

Individual & Family Plans

Cigna Health and Life Insurance Company



2024 Cigna Healthcare Plus Florida 5-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 Healthcare Plus Florida 5-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 5-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

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

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

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

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

This chart is just a sample. It may not show how these medications are actually covered on the 2024 Cigna Plus Florida 5-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

- 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.
- 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.
- 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 **PA** next to them. You have many covered options to choose from, and they're used to treat the same condition.
- Certain medications will only be covered if you're within a specific age range. These medications have **AR** 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.
- These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have **BI** next to them.

* 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.)

– 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 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	53-58
E-G	22-31	T-U	58-64
H-J	31-35	V-Z	64-67
K-L	35-39		

2024 Cigna Plus Florida 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
1ST TIER UNIFINE PENTP 5MM 31G	3		ACETYLCYSTEINE 10% VIAL	2	
1ST TIER UNIFINE PNTIP 4MM 32G	3		ACETYLCYSTEINE 20% VIAL	2	
1ST TIER UNIFINE PNTIP 6MM 31G	3		ACITRETIN 10 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 8MM 31G	3		ACITRETIN 17.5 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 12MM 29G	3		ACITRETIN 25 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 29GX1/2"	3		ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
1ST TIER UNIFINE PNTIP 31GX1/4"	3		ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, QL, SRX
1ST TIER UNIFINE PNTIP 31GX3/16	3		ACTHIB VACCINE VIAL	3	
1ST TIER UNIFINE PNTIP 31GX5/16	3		ACTHIB VACCINE WITH DILUENT	3	
1ST TIER UNIFINE PNTIP 32GX5/32	3		ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
2TEK CONTROL SOLUTION	3		ACYCLOVIR 200 MG CAPSULE	1	
ABACAVIR 20 MG/ML SOLUTION	2		ACYCLOVIR 200 MG/5 ML SUSP	2	
ABACAVIR 300 MG TABLET	2		ACYCLOVIR 400 MG TABLET	1	
ABACAVIR-LAMIVUDINE 600-300 MG	2		ACYCLOVIR 5% OINTMENT	4	PA, QL
ABACAVIR-LAMIVUDINE-ZIDOV TAB	2		ACYCLOVIR 800 MG TABLET	1	
ABIRATERONE ACETATE 250 MG TAB	5	PA, LDD, SRX	ADACEL TDAP SYRINGE	3	
ABIRATERONE ACETATE 500 MG TAB	5	PA, LDD, SRX	ADACEL TDAP VIAL	3	
ABOUTIME PEN NEEDLE 30G X 8MM	3		ADALIMUMAB-ADAZ	5	PA, QL, SRX
ABOUTIME PEN NEEDLE 31G X 5MM	3		ADALIMUMAB-ADBIM	5	PA, QL, SRX
ABOUTIME PEN NEEDLE 31G X 8MM	3		ADALIMUMAB-RYVK	5	PA, QL, SRX
ABOUTIME PEN NEEDLE 32G X 4MM	3		ADAPALENE 0.1% CREAM	2	PA_AGE
ACAMPROSATE CALC DR 333 MG TAB	3		ADAPALENE 0.1% GEL	2	PA_AGE
ACARBOSE 100 MG TABLET	2		ADAPALENE 0.1% LOTION	2	PA_AGE
ACARBOSE 25 MG TABLET	2		ADAPALENE 0.1% SOLUTION	2	PA_AGE
ACARBOSE 50 MG TABLET	2		ADAPALENE 0.3% GEL	2	PA_AGE
ACCU-CHEK AVIVA SOLUTION	3		ADAPALENE 0.3% GEL PUMP	2	PA_AGE
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3		ADEFOVIR DIPIVOXIL 10 MG TAB	5	SRX
ACCU-CHEK SMARTVIEW CONTRL SOL	3		ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX
ACCUTANE 10 MG CAPSULE	4		ADEMPAS 1 MG TABLET	5	PA, LDD, SRX
ACCUTANE 20 MG CAPSULE	4		ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX
ACCUTANE 30 MG CAPSULE	4		ADEMPAS 2 MG TABLET	5	PA, LDD, SRX
ACCUTANE 40 MG CAPSULE	4		ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ACCUTREND GLUCOSE CONTROL	3		ADVOCATE CONTROL SOLUTION HIGH	3	
ACE AEROSOL CLOUD ENHANCER	3	QL	ADVOCATE CONTROL SOLUTION LOW	3	
ACEBUTOLOL 200 MG CAPSULE	2		ADVOCATE INS 0.3 ML 30GX5/16"	3	
ACEBUTOLOL 400 MG CAPSULE	2		ADVOCATE INS 0.3 ML 31GX5/16"	3	
ACETAMN-CAF-DIHYDRCODEIN 320.5	2	PA	ADVOCATE INS 0.5 ML 30GX5/16"	3	
ACETAMIN-CODEIN 300-30 MG/12.5	2		ADVOCATE INS 0.5 ML 31GX5/16"	3	
ACETAMINOP-CODEINE 120-12 MG/5	2		ADVOCATE INS 1 ML 31GX5/16"	3	
ACETAMINOPHEN-COD #2 TABLET	2	PA	ADVOCATE INS SYR 0.3ML 29GX1/2	3	
ACETAMINOPHEN-COD #3 TABLET	2	PA	ADVOCATE INS SYR 0.5ML 29GX1/2	3	
ACETAMINOPHEN-COD #4 TABLET	2	PA	ADVOCATE INS SYR 1 ML 29GX1/2"	3	
ACETAZOLAMIDE 125 MG TABLET	2		ADVOCATE INS SYR 1 ML 30GX5/16	3	
ACETAZOLAMIDE 250 MG TABLET	2		ADVOCATE PEN ND 12.7MM 29G	3	
ACETAZOLAMIDE ER 500 MG CAP	2		ADVOCATE PEN NEEDLE 4MM 33G	3	
ACETIC ACID 0.25% IRRIG SOLN	2		ADVOCATE PEN NEEDLES 5MM 31G	3	
ACETIC ACID 2% EAR SOLUTION	2		ADVOCATE PEN NEEDLES 8MM 31G	3	

2024 Cigna Plus Florida 5-Tier Prescription Drug List

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

2024 Cigna Plus Florida 5-Tier Prescription Drug List

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

2024 Cigna Plus Florida 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ANZEMET 50 MG TABLET	5	PA, QL, SRX	ARMODAFINIL 200 MG TABLET	2	PA
APEXICON E 0.05% CREAM	4		ARMODAFINIL 250 MG TABLET	2	PA
APIDRA 100 UNIT/ML VIAL	4	QL, ST	ARMODAFINIL 50 MG TABLET	2	PA
APIDRA SOLOSTAR 100 UNIT/ML	4	QL, ST	ARMOUR THYROID 120 MG TABLET	3	
APRACLONIDINE HCL 0.5% DROPS	2		ARMOUR THYROID 15 MG TABLET	3	
APREPITANT 125 MG CAPSULE	2	QL	ARMOUR THYROID 180 MG TABLET	3	
APREPITANT 125-80-80 MG PACK	2	QL	ARMOUR THYROID 240 MG TABLET	3	
APREPITANT 40 MG CAPSULE	2	QL	ARMOUR THYROID 30 MG TABLET	3	
APREPITANT 80 MG CAPSULE	2	QL	ARMOUR THYROID 300 MG TABLET	3	
APRI 28 DAY TABLET	1		ARMOUR THYROID 60 MG TABLET	3	
APTIOM 200 MG TABLET	4	PA, QL	ARMOUR THYROID 90 MG TABLET	3	
APTIOM 400 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 100 MCG INH	3	
APTIOM 600 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 200 MCG INH	3	
APTIOM 800 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 50 MCG INH	3	
APTIVUS 250 MG CAPSULE	3		ASA-BUTALB-CAFF-COD #3 CAPSULE	2	PA
AQ INSULIN SYR 0.5 ML 30G 8MM	3		ASCOMP WITH CODEINE CAPSULE	2	PA
AQ INSULIN SYR 1 ML 31G 8MM	3		ASENAPINE 10 MG TABLET SL	4	QL
AQ INSULIN SYRIN 1 ML 29G 12MM	3		ASENAPINE 2.5 MG TABLET SL	4	QL
AQUA CARE 0.9% NACL IRRIGATION	2		ASENAPINE 5 MG TABLET SL	4	QL
AQUA CARE STERILE WATER IRRIG	2		ASHLYNA 0.15-0.03-0.01 MG TAB	1	
ARANELLE 28 TABLET	1		ASMANEX HFA 100 MCG INHALER	4	QL, ST
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX HFA 200 MCG INHALER	4	QL, ST
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX	ASMANEX HFA 50 MCG INHALER	4	QL, ST
ARANESP 100 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 110 MCG #30	4	QL, ST
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #14	4	ST
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #30	4	QL, ST
ARANESP 200 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #60	4	QL, ST
ARANESP 25 MCG/0.42 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALR 220 MCG #120	4	QL, ST
ARANESP 25 MCG/ML VIAL	5	PA, SRX	ASPIRIN-DIPYRIDAM ER 25-200 MG	2	
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX	ASSURE 4 CONTROL SOLUTION	3	
ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX	ASSURE DOSE CONTROL SOLUTION	3	
ARANESP 40 MCG/ML VIAL	5	PA, SRX	ASSURE ID PEN NEEDLE 30GX3/16"	3	
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX	ASSURE ID PEN NEEDLE 30GX5/16"	3	
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX	ASSURE ID PEN NEEDLE 31GX3/16"	3	
ARANESP 60 MCG/ML VIAL	5	PA, SRX	ASSURE ID SYR 0.5 ML 29GX1/2"	3	
ARCALYST 220 MG VIAL	5	PA, LDD, SRX	ASSURE ID SYR 0.5ML 31GX15/64"	3	
ARFORMOTEROL 15 MCG/2 ML SOLN	4	QL	ASSURE ID SYR 1 ML 29GX1/2"	3	
ARIPIPIRAZOLE 1 MG/ML SOLUTION	3		ASSURE ID SYR 1 ML 31GX15/64"	3	
ARIPIPIRAZOLE 10 MG TABLET	2		ASSURE PRISM CONTROL SOLUTION	3	
ARIPIPIRAZOLE 15 MG TABLET	2		ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ARIPIPIRAZOLE 2 MG TABLET	2		ASTAGRAF XL 1 MG CAPSULE	5	SRX
ARIPIPIRAZOLE 20 MG TABLET	2		ASTAGRAF XL 5 MG CAPSULE	5	SRX
ARIPIPIRAZOLE 30 MG TABLET	2		ASTHMA CHECK PEAK FLOW MTR	3	
ARIPIPIRAZOLE 5 MG TABLET	2		ASTHMAPACK CHILDREN'S CARE KIT	3	
ARIPIPIRAZOLE ODT 10 MG TABLET	4		ATAZANAVIR SULFATE 150 MG CAP	2	
ARIPIPIRAZOLE ODT 15 MG TABLET	4		ATAZANAVIR SULFATE 200 MG CAP	2	
ARMODAFINIL 150 MG TABLET	2	PA	ATAZANAVIR SULFATE 300 MG 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)
ATENOLOL 100 MG TABLET	1		AYUNA-28 TABLET	1	
ATENOLOL 25 MG TABLET	1		AZASITE 1% EYE DROPS	4	
ATENOLOL 50 MG TABLET	1		AZATHIOPRINE 50 MG TABLET	2	
ATENOLOL-CHLOROTHALIDONE 100-25	2		AZELAIC ACID 15% GEL	2	
ATENOLOL-CHLOROTHALIDONE 50-25	2		AZELASTINE 0.1% (137 MCG) SPRY	2	
ATOMOXETINE HCL 10 MG CAPSULE	2	QL	AZELASTINE 0.15% NASAL SPRAY	2	
ATOMOXETINE HCL 100 MG CAPSULE	2	QL	AZELASTINE HCL 0.05% DROPS	2	
ATOMOXETINE HCL 18 MG CAPSULE	2	QL	AZELASTIN-FLUTIC 137-50MCG SPR	3	
ATOMOXETINE HCL 25 MG CAPSULE	2	QL	AZITHROMYCIN 1 GM PWD PACKET	2	
ATOMOXETINE HCL 40 MG CAPSULE	2	QL	AZITHROMYCIN 100 MG/5 ML SUSP	2	
ATOMOXETINE HCL 60 MG CAPSULE	2	QL	AZITHROMYCIN 200 MG/5 ML SUSP	2	
ATOMOXETINE HCL 80 MG CAPSULE	2	QL	AZITHROMYCIN 250 MG TABLET	1	
ATORVASTATIN 10 MG TABLET	2		AZITHROMYCIN 500 MG TABLET	1	
ATORVASTATIN 20 MG TABLET	2		AZITHROMYCIN 600 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2		AZO TEST STRIP	3	
ATORVASTATIN 80 MG TABLET	2		AZURETTE 28 DAY TABLET	1	
ATOVAQUONE 1,500 MG/10 ML SUSP	4		BACITRACIN 500 UNIT/GM OPHTH	2	
ATOVAQUONE 750 MG/5 ML SUSP	4		BACITRACIN-POLYMYXIN EYE OINT	2	
ATOVAQUONE-PROGUANIL 250-100	2		BACLOFEN 10 MG TABLET	2	
ATOVAQUONE-PROGUANIL 62.5-25	2		BACLOFEN 20 MG TABLET	2	
ATRIPLA TABLET	3	QL	BACLOFEN 5 MG TABLET	2	
ATROPINE 1% EYE DROPS	2		BAL-CARE DHA COMBO PACK	1	
ATROPINE 1% EYE OINTMENT	2		BALCOLTRA TABLET	4	
AUBRA EQ-28 TABLET	1		BALSALAZIDE DISODIUM 750 MG CP	2	
AUBRA-28 TABLET	1		BALZIVA 28 TABLET	1	
AUROVELA 1 MG-20 MCG TABLET	1		BAQSIMI 3 MG SPRAY ONE PACK	3	QL
AUROVELA 21 1.5-30 TABLET	1		BAQSIMI 3 MG SPRAY TWO PACK	3	QL
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
AUROVELA FE 1.5 MG-30 MCG TAB	1		BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
AUROVELA FE 1-20 TABLET	1		BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
AUTOJECT 2 INJECTION DEVICE	3		BD 3 ML SYRINGE 18GX1-1/2"	3	
AUTOPEN 1 TO 21 UNITS	3		BD 3 ML SYRINGE 20GX1-1/2"	3	
AUTOPEN 2 TO 42 UNITS	3		BD 3 ML SYRINGE 25GX1"	3	
AUTOSOFT 30 INFUS SET 23" 13MM	3		BD 3 ML SYRINGE 25GX1-1/2"	3	
AUTOSOFT 30 INFUS SET 43" 13MM	3		BD 3 ML SYRINGE WITH NEEDLE	3	
AUTOSOFT 90 INFUSN SET 23" 6MM	3		BD AUTOSHIELD DUO NDL 5MMX30G	3	
AUTOSOFT 90 INFUSN SET 23" 9MM	3		BD BLUNT NEEDLE 18GX1-1/2"	3	
AUTOSOFT 90 INFUSN SET 43" 6MM	3		BD ECLIPSE 30GX1/2" SYRINGE	3	
AUTOSOFT 90 INFUSN SET 43" 9MM	3		BD ECLIPSE LUER-LOK SYR 3 ML	3	
AUTOSOFT XC INFUSN SET 23" 6MM	3		BD ECLIPSE NEEDLE 18GX1 1/2"	3	
AUTOSOFT XC INFUSN SET 23" 9MM	3		BD ECLIPSE NEEDLE 21GX1"	3	
AUTOSOFT XC INFUSN SET 32" 6MM	3		BD ECLIPSE NEEDLE 22GX1"	3	
AUTOSOFT XC INFUSN SET 43" 6MM	3		BD ECLIPSE NEEDLE 23GX1"	3	
AUTOSOFT XC INFUSN SET 43" 9MM	3		BD ECLIPSE NEEDLE 25G 16MM	3	
AVIANE-28 TABLET	1		BD ECLIPSE NEEDLE 25G 25MM	3	
AVONEX PREFILLED SYR 30 MCG KT	5	PA, SRX	BD ECLIPSE NEEDLE 25G 40MM	3	
AVONEX PEN 30 MCG/0.5 ML KIT	5	PA, SRX			

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD ECLIPSE NEEDLE 25GX1"	3	
BD ECLIPSE NEEDLE 25GX5/8"	3	
BD ECLIPSE NEEDLE 27GX1/2"	3	
BD ECLIPSE NEEDLE 30G 13MM	3	
BD ECLIPSE NEEDLE 30GX1/2"	3	
BD ECLIPSE NEEDLES 21GX1.5"	3	
BD FILTER NEEDLE	3	
BD INS SYR 0.3 ML 8MMX31G(1/2)	3	
BD INS SYR UF 0.3ML 12.7MMX30G	3	
BD INS SYR UF 0.5ML 12.7MMX30G	3	
BD INS SYRN UF 1 ML 12.7MMX30G	3	
BD INS SYRNG 0.3 ML 29GX12.7MM	3	
BD INS SYRNG 0.5 ML 29GX12.7MM	3	
BD INS SYRNG UF 0.3 ML 8MMX31G	3	
BD INS SYRNG UF 0.5 ML 8MMX31G	3	
BD INS SYR U-500 1/2ML 6MMX31G	3	
BD INSULIN SYR 0.5 ML 28GX1/2"	3	
BD INSULIN SYR 0.5 ML 29GX1/2"	3	
BD INSULIN SYR 1 ML 25GX1"	3	
BD INSULIN SYR 1 ML 25GX5/8"	3	
BD INSULIN SYR 1 ML 26GX1/2"	3	
BD INSULIN SYR 1 ML 27GX12.7MM	3	
BD INSULIN SYR 1 ML 27GX5/8"	3	
BD INSULIN SYR 1 ML 28GX1/2"	3	
BD INSULIN SYR 1 ML 29GX1/2"	3	
BD INSULIN SYR 1 ML 29GX12.7MM	3	
BD INSULIN SYR UF 1 ML 8MMX31G	3	
BD INSULIN SYRINGE 1 ML	3	
BD INTEGRA NEEDLE 25G X 5/8"	3	
BD INTEGRA RETRA NEEDLE 23GX1"	3	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3	
BD LUER-LOK SYRINGE 1 ML	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3	
BD MAGNI-GUIDE MAGNIFIER	3	
BD NANO 2 GEN PEN NDL 32G 4MM	3	
BD NEEDLE 18GX1 1/2"	3	
BD NEEDLE 19GX1 1/2"	3	
BD NEEDLE 20GX1 1/2"	3	
BD NEEDLE 21GX1 1/2"	3	
BD NEEDLE 21GX1"	3	
BD NEEDLE 22GX1 1/2"	3	
BD NEEDLE 22GX3/4"	3	
BD NEEDLE 23GX1 1/2"	3	
BD NEEDLE 23GX1"	3	
BD NEEDLE 25GX1"	3	
BD NEEDLE 25GX5/8"	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD NEEDLE 26GX0.625"	3	
BD NEEDLES 16GX1"	3	
BD NEEDLES 16GX1.5"	3	
BD NEEDLES 18GX1"	3	
BD NEEDLES 18GX1.5"	3	
BD NEEDLES 19GX1"	3	
BD NEEDLES 19GX1.5"	3	
BD NEEDLES 20GX1"	3	
BD NEEDLES 20GX1.5"	3	
BD NEEDLES 21GX1"	3	
BD NEEDLES 21GX1.5"	3	
BD NEEDLES 21GX2"	3	
BD NEEDLES 22GX1"	3	
BD NEEDLES 22GX1.5"	3	
BD NEEDLES 23GX0.75"	3	
BD NEEDLES 23GX1.25"	3	
BD NEEDLES 25GX0.625"	3	
BD NEEDLES 25GX0.875"	3	
BD NEEDLES 25GX1.5"	3	
BD NEEDLES 26GX0.375"	3	
BD NEEDLES 26GX0.5"	3	
BD NEEDLES 27GX0.5"	3	
BD NEEDLES 27GX1X1.25"	3	
BD NEEDLES 30GX0.5"	3	
BD NEEDLES 30GX1"	3	
BD NOKOR NEEDLE 16GX1"	3	
BD NOKOR NEEDLE 18GX1"	3	
BD PRECISIONGLI 27GX1-1/2" NDL	3	
BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD PRECISIONGLIDE NEEDLE 25G	3	
BD SAFETGLD INS 0.3ML 29G 13MM	3	
BD SAFETGLD INS 0.5ML 13MMX29G	3	
BD SAFETYGLD INS 0.3ML 31G 8MM	3	
BD SAFETYGLD INS 0.5ML 30G 8MM	3	
BD SAFETYGLD INS 1 ML 29G 13MM	3	
BD SAFETYGLID INS 1 ML 6MMX31G	3	
BD SAFETYGLIDE 3 ML SYRINGE	3	
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD SAFETYGLIDE NEEDLE 22GX1.5"	3	
BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD SAFTYGLD INS 0.3 ML 6MMX31G	3	
BD SAFTYGLD INS 0.5 ML 6MMX31G	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD SAFTYGLD INS 0.5ML 29G 13MM	3		BETHANECHOL 10 MG TABLET	2	
BD SYRINGE-SAFETY GLIDE	3		BETHANECHOL 25 MG TABLET	2	
BD UF INS SYR 1 ML 30GX1/2"	3		BETHANECHOL 5 MG TABLET	2	
BD UF MICRO PEN NEEDLE 6MMX32G	3		BETHANECHOL 50 MG TABLET	2	
BD UF MINI PEN NEEDLE 5MMX31G	3		BEXAROTENE 1% GEL	5	PA, SRX
BD UF NANO PEN NEEDLE 4MMX32G	3		BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BD UF ORIG PEN NDL 12.7MMX29G	3		BEXSERO PREFILLED SYRINGE	3	
BD UF SHORT PEN NEEDLE 8MMX31G	3		BICALUTAMIDE 50 MG TABLET	2	
BD VEO INS 0.3ML 6MMX31G (1/2)	3		BIKTARVY 30-120-15 MG TABLET	3	QL
BD VEO INS SYRING 1 ML 6MMX31G	3		BIKTARVY 50-200-25 MG TABLET	3	QL
BD VEO INS SYRN 0.3 ML 6MMX31G	3		BIMATOPROST 0.03% EYE DROPS	2	QL
BD VEO INS SYRN 0.5 ML 6MMX31G	3		BINOSTO 70 MG EFFERVESCENT TAB	4	
BECONASE AQ 0.042% SPRAY	4	ST	BISOPROLOL FUMARATE 10 MG TAB	2	
BEKYREE 28 DAY TABLET	1		BISOPROLOL FUMARATE 5 MG TAB	2	
BELLADONNA-OPIUM 16.2-30 SUPP	2	PA	BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BELLADONNA-OPIUM 16.2-60 SUPP	2	PA	BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BENAZEPRIL HCL 10 MG TABLET	1		BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BENAZEPRIL HCL 20 MG TABLET	1		BLISOVI 24 FE TABLET	1	
BENAZEPRIL HCL 40 MG TABLET	1		BLISOVI FE 1.5-30 TABLET	1	
BENAZEPRIL HCL 5 MG TABLET	1		BLISOVI FE 1-20 TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TAB	2		BLOOD GLUCOSE CONTROL SOLUTION	3	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	2		BLUNT NEEDLE	3	
BENAZEPRIL-HCTZ 20-25 MG TAB	2		BOOSTRIX TDAP VACCINE SYRINGE	3	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	2		BOOSTRIX TDAP VACCINE VIAL	3	
BENZONATATE 100 MG CAPSULE	2		BOSENTAN 125 MG TABLET	5	PA, LDD, SRX
BENZONATATE 200 MG CAPSULE	2		BOSENTAN 62.5 MG TABLET	5	PA, LDD, SRX
BENZTROPINE MES 0.5 MG TAB	2		BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BENZTROPINE MES 1 MG TABLET	2		BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BENZTROPINE MES 2 MG TABLET	2		BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BEPOTASTINE 1.5% EYE DROP	4		BREATHERITE MDI SPACER	3	QL
BESER 0.05% LOTION	2		BREATHERITE SPACER-ADULT MASK	3	QL
BETADINE 5% EYE SOLUTION	4		BREATHERITE SPACER-INFANT MASK	3	QL
BETAINE 1 GRAM/SCOOP POWDER	5	PA, LDD, SRX	BREATHERITE SPACER-LG CHLD MSK	3	QL
BETAMETHASONE DP 0.05% CRM	2		BREATHERITE SPACER-NEONATE MSK	3	QL
BETAMETHASONE DP 0.05% LOT	2		BREATHERITE SPACER-SM CHLD MSK	3	QL
BETAMETHASONE DP 0.05% OINT	2		BREATHRITE VALVED MDI CHAMBER	3	QL
BETAMETHASONE DP AUG 0.05% CRM	2		BREATHRITE VALVED MDI SPACER	3	QL
BETAMETHASONE DP AUG 0.05% GEL	2		BREEZE 2 SOLUTION	3	
BETAMETHASONE DP AUG 0.05% LOT	2		BREO ELLIPTA 100-25 MCG INH	3	QL
BETAMETHASONE DP AUG 0.05% OIN	2		BREO ELLIPTA 200-25 MCG INH	3	QL
BETAMETHASONE VA 0.1% CREAM	2		BRIELLYN TABLET	1	
BETAMETHASONE VA 0.1% LOTION	2		BRILINTA 60 MG TABLET	4	
BETAMETHASONE VALER 0.1% OINTM	2		BRILINTA 90 MG TABLET	4	
BETAMETHASONE VALER 0.12% FOAM	2		BRIMONIDINE 0.2% EYE DROP	2	
BETAXOLOL 10 MG TABLET	2		BRIMONIDINE TARTRATE 0.15% DRP	2	
BETAXOLOL 20 MG TABLET	2		BRIMONIDINE-TIMOLOL 0.2%-0.5%	4	
BETAXOLOL HCL 0.5% EYE DROP	2		BRINZOLAMIDE 1% EYE DROPS	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BRIVIACT 10 MG TABLET	4	PA, QL
BRIVIACT 10 MG/ML ORAL SOLN	4	PA, QL
BRIVIACT 100 MG TABLET	4	PA, QL
BRIVIACT 25 MG TABLET	4	PA, QL
BRIVIACT 50 MG TABLET	4	PA, QL
BRIVIACT 75 MG TABLET	4	PA, QL
BROMFENAC SODIUM 0.09% EYE DRP	2	
BROMOCRIPTINE 2.5 MG TABLET	2	
BROMOCRIPTINE 5 MG CAPSULE	2	
BROMPHEN-PSE-DM 2-30-10 MG/5ML	2	
BROOKS INSULIN 0.3ML SYRN	3	
BUDESONIDE 0.25 MG/2 ML SUSP	4	QL
BUDESONIDE 0.5 MG/2 ML SUSP	4	QL
BUDESONIDE 1 MG/2 ML INH SUSP	4	QL
BUDESONIDE DR 3 MG CAPSULE	4	
BUDESONIDE EC 3 MG CAPSULE	4	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX
BUDESONIDE-FORMOTEROL 160-4.5	4	QL
BUDESONIDE-FORMOTEROL 80-4.5	4	QL
BUMETANIDE 0.5 MG TABLET	2	
BUMETANIDE 1 MG TABLET	2	
BUMETANIDE 2 MG TABLET	2	
BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BUPRENORPHINE 2 MG TABLET SL	2	
BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BUPRENORPHINE 8 MG TABLET SL	2	
BUPRENORPHINE-NALOX 12-3MG FLM	2	
BUPRENORPHINE-NALOX 2-0.5MG FM	2	
BUPRENORPHINE-NALOX 2-0.5MG TB	2	
BUPRENORPHINE-NALOX 4-1MG FILM	2	
BUPRENORPHINE-NALOX 8-2 MG TAB	2	
BUPRENORPHINE-NALOX 8-2MG FILM	2	
BUPROPION HCL 100 MG TABLET	2	QL
BUPROPION HCL 75 MG TABLET	2	QL
BUPROPION HCL SR 100 MG TABLET	2	QL
BUPROPION HCL SR 150 MG TABLET	2	QL
BUPROPION HCL SR 150 MG TABLET (smoking cessation)	2	
BUPROPION HCL SR 200 MG TABLET	2	QL
BUPROPION HCL XL 150 MG TABLET	2	QL
BUPROPION HCL XL 300 MG TABLET	2	QL
BUSPIRONE HCL 10 MG TABLET	1	
BUSPIRONE HCL 15 MG TABLET	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BUSPIRONE HCL 30 MG TABLET	2	
BUSPIRONE HCL 5 MG TABLET	1	
BUSPIRONE HCL 7.5 MG TABLET	2	
BUTALB-ACETAMIN-CAF-COD 50-300	2	PA
BUTALB-ACETAMIN-CAF-COD 50-325	2	PA
BUTALB-ACETAMIN-CAFF 50-300-40	2	QL
BUTALB-ACETAMIN-CAFF 50-325-40	2	QL
BUTALBITAL COMP-CODEINE #3 CAP	2	PA
BUTALBITAL-ACETAMINOPHN 50-325	2	
BUTALBITAL-ASPIRIN-CAFFEINE CP	2	QL
BUTALBITAL-ASPIRIN-CAFFEINE TB	2	QL
BUTORPHANOL 10 MG/ML SPRAY	2	PA, QL
BYDUREON BCISE 2 MG AUTOINJECT	3	PA, QL
BYETTA 10 MCG DOSE PEN INJ	3	PA, QL
BYETTA 5 MCG DOSE PEN INJ	3	PA, QL
CA INS SYR 0.3 ML 30GX5/16"	3	
CA INS SYR 0.3 ML 31GX5/16"	3	
CA INS SYR 0.5 ML 30GX5/16"	3	
CA INS SYR 0.5 ML 31GX5/16"	3	
CA INSULIN SYR 0.3 ML 29GX1/2"	3	
CA INSULIN SYR 0.5 ML 29GX1/2"	3	
CA INSULIN SYR 1 ML 29GX1/2"	3	
CA INSULIN SYR 1 ML 30GX5/16"	3	
CA INSULIN SYR 1 ML 31GX5/16"	3	
CABERGOLINE 0.5 MG TABLET	2	QL
CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX
CAFFEINE CIT 60 MG/3 ML ORAL	2	
CALCIPOTRIENE 0.005% CREAM	2	
CALCIPOTRIENE 0.005% OINTMENT	2	
CALCIPOTRIENE 0.005% SOLUTION	2	
CALCIPOTRIENE-BETAMETH DP OINT	4	
CALCITONIN-SALMON 200 UNITS SP	2	
CALCITRIOL 0.25 MCG CAPSULE	2	
CALCITRIOL 0.5 MCG CAPSULE	2	
CALCITRIOL 1 MCG/ML SOLUTION	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL
CALCIUM ACETATE 667 MG CAPSULE	2	
CALCIUM ACETATE 667 MG GELCAP	2	
CALCIUM ACETATE 667 MG TABLET	2	
CAMILA 0.35 MG TABLET	1	
CAMRESE 0.15-0.03-0.01 MG TAB	1	
CAMRESE LO TABLET	1	
CANDESARTAN CILEXETIL 16 MG TB	2	
CANDESARTAN CILEXETIL 32 MG TB	2	

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARETOUCH PEN NEEDLE 31GX3/16"	3		CEFPODOXIME 200 MG TABLET	2	
CARETOUCH PEN NEEDLE 31GX5/16"	3		CEFPODOXIME 50 MG/5 ML SUSP	2	
CARETOUCH PEN NEEDLE 32GX3/16"	3		CEFPROZIL 125 MG/5 ML SUSP	2	
CARETOUCH PEN NEEDLE 32GX5/32"	3		CEFPROZIL 250 MG TABLET	2	
CARETOUCH SYR 0.3 ML 31GX5/16"	3		CEFPROZIL 250 MG/5 ML SUSP	2	
CARETOUCH SYR 0.5 ML 30GX5/16"	3		CEFPROZIL 500 MG TABLET	2	
CARETOUCH SYR 0.5 ML 31GX5/16"	3		CEFUROXIME AXETIL 250 MG TAB	2	
CARETOUCH SYR 1 ML 28GX5/16"	3		CEFUROXIME AXETIL 500 MG TAB	2	
CARETOUCH SYR 1 ML 29GX5/16"	3		CELECOXIB 100 MG CAPSULE	2	QL
CARETOUCH SYR 1 ML 30GX5/16"	3		CELECOXIB 200 MG CAPSULE	2	QL
CARETOUCH SYR 1 ML 31GX5/16"	3		CELECOXIB 400 MG CAPSULE	2	QL
CARGLUMIC ACID 200 MG TAB SUSP	5	PA, SRX	CELECOXIB 50 MG CAPSULE	2	QL
CARISOPRODOL 250 MG TABLET	2		CELONTIN 300 MG CAPSULE	4	
CARISOPRODOL 350 MG TABLET	2		CEPHALEXIN 125 MG/5 ML SUSP	2	
CARISOPRODL-ASPIRIN 200-325 MG	2		CEPHALEXIN 250 MG CAPSULE	1	
CARISOPRODOL-ASPIRIN-CODEIN TB	2	PA	CEPHALEXIN 250 MG/5 ML SUSP	2	
CARTEOLOL HCL 1% EYE DROPS	2		CEPHALEXIN 500 MG CAPSULE	1	
CARTIA XT 120 MG CAPSULE	2		CEPHALEXIN 750 MG CAPSULE	2	
CARTIA XT 180 MG CAPSULE	2		CEQUR SIMPLICITY INSERTER	3	
CARTIA XT 240 MG CAPSULE	2		CETIRIZINE HCL 1 MG/ML SOLN	2	
CARTIA XT 300 MG CAPSULE	2		CETIRIZINE HCL 1 MG/ML SYRUP	2	
CARTRIDGE STAMPED IR 1200	3		CEVIMELINE HCL 30 MG CAPSULE	2	
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	3	
CAYSTON 75 MG INHAL SOLUTION	5	PA, QL, LDD, SRX	CHEMET 100 MG CAPSULE	4	
CAZANT 28 DAY TABLET	1		CHEMSTRIP 10 MD	3	
CEFACLOR 125 MG/5 ML SUSP	2		CHEMSTRIP 10 WITH SG	3	
CEFACLOR 250 MG CAPSULE	2		CHEMSTRIP 2 GP	3	
CEFACLOR 250 MG/5 ML SUSP	2		CHEMSTRIP 2 LN	3	
CEFACLOR 375 MG/5 ML SUSPEN	2		CHEMSTRIP 50B	3	
CEFACLOR 500 MG CAPSULE	2		CHEMSTRIP 7	3	
CEFACLOR ER 500 MG TABLET	2		CHEMSTRIP 9	3	
CEFADROXIL 1 GM TABLET	2		CHEMSTRIP BG DIARY	3	
CEFADROXIL 250 MG/5 ML SUSP	2		CHEMSTRIP MICRAL TEST STRIP	3	
CEFADROXIL 500 MG CAPSULE	2		CHLORDIAZEPO-AMITRIPTYL 5-12.5	2	
CEFADROXIL 500 MG/5 ML SUSP	2		CHLORDIAZEPOX-AMITRIPTYL 10-25	2	
CEFDINIR 125 MG/5 ML SUSP	2		CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CEFDINIR 250 MG/5 ML SUSP	2		CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CEFDINIR 300 MG CAPSULE	2		CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CEFDITOREN PIVOXIL 400 MG TAB	2		CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	
CEFIXIME 100 MG/5 ML SUSP	2		CHLORHEXIDINE 0.12% RINSE	2	
CEFIXIME 200 MG/5 ML SUSP	2		CHLOROQUINE PH 250 MG TABLET	2	
CEFIXIME 400 MG CAPSULE	3		CHLOROQUINE PH 500 MG TABLET	2	
CEFPODOXIME 100 MG TABLET	2		CHLORPROMAZINE 10 MG TABLET	2	
CEFPODOXIME 100 MG/5 ML SUSP	2		CHLORPROMAZINE 100 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CHLORPROMAZINE 200 MG TABLET	2		CLARAVIS 20 MG CAPSULE	4	
CHLORPROMAZINE 25 MG TABLET	2		CLARAVIS 30 MG CAPSULE	4	
CHLORPROMAZINE 50 MG TABLET	2		CLARAVIS 40 MG CAPSULE	4	
CHLORTHALIDONE 25 MG TABLET	1		CLARITHROMYCIN 125 MG/5 ML SUS	2	
CHLORTHALIDONE 50 MG TABLET	1		CLARITHROMYCIN 250 MG TABLET	2	
CHLORZOXAZONE 500 MG TABLET	2		CLARITHROMYCIN 250 MG/5 ML SUS	2	
CHOLESTYRAMINE LIGHT PACKET	2		CLARITHROMYCIN 500 MG TABLET	2	
CHOLESTYRAMINE LIGHT POWDER	2		CLARITHROMYCIN ER 500 MG TAB	2	
CHOLESTYRAMINE PACKET	2		CLEMASTINE FUM 2.68 MG TAB	2	
CHOLESTYRAMINE POWDER	2		CLEO 90 INFUSION SET 24" 6MM	3	
CICLODAN 0.77% CREAM	2		CLEO 90 INFUSION SET 24" 9MM	3	
CICLODAN 8% SOLUTION	2		CLEO 90 INFUSION SET 31" 6MM	3	
CICLOPIROX 0.77% CREAM	2		CLEO 90 INFUSION SET 31" 9MM	3	
CICLOPIROX 0.77% GEL	2		CLEVER CHOICE CHAMBER-LRG MASK	3	QL
CICLOPIROX 0.77% TOPICAL SUSP	2		CLEVER CHOICE CHAMBER-MED MASK	3	QL
CICLOPIROX 1% SHAMPOO	2		CLEVER CHOICE CHAMBER-SM MASK	3	QL
CICLOPIROX 8% SOLUTION	2		CLEVER CHOICE LVL 1 CONTRL SOL	3	
CILOSTAZOL 100 MG TABLET	2		CLEVER CHOICE LVL 2 CONTRL SOL	3	
CILOSTAZOL 50 MG TABLET	2		CLEVER CHOICE LVL 3 CONTRL SOL	3	
CILOXAN 0.3% OINTMENT	4		CLEVER CHOICE PEAK FLOW METER	3	
CIMETIDINE 200 MG TABLET	2		CLICKFINE 31G X 1/4" NEEDLES	3	
CIMETIDINE 300 MG TABLET	2		CLICKFINE 31G X 5/16" NEEDLES	3	
CIMETIDINE 300 MG/5 ML SOLN	2		CLICKFINE PEN NEEDLE 32GX5/32"	3	
CIMETIDINE 400 MG TABLET	2		CLICKFINE UNIVERSAL 31G X 1/4"	3	
CIMETIDINE 800 MG TABLET	2		CLIND PH-BENZOYL PEROX 1.2-5%	2	
CIMZIA 200 MG VIAL KIT	5	PA, QL, SRX	CLINDACIN 1% FOAM	2	
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, SRX	CLINDACIN ETZ 1% PLEDGET	2	
CIMZIA 2X200 MG/ML(X3)START KT	5	PA, QL, SRX	CLINDACIN P 1% PLEDGETS	2	
CINACALCET HCL 30 MG TABLET	5	PA, SRX	CLINDAMYCIN (PEDI) 75 MG/5 ML	2	
CINACALCET HCL 60 MG TABLET	5	PA, SRX	CLINDAMYCIN 2% VAGINAL CREAM	2	
CINACALCET HCL 90 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 150 MG CAPSULE	2	
CIPRO HC OTIC SUSPENSION	4		CLINDAMYCIN HCL 300 MG CAPSULE	2	
CIPROFLOXACIN 0.2% OTIC SOLN	2		CLINDAMYCIN HCL 75 MG CAPSULE	2	
CIPROFLOXACIN 0.3% EYE DROP	2		CLINDAMYCIN PH 1% GEL	2	
CIPROFLOXACIN 250 MG/5 ML SUSP	2		CLINDAMYCIN PH 1% SOLUTION	2	
CIPROFLOXACIN 500 MG/5 ML SUSP	2		CLINDAMYCIN PHOS 1% PLEDGET	2	
CIPROFLOXACIN HCL 100 MG TAB	2		CLINDAMYCIN PHOSP 1% LOTION	2	
CIPROFLOXACIN HCL 250 MG TAB	1		CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CIPROFLOXACIN HCL 500 MG TAB	1		CLINDAMYCIN-BENZOYL PEROX 1-5%	2	
CIPROFLOXACIN HCL 750 MG TAB	1		CLINDAMYCIN-BNZ PEROX 1-5% PMP	2	
CIPROFLOX-DEXAMETH OTIC SUSP	3		CLINDA-TRETINOIN 1.2%-0.025%	2	
CITALOPRAM HBR 10 MG TABLET	1	QL	CLINDESSE 2% VAGINAL CREAM	4	
CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL	CLOBAZAM 10 MG TABLET	4	PA
CITALOPRAM HBR 20 MG TABLET	1	QL	CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CITALOPRAM HBR 40 MG TABLET	1	QL	CLOBAZAM 20 MG TABLET	4	PA
CLARAVIS 10 MG CAPSULE	4		CLOBETASOL 0.05% CREAM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLOBETASOL 0.05% GEL	2	
CLOBETASOL 0.05% OINTMENT	2	
CLOBETASOL 0.05% SHAMPOO	2	
CLOBETASOL 0.05% SOLUTION	2	
CLOBETASOL 0.05% TOPICAL LOTN	2	
CLOBETASOL EMOLLIENT 0.05% CRM	2	
CLOBETASOL EMOLLNT 0.05% FOAM	2	
CLOBETASOL EMULSION 0.05% FOAM	2	
CLOBETASOL PROP 0.05% FOAM	2	
CLOBETASOL PROP 0.05% SPRAY	2	
CLOCORTOLONE 0.1% CREAM PUMP	2	
CLOCORTOLONE PIVALATE 0.1% CRM	2	
CLODAN 0.05% SHAMPOO	2	
CLOMIPRAMINE 25 MG CAPSULE	4	
CLOMIPRAMINE 50 MG CAPSULE	4	
CLOMIPRAMINE 75 MG CAPSULE	4	
CLONAZEPAM 0.125 MG DIS TAB	2	
CLONAZEPAM 0.125 MG ODT	2	
CLONAZEPAM 0.25 MG ODT	2	
CLONAZEPAM 0.5 MG DIS TABLET	2	
CLONAZEPAM 0.5 MG ODT	2	
CLONAZEPAM 0.5 MG TABLET	2	
CLONAZEPAM 1 MG DIS TABLET	2	
CLONAZEPAM 1 MG ODT	2	
CLONAZEPAM 1 MG TABLET	2	
CLONAZEPAM 2 MG ODT	2	
CLONAZEPAM 2 MG TABLET	2	
CLONIDINE 0.1 MG/DAY PATCH	2	
CLONIDINE 0.2 MG/DAY PATCH	2	
CLONIDINE 0.3 MG/DAY PATCH	2	
CLONIDINE HCL 0.1 MG TABLET	1	
CLONIDINE HCL 0.2 MG TABLET	1	
CLONIDINE HCL 0.3 MG TABLET	1	
CLONIDINE HCL ER 0.1 MG TABLET	2	
CLOPIDOGREL 300 MG TABLET	2	
CLOPIDOGREL 75 MG TABLET	1	
CLORAZEPATE 15 MG TABLET	2	
CLORAZEPATE 3.75 MG TABLET	2	
CLORAZEPATE 7.5 MG TABLET	2	
CLOTRIMAZOLE 1% SOLUTION	2	
CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CLOTRIMAZOLE 10 MG TROCHE	2	
CLOTRIMAZOLE-BETAMETHASONE CRM	2	
CLOTRIMAZOLE-BETAMETHASONE LOT	2	
CLOZAPINE 100 MG TABLET	2	
CLOZAPINE 200 MG TABLET	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLOZAPINE 25 MG TABLET	2	
CLOZAPINE 50 MG TABLET	2	
CLOZAPINE ODT 100 MG TABLET	4	
CLOZAPINE ODT 12.5 MG TABLET	4	
CLOZAPINE ODT 150 MG TABLET	4	
CLOZAPINE ODT 200 MG TABLET	4	
CLOZAPINE ODT 25 MG TABLET	4	
C-NATE DHA SOFTGEL	1	
COARTEM	4	QL
CODEINE SULFATE 15 MG TABLET	2	PA
CODEINE SULFATE 30 MG TABLET	2	PA
CODEINE SULFATE 60 MG TABLET	2	PA
COLCHICINE 0.6 MG TABLET	2	
COLESEVELAM 625 MG TABLET	2	
COLESEVELAM HCL 3.75 G PACKET	2	
COLESTIPOL HCL 1 GM TABLET	2	
COLESTIPOL HCL GRANULES	2	
COLESTIPOL HCL GRANULES PACKET	2	
COLOCORT 100 MG/60 ML ENEMA	2	
COMBISTIX REAGENT STRIPS	3	
COMBIVIR TABLET	4	
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
COMFORT EZ INS 0.3ML 30GX1/2"	3	
COMFORT EZ INS 0.3ML 30GX5/16"	3	
COMFORT EZ INS 0.5ML 31GX5/16"	3	
COMFORT EZ INS 1 ML 31GX5/16"	3	
COMFORT EZ INSULIN SYR 0.3 ML	3	
COMFORT EZ INSULIN SYR 0.5 ML	3	
COMFORT EZ PEN NEEDLE 12MM 29G	3	
COMFORT EZ PEN NEEDLES 4MM 32G	3	
COMFORT EZ PEN NEEDLES 4MM 33G	3	
COMFORT EZ PEN NEEDLES 5MM 31G	3	
COMFORT EZ PEN NEEDLES 5MM 32G	3	
COMFORT EZ PEN NEEDLES 5MM 33G	3	
COMFORT EZ PEN NEEDLES 6MM 31G	3	
COMFORT EZ PEN NEEDLES 6MM 32G	3	
COMFORT EZ PEN NEEDLES 6MM 33G	3	
COMFORT EZ PEN NEEDLES 8MM 31G	3	
COMFORT EZ PEN NEEDLES 8MM 32G	3	
COMFORT EZ PEN NEEDLES 8MM 33G	3	
COMFORT EZ SYR 0.3 ML 29GX1/2"	3	
COMFORT EZ SYR 0.5 ML 28GX1/2"	3	
COMFORT EZ SYR 0.5 ML 29GX1/2"	3	
COMFORT EZ SYR 0.5 ML 30GX1/2"	3	
COMFORT EZ SYR 1 ML 28GX1/2"	3	

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD	DES Loratadine 5 MG ODT	2	QL
DABIGATRAN ETEXILATE 150 MG CP	4	PA, QL	DES Loratadine 5 MG TABLET	2	QL
DABIGATRAN ETEXILATE 75 CAP	4	PA, QL	DESMOPRESSIN 0.01% SOLUTION	2	
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, LDD, SRX	DESMOPRESSIN 10 MCG/0.1 ML SPR	2	
DANAZOL 100 MG CAPSULE	2		DESMOPRESSIN ACETATE 0.1 MG TB	2	
DANAZOL 200 MG CAPSULE	2		DESMOPRESSIN ACETATE 0.2 MG TB	2	
DANAZOL 50 MG CAPSULE	2		DESOGESTREL-EE 0.15-0.03 MG TB	1	
DANTROLENE SODIUM 100 MG CAP	2		DESOGESTR-ETH ESTRAD ETH ESTRA	1	
DANTROLENE SODIUM 25 MG CAP	2		DESONIDE 0.05% CREAM	2	
DANTROLENE SODIUM 50 MG CAP	2		DESONIDE 0.05% LOTION	2	
DAPSONE 100 MG TABLET	4		DESONIDE 0.05% OINTMENT	2	
DAPSONE 25 MG TABLET	4		DESOXIMETASONE 0.05% CREAM	2	
DAPTACEL DTAP VACCINE	3		DESOXIMETASONE 0.05% GEL	2	
DARIFENACIN ER 15 MG TABLET	2		DESOXIMETASONE 0.05% OINTMENT	2	
DARIFENACIN ER 7.5 MG TABLET	2		DESOXIMETASONE 0.25% CREAM	2	
DARUNAVIR 600 MG TABLET	2		DESOXIMETASONE 0.25% OINTMENT	2	
DARUNAVIR 800 MG TABLET	2		DESVENLAFAXINE SUCCNT ER 100MG	2	QL
DASETTE 1-35-28 TABLET	1		DESVENLAFAXINE SUCCNT ER 25 MG	2	QL
DASETTE 7/7/7-28 TABLET	1		DESVENLAFAXINE SUCCNT ER 50 MG	2	QL
DAYSEE 0.15-0.03-0.01 MG TAB	1		DEXAMETHASONE 0.5 MG TABLET	2	
DEBLITANE 0.35 MG TABLET	1		DEXAMETHASONE 0.5 MG/5 ML ELX	2	
DEFERASIROX 125 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 0.5 MG/5 ML LIQ	2	
DEFERASIROX 180 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE 0.75 MG TABLET	2	
DEFERASIROX 180 MG TABLET	5	PA, LDD, SRX	DEXAMETHASONE 1 MG TABLET	2	
DEFERASIROX 250 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 1.5 MG TABLET	2	
DEFERASIROX 360 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE 2 MG TABLET	2	
DEFERASIROX 360 MG TABLET	5	PA, LDD, SRX	DEXAMETHASONE 4 MG TABLET	2	
DEFERASIROX 500 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 6 MG TABLET	2	
DEFERASIROX 90 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE INTENSOL 1 MG/ML	2	
DEFERASIROX 90 MG TABLET	5	PA, LDD, SRX	DEXAMETHASONE 0.1% EYE DROP	2	
DEFERIPRONE 1,000 MG TB(3X/DY)	5	PA, SRX	DEXCOM G6 RECEIVER	3	PA, QL
DEFERIPRONE 500 MG TABLET	5	PA, SRX	DEXCOM G6 SENSOR	3	PA, QL
DELTEC COZMO CLEO INFUSION SET	3		DEXCOM G6 TRANSMITTER	3	PA, QL
DEMECLOCYCLINE 150 MG TABLET	2		DEXCOM G7 RECEIVER	3	PA, QL
DEMECLOCYCLINE 300 MG TABLET	2		DEXCOM G7 SENSOR	3	PA, QL
DENTA 5000 PLUS CREAM	2		DEXLANSOPRAZOLE DR 30 MG CAP	4	QL
DENTAGEL 1.1% GEL	2		DEXLANSOPRAZOLE DR 60 MG CAP	4	QL
DESCOVY 120-15 MG TABLET	3	PA	DEXMETHYLPHENIDATE 10 MG TAB	2	QL
DESCOVY 200-25 MG TABLET	3	PA	DEXMETHYLPHENIDATE 2.5 MG TAB	2	QL
DESIPRAMINE 10 MG TABLET	2		DEXMETHYLPHENIDATE 5 MG TAB	2	QL
DESIPRAMINE 100 MG TABLET	2		DEXMETHYLPHENIDATE ER 10 MG CP	2	QL
DESIPRAMINE 150 MG TABLET	2		DEXMETHYLPHENIDATE ER 15 MG CP	2	QL
DESIPRAMINE 25 MG TABLET	2		DEXMETHYLPHENIDATE ER 20 MG CP	2	QL
DESIPRAMINE 50 MG TABLET	2		DEXMETHYLPHENIDATE ER 25 MG CP	2	QL
DESIPRAMINE 75 MG TABLET	2		DEXMETHYLPHENIDATE ER 30 MG CP	2	QL
DES Loratadine 2.5 MG ODT	2	QL	DEXMETHYLPHENIDATE ER 35 MG CP	2	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DEXMETHYLPHENIDATE ER 40 MG CP	2	QL	DICLOFENAC SODIUM 1% GEL	2	QL
DEXMETHYLPHENIDATE ER 5 MG CAP	2	QL	DICLOFENAC-MISOPROST 50-0.2 MG	2	
DEXTROAMP-AMPHET ER 10 MG CAP	2	QL	DICLOFENAC-MISOPROST 75-0.2 MG	2	
DEXTROAMP-AMPHET ER 15 MG CAP	2	QL	DICLOXACILLIN 250 MG CAPSULE	2	
DEXTROAMP-AMPHET ER 20 MG CAP	2	QL	DICLOXACILLIN 500 MG CAPSULE	2	
DEXTROAMP-AMPHET ER 25 MG CAP	2	QL	DICYCLOMINE 10 MG CAPSULE	2	
DEXTROAMP-AMPHET ER 30 MG CAP	2	QL	DICYCLOMINE 10 MG/5 ML SOLN	2	
DEXTROAMP-AMPHET ER 5 MG CAP	2	QL	DICYCLOMINE 20 MG TABLET	2	
DEXTROAMP-AMPHETAM 12.5 MG TAB	2	QL	DIDANOSINE DR 250 MG CAPSULE	2	
DEXTROAMP-AMPHETAM 7.5 MG TAB	2	QL	DIDANOSINE DR 400 MG CAPSULE	2	
DEXTROAMP-AMPHETAMIN 10 MG TAB	2	QL	DIFICID 200 MG TABLET	4	PA, QL
DEXTROAMP-AMPHETAMIN 15 MG TAB	2	QL	DIFICID 40 MG/ML SUSPENSION	4	PA, QL
DEXTROAMP-AMPHETAMIN 20 MG TAB	2	QL	DIFLORASONE 0.05% CREAM	4	
DEXTROAMP-AMPHETAMIN 30 MG TAB	2	QL	DIFLORASONE 0.05% OINTMENT	4	
DEXTROAMP-AMPHETAMINE 5 MG TAB	2	QL	DIFLUNISAL 500 MG TABLET	2	
DEXTROAMPHETAMINE 10 MG TAB	2	QL	DIFLUPREDNATE 0.05% EYE DROP	3	
DEXTROAMPHETAMINE 5 MG TAB	2	QL	DIGOX 125 MCG TABLET	2	
DEXTROAMPHETAMINE 5 MG/5 ML	2	QL	DIGOX 250 MCG TABLET	2	
DEXTROAMPHETAMINE ER 10 MG CAP	2	QL	DIGOXIN 0.05 MG/ML SOLUTION	2	
DEXTROAMPHETAMINE ER 15 MG CAP	2	QL	DIGOXIN 0.125 MG TABLET	2	
DEXTROAMPHETAMINE ER 5 MG CAP	2	QL	DIGOXIN 0.25 MG TABLET	2	
DIATESTIX REAGENT STRIPS	3		DIGOXIN 125 MCG TABLET	2	
DIATRUE LEVEL 1 CONTROL SOLN	3		DIGOXIN 250 MCG TABLET	2	
DIATRUE LEVEL 2 CONTROL SOLN	3		DIHYDROERGOTAMINE 1 MG/ML AMP	4	QL
DIATRUE LEVEL 3 CONTROL SOLN	3		DILT XR 120 MG CAPSULE	2	
DIAZEPAM 10 MG RECTAL GEL SYST	2		DILT XR 180 MG CAPSULE	2	
DIAZEPAM 10 MG TABLET	2		DILT XR 240 MG CAPSULE	2	
DIAZEPAM 2 MG TABLET	2		DILTIAZEM 120 MG TABLET	1	
DIAZEPAM 2.5 MG RECTAL GEL SYS	2		DILTIAZEM 12HR ER 120 MG CAP	2	
DIAZEPAM 20 MG RECTAL GEL SYST	2		DILTIAZEM 12HR ER 60 MG CAP	2	
DIAZEPAM 25 MG/5 ML ORAL CONC	2		DILTIAZEM 12HR ER 90 MG CAP	2	
DIAZEPAM 5 MG TABLET	2		DILTIAZEM 24H ER(CD) 120 MG CP	2	
DIAZEPAM 5 MG/5 ML ORAL SOLN	2		DILTIAZEM 24H ER(CD) 180 MG CP	2	
DIAZEPAM 5 MG/5 ML SOLUTION	2		DILTIAZEM 24H ER(CD) 240 MG CP	2	
DIAZEPAM 5 MG/ML ORAL CONC	2		DILTIAZEM 24H ER(CD) 300 MG CP	2	
DIAZOXIDE 50 MG/ML ORAL SUSP	4		DILTIAZEM 24H ER(CD) 360 MG CP	2	
DICLOFENAC 0.1% EYE DROPS	2		DILTIAZEM 24H ER(LA) 120 MG TB	2	
DICLOFENAC 1.5% TOPICAL SOLN	2		DILTIAZEM 24H ER(LA) 180 MG TB	2	
DICLOFENAC POT 50 MG TABLET	2		DILTIAZEM 24H ER(LA) 240 MG TB	2	
DICLOFENAC SOD DR 25 MG TAB	2		DILTIAZEM 24H ER(LA) 300 MG TB	2	
DICLOFENAC SOD DR 50 MG TAB	2		DILTIAZEM 24H ER(LA) 360 MG TB	2	
DICLOFENAC SOD DR 75 MG TAB	2		DILTIAZEM 24H ER(LA) 420 MG TB	2	
DICLOFENAC SOD EC 25 MG TAB	2		DILTIAZEM 24H ER(XR) 120 MG CP	2	
DICLOFENAC SOD EC 50 MG TAB	2		DILTIAZEM 24H ER(XR) 180 MG CP	2	
DICLOFENAC SOD EC 75 MG TAB	2		DILTIAZEM 24H ER(XR) 240 MG CP	2	
DICLOFENAC SOD ER 100 MG TAB	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)
DILTIAZEM 24HR ER 120 MG CAP	2		DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DILTIAZEM 24HR ER 180 MG CAP	2		DOTTI 0.025 MG PATCH	2	
DILTIAZEM 24HR ER 240 MG CAP	2		DOTTI 0.0375 MG PATCH	2	
DILTIAZEM 24HR ER 300 MG CAP	2		DOTTI 0.05 MG PATCH	2	
DILTIAZEM 24HR ER 360 MG CAP	2		DOTTI 0.075 MG PATCH	2	
DILTIAZEM 24HR ER 420 MG CAP	2		DOTTI 0.1 MG PATCH	2	
DILTIAZEM 30 MG TABLET	1		DOVATO 50-300 MG TABLET	3	QL
DILTIAZEM 60 MG TABLET	1		DOXAZOSIN MESYLATE 1 MG TAB	2	
DILTIAZEM 90 MG TABLET	1		DOXAZOSIN MESYLATE 2 MG TAB	2	
DIMETHYL FUMARATE 30D START PK	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 4 MG TAB	2	PA, QL, LDD
DIMETHYL FUMARATE DR 120 MG CP	5		DOXAZOSIN MESYLATE 8 MG TAB	2	PA, QL, LDD
DIMETHYL FUMARATE DR 240 MG CP	5		DOXEPIN 10 MG CAPSULE	2	PA, QL, LDD
DIPENTUM 250 MG CAPSULE	4	PA, QL	DOXEPIN 10 MG/ML ORAL CONC	2	
DIPHEN 12.5 MG/5 ML ELIXIR	4	PA, QL	DOXEPIN 100 MG CAPSULE	2	
DIPHEN 12.5 MG/5 ML SOLUTION	4		DOXEPIN 150 MG CAPSULE	2	
DIPHENHYDRAMINE 12.5 MG/5 ML	2		DOXEPIN 25 MG CAPSULE	2	
DIPHENHYDRAMINE 25 MG/10 ML	2		DOXEPIN 5% CREAM	4	
DIPHENOXYLAT-ATROP 2.5-0.025/5	2		DOXEPIN 50 MG CAPSULE	2	
DIPHENOXYLATE-ATROP 2.5-0.025	2		DOXEPIN 75 MG CAPSULE	2	
DIPHTHERIA-TETANUS TOXOIDS-PED	3		DOXEPIN HCL 3 MG TABLET	3	
DIPYRIDAMOLE 25 MG TABLET	2		DOXEPIN HCL 6 MG TABLET	3	
DIPYRIDAMOLE 50 MG TABLET	2		DOXERCALCIFEROL 0.5 MCG CAP	2	
DIPYRIDAMOLE 75 MG TABLET	2		DOXERCALCIFEROL 1 MCG CAPSULE	2	
DISOPYRAMIDE 100 MG CAPSULE	2		DOXERCALCIFEROL 2.5 MCG CAP	2	
DISOPYRAMIDE 150 MG CAPSULE	2		DOXYCYCLINE 25 MG/5 ML SUSP	2	
DISULFIRAM 250 MG TABLET	2	QL	DOXYCYCLINE HYCLATE 100 MG CAP	1	
DISULFIRAM 500 MG TABLET	2		DOXYCYCLINE HYCLATE 100 MG TAB	1	
DIVALPROEX DR 125 MG CAP SPRNK	2		DOXYCYCLINE HYCLATE 20 MG TAB	2	
DIVALPROEX DR 125 MG CP(SPRNK)	2		DOXYCYCLINE HYCLATE 50 MG CAP	1	
DIVALPROEX SOD DR 125 MG TAB	2		DOXYCYCLINE MONO 100 MG CAP	1	
DIVALPROEX SOD DR 250 MG TAB	2		DOXYCYCLINE MONO 100 MG TABLET	1	
DIVALPROEX SOD DR 500 MG TAB	2		DOXYCYCLINE MONO 150 MG CAP	2	
DIVALPROEX SOD ER 250 MG TAB	2		DOXYCYCLINE MONO 150 MG TABLET	2	
DIVALPROEX SOD ER 500 MG TAB	2		DOXYCYCLINE MONO 50 MG CAP	1	
DODEX 1,000 MCG/ML VIAL	2		DOXYCYCLINE MONO 50 MG TABLET	1	
DODEX 10,000 MCG/10 ML VIAL	2		DOXYCYCLINE MONO 75 MG CAPSULE	2	
DODEX 30,000 MCG/30 ML VIAL	2		DOXYCYCLINE MONO 75 MG TABLET	2	
DOFETILIDE 125 MCG CAPSULE	4		DRONABINOL 10 MG CAPSULE	4	QL
DOFETILIDE 250 MCG CAPSULE	4		DRONABINOL 2.5 MG CAPSULE	4	QL
DOFETILIDE 500 MCG CAPSULE	4		DRONABINOL 5 MG CAPSULE	4	QL
DOLISHALE 90-20 MCG TABLET	1		DROPLET 0.5 ML 29GX12.5MM(1/2)	3	
DONEPEZIL HCL 10 MG TABLET	2		DROPLET 0.5 ML 30GX12.5MM(1/2)	3	
DONEPEZIL HCL 23 MG TABLET	2		DROPLET INS 0.3 ML 29GX12.5MM	3	
DONEPEZIL HCL 5 MG TABLET	2		DROPLET INS 0.3ML 30GX12.5MM	3	
DONEPEZIL HCL ODT 10 MG TABLET	2		DROPLET INS 0.5ML 30GX6MM(1/2)	3	
DONEPEZIL HCL ODT 5 MG TABLET	2		DROPLET INS 0.5ML 30GX8MM(1/2)	3	
DORZOLAMIDE HCL 2% EYE DROPS	2		DROPLET INS 0.5ML 31GX6MM(1/2)	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DROPLET INS 0.5ML 31GX8MM(1/2)	3		DUPIXENT 100 MG/0.67 ML SYRING	5	PA, SRX
DROPLET INS SYR 0.3 ML 30GX6MM	3	QL	DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DROPLET INS SYR 0.3 ML 30GX8MM	3	QL	DUPIXENT 200 MG/1.14 ML SYRING	5	PA, SRX
DROPLET INS SYR 0.3 ML 31GX6MM	3	QL	DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DROPLET INS SYR 0.3 ML 31GX8MM	3	QL	DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DROPLET INS SYR 1 ML 30GX6MM	3	QL	DUTASTERIDE 0.5 MG CAPSULE	2	
DROPLET INS SYR 1 ML 30GX8MM	3	QL	DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	
DROPLET INS SYR 1 ML 31GX6MM	3		EASIVENT HOLDING CHAMBER	3	QL
DROPLET INS SYR 1 ML 31GX8MM	3		EASIVENT MASK-LARGE	3	QL
DROPLET INS SYR 1ML 29GX12.5MM	3		EASIVENT MASK-MEDIUM	3	QL
DROPLET INS SYR 1ML 30GX12.5MM	3		EASIVENT MASK-SMALL	3	QL
DROPLET MICRON 34G X 9/64"	3		EASY COMFORT 0.3 ML SYRINGE	3	
DROPLET PEN NEEDLE 29GX1/2"	3		EASY COMFORT 0.5 ML 30GX1/2"	3	
DROPLET PEN NEEDLE 29GX3/8"	3		EASY COMFORT 0.5 ML 31GX5/16"	3	
DROPLET PEN NEEDLE 30GX5/16"	3		EASY COMFORT 0.5 ML 32GX5/16"	3	
DROPLET PEN NEEDLE 31GX1/4"	3		EASY COMFORT 0.5 ML SYRINGE	3	
DROPLET PEN NEEDLE 31GX3/16"	3		EASY COMFORT 1 ML 31GX5/16"	3	
DROPLET PEN NEEDLE 31GX5/16"	3		EASY COMFORT 1 ML 32GX5/16"	3	
DROPLET PEN NEEDLE 32GX1/4"	3		EASY COMFORT INSULIN 1 ML SYR	3	
DROPLET PEN NEEDLE 32GX3/16"	3		EASY COMFORT PEN ND 31GX1/4"	3	
DROPLET PEN NEEDLE 32GX5/16"	3		EASY COMFORT PEN ND 31GX3/16"	3	
DROPLET PEN NEEDLE 32GX5/32"	3		EASY COMFORT PEN ND 31GX5/16"	3	
DROPSAFE INS SYR 0.3ML 31G 6MM	3		EASY COMFORT PEN ND 32GX5/32"	3	
DROPSAFE INS SYR 0.3ML 31G 8MM	3		EASY COMFORT PEN ND 33G 4MM	3	
DROPSAFE INS SYR 0.5ML 31G 6MM	3		EASY COMFORT PEN ND 33G 5MM	3	
DROPSAFE INS SYR 0.5ML 31G 8MM	3		EASY COMFORT PEN ND 33G 6MM	3	
DROPSAFE INSUL SYR 1ML 31G 6MM	3		EASY COMFORT SYR 1 ML 30GX1/2"	3	
DROPSAFE INSUL SYR 1ML 31G 8MM	3		EASY GLIDE INS 0.3 ML 31GX6MM	3	
DROPSAFE INSULN 1ML 29G 12.5MM	3		EASY GLIDE INS 0.5 ML 31GX6MM	3	
DROPSAFE PEN NEEDLE 31GX1/4"	3		EASY GLIDE INS 1 ML 31GX6MM	3	
DROPSAFE PEN NEEDLE 31GX3/16"	3		EASY GLIDE PEN NEEDLE 4MM 33G	3	
DROPSAFE PEN NEEDLE 31GX5/16"	3		EASY PLUS II CONTROL SOLN HIGH	3	
DROSP-EE-LEVOMEF 3-0.02-0.451	1		EASY PLUS II CONTROL SOLN LOW	3	
DROSP-EE-LEVOMEF 3-0.03-0.451	1		EASY STEP CONTRL SOLN-HIGH	3	
DROSPIRENONE-EE 3-0.02 MG TAB	1		EASY STEP CONTROL SOLN-LOW	3	
DROSPIRENONE-EE 3-0.03 MG TAB	1		EASY STEP CONTROL SOLN-NORMAL	3	
DROXIA 200 MG CAPSULE	4		EASY TALK CONTROL SOLN LOW	3	
DROXIA 300 MG CAPSULE	4		EASY TALK HIGH CONTROL SOLN	3	
DROXIA 400 MG CAPSULE	4		EASY TALK PLUS II HIGH CONTROL	3	
DRUG MART ULTRA COMFORT SYR	3		EASY TALK PLUS II LOW CTRL SLN	3	
DUAVEE 0.45-20 MG TABLET	4		EASY TOUCH 0.3 ML SYR 30GX1/2"	3	
DULERA 50 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 27GX1/2"	3	
DULERA 100 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 29GX1/2"	3	
DULERA 200 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 30GX1/2"	3	
DULOXETINE HCL DR 20 MG CAP	2	QL	EASY TOUCH 0.5 ML SYR 30GX5/16	3	
DULOXETINE HCL DR 30 MG CAP	2	QL	EASY TOUCH 1 ML SYR 27GX1/2"	3	
DULOXETINE HCL DR 60 MG CAP	2	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)
EASY TOUCH 1 ML SYR 29GX1/2"	3		EASY TOUCH HYPODERMIC 23GX3/4"	3	
EASY TOUCH 1 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 24GX1"	3	
EASY TOUCH BLU LINK CTRL SOLN	3		EASY TOUCH HYPODERMIC 24GX1.25	3	
EASY TOUCH FLIPLK NDL 30GX5/16	3		EASY TOUCH HYPODERMIC 25GX1"	3	
EASY TOUCH FLIPLK NDL 31GX5/16	3		EASY TOUCH HYPODERMIC 25GX1.5"	3	
EASY TOUCH FLIPLK NDL 18GX1"	3		EASY TOUCH HYPODERMIC 25GX5/8"	3	
EASY TOUCH FLIPLK NDL 19GX1"	3		EASY TOUCH HYPODERMIC 26GX1/2"	3	
EASY TOUCH FLIPLK NDL 20GX1"	3		EASY TOUCH HYPODERMIC 26GX3/8"	3	
EASY TOUCH FLIPLK NDL 21GX1"	3		EASY TOUCH HYPODERMIC 26GX5/8"	3	
EASY TOUCH FLIPLK NDL 22GX1	3		EASY TOUCH HYPODERMIC 27GX1.25	3	
EASY TOUCH FLIPLK NDL 23GX1"	3		EASY TOUCH HYPODERMIC 27GX1.5"	3	
EASY TOUCH FLIPLK NDL 25GX1"	3		EASY TOUCH HYPODERMIC 27GX1/2"	3	
EASY TOUCH FLIPLK NDL 26GX1"	3		EASY TOUCH HYPODERMIC 30GX1"	3	
EASY TOUCH FLIPLK NDL 27GX1"	3		EASY TOUCH HYPODERMIC 30GX1/2"	3	
EASY TOUCH FLIPLK NDL 18GX1.5	3		EASY TOUCH HYPODERMIC 31GX5/16	3	
EASY TOUCH FLIPLK NDL 19GX1.5	3		EASY TOUCH HYPODERMIC 32GX5/16	3	
EASY TOUCH FLIPLK NDL 20GX1.5	3		EASY TOUCH INSULIN 1ML 29GX1/2	3	
EASY TOUCH FLIPLK NDL 21GX1.5	3		EASY TOUCH INSULIN 1ML 30GX1/2	3	
EASY TOUCH FLIPLK NDL 22GX1.5	3		EASY TOUCH INSULIN SYR 0.3 ML	3	
EASY TOUCH FLIPLK NDL 22GX3/4	3		EASY TOUCH INSULIN SYR 0.5 ML	3	
EASY TOUCH FLIPLK NDL 23GX1.5	3		EASY TOUCH INSULIN SYR 1 ML	3	
EASY TOUCH FLIPLK NDL 23GX5/8	3		EASY TOUCH INSULIN 1ML 29GX1/2"	3	
EASY TOUCH FLIPLK NDL 25GX1.5	3		EASY TOUCH INSULIN 1ML 30GX1/2"	3	
EASY TOUCH FLIPLK NDL 25GX5/8	3		EASY TOUCH INSULIN 1ML 30GX5/16	3	
EASY TOUCH FLIPLK NDL 26GX1/2	3		EASY TOUCH INSULIN 1ML 31GX5/16	3	
EASY TOUCH FLIPLK NDL 27GX1/2	3		EASY TOUCH LUER LOK INSUL 1 ML	3	
EASY TOUCH FLIPLK NDL 28GX1/2	3		EASY TOUCH PEN NEEDLE 29GX1/2"	3	
EASY TOUCH FLIPLK NDL 29GX1/2	3		EASY TOUCH PEN NEEDLE 30GX5/16	3	
EASY TOUCH FLIPLK NDL 30GX1/2	3		EASY TOUCH PEN NEEDLE 31GX1/4"	3	
EASY TOUCH HIGH-LOW CTRL SOLN	3		EASY TOUCH PEN NEEDLE 31GX3/16	3	
EASY TOUCH HYPODERMIC 16GX1"	3		EASY TOUCH PEN NEEDLE 31GX5/16	3	
EASY TOUCH HYPODERMIC 16GX1.5"	3		EASY TOUCH PEN NEEDLE 32GX1/4"	3	
EASY TOUCH HYPODERMIC 18GX1"	3		EASY TOUCH PEN NEEDLE 32GX3/16	3	
EASY TOUCH HYPODERMIC 18GX1.25	3		EASY TOUCH PEN NEEDLE 32GX5/32	3	
EASY TOUCH HYPODERMIC 18GX1.5"	3		EASY TOUCH SAF PEN NDL 29G 5MM	3	
EASY TOUCH HYPODERMIC 19GX1"	3		EASY TOUCH SAF PEN NDL 29G 8MM	3	
EASY TOUCH HYPODERMIC 19GX1.5"	3		EASY TOUCH SAF PEN NDL 30G 5MM	3	
EASY TOUCH HYPODERMIC 20GX1"	3		EASY TOUCH SAF PEN NDL 30G 8MM	3	
EASY TOUCH HYPODERMIC 20GX1.5"	3		EASY TOUCH SYR 0.5ML 27G12.7MM	3	
EASY TOUCH HYPODERMIC 21GX1"	3		EASY TOUCH SYR 0.5ML 28G12.7MM	3	
EASY TOUCH HYPODERMIC 21GX1.5"	3		EASY TOUCH SYR 0.5ML 29G12.7MM	3	
EASY TOUCH HYPODERMIC 22GX1"	3		EASY TOUCH SYR 1 ML 27G 12.7MM	3	
EASY TOUCH HYPODERMIC 22GX1.5"	3		EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH HYPODERMIC 23GX1"	3		EASY TOUCH SYR 1 ML 28G 12.7MM	3	
EASY TOUCH HYPODERMIC 23GX1.25	3		EASY TOUCH SYR 1 ML 29G 12.7MM	3	
EASY TOUCH HYPODERMIC 23GX1.5"	3		EASY TOUCH SYR 3 ML 22GX1-1/2"	3	
			EASY TOUCH SYR 3 ML 25GX5/8"	3	

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EASY TOUCH SYRINGE 3 ML 20GX1"	3		ELEMENT CONTROL SOLUTION HIGH	3	
EASY TOUCH SYRINGE 3 ML 21GX1"	3		ELEMENT CONTROL SOLUTION LOW	3	
EASY TOUCH SYRINGE 3 ML 22GX1"	3		ELETRIPTAN HBR 20 MG TABLET	2	QL
EASY TOUCH SYRINGE 3 ML 23GX1"	3		ELETRIPTAN HBR 40 MG TABLET	2	QL
EASY TOUCH SYRINGE 3 ML 25GX1"	3		ELINEST-28 TABLET	1	
EASY TOUCH UNI-SLIP SYR 1 ML	3		ELIQUIS 2.5 MG TABLET	3	PA, QL
EASY TRAK CONTROL SOLN HIGH	3		ELIQUIS 5 MG TABLET	3	PA, QL
EASY TRAK CONTROL SOLN LOW	3		ELIQUIS DVT-PE TREAT START 5MG	3	PA, QL
EASY TRAK II CONTROL SOLUTION	3		ELITE-OB CAPLET	1	
EASYGLUCO PLUS CTRL SOL NORMAL	3		ELLA 30 MG TABLET	4	
EASYMAX NORMAL CONTROL SOLN	3		ELMIRON 100 MG CAPSULE	4	
EASYMAX 15 LEVEL 2 SOLUTION	3		ELURYNG VAGINAL RING	2	
EASYPOINT NEEDLE 18G X 1"	3		EMBRACE GLUC CONTROL SOLN LOW	3	
EASYPOINT NEEDLE 18G X 1-1/2"	3		EMBRACE EVO LEVEL 1 CTRL SOLN	3	
EASYPOINT NEEDLE 20G X 1"	3		EMBRACE PEN NEEDLE 29G 12MM	3	
EASYPOINT NEEDLE 20G X 1-1/2"	3		EMBRACE PEN NEEDLE 30G 5MM	3	
EASYPOINT NEEDLE 21G X 1"	3		EMBRACE PEN NEEDLE 30G 8MM	3	
EASYPOINT NEEDLE 21G X 1-1/2"	3		EMBRACE PEN NEEDLE 31G 5MM	3	
EASYPOINT NEEDLE 22G X 1"	3		EMBRACE PEN NEEDLE 31G 6MM	3	
EASYPOINT NEEDLE 22G X 1-1/2"	3		EMBRACE PEN NEEDLE 31G 8MM	3	
EASYPOINT NEEDLE 23G X 1"	3		EMBRACE PEN NEEDLE 32G 4MM	3	
EASYPOINT NEEDLE 25G 16MM	3		EMBRACE PRO CONTROL SOLUTION	3	
EASYPOINT NEEDLE 25G X 1"	3		EMBRACE TALK CTRL SOL-HIGH(L2)	3	
EASYPOINT NEEDLE 25G X 5/8"	3		EMBRACE TALK CTRL SOLN-LOW(L1)	3	
EASYPOINT NEEDLE 25GX1-1/2"	3		EMCYT 140 MG CAPSULE	5	SRX
EASY-TOUCH INS 1 ML 31GX5/16"	3		EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
EASYTOUCH SAF PEN ND 30G 6MM	3		EMGALITY 120 MG/ML PEN	3	PA
EC-NAPROXEN DR 375 MG TABLET	2		EMGALITY 120 MG/ML SYRINGE	3	PA
EC-NAPROXEN DR 500 MG TABLET	2		EMGALITY 300 MG (100 MG X3SYR)	3	PA
ECONAZOLE NITRATE 1% CREAM	2		EMOQUETTE 28 DAY TABLET	1	
ECONTRA EZ 1.5 MG TABLET	1		EMTRICITABINE 200 MG CAPSULE	2	
ECONTRA ONE-STEP 1.5 MG TABLET	1		EMTRICITABINE-TENOFV 100-150MG	2	
ED-SPAZ 0.125 MG ODT	2		EMTRICITABINE-TENOFV 133-200MG	2	
EDURANT 25 MG TABLET	3		EMTRICITABINE-TENOFV 167-250MG	2	
EEMT DS 1.25-2.5 MG TABLET	2		EMTRICITABINE-TENOFV 200-300MG	2	
EEMT HS 0.625-1.25 MG TABLET	2		EMTRIVA 10 MG/ML SOLUTION	3	
EFAVIR-EMTRI-TENOF 600-200-300	2	QL	EMTRIVA 200 MG CAPSULE	4	
EFAVIRENZ 200 MG CAPSULE	2		EMVERM 100 MG TABLET CHEW	4	
EFAVIRENZ 50 MG CAPSULE	2		ENALAPRIL MALEATE 10 MG TAB	1	
EFAVIRENZ 600 MG TABLET	2		ENALAPRIL MALEATE 2.5 MG TAB	1	
EFAVIR-LAMIV-TENOF 400-300-300	2	QL	ENALAPRIL MALEATE 20 MG TAB	1	
EFAVIR-LAMIV-TENOF 600-300-300	2	QL	ENALAPRIL MALEATE 5 MG TABLET	1	
EFFER-K 10 MEQ TABLET EFF	4		ENALAPRIL-HCTZ 10-25 MG TABLET	1	
EFFER-K 20 MEQ TABLET EFF	4		ENALAPRIL-HCTZ 5-12.5 MG TAB	1	
ELEMENT COMPACT SOLN HIGH	3		ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX
ELEMENT COMPACT SOLN NORMAL	3		ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX
ELEMENT CONTROL SOLN NORMAL	3		ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX	EPZICOM TABLET	4	
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX	EQL INS SYR 1 ML 29GX1/2"	3	
ENDOCET 10-325 MG TABLET	2	PA	EQL INSUL SYR 0.3 ML 31GX5/16"	3	
ENDOCET 2.5-325 MG TABLET	2	PA	EQL INSUL SYR 0.5 ML 31GX5/16"	3	
ENDOCET 5-325 MG TABLET	2	PA	EQL INSULIN 0.3 ML SYRINGE	3	
ENDOCET 7.5-325 MG TABLET	2	PA	EQL INSULIN 0.5 ML SYRINGE	3	
ENGERIX-B 20 MCG/ML SYRN	3		EQL INSULIN 1 ML SYRINGE	3	
ENGERIX-B 20 MCG/ML VIAL	3		EQL INSULIN SYR 1 ML 31GX5/16"	3	
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3		EQL PEN 8MM 31G X 5/16" NEEDLE	3	
ENLITE SERTER	3		ERGOLOID MESYLATES 1 MG TAB	1	
ENLYTE SOFTGEL	4		ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX	ERLOTINIB HCL 100 MG TABLET	5	PA, LDD, SRX
ENOXAPARIN 120 MG/0.8 ML SYR	5	QL, SRX	ERLOTINIB HCL 150 MG TABLET	5	PA, LDD, SRX
ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX	ERLOTINIB HCL 25 MG TABLET	5	PA, LDD, SRX
ENOXAPARIN 30 MG/0.3 ML SYR	5	QL, SRX	ERRIN 0.35 MG TABLET	1	
ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX	ERTACZO 2% CREAM	4	
ENOXAPARIN 40 MG/0.4 ML SYR	5	QL, SRX	ERY 2% PADS	2	
ENOXAPARIN 60 MG/0.6 ML SYR	5	QL, SRX	ERYTHROCIN 250 MG TABLET	4	
ENOXAPARIN 80 MG/0.8 ML SYR	5	QL, SRX	ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ENPRESSE-28 TABLET	1		ERYTHROMYCIN 2% GEL	2	
ENSKYCE 28 TABLET	1		ERYTHROMYCIN 2% SOLUTION	2	
ENTACAPONE 200 MG TABLET	2		ERYTHROMYCIN 200 MG/5 ML SUSP	2	
ENTECAVIR 0.5 MG TABLET	5	SRX	ERYTHROMYCIN 250 MG TABLET	2	
ENTECAVIR 1 MG TABLET	5	SRX	ERYTHROMYCIN 400 MG/5 ML SUSP	2	
ENTRESTO 24 MG-26 MG TABLET	3	QL	ERYTHROMYCIN 500 MG TABLET	2	
ENTRESTO 49 MG-51 MG TABLET	3	QL	ERYTHROMYCIN DR 250 MG CAP	2	
ENTRESTO 97 MG-103 MG TABLET	3	QL	ERYTHROMYCIN ES 400 MG TAB	2	
ENULOSE 10 GM/15 ML SOLUTION	2		ERYTHROMYCIN-BENZOYL GEL	2	
EPLUSA 150-37.5 MG PELLETT PKT	5	PA, QL, SRX	ESCITALOPRAM 10 MG TABLET	2	QL
EPLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX	ESCITALOPRAM 20 MG TABLET	2	QL
EPLUSA 200-50 MG PELLETT PACK	5	PA, QL, SRX	ESCITALOPRAM 5 MG TABLET	2	QL
EPLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX	ESCITALOPRAM OXALATE 5 MG/5 ML	2	QL
EPIDIOLEX 100 MG/ML SOLN PACK	4	PA, LDD	ESOMEPRAZOLE DR 10 MG PACKET	3	QL
EPIDIOLEX 100 MG/ML SOLUTION	4	PA, LDD	ESOMEPRAZOLE DR 20 MG PACKET	3	QL
EPIFOAM FOAM	4		ESOMEPRAZOLE DR 40 MG PACKET	3	QL
EPINASTINE HCL 0.05% EYE DROPS	2		ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL
EPINEPHRINE 0.15 MG AUTO-INJCT	2	QL	ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL
EPINEPHRINE 0.3 MG AUTO-INJECT	2	QL	ESOMEPRAZOLE DR 49.3 MG CAP	2	QL
EPITOL 200 MG TABLET	2		ESTARYLLA 0.25-0.035 MG TABLET	1	
EPIVIR 10 MG/ML ORAL SOLN	4		ESTAZOLAM 1 MG TABLET	2	
EPIVIR 150 MG TABLET	4		ESTAZOLAM 2 MG TABLET	2	
EPIVIR 300 MG TABLET	4		ESTRADIOL 0.025 MG PATCH(1/WK)	2	QL
EPIVIR HBV 25 MG/5 ML SOLN	3		ESTRADIOL 0.025 MG PATCH(2/WK)	2	QL
EPLERENONE 25 MG TABLET	2		ESTRADIOL 0.0375MG PATCH(1/WK)	2	QL
EPLERENONE 50 MG TABLET	2		ESTRADIOL 0.0375MG PATCH(2/WK)	2	QL
EPROSARTAN MESYLATE 600 MG TAB	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)
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL	EUTHYROX 75 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL	EUTHYROX 88 MCG TABLET	1	
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL	EVENCARE G2 CONTROL SOLUTION	3	
ESTRADIOL 0.075 MG PATCH(1/WK)	2	QL	EVENCARE G3 CONTROL SOLUTION	3	
ESTRADIOL 0.075 MG PATCH(2/WK)	2	QL	EVEROLIMUS 0.25 MG TABLET	5	SRX
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL	EVEROLIMUS 0.5 MG TABLET	5	SRX
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL	EVEROLIMUS 0.75 MG TABLET	5	SRX
ESTRADIOL 0.5 MG TABLET	1		EVEROLIMUS 1 MG TABLET	5	SRX
ESTRADIOL 1 MG TABLET	1		EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX
ESTRADIOL 10 MCG VAGINAL INSRT	2	QL	EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL 2 MG TABLET	1		EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MG TB	2		EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	2		EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX
ESTROGEN-METHYLTESTOS F.S. TAB	2		EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX
ESTROGEN-METHYLTESTOS H.S. TAB	2		EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX
ESZOPICLONE 1 MG TABLET	2		EVOLUTION CONTROL SOLUTION NORMAL	3	
ESZOPICLONE 2 MG TABLET	2		EVOTAZ 300 MG-150 MG TABLET	3	
ESZOPICLONE 3 MG TABLET	2		EXEL 3 ML SYRN 27G X 1 1/4"	3	
ETHAMBUTOL HCL 100 MG TABLET	2		EXEL HUBER 22GX3/4" NEEDLE	3	
ETHAMBUTOL HCL 400 MG TABLET	2		EXEL HUBER NEEDLE 22GX1"	3	
ETHOSUXIMIDE 250 MG CAPSULE	2		EXEL HYPO NEEDLE 16GX1"	3	
ETHOSUXIMIDE 250 MG/5 ML SOLN	2		EXEL HYPO NEEDLE 18GX1"	3	
ETHYL CHLORIDE SPRAY	2		EXEL HYPO NEEDLE 18GX1.5"	3	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1		EXEL HYPO NEEDLE 19GX1"	3	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1		EXEL HYPO NEEDLE 19GX1.5"	3	
ETODOLAC 200 MG CAPSULE	2		EXEL HYPO NEEDLE 20GX0.75"	3	
ETODOLAC 300 MG CAPSULE	2		EXEL HYPO NEEDLE 20GX1"	3	
ETODOLAC 400 MG TABLET	2		EXEL HYPO NEEDLE 20GX1.5"	3	
ETODOLAC 500 MG TABLET	2		EXEL HYPO NEEDLE 21GX1"	3	
ETODOLAC ER 400 MG TABLET	2		EXEL HYPO NEEDLE 21GX1.5"	3	
ETODOLAC ER 500 MG TABLET	2		EXEL HYPO NEEDLE 22GX0.75"	3	
ETODOLAC ER 600 MG TABLET	2		EXEL HYPO NEEDLE 22GX1"	3	
ETONOGESTREL-EE VAGINAL RING	2		EXEL HYPO NEEDLE 22GX1.5"	3	
ETOPOSIDE 50 MG CAPSULE	5	SRX	EXEL HYPO NEEDLE 23GX0.75"	3	
ETRAVIRINE 100 MG TABLET	2		EXEL HYPO NEEDLE 23GX1"	3	
ETRAVIRINE 200 MG TABLET	2		EXEL HYPO NEEDLE 25GX0.625"	3	
EURAX 10% CREAM	4		EXEL HYPO NEEDLE 25GX0.75"	3	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1"	3	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1.5"	3	
EUTHYROX 125 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.375"	3	
EUTHYROX 137 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.5"	3	
EUTHYROX 150 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.625"	3	
EUTHYROX 175 MCG TABLET	1		EXEL HYPO NEEDLE 26GX1.5"	3	
EUTHYROX 200 MCG TABLET	1		EXEL HYPO NEEDLE 27GX0.5"	3	
EUTHYROX 25 MCG TABLET	1		EXEL HYPO NEEDLE 30GX0.5"	3	
EUTHYROX 50 MCG TABLET	1		EXEL INS SYR U100 1 ML 28GX1/2	3	

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

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FLUTICASONE-SALMETEROL 250-50	2	QL
FLUTICASONE-SALMETEROL 500-50	2	QL
FLUVASTATIN ER 80 MG TABLET	2	
FLUVASTATIN SODIUM 20 MG CAP	2	
FLUVASTATIN SODIUM 40 MG CAP	2	
FLUVOXAMINE ER 100 MG CAPSULE	2	QL
FLUVOXAMINE ER 150 MG CAPSULE	2	QL
FLUVOXAMINE MALEATE 100 MG TAB	2	QL
FLUVOXAMINE MALEATE 25 MG TAB	2	QL
FLUVOXAMINE MALEATE 50 MG TAB	2	QL
FLUZONE HIGH-DOSE QUAD	3	
FLUZONE QUAD	3	
FOLIC ACID 1 MG TABLET	1	
FOLIVANE-OB CAPSULE	1	
FONDAPARINUX 10 MG/0.8 ML SYR	5	QL, SRX
FONDAPARINUX 2.5 MG/0.5 ML SYR	5	QL, SRX
FONDAPARINUX 5 MG/0.4 ML SYR	5	QL, SRX
FONDAPARINUX 7.5 MG/0.6 ML SYR	5	QL, SRX
FORA HIGH CONTROL SOLUTION	3	
FORA KETONE CONTROL SOLN-L1	3	
FORA LOW CONTROL SOLUTION	3	
FORA NORMAL CONTROL SOLUTION	3	
FORACARE GDH HIGH CONTROL SOLN	3	
FORACARE GDH LOW CONTROL SOLN	3	
FORACARE GDH NORM CONTROL SOLN	3	
FORMOTEROL 20 MCG/2 ML NEB VL	4	QL
FORTISCARE CONTROL SOLN HIGH	3	
FORTISCARE CONTROL SOLN LOW	3	
FORTISCARE CONTROL SOLN NORMAL	3	
FOSAMPRENAVIR 700 MG TABLET	2	
FOSFOMYCIN 3 GM SACHET	3	
FOSINOPRIL SODIUM 10 MG TAB	1	
FOSINOPRIL SODIUM 20 MG TAB	1	
FOSINOPRIL SODIUM 40 MG TAB	1	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	2	
FOSINOPRIL-HCTZ 20-12.5 MG TAB	2	
FOSRENOL 1,000 MG POWDER PACK	4	
FOSRENOL 750 MG POWDER PACKET	4	
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX
FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL, SRX
FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL, SRX
FRAGMIN 18,000 UNIT/0.72 ML	5	QL, SRX
FRAGMIN 2,500 UNIT/0.2 ML SYR	5	QL, SRX
FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL, SRX
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL, SRX
FREESTYLE CONTROL SOLUTION	3	
FREESTYLE LIBRE 10 DAY READER	3	PA, QL
FREESTYLE LIBRE 10 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PREC 0.5 ML 30GX5/16	3	
FREESTYLE PREC 0.5 ML 31GX5/16	3	
FREESTYLE PREC 1 ML 30GX5/16"	3	
FREESTYLE PREC 1 ML 31GX5/16"	3	
FROVATRIPTAN SUCC 2.5 MG TAB	2	QL
FUROSEMIDE 10 MG/ML SOLUTION	1	
FUROSEMIDE 20 MG TABLET	1	
FUROSEMIDE 40 MG TABLET	1	
FUROSEMIDE 40 MG/5 ML SOLN	1	
FUROSEMIDE 80 MG TABLET	1	
FUZEON 90 MG VIAL	5	LDD, SRX
FYAVOLV 0.5 MG-2.5 MCG TABLET	2	
FYAVOLV 1 MG-5 MCG TABLET	2	
FYCOMPA 10 MG TABLET	4	PA, QL
FYCOMPA 12 MG TABLET	4	PA, QL
FYCOMPA 2 MG TABLET	4	PA, QL
FYCOMPA 4 MG TABLET	4	PA, QL
FYCOMPA 6 MG TABLET	4	PA, QL
FYCOMPA 8 MG TABLET	4	PA, QL
GABAPENTIN 100 MG CAPSULE	2	
GABAPENTIN 250 MG/5 ML SOLN	2	
GABAPENTIN 300 MG CAPSULE	2	
GABAPENTIN 300 MG/6 ML SOLN	2	
GABAPENTIN 400 MG CAPSULE	2	
GABAPENTIN 600 MG TABLET	2	
GABAPENTIN 800 MG TABLET	2	
GALANTAMINE ER 16 MG CAPSULE	2	QL
GALANTAMINE ER 24 MG CAPSULE	2	QL
GALANTAMINE ER 8 MG CAPSULE	2	QL
GALANTAMINE HBR 12 MG TABLET	2	
GALANTAMINE HBR 4 MG TABLET	2	
GALANTAMINE HBR 8 MG TABLET	2	
GALANTAMINE 4 MG/ML ORAL SOLN	2	
GALZIN 25 MG CAPSULE	4	
GALZIN 50 MG CAPSULE	4	
GARDASIL 9 SYRINGE	3	
GARDASIL 9 VIAL	3	

2024 Cigna Plus Florida 5-Tier Prescription Drug List

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

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

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HYDROMORPHONE 8 MG TABLET	2	PA	ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 12 MG TAB	2	PA	ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 16 MG TAB	2	PA	ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 32 MG TAB	2	PA	ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA
HYDROMORPHONE HCL ER 8 MG TAB	2	PA	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA
HYDROXYCHLOROQUINE 200 MG TAB	2		ICOSAPENT ETHYL 500 MG CAPSULE	4	PA
HYDROXYUREA 500 MG CAPSULE	2		ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX
HYDROXYZINE 10 MG/5 ML SOLN	2		IMATINIB MESYLATE 100 MG TAB	5	PA, QL, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	2		IMATINIB MESYLATE 400 MG TAB	5	PA, QL, SRX
HYDROXYZINE HCL 10 MG TABLET	2		IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 25 MG TABLET	2		IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 50 MG TABLET	2		IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 100 MG CAP	2		IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 25 MG CAP	2		IMBRUVICA 560 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 50 MG CAP	2		IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX
HYOPHEN	2		IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG ODT	2		IMIPRAMINE HCL 10 MG TABLET	2	
HYOSCYAMINE 0.125 MG TAB SL	2		IMIPRAMINE HCL 25 MG TABLET	2	
HYOSCYAMINE 0.125 MG/5 ML ELIX	2		IMIPRAMINE HCL 50 MG TABLET	2	
HYOSCYAMINE 0.125 MG/ML DROP	2		IMIPRAMINE PAMOATE 100 MG CAP	3	
HYOSCYAMINE ER 0.375 MG TAB	2		IMIPRAMINE PAMOATE 125 MG CAP	3	
HYOSCYAMINE SULF 0.125 MG TAB	2		IMIPRAMINE PAMOATE 150 MG CAP	3	
HYOSCYAMINE SR 0.375 MG TAB	2		IMIPRAMINE PAMOATE 75 MG CAP	3	
HYOSYNE 0.125 MG/ML DROP	2		IMIQUIMOD 5% CREAM PACKET	2	
HYOSYNE 125 MCG/5 ML ELIXIR	2		INCASSIA 0.35 MG TABLET	1	
HYPO NEEDLE,POLYPROPYL HUB	3		IN-CHECK NASAL WITH MASK	3	
HYPODERMIC NEEDLE,ALUM HUB	3		IN-CHECK ORAL	3	
HYRIMOZ	5	PA, QL, SRX	INCONTROL PEN NEEDLE 12MM 29G	3	
IBANDRONATE SODIUM 150 MG TAB	2		INCONTROL PEN NEEDLE 4MM 32G	3	
IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 5MM 31G	3	
IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 6MM 31G	3	
IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 8MM 31G	3	
IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND1 31G 6MM	3	
IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND1 31G 8MM	3	
IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND1 32G 4MM	3	
IBU 400 MG TABLET	1		INCRELEX	5	PA, LDD, SRX
IBU 600 MG TABLET	1		INCRUSE ELLIPTA 62.5 MCG INH	3	
IBU 800 MG TABLET	1		INDAPAMIDE 1.25 MG TABLET	1	
IBUPROFEN 100 MG/5 ML SUSP	2		INDAPAMIDE 2.5 MG TABLET	1	
IBUPROFEN 400 MG TABLET	1		INDOMETHACIN 25 MG CAPSULE	2	
IBUPROFEN 600 MG TABLET	1		INDOMETHACIN 50 MG CAPSULE	2	
IBUPROFEN 800 MG TABLET	1		INDOMETHACIN ER 75 MG CAPSULE	2	
ICATIBANT 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	INFANRIX DTAP SYRINGE	3	
ICLEVIA 0.15 MG-0.03 MG TABLET	1		INFANRIX DTAP VIAL	3	
ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX	INFINITY CONTROL SOLN HIGH	3	
			INFINITY CONTROL SOLN LOW	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INFINITY CONTROL SOLN NORMAL	3		INSULIN SYRIN 0.5 ML 30GX1/2"	3	
INFINITY VOICE CTRL SOLN-LVL 2	3		INSULIN SYRIN 0.5 ML 30GX5/16"	3	
INFUSION SET 23"	3		INSULIN SYRIN 0.5 ML 31G 5/16"	3	
INFUSION SET 23" 6MM	3		INSULIN SYRIN 0.5 ML 31GX5/16"	3	
INFUSION SET 23" 9MM	3		INSULIN SYRIN 1 ML 29GX1/2"	3	
INFUSION SET 43"	3		INSULIN SYRING 0.5 ML 27G 1/2"	3	
INFUSION SET 43" 6MM	3		INSULIN SYRING 0.5 ML 27G 13MM	3	
INFUSION SET 43" 9MM	3		INSULIN SYRING 0.5 ML 27GX1/2"	3	
INJECT-EASE	3		INSULIN SYRING 0.5 ML 28G 1/2"	3	
INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29G 1/2"	3	
INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29GX1/2"	3	
INPEN (FOR HUMALOG) BLUE	3		INSULIN SYRINGE 0.3 ML	3	
INPEN (FOR HUMALOG) GREY	3		INSULIN SYRINGE 0.3 ML 31GX1/4	3	
INPEN (FOR HUMALOG) PINK	3		INSULIN SYRINGE 0.5 ML	3	
INPEN (NOVOLOG OR FIASP) BLUE	3		INSULIN SYRINGE 0.5 ML 31GX1/4	3	
INPEN (NOVOLOG OR FIASP) GREY	3		INSULIN SYRINGE 1 ML	3	
INPEN (NOVOLOG OR FIASP) PINK	3		INSULIN SYRINGE 1 ML 27G 1/2"	3	
INSET 30 INFUSION SET	3		INSULIN SYRINGE 1 ML 27G 13MM	3	
INSET INFUSION SET 23" 6MM	3		INSULIN SYRINGE 1 ML 27GX1/2"	3	
INSET INFUSION SET 23" 9MM	3		INSULIN SYRINGE 1 ML 28G 1/2"	3	
INSPIRACHAMBER	3	QL	INSULIN SYRINGE 1 ML 28G 13MM	3	
INSPIRACHAMBER WITH MASK-LARGE	3	QL	INSULIN SYRINGE 1 ML 28GX1/2"	3	
INSPIRACHAMBER WITH MASK-MED	3	QL	INSULIN SYRINGE 1 ML 29G 1/2"	3	
INSPIRACHAMBER WITH MASK-SMALL	3	QL	INSULIN SYRINGE 1 ML 29GX1/2"	3	
INSUL-CAP	3		INSULIN SYRINGE 1 ML 30G 1/2"	3	
INSUL-EZE	3		INSULIN SYRINGE 1 ML 30G 5/16"	3	
INSULIN 1 ML SYRINGE	3		INSULIN SYRINGE 1 ML 30GX1/2"	3	
INSULIN 1/2 ML SYRINGE	3		INSULIN SYRINGE 1 ML 30GX5/16"	3	
INSULIN 3/10 ML SYRINGE	3		INSULIN SYRINGE 1 ML 31G 5/16"	3	
INSULIN ASPART 100 UNIT/ML VL	4	QL, ST	INSULIN SYRINGE 1 ML 31GX1/4"	3	
INSULIN ASPART 100 UNIT/ML CRT	4	QL, ST	INSULIN SYRINGE 1 ML 31GX5/16"	3	
INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST	INSUPEN 30G ULTRAFIN NEEDLE	3	
INSULIN ASPART PRO MIX70-30 PN	4	QL, ST	INSUPEN 31G ULTRAFIN NEEDLE	3	
INSULIN ASPART PRO MIX70-30 VL	4	QL, ST	INSUPEN 32G 6MM PEN NEEDLE	3	
INSULIN CARTRIDGE 3 ML	3		INSUPEN 32G 8MM PEN NEEDLE	3	
INSULIN SYR 0.3 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 29GX1/2"	3	
INSULIN SYR 0.3ML 31GX1/4(1/2)	3		INSUPEN PEN NEEDLE 29GX12MM	3	
INSULIN SYRIN 0.3 ML 29GX1/2"	3		INSUPEN PEN NEEDLE 30GX8MM	3	
INSULIN SYRIN 0.3 ML 30GX1/2"	3		INSUPEN PEN NEEDLE 31G 5MM	3	
INSULIN SYRIN 0.3 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 31G 8MM	3	
INSULIN SYRIN 0.3 ML 31GX5/16"	3		INSUPEN PEN NEEDLE 31GX3/16"	3	
INSULIN SYRIN 0.5 ML 28G 1/2"	3		INSUPEN PEN NEEDLE 31GX5/16"	3	
INSULIN SYRIN 0.5 ML 28GX1/2"	3		INSUPEN PEN NEEDLE 31GX6MM	3	
INSULIN SYRIN 0.5 ML 29GX1/2"	3		INSUPEN PEN NEEDLE 31GX8MM	3	
INSULIN SYRIN 0.5 ML 30G 1/2"	3		INSUPEN PEN NEEDLE 32G 4MM	3	
INSULIN SYRIN 0.5 ML 30G 5/16"	3		INSUPEN PEN NEEDLE 32GX4MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INSUPEN PEN NEEDLE 32GX5/32"	3		ITRACONAZOLE 100 MG/10 ML CUP	3	
INSUPEN PEN NEEDLE 32GX6MM	3		IV PREP ANTISEPTIC WIPES	3	
INSUPEN PEN NEEDLE 32GX8MM	3		IVERMECTIN 0.5% LOTION	4	
INSUPEN PEN NEEDLE 33GX4MM	3		IVERMECTIN 3 MG TABLET	2	PA
INTELENCE 100 MG TABLET	4		JAIMIESS	1	
INTELENCE 200 MG TABLET	4		JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX
INTELENCE 25 MG TABLET	3		JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX
INTROVALE	1		JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX
INVIRASE 500 MG TABLET	3		JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX
IPOL VIAL	3		JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	2		JANSSEN COVID-19 VACCINE (EUA)	3	
IPRATROPIUM 0.03% SPRAY	2		JANTOVEN 1 MG TABLET	1	
IPRATROPIUM 0.06% SPRAY	2		JANTOVEN 10 MG TABLET	1	
IPRATROPIUM BR 0.02% SOLN	2		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 4 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1		JANTOVEN 5 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1		JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	3		JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 100 MG TABLET CHEW	3		JASMIEL 3 MG-0.02 MG TABLET	1	
ISENTRESS 25 MG TABLET CHEW	3		JENCYCLA 0.35 MG TABLET	1	
ISENTRESS 400 MG TABLET	3		JINTELI 1 MG-5 MCG TABLET	2	
ISENTRESS HD 600 MG TABLET	3		JOLESSA	1	
ISIBLOOM 28 DAY TABLET	1		JULEBER 28 DAY TABLET	1	
ISONIAZID 100 MG TABLET	1		JULUCA	3	QL
ISONIAZID 300 MG TABLET	1		JUNEL 1 MG-20 MCG TABLET	1	
ISONIAZID 50 MG/5 ML SOLUTION	2		JUNEL 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 10 MG TAB	2		JUNEL FE 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 20 MG TAB	2		JUNEL FE 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 30 MG TAB	2		JUNEL FE 24 TABLET	1	
ISOSORBIDE DINITRATE 5 MG TAB	2		KAITLIB FE 0.8-0.025MG CHEW TB	1	
ISOSORBIDE MONONIT 10 MG TAB	1		KALETRA 100-25 MG TABLET	4	
ISOSORBIDE MONONIT 20 MG TAB	1		KALETRA 200-50 MG TABLET	4	
ISOSORBIDE MONONIT ER 120 MG	2		KALETRA 80 MG-20 MG/ML SOLN	4	
ISOSORBIDE MONONIT ER 30 MG TB	1		KALLIGA 28 DAY TABLET	1	
ISOSORBIDE MONONIT ER 60 MG TB	1		KARIVA 28 DAY TABLET	1	
ISOTRETINOIN 10 MG CAPSULE	4		KELNOR 1-35 28 TABLET	1	
ISOTRETINOIN 20 MG CAPSULE	4		KELNOR 1-50 TABLET	1	
ISOTRETINOIN 30 MG CAPSULE	4		KETOCONAZOLE 2% CREAM	2	
ISOTRETINOIN 40 MG CAPSULE	4		KETOCONAZOLE 2% SHAMPOO	2	
ISOXSUPRINE 10 MG TABLET	2		KETOCONAZOLE 200 MG TABLET	2	
ISOXSUPRINE 20 MG TABLET	2		KETO-DIASTIX REAGENT STRIPS	3	
ISRADIPINE 2.5 MG CAPSULE	2		KETONE TEST STRIP	3	
ISRADIPINE 5 MG CAPSULE	2		KETOPROFEN 50 MG CAPSULE	2	
ITRACONAZOLE 10 MG/ML SOLUTION	3		KETOPROFEN 75 MG CAPSULE	2	
ITRACONAZOLE 100 MG CAPSULE	3	QL	KETOPROFEN ER 200 MG CAPSULE	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
KETOROLAC 0.4% OPHTH SOLUTION	2	
KETOROLAC 0.5% OPHTH SOLUTION	2	
KETOROLAC 10 MG TABLET	2	QL
KETOSTIX REAGENT STRIP	3	
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX
KINRAY INS SYR 1 ML 31GX5/16"	3	
KINRAY SYRING 0.3 ML 31GX5/16"	3	
KINRAY SYRING 0.5 ML 31GX5/16"	3	
KINRIX TIP-LOK SYRINGE	3	
KINRIX VIAL	3	
KISQALI 200 MG DAILY DOSE	5	PA, QL, SRX
KISQALI 400 MG DAILY DOSE	5	PA, QL, SRX
KISQALI 600 MG DAILY DOSE	5	PA, QL, SRX
KIONEX 15 GM/60 ML SUSPENSION	2	
KLOR-CON 10 MEQ TABLET	2	
KLOR-CON 20 MEQ PACKET	2	
KLOR-CON 8 MEQ TABLET	2	
KLOR-CON M10 TABLET	2	
KLOR-CON M15 TABLET	4	
KLOR-CON M20 TABLET	2	
KMART VALU PLUS SYR 1/2 ML	3	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL
KOMBIGLYZE XR 5-1,000 MG TAB	3	QL
KOMBIGLYZE XR 5-500 MG TABLET	3	QL
K-PHOS NO.2	4	
K-PHOS ORIGINAL TABLET	4	
KRO INS SYR 0.3 ML 29GX1/2"	3	
KRO INS SYRIN 0.5 ML 31GX5/16"	3	
KRO INSULIN SYR 1 ML 30GX5/16"	3	
KRO PEN NEEDLE 4MM X 32G	3	
KRO PEN NEEDLE 4MM X 33G	3	
KRO PEN NEEDLE 5MM X 31G	3	
KRO PEN NEEDLE 6MM X 31G	3	
KRO PEN NEEDLE 8MM X 31G	3	
KROGER INS SYR 0.3 ML 30GX5/16	3	
KROGER INS SYR 0.5 ML 29GX1/2"	3	
KROGER INS SYR 1 ML 29GX1/2"	3	
KROGER INS SYR 1 ML 31GX5/16"	3	
KROGER PEN NEEDLES 31G X 5/16"	3	
KROGER SYR 0.5 ML 30GX5/16"	3	
KROGER SYRING 0.3 ML 31GX5/16"	3	
KURVELO-28 TABLET	1	
KYNMOBI 10 MG SL FILM	5	PA, QL, SRX
KYNMOBI 15 MG SL FILM	5	PA, QL, SRX
KYNMOBI 20 MG SL FILM	5	PA, QL, SRX
KYNMOBI 25 MG SL FILM	5	PA, QL, SRX
KYNMOBI 30 MG SL FILM	5	PA, QL, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LABELALOL HCL 100 MG TABLET	2	
LABELALOL HCL 200 MG TABLET	2	
LABELALOL HCL 300 MG TABLET	2	
LABSTIX REAGENT	3	
LACOSAMIDE 10 MG/ML SOLUTION	3	QL
LACOSAMIDE 100 MG TABLET	3	QL
LACOSAMIDE 150 MG TABLET	3	QL
LACOSAMIDE 200 MG TABLET	3	QL
LACOSAMIDE 50 MG TABLET	3	QL
LACRISERT 5 MG EYE INSERT	4	
LACTATED RINGERS IRRIGATION	2	
LACTULOSE 10 GM/15 ML SOLUTION	2	
LACTULOSE 20 GM/30 ML SOLUTION	2	
LAMIVUDINE 10 MG/ML ORAL SOLN	2	
LAMIVUDINE 150 MG TABLET	2	
LAMIVUDINE 300 MG TABLET	2	
LAMIVUDINE HBV 100 MG TABLET	2	
LAMIVUDINE-ZIDOVUDINE TABLET	2	
LAMOTRIGINE (BLUE)	2	
LAMOTRIGINE (GREEN)	2	
LAMOTRIGINE (ORANGE)	2	
LAMOTRIGINE 100 MG TABLET	2	
LAMOTRIGINE 150 MG TABLET	2	
LAMOTRIGINE 200 MG TABLET	2	
LAMOTRIGINE 25 MG DISPER TAB	2	
LAMOTRIGINE 25 MG TABLET	2	
LAMOTRIGINE 5 MG DISPER TABLET	2	
LAMOTRIGINE ER 100 MG TABLET	2	
LAMOTRIGINE ER 200 MG TABLET	2	
LAMOTRIGINE ER 25 MG TABLET	2	
LAMOTRIGINE ER 250 MG TABLET	2	
LAMOTRIGINE ER 300 MG TABLET	2	
LAMOTRIGINE ER 50 MG TABLET	2	
LAMOTRIGINE ODT (BLUE)	2	
LAMOTRIGINE ODT (GREEN)	2	
LAMOTRIGINE ODT (ORANGE)	2	
LAMOTRIGINE ODT 100 MG TABLET	2	
LAMOTRIGINE ODT 200 MG TABLET	2	
LAMOTRIGINE ODT 25 MG TABLET	2	
LAMOTRIGINE ODT 50 MG TABLET	2	
LANSOPRAZOL-AMOXICIL-CLARITHRO	2	
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL
LANTHANUM CARB 1,000 MG TB CHW	4	
LANTHANUM CARB 500 MG TAB CHEW	4	
LANTHANUM CARB 750 MG TAB CHEW	4	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LAPATINIB	5	PA, QL, SRX	LEUKINE 250 MCG VIAL	5	SRX
LARIN 1.5 MG-30 MCG TABLET	1		LEUPROLIDE 2WK 14 MG/2.8 ML KT	5	PA, SRX
LARIN 21 1-20 TABLET	1		LEVALBUTEROL 0.31 MG/3 ML SOL	2	
LARIN 24 FE 1 MG-20 MCG TABLET	1		LEVALBUTEROL 0.63 MG/3 ML SOL	2	
LARIN FE 1.5-30 TABLET	1		LEVALBUTEROL 1.25 MG/3 ML SOL	2	
LARIN FE 1-20 TABLET	1		LEVALBUTEROL CONC 1.25 MG/0.5	2	
LARISSIA	1		LEVALBUTEROL TARTRATE HFA	2	QL
LATANOPROST 0.005% EYE DROPS	2		LEVEMIR 100 UNIT/ML VIAL	4	QL, ST
LAYOLIS FE	4		LEVEMIR FLEXPEN 100 UNIT/ML	4	QL, ST
LEADER INS SYR 0.3 ML 29GX1/2"	3		LEVEMIR FLEXTOUCH 100 UNIT/ML	4	QL, ST
LEADER INS SYR 0.5 ML 28GX1/2"	3		LEVETIRACETAM 1,000 MG TABLET	2	
LEADER INS SYR 0.5 ML 29GX1/2"	3		LEVETIRACETAM 1,000 MG/10 ML	2	
LEADER INS SYR 0.5 ML 30GX1/2"	3		LEVETIRACETAM 100 MG/ML SOLN	2	
LEADER INS SYR 0.5 ML 30GX5/16"	3		LEVETIRACETAM 250 MG TABLET	2	
LEADER INS SYR 1 ML 28GX1/2"	3		LEVETIRACETAM 500 MG TABLET	2	
LEADER INS SYR 1 ML 29GX1/2"	3		LEVETIRACETAM 500 MG/5 ML CUP	2	
LEADER INS SYR 1 ML 30GX5/16"	3		LEVETIRACETAM 500 MG/5 ML SOLN	2	
LEADER INS SYR 1 ML 31GX5/16"	3		LEVETIRACETAM 750 MG TABLET	2	
LEADER INSULIN SYRINGE 0.3 ML	3		LEVETIRACETAM ER 500 MG TABLET	2	
LEADER PEN NEEDLES 12MM 29G	3		LEVETIRACETAM ER 750 MG TABLET	2	
LEADER SYRING 0.3 ML 31GX5/16"	3		LEVOBUNOLOL 0.5% EYE DROPS	2	
LEADER SYRING 0.5 ML 31GX5/16"	3		LEVOCARNITINE 1 G/10 ML SOLN	2	
LEDIPASVIR-SOFOSBUVIR	5	PA, QL, SRX	LEVOCARNITINE 330 MG TABLET	2	
LEENA 28 TABLET	1		LEVOCARNITINE SF	2	
LEFLUNOMIDE 10 MG TABLET	2		LEVOCETIRIZINE 2.5 MG/5 ML SOL	2	
LEFLUNOMIDE 20 MG TABLET	2		LEVOCETIRIZINE 5 MG TABLET	2	
LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 0.5% EYE DROPS	2	
LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 1.5% EYE DROPS	2	
LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 25 MG/ML SOLUTION	2	
LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 250 MG TABLET	2	
LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 500 MG TABLET	2	
LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 750 MG TABLET	2	
LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONEST-28 TABLET	1	
LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONO-E ESTRAD 0.15-0.03-0.01	1	
LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-E ESTRAD 0.1-0.02-0.01	1	
LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRA 0.09-0.02 MG	1	
LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD 0.1-0.02 MG	1	
LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD 0.15-0.03	1	
LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD TRIPHASIC	1	
LENVIMA 8 MG DAILY DOSE	5	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	2		LEVORA-28 TABLET	1	
LEUCOVORIN CALCIUM 10 MG TAB	2		LEVORPHANOL 2 MG TABLET	5	PA, SRX
LEUCOVORIN CALCIUM 15 MG TAB	2		LEVORPHANOL 3 MG TABLET	5	PA, SRX
LEUCOVORIN CALCIUM 25 MG TAB	2		LEVO-T 100 MCG TABLET	1	
LEUCOVORIN CALCIUM 5 MG TAB	2				
LEUKERAN 2 MG TABLET	4				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LEVO-T 112 MCG TABLET	1		LILLOW	1	
LEVO-T 125 MCG TABLET	1		LINDANE	2	
LEVO-T 137 MCG TABLET	1		LINEZOLID 100 MG/5 ML SUSP	4	PA
LEVO-T 150 MCG TABLET	1		LINEZOLID 600 MG TABLET	2	PA
LEVO-T 175 MCG TABLET	1		LINZESS 145 MCG CAPSULE	4	QL
LEVO-T 200 MCG TABLET	1		LINZESS 290 MCG CAPSULE	4	QL
LEVO-T 25 MCG TABLET	1		LINZESS 72 MCG CAPSULE	4	QL
LEVO-T 300 MCG TABLET	1		LIOTHYRONINE SOD 25 MCG TAB	2	
LEVO-T 50 MCG TABLET	1		LIOTHYRONINE SOD 5 MCG TAB	2	
LEVO-T 75 MCG TABLET	1		LIOTHYRONINE SOD 50 MCG TAB	2	
LEVO-T 88 MCG TABLET	1		LISINAPRIL 10 MG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1		LISINAPRIL 2.5 MG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1		LISINAPRIL 20 MG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1		LISINAPRIL 30 MG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1		LISINAPRIL 40 MG TABLET	1	
LEVOTHYROXINE 150 MCG TABLET	1		LISINAPRIL 5 MG TABLET	1	
LEVOTHYROXINE 175 MCG TABLET	1		LISINAPRIL-HCTZ 10-12.5 MG TAB	1	
LEVOTHYROXINE 200 MCG TABLET	1		LISINAPRIL-HCTZ 20-12.5 MG TAB	1	
LEVOTHYROXINE 25 MCG TABLET	1		LISINAPRIL-HCTZ 20-25 MG TAB	1	
LEVOTHYROXINE 300 MCG TABLET	1		LITE TOUCH 31GX1/4" PEN NEEDLE	3	
LEVOTHYROXINE 50 MCG TABLET	1		LITE TOUCH INSULIN 0.5 ML SYR	3	
LEVOTHYROXINE 75 MCG TABLET	1		LITE TOUCH INSULIN 1 ML SYR	3	
LEVOTHYROXINE 88 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.3 ML	3	
LEVOXYL 100 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.5 ML	3	
LEVOXYL 112 MCG TABLET	1		LITE TOUCH INSULIN SYR 1 ML	3	
LEVOXYL 125 MCG TABLET	1		LITE TOUCH PEN NEEDLE 29G	3	
LEVOXYL 137 MCG TABLET	1		LITE TOUCH PEN NEEDLE 31G	3	
LEVOXYL 150 MCG TABLET	1		LITEAIRE	3	QL
LEVOXYL 175 MCG TABLET	1		LITETOUCH INS 0.3 ML 29GX1/2"	3	
LEVOXYL 200 MCG TABLET	1		LITETOUCH INS 0.3 ML 30GX5/16"	3	
LEVOXYL 25 MCG TABLET	1		LITETOUCH INS 0.3 ML 31GX5/16"	3	
LEVOXYL 50 MCG TABLET	1		LITETOUCH INS 0.5 ML 31GX5/16"	3	
LEVOXYL 75 MCG TABLET	1		LITETOUCH LARGE MASK	3	QL
LEVOXYL 88 MCG TABLET	1		LITETOUCH MEDIUM MASK	3	QL
LEVULAN KERASTICK 20%	4	LDD	LITETOUCH SMALL MASK	3	QL
LEXIVA 50 MG/ML SUSPENSION	3		LITETOUCH SYR 0.5 ML 28GX1/2"	3	
LEXIVA 700 MG TABLET	4		LITETOUCH SYR 0.5 ML 29GX1/2"	3	
LIDOCAINE 2% VISCOUS SOLN	2		LITETOUCH SYR 0.5 ML 30GX5/16"	3	
LIDOCAINE 5% OINTMENT	2	QL	LITETOUCH SYRIN 1 ML 28GX1/2"	3	
LIDOCAINE 5% PATCH	2		LITETOUCH SYRIN 1 ML 29GX1/2"	3	
LIDOCAINE HCL 2% JEL UROJET AC	2		LITETOUCH SYRIN 1 ML 30GX5/16"	3	
LIDOCAINE HCL 2% JELLY	2		LITHIUM CARBONATE 150 MG CAP	1	
LIDOCAINE HCL 2% JELLY URO-JET	2		LITHIUM CARBONATE 300 MG CAP	1	
LIDOCAINE HCL 4% SOLUTION	2		LITHIUM CARBONATE 300 MG TAB	1	
LIDOCAINE-PRILOCAINE CREAM	2		LITHIUM CARBONATE 600 MG CAP	1	
LIFESHIELD BLUNT CANNULA	3		LITHIUM CARBONATE ER 300 MG TB	2	
			LITHIUM CARBONATE ER 450 MG TB	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)
LITHOSTAT 250 MG TABLET	4		LYLLANA 0.025 MG PATCH	2	QL
LIVE BETTER PEN NEEDLES 8MM	3		LYLLANA 0.0375 MG PATCH	2	QL
LO LOESTRIN FE	3		LYLLANA 0.05 MG PATCH	2	QL
LOJAIMIESS	1		LYLLANA 0.075 MG PATCH	2	QL
LOKELMA 10 GRAM POWDER PACKET	4		LYLLANA 0.1 MG PATCH	2	QL
LOKELMA 5 GRAM POWDER PACKET	4		LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LOPERAMIDE 2 MG CAPSULE	2		LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LOPINAVIR-RITONAVIR 80-20MG/ML	2		LYSODREN	4	LDD
LOPINAVIR-RITONAVIR 100-25MG TB	2		LYZA 0.35 MG TABLET	1	
LOPINAVIR-RITONAVIR 200-50MG TB	2		MAGELLAN INSUL SYRINGE 0.3 ML	3	
LORAZEPAM 0.5 MG TABLET	2		MAGELLAN INSUL SYRINGE 0.5 ML	3	
LORAZEPAM 1 MG TABLET	2		MAGELLAN INSULIN SYR 0.3 ML	3	
LORAZEPAM 2 MG TABLET	2		MAGELLAN INSULIN SYR 0.5 ML	3	
LORAZEPAM 2 MG/ML ORAL CONCENT	2		MAGELLAN INSULIN SYRINGE 1 ML	3	
LORAZEPAM INTENSOL	2		MALATHION 0.5% LOTION	2	
LORCET 5-325MG TABLET	2	PA	MAPROTIline 25 MG TABLET	2	
LORCET HD	2	PA	MAPROTIline 75 MG TABLET	2	
LORCET PLUS 7.5-325 MG TABLET	2	PA	MARAVIROC 150 MG TABLET	2	
LORTAB	2	PA	MARAVIROC 300 MG TABLET	2	
LORYNA 3 MG-0.02 MG TABLET	1		MARLISSA-28 TABLET	1	
LOSARTAN POTASSIUM 100 MG TAB	1		MARPLAN 10 MG TABLET	4	
LOSARTAN POTASSIUM 25 MG TAB	1		MATZIM LA 180 MG TABLET	2	
LOSARTAN POTASSIUM 50 MG TAB	1		MATZIM LA 240 MG TABLET	2	
LOSARTAN-HCTZ 100-12.5 MG TAB	1		MATZIM LA 300 MG TABLET	2	
LOSARTAN-HCTZ 100-25 MG TAB	1		MATZIM LA 360 MG TABLET	2	
LOSARTAN-HCTZ 50-12.5 MG TAB	1		MATZIM LA 420 MG TABLET	2	
LOTEPREDNOL 0.5% OPHTHALMC GEL	3		MAXICOMFORT II PEN ND 31GX6MM	3	
LOTEPREDNOL ETABONATE 0.5% DRP	3		MAXI-COMFORT INS 0.5 ML 28G	3	
LOVASTATIN 10 MG TABLET	1		MAXICOMFORT INS 0.5ML 27GX1/2"	3	
LOVASTATIN 20 MG TABLET	1		MAXICOMFORT INS 1 ML 27GX1/2"	3	
LOVASTATIN 40 MG TABLET	1		MAXI-COMFORT INS 1 ML 28GX1/2"	3	
LOW-OGESTREL-28 TABLET	1		MAXICOMFORT PEN ND 29G X 5MM	3	
LOXAPINE 10 MG CAPSULE	2		MAXICOMFORT PEN ND 29G X 8MM	3	
LOXAPINE 25 MG CAPSULE	2		MECLIZINE 12.5 MG TABLET	2	
LOXAPINE 5 MG CAPSULE	2		MECLIZINE 25 MG TABLET	2	
LOXAPINE 50 MG CAPSULE	2		MECLOFENAMATE 100 MG CAPSULE	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1		MECLOFENAMATE 50 MG CAPSULE	2	
LUBIPROSTONE 24 MCG CAPSULE	4		MEDICATION TRANSFER NEEDLE	3	
LUBIPROSTONE 8 MCG CAPSULE	4		MEDISENSE GLUC-KET CONT SOL	3	
LURASIDONE HCL 120 MG TABLET	4	QL	MEDISENSE H-L CONTROL SOLUTION	3	
LURASIDONE HCL 20 MG TABLET	4	QL	MEDISENSE H-M-L CONTROL SOLN	3	
LURASIDONE HCL 40 MG TABLET	4	QL	MEDISENSE MID CONTROL SOLUTION	3	
LURASIDONE HCL 60 MG TABLET	4	QL	MEDPOINT CONTROL SOLUTION	3	
LURASIDONE HCL 80 MG TABLET	4	QL	MEDROL 2 MG TABLET	4	
LUTERA-28 TABLET	1		MEDROXYPROGESTERONE 10 MG TAB	1	
LYLEQ 0.35 MG TABLET	1		MEDROXYPROGESTERONE 150 MG/ML	1	

2024 Cigna Plus Florida 5-Tier Prescription Drug List

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
METHYLPHENIDATE CD 60 MG CAP	2	QL	METOPROLOL-HCTZ 50-25 MG TAB	2	
METHYLPHENIDATE ER 10 MG TAB	2	QL	METRONIDAZOLE 0.75% CREAM	2	
METHYLPHENIDATE ER 18 MG TAB	2	QL	METRONIDAZOLE 0.75% LOTION	2	
METHYLPHENIDATE ER 20 MG TAB	2	QL	METRONIDAZOLE 250 MG TABLET	2	
METHYLPHENIDATE ER 27 MG TAB	2	QL	METRONIDAZOLE 375 MG CAPSULE	2	
METHYLPHENIDATE ER 36 MG TAB	2	QL	METRONIDAZOLE 500 MG TABLET	2	
METHYLPHENIDATE ER 54 MG TAB	2	QL	METRONIDAZOLE TOP 1% GEL PUMP	2	
METHYLPHENIDATE ER(CD) 10MG CP	2	QL	METRONIDAZOLE TOPICAL 0.75% GL	2	
METHYLPHENIDATE ER(CD) 20MG CP	2	QL	METRONIDAZOLE TOPICAL 1% GEL	2	
METHYLPHENIDATE ER(CD) 30MG CP	2	QL	METRONIDAZOLE VAGINAL 0.75% GL	2	
METHYLPHENIDATE ER(CD) 40MG CP	2	QL	METYROSINE 250 MG CAPSULE	5	PA, SRX
METHYLPHENIDATE ER(CD) 50MG CP	2	QL	MEXILETINE 150 MG CAPSULE	2	
METHYLPHENIDATE ER(CD) 60MG CP	2	QL	MEXILETINE 200 MG CAPSULE	2	
METHYLPHENIDATE ER(LA) 10MG CP	2	QL	MEXILETINE 250 MG CAPSULE	2	
METHYLPHENIDATE ER(LA) 20MG CP	2	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE ER(LA) 30MG CP	2	QL	MICONAZOLE 3 200 MG VAG SUPP	2	
METHYLPHENIDATE ER(LA) 40MG CP	2	QL	MICROCHAMBER	3	QL
METHYLPHENIDATE LA 10 MG CAP	2	QL	MICRODOT HIGH-LOW CONTROL SOL	3	
METHYLPHENIDATE LA 20 MG CAP	2	QL	MICRODOT NORMAL CONTROL SOLUT	3	
METHYLPHENIDATE LA 30 MG CAP	2	QL	MICRODOT PEN NEEDLE 31GX6MM	3	
METHYLPHENIDATE LA 40 MG CAP	2	QL	MICRODOT PEN NEEDLE 32GX4MM	3	
METHYLPHENIDATE LA 60 MG CAP	2	QL	MICRODOT PEN NEEDLE 33GX4MM	3	
METHYLPREDNISOLONE 16 MG TAB	2		MICROGESTIN 21 1.5-30 TAB	1	
METHYLPREDNISOLONE 32 MG TAB	2		MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 4 MG DOSEPK	2		MICROGESTIN 24 FE 1 MG-20 MCG	1	
METHYLPREDNISOLONE 4 MG TABLET	2		MICROGESTIN FE 1.5-30 TAB	1	
METHYLPREDNISOLONE 8 MG TABLET	2		MICROGESTIN FE 1-20 TABLET	1	
METHYLTESTOSTERONE 10 MG CAP	5	SRX	MICROLIFE PEAK FLOW METER	3	
METOCLOPRAMIDE 10 MG TABLET	1		MICROSPACER FOR AEROSOL DEVICE	3	QL
METOCLOPRAMIDE 10 MG/10 ML SOL	2		MIDAZOLAM HCL 10 MG/5 ML SYRUP	2	
METOCLOPRAMIDE 5 MG TABLET	1		MIDAZOLAM HCL 2 MG/ML SYRUP	2	
METOCLOPRAMIDE 5 MG/5 ML SOLN	2		MIDAZOLAM HCL 5 MG/2.5 ML SYRP	2	
METOLAZONE 10 MG TABLET	2		MIDODRINE HCL 10 MG TABLET	2	
METOLAZONE 2.5 MG TABLET	2		MIDODRINE HCL 2.5 MG TABLET	2	
METOLAZONE 5 MG TABLET	2		MIDODRINE HCL 5 MG TABLET	2	
METOPROLOL SUCC ER 100 MG TAB	2		MIGERGOT 2-100 MG SUPPOSITORY	4	
METOPROLOL SUCC ER 200 MG TAB	2		MIGLITOL 100 MG TABLET	2	
METOPROLOL SUCC ER 25 MG TAB	2		MIGLITOL 25 MG TABLET	2	
METOPROLOL SUCC ER 50 MG TAB	2		MIGLITOL 50 MG TABLET	2	
METOPROLOL TARTRATE 100 MG TAB	1		MIGLUSTAT 100 MG CAPSULE	5	PA, SRX
METOPROLOL TARTRATE 25 MG TAB	1		MILI 0.25-0.035 MG TABLET	1	
METOPROLOL TARTRATE 37.5 MG TB	2		MIMVEY 1-0.5 MG TABLET	2	
METOPROLOL TARTRATE 50 MG TAB	1		MINI PEN NEEDLE 32G 4MM	3	
METOPROLOL TARTRATE 75 MG TAB	2		MINI PEN NEEDLE 32G 5MM	3	
METOPROLOL-HCTZ 100-25 MG TAB	2		MINI PEN NEEDLE 32G 6MM	3	
METOPROLOL-HCTZ 100-50 MG TAB	2				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MINI PEN NEEDLE 32G 8MM	3		MINOXIDIL 10 MG TABLET	2	
MINI PEN NEEDLE 33G 4MM	3		MINOXIDIL 2.5 MG TABLET	2	
MINI PEN NEEDLE 33G 5MM	3		MIO INFUSION SET 18"	3	
MINI PEN NEEDLE 33G 6MM	3		MIO INFUSION SET 23"	3	
MINI ULTRA-THIN II PEN ND.L 31G	3		MIO INFUSION SET 32"	3	
MINI WRIGHT PEAK FLOW METER	3		MIRTAZAPINE 15 MG ODT	2	
MINIMED INFUSION SET	3		MIRTAZAPINE 15 MG TABLET	2	
MINIMED MIO ADV INFUSN 23"6MM	3		MIRTAZAPINE 30 MG ODT	2	
MINIMED MIO ADV INFUSN 23"9MM	3		MIRTAZAPINE 30 MG TABLET	2	
MINIMED MIO ADV INFUSN 43"6MM	3		MIRTAZAPINE 45 MG ODT	2	
MINIMED MIO ADV INFUSN 43"9MM	3		MIRTAZAPINE 45 MG TABLET	2	
MINIMED MIO INFUSN SET 18" 6MM	3		MIRTAZAPINE 7.5 MG TABLET	2	
MINIMED MIO INFUSN SET 23" 6MM	3		MISOPROSTOL 100 MCG TABLET	2	
MINIMED MIO INFUSN SET 32" 6MM	3		MISOPROSTOL 200 MCG TABLET	2	
MINIMED MIO INFUSN SET 32" 9MM	3		M-M-R II VACCINE VIAL	3	
MINIMED QUICK SET INF 18" 6MM	3		M-NATAL PLUS	1	
MINIMED QUICK SET INF 23" 6MM	3		MODAFINIL 100 MG TABLET	4	PA
MINIMED QUICK SET INF 23" 9MM	3		MODAFINIL 200 MG TABLET	4	PA
MINIMED QUICK SET INF 32" 6MM	3		MODERNA COVID (12Y UP)VAC(EUA)	3	
MINIMED QUICK SET INF 32" 9MM	3		MODERNA COVID BIVAL(6MO UP)EUA	3	
MINIMED QUICK SET INF 43" 6MM	3		MODERNA COVID BIVAL(6MO-5Y)EUA	3	
MINIMED QUICK SET INF 43" 9MM	3		MODERNA COVID(6-11Y) VACC(EUA)	3	
MINIMED QUICK-SERTER	3		MODERNA COVID(6M-5Y) VACC(EUA)	3	
MINIMED RESERVOIR 1.8 ML	3		MODERNA COVID-19 BOOSTER (EUA)	3	
MINIMED RESERVOIR 3 ML	3		MOEXIPRIL HCL 15 MG TABLET	2	
MINIMED SILHOUETTE INF SET 18"	3		MOEXIPRIL HCL 7.5 MG TABLET	2	
MINIMED SILHOUETTE INF SET 23"	3		MOLINDONE HCL 10 MG TABLET	2	
MINIMED SILHOUETTE INF SET 32"	3		MOLINDONE HCL 25 MG TABLET	2	
MINIMED SILHOUETTE INF SET 43"	3		MOLINDONE HCL 5 MG TABLET	2	
MINIMED SURE T INF SET 18" 6MM	3		MOMETASONE FUROATE 0.1% CREAM	2	
MINIMED SURE T INF SET 23" 6MM	3		MOMETASONE FUROATE 0.1% OINT	2	
MINIMED SURE T INF SET 23" 8MM	3		MOMETASONE FUROATE 0.1% SOLN	2	
MINIMED SURE T INF SET 32" 6MM	3		MOMETASONE FUROATE 50 MCG SPRY	2	QL
MINIMED SURE T INF SET 32" 8MM	3		MONDOXYNE NL 100 MG CAPSULE	1	
MINIMED SURE T INFUSN SET 23"	3		MONDOXYNE NL 75 MG CAPSULE	2	
MINIMED SURE T INFUSN SET 32"	3		MONOJECT 0.5 ML SYRN 28GX1/2"	3	
MINITRAN 0.1 MG/HR PATCH	2		MONOJECT 1 ML SYRN 27X1/2"	3	
MINITRAN 0.2 MG/HR PATCH	2		MONOJECT 1 ML SYRN 28GX1/2"	3	
MINITRAN 0.4 MG/HR PATCH	2		MONOJECT 3 ML SYRINGE 21GX1"	3	
MINITRAN 0.6 MG/HR PATCH	2		MONOJECT 3 ML SYRINGE 23GX1"	3	
MINI-WRIGHT PEAK FLOW METER	3		MONOJECT 3 ML SYRINGE 25GX1"	3	
MINOCYCLINE 100 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX1"	3	
MINOCYCLINE 50 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX11/2"	3	
MINOCYCLINE 75 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX1-1/2"	3	
MINOCYCLINE HCL 100 MG TABLET	1		MONOJECT 3 ML SYRN 22GX11/2"	3	
MINOCYCLINE HCL 50 MG TABLET	1		MONOJECT 3 ML SYRN 22GX1-1/2"	3	
MINOCYCLINE HCL 75 MG TABLET	1		MONOJECT 3 ML SYRN 23GX1"	3	

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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 3 ML SYRN 25GX1"	3		MONOJECT SYRN 3 ML 20GX1-1/2"	3	
MONOJECT 3 ML SYRN 25GX1.25"	3		MONOJECT SYRN 3 ML 20GX3/4"	3	
MONOJECT 3 ML SYRN 25GX5/8"	3		MONOJECT SYRNG 20GX1" 3 ML	3	
MONOJECT 3 ML SYRN 27GX1.25"	3		MONO-LINYAH 28 TABLET	1	
MONOJECT 3 ML SYRN 27GX11/4"	3		MONTELUKAST SOD 10 MG TABLET	2	
MONOJECT 6 ML SYRN 20GX11/2"	3		MONTELUKAST SOD 4 MG GRANULES	2	
MONOJECT 6 ML SYRN 21GX1"	3		MONTELUKAST SOD 4 MG TAB CHEW	2	
MONOJECT 6 ML SYRN 21GX11/2"	3		MONTELUKAST SOD 5 MG TAB CHEW	2	
MONOJECT 6 ML SYRN 22GX11/2"	3		MORGIDOX 100 MG CAPSULE	1	
MONOJECT 6CC SAFETY SYRINGE	3		MORGIDOX 50 MG CAPSULE	1	
MONOJECT BLD COL NEEDL 20GX1.5	3		MORPHINE SULF 10 MG SUPPOS	2	PA
MONOJECT BLD COL NEEDLE 20GX1"	3		MORPHINE SULF 10 MG/5 ML SOLN	2	PA
MONOJECT BLD COL NEEDLE 21GX1"	3		MORPHINE SULF 100 MG/5 ML CONC	2	PA
MONOJECT BLD COL NEEDLE 22GX1"	3		MORPHINE SULF 20 MG SUPPOS	2	PA
MONOJECT FILTR 18GX1.5" NEEDLE	3		MORPHINE SULF 20 MG/5 ML SOLN	2	PA
MONOJECT HYPO NDL 27GX1-1/2"	3		MORPHINE SULF 30 MG SUPPOS	2	PA
MONOJECT HYPO NEEDLE 18X1A	3		MORPHINE SULF 5 MG SUPPOS	2	PA
MONOJECT HYPO NEEDLE 19X1	3		MORPHINE SULF ER 100 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 19X1-1/2	3		MORPHINE SULF ER 15 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1	3		MORPHINE SULF ER 200 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1-1/2	3		MORPHINE SULF ER 30 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1	3		MORPHINE SULF ER 60 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1-1/2	3		MORPHINE SULFATE ER 10 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1	3		MORPHINE SULFATE ER 100 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1.5	3		MORPHINE SULFATE ER 120 MG CAP	2	PA
MONOJECT HYPO NEEDLE 23X1	3		MORPHINE SULFATE ER 20 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1	3		MORPHINE SULFATE ER 30 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1.5	3		MORPHINE SULFATE ER 45 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X5/8	3		MORPHINE SULFATE ER 50 MG CAP	2	PA
MONOJECT HYPO NEEDLE 26X1.5	3		MORPHINE SULFATE ER 60 MG CAP	2	PA
MONOJECT HYPO NEEDLE 27X0.5	3		MORPHINE SULFATE ER 75 MG CAP	2	PA
MONOJECT HYPO NEEDLE 30X3/4	3		MORPHINE SULFATE ER 80 MG CAP	2	PA
MONOJECT HYPODERMIC NEEDLE	3		MORPHINE SULFATE ER 90 MG CAP	2	PA
MONOJECT INSUL SYR U100	3		MORPHINE SULFATE IR 15 MG TAB	2	PA
MONOJECT INSUL SYR U100 0.5 ML	3		MORPHINE SULFATE IR 30 MG TAB	2	PA
MONOJECT INSUL SYR U100 1 ML	3		MOUTHPIECE	3	QL
MONOJECT INSULIN SAFETY SYRNG	3		MOXIFLOXACIN 0.5% EYE DROPS	2	
MONOJECT INSULIN SYR 0.3 ML	3		MOXIFLOXACIN 0.5% EYE DRP-VISC	2	
MONOJECT INSULIN SYR 0.5 ML	3		MOXIFLOXACIN HCL 400 MG TABLET	2	
MONOJECT INSULIN SYR 1 ML	3		MS INS SYR 0.5 ML 29GX1/2"	3	
MONOJECT INSULIN SYR U-100	3		MS INS SYR 1 ML 29GX1/2"	3	
MONOJECT INSULIN SYRN 3/10 ML	3		MS INS SYRINGE 1 ML 30GX1/2"	3	
MONOJECT SYRINGE 0.3 ML	3		MS INSUL SYR 0.3 ML 31GX5/16"	3	
MONOJECT SYRINGE 0.5 ML	3		MS INSUL SYR 0.5 ML 30GX1/2"	3	
MONOJECT SYRINGE 1 ML	3		MS INSUL SYR 0.5 ML 31GX5/16"	3	
MONOJECT SYRINGE 3 ML 20GX1	3		MS INSULIN SYR 0.3 ML 29GX1/2"	3	
MONOJECT SYRINGE 3 ML 22GX1"	3		MS INSULIN SYR 1 ML 31GX5/16"	3	

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NEOMYC-POLYM-DEXAMETH EYE DROP	2	
NEOMY-POLYMYXIN B 40 MG/ML AMP	2	
NEOMY-POLYMYXIN B 40 MG/ML VL	2	
NEO-POLYCYN EYE OINTMENT	2	
NEO-POLYCYN HC EYE OINTMENT	2	
NEUAC GEL	2	
NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX
NEVANAC 0.1% EYE DROP	4	
NEVIRAPINE 200 MG TABLET	2	
NEVIRAPINE 50 MG/5 ML SUSP	2	
NEVIRAPINE ER 100 MG TABLET	2	
NEVIRAPINE ER 400 MG TABLET	2	
NEW DAY 1.5 MG TABLET	1	
NEWGEN TABLET	1	
NIACIN ER 1,000 MG TABLET	2	
NIACIN ER 500 MG TABLET	2	
NIACIN ER 750 MG TABLET	2	
NICARDIPINE 20 MG CAPSULE	2	
NICARDIPINE 30 MG CAPSULE	2	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	
NIFEDIPINE 10 MG CAPSULE	2	
NIFEDIPINE 20 MG CAPSULE	2	
NIFEDIPINE ER 30 MG TABLET	2	
NIFEDIPINE ER 60 MG TABLET	2	
NIFEDIPINE ER 90 MG TABLET	2	
NIKKI 3 MG-0.02 MG TABLET	1	
NILUTAMIDE 150 MG TABLET	5	SRX
NIMODIPINE 30 MG CAPSULE	4	
NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX
NISOLDIPINE ER 17 MG TABLET	2	QL
NISOLDIPINE ER 20 MG TABLET	2	QL
NISOLDIPINE ER 25.5 MG TABLET	2	QL
NISOLDIPINE ER 30 MG TABLET	2	QL
NISOLDIPINE ER 34 MG TABLET	2	QL
NISOLDIPINE ER 40 MG TABLET	2	QL
NISOLDIPINE ER 8.5 MG TABLET	2	QL
NITAZOXANIDE 500 MG TABLET	4	PA
NITRO-BID 2% OINTMENT	2	
NITROFURANTOIN 25 MG/5 ML SUSP	4	
NITROFURANTOIN MCR 100 MG CAP	1	
NITROFURANTOIN MCR 25 MG CAP	2	
NITROFURANTOIN MCR 50 MG CAP	1	
NITROFURANTOIN MONO-MCR 100 MG	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NITROGLYCERIN 0.1 MG/HR PATCH	2	
NITROGLYCERIN 0.2 MG/HR PATCH	2	
NITROGLYCERIN 0.3 MG TABLET SL	2	
NITROGLYCERIN 0.4 MG TABLET SL	2	
NITROGLYCERIN 0.4 MG/HR PATCH	2	
NITROGLYCERIN 0.6 MG TABLET SL	2	
NITROGLYCERIN 0.6 MG/HR PATCH	2	
NITROGLYCERIN 400 MCG SPRAY	2	
NITRO-TIME ER 2.5 MG CAPSULE	2	
NITRO-TIME ER 6.5 MG CAPSULE	2	
NITRO-TIME ER 9 MG CAPSULE	2	
NIVA-PLUS TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE	5	SRX
NIVESTYM 300 MCG/ML VIAL	5	SRX
NIVESTYM 480 MCG/0.8 ML SYRINGE	5	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NIZATIDINE 150 MG CAPSULE	2	
NIZATIDINE 300 MG CAPSULE	2	
NOKOR ADMIX NEEDLE	3	
NOLIX 0.05% CREAM	4	
NOLIX 0.05% LOTION	4	
NORA-BE	1	
NORDITROPIN FLEXPOR 10 MG/1.5	5	PA, SRX
NORDITROPIN FLEXPOR 15 MG/1.5	5	PA, SRX
NORDITROPIN FLEXPOR 30 MG/3 ML	5	PA, SRX
NORDITROPIN FLEXPOR 5 MG/1.5	5	PA, SRX
NORET-ESTR-FE 0.4-0.035(21)-75	1	
NORETH-EE-FE 1 MG/20-30-35 MCG	1	
NORETH-EE-FE 1.5-0.03MG(21)-75	1	
NORETH-EE-FE 1-0.02(21)-75 TAB	1	
NORETH-EE-FE 1-0.02(24)-75 CAP	1	
NORETH-EE-FE 1-0.02(24)-75 CHW	1	
NORETHIND-ETH ESTRAD 0.5-2.5	2	
NORETHIND-ETH ESTRAD 1-0.02 MG	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	2	
NORETHIN-EE 1.5-0.03 MG(21) TB	1	
NORETHIN-ESTRA-FE 0.8-0.025 MG	1	
NORETHIN-ETH ESTRAD 1 MG-5 MCG	2	
NORG-EE 0.18-0.215-0.25/0.025	1	
NORG-EE 0.18-0.215-0.25/0.035	1	
NORGESTIMATE-EE 0.25-0.035 MG	1	
NORG-ETHIN ESTRA 0.25-0.035 MG	1	
NORLYDA 0.35 MG TABLET	1	
NORPACE CR 100 MG CAPSULE	4	
NORPACE CR 150 MG CAPSULE	4	
NORTREL 0.5-35-28 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)
NORTREL 1-35 21 TABLET	1		NYSTATIN 500,000 UNIT/5 ML CUP	2	
NORTREL 1-35 28 TABLET	1		NYSTATIN-TRIAMCINOLONE CREAM	2	
NORTREL 7-7-7-28 TABLET	1		NYSTATIN-TRIAMCINOLONE OINTM	2	
NORTRIPTYLINE 10 MG/5 ML SOLN	2		NYSTOP 100,000 UNIT/GM POWDER	2	
NORTRIPTYLINE HCL 10 MG CAP	1		NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NORTRIPTYLINE HCL 25 MG CAP	1		OBSTETRIX DHA COMBO PAK	1	
NORTRIPTYLINE HCL 50 MG CAP	1		OBSTETRIX ONE SOFTGEL	1	
NORTRIPTYLINE HCL 75 MG CAP	1		OCELLA 3 MG-0.03 MG TABLET	1	
NORVIR 100 MG POWDER PACKET	3		OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA
NORVIR 100 MG TABLET	4		OCTREOTIDE 1,000 MCG/ML VIAL	2	PA
NOVA MAX GLUCOSE CONTROL SOLN	3		OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA
NOVAVAX COVID-19 VACC,ADJ(EUA)	3		OCTREOTIDE ACET 0.05 MG/ML VL	2	PA
NOVOFINE 32G NEEDLES	3		OCTREOTIDE ACET 100 MCG/ML AMP	2	PA
NOVOFINE AUTOCOVER 30G NEEDLE	3		OCTREOTIDE ACET 100 MCG/ML SYR	2	PA
NOVOFINE PLUS PEN NDL 32GX1/6"	3		OCTREOTIDE ACET 100 MCG/ML VL	2	PA
NOVOLOG 100 UNIT/ML FLEXPEN	4	QL, ST	OCTREOTIDE ACET 200 MCG/ML VL	2	PA
NOVOLOG 100 UNIT/ML VIAL	4	QL, ST	OCTREOTIDE ACET 50 MCG/ML AMP	2	PA
NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST	OCTREOTIDE ACET 50 MCG/ML SYR	2	PA
NOVOLOG MIX 70-30 VIAL	4	QL, ST	OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA
NOVOLOG PENFILL 100 UNIT/ML	4	QL, ST	OCTREOTIDE ACET 500 MCG/ML AMP	2	PA
NOVOPEN 3 INSULIN DEVICE	3		OCTREOTIDE ACET 500 MCG/ML SYR	2	PA
NOVOPEN ECHO INSULIN DEVICE	3		OCTREOTIDE ACET 500 MCG/ML VL	2	PA
NOVOTWIST NEEDLE 32G 5MM	3		ODACTRA 12 SQ-HDM SL TABLET	4	PA, QL
NOXAFIL 40 MG/ML SUSPENSION	4		ODEFSEY	3	QL
NP THYROID 120 MG TABLET	1		ODOMZO 200 MG CAPSULE	5	PA, QL, LDD, SRX
NP THYROID 15 MG TABLET	1		OFLOXACIN 0.3% EAR DROPS	2	
NP THYROID 30 MG TABLET	1		OFLOXACIN 0.3% EYE DROPS	2	
NP THYROID 60 MG TABLET	1		OFLOXACIN 300 MG TABLET	2	
NP THYROID 90 MG TABLET	1		OFLOXACIN 400 MG TABLET	2	
NUCYNTA 100 MG TABLET	4	PA	OKEBO 75 MG CAPSULE	2	
NUCYNTA 50 MG TABLET	4	PA	OLANZAPINE 10 MG TABLET	2	
NUCYNTA 75 MG TABLET	4	PA	OLANZAPINE 15 MG TABLET	2	
NUCYNTA ER 100 MG TABLET	4	PA	OLANZAPINE 2.5 MG TABLET	2	
NUCYNTA ER 150 MG TABLET	4	PA	OLANZAPINE 20 MG TABLET	2	
NUCYNTA ER 200 MG TABLET	4	PA	OLANZAPINE 5 MG TABLET	2	
NUCYNTA ER 250 MG TABLET	4	PA	OLANZAPINE 7.5 MG TABLET	2	
NUCYNTA ER 50 MG TABLET	4	PA	OLANZAPINE ODT 10 MG TABLET	2	
NUEDEXTA 20-10 MG CAPSULE	4	PA	OLANZAPINE ODT 15 MG TABLET	2	
NYAMYC 100,000 UNIT/GM POWDER	2		OLANZAPINE ODT 20 MG TABLET	2	
NYLIA 1-35 28 TABLET	1		OLANZAPINE ODT 5 MG TABLET	2	
NYLIA 7-7-7-28 TABLET	1		OLANZAPINE-FLUOXETINE 12-25 MG	2	
NYMYO 0.25-0.035 MG (28) TAB	1		OLANZAPINE-FLUOXETINE 12-50 MG	2	
NYSTATIN 100,000 UNIT/GM CREAM	2		OLANZAPINE-FLUOXETINE 3-25 MG	2	
NYSTATIN 100,000 UNIT/GM OINT	2		OLANZAPINE-FLUOXETINE 6-25 MG	2	
NYSTATIN 100,000 UNIT/GM POWD	2		OLANZAPINE-FLUOXETINE 6-50 MG	2	
NYSTATIN 100,000 UNIT/ML SUSP	2		OLMESARTAN MEDOXOMIL 20 MG TAB	2	
NYSTATIN 500,000 UNIT ORAL TAB	2		OLMESARTAN MEDOXOMIL 40 MG TAB	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)
OLMESARTAN MEDOXOMIL 5 MG TAB	2		ONETOUCH ULTRA TEST STRIP	3	
OLMESARTAN-HCTZ 20-12.5 MG TAB	2		ONETOUCH ULTRA2 GLUCOSE SYST	1	
OLMESARTAN-HCTZ 40-12.5 MG TAB	2		ONETOUCH ULTRASOFT2 30G LANCET	3	
OLMESARTAN-HCTZ 40-25 MG TAB	2		ONETOUCH VERIO FLEX METER	1	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2		ONETOUCH VERIO HIGH CNTRL SOLN	3	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2		ONETOUCH VERIO METER	1	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2		ONETOUCH VERIO MID CNTRL SOLN	3	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2		ONETOUCH VERIO REFLECT METER	1	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2		ONETOUCH VERIO TEST STRIP	3	
OLOPATADINE HCL 0.1% EYE DROPS	2		ONGLYZA 2.5 MG TABLET	3	QL
OLOPATADINE HCL 0.2% EYE DROP	2		ONGLYZA 5 MG TABLET	3	QL
OMEGA-3 ETHYL ESTERS 1 GM CAP	2		OPCICON ONE-STEP 1.5 MG TABLET	1	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL	OPIUM TINCTURE 10 MG/ML	2	PA
OMEPRAZOLE DR 20 MG CAPSULE	2	QL	OPTICHAMBER ADULT MASK-LARGE	3	QL
OMEPRAZOLE DR 40 MG CAPSULE	2	QL	OPTICHAMBER DIAMOND VHC	3	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL	OPTICHAMBER DIAMOND W-LRG MASK	3	QL
OMNIPOD 5 G6 PODS (GEN 5)	3		OPTICHAMBER DIAMOND W-MED MASK	3	QL
OMNIPOD CLASSIC PDM KIT (GEN 3)	3	QL	OPTICHAMBER DIAMOND W-SML MASK	3	QL
OMNIPOD CLASSIC PODS (GEN 3)	3		OPTION 2 1.5 MG TABLET	1	
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL	OPTUMRX GLUCOSE CONTROL SOLN	3	
OMNIPOD DASH PODS (GEN 4)	3		ORACIT ORAL SOLUTION	4	
OMNIPOD GO 10 UNIT/DAY PODS	3		ORALONE 0.1% PASTE	2	
OMNIPOD GO 15 UNIT/DAY PODS	3		ORPHENADRINE ER 100 MG TABLET	2	
OMNIPOD GO 20 UNIT/DAY PODS	3		OSCIMIN 0.125 MG TABLET	2	
OMNIPOD GO 25 UNIT/DAY PODS	3		OSCIMIN SL 0.125 MG TABLET	2	
OMNIPOD GO 30 UNIT/DAY PODS	3		OSCIMIN SR 0.375 MG TABLET	2	
OMNIPOD GO 35 UNIT/DAY PODS	3		OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL
OMNIPOD GO 40 UNIT/DAY PODS	3		OSELTAMIVIR PHOS 30 MG CAPSULE	2	QL
ON CALL EXPRESS CONTROL SOLN	3		OSELTAMIVIR PHOS 45 MG CAPSULE	2	QL
ON CALL PLUS CONTROL	3		OSELTAMIVIR PHOS 75 MG CAPSULE	2	QL
ON CALL VIVID CONTROL	3		OSMOPREP	4	
ONDANSETRON 4 MG/5 ML SOLUTION	2		OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX
ONDANSETRON HCL 4 MG TABLET	2		OTEZLA 30 MG TABLET	5	PA, QL, SRX
ONDANSETRON HCL 8 MG TABLET	2		OVAL TAPE	3	
ONDANSETRON ODT 4 MG TABLET	2		OXANDROLONE 10 MG TABLET	4	PA
ONDANSETRON ODT 8 MG TABLET	2		OXANDROLONE 2.5 MG TABLET	4	PA
ONE WAY VALVED MOUTHPIECE	3	QL	OXAPROZIN 600 MG CAPLET	2	
ONETOUCH DELICA PLUS 30G LANCET	3		OXAPROZIN 600 MG TABLET	2	
ONETOUCH DELICA PLUS 33G LANCET	3		OXAZEPAM 10 MG CAPSULE	2	
ONETOUCH DELICA PLUS LANC DEV	3		OXAZEPAM 15 MG CAPSULE	2	
ONETOUCH DELICA SAF 30G LANCET	3		OXAZEPAM 30 MG CAPSULE	2	
ONETOUCH ULTRASOFT LANCETS	3		OXCARBAZEPINE 150 MG TABLET	2	
ONETOUCH SOLUTIONS STARTER	1		OXCARBAZEPINE 300 MG TABLET	2	
ONETOUCH SURESOFT 18G LANC DEV	3		OXCARBAZEPINE 300 MG/5 ML SUSP	2	
ONETOUCH SURESOFT 21G LANC DEV	3		OXCARBAZEPINE 600 MG TABLET	2	
ONETOUCH SURESOFT 28G LANC DEV	3		OXICONAZOLE NITRATE 1% CREAM	3	
ONETOUCH ULTRA CONTROL SOLN	3		OXYBUTYNIN 5 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OXYBUTYNIN 5 MG/5 ML SOLUTION	2		PAREGORIC LIQUID	2	
OXYBUTYNIN 5 MG/5 ML SYRUP	2		PARICALCITOL 1 MCG CAPSULE	2	
OXYBUTYNIN CL ER 10 MG TABLET	2		PARICALCITOL 2 MCG CAPSULE	2	
OXYBUTYNIN CL ER 15 MG TABLET	2		PARICALCITOL 4 MCG CAPSULE	2	
OXYBUTYNIN CL ER 5 MG TABLET	2		PAROEX 0.12% ORAL RINSE	2	
OXYCODONE HCL (IR) 10 MG TAB	2	PA	PAROMOMYCIN 250 MG CAPSULE	2	
OXYCODONE HCL (IR) 15 MG TAB	2	PA	PAROXETINE HCL 10 MG TABLET	1	QL
OXYCODONE HCL (IR) 20 MG TAB	2	PA	PAROXETINE HCL 20 MG TABLET	1	QL
OXYCODONE HCL (IR) 30 MG TAB	2	PA	PAROXETINE HCL 30 MG TABLET	1	QL
OXYCODONE HCL (IR) 5 MG CAP	2	PA	PAROXETINE HCL 40 MG TABLET	1	QL
OXYCODONE HCL (IR) 5 MG TABLET	2	PA	PASER GRANULES 4 GM PACKET	4	
OXYCODONE HCL 100 MG/5 ML CONC	2	PA	PC UNIFINE PENTIPS 12MM NEEDLE	3	
OXYCODONE HCL 5 MG/5 ML SOLN	2	PA	PC UNIFINE PENTIPS 6MM NEEDLE	3	
OXYCODONE HCL-ASPIRIN	2	PA	PC UNIFINE PENTIPS 8MM NEEDLE	3	
OXYCODONE-ACETAMINOPHEN 10-325	2	PA	PEAK-AIR PEAK FLOW METER	3	
OXYCODONE-ACETAMINOPHEN 5-325	2	PA	PEDIARIX 0.5 ML SYRINGE	3	
OXYCODONE-ACETAMINOPHN 2.5-325	2	PA	PEDIATRIC MEDIUM MASK	3	QL
OXYCODONE-ACETAMINOPHN 7.5-325	2	PA	PEDIATRIC MOUTHPIECE	3	QL
OXYMORPHONE HCL 10 MG TABLET	2	PA	PEDIATRIC PANDA MASK	3	QL
OXYMORPHONE HCL 5 MG TABLET	2	PA	PEDIATRIC SMALL MASK	3	QL
OXYMORPHONE HCL ER 10 MG TAB	2	PA	PEDVAXHIB VACCINE VIAL	3	
OXYMORPHONE HCL ER 15 MG TAB	2	PA	PEG 3350-ELECTROLYTE SOLUTION	2	
OXYMORPHONE HCL ER 20 MG TAB	2	PA	PEG3350 100-7.5-2.691-1.01-5.9	2	
OXYMORPHONE HCL ER 30 MG TAB	2	PA	PEG-3350 AND ELECTROLYTES SOLN	2	
OXYMORPHONE HCL ER 40 MG TAB	2	PA	PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX
OXYMORPHONE HCL ER 5 MG TABLET	2	PA	PEGASYS 180 MCG/ML VIAL	5	PA, SRX
OXYMORPHONE HCL ER 7.5 MG TAB	2	PA	PEG-PREP KIT	2	
PACERONE 200 MG TABLET	2		PEN NEEDLE 29G 12MM	3	
PALIPERIDONE ER 1.5 MG TABLET	4		PEN NEEDLE 30G 5MM	3	
PALIPERIDONE ER 3 MG TABLET	4		PEN NEEDLE 30G 8MM	3	
PALIPERIDONE ER 6 MG TABLET	4		PEN NEEDLE 30G X 5/16"	3	
PALIPERIDONE ER 9 MG TABLET	4		PEN NEEDLE 31G 5MM	3	
PANCREAZE DR 10,500 UNIT CAP	3		PEN NEEDLE 31G 6MM	3	
PANCREAZE DR 16,800 UNIT CAP	3		PEN NEEDLE 31G 8MM	3	
PANCREAZE DR 2,600 UNIT CAP	3		PEN NEEDLE 31G X 1/4"	3	
PANCREAZE DR 21,000 UNIT CAP	3		PEN NEEDLE 31G X 3/16"	3	
PANCREAZE DR 37,000 UNIT CAP	3		PEN NEEDLE 31G X 5/16"	3	
PANCREAZE DR 4,200 UNIT CAP	3		PEN NEEDLE 32G 4MM	3	
PANDA MASK LARGE	3	QL	PEN NEEDLE 32G X 1/4"	3	
PANDA MASK MEDIUM	3	QL	PEN NEEDLE 32G X 3/16"	3	
PANDA MASK SMALL	3	QL	PEN NEEDLE 32G X 5/32"	3	
PANRETIN 0.1% GEL	5	SRX	PEN NEEDLE 33G 4MM	3	
PANTOPRAZOLE SOD DR 20 MG TAB	2	QL	PEN NEEDLE 6MM 31G	3	
PANTOPRAZOLE SOD DR 40 MG TAB	2	QL	PEN NEEDLES 12MM 29G	3	
PARADIGM REMOTE CONTROL	3		PEN NEEDLES 4MM 32G	3	
PARADIGM RESERVOIR 1.8 ML	3		PEN NEEDLES 5MM 31G	3	
PARADIGM RESERVOIR 3 ML	3		PEN NEEDLES 6MM 31G	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PEN NEEDLES 8MM 31G	3	
PENCICLOVIR 1% CREAM	4	PA, QL
PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML SOLN	2	
PENICILLIN VK 250 MG TABLET	2	
PENICILLIN VK 250 MG/5 ML SOLN	2	
PENICILLIN VK 500 MG TABLET	2	
PENTACEL VIAL KIT	3	
PENTAMIDINE 300 MG INHAL POWDR	3	
PENTAZOCINE-NALOXONE TABLET	2	PA
PENTIPS PEN NEEDLE 29G 12MM	3	
PENTIPS PEN NEEDLE 29GX1/2"	3	
PENTIPS PEN NEEDLE 31G 5MM	3	
PENTIPS PEN NEEDLE 31G 6MM	3	
PENTIPS PEN NEEDLE 31G 8MM	3	
PENTIPS PEN NEEDLE 31GX1/4"	3	
PENTIPS PEN NEEDLE 31GX3/16"	3	
PENTIPS PEN NEEDLE 31GX5/16"	3	
PENTIPS PEN NEEDLE 32G 4MM	3	
PENTIPS PEN NEEDLE 32G 6MM	3	
PENTIPS PEN NEEDLE 32GX5/32"	3	
PENTIPS PEN NEEDLE 6MM 31G	3	
PENTOXIFYLLINE ER 400 MG TAB	2	
PERINDOPRIL ERBUMINE 2 MG TAB	2	
PERINDOPRIL ERBUMINE 4 MG TAB	2	
PERINDOPRIL ERBUMINE 8 MG TAB	2	
PERIOGARD 0.12% ORAL RINSE	2	
PERMETHRIN 5% CREAM	2	
PERPHEN-AMITRIP 2 MG-10 MG TAB	2	
PERPHEN-AMITRIP 2 MG-25 MG TAB	2	
PERPHEN-AMITRIP 4 MG-10 MG TAB	2	
PERPHEN-AMITRIP 4 MG-25 MG TAB	2	
PERPHEN-AMITRIP 4 MG-50 MG TAB	2	
PERPHENAZINE 16 MG TABLET	2	
PERPHENAZINE 2 MG TABLET	2	
PERPHENAZINE 4 MG TABLET	2	
PERPHENAZINE 8 MG TABLET	2	
PERSONAL BEST PEAK FLOW MTR	3	
PFIZER COVID (12Y UP) VAC-GRAY	3	
PFIZER COVID (5-11Y) VAC-ORANG	3	
PFIZER COVID (6M-4Y) VAC-MAROON	3	
PFIZER COVID BIVAL (12Y UP)EUA	3	
PFIZER COVID BIVAL (5-11YR)EUA	3	
PFIZER COVID BIVAL (6MO-4Y)EUA	3	
PFIZER COVID-19 VACCINE-PURPLE	3	
PHASEAL PROTECTOR 14	3	
PHASEAL PROTECTOR 21	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PHASEAL PROTECTOR 28	3	
PHASEAL PROTECTOR 50	3	
PHENAZOPYRIDINE 100 MG TAB	2	
PHENAZOPYRIDINE 200 MG TAB	2	
PHENELZINE SULFATE 15 MG TAB	2	
PHENOBARBITAL 100 MG TABLET	2	
PHENOBARBITAL 15 MG TABLET	2	
PHENOBARBITAL 16.2 MG TABLET	2	
PHENOBARBITAL 20 MG/5 ML CUP	2	
PHENOBARBITAL 20 MG/5 ML ELIX	2	
PHENOBARBITAL 20 MG/5 ML SOLN	2	
PHENOBARBITAL 30 MG TABLET	2	
PHENOBARBITAL 30 MG/7.5 ML CUP	2	
PHENOBARBITAL 32.4 MG TABLET	2	
PHENOBARBITAL 60 MG TABLET	2	
PHENOBARBITAL 60 MG/15 ML CUP	2	
PHENOBARBITAL 64.8 MG TABLET	2	
PHENOBARBITAL 97.2 MG TABLET	2	
PHENOXYBENZAMINE HCL 10 MG CAP	5	SRX
PHENYLEPHRINE 10% EYE DROPS	2	
PHENYLEPHRINE 2.5% EYE DROP	2	
PHENYTOIN 100 MG/4 ML SUSP	2	
PHENYTOIN 125 MG/5 ML SUSP	2	
PHENYTOIN 50 MG INFATAB CHEW	2	
PHENYTOIN 50 MG TABLET CHEW	2	
PHENYTOIN SOD EXT 100 MG CAP	2	
PHENYTOIN SOD EXT 200 MG CAP	2	
PHENYTOIN SOD EXT 300 MG CAP	2	
PHILITH 0.4-0.035 MG TABLET	1	
PHOSLYRA 667 MG/5 ML SOLUTION	4	
PHOSPHASAL	2	
PHOSPHOLINE IODIDE 0.125%	4	LDD
PHOSPHOLINE IODIDE 0.125% DROP	4	LDD
PHYTONADIONE 5 MG TABLET	4	
PIKO 1 FLOW METER	3	
PILOCARPINE 1% EYE DROPS	2	
PILOCARPINE 2% EYE DROPS	2	
PILOCARPINE 4% EYE DROPS	2	
PILOCARPINE HCL 5 MG TABLET	2	
PILOCARPINE HCL 7.5 MG TABLET	2	
PIMECROLIMUS 1% CREAM	4	
PIMOZIDE 1 MG TABLET	2	
PIMOZIDE 2 MG TABLET	2	
PIMTREA 28 DAY TABLET	1	
PINDOLOL 10 MG TABLET	2	
PINDOLOL 5 MG TABLET	2	
PIOGLITAZONE HCL 15 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PIOGLITAZONE HCL 30 MG TABLET	2		POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PIOGLITAZONE HCL 45 MG TABLET	2		PORTIA-28 TABLET	1	
PIOGLITAZONE-GLIMEPIRIDE 30-2	2		POSACONAZOLE 200 MG/5 ML SUSP	4	
PIOGLITAZONE-GLIMEPIRIDE 30-4	2		POSACONAZOLE DR 100 MG TABLET	4	QL
PIOGLITAZONE-METFORMIN 15-500	2		POTASSIUM CITRATE ER 10 MEQ TB	2	
PIOGLITAZONE-METFORMIN 15-850	2		POTASSIUM CITRATE ER 15 MEQ TB	2	
PIP GLUCOSE CONTROL SOLUTION	3		POTASSIUM CITRATE ER 5 MEQ TAB	2	
PIP PEN NEEDLE 31G X 5MM	3		POTASSIUM CL 10% (20 MEQ/15ML)	2	
PIP PEN NEEDLE 32G X 4MM	3		POTASSIUM CL 10% (40 MEQ/30ML)	2	
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX	POTASSIUM CL 20 MEQ PACKET	2	
PIRFENIDONE 267 MG TABLET	5	PA, SRX	POTASSIUM CL 20% (40 MEQ/15ML)	2	
PIRFENIDONE 801 MG TABLET	5	PA, SRX	POTASSIUM CL ER 10 MEQ CAPSULE	2	
PIRMELLA 1-35 28 TABLET	1		POTASSIUM CL ER 10 MEQ TABLET	2	
PIRMELLA 7-7-7-28 TABLET	1		POTASSIUM CL ER 15 MEQ TABLET	2	
PIROXICAM 10 MG CAPSULE	2		POTASSIUM CL ER 20 MEQ TABLET	2	
PIROXICAM 20 MG CAPSULE	2		POTASSIUM CL ER 8 MEQ CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4		POTASSIUM CL ER 8 MEQ TABLET	2	
PNEUMOVAX 23 SYRINGE	3		PR NATAL 400	1	
PNEUMOVAX 23 VIAL	3		PR NATAL 400 EC	1	
PNV 29-1	1		PR NATAL 430	1	
PNV PRENATAL PLUS MULTIVIT TAB	1		PR NATAL 430 EC	1	
PNV-DHA	1		PRADAXA 110 MG CAPSULE	4	PA, QL
PNV-DHA + DOCUSATE	1		PRAMIPEXOLE 0.125 MG TABLET	2	
PNV-OMEGA	1		PRAMIPEXOLE 0.25 MG TABLET	2	
PNV-SELECT	1		PRAMIPEXOLE 0.5 MG TABLET	2	
POCKET CHAMBER	3	QL	PRAMIPEXOLE 0.75 MG TABLET	2	
POCKET PEAK FLOW METER	3		PRAMIPEXOLE 1 MG TABLET	2	
PODOFILOX 0.5% TOPICAL SOLN	2		PRAMIPEXOLE 1.5 MG TABLET	2	
POLY HUB NEEDLE 18GX1"	3		PRAMIPEXOLE ER 0.375 MG TABLET	2	
POLY HUB NEEDLE 18GX1-1/2"	3		PRAMIPEXOLE ER 0.75 MG TABLET	2	
POLY HUB NEEDLE 21GX1"	3		PRAMIPEXOLE ER 1.5 MG TABLET	2	
POLY HUB NEEDLE 21GX1-1/2"	3		PRAMIPEXOLE ER 2.25 MG TABLET	2	
POLY HUB NEEDLE 22GX1"	3		PRAMIPEXOLE ER 3 MG TABLET	2	
POLY HUB NEEDLE 22GX1-1/2"	3		PRAMIPEXOLE ER 3.75 MG TABLET	2	
POLY HUB NEEDLE 23GX1"	3		PRAMIPEXOLE ER 4.5 MG TABLET	2	
POLY HUB NEEDLE 23GX1-1/2"	3		PRAMOSONE 1% LOTION	4	
POLY HUB NEEDLE 25GX1"	3		PRAMOSONE 1%-1% OINTMENT	4	
POLY HUB NEEDLE 25GX1-1/2"	3		PRAMOSONE 2.5%-1% LOTION	4	
POLY HUB NEEDLE 25GX5/8"	3		PRAMOSONE 2.5%-1% OINTMENT	4	
POLY HUB NEEDLE 27GX1/2"	3		PRASUGREL 10 MG TABLET	2	
POLY HUB NEEDLE 27GX1-1/4"	3		PRASUGREL 5 MG TABLET	2	
POLY HUB NEEDLE 30GX1/2"	3		PRAVASTATIN SODIUM 10 MG TAB	2	
POLYCIN EYE OINTMENT	2		PRAVASTATIN SODIUM 20 MG TAB	2	
POLYMYXIN B-TMP EYE DROPS	2		PRAVASTATIN SODIUM 40 MG TAB	2	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX	PRAVASTATIN SODIUM 80 MG TAB	2	
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX	PRAZQUANTEL 600 MG TABLET	2	
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX	PRAZOSIN 1 MG CAPSULE	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)
PRAZOSIN 2 MG CAPSULE	2		PRENAISSANCE	1	
PRAZOSIN 5 MG CAPSULE	2		PRENAISSANCE PLUS	1	
PREDNICARBATE 0.1% CREAM	2		PRENATAL 19 CHEWABLE TABLET	1	
PREDNICARBATE 0.1% OINTMENT	2		PRENATAL 19 TABLET	1	
PREDNISOLONE 15 MG/5 ML SOLN	2		PRENATAL PLUS IRON TABLET	1	
PREDNISOLONE 5 MG/5 ML SOLN	2		PRENATAL PLUS VITAMIN-MINERAL	1	
PREDNISOLONE AC 1% EYE DROP	2		PRENATAL PLUS-DHA	1	
PREDNISOLONE ODT 10 MG TABLET	2		PRENATAL VITAMIN PLUS LOW IRON	1	
PREDNISOLONE ODT 15 MG TABLET	2		PRENATAL-U	1	
PREDNISOLONE ODT 30 MG TABLET	2		PREP EASE ALCOHOL PADS	3	
PREDNISOLONE SOD 1% EYE DROP	2		PREPLUS CA-FE 27 MG-FA 1 MG TB	1	
PREDNISOLONE SOD PH 25 MG/5 ML	2		PRETAB 29 MG-1 MG TABLET	1	
PREDNISON 1 MG TABLET	2		PREVALITE PACKET	2	
PREDNISON 10 MG TAB DOSE PACK	2		PREVALITE POWDER	2	
PREDNISON 10 MG TABLET	2		PREVENT PEN NEEDLE 31GX1/4"	3	
PREDNISON 2.5 MG TABLET	2		PREVENT PEN NEEDLE 31GX5/16"	3	
PREDNISON 20 MG TABLET	2		PREVIFEM TABLET	1	
PREDNISON 5 MG TAB DOSE PACK	2		PREVNAR 13 SYRINGE	3	
PREDNISON 5 MG TABLET	2		PREVNAR 20 SYRINGE	3	
PREDNISON 5 MG/5 ML SOLUTION	2		PREVYMIS 240 MG TABLET	4	PA, QL
PREDNISON 50 MG TABLET	2		PREVYMIS 480 MG TABLET	4	PA, QL
PREDNISON INTENSOL 5 MG/ML	2		PREZCOBIX 800 MG-150 MG TABLET	3	
PREF PLUS INS 0.3 ML 29GX1/2"	3		PREZISTA 100 MG/ML SUSPENSION	3	
PREF PLUS SYR 0.5 ML 30GX5/16"	3		PREZISTA 150 MG TABLET	3	
PREF PLUS SYRINGE 1 ML 29GX1/2"	3		PREZISTA 600 MG TABLET	3	
PREFERRED PLUS 0.3 ML 30GX5/16	3		PREZISTA 75 MG TABLET	3	
PREFERRED PLUS 0.5 ML 29GX1/2"	3		PREZISTA 800 MG TABLET	3	
PREFERRED PLUS SYRINGE 0.5 ML	3		PRIFTIN 150 MG TABLET	4	
PREFERRED PLUS SYRINGE 1 ML	3		PRIMAQUINE 26.3 MG TABLET	2	
PREFEST	2		PRIMEAIRE CHAMBER	3	QL
PREFPLS INS SYR 1 ML 30GX5/16"	3		PRIMIDONE 250 MG TABLET	2	
PREGABALIN 100 MG CAPSULE	2	QL	PRIMIDONE 50 MG TABLET	2	
PREGABALIN 150 MG CAPSULE	2	QL	PRIMSOL 50 MG/5 ML ORAL SOLN	4	
PREGABALIN 20 MG/ML SOLUTION	2	QL	PRIORIX VIAL	3	
PREGABALIN 200 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 30GX1/2"	3	
PREGABALIN 225 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 30GX5/16"	3	
PREGABALIN 25 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 31GX5/16"	3	
PREGABALIN 300 MG CAPSULE	2	QL	PRO COMFORT 1 ML 30GX1/2"	3	
PREGABALIN 50 MG CAPSULE	2	QL	PRO COMFORT 1 ML 30GX5/16"	3	
PREGABALIN 75 MG CAPSULE	2	QL	PRO COMFORT 1 ML 31GX5/16"	3	
PREHEVBRIO 10 MCG/ML VIAL	3		PRO COMFORT PEN NDL 31GX5/16"	3	
PREMARIN 0.3 MG TABLET	4		PRO COMFORT PEN NDL 32G X 1/4"	3	
PREMARIN 0.45 MG TABLET	4		PRO COMFORT PEN NDL 4MM 32G	3	
PREMARIN 0.625 MG TABLET	4		PRO COMFORT PEN NDL 5MM 32G	3	
PREMARIN 0.9 MG TABLET	4		PRO COMFORT SPACER-ADULT MASK	3	QL
PREMARIN 1.25 MG TABLET	4		PRO COMFORT SPACER-CHILD MASK	3	QL
PRENA1 TRUE	1		PRO COMFORT SPACER-INFANT MASK	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)
PROBENECID 500 MG TABLET	2		PROPAFENONE HCL ER 225 MG CAP	2	
PROBENECID-COLCHICINE TABLET	2		PROPAFENONE HCL ER 325 MG CAP	2	
PROCARE SPACER WITH ADULT MASK	3	QL	PROPAFENONE HCL ER 425 MG CAP	2	
PROCARE SPACER WITH CHILD MASK	3	QL	PROPARACAINE 0.5% EYE DROPS	2	
PROCENTRA 5 MG/5 ML SOLUTION	2	QL	PROPRANOLOL 10 MG TABLET	2	
PROCHAMBER HOLDING CHAMBER	3	QL	PROPRANOLOL 20 MG TABLET	2	
PROCHLORPERAZINE 10 MG TAB	2		PROPRANOLOL 20 MG/5 ML SOLN	2	
PROCHLORPERAZINE 25 MG SUPP	2		PROPRANOLOL 40 MG TABLET	2	
PROCHLORPERAZINE 5 MG TABLET	2		PROPRANOLOL 40 MG/5 ML SOLN	2	
PROCTO-MED HC 2.5% CREAM	2		PROPRANOLOL 60 MG TABLET	2	
PROCTOSOL-HC 2.5% CREAM	2		PROPRANOLOL 80 MG TABLET	2	
PROCTOZONE-HC 2.5% CREAM	2		PROPRANOLOL ER 120 MG CAPSULE	2	
PRODIGY CONTROL SOLUTION	3		PROPRANOLOL ER 160 MG CAPSULE	2	
PRODIGY CONTROL SOLUTION LOW	3		PROPRANOLOL ER 60 MG CAPSULE	2	
PRODIGY INS SYR 1ML 28GX1/2"	3		PROPRANOLOL ER 80 MG CAPSULE	2	
PRODIGY SYRNG 0.5 ML 31GX5/16"	3		PROPRANOLOL-HCTZ 40-25 MG TAB	2	
PRODIGY SYRNGE 0.3ML 31GX5/16"	3		PROPRANOLOL-HCTZ 80-25 MG TAB	2	
PROGESTERONE 100 MG CAPSULE	2		PROPYLTHIOURACIL 50 MG TABLET	2	
PROGESTERONE 200 MG CAPSULE	2		PROQUAD VIAL	3	
PROGRAF 0.2 MG GRANULE PACKET	4		PROTRIPTYLINE HCL 10 MG TABLET	2	
PROGRAF 1 MG GRANULE PACKET	4		PROTRIPTYLINE HCL 5 MG TABLET	2	
PROMACTA 12.5 MG SUSPEN PACKET	5	PA, LDD, SRX	PUB INS SYRIN 0.3 ML 30GX1/2"	3	
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX	PUB INS SYRINGE 1 ML 30GX1/2"	3	
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LDD, SRX	PUB INSUL SYR 0.3 ML 31GX5/16"	3	
PROMACTA 25 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 30GX1/2"	3	
PROMACTA 50 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 31GX5/16"	3	
PROMACTA 75 MG TABLET	5	PA, LDD, SRX	PUB INSULIN SYR 1 ML 31GX5/16"	3	
PROMETHAZINE 12.5 MG SUPPOS	2		PUB PEN 12MM 29G NEEDLES	3	
PROMETHAZINE 12.5 MG TABLET	2		PUB PEN 8MM 31G NEEDLES	3	
PROMETHAZINE 25 MG SUPPOSITORY	2		PUB PEN NEEDLE 6MM 31G	3	
PROMETHAZINE 25 MG TABLET	2		PUB UNIFINE PNTIP PLUS 31GX3/16	3	
PROMETHAZINE 50 MG TABLET	2		PULMOSAL 7% VIAL	2	
PROMETHAZINE 6.25 MG/5 ML SOLN	2		PULMOZYME 1 MG/ML AMPUL	5	PA, SRX
PROMETHAZINE 6.25 MG/5 ML SYRP	2		PURE CMFT SFTY PEN ND 31G 5MM	3	
PROMETHAZINE VC SOLUTION	2		PURE CMFT SFTY PEN ND 31G 6MM	3	
PROMETHAZINE VC-CODEINE SOLN	2	QL	PURE CMFT SFTY PEN ND 32G 4MM	3	
PROMETHAZINE-CODEINE SOLUTION	2	QL	PURE COMFORT PEN ND 32G 4MM	3	
PROMETHAZINE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 5MM	3	
PROMETHAZINE-DM 6.25-15 MG/5ML	2		PURE COMFORT PEN ND 32G 6MM	3	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 8MM	3	
PROMETHAZINE-PHENYLEPHRINE SYR	2		PURE COMFORT SPACER-ADULT MASK	3	QL
PROMETHEGAN 12.5 MG SUPPOS	2		PURECOMFORT PEAK FLOW MTR ADLT	3	
PROMETHEGAN 25 MG SUPPOSITORY	2		PURECOMFORT PEAK FLOW MTR CHLD	3	
PROMETHEGAN 50 MG SUPPOSITORY	2		PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX
PROPAFENONE HCL 150 MG TABLET	2		PV UNIFINE PENTIP PLUS 31GX5MM	3	
PROPAFENONE HCL 225 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX6MM	3	
PROPAFENONE HCL 300 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX8MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PV UNIFINE PENTIP PLUS 32GX4MM	3		RA INS SYRINGE 1 ML 30GX5/16"	3	
PV UNIFINE PENTIP PLUS 33GX4MM	3		RA PEN NEEDLE 31GX3/16"	3	
PYRAZINAMIDE 500 MG TABLET	2		RA PEN NEEDLE 31GX5/16"	3	
PYRIDOSTIGMINE 60 MG/5 ML SOLN	5	PA, SRX	RABEPRAZOLE SOD DR 20 MG TAB	2	QL
PYRIDOSTIGMINE BR 60 MG TABLET	4		RALOXIFENE HCL 60 MG TABLET	2	
PYRIDOSTIGMINE ER 180 MG TAB	4		RAMELTEON 8 MG TABLET	3	QL
PYRIMETHAMINE 25 MG TABLET	5	PA, LDD, SRX	RAMIPRIL 1.25 MG CAPSULE	2	
QC ALCOHOL 70% SWABS	3		RAMIPRIL 10 MG CAPSULE	1	
QC UNIFINE PENTIPS 32GX5/32"	3		RAMIPRIL 2.5 MG CAPSULE	1	
QC UNIFINE PENTIPS 4MM 32G	3		RAMIPRIL 5 MG CAPSULE	1	
QUADRACEL DTAP-IPV SYRINGE	3		RANITIDINE 15 MG/ML SYRUP	2	
QUADRACEL DTAP-IPV VIAL	3		RANITIDINE 150 MG CAPSULE	1	
QUAZEPAM 15 MG TABLET	4	PA	RANITIDINE 150 MG TABLET	1	
QUETIAPINE ER 150 MG TABLET	2		RANITIDINE 150 MG/10 ML SYRUP	2	
QUETIAPINE ER 200 MG TABLET	2		RANITIDINE 300 MG CAPSULE	1	
QUETIAPINE ER 300 MG TABLET	2		RANITIDINE 300 MG TABLET	1	
QUETIAPINE ER 400 MG TABLET	2		RANOLAZINE ER 1,000 MG TABLET	4	QL
QUETIAPINE ER 50 MG TABLET	2		RANOLAZINE ER 500 MG TABLET	4	QL
QUETIAPINE FUMARATE 100 MG TAB	2		RASAGILINE MESYLATE 0.5 MG TAB	2	
QUETIAPINE FUMARATE 200 MG TAB	2		RASAGILINE MESYLATE 1 MG TAB	2	
QUETIAPINE FUMARATE 25 MG TAB	2		RAYA SURE PEN NEEDLE 29G 12MM	3	
QUETIAPINE FUMARATE 300 MG TAB	2		RAYA SURE PEN NEEDLE 31G 4MM	3	
QUETIAPINE FUMARATE 400 MG TAB	2		RAYA SURE PEN NEEDLE 31G 5MM	3	
QUETIAPINE FUMARATE 50 MG TAB	2		RAYA SURE PEN NEEDLE 31G 6MM	3	
QUICK RELEASE TEFLN CANNULA	3		RECLIPSEN 28 DAY TABLET	1	
QUICK-SET PARADIGM SET 18"	3		RECOMBIVAX HB 10 MCG/ML SYR	3	
QUICK-SET PARADIGM SET 32"	3		RECOMBIVAX HB 10 MCG/ML VIAL	3	
QUINAPRIL 10 MG TABLET	1		RECOMBIVAX HB 40 MCG/ML VIAL	3	
QUINAPRIL 20 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML SYR	3	
QUINAPRIL 40 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML VL	3	
QUINAPRIL 5 MG TABLET	1		RECTIV 0.4% OINTMENT	4	
QUINAPRIL-HCTZ 10-12.5 MG TAB	1		REFUAH PLUS CONTROL SOLUTION	3	
QUINAPRIL-HCTZ 20-12.5 MG TAB	1		REGANEX 0.01% GEL	4	PA, QL
QUINAPRIL-HCTZ 20-25 MG TAB	1		RELENZA 5 MG DISKHALER	4	QL
QUINIDINE GLUC ER 324 MG TAB	2		RELI ON 31G X 1/4" NEEDLES	3	
QUINIDINE SULFATE 200 MG TAB	2		RELION ALCOHOL 70% SWABS	3	
QUINIDINE SULFATE 300 MG TAB	2		RELION INS SYR 0.3 ML 29GX1/2"	3	
QUININE SULFATE 324 MG CAPSULE	2		RELION INS SYR 0.3 ML 31GX6MM	3	
QUTENZA 8% KIT (1 PATCH)	4		RELION INS SYR 0.5 ML 29GX1/2"	3	
QUTENZA 8% KIT (2 PATCH)	4		RELION INS SYR 0.5 ML 31GX6MM	3	
QUTENZA 8% KIT (4 PATCH)	4		RELION INS SYR 1 ML 29GX1/2"	3	
QVAR REDIHALER 40 MCG	3		RELION INS SYR 1 ML 30GX5/16"	3	
QVAR REDIHALER 80 MCG	3		RELION INS SYR 1 ML 31GX15/64"	3	
RA ALCOHOL SWABS	3		RELION INS SYR 1 ML 31GX5/16"	3	
RA INS SYR 0.5 ML 29GX1/2"	3		RELION INSULIN SYR 0.5 ML	3	
RA INS SYR 0.5 ML 30GX5/16"	3		RELION KETONE TEST STRIP	3	
RA INS SYR 1 ML 29GX1/2"	3		RELION MINI PEN 31G X 1/4" ND	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RELION NOVOLOG 100 UNIT/ML VL	4	QL, ST	RIFAMPIN 150 MG CAPSULE	2	
RELION NOVOLOG MIX 70-30 FLXPN	4	QL, ST	RIFAMPIN 300 MG CAPSULE	2	
RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST	RIFATER	4	
RELION NOVOLOG U-100 FLEXPEN	4	QL, ST	RIGHTEST CONTROL SOLN NORMAL	3	
RELION PEN 29G NEEDLE	3		RIGHTEST CONTROL SOLUTION HIGH	3	
RELION PEN 31G NEEDLE	3		RILUZOLE 50 MG TABLET	5	SRX
RELION PEN NEEDLE 29GX1/2"	3		RIMANTADINE HCL 100 MG TABLET	2	
RELION PEN NEEDLE 31G 6MM	3		RINGERS IRRIGATION SOLUTION	4	
RELION PEN NEEDLE 31GX1/4"	3		RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX5/16"	3		RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 32GX5/32"	3		RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLES 32GX5/32"	3		RISEDRONATE SOD DR 35 MG TAB	2	
RELION SYR 0.5 ML 30GX5/16"	3		RISEDRONATE SODIUM 150 MG TAB	2	
RELION SYRING 0.3 ML 31GX5/16"	3		RISEDRONATE SODIUM 30 MG TAB	2	
RELION SYRING 0.5 ML 31GX5/16"	3		RISEDRONATE SODIUM 35 MG TAB	2	
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA	RISEDRONATE SODIUM 5 MG TABLET	2	
RELISTOR 12 MG/0.6 ML VIAL	4	PA	RISPERIDONE 0.25 MG ODT	2	
RELISTOR 150 MG TABLET	4	PA	RISPERIDONE 0.25 MG TABLET	1	
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RISPERIDONE 0.5 MG ODT	2	
RENACIDIN IRRIGATION SOLUTION	4		RISPERIDONE 0.5 MG TABLET	1	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 1 MG ODT	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 1 MG TABLET	1	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 1 MG/ML SOLUTION	2	
REPAGLINIDE-METFORMIN 1-500 MG	2		RISPERIDONE 2 MG ODT	2	
REPAGLINIDE-METFORMIN 2-500 MG	2		RISPERIDONE 2 MG TABLET	1	
REPATHA 140 MG/ML SURECLICK	5	PA, SRX	RISPERIDONE 3 MG ODT	2	
REPATHA PUSHTRONEX	5	PA, SRX	RISPERIDONE 3 MG TABLET	1	
REPATHA SYRINGE	5	PA, SRX	RISPERIDONE 4 MG ODT	2	
REPLACEMENT PEDIATRIC MONITOR	3		RISPERIDONE 4 MG TABLET	1	
RESPA A.R.	4		RITEFLO SPACER	3	QL
RETROVIR 10 MG/ML SYRUP	4		RITONAVIR 100 MG TABLET	2	
RETROVIR 100 MG CAPSULE	4		RIVASTIGMINE 1.5 MG CAPSULE	2	
REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 13.3 MG/24HR PTCH	2	
REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 3 MG CAPSULE	2	
REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.5 MG CAPSULE	2	
REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.6 MG/24HR PATCH	2	
REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 6 MG CAPSULE	2	
REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 9.5 MG/24HR PATCH	2	
REYATAZ 200 MG CAPSULE	4		RIVELSA TABLET	1	
REYATAZ 300 MG CAPSULE	4		RIZATRIPTAN 10 MG ODT	2	QL
REYATAZ 50 MG POWDER PACKET	3		RIZATRIPTAN 10 MG TABLET	2	QL
RIBASPHERE 200 MG CAPSULE	4		RIZATRIPTAN 5 MG ODT	2	QL
RIBASPHERE 600 MG TABLET	4		RIZATRIPTAN 5 MG TABLET	2	QL
RIBAVIRIN 200 MG CAPSULE	4		R-NATAL OB	1	
RIBAVIRIN 200 MG TABLET	4		ROFLUMILAST 250 MCG TABLET	4	QL
RIFABUTIN 150 MG CAPSULE	3		ROFLUMILAST 500 MCG TABLET	4	QL
RIFAMATE	4		ROPINIROLE HCL 0.25 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ROPINIROLE HCL 0.5 MG TABLET	2		SECURESAFE PEN NDL 30GX5/16"	3	
ROPINIROLE HCL 1 MG TABLET	2		SECURESAFE SYR 0.5 ML 29G 1/2"	3	
ROPINIROLE HCL 2 MG TABLET	2		SECURESAFE SYRNG 1 ML 29G 1/2"	3	
ROPINIROLE HCL 3 MG TABLET	2		SELEGILINE HCL 5 MG CAPSULE	2	
ROPINIROLE HCL 4 MG TABLET	2		SELEGILINE HCL 5 MG TABLET	2	
ROPINIROLE HCL 5 MG TABLET	2		SELENIUM SULFIDE 2.25% SHAMPOO	2	
ROPINIROLE HCL ER 12 MG TABLET	2		SELENIUM SULFIDE 2.5% LOTION	2	
ROPINIROLE HCL ER 2 MG TABLET	2		SELZENTRY 150 MG TABLET	3	
ROPINIROLE HCL ER 4 MG TABLET	2		SELZENTRY 20 MG/ML ORAL SOLN	3	
ROPINIROLE HCL ER 6 MG TABLET	2		SELZENTRY 25 MG TABLET	3	
ROPINIROLE HCL ER 8 MG TABLET	2		SELZENTRY 300 MG TABLET	3	
ROSADAN 0.75% CREAM	2		SELZENTRY 75 MG TABLET	3	
ROSADAN 0.75% GEL	2		SE-NATAL 19 CHEWABLE TABLET	1	
ROSUVASTATIN CALCIUM 10 MG TAB	2		SE-NATAL-19 TABLET	1	
ROSUVASTATIN CALCIUM 20 MG TAB	2		SEN-SERTER	3	
ROSUVASTATIN CALCIUM 40 MG TAB	2		SEREVENT DISKUS	3	QL
ROSUVASTATIN CALCIUM 5 MG TAB	2		SERTRALINE 20 MG/ML ORAL CONC	2	QL
ROTARIX VACCINE ORAL SYRINGE	3		SERTRALINE HCL 100 MG TABLET	1	QL
ROTARIX VACCINE SUSPENSION	3		SERTRALINE HCL 25 MG TABLET	1	QL
ROTATEQ VACCINE	3		SERTRALINE HCL 50 MG TABLET	1	QL
ROWEEPPRA 1,000 MG TABLET	2		SETLAKIN 0.15 MG-0.03 MG TAB	1	
ROWEEPPRA 500 MG TABLET	2		SEVELAMER CARBONATE 800 MG TAB	4	
ROWEEPPRA 750 MG TABLET	2		SF 1.1% GEL	2	
RUFINAMIDE 200 MG TABLET	4	PA, QL	SF 5000 PLUS CREAM	2	
RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL	SHAROBEL 0.35 MG TABLET	1	
RUFINAMIDE 400 MG TABLET	4	PA, QL	SHINGRIX VIAL KIT	3	QL
SAFESNAP INSUL SYRINGE 0.3 ML	3		SHOPKO UNIFINE PENTIPS 4MM 32G	3	
SAFESNAP INSUL SYRINGE 0.5 ML	3		SHOPKO UNIFINE PENTIPS 5MM 31G	3	
SAFESNAP INSULIN SYRINGE 1 ML	3		SHOPKO UNIFINE PENTIPS 8MM 31G	3	
SAFETY PEN NEEDLE 31G 4MM	3		SHOPKO UNIFINE PNTIPS 12MM 29G	3	
SAFETY PEN NEEDLE 31G 5MM	3		SIDESTREAM PEDIATRIC FACE MASK	3	QL
SAFETY PEN NEEDLE 5MM X 31G	3		SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	2		SIGNIFOR 0.9 MG/ML AMPULE	5	PA, LDD, SRX
SALSALATE 500 MG TABLET	2		SILDENAFIL 20 MG TABLET	5	PA, SRX
SALSALATE 750 MG TABLET	2		SILHOUETTE INFUSION SET 23"	3	
SANTYL OINTMENT	4	PA, QL	SILHOUETTE INFUSION SET 43"	3	
SAPROPTERIN 100 MG POWDER PKT	5	PA, SRX	SILICONE MASK-INFANT	3	QL
SAPROPTERIN 100 MG TABLET	5	PA, SRX	SILICONE MASK-PEDIATRIC	3	QL
SAPROPTERIN 500 MG POWDER PKT	5	PA, SRX	SILODOSIN 4 MG CAPSULE	2	QL
SAVELLA 100 MG TABLET	4		SILODOSIN 8 MG CAPSULE	2	QL
SAVELLA 12.5 MG TABLET	4		SIL-SERTER INFUSION SET	3	
SAVELLA 25 MG TABLET	4		SILVER NITRATE 0.5% SOLN	2	
SAVELLA 50 MG TABLET	4		SILVER NITRATE 10% SOLUTION	2	
SAVELLA TITRATION PACK	4		SILVER NITRATE 25% SOLUTION	2	
SCOPOLAMINE 1 MG/3 DAY PATCH	2		SILVER NITRATE 50% SOLUTION	2	
SECONAL SODIUM 100 MG CAPSULE	4		SILVER SULFADIAZINE 1% CREAM	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)
SIMLANDI	5	PA, QL, SRX	SODIUM FLUORIDE 5000 PPM CREAM	2	
SIMLIYA 28 DAY TABLET	1		SODIUM FLUORIDE 5000 PPM PASTE	2	
SIMPESSE 0.15-0.03-0.01 MG TAB	1		SODIUM FLUORIDE ENAMEL PROTECT	2	
SIMVASTATIN 10 MG TABLET	1		SODIUM FLUORIDE SENSITIVE	2	
SIMVASTATIN 20 MG TABLET	1		SODIUM PHENYLBUTYRATE 500MG TB	5	SRX
SIMVASTATIN 40 MG TABLET	1		SODIUM PHENYLBUTYRATE POWDER	5	SRX
SIMVASTATIN 5 MG TABLET	1		SODIUM POLYSTYRENE SULF POWDER	2	
SIMVASTATIN 80 MG TABLET	1	QL	SODIUM SULFACETAMIDE 10% LOTN	2	
SIROLIMUS 0.5 MG TABLET	2		SOFOSBUVIR-VELPATASVIR 400-100	5	PA, QL, SRX
SIROLIMUS 1 MG TABLET	2		SOF-SERTER	3	
SIROLIMUS 1 MG/ML SOLUTION	5	SRX	SOF-SET MICRO INFUSION SET	3	
SIROLIMUS 2 MG TABLET	2		SOF-SET ULTIMATE QR SET	3	
SIRTURO 100 MG TABLET	4	PA, LDD	SOLIFENACIN 10 MG TABLET	3	QL
SIRTURO 20 MG TABLET	4	PA, LDD	SOLIFENACIN 5 MG TABLET	3	QL
SKY SAFETY PEN NEEDLE 30G 5MM	3		SOLIQUA 100 UNIT-33 MCG/ML PEN	4	
SKY SAFETY PEN NEEDLE 30G 8MM	3		SOLUS V2 CONTROL SOLUTION HIGH	3	
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX	SOLUS V2 CONTROL SOLUTION LOW	3	
SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX	SOMAVERT 10 MG VIAL	5	PA, LDD, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX	SOMAVERT 15 MG VIAL	5	PA, LDD, SRX
SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX	SOMAVERT 20 MG VIAL	5	PA, LDD, SRX
SLYND 4 MG TABLET	4		SOMAVERT 25 MG VIAL	5	PA, LDD, SRX
SM INS SYR 0.5 ML 29GX1/2"	3		SOMAVERT 30 MG VIAL	5	PA, LDD, SRX
SM INS SYR 0.5 ML 30GX5/16"	3		SORAFENIB 200 MG TABLET	5	PA, QL, SRX
SM INS SYR 1 ML 29GX1/2"	3		SOTALOL 120 MG TABLET	2	
SM INS SYRINGE 0.3 ML 30GX5/16"	3		SOTALOL 160 MG TABLET	2	
SM INS SYRINGE 1 ML 28GX1/2"	3		SOTALOL 240 MG TABLET	2	
SM INS SYRINGE 1 ML 30GX5/16"	3		SOTALOL 80 MG TABLET	2	
SM INSUL SYR 0.3 ML 31GX5/16"	3		SOTALOL AF 120 MG TABLET	2	
SM INSUL SYR 0.5 ML 31GX5/16"	3		SOTALOL AF 160 MG TABLET	2	
SM INSULIN SYR 0.3 ML 29GX1/2"	3		SOTALOL AF 80 MG TABLET	2	
SM INSULIN SYR 0.5 ML 28GX1/2"	3		SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SM INSULIN SYR 1 ML 31GX5/16"	3		SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX
SMARTEST CONTROL SOLUTION	3		SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX
SOD POLYSTYREN SULF 15 G/60 ML	2		SOVALDI 200 MG TABLET	5	PA, QL, SRX
SOD SUL-POTASS SUL-MAG SUL SOL	4		SOVALDI 400 MG TABLET	5	PA, QL, SRX
SODIUM CHLORIDE 0.9% INHAL VL	2		SPACE CHAMBER	3	QL
SODIUM CHLORIDE 0.9% IRRIG	2		SPACE CHAMBER-LARGE MASK	3	QL
SODIUM CHLORIDE 0.9% IRRIG.	2		SPACE CHAMBER-MEDIUM MASK	3	QL
SODIUM CHLORIDE 0.9% PRCSS SOL	2		SPACE CHAMBER-SMALL MASK	3	QL
SODIUM CHLORIDE 10% VIAL	2		SPIKEVAX COVID (18Y UP) VACC	3	
SODIUM CHLORIDE 3% VIAL	2		SPINOSAD 0.9% TOPICAL SUSP	2	
SODIUM CHLORIDE 7% VIAL	2		SPIRONOLACTONE 100 MG TABLET	2	
SODIUM FLUORIDE 0.2% RINSE	2		SPIRONOLACTONE 25 MG TABLET	2	
SODIUM FLUORIDE 1.1% CREAM	2		SPIRONOLACTONE 50 MG TABLET	2	
SODIUM FLUORIDE 1.1% GEL	2		SPIRONOLACTONE-HCTZ 25-25 TAB	2	
SODIUM FLUORIDE 5000 DRY MOUTH	2		SPRINTEC 28 DAY TABLET	1	
SODIUM FLUORIDE 5000 PLUS CRM	2		SPRYCEL 100 MG TABLET	5	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SPRYCEL 20 MG TABLET	5	PA, QL, SRX
SPRYCEL 50 MG TABLET	5	PA, QL, SRX
SPRYCEL 70 MG TABLET	5	PA, QL, SRX
SPRYCEL 80 MG TABLET	5	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSP	2	
SRONYX 0.10-0.02 MG TABLET	1	
STAVUDINE 40 MG CAPSULE	2	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2	
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
STRIBILD	3	QL
STRIVERDI RESPIMAT INHAL SPRAY	4	QL, ST
SUBVENITE (BLUE)	2	
SUBVENITE (GREEN)	2	
SUBVENITE (ORANGE)	2	
SUBVENITE 100 MG TABLET	2	
SUBVENITE 150 MG TABLET	2	
SUBVENITE 200 MG TABLET	2	
SUBVENITE 25 MG TABLET	2	
SUCRAID 17,000 UNIT/2 ML SOLN	5	LDD, SRX
SUCRAID 8,500 UNIT/ML SOLN	5	LDD, SRX
SUCRALFATE 1 GM TABLET	2	
SULFACETAMIDE 10% EYE DROPS	2	
SULFACETAMIDE 10% EYE OINTMENT	2	
SULFACETAMIDE SOD 10% TOP SUSP	2	
SULF-PRED 10-0.23% EYE DROPS	2	
SULFADIAZINE 500 MG TABLET	2	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMETHOXAZOLE-TMP SUSP	2	
SULFAMYLON 8.5% CREAM	4	
SULFASALAZINE 500 MG TABLET	2	
SULFASALAZINE DR 500 MG TAB	2	
SULINDAC 150 MG TABLET	2	
SULINDAC 200 MG TABLET	2	
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SUMATRIPTAN 4 MG/0.5 ML CART	2	QL
SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SUMATRIPTAN 6 MG/0.5 ML CART	2	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	2	QL
SUMATRIPTAN SUCC 100 MG TABLET	2	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SUMATRIPTAN SUCC 25 MG TABLET	2	QL
SUMATRIPTAN SUCC 50 MG TABLET	2	QL
SUNITINIB MALATE 12.5 MG CAP	5	PA, QL, SRX
SUNITINIB MALATE 25 MG CAPSULE	5	PA, QL, SRX
SUNITINIB MALATE 37.5 MG CAP	5	PA, QL, SRX
SUNITINIB MALATE 50 MG CAPSULE	5	PA, QL, SRX
SUPRAX 100 MG TABLET CHEWABLE	4	
SUPRAX 200 MG TABLET CHEWABLE	4	
SUPRAX 500 MG/5 ML SUSPENSION	4	
SURE CMFT SFTY PEN ND 31G 6MM	3	
SURE CMFT SFTY PEN ND 32G 4MM	3	
SURE COMFORT 0.3 ML SYRINGE	3	
SURE COMFORT 0.5 ML SYRINGE	3	
SURE COMFORT 1 ML SYRINGE	3	
SURE COMFORT 3/10 ML SYRINGE	3	
SURE COMFORT 30G PEN NEEDLE	3	
SURE COMFORT INS 0.3ML 31GX1/4	3	
SURE COMFORT INS 0.5ML 31GX1/4	3	
SURE COMFORT INS 1 ML 31GX1/4"	3	
SURE COMFORT PEN ND 29GX1/2"	3	
SURE COMFORT PEN ND 31G 5MM	3	
SURE COMFORT PEN ND 31G 8MM	3	
SURE COMFORT PEN ND 32G 4MM	3	
SURE COMFORT PEN ND 32G 6MM	3	
SURE-FINE PEN NEEDLES 12.7MM	3	
SURE-FINE PEN NEEDLES 5MM	3	
SURE-FINE PEN NEEDLES 8MM	3	
SURE-JECT INS 0.3 ML 31GX5/16"	3	
SURE-JECT INS 0.5 ML 31GX5/16"	3	
SURE-JECT INSU SYR U100 0.3 ML	3	
SURE-JECT INSU SYR U100 0.5 ML	3	
SURE-JECT INSU SYR U100 1 ML	3	
SURE-JECT INSUL SYR U100 1 ML	3	
SURE-JECT INSULIN SYRINGE 1 ML	3	
SURE-T PARADIGM 18" SET	3	
SURE-T PARADIGM 23" SET	3	
SURE-T PARADIGM 32" SET	3	
SURE-TEST EASYPLUS MINI SOLN	3	
SUSTIVA 200 MG CAPSULE	4	
SUSTIVA 50 MG CAPSULE	4	
SYEDA 28 TABLET	1	
SYMAX FASTABS 0.125 MG TABLET	2	
SYMAX-SL 0.125 MG TABLET SL	2	
SYMAX-SR 0.375 MG TABLET	2	
SYMLINPEN 120	4	QL
SYMLINPEN 60	4	QL
SYMTOZA	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)
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX	TASIGNA 150 MG CAPSULE	5	PA, QL, SRX
SYNERA PATCH	4		TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 100 MCG TABLET	4		TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 112 MCG TABLET	4		TAYSOFY 1 MG-20 MCG CAPSULE	1	
SYNTHROID 125 MCG TABLET	4		TAZAROTENE 0.05% GEL	4	
SYNTHROID 137 MCG TABLET	4		TAZAROTENE 0.1% CREAM	2	
SYNTHROID 150 MCG TABLET	4		TAZAROTENE 0.1% GEL	4	
SYNTHROID 175 MCG TABLET	4		TAZORAC 0.05% CREAM	4	
SYNTHROID 200 MCG TABLET	4		TAZTIA XT 120 MG CAPSULE	2	
SYNTHROID 25 MCG TABLET	4		TAZTIA XT 180 MG CAPSULE	2	
SYNTHROID 300 MCG TABLET	4		TAZTIA XT 240 MG CAPSULE	2	
SYNTHROID 50 MCG TABLET	4		TAZTIA XT 300 MG CAPSULE	2	
SYNTHROID 75 MCG TABLET	4		TAZTIA XT 360 MG CAPSULE	2	
SYNTHROID 88 MCG TABLET	4		TDVAX VIAL	3	
T:30 INFUSION SET 23" 13MM	3		TECHLITE 0.3 ML 29GX12MM (1/2)	3	
T:30 INFUSION SET 43" 13MM	3		TECHLITE 0.3 ML 30GX12MM (1/2)	3	
T:90 INFUSION SET 23" 6MM	3		TECHLITE 0.3 ML 30GX8MM (1/2)	3	
T:90 INFUSION SET 23" 9MM	3		TECHLITE 0.3 ML 31GX6MM (1/2)	3	
T:90 INFUSION SET 43" 9MM	3		TECHLITE 0.3 ML 31GX8MM (1/2)	3	
T:FLEX 4.8 ML CARTRIDGE	3		TECHLITE 0.5 ML 29GX12MM (1/2)	3	
T:SLIM 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30GX12MM (1/2)	3	
T:SLIM G4 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30GX8MM (1/2)	3	
T:SLIM X2 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 31GX6MM (1/2)	3	
TABLOID 40 MG TABLET	4	PA	TECHLITE 0.5 ML 31GX8MM (1/2)	3	
TACROLIMUS 0.03% OINTMENT	2		TECHLITE INS SYR 1 ML 29GX12MM	3	
TACROLIMUS 0.1% OINTMENT	2		TECHLITE INS SYR 1 ML 30GX12MM	3	
TACROLIMUS 0.5 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 30GX8MM	3	
TACROLIMUS 1 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 31GX6MM	3	
TACROLIMUS 5 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 31GX8MM	3	
TADALAFIL 2.5 MG TABLET	2	PA, QL	TECHLITE PEN NEEDLE 29GX1/2"	3	
TADALAFIL 20 MG TABLET	5	PA, SRX	TECHLITE PEN NEEDLE 29GX3/8"	3	
TADALAFIL 5 MG TABLET	2	PA, QL	TECHLITE PEN NEEDLE 31GX1/4"	3	
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL, SRX	TECHLITE PEN NEEDLE 31GX3/16"	3	
TAFINLAR 50 MG CAPSULE	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31GX5/16"	3	
TAFINLAR 75 MG CAPSULE	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32GX1/4"	3	
TAFLUPROST 0.0015% EYE DROP	4	QL	TECHLITE PEN NEEDLE 32GX5/16"	3	
TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32GX5/32"	3	
TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX	TELCARE CONTROL SOLUTION	3	
TAKE ACTION 1.5 MG TABLET	1		TELMISARTAN 20 MG TABLET	2	
TAMOXIFEN 10 MG TABLET	2		TELMISARTAN 40 MG TABLET	2	
TAMOXIFEN 20 MG TABLET	2		TELMISARTAN 80 MG TABLET	2	
TAMSULOSIN HCL 0.4 MG CAPSULE	2		TELMISARTAN-AMLODIPINE 40-10	2	
TARINA 24 FE 1 MG-20 MCG TAB	1		TELMISARTAN-AMLODIPINE 40-5 MG	2	
TARINA FE 1-20 EQ TABLET	1		TELMISARTAN-AMLODIPINE 80-10	2	
TARINA FE 1-20 TABLET	1		TELMISARTAN-AMLODIPINE 80-5 MG	2	
TARON-C DHA	1		TELMISARTAN-HCTZ 40-12.5 MG TB	2	
TARON-PREX PRENATAL	1		TELMISARTAN-HCTZ 80-12.5 MG TB	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TELMISARTAN-HCTZ 80-25 MG TAB	2	
TEMAZEPAM 15 MG CAPSULE	2	
TEMAZEPAM 22.5 MG CAPSULE	2	
TEMAZEPAM 30 MG CAPSULE	2	
TEMAZEPAM 7.5 MG CAPSULE	2	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX
TENCON 50-325 MG TABLET	2	
TENIVAC SYRINGE	3	
TENIVAC VIAL	3	
TENOFOVIR DISOP FUM 300 MG TB	2	
TERAZOSIN 1 MG CAPSULE	1	
TERAZOSIN 10 MG CAPSULE	1	
TERAZOSIN 2 MG CAPSULE	1	
TERAZOSIN 5 MG CAPSULE	1	
TERBINAFINE HCL 250 MG TABLET	1	
TERBUTALINE SULFATE 2.5 MG TAB	2	
TERBUTALINE SULFATE 5 MG TAB	2	
TERCONAZOLE 0.4% CREAM	2	
TERCONAZOLE 0.8% CREAM	2	
TERCONAZOLE 80 MG SUPPOSITORY	2	
TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TERUMO INS SYR 0.3 ML 29GX1/2"	3	
TERUMO INS SYRINGE U100-1 ML	3	
TERUMO INS SYRINGE U100-1/2 ML	3	
TERUMO INS SYRINGE U100-1/3 ML	3	
TERUMO INS SYRNG U100-1/2 ML	3	
TERUMO SURGUARD2 NDL 21GX1 1.5	3	
TERUMO SURGUARD2 NDL 22X1-1/2"	3	
TERUMO SURGUARD2 NDL 23X1-1/2"	3	
TERUMO SURGUARD2 NEEDLE 18GX1"	3	
TERUMO SURGUARD2 NEEDLE 18X1.5	3	
TERUMO SURGUARD2 NEEDLE 19GX1"	3	
TERUMO SURGUARD2 NEEDLE 19X1.5	3	
TERUMO SURGUARD2 NEEDLE 20GX1"	3	
TERUMO SURGUARD2 NEEDLE 20X1.5	3	
TERUMO SURGUARD2 NEEDLE 21GX1"	3	
TERUMO SURGUARD2 NEEDLE 22GX1"	3	
TERUMO SURGUARD2 NEEDLE 23GX1"	3	
TERUMO SURGUARD2 NEEDLE 25GX1"	3	
TERUMO SURGUARD2 NEEDLE 25X1.5	3	
TERUMO SURGUARD2 NEEDLE 25X5/8	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TERUMO SURGUARD2 NEEDLE 26X1/2	3	
TERUMO SURGUARD2 NEEDLE 27X1/2	3	
TERUMO SURGUARD2 NEEDLE 30X1/2	3	
TERUMO SYRINGE 3 ML	3	
TESTOSTERON CYP 1,000 MG/10 ML	2	
TESTOSTERON CYP 2,000 MG/10 ML	2	
TESTOSTERON ENAN 1,000 MG/5 ML	2	
TESTOSTERONE 1% (25MG/2.5G) PK	2	QL
TESTOSTERONE 1% (50 MG/5 G) PK	2	QL
TESTOSTERONE 1.62% (2.5 G) PKT	2	QL
TESTOSTERONE 1.62% GEL PUMP	2	QL
TESTOSTERONE 1.62%(1.25 G) PKT	2	QL
TESTOSTERONE 10 MG GEL PUMP	2	QL
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TESTOSTERONE 50 MG/5 GRAM PKT	2	QL
TESTOSTERONE CYP 1,000 MG/10ML	2	
TESTOSTERONE CYP 1,000 MG/5 ML	2	
TESTOSTERONE CYP 200 MG/ML	2	
TESTOSTERONE CYP 500 MG/2.5 ML	2	
TESTOSTERONE CYP 6,000 MG/30ML	2	
TESTOSTERONE ENAN 200 MG/ML	2	
TETCAINE 0.5% EYE DROP	2	
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX
TETRACAINE 0.5% EYE DROP	2	
TETRACAINE 0.5% STERI-UNIT SOL	2	
TETRACYCLINE 250 MG CAPSULE	2	
TETRACYCLINE 500 MG CAPSULE	2	
TETRAVISC 0.5% EYE DROPS	4	
TEXACORT 2.5% SOLUTION	4	
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 150 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 200 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX
THEOPHYLLINE 80 MG/15 ML SOLN	2	
THEOPHYLLINE ER 100 MG TABLET	2	
THEOPHYLLINE ER 200 MG TABLET	2	
THEOPHYLLINE ER 300 MG TAB	2	
THEOPHYLLINE ER 300 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	2	
THEOPHYLLINE ER 450 MG TAB	2	
THEOPHYLLINE ER 450 MG TABLET	2	
THEOPHYLLINE ER 600 MG TABLET	2	
THINPRO INS SYRIN U100-0.3 ML	3	
THINPRO INS SYRIN U100-0.5 ML	3	
THINPRO INS SYRIN U100-1 ML	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
THIORIDAZINE 10 MG TABLET	2		TODAY'S HLTH PN NEEDLE 6MM 31G	3	
THIORIDAZINE 100 MG TABLET	2		TOLCAPONE 100 MG TABLET	5	SRX
THIORIDAZINE 25 MG TABLET	2		TOLMETIN SODIUM 200 MG TAB	2	
THIORIDAZINE 50 MG TABLET	2		TOLMETIN SODIUM 400 MG CAP	2	
THIOTHIXENE 1 MG CAPSULE	2		TOLMETIN SODIUM 600 MG TAB	2	
THIOTHIXENE 10 MG CAPSULE	2		TOLTERODINE TART ER 2 MG CAP	2	
THIOTHIXENE 2 MG CAPSULE	2		TOLTERODINE TART ER 4 MG CAP	2	
THIOTHIXENE 5 MG CAPSULE	2		TOLTERODINE TARTRATE 1 MG TAB	2	
THRIVITE 19	1		TOLTERODINE TARTRATE 2 MG TAB	2	
THYROID 120 MG TABLET	1		TOLVAPTAN 15 MG TABLET	5	PA, SRX
THYROID 15 MG TABLET	1		TOLVAPTAN 30 MG TABLET	5	PA, SRX
THYROID 30 MG TABLET	1		TOPCARE CLICKFINE 31G X 1/4"	3	
THYROID 60 MG TABLET	1		TOPCARE CLICKFINE 31G X 5/16"	3	
THYROID 90 MG TABLET	1		TOPCARE ULTRA COMFORT SYRINGE	3	
TIADYL ER 120 MG CAPSULE	2		TOPIRAMATE 100 MG TABLET	2	
TIADYL ER 180 MG CAPSULE	2		TOPIRAMATE 15 MG SPRINKLE CAP	2	
TIADYL ER 240 MG CAPSULE	2		TOPIRAMATE 200 MG TABLET	2	
TIADYL ER 300 MG CAPSULE	2		TOPIRAMATE 25 MG SPRINKLE CAP	2	
TIADYL ER 360 MG CAPSULE	2		TOPIRAMATE 25 MG TABLET	2	
TIADYL ER 420 MG CAPSULE	2		TOPIRAMATE 50 MG TABLET	2	
TIAGABINE HCL 12 MG TABLET	2		TOPIRAMATE ER 100 MG CAPSULE	2	
TIAGABINE HCL 16 MG TABLET	2		TOPIRAMATE ER 150 MG CAPSULE	2	
TIAGABINE HCL 2 MG TABLET	2		TOPIRAMATE ER 200 MG CAPSULE	2	
TIAGABINE HCL 4 MG TABLET	2		TOPIRAMATE ER 25 MG CAPSULE	2	
TILIA FE 28 TABLET	1		TOPIRAMATE ER 50 MG CAPSULE	2	
TIMOLOL 0.25% GEL-SOLUTION	2		TOREMIFENE CITRATE 60 MG TAB	4	
TIMOLOL 0.5% GEL-SOLUTION	2		TORSEMIDE 10 MG TABLET	2	
TIMOLOL 0.5% GFS GEL-SOLUTION	2		TORSEMIDE 100 MG TABLET	2	
TIMOLOL MALEATE 0.25% EYE DROP	2		TORSEMIDE 20 MG TABLET	2	
TIMOLOL MALEATE 0.5% EYE DROPS	2		TORSEMIDE 5 MG TABLET	2	
TIMOLOL MALEATE 10 MG TABLET	2		TOVET EMOLLIENT 0.05% FOAM	2	
TIMOLOL MALEATE 20 MG TABLET	2		TRAMADOL ER 100 MG TABLET	2	PA, QL
TIMOLOL MALEATE 5 MG TABLET	2		TRAMADOL ER 200 MG TABLET	2	PA, QL
TINIDAZOLE 250 MG TABLET	2		TRAMADOL ER 300 MG TABLET	2	PA, QL
TINIDAZOLE 500 MG TABLET	2		TRAMADOL HCL 50 MG TABLET	2	QL
TIOPRONIN 100 MG TABLET	5	SRX	TRAMADOL HCL ER 100 MG TABLET	2	PA, QL
TIS-U-SOL PENTALYTE IRRIG SOLN	4		TRAMADOL HCL ER 150 MG CAPSULE	2	PA, QL
TIVICAY 10 MG TABLET	3		TRAMADOL HCL ER 200 MG TABLET	2	PA, QL
TIVICAY 25 MG TABLET	3		TRAMADOL HCL ER 300 MG TABLET	2	PA, QL
TIVICAY 50 MG TABLET	3		TRAMADOL-ACETAMINOPHN 37.5-325	2	QL
TIVICAY PD 5 MG TAB FOR SUSP	3		TRANDOLAPRIL 1 MG TABLET	1	
TIZANIDINE HCL 2 MG TABLET	2		TRANDOLAPRIL 2 MG TABLET	1	
TIZANIDINE HCL 4 MG TABLET	2		TRANDOLAPRIL 4 MG TABLET	1	
TOBRAMYCIN 0.3% EYE DROP	2		TRANDOLAPR-VERAPAM ER 1-240 MG	2	
TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX	TRANDOLAPR-VERAPAM ER 2-180 MG	2	
TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX	TRANDOLAPR-VERAPAM ER 2-240 MG	2	
TOBRAMYCIN-DEXAMETH OPHTH SUSP	2		TRANDOLAPR-VERAPAM ER 4-240 MG	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRANEXAMIC ACID 650 MG TABLET	2		TRIFLUOPERAZINE 1 MG TABLET	2	
TRANLYCYPROMINE SULF 10 MG TAB	2		TRIFLUOPERAZINE 10 MG TABLET	2	
TRAVOPROST 0.004% EYE DROP	2		TRIFLUOPERAZINE 2 MG TABLET	2	
TRAZODONE 100 MG TABLET	1		TRIFLUOPERAZINE 5 MG TABLET	2	
TRAZODONE 150 MG TABLET	1		TRIFLURIDINE 1% EYE DROPS	2	
TRAZODONE 300 MG TABLET	2		TRIHXYPHENIDYL 2 MG TABLET	1	
TRAZODONE 50 MG TABLET	1		TRIHXYPHENIDYL 2 MG/5 ML SOLN	2	
TRECATOR 250 MG TABLET	4		TRIHXYPHENIDYL 5 MG TABLET	2	
TRELEGY ELLIPTA 100-62.5-25	3	QL	TRIKAFTA 100-50-75 MG/150 MG	5	PA, QL, LDD, SRX
TRELEGY ELLIPTA 200-62.5-25	3	QL	TRIKAFTA 100-50-75 MG/75MG PKT	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML INJECTOR	5	PA, QL, SRX	TRIKAFTA 50-25-37.5 MG/75 MG	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX	TRIKAFTA 80-40-60MG/59.5MG PKT	5	PA, QL, LDD, SRX
TRETINOIN 0.01% GEL	2	PA__AGE	TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN 0.025% CREAM	2	PA__AGE	TRI-LINYAH TABLET	1	
TRETINOIN 0.025% GEL	2	PA__AGE	TRI-LO-ESTARYLLA TABLET	1	
TRETINOIN 0.05% CREAM	2	PA__AGE	TRI-LO-MARZIA TABLET	1	
TRETINOIN 0.05% GEL	2	PA__AGE	TRI-LO-MILI TABLET	1	
TRETINOIN 0.1% CREAM	2	PA__AGE	TRI-LO-SPRINTEC TABLET	1	
TRETINOIN 10 MG CAPSULE	4	PA	TRIMETHOBENZAMIDE 300 MG CAP	2	
TRETINOIN GEL MICRO 0.04% PUMP	2	PA__AGE	TRIMETHOPRIM 100 MG TABLET	2	
TRETINOIN GEL MICRO 0.04% TUBE	2	PA__AGE	TRI-MILI 28 TABLET	1	
TRETINOIN GEL MICRO 0.1% PUMP	2	PA__AGE	TRIMIPRAMINE MALEATE 100 MG CP	2	
TRETINOIN GEL MICRO 0.1% TUBE	2	PA__AGE	TRIMIPRAMINE MALEATE 25 MG CAP	2	
TRETIN-X 0.025% CREAM COMB PCK	4	PA__AGE	TRIMIPRAMINE MALEATE 50 MG CAP	2	
TRETIN-X 0.05% COMBO PACK	4	PA__AGE	TRINATAL RX 1	1	
TRETIN-X 0.075% CREAM	4	PA__AGE	TRINTELLIX 10 MG TABLET	4	QL, ST
TRETIN-X 0.1% COMBO PACK	4	PA__AGE	TRINTELLIX 20 MG TABLET	4	QL, ST
TRI FEMYNOR 28 TABLET	1		TRINTELLIX 5 MG TABLET	4	QL, ST
TRIAMCINOLONE 0.025% CREAM	2		TRI-NYMYO 28 TABLET	1	
TRIAMCINOLONE 0.025% LOTION	2		TRI-PREVIFEM TABLET	1	
TRIAMCINOLONE 0.025% OINT	2		TRI-SPRINTEC	1	
TRIAMCINOLONE 0.1% CREAM	2		TRIUMEQ 600-50-300 MG TABLET	3	QL
TRIAMCINOLONE 0.1% LOTION	2		TRIUMEQ PD 60-5-30 MG TAB SUSP	3	QL
TRIAMCINOLONE 0.1% OINTMENT	2		TRI-VITE-FLUORIDE 0.25 MG/ML	2	
TRIAMCINOLONE 0.1% PASTE	2		TRI-VITE-FLUORIDE 0.5 MG/ML	2	
TRIAMCINOLONE 0.5% CREAM	2		TRI-VIT-FLUOR 0.25 MG/ML DROP	2	
TRIAMCINOLONE 0.5% OINTMENT	2		TRI-VIT-FLUOR 0.5 MG/ML DROP	2	
TRIAMTERENE 100 MG CAPSULE	4		TRIVORA-28 TABLET	1	
TRIAMTERENE 50 MG CAPSULE	4		TRI-VYLIBRA 28 TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG CP	2		TRI-VYLIBRA LO TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1		TRIZIVIR	4	
TRIAMTERENE-HCTZ 75-50 MG TAB	1		TROPICAMIDE 0.5% EYE DROP	2	
TRIAZOLAM 0.125 MG TABLET	2		TROPICAMIDE 0.5% EYE DROPS	2	
TRIAZOLAM 0.25 MG TABLET	2		TROPICAMIDE 1% EYE DROP	2	
TRIDERM 0.1% CREAM	2		TROPICAMIDE 1% EYE DROPS	2	
TRIDERM 0.5% CREAM	2		TROSPIMUM CHLORIDE 20 MG TABLET	2	
TRI-ESTARYLLA TABLET	1		TROSPIMUM CHLORIDE ER 60 MG 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)
TRUE CMFRT PRO 0.5ML 30G 5/16"	3		TRUEPLUS SYR 1ML 30GX5/16"	3	
TRUE CMFRT PRO 0.5ML 31G 5/16"	3		TRUEPLUS SYR 1ML 31GX5/16"	3	
TRUE CMFRT PRO 0.5ML 32G 5/16"	3		TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN ND 31G 5MM	3		TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN ND 31G 6MM	3		TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN ND 32G 4MM	3		TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT 0.5 ML 31GX5/16"	3		TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TRUE COMFORT 1 ML 31GX5/16"	3		TRUST NATAL DHA	1	
TRUE COMFORT PEN ND 31G 5MM	3		TRUSTEEL INFUSION SET 23" 6MM	3	
TRUE COMFORT PEN ND 31G 6MM	3		TRUSTEEL INFUSION SET 23" 8MM	3	
TRUE COMFORT PEN ND 31G 8MM	3		TRUSTEEL INFUSION SET 32" 6MM	3	
TRUE COMFORT PEN ND 31GX5MM	3		TRUSTEEL INFUSION SET 32" 8MM	3	
TRUE COMFORT PEN ND 31GX6MM	3		TRUVADA 100 MG-150 MG TABLET	4	
TRUE COMFORT PEN ND 32G 4MM	3		TRUVADA 133 MG-200 MG TABLET	4	
TRUE COMFORT PEN ND 32G 5MM	3		TRUVADA 167 MG-250 MG TABLET	4	
TRUE COMFORT PEN ND 32G 6MM	3		TRUVADA 200 MG-300 MG TABLET	4	PA
TRUE COMFORT PEN ND 32GX4MM	3		TRUZONE PEAK FLOW METER	3	
TRUE COMFORT PEN ND 33G 4MM	3		TULANA 0.35 MG TABLET	1	
TRUE COMFORT PEN ND 33G 5MM	3		TWINRIX VACCINE SYRINGE	3	
TRUE COMFORT PEN ND 33G 6MM	3		TYBOST 150 MG TABLET	3	
TRUE COMFORT PRO 1 ML 30G 1/2"	3		TYDEMY 3-0.03-0.451 MG TABLET	1	
TRUE COMFORT PRO 1ML 30G 5/16"	3		TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, QL, SRX
TRUE COMFORT PRO 1ML 31G 5/16"	3		TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 32G 5/16"	3		TYVASO INSTITUTIONAL START KIT	5	PA, LDD, SRX
TRUE COMFRT PRO 0.5ML 30G 1/2"	3		TYVASO REFILL KIT	5	PA, LDD, SRX
TRUE METRIX LEVEL 1 CTRL SOLN	3		TYVASO STARTER KIT	5	PA, LDD, SRX
TRUE METRIX LEVEL 2 CTRL SOLN	3		UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
TRUE METRIX LEVEL 3 CTRL SOLN	3		UDENYCA 6 MG/0.6 ML AUTOINJECT	5	PA, SRX
TRUECONTROL GLUCOSE SOLUTION	3		ULESFIA 5% LOTION	4	
TRUEPLUS KETONE TEST STRIP	3		ULT CFT 0.3 ML 29GX1/2" (1/2)	3	
TRUEPLUS PEN NEEDLE 29G 12MM	3		ULT CFT 0.3 ML 31GX5/16" (1/2)	3	
TRUEPLUS PEN NEEDLE 29GX1/2"	3		ULTICARE INS SYR 1 ML 31GX5/16"	3	
TRUEPLUS PEN NEEDLE 31G 5MM	3		ULTICAR INS 0.3ML 31GX1/4(1/2)	3	
TRUEPLUS PEN NEEDLE 31G 8MM	3		ULTICARE INS 0.3 ML 30GX1/2"	3	
TRUEPLUS PEN NEEDLE 31G X 1/4"	3		ULTICARE INS 0.3 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 31GX3/16"	3		ULTICARE INS 0.5 ML 30GX1/2"	3	
TRUEPLUS PEN NEEDLE 31GX5/16"	3		ULTICARE INS 0.5 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 32GX5/32"	3		ULTICARE INS 1 ML 31GX1/4"	3	
TRUEPLUS SYR 0.3ML 29GX1/2"	3		ULTICARE INS SAFETY 1ML 29X1/2	3	
TRUEPLUS SYR 0.3ML 30GX5/16"	3		ULTICARE INS SYR 1 ML 28GX1/2"	3	
TRUEPLUS SYR 0.3ML 31GX5/16"	3		ULTICARE INS SYR 1 ML 29GX1/2"	3	
TRUEPLUS SYR 0.5ML 28GX1/2"	3		ULTICARE INS SYR 1 ML 30GX1/2"	3	
TRUEPLUS SYR 0.5ML 29GX1/2"	3		ULTICARE LDS SYR 3 ML 22GX1.5"	3	
TRUEPLUS SYR 0.5ML 30GX5/16"	3		ULTICARE PEN ND 12.7 MM 29G	3	
TRUEPLUS SYR 0.5ML 31GX5/16"	3		ULTICARE PEN NEEDLE 31GX3/16"	3	
TRUEPLUS SYR 1ML 28GX1/2"	3		ULTICARE PEN NEEDLE 4MM 32G	3	
TRUEPLUS SYR 1ML 29GX1/2"	3		ULTICARE PEN NEEDLE 6MM 31G	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTICARE PEN NEEDLE 8 MM 31G	3		ULTRA COMFORT 1 ML 29GX1/2"	3	
ULTICARE PEN NEEDLE 8MM 31G	3		ULTRA COMFORT 1 ML 30GX5/16"	3	
ULTICARE PEN NEEDLES 12MM 29G	3		ULTRA COMFORT 1 ML 31GX5/16"	3	
ULTICARE PEN NEEDLES 4MM 32G	3		ULTRA COMFORT 1 ML SYRINGE	3	
ULTICARE PEN NEEDLES 6MM 31G	3		ULTRA FLO 0.3ML 30G 1/2" (1/2)	3	
ULTICARE PEN NEEDLES 6MM 32G	3		ULTRA FLO 0.3ML 30G 5/16"(1/2)	3	
ULTICARE PEN NEEDLES 8MM 31G	3		ULTRA FLO 0.3ML 31G 5/16"(1/2)	3	
ULTICARE SAFE PEN ND 30G 8MM	3		ULTRA FLO PEN NEEDLE 31G 5MM	3	
ULTICARE SAFE PEN ND 5MM 30G	3		ULTRA FLO PEN NEEDLE 31G 8MM	3	
ULTICARE SAFETY 0.5 ML 29GX1/2	3		ULTRA FLO PEN NEEDLE 32G 4MM	3	
ULTICARE SYR 0.3 ML 30GX1/2"	3		ULTRA FLO PEN NEEDLE 33G 4MM	3	
ULTICARE SYR 0.3 ML 30GX5/16"	3		ULTRA FLO PEN NEEDLES 12MM 29G	3	
ULTICARE SYR 0.3 ML 31GX5/16"	3		ULTRA FLO SYR 0.3 ML 29GX1/2"	3	
ULTICARE SYR 0.5 ML 29GX1/2"	3		ULTRA FLO SYR 0.3 ML 30G 5/16"	3	
ULTICARE SYR 0.5 ML 30GX1/2"	3		ULTRA FLO SYR 0.3 ML 31G 5/16"	3	
ULTICARE SYR 0.5 ML 30GX5/16"	3		ULTRA FLO SYR 0.5 ML 29G 1/2"	3	
ULTICARE SYR 0.5 ML 31GX5/16"	3		ULTRA THIN PEN ND 32G X 4MM	3	
ULTICARE SYR 1 ML 30GX5/16"	3		ULTRACARE INS 0.3 ML 30GX5/16"	3	
ULTICARE SYR 1 ML 31GX5/16"	3		ULTRACARE INS 0.3 ML 31GX5/16"	3	
ULTICARE SYRIN 0.3 ML 29GX1/2"	3		ULTRACARE INS 0.5 ML 30GX1/2"	3	
ULTICARE SYRIN 0.5 ML 28GX1/2"	3		ULTRACARE INS 0.5 ML 30GX5/16"	3	
ULTICARE SYRINGE 1 ML 30GX1/2"	3		ULTRACARE INS 0.5 ML 31GX5/16"	3	
ULTIGUARD SAFE 1ML 30G 12.7MM	3		ULTRACARE INS 1 ML 30G X 5/16"	3	
ULTIGUARD SAFE PACK 29G 12.7MM	3		ULTRACARE INS 1 ML 30GX1/2"	3	
ULTIGUARD SAFE PACK 32G 4MM	3		ULTRACARE INS 1 ML 31G X 5/16"	3	
ULTIGUARD SAFE0.3ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX1/4"	3	
ULTIGUARD SAFE0.5ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX3/16"	3	
ULTIGUARD SAFEPACK 1ML 31G 8MM	3		ULTRACARE PEN NEEDLE 31GX5/16"	3	
ULTIGUARD SAFEPACK 31G 5MM	3		ULTRACARE PEN NEEDLE 32GX1/4"	3	
ULTIGUARD SAFEPACK 31G 6MM	3		ULTRACARE PEN NEEDLE 32GX3/16"	3	
ULTIGUARD SAFEPACK 31G 8MM	3		ULTRACARE PEN NEEDLE 32GX5/32"	3	
ULTIGUARD SAFEPACK 32G 4MM	3		ULTRACARE PEN NEEDLE 33GX5/32"	3	
ULTIGUARD SAFEPACK 32G 6MM	3		ULTRA-THIN II 1 ML 31GX5/16"	3	
ULTIGUARD SAFEPK 0.3ML 31G 8MM	3		ULTRA-THIN II INS 0.3 ML 30G	3	
ULTIGUARD SAFEPK 0.5ML 31G 8MM	3		ULTRA-THIN II INS 0.3 ML 31G	3	
ULTILET INSULIN SYRINGE 0.3 ML	3		ULTRA-THIN II INS 0.5 ML 29G	3	
ULTILET INSULIN SYRINGE 0.5 ML	3		ULTRA-THIN II INS 0.5 ML 30G	3	
ULTILET INSULIN SYRINGE 1 ML	3		ULTRA-THIN II INS 0.5 ML 31G	3	
ULTILET PEN NEEDLE	3		ULTRA-THIN II INS SYR 1 ML 29G	3	
ULTILET PEN NEEDLE 4MM 32G	3		ULTRA-THIN II INS SYR 1 ML 30G	3	
ULTRA COMFORT 0.3 ML 29GX1/2"	3		ULTRA-THIN II PEN ND 29GX1/2"	3	
ULTRA COMFORT 0.3 ML SYRINGE	3		ULTRA-THIN II PEN ND 31GX5/16	3	
ULTRA COMFORT 0.5 ML 28GX1/2"	3		ULTRATRAK CONTROL SOL NORMAL	3	
ULTRA COMFORT 0.5 ML 29GX1/2"	3		ULTRATRAK CONTROL SOLUTION	3	
ULTRA COMFORT 0.5 ML 31GX5/16"	3		ULTRATRAK ULTIMATE CNTRL SOLN	3	
ULTRA COMFORT 0.5 ML SYRINGE	3		UNIFINE PEN NEEDLE 32G 4MM	3	
ULTRA COMFORT 1 ML 28GX1/2"	3		UNIFINE PENTIPS 12MM 29G	3	

2024 Cigna Plus Florida 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
UNIFINE PENTIPS 29G 12MM	3		URSODIOL 250 MG TABLET	2	
UNIFINE PENTIPS 31G 5MM	3		URSODIOL 300 MG CAPSULE	2	
UNIFINE PENTIPS 31G 6MM	3		URSODIOL 500 MG TABLET	2	
UNIFINE PENTIPS 31G 8MM	3		USTELL	2	
UNIFINE PENTIPS 31GX3/16"	3		UTIRA-C	2	
UNIFINE PENTIPS 32G 4MM	3		VALACYCLOVIR HCL 1 GRAM TABLET	2	
UNIFINE PENTIPS 32G 6MM	3		VALACYCLOVIR HCL 500 MG TABLET	2	
UNIFINE PENTIPS 32GX1/4"	3		VALGANCICLOVIR 450 MG TABLET	4	
UNIFINE PENTIPS 32GX5/32"	3		VALGANCICLOVIR HCL 50 MG/ML	4	
UNIFINE PENTIPS 33GX5/32"	3		VALPROIC ACID 250 MG CAPSULE	2	
UNIFINE PENTIPS 6MM 31G	3		VALPROIC ACID 250 MG/5 ML SOLN	2	
UNIFINE PENTIPS 6MM NEEDLE	3		VALPROIC ACID 500 MG/10 ML SOL	2	
UNIFINE PENTIPS 8MM 31G	3		VALSARTAN 160 MG TABLET	2	
UNIFINE PENTIPS 8MM NEEDLE	3		VALSARTAN 320 MG TABLET	2	
UNIFINE PENTIPS MAX 30GX3/16"	3		VALSARTAN 40 MG TABLET	2	
UNIFINE PENTIPS NEEDLES 29G	3		VALSARTAN 80 MG TABLET	2	
UNIFINE PENTIPS PLUS 29GX1/2"	3		VALSARTAN-HCTZ 160-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX1/4"	3		VALSARTAN-HCTZ 160-25 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX3/16"	3		VALSARTAN-HCTZ 320-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX5/16"	3		VALSARTAN-HCTZ 320-25 MG TAB	2	
UNIFINE PENTIPS PLUS 32GX5/32"	3		VALSARTAN-HCTZ 80-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 33GX5/32"	3		VANADOM 350 MG TABLET	2	
UNIFINE PENTIPS PLUS 30GX3/16"	3		VANCOMYCIN HCL 125 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX3/16"	3		VANCOMYCIN HCL 250 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX5/16"	3		VANDAZOLE VAGINAL 0.75% GEL	2	
UNIFINE SAFECONTROL 32G 4MM	3		VANISHPOINT 0.5 ML 30GX1/2" SY	3	
UNIFINE ULTRA PEN NDL 31G 5MM	3		VANISHPOINT 20GX1" 3 ML SYRING	3	
UNIFINE ULTRA PEN NDL 31G 6MM	3		VANISHPOINT 21GX1.5" 3 ML SYR	3	
UNIFINE ULTRA PEN NDL 31G 8MM	3		VANISHPOINT 22GX1" 3 ML SYR	3	
UNIFINE ULTRA PEN NDL 32G 4MM	3		VANISHPOINT 23GX1" 3 ML SYRING	3	
UNISTRIP CONTROL SOLUTION HIGH	3		VANISHPOINT 23GX1-1/2 3 ML SYR	3	
UNISTRIP CONTROL SOLUTION LOW	3		VANISHPOINT 25GX1" 3 ML SYRING	3	
UNITHROID 100 MCG TABLET	1		VANISHPOINT 25GX5/8" 3 ML SYR	3	
UNITHROID 112 MCG TABLET	1		VANISHPOINT 3 ML 21GX1" SYRING	3	
UNITHROID 125 MCG TABLET	1		VANISHPOINT 3 ML 22GX1.5" SYRG	3	
UNITHROID 137 MCG TABLET	1		VANISHPOINT INS 1 ML 30GX3/16"	3	
UNITHROID 150 MCG TABLET	1		VANISHPOINT U-100 29X1/2 SYR	3	
UNITHROID 175 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML SYRINGE	3	
UNITHROID 200 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML VIAL	3	
UNITHROID 25 MCG TABLET	1		VAQTA 50 UNITS/ML SYRINGE	3	
UNITHROID 300 MCG TABLET	1		VAQTA 50 UNITS/ML VIAL	3	
UNITHROID 50 MCG TABLET	1		VARENICLINE STARTING MONTH BOX	3	
UNITHROID 75 MCG TABLET	1		VARENICLINE 0.5 MG TABLET	3	
UNITHROID 88 MCG TABLET	1		VARENICLINE 1 MG TABLET	3	
URISTIX 4	3		VARISOFT INFUSION SET 23" 13MM	3	
URISTIX REAGENT	3		VARISOFT INFUSION SET 23" 17MM	3	
UROQID-ACID NO.2	4		VARISOFT INFUSION SET 32" 13MM	3	

2024 Cigna Plus Florida 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VARISOFT INFUSION SET 32" 17MM	3		VERIFINE PEN NEEDLE 31G 8MM	3	
VARISOFT INFUSION SET 43" 13MM	3		VERIFINE PEN NEEDLE 32G 4MM	3	
VARISOFT INFUSION SET 43" 17MM	3		VERIFINE PEN NEEDLE 32G 6MM	3	
VARIVAX VACCINE VIAL	3		VERIFINE SYRING 0.5ML 29G 1/2"	3	
VARIVAX VACCINE WITH DILUENT	3		VERIFINE SYRING 1 ML 31G 5/16"	3	
VAXELIS VACCINE SYRINGE	3		VERIFINE SYRNG 0.3ML 31G 5/16"	3	
VAXELIS VACCINE VIAL	3		VERIFINE SYRNG 0.5ML 31G 5/16"	3	
VAXNEUVANCE 0.5 ML SYRINGE	3		VESTURA 3 MG-0.02 MG TABLET	1	
VELIVET 28 DAY TABLET	1		VIENVA-28 TABLET	1	
VELPHORO 500 MG CHEWABLE TAB	4		VIGABATRIN 500 MG POWDER PACKT	5	PA, QL, LDD, SRX
VEMLIDY 25 MG TABLET	5	PA, SRX	VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX
VENCLEXTA 10 MG TAB (10MG X 2)	5	PA, QL, LDD, SRX	VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX	VILAZODONE HCL 10 MG TABLET	4	QL
VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX	VILAZODONE HCL 20 MG TABLET	4	QL
VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX	VILAZODONE HCL 40 MG TABLET	4	QL
VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX	VINATE ONE	1	
VENLAFAXINE HCL 100 MG TABLET	2	QL	VIOKACE 10,440-39,150 UNIT TAB	4	
VENLAFAXINE HCL 25 MG TABLET	2	QL	VIOKACE 10,440-39,150 UNITS TB	4	
VENLAFAXINE HCL 37.5 MG TABLET	2	QL	VIOKACE 20,880-78,300 UNITS TB	4	
VENLAFAXINE HCL 50 MG TABLET	2	QL	VIORELE 28 DAY TABLET	1	
VENLAFAXINE HCL 75 MG TABLET	2	QL	VIRACEPT 250 MG TABLET	3	
VENLAFAXINE HCL ER 150 MG CAP	2	QL	VIRACEPT 625 MG TABLET	3	
VENLAFAXINE HCL ER 37.5 MG CAP	2	QL	VIRAMUNE XR 400 MG TABLET	4	
VENLAFAXINE HCL ER 75 MG CAP	2	QL	VIREAD 150 MG TABLET	3	
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, LDD, SRX	VIREAD 200 MG TABLET	3	
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, LDD, SRX	VIREAD 250 MG TABLET	3	
VERAPAMIL 120 MG TABLET	2		VIREAD 300 MG TABLET	4	
VERAPAMIL 40 MG TABLET	2		VIREAD POWDER	3	
VERAPAMIL 80 MG TABLET	2		VIRT-C DHA	1	
VERAPAMIL ER 120 MG CAPSULE	2		VIRT-NATE DHA	1	
VERAPAMIL ER 120 MG TABLET	2		VIRT-PN DHA	1	
VERAPAMIL ER 180 MG CAPSULE	2		VIRT-PN PLUS	1	
VERAPAMIL ER 180 MG TABLET	2		VISTOGARD 10 GRAM PACKET	5	LDD, SRX
VERAPAMIL ER 240 MG CAPSULE	2		VIT A,C,D-FLUORIDE 0.25 MG/ML	2	
VERAPAMIL ER 240 MG TABLET	2		VITAFOL-OB CAPLET	1	
VERAPAMIL ER PM 100 MG CAPSULE	2		VITAMIN D2 1.25MG(50,000 UNIT)	2	
VERAPAMIL ER PM 200 MG CAPSULE	2		VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VERAPAMIL ER PM 300 MG CAPSULE	2		VIVAGUARD INO CTRL SOLN-L2	3	
VERAPAMIL SR 120 MG CAPSULE	2		VOLNEA 0.15-0.02-0.01 MG TAB	1	
VERAPAMIL SR 180 MG CAPSULE	2		VORICONAZOLE 200 MG TABLET	4	PA
VERAPAMIL SR 240 MG CAPSULE	2		VORICONAZOLE 40 MG/ML SUSP	4	PA
VERAPAMIL SR 360 MG CAPSULE	2		VORICONAZOLE 50 MG TABLET	4	PA
VERASENS CONTROL SOLN-LEVEL 1	3		VORTEX ADULT MASK	3	QL
VEREGEN 15% OINTMENT	4		VORTEX HOLDING CHAMBER	3	QL
VERIFINE INS SYR 1 ML 29G 1/2"	3		VORTEX HOLDING CHAMBER-CHILD	3	QL
VERIFINE PEN NEEDLE 29G 12MM	3		VORTEX HOLDING CHAMBER-TODDLER	3	QL
VERIFINE PEN NEEDLE 31G 5MM	3		VORTEX VHC FROG CHILD MASK	3	QL

2024 Cigna Plus Florida 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VORTEX VHC LADYBUG TODDLER MSK	3	QL	XARELTO 15 MG TABLET	3	PA, QL
VOTRIENT 200 MG TABLET	5	PA, QL, SRX	XARELTO 2.5 MG TABLET	3	PA, QL
VRAYLAR 1.5 MG CAPSULE	4	QL, ST	XARELTO 20 MG TABLET	3	PA, QL
VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST	XARELTO DVT-PE TREAT START 30D	3	PA, QL
VRAYLAR 3 MG CAPSULE	4	QL, ST	XELJANZ 1 MG/ML SOLUTION	5	PA, QL, SRX
VRAYLAR 4.5 MG CAPSULE	4	QL, ST	XELJANZ 10 MG TABLET	5	PA, QL, SRX
VRAYLAR 6 MG CAPSULE	4	QL, ST	XELJANZ 5 MG TABLET	5	PA, QL, SRX
VYFEMLA 0.4 MG-0.035 MG TABLET	1		XELJANZ XR 11 MG TABLET	5	PA, QL, SRX
VYLIBRA 28 TABLET	1		XELJANZ XR 22 MG TABLET	5	PA, QL, SRX
WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX	XIFAXAN 200 MG TABLET	4	PA, QL
WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX	XIFAXAN 550 MG TABLET	4	PA, QL
WARFARIN SODIUM 1 MG TABLET	1		XIGDUO XR 10 MG-1,000 MG TAB	3	QL
WARFARIN SODIUM 10 MG TABLET	1		XIGDUO XR 10 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 2 MG TABLET	1		XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL
WARFARIN SODIUM 2.5 MG TABLET	1		XIGDUO XR 5 MG-1,000 MG TABLET	3	QL
WARFARIN SODIUM 3 MG TABLET	1		XIGDUO XR 5 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 4 MG TABLET	1		XOLAIR 150 MG/1.2 ML POWDER VL	5	PA, LDD, SRX
WARFARIN SODIUM 5 MG TABLET	1		XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 6 MG TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 7.5 MG TABLET	1		XTAMPZA ER 13.5 MG CAPSULE	3	PA
WAVESENSE CONTROL SOLN NORMAL	3		XTAMPZA ER 18 MG CAPSULE	3	PA
WERA 0.5/0.035 MG 28 TABLET	1		XTAMPZA ER 27 MG CAPSULE	3	PA
WESCAP-PN DHA	1		XTAMPZA ER 36 MG CAPSULE	3	PA
WESNATE DHA	1		XTAMPZA ER 9 MG CAPSULE	3	PA
WESTAB PLUS	1		XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
WESTHROID 32.5 MG TABLET	1		XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
WESTHROID 65 MG TABLET	1		XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
WIXELA 100-50 INHUB	2	QL	XULANE 150-35 MCG/DAY PATCH	1	
WIXELA 250-50 INHUB	2	QL	YALE NEEDLES 21GX1.25"	3	
WIXELA 500-50 INHUB	2	QL	YOURX ULTICARE PEN NDL 4MM 32G	3	
WM UNIFINE PENTIP PLUS 4MM 32G	3		YOURX ULTICARE PEN NDL 6MM 31G	3	
WM UNIFINE PENTIP PLUS 5MM 31G	3		YOURX ULTICARE PEN NDL 8MM 31G	3	
WM UNIFINE PENTIP PLUS 6MM 31G	3		YUVAFEM 10 MCG VAGINAL INSERT	2	QL
WM UNIFINE PENTIP PLUS 8MM 31G	3		ZAFEMY 150-35 MCG/DAY PATCH	1	
WP THYROID 113.75 MG TABLET	3		ZAFIRLUKAST 10 MG TABLET	2	
WP THYROID 130 MG TABLET	3		ZAFIRLUKAST 20 MG TABLET	2	
WP THYROID 16.25 MG TABLET	3		ZALEPLON 10 MG CAPSULE	2	
WP THYROID 32.5 MG TABLET	3		ZALEPLON 5 MG CAPSULE	2	
WP THYROID 48.75 MG TABLET	3		ZARAH TABLET	1	
WP THYROID 65 MG TABLET	3		ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
WP THYROID 81.25 MG TABLET	3		ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
WP THYROID 97.5 MG TABLET	3		ZATEAN-PN DHA	1	
WYMZYA FE 0.4-0.035 MG CHEW TB	1		ZATEAN-PN PLUS	1	
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX	ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX	ZENATANE 10 MG CAPSULE	4	
XARELTO 1 MG/ML SUSPENSION	3	PA, QL	ZENATANE 20 MG CAPSULE	4	
XARELTO 10 MG TABLET	3	PA, QL	ZENATANE 30 MG CAPSULE	4	

2024 Cigna Plus Florida 5-Tier Prescription Drug List

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

Frequently Asked Questions (FAQs)

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

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

A. To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list.^{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

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 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**

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

for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.

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

This exclusion does not apply to mammography.

29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, 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, 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

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

skin tags, craniosacral/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:
 - Rigid and semi-rigid custom fabricated Orthoses;
 - Semi-rigid pre-fabricated and flexible Orthoses; and
 - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
60. Services primarily for **weight reduction** or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
61. **Routine physical exams or tests** that do not directly treat an actual illness, injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this Policy.
62. Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
63. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
64. **Nutritional counseling** or food supplements, 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

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

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

Cigna Healthcare reserves the right to make changes to this drug list without notice. Please reference 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://mycigna.com).
2. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
4. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
5. Standard shipping costs are included as part of your prescription plan.
6. You can sign up to get emails and/or texts from Express Scripts® Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
7. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription. **Tier 5 medications are limited to a 30-day supply.**
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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