 | | KYNMOBI 20 MG SL FILM | 4 | PA, QL, SRX |
| CVS KETONE CARE TEST STRIP | 2 | | KYNMOBI 25 MG SL FILM | 4 | PA, QL, SRX |
| KETONE TEST STRIP | 2 | | KYNMOBI 30 MG SL FILM | 4 | PA, QL, SRX |
| KETOPROFEN 50 MG CAPSULE | 1 | | LABETALOL HCL 100 MG TABLET | 1 | |
| KETOPROFEN 75 MG CAPSULE | 1 | | LABETALOL HCL 200 MG TABLET | 1 | |
| KETOPROFEN ER 200 MG CAPSULE | 1 | | LABETALOL HCL 300 MG TABLET | 1 | |
| KETOROLAC 0.4% OPHTH SOLUTION | 1 | | LABSTIX REAGENT STRIPS | 2 | |
| KETOROLAC 0.5% OPHTH SOLUTION | 1 | | LACOSAMIDE 10 MG/ML SOLUTION | 2 | QL |
| KETOROLAC 10 MG TABLET | 1 | QL | LACOSAMIDE 100 MG TABLET | 2 | QL |
| KETOSTIX REAGENT STRIP | 2 | | LACOSAMIDE 150 MG TABLET | 2 | QL |
| KINERET 100 MG/0.67 ML SYRINGE | 4 | PA, QL, LDD, SRX | LACOSAMIDE 200 MG TABLET | 2 | QL |
| KINRAY INS SYR 1 ML 31GX5/16" | 2 | | LACOSAMIDE 50 MG TABLET | 2 | QL |
| KINRAY SYRING 0.3 ML 31GX5/16" | 2 | | LACRISERT 5 MG EYE INSERT | 3 | |
| KINRAY SYRING 0.5 ML 31GX5/16" | 2 | | LACTATED RINGERS IRRIGATION | 1 | |
| KINRIX TIP-LOK SYRINGE | 2 | | LACTULOSE 10 GM/15 ML SOLUTION | 1 | |
| KINRIX VIAL | 2 | | LACTULOSE 20 GM/30 ML SOLUTION | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| LAMIVUDINE 10 MG/ML ORAL SOLN | 1 | | LEADER INS SYR 1 ML 29GX1/2" | 2 | |
| LAMIVUDINE 150 MG TABLET | 1 | | LEADER INS SYR 1 ML 30GX5/16" | 2 | |
| LAMIVUDINE 300 MG TABLET | 1 | | LEADER INS SYR 1 ML 31GX5/16" | 2 | |
| LAMIVUDINE HBV 100 MG TABLET | 1 | | LEADER INSULIN SYRINGE 0.3 ML | 2 | |
| LAMIVUDINE-ZIDOVUDINE TABLET | 1 | | LEADER PEN NEEDLES 12MM 29G | 2 | |
| LAMOTRIGINE (BLUE) | 1 | | LEADER SYRING 0.3 ML 31GX5/16" | 2 | |
| LAMOTRIGINE (GREEN) | 1 | | LEADER SYRING 0.5 ML 31GX5/16" | 2 | |
| LAMOTRIGINE (ORANGE) | 1 | | LEDIPASVIR-SOFOSBUVIR 90-400MG | 4 | PA, QL, SRX |
| LAMOTRIGINE 100 MG TABLET | 1 | | LEENA 28 TABLET | 1 | |
| LAMOTRIGINE 150 MG TABLET | 1 | | LEFLUNOMIDE 10 MG TABLET | 1 | |
| LAMOTRIGINE 200 MG TABLET | 1 | | LEFLUNOMIDE 20 MG TABLET | 1 | |
| LAMOTRIGINE 25 MG DISPER TAB | 1 | | LENALIDOMIDE 10 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE 25 MG TABLET | 1 | | LENALIDOMIDE 15 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE 5 MG DISPER TABLET | 1 | | LENALIDOMIDE 2.5 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 100 MG TABLET | 1 | | LENALIDOMIDE 20 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 200 MG TABLET | 1 | | LENALIDOMIDE 25 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 25 MG TABLET | 1 | | LENALIDOMIDE 5 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 250 MG TABLET | 1 | | LENVIMA 10 MG DAILY DOSE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 300 MG TABLET | 1 | | LENVIMA 12 MG DAILY DOSE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 50 MG TABLET | 1 | | LENVIMA 14 MG DAILY DOSE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT (BLUE) | 1 | | LENVIMA 18 MG DAILY DOSE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT (GREEN) | 1 | | LENVIMA 20 MG DAILY DOSE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT (ORANGE) | 1 | | LENVIMA 24 MG DAILY DOSE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 100 MG TABLET | 1 | | LENVIMA 4 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 200 MG TABLET | 1 | | LENVIMA 8 MG DAILY DOSE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 25 MG TABLET | 1 | | LESSINA-28 TABLET | 1 | |
| LAMOTRIGINE ODT 50 MG TABLET | 1 | | LETOZOLE 2.5 MG TABLET | 1 | |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 1 | | LEUCOVORIN CALCIUM 10 MG TAB | 1 | |
| LANSOPRAZOLE DR 15 MG CAPSULE | 1 | QL | LEUCOVORIN CALCIUM 15 MG TAB | 1 | |
| LANSOPRAZOLE DR 30 MG CAPSULE | 1 | QL | LEUCOVORIN CALCIUM 25 MG TAB | 1 | |
| LANTHANUM CARB 1,000 MG TB CHW | 3 | | LEUCOVORIN CALCIUM 5 MG TAB | 1 | |
| LANTHANUM CARB 500 MG TAB CHEW | 3 | | LEUKERAN 2 MG TABLET | 3 | |
| LANTHANUM CARB 750 MG TAB CHEW | 3 | | LEUKINE 250 MCG VIAL | 4 | SRX |
| LAPATINIB 250 MG TABLET | 4 | PA, QL, SRX | LEUPROLIDE 2WK 14 MG/2.8 ML KT | 4 | PA, SRX |
| LARIN 1.5 MG-30 MCG TABLET | 1 | | LEVALBUTEROL 0.31 MG/3 ML SOL | 1 | |
| LARIN 21 1-20 TABLET | 1 | | LEVALBUTEROL 0.63 MG/3 ML SOL | 1 | |
| LARIN 24 FE 1 MG-20 MCG TABLET | 1 | | LEVALBUTEROL 1.25 MG/3 ML SOL | 1 | |
| LARIN FE 1.5-30 TABLET | 1 | | LEVALBUTEROL CONC 1.25 MG/0.5 | 1 | |
| LARIN FE 1-20 TABLET | 1 | | LEVALBUTEROL TAR HFA 45MCG INH | 1 | QL |
| LARISSIA-28 TABLET | 1 | | LEVEMIR 100 UNIT/ML VIAL | 3 | QL, ST |
| LATANOPROST 0.005% EYE DROPS | 1 | | LEVEMIR FLEXPEN 100 UNIT/ML | 3 | QL, ST |
| LAYOLIS FE CHEWABLE TABLET | 3 | | LEVEMIR FLEXTOUCH 100 UNIT/ML | 3 | QL, ST |
| LEADER INS SYR 0.3 ML 29GX1/2" | 2 | | LEVETIRACETAM 1,000 MG TABLET | 1 | |
| LEADER INS SYR 0.5 ML 28GX1/2" | 2 | | LEVETIRACETAM 1,000 MG/10 ML | 1 | |
| LEADER INS SYR 0.5 ML 29GX1/2" | 2 | | LEVETIRACETAM 100 MG/ML SOLN | 1 | |
| LEADER INS SYR 0.5 ML 30GX1/2" | 2 | | LEVETIRACETAM 250 MG TABLET | 1 | |
| LEADER INS SYR 1 ML 28GX1/2" | 2 | | LEVETIRACETAM 500 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| LEVETIRACETAM 500 MG/5 ML CUP | 1 | | LEVOTHYROXINE 200 MCG TABLET | 1 | |
| LEVETIRACETAM 500 MG/5 ML SOLN | 1 | | LEVOTHYROXINE 25 MCG TABLET | 1 | |
| LEVETIRACETAM 750 MG TABLET | 1 | | LEVOTHYROXINE 300 MCG TABLET | 1 | |
| LEVETIRACETAM ER 500 MG TABLET | 1 | | LEVOTHYROXINE 50 MCG TABLET | 1 | |
| LEVETIRACETAM ER 750 MG TABLET | 1 | | LEVOTHYROXINE 75 MCG TABLET | 1 | |
| LEVOBUNOLOL 0.5% EYE DROPS | 1 | | LEVOTHYROXINE 88 MCG TABLET | 1 | |
| LEVOCARNITINE 1 G/10 ML SOLN | 1 | | LEVOXYL 100 MCG TABLET | 1 | |
| LEVOCARNITINE 330 MG TABLET | 1 | | LEVOXYL 112 MCG TABLET | 1 | |
| LEVOCARNITINE SF 1 G/10 ML SOL | 1 | | LEVOXYL 125 MCG TABLET | 1 | |
| LEVOCETIRIZINE 2.5 MG/5 ML SOL | 1 | | LEVOXYL 137 MCG TABLET | 1 | |
| LEVOCETIRIZINE 5 MG TABLET | 1 | | LEVOXYL 150 MCG TABLET | 1 | |
| LEVOFLOXACIN 0.5% EYE DROPS | 1 | | LEVOXYL 175 MCG TABLET | 1 | |
| LEVOFLOXACIN 1.5% EYE DROPS | 1 | | LEVOXYL 200 MCG TABLET | 1 | |
| LEVOFLOXACIN 25 MG/ML SOLUTION | 1 | | LEVOXYL 25 MCG TABLET | 1 | |
| LEVOFLOXACIN 250 MG TABLET | 1 | | LEVOXYL 50 MCG TABLET | 1 | |
| LEVOFLOXACIN 500 MG TABLET | 1 | | LEVOXYL 75 MCG TABLET | 1 | |
| LEVOFLOXACIN 750 MG TABLET | 1 | | LEVOXYL 88 MCG TABLET | 1 | |
| LEVONEST-28 TABLET | 1 | | LEVULAN KERASTICK 20% | 3 | LDD |
| LEVONO-E ESTRAD 0.15-0.03-0.01 | 1 | | LEXIVA 50 MG/ML SUSPENSION | 2 | |
| LEVONOR-E ESTRAD 0.1-0.02-0.01 | 1 | | LIDOCAINE 2% VISCOUS SOLN | 1 | |
| LEVONOR-ETH ESTRA 0.09-0.02 MG | 1 | | LIDOCAINE 5% OINTMENT | 1 | QL |
| LEVONOR-ETH ESTRAD 0.1-0.02 MG | 1 | | LIDOCAINE 5% PATCH | 1 | |
| LEVONOR-ETH ESTRAD 0.15-0.03 | 1 | | LIDOCAINE HCL 2% JEL UROJET AC | 1 | |
| LEVONOR-ETH ESTRAD TRIPHASIC | 1 | | LIDOCAINE HCL 2% JELLY | 1 | |
| LEVONORG 0.15MG-EE 20-25-30MCG | 1 | | LIDOCAINE HCL 2% JELLY URO-JET | 1 | |
| LEVONORGESTREL 1.5 MG TABLET | 1 | | LIDOCAINE HCL 4% SOLUTION | 1 | |
| LEVORA-28 TABLET | 1 | | LIDOCAINE-PRILOCAINE CREAM | 1 | |
| LEVORPHANOL 2 MG TABLET | 4 | PA, SRX | LIFESHIELD BLUNT CANNULA | 2 | |
| LEVORPHANOL 3 MG TABLET | 4 | PA, SRX | LILLOW-28 TABLET | 1 | |
| LEVO-T 100 MCG TABLET | 1 | | LINDANE 1% SHAMPOO | 1 | |
| LEVO-T 112 MCG TABLET | 1 | | LINEZOLID 100 MG/5 ML SUSP | 3 | PA |
| LEVO-T 125 MCG TABLET | 1 | | LINEZOLID 600 MG TABLET | 1 | PA |
| LEVO-T 137 MCG TABLET | 1 | | LINZESS 145 MCG CAPSULE | 3 | QL |
| LEVO-T 150 MCG TABLET | 1 | | LINZESS 290 MCG CAPSULE | 3 | QL |
| LEVO-T 175 MCG TABLET | 1 | | LINZESS 72 MCG CAPSULE | 3 | QL |
| LEVO-T 200 MCG TABLET | 1 | | LIOTHYRONINE SOD 25 MCG TAB | 1 | |
| LEVO-T 25 MCG TABLET | 1 | | LIOTHYRONINE SOD 5 MCG TAB | 1 | |
| LEVO-T 300 MCG TABLET | 1 | | LIOTHYRONINE SOD 50 MCG TAB | 1 | |
| 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 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| LITE TOUCH 31GX1/4" PEN NEEDLE | 2 | | LORYNA 3 MG-0.02 MG TABLET | 1 | |
| LITE TOUCH INSULIN 0.5 ML SYR | 2 | | LOSARTAN POTASSIUM 100 MG TAB | 1 | |
| LITE TOUCH INSULIN 1 ML SYR | 2 | | LOSARTAN POTASSIUM 25 MG TAB | 1 | |
| LITE TOUCH INSULIN SYR 0.3 ML | 2 | | LOSARTAN POTASSIUM 50 MG TAB | 1 | |
| LITE TOUCH INSULIN SYR 0.5 ML | 2 | | LOSARTAN-HCTZ 100-12.5 MG TAB | 1 | |
| LITE TOUCH INSULIN SYR 1 ML | 2 | | LOSARTAN-HCTZ 100-25 MG TAB | 1 | |
| LITE TOUCH PEN NEEDLE 29G | 2 | | LOSARTAN-HCTZ 50-12.5 MG TAB | 1 | |
| LITE TOUCH PEN NEEDLE 31G | 2 | | LOTEPREDNOL 0.5% OPHTHALMC GEL | 2 | |
| LITEAIRE MDI CHAMBER | 2 | QL | LOTEPREDNOL ETABONATE 0.5% DRP | 2 | |
| LITETOUCH INS 0.3 ML 29GX1/2" | 2 | | LOVASTATIN 10 MG TABLET | 1 | |
| LITETOUCH INS 0.3 ML 30GX5/16" | 2 | | LOVASTATIN 20 MG TABLET | 1 | |
| LITETOUCH INS 0.3 ML 31GX5/16" | 2 | | LOVASTATIN 40 MG TABLET | 1 | |
| LITETOUCH INS 0.5 ML 31GX5/16" | 2 | | LOW-OGESTREL-28 TABLET | 1 | |
| LITETOUCH LARGE MASK | 2 | QL | LOXAPINE 10 MG CAPSULE | 1 | |
| LITETOUCH MEDIUM MASK | 2 | QL | LOXAPINE 25 MG CAPSULE | 1 | |
| LITETOUCH SMALL MASK | 2 | QL | LOXAPINE 5 MG CAPSULE | 1 | |
| LITETOUCH SYR 0.5 ML 28GX1/2" | 2 | | LOXAPINE 50 MG CAPSULE | 1 | |
| LITETOUCH SYR 0.5 ML 29GX1/2" | 2 | | LO-ZUMANDIMINE 3 MG-0.02 MG TB | 1 | |
| LITETOUCH SYR 0.5 ML 30GX5/16" | 2 | | LUBIPROSTONE 24 MCG CAPSULE | 3 | |
| LITETOUCH SYRIN 1 ML 28GX1/2" | 2 | | LUBIPROSTONE 8 MCG CAPSULE | 3 | |
| LITETOUCH SYRIN 1 ML 29GX1/2" | 2 | | LURASIDONE HCL 120 MG TABLET | 3 | QL |
| LITETOUCH SYRIN 1 ML 30GX5/16" | 2 | | LURASIDONE HCL 20 MG TABLET | 3 | QL |
| LITHIUM CARBONATE 150 MG CAP | 1 | | LURASIDONE HCL 40 MG TABLET | 3 | QL |
| LITHIUM CARBONATE 300 MG CAP | 1 | | LURASIDONE HCL 60 MG TABLET | 3 | QL |
| LITHIUM CARBONATE 300 MG TAB | 1 | | LURASIDONE HCL 80 MG TABLET | 3 | QL |
| LITHIUM CARBONATE 600 MG CAP | 1 | | LUTERA-28 TABLET | 1 | |
| LITHIUM CARBONATE ER 300 MG TB | 1 | | LYLEQ 0.35 MG TABLET | 1 | |
| LITHIUM CARBONATE ER 450 MG TB | 1 | | LYLLANA 0.025 MG PATCH | 1 | QL |
| LITHOSTAT 250 MG TABLET | 3 | | LYLLANA 0.0375 MG PATCH | 1 | QL |
| LIVE BETTER PEN NEEDLES 8MM | 2 | | LYLLANA 0.05 MG PATCH | 1 | QL |
| LO LOESTRIN FE 1-10 TABLET | 2 | | LYLLANA 0.075 MG PATCH | 1 | QL |
| LOJAIMIESS 0.1-0.02-0.01 TAB | 1 | | LYLLANA 0.1 MG PATCH | 1 | QL |
| LOKELMA 10 GRAM POWDER PACKET | 3 | | LYNPARZA 100 MG TABLET | 4 | PA, QL, LDD, SRX |
| LOKELMA 5 GRAM POWDER PACKET | 3 | | LYNPARZA 150 MG TABLET | 4 | PA, QL, LDD, SRX |
| LOPERAMIDE 2 MG CAPSULE | 1 | | LYSODREN 500 MG TABLET | 3 | LDD |
| LOPINAVIR-RITONAVIR 80-20MG/ML | 1 | | LYZA 0.35 MG TABLET | 1 | |
| LOPINAVIR-RITONAVIR 100-25MG TB | 1 | | MAGELLAN INSUL SYRINGE 0.3 ML | 2 | |
| LOPINAVIR-RITONAVIR 200-50MG TB | 1 | | MAGELLAN INSUL SYRINGE 0.5 ML | 2 | |
| LORAZEPAM 0.5 MG TABLET | 1 | | MAGELLAN INSULIN SYR 0.3 ML | 2 | |
| LORAZEPAM 1 MG TABLET | 1 | | MAGELLAN INSULIN SYR 0.5 ML | 2 | |
| LORAZEPAM 2 MG TABLET | 1 | | MAGELLAN INSULIN SYRINGE 1 ML | 2 | |
| LORAZEPAM 2 MG/ML ORAL CONCENT | 1 | | MALATHION 0.5% LOTION | 1 | |
| LORAZEPAM INTENSOL 2 MG/ML | 1 | | MAPROTIline 25 MG TABLET | 1 | |
| LORCET 5-325 MG TABLET | 1 | PA | MAPROTIline 75 MG TABLET | 1 | |
| LORCET HD 10-325 MG TABLET | 1 | PA | MARLISSA-28 TABLET | 1 | |
| LORCET PLUS 7.5-325 MG TABLET | 1 | PA | MARPLAN 10 MG TABLET | 3 | |
| LORTAB 10 MG-300 MG/15 ML ELXR | 1 | PA | MATZIM LA 180 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| MATZIM LA 240 MG TABLET | 1 | | MENACTRA VIAL | 2 | |
| MATZIM LA 300 MG TABLET | 1 | | MENEST 0.3 MG TABLET | 3 | |
| MATZIM LA 360 MG TABLET | 1 | | MENEST 0.625 MG TABLET | 3 | |
| MATZIM LA 420 MG TABLET | 1 | | MENEST 1.25 MG TABLET | 3 | |
| MAXICOMFORT II PEN NDJ 31GX6MM | 2 | | MENEST 2.5 MG TABLET | 3 | |
| MAXI-COMFORT INS 0.5 ML 28G | 2 | | MENQUADFI VIAL | 2 | |
| MAXICOMFORT INS 0.5ML 27GX1/2" | 2 | | MENTAX 1% CREAM | 3 | |
| MAXICOMFORT INS 1 ML 27GX1/2" | 2 | | MENVEO 1 VIAL-A-C-Y-W-135-DIP | 2 | |
| MAXI-COMFORT INS 1 ML 28GX1/2" | 2 | | MENVEO A-C-Y-W KIT (2 VIALS) | 2 | |
| MAXICOMFORT PEN NDJ 29G X 5MM | 2 | | MEPERIDINE 50 MG TABLET | 1 | PA |
| MAXICOMFORT PEN NDJ 29G X 8MM | 2 | | MEPERIDINE 50 MG/5 ML SOLUTION | 1 | PA |
| MECLIZINE 12.5 MG TABLET | 1 | | MEPROBAMATE 200 MG TABLET | 1 | |
| MECLIZINE 25 MG TABLET | 1 | | MEPROBAMATE 400 MG TABLET | 1 | |
| MECLOFENAMATE 100 MG CAPSULE | 1 | | MERCAPTOPYRINE 50 MG TABLET | 1 | |
| MECLOFENAMATE 50 MG CAPSULE | 1 | | MERZEE 1 MG-20 MCG CAPSULE | 1 | |
| MEDISENSE GLUC-KET CONT SOL | 2 | | MESALAMINE 4 GM/60 ML ENEMA | 3 | |
| MEDISENSE H-L CONTROL SOLUTION | 2 | | MESALAMINE 4 GM/60 ML KIT | 3 | |
| MEDISENSE H-M-L CONTROL SOLN | 2 | | MESALAMINE 800 MG DR TABLET | 3 | |
| MEDISENSE MID CONTROL SOLUTION | 2 | | MESALAMINE ER 0.375 GRAM CAP | 2 | |
| MEDPOINT CONTROL SOLUTION | 2 | | MESALAMINE ER 500 MG CAPSULE | 3 | |
| MEDROL 2 MG TABLET | 3 | | MESNEX 400 MG TABLET | 4 | SRX |
| MEDROXYPROGESTERONE 10 MG TAB | 1 | | METAXALL 800 MG TABLET | 3 | |
| MEDROXYPROGESTERONE 150 MG/ML | 1 | | METAXALONE 400 MG TABLET | 3 | |
| MEDROXYPROGESTERONE 2.5 MG TAB | 1 | | METAXALONE 800 MG TABLET | 3 | |
| MEDROXYPROGESTERONE 5 MG TAB | 1 | | METFORMIN HCL 1,000 MG TABLET | 1 | |
| MEDTRONIC EXT INF SET 23" 6MM | 2 | | METFORMIN HCL 500 MG TABLET | 1 | |
| MEDTRONIC EXT INF SET 23" 9MM | 2 | | METFORMIN HCL 850 MG TABLET | 1 | |
| MEDTRONIC EXT INF SET 32" 9MM | 2 | | METFORMIN HCL ER 500 MG TABLET | 1 | |
| MEDTRONIC REMOTE CONTROL | 2 | | METFORMIN HCL ER 750 MG TABLET | 1 | |
| MEFENAMIC ACID 250 MG CAPSULE | 1 | | METHADONE 10 MG/5 ML SOLUTION | 1 | PA |
| MEFLOQUINE HCL 250 MG TABLET | 1 | QL | METHADONE 10 MG/ML ORAL CONC | 1 | PA |
| MEGESTROL 20 MG TABLET | 1 | | METHADONE 5 MG/5 ML SOLUTION | 1 | PA |
| MEGESTROL 40 MG TABLET | 1 | | METHADONE HCL 10 MG TABLET | 1 | PA |
| MEGESTROL 625 MG/5 ML SUSP | 3 | | METHADONE HCL 5 MG TABLET | 1 | PA |
| MEGESTROL ACET 40 MG/ML SUSP | 1 | | METHADONE INTENSOL 10 MG/ML | 1 | PA |
| MEGESTROL ACET 400 MG/10 ML | 1 | | METHAMPHETAMINE 5 MG TABLET | 3 | QL |
| MEKINIST 0.05 MG/ML SOLUTION | 4 | PA, QL, SRX | METHAZOLAMIDE 25 MG TABLET | 1 | |
| MEKINIST 0.5 MG TABLET | 4 | PA, QL, SRX | METHAZOLAMIDE 50 MG TABLET | 1 | |
| MEKINIST 2 MG TABLET | 4 | PA, QL, SRX | METHENAMINE HIPPI 1 GM TABLET | 1 | |
| MELODETTA 24 FE CHEWABLE TAB | 1 | | METHENAMINE MAND 1 GM TABLET | 1 | |
| MELOXICAM 15 MG TABLET | 1 | | METHENAMINE MAND 500 MG TABLET | 1 | |
| MELOXICAM 7.5 MG TABLET | 1 | | METHERGINE 0.2 MG TABLET | 3 | |
| MELPHALAN 2 MG TABLET | 1 | | METHIMAZOLE 10 MG TABLET | 1 | |
| MEMANTINE 5-10 MG TITRATION PK | 1 | | METHIMAZOLE 5 MG TABLET | 1 | |
| MEMANTINE HCL 10 MG TABLET | 1 | | METHITEST 10 MG TABLET | 4 | SRX |
| MEMANTINE HCL 2 MG/ML SOLUTION | 1 | | METHOCARBAMOL 500 MG TABLET | 1 | |
| MEMANTINE HCL 5 MG TABLET | 1 | | METHOCARBAMOL 750 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| METHOTREXATE 2.5 MG TABLET | 1 | | METHYLPREDNISOLONE 4 MG DOSEPK | 1 | |
| METHOXSALEN 10 MG SOFTGEL | 3 | | METHYLPREDNISOLONE 4 MG TABLET | 1 | |
| METHSCOPOLAMINE BROM 2.5 MG TB | 1 | | METHYLPREDNISOLONE 8 MG TABLET | 1 | |
| METHSCOPOLAMINE BROM 5 MG TAB | 1 | | METHYLTESTOSTERONE 10 MG CAP | 4 | SRX |
| METHSUXIMIDE 300 MG CAPSULE | 3 | | METOCLOPRAMIDE 10 MG TABLET | 1 | |
| METHYLDOPA 250 MG TABLET | 1 | | METOCLOPRAMIDE 10 MG/10 ML SOL | 1 | |
| METHYLDOPA 500 MG TABLET | 1 | | METOCLOPRAMIDE 5 MG TABLET | 1 | |
| METHYLDOPA-HCTZ 250-15 MG TAB | 1 | | METOCLOPRAMIDE 5 MG/5 ML SOLN | 1 | |
| METHYLDOPA-HCTZ 250-25 MG TAB | 1 | | METOLAZONE 10 MG TABLET | 1 | |
| METHYLERGONOVINE 0.2 MG TABLET | 3 | | METOLAZONE 2.5 MG TABLET | 1 | |
| METHYLPHENIDATE 10 MG CHEW TAB | 1 | QL | METOLAZONE 5 MG TABLET | 1 | |
| METHYLPHENIDATE 10 MG TABLET | 1 | QL | METOPROLOL SUCC ER 100 MG TAB | 1 | |
| METHYLPHENIDATE 10 MG/5 ML SOL | 1 | QL | METOPROLOL SUCC ER 200 MG TAB | 1 | |
| METHYLPHENIDATE 2.5 MG CHEW TB | 1 | QL | METOPROLOL SUCC ER 25 MG TAB | 1 | |
| METHYLPHENIDATE 20 MG TABLET | 1 | QL | METOPROLOL SUCC ER 50 MG TAB | 1 | |
| METHYLPHENIDATE 5 MG CHEW TAB | 1 | QL | METOPROLOL TARTRATE 100 MG TAB | 1 | |
| METHYLPHENIDATE 5 MG TABLET | 1 | QL | METOPROLOL TARTRATE 25 MG TAB | 1 | |
| METHYLPHENIDATE 5 MG/5 ML SOLN | 1 | QL | METOPROLOL TARTRATE 37.5 MG TB | 1 | |
| METHYLPHENIDATE CD 10 MG CAP | 1 | QL | METOPROLOL TARTRATE 50 MG TAB | 1 | |
| METHYLPHENIDATE CD 20 MG CAP | 1 | QL | METOPROLOL TARTRATE 75 MG TAB | 1 | |
| METHYLPHENIDATE CD 30 MG CAP | 1 | QL | METOPROLOL-HCTZ 100-25 MG TAB | 1 | |
| METHYLPHENIDATE CD 40 MG CAP | 1 | QL | METOPROLOL-HCTZ 100-50 MG TAB | 1 | |
| METHYLPHENIDATE CD 50 MG CAP | 1 | QL | METOPROLOL-HCTZ 50-25 MG TAB | 1 | |
| METHYLPHENIDATE CD 60 MG CAP | 1 | QL | METRONIDAZOLE 0.75% CREAM | 1 | |
| METHYLPHENIDATE ER 10 MG TAB | 1 | QL | METRONIDAZOLE 0.75% LOTION | 1 | |
| METHYLPHENIDATE ER 18 MG TAB | 1 | QL | METRONIDAZOLE 250 MG TABLET | 1 | |
| METHYLPHENIDATE ER 20 MG TAB | 1 | QL | METRONIDAZOLE 375 MG CAPSULE | 1 | |
| METHYLPHENIDATE ER 27 MG TAB | 1 | QL | METRONIDAZOLE 500 MG TABLET | 1 | |
| METHYLPHENIDATE ER 36 MG TAB | 1 | QL | METRONIDAZOLE TOP 1% GEL PUMP | 1 | |
| METHYLPHENIDATE ER 54 MG TAB | 1 | QL | METRONIDAZOLE TOPICAL 0.75% GL | 1 | |
| METHYLPHENIDATE ER(CD) 10MG CP | 1 | QL | METRONIDAZOLE TOPICAL 1% GEL | 1 | |
| METHYLPHENIDATE ER(CD) 20MG CP | 1 | QL | METRONIDAZOLE VAGINAL 0.75% GL | 1 | |
| METHYLPHENIDATE ER(CD) 30MG CP | 1 | QL | METYROSINE 250 MG CAPSULE | 4 | PA, SRX |
| METHYLPHENIDATE ER(CD) 40MG CP | 1 | QL | MEXILETINE 150 MG CAPSULE | 1 | |
| METHYLPHENIDATE ER(CD) 50MG CP | 1 | QL | MEXILETINE 200 MG CAPSULE | 1 | |
| METHYLPHENIDATE ER(CD) 60MG CP | 1 | QL | MEXILETINE 250 MG CAPSULE | 1 | |
| METHYLPHENIDATE ER(LA) 10MG CP | 1 | QL | MIBELAS 24 FE CHEWABLE TABLET | 1 | |
| METHYLPHENIDATE ER(LA) 20MG CP | 1 | QL | MICONAZOLE 3 200 MG VAG SUPP | 1 | |
| METHYLPHENIDATE ER(LA) 30MG CP | 1 | QL | MICROCHAMBER | 2 | QL |
| METHYLPHENIDATE ER(LA) 40MG CP | 1 | QL | MICRODOT HIGH-LOW CONTROL SOL | 2 | |
| METHYLPHENIDATE LA 10 MG CAP | 1 | QL | MICRODOT NORMAL CONTROL SOLUT | 2 | |
| METHYLPHENIDATE LA 20 MG CAP | 1 | QL | MICRODOT PEN NEEDLE 31GX6MM | 2 | |
| METHYLPHENIDATE LA 30 MG CAP | 1 | QL | MICRODOT PEN NEEDLE 32GX4MM | 2 | |
| METHYLPHENIDATE LA 40 MG CAP | 1 | QL | MICRODOT PEN NEEDLE 33GX4MM | 2 | |
| METHYLPHENIDATE LA 60 MG CAP | 1 | QL | MICROGESTIN 21 1.5-30 TAB | 1 | |
| METHYLPREDNISOLONE 16 MG TAB | 1 | | MICROGESTIN 21 1-20 TABLET | 1 | |
| METHYLPREDNISOLONE 32 MG TAB | 1 | | MICROGESTIN 24 FE 1 MG-20 MCG | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| MICROGESTIN FE 1.5-30 TAB | 1 | | MINIMED SILHOUETTE INF SET 32" | 2 | |
| MICROGESTIN FE 1-20 TABLET | 1 | | MINIMED SILHOUETTE INF SET 43" | 2 | |
| MICROLIFE PEAK FLOW METER | 2 | | MINIMED SURE T INF SET 18" 6MM | 2 | |
| MICROSPACER FOR AEROSOL DEVICE | 2 | QL | MINIMED SURE T INF SET 23" 6MM | 2 | |
| MIDAZOLAM HCL 10 MG/5 ML SYRUP | 1 | | MINIMED SURE T INF SET 23" 8MM | 2 | |
| MIDAZOLAM HCL 2 MG/ML SYRUP | 1 | | MINIMED SURE T INF SET 32" 6MM | 2 | |
| MIDAZOLAM HCL 5 MG/2.5 ML SYRUP | 1 | | MINIMED SURE T INF SET 32" 8MM | 2 | |
| MIDODRINE HCL 10 MG TABLET | 1 | | MINIMED SURE T INFUSN SET 23" | 2 | |
| MIDODRINE HCL 2.5 MG TABLET | 1 | | MINIMED SURE T INFUSN SET 32" | 2 | |
| MIDODRINE HCL 5 MG TABLET | 1 | | MINITRAN 0.1 MG/HR PATCH | 1 | |
| MIGERGOT 2-100 MG SUPPOSITORY | 3 | | MINITRAN 0.2 MG/HR PATCH | 1 | |
| MIGLITOL 100 MG TABLET | 1 | | MINITRAN 0.4 MG/HR PATCH | 1 | |
| MIGLITOL 25 MG TABLET | 1 | | MINITRAN 0.6 MG/HR PATCH | 1 | |
| MIGLITOL 50 MG TABLET | 1 | | MINI-WRIGHT PEAK FLOW METER | 2 | |
| MIGLUSTAT 100 MG CAPSULE | 4 | PA, SRX | MINOCYCLINE 100 MG CAPSULE | 1 | |
| MILI 0.25-0.035 MG TABLET | 1 | | MINOCYCLINE 50 MG CAPSULE | 1 | |
| MIMVEY 1-0.5 MG TABLET | 1 | | MINOCYCLINE 75 MG CAPSULE | 1 | |
| MINI PEN NEEDLE 32G 4MM | 2 | | MINOCYCLINE HCL 100 MG TABLET | 1 | |
| MINI PEN NEEDLE 32G 5MM | 2 | | MINOCYCLINE HCL 50 MG TABLET | 1 | |
| MINI PEN NEEDLE 32G 6MM | 2 | | MINOCYCLINE HCL 75 MG TABLET | 1 | |
| MINI PEN NEEDLE 32G 8MM | 2 | | MINOXIDIL 10 MG TABLET | 1 | |
| MINI PEN NEEDLE 33G 4MM | 2 | | MINOXIDIL 2.5 MG TABLET | 1 | |
| MINI PEN NEEDLE 33G 5MM | 2 | | MIO INFUSION SET 18" | 2 | |
| MINI PEN NEEDLE 33G 6MM | 2 | | MIO INFUSION SET 23" | 2 | |
| MINI ULTRA-THIN II PEN NDL 31G | 2 | | MIO INFUSION SET 32" | 2 | |
| MINI WRIGHT PEAK FLOW METER | 2 | | MIRTAZAPINE 15 MG ODT | 1 | |
| MINIMED INFUSION SET | 2 | | MIRTAZAPINE 15 MG TABLET | 1 | |
| MINIMED MIO ADV INFUSN 23"6MM | 2 | | MIRTAZAPINE 30 MG ODT | 1 | |
| MINIMED MIO ADV INFUSN 23"9MM | 2 | | MIRTAZAPINE 30 MG TABLET | 1 | |
| MINIMED MIO ADV INFUSN 43"6MM | 2 | | MIRTAZAPINE 45 MG ODT | 1 | |
| MINIMED MIO ADV INFUSN 43"9MM | 2 | | MIRTAZAPINE 45 MG TABLET | 1 | |
| MINIMED MIO INFUSN SET 18" 6MM | 2 | | MIRTAZAPINE 7.5 MG TABLET | 1 | |
| MINIMED MIO INFUSN SET 23" 6MM | 2 | | MISOPROSTOL 100 MCG TABLET | 1 | |
| MINIMED MIO INFUSN SET 32" 6MM | 2 | | MISOPROSTOL 200 MCG TABLET | 1 | |
| MINIMED MIO INFUSN SET 32" 9MM | 2 | | M-M-R II VACCINE VIAL | 2 | |
| MINIMED QUICK SET INF 18" 6MM | 2 | | M-NATAL PLUS TABLET | 1 | |
| MINIMED QUICK SET INF 23" 6MM | 2 | | MODAFINIL 100 MG TABLET | 3 | PA |
| MINIMED QUICK SET INF 23" 9MM | 2 | | MODAFINIL 200 MG TABLET | 3 | PA |
| MINIMED QUICK SET INF 32" 6MM | 2 | | MODERNA COVID (12Y UP)VAC(EUA) | 2 | |
| MINIMED QUICK SET INF 32" 9MM | 2 | | MODERNA COVID BIVAL(6MO UP)EUA | 2 | |
| MINIMED QUICK SET INF 43" 6MM | 2 | | MODERNA COVID BIVAL(6MO-5Y)EUA | 2 | |
| MINIMED QUICK SET INF 43" 9MM | 2 | | MODERNA COVID(6-11Y) VACC(EUA) | 2 | |
| MINIMED QUICK-SERTER | 2 | | MODERNA COVID(6M-5Y) VACC(EUA) | 2 | |
| MINIMED RESERVOIR 1.8 ML | 2 | | MODERNA COVID-19 BOOSTER (EUA) | 2 | |
| MINIMED RESERVOIR 3 ML | 2 | | MOEXIPRIL HCL 15 MG TABLET | 1 | |
| MINIMED SILHOUETTE INF SET 18" | 2 | | MOEXIPRIL HCL 7.5 MG TABLET | 1 | |
| MINIMED SILHOUETTE INF SET 23" | 2 | | MOLINDONE HCL 10 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| MOLINDONE HCL 25 MG TABLET | 1 | | MONOJECT HYPO NEEDLE 25X1.5 | 2 | |
| MOLINDONE HCL 5 MG TABLET | 1 | | MONOJECT HYPO NEEDLE 25X5/8 | 2 | |
| MOMETASONE FUROATE 0.1% CREAM | 1 | | MONOJECT HYPO NEEDLE 26X1.5 | 2 | |
| MOMETASONE FUROATE 0.1% OINT | 1 | | MONOJECT HYPO NEEDLE 27X0.5 | 2 | |
| MOMETASONE FUROATE 0.1% SOLN | 1 | | MONOJECT HYPO NEEDLE 30X3/4 | 2 | |
| MOMETASONE FUROATE 50 MCG SPRY | 1 | QL | MONOJECT HYPODERMIC NEEDLE | 2 | |
| MONDOXYNE NL 100 MG CAPSULE | 1 | | MONOJECT INSUL SYR U100 | 2 | |
| MONDOXYNE NL 75 MG CAPSULE | 1 | | MONOJECT INSUL SYR U100 0.5 ML | 2 | |
| MONOJECT 0.5 ML SYRN 28GX1/2" | 2 | | MONOJECT INSUL SYR U100 1 ML | 2 | |
| MONOJECT 1 ML SYRN 27X1/2" | 2 | | MONOJECT INSULIN SAFETY SYRNG | 2 | |
| MONOJECT 1 ML SYRN 28GX1/2" | 2 | | MONOJECT INSULIN SYR 0.3 ML | 2 | |
| MONOJECT 3 ML SYRINGE 21GX1" | 2 | | MONOJECT INSULIN SYR 0.5 ML | 2 | |
| MONOJECT 3 ML SYRINGE 23GX1" | 2 | | MONOJECT INSULIN SYR 1 ML | 2 | |
| MONOJECT 3 ML SYRINGE 25GX1" | 2 | | MONOJECT INSULIN SYR U-100 | 2 | |
| MONOJECT 3 ML SYRN 21GX1" | 2 | | MONOJECT INSULIN SYRN 3/10 ML | 2 | |
| MONOJECT 3 ML SYRN 21GX11/2" | 2 | | MONOJECT SYRINGE 0.3 ML | 2 | |
| MONOJECT 3 ML SYRN 21GX1-1/2" | 2 | | MONOJECT SYRINGE 0.5 ML | 2 | |
| MONOJECT 3 ML SYRN 22GX11/2" | 2 | | MONOJECT SYRINGE 1 ML | 2 | |
| MONOJECT 3 ML SYRN 22GX1-1/2" | 2 | | MONOJECT SYRINGE 3 ML 20GX1 | 2 | |
| MONOJECT 3 ML SYRN 23GX1" | 2 | | MONOJECT SYRINGE 3 ML 22GX1" | 2 | |
| MONOJECT 3 ML SYRN 25GX1" | 2 | | MONOJECT SYRN 3 ML 20GX1-1/2" | 2 | |
| MONOJECT 3 ML SYRN 25GX1.25" | 2 | | MONOJECT SYRN 3 ML 20GX3/4" | 2 | |
| MONOJECT 3 ML SYRN 25GX5/8" | 2 | | MONOJECT SYRNG 20GX1" 3 ML | 2 | |
| MONOJECT 3 ML SYRN 27GX1.25" | 2 | | MONO-LINYAH 28 TABLET | 1 | |
| MONOJECT 3 ML SYRN 27GX11/4" | 2 | | MONTELUKAST SOD 10 MG TABLET | 1 | |
| MONOJECT 6 ML SYRN 20GX11/2" | 2 | | MONTELUKAST SOD 4 MG GRANULES | 1 | |
| MONOJECT 6 ML SYRN 21GX1" | 2 | | MONTELUKAST SOD 4 MG TAB CHEW | 1 | |
| MONOJECT 6 ML SYRN 21GX11/2" | 2 | | MONTELUKAST SOD 5 MG TAB CHEW | 1 | |
| MONOJECT 6 ML SYRN 22GX11/2" | 2 | | MORGIDOX 100 MG CAPSULE | 1 | |
| MONOJECT 6CC SAFETY SYRINGE | 2 | | MORGIDOX 50 MG CAPSULE | 1 | |
| MONOJECT BLD COL NEEDL 20GX1.5 | 2 | | MORPHINE SULF 10 MG SUPPOS | 1 | PA |
| MONOJECT BLD COL NEEDLE 20GX1" | 2 | | MORPHINE SULF 10 MG/5 ML SOLN | 1 | PA |
| MONOJECT BLD COL NEEDLE 21GX1" | 2 | | MORPHINE SULF 100 MG/5 ML CONC | 1 | PA |
| MONOJECT BLD COL NEEDLE 22GX1" | 2 | | MORPHINE SULF 20 MG SUPPOS | 1 | PA |
| MONOJECT FILTR 18GX1.5" NEEDLE | 2 | | MORPHINE SULF 20 MG/5 ML SOLN | 1 | PA |
| MONOJECT HYPO NDL 27GX1-1/2" | 2 | | MORPHINE SULF 30 MG SUPPOS | 1 | PA |
| MONOJECT HYPO NEEDLE 18X1A | 2 | | MORPHINE SULF 5 MG SUPPOS | 1 | PA |
| MONOJECT HYPO NEEDLE 19X1 | 2 | | MORPHINE SULF ER 100 MG TABLET | 1 | PA |
| MONOJECT HYPO NEEDLE 19X1-1/2 | 2 | | MORPHINE SULF ER 15 MG TABLET | 1 | PA |
| MONOJECT HYPO NEEDLE 20X1 | 2 | | MORPHINE SULF ER 200 MG TABLET | 1 | PA |
| MONOJECT HYPO NEEDLE 20X1-1/2 | 2 | | MORPHINE SULF ER 30 MG TABLET | 1 | PA |
| MONOJECT HYPO NEEDLE 21X1 | 2 | | MORPHINE SULF ER 60 MG TABLET | 1 | PA |
| MONOJECT HYPO NEEDLE 21X1-1/2 | 2 | | MORPHINE SULFATE ER 10 MG CAP | 1 | PA |
| MONOJECT HYPO NEEDLE 22X1 | 2 | | MORPHINE SULFATE ER 100 MG CAP | 1 | PA |
| MONOJECT HYPO NEEDLE 22X1.5 | 2 | | MORPHINE SULFATE ER 120 MG CAP | 1 | PA |
| MONOJECT HYPO NEEDLE 23X1 | 2 | | MORPHINE SULFATE ER 20 MG CAP | 1 | PA |
| MONOJECT HYPO NEEDLE 25X1 | 2 | | MORPHINE SULFATE ER 30 MG CAP | 1 | PA |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| MORPHINE SULFATE ER 45 MG CAP | 1 | PA | MYNATAL ULTRACAPLET | 1 | |
| MORPHINE SULFATE ER 50 MG CAP | 1 | PA | MYNATAL-Z CAPTAB | 1 | |
| MORPHINE SULFATE ER 60 MG CAP | 1 | PA | MYORISAN 10 MG CAPSULE | 3 | |
| MORPHINE SULFATE ER 75 MG CAP | 1 | PA | MYORISAN 20 MG CAPSULE | 3 | |
| MORPHINE SULFATE ER 80 MG CAP | 1 | PA | MYORISAN 30 MG CAPSULE | 3 | |
| MORPHINE SULFATE ER 90 MG CAP | 1 | PA | MYORISAN 40 MG CAPSULE | 3 | |
| MORPHINE SULFATE IR 15 MG TAB | 1 | PA | MYRBETRIQ ER 25 MG TABLET | 3 | QL, ST |
| MORPHINE SULFATE IR 30 MG TAB | 1 | PA | MYRBETRIQ ER 50 MG TABLET | 3 | QL, ST |
| PEDIATRIC MOUTHPIECE | 2 | QL | MYTESI 125 MG DR TABLET | 3 | LDD |
| MOXIFLOXACIN 0.5% EYE DROPS | 1 | | NABUMETONE 500 MG TABLET | 1 | |
| MOXIFLOXACIN 0.5% EYE DRP-VISC | 1 | | NABUMETONE 750 MG TABLET | 1 | |
| MOXIFLOXACIN HCL 400 MG TABLET | 1 | | NADOLOL 20 MG TABLET | 1 | |
| MS INS SYR 0.5 ML 29GX1/2" | 2 | | NADOLOL 40 MG TABLET | 1 | |
| MS INS SYR 1 ML 29GX1/2" | 2 | | NADOLOL 80 MG TABLET | 1 | |
| MS INS SYRINGE 1 ML 30GX1/2" | 2 | | NAFTIFINE HCL 1% CREAM | 1 | |
| MS INSUL SYR 0.3 ML 31GX5/16" | 2 | | NAFTIFINE HCL 1% GEL | 1 | |
| MS INSUL SYR 0.5 ML 30GX1/2" | 2 | | NAFTIFINE HCL 2% CREAM | 1 | |
| MS INSUL SYR 0.5 ML 31GX5/16" | 2 | | NAFTIFINE HCL 2% GEL | 1 | |
| MS INSULIN SYR 0.3 ML 29GX1/2" | 2 | | NALOXONE 0.4 MG/ML CARPUJECT | 1 | |
| MS INSULIN SYR 1 ML 31GX5/16" | 2 | | NALOXONE 2 MG/2 ML SYRINGE | 1 | |
| MS INSULIN SYRINGE 0.3 ML | 2 | | NALOXONE HCL 4 MG NASAL SPRAY | 1 | QL |
| MS PEN NEEDLE 6MM 31G | 2 | | NALTREXONE 50 MG TABLET | 1 | QL |
| MULTISTIX REAGENT STRIPS | 2 | | NAPROXEN 250 MG TABLET | 1 | |
| MULTISTIX 10 SG REAGENT STRIPS | 2 | | NAPROXEN 375 MG TABLET | 1 | |
| MULTISTIX 5 STRIPS | 2 | | NAPROXEN 500 MG KIT | 1 | |
| MULTISTIX 7 REAGENT STRIPS | 2 | | NAPROXEN 500 MG TABLET | 1 | |
| MULTISTIX 8 SG REAGENT STRIPS | 2 | | NAPROXEN DR 375 MG TABLET | 1 | |
| MULTISTIX 9 REAGENT STRIPS | 2 | | NAPROXEN DR 500 MG TABLET | 1 | |
| MULTISTIX 9 SG REAGENT STRIPS | 2 | | NAPROXEN SOD CR 375 MG TABLET | 1 | |
| MULTIVIT-FLUOR 0.25 MG TAB CHW | 1 | | NAPROXEN SOD ER 375 MG TABLET | 1 | |
| MULTIVIT-FLUOR 0.25 MG/ML DROP | 1 | | NAPROXEN SODIUM 275 MG TAB | 1 | |
| MULTIVIT-FLUOR 0.5 MG TAB CHEW | 1 | | NAPROXEN SODIUM 550 MG TAB | 1 | |
| MULTIVIT-FLUORIDE 1 MG TAB CHW | 1 | | NARATRIPTAN HCL 1 MG TABLET | 1 | QL |
| MUPIROCIN 2% CREAM | 1 | | NARATRIPTAN HCL 2.5 MG TABLET | 1 | QL |
| MUPIROCIN 2% OINTMENT | 1 | | NATACYN 5% EYE DROPS | 3 | |
| MY CHOICE 1.5 MG TABLET | 1 | | NATAZIA 28 TABLET | 3 | |
| MY WAY 1.5 MG TABLET | 1 | | NATEGLINIDE 120 MG TABLET | 1 | |
| MYCOPHENOLATE 200 MG/ML SUSP | 1 | | NATEGLINIDE 60 MG TABLET | 1 | |
| MYCOPHENOLATE 250 MG CAPSULE | 1 | | NATURE-THROID 113.75 MG TABLET | 1 | |
| MYCOPHENOLATE 500 MG TABLET | 1 | | NATURE-THROID 130 MG TABLET | 1 | |
| MYCOPHENOLIC ACID DR 180 MG TB | 1 | | NATURE-THROID 146.25 MG TABLET | 1 | |
| MYCOPHENOLIC ACID DR 360 MG TB | 1 | | NATURE-THROID 16.25 MG TABLET | 1 | |
| MYGLUCOHEALTH CONTROL SOLN PAK | 2 | | NATURE-THROID 162.5 MG TABLET | 1 | |
| MYLERAN 2 MG TABLET | 3 | | NATURE-THROID 195 MG TABLET | 1 | |
| MYNATAL CAPSULE | 1 | | NATURE-THROID 260 MG TABLET | 1 | |
| MYNATAL PLUS CAPTAB | 1 | | NATURE-THROID 32.5 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| NATURE-THROID 325 MG TABLET | 1 | |
| NATURE-THROID 48.75 MG TABLET | 1 | |
| NATURE-THROID 65 MG TABLET | 1 | |
| NATURE-THROID 81.25 MG TABLET | 1 | |
| NATURE-THROID 97.5 MG TABLET | 1 | |
| NAYZILAM 5 MG NASAL SPRAY | 4 | PA, QL, SRX |
| NEBUSAL 3% VIAL | 1 | |
| NECON 0.5-35-28 TABLET | 1 | |
| NEFAZODONE HCL 100 MG TABLET | 1 | |
| NEFAZODONE HCL 150 MG TABLET | 1 | |
| NEFAZODONE HCL 200 MG TABLET | 1 | |
| NEFAZODONE HCL 250 MG TABLET | 1 | |
| NEFAZODONE HCL 50 MG TABLET | 1 | |
| NEO-BACIT-POLY-HC EYE OINTMENT | 1 | |
| NEOMYC-BACIT-POLY MIX EYE OINT | 1 | |
| NEOMYCIN 500 MG TABLET | 1 | |
| NEOMYCIN-POLY-HC EYE DROPS | 1 | |
| NEOMYC-POLYM-GRAMICID EYE DROP | 1 | |
| NEOMYCIN-POLYMYXIN-HC EAR SOLN | 1 | |
| NEOMYCIN-POLYMYXIN-HC EAR SUSP | 1 | |
| NEOMYC-POLYM-DEXAMET EYE OINTM | 1 | |
| NEOMYC-POLYM-DEXAMETH EYE DROP | 1 | |
| NEOMY-POLYMYXIN B 40 MG/ML AMP | 1 | |
| NEOMY-POLYMYXIN B 40 MG/ML VL | 1 | |
| NEO-POLYCYCIN EYE OINTMENT | 1 | |
| NEO-POLYCYCIN HC EYE OINTMENT | 1 | |
| NEUAC GEL | 1 | |
| NEULASTA 6 MG/0.6 ML SYRINGE | 4 | PA, SRX |
| NEULASTA ONPRO 6 MG/0.6 ML KIT | 4 | PA, SRX |
| NEVANAC 0.1% EYE DROP | 3 | |
| NEVIRAPINE 200 MG TABLET | 1 | |
| NEVIRAPINE 50 MG/5 ML SUSP | 1 | |
| NEVIRAPINE ER 100 MG TABLET | 1 | |
| NEVIRAPINE ER 400 MG TABLET | 1 | |
| NEW DAY 1.5 MG TABLET | 1 | |
| NEWGEN TABLET | 1 | |
| NIACIN ER 1,000 MG TABLET | 1 | |
| NIACIN ER 500 MG TABLET | 1 | |
| NIACIN ER 750 MG TABLET | 1 | |
| NICARDIPINE 20 MG CAPSULE | 1 | |
| NICARDIPINE 30 MG CAPSULE | 1 | |
| NICOTROL CARTRIDGE INHALER | 3 | |
| NICOTROL NS 10 MG/ML SPRAY | 3 | |
| NIFEDIPINE 10 MG CAPSULE | 1 | |
| NIFEDIPINE 20 MG CAPSULE | 1 | |
| NIFEDIPINE ER 30 MG TABLET | 1 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| NIFEDIPINE ER 60 MG TABLET | 1 | |
| NIFEDIPINE ER 90 MG TABLET | 1 | |
| NIKKI 3 MG-0.02 MG TABLET | 1 | |
| NILUTAMIDE 150 MG TABLET | 4 | SRX |
| NIMODIPINE 30 MG CAPSULE | 3 | |
| NINLARO 2.3 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| NINLARO 3 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| NINLARO 4 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| NISOLDIPINE ER 17 MG TABLET | 1 | QL |
| NISOLDIPINE ER 20 MG TABLET | 1 | QL |
| NISOLDIPINE ER 25.5 MG TABLET | 1 | QL |
| NISOLDIPINE ER 30 MG TABLET | 1 | QL |
| NISOLDIPINE ER 34 MG TABLET | 1 | QL |
| NISOLDIPINE ER 40 MG TABLET | 1 | QL |
| NISOLDIPINE ER 8.5 MG TABLET | 1 | QL |
| NITAZOXANIDE 500 MG TABLET | 3 | PA |
| NITRO-BID 2% OINTMENT | 1 | |
| NITROFURANTOIN 25 MG/5 ML SUSP | 3 | |
| NITROFURANTOIN MCR 100 MG CAP | 1 | |
| NITROFURANTOIN MCR 25 MG CAP | 1 | |
| NITROFURANTOIN MCR 50 MG CAP | 1 | |
| NITROFURANTOIN MONO-MCR 100 MG | 1 | |
| NITROGLYCERIN 0.1 MG/HR PATCH | 1 | |
| NITROGLYCERIN 0.2 MG/HR PATCH | 1 | |
| NITROGLYCERIN 0.3 MG TABLET SL | 1 | |
| NITROGLYCERIN 0.4 MG TABLET SL | 1 | |
| NITROGLYCERIN 0.4 MG/HR PATCH | 1 | |
| NITROGLYCERIN 0.6 MG TABLET SL | 1 | |
| NITROGLYCERIN 0.6 MG/HR PATCH | 1 | |
| NITROGLYCERIN 400 MCG SPRAY | 1 | |
| NITRO-TIME ER 2.5 MG CAPSULE | 1 | |
| NITRO-TIME ER 6.5 MG CAPSULE | 1 | |
| NITRO-TIME ER 9 MG CAPSULE | 1 | |
| NIVA-PLUS TABLET | 1 | |
| NIVESTYM 300 MCG/0.5 ML SYRING | 4 | SRX |
| NIVESTYM 300 MCG/ML VIAL | 4 | SRX |
| NIVESTYM 480 MCG/0.8 ML SYRING | 4 | SRX |
| NIVESTYM 480 MCG/1.6 ML VIAL | 4 | SRX |
| NIZATIDINE 150 MG CAPSULE | 1 | |
| NIZATIDINE 300 MG CAPSULE | 1 | |
| NOLIX 0.05% CREAM | 3 | |
| NOLIX 0.05% LOTION | 3 | |
| NORA-BE TABLET | 1 | |
| NORDITROPIN FLEXPRO 10 MG/1.5 | 4 | PA, SRX |
| NORDITROPIN FLEXPRO 15 MG/1.5 | 4 | PA, SRX |
| NORDITROPIN FLEXPRO 30 MG/3 ML | 4 | PA, SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| NORDITROPIN FLEXPRO 5 MG/1.5 | 4 | PA, SRX |
| NORET-ESTR-FE 0.4-0.035(21)-75 | 1 | |
| NORETH-EE-FE 1 MG/20-30-35 MCG | 1 | |
| NORETH-EE-FE 1.5-0.03MG(21)-75 | 1 | |
| NORETH-EE-FE 1-0.02(21)-75 TAB | 1 | |
| NORETH-EE-FE 1-0.02(24)-75 CAP | 1 | |
| NORETH-EE-FE 1-0.02(24)-75 CHW | 1 | |
| NORETHIND-ETH ESTRAD 0.5-2.5 | 1 | |
| NORETHIND-ETH ESTRAD 1-0.02 MG | 1 | |
| NORETHINDRONE 0.35 MG TABLET | 1 | |
| NORETHINDRONE 5 MG TABLET | 1 | |
| NORETHIN-EE 1.5-0.03 MG(21) TB | 1 | |
| NORETHIN-ESTRA-FE 0.8-0.025 MG | 1 | |
| NORETHIN-ETH ESTRAD 1 MG-5 MCG | 1 | |
| NORG-EE 0.18-0.215-0.25/0.025 | 1 | |
| NORG-EE 0.18-0.215-0.25/0.035 | 1 | |
| NORGESTIMATE-EE 0.25-0.035 MG | 1 | |
| NORG-ETHIN ESTRA 0.25-0.035 MG | 1 | |
| NORLYDA 0.35 MG TABLET | 1 | |
| NORPACE CR 100 MG CAPSULE | 3 | |
| NORPACE CR 150 MG CAPSULE | 3 | |
| NORTREL 0.5-35-28 TABLET | 1 | |
| NORTREL 1-35 21 TABLET | 1 | |
| NORTREL 1-35 28 TABLET | 1 | |
| NORTREL 7-7-7-28 TABLET | 1 | |
| NORTRIPTYLINE 10 MG/5 ML SOLN | 1 | |
| NORTRIPTYLINE HCL 10 MG CAP | 1 | |
| NORTRIPTYLINE HCL 25 MG CAP | 1 | |
| NORTRIPTYLINE HCL 50 MG CAP | 1 | |
| NORTRIPTYLINE HCL 75 MG CAP | 1 | |
| NORVIR 100 MG POWDER PACKET | 2 | |
| NOVA MAX GLUCOSE CONTROL SOLN | 2 | |
| NOVAVAX COVID-19 VACC,ADJ(EUA) | 2 | |
| NOVOFINE 32G NEEDLES | 2 | |
| NOVOFINE AUTOCOVER 30G NEEDLE | 2 | |
| NOVOFINE PLUS PEN NDJ 32GX1/6" | 2 | |
| NOVOLOG 100 UNIT/ML FLEXPEN | 3 | QL, ST |
| NOVOLOG 100 UNIT/ML VIAL | 3 | QL, ST |
| NOVOLOG MIX 70-30 FLEXPEN | 3 | QL, ST |
| NOVOLOG MIX 70-30 VIAL | 3 | QL, ST |
| NOVOLOG PENFILL 100 UNIT/ML | 3 | QL, ST |
| NOVOPEN 3 INSULIN DEVICE | 2 | |
| NOVOPEN ECHO INSULIN DEVICE | 2 | |
| NOVOTWIST NEEDLE 32G 5MM | 2 | |
| NOXAFIL 40 MG/ML SUSPENSION | 3 | |
| NP THYROID 120 MG TABLET | 1 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| NP THYROID 15 MG TABLET | 1 | |
| NP THYROID 30 MG TABLET | 1 | |
| NP THYROID 60 MG TABLET | 1 | |
| NP THYROID 90 MG TABLET | 1 | |
| NUCYNTA 100 MG TABLET | 3 | PA |
| NUCYNTA 50 MG TABLET | 3 | PA |
| NUCYNTA 75 MG TABLET | 3 | PA |
| NUCYNTA ER 100 MG TABLET | 3 | PA |
| NUCYNTA ER 150 MG TABLET | 3 | PA |
| NUCYNTA ER 200 MG TABLET | 3 | PA |
| NUCYNTA ER 250 MG TABLET | 3 | PA |
| NUCYNTA ER 50 MG TABLET | 3 | PA |
| NUEDEXTA 20-10 MG CAPSULE | 3 | PA |
| NYAMYC 100,000 UNIT/GM POWDER | 1 | |
| NYLIA 1-35 28 TABLET | 1 | |
| NYLIA 7-7-7-28 TABLET | 1 | |
| NYMYO 0.25-0.035 MG (28) TAB | 1 | |
| NYSTATIN 100,000 UNIT/GM CREAM | 1 | |
| NYSTATIN 100,000 UNIT/GM OINT | 1 | |
| NYSTATIN 100,000 UNIT/GM POWD | 1 | |
| NYSTATIN 100,000 UNIT/ML SUSP | 1 | |
| NYSTATIN 500,000 UNIT ORAL TAB | 1 | |
| NYSTATIN 500,000 UNIT/5 ML CUP | 1 | |
| NYSTATIN-TRIAMCINOLONE CREAM | 1 | |
| NYSTATIN-TRIAMCINOLONE OINTM | 1 | |
| NYSTOP 100,000 UNIT/GM POWDER | 1 | |
| NYVEPRIA 6 MG/0.6 ML SYRINGE | 4 | PA, SRX |
| OBSTETRIX DHA COMBO PAK | 1 | |
| OBSTETRIX ONE SOFTGEL | 1 | |
| OCELLA 3 MG-0.03 MG TABLET | 1 | |
| OCTREOTIDE 1,000 MCG/5 ML VIAL | 1 | PA |
| OCTREOTIDE 1,000 MCG/ML VIAL | 1 | PA |
| OCTREOTIDE 5,000 MCG/5 ML VIAL | 1 | PA |
| OCTREOTIDE ACET 0.05 MG/ML VL | 1 | PA |
| OCTREOTIDE ACET 100 MCG/ML AMP | 1 | PA |
| OCTREOTIDE ACET 100 MCG/ML SYR | 1 | PA |
| OCTREOTIDE ACET 100 MCG/ML VL | 1 | PA |
| OCTREOTIDE ACET 200 MCG/ML VL | 1 | PA |
| OCTREOTIDE ACET 50 MCG/ML AMP | 1 | PA |
| OCTREOTIDE ACET 50 MCG/ML SYR | 1 | PA |
| OCTREOTIDE ACET 50 MCG/ML VIAL | 1 | PA |
| OCTREOTIDE ACET 500 MCG/ML AMP | 1 | PA |
| OCTREOTIDE ACET 500 MCG/ML SYR | 1 | PA |
| OCTREOTIDE ACET 500 MCG/ML VL | 1 | PA |
| ODACTRA 12 SQ-HDM SL TABLET | 3 | PA, QL |
| ODEFSEY TABLET | 2 | QL |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| ODOMZO 200 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| OFLOXACIN 0.3% EAR DROPS | 1 | |
| OFLOXACIN 0.3% EYE DROPS | 1 | |
| OFLOXACIN 300 MG TABLET | 1 | |
| OFLOXACIN 400 MG TABLET | 1 | |
| OKEBO 75 MG CAPSULE | 1 | |
| OLANZAPINE 10 MG TABLET | 1 | |
| OLANZAPINE 15 MG TABLET | 1 | |
| OLANZAPINE 2.5 MG TABLET | 1 | |
| OLANZAPINE 20 MG TABLET | 1 | |
| OLANZAPINE 5 MG TABLET | 1 | |
| OLANZAPINE 7.5 MG TABLET | 1 | |
| OLANZAPINE ODT 10 MG TABLET | 1 | |
| OLANZAPINE ODT 15 MG TABLET | 1 | |
| OLANZAPINE ODT 20 MG TABLET | 1 | |
| OLANZAPINE ODT 5 MG TABLET | 1 | |
| OLANZAPINE-FLUOXETINE 12-25 MG | 1 | |
| OLANZAPINE-FLUOXETINE 12-50 MG | 1 | |
| OLANZAPINE-FLUOXETINE 3-25 MG | 1 | |
| OLANZAPINE-FLUOXETINE 6-25 MG | 1 | |
| OLANZAPINE-FLUOXETINE 6-50 MG | 1 | |
| OLMESARTAN MEDOXOMIL 20 MG TAB | 1 | |
| OLMESARTAN MEDOXOMIL 40 MG TAB | 1 | |
| OLMESARTAN MEDOXOMIL 5 MG TAB | 1 | |
| OLMESARTAN-HCTZ 20-12.5 MG TAB | 1 | |
| OLMESARTAN-HCTZ 40-12.5 MG TAB | 1 | |
| OLMESARTAN-HCTZ 40-25 MG TAB | 1 | |
| OLMSRTN-AMLDPN-HCTZ 20-5-12.5 | 1 | |
| OLMSRTN-AMLDPN-HCTZ 40-10-12.5 | 1 | |
| OLMSRTN-AMLDPN-HCTZ 40-10-25MG | 1 | |
| OLMSRTN-AMLDPN-HCTZ 40-5-12.5 | 1 | |
| OLMSRTN-AMLDPN-HCTZ 40-5-25 MG | 1 | |
| OLOPATADINE 665 MCG NASAL SPRY | 1 | |
| OLOPATADINE HCL 0.1% EYE DROPS | 1 | |
| OLOPATADINE HCL 0.2% EYE DROP | 1 | |
| OMEGA-3 ETHYL ESTERS 1 GM CAP | 1 | |
| OMEPRAZOLE DR 10 MG CAPSULE | 1 | QL |
| OMEPRAZOLE DR 20 MG CAPSULE | 1 | QL |
| OMEPRAZOLE DR 40 MG CAPSULE | 1 | QL |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) | 2 | QL |
| OMNIPOD 5 G6 PODS (GEN 5) 5PK | 2 | |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | 2 | QL |
| OMNIPOD CLASSIC PODS(GEN3) 5PK | 2 | |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2 | QL |
| OMNIPOD DASH PODS (GEN 4) 5PK | 2 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|
| OMNIPOD GO 10 UNIT/DAY PODS | 2 | |
| OMNIPOD GO 15 UNIT/DAY PODS | 2 | |
| OMNIPOD GO 20 UNIT/DAY PODS | 2 | |
| OMNIPOD GO 25 UNIT/DAY PODS | 2 | |
| OMNIPOD GO 30 UNIT/DAY PODS | 2 | |
| OMNIPOD GO 35 UNIT/DAY PODS | 2 | |
| OMNIPOD GO 40 UNIT/DAY PODS | 2 | |
| ON CALL EXPRESS CTRL SOLN PAK | 2 | |
| ON CALL PLUS CONTROL SOLUTION | 2 | |
| ON CALL VIVID CONTROL SOLUTION | 2 | |
| ONDANSETRON 4 MG/5 ML SOLUTION | 1 | |
| ONDANSETRON HCL 4 MG TABLET | 1 | |
| ONDANSETRON HCL 8 MG TABLET | 1 | |
| ONDANSETRON ODT 4 MG TABLET | 1 | |
| ONDANSETRON ODT 8 MG TABLET | 1 | |
| ONE WAY VALVED MOUTHPIECE | 2 | QL |
| ONETOUCH DELICA PLUS 30G LANCET | 2 | |
| ONETOUCH DELICA PLUS 33G LANCET | 2 | |
| ONETOUCH DELICA PLUS LANC DEV | 2 | |
| ONETOUCH DELICA SAF 30G LANCET | 2 | |
| ONETOUCH ULTRASOFT LANCETS | 2 | |
| ONETOUCH SOLUTIONS STARTER KIT | 1 | |
| ONETOUCH SURESOFT 18G LANC DEV | 2 | |
| ONETOUCH SURESOFT 21G LANC DEV | 2 | |
| ONETOUCH SURESOFT 28G LANC DEV | 2 | |
| ONETOUCH ULTRA CONTROL SOLN | 2 | |
| ONETOUCH ULTRA TEST STRIP | 2 | |
| ONETOUCH ULTRA2 GLUCOSE SYST | 1 | |
| ONETOUCH ULTRASOFT2 30G LANCET | 2 | |
| ONETOUCH VERIO FLEX METER | 1 | |
| ONETOUCH VERIO HIGH CNTRL SOLN | 2 | |
| ONETOUCH VERIO METER | 1 | |
| ONETOUCH VERIO MID CNTRL SOLN | 2 | |
| ONETOUCH VERIO REFLECT METER | 1 | |
| ONETOUCH VERIO TEST STRIP | 2 | |
| ONGLYZA 2.5 MG TABLET | 2 | QL |
| ONGLYZA 5 MG TABLET | 2 | QL |
| OPCICON ONE-STEP 1.5 MG TABLET | 1 | |
| OPIUM TINCTURE 10 MG/ML | 1 | PA |
| OPTICHAMBER ADULT MASK-LARGE | 2 | QL |
| OPTICHAMBER DIAMOND VHC | 2 | QL |
| OPTICHAMBER DIAMOND W-LRG MASK | 2 | QL |
| OPTICHAMBER DIAMOND W-MED MASK | 2 | QL |
| OPTICHAMBER DIAMOND W-SML MASK | 2 | QL |
| OPTION 2 1.5 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| OPTUMRX GLUCOSE CONTROL SOLN | 2 | |
| ORACIT ORAL SOLUTION | 3 | |
| ORALONE 0.1% PASTE | 1 | |
| ORPHENADRINE ER 100 MG TABLET | 1 | |
| OSCIMIN 0.125 MG TABLET | 1 | |
| OSCIMIN SL 0.125 MG TABLET | 1 | |
| OSCIMIN SR 0.375 MG TABLET | 1 | |
| OSELTAMIVIR 6 MG/ML SUSPENSION | 1 | QL |
| OSELTAMIVIR PHOS 30 MG CAPSULE | 1 | QL |
| OSELTAMIVIR PHOS 45 MG CAPSULE | 1 | QL |
| OSELTAMIVIR PHOS 75 MG CAPSULE | 1 | QL |
| OSMOPREP TABLET | 3 | |
| OTEZLA 28 DAY STARTER PACK | 4 | PA, QL, SRX |
| OTEZLA 30 MG TABLET | 4 | PA, QL, SRX |
| OVAL TAPE | 2 | |
| OXANDROLONE 10 MG TABLET | 3 | PA |
| OXANDROLONE 2.5 MG TABLET | 3 | PA |
| OXAPROZIN 600 MG CAPLET | 1 | |
| OXAPROZIN 600 MG TABLET | 1 | |
| OXAZEPAM 10 MG CAPSULE | 1 | |
| OXAZEPAM 15 MG CAPSULE | 1 | |
| OXAZEPAM 30 MG CAPSULE | 1 | |
| OXCARBAZEPINE 150 MG TABLET | 1 | |
| OXCARBAZEPINE 300 MG TABLET | 1 | |
| OXCARBAZEPINE 300 MG/5 ML SUSP | 1 | |
| OXCARBAZEPINE 600 MG TABLET | 1 | |
| OXICONAZOLE NITRATE 1% CREAM | 2 | |
| OXYBUTYNIN 5 MG TABLET | 1 | |
| OXYBUTYNIN 5 MG/5 ML SOLUTION | 1 | |
| OXYBUTYNIN 5 MG/5 ML SYRUP | 1 | |
| OXYBUTYNIN CL ER 10 MG TABLET | 1 | |
| OXYBUTYNIN CL ER 15 MG TABLET | 1 | |
| OXYBUTYNIN CL ER 5 MG TABLET | 1 | |
| OXYCODONE HCL (IR) 10 MG TAB | 1 | PA |
| OXYCODONE HCL (IR) 15 MG TAB | 1 | PA |
| OXYCODONE HCL (IR) 20 MG TAB | 1 | PA |
| OXYCODONE HCL (IR) 30 MG TAB | 1 | PA |
| OXYCODONE HCL (IR) 5 MG CAP | 1 | PA |
| OXYCODONE HCL (IR) 5 MG TABLET | 1 | PA |
| OXYCODONE HCL 100 MG/5 ML CONC | 1 | PA |
| OXYCODONE HCL 5 MG/5 ML SOLN | 1 | PA |
| OXYCODONE HCL-ASPIRIN | 1 | PA |
| OXYCODONE-ACETAMINOPHEN 10-325 | 1 | PA |
| OXYCODONE-ACETAMINOPHEN 5-325 | 1 | PA |
| OXYCODONE-ACETAMINOPHN 2.5-325 | 1 | PA |
| OXYCODONE-ACETAMINOPHN 7.5-325 | 1 | PA |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| OXYMORPHONE HCL 10 MG TABLET | 1 | PA |
| OXYMORPHONE HCL 5 MG TABLET | 1 | PA |
| OXYMORPHONE HCL ER 10 MG TAB | 1 | PA |
| OXYMORPHONE HCL ER 15 MG TAB | 1 | PA |
| OXYMORPHONE HCL ER 20 MG TAB | 1 | PA |
| OXYMORPHONE HCL ER 30 MG TAB | 1 | PA |
| OXYMORPHONE HCL ER 40 MG TAB | 1 | PA |
| OXYMORPHONE HCL ER 5 MG TABLET | 1 | PA |
| OXYMORPHONE HCL ER 7.5 MG TAB | 1 | PA |
| PACERONE 200 MG TABLET | 1 | |
| PALIPERIDONE ER 1.5 MG TABLET | 3 | |
| PALIPERIDONE ER 3 MG TABLET | 3 | |
| PALIPERIDONE ER 6 MG TABLET | 3 | |
| PALIPERIDONE ER 9 MG TABLET | 3 | |
| PANCREAZE DR 10,500 UNIT CAP | 2 | |
| PANCREAZE DR 16,800 UNIT CAP | 2 | |
| PANCREAZE DR 2,600 UNIT CAP | 2 | |
| PANCREAZE DR 21,000 UNIT CAP | 2 | |
| PANCREAZE DR 37,000 UNIT CAP | 2 | |
| PANCREAZE DR 4,200 UNIT CAP | 2 | |
| PANDA MASK LARGE | 2 | QL |
| PANDA MASK MEDIUM | 2 | QL |
| PANDA MASK SMALL | 2 | QL |
| PANRETIN 0.1% GEL | 4 | SRX |
| PANTOPRAZOLE SOD DR 20 MG TAB | 1 | QL |
| PANTOPRAZOLE SOD DR 40 MG TAB | 1 | QL |
| PARADIGM REMOTE CONTROL | 2 | |
| PARADIGM RESERVOIR 1.8 ML | 2 | |
| PARADIGM RESERVOIR 3 ML | 2 | |
| PAREGORIC LIQUID | 1 | |
| PARICALCITOL 1 MCG CAPSULE | 1 | |
| PARICALCITOL 2 MCG CAPSULE | 1 | |
| PARICALCITOL 4 MCG CAPSULE | 1 | |
| PAROEX 0.12% ORAL RINSE | 1 | |
| PAROMOMYCIN 250 MG CAPSULE | 1 | |
| 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 | 3 | |
| PC UNIFINE PENTIPS 12MM NEEDLE | 2 | |
| PC UNIFINE PENTIPS 6MM NEEDLE | 2 | |
| PC UNIFINE PENTIPS 8MM NEEDLE | 2 | |
| PEAK-AIR PEAK FLOW METER | 2 | |
| PEDIARIX 0.5 ML SYRINGE | 2 | |
| PEDIATRIC MEDIUM MASK | 2 | QL |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| PEDIATRIC PANDA MASK | 2 | QL | PENTIPS PEN NEEDLE 31GX5/16" | 2 | |
| PEDIATRIC SMALL MASK | 2 | QL | PENTIPS PEN NEEDLE 32G 4MM | 2 | |
| PEDVAXHIB VACCINE VIAL | 2 | | PENTIPS PEN NEEDLE 32G 6MM | 2 | |
| PEG 3350-ELECTROLYTE SOLUTION | 1 | | PENTIPS PEN NEEDLE 32GX5/32" | 2 | |
| PEG3350 100-7.5-2.691-1.01-5.9 | 1 | | PENTIPS PEN NEEDLE 6MM 31G | 2 | |
| PEG-3350 AND ELECTROLYTES SOLN | 1 | | PENTOXIFYLLINE ER 400 MG TAB | 1 | |
| PEGASYS 180 MCG/0.5 ML SYRINGE | 4 | PA, SRX | PERINDOPRIL ERBUMINE 2 MG TAB | 1 | |
| PEGASYS 180 MCG/ML VIAL | 4 | PA, SRX | PERINDOPRIL ERBUMINE 4 MG TAB | 1 | |
| PEG-PREP KIT | 1 | | PERINDOPRIL ERBUMINE 8 MG TAB | 1 | |
| PEN NEEDLE 29G 12MM | 2 | | PERIOGARD 0.12% ORAL RINSE | 1 | |
| PEN NEEDLE 30G 5MM | 2 | | PERMETHRIN 5% CREAM | 1 | |
| PEN NEEDLE 30G 8MM | 2 | | PERPHEN-AMITRIP 2 MG-10 MG TAB | 1 | |
| PEN NEEDLE 30G X 5/16" | 2 | | PERPHEN-AMITRIP 2 MG-25 MG TAB | 1 | |
| PEN NEEDLE 31G 5MM | 2 | | PERPHEN-AMITRIP 4 MG-10 MG TAB | 1 | |
| PEN NEEDLE 31G 6MM | 2 | | PERPHEN-AMITRIP 4 MG-25 MG TAB | 1 | |
| PEN NEEDLE 31G 8MM | 2 | | PERPHEN-AMITRIP 4 MG-50 MG TAB | 1 | |
| PEN NEEDLE 31G X 1/4" | 2 | | PERPHENAZINE 16 MG TABLET | 1 | |
| PEN NEEDLE 31G X 3/16" | 2 | | PERPHENAZINE 2 MG TABLET | 1 | |
| PEN NEEDLE 31G X 5/16" | 2 | | PERPHENAZINE 4 MG TABLET | 1 | |
| PEN NEEDLE 32G 4MM | 2 | | PERPHENAZINE 8 MG TABLET | 1 | |
| PEN NEEDLE 32G X 1/4" | 2 | | PERSONAL BEST PEAK FLOW MTR | 2 | |
| PEN NEEDLE 32G X 3/16" | 2 | | PFIZER COVID (12Y UP) VAC-GRAY | 2 | |
| PEN NEEDLE 32G X 5/32" | 2 | | PFIZER COVID (5-11Y) VAC-ORANG | 2 | |
| PEN NEEDLE 33G 4MM | 2 | | PFIZER COVID (6M-4Y)VAC-MAROON | 2 | |
| PEN NEEDLE 6MM 31G | 2 | | PFIZER COVID BIVAL (12Y UP)EUA | 2 | |
| PEN NEEDLES 12MM 29G | 2 | | PFIZER COVID BIVAL (5-11YR)EUA | 2 | |
| PEN NEEDLES 4MM 32G | 2 | | PFIZER COVID BIVAL (6MO-4Y)EUA | 2 | |
| PEN NEEDLES 5MM 31G | 2 | | PFIZER COVID-19 VACCINE-PURPLE | 2 | |
| PEN NEEDLES 6MM 31G | 2 | | PHASEAL PROTECTOR 14 | 2 | |
| PEN NEEDLES 8MM 31G | 2 | | PHASEAL PROTECTOR 21 | 2 | |
| PENCICLOVIR 1% CREAM | 3 | PA, QL | PHASEAL PROTECTOR 28 | 2 | |
| PENICILLAMINE 250 MG TABLET | 4 | PA, QL, SRX | PHASEAL PROTECTOR 50 | 2 | |
| PENICILLIN VK 125 MG/5 ML SOLN | 1 | | PHENAZOPYRIDINE 100 MG TAB | 1 | |
| PENICILLIN VK 250 MG TABLET | 1 | | PHENAZOPYRIDINE 200 MG TAB | 1 | |
| PENICILLIN VK 250 MG/5 ML SOLN | 1 | | PHENELZINE SULFATE 15 MG TAB | 1 | |
| PENICILLIN VK 500 MG TABLET | 1 | | PHENOBARBITAL 100 MG TABLET | 1 | |
| PENTACEL VIAL KIT | 2 | | PHENOBARBITAL 15 MG TABLET | 1 | |
| PENTAMIDINE 300 MG INHAL POWDR | 2 | | PHENOBARBITAL 16.2 MG TABLET | 1 | |
| PENTAZOCINE-NALOXONE TABLET | 1 | PA | PHENOBARBITAL 20 MG/5 ML CUP | 1 | |
| PENTIPS PEN NEEDLE 29G 12MM | 2 | | PHENOBARBITAL 20 MG/5 ML ELIX | 1 | |
| PENTIPS PEN NEEDLE 29GX1/2" | 2 | | PHENOBARBITAL 20 MG/5 ML SOLN | 1 | |
| PENTIPS PEN NEEDLE 31G 5MM | 2 | | PHENOBARBITAL 30 MG TABLET | 1 | |
| PENTIPS PEN NEEDLE 31G 6MM | 2 | | PHENOBARBITAL 30 MG/7.5 ML CUP | 1 | |
| PENTIPS PEN NEEDLE 31G 8MM | 2 | | PHENOBARBITAL 32.4 MG TABLET | 1 | |
| PENTIPS PEN NEEDLE 31GX1/4" | 2 | | PHENOBARBITAL 60 MG TABLET | 1 | |
| PENTIPS PEN NEEDLE 31GX3/16" | 2 | | PHENOBARBITAL 60 MG/15 ML CUP | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| PHENOBARBITAL 64.8 MG TABLET | 1 | | PIROXICAM 10 MG CAPSULE | 1 | |
| PHENOBARBITAL 97.2 MG TABLET | 1 | | PIROXICAM 20 MG CAPSULE | 1 | |
| PHENOXYBENZAMINE HCL 10 MG CAP | 4 | SRX | PLAN B ONE-STEP 1.5 MG TABLET | 3 | |
| PHENYLEPHRINE 10% EYE DROPS | 1 | | PNEUMOVAX 23 SYRINGE | 2 | |
| PHENYLEPHRINE 2.5% EYE DROP | 1 | | PNEUMOVAX 23 VIAL | 2 | |
| PHENYTOIN 100 MG/4 ML SUSP | 1 | | PNV 29-1 TABLET | 1 | |
| PHENYTOIN 125 MG/5 ML SUSP | 1 | | PNV PRENATAL PLUS MULTIVIT TAB | 1 | |
| PHENYTOIN 50 MG INFATAB CHEW | 1 | | PNV-DHA SOFTGEL | 1 | |
| PHENYTOIN 50 MG TABLET CHEW | 1 | | PNV-DHA + DOCUSATE SOFTGEL | 1 | |
| PHENYTOIN SOD EXT 100 MG CAP | 1 | | PNV-OMEGA SOFTGEL | 1 | |
| PHENYTOIN SOD EXT 200 MG CAP | 1 | | PNV-SELECT TABLET | 1 | |
| PHENYTOIN SOD EXT 300 MG CAP | 1 | | POCKET CHAMBER | 2 | QL |
| PHILITH 0.4-0.035 MG TABLET | 1 | | POCKET PEAK FLOW METER | 2 | |
| PHOSLYRA 667 MG/5 ML SOLUTION | 3 | | PODOFILOX 0.5% TOPICAL SOLN | 1 | |
| PHOSPHASAL TABLET | 1 | | POLY HUB NEEDLE 18GX1" | 2 | |
| PHOSPHOLINE IODIDE 0.125% | 3 | LDD | POLY HUB NEEDLE 18GX1-1/2" | 2 | |
| PHOSPHOLINE IODIDE 0.125% DROP | 3 | LDD | POLY HUB NEEDLE 21GX1" | 2 | |
| PHYSIOSOL IRRIGATION SOLN | 3 | | POLY HUB NEEDLE 21GX1-1/2" | 2 | |
| PHYTONADIONE 5 MG TABLET | 3 | | POLY HUB NEEDLE 22GX1" | 2 | |
| PIKO 1 FLOW METER | 2 | | POLY HUB NEEDLE 22GX1-1/2" | 2 | |
| PILOCARPINE 1% EYE DROPS | 1 | | POLY HUB NEEDLE 23GX1" | 2 | |
| PILOCARPINE 2% EYE DROPS | 1 | | POLY HUB NEEDLE 23GX1-1/2" | 2 | |
| PILOCARPINE 4% EYE DROPS | 1 | | POLY HUB NEEDLE 25GX1" | 2 | |
| PILOCARPINE HCL 5 MG TABLET | 1 | | POLY HUB NEEDLE 25GX1-1/2" | 2 | |
| PILOCARPINE HCL 7.5 MG TABLET | 1 | | POLY HUB NEEDLE 25GX5/8" | 2 | |
| PIMECROLIMUS 1% CREAM | 3 | | POLY HUB NEEDLE 27GX1/2" | 2 | |
| PIMOZIDE 1 MG TABLET | 1 | | POLY HUB NEEDLE 27GX1-1/4" | 2 | |
| PIMOZIDE 2 MG TABLET | 1 | | POLY HUB NEEDLE 30GX1/2" | 2 | |
| PIMTREA 28 DAY TABLET | 1 | | POLYCYN EYE OINTMENT | 1 | |
| PINDOLOL 10 MG TABLET | 1 | | POLYMYXIN B-TMP EYE DROPS | 1 | |
| PINDOLOL 5 MG TABLET | 1 | | POMALYST 1 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| PIOGLITAZONE HCL 15 MG TABLET | 1 | | POMALYST 2 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| PIOGLITAZONE HCL 30 MG TABLET | 1 | | POMALYST 3 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| PIOGLITAZONE HCL 45 MG TABLET | 1 | | POMALYST 4 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| PIOGLITAZONE-GLIMEPIRIDE 30-2 | 1 | | PORTIA-28 TABLET | 1 | |
| PIOGLITAZONE-GLIMEPIRIDE 30-4 | 1 | | POSACONAZOLE 200 MG/5 ML SUSP | 3 | |
| PIOGLITAZONE-METFORMIN 15-500 | 1 | | POSACONAZOLE DR 100 MG TABLET | 3 | QL |
| PIOGLITAZONE-METFORMIN 15-850 | 1 | | POTASSIUM CITRATE ER 10 MEQ TB | 1 | |
| PIP GLUCOSE CONTROL SOLN L1-L2 | 2 | | POTASSIUM CITRATE ER 15 MEQ TB | 1 | |
| PIP PEN NEEDLE 31G X 5MM | 2 | | POTASSIUM CITRATE ER 5 MEQ TAB | 1 | |
| PIP PEN NEEDLE 32G X 4MM | 2 | | POTASSIUM CL 10% (20 MEQ/15ML) | 1 | |
| PIRFENIDONE 267 MG CAPSULE | 4 | PA, SRX | POTASSIUM CL 10% (40 MEQ/30ML) | 1 | |
| PIRFENIDONE 267 MG TABLET | 4 | PA, SRX | POTASSIUM CL 20 MEQ PACKET | 1 | |
| PIRFENIDONE 801 MG TABLET | 4 | PA, SRX | POTASSIUM CL 20% (40 MEQ/15ML) | 1 | |
| PIRMELLA 1-35 28 TABLET | 1 | | POTASSIUM CL ER 10 MEQ CAPSULE | 1 | |
| PIRMELLA 7-7-7-28 TABLET | 1 | | POTASSIUM CL ER 10 MEQ TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| POTASSIUM CL ER 15 MEQ TABLET | 1 | | PREDNISOLONE SOD PH 25 MG/5 ML | 1 | |
| POTASSIUM CL ER 20 MEQ TABLET | 1 | | PREDNISON 1 MG TABLET | 1 | |
| POTASSIUM CL ER 8 MEQ CAPSULE | 1 | | PREDNISON 10 MG TAB DOSE PACK | 1 | |
| POTASSIUM CL ER 8 MEQ TABLET | 1 | | PREDNISON 10 MG TABLET | 1 | |
| POTASSIUM IODIDE 1 GM/ML SOL | 3 | | PREDNISON 2.5 MG TABLET | 1 | |
| PR NATAL 400 COMBO PACK | 1 | | PREDNISON 20 MG TABLET | 1 | |
| PR NATAL 400 EC COMBO PACK | 1 | | PREDNISON 5 MG TAB DOSE PACK | 1 | |
| PR NATAL 430 COMBO PACK | 1 | | PREDNISON 5 MG TABLET | 1 | |
| PR NATAL 430 EC COMBO PACK | 1 | | PREDNISON 5 MG/5 ML SOLUTION | 1 | |
| PRADAXA 110 MG CAPSULE | 3 | PA, QL | PREDNISON 50 MG TABLET | 1 | |
| PRAMIPEXOLE 0.125 MG TABLET | 1 | | PREDNISON INTENSOL 5 MG/ML | 1 | |
| PRAMIPEXOLE 0.25 MG TABLET | 1 | | PREF PLUS INS 0.3 ML 29GX1/2" | 2 | |
| PRAMIPEXOLE 0.5 MG TABLET | 1 | | PREF PLUS SYR 0.5 ML 30GX5/16" | 2 | |
| PRAMIPEXOLE 0.75 MG TABLET | 1 | | PREF PLUS SYRING 1 ML 29GX1/2" | 2 | |
| PRAMIPEXOLE 1 MG TABLET | 1 | | PREFERRED PLUS 0.3 ML 30GX5/16 | 2 | |
| PRAMIPEXOLE 1.5 MG TABLET | 1 | | PREFERRED PLUS 0.5 ML 29GX1/2" | 2 | |
| PRAMIPEXOLE ER 0.375 MG TABLET | 1 | | PREFERRED PLUS SYRINGE 0.5 ML | 2 | |
| PRAMIPEXOLE ER 0.75 MG TABLET | 1 | | PREFERRED PLUS SYRINGE 1 ML | 2 | |
| PRAMIPEXOLE ER 1.5 MG TABLET | 1 | | PREFEST TABLET | 1 | |
| PRAMIPEXOLE ER 2.25 MG TABLET | 1 | | PREFPLS INS SYR 1 ML 30GX5/16" | 2 | |
| PRAMIPEXOLE ER 3 MG TABLET | 1 | | PREGABALIN 100 MG CAPSULE | 1 | QL |
| PRAMIPEXOLE ER 3.75 MG TABLET | 1 | | PREGABALIN 150 MG CAPSULE | 1 | QL |
| PRAMIPEXOLE ER 4.5 MG TABLET | 1 | | PREGABALIN 20 MG/ML SOLUTION | 1 | QL |
| PRAMOSONE 1% LOTION | 3 | | PREGABALIN 200 MG CAPSULE | 1 | QL |
| PRAMOSONE 1%-1% OINTMENT | 3 | | PREGABALIN 225 MG CAPSULE | 1 | QL |
| PRAMOSONE 2.5%-1% LOTION | 3 | | PREGABALIN 25 MG CAPSULE | 1 | QL |
| PRAMOSONE 2.5%-1% OINTMENT | 3 | | PREGABALIN 300 MG CAPSULE | 1 | QL |
| PRASUGREL 10 MG TABLET | 1 | | PREGABALIN 50 MG CAPSULE | 1 | QL |
| PRASUGREL 5 MG TABLET | 1 | | PREGABALIN 75 MG CAPSULE | 1 | QL |
| PRAVASTATIN SODIUM 10 MG TAB | 1 | | PREHEVBRIO 10 MCG/ML VIAL | 2 | |
| PRAVASTATIN SODIUM 20 MG TAB | 1 | | PREMARIN 0.3 MG TABLET | 3 | |
| PRAVASTATIN SODIUM 40 MG TAB | 1 | | PREMARIN 0.45 MG TABLET | 3 | |
| PRAVASTATIN SODIUM 80 MG TAB | 1 | | PREMARIN 0.625 MG TABLET | 3 | |
| PRAZQUANTEL 600 MG TABLET | 1 | | PREMARIN 0.9 MG TABLET | 3 | |
| PRAZOSIN 1 MG CAPSULE | 1 | | PREMARIN 1.25 MG TABLET | 3 | |
| PRAZOSIN 2 MG CAPSULE | 1 | | PRENA1 TRUE COMBO PACK | 1 | |
| PRAZOSIN 5 MG CAPSULE | 1 | | PRENAISSANCE CAPSULE | 1 | |
| PREDNICARBATE 0.1% CREAM | 1 | | PRENAISSANCE PLUS SOFTGEL | 1 | |
| PREDNICARBATE 0.1% OINTMENT | 1 | | PRENATAL 19 CHEWABLE TABLET | 1 | |
| PREDNISOLONE 15 MG/5 ML SOLN | 1 | | PRENATAL 19 TABLET | 1 | |
| PREDNISOLONE 5 MG/5 ML SOLN | 1 | | PRENATAL PLUS IRON TABLET | 1 | |
| PREDNISOLONE AC 1% EYE DROP | 1 | | PRENATAL PLUS VITAMIN-MINERAL | 1 | |
| PREDNISOLONE ODT 10 MG TABLET | 1 | | PRENATAL PLUS-DHA COMBO PACK | 1 | |
| PREDNISOLONE ODT 15 MG TABLET | 1 | | PRENATAL VITAMIN PLUS LOW IRON | 1 | |
| PREDNISOLONE ODT 30 MG TABLET | 1 | | PRENATAL-U CAPSULE | 1 | |
| PREDNISOLONE SOD 1% EYE DROP | 1 | | PREP EASE ALCOHOL PADS | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| PREPLUS CA-FE 27 MG-FA 1 MG TB | 1 | |
| PRETAB 29 MG-1 MG TABLET | 1 | |
| PREVALITE PACKET | 1 | |
| PREVALITE POWDER | 1 | |
| PREVENT PEN NEEDLE 31GX1/4" | 2 | |
| PREVENT PEN NEEDLE 31GX5/16" | 2 | |
| PREVIFEM TABLET | 1 | |
| PREVNAR 13 SYRINGE | 2 | |
| PREVNAR 20 SYRINGE | 2 | |
| PREVYMIS 240 MG TABLET | 3 | PA, QL |
| PREVYMIS 480 MG TABLET | 3 | PA, QL |
| PREZCOBIX 800 MG-150 MG TABLET | 2 | |
| PREZISTA 100 MG/ML SUSPENSION | 2 | |
| PREZISTA 150 MG TABLET | 2 | |
| PREZISTA 600 MG TABLET | 2 | |
| PREZISTA 75 MG TABLET | 2 | |
| PREZISTA 800 MG TABLET | 2 | |
| PRIFTIN 150 MG TABLET | 3 | |
| PRIMAQUINE 26.3 MG TABLET | 1 | |
| PRIMEAIRE CHAMBER | 2 | QL |
| PRIMIDONE 250 MG TABLET | 1 | |
| PRIMIDONE 50 MG TABLET | 1 | |
| PRIMSOL 50 MG/5 ML ORAL SOLN | 3 | |
| PRIORIX VIAL | 2 | |
| PRO COMFORT 0.5 ML 30GX1/2" | 2 | |
| PRO COMFORT 0.5 ML 30GX5/16" | 2 | |
| PRO COMFORT 0.5 ML 31GX5/16" | 2 | |
| PRO COMFORT 1 ML 30GX1/2" | 2 | |
| PRO COMFORT 1 ML 30GX5/16" | 2 | |
| PRO COMFORT 1 ML 31GX5/16" | 2 | |
| PRO COMFORT PEN ND 31GX5/16" | 2 | |
| PRO COMFORT PEN ND 32G X 1/4" | 2 | |
| PRO COMFORT PEN ND 4MM 32G | 2 | |
| PRO COMFORT PEN ND 5MM 32G | 2 | |
| PRO COMFORT SPACER-ADULT MASK | 2 | QL |
| PRO COMFORT SPACER-CHILD MASK | 2 | QL |
| PRO COMFORT SPACER-INFANT MASK | 2 | QL |
| PROBENECID 500 MG TABLET | 1 | |
| PROBENECID-COLCHICINE TABLET | 1 | |
| PROCARE SPACER WITH ADULT MASK | 2 | QL |
| PROCARE SPACER WITH CHILD MASK | 2 | QL |
| PROCENTRA 5 MG/5 ML SOLUTION | 1 | QL |
| PROCHAMBER HOLDING CHAMBER | 2 | QL |
| PROCHLORPERAZINE 10 MG TAB | 1 | |
| PROCHLORPERAZINE 25 MG SUPP | 1 | |
| PROCHLORPERAZINE 5 MG TABLET | 1 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| PROCTO-MED HC 2.5% CREAM | 1 | |
| PROCTOSOL-HC 2.5% CREAM | 1 | |
| PROCTOZONE-HC 2.5% CREAM | 1 | |
| PRODIGY CONTROL SOLUTION | 2 | |
| PRODIGY CONTROL SOLUTION LOW | 2 | |
| PRODIGY INS SYR 1ML 28GX1/2" | 2 | |
| PRODIGY SYRNG 0.5 ML 31GX5/16" | 2 | |
| PRODIGY SYRNGE 0.3ML 31GX5/16" | 2 | |
| PROGESTERONE 100 MG CAPSULE | 1 | |
| PROGESTERONE 200 MG CAPSULE | 1 | |
| PROGRAF 0.2 MG GRANULE PACKET | 3 | |
| PROGRAF 1 MG GRANULE PACKET | 3 | |
| PROMACTA 12.5 MG SUSPEN PACKET | 4 | PA, LDD, SRX |
| PROMACTA 12.5 MG TABLET | 4 | PA, LDD, SRX |
| PROMACTA 25 MG SUSPENSION PCKT | 4 | PA, LDD, SRX |
| PROMACTA 25 MG TABLET | 4 | PA, LDD, SRX |
| PROMACTA 50 MG TABLET | 4 | PA, LDD, SRX |
| PROMACTA 75 MG TABLET | 4 | PA, LDD, SRX |
| PROMETHAZINE 12.5 MG SUPPOS | 1 | |
| PROMETHAZINE 12.5 MG TABLET | 1 | |
| PROMETHAZINE 25 MG SUPPOSITORY | 1 | |
| PROMETHAZINE 25 MG TABLET | 1 | |
| PROMETHAZINE 50 MG TABLET | 1 | |
| PROMETHAZINE 6.25 MG/5 ML SOLN | 1 | |
| PROMETHAZINE 6.25 MG/5 ML SYRP | 1 | |
| PROMETHAZINE VC SOLUTION | 1 | |
| PROMETHAZINE VC-CODEINE SOLN | 1 | QL |
| PROMETHAZINE-CODEINE SOLUTION | 1 | QL |
| PROMETHAZINE-CODEINE SYRUP | 1 | QL |
| PROMETHAZINE-DM 6.25-15 MG/5ML | 1 | |
| PROMETHAZINE-PE-CODEINE SYRUP | 1 | QL |
| PROMETHAZINE-PHENYLEPHRINE SYR | 1 | |
| PROMETHEGAN 12.5 MG SUPPOS | 1 | |
| PROMETHEGAN 25 MG SUPPOSITORY | 1 | |
| PROMETHEGAN 50 MG SUPPOSITORY | 1 | |
| PROPAFENONE HCL 150 MG TABLET | 1 | |
| PROPAFENONE HCL 225 MG TAB | 1 | |
| PROPAFENONE HCL 300 MG TAB | 1 | |
| PROPAFENONE HCL ER 225 MG CAP | 1 | |
| PROPAFENONE HCL ER 325 MG CAP | 1 | |
| PROPAFENONE HCL ER 425 MG CAP | 1 | |
| PROPARACAINE 0.5% EYE DROPS | 1 | |
| PROPRANOLOL 10 MG TABLET | 1 | |
| PROPRANOLOL 20 MG TABLET | 1 | |
| PROPRANOLOL 20 MG/5 ML SOLN | 1 | |
| PROPRANOLOL 40 MG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| PROPRANOLOL 40 MG/5 ML SOLN | 1 | |
| PROPRANOLOL 60 MG TABLET | 1 | |
| PROPRANOLOL 80 MG TABLET | 1 | |
| PROPRANOLOL ER 120 MG CAPSULE | 1 | |
| PROPRANOLOL ER 160 MG CAPSULE | 1 | |
| PROPRANOLOL ER 60 MG CAPSULE | 1 | |
| PROPRANOLOL ER 80 MG CAPSULE | 1 | |
| PROPRANOLOL-HCTZ 40-25 MG TAB | 1 | |
| PROPRANOLOL-HCTZ 80-25 MG TAB | 1 | |
| PROPYLTHIOURACIL 50 MG TABLET | 1 | |
| PROQUAD VIAL | 2 | |
| PROTRIPTYLINE HCL 10 MG TABLET | 1 | |
| PROTRIPTYLINE HCL 5 MG TABLET | 1 | |
| PUB INS SYRN 0.3 ML 30GX1/2" | 2 | |
| PUB INS SYRINGE 1 ML 30GX1/2" | 2 | |
| PUB INSUL SYR 0.3 ML 31GX5/16" | 2 | |
| PUB INSUL SYR 0.5 ML 30GX1/2" | 2 | |
| PUB INSUL SYR 0.5 ML 31GX5/16" | 2 | |
| PUB INSULIN SYR 1 ML 31GX5/16" | 2 | |
| PUB PEN 12MM 29G NEEDLES | 2 | |
| PUB PEN 8MM 31G NEEDLES | 2 | |
| PUB PEN NEEDLE 6MM 31G | 2 | |
| PUB UNIFINE PNTPLUS 31GX3/16 | 2 | |
| PULMOSAL 7% VIAL | 1 | |
| PULMOZYME 1 MG/ML AMPUL | 4 | PA, SRX |
| PURE CMFT SFTY PEN NDL 31G 5MM | 2 | |
| PURE CMFT SFTY PEN NDL 31G 6MM | 2 | |
| PURE CMFT SFTY PEN NDL 32G 4MM | 2 | |
| PURE COMFORT PEN NDL 32G 4MM | 2 | |
| PURE COMFORT PEN NDL 32G 5MM | 2 | |
| PURE COMFORT PEN NDL 32G 6MM | 2 | |
| PURE COMFORT PEN NDL 32G 8MM | 2 | |
| PURE COMFORT SPACER-ADULT MASK | 2 | QL |
| PURECOMFORT PEAK FLOW MTR ADLT | 2 | |
| PURECOMFORT PEAK FLOW MTR CHLD | 2 | |
| PURIXAN 20 MG/ML ORAL SUSP | 4 | PA, SRX |
| PV UNIFINE PENTIP PLUS 31GX5MM | 2 | |
| PV UNIFINE PENTIP PLUS 31GX6MM | 2 | |
| PV UNIFINE PENTIP PLUS 31GX8MM | 2 | |
| PV UNIFINE PENTIP PLUS 32GX4MM | 2 | |
| PV UNIFINE PENTIP PLUS 33GX4MM | 2 | |
| PYRAZINAMIDE 500 MG TABLET | 1 | |
| PYRIDOSTIGMINE 60 MG/5 ML SOLN | 4 | PA, SRX |
| PYRIDOSTIGMINE BR 60 MG TABLET | 3 | |
| PYRIDOSTIGMINE ER 180 MG TAB | 3 | |
| PYRIMETHAMINE 25 MG TABLET | 4 | PA, LDD, SRX |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| QC ALCOHOL 70% SWABS | 2 | |
| QC UNIFINE PENTIPS 32GX5/32" | 2 | |
| QC UNIFINE PENTIPS 4MM 32G | 2 | |
| QUADRACEL DTAP-IPV SYRINGE | 2 | |
| QUADRACEL DTAP-IPV VIAL | 2 | |
| QUAZEPAM 15 MG TABLET | 3 | PA |
| QUETIAPINE ER 150 MG TABLET | 1 | |
| QUETIAPINE ER 200 MG TABLET | 1 | |
| QUETIAPINE ER 300 MG TABLET | 1 | |
| QUETIAPINE ER 400 MG TABLET | 1 | |
| QUETIAPINE ER 50 MG TABLET | 1 | |
| QUETIAPINE FUMARATE 100 MG TAB | 1 | |
| QUETIAPINE FUMARATE 200 MG TAB | 1 | |
| QUETIAPINE FUMARATE 25 MG TAB | 1 | |
| QUETIAPINE FUMARATE 300 MG TAB | 1 | |
| QUETIAPINE FUMARATE 400 MG TAB | 1 | |
| QUETIAPINE FUMARATE 50 MG TAB | 1 | |
| QUICK RELEASE TEFLN CANNULA | 2 | |
| QUICK-SET PARADIGM SET 18" | 2 | |
| QUICK-SET PARADIGM SET 32" | 2 | |
| QUINAPRIL 10 MG TABLET | 1 | |
| QUINAPRIL 20 MG TABLET | 1 | |
| QUINAPRIL 40 MG TABLET | 1 | |
| QUINAPRIL 5 MG TABLET | 1 | |
| QUINAPRIL-HCTZ 10-12.5 MG TAB | 1 | |
| QUINAPRIL-HCTZ 20-12.5 MG TAB | 1 | |
| QUINAPRIL-HCTZ 20-25 MG TAB | 1 | |
| QUINIDINE GLUC ER 324 MG TAB | 1 | |
| QUINIDINE SULFATE 200 MG TAB | 1 | |
| QUINIDINE SULFATE 300 MG TAB | 1 | |
| QUININE SULFATE 324 MG CAPSULE | 1 | |
| QUTENZA 8% KIT (1 PATCH) | 3 | |
| QUTENZA 8% KIT (2 PATCH) | 3 | |
| QUTENZA 8% KIT (4 PATCH) | 3 | |
| QVAR REDHALER 40 MCG | 3 | ST |
| QVAR REDHALER 80 MCG | 3 | ST |
| RA ALCOHOL SWABS | 2 | |
| RA INS SYR 0.5 ML 29GX1/2" | 2 | |
| RA INS SYR 0.5 ML 30GX5/16" | 2 | |
| RA INS SYR 1 ML 29GX1/2" | 2 | |
| RA INS SYRINGE 1 ML 30GX5/16" | 2 | |
| RA PEN NEEDLE 31GX3/16" | 2 | |
| RA PEN NEEDLE 31GX5/16" | 2 | |
| RABEPRAZOLE SOD DR 20 MG TAB | 1 | QL |
| RALOXIFENE HCL 60 MG TABLET | 1 | |
| RAMELTEON 8 MG TABLET | 2 | QL |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| RAMIPRIL 1.25 MG CAPSULE | 1 | |
| RAMIPRIL 10 MG CAPSULE | 1 | |
| RAMIPRIL 2.5 MG CAPSULE | 1 | |
| RAMIPRIL 5 MG CAPSULE | 1 | |
| RANITIDINE 15 MG/ML SYRUP | 1 | |
| RANITIDINE 150 MG CAPSULE | 1 | |
| RANITIDINE 150 MG TABLET | 1 | |
| RANITIDINE 150 MG/10 ML SYRUP | 1 | |
| RANITIDINE 300 MG CAPSULE | 1 | |
| RANITIDINE 300 MG TABLET | 1 | |
| RANOLAZINE ER 1,000 MG TABLET | 3 | QL |
| RANOLAZINE ER 500 MG TABLET | 3 | QL |
| RASAGILINE MESYLATE 0.5 MG TAB | 1 | |
| RASAGILINE MESYLATE 1 MG TAB | 1 | |
| RAYA SURE PEN NEEDLE 29G 12MM | 2 | |
| RAYA SURE PEN NEEDLE 31G 4MM | 2 | |
| RAYA SURE PEN NEEDLE 31G 5MM | 2 | |
| RAYA SURE PEN NEEDLE 31G 6MM | 2 | |
| RECLIPSEN 28 DAY TABLET | 1 | |
| RECOMBIVAX HB 10 MCG/ML SYR | 2 | |
| RECOMBIVAX HB 10 MCG/ML VIAL | 2 | |
| RECOMBIVAX HB 40 MCG/ML VIAL | 2 | |
| RECOMBIVAX HB 5 MCG/0.5 ML SYR | 2 | |
| RECOMBIVAX HB 5 MCG/0.5 ML VL | 2 | |
| RECTIV 0.4% OINTMENT | 3 | |
| REFUAH PLUS CONTROL SOLUTION | 2 | |
| REGANEX 0.01% GEL | 3 | PA, QL |
| RELENZA 5 MG DISKHALER | 3 | QL |
| RELI ON 31G X 1/4" NEEDLES | 2 | |
| RELION ALCOHOL 70% SWABS | 2 | |
| RELION INS SYR 0.3 ML 29GX1/2" | 2 | |
| RELION INS SYR 0.3 ML 31GX6MM | 2 | |
| RELION INS SYR 0.5 ML 29GX1/2" | 2 | |
| RELION INS SYR 0.5 ML 31GX6MM | 2 | |
| RELION INS SYR 1 ML 29GX1/2" | 2 | |
| RELION INS SYR 1 ML 30GX5/16" | 2 | |
| RELION INS SYR 1 ML 31GX15/64" | 2 | |
| RELION INS SYR 1 ML 31GX5/16" | 2 | |
| RELION INSULIN SYR 0.5 ML | 2 | |
| RELION KETONE TEST STRIP | 2 | |
| RELION MINI PEN 31G X 1/4" ND | 2 | |
| RELION NOVOLOG 100 UNIT/ML VL | 3 | QL, ST |
| RELION NOVOLOG MIX 70-30 FLXPN | 3 | QL, ST |
| RELION NOVOLOG MIX 70-30 VIAL | 3 | QL, ST |
| RELION NOVOLOG U-100 FLEXPEN | 3 | QL, ST |
| RELION PEN 29G NEEDLE | 2 | |

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| RINVOQ ER 15 MG TABLET | 4 | PA, QL, LDD, SRX | ROPINIROLE HCL ER 2 MG TABLET | 1 | |
| RINVOQ ER 30 MG TABLET | 4 | PA, QL, LDD, SRX | ROPINIROLE HCL ER 4 MG TABLET | 1 | |
| RINVOQ ER 45 MG TABLET | 4 | PA, QL, LDD, SRX | ROPINIROLE HCL ER 6 MG TABLET | 1 | |
| RISEDRONATE SOD DR 35 MG TAB | 1 | | ROPINIROLE HCL ER 8 MG TABLET | 1 | |
| RISEDRONATE SODIUM 150 MG TAB | 1 | | ROSADAN 0.75% CREAM | 1 | |
| RISEDRONATE SODIUM 30 MG TAB | 1 | | ROSADAN 0.75% GEL | 1 | |
| RISEDRONATE SODIUM 35 MG TAB | 1 | | ROSUVASTATIN CALCIUM 10 MG TAB | 1 | |
| RISEDRONATE SODIUM 5 MG TABLET | 1 | | ROSUVASTATIN CALCIUM 20 MG TAB | 1 | |
| RISPERIDONE 0.25 MG ODT | 1 | | ROSUVASTATIN CALCIUM 40 MG TAB | 1 | |
| RISPERIDONE 0.25 MG TABLET | 1 | | ROSUVASTATIN CALCIUM 5 MG TAB | 1 | |
| RISPERIDONE 0.5 MG ODT | 1 | | ROTARIX VACCINE ORAL SYRINGE | 2 | |
| RISPERIDONE 0.5 MG TABLET | 1 | | ROTARIX VACCINE SUSPENSION | 2 | |
| RISPERIDONE 1 MG ODT | 1 | | ROTATEQ VACCINE | 2 | |
| RISPERIDONE 1 MG TABLET | 1 | | ROWEEPRA 1,000 MG TABLET | 1 | |
| RISPERIDONE 1 MG/ML SOLUTION | 1 | | ROWEEPRA 500 MG TABLET | 1 | |
| RISPERIDONE 2 MG ODT | 1 | | ROWEEPRA 750 MG TABLET | 1 | |
| RISPERIDONE 2 MG TABLET | 1 | | RUFINAMIDE 200 MG TABLET | 3 | PA, QL |
| RISPERIDONE 3 MG ODT | 1 | | RUFINAMIDE 40 MG/ML SUSPENSION | 3 | PA, QL |
| RISPERIDONE 3 MG TABLET | 1 | | RUFINAMIDE 400 MG TABLET | 3 | PA, QL |
| RISPERIDONE 4 MG ODT | 1 | | SAFESNAP INSUL SYRINGE 0.3 ML | 2 | |
| RISPERIDONE 4 MG TABLET | 1 | | SAFESNAP INSUL SYRINGE 0.5 ML | 2 | |
| RITEFLO SPACER | 2 | QL | SAFESNAP INSULIN SYRINGE 1 ML | 2 | |
| RITONAVIR 100 MG TABLET | 1 | | SAFETY PEN NEEDLE 31G 4MM | 2 | |
| RIVASTIGMINE 1.5 MG CAPSULE | 1 | | SAFETY PEN NEEDLE 31G 5MM | 2 | |
| RIVASTIGMINE 13.3 MG/24HR PTCH | 1 | | SAFETY PEN NEEDLE 5MM X 31G | 2 | |
| RIVASTIGMINE 3 MG CAPSULE | 1 | | SAJAZIR 30 MG/3 ML SYRINGE | 4 | PA, LDD, SRX |
| RIVASTIGMINE 4.5 MG CAPSULE | 1 | | SALICYLIC ACID 27.5% LIQUID | 1 | |
| RIVASTIGMINE 4.6 MG/24HR PATCH | 1 | | SALSALATE 500 MG TABLET | 1 | |
| RIVASTIGMINE 6 MG CAPSULE | 1 | | SALSALATE 750 MG TABLET | 1 | |
| RIVASTIGMINE 9.5 MG/24HR PATCH | 1 | | SANTYL OINTMENT | 3 | PA, QL |
| RIVELSA TABLET | 1 | | SAPROPTERIN 100 MG POWDER PKT | 4 | PA, SRX |
| RIZATRIPTAN 10 MG ODT | 1 | QL | SAPROPTERIN 100 MG TABLET | 4 | PA, SRX |
| RIZATRIPTAN 10 MG TABLET | 1 | QL | SAPROPTERIN 500 MG POWDER PKT | 4 | PA, SRX |
| RIZATRIPTAN 5 MG ODT | 1 | QL | SAVAYSA 15 MG TABLET | 3 | PA, QL |
| RIZATRIPTAN 5 MG TABLET | 1 | QL | SAVAYSA 30 MG TABLET | 3 | PA, QL |
| R-NATAL OB SOFTGEL | 1 | | SAVAYSA 60 MG TABLET | 3 | PA, QL |
| ROFLUMILAST 250 MCG TABLET | 3 | QL | SAVELLA 100 MG TABLET | 3 | |
| ROFLUMILAST 500 MCG TABLET | 3 | QL | SAVELLA 12.5 MG TABLET | 3 | |
| ROPINIROLE HCL 0.25 MG TABLET | 1 | | SAVELLA 25 MG TABLET | 3 | |
| ROPINIROLE HCL 0.5 MG TABLET | 1 | | SAVELLA 50 MG TABLET | 3 | |
| ROPINIROLE HCL 1 MG TABLET | 1 | | SAVELLA TITRATION PACK | 3 | |
| ROPINIROLE HCL 2 MG TABLET | 1 | | SCOPOLAMINE 1 MG/3 DAY PATCH | 1 | |
| ROPINIROLE HCL 3 MG TABLET | 1 | | SECONAL SODIUM 100 MG CAPSULE | 3 | |
| ROPINIROLE HCL 4 MG TABLET | 1 | | SECURESAFE PEN ND 30GX5/16" | 2 | |
| ROPINIROLE HCL 5 MG TABLET | 1 | | SECURESAFE SYR 0.5 ML 29G 1/2" | 2 | |
| ROPINIROLE HCL ER 12 MG TABLET | 1 | | SECURESAFE SYRNG 1 ML 29G 1/2" | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| SELEGILINE HCL 5 MG CAPSULE | 1 | |
| SELEGILINE HCL 5 MG TABLET | 1 | |
| SELENIUM SULFIDE 2.25% SHAMPOO | 1 | |
| SELENIUM SULFIDE 2.5% LOTION | 1 | |
| SE-NATAL-19 TABLET | 1 | |
| SE-NATAL 19 CHEWABLE TABLET | 1 | |
| SEN-SERTER | 2 | |
| SEREVENT DISKUS 50 MCG | 2 | QL |
| SERTRALINE 20 MG/ML ORAL CONC | 1 | QL |
| SERTRALINE HCL 100 MG TABLET | 1 | QL |
| SERTRALINE HCL 25 MG TABLET | 1 | QL |
| SERTRALINE HCL 50 MG TABLET | 1 | QL |
| SETLAKIN 0.15 MG-0.03 MG TAB | 1 | |
| SEVELAMER CARBONATE 800 MG TAB | 3 | |
| SF 1.1% GEL | 1 | |
| SF 5000 PLUS CREAM | 1 | |
| SHAROBEL 0.35 MG TABLET | 1 | |
| SHINGRIX VIAL KIT | 2 | QL |
| SHOPKO UNIFINE PENTIPS 4MM 32G | 2 | |
| SHOPKO UNIFINE PENTIPS 5MM 31G | 2 | |
| SHOPKO UNIFINE PENTIPS 8MM 31G | 2 | |
| SHOPKO UNIFINE PNTIPS 12MM 29G | 2 | |
| SIDESTREAM PEDIATRIC FACE MASK | 2 | QL |
| SIGNIFOR 0.3 MG/ML AMPULE | 4 | PA, LDD, SRX |
| SIGNIFOR 0.6 MG/ML AMPULE | 4 | PA, LDD, SRX |
| SIGNIFOR 0.9 MG/ML AMPULE | 4 | PA, LDD, SRX |
| SILDENAFIL 20 MG TABLET | 4 | PA, SRX |
| SILHOUETTE INFUSION SET 23" | 2 | |
| SILHOUETTE INFUSION SET 43" | 2 | |
| SILICONE MASK-INFANT | 2 | QL |
| SILICONE MASK-PEDIATRIC | 2 | QL |
| SILODOSIN 4 MG CAPSULE | 1 | QL |
| SILODOSIN 8 MG CAPSULE | 1 | QL |
| SIL-SERTER INFUSION SET | 2 | |
| SILVER NITRATE 0.5% SOLN | 1 | |
| SILVER NITRATE 10% SOLUTION | 1 | |
| SILVER NITRATE 25% SOLUTION | 1 | |
| SILVER NITRATE 50% SOLUTION | 1 | |
| SILVER SULFADIAZINE 1% CREAM | 1 | |
| SIMBRINZA 1%-0.2% EYE DROP | 2 | |
| 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 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|
| SIMVASTATIN 80 MG TABLET | 1 | QL |
| SIROLIMUS 0.5 MG TABLET | 1 | |
| SIROLIMUS 1 MG TABLET | 1 | |
| SIROLIMUS 1 MG/ML SOLUTION | 4 | SRX |
| SIROLIMUS 2 MG TABLET | 1 | |
| SIRTURO 100 MG TABLET | 3 | PA, LDD |
| SIRTURO 20 MG TABLET | 3 | PA, LDD |
| SKY SAFETY PEN NEEDLE 30G 5MM | 2 | |
| SKY SAFETY PEN NEEDLE 30G 8MM | 2 | |
| SKYRIZI 150 MG/ML SYRINGE | 4 | PA, QL, SRX |
| SKYRIZI 180 MG/1.2 ML ON-BODY | 4 | PA, QL, SRX |
| SKYRIZI 360 MG/2.4 ML ON-BODY | 4 | PA, QL, SRX |
| SKYRIZI 150 MG/ML PEN | 4 | PA, QL, SRX |
| SLYND 4 MG TABLET | 3 | |
| SM INS SYR 0.5 ML 29GX1/2" | 2 | |
| SM INS SYR 0.5 ML 30GX5/16" | 2 | |
| SM INS SYR 1 ML 29GX1/2" | 2 | |
| SM INS SYRINGE 0.3 ML 30GX5/16" | 2 | |
| SM INS SYRINGE 1 ML 28GX1/2" | 2 | |
| SM INS SYRINGE 1 ML 30GX5/16" | 2 | |
| SM INSUL SYR 0.3 ML 31GX5/16" | 2 | |
| SM INSUL SYR 0.5 ML 31GX5/16" | 2 | |
| SM INSULIN SYR 0.3 ML 29GX1/2" | 2 | |
| SM INSULIN SYR 0.5 ML 28GX1/2" | 2 | |
| SM INSULIN SYR 1 ML 31GX5/16" | 2 | |
| SMARTEST CONTROL SOLUTION | 2 | |
| SOD POLYSTYREN SULF 15 G/60 ML | 1 | |
| SOD SUL-POTASS SUL-MAG SUL SOL | 3 | |
| SODIUM CHLORIDE 0.9% INHAL VL | 1 | |
| SODIUM CHLORIDE 0.9% IRRIG | 1 | |
| SODIUM CHLORIDE 0.9% IRRIG. | 1 | |
| SODIUM CHLORIDE 0.9% PRCSS SOL | 1 | |
| SODIUM CHLORIDE 10% VIAL | 1 | |
| SODIUM CHLORIDE 3% VIAL | 1 | |
| SODIUM CHLORIDE 7% VIAL | 1 | |
| SODIUM FLUORIDE 0.2% RINSE | 1 | |
| SODIUM FLUORIDE 1.1% CREAM | 1 | |
| SODIUM FLUORIDE 1.1% GEL | 1 | |
| SODIUM FLUORIDE 5000 DRY MOUTH | 1 | |
| SODIUM FLUORIDE 5000 PLUS CRM | 1 | |
| SODIUM FLUORIDE 5000 PPM CREAM | 1 | |
| SODIUM FLUORIDE 5000 PPM PASTE | 1 | |
| SOD FLUORIDE ENAM PROT 5000PPM | 1 | |
| SODIUM FLUORIDE SENSTV 5000PPM | 1 | |
| SODIUM PHENYL BUTYRATE 500MG TB | 4 | SRX |
| SODIUM PHENYL BUTYRATE POWDER | 4 | SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| SODIUM POLYSTYRENE SULF POWDER | 1 | |
| SODIUM SULFACETAMIDE 10% LOTN | 1 | |
| SOFOSBUVIR-VELPATASVIR 400-100 | 4 | PA, QL, SRX |
| SOF-SERTER INSERTION DEVICE | 2 | |
| SOF-SET MICRO INFUSION SET | 2 | |
| SOF-SET ULTIMATE QR SET | 2 | |
| SOLIFENACIN 10 MG TABLET | 2 | QL |
| SOLIFENACIN 5 MG TABLET | 2 | QL |
| SOLUS V2 CONTROL SOLUTION HIGH | 2 | |
| SOLUS V2 CONTROL SOLUTION LOW | 2 | |
| SOMAVERT 10 MG VIAL | 4 | PA, LDD, SRX |
| SOMAVERT 15 MG VIAL | 4 | PA, LDD, SRX |
| SOMAVERT 20 MG VIAL | 4 | PA, LDD, SRX |
| SOMAVERT 25 MG VIAL | 4 | PA, LDD, SRX |
| SOMAVERT 30 MG VIAL | 4 | PA, LDD, SRX |
| SORAFENIB 200 MG TABLET | 4 | PA, QL, SRX |
| SOTALOL 120 MG TABLET | 1 | |
| SOTALOL 160 MG TABLET | 1 | |
| SOTALOL 240 MG TABLET | 1 | |
| SOTALOL 80 MG TABLET | 1 | |
| SOTALOL AF 120 MG TABLET | 1 | |
| SOTALOL AF 160 MG TABLET | 1 | |
| SOTALOL AF 80 MG TABLET | 1 | |
| SOTYLIZE 5 MG/ML ORAL SOLUTION | 3 | PA |
| SOVALDI 150 MG PELLET PACKET | 4 | PA, QL, SRX |
| SOVALDI 200 MG PELLET PACKET | 4 | PA, QL, SRX |
| SOVALDI 200 MG TABLET | 4 | PA, QL, SRX |
| SOVALDI 400 MG TABLET | 4 | PA, QL, SRX |
| EQ SPACE CHAMBER | 2 | QL |
| EQ SPACE CHAMBER-LARGE MASK | 2 | QL |
| EQ SPACE CHAMBER-MEDIUM MASK | 2 | QL |
| EQ SPACE CHAMBER-SMALL MASK | 2 | QL |
| SPIKEVAX COVID (18Y UP) VACC | 2 | |
| SPINOSAD 0.9% TOPICAL SUSP | 1 | |
| SPIRONOLACTONE 100 MG TABLET | 1 | |
| SPIRONOLACTONE 25 MG TABLET | 1 | |
| SPIRONOLACTONE 50 MG TABLET | 1 | |
| SPIRONOLACTONE-HCTZ 25-25 TAB | 1 | |
| SPRINTEC 28 DAY TABLET | 1 | |
| SPRYCEL 100 MG TABLET | 4 | PA, QL, SRX |
| SPRYCEL 140 MG TABLET | 4 | PA, QL, SRX |
| SPRYCEL 20 MG TABLET | 4 | PA, QL, SRX |
| SPRYCEL 50 MG TABLET | 4 | PA, QL, SRX |
| SPRYCEL 70 MG TABLET | 4 | PA, QL, SRX |
| SPRYCEL 80 MG TABLET | 4 | PA, QL, SRX |
| SPS 15 GM/60 ML SUSPENSION | 1 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| SPS 30 GM/120 ML ENEMA SUSP | 1 | |
| SRONYX 0.10-0.02 MG TABLET | 1 | |
| SSKI 1 GM/ML SOLUTION | 3 | |
| STAVUDINE 40 MG CAPSULE | 1 | |
| STELARA 45 MG/0.5 ML SYRINGE | 4 | PA, QL, SRX |
| STELARA 45 MG/0.5 ML VIAL | 4 | PA, QL, SRX |
| STELARA 90 MG/ML SYRINGE | 4 | PA, QL, SRX |
| STERILE WATER FOR IRRIGATION | 1 | |
| STIVARGA 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| STRIBILD TABLET | 2 | QL |
| SUBVENITE TAB START KIT (BLUE) | 1 | |
| SUBVENITE TAB START KIT(GREEN) | 1 | |
| SUBVENITE TAB START KT(ORANGE) | 1 | |
| SUBVENITE 100 MG TABLET | 1 | |
| SUBVENITE 150 MG TABLET | 1 | |
| SUBVENITE 200 MG TABLET | 1 | |
| SUBVENITE 25 MG TABLET | 1 | |
| SUCRAID 17,000 UNIT/2 ML SOLN | 4 | LDD, SRX |
| SUCRAID 8,500 UNIT/ML SOLN | 4 | LDD, SRX |
| SUCRALFATE 1 GM TABLET | 1 | |
| SULFACETAMIDE 10% EYE DROPS | 1 | |
| SULFACETAMIDE 10% EYE OINTMENT | 1 | |
| SULFACETAMIDE SOD 10% TOP SUSP | 1 | |
| SULF-PRED 10-0.23% EYE DROPS | 1 | |
| SULFADIAZINE 500 MG TABLET | 1 | |
| SULFAMETHOXAZOLE-TMP DS TABLET | 1 | |
| SULFAMETHOXAZOLE-TMP SS TABLET | 1 | |
| SULFAMETHOXAZOLE-TMP SUSP | 1 | |
| SULFAMYLYON 8.5% CREAM | 3 | |
| SULFASALAZINE 500 MG TABLET | 1 | |
| SULFASALAZINE DR 500 MG TAB | 1 | |
| SULINDAC 150 MG TABLET | 1 | |
| SULINDAC 200 MG TABLET | 1 | |
| SUMATRIPTAN 20 MG NASAL SPRAY | 1 | QL |
| SUMATRIPTAN 4 MG/0.5 ML CART | 1 | QL |
| SUMATRIPTAN 4 MG/0.5 ML INJECT | 1 | QL |
| SUMATRIPTAN 5 MG NASAL SPRAY | 1 | QL |
| SUMATRIPTAN 6 MG/0.5 ML CART | 1 | QL |
| SUMATRIPTAN 6 MG/0.5 ML VIAL | 1 | QL |
| SUMATRIPTAN 6 MG/0.5ML AUTOINJ | 1 | QL |
| SUMATRIPTAN SUCC 100 MG TABLET | 1 | QL |
| SUMATRIPTAN SUCC 25 MG TABLET | 1 | QL |
| SUMATRIPTAN SUCC 50 MG TABLET | 1 | QL |
| SUMATRIPTAN-NAPROXEN 85-500 MG | 3 | QL |
| SUNITINIB MALATE 12.5 MG CAP | 4 | PA, QL, SRX |
| SUNITINIB MALATE 25 MG CAPSULE | 4 | PA, QL, SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| SUNITINIB MALATE 37.5 MG CAP | 4 | PA, QL, SRX |
| SUNITINIB MALATE 50 MG CAPSULE | 4 | PA, QL, SRX |
| SUPRAX 100 MG TABLET CHEWABLE | 3 | |
| SUPRAX 200 MG TABLET CHEWABLE | 3 | |
| SUPRAX 500 MG/5 ML SUSPENSION | 3 | |
| SURE CMFT SFTY PEN NDJ 31G 6MM | 2 | |
| SURE CMFT SFTY PEN NDJ 32G 4MM | 2 | |
| SURE COMFORT 0.3 ML SYRINGE | 2 | |
| SURE COMFORT 0.5 ML SYRINGE | 2 | |
| SURE COMFORT 1 ML SYRINGE | 2 | |
| SURE COMFORT 3/10 ML SYRINGE | 2 | |
| SURE COMFORT 30G PEN NEEDLE | 2 | |
| SURE COMFORT INS 0.3ML 31GX1/4 | 2 | |
| SURE COMFORT INS 0.5ML 31GX1/4 | 2 | |
| SURE COMFORT INS 1 ML 31GX1/4" | 2 | |
| SURE COMFORT PEN NDJ 29GX1/2" | 2 | |
| SURE COMFORT PEN NDJ 31G 5MM | 2 | |
| SURE COMFORT PEN NDJ 31G 8MM | 2 | |
| SURE COMFORT PEN NDJ 32G 4MM | 2 | |
| SURE COMFORT PEN NDJ 32G 6MM | 2 | |
| SURE-FINE PEN NEEDLES 12.7MM | 2 | |
| SURE-FINE PEN NEEDLES 5MM | 2 | |
| SURE-FINE PEN NEEDLES 8MM | 2 | |
| SURE-JECT INS 0.3 ML 31GX5/16" | 2 | |
| SURE-JECT INS 0.5 ML 31GX5/16" | 2 | |
| SURE-JECT INSU SYR U100 0.3 ML | 2 | |
| SURE-JECT INSU SYR U100 0.5 ML | 2 | |
| SURE-JECT INSU SYR U100 1 ML | 2 | |
| SURE-JECT INSUL SYR U100 1 ML | 2 | |
| SURE-JECT INSULIN SYRINGE 1 ML | 2 | |
| SURE-T PARADIGM 18" SET | 2 | |
| SURE-T PARADIGM 23" SET | 2 | |
| SURE-T PARADIGM 32" SET | 2 | |
| SURE-TEST EASYPLUS MINI SOLN | 2 | |
| SYEDA 28 TABLET | 1 | |
| SYMAX FASTABS 0.125 MG TABLET | 1 | |
| SYMAX-SL 0.125 MG TABLET SL | 1 | |
| SYMAX-SR 0.375 MG TABLET | 1 | |
| SYMLINPEN 120 PEN INJECTOR | 3 | QL |
| SYMLINPEN 60 PEN INJECTOR | 3 | QL |
| SYMITUZA 800-150-200-10 MG TAB | 2 | QL |
| SYNAREL 2 MG/ML NASAL SPRAY | 4 | PA, SRX |
| SYNERA PATCH | 3 | |
| SYNTHROID 100 MCG TABLET | 3 | |
| SYNTHROID 112 MCG TABLET | 3 | |
| SYNTHROID 125 MCG TABLET | 3 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| SYNTHROID 137 MCG TABLET | 3 | |
| SYNTHROID 150 MCG TABLET | 3 | |
| SYNTHROID 175 MCG TABLET | 3 | |
| SYNTHROID 200 MCG TABLET | 3 | |
| SYNTHROID 25 MCG TABLET | 3 | |
| SYNTHROID 300 MCG TABLET | 3 | |
| SYNTHROID 50 MCG TABLET | 3 | |
| SYNTHROID 75 MCG TABLET | 3 | |
| SYNTHROID 88 MCG TABLET | 3 | |
| T:30 INFUSION SET 23" 13MM | 2 | |
| T:30 INFUSION SET 43" 13MM | 2 | |
| T:90 INFUSION SET 23" 6MM | 2 | |
| T:90 INFUSION SET 23" 9MM | 2 | |
| T:90 INFUSION SET 43" 9MM | 2 | |
| T:FLEX 4.8 ML CARTRIDGE | 2 | |
| T:SLIM 3 ML CARTRIDGE | 2 | |
| T:SLIM G4 3 ML CARTRIDGE | 2 | |
| T:SLIM X2 3 ML CARTRIDGE | 2 | |
| TABLOID 40 MG TABLET | 3 | PA |
| TACROLIMUS 0.03% OINTMENT | 1 | |
| TACROLIMUS 0.1% OINTMENT | 1 | |
| TACROLIMUS 0.5 MG CAPSULE (IR) | 1 | |
| TACROLIMUS 1 MG CAPSULE (IR) | 1 | |
| TACROLIMUS 5 MG CAPSULE (IR) | 1 | |
| TADALAFIL 2.5 MG TABLET | 1 | PA, QL |
| TADALAFIL 20 MG TABLET | 4 | PA, SRX |
| TADALAFIL 5 MG TABLET | 1 | PA, QL |
| TAFINLAR 10 MG TABLET FOR SUSP | 4 | PA, QL, SRX |
| TAFINLAR 50 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| TAFINLAR 75 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| TAFLUPROST 0.0015% EYE DROP | 3 | QL |
| TAGRISSO 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| TAGRISSO 80 MG TABLET | 4 | PA, QL, LDD, SRX |
| TAKE ACTION 1.5 MG TABLET | 1 | |
| TAMOXIFEN 10 MG TABLET | 1 | |
| TAMOXIFEN 20 MG TABLET | 1 | |
| TAMSULOSIN HCL 0.4 MG CAPSULE | 1 | |
| 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 | 4 | PA, QL, SRX |
| TASIGNA 200 MG CAPSULE | 4 | PA, QL, SRX |
| TASIGNA 50 MG CAPSULE | 4 | PA, QL, SRX |
| TAYSOFY 1 MG-20 MCG CAPSULE | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| TAZAROTENE 0.05% GEL | 3 | |
| TAZAROTENE 0.1% CREAM | 1 | |
| TAZAROTENE 0.1% GEL | 3 | |
| TAZORAC 0.05% CREAM | 3 | |
| TAZTIA XT 120 MG CAPSULE | 1 | |
| TAZTIA XT 180 MG CAPSULE | 1 | |
| TAZTIA XT 240 MG CAPSULE | 1 | |
| TAZTIA XT 300 MG CAPSULE | 1 | |
| TAZTIA XT 360 MG CAPSULE | 1 | |
| TDVAX VIAL | 2 | |
| TECHLITE 0.3 ML 29GX12MM (1/2) | 2 | |
| TECHLITE 0.3 ML 30GX12MM (1/2) | 2 | |
| TECHLITE 0.3 ML 30GX8MM (1/2) | 2 | |
| TECHLITE 0.3 ML 31GX6MM (1/2) | 2 | |
| TECHLITE 0.3 ML 31GX8MM (1/2) | 2 | |
| TECHLITE 0.5 ML 29GX12MM (1/2) | 2 | |
| TECHLITE 0.5 ML 30GX12MM (1/2) | 2 | |
| TECHLITE 0.5 ML 30GX8MM (1/2) | 2 | |
| TECHLITE 0.5 ML 31GX6MM (1/2) | 2 | |
| TECHLITE 0.5 ML 31GX8MM (1/2) | 2 | |
| TECHLITE INS SYR 1 ML 29GX12MM | 2 | |
| TECHLITE INS SYR 1 ML 30GX12MM | 2 | |
| TECHLITE INS SYR 1 ML 30GX8MM | 2 | |
| TECHLITE INS SYR 1 ML 31GX6MM | 2 | |
| TECHLITE INS SYR 1 ML 31GX8MM | 2 | |
| TECHLITE PEN NEEDLE 29GX1/2" | 2 | |
| TECHLITE PEN NEEDLE 29GX3/8" | 2 | |
| TECHLITE PEN NEEDLE 31GX1/4" | 2 | |
| TECHLITE PEN NEEDLE 31GX3/16" | 2 | |
| TECHLITE PEN NEEDLE 31GX5/16" | 2 | |
| TECHLITE PEN NEEDLE 32GX1/4" | 2 | |
| TECHLITE PEN NEEDLE 32GX5/16" | 2 | |
| TECHLITE PEN NEEDLE 32GX5/32" | 2 | |
| TELCARE CONTROL SOLUTION | 2 | |
| TELMISARTAN 20 MG TABLET | 1 | |
| TELMISARTAN 40 MG TABLET | 1 | |
| TELMISARTAN 80 MG TABLET | 1 | |
| TELMISARTAN-AMLODIPINE 40-10 | 1 | |
| TELMISARTAN-AMLODIPINE 40-5 MG | 1 | |
| TELMISARTAN-AMLODIPINE 80-10 | 1 | |
| TELMISARTAN-AMLODIPINE 80-5 MG | 1 | |
| TELMISARTAN-HCTZ 40-12.5 MG TB | 1 | |
| TELMISARTAN-HCTZ 80-12.5 MG TB | 1 | |
| TELMISARTAN-HCTZ 80-25 MG TAB | 1 | |
| TEMAZEPAM 15 MG CAPSULE | 1 | |
| TEMAZEPAM 22.5 MG CAPSULE | 1 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| TEMAZEPAM 30 MG CAPSULE | 1 | |
| TEMAZEPAM 7.5 MG CAPSULE | 1 | |
| TEMOZOLOMIDE 100 MG CAPSULE | 4 | PA, SRX |
| TEMOZOLOMIDE 140 MG CAPSULE | 4 | PA, SRX |
| TEMOZOLOMIDE 180 MG CAPSULE | 4 | PA, SRX |
| TEMOZOLOMIDE 20 MG CAPSULE | 4 | PA, SRX |
| TEMOZOLOMIDE 250 MG CAPSULE | 4 | PA, SRX |
| TEMOZOLOMIDE 5 MG CAPSULE | 4 | PA, SRX |
| TENCON 50-325 MG TABLET | 1 | |
| TENIVAC SYRINGE | 2 | |
| TENIVAC VIAL | 2 | |
| TENOFOVIR DISOP FUM 300 MG TB | 1 | |
| TERAZOSIN 1 MG CAPSULE | 1 | |
| TERAZOSIN 10 MG CAPSULE | 1 | |
| TERAZOSIN 2 MG CAPSULE | 1 | |
| TERAZOSIN 5 MG CAPSULE | 1 | |
| TERBINAFINE HCL 250 MG TABLET | 1 | |
| TERBUTALINE SULFATE 2.5 MG TAB | 1 | |
| TERBUTALINE SULFATE 5 MG TAB | 1 | |
| TERCONAZOLE 0.4% CREAM | 1 | |
| TERCONAZOLE 0.8% CREAM | 1 | |
| TERCONAZOLE 80 MG SUPPOSITORY | 1 | |
| TERIFLUNOMIDE 14 MG TABLET | 4 | PA, QL, SRX |
| TERIFLUNOMIDE 7 MG TABLET | 4 | PA, QL, SRX |
| TERUMO INS SYR 0.3 ML 29GX1/2" | 2 | |
| TERUMO INS SYRINGE U100-1 ML | 2 | |
| TERUMO INS SYRINGE U100-1/2 ML | 2 | |
| TERUMO INS SYRINGE U100-1/3 ML | 2 | |
| TERUMO INS SYRNG U100-1/2 ML | 2 | |
| TERUMO SURGUARD2 NDL 21GX1 1.5 | 2 | |
| TERUMO SURGUARD2 NDL 22X1-1/2" | 2 | |
| TERUMO SURGUARD2 NDL 23X1-1/2" | 2 | |
| TERUMO SURGUARD2 NEEDLE 18GX1" | 2 | |
| TERUMO SURGUARD2 NEEDLE 18X1.5 | 2 | |
| TERUMO SURGUARD2 NEEDLE 19GX1" | 2 | |
| TERUMO SURGUARD2 NEEDLE 19X1.5 | 2 | |
| TERUMO SURGUARD2 NEEDLE 20GX1" | 2 | |
| TERUMO SURGUARD2 NEEDLE 20X1.5 | 2 | |
| TERUMO SURGUARD2 NEEDLE 21GX1" | 2 | |
| TERUMO SURGUARD2 NEEDLE 22GX1" | 2 | |
| TERUMO SURGUARD2 NEEDLE 23GX1" | 2 | |
| TERUMO SURGUARD2 NEEDLE 25GX1" | 2 | |
| TERUMO SURGUARD2 NEEDLE 25X1.5 | 2 | |
| TERUMO SURGUARD2 NEEDLE 25X5/8 | 2 | |
| TERUMO SURGUARD2 NEEDLE 26X1/2 | 2 | |
| TERUMO SURGUARD2 NEEDLE 27X1/2 | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| TODAY'S HLTH PN NEEDLE 6MM 31G | 2 | |
| TOLCAPONE 100 MG TABLET | 4 | SRX |
| TOLMETIN SODIUM 200 MG TAB | 1 | |
| TOLMETIN SODIUM 400 MG CAP | 1 | |
| TOLMETIN SODIUM 600 MG TAB | 1 | |
| TOLTERODINE TART ER 2 MG CAP | 1 | |
| TOLTERODINE TART ER 4 MG CAP | 1 | |
| TOLTERODINE TARTRATE 1 MG TAB | 1 | |
| TOLTERODINE TARTRATE 2 MG TAB | 1 | |
| TOLVAPTAN 15 MG TABLET | 4 | PA, SRX |
| TOLVAPTAN 30 MG TABLET | 4 | PA, SRX |
| TOPCARE CLICKFINE 31G X 1/4" | 2 | |
| TOPCARE CLICKFINE 31G X 5/16" | 2 | |
| TOPCARE ULTRA COMFORT SYRINGE | 2 | |
| TOPIRAMATE 100 MG TABLET | 1 | |
| TOPIRAMATE 15 MG SPRINKLE CAP | 1 | |
| TOPIRAMATE 200 MG TABLET | 1 | |
| TOPIRAMATE 25 MG SPRINKLE CAP | 1 | |
| TOPIRAMATE 25 MG TABLET | 1 | |
| TOPIRAMATE 50 MG TABLET | 1 | |
| TOPIRAMATE ER 100 MG CAPSULE | 1 | |
| TOPIRAMATE ER 150 MG CAPSULE | 1 | |
| TOPIRAMATE ER 200 MG CAPSULE | 1 | |
| TOPIRAMATE ER 25 MG CAPSULE | 1 | |
| TOPIRAMATE ER 50 MG CAPSULE | 1 | |
| TOREMIFENE CITRATE 60 MG TAB | 3 | |
| TORSEMIDE 10 MG TABLET | 1 | |
| TORSEMIDE 100 MG TABLET | 1 | |
| TORSEMIDE 20 MG TABLET | 1 | |
| TORSEMIDE 5 MG TABLET | 1 | |
| TOVET EMOLLIENT 0.05% FOAM | 1 | |
| TRAMADOL ER 100 MG TABLET | 1 | PA, QL |
| TRAMADOL ER 200 MG TABLET | 1 | PA, QL |
| TRAMADOL ER 300 MG TABLET | 1 | PA, QL |
| TRAMADOL HCL 50 MG TABLET | 1 | QL |
| TRAMADOL HCL ER 100 MG TABLET | 1 | PA, QL |
| TRAMADOL HCL ER 150 MG CAPSULE | 1 | PA, QL |
| TRAMADOL HCL ER 200 MG TABLET | 1 | PA, QL |
| TRAMADOL HCL ER 300 MG TABLET | 1 | PA, QL |
| TRAMADOL-ACETAMINOPHN 37.5-325 | 1 | QL |
| TRANDOLAPRIL 1 MG TABLET | 1 | |
| TRANDOLAPRIL 2 MG TABLET | 1 | |
| TRANDOLAPRIL 4 MG TABLET | 1 | |
| TRANDOLAPR-VERAPAM ER 1-240 MG | 1 | |
| TRANDOLAPR-VERAPAM ER 2-180 MG | 1 | |
| TRANDOLAPR-VERAPAM ER 2-240 MG | 1 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| TRANDOLAPR-VERAPAM ER 4-240 MG | 1 | |
| TRANEXAMIC ACID 650 MG TABLET | 1 | |
| MEDICATION TRANSFER NEEDLE | 2 | |
| TRANLYCYPROMINE SULF 10 MG TAB | 1 | |
| TRAVOPROST 0.004% EYE DROP | 1 | |
| TRAZODONE 100 MG TABLET | 1 | |
| TRAZODONE 150 MG TABLET | 1 | |
| TRAZODONE 300 MG TABLET | 1 | |
| TRAZODONE 50 MG TABLET | 1 | |
| TRECTOR 250 MG TABLET | 3 | |
| TREMFYA 100 MG/ML INJECTOR | 4 | PA, QL, SRX |
| TREMFYA 100 MG/ML SYRINGE | 4 | PA, QL, SRX |
| TRETINOIN 0.01% GEL | 1 | PA, AGE |
| TRETINOIN 0.025% CREAM | 1 | PA, AGE |
| TRETINOIN 0.025% GEL | 1 | PA, AGE |
| TRETINOIN 0.05% CREAM | 1 | PA, AGE |
| TRETINOIN 0.05% GEL | 1 | PA, AGE |
| TRETINOIN 0.1% CREAM | 1 | PA, AGE |
| TRETINOIN 10 MG CAPSULE | 3 | PA |
| TRETINOIN GEL MICRO 0.04% PUMP | 1 | PA, AGE |
| TRETINOIN GEL MICRO 0.04% TUBE | 1 | PA, AGE |
| TRETINOIN GEL MICRO 0.1% PUMP | 1 | PA, AGE |
| TRETINOIN GEL MICRO 0.1% TUBE | 1 | PA, AGE |
| TRETIN-X 0.025% CREAM COMB PCK | 3 | PA, AGE |
| TRETIN-X 0.05% COMBO PACK | 3 | PA, AGE |
| TRETIN-X 0.075% CREAM | 3 | PA, AGE |
| TRETIN-X 0.1% COMBO PACK | 3 | PA, AGE |
| TRI FEMYNOR 28 TABLET | 1 | |
| TRIAMCINOLONE 0.025% CREAM | 1 | |
| TRIAMCINOLONE 0.025% LOTION | 1 | |
| TRIAMCINOLONE 0.025% OINT | 1 | |
| TRIAMCINOLONE 0.1% CREAM | 1 | |
| TRIAMCINOLONE 0.1% LOTION | 1 | |
| TRIAMCINOLONE 0.1% OINTMENT | 1 | |
| TRIAMCINOLONE 0.1% PASTE | 1 | |
| TRIAMCINOLONE 0.5% CREAM | 1 | |
| TRIAMCINOLONE 0.5% OINTMENT | 1 | |
| TRIAMTERENE 100 MG CAPSULE | 3 | |
| TRIAMTERENE 50 MG CAPSULE | 3 | |
| TRIAMTERENE-HCTZ 37.5-25 MG CP | 1 | |
| TRIAMTERENE-HCTZ 37.5-25 MG TB | 1 | |
| TRIAMTERENE-HCTZ 75-50 MG TAB | 1 | |
| TRIAZOLAM 0.125 MG TABLET | 1 | |
| TRIAZOLAM 0.25 MG TABLET | 1 | |
| TRIDERM 0.1% CREAM | 1 | |
| TRIDERM 0.5% CREAM | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|
| TRUEPLUS SYR 1ML 28GX1/2" | 2 | |
| TRUEPLUS SYR 1ML 29GX1/2" | 2 | |
| TRUEPLUS SYR 1ML 30GX5/16" | 2 | |
| TRUEPLUS SYR 1ML 31GX5/16" | 2 | |
| TRULICITY 0.75 MG/0.5 ML PEN | 2 | PA, QL |
| TRULICITY 1.5 MG/0.5 ML PEN | 2 | PA, QL |
| TRULICITY 3 MG/0.5 ML PEN | 2 | PA, QL |
| TRULICITY 4.5 MG/0.5 ML PEN | 2 | PA, QL |
| TRUMENBA 120 MCG/0.5 ML VACCIN | 2 | |
| TRUST NATAL DHA | 1 | |
| TRUSTEEL INFUSION SET 23" 6MM | 2 | |
| TRUSTEEL INFUSION SET 23" 8MM | 2 | |
| TRUSTEEL INFUSION SET 32" 6MM | 2 | |
| TRUSTEEL INFUSION SET 32" 8MM | 2 | |
| TRUZONE PEAK FLOW METER | 2 | |
| TULANA 0.35 MG TABLET | 1 | |
| TWINRIX VACCINE SYRINGE | 2 | |
| TYBOST 150 MG TABLET | 2 | |
| TYDEMY 3-0.03-0.451 MG TABLET | 1 | |
| TYMLOS 80 MCG DOSE PEN INJECTR | 4 | PA, QL, SRX |
| TYVASO 1.74 MG/2.9 ML SOLUTION | 4 | PA, LDD, SRX |
| TYVASO INSTITUTIONAL START KIT | 4 | PA, LDD, SRX |
| TYVASO REFILL KIT | 4 | PA, LDD, SRX |
| TYVASO STARTER KIT | 4 | PA, LDD, SRX |
| UDENYCA 6 MG/0.6 ML SYRINGE | 4 | PA, SRX |
| UDENYCA 6 MG/0.6 ML AUTOINJECT | 4 | PA, SRX |
| ULESFIA 5% LOTION | 3 | |
| ULT CFT 0.3 ML 29GX1/2" (1/2) | 2 | |
| ULT CFT 0.3 ML 31GX5/16" (1/2) | 2 | |
| ULTICARE INS SYR 1 ML 31GX5/16" | 2 | |
| ULTICAR INS 0.3ML 31GX1/4(1/2) | 2 | |
| ULTICARE INS 0.3 ML 30GX1/2" | 2 | |
| ULTICARE INS 0.3 ML 31GX1/4" | 2 | |
| ULTICARE INS 0.5 ML 30GX1/2" | 2 | |
| ULTICARE INS 0.5 ML 31GX1/4" | 2 | |
| ULTICARE INS 1 ML 31GX1/4" | 2 | |
| ULTICARE INS SAFETY 1ML 29X1/2 | 2 | |
| ULTICARE INS SYR 1 ML 28GX1/2" | 2 | |
| ULTICARE INS SYR 1 ML 29GX1/2" | 2 | |
| ULTICARE INS SYR 1 ML 30GX1/2" | 2 | |
| ULTICARE LDS SYR 3 ML 22GX1.5" | 2 | |
| ULTICARE PEN NDL 12.7 MM 29G | 2 | |
| ULTICARE PEN NEEDLE 31GX3/16" | 2 | |
| ULTICARE PEN NEEDLE 4MM 32G | 2 | |
| ULTICARE PEN NEEDLE 6MM 31G | 2 | |
| ULTICARE PEN NEEDLE 8 MM 31G | 2 | |

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

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| ULTRA COMFORT 1 ML 29GX1/2" | 2 | |
| ULTRA COMFORT 1 ML 30GX5/16" | 2 | |
| ULTRA COMFORT 1 ML 31GX5/16" | 2 | |
| ULTRA COMFORT 1 ML SYRINGE | 2 | |
| ULTRA FLO 0.3ML 30G 1/2" (1/2) | 2 | |
| ULTRA FLO 0.3ML 30G 5/16"(1/2) | 2 | |
| ULTRA FLO 0.3ML 31G 5/16"(1/2) | 2 | |
| ULTRA FLO PEN NEEDLE 31G 5MM | 2 | |
| ULTRA FLO PEN NEEDLE 31G 8MM | 2 | |
| ULTRA FLO PEN NEEDLE 32G 4MM | 2 | |
| ULTRA FLO PEN NEEDLE 33G 4MM | 2 | |
| ULTRA FLO PEN NEEDLES 12MM 29G | 2 | |
| ULTRA FLO SYR 0.3 ML 29GX1/2" | 2 | |
| ULTRA FLO SYR 0.3 ML 30G 5/16" | 2 | |
| ULTRA FLO SYR 0.3 ML 31G 5/16" | 2 | |
| ULTRA FLO SYR 0.5 ML 29G 1/2" | 2 | |
| ULTRA THIN PEN ND 32G X 4MM | 2 | |
| ULTRACARE INS 0.3 ML 30GX5/16" | 2 | |
| ULTRACARE INS 0.3 ML 31GX5/16" | 2 | |
| ULTRACARE INS 0.5 ML 30GX1/2" | 2 | |
| ULTRACARE INS 0.5 ML 30GX5/16" | 2 | |
| ULTRACARE INS 0.5 ML 31GX5/16" | 2 | |
| ULTRACARE INS 1 ML 30G X 5/16" | 2 | |
| ULTRACARE INS 1 ML 30GX1/2" | 2 | |
| ULTRACARE INS 1 ML 31G X 5/16" | 2 | |
| ULTRACARE PEN NEEDLE 31GX1/4" | 2 | |
| ULTRACARE PEN NEEDLE 31GX3/16" | 2 | |
| ULTRACARE PEN NEEDLE 31GX5/16" | 2 | |
| ULTRACARE PEN NEEDLE 32GX1/4" | 2 | |
| ULTRACARE PEN NEEDLE 32GX3/16" | 2 | |
| ULTRACARE PEN NEEDLE 32GX5/32" | 2 | |
| ULTRACARE PEN NEEDLE 33GX5/32" | 2 | |
| ULTRA-FINE MICRO PEN NEEDLE | 2 | |
| ULTRA-THIN II 1 ML 31GX5/16" | 2 | |
| ULTRA-THIN II INS 0.3 ML 30G | 2 | |
| ULTRA-THIN II INS 0.3 ML 31G | 2 | |
| ULTRA-THIN II INS 0.5 ML 29G | 2 | |
| ULTRA-THIN II INS 0.5 ML 30G | 2 | |
| ULTRA-THIN II INS 0.5 ML 31G | 2 | |
| ULTRA-THIN II INS SYR 1 ML 29G | 2 | |
| ULTRA-THIN II INS SYR 1 ML 30G | 2 | |
| ULTRA-THIN II PEN ND 29GX1/2" | 2 | |
| ULTRA-THIN II PEN ND 31GX5/16 | 2 | |
| ULTRATRAK CONTROL SOL NORMAL | 2 | |
| ULTRATRAK CONTROL SOLUTION | 2 | |
| ULTRATRAK ULTIMATE CNTRL SOLN | 2 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| UNIFINE PEN NEEDLE 32G 4MM | 2 | |
| UNIFINE PENTIPS 12MM 29G | 2 | |
| UNIFINE PENTIPS 29G 12MM | 2 | |
| UNIFINE PENTIPS 31G 5MM | 2 | |
| UNIFINE PENTIPS 31G 6MM | 2 | |
| UNIFINE PENTIPS 31G 8MM | 2 | |
| UNIFINE PENTIPS 31GX3/16" | 2 | |
| UNIFINE PENTIPS 32G 4MM | 2 | |
| UNIFINE PENTIPS 32G 6MM | 2 | |
| UNIFINE PENTIPS 32GX1/4" | 2 | |
| UNIFINE PENTIPS 32GX5/32" | 2 | |
| UNIFINE PENTIPS 33GX5/32" | 2 | |
| UNIFINE PENTIPS 6MM 31G | 2 | |
| UNIFINE PENTIPS 6MM NEEDLE | 2 | |
| UNIFINE PENTIPS 8MM 31G | 2 | |
| UNIFINE PENTIPS 8MM NEEDLE | 2 | |
| UNIFINE PENTIPS MAX 30GX3/16" | 2 | |
| UNIFINE PENTIPS NEEDLES 29G | 2 | |
| UNIFINE PENTIPS PLUS 29GX1/2" | 2 | |
| UNIFINE PENTIPS PLUS 31GX1/4" | 2 | |
| UNIFINE PENTIPS PLUS 31GX3/16" | 2 | |
| UNIFINE PENTIPS PLUS 31GX5/16" | 2 | |
| UNIFINE PENTIPS PLUS 32GX5/32" | 2 | |
| UNIFINE PENTIPS PLUS 33GX5/32" | 2 | |
| UNIFINE PENTIPS PLUS 30GX3/16" | 2 | |
| UNIFINE SAFECONTROL 30GX3/16" | 2 | |
| UNIFINE SAFECONTROL 30GX5/16" | 2 | |
| UNIFINE SAFECONTROL 32G 4MM | 2 | |
| UNIFINE ULTRA PEN ND 31G 5MM | 2 | |
| UNIFINE ULTRA PEN ND 31G 6MM | 2 | |
| UNIFINE ULTRA PEN ND 31G 8MM | 2 | |
| UNIFINE ULTRA PEN ND 32G 4MM | 2 | |
| UNISTRIP CONTROL SOLUTION HIGH | 2 | |
| UNISTRIP CONTROL SOLUTION LOW | 2 | |
| UNITHROID 100 MCG TABLET | 1 | |
| UNITHROID 112 MCG TABLET | 1 | |
| UNITHROID 125 MCG TABLET | 1 | |
| UNITHROID 137 MCG TABLET | 1 | |
| UNITHROID 150 MCG TABLET | 1 | |
| UNITHROID 175 MCG TABLET | 1 | |
| UNITHROID 200 MCG TABLET | 1 | |
| UNITHROID 25 MCG TABLET | 1 | |
| UNITHROID 300 MCG TABLET | 1 | |
| UNITHROID 50 MCG TABLET | 1 | |
| UNITHROID 75 MCG TABLET | 1 | |
| UNITHROID 88 MCG TABLET | 1 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| URISTIX 4 REAGENT STRIPS | 2 | | VARENICLINE 1 MG TABLET | 2 | |
| URISTIX REAGENT STRIPS | 2 | | VARISOFT INFUSION SET 23" 13MM | 2 | |
| UROQID-ACID NO.2 500-500 TB | 3 | | VARISOFT INFUSION SET 23" 17MM | 2 | |
| URSODIOL 250 MG TABLET | 1 | | VARISOFT INFUSION SET 32" 13MM | 2 | |
| URSODIOL 300 MG CAPSULE | 1 | | VARISOFT INFUSION SET 32" 17MM | 2 | |
| URSODIOL 500 MG TABLET | 1 | | VARISOFT INFUSION SET 43" 13MM | 2 | |
| USTELL CAPSULE | 1 | | VARISOFT INFUSION SET 43" 17MM | 2 | |
| UTIRA-C TABLET | 1 | | VARIVAX VACCINE VIAL | 2 | |
| VALACYCLOVIR HCL 1 GRAM TABLET | 1 | | VARIVAX VACCINE WITH DILUENT | 2 | |
| VALACYCLOVIR HCL 500 MG TABLET | 1 | | VAXELIS VACCINE SYRINGE | 2 | |
| VALGANCICLOVIR 450 MG TABLET | 3 | | VAXELIS VACCINE VIAL | 2 | |
| VALGANCICLOVIR HCL 50 MG/ML | 3 | | VAXNEUVANCE 0.5 ML SYRINGE | 2 | |
| VALPROIC ACID 250 MG CAPSULE | 1 | | VELIVET 28 DAY TABLET | 1 | |
| VALPROIC ACID 250 MG/5 ML SOLN | 1 | | VEMLIDY 25 MG TABLET | 4 | PA, SRX |
| VALPROIC ACID 500 MG/10 ML SOL | 1 | | VENCLEXTA 10 MG TAB (10MG X 2) | 4 | PA, QL, LDD, SRX |
| VALSARTAN 160 MG TABLET | 1 | | VENCLEXTA 10 MG TABLET | 4 | PA, QL, LDD, SRX |
| VALSARTAN 320 MG TABLET | 1 | | VENCLEXTA 100 MG TABLET | 4 | PA, QL, LDD, SRX |
| VALSARTAN 40 MG TABLET | 1 | | VENCLEXTA 50 MG TABLET | 4 | PA, QL, LDD, SRX |
| VALSARTAN 80 MG TABLET | 1 | | VENCLEXTA STARTING PACK | 4 | PA, QL, LDD, SRX |
| VALSARTAN-HCTZ 160-12.5 MG TAB | 1 | | VENLAFAXINE HCL 100 MG TABLET | 1 | QL |
| VALSARTAN-HCTZ 160-25 MG TAB | 1 | | VENLAFAXINE HCL 25 MG TABLET | 1 | QL |
| VALSARTAN-HCTZ 320-12.5 MG TAB | 1 | | VENLAFAXINE HCL 37.5 MG TABLET | 1 | QL |
| VALSARTAN-HCTZ 320-25 MG TAB | 1 | | VENLAFAXINE HCL 50 MG TABLET | 1 | QL |
| VALSARTAN-HCTZ 80-12.5 MG TAB | 1 | | VENLAFAXINE HCL 75 MG TABLET | 1 | QL |
| VANADOM 350 MG TABLET | 1 | | VENLAFAXINE HCL ER 150 MG CAP | 1 | QL |
| VANCOMYCIN HCL 125 MG CAPSULE | 3 | QL | VENLAFAXINE HCL ER 37.5 MG CAP | 1 | QL |
| VANCOMYCIN HCL 250 MG CAPSULE | 3 | QL | VENLAFAXINE HCL ER 75 MG CAP | 1 | QL |
| VANDAOLE VAGINAL 0.75% GEL | 1 | | VENTAVIS 10 MCG/1 ML SOLUTION | 4 | PA, LDD, SRX |
| VANISHPOINT 0.5 ML 30GX1/2" SY | 2 | | VENTAVIS 20 MCG/1 ML SOLUTION | 4 | PA, LDD, SRX |
| VANISHPOINT 20GX1" 3 ML SYRING | 2 | | VERAPAMIL 120 MG TABLET | 1 | |
| VANISHPOINT 21GX1.5" 3 ML SYR | 2 | | VERAPAMIL 40 MG TABLET | 1 | |
| VANISHPOINT 22GX1" 3 ML SYR | 2 | | VERAPAMIL 80 MG TABLET | 1 | |
| VANISHPOINT 23GX1" 3 ML SYRING | 2 | | VERAPAMIL ER 120 MG CAPSULE | 1 | |
| VANISHPOINT 23GX1-1/2 3 ML SYR | 2 | | VERAPAMIL ER 120 MG TABLET | 1 | |
| VANISHPOINT 25GX1" 3 ML SYRING | 2 | | VERAPAMIL ER 180 MG CAPSULE | 1 | |
| VANISHPOINT 25GX5/8" 3 ML SYR | 2 | | VERAPAMIL ER 180 MG TABLET | 1 | |
| VANISHPOINT 3 ML 21GX1" SYRING | 2 | | VERAPAMIL ER 240 MG CAPSULE | 1 | |
| VANISHPOINT 3 ML 22GX1.5" SYRG | 2 | | VERAPAMIL ER 240 MG TABLET | 1 | |
| VANISHPOINT INS 1 ML 30GX3/16" | 2 | | VERAPAMIL ER PM 100 MG CAPSULE | 1 | |
| VANISHPOINT U-100 29X1/2 SYR | 2 | | VERAPAMIL ER PM 200 MG CAPSULE | 1 | |
| VAQTA 25 UNITS/0.5 ML SYRINGE | 2 | | VERAPAMIL ER PM 300 MG CAPSULE | 1 | |
| VAQTA 25 UNITS/0.5 ML VIAL | 2 | | VERAPAMIL SR 120 MG CAPSULE | 1 | |
| VAQTA 50 UNITS/ML SYRINGE | 2 | | VERAPAMIL SR 180 MG CAPSULE | 1 | |
| VAQTA 50 UNITS/ML VIAL | 2 | | VERAPAMIL SR 240 MG CAPSULE | 1 | |
| VARENICLINE STARTING MONTH BOX | 2 | | VERAPAMIL SR 360 MG CAPSULE | 1 | |
| VARENICLINE 0.5 MG TABLET | 2 | | VERASENS CONTROL SOLN-LEVEL 1 | 2 | |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| VEREGEN 15% OINTMENT | 3 | | VORTEX VHC FROG CHILD MASK | 2 | QL |
| VERIFINE INS SYR 1 ML 29G 1/2" | 2 | | VORTEX VHC LADYBUG TODDLER MSK | 2 | QL |
| VERIFINE PEN NEEDLE 29G 12MM | 2 | | VOTRIENT 200 MG TABLET | 4 | PA, QL, SRX |
| VERIFINE PEN NEEDLE 31G 5MM | 2 | | VRAYLAR 1.5 MG CAPSULE | 3 | QL, ST |
| VERIFINE PEN NEEDLE 31G 8MM | 2 | | VRAYLAR 1.5 MG-3 MG PACK | 3 | QL, ST |
| VERIFINE PEN NEEDLE 32G 4MM | 2 | | VRAYLAR 3 MG CAPSULE | 3 | QL, ST |
| VERIFINE PEN NEEDLE 32G 6MM | 2 | | VRAYLAR 4.5 MG CAPSULE | 3 | QL, ST |
| VERIFINE SYRING 0.5ML 29G 1/2" | 2 | | VRAYLAR 6 MG CAPSULE | 3 | QL, ST |
| VERIFINE SYRING 1 ML 31G 5/16" | 2 | | VYFEMLA 0.4 MG-0.035 MG TABLET | 1 | |
| VERIFINE SYRNG 0.3ML 31G 5/16" | 2 | | VYLIBRA 28 TABLET | 1 | |
| VERIFINE SYRNG 0.5ML 31G 5/16" | 2 | | WAKIX 17.8 MG TABLET | 4 | PA, QL, LDD, SRX |
| VESTURA 3 MG-0.02 MG TABLET | 1 | | WAKIX 4.45 MG TABLET | 4 | PA, QL, LDD, SRX |
| VIENVA-28 TABLET | 1 | | WARFARIN SODIUM 1 MG TABLET | 1 | |
| VIGABATRIN 500 MG POWDER PACKET | 4 | PA, QL, LDD, SRX | WARFARIN SODIUM 10 MG TABLET | 1 | |
| VIGABATRIN 500 MG TABLET | 4 | PA, QL, LDD, SRX | WARFARIN SODIUM 2 MG TABLET | 1 | |
| VIGADRONE 500 MG POWDER PACKET | 4 | PA, QL, LDD, SRX | WARFARIN SODIUM 2.5 MG TABLET | 1 | |
| VILAZODONE HCL 10 MG TABLET | 3 | QL | WARFARIN SODIUM 3 MG TABLET | 1 | |
| VILAZODONE HCL 20 MG TABLET | 3 | QL | WARFARIN SODIUM 4 MG TABLET | 1 | |
| VILAZODONE HCL 40 MG TABLET | 3 | QL | WARFARIN SODIUM 5 MG TABLET | 1 | |
| VINATE ONE TABLET | 1 | | WARFARIN SODIUM 6 MG TABLET | 1 | |
| VIOKACE 10,440-39,150 UNIT TAB | 3 | | WARFARIN SODIUM 7.5 MG TABLET | 1 | |
| VIOKACE 10,440-39,150 UNITS TB | 3 | | WAVESENSE CONTROL SOLN NORMAL | 2 | |
| VIOKACE 20,880-78,300 UNITS TB | 3 | | WERA 0.5/0.035 MG 28 TABLET | 1 | |
| VIORELE 28 DAY TABLET | 1 | | WESCAP-PN DHA CAPSULE | 1 | |
| VIREAD 150 MG TABLET | 2 | | WESNATE DHA SOFTGEL | 1 | |
| VIREAD 200 MG TABLET | 2 | | WESTAB PLUS TABLET | 1 | |
| VIREAD 250 MG TABLET | 2 | | WESTHROID 32.5 MG TABLET | 1 | |
| VIREAD POWDER | 2 | | WESTHROID 65 MG TABLET | 1 | |
| VIRT-C DHA SOFTGEL | 1 | | WIXELA 100-50 INHUB | 1 | QL |
| VIRT-NATE DHA SOFTGEL | 1 | | WIXELA 250-50 INHUB | 1 | QL |
| VIRT-PN DHA SOFTGEL | 1 | | WIXELA 500-50 INHUB | 1 | QL |
| VIRT-PN PLUS SOFTGEL | 1 | | WM UNIFINE PENTIP PLUS 4MM 32G | 2 | |
| VISTOGARD 10 GRAM PACKET | 4 | LDD, SRX | WM UNIFINE PENTIP PLUS 5MM 31G | 2 | |
| VIT A,C,D-FLUORIDE 0.25 MG/ML | 1 | | WM UNIFINE PENTIP PLUS 6MM 31G | 2 | |
| VITAFOL-OB CAPLET | 1 | | WM UNIFINE PENTIP PLUS 8MM 31G | 2 | |
| VITAMIN D2 1.25MG(50,000 UNIT) | 1 | | WP THYROID 113.75 MG TABLET | 2 | |
| VIVAGUARD INO CTRL SOLN-L1,2,3 | 2 | | WP THYROID 130 MG TABLET | 2 | |
| VIVAGUARD INO CTRL SOLN-L2 | 2 | | WP THYROID 16.25 MG TABLET | 2 | |
| VOLNEA 0.15-0.02-0.01 MG TAB | 1 | | WP THYROID 32.5 MG TABLET | 2 | |
| VORICONAZOLE 200 MG TABLET | 3 | PA | WP THYROID 48.75 MG TABLET | 2 | |
| VORICONAZOLE 40 MG/ML SUSP | 3 | PA | WP THYROID 65 MG TABLET | 2 | |
| VORICONAZOLE 50 MG TABLET | 3 | PA | WP THYROID 81.25 MG TABLET | 2 | |
| VORTEX ADULT MASK | 2 | QL | WP THYROID 97.5 MG TABLET | 2 | |
| VORTEX HOLDING CHAMBER | 2 | QL | WYMZYA FE 0.4-0.035 MG CHEW TB | 1 | |
| VORTEX HOLDING CHAMBER-CHILD | 2 | QL | XALKORI 200 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| VORTEX HOLDING CHAMBER-TODDLER | 2 | QL | XALKORI 250 MG CAPSULE | 4 | PA, QL, LDD, SRX |

2024 Cigna Plus Tennessee 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|
| XARELTO 1 MG/ML SUSPENSION | 2 | PA, QL |
| XARELTO 10 MG TABLET | 2 | PA, QL |
| XARELTO 15 MG TABLET | 2 | PA, QL |
| XARELTO 2.5 MG TABLET | 2 | PA, QL |
| XARELTO 20 MG TABLET | 2 | PA, QL |
| XARELTO DVT-PE TREAT START 30D | 2 | PA, QL |
| XELJANZ 1 MG/ML SOLUTION | 4 | PA, QL, SRX |
| XELJANZ 10 MG TABLET | 4 | PA, QL, SRX |
| XELJANZ 5 MG TABLET | 4 | PA, QL, SRX |
| XELJANZ XR 11 MG TABLET | 4 | PA, QL, SRX |
| XELJANZ XR 22 MG TABLET | 4 | PA, QL, SRX |
| XIFAXAN 200 MG TABLET | 3 | PA, QL |
| XIFAXAN 550 MG TABLET | 3 | PA, QL |
| XIGDUO XR 10 MG-1,000 MG TAB | 2 | QL |
| XIGDUO XR 10 MG-500 MG TABLET | 2 | QL |
| XIGDUO XR 2.5 MG-1,000 MG TAB | 2 | QL |
| XIGDUO XR 5 MG-1,000 MG TABLET | 2 | QL |
| XIGDUO XR 5 MG-500 MG TABLET | 2 | QL |
| XOLAIR 150 MG/1.2 ML POWDER VL | 4 | PA, LDD, SRX |
| XOLAIR 150 MG/ML SYRINGE | 4 | PA, LDD, SRX |
| XOLAIR 75 MG/0.5 ML SYRINGE | 4 | PA, LDD, SRX |
| XTAMPZA ER 13.5 MG CAPSULE | 2 | PA |
| XTAMPZA ER 18 MG CAPSULE | 2 | PA |
| XTAMPZA ER 27 MG CAPSULE | 2 | PA |
| XTAMPZA ER 36 MG CAPSULE | 2 | PA |
| XTAMPZA ER 9 MG CAPSULE | 2 | PA |
| XTANDI 40 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| XTANDI 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| XTANDI 80 MG TABLET | 4 | PA, QL, LDD, SRX |
| XULANE 150-35 MCG/DAY PATCH | 1 | |
| YALE NEEDLES 21GX1.25" | 2 | |
| YOURX ULTICARE PEN NDJL 4MM 32G | 2 | |
| YOURX ULTICARE PEN NDJL 6MM 31G | 2 | |
| YOURX ULTICARE PEN NDJL 8MM 31G | 2 | |
| YUVAFEM 10 MCG VAGINAL INSERT | 1 | QL |
| ZAFEMY 150-35 MCG/DAY PATCH | 1 | |
| ZAFIRLUKAST 10 MG TABLET | 1 | |
| ZAFIRLUKAST 20 MG TABLET | 1 | |
| ZALEPLON 10 MG CAPSULE | 1 | |
| ZALEPLON 5 MG CAPSULE | 1 | |
| ZARAH TABLET | 1 | |
| ZARXIO 300 MCG/0.5 ML SYRINGE | 4 | SRX |
| ZARXIO 480 MCG/0.8 ML SYRINGE | 4 | SRX |
| ZATEAN-PN DHA CAPSULE | 1 | |
| ZATEAN-PN PLUS SOFTGEL | 1 | |
| ZELBORAF 240 MG TABLET | 4 | PA, QL, LDD, SRX |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| ZENATANE 10 MG CAPSULE | 3 | |
| ZENATANE 20 MG CAPSULE | 3 | |
| ZENATANE 30 MG CAPSULE | 3 | |
| ZENATANE 40 MG CAPSULE | 3 | |
| ZENZEDI 10 MG TABLET | 1 | QL |
| ZENZEDI 5 MG TABLET | 1 | QL |
| ZETONNA 37 MCG NASAL SPRAY | 3 | ST |
| ZIDOVUDINE 100 MG CAPSULE | 1 | |
| ZIDOVUDINE 300 MG TABLET | 1 | |
| ZIDOVUDINE 50 MG/5 ML SYRUP | 1 | |
| ZILEUTON ER 600 MG TABLET | 4 | SRX |
| ZIOPTAN 0.0015% EYE DROP | 3 | QL |
| ZIOPTAN 0.0015% EYE DROPS | 3 | QL |
| ZIPRASIDONE HCL 20 MG CAPSULE | 1 | |
| ZIPRASIDONE HCL 40 MG CAPSULE | 1 | |
| ZIPRASIDONE HCL 60 MG CAPSULE | 1 | |
| ZIPRASIDONE HCL 80 MG CAPSULE | 1 | |
| ZIRGAN 0.15% OPHTHALMIC GEL | 3 | |
| ZOLADEX 10.8 MG IMPLANT SYRN | 4 | PA, SRX |
| ZOLADEX 3.6 MG IMPLANT SYRN | 4 | PA, SRX |
| ZOLINZA 100 MG CAPSULE | 4 | PA, QL, SRX |
| ZOLMITRIPTAN 2.5 MG ODT | 1 | QL |
| ZOLMITRIPTAN 2.5 MG TABLET | 1 | QL |
| ZOLMITRIPTAN 5 MG ODT | 1 | QL |
| ZOLMITRIPTAN 5 MG TABLET | 1 | QL |
| ZOLPIDEM TART ER 12.5 MG TAB | 1 | |
| ZOLPIDEM TART ER 6.25 MG TAB | 1 | |
| ZOLPIDEM TARTRATE 10 MG TABLET | 1 | |
| ZOLPIDEM TARTRATE 5 MG TABLET | 1 | |
| ZONISAMIDE 100 MG CAPSULE | 1 | |
| ZONISAMIDE 25 MG CAPSULE | 1 | |
| ZONISAMIDE 50 MG CAPSULE | 1 | |
| ZOSTAVAX VIAL | 2 | |
| ZOVIA 1-35 TABLET | 1 | |
| ZUMANDIMINE 3 MG-0.03 MG TAB | 1 | |
| ZYDELIG 100 MG TABLET | 4 | PA, QL, LDD, SRX |
| ZYDELIG 150 MG TABLET | 4 | PA, QL, LDD, SRX |
| ZYKADIA 150 MG TABLET | 4 | PA, QL, SRX |
| ZYLET EYE DROPS | 3 | 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.^{2,3} We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

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 **Cigna.com**.

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

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

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

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

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

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

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁵ Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality, and safety.

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

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

Generics typically cost much less than brand-name medications – in some cases, up to 85% less.⁵ Just because generics cost less, it doesn't mean they're a lower-quality.

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

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

Frequently Asked Questions (FAQs) (cont.)

Q. Can I fill my prescriptions by mail?

A. Yes.⁶

Express Scripts® Pharmacy for maintenance medications

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost⁷
- Refill reminders⁸
- Fill up to a 90-day supply at one time⁹
- Helpful pharmacists available 24/7

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)⁸ electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

Accredo® for specialty medications

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

specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).¹⁰ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost⁷
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs

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

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

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

Exclusions and Limitations: What is not covered by this policy

Excluded Services

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

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

(cont.)

22. **Complementary and alternative medicine services**, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. Services performed by unlicensed practitioners or services which do not require licensure to perform, for example-meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. Services which are self-directed to a free-standing or Hospital-based diagnostic facility.
28. Services ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other Provider:
 - Has not been actively involved in your medical care prior to ordering the service, or
 - Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. Any services covered under **both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Hearing aids** including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), batteries, cords and other assistive devices such as FM systems, except as specifically stated in this Policy, limited to the least expensive professionally adequate device, except as otherwise stated in the Policy. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. **Routine hearing tests** except as specifically provided under Preventive Care Services.
35. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
36. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
37. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision Care.
38. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
39. Outpatient **speech therapy**, except as specifically stated in this Policy.
40. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one’s appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
41. **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

Exclusions and Limitations: What is not covered by this policy

specifically stated in this Policy.

42. **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 nonmedical ancillary services for learning disabilities and developmental delays, except as specifically stated in this Policy.
43. **Services and procedures for** redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, craniocervical/ cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries.
44. 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.
45. Any treatment, Prescription Drug, service or supply to treat **sexual dysfunction**, enhance sexual performance or increase sexual desire.
46. All services related to **the treatment of fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
47. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
48. Charges in connection with **abortions** as follows:
 - **If You purchased Your plan on the Marketplace:** Charges in connection with elective abortions and Medically Necessary abortions unless the pregnancy is determined to be non-viable.
 - **If You did NOT purchase Your plan on the Marketplace:** Charges in connection with elective abortions.
49. 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.
50. **Blood administration** for the purpose of general improvement in physical condition.
51. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices, except as required by law for diabetic patients.
52. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
53. **Myoelectric Prostheses** peripheral nerve stimulators.
54. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
55. **Prefabricated foot Orthoses.**
56. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
57. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
58. **Orthoses primarily used for cosmetic** rather than functional reasons.
59. **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.
60. Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for

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

- weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
61. **Routine physical exams or tests** that do not directly treat an actual illness, injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this Policy.
 62. 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.
 63. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
 64. **Nutritional counseling or food supplements, exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the "Comprehensive Benefits: What the Policy Pays For" section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
 65. **Physical, and/or Occupational Therapy/ Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy, Chiropractic and Speech Therapy" in the section of this Policy titled "Comprehensive Benefits What the Policy Pays For."
 66. **Foreign Country Provider** charges except as specifically stated under "Foreign Country Providers" in the section of this Policy titled "Comprehensive Benefits What the Policy Pays For."
 67. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet except as otherwise stated in this Policy.
 68. **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage, however, the charges will be processed if all necessary information is received.
 69. Charges for **the services of a standby Physician.**
 70. Charges for **animal to human organ transplants.**
 71. **Claims received by Cigna Healthcare after 15 months from the date service was rendered,** except in the event of a legal incapacity.
 72. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

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

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



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

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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