

Individual and  
Family Plans



# 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Coverage as of January 1, 2025



What's Inside?	Page
About this drug list	3
How to read this drug list	3
How to find your medication	5
List of medications	6
Frequently Asked Questions (FAQs)	77
Exclusions and limitations: What isn't covered by this policy	81

**View your drug list online**

- **Cigna.com/ifp-drug-list.** Select **North Carolina** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.
- **myCigna® App<sup>1</sup> or myCigna.com®.** Starting January 1, 2025, log into your account and use the Price a Medication tool.

**Questions?**

Call **866.494.2111** or the toll-free number on your Cigna Healthcare<sup>SM</sup> ID card.  
We're here 24/7/365.

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

## About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List as of January 1, 2025. 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 understand how medications are covered.\*

Medication Name	Tier	Notes
ACETAMINOPHEN-CODEINE #4 TABLET	2	PA
ACETAZOLAMIDE 125 MG TABLET	2	
ACETAZOLAMIDE 250 MG TABLET	2	
ACETAZOLAMIDE ER 500 MG CAPSULE	2	
ACETIC ACID 0.25% IRRIGATION SOLUTION	2	
ACETIC ACID 2% EAR SOLUTION	2	
ACETYLCYSTEINE 10% VIAL	2	
ACETYLCYSTEINE 20% VIAL	2	
ACITRETIN 10 MG CAPSULE	4	
ACITRETIN 17.5 MG CAPSULE	4	
ACITRETIN 25 MG CAPSULE	4	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
ACTEMRA ACTPEN	5	PA, QL, SRX
ACTHIB VACCINE VIAL	3	
ACTHIB VACCINE WITH DILUENT	3	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 5% OINTMENT	4	PA, QL
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	3	
ADACEL TDAP VIAL	3	
ADALIMUMAB-ADAZ	5	PA, QL, SRX
ADALIMUMAB-ADBIM	5	PA, QL, SRX
ADALIMUMAB-RYVK	5	PA, QL, SRX
ADAPALENE 0.1% CREAM	2	PA, AGE
ADAPALENE 0.1% GEL	2	PA, AGE
ADAPALENE 0.1% SOLUTION	2	PA, AGE
ADAPALENE 0.3% GEL	2	PA, AGE
ADAPALENE 0.3% GEL PUMP	2	PA, AGE

Medications are listed in **alphabetical** order

**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 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List.

## Tiers

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

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

## Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

<b>PA</b>	<b>Prior Authorization</b> – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet coverage requirements for the medication.
<b>QL</b>	<b>Quantity Limit</b> – Your plan will only cover a certain amount of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask Cigna Healthcare to approve more.
<b>ST</b>	<b>Step Therapy</b> – This is a prior authorization program. Your plan doesn't cover this high-cost medication until you try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for you. If your doctor feels a different medication isn't right for you, your doctor's office can ask Cigna Healthcare to approve coverage of this medication.
<b>AGE</b>	<b>Age Requirement</b> – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to take this medication, your doctor's office can ask Cigna Healthcare to approve coverage.
<b>SRX</b>	This is a <b>specialty medication</b> , which is used to treat a complex medical condition. <b>Your plan allows specialty medications to be filled in a 90-day supply.</b>
<b>LDD</b>	This is a <b>limited distribution drug</b> . This type of medication is only available at specific pharmacies in the United States. It's used to treat conditions that are very hard to manage and require special handling, patient support and monitoring.

## 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 the 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	6	M	45-50
2	6	N	50-53
A	6-11	O	53-55
B	11-15	P	55-60
C	15-21	Q	60, 61
D	21-25	R	61-62
E	25-31	S	62-66
F	31-33	T	66-71
G	33-35	U	71-72
H	35-38	V	72, 73
I	38-40	W	73
J	40	X	74
K	40, 41	Y	75
L	41-45	Z	75, 76

\* Some medications start with a number instead of a letter.

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
1ST TIER UNIFINE PENTIP 29G 1/2"	3	
1ST TIER UNIFINE PENTIP 31G 1/4"	3	
1ST TIER UNIFINE PENTIP 31G 3/16"	3	
1ST TIER UNIFINE PENTIP 31G 5/16"	3	
1ST TIER UNIFINE PENTIP 32G 5/32"	3	
1ST TIER UNIFINE PENTIP 4MM 32G	3	
1ST TIER UNIFINE PENTIP 5MM 31G	3	
1ST TIER UNIFINE PENTIP 6MM 31G	3	
1ST TIER UNIFINE PENTIP 8MM 31G	3	
1ST TIER UNIFINE PENTIP 12MM 29G	3	
2TEK CONTROL SOLUTION	3	
ABACAVIR 20 MG/ML ORAL SOLUTION	2	
ABACAVIR 300 MG TABLET	2	
ABACAVIR-LAMIVUDINE 600-300 MG TABLET	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE TABLET	3	
ABIRATERONE 250 MG TABLET	5	PA, SRX
ABIRATERONE 500 MG TABLET	5	PA, SRX
ABOUTTIME PEN NEEDLE 30G 8MM	3	
ABOUTTIME PEN NEEDLE 31G 5MM	3	
ABOUTTIME PEN NEEDLE 31G 8MM	3	
ABOUTTIME PEN NEEDLE 32G 4MM	3	
ABRYSVO VIAL WITH DILUENT	3	
ACAMPROSATE DR 333 MG TABLET	3	
ACARBOSE 25 MG TABLET	2	
ACARBOSE 50 MG TABLET	2	
ACARBOSE 100 MG TABLET	2	
ACCU-CHEK AVIVA SOLUTION	3	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION	3	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	3	
ACCUTANE 10 MG CAPSULE	4	
ACCUTANE 20 MG CAPSULE	4	
ACCUTANE 30 MG CAPSULE	4	
ACCUTANE 40 MG CAPSULE	4	
ACCUTREND GLUCOSE CONTROL	3	
ACE AEROSOL CLOUD ENHANCER	3	QL
ACEBUTOLOL 200 MG CAPSULE	2	
ACEBUTOLOL 400 MG CAPSULE	2	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5-30 MG CAPSULE	2	PA
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML ORAL SOLUTION	2	

Medication Name	Tier	Notes
ACETAMINOPHEN-CODEINE 300-30 MG/12.5 ML ORAL SOLUTION	2	
ACETAMINOPHEN-CODEINE #2 TABLET	2	PA
ACETAMINOPHEN-CODEINE #3 TABLET	2	PA
ACETAMINOPHEN-CODEINE #4 TABLET	2	PA
ACETAZOLAMIDE 125 MG TABLET	2	
ACETAZOLAMIDE 250 MG TABLET	2	
ACETAZOLAMIDE ER 500 MG CAPSULE	2	
ACETIC ACID 0.25% EAR SOLUTION	2	
ACETIC ACID 2% EAR SOLUTION	2	
ACETYLCYSTEINE 10% VIAL	2	
ACETYLCYSTEINE 20% VIAL	2	
ACITRETIN 10 MG CAPSULE	4	
ACITRETIN 17.5 MG CAPSULE	4	
ACITRETIN 25 MG CAPSULE	4	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, LDD, SRX
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, QL, LDD, SRX
ACTHIB VACCINE VIAL	3	
ACTHIB VACCINE WITH DILUENT	3	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 800 MG TABLET	1	
ACYCLOVIR 5% OINTMENT	4	PA, QL
ADACEL TDAP VIAL	3	
ADALIMUMAB-ADAZ(CF) 40 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADAZ(CF) PEN 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) 10 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) 20 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) 40 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) PEN 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) PEN PS-UV 40 MG	5	PA, QL, SRX
ADALIMUMAB-RYVK(CF) AI 40 MG AUTO-INJECTOR	5	PA, QL, SRX
ADALIMUMAB-RYVK(CF) 40 MG SYRINGE	5	PA, QL, SRX
ADAPALENE 0.1% CREAM	3	PA, AGE
ADAPALENE 0.3% GEL	3	PA, AGE
ADAPALENE 0.3% GEL PUMP	3	PA, AGE
ADAPALENE 0.1% TOPICAL SOLUTION	3	PA, AGE
ADDYI 100 MG TABLET	4	PA
ADEFOVIR 10 MG TABLET	5	SRX

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX	AIRZONE PEAK FLOW METER	3	
ADEMPAS 1 MG TABLET	5	PA, LDD, SRX	AK-POLY-BAC EYE OINTMENT	2	
ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX	AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX
ADEMPAS 2 MG TABLET	5	PA, LDD, SRX	ALBENDAZOLE 200 MG TABLET	4	PA
ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX	ALBUSTIX REAGENT TEST STRIP	3	
ADVOCATE CONTROL SOLUTION HIGH	3		ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE CONTROL SOLUTION LOW	3		ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"	3		ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16"	3		ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16"	3		ALBUTEROL 5 MG/ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 29G 1/2"	3		ALBUTEROL 15 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 30G 5/16"	3		ALBUTEROL 25 MG/5 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16"	3		ALBUTEROL 75 MG/15 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"	3		ALBUTEROL 100 MG/20 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"	3		ALBUTEROL 2 MG/5 ML SYRUP	2	
ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"	3		ALBUTEROL 2 MG TABLET	2	
ADVOCATE PEN NEEDLE 4MM 33G	3		ALBUTEROL 4 MG TABLET	2	
ADVOCATE PEN NEEDLE 5MM 31G	3		ALBUTEROL ER 4 MG TABLET	2	
ADVOCATE PEN NEEDLE 8MM 31G	3		ALBUTEROL ER 8 MG TABLET	2	
ADVOCATE PEN NEEDLE 12.7MM 29G	3		ALBUTEROL HFA 90 MCG INHALER	2	QL
ADVOCATE PEN NEEDLE 32G 4MM	3		ALCAINE 0.5% EYE DROPS	2	
ADVOCATE REDI-CODE+ CONTROL SOLUTION	3		ALCLOMETASONE 0.05% CREAM	2	
AEROCHAMBER MINI	3	QL	ALCLOMETASONE 0.05% OINTMENT	2	
AEROCHAMBER MV HOLD CHAMBER	3	QL	ALCOHOL PREP PAD	3	
AEROCHAMBER PLUS FLOW-VU	3	QL	ALECENSA 150 MG CAPSULE	5	PA, QL, LDD, SRX
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL	ALENDRONATE 70 MG/75 ML ORAL SOLUTION	2	
AEROCHAMBER PLUS FLOW-VU MEDIUM	3	QL	ALENDRONATE 5 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL	ALENDRONATE 10 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS LARGE	3	QL	ALENDRONATE 35 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL	ALENDRONATE 70 MG TABLET	2	
AEROCHAMBER Z-STAT PLUS-MEDIUM	3	QL	ALFUZOSIN ER 10 MG TABLET	2	
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL	ALINIA 100 MG/5 ML SUSPENSION	4	
AEROGear ASTHMA ACTION KIT	3		ALISKIREN 150 MG TABLET	4	QL
AEROTRACH HOLDING CHAMBER	3	QL	ALISKIREN 300 MG TABLET	4	QL
AEROVENT PLUS HOLDING CHAMBER	3	QL	ALLOPURINOL 100 MG TABLET	1	
AFIRMELLE-28 TABLET	1		ALLOPURINOL 300 MG TABLET	1	
AFLURIA	3		ALMOTRIPTAN 6.25 MG TABLET	3	QL
AFTER PILL 1.5 MG TABLET	1		ALMOTRIPTAN 12.5 MG TABLET	3	QL
AFTERA 1.5 MG TABLET	1		ALOCRIOL 2% EYE DROPS	4	
AGAMATRIX HIGH CONTROL SOLUTION	3		ALOMIDE 0.1% EYE DROPS	4	
AGAMATRIX NORM-HI CONTROL SOLUTION	3		ALOSETRON 0.5 MG TABLET	5	SRX



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ALOSETRON 1 MG TABLET	5	SRX
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE	2	
ALPRAZOLAM ER 0.5 MG TABLET	2	
ALPRAZOLAM ER 1 MG TABLET	2	
ALPRAZOLAM ER 2 MG TABLET	2	
ALPRAZOLAM ER 3 MG TABLET	2	
ALPRAZOLAM ODT 0.25 MG TABLET	2	
ALPRAZOLAM ODT 0.5 MG TABLET	2	
ALPRAZOLAM ODT 1 MG TABLET	2	
ALPRAZOLAM ODT 2 MG TABLET	2	
ALPRAZOLAM XR 0.5 MG TABLET	2	
ALPRAZOLAM XR 1 MG TABLET	2	
ALPRAZOLAM XR 2 MG TABLET	2	
ALPRAZOLAM XR 3 MG TABLET	2	
ALTABAX 1% OINTMENT	4	
ALTACAIN 0.5% EYE DROPS	2	
ALTAVERA-28 TABLET	1	PA, SRX
ALVESCO 80 MCG INHALER	3	
ALVESCO 160 MCG INHALER	3	
ALYACEN 1-35 28 TABLET	1	
ALYACEN 7-7-7-28 TABLET	1	
ALYQ 20 MG TABLET	5	
AMABELZ 0.5 MG-0.1 MG TABLET	2	
AMABELZ 1 MG-0.5 MG TABLET	2	
AMANTADINE 100 MG CAPSULE	2	
AMANTADINE 50 MG/5 ML ORAL SOLUTION	2	
AMANTADINE 100 MG/10 ML ORAL SOLUTION	2	
AMANTADINE 100 MG TABLET	2	
AMBRISENTAN 5 MG TABLET	5	
AMBRISENTAN 10 MG TABLET	5	
AMCINONIDE 0.1% CREAM	2	
AMCINONIDE 0.1% LOTION	2	
AMETHIA 0.15-0.03-0.01 MG TABLET	1	
AMETHIA LO TABLET	1	
AMETHYST 90-20 MCG TABLET	1	PA, LDD, SRX
AMILORIDE 5 MG TABLET	2	
AMILORIDE-HCTZ 5-50 MG TABLET	2	

Medication Name	Tier	Notes
AMINOCAPROIC ACID 0.25 GRAM/ML ORAL SOLUTION	5	PA, SRX
AMINOCAPROIC ACID 500 MG TABLET	5	
AMINOCAPROIC ACID 1,000 MG TABLET	5	
AMIODARONE 100 MG TABLET	2	
AMIODARONE 200 MG TABLET	2	
AMIODARONE 400 MG TABLET	2	
AMITRIPTYLINE 10 MG TABLET	1	
AMITRIPTYLINE 25 MG TABLET	1	
AMITRIPTYLINE 50 MG TABLET	1	
AMITRIPTYLINE 75 MG TABLET	1	
AMITRIPTYLINE 100 MG TABLET	2	
AMITRIPTYLINE 150 MG TABLET	2	
AMLODIPINE 2.5 MG TABLET	2	
AMLODIPINE 5 MG TABLET	2	
AMLODIPINE 10 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 5-10 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 5-20 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 5-40 MG TABLET	2	PA, LDD, SRX
AMLODIPINE-ATORVASTATIN 5-80 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 10-10 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 10-20 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 10-40 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 10-80 MG TABLET	2	
AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE	2	
AMLODIPINE-OLMESARTAN 5-20 MG TABLET	2	
AMLODIPINE-OLMESARTAN 5-40 MG TABLET	2	
AMLODIPINE-OLMESARTAN 10-20 MG TABLET	2	
AMLODIPINE-OLMESARTAN 10-40 MG TABLET	2	
AMLODIPINE-VALSARTAN 5-160 MG TABLET	2	
AMLODIPINE-VALSARTAN 5-320 MG TABLET	2	
AMLODIPINE-VALSARTAN 10-160 MG TABLET	2	
AMLODIPINE-VALSARTAN 10-320 MG TABLET	2	



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET	3		AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET	3		AMPHETAMINE 5 MG TABLET	3	QL
AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5MG TABLET	3		AMPHETAMINE 10 MG TABLET	3	QL
AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET	3		AMPICILLIN 500 MG CAPSULE	2	
AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET	3		ANAGRELIDE 0.5 MG CAPSULE	4	
AMMONIUM LACTATE 12% CREAM	2		ANAGRELIDE 1 MG CAPSULE	4	
AMMONIUM LACTATE 12% LOTION	2		ANALPRAM HC 2.5%-1% LOTION	4	
AMNESTEEM 10 MG CAPSULE	4		ANASTROZOLE 1 MG TABLET	2	
AMNESTEEM 20 MG CAPSULE	4		ANORO ELLIPTA 62.5-25 MCG INHALER	3	QL
AMNESTEEM 40 MG CAPSULE	4		ANUCORT-HC 25 MG SUPPOSITORY	2	
AMOXAPINE 25 MG TABLET	2		ANZEMET 50 MG TABLET	5	PA, QL, SRX
AMOXAPINE 50 MG TABLET	2		APEXICON E 0.05% CREAM	4	
AMOXAPINE 100 MG TABLET	2		APIDRA 100 UNIT/ML VIAL	4	QL, ST
AMOXAPINE 150 MG TABLET	2		APIDRA SOLOSTAR 100 UNIT/ML	4	QL, ST
AMOXICILLIN 250 MG CAPSULE	1		APRACLONIDINE 0.5% DROPS	2	
AMOXICILLIN 500 MG CAPSULE	1		APREPITANT 40 MG CAPSULE	3	QL
AMOXICILLIN 125 MG CHEWABLE TABLET	1		APREPITANT 80 MG CAPSULE	3	QL
AMOXICILLIN 250 MG CHEWABLE TABLET	2		APREPITANT 125 MG CAPSULE	3	QL
AMOXICILLIN 125 MG/5 ML SUSPENSION	1		APREPITANT 125-80-80 MG PACK	3	QL
AMOXICILLIN 200 MG/5 ML SUSPENSION	1		APRI 28 DAY TABLET	1	
AMOXICILLIN 250 MG/5 ML SUSPENSION	1		APTIOM 200 MG TABLET	4	PA, QL
AMOXICILLIN 400 MG/5 ML SUSPENSION	1		APTIOM 400 MG TABLET	4	PA, QL
AMOXICILLIN 500 MG TABLET	1		APTIOM 600 MG TABLET	4	PA, QL
AMOXICILLIN 875 MG TABLET	1		APTIOM 800 MG TABLET	4	PA, QL
AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	2		APTIVUS 250 MG CAPSULE	3	
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	2		AQ INSULIN SYRINGE 0.5 ML 30G 8MM	3	
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION	2		AQ INSULIN SYRINGE 1 ML 29G 12MM	3	
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	2		AQ INSULIN SYRINGE 1 ML 31G 8MM	3	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2		AQINJECT PEN NEEDLE 31G 5MM	3	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	2		AQINJECT PEN NEEDLE 32G 4MM	3	
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	1		AQUA CARE 0.9% NACL IRRIGATION	2	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	1		AQUA CARE STERILE WATER IRRIGATION	2	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	1		ARANELLE 28 TABLET	1	
			ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX
			ARANESP 25 MCG/0.42 ML SYRINGE	5	PA, SRX
			ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX
			ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX
			ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX
			ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX
			ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX
ARANESP 25 MCG/ML VIAL	5	PA, SRX
ARANESP 40 MCG/ML VIAL	5	PA, SRX
ARANESP 60 MCG/ML VIAL	5	PA, SRX
ARANESP 100 MCG/ML VIAL	5	PA, SRX
ARANESP 200 MCG/ML VIAL	5	PA, SRX
ARCALYST 220 MG VIAL	5	PA, LDD, SRX
AREXVY VIAL KIT	3	
ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION	4	QL
ARIPIRAZOLE 1 MG/ML ORAL SOLUTION	3	
ARIPIRAZOLE 2 MG TABLET	2	
ARIPIRAZOLE 5 MG TABLET	2	
ARIPIRAZOLE 10 MG TABLET	2	
ARIPIRAZOLE 15 MG TABLET	2	
ARIPIRAZOLE 20 MG TABLET	2	
ARIPIRAZOLE 30 MG TABLET	2	
ARIPIRAZOLE ODT 10 MG TABLET	4	
ARIPIRAZOLE ODT 15 MG TABLET	4	
ARMODAFINIL 50 MG TABLET	2	PA
ARMODAFINIL 150 MG TABLET	2	PA
ARMODAFINIL 200 MG TABLET	2	PA
ARMODAFINIL 250 MG TABLET	2	PA
ARMOUR THYROID 15 MG TABLET	3	
ARMOUR THYROID 30 MG TABLET	3	
ARMOUR THYROID 60 MG TABLET	3	
ARMOUR THYROID 90 MG TABLET	3	
ARMOUR THYROID 120 MG TABLET	3	
ARMOUR THYROID 180 MG TABLET	3	
ARMOUR THYROID 240 MG TABLET	3	
ARMOUR THYROID 300 MG TABLET	3	
ARNUITY ELLIPTA 50 MCG INHALER	3	
ARNUITY ELLIPTA 100 MCG INHALER	3	
ARNUITY ELLIPTA 200 MCG INHALER	3	
ASCOMP WITH CODEINE CAPSULE	2	PA
ASENAPINE 2.5 MG SUBLINGUAL TABLET	4	QL
ASENAPINE 5 MG SUBLINGUAL TABLET	4	QL
ASENAPINE 10 MG SUBLINGUAL TABLET	4	QL
ASHLYNA 0.15-0.03-0.01 MG TABLET	1	
ASMANEX HFA 50 MCG INHALER	4	QL, ST
ASMANEX HFA 100 MCG INHALER	4	QL, ST

Medication Name	Tier	Notes
ASMANEX HFA 200 MCG INHALER	4	QL, ST
ASMANEX TWISTHALER 110 MCG #30	4	QL, ST
ASMANEX TWISTHALER 220 MCG #14	4	ST
ASMANEX TWISTHALER 220 MCG #30	4	QL, ST
ASMANEX TWISTHALER 220 MCG #60	4	QL, ST
ASMANEX TWISTHALER 220 MCG #120	4	QL, ST
ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE	2	PA
ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE	2	
ASSURE 4 CONTROL SOLUTION	3	
ASSURE DOSE CONTROL SOLUTION	3	
ASSURE ID DUO PRO NEEDLE 31G 5MM	3	
ASSURE ID PEN NEEDLE 30G 3/16"	3	
ASSURE ID PEN NEEDLE 30G 5/16"	3	
ASSURE ID PEN NEEDLE 31G 3/16"	3	
ASSURE ID PRO PEN NEEDLE 30G 5MM	3	
ASSURE ID SYRINGE 0.5 ML 29G 1/2"	3	
ASSURE ID SYRINGE 0.5 ML 31G 15/64"	3	
ASSURE ID SYRINGE 1 ML 29G 1/2"	3	
ASSURE ID SYRINGE 1 ML 31G 15/64"	3	
ASSURE PRISM CONTROL SOLUTION	3	
ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ASTAGRAF XL 1 MG CAPSULE	5	SRX
ASTAGRAF XL 5 MG CAPSULE	5	SRX
ASTHMA CHECK PEAK FLOW METER	3	
ASTHMAPACK CHILDREN'S CARE KIT	3	
ATAZANAVIR 150 MG CAPSULE	2	
ATAZANAVIR 200 MG CAPSULE	2	
ATAZANAVIR 300 MG CAPSULE	2	
ATENOLOL 25 MG TABLET	1	
ATENOLOL 50 MG TABLET	1	
ATENOLOL 100 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET	2	
ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET	2	
ATOMOXETINE 10 MG CAPSULE	2	QL
ATOMOXETINE 18 MG CAPSULE	2	QL
ATOMOXETINE 25 MG CAPSULE	2	QL
ATOMOXETINE 40 MG CAPSULE	2	QL
ATOMOXETINE 60 MG CAPSULE	2	QL
ATOMOXETINE 80 MG CAPSULE	2	QL
ATOMOXETINE 100 MG CAPSULE	2	QL

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ATORVASTATIN 10 MG TABLET	2	
ATORVASTATIN 20 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2	
ATORVASTATIN 80 MG TABLET	2	
ATOVAQUONE 750 MG/5 ML SUSPENSION	4	
ATOVAQUONE-PROGUANIL 62.5-25 TABLET	2	
ATOVAQUONE-PROGUANIL 250-100 TABLET	2	
ATROPINE 1% EYE DROPS	2	
ATROPINE 1% EYE OINTMENT	2	
AUBRA EQ-28 TABLET	1	
AUBRA-28 TABLET	1	
AUROVELA 1 MG-20 MCG TABLET	1	
AUROVELA 21 1.5-30 TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TABLET	1	
AUROVELA FE 1.5 MG-30 MCG TABLET	1	
AUROVELA FE 1-20 TABLET	1	
AUTOJECT 2 INJECTION DEVICE	3	
AUTOPEN 1 TO 21 UNITS	3	
AUTOPEN 2 TO 42 UNITS	3	
AUTOSOFT 30 INFUSION SET 23" 13MM	3	
AUTOSOFT 30 INFUSION SET 43" 13MM	3	
AUTOSOFT 90 INFUSION SET 23" 6MM	3	
AUTOSOFT 90 INFUSION SET 23" 9MM	3	
AUTOSOFT 90 INFUSION SET 43" 6MM	3	
AUTOSOFT 90 INFUSION SET 43" 9MM	3	
AUTOSOFT XC INFUSION SET 23" 6MM	3	
AUTOSOFT XC INFUSION SET 23" 9MM	3	
AUTOSOFT XC INFUSION SET 32" 6MM	3	
AUTOSOFT XC INFUSION SET 43" 6MM	3	
AUTOSOFT XC INFUSION SET 43" 9MM	3	
AVIANE-28 TABLET	1	
AVONEX PEN 30 MCG/0.5 ML KIT	5	PA, SRX
AVONEX PREFILLED SYRINGE 30 MCG KIT	5	PA, SRX
AYUNA-28 TABLET	1	
AZASITE 1% EYE DROPS	4	
AZATHIOPRINE 50 MG TABLET	2	
AZELAIC ACID 15% GEL	3	
AZELASTINE 0.05% DROPS	2	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	2	
AZELASTINE 0.15% NASAL SPRAY	2	

Medication Name	Tier	Notes
AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY	3	
AZITHROMYCIN 1 GM POWDER PACKET	2	
AZITHROMYCIN 100 MG/5 ML SUSPENSION	2	
AZITHROMYCIN 200 MG/5 ML SUSPENSION	2	
AZITHROMYCIN 250 MG TABLET	1	
AZITHROMYCIN 500 MG TABLET	1	
AZITHROMYCIN 600 MG TABLET	2	
AZO TEST TEST STRIP	3	
AZURETTE 28 DAY TABLET	1	
BACITRACIN 500 UNIT/GM EYE OINTMENT	2	
BACITRACIN-POLYMYXIN EYE OINTMENT	2	
BACLOFEN 5 MG TABLET	2	
BACLOFEN 10 MG TABLET	2	
BACLOFEN 20 MG TABLET	2	
BAL-CARE DHA COMBO PACK	1	
BALCOLTRA TABLET	4	
BALSALAZIDE 750 MG CAPSULE	2	
BALZIVA 28 TABLET	1	
BAQSIMI 3 MG NASAL SPRAY ONE PACK	3	QL
BAQSIMI 3 MG NASAL SPRAY TWO PACK	3	QL
BARACLUDE 0.05 MG/ML ORAL SOLUTION	5	SRX
BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
BD 3 ML SYRINGE 18G 1-1/2"	3	
BD 3 ML SYRINGE 20G 1-1/2"	3	
BD 3 ML SYRINGE 25G 1"	3	
BD 3 ML SYRINGE 25G 1-1/2"	3	
BD 3 ML SYRINGE WITH NEEDLE	3	
BD AUTOSHIELD DUO PEN NEEDLE 5MM 30G	3	
BD BLUNT NEEDLE 18G 1-1/2"	3	
BD ECLIPSE 30G 1/2" SYRINGE	3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML	3	
BD ECLIPSE NEEDLE 18G 40MM	3	
BD ECLIPSE NEEDLE 18G 1 1/2"	3	
BD ECLIPSE NEEDLE 21G 1"	3	
BD ECLIPSE NEEDLE 21G 1.5"	3	
BD ECLIPSE NEEDLE 22G 1"	3	
BD ECLIPSE NEEDLE 23G 25MM	3	
BD ECLIPSE NEEDLE 23G 1"	3	
BD ECLIPSE NEEDLE 25G 16MM	3	
BD ECLIPSE NEEDLE 25G 25MM	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
BD ECLIPSE NEEDLE 25G 40MM	3	
BD ECLIPSE NEEDLE 25G 1"	3	
BD ECLIPSE NEEDLE 25G 1.5"	3	
BD ECLIPSE NEEDLE 25G 5/8"	3	
BD ECLIPSE NEEDLE 27G 1/2"	3	
BD ECLIPSE NEEDLE 30G 13MM	3	
BD ECLIPSE NEEDLE 30G 1/2"	3	
BD FILTER NEEDLE	3	
BD INSULIN SYRINGE 0.3 ML 29G 12.7MM	3	
BD INSULIN SYRINGE 0.3 ML 8MM 31G(1/2)	3	
BD INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
BD INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
BD INSULIN SYRINGE 0.5 ML 29G 12.7MM	3	
BD INSULIN SYRINGE 1 ML	3	
BD INSULIN SYRINGE 1 ML 25G 5/8"	3	
BD INSULIN SYRINGE 1 ML 25G 1"	3	
BD INSULIN SYRINGE 1 ML 26G 1/2"	3	
BD INSULIN SYRINGE 1 ML 27G 12.7MM	3	
BD INSULIN SYRINGE 1 ML 27G 5/8"	3	
BD INSULIN SYRINGE 1 ML 28G 1/2"	3	
BD INSULIN SYRINGE 1 ML 29G 12.7MM	3	
BD INSULIN SYRINGE U-500 1/2ML 6MM 31G	3	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 8MM 31G	3	
BD INSULIN SYRINGE ULTRAFINE 0.3ML 12.7MM 30G	3	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 8MM 31G	3	
BD INSULIN SYRINGE ULTRAFINE 0.5ML 12.7MM 30G	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 8MM 31G	3	
BD INTEGRA NEEDLE 25G 5/8"	3	
BD INTEGRA RETRA NEEDLE 23G 1"	3	
BD INTEGRA SYRINGE 3 ML 21G 1-1/2"	3	
BD LUER-LOK SYRINGE 1 ML	3	
BD LUER-LOK SYRINGE 3 ML 25G 5/8"	3	
BD NANO 2 GEN PEN NEEDLE 32G 4MM	3	
BD NEEDLE 16G 1"	3	
BD NEEDLE 16G 1.5"	3	
BD NEEDLE 18G 1"	3	
BD NEEDLE 18G 1-1/2"	3	
BD NEEDLE 19G 1"	3	
BD NEEDLE 19G 1-1/2"	3	
BD NEEDLE 20G 1"	3	

Medication Name	Tier	Notes
BD NEEDLE 20G 1-1/2"	3	
BD NEEDLE 21G 1"	3	
BD NEEDLE 21G 1-1/2"	3	
BD NEEDLE 21G 1-1/2"	3	
BD NEEDLE 21G 2"	3	
BD NEEDLE 22G 1"	3	
BD NEEDLE 22G 1-1/2"	3	
BD NEEDLE 22G 3/4"	3	
BD NEEDLE 23G 0.75"	3	
BD NEEDLE 23G 1"	3	
BD NEEDLE 23G 1.25"	3	
BD NEEDLE 23G 1-1/2"	3	
BD NEEDLE 25G 0.625"	3	
BD NEEDLE 25G 0.875"	3	
BD NEEDLE 25G 1"	3	
BD NEEDLE 25G 1.5"	3	
BD NEEDLE 25G 5/8"	3	
BD NEEDLE 26G 0.375"	3	
BD NEEDLE 26G 0.5"	3	
BD NEEDLE 26G 0.625"	3	
BD NEEDLE 27G 0.5"	3	
BD NEEDLE 27G 1 1.25"	3	
BD NEEDLE 30G 0.5"	3	
BD NEEDLE 30G 1"	3	
BD NOKOR ADMIX NEEDLE 18G 1.5"	3	
BD NOKOR NEEDLE 16G 1"	3	
BD NOKOR NEEDLE 18G 1"	3	
BD PRECISIONGLIDE 27G 1-1/2" NEEDLE	3	
BD PRECISIONGLIDE 3 ML 22G 3/4"	3	
BD PRECISIONGLIDE NEEDLE 25G	3	
BD SAFETYGLIDE 3 ML SYRINGE	3	
BD SAFETYGLIDE INSULIN 0.3 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN 0.3 ML 31G 6MM	3	
BD SAFETYGLIDE INSULIN 0.3 ML 31G 8MM	3	
BD SAFETYGLIDE INSULIN 0.5 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN 0.5 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN 0.5 ML 30G 8MM	3	
BD SAFETYGLIDE INSULIN 0.5 ML 31G 6MM	3	
BD SAFETYGLIDE INSULIN 1 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN 1 ML 6MM 31G	3	
BD SAFETYGLIDE NEEDLE	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
BD SAFETYGLIDE NEEDLE 18G 1.5"	3		BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL	2	
BD SAFETYGLIDE NEEDLE 21G 1"	3		BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	2	
BD SAFETYGLIDE NEEDLE 21G 1.5"	3		BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	2	
BD SAFETYGLIDE NEEDLE 22G 1.5"	3		BETAMETHASONE VALERATE 0.1% CREAM	2	
BD SAFETYGLIDE NEEDLE 25G 1"	3		BETAMETHASONE VALERATE 0.1% LOTION	2	
BD SAFETYGLIDE NEEDLE 27G 5/8"	3		BETAMETHASONE VALERATE 0.1% OINTMENT	2	
BD SYRINGE-SAFETY GLIDE	3		BETAMETHASONE VALERATE 0.12% FOAM	2	
BD ULTRAFINE MICRO PEN NEEDLE 6MM 32G	3		BETAXOLOL 0.5% EYE DROPS	2	
BD ULTRAFINE MINI PEN NEEDLE 5MM 31G	3		BETAXOLOL 10 MG TABLET	2	
BD ULTRAFINE NANO PEN NEEDLE 4MM 32G	3		BETAXOLOL 20 MG TABLET	2	
BD ULTRAFINE ORIGINAL PEN NEEDLE 12.7MM 29G	3		BETHANECHOL 5 MG TABLET	2	
BD ULTRAFINE SHORT PEN NEEDLE 8MM 31G	3		BETHANECHOL 10 MG TABLET	2	
BD VEO INSULIN 0.3ML 6MM 31G (1/2)	3		BETHANECHOL 25 MG TABLET	2	
BD VEO INSULIN SYRINGE 0.3 ML 6MM 31G	3		BETHANECHOL 50 MG TABLET	2	
BD VEO INSULIN SYRINGE 0.5 ML 6MM 31G	3		BEXAROTENE 1% GEL	5	PA, SRX
BD VEO INSULIN SYRINGE 1 ML 6MM 31G	3		BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BECONASE AQ 0.042% NASAL SPRAY	4	ST	BEXSERO PREFILLED SYRINGE	3	
BELLADONNA-OPIUM 16.2-30 SUPPOSITORY	2	PA	BEYFORTUS 50 MG/0.5 ML SYRINGE	3	
BELLADONNA-OPIUM 16.2-60 SUPPOSITORY	2	PA	BEYFORTUS 100 MG/ML SYRINGE	3	
BENZAEPRILOL 5 MG TABLET	1		BICALUTAMIDE 50 MG TABLET	2	
BENZAEPRILOL 10 MG TABLET	1		BIKTARVY 30-120-15 MG TABLET	4	QL
BENZAEPRILOL 20 MG TABLET	1		BIKTARVY 50-200-25 MG TABLET	4	QL
BENZAEPRILOL 40 MG TABLET	1		BIMATOPROST 0.03% EYE DROPS	2	QL
BENZAEPRILOL-HCTZ 5-6.25 MG TABLET	2		BINOSTO 70 MG EFFERVESCENT TABLET	4	
BENZAEPRILOL-HCTZ 10-12.5 MG TABLET	2		BISOPROLOL 5 MG TABLET	2	
BENZAEPRILOL-HCTZ 20-12.5 MG TABLET	2		BISOPROLOL 10 MG TABLET	2	
BENZAEPRILOL-HCTZ 20-25 MG TABLET	2		BISOPROLOL-HCTZ 2.5-6.25 MG TABLET	1	
BENZONATATE 100 MG CAPSULE	2		BISOPROLOL-HCTZ 5-6.25 MG TABLET	1	
BENZONATATE 200 MG CAPSULE	2		BISOPROLOL-HCTZ 10-6.25 MG TABLET	1	
BENZTROPINE 0.5 MG TABLET	2		BLISOVI 24 FE TABLET	1	
BENZTROPINE 1 MG TABLET	2		BLISOVI FE 1-20 TABLET	1	
BENZTROPINE 2 MG TABLET	2		BLISOVI FE 1.5-30 TABLET	1	
BEPOTASTINE 1.5% EYE DROPS	4		BLOOD GLUCOSE CONTROL SOLUTION	3	
BESER 0.05% LOTION	2		BLUNT NEEDLE	3	
BETADINE 5% EYE SOLUTION	4		BOOSTRIX TDAP	3	
BETAINE 1 GRAM/SPOON POWDER	5	PA, SRX	BOSENTAN 62.5 MG TABLET	5	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% CREAM	2		BOSENTAN 125 MG TABLET	5	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% LOTION	2		BOSULIF 50 MG CAPSULE	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE 0.05% OINTMENT	2		BOSULIF 100 MG CAPSULE	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM	2				

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	3	QL
BREATHERITE SPACER-ADULT MASK	3	QL
BREATHERITE SPACER-INFANT MASK	3	QL
BREATHERITE SPACER-LARGE CHILD MASK	3	QL
BREATHERITE SPACER-NEONATE MASK	3	QL
BREATHERITE SPACER-SMALL CHILD MASK	3	QL
BREATHRITE VALVED MDI CHAMBER	3	QL
BREATHRITE VALVED MDI SPACER	3	QL
BREEZE 2 SOLUTION	3	
BREO ELLIPTA 50-25 MCG INHALER	3	QL
BREO ELLIPTA 100-25 MCG INHALER	3	QL
BREO ELLIPTA 200-25 MCG INHALER	3	QL
BREYNA 80-4.5 MCG INHALER	4	QL
BREYNA 160-4.5 MCG INHALER	4	QL
BRIELLYN TABLET	1	
BRILINTA 60 MG TABLET	4	
BRILINTA 90 MG TABLET	4	
BRIMONIDINE 0.1% DROPS	2	
BRIMONIDINE 0.15% DROPS	2	
BRIMONIDINE 0.2% EYE DROPS	2	
BRIMONIDINE-TIMOLOL 0.2%-0.5% EYE DROPS	4	
BRINZOLAMIDE 1% EYE DROPS	3	
BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL
BRIVIACT 10 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
BRIVIACT 100 MG TABLET	4	PA, QL
BROMFENAC 0.09% EYE DROPS	3	
BROMOCRIPTINE 5 MG CAPSULE	2	
BROMOCRIPTINE 2.5 MG TABLET	2	
BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM 2-30-10 MG/5 ML SYRUP	2	
BROOKS INSULIN 0.3ML SYRINGE	3	
BRUKINSA 80 MG CAPSULE	5	PA, QL, LDD, SRX
BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION	4	QL
BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION	4	QL
BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION	4	QL

Medication Name	Tier	Notes
BUDESONIDE DR 3 MG CAPSULE	4	
BUDESONIDE EC 3 MG CAPSULE	4	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX
BUDESONIDE-FORMOTEROL 80-4.5 INHALER	4	QL
BUDESONIDE-FORMOTEROL 160-4.5 INHALER	4	QL
BUMETANIDE 0.5 MG TABLET	2	
BUMETANIDE 1 MG TABLET	2	
BUMETANIDE 2 MG TABLET	2	
BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BUPRENORPHINE 2 MG SUBLINGUAL TABLET	2	
BUPRENORPHINE 8 MG SUBLINGUAL TABLET	2	
BUPRENORPHINE-NALOXONE 2-0.5 MG FILM	2	
BUPRENORPHINE-NALOXONE 4-1 MG FILM	2	
BUPRENORPHINE-NALOXONE 8-2 MG FILM	2	
BUPRENORPHINE-NALOXONE 12-3 MG FILM	2	
BUPRENORPHINE-NALOXONE 2-0.5 MG TABLET	2	
BUPRENORPHINE-NALOXONE 8-2 MG TABLET	2	
BUPROPION 75 MG TABLET	2	QL
BUPROPION 100 MG TABLET	2	QL
BUPROPION SR 100 MG TABLET	2	QL
BUPROPION SR 150 MG TABLET	2	QL
BUPROPION SR 150 MG TABLET (smoking cessation)	2	
BUPROPION SR 200 MG TABLET	2	QL
BUPROPION XL 150 MG TABLET	2	QL
BUPROPION XL 300 MG TABLET	2	QL
BUSPIRONE 5 MG TABLET	1	
BUSPIRONE 7.5 MG TABLET	2	
BUSPIRONE 10 MG TABLET	1	
BUSPIRONE 15 MG TABLET	2	
BUSPIRONE 30 MG TABLET	2	
BUTALBITAL COMPOUND-CODEINE #3 CAPSULE	2	PA
BUTALBITAL-ACETAMINOPHEN 50-325 MG TABLET	2	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG TABLET	2	QL
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	QL
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-30 MG CAPSULE	2	PA



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-30 MG CAPSULE	2	PA	CAMZYOS 15 MG CAPSULE	5	PA, QL, LDD, SRX
BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE	2	QL	CANDESARTAN 4 MG TABLET	2	
BUTALBITAL-ASPIRIN-CAFFEINE TABLET	2	QL	CANDESARTAN 8 MG TABLET	2	
BUTORPHANOL 10 MG/ML NASAL SPRAY	2	PA, QL	CANDESARTAN 16 MG TABLET	2	
BYDUREON BCISE 2 MG AUTO-INJECTOR	3	PA, QL	CANDESARTAN 32 MG TABLET	2	
BYETTA 5 MCG DOSE PEN INJECTOR	3	PA, QL	CANDESARTAN-HCTZ 16-12.5 MG TABLET	2	
BYETTA 10 MCG DOSE PEN INJECTOR	3	PA, QL	CANDESARTAN-HCTZ 32-12.5 MG TABLET	2	
CA INSULIN SYRINGE 0.3 ML 29G 1/2"	3		CANDESARTAN-HCTZ 32-25 MG TABLET	2	
CA INSULIN SYRINGE 0.3 ML 30G 5/16"	3		CAPECITABINE 150 MG TABLET	5	PA, SRX
CA INSULIN SYRINGE 0.3 ML 31G 5/16"	3		CAPECITABINE 500 MG TABLET	5	PA, SRX
CA INSULIN SYRINGE 0.5 ML 29G 1/2"	3		CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX
CA INSULIN SYRINGE 0.5 ML 30G 5/16"	3		CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX
CA INSULIN SYRINGE 0.5 ML 31G 5/16"	3		CAPTOPRIL 12.5 MG TABLET	2	
CA INSULIN SYRINGE 1 ML 29G 1/2"	3		CAPTOPRIL 25 MG TABLET	2	
CA INSULIN SYRINGE 1 ML 30G 5/16"	3		CAPTOPRIL 50 MG TABLET	2	
CA INSULIN SYRINGE 1 ML 31G 5/16"	3		CAPTOPRIL 100 MG TABLET	2	
CABERGOLINE 0.5 MG TABLET	2	QL	CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL
CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX	CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX	CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX	CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL
CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION	2		CAPVAXIVE 0.5 ML SYRINGE	3	
CALCIPOTRIENE 0.005% CREAM	3		CARBAMAZEPINE 100 MG CHEWABLE TABLET	2	
CALCIPOTRIENE 0.005% OINTMENT	3		CARBAMAZEPINE 100 MG/5 ML SUSPENSION	2	
CALCIPOTRIENE 0.005% TOPICAL SOLUTION	3		CARBAMAZEPINE 200 MG TABLET	2	
CALCIPOTRIENE-BETAMETHASONE OINTMENT	4		CARBAMAZEPINE ER 100 MG CAPSULE	2	
CALCITONIN-SALMON 200 UNIT NASAL SPRAY	2		CARBAMAZEPINE ER 200 MG CAPSULE	2	
CALCITRIOL 0.25 MCG CAPSULE	2		CARBAMAZEPINE ER 300 MG CAPSULE	2	
CALCITRIOL 0.5 MCG CAPSULE	2		CARBAMAZEPINE ER 100 MG TABLET	2	
CALCITRIOL 1 MCG/ML ORAL SOLUTION	2		CARBAMAZEPINE ER 200 MG TABLET	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL	CARBAMAZEPINE ER 400 MG TABLET	2	
CALCIUM ACETATE 667 MG CAPSULE	2		CARBIDOPA 25 MG TABLET	4	
CALCIUM ACETATE 667 MG GELCAP	2		CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET	2	
CALCIUM ACETATE 667 MG TABLET	2		CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET	2	
CALQUENCE 100 MG CAPSULE	5	PA, QL, SRX	CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET	2	
CALQUENCE 100 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA 10-100 TABLET	2	
CAMILA 0.35 MG TABLET	1		CARBIDOPA-LEVODOPA 25-100 TABLET	2	
CAMRESE 0.15-0.03-0.01 MG TABLET	1		CARBIDOPA-LEVODOPA 25-250 TABLET	2	
CAMRESE LO TABLET	1		CARBIDOPA-LEVODOPA ER 25-100 TABLET	2	
CAMZYOS 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA ER 50-200 TABLET	2	
CAMZYOS 5 MG CAPSULE	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA 50 MG-ENTACAPONE TABLET	3	
CAMZYOS 10 MG CAPSULE	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA 75 MG-ENTACAPONE TABLET	3	



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
CARBIDOPA-LEVODOPA 100 MG-ENTACAPONE TABLET	3	
CARBIDOPA-LEVODOPA 125 MG-ENTACAPONE TABLET	3	
CARBIDOPA-LEVODOPA 150 MG-ENTACAPONE TABLET	3	
CARBIDOPA-LEVODOPA 200 MG-ENTACAPONE TABLET	3	
CARBINOXAMINE 4 MG/5 ML LIQUID	2	
CARBINOXAMINE 4 MG TABLET	2	
CAREFINE PEN NEEDLE 4MM 32G	3	
CAREFINE PEN NEEDLE 5MM 32G	3	
CAREFINE PEN NEEDLE 6MM 31G	3	
CAREFINE PEN NEEDLE 6MM 32G	3	
CAREFINE PEN NEEDLE 8MM 30G	3	
CAREFINE PEN NEEDLE 8MM 31G	3	
CAREFINE PEN NEEDLE 12.7MM 29G	3	
CAREONE SYRINGE 0.3 ML 30G 1/2"	3	
CAREONE SYRINGE 0.5 ML 30G 1/2"	3	
CAREONE SYRINGE 1 ML 30G 1/2"	3	
CAREONE UNIFINE PENTIP 29G 1/2"	3	
CAREONE UNIFINE PENTIP 31G 1/4"	3	
CAREONE UNIFINE PENTIP 31G 3/16"	3	
CAREONE UNIFINE PENTIP 31G 5/16"	3	
CAREONE UNIFINE PENTIP 32G 5/32"	3	
CAREONE UNIFINE PENTIP 4MM 32G	3	
CAREONE UNIFINE PENTIP 5MM 31G	3	
CAREONE UNIFINE PENTIP 6MM 31G	3	
CAREONE UNIFINE PENTIP 8MM 31G	3	
CAREONE UNIFINE PENTIP 12MM 29G	3	
CAREPOINT LL SYRINGE 3 ML 20G 1.5"	3	
CAREPOINT LL SYRINGE 3 ML 21G 1"	3	
CAREPOINT LL SYRINGE 3 ML 21G 1.5"	3	
CAREPOINT LL SYRINGE 3 ML 22G 1"	3	
CAREPOINT LL SYRINGE 3 ML 22G 38MM	3	
CAREPOINT LL SYRINGE 3 ML 23G 1"	3	
CAREPOINT LL SYRINGE 3 ML 23G 1.5"	3	
CAREPOINT LL SYRINGE 3 ML 25G 5/8"	3	
CAREPOINT LL SYRINGE 3 ML 25G 1"	3	
CAREPOINT PRECISION NEEDLE 21G 1"	3	
CARESENS CONTROL SOLUTION	3	
CARETOUCH CONTROL SOLUTION L2-L3	3	

Medication Name	Tier	Notes
CARETOUCH HYPODERMIC NEEDLE 18G 1.5"	3	
CARETOUCH HYPODERMIC NEEDLE 20G 1"	3	
CARETOUCH HYPODERMIC NEEDLE 22G 1"	3	
CARETOUCH HYPODERMIC NEEDLE 23G 1"	3	
CARETOUCH HYPODERMIC NEEDLE 23G 1.5"	3	
CARETOUCH HYPODERMIC NEEDLE 25G 1"	3	
CARETOUCH HYPODERMIC NEEDLE 25G 1.5"	3	
CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	3	
CARETOUCH HYPODERMIC NEEDLE 26G 1"	3	
CARETOUCH LL SYRINGE 3 ML 22G 1"	3	
CARETOUCH LL SYRINGE 3 ML 22G 1.5"	3	
CARETOUCH LL SYRINGE 3 ML 23G 1"	3	
CARETOUCH LL SYRINGE 3 ML 23G 1.5"	3	
CARETOUCH LL SYRINGE 3 ML 25G 1"	3	
CARETOUCH LL SYRINGE 3 ML 25G 1.5"	3	
CARETOUCH LL SYRINGE 3 ML 25G 5/8"	3	
CARETOUCH PEN NEEDLE 29G 12MM	3	
CARETOUCH PEN NEEDLE 31G 1/4"	3	
CARETOUCH PEN NEEDLE 31G 3/16"	3	
CARETOUCH PEN NEEDLE 31G 5/16"	3	
CARETOUCH PEN NEEDLE 32G 3/16"	3	
CARETOUCH PEN NEEDLE 32G 5/32"	3	
CARETOUCH SYRINGE 0.3 ML 31G 5/16"	3	
CARETOUCH SYRINGE 0.5 ML 30G 5/16"	3	
CARETOUCH SYRINGE 0.5 ML 31G 5/16"	3	
CARETOUCH SYRINGE 1 ML 28G 5/16"	3	
CARETOUCH SYRINGE 1 ML 29G 5/16"	3	
CARETOUCH SYRINGE 1 ML 30G 5/16"	3	
CARETOUCH SYRINGE 1 ML 31G 5/16"	3	
CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX
CARISOPRODOL 250 MG TABLET	2	
CARISOPRODOL 350 MG TABLET	2	
CARISOPRODOL-ASPIRIN 200-325 MG TABLET	2	
CARISOPRODOL-ASPIRIN-CODEINE TABLET	2	PA
CARTEOLOL 1% EYE DROPS	2	
CARTIA XT 120 MG CAPSULE	2	
CARTIA XT 180 MG CAPSULE	2	
CARTIA XT 240 MG CAPSULE	2	
CARTIA XT 300 MG CAPSULE	2	
CARVEDILOL 3.125 MG TABLET	1	
CARVEDILOL 6.25 MG TABLET	1	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CARVEDILOL 12.5 MG TABLET	1	PA, QL, LDD, SRX	CETIRIZINE 1 MG/ML ORAL SOLUTION	2	PA, SRX
CARVEDILOL 25 MG TABLET	1		CETIRIZINE 1 MG/ML SYRUP	2	
CAYSTON 75 MG INHALATION SOLUTION	5		CETRORELIX 0.25 MG VIAL	5	
CAZANT 28 DAY TABLET	1		CEVIMELINE 30 MG CAPSULE	2	
CEFACLOL 250 MG CAPSULE	2		CHARLOTTE 24 FE CHEWABLE TABLET	1	
CEFACLOL 500 MG CAPSULE	2		CHATEAL EQ-28 TABLET	1	
CEFACLOL 125 MG/5 ML SUSPENSION	2		CHATEAL-28 TABLET	1	
CEFACLOL 250 MG/5 ML SUSPENSION	2		CHEK-STIX TEST STRIP	3	
CEFACLOL 375 MG/5 ML SUSPENSION	2		CHEMET 100 MG CAPSULE	4	
CEFACLOL ER 500 MG TABLET	3		CHEMSTRIP 10 MD TEST STRIP	3	
CEFADROXIL 500 MG CAPSULE	2		CHEMSTRIP 10 WITH SG TEST STRIP	3	
CEFADROXIL 250 MG/5 ML SUSPENSION	2		CHEMSTRIP 2 GP TEST STRIP	3	
CEFADROXIL 500 MG/5 ML SUSPENSION	2		CHEMSTRIP 2 LN TEST STRIP	3	
CEFADROXIL 1 GM TABLET	2		CHEMSTRIP 50B TEST STRIP	3	
CEFDINIR 300 MG CAPSULE	2		CHEMSTRIP 7 TEST STRIP	3	
CEFDINIR 125 MG/5 ML SUSPENSION	2		CHEMSTRIP BG DIARY	3	
CEFDINIR 250 MG/5 ML SUSPENSION	2		CHEMSTRIP MICRAL TEST STRIP	3	
CEFDITOREN 400 MG TABLET	2		CHEMSTRIP-9 TEST STRIP	3	
CEFIXIME 400 MG CAPSULE	3		CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CEFIXIME 100 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CEFIXIME 200 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CEFPODOXIME 50 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET	2	
CEFPODOXIME 100 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET	2	
CEFPODOXIME 100 MG TABLET	2		CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	2	
CEFPODOXIME 200 MG TABLET	2		CHLORHEXIDINE 0.12% ORAL RINSE	2	
CEFPROZIL 125 MG/5 ML SUSPENSION	2		CHLOROQUINE 250 MG TABLET	2	
CEFPROZIL 250 MG/5 ML SUSPENSION	2		CHLOROQUINE 500 MG TABLET	2	
CEFPROZIL 250 MG TABLET	2		CHLORPROMAZINE 10 MG TABLET	3	
CEFPROZIL 500 MG TABLET	2		CHLORPROMAZINE 25 MG TABLET	3	
CEFUROXIME AXETIL 250 MG TABLET	2		CHLORPROMAZINE 50 MG TABLET	3	
CEFUROXIME AXETIL 500 MG TABLET	2		CHLORPROMAZINE 100 MG TABLET	3	
CELECOXIB 50 MG CAPSULE	2	QL	CHLORPROMAZINE 200 MG TABLET	3	
CELECOXIB 100 MG CAPSULE	2	QL	CHLORTHALIDONE 25 MG TABLET	1	
CELECOXIB 200 MG CAPSULE	2	QL	CHLORTHALIDONE 50 MG TABLET	1	
CELECOXIB 400 MG CAPSULE	2	QL	CHLORZOXAZONE 500 MG TABLET	2	
CEPHALEXIN 250 MG CAPSULE	1		CHOLESTYRAMINE LIGHT PACKET	2	
CEPHALEXIN 500 MG CAPSULE	1		CHOLESTYRAMINE LIGHT POWDER	2	
CEPHALEXIN 750 MG CAPSULE	2		CHOLESTYRAMINE PACKET	2	
CEPHALEXIN 125 MG/5 ML SUSPENSION	2		CHOLESTYRAMINE POWDER	2	
CEPHALEXIN 250 MG/5 ML SUSPENSION	2		CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	4	
CEQUR SIMPLICITY INSERTER	3				

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CICLODAN 0.77% CREAM	2		CLARITHROMYCIN 250 MG TABLET	2	
CICLODAN 8% TOPICAL SOLUTION	2		CLARITHROMYCIN 500 MG TABLET	2	
CICLOPIROX 0.77% CREAM	2		CLARITHROMYCIN ER 500 MG TABLET	2	
CICLOPIROX 0.77% GEL	2		CLEMASTINE 2.68 MG TABLET	2	
CICLOPIROX 1% SHAMPOO	2		CLEVER CHOICE CHAMBER-LARGE MASK	3	QL
CICLOPIROX 8% TOPICAL SOLUTION	2		CLEVER CHOICE CHAMBER-MEDIUM MASK	3	QL
CICLOPIROX 0.77% TOPICAL SUSPENSION	2		CLEVER CHOICE CHAMBER-SMALL MASK	3	QL
CILOSTAZOL 50 MG TABLET	2		CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	3	
CILOSTAZOL 100 MG TABLET	2		CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	
CILOXAN 0.3% OINTMENT	4		CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	3	
CIMETIDINE 300 MG/5 ML ORAL SOLUTION	2		CLEVER CHOICE PEAK FLOW METER	3	
CIMETIDINE 200 MG TABLET	2		CLICKFINE 31G 1/4" NEEDLE	3	
CIMETIDINE 300 MG TABLET	2		CLICKFINE 31G 5/16" NEEDLE	3	
CIMETIDINE 400 MG TABLET	2		CLICKFINE PEN NEEDLE 32G 5/32"	3	
CIMETIDINE 800 MG TABLET	2		CLICKFINE UNIVERSAL 31G 1/4"	3	
CIMZIA 200 MG VIAL KIT	5	PA, QL, LDD, SRX	CLINDACIN 1% FOAM	2	
CIMZIA 2X200 MG/ML (X3) STARTER KIT	5	PA, QL, LDD, SRX	CLINDACIN ETZ 1% PLEDGET	2	
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, LDD, SRX	CLINDACIN P 1% PLEDGET	2	
CINACALCET 30 MG TABLET	5	PA, SRX	CLINDAMYCIN (PEDI) 75 MG/5 ML	2	
CINACALCET 60 MG TABLET	5	PA, SRX	CLINDAMYCIN 2% VAGINAL CREAM	2	
CINACALCET 90 MG TABLET	5	PA, SRX	CLINDAMYCIN 75 MG CAPSULE	2	
CIPROFLOXACIN 0.2% EAR SOLUTION	2		CLINDAMYCIN 150 MG CAPSULE	2	
CIPROFLOXACIN 0.3% EYE DROPS	2		CLINDAMYCIN 300 MG CAPSULE	2	
CIPROFLOXACIN 250 MG/5 ML SUSPENSION	2		CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CIPROFLOXACIN 500 MG/5 ML SUSPENSION	2		CLINDAMYCIN PHOSPHATE 1% GEL	2	
CIPROFLOXACIN 100 MG TABLET	2		CLINDAMYCIN PHOSPHATE 1% LOTION	2	
CIPROFLOXACIN 250 MG TABLET	1		CLINDAMYCIN PHOSPHATE 1% PLEDGET	2	
CIPROFLOXACIN 500 MG TABLET	1		CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	2	
CIPROFLOXACIN 750 MG TABLET	1		CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL	2	
CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION	3		CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP	2	
CIPROFLOXACIN-FLUOCINOLONE 0.3-0.025%	3	PA	CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL	2	
CITALOPRAM 10 MG/5 ML ORAL SOLUTION	2	QL	CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL	2	
CITALOPRAM 10 MG TABLET	1	QL	CLINDESSE 2% VAGINAL CREAM	4	
CITALOPRAM 20 MG TABLET	1	QL	CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CITALOPRAM 40 MG TABLET	1	QL	CLOBAZAM 10 MG TABLET	4	PA
CLARAVIS 10 MG CAPSULE	4		CLOBAZAM 20 MG TABLET	4	PA
CLARAVIS 20 MG CAPSULE	4		CLOBETASOL 0.05% CREAM	2	
CLARAVIS 30 MG CAPSULE	4		CLOBETASOL 0.05% GEL	2	
CLARAVIS 40 MG CAPSULE	4		CLOBETASOL 0.05% OINTMENT	2	
CLARITHROMYCIN 125 MG/5 ML SUSPENSION	2		CLOBETASOL 0.05% SHAMPOO	2	
CLARITHROMYCIN 250 MG/5 ML SUSPENSION	2		CLOBETASOL 0.05% TOPICAL LOTION	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CLOBETASOL 0.05% TOPICAL SOLUTION	2		CLOZAPINE 200 MG TABLET	2	
CLOBETASOL EMOLLIENT 0.05% CREAM	2		CLOZAPINE ODT 12.5 MG TABLET	4	
CLOBETASOL EMOLLIENT 0.05% FOAM	3		CLOZAPINE ODT 25 MG TABLET	4	
CLOBETASOL EMULSION 0.05% FOAM	3		CLOZAPINE ODT 100 MG TABLET	4	
CLOBETASOL PROPIONATE 0.05% FOAM	2		CLOZAPINE ODT 150 MG TABLET	4	
CLOBETASOL PROPIONATE 0.05% SPRAY	2		CLOZAPINE ODT 200 MG TABLET	4	
CLOCORTOLONE PIVALATE 0.1% CREAM	3		C-NATE DHA SOFTGEL	1	
CLODAN 0.05% SHAMPOO	2		COARTEM TABLET	4	QL
CLOMIPHENE 50 MG TABLET	2		CODEINE SULFATE 15 MG TABLET	2	PA
CLOMIPRAMINE 25 MG CAPSULE	4		CODEINE SULFATE 30 MG TABLET	2	PA
CLOMIPRAMINE 50 MG CAPSULE	4		CODEINE SULFATE 60 MG TABLET	2	PA
CLOMIPRAMINE 75 MG CAPSULE	4		COLCHICINE 0.6 MG TABLET	2	
CLONAZEPAM 0.125 MG ODT TABLET	2		COLESEVELAM 3.75 G PACKET	3	
CLONAZEPAM 0.25 MG ODT TABLET	2		COLESEVELAM 625 MG TABLET	3	
CLONAZEPAM 0.5 MG ODT TABLET	2		COLESTIPOL 1 GM TABLET	2	
CLONAZEPAM 1 MG ODT TABLET	2		COLESTIPOL GRANULES	2	
CLONAZEPAM 2 MG ODT TABLET	2		COLESTIPOL GRANULES PACKET	2	
CLONAZEPAM 0.5 MG TABLET	2		COMBISTIX REAGENT TEST STRIP	3	
CLONAZEPAM 1 MG TABLET	2		COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONAZEPAM 2 MG TABLET	2		COMETRIQ 100 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONIDINE 0.1 MG/DAY PATCH	2		COMETRIQ 140 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONIDINE 0.2 MG/DAY PATCH	2		COMFORT EZ INSULIN SYRINGE 0.3 ML	3	
CLONIDINE 0.3 MG/DAY PATCH	2		COMFORT EZ INSULIN SYRINGE 0.3ML 30G 1/2"	3	
CLONIDINE 0.1 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.3ML 30G 5/16"	3	
CLONIDINE 0.2 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.5 ML	3	
CLONIDINE 0.3 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.5ML 31G 5/16"	3	
CLONIDINE ER 0.1 MG TABLET	2		COMFORT EZ INSULIN SYRINGE 1 ML 31G 5/16"	3	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ PEN NEEDLE 4MM 32G	3	
CLOPIDOGREL 300 MG TABLET	2		COMFORT EZ PEN NEEDLE 4MM 33G	3	
CLORAZEPATE 3.75 MG TABLET	2		COMFORT EZ PEN NEEDLE 5MM 31G	3	
CLORAZEPATE 7.5 MG TABLET	2		COMFORT EZ PEN NEEDLE 5MM 32G	3	
CLORAZEPATE 15 MG TABLET	2		COMFORT EZ PEN NEEDLE 5MM 33G	3	
CLOTTRIMAZOLE 10 MG LOZENGE	2		COMFORT EZ PEN NEEDLE 5MM 33G	3	
CLOTTRIMAZOLE 1% TOPICAL CREAM	2		COMFORT EZ PEN NEEDLE 6MM 31G	3	
CLOTTRIMAZOLE 1% TOPICAL SOLUTION	2		COMFORT EZ PEN NEEDLE 6MM 32G	3	
CLOTTRIMAZOLE 10 MG TROCHE	2		COMFORT EZ PEN NEEDLE 6MM 33G	3	
CLOTTRIMAZOLE-BETAMETHASONE CREAM	2		COMFORT EZ PEN NEEDLE 8MM 31G	3	
CLOTTRIMAZOLE-BETAMETHASONE LOTION	2		COMFORT EZ PEN NEEDLE 8MM 32G	3	
CLOZAPINE 25 MG TABLET	2		COMFORT EZ PEN NEEDLE 8MM 33G	3	
CLOZAPINE 50 MG TABLET	2		COMFORT EZ PEN NEEDLE 8MM 33G	3	
CLOZAPINE 100 MG TABLET	2		COMFORT EZ PEN NEEDLE 12MM 29G	3	
			COMFORT EZ PRO PEN NEEDLE 30G 8MM	3	
			COMFORT EZ PRO PEN NEEDLE 31G 4MM	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
COMFORT EZ PRO PEN NEEDLE 31G 5MM	3		COMPLETE NATAL DHA	1	
COMFORT EZ SYRINGE 0.3 ML 29G 1/2"	3		COMPLETENATE CHEWABLE TABLET	1	
COMFORT EZ SYRINGE 0.5 ML 28G 1/2"	3		COMPRO 25 MG SUPPOSITORY	2	
COMFORT EZ SYRINGE 0.5 ML 29G 1/2"	3		CONSTULOSE 10 GM/15 ML ORAL SOLUTION	2	
COMFORT EZ SYRINGE 0.5 ML 30G 1/2"	3		CONTACT DETACH INFUSION SET 23"	3	
COMFORT EZ SYRINGE 1 ML 28G 1/2"	3		CONTACT DETACH INFUSION SET 32"	3	
COMFORT EZ SYRINGE 1 ML 29G 1/2"	3		CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	3	
COMFORT EZ SYRINGE 1 ML 30G 1/2"	3		CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	3	
COMFORT EZ SYRINGE 1 ML 30G 5/16"	3		CONTOUR SOLUTION	3	
COMFORT INFUSION SET 23" 17MM	3		COOL CONTROL A SOLUTION	3	
COMFORT INFUSION SET 32" 17MM	3		COOL CONTROL B SOLUTION	3	
COMFORT INFUSION SET 43" 17MM	3		CORTISONE 25 MG TABLET	2	
COMFORT POINT PEN NEEDLE 29G 1/2"	3		CORTISPORIN CREAM	4	
COMFORT POINT PEN NEEDLE 31G 1/3"	3		CORTISPORIN OINTMENT	4	
COMFORT POINT PEN NEEDLE 31G 1/4"	3		CORTISPORIN-TC EAR SUSPENSION	4	
COMFORT POINT PEN NEEDLE 31G 1/6"	3		COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, SRX
COMFORT SHORT INFUSION SET 23"	3		COSENTYX 150 MG/ML SYRINGE	5	PA, QL, SRX
COMFORT SHORT INFUSION SET 32"	3		COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, QL, SRX
COMFORT SHORT INFUSION SET 43"	3		COSENTYX SENSOREADY 150 MG PEN	5	PA, QL, SRX
COMFORT TOUCH PEN NEEDLE 31G 4MM	3		COSENTYX SENSOREADY 300MG DOSE-2PEN	5	PA, QL, SRX
COMFORT TOUCH PEN NEEDLE 31G 5MM	3		COSENTYX UNOREADY 300 MG PEN	5	PA, QL, SRX
COMFORT TOUCH PEN NEEDLE 31G 6MM	3		COTELLIC 20 MG TABLET	5	PA, QL, LDD, SRX
COMFORT TOUCH PEN NEEDLE 31G 8MM	3		COVARYX H.S. TABLET	2	
COMFORT TOUCH PEN NEEDLE 32G 4MM	3		COVARYX TABLET	2	
COMFORT TOUCH PEN NEEDLE 32G 5MM	3		CRESEMBA 74.5 MG CAPSULE	4	PA
COMFORT TOUCH PEN NEEDLE 32G 6MM	3		CRESEMBA 186 MG CAPSULE	4	PA
COMFORT TOUCH PEN NEEDLE 32G 8MM	3		CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	4	
COMFORT TOUCH PEN NEEDLE 33G 4MM	3		CROMOLYN 20 MG/2 ML INHALATION SOLUTION	4	QL
COMFORT TOUCH PEN NEEDLE 33G 5MM	3		CROMOLYN 4% EYE DROPS	2	
COMFORT TOUCH PEN NEEDLE 33G 6MM	3		CROTAN 10% LOTION	3	
COMFORTSEAL LARGE MASK	3	QL	CRYSSELLE-28 TABLET	1	
COMFORTSEAL MEDIUM MASK	3	QL	CVS ALKALINE BATTERIES	3	
COMFORTSEAL SMALL MASK	3	QL	CVS KETONE CARE TEST STRIP	3	
COMIRNATY 30MCG/0.3ML	3		CYANOCOBALAMIN 1,000 MCG/ML VIAL	2	
COMIRNATY SYRINGE	3		CYANOCOBALAMIN 10,000 MCG/10ML VIAL	2	
COMIRNATY VIAL	3		CYANOCOBALAMIN 30,000 MCG/30ML VIAL	2	
COMPACT SPACE CHAMBER	3	QL	CYCLOBENZAPRINE 5 MG TABLET	1	
COMPACT SPACE CHAMBER-LARGE MASK	3	QL	CYCLOBENZAPRINE 10 MG TABLET	1	
COMPACT SPACE CHAMBER-MEDIUM MASK	3	QL	CYCLOMYDRIL EYE DROPS	4	
COMPACT SPACE CHAMBER-SMALL MASK	3	QL	CYCLOPENTOLATE 0.5% EYE DROPS	2	
COMPLERA TABLET	4	QL	CYCLOPENTOLATE 1% EYE DROPS	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
CYCLOPENTOLATE 2% DROPS	2	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	
CYCLOSERINE 250 MG CAPSULE	2	
CYCLOSET 0.8 MG TABLET	4	
CYCLOSPORINE 0.05% EYE EMULSION	4	
CYCLOSPORINE 25 MG CAPSULE	2	
CYCLOSPORINE 100 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 25 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 50 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 100 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 100MG/ML ORAL SOLUTION	2	
CYLTEZO(CF) 10 MG/0.2 ML SYRINGE	5	PA, QL, SRX
CYLTEZO(CF) 20 MG/0.4 ML SYRINGE	5	PA, QL, SRX
CYLTEZO(CF) 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX
CYLTEZO(CF) PEN 40 MG/0.8 ML	5	PA, QL, SRX
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG	5	PA, QL, SRX
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG	5	PA, QL, SRX
CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CYPROHEPTADINE 4 MG TABLET	2	
CYRED 28 DAY TABLET	1	
CYRED EQ 28 DAY TABLET	1	
CYSTAGON 50 MG CAPSULE	5	PA, LDD, SRX
CYSTAGON 150 MG CAPSULE	5	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD
DABIGATRAN 75 MG CAPSULE	4	QL
DABIGATRAN 110 MG CAPSULE	4	QL
DABIGATRAN 150 MG CAPSULE	4	QL
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, SRX
DANAZOL 50 MG CAPSULE	2	
DANAZOL 100 MG CAPSULE	2	
DANAZOL 200 MG CAPSULE	2	
DANTROLENE 25 MG CAPSULE	2	
DANTROLENE 50 MG CAPSULE	2	
DANTROLENE 100 MG CAPSULE	2	
DAPSONE 25 MG TABLET	4	
DAPSONE 100 MG TABLET	4	
DAPTACEL DTAP VACCINE	3	
DARIFENACIN ER 7.5 MG TABLET	2	
DARIFENACIN ER 15 MG TABLET	2	
DARUNAVIR 600 MG TABLET	2	

Medication Name	Tier	Notes
DARUNAVIR 800 MG TABLET	2	
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TABLET	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 90 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 180 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 360 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 90 MG TABLET	5	PA, SRX
DEFERASIROX 180 MG TABLET	5	PA, SRX
DEFERASIROX 360 MG TABLET	5	PA, SRX
DEFERASIROX 125 MG TABLET FOR SUSPENSION	5	PA, SRX
DEFERASIROX 250 MG TABLET FOR SUSPENSION	5	PA, SRX
DEFERASIROX 500 MG TABLET FOR SUSPENSION	5	PA, SRX
DEFERIPRONE 500 MG TABLET	5	PA, SRX
DEFERIPRONE 1,000 MG TABLET (3X/DAY)	5	PA, SRX
DELTEC COZMO CLEO INFUSION SET	3	
DEMECLOCYCLINE 150 MG TABLET	3	
DEMECLOCYCLINE 300 MG TABLET	3	
DENTA 5000 PLUS SENSITIVE PASTE	2	
DENTA 5000 PLUS TOOTHPASTE	2	
DENTAGEL 1.1% GEL	2	
DERMACINRX LIDOCAN 5% PATCH	2	
DESCOVY 120-15 MG TABLET	3	
DESCOVY 200-25 MG TABLET	3	
DESIPRAMINE 10 MG TABLET	2	
DESIPRAMINE 25 MG TABLET	2	
DESIPRAMINE 50 MG TABLET	2	
DESIPRAMINE 75 MG TABLET	2	
DESIPRAMINE 100 MG TABLET	2	
DESIPRAMINE 150 MG TABLET	2	
DESLOTRADINE 2.5 MG ODT TABLET	2	QL
DESLOTRADINE 5 MG ODT TABLET	2	QL
DESLOTRADINE 5 MG TABLET	2	QL
DESMOPRESSIN 0.01% NASAL SPRAY	2	
DESMOPRESSIN 10 MCG/0.1 ML NASAL SPRAY	2	
DESMOPRESSIN 0.1 MG TABLET	2	
DESMOPRESSIN 0.2 MG TABLET	2	
DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 MG TABLET	1	
DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL TABLET	1	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
DESONIDE 0.05% CREAM	2	
DESONIDE 0.05% LOTION	2	
DESONIDE 0.05% OINTMENT	2	
DESOXIMETASONE 0.05% CREAM	3	
DESOXIMETASONE 0.25% CREAM	3	
DESOXIMETASONE 0.05% GEL	3	
DESOXIMETASONE 0.05% OINTMENT	3	
DESOXIMETASONE 0.25% OINTMENT	3	
DESVENLAFAXINE SUCCINATE ER 25 MG TABLET	2	QL
DESVENLAFAXINE SUCCINATE ER 50 MG TABLET	2	QL
DESVENLAFAXINE SUCCINATE ER 100MG TABLET	2	QL
DEXAMETHASONE 0.1% EYE DROPS	2	
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	2	
DEXAMETHASONE 0.5 MG/5 ML LIQUID	2	
DEXAMETHASONE 0.5 MG TABLET	2	
DEXAMETHASONE 0.75 MG TABLET	2	
DEXAMETHASONE 1 MG TABLET	2	
DEXAMETHASONE 1.5 MG TABLET	2	
DEXAMETHASONE 2 MG TABLET	2	
DEXAMETHASONE 4 MG TABLET	2	
DEXAMETHASONE 6 MG TABLET	2	
DEXAMETHASONE INTENSOL 1 MG/ML ORAL CONCENTRATE	2	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAPSULE	4	QL
DEXLANSOPRAZOLE DR 60 MG CAPSULE	4	QL
DEXMETHYLPHENIDATE 2.5 MG TABLET	2	QL
DEXMETHYLPHENIDATE 5 MG TABLET	2	QL
DEXMETHYLPHENIDATE 10 MG TABLET	2	QL
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	3	QL
DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION	2	QL

Medication Name	Tier	Notes
DEXTROAMPHETAMINE 5 MG TABLET	2	QL
DEXTROAMPHETAMINE 10 MG TABLET	2	QL
DEXTROAMPHETAMINE ER 5 MG CAPSULE	2	QL
DEXTROAMPHETAMINE ER 10 MG CAPSULE	2	QL
DEXTROAMPHETAMINE ER 15 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE	2	QL
DIASTIX REAGENT TEST STRIP	3	
DIATRUE LEVEL 1 CONTROL SOLUTION	3	
DIATRUE LEVEL 2 CONTROL SOLUTION	3	
DIATRUE LEVEL 3 CONTROL SOLUTION	3	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2	
DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE	2	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2	
DIAZEPAM 10 MG RECTAL GEL SYSTEM	2	
DIAZEPAM 20 MG RECTAL GEL SYSTEM	2	
DIAZEPAM 2 MG TABLET	2	
DIAZEPAM 5 MG TABLET	2	
DIAZEPAM 10 MG TABLET	2	



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	4		DILTIAZEM 12HR ER 120 MG CAPSULE	2	
DICLOFENAC 0.1% EYE DROPS	2		DILTIAZEM 24H ER(CD) 120 MG CAPSULE	2	
DICLOFENAC 1.5% TOPICAL SOLUTION	2		DILTIAZEM 24H ER(CD) 180 MG CAPSULE	2	
DICLOFENAC POTASSIUM 50 MG TABLET	2		DILTIAZEM 24H ER(CD) 240 MG CAPSULE	2	
DICLOFENAC SODIUM 1% GEL	2	QL	DILTIAZEM 24H ER(CD) 300 MG CAPSULE	2	
DICLOFENAC SODIUM DR 25 MG TABLET	2		DILTIAZEM 24H ER(CD) 360 MG CAPSULE	2	
DICLOFENAC SODIUM DR 50 MG TABLET	2		DILTIAZEM 24H ER(LA) 120 MG TABLET	2	
DICLOFENAC SODIUM DR 75 MG TABLET	2		DILTIAZEM 24H ER(LA) 180 MG TABLET	2	
DICLOFENAC SODIUM EC 25 MG TABLET	2		DILTIAZEM 24H ER(LA) 240 MG TABLET	2	
DICLOFENAC SODIUM EC 50 MG TABLET	2		DILTIAZEM 24H ER(LA) 300 MG TABLET	2	
DICLOFENAC SODIUM EC 75 MG TABLET	2		DILTIAZEM 24H ER(LA) 360 MG TABLET	2	
DICLOFENAC SODIUM ER 100 MG TABLET	2		DILTIAZEM 24H ER(LA) 420 MG TABLET	2	
DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET	2		DILTIAZEM 24H ER(XR) 120 MG CAPSULE	2	
DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET	2		DILTIAZEM 24H ER(XR) 180 MG CAPSULE	2	
DICLOXACILLIN 250 MG CAPSULE	2		DILTIAZEM 24H ER(XR) 240 MG CAPSULE	2	
DICLOXACILLIN 500 MG CAPSULE	2		DILTIAZEM 24HR ER 120 MG CAPSULE	2	
DICYCLOMINE 10 MG CAPSULE	2		DILTIAZEM 24HR ER 180 MG CAPSULE	2	
DICYCLOMINE 10 MG/5 ML ORAL SOLUTION	2		DILTIAZEM 24HR ER 240 MG CAPSULE	2	
DICYCLOMINE 20 MG TABLET	2		DILTIAZEM 24HR ER 300 MG CAPSULE	2	
DIDANOSINE DR 250 MG CAPSULE	2		DILTIAZEM 24HR ER 360 MG CAPSULE	2	
DIDANOSINE DR 400 MG CAPSULE	2		DILTIAZEM 24HR ER 420 MG CAPSULE	2	
DIFICID 40 MG/ML SUSPENSION	4	PA, QL	DILTIAZEM 30 MG TABLET	1	
DIFICID 200 MG TABLET	4	PA, QL	DILTIAZEM 60 MG TABLET	1	
DIFLORASONE 0.05% CREAM	4		DILTIAZEM 90 MG TABLET	1	
DIFLORASONE 0.05% OINTMENT	4		DIMETHYL FUMARATE 30 DAY STARTER PACK	4	PA, QL
DIFLUNISAL 500 MG TABLET	2		DIMETHYL FUMARATE DR 120 MG CAPSULE	4	PA, QL
DIFLUPREDNATE 0.05% EYE DROPS	3		DIMETHYL FUMARATE DR 240 MG CAPSULE	4	PA, QL
DIGOX 125 MCG TABLET	2		DIPENTUM 250 MG CAPSULE	4	
DIGOX 250 MCG TABLET	2		DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIGOXIN 0.05 MG/ML ORAL SOLUTION	2		DIPHEN 12.5 MG/5 ML ORAL SOLUTION	4	
DIGOXIN 0.125 MG TABLET	2		DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION	2	
DIGOXIN 0.25 MG TABLET	2		DIPHENHYDRAMINE 25 MG/10ML ORAL SOLUTION	2	
DIGOXIN 125 MCG TABLET	2		DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION	2	
DIGOXIN 250 MCG TABLET	2		DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	2	
DIHYDROERGOTAMINE 1 MG/ML AMPULE	4	QL	DIPHTheria-TETANUS TOXOIDS-PEDIATRIC	3	
DILT XR 120 MG CAPSULE	2		DIPYRIDAMOLE 25 MG TABLET	2	
DILT XR 180 MG CAPSULE	2		DIPYRIDAMOLE 50 MG TABLET	2	
DILT XR 240 MG CAPSULE	2		DIPYRIDAMOLE 75 MG TABLET	2	
DILTIAZEM 120 MG TABLET	1		DISOPYRAMIDE 100 MG CAPSULE	2	
DILTIAZEM 12HR ER 60 MG CAPSULE	2		DISOPYRAMIDE 150 MG CAPSULE	2	
DILTIAZEM 12HR ER 90 MG CAPSULE	2				

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
DISULFIRAM 250 MG TABLET	2	
DISULFIRAM 500 MG TABLET	2	
DIVALPROEX DR 125 MG CAPSULE SPRINKLE	2	
DIVALPROEX DR 125 MG TABLET	2	
DIVALPROEX DR 250 MG TABLET	2	
DIVALPROEX DR 500 MG TABLET	2	
DIVALPROEX ER 250 MG TABLET	2	
DIVALPROEX ER 500 MG TABLET	2	
DODEX 1,000 MCG/ML VIAL	2	
DODEX 10,000 MCG/10 ML VIAL	2	
DODEX 30,000 MCG/30 ML VIAL	2	
DOFETILIDE 125 MCG CAPSULE	4	QL
DOFETILIDE 250 MCG CAPSULE	4	QL
DOFETILIDE 500 MCG CAPSULE	4	QL
DOLISHALE 90-20 MCG TABLET	1	
DONEPEZIL 5 MG TABLET	2	
DONEPEZIL 10 MG TABLET	2	
DONEPEZIL 23 MG TABLET	2	
DONEPEZIL ODT 5 MG TABLET	2	
DONEPEZIL ODT 10 MG TABLET	2	
DORZOLAMIDE 2% EYE DROPS	2	
DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DOTTI 0.025 MG PATCH	2	QL
DOTTI 0.0375 MG PATCH	2	QL
DOTTI 0.05 MG PATCH	2	QL
DOTTI 0.075 MG PATCH	2	QL
DOTTI 0.1 MG PATCH	2	QL
DOVATO 50-300 MG TABLET	4	QL
DOXAZOSIN 1 MG TABLET	2	
DOXAZOSIN 2 MG TABLET	2	
DOXAZOSIN 4 MG TABLET	2	
DOXAZOSIN 8 MG TABLET	2	
DOXEPIN 10 MG CAPSULE	2	
DOXEPIN 25 MG CAPSULE	2	
DOXEPIN 50 MG CAPSULE	2	
DOXEPIN 75 MG CAPSULE	2	
DOXEPIN 100 MG CAPSULE	2	
DOXEPIN 150 MG CAPSULE	2	
DOXEPIN 5% CREAM	4	QL
DOXEPIN 10 MG/ML ORAL CONCENTRATE	2	
DOXEPIN 3 MG TABLET	3	QL

Medication Name	Tier	Notes
DOXEPIN 6 MG TABLET	3	QL
DOXERCALCIFEROL 0.5 MCG CAPSULE	2	
DOXERCALCIFEROL 1 MCG CAPSULE	2	
DOXERCALCIFEROL 2.5 MCG CAPSULE	2	
DOXYCYCLINE HYCLATE 50 MG CAPSULE	1	
DOXYCYCLINE HYCLATE 100 MG CAPSULE	1	
DOXYCYCLINE 25 MG/5 ML SUSPENSION	2	
DOXYCYCLINE HYCLATE 20 MG TABLET	2	
DOXYCYCLINE HYCLATE 100 MG TABLET	1	
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	1	
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	2	
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	1	
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	2	
DOXYCYCLINE MONOHYDRATE 50 MG TABLET	1	
DOXYCYCLINE MONOHYDRATE 75 MG TABLET	2	
DOXYCYCLINE MONOHYDRATE 100 MG TABLET	1	
DOXYCYCLINE MONOHYDRATE 150 MG TABLET	2	
DRONABINOL 2.5 MG CAPSULE	4	
DRONABINOL 5 MG CAPSULE	4	
DRONABINOL 10 MG CAPSULE	4	
DROPLET 0.5 ML 29G 12.5MM(1/2)	3	
DROPLET 0.5 ML 30G 12.5MM(1/2)	3	
DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM	3	
DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM	3	
DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM	3	
DROPLET INSULIN SYRINGE 0.3ML 30G 12.5MM	3	
DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM	3	
DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM	3	
DROPLET INSULIN SYRINGE 0.5ML 30G 6MM(1/2)	3	
DROPLET INSULIN SYRINGE 0.5ML 30G 8MM(1/2)	3	
DROPLET INSULIN SYRINGE 0.5ML 31G 6MM(1/2)	3	
DROPLET INSULIN SYRINGE 0.5ML 31G 8MM(1/2)	3	
DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM	3	
DROPLET INSULIN SYRINGE 1 ML 30G 6MM	3	
DROPLET INSULIN SYRINGE 1 ML 30G 8MM	3	
DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM	3	
DROPLET INSULIN SYRINGE 1 ML 31G 6MM	3	
DROPLET INSULIN SYRINGE 1 ML 31G 8MM	3	
DROPLET MICRON 34G 9/64"	3	
DROPLET PEN NEEDLE 29G 1/2"	3	
DROPLET PEN NEEDLE 29G 3/8"	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
DROPLET PEN NEEDLE 30G 5/16"	3		DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DROPLET PEN NEEDLE 31G 1/4"	3		DUTASTERIDE 0.5 MG CAPSULE	2	
DROPLET PEN NEEDLE 31G 3/16"	3		DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	2	
DROPLET PEN NEEDLE 31G 5/16"	3		EASIVENT HOLDING CHAMBER	3	QL
DROPLET PEN NEEDLE 32G 1/4"	3		EASIVENT MASK-LARGE	3	QL
DROPLET PEN NEEDLE 32G 3/16"	3		EASIVENT MASK-MEDIUM	3	QL
DROPLET PEN NEEDLE 32G 5/16"	3		EASIVENT MASK-SMALL	3	QL
DROPLET PEN NEEDLE 32G 5/32"	3		EASY COMFORT 0.3 ML 31G 1/2" SYRINGE	3	
DROPSAFE INSULIN 1ML 29G 12.5MM	3		EASY COMFORT 0.3 ML 31G 5/16" SYRINGE	3	
DROPSAFE INSULIN SYRINGE 0.3ML 31G 6MM	3		EASY COMFORT 0.3 ML SYRINGE	3	
DROPSAFE INSULIN SYRINGE 0.3ML 31G 8MM	3		EASY COMFORT 0.5 ML 30G 1/2"	3	
DROPSAFE INSULIN SYRINGE 0.5ML 31G 6MM	3		EASY COMFORT 0.5 ML 31G 5/16"	3	
DROPSAFE INSULIN SYRINGE 0.5ML 31G 8MM	3		EASY COMFORT 0.5 ML 32G 5/16"	3	
DROPSAFE INSULIN SYRINGE 1ML 31G 6MM	3		EASY COMFORT 0.5 ML SYRINGE	3	
DROPSAFE INSULIN SYRINGE 1ML 31G 8MM	3		EASY COMFORT 1 ML 31G 5/16"	3	
DROPSAFE PEN NEEDLE 31G 1/4"	3		EASY COMFORT 1 ML 32G 5/16"	3	
DROPSAFE PEN NEEDLE 31G 3/16"	3		EASY COMFORT INSULIN 1 ML SYRINGE	3	
DROPSAFE PEN NEEDLE 31G 5/16"	3		EASY COMFORT PEN NEEDLE 31G 1/4"	3	
DROPSAFE SICURA NEEDLE 25G 25MM	3		EASY COMFORT PEN NEEDLE 31G 3/16"	3	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET	1		EASY COMFORT PEN NEEDLE 31G 5/16"	3	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET	1		EASY COMFORT PEN NEEDLE 32G 5/32"	3	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET	1		EASY COMFORT PEN NEEDLE 33G 4MM	3	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET	1		EASY COMFORT PEN NEEDLE 33G 5MM	3	
DROXIA 200 MG CAPSULE	4		EASY COMFORT PEN NEEDLE 33G 6MM	3	
DROXIA 300 MG CAPSULE	4		EASY COMFORT SAFETY PEN NEEDLE 31G 5MM	3	
DROXIA 400 MG CAPSULE	4		EASY COMFORT SAFETY PEN NEEDLE 31G 6MM	3	
DRUG MART ULTRA COMFORT SYRINGE	3		EASY COMFORT SAFETY PEN NEEDLE 32G 4MM	3	
DUAVEE 0.45-20 MG TABLET	4		EASY COMFORT SYRINGE 1 ML 30G 1/2"	3	
DULERA 50 MCG-5 MCG INHALER	3	QL	EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	3	
DULERA 100 MCG-5 MCG INHALER	3	QL	EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	3	
DULERA 200 MCG-5 MCG INHALER	3	QL	EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	3	
DULOXETINE DR 20 MG CAPSULE	2	QL	EASY GLIDE PEN NEEDLE 4MM 33G	3	
DULOXETINE DR 30 MG CAPSULE	2	QL	EASY PLUS II CONTROL SOLUTION HIGH	3	
DULOXETINE DR 60 MG CAPSULE	2	QL	EASY PLUS II CONTROL SOLUTION LOW	3	
DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX	EASY STEP CONTROL SOLUTION-HIGH	3	
DUPIXENT 300 MG/2 ML PEN	5	PA, SRX	EASY STEP CONTROL SOLUTION-LOW	3	
DUPIXENT 100 MG/0.67 ML SYRINGE	5	PA, SRX	EASY STEP CONTROL SOLUTION-NORMAL	3	
DUPIXENT 200 MG/1.14 ML SYRINGE	5	PA, SRX	EASY TALK CONTROL SOLUTION LOW	3	
			EASY TALK HIGH CONTROL SOLUTION	3	
			EASY TALK PLUS II HIGH CONTROL	3	
			EASY TALK PLUS II LOW CONTROL SOLUTION	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EASY TOUCH 0.3 ML SYRINGE 30G 1/2"	3	
EASY TOUCH 0.5 ML SYRINGE 27G 1/2"	3	
EASY TOUCH 0.5 ML SYRINGE 29G 1/2"	3	
EASY TOUCH 0.5 ML SYRINGE 30G 1/2"	3	
EASY TOUCH 0.5 ML SYRINGE 30G 5/16"	3	
EASY TOUCH 1 ML SYRINGE 27G 1/2"	3	
EASY TOUCH 1 ML SYRINGE 29G 1/2"	3	
EASY TOUCH 1 ML SYRINGE 30G 1/2"	3	
EASY TOUCH BLU LINK CONTROL SOLUTION	3	
EASY TOUCH FLIPLOCK NEEDLE 18G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 18G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 19G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 19G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 20G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 20G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 21G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 21G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 3/4"	3	
EASY TOUCH FLIPLOCK NEEDLE 23G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 23G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 23G 5/8"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 5/8"	3	
EASY TOUCH FLIPLOCK NEEDLE 26G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 26G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 27G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 27G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 28G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 29G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 30G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 30G 5/16"	3	
EASY TOUCH FLIPLOCK NEEDLE 31G 5/16"	3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION	3	
EASY TOUCH HYPODERMIC 16G 1"	3	
EASY TOUCH HYPODERMIC 16G 1.5"	3	
EASY TOUCH HYPODERMIC 18G 1"	3	
EASY TOUCH HYPODERMIC 18G 1.25"	3	
EASY TOUCH HYPODERMIC 18G 1.5"	3	

Medication Name	Tier	Notes
EASY TOUCH HYPODERMIC 19G 1"	3	
EASY TOUCH HYPODERMIC 19G 1.5"	3	
EASY TOUCH HYPODERMIC 20G 1"	3	
EASY TOUCH HYPODERMIC 20G 1.5"	3	
EASY TOUCH HYPODERMIC 21G 1"	3	
EASY TOUCH HYPODERMIC 21G 1.5"	3	
EASY TOUCH HYPODERMIC 22G 1"	3	
EASY TOUCH HYPODERMIC 22G 1.5"	3	
EASY TOUCH HYPODERMIC 23G 1"	3	
EASY TOUCH HYPODERMIC 23G 1.25"	3	
EASY TOUCH HYPODERMIC 23G 1.5"	3	
EASY TOUCH HYPODERMIC 23G 3/4"	3	
EASY TOUCH HYPODERMIC 24G 1"	3	
EASY TOUCH HYPODERMIC 24G 1.25"	3	
EASY TOUCH HYPODERMIC 25G 1"	3	
EASY TOUCH HYPODERMIC 25G 1.5"	3	
EASY TOUCH HYPODERMIC 25G 5/8"	3	
EASY TOUCH HYPODERMIC 26G 1/2"	3	
EASY TOUCH HYPODERMIC 26G 3/8"	3	
EASY TOUCH HYPODERMIC 26G 5/8"	3	
EASY TOUCH HYPODERMIC 27G 1.25"	3	
EASY TOUCH HYPODERMIC 27G 1.5"	3	
EASY TOUCH HYPODERMIC 27G 1/2"	3	
EASY TOUCH HYPODERMIC 30G 1"	3	
EASY TOUCH HYPODERMIC 30G 1/2"	3	
EASY TOUCH HYPODERMIC 31G 5/16"	3	
EASY TOUCH HYPODERMIC 32G 5/16"	3	
EASY TOUCH INSULIN SYRINGE 0.3 ML	3	
EASY TOUCH INSULIN SYRINGE 0.5 ML	3	
EASY TOUCH INSULIN SYRINGE 1 ML	3	
EASY TOUCH INSULIN SYRINGE 1ML 29G 1/2"	3	
EASY TOUCH INSULIN SYRINGE 1ML 30G 1/2"	3	
EASY TOUCH INSULIN SYRINGE 1ML 30G 5/16"	3	
EASY TOUCH INSULIN SYRINGE 1ML 31G 5/16"	3	
EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML	3	
EASY TOUCH PEN NEEDLE 29G 1/2"	3	
EASY TOUCH PEN NEEDLE 30G 5/16"	3	
EASY TOUCH PEN NEEDLE 31G 1/4"	3	
EASY TOUCH PEN NEEDLE 31G 3/16"	3	
EASY TOUCH PEN NEEDLE 31G 5/16"	3	
EASY TOUCH PEN NEEDLE 32G 1/4"	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EASY TOUCH PEN NEEDLE 32G 3/16"	3	
EASY TOUCH PEN NEEDLE 32G 5/32"	3	
EASY TOUCH SAFETY PEN NEEDLE 29G 5MM	3	
EASY TOUCH SAFETY PEN NEEDLE 29G 8MM	3	
EASY TOUCH SAFETY PEN NEEDLE 30G 5MM	3	
EASY TOUCH SAFETY PEN NEEDLE 30G 8MM	3	
EASY TOUCH SYRINGE 0.5ML 27G 12.7MM	3	
EASY TOUCH SYRINGE 0.5ML 28G 12.7MM	3	
EASY TOUCH SYRINGE 0.5ML 29G 12.7MM	3	
EASY TOUCH SYRINGE 1 ML 27G 12.7MM	3	
EASY TOUCH SYRINGE 1 ML 27G 16MM	3	
EASY TOUCH SYRINGE 1 ML 28G 12.7MM	3	
EASY TOUCH SYRINGE 1 ML 29G 12.7MM	3	
EASY TOUCH SYRINGE 3 ML 20G 1"	3	
EASY TOUCH SYRINGE 3 ML 21G 1"	3	
EASY TOUCH SYRINGE 3 ML 22G 1"	3	
EASY TOUCH SYRINGE 3 ML 22G 1-1/2"	3	
EASY TOUCH SYRINGE 3 ML 23G 1"	3	
EASY TOUCH SYRINGE 3 ML 25G 1"	3	
EASY TOUCH SYRINGE 3 ML 25G 5/8"	3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	
EASY TRAK CONTROL SOLUTION HIGH	3	
EASY TRAK CONTROL SOLUTION LOW	3	
EASY TRAK II CONTROL SOLUTION-NORMAL	3	
EASYGLUCO PLUS CONTROL SOLUTION NORMAL	3	
EASYMAX 15 LEVEL 2 SOLUTION	3	
EASYMAX NORMAL CONTROL SOLUTION	3	
EASYPPOINT NEEDLE 18G 1"	3	
EASYPPOINT NEEDLE 18G 1-1/2"	3	
EASYPPOINT NEEDLE 20G 1"	3	
EASYPPOINT NEEDLE 20G 1-1/2"	3	
EASYPPOINT NEEDLE 21G 1"	3	
EASYPPOINT NEEDLE 21G 1-1/2"	3	
EASYPPOINT NEEDLE 22G 1"	3	
EASYPPOINT NEEDLE 22G 1-1/2"	3	
EASYPPOINT NEEDLE 23G 1"	3	
EASYPPOINT NEEDLE 25G 1.5"	3	
EASYPPOINT NEEDLE 25G 5/8"	3	
EASYPPOINT NEEDLE 25G 1"	3	
EASYPPOINT NEEDLE 25G 16MM	3	
EASYTOUCH SAFETY PEN NEEDLE 30G 6MM	3	

Medication Name	Tier	Notes
EC-NAPROXEN DR 375 MG TABLET	2	
EC-NAPROXEN DR 500 MG TABLET	2	
ECONAZOLE 1% CREAM	2	
ECONTRA EZ 1.5 MG TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1	
EDEX 10 MCG CARTRIDGE 2-PACK KIT	4	PA, QL
EDEX 10 MCG CARTRIDGE 6-PACK KIT	4	PA, QL
EDEX 20 MCG CARTRIDGE 2-PACK KIT	4	PA, QL
EDEX 20 MCG CARTRIDGE 6-PACK KIT	4	PA, QL
EDEX 40 MCG CARTRIDGE 2-PACK KIT	4	PA, QL
EDEX 40 MCG CARTRIDGE 6-PACK KIT	4	PA, QL
ED-SPAZ 0.125 MG ODT TABLET	2	
EDURANT 25 MG TABLET	3	
EEMT DS 1.25-2.5 MG TABLET	2	
EEMT HS 0.625-1.25 MG TABLET	2	
EFAVIRENZ 50 MG CAPSULE	2	
EFAVIRENZ 200 MG CAPSULE	2	
EFAVIRENZ 600 MG TABLET	2	
EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET	4	QL
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET	3	QL
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET	3	QL
EFFER-K 10 MEQ EFFERVESCENT TABLET	4	
EFFER-K 20 MEQ EFFERVESCENT TABLET	4	
ELEMENT COMPACT SOLUTION HIGH	3	
ELEMENT COMPACT SOLUTION NORMAL	3	
ELEMENT CONTROL SOLUTION HIGH	3	
ELEMENT CONTROL SOLUTION LOW	3	
ELEMENT CONTROL SOLUTION NORMAL	3	
ELETRIPTAN 20 MG TABLET	3	QL
ELETRIPTAN 40 MG TABLET	3	QL
ELINEST-28 TABLET	1	
ELIQUIS 2.5 MG TABLET	3	QL
ELIQUIS 5 MG TABLET	3	QL
ELIQUIS DVT-PE 5 MG STARTER PACK	3	QL
ELITE-OB TABLET	1	
ELLA 30 MG TABLET	4	
ELMIRON 100 MG CAPSULE	4	
ELURYNG VAGINAL RING	2	
EMBRACE EVO LEVEL 1 CONTROL SOLUTION	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EMBRACE GLUCOSE CONTROL SOLUTION HIGH	3	
EMBRACE GLUCOSE CONTROL SOLUTION LOW	3	
EMBRACE PEN NEEDLE 29G 12MM	3	
EMBRACE PEN NEEDLE 30G 5MM	3	
EMBRACE PEN NEEDLE 30G 8MM	3	
EMBRACE PEN NEEDLE 31G 5MM	3	
EMBRACE PEN NEEDLE 31G 6MM	3	
EMBRACE PEN NEEDLE 31G 8MM	3	
EMBRACE PEN NEEDLE 32G 4MM	3	
EMBRACE PRO CONTROL SOLUTION	3	
EMBRACE TALK CONTROL SOLUTION-HIGH(L2)	3	
EMBRACE TALK CONTROL SOLUTION-LOW(L1)	3	
EMCYT 140 MG CAPSULE	5	SRX
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
EMGALITY 120 MG/ML PEN	3	PA
EMGALITY 100 MG/ML SYRINGE(1 OF 3)	3	PA
EMGALITY 120 MG/ML SYRINGE	3	PA
EMGALITY 300 MG (100 MG X3SYRINGE)	3	PA
EMOQUETTE 28 DAY TABLET	1	
EMTRICITABINE 200 MG CAPSULE	2	
EMTRICITABINE-TENOFOVIR 100-150 MG TABLET	2	
EMTRICITABINE-TENOFOVIR 133-200 MG TABLET	2	
EMTRICITABINE-TENOFOVIR 167-250 MG TABLET	2	
EMTRICITABINE-TENOFOVIR 200-300 MG TABLET	2	
EMTRIVA 10 MG/ML ORAL SOLUTION	3	
EMVERM 100 MG CHEWABLE TABLET	4	
EMZAHH 0.35 MG TABLET	1	
ENALAPRIL 2.5 MG TABLET	1	
ENALAPRIL 5 MG TABLET	1	
ENALAPRIL 10 MG TABLET	1	
ENALAPRIL 20 MG TABLET	1	
ENALAPRIL-HCTZ 5-12.5 MG TABLET	1	
ENALAPRIL-HCTZ 10-25 MG TABLET	1	
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX
ENDOCET 2.5-325 MG TABLET	2	PA
ENDOCET 5-325 MG TABLET	2	PA
ENDOCET 7.5-325 MG TABLET	2	PA

Medication Name	Tier	Notes
ENDOCET 10-325 MG TABLET	2	PA
ENDOMETRIN 100 MG VAGINAL INSERT	4	PA
ENGERIX-B 20 MCG/ML SYRINGE	3	
ENGERIX-B 20 MCG/ML VIAL	3	
ENGERIX-B PEDI 10 MCG/0.5 SYRINGE	3	
ENILLORING VAGINAL RING	2	
ENLITE SERTER	3	
ENLYTE SOFTGEL	4	
ENOXAPARIN 30 MG/0.3 ML SYRINGE	5	QL, SRX
ENOXAPARIN 40 MG/0.4 ML SYRINGE	5	QL, SRX
ENOXAPARIN 60 MG/0.6 ML SYRINGE	5	QL, SRX
ENOXAPARIN 80 MG/0.8 ML SYRINGE	5	QL, SRX
ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX
ENOXAPARIN 120 MG/0.8 ML SYRINGE	5	QL, SRX
ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX
ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX
ENPRESSE-28 TABLET	1	
ENSKYCE 28 TABLET	1	
ENTACAPONE 200 MG TABLET	2	
ENTECAVIR 0.5 MG TABLET	5	SRX
ENTECAVIR 1 MG TABLET	5	SRX
ENTRESTO 24 MG-26 MG TABLET	3	QL
ENTRESTO 49 MG-51 MG TABLET	3	QL
ENTRESTO 97 MG-103 MG TABLET	3	QL
ENULOSE 10 GM/15 ML ORAL SOLUTION	2	
EPCLUSA 150-37.5 MG PELLET PACKET	5	PA, QL, SRX
EPCLUSA 200-50 MG PELLET PACKET	5	PA, QL, SRX
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX
EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX
EPIDIOLEX 100 MG/ML ORAL SOLUTION	4	PA, LDD
EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	4	PA, LDD
EPIFOAM FOAM	4	
EPINASTINE 0.05% EYE DROPS	2	
EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
EPITOL 200 MG TABLET	2	
EPLERENONE 25 MG TABLET	2	
EPLERENONE 50 MG TABLET	2	
EPROSARTAN 600 MG TABLET	2	
EQ SPACE CHAMBER	3	QL
EQ SPACE CHAMBER-LARGE MASK	3	QL

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EQ SPACE CHAMBER-MEDIUM MASK	3	QL
EQ SPACE CHAMBER-SMALL MASK	3	QL
EQL INSULIN 0.3 ML SYRINGE	3	
EQL INSULIN 0.5 ML SYRINGE	3	
EQL INSULIN 1 ML SYRINGE	3	
EQL INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
EQL INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
EQL INSULIN SYRINGE 1 ML 29G 1/2"	3	
EQL INSULIN SYRINGE 1 ML 31G 5/16"	3	
EQL PEN 8MM 31G 5/16" NEEDLE	3	
ERGOLOID MESYLATES 1 MG TABLET	1	
ERGOMAR 2 MG SUBLINGUAL TABLET	4	PA
ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ERLOTINIB 25 MG TABLET	5	PA, SRX
ERLOTINIB 100 MG TABLET	5	PA, SRX
ERLOTINIB 150 MG TABLET	5	PA, SRX
ERRIN 0.35 MG TABLET	1	
ERTACZO 2% CREAM	4	
ERY 2% PADS	2	
ERYTHROCIN 250 MG TABLET	4	
ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ERYTHROMYCIN 2% GEL	2	
ERYTHROMYCIN 2% TOPICAL SOLUTION	2	
ERYTHROMYCIN 200 MG/5 ML SUSPENSION	3	
ERYTHROMYCIN 400 MG/5 ML SUSPENSION	3	
ERYTHROMYCIN 250 MG TABLET	2	
ERYTHROMYCIN 500 MG TABLET	2	
ERYTHROMYCIN DR 250 MG CAPSULE	2	
ERYTHROMYCIN ES 400 MG TABLET	3	
ERYTHROMYCIN-BENZOYL GEL	3	
ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	2	QL
ESCITALOPRAM 5 MG TABLET	2	QL
ESCITALOPRAM 10 MG TABLET	2	QL
ESCITALOPRAM 20 MG TABLET	2	QL
ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL
ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL
ESOMEPRAZOLE DR 49.3 MG CAPSULE	2	QL
ESOMEPRAZOLE DR 10 MG PACKET	3	QL
ESOMEPRAZOLE DR 20 MG PACKET	3	QL
ESOMEPRAZOLE DR 40 MG PACKET	3	QL
ESTARYLLA 0.25-0.035 MG TABLET	1	

Medication Name	Tier	Notes
ESTAZOLAM 1 MG TABLET	2	
ESTAZOLAM 2 MG TABLET	2	
ESTRADIOL 0.01% CREAM	2	
ESTRADIOL 0.025 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.025 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.0375 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.0375 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSERT TABLET	2	QL
ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET	2	
ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET	2	
ESTROGEN-METHYLTESTOSTERONE F.S. TABLET	2	
ESTROGEN-METHYLTESTOSTERONE H.S. TABLET	2	
ESZOPICLONE 1 MG TABLET	2	
ESZOPICLONE 2 MG TABLET	2	
ESZOPICLONE 3 MG TABLET	2	
ETHAMBUTOL 100 MG TABLET	2	
ETHAMBUTOL 400 MG TABLET	2	
ETHOSUXIMIDE 250 MG CAPSULE	2	
ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION	2	
ETHYL CHLORIDE SPRAY	2	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	1	
ETODOLAC 200 MG CAPSULE	2	
ETODOLAC 300 MG CAPSULE	2	
ETODOLAC 400 MG TABLET	2	
ETODOLAC 500 MG TABLET	2	
ETODOLAC ER 400 MG TABLET	2	
ETODOLAC ER 500 MG TABLET	2	
ETODOLAC ER 600 MG TABLET	2	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING	2	



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ETOPOSIDE 50 MG CAPSULE	5	SRX	EXEL HYPO NEEDLE 21G 1"	3	
ETRAVIRINE 100 MG TABLET	2		EXEL HYPO NEEDLE 21G 1.5"	3	
ETRAVIRINE 200 MG TABLET	2		EXEL HYPO NEEDLE 22G 0.75"	3	
EURAX 10% CREAM	4		EXEL HYPO NEEDLE 22G 1"	3	
EUTHYROX 25 MCG TABLET	1		EXEL HYPO NEEDLE 22G 1.5"	3	
EUTHYROX 50 MCG TABLET	1		EXEL HYPO NEEDLE 23G 0.75"	3	
EUTHYROX 75 MCG TABLET	1		EXEL HYPO NEEDLE 23G 1"	3	
EUTHYROX 88 MCG TABLET	1		EXEL HYPO NEEDLE 25G 0.625"	3	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25G 0.75"	3	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 25G 1"	3	
EUTHYROX 125 MCG TABLET	1		EXEL HYPO NEEDLE 25G 1.5"	3	
EUTHYROX 137 MCG TABLET	1		EXEL HYPO NEEDLE 26G 0.375"	3	
EUTHYROX 150 MCG TABLET	1		EXEL HYPO NEEDLE 26G 0.5"	3	
EUTHYROX 175 MCG TABLET	1		EXEL HYPO NEEDLE 26G 0.625"	3	
EUTHYROX 200 MCG TABLET	1		EXEL HYPO NEEDLE 26G 1.5"	3	
EVENCARE G2 CONTROL SOLUTION	3		EXEL HYPO NEEDLE 27G 0.5"	3	
EVENCARE G3 CONTROL SOLUTION	3		EXEL HYPO NEEDLE 30G 0.5"	3	
EVEROLIMUS 0.25 MG TABLET	5	SRX	EXEL INSULIN SYRINGE U100 1 ML 28G 1/2"	3	
EVEROLIMUS 0.5 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 20G 1"	3	
EVEROLIMUS 0.75 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 21G 1"	3	
EVEROLIMUS 1 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 22G 1"	3	
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 20G 1" 3 ML	3	
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 20G 1-1/2" 3 ML	3	
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 21G 1" 3 ML	3	
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 21G 1-1/2" 3 ML	3	
EVEROLIMUS 2 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 22G 1" 3 ML	3	
EVEROLIMUS 3 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 22G 1-1/2" 3 ML	3	
EVEROLIMUS 5 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 22G 3/4" 3 ML	3	
EVOLUTION CONTROL SOLUTION NORMAL	3		EXEL SYRINGE 23G 1" 3 ML	3	
EVOTAZ 300 MG-150 MG TABLET	3		EXEL SYRINGE 25G 1" 3 ML	3	
EXEL 3 ML SYRINGE 27G 1-1/4"	3		EXEL U100 0.3 ML 29G 1/2"	3	
EXEL HUBER 22G 3/4" NEEDLE	3		EXEL U100 0.3 ML 30G 5/16"	3	
EXEL HUBER NEEDLE 22G 1"	3		EXEL U100 0.5 ML 28G 1/2"	3	
EXEL HYPO NEEDLE 16G 1"	3		EXEL U100 0.5 ML 29G 1/2"	3	
EXEL HYPO NEEDLE 18G 1"	3		EXEL U100 0.5 ML 30G 5/16"	3	
EXEL HYPO NEEDLE 18G 1.5"	3		EXEL U100 1 ML 30G 5/16"	3	
EXEL HYPO NEEDLE 19G 1"	3		EXEL U100 INSULIN SYRINGE 1 ML 29G 1/2	3	
EXEL HYPO NEEDLE 19G 1.5"	3		EXEMESTANE 25 MG TABLET	2	
EXEL HYPO NEEDLE 20G 0.75"	3		EXTENDED RESERVOIR 3 ML	3	
EXEL HYPO NEEDLE 20G 1"	3		EZETIMIBE 10 MG TABLET	2	
EXEL HYPO NEEDLE 20G 1.5"	3		EZETIMIBE-SIMVASTATIN 10-10 MG TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EZETIMIBE-SIMVASTATIN 10-20 MG TABLET	2	
EZETIMIBE-SIMVASTATIN 10-40 MG TABLET	2	
EZETIMIBE-SIMVASTATIN 10-80 MG TABLET	2	
FALMINA-28 TABLET	1	
FAMCICLOVIR 125 MG TABLET	2	
FAMCICLOVIR 250 MG TABLET	2	
FAMCICLOVIR 500 MG TABLET	2	
FAMOTIDINE 40 MG/5 ML SUSPENSION	2	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FARXIGA 5 MG TABLET	3	QL
FARXIGA 10 MG TABLET	3	QL
FEBUXOSTAT 40 MG TABLET	4	QL
FEBUXOSTAT 80 MG TABLET	4	QL
FELBAMATE 600 MG/5 ML SUSPENSION	4	
FELBAMATE 400 MG TABLET	4	
FELBAMATE 600 MG TABLET	4	
FELODIPINE ER 2.5 MG TABLET	2	
FELODIPINE ER 5 MG TABLET	2	
FELODIPINE ER 10 MG TABLET	2	
FEM PH VAGINAL JELLY	2	
FENOFIBRATE 43 MG CAPSULE	2	
FENOFIBRATE 50 MG CAPSULE	2	
FENOFIBRATE 67 MG CAPSULE	2	
FENOFIBRATE 130 MG CAPSULE	2	
FENOFIBRATE 134 MG CAPSULE	2	
FENOFIBRATE 150 MG CAPSULE	2	
FENOFIBRATE 200 MG CAPSULE	2	
FENOFIBRATE 40 MG TABLET	2	
FENOFIBRATE 48 MG TABLET	2	
FENOFIBRATE 54 MG TABLET	2	
FENOFIBRATE 120 MG TABLET	2	
FENOFIBRATE 145 MG TABLET	2	
FENOFIBRATE 160 MG TABLET	2	
FENOFIBRIC ACID 35 MG TABLET	2	
FENOFIBRIC ACID 105 MG TABLET	2	
FENOFIBRIC ACID DR 45 MG CAPSULE	2	
FENOFIBRIC ACID DR 135 MG CAPSULE	2	
FENOPROFEN 600 MG TABLET	3	
FENTANYL 12 MCG/HR PATCH	3	PA
FENTANYL 25 MCG/HR PATCH	3	PA

Medication Name	Tier	Notes
FENTANYL 37.5 MCG/HR PATCH	3	PA
FENTANYL 50 MCG/HR PATCH	3	PA
FENTANYL 62.5 MCG/HR PATCH	3	PA
FENTANYL 75 MCG/HR PATCH	3	PA
FENTANYL 87.5 MCG/HR PATCH	3	PA
FENTANYL 100 MCG/HR PATCH	3	PA
FENTANYL CITRATE OTFC 200 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 400 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 600 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 800 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	4	PA
FERRIPROX 100 MG/ML ORAL SOLUTION	4	PA, LDD
FESOTERODINE ER 4 MG TABLET	4	QL
FESOTERODINE ER 8 MG TABLET	4	QL
FETZIMA 20-40 MG TITRATION PACK	4	QL, ST
FETZIMA ER 20 MG CAPSULE	4	QL, ST
FETZIMA ER 40 MG CAPSULE	4	QL, ST
FETZIMA ER 80 MG CAPSULE	4	QL, ST
FETZIMA ER 120 MG CAPSULE	4	QL, ST
FIFTY50 GLUCOSE CONTROL SOLUTION	3	
FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"	3	
FIFTY50 PEN 31G 3/16" NEEDLE	3	
FIFTY50 PEN 31G 5/16" NEEDLE	3	
FIFTY50 PEN NEEDLE 32G 1/4"	3	
FIFTY50 PEN NEEDLE 32G 5/32"	3	
FILTER ASPIRATOR NEEDLE	3	
FILTER NEEDLE	3	
FILTER NEEDLE 19G 1-1/2"	3	
FILTER NEEDLE 5 MICRON	3	
FINASTERIDE 5 MG TABLET	2	
FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX
FINZALA 1-0.02(24)-75 CHEWABLE TABLET	1	
FIRVANQ 25 MG/ML ORAL SOLUTION	3	QL
FIRVANQ 50 MG/ML ORAL SOLUTION	3	QL
FLAC OTIC OIL 0.01% EAR DROPS	2	
FLAVOXATE 100 MG TABLET	2	
FLECAINIDE 50 MG TABLET	2	
FLECAINIDE 100 MG TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
FLECAINIDE 150 MG TABLET	2		FLUOROURACIL 2% TOPICAL SOLUTION	2	
FLEXICHAMBER	3	QL	FLUOROURACIL 5% TOPICAL SOLUTION	2	
FLEXICHAMBER-LARGE CHILD MASK	3	QL	FLUOXETINE 10 MG CAPSULE	1	QL
FLEXICHAMBER-SMALL ADULT MASK	3	QL	FLUOXETINE 20 MG CAPSULE	1	QL
FLEXICHAMBER-SMALL CHILD MASK	3	QL	FLUOXETINE 40 MG CAPSULE	1	QL
FLOW-EZE VENTED NEEDLE	3		FLUOXETINE 20 MG/5 ML ORAL SOLUTION	2	QL
FLUAD	3		FLUOXETINE DR 90 MG CAPSULE	2	QL
FLUARIX	3		FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2	
FLUBLOK	3		FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE	2	
FLUCELVAX	3		FLUPHENAZINE 1 MG TABLET	2	
FLUCONAZOLE 10 MG/ML SUSPENSION	2		FLUPHENAZINE 2.5 MG TABLET	2	
FLUCONAZOLE 40 MG/ML SUSPENSION	2		FLUPHENAZINE 5 MG TABLET	2	
FLUCONAZOLE 50 MG TABLET	2		FLUPHENAZINE 10 MG TABLET	2	
FLUCONAZOLE 100 MG TABLET	2		FLURANDRENOLIDE 0.05% CREAM	4	
FLUCONAZOLE 150 MG TABLET	2		FLURANDRENOLIDE 0.05% LOTION	4	
FLUCONAZOLE 200 MG TABLET	2		FLURANDRENOLIDE 0.05% OINTMENT	4	
FLUCYTOSINE 250 MG CAPSULE	4		FLURAZEPAM 15 MG CAPSULE	2	
FLUCYTOSINE 500 MG CAPSULE	4		FLURAZEPAM 30 MG CAPSULE	2	
FLUDROCORTISONE 0.1 MG TABLET	2		FLURBIPROFEN 0.03% EYE DROPS	2	
FLULAVAL	3		FLURBIPROFEN 100 MG TABLET	2	
FLUMIST	3		FLUTAMIDE 125 MG CAPSULE	2	
FLUNISOLIDE 0.025% NASAL SPRAY	2		FLUTICASONE 0.05% CREAM	2	
FLUOCINOLONE 0.01% BODY OIL	2		FLUTICASONE 0.05% LOTION	2	
FLUOCINOLONE 0.01% CREAM	2		FLUTICASONE 0.005% OINTMENT	2	
FLUOCINOLONE 0.025% CREAM	2		FLUTICASONE 50 MCG NASAL SPRAY	2	
FLUOCINOLONE 0.025% OINTMENT	2		FLUTICASONE-SALMETEROL 100-50 INHALER	2	QL
FLUOCINOLONE 0.01% SCALP OIL	2		FLUTICASONE-SALMETEROL 250-50 INHALER	2	QL
FLUOCINOLONE 0.01% TOPICAL SOLUTION	2		FLUTICASONE-SALMETEROL 500-50 INHALER	2	QL
FLUOCINOLONE OIL 0.01% EAR DROPS	2		FLUVASTATIN 20 MG CAPSULE	3	
FLUOCINONIDE 0.05% CREAM	2		FLUVASTATIN 40 MG CAPSULE	3	
FLUOCINONIDE 0.1% CREAM	2		FLUVASTATIN ER 80 MG TABLET	3	
FLUOCINONIDE 0.05% GEL	2		FLUVOXAMINE 25 MG TABLET	2	QL
FLUOCINONIDE 0.05% OINTMENT	2		FLUVOXAMINE 50 MG TABLET	2	QL
FLUOCINONIDE 0.05% TOPICAL SOLUTION	2		FLUVOXAMINE 100 MG TABLET	2	QL
FLUOCINONIDE-E 0.05% CREAM	2		FLUVOXAMINE ER 100 MG CAPSULE	2	QL
FLUORIDEX DAILY DEFENSE 1.1% TOOTHPASTE	2		FLUVOXAMINE ER 150 MG CAPSULE	2	QL
FLUORIDEX SENSITIVE RELIEF TOOTHPASTE	2		FLUZONE	3	
FLUORIMAX 5000 1.1% TOOTHPASTE	2		FLUZONE HIGH-DOSE	3	
FLUOROMETHOLONE 0.1% EYE DROPS	2		FOLIC ACID 1 MG TABLET	1	
FLUOROURACIL 0.5% CREAM	4		FOLIVANE-OB CAPSULE	1	
FLUOROURACIL 5% CREAM	2		FOLLISTIM AQ 300 UNIT CARTRIDGE	5	PA, SRX

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
FOLLISTIM AQ 600 UNIT CARTRIDGE	5	PA, SRX
FOLLISTIM AQ 900 UNIT CARTRIDGE	5	PA, SRX
FONDAPARINUX 2.5 MG/0.5 ML SYRINGE	5	QL, SRX
FONDAPARINUX 5 MG/0.4 ML SYRINGE	5	QL, SRX
FONDAPARINUX 7.5 MG/0.6 ML SYRINGE	5	QL, SRX
FONDAPARINUX 10 MG/0.8 ML SYRINGE	5	QL, SRX
FORA HIGH CONTROL SOLUTION	3	
FORA KETONE CONTROL SOLUTION-L1	3	
FORA LOW CONTROL SOLUTION	3	
FORA NORMAL CONTROL SOLUTION	3	
FORACARE GDH HIGH CONTROL SOLUTION	3	
FORACARE GDH LOW CONTROL SOLUTION	3	
FORACARE GDH NORMAL CONTROL SOLUTION	3	
FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION	4	QL
FORTISCARE CONTROL SOLUTION HIGH	3	
FORTISCARE CONTROL SOLUTION LOW	3	
FORTISCARE CONTROL SOLUTION NORMAL	3	
FOSAMPRENAVIR 700 MG TABLET	2	
FOSFOMYCIN 3 GM SACHET	3	
FOSINOPRIL 10 MG TABLET	1	
FOSINOPRIL 20 MG TABLET	1	
FOSINOPRIL 40 MG TABLET	1	
FOSINOPRIL-HCTZ 10-12.5 MG TABLET	2	
FOSINOPRIL-HCTZ 20-12.5 MG TABLET	2	
FOSRENOL 750 MG POWDER PACKET	4	
FOSRENOL 1,000 MG POWDER PACKET	4	
FRAGMIN 2,500 UNIT/0.2 ML SYRINGE	5	QL, SRX
FRAGMIN 5,000 UNIT/0.2 ML SYRINGE	5	QL, SRX
FRAGMIN 7,500 UNIT/0.3 ML SYRINGE	5	QL, SRX
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX
FRAGMIN 12,500 UNIT/0.5 ML SYRINGE	5	QL, SRX
FRAGMIN 15,000 UNIT/0.6 ML SYRINGE	5	QL, SRX
FRAGMIN 18,000 UNIT/0.72 ML SYRINGE	5	QL, SRX
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX
FRAGMIN 95,000 UNIT/3.8 ML VIAL	5	QL, SRX
FREESTYLE CONTROL SOLUTION	3	
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 3 READER	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL

Medication Name	Tier	Notes
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE PRECISION 0.5 ML 30G 5/16"	3	
FREESTYLE PRECISION 0.5 ML 31G 5/16"	3	
FREESTYLE PRECISION 1 ML 30G 5/16"	3	
FREESTYLE PRECISION 1 ML 31G 5/16"	3	
FROVATRIPTAN 2.5 MG TABLET	3	QL
FUROSEMIDE 10 MG/ML ORAL SOLUTION	1	
FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	1	
FUROSEMIDE 20 MG TABLET	1	
FUROSEMIDE 40 MG TABLET	1	
FUROSEMIDE 80 MG TABLET	1	
FUZEON 90 MG VIAL	5	SRX
FYAVOLV 0.5 MG-2.5 MCG TABLET	2	
FYAVOLV 1 MG-5 MCG TABLET	2	
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
FYCOMPA 10 MG TABLET	4	PA, QL
FYCOMPA 12 MG TABLET	4	PA, QL
GABAPENTIN 100 MG CAPSULE	2	
GABAPENTIN 300 MG CAPSULE	2	
GABAPENTIN 400 MG CAPSULE	2	
GABAPENTIN 250 MG/5 ML ORAL SOLUTION	2	
GABAPENTIN 300 MG/6 ML ORAL SOLUTION	2	
GABAPENTIN 600 MG TABLET	2	
GABAPENTIN 800 MG TABLET	2	
GALANTAMINE 4 MG/ML ORAL SOLUTION	2	
GALANTAMINE 4 MG TABLET	2	
GALANTAMINE 8 MG TABLET	2	
GALANTAMINE 12 MG TABLET	2	
GALANTAMINE ER 8 MG CAPSULE	2	QL
GALANTAMINE ER 16 MG CAPSULE	2	QL
GALANTAMINE ER 24 MG CAPSULE	2	QL
GALZIN 25 MG CAPSULE	4	
GALZIN 50 MG CAPSULE	4	
GARDASIL 9 SYRINGE	3	
GARDASIL 9 VIAL	3	
GATIFLOXACIN 0.5% EYE DROPS	3	
GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX
GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
GATTEX 5 MG VIAL	5	PA, LDD, SRX	GLIMEPIRIDE 2 MG TABLET	1	
GAVILYTE-C ORAL SOLUTION	2		GLIMEPIRIDE 4 MG TABLET	1	
GAVILYTE-G ORAL SOLUTION	2		GLIPIZIDE 5 MG TABLET	1	
GAVILYTE-N ORAL SOLUTION	2		GLIPIZIDE 10 MG TABLET	1	
GE100 CONTROL SOLUTION NORMAL	3		GLIPIZIDE ER 2.5 MG TABLET	1	
GEFITINIB 250 MG TABLET	5	PA, QL, SRX	GLIPIZIDE ER 5 MG TABLET	1	
GEMFIBROZIL 600 MG TABLET	2		GLIPIZIDE ER 10 MG TABLET	1	
GEMMILY 1 MG-20 MCG CAPSULE	1		GLIPIZIDE XL 2.5 MG TABLET	1	
GENERLAC 10 GM/15 ML ORAL SOLUTION	2		GLIPIZIDE XL 5 MG TABLET	1	
GENGRAF 25 MG CAPSULE	2		GLIPIZIDE XL 10 MG TABLET	1	
GENGRAF 100 MG CAPSULE	2		GLIPIZIDE-METFORMIN 2.5-250 MG TABLET	2	
GENGRAF 100 MG/ML ORAL SOLUTION	2		GLIPIZIDE-METFORMIN 2.5-500 MG TABLET	2	
GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX	GLIPIZIDE-METFORMIN 5-500 MG TABLET	2	
GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX	GLUCAGON 1 MG EMERGENCY KIT	3	QL
GENOTROPIN MINQUICK 0.2 MG SYRINGE	5	PA, SRX	GLUCOCARD 01 CONTROL SOLUTION	3	
GENOTROPIN MINQUICK 0.4 MG SYRINGE	5	PA, SRX	GLUCOCARD EXPRESSION CONTROL SOLUTION	3	
GENOTROPIN MINQUICK 0.6 MG SYRINGE	5	PA, SRX	GLUCOCARD SHINE CONTROL SOLUTION	3	
GENOTROPIN MINQUICK 0.8 MG SYRINGE	5	PA, SRX	GLUCOCOM AUTOLINK SYSTEM	3	
GENOTROPIN MINQUICK 1 MG SYRINGE	5	PA, SRX	GLUCOCOM CONTROL SOLUTION	3	
GENOTROPIN MINQUICK 1.2 MG SYRINGE	5	PA, SRX	GLUCOSE CONTROL SOLUTION	3	
GENOTROPIN MINQUICK 1.4 MG SYRINGE	5	PA, SRX	GLUCOSE CONTROL SOLUTION NORMAL	3	
GENOTROPIN MINQUICK 1.6 MG SYRINGE	5	PA, SRX	GLYBURIDE 1.25 MG TABLET	1	
GENOTROPIN MINQUICK 1.8 MG SYRINGE	5	PA, SRX	GLYBURIDE 2.5 MG TABLET	1	
GENOTROPIN MINQUICK 2 MG SYRINGE	5	PA, SRX	GLYBURIDE 5 MG TABLET	1	
GENTAK 0.3 % EYE OINTMENT	2		GLYBURIDE MICRO 1.5 MG TABLET	1	
GENTAMICIN 0.1% CREAM	2		GLYBURIDE MICRO 3 MG TABLET	1	
GENTAMICIN 0.1% OINTMENT	2		GLYBURIDE MICRO 6 MG TABLET	1	
GENTAMICIN 0.3% EYE DROPS	2		GLYBURIDE-METFORMIN 1.25-250 MG TABLET	2	
GENVOYA TABLET	4	QL	GLYBURIDE-METFORMIN 2.5-500 MG TABLET	2	
GIANVI 3 MG-0.02 MG TABLET	1		GLYBURIDE-METFORMIN 5-500 MG TABLET	2	
GILOTRIF 20 MG TABLET	5	PA, QL, LDD, SRX	GLYCINE 1.5% IRRIGATION	2	
GILOTRIF 30 MG TABLET	5	PA, QL, LDD, SRX	GLYCOPYRROLATE 1 MG TABLET	2	
GILOTRIF 40 MG TABLET	5	PA, QL, LDD, SRX	GLYCOPYRROLATE 2 MG TABLET	2	
GLATIRAMER 20 MG/ML SYRINGE	5	PA, SRX	GLYDO 2% JELLY SYRINGE	2	
GLATIRAMER 40 MG/ML SYRINGE	5	PA, SRX	GNP CLICKFINE 31G 1/4" NEEDLE	3	
GLATOPA 20 MG/ML SYRINGE	5	PA, SRX	GNP CLICKFINE 31G 5/16" NEEDLE	3	
GLATOPA 40 MG/ML SYRINGE	5	PA, SRX	GNP EASY TOUCH HIGH-LOW SOLUTION	3	
GLEOSTINE 10 MG CAPSULE	4	PA	GNP INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
GLEOSTINE 40 MG CAPSULE	4	PA	GNP INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
GLEOSTINE 100 MG CAPSULE	4	PA	GNP INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
GLIMEPIRIDE 1 MG TABLET	1		GNP INSULIN SYRINGE 1 ML 28G 1/2"	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
GNP INSULIN SYRINGE 1 ML 31G 5/16"	3		GUANFACINE 2 MG TABLET	2	
GNP ULTICARE PEN NEEDLE 31G 5MM	3		GUANFACINE ER 1 MG TABLET	2	QL
GNP ULTICARE PEN NEEDLE 31G 8MM	3		GUANFACINE ER 2 MG TABLET	2	QL
GNP ULTICARE PEN NEEDLE 32G 4MM	3		GUANFACINE ER 3 MG TABLET	2	QL
GNP ULTICARE PEN NEEDLE 32G 6MM	3		GUANFACINE ER 4 MG TABLET	2	QL
GNP ULTIGUARD SAFEPACK 31G 5MM	3		GUARDIAN RT REPLACE CHARGER	3	
GNP ULTIGUARD SAFEPACK 31G 8MM	3		GUARDIAN RT REPLACE MONITOR	3	
GNP ULTIGUARD SAFEPACK 32G 4MM	3		GUARDIAN RT REPLACE TEST PLUG	3	
GNP ULTIGUARD SAFEPACK 32G 6MM	3		GUARDIAN TEST PLUG	3	
GNP ULTRA COMFORT 0.3ML 29G 1/2"	3		GUARDIAN TRANSMITTER TAPE	3	
GNP ULTRA COMFORT 0.5 ML 28G 1/2"	3		GYNAZOLE 1 2% CREAM	3	
GNP ULTRA COMFORT 0.5 ML 29G 1/2"	3		HAILEY 21 1.5 MG-30 MCG TABLET	1	
GNP ULTRA COMFORT 0.5 ML SYRINGE	3		HAILEY 24 FE 1 MG-20 MCG TABLET	1	
GNP ULTRA COMFORT 1 ML 28G 1/2"	3		HAILEY FE 1-20 TABLET	1	
GNP ULTRA COMFORT 1 ML 29G 1/2"	3		HAILEY FE 1.5-30 TABLET	1	
GNP ULTRA COMFORT 3/10 ML SYRINGE	3		HALCINONIDE 0.1% CREAM	4	
GNP ULTRA COMFORT 1 ML SYRINGE	3		HALOBETASOL 0.05% CREAM	2	
GOJJI GLUCOSE CONTROL SOLUTION-NORMAL	3		HALOBETASOL 0.05% OINTMENT	2	
GOJJI KETONE CONTROL SOLUTION-L1	3		HALOETTE VAGINAL RING	2	
GONAL-F 450 UNITS VIAL	5	PA, SRX	HALOPERIDOL 0.5 MG TABLET	2	
GONAL-F 1,050 UNITS VIAL	5	PA, SRX	HALOPERIDOL 1 MG TABLET	2	
GONAL-F RFF 75 UNIT VIAL	5	PA, SRX	HALOPERIDOL 2 MG TABLET	2	
GONAL-F RFF REDI-JECT 300 UNIT	5	PA, SRX	HALOPERIDOL 5 MG TABLET	2	
GONAL-F RFF REDI-JECT 450 UNIT	5	PA, SRX	HALOPERIDOL 10 MG TABLET	2	
GONAL-F RFF REDI-JECT 900 UNIT	5	PA, SRX	HALOPERIDOL 20 MG TABLET	2	
GRANISETRON 1 MG TABLET	4		HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE	2	
GRANISETRON 0.1 MG/ML VIAL	4		HALOPERIDOL LACTATE 10 MG/5 ML ORAL CONCENTRATE	2	
GRANISETRON 1 MG/ML VIAL	4		HARVONI 33.75-150 MG PELLETT PACKET	5	PA, QL, SRX
GRANISETRON 4 MG/4 ML VIAL	4		HARVONI 45-200 MG PELLETT PACKET	5	PA, QL, SRX
GRASTEK 2,800 BAU SL TABLET	4	PA, QL	HARVONI 45-200 MG TABLET	5	PA, QL, SRX
GRISEOFULVIN 125 MG/5 ML SUSPENSION	3		HARVONI 90-400 MG TABLET	5	PA, QL, SRX
GRISEOFULVIN MICRO 500 MG TABLET	3		HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
GRISEOFULVIN ULTRA 125 MG TABLET	3		HAVRIX 1,440 UNIT/ML SYRINGE	3	
GRISEOFULVIN ULTRA 250 MG TABLET	3		HEALTHPRO CONTROL SOLUTION-L1, L3	3	
GS PEN NEEDLE 31G 5/16"	3		HEALTHWISE INSULIN SYRINGE 0.3ML 30G 5/16"	3	
GS PEN NEEDLE 31G 5MM	3		HEALTHWISE INSULIN SYRINGE 0.3ML 31G 5/16"	3	
GS PEN NEEDLE 31G 6MM	3		HEALTHWISE INSULIN SYRINGE 0.5ML 30G 5/16"	3	
GS PEN NEEDLE 31G 8MM	3		HEALTHWISE INSULIN SYRINGE 0.5ML 31G 5/16"	3	
GS PEN NEEDLE 32G 4MM	3		HEALTHWISE INSULIN SYRINGE 1 ML 30G 5/16"	3	
GS PEN NEEDLE 32G 6MM	3		HEALTHWISE INSULIN SYRINGE 1 ML 31G 5/16"	3	
GUANFACINE 1 MG TABLET	2				

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
HEALTHWISE PEN NEEDLE 31G 5MM	3	
HEALTHWISE PEN NEEDLE 31G 8MM	3	
HEALTHWISE PEN NEEDLE 32G 4MM	3	
HEALTHY ACCENTS PENTIP 4MM 32G	3	
HEALTHY ACCENTS PENTIP 5MM 31G	3	
HEALTHY ACCENTS PENTIP 6MM 31G	3	
HEALTHY ACCENTS PENTIP 8MM 31G	3	
HEALTHY ACCENTS PENTIP 12MM 29G	3	
HEATHER 0.35 MG TABLET	1	
HEB UNIFINE PENTIP PLUS 31G 3/17	3	
HEMA-COMBISTIX REAGENT TEST STRIP	3	
HEMMOREX-HC 25 MG SUPPOSITORY	2	
HEMMOREX-HC 30 MG SUPPOSITORY	2	
HEPARIN 5,000 UNIT/0.5 ML INJECTION	2	
HEPARIN 5,000 UNIT/ML SYRINGE	2	
HEPLISAV-B 20 MCG/0.5 ML SYRINGE	3	
HER STYLE 1.5 MG TABLET	1	
HIBERIX VACCINE VIAL	3	
HIBERIX VIAL AND DILUENT SYRINGE	3	
HIBERIX VIAL WITH DILUENT VIAL	3	
HM ULTICARE PEN NEEDLE 4MM 32G	3	
HM ULTICARE PEN NEEDLE 5MM 31G	3	
HM ULTICARE PEN NEEDLE 6MM 31G	3	
HM ULTICARE PEN NEEDLE 8MM 31G	3	
HOMATROPAIRE 5% EYE DROPS	2	
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL
HUMALOG 100 UNIT/ML KWIKPEN	3	QL
HUMALOG 200 UNIT/ML KWIKPEN	3	QL
HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL
HUMALOG MIX 50-50 KWIKPEN	3	QL
HUMALOG MIX 75-25 KWIKPEN	3	QL
HUMALOG MIX 50-50 VIAL	3	QL
HUMALOG MIX 75-25 VIAL	3	QL
HUMALOG TEMPO PEN 100 UNIT/ML	3	QL
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX
HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX
HUMIRA PEN CROHN'S-UC-HS 40 MG	5	PA, QL, SRX
HUMIRA PEN PSOR-UEITIS-ADOL HS 40 MG	5	PA, QL, SRX
HUMIRA(CF) 10 MG/0.1 ML SYRINGE	5	PA, QL, SRX
HUMIRA(CF) 20 MG/0.2 ML SYRINGE	5	PA, QL, SRX
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	5	PA, QL, SRX

Medication Name	Tier	Notes
HUMIRA(CF) PEDIATRIC CROHN'S 80 MG/0.8	5	PA, QL, LDD, SRX
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG	5	PA, QL, LDD, SRX
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX
HUMIRA(CF) PEN CROHN'S-UC-HS 80 MG	5	PA, QL, SRX
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	5	PA, QL, LDD, SRX
HUMIRA(CF) PEN PSORIASIS-UV-ADOL HS 80-40	5	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	3	QL
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HUMULIN 70-30 VIAL	3	QL
HUMULIN N 100 UNIT/ML VIAL	3	QL
HUMULIN R 100 UNIT/ML VIAL	3	QL
HUMULIN R 500 UNIT/ML VIAL	3	QL
HYCANTIN 0.25 MG CAPSULE	5	PA, SRX
HYCANTIN 1 MG CAPSULE	5	PA, SRX
HYDRALAZINE 10 MG TABLET	1	
HYDRALAZINE 25 MG TABLET	1	
HYDRALAZINE 50 MG TABLET	1	
HYDRALAZINE 100 MG TABLET	2	
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	1	
HYDROCHLOROTHIAZIDE 12.5 MG TABLET	1	
HYDROCHLOROTHIAZIDE 25 MG TABLET	1	
HYDROCHLOROTHIAZIDE 50 MG TABLET	1	
HYDROCODONE ER 20 MG TABLET	2	PA
HYDROCODONE ER 30 MG TABLET	2	PA
HYDROCODONE ER 40 MG TABLET	2	PA
HYDROCODONE ER 60 MG TABLET	2	PA
HYDROCODONE ER 80 MG TABLET	2	PA
HYDROCODONE ER 100 MG TABLET	2	PA
HYDROCODONE ER 120 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 2.5-108MG/5 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET	2	PA	HYDROMORPHONE 8 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA	HYDROMORPHONE ER 8 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET	2	PA	HYDROMORPHONE ER 12 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA	HYDROMORPHONE ER 16 MG TABLET	2	PA
HYDROCODONE-CHLORPHENIRAMINE ER SUSPENSION	2		HYDROMORPHONE ER 32 MG TABLET	2	PA
HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET	2	QL	HYDROXYCHLOROQUINE 200 MG TABLET	2	
HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION	2	QL	HYDROXYUREA 500 MG CAPSULE	2	
HYDROCODONE-HOMATROPINE ORAL SOLUTION	2	QL	HYDROXYZINE 10 MG/5 ML ORAL SOLUTION	2	
HYDROCODONE-IBUPROFEN 5-200 MG TABLET	2	PA	HYDROXYZINE 10 MG/5 ML SYRUP	2	
HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET	2	PA	HYDROXYZINE 10 MG TABLET	2	
HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET	2	PA	HYDROXYZINE 25 MG TABLET	2	
HYDROCORTISONE 1% CREAM	2		HYDROXYZINE 50 MG TABLET	2	
HYDROCORTISONE 2.5% CREAM	2		HYDROXYZINE PAMOATE 25 MG CAPSULE	2	
HYDROCORTISONE 100 MG/60 ML ENEMA	2		HYDROXYZINE PAMOATE 50 MG CAPSULE	2	
HYDROCORTISONE 2.5% LOTION	2		HYDROXYZINE PAMOATE 100 MG CAPSULE	2	
HYDROCORTISONE 1% OINTMENT	2		HYOPHEN TABLET	2	
HYDROCORTISONE 2.5% OINTMENT	2		HYOSCYAMINE 0.125 MG ODT TABLET	2	
HYDROCORTISONE 5 MG TABLET	2		HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET	2	
HYDROCORTISONE 10 MG TABLET	2		HYOSCYAMINE 0.125 MG TABLET	2	
HYDROCORTISONE 20 MG TABLET	2		HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2	
HYDROCORTISONE AC 25 MG SUPPOSITORY	2		HYOSCYAMINE 0.125 MG/ML ORAL DROPS	2	
HYDROCORTISONE AC 30 MG SUPPOSITORY	2		HYOSCYAMINE ER 0.375 MG TABLET	2	
HYDROCORTISONE BUTYRATE 0.1% CREAM	3		HYOSCYAMINE SR 0.375 MG TABLET	2	
HYDROCORTISONE BUTYRATE 0.1% OINTMENT	3		HYOSYNE 0.125 MG/ML ORAL DROPS	2	
HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION	3		HYOSYNE 125 MCG/5 ML ELIXIR	2	
HYDROCORTISONE VALERATE 0.2% CREAM	2		HYPO NEEDLE,POLYPROPYL HUB	3	
HYDROCORTISONE VALERATE 0.2% OINTMENT	2		HYPODERMIC NEEDLE,ALUM HUB	3	
HYDROCORTISONE-ACETIC ACID EAR SOLUTION	2		IBANDRONATE 150 MG TABLET	2	
HYDROCORTISONE-ACETIC EAR DROPS	2		IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION	2	QL	IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROMORPHONE 1 MG/ML ORAL SOLUTION	2	PA	IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION	2	PA	IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 3 MG SUPPOSITORY	2	PA	IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 2 MG TABLET	2	PA	IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 4 MG TABLET	2	PA	IBU 400 MG TABLET	1	
			IBU 600 MG TABLET	1	
			IBU 800 MG TABLET	1	
			IBUPROFEN 100 MG/5 ML SUSPENSION	2	
			IBUPROFEN 400 MG TABLET	1	
			IBUPROFEN 600 MG TABLET	1	
			IBUPROFEN 800 MG TABLET	1	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ICATIBANT 30 MG/3 ML SYRINGE	5	PA, SRX	INCRUSE ELLIPTA 62.5 MCG INHALER	3	
ICLEVIA 0.15 MG-0.03 MG TABLET	1		INDAPAMIDE 1.25 MG TABLET	1	
ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX	INDAPAMIDE 2.5 MG TABLET	1	
ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX	INDOMETHACIN 25 MG CAPSULE	2	
ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX	INDOMETHACIN 50 MG CAPSULE	2	
ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX	INDOMETHACIN ER 75 MG CAPSULE	2	
ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA	INFANRIX DTAP SYRINGE	3	
ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA	INFANRIX DTAP VIAL	3	
ICOSAPENT ETHYL 500 MG CAPSULE	4	PA	INFINITY CONTROL SOLUTION HIGH	3	
ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX	INFINITY CONTROL SOLUTION LOW	3	
ILET INFUSION KIT-INSET 23" 6 MM	3		INFINITY CONTROL SOLUTION NORMAL	3	
ILET INFUSION-CONTACT DETACH 23"6MM	3		INFINITY VOICE CONTROL SOLUTION-LVL 2	3	
IMATINIB 100 MG TABLET	5	PA, QL, SRX	INJECT-EASE SYRINGE NEEDLE INTRODUCER	3	
IMATINIB 400 MG TABLET	5	PA, QL, SRX	INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX	INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) BLUE	3	
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) GREY	3	
IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) PINK	3	
IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) BLUE	3	
IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) GREY	3	
IMBRUVICA 560 MG TABLET	5	PA, QL, SRX	INPEN (NOVOLOG OR FIASP) PINK	3	
IMIPRAMINE 10 MG TABLET	2		INSUL-CAP INSULIN HOLDER	3	
IMIPRAMINE 25 MG TABLET	2		INSULIN 3/10 ML SYRINGE	3	
IMIPRAMINE 50 MG TABLET	2		INSULIN 1/2 ML SYRINGE	3	
IMIPRAMINE PAMOATE 75 MG CAPSULE	3		INSULIN 1 ML SYRINGE	3	
IMIPRAMINE PAMOATE 100 MG CAPSULE	3		INSULIN ASPART 100 UNIT/ML CARTRIDGE	4	QL, ST
IMIPRAMINE PAMOATE 125 MG CAPSULE	3		INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST
IMIPRAMINE PAMOATE 150 MG CAPSULE	3		INSULIN ASPART 100 UNIT/ML VIAL	4	QL, ST
IMIQUIMOD 5% CREAM PACKET	2		INSULIN ASPART PROTAMINE MIX 70-30 PEN	4	QL, ST
INCASSIA 0.35 MG TABLET	1		INSULIN ASPART PROTAMINE MIX 70-30 VIAL	4	QL, ST
IN-CHECK NASAL WITH MASK	3		INSULIN CARTRIDGE 3 ML	3	
IN-CHECK ORAL FLOW METER	3		INSULIN LISPRO 100 UNIT/ML VIAL	3	QL
INCONTROL PEN NEEDLE 4MM 32G	3		INSULIN SYRINGE 0.3 ML	3	
INCONTROL PEN NEEDLE 5MM 31G	3		INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
INCONTROL PEN NEEDLE 6MM 31G	3		INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
INCONTROL PEN NEEDLE 8MM 31G	3		INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
INCONTROL PEN NEEDLE 12MM 29G	3		INSULIN SYRINGE 0.3 ML 31G 1/4"	3	
INCONTROL ULTICARE PEN NEEDLE 31G 6MM	3		INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
INCONTROL ULTICARE PEN NEEDLE 31G 8MM	3		INSULIN SYRINGE 0.5 ML	3	
INCONTROL ULTICARE PEN NEEDLE 32G 4MM	3		INSULIN SYRINGE 0.5 ML 27G 1/2"	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX	INSULIN SYRINGE 0.5 ML 27G 13MM	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
INSULIN SYRINGE 0.5 ML 28G 1/2"	3		IRBESARTAN 75 MG TABLET	1	
INSULIN SYRINGE 0.5 ML 29G 1/2"	3		IRBESARTAN 150 MG TABLET	1	
INSULIN SYRINGE 0.5 ML 30G 1/2"	3		IRBESARTAN 300 MG TABLET	1	
INSULIN SYRINGE 0.5 ML 30G 5/16"	3		IRBESARTAN-HCTZ 150-12.5 MG TABLET	1	
INSULIN SYRINGE 0.5 ML 31G 5/16"	3		IRBESARTAN-HCTZ 300-12.5 MG TABLET	1	
INSULIN SYRINGE 0.5 ML 31G 1/4"	3		ISENTRESS 25 MG CHEWABLE TABLET	3	
INSULIN SYRINGE 1 ML	3		ISENTRESS 100 MG CHEWABLE TABLET	3	
INSULIN SYRINGE 1 ML 27G 1/2"	3		ISENTRESS 100 MG POWDER PACKET	3	
INSULIN SYRINGE 1 ML 27G 13MM	3		ISENTRESS 400 MG TABLET	3	
INSULIN SYRINGE 1 ML 28G 1/2"	3		ISENTRESS HD 600 MG TABLET	3	
INSULIN SYRINGE 1 ML 28G 13MM	3		ISIBLOOM 28 DAY TABLET	1	
INSULIN SYRINGE 1 ML 29G 1/2"	3		ISONIAZID 50 MG/5 ML ORAL SOLUTION	2	
INSULIN SYRINGE 1 ML 30G 1/2"	3		ISONIAZID 100 MG TABLET	1	
INSULIN SYRINGE 1 ML 30G 5/16"	3		ISONIAZID 300 MG TABLET	1	
INSULIN SYRINGE 1 ML 31G 5/16"	3		ISOSORBIDE DINITRATE 5 MG TABLET	2	
INSULIN SYRINGE 1 ML 31G 1/4"	3		ISOSORBIDE DINITRATE 10 MG TABLET	2	
INSULIN-EZE SYRINGE MAGNIFIER	3		ISOSORBIDE DINITRATE 20 MG TABLET	2	
INSUPEN 30G ULTRAFINE NEEDLE	3		ISOSORBIDE DINITRATE 30 MG TABLET	2	
INSUPEN 31G ULTRAFINE NEEDLE	3		ISOSORBIDE MONONITRATE 10 MG TABLET	1	
INSUPEN 32G 8MM PEN NEEDLE	3		ISOSORBIDE MONONITRATE 20 MG TABLET	1	
INSUPEN PEN NEEDLE 29G 1/2"	3		ISOSORBIDE MONONITRATE ER 30 MG TABLET	1	
INSUPEN PEN NEEDLE 29G 12MM	3		ISOSORBIDE MONONITRATE ER 60 MG TABLET	1	
INSUPEN PEN NEEDLE 30G 8MM	3		ISOSORBIDE MONONITRATE ER 120 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 5MM	3		ISOTRETINOIN 10 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 8MM	3		ISOTRETINOIN 20 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 3/16"	3		ISOTRETINOIN 30 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 5/16"	3		ISOTRETINOIN 40 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 6MM	3		ISOXSUPRINE 10 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 8MM	3		ISOXSUPRINE 20 MG TABLET	2	
INSUPEN PEN NEEDLE 32G 4MM	3		ISRADIPINE 2.5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 32G 4MM	3		ISRADIPINE 5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 32G 5/32"	3		ITRACONAZOLE 100 MG CAPSULE	3	QL
INSUPEN PEN NEEDLE 32G 6MM	3		ITRACONAZOLE 10 MG/ML ORAL SOLUTION	3	
INSUPEN PEN NEEDLE 32G 8MM	3		ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION	3	
INSUPEN PEN NEEDLE 33G 4MM	3		IVERMECTIN 0.5% LOTION	4	
INTELENCE 25 MG TABLET	3		IVERMECTIN 3 MG TABLET	2	PA
IPOL VIAL	3		JAIMIESS 0.15-0.03-0.01 MG TABLET	1	
IPRATROPIUM 0.02% INHALATION SOLUTION	2		JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM 0.03% NASAL SPRAY	2		JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM 0.06% NASAL SPRAY	2		JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION	2		JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX	KELNOR 1-35 28 TABLET	1	
JANSSSEN COVID-19 VACCINE (EUA)	3		KELNOR 1-50 TABLET	1	
JANTOVEN 1 MG TABLET	1		KESIMPTA 20 MG/0.4 ML PEN	5	PA, SRX
JANTOVEN 2 MG TABLET	1		KETOCONAZOLE 2% CREAM	2	
JANTOVEN 2.5 MG TABLET	1		KETOCONAZOLE 2% SHAMPOO	2	
JANTOVEN 3 MG TABLET	1		KETOCONAZOLE 200 MG TABLET	2	
JANTOVEN 4 MG TABLET	1		KETO-DIASTIX REAGENT TEST STRIP	3	
JANTOVEN 5 MG TABLET	1		KETONE TEST STRIP	3	
JANTOVEN 6 MG TABLET	1		KETOPROFEN 50 MG CAPSULE	3	
JANTOVEN 7.5 MG TABLET	1		KETOPROFEN 75 MG CAPSULE	3	
JANTOVEN 10 MG TABLET	1		KETOPROFEN ER 200 MG CAPSULE	3	
JANUMET 50-500 MG TABLET	3	QL	KETOROLAC 0.4% EYE DROPS	2	
JANUMET 50-1,000 MG TABLET	3	QL	KETOROLAC 0.5% EYE DROPS	2	
JANUMET XR 50-500 MG TABLET	3	QL	KETOROLAC 10 MG TABLET	2	QL
JANUMET XR 50-1,000 MG TABLET	3	QL	KETOSTIX REAGENT TEST STRIP	3	
JANUMET XR 100-1,000 MG TABLET	3	QL	KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX
JANUVIA 25 MG TABLET	3	QL	KINRAY INSULIN SYRINGE 1 ML 31G 5/16"	3	
JANUVIA 50 MG TABLET	3	QL	KINRAY SYRINGE 0.3 ML 31G 5/16"	3	
JANUVIA 100 MG TABLET	3	QL	KINRAY SYRINGE 0.5 ML 31G 5/16"	3	
JARDIANCE 10 MG TABLET	3	QL	KINRIX TIP-LOK SYRINGE	3	
JARDIANCE 25 MG TABLET	3	QL	KINRIX VIAL	3	
JASMIEL 3 MG-0.02 MG TABLET	1		KIONEX 15 GM/60 ML SUSPENSION	2	
JENCYCLA 0.35 MG TABLET	1		KISQALI 200 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-500 MG TABLET	3	QL	KISQALI 400 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-850 MG TABLET	3	QL	KISQALI 600 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-1000 MG TABLET	3	QL	KLAYESTA 100,000 UNIT/GM POWDER	2	
JENTADUETO XR 2.5 MG-1,000 MG TABLET	3	QL	KLOR-CON 8 MEQ TABLET	2	
JENTADUETO XR 5 MG-1,000 MG TABLET	3	QL	KLOR-CON 10 MEQ TABLET	2	
JINTELI 1 MG-5 MCG TABLET	2		KLOR-CON 20 MEQ PACKET	2	
JOLESSA 0.15 MG-0.03 MG TABLET	1		KLOR-CON M10 TABLET	2	
JOYEAX-28 TABLET	1		KLOR-CON M15 TABLET	4	
JULEBER 28 DAY TABLET	1		KLOR-CON M20 TABLET	2	
JULUCA 50-25 MG TABLET	4	QL	KMART VALU PLUS SYRINGE 1/2 ML	3	
JUNEL 1 MG-20 MCG TABLET	1		KOURZEQ 0.1% DENTAL PASTE	2	
JUNEL 1.5 MG-30 MCG TABLET	1		K-PHOS #2 TABLET	4	
JUNEL FE 1 MG-20 MCG TABLET	1		K-PHOS ORIGINAL TABLET	4	
JUNEL FE 1.5 MG-30 MCG TABLET	1		KRO INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
JUNEL FE 24 TABLET	1		KRO INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
KAITLIB FE 0.8-0.025MG CHEWABLE TABLET	1		KRO INSULIN SYRINGE 1 ML 30G 5/16"	3	
KALLIGA 28 DAY TABLET	1		KRO PEN NEEDLE 4MM 32G	3	
KARIVA 28 DAY TABLET	1		KRO PEN NEEDLE 4MM 33G	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
KRO PEN NEEDLE 5MM 31G	3		LAMOTRIGINE ER 250 MG TABLET	3	
KRO PEN NEEDLE 6MM 31G	3		LAMOTRIGINE ER 300 MG TABLET	3	
KRO PEN NEEDLE 8MM 31G	3		LAMOTRIGINE ODT 25 MG TABLET	3	
KROGER INSULIN SYRINGE 0.3 ML 30G 5/16"	3		LAMOTRIGINE ODT 50 MG TABLET	3	
KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"	3		LAMOTRIGINE ODT 100 MG TABLET	3	
KROGER INSULIN SYRINGE 1 ML 29G 1/2"	3		LAMOTRIGINE ODT 200 MG TABLET	3	
KROGER INSULIN SYRINGE 1 ML 31G 5/16"	3		LAMOTRIGINE ODT KIT (BLUE)	2	
KROGER PEN NEEDLE 31G 5/16"	3		LAMOTRIGINE ODT KIT (GREEN)	2	
KROGER SYRINGE 0.3 ML 31G 5/16"	3		LAMOTRIGINE ODT KIT (ORANGE)	2	
KROGER SYRINGE 0.5 ML 30G 5/16"	3		LAMOTRIGINE TABLET STARTER KIT-BLUE	2	
KURVELO-28 TABLET	1		LAMOTRIGINE TABLET STARTER KIT-GREEN	2	
LABETALOL 100 MG TABLET	2		LAMOTRIGINE TABLET STARTER KIT-ORANGE	2	
LABETALOL 200 MG TABLET	2		LANSOPRAZOLE DR 15 MG CAPSULE	2	QL
LABETALOL 300 MG TABLET	2		LANSOPRAZOLE DR 30 MG CAPSULE	2	QL
LABSTIX REAGENT TEST STRIP	3		LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	3	
LACOSAMIDE 10 MG/ML ORAL SOLUTION	3	QL	LANTHANUM 500 MG CHEWABLE TABLET	4	
LACOSAMIDE 50 MG/5 ML ORAL SOLUTION	3	QL	LANTHANUM 750 MG CHEWABLE TABLET	4	
LACOSAMIDE 100 MG/10 ML ORAL SOLUTION	3	QL	LANTHANUM 1,000 MG CHEWABLE TABLET	4	
LACOSAMIDE 50 MG TABLET	3	QL	LAPATINIB 250 MG TABLET	5	PA, QL, SRX
LACOSAMIDE 100 MG TABLET	3	QL	LARIN 1.5 MG-30 MCG TABLET	1	
LACOSAMIDE 150 MG TABLET	3	QL	LARIN 21 1-20 TABLET	1	
LACOSAMIDE 200 MG TABLET	3	QL	LARIN 24 FE 1 MG-20 MCG TABLET	1	
LACRISERT 5 MG EYE INSERT	4		LARIN FE 1-20 TABLET	1	
LACTATED RINGERS IRRIGATION	2		LARIN FE 1.5-30 TABLET	1	
LACTULOSE 10 GM/15 ML ORAL SOLUTION	2		LATANOPROST 0.005% EYE DROPS	2	
LACTULOSE 20 GM/30 ML ORAL SOLUTION	2		LAYOLIS FE CHEWABLE TABLET	4	
LAMIVUDINE 10 MG/ML ORAL SOLUTION	2		LEADER INSULIN SYRINGE 0.3 ML	3	
LAMIVUDINE 150 MG TABLET	2		LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
LAMIVUDINE 300 MG TABLET	2		LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
LAMIVUDINE HBV 100 MG TABLET	2		LEADER INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
LAMIVUDINE-ZIDOVUDINE TABLET	2		LEADER INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
LAMOTRIGINE 5 MG DISPERSIBLE TABLET	2		LEADER INSULIN SYRINGE 1 ML 28G 1/2"	3	
LAMOTRIGINE 25 MG DISPERSIBLE TABLET	2		LEADER INSULIN SYRINGE 1 ML 29G 1/2"	3	
LAMOTRIGINE 25 MG TABLET	2		LEADER INSULIN SYRINGE 1 ML 30G 5/16"	3	
LAMOTRIGINE 100 MG TABLET	2		LEADER INSULIN SYRINGE 1 ML 31G 5/16"	3	
LAMOTRIGINE 150 MG TABLET	2		LEADER PEN NEEDLE 12MM 29G	3	
LAMOTRIGINE 200 MG TABLET	2		LEADER SYRINGE 0.3 ML 31G 5/16"	3	
LAMOTRIGINE ER 25 MG TABLET	3		LEADER SYRINGE 0.5 ML 31G 5/16"	3	
LAMOTRIGINE ER 50 MG TABLET	3		LEDIPASVIR-SOFOSBUVIR 90-400MG TABLET	5	PA, QL, SRX
LAMOTRIGINE ER 100 MG TABLET	3		LEENA 28 TABLET	1	
LAMOTRIGINE ER 200 MG TABLET	3		LEFLUNOMIDE 10 MG TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LEFLUNOMIDE 20 MG TABLET	2		LEVOBUNOLOL 0.5% EYE DROPS	2	
LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOCARNITINE 500 MG/5 ML ORAL SOLUTION	2	
LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOCARNITINE 1 G/10 ML ORAL SOLUTION	2	
LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOCARNITINE SF 1 G/10 ML ORAL SOLUTION	2	
LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOCARNITINE 330 MG TABLET	2	
LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	2	
LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOCETIRIZINE 5 MG TABLET	2	
LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 0.5% EYE DROPS	2	
LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 1.5% EYE DROPS	2	
LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 25 MG/ML ORAL SOLUTION	2	
LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 250 MG TABLET	2	
LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 500 MG TABLET	2	
LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 750 MG TABLET	2	
LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONEST-28 TABLET	1	
LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONORGESTREL 1.5 MG TABLET	1	
LESSINA-28 TABLET	1		LEVONORGESTREL 0.15 MG-ETHINYL ESTRADIOL 20-25-30 MCG TABLET	1	
LETROZOLE 2.5 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.09-0.02 MG TABLET	1	
LEUCOVORIN 5 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02 MG TABLET	1	
LEUCOVORIN 10 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02-0.01 TABLET	1	
LEUCOVORIN 15 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	1	
LEUCOVORIN 25 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03-0.01 TABLET	1	
LEUKERAN 2 MG TABLET	4		LEVONORGESTREL-ETHINYL ESTRADIOL TRIPHASIC TABLET	1	
LEUKINE 250 MCG VIAL	5	SRX	LEVONORGESTREL-ETHINYL ESTRADIOL-FE BIS 0.1-0.02-36 TABLET	1	
LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT	5	PA, SRX	LEVORA-28 TABLET	1	
LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION	2		LEVORPHANOL 2 MG TABLET	5	PA, SRX
LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	2		LEVORPHANOL 3 MG TABLET	5	PA, SRX
LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	2		LEVO-T 25 MCG TABLET	1	
LEVALBUTEROL CONCENTRATE 1.25 MG/0.5 INHALATION SOLUTION	2		LEVO-T 50 MCG TABLET	1	
LEVALBUTEROL TARTRATE HFA 45 MCG INHALER	2	QL	LEVO-T 75 MCG TABLET	1	
LEVETIRACETAM 100 MG/ML ORAL SOLUTION	2		LEVO-T 88 MCG TABLET	1	
LEVETIRACETAM 500 MG/5 ML ORAL SOLUTION	2		LEVO-T 100 MCG TABLET	1	
LEVETIRACETAM 1,000 MG/10 ML ORAL SOLUTION	2		LEVO-T 112 MCG TABLET	1	
LEVETIRACETAM 250 MG TABLET	2		LEVO-T 125 MCG TABLET	1	
LEVETIRACETAM 500 MG TABLET	2		LEVO-T 137 MCG TABLET	1	
LEVETIRACETAM 750 MG TABLET	2		LEVO-T 150 MCG TABLET	1	
LEVETIRACETAM 1,000 MG TABLET	2				
LEVETIRACETAM ER 500 MG TABLET	2				
LEVETIRACETAM ER 750 MG TABLET	2				

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LEVO-T 175 MCG TABLET	1		LINEZOLID 100 MG/5 ML SUSPENSION	4	PA
LEVO-T 200 MCG TABLET	1		LINEZOLID 600 MG TABLET	3	PA
LEVO-T 300 MCG TABLET	1		LINZESS 72 MCG CAPSULE	4	QL
LEVOTHYROXINE 25 MCG TABLET	1		LINZESS 145 MCG CAPSULE	4	QL
LEVOTHYROXINE 50 MCG TABLET	1		LINZESS 290 MCG CAPSULE	4	QL
LEVOTHYROXINE 75 MCG TABLET	1		LIOthyRONINE 5 MCG TABLET	2	
LEVOTHYROXINE 88 MCG TABLET	1		LIOthyRONINE 25 MCG TABLET	2	
LEVOTHYROXINE 100 MCG TABLET	1		LIOthyRONINE 50 MCG TABLET	2	
LEVOTHYROXINE 112 MCG TABLET	1		LISDEXAMFETAMINE 10 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 125 MCG TABLET	1		LISDEXAMFETAMINE 20 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 137 MCG TABLET	1		LISDEXAMFETAMINE 30 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 150 MCG TABLET	1		LISDEXAMFETAMINE 40 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 175 MCG TABLET	1		LISDEXAMFETAMINE 50 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 200 MCG TABLET	1		LISDEXAMFETAMINE 60 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 300 MCG TABLET	1		LISDEXAMFETAMINE 70 MG CAPSULE	2	PA, QL
LEVOXYL 25 MCG TABLET	2		LISDEXAMFETAMINE 10 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 50 MCG TABLET	2		LISDEXAMFETAMINE 20 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 75 MCG TABLET	2		LISDEXAMFETAMINE 30 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 88 MCG TABLET	2		LISDEXAMFETAMINE 40 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 100 MCG TABLET	2		LISDEXAMFETAMINE 50 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 112 MCG TABLET	2		LISDEXAMFETAMINE 60 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 125 MCG TABLET	2		LISINOPRIL 2.5 MG TABLET	1	
LEVOXYL 137 MCG TABLET	2		LISINOPRIL 5 MG TABLET	1	
LEVOXYL 150 MCG TABLET	2		LISINOPRIL 10 MG TABLET	1	
LEVOXYL 175 MCG TABLET	2		LISINOPRIL 20 MG TABLET	1	
LEVOXYL 200 MCG TABLET	2		LISINOPRIL 30 MG TABLET	1	
LEVULAN KERASTICK 20%	4		LISINOPRIL 40 MG TABLET	1	
LEXIVA 50 MG/ML SUSPENSION	3		LISINOPRIL-HCTZ 10-12.5 MG TABLET	1	
LIDOCAINE 2% JELLY	2		LISINOPRIL-HCTZ 20-12.5 MG TABLET	1	
LIDOCAINE 2% JELLY URO-JET	2		LISINOPRIL-HCTZ 20-25 MG TABLET	1	
LIDOCAINE 2% JELLY URO-JET AC	2		LITE TOUCH 31G 1/4" PEN NEEDLE	3	
LIDOCAINE 5% OINTMENT	2	QL	LITE TOUCH INSULIN 0.5 ML SYRINGE	3	
LIDOCAINE 2% VISCOUS ORAL SOLUTION	2		LITE TOUCH INSULIN SYRINGE 0.5 ML	3	
LIDOCAINE 5% PATCH	2		LITE TOUCH INSULIN SYRINGE 1 ML	3	
LIDOCAINE 4% SOLUTION	2		LITE TOUCH PEN NEEDLE 29G	3	
LIDOCAINE-PRILOCAINE CREAM	2		LITE TOUCH PEN NEEDLE 31G	3	
LIDOCAN III 5% PATCH	2		LITEAIRE MDI CHAMBER	3	QL
LIDOCAN IV 5% PATCH	2		LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
LIDOCAN V 5% PATCH	2		LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
LIFESHIELD BLUNT CANNULA	3		LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
LINDANE 1% SHAMPOO	2		LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16"	3	



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LITETOUCH LARGE MASK	3	QL	LOSARTAN-HCTZ 100-25 MG TABLET	1	
LITETOUCH MEDIUM MASK	3	QL	LOTEPREDNOL 0.5% DROPS	3	
LITETOUCH SMALL MASK	3	QL	LOTEPREDNOL 0.5% EYE GEL	3	
LITETOUCH SYRINGE 0.5 ML 28G 1/2"	3		LOVASTATIN 10 MG TABLET	1	
LITETOUCH SYRINGE 0.5 ML 29G 1/2"	3		LOVASTATIN 20 MG TABLET	1	
LITETOUCH SYRINGE 0.5 ML 30G 5/16"	3		LOVASTATIN 40 MG TABLET	1	
LITETOUCH SYRINGE 1 ML 28G 1/2"	3		LOW-OGESTREL-28 TABLET	1	
LITETOUCH SYRINGE 1 ML 29G 1/2"	3		LOXAPINE 5 MG CAPSULE	2	
LITETOUCH SYRINGE 1 ML 30G 5/16"	3		LOXAPINE 10 MG CAPSULE	2	
LITHIUM 8 MEQ/5 ML ORAL SOLUTION	2		LOXAPINE 25 MG CAPSULE	2	
LITHIUM CARBONATE 150 MG CAPSULE	1		LOXAPINE 50 MG CAPSULE	2	
LITHIUM CARBONATE 300 MG CAPSULE	1		LO-ZUMANDIMINE 3 MG-0.02 MG TABLET	1	
LITHIUM CARBONATE 600 MG CAPSULE	1		LUBIPROSTONE 8 MCG CAPSULE	4	
LITHIUM CARBONATE 300 MG TABLET	1		LUBIPROSTONE 24 MCG CAPSULE	4	
LITHIUM CARBONATE ER 300 MG TABLET	2		LURASIDONE 20 MG TABLET	4	QL
LITHIUM CARBONATE ER 450 MG TABLET	2		LURASIDONE 40 MG TABLET	4	QL
LITHOSTAT 250 MG TABLET	4		LURASIDONE 60 MG TABLET	4	QL
LIVE BETTER PEN NEEDLE 8MM	3		LURASIDONE 80 MG TABLET	4	QL
LO LOESTRIN FE 1-10 TABLET	3		LURASIDONE 120 MG TABLET	4	QL
LOJAIMIESS 0.1-0.02-0.01 TABLET	1		LUTERA-28 TABLET	1	
LOKELMA 5 GRAM POWDER PACKET	4		LYLEQ 0.35 MG TABLET	1	
LOKELMA 10 GRAM POWDER PACKET	4		LYLLANA 0.025 MG PATCH	2	QL
LONSURF 15 MG-6.14 MG TABLET	5	PA, LDD, SRX	LYLLANA 0.0375 MG PATCH	2	QL
LONSURF 20 MG-8.19 MG TABLET	5	PA, LDD, SRX	LYLLANA 0.05 MG PATCH	2	QL
LOPERAMIDE 2 MG CAPSULE	2		LYLLANA 0.075 MG PATCH	2	QL
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	2		LYLLANA 0.1 MG PATCH	2	QL
LOPINAVIR-RITONAVIR 100-25 MG TABLET	2		LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LOPINAVIR-RITONAVIR 200-50 MG TABLET	2		LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2		LYSODREN 500 MG TABLET	4	LDD
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	2		LYZA 0.35 MG TABLET	1	
LORAZEPAM 0.5 MG TABLET	2		MAGELLAN INSULIN SYRINGE 0.3 ML	3	
LORAZEPAM 1 MG TABLET	2		MAGELLAN INSULIN SYRINGE 0.5 ML	3	
LORAZEPAM 2 MG TABLET	2		MAGELLAN INSULIN SYRINGE 1 ML	3	
LORTAB 10 MG-300 MG/15 ML ELIXIR	2	PA	MALATHION 0.5% LOTION	3	
LORYNA 3 MG-0.02 MG TABLET	1		MARLISSA-28 TABLET	1	
LOSARTAN 25 MG TABLET	1		MARPLAN 10 MG TABLET	4	
LOSARTAN 50 MG TABLET	1		MATZIM LA 180 MG TABLET	2	
LOSARTAN 100 MG TABLET	1		MATZIM LA 240 MG TABLET	2	
LOSARTAN-HCTZ 50-12.5 MG TABLET	1		MATZIM LA 300 MG TABLET	2	
LOSARTAN-HCTZ 100-12.5 MG TABLET	1		MATZIM LA 360 MG TABLET	2	
			MATZIM LA 420 MG TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MAXICOMFORT INSULIN 0.5ML 27G 1/2"	3		MEMANTINE 10 MG TABLET	2	
MAXICOMFORT INSULIN 1 ML 27G 1/2"	3		MEMANTINE 5-10 MG TITRATION PACK	2	
MAXICOMFORT PEN NEEDLE 29G 5MM	3		MENEST 0.3 MG TABLET	4	
MAXICOMFORT PEN NEEDLE 29G 8MM	3		MENEST 0.625 MG TABLET	4	
MAXICOMFORT II PEN NEEDLE 31G 6MM	3		MENEST 1.25 MG TABLET	4	
MAXI-COMFORT INSULIN 0.5 ML 28G	3		MENEST 2.5 MG TABLET	4	
MAXI-COMFORT INSULIN 1 ML 28G 1/2"	3		MENQUADFI VIAL	3	
MECLIZINE 12.5 MG TABLET	2		MENVEO 1 VIAL-A-C-Y-W-135-DIP	3	
MECLIZINE 25 MG TABLET	2		MENVEO A-C-Y-W KIT (2 VIALS)	3	
MECLOFENAMATE 50 MG CAPSULE	2		MEPERIDINE 50 MG/5 ML ORAL SOLUTION	3	PA
MECLOFENAMATE 100 MG CAPSULE	2		MEPERIDINE 50 MG TABLET	3	PA
MEDICATION TRANSFER NEEDLE	3		MEPROBAMATE 200 MG TABLET	3	
MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION	3		MEPROBAMATE 400 MG TABLET	3	
MEDISENSE H-L CONTROL SOLUTION	3		MERCAPTOPYRINE 50 MG TABLET	2	
MEDISENSE H-M-L CONTROL SOLUTION	3		MERZEE 1 MG-20 MCG CAPSULE	1	
MEDISENSE MID CONTROL SOLUTION	3		MESALAMINE 4 GM/60 ML ENEMA	4	
MEDPOINT CONTROL SOLUTION	3		MESALAMINE 4 GM/60 ML ENEMA KIT	4	
MEDROL 2 MG TABLET	4		MESALAMINE 800 MG DR TABLET	4	
MEDROXYPROGESTERONE 2.5 MG TABLET	1		MESALAMINE ER 0.375 GRAM CAPSULE	3	
MEDROXYPROGESTERONE 5 MG TABLET	1		MESALAMINE ER 500 MG CAPSULE	4	
MEDROXYPROGESTERONE 10 MG TABLET	1		MESNEX 400 MG TABLET	5	SRX
MEDROXYPROGESTERONE 150 MG/ML	1		METAXALL 800 MG TABLET	4	
MEDTRONIC EXTENDED INFUSION SET 23" 6MM	3		METAXALONE 400 MG TABLET	4	
MEDTRONIC EXTENDED INFUSION SET 23" 9MM	3		METAXALONE 800 MG TABLET	4	
MEDTRONIC EXTENDED INFUSION SET 32" 9MM	3		METFORMIN 500 MG TABLET	1	
MEDTRONIC REMOTE CONTROL	3		METFORMIN 850 MG TABLET	1	
MEFENAMIC ACID 250 MG CAPSULE	3		METFORMIN 1,000 MG TABLET	1	
MEFLOQUINE 250 MG TABLET	2	QL	METFORMIN ER 500 MG TABLET	2	
MEGESTROL 40 MG/ML SUSPENSION	2		METFORMIN ER 750 MG TABLET	2	
MEGESTROL 400 MG/10ML SUSPENSION	2		METHADONE 10 MG/ML ORAL CONCENTRATE	2	PA
MEGESTROL 625 MG/5 ML SUSPENSION	4		METHADONE 5 MG/5 ML ORAL SOLUTION	2	PA
MEGESTROL 20 MG TABLET	2		METHADONE 10 MG/5 ML ORAL SOLUTION	2	PA
MEGESTROL 40 MG TABLET	2		METHADONE 5 MG TABLET	2	PA
MEKINIST 0.05 MG/ML ORAL SOLUTION	5	PA, QL, SRX	METHADONE 10 MG TABLET	2	PA
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX	METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE	2	PA
MEKINIST 2 MG TABLET	5	PA, QL, SRX	METHAMPHETAMINE 5 MG TABLET	4	QL
MELODETTA 24 FE CHEWABLE TABLET	1		METHAZOLAMIDE 25 MG TABLET	3	
MELOXICAM 7.5 MG TABLET	1		METHAZOLAMIDE 50 MG TABLET	3	
MELOXICAM 15 MG TABLET	1		METHENAMINE HIPPURATE 1 GM TABLET	2	
MEMANTINE 2 MG/ML ORAL SOLUTION	2		METHENAMINE MANDELATE 500 MG TABLET	2	
MEMANTINE 5 MG TABLET	2		METHENAMINE MANDELATE 1 GM TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
METHERGINE 0.2 MG TABLET	4	SRX
METHIMAZOLE 5 MG TABLET	2	
METHIMAZOLE 10 MG TABLET	2	
METHITEST 10 MG TABLET	5	
METHOCARBAMOL 500 MG TABLET	2	
METHOCARBAMOL 750 MG TABLET	2	
METHOTREXATE 2.5 MG TABLET	2	
METHOXSALEN 10 MG SOFTGEL	4	
METHSCOPOLAMINE 2.5 MG TABLET	2	
METHSCOPOLAMINE 5 MG TABLET	2	
METHSUXIMIDE 300 MG CAPSULE	4	
METHYLDOPA 250 MG TABLET	2	
METHYLDOPA 500 MG TABLET	2	
METHYLDOPA-HCTZ 250-15 MG TABLET	2	
METHYLDOPA-HCTZ 250-25 MG TABLET	2	
METHYLERGONOVINE 0.2 MG TABLET	4	
METHYLPHENIDATE 2.5 MG CHEWABLE TABLET	2	
METHYLPHENIDATE 5 MG CHEWABLE TABLET	2	
METHYLPHENIDATE 10 MG CHEWABLE TABLET	2	
METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION	2	
METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION	2	QL
METHYLPHENIDATE 5 MG TABLET	2	
METHYLPHENIDATE 10 MG TABLET	2	
METHYLPHENIDATE 20 MG TABLET	2	
METHYLPHENIDATE CD 10 MG CAPSULE	3	
METHYLPHENIDATE CD 20 MG CAPSULE	3	
METHYLPHENIDATE CD 30 MG CAPSULE	3	
METHYLPHENIDATE CD 40 MG CAPSULE	3	
METHYLPHENIDATE CD 50 MG CAPSULE	3	
METHYLPHENIDATE CD 60 MG CAPSULE	3	
METHYLPHENIDATE ER 10 MG TABLET	2	QL
METHYLPHENIDATE ER 18 MG TABLET	2	
METHYLPHENIDATE ER 20 MG TABLET	2	
METHYLPHENIDATE ER 27 MG TABLET	2	
METHYLPHENIDATE ER 36 MG TABLET	2	
METHYLPHENIDATE ER 54 MG TABLET	2	
METHYLPHENIDATE ER(CD) 10MG CAPSULE	3	
METHYLPHENIDATE ER(CD) 20MG CAPSULE	3	
METHYLPHENIDATE ER(CD) 30MG CAPSULE	3	
METHYLPHENIDATE ER(CD) 40MG CAPSULE	3	
METHYLPHENIDATE ER(CD) 50MG CAPSULE	3	

Medication Name	Tier	Notes
METHYLPHENIDATE ER(CD) 60MG CAPSULE	3	QL
METHYLPHENIDATE ER(LA) 10MG CAPSULE	3	
METHYLPHENIDATE ER(LA) 20MG CAPSULE	3	
METHYLPHENIDATE ER(LA) 30MG CAPSULE	3	
METHYLPHENIDATE ER(LA) 40MG CAPSULE	3	
METHYLPHENIDATE LA 10 MG CAPSULE	3	
METHYLPHENIDATE LA 20 MG CAPSULE	3	
METHYLPHENIDATE LA 30 MG CAPSULE	3	
METHYLPHENIDATE LA 40 MG CAPSULE	3	
METHYLPHENIDATE LA 60 MG CAPSULE	3	
METHYLPREDNISOLONE 4 MG DOSEPACK	2	
METHYLPREDNISOLONE 4 MG TABLET	2	
METHYLPREDNISOLONE 8 MG TABLET	2	
METHYLPREDNISOLONE 16 MG TABLET	2	
METHYLPREDNISOLONE 32 MG TABLET	2	
METHYLTESTOSTERONE 10 MG CAPSULE	5	
METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	2	
METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	2	
METOCLOPRAMIDE 5 MG TABLET	1	
METOCLOPRAMIDE 10 MG TABLET	1	
METOLAZONE 2.5 MG TABLET	2	
METOLAZONE 5 MG TABLET	2	
METOLAZONE 10 MG TABLET	2	
METOPROLOL SUCCINATE ER 25 MG TABLET	2	
METOPROLOL SUCCINATE ER 50 MG TABLET	2	
METOPROLOL SUCCINATE ER 100 MG TABLET	2	
METOPROLOL SUCCINATE ER 200 MG TABLET	2	
METOPROLOL TARTRATE 25 MG TABLET	1	
METOPROLOL TARTRATE 37.5 MG TABLET	2	
METOPROLOL TARTRATE 50 MG TABLET	1	
METOPROLOL TARTRATE 75 MG TABLET	2	
METOPROLOL TARTRATE 100 MG TABLET	1	
METOPROLOL-HCTZ 50-25 MG TABLET	2	
METOPROLOL-HCTZ 100-25 MG TABLET	2	
METOPROLOL-HCTZ 100-50 MG TABLET	2	
METRONIDAZOLE 375 MG CAPSULE	2	
METRONIDAZOLE 0.75% CREAM	2	
METRONIDAZOLE 0.75% LOTION	2	
METRONIDAZOLE 250 MG TABLET	2	
METRONIDAZOLE 500 MG TABLET	2	
METRONIDAZOLE TOPICAL 0.75% GEL	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
METRONIDAZOLE TOPICAL 1% GEL	2		MINI PEN NEEDLE 33G 6MM	3	
METRONIDAZOLE TOPICAL 1% GEL PUMP	2		MINI ULTRA-THIN II PEN NEEDLE 31G	3	
METRONIDAZOLE VAGINAL 0.75% GEL	2		MINI WRIGHT PEAK FLOW METER	3	
METYROSINE 250 MG CAPSULE	5	PA, SRX	MINIMED INFUSION SET	3	
MEXILETINE 150 MG CAPSULE	2		MINIMED MIO ADVANCE INFUSION SET 23"6MM	3	
MEXILETINE 200 MG CAPSULE	2		MINIMED MIO ADVANCE INFUSION SET 23"9MM	3	
MEXILETINE 250 MG CAPSULE	2		MINIMED MIO ADVANCE INFUSION SET 43"6MM	3	
MIBELAS 24 FE CHEWABLE TABLET	1		MINIMED MIO ADVANCE INFUSION SET 43"9MM	3	
MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	2		MINIMED MIO INFUSION SET 18" 6MM	3	
MICROCHAMBER	3	QL	MINIMED MIO INFUSION SET 23" 6MM	3	
MICRODOT HIGH-LOW CONTROL SOLUTION	3		MINIMED MIO INFUSION SET 32" 6MM	3	
MICRODOT NORMAL CONTROL SOLUTION	3		MINIMED MIO INFUSION SET 32" 9MM	3	
MICRODOT PEN NEEDLE 31G 6MM	3		MINIMED QUICK INFUSION SET 18" 6MM	3	
MICRODOT PEN NEEDLE 32G 4MM	3		MINIMED QUICK INFUSION SET 23" 6MM	3	
MICRODOT PEN NEEDLE 33G 4MM	3		MINIMED QUICK INFUSION SET 23" 9MM	3	
MICROGESTIN 21 1-20 TABLET	1		MINIMED QUICK INFUSION SET 32" 6MM	3	
MICROGESTIN 21 1.5-30 TABLET	1		MINIMED QUICK INFUSION SET 32" 9MM	3	
MICROGESTIN 24 FE 1 MG-20 MCG TABLET	1		MINIMED QUICK INFUSION SET 43" 6MM	3	
MICROGESTIN FE 1-20 TABLET	1		MINIMED QUICK INFUSION SET 43" 9MM	3	
MICROGESTIN FE 1.5-30 TABLET	1		MINIMED QUICK-SERTER	3	
MICROLIFE PEAK FLOW METER	3		MINIMED RESERVOIR 1.8 ML	3	
MICROSPACER FOR AEROSOL DEVICE	3	QL	MINIMED RESERVOIR 3 ML	3	
MIDAZOLAM 2 MG/ML SYRUP	2		MINIMED SILHOUETTE INFUSION SET 18"	3	
MIDAZOLAM 5 MG/2.5 ML SYRUP	2		MINIMED SILHOUETTE INFUSION SET 23"	3	
MIDAZOLAM 10 MG/5 ML SYRUP	2		MINIMED SILHOUETTE INFUSION SET 32"	3	
MIDODRINE 2.5 MG TABLET	2		MINIMED SILHOUETTE INFUSION SET 43"	3	
MIDODRINE 5 MG TABLET	2		MINIMED SURE T INFUSION SET 23"	3	
MIDODRINE 10 MG TABLET	2		MINIMED SURE T INFUSION SET 32"	3	
MIGERGOT 2-100 MG SUPPOSITORY	4		MINIMED SURE T INFUSION SET 18" 6MM	3	
MIGLITOL 25 MG TABLET	2		MINIMED SURE T INFUSION SET 23" 6MM	3	
MIGLITOL 50 MG TABLET	2		MINIMED SURE T INFUSION SET 23" 8MM	3	
MIGLITOL 100 MG TABLET	2		MINIMED SURE T INFUSION SET 32" 6MM	3	
MIGLUSTAT 100 MG CAPSULE	5	PA, SRX	MINIMED SURE T INFUSION SET 32" 8MM	3	
MILI 0.25-0.035 MG TABLET	1		MINITRAN 0.1 MG/HR PATCH	2	
MIMVEY 1-0.5 MG TABLET	2		MINITRAN 0.2 MG/HR PATCH	2	
MINI PEN NEEDLE 32G 4MM	3		MINITRAN 0.4 MG/HR PATCH	2	
MINI PEN NEEDLE 32G 5MM	3		MINITRAN 0.6 MG/HR PATCH	2	
MINI PEN NEEDLE 32G 6MM	3		MINOCYCLINE 50 MG CAPSULE	1	
MINI PEN NEEDLE 32G 8MM	3		MINOCYCLINE 75 MG CAPSULE	1	
MINI PEN NEEDLE 33G 4MM	3		MINOCYCLINE 100 MG CAPSULE	1	
MINI PEN NEEDLE 33G 5MM	3		MINOCYCLINE 50 MG TABLET	1	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MINOCYCLINE 75 MG TABLET	1		MONOJECT 3 ML SYRINGE 21G 1-1/2"	3	
MINOCYCLINE 100 MG TABLET	1		MONOJECT 3 ML SYRINGE 22G 1-1/2"	3	
MINOXIDIL 2.5 MG TABLET	2		MONOJECT 3 ML SYRINGE 23G 1"	3	
MINOXIDIL 10 MG TABLET	2		MONOJECT 3 ML SYRINGE 25G 1"	3	
MIRABEGRON ER 25 MG TABLET	4	QL	MONOJECT 3 ML SYRINGE 25G 1.25"	3	
MIRABEGRON ER 50 MG TABLET	4	QL	MONOJECT 3 ML SYRINGE 25G 5/8"	3	
MIRTAZAPINE 15 MG ODT TABLET	2		MONOJECT 3 ML SYRINGE 27G 1-1/4"	3	
MIRTAZAPINE 30 MG ODT TABLET	2		MONOJECT 6 ML SYRINGE 20G 1-1/2"	3	
MIRTAZAPINE 45 MG ODT TABLET	2		MONOJECT 6 ML SYRINGE 21G 1"	3	
MIRTAZAPINE 7.5 MG TABLET	2		MONOJECT 6 ML SYRINGE 21G 1-1/2"	3	
MIRTAZAPINE 15 MG TABLET	2		MONOJECT 6 ML SYRINGE 22G 1-1/2"	3	
MIRTAZAPINE 30 MG TABLET	2		MONOJECT 6CC SAFETY SYRINGE	3	
MIRTAZAPINE 45 MG TABLET	2		MONOJECT BLOOD COLLECTION NEEDLE 20G 1"	3	
MISOPROSTOL 100 MCG TABLET	2		MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5	3	
MISOPROSTOL 200 MCG TABLET	2		MONOJECT BLOOD COLLECTION NEEDLE 21G 1"	3	
M-M-R II VACCINE VIAL	3		MONOJECT BLOOD COLLECTION NEEDLE 22G 1"	3	
M-NATAL PLUS TABLET	1		MONOJECT FILTER 18G 1.5" NEEDLE	3	
MODAFINIL 100 MG TABLET	4	PA	MONOJECT HYPODERMIC NEEDLE	3	
MODAFINIL 200 MG TABLET	4	PA	MONOJECT HYPODERMIC NEEDLE 18 1A"	3	
MODERNA COVID (6M-5Y) VACCINE (EUA)	3		MONOJECT HYPODERMIC NEEDLE 19 1"	3	
MODERNA COVID (6-11Y) VACCINE (EUA)	3		MONOJECT HYPODERMIC NEEDLE 19 1-1/2"	3	
MODERNA COVID (12Y UP) VACCINE (EUA)	3		MONOJECT HYPODERMIC NEEDLE 20 1"	3	
MODERNA COVID-19 BOOSTER (EUA)	3		MONOJECT HYPODERMIC NEEDLE 20 1-1/2"	3	
MODERNA COVID 23-24 (6M-11Y) EUA	3		MONOJECT HYPODERMIC NEEDLE 21 1"	3	
MODERNA COVID BIVAL (6MO UP) EUA	3		MONOJECT HYPODERMIC NEEDLE 21 1-1/2"	3	
MODERNA COVID BIVAL (6MO-5Y) EUA	3		MONOJECT HYPODERMIC NEEDLE 22 1"	3	
MOEXIPRIL 7.5 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 22 1.5"	3	
MOEXIPRIL 15 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 23 1"	3	
MOLINDONE 5 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 25 1"	3	
MOLINDONE 10 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 25 1.5"	3	
MOLINDONE 25 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 25 5/8"	3	
MOMETASONE 0.1% CREAM	2		MONOJECT HYPODERMIC NEEDLE 26 1.5"	3	
MOMETASONE 50 MCG NASAL SPRAY	2	QL	MONOJECT HYPODERMIC NEEDLE 27 0.5"	3	
MOMETASONE 0.1% OINTMENT	2		MONOJECT HYPODERMIC NEEDLE 27G 1-1/2"	3	
MOMETASONE 0.1% TOPICAL SOLUTION	2		MONOJECT HYPODERMIC NEEDLE 30 3/4"	3	
MONDOXYNE NL 75 MG CAPSULE	2		MONOJECT INSULIN SYRINGE 0.3 ML	3	
MONDOXYNE NL 100 MG CAPSULE	1		MONOJECT INSULIN SYRINGE 0.5 ML	3	
MONOJECT 0.5 ML SYRINGE 28G 1/2"	3		MONOJECT INSULIN SYRINGE 1 ML	3	
MONOJECT 1 ML SYRINGE 27 1/2"	3		MONOJECT INSULIN SYRINGE 3/10 ML	3	
MONOJECT 1 ML SYRINGE 28G 1/2"	3		MONOJECT INSULIN SYRINGE U100	3	
MONOJECT 3 ML SYRINGE 21G 1"	3		MONOJECT INSULIN SYRINGE U100 0.5 ML	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
MONOJECT INSULIN SYRINGE U100 1 ML	3	
MONOJECT SYRINGE 0.3 ML	3	
MONOJECT SYRINGE 0.5 ML	3	
MONOJECT SYRINGE 1 ML	3	
MONOJECT SYRINGE 3 ML 20G 1"	3	
MONOJECT SYRINGE 3 ML 20G 1-1/2"	3	
MONOJECT SYRINGE 3 ML 20G 3/4"	3	
MONOJECT SYRINGE 3 ML 22G 1"	3	
MONO-LINYAH 28 TABLET	1	
MONTELUKAST 4 MG CHEWABLE TABLET	2	
MONTELUKAST 5 MG CHEWABLE TABLET	2	
MONTELUKAST 4 MG GRANULE	2	
MONTELUKAST 10 MG TABLET	2	
MORGIDOX 50 MG CAPSULE	1	
MORGIDOX 100 MG CAPSULE	1	
MORPHINE 100 MG/5 ML ORAL CONCENTRATE	2	PA
MORPHINE 10 MG/5 ML ORAL SOLUTION	2	PA
MORPHINE 20 MG/5 ML ORAL SOLUTION	2	PA
MORPHINE 5 MG SUPPOSITORY	2	PA
MORPHINE 10 MG SUPPOSITORY	2	PA
MORPHINE 20 MG SUPPOSITORY	2	PA
MORPHINE 30 MG SUPPOSITORY	2	PA
MORPHINE ER 10 MG CAPSULE	2	PA
MORPHINE ER 20 MG CAPSULE	2	PA
MORPHINE ER 30 MG CAPSULE	2	PA
MORPHINE ER 45 MG CAPSULE	2	PA
MORPHINE ER 50 MG CAPSULE	2	PA
MORPHINE ER 60 MG CAPSULE	2	PA
MORPHINE ER 75 MG CAPSULE	2	PA
MORPHINE ER 80 MG CAPSULE	2	PA
MORPHINE ER 90 MG CAPSULE	2	PA
MORPHINE ER 100 MG CAPSULE	2	PA
MORPHINE ER 120 MG CAPSULE	2	PA
MORPHINE ER 15 MG TABLET	2	PA
MORPHINE ER 30 MG TABLET	2	PA
MORPHINE ER 60 MG TABLET	2	PA
MORPHINE ER 100 MG TABLET	2	PA
MORPHINE ER 200 MG TABLET	2	PA
MORPHINE IR 15 MG TABLET	2	PA
MORPHINE IR 30 MG TABLET	2	PA
MOUNJARO 2.5 MG/0.5 ML PEN	3	PA, QL

Medication Name	Tier	Notes
MOUNJARO 5 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 7.5 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 10 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 12.5 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 15 MG/0.5 ML PEN	3	PA, QL
MOXIFLOXACIN 0.5% EYE DROPS	2	
MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	2	
MOXIFLOXACIN 400 MG TABLET	2	
MRESVIA 50 MCG/0.5 ML SYRINGE	3	
MS INSULIN SYRINGE 0.3 ML	3	
MS INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
MS INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
MS INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
MS INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
MS INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
MS INSULIN SYRINGE 1 ML 29G 1/2"	3	
MS INSULIN SYRINGE 1 ML 30G 1/2"	3	
MS INSULIN SYRINGE 1 ML 31G 5/16"	3	
MS PEN NEEDLE 6MM 31G	3	
MULTISTIX 7 REAGENT TEST STRIP	3	
MULTISTIX 9 REAGENT TEST STRIP	3	
MULTISTIX 8 SG REAGENT TEST STRIP	3	
MULTISTIX 9 SG REAGENT TEST STRIP	3	
MULTISTIX 10 SG REAGENT TEST STRIP	3	
MULTISTIX REAGENT TEST STRIP	3	
MULTISTIX 5 TEST STRIP	3	
MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	2	
MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	2	
MULTIVIT-FLUORIDE 1 MG CHEWABLE TABLET	2	
MULTIVITAMIN-FLUORIDE 0.25 MG/ML ORAL DROPS	2	
MUPIROCIN 2% CREAM	2	
MUPIROCIN 2% OINTMENT	2	
MY CHOICE 1.5 MG TABLET	1	
MY WAY 1.5 MG TABLET	1	
MYCOPHENOLATE 250 MG CAPSULE	2	
MYCOPHENOLATE 200 MG/ML SUSPENSION	2	
MYCOPHENOLATE 500 MG TABLET	2	
MYCOPHENOLIC ACID DR 180 MG TABLET	2	
MYCOPHENOLIC ACID DR 360 MG TABLET	2	
MYGLUCOHEALTH CONTROL SOLUTION PAK	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MYLERAN 2 MG TABLET	4		NECON 0.5-35-28 TABLET	1	
MYNATAL CAPSULE	1		NEFAZODONE 50 MG TABLET	2	
MYNATAL PLUS CAPTAB	1		NEFAZODONE 100 MG TABLET	2	
MYNATAL ULTRACAPLET	1		NEFAZODONE 150 MG TABLET	2	
MYNATAL-Z CAPTAB	1		NEFAZODONE 200 MG TABLET	2	
MYORISAN 10 MG CAPSULE	4		NEFAZODONE 250 MG TABLET	2	
MYORISAN 20 MG CAPSULE	4		NEOMYCIN 500 MG TABLET	2	
MYORISAN 30 MG CAPSULE	4		NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT	2	
MYORISAN 40 MG CAPSULE	4		NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT	2	
MYRBETRIQ ER 25 MG TABLET	4	QL, ST	NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	2	
MYRBETRIQ ER 50 MG TABLET	4	QL, ST	NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	2	
MYTESI 125 MG DR TABLET	4	LDD	NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	2	
NABUMETONE 500 MG TABLET	2		NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	2	
NABUMETONE 750 MG TABLET	2		NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	2	
NADOLOL 20 MG TABLET	2		NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	2	
NADOLOL 40 MG TABLET	2		NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	2	
NADOLOL 80 MG TABLET	2		NEOMYCIN-POLYMYXIN-HC EYE DROPS	2	
NAFTIFINE 1% CREAM	3		NEO-POLYCIN EYE OINTMENT	2	
NAFTIFINE 2% CREAM	3		NEO-POLYCIN HC EYE OINTMENT	2	
NAFTIFINE 2% GEL	3		NEUAC GEL	2	
NALOXONE 0.4 MG/ML CARPUJECT	2		NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NALOXONE 4 MG NASAL SPRAY	2	QL	NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX
NALOXONE 0.4 MG/ML SYRINGE	2		NEUPRO 1 MG/24 HR PATCH	4	
NALOXONE 2 MG/2 ML SYRINGE	2		NEUPRO 2 MG/24 HR PATCH	4	
NALTREXONE 50 MG TABLET	2	QL	NEUPRO 3 MG/24 HR PATCH	4	
NAPROXEN 500 MG KIT	1		NEUPRO 4 MG/24 HR PATCH	4	
NAPROXEN 250 MG TABLET	1		NEUPRO 6 MG/24 HR PATCH	4	
NAPROXEN 275 MG TABLET	2		NEUPRO 8 MG/24 HR PATCH	4	
NAPROXEN 375 MG TABLET	1		NEVANAC 0.1% EYE DROPS	4	
NAPROXEN 500 MG TABLET	1		NEVIRAPINE 50 MG/5 ML SUSPENSION	2	
NAPROXEN 550 MG TABLET	2		NEVIRAPINE 200 MG TABLET	2	
NAPROXEN DR 375 MG TABLET	2		NEVIRAPINE ER 100 MG TABLET	2	
NAPROXEN DR 500 MG TABLET	2		NEVIRAPINE ER 400 MG TABLET	2	
NARATRIPTAN 1 MG TABLET	2	QL	NEW DAY 1.5 MG TABLET	1	
NARATRIPTAN 2.5 MG TABLET	2	QL	NEWGEN TABLET	1	
NATACYN 5% EYE DROPS	4		NIACIN ER 500 MG TABLET	2	
NATAZIA 28 TABLET	4		NIACIN ER 750 MG TABLET	2	
NATEGLINIDE 60 MG TABLET	2		NIACIN ER 1,000 MG TABLET	2	
NATEGLINIDE 120 MG TABLET	2		NICARDIPINE 20 MG CAPSULE	3	
NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX			
NEBUSAL 3% VIAL	2				



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
NICARDIPINE 30 MG CAPSULE	3	
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 8.5 MG TABLET	2	QL
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
NITAZOXANIDE 500 MG TABLET	4	PA
NITRO-BID 2% OINTMENT	2	
NITROFURANTOIN 25 MG/5 ML SUSPENSION	4	
NITROFURANTOIN MACRO 25 MG CAPSULE	2	
NITROFURANTOIN MACRO 50 MG CAPSULE	1	
NITROFURANTOIN MACRO 100 MG CAPSULE	1	
NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	1	
NITROGLYCERIN 0.4% OINTMENT	4	
NITROGLYCERIN 0.1 MG/HR PATCH	2	
NITROGLYCERIN 0.2 MG/HR PATCH	2	
NITROGLYCERIN 0.4 MG/HR PATCH	2	
NITROGLYCERIN 0.6 MG/HR PATCH	2	
NITROGLYCERIN 400 MCG SPRAY	2	
NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	2	
NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	2	
NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	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 THYROID 15 MG TABLET	2	

Medication Name	Tier	Notes
NIVA THYROID 30 MG TABLET	2	
NIVA THYROID 60 MG TABLET	2	
NIVA THYROID 90 MG TABLET	2	
NIVA THYROID 120 MG TABLET	2	
NIVA-PLUS TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE	5	SRX
NIVESTYM 480 MCG/0.8 ML SYRINGE	5	SRX
NIVESTYM 300 MCG/ML VIAL	5	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NIZATIDINE 150 MG CAPSULE	2	
NIZATIDINE 300 MG CAPSULE	2	
NOLIX 0.05% CREAM	4	
NOLIX 0.05% LOTION	4	
NORA-BE TABLET	1	
NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	2	
NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	1	
NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CAPSULE	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CHEWABLE TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(21)-75 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG(21)-75 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET	1	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	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	
NORTREL 1-35 21 TABLET	1	
NORTREL 1-35 28 TABLET	1	
NORTREL 7-7-7-28 TABLET	1	
NORTRIPTYLINE 10 MG CAPSULE	1	
NORTRIPTYLINE 25 MG CAPSULE	1	
NORTRIPTYLINE 50 MG CAPSULE	1	
NORTRIPTYLINE 75 MG CAPSULE	1	
NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	2	
NORVIR 100 MG POWDER PACKET	3	
NOVAVAX COVID VIAL (EUA)	3	
NOVAVAX COVID-19 VACCINE, ADJ(EUA)	3	
NOVOFINE 32G NEEDLE	3	
NOVOFINE AUTOCOVER 30G NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE 32G 1/6"	3	
NOVOLOG 100 UNIT/ML FLEXPEN	4	QL, ST
NOVOLOG 100 UNIT/ML VIAL	4	QL, ST
NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST
NOVOLOG MIX 70-30 VIAL	4	QL, ST
NOVOLOG PENFILL 100 UNIT/ML	4	QL, ST
NOVOPEN ECHO INSULIN DEVICE	3	
NOVOTWIST NEEDLE 32G 5MM	3	
NP THYROID 15 MG TABLET	2	
NP THYROID 30 MG TABLET	2	
NP THYROID 60 MG TABLET	2	
NP THYROID 90 MG TABLET	2	
NP THYROID 120 MG TABLET	2	
NUCYNTA 50 MG TABLET	4	PA
NUCYNTA 75 MG TABLET	4	PA
NUCYNTA 100 MG TABLET	4	PA
NUCYNTA ER 50 MG TABLET	4	PA
NUCYNTA ER 100 MG TABLET	4	PA
NUCYNTA ER 150 MG TABLET	4	PA
NUCYNTA ER 200 MG TABLET	4	PA
NUCYNTA ER 250 MG TABLET	4	PA
NUEDEXTA 20-10 MG CAPSULE	4	PA, QL
NYAMYC 100,000 UNIT/GM POWDER	2	

Medication Name	Tier	Notes
NYLIA 1-35 28 TABLET	1	
NYLIA 7-7-7-28 TABLET	1	
NYMYO 0.25-0.035 MG (28) TABLET	1	
NYSTATIN 100,000 UNIT/GM CREAM	2	
NYSTATIN 100,000 UNIT/GM OINTMENT	2	
NYSTATIN 100,000 UNIT/GM POWDER	2	
NYSTATIN 100,000 UNIT/ML SUSPENSION	2	
NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2	
NYSTATIN 500,000 UNIT ORAL TABLET	2	
NYSTATIN-TRIAMCINOLONE CREAM	2	
NYSTATIN-TRIAMCINOLONE OINTMENT	2	
NYSTOP 100,000 UNIT/GM POWDER	2	
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
OCELLA 3 MG-0.03 MG TABLET	1	
OCTREOTIDE 50 MCG/ML AMPULE	3	PA
OCTREOTIDE 100 MCG/ML AMPULE	3	PA
OCTREOTIDE 500 MCG/ML AMPULE	3	PA
OCTREOTIDE 50 MCG/ML SYRINGE	3	PA
OCTREOTIDE 100 MCG/ML SYRINGE	3	PA
OCTREOTIDE 500 MCG/ML SYRINGE	3	PA
OCTREOTIDE 0.05 MG/ML VIAL	3	PA
OCTREOTIDE 50 MCG/ML VIAL	3	PA
OCTREOTIDE 100 MCG/ML VIAL	3	PA
OCTREOTIDE 200 MCG/ML VIAL	3	PA
OCTREOTIDE 500 MCG/ML VIAL	3	PA
OCTREOTIDE 1,000 MCG/ML VIAL	3	PA
OCTREOTIDE 1,000 MCG/5 ML VIAL	3	PA
OCTREOTIDE 5,000 MCG/5 ML VIAL	3	PA
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	4	PA, QL
ODEFSEY TABLET	4	QL
ODOMZO 200 MG CAPSULE	5	PA, QL, SRX
OFLOXACIN 0.3% EAR DROPS	2	
OFLOXACIN 0.3% EYE DROPS	2	
OFLOXACIN 300 MG TABLET	2	
OFLOXACIN 400 MG TABLET	2	
OLANZAPINE 2.5 MG TABLET	2	
OLANZAPINE 5 MG TABLET	2	
OLANZAPINE 7.5 MG TABLET	2	
OLANZAPINE 10 MG TABLET	2	
OLANZAPINE 15 MG TABLET	2	
OLANZAPINE 20 MG TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
OLANZAPINE ODT 5 MG TABLET	2	
OLANZAPINE ODT 10 MG TABLET	2	
OLANZAPINE ODT 15 MG TABLET	2	
OLANZAPINE ODT 20 MG TABLET	2	
OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE	2	
OLMESARTAN 5 MG TABLET	2	
OLMESARTAN 20 MG TABLET	2	
OLMESARTAN 40 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET	2	
OLMESARTAN-HCTZ 20-12.5 MG TABLET	2	
OLMESARTAN-HCTZ 40-12.5 MG TABLET	2	
OLMESARTAN-HCTZ 40-25 MG TABLET	2	
OLOPATADINE 0.1% EYE DROPS	2	
OLOPATADINE 0.2% EYE DROPS	2	
OLOPATADINE 665 MCG NASAL SPRAY	2	
OMEGA-3 ETHYL ESTERS 1 GM CAPSULE	2	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL
OMEPRAZOLE DR 20 MG CAPSULE	2	QL
OMEPRAZOLE DR 40 MG CAPSULE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	3	QL
OMNIPOD CLASSIC PODS (GEN 3) 5 PACK	3	QL
OMNIPOD DASH PODS (GEN 4) 5 PACK	3	QL
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	3	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL
OMNIPOD CLASSIC PDM KIT (GEN 3)	3	QL
OMNIPOD GO 10 UNIT/DAY PODS	3	QL
OMNIPOD GO 15 UNIT/DAY PODS	3	QL
OMNIPOD GO 20 UNIT/DAY PODS	3	QL

Medication Name	Tier	Notes
OMNIPOD GO 25 UNIT/DAY PODS	3	QL
OMNIPOD GO 30 UNIT/DAY PODS	3	QL
OMNIPOD GO 35 UNIT/DAY PODS	3	QL
OMNIPOD GO 40 UNIT/DAY PODS	3	QL
ON CALL EXPRESS CONTROL SOLUTION PAK	3	
ON CALL PLUS CONTROL SOLUTION	3	
ON CALL VIVID CONTROL SOLUTION	3	
ONDANSETRON 4 MG/5 ML ORAL SOLUTION	2	
ONDANSETRON 4 MG TABLET	2	
ONDANSETRON 8 MG TABLET	2	
ONDANSETRON ODT 4 MG TABLET	2	
ONDANSETRON ODT 8 MG TABLET	2	
ONE WAY VALVED MOUTHPIECE	3	QL
ONETOUCH DELICA PLUS 30G LANCET	3	
ONETOUCH DELICA PLUS 33G LANCET	3	
ONETOUCH DELICA PLUS LANCING DEVICE	3	
ONETOUCH DELICA SAFETY 30G LANCETS	3	
ONETOUCH SOLUTIONS STARTER KIT	1	
ONETOUCH SURESOFT 18G LANCING DEVICE	3	
ONETOUCH SURESOFT 21G LANCING DEVICE	3	
ONETOUCH SURESOFT 28G LANCING DEVICE	3	
ONETOUCH ULTRA CONTROL SOLUTION	3	
ONETOUCH ULTRA TEST STRIP	3	
ONETOUCH ULTRA2 GLUCOSE SYSTEM	1	
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH ULTRASOFT2 30G LANCETS	3	
ONETOUCH VERIO FLEX METER	1	
ONETOUCH VERIO HIGH CONTROL SOLUTION	3	
ONETOUCH VERIO MID CONTROL SOLUTION	3	
ONETOUCH VERIO REFLECT METER	1	
ONETOUCH VERIO TEST STRIP	3	
OPCON ONE-STEP 1.5 MG TABLET	1	
OPILL 0.075 MG TABLET	1	QL
OPIUM TINCTURE 10 MG/ML	3	PA
OPTICHAMBER ADULT MASK-LARGE	3	QL
OPTICHAMBER DIAMOND VHC	3	QL
OPTICHAMBER DIAMOND W-LARGE MASK	3	QL
OPTICHAMBER DIAMOND W-MEDIUM MASK	3	QL
OPTICHAMBER DIAMOND W-SMALL MASK	3	QL
OPTION 2 1.5 MG TABLET	1	
OPTUMRX GLUCOSE CONTROL SOLUTION	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ORACIT ORAL SOLUTION	4	
ORAL CITRATE SOLUTION	4	
ORALONE 0.1% DENTAL PASTE	2	
ORENCIA 50 MG/0.4 ML SYRINGE	5	PA, QL, SRX
ORENCIA 87.5 MG/0.7 ML SYRINGE	5	PA, QL, SRX
ORENCIA 125 MG/ML SYRINGE	5	PA, QL, SRX
ORENCIA CLICKJECT 125 MG/ML	5	PA, QL, SRX
ORPHENADRINE ER 100 MG TABLET	2	
OSCIMIN 0.125 MG TABLET	2	
OSCIMIN SL 0.125 MG SUBLINGUAL TABLET	2	
OSCIMIN SR 0.375 MG TABLET	2	
OSELTAMIVIR 30 MG CAPSULE	2	QL
OSELTAMIVIR 45 MG CAPSULE	2	QL
OSELTAMIVIR 75 MG CAPSULE	2	QL
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL
OSMOPREP TABLET	4	
OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX
OTEZLA 30 MG TABLET	5	PA, QL, SRX
OVAL TAPE	3	
OXANDROLONE 2.5 MG TABLET	4	PA
OXANDROLONE 10 MG TABLET	4	PA
OXAPROZIN 600 MG CAPLET	2	
OXAPROZIN 600 MG TABLET	2	
OXAZEPAM 10 MG CAPSULE	2	
OXAZEPAM 15 MG CAPSULE	2	
OXAZEPAM 30 MG CAPSULE	2	
OXCARBAZEPINE 300 MG/5 ML SUSPENSION	2	
OXCARBAZEPINE 150 MG TABLET	2	
OXCARBAZEPINE 300 MG TABLET	2	
OXCARBAZEPINE 600 MG TABLET	2	
OXICONAZOLE 1% CREAM	3	
OXYBUTYNIN 5 MG/5 ML SOLUTION	2	
OXYBUTYNIN 5 MG/5 ML SYRUP	2	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN ER 5 MG TABLET	2	
OXYBUTYNIN ER 10 MG TABLET	2	
OXYBUTYNIN ER 15 MG TABLET	2	
OXYCODONE (IR) 5 MG CAPSULE	2	PA
OXYCODONE (IR) 5 MG TABLET	2	PA
OXYCODONE (IR) 10 MG TABLET	2	PA
OXYCODONE (IR) 15 MG TABLET	2	PA

Medication Name	Tier	Notes
OXYCODONE (IR) 20 MG TABLET	2	PA
OXYCODONE (IR) 30 MG TABLET	2	PA
OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	2	PA
OXYCODONE 5 MG/5 ML ORAL SOLUTION	2	PA
OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA
OXYCODONE-ASPIRIN 4.8355-325 MG TABLET	2	PA
OXYMORPHONE 5 MG TABLET	3	PA
OXYMORPHONE 10 MG TABLET	3	PA
OXYMORPHONE ER 5 MG TABLET	3	PA
OXYMORPHONE ER 7.5 MG TABLET	3	PA
OXYMORPHONE ER 10 MG TABLET	3	PA
OXYMORPHONE ER 15 MG TABLET	3	PA
OXYMORPHONE ER 20 MG TABLET	3	PA
OXYMORPHONE ER 30 MG TABLET	3	PA
OXYMORPHONE ER 40 MG TABLET	3	PA
OZEMPIC 0.25-0.5 MG/DOSE PEN	3	PA, QL
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	3	PA, QL
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	3	PA, QL
PACERONE 200 MG TABLET	2	
PALIPERIDONE ER 1.5 MG TABLET	4	
PALIPERIDONE ER 3 MG TABLET	4	
PALIPERIDONE ER 6 MG TABLET	4	
PALIPERIDONE ER 9 MG TABLET	4	
PANCREAZE DR 2,600 UNIT CAPSULE	3	
PANCREAZE DR 4,200 UNIT CAPSULE	3	
PANCREAZE DR 10,500 UNIT CAPSULE	3	
PANCREAZE DR 16,800 UNIT CAPSULE	3	
PANCREAZE DR 21,000 UNIT CAPSULE	3	
PANCREAZE DR 37,000 UNIT CAPSULE	3	
PANDA MASK LARGE	3	QL
PANDA MASK MEDIUM	3	QL
PANDA MASK SMALL	3	QL
PANRETIN 0.1% GEL	5	SRX
PANTOPRAZOLE DR 20 MG TABLET	2	QL
PANTOPRAZOLE DR 40 MG TABLET	2	QL
PARADIGM REMOTE CONTROL	3	
PARADIGM RESERVOIR 1.8 ML	3	
PARADIGM RESERVOIR 3 ML	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
PARICALCITOL 1 MCG CAPSULE	2	
PARICALCITOL 2 MCG CAPSULE	2	
PARICALCITOL 4 MCG CAPSULE	2	
PAROEX 0.12% ORAL RINSE	2	
PAROMOMYCIN 250 MG CAPSULE	3	
PAROXETINE 10 MG TABLET	1	QL
PAROXETINE 20 MG TABLET	1	QL
PAROXETINE 30 MG TABLET	1	QL
PAROXETINE 40 MG TABLET	1	QL
PASER GRANULES 4 GM PACKET	4	
PAXLOVID 150-100 MG DOSE PACK	4	QL
PAXLOVID 300-100 MG DOSE PACK	4	QL
PAZOPANIB 200 MG TABLET	5	PA, QL, SRX
PC UNIFINE PENTIP 6MM NEEDLE	3	
PC UNIFINE PENTIP 8MM NEEDLE	3	
PC UNIFINE PENTIP 12MM NEEDLE	3	
PEAK-AIR PEAK FLOW METER	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDIATRIC MEDIUM MASK	3	QL
PEDIATRIC PANDA MASK	3	QL
PEDIATRIC SMALL MASK	3	QL
PEDIATRIC MOUTHPIECE	3	QL
PEDVAXHIB VACCINE VIAL	3	
PEG 3350-ELECTROLYTE ORAL SOLUTION	2	
PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	2	
PEG-3350 AND ELECTROLYTES ORAL SOLUTION	2	
PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX
PEGASYS 180 MCG/ML VIAL	5	PA, SRX
PEG-PREP KIT	2	
PEN NEEDLE 29G 12MM	3	
PEN NEEDLE 30G 5MM	3	
PEN NEEDLE 30G 8MM	3	
PEN NEEDLE 30G 5/16"	3	
PEN NEEDLE 31G 5MM	3	
PEN NEEDLE 31G 6MM	3	
PEN NEEDLE 31G 8MM	3	
PEN NEEDLE 31G 1/4"	3	
PEN NEEDLE 31G 3/16"	3	
PEN NEEDLE 31G 5/16"	3	
PEN NEEDLE 32G 4MM	3	
PEN NEEDLE 32G 1/4"	3	

Medication Name	Tier	Notes
PEN NEEDLE 32G 3/16"	3	
PEN NEEDLE 32G 5/32"	3	
PEN NEEDLE 33G 4MM	3	
PEN NEEDLE 4MM 32G	3	
PEN NEEDLE 5MM 31G	3	
PEN NEEDLE 6MM 31G	3	
PEN NEEDLE 8MM 31G	3	
PENBRAYA KIT	3	
PENCICLOVIR 1% CREAM	4	PA, QL
PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML ORAL SOLUTION	2	
PENICILLIN VK 250 MG/5 ML ORAL SOLUTION	2	
PENICILLIN VK 250 MG TABLET	2	
PENICILLIN VK 500 MG TABLET	2	
PENTACEL VIAL KIT	3	
PENTAMIDINE 300 MG INHALATION POWDER	3	
PENTAZOCINE-NALOXONE TABLET	2	PA
PENTIP PEN NEEDLE 29G 12MM	3	
PENTIP PEN NEEDLE 29G 1/2"	3	
PENTIP PEN NEEDLE 31G 5MM	3	
PENTIP PEN NEEDLE 31G 6MM	3	
PENTIP PEN NEEDLE 31G 8MM	3	
PENTIP PEN NEEDLE 31G 1/4"	3	
PENTIP PEN NEEDLE 31G 3/16"	3	
PENTIP PEN NEEDLE 31G 5/16"	3	
PENTIP PEN NEEDLE 32G 4MM	3	
PENTIP PEN NEEDLE 32G 6MM	3	
PENTIP PEN NEEDLE 32G 5/32"	3	
PENTOXIFYLLINE ER 400 MG TABLET	2	
PERINDOPRIL 2 MG TABLET	2	
PERINDOPRIL 4 MG TABLET	2	
PERINDOPRIL 8 MG TABLET	2	
PERIOGARD 0.12% ORAL RINSE	2	
PERMETHRIN 5% CREAM	2	
PERPHENAZINE 2 MG TABLET	2	
PERPHENAZINE 4 MG TABLET	2	
PERPHENAZINE 8 MG TABLET	2	
PERPHENAZINE 16 MG TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	2	
PERSONAL BEST PEAK FLOW METER	3	
PFIZER COVID (6M-4Y)VAC-MAROON	3	
PFIZER COVID (5-11Y) VAC-ORANGE	3	
PFIZER COVID (12Y UP) VAC-GRAY	3	
PFIZER COVID (6M-4Y)EUA	3	
PFIZER COVID (5-11Y)EUA	3	
PFIZER COVID BIVAL (6MO-4Y)EUA	3	
PFIZER COVID BIVAL (5-11YR)EUA	3	
PFIZER COVID BIVAL (12Y UP)EUA	3	
PFIZER COVID-19 VACCINE-PURPLE	3	
PHASEAL PROTECTOR 14	3	
PHASEAL PROTECTOR 21	3	
PHASEAL PROTECTOR 28	3	
PHASEAL PROTECTOR 50	3	
PHENAZOPYRIDINE 100 MG TABLET	2	
PHENAZOPYRIDINE 200 MG TABLET	2	
PHENELZINE 15 MG TABLET	2	
PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	2	
PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	2	
PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	2	
PHENOBARBITAL 15 MG TABLET	2	
PHENOBARBITAL 16.2 MG TABLET	2	
PHENOBARBITAL 30 MG TABLET	2	
PHENOBARBITAL 32.4 MG TABLET	2	
PHENOBARBITAL 60 MG TABLET	2	
PHENOBARBITAL 64.8 MG TABLET	2	
PHENOBARBITAL 97.2 MG TABLET	2	
PHENOBARBITAL 100 MG TABLET	2	
PHENOXYBENZAMINE 10 MG CAPSULE	5	
PHENYLEPHRINE 2.5% EYE DROPS	2	
PHENYLEPHRINE 10% EYE DROPS	2	
PHENYTOIN 50 MG CHEWABLE TABLET	2	
PHENYTOIN 50 MG INFATAB CHEW	2	
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	2	
PHENYTOIN 125 MG/5 ML SUSPENSION	2	
PHENYTOIN SODIUM EXT 100 MG CAPSULE	2	
PHENYTOIN SODIUM EXT 200 MG CAPSULE	2	
PHENYTOIN SODIUM EXT 300 MG CAPSULE	2	
PHILITH 0.4-0.035 MG TABLET	1	

Medication Name	Tier	Notes
PHOSLYRA 667 MG/5 ML ORAL SOLUTION	4	
PHOSPHASAL TABLET	2	
PHOSPHOLINE IODIDE 0.125% EYE DROPS	4	
PHYSIOSOL IRRIGATION SOLUTION	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 5 MG TABLET	2	
PILOCARPINE 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 5 MG TABLET	2	
PINDOLOL 10 MG TABLET	2	
PIOGLITAZONE 15 MG TABLET	2	
PIOGLITAZONE 30 MG TABLET	2	
PIOGLITAZONE 45 MG TABLET	2	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	2	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	2	
PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	2	
PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	2	
PIP GLUCOSE CONTROL SOLUTION L1-L2	3	
PIP PEN NEEDLE 31G 5MM	3	
PIP PEN NEEDLE 32G 4MM	3	
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX
PIRFENIDONE 267 MG TABLET	5	PA, SRX
PIRFENIDONE 801 MG TABLET	5	PA, SRX
PIRMELLA 1-35 28 TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1	
PIROXICAM 10 MG CAPSULE	2	
PIROXICAM 20 MG CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4	
PNEUMOVAX 23 SYRINGE	3	
PNEUMOVAX 23 VIAL	3	
PNV 29-1 TABLET	1	
PNV PRENATAL PLUS MULTIVITAMIN TABLET	1	
PNV-DHA + DOCUSATE SOFTGEL	1	
PNV-DHA SOFTGEL	1	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
PNV-OMEGA SOFTGEL	1	
PNV-SELECT TABLET	1	
POCKET CHAMBER	3	QL
POCKET PEAK FLOW METER	3	
PODOFILOX 0.5% TOPICAL SOLUTION	2	
POLY HUB NEEDLE 18G 1"	3	
POLY HUB NEEDLE 18G 1-1/2"	3	
POLY HUB NEEDLE 21G 1"	3	
POLY HUB NEEDLE 21G 1-1/2"	3	
POLY HUB NEEDLE 22G 1"	3	
POLY HUB NEEDLE 22G 1-1/2"	3	
POLY HUB NEEDLE 23G 1"	3	
POLY HUB NEEDLE 23G 1-1/2"	3	
POLY HUB NEEDLE 25G 1"	3	
POLY HUB NEEDLE 25G 1-1/2"	3	
POLY HUB NEEDLE 25G 5/8"	3	
POLY HUB NEEDLE 27G 1/2"	3	
POLY HUB NEEDLE 27G 1-1/4"	3	
POLY HUB NEEDLE 30G 1/2"	3	
POLYCIN EYE OINTMENT	2	
POLYMYXIN B-TMP EYE DROPS	2	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML SUSPENSION	4	
POSACONAZOLE DR 100 MG TABLET	4	QL
POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	2	
POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	2	
POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	2	
POTASSIUM CHLORIDE 20 MEQ PACKET	2	
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	2	
POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	2	
POTASSIUM CHLORIDE ER 8 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 10 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 15 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 20 MEQ TABLET	2	
POTASSIUM CITRATE ER 5 MEQ TABLET	2	

Medication Name	Tier	Notes
POTASSIUM CITRATE ER 10 MEQ TABLET	2	
POTASSIUM CITRATE ER 15 MEQ TABLET	2	
POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	4	
PR NATAL 400 COMBO PACK	1	
PR NATAL 430 COMBO PACK	1	
PR NATAL 400 EC COMBO PACK	1	
PR NATAL 430 EC COMBO PACK	1	
PRADAXA 110 MG CAPSULE	4	PA, QL
PRAMIPEXOLE 0.125 MG TABLET	2	
PRAMIPEXOLE 0.25 MG TABLET	2	
PRAMIPEXOLE 0.5 MG TABLET	2	
PRAMIPEXOLE 0.75 MG TABLET	2	
PRAMIPEXOLE 1 MG TABLET	2	
PRAMIPEXOLE 1.5 MG TABLET	2	
PRAMIPEXOLE ER 0.375 MG TABLET	3	
PRAMIPEXOLE ER 0.75 MG TABLET	3	
PRAMIPEXOLE ER 1.5 MG TABLET	3	
PRAMIPEXOLE ER 2.25 MG TABLET	3	
PRAMIPEXOLE ER 3 MG TABLET	3	
PRAMIPEXOLE ER 3.75 MG TABLET	3	
PRAMIPEXOLE ER 4.5 MG TABLET	3	
PRAMOSONE 1% LOTION	4	
PRAMOSONE 2.5%-1% LOTION	4	
PRAMOSONE 1%-1% OINTMENT	4	
PRAMOSONE 2.5%-1% OINTMENT	4	
PRASUGREL 5 MG TABLET	2	
PRASUGREL 10 MG TABLET	2	
PRAVASTATIN 10 MG TABLET	2	
PRAVASTATIN 20 MG TABLET	2	
PRAVASTATIN 40 MG TABLET	2	
PRAVASTATIN 80 MG TABLET	2	
PRAZIQUANTEL 600 MG TABLET	4	
PRAZOSIN 1 MG CAPSULE	2	
PRAZOSIN 2 MG CAPSULE	2	
PRAZOSIN 5 MG CAPSULE	2	
PREDNICARBATE 0.1% CREAM	2	
PREDNICARBATE 0.1% OINTMENT	2	
PREDNISOLONE 1% EYE DROPS	2	
PREDNISOLONE AC 1% EYE DROPS	2	
PREDNISOLONE ODT 10 MG TABLET	3	
PREDNISOLONE ODT 15 MG TABLET	3	



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
PREDNISOLONE ODT 30 MG TABLET	3	
PREDNISOLONE 5 MG/5 ML ORAL SOLUTION	2	
PREDNISOLONE 15 MG/5 ML ORAL SOLUTION	2	
PREDNISOLONE 25 MG/5 ML ORAL SOLUTION	2	
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	3	
PREDNISONE 5 MG/5 ML ORAL SOLUTION	2	
PREDNISONE 1 MG TABLET	2	
PREDNISONE 2.5 MG TABLET	2	
PREDNISONE 5 MG TABLET	2	
PREDNISONE 10 MG TABLET	2	
PREDNISONE 20 MG TABLET	2	
PREDNISONE 50 MG TABLET	2	
PREDNISONE 5 MG TABLET DOSE PACK	2	
PREDNISONE 10 MG TABLET DOSE PACK	2	
PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
PREF PLUS SYRINGE 0.5 ML 30G 5/16"	3	
PREF PLUS SYRINGE 1 ML 29G 1/2"	3	
PREFERRED PLUS 0.3 ML 30G 5/16"	3	
PREFERRED PLUS 0.5 ML 29G 1/2"	3	
PREFERRED PLUS SYRINGE 0.5 ML	3	
PREFERRED PLUS SYRINGE 1 ML	3	
PREFEST TABLET	2	
PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"	3	
PREGABALIN 25 MG CAPSULE	2	QL
PREGABALIN 50 MG CAPSULE	2	QL
PREGABALIN 75 MG CAPSULE	2	QL
PREGABALIN 100 MG CAPSULE	2	QL
PREGABALIN 150 MG CAPSULE	2	QL
PREGABALIN 200 MG CAPSULE	2	QL
PREGABALIN 225 MG CAPSULE	2	QL
PREGABALIN 300 MG CAPSULE	2	QL
PREGABALIN 20 MG/ML ORAL SOLUTION	2	QL
PREHEVBRIO 10 MCG/ML VIAL	3	
PREMARIN 0.3 MG TABLET	4	
PREMARIN 0.45 MG TABLET	4	
PREMARIN 0.625 MG TABLET	4	
PREMARIN 0.9 MG TABLET	4	
PREMARIN 1.25 MG TABLET	4	
PRENA1 TRUE COMBO PACK	1	
PRENAISSANCE CAPSULE	1	
PRENAISSANCE PLUS SOFTGEL	1	

Medication Name	Tier	Notes
PRENATAL 19 CHEWABLE TABLET	1	
PRENATAL 19 TABLET	1	
PRENATAL PLUS-DHA COMBO PACK	1	
PRENATAL PLUS IRON TABLET	1	
PRENATAL PLUS VITAMIN-MINERAL TABLET	1	
PRENATAL VITAMIN PLUS LOW IRON TABLET	1	
PRENATAL-U CAPSULE	1	
PREPLUS CA-FE 27 MG-FA 1 MG TABLET	1	
PRETAB 29 MG-1 MG TABLET	1	
PREVALITE PACKET	2	
PREVALITE POWDER	2	
PREVENT PEN NEEDLE 31G 1/4"	3	
PREVENT PEN NEEDLE 31G 5/16"	3	
PREVIFEM TABLET	1	
PREVNAR 20 SYRINGE	3	
PREVMIS 240 MG TABLET	4	PA, QL
PREVMIS 480 MG TABLET	4	PA, QL
PREZCOBIX 800 MG-150 MG TABLET	3	
PREZISTA 100 MG/ML SUSPENSION	3	
PREZISTA 75 MG TABLET	3	
PREZISTA 150 MG TABLET	3	
PRIFTIN 150 MG TABLET	4	
PRIMAQUINE 26.3 MG TABLET	2	
PRIMEAIRE CHAMBER	3	QL
PRIMIDONE 50 MG TABLET	2	
PRIMIDONE 250 MG TABLET	2	
PRIMSOL 50 MG/5 ML ORAL SOLUTION	4	
PRIORIX VIAL	3	
PRO COMFORT 0.5 ML 30G 1/2"	3	
PRO COMFORT 0.5 ML 30G 5/16"	3	
PRO COMFORT 0.5 ML 31G 5/16"	3	
PRO COMFORT 1 ML 30G 1/2"	3	
PRO COMFORT 1 ML 30G 5/16"	3	
PRO COMFORT 1 ML 31G 5/16"	3	
PRO COMFORT PEN NEEDLE 31G 5/16"	3	
PRO COMFORT PEN NEEDLE 32G 1/4"	3	
PRO COMFORT PEN NEEDLE 4MM 32G	3	
PRO COMFORT PEN NEEDLE 5MM 32G	3	
PRO COMFORT SPACER-ADULT MASK	3	QL
PRO COMFORT SPACER-CHILD MASK	3	QL
PRO COMFORT SPACER-INFANT MASK	3	QL

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
PROBENECID 500 MG TABLET	2		PROMETHEGAN 25 MG SUPPOSITORY	3	
PROBENECID-COLCHICINE TABLET	2		PROMETHEGAN 50 MG SUPPOSITORY	3	
PROCARE SPACER WITH ADULT MASK	3	QL	PROPAFENONE 150 MG TABLET	2	
PROCARE SPACER WITH CHILD MASK	3	QL	PROPAFENONE 225 MG TABLET	2	
PROCENTRA 5 MG/5 ML ORAL SOLUTION	2	QL	PROPAFENONE 300 MG TABLET	2	
PROCHAMBER HOLDING CHAMBER	3	QL	PROPAFENONE ER 225 MG CAPSULE	2	
PROCHLORPERAZINE 25 MG SUPPOSITORY	2		PROPAFENONE ER 325 MG CAPSULE	2	
PROCHLORPERAZINE 5 MG TABLET	2		PROPAFENONE ER 425 MG CAPSULE	2	
PROCHLORPERAZINE 10 MG TABLET	2		PROPARACAINE 0.5% EYE DROPS	2	
PROCTO-MED HC 2.5% CREAM	2		PROPRANOLOL 20 MG/5 ML ORAL SOLUTION	2	
PROCTOSOL-HC 2.5% CREAM	2		PROPRANOLOL 40 MG/5 ML ORAL SOLUTION	2	
PROCTOZONE-HC 2.5% CREAM	2		PROPRANOLOL 10 MG TABLET	2	
PRODIGY CONTROL SOLUTION	3		PROPRANOLOL 20 MG TABLET	2	
PRODIGY CONTROL SOLUTION LOW	3		PROPRANOLOL 40 MG TABLET	2	
PRODIGY INSULIN SYRINGE 1ML 28G 1/2"	3		PROPRANOLOL 60 MG TABLET	2	
PRODIGY SYRINGE 0.3ML 31G 5/16"	3		PROPRANOLOL 80 MG TABLET	2	
PRODIGY SYRINGE 0.5 ML 31G 5/16"	3		PROPRANOLOL ER 60 MG CAPSULE	2	
PROGESTERONE 100 MG CAPSULE	2		PROPRANOLOL ER 80 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2		PROPRANOLOL ER 120 MG CAPSULE	2	
PROGRAF 0.2 MG GRANULE PACKET	4		PROPRANOLOL ER 160 MG CAPSULE	2	
PROGRAF 1 MG GRANULE PACKET	4		PROPRANOLOL-HCTZ 40-25 MG TABLET	2	
PROMACTA 12.5 MG SUSPENSION PACKET	5	PA, LDD, SRX	PROPRANOLOL-HCTZ 80-25 MG TABLET	2	
PROMACTA 25 MG SUSPENSION PACKET	5	PA, LDD, SRX	PROPYLTHIOURACIL 50 MG TABLET	2	
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX	PROQUAD VIAL	3	
PROMACTA 25 MG TABLET	5	PA, LDD, SRX	PROTRIPTYLINE 5 MG TABLET	2	
PROMACTA 50 MG TABLET	5	PA, LDD, SRX	PROTRIPTYLINE 10 MG TABLET	2	
PROMACTA 75 MG TABLET	5	PA, LDD, SRX	PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
PROMETHAZINE 12.5 MG SUPPOSITORY	3		PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
PROMETHAZINE 25 MG SUPPOSITORY	3		PUB INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
PROMETHAZINE 6.25 MG/5 ML SYRUP	2		PUB INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
PROMETHAZINE 12.5 MG TABLET	2		PUB INSULIN SYRINGE 1 ML 30G 1/2"	3	
PROMETHAZINE 25 MG TABLET	2		PUB INSULIN SYRINGE 1 ML 31G 5/16"	3	
PROMETHAZINE 50 MG TABLET	2		PUB PEN 8MM 31G NEEDLE	3	
PROMETHAZINE VC SYRUP	2		PUB PEN 12MM 29G NEEDLE	3	
PROMETHAZINE VC-CODEINE SYRUP	2	QL	PUB PEN NEEDLE 6MM 31G	3	
PROMETHAZINE-CODEINE ORAL SOLUTION	2	QL	PUB UNIFINE PENTIP PLUS 31G 3/16	3	
PROMETHAZINE-CODEINE SYRUP	2	QL	PULMOSAL 7% VIAL	2	
PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2		PULMOZYME 1 MG/ML AMPULE	5	PA, SRX
PROMETHAZINE-PE-CODEINE SYRUP	2	QL	PURE COMFORT PEN NEEDLE 32G 4MM	3	
PROMETHAZINE-PHENYLEPHRINE SYRUP	2		PURE COMFORT PEN NEEDLE 32G 5MM	3	
PROMETHEGAN 12.5 MG SUPPOSITORY	3		PURE COMFORT PEN NEEDLE 32G 6MM	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
PURE COMFORT PEN NEEDLE 32G 8MM	3		QUINIDINE SULFATE 200 MG TABLET	2	
PURE COMFORT SAFETY PEN NEEDLE 31G 5MM	3		QUINIDINE SULFATE 300 MG TABLET	2	
PURE COMFORT SAFETY PEN NEEDLE 31G 6MM	3		QUININE SULFATE 324 MG CAPSULE	2	
PURE COMFORT SAFETY PEN NEEDLE 32G 4MM	3		QUTENZA 8% KIT (1 PATCH)	4	
PURE COMFORT SPACER-ADULT MASK	3	QL	QUTENZA 8% KIT (2 PATCH)	4	
PURECOMFORT PEAK FLOW METER ADULT	3		QUTENZA 8% KIT (4 PATCH)	4	
PURECOMFORT PEAK FLOW METER CHILD	3		QVAR REDHALER 40 MCG	3	
PURIXAN 20 MG/ML ORAL SUSPENSION	5	PA, LDD, SRX	QVAR REDHALER 80 MCG	3	
PV UNIFINE PENTIP PLUS 31G 5MM	3		RA INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
PV UNIFINE PENTIP PLUS 31G 6MM	3		RA INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
PV UNIFINE PENTIP PLUS 31G 8MM	3		RA INSULIN SYRINGE 1 ML 29G 1/2"	3	
PV UNIFINE PENTIP PLUS 32G 4MM	3		RA INSULIN SYRINGE 1 ML 30G 5/16"	3	
PV UNIFINE PENTIP PLUS 33G 4MM	3		RA PEN NEEDLE 31G 3/16"	3	
PYRAZINAMIDE 500 MG TABLET	2		RA PEN NEEDLE 31G 5/16"	3	
PYRIDOSTIGMINE 60 MG/5 ML ORAL SOLUTION	5	PA, SRX	RABEPRAZOLE DR 20 MG TABLET	2	QL
PYRIDOSTIGMINE 60 MG TABLET	4		RALOXIFENE 60 MG TABLET	2	
PYRIDOSTIGMINE ER 180 MG TABLET	4		RAMELTEON 8 MG TABLET	3	QL
PYRIMETHAMINE 25 MG TABLET	5	PA, LDD, SRX	RAMIPRIL 1.25 MG CAPSULE	2	
QC UNIFINE PENTIP 32G 5/32"	3		RAMIPRIL 2.5 MG CAPSULE	1	
QC UNIFINE PENTIP 4MM 32G	3		RAMIPRIL 5 MG CAPSULE	1	
QUADRACEL DTAP-IPV	3		RAMIPRIL 10 MG CAPSULE	1	
QUAZEPAM 15 MG TABLET	4	PA	RANOLAZINE ER 500 MG TABLET	4	QL
QUETIAPINE 25 MG TABLET	2		RANOLAZINE ER 1,000 MG TABLET	4	QL
QUETIAPINE 50 MG TABLET	2		RASAGILINE 0.5 MG TABLET	2	
QUETIAPINE 100 MG TABLET	2		RASAGILINE 1 MG TABLET	2	
QUETIAPINE 200 MG TABLET	2		RAYA SURE PEN NEEDLE 29G 12MM	3	
QUETIAPINE 300 MG TABLET	2		RAYA SURE PEN NEEDLE 31G 4MM	3	
QUETIAPINE 400 MG TABLET	2		RAYA SURE PEN NEEDLE 31G 5MM	3	
QUETIAPINE ER 50 MG TABLET	2		RAYA SURE PEN NEEDLE 31G 6MM	3	
QUETIAPINE ER 150 MG TABLET	2		RECLIPSEN 28 DAY TABLET	1	
QUETIAPINE ER 200 MG TABLET	2		RECOMBIVAX HB 5 MCG/0.5 ML SYRINGE	3	
QUETIAPINE ER 300 MG TABLET	2		RECOMBIVAX HB 10 MCG/ML SYRINGE	3	
QUETIAPINE ER 400 MG TABLET	2		RECOMBIVAX HB 5 MCG/0.5 ML VIAL	3	
QUINAPRIL 5 MG TABLET	1		RECOMBIVAX HB 10 MCG/ML VIAL	3	
QUINAPRIL 10 MG TABLET	1		RECOMBIVAX HB 40 MCG/ML VIAL	3	
QUINAPRIL 20 MG TABLET	1		RECTIV 0.4% OINTMENT	4	
QUINAPRIL 40 MG TABLET	1		REFUAH PLUS CONTROL SOLUTION	3	
QUINAPRIL-HCTZ 10-12.5 MG TABLET	1		REGANEX 0.01% GEL	4	PA, QL
QUINAPRIL-HCTZ 20-12.5 MG TABLET	1		RELENZA 5 MG DISKHALER	4	QL
QUINAPRIL-HCTZ 20-25 MG TABLET	1		RELI ON 31G 1/4" NEEDLE	3	
QUINIDINE GLUCONATE ER 324 MG TABLET	3		RELION INSULIN SYRINGE 0.3 ML 29G 1/2"	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
RELION INSULIN SYRINGE 0.3 ML 31G 6MM	3		REZDIFFRA 60 MG TABLET	5	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML	3		REZDIFFRA 80 MG TABLET	5	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	3		REZDIFFRA 100 MG TABLET	5	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML 31G 6MM	3		RIBAVIRIN 200 MG CAPSULE	4	
RELION INSULIN SYRINGE 1 ML 29G 1/2"	3		RIBAVIRIN 200 MG TABLET	4	
RELION INSULIN SYRINGE 1 ML 31G 5/16"	3		RIFABUTIN 150 MG CAPSULE	3	
RELION INSULIN SYRINGE 1 ML 31G 15/64"	3		RIFAMPIN 150 MG CAPSULE	2	
RELION KETONE TEST STRIP	3		RIFAMPIN 300 MG CAPSULE	2	
RELION MINI PEN NEEDLE 31G 1/4"	3		RIGHTEST CONTROL SOLUTION HIGH	3	
RELION NOVOLOG U-100 FLEXPEN	4	QL, ST	RIGHTEST CONTROL SOLUTION NORMAL	3	
RELION NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST	RILUZOLE 50 MG TABLET	5	SRX
RELION NOVOLOG 100 UNIT/ML VIAL	4	QL, ST	RIMANTADINE 100 MG TABLET	2	
RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST	RINVOQ LQ 1 MG/ML SOLUTION	5	PA, QL, SRX
RELION PEN NEEDLE 29G	3		RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 29G 1/2"	3		RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G	3		RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	3		RISEDRONATE 5 MG TABLET	3	
RELION PEN NEEDLE 31G 1/4"	3		RISEDRONATE 30 MG TABLET	3	
RELION PEN NEEDLE 31G 5/16"	3		RISEDRONATE 35 MG TABLET	3	
RELION PEN NEEDLE 32G 5/32"	3		RISEDRONATE 150 MG TABLET	3	
RELION SYRINGE 0.3 ML 31G 5/16"	3		RISEDRONATE DR 35 MG TABLET	3	
RELION SYRINGE 0.5 ML 31G 5/16"	3		RISPERIDONE 1 MG/ML ORAL SOLUTION	2	
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RISPERIDONE 0.25 MG ODT TABLET	2	
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA	RISPERIDONE 0.5 MG ODT TABLET	2	
RELISTOR 12 MG/0.6 ML VIAL	4	PA	RISPERIDONE 1 MG ODT TABLET	2	
RELISTOR 150 MG TABLET	4	PA	RISPERIDONE 2 MG ODT TABLET	2	
RENACIDIN IRRIGATION SOLUTION	4		RISPERIDONE 3 MG ODT TABLET	2	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 4 MG ODT TABLET	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 0.25 MG TABLET	1	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 0.5 MG TABLET	1	
REPATHA 140 MG/ML SURECLICK	5	PA, SRX	RISPERIDONE 1 MG TABLET	1	
REPATHA 140 MG/ML SYRINGE	5	PA, SRX	RISPERIDONE 2 MG TABLET	1	
REPATHA 420 MG/3.5 ML PUSHTRONEX	5	PA, SRX	RISPERIDONE 3 MG TABLET	1	
RESPA A.R. TABLET SA	4		RISPERIDONE 4 MG TABLET	1	
REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	RITEFLO SPACER	3	QL
REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX	RITONAVIR 100 MG TABLET	2	
REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 1.5 MG CAPSULE	2	
REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 3 MG CAPSULE	2	
REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.5 MG CAPSULE	2	
REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 6 MG CAPSULE	2	
REYATAZ 50 MG POWDER PACKET	3		RIVASTIGMINE 4.6 MG/24HR PATCH	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
RIVASTIGMINE 9.5 MG/24HR PATCH	2	
RIVASTIGMINE 13.3 MG/24HR PATCH	2	
RIVELSA TABLET	1	
RIZATRIPTAN 5 MG ODT TABLET	2	QL
RIZATRIPTAN 10 MG ODT TABLET	2	QL
RIZATRIPTAN 5 MG TABLET	2	QL
RIZATRIPTAN 10 MG TABLET	2	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	4	QL
ROFLUMILAST 500 MCG TABLET	4	QL
ROPINIROLE 0.25 MG TABLET	2	
ROPINIROLE 0.5 MG TABLET	2	
ROPINIROLE 1 MG TABLET	2	
ROPINIROLE 2 MG TABLET	2	
ROPINIROLE 3 MG TABLET	2	
ROPINIROLE 4 MG TABLET	2	
ROPINIROLE 5 MG TABLET	2	
ROPINIROLE ER 2 MG TABLET	2	
ROPINIROLE ER 4 MG TABLET	2	
ROPINIROLE ER 6 MG TABLET	2	
ROPINIROLE ER 8 MG TABLET	2	
ROPINIROLE ER 12 MG TABLET	2	
ROSADAN 0.75% CREAM	2	
ROSADAN 0.75% GEL	2	
ROSUVASTATIN 5 MG TABLET	2	
ROSUVASTATIN 10 MG TABLET	2	
ROSUVASTATIN 20 MG TABLET	2	
ROSUVASTATIN 40 MG TABLET	2	
ROTARIX VACCINE ORAL SYRINGE	3	
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ VACCINE	3	
ROWEEPR 500 MG TABLET	2	
ROWEEPR 750 MG TABLET	2	
ROWEEPR 1,000 MG TABLET	2	
RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL
RUFINAMIDE 200 MG TABLET	4	PA, QL
RUFINAMIDE 400 MG TABLET	4	PA, QL
RYBELSUS 3 MG TABLET	3	PA, QL
RYBELSUS 7 MG TABLET	3	PA, QL
RYBELSUS 14 MG TABLET	3	PA, QL
SAFESNAP INSULIN SYRINGE 0.3 ML	3	

Medication Name	Tier	Notes
SAFESNAP INSULIN SYRINGE 0.5 ML	3	
SAFESNAP INSULIN SYRINGE 1 ML	3	
SAFETY PEN NEEDLE 31G 4MM	3	
SAFETY PEN NEEDLE 31G 5MM	3	
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	2	
SALSALATE 500 MG TABLET	2	
SALSALATE 750 MG TABLET	2	
SANTYL OINTMENT	4	PA, QL
SAPROTERIN 100 MG POWDER PACKET	5	PA, SRX
SAPROTERIN 500 MG POWDER PACKET	5	PA, SRX
SAPROTERIN 100 MG TABLET	5	PA, SRX
SAVAYSA 15 MG TABLET	4	PA, QL
SAVAYSA 30 MG TABLET	4	PA, QL
SAVAYSA 60 MG TABLET	4	PA, QL
SAVELLA 12.5 MG TABLET	4	
SAVELLA 25 MG TABLET	4	
SAVELLA 50 MG TABLET	4	
SAVELLA 100 MG TABLET	4	
SAVELLA TITRATION PACK	4	
SAXAGLIPTIN 2.5 MG TABLET	2	QL
SAXAGLIPTIN 5 MG TABLET	2	QL
SAXAGLIPTIN-METFORMIN ER 2.5-1000 TABLET	2	QL
SAXAGLIPTIN-METFORMIN ER 5-500 TABLET	2	QL
SAXAGLIPTIN-METFORMIN ER 5-1000 TABLET	2	QL
SCOPOLAMINE 1 MG/3 DAY PATCH	2	
SECONAL 100 MG CAPSULE	4	
SECURESAFE PEN NEEDLE 30G 5/16"	3	
SECURESAFE SYRINGE 0.5 ML 29G 1/2"	3	
SECURESAFE SYRINGE 1 ML 29G 1/2"	3	
SELEGILINE 5 MG CAPSULE	2	
SELEGILINE 5 MG TABLET	2	
SELENIUM SULFIDE 2.25% SHAMPOO	2	
SELENIUM SULFIDE 2.5% LOTION	2	
SE-NATAL 19 CHEWABLE TABLET	1	
SE-NATAL-19 TABLET	1	
SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
SERTRALINE 25 MG TABLET	1	QL
SERTRALINE 50 MG TABLET	1	QL
SERTRALINE 100 MG TABLET	1	QL
SEREVENT DISKUS 50 MCG	4	QL, ST

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SETLAKIN 0.15 MG-0.03 MG TABLET	1		SKY SAFETY PEN NEEDLE 30G 5MM	3	
SEVELAMER CARBONATE 800 MG TABLET	4		SKY SAFETY PEN NEEDLE 30G 8MM	3	
SF 1.1% GEL	2		SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX
SF 5000 PLUS TOOTHPASTE	2		SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX
SHAROBEL 0.35 MG TABLET	1		SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX
SHINGRIX VIAL KIT	3	QL	SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX
SHOPKO UNIFINE PENTIP 4MM 32G	3		SLYND 4 MG TABLET	4	
SHOPKO UNIFINE PENTIP 5MM 31G	3		SM INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
SHOPKO UNIFINE PENTIP 8MM 31G	3		SM INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
SHOPKO UNIFINE PENTIP 12MM 29G	3		SM INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
SIDESTREAM PEDIATRIC FACE MASK	3	QL	SM INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
SIGNIFOR 0.9 MG/ML AMPULE	5	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
SILDENAFIL 20 MG TABLET	5	PA, SRX	SM INSULIN SYRINGE 1 ML 28G 1/2"	3	
SILHOUETTE INFUSION SET 23"	3		SM INSULIN SYRINGE 1 ML 29G 1/2"	3	
SILICONE MASK-INFANT	3	QL	SM INSULIN SYRINGE 1 ML 30G 5/16"	3	
SILICONE MASK-PEDIATRIC	3	QL	SM INSULIN SYRINGE 1 ML 31G 5/16"	3	
SILODOSIN 4 MG CAPSULE	2	QL	SMARTEST CONTROL SOLUTION	3	
SILODOSIN 8 MG CAPSULE	2	QL	SODIUM CHLORIDE 0.9% INHALATION VIAL	2	
SIL-SERTER INFUSION SET	3		SODIUM CHLORIDE 0.9% IRRIGATION	2	
SILVER NITRATE 0.5% TOPICAL SOLUTION	2		SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2	
SILVER NITRATE 10% TOPICAL SOLUTION	2		SODIUM CHLORIDE 3% VIAL	2	
SILVER NITRATE 25% TOPICAL SOLUTION	2		SODIUM CHLORIDE 7% VIAL	2	
SILVER NITRATE 50% TOPICAL SOLUTION	2		SODIUM CHLORIDE 10% VIAL	2	
SILVER SULFADIAZINE 1% CREAM	2		SODIUM FLUORIDE 1.1% GEL	2	
SIMBRINZA 1%-0.2% EYE DROPS	3		SODIUM FLUORIDE 0.2% RINSE	2	
SIMLANDI(CF) AI 40 MG/0.4 ML AUTO-INJECTOR	5	PA, QL, SRX	SODIUM FLUORIDE 1.1% TOOTHPASTE	2	
SIMLIYA 28 DAY TABLET	1		SODIUM FLUORIDE 5000 DRY MOUTH TOOTHPASTE	2	
SIMPESSE 0.15-0.03-0.01 MG TABLET	1		SODIUM FLUORIDE 5000 PLUS TOOTHPASTE	2	
SIMVASTATIN 5 MG TABLET	1		SODIUM FLUORIDE 5000 PPM TOOTHPASTE	2	
SIMVASTATIN 10 MG TABLET	1		SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE	2	
SIMVASTATIN 20 MG TABLET	1		SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE	2	
SIMVASTATIN 40 MG TABLET	1		SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	2	
SIMVASTATIN 80 MG TABLET	1	QL	SODIUM PHENYLBUTYRATE POWDER	5	SRX
SIROLIMUS 1 MG/ML ORAL SOLUTION	5	SRX	SODIUM PHENYLBUTYRATE 500MG TABLET	5	SRX
SIROLIMUS 0.5 MG TABLET	2		SODIUM POLYSTYRENE SULFATE POWDER	2	
SIROLIMUS 1 MG TABLET	2		SODIUM POLYSTYRENE SULFONATE 15 G/60 ML SUSPENSION	2	
SIROLIMUS 2 MG TABLET	2		SODIUM SULFACETAMIDE 10% LOTION	2	
SIRTURO 20 MG TABLET	4	PA			
SIRTURO 100 MG TABLET	4	PA			

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION	4	
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	5	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	3	QL
SOLIFENACIN 10 MG TABLET	3	QL
SOLUTIONUS V2 CONTROL SOLUTION HIGH	3	
SOLUTIONUS V2 CONTROL SOLUTION LOW	3	
SOMAVERT 10 MG VIAL	5	PA, LDD, SRX
SOMAVERT 15 MG VIAL	5	PA, LDD, SRX
SOMAVERT 20 MG VIAL	5	PA, LDD, SRX
SOMAVERT 25 MG VIAL	5	PA, LDD, SRX
SOMAVERT 30 MG VIAL	5	PA, LDD, SRX
SORAFENIB 200 MG TABLET	5	PA, QL, SRX
SOTALOL 80 MG TABLET	2	
SOTALOL 120 MG TABLET	2	
SOTALOL 160 MG TABLET	2	
SOTALOL 240 MG TABLET	2	
SOTALOL AF 80 MG TABLET	2	
SOTALOL AF 120 MG TABLET	2	
SOTALOL AF 160 MG TABLET	2	
SOTYKTU 6 MG TABLET	5	PA, LDD, SRX
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SOVALDI 150 MG PELLET PACKET	4	PA, QL
SOVALDI 200 MG PELLET PACKET	4	PA, QL
SOVALDI 200 MG TABLET	4	PA, QL
SOVALDI 400 MG TABLET	4	PA, QL
SPIKEVAX (12Y UP) SYRINGE	3	
SPIKEVAX (12Y UP) VIAL	3	
SPIKEVAX COVID (18Y UP) VACCINE	3	
SPINOSAD 0.9% TOPICAL SUSPENSION	3	
SPIRONOLACTONE 25 MG TABLET	2	
SPIRONOLACTONE 50 MG TABLET	2	
SPIRONOLACTONE 100 MG TABLET	2	
SPIRONOLACTONE-HCTZ 25-25 TABLET	2	
SPRINTEC 28 DAY TABLET	1	
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
SPRYCEL 100 MG TABLET	5	PA, QL, SRX
SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	2	

Medication Name	Tier	Notes
SPS 30 GM/120 ML ENEMA SUSPENSION	2	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML ORAL SOLUTION	4	
STAVUDINE 40 MG CAPSULE	2	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2	
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
STRIBILD TABLET	4	QL
STRIVE PEAK FLOW METER	3	
STRIVERDI RESPIMAT INHALATION SPRAY	3	QL
SUBVENITE 25 MG TABLET	2	
SUBVENITE 100 MG TABLET	2	
SUBVENITE 150 MG TABLET	2	
SUBVENITE 200 MG TABLET	2	
SUBVENITE TABLET STARTER KIT (BLUE)	2	
SUBVENITE TABLET STARTER KIT (GREEN)	2	
SUBVENITE TABLET STARTER KIT (ORANGE)	2	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	5	LDD, SRX
SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	5	LDD, SRX
SUCRALFATE 1 GM TABLET	2	
SULCONAZOLE NITRATE 1% CREAM	4	PA
SULCONAZOLE NITRATE 1% TOPICAL SOLUTION	4	PA
SULFACETAMIDE 10% EYE DROPS	2	
SULFACETAMIDE 10% EYE OINTMENT	2	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	2	
SULFADIAZINE 500 MG TABLET	4	
SULFAMETHOXAZOLE-TMP SUSPENSION	2	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMYLON 8.5% CREAM	4	
SULFASALAZINE 500 MG TABLET	2	
SULFASALAZINE DR 500 MG TABLET	2	
SULF-PRED 10-0.23% EYE DROPS	2	
SULINDAC 150 MG TABLET	2	
SULINDAC 200 MG TABLET	2	
SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	2	QL
SUMATRIPTAN 4 MG/0.5 ML CARTRIDGE	2	QL
SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	2	QL
SUMATRIPTAN 4 MG/0.5 ML INJECTOR	2	QL



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SUMATRIPTAN 5 MG NASAL SPRAY	3	QL	SYMLINPEN 120 PEN INJECTOR	4	QL
SUMATRIPTAN 20 MG NASAL SPRAY	3	QL	SYMTUZA 800-150-200-10 MG TABLET	4	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL	SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX
SUMATRIPTAN SUCCINATE 25 MG TABLET	2	QL	SYNERA PATCH	4	
SUMATRIPTAN SUCCINATE 50 MG TABLET	2	QL	SYNJARDY 5-500 MG TABLET	3	QL
SUMATRIPTAN SUCCINATE 100 MG TABLET	2	QL	SYNJARDY 5-1,000 MG TABLET	3	QL
SUMATRIPTAN-NAPROXEN 85-500 MG TABLET	4	QL	SYNJARDY 12.5-500 MG TABLET	3	QL
SUNITINIB 12.5 MG CAPSULE	5	PA, QL, SRX	SYNJARDY 12.5-1,000 MG TABLET	3	QL
SUNITINIB 25 MG CAPSULE	5	PA, QL, SRX	SYNJARDY XR 5-1,000 MG TABLET	3	QL
SUNITINIB 37.5 MG CAPSULE	5	PA, QL, SRX	SYNJARDY XR 10-1,000 MG TABLET	3	QL
SUNITINIB 50 MG CAPSULE	5	PA, QL, SRX	SYNJARDY XR 12.5-1,000 MG TABLET	3	QL
SURE COMFORT 0.3 ML SYRINGE	3		SYNJARDY XR 25-1,000 MG TABLET	3	QL
SURE COMFORT 0.5 ML SYRINGE	3		SYNTHROID 25 MCG TABLET	4	
SURE COMFORT 1 ML SYRINGE	3		SYNTHROID 50 MCG TABLET	4	
SURE COMFORT 3/10 ML SYRINGE	3		SYNTHROID 75 MCG TABLET	4	
SURE COMFORT 30G PEN NEEDLE	3		SYNTHROID 88 MCG TABLET	4	
SURE COMFORT INSULIN 0.3ML 31G 1/4"	3		SYNTHROID 100 MCG TABLET	4	
SURE COMFORT INSULIN 0.5ML 31G 1/4"	3		SYNTHROID 112 MCG TABLET	4	
SURE COMFORT INSULIN 1 ML 31G 1/4"	3		SYNTHROID 125 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 29G 1/2"	3		SYNTHROID 137 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 31G 5MM	3		SYNTHROID 150 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 31G 8MM	3		SYNTHROID 175 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 32G 4MM	3		SYNTHROID 200 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 32G 6MM	3		SYNTHROID 300 MCG TABLET	4	
SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	3		T:30 INFUSION SET 23" 13MM	3	
SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	3		T:30 INFUSION SET 43" 13MM	3	
SURE-FINE PEN NEEDLE 5MM	3		T:90 INFUSION SET 23" 6MM	3	
SURE-FINE PEN NEEDLE 8MM	3		T:90 INFUSION SET 23" 9MM	3	
SURE-FINE PEN NEEDLE 12.7MM	3		T:90 INFUSION SET 43" 9MM	3	
SURE-JECT INSULIN 0.3 ML 31G 5/16"	3		T:FLEX 4.8 ML CARTRIDGE	3	
SURE-JECT INSULIN 0.5 ML 31G 5/16"	3		T:SLIM 3 ML CARTRIDGE	3	
SURE-JECT INSULIN SYRINGE 1 ML	3		T:SLIM G4 3 ML CARTRIDGE	3	
SURE-JECT INSULIN SYRINGE U100 0.3 ML	3		T:SLIM X2 3 ML CARTRIDGE	3	
SURE-JECT INSULIN SYRINGE U100 0.5 ML	3		TABLOID 40 MG TABLET	4	PA
SURE-JECT INSULIN SYRINGE U100 1 ML	3		TAMSULOSIN 0.4 MG CAPSULE	2	
SURE-TEST EASYPLUS MINI SOLUTION	3		TACROLIMUS 0.5 MG CAPSULE (IR)	2	
SYEDA 28 TABLET	1		TACROLIMUS 1 MG CAPSULE (IR)	2	
SYMAX FASTABS 0.125 MG TABLET	2		TACROLIMUS 5 MG CAPSULE (IR)	2	
SYMAX-SL 0.125 MG SUBLINGUAL TABLET	2		TACROLIMUS 0.1% OINTMENT	2	
SYMAX-SR 0.375 MG TABLET	2		TACROLIMUS 0.03% OINTMENT	2	
SYMLINPEN 60 PEN INJECTOR	4	QL	TADALAFIL 2.5 MG TABLET	2	PA, QL

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
TADALAFIL 5 MG TABLET	2	PA, QL
TADALAFIL 10 MG TABLET	2	PA, QL
TADALAFIL 20 MG TABLET (erectile dysfunction)	2	PA, QL
TADALAFIL 20 MG TABLET	5	PA, SRX
TAFINLAR 10 MG TABLET FOR SUSPENSION	5	PA, QL, SRX
TAFINLAR 50 MG CAPSULE	5	PA, QL, SRX
TAFINLAR 75 MG CAPSULE	5	PA, QL, SRX
TAFLUPROST 0.0015% EYE DROPS	4	QL
TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX
TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX
TAKE ACTION 1.5 MG TABLET	1	
TAMOXIFEN 10 MG TABLET	2	
TAMOXIFEN 20 MG TABLET	2	
TARINA 24 FE 1 MG-20 MCG TABLET	1	
TARINA FE 1-20 TABLET	1	
TARINA FE 1-20 EQ TABLET	1	
TARON-C DHA CAPSULE	1	
TARON-PREX PRENATAL DHA CAPSULE	1	
TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
TASIGNA 150 MG CAPSULE	5	PA, QL, SRX
TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
TAYSOFY 1 MG-20 MCG CAPSULE	1	
TAZAROTENE 0.1% CREAM	3	
TAZAROTENE 0.05% GEL	4	
TAZAROTENE 0.1% GEL	4	
TAZORAC 0.05% CREAM	4	
TAZTIA XT 120 MG CAPSULE	2	
TAZTIA XT 180 MG CAPSULE	2	
TAZTIA XT 240 MG CAPSULE	2	
TAZTIA XT 300 MG CAPSULE	2	
TAZTIA XT 360 MG CAPSULE	2	
TDVAX VIAL	3	
TECHLITE 0.3 ML 29G 12MM (1/2)	3	
TECHLITE 0.3 ML 30G 8MM (1/2)	3	
TECHLITE 0.3 ML 30G 12MM (1/2)	3	
TECHLITE 0.3 ML 31G 6MM (1/2)	3	
TECHLITE 0.3 ML 31G 8MM (1/2)	3	
TECHLITE 0.5 ML 29G 12MM (1/2)	3	
TECHLITE 0.5 ML 30G 8MM (1/2)	3	
TECHLITE 0.5 ML 30G 12MM (1/2)	3	
TECHLITE 0.5 ML 31G 6MM (1/2)	3	

Medication Name	Tier	Notes
TECHLITE 0.5 ML 31G 8MM (1/2)	3	
TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	3	
TECHLITE INSULIN SYRINGE 1 ML 30G 8MM	3	
TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	3	
TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	3	
TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	3	
TECHLITE PEN NEEDLE 29G 1/2"	3	
TECHLITE PEN NEEDLE 29G 3/8"	3	
TECHLITE PEN NEEDLE 31G 1/4"	3	
TECHLITE PEN NEEDLE 31G 3/16"	3	
TECHLITE PEN NEEDLE 31G 5/16"	3	
TECHLITE PEN NEEDLE 32G 1/4"	3	
TECHLITE PEN NEEDLE 32G 5/16"	3	
TECHLITE PEN NEEDLE 32G 5/32"	3	
TELCARE CONTROL SOLUTION	3	
TELMISARTAN 20 MG TABLET	2	
TELMISARTAN 40 MG TABLET	2	
TELMISARTAN 80 MG TABLET	2	
TELMISARTAN-AMLODIPINE 40-5 MG TABLET	2	
TELMISARTAN-AMLODIPINE 40-10 MG TABLET	2	
TELMISARTAN-AMLODIPINE 80-5 MG TABLET	2	
TELMISARTAN-AMLODIPINE 80-10 MG TABLET	2	
TELMISARTAN-HCTZ 40-12.5 MG TABLET	2	
TELMISARTAN-HCTZ 80-12.5 MG TABLET	2	
TELMISARTAN-HCTZ 80-25 MG TABLET	2	
TEMAZEPAM 7.5 MG CAPSULE	2	
TEMAZEPAM 15 MG CAPSULE	2	
TEMAZEPAM 22.5 MG CAPSULE	2	
TEMAZEPAM 30 MG CAPSULE	2	
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX
TENCON 50-325 MG TABLET	2	
TENIVAC SYRINGE	3	
TENIVAC VIAL	3	
TENOFOVIR 300 MG TABLET	2	
TERAZOSIN 1 MG CAPSULE	1	
TERAZOSIN 2 MG CAPSULE	1	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
TERAZOSIN 5 MG CAPSULE	1	
TERAZOSIN 10 MG CAPSULE	1	
TERBINAFINE 250 MG TABLET	1	
TERBUTALINE 2.5 MG TABLET	2	
TERBUTALINE 5 MG TABLET	2	
TERCONAZOLE 0.4% CREAM	2	
TERCONAZOLE 0.8% CREAM	2	
TERCONAZOLE 80 MG SUPPOSITORY	2	
TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
TERUMO INSULIN SYRINGE U100-1/3 ML	3	
TERUMO INSULIN SYRINGE U100-1/2 ML	3	
TERUMO INSULIN SYRINGE U100-1 ML	3	
TERUMO SURGUARD2 NEEDLE 18G 1"	3	
TERUMO SURGUARD2 NEEDLE 18 1.5"	3	
TERUMO SURGUARD2 NEEDLE 19G 1"	3	
TERUMO SURGUARD2 NEEDLE 19 1.5"	3	
TERUMO SURGUARD2 NEEDLE 20G 1"	3	
TERUMO SURGUARD2 NEEDLE 20 1.5"	3	
TERUMO SURGUARD2 NEEDLE 21G 1"	3	
TERUMO SURGUARD2 NEEDLE 21G 1-1.5"	3	
TERUMO SURGUARD2 NEEDLE 22G 1"	3	
TERUMO SURGUARD2 NEEDLE 22 1-1/2"	3	
TERUMO SURGUARD2 NEEDLE 23G 1"	3	
TERUMO SURGUARD2 NEEDLE 23 1-1/2"	3	
TERUMO SURGUARD2 NEEDLE 25G 1"	3	
TERUMO SURGUARD2 NEEDLE 25 1.5"	3	
TERUMO SURGUARD2 NEEDLE 25 5/8"	3	
TERUMO SURGUARD2 NEEDLE 26 1/2"	3	
TERUMO SURGUARD2 NEEDLE 27 1/2"	3	
TERUMO SURGUARD2 NEEDLE 30 1/2"	3	
TERUMO SYRINGE 3 ML	3	
TESTOSTERONE 50 MG/5 GRAM GEL	3	QL
TESTOSTERONE 1.62% GEL PUMP	3	QL
TESTOSTERONE 10 MG GEL PUMP	3	QL
TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	3	QL
TESTOSTERONE 1% (25 MG/2.5 G) PACKET	3	QL
TESTOSTERONE 1% (50 MG/5 G) PACKET	3	QL
TESTOSTERONE 1.62%(1.25 G) PACKET	3	QL
TESTOSTERONE 1.62% (2.5 G) PACKET	3	QL

Medication Name	Tier	Notes
TESTOSTERONE 50 MG/5 GRAM PACKET	3	QL
TESTOSTERONE CYPIONATE 200 MG/ML VIAL	2	
TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	2	
TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	2	
TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	2	
TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	2	
TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	2	
TESTOSTERONE ENANTHATE 200 MG/ML VIAL	2	
TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	2	
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX
TETRACAINE 0.5% EYE DROPS	2	
TETRACAINE 0.5% STERI-UNIT EYE SOLUTION	2	
TETRACYCLINE 250 MG CAPSULE	3	
TETRACYCLINE 500 MG CAPSULE	3	
TEXACORT 2.5% TOPICAL SOLUTION	4	
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX
THALOMID 150 MG CAPSULE	5	PA, QL, SRX
THALOMID 200 MG CAPSULE	5	PA, QL, SRX
THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION	2	
THEOPHYLLINE ER 100 MG TABLET	2	
THEOPHYLLINE ER 200 MG TABLET	2	
THEOPHYLLINE ER 300 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	2	
THEOPHYLLINE ER 450 MG TABLET	2	
THEOPHYLLINE ER 600 MG TABLET	2	
THINPRO INSULIN SYRINGE U100-0.3 ML	3	
THINPRO INSULIN SYRINGE U100-0.5 ML	3	
THINPRO INSULIN SYRINGE U100-1 ML	3	
THIORIDAZINE 10 MG TABLET	2	
THIORIDAZINE 25 MG TABLET	2	
THIORIDAZINE 50 MG TABLET	2	
THIORIDAZINE 100 MG TABLET	2	
THIOTHIXENE 1 MG CAPSULE	2	
THIOTHIXENE 2 MG CAPSULE	2	
THIOTHIXENE 5 MG CAPSULE	2	
THIOTHIXENE 10 MG CAPSULE	2	
THRIVITE 19 TABLET	1	
THYROID 15 MG TABLET	2	
THYROID 30 MG TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
THYROID 60 MG TABLET	2		TOLTERODINE 1 MG TABLET	2	
THYROID 90 MG TABLET	2		TOLTERODINE 2 MG TABLET	2	
THYROID 120 MG TABLET	2		TOLTERODINE ER 2 MG CAPSULE	2	
TIADYL ER 120 MG CAPSULE	2		TOLTERODINE ER 4 MG CAPSULE	2	
TIADYL ER 180 MG CAPSULE	2		TOLVAPTAN 15 MG TABLET	5	PA, SRX
TIADYL ER 240 MG CAPSULE	2		TOLVAPTAN 30 MG TABLET	5	PA, SRX
TIADYL ER 300 MG CAPSULE	2		TOPCARE CLICKFINE 31G 1/4"	3	
TIADYL ER 360 MG CAPSULE	2		TOPCARE CLICKFINE 31G 5/16"	3	
TIADYL ER 420 MG CAPSULE	2		TOPCARE ULTRA COMFORT SYRINGE	3	
TIAGABINE 2 MG TABLET	2		TOPIRAMATE 15 MG SPRINKLE CAPSULE	2	
TIAGABINE 4 MG TABLET	2		TOPIRAMATE 25 MG SPRINKLE CAPSULE	2	
TIAGABINE 12 MG TABLET	2		TOPIRAMATE 25 MG TABLET	2	
TIAGABINE 16 MG TABLET	2		TOPIRAMATE 50 MG TABLET	2	
TILIA FE 28 TABLET	1		TOPIRAMATE 100 MG TABLET	2	
TIMOLOL 0.25% EYE DROPS	2		TOPIRAMATE 200 MG TABLET	2	
TIMOLOL 0.5% EYE DROPS	2		TOPIRAMATE ER 25 MG CAPSULE	3	
TIMOLOL 0.25% GEL-SOLUTION	2		TOPIRAMATE ER 50 MG CAPSULE	3	
TIMOLOL 0.5% GEL-SOLUTION	2		TOPIRAMATE ER 100 MG CAPSULE	3	
TIMOLOL 0.5% GFS GEL-SOLUTION	2		TOPIRAMATE ER 150 MG CAPSULE	3	
TIMOLOL 5 MG TABLET	2		TOPIRAMATE ER 200 MG CAPSULE	3	
TIMOLOL 10 MG TABLET	2		TOREMIFENE 60 MG TABLET	4	QL
TIMOLOL 20 MG TABLET	2		TORPENZ 2.5 MG TABLET	5	PA, QL, SRX
TINIDAZOLE 250 MG TABLET	2		TORPENZ 5 MG TABLET	5	PA, QL, SRX
TINIDAZOLE 500 MG TABLET	2		TORPENZ 7.5 MG TABLET	5	PA, QL, SRX
TIOPRONIN 100 MG TABLET	5	LDD, SRX	TORPENZ 10 MG TABLET	5	PA, QL, SRX
TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION	4		TORSEMIDE 5 MG TABLET	2	
TIVICAY 10 MG TABLET	3		TORSEMIDE 10 MG TABLET	2	
TIVICAY 25 MG TABLET	3		TORSEMIDE 20 MG TABLET	2	
TIVICAY 50 MG TABLET	3		TORSEMIDE 100 MG TABLET	2	
TIVICAY PD 5 MG TABLET FOR SUSPENSION	3		TOVET EMOLLIENT 0.05% FOAM	3	
TIZANIDINE 2 MG TABLET	2		TRADJENTA 5 MG TABLET	3	QL
TIZANIDINE 4 MG TABLET	2		TRAMADOL 50 MG TABLET	2	QL
TOBRAMYCIN 0.3% EYE DROPS	2		TRAMADOL ER 100 MG TABLET	2	PA, QL
TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX	TRAMADOL ER 200 MG TABLET	2	PA, QL
TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX	TRAMADOL ER 300 MG TABLET	2	PA, QL
TOBRAMYCIN-DEXAMETHASONE EYE DROPS	2		TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET	2	QL
TODAY'S HEALTH PEN NEEDLE 6MM 31G	3		TRANDOLAPRIL 1 MG TABLET	1	
TOLCAPONE 100 MG TABLET	5	SRX	TRANDOLAPRIL 2 MG TABLET	1	
TOLMETIN 400 MG CAPSULE	2		TRANDOLAPRIL 4 MG TABLET	1	
TOLMETIN 200 MG TABLET	2		TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET	2	
TOLMETIN 600 MG TABLET	2		TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET	2		TRIAMCINOLONE 0.5% OINTMENT	2	
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG	2		TRIAMTERENE 50 MG CAPSULE	4	
TRANEXAMIC ACID 650 MG TABLET	2		TRIAMTERENE 100 MG CAPSULE	4	
TRANLYCYPROMINE 10 MG TABLET	3		TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	2	
TRAVOPROST 0.004% EYE DROPS	2		TRIAMTERENE-HCTZ 37.5-25 MG TABLET	1	
TRAZODONE 50 MG TABLET	1		TRIAMTERENE-HCTZ 75-50 MG TABLET	1	
TRAZODONE 100 MG TABLET	1		TRIAZOLAM 0.125 MG TABLET	2	
TRAZODONE 150 MG TABLET	1		TRIAZOLAM 0.25 MG TABLET	2	
TRAZODONE 300 MG TABLET	2		TRIDACAINA II 5% PATCH	2	
TRECTOR 250 MG TABLET	4		TRIDACAINA III 5% PATCH	2	
TRELEGY ELLIPTA 100-62.5-25	3	QL	TRIDERM 0.1% CREAM	2	
TRELEGY ELLIPTA 200-62.5-25	3	QL	TRIDERM 0.5% CREAM	2	
TREMFYA 100 MG/ML AUTO-INJECTOR	5	PA, QL, SRX	TRI-ESTARYLLA TABLET	1	
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX	TRIFLUOPERAZINE 1 MG TABLET	2	
TRESIBA 100 UNIT/ML VIAL	3	QL	TRIFLUOPERAZINE 2 MG TABLET	2	
TRESIBA FLEXTOUCH 100 UNIT/ML	3	QL	TRIFLUOPERAZINE 5 MG TABLET	2	
TRESIBA FLEXTOUCH 200 UNIT/ML	3	QL	TRIFLUOPERAZINE 10 MG TABLET	2	
TRETINOIN 0.025% CREAM	2	PA, AGE	TRIFLURIDINE 1% EYE DROPS	2	
TRETINOIN 0.05% CREAM	2	PA, AGE	TRIHENYPHENIDYL 2 MG/5 ML ORAL SOLUTION	2	
TRETINOIN 0.1% CREAM	2	PA, AGE	TRIHENYPHENIDYL 2 MG TABLET	1	
TRETINOIN 0.01% GEL	2	PA, AGE	TRIHENYPHENIDYL 5 MG TABLET	2	
TRETINOIN 0.025% GEL	2	PA, AGE	TRIKAFTA 50-25-37.5 MG/75 MG TABLET	5	PA, QL, LDD, SRX
TRETINOIN 0.05% GEL	2	PA, AGE	TRIKAFTA 80-40-60 MG/59.5 MG PACKET	5	PA, QL, LDD, SRX
TRETINOIN 10 MG CAPSULE	4	PA	TRIKAFTA 100-50-75 MG/75 MG PACKET	5	PA, QL, LDD, SRX
TRETINOIN GEL MICRO 0.04% PUMP	2	PA, AGE	TRIKAFTA 100-50-75 MG/150 MG TABLET	5	PA, QL, LDD, SRX
TRETINOIN GEL MICRO 0.1% PUMP	2	PA, AGE	TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN GEL MICRO 0.04% TUBE	2	PA, AGE	TRI-LINYAH TABLET	1	
TRETINOIN GEL MICRO 0.1% TUBE	2	PA, AGE	TRI-LO-ESTARYLLA TABLET	1	
TRETIN-X 0.075% CREAM	4	PA, AGE	TRI-LO-MARZIA TABLET	1	
TRETIN-X 0.025% CREAM COMBO PACK	4	PA, AGE	TRI-LO-MILI TABLET	1	
TRETIN-X 0.05% COMBO PACK	4	PA, AGE	TRI-LO-SPRINTEC TABLET	1	
TRETIN-X 0.1% COMBO PACK	4	PA, AGE	TRIMETHOBENZAMIDE 300 MG CAPSULE	2	
TRI FEMYNOR 28 TABLET	1		TRIMETHOPRIM 100 MG TABLET	2	
TRIAMCINOLONE 0.025% CREAM	2		TRI-MILI 28 TABLET	1	
TRIAMCINOLONE 0.1% CREAM	2		TRIMIPRAMINE 25 MG CAPSULE	2	
TRIAMCINOLONE 0.5% CREAM	2		TRIMIPRAMINE 50 MG CAPSULE	2	
TRIAMCINOLONE 0.1% DENTAL PASTE	2		TRIMIPRAMINE 100 MG CAPSULE	2	
TRIAMCINOLONE 0.025% LOTION	2		TRINATAL RX 1 TABLET	1	
TRIAMCINOLONE 0.1% LOTION	2		TRINTELLIX 5 MG TABLET	4	QL, ST
TRIAMCINOLONE 0.025% OINTMENT	2		TRINTELLIX 10 MG TABLET	4	QL, ST
TRIAMCINOLONE 0.1% OINTMENT	2		TRINTELLIX 20 MG TABLET	4	QL, ST

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRI-NYMYO 28 TABLET	1		TRUECONTROL GLUCOSE SOLUTION	3	
TRI-PREVIFEM TABLET	1		TRUEPLUS KETONE TEST STRIP	3	
TRI-SPRINTEC TABLET	1		TRUEPLUS PEN NEEDLE 29G 12MM	3	
TRIUMEQ 600-50-300 MG TABLET	4	QL	TRUEPLUS PEN NEEDLE 29G 1/2"	3	
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	4	QL	TRUEPLUS PEN NEEDLE 31G 5MM	3	
TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 8MM	3	
TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 1/4"	3	
TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 3/16"	3	
TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 5/16"	3	
TRIVORA-28 TABLET	1		TRUEPLUS PEN NEEDLE 32G 5/32"	3	
TRI-VYLIBRA 28 TABLET	1		TRUEPLUS SYRINGE 0.3ML 29G 1/2"	3	
TRI-VYLIBRA LO TABLET	1		TRUEPLUS SYRINGE 0.3ML 30G 5/16"	3	
TROPICAMIDE 0.5% EYE DROPS	2		TRUEPLUS SYRINGE 0.3ML 31G 5/16"	3	
TROPICAMIDE 1% EYE DROPS	2		TRUEPLUS SYRINGE 0.5ML 28G 1/2"	3	
TROSPIMUM 20 MG TABLET	2		TRUEPLUS SYRINGE 0.5ML 29G 1/2"	3	
TROSPIMUM ER 60 MG CAPSULE	2		TRUEPLUS SYRINGE 0.5ML 30G 5/16"	3	
TRUE COMFORT 0.5 ML 31G 5/16"	3		TRUEPLUS SYRINGE 0.5ML 31G 5/16"	3	
TRUE COMFORT 1 ML 31G 5/16"	3		TRUEPLUS SYRINGE 1ML 28G 1/2"	3	
TRUE COMFORT PEN NEEDLE 31G 5MM	3		TRUEPLUS SYRINGE 1ML 29G 1/2"	3	
TRUE COMFORT PEN NEEDLE 31G 6MM	3		TRUEPLUS SYRINGE 1ML 30G 5/16"	3	
TRUE COMFORT PEN NEEDLE 31G 8MM	3		TRUEPLUS SYRINGE 1ML 31G 5/16"	3	
TRUE COMFORT PEN NEEDLE 32G 4MM	3		TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 32G 5MM	3		TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 32G 6MM	3		TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 33G 4MM	3		TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 33G 5MM	3		TRUMENBA 120 MCG/0.5 ML VACCINE	3	
TRUE COMFORT PEN NEEDLE 33G 6MM	3		TRUSTEEL INFUSION SET 23" 6MM	3	
TRUE COMFORT PRO 0.5ML 30G 1/2"	3		TRUSTEEL INFUSION SET 23" 8MM	3	
TRUE COMFORT PRO 0.5ML 30G 5/16"	3		TRUSTEEL INFUSION SET 32" 6MM	3	
TRUE COMFORT PRO 0.5ML 31G 5/16"	3		TRUSTEEL INFUSION SET 32" 8MM	3	
TRUE COMFORT PRO 0.5ML 32G 5/16"	3		TRUZONE PEAK FLOW METER	3	
TRUE COMFORT PRO 1 ML 30G 1/2"	3		TULANA 0.35 MG TABLET	1	
TRUE COMFORT PRO 1ML 30G 5/16"	3		TURQOZ-28 TABLET	1	
TRUE COMFORT PRO 1ML 31G 5/16"	3		TWINRIX VACCINE SYRINGE	3	
TRUE COMFORT PRO 1ML 32G 5/16"	3		TYBOST 150 MG TABLET	3	
TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM	3		TYDEMY 3-0.03-0.451 MG TABLET	1	
TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM	3		TYMLOS 80 MCG DOSE PEN INJECTOR	5	PA, QL, SRX
TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM	3		TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	5	PA, LDD, SRX
TRUE METRIX LEVEL 1 CONTROL SOLUTION	3		TYVASO INHALATION REFILL KIT	5	PA, LDD, SRX
TRUE METRIX LEVEL 2 CONTROL SOLUTION	3		TYVASO INHALATION STARTER KIT	5	PA, LDD, SRX
TRUE METRIX LEVEL 3 CONTROL SOLUTION	3		TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
UDENYCA 6 MG/0.6 ML AUTO-INJECTOR	5	PA, SRX	ULTIGUARD SAFEPACK 1ML 30G 12.7MM	3	
UDENYCA 6 MG/0.6 ML ON-BODY	5	PA, SRX	ULTIGUARD SAFEPACK PACK 29G 12.7MM	3	
UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX	ULTIGUARD SAFEPACK PACK 32G 4MM	3	
ULESFIA 5% LOTION	4		ULTIGUARD SAFEPACK 1ML 31G 8MM	3	
ULTICARE INSULIN 0.3 ML 30G 1/2"	3		ULTIGUARD SAFEPACK 31G 5MM	3	
ULTICARE INSULIN 0.3 ML 31G 1/4"	3		ULTIGUARD SAFEPACK 31G 6MM	3	
ULTICARE INSULIN 0.5 ML 30G 1/2"	3		ULTIGUARD SAFEPACK 31G 8MM	3	
ULTICARE INSULIN 0.5 ML 31G 1/4"	3		ULTIGUARD SAFEPACK 32G 4MM	3	
ULTICARE INSULIN 1 ML 31G 1/4"	3		ULTIGUARD SAFEPACK 32G 6MM	3	
ULTICARE INSULIN SAFETY 1ML 29G 1/2"	3		ULTILET INSULIN SYRINGE 0.3 ML	3	
ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	3		ULTILET INSULIN SYRINGE 0.5 ML	3	
ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	3		ULTILET INSULIN SYRINGE 1 ML	3	
ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	3		ULTILET PEN NEEDLE	3	
ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	3		ULTILET PEN NEEDLE 4MM 32G	3	
ULTICARE LDS SYRINGE 3 ML 22G 1.5"	3		ULTRA COMFORT 0.3 ML 29G 1/2"	3	
ULTICARE PEN NEEDLE 4MM 32G	3		ULTRA COMFORT 0.3 ML 31G 5/16" (1/2)	3	
ULTICARE PEN NEEDLE 6MM 31G	3		ULTRA COMFORT 0.3 ML SYRINGE	3	
ULTICARE PEN NEEDLE 6MM 32G	3		ULTRA COMFORT 0.5 ML 28G 1/2"	3	
ULTICARE PEN NEEDLE 8MM 31G	3		ULTRA COMFORT 0.5 ML 29G 1/2"	3	
ULTICARE PEN NEEDLE 12MM 29G	3		ULTRA COMFORT 0.5 ML 31G 5/16"	3	
ULTICARE PEN NEEDLE 12.7 MM 29G	3		ULTRA COMFORT 0.5 ML SYRINGE	3	
ULTICARE PEN NEEDLE 31G 3/16"	3		ULTRA COMFORT 1 ML 28G 1/2"	3	
ULTICARE SAFETY 0.5 ML 29G 1/2"	3		ULTRA COMFORT 1 ML 29G 1/2"	3	
ULTICARE SAFETY PEN NEEDLE 30G 8MM	3		ULTRA COMFORT 1 ML 30G 5/16"	3	
ULTICARE SAFETY PEN NEEDLE 5MM 30G	3		ULTRA COMFORT 1 ML 31G 5/16"	3	
ULTICARE SYRINGE 0.3 ML 29G 1/2"	3		ULTRA COMFORT 1 ML SYRINGE	3	
ULTICARE SYRINGE 0.3 ML 30G 1/2"	3		ULTRA FLO 0.3ML 30G 1/2" (1/2)	3	
ULTICARE SYRINGE 0.3 ML 30G 5/16"	3		ULTRA FLO 0.3ML 30G 5/16"(1/2)	3	
ULTICARE SYRINGE 0.3 ML 31G 5/16"	3		ULTRA FLO 0.3ML 31G 5/16"(1/2)	3	
ULTICARE SYRINGE 0.5 ML 28G 1/2"	3		ULTRA FLO PEN NEEDLE 29G 12MM	3	
ULTICARE SYRINGE 0.5 ML 29G 1/2"	3		ULTRA FLO PEN NEEDLE 31G 5MM	3	
ULTICARE SYRINGE 0.5 ML 30G 1/2"	3		ULTRA FLO PEN NEEDLE 31G 8MM	3	
ULTICARE SYRINGE 0.5 ML 30G 5/16"	3		ULTRA FLO PEN NEEDLE 32G 4MM	3	
ULTICARE SYRINGE 0.5 ML 31G 5/16"	3		ULTRA FLO PEN NEEDLE 33G 4MM	3	
ULTICARE SYRINGE 1 ML 30G 1/2"	3		ULTRA FLO SYRINGE 0.3 ML 29G 1/2"	3	
ULTICARE SYRINGE 1 ML 30G 5/16"	3		ULTRA FLO SYRINGE 0.3 ML 30G 5/16"	3	
ULTICARE SYRINGE 1 ML 31G 5/16"	3		ULTRA FLO SYRINGE 0.3 ML 31G 5/16"	3	
ULTIGUARD SAFEPACK 0.3ML 30G 12.7MM	3		ULTRA FLO SYRINGE 0.5 ML 29G 1/2"	3	
ULTIGUARD SAFEPACK 0.3ML 31G 8MM	3		ULTRA THIN PEN NEEDLE 32G 4MM	3	
ULTIGUARD SAFEPACK 0.5ML 30G 12.7MM	3		ULTRACARE INSULIN 0.3 ML 30G 5/16"	3	
ULTIGUARD SAFEPACK 0.5ML 31G 8MM	3		ULTRACARE INSULIN 0.3 ML 31G 5/16"	3	



## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ULTRACARE INSULIN 0.5 ML 30G 1/2"	3		UNIFINE PENTIP PLUS 29G 1/2"	3	
ULTRACARE INSULIN 0.5 ML 30G 5/16"	3		UNIFINE PENTIP PLUS 30G 3/16"	3	
ULTRACARE INSULIN 0.5 ML 31G 5/16"	3		UNIFINE PENTIP PLUS 31G 1/4"	3	
ULTRACARE INSULIN 1 ML 30G 5/16"	3		UNIFINE PENTIP PLUS 31G 3/16"	3	
ULTRACARE INSULIN 1 ML 30G 1/2"	3		UNIFINE PENTIP PLUS 31G 5/16"	3	
ULTRACARE INSULIN 1 ML 31G 5/16"	3		UNIFINE PENTIP PLUS 32G 5/32"	3	
ULTRACARE PEN NEEDLE 31G 1/4"	3		UNIFINE PENTIP PLUS 33G 5/32"	3	
ULTRACARE PEN NEEDLE 31G 3/16"	3		UNIFINE PROTECT 30G 5MM	3	
ULTRACARE PEN NEEDLE 31G 5/16"	3		UNIFINE PROTECT 30G 8MM	3	
ULTRACARE PEN NEEDLE 32G 1/4"	3		UNIFINE PROTECT 32G 4MM	3	
ULTRACARE PEN NEEDLE 32G 3/16"	3		UNIFINE SAFECONTROL 30G 3/16"	3	
ULTRACARE PEN NEEDLE 32G 5/32"	3		UNIFINE SAFECONTROL 30G 5/16"	3	
ULTRACARE PEN NEEDLE 33G 5/32"	3		UNIFINE SAFECONTROL 32G 4MM	3	
ULTRA-THIN II 1 ML 31G 5/16"	3		UNIFINE ULTRA PEN NEEDLE 31G 5MM	3	
ULTRA-THIN II INSULIN 0.3 ML 30G	3		UNIFINE ULTRA PEN NEEDLE 31G 6MM	3	
ULTRA-THIN II INSULIN 0.3 ML 31G	3		UNIFINE ULTRA PEN NEEDLE 31G 8MM	3	
ULTRA-THIN II INSULIN 0.5 ML 29G	3		UNIFINE ULTRA PEN NEEDLE 32G 4MM	3	
ULTRA-THIN II INSULIN 0.5 ML 30G	3		UNISTrip CONTROL SOLUTION HIGH	3	
ULTRA-THIN II INSULIN 0.5 ML 31G	3		UNISTrip CONTROL SOLUTION LOW	3	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29G	3		UNITHROID 25 MCG TABLET	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 30G	3		UNITHROID 50 MCG TABLET	1	
ULTRA-THIN II PEN NEEDLE 29G 1/2"	3		UNITHROID 75 MCG TABLET	1	
ULTRA-THIN II PEN NEEDLE 31G 5/16"	3		UNITHROID 88 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	3		UNITHROID 100 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION NORMAL	3		UNITHROID 112 MCG TABLET	1	
ULTRATRAK ULTIMATE CONTROL SOLUTION	3		UNITHROID 125 MCG TABLET	1	
UNIFINE PEN NEEDLE 32G 4MM	3		UNITHROID 137 MCG TABLET	1	
UNIFINE PENTIP 29G 12MM	3		UNITHROID 150 MCG TABLET	1	
UNIFINE PENTIP 31G 5MM	3		UNITHROID 175 MCG TABLET	1	
UNIFINE PENTIP 31G 6MM	3		UNITHROID 200 MCG TABLET	1	
UNIFINE PENTIP 31G 8MM	3		UNITHROID 300 MCG TABLET	1	
UNIFINE PENTIP 31G 3/16"	3		UPTRAVI 200 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 4MM	3		UPTRAVI 400 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 6MM	3		UPTRAVI 600 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 1/4"	3		UPTRAVI 800 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 5/32"	3		UPTRAVI 1,000 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 33G 5/32"	3		UPTRAVI 1,200 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 6MM NEEDLE	3		UPTRAVI 1,400 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 8MM NEEDLE	3		UPTRAVI 1,600 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP MAX 30G 3/16"	3		UPTRAVI 200-800 TITRATION PACK	5	PA, LDD, SRX
UNIFINE PENTIP NEEDLE 29G	3		URISTIX 4 REAGENT TEST STRIP	3	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
URISTIX REAGENT TEST STRIP	3		VAQTA 50 UNITS/ML SYRINGE	3	
UROQID-ACID NO.2 500-500 TABLET	4		VAQTA 25 UNITS/0.5 ML VIAL	3	
URSODIOL 300 MG CAPSULE	2		VAQTA 50 UNITS/ML VIAL	3	
URSODIOL 250 MG TABLET	2		VARENICLINE 1 MG CONTINUING MONTH BOX	3	
URSODIOL 500 MG TABLET	2		VARENICLINE STARTING MONTH BOX	3	
USTELL CAPSULE	2		VARENICLINE 0.5 MG TABLET	3	
UTIRA-C TABLET	2		VARENICLINE 1 MG TABLET	3	
VALACYCLOVIR 500 MG TABLET	2		VARISOFT INFUSION SET 23" 13MM	3	
VALACYCLOVIR 1 GRAM TABLET	2		VARISOFT INFUSION SET 23" 17MM	3	
VALGANCICLOVIR 50 MG/ML ORAL SOLUTION	4		VARISOFT INFUSION SET 32" 13MM	3	
VALGANCICLOVIR 450 MG TABLET	4		VARISOFT INFUSION SET 32" 17MM	3	
VALPROIC ACID 250 MG CAPSULE	2		VARISOFT INFUSION SET 43" 13MM	3	
VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	2		VARISOFT INFUSION SET 43" 17MM	3	
VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	2		VARIVAX VACCINE VIAL	3	
VALSARTAN 40 MG TABLET	2		VARIVAX VACCINE WITH DILUENT	3	
VALSARTAN 80 MG TABLET	2		VAXELIS VACCINE SYRINGE	3	
VALSARTAN 160 MG TABLET	2		VAXELIS VACCINE VIAL	3	
VALSARTAN 320 MG TABLET	2		VAXNEUVANCE 0.5 ML SYRINGE	3	
VALSARTAN-HCTZ 80-12.5 MG TABLET	2		VELIVET 28 DAY TABLET	1	
VALSARTAN-HCTZ 160-12.5 MG TABLET	2		VELPHORO 500 MG CHEWABLE TABLET	4	
VALSARTAN-HCTZ 160-25 MG TABLET	2		VEMLIDY 25 MG TABLET	5	PA, SRX
VALSARTAN-HCTZ 320-12.5 MG TABLET	2		VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-25 MG TABLET	2		VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX
VANADOM 350 MG TABLET	2		VENCLEXTA 10 MG TABLET (10MG X 2)	5	PA, QL, LDD, SRX
VANCOMYCIN 125 MG CAPSULE	4	QL	VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX
VANCOMYCIN 250 MG CAPSULE	4	QL	VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX
VANCOMYCIN 25 MG/ML ORAL SOLUTION	2	QL	VENLAFAXINE 25 MG TABLET	2	QL
VANDAZOLE VAGINAL 0.75% GEL	2		VENLAFAXINE 37.5 MG TABLET	2	QL
VANISHPOINT 0.5 ML 30G 1/2" SYRINGE	3		VENLAFAXINE 50 MG TABLET	2	QL
VANISHPOINT 3 ML 21G 1" SYRINGE	3		VENLAFAXINE 75 MG TABLET	2	QL
VANISHPOINT 3 ML 22G 1.5" SYRINGE	3		VENLAFAXINE 100 MG TABLET	2	QL
VANISHPOINT 20G 1" 3 ML SYRINGE	3		VENLAFAXINE ER 37.5 MG CAPSULE	2	QL
VANISHPOINT 21G 1.5" 3 ML SYRINGE	3		VENLAFAXINE ER 75 MG CAPSULE	2	QL
VANISHPOINT 22G 1" 3 ML SYRINGE	3		VENLAFAXINE ER 150 MG CAPSULE	2	QL
VANISHPOINT 23G 1" 3 ML SYRINGE	3		VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX
VANISHPOINT 23G 1.5" 3 ML SYRINGE	3		VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX
VANISHPOINT 25G 1" 3 ML SYRINGE	3		VERAPAMIL 40 MG TABLET	2	
VANISHPOINT 25G 5/8" 3 ML SYRINGE	3		VERAPAMIL 80 MG TABLET	2	
VANISHPOINT INSULIN 1 ML 30G 3/16"	3		VERAPAMIL 120 MG TABLET	2	
VANISHPOINT U-100 29 1/2" SYRINGE	3		VERAPAMIL ER 120 MG CAPSULE	2	
VAQTA 25 UNITS/0.5 ML SYRINGE	3		VERAPAMIL ER 180 MG CAPSULE	2	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VERAPAMIL ER 240 MG CAPSULE	2		VIOKACE 20,880-78,300 UNITS TABLET	4	
VERAPAMIL ER 120 MG TABLET	2		VIORELE 28 DAY TABLET	1	
VERAPAMIL ER 180 MG TABLET	2		VIREAD POWDER	3	
VERAPAMIL ER 240 MG TABLET	2		VIREAD 150 MG TABLET	3	
VERAPAMIL ER PM 100 MG CAPSULE	3		VIREAD 200 MG TABLET	3	
VERAPAMIL ER PM 200 MG CAPSULE	3		VIREAD 250 MG TABLET	3	
VERAPAMIL ER PM 300 MG CAPSULE	3		VIRT-C DHA SOFTGEL	1	
VERAPAMIL SR 120 MG CAPSULE	2		VIRT-NATE DHA SOFTGEL	1	
VERAPAMIL SR 180 MG CAPSULE	2		VIRT-PN DHA SOFTGEL	1	
VERAPAMIL SR 240 MG CAPSULE	2		VIRT-PN PLUS SOFTGEL	1	
VERAPAMIL SR 360 MG CAPSULE	2		VISTOGARD 10 GRAM PACKET	5	LDD, SRX
VEREGEN 15% OINTMENT	4		VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS	2	
VERIFINE INSULIN SYRINGE 0.3ML 31G 8MM	3		VITAFOL-OB CAPLET	1	
VERIFINE INSULIN SYRINGE 0.5ML 29G 12MM	3		VITAMIN D2 1.25 MG (50,000 UNIT)	2	
VERIFINE INSULIN SYRINGE 0.5ML 31G 8MM	3		VIVAGUARD INO CONTROL SOLUTION-L1,2,3	3	
VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"	3		VIVAGUARD INO CONTROL SOLUTION-L2	3	
VERIFINE INSULIN SYRINGE 1 ML 29G 12MM	3		VOLNEA 0.15-0.02-0.01 MG TABLET	1	
VERIFINE INSULIN SYRINGE 1 ML 31G 8MM	3		VORICONAZOLE 40 MG/ML SUSPENSION	4	PA
VERIFINE PEN NEEDLE 29G 12MM	3		VORICONAZOLE 50 MG TABLET	4	PA
VERIFINE PEN NEEDLE 31G 5MM	3		VORICONAZOLE 200 MG TABLET	4	PA
VERIFINE PEN NEEDLE 31G 8MM	3		VORTEX ADULT MASK	3	QL
VERIFINE PEN NEEDLE 32G 4MM	3		VORTEX HOLDING CHAMBER	3	QL
VERIFINE PEN NEEDLE 32G 6MM	3		VORTEX VHC FROG CHILD MASK	3	QL
VERIFINE PLUS PEN NEEDLE 31G 5MM	3		VORTEX VHC LADYBUG TODDLER MASK	3	QL
VERIFINE PLUS PEN NEEDLE 31G 8MM	3		VRAYLAR 1.5 MG CAPSULE	4	QL, ST
VERIFINE PLUS PEN NEEDLE 32G 4MM	3		VRAYLAR 3 MG CAPSULE	4	QL, ST
VERIFINE SYRINGE 0.3ML 31G 5/16"	3		VRAYLAR 4.5 MG CAPSULE	4	QL, ST
VERIFINE SYRINGE 0.5ML 29G 1/2"	3		VRAYLAR 6 MG CAPSULE	4	QL, ST
VERIFINE SYRINGE 0.5ML 31G 5/16"	3		VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST
VERIFINE SYRINGE 1 ML 31G 5/16"	3		VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VESTURA 3 MG-0.02 MG TABLET	1		VYLIBRA 28 TABLET	1	
VIENVA-28 TABLET	1		VYNDAMAX 61 MG CAPSULE	5	PA, QL, LDD, SRX
VIGABATRIN 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX	WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX
VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN 1 MG TABLET	1	
VIGADRONE 500 MG TABLET	5	PA, QL, LDD, SRX	WARFARIN 2 MG TABLET	1	
VIGODER 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN 2.5 MG TABLET	1	
VILAZODONE 10 MG TABLET	4	QL	WARFARIN 3 MG TABLET	1	
VILAZODONE 20 MG TABLET	4	QL	WARFARIN 4 MG TABLET	1	
VILAZODONE 40 MG TABLET	4	QL	WARFARIN 5 MG TABLET	1	
VIOKACE 10,440-39,150 UNITS TABLET	4		WARFARIN 6 MG TABLET	1	

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
WARFARIN 7.5 MG TABLET	1		XOLAIR 150 MG/ML AUTO-INJECTOR	5	PA, LDD, SRX
WARFARIN 10 MG TABLET	1		XOLAIR 300 MG/2 ML AUTO-INJECTOR	5	PA, LDD, SRX
WAVESENSE CONTROL SOLUTION NORMAL	3		XOLAIR 150 MG/1.2 ML POWDER VIAL	5	PA, LDD, SRX
WERA 0.5/0.035 MG 28 TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
WESCAP-PN DHA CAPSULE	1		XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
WESNATAL DHA COMPLETE	1		XOLAIR 300 MG/2 ML SYRINGE	5	PA, LDD, SRX
WESNATE DHA SOFTGEL	1		XTAMPZA ER 9 MG CAPSULE	3	PA
WESTAB PLUS TABLET	1		XTAMPZA ER 13.5 MG CAPSULE	3	PA
WIXELA 100-50 INHUB	2	QL	XTAMPZA ER 18 MG CAPSULE	3	PA
WIXELA 250-50 INHUB	2	QL	XTAMPZA ER 27 MG CAPSULE	3	PA
WIXELA 500-50 INHUB	2	QL	XTAMPZA ER 36 MG CAPSULE	3	PA
WM UNIFINE PENTIP PLUS 4MM 32G	3		XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 5MM 31G	3		XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 6MM 31G	3		XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 8MM 31G	3		XULANE 150-35 MCG/DAY PATCH	1	
WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	1		YALE NEEDLE 21G 1.25"	3	
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX	YARGESA 100 MG CAPSULE	5	PA, LDD, SRX
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 4MM 32G	3	
XALKORI 20 MG PELLET	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 6MM 31G	3	
XALKORI 50 MG PELLET	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 8MM 31G	3	
XALKORI 150 MG PELLET	5	PA, QL, LDD, SRX	YUVAFEM 10 MCG VAGINAL INSERT	2	QL
XARELTO 1 MG/ML SUSPENSION	3	QL	ZAFEMY 150-35 MCG/DAY PATCH	1	
XARELTO 2.5 MG TABLET	3	QL	ZAFIRLUKAST 10 MG TABLET	2	
XARELTO 10 MG TABLET	3	QL	ZAFIRLUKAST 20 MG TABLET	2	
XARELTO 15 MG TABLET	3	QL	ZALEPLON 5 MG CAPSULE	2	
XARELTO 20 MG TABLET	3	QL	ZALEPLON 10 MG CAPSULE	2	
XARELTO DVT-PE STARTER PACK	3	QL	ZARAH TABLET	1	
XDEMYV 0.25% EYE DROPS	5	PA, QL, LDD, SRX	ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
XELJANZ 1 MG/ML ORAL SOLUTION	5	PA, QL, SRX	ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
XELJANZ 5 MG TABLET	5	PA, QL, SRX	ZATEAN-PN DHA CAPSULE	1	
XELJANZ 10 MG TABLET	5	PA, QL, SRX	ZATEAN-PN PLUS SOFTGEL	1	
XELJANZ XR 11 MG TABLET	5	PA, QL, SRX	ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
XELJANZ XR 22 MG TABLET	5	PA, QL, SRX	ZENATANE 10 MG CAPSULE	4	
XIFAXAN 200 MG TABLET	4	PA, QL	ZENATANE 20 MG CAPSULE	4	
XIFAXAN 550 MG TABLET	4	PA, QL	ZENATANE 30 MG CAPSULE	4	
XIGDUO XR 2.5 MG-1,000 MG TABLET	3	QL	ZENATANE 40 MG CAPSULE	4	
XIGDUO XR 5 MG-500 MG TABLET	3	QL	ZENZEDI 5 MG TABLET	2	QL
XIGDUO XR 5 MG-1,000 MG TABLET	3	QL	ZENZEDI 10 MG TABLET	2	QL
XIGDUO XR 10 MG-500 MG TABLET	3	QL	ZEPOSIA 0.92 MG CAPSULE	5	PA, QL, LDD, SRX
XIGDUO XR 10 MG-1,000 MG TABLET	3	QL	ZEPOSIA STARTER KIT (28-DAY)	5	PA, QL, LDD, SRX
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	5	PA, LDD, SRX	ZEPOSIA STARTER PACK (7-DAY)	5	PA, QL, LDD, SRX

## 2025 Cigna Healthcare Plus North Carolina 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ZETONNA 37 MCG NASAL SPRAY	4	ST
ZIDOVUDINE 100 MG CAPSULE	2	
ZIDOVUDINE 50 MG/5 ML SYRUP	2	
ZIDOVUDINE 300 MG TABLET	2	
ZILEUTON ER 600 MG TABLET	5	SRX
ZIPRASIDONE 20 MG CAPSULE	2	
ZIPRASIDONE 40 MG CAPSULE	2	
ZIPRASIDONE 60 MG CAPSULE	2	
ZIPRASIDONE 80 MG CAPSULE	2	
ZIRGAN 0.15% EYE GEL	4	
ZOLADEX 3.6 MG IMPLANT SYRINGE	5	PA, SRX
ZOLADEX 10.8 MG IMPLANT SYRINGE	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, LDD, SRX
ZOLMITRIPTAN 2.5 MG ODT TABLET	3	QL
ZOLMITRIPTAN 5 MG ODT TABLET	3	QL
ZOLMITRIPTAN 2.5 MG TABLET	3	QL
ZOLMITRIPTAN 5 MG TABLET	3	QL
ZOLPIDEM 5 MG TABLET	2	
ZOLPIDEM 10 MG TABLET	2	
ZOLPIDEM ER 6.25 MG TABLET	2	
ZOLPIDEM ER 12.5 MG TABLET	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TABLET	1	
ZURZUVAE 20 MG CAPSULE	5	PA, QL, LDD, SRX
ZURZUVAE 25 MG CAPSULE	5	PA, QL, LDD, SRX
ZURZUVAE 30 MG CAPSULE	5	PA, QL, LDD, SRX
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.** We regularly review and update your plan's drug list to make sure you're getting coverage for low-cost, safe, clinically effective medications. 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 the coverage review process.

There are also certain medications and products that can't 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 the 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 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.



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

### 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                         | • High blood pressure                     |
| • Allergies                        | • High cholesterol                        |
| • Asthma/COPD                      | • Mental health                           |
| • Cardiovascular health            | • Overactive bladder/<br>bladder problems |
| • Diabetes                         | • Pain management                         |
| • Heartburn/ulcer/<br>stomach acid | • 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 the Cigna Healthcare provider portal at [cignaforhcp.com](https://cignaforhcp.com).

Cigna Healthcare will review information your doctor sends us to make sure you meet coverage

requirements for the medication. We'll send you and your doctor a letter with the decision and next steps. It can take up to five (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.

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 preapproval from Cigna Healthcare. Because you didn't get approval ahead of time, 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).

### 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 have to contact Cigna Healthcare and ask us to approve a 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,



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

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 the coverage review process.

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

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

### **Q. What are preventive medications?**

**A.** Preventive medications are used to keep certain conditions from developing or from coming back. These conditions include, but are not limited to asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

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

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

### **Q. What's a cost-share?**

**A.** It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

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

**A.** Consider using a medication that's covered on a lower tier and/or by filling a 90-day supply. You should talk with your doctor to see if one of these options may work for you.

### **Q. What's a generic medication?**

**A.** A generic medication is the same as its brand-name version in safety, effectiveness, quality, strength and dosage, as well as in the way it's taken and used.<sup>3</sup>

Brand-name medications are protected by patents. Patents keep other manufacturers from selling generic versions of the brand-name medication. Once a patent ends, other companies can make and sell a generic version of the brand-name medication. Generics are typically sold under their chemical or scientific name, instead of the manufacturer's patented brand name.

### **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.

### **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 their brand-name versions. They may also have a different flavor, have different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than their brand-name versions, but they're just as safe and effective.

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

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

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

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

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

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

#### Express Scripts® Pharmacy for maintenance medications

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

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

#### Here are three easy ways to get started.

1. Log in to the **myCigna App** or **myCigna.com** to move your prescription electronically. Click on the Prescriptions tab and select My Medications from the dropdown menu. Then 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) 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 specially-trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>8</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 24/7 access to specially-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost
- Easy refills and reminders
- Easily manage your medications online and track your orders

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 Express Scripts® Pharmacy orders.

## Exclusions and Limitations: What isn't covered by this policy

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

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

## Exclusions and Limitations: What isn't covered by this policy (cont.)

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

This exclusion does not apply to mammography.
  27. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
  28. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except as specifically provided in this EOC.
  29. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
  30. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
  31. **Routine hearing tests** except as provided under Preventive Care.
  32. **Genetic screening**, except for the testing for the occurrence of BRCA gene (breast cancer related genetic marker) under federal preventative care for women, or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease
  33. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery and as specifically stated in this EOC under Pediatric Vision Care.
  34. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
  35. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn, foster or adopted child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
  36. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
  37. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.
  38. Services and procedures for **redundant skin surgery** including abdominoplasty/panniculectomy (except treatment of congenital anomaly), removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or



## Exclusions and Limitations: What isn't covered by this policy (cont.)

gynecomastia; rhinoplasty, blepharoplasty.

39. 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.
40. All services related to In-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals, except as specifically stated in this EOC.
41. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
42. 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.
43. Blood administration **for the purpose of general improvement in physical condition**.
44. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
45. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
46. **Myoelectric Prostheses** peripheral nerve stimulators.
47. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
48. **Prefabricated foot Orthoses**.
49. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
50. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
51. **Orthoses primarily used for cosmetic** rather than functional reasons.
52. **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
53. Services primarily for **weight reduction or treatment of obesity, except bariatric services for obesity**, or any care which involves weight reduction as a main method for treatment. This includes surgery, even if the Member has other health conditions that might be helped by a reduction of weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat weight control or weight reduction.
54. **Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
55. 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.
56. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
57. **Nutritional counseling or food supplements**, except as stated in this EOC.
58. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the "Comprehensive Benefits: What the EOC Pays For" section of this EOC. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, except for the treatment of diabetes, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this EOC.
59. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech

## Exclusions and Limitations: What isn't covered by this policy *(cont.)*

Therapy)” in the section of this EOC titled “Comprehensive Benefits: What the EOC Pays For.”

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

Cigna Healthcare reserves the right to make changes to this drug list without notice. Please reference **Cigna.com/ifp-drug-list** 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.
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. [fda.gov/drugs/questions-answers/generic-drugs-questions-answers](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 the Express Scripts® texting service. You can do this online or over the phone. 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. **Your plan allows Tier 5 medications to be filled in a 90-day supply.**
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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., and Cigna HealthCare of Texas, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT).



# Discrimination is against the law

## Medical coverage

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

### Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator  
P.O. 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  
**<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>**

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna Health Care of Texas, 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). ATENCION: 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 in Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna Healthcare 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 Healthcare, 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 Healthcare 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 LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna Healthcare, 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 Healthcare 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 Healthcare, 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 Healthcare, 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 Healthcare الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتص 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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare-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 می شود. برای مشتریان فعلی Cigna Healthcare، لطفاً با شماره ای 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 شماره گیری کنید).