

Individual & Family Plans

Cigna Health and Life Insurance Company



2024 Cigna Plus Florida 4-Tier Prescription Drug List

Coverage as of January 1, 2024

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View the drug list online



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



Cigna.com/ifp-drug-list. Select **Florida** 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 Florida 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 Florida 4-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

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

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

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

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

This chart is just a sample. It may not show how these medications are actually covered on the 2024 Cigna Plus Florida 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.

(cont.)

| | |
|------------|---|
| SRX | Specialty Medications – These medications are used to treat complex medical conditions. They’re typically injected or infused and may require refrigeration. These medications have SRX next to them. Your plan limits specialty medications to a 30-day supply. |
| LDD | Limited Distribution Drugs – These medications are only available at specific pharmacies in the United States. They’re used to treat conditions that are very hard to manage and require special handling, patient support and monitoring. These medications have LDD next to them. |

Plan exclusions

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

How to find your medication

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

| Letter your medication starts with | Page | Letter your medication starts with | Page |
|------------------------------------|-------|------------------------------------|-------|
| I-2 | 6 | M-N | 39-46 |
| A-B | 6-13 | O-P | 46-52 |
| C-D | 13-22 | Q-S | 52-57 |
| E-G | 22-31 | T-U | 57-64 |
| H-J | 31-35 | V-Z | 64-66 |
| K-L | 35-39 | | |

2024 Cigna Plus Florida 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 162 MG/0.9 ML | 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-ZIDOV TAB | 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 | | ADALIMUMAB-ADBIM | 4 | PA, QL, SRX |
| ABOUTIME PEN NEEDLE 31G X 8MM | 2 | | ADALIMUMAB-RYVK | 4 | PA, QL, SRX |
| ABOUTIME PEN NEEDLE 32G X 4MM | 2 | | ADAPALENE 0.1% CREAM | 1 | PA_AGE |
| ACAMPROSATE CALC DR 333 MG TAB | 2 | | ADAPALENE 0.1% GEL | 1 | PA_AGE |
| ACARBOSE 100 MG TABLET | 1 | | ADAPALENE 0.1% LOTION | 1 | PA_AGE |
| ACARBOSE 25 MG TABLET | 1 | | ADAPALENE 0.1% SOLUTION | 1 | PA_AGE |
| ACARBOSE 50 MG TABLET | 1 | | ADAPALENE 0.3% GEL | 1 | PA_AGE |
| ACCU-CHEK AVIVA SOLUTION | 2 | | ADAPALENE 0.3% GEL PUMP | 1 | PA_AGE |
| ACCU-CHEK GUIDE L1-L2 CTRL SOL | 2 | | ADEFOVIR DIPIVOXIL 10 MG TAB | 4 | SRX |
| ACCU-CHEK SMARTVIEW CONTRL SOL | 2 | | ADEMPAS 0.5 MG TABLET | 4 | PA, LDD, SRX |
| ACCUTANE 10 MG CAPSULE | 3 | | ADEMPAS 1 MG TABLET | 4 | PA, LDD, SRX |
| ACCUTANE 20 MG CAPSULE | 3 | | ADEMPAS 1.5 MG TABLET | 4 | PA, LDD, SRX |
| ACCUTANE 30 MG CAPSULE | 3 | | ADEMPAS 2 MG TABLET | 4 | PA, LDD, SRX |
| ACCUTANE 40 MG CAPSULE | 3 | | ADEMPAS 2.5 MG TABLET | 4 | PA, LDD, SRX |
| ACCUTREND GLUCOSE CONTROL | 2 | | ADVOCATE CONTROL SOLUTION HIGH | 2 | |
| ACE AEROSOL CLOUD ENHANCER | 2 | QL | ADVOCATE CONTROL SOLUTION LOW | 2 | |
| ACEBUTOLOL 200 MG CAPSULE | 1 | | ADVOCATE INS 0.3 ML 30GX5/16" | 2 | |
| ACEBUTOLOL 400 MG CAPSULE | 1 | | ADVOCATE INS 0.3 ML 31GX5/16" | 2 | |
| ACETAMN-CAF-DIHYDRCODEIN 320.5 | 1 | PA | ADVOCATE INS 0.5 ML 30GX5/16" | 2 | |
| ACETAMIN-CODEIN 300-30 MG/12.5 | 1 | | ADVOCATE INS 0.5 ML 31GX5/16" | 2 | |
| ACETAMINOP-CODEINE 120-12 MG/5 | 1 | | ADVOCATE INS 1 ML 31GX5/16" | 2 | |
| ACETAMINOPHEN-COD #2 TABLET | 1 | PA | ADVOCATE INS SYR 0.3ML 29GX1/2 | 2 | |
| ACETAMINOPHEN-COD #3 TABLET | 1 | PA | ADVOCATE INS SYR 0.5ML 29GX1/2 | 2 | |
| ACETAMINOPHEN-COD #4 TABLET | 1 | PA | ADVOCATE INS SYR 1 ML 29GX1/2" | 2 | |
| ACETAZOLAMIDE 125 MG TABLET | 1 | | ADVOCATE INS SYR 1 ML 30GX5/16 | 2 | |
| ACETAZOLAMIDE 250 MG TABLET | 1 | | ADVOCATE PEN ND 12.7MM 29G | 2 | |
| ACETAZOLAMIDE ER 500 MG CAP | 1 | | ADVOCATE PEN NEEDLE 4MM 33G | 2 | |
| ACETIC ACID 0.25% IRRIG SOLN | 1 | | ADVOCATE PEN NEEDLES 5MM 31G | 2 | |
| ACETIC ACID 2% EAR SOLUTION | 1 | | ADVOCATE PEN NEEDLES 8MM 31G | 2 | |

2024 Cigna Plus Florida 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| ADVOCATE REDI-CODE+ CTRL SOLN | 2 | |
| AEROCHAMBER MINI | 2 | QL |
| AEROCHAMBER MV HOLD CHAMBER | 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 PLUS W-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 HOLDING CHAMBER | 2 | QL |
| AFIRMELLE-28 TABLET | 1 | |
| AFLURIA QUAD | 2 | |
| AFTER PILL 1.5 MG TABLET | 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 EYE OINTMENT | 1 | |
| AKYNZEO 300-0.5 MG CAPSULE | 4 | PA, QL, SRX |
| ALBENDAZOLE 200 MG TABLET | 3 | PA |
| ALBUSTIX REAGENT STRIPS | 2 | |
| ALBUTEROL 100 MG/20 ML SOLN | 1 | |
| ALBUTEROL 2.5 MG/0.5 ML SOL | 1 | |
| ALBUTEROL 25 MG/5 ML SOLUTION | 1 | |
| ALBUTEROL 5 MG/ML SOLUTION | 1 | |
| ALBUTEROL HFA 90 MCG INHALER | 1 | QL |
| ALBUTEROL SUL 0.63 MG/3 ML SOL | 1 | |
| ALBUTEROL SUL 1.25 MG/3 ML SOL | 1 | |
| ALBUTEROL SUL 2.5 MG/3 ML SOLN | 1 | |
| ALBUTEROL SULF 2 MG/5 ML SYRUP | 1 | |
| ALBUTEROL SULFATE 2 MG TAB | 1 | |
| ALBUTEROL SULFATE 4 MG TAB | 1 | |
| ALBUTEROL SULFATE ER 4 MG TAB | 1 | |
| ALBUTEROL SULFATE ER 8 MG TAB | 1 | |
| ALCAINE 0.5% EYE DROPS | 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 150 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| ALENDRONATE SOD 70 MG/75 ML | 1 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| ALENDRONATE SODIUM 10 MG TAB | 1 | |
| ALENDRONATE SODIUM 35 MG TAB | 1 | |
| ALENDRONATE SODIUM 5 MG TABLET | 1 | |
| ALENDRONATE SODIUM 70 MG TAB | 1 | |
| ALFUZOSIN HCL ER 10 MG TABLET | 1 | |
| ALINIA 100 MG/5 ML SUSPENSION | 3 | |
| ALISKIREN 150 MG TABLET | 3 | QL |
| ALISKIREN 300 MG TABLET | 3 | QL |
| ALKALINE BATTERIES | 2 | |
| ALLOPURINOL 100 MG TABLET | 1 | |
| ALLOPURINOL 300 MG TABLET | 1 | |
| ALMOTRIPTAN MALATE 12.5 MG TAB | 1 | QL |
| ALMOTRIPTAN MALATE 6.25 MG TAB | 1 | QL |
| ALOCRIIL 2% EYE DROPS | 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 MG/ML | 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 0.5% EYE DROP | 1 | |
| ALTAVERA-28 TABLET | 1 | |
| ALVESCO 80 MCG INHALER | 2 | |
| ALVESCO 160 MCG INHALER | 2 | |
| ALYACEN 1-35 28 TABLET | 1 | |
| ALYACEN 7-7-7-28 TABLET | 1 | |
| ALYQ 20 MG TABLET | 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 | |

2024 Cigna Plus Florida 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| AMANTADINE 100 MG/10 ML SOLN | 1 | | AMLODIPINE-VALSARTAN 10-160 MG | 1 | |
| AMANTADINE 50 MG/5 ML SOLUTION | 1 | | AMLODIPINE-VALSARTAN 10-320 MG | 1 | |
| AMBRISENTAN 10 MG TABLET | 4 | PA, LDD, SRX | AMLODIPINE-VALSARTAN 5-160 MG | 1 | |
| 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 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| ANZEMET 50 MG TABLET | 4 | PA, QL, SRX | ARMODAFINIL 200 MG TABLET | 1 | PA |
| APEXICON E 0.05% CREAM | 3 | | ARMODAFINIL 250 MG TABLET | 1 | PA |
| APIDRA 100 UNIT/ML VIAL | 3 | QL, ST | ARMODAFINIL 50 MG TABLET | 1 | PA |
| APIDRA SOLOSTAR 100 UNIT/ML | 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 250 MG CAPSULE | 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 SYRINGE | 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 220 MG VIAL | 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 PEAK FLOW MTR | 2 | |
| ARIPIPIRAZOLE 5 MG TABLET | 1 | | ASTHMAPACK CHILDREN'S CARE KIT | 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 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| ATENOLOL 100 MG TABLET | 1 | | AYUNA-28 TABLET | 1 | |
| ATENOLOL 25 MG TABLET | 1 | | AZASITE 1% EYE DROPS | 3 | |
| ATENOLOL 50 MG TABLET | 1 | | AZATHIOPRINE 50 MG TABLET | 1 | |
| ATENOLOL-CHLOROTHALIDONE 100-25 | 1 | | AZELAIC ACID 15% GEL | 1 | |
| ATENOLOL-CHLOROTHALIDONE 50-25 | 1 | | AZELASTINE 0.1% (137 MCG) SPRY | 1 | |
| ATOMOXETINE HCL 10 MG CAPSULE | 1 | QL | AZELASTINE 0.15% NASAL SPRAY | 1 | |
| ATOMOXETINE HCL 100 MG CAPSULE | 1 | QL | AZELASTINE HCL 0.05% DROPS | 1 | |
| ATOMOXETINE HCL 18 MG CAPSULE | 1 | QL | AZELASTIN-FLUTIC 137-50MCG SPR | 2 | |
| ATOMOXETINE HCL 25 MG CAPSULE | 1 | QL | AZITHROMYCIN 1 GM PWD PACKET | 1 | |
| ATOMOXETINE HCL 40 MG CAPSULE | 1 | QL | AZITHROMYCIN 100 MG/5 ML SUSP | 1 | |
| ATOMOXETINE HCL 60 MG CAPSULE | 1 | QL | AZITHROMYCIN 200 MG/5 ML SUSP | 1 | |
| ATOMOXETINE HCL 80 MG CAPSULE | 1 | QL | AZITHROMYCIN 250 MG TABLET | 1 | |
| ATORVASTATIN 10 MG TABLET | 1 | | AZITHROMYCIN 500 MG TABLET | 1 | |
| ATORVASTATIN 20 MG TABLET | 1 | | AZITHROMYCIN 600 MG TABLET | 1 | |
| ATORVASTATIN 40 MG TABLET | 1 | | AZO TEST STRIP | 2 | |
| ATORVASTATIN 80 MG TABLET | 1 | | AZURETTE 28 DAY TABLET | 1 | |
| ATOVAQUONE 1,500 MG/10 ML SUSP | 3 | | BACITRACIN 500 UNIT/GM OPHTH | 1 | |
| ATOVAQUONE 750 MG/5 ML SUSP | 3 | | BACITRACIN-POLYMYXIN EYE OINT | 1 | |
| ATOVAQUONE-PROGUANIL 250-100 | 1 | | BACLOFEN 10 MG TABLET | 1 | |
| ATOVAQUONE-PROGUANIL 62.5-25 | 1 | | BACLOFEN 20 MG TABLET | 1 | |
| ATRIPLA TABLET | 2 | QL | 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 NDL 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 PREFILLED SYR 30 MCG KT | 4 | PA, SRX | BD ECLIPSE NEEDLE 25G 40MM | 2 | |
| AVONEX PEN 30 MCG/0.5 ML KIT | 4 | PA, SRX | BD ECLIPSE NEEDLE 25GX1" | 2 | |

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|--------------------------------|------|---|--------------------------------|------|---|
| BD ECLIPSE NEEDLE 25GX1.5" | 2 | | BD NEEDLES 16GX1" | 2 | |
| BD ECLIPSE NEEDLE 25GX5/8" | 2 | | BD NEEDLES 16GX1.5" | 2 | |
| BD ECLIPSE NEEDLE 27GX1/2" | 2 | | BD NEEDLES 18GX1" | 2 | |
| BD ECLIPSE NEEDLE 30G 13MM | 2 | | BD NEEDLES 18GX1.5" | 2 | |
| 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 NEEDLE 16GX1" | 2 | |
| BD INSULIN SYR 1 ML 29GX12.7MM | 2 | | BD NOKOR NEEDLE 18GX1" | 2 | |
| BD INSULIN SYR UF 1 ML 8MMX31G | 2 | | BD PRECISIONGLI 27GX1-1/2" NDL | 2 | |
| BD INSULIN SYRINGE 1 ML | 2 | | BD PRECISIONGLIDE 3 ML 22GX3/4 | 2 | |
| BD INTEGRA NEEDLE 25G X 5/8" | 2 | | BD PRECISIONGLIDE NEEDLE 25G | 2 | |
| BD INTEGRA RETRA NEEDLE 23GX1" | 2 | | BD SAFETGLD INS 0.3ML 29G 13MM | 2 | |
| BD INTEGRA SYR 3 ML 21GX1 1/2" | 2 | | BD SAFETGLD INS 0.5ML 13MMX29G | 2 | |
| BD LUER-LOK SYR 3 ML 25GX5/8" | 2 | | BD SAFETYGLD INS 0.3ML 31G 8MM | 2 | |
| BD LUER-LOK SYRINGE 1 ML | 2 | | BD SAFETYGLD INS 0.5ML 30G 8MM | 2 | |
| BD MAGNI-GUIDE MAGNIFIER | 2 | | BD SAFETYGLD INS 1 ML 29G 13MM | 2 | |
| BD NANO 2 GEN PEN NDG 32G 4MM | 2 | | BD SAFETYGLID INS 1 ML 6MMX31G | 2 | |
| BD NEEDLE 18GX1 1/2" | 2 | | BD SAFETYGLIDE 3 ML SYRINGE | 2 | |
| BD NEEDLE 19GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE | 2 | |
| BD NEEDLE 20GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE 18GX1.5" | 2 | |
| BD NEEDLE 21GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE 21GX1" | 2 | |
| BD NEEDLE 21GX1" | 2 | | BD SAFETYGLIDE NEEDLE 21GX1.5" | 2 | |
| BD NEEDLE 22GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE 22GX1.5" | 2 | |
| BD NEEDLE 22GX3/4" | 2 | | BD SAFETYGLIDE NEEDLE 25GX1" | 2 | |
| BD NEEDLE 23GX1 1/2" | 2 | | BD SAFETYGLIDE NEEDLE 27GX5/8" | 2 | |
| BD NEEDLE 23GX1" | 2 | | BD SAFETYGLIDE SYRINGE 27GX5/8 | 2 | |
| BD NEEDLE 25GX1" | 2 | | BD SAFTYGLD INS 0.3 ML 6MMX31G | 2 | |
| BD NEEDLE 25GX5/8" | 2 | | BD SAFTYGLD INS 0.5 ML 6MMX31G | 2 | |
| BD NEEDLE 26GX0.625" | 2 | | BD SAFTYGLD INS 0.5ML 29G 13MM | 2 | |

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|--------------------------------|------|---|--------------------------------|------|---|
| BD SYRINGE-SAFETY GLIDE | 2 | | BETHANECHOL 25 MG TABLET | 1 | |
| BD UF INS SYR 1 ML 30GX1/2" | 2 | | BETHANECHOL 5 MG TABLET | 1 | |
| BD UF MICRO PEN NEEDLE 6MMX32G | 2 | | BETHANECHOL 50 MG TABLET | 1 | |
| BD UF MINI PEN NEEDLE 5MMX31G | 2 | | BEXAROTENE 1% GEL | 4 | PA, SRX |
| BD UF NANO PEN NEEDLE 4MMX32G | 2 | | BEXAROTENE 75 MG CAPSULE | 4 | PA, SRX |
| BD UF ORIG PEN NDL 12.7MMX29G | 2 | | BEXSERO PREFILLED SYRINGE | 2 | |
| BD UF SHORT PEN NEEDLE 8MMX31G | 2 | | BICALUTAMIDE 50 MG TABLET | 1 | |
| BD VEO INS 0.3ML 6MMX31G (1/2) | 2 | | BIKTARVY 30-120-15 MG TABLET | 2 | QL |
| BD VEO INS 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 0.042% SPRAY | 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 | |
| BENZAEPRIH HCL 10 MG TABLET | 1 | | BISOPROLOL-HCTZ 5-6.25 MG TAB | 1 | |
| BENZAEPRIH HCL 20 MG TABLET | 1 | | BLISOVI 24 FE TABLET | 1 | |
| BENZAEPRIH HCL 40 MG TABLET | 1 | | BLISOVI FE 1.5-30 TABLET | 1 | |
| BENZAEPRIH HCL 5 MG TABLET | 1 | | BLISOVI FE 1-20 TABLET | 1 | |
| BENZAEPRIH-HCTZ 10-12.5 MG TAB | 1 | | BLOOD GLUCOSE CONTROL SOLUTION | 2 | |
| BENZAEPRIH-HCTZ 20-12.5 MG TAB | 1 | | BLUNT NEEDLE | 2 | |
| BENZAEPRIH-HCTZ 20-25 MG TAB | 1 | | BOOSTRIX TDAP VACCINE SYRINGE | 2 | |
| BENZAEPRIH-HCTZ 5-6.25 MG TAB | 1 | | BOOSTRIX TDAP VACCINE VIAL | 2 | |
| BENZONATATE 100 MG CAPSULE | 1 | | BOSENTAN 125 MG TABLET | 4 | PA, LDD, SRX |
| BENZONATATE 200 MG CAPSULE | 1 | | BOSENTAN 62.5 MG TABLET | 4 | PA, LDD, SRX |
| BENZTROPINE MES 0.5 MG TAB | 1 | | BOSULIF 100 MG TABLET | 4 | PA, QL, LDD, SRX |
| BENZTROPINE MES 1 MG TABLET | 1 | | BOSULIF 400 MG TABLET | 4 | PA, QL, LDD, SRX |
| BENZTROPINE MES 2 MG TABLET | 1 | | BOSULIF 500 MG TABLET | 4 | PA, QL, LDD, SRX |
| BEPOTASTINE 1.5% EYE DROP | 3 | | BREATHERITE MDI SPACER | 2 | QL |
| BESER 0.05% LOTION | 1 | | BREATHERITE SPACER-ADULT MASK | 2 | QL |
| BETADINE 5% EYE SOLUTION | 3 | | BREATHERITE SPACER-INFANT MASK | 2 | QL |
| BETAINE 1 GRAM/SCOOP POWDER | 4 | PA, LDD, SRX | BREATHERITE SPACER-LG CHLD MSK | 2 | QL |
| BETAMETHASONE DP 0.05% CRM | 1 | | BREATHERITE SPACER-NEONATE MSK | 2 | QL |
| BETAMETHASONE DP 0.05% LOT | 1 | | BREATHERITE SPACER-SM CHLD MSK | 2 | QL |
| BETAMETHASONE DP 0.05% OINT | 1 | | BREATHRITE VALVED MDI CHAMBER | 2 | QL |
| BETAMETHASONE DP AUG 0.05% CRM | 1 | | BREATHRITE VALVED MDI SPACER | 2 | QL |
| BETAMETHASONE DP AUG 0.05% GEL | 1 | | BREEZE 2 SOLUTION | 2 | |
| BETAMETHASONE DP AUG 0.05% LOT | 1 | | BREO ELLIPTA 100-25 MCG INH | 2 | QL |
| BETAMETHASONE DP AUG 0.05% OIN | 1 | | BREO ELLIPTA 200-25 MCG INH | 2 | QL |
| BETAMETHASONE VA 0.1% CREAM | 1 | | BRIELLYN TABLET | 1 | |
| BETAMETHASONE VA 0.1% LOTION | 1 | | BRILINTA 60 MG TABLET | 3 | |
| BETAMETHASONE VALER 0.1% OINTM | 1 | | BRILINTA 90 MG TABLET | 3 | |
| BETAMETHASONE VALER 0.12% FOAM | 1 | | BRIMONIDINE 0.2% EYE DROP | 1 | |
| BETAXOLOL 10 MG TABLET | 1 | | BRIMONIDINE TARTRATE 0.15% DRP | 1 | |
| BETAXOLOL 20 MG TABLET | 1 | | BRIMONIDINE-TIMOLOL 0.2%-0.5% | 3 | |
| BETAXOLOL HCL 0.5% EYE DROP | 1 | | BRINZOLAMIDE 1% EYE DROPS | 2 | |
| BETHANECHOL 10 MG TABLET | 1 | | BRIVIACT 10 MG TABLET | 3 | PA, QL |

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|---|------|---|--------------------------------|------|---|
| BRIVIACT 10 MG/ML ORAL SOLN | 3 | PA, QL | BUSPIRONE HCL 7.5 MG TABLET | 1 | |
| BRIVIACT 100 MG TABLET | 3 | PA, QL | BUTALB-ACETAMIN-CAF-COD 50-300 | 1 | PA |
| BRIVIACT 25 MG TABLET | 3 | PA, QL | BUTALB-ACETAMIN-CAF-COD 50-325 | 1 | PA |
| BRIVIACT 50 MG TABLET | 3 | PA, QL | BUTALB-ACETAMIN-CAFF 50-300-40 | 1 | QL |
| BRIVIACT 75 MG TABLET | 3 | PA, QL | BUTALB-ACETAMIN-CAFF 50-325-40 | 1 | QL |
| BROMFENAC SODIUM 0.09% EYE DRP | 1 | | BUTALBITAL COMP-CODEINE #3 CAP | 1 | PA |
| BROMOCRIPTINE 2.5 MG TABLET | 1 | | BUTALBITAL-ACETAMINOPHN 50-325 | 1 | |
| BROMOCRIPTINE 5 MG CAPSULE | 1 | | BUTALBITAL-ASPIRIN-CAFFEINE CP | 1 | QL |
| BROMPHEN-PSE-DM 2-30-10 MG/5ML | 1 | | BUTALBITAL-ASPIRIN-CAFFEINE TB | 1 | QL |
| BROOKS INSULIN 0.3ML SYRN | 2 | | BUTORPHANOL 10 MG/ML SPRAY | 1 | PA, QL |
| BUDESONIDE 0.25 MG/2 ML SUSP | 3 | QL | BYDUREON BCISE 2 MG AUTOINJECT | 2 | PA, QL |
| BUDESONIDE 0.5 MG/2 ML SUSP | 3 | QL | BYETTA 10 MCG DOSE PEN INJ | 2 | PA, QL |
| BUDESONIDE 1 MG/2 ML INH SUSP | 3 | QL | BYETTA 5 MCG DOSE PEN INJ | 2 | PA, QL |
| BUDESONIDE DR 3 MG CAPSULE | 3 | | CA INS SYR 0.3 ML 30GX5/16" | 2 | |
| BUDESONIDE EC 3 MG CAPSULE | 3 | | CA INS SYR 0.3 ML 31GX5/16" | 2 | |
| BUDESONIDE ER 9 MG TABLET | 4 | PA, QL, SRX | CA INS SYR 0.5 ML 30GX5/16" | 2 | |
| BUDESONIDE-FORMOTEROL 160-4.5 | 3 | QL | CA INS SYR 0.5 ML 31GX5/16" | 2 | |
| BUDESONIDE-FORMOTEROL 80-4.5 | 3 | QL | CA INSULIN SYR 0.3 ML 29GX1/2" | 2 | |
| BUMETANIDE 0.5 MG TABLET | 1 | | CA INSULIN SYR 0.5 ML 29GX1/2" | 2 | |
| BUMETANIDE 1 MG TABLET | 1 | | CA INSULIN SYR 1 ML 29GX1/2" | 2 | |
| BUMETANIDE 2 MG TABLET | 1 | | CA INSULIN SYR 1 ML 30GX5/16" | 2 | |
| BUPRENORPHINE 10 MCG/HR PATCH | 1 | QL | CA INSULIN SYR 1 ML 31GX5/16" | 2 | |
| BUPRENORPHINE 15 MCG/HR PATCH | 1 | QL | CABERGOLINE 0.5 MG TABLET | 1 | QL |
| BUPRENORPHINE 2 MG TABLET SL | 1 | | CABOMETYX 20 MG TABLET | 4 | PA, QL, LDD, SRX |
| BUPRENORPHINE 20 MCG/HR PATCH | 1 | QL | CABOMETYX 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| BUPRENORPHINE 5 MCG/HR PATCH | 1 | QL | CABOMETYX 60 MG TABLET | 4 | PA, QL, LDD, SRX |
| BUPRENORPHINE 7.5 MCG/HR PATCH | 1 | QL | CAFFEINE CIT 60 MG/3 ML ORAL | 1 | |
| BUPRENORPHINE 8 MG TABLET SL | 1 | | CALCIPOTRIENE 0.005% CREAM | 1 | |
| BUPRENORPHINE-NALOX 12-3MG FLM | 1 | | CALCIPOTRIENE 0.005% OINTMENT | 1 | |
| BUPRENORPHINE-NALOX 2-0.5MG FM | 1 | | CALCIPOTRIENE 0.005% SOLUTION | 1 | |
| BUPRENORPHINE-NALOX 2-0.5MG TB | 1 | | CALCIPOTRIENE-BETAMETH DP OINT | 3 | |
| BUPRENORPHINE-NALOX 4-1MG FILM | 1 | | CALCITONIN-SALMON 200 UNITS SP | 1 | |
| BUPRENORPHINE-NALOX 8-2 MG TAB | 1 | | CALCITRIOL 0.25 MCG CAPSULE | 1 | |
| BUPRENORPHINE-NALOX 8-2MG FILM | 1 | | CALCITRIOL 0.5 MCG CAPSULE | 1 | |
| BUPROPION HCL 100 MG TABLET | 1 | QL | CALCITRIOL 1 MCG/ML SOLUTION | 1 | |
| BUPROPION HCL 75 MG TABLET | 1 | QL | CALCITRIOL 3 MCG/G OINTMENT | 1 | QL |
| BUPROPION HCL SR 100 MG TABLET | 1 | QL | CALCIUM ACETATE 667 MG CAPSULE | 1 | |
| BUPROPION HCL SR 150 MG TABLET | 1 | QL | CALCIUM ACETATE 667 MG GELCAP | 1 | |
| BUPROPION HCL SR 150 MG TABLET (smoking cessation) | 1 | | CALCIUM ACETATE 667 MG TABLET | 1 | |
| BUPROPION HCL SR 200 MG TABLET | 1 | QL | CAMILA 0.35 MG TABLET | 1 | |
| BUPROPION HCL XL 150 MG TABLET | 1 | QL | CAMRESE 0.15-0.03-0.01 MG TAB | 1 | |
| BUPROPION HCL XL 300 MG TABLET | 1 | QL | CAMRESE LO TABLET | 1 | |
| BUSPIRONE HCL 10 MG TABLET | 1 | | CANDESARTAN CILEXETIL 16 MG TB | 1 | |
| BUSPIRONE HCL 15 MG TABLET | 1 | | CANDESARTAN CILEXETIL 32 MG TB | 1 | |
| BUSPIRONE HCL 30 MG TABLET | 1 | | CANDESARTAN CILEXETIL 4 MG TAB | 1 | |
| BUSPIRONE HCL 5 MG TABLET | 1 | | CANDESARTAN CILEXETIL 8 MG TAB | 1 | |
| | | | CANDESARTAN-HCTZ 16-12.5 MG TB | 1 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| CANDESARTAN-HCTZ 32-12.5 MG TB | 1 | | CAREONE SYR 0.3 ML 30GX1/2" | 2 | |
| CANDESARTAN-HCTZ 32-25 MG TAB | 1 | | CAREONE SYR 0.5 ML 30GX1/2" | 2 | |
| CAPECITABINE 150 MG TABLET | 4 | PA, SRX | CAREONE SYR 1 ML 30GX1/2" | 2 | |
| CAPECITABINE 500 MG TABLET | 4 | PA, SRX | CAREONE UNIFINE PENTIP 4MM 32G | 2 | |
| CAPRELSA 100 MG TABLET | 4 | PA, QL, LDD, SRX | CAREONE UNIFINE PENTIP 5MM 31G | 2 | |
| 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 LL SYR 3 ML 25G 5/8" | 2 | |
| CAREFINE PEN NEEDLE 4MM 32G | 2 | | CARETOUCH PEN NEEDLE 29G 12MM | 2 | |
| CAREFINE PEN NEEDLE 5MM 32G | 2 | | CARETOUCH PEN NEEDLE 31GX1/4" | 2 | |
| CAREFINE PEN NEEDLE 6MM 31G | 2 | | CARETOUCH PEN NEEDLE 31GX3/16" | 2 | |
| CAREFINE PEN NEEDLE 8MM 30G | 2 | | CARETOUCH PEN NEEDLE 31GX5/16" | 2 | |
| CAREFINE PEN NEEDLES 6MM 32G | 2 | | CARETOUCH PEN NEEDLE 32GX3/16" | 2 | |
| CAREFINE PEN NEEDLES 8MM 31G | 2 | | CARETOUCH PEN NEEDLE 32GX5/32" | 2 | |
| | | | CARETOUCH SYR 0.3 ML 31GX5/16" | 2 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CARETOUCH SYR 0.5 ML 30GX5/16" | 2 | | CEFPROZIL 500 MG TABLET | 1 | |
| CARETOUCH SYR 0.5 ML 31GX5/16" | 2 | | CEFUROXIME AXETIL 250 MG TAB | 1 | |
| CARETOUCH SYR 1 ML 28GX5/16" | 2 | | CEFUROXIME AXETIL 500 MG TAB | 1 | |
| CARETOUCH SYR 1 ML 29GX5/16" | 2 | | CELECOXIB 100 MG CAPSULE | 1 | QL |
| CARETOUCH SYR 1 ML 30GX5/16" | 2 | | CELECOXIB 200 MG CAPSULE | 1 | QL |
| CARETOUCH SYR 1 ML 31GX5/16" | 2 | | CELECOXIB 400 MG CAPSULE | 1 | QL |
| CARGLUMIC ACID 200 MG TAB SUSP | 4 | PA, SRX | CELECOXIB 50 MG CAPSULE | 1 | QL |
| CARISOPRODOL 250 MG TABLET | 1 | | CELONTIN 300 MG CAPSULE | 3 | |
| CARISOPRODOL 350 MG TABLET | 1 | | CEPHALEXIN 125 MG/5 ML SUSP | 1 | |
| CARISOPRODL-ASPIRIN 200-325 MG | 1 | | CEPHALEXIN 250 MG CAPSULE | 1 | |
| CARISOPRODOL-ASPIRIN-CODEIN TB | 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 IR 1200 | 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 STRIPS | 2 | |
| CAYSTON 75 MG INHAL SOLUTION | 4 | PA, QL, LDD, SRX | CHEMET 100 MG CAPSULE | 3 | |
| CAZIAN 28 DAY TABLET | 1 | | CHEMSTRIP 10 MD | 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 500 MG TABLET | 1 | | CHEMSTRIP 9 | 2 | |
| CEFADROXIL 1 GM TABLET | 1 | | CHEMSTRIP BG DIARY | 2 | |
| CEFADROXIL 250 MG/5 ML SUSP | 1 | | CHEMSTRIP MICRAL TEST STRIP | 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 400 MG TAB | 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 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CHLORZOAZONE 500 MG TABLET | 1 | | CLARITHROMYCIN 500 MG TABLET | 1 | |
| CHOLESTYRAMINE LIGHT PACKET | 1 | | CLARITHROMYCIN ER 500 MG TAB | 1 | |
| CHOLESTYRAMINE LIGHT POWDER | 1 | | CLEMASTINE FUM 2.68 MG TAB | 1 | |
| CHOLESTYRAMINE PACKET | 1 | | CLEO 90 INFUSION SET 24" 6MM | 2 | |
| CHOLESTYRAMINE POWDER | 1 | | CLEO 90 INFUSION SET 24" 9MM | 2 | |
| 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 0.3% OINTMENT | 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 | |
| CIPRO HC OTIC SUSPENSION | 3 | | CLINDAMYCIN HCL 75 MG CAPSULE | 1 | |
| CIPROFLOXACIN 0.2% OTIC SOLN | 1 | | CLINDAMYCIN PH 1% GEL | 1 | |
| CIPROFLOXACIN 0.3% EYE DROP | 1 | | CLINDAMYCIN PH 1% SOLUTION | 1 | |
| CIPROFLOXACIN 250 MG/5 ML SUSP | 1 | | CLINDAMYCIN PHOS 1% PLEDGET | 1 | |
| CIPROFLOXACIN 500 MG/5 ML SUSP | 1 | | CLINDAMYCIN PHOSP 1% LOTION | 1 | |
| CIPROFLOXACIN HCL 100 MG TAB | 1 | | CLINDAMYCIN PHOSPHATE 1% FOAM | 1 | |
| CIPROFLOXACIN HCL 250 MG TAB | 1 | | CLINDAMYCIN-BENZOYL PEROX 1-5% | 1 | |
| CIPROFLOXACIN HCL 500 MG TAB | 1 | | CLINDAMYCIN-BNZ PEROX 1-5% PMP | 1 | |
| CIPROFLOXACIN HCL 750 MG TAB | 1 | | 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 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| CLOBETASOL EMULSION 0.05% FOAM | 1 | | COARTEM | 3 | QL |
| CLOBETASOL PROP 0.05% FOAM | 1 | | CODEINE SULFATE 15 MG TABLET | 1 | PA |
| CLOBETASOL PROP 0.05% SPRAY | 1 | | CODEINE SULFATE 30 MG TABLET | 1 | PA |
| CLOCORTOLONE 0.1% CREAM PUMP | 1 | | CODEINE SULFATE 60 MG TABLET | 1 | PA |
| CLOCORTOLONE PIVALATE 0.1% CRM | 1 | | COLCHICINE 0.6 MG TABLET | 1 | |
| 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 | | COMBIVIR TABLET | 3 | |
| CLONAZEPAM 0.5 MG ODT | 1 | | COMETRIQ 100 MG DAILY-DOSE PK | 4 | PA, QL, LDD, SRX |
| CLONAZEPAM 0.5 MG TABLET | 1 | | COMETRIQ 140 MG DAILY-DOSE PK | 4 | PA, QL, LDD, SRX |
| CLONAZEPAM 1 MG DIS TABLET | 1 | | COMETRIQ 60 MG DAILY-DOSE PACK | 4 | PA, QL, LDD, SRX |
| CLONAZEPAM 1 MG ODT | 1 | | COMFORT EZ INS 0.3ML 30GX1/2" | 2 | |
| CLONAZEPAM 1 MG TABLET | 1 | | COMFORT EZ INS 0.3ML 30GX5/16" | 2 | |
| CLONAZEPAM 2 MG ODT | 1 | | COMFORT EZ INS 0.5ML 31GX5/16" | 2 | |
| CLONAZEPAM 2 MG TABLET | 1 | | COMFORT EZ INS 1 ML 31GX5/16" | 2 | |
| CLONIDINE 0.1 MG/DAY PATCH | 1 | | COMFORT EZ INSULIN SYR 0.3 ML | 2 | |
| CLONIDINE 0.2 MG/DAY PATCH | 1 | | COMFORT EZ INSULIN SYR 0.5 ML | 2 | |
| CLONIDINE 0.3 MG/DAY PATCH | 1 | | COMFORT EZ PEN NEEDLE 12MM 29G | 2 | |
| CLONIDINE HCL 0.1 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 4MM 32G | 2 | |
| CLONIDINE HCL 0.2 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 4MM 33G | 2 | |
| CLONIDINE HCL 0.3 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 5MM 31G | 2 | |
| CLONIDINE HCL ER 0.1 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 5MM 32G | 2 | |
| CLOPIDOGREL 300 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 5MM 33G | 2 | |
| CLOPIDOGREL 75 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 6MM 31G | 2 | |
| CLORAZEPATE 15 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 6MM 32G | 2 | |
| CLORAZEPATE 3.75 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 6MM 33G | 2 | |
| CLORAZEPATE 7.5 MG TABLET | 1 | | COMFORT EZ PEN NEEDLES 8MM 31G | 2 | |
| CLOTIMAZOLE 1% SOLUTION | 1 | | COMFORT EZ PEN NEEDLES 8MM 32G | 2 | |
| CLOTIMAZOLE 1% TOPICAL CREAM | 1 | | COMFORT EZ PEN NEEDLES 8MM 33G | 2 | |
| CLOTIMAZOLE 10 MG TROCHE | 1 | | COMFORT EZ SYR 0.3 ML 29GX1/2" | 2 | |
| CLOTIMAZOLE-BETAMETHASONE CRM | 1 | | COMFORT EZ SYR 0.5 ML 28GX1/2" | 2 | |
| CLOTIMAZOLE-BETAMETHASONE LOT | 1 | | COMFORT EZ SYR 0.5 ML 29GX1/2" | 2 | |
| CLOZAPINE 100 MG TABLET | 1 | | COMFORT EZ SYR 0.5 ML 30GX1/2" | 2 | |
| CLOZAPINE 200 MG TABLET | 1 | | COMFORT EZ SYR 1 ML 28GX1/2" | 2 | |
| CLOZAPINE 25 MG TABLET | 1 | | COMFORT EZ SYR 1 ML 29GX1/2" | 2 | |
| CLOZAPINE 50 MG TABLET | 1 | | COMFORT EZ SYR 1 ML 30GX1/2" | 2 | |
| CLOZAPINE ODT 100 MG TABLET | 3 | | COMFORT EZ SYR 1 ML 30GX5/16" | 2 | |
| CLOZAPINE ODT 12.5 MG TABLET | 3 | | COMFORT INFUSION SET 23" 17MM | 2 | |
| CLOZAPINE ODT 150 MG TABLET | 3 | | COMFORT INFUSION SET 31" 17MM | 2 | |
| CLOZAPINE ODT 200 MG TABLET | 3 | | COMFORT INFUSION SET 32" 17MM | 2 | |
| CLOZAPINE ODT 25 MG TABLET | 3 | | COMFORT INFUSION SET 43" 17MM | 2 | |
| G-NATE DHA SOFTGEL | 1 | | COMFORT POINT PEN ND 29GX1/2" | 2 | |

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|--------------------------------|------|---|--------------------------------|------|---|
| COMFORT POINT PEN ND 31GX1/3" | 2 | | COVARYX H.S. TABLET | 1 | |
| COMFORT POINT PEN ND 31GX1/4" | 2 | | CRESEMBA 186 MG CAPSULE | 3 | PA |
| COMFORT POINT PEN ND 31GX1/6" | 2 | | CROMOLYN 100 MG/5 ML ORAL CONC | 3 | |
| COMFORT SHORT INFUSION SET 23" | 2 | | CROMOLYN 20 MG/2 ML NEB SOLN | 3 | QL |
| COMFORT SHORT INFUSION SET 31" | 2 | | CROMOLYN 4% EYE DROPS | 1 | |
| COMFORT SHORT INFUSION SET 32" | 2 | | CROTAN 10% LOTION | 2 | |
| COMFORT SHORT INFUSION SET 43" | 2 | | CRYSSELLE-28 TABLET | 1 | |
| COMFORT TOUCH PEN ND 31G 4MM | 2 | | CVS KETONE CARE TEST STRIP | 2 | |
| COMFORT TOUCH PEN ND 31G 5MM | 2 | | CYANOCOBALAMIN 1,000 MCG/ML VL | 1 | |
| COMFORT TOUCH PEN ND 31G 6MM | 2 | | CYANOCOBALAMIN 10,000 MCG/10ML | 1 | |
| COMFORT TOUCH PEN ND 31G 8MM | 2 | | CYANOCOBALAMIN 30,000 MCG/30ML | 1 | |
| COMFORT TOUCH PEN ND 32G 4MM | 2 | | CYCLOBENZAPRINE 10 MG TABLET | 1 | |
| COMFORT TOUCH PEN ND 32G 5MM | 2 | | CYCLOBENZAPRINE 5 MG TABLET | 1 | |
| COMFORT TOUCH PEN ND 32G 6MM | 2 | | CYCLOMYDRIL EYE DROPS | 3 | |
| COMFORT TOUCH PEN ND 32G 8MM | 2 | | CYCLOPENTOLATE 0.5% EYE DROPS | 1 | |
| COMFORT TOUCH PEN ND 33G 4MM | 2 | | CYCLOPENTOLATE 1% EYE DROP | 1 | |
| COMFORT TOUCH PEN ND 33G 6MM | 2 | | CYCLOPENTOLATE 1% EYE DROPS | 1 | |
| COMFORT TOUCH PEN ND 33GX5MM | 2 | | CYCLOPENTOLATE HCL 2% DROPS | 1 | |
| COMIRNATY 30MCG/0.3ML VAC-GRAY | 2 | | CYCLOPHOSPHAMIDE 25 MG CAPSULE | 2 | |
| COMPACT SPACE CHAMBER | 2 | QL | CYCLOPHOSPHAMIDE 50 MG CAPSULE | 2 | |
| COMPACT SPACE CHAMBER-LRG MASK | 2 | QL | CYCLOSERINE 250 MG CAPSULE | 1 | |
| COMPACT SPACE CHAMBER-MED MASK | 2 | QL | CYCLOSET 0.8 MG TABLET | 3 | |
| COMPACT SPACE CHAMBER-SM MASK | 2 | QL | CYCLOSPORINE 0.05% EYE EMULS | 3 | |
| COMPLERA TABLET | 2 | QL | CYCLOSPORINE 100 MG CAPSULE | 1 | |
| COMPLETE NATAL DHA | 1 | | CYCLOSPORINE 25 MG CAPSULE | 1 | |
| COMPLETENATE TABLET CHEW | 1 | | CYCLOSPORINE MODIFIED 100 MG | 1 | |
| COMPRO 25 MG SUPPOSITORY | 1 | | CYCLOSPORINE MODIFIED 100MG/ML | 1 | |
| CONSTULOSE 10 GM/15 ML SOLN | 1 | | CYCLOSPORINE MODIFIED 25 MG | 1 | |
| CONTACT DETACH INFUSN SET 23" | 2 | | CYCLOSPORINE MODIFIED 50 MG | 1 | |
| CONTACT DETACH INFUSN SET 32" | 2 | | CYLTEZO | 4 | PA, QL, SRX |
| CONTACT DETACH INFUSN SET 43" | 2 | | CYPROHEPTADINE 2 MG/5 ML SOLN | 1 | |
| CONTOUR NEXT LEV 1 CONTROL SOL | 2 | | CYPROHEPTADINE 2 MG/5 ML SYRUP | 1 | |
| CONTOUR NEXT LEV 2 CONTROL SOL | 2 | | CYPROHEPTADINE 4 MG TABLET | 1 | |
| CONTOUR SOLUTION | 2 | | CYRED 28 DAY TABLET | 1 | |
| COOL CONTROL A SOLUTION | 2 | | CYRED EQ 28 DAY TABLET | 1 | |
| COOL CONTROL B SOLUTION | 2 | | CYSTAGON 150 MG CAPSULE | 4 | PA, LDD, SRX |
| CORTISONE 25 MG TABLET | 1 | | CYSTAGON 50 MG CAPSULE | 4 | PA, LDD, SRX |
| CORTISPORIN CREAM | 3 | | CYSTARAN 0.44% EYE DROPS | 3 | PA, QL, LDD |
| CORTISPORIN OINTMENT | 3 | | DABIGATRAN ETEXILATE 150 MG CP | 3 | PA, QL |
| CORTISPORIN-TC EAR SUSPENSION | 3 | | DABIGATRAN ETEXILATE 75 CAP | 3 | PA, QL |
| COSENTYX 300 MG DOSE-2 SYRINGE | 4 | PA, QL, LDD, SRX | DALFAMPRIDINE ER 10 MG TABLET | 4 | PA, QL, LDD, SRX |
| COSENTYX 150 MG/ML SYRINGE | 4 | PA, QL, LDD, SRX | DANAZOL 100 MG CAPSULE | 1 | |
| COSENTYX 75 MG/0.5 ML SYRINGE | 4 | PA, QL, LDD, SRX | DANAZOL 200 MG CAPSULE | 1 | |
| COSENTYX 150 MG/ML PEN INJECT | 4 | PA, QL, LDD, SRX | DANAZOL 50 MG CAPSULE | 1 | |
| COSENTYX 300 MG DOSE-2 PENS | 4 | PA, QL, LDD, SRX | DANTROLENE SODIUM 100 MG CAP | 1 | |
| COTELLIC 20 MG TABLET | 4 | PA, QL, LDD, SRX | DANTROLENE SODIUM 25 MG CAP | 1 | |
| COVARYX TABLET | 1 | | DANTROLENE SODIUM 50 MG CAP | 1 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| DAPSONE 100 MG TABLET | 3 | | DESOXIMETASONE 0.05% CREAM | 1 | |
| DAPSONE 25 MG TABLET | 3 | | DESOXIMETASONE 0.05% GEL | 1 | |
| DAPTACEL DTAP VACCINE | 2 | | DESOXIMETASONE 0.05% OINTMENT | 1 | |
| DARIFENACIN ER 15 MG TABLET | 1 | | DESOXIMETASONE 0.25% CREAM | 1 | |
| DARIFENACIN ER 7.5 MG TABLET | 1 | | DESOXIMETASONE 0.25% OINTMENT | 1 | |
| DARUNAVIR 600 MG TABLET | 1 | | DESVENLAFAXINE SUCCNT ER 100MG | 1 | QL |
| DARUNAVIR 800 MG TABLET | 1 | | DESVENLAFAXINE SUCCNT ER 25 MG | 1 | QL |
| DASETTA 1-35-28 TABLET | 1 | | DESVENLAFAXINE SUCCNT ER 50 MG | 1 | QL |
| DASETTA 7/7/7-28 TABLET | 1 | | DEXAMETHASONE 0.5 MG TABLET | 1 | |
| DAYSEE 0.15-0.03-0.01 MG TAB | 1 | | DEXAMETHASONE 0.5 MG/5 ML ELX | 1 | |
| DEBLITANE 0.35 MG TABLET | 1 | | DEXAMETHASONE 0.5 MG/5 ML LIQ | 1 | |
| DEFERASIROX 125 MG TB FOR SUSP | 4 | PA, SRX | DEXAMETHASONE 0.75 MG TABLET | 1 | |
| DEFERASIROX 180 MG GRANULE PKT | 4 | PA, LDD, SRX | DEXAMETHASONE 1 MG TABLET | 1 | |
| DEFERASIROX 180 MG TABLET | 4 | PA, LDD, SRX | DEXAMETHASONE 1.5 MG TABLET | 1 | |
| DEFERASIROX 250 MG TB FOR SUSP | 4 | PA, SRX | DEXAMETHASONE 2 MG TABLET | 1 | |
| DEFERASIROX 360 MG GRANULE PKT | 4 | PA, LDD, SRX | DEXAMETHASONE 4 MG TABLET | 1 | |
| DEFERASIROX 360 MG TABLET | 4 | PA, LDD, SRX | DEXAMETHASONE 6 MG TABLET | 1 | |
| DEFERASIROX 500 MG TB FOR SUSP | 4 | PA, SRX | DEXAMETHASONE INTENSOL 1 MG/ML | 1 | |
| DEFERASIROX 90 MG GRANULE PKT | 4 | PA, LDD, SRX | DEXAMETHASONE 0.1% EYE DROP | 1 | |
| DEFERASIROX 90 MG TABLET | 4 | PA, LDD, SRX | DEXCOM G6 RECEIVER | 2 | PA, QL |
| DEFERIPRONE 1,000 MG TB(3X/DY) | 4 | PA, SRX | DEXCOM G6 SENSOR | 2 | PA, QL |
| DEFERIPRONE 500 MG TABLET | 4 | PA, SRX | DEXCOM G6 TRANSMITTER | 2 | PA, QL |
| DELTEC COZMO CLEO INFUSION SET | 2 | | DEXCOM G7 RECEIVER | 2 | PA, QL |
| DEMECLOCYCLINE 150 MG TABLET | 1 | | DEXCOM G7 SENSOR | 2 | PA, QL |
| DEMECLOCYCLINE 300 MG TABLET | 1 | | DEXLANSOPRAZOLE DR 30 MG CAP | 3 | QL |
| DENTA 5000 PLUS CREAM | 1 | | DEXLANSOPRAZOLE DR 60 MG CAP | 3 | QL |
| DENTAGEL 1.1% GEL | 1 | | DEXMETHYLPHENIDATE 10 MG TAB | 1 | QL |
| DESCOVY 120-15 MG TABLET | 2 | PA | DEXMETHYLPHENIDATE 2.5 MG TAB | 1 | QL |
| DESCOVY 200-25 MG TABLET | 2 | PA | DEXMETHYLPHENIDATE 5 MG TAB | 1 | QL |
| DESIPRAMINE 10 MG TABLET | 1 | | DEXMETHYLPHENIDATE ER 10 MG CP | 1 | QL |
| DESIPRAMINE 100 MG TABLET | 1 | | DEXMETHYLPHENIDATE ER 15 MG CP | 1 | QL |
| DESIPRAMINE 150 MG TABLET | 1 | | DEXMETHYLPHENIDATE ER 20 MG CP | 1 | QL |
| DESIPRAMINE 25 MG TABLET | 1 | | DEXMETHYLPHENIDATE ER 25 MG CP | 1 | QL |
| DESIPRAMINE 50 MG TABLET | 1 | | DEXMETHYLPHENIDATE ER 30 MG CP | 1 | QL |
| DESIPRAMINE 75 MG TABLET | 1 | | DEXMETHYLPHENIDATE ER 35 MG CP | 1 | QL |
| DESLORATADINE 2.5 MG ODT | 1 | QL | DEXMETHYLPHENIDATE ER 40 MG CP | 1 | QL |
| DESLORATADINE 5 MG ODT | 1 | QL | DEXMETHYLPHENIDATE ER 5 MG CAP | 1 | QL |
| DESLORATADINE 5 MG TABLET | 1 | QL | DEXTROAMP-AMPHET ER 10 MG CAP | 1 | QL |
| DESMOPRESSIN 0.01% SOLUTION | 1 | | DEXTROAMP-AMPHET ER 15 MG CAP | 1 | QL |
| DESMOPRESSIN 10 MCG/0.1 ML SPR | 1 | | DEXTROAMP-AMPHET ER 20 MG CAP | 1 | QL |
| DESMOPRESSIN ACETATE 0.1 MG TB | 1 | | DEXTROAMP-AMPHET ER 25 MG CAP | 1 | QL |
| DESMOPRESSIN ACETATE 0.2 MG TB | 1 | | DEXTROAMP-AMPHET ER 30 MG CAP | 1 | QL |
| DESOGESTREL-EE 0.15-0.03 MG TB | 1 | | DEXTROAMP-AMPHET ER 5 MG CAP | 1 | QL |
| DESOGESTR-ETH ESTRAD ETH ESTRA | 1 | | DEXTROAMP-AMPHETAM 12.5 MG TAB | 1 | QL |
| DESONIDE 0.05% CREAM | 1 | | DEXTROAMP-AMPHETAM 7.5 MG TAB | 1 | QL |
| DESONIDE 0.05% LOTION | 1 | | DEXTROAMP-AMPHETAMIN 10 MG TAB | 1 | QL |
| DESONIDE 0.05% OINTMENT | 1 | | DEXTROAMP-AMPHETAMIN 15 MG TAB | 1 | QL |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| DEXTROAMP-AMPHETAMIN 20 MG TAB | 1 | QL | DIFLORASONE 0.05% OINTMENT | 3 | |
| DEXTROAMP-AMPHETAMIN 30 MG TAB | 1 | QL | DIFLUNISAL 500 MG TABLET | 1 | |
| DEXTROAMP-AMPHETAMINE 5 MG TAB | 1 | QL | DIFLUPREDNATE 0.05% EYE DROP | 2 | |
| DEXTROAMPHETAMINE 10 MG TAB | 1 | QL | DIGOX 125 MCG TABLET | 1 | |
| DEXTROAMPHETAMINE 5 MG TAB | 1 | QL | DIGOX 250 MCG TABLET | 1 | |
| DEXTROAMPHETAMINE 5 MG/5 ML | 1 | QL | DIGOXIN 0.05 MG/ML SOLUTION | 1 | |
| DEXTROAMPHETAMINE ER 10 MG CAP | 1 | QL | DIGOXIN 0.125 MG TABLET | 1 | |
| 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 | |
| DIASITX 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 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| DIPHENHYDRAMINE 12.5 MG/5 ML | 1 | | DOXEPIN 25 MG CAPSULE | 1 | |
| DIPHENHYDRAMINE 25 MG/10 ML | 1 | | DOXEPIN 5% CREAM | 3 | |
| DIPHENOXYLAT-ATROP 2.5-0.025/5 | 1 | | DOXEPIN 50 MG CAPSULE | 1 | |
| DIPHENOXYLATE-ATROP 2.5-0.025 | 1 | | DOXEPIN 75 MG CAPSULE | 1 | |
| DIPHTHERIA-TETANUS TOXOIDS-PED | 2 | | DOXEPIN HCL 3 MG TABLET | 2 | QL |
| DIPYRIDAMOLE 25 MG TABLET | 1 | | DOXEPIN HCL 6 MG TABLET | 2 | QL |
| DIPYRIDAMOLE 50 MG TABLET | 1 | | DOXERCALCIFEROL 0.5 MCG CAP | 1 | |
| 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 50-300 MG TABLET | 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 INS SYR 1ML 30GX12.5MM | 2 | |
| DOXEPIN 10 MG/ML ORAL CONC | 1 | | DROPLET MICRON 34G X 9/64" | 2 | |
| DOXEPIN 100 MG CAPSULE | 1 | | DROPLET PEN NEEDLE 29GX1/2" | 2 | |
| DOXEPIN 150 MG CAPSULE | 1 | | DROPLET PEN NEEDLE 29GX3/8" | 2 | |
| | | | DROPLET PEN NEEDLE 30GX5/16" | 2 | |

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

2024 Cigna Plus Florida 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 FLIPIKOL ND 20GX1.5 | 2 | | EASY TOUCH INSULIN 1ML 30GX1/2 | 2 | |
| EASY TOUCH FLIPIKOL ND 21GX1.5 | 2 | | EASY TOUCH INSULIN SYR 0.3 ML | 2 | |
| EASY TOUCH FLIPIKOL ND 22GX1.5 | 2 | | EASY TOUCH INSULIN SYR 0.5 ML | 2 | |
| EASY TOUCH FLIPIKOL ND 22GX3/4 | 2 | | EASY TOUCH INSULIN SYR 1 ML | 2 | |
| EASY TOUCH FLIPIKOL ND 23GX1.5 | 2 | | EASY TOUCH INSULIN 1ML 29GX1/2" | 2 | |
| EASY TOUCH FLIPIKOL ND 23GX5/8 | 2 | | EASY TOUCH INSULIN 1ML 30GX1/2" | 2 | |
| EASY TOUCH FLIPIKOL ND 25GX1.5 | 2 | | EASY TOUCH INSULIN 1ML 30GX5/16 | 2 | |
| EASY TOUCH FLIPIKOL ND 25GX5/8 | 2 | | EASY TOUCH INSULIN 1ML 31GX5/16 | 2 | |
| EASY TOUCH FLIPIKOL ND 26GX1/2 | 2 | | EASY TOUCH LUER LOK INSUL 1 ML | 2 | |
| EASY TOUCH FLIPIKOL ND 27GX1/2 | 2 | | EASY TOUCH PEN NEEDLE 29GX1/2" | 2 | |
| EASY TOUCH FLIPIKOL ND 28GX1/2 | 2 | | EASY TOUCH PEN NEEDLE 30GX5/16 | 2 | |
| EASY TOUCH FLIPIKOL ND 29GX1/2 | 2 | | EASY TOUCH PEN NEEDLE 31GX1/4" | 2 | |
| EASY TOUCH FLIPIKOL ND 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 ND 29G 5MM | 2 | |
| EASY TOUCH HYPODERMIC 18GX1.5" | 2 | | EASY TOUCH SAF PEN ND 29G 8MM | 2 | |
| EASY TOUCH HYPODERMIC 19GX1" | 2 | | EASY TOUCH SAF PEN ND 30G 5MM | 2 | |
| EASY TOUCH HYPODERMIC 19GX1.5" | 2 | | EASY TOUCH SAF PEN ND 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 CONTROL SOLUTION | 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 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| EASYPOINT NEEDLE 21G X 1-1/2" | 2 | | EMBRACE PEN NEEDLE 30G 8MM | 2 | |
| EASYPOINT NEEDLE 22G X 1" | 2 | | EMBRACE PEN NEEDLE 31G 5MM | 2 | |
| EASYPOINT NEEDLE 22G X 1-1/2" | 2 | | EMBRACE PEN NEEDLE 31G 6MM | 2 | |
| EASYPOINT NEEDLE 23G X 1" | 2 | | EMBRACE PEN NEEDLE 31G 8MM | 2 | |
| EASYPOINT NEEDLE 25G 16MM | 2 | | EMBRACE PEN NEEDLE 32G 4MM | 2 | |
| EASYPOINT NEEDLE 25G X 1" | 2 | | EMBRACE PRO CONTROL SOLUTION | 2 | |
| EASYPOINT NEEDLE 25G X 5/8" | 2 | | EMBRACE TALK CTRL SOL-HIGH(L2) | 2 | |
| EASYPOINT NEEDLE 25GX1-1/2" | 2 | | EMBRACE TALK CTRL SOLN-LOW(L1) | 2 | |
| EASY-TOUCH INS 1 ML 31GX5/16" | 2 | | EMCYT 140 MG CAPSULE | 4 | SRX |
| EASYTOUCH SAF PEN NDL 30G 6MM | 2 | | EMEND 125 MG POWDER PACKET | 4 | PA, QL, SRX |
| EC-NAPROXEN DR 375 MG TABLET | 1 | | EMGALITY 120 MG/ML PEN | 2 | PA |
| EC-NAPROXEN DR 500 MG TABLET | 1 | | EMGALITY 120 MG/ML SYRINGE | 2 | PA |
| ECONAZOLE NITRATE 1% CREAM | 1 | | EMGALITY 300 MG (100 MG X3SYR) | 2 | PA |
| ECONTRA EZ 1.5 MG TABLET | 1 | | EMOQUETTE 28 DAY TABLET | 1 | |
| ECONTRA ONE-STEP 1.5 MG TABLET | 1 | | EMTRICITABINE 200 MG CAPSULE | 1 | |
| ED-SPAZ 0.125 MG ODT | 1 | | EMTRICITABINE-TENOFV 100-150MG | 1 | |
| EDURANT 25 MG TABLET | 2 | | EMTRICITABINE-TENOFV 133-200MG | 1 | |
| EEMT DS 1.25-2.5 MG TABLET | 1 | | EMTRICITABINE-TENOFV 167-250MG | 1 | |
| EEMT HS 0.625-1.25 MG TABLET | 1 | | EMTRICITABINE-TENOFV 200-300MG | 1 | |
| EFAVIR-EMTRI-TENOF 600-200-300 | 1 | QL | EMTRIVA 10 MG/ML SOLUTION | 2 | |
| EFAVIRENZ 200 MG CAPSULE | 1 | | EMTRIVA 200 MG CAPSULE | 3 | |
| EFAVIRENZ 50 MG CAPSULE | 1 | | EMVERM 100 MG TABLET CHEW | 3 | |
| EFAVIRENZ 600 MG TABLET | 1 | | ENALAPRIL MALEATE 10 MG TAB | 1 | |
| EFAVIR-LAMIV-TENOF 400-300-300 | 1 | QL | ENALAPRIL MALEATE 2.5 MG TAB | 1 | |
| EFAVIR-LAMIV-TENOF 600-300-300 | 1 | QL | ENALAPRIL MALEATE 20 MG TAB | 1 | |
| EFFER-K 10 MEQ TABLET EFF | 3 | | ENALAPRIL MALEATE 5 MG TABLET | 1 | |
| EFFER-K 20 MEQ TABLET EFF | 3 | | ENALAPRIL-HCTZ 10-25 MG TABLET | 1 | |
| ELEMENT COMPACT SOLN HIGH | 2 | | ENALAPRIL-HCTZ 5-12.5 MG TAB | 1 | |
| ELEMENT COMPACT SOLN NORMAL | 2 | | ENBREL 25 MG/0.5 ML SYRINGE | 4 | PA, QL, SRX |
| ELEMENT CONTROL SOLN NORMAL | 2 | | ENBREL 25 MG/0.5 ML VIAL | 4 | PA, QL, SRX |
| ELEMENT CONTROL SOLUTION HIGH | 2 | | ENBREL 50 MG/ML MINI CARTRIDGE | 4 | PA, QL, SRX |
| ELEMENT CONTROL SOLUTION LOW | 2 | | ENBREL 50 MG/ML SURECLICK | 4 | PA, QL, SRX |
| ELETRIPTAN HBR 20 MG TABLET | 1 | QL | ENBREL 50 MG/ML SYRINGE | 4 | PA, QL, SRX |
| ELETRIPTAN HBR 40 MG TABLET | 1 | QL | ENDOCET 10-325 MG TABLET | 1 | PA |
| ELINEST-28 TABLET | 1 | | ENDOCET 2.5-325 MG TABLET | 1 | PA |
| ELIQUIS 2.5 MG TABLET | 2 | PA, QL | ENDOCET 5-325 MG TABLET | 1 | PA |
| ELIQUIS 5 MG TABLET | 2 | PA, QL | ENDOCET 7.5-325 MG TABLET | 1 | PA |
| ELIQUIS DVT-PE TREAT START 5MG | 2 | PA, QL | ENGERIX-B 20 MCG/ML SYRN | 2 | |
| ELITE-OB CAPLET | 1 | | ENGERIX-B 20 MCG/ML VIAL | 2 | |
| ELLA 30 MG TABLET | 3 | | ENGERIX-B PEDI 10 MCG/0.5 SYRN | 2 | |
| ELMIRON 100 MG CAPSULE | 3 | | ENLITE SERTER | 2 | |
| ELURYNG VAGINAL RING | 1 | | ENLYTE SOFTGEL | 3 | |
| EMBRACE GLUC CONTROL SOLN LOW | 2 | | ENOXAPARIN 100 MG/ML SYRINGE | 4 | QL, SRX |
| EMBRACE EVO LEVEL 1 CTRL SOLN | 2 | | ENOXAPARIN 120 MG/0.8 ML SYR | 4 | QL, SRX |
| EMBRACE GLUC CONTROL SOLN LOW | 2 | | ENOXAPARIN 150 MG/ML SYRINGE | 4 | QL, SRX |
| EMBRACE PEN NEEDLE 29G 12MM | 2 | | ENOXAPARIN 30 MG/0.3 ML SYR | 4 | QL, SRX |
| EMBRACE PEN NEEDLE 30G 5MM | 2 | | ENOXAPARIN 300 MG/3 ML VIAL | 4 | QL, SRX |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|--------------------------------|------|---|
| ENOXAPARIN 40 MG/0.4 ML SYR | 4 | QL, SRX | ERYTHROCIN 250 MG TABLET | 3 | |
| ENOXAPARIN 60 MG/0.6 ML SYR | 4 | QL, SRX | ERYTHROMYCIN 0.5% EYE OINTMENT | 1 | |
| ENOXAPARIN 80 MG/0.8 ML SYR | 4 | QL, SRX | ERYTHROMYCIN 2% GEL | 1 | |
| ENPRESSE-28 TABLET | 1 | | ERYTHROMYCIN 2% SOLUTION | 1 | |
| ENSKYCE 28 TABLET | 1 | | ERYTHROMYCIN 200 MG/5 ML SUSP | 1 | |
| ENTACAPONE 200 MG TABLET | 1 | | ERYTHROMYCIN 250 MG TABLET | 1 | |
| ENTECAVIR 0.5 MG TABLET | 4 | SRX | ERYTHROMYCIN 400 MG/5 ML SUSP | 1 | |
| ENTECAVIR 1 MG TABLET | 4 | SRX | ERYTHROMYCIN 500 MG TABLET | 1 | |
| ENTRESTO 24 MG-26 MG TABLET | 2 | QL | ERYTHROMYCIN DR 250 MG CAP | 1 | |
| ENTRESTO 49 MG-51 MG TABLET | 2 | QL | ERYTHROMYCIN ES 400 MG TAB | 1 | |
| ENTRESTO 97 MG-103 MG TABLET | 2 | QL | ERYTHROMYCIN-BENZOYL GEL | 1 | |
| ENULOSE 10 GM/15 ML SOLUTION | 1 | | ESCITALOPRAM 10 MG TABLET | 1 | QL |
| EPCLUSA 150-37.5 MG PELLETT PKT | 4 | PA, QL, SRX | ESCITALOPRAM 20 MG TABLET | 1 | QL |
| EPCLUSA 200 MG-50 MG TABLET | 4 | PA, QL, SRX | ESCITALOPRAM 5 MG TABLET | 1 | QL |
| EPCLUSA 200-50 MG PELLETT PACK | 4 | PA, QL, SRX | ESCITALOPRAM OXALATE 5 MG/5 ML | 1 | QL |
| EPCLUSA 400 MG-100 MG TABLET | 4 | PA, QL, SRX | ESOMEPRAZOLE DR 10 MG PACKET | 2 | QL |
| EPIDIOLEX 100 MG/ML SOLN PACK | 3 | PA, LDD | ESOMEPRAZOLE DR 20 MG PACKET | 2 | QL |
| EPIDIOLEX 100 MG/ML SOLUTION | 3 | PA, LDD | ESOMEPRAZOLE DR 40 MG PACKET | 2 | QL |
| EPIFOAM FOAM | 3 | | ESOMEPRAZOLE MAG DR 20 MG CAP | 1 | QL |
| EPINASTINE HCL 0.05% EYE DROPS | 1 | | ESOMEPRAZOLE MAG DR 40 MG CAP | 1 | QL |
| EPINEPHRINE 0.15 MG AUTO-INJCT | 1 | QL | ESOMEPRAZOLE DR 49.3 MG CAP | 1 | QL |
| EPINEPHRINE 0.3 MG AUTO-INJECT | 1 | QL | ESTARYLLA 0.25-0.035 MG TABLET | 1 | |
| EPITOL 200 MG TABLET | 1 | | ESTAZOLAM 1 MG TABLET | 1 | |
| EPIVIR 10 MG/ML ORAL SOLN | 3 | | ESTAZOLAM 2 MG TABLET | 1 | |
| EPIVIR 150 MG TABLET | 3 | | ESTRADIOL 0.025 MG PATCH(1/WK) | 1 | QL |
| EPIVIR 300 MG TABLET | 3 | | ESTRADIOL 0.025 MG PATCH(2/WK) | 1 | QL |
| EPIVIR HBV 25 MG/5 ML SOLN | 2 | | ESTRADIOL 0.0375MG PATCH(1/WK) | 1 | QL |
| EPLERENONE 25 MG TABLET | 1 | | ESTRADIOL 0.0375MG PATCH(2/WK) | 1 | QL |
| EPLERENONE 50 MG TABLET | 1 | | ESTRADIOL 0.05 MG PATCH (1/WK) | 1 | QL |
| EPROSARTAN MESYLATE 600 MG TAB | 1 | | ESTRADIOL 0.05 MG PATCH (2/WK) | 1 | QL |
| EPZICOM TABLET | 3 | | 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 MESYLLATES 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 | |

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|-----------------------------------|------|---|--------------------------------|------|---|
| ETHAMBUTOL HCL 400 MG TABLET | 1 | | EXEL HYPO NEEDLE 16GX1" | 2 | |
| ETHOSUXIMIDE 250 MG CAPSULE | 1 | | EXEL HYPO NEEDLE 18GX1" | 2 | |
| ETHOSUXIMIDE 250 MG/5 ML SOLN | 1 | | EXEL HYPO NEEDLE 18GX1.5" | 2 | |
| ETHYL CHLORIDE SPRAY | 1 | | EXEL HYPO NEEDLE 19GX1" | 2 | |
| ETHYNODIOL-ETH ESTRA 1MG-35MCG | 1 | | EXEL HYPO NEEDLE 19GX1.5" | 2 | |
| ETHYNODIOL-ETH ESTRA 1MG-50MCG | 1 | | EXEL HYPO NEEDLE 20GX0.75" | 2 | |
| ETODOLAC 200 MG CAPSULE | 1 | | EXEL HYPO NEEDLE 20GX1" | 2 | |
| ETODOLAC 300 MG CAPSULE | 1 | | EXEL HYPO NEEDLE 20GX1.5" | 2 | |
| ETODOLAC 400 MG TABLET | 1 | | EXEL HYPO NEEDLE 21GX1" | 2 | |
| ETODOLAC 500 MG TABLET | 1 | | EXEL HYPO NEEDLE 21GX1.5" | 2 | |
| ETODOLAC ER 400 MG TABLET | 1 | | EXEL HYPO NEEDLE 22GX0.75" | 2 | |
| ETODOLAC ER 500 MG TABLET | 1 | | EXEL HYPO NEEDLE 22GX1" | 2 | |
| ETODOLAC ER 600 MG TABLET | 1 | | EXEL HYPO NEEDLE 22GX1.5" | 2 | |
| ETONOGESTREL-EE VAGINAL RING | 1 | | EXEL HYPO NEEDLE 23GX0.75" | 2 | |
| ETOPOSIDE 50 MG CAPSULE | 4 | SRX | EXEL HYPO NEEDLE 23GX1" | 2 | |
| ETRAVIRINE 100 MG TABLET | 1 | | EXEL HYPO NEEDLE 25GX0.625" | 2 | |
| ETRAVIRINE 200 MG TABLET | 1 | | EXEL HYPO NEEDLE 25GX0.75" | 2 | |
| 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 ND 20GX1" | 2 | |
| EUTHYROX 75 MCG TABLET | 1 | | EXEL MTI DRAWING ND 21GX1" | 2 | |
| EUTHYROX 88 MCG TABLET | 1 | | EXEL MTI DRAWING ND 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 SOLUTION 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 | |

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|--------------------------------|------|---|--------------------------------|------|---|
| EZETIMIBE 10 MG TABLET | 1 | | FENOFIBRIC ACID 35 MG TABLET | 1 | |
| EZETIMIBE-SIMVASTATIN 10-10 MG | 1 | | FENOFIBRIC ACID DR 135 MG CAP | 1 | |
| EZETIMIBE-SIMVASTATIN 10-20 MG | 1 | | FENOFIBRIC ACID DR 45 MG CAP | 1 | |
| EZETIMIBE-SIMVASTATIN 10-40 MG | 1 | | FENOPROFEN 600 MG TABLET | 1 | |
| EZETIMIBE-SIMVASTATIN 10-80 MG | 1 | | FENTANYL 100 MCG/HR PATCH | 1 | PA |
| EZ-VAC | 2 | | FENTANYL 12 MCG/HR PATCH | 1 | PA |
| FALMINA-28 TABLET | 1 | | FENTANYL 25 MCG/HR PATCH | 1 | PA |
| FAMCICLOVIR 125 MG TABLET | 1 | | FENTANYL 37.5 MCG/HR PATCH | 1 | PA |
| FAMCICLOVIR 250 MG TABLET | 1 | | FENTANYL 50 MCG/HR PATCH | 1 | PA |
| FAMCICLOVIR 500 MG TABLET | 1 | | FENTANYL 62.5 MCG/HR PATCH | 1 | PA |
| FAMOTIDINE 20 MG TABLET | 1 | | FENTANYL 75 MCG/HR PATCH | 1 | PA |
| FAMOTIDINE 40 MG TABLET | 1 | | FENTANYL 87.5 MCG/HR PATCH | 1 | PA |
| FAMOTIDINE 40 MG/5 ML SUSP | 1 | | FENTANYL CIT OTFC 1,200 MCG | 3 | PA |
| FANAPT 1 MG TABLET | 3 | QL, ST | FENTANYL CIT OTFC 1,600 MCG | 3 | PA |
| FANAPT 10 MG TABLET | 3 | QL, ST | FENTANYL CITRATE OTFC 200 MCG | 3 | PA |
| FANAPT 12 MG TABLET | 3 | QL, ST | FENTANYL CITRATE OTFC 400 MCG | 3 | PA |
| FANAPT 2 MG TABLET | 3 | QL, ST | FENTANYL CITRATE OTFC 600 MCG | 3 | PA |
| 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 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| FLECAINIDE ACETATE 50 MG TAB | 1 | | FLUOROURACIL 5% TOPICAL SOLN | 1 | |
| FLEXICHAMBER | 2 | QL | FLUOXETINE 20 MG/5 ML SOLUTION | 1 | QL |
| FLEXICHAMBER-LG CHILD MASK | 2 | QL | FLUOXETINE DR 90 MG CAPSULE | 1 | QL |
| FLEXICHAMBER-SM ADULT MASK | 2 | QL | FLUOXETINE HCL 10 MG CAPSULE | 1 | QL |
| FLEXICHAMBER-SM CHILD MASK | 2 | QL | FLUOXETINE HCL 20 MG CAPSULE | 1 | QL |
| FLOVENT 100 MCG DISKUS | 2 | QL | FLUOXETINE HCL 40 MG CAPSULE | 1 | QL |
| FLOVENT 250 MCG DISKUS | 2 | QL | FLUPHENAZINE 1 MG TABLET | 1 | |
| FLOVENT 50 MCG DISKUS | 2 | QL | FLUPHENAZINE 10 MG TABLET | 1 | |
| FLOVENT HFA 110 MCG INHALER | 2 | QL | FLUPHENAZINE 2.5 MG TABLET | 1 | |
| FLOVENT HFA 220 MCG INHALER | 2 | QL | FLUPHENAZINE 2.5 MG/5 ML ELIX | 1 | |
| FLOVENT HFA 44 MCG INHALER | 2 | QL | FLUPHENAZINE 5 MG TABLET | 1 | |
| FLOW-EZE VENTED NEEDLE | 2 | | FLUPHENAZINE 5 MG/ML CONC | 1 | |
| FLUAD QUAD | 2 | | FLURANDRENOLIDE 0.05% CREAM | 3 | |
| FLUARIX QUAD | 2 | | FLURANDRENOLIDE 0.05% LOTION | 3 | |
| FLUBLOK QUAD | 2 | | FLURANDRENOLIDE 0.05% OINTMENT | 3 | |
| FLUCELVAX QUAD | 2 | | FLURBIPROFEN 100 MG TABLET | 1 | |
| FLUCONAZOLE 10 MG/ML SUSP | 1 | | FLURBIPROFEN 0.03% EYE DROP | 1 | |
| 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 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|-------------------------------|------|---|
| FORACARE GDH NORM CONTROL SOLN | 2 | | FYCOMPA 4 MG TABLET | 3 | PA, QL |
| FORMOTEROL 20 MCG/2 ML NEB VL | 3 | QL | FYCOMPA 6 MG TABLET | 3 | PA, QL |
| FORTISCARE CONTROL SOLN HIGH | 2 | | FYCOMPA 8 MG TABLET | 3 | PA, QL |
| FORTISCARE CONTROL SOLN LOW | 2 | | GABAPENTIN 100 MG CAPSULE | 1 | |
| FORTISCARE CONTROL SOLN NORMAL | 2 | | GABAPENTIN 250 MG/5 ML SOLN | 1 | |
| FOSAMPRENAVIR 700 MG TABLET | 1 | | GABAPENTIN 300 MG CAPSULE | 1 | |
| FOSFOMYCIN 3 GM SACHET | 2 | | GABAPENTIN 300 MG/6 ML SOLN | 1 | |
| FOSINOPRIL SODIUM 10 MG TAB | 1 | | GABAPENTIN 400 MG CAPSULE | 1 | |
| FOSINOPRIL SODIUM 20 MG TAB | 1 | | GABAPENTIN 600 MG TABLET | 1 | |
| FOSINOPRIL SODIUM 40 MG TAB | 1 | | GABAPENTIN 800 MG TABLET | 1 | |
| FOSINOPRIL-HCTZ 10-12.5 MG TAB | 1 | | GALANTAMINE ER 16 MG CAPSULE | 1 | QL |
| FOSINOPRIL-HCTZ 20-12.5 MG TAB | 1 | | GALANTAMINE ER 24 MG CAPSULE | 1 | QL |
| FOSRENOL 1,000 MG POWDER PACK | 3 | | GALANTAMINE ER 8 MG CAPSULE | 1 | QL |
| FOSRENOL 750 MG POWDER PACKET | 3 | | GALANTAMINE HBR 12 MG TABLET | 1 | |
| FRAGMIN 10,000 UNIT/4 ML VIAL | 4 | QL, SRX | GALANTAMINE HBR 4 MG TABLET | 1 | |
| FRAGMIN 10,000 UNIT/ML SYRINGE | 4 | QL, SRX | GALANTAMINE HBR 8 MG TABLET | 1 | |
| FRAGMIN 12,500 UNIT/0.5 ML SYR | 4 | QL, SRX | GALANTAMINE 4 MG/ML ORAL SOLN | 1 | |
| 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 |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| GENOTROPIN MINIQUICK 2 MG | 4 | PA, SRX | GLYBURID-METFORMIN 1.25-250 MG | 1 | |
| GENTAK 0.3 % EYE OINTMENT | 1 | | GLYCINE 1.5% IRRIGATION | 1 | |
| GENTAMICIN 0.1% CREAM | 1 | | GLYCOPYRROLATE 1 MG TABLET | 1 | |
| GENTAMICIN 0.1% OINTMENT | 1 | | GLYCOPYRROLATE 2 MG TABLET | 1 | |
| GENTAMICIN 0.3% EYE DROP | 1 | | GLYDO 2% JELLY SYRINGE | 1 | |
| GENVOYA TABLET | 2 | QL | GNP ALCOHOL SWAB | 2 | |
| GIANVI 3 MG-0.02 MG TABLET | 1 | | GNP CLICKFINE 31G X 1/4" NDL | 2 | |
| GILOTRIF 20 MG TABLET | 4 | PA, QL, LDD, SRX | GNP CLICKFINE 31G X 5/16" NDL | 2 | |
| GILOTRIF 30 MG TABLET | 4 | PA, QL, LDD, SRX | GNP EASY TOUCH HIGH-LOW SOLN | 2 | |
| GILOTRIF 40 MG TABLET | 4 | PA, QL, LDD, SRX | GNP INS SYR 0.3 ML 29GX1/2" | 2 | |
| GLATIRAMER 20 MG/ML SYRINGE | 4 | PA, SRX | GNP INS SYRINGE 1 ML 28G 1/2" | 2 | |
| GLATIRAMER 40 MG/ML SYRINGE | 4 | PA, SRX | GNP INSUL SYR 0.3 ML 31GX5/16" | 2 | |
| GLATOPA 20 MG/ML SYRINGE | 4 | PA, SRX | GNP INSUL SYR 0.5 ML 31GX5/16" | 2 | |
| GLATOPA 40 MG/ML SYRINGE | 4 | PA, SRX | GNP INSULIN SYR 1 ML 31GX5/16" | 2 | |
| GLEOSTINE 10 MG CAPSULE | 3 | PA | GNP ULT C 0.3ML 29GX1/2" (1/2) | 2 | |
| GLEOSTINE 100 MG CAPSULE | 3 | PA | GNP ULT CMFRT 0.5 ML 29GX1/2" | 2 | |
| GLEOSTINE 40 MG CAPSULE | 3 | PA | GNP ULTICARE PEN NDL 31G 5MM | 2 | |
| GLIMEPIRIDE 1 MG TABLET | 1 | | GNP ULTICARE PEN NDL 31G 8MM | 2 | |
| GLIMEPIRIDE 2 MG TABLET | 1 | | GNP ULTICARE PEN NDL 32G 4MM | 2 | |
| GLIMEPIRIDE 4 MG TABLET | 1 | | GNP ULTICARE PEN NDL 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 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|---------------------------------|------|---|
| GUANFACINE 1 MG TABLET | 1 | | HEALTHY ACCENTS PENTIP 6MM 31G | 2 | |
| GUANFACINE 2 MG TABLET | 1 | | HEALTHY ACCENTS PENTIP 8MM 31G | 2 | |
| GUANFACINE HCL ER 1 MG TABLET | 1 | QL | HEALTHY ACCENTS PENTIP 12MM 29G | 2 | |
| GUANFACINE HCL ER 2 MG TABLET | 1 | QL | HEATHER 0.35 MG TABLET | 1 | |
| GUANFACINE HCL ER 3 MG TABLET | 1 | QL | HEB UNIFINE PNTF PLUS 31GX3/16 | 2 | |
| GUANFACINE HCL ER 4 MG TABLET | 1 | QL | HEMA-COMBISTIX | 2 | |
| GUARDIAN RT CHARGER | 2 | | HEMMOREX-HC 25 MG SUPPOSITORY | 1 | |
| GUARDIAN RT REPLACE TEST PLUG | 2 | | HEMMOREX-HC 30 MG SUPPOSITORY | 1 | |
| GUARDIAN RT STARTER KIT | 2 | | HEPARIN SOD 5,000 UNIT/0.5 ML | 1 | |
| GUARDIAN RT SYSTEM | 2 | | HEPARIN SOD 5,000 UNIT/ML SYRNG | 1 | |
| GUARDIAN TEST PLUG | 2 | | HEPLISAV-B 20 MCG/0.5 ML SYRNG | 2 | |
| GUARDIAN TRANSMITTER TAPE | 2 | | HER STYLE 1.5 MG TABLET | 1 | |
| GYNAZOLE 1 | 1 | | HIBERIX VACCINE VIAL | 2 | |
| HAILEY 21 1.5 MG-30 MCG TAB | 1 | | HIBERIX VACCINE WITH DILUENT | 2 | |
| HAILEY 24 FE 1 MG-20 MCG TAB | 1 | | HM ULTICARE PEN NEEDLE 4MM 32G | 2 | |
| HAILEY FE 1.5-30 TABLET | 1 | | HM ULTICARE PEN NEEDLE 5MM 31G | 2 | |
| 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 PK | 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 40 MG/0.8 ML SYRINGE | 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 |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|---------------------------------|------|---|
| HUMULIN 70/30 KWIKPEN | 2 | QL | HYDROCORTISONE 2.5% OINTMENT | 1 | |
| HUMULIN 70-30 VIAL | 2 | QL | HYDROCORTISONE 20 MG TABLET | 1 | |
| HUMULIN N 100 UNIT/ML KWIKPEN | 2 | QL | HYDROCORTISONE 5 MG TABLET | 1 | |
| HUMULIN N 100 UNIT/ML VIAL | 2 | QL | HYDROCORTISONE AC 25 MG SUPP | 1 | |
| HUMULIN R 100 UNIT/ML VIAL | 2 | QL | HYDROCORTISONE AC 30 MG SUPP | 1 | |
| HUMULIN R 500 UNIT/ML KWIKPEN | 2 | QL | HYDROCORTISONE BUTYR 0.1% CREAM | 1 | |
| HUMULIN R 500 UNIT/ML VIAL | 2 | QL | HYDROCORTISONE BUTYR 0.1% OINT | 1 | |
| HYCAMTIN 0.25 MG CAPSULE | 4 | PA, SRX | HYDROCORTISONE BUTYR 0.1% SOLN | 1 | |
| HYCAMTIN 1 MG CAPSULE | 4 | PA, SRX | HYDROCORTISONE VAL 0.2% CREAM | 1 | |
| HYDRALAZINE 10 MG TABLET | 1 | | HYDROCORTISONE VAL 0.2% OINTMT | 1 | |
| HYDRALAZINE 100 MG TABLET | 1 | | HYDROMET 5 MG-1.5 MG/5 ML SOLN | 1 | QL |
| HYDRALAZINE 25 MG TABLET | 1 | | HYDROMORPHONE 1 MG/ML SOLUTION | 1 | PA |
| HYDRALAZINE 50 MG TABLET | 1 | | HYDROMORPHONE 2 MG TABLET | 1 | PA |
| HYDROCHLOROTHIAZIDE 12.5 MG CP | 1 | | HYDROMORPHONE 3 MG SUPPOS | 1 | PA |
| HYDROCHLOROTHIAZIDE 12.5 MG TB | 1 | | HYDROMORPHONE 4 MG TABLET | 1 | PA |
| HYDROCHLOROTHIAZIDE 25 MG TAB | 1 | | HYDROMORPHONE 5 MG/5 ML SOLN | 1 | PA |
| 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 | 1 | |
| HYDROCODONE-ACETAMIN 7.5-325 | 1 | PA | HYOSCYAMINE 0.125 MG ODT | 1 | |
| HYDROCODONE-ACETAMN 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, QI, 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 |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| IBRANCE 125 MG CAPSULE | 4 | PA, QL, LDD, SRX | INCONTROL ULTICARE ND1 31G 8MM | 2 | |
| IBRANCE 125 MG TABLET | 4 | PA, QL, LDD, SRX | INCONTROL ULTICARE ND1 32G 4MM | 2 | |
| IBRANCE 75 MG CAPSULE | 4 | PA, QL, LDD, SRX | INCRELEX 40 MG/4 ML VIAL | 4 | PA, LDD, SRX |
| IBRANCE 75 MG TABLET | 4 | PA, QL, LDD, SRX | INCRUSE ELLIPTA 62.5 MCG INH | 2 | |
| IBU 400 MG TABLET | 1 | | INDAPAMIDE 1.25 MG TABLET | 1 | |
| IBU 600 MG TABLET | 1 | | INDAPAMIDE 2.5 MG TABLET | 1 | |
| IBU 800 MG TABLET | 1 | | INDOMETHACIN 25 MG CAPSULE | 1 | |
| IBUPROFEN 100 MG/5 ML SUSP | 1 | | INDOMETHACIN 50 MG CAPSULE | 1 | |
| IBUPROFEN 400 MG TABLET | 1 | | INDOMETHACIN ER 75 MG CAPSULE | 1 | |
| IBUPROFEN 600 MG TABLET | 1 | | INFANRIX DTAP SYRINGE | 2 | |
| IBUPROFEN 800 MG TABLET | 1 | | INFANRIX DTAP VIAL | 2 | |
| ICATIBANT 30 MG/3 ML SYRINGE | 4 | PA, LDD, SRX | INFINITY CONTROL SOLN HIGH | 2 | |
| ICLEVIA 0.15 MG-0.03 MG TABLET | 1 | | INFINITY CONTROL SOLN LOW | 2 | |
| ICLUSIG 10 MG TABLET | 4 | PA, QL, LDD, SRX | INFINITY CONTROL SOLN NORMAL | 2 | |
| ICLUSIG 15 MG TABLET | 4 | PA, QL, LDD, SRX | INFINITY VOICE CTRL SOLN-LVL 2 | 2 | |
| ICLUSIG 30 MG TABLET | 4 | PA, QL, LDD, SRX | INFUSION SET 23" | 2 | |
| 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 | 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 | 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 | 2 | |
| INCASSIA 0.35 MG TABLET | 1 | | INSUL-EZE | 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 ND1 31G 6MM | 2 | | INSULIN ASPART PRO MIX70-30 VL | 3 | QL, ST |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| INSULIN CARTRIDGE 3 ML | 2 | | INSUPEN PEN NEEDLE 29GX1/2" | 2 | |
| INSULIN SYR 0.3 ML 30GX5/16" | 2 | | INSUPEN PEN NEEDLE 29GX12MM | 2 | |
| INSULIN SYR 0.3ML 31GX1/4(1/2) | 2 | | INSUPEN PEN NEEDLE 30GX8MM | 2 | |
| INSULIN SYRIN 0.3 ML 29GX1/2" | 2 | | INSUPEN PEN NEEDLE 31G 5MM | 2 | |
| INSULIN SYRIN 0.3 ML 30GX1/2" | 2 | | INSUPEN PEN NEEDLE 31G 8MM | 2 | |
| INSULIN SYRIN 0.3 ML 30GX5/16" | 2 | | INSUPEN PEN NEEDLE 31GX3/16" | 2 | |
| INSULIN SYRIN 0.3 ML 31GX5/16" | 2 | | INSUPEN PEN NEEDLE 31GX5/16" | 2 | |
| INSULIN SYRIN 0.5 ML 28G 1/2" | 2 | | INSUPEN PEN NEEDLE 31GX6MM | 2 | |
| INSULIN SYRIN 0.5 ML 28GX1/2" | 2 | | INSUPEN PEN NEEDLE 31GX8MM | 2 | |
| INSULIN SYRIN 0.5 ML 29GX1/2" | 2 | | INSUPEN PEN NEEDLE 32G 4MM | 2 | |
| INSULIN SYRIN 0.5 ML 30G 1/2" | 2 | | INSUPEN PEN NEEDLE 32GX4MM | 2 | |
| INSULIN SYRIN 0.5 ML 30G 5/16" | 2 | | INSUPEN PEN NEEDLE 32GX5/32" | 2 | |
| INSULIN SYRIN 0.5 ML 30GX1/2" | 2 | | INSUPEN PEN NEEDLE 32GX6MM | 2 | |
| INSULIN SYRIN 0.5 ML 30GX5/16" | 2 | | INSUPEN PEN NEEDLE 32GX8MM | 2 | |
| INSULIN SYRIN 0.5 ML 31G 5/16" | 2 | | INSUPEN PEN NEEDLE 33GX4MM | 2 | |
| INSULIN SYRIN 0.5 ML 31GX5/16" | 2 | | INTELENCE 100 MG TABLET | 3 | |
| INSULIN SYRIN 1 ML 29GX1/2" | 2 | | INTELENCE 200 MG TABLET | 3 | |
| INSULIN SYRING 0.5 ML 27G 1/2" | 2 | | INTELENCE 25 MG TABLET | 2 | |
| INSULIN SYRING 0.5 ML 27G 13MM | 2 | | INTROVALE | 1 | |
| INSULIN SYRING 0.5 ML 27GX1/2" | 2 | | INVIRASE 500 MG TABLET | 2 | |
| INSULIN SYRING 0.5 ML 28G 1/2" | 2 | | IPOL VIAL | 2 | |
| INSULIN SYRING 0.5 ML 29G 1/2" | 2 | | IPRAT-ALBUT 0.5-3(2.5) MG/3 ML | 1 | |
| INSULIN SYRING 0.5 ML 29GX1/2" | 2 | | IPRATROPIUM 0.03% SPRAY | 1 | |
| INSULIN SYRINGE 0.3 ML | 2 | | IPRATROPIUM 0.06% SPRAY | 1 | |
| INSULIN SYRINGE 0.3 ML 31GX1/4 | 2 | | IPRATROPIUM BR 0.02% SOLN | 1 | |
| INSULIN SYRINGE 0.5 ML | 2 | | IRBESARTAN 150 MG TABLET | 1 | |
| INSULIN SYRINGE 0.5 ML 31GX1/4 | 2 | | IRBESARTAN 300 MG TABLET | 1 | |
| INSULIN SYRINGE 1 ML | 2 | | IRBESARTAN 75 MG TABLET | 1 | |
| INSULIN SYRINGE 1 ML 27G 1/2" | 2 | | IRBESARTAN-HCTZ 150-12.5 MG TB | 1 | |
| INSULIN SYRINGE 1 ML 27G 13MM | 2 | | IRBESARTAN-HCTZ 300-12.5 MG TB | 1 | |
| INSULIN SYRINGE 1 ML 27GX1/2" | 2 | | ISENTRESS 100 MG POWDER PACKET | 2 | |
| INSULIN SYRINGE 1 ML 28G 1/2" | 2 | | ISENTRESS 100 MG TABLET CHEW | 2 | |
| INSULIN SYRINGE 1 ML 28G 13MM | 2 | | ISENTRESS 25 MG TABLET CHEW | 2 | |
| INSULIN SYRINGE 1 ML 28GX1/2" | 2 | | ISENTRESS 400 MG TABLET | 2 | |
| INSULIN SYRINGE 1 ML 29G 1/2" | 2 | | ISENTRESS HD 600 MG TABLET | 2 | |
| INSULIN SYRINGE 1 ML 29GX1/2" | 2 | | ISIBLOOM 28 DAY TABLET | 1 | |
| INSULIN SYRINGE 1 ML 30G 1/2" | 2 | | ISONIAZID 100 MG TABLET | 1 | |
| INSULIN SYRINGE 1 ML 30G 5/16" | 2 | | ISONIAZID 300 MG TABLET | 1 | |
| INSULIN SYRINGE 1 ML 30GX1/2" | 2 | | ISONIAZID 50 MG/5 ML SOLUTION | 1 | |
| INSULIN SYRINGE 1 ML 30GX5/16" | 2 | | ISOSORBIDE DINITRATE 10 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 31G 5/16" | 2 | | ISOSORBIDE DINITRATE 20 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 31GX1/4" | 2 | | ISOSORBIDE DINITRATE 30 MG TAB | 1 | |
| INSULIN SYRINGE 1 ML 31GX5/16" | 2 | | ISOSORBIDE DINITRATE 5 MG TAB | 1 | |
| INSUPEN 30G ULTRAFIN NEEDLE | 2 | | ISOSORBIDE MONONIT 10 MG TAB | 1 | |
| INSUPEN 31G ULTRAFIN NEEDLE | 2 | | ISOSORBIDE MONONIT 20 MG TAB | 1 | |
| INSUPEN 32G 6MM PEN NEEDLE | 2 | | ISOSORBIDE MONONIT ER 120 MG | 1 | |
| INSUPEN 32G 8MM PEN NEEDLE | 2 | | ISOSORBIDE MONONIT ER 30 MG TB | 1 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| ISOSORBIDE MONONIT ER 60 MG TB | 1 | | KARIVA 28 DAY TABLET | 1 | |
| ISOTRETINOIN 10 MG CAPSULE | 3 | | KELNOR 1-35 28 TABLET | 1 | |
| ISOTRETINOIN 20 MG CAPSULE | 3 | | KELNOR 1-50 TABLET | 1 | |
| ISOTRETINOIN 30 MG CAPSULE | 3 | | KETOCONAZOLE 2% CREAM | 1 | |
| ISOTRETINOIN 40 MG CAPSULE | 3 | | KETOCONAZOLE 2% SHAMPOO | 1 | |
| ISOXSUPRINE 10 MG TABLET | 1 | | KETOCONAZOLE 200 MG TABLET | 1 | |
| ISOXSUPRINE 20 MG TABLET | 1 | | KETO-DIASTIX REAGENT STRIPS | 2 | |
| ISRADIPINE 2.5 MG CAPSULE | 1 | | KETONE TEST STRIP | 2 | |
| ISRADIPINE 5 MG CAPSULE | 1 | | KETOPROFEN 50 MG CAPSULE | 1 | |
| ITRACONAZOLE 10 MG/ML SOLUTION | 2 | | KETOPROFEN 75 MG CAPSULE | 1 | |
| ITRACONAZOLE 100 MG CAPSULE | 2 | QL | KETOPROFEN ER 200 MG CAPSULE | 1 | |
| ITRACONAZOLE 100 MG/10 ML CUP | 2 | | KETOROLAC 0.4% OPHTH SOLUTION | 1 | |
| IV PREP ANTISEPTIC WIPES | 2 | | KETOROLAC 0.5% OPHTH SOLUTION | 1 | |
| IVERMECTIN 0.5% LOTION | 3 | | KETOROLAC 10 MG TABLET | 1 | QL |
| IVERMECTIN 3 MG TABLET | 1 | PA | KETOSTIX REAGENT STRIP | 2 | |
| JAIMIESS | 1 | | KINERET 100 MG/0.67 ML SYRINGE | 4 | PA, QL, LDD, SRX |
| JAKAFI 10 MG TABLET | 4 | PA, QL, LDD, SRX | KINRAY INS SYR 1 ML 31GX5/16" | 2 | |
| JAKAFI 15 MG TABLET | 4 | PA, QL, LDD, SRX | KINRAY SYRING 0.3 ML 31GX5/16" | 2 | |
| JAKAFI 20 MG TABLET | 4 | PA, QL, LDD, SRX | KINRAY SYRING 0.5 ML 31GX5/16" | 2 | |
| JAKAFI 25 MG TABLET | 4 | PA, QL, LDD, SRX | KINRIX TIP-LOK SYRINGE | 2 | |
| JAKAFI 5 MG TABLET | 4 | PA, QL, LDD, SRX | KINRIX VIAL | 2 | |
| JANSSEN COVID-19 VACCINE (EUA) | 2 | | KIONEX 15 GM/60 ML SUSPENSION | 1 | |
| JANTOVEN 1 MG TABLET | 1 | | KISQALI 200 MG DAILY DOSE | 4 | PA, QL, SRX |
| JANTOVEN 10 MG TABLET | 1 | | KISQALI 400 MG DAILY DOSE | 4 | PA, QL, SRX |
| JANTOVEN 2 MG TABLET | 1 | | KISQALI 600 MG DAILY DOSE | 4 | PA, QL, SRX |
| JANTOVEN 2.5 MG TABLET | 1 | | KLOR-CON 10 MEQ TABLET | 1 | |
| JANTOVEN 3 MG TABLET | 1 | | KLOR-CON 20 MEQ PACKET | 1 | |
| JANTOVEN 4 MG TABLET | 1 | | KLOR-CON 8 MEQ TABLET | 1 | |
| JANTOVEN 5 MG TABLET | 1 | | KLOR-CON M10 TABLET | 1 | |
| JANTOVEN 6 MG TABLET | 1 | | KLOR-CON M15 TABLET | 3 | |
| JANTOVEN 7.5 MG TABLET | 1 | | KLOR-CON M20 TABLET | 1 | |
| JASMIEL 3 MG-0.02 MG TABLET | 1 | | KMART VALU PLUS SYR 1/2 ML | 2 | |
| JENCYCLA 0.35 MG TABLET | 1 | | KOMBIGLYZE XR 2.5-1,000 MG TAB | 2 | QL |
| JINTELI 1 MG-5 MCG TABLET | 1 | | KOMBIGLYZE XR 5-1,000 MG TAB | 2 | QL |
| JOLESSA | 1 | | KOMBIGLYZE XR 5-500 MG TABLET | 2 | QL |
| JULEBER 28 DAY TABLET | 1 | | K-PHOS NO.2 | 3 | |
| JULUCA | 2 | QL | K-PHOS ORIGINAL TABLET | 3 | |
| JUNEL 1 MG-20 MCG TABLET | 1 | | KRO INS SYR 0.3 ML 29GX1/2" | 2 | |
| JUNEL 1.5 MG-30 MCG TABLET | 1 | | KRO INS SYRIN 0.5 ML 31GX5/16" | 2 | |
| JUNEL FE 1 MG-20 MCG TABLET | 1 | | KRO INSULIN SYR 1 ML 30GX5/16" | 2 | |
| JUNEL FE 1.5 MG-30 MCG TABLET | 1 | | KRO PEN NEEDLE 4MM X 32G | 2 | |
| JUNEL FE 24 TABLET | 1 | | KRO PEN NEEDLE 4MM X 33G | 2 | |
| KAITLIB FE 0.8-0.025MG CHEW TB | 1 | | KRO PEN NEEDLE 5MM X 31G | 2 | |
| KALETRA 100-25 MG TABLET | 3 | | KRO PEN NEEDLE 6MM X 31G | 2 | |
| KALETRA 200-50 MG TABLET | 3 | | KRO PEN NEEDLE 8MM X 31G | 2 | |
| KALETRA 80 MG-20 MG/ML SOLN | 3 | | KROGER INS SYR 0.3 ML 30GX5/16 | 2 | |
| KALLIGA 28 DAY TABLET | 1 | | KROGER INS SYR 0.5 ML 29GX1/2" | 2 | |

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|--------------------------------|------|---|--------------------------------|------|---|
| KROGER INS SYR 1 ML 29GX1/2" | 2 | | LAMOTRIGINE ODT 100 MG TABLET | 1 | |
| KROGER INS SYR 1 ML 31GX5/16" | 2 | | LAMOTRIGINE ODT 200 MG TABLET | 1 | |
| KROGER PEN NEEDLES 31G X 5/16" | 2 | | LAMOTRIGINE ODT 25 MG TABLET | 1 | |
| KROGER SYR 0.5 ML 30GX5/16" | 2 | | LAMOTRIGINE ODT 50 MG TABLET | 1 | |
| KROGER SYRING 0.3 ML 31GX5/16" | 2 | | LANSOPRAZOL-AMOXICIL-CLARITHRO | 1 | |
| KURVELO-28 TABLET | 1 | | LANSOPRAZOLE DR 15 MG CAPSULE | 1 | QL |
| KYNMOBI 10 MG SL FILM | 4 | PA, QL, SRX | LANSOPRAZOLE DR 30 MG CAPSULE | 1 | QL |
| KYNMOBI 15 MG SL FILM | 4 | PA, QL, SRX | LANTHANUM CARB 1,000 MG TB CHW | 3 | |
| KYNMOBI 20 MG SL FILM | 4 | PA, QL, SRX | LANTHANUM CARB 500 MG TAB CHEW | 3 | |
| KYNMOBI 25 MG SL FILM | 4 | PA, QL, SRX | LANTHANUM CARB 750 MG TAB CHEW | 3 | |
| KYNMOBI 30 MG SL FILM | 4 | PA, QL, SRX | LAPATINIB | 4 | PA, QL, SRX |
| LABETALOL HCL 100 MG TABLET | 1 | | LARIN 1.5 MG-30 MCG TABLET | 1 | |
| LABETALOL HCL 200 MG TABLET | 1 | | LARIN 21 1-20 TABLET | 1 | |
| LABETALOL HCL 300 MG TABLET | 1 | | LARIN 24 FE 1 MG-20 MCG TABLET | 1 | |
| LABSTIX REAGENT | 2 | | LARIN FE 1.5-30 TABLET | 1 | |
| LACOSAMIDE 10 MG/ML SOLUTION | 2 | QL | LARIN FE 1-20 TABLET | 1 | |
| LACOSAMIDE 100 MG TABLET | 2 | QL | LARISSIA | 1 | |
| LACOSAMIDE 150 MG TABLET | 2 | QL | LATANOPROST 0.005% EYE DROPS | 1 | |
| LACOSAMIDE 200 MG TABLET | 2 | QL | LAYOLIS FE | 3 | |
| LACOSAMIDE 50 MG TABLET | 2 | QL | LEADER INS SYR 0.3 ML 29GX1/2" | 2 | |
| LACRISERT 5 MG EYE INSERT | 3 | | LEADER INS SYR 0.5 ML 28GX1/2" | 2 | |
| LACTATED RINGERS IRRIGATION | 1 | | LEADER INS SYR 0.5 ML 29GX1/2" | 2 | |
| LACTULOSE 10 GM/15 ML SOLUTION | 1 | | LEADER INS SYR 0.5 ML 30GX1/2" | 2 | |
| LACTULOSE 20 GM/30 ML SOLUTION | 1 | | LEADER INS SYR 1 ML 28GX1/2" | 2 | |
| 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 | 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 |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| LENVIMA 4 MG CAPSULE | 4 | PA, QL, LDD, SRX | LEVONOR-ETH ESTRAD TRIPHASIC | 1 | |
| LENVIMA 8 MG DAILY DOSE | 4 | PA, QL, LDD, SRX | LEVONORG 0.15MG-EE 20-25-30MCG | 1 | |
| LESSINA-28 TABLET | 1 | | LEVONORGESTREL 1.5 MG TABLET | 1 | |
| LETROZOLE 2.5 MG TABLET | 1 | | LEVORA-28 TABLET | 1 | |
| LEUCOVORIN CALCIUM 10 MG TAB | 1 | | LEVORPHANOL 2 MG TABLET | 4 | PA, SRX |
| LEUCOVORIN CALCIUM 15 MG TAB | 1 | | LEVORPHANOL 3 MG TABLET | 4 | PA, SRX |
| LEUCOVORIN CALCIUM 25 MG TAB | 1 | | LEVO-T 100 MCG TABLET | 1 | |
| LEUCOVORIN CALCIUM 5 MG TAB | 1 | | LEVO-T 112 MCG TABLET | 1 | |
| LEUKERAN 2 MG TABLET | 3 | | LEVO-T 125 MCG TABLET | 1 | |
| LEUKINE 250 MCG VIAL | 4 | SRX | LEVO-T 137 MCG TABLET | 1 | |
| LEUPROLIDE 2WK 14 MG/2.8 ML KT | 4 | PA, SRX | LEVO-T 150 MCG TABLET | 1 | |
| LEVALBUTEROL 0.31 MG/3 ML SOL | 1 | | LEVO-T 175 MCG TABLET | 1 | |
| LEVALBUTEROL 0.63 MG/3 ML SOL | 1 | | LEVO-T 200 MCG TABLET | 1 | |
| LEVALBUTEROL 1.25 MG/3 ML SOL | 1 | | LEVO-T 25 MCG TABLET | 1 | |
| LEVALBUTEROL CONC 1.25 MG/0.5 | 1 | | LEVO-T 300 MCG TABLET | 1 | |
| LEVALBUTEROL TARTRATE HFA | 1 | QL | LEVO-T 50 MCG TABLET | 1 | |
| LEVEMIR 100 UNIT/ML VIAL | 3 | QL, ST | LEVO-T 75 MCG TABLET | 1 | |
| LEVEMIR FLEXPEN 100 UNIT/ML | 3 | QL, ST | LEVO-T 88 MCG TABLET | 1 | |
| LEVEMIR FLEXTOUCH 100 UNIT/ML | 3 | QL, ST | LEVOTHYROXINE 100 MCG TABLET | 1 | |
| LEVETIRACETAM 1,000 MG TABLET | 1 | | LEVOTHYROXINE 112 MCG TABLET | 1 | |
| LEVETIRACETAM 1,000 MG/10 ML | 1 | | LEVOTHYROXINE 125 MCG TABLET | 1 | |
| LEVETIRACETAM 100 MG/ML SOLN | 1 | | LEVOTHYROXINE 137 MCG TABLET | 1 | |
| LEVETIRACETAM 250 MG TABLET | 1 | | LEVOTHYROXINE 150 MCG TABLET | 1 | |
| LEVETIRACETAM 500 MG TABLET | 1 | | LEVOTHYROXINE 175 MCG TABLET | 1 | |
| 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 | | 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 | | LEXIVA 700 MG TABLET | 3 | |
| LEVONOR-ETH ESTRA 0.09-0.02 MG | 1 | | LIDOCAINE 2% VISCOUS SOLN | 1 | |
| LEVONOR-ETH ESTRAD 0.1-0.02 MG | 1 | | LIDOCAINE 5% OINTMENT | 1 | QL |
| LEVONOR-ETH ESTRAD 0.15-0.03 | 1 | | LIDOCAINE 5% PATCH | 1 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| LIDOCAINE HCL 2% JEL UROJET AC | 1 | | LITHIUM CARBONATE 150 MG CAP | 1 | |
| LIDOCAINE HCL 2% JELLY | 1 | | LITHIUM CARBONATE 300 MG CAP | 1 | |
| LIDOCAINE HCL 2% JELLY URO-JET | 1 | | LITHIUM CARBONATE 300 MG TAB | 1 | |
| LIDOCAINE HCL 4% SOLUTION | 1 | | LITHIUM CARBONATE 600 MG CAP | 1 | |
| LIDOCAINE-PRILOCAINE CREAM | 1 | | LITHIUM CARBONATE ER 300 MG TB | 1 | |
| LIFESHIELD BLUNT CANNULA | 2 | | LITHIUM CARBONATE ER 450 MG TB | 1 | |
| LILLOW | 1 | | LITHOSTAT 250 MG TABLET | 3 | |
| LINDANE | 1 | | LIVE BETTER PEN NEEDLES 8MM | 2 | |
| LINEZOLID 100 MG/5 ML SUSP | 3 | PA | LO LOESTRIN FE | 2 | |
| LINEZOLID 600 MG TABLET | 1 | PA | LOJAIMIESS | 1 | |
| LINZESS 145 MCG CAPSULE | 3 | QL | LOKELMA 10 GRAM POWDER PACKET | 3 | |
| LINZESS 290 MCG CAPSULE | 3 | QL | LOKELMA 5 GRAM POWDER PACKET | 3 | |
| LINZESS 72 MCG CAPSULE | 3 | QL | LOPERAMIDE 2 MG CAPSULE | 1 | |
| LIOTHYRONINE SOD 25 MCG TAB | 1 | | LOPINAVIR-RITONAVIR 80-20MG/ML | 1 | |
| LIOTHYRONINE SOD 5 MCG TAB | 1 | | LOPINAVIR-RITONAVR 100-25MG TB | 1 | |
| LIOTHYRONINE SOD 50 MCG TAB | 1 | | LOPINAVIR-RITONAVR 200-50MG TB | 1 | |
| LISINAPRIL 10 MG TABLET | 1 | | LORAZEPAM 0.5 MG TABLET | 1 | |
| LISINAPRIL 2.5 MG TABLET | 1 | | LORAZEPAM 1 MG TABLET | 1 | |
| LISINAPRIL 20 MG TABLET | 1 | | LORAZEPAM 2 MG TABLET | 1 | |
| LISINAPRIL 30 MG TABLET | 1 | | LORAZEPAM 2 MG/ML ORAL CONCENT | 1 | |
| LISINAPRIL 40 MG TABLET | 1 | | LORAZEPAM INTENSOL | 1 | |
| LISINAPRIL 5 MG TABLET | 1 | | LORCET 5-325 MG TABLET | 1 | PA |
| LISINAPRIL-HCTZ 10-12.5 MG TAB | 1 | | LORCET HD | 1 | PA |
| LISINAPRIL-HCTZ 20-12.5 MG TAB | 1 | | LORCET PLUS 7.5-325 MG TABLET | 1 | PA |
| LISINAPRIL-HCTZ 20-25 MG TAB | 1 | | LORTAB | 1 | PA |
| 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 | 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 |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| LURASIDONE HCL 40 MG TABLET | 3 | QL | MEDPOINT CONTROL SOLUTION | 2 | |
| LURASIDONE HCL 60 MG TABLET | 3 | QL | MEDROL 2 MG TABLET | 3 | |
| LURASIDONE HCL 80 MG TABLET | 3 | QL | MEDROXYPROGESTERONE 10 MG TAB | 1 | |
| LUTERA-28 TABLET | 1 | | MEDROXYPROGESTERONE 150 MG/ML | 1 | |
| LYLEQ 0.35 MG TABLET | 1 | | MEDROXYPROGESTERONE 2.5 MG TAB | 1 | |
| LYLLANA 0.025 MG PATCH | 1 | QL | MEDROXYPROGESTERONE 5 MG TAB | 1 | |
| LYLLANA 0.0375 MG PATCH | 1 | QL | MEDTRONIC EXT INF SET 23" 6MM | 2 | |
| LYLLANA 0.05 MG PATCH | 1 | QL | MEDTRONIC EXT INF SET 23" 9MM | 2 | |
| LYLLANA 0.075 MG PATCH | 1 | QL | MEDTRONIC EXT INF SET 32" 9MM | 2 | |
| LYLLANA 0.1 MG PATCH | 1 | QL | MEDTRONIC REMOTE CONTROL | 2 | |
| LYNPARZA 100 MG TABLET | 4 | PA, QL, LDD, SRX | MEFENAMIC ACID 250 MG CAPSULE | 1 | |
| LYNPARZA 150 MG TABLET | 4 | PA, QL, LDD, SRX | MEFLOQUINE HCL 250 MG TABLET | 1 | QL |
| LYSODREN | 3 | LDD | MEGESTROL 20 MG TABLET | 1 | |
| LYZA 0.35 MG TABLET | 1 | | MEGESTROL 40 MG TABLET | 1 | |
| MAGELLAN INSUL SYRINGE 0.3 ML | 2 | | MEGESTROL 625 MG/5 ML SUSP | 3 | |
| MAGELLAN INSUL SYRINGE 0.5 ML | 2 | | MEGESTROL ACET 40 MG/ML SUSP | 1 | |
| MAGELLAN INSULIN SYR 0.3 ML | 2 | | MEGESTROL ACET 400 MG/10 ML | 1 | |
| MAGELLAN INSULIN SYR 0.5 ML | 2 | | MEKINIST 0.05 MG/ML SOLUTION | 4 | PA, QL, SRX |
| MAGELLAN INSULIN SYRINGE 1 ML | 2 | | MEKINIST 0.5 MG TABLET | 4 | PA, QL, SRX |
| MALATHION 0.5% LOTION | 1 | | MEKINIST 2 MG TABLET | 4 | PA, QL, SRX |
| MAPROTILINE 25 MG TABLET | 1 | | MELODETTA 24 FE | 1 | |
| MAPROTILINE 75 MG TABLET | 1 | | MELOXICAM 15 MG TABLET | 1 | |
| MARAVIROC 150 MG TABLET | 1 | | MELOXICAM 7.5 MG TABLET | 1 | |
| MARAVIROC 300 MG TABLET | 1 | | MELPHALAN 2 MG TABLET | 1 | |
| MARLISSA-28 TABLET | 1 | | MEMANTINE 5-10 MG TITRATION PK | 1 | |
| MARPLAN 10 MG TABLET | 3 | | MEMANTINE HCL 10 MG TABLET | 1 | |
| MATZIM LA 180 MG TABLET | 1 | | MEMANTINE HCL 2 MG/ML SOLUTION | 1 | |
| MATZIM LA 240 MG TABLET | 1 | | MEMANTINE HCL 5 MG TABLET | 1 | |
| MATZIM LA 300 MG TABLET | 1 | | MENACTRA VIAL | 2 | |
| MATZIM LA 360 MG TABLET | 1 | | MENEST 0.3 MG TABLET | 3 | |
| MATZIM LA 420 MG TABLET | 1 | | MENEST 0.625 MG TABLET | 3 | |
| MAXICOMFORT II PEN NDJ 31GX6MM | 2 | | MENEST 1.25 MG TABLET | 3 | |
| MAXI-COMFORT INS 0.5 ML 28G | 2 | | MENEST 2.5 MG TABLET | 3 | |
| MAXICOMFORT INS 0.5ML 27GX1/2" | 2 | | MENQUADFI VIAL | 2 | |
| MAXICOMFORT INS 1 ML 27GX1/2" | 2 | | MENTAX 1% CREAM | 3 | |
| MAXI-COMFORT INS 1 ML 28GX1/2" | 2 | | MENVEO 1 VIAL-A-C-Y-W-135-DIP | 2 | |
| MAXICOMFORT PEN NDJ 29G X 5MM | 2 | | MENVEO A-C-Y-W KIT (2 VIALS) | 2 | |
| MAXICOMFORT PEN NDJ 29G X 8MM | 2 | | MEPERIDINE 50 MG TABLET | 1 | PA |
| MECLIZINE 12.5 MG TABLET | 1 | | MEPERIDINE 50 MG/5 ML SOLUTION | 1 | PA |
| MECLIZINE 25 MG TABLET | 1 | | MEPROBAMATE 200 MG TABLET | 1 | |
| MECLOFENAMATE 100 MG CAPSULE | 1 | | MEPROBAMATE 400 MG TABLET | 1 | |
| MECLOFENAMATE 50 MG CAPSULE | 1 | | MERCAPTOPYRINE 50 MG TABLET | 1 | |
| MEDICATION TRANSFER NEEDLE | 2 | | 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 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| MESALAMINE ER 500 MG CAPSULE | 3 | | METHYLPHENIDATE CD 20 MG CAP | 1 | QL |
| MESNEX 400 MG TABLET | 4 | SRX | METHYLPHENIDATE CD 30 MG CAP | 1 | QL |
| METAXALL 800 MG TABLET | 3 | | METHYLPHENIDATE CD 40 MG CAP | 1 | QL |
| METAXALONE 400 MG TABLET | 3 | | METHYLPHENIDATE CD 50 MG CAP | 1 | QL |
| METAXALONE 800 MG TABLET | 3 | | METHYLPHENIDATE CD 60 MG CAP | 1 | QL |
| METFORMIN HCL 1,000 MG TABLET | 1 | | METHYLPHENIDATE ER 10 MG TAB | 1 | QL |
| METFORMIN HCL 500 MG TABLET | 1 | | METHYLPHENIDATE ER 18 MG TAB | 1 | QL |
| METFORMIN HCL 850 MG TABLET | 1 | | METHYLPHENIDATE ER 20 MG TAB | 1 | QL |
| METFORMIN HCL ER 500 MG TABLET | 1 | | METHYLPHENIDATE ER 27 MG TAB | 1 | QL |
| METFORMIN HCL ER 750 MG TABLET | 1 | | METHYLPHENIDATE ER 36 MG TAB | 1 | QL |
| METHADONE 10 MG/5 ML SOLUTION | 1 | PA | METHYLPHENIDATE ER 54 MG TAB | 1 | QL |
| METHADONE 10 MG/ML ORAL CONC | 1 | PA | METHYLPHENIDATE ER(CD) 10MG CP | 1 | QL |
| METHADONE 5 MG/5 ML SOLUTION | 1 | PA | METHYLPHENIDATE ER(CD) 20MG CP | 1 | QL |
| METHADONE HCL 10 MG TABLET | 1 | PA | METHYLPHENIDATE ER(CD) 30MG CP | 1 | QL |
| METHADONE HCL 5 MG TABLET | 1 | PA | METHYLPHENIDATE ER(CD) 40MG CP | 1 | QL |
| METHADONE INTENSOL 10 MG/ML | 1 | PA | METHYLPHENIDATE ER(CD) 50MG CP | 1 | QL |
| METHAMPHETAMINE 5 MG TABLET | 3 | QL | METHYLPHENIDATE ER(CD) 60MG CP | 1 | QL |
| METHAZOLAMIDE 25 MG TABLET | 1 | | METHYLPHENIDATE ER(LA) 10MG CP | 1 | QL |
| METHAZOLAMIDE 50 MG TABLET | 1 | | METHYLPHENIDATE ER(LA) 20MG CP | 1 | QL |
| METHENAMINE HIPP 1 GM TABLET | 1 | | METHYLPHENIDATE ER(LA) 30MG CP | 1 | QL |
| METHENAMINE MAND 1 GM TABLET | 1 | | METHYLPHENIDATE ER(LA) 40MG CP | 1 | QL |
| METHENAMINE MAND 500 MG TABLET | 1 | | METHYLPHENIDATE LA 10 MG CAP | 1 | QL |
| METHERGINE 0.2 MG TABLET | 3 | | METHYLPHENIDATE LA 20 MG CAP | 1 | QL |
| METHIMAZOLE 10 MG TABLET | 1 | | METHYLPHENIDATE LA 30 MG CAP | 1 | QL |
| METHIMAZOLE 5 MG TABLET | 1 | | METHYLPHENIDATE LA 40 MG CAP | 1 | QL |
| METHITEST 10 MG TABLET | 4 | SRX | METHYLPHENIDATE LA 60 MG CAP | 1 | QL |
| METHOCARBAMOL 500 MG TABLET | 1 | | METHYLPREDNISOLONE 16 MG TAB | 1 | |
| METHOCARBAMOL 750 MG TABLET | 1 | | METHYLPREDNISOLONE 32 MG TAB | 1 | |
| 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 | |

2024 Cigna Plus Florida 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) |
|---------------------------------|------|---|--------------------------------|------|---|
| METOPROLOL TARTRATE 75 MG TAB | 1 | | MINI PEN NEEDLE 32G 6MM | 2 | |
| METOPROLOL-HCTZ 100-25 MG TAB | 1 | | MINI PEN NEEDLE 32G 8MM | 2 | |
| METOPROLOL-HCTZ 100-50 MG TAB | 1 | | MINI PEN NEEDLE 33G 4MM | 2 | |
| METOPROLOL-HCTZ 50-25 MG TAB | 1 | | MINI PEN NEEDLE 33G 5MM | 2 | |
| METRONIDAZOLE 0.75% CREAM | 1 | | MINI PEN NEEDLE 33G 6MM | 2 | |
| METRONIDAZOLE 0.75% LOTION | 1 | | MINI ULTRA-THIN II PEN NDL 31G | 2 | |
| METRONIDAZOLE 250 MG TABLET | 1 | | MINI WRIGHT PEAK FLOW METER | 2 | |
| METRONIDAZOLE 375 MG CAPSULE | 1 | | MINIMED INFUSION SET | 2 | |
| METRONIDAZOLE 500 MG TABLET | 1 | | MINIMED MIO ADV INFUSN 23"6MM | 2 | |
| METRONIDAZOLE TOP 1% GEL PUMP | 1 | | MINIMED MIO ADV INFUSN 23"9MM | 2 | |
| METRONIDAZOLE TOPICAL 0.75% GL | 1 | | MINIMED MIO ADV INFUSN 43"6MM | 2 | |
| METRONIDAZOLE TOPICAL 1% GEL | 1 | | MINIMED MIO ADV INFUSN 43"9MM | 2 | |
| METRONIDAZOLE VAGINAL 0.75% GL | 1 | | MINIMED MIO INFUSN SET 18" 6MM | 2 | |
| METYROSINE 250 MG CAPSULE | 4 | PA, SRX | MINIMED MIO INFUSN SET 23" 6MM | 2 | |
| MEXILETINE 150 MG CAPSULE | 1 | | MINIMED MIO INFUSN SET 32" 6MM | 2 | |
| MEXILETINE 200 MG CAPSULE | 1 | | MINIMED MIO INFUSN SET 32" 9MM | 2 | |
| MEXILETINE 250 MG CAPSULE | 1 | | MINIMED QUICK SET INF 18" 6MM | 2 | |
| MIBELAS 24 FE CHEWABLE TABLET | 1 | | MINIMED QUICK SET INF 23" 6MM | 2 | |
| MICONAZOLE 3 200 MG VAG SUPP | 1 | | MINIMED QUICK SET INF 23" 9MM | 2 | |
| MICROCHAMBER | 2 | QL | MINIMED QUICK SET INF 32" 6MM | 2 | |
| MICRODOT HIGH-LOW CONTROL SOL | 2 | | MINIMED QUICK SET INF 32" 9MM | 2 | |
| MICRODOT NORMAL CONTROL SOLUT | 2 | | MINIMED QUICK SET INF 43" 6MM | 2 | |
| MICRODOT PEN NEEDLE 31GX6MM | 2 | | MINIMED QUICK SET INF 43" 9MM | 2 | |
| MICRODOT PEN NEEDLE 32GX4MM | 2 | | MINIMED QUICK-SERTER | 2 | |
| MICRODOT PEN NEEDLE 33GX4MM | 2 | | MINIMED RESERVOIR 1.8 ML | 2 | |
| MICROGESTIN 21 1.5-30 TAB | 1 | | MINIMED RESERVOIR 3 ML | 2 | |
| MICROGESTIN 21 1-20 TABLET | 1 | | MINIMED SILHOUETTE INF SET 18" | 2 | |
| MICROGESTIN 24 FE 1 MG-20 MCG | 1 | | MINIMED SILHOUETTE INF SET 23" | 2 | |
| 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 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| MINOCYCLINE HCL 75 MG TABLET | 1 | | MONOJECT 3 ML SYRN 23GX1" | 2 | |
| MINOXIDIL 10 MG TABLET | 1 | | MONOJECT 3 ML SYRN 25GX1" | 2 | |
| MINOXIDIL 2.5 MG TABLET | 1 | | MONOJECT 3 ML SYRN 25GX1.25" | 2 | |
| MIO INFUSION SET 18" | 2 | | MONOJECT 3 ML SYRN 25GX5/8" | 2 | |
| MIO INFUSION SET 23" | 2 | | MONOJECT 3 ML SYRN 27GX1.25" | 2 | |
| MIO INFUSION SET 32" | 2 | | MONOJECT 3 ML SYRN 27GX11/4" | 2 | |
| MIRTAZAPINE 15 MG ODT | 1 | | MONOJECT 6 ML SYRN 20GX11/2" | 2 | |
| MIRTAZAPINE 15 MG TABLET | 1 | | MONOJECT 6 ML SYRN 21GX1" | 2 | |
| MIRTAZAPINE 30 MG ODT | 1 | | MONOJECT 6 ML SYRN 21GX11/2" | 2 | |
| MIRTAZAPINE 30 MG TABLET | 1 | | MONOJECT 6 ML SYRN 22GX11/2" | 2 | |
| MIRTAZAPINE 45 MG ODT | 1 | | MONOJECT 6CC SAFETY SYRINGE | 2 | |
| MIRTAZAPINE 45 MG TABLET | 1 | | MONOJECT BLD COL NEEDL 20GX1.5 | 2 | |
| MIRTAZAPINE 7.5 MG TABLET | 1 | | MONOJECT BLD COL NEEDLE 20GX1" | 2 | |
| MISOPROSTOL 100 MCG TABLET | 1 | | MONOJECT BLD COL NEEDLE 21GX1" | 2 | |
| MISOPROSTOL 200 MCG TABLET | 1 | | MONOJECT BLD COL NEEDLE 22GX1" | 2 | |
| M-M-R II VACCINE VIAL | 2 | | MONOJECT FILTR 18GX1.5" NEEDLE | 2 | |
| M-NATAL PLUS | 1 | | MONOJECT HYPO NDL 27GX1-1/2" | 2 | |
| MODAFINIL 100 MG TABLET | 3 | PA | MONOJECT HYPO NEEDLE 18X1A | 2 | |
| MODAFINIL 200 MG TABLET | 3 | PA | MONOJECT HYPO NEEDLE 19X1 | 2 | |
| MODERNA COVID (12Y UP)VAC(EUA) | 2 | | MONOJECT HYPO NEEDLE 19X1-1/2 | 2 | |
| MODERNA COVID BIVAL(6MO UP)EUA | 2 | | MONOJECT HYPO NEEDLE 20X1 | 2 | |
| MODERNA COVID BIVAL(6MO-5Y)EUA | 2 | | MONOJECT HYPO NEEDLE 20X1-1/2 | 2 | |
| MODERNA COVID(6-11Y) VACC(EUA) | 2 | | MONOJECT HYPO NEEDLE 21X1 | 2 | |
| MODERNA COVID(6M-5Y) VACC(EUA) | 2 | | MONOJECT HYPO NEEDLE 21X1-1/2 | 2 | |
| MODERNA COVID-19 BOOSTER (EUA) | 2 | | MONOJECT HYPO NEEDLE 22X1 | 2 | |
| MOEXIPRIL HCL 15 MG TABLET | 1 | | MONOJECT HYPO NEEDLE 22X1.5 | 2 | |
| MOEXIPRIL HCL 7.5 MG TABLET | 1 | | MONOJECT HYPO NEEDLE 23X1 | 2 | |
| MOLINDONE HCL 10 MG TABLET | 1 | | MONOJECT HYPO NEEDLE 25X1 | 2 | |
| 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 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| MONOJECT SYRINGE 3 ML 22GX1" | 2 | | MS INSULIN SYR 1 ML 31GX5/16" | 2 | |
| MONOJECT SYRN 3 ML 20GX1-1/2" | 2 | | MS INSULIN SYRINGE 0.3 ML | 2 | |
| MONOJECT SYRN 3 ML 20GX3/4" | 2 | | MS PEN NEEDLE 6MM 31G | 2 | |
| MONOJECT SYRNG 20GX1" 3 ML | 2 | | MULTISTIX REAGENT STRIPS | 2 | |
| MONO-LINYAH 28 TABLET | 1 | | MULTISTIX 10 SG REAGENT STRIPS | 2 | |
| MONTELUKAST SOD 10 MG TABLET | 1 | | MULTISTIX 5 STRIPS | 2 | |
| MONTELUKAST SOD 4 MG GRANULES | 1 | | MULTISTIX 7 REAGENT STRIPS | 2 | |
| MONTELUKAST SOD 4 MG TAB CHEW | 1 | | MULTISTIX 8 SG REAGENT STRIPS | 2 | |
| MONTELUKAST SOD 5 MG TAB CHEW | 1 | | MULTISTIX 9 REAGENT STRIPS | 2 | |
| MORGIDOX 100 MG CAPSULE | 1 | | MULTISTIX 9 SG REAGENT STRIPS | 2 | |
| MORGIDOX 50 MG CAPSULE | 1 | | MULTIVIT-FLUOR 0.25 MG TAB CHW | 1 | |
| MORPHINE SULF 10 MG SUPPOS | 1 | PA | MULTIVIT-FLUOR 0.25 MG/ML DROP | 1 | |
| MORPHINE SULF 10 MG/5 ML SOLN | 1 | PA | MULTIVIT-FLUOR 0.5 MG TAB CHEW | 1 | |
| MORPHINE SULF 100 MG/5 ML CONC | 1 | PA | MULTIVIT-FLUORIDE 1 MG TAB CHW | 1 | |
| MORPHINE SULF 20 MG SUPPOS | 1 | PA | MUPIROCIN 2% CREAM | 1 | |
| MORPHINE SULF 20 MG/5 ML SOLN | 1 | PA | MUPIROCIN 2% OINTMENT | 1 | |
| MORPHINE SULF 30 MG SUPPOS | 1 | PA | MY CHOICE 1.5 MG TABLET | 1 | |
| MORPHINE SULF 5 MG SUPPOS | 1 | PA | MY WAY 1.5 MG TABLET | 1 | |
| MORPHINE SULF ER 100 MG TABLET | 1 | PA | MYCOPHENOLATE 200 MG/ML SUSP | 1 | |
| MORPHINE SULF ER 15 MG TABLET | 1 | PA | MYCOPHENOLATE 250 MG CAPSULE | 1 | |
| MORPHINE SULF ER 200 MG TABLET | 1 | PA | MYCOPHENOLATE 500 MG TABLET | 1 | |
| MORPHINE SULF ER 30 MG TABLET | 1 | PA | MYCOPHENOLIC ACID DR 180 MG TB | 1 | |
| MORPHINE SULF ER 60 MG TABLET | 1 | PA | MYCOPHENOLIC ACID DR 360 MGTB | 1 | |
| MORPHINE SULFATE ER 10 MG CAP | 1 | PA | MYGLUCOHEALTH CONTROL SOLUTION | 2 | |
| MORPHINE SULFATE ER 100 MG CAP | 1 | PA | MYLERAN 2 MG TABLET | 3 | |
| MORPHINE SULFATE ER 120 MG CAP | 1 | PA | MYNATAL CAPSULE | 1 | |
| MORPHINE SULFATE ER 20 MG CAP | 1 | PA | MYNATAL PLUS | 1 | |
| MORPHINE SULFATE ER 30 MG CAP | 1 | PA | MYNATAL ULTRACAPLET | 1 | |
| MORPHINE SULFATE ER 45 MG CAP | 1 | PA | MYNATAL-Z | 1 | |
| MORPHINE SULFATE ER 50 MG CAP | 1 | PA | MYORISAN 10 MG CAPSULE | 3 | |
| MORPHINE SULFATE ER 60 MG CAP | 1 | PA | MYORISAN 20 MG CAPSULE | 3 | |
| MORPHINE SULFATE ER 75 MG CAP | 1 | PA | MYORISAN 30 MG CAPSULE | 3 | |
| MORPHINE SULFATE ER 80 MG CAP | 1 | PA | MYORISAN 40 MG CAPSULE | 3 | |
| MORPHINE SULFATE ER 90 MG CAP | 1 | PA | MYRBETRIQ ER 25 MG TABLET | 3 | QL, ST |
| MORPHINE SULFATE IR 15 MG TAB | 1 | PA | MYRBETRIQ ER 50 MG TABLET | 3 | QL, ST |
| MORPHINE SULFATE IR 30 MG TAB | 1 | PA | NABUMETONE 500 MG TABLET | 1 | |
| MOXIFLOXACIN 0.5% EYE DROPS | 1 | | NABUMETONE 750 MG TABLET | 1 | |
| MOXIFLOXACIN 0.5% EYE DRP-VISC | 1 | | NADOLOL 20 MG TABLET | 1 | |
| MOXIFLOXACIN HCL 400 MG TABLET | 1 | | NADOLOL 40 MG TABLET | 1 | |
| MS INS SYR 0.5 ML 29GX1/2" | 2 | | NADOLOL 80 MG TABLET | 1 | |
| MS INS SYR 1 ML 29GX1/2" | 2 | | NAFTIFINE HCL 1% CREAM | 1 | |
| MS INS SYRINGE 1 ML 30GX1/2" | 2 | | NAFTIFINE HCL 1% GEL | 1 | |
| MS INSUL SYR 0.3 ML 31GX5/16" | 2 | | NAFTIFINE HCL 2% CREAM | 1 | |
| MS INSUL SYR 0.5 ML 30GX1/2" | 2 | | NAFTIFINE HCL 2% GEL | 1 | |
| MS INSUL SYR 0.5 ML 31GX5/16" | 2 | | NALOXONE 0.4 MG/ML CARPUJECT | 1 | |
| MS INSULIN SYR 0.3 ML 29GX1/2" | 2 | | NALOXONE 2 MG/2 ML SYRINGE | 1 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| NALOXONE HCL 4 MG NASAL SPRAY | 1 | QL | NEOMYC-POLYM-DEXAMETH EYE DROP | 1 | |
| NALTREXONE 50 MG TABLET | 1 | QL | NEOMY-POLYMYXIN B 40 MG/ML AMP | 1 | |
| NAPROXEN 250 MG TABLET | 1 | | NEOMY-POLYMYXIN B 40 MG/ML VL | 1 | |
| NAPROXEN 375 MG TABLET | 1 | | NEO-POLYCIN EYE OINTMENT | 1 | |
| NAPROXEN 500 MG KIT | 1 | | NEO-POLYCIN HC EYE OINTMENT | 1 | |
| NAPROXEN 500 MG TABLET | 1 | | NEUAC GEL | 1 | |
| NAPROXEN DR 375 MG TABLET | 1 | | NEULASTA 6 MG/0.6 ML SYRINGE | 4 | PA, SRX |
| NAPROXEN DR 500 MG TABLET | 1 | | NEULASTA ONPRO 6 MG/0.6 ML KIT | 4 | PA, SRX |
| NAPROXEN SOD CR 375 MG TABLET | 1 | | NEVANAC 0.1% EYE DROP | 3 | |
| NAPROXEN SOD ER 375 MG TABLET | 1 | | NEVIRAPINE 200 MG TABLET | 1 | |
| NAPROXEN SODIUM 275 MG TAB | 1 | | NEVIRAPINE 50 MG/5 ML SUSP | 1 | |
| NAPROXEN SODIUM 550 MG TAB | 1 | | NEVIRAPINE ER 100 MG TABLET | 1 | |
| NARATRIPTAN HCL 1 MG TABLET | 1 | QL | NEVIRAPINE ER 400 MG TABLET | 1 | |
| NARATRIPTAN HCL 2.5 MG TABLET | 1 | QL | NEW DAY 1.5 MG TABLET | 1 | |
| NATACYN 5% EYE DROPS | 3 | | NEWGEN TABLET | 1 | |
| NATAZIA 28 TABLET | 3 | | NIACIN ER 1,000 MG TABLET | 1 | |
| NATEGLINIDE 120 MG TABLET | 1 | | NIACIN ER 500 MG TABLET | 1 | |
| NATEGLINIDE 60 MG TABLET | 1 | | NIACIN ER 750 MG TABLET | 1 | |
| NATURE-THROID 113.75 MG TABLET | 1 | | NICARDIPINE 20 MG CAPSULE | 1 | |
| NATURE-THROID 130 MG TABLET | 1 | | NICARDIPINE 30 MG CAPSULE | 1 | |
| NATURE-THROID 146.25 MG TABLET | 1 | | NICOTROL CARTRIDGE INHALER | 3 | |
| NATURE-THROID 16.25 MG TABLET | 1 | | NICOTROL NS 10 MG/ML SPRAY | 3 | |
| NATURE-THROID 162.5 MG TABLET | 1 | | NIFEDIPINE 10 MG CAPSULE | 1 | |
| NATURE-THROID 195 MG TABLET | 1 | | NIFEDIPINE 20 MG CAPSULE | 1 | |
| NATURE-THROID 260 MG TABLET | 1 | | NIFEDIPINE ER 30 MG TABLET | 1 | |
| NATURE-THROID 32.5 MG TABLET | 1 | | NIFEDIPINE ER 60 MG TABLET | 1 | |
| NATURE-THROID 325 MG TABLET | 1 | | NIFEDIPINE ER 90 MG TABLET | 1 | |
| NATURE-THROID 48.75 MG TABLET | 1 | | NIKKI 3 MG-0.02 MG TABLET | 1 | |
| NATURE-THROID 65 MG TABLET | 1 | | NILUTAMIDE 150 MG TABLET | 4 | SRX |
| NATURE-THROID 81.25 MG TABLET | 1 | | NIMODIPINE 30 MG CAPSULE | 3 | |
| NATURE-THROID 97.5 MG TABLET | 1 | | NINLARO 2.3 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| NAYZILAM 5 MG NASAL SPRAY | 4 | PA, QL, SRX | NINLARO 3 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| NEBUSAL 3% VIAL | 1 | | NINLARO 4 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| NECON 0.5-35-28 TABLET | 1 | | NISOLDIPINE ER 17 MG TABLET | 1 | QL |
| NEFAZODONE HCL 100 MG TABLET | 1 | | NISOLDIPINE ER 20 MG TABLET | 1 | QL |
| NEFAZODONE HCL 150 MG TABLET | 1 | | NISOLDIPINE ER 25.5 MG TABLET | 1 | QL |
| NEFAZODONE HCL 200 MG TABLET | 1 | | NISOLDIPINE ER 30 MG TABLET | 1 | QL |
| NEFAZODONE HCL 250 MG TABLET | 1 | | NISOLDIPINE ER 34 MG TABLET | 1 | QL |
| NEFAZODONE HCL 50 MG TABLET | 1 | | NISOLDIPINE ER 40 MG TABLET | 1 | QL |
| NEO-BACIT-POLY-HC EYE OINTMENT | 1 | | NISOLDIPINE ER 8.5 MG TABLET | 1 | QL |
| NEOMYC-BACIT-POLYMIX EYE OINT | 1 | | NITAZOXANIDE 500 MG TABLET | 3 | PA |
| NEOMYCIN 500 MG TABLET | 1 | | NITRO-BID 2% OINTMENT | 1 | |
| NEOMYCIN-POLY-HC EYE DROPS | 1 | | NITROFURANTOIN 25 MG/5 ML SUSP | 3 | |
| NEOMYC-POLYM-GRAMICID EYE DROP | 1 | | NITROFURANTOIN MCR 100 MG CAP | 1 | |
| NEOMYCIN-POLYMYXIN-HC EAR SOLN | 1 | | NITROFURANTOIN MCR 25 MG CAP | 1 | |
| NEOMYCIN-POLYMYXIN-HC EAR SUSP | 1 | | NITROFURANTOIN MCR 50 MG CAP | 1 | |
| NEOMYC-POLYM-DEXAMET EYE OINTM | 1 | | NITROFURANTOIN MONO-MCR 100 MG | 1 | |

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|--------------------------------|------|---|--------------------------------|------|---|
| NITROGLYCERIN 0.1 MG/HR PATCH | 1 | | NORTREL 0.5-35-28 TABLET | 1 | |
| NITROGLYCERIN 0.2 MG/HR PATCH | 1 | | NORTREL 1-35 21 TABLET | 1 | |
| NITROGLYCERIN 0.3 MG TABLET SL | 1 | | NORTREL 1-35 28 TABLET | 1 | |
| NITROGLYCERIN 0.4 MG TABLET SL | 1 | | NORTREL 7-7-7-28 TABLET | 1 | |
| NITROGLYCERIN 0.4 MG/HR PATCH | 1 | | NORTRIPTYLINE 10 MG/5 ML SOLN | 1 | |
| NITROGLYCERIN 0.6 MG TABLET SL | 1 | | NORTRIPTYLINE HCL 10 MG CAP | 1 | |
| NITROGLYCERIN 0.6 MG/HR PATCH | 1 | | NORTRIPTYLINE HCL 25 MG CAP | 1 | |
| NITROGLYCERIN 400 MCG SPRAY | 1 | | NORTRIPTYLINE HCL 50 MG CAP | 1 | |
| NITRO-TIME ER 2.5 MG CAPSULE | 1 | | NORTRIPTYLINE HCL 75 MG CAP | 1 | |
| NITRO-TIME ER 6.5 MG CAPSULE | 1 | | NORVIR 100 MG POWDER PACKET | 2 | |
| NITRO-TIME ER 9 MG CAPSULE | 1 | | NORVIR 100 MG TABLET | 3 | |
| NIVA-PLUS TABLET | 1 | | NOVA MAX GLUCOSE CONTROL SOLN | 2 | |
| NIVESTYM 300 MCG/0.5 ML SYRING | 4 | SRX | NOVAVAX COVID-19 VACC,ADJ(EUA) | 2 | |
| NIVESTYM 300 MCG/ML VIAL | 4 | SRX | NOVOFINE 32G NEEDLES | 2 | |
| NIVESTYM 480 MCG/0.8 ML SYRING | 4 | SRX | NOVOFINE AUTOCOVER 30G NEEDLE | 2 | |
| NIVESTYM 480 MCG/1.6 ML VIAL | 4 | SRX | NOVOFINE PLUS PEN ND 32GX1/6" | 2 | |
| NIZATIDINE 150 MG CAPSULE | 1 | | NOVOLOG 100 UNIT/ML FLEXPEN | 3 | QL, ST |
| NIZATIDINE 300 MG CAPSULE | 1 | | NOVOLOG 100 UNIT/ML VIAL | 3 | QL, ST |
| NOKOR ADMIX NEEDLE | 2 | | NOVOLOG MIX 70-30 FLEXPEN | 3 | QL, ST |
| NOLIX 0.05% CREAM | 3 | | NOVOLOG MIX 70-30 VIAL | 3 | QL, ST |
| NOLIX 0.05% LOTION | 3 | | NOVOLOG PENFILL 100 UNIT/ML | 3 | QL, ST |
| NORA-BE | 1 | | NOVOPEN 3 INSULIN DEVICE | 2 | |
| NORDITROPIN FLEXPEN 10 MG/1.5 | 4 | PA, SRX | NOVOPEN ECHO INSULIN DEVICE | 2 | |
| NORDITROPIN FLEXPEN 15 MG/1.5 | 4 | PA, SRX | NOVOTWIST NEEDLE 32G 5MM | 2 | |
| NORDITROPIN FLEXPEN 30 MG/3 ML | 4 | PA, SRX | NOXAFIL 40 MG/ML SUSPENSION | 3 | |
| NORDITROPIN FLEXPEN 5 MG/1.5 | 4 | PA, SRX | NP THYROID 120 MG TABLET | 1 | |
| NORET-ESTR-FE 0.4-0.035(21)-75 | 1 | | NP THYROID 15 MG TABLET | 1 | |
| NORETH-EE-FE 1 MG/20-30-35 MCG | 1 | | NP THYROID 30 MG TABLET | 1 | |
| NORETH-EE-FE 1.5-0.03MG(21)-75 | 1 | | NP THYROID 60 MG TABLET | 1 | |
| NORETH-EE-FE 1-0.02(21)-75 TAB | 1 | | NP THYROID 90 MG TABLET | 1 | |
| NORETH-EE-FE 1-0.02(24)-75 CAP | 1 | | NUCYNTA 100 MG TABLET | 3 | PA |
| NORETH-EE-FE 1-0.02(24)-75 CHW | 1 | | NUCYNTA 50 MG TABLET | 3 | PA |
| NORETHIND-ETH ESTRAD 0.5-2.5 | 1 | | NUCYNTA 75 MG TABLET | 3 | PA |
| NORETHIND-ETH ESTRAD 1-0.02 MG | 1 | | NUCYNTA ER 100 MG TABLET | 3 | PA |
| NORETHINDRONE 0.35 MG TABLET | 1 | | NUCYNTA ER 150 MG TABLET | 3 | PA |
| NORETHINDRONE 5 MG TABLET | 1 | | NUCYNTA ER 200 MG TABLET | 3 | PA |
| NORETHIN-EE 1.5-0.03 MG(21) TB | 1 | | NUCYNTA ER 250 MG TABLET | 3 | PA |
| NORETHIN-ESTRA-FE 0.8-0.025 MG | 1 | | NUCYNTA ER 50 MG TABLET | 3 | PA |
| NORETHIN-ETH ESTRAD 1 MG-5 MCG | 1 | | NUEDEXTA 20-10 MG CAPSULE | 3 | PA |
| NORG-EE 0.18-0.215-0.25/0.025 | 1 | | NYAMYC 100,000 UNIT/GM POWDER | 1 | |
| NORG-EE 0.18-0.215-0.25/0.035 | 1 | | NYLIA 1-35 28 TABLET | 1 | |
| NORGESTIMATE-EE 0.25-0.035 MG | 1 | | NYLIA 7-7-7-28 TABLET | 1 | |
| NORG-ETHIN ESTRA 0.25-0.035 MG | 1 | | NYMYO 0.25-0.035 MG (28) TAB | 1 | |
| NORLYDA 0.35 MG TABLET | 1 | | NYSTATIN 100,000 UNIT/GM CREAM | 1 | |
| NORPACE CR 100 MG CAPSULE | 3 | | NYSTATIN 100,000 UNIT/GM OINT | 1 | |
| NORPACE CR 150 MG CAPSULE | 3 | | NYSTATIN 100,000 UNIT/GM POWD | 1 | |

2024 Cigna Plus Florida 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| 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 | 2 | QL |
| 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 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|
| 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) | 2 | |
| OMNIPOD CLASSIC PDM KIT(GEN 3) | 2 | QL |
| OMNIPOD CLASSIC PODS (GEN 3) | 2 | |
| OMNIPOD DASH INTRO KIT (GEN 4) | 2 | QL |
| OMNIPOD DASH PODS (GEN 4) | 2 | |
| 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 CONTROL SOLN | 2 | |
| ON CALL PLUS CONTROL | 2 | |
| ON CALL VIVID CONTROL | 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 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| ONETOUCH SOLUTIONS STARTER | 1 | | OXCARBAZEPINE 300 MG TABLET | 1 | |
| ONETOUCH SURESOFT 18G LANC DEV | 2 | | OXCARBAZEPINE 300 MG/5 ML SUSP | 1 | |
| ONETOUCH SURESOFT 21G LANC DEV | 2 | | OXCARBAZEPINE 600 MG TABLET | 1 | |
| ONETOUCH SURESOFT 28G LANC DEV | 2 | | OXICONAZOLE NITRATE 1% CREAM | 2 | |
| ONETOUCH ULTRA CONTROL SOLN | 2 | | OXYBUTYNIN 5 MG TABLET | 1 | |
| ONETOUCH ULTRA TEST STRIP | 2 | | OXYBUTYNIN 5 MG/5 ML SOLUTION | 1 | |
| ONETOUCH ULTRA2 GLUCOSE SYST | 1 | | OXYBUTYNIN 5 MG/5 ML SYRUP | 1 | |
| ONETOUCH ULTRASOFT2 30G LANCET | 2 | | OXYBUTYNIN CL ER 10 MG TABLET | 1 | |
| ONETOUCH VERIO FLEX METER | 1 | | OXYBUTYNIN CL ER 15 MG TABLET | 1 | |
| ONETOUCH VERIO HIGH CNTRL SOLN | 2 | | OXYBUTYNIN CL ER 5 MG TABLET | 1 | |
| ONETOUCH VERIO METER | 1 | | OXYCODONE HCL (IR) 10 MG TAB | 1 | PA |
| ONETOUCH VERIO MID CNTRL SOLN | 2 | | OXYCODONE HCL (IR) 15 MG TAB | 1 | PA |
| ONETOUCH VERIO REFLECT METER | 1 | | OXYCODONE HCL (IR) 20 MG TAB | 1 | PA |
| ONETOUCH VERIO TEST STRIP | 2 | | OXYCODONE HCL (IR) 30 MG TAB | 1 | PA |
| ONGLYZA 2.5 MG TABLET | 2 | QL | OXYCODONE HCL (IR) 5 MG CAP | 1 | PA |
| ONGLYZA 5 MG TABLET | 2 | QL | OXYCODONE HCL (IR) 5 MG TABLET | 1 | PA |
| OPCICON ONE-STEP 1.5 MG TABLET | 1 | | OXYCODONE HCL 100 MG/5 ML CONC | 1 | PA |
| OPIUM TINCTURE 10 MG/ML | 1 | PA | OXYCODONE HCL 5 MG/5 ML SOLN | 1 | PA |
| OPTICHAMBER ADULT MASK-LARGE | 2 | QL | OXYCODONE HCL-ASPIRIN | 1 | PA |
| OPTICHAMBER DIAMOND VHC | 2 | QL | OXYCODONE-ACETAMINOPHEN 10-325 | 1 | PA |
| OPTICHAMBER DIAMOND W-LRG MASK | 2 | QL | OXYCODONE-ACETAMINOPHEN 5-325 | 1 | PA |
| OPTICHAMBER DIAMOND W-MED MASK | 2 | QL | OXYCODONE-ACETAMINOPHN 2.5-325 | 1 | PA |
| OPTICHAMBER DIAMOND W-SML MASK | 2 | QL | OXYCODONE-ACETAMINOPHN 7.5-325 | 1 | PA |
| OPTION 2 1.5 MG TABLET | 1 | | OXYMORPHONE HCL 10 MG TABLET | 1 | PA |
| OPTUMRX GLUCOSE CONTROL SOLN | 2 | | OXYMORPHONE HCL 5 MG TABLET | 1 | PA |
| ORACIT ORAL SOLUTION | 3 | | OXYMORPHONE HCL ER 10 MG TAB | 1 | PA |
| ORALONE 0.1% PASTE | 1 | | OXYMORPHONE HCL ER 15 MG TAB | 1 | PA |
| ORPHENADRINE ER 100 MG TABLET | 1 | | OXYMORPHONE HCL ER 20 MG TAB | 1 | PA |
| OSCIMIN 0.125 MG TABLET | 1 | | OXYMORPHONE HCL ER 30 MG TAB | 1 | PA |
| OSCIMIN SL 0.125 MG TABLET | 1 | | OXYMORPHONE HCL ER 40 MG TAB | 1 | PA |
| OSCIMIN SR 0.375 MG TABLET | 1 | | OXYMORPHONE HCL ER 5 MG TABLET | 1 | PA |
| OSELTAMIVIR 6 MG/ML SUSPENSION | 1 | QL | OXYMORPHONE HCL ER 7.5 MG TAB | 1 | PA |
| OSELTAMIVIR PHOS 30 MG CAPSULE | 1 | QL | PACERONE 200 MG TABLET | 1 | |
| OSELTAMIVIR PHOS 45 MG CAPSULE | 1 | QL | PALIPERIDONE ER 1.5 MG TABLET | 3 | |
| OSELTAMIVIR PHOS 75 MG CAPSULE | 1 | QL | PALIPERIDONE ER 3 MG TABLET | 3 | |
| OSMOPREP | 3 | | PALIPERIDONE ER 6 MG TABLET | 3 | |
| OTEZLA 28 DAY STARTER PACK | 4 | PA, QL, SRX | PALIPERIDONE ER 9 MG TABLET | 3 | |
| OTEZLA 30 MG TABLET | 4 | PA, QL, SRX | PANCREAZE DR 10,500 UNIT CAP | 2 | |
| OVAL TAPE | 2 | | PANCREAZE DR 16,800 UNIT CAP | 2 | |
| OXANDROLONE 10 MG TABLET | 3 | PA | PANCREAZE DR 2,600 UNIT CAP | 2 | |
| OXANDROLONE 2.5 MG TABLET | 3 | PA | PANCREAZE DR 21,000 UNIT CAP | 2 | |
| OXAPROZIN 600 MG CAPLET | 1 | | PANCREAZE DR 37,000 UNIT CAP | 2 | |
| OXAPROZIN 600 MG TABLET | 1 | | PANCREAZE DR 4,200 UNIT CAP | 2 | |
| OXAZEPAM 10 MG CAPSULE | 1 | | PANDA MASK LARGE | 2 | QL |
| OXAZEPAM 15 MG CAPSULE | 1 | | PANDA MASK MEDIUM | 2 | QL |
| OXAZEPAM 30 MG CAPSULE | 1 | | PANDA MASK SMALL | 2 | QL |
| OXCARBAZEPINE 150 MG TABLET | 1 | | PANRETIN 0.1% GEL | 4 | SRX |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| PANTOPRAZOLE SOD DR 20 MG TAB | 1 | QL | PEN NEEDLE 33G 4MM | 2 | |
| PANTOPRAZOLE SOD DR 40 MG TAB | 1 | QL | PEN NEEDLE 6MM 31G | 2 | |
| PARADIGM REMOTE CONTROL | 2 | | PEN NEEDLES 12MM 29G | 2 | |
| PARADIGM RESERVOIR 1.8 ML | 2 | | PEN NEEDLES 4MM 32G | 2 | |
| PARADIGM RESERVOIR 3 ML | 2 | | PEN NEEDLES 5MM 31G | 2 | |
| PAREGORIC LIQUID | 1 | | PEN NEEDLES 6MM 31G | 2 | |
| PARICALCITOL 1 MCG CAPSULE | 1 | | PEN NEEDLES 8MM 31G | 2 | |
| PARICALCITOL 2 MCG CAPSULE | 1 | | PENCICLOVIR 1% CREAM | 3 | PA, QL |
| PARICALCITOL 4 MCG CAPSULE | 1 | | PENICILLAMINE 250 MG TABLET | 4 | PA, QL, SRX |
| PAROEX 0.12% ORAL RINSE | 1 | | PENICILLIN VK 125 MG/5 ML SOLN | 1 | |
| PAROMOMYCIN 250 MG CAPSULE | 1 | | PENICILLIN VK 250 MG TABLET | 1 | |
| PAROXETINE HCL 10 MG TABLET | 1 | QL | PENICILLIN VK 250 MG/5 ML SOLN | 1 | |
| PAROXETINE HCL 20 MG TABLET | 1 | QL | PENICILLIN VK 500 MG TABLET | 1 | |
| PAROXETINE HCL 30 MG TABLET | 1 | QL | PENTACEL VIAL KIT | 2 | |
| PAROXETINE HCL 40 MG TABLET | 1 | QL | PENTAMIDINE 300 MG INHAL POWDR | 2 | |
| PASER GRANULES 4 GM PACKET | 3 | | PENTAZOCINE-NALOXONE TABLET | 1 | PA |
| PC UNIFINE PENTIPS 12MM NEEDLE | 2 | | PENTIPS PEN NEEDLE 29G 12MM | 2 | |
| PC UNIFINE PENTIPS 6MM NEEDLE | 2 | | PENTIPS PEN NEEDLE 29GX1/2" | 2 | |
| PC UNIFINE PENTIPS 8MM NEEDLE | 2 | | PENTIPS PEN NEEDLE 31G 5MM | 2 | |
| PEAK-AIR PEAK FLOW METER | 2 | | PENTIPS PEN NEEDLE 31G 6MM | 2 | |
| PEDIARIX 0.5 ML SYRINGE | 2 | | PENTIPS PEN NEEDLE 31G 8MM | 2 | |
| PEDIATRIC MEDIUM MASK | 2 | QL | PENTIPS PEN NEEDLE 31GX1/4" | 2 | |
| PEDIATRIC MOUTHPIECE | 2 | QL | PENTIPS PEN NEEDLE 31GX3/16" | 2 | |
| 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 | |

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

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| PIMECROLIMUS 1% CREAM | 3 | |
| PIMOZIDE 1 MG TABLET | 1 | |
| PIMOZIDE 2 MG TABLET | 1 | |
| PIMTREA 28 DAY TABLET | 1 | |
| PINDOLOL 10 MG TABLET | 1 | |
| PINDOLOL 5 MG TABLET | 1 | |
| PIOGLITAZONE HCL 15 MG TABLET | 1 | |
| PIOGLITAZONE HCL 30 MG TABLET | 1 | |
| PIOGLITAZONE HCL 45 MG TABLET | 1 | |
| PIOGLITAZONE-GLIMEPIRIDE 30-2 | 1 | |
| PIOGLITAZONE-GLIMEPIRIDE 30-4 | 1 | |
| PIOGLITAZONE-METFORMIN 15-500 | 1 | |
| PIOGLITAZONE-METFORMIN 15-850 | 1 | |
| PIP GLUCOSE CONTROL SOLUTION | 2 | |
| PIP PEN NEEDLE 31G X 5MM | 2 | |
| PIP PEN NEEDLE 32G X 4MM | 2 | |
| PIRFENIDONE 267 MG CAPSULE | 4 | PA, SRX |
| PIRFENIDONE 267 MG TABLET | 4 | PA, SRX |
| PIRFENIDONE 801 MG TABLET | 4 | PA, SRX |
| PIRMELLA 1-35 28 TABLET | 1 | |
| PIRMELLA 7-7-7-28 TABLET | 1 | |
| PIROXICAM 10 MG CAPSULE | 1 | |
| PIROXICAM 20 MG CAPSULE | 1 | |
| PLAN B ONE-STEP 1.5 MG TABLET | 3 | |
| PNEUMOVAX 23 SYRINGE | 2 | |
| PNEUMOVAX 23 VIAL | 2 | |
| PNV 29-1 | 1 | |
| PNV PRENATAL PLUS MULTIVIT TAB | 1 | |
| PNV-DHA | 1 | |
| PNV-DHA + DOCUSATE | 1 | |
| PNV-OMEGA | 1 | |
| PNV-SELECT | 1 | |
| POCKET CHAMBER | 2 | QL |
| POCKET PEAK FLOW METER | 2 | |
| PODOFILOX 0.5% TOPICAL SOLN | 1 | |
| POLY HUB NEEDLE 18GX1" | 2 | |
| POLY HUB NEEDLE 18GX1-1/2" | 2 | |
| POLY HUB NEEDLE 21GX1" | 2 | |
| POLY HUB NEEDLE 21GX1-1/2" | 2 | |
| POLY HUB NEEDLE 22GX1" | 2 | |
| POLY HUB NEEDLE 22GX1-1/2" | 2 | |
| POLY HUB NEEDLE 23GX1" | 2 | |
| POLY HUB NEEDLE 23GX1-1/2" | 2 | |
| POLY HUB NEEDLE 25GX1" | 2 | |
| POLY HUB NEEDLE 25GX1-1/2" | 2 | |
| POLY HUB NEEDLE 25GX5/8" | 2 | |
| POLY HUB NEEDLE 27GX1/2" | 2 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|---------------------------------|------|---|
| POLY HUB NEEDLE 27GX1-1/4" | 2 | | PRASUGREL 10 MG TABLET | 1 | |
| POLY HUB NEEDLE 30GX1/2" | 2 | | PRASUGREL 5 MG TABLET | 1 | |
| POLYCIN EYE OINTMENT | 1 | | PRAVASTATIN SODIUM 10 MG TAB | 1 | |
| POLYMYXIN B-TMP EYE DROPS | 1 | | PRAVASTATIN SODIUM 20 MG TAB | 1 | |
| POMALYST 1 MG CAPSULE | 4 | PA, QL, LDD, SRX | PRAVASTATIN SODIUM 40 MG TAB | 1 | |
| POMALYST 2 MG CAPSULE | 4 | PA, QL, LDD, SRX | PRAVASTATIN SODIUM 80 MG TAB | 1 | |
| POMALYST 3 MG CAPSULE | 4 | PA, QL, LDD, SRX | PRAZQUANTEL 600 MG TABLET | 1 | |
| POMALYST 4 MG CAPSULE | 4 | PA, QL, LDD, SRX | PRAZOSIN 1 MG CAPSULE | 1 | |
| PORTIA-28 TABLET | 1 | | PRAZOSIN 2 MG CAPSULE | 1 | |
| POSACONAZOLE 200 MG/5 ML SUSP | 3 | | PRAZOSIN 5 MG CAPSULE | 1 | |
| POSACONAZOLE DR 100 MG TABLET | 3 | QL | PREDNICARBATE 0.1% CREAM | 1 | |
| POTASSIUM CITRATE ER 10 MEQ TB | 1 | | PREDNICARBATE 0.1% OINTMENT | 1 | |
| POTASSIUM CITRATE ER 15 MEQ TB | 1 | | PREDNISOLONE 15 MG/5 ML SOLN | 1 | |
| POTASSIUM CITRATE ER 5 MEQ TAB | 1 | | PREDNISOLONE 5 MG/5 ML SOLN | 1 | |
| POTASSIUM CL 10% (20 MEQ/15ML) | 1 | | PREDNISOLONE AC 1% EYE DROP | 1 | |
| POTASSIUM CL 10% (40 MEQ/30ML) | 1 | | PREDNISOLONE ODT 10 MG TABLET | 1 | |
| POTASSIUM CL 20 MEQ PACKET | 1 | | PREDNISOLONE ODT 15 MG TABLET | 1 | |
| POTASSIUM CL 20% (40 MEQ/15ML) | 1 | | PREDNISOLONE ODT 30 MG TABLET | 1 | |
| POTASSIUM CL ER 10 MEQ CAPSULE | 1 | | PREDNISOLONE SOD 1% EYE DROP | 1 | |
| POTASSIUM CL ER 10 MEQ TABLET | 1 | | PREDNISOLONE SOD PH 25 MG/5 ML | 1 | |
| POTASSIUM CL ER 15 MEQ TABLET | 1 | | PREDNISON 1 MG TABLET | 1 | |
| POTASSIUM CL ER 20 MEQ TABLET | 1 | | PREDNISON 10 MG TAB DOSE PACK | 1 | |
| POTASSIUM CL ER 8 MEQ CAPSULE | 1 | | PREDNISON 10 MG TABLET | 1 | |
| POTASSIUM CL ER 8 MEQ TABLET | 1 | | PREDNISON 2.5 MG TABLET | 1 | |
| PR NATAL 400 | 1 | | PREDNISON 20 MG TABLET | 1 | |
| PR NATAL 400 EC | 1 | | PREDNISON 5 MG TAB DOSE PACK | 1 | |
| PR NATAL 430 | 1 | | PREDNISON 5 MG TABLET | 1 | |
| PR NATAL 430 EC | 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 SYRINGE 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 | 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 |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| PREGABALIN 50 MG CAPSULE | 1 | QL |
| PREGABALIN 75 MG CAPSULE | 1 | QL |
| PREHEVBRIO 10 MCG/ML VIAL | 2 | |
| PREMARIN 0.3 MG TABLET | 3 | |
| PREMARIN 0.45 MG TABLET | 3 | |
| PREMARIN 0.625 MG TABLET | 3 | |
| PREMARIN 0.9 MG TABLET | 3 | |
| PREMARIN 1.25 MG TABLET | 3 | |
| PRENA 1 TRUE | 1 | |
| PRENAISSANCE | 1 | |
| PRENAISSANCE PLUS | 1 | |
| PRENATAL 19 CHEWABLE TABLET | 1 | |
| PRENATAL 19 TABLET | 1 | |
| PRENATAL PLUS IRON TABLET | 1 | |
| PRENATAL PLUS VITAMIN-MINERAL | 1 | |
| PRENATAL PLUS-DHA | 1 | |
| PRENATAL VITAMIN PLUS LOW IRON | 1 | |
| PRENATAL-U | 1 | |
| PREP EASE ALCOHOL PADS | 2 | |
| PREPLUS CA-FE 27 MG-FA 1 MGTB | 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 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| PRO COMFORT 1 ML 30GX5/16" | 2 | |
| PRO COMFORT 1 ML 31GX5/16" | 2 | |
| PRO COMFORT PEN NDL 31GX5/16" | 2 | |
| PRO COMFORT PEN NDL 32G X 1/4" | 2 | |
| PRO COMFORT PEN NDL 4MM 32G | 2 | |
| PRO COMFORT PEN NDL 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 | |
| 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 |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| PROMETHAZINE-DM 6.25-15 MG/5ML | 1 | | PURE COMFORT PEN NDL 32G 5MM | 2 | |
| PROMETHAZINE-PE-CODEINE SYRUP | 1 | QL | PURE COMFORT PEN NDL 32G 6MM | 2 | |
| PROMETHAZINE-PHENYLEPHRINE SYR | 1 | | PURE COMFORT PEN NDL 32G 8MM | 2 | |
| PROMETHEGAN 12.5 MG SUPPOS | 1 | | PURE COMFORT SPACER-ADULT MASK | 2 | QL |
| PROMETHEGAN 25 MG SUPPOSITORY | 1 | | PURECOMFORT PEAK FLOW MTR ADLT | 2 | |
| PROMETHEGAN 50 MG SUPPOSITORY | 1 | | PURECOMFORT PEAK FLOW MTR CHLD | 2 | |
| PROPAFENONE HCL 150 MG TABLET | 1 | | PURIXAN 20 MG/ML ORAL SUSP | 4 | PA, SRX |
| PROPAFENONE HCL 225 MG TAB | 1 | | PV UNIFINE PENTIP PLUS 31GX5MM | 2 | |
| PROPAFENONE HCL 300 MG TAB | 1 | | PV UNIFINE PENTIP PLUS 31GX6MM | 2 | |
| PROPAFENONE HCL ER 225 MG CAP | 1 | | PV UNIFINE PENTIP PLUS 31GX8MM | 2 | |
| PROPAFENONE HCL ER 325 MG CAP | 1 | | PV UNIFINE PENTIP PLUS 32GX4MM | 2 | |
| PROPAFENONE HCL ER 425 MG CAP | 1 | | PV UNIFINE PENTIP PLUS 33GX4MM | 2 | |
| PROPARACAINE 0.5% EYE DROPS | 1 | | PYRAZINAMIDE 500 MG TABLET | 1 | |
| PROPRANOLOL 10 MG TABLET | 1 | | PYRIDOSTIGMINE 60 MG/5 ML SOLN | 4 | PA, SRX |
| PROPRANOLOL 20 MG TABLET | 1 | | PYRIDOSTIGMINE BR 60 MG TABLET | 3 | |
| PROPRANOLOL 20 MG/5 ML SOLN | 1 | | PYRIDOSTIGMINE ER 180 MG TAB | 3 | |
| PROPRANOLOL 40 MG TABLET | 1 | | PYRIMETHAMINE 25 MG TABLET | 4 | PA, LDD, SRX |
| PROPRANOLOL 40 MG/5 ML SOLN | 1 | | QC ALCOHOL 70% SWABS | 2 | |
| PROPRANOLOL 60 MG TABLET | 1 | | QC UNIFINE PENTIPS 32GX5/32" | 2 | |
| PROPRANOLOL 80 MG TABLET | 1 | | QC UNIFINE PENTIPS 4MM 32G | 2 | |
| PROPRANOLOL ER 120 MG CAPSULE | 1 | | QUADRACEL DTAP-IPV SYRINGE | 2 | |
| PROPRANOLOL ER 160 MG CAPSULE | 1 | | QUADRACEL DTAP-IPV VIAL | 2 | |
| PROPRANOLOL ER 60 MG CAPSULE | 1 | | QUAZEPAM 15 MG TABLET | 3 | PA |
| PROPRANOLOL ER 80 MG CAPSULE | 1 | | QUETIAPINE ER 150 MG TABLET | 1 | |
| PROPRANOLOL-HCTZ 40-25 MG TAB | 1 | | QUETIAPINE ER 200 MG TABLET | 1 | |
| PROPRANOLOL-HCTZ 80-25 MG TAB | 1 | | QUETIAPINE ER 300 MG TABLET | 1 | |
| PROPYLTHIOURACIL 50 MG TABLET | 1 | | QUETIAPINE ER 400 MG TABLET | 1 | |
| PROQUAD VIAL | 2 | | QUETIAPINE ER 50 MG TABLET | 1 | |
| PROTRIPTYLINE HCL 10 MG TABLET | 1 | | QUETIAPINE FUMARATE 100 MG TAB | 1 | |
| PROTRIPTYLINE HCL 5 MG TABLET | 1 | | QUETIAPINE FUMARATE 200 MG TAB | 1 | |
| PUB INS SYRIN 0.3 ML 30GX1/2" | 2 | | QUETIAPINE FUMARATE 25 MG TAB | 1 | |
| PUB INS SYRINGE 1 ML 30GX1/2" | 2 | | QUETIAPINE FUMARATE 300 MG TAB | 1 | |
| PUB INSUL SYR 0.3 ML 31GX5/16" | 2 | | QUETIAPINE FUMARATE 400 MG TAB | 1 | |
| PUB INSUL SYR 0.5 ML 30GX1/2" | 2 | | QUETIAPINE FUMARATE 50 MG TAB | 1 | |
| PUB INSUL SYR 0.5 ML 31GX5/16" | 2 | | QUICK RELEASE TEFLN CANNULA | 2 | |
| PUB INSULIN SYR 1 ML 31GX5/16" | 2 | | QUICK-SET PARADIGM SET 18" | 2 | |
| PUB PEN 12MM 29G NEEDLES | 2 | | QUICK-SET PARADIGM SET 32" | 2 | |
| PUB PEN 8MM 31G NEEDLES | 2 | | QUINAPRIL 10 MG TABLET | 1 | |
| PUB PEN NEEDLE 6MM 31G | 2 | | QUINAPRIL 20 MG TABLET | 1 | |
| PUB UNIFINE PNTP PLUS 31GX3/16 | 2 | | QUINAPRIL 40 MG TABLET | 1 | |
| PULMOSAL 7% VIAL | 1 | | QUINAPRIL 5 MG TABLET | 1 | |
| PULMOZYME 1 MG/ML AMPUL | 4 | PA, SRX | QUINAPRIL-HCTZ 10-12.5 MG TAB | 1 | |
| PURE CMFT SFTY PEN NDL 31G 5MM | 2 | | QUINAPRIL-HCTZ 20-12.5 MG TAB | 1 | |
| PURE CMFT SFTY PEN NDL 31G 6MM | 2 | | QUINAPRIL-HCTZ 20-25 MG TAB | 1 | |
| PURE CMFT SFTY PEN NDL 32G 4MM | 2 | | QUINIDINE GLUC ER 324 MG TAB | 1 | |
| PURE COMFORT PEN NDL 32G 4MM | 2 | | QUINIDINE SULFATE 200 MG TAB | 1 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| QUINIDINE SULFATE 300 MG TAB | 1 | | RELION INS SYR 0.3 ML 29GX1/2" | 2 | |
| QUININE SULFATE 324 MG CAPSULE | 1 | | RELION INS SYR 0.3 ML 31GX6MM | 2 | |
| QUTENZA 8% KIT (1 PATCH) | 3 | | RELION INS SYR 0.5 ML 29GX1/2" | 2 | |
| QUTENZA 8% KIT (2 PATCH) | 3 | | RELION INS SYR 0.5 ML 31GX6MM | 2 | |
| QUTENZA 8% KIT (4 PATCH) | 3 | | RELION INS SYR 1 ML 29GX1/2" | 2 | |
| QVAR REDHALER 40 MCG | 2 | | RELION INS SYR 1 ML 30GX5/16" | 2 | |
| QVAR REDHALER 80 MCG | 2 | | RELION INS SYR 1 ML 31GX15/64" | 2 | |
| RA ALCOHOL SWABS | 2 | | RELION INS SYR 1 ML 31GX5/16" | 2 | |
| RA INS SYR 0.5 ML 29GX1/2" | 2 | | RELION INSULIN SYR 0.5 ML | 2 | |
| RA INS SYR 0.5 ML 30GX5/16" | 2 | | RELION KETONE TEST STRIP | 2 | |
| RA INS SYR 1 ML 29GX1/2" | 2 | | RELION MINI PEN 31G X 1/4" NDL | 2 | |
| RA INS SYRINGE 1 ML 30GX5/16" | 2 | | RELION NOVLOG 100 UNIT/ML VL | 3 | QL, ST |
| RA PEN NEEDLE 31GX3/16" | 2 | | RELION NOVLOG MIX 70-30 FLXPN | 3 | QL, ST |
| RA PEN NEEDLE 31GX5/16" | 2 | | RELION NOVLOG MIX 70-30 VIAL | 3 | QL, ST |
| RABEPRAZOLE SOD DR 20 MG TAB | 1 | QL | RELION NOVLOG U-100 FLEXPEN | 3 | QL, ST |
| RALOXIFENE HCL 60 MG TABLET | 1 | | RELION PEN 29G NEEDLE | 2 | |
| RAMELTEON 8 MG TABLET | 2 | QL | RELION PEN 31G NEEDLE | 2 | |
| RAMIPRIL 1.25 MG CAPSULE | 1 | | RELION PEN NEEDLE 29GX1/2" | 2 | |
| RAMIPRIL 10 MG CAPSULE | 1 | | RELION PEN NEEDLE 31G 6MM | 2 | |
| RAMIPRIL 2.5 MG CAPSULE | 1 | | RELION PEN NEEDLE 31GX1/4" | 2 | |
| RAMIPRIL 5 MG CAPSULE | 1 | | RELION PEN NEEDLE 31GX5/16" | 2 | |
| RANITIDINE 15 MG/ML SYRUP | 1 | | RELION PEN NEEDLE 32GX5/32" | 2 | |
| RANITIDINE 150 MG CAPSULE | 1 | | RELION PEN NEEDLES 32GX5/32" | 2 | |
| RANITIDINE 150 MG TABLET | 1 | | RELION SYR 0.5 ML 30GX5/16" | 2 | |
| RANITIDINE 150 MG/10 ML SYRUP | 1 | | RELION SYRING 0.3 ML 31GX5/16" | 2 | |
| RANITIDINE 300 MG CAPSULE | 1 | | RELION SYRING 0.5 ML 31GX5/16" | 2 | |
| RANITIDINE 300 MG TABLET | 1 | | RELISTOR 12 MG/0.6 ML SYRINGE | 3 | PA |
| RANOLAZINE ER 1,000 MG TABLET | 3 | QL | RELISTOR 12 MG/0.6 ML VIAL | 3 | PA |
| RANOLAZINE ER 500 MG TABLET | 3 | QL | RELISTOR 150 MG TABLET | 3 | PA |
| RASAGILINE MESYLATE 0.5 MG TAB | 1 | | RELISTOR 8 MG/0.4 ML SYRINGE | 3 | PA |
| RASAGILINE MESYLATE 1 MG TAB | 1 | | RENACIDIN IRRIGATION SOLUTION | 3 | |
| RAYA SURE PEN NEEDLE 29G 12MM | 2 | | REPAGLINIDE 0.5 MG TABLET | 1 | |
| RAYA SURE PEN NEEDLE 31G 4MM | 2 | | REPAGLINIDE 1 MG TABLET | 1 | |
| RAYA SURE PEN NEEDLE 31G 5MM | 2 | | REPAGLINIDE 2 MG TABLET | 1 | |
| RAYA SURE PEN NEEDLE 31G 6MM | 2 | | REPAGLINIDE-METFORMIN 1-500 MG | 1 | |
| RECLIPSEN 28 DAY TABLET | 1 | | REPAGLINIDE-METFORMIN 2-500 MG | 1 | |
| RECOMBIVAX HB 10 MCG/ML SYR | 2 | | REPATHA 140 MG/ML SURECLICK | 4 | PA, SRX |
| RECOMBIVAX HB 10 MCG/ML VIAL | 2 | | REPATHA PUSHTRONEX | 4 | PA, SRX |
| RECOMBIVAX HB 40 MCG/ML VIAL | 2 | | REPATHA SYRINGE | 4 | PA, SRX |
| RECOMBIVAX HB 5 MCG/0.5 ML SYR | 2 | | REPLACEMENT PEDIATRIC MONITOR | 2 | |
| RECOMBIVAX HB 5 MCG/0.5 ML VL | 2 | | RESPA A.R. | 3 | |
| RECTIV 0.4% OINTMENT | 3 | | RETROVIR 10 MG/ML SYRUP | 3 | |
| REFUAH PLUS CONTROL SOLUTION | 2 | | RETROVIR 100 MG CAPSULE | 3 | |
| REGANEX 0.01% GEL | 3 | PA, QL | REVLIMID 10 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| RELENZA 5 MG DISKHALER | 3 | QL | REVLIMID 15 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| RELI ON 31G X 1/4" NEEDLES | 2 | | REVLIMID 2.5 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| RELION ALCOHOL 70% SWABS | 2 | | REVLIMID 20 MG CAPSULE | 4 | PA, QL, LDD, SRX |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| REVLIMID 25 MG CAPSULE | 4 | PA, QL, LDD, SRX | RIVASTIGMINE 6 MG CAPSULE | 1 | |
| REVLIMID 5 MG CAPSULE | 4 | PA, QL, LDD, SRX | RIVASTIGMINE 9.5 MG/24HR PATCH | 1 | |
| REYATAZ 200 MG CAPSULE | 3 | | RIVELSA TABLET | 1 | |
| REYATAZ 300 MG CAPSULE | 3 | | RIZATRIPTAN 10 MG ODT | 1 | QL |
| REYATAZ 50 MG POWDER PACKET | 2 | | RIZATRIPTAN 10 MG TABLET | 1 | QL |
| RIBASPHERE 200 MG CAPSULE | 3 | | RIZATRIPTAN 5 MG ODT | 1 | QL |
| RIBASPHERE 600 MG TABLET | 3 | | RIZATRIPTAN 5 MG TABLET | 1 | QL |
| RIBAVIRIN 200 MG CAPSULE | 3 | | R-NATAL OB | 1 | |
| RIBAVIRIN 200 MG TABLET | 3 | | ROFLUMILAST 250 MCG TABLET | 3 | QL |
| RIFABUTIN 150 MG CAPSULE | 2 | | ROFLUMILAST 500 MCG TABLET | 3 | QL |
| RIFAMATE | 3 | | ROPINIROLE HCL 0.25 MG TABLET | 1 | |
| RIFAMPIN 150 MG CAPSULE | 1 | | ROPINIROLE HCL 0.5 MG TABLET | 1 | |
| RIFAMPIN 300 MG CAPSULE | 1 | | ROPINIROLE HCL 1 MG TABLET | 1 | |
| RIFATER | 3 | | ROPINIROLE HCL 2 MG TABLET | 1 | |
| RIGHTEST CONTROL SOLN NORMAL | 2 | | ROPINIROLE HCL 3 MG TABLET | 1 | |
| RIGHTEST CONTROL SOLUTION HIGH | 2 | | ROPINIROLE HCL 4 MG TABLET | 1 | |
| RILUZOLE 50 MG TABLET | 4 | SRX | ROPINIROLE HCL 5 MG TABLET | 1 | |
| RIMANTADINE HCL 100 MG TABLET | 1 | | ROPINIROLE HCL ER 12 MG TABLET | 1 | |
| RINGERS IRRIGATION SOLUTION | 3 | | ROPINIROLE HCL ER 2 MG TABLET | 1 | |
| RINVOQ ER 15 MG TABLET | 4 | PA, QL, LDD, SRX | ROPINIROLE HCL ER 4 MG TABLET | 1 | |
| RINVOQ ER 30 MG TABLET | 4 | PA, QL, LDD, SRX | ROPINIROLE HCL ER 6 MG TABLET | 1 | |
| RINVOQ ER 45 MG TABLET | 4 | PA, QL, LDD, SRX | ROPINIROLE HCL ER 8 MG TABLET | 1 | |
| RISEDRONATE SOD DR 35 MG TAB | 1 | | ROSADAN 0.75% CREAM | 1 | |
| RISEDRONATE SODIUM 150 MG TAB | 1 | | ROSADAN 0.75% GEL | 1 | |
| RISEDRONATE SODIUM 30 MG TAB | 1 | | ROSUVASTATIN CALCIUM 10 MG TAB | 1 | |
| RISEDRONATE SODIUM 35 MG TAB | 1 | | ROSUVASTATIN CALCIUM 20 MG TAB | 1 | |
| RISEDRONATE SODIUM 5 MG TABLET | 1 | | ROSUVASTATIN CALCIUM 40 MG TAB | 1 | |
| RISPERIDONE 0.25 MG ODT | 1 | | ROSUVASTATIN CALCIUM 5 MG TAB | 1 | |
| RISPERIDONE 0.25 MG TABLET | 1 | | ROTARIX VACCINE ORAL SYRINGE | 2 | |
| RISPERIDONE 0.5 MG ODT | 1 | | ROTARIX VACCINE SUSPENSION | 2 | |
| RISPERIDONE 0.5 MG TABLET | 1 | | ROTATEQ VACCINE | 2 | |
| RISPERIDONE 1 MG ODT | 1 | | ROWEEPRA 1,000 MG TABLET | 1 | |
| RISPERIDONE 1 MG TABLET | 1 | | ROWEEPRA 500 MG TABLET | 1 | |
| RISPERIDONE 1 MG/ML SOLUTION | 1 | | ROWEEPRA 750 MG TABLET | 1 | |
| RISPERIDONE 2 MG ODT | 1 | | RUFINAMIDE 200 MG TABLET | 3 | PA, QL |
| RISPERIDONE 2 MG TABLET | 1 | | RUFINAMIDE 40 MG/ML SUSPENSION | 3 | PA, QL |
| RISPERIDONE 3 MG ODT | 1 | | RUFINAMIDE 400 MG TABLET | 3 | PA, QL |
| RISPERIDONE 3 MG TABLET | 1 | | SAFESNAP INSUL SYRINGE 0.3 ML | 2 | |
| RISPERIDONE 4 MG ODT | 1 | | SAFESNAP INSUL SYRINGE 0.5 ML | 2 | |
| RISPERIDONE 4 MG TABLET | 1 | | SAFESNAP INSULIN SYRINGE 1 ML | 2 | |
| RITEFLO SPACER | 2 | QL | SAFETY PEN NEEDLE 31G 4MM | 2 | |
| RITONAVIR 100 MG TABLET | 1 | | SAFETY PEN NEEDLE 31G 5MM | 2 | |
| RIVASTIGMINE 1.5 MG CAPSULE | 1 | | SAFETY PEN NEEDLE 5MM X 31G | 2 | |
| RIVASTIGMINE 13.3 MG/24HR PTCH | 1 | | SAJAZIR 30 MG/3 ML SYRINGE | 4 | PA, LDD, SRX |
| RIVASTIGMINE 3 MG CAPSULE | 1 | | SALICYLIC ACID 27.5% LIQUID | 1 | |
| RIVASTIGMINE 4.5 MG CAPSULE | 1 | | SALSALATE 500 MG TABLET | 1 | |
| RIVASTIGMINE 4.6 MG/24HR PATCH | 1 | | SALSALATE 750 MG TABLET | 1 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|---------------------------------|------|---|
| SANTYL OINTMENT | 3 | PA, QL | SILHOUETTE INFUSION SET 43" | 2 | |
| SAPROPTERIN 100 MG POWDER PKT | 4 | PA, SRX | SILICONE MASK-INFANT | 2 | QL |
| SAPROPTERIN 100 MG TABLET | 4 | PA, SRX | SILICONE MASK-PEDIATRIC | 2 | QL |
| SAPROPTERIN 500 MG POWDER PKT | 4 | PA, SRX | SILODOSIN 4 MG CAPSULE | 1 | QL |
| SAVELLA 100 MG TABLET | 3 | | SILODOSIN 8 MG CAPSULE | 1 | QL |
| SAVELLA 12.5 MG TABLET | 3 | | SIL-SERTER INFUSION SET | 2 | |
| SAVELLA 25 MG TABLET | 3 | | SILVER NITRATE 0.5% SOLN | 1 | |
| SAVELLA 50 MG TABLET | 3 | | SILVER NITRATE 10% SOLUTION | 1 | |
| SAVELLA TITRATION PACK | 3 | | SILVER NITRATE 25% SOLUTION | 1 | |
| SCOPOLAMINE 1 MG/3 DAY PATCH | 1 | | SILVER NITRATE 50% SOLUTION | 1 | |
| SECONAL SODIUM 100 MG CAPSULE | 3 | | SILVER SULFADIAZINE 1% CREAM | 1 | |
| SECURESAFE PEN ND. 30GX5/16" | 2 | | SIMLANDI | 4 | PA, QL, SRX |
| SECURESAFE SYR 0.5 ML 29G 1/2" | 2 | | SIMLIYA 28 DAY TABLET | 1 | |
| SECURESAFE SYRNG 1 ML 29G 1/2" | 2 | | SIMPESSE 0.15-0.03-0.01 MG TAB | 1 | |
| SELEGILINE HCL 5 MG CAPSULE | 1 | | SIMVASTATIN 10 MG TABLET | 1 | |
| SELEGILINE HCL 5 MG TABLET | 1 | | SIMVASTATIN 20 MG TABLET | 1 | |
| SELENIUM SULFIDE 2.25% SHAMPOO | 1 | | SIMVASTATIN 40 MG TABLET | 1 | |
| SELENIUM SULFIDE 2.5% LOTION | 1 | | SIMVASTATIN 5 MG TABLET | 1 | |
| SELZENTRY 150 MG TABLET | 2 | | SIMVASTATIN 80 MG TABLET | 1 | QL |
| SELZENTRY 20 MG/ML ORAL SOLN | 2 | | SIROLIMUS 0.5 MG TABLET | 1 | |
| SELZENTRY 25 MG TABLET | 2 | | SIROLIMUS 1 MG TABLET | 1 | |
| SELZENTRY 300 MG TABLET | 2 | | SIROLIMUS 1 MG/ML SOLUTION | 4 | SRX |
| SELZENTRY 75 MG TABLET | 2 | | SIROLIMUS 2 MG TABLET | 1 | |
| SE-NATAL 19 CHEWABLE TABLET | 1 | | SIRTURO 100 MG TABLET | 3 | PA, LDD |
| SE-NATAL-19 TABLET | 1 | | SIRTURO 20 MG TABLET | 3 | PA, LDD |
| SEN-SERTER | 2 | | SKY SAFETY PEN NEEDLE 30G 5MM | 2 | |
| SEREVENT DISKUS 50 MCG | 2 | QL | SKY SAFETY PEN NEEDLE 30G 8MM | 2 | |
| SERTRALINE 20 MG/ML ORAL CONC | 1 | QL | SKYRIZI 150 MG/ML SYRINGE | 4 | PA, QL, SRX |
| SERTRALINE HCL 100 MG TABLET | 1 | QL | SKYRIZI 180 MG/1.2 ML ON-BODY | 4 | PA, QL, SRX |
| SERTRALINE HCL 25 MG TABLET | 1 | QL | SKYRIZI 360 MG/2.4 ML ON-BODY | 4 | PA, QL, SRX |
| SERTRALINE HCL 50 MG TABLET | 1 | QL | SKYRIZI 150 MG/ML PEN | 4 | PA, QL, SRX |
| SETLAKIN 0.15 MG-0.03 MG TAB | 1 | | SLYND 4 MG TABLET | 3 | |
| SEVELAMER CARBONATE 800 MG TAB | 3 | | SM INS SYR 0.5 ML 29GX1/2" | 2 | |
| SF 1.1% GEL | 1 | | SM INS SYR 0.5 ML 30GX5/16" | 2 | |
| SF 5000 PLUS CREAM | 1 | | SM INS SYR 1 ML 29GX1/2" | 2 | |
| SHAROBEL 0.35 MG TABLET | 1 | | SM INS SYRINGE 0.3 ML 30GX5/16" | 2 | |
| SHINGRIX VIAL KIT | 2 | QL | SM INS SYRINGE 1 ML 28GX1/2" | 2 | |
| SHOPKO UNIFINE PENTIPS 4MM 32G | 2 | | SM INS SYRINGE 1 ML 30GX5/16" | 2 | |
| SHOPKO UNIFINE PENTIPS 5MM 31G | 2 | | SM INSUL SYR 0.3 ML 31GX5/16" | 2 | |
| SHOPKO UNIFINE PENTIPS 8MM 31G | 2 | | SM INSUL SYR 0.5 ML 31GX5/16" | 2 | |
| SHOPKO UNIFINE PNTIPS 12MM 29G | 2 | | SM INSULIN SYR 0.3 ML 29GX1/2" | 2 | |
| SIDESTREAM PEDIATRIC FACE MASK | 2 | QL | SM INSULIN SYR 0.5 ML 28GX1/2" | 2 | |
| SIGNIFOR 0.3 MG/ML AMPULE | 4 | PA, LDD, SRX | SM INSULIN SYR 1 ML 31GX5/16" | 2 | |
| SIGNIFOR 0.6 MG/ML AMPULE | 4 | PA, LDD, SRX | SMARTEST CONTROL SOLUTION | 2 | |
| SIGNIFOR 0.9 MG/ML AMPULE | 4 | PA, LDD, SRX | SOD POLYSTYREN SULF 15 G/60 ML | 1 | |
| SILDENAFIL 20 MG TABLET | 4 | PA, SRX | SOD SUL-POTASS SUL-MAG SUL SOL | 3 | |
| SILHOUETTE INFUSION SET 23" | 2 | | SODIUM CHLORIDE 0.9% INHAL VL | 1 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| SODIUM CHLORIDE 0.9% IRRIG | 1 | | SPACE CHAMBER | 2 | QL |
| SODIUM CHLORIDE 0.9% IRRIG. | 1 | | SPACE CHAMBER-LARGE MASK | 2 | QL |
| SODIUM CHLORIDE 0.9% PRCSS SOL | 1 | | SPACE CHAMBER-MEDIUM MASK | 2 | QL |
| SODIUM CHLORIDE 10% VIAL | 1 | | SPACE CHAMBER-SMALL MASK | 2 | QL |
| SODIUM CHLORIDE 3% VIAL | 1 | | SPIKEVAX COVID (18Y UP) VACC | 2 | |
| SODIUM CHLORIDE 7% VIAL | 1 | | SPINOSAD 0.9% TOPICAL SUSP | 1 | |
| SODIUM FLUORIDE 0.2% RINSE | 1 | | SPIRONOLACTONE 100 MG TABLET | 1 | |
| SODIUM FLUORIDE 1.1% CREAM | 1 | | SPIRONOLACTONE 25 MG TABLET | 1 | |
| SODIUM FLUORIDE 1.1% GEL | 1 | | SPIRONOLACTONE 50 MG TABLET | 1 | |
| SODIUM FLUORIDE 5000 DRY MOUTH | 1 | | SPIRONOLACTONE-HCTZ 25-25 TAB | 1 | |
| SODIUM FLUORIDE 5000 PLUS CRM | 1 | | SPRINTEC 28 DAY TABLET | 1 | |
| SODIUM FLUORIDE 5000 PPM CREAM | 1 | | SPRYCEL 100 MG TABLET | 4 | PA, QL, SRX |
| SODIUM FLUORIDE 5000 PPM PASTE | 1 | | SPRYCEL 140 MG TABLET | 4 | PA, QL, SRX |
| SODIUM FLUORIDE ENAMEL PROTECT | 1 | | SPRYCEL 20 MG TABLET | 4 | PA, QL, SRX |
| SODIUM FLUORIDE SENSITIVE | 1 | | SPRYCEL 50 MG TABLET | 4 | PA, QL, SRX |
| SODIUM PHENYLBUTYRATE 500MG TB | 4 | SRX | SPRYCEL 70 MG TABLET | 4 | PA, QL, SRX |
| SODIUM PHENYLBUTYRATE POWDER | 4 | SRX | SPRYCEL 80 MG TABLET | 4 | PA, QL, SRX |
| SODIUM POLYSTYRENE SULF POWDER | 1 | | SPS 15 GM/60 ML SUSPENSION | 1 | |
| SODIUM SULFACETAMIDE 10% LOTN | 1 | | SPS 30 GM/120 ML ENEMA SUSP | 1 | |
| SOFOSBUVIR-VELPATASVIR 400-100 | 4 | PA, QL, SRX | SRONYX 0.10-0.02 MG TABLET | 1 | |
| SOF-SERTER | 2 | | STAVUDINE 40 MG CAPSULE | 1 | |
| SOF-SET MICRO INFUSION SET | 2 | | STELARA 45 MG/0.5 ML SYRINGE | 4 | PA, QL, SRX |
| SOF-SET ULTIMATE QR SET | 2 | | STELARA 45 MG/0.5 ML VIAL | 4 | PA, QL, SRX |
| SOLIFENACIN 10 MG TABLET | 2 | QL | STELARA 90 MG/ML SYRINGE | 4 | PA, QL, SRX |
| SOLIFENACIN 5 MG TABLET | 2 | QL | STERILE WATER FOR IRRIGATION | 1 | |
| SOLIQUA 100 UNIT-33 MCG/ML PEN | 3 | | STIVARGA 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| SOLUS V2 CONTROL SOLUTION HIGH | 2 | | STRIBILD | 2 | QL |
| SOLUS V2 CONTROL SOLUTION LOW | 2 | | STRIVERDI RESPIMAT INHAL SPRAY | 3 | QL, ST |
| SOMAVERT 10 MG VIAL | 4 | PA, LDD, SRX | SUBVENITE (BLUE) | 1 | |
| SOMAVERT 15 MG VIAL | 4 | PA, LDD, SRX | SUBVENITE (GREEN) | 1 | |
| SOMAVERT 20 MG VIAL | 4 | PA, LDD, SRX | SUBVENITE (ORANGE) | 1 | |
| SOMAVERT 25 MG VIAL | 4 | PA, LDD, SRX | SUBVENITE 100 MG TABLET | 1 | |
| SOMAVERT 30 MG VIAL | 4 | PA, LDD, SRX | SUBVENITE 150 MG TABLET | 1 | |
| SORAFENIB 200 MG TABLET | 4 | PA, QL, SRX | SUBVENITE 200 MG TABLET | 1 | |
| SOTALOL 120 MG TABLET | 1 | | SUBVENITE 25 MG TABLET | 1 | |
| SOTALOL 160 MG TABLET | 1 | | SUCRAID 17,000 UNIT/2 ML SOLN | 4 | LDD, SRX |
| SOTALOL 240 MG TABLET | 1 | | SUCRAID 8,500 UNIT/ML SOLN | 4 | LDD, SRX |
| SOTALOL 80 MG TABLET | 1 | | SUCRALFATE 1 GM TABLET | 1 | |
| SOTALOL AF 120 MG TABLET | 1 | | SULFACETAMIDE 10% EYE DROPS | 1 | |
| SOTALOL AF 160 MG TABLET | 1 | | SULFACETAMIDE 10% EYE OINTMENT | 1 | |
| SOTALOL AF 80 MG TABLET | 1 | | SULFACETAMIDE SOD 10% TOP SUSP | 1 | |
| SOTYLIZE 5 MG/ML ORAL SOLUTION | 3 | PA | SULF-PRED 10-0.23% EYE DROPS | 1 | |
| SOVALDI 150 MG PELLETT PACKET | 4 | PA, QL, SRX | SULFADIAZINE 500 MG TABLET | 1 | |
| SOVALDI 200 MG PELLETT PACKET | 4 | PA, QL, SRX | SULFAMETHOXAZOLE-TMP DS TABLET | 1 | |
| SOVALDI 200 MG TABLET | 4 | PA, QL, SRX | SULFAMETHOXAZOLE-TMP SS TABLET | 1 | |
| SOVALDI 400 MG TABLET | 4 | PA, QL, SRX | SULFAMETHOXAZOLE-TMP SUSP | 1 | |

2024 Cigna Plus Florida 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| SULFAMYLON 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 |
| SUNITINIB MALATE 12.5 MG CAP | 4 | PA, QL, SRX |
| SUNITINIB MALATE 25 MG CAPSULE | 4 | PA, QL, SRX |
| 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 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| SURE-T PARADIGM 18" SET | 2 | |
| SURE-T PARADIGM 23" SET | 2 | |
| SURE-T PARADIGM 32" SET | 2 | |
| SURE-TEST EASYPLUS MINI SOLN | 2 | |
| SUSTIVA 200 MG CAPSULE | 3 | |
| SUSTIVA 50 MG CAPSULE | 3 | |
| 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 | 3 | QL |
| SYMLINPEN 60 | 3 | QL |
| SYMTOZA | 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 | |
| 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 |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| TAFINLAR 75 MG CAPSULE | 4 | PA, QL, LDD, SRX | TECHLITE PEN NEEDLE 31GX5/16" | 2 | |
| TAFLUPROST 0.0015% EYE DROP | 3 | QL | TECHLITE PEN NEEDLE 32GX1/4" | 2 | |
| TAGRISSEO 40 MG TABLET | 4 | PA, QL, LDD, SRX | TECHLITE PEN NEEDLE 32GX5/16" | 2 | |
| TAGRISSEO 80 MG TABLET | 4 | PA, QL, LDD, SRX | TECHLITE PEN NEEDLE 32GX5/32" | 2 | |
| TAKE ACTION 1.5 MG TABLET | 1 | | TELCARE CONTROL SOLUTION | 2 | |
| TAMOXIFEN 10 MG TABLET | 1 | | TELMISARTAN 20 MG TABLET | 1 | |
| TAMOXIFEN 20 MG TABLET | 1 | | TELMISARTAN 40 MG TABLET | 1 | |
| TAMSULOSIN HCL 0.4 MG CAPSULE | 1 | | TELMISARTAN 80 MG TABLET | 1 | |
| TARINA 24 FE 1 MG-20 MCG TAB | 1 | | TELMISARTAN-AMLODIPINE 40-10 | 1 | |
| TARINA FE 1-20 EQ TABLET | 1 | | TELMISARTAN-AMLODIPINE 40-5 MG | 1 | |
| TARINA FE 1-20 TABLET | 1 | | TELMISARTAN-AMLODIPINE 80-10 | 1 | |
| TARON-C DHA | 1 | | TELMISARTAN-AMLODIPINE 80-5 MG | 1 | |
| TARON-PREX PRENATAL | 1 | | TELMISARTAN-HCTZ 40-12.5 MG TB | 1 | |
| TASIGNA 150 MG CAPSULE | 4 | PA, QL, SRX | TELMISARTAN-HCTZ 80-12.5 MG TB | 1 | |
| TASIGNA 200 MG CAPSULE | 4 | PA, QL, SRX | TELMISARTAN-HCTZ 80-25 MG TAB | 1 | |
| TASIGNA 50 MG CAPSULE | 4 | PA, QL, SRX | TEMAZEPAM 15 MG CAPSULE | 1 | |
| TAYSOFY 1 MG-20 MCG CAPSULE | 1 | | TEMAZEPAM 22.5 MG CAPSULE | 1 | |
| TAZAROTENE 0.05% GEL | 3 | | TEMAZEPAM 30 MG CAPSULE | 1 | |
| TAZAROTENE 0.1% CREAM | 1 | | TEMAZEPAM 7.5 MG CAPSULE | 1 | |
| TAZAROTENE 0.1% GEL | 3 | | TEMOZOLOMIDE 100 MG CAPSULE | 4 | PA, SRX |
| TAZORAC 0.05% CREAM | 3 | | TEMOZOLOMIDE 140 MG CAPSULE | 4 | PA, SRX |
| TAZTIA XT 120 MG CAPSULE | 1 | | TEMOZOLOMIDE 180 MG CAPSULE | 4 | PA, SRX |
| TAZTIA XT 180 MG CAPSULE | 1 | | TEMOZOLOMIDE 20 MG CAPSULE | 4 | PA, SRX |
| TAZTIA XT 240 MG CAPSULE | 1 | | TEMOZOLOMIDE 250 MG CAPSULE | 4 | PA, SRX |
| TAZTIA XT 300 MG CAPSULE | 1 | | TEMOZOLOMIDE 5 MG CAPSULE | 4 | PA, SRX |
| TAZTIA XT 360 MG CAPSULE | 1 | | TENCON 50-325 MG TABLET | 1 | |
| TDVAX VIAL | 2 | | TENIVAC SYRINGE | 2 | |
| TECHLITE 0.3 ML 29GX12MM (1/2) | 2 | | TENIVAC VIAL | 2 | |
| TECHLITE 0.3 ML 30GX12MM (1/2) | 2 | | TENOFOVIR DISOP FUM 300 MG TB | 1 | |
| TECHLITE 0.3 ML 30GX8MM (1/2) | 2 | | TERAZOSIN 1 MG CAPSULE | 1 | |
| TECHLITE 0.3 ML 31GX6MM (1/2) | 2 | | TERAZOSIN 10 MG CAPSULE | 1 | |
| TECHLITE 0.3 ML 31GX8MM (1/2) | 2 | | TERAZOSIN 2 MG CAPSULE | 1 | |
| TECHLITE 0.5 ML 29GX12MM (1/2) | 2 | | TERAZOSIN 5 MG CAPSULE | 1 | |
| TECHLITE 0.5 ML 30GX12MM (1/2) | 2 | | TERBINAFINE HCL 250 MG TABLET | 1 | |
| TECHLITE 0.5 ML 30GX8MM (1/2) | 2 | | TERBUTALINE SULFATE 2.5 MG TAB | 1 | |
| TECHLITE 0.5 ML 31GX6MM (1/2) | 2 | | TERBUTALINE SULFATE 5 MG TAB | 1 | |
| TECHLITE 0.5 ML 31GX8MM (1/2) | 2 | | TERCONAZOLE 0.4% CREAM | 1 | |
| TECHLITE INS SYR 1 ML 29GX12MM | 2 | | TERCONAZOLE 0.8% CREAM | 1 | |
| TECHLITE INS SYR 1 ML 30GX12MM | 2 | | TERCONAZOLE 80 MG SUPPOSITORY | 1 | |
| TECHLITE INS SYR 1 ML 30GX8MM | 2 | | TERIFLUNOMIDE 14 MG TABLET | 4 | PA, QL, SRX |
| TECHLITE INS SYR 1 ML 31GX6MM | 2 | | TERIFLUNOMIDE 7 MG TABLET | 4 | PA, QL, SRX |
| TECHLITE INS SYR 1 ML 31GX8MM | 2 | | TERUMO INS SYR 0.3 ML 29GX1/2" | 2 | |
| TECHLITE PEN NEEDLE 29GX1/2" | 2 | | TERUMO INS SYRINGE U100-1 ML | 2 | |
| TECHLITE PEN NEEDLE 29GX3/8" | 2 | | TERUMO INS SYRINGE U100-1/2 ML | 2 | |
| TECHLITE PEN NEEDLE 31GX1/4" | 2 | | TERUMO INS SYRINGE U100-1/3 ML | 2 | |
| TECHLITE PEN NEEDLE 31GX3/16" | 2 | | TERUMO INS SYRNG U100-1/2 ML | 2 | |

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|--------------------------------|------|---|
| TERUMO SURGUARD2 NDL 21GX1 1.5 | 2 | | THALOMID 100 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| TERUMO SURGUARD2 NDL 22X1-1/2" | 2 | | THALOMID 150 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| TERUMO SURGUARD2 NDL 23X1-1/2" | 2 | | THALOMID 200 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| TERUMO SURGUARD2 NEEDLE 18GX1" | 2 | | THALOMID 50 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| TERUMO SURGUARD2 NEEDLE 18X1.5 | 2 | | THEOPHYLLINE 80 MG/15 ML SOLN | 1 | |
| TERUMO SURGUARD2 NEEDLE 19GX1" | 2 | | THEOPHYLLINE ER 100 MG TABLET | 1 | |
| TERUMO SURGUARD2 NEEDLE 19X1.5 | 2 | | THEOPHYLLINE ER 200 MG TABLET | 1 | |
| TERUMO SURGUARD2 NEEDLE 20GX1" | 2 | | THEOPHYLLINE ER 300 MG TAB | 1 | |
| TERUMO SURGUARD2 NEEDLE 20X1.5 | 2 | | THEOPHYLLINE ER 300 MG TABLET | 1 | |
| TERUMO SURGUARD2 NEEDLE 21GX1" | 2 | | THEOPHYLLINE ER 400 MG TABLET | 1 | |
| TERUMO SURGUARD2 NEEDLE 22GX1" | 2 | | THEOPHYLLINE ER 450 MG TAB | 1 | |
| TERUMO SURGUARD2 NEEDLE 23GX1" | 2 | | THEOPHYLLINE ER 450 MG TABLET | 1 | |
| TERUMO SURGUARD2 NEEDLE 25GX1" | 2 | | THEOPHYLLINE ER 600 MG TABLET | 1 | |
| TERUMO SURGUARD2 NEEDLE 25X1.5 | 2 | | THINPRO INS SYRIN U100-0.3 ML | 2 | |
| TERUMO SURGUARD2 NEEDLE 25X5/8 | 2 | | THINPRO INS SYRIN U100-0.5 ML | 2 | |
| TERUMO SURGUARD2 NEEDLE 26X1/2 | 2 | | THINPRO INS SYRIN U100-1 ML | 2 | |
| TERUMO SURGUARD2 NEEDLE 27X1/2 | 2 | | THIORIDAZINE 10 MG TABLET | 1 | |
| 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 | 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 | |
| TETRAVISC 0.5% EYE DROPS | 3 | | TIMOLOL MALEATE 0.25% EYE DROP | 1 | |
| TEXACORT 2.5% SOLUTION | 3 | | TIMOLOL MALEATE 0.5% EYE DROPS | 1 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| TIMOLOL MALEATE 10 MG TABLET | 1 | | TORSEMIDE 5 MG TABLET | 1 | |
| TIMOLOL MALEATE 20 MG TABLET | 1 | | TOVET EMOLLIENT 0.05% FOAM | 1 | |
| TIMOLOL MALEATE 5 MG TABLET | 1 | | TRAMADOL ER 100 MG TABLET | 1 | PA, QL |
| TINIDAZOLE 250 MG TABLET | 1 | | TRAMADOL ER 200 MG TABLET | 1 | PA, QL |
| TINIDAZOLE 500 MG TABLET | 1 | | TRAMADOL ER 300 MG TABLET | 1 | PA, QL |
| TIOPRONIN 100 MG TABLET | 4 | SRX | TRAMADOL HCL 50 MG TABLET | 1 | QL |
| TIS-U-SOL PENTALYTE IRRIG SOLN | 3 | | TRAMADOL HCL ER 100 MG TABLET | 1 | PA, QL |
| TIVICAY 10 MG TABLET | 2 | | TRAMADOL HCL ER 150 MG CAPSULE | 1 | PA, QL |
| TIVICAY 25 MG TABLET | 2 | | TRAMADOL HCL ER 200 MG TABLET | 1 | PA, QL |
| TIVICAY 50 MG TABLET | 2 | | TRAMADOL HCL ER 300 MG TABLET | 1 | PA, QL |
| TIVICAY PD 5 MG TAB FOR SUSP | 2 | | TRAMADOL-ACETAMINOPHN 37.5-325 | 1 | QL |
| TIZANIDINE HCL 2 MG TABLET | 1 | | TRANDOLAPRIL 1 MG TABLET | 1 | |
| TIZANIDINE HCL 4 MG TABLET | 1 | | TRANDOLAPRIL 2 MG TABLET | 1 | |
| TOBRAMYCIN 0.3% EYE DROP | 1 | | TRANDOLAPRIL 4 MG TABLET | 1 | |
| TOBRAMYCIN 300 MG/5 ML AMPULE | 4 | PA, QL, SRX | TRANDOLAPR-VERAPAM ER 1-240 MG | 1 | |
| TOBRAMYCIN PAK 300 MG/5 ML | 4 | PA, QL, SRX | TRANDOLAPR-VERAPAM ER 2-180 MG | 1 | |
| TOBRAMYCIN-DEXAMETH OPHTH SUSP | 1 | | TRANDOLAPR-VERAPAM ER 2-240 MG | 1 | |
| TODAY'S HLTH PN NEEDLE 6MM 31G | 2 | | TRANDOLAPR-VERAPAM ER 4-240 MG | 1 | |
| TOLCAPONE 100 MG TABLET | 4 | SRX | TRANEXAMIC ACID 650 MG TABLET | 1 | |
| TOLMETIN SODIUM 200 MG TAB | 1 | | TRANLYCYPROMINE SULF 10 MG TAB | 1 | |
| TOLMETIN SODIUM 400 MG CAP | 1 | | TRAVOPROST 0.004% EYE DROP | 1 | |
| TOLMETIN SODIUM 600 MG TAB | 1 | | TRAZODONE 100 MG TABLET | 1 | |
| TOLTERODINE TART ER 2 MG CAP | 1 | | TRAZODONE 150 MG TABLET | 1 | |
| TOLTERODINE TART ER 4 MG CAP | 1 | | TRAZODONE 300 MG TABLET | 1 | |
| TOLTERODINE TARTRATE 1 MG TAB | 1 | | TRAZODONE 50 MG TABLET | 1 | |
| TOLTERODINE TARTRATE 2 MG TAB | 1 | | TRECTOR 250 MG TABLET | 3 | |
| TOLVAPTAN 15 MG TABLET | 4 | PA, SRX | TRELEGY ELLIPTA 100-62.5-25 | 2 | QL |
| TOLVAPTAN 30 MG TABLET | 4 | PA, SRX | TRELEGY ELLIPTA 200-62.5-25 | 2 | QL |
| TOPCARE CLICKFINE 31G X 1/4" | 2 | | TREMFYA 100 MG/ML INJECTOR | 4 | PA, QL, SRX |
| TOPCARE CLICKFINE 31G X 5/16" | 2 | | TREMFYA 100 MG/ML SYRINGE | 4 | PA, QL, SRX |
| TOPCARE ULTRA COMFORT SYRINGE | 2 | | TRETINOIN 0.01% GEL | 1 | PA_AGE |
| TOPIRAMATE 100 MG TABLET | 1 | | TRETINOIN 0.025% CREAM | 1 | PA_AGE |
| TOPIRAMATE 15 MG SPRINKLE CAP | 1 | | TRETINOIN 0.025% GEL | 1 | PA_AGE |
| TOPIRAMATE 200 MG TABLET | 1 | | TRETINOIN 0.05% CREAM | 1 | PA_AGE |
| TOPIRAMATE 25 MG SPRINKLE CAP | 1 | | TRETINOIN 0.05% GEL | 1 | PA_AGE |
| TOPIRAMATE 25 MG TABLET | 1 | | TRETINOIN 0.1% CREAM | 1 | PA_AGE |
| TOPIRAMATE 50 MG TABLET | 1 | | TRETINOIN 10 MG CAPSULE | 3 | PA |
| TOPIRAMATE ER 100 MG CAPSULE | 1 | | TRETINOIN GEL MICRO 0.04% PUMP | 1 | PA_AGE |
| TOPIRAMATE ER 150 MG CAPSULE | 1 | | TRETINOIN GEL MICRO 0.04% TUBE | 1 | PA_AGE |
| TOPIRAMATE ER 200 MG CAPSULE | 1 | | TRETINOIN GEL MICRO 0.1% PUMP | 1 | PA_AGE |
| TOPIRAMATE ER 25 MG CAPSULE | 1 | | TRETINOIN GEL MICRO 0.1% TUBE | 1 | PA_AGE |
| TOPIRAMATE ER 50 MG CAPSULE | 1 | | TRETIN-X 0.025% CREAM COMB PCK | 3 | PA_AGE |
| TOREMIFENE CITRATE 60 MG TAB | 3 | | TRETIN-X 0.05% COMBO PACK | 3 | PA_AGE |
| TORSEMIDE 10 MG TABLET | 1 | | TRETIN-X 0.075% CREAM | 3 | PA_AGE |
| TORSEMIDE 100 MG TABLET | 1 | | TRETIN-X 0.1% COMBO PACK | 3 | PA_AGE |
| TORSEMIDE 20 MG TABLET | 1 | | TRI FEMYNOR 28 TABLET | 1 | |

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

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| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) | Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|---------------------------------|------|---|
| TRUE METRIX LEVEL 2 CTRL SOLN | 2 | | UDENYCA 6 MG/0.6 ML SYRINGE | 4 | PA, SRX |
| TRUE METRIX LEVEL 3 CTRL SOLN | 2 | | UDENYCA 6 MG/0.6 ML AUTOINJECT | 4 | PA, SRX |
| TRUECONTROL GLUCOSE SOLUTION | 2 | | ULESFIA 5% LOTION | 3 | |
| TRUEPLUS KETONE TEST STRIP | 2 | | ULT CFT 0.3 ML 29GX1/2" (1/2) | 2 | |
| TRUEPLUS PEN NEEDLE 29G 12MM | 2 | | ULT CFT 0.3 ML 31GX5/16" (1/2) | 2 | |
| TRUEPLUS PEN NEEDLE 29GX1/2" | 2 | | ULTICARE INS SYR 1 ML 31GX5/16" | 2 | |
| TRUEPLUS PEN NEEDLE 31G 5MM | 2 | | ULTICAR INS 0.3ML 31GX1/4(1/2) | 2 | |
| TRUEPLUS PEN NEEDLE 31G 8MM | 2 | | ULTICARE INS 0.3 ML 30GX1/2" | 2 | |
| TRUEPLUS PEN NEEDLE 31G X 1/4" | 2 | | ULTICARE INS 0.3 ML 31GX1/4" | 2 | |
| TRUEPLUS PEN NEEDLE 31GX3/16" | 2 | | ULTICARE INS 0.5 ML 30GX1/2" | 2 | |
| TRUEPLUS PEN NEEDLE 31GX5/16" | 2 | | ULTICARE INS 0.5 ML 31GX1/4" | 2 | |
| TRUEPLUS PEN NEEDLE 32GX5/32" | 2 | | ULTICARE INS 1 ML 31GX1/4" | 2 | |
| TRUEPLUS SYR 0.3ML 29GX1/2" | 2 | | ULTICARE INS SAFETY 1ML 29X1/2 | 2 | |
| TRUEPLUS SYR 0.3ML 30GX5/16" | 2 | | ULTICARE INS SYR 1 ML 28GX1/2" | 2 | |
| TRUEPLUS SYR 0.3ML 31GX5/16" | 2 | | ULTICARE INS SYR 1 ML 29GX1/2" | 2 | |
| TRUEPLUS SYR 0.5ML 28GX1/2" | 2 | | ULTICARE INS SYR 1 ML 30GX1/2" | 2 | |
| TRUEPLUS SYR 0.5ML 29GX1/2" | 2 | | ULTICARE LDS SYR 3 ML 22GX1.5" | 2 | |
| TRUEPLUS SYR 0.5ML 30GX5/16" | 2 | | ULTICARE PEN NDJ 12.7 MM 29G | 2 | |
| TRUEPLUS SYR 0.5ML 31GX5/16" | 2 | | ULTICARE PEN NEEDLE 31GX3/16" | 2 | |
| TRUEPLUS SYR 1ML 28GX1/2" | 2 | | ULTICARE PEN NEEDLE 4MM 32G | 2 | |
| TRUEPLUS SYR 1ML 29GX1/2" | 2 | | ULTICARE PEN NEEDLE 6MM 31G | 2 | |
| TRUEPLUS SYR 1ML 30GX5/16" | 2 | | ULTICARE PEN NEEDLE 8 MM 31G | 2 | |
| TRUEPLUS SYR 1ML 31GX5/16" | 2 | | ULTICARE PEN NEEDLE 8MM 31G | 2 | |
| TRULICITY 0.75 MG/0.5 ML PEN | 2 | PA, QL | ULTICARE PEN NEEDLES 12MM 29G | 2 | |
| TRULICITY 1.5 MG/0.5 ML PEN | 2 | PA, QL | ULTICARE PEN NEEDLES 4MM 32G | 2 | |
| TRULICITY 3 MG/0.5 ML PEN | 2 | PA, QL | ULTICARE PEN NEEDLES 6MM 31G | 2 | |
| TRULICITY 4.5 MG/0.5 ML PEN | 2 | PA, QL | ULTICARE PEN NEEDLES 6MM 32G | 2 | |
| TRUMENBA 120 MCG/0.5 ML VACCIN | 2 | | ULTICARE PEN NEEDLES 8MM 31G | 2 | |
| TRUST NATAL DHA | 1 | | ULTICARE SAFE PEN NDJ 30G 8MM | 2 | |
| TRUSTEEL INFUSION SET 23" 6MM | 2 | | ULTICARE SAFE PEN NDJ 5MM 30G | 2 | |
| TRUSTEEL INFUSION SET 23" 8MM | 2 | | ULTICARE SAFETY 0.5 ML 29GX1/2 | 2 | |
| TRUSTEEL INFUSION SET 32" 6MM | 2 | | ULTICARE SYR 0.3 ML 30GX1/2" | 2 | |
| TRUSTEEL INFUSION SET 32" 8MM | 2 | | ULTICARE SYR 0.3 ML 30GX5/16" | 2 | |
| TRUVADA 100 MG-150 MG TABLET | 3 | | ULTICARE SYR 0.3 ML 31GX5/16" | 2 | |
| TRUVADA 133 MG-200 MG TABLET | 3 | | ULTICARE SYR 0.5 ML 29GX1/2" | 2 | |
| TRUVADA 167 MG-250 MG TABLET | 3 | | ULTICARE SYR 0.5 ML 30GX1/2" | 2 | |
| TRUVADA 200 MG-300 MG TABLET | 3 | PA | ULTICARE SYR 0.5 ML 30GX5/16" | 2 | |
| TRUZONE PEAK FLOW METER | 2 | | ULTICARE SYR 0.5 ML 31GX5/16" | 2 | |
| TULANA 0.35 MG TABLET | 1 | | ULTICARE SYR 1 ML 30GX5/16" | 2 | |
| TWINRIX VACCINE SYRINGE | 2 | | ULTICARE SYR 1 ML 31GX5/16" | 2 | |
| TYBOST 150 MG TABLET | 2 | | ULTICARE SYRIN 0.3 ML 29GX1/2" | 2 | |
| TYDEMY 3-0.03-0.451 MG TABLET | 1 | | ULTICARE SYRIN 0.5 ML 28GX1/2" | 2 | |
| TYMLOS 80 MCG DOSE PEN INJECTR | 4 | PA, QL, SRX | ULTICARE SYRINGE 1 ML 30GX1/2" | 2 | |
| TYVASO 1.74 MG/2.9 ML SOLUTION | 4 | PA, LDD, SRX | ULTIGUARD SAFE 1ML 30G 12.7MM | 2 | |
| TYVASO INSTITUTIONAL START KIT | 4 | PA, LDD, SRX | ULTIGUARD SAFE PACK 29G 12.7MM | 2 | |
| TYVASO REFILL KIT | 4 | PA, LDD, SRX | ULTIGUARD SAFE PACK 32G 4MM | 2 | |
| TYVASO STARTER KIT | 4 | PA, LDD, SRX | ULTIGUARD SAFE0.3ML 30G 12.7MM | 2 | |

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

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| 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-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 NDL 29GX1/2" | 2 | |
| ULTRA-THIN II PEN NDL 31GX5/16 | 2 | |
| ULTRATRAK CONTROL SOL NORMAL | 2 | |
| ULTRATRAK CONTROL SOLUTION | 2 | |
| ULTRATRAK ULTIMATE CNTRL SOLN | 2 | |
| 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 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|--------------------------------|------|---|
| UNIFINE ULTRA PEN NDL 31G 5MM | 2 | | VANISHPOINT 20GX1" 3 ML SYRING | 2 | |
| UNIFINE ULTRA PEN NDL 31G 6MM | 2 | | VANISHPOINT 21GX1.5" 3 ML SYR | 2 | |
| UNIFINE ULTRA PEN NDL 31G 8MM | 2 | | VANISHPOINT 22GX1" 3 ML SYR | 2 | |
| UNIFINE ULTRA PEN NDL 32G 4MM | 2 | | VANISHPOINT 23GX1" 3 ML SYRING | 2 | |
| UNISTRIP CONTROL SOLUTION HIGH | 2 | | VANISHPOINT 23GX1-1/2 3 ML SYR | 2 | |
| UNISTRIP CONTROL SOLUTION LOW | 2 | | VANISHPOINT 25GX1" 3 ML SYRING | 2 | |
| UNITHROID 100 MCG TABLET | 1 | | VANISHPOINT 25GX5/8" 3 ML SYR | 2 | |
| UNITHROID 112 MCG TABLET | 1 | | VANISHPOINT 3 ML 21GX1" SYRING | 2 | |
| UNITHROID 125 MCG TABLET | 1 | | VANISHPOINT 3 ML 22GX1.5" SYRG | 2 | |
| UNITHROID 137 MCG TABLET | 1 | | VANISHPOINT INS 1 ML 30GX3/16" | 2 | |
| UNITHROID 150 MCG TABLET | 1 | | VANISHPOINT U-100 29X1/2 SYR | 2 | |
| UNITHROID 175 MCG TABLET | 1 | | VAQTA 25 UNITS/0.5 ML SYRINGE | 2 | |
| UNITHROID 200 MCG TABLET | 1 | | VAQTA 25 UNITS/0.5 ML VIAL | 2 | |
| UNITHROID 25 MCG TABLET | 1 | | VAQTA 50 UNITS/ML SYRINGE | 2 | |
| UNITHROID 300 MCG TABLET | 1 | | VAQTA 50 UNITS/ML VIAL | 2 | |
| UNITHROID 50 MCG TABLET | 1 | | VARENICLINE STARTING MONTH BOX | 2 | |
| UNITHROID 75 MCG TABLET | 1 | | VARENICLINE 0.5 MG TABLET | 2 | |
| UNITHROID 88 MCG TABLET | 1 | | VARENICLINE 1 MG TABLET | 2 | |
| URISTIX 4 | 2 | | VARISOFT INFUSION SET 23" 13MM | 2 | |
| URISTIX REAGENT | 2 | | VARISOFT INFUSION SET 23" 17MM | 2 | |
| UROQID-ACID NO.2 | 3 | | VARISOFT INFUSION SET 32" 13MM | 2 | |
| URSODIOL 250 MG TABLET | 1 | | VARISOFT INFUSION SET 32" 17MM | 2 | |
| URSODIOL 300 MG CAPSULE | 1 | | VARISOFT INFUSION SET 43" 13MM | 2 | |
| URSODIOL 500 MG TABLET | 1 | | VARISOFT INFUSION SET 43" 17MM | 2 | |
| USTELL | 1 | | VARIVAX VACCINE VIAL | 2 | |
| UTIRA-C | 1 | | VARIVAX VACCINE WITH DILUENT | 2 | |
| VALACYCLOVIR HCL 1 GRAM TABLET | 1 | | VAXELIS VACCINE SYRINGE | 2 | |
| VALACYCLOVIR HCL 500 MG TABLET | 1 | | VAXELIS VACCINE VIAL | 2 | |
| VALGANCICLOVIR 450 MG TABLET | 3 | | VAXNEUVANCE 0.5 ML SYRINGE | 2 | |
| VALGANCICLOVIR HCL 50 MG/ML | 3 | | VELIVET 28 DAY TABLET | 1 | |
| VALPROIC ACID 250 MG CAPSULE | 1 | | VELPHORO 500 MG CHEWABLE TAB | 3 | |
| 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 |
| VANDA ZOLE 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 |

2024 Cigna Plus Florida 4-Tier Prescription Drug List

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|---------------------------------|------|---|
| VERAPAMIL 120 MG TABLET | 1 | |
| VERAPAMIL 40 MG TABLET | 1 | |
| VERAPAMIL 80 MG TABLET | 1 | |
| VERAPAMIL ER 120 MG CAPSULE | 1 | |
| VERAPAMIL ER 120 MG TABLET | 1 | |
| VERAPAMIL ER 180 MG CAPSULE | 1 | |
| VERAPAMIL ER 180 MG TABLET | 1 | |
| VERAPAMIL ER 240 MG CAPSULE | 1 | |
| VERAPAMIL ER 240 MG TABLET | 1 | |
| VERAPAMIL ER PM 100 MG CAPSULE | 1 | |
| VERAPAMIL ER PM 200 MG CAPSULE | 1 | |
| VERAPAMIL ER PM 300 MG CAPSULE | 1 | |
| VERAPAMIL SR 120 MG CAPSULE | 1 | |
| VERAPAMIL SR 180 MG CAPSULE | 1 | |
| VERAPAMIL SR 240 MG CAPSULE | 1 | |
| VERAPAMIL SR 360 MG CAPSULE | 1 | |
| VERASENS CONTROL SOLN-LEVEL 1 | 2 | |
| VEREGEN 15% OINTMENT | 3 | |
| VERIFINE INS SYR 1 ML 29G 1/2" | 2 | |
| VERIFINE PEN NEEDLE 29G 12MM | 2 | |
| VERIFINE PEN NEEDLE 31G 5MM | 2 | |
| VERIFINE PEN NEEDLE 31G 8MM | 2 | |
| VERIFINE PEN NEEDLE 32G 4MM | 2 | |
| VERIFINE PEN NEEDLE 32G 6MM | 2 | |
| VERIFINE SYRING 0.5ML 29G 1/2" | 2 | |
| VERIFINE SYRING 1 ML 31G 5/16" | 2 | |
| VERIFINE SYRNG 0.3ML 31G 5/16" | 2 | |
| VERIFINE SYRNG 0.5ML 31G 5/16" | 2 | |
| VESTURA 3 MG-0.02 MG TABLET | 1 | |
| VIENVA-28 TABLET | 1 | |
| VIGABATRIN 500 MG POWDER PACKET | 4 | PA, QL, LDD, SRX |
| VIGABATRIN 500 MG TABLET | 4 | PA, QL, LDD, SRX |
| VIGADRONE 500 MG POWDER PACKET | 4 | PA, QL, LDD, SRX |
| VILAZODONE HCL 10 MG TABLET | 3 | QL |
| VILAZODONE HCL 20 MG TABLET | 3 | QL |
| VILAZODONE HCL 40 MG TABLET | 3 | QL |
| VINATE ONE | 1 | |
| VIOKACE 10,440-39,150 UNIT TAB | 3 | |
| VIOKACE 10,440-39,150 UNITS TB | 3 | |
| VIOKACE 20,880-78,300 UNITS TB | 3 | |
| VIORELE 28 DAY TABLET | 1 | |
| VIRACEPT 250 MG TABLET | 2 | |
| VIRACEPT 625 MG TABLET | 2 | |
| VIRAMUNE XR 400 MG TABLET | 3 | |
| VIREAD 150 MG TABLET | 2 | |
| VIREAD 200 MG TABLET | 2 | |
| VIREAD 250 MG TABLET | 2 | |

| Medication Name | Tier | Notes (PA, ST, QL, AGE, SRX, LDD) |
|--------------------------------|------|---|
| VIREAD 300 MG TABLET | 3 | |
| VIREAD POWDER | 2 | |
| VIRT-C DHA | 1 | |
| VIRT-NATE DHA | 1 | |
| VIRT-PN DHA | 1 | |
| VIRT-PN PLUS | 1 | |
| VISTOGARD 10 GRAM PACKET | 4 | LDD, SRX |
| VIT A,C,D-FLUORIDE 0.25 MG/ML | 1 | |
| VITAFOL-OB CAPLET | 1 | |
| VITAMIN D2 1.25MG(50,000 UNIT) | 1 | |
| VIVAGUARD INO CTRL SOLN-L1,2,3 | 2 | |
| VIVAGUARD INO CTRL SOLN-L2 | 2 | |
| VOLNEA 0.15-0.02-0.01 MG TAB | 1 | |
| VORICONAZOLE 200 MG TABLET | 3 | PA |
| VORICONAZOLE 40 MG/ML SUSP | 3 | PA |
| VORICONAZOLE 50 MG TABLET | 3 | PA |
| VORTEX ADULT MASK | 2 | QL |
| VORTEX HOLDING CHAMBER | 2 | QL |
| VORTEX HOLDING CHAMBER-CHILD | 2 | QL |
| VORTEX HOLDING CHAMBER-TODDLER | 2 | QL |
| VORTEX VHC FROG CHILD MASK | 2 | QL |
| VORTEX VHC LADYBUG TODDLER MSK | 2 | QL |
| VOTRIENT 200 MG TABLET | 4 | PA, QL, SRX |
| VRAYLAR 1.5 MG CAPSULE | 3 | QL, ST |
| VRAYLAR 1.5 MG-3 MG PACK | 3 | QL, ST |
| VRAYLAR 3 MG CAPSULE | 3 | QL, ST |
| VRAYLAR 4.5 MG CAPSULE | 3 | QL, ST |
| VRAYLAR 6 MG CAPSULE | 3 | QL, ST |
| VYFEMLA 0.4 MG-0.035 MG TABLET | 1 | |
| VYLIBRA 28 TABLET | 1 | |
| WAKIX 17.8 MG TABLET | 4 | PA, QL, LDD, SRX |
| WAKIX 4.45 MG TABLET | 4 | PA, QL, LDD, SRX |
| WARFARIN SODIUM 1 MG TABLET | 1 | |
| WARFARIN SODIUM 10 MG TABLET | 1 | |
| WARFARIN SODIUM 2 MG TABLET | 1 | |
| WARFARIN SODIUM 2.5 MG TABLET | 1 | |
| WARFARIN SODIUM 3 MG TABLET | 1 | |
| WARFARIN SODIUM 4 MG TABLET | 1 | |
| WARFARIN SODIUM 5 MG TABLET | 1 | |
| WARFARIN SODIUM 6 MG TABLET | 1 | |
| WARFARIN SODIUM 7.5 MG TABLET | 1 | |
| WAVESENSE CONTROL SOLN NORMAL | 2 | |
| WERA 0.5/0.035 MG 28 TABLET | 1 | |
| WESCAP-PN DHA | 1 | |
| WESNATE DHA | 1 | |
| WESTAB PLUS | 1 | |
| WESTHROID 32.5 MG TABLET | 1 | |

2024 Cigna Plus Florida 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) |
|--------------------------------|------|---|-------------------------------|------|---|
| WESTHROID 65 MG TABLET | 1 | | XTAMPZA ER 9 MG CAPSULE | 2 | PA |
| WIXELA 100-50 INHUB | 1 | QL | XTANDI 40 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| WIXELA 250-50 INHUB | 1 | QL | XTANDI 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| WIXELA 500-50 INHUB | 1 | QL | XTANDI 80 MG TABLET | 4 | PA, QL, LDD, SRX |
| WM UNIFINE PENTIP PLUS 4MM 32G | 2 | | XULANE 150-35 MCG/DAY PATCH | 1 | |
| WM UNIFINE PENTIP PLUS 5MM 31G | 2 | | YALE NEEDLES 21GX1.25" | 2 | |
| WM UNIFINE PENTIP PLUS 6MM 31G | 2 | | YOURX ULTICARE PEN ND 4MM 32G | 2 | |
| WM UNIFINE PENTIP PLUS 8MM 31G | 2 | | YOURX ULTICARE PEN ND 6MM 31G | 2 | |
| WP THYROID 113.75 MG TABLET | 2 | | YOURX ULTICARE PEN ND 8MM 31G | 2 | |
| WP THYROID 130 MG TABLET | 2 | | YUVAFEM 10 MCG VAGINAL INSERT | 1 | QL |
| WP THYROID 16.25 MG TABLET | 2 | | ZAFEMY 150-35 MCG/DAY PATCH | 1 | |
| WP THYROID 32.5 MG TABLET | 2 | | ZAFIRLUKAST 10 MG TABLET | 1 | |
| WP THYROID 48.75 MG TABLET | 2 | | ZAFIRLUKAST 20 MG TABLET | 1 | |
| WP THYROID 65 MG TABLET | 2 | | ZALEPLON 10 MG CAPSULE | 1 | |
| WP THYROID 81.25 MG TABLET | 2 | | ZALEPLON 5 MG CAPSULE | 1 | |
| WP THYROID 97.5 MG TABLET | 2 | | ZARAH TABLET | 1 | |
| WYMZYA FE 0.4-0.035 MG CHEW TB | 1 | | ZARXIO 300 MCG/0.5 ML SYRINGE | 4 | SRX |
| XALKORI 200 MG CAPSULE | 4 | PA, QL, LDD, SRX | ZARXIO 480 MCG/0.8 ML SYRINGE | 4 | SRX |
| XALKORI 250 MG CAPSULE | 4 | PA, QL, LDD, SRX | ZATEAN-PN DHA | 1 | |
| XARELTO 1 MG/ML SUSPENSION | 2 | PA, QL | ZATEAN-PN PLUS | 1 | |
| XARELTO 10 MG TABLET | 2 | PA, QL | ZELBORAF 240 MG TABLET | 4 | PA, QL, LDD, SRX |
| XARELTO 15 MG TABLET | 2 | PA, QL | ZENATANE 10 MG CAPSULE | 3 | |
| XARELTO 2.5 MG TABLET | 2 | PA, QL | ZENATANE 20 MG CAPSULE | 3 | |
| XARELTO 20 MG TABLET | 2 | PA, QL | ZENATANE 30 MG CAPSULE | 3 | |
| XARELTO DVT-PE TREAT START 30D | 2 | PA, QL | ZENATANE 40 MG CAPSULE | 3 | |
| XELJANZ 1 MG/ML SOLUTION | 4 | PA, QL, SRX | ZENZEDI 10 MG TABLET | 1 | QL |
| XELJANZ 10 MG TABLET | 4 | PA, QL, SRX | ZENZEDI 5 MG TABLET | 1 | QL |
| XELJANZ 5 MG TABLET | 4 | PA, QL, SRX | ZETONNA 37 MCG NASAL SPRAY | 3 | ST |
| XELJANZ XR 11 MG TABLET | 4 | PA, QL, SRX | ZIAGEN 20 MG/ML SOLUTION | 3 | |
| XELJANZ XR 22 MG TABLET | 4 | PA, QL, SRX | ZIAGEN 300 MG TABLET | 3 | |
| XIFAXAN 200 MG TABLET | 3 | PA, QL | ZIDOVUDINE 100 MG CAPSULE | 1 | |
| XIFAXAN 550 MG TABLET | 3 | PA, QL | ZIDOVUDINE 300 MG TABLET | 1 | |
| XIGDUO XR 10 MG-1,000 MG TAB | 2 | QL | ZIDOVUDINE 50 MG/5 ML SYRUP | 1 | |
| XIGDUO XR 10 MG-500 MG TABLET | 2 | QL | ZILEUTON ER 600 MG TABLET | 4 | SRX |
| XIGDUO XR 2.5 MG-1,000 MG TAB | 2 | QL | ZIOPTAN 0.0015% EYE DROP | 3 | QL |
| XIGDUO XR 5 MG-1,000 MG TABLET | 2 | QL | ZIOPTAN 0.0015% EYE DROPS | 3 | QL |
| XIGDUO XR 5 MG-500 MG TABLET | 2 | QL | ZIPRASIDONE HCL 20 MG CAPSULE | 1 | |
| XOLAIR 150 MG/1.2 ML POWDER VL | 4 | PA, LDD, SRX | ZIPRASIDONE HCL 40 MG CAPSULE | 1 | |
| XOLAIR 150 MG/ML SYRINGE | 4 | PA, LDD, SRX | ZIPRASIDONE HCL 60 MG CAPSULE | 1 | |
| XOLAIR 75 MG/0.5 ML SYRINGE | 4 | PA, LDD, SRX | ZIPRASIDONE HCL 80 MG CAPSULE | 1 | |
| XTAMPZA ER 13.5 MG CAPSULE | 2 | PA | ZIRGAN 0.15% OPHTHALMIC GEL | 3 | |
| XTAMPZA ER 18 MG CAPSULE | 2 | PA | ZOLADEX 10.8 MG IMPLANT SYRN | 4 | PA, SRX |
| XTAMPZA ER 27 MG CAPSULE | 2 | PA | ZOLADEX 3.6 MG IMPLANT SYRN | 4 | PA, SRX |
| XTAMPZA ER 36 MG CAPSULE | 2 | PA | ZOLINZA 100 MG CAPSULE | 4 | PA, QL, SRX |

2024 Cigna Plus Florida 4-Tier Prescription Drug List

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

(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 are considered to be for **Experimental Procedures or Investigational Procedures or Unproven Procedures**.
6. Services received **before the Effective Date** of coverage.
7. Services received **after coverage under this Policy ends**.
8. Services for which you have **no legal obligation to pay** or for which no charge would be made if you did not have a health plan or insurance coverage.
9. Any condition for which benefits are paid, 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 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.
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

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

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 Prosthesis, 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, except as specifically provided in this Policy.
31. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. Any services covered under **both this medical**

plan and an accompanying exchange-certified pediatric dental plan and reimbursed under the dental plan will not be reimbursed under this plan.

33. **Hearing aids** including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this Policy, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. **Routine hearing tests** except as specifically provided in this Policy under “Comprehensive Benefits, What the Plan Pays For.”
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 specifically stated in this Policy.
42. **Non-medical counseling or ancillary services**, including but not limited to: education, training,

(cont.)

vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays except as otherwise stated in this Policy.

43. Any services 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 do not consist exclusively of Covered Services.
44. **Services and procedures for redundant skin surgery** including abdominoplasty/panniculectomy, removal of skin tags, craniocervical/cranial therapy, rolfing, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries.
45. 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.
46. Any treatment, Prescription Drug, service or supply to **treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
47. 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.
48. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
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.
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:
 - o Rigid and semi-rigid custom fabricated Orthoses;
 - o Semi-rigid pre-fabricated and flexible Orthoses; and
 - o Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
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 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

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

Autism, or as specifically provided or arranged by Cigna Healthcare.

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

64. **Nutritional counseling** or food supplements, except as stated in this Policy.
65. **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.
66. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this Policy titled "Comprehensive Benefits: What the Policy Pays For."
67. **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". In the event an Insured Person dies outside of the United States, charges for medical evacuation and repatriation of his or her remains to the United States are not covered.
68. 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.
69. **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 90 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.
70. Charges for the **services of a standby Physician**.
71. Charges for **animal to human organ transplants**.
72. **Claims received by Cigna Healthcare after 15 months from the date service was rendered**, except in the event of a legal incapacity.

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 4 medications are limited to a 30-day supply.**
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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