

Individual and
Family Plans



2025 Cigna Healthcare Plus Illinois 4-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 **Illinois** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.
- **myCigna® App¹ 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 HealthcareSM ID card.
We're here 24/7/365.

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

* Drug list originally created: 10/21/2013

Last updated: 07/01/2024, for changes
starting 01/01/2025

Next planned update: 07/01/2025, for
changes starting 01/01/2026

About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Plus Illinois 4-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	1	PA
ACETAZOLAMIDE 125 MG TABLET	1	
ACETAZOLAMIDE 250 MG TABLET	1	
ACETAZOLAMIDE ER 500 MG CAPSULE	1	
ACETIC ACID 0.25% IRRIGATION SOLUTION	1	
ACETIC ACID 2% EAR SOLUTION	1	
ACETYLCYSTEINE 10% VIAL	1	
ACETYLCYSTEINE 20% VIAL	1	
ACITRETIN 10 MG CAPSULE	3	
ACITRETIN 17.5 MG CAPSULE	3	
ACITRETIN 25 MG CAPSULE	3	
ACTEMRA 162 MG/0.9 ML SYRINGE	4	PA, QL, SRX
ACTEMRA ACTPEN 162 MG/0.9 ML	4	PA, QL, SRX
ACTHIB VACCINE VIAL	2	
ACTHIB VACCINE WITH DILUENT	2	
ACTIMMUNE 100 MCG/0.5 ML VIAL	4	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	1	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 5% OINTMENT	3	PA, QL
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	2	
ADACEL TDAP VIAL	2	
ADALIMUMAB-ADAZ	4	PA, QL, SRX
ADALIMUMAB-ADBIM	4	PA, QL, SRX
ADALIMUMAB-RYVK	4	PA, QL, SRX
ADAPALENE 0.1% CREAM	1	PA, AGE
ADAPALENE 0.1% GEL	1	PA, AGE
ADAPALENE 0.1% SOLUTION	1	PA, AGE
ADAPALENE 0.3% GEL	1	PA, AGE
ADAPALENE 0.3% GEL PUMP	1	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 Illinois 4-Tier Prescription Drug List.

Tiers

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

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

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.

PA	Prior Authorization – 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.
QL	Quantity Limit – 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.
ST	Step Therapy – 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.
AGE	Age Requirement – 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.
SRX	This is a specialty medication , which is used to treat a complex medical condition. Your plan limits specialty medications to a 30-day supply.
LDD	This is a limited distribution drug . 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	44-49
2	6	N	49-51
A	6-11	O	51-53
B	11-14	P	53-59
C	14-20	Q	59
D	20-24	R	59-61
E	24-30	S	61-65
F	30-32	T	65-70
G	32-34	U	70-72
H	34-36	V	72-74
I	36-39	W	74
J	39	X	74, 75
K	39, 40	Y	75
L	40-43	Z	75, 76

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ALPRAZOLAM 0.25 MG TABLET	1		AMINOCAPROIC ACID 0.25 GRAM/ML ORAL SOLUTION	4	PA, SRX
ALPRAZOLAM 0.5 MG TABLET	1		AMINOCAPROIC ACID 500 MG TABLET	4	PA, SRX
ALPRAZOLAM 1 MG TABLET	1		AMINOCAPROIC ACID 1,000 MG TABLET	4	PA, SRX
ALPRAZOLAM 2 MG TABLET	1		AMIODARONE 100 MG TABLET	1	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE	1		AMIODARONE 200 MG TABLET	1	
ALPRAZOLAM ER 0.5 MG TABLET	1		AMIODARONE 400 MG TABLET	1	
ALPRAZOLAM ER 1 MG TABLET	1		AMITRIPTYLINE 10 MG TABLET	1	
ALPRAZOLAM ER 2 MG TABLET	1		AMITRIPTYLINE 25 MG TABLET	1	
ALPRAZOLAM ER 3 MG TABLET	1		AMITRIPTYLINE 50 MG TABLET	1	
ALPRAZOLAM ODT 0.25 MG TABLET	1		AMITRIPTYLINE 75 MG TABLET	1	
ALPRAZOLAM ODT 0.5 MG TABLET	1		AMITRIPTYLINE 100 MG TABLET	1	
ALPRAZOLAM ODT 1 MG TABLET	1		AMITRIPTYLINE 150 MG TABLET	1	
ALPRAZOLAM ODT 2 MG TABLET	1		AMLODIPINE 2.5 MG TABLET	1	
ALPRAZOLAM XR 0.5 MG TABLET	1		AMLODIPINE 5 MG TABLET	1	
ALPRAZOLAM XR 1 MG TABLET	1		AMLODIPINE 10 MG TABLET	1	
ALPRAZOLAM XR 2 MG TABLET	1		AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET	1	
ALPRAZOLAM XR 3 MG TABLET	1		AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET	1	
ALTABAX 1% OINTMENT	3		AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET	1	
ALTACAIN 0.5% EYE DROPS	1		AMLODIPINE-ATORVASTATIN 5-10 MG TABLET	1	
ALTAVERA-28 TABLET	1		AMLODIPINE-ATORVASTATIN 5-20 MG TABLET	1	
ALVESCO 80 MCG INHALER	2		AMLODIPINE-ATORVASTATIN 5-40 MG TABLET	1	
ALVESCO 160 MCG INHALER	2		AMLODIPINE-ATORVASTATIN 5-80 MG TABLET	1	
ALYACEN 1-35 28 TABLET	1		AMLODIPINE-ATORVASTATIN 10-10 MG TABLET	1	
ALYACEN 7-7-7-28 TABLET	1		AMLODIPINE-ATORVASTATIN 10-20 MG TABLET	1	
ALYQ 20 MG TABLET	4	PA, SRX	AMLODIPINE-ATORVASTATIN 10-40 MG TABLET	1	
AMABELZ 0.5 MG-0.1 MG TABLET	1		AMLODIPINE-ATORVASTATIN 10-80 MG TABLET	1	
AMABELZ 1 MG-0.5 MG TABLET	1		AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE	1	
AMANTADINE 100 MG CAPSULE	1		AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE	1	
AMANTADINE 50 MG/5 ML ORAL SOLUTION	1		AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE	1	
AMANTADINE 100 MG/10 ML ORAL SOLUTION	1		AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE	1	
AMANTADINE 100 MG TABLET	1		AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE	1	
AMBRISENTAN 5 MG TABLET	4	PA, LDD, SRX	AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE	1	
AMBRISENTAN 10 MG TABLET	4	PA, LDD, SRX	AMLODIPINE-OLMESARTAN 5-20 MG TABLET	1	
AMCINONIDE 0.1% CREAM	1		AMLODIPINE-OLMESARTAN 5-40 MG TABLET	1	
AMCINONIDE 0.1% LOTION	1		AMLODIPINE-OLMESARTAN 10-20 MG TABLET	1	
AMETHIA 0.15-0.03-0.01 MG TABLET	1		AMLODIPINE-OLMESARTAN 10-40 MG TABLET	1	
AMETHIA LO TABLET	1		AMLODIPINE-VALSARTAN 5-160 MG TABLET	1	
AMETHYST 90-20 MCG TABLET	1		AMLODIPINE-VALSARTAN 5-320 MG TABLET	1	
AMILORIDE 5 MG TABLET	1		AMLODIPINE-VALSARTAN 10-160 MG TABLET	1	
AMILORIDE-HCTZ 5-50 MG TABLET	1		AMLODIPINE-VALSARTAN 10-320 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ATORVASTATIN 20 MG TABLET	1		AZITHROMYCIN 1 GM POWDER PACKET	1	
ATORVASTATIN 40 MG TABLET	1		AZITHROMYCIN 100 MG/5 ML SUSPENSION	1	
ATORVASTATIN 80 MG TABLET	1		AZITHROMYCIN 200 MG/5 ML SUSPENSION	1	
ATOVAQUONE 750 MG/5 ML SUSPENSION	3		AZITHROMYCIN 250 MG TABLET	1	
ATOVAQUONE-PROGUANIL 62.5-25 TABLET	1		AZITHROMYCIN 500 MG TABLET	1	
ATOVAQUONE-PROGUANIL 250-100 TABLET	1		AZITHROMYCIN 600 MG TABLET	1	
ATROPINE 1% EYE DROPS	1		AZO TEST TEST STRIP	2	
ATROPINE 1% EYE OINTMENT	1		AZURETTE 28 DAY TABLET	1	
AUBRA EQ-28 TABLET	1		BACITRACIN 500 UNIT/GM EYE OINTMENT	1	
AUBRA-28 TABLET	1		BACITRACIN-POLYMYXIN EYE OINTMENT	1	
AUROVELA 1 MG-20 MCG TABLET	1		BACLOFEN 5 MG TABLET	1	
AUROVELA 21 1.5-30 TABLET	1		BACLOFEN 10 MG TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TABLET	1		BACLOFEN 20 MG TABLET	1	
AUROVELA FE 1.5 MG-30 MCG TABLET	1		BAL-CARE DHA COMBO PACK	1	
AUROVELA FE 1-20 TABLET	1		BALCOLTRA TABLET	3	
AUTOJECT 2 INJECTION DEVICE	2		BALSALAZIDE 750 MG CAPSULE	1	
AUTOPEN 1 TO 21 UNITS	2		BALZIVA 28 TABLET	1	
AUTOPEN 2 TO 42 UNITS	2		BAQSIMI 3 MG NASAL SPRAY ONE PACK	2	QL
AUTOSOFT 30 INFUSION SET 23" 13MM	2		BAQSIMI 3 MG NASAL SPRAY TWO PACK	2	QL
AUTOSOFT 30 INFUSION SET 43" 13MM	2		BARACLUDE 0.05 MG/ML ORAL SOLUTION	4	SRX
AUTOSOFT 90 INFUSION SET 23" 6MM	2		BASAGLAR 100 UNIT/ML KWIKPEN	2	QL
AUTOSOFT 90 INFUSION SET 23" 9MM	2		BASAGLAR TEMPO PEN 100 UNIT/ML	2	QL
AUTOSOFT 90 INFUSION SET 43" 6MM	2		BD 3 ML SYRINGE 18G 1-1/2"	2	
AUTOSOFT 90 INFUSION SET 43" 9MM	2		BD 3 ML SYRINGE 20G 1-1/2"	2	
AUTOSOFT XC INFUSION SET 23" 6MM	2		BD 3 ML SYRINGE 25G 1"	2	
AUTOSOFT XC INFUSION SET 23" 9MM	2		BD 3 ML SYRINGE 25G 1-1/2"	2	
AUTOSOFT XC INFUSION SET 32" 6MM	2		BD 3 ML SYRINGE WITH NEEDLE	2	
AUTOSOFT XC INFUSION SET 43" 6MM	2		BD AUTOSHIELD DUO PEN NEEDLE 5MM 30G	2	
AUTOSOFT XC INFUSION SET 43" 9MM	2		BD BLUNT NEEDLE 18G 1-1/2"	2	
AVIANE-28 TABLET	1		BD ECLIPSE 30G 1/2" SYRINGE	2	
AVONEX PEN 30 MCG/0.5 ML KIT	4	PA, SRX	BD ECLIPSE LUER-LOK SYRINGE 3 ML	2	
AVONEX PREFILLED SYRINGE 30 MCG KIT	4	PA, SRX	BD ECLIPSE NEEDLE 18G 40MM	2	
AYUNA-28 TABLET	1		BD ECLIPSE NEEDLE 18G 1 1/2"	2	
AZASITE 1% EYE DROPS	3		BD ECLIPSE NEEDLE 21G 1"	2	
AZATHIOPRINE 50 MG TABLET	1		BD ECLIPSE NEEDLE 21G 1.5"	2	
AZELAIC ACID 15% GEL	2		BD ECLIPSE NEEDLE 22G 1"	2	
AZELASTINE 0.05% DROPS	1		BD ECLIPSE NEEDLE 23G 25MM	2	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	1		BD ECLIPSE NEEDLE 23G 1"	2	
AZELASTINE 0.15% NASAL SPRAY	1		BD ECLIPSE NEEDLE 25G 16MM	2	
AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY	2		BD ECLIPSE NEEDLE 25G 25MM	2	
			BD ECLIPSE NEEDLE 25G 40MM	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
BD ECLIPSE NEEDLE 25G 1"	2		BD NEEDLE 21G 1"	2	
BD ECLIPSE NEEDLE 25G 1.5"	2		BD NEEDLE 21G 1-1/2"	2	
BD ECLIPSE NEEDLE 25G 5/8"	2		BD NEEDLE 21G 2"	2	
BD ECLIPSE NEEDLE 27G 1/2"	2		BD NEEDLE 22G 1"	2	
BD ECLIPSE NEEDLE 30G 13MM	2		BD NEEDLE 22G 1-1/2"	2	
BD ECLIPSE NEEDLE 30G 1/2"	2		BD NEEDLE 22G 3/4"	2	
BD FILTER NEEDLE	2		BD NEEDLE 23G 0.75"	2	
BD INSULIN SYRINGE 0.3 ML 29G 12.7MM	2		BD NEEDLE 23G 1"	2	
BD INSULIN SYRINGE 0.3 ML 8MM 31G(1/2)	2		BD NEEDLE 23G 1.25"	2	
BD INSULIN SYRINGE 0.5 ML 28G 1/2"	2		BD NEEDLE 23G 1-1/2"	2	
BD INSULIN SYRINGE 0.5 ML 29G 1/2"	2		BD NEEDLE 25G 0.625"	2	
BD INSULIN SYRINGE 0.5 ML 29G 12.7MM	2		BD NEEDLE 25G 0.875"	2	
BD INSULIN SYRINGE 1 ML	2		BD NEEDLE 25G 1"	2	
BD INSULIN SYRINGE 1 ML 25G 5/8"	2		BD NEEDLE 25G 1.5"	2	
BD INSULIN SYRINGE 1 ML 25G 1"	2		BD NEEDLE 25G 5/8"	2	
BD INSULIN SYRINGE 1 ML 26G 1/2"	2		BD NEEDLE 26G 0.375"	2	
BD INSULIN SYRINGE 1 ML 27G 12.7MM	2		BD NEEDLE 26G 0.5"	2	
BD INSULIN SYRINGE 1 ML 27G 5/8"	2		BD NEEDLE 26G 0.625"	2	
BD INSULIN SYRINGE 1 ML 28G 1/2"	2		BD NEEDLE 27G 0.5"	2	
BD INSULIN SYRINGE 1 ML 29G 12.7MM	2		BD NEEDLE 27G 1 1.25"	2	
BD INSULIN SYRINGE U-500 1/2ML 6MM 31G	2		BD NEEDLE 30G 0.5"	2	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 8MM 31G	2		BD NEEDLE 30G 1"	2	
BD INSULIN SYRINGE ULTRAFINE 0.3ML 12.7MM 30G	2		BD NOKOR ADMIX NEEDLE 18G 1.5"	2	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 8MM 31G	2		BD NOKOR NEEDLE 16G 1"	2	
BD INSULIN SYRINGE ULTRAFINE 0.5ML 12.7MM 30G	2		BD NOKOR NEEDLE 18G 1"	2	
BD INSULIN SYRINGE ULTRAFINE 1 ML 12.7MM 30G	2		BD PRECISIONGLIDE 27G 1-1/2" NEEDLE	2	
BD INSULIN SYRINGE ULTRAFINE 1 ML 8MM 31G	2		BD PRECISIONGLIDE 3 ML 22G 3/4"	2	
BD INTEGRA NEEDLE 25G 5/8"	2		BD PRECISIONGLIDE NEEDLE 25G	2	
BD INTEGRA RETRA NEEDLE 23G 1"	2		BD SAFETYGLIDE 3 ML SYRINGE	2	
BD INTEGRA SYRINGE 3 ML 21G 1-1/2"	2		BD SAFETYGLIDE INSULIN 0.3 ML 29G 13MM	2	
BD LUER-LOK SYRINGE 1 ML	2		BD SAFETYGLIDE INSULIN 0.3 ML 31G 6MM	2	
BD LUER-LOK SYRINGE 3 ML 25G 5/8"	2		BD SAFETYGLIDE INSULIN 0.3 ML 31G 8MM	2	
BD NANO 2 GEN PEN NEEDLE 32G 4MM	2		BD SAFETYGLIDE INSULIN 0.5 ML 29G 13MM	2	
BD NEEDLE 16G 1"	2		BD SAFETYGLIDE INSULIN 0.5 ML 30G 8MM	2	
BD NEEDLE 16G 1.5"	2		BD SAFETYGLIDE INSULIN 0.5 ML 31G 6MM	2	
BD NEEDLE 18G 1"	2		BD SAFETYGLIDE INSULIN 1 ML 29G 13MM	2	
BD NEEDLE 18G 1-1/2"	2		BD SAFETYGLIDE INSULIN 1 ML 6MM 31G	2	
BD NEEDLE 19G 1"	2		BD SAFETYGLIDE NEEDLE	2	
BD NEEDLE 19G 1-1/2"	2		BD SAFETYGLIDE NEEDLE 18G 1.5"	2	
BD NEEDLE 20G 1"	2		BD SAFETYGLIDE NEEDLE 21G 1"	2	
BD NEEDLE 20G 1-1/2"	2		BD SAFETYGLIDE NEEDLE 21G 1.5"	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
BD SAFETYGLIDE NEEDLE 22G 1.5"	2	
BD SAFETYGLIDE NEEDLE 25G 1"	2	
BD SAFETYGLIDE NEEDLE 27G 5/8"	2	
BD SAFETYGLIDE SYRINGE 27G 5/8"	2	
BD SYRINGE-SAFETY GLIDE	2	
BD ULTRAFINE MICRO PEN NEEDLE 6MM 32G	2	
BD ULTRAFINE MINI PEN NEEDLE 5MM 31G	2	
BD ULTRAFINE NANO PEN NEEDLE 4MM 32G	2	
BD ULTRAFINE ORIGINAL PEN NEEDLE 12.7MM 29G	2	
BD ULTRAFINE SHORT PEN NEEDLE 8MM 31G	2	
BD VEO INSULIN 0.3ML 6MM 31G (1/2)	2	
BD VEO INSULIN SYRINGE 0.3 ML 6MM 31G	2	
BD VEO INSULIN SYRINGE 0.5 ML 6MM 31G	2	
BD VEO INSULIN SYRINGE 1 ML 6MM 31G	2	
BECONASE AQ 0.042% NASAL SPRAY	3	ST
BELLADONNA-OPIUM 16.2-30 SUPPOSITORY	1	PA
BELLADONNA-OPIUM 16.2-60 SUPPOSITORY	1	PA
BENZAEPRIIL 5 MG TABLET	1	
BENZAEPRIIL 10 MG TABLET	1	
BENZAEPRIIL 20 MG TABLET	1	
BENZAEPRIIL 40 MG TABLET	1	
BENZAEPRIIL-HCTZ 5-6.25 MG TABLET	1	
BENZAEPRIIL-HCTZ 10-12.5 MG TABLET	1	
BENZAEPRIIL-HCTZ 20-12.5 MG TABLET	1	
BENZAEPRIIL-HCTZ 20-25 MG TABLET	1	
BENZONATATE 100 MG CAPSULE	1	
BENZONATATE 200 MG CAPSULE	1	
BENZTROPINE 0.5 MG TABLET	1	
BENZTROPINE 1 MG TABLET	1	
BENZTROPINE 2 MG TABLET	1	
BEPOTASTINE 1.5% EYE DROPS	3	
BESER 0.05% LOTION	1	
BETADINE 5% EYE SOLUTION	3	
BETAINE 1 GRAM/SCOOP POWDER	4	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% CREAM	1	
BETAMETHASONE DIPROPIONATE 0.05% LOTION	1	
BETAMETHASONE DIPROPIONATE 0.05% OINTMENT	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL	1	

Medication Name	Tier	Notes
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	1	
BETAMETHASONE VALERATE 0.1% CREAM	1	
BETAMETHASONE VALERATE 0.1% LOTION	1	
BETAMETHASONE VALERATE 0.1% OINTMENT	1	
BETAMETHASONE VALERATE 0.12% FOAM	1	
BETAXOLOL 0.5% EYE DROPS	1	
BETAXOLOL 10 MG TABLET	1	
BETAXOLOL 20 MG TABLET	1	
BETHANECHOL 5 MG TABLET	1	
BETHANECHOL 10 MG TABLET	1	
BETHANECHOL 25 MG TABLET	1	
BETHANECHOL 50 MG TABLET	1	
BEXAROTENE 1% GEL	4	PA, SRX
BEXAROTENE 75 MG CAPSULE	4	PA, SRX
BEXSERO PREFILLED SYRINGE	2	
BEYFORTUS 50 MG/0.5 ML SYRINGE	2	
BEYFORTUS 100 MG/ML SYRINGE	2	
BICALUTAMIDE 50 MG TABLET	1	
BIKTARVY 30-120-15 MG TABLET	3	QL
BIKTARVY 50-200-25 MG TABLET	3	QL
BIMATOPROST 0.03% EYE DROPS	1	QL
BINOSTO 70 MG EFFERVESCENT TABLET	3	
BISOPROLOL 5 MG TABLET	1	
BISOPROLOL 10 MG TABLET	1	
BISOPROLOL-HCTZ 2.5-6.25 MG TABLET	1	
BISOPROLOL-HCTZ 5-6.25 MG TABLET	1	
BISOPROLOL-HCTZ 10-6.25 MG TABLET	1	
BLISOVI 24 FE TABLET	1	
BLISOVI FE 1-20 TABLET	1	
BLISOVI FE 1.5-30 TABLET	1	
BLOOD GLUCOSE CONTROL SOLUTION	2	
BLUNT NEEDLE	2	
BOOSTRIX TDAP	2	
BOSENTAN 62.5 MG TABLET	4	PA, SRX
BOSENTAN 125 MG TABLET	4	PA, SRX
BOSULIF 50 MG CAPSULE	4	PA, QL, LDD, SRX
BOSULIF 100 MG CAPSULE	4	PA, QL, LDD, SRX
BOSULIF 100 MG TABLET	4	PA, QL, LDD, SRX
BOSULIF 400 MG TABLET	4	PA, QL, LDD, SRX

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
BOSULIF 500 MG TABLET	4	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	2	QL
BREATHERITE SPACER-ADULT MASK	2	QL
BREATHERITE SPACER-INFANT MASK	2	QL
BREATHERITE SPACER-LARGE CHILD MASK	2	QL
BREATHERITE SPACER-NEONATE MASK	2	QL
BREATHERITE SPACER-SMALL CHILD MASK	2	QL
BREATHRITE VALVED MDI CHAMBER	2	QL
BREATHRITE VALVED MDI SPACER	2	QL
BREEZE 2 SOLUTION	2	
BREO ELLIPTA 50-25 MCG INHALER	2	QL
BREO ELLIPTA 100-25 MCG INHALER	2	QL
BREO ELLIPTA 200-25 MCG INHALER	2	QL
BREYNA 80-4.5 MCG INHALER	3	QL
BREYNA 160-4.5 MCG INHALER	3	QL
BRIELLYN TABLET	1	
BRILINTA 60 MG TABLET	3	
BRILINTA 90 MG TABLET	3	
BRIMONIDINE 0.1% DROPS	1	
BRIMONIDINE 0.15% DROPS	1	
BRIMONIDINE 0.2% EYE DROPS	1	
BRIMONIDINE-TIMOLOL 0.2%-0.5% EYE DROPS	3	
BRINZOLAMIDE 1% EYE DROPS	2	
BRIVIACT 10 MG/ML ORAL SOLUTION	3	PA, QL
BRIVIACT 10 MG TABLET	3	PA, QL
BRIVIACT 25 MG TABLET	3	PA, QL
BRIVIACT 50 MG TABLET	3	PA, QL
BRIVIACT 75 MG TABLET	3	PA, QL
BRIVIACT 100 MG TABLET	3	PA, QL
BROMFENAC 0.09% EYE DROPS	2	
BROMOCRIPTINE 5 MG CAPSULE	1	
BROMOCRIPTINE 2.5 MG TABLET	1	
BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM 2-30-10 MG/5 ML SYRUP	1	
BROOKS INSULIN 0.3ML SYRINGE	2	
BRUKINSA 80 MG CAPSULE	4	PA, QL, LDD, SRX
BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE DR 3 MG CAPSULE	3	
BUDESONIDE EC 3 MG CAPSULE	3	

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CARBIDOPA-LEVODOPA 125 MG-ENTACAPONE TABLET	2		CARETOUCH HYPODERMIC NEEDLE 22G 1"	2	
CARBIDOPA-LEVODOPA 150 MG-ENTACAPONE TABLET	2		CARETOUCH HYPODERMIC NEEDLE 23G 1"	2	
CARBIDOPA-LEVODOPA 200 MG-ENTACAPONE TABLET	2		CARETOUCH HYPODERMIC NEEDLE 23G 1.5"	2	
CARBINOXAMINE 4 MG/5 ML LIQUID	1		CARETOUCH HYPODERMIC NEEDLE 25G 1"	2	
CARBINOXAMINE 4 MG TABLET	1		CARETOUCH HYPODERMIC NEEDLE 25G 1.5"	2	
CAREFINE PEN NEEDLE 4MM 32G	2		CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	2	
CAREFINE PEN NEEDLE 5MM 32G	2		CARETOUCH HYPODERMIC NEEDLE 26G 1"	2	
CAREFINE PEN NEEDLE 6MM 31G	2		CARETOUCH LL SYRINGE 3 ML 22G 1"	2	
CAREFINE PEN NEEDLE 6MM 32G	2		CARETOUCH LL SYRINGE 3 ML 22G 1.5"	2	
CAREFINE PEN NEEDLE 8MM 30G	2		CARETOUCH LL SYRINGE 3 ML 23G 1"	2	
CAREFINE PEN NEEDLE 8MM 31G	2		CARETOUCH LL SYRINGE 3 ML 23G 1.5"	2	
CAREFINE PEN NEEDLE 12.7MM 29G	2		CARETOUCH LL SYRINGE 3 ML 25G 1"	2	
CAREONE SYRINGE 0.3 ML 30G 1/2"	2		CARETOUCH LL SYRINGE 3 ML 25G 1.5"	2	
CAREONE SYRINGE 0.5 ML 30G 1/2"	2		CARETOUCH LL SYRINGE 3 ML 25G 5/8"	2	
CAREONE SYRINGE 1 ML 30G 1/2"	2		CARETOUCH PEN NEEDLE 29G 12MM	2	
CAREONE UNIFINE PENTIP 29G 1/2"	2		CARETOUCH PEN NEEDLE 31G 1/4"	2	
CAREONE UNIFINE PENTIP 31G 1/4"	2		CARETOUCH PEN NEEDLE 31G 3/16"	2	
CAREONE UNIFINE PENTIP 31G 3/16"	2		CARETOUCH PEN NEEDLE 31G 5/16"	2	
CAREONE UNIFINE PENTIP 31G 5/16"	2		CARETOUCH PEN NEEDLE 32G 3/16"	2	
CAREONE UNIFINE PENTIP 32G 5/32"	2		CARETOUCH PEN NEEDLE 32G 5/32"	2	
CAREONE UNIFINE PENTIP 4MM 32G	2		CARETOUCH SYRINGE 0.3 ML 31G 5/16"	2	
CAREONE UNIFINE PENTIP 5MM 31G	2		CARETOUCH SYRINGE 0.5 ML 30G 5/16"	2	
CAREONE UNIFINE PENTIP 6MM 31G	2		CARETOUCH SYRINGE 0.5 ML 31G 5/16"	2	
CAREONE UNIFINE PENTIP 8MM 31G	2		CARETOUCH SYRINGE 1 ML 28G 5/16"	2	
CAREONE UNIFINE PENTIP 12MM 29G	2		CARETOUCH SYRINGE 1 ML 29G 5/16"	2	
CAREPOINT LL SYRINGE 3 ML 20G 1.5"	2		CARETOUCH SYRINGE 1 ML 30G 5/16"	2	
CAREPOINT LL SYRINGE 3 ML 21G 1"	2		CARETOUCH SYRINGE 1 ML 31G 5/16"	2	
CAREPOINT LL SYRINGE 3 ML 21G 1.5"	2		CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	4	PA, LDD, SRX
CAREPOINT LL SYRINGE 3 ML 22G 1"	2		CARISOPRODOL 250 MG TABLET	1	
CAREPOINT LL SYRINGE 3 ML 22G 38MM	2		CARISOPRODOL 350 MG TABLET	1	
CAREPOINT LL SYRINGE 3 ML 23G 1"	2		CARISOPRODOL-ASPIRIN 200-325 MG TABLET	1	
CAREPOINT LL SYRINGE 3 ML 23G 1.5"	2		CARISOPRODOL-ASPIRIN-CODEINE TABLET	1	PA
CAREPOINT LL SYRINGE 3 ML 25G 5/8"	2		CARTEOLOL 1% EYE DROPS	1	
CAREPOINT LL SYRINGE 3 ML 25G 1"	2		CARTIA XT 120 MG CAPSULE	1	
CAREPOINT PRECISION NEEDLE 21G 1"	2		CARTIA XT 180 MG CAPSULE	1	
CARESENS CONTROL SOLUTION	2		CARTIA XT 240 MG CAPSULE	1	
CARETOUCH CONTROL SOLUTION L2-L3	2		CARTIA XT 300 MG CAPSULE	1	
CARETOUCH HYPODERMIC NEEDLE 18G 1.5"	2		CARVEDILOL 3.125 MG TABLET	1	
CARETOUCH HYPODERMIC NEEDLE 20G 1"	2		CARVEDILOL 6.25 MG TABLET	1	
			CARVEDILOL 12.5 MG TABLET	1	
			CARVEDILOL 25 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CAYSTON 75 MG INHALATION SOLUTION	4	PA, QL, LDD, SRX	CETRORELIX 0.25 MG VIAL	4	PA, SRX
CAZANT 28 DAY TABLET	1		CEVIMELINE 30 MG CAPSULE	1	
CEFACLOX 250 MG CAPSULE	1		CHARLOTTE 24 FE CHEWABLE TABLET	1	
CEFACLOX 500 MG CAPSULE	1		CHANTIX 1 MG CONTINUING MONTH BOX	2	
CEFACLOX 125 MG/5 ML SUSPENSION	1		CHANTIX STARTING MONTH BOX	2	
CEFACLOX 250 MG/5 ML SUSPENSION	1		CHANTIX 0.5 MG TABLET	2	
CEFACLOX 375 MG/5 ML SUSPENSION	1		CHANTIX 1 MG TABLET	2	
CEFACLOX ER 500 MG TABLET	2		CHATEAL EQ-28 TABLET	1	
CEFADROXIL 500 MG CAPSULE	1		CHATEAL-28 TABLET	1	
CEFADROXIL 250 MG/5 ML SUSPENSION	1		CHEK-STIX TEST STRIP	2	
CEFADROXIL 500 MG/5 ML SUSPENSION	1		CHEMET 100 MG CAPSULE	3	
CEFADROXIL 1 GM TABLET	1		CHEMSTRIP 10 MD TEST STRIP	2	
CEFDINIR 300 MG CAPSULE	1		CHEMSTRIP 10 WITH SG TEST STRIP	2	
CEFDINIR 125 MG/5 ML SUSPENSION	1		CHEMSTRIP 2 GP TEST STRIP	2	
CEFDINIR 250 MG/5 ML SUSPENSION	1		CHEMSTRIP 2 LN TEST STRIP	2	
CEFDITOREN 400 MG TABLET	1		CHEMSTRIP 50B TEST STRIP	2	
CEFIXIME 400 MG CAPSULE	2		CHEMSTRIP 7 TEST STRIP	2	
CEFIXIME 100 MG/5 ML SUSPENSION	1		CHEMSTRIP BG DIARY	2	
CEFIXIME 200 MG/5 ML SUSPENSION	1		CHEMSTRIP MICRAL TEST STRIP	2	
CEFPODOXIME 50 MG/5 ML SUSPENSION	1		CHEMSTRIP-9 TEST STRIP	2	
CEFPODOXIME 100 MG/5 ML SUSPENSION	1		CHLORDIAZEPOXIDE 5 MG CAPSULE	1	
CEFPODOXIME 100 MG TABLET	1		CHLORDIAZEPOXIDE 10 MG CAPSULE	1	
CEFPODOXIME 200 MG TABLET	1		CHLORDIAZEPOXIDE 25 MG CAPSULE	1	
CEFPROZIL 125 MG/5 ML SUSPENSION	1		CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET	1	
CEFPROZIL 250 MG/5 ML SUSPENSION	1		CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET	1	
CEFPROZIL 250 MG TABLET	1		CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	1	
CEFPROZIL 500 MG TABLET	1		CHLORHEXIDINE 0.12% ORAL RINSE	1	
CEFUROXIME AXETIL 250 MG TABLET	1		CHLOROQUINE 250 MG TABLET	1	
CEFUROXIME AXETIL 500 MG TABLET	1		CHLOROQUINE 500 MG TABLET	1	
CELECOXIB 50 MG CAPSULE	1	QL	CHLORPROMAZINE 10 MG TABLET	2	
CELECOXIB 100 MG CAPSULE	1	QL	CHLORPROMAZINE 25 MG TABLET	2	
CELECOXIB 200 MG CAPSULE	1	QL	CHLORPROMAZINE 50 MG TABLET	2	
CELECOXIB 400 MG CAPSULE	1	QL	CHLORPROMAZINE 100 MG TABLET	2	
CEPHALEXIN 250 MG CAPSULE	1		CHLORPROMAZINE 200 MG TABLET	2	
CEPHALEXIN 500 MG CAPSULE	1		CHLORTHALIDONE 25 MG TABLET	1	
CEPHALEXIN 750 MG CAPSULE	1		CHLORTHALIDONE 50 MG TABLET	1	
CEPHALEXIN 125 MG/5 ML SUSPENSION	1		CHLORZOXAZONE 500 MG TABLET	1	
CEPHALEXIN 250 MG/5 ML SUSPENSION	1		CHOLESTYRAMINE LIGHT PACKET	1	
CEQR SIMPLICITY INSERTER	2		CHOLESTYRAMINE LIGHT POWDER	1	
CETIRIZINE 1 MG/ML ORAL SOLUTION	1		CHOLESTYRAMINE PACKET	1	
CETIRIZINE 1 MG/ML SYRUP	1				

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
CHOLESTYRAMINE POWDER	1	
CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	3	PA
CICLODAN 0.77% CREAM	1	
CICLODAN 8% TOPICAL SOLUTION	1	
CICLOPIROX 0.77% CREAM	1	
CICLOPIROX 0.77% GEL	1	
CICLOPIROX 1% SHAMPOO	1	
CICLOPIROX 8% TOPICAL SOLUTION	1	
CICLOPIROX 0.77% TOPICAL SUSPENSION	1	
CILOSTAZOL 50 MG TABLET	1	
CILOSTAZOL 100 MG TABLET	1	
CILOXAN 0.3% OINTMENT	3	
CIMETIDINE 300 MG/5 ML ORAL SOLUTION	1	
CIMETIDINE 200 MG TABLET	1	
CIMETIDINE 300 MG TABLET	1	
CIMETIDINE 400 MG TABLET	1	
CIMETIDINE 800 MG TABLET	1	
CIMZIA 200 MG VIAL KIT	4	PA, QL, LDD, SRX
CIMZIA 2X200 MG/ML (X3) STARTER KIT	4	PA, QL, LDD, SRX
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA, QL, LDD, SRX
CINACALCET 30 MG TABLET	4	PA, SRX
CINACALCET 60 MG TABLET	4	PA, SRX
CINACALCET 90 MG TABLET	4	PA, SRX
CIPROFLOXACIN 0.2% EAR SOLUTION	1	
CIPROFLOXACIN 0.3% EYE DROPS	1	
CIPROFLOXACIN 250 MG/5 ML SUSPENSION	1	
CIPROFLOXACIN 500 MG/5 ML SUSPENSION	1	
CIPROFLOXACIN 100 MG TABLET	1	
CIPROFLOXACIN 250 MG TABLET	1	
CIPROFLOXACIN 500 MG TABLET	1	
CIPROFLOXACIN 750 MG TABLET	1	
CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION	2	
CIPROFLOXACIN-FLUOCINOLONE 0.3-0.025%	2	PA
CITALOPRAM 10 MG/5 ML ORAL SOLUTION	1	QL
CITALOPRAM 10 MG TABLET	1	QL
CITALOPRAM 20 MG TABLET	1	QL
CITALOPRAM 40 MG TABLET	1	QL
CLARAVIS 10 MG CAPSULE	3	
CLARAVIS 20 MG CAPSULE	3	
CLARAVIS 30 MG CAPSULE	3	
CLARAVIS 40 MG CAPSULE	3	

Medication Name	Tier	Notes
CLARITHROMYCIN 125 MG/5 ML SUSPENSION	1	
CLARITHROMYCIN 250 MG/5 ML SUSPENSION	1	
CLARITHROMYCIN 250 MG TABLET	1	
CLARITHROMYCIN 500 MG TABLET	1	
CLARITHROMYCIN ER 500 MG TABLET	1	
CLEMASTINE 2.68 MG TABLET	1	
CLEVER CHOICE CHAMBER-LARGE MASK	2	QL
CLEVER CHOICE CHAMBER-MEDIUM MASK	2	QL
CLEVER CHOICE CHAMBER-SMALL MASK	2	QL
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	2	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	2	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	2	
CLEVER CHOICE PEAK FLOW METER	2	
CLICKFINE 31G 1/4" NEEDLE	2	
CLICKFINE 31G 5/16" NEEDLE	2	
CLICKFINE PEN NEEDLE 32G 5/32"	2	
CLICKFINE UNIVERSAL 31G 1/4"	2	
CLINDACIN 1% FOAM	1	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P 1% PLEDGET	1	
CLINDAMYCIN (PEDI) 75 MG/5 ML	1	
CLINDAMYCIN 2% VAGINAL CREAM	1	
CLINDAMYCIN 75 MG CAPSULE	1	
CLINDAMYCIN 150 MG CAPSULE	1	
CLINDAMYCIN 300 MG CAPSULE	1	
CLINDAMYCIN PHOSPHATE 1% FOAM	1	
CLINDAMYCIN PHOSPHATE 1% GEL	1	
CLINDAMYCIN PHOSPHATE 1% LOTION	1	
CLINDAMYCIN PHOSPHATE 1% PLEDGET	1	
CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	1	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL	1	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP	1	
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL	1	
CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL	1	
CLINDESSE 2% VAGINAL CREAM	3	
CLOBAZAM 2.5 MG/ML SUSPENSION	3	PA
CLOBAZAM 10 MG TABLET	3	PA
CLOBAZAM 20 MG TABLET	3	PA
CLOBETASOL 0.05% CREAM	1	
CLOBETASOL 0.05% GEL	1	
CLOBETASOL 0.05% OINTMENT	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
CYCLOPENTOLATE 0.5% EYE DROPS	1	
CYCLOPENTOLATE 1% EYE DROPS	1	
CYCLOPENTOLATE 2% DROPS	1	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	2	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	2	
CYCLOSERINE 250 MG CAPSULE	1	
CYCLOSET 0.8 MG TABLET	3	
CYCLOSPORINE 0.05% EYE EMULSION	3	
CYCLOSPORINE 25 MG CAPSULE	1	
CYCLOSPORINE 100 MG CAPSULE	1	
CYCLOSPORINE MODIFIED 25 MG CAPSULE	1	
CYCLOSPORINE MODIFIED 50 MG CAPSULE	1	
CYCLOSPORINE MODIFIED 100 MG CAPSULE	1	
CYCLOSPORINE MODIFIED 100MG/ML ORAL SOLUTION	1	
CYLTEZO(CF) 10 MG/0.2 ML SYRINGE	4	PA, QL, SRX
CYLTEZO(CF) 20 MG/0.4 ML SYRINGE	4	PA, QL, SRX
CYLTEZO(CF) 40 MG/0.8 ML SYRINGE	4	PA, QL, SRX
CYLTEZO(CF) PEN 40 MG/0.8 ML	4	PA, QL, SRX
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG	4	PA, QL, SRX
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG	4	PA, QL, SRX
CYPROHEPTADINE 2 MG/5 ML SYRUP	1	
CYPROHEPTADINE 4 MG TABLET	1	
CYRED 28 DAY TABLET	1	
CYRED EQ 28 DAY TABLET	1	
CYSTAGON 50 MG CAPSULE	4	PA, LDD, SRX
CYSTAGON 150 MG CAPSULE	4	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	3	PA, QL, LDD
DABIGATRAN 75 MG CAPSULE	3	QL
DABIGATRAN 110 MG CAPSULE	3	QL
DABIGATRAN 150 MG CAPSULE	3	QL
DALFAMPRIDINE ER 10 MG TABLET	4	PA, QL, SRX
DANAZOL 50 MG CAPSULE	1	
DANAZOL 100 MG CAPSULE	1	
DANAZOL 200 MG CAPSULE	1	
DANTROLENE 25 MG CAPSULE	1	
DANTROLENE 50 MG CAPSULE	1	
DANTROLENE 100 MG CAPSULE	1	
DAPSONE 25 MG TABLET	3	
DAPSONE 100 MG TABLET	3	
DAPTACEL DTAP VACCINE	2	
DARIFENACIN ER 7.5 MG TABLET	1	

Medication Name	Tier	Notes
DARIFENACIN ER 15 MG TABLET	1	
DARUNAVIR 600 MG TABLET	1	
DARUNAVIR 800 MG TABLET	1	
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	4	PA, SRX
DEFERASIROX 180 MG GRANULE PACKET	4	PA, SRX
DEFERASIROX 360 MG GRANULE PACKET	4	PA, SRX
DEFERASIROX 90 MG TABLET	4	PA, SRX
DEFERASIROX 180 MG TABLET	4	PA, SRX
DEFERASIROX 360 MG TABLET	4	PA, SRX
DEFERASIROX 125 MG TABLET FOR SUSPENSION	4	PA, SRX
DEFERASIROX 250 MG TABLET FOR SUSPENSION	4	PA, SRX
DEFERASIROX 500 MG TABLET FOR SUSPENSION	4	PA, SRX
DEFERIPRONE 500 MG TABLET	4	PA, SRX
DEFERIPRONE 1,000 MG TABLET (3X/DAY)	4	PA, SRX
DELTEC COZMO CLEO INFUSION SET	2	
DEMECLOCYCLINE 150 MG TABLET	2	
DEMECLOCYCLINE 300 MG TABLET	2	
DENTA 5000 PLUS SENSITIVE PASTE	1	
DENTA 5000 PLUS TOOTHPASTE	1	
DENTAGEL 1.1% GEL	1	
DERMACINRX LIDOCAN 5% PATCH	1	
DESCOVY 120-15 MG TABLET	2	
DESCOVY 200-25 MG TABLET	2	
DESIPRAMINE 10 MG TABLET	1	
DESIPRAMINE 25 MG TABLET	1	
DESIPRAMINE 50 MG TABLET	1	
DESIPRAMINE 75 MG TABLET	1	
DESIPRAMINE 100 MG TABLET	1	
DESIPRAMINE 150 MG TABLET	1	
DES Loratadine 2.5 MG ODT TABLET	1	QL
DES Loratadine 5 MG ODT TABLET	1	QL
DES Loratadine 5 MG TABLET	1	QL
DESMOPRESSIN 0.01% NASAL SPRAY	1	
DESMOPRESSIN 10 MCG/0.1 ML NASAL SPRAY	1	
DESMOPRESSIN 0.1 MG TABLET	1	
DESMOPRESSIN 0.2 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 MG TABLET	1	
DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL TABLET	1	
DESONIDE 0.05% CREAM	1	
DESONIDE 0.05% LOTION	1	
DESONIDE 0.05% OINTMENT	1	
DESOXIMETASONE 0.05% CREAM	2	
DESOXIMETASONE 0.25% CREAM	2	
DESOXIMETASONE 0.05% GEL	2	
DESOXIMETASONE 0.05% OINTMENT	2	
DESOXIMETASONE 0.25% OINTMENT	2	
DESVENLAFAXINE SUCCINATE ER 25 MG TABLET	1	QL
DESVENLAFAXINE SUCCINATE ER 50 MG TABLET	1	QL
DESVENLAFAXINE SUCCINATE ER 100MG TABLET	1	QL
DEXAMETHASONE 0.1% EYE DROPS	1	
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	1	
DEXAMETHASONE 0.5 MG/5 ML LIQUID	1	
DEXAMETHASONE 0.5 MG TABLET	1	
DEXAMETHASONE 0.75 MG TABLET	1	
DEXAMETHASONE 1 MG TABLET	1	
DEXAMETHASONE 1.5 MG TABLET	1	
DEXAMETHASONE 2 MG TABLET	1	
DEXAMETHASONE 4 MG TABLET	1	
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL 1 MG/ML ORAL CONCENTRATE	1	
DEXCOM G6 RECEIVER	2	PA, QL
DEXCOM G7 RECEIVER	2	PA, QL
DEXCOM G6 SENSOR	2	PA, QL
DEXCOM G7 SENSOR	2	PA, QL
DEXCOM G6 TRANSMITTER	2	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAPSULE	3	QL
DEXLANSOPRAZOLE DR 60 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE 2.5 MG TABLET	1	QL
DEXMETHYLPHENIDATE 5 MG TABLET	1	QL
DEXMETHYLPHENIDATE 10 MG TABLET	1	QL
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL

Medication Name	Tier	Notes
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL
DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION	1	QL
DEXTROAMPHETAMINE 5 MG TABLET	1	QL
DEXTROAMPHETAMINE 10 MG TABLET	1	QL
DEXTROAMPHETAMINE ER 5 MG CAPSULE	1	QL
DEXTROAMPHETAMINE ER 10 MG CAPSULE	1	QL
DEXTROAMPHETAMINE ER 15 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE	1	QL
DIASTIX REAGENT TEST STRIP	2	
DIATRUE LEVEL 1 CONTROL SOLUTION	2	
DIATRUE LEVEL 2 CONTROL SOLUTION	2	
DIATRUE LEVEL 3 CONTROL SOLUTION	2	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	1	
DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE	1	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	1	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	1	
DIAZEPAM 10 MG RECTAL GEL SYSTEM	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
DIAZEPAM 20 MG RECTAL GEL SYSTEM	1	
DIAZEPAM 2 MG TABLET	1	
DIAZEPAM 5 MG TABLET	1	
DIAZEPAM 10 MG TABLET	1	
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	3	
DICLOFENAC 0.1% EYE DROPS	1	
DICLOFENAC 1.5% TOPICAL SOLUTION	1	
DICLOFENAC POTASSIUM 50 MG TABLET	1	
DICLOFENAC SODIUM 1% GEL	1	QL
DICLOFENAC SODIUM DR 25 MG TABLET	1	
DICLOFENAC SODIUM DR 50 MG TABLET	1	
DICLOFENAC SODIUM DR 75 MG TABLET	1	
DICLOFENAC SODIUM EC 25 MG TABLET	1	
DICLOFENAC SODIUM EC 50 MG TABLET	1	
DICLOFENAC SODIUM EC 75 MG TABLET	1	
DICLOFENAC SODIUM ER 100 MG TABLET	1	
DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET	1	
DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET	1	
DICLOXACILLIN 250 MG CAPSULE	1	
DICLOXACILLIN 500 MG CAPSULE	1	
DICYCLOMINE 10 MG CAPSULE	1	
DICYCLOMINE 10 MG/5 ML ORAL SOLUTION	1	
DICYCLOMINE 20 MG TABLET	1	
DIDANOSINE DR 250 MG CAPSULE	1	
DIDANOSINE DR 400 MG CAPSULE	1	
DIFICID 40 MG/ML SUSPENSION	3	PA, QL
DIFICID 200 MG TABLET	3	PA, QL
DIFLORASONE 0.05% CREAM	3	
DIFLORASONE 0.05% OINTMENT	3	
DIFLUNISAL 500 MG TABLET	1	
DIFLUPREDNATE 0.05% EYE DROPS	2	
DIGOX 125 MCG TABLET	1	
DIGOX 250 MCG TABLET	1	
DIGOXIN 0.05 MG/ML ORAL SOLUTION	1	
DIGOXIN 0.125 MG TABLET	1	
DIGOXIN 0.25 MG TABLET	1	
DIGOXIN 125 MCG TABLET	1	
DIGOXIN 250 MCG TABLET	1	
DIHYDROERGOTAMINE 1 MG/ML AMPULE	3	QL
DILT XR 120 MG CAPSULE	1	
DILT XR 180 MG CAPSULE	1	

Medication Name	Tier	Notes
DILT XR 240 MG CAPSULE	1	
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER 60 MG CAPSULE	1	
DILTIAZEM 12HR ER 90 MG CAPSULE	1	
DILTIAZEM 12HR ER 120 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 120 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 180 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 240 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 300 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 360 MG CAPSULE	1	
DILTIAZEM 24H ER(LA) 120 MG TABLET	1	
DILTIAZEM 24H ER(LA) 180 MG TABLET	1	
DILTIAZEM 24H ER(LA) 240 MG TABLET	1	
DILTIAZEM 24H ER(LA) 300 MG TABLET	1	
DILTIAZEM 24H ER(LA) 360 MG TABLET	1	
DILTIAZEM 24H ER(LA) 420 MG TABLET	1	
DILTIAZEM 24H ER(XR) 120 MG CAPSULE	1	
DILTIAZEM 24H ER(XR) 180 MG CAPSULE	1	
DILTIAZEM 24H ER(XR) 240 MG CAPSULE	1	
DILTIAZEM 24HR ER 120 MG CAPSULE	1	
DILTIAZEM 24HR ER 180 MG CAPSULE	1	
DILTIAZEM 24HR ER 240 MG CAPSULE	1	
DILTIAZEM 24HR ER 300 MG CAPSULE	1	
DILTIAZEM 24HR ER 360 MG CAPSULE	1	
DILTIAZEM 24HR ER 420 MG CAPSULE	1	
DILTIAZEM 30 MG TABLET	1	
DILTIAZEM 60 MG TABLET	1	
DILTIAZEM 90 MG TABLET	1	
DIMETHYL FUMARATE 30 DAY STARTER PACK	3	PA, QL
DIMETHYL FUMARATE DR 120 MG CAPSULE	3	PA, QL
DIMETHYL FUMARATE DR 240 MG CAPSULE	3	PA, QL
DIPENTUM 250 MG CAPSULE	3	
DIPHEN 12.5 MG/5 ML ELIXIR	3	
DIPHEN 12.5 MG/5 ML ORAL SOLUTION	3	
DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION	1	
DIPHENHYDRAMINE 25 MG/10ML ORAL SOLUTION	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	1	
DIPHTHERIA-TETANUS TOXOIDS-PEDIATRIC	2	
DIPYRIDAMOLE 25 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
DIPYRIDAMOLE 50 MG TABLET	1		DOXEPIN 150 MG CAPSULE	1	
DIPYRIDAMOLE 75 MG TABLET	1		DOXEPIN 5% CREAM	3	QL
DISOPYRAMIDE 100 MG CAPSULE	1		DOXEPIN 10 MG/ML ORAL CONCENTRATE	1	
DISOPYRAMIDE 150 MG CAPSULE	1		DOXEPIN 3 MG TABLET	2	QL
DISULFIRAM 250 MG TABLET	1		DOXEPIN 6 MG TABLET	2	QL
DISULFIRAM 500 MG TABLET	1		DOXERCALCIFEROL 0.5 MCG CAPSULE	1	
DIVALPROEX DR 125 MG CAPSULE SPRINKLE	1		DOXERCALCIFEROL 1 MCG CAPSULE	1	
DIVALPROEX DR 125 MG TABLET	1		DOXERCALCIFEROL 2.5 MCG CAPSULE	1	
DIVALPROEX DR 250 MG TABLET	1		DOXYCYCLINE HYCLATE 50 MG CAPSULE	1	
DIVALPROEX DR 500 MG TABLET	1		DOXYCYCLINE HYCLATE 100 MG CAPSULE	1	
DIVALPROEX ER 250 MG TABLET	1		DOXYCYCLINE 25 MG/5 ML SUSPENSION	1	
DIVALPROEX ER 500 MG TABLET	1		DOXYCYCLINE HYCLATE 20 MG TABLET	1	
DODEX 1,000 MCG/ML VIAL	1		DOXYCYCLINE HYCLATE 100 MG TABLET	1	
DODEX 10,000 MCG/10 ML VIAL	1		DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	1	
DODEX 30,000 MCG/30 ML VIAL	1		DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	1	
DOFETILIDE 125 MCG CAPSULE	3	QL	DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	1	
DOFETILIDE 250 MCG CAPSULE	3	QL	DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	1	
DOFETILIDE 500 MCG CAPSULE	3	QL	DOXYCYCLINE MONOHYDRATE 50 MG TABLET	1	
DOLISHALE 90-20 MCG TABLET	1		DOXYCYCLINE MONOHYDRATE 75 MG TABLET	1	
DONEPEZIL 5 MG TABLET	1		DOXYCYCLINE MONOHYDRATE 100 MG TABLET	1	
DONEPEZIL 10 MG TABLET	1		DOXYCYCLINE MONOHYDRATE 150 MG TABLET	1	
DONEPEZIL 23 MG TABLET	1		DRONABINOL 2.5 MG CAPSULE	3	
DONEPEZIL ODT 5 MG TABLET	1		DRONABINOL 5 MG CAPSULE	3	
DONEPEZIL ODT 10 MG TABLET	1		DRONABINOL 10 MG CAPSULE	3	
DORZOLAMIDE 2% EYE DROPS	1		DROPLET 0.5 ML 29G 12.5MM(1/2)	2	
DORZOLAMIDE-TIMOLOL EYE DROPS	1		DROPLET 0.5 ML 30G 12.5MM(1/2)	2	
DOTTI 0.025 MG PATCH	1	QL	DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM	2	
DOTTI 0.0375 MG PATCH	1	QL	DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM	2	
DOTTI 0.05 MG PATCH	1	QL	DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM	2	
DOTTI 0.075 MG PATCH	1	QL	DROPLET INSULIN SYRINGE 0.3ML 30G 12.5MM	2	
DOTTI 0.1 MG PATCH	1	QL	DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM	2	
DOVATO 50-300 MG TABLET	3	QL	DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM	2	
DOXAZOSIN 1 MG TABLET	1		DROPLET INSULIN SYRINGE 0.5ML 30G 6MM(1/2)	2	
DOXAZOSIN 2 MG TABLET	1		DROPLET INSULIN SYRINGE 0.5ML 30G 8MM(1/2)	2	
DOXAZOSIN 4 MG TABLET	1		DROPLET INSULIN SYRINGE 0.5ML 31G 6MM(1/2)	2	
DOXAZOSIN 8 MG TABLET	1		DROPLET INSULIN SYRINGE 0.5ML 31G 8MM(1/2)	2	
DOXEPIN 10 MG CAPSULE	1		DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM	2	
DOXEPIN 25 MG CAPSULE	1		DROPLET INSULIN SYRINGE 1 ML 30G 6MM	2	
DOXEPIN 50 MG CAPSULE	1		DROPLET INSULIN SYRINGE 1 ML 30G 8MM	2	
DOXEPIN 75 MG CAPSULE	1		DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM	2	
DOXEPIN 100 MG CAPSULE	1		DROPLET INSULIN SYRINGE 1 ML 31G 6MM	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
DROPLET INSULIN SYRINGE 1 ML 31G 8MM	2		DUPIXENT 200 MG/1.14 ML PEN	4	PA, SRX
DROPLET MICRON 34G 9/64"	2		DUPIXENT 300 MG/2 ML PEN	4	PA, SRX
DROPLET PEN NEEDLE 29G 1/2"	2		DUPIXENT 100 MG/0.67 ML SYRINGE	4	PA, SRX
DROPLET PEN NEEDLE 29G 3/8"	2		DUPIXENT 200 MG/1.14 ML SYRINGE	4	PA, SRX
DROPLET PEN NEEDLE 30G 5/16"	2		DUPIXENT 300 MG/2 ML SYRINGE	4	PA, SRX
DROPLET PEN NEEDLE 31G 1/4"	2		DUTASTERIDE 0.5 MG CAPSULE	1	
DROPLET PEN NEEDLE 31G 3/16"	2		DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	1	
DROPLET PEN NEEDLE 31G 5/16"	2		EASIVENT HOLDING CHAMBER	2	QL
DROPLET PEN NEEDLE 32G 1/4"	2		EASIVENT MASK-LARGE	2	QL
DROPLET PEN NEEDLE 32G 3/16"	2		EASIVENT MASK-MEDIUM	2	QL
DROPLET PEN NEEDLE 32G 5/16"	2		EASIVENT MASK-SMALL	2	QL
DROPLET PEN NEEDLE 32G 5/32"	2		EASY COMFORT 0.3 ML 31G 1/2" SYRINGE	2	
DROPSAFE INSULIN 1ML 29G 12.5MM	2		EASY COMFORT 0.3 ML 31G 5/16" SYRINGE	2	
DROPSAFE INSULIN SYRINGE 0.3ML 31G 6MM	2		EASY COMFORT 0.3 ML SYRINGE	2	
DROPSAFE INSULIN SYRINGE 0.3ML 31G 8MM	2		EASY COMFORT 0.5 ML 30G 1/2"	2	
DROPSAFE INSULIN SYRINGE 0.5ML 31G 6MM	2		EASY COMFORT 0.5 ML 31G 5/16"	2	
DROPSAFE INSULIN SYRINGE 0.5ML 31G 8MM	2		EASY COMFORT 0.5 ML 32G 5/16"	2	
DROPSAFE INSULIN SYRINGE 1ML 31G 6MM	2		EASY COMFORT 0.5 ML SYRINGE	2	
DROPSAFE INSULIN SYRINGE 1ML 31G 8MM	2		EASY COMFORT 1 ML 31G 5/16"	2	
DROPSAFE PEN NEEDLE 31G 1/4"	2		EASY COMFORT 1 ML 32G 5/16"	2	
DROPSAFE PEN NEEDLE 31G 3/16"	2		EASY COMFORT INSULIN 1 ML SYRINGE	2	
DROPSAFE PEN NEEDLE 31G 5/16"	2		EASY COMFORT PEN NEEDLE 31G 1/4"	2	
DROPSAFE SICURA NEEDLE 25G 25MM	2		EASY COMFORT PEN NEEDLE 31G 3/16"	2	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET	1		EASY COMFORT PEN NEEDLE 31G 5/16"	2	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET	1		EASY COMFORT PEN NEEDLE 32G 5/32"	2	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET	1		EASY COMFORT PEN NEEDLE 33G 4MM	2	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET	1		EASY COMFORT PEN NEEDLE 33G 5MM	2	
DROXIA 200 MG CAPSULE	3		EASY COMFORT PEN NEEDLE 33G 6MM	2	
DROXIA 300 MG CAPSULE	3		EASY COMFORT SAFETY PEN NEEDLE 31G 5MM	2	
DROXIA 400 MG CAPSULE	3		EASY COMFORT SAFETY PEN NEEDLE 31G 6MM	2	
DRUG MART ULTRA COMFORT SYRINGE	2		EASY COMFORT SAFETY PEN NEEDLE 32G 4MM	2	
DUAVEE 0.45-20 MG TABLET	3		EASY COMFORT SYRINGE 1 ML 30G 1/2"	2	
DULERA 50 MCG-5 MCG INHALER	2	QL	EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	2	
DULERA 100 MCG-5 MCG INHALER	2	QL	EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	2	
DULERA 200 MCG-5 MCG INHALER	2	QL	EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	2	
DULOXETINE DR 20 MG CAPSULE	1	QL	EASY GLIDE PEN NEEDLE 4MM 33G	2	
DULOXETINE DR 30 MG CAPSULE	1	QL	EASY PLUS II CONTROL SOLUTION HIGH	2	
DULOXETINE DR 60 MG CAPSULE	1	QL	EASY PLUS II CONTROL SOLUTION LOW	2	
			EASY STEP CONTROL SOLUTION-HIGH	2	
			EASY STEP CONTROL SOLUTION-LOW	2	
			EASY STEP CONTROL SOLUTION-NORMAL	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

Medication Name	Tier	Notes
EASY TOUCH HYPODERMIC 16G 1.5"	2	
EASY TOUCH HYPODERMIC 18G 1"	2	
EASY TOUCH HYPODERMIC 18G 1.25"	2	
EASY TOUCH HYPODERMIC 18G 1.5"	2	
EASY TOUCH HYPODERMIC 19G 1"	2	
EASY TOUCH HYPODERMIC 19G 1.5"	2	
EASY TOUCH HYPODERMIC 20G 1"	2	
EASY TOUCH HYPODERMIC 20G 1.5"	2	
EASY TOUCH HYPODERMIC 21G 1"	2	
EASY TOUCH HYPODERMIC 21G 1.5"	2	
EASY TOUCH HYPODERMIC 22G 1"	2	
EASY TOUCH HYPODERMIC 22G 1.5"	2	
EASY TOUCH HYPODERMIC 23G 1"	2	
EASY TOUCH HYPODERMIC 23G 1.25"	2	
EASY TOUCH HYPODERMIC 23G 1.5"	2	
EASY TOUCH HYPODERMIC 23G 3/4"	2	
EASY TOUCH HYPODERMIC 24G 1"	2	
EASY TOUCH HYPODERMIC 24G 1.25"	2	
EASY TOUCH HYPODERMIC 25G 1"	2	
EASY TOUCH HYPODERMIC 25G 1.5"	2	
EASY TOUCH HYPODERMIC 25G 5/8"	2	
EASY TOUCH HYPODERMIC 26G 1/2"	2	
EASY TOUCH HYPODERMIC 26G 3/8"	2	
EASY TOUCH HYPODERMIC 26G 5/8"	2	
EASY TOUCH HYPODERMIC 27G 1.25"	2	
EASY TOUCH HYPODERMIC 27G 1.5"	2	
EASY TOUCH HYPODERMIC 27G 1/2"	2	
EASY TOUCH HYPODERMIC 30G 1"	2	
EASY TOUCH HYPODERMIC 30G 1/2"	2	
EASY TOUCH HYPODERMIC 31G 5/16"	2	
EASY TOUCH HYPODERMIC 32G 5/16"	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 1 ML	2	
EASY TOUCH INSULIN SYRINGE 1ML 29G 1/2"	2	
EASY TOUCH INSULIN SYRINGE 1ML 30G 1/2"	2	
EASY TOUCH INSULIN SYRINGE 1ML 30G 5/16"	2	
EASY TOUCH INSULIN SYRINGE 1ML 31G 5/16"	2	
EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML	2	
EASY TOUCH PEN NEEDLE 29G 1/2"	2	
EASY TOUCH PEN NEEDLE 30G 5/16"	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
EASY TOUCH PEN NEEDLE 31G 1/4"	2		EASYPPOINT NEEDLE 25G 5/8"	2	
EASY TOUCH PEN NEEDLE 31G 3/16"	2		EASYPPOINT NEEDLE 25G 1"	2	
EASY TOUCH PEN NEEDLE 31G 5/16"	2		EASYPPOINT NEEDLE 25G 16MM	2	
EASY TOUCH PEN NEEDLE 32G 1/4"	2		EASYTOUCH SAFETY PEN NEEDLE 30G 6MM	2	
EASY TOUCH PEN NEEDLE 32G 3/16"	2		EC-NAPROXEN DR 375 MG TABLET	1	
EASY TOUCH PEN NEEDLE 32G 5/32"	2		EC-NAPROXEN DR 500 MG TABLET	1	
EASY TOUCH SAFETY PEN NEEDLE 29G 5MM	2		ECONAZOLE 1% CREAM	1	
EASY TOUCH SAFETY PEN NEEDLE 29G 8MM	2		ECONTRA EZ 1.5 MG TABLET	1	
EASY TOUCH SAFETY PEN NEEDLE 30G 5MM	2		ECONTRA ONE-STEP 1.5 MG TABLET	1	
EASY TOUCH SAFETY PEN NEEDLE 30G 8MM	2		ED-SPAZ 0.125 MG ODT TABLET	1	
EASY TOUCH SYRINGE 0.5ML 27G 12.7MM	2		EDURANT 25 MG TABLET	2	
EASY TOUCH SYRINGE 0.5ML 28G 12.7MM	2		EEMT DS 1.25-2.5 MG TABLET	1	
EASY TOUCH SYRINGE 0.5ML 29G 12.7MM	2		EEMT HS 0.625-1.25 MG TABLET	1	
EASY TOUCH SYRINGE 1 ML 27G 12.7MM	2		EFAVIRENZ 50 MG CAPSULE	1	
EASY TOUCH SYRINGE 1 ML 27G 16MM	2		EFAVIRENZ 200 MG CAPSULE	1	
EASY TOUCH SYRINGE 1 ML 28G 12.7MM	2		EFAVIRENZ 600 MG TABLET	1	
EASY TOUCH SYRINGE 1 ML 29G 12.7MM	2		EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET	3	QL
EASY TOUCH SYRINGE 3 ML 20G 1"	2		EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET	2	QL
EASY TOUCH SYRINGE 3 ML 21G 1"	2		EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET	2	QL
EASY TOUCH SYRINGE 3 ML 22G 1"	2		EFFER-K 10 MEQ EFFERVESCENT TABLET	3	
EASY TOUCH SYRINGE 3 ML 22G 1-1/2"	2		EFFER-K 20 MEQ EFFERVESCENT TABLET	3	
EASY TOUCH SYRINGE 3 ML 23G 1"	2		ELEMENT COMPACT SOLUTION HIGH	2	
EASY TOUCH SYRINGE 3 ML 25G 1"	2		ELEMENT COMPACT SOLUTION NORMAL	2	
EASY TOUCH SYRINGE 3 ML 25G 5/8"	2		ELEMENT CONTROL SOLUTION HIGH	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2		ELEMENT CONTROL SOLUTION LOW	2	
EASY TRAK CONTROL SOLUTION HIGH	2		ELEMENT CONTROL SOLUTION NORMAL	2	
EASY TRAK CONTROL SOLUTION LOW	2		ELETRIPTAN 20 MG TABLET	2	QL
EASY TRAK II CONTROL SOLUTION-NORMAL	2		ELETRIPTAN 40 MG TABLET	2	QL
EASYGLUCO PLUS CONTROL SOLUTION NORMAL	2		ELINEST-28 TABLET	1	
EASYMAX 15 LEVEL 2 SOLUTION	2		ELIQUIS 2.5 MG TABLET	2	QL
EASYMAX NORMAL CONTROL SOLUTION	2		ELIQUIS 5 MG TABLET	2	QL
EASYPPOINT NEEDLE 18G 1"	2		ELIQUIS DVT-PE 5 MG STARTER PACK	2	QL
EASYPPOINT NEEDLE 18G 1-1/2"	2		ELITE-OB TABLET	1	
EASYPPOINT NEEDLE 20G 1"	2		ELLA 30 MG TABLET	3	
EASYPPOINT NEEDLE 20G 1-1/2"	2		ELMIRON 100 MG CAPSULE	3	
EASYPPOINT NEEDLE 21G 1"	2		ELURYNG VAGINAL RING	1	
EASYPPOINT NEEDLE 21G 1-1/2"	2		EMBRACE EVO LEVEL 1 CONTROL SOLUTION	2	
EASYPPOINT NEEDLE 22G 1"	2		EMBRACE GLUCOSE CONTROL SOLUTION HIGH	2	
EASYPPOINT NEEDLE 22G 1-1/2"	2		EMBRACE GLUCOSE CONTROL SOLUTION LOW	2	
EASYPPOINT NEEDLE 23G 1"	2				
EASYPPOINT NEEDLE 25G 1.5"	2				

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
EMBRACE PEN NEEDLE 29G 12MM	2		ENDOMETRIN 100 MG VAGINAL INSERT	3	PA
EMBRACE PEN NEEDLE 30G 5MM	2		ENGERIX-B 20 MCG/ML SYRINGE	2	
EMBRACE PEN NEEDLE 30G 8MM	2		ENGERIX-B 20 MCG/ML VIAL	2	
EMBRACE PEN NEEDLE 31G 5MM	2		ENGERIX-B PEDI 10 MCG/0.5 SYRINGE	2	
EMBRACE PEN NEEDLE 31G 6MM	2		ENILLORING VAGINAL RING	1	
EMBRACE PEN NEEDLE 31G 8MM	2		ENLITE SERTER	2	
EMBRACE PEN NEEDLE 32G 4MM	2		ENLYTE SOFTGEL	3	
EMBRACE PRO CONTROL SOLUTION	2		ENOXAPARIN 30 MG/0.3 ML SYRINGE	4	QL, SRX
EMBRACE TALK CONTROL SOLUTION-HIGH(L2)	2		ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	QL, SRX
EMBRACE TALK CONTROL SOLUTION-LOW(L1)	2		ENOXAPARIN 60 MG/0.6 ML SYRINGE	4	QL, SRX
EMCYT 140 MG CAPSULE	4	SRX	ENOXAPARIN 80 MG/0.8 ML SYRINGE	4	QL, SRX
EMEND 125 MG POWDER PACKET	4	PA, QL, SRX	ENOXAPARIN 100 MG/ML SYRINGE	4	QL, SRX
EMGALITY 120 MG/ML PEN	2	PA	ENOXAPARIN 120 MG/0.8 ML SYRINGE	4	QL, SRX
EMGALITY 100 MG/ML SYRINGE(1 OF 3)	2	PA	ENOXAPARIN 150 MG/ML SYRINGE	4	QL, SRX
EMGALITY 120 MG/ML SYRINGE	2	PA	ENOXAPARIN 300 MG/3 ML VIAL	4	QL, SRX
EMGALITY 300 MG (100 MG X3SYRINGE)	2	PA	ENPRESSE-28 TABLET	1	
EMOQUETTE 28 DAY TABLET	1		ENSKYCE 28 TABLET	1	
EMTRICITABINE 200 MG CAPSULE	1		ENTACAPONE 200 MG TABLET	1	
EMTRICITABINE-TENOFOVIR 100-150 MG TABLET	1		ENTECAVIR 0.5 MG TABLET	4	SRX
EMTRICITABINE-TENOFOVIR 133-200 MG TABLET	1		ENTECAVIR 1 MG TABLET	4	SRX
EMTRICITABINE-TENOFOVIR 167-250 MG TABLET	1		ENTRESTO 24 MG-26 MG TABLET	2	QL
EMTRICITABINE-TENOFOVIR 200-300 MG TABLET	1		ENTRESTO 49 MG-51 MG TABLET	2	QL
EMTRIVA 10 MG/ML ORAL SOLUTION	2		ENTRESTO 97 MG-103 MG TABLET	2	QL
EMVERM 100 MG CHEWABLE TABLET	3		ENULOSE 10 GM/15 ML ORAL SOLUTION	1	
EMZAHH 0.35 MG TABLET	1		EPCLUSA 150-37.5 MG PELLET PACKET	4	PA, QL, SRX
ENALAPRIL 2.5 MG TABLET	1		EPCLUSA 200-50 MG PELLET PACKET	4	PA, QL, SRX
ENALAPRIL 5 MG TABLET	1		EPCLUSA 200 MG-50 MG TABLET	4	PA, QL, SRX
ENALAPRIL 10 MG TABLET	1		EPCLUSA 400 MG-100 MG TABLET	4	PA, QL, SRX
ENALAPRIL 20 MG TABLET	1		EPIDIOLEX 100 MG/ML ORAL SOLUTION	3	PA, LDD
ENALAPRIL-HCTZ 5-12.5 MG TABLET	1		EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	3	PA, LDD
ENALAPRIL-HCTZ 10-25 MG TABLET	1		EPIFOAM FOAM	3	
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX	EPINASTINE 0.05% EYE DROPS	1	
ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX	EPINEPHRINE 0.15 MG AUTO-INJECTOR	1	QL
ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX	EPINEPHRINE 0.3 MG AUTO-INJECTOR	1	QL
ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX	EPITOL 200 MG TABLET	1	
ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, SRX	EPLERENONE 25 MG TABLET	1	
ENDARI 5 GRAM POWDER PACKET	4	PA, LDD, SRX	EPLERENONE 50 MG TABLET	1	
ENDOCET 2.5-325 MG TABLET	1	PA	EPROSARTAN 600 MG TABLET	1	
ENDOCET 5-325 MG TABLET	1	PA	EQ SPACE CHAMBER	2	QL
ENDOCET 7.5-325 MG TABLET	1	PA	EQ SPACE CHAMBER-LARGE MASK	2	QL
ENDOCET 10-325 MG TABLET	1	PA	EQ SPACE CHAMBER-MEDIUM MASK	2	QL

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

Medication Name	Tier	Notes
ESTAZOLAM 2 MG TABLET	1	
ESTRADIOL 0.01% CREAM	1	
ESTRADIOL 0.025 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.025 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.0375 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.0375 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.075 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.075 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSERT TABLET	1	QL
ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET	1	
ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET	1	
ESTROGEN-METHYLTESTOSTERONE F.S. TABLET	1	
ESTROGEN-METHYLTESTOSTERONE H.S. TABLET	1	
ESZOPICLONE 1 MG TABLET	1	
ESZOPICLONE 2 MG TABLET	1	
ESZOPICLONE 3 MG TABLET	1	
ETHAMBUTOL 100 MG TABLET	1	
ETHAMBUTOL 400 MG TABLET	1	
ETHOSUXIMIDE 250 MG CAPSULE	1	
ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION	1	
ETHYL CHLORIDE SPRAY	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	1	
ETODOLAC 200 MG CAPSULE	1	
ETODOLAC 300 MG CAPSULE	1	
ETODOLAC 400 MG TABLET	1	
ETODOLAC 500 MG TABLET	1	
ETODOLAC ER 400 MG TABLET	1	
ETODOLAC ER 500 MG TABLET	1	
ETODOLAC ER 600 MG TABLET	1	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING	1	
ETOPOSIDE 50 MG CAPSULE	4	SRX

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
EZETIMIBE-SIMVASTATIN 10-40 MG TABLET	1		FENTANYL 37.5 MCG/HR PATCH	2	PA
EZETIMIBE-SIMVASTATIN 10-80 MG TABLET	1		FENTANYL 50 MCG/HR PATCH	2	PA
FACTIVE 320 MG TABLET	3		FENTANYL 62.5 MCG/HR PATCH	2	PA
FALMINA-28 TABLET	1		FENTANYL 75 MCG/HR PATCH	2	PA
FAMCICLOVIR 125 MG TABLET	1		FENTANYL 87.5 MCG/HR PATCH	2	PA
FAMCICLOVIR 250 MG TABLET	1		FENTANYL 100 MCG/HR PATCH	2	PA
FAMCICLOVIR 500 MG TABLET	1		FENTANYL CITRATE OTFC 200 MCG LOZENGE	3	PA
FAMOTIDINE 40 MG/5 ML SUSPENSION	1		FENTANYL CITRATE OTFC 400 MCG LOZENGE	3	PA
FAMOTIDINE 20 MG TABLET	1		FENTANYL CITRATE OTFC 600 MCG LOZENGE	3	PA
FAMOTIDINE 40 MG TABLET	1		FENTANYL CITRATE OTFC 800 MCG LOZENGE	3	PA
FARXIGA 5 MG TABLET	2	QL	FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	3	PA
FARXIGA 10 MG TABLET	2	QL	FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	3	PA
FEBUXOSTAT 40 MG TABLET	3	QL	FERRIPROX 100 MG/ML ORAL SOLUTION	3	PA, LDD
FEBUXOSTAT 80 MG TABLET	3	QL	FESOTERODINE ER 4 MG TABLET	3	QL
FELBAMATE 600 MG/5 ML SUSPENSION	3		FESOTERODINE ER 8 MG TABLET	3	QL
FELBAMATE 400 MG TABLET	3		FETZIMA 20-40 MG TITRATION PACK	3	QL, ST
FELBAMATE 600 MG TABLET	3		FETZIMA ER 20 MG CAPSULE	3	QL, ST
FELODIPINE ER 2.5 MG TABLET	1		FETZIMA ER 40 MG CAPSULE	3	QL, ST
FELODIPINE ER 5 MG TABLET	1		FETZIMA ER 80 MG CAPSULE	3	QL, ST
FELODIPINE ER 10 MG TABLET	1		FETZIMA ER 120 MG CAPSULE	3	QL, ST
FEM PH VAGINAL JELLY	1		FIFTY50 GLUCOSE CONTROL SOLUTION	2	
FENOFIBRATE 43 MG CAPSULE	1		FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
FENOFIBRATE 50 MG CAPSULE	1		FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
FENOFIBRATE 67 MG CAPSULE	1		FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"	2	
FENOFIBRATE 130 MG CAPSULE	1		FIFTY50 PEN 31G 3/16" NEEDLE	2	
FENOFIBRATE 134 MG CAPSULE	1		FIFTY50 PEN 31G 5/16" NEEDLE	2	
FENOFIBRATE 150 MG CAPSULE	1		FIFTY50 PEN NEEDLE 32G 1/4"	2	
FENOFIBRATE 200 MG CAPSULE	1		FIFTY50 PEN NEEDLE 32G 5/32"	2	
FENOFIBRATE 40 MG TABLET	1		FILTER ASPIRATOR NEEDLE	2	
FENOFIBRATE 48 MG TABLET	1		FILTER NEEDLE	2	
FENOFIBRATE 54 MG TABLET	1		FILTER NEEDLE 19G 1-1/2"	2	
FENOFIBRATE 120 MG TABLET	1		FILTER NEEDLE 5 MICRON	2	
FENOFIBRATE 145 MG TABLET	1		FINASTERIDE 5 MG TABLET	1	
FENOFIBRATE 160 MG TABLET	1		FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX
FENOFIBRIC ACID 35 MG TABLET	1		FINZALA 1-0.02(24)-75 CHEWABLE TABLET	1	
FENOFIBRIC ACID 105 MG TABLET	1		FIRVANQ 25 MG/ML ORAL SOLUTION	2	QL
FENOFIBRIC ACID DR 45 MG CAPSULE	1		FIRVANQ 50 MG/ML ORAL SOLUTION	2	QL
FENOFIBRIC ACID DR 135 MG CAPSULE	1		FLAC OTIC OIL 0.01% EAR DROPS	1	
FENOPROFEN 600 MG TABLET	2		FLAVOXATE 100 MG TABLET	1	
FENTANYL 12 MCG/HR PATCH	2	PA	FLECAINIDE 50 MG TABLET	1	
FENTANYL 25 MCG/HR PATCH	2	PA	FLECAINIDE 100 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
FOLLISTIM AQ 600 UNIT CARTRIDGE	4	PA, SRX	FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL
FOLLISTIM AQ 900 UNIT CARTRIDGE	4	PA, SRX	FREESTYLE PRECISION 0.5 ML 30G 5/16"	2	
FONDAPARINUX 2.5 MG/0.5 ML SYRINGE	4	QL, SRX	FREESTYLE PRECISION 0.5 ML 31G 5/16"	2	
FONDAPARINUX 5 MG/0.4 ML SYRINGE	4	QL, SRX	FREESTYLE PRECISION 1 ML 30G 5/16"	2	
FONDAPARINUX 7.5 MG/0.6 ML SYRINGE	4	QL, SRX	FREESTYLE PRECISION 1 ML 31G 5/16"	2	
FONDAPARINUX 10 MG/0.8 ML SYRINGE	4	QL, SRX	FROVATRIPTAN 2.5 MG TABLET	2	QL
FORA HIGH CONTROL SOLUTION	2		FUROSEMIDE 10 MG/ML ORAL SOLUTION	1	
FORA KETONE CONTROL SOLUTION-L1	2		FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	1	
FORA LOW CONTROL SOLUTION	2		FUROSEMIDE 20 MG TABLET	1	
FORA NORMAL CONTROL SOLUTION	2		FUROSEMIDE 40 MG TABLET	1	
FORACARE GDH HIGH CONTROL SOLUTION	2		FUROSEMIDE 80 MG TABLET	1	
FORACARE GDH LOW CONTROL SOLUTION	2		FUZEON 90 MG VIAL	4	SRX
FORACARE GDH NORMAL CONTROL SOLUTION	2		FYAVOLV 0.5 MG-2.5 MCG TABLET	1	
FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION	3	QL	FYAVOLV 1 MG-5 MCG TABLET	1	
FORTISCARE CONTROL SOLUTION HIGH	2		FYCOMPA 2 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLUTION LOW	2		FYCOMPA 4 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLUTION NORMAL	2		FYCOMPA 6 MG TABLET	3	PA, QL
FOSAMPRENAVIR 700 MG TABLET	1		FYCOMPA 8 MG TABLET	3	PA, QL
FOSFOMYCIN 3 GM SACHET	2		FYCOMPA 10 MG TABLET	3	PA, QL
FOSINOPRIL 10 MG TABLET	1		FYCOMPA 12 MG TABLET	3	PA, QL
FOSINOPRIL 20 MG TABLET	1		GABAPENTIN 100 MG CAPSULE	1	
FOSINOPRIL 40 MG TABLET	1		GABAPENTIN 300 MG CAPSULE	1	
FOSINOPRIL-HCTZ 10-12.5 MG TABLET	1		GABAPENTIN 400 MG CAPSULE	1	
FOSINOPRIL-HCTZ 20-12.5 MG TABLET	1		GABAPENTIN 250 MG/5 ML ORAL SOLUTION	1	
FOSRENOL 750 MG POWDER PACKET	3		GABAPENTIN 300 MG/6 ML ORAL SOLUTION	1	
FOSRENOL 1,000 MG POWDER PACKET	3		GABAPENTIN 600 MG TABLET	1	
FRAGMIN 2,500 UNIT/0.2 ML SYRINGE	4	QL, SRX	GABAPENTIN 800 MG TABLET	1	
FRAGMIN 5,000 UNIT/0.2 ML SYRINGE	4	QL, SRX	GALANTAMINE 4 MG/ML ORAL SOLUTION	1	
FRAGMIN 7,500 UNIT/0.3 ML SYRINGE	4	QL, SRX	GALANTAMINE 4 MG TABLET	1	
FRAGMIN 10,000 UNIT/ML SYRINGE	4	QL, SRX	GALANTAMINE 8 MG TABLET	1	
FRAGMIN 12,500 UNIT/0.5 ML SYRINGE	4	QL, SRX	GALANTAMINE 12 MG TABLET	1	
FRAGMIN 15,000 UNIT/0.6 ML SYRINGE	4	QL, SRX	GALANTAMINE ER 8 MG CAPSULE	1	QL
FRAGMIN 18,000 UNIT/0.72 ML SYRINGE	4	QL, SRX	GALANTAMINE ER 16 MG CAPSULE	1	QL
FRAGMIN 10,000 UNIT/4 ML VIAL	4	QL, SRX	GALANTAMINE ER 24 MG CAPSULE	1	QL
FRAGMIN 95,000 UNIT/3.8 ML VIAL	4	QL, SRX	GALZIN 25 MG CAPSULE	3	
FREESTYLE CONTROL SOLUTION	2		GALZIN 50 MG CAPSULE	3	
FREESTYLE LIBRE 2 READER	2	PA, QL	GARDASIL 9 SYRINGE	2	
FREESTYLE LIBRE 3 READER	2	PA, QL	GARDASIL 9 VIAL	2	
FREESTYLE LIBRE 14 DAY READER	2	PA, QL	GATIFLOXACIN 0.5% EYE DROPS	2	
FREESTYLE LIBRE 2 SENSOR	2	PA, QL	GATTEX 5 MG 30-VIAL KIT	4	PA, LDD, SRX
FREESTYLE LIBRE 3 SENSOR	2	PA, QL	GATTEX 5 MG ONE-VIAL KIT	4	PA, LDD, SRX

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
HEALTHWISE PEN NEEDLE 31G 5MM	2		HUMIRA(CF) PEDIATRIC CROHN'S 80 MG/0.8	4	PA, QL, LDD, SRX
HEALTHWISE PEN NEEDLE 31G 8MM	2		HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG	4	PA, QL, LDD, SRX
HEALTHWISE PEN NEEDLE 32G 4MM	2		HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA, QL, SRX
HEALTHY ACCENTS PENTIP 4MM 32G	2		HUMIRA(CF) PEN 80 MG/0.8 ML	4	PA, QL, SRX
HEALTHY ACCENTS PENTIP 5MM 31G	2		HUMIRA(CF) PEN CROHN'S-UC-HS 80 MG	4	PA, QL, SRX
HEALTHY ACCENTS PENTIP 6MM 31G	2		HUMIRA(CF) PEN PEDIATRIC UC 80 MG	4	PA, QL, LDD, SRX
HEALTHY ACCENTS PENTIP 8MM 31G	2		HUMIRA(CF) PEN PSORIASIS-UV-ADOL HS 80-40	4	PA, QL, SRX
HEALTHY ACCENTS PENTIP 12MM 29G	2		HUMULIN 70/30 KWIKPEN	2	QL
HEATHER 0.35 MG TABLET	1		HUMULIN N 100 UNIT/ML KWIKPEN	2	QL
HEB UNIFINE PENTIP PLUS 31G 3/17	2		HUMULIN R 500 UNIT/ML KWIKPEN	2	QL
HEMA-COMBISTIX REAGENT TEST STRIP	2		HUMULIN 70-30 VIAL	2	QL
HEMMOREX-HC 25 MG SUPPOSITORY	1		HUMULIN N 100 UNIT/ML VIAL	2	QL
HEMMOREX-HC 30 MG SUPPOSITORY	1		HUMULIN R 100 UNIT/ML VIAL	2	QL
HEPARIN 5,000 UNIT/0.5 ML INJECTION	1		HUMULIN R 500 UNIT/ML VIAL	2	QL
HEPARIN 5,000 UNIT/ML SYRINGE	1		HYCANTIN 0.25 MG CAPSULE	4	PA, SRX
HEPLISAV-B 20 MCG/0.5 ML SYRINGE	2		HYCANTIN 1 MG CAPSULE	4	PA, SRX
HER STYLE 1.5 MG TABLET	1		HYDRALAZINE 10 MG TABLET	1	
HIBERIX VACCINE VIAL	2		HYDRALAZINE 25 MG TABLET	1	
HIBERIX VIAL AND DILUENT SYRINGE	2		HYDRALAZINE 50 MG TABLET	1	
HIBERIX VIAL WITH DILUENT VIAL	2		HYDRALAZINE 100 MG TABLET	1	
HM ULTICARE PEN NEEDLE 4MM 32G	2		HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	1	
HM ULTICARE PEN NEEDLE 5MM 31G	2		HYDROCHLOROTHIAZIDE 12.5 MG TABLET	1	
HM ULTICARE PEN NEEDLE 6MM 31G	2		HYDROCHLOROTHIAZIDE 25 MG TABLET	1	
HM ULTICARE PEN NEEDLE 8MM 31G	2		HYDROCHLOROTHIAZIDE 50 MG TABLET	1	
HOMATROPAIRE 5% EYE DROPS	1		HYDROCODONE ER 20 MG TABLET	1	PA
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL	HYDROCODONE ER 30 MG TABLET	1	PA
HUMALOG 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 40 MG TABLET	1	PA
HUMALOG 200 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 60 MG TABLET	1	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 80 MG TABLET	1	PA
HUMALOG MIX 50-50 KWIKPEN	2	QL	HYDROCODONE ER 100 MG TABLET	1	PA
HUMALOG MIX 75-25 KWIKPEN	2	QL	HYDROCODONE ER 120 MG TABLET	1	PA
HUMALOG MIX 50-50 VIAL	2	QL	HYDROCODONE-ACETAMINOPHEN 2.5-108MG/5 ML ORAL SOLUTION	1	PA
HUMALOG MIX 75-25 VIAL	2	QL	HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION	1	PA
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION	1	PA
HUMIRA PEN 40 MG/0.8 ML	4	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	1	PA
HUMIRA PEN CROHN'S-UC-HS 40 MG	4	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	PA
HUMIRA PEN PSOR-UEITIS-ADOL HS 40 MG	4	PA, QL, SRX			
HUMIRA(CF) 10 MG/0.1 ML SYRINGE	4	PA, QL, SRX			
HUMIRA(CF) 20 MG/0.2 ML SYRINGE	4	PA, QL, SRX			
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	4	PA, QL, SRX			

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LITETOUCH LARGE MASK	2	QL	LOSARTAN-HCTZ 100-25 MG TABLET	1	
LITETOUCH MEDIUM MASK	2	QL	LOTEPREDNOL 0.5% DROPS	2	
LITETOUCH SMALL MASK	2	QL	LOTEPREDNOL 0.5% EYE GEL	2	
LITETOUCH SYRINGE 0.5 ML 28G 1/2"	2		LOVASTATIN 10 MG TABLET	1	
LITETOUCH SYRINGE 0.5 ML 29G 1/2"	2		LOVASTATIN 20 MG TABLET	1	
LITETOUCH SYRINGE 0.5 ML 30G 5/16"	2		LOVASTATIN 40 MG TABLET	1	
LITETOUCH SYRINGE 1 ML 28G 1/2"	2		LOW-OGESTREL-28 TABLET	1	
LITETOUCH SYRINGE 1 ML 29G 1/2"	2		LOXAPINE 5 MG CAPSULE	1	
LITETOUCH SYRINGE 1 ML 30G 5/16"	2		LOXAPINE 10 MG CAPSULE	1	
LITHIUM 8 MEQ/5 ML ORAL SOLUTION	1		LOXAPINE 25 MG CAPSULE	1	
LITHIUM CARBONATE 150 MG CAPSULE	1		LOXAPINE 50 MG CAPSULE	1	
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	3	
LITHIUM CARBONATE 300 MG TABLET	1		LUBIPROSTONE 24 MCG CAPSULE	3	
LITHIUM CARBONATE ER 300 MG TABLET	1		LUCEMYRA 0.18 MG TABLET	2	QL
LITHIUM CARBONATE ER 450 MG TABLET	1		LURASIDONE 20 MG TABLET	3	QL
LITHOSTAT 250 MG TABLET	3		LURASIDONE 40 MG TABLET	3	QL
LIVE BETTER PEN NEEDLE 8MM	2		LURASIDONE 60 MG TABLET	3	QL
LO LOESTRIN FE 1-10 TABLET	2		LURASIDONE 80 MG TABLET	3	QL
LOJAIMIESS 0.1-0.02-0.01 TABLET	1		LURASIDONE 120 MG TABLET	3	QL
LOKELMA 5 GRAM POWDER PACKET	3		LUTERA-28 TABLET	1	
LOKELMA 10 GRAM POWDER PACKET	3		LYLEQ 0.35 MG TABLET	1	
LONSURF 15 MG-6.14 MG TABLET	4	PA, LDD, SRX	LYLLANA 0.025 MG PATCH	1	QL
LONSURF 20 MG-8.19 MG TABLET	4	PA, LDD, SRX	LYLLANA 0.0375 MG PATCH	1	QL
LOPERAMIDE 2 MG CAPSULE	1		LYLLANA 0.05 MG PATCH	1	QL
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	1		LYLLANA 0.075 MG PATCH	1	QL
LOPINAVIR-RITONAVIR 100-25 MG TABLET	1		LYLLANA 0.1 MG PATCH	1	QL
LOPINAVIR-RITONAVIR 200-50 MG TABLET	1		LYNPARZA 100 MG TABLET	4	PA, QL, LDD, SRX
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	1		LYNPARZA 150 MG TABLET	4	PA, QL, LDD, SRX
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	1		LYSODREN 500 MG TABLET	3	LDD
LORAZEPAM 0.5 MG TABLET	1		LYZA 0.35 MG TABLET	1	
LORAZEPAM 1 MG TABLET	1		MAGELLAN INSULIN SYRINGE 0.3 ML	2	
LORAZEPAM 2 MG TABLET	1		MAGELLAN INSULIN SYRINGE 0.5 ML	2	
LORTAB 10 MG-300 MG/15 ML ELIXIR	1	PA	MAGELLAN INSULIN SYRINGE 1 ML	2	
LORYNA 3 MG-0.02 MG TABLET	1		MALATHION 0.5% LOTION	2	
LOSARTAN 25 MG TABLET	1		MARLISSA-28 TABLET	1	
LOSARTAN 50 MG TABLET	1		MARPLAN 10 MG TABLET	3	
LOSARTAN 100 MG TABLET	1		MATZIM LA 180 MG TABLET	1	
LOSARTAN-HCTZ 50-12.5 MG TABLET	1		MATZIM LA 240 MG TABLET	1	
LOSARTAN-HCTZ 100-12.5 MG TABLET	1		MATZIM LA 300 MG TABLET	1	
			MATZIM LA 360 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MATZIM LA 420 MG TABLET	1		MEMANTINE 5 MG TABLET	1	
MAXICOMFORT INSULIN 0.5ML 27G 1/2"	2		MEMANTINE 10 MG TABLET	1	
MAXICOMFORT INSULIN 1 ML 27G 1/2"	2		MEMANTINE 5-10 MG TITRATION PACK	1	
MAXICOMFORT PEN NEEDLE 29G 5MM	2		MENEST 0.3 MG TABLET	3	
MAXICOMFORT PEN NEEDLE 29G 8MM	2		MENEST 0.625 MG TABLET	3	
MAXICOMFORT II PEN NEEDLE 31G 6MM	2		MENEST 1.25 MG TABLET	3	
MAXI-COMFORT INSULIN 0.5 ML 28G	2		MENEST 2.5 MG TABLET	3	
MAXI-COMFORT INSULIN 1 ML 28G 1/2"	2		MENQUADFI VIAL	2	
MECLIZINE 12.5 MG TABLET	1		MENVEO 1 VIAL-A-C-Y-W-135-DIP	2	
MECLIZINE 25 MG TABLET	1		MENVEO A-C-Y-W KIT (2 VIALS)	2	
MECLOFENAMATE 50 MG CAPSULE	1		MEPERIDINE 50 MG/5 ML ORAL SOLUTION	2	PA
MECLOFENAMATE 100 MG CAPSULE	1		MEPERIDINE 50 MG TABLET	2	PA
MEDICATION TRANSFER NEEDLE	2		MEPROBAMATE 200 MG TABLET	2	
MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION	2		MEPROBAMATE 400 MG TABLET	2	
MEDISENSE H-L CONTROL SOLUTION	2		MERCAPTOPYRINE 50 MG TABLET	1	
MEDISENSE H-M-L CONTROL SOLUTION	2		MERZEE 1 MG-20 MCG CAPSULE	1	
MEDISENSE MID CONTROL SOLUTION	2		MESALAMINE 4 GM/60 ML ENEMA	3	
MEDPOINT CONTROL SOLUTION	2		MESALAMINE 4 GM/60 ML ENEMA KIT	3	
MEDROL 2 MG TABLET	3		MESALAMINE 800 MG DR TABLET	3	
MEDROXYPROGESTERONE 2.5 MG TABLET	1		MESALAMINE ER 0.375 GRAM CAPSULE	2	
MEDROXYPROGESTERONE 5 MG TABLET	1		MESALAMINE ER 500 MG CAPSULE	3	
MEDROXYPROGESTERONE 10 MG TABLET	1		MESNEX 400 MG TABLET	4	SRX
MEDROXYPROGESTERONE 150 MG/ML	1		METAXALL 800 MG TABLET	3	
MEDTRONIC EXTENDED INFUSION SET 23" 6MM	2		METAXALONE 400 MG TABLET	3	
MEDTRONIC EXTENDED INFUSION SET 23" 9MM	2		METAXALONE 800 MG TABLET	3	
MEDTRONIC EXTENDED INFUSION SET 32" 9MM	2		METFORMIN 500 MG TABLET	1	
MEDTRONIC REMOTE CONTROL	2		METFORMIN 850 MG TABLET	1	
MEFENAMIC ACID 250 MG CAPSULE	2		METFORMIN 1,000 MG TABLET	1	
MEFLOQUINE 250 MG TABLET	1	QL	METFORMIN ER 500 MG TABLET	1	
MEGESTROL 40 MG/ML SUSPENSION	1		METFORMIN ER 750 MG TABLET	1	
MEGESTROL 400 MG/10ML SUSPENSION	1		METHADONE 10 MG/ML ORAL CONCENTRATE	1	PA
MEGESTROL 625 MG/5 ML SUSPENSION	3		METHADONE 5 MG/5 ML ORAL SOLUTION	1	PA
MEGESTROL 20 MG TABLET	1		METHADONE 10 MG/5 ML ORAL SOLUTION	1	PA
MEGESTROL 40 MG TABLET	1		METHADONE 5 MG TABLET	1	PA
MEKINIST 0.05 MG/ML ORAL SOLUTION	4	PA, QL, SRX	METHADONE 10 MG TABLET	1	PA
MEKINIST 0.5 MG TABLET	4	PA, QL, SRX	METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE	1	PA
MEKINIST 2 MG TABLET	4	PA, QL, SRX	METHAMPHETAMINE 5 MG TABLET	3	QL
MELODETTA 24 FE CHEWABLE TABLET	1		METHAZOLAMIDE 25 MG TABLET	2	
MELOXICAM 7.5 MG TABLET	1		METHAZOLAMIDE 50 MG TABLET	2	
MELOXICAM 15 MG TABLET	1		METHENAMINE HIPPURATE 1 GM TABLET	1	
MEMANTINE 2 MG/ML ORAL SOLUTION	1				

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
METHENAMINE MANDELATE 500 MG TABLET	1		METHYLPHENIDATE ER(CD) 40MG CAPSULE	2	QL
METHENAMINE MANDELATE 1 GM TABLET	1		METHYLPHENIDATE ER(CD) 50MG CAPSULE	2	QL
METHERGINE 0.2 MG TABLET	3		METHYLPHENIDATE ER(CD) 60MG CAPSULE	2	QL
METHIMAZOLE 5 MG TABLET	1		METHYLPHENIDATE ER(LA) 10MG CAPSULE	2	QL
METHIMAZOLE 10 MG TABLET	1		METHYLPHENIDATE ER(LA) 20MG CAPSULE	2	QL
METHITEST 10 MG TABLET	4	SRX	METHYLPHENIDATE ER(LA) 30MG CAPSULE	2	QL
METHOCARBAMOL 500 MG TABLET	1		METHYLPHENIDATE ER(LA) 40MG CAPSULE	2	QL
METHOCARBAMOL 750 MG TABLET	1		METHYLPHENIDATE LA 10 MG CAPSULE	2	QL
METHOTREXATE 2.5 MG TABLET	1		METHYLPHENIDATE LA 20 MG CAPSULE	2	QL
METHOXSALEN 10 MG SOFTGEL	3		METHYLPHENIDATE LA 30 MG CAPSULE	2	QL
METHSCOPOLAMINE 2.5 MG TABLET	1		METHYLPHENIDATE LA 40 MG CAPSULE	2	QL
METHSCOPOLAMINE 5 MG TABLET	1		METHYLPHENIDATE LA 60 MG CAPSULE	2	QL
METHSUXIMIDE 300 MG CAPSULE	3		METHYLPREDNISOLONE 4 MG DOSEPACK	1	
METHYLDOPA 250 MG TABLET	1		METHYLPREDNISOLONE 4 MG TABLET	1	
METHYLDOPA 500 MG TABLET	1		METHYLPREDNISOLONE 8 MG TABLET	1	
METHYLDOPA-HCTZ 250-15 MG TABLET	1		METHYLPREDNISOLONE 16 MG TABLET	1	
METHYLDOPA-HCTZ 250-25 MG TABLET	1		METHYLPREDNISOLONE 32 MG TABLET	1	
METHYLERGONOVINE 0.2 MG TABLET	3		METHYLTESTOSTERONE 10 MG CAPSULE	4	SRX
METHYLPHENIDATE 2.5 MG CHEWABLE TABLET	1	QL	METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	1	
METHYLPHENIDATE 5 MG CHEWABLE TABLET	1	QL	METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	1	
METHYLPHENIDATE 10 MG CHEWABLE TABLET	1	QL	METOCLOPRAMIDE 5 MG TABLET	1	
METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION	1	QL	METOCLOPRAMIDE 10 MG TABLET	1	
METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION	1	QL	METOLAZONE 2.5 MG TABLET	1	
METHYLPHENIDATE 5 MG TABLET	1	QL	METOLAZONE 5 MG TABLET	1	
METHYLPHENIDATE 10 MG TABLET	1	QL	METOLAZONE 10 MG TABLET	1	
METHYLPHENIDATE 20 MG TABLET	1	QL	METOPROLOL SUCCINATE ER 25 MG TABLET	1	
METHYLPHENIDATE CD 10 MG CAPSULE	2	QL	METOPROLOL SUCCINATE ER 50 MG TABLET	1	
METHYLPHENIDATE CD 20 MG CAPSULE	2	QL	METOPROLOL SUCCINATE ER 100 MG TABLET	1	
METHYLPHENIDATE CD 30 MG CAPSULE	2	QL	METOPROLOL SUCCINATE ER 200 MG TABLET	1	
METHYLPHENIDATE CD 40 MG CAPSULE	2	QL	METOPROLOL TARTRATE 25 MG TABLET	1	
METHYLPHENIDATE CD 50 MG CAPSULE	2	QL	METOPROLOL TARTRATE 37.5 MG TABLET	1	
METHYLPHENIDATE CD 60 MG CAPSULE	2	QL	METOPROLOL TARTRATE 50 MG TABLET	1	
METHYLPHENIDATE ER 10 MG TABLET	1	QL	METOPROLOL TARTRATE 75 MG TABLET	1	
METHYLPHENIDATE ER 18 MG TABLET	1	QL	METOPROLOL TARTRATE 100 MG TABLET	1	
METHYLPHENIDATE ER 20 MG TABLET	1	QL	METOPROLOL-HCTZ 50-25 MG TABLET	1	
METHYLPHENIDATE ER 27 MG TABLET	1	QL	METOPROLOL-HCTZ 100-25 MG TABLET	1	
METHYLPHENIDATE ER 36 MG TABLET	1	QL	METOPROLOL-HCTZ 100-50 MG TABLET	1	
METHYLPHENIDATE ER 54 MG TABLET	1	QL	METRONIDAZOLE 375 MG CAPSULE	1	
METHYLPHENIDATE ER(CD) 10MG CAPSULE	2	QL	METRONIDAZOLE 0.75% CREAM	1	
METHYLPHENIDATE ER(CD) 20MG CAPSULE	2	QL	METRONIDAZOLE 0.75% LOTION	1	
METHYLPHENIDATE ER(CD) 30MG CAPSULE	2	QL	METRONIDAZOLE 250 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
METRONIDAZOLE 500 MG TABLET	1		MINI PEN NEEDLE 32G 6MM	2	
METRONIDAZOLE TOPICAL 0.75% GEL	1		MINI PEN NEEDLE 32G 8MM	2	
METRONIDAZOLE TOPICAL 1% GEL	1		MINI PEN NEEDLE 33G 4MM	2	
METRONIDAZOLE TOPICAL 1% GEL PUMP	1		MINI PEN NEEDLE 33G 5MM	2	
METRONIDAZOLE VAGINAL 0.75% GEL	1		MINI PEN NEEDLE 33G 6MM	2	
METYROSINE 250 MG CAPSULE	4	PA, SRX	MINI ULTRA-THIN II PEN NEEDLE 31G	2	
MEXILETINE 150 MG CAPSULE	1		MINI WRIGHT PEAK FLOW METER	2	
MEXILETINE 200 MG CAPSULE	1		MINIMED INFUSION SET	2	
MEXILETINE 250 MG CAPSULE	1		MINIMED MIO ADVANCE INFUSION SET 23"6MM	2	
MIBELAS 24 FE CHEWABLE TABLET	1		MINIMED MIO ADVANCE INFUSION SET 23"9MM	2	
MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	1		MINIMED MIO ADVANCE INFUSION SET 43"6MM	2	
MICROCHAMBER	2	QL	MINIMED MIO ADVANCE INFUSION SET 43"9MM	2	
MICRODOT HIGH-LOW CONTROL SOLUTION	2		MINIMED MIO INFUSION SET 18" 6MM	2	
MICRODOT NORMAL CONTROL SOLUTION	2		MINIMED MIO INFUSION SET 23" 6MM	2	
MICRODOT PEN NEEDLE 31G 6MM	2		MINIMED MIO INFUSION SET 32" 6MM	2	
MICRODOT PEN NEEDLE 32G 4MM	2		MINIMED MIO INFUSION SET 32" 9MM	2	
MICRODOT PEN NEEDLE 33G 4MM	2		MINIMED QUICK INFUSION SET 18" 6MM	2	
MICROGESTIN 21 1-20 TABLET	1		MINIMED QUICK INFUSION SET 23" 6MM	2	
MICROGESTIN 21 1.5-30 TABLET	1		MINIMED QUICK INFUSION SET 23" 9MM	2	
MICROGESTIN 24 FE 1 MG-20 MCG TABLET	1		MINIMED QUICK INFUSION SET 32" 6MM	2	
MICROGESTIN FE 1-20 TABLET	1		MINIMED QUICK INFUSION SET 32" 9MM	2	
MICROGESTIN FE 1.5-30 TABLET	1		MINIMED QUICK INFUSION SET 43" 6MM	2	
MICROLIFE PEAK FLOW METER	2		MINIMED QUICK INFUSION SET 43" 9MM	2	
MICROSPACER FOR AEROSOL DEVICE	2	QL	MINIMED QUICK-SERTER	2	
MIDAZOLAM 2 MG/ML SYRUP	1		MINIMED RESERVOIR 1.8 ML	2	
MIDAZOLAM 5 MG/2.5 ML SYRUP	1		MINIMED RESERVOIR 3 ML	2	
MIDAZOLAM 10 MG/5 ML SYRUP	1		MINIMED SILHOUETTE INFUSION SET 18"	2	
MIDODRINE 2.5 MG TABLET	1		MINIMED SILHOUETTE INFUSION SET 23"	2	
MIDODRINE 5 MG TABLET	1		MINIMED SILHOUETTE INFUSION SET 32"	2	
MIDODRINE 10 MG TABLET	1		MINIMED SILHOUETTE INFUSION SET 43"	2	
MIFEPREX 200 MG TABLET	3		MINIMED SURE T INFUSION SET 23"	2	
MIFEPRISTONE 200 MG TABLET	1		MINIMED SURE T INFUSION SET 32"	2	
MIGERGOT 2-100 MG SUPPOSITORY	3		MINIMED SURE T INFUSION SET 18" 6MM	2	
MIGLITOL 25 MG TABLET	1		MINIMED SURE T INFUSION SET 23" 6MM	2	
MIGLITOL 50 MG TABLET	1		MINIMED SURE T INFUSION SET 23" 8MM	2	
MIGLITOL 100 MG TABLET	1		MINIMED SURE T INFUSION SET 32" 6MM	2	
MIGLUSTAT 100 MG CAPSULE	4	PA, SRX	MINIMED SURE T INFUSION SET 32" 8MM	2	
MILI 0.25-0.035 MG TABLET	1		MINITRAN 0.1 MG/HR PATCH	1	
MIMVEY 1-0.5 MG TABLET	1		MINITRAN 0.2 MG/HR PATCH	1	
MINI PEN NEEDLE 32G 4MM	2		MINITRAN 0.4 MG/HR PATCH	1	
MINI PEN NEEDLE 32G 5MM	2		MINITRAN 0.6 MG/HR PATCH	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MONOJECT INSULIN SYRINGE 1 ML	2		MORPHINE ER 200 MG TABLET	1	PA
MONOJECT INSULIN SYRINGE 3/10 ML	2		MORPHINE IR 15 MG TABLET	1	PA
MONOJECT INSULIN SYRINGE U100	2		MORPHINE IR 30 MG TABLET	1	PA
MONOJECT INSULIN SYRINGE U100 0.5 ML	2		MOUNJARO 2.5 MG/0.5 ML PEN	2	PA, QL
MONOJECT INSULIN SYRINGE U100 1 ML	2		MOUNJARO 5 MG/0.5 ML PEN	2	PA, QL
MONOJECT SYRINGE 0.3 ML	2		MOUNJARO 7.5 MG/0.5 ML PEN	2	PA, QL
MONOJECT SYRINGE 0.5 ML	2		MOUNJARO 10 MG/0.5 ML PEN	2	PA, QL
MONOJECT SYRINGE 1 ML	2		MOUNJARO 12.5 MG/0.5 ML PEN	2	PA, QL
MONOJECT SYRINGE 3 ML 20G 1"	2		MOUNJARO 15 MG/0.5 ML PEN	2	PA, QL
MONOJECT SYRINGE 3 ML 20G 1-1/2"	2		MOXIFLOXACIN 0.5% EYE DROPS	1	
MONOJECT SYRINGE 3 ML 20G 3/4"	2		MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	1	
MONOJECT SYRINGE 3 ML 22G 1"	2		MOXIFLOXACIN 400 MG TABLET	1	
MONO-LINYAH 28 TABLET	1		MRESVIA 50 MCG/0.5 ML SYRINGE	2	
MONTELUKAST 4 MG CHEWABLE TABLET	1		MS INSULIN SYRINGE 0.3 ML	2	
MONTELUKAST 5 MG CHEWABLE TABLET	1		MS INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
MONTELUKAST 4 MG GRANULE	1		MS INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
MONTELUKAST 10 MG TABLET	1		MS INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
MORGIDOX 50 MG CAPSULE	1		MS INSULIN SYRINGE 0.5 ML 30G 1/2"	2	
MORGIDOX 100 MG CAPSULE	1		MS INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
MORPHINE 100 MG/5 ML ORAL CONCENTRATE	1	PA	MS INSULIN SYRINGE 1 ML 29G 1/2"	2	
MORPHINE 10 MG/5 ML ORAL SOLUTION	1	PA	MS INSULIN SYRINGE 1 ML 30G 1/2"	2	
MORPHINE 20 MG/5 ML ORAL SOLUTION	1	PA	MS INSULIN SYRINGE 1 ML 31G 5/16"	2	
MORPHINE 5 MG SUPPOSITORY	1	PA	MS PEN NEEDLE 6MM 31G	2	
MORPHINE 10 MG SUPPOSITORY	1	PA	MULTISTIX 7 REAGENT TEST STRIP	2	
MORPHINE 20 MG SUPPOSITORY	1	PA	MULTISTIX 9 REAGENT TEST STRIP	2	
MORPHINE 30 MG SUPPOSITORY	1	PA	MULTISTIX 8 SG REAGENT TEST STRIP	2	
MORPHINE ER 10 MG CAPSULE	1	PA	MULTISTIX 9 SG REAGENT TEST STRIP	2	
MORPHINE ER 20 MG CAPSULE	1	PA	MULTISTIX 10 SG REAGENT TEST STRIP	2	
MORPHINE ER 30 MG CAPSULE	1	PA	MULTISTIX REAGENT TEST STRIP	2	
MORPHINE ER 45 MG CAPSULE	1	PA	MULTISTIX 5 TEST STRIP	2	
MORPHINE ER 50 MG CAPSULE	1	PA	MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	1	
MORPHINE ER 60 MG CAPSULE	1	PA	MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	1	
MORPHINE ER 75 MG CAPSULE	1	PA	MULTIVIT-FLUORIDE 1 MG CHEWABLE TABLET	1	
MORPHINE ER 80 MG CAPSULE	1	PA	MULTIVITAMIN-FLUORIDE 0.25 MG/ML ORAL DROPS	1	
MORPHINE ER 90 MG CAPSULE	1	PA	MUPIROCIN 2% CREAM	1	
MORPHINE ER 100 MG CAPSULE	1	PA	MUPIROCIN 2% OINTMENT	1	
MORPHINE ER 120 MG CAPSULE	1	PA	MY CHOICE 1.5 MG TABLET	1	
MORPHINE ER 15 MG TABLET	1	PA	MY WAY 1.5 MG TABLET	1	
MORPHINE ER 30 MG TABLET	1	PA	MYCOPHENOLATE 250 MG CAPSULE	1	
MORPHINE ER 60 MG TABLET	1	PA	MYCOPHENOLATE 200 MG/ML SUSPENSION	1	
MORPHINE ER 100 MG TABLET	1	PA			

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MYCOPHENOLATE 500 MG TABLET	1		NATAZIA 28 TABLET	3	
MYCOPHENOLIC ACID DR 180 MG TABLET	1		NATEGLINIDE 60 MG TABLET	1	
MYCOPHENOLIC ACID DR 360 MG TABLET	1		NATEGLINIDE 120 MG TABLET	1	
MYGLUCOHEALTH CONTROL SOLUTION PAK	2		NAYZILAM 5 MG NASAL SPRAY	4	PA, QL, SRX
MYLERAN 2 MG TABLET	3		NEBUSAL 3% VIAL	1	
MYNATAL CAPSULE	1		NECON 0.5-35-28 TABLET	1	
MYNATAL PLUS CAPTAB	1		NEFAZODONE 50 MG TABLET	1	
MYNATAL ULTRACAPLET	1		NEFAZODONE 100 MG TABLET	1	
MYNATAL-Z CAPTAB	1		NEFAZODONE 150 MG TABLET	1	
MYORISAN 10 MG CAPSULE	3		NEFAZODONE 200 MG TABLET	1	
MYORISAN 20 MG CAPSULE	3		NEFAZODONE 250 MG TABLET	1	
MYORISAN 30 MG CAPSULE	3		NEOMYCIN 500 MG TABLET	1	
MYORISAN 40 MG CAPSULE	3		NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT	1	
MYRBETRIQ ER 25 MG TABLET	3	QL, ST	NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT	1	
MYRBETRIQ ER 50 MG TABLET	3	QL, ST	NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	1	
MYTESI 125 MG DR TABLET	3	LDD	NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	1	
NABUMETONE 500 MG TABLET	1		NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	1	
NABUMETONE 750 MG TABLET	1		NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	1	
NADOLOL 20 MG TABLET	1		NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	1	
NADOLOL 40 MG TABLET	1		NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	1	
NADOLOL 80 MG TABLET	1		NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	1	
NAFTIFINE 1% CREAM	2		NEOMYCIN-POLYMYXIN-HC EYE DROPS	1	
NAFTIFINE 2% CREAM	2		NEO-POLYCIN EYE OINTMENT	1	
NAFTIFINE 2% GEL	2		NEO-POLYCIN HC EYE OINTMENT	1	
NALOXONE 0.4 MG/ML CARPUJECT	1		NEUAC GEL	1	
NALOXONE 4 MG NASAL SPRAY	1		NEULASTA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NALOXONE 0.4 MG/ML SYRINGE	1		NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA, SRX
NALOXONE 2 MG/2 ML SYRINGE	1		NEUPRO 1 MG/24 HR PATCH	3	
NALTREXONE 50 MG TABLET	1		NEUPRO 2 MG/24 HR PATCH	3	
NAPROXEN 500 MG KIT	1		NEUPRO 3 MG/24 HR PATCH	3	
NAPROXEN 250 MG TABLET	1		NEUPRO 4 MG/24 HR PATCH	3	
NAPROXEN 275 MG TABLET	1		NEUPRO 6 MG/24 HR PATCH	3	
NAPROXEN 375 MG TABLET	1		NEUPRO 8 MG/24 HR PATCH	3	
NAPROXEN 500 MG TABLET	1		NEVANAC 0.1% EYE DROPS	3	
NAPROXEN 550 MG TABLET	1		NEVIRAPINE 50 MG/5 ML SUSPENSION	1	
NAPROXEN DR 375 MG TABLET	1		NEVIRAPINE 200 MG TABLET	1	
NAPROXEN DR 500 MG TABLET	1		NEVIRAPINE ER 100 MG TABLET	1	
NARATRIPTAN 1 MG TABLET	1	QL	NEVIRAPINE ER 400 MG TABLET	1	
NARATRIPTAN 2.5 MG TABLET	1	QL	NEW DAY 1.5 MG TABLET	1	
NARCAN 4 MG NASAL SPRAY	2				
NATACYN 5% EYE DROPS	3				

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
NEWGEN TABLET	1		NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	1	
NIACIN ER 500 MG TABLET	1		NITRO-TIME ER 2.5 MG CAPSULE	1	
NIACIN ER 750 MG TABLET	1		NITRO-TIME ER 6.5 MG CAPSULE	1	
NIACIN ER 1,000 MG TABLET	1		NITRO-TIME ER 9 MG CAPSULE	1	
NICARDIPINE 20 MG CAPSULE	2		NIVA THYROID 15 MG TABLET	1	
NICARDIPINE 30 MG CAPSULE	2		NIVA THYROID 30 MG TABLET	1	
NICOTROL CARTRIDGE INHALER	2		NIVA THYROID 60 MG TABLET	1	
NICOTROL NS 10 MG/ML SPRAY	2		NIVA THYROID 90 MG TABLET	1	
NIFEDIPINE 10 MG CAPSULE	1		NIVA THYROID 120 MG TABLET	1	
NIFEDIPINE 20 MG CAPSULE	1		NIVA-PLUS TABLET	1	
NIFEDIPINE ER 30 MG TABLET	1		NIVESTYM 300 MCG/0.5 ML SYRINGE	4	SRX
NIFEDIPINE ER 60 MG TABLET	1		NIVESTYM 480 MCG/0.8 ML SYRINGE	4	SRX
NIFEDIPINE ER 90 MG TABLET	1		NIVESTYM 300 MCG/ML VIAL	4	SRX
NIKKI 3 MG-0.02 MG TABLET	1		NIVESTYM 480 MCG/1.6 ML VIAL	4	SRX
NILUTAMIDE 150 MG TABLET	4	SRX	NIZATIDINE 150 MG CAPSULE	1	
NIMODIPINE 30 MG CAPSULE	3		NIZATIDINE 300 MG CAPSULE	1	
NINLARO 2.3 MG CAPSULE	4	PA, QL, LDD, SRX	NOLIX 0.05% CREAM	3	
NINLARO 3 MG CAPSULE	4	PA, QL, LDD, SRX	NOLIX 0.05% LOTION	3	
NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX	NORA-BE TABLET	1	
NISOLDIPINE ER 8.5 MG TABLET	1	QL	NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	1	
NISOLDIPINE ER 17 MG TABLET	1	QL	NORETHINDRONE 0.35 MG TABLET	1	
NISOLDIPINE ER 20 MG TABLET	1	QL	NORETHINDRONE 5 MG TABLET	1	
NISOLDIPINE ER 25.5 MG TABLET	1	QL	NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	1	
NISOLDIPINE ER 30 MG TABLET	1	QL	NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	1	
NISOLDIPINE ER 34 MG TABLET	1	QL	NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	1	
NISOLDIPINE ER 40 MG TABLET	1	QL	NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	1	
NITAZOXANIDE 500 MG TABLET	3	PA	NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	1	
NITRO-BID 2% OINTMENT	1		NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1	
NITROFURANTOIN 25 MG/5 ML SUSPENSION	3		NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CAPSULE	1	
NITROFURANTOIN MACRO 25 MG CAPSULE	1		NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CHEWABLE TABLET	1	
NITROFURANTOIN MACRO 50 MG CAPSULE	1		NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(21)-75 TABLET	1	
NITROFURANTOIN MACRO 100 MG CAPSULE	1		NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	1	
NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	1				
NITROGLYCERIN 0.4% OINTMENT	3				
NITROGLYCERIN 0.1 MG/HR PATCH	1				
NITROGLYCERIN 0.2 MG/HR PATCH	1				
NITROGLYCERIN 0.4 MG/HR PATCH	1				
NITROGLYCERIN 0.6 MG/HR PATCH	1				
NITROGLYCERIN 400 MCG SPRAY	1				
NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	1				
NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	1				

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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	
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	1	
NORLYDA 0.35 MG TABLET	1	
NORPACE CR 100 MG CAPSULE	3	
NORPACE CR 150 MG CAPSULE	3	
NORTREL 0.5-35-28 TABLET	1	
NORTREL 1-35 21 TABLET	1	
NORTREL 1-35 28 TABLET	1	
NORTREL 7-7-7-28 TABLET	1	
NORTRIPTYLINE 10 MG CAPSULE	1	
NORTRIPTYLINE 25 MG CAPSULE	1	
NORTRIPTYLINE 50 MG CAPSULE	1	
NORTRIPTYLINE 75 MG CAPSULE	1	
NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	1	
NORVIR 100 MG POWDER PACKET	2	
NOVAVAX COVID VIAL (EUA)	2	
NOVAVAX COVID-19 VACCINE, ADJ(EUA)	2	
NOVOFINE 32G NEEDLE	2	
NOVOFINE AUTOCOVER 30G NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE 32G 1/6"	2	
NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST
NOVOLOG 100 UNIT/ML VIAL	3	QL, ST
NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST
NOVOLOG MIX 70-30 VIAL	3	QL, ST
NOVOLOG PENFILL 100 UNIT/ML	3	QL, ST
NOVOPEN ECHO INSULIN DEVICE	2	
NOVOTWIST NEEDLE 32G 5MM	2	
NP THYROID 15 MG TABLET	1	
NP THYROID 30 MG TABLET	1	
NP THYROID 60 MG TABLET	1	
NP THYROID 90 MG TABLET	1	
NP THYROID 120 MG TABLET	1	
NUCYNTA 50 MG TABLET	3	PA
NUCYNTA 75 MG TABLET	3	PA
NUCYNTA 100 MG TABLET	3	PA
NUCYNTA ER 50 MG TABLET	3	PA

Medication Name	Tier	Notes
NUCYNTA ER 100 MG TABLET	3	PA
NUCYNTA ER 150 MG TABLET	3	PA
NUCYNTA ER 200 MG TABLET	3	PA
NUCYNTA ER 250 MG TABLET	3	PA
NUJEXTA 20-10 MG CAPSULE	3	PA, QL
NYAMYC 100,000 UNIT/GM POWDER	1	
NYLIA 1-35 28 TABLET	1	
NYLIA 7-7-7-28 TABLET	1	
NYMYO 0.25-0.035 MG (28) TABLET	1	
NYSTATIN 100,000 UNIT/GM CREAM	1	
NYSTATIN 100,000 UNIT/GM OINTMENT	1	
NYSTATIN 100,000 UNIT/GM POWDER	1	
NYSTATIN 100,000 UNIT/ML SUSPENSION	1	
NYSTATIN 500,000 UNIT/5 ML SUSPENSION	1	
NYSTATIN 500,000 UNIT ORAL TABLET	1	
NYSTATIN-TRIAMCINOLONE CREAM	1	
NYSTATIN-TRIAMCINOLONE OINTMENT	1	
NYSTOP 100,000 UNIT/GM POWDER	1	
NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA, SRX
OCELLA 3 MG-0.03 MG TABLET	1	
OCTREOTIDE 50 MCG/ML AMPULE	2	PA
OCTREOTIDE 100 MCG/ML AMPULE	2	PA
OCTREOTIDE 500 MCG/ML AMPULE	2	PA
OCTREOTIDE 50 MCG/ML SYRINGE	2	PA
OCTREOTIDE 100 MCG/ML SYRINGE	2	PA
OCTREOTIDE 500 MCG/ML SYRINGE	2	PA
OCTREOTIDE 0.05 MG/ML VIAL	2	PA
OCTREOTIDE 50 MCG/ML VIAL	2	PA
OCTREOTIDE 100 MCG/ML VIAL	2	PA
OCTREOTIDE 200 MCG/ML VIAL	2	PA
OCTREOTIDE 500 MCG/ML VIAL	2	PA
OCTREOTIDE 1,000 MCG/ML VIAL	2	PA
OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA
OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	3	PA, QL
ODEFSEY TABLET	3	QL
ODOMZO 200 MG CAPSULE	4	PA, QL, SRX
OFEV 100 MG CAPSULE	4	PA, LDD, SRX
OFEV 150 MG CAPSULE	4	PA, LDD, SRX
OFLOXACIN 0.3% EAR DROPS	1	
OFLOXACIN 0.3% EYE DROPS	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
OFLOXACIN 300 MG TABLET	1	
OFLOXACIN 400 MG TABLET	1	
OLANZAPINE 2.5 MG TABLET	1	
OLANZAPINE 5 MG TABLET	1	
OLANZAPINE 7.5 MG TABLET	1	
OLANZAPINE 10 MG TABLET	1	
OLANZAPINE 15 MG TABLET	1	
OLANZAPINE 20 MG TABLET	1	
OLANZAPINE ODT 5 MG TABLET	1	
OLANZAPINE ODT 10 MG TABLET	1	
OLANZAPINE ODT 15 MG TABLET	1	
OLANZAPINE ODT 20 MG TABLET	1	
OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE	1	
OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE	1	
OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE	1	
OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE	1	
OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE	1	
OLMESARTAN 5 MG TABLET	1	
OLMESARTAN 20 MG TABLET	1	
OLMESARTAN 40 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET	1	
OLMESARTAN-HCTZ 20-12.5 MG TABLET	1	
OLMESARTAN-HCTZ 40-12.5 MG TABLET	1	
OLMESARTAN-HCTZ 40-25 MG TABLET	1	
OLOPATADINE 0.1% EYE DROPS	1	
OLOPATADINE 0.2% EYE DROPS	1	
OLOPATADINE 665 MCG NASAL SPRAY	1	
OMEGA-3 ETHYL ESTERS 1 GM CAPSULE	1	
OMEPRAZOLE DR 10 MG CAPSULE	1	QL
OMEPRAZOLE DR 20 MG CAPSULE	1	QL
OMEPRAZOLE DR 40 MG CAPSULE	1	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	2	QL

Medication Name	Tier	Notes
OMNIPOD CLASSIC PODS (GEN 3) 5 PACK	2	QL
OMNIPOD DASH PODS (GEN 4) 5 PACK	2	QL
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL
OMNIPOD CLASSIC PDM KIT (GEN 3)	2	QL
OMNIPOD GO 10 UNIT/DAY PODS	2	QL
OMNIPOD GO 15 UNIT/DAY PODS	2	QL
OMNIPOD GO 20 UNIT/DAY PODS	2	QL
OMNIPOD GO 25 UNIT/DAY PODS	2	QL
OMNIPOD GO 30 UNIT/DAY PODS	2	QL
OMNIPOD GO 35 UNIT/DAY PODS	2	QL
OMNIPOD GO 40 UNIT/DAY PODS	2	QL
ON CALL EXPRESS CONTROL SOLUTION PAK	2	
ON CALL PLUS CONTROL SOLUTION	2	
ON CALL VIVID CONTROL SOLUTION	2	
ONDANSETRON 4 MG/5 ML ORAL SOLUTION	1	
ONDANSETRON 4 MG TABLET	1	
ONDANSETRON 8 MG TABLET	1	
ONDANSETRON ODT 4 MG TABLET	1	
ONDANSETRON ODT 8 MG TABLET	1	
ONE WAY VALVED MOUTHPIECE	2	QL
ONETOUCH DELICA PLUS 30G LANCET	2	
ONETOUCH DELICA PLUS 33G LANCET	2	
ONETOUCH DELICA PLUS LANCING DEVICE	2	
ONETOUCH DELICA SAFETY 30G LANCETS	2	
ONETOUCH SOLUTIONS STARTER KIT	1	
ONETOUCH SURESOFT 18G LANCING DEVICE	2	
ONETOUCH SURESOFT 21G LANCING DEVICE	2	
ONETOUCH SURESOFT 28G LANCING DEVICE	2	
ONETOUCH ULTRA CONTROL SOLUTION	2	
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH ULTRA2 GLUCOSE SYSTEM	1	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH ULTRASOFT2 30G LANCETS	2	
ONETOUCH VERIO FLEX METER	1	
ONETOUCH VERIO HIGH CONTROL SOLUTION	2	
ONETOUCH VERIO MID CONTROL SOLUTION	2	
ONETOUCH VERIO REFLECT METER	1	
ONETOUCH VERIO TEST STRIP	2	
OPCON ONE-STEP 1.5 MG TABLET	1	
OPILL 0.075 MG TABLET	1	QL

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
OPIUM TINCTURE 10 MG/ML	2	PA	OXYBUTYNIN 5 MG/5 ML SYRUP	1	
OPTICHAMBER ADULT MASK-LARGE	2	QL	OXYBUTYNIN 5 MG TABLET	1	
OPTICHAMBER DIAMOND VHC	2	QL	OXYBUTYNIN ER 5 MG TABLET	1	
OPTICHAMBER DIAMOND W-LARGE MASK	2	QL	OXYBUTYNIN ER 10 MG TABLET	1	
OPTICHAMBER DIAMOND W-MEDIUM MASK	2	QL	OXYBUTYNIN ER 15 MG TABLET	1	
OPTICHAMBER DIAMOND W-SMALL MASK	2	QL	OXYCODONE (IR) 5 MG CAPSULE	1	PA
OPTION 2 1.5 MG TABLET	1		OXYCODONE (IR) 5 MG TABLET	1	PA
OPTUMRX GLUCOSE CONTROL SOLUTION	2		OXYCODONE (IR) 10 MG TABLET	1	PA
OPVEE 2.7 MG NASAL SPRAY	2		OXYCODONE (IR) 15 MG TABLET	1	PA
ORACIT ORAL SOLUTION	3		OXYCODONE (IR) 20 MG TABLET	1	PA
ORAL CITRATE SOLUTION	3		OXYCODONE (IR) 30 MG TABLET	1	PA
ORALONE 0.1% DENTAL PASTE	1		OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	1	PA
ORENCIA 50 MG/0.4 ML SYRINGE	4	PA, QL, SRX	OXYCODONE 5 MG/5 ML ORAL SOLUTION	1	PA
ORENCIA 87.5 MG/0.7 ML SYRINGE	4	PA, QL, SRX	OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	1	PA
ORENCIA 125 MG/ML SYRINGE	4	PA, QL, SRX	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	PA
ORENCIA CLICKJECT 125 MG/ML	4	PA, QL, SRX	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	PA
ORPHENADRINE ER 100 MG TABLET	1		OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	PA
OSCIMIN 0.125 MG TABLET	1		OXYCODONE-ASPIRIN 4.8355-325 MG TABLET	1	PA
OSCIMIN SL 0.125 MG SUBLINGUAL TABLET	1		OXYMORPHONE 5 MG TABLET	2	PA
OSCIMIN SR 0.375 MG TABLET	1		OXYMORPHONE 10 MG TABLET	2	PA
OSELTAMIVIR 30 MG CAPSULE	1	QL	OXYMORPHONE ER 5 MG TABLET	2	PA
OSELTAMIVIR 45 MG CAPSULE	1	QL	OXYMORPHONE ER 7.5 MG TABLET	2	PA
OSELTAMIVIR 75 MG CAPSULE	1	QL	OXYMORPHONE ER 10 MG TABLET	2	PA
OSELTAMIVIR 6 MG/ML SUSPENSION	1	QL	OXYMORPHONE ER 15 MG TABLET	2	PA
OSMOPREP TABLET	3		OXYMORPHONE ER 20 MG TABLET	2	PA
OTEZLA 28 DAY STARTER PACK	4	PA, QL, SRX	OXYMORPHONE ER 30 MG TABLET	2	PA
OTEZLA 30 MG TABLET	4	PA, QL, SRX	OXYMORPHONE ER 40 MG TABLET	2	PA
OVAL TAPE	2		OZEMPIC 0.25-0.5 MG/DOSE PEN	2	PA, QL
OXANDROLONE 2.5 MG TABLET	3	PA	OZEMPIC 1 MG/DOSE (4 MG/3 ML)	2	PA, QL
OXANDROLONE 10 MG TABLET	3	PA	OZEMPIC 2 MG/DOSE (8 MG/3 ML)	2	PA, QL
OXAPROZIN 600 MG CAPLET	1		PACERONE 200 MG TABLET	1	
OXAPROZIN 600 MG TABLET	1		PALIPERIDONE ER 1.5 MG TABLET	3	
OXAZEPAM 10 MG CAPSULE	1		PALIPERIDONE ER 3 MG TABLET	3	
OXAZEPAM 15 MG CAPSULE	1		PALIPERIDONE ER 6 MG TABLET	3	
OXAZEPAM 30 MG CAPSULE	1		PALIPERIDONE ER 9 MG TABLET	3	
OXCARBAZEPINE 300 MG/5 ML SUSPENSION	1		PANCREAZE DR 2,600 UNIT CAPSULE	2	
OXCARBAZEPINE 150 MG TABLET	1		PANCREAZE DR 4,200 UNIT CAPSULE	2	
OXCARBAZEPINE 300 MG TABLET	1		PANCREAZE DR 10,500 UNIT CAPSULE	2	
OXCARBAZEPINE 600 MG TABLET	1		PANCREAZE DR 16,800 UNIT CAPSULE	2	
OXICONAZOLE 1% CREAM	2		PANCREAZE DR 21,000 UNIT CAPSULE	2	
OXYBUTYNIN 5 MG/5 ML SOLUTION	1		PANCREAZE DR 37,000 UNIT CAPSULE	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
PANDA MASK LARGE	2	QL	PEN NEEDLE 30G 5/16"	2	
PANDA MASK MEDIUM	2	QL	PEN NEEDLE 31G 5MM	2	
PANDA MASK SMALL	2	QL	PEN NEEDLE 31G 6MM	2	
PANRETIN 0.1% GEL	4	SRX	PEN NEEDLE 31G 8MM	2	
PANTOPRAZOLE DR 20 MG TABLET	1	QL	PEN NEEDLE 31G 1/4"	2	
PANTOPRAZOLE DR 40 MG TABLET	1	QL	PEN NEEDLE 31G 3/16"	2	
PARADIGM REMOTE CONTROL	2		PEN NEEDLE 31G 5/16"	2	
PARADIGM RESERVOIR 1.8 ML	2		PEN NEEDLE 32G 4MM	2	
PARADIGM RESERVOIR 3 ML	2		PEN NEEDLE 32G 1/4"	2	
PARICALCITOL 1 MCG CAPSULE	1		PEN NEEDLE 32G 3/16"	2	
PARICALCITOL 2 MCG CAPSULE	1		PEN NEEDLE 32G 5/32"	2	
PARICALCITOL 4 MCG CAPSULE	1		PEN NEEDLE 33G 4MM	2	
PAROEX 0.12% ORAL RINSE	1		PEN NEEDLE 4MM 32G	2	
PAROMOMYCIN 250 MG CAPSULE	2		PEN NEEDLE 5MM 31G	2	
PAROXETINE 10 MG TABLET	1	QL	PEN NEEDLE 6MM 31G	2	
PAROXETINE 20 MG TABLET	1	QL	PEN NEEDLE 8MM 31G	2	
PAROXETINE 30 MG TABLET	1	QL	PENBRAYA KIT	2	
PAROXETINE 40 MG TABLET	1	QL	PENCICLOVIR 1% CREAM	3	PA, QL
PASER GRANULES 4 GM PACKET	3		PENICILLAMINE 250 MG TABLET	4	PA, QL, SRX
PAXLOVID 150-100 MG DOSE PACK	3	QL	PENICILLIN VK 125 MG/5 ML ORAL SOLUTION	1	
PAXLOVID 300-100 MG DOSE PACK	3	QL	PENICILLIN VK 250 MG/5 ML ORAL SOLUTION	1	
PAZOPANIB 200 MG TABLET	4	PA, QL, SRX	PENICILLIN VK 250 MG TABLET	1	
PC UNIFINE PENTIP 6MM NEEDLE	2		PENICILLIN VK 500 MG TABLET	1	
PC UNIFINE PENTIP 8MM NEEDLE	2		PENTACEL VIAL KIT	2	
PC UNIFINE PENTIP 12MM NEEDLE	2		PENTAMIDINE 300 MG INHALATION POWDER	2	
PEAK-AIR PEAK FLOW METER	2		PENTAZOCINE-NALOXONE TABLET	1	PA
PEDIARIX 0.5 ML SYRINGE	2		PENTIP PEN NEEDLE 29G 12MM	2	
PEDIATRIC MEDIUM MASK	2	QL	PENTIP PEN NEEDLE 29G 1/2"	2	
PEDIATRIC PANDA MASK	2	QL	PENTIP PEN NEEDLE 31G 5MM	2	
PEDIATRIC SMALL MASK	2	QL	PENTIP PEN NEEDLE 31G 6MM	2	
PEDIATRIC MOUTHPIECE	2	QL	PENTIP PEN NEEDLE 31G 8MM	2	
PEDVAXHIB VACCINE VIAL	2		PENTIP PEN NEEDLE 31G 1/4"	2	
PEG 3350-ELECTROLYTE ORAL SOLUTION	1		PENTIP PEN NEEDLE 31G 3/16"	2	
PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	1		PENTIP PEN NEEDLE 31G 5/16"	2	
PEG-3350 AND ELECTROLYTES ORAL SOLUTION	1		PENTIP PEN NEEDLE 32G 4MM	2	
PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX	PENTIP PEN NEEDLE 32G 6MM	2	
PEGASYS 180 MCG/ML VIAL	4	PA, SRX	PENTIP PEN NEEDLE 32G 5/32"	2	
PEG-PREP KIT	1		PENTOXIFYLLINE ER 400 MG TABLET	1	
PEN NEEDLE 29G 12MM	2		PERINDOPRIL 2 MG TABLET	1	
PEN NEEDLE 30G 5MM	2		PERINDOPRIL 4 MG TABLET	1	
PEN NEEDLE 30G 8MM	2		PERINDOPRIL 8 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
PERIOGARD 0.12% ORAL RINSE	1		PHENYLEPHRINE 10% EYE DROPS	1	
PERMETHRIN 5% CREAM	1		PHENYTOIN 50 MG CHEWABLE TABLET	1	
PERPHENAZINE 2 MG TABLET	1		PHENYTOIN 50 MG INFATAB CHEW	1	
PERPHENAZINE 4 MG TABLET	1		PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	1	
PERPHENAZINE 8 MG TABLET	1		PHENYTOIN 125 MG/5 ML SUSPENSION	1	
PERPHENAZINE 16 MG TABLET	1		PHENYTOIN SODIUM EXT 100 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	1		PHENYTOIN SODIUM EXT 200 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	1		PHENYTOIN SODIUM EXT 300 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	1		PHILITH 0.4-0.035 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	1		PHOSLYRA 667 MG/5 ML ORAL SOLUTION	3	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	1		PHOSPHASAL TABLET	1	
PERSONAL BEST PEAK FLOW METER	2		PHOSPHOLINE IODIDE 0.125% EYE DROPS	3	LDD
PFIZER COVID (6M-4Y)VAC-MAROON	2		PHYSIOSOL IRRIGATION SOLUTION	3	
PFIZER COVID (5-11Y) VAC-ORANGE	2		PHYTONADIONE 5 MG TABLET	3	
PFIZER COVID (12Y UP) VAC-GRAY	2		PIKO 1 FLOW METER	2	
PFIZER COVID (6M-4Y)EUA	2		PILOCARPINE 1% EYE DROPS	1	
PFIZER COVID (5-11Y)EUA	2		PILOCARPINE 2% EYE DROPS	1	
PFIZER COVID BIVAL (6MO-4Y)EUA	2		PILOCARPINE 4% EYE DROPS	1	
PFIZER COVID BIVAL (5-11YR)EUA	2		PILOCARPINE 5 MG TABLET	1	
PFIZER COVID BIVAL (12Y UP)EUA	2		PILOCARPINE 7.5 MG TABLET	1	
PFIZER COVID-19 VACCINE-PURPLE	2		PIMECROLIMUS 1% CREAM	3	
PHASEAL PROTECTOR 14	2		PIMOZIDE 1 MG TABLET	1	
PHASEAL PROTECTOR 21	2		PIMOZIDE 2 MG TABLET	1	
PHASEAL PROTECTOR 28	2		PIMTREA 28 DAY TABLET	1	
PHASEAL PROTECTOR 50	2		PINDOLOL 5 MG TABLET	1	
PHENAZOPYRIDINE 100 MG TABLET	1		PINDOLOL 10 MG TABLET	1	
PHENAZOPYRIDINE 200 MG TABLET	1		PIOGLITAZONE 15 MG TABLET	1	
PHENELZINE 15 MG TABLET	1		PIOGLITAZONE 30 MG TABLET	1	
PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	1		PIOGLITAZONE 45 MG TABLET	1	
PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	1		PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	1	
PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	1		PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	1	
PHENOBARBITAL 15 MG TABLET	1		PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	1	
PHENOBARBITAL 16.2 MG TABLET	1		PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	1	
PHENOBARBITAL 30 MG TABLET	1		PIP GLUCOSE CONTROL SOLUTION L1-L2	2	
PHENOBARBITAL 32.4 MG TABLET	1		PIP PEN NEEDLE 31G 5MM	2	
PHENOBARBITAL 60 MG TABLET	1		PIP PEN NEEDLE 32G 4MM	2	
PHENOBARBITAL 64.8 MG TABLET	1		PIRFENIDONE 267 MG CAPSULE	4	PA, SRX
PHENOBARBITAL 97.2 MG TABLET	1		PIRFENIDONE 267 MG TABLET	4	PA, SRX
PHENOBARBITAL 100 MG TABLET	1		PIRFENIDONE 801 MG TABLET	4	PA, SRX
PHENOXYBENZAMINE 10 MG CAPSULE	4	SRX	PIRMELLA 1-35 28 TABLET	1	
PHENYLEPHRINE 2.5% EYE DROPS	1		PIRMELLA 7-7-7-28 TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PIROXICAM 10 MG CAPSULE	1	
PIROXICAM 20 MG CAPSULE	1	
PLAN B ONE-STEP 1.5 MG TABLET	3	
PNEUMOVAX 23 SYRINGE	2	
PNEUMOVAX 23 VIAL	2	
PNV 29-1 TABLET	1	
PNV PRENATAL PLUS MULTIVITAMIN TABLET	1	
PNV-DHA + DOCUSATE SOFTGEL	1	
PNV-DHA SOFTGEL	1	
PNV-OMEGA SOFTGEL	1	
PNV-SELECT TABLET	1	
POCKET CHAMBER	2	QL
POCKET PEAK FLOW METER	2	
PODOFILOX 0.5% TOPICAL SOLUTION	1	
POLY HUB NEEDLE 18G 1"	2	
POLY HUB NEEDLE 18G 1-1/2"	2	
POLY HUB NEEDLE 21G 1"	2	
POLY HUB NEEDLE 21G 1-1/2"	2	
POLY HUB NEEDLE 22G 1"	2	
POLY HUB NEEDLE 22G 1-1/2"	2	
POLY HUB NEEDLE 23G 1"	2	
POLY HUB NEEDLE 23G 1-1/2"	2	
POLY HUB NEEDLE 25G 1"	2	
POLY HUB NEEDLE 25G 1-1/2"	2	
POLY HUB NEEDLE 25G 5/8"	2	
POLY HUB NEEDLE 27G 1/2"	2	
POLY HUB NEEDLE 27G 1-1/4"	2	
POLY HUB NEEDLE 30G 1/2"	2	
POLYCIN EYE OINTMENT	1	
POLYMYXIN B-TMP EYE DROPS	1	
POMALYST 1 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	4	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML SUSPENSION	3	
POSACONAZOLE DR 100 MG TABLET	3	QL
POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	1	
POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	1	

Medication Name	Tier	Notes
POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	1	
POTASSIUM CHLORIDE 20 MEQ PACKET	1	
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	1	
POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	1	
POTASSIUM CHLORIDE ER 8 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 10 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 15 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 20 MEQ TABLET	1	
POTASSIUM CITRATE ER 5 MEQ TABLET	1	
POTASSIUM CITRATE ER 10 MEQ TABLET	1	
POTASSIUM CITRATE ER 15 MEQ TABLET	1	
POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	3	
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	3	PA, QL
PRAMIPEXOLE 0.125 MG TABLET	1	
PRAMIPEXOLE 0.25 MG TABLET	1	
PRAMIPEXOLE 0.5 MG TABLET	1	
PRAMIPEXOLE 0.75 MG TABLET	1	
PRAMIPEXOLE 1 MG TABLET	1	
PRAMIPEXOLE 1.5 MG TABLET	1	
PRAMIPEXOLE ER 0.375 MG TABLET	2	
PRAMIPEXOLE ER 0.75 MG TABLET	2	
PRAMIPEXOLE ER 1.5 MG TABLET	2	
PRAMIPEXOLE ER 2.25 MG TABLET	2	
PRAMIPEXOLE ER 3 MG TABLET	2	
PRAMIPEXOLE ER 3.75 MG TABLET	2	
PRAMIPEXOLE ER 4.5 MG TABLET	2	
PRAMOSONE 1% LOTION	3	
PRAMOSONE 2.5%-1% LOTION	3	
PRAMOSONE 1%-1% OINTMENT	3	
PRAMOSONE 2.5%-1% OINTMENT	3	
PRASUGREL 5 MG TABLET	1	
PRASUGREL 10 MG TABLET	1	
PRAVASTATIN 10 MG TABLET	1	
PRAVASTATIN 20 MG TABLET	1	
PRAVASTATIN 40 MG TABLET	1	
PRAVASTATIN 80 MG TABLET	1	
PRAZIQUANTEL 600 MG TABLET	3	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PRAZOSIN 1 MG CAPSULE	1	
PRAZOSIN 2 MG CAPSULE	1	
PRAZOSIN 5 MG CAPSULE	1	
PREDNICARBATE 0.1% CREAM	1	
PREDNICARBATE 0.1% OINTMENT	1	
PREDNISOLONE 1% EYE DROPS	1	
PREDNISOLONE AC 1% EYE DROPS	1	
PREDNISOLONE ODT 10 MG TABLET	2	
PREDNISOLONE ODT 15 MG TABLET	2	
PREDNISOLONE ODT 30 MG TABLET	2	
PREDNISOLONE 5 MG/5 ML ORAL SOLUTION	1	
PREDNISOLONE 15 MG/5 ML ORAL SOLUTION	1	
PREDNISOLONE 25 MG/5 ML ORAL SOLUTION	1	
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	2	
PREDNISONE 5 MG/5 ML ORAL SOLUTION	1	
PREDNISONE 1 MG TABLET	1	
PREDNISONE 2.5 MG TABLET	1	
PREDNISONE 5 MG TABLET	1	
PREDNISONE 10 MG TABLET	1	
PREDNISONE 20 MG TABLET	1	
PREDNISONE 50 MG TABLET	1	
PREDNISONE 5 MG TABLET DOSE PACK	1	
PREDNISONE 10 MG TABLET DOSE PACK	1	
PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
PREF PLUS SYRINGE 0.5 ML 30G 5/16"	2	
PREF PLUS SYRINGE 1 ML 29G 1/2"	2	
PREFERRED PLUS 0.3 ML 30G 5/16"	2	
PREFERRED PLUS 0.5 ML 29G 1/2"	2	
PREFERRED PLUS SYRINGE 0.5 ML	2	
PREFERRED PLUS SYRINGE 1 ML	2	
PREFEST TABLET	1	
PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"	2	
PREGABALIN 25 MG CAPSULE	1	QL
PREGABALIN 50 MG CAPSULE	1	QL
PREGABALIN 75 MG CAPSULE	1	QL
PREGABALIN 100 MG CAPSULE	1	QL
PREGABALIN 150 MG CAPSULE	1	QL
PREGABALIN 200 MG CAPSULE	1	QL
PREGABALIN 225 MG CAPSULE	1	QL
PREGABALIN 300 MG CAPSULE	1	QL

Medication Name	Tier	Notes
PREGABALIN 20 MG/ML ORAL SOLUTION	1	QL
PREHEVBRIO 10 MCG/ML VIAL	2	
PREMARIN 0.3 MG TABLET	3	
PREMARIN 0.45 MG TABLET	3	
PREMARIN 0.625 MG TABLET	3	
PREMARIN 0.9 MG TABLET	3	
PREMARIN 1.25 MG TABLET	3	
PRENA1 TRUE COMBO PACK	1	
PRENAISSANCE CAPSULE	1	
PRENAISSANCE PLUS SOFTGEL	1	
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	1	
PREVALITE POWDER	1	
PREVENT PEN NEEDLE 31G 1/4"	2	
PREVENT PEN NEEDLE 31G 5/16"	2	
PREVIFEM TABLET	1	
PREVNAR 20 SYRINGE	2	
PREVMIS 240 MG TABLET	3	PA, QL
PREVMIS 480 MG TABLET	3	PA, QL
PREZCOBIX 800 MG-150 MG TABLET	2	
PREZISTA 100 MG/ML SUSPENSION	2	
PREZISTA 75 MG TABLET	2	
PREZISTA 150 MG TABLET	2	
PRIFTIN 150 MG TABLET	3	
PRIMAQUINE 26.3 MG TABLET	1	
PRIMEAIRE CHAMBER	2	QL
PRIMIDONE 50 MG TABLET	1	
PRIMIDONE 250 MG TABLET	1	
PRIMSOL 50 MG/5 ML ORAL SOLUTION	3	
PRIORIX VIAL	2	
PRO COMFORT 0.5 ML 30G 1/2"	2	
PRO COMFORT 0.5 ML 30G 5/16"	2	
PRO COMFORT 0.5 ML 31G 5/16"	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
PUB INSULIN SYRINGE 1 ML 31G 5/16"	2		QUETIAPINE ER 300 MG TABLET	1	
PUB PEN 8MM 31G NEEDLE	2		QUETIAPINE ER 400 MG TABLET	1	
PUB PEN 12MM 29G NEEDLE	2		QUINAPRIL 5 MG TABLET	1	
PUB PEN NEEDLE 6MM 31G	2		QUINAPRIL 10 MG TABLET	1	
PUB UNIFINE PENTIP PLUS 31G 3/16	2		QUINAPRIL 20 MG TABLET	1	
PULMOSAL 7% VIAL	1		QUINAPRIL 40 MG TABLET	1	
PULMOZYME 1 MG/ML AMPULE	4	PA, SRX	QUINAPRIL-HCTZ 10-12.5 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 4MM	2		QUINAPRIL-HCTZ 20-12.5 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 5MM	2		QUINAPRIL-HCTZ 20-25 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 6MM	2		QUINIDINE GLUCONATE ER 324 MG TABLET	2	
PURE COMFORT PEN NEEDLE 32G 8MM	2		QUINIDINE SULFATE 200 MG TABLET	1	
PURE COMFORT SAFETY PEN NEEDLE 31G 5MM	2		QUINIDINE SULFATE 300 MG TABLET	1	
PURE COMFORT SAFETY PEN NEEDLE 31G 6MM	2		QUININE SULFATE 324 MG CAPSULE	1	
PURE COMFORT SAFETY PEN NEEDLE 32G 4MM	2		QUTENZA 8% KIT (1 PATCH)	3	
PURE COMFORT SPACER-ADULT MASK	2	QL	QUTENZA 8% KIT (2 PATCH)	3	
PURECOMFORT PEAK FLOW METER ADULT	2		QUTENZA 8% KIT (4 PATCH)	3	
PURECOMFORT PEAK FLOW METER CHILD	2		QVAR REDHALER 40 MCG	2	
PURIXAN 20 MG/ML ORAL SUSPENSION	4	PA, LDD, SRX	QVAR REDHALER 80 MCG	2	
PV UNIFINE PENTIP PLUS 31G 5MM	2		RA INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
PV UNIFINE PENTIP PLUS 31G 6MM	2		RA INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
PV UNIFINE PENTIP PLUS 31G 8MM	2		RA INSULIN SYRINGE 1 ML 29G 1/2"	2	
PV UNIFINE PENTIP PLUS 32G 4MM	2		RA INSULIN SYRINGE 1 ML 30G 5/16"	2	
PV UNIFINE PENTIP PLUS 33G 4MM	2		RA PEN NEEDLE 31G 3/16"	2	
PYRAZINAMIDE 500 MG TABLET	1		RA PEN NEEDLE 31G 5/16"	2	
PYRIDOSTIGMINE 60 MG/5 ML ORAL SOLUTION	4	PA, SRX	RABEPRAZOLE DR 20 MG TABLET	1	QL
PYRIDOSTIGMINE 60 MG TABLET	3		RALOXIFENE 60 MG TABLET	1	
PYRIDOSTIGMINE ER 180 MG TABLET	3		RAMELTEON 8 MG TABLET	2	QL
PYRIMETHAMINE 25 MG TABLET	4	PA, LDD, SRX	RAMIPRIL 1.25 MG CAPSULE	1	
QC UNIFINE PENTIP 32G 5/32"	2		RAMIPRIL 2.5 MG CAPSULE	1	
QC UNIFINE PENTIP 4MM 32G	2		RAMIPRIL 5 MG CAPSULE	1	
QUADRACEL DTAP-IPV	2		RAMIPRIL 10 MG CAPSULE	1	
QUAZEPAM 15 MG TABLET	3	PA	RANOLAZINE ER 500 MG TABLET	3	QL
QUETIAPINE 25 MG TABLET	1		RANOLAZINE ER 1,000 MG TABLET	3	QL
QUETIAPINE 50 MG TABLET	1		RASAGILINE 0.5 MG TABLET	1	
QUETIAPINE 100 MG TABLET	1		RASAGILINE 1 MG TABLET	1	
QUETIAPINE 200 MG TABLET	1		RAYA SURE PEN NEEDLE 29G 12MM	2	
QUETIAPINE 300 MG TABLET	1		RAYA SURE PEN NEEDLE 31G 4MM	2	
QUETIAPINE 400 MG TABLET	1		RAYA SURE PEN NEEDLE 31G 5MM	2	
QUETIAPINE ER 50 MG TABLET	1		RAYA SURE PEN NEEDLE 31G 6MM	2	
QUETIAPINE ER 150 MG TABLET	1		RECLIPSEN 28 DAY TABLET	1	
QUETIAPINE ER 200 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML SYRINGE	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
RECOMBIVAX HB 10 MCG/ML SYRINGE	2		REPATHA 140 MG/ML SYRINGE	4	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML VIAL	2		REPATHA 420 MG/3.5 ML PUSHTRONEX	4	PA, SRX
RECOMBIVAX HB 10 MCG/ML VIAL	2		RESPA A.R. TABLET SA	3	
RECOMBIVAX HB 40 MCG/ML VIAL	2		REVLIMID 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
RECTIV 0.4% OINTMENT	3		REVLIMID 5 MG CAPSULE	4	PA, QL, LDD, SRX
REFUAH PLUS CONTROL SOLUTION	2		REVLIMID 10 MG CAPSULE	4	PA, QL, LDD, SRX
REGRANEX 0.01% GEL	3	PA, QL	REVLIMID 15 MG CAPSULE	4	PA, QL, LDD, SRX
RELENZA 5 MG DISKHALER	3	QL	REVLIMID 20 MG CAPSULE	4	PA, QL, LDD, SRX
RELI ON 31G 1/4" NEEDLE	2		REVLIMID 25 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 0.3 ML 29G 1/2"	2		REXTOVY 4 MG NASAL SPRAY	2	
RELION INSULIN SYRINGE 0.3 ML 31G 6MM	2		REYATAZ 50 MG POWDER PACKET	2	
RELION INSULIN SYRINGE 0.5 ML	2		REZDIFFRA 60 MG TABLET	4	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	2		REZDIFFRA 80 MG TABLET	4	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML 31G 6MM	2		REZDIFFRA 100 MG TABLET	4	PA, QL, SRX
RELION INSULIN SYRINGE 1 ML 29G 1/2"	2		RIBAVIRIN 200 MG CAPSULE	3	
RELION INSULIN SYRINGE 1 ML 31G 5/16"	2		RIBAVIRIN 200 MG TABLET	3	
RELION INSULIN SYRINGE 1 ML 31G 15/64"	2		RIFABUTIN 150 MG CAPSULE	2	
RELION KETONE TEST STRIP	2		RIFAMPIN 150 MG CAPSULE	1	
RELION MINI PEN NEEDLE 31G 1/4"	2		RIFAMPIN 300 MG CAPSULE	1	
RELION NOVOLOG U-100 FLEXPEN	3	QL, ST	RIGHTEST CONTROL SOLUTION HIGH	2	
RELION NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST	RIGHTEST CONTROL SOLUTION NORMAL	2	
RELION NOVOLOG 100 UNIT/ML VIAL	3	QL, ST	RILUZOLE 50 MG TABLET	4	SRX
RELION NOVOLOG MIX 70-30 VIAL	3	QL, ST	RIMANTADINE 100 MG TABLET	1	
RELION PEN NEEDLE 29G	2		RINVOQ LQ 1 MG/ML SOLUTION	4	PA, QL, SRX
RELION PEN NEEDLE 29G 1/2"	2		RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G	2		RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	2		RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 1/4"	2		RISEDRONATE 5 MG TABLET	2	
RELION PEN NEEDLE 31G 5/16"	2		RISEDRONATE 30 MG TABLET	2	
RELION PEN NEEDLE 32G 5/32"	2		RISEDRONATE 35 MG TABLET	2	
RELION SYRINGE 0.3 ML 31G 5/16"	2		RISEDRONATE 150 MG TABLET	2	
RELION SYRINGE 0.5 ML 31G 5/16"	2		RISEDRONATE DR 35 MG TABLET	2	
RELISTOR 8 MG/0.4 ML SYRINGE	3	PA	RISPERIDONE 1 MG/ML ORAL SOLUTION	1	
RELISTOR 12 MG/0.6 ML SYRINGE	3	PA	RISPERIDONE 0.25 MG ODT TABLET	1	
RELISTOR 12 MG/0.6 ML VIAL	3	PA	RISPERIDONE 0.5 MG ODT TABLET	1	
RELISTOR 150 MG TABLET	3	PA	RISPERIDONE 1 MG ODT TABLET	1	
RENACIDIN IRRIGATION SOLUTION	3		RISPERIDONE 2 MG ODT TABLET	1	
REPAGLINIDE 0.5 MG TABLET	1		RISPERIDONE 3 MG ODT TABLET	1	
REPAGLINIDE 1 MG TABLET	1		RISPERIDONE 4 MG ODT TABLET	1	
REPAGLINIDE 2 MG TABLET	1		RISPERIDONE 0.25 MG TABLET	1	
REPATHA 140 MG/ML SURECLICK	4	PA, SRX	RISPERIDONE 0.5 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
RISPERIDONE 1 MG TABLET	1	
RISPERIDONE 2 MG TABLET	1	
RISPERIDONE 3 MG TABLET	1	
RISPERIDONE 4 MG TABLET	1	
RITEFLO SPACER	2	QL
RITONAVIR 100 MG TABLET	1	
RIVASTIGMINE 1.5 MG CAPSULE	1	
RIVASTIGMINE 3 MG CAPSULE	1	
RIVASTIGMINE 4.5 MG CAPSULE	1	
RIVASTIGMINE 6 MG CAPSULE	1	
RIVASTIGMINE 4.6 MG/24HR PATCH	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1	
RIVASTIGMINE 13.3 MG/24HR PATCH	1	
RIVELSA TABLET	1	
RIZATRIPTAN 5 MG ODT TABLET	1	QL
RIZATRIPTAN 10 MG ODT TABLET	1	QL
RIZATRIPTAN 5 MG TABLET	1	QL
RIZATRIPTAN 10 MG TABLET	1	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	3	QL
ROFLUMILAST 500 MCG TABLET	3	QL
ROPINIROLE 0.25 MG TABLET	1	
ROPINIROLE 0.5 MG TABLET	1	
ROPINIROLE 1 MG TABLET	1	
ROPINIROLE 2 MG TABLET	1	
ROPINIROLE 3 MG TABLET	1	
ROPINIROLE 4 MG TABLET	1	
ROPINIROLE 5 MG TABLET	1	
ROPINIROLE ER 2 MG TABLET	1	
ROPINIROLE ER 4 MG TABLET	1	
ROPINIROLE ER 6 MG TABLET	1	
ROPINIROLE ER 8 MG TABLET	1	
ROPINIROLE ER 12 MG TABLET	1	
ROSADAN 0.75% CREAM	1	
ROSADAN 0.75% GEL	1	
ROSUVASTATIN 5 MG TABLET	1	
ROSUVASTATIN 10 MG TABLET	1	
ROSUVASTATIN 20 MG TABLET	1	
ROSUVASTATIN 40 MG TABLET	1	
ROTARIX VACCINE ORAL SYRINGE	2	
ROTARIX VACCINE SUSPENSION	2	

Medication Name	Tier	Notes
ROTATEQ VACCINE	2	
ROWEEPRA 500 MG TABLET	1	
ROWEEPRA 750 MG TABLET	1	
ROWEEPRA 1,000 MG TABLET	1	
RUFINAMIDE 40 MG/ML SUSPENSION	3	PA, QL
RUFINAMIDE 200 MG TABLET	3	PA, QL
RUFINAMIDE 400 MG TABLET	3	PA, QL
RYBELSUS 3 MG TABLET	2	PA, QL
RYBELSUS 7 MG TABLET	2	PA, QL
RYBELSUS 14 MG TABLET	2	PA, QL
SAFESNAP INSULIN SYRINGE 0.3 ML	2	
SAFESNAP INSULIN SYRINGE 0.5 ML	2	
SAFESNAP INSULIN SYRINGE 1 ML	2	
SAFETY PEN NEEDLE 31G 4MM	2	
SAFETY PEN NEEDLE 31G 5MM	2	
SAJAZIR 30 MG/3 ML SYRINGE	4	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	1	
SALSALATE 500 MG TABLET	1	
SALSALATE 750 MG TABLET	1	
SANTYL OINTMENT	3	PA, QL
SAPROTERIN 100 MG POWDER PACKET	4	PA, SRX
SAPROTERIN 500 MG POWDER PACKET	4	PA, SRX
SAPROTERIN 100 MG TABLET	4	PA, SRX
SAVAYSA 15 MG TABLET	3	PA, QL
SAVAYSA 30 MG TABLET	3	PA, QL
SAVAYSA 60 MG TABLET	3	PA, QL
SAVELLA 12.5 MG TABLET	3	
SAVELLA 25 MG TABLET	3	
SAVELLA 50 MG TABLET	3	
SAVELLA 100 MG TABLET	3	
SAVELLA TITRATION PACK	3	
SAXAGLIPTIN 2.5 MG TABLET	1	QL
SAXAGLIPTIN 5 MG TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 2.5-1000 TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 5-500 TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 5-1000 TABLET	1	QL
SCOPOLAMINE 1 MG/3 DAY PATCH	1	
SECONAL 100 MG CAPSULE	3	
SECURESAFE PEN NEEDLE 30G 5/16"	2	
SECURESAFE SYRINGE 0.5 ML 29G 1/2"	2	
SECURESAFE SYRINGE 1 ML 29G 1/2"	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SELEGILINE 5 MG CAPSULE	1		SIMVASTATIN 5 MG TABLET	1	
SELEGILINE 5 MG TABLET	1		SIMVASTATIN 10 MG TABLET	1	
SELENIUM SULFIDE 2.25% SHAMPOO	1		SIMVASTATIN 20 MG TABLET	1	
SELENIUM SULFIDE 2.5% LOTION	1		SIMVASTATIN 40 MG TABLET	1	
SE-NATAL 19 CHEWABLE TABLET	1		SIMVASTATIN 80 MG TABLET	1	QL
SE-NATAL-19 TABLET	1		SIROLIMUS 1 MG/ML ORAL SOLUTION	4	SRX
SEREVENT DISKUS 50 MCG	3	QL, ST	SIROLIMUS 0.5 MG TABLET	1	
SERTRALINE 20 MG/ML ORAL CONCENTRATE	1	QL	SIROLIMUS 1 MG TABLET	1	
SERTRALINE 25 MG TABLET	1	QL	SIROLIMUS 2 MG TABLET	1	
SERTRALINE 50 MG TABLET	1	QL	SIRTURO 20 MG TABLET	3	PA
SERTRALINE 100 MG TABLET	1	QL	SIRTURO 100 MG TABLET	3	PA
SETLAKIN 0.15 MG-0.03 MG TABLET	1		SKY SAFETY PEN NEEDLE 30G 5MM	2	
SEVELAMER CARBONATE 800 MG TABLET	3		SKY SAFETY PEN NEEDLE 30G 8MM	2	
SF 1.1% GEL	1		SKYRIZI 150 MG/ML PEN	4	PA, QL, SRX
SF 5000 PLUS TOOTHPASTE	1		SKYRIZI 150 MG/ML SYRINGE	4	PA, QL, SRX
SHAROBEL 0.35 MG TABLET	1		SKYRIZI 180 MG/1.2 ML ON-BODY	4	PA, QL, SRX
SHINGRIX VIAL KIT	2	QL	SKYRIZI 360 MG/2.4 ML ON-BODY	4	PA, QL, SRX
SHOPKO UNIFINE PENTIP 4MM 32G	2		SLYND 4 MG TABLET	3	
SHOPKO UNIFINE PENTIP 5MM 31G	2		SM INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
SHOPKO UNIFINE PENTIP 8MM 31G	2		SM INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
SHOPKO UNIFINE PENTIP 12MM 29G	2		SM INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
SIDESTREAM PEDIATRIC FACE MASK	2	QL	SM INSULIN SYRINGE 0.5 ML 28G 1/2"	2	
SIGNIFOR 0.3 MG/ML AMPULE	4	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
SIGNIFOR 0.6 MG/ML AMPULE	4	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
SIGNIFOR 0.9 MG/ML AMPULE	4	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
SILDENAFIL 20 MG TABLET	4	PA, SRX	SM INSULIN SYRINGE 1 ML 28G 1/2"	2	
SILHOUETTE INFUSION SET 23"	2		SM INSULIN SYRINGE 1 ML 29G 1/2"	2	
SILICONE MASK-INFANT	2	QL	SM INSULIN SYRINGE 1 ML 30G 5/16"	2	
SILICONE MASK-PEDIATRIC	2	QL	SM INSULIN SYRINGE 1 ML 31G 5/16"	2	
SILODOSIN 4 MG CAPSULE	1	QL	SMARTEST CONTROL SOLUTION	2	
SILODOSIN 8 MG CAPSULE	1	QL	SODIUM CHLORIDE 0.9% INHALATION VIAL	1	
SIL-SERTER INFUSION SET	2		SODIUM CHLORIDE 0.9% IRRIGATION	1	
SILVER NITRATE 0.5% TOPICAL SOLUTION	1		SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	1	
SILVER NITRATE 10% TOPICAL SOLUTION	1		SODIUM CHLORIDE 3% VIAL	1	
SILVER NITRATE 25% TOPICAL SOLUTION	1		SODIUM CHLORIDE 7% VIAL	1	
SILVER NITRATE 50% TOPICAL SOLUTION	1		SODIUM CHLORIDE 10% VIAL	1	
SILVER SULFADIAZINE 1% CREAM	1		SODIUM FLUORIDE 1.1% GEL	1	
SIMBRINZA 1%-0.2% EYE DROPS	2		SODIUM FLUORIDE 0.2% RINSE	1	
SIMLANDI(CF) AI 40 MG/0.4 ML AUTO-INJECTOR	4	PA, QL, SRX	SODIUM FLUORIDE 1.1% TOOTHPASTE	1	
SIMLIYA 28 DAY TABLET	1		SODIUM FLUORIDE 5000 DRY MOUTH TOOTHPASTE	1	
SIMPESSE 0.15-0.03-0.01 MG TABLET	1		SODIUM FLUORIDE 5000 PLUS TOOTHPASTE	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SODIUM FLUORIDE 5000 PPM TOOTHPASTE	1		SPIRONOLACTONE 25 MG TABLET	1	
SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE	1		SPIRONOLACTONE 50 MG TABLET	1	
SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE	1		SPIRONOLACTONE 100 MG TABLET	1	
SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	1		SPIRONOLACTONE-HCTZ 25-25 TABLET	1	
SODIUM PHENYLBUTYRATE POWDER	4	SRX	SPRINTEC 28 DAY TABLET	1	
SODIUM PHENYLBUTYRATE 500MG TABLET	4	SRX	SPRYCEL 20 MG TABLET	4	PA, QL, SRX
SODIUM POLYSTYRENE SULFATE POWDER	1		SPRYCEL 50 MG TABLET	4	PA, QL, SRX
SODIUM POLYSTYRENE SULFONATE 15 G/60 ML SUSPENSION	1		SPRYCEL 70 MG TABLET	4	PA, QL, SRX
SODIUM SULFACETAMIDE 10% LOTION	1		SPRYCEL 80 MG TABLET	4	PA, QL, SRX
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION	3		SPRYCEL 100 MG TABLET	4	PA, QL, SRX
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	4	PA, QL, SRX	SPRYCEL 140 MG TABLET	4	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	2	QL	SPS 15 GM/60 ML SUSPENSION	1	
SOLIFENACIN 10 MG TABLET	2	QL	SPS 30 GM/120 ML ENEMA SUSPENSION	1	
SOLUTIONUS V2 CONTROL SOLUTION HIGH	2		SRONYX 0.10-0.02 MG TABLET	1	
SOLUTIONUS V2 CONTROL SOLUTION LOW	2		SSKI 1 GM/ML ORAL SOLUTION	3	
SOMAVERT 10 MG VIAL	4	PA, LDD, SRX	STAVUDINE 40 MG CAPSULE	1	
SOMAVERT 15 MG VIAL	4	PA, LDD, SRX	STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
SOMAVERT 20 MG VIAL	4	PA, LDD, SRX	STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX
SOMAVERT 25 MG VIAL	4	PA, LDD, SRX	STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX
SOMAVERT 30 MG VIAL	4	PA, LDD, SRX	STERILE WATER FOR IRRIGATION	1	
SORAFENIB 200 MG TABLET	4	PA, QL, SRX	STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX
SOTALOL 80 MG TABLET	1		STRIBILD TABLET	3	QL
SOTALOL 120 MG TABLET	1		STRIVE PEAK FLOW METER	2	
SOTALOL 160 MG TABLET	1		STRIVERDI RESPIMAT INHALATION SPRAY	2	QL
SOTALOL 240 MG TABLET	1		SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	2	
SOTALOL AF 80 MG TABLET	1		SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	2	
SOTALOL AF 120 MG TABLET	1		SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	2	
SOTALOL AF 160 MG TABLET	1		SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	2	
SOTYKTU 6 MG TABLET	4	PA, QL, SRX	SUBVENITE 25 MG TABLET	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA	SUBVENITE 100 MG TABLET	1	
SOVALDI 150 MG PELLET PACKET	3	PA, QL	SUBVENITE 150 MG TABLET	1	
SOVALDI 200 MG PELLET PACKET	3	PA, QL	SUBVENITE 200 MG TABLET	1	
SOVALDI 200 MG TABLET	3	PA, QL	SUBVENITE TABLET STARTER KIT (BLUE)	1	
SOVALDI 400 MG TABLET	3	PA, QL	SUBVENITE TABLET STARTER KIT (GREEN)	1	
SPIKEVAX (12Y UP) SYRINGE	2		SUBVENITE TABLET STARTER KIT (ORANGE)	1	
SPIKEVAX (12Y UP) VIAL	2		SUCRAID 8,500 UNIT/ML ORAL SOLUTION	4	LDD, SRX
SPIKEVAX COVID (18Y UP) VACCINE	2		SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	4	LDD, SRX
SPINOSAD 0.9% TOPICAL SUSPENSION	2		SUCRALFATE 1 GM TABLET	1	
			SULFACETAMIDE 10% EYE DROPS	1	
			SULFACETAMIDE 10% EYE OINTMENT	1	
			SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SULFADIAZINE 500 MG TABLET	3		SURE-FINE PEN NEEDLE 12.7MM	2	
SULFAMETHOXAZOLE-TMP SUSPENSION	1		SURE-JECT INSULIN 0.3 ML 31G 5/16"	2	
SULFAMETHOXAZOLE-TMP DS TABLET	1		SURE-JECT INSULIN 0.5 ML 31G 5/16"	2	
SULFAMETHOXAZOLE-TMP SS TABLET	1		SURE-JECT INSULIN SYRINGE 1 ML	2	
SULFAMYLLON 8.5% CREAM	3		SURE-JECT INSULIN SYRINGE U100 0.3 ML	2	
SULFASALAZINE 500 MG TABLET	1		SURE-JECT INSULIN SYRINGE U100 0.5 ML	2	
SULFASALAZINE DR 500 MG TABLET	1		SURE-JECT INSULIN SYRINGE U100 1 ML	2	
SULF-PRED 10-0.23% EYE DROPS	1		SURE-TEST EASYPLUS MINI SOLUTION	2	
SULINDAC 150 MG TABLET	1		SYEDA 28 TABLET	1	
SULINDAC 200 MG TABLET	1		SYMAX FASTABS 0.125 MG TABLET	1	
SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	1	QL	SYMAX-SL 0.125 MG SUBLINGUAL TABLET	1	
SUMATRIPTAN 4 MG/0.5 ML CARTRIDGE	1	QL	SYMAX-SR 0.375 MG TABLET	1	
SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	1	QL	SYMLINPEN 60 PEN INJECTOR	3	QL
SUMATRIPTAN 4 MG/0.5 ML INJECTOR	1	QL	SYMLINPEN 120 PEN INJECTOR	3	QL
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL	SYMTOZA 800-150-200-10 MG TABLET	3	QL
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL	SYNAREL 2 MG/ML NASAL SPRAY	4	PA, SRX
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL	SYNERA PATCH	3	
SUMATRIPTAN SUCCINATE 25 MG TABLET	1	QL	SYNJARDY 5-500 MG TABLET	2	QL
SUMATRIPTAN SUCCINATE 50 MG TABLET	1	QL	SYNJARDY 5-1,000 MG TABLET	2	QL
SUMATRIPTAN SUCCINATE 100 MG TABLET	1	QL	SYNJARDY 12.5-500 MG TABLET	2	QL
SUNITINIB 12.5 MG CAPSULE	4	PA, QL, SRX	SYNJARDY 12.5-1,000 MG TABLET	2	QL
SUNITINIB 25 MG CAPSULE	4	PA, QL, SRX	SYNJARDY XR 5-1,000 MG TABLET	2	QL
SUNITINIB 37.5 MG CAPSULE	4	PA, QL, SRX	SYNJARDY XR 10-1,000 MG TABLET	2	QL
SUNITINIB 50 MG CAPSULE	4	PA, QL, SRX	SYNJARDY XR 12.5-1,000 MG TABLET	2	QL
SURE COMFORT 0.3 ML SYRINGE	2		SYNJARDY XR 25-1,000 MG TABLET	2	QL
SURE COMFORT 0.5 ML SYRINGE	2		SYNTHROID 25 MCG TABLET	3	
SURE COMFORT 1 ML SYRINGE	2		SYNTHROID 50 MCG TABLET	3	
SURE COMFORT 3/10 ML SYRINGE	2		SYNTHROID 75 MCG TABLET	3	
SURE COMFORT 30G PEN NEEDLE	2		SYNTHROID 88 MCG TABLET	3	
SURE COMFORT INSULIN 0.3ML 31G 1/4"	2		SYNTHROID 100 MCG TABLET	3	
SURE COMFORT INSULIN 0.5ML 31G 1/4"	2		SYNTHROID 112 MCG TABLET	3	
SURE COMFORT INSULIN 1 ML 31G 1/4"	2		SYNTHROID 125 MCG TABLET	3	
SURE COMFORT PEN NEEDLE 29G 1/2"	2		SYNTHROID 137 MCG TABLET	3	
SURE COMFORT PEN NEEDLE 31G 5MM	2		SYNTHROID 150 MCG TABLET	3	
SURE COMFORT PEN NEEDLE 31G 8MM	2		SYNTHROID 175 MCG TABLET	3	
SURE COMFORT PEN NEEDLE 32G 4MM	2		SYNTHROID 200 MCG TABLET	3	
SURE COMFORT PEN NEEDLE 32G 6MM	2		SYNTHROID 300 MCG TABLET	3	
SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	2		T:30 INFUSION SET 23" 13MM	2	
SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	2		T:30 INFUSION SET 43" 13MM	2	
SURE-FINE PEN NEEDLE 5MM	2		T:90 INFUSION SET 23" 6MM	2	
SURE-FINE PEN NEEDLE 8MM	2		T:90 INFUSION SET 23" 9MM	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
T:90 INFUSION SET 43" 9MM	2		TAZTIA XT 360 MG CAPSULE	1	
T:FLEX 4.8 ML CARTRIDGE	2		TDVAX VIAL	2	
T:SLIM 3 ML CARTRIDGE	2		TECHLITE 0.3 ML 29G 12MM (1/2)	2	
T:SLIM G4 3 ML CARTRIDGE	2		TECHLITE 0.3 ML 30G 8MM (1/2)	2	
T:SLIM X2 3 ML CARTRIDGE	2		TECHLITE 0.3 ML 30G 12MM (1/2)	2	
TABLOID 40 MG TABLET	3	PA	TECHLITE 0.3 ML 31G 6MM (1/2)	2	
TAMSULOSIN 0.4 MG CAPSULE	1		TECHLITE 0.3 ML 31G 8MM (1/2)	2	
TACROLIMUS 0.5 MG CAPSULE (IR)	1		TECHLITE 0.5 ML 29G 12MM (1/2)	2	
TACROLIMUS 1 MG CAPSULE (IR)	1		TECHLITE 0.5 ML 30G 8MM (1/2)	2	
TACROLIMUS 5 MG CAPSULE (IR)	1		TECHLITE 0.5 ML 30G 12MM (1/2)	2	
TACROLIMUS 0.1% OINTMENT	1		TECHLITE 0.5 ML 31G 6MM (1/2)	2	
TACROLIMUS 0.03% OINTMENT	1		TECHLITE 0.5 ML 31G 8MM (1/2)	2	
TADALAFIL 2.5 MG TABLET	1	PA, QL	TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	2	
TADALAFIL 5 MG TABLET	1	PA, QL	TECHLITE INSULIN SYRINGE 1 ML 30G 8MM	2	
TADALAFIL 20 MG TABLET	4	PA, SRX	TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	2	
TAFINLAR 10 MG TABLET FOR SUSPENSION	4	PA, QL, SRX	TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	2	
TAFINLAR 50 MG CAPSULE	4	PA, QL, SRX	TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	2	
TAFINLAR 75 MG CAPSULE	4	PA, QL, SRX	TECHLITE PEN NEEDLE 29G 1/2"	2	
TAFLUPROST 0.0015% EYE DROPS	3	QL	TECHLITE PEN NEEDLE 29G 3/8"	2	
TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31G 1/4"	2	
TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31G 3/16"	2	
TAKE ACTION 1.5 MG TABLET	1		TECHLITE PEN NEEDLE 31G 5/16"	2	
TAMOXIFEN 10 MG TABLET	1		TECHLITE PEN NEEDLE 32G 1/4"	2	
TAMOXIFEN 20 MG TABLET	1		TECHLITE PEN NEEDLE 32G 5/16"	2	
TARINA 24 FE 1 MG-20 MCG TABLET	1		TECHLITE PEN NEEDLE 32G 5/32"	2	
TARINA FE 1-20 TABLET	1		TELCARE CONTROL SOLUTION	2	
TARINA FE 1-20 EQ TABLET	1		TELMISARTAN 20 MG TABLET	1	
TARON-C DHA CAPSULE	1		TELMISARTAN 40 MG TABLET	1	
TARON-PREX PRENATAL DHA CAPSULE	1		TELMISARTAN 80 MG TABLET	1	
TASIGNA 50 MG CAPSULE	4	PA, QL, SRX	TELMISARTAN-AMLODIPINE 40-5 MG TABLET	1	
TASIGNA 150 MG CAPSULE	4	PA, QL, SRX	TELMISARTAN-AMLODIPINE 40-10 MG TABLET	1	
TASIGNA 200 MG CAPSULE	4	PA, QL, SRX	TELMISARTAN-AMLODIPINE 80-5 MG TABLET	1	
TAYSOFY 1 MG-20 MCG CAPSULE	1		TELMISARTAN-AMLODIPINE 80-10 MG TABLET	1	
TAZAROTENE 0.1% CREAM	2		TELMISARTAN-HCTZ 40-12.5 MG TABLET	1	
TAZAROTENE 0.05% GEL	3		TELMISARTAN-HCTZ 80-12.5 MG TABLET	1	
TAZAROTENE 0.1% GEL	3		TELMISARTAN-HCTZ 80-25 MG TABLET	1	
TAZORAC 0.05% CREAM	3		TEMAZEPAM 7.5 MG CAPSULE	1	
TAZTIA XT 120 MG CAPSULE	1		TEMAZEPAM 15 MG CAPSULE	1	
TAZTIA XT 180 MG CAPSULE	1		TEMAZEPAM 22.5 MG CAPSULE	1	
TAZTIA XT 240 MG CAPSULE	1		TEMAZEPAM 30 MG CAPSULE	1	
TAZTIA XT 300 MG CAPSULE	1		TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX	TERUMO SURGUARD2 NEEDLE 27 1/2"	2	
TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX	TERUMO SURGUARD2 NEEDLE 30 1/2"	2	
TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX	TERUMO SYRINGE 3 ML	2	
TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX	TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX	TESTOSTERONE 1.62% GEL PUMP	2	QL
TENCON 50-325 MG TABLET	1		TESTOSTERONE 10 MG GEL PUMP	2	QL
TENIVAC SYRINGE	2		TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	2	QL
TENIVAC VIAL	2		TESTOSTERONE 1% (25 MG/2.5 G) PACKET	2	QL
TENOFOVIR 300 MG TABLET	1		TESTOSTERONE 1% (50 MG/5 G) PACKET	2	QL
TERAZOSIN 1 MG CAPSULE	1		TESTOSTERONE 1.62%(1.25 G) PACKET	2	QL
TERAZOSIN 2 MG CAPSULE	1		TESTOSTERONE 1.62% (2.5 G) PACKET	2	QL
TERAZOSIN 5 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM PACKET	2	QL
TERAZOSIN 10 MG CAPSULE	1		TESTOSTERONE CYPIONATE 200 MG/ML VIAL	1	
TERBINAFINE 250 MG TABLET	1		TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	1	
TERBUTALINE 2.5 MG TABLET	1		TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	1	
TERBUTALINE 5 MG TABLET	1		TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	1	
TERCONAZOLE 0.4% CREAM	1		TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	1	
TERCONAZOLE 0.8% CREAM	1		TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	1	
TERCONAZOLE 80 MG SUPPOSITORY	1		TESTOSTERONE ENANTHATE 200 MG/ML VIAL	1	
TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX	TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	1	
TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX	TETRABENAZINE 12.5 MG TABLET	4	PA, QL, SRX
TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	2		TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX
TERUMO INSULIN SYRINGE U100-1/3 ML	2		TETRACAINE 0.5% EYE DROPS	1	
TERUMO INSULIN SYRINGE U100-1/2 ML	2		TETRACAINE 0.5% STERI-UNIT EYE SOLUTION	1	
TERUMO INSULIN SYRINGE U100-1 ML	2		TETRACYCLINE 250 MG CAPSULE	2	
TERUMO SURGUARD2 NEEDLE 18G 1"	2		TETRACYCLINE 500 MG CAPSULE	2	
TERUMO SURGUARD2 NEEDLE 18 1.5"	2		TEXACORT 2.5% TOPICAL SOLUTION	3	
TERUMO SURGUARD2 NEEDLE 19G 1"	2		THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX
TERUMO SURGUARD2 NEEDLE 19 1.5"	2		THALOMID 100 MG CAPSULE	4	PA, QL, LDD, SRX
TERUMO SURGUARD2 NEEDLE 20G 1"	2		THALOMID 150 MG CAPSULE	4	PA, QL, SRX
TERUMO SURGUARD2 NEEDLE 20 1.5"	2		THALOMID 200 MG CAPSULE	4	PA, QL, SRX
TERUMO SURGUARD2 NEEDLE 21G 1"	2		THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION	1	
TERUMO SURGUARD2 NEEDLE 21G 1-1.5"	2		THEOPHYLLINE ER 100 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 22G 1"	2		THEOPHYLLINE ER 200 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 22 1-1/2"	2		THEOPHYLLINE ER 300 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 23G 1"	2		THEOPHYLLINE ER 400 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 23 1-1/2"	2		THEOPHYLLINE ER 450 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 25G 1"	2		THEOPHYLLINE ER 600 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 25 1.5"	2		THINPRO INSULIN SYRINGE U100-0.3 ML	2	
TERUMO SURGUARD2 NEEDLE 25 5/8"	2		THINPRO INSULIN SYRINGE U100-0.5 ML	2	
TERUMO SURGUARD2 NEEDLE 26 1/2"	2		THINPRO INSULIN SYRINGE U100-1 ML	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
THIORIDAZINE 10 MG TABLET	1	
THIORIDAZINE 25 MG TABLET	1	
THIORIDAZINE 50 MG TABLET	1	
THIORIDAZINE 100 MG TABLET	1	
THIOTHIXENE 1 MG CAPSULE	1	
THIOTHIXENE 2 MG CAPSULE	1	
THIOTHIXENE 5 MG CAPSULE	1	
THIOTHIXENE 10 MG CAPSULE	1	
THRIVITE 19 TABLET	1	
THYROID 15 MG TABLET	1	
THYROID 30 MG TABLET	1	
THYROID 60 MG TABLET	1	
THYROID 90 MG TABLET	1	
THYROID 120 MG TABLET	1	
TIADYL ER 120 MG CAPSULE	1	
TIADYL ER 180 MG CAPSULE	1	
TIADYL ER 240 MG CAPSULE	1	
TIADYL ER 300 MG CAPSULE	1	
TIADYL ER 360 MG CAPSULE	1	
TIADYL ER 420 MG CAPSULE	1	
TIAGABINE 2 MG TABLET	1	
TIAGABINE 4 MG TABLET	1	
TIAGABINE 12 MG TABLET	1	
TIAGABINE 16 MG TABLET	1	
TILIA FE 28 TABLET	1	
TIMOLOL 0.25% EYE DROPS	1	
TIMOLOL 0.5% EYE DROPS	1	
TIMOLOL 0.25% GEL-SOLUTION	1	
TIMOLOL 0.5% GEL-SOLUTION	1	
TIMOLOL 0.5% GFS GEL-SOLUTION	1	
TIMOLOL 5 MG TABLET	1	
TIMOLOL 10 MG TABLET	1	
TIMOLOL 20 MG TABLET	1	
TINIDAZOLE 250 MG TABLET	1	
TINIDAZOLE 500 MG TABLET	1	
TIOPRONIN 100 MG TABLET	4	LDD, SRX
TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION	3	
TIVICAY 10 MG TABLET	2	
TIVICAY 25 MG TABLET	2	
TIVICAY 50 MG TABLET	2	
TIVICAY PD 5 MG TABLET FOR SUSPENSION	2	
TIZANIDINE 2 MG TABLET	1	

Medication Name	Tier	Notes
TIZANIDINE 4 MG TABLET	1	
TOBRAMYCIN 0.3% EYE DROPS	1	
TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX
TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX
TOBRAMYCIN-DEXAMETHASONE EYE DROPS	1	
TODAY'S HEALTH PEN NEEDLE 6MM 31G	2	
TOLCAPONE 100 MG TABLET	4	SRX
TOLMETIN 400 MG CAPSULE	1	
TOLMETIN 200 MG TABLET	1	
TOLMETIN 600 MG TABLET	1	
TOLTERODINE 1 MG TABLET	1	
TOLTERODINE 2 MG TABLET	1	
TOLTERODINE ER 2 MG CAPSULE	1	
TOLTERODINE ER 4 MG CAPSULE	1	
TOLVAPTAN 15 MG TABLET	4	PA, SRX
TOLVAPTAN 30 MG TABLET	4	PA, SRX
TOPCARE CLICKFINE 31G 1/4"	2	
TOPCARE CLICKFINE 31G 5/16"	2	
TOPCARE ULTRA COMFORT SYRINGE	2	
TOPIRAMATE 15 MG SPRINKLE CAPSULE	1	
TOPIRAMATE 25 MG SPRINKLE CAPSULE	1	
TOPIRAMATE 25 MG TABLET	1	
TOPIRAMATE 50 MG TABLET	1	
TOPIRAMATE 100 MG TABLET	1	
TOPIRAMATE 200 MG TABLET	1	
TOPIRAMATE ER 25 MG CAPSULE	2	
TOPIRAMATE ER 50 MG CAPSULE	2	
TOPIRAMATE ER 100 MG CAPSULE	2	
TOPIRAMATE ER 150 MG CAPSULE	2	
TOPIRAMATE ER 200 MG CAPSULE	2	
TOREMIFENE 60 MG TABLET	3	QL
TORPENZ 2.5 MG TABLET	4	PA, QL, SRX
TORPENZ 5 MG TABLET	4	PA, QL, SRX
TORPENZ 7.5 MG TABLET	4	PA, QL, SRX
TORPENZ 10 MG TABLET	4	PA, QL, SRX
TORSEMIDE 5 MG TABLET	1	
TORSEMIDE 10 MG TABLET	1	
TORSEMIDE 20 MG TABLET	1	
TORSEMIDE 100 MG TABLET	1	
TOVET EMOLLIENT 0.05% FOAM	2	
TRADJENTA 5 MG TABLET	2	QL

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRAMADOL 50 MG TABLET	1	QL	TRETIN-X 0.1% COMBO PACK	3	PA, AGE
TRAMADOL ER 100 MG TABLET	1	PA, QL	TRI FEMYNOR 28 TABLET	1	
TRAMADOL ER 200 MG TABLET	1	PA, QL	TRIAMCINOLONE 0.025% CREAM	1	
TRAMADOL ER 300 MG TABLET	1	PA, QL	TRIAMCINOLONE 0.1% CREAM	1	
TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET	1	QL	TRIAMCINOLONE 0.5% CREAM	1	
TRANDOLAPRIL 1 MG TABLET	1		TRIAMCINOLONE 0.1% DENTAL PASTE	1	
TRANDOLAPRIL 2 MG TABLET	1		TRIAMCINOLONE 0.025% LOTION	1	
TRANDOLAPRIL 4 MG TABLET	1		TRIAMCINOLONE 0.1% LOTION	1	
TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET	1		TRIAMCINOLONE 0.025% OINTMENT	1	
TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET	1		TRIAMCINOLONE 0.1% OINTMENT	1	
TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET	1		TRIAMCINOLONE 0.5% OINTMENT	1	
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG	1		TRIAMTERENE 50 MG CAPSULE	3	
TRANEXAMIC ACID 650 MG TABLET	1		TRIAMTERENE 100 MG CAPSULE	3	
TRANLYCPROMINE 10 MG TABLET	2		TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	1	
TRAVOPROST 0.004% EYE DROPS	1		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	1	
TRAZODONE 150 MG TABLET	1		TRIAZOLAM 0.25 MG TABLET	1	
TRAZODONE 300 MG TABLET	1		TRIDACAIN II 5% PATCH	1	
TRECTOR 250 MG TABLET	3		TRIDACAIN III 5% PATCH	1	
TRELEGY ELLIPTA 100-62.5-25	2	QL	TRIDERM 0.1% CREAM	1	
TRELEGY ELLIPTA 200-62.5-25	2	QL	TRIDERM 0.5% CREAM	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	4	PA, QL, SRX	TRI-ESTARYLLA TABLET	1	
TREMFYA 100 MG/ML SYRINGE	4	PA, QL, SRX	TRIFLUOPERAZINE 1 MG TABLET	1	
TRESIBA 100 UNIT/ML VIAL	2	QL	TRIFLUOPERAZINE 2 MG TABLET	1	
TRESIBA FLEXTOUCH 100 UNIT/ML	2	QL	TRIFLUOPERAZINE 5 MG TABLET	1	
TRESIBA FLEXTOUCH 200 UNIT/ML	2	QL	TRIFLUOPERAZINE 10 MG TABLET	1	
TRETINOIN 0.025% CREAM	1	PA, AGE	TRIFLURIDINE 1% EYE DROPS	1	
TRETINOIN 0.05% CREAM	1	PA, AGE	TRIHXYPHENIDYL 2 MG/5 ML ORAL SOLUTION	1	
TRETINOIN 0.1% CREAM	1	PA, AGE	TRIHXYPHENIDYL 2 MG TABLET	1	
TRETINOIN 0.01% GEL	1	PA, AGE	TRIHXYPHENIDYL 5 MG TABLET	1	
TRETINOIN 0.025% GEL	1	PA, AGE	TRIKAFTA 50-25-37.5 MG/75 MG TABLET	4	PA, QL, LDD, SRX
TRETINOIN 0.05% GEL	1	PA, AGE	TRIKAFTA 80-40-60 MG/59.5 MG PACKET	4	PA, QL, LDD, SRX
TRETINOIN 10 MG CAPSULE	3	PA	TRIKAFTA 100-50-75 MG/75 MG PACKET	4	PA, QL, LDD, SRX
TRETINOIN GEL MICRO 0.04% PUMP	1	PA, AGE	TRIKAFTA 100-50-75 MG/150 MG TABLET	4	PA, QL, LDD, SRX
TRETINOIN GEL MICRO 0.1% PUMP	1	PA, AGE	TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN GEL MICRO 0.04% TUBE	1	PA, AGE	TRI-LINYAH TABLET	1	
TRETINOIN GEL MICRO 0.1% TUBE	1	PA, AGE	TRI-LO-ESTARYLLA TABLET	1	
TRETIN-X 0.075% CREAM	3	PA, AGE	TRI-LO-MARZIA TABLET	1	
TRETIN-X 0.025% CREAM COMBO PACK	3	PA, AGE	TRI-LO-MILI TABLET	1	
TRETIN-X 0.05% COMBO PACK	3	PA, AGE	TRI-LO-SPRINTEC TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRIMETHOBENZAMIDE 300 MG CAPSULE	1		TRUE COMFORT PRO 1 ML 30G 1/2"	2	
TRIMETHOPRIM 100 MG TABLET	1		TRUE COMFORT PRO 1ML 30G 5/16"	2	
TRI-MILI 28 TABLET	1		TRUE COMFORT PRO 1ML 31G 5/16"	2	
TRIMIPRAMINE 25 MG CAPSULE	1		TRUE COMFORT PRO 1ML 32G 5/16"	2	
TRIMIPRAMINE 50 MG CAPSULE	1		TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM	2	
TRIMIPRAMINE 100 MG CAPSULE	1		TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM	2	
TRINATAL RX 1 TABLET	1		TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM	2	
TRINTELLIX 5 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 1 CONTROL SOLUTION	2	
TRINTELLIX 10 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 2 CONTROL SOLUTION	2	
TRINTELLIX 20 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 3 CONTROL SOLUTION	2	
TRI-NYMYO 28 TABLET	1		TRUECONTROL GLUCOSE SOLUTION	2	
TRI-PREVIFEM TABLET	1		TRUEPLUS KETONE TEST STRIP	2	
TRI-SPRINTEC TABLET	1		TRUEPLUS PEN NEEDLE 29G 12MM	2	
TRIUMEQ 600-50-300 MG TABLET	3	QL	TRUEPLUS PEN NEEDLE 29G 1/2"	2	
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	3	QL	TRUEPLUS PEN NEEDLE 31G 5MM	2	
TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	1		TRUEPLUS PEN NEEDLE 31G 8MM	2	
TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	1		TRUEPLUS PEN NEEDLE 31G 1/4"	2	
TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	1		TRUEPLUS PEN NEEDLE 31G 3/16"	2	
TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	1		TRUEPLUS PEN NEEDLE 31G 5/16"	2	
TRIVORA-28 TABLET	1		TRUEPLUS PEN NEEDLE 32G 5/32"	2	
TRI-VYLIBRA 28 TABLET	1		TRUEPLUS SYRINGE 0.3ML 29G 1/2"	2	
TRI-VYLIBRA LO TABLET	1		TRUEPLUS SYRINGE 0.3ML 30G 5/16"	2	
TROPICAMIDE 0.5% EYE DROPS	1		TRUEPLUS SYRINGE 0.3ML 31G 5/16"	2	
TROPICAMIDE 1% EYE DROPS	1		TRUEPLUS SYRINGE 0.5ML 28G 1/2"	2	
TROSPIMUM 20 MG TABLET	1		TRUEPLUS SYRINGE 0.5ML 29G 1/2"	2	
TROSPIMUM ER 60 MG CAPSULE	1		TRUEPLUS SYRINGE 0.5ML 30G 5/16"	2	
TRUE COMFORT 0.5 ML 31G 5/16"	2		TRUEPLUS SYRINGE 0.5ML 31G 5/16"	2	
TRUE COMFORT 1 ML 31G 5/16"	2		TRUEPLUS SYRINGE 1ML 28G 1/2"	2	
TRUE COMFORT PEN NEEDLE 31G 5MM	2		TRUEPLUS SYRINGE 1ML 29G 1/2"	2	
TRUE COMFORT PEN NEEDLE 31G 6MM	2		TRUEPLUS SYRINGE 1ML 30G 5/16"	2	
TRUE COMFORT PEN NEEDLE 31G 8MM	2		TRUEPLUS SYRINGE 1ML 31G 5/16"	2	
TRUE COMFORT PEN NEEDLE 32G 4MM	2		TRULICITY 0.75 MG/0.5 ML PEN	2	PA, QL
TRUE COMFORT PEN NEEDLE 32G 5MM	2		TRULICITY 1.5 MG/0.5 ML PEN	2	PA, QL
TRUE COMFORT PEN NEEDLE 32G 6MM	2		TRULICITY 3 MG/0.5 ML PEN	2	PA, QL
TRUE COMFORT PEN NEEDLE 33G 4MM	2		TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL
TRUE COMFORT PEN NEEDLE 33G 5MM	2		TRUMENBA 120 MCG/0.5 ML VACCINE	2	
TRUE COMFORT PEN NEEDLE 33G 6MM	2		TRUSTEEL INFUSION SET 23" 6MM	2	
TRUE COMFORT PRO 0.5ML 30G 1/2"	2		TRUSTEEL INFUSION SET 23" 8MM	2	
TRUE COMFORT PRO 0.5ML 30G 5/16"	2		TRUSTEEL INFUSION SET 32" 6MM	2	
TRUE COMFORT PRO 0.5ML 31G 5/16"	2		TRUSTEEL INFUSION SET 32" 8MM	2	
TRUE COMFORT PRO 0.5ML 32G 5/16"	2		TRUZONE PEAK FLOW METER	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TUDORZA PRESSAIR 400 MCG INHALER	3	QL, ST	ULTICARE SYRINGE 0.5 ML 29G 1/2"	2	
TULANA 0.35 MG TABLET	1		ULTICARE SYRINGE 0.5 ML 30G 1/2"	2	
TURQOZ-28 TABLET	1		ULTICARE SYRINGE 0.5 ML 30G 5/16"	2	
TWINRIX VACCINE SYRINGE	2		ULTICARE SYRINGE 0.5 ML 31G 5/16"	2	
TYBOST 150 MG TABLET	2		ULTICARE SYRINGE 1 ML 30G 1/2"	2	
TYDEMY 3-0.03-0.451 MG TABLET	1		ULTICARE SYRINGE 1 ML 30G 5/16"	2	
TYMLOS 80 MCG DOSE PEN INJECTOR	4	PA, QL, SRX	ULTICARE SYRINGE 1 ML 31G 5/16"	2	
TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	4	PA, LDD, SRX	ULTIGUARD SAFEPACK 0.3ML 30G 12.7MM	2	
TYVASO INHALATION REFILL KIT	4	PA, LDD, SRX	ULTIGUARD SAFEPACK 0.3ML 31G 8MM	2	
TYVASO INHALATION STARTER KIT	4	PA, LDD, SRX	ULTIGUARD SAFEPACK 0.5ML 30G 12.7MM	2	
TYVASO INSTITUTIONAL STARTER KIT	4	PA, LDD, SRX	ULTIGUARD SAFEPACK 0.5ML 31G 8MM	2	
UDENYCA 6 MG/0.6 ML AUTO-INJECTOR	4	PA, SRX	ULTIGUARD SAFEPACK 1ML 30G 12.7MM	2	
UDENYCA 6 MG/0.6 ML ON-BODY	4	PA, SRX	ULTIGUARD SAFEPACK PACK 29G 12.7MM	2	
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA, SRX	ULTIGUARD SAFEPACK PACK 32G 4MM	2	
ULESFIA 5% LOTION	3		ULTIGUARD SAFEPACK 1ML 31G 8MM	2	
ULTICARE INSULIN 0.3 ML 30G 1/2"	2		ULTIGUARD SAFEPACK 31G 5MM	2	
ULTICARE INSULIN 0.3 ML 31G 1/4"	2		ULTIGUARD SAFEPACK 31G 6MM	2	
ULTICARE INSULIN 0.5 ML 30G 1/2"	2		ULTIGUARD SAFEPACK 31G 8MM	2	
ULTICARE INSULIN 0.5 ML 31G 1/4"	2		ULTIGUARD SAFEPACK 32G 4MM	2	
ULTICARE INSULIN 1 ML 31G 1/4"	2		ULTIGUARD SAFEPACK 32G 6MM	2	
ULTICARE INSULIN SAFETY 1ML 29G 1/2"	2		ULTILET INSULIN SYRINGE 0.3 ML	2	
ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	2		ULTILET INSULIN SYRINGE 0.5 ML	2	
ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	2		ULTILET INSULIN SYRINGE 1 ML	2	
ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	2		ULTILET PEN NEEDLE	2	
ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	2		ULTILET PEN NEEDLE 4MM 32G	2	
ULTICARE LDS SYRINGE 3 ML 22G 1.5"	2		ULTRA COMFORT 0.3 ML 29G 1/2"	2	
ULTICARE PEN NEEDLE 4MM 32G	2		ULTRA COMFORT 0.3 ML 31G 5/16" (1/2)	2	
ULTICARE PEN NEEDLE 6MM 31G	2		ULTRA COMFORT 0.3 ML SYRINGE	2	
ULTICARE PEN NEEDLE 6MM 32G	2		ULTRA COMFORT 0.5 ML 28G 1/2"	2	
ULTICARE PEN NEEDLE 8MM 31G	2		ULTRA COMFORT 0.5 ML 29G 1/2"	2	
ULTICARE PEN NEEDLE 12MM 29G	2		ULTRA COMFORT 0.5 ML 31G 5/16"	2	
ULTICARE PEN NEEDLE 12.7 MM 29G	2		ULTRA COMFORT 0.5 ML SYRINGE	2	
ULTICARE PEN NEEDLE 31G 3/16"	2		ULTRA COMFORT 1 ML 28G 1/2"	2	
ULTICARE SAFETY 0.5 ML 29G 1/2"	2		ULTRA COMFORT 1 ML 29G 1/2"	2	
ULTICARE SAFETY PEN NEEDLE 30G 8MM	2		ULTRA COMFORT 1 ML 30G 5/16"	2	
ULTICARE SAFETY PEN NEEDLE 5MM 30G	2		ULTRA COMFORT 1 ML 31G 5/16"	2	
ULTICARE SYRINGE 0.3 ML 29G 1/2"	2		ULTRA COMFORT 1 ML SYRINGE	2	
ULTICARE SYRINGE 0.3 ML 30G 1/2"	2		ULTRA FLO 0.3ML 30G 1/2" (1/2)	2	
ULTICARE SYRINGE 0.3 ML 30G 5/16"	2		ULTRA FLO 0.3ML 30G 5/16"(1/2)	2	
ULTICARE SYRINGE 0.3 ML 31G 5/16"	2		ULTRA FLO 0.3ML 31G 5/16"(1/2)	2	
ULTICARE SYRINGE 0.5 ML 28G 1/2"	2		ULTRA FLO PEN NEEDLE 29G 12MM	2	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ULTRA FLO PEN NEEDLE 31G 5MM	2		UNIFINE PENTIP 31G 8MM	2	
ULTRA FLO PEN NEEDLE 31G 8MM	2		UNIFINE PENTIP 31G 3/16"	2	
ULTRA FLO PEN NEEDLE 32G 4MM	2		UNIFINE PENTIP 32G 4MM	2	
ULTRA FLO PEN NEEDLE 33G 4MM	2		UNIFINE PENTIP 32G 6MM	2	
ULTRA FLO SYRINGE 0.3 ML 29G 1/2"	2		UNIFINE PENTIP 32G 1/4"	2	
ULTRA FLO SYRINGE 0.3 ML 30G 5/16"	2		UNIFINE PENTIP 32G 5/32"	2	
ULTRA FLO SYRINGE 0.3 ML 31G 5/16"	2		UNIFINE PENTIP 33G 5/32"	2	
ULTRA FLO SYRINGE 0.5 ML 29G 1/2"	2		UNIFINE PENTIP 6MM NEEDLE	2	
ULTRA THIN PEN NEEDLE 32G 4MM	2		UNIFINE PENTIP 8MM NEEDLE	2	
ULTRACARE INSULIN 0.3 ML 30G 5/16"	2		UNIFINE PENTIP MAX 30G 3/16"	2	
ULTRACARE INSULIN 0.3 ML 31G 5/16"	2		UNIFINE PENTIP NEEDLE 29G	2	
ULTRACARE INSULIN 0.5 ML 30G 1/2"	2		UNIFINE PENTIP PLUS 29G 1/2"	2	
ULTRACARE INSULIN 0.5 ML 30G 5/16"	2		UNIFINE PENTIP PLUS 30G 3/16"	2	
ULTRACARE INSULIN 0.5 ML 31G 5/16"	2		UNIFINE PENTIP PLUS 31G 1/4"	2	
ULTRACARE INSULIN 1 ML 30G 5/16"	2		UNIFINE PENTIP PLUS 31G 3/16"	2	
ULTRACARE INSULIN 1 ML 30G 1/2"	2		UNIFINE PENTIP PLUS 31G 5/16"	2	
ULTRACARE INSULIN 1 ML 31G 5/16"	2		UNIFINE PENTIP PLUS 32G 5/32"	2	
ULTRACARE PEN NEEDLE 31G 1/4"	2		UNIFINE PENTIP PLUS 33G 5/32"	2	
ULTRACARE PEN NEEDLE 31G 3/16"	2		UNIFINE PROTECT 30G 5MM	2	
ULTRACARE PEN NEEDLE 31G 5/16"	2		UNIFINE PROTECT 30G 8MM	2	
ULTRACARE PEN NEEDLE 32G 1/4"	2		UNIFINE PROTECT 32G 4MM	2	
ULTRACARE PEN NEEDLE 32G 3/16"	2		UNIFINE SAFECONTROL 30G 3/16"	2	
ULTRACARE PEN NEEDLE 32G 5/32"	2		UNIFINE SAFECONTROL 30G 5/16"	2	
ULTRACARE PEN NEEDLE 33G 5/32"	2		UNIFINE SAFECONTROL 32G 4MM	2	
ULTRA-THIN II 1 ML 31G 5/16"	2		UNIFINE ULTRA PEN NEEDLE 31G 5MM	2	
ULTRA-THIN II INSULIN 0.3 ML 30G	2		UNIFINE ULTRA PEN NEEDLE 31G 6MM	2	
ULTRA-THIN II INSULIN 0.3 ML 31G	2		UNIFINE ULTRA PEN NEEDLE 31G 8MM	2	
ULTRA-THIN II INSULIN 0.5 ML 29G	2		UNIFINE ULTRA PEN NEEDLE 32G 4MM	2	
ULTRA-THIN II INSULIN 0.5 ML 30G	2		UNISTrip CONTROL SOLUTION HIGH	2	
ULTRA-THIN II INSULIN 0.5 ML 31G	2		UNISTrip CONTROL SOLUTION LOW	2	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29G	2		UNITHROID 25 MCG TABLET	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 30G	2		UNITHROID 50 MCG TABLET	1	
ULTRA-THIN II PEN NEEDLE 29G 1/2"	2		UNITHROID 75 MCG TABLET	1	
ULTRA-THIN II PEN NEEDLE 31G 5/16"	2		UNITHROID 88 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	2		UNITHROID 100 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION NORMAL	2		UNITHROID 112 MCG TABLET	1	
ULTRATRAK ULTIMATE CONTROL SOLUTION	2		UNITHROID 125 MCG TABLET	1	
UNIFINE PEN NEEDLE 32G 4MM	2		UNITHROID 137 MCG TABLET	1	
UNIFINE PENTIP 29G 12MM	2		UNITHROID 150 MCG TABLET	1	
UNIFINE PENTIP 31G 5MM	2		UNITHROID 175 MCG TABLET	1	
UNIFINE PENTIP 31G 6MM	2		UNITHROID 200 MCG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
UNITHROID 300 MCG TABLET	1		VANISHPOINT 3 ML 22G 1.5" SYRINGE	2	
UPTRAVI 200 MCG TABLET	4	PA, LDD, SRX	VANISHPOINT 20G 1" 3 ML SYRINGE	2	
UPTRAVI 400 MCG TABLET	4	PA, LDD, SRX	VANISHPOINT 21G 1.5" 3 ML SYRINGE	2	
UPTRAVI 600 MCG TABLET	4	PA, LDD, SRX	VANISHPOINT 22G 1" 3 ML SYRINGE	2	
UPTRAVI 800 MCG TABLET	4	PA, LDD, SRX	VANISHPOINT 23G 1" 3 ML SYRINGE	2	
UPTRAVI 1,000 MCG TABLET	4	PA, LDD, SRX	VANISHPOINT 23G 1.5" 3 ML SYRINGE	2	
UPTRAVI 1,200 MCG TABLET	4	PA, LDD, SRX	VANISHPOINT 25G 1" 3 ML SYRINGE	2	
UPTRAVI 1,400 MCG TABLET	4	PA, LDD, SRX	VANISHPOINT 25G 5/8" 3 ML SYRINGE	2	
UPTRAVI 1,600 MCG TABLET	4	PA, LDD, SRX	VANISHPOINT INSULIN 1 ML 30G 3/16"	2	
UPTRAVI 200-800 TITRATION PACK	4	PA, LDD, SRX	VANISHPOINT U-100 29 1/2" SYRINGE	2	
URISTIX 4 REAGENT TEST STRIP	2		VAQTA 25 UNITS/0.5 ML SYRINGE	2	
URISTIX REAGENT TEST STRIP	2		VAQTA 50 UNITS/ML SYRINGE	2	
UROQID-ACID NO.2 500-500 TABLET	3		VAQTA 25 UNITS/0.5 ML VIAL	2	
URSODIOL 300 MG CAPSULE	1		VAQTA 50 UNITS/ML VIAL	2	
URSODIOL 250 MG TABLET	1		VARENICLINE 1 MG CONTINUING MONTH BOX	2	
URSODIOL 500 MG TABLET	1		VARENICLINE STARTING MONTH BOX	2	
USTELL CAPSULE	1		VARENICLINE 0.5 MG TABLET	2	
UTIRA-C TABLET	1		VARENICLINE 1 MG TABLET	2	
VALACYCLOVIR 500 MG TABLET	1		VARISOFT INFUSION SET 23" 13MM	2	
VALACYCLOVIR 1 GRAM TABLET	1		VARISOFT INFUSION SET 23" 17MM	2	
VALGANCICLOVIR 50 MG/ML ORAL SOLUTION	3		VARISOFT INFUSION SET 32" 13MM	2	
VALGANCICLOVIR 450 MG TABLET	3		VARISOFT INFUSION SET 32" 17MM	2	
VALPROIC ACID 250 MG CAPSULE	1		VARISOFT INFUSION SET 43" 13MM	2	
VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	1		VARISOFT INFUSION SET 43" 17MM	2	
VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	1		VARIVAX VACCINE VIAL	2	
VALSARTAN 40 MG TABLET	1		VARIVAX VACCINE WITH DILUENT	2	
VALSARTAN 80 MG TABLET	1		VAXELIS VACCINE SYRINGE	2	
VALSARTAN 160 MG TABLET	1		VAXELIS VACCINE VIAL	2	
VALSARTAN 320 MG TABLET	1		VAXNEUVANCE 0.5 ML SYRINGE	2	
VALSARTAN-HCTZ 80-12.5 MG TABLET	1		VELIVET 28 DAY TABLET	1	
VALSARTAN-HCTZ 160-12.5 MG TABLET	1		VEMLIDY 25 MG TABLET	4	PA, SRX
VALSARTAN-HCTZ 160-25 MG TABLET	1		VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-12.5 MG TABLET	1		VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-25 MG TABLET	1		VENCLEXTA 10 MG TABLET (10MG X 2)	4	PA, QL, LDD, SRX
VANADOM 350 MG TABLET	1		VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX
VANCOMYCIN 125 MG CAPSULE	3	QL	VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX
VANCOMYCIN 250 MG CAPSULE	3	QL	VENLAFAXINE 25 MG TABLET	1	QL
VANCOMYCIN 25 MG/ML ORAL SOLUTION	1	QL	VENLAFAXINE 37.5 MG TABLET	1	QL
VANDAZOLE VAGINAL 0.75% GEL	1		VENLAFAXINE 50 MG TABLET	1	QL
VANISHPOINT 0.5 ML 30G 1/2" SYRINGE	2		VENLAFAXINE 75 MG TABLET	1	QL
VANISHPOINT 3 ML 21G 1" SYRINGE	2		VENLAFAXINE 100 MG TABLET	1	QL

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VENLAFAXINE ER 37.5 MG CAPSULE	1	QL	VIENVA-28 TABLET	1	
VENLAFAXINE ER 75 MG CAPSULE	1	QL	VIGABATRIN 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VENLAFAXINE ER 150 MG CAPSULE	1	QL	VIGABATRIN 500 MG TABLET	4	PA, QL, LDD, SRX
VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	4	PA, LDD, SRX	VIGADRONE 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	4	PA, LDD, SRX	VIGADRONE 500 MG TABLET	4	PA, QL, LDD, SRX
VERAPAMIL 40 MG TABLET	1		VIGPODER 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VERAPAMIL 80 MG TABLET	1		VILAZODONE 10 MG TABLET	3	QL
VERAPAMIL 120 MG TABLET	1		VILAZODONE 20 MG TABLET	3	QL
VERAPAMIL ER 120 MG CAPSULE	1		VILAZODONE 40 MG TABLET	3	QL
VERAPAMIL ER 180 MG CAPSULE	1		VIOKACE 10,440-39,150 UNITS TABLET	3	
VERAPAMIL ER 240 MG CAPSULE	1		VIOKACE 20,880-78,300 UNITS TABLET	3	
VERAPAMIL ER 120 MG TABLET	1		VIORELE 28 DAY TABLET	1	
VERAPAMIL ER 180 MG TABLET	1		VIREAD POWDER	2	
VERAPAMIL ER 240 MG TABLET	1		VIREAD 150 MG TABLET	2	
VERAPAMIL ER PM 100 MG CAPSULE	2		VIREAD 200 MG TABLET	2	
VERAPAMIL ER PM 200 MG CAPSULE	2		VIREAD 250 MG TABLET	2	
VERAPAMIL ER PM 300 MG CAPSULE	2		VIRT-C DHA SOFTGEL	1	
VERAPAMIL SR 120 MG CAPSULE	1		VIRT-NATE DHA SOFTGEL	1	
VERAPAMIL SR 180 MG CAPSULE	1		VIRT-PN DHA SOFTGEL	1	
VERAPAMIL SR 240 MG CAPSULE	1		VIRT-PN PLUS SOFTGEL	1	
VERAPAMIL SR 360 MG CAPSULE	1		VISTOGARD 10 GRAM PACKET	4	LDD, SRX
VEREGEN 15% OINTMENT	3		VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS	1	
VERIFINE INSULIN SYRINGE 0.3ML 31G 8MM	2		VITAFOL-OB CAPLET	1	
VERIFINE INSULIN SYRINGE 0.5ML 29G 12MM	2		VITAMIN D2 1.25 MG (50,000 UNIT)	1	
VERIFINE INSULIN SYRINGE 0.5ML 31G 8MM	2		VIVAGUARD INO CONTROL SOLUTION-L1,2,3	2	
VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"	2		VIVAGUARD INO CONTROL SOLUTION-L2	2	
VERIFINE INSULIN SYRINGE 1 ML 29G 12MM	2		VOLNEA 0.15-0.02-0.01 MG TABLET	1	
VERIFINE INSULIN SYRINGE 1 ML 31G 8MM	2		VORICONAZOLE 40 MG/ML SUSPENSION	3	PA
VERIFINE PEN NEEDLE 29G 12MM	2		VORICONAZOLE 50 MG TABLET	3	PA
VERIFINE PEN NEEDLE 31G 5MM	2		VORICONAZOLE 200 MG TABLET	3	PA
VERIFINE PEN NEEDLE 31G 8MM	2		VORTEX ADULT MASK	2	QL
VERIFINE PEN NEEDLE 32G 4MM	2		VORTEX HOLDING CHAMBER	2	QL
VERIFINE PEN NEEDLE 32G 6MM	2		VORTEX VHC FROG CHILD MASK	2	QL
VERIFINE PLUS PEN NEEDLE 31G 5MM	2		VORTEX VHC LADYBUG TODDLER MASK	2	QL
VERIFINE PLUS PEN NEEDLE 31G 8MM	2		VOSEVI 400-100-100 MG TABLET	4	PA, QL, SRX
VERIFINE PLUS PEN NEEDLE 32G 4MM	2		VRAYLAR 1.5 MG CAPSULE	3	QL, ST
VERIFINE SYRINGE 0.3ML 31G 5/16"	2		VRAYLAR 3 MG CAPSULE	3	QL, ST
VERIFINE SYRINGE 0.5ML 29G 1/2"	2		VRAYLAR 4.5 MG CAPSULE	3	QL, ST
VERIFINE SYRINGE 0.5ML 31G 5/16"	2		VRAYLAR 6 MG CAPSULE	3	QL, ST
VERIFINE SYRINGE 1 ML 31G 5/16"	2		VRAYLAR 1.5 MG-3 MG PACK	3	QL, ST
VESTURA 3 MG-0.02 MG TABLET	1		VYFEMLA 0.4 MG-0.035 MG TABLET	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VYLIBRA 28 TABLET	1		XELJANZ 10 MG TABLET	4	PA, QL, SRX
VYNDAMAX 61 MG CAPSULE	4	PA, QL, LDD, SRX	XELJANZ XR 11 MG TABLET	4	PA, QL, SRX
WAKIX 4.45 MG TABLET	4	PA, QL, LDD, SRX	XELJANZ XR 22 MG TABLET	4	PA, QL, SRX
WAKIX 17.8 MG TABLET	4	PA, QL, LDD, SRX	XIFAXAN 200 MG TABLET	3	PA, QL
WARFARIN 1 MG TABLET	1		XIFAXAN 550 MG TABLET	3	PA, QL
WARFARIN 2 MG TABLET	1		XIGDUO XR 2.5 MG-1,000 MG TABLET	2	QL
WARFARIN 2.5 MG TABLET	1		XIGDUO XR 5 MG-500 MG TABLET	2	QL
WARFARIN 3 MG TABLET	1		XIGDUO XR 5 MG-1,000 MG TABLET	2	QL
WARFARIN 4 MG TABLET	1		XIGDUO XR 10 MG-500 MG TABLET	2	QL
WARFARIN 5 MG TABLET	1		XIGDUO XR 10 MG-1,000 MG TABLET	2	QL
WARFARIN 6 MG TABLET	1		XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	4	PA, LDD, SRX
WARFARIN 7.5 MG TABLET	1		XOLAIR 150 MG/ML AUTO-INJECTOR	4	PA, LDD, SRX
WARFARIN 10 MG TABLET	1		XOLAIR 300 MG/2 ML AUTO-INJECTOR	4	PA, LDD, SRX
WAVESENSE CONTROL SOLUTION NORMAL	2		XOLAIR 150 MG/1.2 ML POWDER VIAL	4	PA, LDD, SRX
WERA 0.5/0.035 MG 28 TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	4	PA, LDD, SRX
WESCAP-PN DHA CAPSULE	1		XOLAIR 150 MG/ML SYRINGE	4	PA, LDD, SRX
WESNATAL DHA COMPLETE	1		XOLAIR 300 MG/2 ML SYRINGE	4	PA, LDD, SRX
WESNATE DHA SOFTGEL	1		XTAMPZA ER 9 MG CAPSULE	2	PA
WESTAB PLUS TABLET	1		XTAMPZA ER 13.5 MG CAPSULE	2	PA
WIXELA 100-50 INHUB	1	QL	XTAMPZA ER 18 MG CAPSULE	2	PA
WIXELA 250-50 INHUB	1	QL	XTAMPZA ER 27 MG CAPSULE	2	PA
WIXELA 500-50 INHUB	1	QL	XTAMPZA ER 36 MG CAPSULE	2	PA
WM UNIFINE PENTIP PLUS 4MM 32G	2		XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 5MM 31G	2		XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 6MM 31G	2		XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 8MM 31G	2		XULANE 150-35 MCG/DAY PATCH	1	
WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	1		YALE NEEDLE 21G 1.25"	2	
XALKORI 200 MG CAPSULE	4	PA, QL, LDD, SRX	YARGESA 100 MG CAPSULE	4	PA, LDD, SRX
XALKORI 250 MG CAPSULE	4	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 4MM 32G	2	
XALKORI 20 MG PELLET	4	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 6MM 31G	2	
XALKORI 50 MG PELLET	4	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 8MM 31G	2	
XALKORI 150 MG PELLET	4	PA, QL, LDD, SRX	YUUVAFEM 10 MCG VAGINAL INSERT	1	QL
XARELTO 1 MG/ML SUSPENSION	2	QL	ZAFEMY 150-35 MCG/DAY PATCH	1	
XARELTO 2.5 MG TABLET	2	QL	ZAFIRLUKAST 10 MG TABLET	1	
XARELTO 10 MG TABLET	2	QL	ZAFIRLUKAST 20 MG TABLET	1	
XARELTO 15 MG TABLET	2	QL	ZALEPLON 5 MG CAPSULE	1	
XARELTO 20 MG TABLET	2	QL	ZALEPLON 10 MG CAPSULE	1	
XARELTO DVT-PE STARTER PACK	2	QL	ZARAH TABLET	1	
XDEMYVY 0.25% EYE DROPS	4	PA, QL, LDD, SRX	ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX
XELJANZ 1 MG/ML ORAL SOLUTION	4	PA, QL, SRX	ZARXIO 480 MCG/0.8 ML SYRINGE	4	SRX
XELJANZ 5 MG TABLET	4	PA, QL, SRX	ZATEAN-PN DHA CAPSULE	1	

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes
ZATEAN-PN PLUS SOFTGEL	1	
ZELBORAF 240 MG TABLET	4	PA, QL, LDD, SRX
ZELNORM 6 MG TABLET	3	
ZENATANE 10 MG CAPSULE	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	
ZENZEDI 5 MG TABLET	1	QL
ZENZEDI 10 MG TABLET	1	QL
ZEPOSIA 0.92 MG CAPSULE	4	PA, QL, LDD, SRX
ZEPOSIA STARTER KIT (28-DAY)	4	PA, QL, LDD, SRX
ZEPOSIA STARTER PACK (7-DAY)	4	PA, QL, LDD, SRX
ZEPATIER 50-100 MG TABLET	4	PA, QL, SRX
ZETONNA 37 MCG NASAL SPRAY	3	ST
ZIDOVUDINE 100 MG CAPSULE	1	
ZIDOVUDINE 50 MG/5 ML SYRUP	1	
ZIDOVUDINE 300 MG TABLET	1	
ZILEUTON ER 600 MG TABLET	4	SRX
ZIMHI 5 MG/0.5 ML SYRINGE	2	
ZIPRASIDONE 20 MG CAPSULE	1	
ZIPRASIDONE 40 MG CAPSULE	1	
ZIPRASIDONE 60 MG CAPSULE	1	
ZIPRASIDONE 80 MG CAPSULE	1	
ZIRGAN 0.15% EYE GEL	3	
ZOLADEX 3.6 MG IMPLANT SYRINGE	4	PA, SRX
ZOLADEX 10.8 MG IMPLANT SYRINGE	4	PA, SRX
ZOLINZA 100 MG CAPSULE	4	PA, QL, LDD, SRX
ZOLMITRIPTAN 2.5 MG ODT TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT TABLET	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM 5 MG TABLET	1	
ZOLPIDEM 10 MG TABLET	1	
ZOLPIDEM ER 6.25 MG TABLET	1	
ZOLPIDEM ER 12.5 MG TABLET	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 MG CAPSULE	1	
ZONISAMIDE 100 MG CAPSULE	1	
ZOVIA 1-35 TABLET	1	
ZUBSOLV 0.7-0.18 MG SUBLINGUAL TABLET	2	
ZUBSOLV 1.4-0.36 MG SUBLINGUAL TABLET	2	

Medication Name	Tier	Notes
ZUBSOLV 2.9-0.71 MG SUBLINGUAL TABLET	2	
ZUBSOLV 5.7-1.4 MG SUBLINGUAL TABLET	2	
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET	2	
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET	2	
ZUMANDIMINE 3 MG-0.03 MG TABLET	1	
ZURZUVAE 20 MG CAPSULE	4	PA, QL, LDD, SRX
ZURZUVAE 25 MG CAPSULE	4	PA, QL, LDD, SRX
ZURZUVAE 30 MG CAPSULE	4	PA, QL, LDD, SRX
ZYDELIG 100 MG TABLET	4	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	4	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	4	PA, QL, SRX
ZYLET EYE DROPS	3	PA

Frequently Asked Questions (FAQs)

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

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

A. 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/
bladder problems |
| • Diabetes | • Pain management |
| • Heartburn/ulcer/
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.

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.²

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.³

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.⁴

Express Scripts® Pharmacy for maintenance medications

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost⁵
- Refill reminders at no extra cost⁶
- Fill up to a 90-day supply at one time⁷
- Helpful pharmacists available 24/7

Here are three easy ways to get started.

1. Log in to the **myCigna App** or **myCigna.com** to move your prescription electronically. Click on the Prescriptions tab and select My Medications from the dropdown menu. Then 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).⁸ 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.
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**.
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. Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, **under any workers' compensation, employer's liability law or occupational disease law**, even if the Member does not claim those benefits.
10. Conditions caused by: (a) an **act of war (declared or undeclared)**; (b) the **inadvertent release of nuclear energy** when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) 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**; (f) a Member **being intoxicated**, as defined by applicable state law in the state where the Illness occurred **or under the influence of illegal narcotics or non-prescribed controlled substances** unless administered or prescribed by Physician.
11. Any **services provided by a local, state or federal government agency**, except when payment under this EOC is expressly required by federal or state law.
12. Any **services required by state or federal law to be supplied by a public school system or school district**.
13. Any **services for which payment is obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
14. **If the 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.
15. **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this EOC.
16. Professional **services or supplies received or purchased directly or on your behalf by anyone, including a Physician, from any of the following**:
 - Yourself or your employer;
 - A person who lives in the Member's home, or that person's employer;
 - A person who is related to the Member by blood, marriage or adoption, or that person's employer; or
 - A facility or health care professional that provides remuneration to you or to an organization from which you receive remuneration.
17. Services of a Hospital emergency room **for any condition that is not an Emergency Medical Condition** as defined in this EOC.
18. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.**
19. **Private duty nursing** except when provided as part of the home health care services or Hospice

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

Care Services benefit in this EOC.

20. Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or Physical Therapy.**
21. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
22. **Complementary and alternative medicine services, including but not limited to:** massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example-meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
 - Has not been actively involved in your medical care prior to ordering the service, or
 - Is not actively involved in your medical care after the service is received.This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants:** dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Hearing aids** including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this EOC, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. **Routine hearing tests** except as provided under Preventive Care.
35. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric

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

Vision Care.

36. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as near-sightedness (myopia), astigmatism and/ or farsightedness (presbyopia).
37. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
38. **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.
39. **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.
40. Services and procedures for **redundant skin surgery** including abdominoplasty/ panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia including breast reduction (unless Medically Necessary); varicose veins; rhinoplasty and blepharoplasty.
41. 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.
42. Any treatment, Prescription Drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
43. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
44. Blood administration **for the purpose of general improvement in physical condition**.
45. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
46. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
47. **Myoelectric Prostheses** peripheral nerve stimulators.
48. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
49. **Prefabricated foot Orthoses**.
50. **Cranial banding/cranial Orthoses/ other similar devices**, except when used postoperatively for synostotic plagiocephaly.
51. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
52. **Orthoses primarily used for cosmetic** rather than functional reasons.
53. **Non-foot Orthoses**, except **only** the following non-foot Orthoses are covered when Medically Necessary:
 - Rigid and semi-rigid custom fabricated Orthoses;
 - Semi-rigid pre-fabricated and flexible Orthoses; and
 - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
54. Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Member has other health conditions that might

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

be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.

55. **Routine physical exams or tests** that do not directly treat an actual illness, injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
56. Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
57. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
58. **Nutritional counseling or food supplements**, except as stated in this EOC.
59. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the "Comprehensive Benefits: What the EOC Pays For" section of this EOC. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this EOC.
60. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For."
61. **Foreign Country Provider charges** except as specifically stated under "Foreign Country Providers" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For."
62. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
63. **Charges for which We are unable to determine Our liability** because the Member failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
64. Charges for the **services of a standby Physician**.
65. Charges for **animal to human organ transplants**.
66. **Claims received by Cigna Healthcare after 15 months from the date service was rendered**, except in the event of a legal incapacity.
67. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
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.
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 ناشنوایان: شماره 711 را شماره گیری کنید).