

Individual and
Family Plans



2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

Coverage as of January 1, 2025

Offered by: Cigna Health and Life Insurance Company, Cigna HealthCare of Illinois, Inc., and their affiliates.

981622 10/24 © 2024 Cigna Healthcare.





| 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) | 76 |
| Exclusions and limitations: What isn't covered by this policy | 80 |

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.

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 |

* 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 | |
| ABRYSO 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-ADB(M)CF 10 MG SYRINGE | 4 | PA, QL, SRX |
| ADALIMUMAB-ADB(M)CF 20 MG SYRINGE | 4 | PA, QL, SRX |
| ADALIMUMAB-ADB(M)CF 40 MG SYRINGE | 4 | PA, QL, SRX |
| ADALIMUMAB-ADB(M)CF PEN 40 MG | 4 | PA, QL, SRX |
| ADALIMUMAB-ADB(M)CF PEN CROHNS 40 MG | 4 | PA, QL, SRX |
| ADALIMUMAB-ADB(M)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 |
|---|------|-------|
| AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET | 2 | |
| AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET | 2 | |
| AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5MG TABLET | 2 | |
| AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET | 2 | |
| AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET | 2 | |
| AMMONIUM LACTATE 12% CREAM | 1 | |
| AMMONIUM LACTATE 12% LOTION | 1 | |
| AMNESTEEM 10 MG CAPSULE | 3 | |
| AMNESTEEM 20 MG CAPSULE | 3 | |
| AMNESTEEM 40 MG CAPSULE | 3 | |
| AMOXAPINE 25 MG TABLET | 1 | |
| AMOXAPINE 50 MG TABLET | 1 | |
| AMOXAPINE 100 MG TABLET | 1 | |
| AMOXAPINE 150 MG TABLET | 1 | |
| AMOXICILLIN 250 MG CAPSULE | 1 | |
| AMOXICILLIN 500 MG CAPSULE | 1 | |
| AMOXICILLIN 125 MG CHEWABLE TABLET | 1 | |
| AMOXICILLIN 250 MG CHEWABLE TABLET | 1 | |
| AMOXICILLIN 125 MG/5 ML SUSPENSION | 1 | |
| AMOXICILLIN 200 MG/5 ML SUSPENSION | 1 | |
| AMOXICILLIN 250 MG/5 ML SUSPENSION | 1 | |
| AMOXICILLIN 400 MG/5 ML SUSPENSION | 1 | |
| AMOXICILLIN 500 MG TABLET | 1 | |
| AMOXICILLIN 875 MG TABLET | 1 | |
| AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET | 1 | |
| AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET | 1 | |
| AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION | 1 | |
| AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION | 1 | |
| AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION | 1 | |
| AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION | 1 | |
| AMOXICILLIN-CLAVULANATE 250-125 MG TABLET | 1 | |
| AMOXICILLIN-CLAVULANATE 500-125 MG TABLET | 1 | |
| AMOXICILLIN-CLAVULANATE 875-125 MG TABLET | 1 | |

| Medication Name | Tier | Notes |
|---|------|-------------|
| AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET | 1 | |
| AMPHETAMINE 5 MG TABLET | 2 | QL |
| AMPHETAMINE 10 MG TABLET | 2 | QL |
| AMPICILLIN 500 MG CAPSULE | 1 | |
| ANAGRELIDE 0.5 MG CAPSULE | 3 | |
| ANAGRELIDE 1 MG CAPSULE | 3 | |
| ANALPRAM HC 2.5%-1% LOTION | 3 | |
| ANASTROZOLE 1 MG TABLET | 1 | |
| ANORO ELLIPTA 62.5-25 MCG INHALER | 2 | QL |
| ANUCORT-HC 25 MG SUPPOSITORY | 1 | |
| ANZEMET 50 MG TABLET | 4 | PA, QL, SRX |
| APEXICON E 0.05% CREAM | 3 | |
| APIDRA 100 UNIT/ML VIAL | 3 | QL, ST |
| APIDRA SOLOSTAR 100 UNIT/ML | 3 | QL, ST |
| APRACLONIDINE 0.5% DROPS | 1 | |
| APREPITANT 40 MG CAPSULE | 2 | QL |
| APREPITANT 80 MG CAPSULE | 2 | QL |
| APREPITANT 125 MG CAPSULE | 2 | QL |
| APREPITANT 125-80-80 MG PACK | 2 | QL |
| APRI 28 DAY TABLET | 1 | |
| APTIOM 200 MG TABLET | 3 | PA, QL |
| APTIOM 400 MG TABLET | 3 | PA, QL |
| APTIOM 600 MG TABLET | 3 | PA, QL |
| APTIOM 800 MG TABLET | 3 | PA, QL |
| APTIVUS 250 MG CAPSULE | 2 | |
| AQ INSULIN SYRINGE 0.5 ML 30G 8MM | 2 | |
| AQ INSULIN SYRINGE 1 ML 29G 12MM | 2 | |
| AQ INSULIN SYRINGE 1 ML 31G 8MM | 2 | |
| AQINJECT PEN NEEDLE 31G 5MM | 2 | |
| AQINJECT PEN NEEDLE 32G 4MM | 2 | |
| AQUA CARE 0.9% NACL IRRIGATION | 1 | |
| AQUA CARE STERILE WATER IRRIGATION | 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 | Medication Name | Tier | Notes |
|--|------|--------------|--|------|--------|
| ARANESP 300 MCG/0.6 ML SYRINGE | 4 | PA, SRX | ASMANEX HFA 200 MCG INHALER | 3 | QL, ST |
| ARANESP 500 MCG/1 ML SYRINGE | 4 | PA, SRX | ASMANEX TWISTHALER 110 MCG #30 | 3 | QL, ST |
| ARANESP 25 MCG/ML VIAL | 4 | PA, SRX | ASMANEX TWISTHALER 220 MCG #14 | 3 | ST |
| ARANESP 40 MCG/ML VIAL | 4 | PA, SRX | ASMANEX TWISTHALER 220 MCG #30 | 3 | QL, ST |
| ARANESP 60 MCG/ML VIAL | 4 | PA, SRX | ASMANEX TWISTHALER 220 MCG #60 | 3 | QL, ST |
| ARANESP 100 MCG/ML VIAL | 4 | PA, SRX | ASMANEX TWISTHALER 220 MCG #120 | 3 | QL, ST |
| ARANESP 200 MCG/ML VIAL | 4 | PA, SRX | ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE | 1 | PA |
| ARCALYST 220 MG VIAL | 4 | PA, LDD, SRX | ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE | 1 | |
| AREXVY VIAL KIT | 2 | | ASSURE 4 CONTROL SOLUTION | 2 | |
| ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION | 3 | QL | ASSURE DOSE CONTROL SOLUTION | 2 | |
| ARIPIRAZOLE 1 MG/ML ORAL SOLUTION | 2 | | ASSURE ID DUO PRO NEEDLE 31G 5MM | 2 | |
| ARIPIRAZOLE 2 MG TABLET | 1 | | ASSURE ID PEN NEEDLE 30G 3/16" | 2 | |
| ARIPIRAZOLE 5 MG TABLET | 1 | | ASSURE ID PEN NEEDLE 30G 5/16" | 2 | |
| ARIPIRAZOLE 10 MG TABLET | 1 | | ASSURE ID PEN NEEDLE 31G 3/16" | 2 | |
| ARIPIRAZOLE 15 MG TABLET | 1 | | ASSURE ID PRO PEN NEEDLE 30G 5MM | 2 | |
| ARIPIRAZOLE 20 MG TABLET | 1 | | ASSURE ID SYRINGE 0.5 ML 29G 1/2" | 2 | |
| ARIPIRAZOLE 30 MG TABLET | 1 | | ASSURE ID SYRINGE 0.5 ML 31G 15/64" | 2 | |
| ARIPIRAZOLE ODT 10 MG TABLET | 3 | | ASSURE ID SYRINGE 1 ML 29G 1/2" | 2 | |
| ARIPIRAZOLE ODT 15 MG TABLET | 3 | | ASSURE ID SYRINGE 1 ML 31G 15/64" | 2 | |
| ARMODAFINIL 50 MG TABLET | 1 | PA | ASSURE PRISM CONTROL SOLUTION | 2 | |
| ARMODAFINIL 150 MG TABLET | 1 | PA | ASTAGRAF XL 0.5 MG CAPSULE | 4 | SRX |
| ARMODAFINIL 200 MG TABLET | 1 | PA | ASTAGRAF XL 1 MG CAPSULE | 4 | SRX |
| ARMODAFINIL 250 MG TABLET | 1 | PA | ASTAGRAF XL 5 MG CAPSULE | 4 | SRX |
| ARMOUR THYROID 15 MG TABLET | 2 | | ASTHMA CHECK PEAK FLOW METER | 2 | |
| ARMOUR THYROID 30 MG TABLET | 2 | | ASTHMAPACK CHILDREN'S CARE KIT | 2 | |
| ARMOUR THYROID 60 MG TABLET | 2 | | ATAZANAVIR 150 MG CAPSULE | 1 | |
| ARMOUR THYROID 90 MG TABLET | 2 | | ATAZANAVIR 200 MG CAPSULE | 1 | |
| ARMOUR THYROID 120 MG TABLET | 2 | | ATAZANAVIR 300 MG CAPSULE | 1 | |
| ARMOUR THYROID 180 MG TABLET | 2 | | ATENOLOL 25 MG TABLET | 1 | |
| ARMOUR THYROID 240 MG TABLET | 2 | | ATENOLOL 50 MG TABLET | 1 | |
| ARMOUR THYROID 300 MG TABLET | 2 | | ATENOLOL 100 MG TABLET | 1 | |
| ARNUITY ELLIPTA 50 MCG INHALER | 2 | | ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET | 1 | |
| ARNUITY ELLIPTA 100 MCG INHALER | 2 | | ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET | 1 | |
| ARNUITY ELLIPTA 200 MCG INHALER | 2 | | ATOMOXETINE 10 MG CAPSULE | 1 | QL |
| ASCOMP WITH CODEINE CAPSULE | 1 | PA | ATOMOXETINE 18 MG CAPSULE | 1 | QL |
| ASENAPINE 2.5 MG SUBLINGUAL TABLET | 3 | QL | ATOMOXETINE 25 MG CAPSULE | 1 | QL |
| ASENAPINE 5 MG SUBLINGUAL TABLET | 3 | QL | ATOMOXETINE 40 MG CAPSULE | 1 | QL |
| ASENAPINE 10 MG SUBLINGUAL TABLET | 3 | QL | ATOMOXETINE 60 MG CAPSULE | 1 | QL |
| ASHLYNA 0.15-0.03-0.01 MG TABLET | 1 | | ATOMOXETINE 80 MG CAPSULE | 1 | QL |
| ASMANEX HFA 50 MCG INHALER | 3 | QL, ST | ATOMOXETINE 100 MG CAPSULE | 1 | QL |
| ASMANEX HFA 100 MCG INHALER | 3 | QL, ST | 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 | | BARACLUDGE 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 |
| BENZAEPRI 5 MG TABLET | 1 | |
| BENZAEPRI 10 MG TABLET | 1 | |
| BENZAEPRI 20 MG TABLET | 1 | |
| BENZAEPRI 40 MG TABLET | 1 | |
| BENZAEPRI-HCTZ 5-6.25 MG TABLET | 1 | |
| BENZAEPRI-HCTZ 10-12.5 MG TABLET | 1 | |
| BENZAEPRI-HCTZ 20-12.5 MG TABLET | 1 | |
| BENZAEPRI-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 | |
| 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 | |
| BUDESONIDE ER 9 MG TABLET | 4 | PA, QL, SRX |

| Medication Name | Tier | Notes |
|--|------|-------|
| 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 |
| BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE | 1 | QL |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|------------------|---|------|------------------|
| BUTALBITAL-ASPIRIN-CAFFEINE TABLET | 1 | QL | CANDESARTAN-HCTZ 32-12.5 MG TABLET | 1 | |
| BUTORPHANOL 10 MG/ML NASAL SPRAY | 1 | PA, QL | CANDESARTAN-HCTZ 32-25 MG TABLET | 1 | |
| BYDUREON BCISE 2 MG AUTO-INJECTOR | 2 | PA, QL | CAPECITABINE 150 MG TABLET | 4 | PA, SRX |
| BYETTA 5 MCG DOSE PEN INJECTOR | 2 | PA, QL | CAPECITABINE 500 MG TABLET | 4 | PA, SRX |
| BYETTA 10 MCG DOSE PEN INJECTOR | 2 | PA, QL | CAPRELSA 100 MG TABLET | 4 | PA, QL, LDD, SRX |
| CA INSULIN SYRINGE 0.3 ML 29G 1/2" | 2 | | CAPRELSA 300 MG TABLET | 4 | PA, QL, LDD, SRX |
| CA INSULIN SYRINGE 0.3 ML 30G 5/16" | 2 | | CAPTOPRIL 12.5 MG TABLET | 1 | |
| CA INSULIN SYRINGE 0.3 ML 31G 5/16" | 2 | | CAPTOPRIL 25 MG TABLET | 1 | |
| CA INSULIN SYRINGE 0.5 ML 29G 1/2" | 2 | | CAPTOPRIL 50 MG TABLET | 1 | |
| CA INSULIN SYRINGE 0.5 ML 30G 5/16" | 2 | | CAPTOPRIL 100 MG TABLET | 1 | |
| CA INSULIN SYRINGE 0.5 ML 31G 5/16" | 2 | | CAPTOPRIL-HCTZ 25-15 MG TABLET | 1 | QL |
| CA INSULIN SYRINGE 1 ML 29G 1/2" | 2 | | CAPTOPRIL-HCTZ 25-25 MG TABLET | 1 | QL |
| CA INSULIN SYRINGE 1 ML 30G 5/16" | 2 | | CAPTOPRIL-HCTZ 50-15 MG TABLET | 1 | QL |
| CA INSULIN SYRINGE 1 ML 31G 5/16" | 2 | | CAPTOPRIL-HCTZ 50-25 MG TABLET | 1 | QL |
| CABERGOLINE 0.5 MG TABLET | 1 | QL | CAPVAXIVE 0.5 ML SYRINGE | 2 | |
| CABOMETYX 20 MG TABLET | 4 | PA, QL, LDD, SRX | CARBAMAZEPINE 100 MG CHEWABLE TABLET | 1 | |
| CABOMETYX 40 MG TABLET | 4 | PA, QL, LDD, SRX | CARBAMAZEPINE 100 MG/5 ML SUSPENSION | 1 | |
| CABOMETYX 60 MG TABLET | 4 | PA, QL, LDD, SRX | CARBAMAZEPINE 200 MG TABLET | 1 | |
| CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION | 1 | | CARBAMAZEPINE ER 100 MG CAPSULE | 1 | |
| CALCIPOTRIENE 0.005% CREAM | 2 | | CARBAMAZEPINE ER 200 MG CAPSULE | 1 | |
| CALCIPOTRIENE 0.005% OINTMENT | 2 | | CARBAMAZEPINE ER 300 MG CAPSULE | 1 | |
| CALCIPOTRIENE 0.005% TOPICAL SOLUTION | 2 | | CARBAMAZEPINE ER 100 MG TABLET | 1 | |
| CALCIPOTRIENE-BETAMETHASONE OINTMENT | 3 | | CARBAMAZEPINE ER 200 MG TABLET | 1 | |
| CALCITONIN-SALMON 200 UNIT NASAL SPRAY | 1 | | CARBAMAZEPINE ER 400 MG TABLET | 1 | |
| CALCITRIOL 0.25 MCG CAPSULE | 1 | | CARBIDOPA 25 MG TABLET | 3 | |
| CALCITRIOL 0.5 MCG CAPSULE | 1 | | CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET | 1 | |
| CALCITRIOL 1 MCG/ML ORAL SOLUTION | 1 | | CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET | 1 | |
| CALCITRIOL 3 MCG/G OINTMENT | 1 | QL | CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET | 1 | |
| CALCIUM ACETATE 667 MG CAPSULE | 1 | | CARBIDOPA-LEVODOPA 10-100 TABLET | 1 | |
| CALCIUM ACETATE 667 MG GELCAP | 1 | | CARBIDOPA-LEVODOPA 25-100 TABLET | 1 | |
| CALCIUM ACETATE 667 MG TABLET | 1 | | CARBIDOPA-LEVODOPA 25-250 TABLET | 1 | |
| CALQUENCE 100 MG CAPSULE | 4 | PA, QL, SRX | CARBIDOPA-LEVODOPA ER 25-100 TABLET | 1 | |
| CALQUENCE 100 MG TABLET | 4 | PA, QL, LDD, SRX | CARBIDOPA-LEVODOPA ER 50-200 TABLET | 1 | |
| CAMILA 0.35 MG TABLET | 1 | | CARBIDOPA-LEVODOPA 50 MG-ENTACAPONE TABLET | 2 | |
| CAMRESE 0.15-0.03-0.01 MG TABLET | 1 | | CARBIDOPA-LEVODOPA 75 MG-ENTACAPONE TABLET | 2 | |
| CAMRESE LO TABLET | 1 | | CARBIDOPA-LEVODOPA 100 MG-ENTACAPONE TABLET | 2 | |
| CANDESARTAN 4 MG TABLET | 1 | | CARBIDOPA-LEVODOPA 125 MG-ENTACAPONE TABLET | 2 | |
| CANDESARTAN 8 MG TABLET | 1 | | CARBIDOPA-LEVODOPA 150 MG-ENTACAPONE TABLET | 2 | |
| CANDESARTAN 16 MG TABLET | 1 | | | | |
| CANDESARTAN 32 MG TABLET | 1 | | | | |
| CANDESARTAN-HCTZ 16-12.5 MG TABLET | 1 | | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|-------|---|------|------------------|
| CARBIDOPA-LEVODOPA 200 MG-ENTACAPONE TABLET | 2 | | CARETOUCH HYPODERMIC NEEDLE 25G 1.5" | 2 | |
| CARBINOXAMINE 4 MG/5 ML LIQUID | 1 | | CARETOUCH HYPODERMIC NEEDLE 25G 5/8" | 2 | |
| CARBINOXAMINE 4 MG TABLET | 1 | | CARETOUCH HYPODERMIC NEEDLE 26G 1" | 2 | |
| CAREFINE PEN NEEDLE 4MM 32G | 2 | | CARETOUCH LL SYRINGE 3 ML 22G 1" | 2 | |
| CAREFINE PEN NEEDLE 5MM 32G | 2 | | CARETOUCH LL SYRINGE 3 ML 22G 1.5" | 2 | |
| CAREFINE PEN NEEDLE 6MM 31G | 2 | | CARETOUCH LL SYRINGE 3 ML 23G 1" | 2 | |
| CAREFINE PEN NEEDLE 6MM 32G | 2 | | CARETOUCH LL SYRINGE 3 ML 23G 1.5" | 2 | |
| CAREFINE PEN NEEDLE 8MM 30G | 2 | | CARETOUCH LL SYRINGE 3 ML 25G 1" | 2 | |
| CAREFINE PEN NEEDLE 8MM 31G | 2 | | CARETOUCH LL SYRINGE 3 ML 25G 1.5" | 2 | |
| CAREFINE PEN NEEDLE 12.7MM 29G | 2 | | CARETOUCH LL SYRINGE 3 ML 25G 5/8" | 2 | |
| CAREONE SYRINGE 0.3 ML 30G 1/2" | 2 | | CARETOUCH PEN NEEDLE 29G 12MM | 2 | |
| CAREONE SYRINGE 0.5 ML 30G 1/2" | 2 | | CARETOUCH PEN NEEDLE 31G 1/4" | 2 | |
| CAREONE SYRINGE 1 ML 30G 1/2" | 2 | | CARETOUCH PEN NEEDLE 31G 3/16" | 2 | |
| CAREONE UNIFINE PENTIP 29G 1/2" | 2 | | CARETOUCH PEN NEEDLE 31G 5/16" | 2 | |
| CAREONE UNIFINE PENTIP 31G 1/4" | 2 | | CARETOUCH PEN NEEDLE 32G 3/16" | 2 | |
| CAREONE UNIFINE PENTIP 31G 3/16" | 2 | | CARETOUCH PEN NEEDLE 32G 5/32" | 2 | |
| CAREONE UNIFINE PENTIP 31G 5/16" | 2 | | CARETOUCH SYRINGE 0.3 ML 31G 5/16" | 2 | |
| CAREONE UNIFINE PENTIP 32G 5/32" | 2 | | CARETOUCH SYRINGE 0.5 ML 30G 5/16" | 2 | |
| CAREONE UNIFINE PENTIP 4MM 32G | 2 | | CARETOUCH SYRINGE 0.5 ML 31G 5/16" | 2 | |
| CAREONE UNIFINE PENTIP 5MM 31G | 2 | | CARETOUCH SYRINGE 1 ML 28G 5/16" | 2 | |
| CAREONE UNIFINE PENTIP 6MM 31G | 2 | | CARETOUCH SYRINGE 1 ML 29G 5/16" | 2 | |
| CAREONE UNIFINE PENTIP 8MM 31G | 2 | | CARETOUCH SYRINGE 1 ML 30G 5/16" | 2 | |
| CAREONE UNIFINE PENTIP 12MM 29G | 2 | | CARETOUCH SYRINGE 1 ML 31G 5/16" | 2 | |
| CAREPOINT LL SYRINGE 3 ML 20G 1.5" | 2 | | CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION | 4 | PA, LDD, SRX |
| CAREPOINT LL SYRINGE 3 ML 21G 1" | 2 | | CARISOPRODOL 250 MG TABLET | 1 | |
| CAREPOINT LL SYRINGE 3 ML 21G 1.5" | 2 | | CARISOPRODOL 350 MG TABLET | 1 | |
| CAREPOINT LL SYRINGE 3 ML 22G 1" | 2 | | CARISOPRODOL-ASPIRIN 200-325 MG TABLET | 1 | |
| CAREPOINT LL SYRINGE 3 ML 22G 38MM | 2 | | CARISOPRODOL-ASPIRIN-CODEINE TABLET | 1 | PA |
| CAREPOINT LL SYRINGE 3 ML 23G 1" | 2 | | CARTEOLOL 1% EYE DROPS | 1 | |
| CAREPOINT LL SYRINGE 3 ML 23G 1.5" | 2 | | CARTIA XT 120 MG CAPSULE | 1 | |
| CAREPOINT LL SYRINGE 3 ML 25G 5/8" | 2 | | CARTIA XT 180 MG CAPSULE | 1 | |
| CAREPOINT LL SYRINGE 3 ML 25G 1" | 2 | | CARTIA XT 240 MG CAPSULE | 1 | |
| CAREPOINT PRECISION NEEDLE 21G 1" | 2 | | CARTIA XT 300 MG CAPSULE | 1 | |
| CARESENS CONTROL SOLUTION | 2 | | CARVEDILOL 3.125 MG TABLET | 1 | |
| CARETOUCH CONTROL SOLUTION L2-L3 | 2 | | CARVEDILOL 6.25 MG TABLET | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 18G 1.5" | 2 | | CARVEDILOL 12.5 MG TABLET | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 20G 1" | 2 | | CARVEDILOL 25 MG TABLET | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 22G 1" | 2 | | CAYSTON 75 MG INHALATION SOLUTION | 4 | PA, QL, LDD, SRX |
| CARETOUCH HYPODERMIC NEEDLE 23G 1" | 2 | | CAZANT 28 DAY TABLET | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 23G 1.5" | 2 | | CEFACOR 250 MG CAPSULE | 1 | |
| CARETOUCH HYPODERMIC NEEDLE 25G 1" | 2 | | CEFACOR 500 MG CAPSULE | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|------------------------------------|------|---------|---|------|-------|
| CEFACTOR 125 MG/5 ML SUSPENSION | 1 | | CHANTIX STARTING MONTH BOX | 2 | |
| CEFACTOR 250 MG/5 ML SUSPENSION | 1 | | CHANTIX 0.5 MG TABLET | 2 | |
| CEFACTOR 375 MG/5 ML SUSPENSION | 1 | | CHANTIX 1 MG TABLET | 2 | |
| CEFACTOR 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 | | CHOLESTYRAMINE POWDER | 1 | |
| CETRORELIX 0.25 MG VIAL | 4 | PA, SRX | CHORIONIC GONADOTROPIN 10,000 UNIT VIAL | 3 | PA |
| CEVIMELINE 30 MG CAPSULE | 1 | | CICLODAN 0.77% CREAM | 1 | |
| CHARLOTTE 24 FE CHEWABLE TABLET | 1 | | CICLODAN 8% TOPICAL SOLUTION | 1 | |
| CHANTIX 1 MG CONTINUING MONTH BOX | 2 | | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|------------------------------------|------|-------|--|------|------------------|
| 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 | |
| CLOZAPINE 50 MG TABLET | 1 | | COMFORT EZ PRO PEN NEEDLE 30G 8MM | 2 | |
| CLOZAPINE 100 MG TABLET | 1 | | COMFORT EZ PRO PEN NEEDLE 31G 4MM | 2 | |
| CLOZAPINE 200 MG TABLET | 1 | | COMFORT EZ PRO PEN NEEDLE 31G 5MM | 2 | |
| CLOZAPINE ODT 12.5 MG TABLET | 3 | | COMFORT EZ SYRINGE 0.3 ML 29G 1/2" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|------------------------------------|------|-------|---|------|------------------|
| 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 | CRYSSELLE-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 | |
| COMPACT SPACE CHAMBER-SMALL MASK | 2 | QL | CYCLOPENTOLATE 0.5% EYE DROPS | 1 | |
| COMPLERA TABLET | 3 | QL | CYCLOPENTOLATE 1% EYE DROPS | 1 | |
| COMPLETE NATAL DHA | 1 | | CYCLOPENTOLATE 2% DROPS | 1 | |
| COMPLETENATE CHEWABLE TABLET | 1 | | CYCLOPHOSPHAMIDE 25 MG CAPSULE | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes |
|--|------|--------------|
| 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 | PA, QL |
| DABIGATRAN 110 MG CAPSULE | 3 | PA, QL |
| DABIGATRAN 150 MG CAPSULE | 3 | PA, 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 | |
| DARIFENACIN ER 15 MG TABLET | 1 | |
| DARUNAVIR 600 MG TABLET | 1 | |
| DARUNAVIR 800 MG TABLET | 1 | |
| DASETТА 1-35-28 TABLET | 1 | |

| Medication Name | Tier | Notes |
|--|------|---------|
| DASETТА 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 | 3 | PA |
| DESCOVY 200-25 MG TABLET | 3 | PA |
| 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 | |
| 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 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes |
|---|------|--------|
| 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 |
| 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 |

| Medication Name | Tier | Notes |
|--|------|-------|
| 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 | |
| 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 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---------------------------------------|------|-------|--|------|-------|
| 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 | |
| DOXEPIN 150 MG CAPSULE | 1 | | DROPLET INSULIN SYRINGE 1 ML 31G 8MM | 2 | |
| DOXEPIN 5% CREAM | 3 | QL | DROPLET MICRON 34G 9/64" | 2 | |
| DOXEPIN 10 MG/ML ORAL CONCENTRATE | 1 | | DROPLET PEN NEEDLE 29G 1/2" | 2 | |
| DOXEPIN 3 MG TABLET | 2 | QL | DROPLET PEN NEEDLE 29G 3/8" | 2 | |
| DOXEPIN 6 MG TABLET | 2 | QL | DROPLET PEN NEEDLE 30G 5/16" | 2 | |
| DOXERCALCIFEROL 0.5 MCG CAPSULE | 1 | | DROPLET PEN NEEDLE 31G 1/4" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|---------|---|------|-------|
| 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 | |
| DUPIXENT 200 MG/1.14 ML PEN | 4 | PA, SRX | EASY STEP CONTROL SOLUTION-HIGH | 2 | |
| DUPIXENT 300 MG/2 ML PEN | 4 | PA, SRX | EASY STEP CONTROL SOLUTION-LOW | 2 | |
| DUPIXENT 100 MG/0.67 ML SYRINGE | 4 | PA, SRX | EASY STEP CONTROL SOLUTION-NORMAL | 2 | |
| DUPIXENT 200 MG/1.14 ML SYRINGE | 4 | PA, SRX | EASY TALK CONTROL SOLUTION LOW | 2 | |
| DUPIXENT 300 MG/2 ML SYRINGE | 4 | PA, SRX | EASY TALK HIGH CONTROL SOLUTION | 2 | |
| DUTASTERIDE 0.5 MG CAPSULE | 1 | | 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 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--------------------------------------|------|-------|--|------|-------|
| EASY TOUCH 0.5 ML SYRINGE 29G 1/2" | 2 | | EASY TOUCH HYPODERMIC 20G 1" | 2 | |
| EASY TOUCH 0.5 ML SYRINGE 30G 1/2" | 2 | | EASY TOUCH HYPODERMIC 20G 1.5" | 2 | |
| EASY TOUCH 0.5 ML SYRINGE 30G 5/16" | 2 | | EASY TOUCH HYPODERMIC 21G 1" | 2 | |
| EASY TOUCH 1 ML SYRINGE 27G 1/2" | 2 | | EASY TOUCH HYPODERMIC 21G 1.5" | 2 | |
| EASY TOUCH 1 ML SYRINGE 29G 1/2" | 2 | | EASY TOUCH HYPODERMIC 22G 1" | 2 | |
| EASY TOUCH 1 ML SYRINGE 30G 1/2" | 2 | | EASY TOUCH HYPODERMIC 22G 1.5" | 2 | |
| EASY TOUCH BLU LINK CONTROL SOLUTION | 2 | | EASY TOUCH HYPODERMIC 23G 1" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 18G 1" | 2 | | EASY TOUCH HYPODERMIC 23G 1.25" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 18G 1.5" | 2 | | EASY TOUCH HYPODERMIC 23G 1.5" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 19G 1" | 2 | | EASY TOUCH HYPODERMIC 23G 3/4" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 19G 1.5" | 2 | | EASY TOUCH HYPODERMIC 24G 1" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 20G 1" | 2 | | EASY TOUCH HYPODERMIC 24G 1.25" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 20G 1.5" | 2 | | EASY TOUCH HYPODERMIC 25G 1" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 21G 1" | 2 | | EASY TOUCH HYPODERMIC 25G 1.5" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 21G 1.5" | 2 | | EASY TOUCH HYPODERMIC 25G 5/8" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 22G 1" | 2 | | EASY TOUCH HYPODERMIC 26G 1/2" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 22G 1.5" | 2 | | EASY TOUCH HYPODERMIC 26G 3/8" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 22G 3/4" | 2 | | EASY TOUCH HYPODERMIC 26G 5/8" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 23G 1" | 2 | | EASY TOUCH HYPODERMIC 27G 1.25" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 23G 1.5" | 2 | | EASY TOUCH HYPODERMIC 27G 1.5" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 23G 5/8" | 2 | | EASY TOUCH HYPODERMIC 27G 1/2" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 25G 1" | 2 | | EASY TOUCH HYPODERMIC 30G 1" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 25G 1.5" | 2 | | EASY TOUCH HYPODERMIC 30G 1/2" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 25G 5/8" | 2 | | EASY TOUCH HYPODERMIC 31G 5/16" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 26G 1" | 2 | | EASY TOUCH HYPODERMIC 32G 5/16" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 26G 1/2" | 2 | | EASY TOUCH INSULIN SYRINGE 0.3 ML | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 27G 1" | 2 | | EASY TOUCH INSULIN SYRINGE 0.5 ML | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 27G 1/2" | 2 | | EASY TOUCH INSULIN SYRINGE 1 ML | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 28G 1/2" | 2 | | EASY TOUCH INSULIN SYRINGE 1ML 29G 1/2" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 29G 1/2" | 2 | | EASY TOUCH INSULIN SYRINGE 1ML 30G 1/2" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 30G 1/2" | 2 | | EASY TOUCH INSULIN SYRINGE 1ML 30G 5/16" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 30G 5/16" | 2 | | EASY TOUCH INSULIN SYRINGE 1ML 31G 5/16" | 2 | |
| EASY TOUCH FLIPLOCK NEEDLE 31G 5/16" | 2 | | EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML | 2 | |
| EASY TOUCH HIGH-LOW CONTROL SOLUTION | 2 | | EASY TOUCH PEN NEEDLE 29G 1/2" | 2 | |
| EASY TOUCH HYPODERMIC 16G 1" | 2 | | EASY TOUCH PEN NEEDLE 30G 5/16" | 2 | |
| EASY TOUCH HYPODERMIC 16G 1.5" | 2 | | EASY TOUCH PEN NEEDLE 31G 1/4" | 2 | |
| EASY TOUCH HYPODERMIC 18G 1" | 2 | | EASY TOUCH PEN NEEDLE 31G 3/16" | 2 | |
| EASY TOUCH HYPODERMIC 18G 1.25" | 2 | | EASY TOUCH PEN NEEDLE 31G 5/16" | 2 | |
| EASY TOUCH HYPODERMIC 18G 1.5" | 2 | | EASY TOUCH PEN NEEDLE 32G 1/4" | 2 | |
| EASY TOUCH HYPODERMIC 19G 1" | 2 | | EASY TOUCH PEN NEEDLE 32G 3/16" | 2 | |
| EASY TOUCH HYPODERMIC 19G 1.5" | 2 | | EASY TOUCH PEN NEEDLE 32G 5/32" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------|---|------|--------|
| 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 23G 1" | 2 | | EFFER-K 20 MEQ EFFERVESCENT TABLET | 3 | |
| EASY TOUCH SYRINGE 3 ML 25G 1" | 2 | | ELEMENT COMPACT SOLUTION HIGH | 2 | |
| EASY TOUCH SYRINGE 3 ML 25G 5/8" | 2 | | ELEMENT COMPACT SOLUTION NORMAL | 2 | |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML | 2 | | ELEMENT CONTROL SOLUTION HIGH | 2 | |
| EASY TRAK CONTROL SOLUTION HIGH | 2 | | ELEMENT CONTROL SOLUTION LOW | 2 | |
| EASY TRAK CONTROL SOLUTION LOW | 2 | | ELEMENT CONTROL SOLUTION NORMAL | 2 | |
| EASY TRAK II CONTROL SOLUTION-NORMAL | 2 | | ELETRIPTAN 20 MG TABLET | 2 | QL |
| EASYGLUCO PLUS CONTROL SOLUTION NORMAL | 2 | | ELETRIPTAN 40 MG TABLET | 2 | QL |
| EASYMAX 15 LEVEL 2 SOLUTION | 2 | | ELINEST-28 TABLET | 1 | |
| EASYMAX NORMAL CONTROL SOLUTION | 2 | | ELIQUIS 2.5 MG TABLET | 2 | PA, QL |
| EASYPPOINT NEEDLE 18G 1" | 2 | | ELIQUIS 5 MG TABLET | 2 | PA, QL |
| EASYPPOINT NEEDLE 18G 1-1/2" | 2 | | ELIQUIS DVT-PE 5 MG STARTER PACK | 2 | PA, QL |
| EASYPPOINT NEEDLE 20G 1" | 2 | | ELITE-OB TABLET | 1 | |
| EASYPPOINT NEEDLE 20G 1-1/2" | 2 | | ELLA 30 MG TABLET | 3 | |
| EASYPPOINT NEEDLE 21G 1" | 2 | | ELMIRON 100 MG CAPSULE | 3 | |
| EASYPPOINT NEEDLE 21G 1-1/2" | 2 | | ELURYNG VAGINAL RING | 1 | |
| EASYPPOINT NEEDLE 22G 1" | 2 | | EMBRACE EVO LEVEL 1 CONTROL SOLUTION | 2 | |
| EASYPPOINT NEEDLE 22G 1-1/2" | 2 | | EMBRACE GLUCOSE CONTROL SOLUTION HIGH | 2 | |
| EASYPPOINT NEEDLE 23G 1" | 2 | | EMBRACE GLUCOSE CONTROL SOLUTION LOW | 2 | |
| EASYPPOINT NEEDLE 25G 1.5" | 2 | | EMBRACE PEN NEEDLE 29G 12MM | 2 | |
| EASYPPOINT NEEDLE 25G 5/8" | 2 | | EMBRACE PEN NEEDLE 30G 5MM | 2 | |
| EASYPPOINT NEEDLE 25G 1" | 2 | | EMBRACE PEN NEEDLE 30G 8MM | 2 | |
| EASYPPOINT NEEDLE 25G 16MM | 2 | | EMBRACE PEN NEEDLE 31G 5MM | 2 | |
| EASYTOUCH SAFETY PEN NEEDLE 30G 6MM | 2 | | EMBRACE PEN NEEDLE 31G 6MM | 2 | |
| EC-NAPROXEN DR 375 MG TABLET | 1 | | EMBRACE PEN NEEDLE 31G 8MM | 2 | |
| EC-NAPROXEN DR 500 MG TABLET | 1 | | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|--------------|--|------|-------------|
| 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 PELLETT PACKET | 4 | PA, QL, SRX |
| ENALAPRIL 2.5 MG TABLET | 1 | | EPCLUSA 200-50 MG PELLETT 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 |
| ENDOMETRIN 100 MG VAGINAL INSERT | 3 | PA | EQ SPACE CHAMBER-SMALL MASK | 2 | QL |
| ENGERIX-B 20 MCG/ML SYRINGE | 2 | | EQL INSULIN 0.3 ML SYRINGE | 2 | |
| ENGERIX-B 20 MCG/ML VIAL | 2 | | EQL INSULIN 0.5 ML SYRINGE | 2 | |
| ENGERIX-B PEDI 10 MCG/0.5 SYRINGE | 2 | | EQL INSULIN 1 ML SYRINGE | 2 | |
| ENILLORING VAGINAL RING | 1 | | EQL INSULIN SYRINGE 0.3 ML 31G 5/16" | 2 | |
| ENLITE SERTER | 2 | | EQL 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 |
|--------------------------------------|------|------------------|---|------|-------|
| EQL INSULIN SYRINGE 1 ML 29G 1/2" | 2 | | ESTRADIOL 0.05 MG PATCH (1/WK) | 1 | QL |
| EQL INSULIN SYRINGE 1 ML 31G 5/16" | 2 | | ESTRADIOL 0.05 MG PATCH (2/WK) | 1 | QL |
| EQL PEN 8MM 31G 5/16" NEEDLE | 2 | | ESTRADIOL 0.06 MG PATCH (1/WK) | 1 | QL |
| ERGOLOID MESYLATES 1 MG TABLET | 1 | | ESTRADIOL 0.075 MG PATCH (1/WK) | 1 | QL |
| ERGOMAR 2 MG SUBLINGUAL TABLET | 3 | PA | ESTRADIOL 0.075 MG PATCH (2/WK) | 1 | QL |
| ERIVEDGE 150 MG CAPSULE | 4 | PA, QL, LDD, SRX | ESTRADIOL 0.1 MG PATCH (1/WK) | 1 | QL |
| ERLOTINIB 25 MG TABLET | 4 | PA, SRX | ESTRADIOL 0.1 MG PATCH (2/WK) | 1 | QL |
| ERLOTINIB 100 MG TABLET | 4 | PA, SRX | ESTRADIOL 0.5 MG TABLET | 1 | |
| ERLOTINIB 150 MG TABLET | 4 | PA, SRX | ESTRADIOL 1 MG TABLET | 1 | |
| ERRIN 0.35 MG TABLET | 1 | | ESTRADIOL 2 MG TABLET | 1 | |
| ERTACZO 2% CREAM | 3 | | ESTRADIOL 10 MCG VAGINAL INSERT TABLET | 1 | QL |
| ERY 2% PADS | 1 | | ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET | 1 | |
| ERYTHROCIN 250 MG TABLET | 3 | | ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET | 1 | |
| ERYTHROMYCIN 0.5% EYE OINTMENT | 1 | | ESTROGEN-METHYLTESTOSTERONE F.S. TABLET | 1 | |
| ERYTHROMYCIN 2% GEL | 1 | | ESTROGEN-METHYLTESTOSTERONE H.S. TABLET | 1 | |
| ERYTHROMYCIN 2% TOPICAL SOLUTION | 1 | | ESZOPICLONE 1 MG TABLET | 1 | |
| ERYTHROMYCIN 200 MG/5 ML SUSPENSION | 2 | | ESZOPICLONE 2 MG TABLET | 1 | |
| ERYTHROMYCIN 400 MG/5 ML SUSPENSION | 2 | | ESZOPICLONE 3 MG TABLET | 1 | |
| ERYTHROMYCIN 250 MG TABLET | 1 | | ETHAMBUTOL 100 MG TABLET | 1 | |
| ERYTHROMYCIN 500 MG TABLET | 1 | | ETHAMBUTOL 400 MG TABLET | 1 | |
| ERYTHROMYCIN DR 250 MG CAPSULE | 1 | | ETHOSUXIMIDE 250 MG CAPSULE | 1 | |
| ERYTHROMYCIN ES 400 MG TABLET | 2 | | ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION | 1 | |
| ERYTHROMYCIN-BENZOYL GEL | 2 | | ETHYL CHLORIDE SPRAY | 1 | |
| ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION | 1 | QL | ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET | 1 | |
| ESCITALOPRAM 5 MG TABLET | 1 | QL | ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET | 1 | |
| ESCITALOPRAM 10 MG TABLET | 1 | QL | ETODOLAC 200 MG CAPSULE | 1 | |
| ESCITALOPRAM 20 MG TABLET | 1 | QL | ETODOLAC 300 MG CAPSULE | 1 | |
| ESOMEPRAZOLE DR 20 MG CAPSULE | 1 | QL | ETODOLAC 400 MG TABLET | 1 | |
| ESOMEPRAZOLE DR 40 MG CAPSULE | 1 | QL | ETODOLAC 500 MG TABLET | 1 | |
| ESOMEPRAZOLE DR 49.3 MG CAPSULE | 1 | QL | ETODOLAC ER 400 MG TABLET | 1 | |
| ESOMEPRAZOLE DR 10 MG PACKET | 2 | QL | ETODOLAC ER 500 MG TABLET | 1 | |
| ESOMEPRAZOLE DR 20 MG PACKET | 2 | QL | ETODOLAC ER 600 MG TABLET | 1 | |
| ESOMEPRAZOLE DR 40 MG PACKET | 2 | QL | ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING | 1 | |
| ESTARYLLA 0.25-0.035 MG TABLET | 1 | | ETOPOSIDE 50 MG CAPSULE | 4 | SRX |
| ESTAZOLAM 1 MG TABLET | 1 | | ETRAVIRINE 100 MG TABLET | 1 | |
| ESTAZOLAM 2 MG TABLET | 1 | | ETRAVIRINE 200 MG TABLET | 1 | |
| ESTRADIOL 0.01% CREAM | 1 | | EURAX 10% CREAM | 3 | |
| ESTRADIOL 0.025 MG PATCH (1/WK) | 1 | QL | EUTHYROX 25 MCG TABLET | 1 | |
| ESTRADIOL 0.025 MG PATCH (2/WK) | 1 | QL | EUTHYROX 50 MCG TABLET | 1 | |
| ESTRADIOL 0.0375 MG PATCH (1/WK) | 1 | QL | EUTHYROX 75 MCG TABLET | 1 | |
| ESTRADIOL 0.0375 MG PATCH (2/WK) | 1 | QL | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---------------------------------------|------|-------------|---|------|-------|
| 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 | |
| EXEL HYPO NEEDLE 21G 1.5" | 2 | | EZETIMIBE-SIMVASTATIN 10-40 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 22G 0.75" | 2 | | EZETIMIBE-SIMVASTATIN 10-80 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 22G 1" | 2 | | FACTIVE 320 MG TABLET | 3 | |
| EXEL HYPO NEEDLE 22G 1.5" | 2 | | FALMINA-28 TABLET | 1 | |
| EXEL HYPO NEEDLE 23G 0.75" | 2 | | FAMCICLOVIR 125 MG TABLET | 1 | |
| EXEL HYPO NEEDLE 23G 1" | 2 | | FAMCICLOVIR 250 MG TABLET | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|-----------------------------------|------|-------|--|------|-------------|
| 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 | |
| FENTANYL 37.5 MCG/HR PATCH | 2 | PA | FLECAINIDE 150 MG TABLET | 1 | |
| FENTANYL 50 MCG/HR PATCH | 2 | PA | FLEXICHAMBER | 2 | QL |
| FENTANYL 62.5 MCG/HR PATCH | 2 | PA | FLEXICHAMBER-LARGE CHILD MASK | 2 | QL |
| FENTANYL 75 MCG/HR PATCH | 2 | PA | FLEXICHAMBER-SMALL ADULT MASK | 2 | QL |
| FENTANYL 87.5 MCG/HR PATCH | 2 | PA | FLEXICHAMBER-SMALL CHILD MASK | 2 | QL |
| FENTANYL 100 MCG/HR PATCH | 2 | PA | FLOW-EZE VENTED NEEDLE | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|-------|---|------|---------|
| 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 | | FLUTICASONONE 0.05% CREAM | 1 | |
| FLUOCINOLONE 0.01% BODY OIL | 1 | | FLUTICASONONE 0.05% LOTION | 1 | |
| FLUOCINOLONE 0.01% CREAM | 1 | | FLUTICASONONE 0.005% OINTMENT | 1 | |
| FLUOCINOLONE 0.01% SCALP OIL | 1 | | FLUTICASONONE 50 MCG NASAL SPRAY | 1 | |
| FLUOCINOLONE 0.01% TOPICAL SOLUTION | 1 | | FLUTICASONONE-SALMETEROL 100-50 INHALER | 1 | QL |
| FLUOCINOLONE 0.025% CREAM | 1 | | FLUTICASONONE-SALMETEROL 250-50 INHALER | 1 | QL |
| FLUOCINOLONE 0.025% OINTMENT | 1 | | FLUTICASONONE-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 |
| FLUOROURACIL 2% TOPICAL SOLUTION | 1 | | FOLLISTIM AQ 600 UNIT CARTRIDGE | 4 | PA, SRX |
| FLUOROURACIL 5% TOPICAL SOLUTION | 1 | | FOLLISTIM AQ 900 UNIT CARTRIDGE | 4 | PA, SRX |
| FLUOXETINE 10 MG CAPSULE | 1 | QL | FONDAPARINUX 2.5 MG/0.5 ML SYRINGE | 4 | QL, SRX |
| FLUOXETINE 20 MG CAPSULE | 1 | QL | FONDAPARINUX 5 MG/0.4 ML SYRINGE | 4 | QL, SRX |
| FLUOXETINE 40 MG CAPSULE | 1 | QL | FONDAPARINUX 7.5 MG/0.6 ML SYRINGE | 4 | QL, SRX |
| FLUOXETINE 20 MG/5 ML ORAL SOLUTION | 1 | QL | FONDAPARINUX 10 MG/0.8 ML SYRINGE | 4 | QL, SRX |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|---------|--------------------------------------|------|--------------|
| 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 |
| FREESTYLE LIBRE 14 DAY SENSOR | 2 | PA, QL | GATTEX 5 MG VIAL | 4 | PA, LDD, SRX |
| FREESTYLE PRECISION 0.5 ML 30G 5/16" | 2 | | GAVILYTE-C ORAL SOLUTION | 1 | |
| FREESTYLE PRECISION 0.5 ML 31G 5/16" | 2 | | GAVILYTE-G ORAL SOLUTION | 1 | |
| FREESTYLE PRECISION 1 ML 30G 5/16" | 2 | | GAVILYTE-N ORAL SOLUTION | 1 | |
| FREESTYLE PRECISION 1 ML 31G 5/16" | 2 | | GE100 CONTROL SOLUTION NORMAL | 2 | |
| FROVATRIPTAN 2.5 MG TABLET | 2 | QL | GEFITINIB 250 MG TABLET | 4 | PA, QL, SRX |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|-------------------------------------|------|------------------|--|------|-------|
| 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 | |
| GLIMEPIRIDE 2 MG TABLET | 1 | | GNP INSULIN SYRINGE 1 ML 31G 5/16" | 2 | |
| GLIMEPIRIDE 4 MG TABLET | 1 | | GNP ULTICARE PEN NEEDLE 31G 5MM | 2 | |
| GLIPIZIDE 5 MG TABLET | 1 | | GNP ULTICARE PEN NEEDLE 31G 8MM | 2 | |
| GLIPIZIDE 10 MG TABLET | 1 | | GNP ULTICARE PEN NEEDLE 32G 4MM | 2 | |
| GLIPIZIDE ER 2.5 MG TABLET | 1 | | GNP ULTICARE PEN NEEDLE 32G 6MM | 2 | |
| GLIPIZIDE ER 5 MG TABLET | 1 | | GNP ULTIGUARD SAFEPAK 31G 5MM | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

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

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|------------------|--|------|---------|
| 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 | | HYCAMTIN 0.25 MG CAPSULE | 4 | PA, SRX |
| HEPLISAV-B 20 MCG/0.5 ML SYRINGE | 2 | | HYCAMTIN 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-UVEITIS-ADOL HS 40 MG | 4 | PA, QL, SRX | HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET | 1 | PA |
| HUMIRA(CF) 10 MG/0.1 ML SYRINGE | 4 | PA, QL, SRX | HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET | 1 | PA |
| HUMIRA(CF) 20 MG/0.2 ML SYRINGE | 4 | PA, QL, SRX | HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET | 1 | PA |
| HUMIRA(CF) 40 MG/0.4 ML SYRINGE | 4 | PA, QL, SRX | HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET | 1 | PA |
| HUMIRA(CF) PEDIATRIC CROHN'S 80 MG/0.8 | 4 | PA, QL, LDD, SRX | HYDROCODONE-CHLORPHENIRAMINE ER SUSPENSION | 1 | |
| HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG | 4 | PA, QL, LDD, SRX | | | |
| HUMIRA(CF) PEN 40 MG/0.4 ML | 4 | PA, QL, SRX | | | |
| HUMIRA(CF) PEN 80 MG/0.8 ML | 4 | PA, QL, SRX | | | |
| HUMIRA(CF) PEN CROHN'S-UC-HS 80 MG | 4 | PA, QL, SRX | | | |
| HUMIRA(CF) PEN PEDIATRIC UC 80 MG | 4 | PA, QL, LDD, SRX | | | |
| HUMIRA(CF) PEN PSORIASIS-UV-ADOL HS 80-40 | 4 | PA, QL, SRX | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|-------|--|------|------------------|
| HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET | 1 | QL | HYDROXYZINE 10 MG TABLET | 1 | |
| HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION | 1 | QL | HYDROXYZINE 25 MG TABLET | 1 | |
| HYDROCODONE-HOMATROPINE ORAL SOLUTION | 1 | QL | HYDROXYZINE 50 MG TABLET | 1 | |
| HYDROCODONE-IBUPROFEN 5-200 MG TABLET | 1 | PA | HYDROXYZINE PAMOATE 25 MG CAPSULE | 1 | |
| HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET | 1 | PA | HYDROXYZINE PAMOATE 50 MG CAPSULE | 1 | |
| HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET | 1 | PA | HYDROXYZINE PAMOATE 100 MG CAPSULE | 1 | |
| HYDROCORTISONE 1% CREAM | 1 | | HYOPHEN TABLET | 1 | |
| HYDROCORTISONE 2.5% CREAM | 1 | | HYOSCYAMINE 0.125 MG ODT TABLET | 1 | |
| HYDROCORTISONE 100 MG/60 ML ENEMA | 1 | | HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET | 1 | |
| HYDROCORTISONE 2.5% LOTION | 1 | | HYOSCYAMINE 0.125 MG TABLET | 1 | |
| HYDROCORTISONE 1% OINTMENT | 1 | | HYOSCYAMINE 0.125 MG/5 ML ELIXIR | 1 | |
| HYDROCORTISONE 2.5% OINTMENT | 1 | | HYOSCYAMINE 0.125 MG/ML ORAL DROPS | 1 | |
| HYDROCORTISONE 5 MG TABLET | 1 | | HYOSCYAMINE ER 0.375 MG TABLET | 1 | |
| HYDROCORTISONE 10 MG TABLET | 1 | | HYOSCYAMINE SR 0.375 MG TABLET | 1 | |
| HYDROCORTISONE 20 MG TABLET | 1 | | HYOSYNE 0.125 MG/ML ORAL DROPS | 1 | |
| HYDROCORTISONE AC 25 MG SUPPOSITORY | 1 | | HYOSYNE 125 MCG/5 ML ELIXIR | 1 | |
| HYDROCORTISONE AC 30 MG SUPPOSITORY | 1 | | HYPO NEEDLE,POLYPROPYL HUB | 2 | |
| HYDROCORTISONE BUTYRATE 0.1% CREAM | 2 | | HYPODERMIC NEEDLE,ALUM HUB | 2 | |
| HYDROCORTISONE BUTYRATE 0.1% OINTMENT | 2 | | IBANDRONATE 150 MG TABLET | 1 | |
| HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION | 2 | | IBRANCE 75 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE VALERATE 0.2% CREAM | 1 | | IBRANCE 100 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE VALERATE 0.2% OINTMENT | 1 | | IBRANCE 125 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE-ACETIC ACID EAR SOLUTION | 1 | | IBRANCE 75 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROCORTISONE-ACETIC EAR DROPS | 1 | | IBRANCE 100 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION | 1 | QL | IBRANCE 125 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROMORPHONE 1 MG/ML ORAL SOLUTION | 1 | PA | IBU 400 MG TABLET | 1 | |
| HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION | 1 | PA | IBU 600 MG TABLET | 1 | |
| HYDROMORPHONE 3 MG SUPPOSITORY | 1 | PA | IBU 800 MG TABLET | 1 | |
| HYDROMORPHONE 2 MG TABLET | 1 | PA | IBUPROFEN 100 MG/5 ML SUSPENSION | 1 | |
| HYDROMORPHONE 4 MG TABLET | 1 | PA | IBUPROFEN 400 MG TABLET | 1 | |
| HYDROMORPHONE 8 MG TABLET | 1 | PA | IBUPROFEN 600 MG TABLET | 1 | |
| HYDROMORPHONE ER 8 MG TABLET | 1 | PA | IBUPROFEN 800 MG TABLET | 1 | |
| HYDROMORPHONE ER 12 MG TABLET | 1 | PA | ICATIBANT 30 MG/3 ML SYRINGE | 4 | PA, SRX |
| HYDROMORPHONE ER 16 MG TABLET | 1 | PA | ICLEVIA 0.15 MG-0.03 MG TABLET | 1 | |
| HYDROMORPHONE ER 32 MG TABLET | 1 | PA | ICLUSIG 10 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROXYCHLOROQUINE 200 MG TABLET | 1 | | ICLUSIG 15 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROXYUREA 500 MG CAPSULE | 1 | | ICLUSIG 30 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROXYZINE 10 MG/5 ML ORAL SOLUTION | 1 | | ICLUSIG 45 MG TABLET | 4 | PA, QL, LDD, SRX |
| HYDROXYZINE 10 MG/5 ML SYRUP | 1 | | ICOSAPENT ETHYL 0.5 GM CAPSULE | 3 | PA |
| | | | ICOSAPENT ETHYL 1 GRAM CAPSULE | 3 | PA |
| | | | ICOSAPENT ETHYL 500 MG CAPSULE | 3 | PA |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---------------------------------------|------|------------------|---|------|------------------|
| 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 | |
| INCRUSE ELLIPTA 62.5 MCG INHALER | 2 | | INSULIN SYRINGE 0.5 ML 28G 1/2" | 2 | |
| INDAPAMIDE 1.25 MG TABLET | 1 | | INSULIN SYRINGE 0.5 ML 29G 1/2" | 2 | |
| INDAPAMIDE 2.5 MG TABLET | 1 | | INSULIN SYRINGE 0.5 ML 30G 1/2" | 2 | |
| INDOMETHACIN 25 MG CAPSULE | 1 | | INSULIN SYRINGE 0.5 ML 30G 5/16" | 2 | |
| INDOMETHACIN 50 MG CAPSULE | 1 | | INSULIN SYRINGE 0.5 ML 31G 5/16" | 2 | |
| INDOMETHACIN ER 75 MG CAPSULE | 1 | | INSULIN SYRINGE 0.5 ML 31G 1/4" | 2 | |
| INFANRIX DTAP SYRINGE | 2 | | INSULIN SYRINGE 1 ML | 2 | |
| INFANRIX DTAP VIAL | 2 | | INSULIN SYRINGE 1 ML 27G 1/2" | 2 | |
| INFINITY CONTROL SOLUTION HIGH | 2 | | INSULIN SYRINGE 1 ML 27G 13MM | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------|---|------|------------------|
| 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 |
| IPOV VIAL | 2 | | JAIMIESS 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 |
| IRBESARTAN 150 MG TABLET | 1 | | JANSSEN COVID-19 VACCINE (EUA) | 2 | |
| IRBESARTAN 300 MG TABLET | 1 | | JANTOVEN 1 MG TABLET | 1 | |
| IRBESARTAN-HCTZ 150-12.5 MG TABLET | 1 | | JANTOVEN 2 MG TABLET | 1 | |
| IRBESARTAN-HCTZ 300-12.5 MG TABLET | 1 | | JANTOVEN 2.5 MG TABLET | 1 | |
| ISENTRESS 25 MG CHEWABLE TABLET | 2 | | JANTOVEN 3 MG TABLET | 1 | |
| ISENTRESS 100 MG CHEWABLE TABLET | 2 | | JANTOVEN 4 MG TABLET | 1 | |
| ISENTRESS 100 MG POWDER PACKET | 2 | | JANTOVEN 5 MG TABLET | 1 | |
| ISENTRESS 400 MG TABLET | 2 | | JANTOVEN 6 MG TABLET | 1 | |
| ISENTRESS HD 600 MG TABLET | 2 | | JANTOVEN 7.5 MG TABLET | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|---------|---|------|------------------|
| 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 | |
| JOYEAX-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 | |
| KELNOR 1-50 TABLET | 1 | | KRO PEN NEEDLE 5MM 31G | 2 | |
| KESIMPTA 20 MG/0.4 ML PEN | 4 | PA, SRX | KRO PEN NEEDLE 6MM 31G | 2 | |
| KETOCONAZOLE 2% CREAM | 1 | | KRO PEN NEEDLE 8MM 31G | 2 | |
| KETOCONAZOLE 2% SHAMPOO | 1 | | KROGER INSULIN SYRINGE 0.3 ML 30G 5/16" | 2 | |
| KETOCONAZOLE 200 MG TABLET | 1 | | KROGER INSULIN SYRINGE 0.5 ML 29G 1/2" | 2 | |
| KETO-DIASTIX REAGENT TEST STRIP | 2 | | KROGER INSULIN SYRINGE 1 ML 29G 1/2" | 2 | |
| KETONE TEST STRIP | 2 | | KROGER INSULIN SYRINGE 1 ML 31G 5/16" | 2 | |
| KETOPROFEN 50 MG CAPSULE | 2 | | KROGER PEN NEEDLE 31G 5/16" | 2 | |
| KETOPROFEN 75 MG CAPSULE | 2 | | KROGER SYRINGE 0.3 ML 31G 5/16" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---------------------------------------|------|-------|---|------|------------------|
| 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 | |
| LAMOTRIGINE ER 250 MG TABLET | 2 | | LEFLUNOMIDE 20 MG TABLET | 1 | |
| LAMOTRIGINE ER 300 MG TABLET | 2 | | LENALIDOMIDE 2.5 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 25 MG TABLET | 2 | | LENALIDOMIDE 5 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 50 MG TABLET | 2 | | LENALIDOMIDE 10 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 100 MG TABLET | 2 | | LENALIDOMIDE 15 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 200 MG TABLET | 2 | | LENALIDOMIDE 20 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT KIT (BLUE) | 1 | | LENALIDOMIDE 25 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT KIT (GREEN) | 1 | | LENVIMA 4 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT KIT (ORANGE) | 1 | | LENVIMA 8 MG DAILY DOSE | 4 | PA, QL, LDD, SRX |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|------------------|--|------|---------|
| 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 | | LEVO-T 175 MCG TABLET | 1 | |
| LEVETIRACETAM ER 500 MG TABLET | 1 | | LEVO-T 200 MCG TABLET | 1 | |
| LEVETIRACETAM ER 750 MG TABLET | 1 | | LEVO-T 300 MCG TABLET | 1 | |
| LEVOBUNOLOL 0.5% EYE DROPS | 1 | | LEVOTHYROXINE 25 MCG TABLET | 1 | |
| LEVOCARNITINE 500 MG/5 ML ORAL SOLUTION | 1 | | LEVOTHYROXINE 50 MCG TABLET | 1 | |
| LEVOCARNITINE 1 G/10 ML ORAL SOLUTION | 1 | | LEVOTHYROXINE 75 MCG TABLET | 1 | |
| LEVOCARNITINE SF 1 G/10 ML ORAL SOLUTION | 1 | | LEVOTHYROXINE 88 MCG TABLET | 1 | |
| LEVOCARNITINE 330 MG TABLET | 1 | | LEVOTHYROXINE 100 MCG TABLET | 1 | |
| LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION | 1 | | LEVOTHYROXINE 112 MCG TABLET | 1 | |
| LEVOCETIRIZINE 5 MG TABLET | 1 | | | | |
| LEVOFLOXACIN 0.5% EYE DROPS | 1 | | | | |
| LEVOFLOXACIN 1.5% EYE DROPS | 1 | | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|------------------------------------|------|--------|--|------|--------|
| 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 | |
| LINEZOLID 100 MG/5 ML SUSPENSION | 3 | PA | LITETOUCH LARGE MASK | 2 | QL |
| LINEZOLID 600 MG TABLET | 2 | PA | LITETOUCH MEDIUM MASK | 2 | QL |
| LINZESS 72 MCG CAPSULE | 3 | QL | LITETOUCH SMALL MASK | 2 | QL |
| LINZESS 145 MCG CAPSULE | 3 | QL | LITETOUCH SYRINGE 0.5 ML 28G 1/2" | 2 | |
| LINZESS 290 MCG CAPSULE | 3 | QL | LITETOUCH SYRINGE 0.5 ML 29G 1/2" | 2 | |
| LIOthyRONINE 5 MCG TABLET | 1 | | LITETOUCH SYRINGE 0.5 ML 30G 5/16" | 2 | |
| LIOthyRONINE 25 MCG TABLET | 1 | | LITETOUCH SYRINGE 1 ML 28G 1/2" | 2 | |
| LIOthyRONINE 50 MCG TABLET | 1 | | LITETOUCH SYRINGE 1 ML 29G 1/2" | 2 | |
| LISDEXAMFETAMINE 10 MG CAPSULE | 1 | PA, QL | LITETOUCH SYRINGE 1 ML 30G 5/16" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|-------|------------------------------------|------|------------------|
| LITHIUM 8 MEQ/5 ML ORAL SOLUTION | 1 | | LO-ZUMANDIMINE 3 MG-0.02 MG TABLET | 1 | |
| LITHIUM CARBONATE 150 MG CAPSULE | 1 | | LUBIPROSTONE 8 MCG CAPSULE | 3 | |
| LITHIUM CARBONATE 300 MG CAPSULE | 1 | | LUBIPROSTONE 24 MCG CAPSULE | 3 | |
| LITHIUM CARBONATE 600 MG CAPSULE | 1 | | LUCEMYRA 0.18 MG TABLET | 2 | QL |
| LITHIUM CARBONATE 300 MG TABLET | 1 | | LURASIDONE 20 MG TABLET | 3 | QL |
| LITHIUM CARBONATE ER 300 MG TABLET | 1 | | LURASIDONE 40 MG TABLET | 3 | QL |
| LITHIUM CARBONATE ER 450 MG TABLET | 1 | | LURASIDONE 60 MG TABLET | 3 | QL |
| LITHOSTAT 250 MG TABLET | 3 | | LURASIDONE 80 MG TABLET | 3 | QL |
| LIVE BETTER PEN NEEDLE 8MM | 2 | | LURASIDONE 120 MG TABLET | 3 | QL |
| LO LOESTRIN FE 1-10 TABLET | 2 | | LUTERA-28 TABLET | 1 | |
| LOJAIMIESS 0.1-0.02-0.01 TABLET | 1 | | LYLEQ 0.35 MG TABLET | 1 | |
| LOKELMA 5 GRAM POWDER PACKET | 3 | | LYLLANA 0.025 MG PATCH | 1 | QL |
| LOKELMA 10 GRAM POWDER PACKET | 3 | | 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 | |
| LOSARTAN-HCTZ 100-25 MG TABLET | 1 | | MATZIM LA 360 MG TABLET | 1 | |
| LOTEPREDNOL 0.5% DROPS | 2 | | MATZIM LA 420 MG TABLET | 1 | |
| LOTEPREDNOL 0.5% EYE GEL | 2 | | MAXICOMFORT INSULIN 0.5ML 27G 1/2" | 2 | |
| LOVASTATIN 10 MG TABLET | 1 | | MAXICOMFORT INSULIN 1 ML 27G 1/2" | 2 | |
| LOVASTATIN 20 MG TABLET | 1 | | MAXICOMFORT PEN NEEDLE 29G 5MM | 2 | |
| LOVASTATIN 40 MG TABLET | 1 | | MAXICOMFORT PEN NEEDLE 29G 8MM | 2 | |
| LOW-OGESTREL-28 TABLET | 1 | | MAXICOMFORT II PEN NEEDLE 31G 6MM | 2 | |
| LOXAPINE 5 MG CAPSULE | 1 | | MAXI-COMFORT INSULIN 0.5 ML 28G | 2 | |
| LOXAPINE 10 MG CAPSULE | 1 | | MAXI-COMFORT INSULIN 1 ML 28G 1/2" | 2 | |
| LOXAPINE 25 MG CAPSULE | 1 | | MECLIZINE 12.5 MG TABLET | 1 | |
| LOXAPINE 50 MG CAPSULE | 1 | | MECLIZINE 25 MG TABLET | 1 | |
| | | | MECLOFENAMATE 50 MG CAPSULE | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|-------------|--|------|-------|
| 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 | | METHENAMINE MANDELATE 500 MG TABLET | 1 | |
| MEMANTINE 5 MG TABLET | 1 | | METHENAMINE MANDELATE 1 GM TABLET | 1 | |
| MEMANTINE 10 MG TABLET | 1 | | METHERGINE 0.2 MG TABLET | 3 | |
| MEMANTINE 5-10 MG TITRATION PACK | 1 | | METHIMAZOLE 5 MG TABLET | 1 | |
| MENEST 0.3 MG TABLET | 3 | | METHIMAZOLE 10 MG TABLET | 1 | |
| MENEST 0.625 MG TABLET | 3 | | METHITEST 10 MG TABLET | 4 | SRX |
| MENEST 1.25 MG TABLET | 3 | | METHOCARBAMOL 500 MG TABLET | 1 | |
| MENEST 2.5 MG TABLET | 3 | | METHOCARBAMOL 750 MG TABLET | 1 | |
| MENQUADFI VIAL | 2 | | METHOTREXATE 2.5 MG TABLET | 1 | |
| MENVEO 1 VIAL-A-C-Y-W-135-DIP | 2 | | METHOXSALEN 10 MG SOFTGEL | 3 | |
| MENVEO A-C-Y-W KIT (2 VIALS) | 2 | | METHSCOPOLAMINE 2.5 MG TABLET | 1 | |
| MEPERIDINE 50 MG/5 ML ORAL SOLUTION | 2 | PA | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------|--|------|---------|
| 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 | |
| METHYLPHENIDATE ER(CD) 40MG CAPSULE | 2 | QL | METRONIDAZOLE 500 MG TABLET | 1 | |
| METHYLPHENIDATE ER(CD) 50MG CAPSULE | 2 | QL | METRONIDAZOLE TOPICAL 0.75% GEL | 1 | |
| METHYLPHENIDATE ER(CD) 60MG CAPSULE | 2 | QL | METRONIDAZOLE TOPICAL 1% GEL | 1 | |
| METHYLPHENIDATE ER(LA) 10MG CAPSULE | 2 | QL | METRONIDAZOLE TOPICAL 1% GEL PUMP | 1 | |
| METHYLPHENIDATE ER(LA) 20MG CAPSULE | 2 | QL | METRONIDAZOLE VAGINAL 0.75% GEL | 1 | |
| METHYLPHENIDATE ER(LA) 30MG CAPSULE | 2 | QL | METYROSINE 250 MG CAPSULE | 4 | PA, SRX |
| METHYLPHENIDATE ER(LA) 40MG CAPSULE | 2 | QL | MEXILETINE 150 MG CAPSULE | 1 | |
| METHYLPHENIDATE LA 10 MG CAPSULE | 2 | QL | MEXILETINE 200 MG CAPSULE | 1 | |
| METHYLPHENIDATE LA 20 MG CAPSULE | 2 | QL | MEXILETINE 250 MG CAPSULE | 1 | |
| METHYLPHENIDATE LA 30 MG CAPSULE | 2 | QL | MIBELAS 24 FE CHEWABLE TABLET | 1 | |
| METHYLPHENIDATE LA 40 MG CAPSULE | 2 | QL | MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|---------|---|------|-------|
| 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 | |
| MINI PEN NEEDLE 32G 6MM | 2 | | MINOCYCLINE 50 MG CAPSULE | 1 | |
| MINI PEN NEEDLE 32G 8MM | 2 | | MINOCYCLINE 75 MG CAPSULE | 1 | |
| MINI PEN NEEDLE 33G 4MM | 2 | | MINOCYCLINE 100 MG CAPSULE | 1 | |
| MINI PEN NEEDLE 33G 5MM | 2 | | MINOCYCLINE 50 MG TABLET | 1 | |
| MINI PEN NEEDLE 33G 6MM | 2 | | MINOCYCLINE 75 MG TABLET | 1 | |
| MINI ULTRA-THIN II PEN NEEDLE 31G | 2 | | MINOCYCLINE 100 MG TABLET | 1 | |
| MINI WRIGHT PEAK FLOW METER | 2 | | MINOXIDIL 2.5 MG TABLET | 1 | |
| MINIMED INFUSION SET | 2 | | MINOXIDIL 10 MG TABLET | 1 | |
| MINIMED MIO ADVANCE INFUSION SET 23"6MM | 2 | | MIRABEGRON ER 25 MG TABLET | 3 | QL |
| MINIMED MIO ADVANCE INFUSION SET 23"9MM | 2 | | MIRABEGRON ER 50 MG TABLET | 3 | QL |
| MINIMED MIO ADVANCE INFUSION SET 43"6MM | 2 | | MIRTAZAPINE 15 MG ODT TABLET | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--------------------------------------|------|-------|--|------|-------|
| 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 | |
| MONOJECT 0.5 ML SYRINGE 28G 1/2" | 2 | | MONOJECT INSULIN SYRINGE 1 ML | 2 | |
| MONOJECT 1 ML SYRINGE 27 1/2" | 2 | | MONOJECT INSULIN SYRINGE 3/10 ML | 2 | |
| MONOJECT 1 ML SYRINGE 28G 1/2" | 2 | | MONOJECT INSULIN SYRINGE U100 | 2 | |
| MONOJECT 3 ML SYRINGE 21G 1" | 2 | | MONOJECT INSULIN SYRINGE U100 0.5 ML | 2 | |
| MONOJECT 3 ML SYRINGE 21G 1-1/2" | 2 | | MONOJECT INSULIN SYRINGE U100 1 ML | 2 | |
| MONOJECT 3 ML SYRINGE 22G 1-1/2" | 2 | | MONOJECT SYRINGE 0.3 ML | 2 | |
| MONOJECT 3 ML SYRINGE 23G 1" | 2 | | MONOJECT SYRINGE 0.5 ML | 2 | |
| MONOJECT 3 ML SYRINGE 25G 1" | 2 | | MONOJECT SYRINGE 1 ML | 2 | |
| MONOJECT 3 ML SYRINGE 25G 1.25" | 2 | | MONOJECT SYRINGE 3 ML 20G 1" | 2 | |
| MONOJECT 3 ML SYRINGE 25G 5/8" | 2 | | MONOJECT SYRINGE 3 ML 20G 1-1/2" | 2 | |
| MONOJECT 3 ML SYRINGE 27G 1-1/4" | 2 | | MONOJECT SYRINGE 3 ML 20G 3/4" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---------------------------------------|------|-------|---|------|--------|
| MONOJECT SYRINGE 3 ML 22G 1" | 2 | | MS INSULIN SYRINGE 0.5 ML 30G 1/2" | 2 | |
| MONO-LINYAH 28 TABLET | 1 | | MS INSULIN SYRINGE 0.5 ML 31G 5/16" | 2 | |
| MONTELUKAST 4 MG CHEWABLE TABLET | 1 | | MS INSULIN SYRINGE 1 ML 29G 1/2" | 2 | |
| MONTELUKAST 5 MG CHEWABLE TABLET | 1 | | MS INSULIN SYRINGE 1 ML 30G 1/2" | 2 | |
| MONTELUKAST 4 MG GRANULE | 1 | | MS INSULIN SYRINGE 1 ML 31G 5/16" | 2 | |
| MONTELUKAST 10 MG TABLET | 1 | | MS PEN NEEDLE 6MM 31G | 2 | |
| MORGIDOX 50 MG CAPSULE | 1 | | MULTISTIX 7 REAGENT TEST STRIP | 2 | |
| MORGIDOX 100 MG CAPSULE | 1 | | MULTISTIX 9 REAGENT TEST STRIP | 2 | |
| MORPHINE 100 MG/5 ML ORAL CONCENTRATE | 1 | PA | MULTISTIX 8 SG REAGENT TEST STRIP | 2 | |
| MORPHINE 10 MG/5 ML ORAL SOLUTION | 1 | PA | MULTISTIX 9 SG REAGENT TEST STRIP | 2 | |
| MORPHINE 20 MG/5 ML ORAL SOLUTION | 1 | PA | MULTISTIX 10 SG REAGENT TEST STRIP | 2 | |
| MORPHINE 5 MG SUPPOSITORY | 1 | PA | MULTISTIX REAGENT TEST STRIP | 2 | |
| MORPHINE 10 MG SUPPOSITORY | 1 | PA | MULTISTIX 5 TEST STRIP | 2 | |
| MORPHINE 20 MG SUPPOSITORY | 1 | PA | MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET | 1 | |
| MORPHINE 30 MG SUPPOSITORY | 1 | PA | MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET | 1 | |
| MORPHINE ER 10 MG CAPSULE | 1 | PA | MULTIVIT-FLUORIDE 1 MG CHEWABLE TABLET | 1 | |
| MORPHINE ER 20 MG CAPSULE | 1 | PA | MULTIVITAMIN-FLUORIDE 0.25 MG/ML ORAL DROPS | 1 | |
| MORPHINE ER 30 MG CAPSULE | 1 | PA | MUPIROCIN 2% CREAM | 1 | |
| MORPHINE ER 45 MG CAPSULE | 1 | PA | MUPIROCIN 2% OINTMENT | 1 | |
| MORPHINE ER 50 MG CAPSULE | 1 | PA | MY CHOICE 1.5 MG TABLET | 1 | |
| MORPHINE ER 60 MG CAPSULE | 1 | PA | MY WAY 1.5 MG TABLET | 1 | |
| MORPHINE ER 75 MG CAPSULE | 1 | PA | MYCOPHENOLATE 250 MG CAPSULE | 1 | |
| MORPHINE ER 80 MG CAPSULE | 1 | PA | MYCOPHENOLATE 200 MG/ML SUSPENSION | 1 | |
| MORPHINE ER 90 MG CAPSULE | 1 | PA | MYCOPHENOLATE 500 MG TABLET | 1 | |
| MORPHINE ER 100 MG CAPSULE | 1 | PA | MYCOPHENOLIC ACID DR 180 MG TABLET | 1 | |
| MORPHINE ER 120 MG CAPSULE | 1 | PA | MYCOPHENOLIC ACID DR 360 MG TABLET | 1 | |
| MORPHINE ER 15 MG TABLET | 1 | PA | MYGLUCOHEALTH CONTROL SOLUTION PAK | 2 | |
| MORPHINE ER 30 MG TABLET | 1 | PA | MYLERAN 2 MG TABLET | 3 | |
| MORPHINE ER 60 MG TABLET | 1 | PA | MYNATAL CAPSULE | 1 | |
| MORPHINE ER 100 MG TABLET | 1 | PA | MYNATAL PLUS CAPTAB | 1 | |
| MORPHINE ER 200 MG TABLET | 1 | PA | MYNATAL ULTRACAPLET | 1 | |
| MORPHINE IR 15 MG TABLET | 1 | PA | MYNATAL-Z CAPTAB | 1 | |
| MORPHINE IR 30 MG TABLET | 1 | PA | MYORISAN 10 MG CAPSULE | 3 | |
| MOXIFLOXACIN 0.5% EYE DROPS | 1 | | MYORISAN 20 MG CAPSULE | 3 | |
| MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS | 1 | | MYORISAN 30 MG CAPSULE | 3 | |
| MOXIFLOXACIN 400 MG TABLET | 1 | | MYORISAN 40 MG CAPSULE | 3 | |
| MRESVIA 50 MCG/0.5 ML SYRINGE | 2 | | MYRBETRIQ ER 25 MG TABLET | 3 | QL, ST |
| MS INSULIN SYRINGE 0.3 ML | 2 | | MYRBETRIQ ER 50 MG TABLET | 3 | QL, ST |
| MS INSULIN SYRINGE 0.3 ML 29G 1/2" | 2 | | MYTESI 125 MG DR TABLET | 3 | LDD |
| MS INSULIN SYRINGE 0.3 ML 31G 5/16" | 2 | | NABUMETONE 500 MG TABLET | 1 | |
| MS INSULIN SYRINGE 0.5 ML 29G 1/2" | 2 | | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes |
|---|------|-------------|
| NABUMETONE 750 MG TABLET | 1 | |
| NADOLOL 20 MG TABLET | 1 | |
| NADOLOL 40 MG TABLET | 1 | |
| NADOLOL 80 MG TABLET | 1 | |
| NAFTIFINE 1% CREAM | 2 | |
| NAFTIFINE 2% CREAM | 2 | |
| NAFTIFINE 2% GEL | 2 | |
| NALOXONE 0.4 MG/ML CARPUJECT | 1 | |
| NALOXONE 4 MG NASAL SPRAY | 1 | |
| NALOXONE 0.4 MG/ML SYRINGE | 1 | |
| NALOXONE 2 MG/2 ML SYRINGE | 1 | |
| NALTREXONE 50 MG TABLET | 1 | |
| NAPROXEN 500 MG KIT | 1 | |
| NAPROXEN 250 MG TABLET | 1 | |
| NAPROXEN 275 MG TABLET | 1 | |
| NAPROXEN 375 MG TABLET | 1 | |
| NAPROXEN 500 MG TABLET | 1 | |
| NAPROXEN 550 MG TABLET | 1 | |
| NAPROXEN DR 375 MG TABLET | 1 | |
| NAPROXEN DR 500 MG TABLET | 1 | |
| NARATRIPTAN 1 MG TABLET | 1 | QL |
| NARATRIPTAN 2.5 MG TABLET | 1 | QL |
| NARCAN 4 MG NASAL SPRAY | 2 | |
| NATACYN 5% EYE DROPS | 3 | |
| NATAZIA 28 TABLET | 3 | |
| NATEGLINIDE 60 MG TABLET | 1 | |
| NATEGLINIDE 120 MG TABLET | 1 | |
| NAYZILAM 5 MG NASAL SPRAY | 4 | PA, QL, SRX |
| NEBUSAL 3% VIAL | 1 | |
| NECON 0.5-35-28 TABLET | 1 | |
| NEFAZODONE 50 MG TABLET | 1 | |
| NEFAZODONE 100 MG TABLET | 1 | |
| NEFAZODONE 150 MG TABLET | 1 | |
| NEFAZODONE 200 MG TABLET | 1 | |
| NEFAZODONE 250 MG TABLET | 1 | |
| NEOMYCIN 500 MG TABLET | 1 | |
| NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT | 1 | |
| NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT | 1 | |
| NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE | 1 | |
| NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL | 1 | |

| Medication Name | Tier | Notes |
|---|------|------------------|
| NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS | 1 | |
| NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT | 1 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS | 1 | |
| NEOMYCIN-POLYMYXIN-HC EAR SOLUTION | 1 | |
| NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION | 1 | |
| NEOMYCIN-POLYMYXIN-HC EYE DROPS | 1 | |
| NEO-POLYCIN EYE OINTMENT | 1 | |
| NEO-POLYCIN HC EYE OINTMENT | 1 | |
| NEUAC GEL | 1 | |
| NEULASTA 6 MG/0.6 ML SYRINGE | 4 | PA, SRX |
| NEULASTA ONPRO 6 MG/0.6 ML KIT | 4 | PA, SRX |
| NEUPRO 1 MG/24 HR PATCH | 3 | |
| NEUPRO 2 MG/24 HR PATCH | 3 | |
| NEUPRO 3 MG/24 HR PATCH | 3 | |
| NEUPRO 4 MG/24 HR PATCH | 3 | |
| NEUPRO 6 MG/24 HR PATCH | 3 | |
| NEUPRO 8 MG/24 HR PATCH | 3 | |
| NEVANAC 0.1% EYE DROPS | 3 | |
| NEVIRAPINE 50 MG/5 ML SUSPENSION | 1 | |
| NEVIRAPINE 200 MG TABLET | 1 | |
| NEVIRAPINE ER 100 MG TABLET | 1 | |
| NEVIRAPINE ER 400 MG TABLET | 1 | |
| NEW DAY 1.5 MG TABLET | 1 | |
| NEWGEN TABLET | 1 | |
| NIACIN ER 500 MG TABLET | 1 | |
| NIACIN ER 750 MG TABLET | 1 | |
| NIACIN ER 1,000 MG TABLET | 1 | |
| NICARDIPINE 20 MG CAPSULE | 2 | |
| NICARDIPINE 30 MG CAPSULE | 2 | |
| NICOTROL CARTRIDGE INHALER | 2 | |
| NICOTROL NS 10 MG/ML SPRAY | 2 | |
| NIFEDIPINE 10 MG CAPSULE | 1 | |
| NIFEDIPINE 20 MG CAPSULE | 1 | |
| NIFEDIPINE ER 30 MG TABLET | 1 | |
| NIFEDIPINE ER 60 MG TABLET | 1 | |
| NIFEDIPINE ER 90 MG TABLET | 1 | |
| NIKKI 3 MG-0.02 MG TABLET | 1 | |
| NILUTAMIDE 150 MG TABLET | 4 | SRX |
| NIMODIPINE 30 MG CAPSULE | 3 | |
| NINLARO 2.3 MG CAPSULE | 4 | PA, QL, LDD, SRX |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|------------------|--|------|-------|
| 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 | | NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG(21)-75 TABLET | 1 | |
| NITROGLYCERIN 0.4% OINTMENT | 3 | | NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET | 1 | |
| NITROGLYCERIN 0.1 MG/HR PATCH | 1 | | NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET | 1 | |
| NITROGLYCERIN 0.2 MG/HR PATCH | 1 | | NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET | 1 | |
| NITROGLYCERIN 0.4 MG/HR PATCH | 1 | | NORLYDA 0.35 MG TABLET | 1 | |
| NITROGLYCERIN 0.6 MG/HR PATCH | 1 | | NORPACE CR 100 MG CAPSULE | 3 | |
| NITROGLYCERIN 400 MCG SPRAY | 1 | | NORPACE CR 150 MG CAPSULE | 3 | |
| NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET | 1 | | NORTREL 0.5-35-28 TABLET | 1 | |
| NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET | 1 | | NORTREL 1-35 21 TABLET | 1 | |
| NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET | 1 | | NORTREL 1-35 28 TABLET | 1 | |
| NITRO-TIME ER 2.5 MG CAPSULE | 1 | | NORTREL 7-7-7-28 TABLET | 1 | |
| NITRO-TIME ER 6.5 MG CAPSULE | 1 | | NORTRIPTYLINE 10 MG CAPSULE | 1 | |
| NITRO-TIME ER 9 MG CAPSULE | 1 | | NORTRIPTYLINE 25 MG CAPSULE | 1 | |
| NIVA THYROID 15 MG TABLET | 1 | | NORTRIPTYLINE 50 MG CAPSULE | 1 | |
| NIVA THYROID 30 MG TABLET | 1 | | NORTRIPTYLINE 75 MG CAPSULE | 1 | |
| NIVA THYROID 60 MG TABLET | 1 | | | | |
| NIVA THYROID 90 MG TABLET | 1 | | | | |
| NIVA THYROID 120 MG TABLET | 1 | | | | |
| NIVA-PLUS TABLET | 1 | | | | |
| NIVESTYM 300 MCG/0.5 ML SYRINGE | 4 | SRX | | | |
| NIVESTYM 480 MCG/0.8 ML SYRINGE | 4 | SRX | | | |
| NIVESTYM 300 MCG/ML VIAL | 4 | SRX | | | |
| NIVESTYM 480 MCG/1.6 ML VIAL | 4 | SRX | | | |
| NIZATIDINE 150 MG CAPSULE | 1 | | | | |
| NIZATIDINE 300 MG CAPSULE | 1 | | | | |
| NOLIX 0.05% CREAM | 3 | | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|--------|--|------|--------------|
| NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION | 1 | | NYVEPRIA 6 MG/0.6 ML SYRINGE | 4 | PA, SRX |
| NORVIR 100 MG POWDER PACKET | 2 | | OCELLA 3 MG-0.03 MG TABLET | 1 | |
| NOVAVAX COVID VIAL (EUA) | 2 | | OCTREOTIDE 50 MCG/ML AMPULE | 2 | PA |
| NOVAVAX COVID-19 VACCINE, ADJ(EUA) | 2 | | OCTREOTIDE 100 MCG/ML AMPULE | 2 | PA |
| NOVOFINE 32G NEEDLE | 2 | | OCTREOTIDE 500 MCG/ML AMPULE | 2 | PA |
| NOVOFINE AUTOCOVER 30G NEEDLE | 2 | | OCTREOTIDE 50 MCG/ML SYRINGE | 2 | PA |
| NOVOFINE PLUS PEN NEEDLE 32G 1/6" | 2 | | OCTREOTIDE 100 MCG/ML SYRINGE | 2 | PA |
| NOVOLOG 100 UNIT/ML FLEXPEN | 3 | QL, ST | OCTREOTIDE 500 MCG/ML SYRINGE | 2 | PA |
| NOVOLOG 100 UNIT/ML VIAL | 3 | QL, ST | OCTREOTIDE 0.05 MG/ML VIAL | 2 | PA |
| NOVOLOG MIX 70-30 FLEXPEN | 3 | QL, ST | OCTREOTIDE 50 MCG/ML VIAL | 2 | PA |
| NOVOLOG MIX 70-30 VIAL | 3 | QL, ST | OCTREOTIDE 100 MCG/ML VIAL | 2 | PA |
| NOVOLOG PENFILL 100 UNIT/ML | 3 | QL, ST | OCTREOTIDE 200 MCG/ML VIAL | 2 | PA |
| NOVOPEN ECHO INSULIN DEVICE | 2 | | OCTREOTIDE 500 MCG/ML VIAL | 2 | PA |
| NOVOTWIST NEEDLE 32G 5MM | 2 | | OCTREOTIDE 1,000 MCG/ML VIAL | 2 | PA |
| NP THYROID 15 MG TABLET | 1 | | OCTREOTIDE 1,000 MCG/5 ML VIAL | 2 | PA |
| NP THYROID 30 MG TABLET | 1 | | OCTREOTIDE 5,000 MCG/5 ML VIAL | 2 | PA |
| NP THYROID 60 MG TABLET | 1 | | ODACTRA 12 SQ-HDM SUBLINGUAL TABLET | 3 | PA, QL |
| NP THYROID 90 MG TABLET | 1 | | ODEFSEY TABLET | 3 | QL |
| NP THYROID 120 MG TABLET | 1 | | ODOMZO 200 MG CAPSULE | 4 | PA, QL, SRX |
| NUCYNTA 50 MG TABLET | 3 | PA | OFEV 100 MG CAPSULE | 4 | PA, LDD, SRX |
| NUCYNTA 75 MG TABLET | 3 | PA | OFEV 150 MG CAPSULE | 4 | PA, LDD, SRX |
| NUCYNTA 100 MG TABLET | 3 | PA | OFLOXACIN 0.3% EAR DROPS | 1 | |
| NUCYNTA ER 50 MG TABLET | 3 | PA | OFLOXACIN 0.3% EYE DROPS | 1 | |
| NUCYNTA ER 100 MG TABLET | 3 | PA | OFLOXACIN 300 MG TABLET | 1 | |
| NUCYNTA ER 150 MG TABLET | 3 | PA | OFLOXACIN 400 MG TABLET | 1 | |
| NUCYNTA ER 200 MG TABLET | 3 | PA | OLANZAPINE 2.5 MG TABLET | 1 | |
| NUCYNTA ER 250 MG TABLET | 3 | PA | OLANZAPINE 5 MG TABLET | 1 | |
| NUEDEXTA 20-10 MG CAPSULE | 3 | PA, QL | OLANZAPINE 7.5 MG TABLET | 1 | |
| NYAMYC 100,000 UNIT/GM POWDER | 1 | | OLANZAPINE 10 MG TABLET | 1 | |
| NYLIA 1-35 28 TABLET | 1 | | OLANZAPINE 15 MG TABLET | 1 | |
| NYLIA 7-7-7-28 TABLET | 1 | | OLANZAPINE 20 MG TABLET | 1 | |
| NYMYO 0.25-0.035 MG (28) TABLET | 1 | | OLANZAPINE ODT 5 MG TABLET | 1 | |
| NYSTATIN 100,000 UNIT/GM CREAM | 1 | | OLANZAPINE ODT 10 MG TABLET | 1 | |
| NYSTATIN 100,000 UNIT/GM OINTMENT | 1 | | OLANZAPINE ODT 15 MG TABLET | 1 | |
| NYSTATIN 100,000 UNIT/GM POWDER | 1 | | OLANZAPINE ODT 20 MG TABLET | 1 | |
| NYSTATIN 100,000 UNIT/ML SUSPENSION | 1 | | OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE | 1 | |
| NYSTATIN 500,000 UNIT/5 ML SUSPENSION | 1 | | OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE | 1 | |
| NYSTATIN 500,000 UNIT ORAL TABLET | 1 | | OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE | 1 | |
| NYSTATIN-TRIAMCINOLONE CREAM | 1 | | OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE | 1 | |
| NYSTATIN-TRIAMCINOLONE OINTMENT | 1 | | OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE | 1 | |
| NYSTOP 100,000 UNIT/GM POWDER | 1 | | OLMESARTAN 5 MG TABLET | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes |
|---|------|-------|
| 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 |
| 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 | |

| Medication Name | Tier | Notes |
|---------------------------------------|------|-------|
| 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 | |
| OPCICON ONE-STEP 1.5 MG TABLET | 1 | |
| OPILL 0.075 MG TABLET | 1 | QL |
| OPIUM TINCTURE 10 MG/ML | 2 | PA |
| OPTICHAMBER ADULT MASK-LARGE | 2 | QL |
| OPTICHAMBER DIAMOND VHC | 2 | QL |
| OPTICHAMBER DIAMOND W-LARGE MASK | 2 | QL |
| OPTICHAMBER DIAMOND W-MEDIUM MASK | 2 | QL |
| OPTICHAMBER DIAMOND W-SMALL MASK | 2 | QL |
| OPTION 2 1.5 MG TABLET | 1 | |
| OPTUMRX GLUCOSE CONTROL SOLUTION | 2 | |
| OPVEE 2.7 MG NASAL SPRAY | 2 | |
| ORACIT ORAL SOLUTION | 3 | |
| ORAL CITRATE SOLUTION | 3 | |
| ORALONE 0.1% DENTAL PASTE | 1 | |
| ORPHENADRINE ER 100 MG TABLET | 1 | |
| OSCIMIN 0.125 MG TABLET | 1 | |
| OSCIMIN SL 0.125 MG SUBLINGUAL TABLET | 1 | |
| OSCIMIN SR 0.375 MG TABLET | 1 | |
| OSELTAMIVIR 30 MG CAPSULE | 1 | QL |
| OSELTAMIVIR 45 MG CAPSULE | 1 | QL |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|-------------|----------------------------------|------|-------------|
| 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 | | PACERONE 200 MG TABLET | 1 | |
| OXANDROLONE 2.5 MG TABLET | 3 | PA | PALIPERIDONE ER 1.5 MG TABLET | 3 | |
| OXANDROLONE 10 MG TABLET | 3 | PA | PALIPERIDONE ER 3 MG TABLET | 3 | |
| OXAPROZIN 600 MG CAPLET | 1 | | PALIPERIDONE ER 6 MG TABLET | 3 | |
| OXAPROZIN 600 MG TABLET | 1 | | PALIPERIDONE ER 9 MG TABLET | 3 | |
| OXAZEPAM 10 MG CAPSULE | 1 | | PANCREAZE DR 2,600 UNIT CAPSULE | 2 | |
| OXAZEPAM 15 MG CAPSULE | 1 | | PANCREAZE DR 4,200 UNIT CAPSULE | 2 | |
| OXAZEPAM 30 MG CAPSULE | 1 | | PANCREAZE DR 10,500 UNIT CAPSULE | 2 | |
| OXCARBAZEPINE 300 MG/5 ML SUSPENSION | 1 | | PANCREAZE DR 16,800 UNIT CAPSULE | 2 | |
| OXCARBAZEPINE 150 MG TABLET | 1 | | PANCREAZE DR 21,000 UNIT CAPSULE | 2 | |
| OXCARBAZEPINE 300 MG TABLET | 1 | | PANCREAZE DR 37,000 UNIT CAPSULE | 2 | |
| OXCARBAZEPINE 600 MG TABLET | 1 | | PANDA MASK LARGE | 2 | QL |
| OXICONAZOLE 1% CREAM | 2 | | PANDA MASK MEDIUM | 2 | QL |
| OXYBUTYNIN 5 MG/5 ML SOLUTION | 1 | | PANDA MASK SMALL | 2 | QL |
| OXYBUTYNIN 5 MG/5 ML SYRUP | 1 | | PANRETIN 0.1% GEL | 4 | SRX |
| OXYBUTYNIN 5 MG TABLET | 1 | | PANTOPRAZOLE DR 20 MG TABLET | 1 | QL |
| OXYBUTYNIN ER 5 MG TABLET | 1 | | PANTOPRAZOLE DR 40 MG TABLET | 1 | QL |
| OXYBUTYNIN ER 10 MG TABLET | 1 | | PARADIGM REMOTE CONTROL | 2 | |
| OXYBUTYNIN ER 15 MG TABLET | 1 | | PARADIGM RESERVOIR 1.8 ML | 2 | |
| OXYCODONE (IR) 5 MG CAPSULE | 1 | PA | PARADIGM RESERVOIR 3 ML | 2 | |
| OXYCODONE (IR) 5 MG TABLET | 1 | PA | PARICALCITOL 1 MCG CAPSULE | 1 | |
| OXYCODONE (IR) 10 MG TABLET | 1 | PA | PARICALCITOL 2 MCG CAPSULE | 1 | |
| OXYCODONE (IR) 15 MG TABLET | 1 | PA | PARICALCITOL 4 MCG CAPSULE | 1 | |
| OXYCODONE (IR) 20 MG TABLET | 1 | PA | PAROEX 0.12% ORAL RINSE | 1 | |
| OXYCODONE (IR) 30 MG TABLET | 1 | PA | PAROMOMYCIN 250 MG CAPSULE | 2 | |
| OXYCODONE 100 MG/5 ML ORAL CONCENTRATE | 1 | PA | PAROXETINE 10 MG TABLET | 1 | QL |
| OXYCODONE 5 MG/5 ML ORAL SOLUTION | 1 | PA | PAROXETINE 20 MG TABLET | 1 | QL |
| OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET | 1 | PA | PAROXETINE 30 MG TABLET | 1 | QL |
| OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET | 1 | PA | PAROXETINE 40 MG TABLET | 1 | QL |
| OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET | 1 | PA | PASER GRANULES 4 GM PACKET | 3 | |
| OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET | 1 | PA | PAXLOVID 150-100 MG DOSE PACK | 3 | QL |
| OXYCODONE-ASPIRIN 4.8355-325 MG TABLET | 1 | PA | PAXLOVID 300-100 MG DOSE PACK | 3 | QL |
| OXYMORPHONE 5 MG TABLET | 2 | PA | PAZOPANIB 200 MG TABLET | 4 | PA, QL, SRX |
| OXYMORPHONE 10 MG TABLET | 2 | PA | PC UNIFINE PENTIP 6MM NEEDLE | 2 | |
| OXYMORPHONE ER 5 MG TABLET | 2 | PA | PC UNIFINE PENTIP 8MM NEEDLE | 2 | |
| OXYMORPHONE ER 7.5 MG TABLET | 2 | PA | PC UNIFINE PENTIP 12MM NEEDLE | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------------|--|------|-------|
| 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 | |
| PEN NEEDLE 30G 5/16" | 2 | | PERIOGARD 0.12% ORAL RINSE | 1 | |
| PEN NEEDLE 31G 5MM | 2 | | PERMETHRIN 5% CREAM | 1 | |
| PEN NEEDLE 31G 6MM | 2 | | PERPHENAZINE 2 MG TABLET | 1 | |
| PEN NEEDLE 31G 8MM | 2 | | PERPHENAZINE 4 MG TABLET | 1 | |
| PEN NEEDLE 31G 1/4" | 2 | | PERPHENAZINE 8 MG TABLET | 1 | |
| PEN NEEDLE 31G 3/16" | 2 | | PERPHENAZINE 16 MG TABLET | 1 | |
| PEN NEEDLE 31G 5/16" | 2 | | PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET | 1 | |
| PEN NEEDLE 32G 4MM | 2 | | PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET | 1 | |
| PEN NEEDLE 32G 1/4" | 2 | | PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET | 1 | |
| PEN NEEDLE 32G 3/16" | 2 | | PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET | 1 | |
| PEN NEEDLE 32G 5/32" | 2 | | PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET | 1 | |
| PEN NEEDLE 33G 4MM | 2 | | PERSONAL BEST PEAK FLOW METER | 2 | |
| PEN NEEDLE 4MM 32G | 2 | | PFIZER COVID (6M-4Y)VAC-MAROON | 2 | |
| PEN NEEDLE 5MM 31G | 2 | | PFIZER COVID (5-11Y) VAC-ORANGE | 2 | |
| PEN NEEDLE 6MM 31G | 2 | | PFIZER COVID (12Y UP) VAC-GRAY | 2 | |
| PEN NEEDLE 8MM 31G | 2 | | PFIZER COVID (6M-4Y)EUA | 2 | |
| PENBRAYA KIT | 2 | | PFIZER COVID (5-11Y)EUA | 2 | |
| PENCICLOVIR 1% CREAM | 3 | PA, QL | PFIZER COVID BIVAL (6MO-4Y)EUA | 2 | |
| PENICILLAMINE 250 MG TABLET | 4 | PA, QL, SRX | PFIZER COVID BIVAL (5-11YR)EUA | 2 | |
| PENICILLIN VK 125 MG/5 ML ORAL SOLUTION | 1 | | PFIZER COVID BIVAL (12Y UP)EUA | 2 | |
| PENICILLIN VK 250 MG/5 ML ORAL SOLUTION | 1 | | PFIZER COVID-19 VACCINE-PURPLE | 2 | |
| PENICILLIN VK 250 MG TABLET | 1 | | PHASEAL PROTECTOR 14 | 2 | |
| PENICILLIN VK 500 MG TABLET | 1 | | PHASEAL PROTECTOR 21 | 2 | |
| PENTACEL VIAL KIT | 2 | | PHASEAL PROTECTOR 28 | 2 | |
| PENTAMIDINE 300 MG INHALATION POWDER | 2 | | PHASEAL PROTECTOR 50 | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------|--|------|---------|
| 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 | |
| PHENYLEPHRINE 10% EYE DROPS | 1 | | PIROXICAM 10 MG CAPSULE | 1 | |
| PHENYTOIN 50 MG CHEWABLE TABLET | 1 | | PIROXICAM 20 MG CAPSULE | 1 | |
| PHENYTOIN 50 MG INFATAB CHEW | 1 | | PLAN B ONE-STEP 1.5 MG TABLET | 3 | |
| PHENYTOIN 100 MG/4 ML ORAL SUSPENSION | 1 | | PNEUMOVAX 23 SYRINGE | 2 | |
| PHENYTOIN 125 MG/5 ML SUSPENSION | 1 | | PNEUMOVAX 23 VIAL | 2 | |
| PHENYTOIN SODIUM EXT 100 MG CAPSULE | 1 | | PNV 29-1 TABLET | 1 | |
| PHENYTOIN SODIUM EXT 200 MG CAPSULE | 1 | | PNV PRENATAL PLUS MULTIVITAMIN TABLET | 1 | |
| PHENYTOIN SODIUM EXT 300 MG CAPSULE | 1 | | PNV-DHA + DOCUSATE SOFTGEL | 1 | |
| PHILITH 0.4-0.035 MG TABLET | 1 | | PNV-DHA SOFTGEL | 1 | |
| PHOSLYRA 667 MG/5 ML ORAL SOLUTION | 3 | | PNV-OMEGA SOFTGEL | 1 | |
| PHOSPHASAL TABLET | 1 | | PNV-SELECT TABLET | 1 | |
| PHOSPHOLINE IODIDE 0.125% EYE DROPS | 3 | LDD | POCKET CHAMBER | 2 | QL |
| PHYSIOSOL IRRIGATION SOLUTION | 3 | | POCKET PEAK FLOW METER | 2 | |
| PHYTONADIONE 5 MG TABLET | 3 | | PODOFILOX 0.5% TOPICAL SOLUTION | 1 | |
| PIKO 1 FLOW METER | 2 | | POLY HUB NEEDLE 18G 1" | 2 | |
| PILOCARPINE 1% EYE DROPS | 1 | | POLY HUB NEEDLE 18G 1-1/2" | 2 | |
| PILOCARPINE 2% EYE DROPS | 1 | | POLY HUB NEEDLE 21G 1" | 2 | |
| PILOCARPINE 4% EYE DROPS | 1 | | POLY HUB NEEDLE 21G 1-1/2" | 2 | |
| PILOCARPINE 5 MG TABLET | 1 | | POLY HUB NEEDLE 22G 1" | 2 | |
| PILOCARPINE 7.5 MG TABLET | 1 | | POLY HUB NEEDLE 22G 1-1/2" | 2 | |
| PIMECROLIMUS 1% CREAM | 3 | | POLY HUB NEEDLE 23G 1" | 2 | |
| PIMOZIDE 1 MG TABLET | 1 | | POLY HUB NEEDLE 23G 1-1/2" | 2 | |
| PIMOZIDE 2 MG TABLET | 1 | | POLY HUB NEEDLE 25G 1" | 2 | |
| PIMTREA 28 DAY TABLET | 1 | | POLY HUB NEEDLE 25G 1-1/2" | 2 | |
| PINDOLOL 5 MG TABLET | 1 | | POLY HUB NEEDLE 25G 5/8" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes |
|---|------|------------------|
| 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 | |
| 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 | |

| Medication Name | Tier | Notes |
|---|------|-------|
| 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 | |
| PRAZQUANTEL 600 MG TABLET | 3 | |
| 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 | |
| PREDNISON INTENSOL 5 MG/ML ORAL CONCENTRATE | 2 | |
| PREDNISON 5 MG/5 ML ORAL SOLUTION | 1 | |
| PREDNISON 1 MG TABLET | 1 | |
| PREDNISON 2.5 MG TABLET | 1 | |
| PREDNISON 5 MG TABLET | 1 | |
| PREDNISON 10 MG TABLET | 1 | |
| PREDNISON 20 MG TABLET | 1 | |
| PREDNISON 50 MG TABLET | 1 | |
| PREDNISON 5 MG TABLET DOSE PACK | 1 | |
| PREDNISON 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 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|--------|--------------------------------------|------|--------|
| PREF PLUS SYRINGE 1 ML 29G 1/2" | 2 | | PREVMIS 480 MG TABLET | 3 | PA, QL |
| PREFERRED PLUS 0.3 ML 30G 5/16" | 2 | | PREZCOBIX 800 MG-150 MG TABLET | 2 | |
| PREFERRED PLUS 0.5 ML 29G 1/2" | 2 | | PREZISTA 100 MG/ML SUSPENSION | 2 | |
| PREFERRED PLUS SYRINGE 0.5 ML | 2 | | PREZISTA 75 MG TABLET | 2 | |
| PREFERRED PLUS SYRINGE 1 ML | 2 | | PREZISTA 150 MG TABLET | 2 | |
| PREFEST TABLET | 1 | | PRIFTIN 150 MG TABLET | 3 | |
| PREFPLS INSULIN SYRINGE 1 ML 30G 5/16" | 2 | | PRIMAQUINE 26.3 MG TABLET | 1 | |
| PREGABALIN 25 MG CAPSULE | 1 | QL | PRIMEAIRE CHAMBER | 2 | QL |
| PREGABALIN 50 MG CAPSULE | 1 | QL | PRIMIDONE 50 MG TABLET | 1 | |
| PREGABALIN 75 MG CAPSULE | 1 | QL | PRIMIDONE 250 MG TABLET | 1 | |
| PREGABALIN 100 MG CAPSULE | 1 | QL | PRIMSOL 50 MG/5 ML ORAL SOLUTION | 3 | |
| PREGABALIN 150 MG CAPSULE | 1 | QL | PRIORIX VIAL | 2 | |
| PREGABALIN 200 MG CAPSULE | 1 | QL | PRO COMFORT 0.5 ML 30G 1/2" | 2 | |
| PREGABALIN 225 MG CAPSULE | 1 | QL | PRO COMFORT 0.5 ML 30G 5/16" | 2 | |
| PREGABALIN 300 MG CAPSULE | 1 | QL | PRO COMFORT 0.5 ML 31G 5/16" | 2 | |
| PREGABALIN 20 MG/ML ORAL SOLUTION | 1 | QL | PRO COMFORT 1 ML 30G 1/2" | 2 | |
| PREHEVBRIO 10 MCG/ML VIAL | 2 | | PRO COMFORT 1 ML 30G 5/16" | 2 | |
| PREMARIN 0.3 MG TABLET | 3 | | PRO COMFORT 1 ML 31G 5/16" | 2 | |
| PREMARIN 0.45 MG TABLET | 3 | | PRO COMFORT PEN NEEDLE 31G 5/16" | 2 | |
| PREMARIN 0.625 MG TABLET | 3 | | PRO COMFORT PEN NEEDLE 32G 1/4" | 2 | |
| PREMARIN 0.9 MG TABLET | 3 | | PRO COMFORT PEN NEEDLE 4MM 32G | 2 | |
| PREMARIN 1.25 MG TABLET | 3 | | PRO COMFORT PEN NEEDLE 5MM 32G | 2 | |
| PRENA1 TRUE COMBO PACK | 1 | | PRO COMFORT SPACER-ADULT MASK | 2 | QL |
| PRENAISSANCE CAPSULE | 1 | | PRO COMFORT SPACER-CHILD MASK | 2 | QL |
| PRENAISSANCE PLUS SOFTGEL | 1 | | PRO COMFORT SPACER-INFANT MASK | 2 | QL |
| PRENATAL 19 CHEWABLE TABLET | 1 | | PROBENECID 500 MG TABLET | 1 | |
| PRENATAL 19 TABLET | 1 | | PROBENECID-COLCHICINE TABLET | 1 | |
| PRENATAL PLUS-DHA COMBO PACK | 1 | | PROCARE SPACER WITH ADULT MASK | 2 | QL |
| PRENATAL PLUS IRON TABLET | 1 | | PROCARE SPACER WITH CHILD MASK | 2 | QL |
| PRENATAL PLUS VITAMIN-MINERAL TABLET | 1 | | PROCENTRA 5 MG/5 ML ORAL SOLUTION | 1 | QL |
| PRENATAL VITAMIN PLUS LOW IRON TABLET | 1 | | PROCHAMBER HOLDING CHAMBER | 2 | QL |
| PRENATAL-U CAPSULE | 1 | | PROCHLORPERAZINE 25 MG SUPPOSITORY | 1 | |
| PREPLUS CA-FE 27 MG-FA 1 MG TABLET | 1 | | PROCHLORPERAZINE 5 MG TABLET | 1 | |
| PRETAB 29 MG-1 MG TABLET | 1 | | PROCHLORPERAZINE 10 MG TABLET | 1 | |
| PREVALITE PACKET | 1 | | PROCTO-MED HC 2.5% CREAM | 1 | |
| PREVALITE POWDER | 1 | | PROCTOSOL-HC 2.5% CREAM | 1 | |
| PREVENT PEN NEEDLE 31G 1/4" | 2 | | PROCTOZONE-HC 2.5% CREAM | 1 | |
| PREVENT PEN NEEDLE 31G 5/16" | 2 | | PRODIGY CONTROL SOLUTION | 2 | |
| PREVIFEM TABLET | 1 | | PRODIGY CONTROL SOLUTION LOW | 2 | |
| PREVNAR 20 SYRINGE | 2 | | PRODIGY INSULIN SYRINGE 1ML 28G 1/2" | 2 | |
| PREVMIS 240 MG TABLET | 3 | PA, QL | PRODIGY SYRINGE 0.3ML 31G 5/16" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---------------------------------------|------|--------------|---|------|--------------|
| 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 | |
| PROMETHAZINE 25 MG TABLET | 1 | | PUB INSULIN SYRINGE 1 ML 31G 5/16" | 2 | |
| PROMETHAZINE 50 MG TABLET | 1 | | PUB PEN 8MM 31G NEEDLE | 2 | |
| PROMETHAZINE VC SYRUP | 1 | | PUB PEN 12MM 29G NEEDLE | 2 | |
| PROMETHAZINE VC-CODEINE SYRUP | 1 | QL | PUB PEN NEEDLE 6MM 31G | 2 | |
| PROMETHAZINE-CODEINE ORAL SOLUTION | 1 | QL | PUB UNIFINE PENTIP PLUS 31G 3/16 | 2 | |
| PROMETHAZINE-CODEINE SYRUP | 1 | QL | PULMOSAL 7% VIAL | 1 | |
| PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP | 1 | | PULMOZYME 1 MG/ML AMPULE | 4 | PA, SRX |
| PROMETHAZINE-PE-CODEINE SYRUP | 1 | QL | PURE COMFORT PEN NEEDLE 32G 4MM | 2 | |
| PROMETHAZINE-PHENYLEPHRINE SYRUP | 1 | | PURE COMFORT PEN NEEDLE 32G 5MM | 2 | |
| PROMETHEGAN 12.5 MG SUPPOSITORY | 2 | | PURE COMFORT PEN NEEDLE 32G 6MM | 2 | |
| PROMETHEGAN 25 MG SUPPOSITORY | 2 | | PURE COMFORT PEN NEEDLE 32G 8MM | 2 | |
| PROMETHEGAN 50 MG SUPPOSITORY | 2 | | PURE COMFORT SAFETY PEN NEEDLE 31G 5MM | 2 | |
| PROPAFENONE 150 MG TABLET | 1 | | PURE COMFORT SAFETY PEN NEEDLE 31G 6MM | 2 | |
| PROPAFENONE 225 MG TABLET | 1 | | PURE COMFORT SAFETY PEN NEEDLE 32G 4MM | 2 | |
| PROPAFENONE 300 MG TABLET | 1 | | PURE COMFORT SPACER-ADULT MASK | 2 | QL |
| PROPAFENONE ER 225 MG CAPSULE | 1 | | PURECOMFORT PEAK FLOW METER ADULT | 2 | |
| PROPAFENONE ER 325 MG CAPSULE | 1 | | PURECOMFORT PEAK FLOW METER CHILD | 2 | |
| PROPAFENONE ER 425 MG CAPSULE | 1 | | PURIXAN 20 MG/ML ORAL SUSPENSION | 4 | PA, LDD, SRX |
| PROPARACAINE 0.5% EYE DROPS | 1 | | PV UNIFINE PENTIP PLUS 31G 5MM | 2 | |
| PROPRANOLOL 20 MG/5 ML ORAL SOLUTION | 1 | | PV UNIFINE PENTIP PLUS 31G 6MM | 2 | |
| PROPRANOLOL 40 MG/5 ML ORAL SOLUTION | 1 | | PV UNIFINE PENTIP PLUS 31G 8MM | 2 | |
| PROPRANOLOL 10 MG TABLET | 1 | | PV UNIFINE PENTIP PLUS 32G 4MM | 2 | |
| PROPRANOLOL 20 MG TABLET | 1 | | PV UNIFINE PENTIP PLUS 33G 4MM | 2 | |
| PROPRANOLOL 40 MG TABLET | 1 | | PYRAZINAMIDE 500 MG TABLET | 1 | |
| PROPRANOLOL 60 MG TABLET | 1 | | PYRIDOSTIGMINE 60 MG/5 ML ORAL SOLUTION | 4 | PA, SRX |
| PROPRANOLOL 80 MG TABLET | 1 | | PYRIDOSTIGMINE 60 MG TABLET | 3 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--------------------------------------|------|--------------|--|------|--------|
| 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 | |
| QUETIAPINE ER 300 MG TABLET | 1 | | RECOMBIVAX HB 10 MCG/ML SYRINGE | 2 | |
| QUETIAPINE ER 400 MG TABLET | 1 | | RECOMBIVAX HB 5 MCG/0.5 ML VIAL | 2 | |
| QUINAPRIL 5 MG TABLET | 1 | | RECOMBIVAX HB 10 MCG/ML VIAL | 2 | |
| QUINAPRIL 10 MG TABLET | 1 | | RECOMBIVAX HB 40 MCG/ML VIAL | 2 | |
| QUINAPRIL 20 MG TABLET | 1 | | RECTIV 0.4% OINTMENT | 3 | |
| QUINAPRIL 40 MG TABLET | 1 | | REFUAH PLUS CONTROL SOLUTION | 2 | |
| QUINAPRIL-HCTZ 10-12.5 MG TABLET | 1 | | REGANEX 0.01% GEL | 3 | PA, QL |
| QUINAPRIL-HCTZ 20-12.5 MG TABLET | 1 | | RELENZA 5 MG DISKHALER | 3 | QL |
| QUINAPRIL-HCTZ 20-25 MG TABLET | 1 | | RELI ON 31G 1/4" NEEDLE | 2 | |
| QUINIDINE GLUCONATE ER 324 MG TABLET | 2 | | RELION INSULIN SYRINGE 0.3 ML 29G 1/2" | 2 | |
| QUINIDINE SULFATE 200 MG TABLET | 1 | | RELION INSULIN SYRINGE 0.3 ML 31G 6MM | 2 | |
| QUINIDINE SULFATE 300 MG TABLET | 1 | | RELION INSULIN SYRINGE 0.5 ML | 2 | |
| QUININE SULFATE 324 MG CAPSULE | 1 | | RELION INSULIN SYRINGE 0.5 ML 29G 1/2" | 2 | |
| QUTENZA 8% KIT (1 PATCH) | 3 | | RELION INSULIN SYRINGE 0.5 ML 31G 6MM | 2 | |
| QUTENZA 8% KIT (2 PATCH) | 3 | | RELION INSULIN SYRINGE 1 ML 29G 1/2" | 2 | |
| QUTENZA 8% KIT (4 PATCH) | 3 | | RELION INSULIN SYRINGE 1 ML 31G 5/16" | 2 | |
| QVAR REDHALER 40 MCG | 2 | | RELION INSULIN SYRINGE 1 ML 31G 15/64" | 2 | |
| QVAR REDHALER 80 MCG | 2 | | RELION KETONE TEST STRIP | 2 | |
| RA INSULIN SYRINGE 0.5 ML 29G 1/2" | 2 | | RELION MINI PEN NEEDLE 31G 1/4" | 2 | |
| RA INSULIN SYRINGE 0.5 ML 30G 5/16" | 2 | | RELION NOVOLOG U-100 FLEXPEN | 3 | QL, ST |
| RA INSULIN SYRINGE 1 ML 29G 1/2" | 2 | | RELION NOVOLOG MIX 70-30 FLEXPEN | 3 | QL, ST |
| RA INSULIN SYRINGE 1 ML 30G 5/16" | 2 | | RELION NOVOLOG 100 UNIT/ML VIAL | 3 | QL, ST |
| RA PEN NEEDLE 31G 3/16" | 2 | | RELION NOVOLOG MIX 70-30 VIAL | 3 | QL, ST |
| RA PEN NEEDLE 31G 5/16" | 2 | | RELION PEN NEEDLE 29G | 2 | |
| RABEPRAZOLE DR 20 MG TABLET | 1 | QL | RELION PEN NEEDLE 29G 1/2" | 2 | |
| RALOXIFENE 60 MG TABLET | 1 | | RELION PEN NEEDLE 31G | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|----------------------------------|------|------------------|-----------------------------------|------|------------------|
| 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 | |
| REPATHA 140 MG/ML SYRINGE | 4 | PA, SRX | RISPERIDONE 1 MG TABLET | 1 | |
| REPATHA 420 MG/3.5 ML PUSHTRONEX | 4 | PA, SRX | RISPERIDONE 2 MG TABLET | 1 | |
| RESPA A.R. TABLET SA | 3 | | RISPERIDONE 3 MG TABLET | 1 | |
| REVLIMID 2.5 MG CAPSULE | 4 | PA, QL, LDD, SRX | RISPERIDONE 4 MG TABLET | 1 | |
| REVLIMID 5 MG CAPSULE | 4 | PA, QL, LDD, SRX | RITFLO SPACER | 2 | QL |
| REVLIMID 10 MG CAPSULE | 4 | PA, QL, LDD, SRX | RITONAVIR 100 MG TABLET | 1 | |
| REVLIMID 15 MG CAPSULE | 4 | PA, QL, LDD, SRX | RIVASTIGMINE 1.5 MG CAPSULE | 1 | |
| REVLIMID 20 MG CAPSULE | 4 | PA, QL, LDD, SRX | RIVASTIGMINE 3 MG CAPSULE | 1 | |
| REVLIMID 25 MG CAPSULE | 4 | PA, QL, LDD, SRX | RIVASTIGMINE 4.5 MG CAPSULE | 1 | |
| REXTOVY 4 MG NASAL SPRAY | 2 | | RIVASTIGMINE 6 MG CAPSULE | 1 | |
| REYATAZ 50 MG POWDER PACKET | 2 | | RIVASTIGMINE 4.6 MG/24HR PATCH | 1 | |
| REZDIFFRA 60 MG TABLET | 4 | PA, QL, SRX | RIVASTIGMINE 9.5 MG/24HR PATCH | 1 | |
| REZDIFFRA 80 MG TABLET | 4 | PA, QL, SRX | RIVASTIGMINE 13.3 MG/24HR PATCH | 1 | |
| REZDIFFRA 100 MG TABLET | 4 | PA, QL, SRX | RIVELSA TABLET | 1 | |
| RIBAVIRIN 200 MG CAPSULE | 3 | | RIZATRIPTAN 5 MG ODT TABLET | 1 | QL |
| RIBAVIRIN 200 MG TABLET | 3 | | RIZATRIPTAN 10 MG ODT TABLET | 1 | QL |
| RIFABUTIN 150 MG CAPSULE | 2 | | RIZATRIPTAN 5 MG TABLET | 1 | QL |
| RIFAMPIN 150 MG CAPSULE | 1 | | RIZATRIPTAN 10 MG TABLET | 1 | QL |
| RIFAMPIN 300 MG CAPSULE | 1 | | R-NATAL OB SOFTGEL | 1 | |
| RIGHTEST CONTROL SOLUTION HIGH | 2 | | ROFLUMILAST 250 MCG TABLET | 3 | QL |
| RIGHTEST CONTROL SOLUTION NORMAL | 2 | | ROFLUMILAST 500 MCG TABLET | 3 | QL |
| RILUZOLE 50 MG TABLET | 4 | SRX | ROPINIROLE 0.25 MG TABLET | 1 | |
| RIMANTADINE 100 MG TABLET | 1 | | ROPINIROLE 0.5 MG TABLET | 1 | |
| RINVOQ LQ 1 MG/ML SOLUTION | 4 | PA, QL, SRX | ROPINIROLE 1 MG TABLET | 1 | |
| RINVOQ ER 15 MG TABLET | 4 | PA, QL, LDD, SRX | ROPINIROLE 2 MG TABLET | 1 | |
| RINVOQ ER 30 MG TABLET | 4 | PA, QL, LDD, SRX | ROPINIROLE 3 MG TABLET | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|----------------------------------|------|--------------|--|------|--------------|
| ROPINIROLE 4 MG TABLET | 1 | | SAVELLA 100 MG TABLET | 3 | |
| ROPINIROLE 5 MG TABLET | 1 | | SAVELLA TITRATION PACK | 3 | |
| ROPINIROLE ER 2 MG TABLET | 1 | | SAXAGLIPTIN 2.5 MG TABLET | 1 | QL |
| ROPINIROLE ER 4 MG TABLET | 1 | | SAXAGLIPTIN 5 MG TABLET | 1 | QL |
| ROPINIROLE ER 6 MG TABLET | 1 | | SAXAGLIPTIN-METFORMIN ER 2.5-1000 TABLET | 1 | QL |
| ROPINIROLE ER 8 MG TABLET | 1 | | SAXAGLIPTIN-METFORMIN ER 5-500 TABLET | 1 | QL |
| ROPINIROLE ER 12 MG TABLET | 1 | | SAXAGLIPTIN-METFORMIN ER 5-1000 TABLET | 1 | QL |
| ROSADAN 0.75% CREAM | 1 | | SCOPOLAMINE 1 MG/3 DAY PATCH | 1 | |
| ROSADAN 0.75% GEL | 1 | | SECONAL 100 MG CAPSULE | 3 | |
| ROSUVASTATIN 5 MG TABLET | 1 | | SECURESAFE PEN NEEDLE 30G 5/16" | 2 | |
| ROSUVASTATIN 10 MG TABLET | 1 | | SECURESAFE SYRINGE 0.5 ML 29G 1/2" | 2 | |
| ROSUVASTATIN 20 MG TABLET | 1 | | SECURESAFE SYRINGE 1 ML 29G 1/2" | 2 | |
| ROSUVASTATIN 40 MG TABLET | 1 | | SELEGILINE 5 MG CAPSULE | 1 | |
| ROTARIX VACCINE ORAL SYRINGE | 2 | | SELEGILINE 5 MG TABLET | 1 | |
| ROTARIX VACCINE SUSPENSION | 2 | | SELENIUM SULFIDE 2.25% SHAMPOO | 1 | |
| ROTATEQ VACCINE | 2 | | SELENIUM SULFIDE 2.5% LOTION | 1 | |
| ROWEEPRA 500 MG TABLET | 1 | | SE-NATAL 19 CHEWABLE TABLET | 1 | |
| ROWEEPRA 750 MG TABLET | 1 | | SE-NATAL-19 TABLET | 1 | |
| ROWEEPRA 1,000 MG TABLET | 1 | | SEREVENT DISKUS 50 MCG | 3 | QL, ST |
| RUFINAMIDE 40 MG/ML SUSPENSION | 3 | PA, QL | SERTRALINE 20 MG/ML ORAL CONCENTRATE | 1 | QL |
| RUFINAMIDE 200 MG TABLET | 3 | PA, QL | SERTRALINE 25 MG TABLET | 1 | QL |
| RUFINAMIDE 400 MG TABLET | 3 | PA, QL | SERTRALINE 50 MG TABLET | 1 | QL |
| SAFESNAP INSULIN SYRINGE 0.3 ML | 2 | | SERTRALINE 100 MG TABLET | 1 | QL |
| SAFESNAP INSULIN SYRINGE 0.5 ML | 2 | | SETLAKIN 0.15 MG-0.03 MG TABLET | 1 | |
| SAFESNAP INSULIN SYRINGE 1 ML | 2 | | SEVELAMER CARBONATE 800 MG TABLET | 3 | |
| SAFETY PEN NEEDLE 31G 4MM | 2 | | SF 1.1% GEL | 1 | |
| SAFETY PEN NEEDLE 31G 5MM | 2 | | SF 5000 PLUS TOOTHPASTE | 1 | |
| SAJAZIR 30 MG/3 ML SYRINGE | 4 | PA, LDD, SRX | SHAROBEL 0.35 MG TABLET | 1 | |
| SALICYLIC ACID 27.5% LIQUID | 1 | | SHINGRIX VIAL KIT | 2 | QL |
| SALSALATE 500 MG TABLET | 1 | | SHOPKO UNIFINE PENTIP 4MM 32G | 2 | |
| SALSALATE 750 MG TABLET | 1 | | SHOPKO UNIFINE PENTIP 5MM 31G | 2 | |
| SANTYL OINTMENT | 3 | PA, QL | SHOPKO UNIFINE PENTIP 8MM 31G | 2 | |
| SAPROPTERIN 100 MG POWDER PACKET | 4 | PA, SRX | SHOPKO UNIFINE PENTIP 12MM 29G | 2 | |
| SAPROPTERIN 500 MG POWDER PACKET | 4 | PA, SRX | SIDESTREAM PEDIATRIC FACE MASK | 2 | QL |
| SAPROPTERIN 100 MG TABLET | 4 | PA, SRX | SIGNIFOR 0.3 MG/ML AMPULE | 4 | PA, LDD, SRX |
| SAVAYSA 15 MG TABLET | 3 | PA, QL | SIGNIFOR 0.6 MG/ML AMPULE | 4 | PA, LDD, SRX |
| SAVAYSA 30 MG TABLET | 3 | PA, QL | SIGNIFOR 0.9 MG/ML AMPULE | 4 | PA, LDD, SRX |
| SAVAYSA 60 MG TABLET | 3 | PA, QL | SILDENAFIL 20 MG TABLET | 4 | PA, SRX |
| SAVELLA 12.5 MG TABLET | 3 | | SILHOUETTE INFUSION SET 23" | 2 | |
| SAVELLA 25 MG TABLET | 3 | | SILICONE MASK-INFANT | 2 | QL |
| SAVELLA 50 MG TABLET | 3 | | SILICONE MASK-PEDIATRIC | 2 | QL |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------------|--|------|--------------|
| 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 | |
| SIMVASTATIN 5 MG TABLET | 1 | | SODIUM FLUORIDE 5000 PPM TOOTHPASTE | 1 | |
| SIMVASTATIN 10 MG TABLET | 1 | | SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE | 1 | |
| SIMVASTATIN 20 MG TABLET | 1 | | SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE | 1 | |
| SIMVASTATIN 40 MG TABLET | 1 | | SODIUM FLUORIDE-POTASSIUM NITRATE PASTE | 1 | |
| SIMVASTATIN 80 MG TABLET | 1 | QL | SODIUM PHENYLBUTYRATE POWDER | 4 | SRX |
| SIROLIMUS 1 MG/ML ORAL SOLUTION | 4 | SRX | SODIUM PHENYLBUTYRATE 500MG TABLET | 4 | SRX |
| SIROLIMUS 0.5 MG TABLET | 1 | | SODIUM POLYSTYRENE SULFATE POWDER | 1 | |
| SIROLIMUS 1 MG TABLET | 1 | | SODIUM POLYSTYRENE SULFONATE 15 G/60 ML SUSPENSION | 1 | |
| SIROLIMUS 2 MG TABLET | 1 | | SODIUM SULFACETAMIDE 10% LOTION | 1 | |
| SIRTURO 20 MG TABLET | 3 | PA | SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION | 3 | |
| SIRTURO 100 MG TABLET | 3 | PA | SOFOSBUVIR-VELPATASVIR 400-100 TABLET | 4 | PA, QL, SRX |
| SKY SAFETY PEN NEEDLE 30G 5MM | 2 | | SOLIFENACIN 5 MG TABLET | 2 | QL |
| SKY SAFETY PEN NEEDLE 30G 8MM | 2 | | SOLIFENACIN 10 MG TABLET | 2 | QL |
| SKYRIZI 150 MG/ML PEN | 4 | PA, QL, SRX | SOLUTIONUS V2 CONTROL SOLUTION HIGH | 2 | |
| SKYRIZI 150 MG/ML SYRINGE | 4 | PA, QL, SRX | SOLUTIONUS V2 CONTROL SOLUTION LOW | 2 | |
| SKYRIZI 180 MG/1.2 ML ON-BODY | 4 | PA, QL, SRX | SOMAVERT 10 MG VIAL | 4 | PA, LDD, SRX |
| SKYRIZI 360 MG/2.4 ML ON-BODY | 4 | PA, QL, SRX | SOMAVERT 15 MG VIAL | 4 | PA, LDD, SRX |
| SLYND 4 MG TABLET | 3 | | SOMAVERT 20 MG VIAL | 4 | PA, LDD, SRX |
| SM INSULIN SYRINGE 0.3 ML 29G 1/2" | 2 | | SOMAVERT 25 MG VIAL | 4 | PA, LDD, SRX |
| SM INSULIN SYRINGE 0.3 ML 30G 5/16" | 2 | | SOMAVERT 30 MG VIAL | 4 | PA, LDD, SRX |
| SM INSULIN SYRINGE 0.3 ML 31G 5/16" | 2 | | SORAFENIB 200 MG TABLET | 4 | PA, QL, SRX |
| SM INSULIN SYRINGE 0.5 ML 28G 1/2" | 2 | | SOTALOL 80 MG TABLET | 1 | |
| SM INSULIN SYRINGE 0.5 ML 29G 1/2" | 2 | | SOTALOL 120 MG TABLET | 1 | |
| SM INSULIN SYRINGE 0.5 ML 30G 5/16" | 2 | | SOTALOL 160 MG TABLET | 1 | |
| SM INSULIN SYRINGE 0.5 ML 31G 5/16" | 2 | | SOTALOL 240 MG TABLET | 1 | |
| SM INSULIN SYRINGE 1 ML 28G 1/2" | 2 | | SOTALOL AF 80 MG TABLET | 1 | |
| SM INSULIN SYRINGE 1 ML 29G 1/2" | 2 | | | | |
| SM INSULIN SYRINGE 1 ML 30G 5/16" | 2 | | | | |
| SM INSULIN SYRINGE 1 ML 31G 5/16" | 2 | | | | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--------------------------------------|------|------------------|---|------|-------------|
| SOTALOL AF 120 MG TABLET | 1 | | SUBVENITE 150 MG TABLET | 1 | |
| SOTALOL AF 160 MG TABLET | 1 | | SUBVENITE 200 MG TABLET | 1 | |
| SOTYLIZE 5 MG/ML ORAL SOLUTION | 3 | PA | SUBVENITE TABLET STARTER KIT (BLUE) | 1 | |
| SOVALDI 150 MG PELLETT PACKET | 3 | PA, QL | SUBVENITE TABLET STARTER KIT (GREEN) | 1 | |
| SOVALDI 200 MG PELLETT PACKET | 3 | PA, QL | SUBVENITE TABLET STARTER KIT (ORANGE) | 1 | |
| SOVALDI 200 MG TABLET | 3 | PA, QL | SUCRAID 8,500 UNIT/ML ORAL SOLUTION | 4 | LDD, SRX |
| SOVALDI 400 MG TABLET | 3 | PA, QL | SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION | 4 | LDD, SRX |
| SPIKEVAX (12Y UP) SYRINGE | 2 | | SUCRALFATE 1 GM TABLET | 1 | |
| SPIKEVAX (12Y UP) VIAL | 2 | | SULFACETAMIDE 10% EYE DROPS | 1 | |
| SPIKEVAX COVID (18Y UP) VACCINE | 2 | | SULFACETAMIDE 10% EYE OINTMENT | 1 | |
| SPINOSAD 0.9% TOPICAL SUSPENSION | 2 | | SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION | 1 | |
| SPIRONOLACTONE 25 MG TABLET | 1 | | SULFADIAZINE 500 MG TABLET | 3 | |
| SPIRONOLACTONE 50 MG TABLET | 1 | | SULFAMETHOXAZOLE-TMP SUSPENSION | 1 | |
| SPIRONOLACTONE 100 MG TABLET | 1 | | SULFAMETHOXAZOLE-TMP DS TABLET | 1 | |
| SPIRONOLACTONE-HCTZ 25-25 TABLET | 1 | | SULFAMETHOXAZOLE-TMP SS TABLET | 1 | |
| SPRINTEC 28 DAY TABLET | 1 | | SULFAMYLON 8.5% CREAM | 3 | |
| SPRYCEL 20 MG TABLET | 4 | PA, QL, SRX | SULFASALAZINE 500 MG TABLET | 1 | |
| SPRYCEL 50 MG TABLET | 4 | PA, QL, SRX | SULFASALAZINE DR 500 MG TABLET | 1 | |
| SPRYCEL 70 MG TABLET | 4 | PA, QL, SRX | SULF-PRED 10-0.23% EYE DROPS | 1 | |
| SPRYCEL 80 MG TABLET | 4 | PA, QL, SRX | SULINDAC 150 MG TABLET | 1 | |
| SPRYCEL 100 MG TABLET | 4 | PA, QL, SRX | SULINDAC 200 MG TABLET | 1 | |
| SPRYCEL 140 MG TABLET | 4 | PA, QL, SRX | SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR | 1 | QL |
| SPS 15 GM/60 ML SUSPENSION | 1 | | SUMATRIPTAN 4 MG/0.5 ML CARTRIDGE | 1 | QL |
| SPS 30 GM/120 ML ENEMA SUSPENSION | 1 | | SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE | 1 | QL |
| SRONYX 0.10-0.02 MG TABLET | 1 | | SUMATRIPTAN 4 MG/0.5 ML INJECTOR | 1 | QL |
| SSKI 1 GM/ML ORAL SOLUTION | 3 | | SUMATRIPTAN 5 MG NASAL SPRAY | 2 | QL |
| STAVUDINE 40 MG CAPSULE | 1 | | SUMATRIPTAN 20 MG NASAL SPRAY | 2 | QL |
| STELARA 45 MG/0.5 ML SYRINGE | 4 | PA, QL, SRX | SUMATRIPTAN 6 MG/0.5 ML VIAL | 1 | QL |
| STELARA 90 MG/ML SYRINGE | 4 | PA, QL, SRX | SUMATRIPTAN SUCCINATE 25 MG TABLET | 1 | QL |
| STELARA 45 MG/0.5 ML VIAL | 4 | PA, QL, SRX | SUMATRIPTAN SUCCINATE 50 MG TABLET | 1 | QL |
| STERILE WATER FOR IRRIGATION | 1 | | SUMATRIPTAN SUCCINATE 100 MG TABLET | 1 | QL |
| STIVARGA 40 MG TABLET | 4 | PA, QL, LDD, SRX | SUNITINIB 12.5 MG CAPSULE | 4 | PA, QL, SRX |
| STRIBILD TABLET | 3 | QL | SUNITINIB 25 MG CAPSULE | 4 | PA, QL, SRX |
| STRIVE PEAK FLOW METER | 2 | | SUNITINIB 37.5 MG CAPSULE | 4 | PA, QL, SRX |
| STRIVERDI RESPIMAT INHALATION SPRAY | 2 | QL | SUNITINIB 50 MG CAPSULE | 4 | PA, QL, SRX |
| SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM | 2 | | SURE COMFORT 0.3 ML SYRINGE | 2 | |
| SUBOXONE 4 MG-1 MG SUBLINGUAL FILM | 2 | | SURE COMFORT 0.5 ML SYRINGE | 2 | |
| SUBOXONE 8 MG-2 MG SUBLINGUAL FILM | 2 | | SURE COMFORT 1 ML SYRINGE | 2 | |
| SUBOXONE 12 MG-3 MG SUBLINGUAL FILM | 2 | | SURE COMFORT 3/10 ML SYRINGE | 2 | |
| SUBVENITE 25 MG TABLET | 1 | | SURE COMFORT 30G PEN NEEDLE | 2 | |
| SUBVENITE 100 MG TABLET | 1 | | SURE COMFORT INSULIN 0.3ML 31G 1/4" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|---------|--------------------------------------|------|------------------|
| 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 | |
| SURE-FINE PEN NEEDLE 12.7MM | 2 | | T:90 INFUSION SET 43" 9MM | 2 | |
| SURE-JECT INSULIN 0.3 ML 31G 5/16" | 2 | | T:FLEX 4.8 ML CARTRIDGE | 2 | |
| SURE-JECT INSULIN 0.5 ML 31G 5/16" | 2 | | T:SLIM 3 ML CARTRIDGE | 2 | |
| SURE-JECT INSULIN SYRINGE 1 ML | 2 | | T:SLIM G4 3 ML CARTRIDGE | 2 | |
| SURE-JECT INSULIN SYRINGE U100 0.3 ML | 2 | | T:SLIM X2 3 ML CARTRIDGE | 2 | |
| SURE-JECT INSULIN SYRINGE U100 0.5 ML | 2 | | TABLOID 40 MG TABLET | 3 | PA |
| SURE-JECT INSULIN SYRINGE U100 1 ML | 2 | | TAMSULOSIN 0.4 MG CAPSULE | 1 | |
| SURE-TEST EASYPLUS MINI SOLUTION | 2 | | TACROLIMUS 0.5 MG CAPSULE (IR) | 1 | |
| SYEDA 28 TABLET | 1 | | TACROLIMUS 1 MG CAPSULE (IR) | 1 | |
| SYMAX FASTABS 0.125 MG TABLET | 1 | | TACROLIMUS 5 MG CAPSULE (IR) | 1 | |
| SYMAX-SL 0.125 MG SUBLINGUAL TABLET | 1 | | TACROLIMUS 0.1% OINTMENT | 1 | |
| SYMAX-SR 0.375 MG TABLET | 1 | | TACROLIMUS 0.03% OINTMENT | 1 | |
| SYMLINPEN 60 PEN INJECTOR | 3 | QL | TADALAFIL 2.5 MG TABLET | 1 | PA, QL |
| SYMLINPEN 120 PEN INJECTOR | 3 | QL | TADALAFIL 5 MG TABLET | 1 | PA, QL |
| SYMTOZA 800-150-200-10 MG TABLET | 3 | QL | TADALAFIL 20 MG TABLET | 4 | PA, SRX |
| SYNAREL 2 MG/ML NASAL SPRAY | 4 | PA, SRX | TAFINLAR 10 MG TABLET FOR SUSPENSION | 4 | PA, QL, SRX |
| SYNERA PATCH | 3 | | TAFINLAR 50 MG CAPSULE | 4 | PA, QL, SRX |
| SYNJARDY 5-500 MG TABLET | 2 | QL | TAFINLAR 75 MG CAPSULE | 4 | PA, QL, SRX |
| SYNJARDY 5-1,000 MG TABLET | 2 | QL | TAFUPROST 0.0015% EYE DROPS | 3 | QL |
| SYNJARDY 12.5-500 MG TABLET | 2 | QL | TAGRISSO 40 MG TABLET | 4 | PA, QL, LDD, SRX |
| SYNJARDY 12.5-1,000 MG TABLET | 2 | QL | TAGRISSO 80 MG TABLET | 4 | PA, QL, LDD, SRX |
| SYNJARDY XR 5-1,000 MG TABLET | 2 | QL | TAKE ACTION 1.5 MG TABLET | 1 | |
| SYNJARDY XR 10-1,000 MG TABLET | 2 | QL | TAMOXIFEN 10 MG TABLET | 1 | |
| SYNJARDY XR 12.5-1,000 MG TABLET | 2 | QL | TAMOXIFEN 20 MG TABLET | 1 | |
| SYNJARDY XR 25-1,000 MG TABLET | 2 | QL | TARINA 24 FE 1 MG-20 MCG TABLET | 1 | |
| SYNTHROID 25 MCG TABLET | 3 | | TARINA FE 1-20 TABLET | 1 | |
| SYNTHROID 50 MCG TABLET | 3 | | TARINA FE 1-20 EQ TABLET | 1 | |
| SYNTHROID 75 MCG TABLET | 3 | | TARON-C DHA CAPSULE | 1 | |
| SYNTHROID 88 MCG TABLET | 3 | | TARON-PREX PRENATAL DHA CAPSULE | 1 | |
| SYNTHROID 100 MCG TABLET | 3 | | TASIGNA 50 MG CAPSULE | 4 | PA, QL, SRX |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------------|--|------|-------------|
| 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 |
| TAZTIA XT 360 MG CAPSULE | 1 | | TEMOZOLOMIDE 20 MG CAPSULE | 4 | PA, SRX |
| TDVAX VIAL | 2 | | TEMOZOLOMIDE 100 MG CAPSULE | 4 | PA, SRX |
| TECHLITE 0.3 ML 29G 12MM (1/2) | 2 | | TEMOZOLOMIDE 140 MG CAPSULE | 4 | PA, SRX |
| TECHLITE 0.3 ML 30G 8MM (1/2) | 2 | | TEMOZOLOMIDE 180 MG CAPSULE | 4 | PA, SRX |
| TECHLITE 0.3 ML 30G 12MM (1/2) | 2 | | TEMOZOLOMIDE 250 MG CAPSULE | 4 | PA, SRX |
| TECHLITE 0.3 ML 31G 6MM (1/2) | 2 | | TENCON 50-325 MG TABLET | 1 | |
| TECHLITE 0.3 ML 31G 8MM (1/2) | 2 | | TENIVAC SYRINGE | 2 | |
| TECHLITE 0.5 ML 29G 12MM (1/2) | 2 | | TENIVAC VIAL | 2 | |
| TECHLITE 0.5 ML 30G 8MM (1/2) | 2 | | TENOFOVIR 300 MG TABLET | 1 | |
| TECHLITE 0.5 ML 30G 12MM (1/2) | 2 | | TERAZOSIN 1 MG CAPSULE | 1 | |
| TECHLITE 0.5 ML 31G 6MM (1/2) | 2 | | TERAZOSIN 2 MG CAPSULE | 1 | |
| TECHLITE 0.5 ML 31G 8MM (1/2) | 2 | | TERAZOSIN 5 MG CAPSULE | 1 | |
| TECHLITE INSULIN SYRINGE 1 ML 29G 12MM | 2 | | TERAZOSIN 10 MG CAPSULE | 1 | |
| TECHLITE INSULIN SYRINGE 1 ML 30G 8MM | 2 | | TERBINAFINE 250 MG TABLET | 1 | |
| TECHLITE INSULIN SYRINGE 1 ML 30G 12MM | 2 | | TERBUTALINE 2.5 MG TABLET | 1 | |
| TECHLITE INSULIN SYRINGE 1 ML 31G 6MM | 2 | | TERBUTALINE 5 MG TABLET | 1 | |
| TECHLITE INSULIN SYRINGE 1 ML 31G 8MM | 2 | | TERCONAZOLE 0.4% CREAM | 1 | |
| TECHLITE PEN NEEDLE 29G 1/2" | 2 | | TERCONAZOLE 0.8% CREAM | 1 | |
| TECHLITE PEN NEEDLE 29G 3/8" | 2 | | TERCONAZOLE 80 MG SUPPOSITORY | 1 | |
| TECHLITE PEN NEEDLE 31G 1/4" | 2 | | TERIFLUNOMIDE 7 MG TABLET | 4 | PA, QL, SRX |
| TECHLITE PEN NEEDLE 31G 3/16" | 2 | | TERIFLUNOMIDE 14 MG TABLET | 4 | PA, QL, SRX |
| TECHLITE PEN NEEDLE 31G 5/16" | 2 | | TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2" | 2 | |
| TECHLITE PEN NEEDLE 32G 1/4" | 2 | | TERUMO INSULIN SYRINGE U100-1/3 ML | 2 | |
| TECHLITE PEN NEEDLE 32G 5/16" | 2 | | TERUMO INSULIN SYRINGE U100-1/2 ML | 2 | |
| TECHLITE PEN NEEDLE 32G 5/32" | 2 | | TERUMO INSULIN SYRINGE U100-1 ML | 2 | |
| TELCARE CONTROL SOLUTION | 2 | | TERUMO SURGUARD2 NEEDLE 18G 1" | 2 | |
| TELMISARTAN 20 MG TABLET | 1 | | TERUMO SURGUARD2 NEEDLE 18 1.5" | 2 | |
| TELMISARTAN 40 MG TABLET | 1 | | TERUMO SURGUARD2 NEEDLE 19G 1" | 2 | |
| TELMISARTAN 80 MG TABLET | 1 | | TERUMO SURGUARD2 NEEDLE 19 1.5" | 2 | |
| TELMISARTAN-AMLODIPINE 40-5 MG TABLET | 1 | | TERUMO SURGUARD2 NEEDLE 20G 1" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|------------------|--|------|-------------|
| 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 | |
| TERUMO SURGUARD2 NEEDLE 27 1/2" | 2 | | THIORIDAZINE 10 MG TABLET | 1 | |
| TERUMO SURGUARD2 NEEDLE 30 1/2" | 2 | | THIORIDAZINE 25 MG TABLET | 1 | |
| TERUMO SYRINGE 3 ML | 2 | | THIORIDAZINE 50 MG TABLET | 1 | |
| TESTOSTERONE 50 MG/5 GRAM GEL | 2 | QL | THIORIDAZINE 100 MG TABLET | 1 | |
| TESTOSTERONE 1.62% GEL PUMP | 2 | QL | THIOTHIXENE 1 MG CAPSULE | 1 | |
| TESTOSTERONE 10 MG GEL PUMP | 2 | QL | THIOTHIXENE 2 MG CAPSULE | 1 | |
| TESTOSTERONE 12.5 MG/1.25 GRAM PUMP | 2 | QL | THIOTHIXENE 5 MG CAPSULE | 1 | |
| TESTOSTERONE 1% (25 MG/2.5 G) PACKET | 2 | QL | THIOTHIXENE 10 MG CAPSULE | 1 | |
| TESTOSTERONE 1% (50 MG/5 G) PACKET | 2 | QL | THRIVITE 19 TABLET | 1 | |
| TESTOSTERONE 1.62%(1.25 G) PACKET | 2 | QL | THYROID 15 MG TABLET | 1 | |
| TESTOSTERONE 1.62% (2.5 G) PACKET | 2 | QL | THYROID 30 MG TABLET | 1 | |
| TESTOSTERONE 50 MG/5 GRAM PACKET | 2 | QL | THYROID 60 MG TABLET | 1 | |
| TESTOSTERONE CYPIONATE 200 MG/ML VIAL | 1 | | THYROID 90 MG TABLET | 1 | |
| TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL | 1 | | THYROID 120 MG TABLET | 1 | |
| TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL | 1 | | TIADYLT ER 120 MG CAPSULE | 1 | |
| TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL | 1 | | TIADYLT ER 180 MG CAPSULE | 1 | |
| TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL | 1 | | TIADYLT ER 240 MG CAPSULE | 1 | |
| TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL | 1 | | TIADYLT ER 300 MG CAPSULE | 1 | |
| TESTOSTERONE ENANTHATE 200 MG/ML VIAL | 1 | | TIADYLT ER 360 MG CAPSULE | 1 | |
| TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL | 1 | | TIADYLT ER 420 MG CAPSULE | 1 | |
| TETRABENAZINE 12.5 MG TABLET | 4 | PA, QL, SRX | TIAGABINE 2 MG TABLET | 1 | |
| TETRABENAZINE 25 MG TABLET | 4 | PA, QL, SRX | TIAGABINE 4 MG TABLET | 1 | |
| TETRACAINE 0.5% EYE DROPS | 1 | | TIAGABINE 12 MG TABLET | 1 | |
| TETRACAINE 0.5% STERI-UNIT EYE SOLUTION | 1 | | TIAGABINE 16 MG TABLET | 1 | |
| TETRACYCLINE 250 MG CAPSULE | 2 | | TILIA FE 28 TABLET | 1 | |
| TETRACYCLINE 500 MG CAPSULE | 2 | | TIMOLOL 0.25% EYE DROPS | 1 | |
| TEXACORT 2.5% TOPICAL SOLUTION | 3 | | TIMOLOL 0.5% EYE DROPS | 1 | |
| THALOMID 50 MG CAPSULE | 4 | PA, QL, LDD, SRX | TIMOLOL 0.25% GEL-SOLUTION | 1 | |
| THALOMID 100 MG CAPSULE | 4 | PA, QL, LDD, SRX | TIMOLOL 0.5% GEL-SOLUTION | 1 | |
| THALOMID 150 MG CAPSULE | 4 | PA, QL, SRX | TIMOLOL 0.5% GFS GEL-SOLUTION | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes |
|--|------|-------------|
| 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 | |
| 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 | |

| Medication Name | Tier | Notes |
|---|------|-------------|
| 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 |
| TRAMADOL 50 MG TABLET | 1 | QL |
| TRAMADOL ER 100 MG TABLET | 1 | PA, QL |
| TRAMADOL ER 200 MG TABLET | 1 | PA, QL |
| TRAMADOL ER 300 MG TABLET | 1 | PA, QL |
| TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET | 1 | QL |
| TRANDOLAPRIL 1 MG TABLET | 1 | |
| TRANDOLAPRIL 2 MG TABLET | 1 | |
| TRANDOLAPRIL 4 MG TABLET | 1 | |
| TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET | 1 | |
| TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET | 1 | |
| TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET | 1 | |
| TRANDOLAPRIL-VERAPAMIL ER 4-240 MG | 1 | |
| TRANEXAMIC ACID 650 MG TABLET | 1 | |
| TRANLYCYPROMINE 10 MG TABLET | 2 | |
| TRAVOPROST 0.004% EYE DROPS | 1 | |
| TRAZODONE 50 MG TABLET | 1 | |
| TRAZODONE 100 MG TABLET | 1 | |
| TRAZODONE 150 MG TABLET | 1 | |
| TRAZODONE 300 MG TABLET | 1 | |
| TRECTOR 250 MG TABLET | 3 | |
| TRELEGY ELLIPTA 100-62.5-25 | 2 | QL |
| TRELEGY ELLIPTA 200-62.5-25 | 2 | QL |
| TREMFYA 100 MG/ML AUTO-INJECTOR | 4 | PA, QL, SRX |
| TREMFYA 100 MG/ML SYRINGE | 4 | PA, QL, SRX |
| TRESIBA 100 UNIT/ML VIAL | 2 | QL |
| TRESIBA FLEXTOUCH 100 UNIT/ML | 2 | QL |
| TRESIBA FLEXTOUCH 200 UNIT/ML | 2 | QL |
| TRETINOIN 0.025% CREAM | 1 | PA, AGE |
| TRETINOIN 0.05% CREAM | 1 | PA, AGE |
| TRETINOIN 0.1% CREAM | 1 | PA, AGE |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---|------|---------|---|------|------------------|
| TRETINOIN 0.01% GEL | 1 | PA, AGE | TRIHEXYPHENIDYL 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 | |
| TRETIN-X 0.1% COMBO PACK | 3 | PA, AGE | TRIMETHOBENZAMIDE 300 MG CAPSULE | 1 | |
| TRI FEMYNOR 28 TABLET | 1 | | TRIMETHOPRIM 100 MG TABLET | 1 | |
| TRIAMCINOLONE 0.025% CREAM | 1 | | TRI-MILI 28 TABLET | 1 | |
| TRIAMCINOLONE 0.1% CREAM | 1 | | TRIMIPRAMINE 25 MG CAPSULE | 1 | |
| TRIAMCINOLONE 0.5% CREAM | 1 | | TRIMIPRAMINE 50 MG CAPSULE | 1 | |
| TRIAMCINOLONE 0.1% DENTAL PASTE | 1 | | TRIMIPRAMINE 100 MG CAPSULE | 1 | |
| TRIAMCINOLONE 0.025% LOTION | 1 | | TRINATAL RX 1 TABLET | 1 | |
| TRIAMCINOLONE 0.1% LOTION | 1 | | TRINTELLIX 5 MG TABLET | 3 | QL, ST |
| TRIAMCINOLONE 0.025% OINTMENT | 1 | | TRINTELLIX 10 MG TABLET | 3 | QL, ST |
| TRIAMCINOLONE 0.1% OINTMENT | 1 | | TRINTELLIX 20 MG TABLET | 3 | QL, ST |
| TRIAMCINOLONE 0.5% OINTMENT | 1 | | TRI-NYMYO 28 TABLET | 1 | |
| TRIAMTERENE 50 MG CAPSULE | 3 | | TRI-PREVIFEM TABLET | 1 | |
| TRIAMTERENE 100 MG CAPSULE | 3 | | TRI-SPRINTEC TABLET | 1 | |
| TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE | 1 | | TRIUMEQ 600-50-300 MG TABLET | 3 | QL |
| TRIAMTERENE-HCTZ 37.5-25 MG TABLET | 1 | | TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION | 3 | QL |
| TRIAMTERENE-HCTZ 75-50 MG TABLET | 1 | | TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS | 1 | |
| TRIAZOLAM 0.125 MG TABLET | 1 | | TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS | 1 | |
| TRIAZOLAM 0.25 MG TABLET | 1 | | TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS | 1 | |
| TRIDACAINE II 5% PATCH | 1 | | TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS | 1 | |
| TRIDACAINE III 5% PATCH | 1 | | TRIVORA-28 TABLET | 1 | |
| TRIDERM 0.1% CREAM | 1 | | TRI-VYLIBRA 28 TABLET | 1 | |
| TRIDERM 0.5% CREAM | 1 | | TRI-VYLIBRA LO TABLET | 1 | |
| TRI-ESTARYLLA TABLET | 1 | | TROPICAMIDE 0.5% EYE DROPS | 1 | |
| TRIFLUOPERAZINE 1 MG TABLET | 1 | | TROPICAMIDE 1% EYE DROPS | 1 | |
| TRIFLUOPERAZINE 2 MG TABLET | 1 | | TROSPIUM 20 MG TABLET | 1 | |
| TRIFLUOPERAZINE 5 MG TABLET | 1 | | TROSPIUM ER 60 MG CAPSULE | 1 | |
| TRIFLUOPERAZINE 10 MG TABLET | 1 | | TRUE COMFORT 0.5 ML 31G 5/16" | 2 | |
| TRIFLURIDINE 1% EYE DROPS | 1 | | TRUE COMFORT 1 ML 31G 5/16" | 2 | |
| TRIHEXYPHENIDYL 2 MG/5 ML ORAL SOLUTION | 1 | | TRUE COMFORT PEN NEEDLE 31G 5MM | 2 | |
| TRIHEXYPHENIDYL 2 MG TABLET | 1 | | TRUE COMFORT PEN NEEDLE 31G 6MM | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------|---|------|--------------|
| 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 | |
| TRUE COMFORT PRO 1 ML 30G 1/2" | 2 | | TUDORZA PRESSAIR 400 MCG INHALER | 3 | QL, ST |
| TRUE COMFORT PRO 1ML 30G 5/16" | 2 | | TULANA 0.35 MG TABLET | 1 | |
| TRUE COMFORT PRO 1ML 31G 5/16" | 2 | | TURQOZ-28 TABLET | 1 | |
| TRUE COMFORT PRO 1ML 32G 5/16" | 2 | | TWINRIX VACCINE SYRINGE | 2 | |
| TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM | 2 | | TYBOST 150 MG TABLET | 2 | |
| TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM | 2 | | TYDEMY 3-0.03-0.451 MG TABLET | 1 | |
| TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM | 2 | | TYMLOS 80 MCG DOSE PEN INJECTOR | 4 | PA, QL, SRX |
| TRUE METRIX LEVEL 1 CONTROL SOLUTION | 2 | | TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION | 4 | PA, LDD, SRX |
| TRUE METRIX LEVEL 2 CONTROL SOLUTION | 2 | | TYVASO INHALATION REFILL KIT | 4 | PA, LDD, SRX |
| TRUE METRIX LEVEL 3 CONTROL SOLUTION | 2 | | TYVASO INHALATION STARTER KIT | 4 | PA, LDD, SRX |
| TRUECONTROL GLUCOSE SOLUTION | 2 | | TYVASO INSTITUTIONAL STARTER KIT | 4 | PA, LDD, SRX |
| TRUEPLUS KETONE TEST STRIP | 2 | | UDENYCA 6 MG/0.6 ML AUTO-INJECTOR | 4 | PA, SRX |
| TRUEPLUS PEN NEEDLE 29G 12MM | 2 | | UDENYCA 6 MG/0.6 ML ON-BODY | 4 | PA, SRX |
| TRUEPLUS PEN NEEDLE 29G 1/2" | 2 | | UDENYCA 6 MG/0.6 ML SYRINGE | 4 | PA, SRX |
| TRUEPLUS PEN NEEDLE 31G 5MM | 2 | | ULESFIA 5% LOTION | 3 | |
| TRUEPLUS PEN NEEDLE 31G 8MM | 2 | | ULTICARE INSULIN 0.3 ML 30G 1/2" | 2 | |
| TRUEPLUS PEN NEEDLE 31G 1/4" | 2 | | ULTICARE INSULIN 0.3 ML 31G 1/4" | 2 | |
| TRUEPLUS PEN NEEDLE 31G 3/16" | 2 | | ULTICARE INSULIN 0.5 ML 30G 1/2" | 2 | |
| TRUEPLUS PEN NEEDLE 31G 5/16" | 2 | | ULTICARE INSULIN 0.5 ML 31G 1/4" | 2 | |
| TRUEPLUS PEN NEEDLE 32G 5/32" | 2 | | ULTICARE INSULIN 1 ML 31G 1/4" | 2 | |
| TRUEPLUS SYRINGE 0.3ML 29G 1/2" | 2 | | ULTICARE INSULIN SAFETY 1ML 29G 1/2" | 2 | |
| TRUEPLUS SYRINGE 0.3ML 30G 5/16" | 2 | | ULTICARE INSULIN SYRINGE 1 ML 28G 1/2" | 2 | |
| TRUEPLUS SYRINGE 0.3ML 31G 5/16" | 2 | | ULTICARE INSULIN SYRINGE 1 ML 29G 1/2" | 2 | |
| TRUEPLUS SYRINGE 0.5ML 28G 1/2" | 2 | | ULTICARE INSULIN SYRINGE 1 ML 30G 1/2" | 2 | |
| TRUEPLUS SYRINGE 0.5ML 29G 1/2" | 2 | | ULTICARE INSULIN SYRINGE 1 ML 31G 5/16" | 2 | |
| TRUEPLUS SYRINGE 0.5ML 30G 5/16" | 2 | | ULTICARE LDS SYRINGE 3 ML 22G 1.5" | 2 | |
| TRUEPLUS SYRINGE 0.5ML 31G 5/16" | 2 | | ULTICARE PEN NEEDLE 4MM 32G | 2 | |
| TRUEPLUS SYRINGE 1ML 28G 1/2" | 2 | | ULTICARE PEN NEEDLE 6MM 31G | 2 | |
| TRUEPLUS SYRINGE 1ML 29G 1/2" | 2 | | ULTICARE PEN NEEDLE 6MM 32G | 2 | |
| TRUEPLUS SYRINGE 1ML 30G 5/16" | 2 | | ULTICARE PEN NEEDLE 8MM 31G | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--------------------------------------|------|-------|------------------------------------|------|-------|
| 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 | |
| ULTICARE SYRINGE 0.5 ML 29G 1/2" | 2 | | ULTRA FLO PEN NEEDLE 31G 5MM | 2 | |
| ULTICARE SYRINGE 0.5 ML 30G 1/2" | 2 | | ULTRA FLO PEN NEEDLE 31G 8MM | 2 | |
| ULTICARE SYRINGE 0.5 ML 30G 5/16" | 2 | | ULTRA FLO PEN NEEDLE 32G 4MM | 2 | |
| ULTICARE SYRINGE 0.5 ML 31G 5/16" | 2 | | ULTRA FLO PEN NEEDLE 33G 4MM | 2 | |
| ULTICARE SYRINGE 1 ML 30G 1/2" | 2 | | ULTRA FLO SYRINGE 0.3 ML 29G 1/2" | 2 | |
| ULTICARE SYRINGE 1 ML 30G 5/16" | 2 | | ULTRA FLO SYRINGE 0.3 ML 30G 5/16" | 2 | |
| ULTICARE SYRINGE 1 ML 31G 5/16" | 2 | | ULTRA FLO SYRINGE 0.3 ML 31G 5/16" | 2 | |
| ULTIGUARD SAFEPACK 0.3ML 30G 12.7MM | 2 | | ULTRA FLO SYRINGE 0.5 ML 29G 1/2" | 2 | |
| ULTIGUARD SAFEPACK 0.3ML 31G 8MM | 2 | | ULTRA THIN PEN NEEDLE 32G 4MM | 2 | |
| ULTIGUARD SAFEPACK 0.5ML 30G 12.7MM | 2 | | ULTRACARE INSULIN 0.3 ML 30G 5/16" | 2 | |
| ULTIGUARD SAFEPACK 0.5ML 31G 8MM | 2 | | ULTRACARE INSULIN 0.3 ML 31G 5/16" | 2 | |
| ULTIGUARD SAFEPACK 1ML 30G 12.7MM | 2 | | ULTRACARE INSULIN 0.5 ML 30G 1/2" | 2 | |
| ULTIGUARD SAFEPACK PACK 29G 12.7MM | 2 | | ULTRACARE INSULIN 0.5 ML 30G 5/16" | 2 | |
| ULTIGUARD SAFEPACK PACK 32G 4MM | 2 | | ULTRACARE INSULIN 0.5 ML 31G 5/16" | 2 | |
| ULTIGUARD SAFEPACK 1ML 31G 8MM | 2 | | ULTRACARE INSULIN 1 ML 30G 5/16" | 2 | |
| ULTIGUARD SAFEPACK 31G 5MM | 2 | | ULTRACARE INSULIN 1 ML 30G 1/2" | 2 | |
| ULTIGUARD SAFEPACK 31G 6MM | 2 | | ULTRACARE INSULIN 1 ML 31G 5/16" | 2 | |
| ULTIGUARD SAFEPACK 31G 8MM | 2 | | ULTRACARE PEN NEEDLE 31G 1/4" | 2 | |
| ULTIGUARD SAFEPACK 32G 4MM | 2 | | ULTRACARE PEN NEEDLE 31G 3/16" | 2 | |
| ULTIGUARD SAFEPACK 32G 6MM | 2 | | ULTRACARE PEN NEEDLE 31G 5/16" | 2 | |
| ULTILET INSULIN SYRINGE 0.3 ML | 2 | | ULTRACARE PEN NEEDLE 32G 1/4" | 2 | |
| ULTILET INSULIN SYRINGE 0.5 ML | 2 | | ULTRACARE PEN NEEDLE 32G 3/16" | 2 | |
| ULTILET INSULIN SYRINGE 1 ML | 2 | | ULTRACARE PEN NEEDLE 32G 5/32" | 2 | |
| ULTILET PEN NEEDLE | 2 | | ULTRACARE PEN NEEDLE 33G 5/32" | 2 | |
| ULTILET PEN NEEDLE 4MM 32G | 2 | | ULTRA-THIN II 1 ML 31G 5/16" | 2 | |
| ULTRA COMFORT 0.3 ML 29G 1/2" | 2 | | ULTRA-THIN II INSULIN 0.3 ML 30G | 2 | |
| ULTRA COMFORT 0.3 ML 31G 5/16" (1/2) | 2 | | ULTRA-THIN II INSULIN 0.3 ML 31G | 2 | |
| ULTRA COMFORT 0.3 ML SYRINGE | 2 | | ULTRA-THIN II INSULIN 0.5 ML 29G | 2 | |
| ULTRA COMFORT 0.5 ML 28G 1/2" | 2 | | ULTRA-THIN II INSULIN 0.5 ML 30G | 2 | |
| ULTRA COMFORT 0.5 ML 29G 1/2" | 2 | | ULTRA-THIN II INSULIN 0.5 ML 31G | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|-------|--|------|-------|
| 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 | |
| UNIFINE PENTIP 31G 8MM | 2 | | UNITHROID 300 MCG TABLET | 1 | |
| UNIFINE PENTIP 31G 3/16" | 2 | | URISTIX 4 REAGENT TEST STRIP | 2 | |
| UNIFINE PENTIP 32G 4MM | 2 | | URISTIX REAGENT TEST STRIP | 2 | |
| UNIFINE PENTIP 32G 6MM | 2 | | UROQID-ACID NO.2 500-500 TABLET | 3 | |
| UNIFINE PENTIP 32G 1/4" | 2 | | URSODIOL 300 MG CAPSULE | 1 | |
| UNIFINE PENTIP 32G 5/32" | 2 | | URSODIOL 250 MG TABLET | 1 | |
| UNIFINE PENTIP 33G 5/32" | 2 | | URSODIOL 500 MG TABLET | 1 | |
| UNIFINE PENTIP 6MM NEEDLE | 2 | | USTELL CAPSULE | 1 | |
| UNIFINE PENTIP 8MM NEEDLE | 2 | | UTIRA-C TABLET | 1 | |
| UNIFINE PENTIP MAX 30G 3/16" | 2 | | VALACYCLOVIR 500 MG TABLET | 1 | |
| UNIFINE PENTIP NEEDLE 29G | 2 | | VALACYCLOVIR 1 GRAM TABLET | 1 | |
| UNIFINE PENTIP PLUS 29G 1/2" | 2 | | VALGANCICLOVIR 50 MG/ML ORAL SOLUTION | 3 | |
| UNIFINE PENTIP PLUS 30G 3/16" | 2 | | VALGANCICLOVIR 450 MG TABLET | 3 | |
| UNIFINE PENTIP PLUS 31G 1/4" | 2 | | VALPROIC ACID 250 MG CAPSULE | 1 | |
| UNIFINE PENTIP PLUS 31G 3/16" | 2 | | VALPROIC ACID 250 MG/5 ML ORAL SOLUTION | 1 | |
| UNIFINE PENTIP PLUS 31G 5/16" | 2 | | VALPROIC ACID 500 MG/10 ML ORAL SOLUTION | 1 | |
| UNIFINE PENTIP PLUS 32G 5/32" | 2 | | VALSARTAN 40 MG TABLET | 1 | |
| UNIFINE PENTIP PLUS 33G 5/32" | 2 | | VALSARTAN 80 MG TABLET | 1 | |
| UNIFINE PROTECT 30G 5MM | 2 | | VALSARTAN 160 MG TABLET | 1 | |
| UNIFINE PROTECT 30G 8MM | 2 | | VALSARTAN 320 MG TABLET | 1 | |
| UNIFINE PROTECT 32G 4MM | 2 | | VALSARTAN-HCTZ 80-12.5 MG TABLET | 1 | |
| UNIFINE SAFECONTROL 30G 3/16" | 2 | | VALSARTAN-HCTZ 160-12.5 MG TABLET | 1 | |
| UNIFINE SAFECONTROL 30G 5/16" | 2 | | VALSARTAN-HCTZ 160-25 MG TABLET | 1 | |
| UNIFINE SAFECONTROL 32G 4MM | 2 | | VALSARTAN-HCTZ 320-12.5 MG TABLET | 1 | |
| UNIFINE ULTRA PEN NEEDLE 31G 5MM | 2 | | VALSARTAN-HCTZ 320-25 MG TABLET | 1 | |
| UNIFINE ULTRA PEN NEEDLE 31G 6MM | 2 | | VANADOM 350 MG TABLET | 1 | |
| UNIFINE ULTRA PEN NEEDLE 31G 8MM | 2 | | VANCOMYCIN 125 MG CAPSULE | 3 | QL |
| UNIFINE ULTRA PEN NEEDLE 32G 4MM | 2 | | VANCOMYCIN 250 MG CAPSULE | 3 | QL |
| UNISTRIP CONTROL SOLUTION HIGH | 2 | | VANCOMYCIN 25 MG/ML ORAL SOLUTION | 1 | QL |
| UNISTRIP CONTROL SOLUTION LOW | 2 | | VANDAZOLE VAGINAL 0.75% GEL | 1 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|---------------------------------------|------|------------------|--|------|--------------|
| 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 |
| VANISHPOINT 3 ML 22G 1.5" SYRINGE | 2 | | VENLAFAXINE ER 37.5 MG CAPSULE | 1 | QL |
| VANISHPOINT 20G 1" 3 ML SYRINGE | 2 | | VENLAFAXINE ER 75 MG CAPSULE | 1 | QL |
| VANISHPOINT 21G 1.5" 3 ML SYRINGE | 2 | | VENLAFAXINE ER 150 MG CAPSULE | 1 | QL |
| VANISHPOINT 22G 1" 3 ML SYRINGE | 2 | | VENTAVIS 10 MCG/1 ML INHALATION SOLUTION | 4 | PA, LDD, SRX |
| VANISHPOINT 23G 1" 3 ML SYRINGE | 2 | | VENTAVIS 20 MCG/1 ML INHALATION SOLUTION | 4 | PA, LDD, SRX |
| VANISHPOINT 23G 1.5" 3 ML SYRINGE | 2 | | VERAPAMIL 40 MG TABLET | 1 | |
| VANISHPOINT 25G 1" 3 ML SYRINGE | 2 | | VERAPAMIL 80 MG TABLET | 1 | |
| VANISHPOINT 25G 5/8" 3 ML SYRINGE | 2 | | VERAPAMIL 120 MG TABLET | 1 | |
| VANISHPOINT INSULIN 1 ML 30G 3/16" | 2 | | VERAPAMIL ER 120 MG CAPSULE | 1 | |
| VANISHPOINT U-100 29 1/2" SYRINGE | 2 | | VERAPAMIL ER 180 MG CAPSULE | 1 | |
| VAQTA 25 UNITS/0.5 ML SYRINGE | 2 | | VERAPAMIL ER 240 MG CAPSULE | 1 | |
| VAQTA 50 UNITS/ML SYRINGE | 2 | | VERAPAMIL ER 120 MG TABLET | 1 | |
| VAQTA 25 UNITS/0.5 ML VIAL | 2 | | VERAPAMIL ER 180 MG TABLET | 1 | |
| VAQTA 50 UNITS/ML VIAL | 2 | | VERAPAMIL ER 240 MG TABLET | 1 | |
| VARENICLINE 1 MG CONTINUING MONTH BOX | 2 | | VERAPAMIL ER PM 100 MG CAPSULE | 2 | |
| VARENICLINE STARTING MONTH BOX | 2 | | VERAPAMIL ER PM 200 MG CAPSULE | 2 | |
| VARENICLINE 0.5 MG TABLET | 2 | | VERAPAMIL ER PM 300 MG CAPSULE | 2 | |
| VARENICLINE 1 MG TABLET | 2 | | VERAPAMIL SR 120 MG CAPSULE | 1 | |
| VARISOFT INFUSION SET 23" 13MM | 2 | | VERAPAMIL SR 180 MG CAPSULE | 1 | |
| VARISOFT INFUSION SET 23" 17MM | 2 | | VERAPAMIL SR 240 MG CAPSULE | 1 | |
| VARISOFT INFUSION SET 32" 13MM | 2 | | VERAPAMIL SR 360 MG CAPSULE | 1 | |
| VARISOFT INFUSION SET 32" 17MM | 2 | | VEREGEN 15% OINTMENT | 3 | |
| VARISOFT INFUSION SET 43" 13MM | 2 | | VERIFINE INSULIN SYRINGE 0.3ML 31G 8MM | 2 | |
| VARISOFT INFUSION SET 43" 17MM | 2 | | VERIFINE INSULIN SYRINGE 0.5ML 29G 12MM | 2 | |
| VARIVAX VACCINE VIAL | 2 | | VERIFINE INSULIN SYRINGE 0.5ML 31G 8MM | 2 | |
| VARIVAX VACCINE WITH DILUENT | 2 | | VERIFINE INSULIN SYRINGE 1 ML 29G 1/2" | 2 | |
| VAXELIS VACCINE SYRINGE | 2 | | VERIFINE INSULIN SYRINGE 1 ML 29G 12MM | 2 | |
| VAXELIS VACCINE VIAL | 2 | | VERIFINE INSULIN SYRINGE 1 ML 31G 8MM | 2 | |
| VAXNEUVANCE 0.5 ML SYRINGE | 2 | | VERIFINE PEN NEEDLE 29G 12MM | 2 | |
| VELIVET 28 DAY TABLET | 1 | | VERIFINE PEN NEEDLE 31G 5MM | 2 | |
| VEMLIDY 25 MG TABLET | 4 | PA, SRX | VERIFINE PEN NEEDLE 31G 8MM | 2 | |
| VENCLEXTA STARTING PACK | 4 | PA, QL, LDD, SRX | VERIFINE PEN NEEDLE 32G 4MM | 2 | |
| VENCLEXTA 10 MG TABLET | 4 | PA, QL, LDD, SRX | VERIFINE PEN NEEDLE 32G 6MM | 2 | |
| VENCLEXTA 10 MG TABLET (10MG X 2) | 4 | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 31G 5MM | 2 | |
| VENCLEXTA 50 MG TABLET | 4 | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 31G 8MM | 2 | |
| VENCLEXTA 100 MG TABLET | 4 | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 32G 4MM | 2 | |
| VENLAFAXINE 25 MG TABLET | 1 | QL | VERIFINE SYRINGE 0.3ML 31G 5/16" | 2 | |
| VENLAFAXINE 37.5 MG TABLET | 1 | QL | VERIFINE SYRINGE 0.5ML 29G 1/2" | 2 | |
| VENLAFAXINE 50 MG TABLET | 1 | QL | VERIFINE SYRINGE 0.5ML 31G 5/16" | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|--|------|------------------|--|------|------------------|
| 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 | |
| VIENVA-28 TABLET | 1 | | VYLIBRA 28 TABLET | 1 | |
| VIGABATRIN 500 MG POWDER PACKET | 4 | PA, QL, LDD, SRX | WAKIX 4.45 MG TABLET | 4 | PA, QL, LDD, SRX |
| VIGABATRIN 500 MG TABLET | 4 | PA, QL, LDD, SRX | WAKIX 17.8 MG TABLET | 4 | PA, QL, LDD, SRX |
| VIGADRONE 500 MG POWDER PACKET | 4 | PA, QL, LDD, SRX | WARFARIN 1 MG TABLET | 1 | |
| VIGADRONE 500 MG TABLET | 4 | PA, QL, LDD, SRX | WARFARIN 2 MG TABLET | 1 | |
| VIGPODER 500 MG POWDER PACKET | 4 | PA, QL, LDD, SRX | WARFARIN 2.5 MG TABLET | 1 | |
| VILAZODONE 10 MG TABLET | 3 | QL | WARFARIN 3 MG TABLET | 1 | |
| VILAZODONE 20 MG TABLET | 3 | QL | WARFARIN 4 MG TABLET | 1 | |
| VILAZODONE 40 MG TABLET | 3 | QL | WARFARIN 5 MG TABLET | 1 | |
| VIOKACE 10,440-39,150 UNITS TABLET | 3 | | WARFARIN 6 MG TABLET | 1 | |
| VIOKACE 20,880-78,300 UNITS TABLET | 3 | | WARFARIN 7.5 MG TABLET | 1 | |
| VIORELE 28 DAY TABLET | 1 | | WARFARIN 10 MG TABLET | 1 | |
| VIREAD POWDER | 2 | | WAVESENSE CONTROL SOLUTION NORMAL | 2 | |
| VIREAD 150 MG TABLET | 2 | | WERA 0.5/0.035 MG 28 TABLET | 1 | |
| VIREAD 200 MG TABLET | 2 | | WESCAP-PN DHA CAPSULE | 1 | |
| VIREAD 250 MG TABLET | 2 | | WESNATAL DHA COMPLETE | 1 | |
| VIRT-C DHA SOFTGEL | 1 | | WESNATE DHA SOFTGEL | 1 | |
| VIRT-NATE DHA SOFTGEL | 1 | | WESTAB PLUS TABLET | 1 | |
| VIRT-PN DHA SOFTGEL | 1 | | WIXELA 100-50 INHUB | 1 | QL |
| VIRT-PN PLUS SOFTGEL | 1 | | WIXELA 250-50 INHUB | 1 | QL |
| VISTOGARD 10 GRAM PACKET | 4 | LDD, SRX | WIXELA 500-50 INHUB | 1 | QL |
| VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS | 1 | | WM UNIFINE PENTIP PLUS 4MM 32G | 2 | |
| VITAFOL-OB CAPLET | 1 | | WM UNIFINE PENTIP PLUS 5MM 31G | 2 | |
| VITAMIN D2 1.25 MG (50,000 UNIT) | 1 | | WM UNIFINE PENTIP PLUS 6MM 31G | 2 | |
| VIVAGUARD INO CONTROL SOLUTION-L1,2,3 | 2 | | WM UNIFINE PENTIP PLUS 8MM 31G | 2 | |
| VIVAGUARD INO CONTROL SOLUTION-L2 | 2 | | WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET | 1 | |
| VOLNEA 0.15-0.02-0.01 MG TABLET | 1 | | XALKORI 200 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| VORICONAZOLE 40 MG/ML SUSPENSION | 3 | PA | XALKORI 250 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| VORICONAZOLE 50 MG TABLET | 3 | PA | XALKORI 20 MG PELLETT | 4 | PA, QL, LDD, SRX |
| VORICONAZOLE 200 MG TABLET | 3 | PA | XALKORI 50 MG PELLETT | 4 | PA, QL, LDD, SRX |
| VORTEX ADULT MASK | 2 | QL | XALKORI 150 MG PELLETT | 4 | PA, QL, LDD, SRX |
| VORTEX HOLDING CHAMBER | 2 | QL | XARELTO 1 MG/ML SUSPENSION | 2 | PA, QL |
| VORTEX VHC FROG CHILD MASK | 2 | QL | XARELTO 2.5 MG TABLET | 2 | PA, QL |
| VORTEX VHC LADYBUG TODDLER MASK | 2 | QL | XARELTO 10 MG TABLET | 2 | PA, QL |
| VOSEVI 400-100-100 MG TABLET | 4 | PA, QL, SRX | XARELTO 15 MG TABLET | 2 | PA, QL |
| VRAYLAR 1.5 MG CAPSULE | 3 | QL, ST | XARELTO 20 MG TABLET | 2 | PA, QL |
| VRAYLAR 3 MG CAPSULE | 3 | QL, ST | XARELTO DVT-PE STARTER PACK | 2 | PA, QL |
| VRAYLAR 4.5 MG CAPSULE | 3 | QL, ST | XDEMZY 0.25% EYE DROPS | 4 | PA, QL, LDD, SRX |
| VRAYLAR 6 MG CAPSULE | 3 | QL, ST | XELJANZ 1 MG/ML ORAL SOLUTION | 4 | PA, QL, SRX |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes | Medication Name | Tier | Notes |
|-----------------------------------|------|------------------|---------------------------------------|------|------------------|
| XELJANZ 5 MG TABLET | 4 | PA, QL, SRX | ZATEAN-PN DHA CAPSULE | 1 | |
| XELJANZ 10 MG TABLET | 4 | PA, QL, SRX | ZATEAN-PN PLUS SOFTGEL | 1 | |
| XELJANZ XR 11 MG TABLET | 4 | PA, QL, SRX | ZELBORAF 240 MG TABLET | 4 | PA, QL, LDD, SRX |
| XELJANZ XR 22 MG TABLET | 4 | PA, QL, SRX | ZELNORM 6 MG TABLET | 3 | |
| XIFAXAN 200 MG TABLET | 3 | PA, QL | ZENATANE 10 MG CAPSULE | 3 | |
| XIFAXAN 550 MG TABLET | 3 | PA, QL | ZENATANE 20 MG CAPSULE | 3 | |
| XIGDUO XR 2.5 MG-1,000 MG TABLET | 2 | QL | ZENATANE 30 MG CAPSULE | 3 | |
| XIGDUO XR 5 MG-500 MG TABLET | 2 | QL | ZENATANE 40 MG CAPSULE | 3 | |
| XIGDUO XR 5 MG-1,000 MG TABLET | 2 | QL | ZENZEDI 5 MG TABLET | 1 | QL |
| XIGDUO XR 10 MG-500 MG TABLET | 2 | QL | ZENZEDI 10 MG TABLET | 1 | QL |
| XIGDUO XR 10 MG-1,000 MG TABLET | 2 | QL | ZEPATIER 50-100 MG TABLET | 4 | PA, QL, SRX |
| XOLAIR 75 MG/0.5 ML AUTO-INJECTOR | 4 | PA, LDD, SRX | ZETONNA 37 MCG NASAL SPRAY | 3 | ST |
| XOLAIR 150 MG/ML AUTO-INJECTOR | 4 | PA, LDD, SRX | ZIDOVUDINE 100 MG CAPSULE | 1 | |
| XOLAIR 300 MG/2 ML AUTO-INJECTOR | 4 | PA, LDD, SRX | ZIDOVUDINE 50 MG/5 ML SYRUP | 1 | |
| XOLAIR 150 MG/1.2 ML POWDER VIAL | 4 | PA, LDD, SRX | ZIDOVUDINE 300 MG TABLET | 1 | |
| XOLAIR 75 MG/0.5 ML SYRINGE | 4 | PA, LDD, SRX | ZILEUTON ER 600 MG TABLET | 4 | SRX |
| XOLAIR 150 MG/ML SYRINGE | 4 | PA, LDD, SRX | ZIMHI 5 MG/0.5 ML SYRINGE | 2 | |
| XOLAIR 300 MG/2 ML SYRINGE | 4 | PA, LDD, SRX | ZIPRASIDONE 20 MG CAPSULE | 1 | |
| XTAMPZA ER 9 MG CAPSULE | 2 | PA | ZIPRASIDONE 40 MG CAPSULE | 1 | |
| XTAMPZA ER 13.5 MG CAPSULE | 2 | PA | ZIPRASIDONE 60 MG CAPSULE | 1 | |
| XTAMPZA ER 18 MG CAPSULE | 2 | PA | ZIPRASIDONE 80 MG CAPSULE | 1 | |
| XTAMPZA ER 27 MG CAPSULE | 2 | PA | ZIRGAN 0.15% EYE GEL | 3 | |
| XTAMPZA ER 36 MG CAPSULE | 2 | PA | ZOLADEX 3.6 MG IMPLANT SYRINGE | 4 | PA, SRX |
| XTANDI 40 MG CAPSULE | 4 | PA, QL, LDD, SRX | ZOLADEX 10.8 MG IMPLANT SYRINGE | 4 | PA, SRX |
| XTANDI 40 MG TABLET | 4 | PA, QL, LDD, SRX | ZOLINZA 100 MG CAPSULE | 4 | PA, QL, LDD, SRX |
| XTANDI 80 MG TABLET | 4 | PA, QL, LDD, SRX | ZOLMITRIPTAN 2.5 MG ODT TABLET | 2 | QL |
| XULANE 150-35 MCG/DAY PATCH | 1 | | ZOLMITRIPTAN 5 MG ODT TABLET | 2 | QL |
| YALE NEEDLE 21G 1.25" | 2 | | ZOLMITRIPTAN 2.5 MG TABLET | 2 | QL |
| YARGESA 100 MG CAPSULE | 4 | PA, LDD, SRX | ZOLMITRIPTAN 5 MG TABLET | 2 | QL |
| YOURX ULTICARE PEN NEEDLE 4MM 32G | 2 | | ZOLPIDEM 5 MG TABLET | 1 | |
| YOURX ULTICARE PEN NEEDLE 6MM 31G | 2 | | ZOLPIDEM 10 MG TABLET | 1 | |
| YOURX ULTICARE PEN NEEDLE 8MM 31G | 2 | | ZOLPIDEM ER 6.25 MG TABLET | 1 | |
| YUVAFEM 10 MCG VAGINAL INSERT | 1 | QL | ZOLPIDEM ER 12.5 MG TABLET | 1 | |
| ZAFEMY 150-35 MCG/DAY PATCH | 1 | | ZONISAMIDE 25 MG CAPSULE | 1 | |
| ZAFIRLUKAST 10 MG TABLET | 1 | | ZONISAMIDE 50 MG CAPSULE | 1 | |
| ZAFIRLUKAST 20 MG TABLET | 1 | | ZONISAMIDE 100 MG CAPSULE | 1 | |
| ZALEPLON 5 MG CAPSULE | 1 | | ZOVIA 1-35 TABLET | 1 | |
| ZALEPLON 10 MG CAPSULE | 1 | | ZUBSOLV 0.7-0.18 MG SUBLINGUAL TABLET | 2 | |
| ZARAH TABLET | 1 | | ZUBSOLV 1.4-0.36 MG SUBLINGUAL TABLET | 2 | |
| ZARXIO 300 MCG/0.5 ML SYRINGE | 4 | SRX | ZUBSOLV 2.9-0.71 MG SUBLINGUAL TABLET | 2 | |
| ZARXIO 480 MCG/0.8 ML SYRINGE | 4 | SRX | ZUBSOLV 5.7-1.4 MG SUBLINGUAL TABLET | 2 | |

2025 Cigna Healthcare Plus Illinois 4-Tier Prescription Drug List

| Medication Name | Tier | Notes |
|---------------------------------------|------|------------------|
| 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
- Allergies
- Asthma/COPD
- Cardiovascular health
- Diabetes
- Heartburn/ulcer/stomach acid
- High blood pressure
- High cholesterol
- Mental health
- Overactive bladder/bladder problems
- Pain management
- Sleep disorders

Q. Why does my medication have an age requirement?

A. The FDA considers certain medication to only be clinically appropriate for people of a certain age or within a certain age range.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact Cigna Healthcare to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from 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:

1. **Services obtained from a Non-Participating/ Out-of-Network Provider**, except for treatment of an Emergency Medical Condition.
2. Any **amounts in excess of maximum benefit limitations of Covered Expenses** stated in this 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.



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).

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>

Proficiency of 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 LŨU 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 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

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 (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره گیری کنید).