

Individual and
Family Plans



2025 Cigna Healthcare Plus Texas 4-Tier Prescription Drug List

Coverage as of January 1, 2025

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

971274 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)	77
Exclusions and limitations: What isn't covered by this policy	81

View your drug list online

- **Cigna.com/ifp-drug-list.** Select **Texas** 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 Texas 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	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 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
ADEFOVIR DIPIVOXIL 10 MG TAB	4	SRX

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 Plus Texas 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	45-50
2	6	N	50-52
A	6-11	O	52-55
B	11-15	P	55-60
C	15-21	Q	60, 61
D	21-25	R	61-62
E	25-31	S	62-66
F	31-33	T	66-71
G	33-35	U	71-73
H	35-38	V	73-75
I	38-40	W	75
J	40	X	75,76
K	40, 41	Y	76
L	41-45	Z	76

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

2025 Cigna Plus Texas 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	2	
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	
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(CF) 10 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-ADB(CF) 20 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-ADB(CF) 40 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-ADB(CF) PEN 40 MG	4	PA, QL, SRX
ADALIMUMAB-ADB(CF) PEN CROHNS 40 MG	4	PA, QL, SRX
ADALIMUMAB-ADB(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
ADEMPAS 1 MG TABLET	4	PA, LDD, SRX

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
AK-POLY-BAC EYE OINTMENT	1		ALPRAZOLAM 0.25 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

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

Medication Name	Tier	Notes
AMINOCAPROIC ACID 500 MG TABLET	4	PA, SRX
AMINOCAPROIC ACID 1,000 MG TABLET	4	PA, SRX
AMIODARONE 100 MG TABLET	1	
AMIODARONE 200 MG TABLET	1	
AMIODARONE 400 MG TABLET	1	
AMITRIPTYLINE 10 MG TABLET	1	
AMITRIPTYLINE 25 MG TABLET	1	
AMITRIPTYLINE 50 MG TABLET	1	
AMITRIPTYLINE 75 MG TABLET	1	
AMITRIPTYLINE 100 MG TABLET	1	
AMITRIPTYLINE 150 MG TABLET	1	
AMLODIPINE 2.5 MG TABLET	1	
AMLODIPINE 5 MG TABLET	1	
AMLODIPINE 10 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 5-10 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 5-20 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 5-40 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 5-80 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 10-10 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 10-20 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 10-40 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 10-80 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE	1	
AMLODIPINE-OLMESARTAN 5-20 MG TABLET	1	
AMLODIPINE-OLMESARTAN 5-40 MG TABLET	1	
AMLODIPINE-OLMESARTAN 10-20 MG TABLET	1	
AMLODIPINE-OLMESARTAN 10-40 MG TABLET	1	
AMLODIPINE-VALSARTAN 5-160 MG TABLET	1	
AMLODIPINE-VALSARTAN 5-320 MG TABLET	1	
AMLODIPINE-VALSARTAN 10-160 MG TABLET	1	
AMLODIPINE-VALSARTAN 10-320 MG TABLET	1	
AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET	2		AMPHETAMINE 5 MG TABLET	2	QL
AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5MG TABLET	2		AMPHETAMINE 10 MG TABLET	2	QL
AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET	2		AMPICILLIN 500 MG CAPSULE	1	
AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET	2		ANAGRELIDE 0.5 MG CAPSULE	3	
AMMONIUM LACTATE 12% CREAM	1		ANAGRELIDE 1 MG CAPSULE	3	
AMMONIUM LACTATE 12% LOTION	1		ANALPRAM HC 2.5%-1% LOTION	3	
AMNESTEEM 10 MG CAPSULE	3		ANASTROZOLE 1 MG TABLET	1	
AMNESTEEM 20 MG CAPSULE	3		ANORO ELLIPTA 62.5-25 MCG INHALER	2	QL
AMNESTEEM 40 MG CAPSULE	3		ANUCORT-HC 25 MG SUPPOSITORY	1	
AMOXAPINE 25 MG TABLET	1		ANZEMET 50 MG TABLET	4	PA, QL, SRX
AMOXAPINE 50 MG TABLET	1		APEXICON E 0.05% CREAM	3	
AMOXAPINE 100 MG TABLET	1		APIDRA 100 UNIT/ML VIAL	3	QL, ST
AMOXAPINE 150 MG TABLET	1		APIDRA SOLOSTAR 100 UNIT/ML	3	QL, ST
AMOXICILLIN 250 MG CAPSULE	1		APRACLONIDINE 0.5% DROPS	1	
AMOXICILLIN 500 MG CAPSULE	1		APREPITANT 40 MG CAPSULE	2	QL
AMOXICILLIN 125 MG CHEWABLE TABLET	1		APREPITANT 80 MG CAPSULE	2	QL
AMOXICILLIN 250 MG CHEWABLE TABLET	1		APREPITANT 125 MG CAPSULE	2	QL
AMOXICILLIN 125 MG/5 ML SUSPENSION	1		APREPITANT 125-80-80 MG PACK	2	QL
AMOXICILLIN 200 MG/5 ML SUSPENSION	1		APRI 28 DAY TABLET	1	
AMOXICILLIN 250 MG/5 ML SUSPENSION	1		APTIOM 200 MG TABLET	3	PA, QL
AMOXICILLIN 400 MG/5 ML SUSPENSION	1		APTIOM 400 MG TABLET	3	PA, QL
AMOXICILLIN 500 MG TABLET	1		APTIOM 600 MG TABLET	3	PA, QL
AMOXICILLIN 875 MG TABLET	1		APTIOM 800 MG TABLET	3	PA, QL
AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	1		APTIVUS 250 MG CAPSULE	2	
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	1		AQ INSULIN SYRINGE 0.5 ML 30G 8MM	2	
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION	1		AQ INSULIN SYRINGE 1 ML 29G 12MM	2	
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	1		AQ INSULIN SYRINGE 1 ML 31G 8MM	2	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	1		AQINJECT PEN NEEDLE 31G 5MM	2	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	1		AQINJECT PEN NEEDLE 32G 4MM	2	
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	1		AQUA CARE 0.9% NACL IRRIGATION	1	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	1		AQUA CARE STERILE WATER IRRIGATION	1	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	1		ARANELLE 28 TABLET	1	
AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG 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
			ARANESP 300 MCG/0.6 ML SYRINGE	4	PA, SRX
			ARANESP 500 MCG/1 ML SYRINGE	4	PA, SRX

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	1	PA
ARCALYST 220 MG VIAL	4	PA, LDD, SRX	CAPSULE		
AREXVY VIAL KIT	2		ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE	1	
ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION	3	QL	ASSURE 4 CONTROL SOLUTION	2	
ARIPIRAZOLE 1 MG/ML ORAL SOLUTION	2		ASSURE DOSE CONTROL SOLUTION	2	
ARIPIRAZOLE 2 MG TABLET	1		ASSURE ID DUO PRO NEEDLE 31G 5MM	2	
ARIPIRAZOLE 5 MG TABLET	1		ASSURE ID PEN NEEDLE 30G 3/16"	2	
ARIPIRAZOLE 10 MG TABLET	1		ASSURE ID PEN NEEDLE 30G 5/16"	2	
ARIPIRAZOLE 15 MG TABLET	1		ASSURE ID PEN NEEDLE 31G 3/16"	2	
ARIPIRAZOLE 20 MG TABLET	1		ASSURE ID PRO PEN NEEDLE 30G 5MM	2	
ARIPIRAZOLE 30 MG TABLET	1		ASSURE ID SYRINGE 0.5 ML 29G 1/2"	2	
ARIPIRAZOLE ODT 10 MG TABLET	3		ASSURE ID SYRINGE 0.5 ML 31G 15/64"	2	
ARIPIRAZOLE ODT 15 MG TABLET	3		ASSURE ID SYRINGE 1 ML 29G 1/2"	2	
ARMODAFINIL 50 MG TABLET	1	PA	ASSURE ID SYRINGE 1 ML 31G 15/64"	2	
ARMODAFINIL 150 MG TABLET	1	PA	ASSURE PRISM CONTROL SOLUTION	2	
ARMODAFINIL 200 MG TABLET	1	PA	ASTAGRAF XL 0.5 MG CAPSULE	4	SRX
ARMODAFINIL 250 MG TABLET	1	PA	ASTAGRAF XL 1 MG CAPSULE	4	SRX
ARMOUR THYROID 15 MG TABLET	2		ASTAGRAF XL 5 MG CAPSULE	4	SRX
ARMOUR THYROID 30 MG TABLET	2		ASTHMA CHECK PEAK FLOW METER	2	
ARMOUR THYROID 60 MG TABLET	2		ASTHMAPACK CHILDREN'S CARE KIT	2	
ARMOUR THYROID 90 MG TABLET	2		ATAZANAVIR 150 MG CAPSULE	1	
ARMOUR THYROID 120 MG TABLET	2		ATAZANAVIR 200 MG CAPSULE	1	
ARMOUR THYROID 180 MG TABLET	2		ATAZANAVIR 300 MG CAPSULE	1	
ARMOUR THYROID 240 MG TABLET	2		ATENOLOL 25 MG TABLET	1	
ARMOUR THYROID 300 MG TABLET	2		ATENOLOL 50 MG TABLET	1	
ARNUITY ELLIPTA 50 MCG INHALER	2		ATENOLOL 100 MG TABLET	1	
ARNUITY ELLIPTA 100 MCG INHALER	2		ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET	1	
ARNUITY ELLIPTA 200 MCG INHALER	2		ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET	1	
ASCOMP WITH CODEINE CAPSULE	1	PA	ATOMOXETINE 10 MG CAPSULE	1	QL
ASENAPINE 2.5 MG SUBLINGUAL TABLET	3	QL	ATOMOXETINE 18 MG CAPSULE	1	QL
ASENAPINE 5 MG SUBLINGUAL TABLET	3	QL	ATOMOXETINE 25 MG CAPSULE	1	QL
ASENAPINE 10 MG SUBLINGUAL TABLET	3	QL	ATOMOXETINE 40 MG CAPSULE	1	QL
ASHLYNA 0.15-0.03-0.01 MG TABLET	1		ATOMOXETINE 60 MG CAPSULE	1	QL
ASMANEX HFA 50 MCG INHALER	3	QL, ST	ATOMOXETINE 80 MG CAPSULE	1	QL
ASMANEX HFA 100 MCG INHALER	3	QL, ST	ATOMOXETINE 100 MG CAPSULE	1	QL
ASMANEX HFA 200 MCG INHALER	3	QL, ST	ATORVASTATIN 10 MG TABLET	1	
ASMANEX TWISTHALER 110 MCG #30	3	QL, ST	ATORVASTATIN 20 MG TABLET	1	
			ATORVASTATIN 40 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

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

2025 Cigna Plus Texas 4-Tier Prescription Drug List

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

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	1	

Medication Name	Tier	Notes
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
BOSULIF 500 MG TABLET	4	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	2	QL

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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
BUDESONIDE-FORMOTEROL 80-4.5 INHALER	3	QL
BUDESONIDE-FORMOTEROL 160-4.5 INHALER	3	QL

Medication Name	Tier	Notes
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
BUTALBITAL-ASPIRIN-CAFFEINE TABLET	1	QL
BUTORPHANOL 10 MG/ML NASAL SPRAY	1	PA, QL

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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		CARBIDOPA-LEVODOPA 200 MG-ENTACAPONE TABLET	2	
CANDESARTAN 32 MG TABLET	1		CARBINOXAMINE 4 MG/5 ML LIQUID	1	
CANDESARTAN-HCTZ 16-12.5 MG TABLET	1				
CANDESARTAN-HCTZ 32-12.5 MG TABLET	1				
CANDESARTAN-HCTZ 32-25 MG TABLET	1				

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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		CEFACLOR 250 MG CAPSULE	1	
CARETOUCH HYPODERMIC NEEDLE 25G 1"	2		CEFACLOR 500 MG CAPSULE	1	
CARETOUCH HYPODERMIC NEEDLE 25G 1.5"	2		CEFACLOR 125 MG/5 ML SUSPENSION	1	
CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	2		CEFACLOR 250 MG/5 ML SUSPENSION	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CEFACTOR 375 MG/5 ML SUSPENSION	1		CHEMSTRIP 10 MD TEST STRIP	2	
CEFACTOR ER 500 MG TABLET	2		CHEMSTRIP 10 WITH SG TEST STRIP	2	
CEFADROXIL 500 MG CAPSULE	1		CHEMSTRIP 2 GP TEST STRIP	2	
CEFADROXIL 250 MG/5 ML SUSPENSION	1		CHEMSTRIP 2 LN TEST STRIP	2	
CEFADROXIL 500 MG/5 ML SUSPENSION	1		CHEMSTRIP 50B TEST STRIP	2	
CEFADROXIL 1 GM TABLET	1		CHEMSTRIP 7 TEST STRIP	2	
CEFDINIR 300 MG CAPSULE	1		CHEMSTRIP BG DIARY	2	
CEFDINIR 125 MG/5 ML SUSPENSION	1		CHEMSTRIP MICRAL TEST STRIP	2	
CEFDINIR 250 MG/5 ML SUSPENSION	1		CHEMSTRIP-9 TEST STRIP	2	
CEFDITOREN 400 MG TABLET	1		CHLORDIAZEPOXIDE 5 MG CAPSULE	1	
CEFIXIME 400 MG CAPSULE	2		CHLORDIAZEPOXIDE 10 MG CAPSULE	1	
CEFIXIME 100 MG/5 ML SUSPENSION	1		CHLORDIAZEPOXIDE 25 MG CAPSULE	1	
CEFIXIME 200 MG/5 ML SUSPENSION	1		CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET	1	
CEFPODOXIME 50 MG/5 ML SUSPENSION	1		CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET	1	
CEFPODOXIME 100 MG/5 ML SUSPENSION	1		CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	1	
CEFPODOXIME 100 MG TABLET	1		CHLORHEXIDINE 0.12% ORAL RINSE	1	
CEFPODOXIME 200 MG TABLET	1		CHLOROQUINE 250 MG TABLET	1	
CEFPROZIL 125 MG/5 ML SUSPENSION	1		CHLOROQUINE 500 MG TABLET	1	
CEFPROZIL 250 MG/5 ML SUSPENSION	1		CHLORPROMAZINE 10 MG TABLET	2	
CEFPROZIL 250 MG TABLET	1		CHLORPROMAZINE 25 MG TABLET	2	
CEFPROZIL 500 MG TABLET	1		CHLORPROMAZINE 50 MG TABLET	2	
CEFUROXIME AXETIL 250 MG TABLET	1		CHLORPROMAZINE 100 MG TABLET	2	
CEFUROXIME AXETIL 500 MG TABLET	1		CHLORPROMAZINE 200 MG TABLET	2	
CELECOXIB 50 MG CAPSULE	1	QL	CHLORPROMAZINE 25 MG TABLET	2	
CELECOXIB 100 MG CAPSULE	1	QL	CHLORPROMAZINE 50 MG TABLET	2	
CELECOXIB 200 MG CAPSULE	1	QL	CHLORPROMAZINE 100 MG TABLET	2	
CELECOXIB 400 MG CAPSULE	1	QL	CHLORPROMAZINE 200 MG TABLET	2	
CEPHALEXIN 250 MG CAPSULE	1		CHLORPROMAZINE 250 MG TABLET	2	
CEPHALEXIN 500 MG CAPSULE	1		CHLORPROMAZINE 500 MG TABLET	2	
CEPHALEXIN 750 MG CAPSULE	1		CHLORPROMAZINE LIGHT PACKET	1	
CEPHALEXIN 125 MG/5 ML SUSPENSION	1		CHLORPROMAZINE LIGHT POWDER	1	
CEPHALEXIN 250 MG/5 ML SUSPENSION	1		CHLORPROMAZINE PACKET	1	
CEQR SIMPLICITY INSERTER	2		CHLORPROMAZINE POWDER	1	
CETIRIZINE 1 MG/ML ORAL SOLUTION	1		CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	3	PA
CETIRIZINE 1 MG/ML SYRUP	1		CICLODAN 0.77% CREAM	1	
CEVIMELINE 30 MG CAPSULE	1		CICLODAN 8% TOPICAL SOLUTION	1	
CHARLOTTE 24 FE CHEWABLE TABLET	1		CICLOPIROX 0.77% CREAM	1	
CHATEAL EQ-28 TABLET	1		CICLOPIROX 0.77% GEL	1	
CHATEAL-28 TABLET	1		CICLOPIROX 1% SHAMPOO	1	
CHEK-STIX TEST STRIP	2		CICLOPIROX 8% TOPICAL SOLUTION	1	
CHEMET 100 MG CAPSULE	3		CICLOPIROX 0.77% TOPICAL SUSPENSION	1	
			CILOSTAZOL 50 MG TABLET	1	
			CILOSTAZOL 100 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CIOXAN 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	
CLARITHROMYCIN ER 500 MG TABLET	1		CLOBETASOL EMOLLIENT 0.05% FOAM	2	
CLEMASTINE 2.68 MG TABLET	1		CLOBETASOL EMULSION 0.05% FOAM	2	
CLEVER CHOICE CHAMBER-LARGE MASK	2	QL	CLOBETASOL PROPIONATE 0.05% FOAM	1	
CLEVER CHOICE CHAMBER-MEDIUM MASK	2	QL	CLOBETASOL PROPIONATE 0.05% SPRAY	1	
CLEVER CHOICE CHAMBER-SMALL MASK	2	QL	CLOCORTOLONE PIVALATE 0.1% CREAM	2	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	2		CLODAN 0.05% SHAMPOO	1	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	2		CLOMIPRAMINE 25 MG CAPSULE	3	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
CLOZAPINE ODT 25 MG TABLET	3		COMFORT EZ SYRINGE 0.5 ML 28G 1/2"	2	
CLOZAPINE ODT 100 MG TABLET	3		COMFORT EZ SYRINGE 0.5 ML 29G 1/2"	2	
CLOZAPINE ODT 150 MG TABLET	3		COMFORT EZ SYRINGE 0.5 ML 30G 1/2"	2	
CLOZAPINE ODT 200 MG TABLET	3		COMFORT EZ SYRINGE 1 ML 28G 1/2"	2	
C-NATE DHA SOFTGEL	1		COMFORT EZ SYRINGE 1 ML 29G 1/2"	2	
COARTEM TABLET	3	QL	COMFORT EZ SYRINGE 1 ML 30G 1/2"	2	
CODEINE SULFATE 15 MG TABLET	1	PA	COMFORT EZ SYRINGE 1 ML 30G 5/16"	2	
CODEINE SULFATE 30 MG TABLET	1	PA	COMFORT INFUSION SET 23" 17MM	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
COMPRO 25 MG SUPPOSITORY	1		CYCLOPHOSPHAMIDE 50 MG CAPSULE	2	
CONSTULOSE 10 GM/15 ML ORAL SOLUTION	1		CYCLOSERINE 250 MG CAPSULE	1	
CONTACT DETACH INFUSION SET 23"	2		CYCLOSET 0.8 MG TABLET	3	
CONTACT DETACH INFUSION SET 32"	2		CYCLOSPORINE 0.05% EYE EMULSION	3	
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	2		CYCLOSPORINE 25 MG CAPSULE	1	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	2		CYCLOSPORINE 100 MG CAPSULE	1	
CONTOUR SOLUTION	2		CYCLOSPORINE MODIFIED 25 MG CAPSULE	1	
COOL CONTROL A SOLUTION	2		CYCLOSPORINE MODIFIED 50 MG CAPSULE	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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	
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TABLET	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 90 MG GRANULE PACKET	4	PA, SRX
DEFERASIROX 180 MG GRANULE PACKET	4	PA, SRX
DEFERASIROX 360 MG GRANULE PACKET	4	PA, SRX
DEFERASIROX 90 MG TABLET	4	PA, SRX
DEFERASIROX 180 MG TABLET	4	PA, SRX

Medication Name	Tier	Notes
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	
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

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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
DESMETHYLPHENIDATE 2.5 MG TABLET	1	QL
DESMETHYLPHENIDATE 5 MG TABLET	1	QL
DESMETHYLPHENIDATE 10 MG TABLET	1	QL
DESMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL
DESMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL
DESMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL
DESMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL
DESMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL
DESMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL
DESMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL
DESMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL
DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION	1	QL
DEXTROAMPHETAMINE 5 MG TABLET	1	QL
DEXTROAMPHETAMINE 10 MG TABLET	1	QL
DEXTROAMPHETAMINE ER 5 MG CAPSULE	1	QL
DEXTROAMPHETAMINE ER 10 MG CAPSULE	1	QL
DEXTROAMPHETAMINE ER 15 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	1	QL

Medication Name	Tier	Notes
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	
DICLOFENAC 1.5% TOPICAL SOLUTION	1	
DICLOFENAC POTASSIUM 50 MG TABLET	1	
DICLOFENAC SODIUM 1% GEL	1	QL
DICLOFENAC SODIUM DR 25 MG TABLET	1	
DICLOFENAC SODIUM DR 50 MG TABLET	1	
DICLOFENAC SODIUM DR 75 MG TABLET	1	
DICLOFENAC SODIUM EC 25 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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		DIVALPROEX DR 125 MG CAPSULE SPRINKLE	1	
DILTIAZEM 24H ER(CD) 180 MG CAPSULE	1		DIVALPROEX DR 125 MG TABLET	1	
DILTIAZEM 24H ER(CD) 240 MG CAPSULE	1		DIVALPROEX DR 250 MG TABLET	1	
DILTIAZEM 24H ER(CD) 300 MG CAPSULE	1		DIVALPROEX DR 500 MG TABLET	1	
DILTIAZEM 24H ER(CD) 360 MG CAPSULE	1		DIVALPROEX ER 250 MG TABLET	1	
DILTIAZEM 24H ER(LA) 120 MG TABLET	1		DIVALPROEX ER 500 MG TABLET	1	
DILTIAZEM 24H ER(LA) 180 MG TABLET	1		DODEX 1,000 MCG/ML VIAL	1	
DILTIAZEM 24H ER(LA) 240 MG TABLET	1				

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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 0.3 ML 31G 6MM	2	
DOTTI 0.1 MG PATCH	1	QL	DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM	2	
DOVATO 50-300 MG TABLET	3	QL	DROPLET INSULIN SYRINGE 0.3ML 30G 12.5MM	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 12.5MM	2	
DOXEPIN 50 MG CAPSULE	1		DROPLET INSULIN SYRINGE 1 ML 30G 6MM	2	
DOXEPIN 75 MG CAPSULE	1		DROPLET INSULIN SYRINGE 1 ML 30G 8MM	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	
DOXERCALCIFEROL 1 MCG CAPSULE	1		DROPLET PEN NEEDLE 31G 3/16"	2	
DOXERCALCIFEROL 2.5 MCG CAPSULE	1		DROPLET PEN NEEDLE 31G 5/16"	2	
DOXYCYCLINE HYCLATE 50 MG CAPSULE	1		DROPLET PEN NEEDLE 32G 1/4"	2	
DOXYCYCLINE HYCLATE 100 MG CAPSULE	1		DROPLET PEN NEEDLE 32G 3/16"	2	
DOXYCYCLINE 25 MG/5 ML SUSPENSION	1		DROPLET PEN NEEDLE 32G 5/16"	2	
DOXYCYCLINE HYCLATE 20 MG TABLET	1		DROPLET PEN NEEDLE 32G 5/32"	2	
DOXYCYCLINE HYCLATE 100 MG TABLET	1		DROPSAFE INSULIN 1ML 29G 12.5MM	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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 COMFORT SYRINGE 1 ML 30G 1/2"	2	
DULERA 100 MCG-5 MCG INHALER	2	QL	EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	2	
DULERA 200 MCG-5 MCG INHALER	2	QL	EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	2	
DULOXETINE DR 20 MG CAPSULE	1	QL	EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	2	
DULOXETINE DR 30 MG CAPSULE	1	QL	EASY GLIDE PEN NEEDLE 4MM 33G	2	
DULOXETINE DR 60 MG CAPSULE	1	QL	EASY PLUS II CONTROL SOLUTION HIGH	2	
DUPIXENT 200 MG/1.14 ML PEN	4	PA, SRX	EASY PLUS II CONTROL SOLUTION LOW	2	
DUPIXENT 300 MG/2 ML PEN	4	PA, SRX	EASY STEP CONTROL SOLUTION-HIGH	2	
DUPIXENT 100 MG/0.67 ML SYRINGE	4	PA, SRX	EASY STEP CONTROL SOLUTION-LOW	2	
DUPIXENT 200 MG/1.14 ML SYRINGE	4	PA, SRX	EASY STEP CONTROL SOLUTION-NORMAL	2	
DUPIXENT 300 MG/2 ML SYRINGE	4	PA, SRX	EASY TALK CONTROL SOLUTION LOW	2	
DUTASTERIDE 0.5 MG CAPSULE	1		EASY TALK HIGH CONTROL SOLUTION	2	
DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	1		EASY TALK PLUS II HIGH CONTROL	2	
EASIVENT HOLDING CHAMBER	2	QL	EASY TALK PLUS II LOW CONTROL SOLUTION	2	
EASIVENT MASK-LARGE	2	QL	EASY TOUCH 0.3 ML SYRINGE 30G 1/2"	2	
EASIVENT MASK-MEDIUM	2	QL	EASY TOUCH 0.5 ML SYRINGE 27G 1/2"	2	
EASIVENT MASK-SMALL	2	QL	EASY TOUCH 0.5 ML SYRINGE 29G 1/2"	2	
EASY COMFORT 0.3 ML 31G 1/2" SYRINGE	2		EASY TOUCH 0.5 ML SYRINGE 30G 1/2"	2	
EASY COMFORT 0.3 ML 31G 5/16" SYRINGE	2		EASY TOUCH 0.5 ML SYRINGE 30G 5/16"	2	
			EASY TOUCH 1 ML SYRINGE 27G 1/2"	2	
			EASY TOUCH 1 ML SYRINGE 29G 1/2"	2	
			EASY TOUCH 1 ML SYRINGE 30G 1/2"	2	
			EASY TOUCH BLU LINK CONTROL SOLUTION	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
EASY TOUCH HYPODERMIC 20G 1"	2		EASY TOUCH SAFETY PEN NEEDLE 29G 5MM	2	
EASY TOUCH HYPODERMIC 20G 1.5"	2		EASY TOUCH SAFETY PEN NEEDLE 29G 8MM	2	
EASY TOUCH HYPODERMIC 21G 1"	2		EASY TOUCH SAFETY PEN NEEDLE 30G 5MM	2	
EASY TOUCH HYPODERMIC 21G 1.5"	2		EASY TOUCH SAFETY PEN NEEDLE 30G 8MM	2	
EASY TOUCH HYPODERMIC 22G 1"	2		EASY TOUCH SYRINGE 0.5ML 27G 12.7MM	2	
EASY TOUCH HYPODERMIC 22G 1.5"	2		EASY TOUCH SYRINGE 0.5ML 28G 12.7MM	2	
EASY TOUCH HYPODERMIC 23G 1"	2		EASY TOUCH SYRINGE 0.5ML 29G 12.7MM	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
EASY TOUCH SYRINGE 1 ML 27G 12.7MM	2		EFAVIRENZ 50 MG CAPSULE	1	
EASY TOUCH SYRINGE 1 ML 27G 16MM	2		EFAVIRENZ 200 MG CAPSULE	1	
EASY TOUCH SYRINGE 1 ML 28G 12.7MM	2		EFAVIRENZ 600 MG TABLET	1	
EASY TOUCH SYRINGE 1 ML 29G 12.7MM	2		EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET	3	QL
EASY TOUCH SYRINGE 3 ML 20G 1"	2		EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET	2	QL
EASY TOUCH SYRINGE 3 ML 21G 1"	2		EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET	2	QL
EASY TOUCH SYRINGE 3 ML 22G 1"	2		EFFER-K 10 MEQ EFFERVESCENT TABLET	3	
EASY TOUCH SYRINGE 3 ML 22G 1-1/2"	2		EFFER-K 20 MEQ EFFERVESCENT TABLET	3	
EASY TOUCH SYRINGE 3 ML 23G 1"	2		ELEMENT COMPACT SOLUTION HIGH	2	
EASY TOUCH SYRINGE 3 ML 25G 1"	2		ELEMENT COMPACT SOLUTION NORMAL	2	
EASY TOUCH SYRINGE 3 ML 25G 5/8"	2		ELEMENT CONTROL SOLUTION HIGH	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2		ELEMENT CONTROL SOLUTION LOW	2	
EASY TRAK CONTROL SOLUTION HIGH	2		ELEMENT CONTROL SOLUTION NORMAL	2	
EASY TRAK CONTROL SOLUTION LOW	2		ELETRIPTAN 20 MG TABLET	2	QL
EASY TRAK II CONTROL SOLUTION-NORMAL	2		ELETRIPTAN 40 MG TABLET	2	QL
EASYGLUCO PLUS CONTROL SOLUTION NORMAL	2		ELINEST-28 TABLET	1	
EASYMAX 15 LEVEL 2 SOLUTION	2		ELIQUIS 2.5 MG TABLET	2	PA, QL
EASYMAX NORMAL CONTROL SOLUTION	2		ELIQUIS 5 MG TABLET	2	PA, QL
EASYPOINT NEEDLE 18G 1"	2		ELIQUIS DVT-PE 5 MG STARTER PACK	2	PA, QL
EASYPOINT NEEDLE 18G 1-1/2"	2		ELITE-OB TABLET	1	
EASYPOINT NEEDLE 20G 1"	2		ELLA 30 MG TABLET	3	
EASYPOINT NEEDLE 20G 1-1/2"	2		ELMIRON 100 MG CAPSULE	3	
EASYPOINT NEEDLE 21G 1"	2		ELURYNG VAGINAL RING	1	
EASYPOINT NEEDLE 21G 1-1/2"	2		EMBRACE EVO LEVEL 1 CONTROL SOLUTION	2	
EASYPOINT NEEDLE 22G 1"	2		EMBRACE GLUCOSE CONTROL SOLUTION HIGH	2	
EASYPOINT NEEDLE 22G 1-1/2"	2		EMBRACE GLUCOSE CONTROL SOLUTION LOW	2	
EASYPOINT NEEDLE 23G 1"	2		EMBRACE PEN NEEDLE 29G 12MM	2	
EASYPOINT NEEDLE 25G 1.5"	2		EMBRACE PEN NEEDLE 30G 5MM	2	
EASYPOINT NEEDLE 25G 5/8"	2		EMBRACE PEN NEEDLE 30G 8MM	2	
EASYPOINT NEEDLE 25G 1"	2		EMBRACE PEN NEEDLE 31G 5MM	2	
EASYPOINT NEEDLE 25G 16MM	2		EMBRACE PEN NEEDLE 31G 6MM	2	
EASYTOUCH SAFETY PEN NEEDLE 30G 6MM	2		EMBRACE PEN NEEDLE 31G 8MM	2	
EC-NAPROXEN DR 375 MG TABLET	1		EMBRACE PEN NEEDLE 32G 4MM	2	
EC-NAPROXEN DR 500 MG TABLET	1		EMBRACE PRO CONTROL SOLUTION	2	
ECONAZOLE 1% CREAM	1		EMBRACE TALK CONTROL SOLUTION-HIGH(L2)	2	
ECONTRA EZ 1.5 MG TABLET	1		EMBRACE TALK CONTROL SOLUTION-LOW(L1)	2	
ECONTRA ONE-STEP 1.5 MG TABLET	1		EMCYT 140 MG CAPSULE	4	SRX
ED-SPAZ 0.125 MG ODT TABLET	1		EMEND 125 MG POWDER PACKET	4	PA, QL, SRX
EDURANT 25 MG TABLET	2		EMGALITY 120 MG/ML PEN	2	PA
EEMT DS 1.25-2.5 MG TABLET	1				
EEMT HS 0.625-1.25 MG TABLET	1				

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
EMGALITY 100 MG/ML SYRINGE(1 OF 3)	2	PA	ENOXAPARIN 300 MG/3 ML VIAL	4	QL, SRX
EMGALITY 120 MG/ML SYRINGE	2	PA	ENPRESSE-28 TABLET	1	
EMGALITY 300 MG (100 MG X3SYRINGE)	2	PA	ENSKYCE 28 TABLET	1	
EMOQUETTE 28 DAY TABLET	1		ENTACAPONE 200 MG TABLET	1	
EMTRICITABINE 200 MG CAPSULE	1		ENTECAVIR 0.5 MG TABLET	4	SRX
EMTRICITABINE-TENOFOVIR 100-150 MG TABLET	1		ENTECAVIR 1 MG TABLET	4	SRX
EMTRICITABINE-TENOFOVIR 133-200 MG TABLET	1		ENTRESTO 24 MG-26 MG TABLET	2	QL
EMTRICITABINE-TENOFOVIR 167-250 MG TABLET	1		ENTRESTO 49 MG-51 MG TABLET	2	QL
EMTRICITABINE-TENOFOVIR 200-300 MG TABLET	1		ENTRESTO 97 MG-103 MG TABLET	2	QL
EMTRIVA 10 MG/ML ORAL SOLUTION	2		ENULOSE 10 GM/15 ML ORAL SOLUTION	1	
EMVERM 100 MG CHEWABLE TABLET	3		EPCLUSA 150-37.5 MG PELLETT PACKET	4	PA, QL, SRX
EMZAHH 0.35 MG TABLET	1		EPCLUSA 200-50 MG PELLETT PACKET	4	PA, QL, SRX
ENALAPRIL 2.5 MG TABLET	1		EPCLUSA 200 MG-50 MG TABLET	4	PA, QL, SRX
ENALAPRIL 5 MG TABLET	1		EPCLUSA 400 MG-100 MG TABLET	4	PA, QL, SRX
ENALAPRIL 10 MG TABLET	1		EPIDIOLEX 100 MG/ML ORAL SOLUTION	3	PA, LDD
ENALAPRIL 20 MG TABLET	1		EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	3	PA, LDD
ENALAPRIL-HCTZ 5-12.5 MG TABLET	1		EPIFOAM FOAM	3	
ENALAPRIL-HCTZ 10-25 MG TABLET	1		EPINASTINE 0.05% EYE DROPS	1	
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX	EPINEPHRINE 0.15 MG AUTO-INJECTOR	1	QL
ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX	EPINEPHRINE 0.3 MG AUTO-INJECTOR	1	QL
ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX	EPITOL 200 MG TABLET	1	
ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX	EPLERENONE 25 MG TABLET	1	
ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, 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	
ENLYTE SOFTGEL	3		EQL INSULIN SYRINGE 1 ML 29G 1/2"	2	
ENOXAPARIN 30 MG/0.3 ML SYRINGE	4	QL, SRX	EQL INSULIN SYRINGE 1 ML 31G 5/16"	2	
ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	QL, SRX	EQL PEN 8MM 31G 5/16" NEEDLE	2	
ENOXAPARIN 60 MG/0.6 ML SYRINGE	4	QL, SRX	ERGOLOID MESYLATES 1 MG TABLET	1	
ENOXAPARIN 80 MG/0.8 ML SYRINGE	4	QL, SRX	ERIVEDGE 150 MG CAPSULE	4	PA, QL, LDD, SRX
ENOXAPARIN 100 MG/ML SYRINGE	4	QL, SRX	ERLOTINIB 25 MG TABLET	4	PA, SRX
ENOXAPARIN 120 MG/0.8 ML SYRINGE	4	QL, SRX	ERLOTINIB 100 MG TABLET	4	PA, SRX
ENOXAPARIN 150 MG/ML SYRINGE	4	QL, SRX	ERLOTINIB 150 MG TABLET	4	PA, SRX

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
ERRIN 0.35 MG TABLET	1	
ERTACZO 2% CREAM	3	
ERY 2% PADS	1	
ERYTHROCIN 250 MG TABLET	3	
ERYTHROMYCIN 0.5% EYE OINTMENT	1	
ERYTHROMYCIN 2% GEL	1	
ERYTHROMYCIN 2% TOPICAL SOLUTION	1	
ERYTHROMYCIN 200 MG/5 ML SUSPENSION	2	
ERYTHROMYCIN 400 MG/5 ML SUSPENSION	2	
ERYTHROMYCIN 250 MG TABLET	1	
ERYTHROMYCIN 500 MG TABLET	1	
ERYTHROMYCIN DR 250 MG CAPSULE	1	
ERYTHROMYCIN ES 400 MG TABLET	2	
ERYTHROMYCIN-BENZOYL GEL	2	
ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	1	QL
ESCITALOPRAM 5 MG TABLET	1	QL
ESCITALOPRAM 10 MG TABLET	1	QL
ESCITALOPRAM 20 MG TABLET	1	QL
ESOMEPRAZOLE DR 20 MG CAPSULE	1	QL
ESOMEPRAZOLE DR 40 MG CAPSULE	1	QL
ESOMEPRAZOLE DR 49.3 MG CAPSULE	1	QL
ESOMEPRAZOLE DR 10 MG PACKET	2	QL
ESOMEPRAZOLE DR 20 MG PACKET	2	QL
ESOMEPRAZOLE DR 40 MG PACKET	2	QL
ESTARYLLA 0.25-0.035 MG TABLET	1	
ESTAZOLAM 1 MG TABLET	1	
ESTAZOLAM 2 MG TABLET	1	
ESTRADIOL 0.01% CREAM	1	
ESTRADIOL 0.025 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.025 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.0375 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.0375 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.075 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.075 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	

Medication Name	Tier	Notes
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSERT TABLET	1	QL
ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET	1	
ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET	1	
ESTROGEN-METHYLTESTOSTERONE F.S. TABLET	1	
ESTROGEN-METHYLTESTOSTERONE H.S. TABLET	1	
ESZOPICLONE 1 MG TABLET	1	
ESZOPICLONE 2 MG TABLET	1	
ESZOPICLONE 3 MG TABLET	1	
ETHAMBUTOL 100 MG TABLET	1	
ETHAMBUTOL 400 MG TABLET	1	
ETHOSUXIMIDE 250 MG CAPSULE	1	
ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION	1	
ETHYL CHLORIDE SPRAY	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	1	
ETODOLAC 200 MG CAPSULE	1	
ETODOLAC 300 MG CAPSULE	1	
ETODOLAC 400 MG TABLET	1	
ETODOLAC 500 MG TABLET	1	
ETODOLAC ER 400 MG TABLET	1	
ETODOLAC ER 500 MG TABLET	1	
ETODOLAC ER 600 MG TABLET	1	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING	1	
ETOPOSIDE 50 MG CAPSULE	4	SRX
ETRAVIRINE 100 MG TABLET	1	
ETRAVIRINE 200 MG TABLET	1	
EURAX 10% CREAM	3	
EUTHYROX 25 MCG TABLET	1	
EUTHYROX 50 MCG TABLET	1	
EUTHYROX 75 MCG TABLET	1	
EUTHYROX 88 MCG TABLET	1	
EUTHYROX 100 MCG TABLET	1	
EUTHYROX 112 MCG TABLET	1	
EUTHYROX 125 MCG TABLET	1	
EUTHYROX 137 MCG TABLET	1	
EUTHYROX 150 MCG TABLET	1	
EUTHYROX 175 MCG TABLET	1	
EUTHYROX 200 MCG TABLET	1	
EVENCARE G2 CONTROL SOLUTION	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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		FALMINA-28 TABLET	1	
EXEL HYPO NEEDLE 22G 1.5"	2		FAMCICLOVIR 125 MG TABLET	1	
EXEL HYPO NEEDLE 23G 0.75"	2		FAMCICLOVIR 250 MG TABLET	1	
EXEL HYPO NEEDLE 23G 1"	2		FAMCICLOVIR 500 MG TABLET	1	
EXEL HYPO NEEDLE 25G 0.625"	2		FAMOTIDINE 40 MG/5 ML SUSPENSION	1	
EXEL HYPO NEEDLE 25G 0.75"	2		FAMOTIDINE 20 MG TABLET	1	
EXEL HYPO NEEDLE 25G 1"	2		FAMOTIDINE 40 MG TABLET	1	
EXEL HYPO NEEDLE 25G 1.5"	2		FARXIGA 5 MG TABLET	2	QL
EXEL HYPO NEEDLE 26G 0.375"	2		FARXIGA 10 MG TABLET	2	QL
EXEL HYPO NEEDLE 26G 0.5"	2		FEBUXOSTAT 40 MG TABLET	3	QL
EXEL HYPO NEEDLE 26G 0.625"	2		FEBUXOSTAT 80 MG TABLET	3	QL
EXEL HYPO NEEDLE 26G 1.5"	2		FELBAMATE 600 MG/5 ML SUSPENSION	3	
EXEL HYPO NEEDLE 27G 0.5"	2		FELBAMATE 400 MG TABLET	3	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
FENTANYL CITRATE OTFC 200 MCG LOZENGE	3	PA	FLUAD	2	
FENTANYL CITRATE OTFC 400 MCG LOZENGE	3	PA	FLUARIX	2	
FENTANYL CITRATE OTFC 600 MCG LOZENGE	3	PA	FLUBLOK	2	
FENTANYL CITRATE OTFC 800 MCG LOZENGE	3	PA	FLUCELVAX	2	
FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	3	PA	FLUCONAZOLE 10 MG/ML SUSPENSION	1	
FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	3	PA	FLUCONAZOLE 40 MG/ML SUSPENSION	1	
FERRIPROX 100 MG/ML ORAL SOLUTION	3	PA, LDD	FLUCONAZOLE 50 MG TABLET	1	
FESOTERODINE ER 4 MG TABLET	3	QL	FLUCONAZOLE 100 MG TABLET	1	
FESOTERODINE ER 8 MG TABLET	3	QL	FLUCONAZOLE 150 MG TABLET	1	
FETZIMA 20-40 MG TITRATION PACK	3	QL, ST	FLUCONAZOLE 200 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
FLUCYTOSINE 250 MG CAPSULE	3		FLURAZEPAM 15 MG CAPSULE	1	
FLUCYTOSINE 500 MG CAPSULE	3		FLURAZEPAM 30 MG CAPSULE	1	
FLUDROCORTISONE 0.1 MG TABLET	1		FLURBIPROFEN 0.03% EYE DROPS	1	
FLULAVAL	2		FLURBIPROFEN 100 MG TABLET	1	
FLUMIST	2		FLUTAMIDE 125 MG CAPSULE	1	
FLUNISOLIDE 0.025% NASAL SPRAY	1		FLUTICASONE 0.05% CREAM	1	
FLUOCINOLONE 0.01% BODY OIL	1		FLUTICASONE 0.05% LOTION	1	
FLUOCINOLONE 0.01% CREAM	1		FLUTICASONE 0.005% OINTMENT	1	
FLUOCINOLONE 0.025% CREAM	1		FLUTICASONE 50 MCG NASAL SPRAY	1	
FLUOCINOLONE 0.025% OINTMENT	1		FLUTICASONE-SALMETEROL 100-50 INHALER	1	QL
FLUOCINOLONE 0.01% SCALP OIL	1		FLUTICASONE-SALMETEROL 250-50 INHALER	1	QL
FLUOCINOLONE 0.01% TOPICAL SOLUTION	1		FLUTICASONE-SALMETEROL 500-50 INHALER	1	QL
FLUOCINOLONE OIL 0.01% EAR DROPS	1		FLUVASTATIN 20 MG CAPSULE	2	
FLUOCINONIDE 0.05% CREAM	1		FLUVASTATIN 40 MG CAPSULE	2	
FLUOCINONIDE 0.1% CREAM	1		FLUVASTATIN ER 80 MG TABLET	2	
FLUOCINONIDE 0.05% GEL	1		FLUVOXAMINE 25 MG TABLET	1	QL
FLUOCINONIDE 0.05% OINTMENT	1		FLUVOXAMINE 50 MG TABLET	1	QL
FLUOCINONIDE 0.05% TOPICAL SOLUTION	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		FONDAPARINUX 2.5 MG/0.5 ML SYRINGE	4	QL, SRX
FLUOROURACIL 2% TOPICAL SOLUTION	1		FONDAPARINUX 5 MG/0.4 ML SYRINGE	4	QL, SRX
FLUOROURACIL 5% TOPICAL SOLUTION	1		FONDAPARINUX 7.5 MG/0.6 ML SYRINGE	4	QL, SRX
FLUOXETINE 10 MG CAPSULE	1	QL	FONDAPARINUX 10 MG/0.8 ML SYRINGE	4	QL, SRX
FLUOXETINE 20 MG CAPSULE	1	QL	FORA HIGH CONTROL SOLUTION	2	
FLUOXETINE 40 MG CAPSULE	1	QL	FORA KETONE CONTROL SOLUTION-L1	2	
FLUOXETINE 20 MG/5 ML ORAL SOLUTION	1	QL	FORA LOW CONTROL SOLUTION	2	
FLUOXETINE DR 90 MG CAPSULE	1	QL	FORA NORMAL CONTROL SOLUTION	2	
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	1		FORACARE GDH HIGH CONTROL SOLUTION	2	
FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE	1		FORACARE GDH LOW CONTROL SOLUTION	2	
FLUPHENAZINE 1 MG TABLET	1		FORACARE GDH NORMAL CONTROL SOLUTION	2	
FLUPHENAZINE 2.5 MG TABLET	1		FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION	3	QL
FLUPHENAZINE 5 MG TABLET	1		FORTISCARE CONTROL SOLUTION HIGH	2	
FLUPHENAZINE 10 MG TABLET	1		FORTISCARE CONTROL SOLUTION LOW	2	
FLURANDRENOLIDE 0.05% CREAM	3		FORTISCARE CONTROL SOLUTION NORMAL	2	
FLURANDRENOLIDE 0.05% LOTION	3		FOSAMPRENAVIR 700 MG TABLET	1	
FLURANDRENOLIDE 0.05% OINTMENT	3		FOSFOMYCIN 3 GM SACHET	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
FUROSEMIDE 10 MG/ML ORAL SOLUTION	1		GEMFIBROZIL 600 MG TABLET	1	
FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	1		GEMMILY 1 MG-20 MCG CAPSULE	1	
FUROSEMIDE 20 MG TABLET	1		GENERLAC 10 GM/15 ML ORAL SOLUTION	1	
FUROSEMIDE 40 MG TABLET	1		GENGRAF 25 MG CAPSULE	1	
FUROSEMIDE 80 MG TABLET	1		GENGRAF 100 MG CAPSULE	1	
FUZEON 90 MG VIAL	4	SRX	GENGRAF 100 MG/ML ORAL SOLUTION	1	
FYAVOLV 0.5 MG-2.5 MCG TABLET	1		GENOTROPIN 5 MG CARTRIDGE	4	PA, SRX
FYAVOLV 1 MG-5 MCG TABLET	1		GENOTROPIN 12 MG CARTRIDGE	4	PA, SRX
FYCOMPA 2 MG TABLET	3	PA, QL	GENOTROPIN MINIQUICK 0.2 MG SYRINGE	4	PA, SRX
FYCOMPA 4 MG TABLET	3	PA, QL	GENOTROPIN MINIQUICK 0.4 MG SYRINGE	4	PA, SRX
FYCOMPA 6 MG TABLET	3	PA, QL	GENOTROPIN MINIQUICK 0.6 MG SYRINGE	4	PA, SRX
FYCOMPA 8 MG TABLET	3	PA, QL	GENOTROPIN MINIQUICK 0.8 MG SYRINGE	4	PA, SRX
FYCOMPA 10 MG TABLET	3	PA, QL	GENOTROPIN MINIQUICK 1 MG SYRINGE	4	PA, SRX

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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 SAFEPACK 31G 5MM	2	
GLIPIZIDE ER 10 MG TABLET	1		GNP ULTIGUARD SAFEPACK 31G 8MM	2	
GLIPIZIDE XL 2.5 MG TABLET	1		GNP ULTIGUARD SAFEPACK 32G 4MM	2	
GLIPIZIDE XL 5 MG TABLET	1		GNP ULTIGUARD SAFEPACK 32G 6MM	2	
GLIPIZIDE XL 10 MG TABLET	1		GNP ULTRA COMFORT 0.3ML 29G 1/2"	2	
GLIPIZIDE-METFORMIN 2.5-250 MG TABLET	1		GNP ULTRA COMFORT 0.5 ML 28G 1/2"	2	
GLIPIZIDE-METFORMIN 2.5-500 MG TABLET	1		GNP ULTRA COMFORT 0.5 ML 29G 1/2"	2	
GLIPIZIDE-METFORMIN 5-500 MG TABLET	1		GNP ULTRA COMFORT 0.5 ML SYRINGE	2	
GLUCAGON 1 MG EMERGENCY KIT	2	QL	GNP ULTRA COMFORT 1 ML 28G 1/2"	2	
GLUCOCARD 01 CONTROL SOLUTION	2		GNP ULTRA COMFORT 1 ML 29G 1/2"	2	
GLUCOCARD EXPRESSION CONTROL SOLUTION	2		GNP ULTRA COMFORT 3/10 ML SYRINGE	2	
GLUCOCARD SHINE CONTROL SOLUTION	2		GNP ULTRA COMFORT 1 ML SYRINGE	2	
GLUCOCOM AUTOLINK SYSTEM	2		GOJJI GLUCOSE CONTROL SOLUTION-NORMAL	2	
GLUCOCOM CONTROL SOLUTION	2		GOJJI KETONE CONTROL SOLUTION-L1	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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		HEALTHY ACCENTS PENTIP 12MM 29G	2	
GUARDIAN RT REPLACE TEST PLUG	2		HEATHER 0.35 MG TABLET	1	
GUARDIAN TEST PLUG	2		HEB UNIFINE PENTIP PLUS 31G 3/17	2	
GUARDIAN TRANSMITTER TAPE	2		HEMA-COMBISTIX REAGENT TEST STRIP	2	
GYNAZOLE 1 2% CREAM	2		HEMMOREX-HC 25 MG SUPPOSITORY	1	
HAILEY 21 1.5 MG-30 MCG TABLET	1		HEMMOREX-HC 30 MG SUPPOSITORY	1	
HAILEY 24 FE 1 MG-20 MCG TABLET	1		HEPARIN 5,000 UNIT/0.5 ML INJECTION	1	
HAILEY FE 1-20 TABLET	1		HEPARIN 5,000 UNIT/ML SYRINGE	1	
HAILEY FE 1.5-30 TABLET	1		HEPLISAV-B 20 MCG/0.5 ML SYRINGE	2	
HALCINONIDE 0.1% CREAM	3		HER STYLE 1.5 MG TABLET	1	
HALOBETASOL 0.05% CREAM	1		HIBERIX VACCINE VIAL	2	
HALOBETASOL 0.05% OINTMENT	1		HIBERIX VIAL AND DILUENT SYRINGE	2	
HALOETTE VAGINAL RING	1		HIBERIX VIAL WITH DILUENT VIAL	2	
HALOPERIDOL 0.5 MG TABLET	1		HM ULTICARE PEN NEEDLE 4MM 32G	2	
HALOPERIDOL 1 MG TABLET	1		HM ULTICARE PEN NEEDLE 5MM 31G	2	
HALOPERIDOL 2 MG TABLET	1		HM ULTICARE PEN NEEDLE 6MM 31G	2	
HALOPERIDOL 5 MG TABLET	1		HM ULTICARE PEN NEEDLE 8MM 31G	2	
HALOPERIDOL 10 MG TABLET	1		HOMATROPAIRE 5% EYE DROPS	1	
HALOPERIDOL 20 MG TABLET	1		HUMALOG 100 UNIT/ML CARTRIDGE	2	QL
HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE	1		HUMALOG 100 UNIT/ML KWIKPEN	2	QL

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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-ACETAMINOPHEN 10-325 MG TABLET	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG	4	PA, QL, LDD, SRX	HYDROCODONE-CHLORPHENIRAMINE ER SUSPENSION	1	
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET	1	QL
HUMIRA(CF) PEN 80 MG/0.8 ML	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION	1	QL
HUMIRA(CF) PEN CROHN'S-UC-HS 80 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE ORAL SOLUTION	1	QL
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	4	PA, QL, LDD, SRX	HYDROCODONE-IBUPROFEN 5-200 MG TABLET	1	PA
HUMIRA(CF) PEN PSORIASIS-UV-ADOL HS 80-40	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET	1	PA
HUMULIN 70/30 KWIKPEN	2	QL	HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET	1	PA
HUMULIN N 100 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE 1% CREAM	1	
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE 2.5% CREAM	1	
HUMULIN 70-30 VIAL	2	QL	HYDROCORTISONE 100 MG/60 ML ENEMA	1	
HUMULIN N 100 UNIT/ML VIAL	2	QL	HYDROCORTISONE 2.5% LOTION	1	
HUMULIN R 100 UNIT/ML VIAL	2	QL	HYDROCORTISONE 1% OINTMENT	1	
HUMULIN R 500 UNIT/ML VIAL	2	QL	HYDROCORTISONE 2.5% OINTMENT	1	
HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX	HYDROCORTISONE 5 MG TABLET	1	
HYCAMTIN 1 MG CAPSULE	4	PA, SRX	HYDROCORTISONE 10 MG TABLET	1	
HYDRALAZINE 10 MG TABLET	1		HYDROCORTISONE 20 MG TABLET	1	
HYDRALAZINE 25 MG TABLET	1		HYDROCORTISONE AC 25 MG SUPPOSITORY	1	
HYDRALAZINE 50 MG TABLET	1		HYDROCORTISONE AC 30 MG SUPPOSITORY	1	
HYDRALAZINE 100 MG TABLET	1		HYDROCORTISONE BUTYRATE 0.1% CREAM	2	
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	1				
HYDROCHLOROTHIAZIDE 12.5 MG TABLET	1				
HYDROCHLOROTHIAZIDE 25 MG TABLET	1				
HYDROCHLOROTHIAZIDE 50 MG TABLET	1				
HYDROCODONE ER 20 MG TABLET	1	PA			
HYDROCODONE ER 30 MG TABLET	1	PA			
HYDROCODONE ER 40 MG TABLET	1	PA			

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
HYDROCORTISONE BUTYRATE 0.1% OINTMENT	2	
HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION	2	
HYDROCORTISONE VALERATE 0.2% CREAM	1	
HYDROCORTISONE VALERATE 0.2% OINTMENT	1	
HYDROCORTISONE-ACETIC ACID EAR SOLUTION	1	
HYDROCORTISONE-ACETIC EAR DROPS	1	
HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION	1	QL
HYDROMORPHONE 1 MG/ML ORAL SOLUTION	1	PA
HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION	1	PA
HYDROMORPHONE 3 MG SUPPOSITORY	1	PA
HYDROMORPHONE 2 MG TABLET	1	PA
HYDROMORPHONE 4 MG TABLET	1	PA
HYDROMORPHONE 8 MG TABLET	1	PA
HYDROMORPHONE ER 8 MG TABLET	1	PA
HYDROMORPHONE ER 12 MG TABLET	1	PA
HYDROMORPHONE ER 16 MG TABLET	1	PA
HYDROMORPHONE ER 32 MG TABLET	1	PA
HYDROXYCHLOROQUINE 200 MG TABLET	1	
HYDROXYUREA 500 MG CAPSULE	1	
HYDROXYZINE 10 MG/5 ML ORAL SOLUTION	1	
HYDROXYZINE 10 MG/5 ML SYRUP	1	
HYDROXYZINE 10 MG TABLET	1	
HYDROXYZINE 25 MG TABLET	1	
HYDROXYZINE 50 MG TABLET	1	
HYDROXYZINE PAMOATE 25 MG CAPSULE	1	
HYDROXYZINE PAMOATE 50 MG CAPSULE	1	
HYDROXYZINE PAMOATE 100 MG CAPSULE	1	
HYOPHEN TABLET	1	
HYOSCYAMINE 0.125 MG ODT TABLET	1	
HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET	1	
HYOSCYAMINE 0.125 MG TABLET	1	
HYOSCYAMINE 0.125 MG/5 ML ELIXIR	1	
HYOSCYAMINE 0.125 MG/ML ORAL DROPS	1	
HYOSCYAMINE ER 0.375 MG TABLET	1	
HYOSCYAMINE SR 0.375 MG TABLET	1	
HYOSYNE 0.125 MG/ML ORAL DROPS	1	
HYOSYNE 125 MCG/5 ML ELIXIR	1	
HYPONEDLE,POLYPROPYL HUB	2	
HYPONEDMIC NEEDLE,ALUM HUB	2	
IBANDRONATE 150 MG TABLET	1	
IBRANCE 75 MG CAPSULE	4	PA, QL, LDD, SRX

Medication Name	Tier	Notes
IBRANCE 100 MG CAPSULE	4	PA, QL, LDD, SRX
IBRANCE 125 MG CAPSULE	4	PA, QL, LDD, SRX
IBRANCE 75 MG TABLET	4	PA, QL, LDD, SRX
IBRANCE 100 MG TABLET	4	PA, QL, LDD, SRX
IBRANCE 125 MG TABLET	4	PA, QL, LDD, SRX
IBU 400 MG TABLET	1	
IBU 600 MG TABLET	1	
IBU 800 MG TABLET	1	
IBUPROFEN 100 MG/5 ML SUSPENSION	1	
IBUPROFEN 400 MG TABLET	1	
IBUPROFEN 600 MG TABLET	1	
IBUPROFEN 800 MG TABLET	1	
ICATIBANT 30 MG/3 ML SYRINGE	4	PA, SRX
ICLEVIA 0.15 MG-0.03 MG TABLET	1	
ICLUSIG 10 MG TABLET	4	PA, QL, LDD, SRX
ICLUSIG 15 MG TABLET	4	PA, QL, LDD, SRX
ICLUSIG 30 MG TABLET	4	PA, QL, LDD, SRX
ICLUSIG 45 MG TABLET	4	PA, QL, LDD, SRX
ICOSAPENT ETHYL 0.5 GM CAPSULE	3	PA
ICOSAPENT ETHYL 1 GRAM CAPSULE	3	PA
ICOSAPENT ETHYL 500 MG CAPSULE	3	PA
ILARIS 150 MG/ML VIAL	4	PA, LDD, SRX
ILET INFUSION KIT-INSET 23" 6 MM	2	
ILET INFUSION-CONTACT DETACH 23"6MM	2	
IMATINIB 100 MG TABLET	4	PA, QL, SRX
IMATINIB 400 MG TABLET	4	PA, QL, SRX
IMBRUVICA 70 MG CAPSULE	4	PA, QL, LDD, SRX
IMBRUVICA 140 MG CAPSULE	4	PA, QL, LDD, SRX
IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL, LDD, SRX
IMBRUVICA 140 MG TABLET	4	PA, QL, LDD, SRX
IMBRUVICA 280 MG TABLET	4	PA, QL, LDD, SRX
IMBRUVICA 420 MG TABLET	4	PA, QL, LDD, SRX
IMBRUVICA 560 MG TABLET	4	PA, QL, SRX
IMIPRAMINE 10 MG TABLET	1	
IMIPRAMINE 25 MG TABLET	1	
IMIPRAMINE 50 MG TABLET	1	
IMIPRAMINE PAMOATE 75 MG CAPSULE	2	
IMIPRAMINE PAMOATE 100 MG CAPSULE	2	
IMIPRAMINE PAMOATE 125 MG CAPSULE	2	
IMIPRAMINE PAMOATE 150 MG CAPSULE	2	
IMIQUIMOD 5% CREAM PACKET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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 0.5 ML 31G 5/16"	2	
INFANRIX DTAP VIAL	2		INSULIN SYRINGE 1 ML	2	
INFINITY CONTROL SOLUTION HIGH	2		INSULIN SYRINGE 1 ML 27G 1/2"	2	
INFINITY CONTROL SOLUTION LOW	2		INSULIN SYRINGE 1 ML 27G 13MM	2	
INFINITY CONTROL SOLUTION NORMAL	2		INSULIN SYRINGE 1 ML 28G 1/2"	2	
INFINITY VOICE CONTROL SOLUTION-LVL 2	2		INSULIN SYRINGE 1 ML 28G 13MM	2	
INJECT-EASE SYRINGE NEEDLE INTRODUCER	2		INSULIN SYRINGE 1 ML 29G 1/2"	2	
INLYTA 1 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRINGE 1 ML 30G 1/2"	2	
INLYTA 5 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRINGE 1 ML 30G 5/16"	2	
INPEN (FOR HUMALOG) BLUE	2		INSULIN SYRINGE 1 ML 31G 5/16"	2	
INPEN (FOR HUMALOG) GREY	2		INSULIN SYRINGE 1 ML 31G 1/4"	2	
INPEN (FOR HUMALOG) PINK	2		INSULIN-EZE SYRINGE MAGNIFIER	2	
INPEN (NOVOLOG OR FIASP) BLUE	2		INSUPEN 30G ULTRAFINE NEEDLE	2	
INPEN (NOVOLOG OR FIASP) GREY	2		INSUPEN 31G ULTRAFINE NEEDLE	2	
INPEN (NOVOLOG OR FIASP) PINK	2		INSUPEN 32G 8MM PEN NEEDLE	2	
INSUL-CAP INSULIN HOLDER	2		INSUPEN PEN NEEDLE 29G 1/2"	2	
INSULIN 3/10 ML SYRINGE	2		INSUPEN PEN NEEDLE 29G 12MM	2	
INSULIN 1/2 ML SYRINGE	2		INSUPEN PEN NEEDLE 30G 8MM	2	
INSULIN 1 ML SYRINGE	2		INSUPEN PEN NEEDLE 31G 5MM	2	
INSULIN ASPART 100 UNIT/ML CARTRIDGE	3	QL, ST	INSUPEN PEN NEEDLE 31G 8MM	2	
INSULIN ASPART 100 UNIT/ML PEN	3	QL, ST	INSUPEN PEN NEEDLE 31G 3/16"	2	
INSULIN ASPART 100 UNIT/ML VIAL	3	QL, ST	INSUPEN PEN NEEDLE 31G 5/16"	2	
INSULIN ASPART PROTAMINE MIX 70-30 PEN	3	QL, ST	INSUPEN PEN NEEDLE 31G 6MM	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
INSUPEN PEN NEEDLE 31G 8MM	2		ITRACONAZOLE 100 MG CAPSULE	2	QL
INSUPEN PEN NEEDLE 32G 4MM	2		ITRACONAZOLE 10 MG/ML ORAL SOLUTION	2	
INSUPEN PEN NEEDLE 32G 5/32"	2		ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION	2	
INSUPEN PEN NEEDLE 32G 6MM	2		IVERMECTIN 0.5% LOTION	3	
INSUPEN PEN NEEDLE 32G 8MM	2		IVERMECTIN 3 MG TABLET	1	PA
INSUPEN PEN NEEDLE 33G 4MM	2		JAIMIESS 0.15-0.03-0.01 MG TABLET	1	
INTELENCE 25 MG TABLET	2		JAKAFI 5 MG TABLET	4	PA, QL, LDD, SRX
IPOL VIAL	2		JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.02% INHALATION SOLUTION	1		JAKAFI 15 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.03% NASAL SPRAY	1		JAKAFI 20 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.06% NASAL SPRAY	1		JAKAFI 25 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION	1		JANSSEN COVID-19 VACCINE (EUA)	2	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 1 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TABLET	1		JANTOVEN 4 MG TABLET	1	
ISENTRESS 25 MG CHEWABLE TABLET	2		JANTOVEN 5 MG TABLET	1	
ISENTRESS 100 MG CHEWABLE TABLET	2		JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	2		JANTOVEN 7.5 MG TABLET	1	
ISIBLOOM 28 DAY TABLET	1		JANTOVEN 10 MG TABLET	1	
ISONIAZID 50 MG/5 ML ORAL SOLUTION	1		JANUMET 50-500 MG TABLET	2	QL
ISONIAZID 100 MG TABLET	1		JANUMET 50-1,000 MG TABLET	2	QL
ISONIAZID 300 MG TABLET	1		JANUMET XR 50-500 MG TABLET	2	QL
ISOSORBIDE DINITRATE 5 MG TABLET	1		JANUMET XR 50-1,000 MG TABLET	2	QL
ISOSORBIDE DINITRATE 10 MG TABLET	1		JANUMET XR 100-1,000 MG TABLET	2	QL
ISOSORBIDE DINITRATE 20 MG TABLET	1		JANUVIA 25 MG TABLET	2	QL
ISOSORBIDE DINITRATE 30 MG TABLET	1		JANUVIA 50 MG TABLET	2	QL
ISOSORBIDE MONONITRATE 10 MG TABLET	1		JANUVIA 100 MG TABLET	2	QL
ISOSORBIDE MONONITRATE 20 MG TABLET	1		JARDIANCE 10 MG TABLET	2	QL
ISOSORBIDE MONONITRATE ER 30 MG TABLET	1		JARDIANCE 25 MG TABLET	2	QL
ISOSORBIDE MONONITRATE ER 60 MG TABLET	1		JASMIEL 3 MG-0.02 MG TABLET	1	
ISOSORBIDE MONONITRATE ER 120 MG TABLET	1		JENCYCLA 0.35 MG TABLET	1	
ISOTRETINOIN 10 MG CAPSULE	3		JENTADUETO 2.5 MG-500 MG TABLET	2	QL
ISOTRETINOIN 20 MG CAPSULE	3		JENTADUETO 2.5 MG-850 MG TABLET	2	QL
ISOTRETINOIN 30 MG CAPSULE	3		JENTADUETO 2.5 MG-1000 MG TABLET	2	QL
ISOTRETINOIN 40 MG CAPSULE	3		JENTADUETO XR 2.5 MG-1,000 MG TABLET	2	QL
ISOXSUPRINE 10 MG TABLET	1		JENTADUETO XR 5 MG-1,000 MG TABLET	2	QL
ISOXSUPRINE 20 MG TABLET	1		JINTELI 1 MG-5 MCG TABLET	1	
ISRADIPINE 2.5 MG CAPSULE	1		JOLESSA 0.15 MG-0.03 MG TABLET	1	
ISRADIPINE 5 MG CAPSULE	1		JOYEAUX-28 TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
JULEBER 28 DAY TABLET	1		KLOR-CON M20 TABLET	1	
JULUCA 50-25 MG TABLET	3	QL	KMART VALU PLUS SYRINGE 1/2 ML	2	
JUNEL 1 MG-20 MCG TABLET	1		KOURZEQ 0.1% DENTAL PASTE	1	
JUNEL 1.5 MG-30 MCG TABLET	1		K-PHOS #2 TABLET	3	
JUNEL FE 1 MG-20 MCG TABLET	1		K-PHOS ORIGINAL TABLET	3	
JUNEL FE 1.5 MG-30 MCG TABLET	1		KRO INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
JUNEL FE 24 TABLET	1		KRO INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
KAITLIB FE 0.8-0.025MG CHEWABLE TABLET	1		KRO INSULIN SYRINGE 1 ML 30G 5/16"	2	
KALLIGA 28 DAY TABLET	1		KRO PEN NEEDLE 4MM 32G	2	
KARIVA 28 DAY TABLET	1		KRO PEN NEEDLE 4MM 33G	2	
KELNOR 1-35 28 TABLET	1		KRO PEN NEEDLE 5MM 31G	2	
KELNOR 1-50 TABLET	1		KRO PEN NEEDLE 6MM 31G	2	
KESIMPTA 20 MG/0.4 ML PEN	4	PA, SRX	KRO PEN NEEDLE 8MM 31G	2	
KETOCONAZOLE 2% CREAM	1		KROGER INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
KETOCONAZOLE 2% SHAMPOO	1		KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
KETOCONAZOLE 200 MG TABLET	1		KROGER INSULIN SYRINGE 1 ML 29G 1/2"	2	
KETO-DIASTIX REAGENT TEST STRIP	2		KROGER INSULIN SYRINGE 1 ML 31G 5/16"	2	
KETONE TEST STRIP	2		KROGER PEN NEEDLE 31G 5/16"	2	
KETOPROFEN 50 MG CAPSULE	2		KROGER SYRINGE 0.3 ML 31G 5/16"	2	
KETOPROFEN 75 MG CAPSULE	2		KROGER SYRINGE 0.5 ML 30G 5/16"	2	
KETOPROFEN ER 200 MG CAPSULE	2		KURVELO-28 TABLET	1	
KETOROLAC 0.4% EYE DROPS	1		LABETALOL 100 MG TABLET	1	
KETOROLAC 0.5% EYE DROPS	1		LABETALOL 200 MG TABLET	1	
KETOROLAC 10 MG TABLET	1	QL	LABETALOL 300 MG TABLET	1	
KETOSTIX REAGENT TEST STRIP	2		LABSTIX REAGENT TEST STRIP	2	
KINERET 100 MG/0.67 ML SYRINGE	4	PA, QL, LDD, SRX	LACOSAMIDE 10 MG/ML ORAL SOLUTION	2	QL
KINRAY INSULIN SYRINGE 1 ML 31G 5/16"	2		LACOSAMIDE 50 MG/5 ML ORAL SOLUTION	2	QL
KINRAY SYRINGE 0.3 ML 31G 5/16"	2		LACOSAMIDE 100 MG/10 ML ORAL SOLUTION	2	QL
KINRAY SYRINGE 0.5 ML 31G 5/16"	2		LACOSAMIDE 50 MG TABLET	2	QL
KINRIX TIP-LOK SYRINGE	2		LACOSAMIDE 100 MG TABLET	2	QL
KINRIX VIAL	2		LACOSAMIDE 150 MG TABLET	2	QL
KIONEX 15 GM/60 ML SUSPENSION	1		LACOSAMIDE 200 MG TABLET	2	QL
KISQALI 200 MG DAILY DOSE TABLET	4	PA, QL, SRX	LACRISERT 5 MG EYE INSERT	3	
KISQALI 400 MG DAILY DOSE TABLET	4	PA, QL, SRX	LACTATED RINGERS IRRIGATION	1	
KISQALI 600 MG DAILY DOSE TABLET	4	PA, QL, SRX	LACTULOSE 10 GM/15 ML ORAL SOLUTION	1	
KLAYESTA 100,000 UNIT/GM POWDER	1		LACTULOSE 20 GM/30 ML ORAL SOLUTION	1	
KLOR-CON 8 MEQ TABLET	1		LAMIVUDINE 10 MG/ML ORAL SOLUTION	1	
KLOR-CON 10 MEQ TABLET	1		LAMIVUDINE 150 MG TABLET	1	
KLOR-CON 20 MEQ PACKET	1		LAMIVUDINE 300 MG TABLET	1	
KLOR-CON M10 TABLET	1		LAMIVUDINE HBV 100 MG TABLET	1	
KLOR-CON M15 TABLET	3		LAMIVUDINE-ZIDOVUDINE TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
LAMOTRIGINE TABLET STARTER KIT-BLUE	1		LENVIMA 10 MG DAILY DOSE	4	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-GREEN	1		LENVIMA 12 MG DAILY DOSE	4	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-ORANGE	1		LENVIMA 14 MG DAILY DOSE	4	PA, QL, LDD, SRX
LANSOPRAZOLE DR 15 MG CAPSULE	1	QL	LENVIMA 18 MG DAILY DOSE	4	PA, QL, LDD, SRX
LANSOPRAZOLE DR 30 MG CAPSULE	1	QL	LENVIMA 20 MG DAILY DOSE	4	PA, QL, LDD, SRX
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	2		LENVIMA 24 MG DAILY DOSE	4	PA, QL, LDD, SRX
LANTHANUM 500 MG CHEWABLE TABLET	3		LESSINA-28 TABLET	1	
LANTHANUM 750 MG CHEWABLE TABLET	3		LETOZOLE 2.5 MG TABLET	1	
LANTHANUM 1,000 MG CHEWABLE TABLET	3		LEUCOVORIN 5 MG TABLET	1	
LAPATINIB 250 MG TABLET	4	PA, QL, SRX	LEUCOVORIN 10 MG TABLET	1	
LARIN 1.5 MG-30 MCG TABLET	1		LEUCOVORIN 15 MG TABLET	1	
LARIN 21 1-20 TABLET	1		LEUCOVORIN 25 MG TABLET	1	
LARIN 24 FE 1 MG-20 MCG TABLET	1		LEUKERAN 2 MG TABLET	3	
LARIN FE 1-20 TABLET	1		LEUKINE 250 MCG VIAL	4	SRX
LARIN FE 1.5-30 TABLET	1		LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT	4	PA, SRX
LATANOPROST 0.005% EYE DROPS	1		LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION	1	
LAYOLIS FE CHEWABLE TABLET	3		LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	1	
LEADER INSULIN SYRINGE 0.3 ML	2		LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	1	
LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	2		LEVALBUTEROL CONCENTRATE 1.25 MG/0.5 INHALATION SOLUTION	1	
LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"	2				
LEADER INSULIN SYRINGE 0.5 ML 29G 1/2"	2				
LEADER INSULIN SYRINGE 0.5 ML 30G 1/2"	2				

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LEVALBUTEROL TARTRATE HFA 45 MCG INHALER	1	QL	LEVORPHANOL 3 MG TABLET	4	PA, SRX
LEVETIRACETAM 100 MG/ML ORAL SOLUTION	1		LEVO-T 25 MCG TABLET	1	
LEVETIRACETAM 500 MG/5 ML ORAL SOLUTION	1		LEVO-T 50 MCG TABLET	1	
LEVETIRACETAM 1,000 MG/10 ML ORAL SOLUTION	1		LEVO-T 75 MCG TABLET	1	
LEVETIRACETAM 250 MG TABLET	1		LEVO-T 88 MCG TABLET	1	
LEVETIRACETAM 500 MG TABLET	1		LEVO-T 100 MCG TABLET	1	
LEVETIRACETAM 750 MG TABLET	1		LEVO-T 112 MCG TABLET	1	
LEVETIRACETAM 1,000 MG TABLET	1		LEVO-T 125 MCG TABLET	1	
LEVETIRACETAM ER 500 MG TABLET	1		LEVO-T 137 MCG TABLET	1	
LEVETIRACETAM ER 750 MG TABLET	1		LEVO-T 150 MCG TABLET	1	
LEVOBUNOLOL 0.5% EYE DROPS	1		LEVO-T 175 MCG TABLET	1	
LEVOCARNITINE 500 MG/5 ML ORAL SOLUTION	1		LEVO-T 200 MCG TABLET	1	
LEVOCARNITINE 1 G/10 ML ORAL SOLUTION	1		LEVO-T 300 MCG TABLET	1	
LEVOCARNITINE SF 1 G/10 ML ORAL SOLUTION	1		LEVOTHYROXINE 25 MCG TABLET	1	
LEVOCARNITINE 330 MG TABLET	1		LEVOTHYROXINE 50 MCG TABLET	1	
LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	1		LEVOTHYROXINE 75 MCG TABLET	1	
LEVOCETIRIZINE 5 MG TABLET	1		LEVOTHYROXINE 88 MCG TABLET	1	
LEVOFLOXACIN 0.5% EYE DROPS	1		LEVOTHYROXINE 100 MCG TABLET	1	
LEVOFLOXACIN 1.5% EYE DROPS	1		LEVOTHYROXINE 112 MCG TABLET	1	
LEVOFLOXACIN 25 MG/ML ORAL SOLUTION	1		LEVOTHYROXINE 125 MCG TABLET	1	
LEVOFLOXACIN 250 MG TABLET	1		LEVOTHYROXINE 137 MCG TABLET	1	
LEVOFLOXACIN 500 MG TABLET	1		LEVOTHYROXINE 150 MCG TABLET	1	
LEVOFLOXACIN 750 MG TABLET	1		LEVOTHYROXINE 175 MCG TABLET	1	
LEVONEST-28 TABLET	1		LEVOTHYROXINE 200 MCG TABLET	1	
LEVONORGESTREL 1.5 MG TABLET	1		LEVOTHYROXINE 300 MCG TABLET	1	
LEVONORGESTREL 0.15 MG-ETHINYL ESTRADIOL 20-25-30 MCG TABLET	1		LEVOXYL 25 MCG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.09-0.02 MG TABLET	1		LEVOXYL 50 MCG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02 MG TABLET	1		LEVOXYL 75 MCG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02-0.01 TABLET	1		LEVOXYL 88 MCG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	1		LEVOXYL 100 MCG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03-0.01 TABLET	1		LEVOXYL 112 MCG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL TRIPHASIC TABLET	1		LEVOXYL 125 MCG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL-FE BIS 0.1-0.02-36 TABLET	1		LEVOXYL 137 MCG TABLET	1	
LEVORA-28 TABLET	1		LEVOXYL 150 MCG TABLET	1	
LEVORPHANOL 2 MG TABLET	4	PA, SRX	LEVOXYL 175 MCG TABLET	1	
			LEVOXYL 200 MCG TABLET	1	
			LEVULAN KERASTICK 20%	3	
			LEXIVA 50 MG/ML SUSPENSION	2	
			LIDOCAINE 2% JELLY	1	
			LIDOCAINE 2% JELLY URO-JET	1	
			LIDOCAINE 2% JELLY URO-JET AC	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
LIDOCAINE 5% OINTMENT	1	QL
LIDOCAINE 2% VISCOUS ORAL SOLUTION	1	
LIDOCAINE 5% PATCH	1	
LIDOCAINE 4% SOLUTION	1	
LIDOCAINE-PRILOCAINE CREAM	1	
LIDOCAN III 5% PATCH	1	
LIDOCAN IV 5% PATCH	1	
LIDOCAN V 5% PATCH	1	
LIFESHIELD BLUNT CANNULA	2	
LINDANE 1% SHAMPOO	1	
LINEZOLID 100 MG/5 ML SUSPENSION	3	PA
LINEZOLID 600 MG TABLET	2	PA
LINZESS 72 MCG CAPSULE	3	QL
LINZESS 145 MCG CAPSULE	3	QL
LINZESS 290 MCG CAPSULE	3	QL
LIOTHYRONINE 5 MCG TABLET	1	
LIOTHYRONINE 25 MCG TABLET	1	
LIOTHYRONINE 50 MCG TABLET	1	
LISDEXAMFETAMINE 10 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 20 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 30 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 40 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 50 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 60 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 70 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 10 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 20 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 30 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 40 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 50 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 60 MG CHEWABLE TABLET	1	PA, QL
LISINAPRIL 2.5 MG TABLET	1	
LISINAPRIL 5 MG TABLET	1	
LISINAPRIL 10 MG TABLET	1	
LISINAPRIL 20 MG TABLET	1	
LISINAPRIL 30 MG TABLET	1	
LISINAPRIL 40 MG TABLET	1	
LISINAPRIL-HCTZ 10-12.5 MG TABLET	1	
LISINAPRIL-HCTZ 20-12.5 MG TABLET	1	
LISINAPRIL-HCTZ 20-25 MG TABLET	1	
LITE TOUCH 31G 1/4" PEN NEEDLE	2	

Medication Name	Tier	Notes
LITE TOUCH INSULIN 0.5 ML SYRINGE	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML	2	
LITE TOUCH INSULIN SYRINGE 1 ML	2	
LITE TOUCH PEN NEEDLE 29G	2	
LITE TOUCH PEN NEEDLE 31G	2	
LITEAIRE MDI CHAMBER	2	QL
LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
LITETOUCH LARGE MASK	2	QL
LITETOUCH MEDIUM MASK	2	QL
LITETOUCH SMALL MASK	2	QL
LITETOUCH SYRINGE 0.5 ML 28G 1/2"	2	
LITETOUCH SYRINGE 0.5 ML 29G 1/2"	2	
LITETOUCH SYRINGE 0.5 ML 30G 5/16"	2	
LITETOUCH SYRINGE 1 ML 28G 1/2"	2	
LITETOUCH SYRINGE 1 ML 29G 1/2"	2	
LITETOUCH SYRINGE 1 ML 30G 5/16"	2	
LITHIUM 8 MEQ/5 ML ORAL SOLUTION	1	
LITHIUM CARBONATE 150 MG CAPSULE	1	
LITHIUM CARBONATE 300 MG CAPSULE	1	
LITHIUM CARBONATE 600 MG CAPSULE	1	
LITHIUM CARBONATE 300 MG TABLET	1	
LITHIUM CARBONATE ER 300 MG TABLET	1	
LITHIUM CARBONATE ER 450 MG TABLET	1	
LITHOSTAT 250 MG TABLET	3	
LIVE BETTER PEN NEEDLE 8MM	2	
LO LOESTRIN FE 1-10 TABLET	2	
LOJAIMIESS 0.1-0.02-0.01 TABLET	1	
LOKELMA 5 GRAM POWDER PACKET	3	
LOKELMA 10 GRAM POWDER PACKET	3	
LOPERAMIDE 2 MG CAPSULE	1	
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	1	
LOPINAVIR-RITONAVIR 100-25 MG TABLET	1	
LOPINAVIR-RITONAVIR 200-50 MG TABLET	1	
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	1	
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	1	
LORAZEPAM 0.5 MG TABLET	1	
LORAZEPAM 1 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LORAZEPAM 2 MG TABLET	1		MALATHION 0.5% LOTION	2	
LORTAB 10 MG-300 MG/15 ML ELIXIR	1	PA	MARLISSA-28 TABLET	1	
LORYNA 3 MG-0.02 MG TABLET	1		MARPLAN 10 MG TABLET	3	
LOSARTAN 25 MG TABLET	1		MATZIM LA 180 MG TABLET	1	
LOSARTAN 50 MG TABLET	1		MATZIM LA 240 MG TABLET	1	
LOSARTAN 100 MG TABLET	1		MATZIM LA 300 MG TABLET	1	
LOSARTAN-HCTZ 50-12.5 MG TABLET	1		MATZIM LA 360 MG TABLET	1	
LOSARTAN-HCTZ 100-12.5 MG TABLET	1		MATZIM LA 420 MG TABLET	1	
LOSARTAN-HCTZ 100-25 MG TABLET	1		MAXICOMFORT INSULIN 0.5ML 27G 1/2"	2	
LOTEPREDNOL 0.5% DROPS	2		MAXICOMFORT INSULIN 1 ML 27G 1/2"	2	
LOTEPREDNOL 0.5% EYE GEL	2		MAXICOMFORT PEN NEEDLE 29G 5MM	2	
LOVASTATIN 10 MG TABLET	1		MAXICOMFORT PEN NEEDLE 29G 8MM	2	
LOVASTATIN 20 MG TABLET	1		MAXICOMFORT II PEN NEEDLE 31G 6MM	2	
LOVASTATIN 40 MG TABLET	1		MAXI-COMFORT INSULIN 0.5 ML 28G	2	
LOW-OGESTREL-28 TABLET	1		MAXI-COMFORT INSULIN 1 ML 28G 1/2"	2	
LOXAPINE 5 MG CAPSULE	1		MECLIZINE 12.5 MG TABLET	1	
LOXAPINE 10 MG CAPSULE	1		MECLIZINE 25 MG TABLET	1	
LOXAPINE 25 MG CAPSULE	1		MECLOFENAMATE 50 MG CAPSULE	1	
LOXAPINE 50 MG CAPSULE	1		MECLOFENAMATE 100 MG CAPSULE	1	
LO-ZUMANDIMINE 3 MG-0.02 MG TABLET	1		MEDICATION TRANSFER NEEDLE	2	
LUBIPROSTONE 8 MCG CAPSULE	3		MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION	2	
LUBIPROSTONE 24 MCG CAPSULE	3		MEDISENSE H-L CONTROL SOLUTION	2	
LURASIDONE 20 MG TABLET	3	QL	MEDISENSE H-M-L CONTROL SOLUTION	2	
LURASIDONE 40 MG TABLET	3	QL	MEDISENSE MID CONTROL SOLUTION	2	
LURASIDONE 60 MG TABLET	3	QL	MEDPOINT CONTROL SOLUTION	2	
LURASIDONE 80 MG TABLET	3	QL	MEDROL 2 MG TABLET	3	
LURASIDONE 120 MG TABLET	3	QL	MEDROXYPROGESTERONE 2.5 MG TABLET	1	
LUTERA-28 TABLET	1		MEDROXYPROGESTERONE 5 MG TABLET	1	
LYLEQ 0.35 MG TABLET	1		MEDROXYPROGESTERONE 10 MG TABLET	1	
LYLLANA 0.025 MG PATCH	1	QL	MEDROXYPROGESTERONE 150 MG/ML	1	
LYLLANA 0.0375 MG PATCH	1	QL	MEDTRONIC EXTENDED INFUSION SET 23" 6MM	2	
LYLLANA 0.05 MG PATCH	1	QL	MEDTRONIC EXTENDED INFUSION SET 23" 9MM	2	
LYLLANA 0.075 MG PATCH	1	QL	MEDTRONIC EXTENDED INFUSION SET 32" 9MM	2	
LYLLANA 0.1 MG PATCH	1	QL	MEDTRONIC REMOTE CONTROL	2	
LYNPARZA 100 MG TABLET	4	PA, QL, LDD, SRX	MEFENAMIC ACID 250 MG CAPSULE	2	
LYNPARZA 150 MG TABLET	4	PA, QL, LDD, SRX	MEFLOQUINE 250 MG TABLET	1	QL
LYSODREN 500 MG TABLET	3	LDD	MEGESTROL 40 MG/ML SUSPENSION	1	
LYZA 0.35 MG TABLET	1		MEGESTROL 400 MG/10ML SUSPENSION	1	
MAGELLAN INSULIN SYRINGE 0.3 ML	2		MEGESTROL 625 MG/5 ML SUSPENSION	3	
MAGELLAN INSULIN SYRINGE 0.5 ML	2		MEGESTROL 20 MG TABLET	1	
MAGELLAN INSULIN SYRINGE 1 ML	2		MEGESTROL 40 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
MEKINIST 0.05 MG/ML ORAL SOLUTION	4	PA, QL, SRX
MEKINIST 0.5 MG TABLET	4	PA, QL, SRX
MEKINIST 2 MG TABLET	4	PA, QL, SRX
MELODETTA 24 FE CHEWABLE TABLET	1	
MELOXICAM 7.5 MG TABLET	1	
MELOXICAM 15 MG TABLET	1	
MEMANTINE 2 MG/ML ORAL SOLUTION	1	
MEMANTINE 5 MG TABLET	1	
MEMANTINE 10 MG TABLET	1	
MEMANTINE 5-10 MG TITRATION PACK	1	
MENEST 0.3 MG TABLET	3	
MENEST 0.625 MG TABLET	3	
MENEST 1.25 MG TABLET	3	
MENEST 2.5 MG TABLET	3	
MENQUADFI VIAL	2	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2	
MENVEO A-C-Y-W KIT (2 VIALS)	2	
MEPERIDINE 50 MG/5 ML ORAL SOLUTION	2	PA
MEPERIDINE 50 MG TABLET	2	PA
MEPROBAMATE 200 MG TABLET	2	
MEPROBAMATE 400 MG TABLET	2	
MERCAPTOPYRINE 50 MG TABLET	1	
MERZEE 1 MG-20 MCG CAPSULE	1	
MESALAMINE 4 GM/60 ML ENEMA	3	
MESALAMINE 4 GM/60 ML ENEMA KIT	3	
MESALAMINE 800 MG DR TABLET	3	
MESALAMINE ER 0.375 GRAM CAPSULE	2	
MESALAMINE ER 500 MG CAPSULE	3	
MESNEX 400 MG TABLET	4	SRX
METAXALL 800 MG TABLET	3	
METAXALONE 400 MG TABLET	3	
METAXALONE 800 MG TABLET	3	
METFORMIN 500 MG TABLET	1	
METFORMIN 850 MG TABLET	1	
METFORMIN 1,000 MG TABLET	1	
METFORMIN ER 500 MG TABLET	1	
METFORMIN ER 750 MG TABLET	1	
METHADONE 10 MG/ML ORAL CONCENTRATE	1	PA
METHADONE 5 MG/5 ML ORAL SOLUTION	1	PA
METHADONE 10 MG/5 ML ORAL SOLUTION	1	PA
METHADONE 5 MG TABLET	1	PA

Medication Name	Tier	Notes
METHADONE 10 MG TABLET	1	PA
METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE	1	PA
METHAMPHETAMINE 5 MG TABLET	3	QL
METHAZOLAMIDE 25 MG TABLET	2	
METHAZOLAMIDE 50 MG TABLET	2	
METHENAMINE HIPPURATE 1 GM TABLET	1	
METHENAMINE MANDELATE 500 MG TABLET	1	
METHENAMINE MANDELATE 1 GM TABLET	1	
METHERGINE 0.2 MG TABLET	3	
METHIMAZOLE 5 MG TABLET	1	
METHIMAZOLE 10 MG TABLET	1	
METHITEST 10 MG TABLET	4	SRX
METHOCARBAMOL 500 MG TABLET	1	
METHOCARBAMOL 750 MG TABLET	1	
METHOTREXATE 2.5 MG TABLET	1	
METHOXSALEN 10 MG SOFTGEL	3	
METHSCOPOLAMINE 2.5 MG TABLET	1	
METHSCOPOLAMINE 5 MG TABLET	1	
METHSUXIMIDE 300 MG CAPSULE	3	
METHYLDOPA 250 MG TABLET	1	
METHYLDOPA 500 MG TABLET	1	
METHYLDOPA-HCTZ 250-15 MG TABLET	1	
METHYLDOPA-HCTZ 250-25 MG TABLET	1	
METHYLERGONOVINE 0.2 MG TABLET	3	
METHYLPHENIDATE 2.5 MG CHEWABLE TABLET	1	QL
METHYLPHENIDATE 5 MG CHEWABLE TABLET	1	QL
METHYLPHENIDATE 10 MG CHEWABLE TABLET	1	QL
METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION	1	QL
METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION	1	QL
METHYLPHENIDATE 5 MG TABLET	1	QL
METHYLPHENIDATE 10 MG TABLET	1	QL
METHYLPHENIDATE 20 MG TABLET	1	QL
METHYLPHENIDATE CD 10 MG CAPSULE	2	QL
METHYLPHENIDATE CD 20 MG CAPSULE	2	QL
METHYLPHENIDATE CD 30 MG CAPSULE	2	QL
METHYLPHENIDATE CD 40 MG CAPSULE	2	QL
METHYLPHENIDATE CD 50 MG CAPSULE	2	QL
METHYLPHENIDATE CD 60 MG CAPSULE	2	QL
METHYLPHENIDATE ER 10 MG TABLET	1	QL
METHYLPHENIDATE ER 18 MG TABLET	1	QL
METHYLPHENIDATE ER 20 MG TABLET	1	QL

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
METHYLPHENIDATE LA 60 MG CAPSULE	2	QL	MICROCHAMBER	2	QL
METHYLPREDNISOLONE 4 MG DOSEPACK	1		MICRODOT HIGH-LOW CONTROL SOLUTION	2	
METHYLPREDNISOLONE 4 MG TABLET	1		MICRODOT NORMAL CONTROL SOLUTION	2	
METHYLPREDNISOLONE 8 MG TABLET	1		MICRODOT PEN NEEDLE 31G 6MM	2	
METHYLPREDNISOLONE 16 MG TABLET	1		MICRODOT PEN NEEDLE 32G 4MM	2	
METHYLPREDNISOLONE 32 MG TABLET	1		MICRODOT PEN NEEDLE 33G 4MM	2	
METHYLTESTOSTERONE 10 MG CAPSULE	4	SRX	MICROGESTIN 21 1-20 TABLET	1	
METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	1		MICROGESTIN 21 1.5-30 TABLET	1	
METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	1		MICROGESTIN 24 FE 1 MG-20 MCG TABLET	1	
METOCLOPRAMIDE 5 MG TABLET	1		MICROGESTIN FE 1-20 TABLET	1	
METOCLOPRAMIDE 10 MG TABLET	1		MICROGESTIN FE 1.5-30 TABLET	1	
METOLAZONE 2.5 MG TABLET	1		MICROLIFE PEAK FLOW METER	2	
METOLAZONE 5 MG TABLET	1		MICROSPACER FOR AEROSOL DEVICE	2	QL
METOLAZONE 10 MG TABLET	1		MIDAZOLAM 2 MG/ML SYRUP	1	
METOPROLOL SUCCINATE ER 25 MG TABLET	1		MIDAZOLAM 5 MG/2.5 ML SYRUP	1	
METOPROLOL SUCCINATE ER 50 MG TABLET	1		MIDAZOLAM 10 MG/5 ML SYRUP	1	
METOPROLOL SUCCINATE ER 100 MG TABLET	1		MIDODRINE 2.5 MG TABLET	1	
METOPROLOL SUCCINATE ER 200 MG TABLET	1		MIDODRINE 5 MG TABLET	1	
METOPROLOL TARTRATE 25 MG TABLET	1		MIDODRINE 10 MG TABLET	1	
METOPROLOL TARTRATE 37.5 MG TABLET	1		MIGERGOT 2-100 MG SUPPOSITORY	3	
METOPROLOL TARTRATE 50 MG TABLET	1		MIGLITOL 25 MG TABLET	1	
METOPROLOL TARTRATE 75 MG TABLET	1		MIGLITOL 50 MG TABLET	1	
METOPROLOL TARTRATE 100 MG TABLET	1		MIGLITOL 100 MG TABLET	1	
METOPROLOL-HCTZ 50-25 MG TABLET	1		MIGLUSTAT 100 MG CAPSULE	4	PA, SRX

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
MINIMED MIO ADVANCE INFUSION SET 43"9MM	2		MIRTAZAPINE 30 MG ODT TABLET	1	
MINIMED MIO INFUSION SET 18" 6MM	2		MIRTAZAPINE 45 MG ODT TABLET	1	
MINIMED MIO INFUSION SET 23" 6MM	2		MIRTAZAPINE 7.5 MG TABLET	1	
MINIMED MIO INFUSION SET 32" 6MM	2		MIRTAZAPINE 15 MG TABLET	1	
MINIMED MIO INFUSION SET 32" 9MM	2		MIRTAZAPINE 30 MG TABLET	1	
MINIMED QUICK INFUSION SET 18" 6MM	2		MIRTAZAPINE 45 MG TABLET	1	
MINIMED QUICK INFUSION SET 23" 6MM	2		MISOPROSTOL 100 MCG TABLET	1	
MINIMED QUICK INFUSION SET 23" 9MM	2		MISOPROSTOL 200 MCG TABLET	1	
MINIMED QUICK INFUSION SET 32" 6MM	2		M-M-R II VACCINE VIAL	2	
MINIMED QUICK INFUSION SET 32" 9MM	2		M-NATAL PLUS TABLET	1	
MINIMED QUICK INFUSION SET 43" 6MM	2		MODAFINIL 100 MG TABLET	3	PA
MINIMED QUICK INFUSION SET 43" 9MM	2		MODAFINIL 200 MG TABLET	3	PA
MINIMED QUICK-SERTER	2		MODERNA COVID (6M-5Y) VACCINE (EUA)	2	
MINIMED RESERVOIR 1.8 ML	2		MODERNA COVID (6-11Y) VACCINE (EUA)	2	
MINIMED RESERVOIR 3 ML	2		MODERNA COVID (12Y UP) VACCINE (EUA)	2	
MINIMED SILHOUETTE INFUSION SET 18"	2		MODERNA COVID-19 BOOSTER (EUA)	2	
MINIMED SILHOUETTE INFUSION SET 23"	2		MODERNA COVID 23-24 (6M-11Y) EUA	2	
MINIMED SILHOUETTE INFUSION SET 32"	2		MODERNA COVID BIVAL (6MO UP) EUA	2	
MINIMED SILHOUETTE INFUSION SET 43"	2		MODERNA COVID BIVAL (6MO-5Y) EUA	2	
MINIMED SURE T INFUSION SET 23"	2		MOEXIPRIL 7.5 MG TABLET	1	
MINIMED SURE T INFUSION SET 32"	2		MOEXIPRIL 15 MG TABLET	1	
MINIMED SURE T INFUSION SET 18" 6MM	2		MOLINDONE 5 MG TABLET	1	
MINIMED SURE T INFUSION SET 23" 6MM	2		MOLINDONE 10 MG TABLET	1	
MINIMED SURE T INFUSION SET 23" 8MM	2		MOLINDONE 25 MG TABLET	1	
MINIMED SURE T INFUSION SET 32" 6MM	2		MOMETASONE 0.1% CREAM	1	
MINIMED SURE T INFUSION SET 32" 8MM	2		MOMETASONE 50 MCG NASAL SPRAY	1	QL

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
MONOJECT 6 ML SYRINGE 20G 1-1/2"	2		MONOJECT SYRINGE 3 ML 22G 1"	2	
MONOJECT 6 ML SYRINGE 21G 1"	2		MONO-LINYAH 28 TABLET	1	
MONOJECT 6 ML SYRINGE 21G 1-1/2"	2		MONTELUKAST 4 MG CHEWABLE TABLET	1	
MONOJECT 6 ML SYRINGE 22G 1-1/2"	2		MONTELUKAST 5 MG CHEWABLE TABLET	1	
MONOJECT 6CC SAFETY SYRINGE	2		MONTELUKAST 4 MG GRANULE	1	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1"	2		MONTELUKAST 10 MG TABLET	1	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5	2		MORGIDOX 50 MG CAPSULE	1	
MONOJECT BLOOD COLLECTION NEEDLE 21G 1"	2		MORGIDOX 100 MG CAPSULE	1	
MONOJECT BLOOD COLLECTION NEEDLE 22G 1"	2		MORPHINE 100 MG/5 ML ORAL CONCENTRATE	1	PA
MONOJECT FILTER 18G 1.5" NEEDLE	2		MORPHINE 10 MG/5 ML ORAL SOLUTION	1	PA
MONOJECT HYPODERMIC NEEDLE	2		MORPHINE 20 MG/5 ML ORAL SOLUTION	1	PA
MONOJECT HYPODERMIC NEEDLE 18 1A"	2		MORPHINE 5 MG SUPPOSITORY	1	PA
MONOJECT HYPODERMIC NEEDLE 19 1"	2		MORPHINE 10 MG SUPPOSITORY	1	PA
MONOJECT HYPODERMIC NEEDLE 19 1-1/2"	2		MORPHINE 20 MG SUPPOSITORY	1	PA
MONOJECT HYPODERMIC NEEDLE 20 1"	2		MORPHINE 30 MG SUPPOSITORY	1	PA
MONOJECT HYPODERMIC NEEDLE 20 1-1/2"	2		MORPHINE ER 10 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 21 1"	2		MORPHINE ER 20 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 21 1-1/2"	2		MORPHINE ER 30 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 22 1"	2		MORPHINE ER 45 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 22 1.5"	2		MORPHINE ER 50 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 23 1"	2		MORPHINE ER 60 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 25 1"	2		MORPHINE ER 75 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 25 1.5"	2		MORPHINE ER 80 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 25 5/8"	2		MORPHINE ER 90 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 26 1.5"	2		MORPHINE ER 100 MG CAPSULE	1	PA
MONOJECT HYPODERMIC NEEDLE 27 0.5"	2		MORPHINE ER 120 MG CAPSULE	1	PA

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MORPHINE ER 15 MG TABLET	1	PA	MYCOPHENOLIC ACID DR 360 MG TABLET	1	
MORPHINE ER 30 MG TABLET	1	PA	MYGLUCOHEALTH CONTROL SOLUTION PAK	2	
MORPHINE ER 60 MG TABLET	1	PA	MYLERAN 2 MG TABLET	3	
MORPHINE ER 100 MG TABLET	1	PA	MYNATAL CAPSULE	1	
MORPHINE ER 200 MG TABLET	1	PA	MYNATAL PLUS CAPTAB	1	
MORPHINE IR 15 MG TABLET	1	PA	MYNATAL ULTRACAPLET	1	
MORPHINE IR 30 MG TABLET	1	PA	MYNATAL-Z CAPTAB	1	
MOXIFLOXACIN 0.5% EYE DROPS	1		MYORISAN 10 MG CAPSULE	3	
MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	1		MYORISAN 20 MG CAPSULE	3	
MOXIFLOXACIN 400 MG TABLET	1		MYORISAN 30 MG CAPSULE	3	
MRESVIA 50 MCG/0.5 ML SYRINGE	2		MYORISAN 40 MG CAPSULE	3	
MS INSULIN SYRINGE 0.3 ML	2		MYRBETRIQ ER 25 MG TABLET	3	QL, ST
MS INSULIN SYRINGE 0.3 ML 29G 1/2"	2		MYRBETRIQ ER 50 MG TABLET	3	QL, ST
MS INSULIN SYRINGE 0.3 ML 31G 5/16"	2		MYTESI 125 MG DR TABLET	3	LDD
MS INSULIN SYRINGE 0.5 ML 29G 1/2"	2		NABUMETONE 500 MG TABLET	1	
MS INSULIN SYRINGE 0.5 ML 30G 1/2"	2		NABUMETONE 750 MG TABLET	1	
MS INSULIN SYRINGE 0.5 ML 31G 5/16"	2		NADOLOL 20 MG TABLET	1	
MS INSULIN SYRINGE 1 ML 29G 1/2"	2		NADOLOL 40 MG TABLET	1	
MS INSULIN SYRINGE 1 ML 30G 1/2"	2		NADOLOL 80 MG TABLET	1	
MS INSULIN SYRINGE 1 ML 31G 5/16"	2		NAFTIFINE 1% CREAM	2	
MS PEN NEEDLE 6MM 31G	2		NAFTIFINE 2% CREAM	2	
MULTISTIX 7 REAGENT TEST STRIP	2		NAFTIFINE 2% GEL	2	
MULTISTIX 9 REAGENT TEST STRIP	2		NALOXONE 0.4 MG/ML CARPUJECT	1	
MULTISTIX 8 SG REAGENT TEST STRIP	2		NALOXONE 4 MG NASAL SPRAY	1	QL
MULTISTIX 9 SG REAGENT TEST STRIP	2		NALOXONE 0.4 MG/ML SYRINGE	1	
MULTISTIX 10 SG REAGENT TEST STRIP	2		NALOXONE 2 MG/2 ML SYRINGE	1	
MULTISTIX REAGENT TEST STRIP	2		NALTREXONE 50 MG TABLET	1	QL
MULTISTIX 5 TEST STRIP	2		NAPROXEN 500 MG KIT	1	
MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	1		NAPROXEN 250 MG TABLET	1	
MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	1		NAPROXEN 275 MG TABLET	1	
MULTIVIT-FLUORIDE 1 MG CHEWABLE TABLET	1		NAPROXEN 375 MG TABLET	1	
MULTIVITAMIN-FLUORIDE 0.25 MG/ML ORAL DROPS	1		NAPROXEN 500 MG TABLET	1	
MUPIROCIN 2% CREAM	1		NAPROXEN 550 MG TABLET	1	
MUPIROCIN 2% OINTMENT	1		NAPROXEN DR 375 MG TABLET	1	
MY CHOICE 1.5 MG TABLET	1		NAPROXEN DR 500 MG TABLET	1	
MY WAY 1.5 MG TABLET	1		NARATRIPTAN 1 MG TABLET	1	QL
MYCOPHENOLATE 250 MG CAPSULE	1		NARATRIPTAN 2.5 MG TABLET	1	QL
MYCOPHENOLATE 200 MG/ML SUSPENSION	1		NATACYN 5% EYE DROPS	3	
MYCOPHENOLATE 500 MG TABLET	1		NATAZIA 28 TABLET	3	
MYCOPHENOLIC ACID DR 180 MG TABLET	1		NATEGLINIDE 60 MG TABLET	1	
			NATEGLINIDE 120 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
NAYZILAM 5 MG NASAL SPRAY	4	PA, QL, SRX	NIACIN ER 1,000 MG TABLET	1	
NEBUSAL 3% VIAL	1		NICARDIPINE 20 MG CAPSULE	2	
NECON 0.5-35-28 TABLET	1		NICARDIPINE 30 MG CAPSULE	2	
NEFAZODONE 50 MG TABLET	1		NICOTROL CARTRIDGE INHALER	3	
NEFAZODONE 100 MG TABLET	1		NICOTROL NS 10 MG/ML SPRAY	3	
NEFAZODONE 150 MG TABLET	1		NIFEDIPINE 10 MG CAPSULE	1	
NEFAZODONE 200 MG TABLET	1		NIFEDIPINE 20 MG CAPSULE	1	
NEFAZODONE 250 MG TABLET	1		NIFEDIPINE ER 30 MG TABLET	1	
NEOMYCIN 500 MG TABLET	1		NIFEDIPINE ER 60 MG TABLET	1	
NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT	1		NIFEDIPINE ER 90 MG TABLET	1	
NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT	1		NIKKI 3 MG-0.02 MG TABLET	1	
NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	1		NILUTAMIDE 150 MG TABLET	4	SRX
NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	1		NIMODIPINE 30 MG CAPSULE	3	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	1		NINLARO 2.3 MG CAPSULE	4	PA, QL, LDD, SRX
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	1		NINLARO 3 MG CAPSULE	4	PA, QL, LDD, SRX
NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	1		NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX
NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	1		NISOLDIPINE ER 8.5 MG TABLET	1	QL
NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	1		NISOLDIPINE ER 17 MG TABLET	1	QL
NEOMYCIN-POLYMYXIN-HC EYE DROPS	1		NISOLDIPINE ER 20 MG TABLET	1	QL
NEO-POLYCYN EYE OINTMENT	1		NISOLDIPINE ER 25.5 MG TABLET	1	QL
NEO-POLYCYN HC EYE OINTMENT	1		NISOLDIPINE ER 30 MG TABLET	1	QL
NEUAC GEL	1		NISOLDIPINE ER 34 MG TABLET	1	QL
NEULASTA 6 MG/0.6 ML SYRINGE	4	PA, SRX	NISOLDIPINE ER 40 MG TABLET	1	QL
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA, SRX	NITAZOXANIDE 500 MG TABLET	3	PA
NEUPRO 1 MG/24 HR PATCH	3		NITRO-BID 2% OINTMENT	1	
NEUPRO 2 MG/24 HR PATCH	3		NITROFURANTOIN 25 MG/5 ML SUSPENSION	3	
NEUPRO 3 MG/24 HR PATCH	3		NITROFURANTOIN MACRO 25 MG CAPSULE	1	
NEUPRO 4 MG/24 HR PATCH	3		NITROFURANTOIN MACRO 50 MG CAPSULE	1	
NEUPRO 6 MG/24 HR PATCH	3		NITROFURANTOIN MACRO 100 MG CAPSULE	1	
NEUPRO 8 MG/24 HR PATCH	3		NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	1	
NEVANAC 0.1% EYE DROPS	3		NITROGLYCERIN 0.4% OINTMENT	3	
NEVIRAPINE 50 MG/5 ML SUSPENSION	1		NITROGLYCERIN 0.1 MG/HR PATCH	1	
NEVIRAPINE 200 MG TABLET	1		NITROGLYCERIN 0.2 MG/HR PATCH	1	
NEVIRAPINE ER 100 MG TABLET	1		NITROGLYCERIN 0.4 MG/HR PATCH	1	
NEVIRAPINE ER 400 MG TABLET	1		NITROGLYCERIN 0.6 MG/HR PATCH	1	
NEW DAY 1.5 MG TABLET	1		NITROGLYCERIN 400 MCG SPRAY	1	
NEWGEN TABLET	1		NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	1	
NIACIN ER 500 MG TABLET	1		NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	1	
NIACIN ER 750 MG TABLET	1		NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	1	
			NITRO-TIME ER 2.5 MG CAPSULE	1	
			NITRO-TIME ER 6.5 MG CAPSULE	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
NITRO-TIME ER 9 MG CAPSULE	1	
NIVA THYROID 15 MG TABLET	1	
NIVA THYROID 30 MG TABLET	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	
NOLIX 0.05% LOTION	3	
NORA-BE TABLET	1	
NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	1	
NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	1	
NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CAPSULE	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CHEWABLE TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(21)-75 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG(21)-75 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	1	

Medication Name	Tier	Notes
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	1	
NORLYDA 0.35 MG TABLET	1	
NORPACE CR 100 MG CAPSULE	3	
NORPACE CR 150 MG CAPSULE	3	
NORTREL 0.5-35-28 TABLET	1	
NORTREL 1-35 21 TABLET	1	
NORTREL 1-35 28 TABLET	1	
NORTREL 7-7-7-28 TABLET	1	
NORTRIPTYLINE 10 MG CAPSULE	1	
NORTRIPTYLINE 25 MG CAPSULE	1	
NORTRIPTYLINE 50 MG CAPSULE	1	
NORTRIPTYLINE 75 MG CAPSULE	1	
NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	1	
NORVIR 100 MG POWDER PACKET	2	
NOVAVAX COVID VIAL (EUA)	2	
NOVAVAX COVID-19 VACCINE, ADJ(EUA)	2	
NOVOFINE 32G NEEDLE	2	
NOVOFINE AUTOCOVER 30G NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE 32G 1/6"	2	
NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST
NOVOLOG 100 UNIT/ML VIAL	3	QL, ST
NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST
NOVOLOG MIX 70-30 VIAL	3	QL, ST
NOVOLOG PENFILL 100 UNIT/ML	3	QL, ST
NOVOPEN ECHO INSULIN DEVICE	2	
NOVOTWIST NEEDLE 32G 5MM	2	
NP THYROID 15 MG TABLET	1	
NP THYROID 30 MG TABLET	1	
NP THYROID 60 MG TABLET	1	
NP THYROID 90 MG TABLET	1	
NP THYROID 120 MG TABLET	1	
NUCYNTA 50 MG TABLET	3	PA
NUCYNTA 75 MG TABLET	3	PA
NUCYNTA 100 MG TABLET	3	PA
NUCYNTA ER 50 MG TABLET	3	PA
NUCYNTA ER 100 MG TABLET	3	PA
NUCYNTA ER 150 MG TABLET	3	PA
NUCYNTA ER 200 MG TABLET	3	PA
NUCYNTA ER 250 MG TABLET	3	PA
NUEDEXTA 20-10 MG CAPSULE	3	PA
NYAMYC 100,000 UNIT/GM POWDER	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
OMNIPOD GO 25 UNIT/DAY PODS	2	QL	ORACIT ORAL SOLUTION	3	
OMNIPOD GO 30 UNIT/DAY PODS	2	QL	ORAL CITRATE SOLUTION	3	
OMNIPOD GO 35 UNIT/DAY PODS	2	QL	ORALONE 0.1% DENTAL PASTE	1	
OMNIPOD GO 40 UNIT/DAY PODS	2	QL	ORPHENADRINE ER 100 MG TABLET	1	
ON CALL EXPRESS CONTROL SOLUTION PAK	2		OSCIMIN 0.125 MG TABLET	1	
ON CALL PLUS CONTROL SOLUTION	2		OSCIMIN SL 0.125 MG SUBLINGUAL TABLET	1	
ON CALL VIVID CONTROL SOLUTION	2		OSCIMIN SR 0.375 MG TABLET	1	
ONDANSETRON 4 MG/5 ML ORAL SOLUTION	1		OSELTAMIVIR 30 MG CAPSULE	1	QL
ONDANSETRON 4 MG TABLET	1		OSELTAMIVIR 45 MG CAPSULE	1	QL
ONDANSETRON 8 MG TABLET	1		OSELTAMIVIR 75 MG CAPSULE	1	QL
ONDANSETRON ODT 4 MG TABLET	1		OSELTAMIVIR 6 MG/ML SUSPENSION	1	QL
ONDANSETRON ODT 8 MG TABLET	1		OSMOPREP TABLET	3	
ONE WAY VALVED MOUTHPIECE	2	QL	OTEZLA 28 DAY STARTER PACK	4	PA, QL, SRX
ONETOUCH DELICA PLUS 30G LANCET	2		OTEZLA 30 MG TABLET	4	PA, QL, SRX
ONETOUCH DELICA PLUS 33G LANCET	2		OVAL TAPE	2	
ONETOUCH DELICA PLUS LANCING DEVICE	2		OXANDROLONE 2.5 MG TABLET	3	PA
ONETOUCH DELICA SAFETY 30G LANCETS	2		OXANDROLONE 10 MG TABLET	3	PA
ONETOUCH SOLUTIONS STARTER KIT	1		OXAPROZIN 600 MG CAPLET	1	
ONETOUCH SURESOFT 18G LANCING DEVICE	2		OXAPROZIN 600 MG TABLET	1	
ONETOUCH SURESOFT 21G LANCING DEVICE	2		OXAZEPAM 10 MG CAPSULE	1	
ONETOUCH SURESOFT 28G LANCING DEVICE	2		OXAZEPAM 15 MG CAPSULE	1	
ONETOUCH ULTRA CONTROL SOLUTION	2		OXAZEPAM 30 MG CAPSULE	1	
ONETOUCH ULTRA TEST STRIP	2		OXCARBAZEPINE 300 MG/5 ML SUSPENSION	1	
ONETOUCH ULTRA2 GLUCOSE SYSTEM	1		OXCARBAZEPINE 150 MG TABLET	1	
ONETOUCH ULTRASOFT LANCETS	2		OXCARBAZEPINE 300 MG TABLET	1	
ONETOUCH ULTRASOFT2 30G LANCETS	2		OXCARBAZEPINE 600 MG TABLET	1	
ONETOUCH VERIO FLEX METER	1		OXICONAZOLE 1% CREAM	2	
ONETOUCH VERIO HIGH CONTROL SOLUTION	2		OXYBUTYNIN 5 MG/5 ML SOLUTION	1	
ONETOUCH VERIO MID CONTROL SOLUTION	2		OXYBUTYNIN 5 MG/5 ML SYRUP	1	
ONETOUCH VERIO REFLECT METER	1		OXYBUTYNIN 5 MG TABLET	1	
ONETOUCH VERIO TEST STRIP	2		OXYBUTYNIN ER 5 MG TABLET	1	
OPCICON ONE-STEP 1.5 MG TABLET	1		OXYBUTYNIN ER 10 MG TABLET	1	
OPIII 0.075 MG TABLET	1	QL	OXYBUTYNIN ER 15 MG TABLET	1	
OPIUM TINCTURE 10 MG/ML	2	PA	OXYCODONE (IR) 5 MG CAPSULE	1	PA
OPTICHAMBER ADULT MASK-LARGE	2	QL	OXYCODONE (IR) 5 MG TABLET	1	PA
OPTICHAMBER DIAMOND VHC	2	QL	OXYCODONE (IR) 10 MG TABLET	1	PA
OPTICHAMBER DIAMOND W-LARGE MASK	2	QL	OXYCODONE (IR) 15 MG TABLET	1	PA
OPTICHAMBER DIAMOND W-MEDIUM MASK	2	QL	OXYCODONE (IR) 20 MG TABLET	1	PA
OPTICHAMBER DIAMOND W-SMALL MASK	2	QL	OXYCODONE (IR) 30 MG TABLET	1	PA
OPTION 2 1.5 MG TABLET	1		OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	1	PA
OPTUMRX GLUCOSE CONTROL SOLUTION	2		OXYCODONE 5 MG/5 ML ORAL SOLUTION	1	PA

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	1	PA
OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	PA
OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	PA
OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	PA
OXYCODONE-ASPIRIN 4.8355-325 MG TABLET	1	PA
OXYMORPHONE 5 MG TABLET	2	PA
OXYMORPHONE 10 MG TABLET	2	PA
OXYMORPHONE ER 5 MG TABLET	2	PA
OXYMORPHONE ER 7.5 MG TABLET	2	PA
OXYMORPHONE ER 10 MG TABLET	2	PA
OXYMORPHONE ER 15 MG TABLET	2	PA
OXYMORPHONE ER 20 MG TABLET	2	PA
OXYMORPHONE ER 30 MG TABLET	2	PA
OXYMORPHONE ER 40 MG TABLET	2	PA
PACERONE 200 MG TABLET	1	
PALIPERIDONE ER 1.5 MG TABLET	3	
PALIPERIDONE ER 3 MG TABLET	3	
PALIPERIDONE ER 6 MG TABLET	3	
PALIPERIDONE ER 9 MG TABLET	3	
PANCREAZE DR 2,600 UNIT CAPSULE	2	
PANCREAZE DR 4,200 UNIT CAPSULE	2	
PANCREAZE DR 10,500 UNIT CAPSULE	2	
PANCREAZE DR 16,800 UNIT CAPSULE	2	
PANCREAZE DR 21,000 UNIT CAPSULE	2	
PANCREAZE DR 37,000 UNIT CAPSULE	2	
PANDA MASK LARGE	2	QL
PANDA MASK MEDIUM	2	QL
PANDA MASK SMALL	2	QL
PANRETIN 0.1% GEL	4	SRX
PANTOPRAZOLE DR 20 MG TABLET	1	QL
PANTOPRAZOLE DR 40 MG TABLET	1	QL
PARADIGM REMOTE CONTROL	2	
PARADIGM RESERVOIR 1.8 ML	2	
PARADIGM RESERVOIR 3 ML	2	
PARICALCITOL 1 MCG CAPSULE	1	
PARICALCITOL 2 MCG CAPSULE	1	
PARICALCITOL 4 MCG CAPSULE	1	
PAROEX 0.12% ORAL RINSE	1	
PAROMOMYCIN 250 MG CAPSULE	2	
PAROXETINE 10 MG TABLET	1	QL
PAROXETINE 20 MG TABLET	1	QL
PAROXETINE 30 MG TABLET	1	QL
PAROXETINE 40 MG TABLET	1	QL

Medication Name	Tier	Notes
PASER GRANULES 4 GM PACKET	3	
PAXLOVID 150-100 MG DOSE PACK	3	QL
PAXLOVID 300-100 MG DOSE PACK	3	QL
PAZOPANIB 200 MG TABLET	4	PA, QL, SRX
PC UNIFINE PENTIP 6MM NEEDLE	2	
PC UNIFINE PENTIP 8MM NEEDLE	2	
PC UNIFINE PENTIP 12MM NEEDLE	2	
PEAK-AIR PEAK FLOW METER	2	
PEDIARIX 0.5 ML SYRINGE	2	
PEDIATRIC MEDIUM MASK	2	QL
PEDIATRIC PANDA MASK	2	QL
PEDIATRIC SMALL MASK	2	QL
PEDIATRIC MOUTHPIECE	2	QL
PEDVAXHIB VACCINE VIAL	2	
PEG 3350-ELECTROLYTE ORAL SOLUTION	1	
PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	1	
PEG-3350 AND ELECTROLYTES ORAL SOLUTION	1	
PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX
PEGASYS 180 MCG/ML VIAL	4	PA, SRX
PEG-PREP KIT	1	
PEN NEEDLE 12MM 29G	2	
PEN NEEDLE 30G 5MM	2	
PEN NEEDLE 30G 8MM	2	
PEN NEEDLE 30G 5/16"	2	
PEN NEEDLE 31G 5MM	2	
PEN NEEDLE 31G 6MM	2	
PEN NEEDLE 31G 8MM	2	
PEN NEEDLE 31G 1/4"	2	
PEN NEEDLE 31G 3/16"	2	
PEN NEEDLE 31G 5/16"	2	
PEN NEEDLE 32G 4MM	2	
PEN NEEDLE 32G 1/4"	2	
PEN NEEDLE 32G 3/16"	2	
PEN NEEDLE 32G 5/32"	2	
PEN NEEDLE 33G 4MM	2	
PEN NEEDLE 4MM 32G	2	
PEN NEEDLE 5MM 31G	2	
PEN NEEDLE 6MM 31G	2	
PEN NEEDLE 8MM 31G	2	
PENBRAYA KIT	2	
PENICILLAMINE 250 MG TABLET	4	PA, QL, SRX

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
PENTAZOCINE-NALOXONE TABLET	1	PA	PHENAZOPYRIDINE 100 MG TABLET	1	
PENTIP PEN NEEDLE 29G 12MM	2		PHENAZOPYRIDINE 200 MG TABLET	1	
PENTIP PEN NEEDLE 29G 1/2"	2		PHENELZINE 15 MG TABLET	1	
PENTIP PEN NEEDLE 31G 5MM	2		PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	1	
PENTIP PEN NEEDLE 31G 6MM	2		PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	1	
PENTIP PEN NEEDLE 31G 8MM	2		PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	1	
PENTIP PEN NEEDLE 31G 1/4"	2		PHENOBARBITAL 15 MG TABLET	1	
PENTIP PEN NEEDLE 31G 3/16"	2		PHENOBARBITAL 16.2 MG TABLET	1	
PENTIP PEN NEEDLE 31G 5/16"	2		PHENOBARBITAL 30 MG TABLET	1	
PENTIP PEN NEEDLE 32G 4MM	2		PHENOBARBITAL 32.4 MG TABLET	1	
PENTIP PEN NEEDLE 32G 6MM	2		PHENOBARBITAL 60 MG TABLET	1	
PENTIP PEN NEEDLE 32G 5/32"	2		PHENOBARBITAL 64.8 MG TABLET	1	
PENTOXIFYLLINE ER 400 MG TABLET	1		PHENOBARBITAL 97.2 MG TABLET	1	
PERINDOPRIL 2 MG TABLET	1		PHENOBARBITAL 100 MG TABLET	1	
PERINDOPRIL 4 MG TABLET	1		PHENOXYBENZAMINE 10 MG CAPSULE	4	SRX
PERINDOPRIL 8 MG TABLET	1		PHENYLEPHRINE 2.5% EYE DROPS	1	
PERIOGARD 0.12% ORAL RINSE	1		PHENYLEPHRINE 10% EYE DROPS	1	
PERMETHRIN 5% CREAM	1		PHENYTOIN 50 MG CHEWABLE TABLET	1	
PERPHENAZINE 2 MG TABLET	1		PHENYTOIN 50 MG INFATAB CHEW	1	
PERPHENAZINE 4 MG TABLET	1		PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	1	
PERPHENAZINE 8 MG TABLET	1		PHENYTOIN 125 MG/5 ML SUSPENSION	1	
PERPHENAZINE 16 MG TABLET	1		PHENYTOIN SODIUM EXT 100 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	1		PHENYTOIN SODIUM EXT 200 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	1		PHENYTOIN SODIUM EXT 300 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	1		PHILITH 0.4-0.035 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	1		PHOSLYRA 667 MG/5 ML ORAL SOLUTION	3	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	1		PHOSPHASAL TABLET	1	
PERSONAL BEST PEAK FLOW METER	2		PHOSPHOLINE IODIDE 0.125% EYE DROPS	3	LDD
PFIZER COVID (6M-4Y)VAC-MAROON	2		PHYSIOSOL IRRIGATION SOLUTION	3	
PFIZER COVID (5-11Y) VAC-ORANGE	2		PHYTONADIONE 5 MG TABLET	3	
PFIZER COVID (12Y UP) VAC-GRAY	2		PIKO 1 FLOW METER	2	
PFIZER COVID (6M-4Y)EUA	2		PILOCARPINE 1% EYE DROPS	1	
PFIZER COVID (5-11Y)EUA	2		PILOCARPINE 2% EYE DROPS	1	
PFIZER COVID BIVAL (6MO-4Y)EUA	2		PILOCARPINE 4% EYE DROPS	1	
PFIZER COVID BIVAL (5-11YR)EUA	2		PILOCARPINE 5 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
PINDOLOL 10 MG TABLET	1		POLY HUB NEEDLE 27G 1/2"	2	
PIOGLITAZONE 15 MG TABLET	1		POLY HUB NEEDLE 27G 1-1/4"	2	
PIOGLITAZONE 30 MG TABLET	1		POLY HUB NEEDLE 30G 1/2"	2	
PIOGLITAZONE 45 MG TABLET	1		POLYCYN EYE OINTMENT	1	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	1		POLYMYXIN B-TMP EYE DROPS	1	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	1		POMALYST 1 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	1		POMALYST 2 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	1		POMALYST 3 MG CAPSULE	4	PA, QL, LDD, SRX
PIP GLUCOSE CONTROL SOLUTION L1-L2	2		POMALYST 4 MG CAPSULE	4	PA, QL, LDD, SRX
PIP PEN NEEDLE 31G 5MM	2		PORTIA-28 TABLET	1	
PIP PEN NEEDLE 32G 4MM	2		POSACONAZOLE 200 MG/5 ML SUSPENSION	3	
PIRFENIDONE 267 MG CAPSULE	4	PA, SRX	POSACONAZOLE DR 100 MG TABLET	3	QL
PIRFENIDONE 267 MG TABLET	4	PA, SRX	POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	1	
PIRFENIDONE 801 MG TABLET	4	PA, SRX	POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	1	
PIRMELLA 1-35 28 TABLET	1		POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	1	
PIRMELLA 7-7-7-28 TABLET	1		POTASSIUM CHLORIDE 20 MEQ PACKET	1	
PIROXICAM 10 MG CAPSULE	1		POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	1	
PIROXICAM 20 MG CAPSULE	1		POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	1	
PLAN B ONE-STEP 1.5 MG TABLET	3		POTASSIUM CHLORIDE ER 8 MEQ TABLET	1	
PNEUMOVAX 23 SYRINGE	2		POTASSIUM CHLORIDE ER 10 MEQ TABLET	1	
PNEUMOVAX 23 VIAL	2		POTASSIUM CHLORIDE ER 15 MEQ TABLET	1	
PNV 29-1 TABLET	1		POTASSIUM CHLORIDE ER 20 MEQ TABLET	1	
PNV PRENATAL PLUS MULTIVITAMIN TABLET	1		POTASSIUM CITRATE ER 5 MEQ TABLET	1	
PNV-DHA + DOCUSATE SOFTGEL	1		POTASSIUM CITRATE ER 10 MEQ TABLET	1	
PNV-DHA SOFTGEL	1		POTASSIUM CITRATE ER 15 MEQ TABLET	1	
PNV-OMEGA SOFTGEL	1		POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	3	
PNV-SELECT TABLET	1		PR NATAL 400 COMBO PACK	1	
POCKET CHAMBER	2	QL	PR NATAL 430 COMBO PACK	1	
POCKET PEAK FLOW METER	2		PR NATAL 400 EC COMBO PACK	1	
PODOFILOX 0.5% TOPICAL SOLUTION	1		PR NATAL 430 EC COMBO PACK	1	
POLY HUB NEEDLE 18G 1"	2		PRADAXA 110 MG CAPSULE	3	PA, QL
POLY HUB NEEDLE 18G 1-1/2"	2		PRAMIPEXOLE 0.125 MG TABLET	1	
POLY HUB NEEDLE 21G 1"	2		PRAMIPEXOLE 0.25 MG TABLET	1	
POLY HUB NEEDLE 21G 1-1/2"	2				
POLY HUB NEEDLE 22G 1"	2				

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PRAMIPEXOLE 0.5 MG TABLET	1	
PRAMIPEXOLE 0.75 MG TABLET	1	
PRAMIPEXOLE 1 MG TABLET	1	
PRAMIPEXOLE 1.5 MG TABLET	1	
PRAMIPEXOLE ER 0.375 MG TABLET	2	
PRAMIPEXOLE ER 0.75 MG TABLET	2	
PRAMIPEXOLE ER 1.5 MG TABLET	2	
PRAMIPEXOLE ER 2.25 MG TABLET	2	
PRAMIPEXOLE ER 3 MG TABLET	2	
PRAMIPEXOLE ER 3.75 MG TABLET	2	
PRAMIPEXOLE ER 4.5 MG TABLET	2	
PRAMOSONE 1% LOTION	3	
PRAMOSONE 2.5%-1% LOTION	3	
PRAMOSONE 1%-1% OINTMENT	3	
PRAMOSONE 2.5%-1% OINTMENT	3	
PRASUGREL 5 MG TABLET	1	
PRASUGREL 10 MG TABLET	1	
PRAVASTATIN 10 MG TABLET	1	
PRAVASTATIN 20 MG TABLET	1	
PRAVASTATIN 40 MG TABLET	1	
PRAVASTATIN 80 MG TABLET	1	
PRAZICQUANTEL 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	

Medication Name	Tier	Notes
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	
PREF PLUS SYRINGE 1 ML 29G 1/2"	2	
PREFERRED PLUS 0.3 ML 30G 5/16"	2	
PREFERRED PLUS 0.5 ML 29G 1/2"	2	
PREFERRED PLUS SYRINGE 0.5 ML	2	
PREFERRED PLUS SYRINGE 1 ML	2	
PREFEST TABLET	1	
PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"	2	
PREGABALIN 25 MG CAPSULE	1	QL
PREGABALIN 50 MG CAPSULE	1	QL
PREGABALIN 75 MG CAPSULE	1	QL
PREGABALIN 100 MG CAPSULE	1	QL
PREGABALIN 150 MG CAPSULE	1	QL
PREGABALIN 200 MG CAPSULE	1	QL
PREGABALIN 225 MG CAPSULE	1	QL
PREGABALIN 300 MG CAPSULE	1	QL
PREGABALIN 20 MG/ML ORAL SOLUTION	1	QL
PREHEVBRIO 10 MCG/ML VIAL	2	
PREMARIN 0.3 MG TABLET	3	
PREMARIN 0.45 MG TABLET	3	
PREMARIN 0.625 MG TABLET	3	
PREMARIN 0.9 MG TABLET	3	
PREMARIN 1.25 MG TABLET	3	
PRENAT TRUE COMBO PACK	1	
PRENAISSANCE CAPSULE	1	
PRENAISSANCE PLUS SOFTGEL	1	
PRENATAL 19 CHEWABLE TABLET	1	
PRENATAL 19 TABLET	1	
PRENATAL PLUS-DHA COMBO PACK	1	
PRENATAL PLUS IRON TABLET	1	
PRENATAL PLUS VITAMIN-MINERAL TABLET	1	
PRENATAL VITAMIN PLUS LOW IRON TABLET	1	
PRENATAL-U CAPSULE	1	
PREPLUS CA-FE 27 MG-FA 1 MG TABLET	1	
PRETAB 29 MG-1 MG TABLET	1	
PREVALITE PACKET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PREVALITE POWDER	1	
PREVENT PEN NEEDLE 31G 1/4"	2	
PREVENT PEN NEEDLE 31G 5/16"	2	
PREVIFEM TABLET	1	
PREVNAR 20 SYRINGE	2	
PREVYMIS 240 MG TABLET	3	PA, QL
PREVYMIS 480 MG TABLET	3	PA, QL
PREZCOBIX 800 MG-150 MG TABLET	2	
PREZISTA 100 MG/ML SUSPENSION	2	
PREZISTA 75 MG TABLET	2	
PREZISTA 150 MG TABLET	2	
PRIFTIN 150 MG TABLET	3	
PRIMAQUINE 26.3 MG TABLET	1	
PRIMEAIRE CHAMBER	2	QL
PRIMIDONE 50 MG TABLET	1	
PRIMIDONE 250 MG TABLET	1	
PRIMSOL 50 MG/5 ML ORAL SOLUTION	3	
PRIORIX VIAL	2	
PRO COMFORT 0.5 ML 30G 1/2"	2	
PRO COMFORT 0.5 ML 30G 5/16"	2	
PRO COMFORT 0.5 ML 31G 5/16"	2	
PRO COMFORT 1 ML 30G 1/2"	2	
PRO COMFORT 1 ML 30G 5/16"	2	
PRO COMFORT 1 ML 31G 5/16"	2	
PRO COMFORT PEN NEEDLE 31G 5/16"	2	
PRO COMFORT PEN NEEDLE 32G 1/4"	2	
PRO COMFORT PEN NEEDLE 4MM 32G	2	
PRO COMFORT PEN NEEDLE 5MM 32G	2	
PRO COMFORT SPACER-ADULT MASK	2	QL
PRO COMFORT SPACER-CHILD MASK	2	QL
PRO COMFORT SPACER-INFANT MASK	2	QL
PROBENECID 500 MG TABLET	1	
PROBENECID-COLCHICINE TABLET	1	
PROCARE SPACER WITH ADULT MASK	2	QL
PROCARE SPACER WITH CHILD MASK	2	QL
PROCENTRA 5 MG/5 ML ORAL SOLUTION	1	QL
PROCHAMBER HOLDING CHAMBER	2	QL
PROCHLORPERAZINE 25 MG SUPPOSITORY	1	
PROCHLORPERAZINE 5 MG TABLET	1	
PROCHLORPERAZINE 10 MG TABLET	1	
PROCTO-MED HC 2.5% CREAM	1	

Medication Name	Tier	Notes
PROCTOSOL-HC 2.5% CREAM	1	
PROCTOZONE-HC 2.5% CREAM	1	
PRODIGY CONTROL SOLUTION	2	
PRODIGY CONTROL SOLUTION LOW	2	
PRODIGY INSULIN SYRINGE 1ML 28G 1/2"	2	
PRODIGY SYRINGE 0.3ML 31G 5/16"	2	
PRODIGY SYRINGE 0.5 ML 31G 5/16"	2	
PROGESTERONE 100 MG CAPSULE	1	
PROGESTERONE 200 MG CAPSULE	1	
PROGRAF 0.2 MG GRANULE PACKET	3	
PROGRAF 1 MG GRANULE PACKET	3	
PROMACTA 12.5 MG SUSPENSION PACKET	4	PA, LDD, SRX
PROMACTA 25 MG SUSPENSION PACKET	4	PA, LDD, SRX
PROMACTA 12.5 MG TABLET	4	PA, LDD, SRX
PROMACTA 25 MG TABLET	4	PA, LDD, SRX
PROMACTA 50 MG TABLET	4	PA, LDD, SRX
PROMACTA 75 MG TABLET	4	PA, LDD, SRX
PROMETHAZINE 12.5 MG SUPPOSITORY	2	
PROMETHAZINE 25 MG SUPPOSITORY	2	
PROMETHAZINE 6.25 MG/5 ML SYRUP	1	
PROMETHAZINE 12.5 MG TABLET	1	
PROMETHAZINE 25 MG TABLET	1	
PROMETHAZINE 50 MG TABLET	1	
PROMETHAZINE VC SYRUP	1	
PROMETHAZINE VC-CODEINE SYRUP	1	QL
PROMETHAZINE-CODEINE ORAL SOLUTION	1	QL
PROMETHAZINE-CODEINE SYRUP	1	QL
PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	
PROMETHAZINE-PE-CODEINE SYRUP	1	QL
PROMETHAZINE-PHENYLEPHRINE SYRUP	1	
PROMETHEGAN 12.5 MG SUPPOSITORY	2	
PROMETHEGAN 25 MG SUPPOSITORY	2	
PROMETHEGAN 50 MG SUPPOSITORY	2	
PROPAFENONE 150 MG TABLET	1	
PROPAFENONE 225 MG TABLET	1	
PROPAFENONE 300 MG TABLET	1	
PROPAFENONE ER 225 MG CAPSULE	1	
PROPAFENONE ER 325 MG CAPSULE	1	
PROPAFENONE ER 425 MG CAPSULE	1	
PROPARACAINE 0.5% EYE DROPS	1	
PROPRANOLOL 20 MG/5 ML ORAL SOLUTION	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
PROPRANOLOL ER 60 MG CAPSULE	1		PYRIDOSTIGMINE ER 180 MG TABLET	3	
PROPRANOLOL ER 80 MG CAPSULE	1		PYRIMETHAMINE 25 MG TABLET	4	PA, LDD, SRX
PROPRANOLOL ER 120 MG CAPSULE	1		QC UNIFINE PENTIP 32G 5/32"	2	
PROPRANOLOL ER 160 MG CAPSULE	1		QC UNIFINE PENTIP 4MM 32G	2	
PROPRANOLOL-HCTZ 40-25 MG TABLET	1		QUADRACEL DTAP-IPV	2	
PROPRANOLOL-HCTZ 80-25 MG TABLET	1		QUAZEPAM 15 MG TABLET	3	PA
PROPYLTHIOURACIL 50 MG TABLET	1		QUETIAPINE 25 MG TABLET	1	
PROQUAD VIAL	2		QUETIAPINE 50 MG TABLET	1	
PROTRIPTYLINE 5 MG TABLET	1		QUETIAPINE 100 MG TABLET	1	
PROTRIPTYLINE 10 MG TABLET	1		QUETIAPINE 200 MG TABLET	1	
PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	2		QUETIAPINE 300 MG TABLET	1	
PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	2		QUETIAPINE 400 MG TABLET	1	
PUB INSULIN SYRINGE 0.5 ML 30G 1/2"	2		QUETIAPINE ER 50 MG TABLET	1	
PUB INSULIN SYRINGE 0.5 ML 31G 5/16"	2		QUETIAPINE ER 150 MG TABLET	1	
PUB INSULIN SYRINGE 1 ML 30G 1/2"	2		QUETIAPINE ER 200 MG TABLET	1	
PUB INSULIN SYRINGE 1 ML 31G 5/16"	2		QUETIAPINE ER 300 MG TABLET	1	
PUB PEN 8MM 31G NEEDLE	2		QUETIAPINE ER 400 MG TABLET	1	
PUB PEN 12MM 29G NEEDLE	2		QUINAPRIL 5 MG TABLET	1	
PUB PEN NEEDLE 6MM 31G	2		QUINAPRIL 10 MG TABLET	1	
PUB UNIFINE PENTIP PLUS 31G 3/16	2		QUINAPRIL 20 MG TABLET	1	
PULMOSAL 7% VIAL	1		QUINAPRIL 40 MG TABLET	1	
PULMOZYME 1 MG/ML AMPULE	4	PA, SRX	QUINAPRIL-HCTZ 10-12.5 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 4MM	2		QUINAPRIL-HCTZ 20-12.5 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 5MM	2		QUINAPRIL-HCTZ 20-25 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 6MM	2		QUINIDINE GLUCONATE ER 324 MG TABLET	2	
PURE COMFORT PEN NEEDLE 32G 8MM	2		QUINIDINE SULFATE 200 MG TABLET	1	
PURE COMFORT SAFETY PEN NEEDLE 31G 5MM	2		QUINIDINE SULFATE 300 MG TABLET	1	
PURE COMFORT SAFETY PEN NEEDLE 31G 6MM	2		QUININE SULFATE 324 MG CAPSULE	1	
PURE COMFORT SAFETY PEN NEEDLE 32G 4MM	2		QUTENZA 8% KIT (1 PATCH)	3	
PURE COMFORT SPACER-ADULT MASK	2	QL	QUTENZA 8% KIT (2 PATCH)	3	
PURECOMFORT PEAK FLOW METER ADULT	2		QUTENZA 8% KIT (4 PATCH)	3	
PURECOMFORT PEAK FLOW METER CHILD	2		QVAR REDIHALER 40 MCG	2	
PURIXAN 20 MG/ML ORAL SUSPENSION	4	PA, LDD, SRX	QVAR REDIHALER 80 MCG	2	
PV UNIFINE PENTIP PLUS 31G 5MM	2		RA INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
PV UNIFINE PENTIP PLUS 31G 6MM	2		RA INSULIN SYRINGE 0.5 ML 30G 5/16"	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
RAMELTEON 8 MG TABLET	2	QL	RELION PEN NEEDLE 31G 6MM	2	
RAMIPRIL 1.25 MG CAPSULE	1		RELION PEN NEEDLE 31G 1/4"	2	
RAMIPRIL 2.5 MG CAPSULE	1		RELION PEN NEEDLE 31G 5/16"	2	
RAMIPRIL 5 MG CAPSULE	1		RELION PEN NEEDLE 32G 5/32"	2	
RAMIPRIL 10 MG CAPSULE	1		RELION SYRINGE 0.3 ML 31G 5/16"	2	
RANOLAZINE ER 500 MG TABLET	3	QL	RELION SYRINGE 0.5 ML 31G 5/16"	2	
RANOLAZINE ER 1,000 MG TABLET	3	QL	RELISTOR 8 MG/0.4 ML SYRINGE	3	PA
RASAGILINE 0.5 MG TABLET	1		RELISTOR 12 MG/0.6 ML SYRINGE	3	PA
RASAGILINE 1 MG TABLET	1		RELISTOR 12 MG/0.6 ML VIAL	3	PA
RAYA SURE PEN NEEDLE 29G 12MM	2		RELISTOR 150 MG TABLET	3	PA
RAYA SURE PEN NEEDLE 31G 4MM	2		RENACIDIN IRRIGATION SOLUTION	3	
RAYA SURE PEN NEEDLE 31G 5MM	2		REPAGLINIDE 0.5 MG TABLET	1	
RAYA SURE PEN NEEDLE 31G 6MM	2		REPAGLINIDE 1 MG TABLET	1	
RECLIPSEN 28 DAY TABLET	1		REPAGLINIDE 2 MG TABLET	1	
RECOMBIVAX HB 5 MCG/0.5 ML SYRINGE	2		REPATHA 140 MG/ML SURECLICK	4	PA, SRX
RECOMBIVAX HB 10 MCG/ML SYRINGE	2		REPATHA 140 MG/ML SYRINGE	4	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML VIAL	2		REPATHA 420 MG/3.5 ML PUSHTRONEX	4	PA, SRX
RECOMBIVAX HB 10 MCG/ML VIAL	2		RESPA A.R. TABLET SA	3	
RECOMBIVAX HB 40 MCG/ML VIAL	2		REVLIMID 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
RECTIV 0.4% OINTMENT	3		REVLIMID 5 MG CAPSULE	4	PA, QL, LDD, SRX
REFUAH PLUS CONTROL SOLUTION	2		REVLIMID 10 MG CAPSULE	4	PA, QL, LDD, SRX
REGANEX 0.01% GEL	3	PA, QL	REVLIMID 15 MG CAPSULE	4	PA, QL, LDD, SRX
RELENZA 5 MG DISKHALER	3	QL	REVLIMID 20 MG CAPSULE	4	PA, QL, LDD, SRX
RELI ON 31G 1/4" NEEDLE	2		REVLIMID 25 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 0.3 ML 29G 1/2"	2		REYATAZ 50 MG POWDER PACKET	2	
RELION INSULIN SYRINGE 0.3 ML 31G 6MM	2		REZDIFFRA 60 MG TABLET	4	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML	2		REZDIFFRA 80 MG TABLET	4	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	2		REZDIFFRA 100 MG TABLET	4	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML 31G 6MM	2		RIBAVIRIN 200 MG CAPSULE	3	
RELION INSULIN SYRINGE 1 ML 29G 1/2"	2		RIBAVIRIN 200 MG TABLET	3	
RELION INSULIN SYRINGE 1 ML 31G 5/16"	2		RIFABUTIN 150 MG CAPSULE	2	
RELION INSULIN SYRINGE 1 ML 31G 15/64"	2		RIFAMPIN 150 MG CAPSULE	1	
RELION KETONE TEST STRIP	2		RIFAMPIN 300 MG CAPSULE	1	
RELION MINI PEN NEEDLE 31G 1/4"	2		RIGHTEST CONTROL SOLUTION HIGH	2	
RELION NOVOLOG U-100 FLEXPEN	3	QL, ST	RIGHTEST CONTROL SOLUTION NORMAL	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
RILUZOLE 50 MG TABLET	4	SRX
RIMANTADINE 100 MG TABLET	1	
RINVOQ LQ 1 MG/ML SOLUTION	4	PA, QL, SRX
RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX
RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX
RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX
RISEDRONATE 5 MG TABLET	2	
RISEDRONATE 30 MG TABLET	2	
RISEDRONATE 35 MG TABLET	2	
RISEDRONATE 150 MG TABLET	2	
RISEDRONATE DR 35 MG TABLET	2	
RISPERIDONE 1 MG/ML ORAL SOLUTION	1	
RISPERIDONE 0.25 MG ODT TABLET	1	
RISPERIDONE 0.5 MG ODT TABLET	1	
RISPERIDONE 1 MG ODT TABLET	1	
RISPERIDONE 2 MG ODT TABLET	1	
RISPERIDONE 3 MG ODT TABLET	1	
RISPERIDONE 4 MG ODT TABLET	1	
RISPERIDONE 0.25 MG TABLET	1	
RISPERIDONE 0.5 MG TABLET	1	
RISPERIDONE 1 MG TABLET	1	
RISPERIDONE 2 MG TABLET	1	
RISPERIDONE 3 MG TABLET	1	
RISPERIDONE 4 MG TABLET	1	
RITEFLO SPACER	2	QL
RITONAVIR 100 MG TABLET	1	
RIVASTIGMINE 1.5 MG CAPSULE	1	
RIVASTIGMINE 3 MG CAPSULE	1	
RIVASTIGMINE 4.5 MG CAPSULE	1	
RIVASTIGMINE 6 MG CAPSULE	1	
RIVASTIGMINE 4.6 MG/24HR PATCH	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1	
RIVASTIGMINE 13.3 MG/24HR PATCH	1	
RIVELSA TABLET	1	
RIZATRIPTAN 5 MG ODT TABLET	1	QL
RIZATRIPTAN 10 MG ODT TABLET	1	QL
RIZATRIPTAN 5 MG TABLET	1	QL
RIZATRIPTAN 10 MG TABLET	1	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	3	QL
ROFLUMILAST 500 MCG TABLET	3	QL

Medication Name	Tier	Notes
ROPINIROLE 0.25 MG TABLET	1	
ROPINIROLE 0.5 MG TABLET	1	
ROPINIROLE 1 MG TABLET	1	
ROPINIROLE 2 MG TABLET	1	
ROPINIROLE 3 MG TABLET	1	
ROPINIROLE 4 MG TABLET	1	
ROPINIROLE 5 MG TABLET	1	
ROPINIROLE ER 2 MG TABLET	1	
ROPINIROLE ER 4 MG TABLET	1	
ROPINIROLE ER 6 MG TABLET	1	
ROPINIROLE ER 8 MG TABLET	1	
ROPINIROLE ER 12 MG TABLET	1	
ROSADAN 0.75% CREAM	1	
ROSADAN 0.75% GEL	1	
ROSUVASTATIN 5 MG TABLET	1	
ROSUVASTATIN 10 MG TABLET	1	
ROSUVASTATIN 20 MG TABLET	1	
ROSUVASTATIN 40 MG TABLET	1	
ROTARIX VACCINE ORAL SYRINGE	2	
ROTARIX VACCINE SUSPENSION	2	
ROTATEQ VACCINE	2	
ROWEEPRA 500 MG TABLET	1	
ROWEEPRA 750 MG TABLET	1	
ROWEEPRA 1,000 MG TABLET	1	
RUFINAMIDE 40 MG/ML SUSPENSION	3	PA, QL
RUFINAMIDE 200 MG TABLET	3	PA, QL
RUFINAMIDE 400 MG TABLET	3	PA, QL
SAFESNAP INSULIN SYRINGE 0.3 ML	2	
SAFESNAP INSULIN SYRINGE 0.5 ML	2	
SAFESNAP INSULIN SYRINGE 1 ML	2	
SAFETY PEN NEEDLE 31G 4MM	2	
SAFETY PEN NEEDLE 31G 5MM	2	
SAJAZIR 30 MG/3 ML SYRINGE	4	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	1	
SALSALATE 500 MG TABLET	1	
SALSALATE 750 MG TABLET	1	
SANTYL OINTMENT	3	PA, QL
SAPROPTERIN 100 MG POWDER PACKET	4	PA, SRX
SAPROPTERIN 500 MG POWDER PACKET	4	PA, SRX
SAPROPTERIN 100 MG TABLET	4	PA, SRX
SAVAYSA 15 MG TABLET	3	PA, QL

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SAVAYSA 30 MG TABLET	3	PA, QL	SILDENAFIL 20 MG TABLET	4	PA, SRX
SAVAYSA 60 MG TABLET	3	PA, QL	SILHOUETTE INFUSION SET 23"	2	
SAVELLA 12.5 MG TABLET	3		SILICONE MASK-INFANT	2	QL
SAVELLA 25 MG TABLET	3		SILICONE MASK-PEDIATRIC	2	QL
SAVELLA 50 MG TABLET	3		SILODOSIN 4 MG CAPSULE	1	QL
SAVELLA 100 MG TABLET	3		SILODOSIN 8 MG CAPSULE	1	QL
SAVELLA TITRATION PACK	3		SIL-SERTER INFUSION SET	2	
SAXAGLIPTIN 2.5 MG TABLET	1	QL	SILVER NITRATE 0.5% TOPICAL SOLUTION	1	
SAXAGLIPTIN 5 MG TABLET	1	QL	SILVER NITRATE 10% TOPICAL SOLUTION	1	
SAXAGLIPTIN-METFORMIN ER 2.5-1000 TABLET	1	QL	SILVER NITRATE 25% TOPICAL SOLUTION	1	
SAXAGLIPTIN-METFORMIN ER 5-500 TABLET	1	QL	SILVER NITRATE 50% TOPICAL SOLUTION	1	
SAXAGLIPTIN-METFORMIN ER 5-1000 TABLET	1	QL	SILVER SULFADIAZINE 1% CREAM	1	
SCOPOLAMINE 1 MG/3 DAY PATCH	1		SIMBRINZA 1%-0.2% EYE DROPS	2	
SECONAL 100 MG CAPSULE	3		SIMLANDI(CF) AI 40 MG/0.4 ML AUTO-INJECTOR	4	PA, QL, SRX
SECURESAFE PEN NEEDLE 30G 5/16"	2		SIMLIYA 28 DAY TABLET	1	
SECURESAFE SYRINGE 0.5 ML 29G 1/2"	2		SIMPESSE 0.15-0.03-0.01 MG TABLET	1	
SECURESAFE SYRINGE 1 ML 29G 1/2"	2		SIMVASTATIN 5 MG TABLET	1	
SELEGILINE 5 MG CAPSULE	1		SIMVASTATIN 10 MG TABLET	1	
SELEGILINE 5 MG TABLET	1		SIMVASTATIN 20 MG TABLET	1	
SELENIUM SULFIDE 2.25% SHAMPOO	1		SIMVASTATIN 40 MG TABLET	1	
SELENIUM SULFIDE 2.5% LOTION	1		SIMVASTATIN 80 MG TABLET	1	QL
SE-NATAL 19 CHEWABLE TABLET	1		SIROLIMUS 1 MG/ML ORAL SOLUTION	4	SRX
SE-NATAL-19 TABLET	1		SIROLIMUS 0.5 MG TABLET	1	
SERTRALINE 20 MG/ML ORAL CONCENTRATE	1	QL	SIROLIMUS 1 MG TABLET	1	
SERTRALINE 25 MG TABLET	1	QL	SIROLIMUS 2 MG TABLET	1	
SERTRALINE 50 MG TABLET	1	QL	SIRTURO 20 MG TABLET	3	PA
SERTRALINE 100 MG TABLET	1	QL	SIRTURO 100 MG TABLET	3	PA
SETLAKIN 0.15 MG-0.03 MG TABLET	1		SKY SAFETY PEN NEEDLE 30G 5MM	2	
SEVELAMER CARBONATE 800 MG TABLET	3		SKY SAFETY PEN NEEDLE 30G 8MM	2	
SF 1.1% GEL	1		SKYRIZI 150 MG/ML PEN	4	PA, QL, SRX
SF 5000 PLUS TOOTHPASTE	1		SKYRIZI 150 MG/ML SYRINGE	4	PA, QL, SRX
SHAROBEL 0.35 MG TABLET	1		SKYRIZI 180 MG/1.2 ML ON-BODY	4	PA, QL, SRX
SHINGRIX VIAL KIT	2	QL	SKYRIZI 360 MG/2.4 ML ON-BODY	4	PA, QL, SRX
SHOPKO UNIFINE PENTIP 4MM 32G	2		SLYND 4 MG TABLET	3	
SHOPKO UNIFINE PENTIP 5MM 31G	2		SM INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
SHOPKO UNIFINE PENTIP 8MM 31G	2		SM INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
SHOPKO UNIFINE PENTIP 12MM 29G	2		SM INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
SIDESTREAM PEDIATRIC FACE MASK	2	QL	SM INSULIN SYRINGE 0.5 ML 28G 1/2"	2	
SIGNIFOR 0.3 MG/ML AMPULE	4	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
SIGNIFOR 0.6 MG/ML AMPULE	4	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
SIGNIFOR 0.9 MG/ML AMPULE	4	PA, LDD, SRX	SM INSULIN SYRINGE 0.5 ML 31G 5/16"	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SM INSULIN SYRINGE 1 ML 28G 1/2"	2		SOTALOL 120 MG TABLET	1	
SM INSULIN SYRINGE 1 ML 29G 1/2"	2		SOTALOL 160 MG TABLET	1	
SM INSULIN SYRINGE 1 ML 30G 5/16"	2		SOTALOL 240 MG TABLET	1	
SM INSULIN SYRINGE 1 ML 31G 5/16"	2		SOTALOL AF 80 MG TABLET	1	
SMARTEST CONTROL SOLUTION	2		SOTALOL AF 120 MG TABLET	1	
SODIUM CHLORIDE 0.9% INHALATION VIAL	1		SOTALOL AF 160 MG TABLET	1	
SODIUM CHLORIDE 0.9% IRRIGATION	1		SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	1		SOVALDI 150 MG PELLETT PACKET	3	PA, QL
SODIUM CHLORIDE 3% VIAL	1		SOVALDI 200 MG PELLETT PACKET	3	PA, QL
SODIUM CHLORIDE 7% VIAL	1		SOVALDI 200 MG TABLET	3	PA, QL
SODIUM CHLORIDE 10% VIAL	1		SOVALDI 400 MG TABLET	3	PA, QL
SODIUM FLUORIDE 1.1% GEL	1		SPIKEVAX (12Y UP) SYRINGE	2	
SODIUM FLUORIDE 0.2% RINSE	1		SPIKEVAX (12Y UP) VIAL	2	
SODIUM FLUORIDE 1.1% TOOTHPASTE	1		SPIKEVAX COVID (18Y UP) VACCINE	2	
SODIUM FLUORIDE 5000 DRY MOUTH TOOTHPASTE	1		SPINOSAD 0.9% TOPICAL SUSPENSION	2	
SODIUM FLUORIDE 5000 PLUS TOOTHPASTE	1		SPIRONOLACTONE 25 MG TABLET	1	
SODIUM FLUORIDE 5000 PPM TOOTHPASTE	1		SPIRONOLACTONE 50 MG TABLET	1	
SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE	1		SPIRONOLACTONE 100 MG TABLET	1	
SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE	1		SPIRONOLACTONE-HCTZ 25-25 TABLET	1	
SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	1		SPRINTEC 28 DAY TABLET	1	
SODIUM PHENYLBUTYRATE POWDER	4	SRX	SPRYCEL 20 MG TABLET	4	PA, QL, SRX
SODIUM PHENYLBUTYRATE 500MG TABLET	4	SRX	SPRYCEL 50 MG TABLET	4	PA, QL, SRX
SODIUM POLYSTYRENE SULFATE POWDER	1		SPRYCEL 70 MG TABLET	4	PA, QL, SRX
SODIUM POLYSTYRENE SULFONATE 15 G/60 ML SUSPENSION	1		SPRYCEL 80 MG TABLET	4	PA, QL, SRX
SODIUM SULFACETAMIDE 10% LOTION	1		SPRYCEL 100 MG TABLET	4	PA, QL, SRX
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION	3		SPRYCEL 140 MG TABLET	4	PA, QL, SRX
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	4	PA, QL, SRX	SPS 15 GM/60 ML SUSPENSION	1	
SOLIFENACIN 5 MG TABLET	2	QL	SPS 30 GM/120 ML ENEMA SUSPENSION	1	
SOLIFENACIN 10 MG TABLET	2	QL	SRONYX 0.10-0.02 MG TABLET	1	
SOLUTIONUS V2 CONTROL SOLUTION HIGH	2		SSKI 1 GM/ML ORAL SOLUTION	3	
SOLUTIONUS V2 CONTROL SOLUTION LOW	2		STAVUDINE 40 MG CAPSULE	1	
SOMAVERT 10 MG VIAL	4	PA, LDD, SRX	STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
SOMAVERT 15 MG VIAL	4	PA, LDD, SRX	STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX
SOMAVERT 20 MG VIAL	4	PA, LDD, SRX	STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX
SOMAVERT 25 MG VIAL	4	PA, LDD, SRX	STERILE WATER FOR IRRIGATION	1	
SOMAVERT 30 MG VIAL	4	PA, LDD, SRX	STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX
SORAFENIB 200 MG TABLET	4	PA, QL, SRX	STRIBILD TABLET	3	QL
SOTALOL 80 MG TABLET	1		STRIVE PEAK FLOW METER	2	
			STRIVERDI RESPIMAT INHALATION SPRAY	2	QL
			SUBVENITE 25 MG TABLET	1	
			SUBVENITE 100 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
SUBVENITE 150 MG TABLET	1	
SUBVENITE 200 MG TABLET	1	
SUBVENITE TABLET STARTER KIT (BLUE)	1	
SUBVENITE TABLET STARTER KIT (GREEN)	1	
SUBVENITE TABLET STARTER KIT (ORANGE)	1	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	4	LDD, SRX
SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	4	LDD, SRX
SUCRALFATE 1 GM TABLET	1	
SULCONAZOLE NITRATE 1% CREAM	3	PA
SULCONAZOLE NITRATE 1% TOPICAL SOLUTION	3	PA
SULFACETAMIDE 10% EYE DROPS	1	
SULFACETAMIDE 10% EYE OINTMENT	1	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	1	
SULFADIAZINE 500 MG TABLET	3	
SULFAMETHOXAZOLE-TMP SUSPENSION	1	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMYLON 8.5% CREAM	3	
SULFASALAZINE 500 MG TABLET	1	
SULFASALAZINE DR 500 MG TABLET	1	
SULF-PRED 10-0.23% EYE DROPS	1	
SULINDAC 150 MG TABLET	1	
SULINDAC 200 MG TABLET	1	
SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	1	QL
SUMATRIPTAN 4 MG/0.5 ML CARTRIDGE	1	QL
SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	1	QL
SUMATRIPTAN 4 MG/0.5 ML INJECTOR	1	QL
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL
SUMATRIPTAN SUCCINATE 25 MG TABLET	1	QL
SUMATRIPTAN SUCCINATE 50 MG TABLET	1	QL
SUMATRIPTAN SUCCINATE 100 MG TABLET	1	QL
SUNITINIB 12.5 MG CAPSULE	4	PA, QL, SRX
SUNITINIB 25 MG CAPSULE	4	PA, QL, SRX
SUNITINIB 37.5 MG CAPSULE	4	PA, QL, SRX
SUNITINIB 50 MG CAPSULE	4	PA, QL, SRX
SURE COMFORT 0.3 ML SYRINGE	2	
SURE COMFORT 0.5 ML SYRINGE	2	
SURE COMFORT 1 ML SYRINGE	2	
SURE COMFORT 3/10 ML SYRINGE	2	

Medication Name	Tier	Notes
SURE COMFORT 30G PEN NEEDLE	2	
SURE COMFORT INSULIN 0.3ML 31G 1/4"	2	
SURE COMFORT INSULIN 0.5ML 31G 1/4"	2	
SURE COMFORT INSULIN 1 ML 31G 1/4"	2	
SURE COMFORT PEN NEEDLE 29G 1/2"	2	
SURE COMFORT PEN NEEDLE 31G 5MM	2	
SURE COMFORT PEN NEEDLE 31G 8MM	2	
SURE COMFORT PEN NEEDLE 32G 4MM	2	
SURE COMFORT PEN NEEDLE 32G 6MM	2	
SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	2	
SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	2	
SURE-FINE PEN NEEDLE 5MM	2	
SURE-FINE PEN NEEDLE 8MM	2	
SURE-FINE PEN NEEDLE 12.7MM	2	
SURE-JECT INSULIN 0.3 ML 31G 5/16"	2	
SURE-JECT INSULIN 0.5 ML 31G 5/16"	2	
SURE-JECT INSULIN SYRINGE 1 ML	2	
SURE-JECT INSULIN SYRINGE U100 0.3 ML	2	
SURE-JECT INSULIN SYRINGE U100 0.5 ML	2	
SURE-JECT INSULIN SYRINGE U100 1 ML	2	
SURE-TEST EASYPLUS MINI SOLUTION	2	
SYEDA 28 TABLET	1	
SYMAX FASTABS 0.125 MG TABLET	1	
SYMAX-SL 0.125 MG SUBLINGUAL TABLET	1	
SYMAX-SR 0.375 MG TABLET	1	
SYMLINPEN 60 PEN INJECTOR	3	QL
SYMLINPEN 120 PEN INJECTOR	3	QL
SYMTOZA 800-150-200-10 MG TABLET	3	QL
SYNAREL 2 MG/ML NASAL SPRAY	4	PA, SRX
SYNERA PATCH	3	
SYNJARDY 5-500 MG TABLET	2	QL
SYNJARDY 5-1,000 MG TABLET	2	QL
SYNJARDY 12.5-500 MG TABLET	2	QL
SYNJARDY 12.5-1,000 MG TABLET	2	QL
SYNJARDY XR 5-1,000 MG TABLET	2	QL
SYNJARDY XR 10-1,000 MG TABLET	2	QL
SYNJARDY XR 12.5-1,000 MG TABLET	2	QL
SYNJARDY XR 25-1,000 MG TABLET	2	QL
SYNTHROID 25 MCG TABLET	3	
SYNTHROID 50 MCG TABLET	3	
SYNTHROID 75 MCG TABLET	3	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SYNTHROID 88 MCG TABLET	3		TARON-PREX PRENATAL DHA CAPSULE	1	
SYNTHROID 100 MCG TABLET	3		TASIGNA 50 MG CAPSULE	4	PA, QL, SRX
SYNTHROID 112 MCG TABLET	3		TASIGNA 150 MG CAPSULE	4	PA, QL, SRX
SYNTHROID 125 MCG TABLET	3		TASIGNA 200 MG CAPSULE	4	PA, QL, SRX
SYNTHROID 137 MCG TABLET	3		TAYSOFY 1 MG-20 MCG CAPSULE	1	
SYNTHROID 150 MCG TABLET	3		TAZAROTENE 0.1% CREAM	2	
SYNTHROID 175 MCG TABLET	3		TAZAROTENE 0.05% GEL	3	
SYNTHROID 200 MCG TABLET	3		TAZAROTENE 0.1% GEL	3	
SYNTHROID 300 MCG TABLET	3		TAZORAC 0.05% CREAM	3	
T:30 INFUSION SET 23" 13MM	2		TAZTIA XT 120 MG CAPSULE	1	
T:30 INFUSION SET 43" 13MM	2		TAZTIA XT 180 MG CAPSULE	1	
T:90 INFUSION SET 23" 6MM	2		TAZTIA XT 240 MG CAPSULE	1	
T:90 INFUSION SET 23" 9MM	2		TAZTIA XT 300 MG CAPSULE	1	
T:90 INFUSION SET 43" 9MM	2		TAZTIA XT 360 MG CAPSULE	1	
T:FLEX 4.8 ML CARTRIDGE	2		TDVAX VIAL	2	
T:SLIM 3 ML CARTRIDGE	2		TECHLITE 0.3 ML 29G 12MM (1/2)	2	
T:SLIM G4 3 ML CARTRIDGE	2		TECHLITE 0.3 ML 30G 8MM (1/2)	2	
T:SLIM X2 3 ML CARTRIDGE	2		TECHLITE 0.3 ML 30G 12MM (1/2)	2	
TABLOID 40 MG TABLET	3	PA	TECHLITE 0.3 ML 31G 6MM (1/2)	2	
TAMSULOSIN 0.4 MG CAPSULE	1		TECHLITE 0.3 ML 31G 8MM (1/2)	2	
TACROLIMUS 0.5 MG CAPSULE (IR)	1		TECHLITE 0.5 ML 29G 12MM (1/2)	2	
TACROLIMUS 1 MG CAPSULE (IR)	1		TECHLITE 0.5 ML 30G 8MM (1/2)	2	
TACROLIMUS 5 MG CAPSULE (IR)	1		TECHLITE 0.5 ML 30G 12MM (1/2)	2	
TACROLIMUS 0.1% OINTMENT	1		TECHLITE 0.5 ML 31G 6MM (1/2)	2	
TACROLIMUS 0.03% OINTMENT	1		TECHLITE 0.5 ML 31G 8MM (1/2)	2	
TADALAFIL 2.5 MG TABLET	1	PA, QL	TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	2	
TADALAFIL 5 MG TABLET	1	PA, QL	TECHLITE INSULIN SYRINGE 1 ML 30G 8MM	2	
TADALAFIL 20 MG TABLET	4	PA, SRX	TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	2	
TAFINLAR 10 MG TABLET FOR SUSPENSION	4	PA, QL, SRX	TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	2	
TAFINLAR 50 MG CAPSULE	4	PA, QL, SRX	TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	2	
TAFINLAR 75 MG CAPSULE	4	PA, QL, SRX	TECHLITE PEN NEEDLE 29G 1/2"	2	
TAFLUPROST 0.0015% EYE DROPS	3	QL	TECHLITE PEN NEEDLE 29G 3/8"	2	
TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31G 1/4"	2	
TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31G 3/16"	2	
TAKE ACTION 1.5 MG TABLET	1		TECHLITE PEN NEEDLE 31G 5/16"	2	
TAMOXIFEN 10 MG TABLET	1		TECHLITE PEN NEEDLE 32G 1/4"	2	
TAMOXIFEN 20 MG TABLET	1		TECHLITE PEN NEEDLE 32G 5/16"	2	
TARINA 24 FE 1 MG-20 MCG TABLET	1		TECHLITE PEN NEEDLE 32G 5/32"	2	
TARINA FE 1-20 TABLET	1		TELCARE CONTROL SOLUTION	2	
TARINA FE 1-20 EQ TABLET	1		TELMISARTAN 20 MG TABLET	1	
TARON-C DHA CAPSULE	1		TELMISARTAN 40 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
TELMISARTAN-AMLODIPINE 40-10 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 20 1.5"	2	
TELMISARTAN-AMLODIPINE 80-5 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 21G 1"	2	
TELMISARTAN-AMLODIPINE 80-10 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 21G 1-1.5"	2	
TELMISARTAN-HCTZ 40-12.5 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 22G 1"	2	
TELMISARTAN-HCTZ 80-12.5 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 22 1-1/2"	2	
TELMISARTAN-HCTZ 80-25 MG TABLET	1		TERUMO SURGUARD2 NEEDLE 23G 1"	2	
TEMAZEPAM 7.5 MG CAPSULE	1		TERUMO SURGUARD2 NEEDLE 23 1-1/2"	2	
TEMAZEPAM 15 MG CAPSULE	1		TERUMO SURGUARD2 NEEDLE 25G 1"	2	
TEMAZEPAM 22.5 MG CAPSULE	1		TERUMO SURGUARD2 NEEDLE 25 1.5"	2	
TEMAZEPAM 30 MG CAPSULE	1		TERUMO SURGUARD2 NEEDLE 25 5/8"	2	
TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX	TERUMO SURGUARD2 NEEDLE 26 1/2"	2	
TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX	TERUMO SURGUARD2 NEEDLE 27 1/2"	2	
TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX	TERUMO SURGUARD2 NEEDLE 30 1/2"	2	
TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX	TERUMO SYRINGE 3 ML	2	
TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX	TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX	TESTOSTERONE 1.62% GEL PUMP	2	QL
TENCON 50-325 MG TABLET	1		TESTOSTERONE 10 MG GEL PUMP	2	QL
TENIVAC SYRINGE	2		TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	2	QL
TENIVAC VIAL	2		TESTOSTERONE 1% (25 MG/2.5 G) PACKET	2	QL
TENOFOVIR 300 MG TABLET	1		TESTOSTERONE 1% (50 MG/5 G) PACKET	2	QL
TERAZOSIN 1 MG CAPSULE	1		TESTOSTERONE 1.62% (2.5 G) PACKET	2	QL
TERAZOSIN 2 MG CAPSULE	1		TESTOSTERONE 1.62%(1.25 G) PACKET	2	QL
TERAZOSIN 5 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM PACKET	2	QL
TERAZOSIN 10 MG CAPSULE	1		TESTOSTERONE CYPIONATE 200 MG/ML VIAL	1	
TERBINAFINE 250 MG TABLET	1		TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	1	
TERBUTALINE 2.5 MG TABLET	1		TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	1	
TERBUTALINE 5 MG TABLET	1		TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	1	
TERCONAZOLE 0.4% CREAM	1		TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	1	
TERCONAZOLE 0.8% CREAM	1		TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	1	
TERCONAZOLE 80 MG SUPPOSITORY	1		TESTOSTERONE ENANTHATE 200 MG/ML VIAL	1	
TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX	TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	1	
TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX	TETRABENAZINE 12.5 MG TABLET	4	PA, QL, SRX
TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	2		TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX
TERUMO INSULIN SYRINGE U100-1/3 ML	2		TETRACAINE 0.5% EYE DROPS	1	
TERUMO INSULIN SYRINGE U100-1/2 ML	2		TETRACAINE 0.5% STERI-UNIT EYE SOLUTION	1	
TERUMO INSULIN SYRINGE U100-1 ML	2		TETRACYCLINE 250 MG CAPSULE	2	
TERUMO SURGUARD2 NEEDLE 18G 1"	2		TETRACYCLINE 500 MG CAPSULE	2	
TERUMO SURGUARD2 NEEDLE 18 1.5"	2		TEXACORT 2.5% TOPICAL SOLUTION	3	
TERUMO SURGUARD2 NEEDLE 19G 1"	2		THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
THALOMID 200 MG CAPSULE	4	PA, QL, SRX	TIMOLOL 5 MG TABLET	1	
THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION	1		TIMOLOL 10 MG TABLET	1	
THEOPHYLLINE ER 100 MG TABLET	1		TIMOLOL 20 MG TABLET	1	
THEOPHYLLINE ER 200 MG TABLET	1		TINIDAZOLE 250 MG TABLET	1	
THEOPHYLLINE ER 300 MG TABLET	1		TINIDAZOLE 500 MG TABLET	1	
THEOPHYLLINE ER 400 MG TABLET	1		TIOPRONIN 100 MG TABLET	4	LDD, SRX
THEOPHYLLINE ER 450 MG TABLET	1		TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION	3	
THEOPHYLLINE ER 600 MG TABLET	1		TIVICAY 10 MG TABLET	2	
THINPRO INSULIN SYRINGE U100-0.3 ML	2		TIVICAY 25 MG TABLET	2	
THINPRO INSULIN SYRINGE U100-0.5 ML	2		TIVICAY 50 MG TABLET	2	
THINPRO INSULIN SYRINGE U100-1 ML	2		TIVICAY PD 5 MG TABLET FOR SUSPENSION	2	
THIORIDAZINE 10 MG TABLET	1		TIZANIDINE 2 MG TABLET	1	
THIORIDAZINE 25 MG TABLET	1		TIZANIDINE 4 MG TABLET	1	
THIORIDAZINE 50 MG TABLET	1		TOBRAMYCIN 0.3% EYE DROPS	1	
THIORIDAZINE 100 MG TABLET	1		TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX
THIOTHIXENE 1 MG CAPSULE	1		TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX
THIOTHIXENE 2 MG CAPSULE	1		TOBRAMYCIN-DEXAMETHASONE EYE DROPS	1	
THIOTHIXENE 5 MG CAPSULE	1		TODAY'S HEALTH PEN NEEDLE 6MM 31G	2	
THIOTHIXENE 10 MG CAPSULE	1		TOLCAPONE 100 MG TABLET	4	SRX
THRIVITE 19 TABLET	1		TOLMETIN 400 MG CAPSULE	1	
THYROID 15 MG TABLET	1		TOLMETIN 200 MG TABLET	1	
THYROID 30 MG TABLET	1		TOLMETIN 600 MG TABLET	1	
THYROID 60 MG TABLET	1		TOLTERODINE 1 MG TABLET	1	
THYROID 90 MG TABLET	1		TOLTERODINE 2 MG TABLET	1	
THYROID 120 MG TABLET	1		TOLTERODINE ER 2 MG CAPSULE	1	
TIADYLT ER 120 MG CAPSULE	1		TOLTERODINE ER 4 MG CAPSULE	1	
TIADYLT ER 180 MG CAPSULE	1		TOLVAPTAN 15 MG TABLET	4	PA, SRX
TIADYLT ER 240 MG CAPSULE	1		TOLVAPTAN 30 MG TABLET	4	PA, SRX
TIADYLT ER 300 MG CAPSULE	1		TOPCARE CLICKFINE 31G 1/4"	2	
TIADYLT ER 360 MG CAPSULE	1		TOPCARE CLICKFINE 31G 5/16"	2	
TIADYLT ER 420 MG CAPSULE	1		TOPCARE ULTRA COMFORT SYRINGE	2	
TIAGABINE 2 MG TABLET	1		TOPIRAMATE 15 MG SPRINKLE CAPSULE	1	
TIAGABINE 4 MG TABLET	1		TOPIRAMATE 25 MG SPRINKLE CAPSULE	1	
TIAGABINE 12 MG TABLET	1		TOPIRAMATE 25 MG TABLET	1	
TIAGABINE 16 MG TABLET	1		TOPIRAMATE 50 MG TABLET	1	
TILIA FE 28 TABLET	1		TOPIRAMATE 100 MG TABLET	1	
TIMOLOL 0.25% EYE DROPS	1		TOPIRAMATE 200 MG TABLET	1	
TIMOLOL 0.5% EYE DROPS	1		TOPIRAMATE ER 25 MG CAPSULE	2	
TIMOLOL 0.25% GEL-SOLUTION	1		TOPIRAMATE ER 50 MG CAPSULE	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
TOPIRAMATE ER 100 MG CAPSULE	2	
TOPIRAMATE ER 150 MG CAPSULE	2	
TOPIRAMATE ER 200 MG CAPSULE	2	
TOREMIFENE 60 MG TABLET	3	QL
TORPENZ 2.5 MG TABLET	4	PA, QL, SRX
TORPENZ 5 MG TABLET	4	PA, QL, SRX
TORPENZ 7.5 MG TABLET	4	PA, QL, SRX
TORPENZ 10 MG TABLET	4	PA, QL, SRX
TORSEMIDE 5 MG TABLET	1	
TORSEMIDE 10 MG TABLET	1	
TORSEMIDE 20 MG TABLET	1	
TORSEMIDE 100 MG TABLET	1	
TOVET EMOLLIENT 0.05% FOAM	2	
TRADJENTA 5 MG TABLET	2	QL
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	
TRANLYCPROMINE 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	
TRECATOR 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

Medication Name	Tier	Notes
TRETINOIN 0.025% CREAM	1	PA, AGE
TRETINOIN 0.05% CREAM	1	PA, AGE
TRETINOIN 0.1% CREAM	1	PA, AGE
TRETINOIN 0.01% GEL	1	PA, AGE
TRETINOIN 0.025% GEL	1	PA, AGE
TRETINOIN 0.05% GEL	1	PA, AGE
TRETINOIN 10 MG CAPSULE	3	PA
TRETINOIN GEL MICRO 0.04% PUMP	1	PA, AGE
TRETINOIN GEL MICRO 0.1% PUMP	1	PA, AGE
TRETINOIN GEL MICRO 0.04% TUBE	1	PA, AGE
TRETINOIN GEL MICRO 0.1% TUBE	1	PA, AGE
TRETIN-X 0.075% CREAM	3	PA, AGE
TRETIN-X 0.025% CREAM COMBO PACK	3	PA, AGE
TRETIN-X 0.05% COMBO PACK	3	PA, AGE
TRETIN-X 0.1% COMBO PACK	3	PA, AGE
TRI FEMYNOR 28 TABLET	1	
TRIAMCINOLONE 0.025% CREAM	1	
TRIAMCINOLONE 0.1% CREAM	1	
TRIAMCINOLONE 0.5% CREAM	1	
TRIAMCINOLONE 0.1% DENTAL PASTE	1	
TRIAMCINOLONE 0.025% LOTION	1	
TRIAMCINOLONE 0.1% LOTION	1	
TRIAMCINOLONE 0.025% OINTMENT	1	
TRIAMCINOLONE 0.1% OINTMENT	1	
TRIAMCINOLONE 0.5% OINTMENT	1	
TRIAMTERENE 50 MG CAPSULE	3	
TRIAMTERENE 100 MG CAPSULE	3	
TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	1	
TRIAMTERENE-HCTZ 37.5-25 MG TABLET	1	
TRIAMTERENE-HCTZ 75-50 MG TABLET	1	
TRIAZOLAM 0.125 MG TABLET	1	
TRIAZOLAM 0.25 MG TABLET	1	
TRIDACAIN II 5% PATCH	1	
TRIDACAIN III 5% PATCH	1	
TRIDERM 0.1% CREAM	1	
TRIDERM 0.5% CREAM	1	
TRI-ESTARYLLA TABLET	1	
TRIFLUOPERAZINE 1 MG TABLET	1	
TRIFLUOPERAZINE 2 MG TABLET	1	
TRIFLUOPERAZINE 5 MG TABLET	1	
TRIFLUOPERAZINE 10 MG TABLET	1	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
TRIHEXYPHENIDYL 5 MG TABLET	1		TRUE COMFORT PEN NEEDLE 31G 8MM	2	
TRIKAFTA 50-25-37.5 MG/75 MG TABLET	4	PA, QL, LDD, SRX	TRUE COMFORT PEN NEEDLE 32G 4MM	2	
TRIKAFTA 80-40-60 MG/59.5 MG PACKET	4	PA, QL, LDD, SRX	TRUE COMFORT PEN NEEDLE 32G 5MM	2	
TRIKAFTA 100-50-75 MG/75 MG PACKET	4	PA, QL, LDD, SRX	TRUE COMFORT PEN NEEDLE 32G 6MM	2	
TRIKAFTA 100-50-75 MG/150 MG TABLET	4	PA, QL, LDD, SRX	TRUE COMFORT PEN NEEDLE 33G 4MM	2	
TRI-LEGEST FE-28 DAY TABLET	1		TRUE COMFORT PEN NEEDLE 33G 5MM	2	
TRI-LINYAH TABLET	1		TRUE COMFORT PEN NEEDLE 33G 6MM	2	
TRI-LO-ESTARYLLA TABLET	1		TRUE COMFORT PRO 0.5ML 30G 1/2"	2	
TRI-LO-MARZIA TABLET	1		TRUE COMFORT PRO 0.5ML 30G 5/16"	2	
TRI-LO-MILI TABLET	1		TRUE COMFORT PRO 0.5ML 31G 5/16"	2	
TRI-LO-SPRINTEC TABLET	1		TRUE COMFORT PRO 0.5ML 32G 5/16"	2	
TRIMETHOBENZAMIDE 300 MG CAPSULE	1		TRUE COMFORT PRO 1 ML 30G 1/2"	2	
TRIMETHOPRIM 100 MG TABLET	1		TRUE COMFORT PRO 1ML 30G 5/16"	2	
TRI-MILI 28 TABLET	1		TRUE COMFORT PRO 1ML 31G 5/16"	2	
TRIMIPRAMINE 25 MG CAPSULE	1		TRUE COMFORT PRO 1ML 32G 5/16"	2	
TRIMIPRAMINE 50 MG CAPSULE	1		TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM	2	
TRIMIPRAMINE 100 MG CAPSULE	1		TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM	2	
TRINATAL RX 1 TABLET	1		TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM	2	
TRINTELLIX 5 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 1 CONTROL SOLUTION	2	
TRINTELLIX 10 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 2 CONTROL SOLUTION	2	
TRINTELLIX 20 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 3 CONTROL SOLUTION	2	
TRI-NYMYO 28 TABLET	1		TRUECONTROL GLUCOSE SOLUTION	2	
TRI-PREVFEM TABLET	1		TRUEPLUS KETONE TEST STRIP	2	
TRI-SPRINTEC TABLET	1		TRUEPLUS PEN NEEDLE 29G 12MM	2	
TRIUMEQ 600-50-300 MG TABLET	3	QL	TRUEPLUS PEN NEEDLE 29G 1/2"	2	
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	3	QL	TRUEPLUS PEN NEEDLE 31G 5MM	2	
TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	1		TRUEPLUS PEN NEEDLE 31G 8MM	2	
TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	1		TRUEPLUS PEN NEEDLE 31G 1/4"	2	
TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	1		TRUEPLUS PEN NEEDLE 31G 3/16"	2	
TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	1		TRUEPLUS PEN NEEDLE 31G 5/16"	2	
TRIVORA-28 TABLET	1		TRUEPLUS PEN NEEDLE 32G 5/32"	2	
TRI-VYLIBRA 28 TABLET	1		TRUEPLUS SYRINGE 0.3ML 29G 1/2"	2	
TRI-VYLIBRA LO TABLET	1		TRUEPLUS SYRINGE 0.3ML 30G 5/16"	2	
TROPICAMIDE 0.5% EYE DROPS	1		TRUEPLUS SYRINGE 0.3ML 31G 5/16"	2	
TROPICAMIDE 1% EYE DROPS	1		TRUEPLUS SYRINGE 0.5ML 28G 1/2"	2	
TROSPIUM 20 MG TABLET	1		TRUEPLUS SYRINGE 0.5ML 29G 1/2"	2	
TROSPIUM ER 60 MG CAPSULE	1		TRUEPLUS SYRINGE 0.5ML 30G 5/16"	2	
TRUE COMFORT 0.5 ML 31G 5/16"	2		TRUEPLUS SYRINGE 0.5ML 31G 5/16"	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
TRUEPLUS SYRINGE 1ML 28G 1/2"	2	
TRUEPLUS SYRINGE 1ML 29G 1/2"	2	
TRUEPLUS SYRINGE 1ML 30G 5/16"	2	
TRUEPLUS SYRINGE 1ML 31G 5/16"	2	
TRULICITY 0.75 MG/0.5 ML PEN	2	PA, QL
TRULICITY 1.5 MG/0.5 ML PEN	2	PA, QL
TRULICITY 3 MG/0.5 ML PEN	2	PA, QL
TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL
TRUMENBA 120 MCG/0.5 ML VACCINE	2	
TRUSTEEL INFUSION SET 23" 6MM	2	
TRUSTEEL INFUSION SET 23" 8MM	2	
TRUSTEEL INFUSION SET 32" 6MM	2	
TRUSTEEL INFUSION SET 32" 8MM	2	
TRUZONE PEAK FLOW METER	2	
TULANA 0.35 MG TABLET	1	
TURQOZ-28 TABLET	1	
TWINRIX VACCINE SYRINGE	2	
TYBOST 150 MG TABLET	2	
TYDEMY 3-0.03-0.451 MG TABLET	1	
TYMLOS 80 MCG DOSE PEN INJECTOR	4	PA, QL, SRX
TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	4	PA, LDD, SRX
TYVASO INHALATION REFILL KIT	4	PA, LDD, SRX
TYVASO INHALATION STARTER KIT	4	PA, LDD, SRX
TYVASO INSTITUTIONAL STARTER KIT	4	PA, LDD, SRX
UDENYCA 6 MG/0.6 ML AUTO-INJECTOR	4	PA, SRX
UDENYCA 6 MG/0.6 ML ON-BODY	4	PA, SRX
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA, SRX
ULESFIA 5% LOTION	3	
ULTICARE INSULIN 0.3 ML 30G 1/2"	2	
ULTICARE INSULIN 0.3 ML 31G 1/4"	2	
ULTICARE INSULIN 0.5 ML 30G 1/2"	2	
ULTICARE INSULIN 0.5 ML 31G 1/4"	2	
ULTICARE INSULIN 1 ML 31G 1/4"	2	
ULTICARE INSULIN SAFETY 1ML 29G 1/2"	2	
ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	2	
ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	2	
ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	2	
ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	2	
ULTICARE LDS SYRINGE 3 ML 22G 1.5"	2	
ULTICARE PEN NEEDLE 4MM 32G	2	
ULTICARE PEN NEEDLE 6MM 31G	2	

Medication Name	Tier	Notes
ULTICARE PEN NEEDLE 6MM 32G	2	
ULTICARE PEN NEEDLE 8MM 31G	2	
ULTICARE PEN NEEDLE 12MM 29G	2	
ULTICARE PEN NEEDLE 12.7 MM 29G	2	
ULTICARE PEN NEEDLE 31G 3/16"	2	
ULTICARE SAFETY 0.5 ML 29G 1/2"	2	
ULTICARE SAFETY PEN NEEDLE 30G 8MM	2	
ULTICARE SAFETY PEN NEEDLE 5MM 30G	2	
ULTICARE SYRINGE 0.3 ML 29G 1/2"	2	
ULTICARE SYRINGE 0.3 ML 30G 1/2"	2	
ULTICARE SYRINGE 0.3 ML 30G 5/16"	2	
ULTICARE SYRINGE 0.3 ML 31G 5/16"	2	
ULTICARE SYRINGE 0.5 ML 28G 1/2"	2	
ULTICARE SYRINGE 0.5 ML 29G 1/2"	2	
ULTICARE SYRINGE 0.5 ML 30G 1/2"	2	
ULTICARE SYRINGE 0.5 ML 30G 5/16"	2	
ULTICARE SYRINGE 0.5 ML 31G 5/16"	2	
ULTICARE SYRINGE 1 ML 30G 1/2"	2	
ULTICARE SYRINGE 1 ML 30G 5/16"	2	
ULTICARE SYRINGE 1 ML 31G 5/16"	2	
ULTIGUARD SAFEPACK 0.3ML 30G 12.7MM	2	
ULTIGUARD SAFEPACK 0.3ML 31G 8MM	2	
ULTIGUARD SAFEPACK 0.5ML 30G 12.7MM	2	
ULTIGUARD SAFEPACK 0.5ML 31G 8MM	2	
ULTIGUARD SAFEPACK 1ML 30G 12.7MM	2	
ULTIGUARD SAFEPACK PACK 29G 12.7MM	2	
ULTIGUARD SAFEPACK PACK 32G 4MM	2	
ULTIGUARD SAFEPACK 1ML 31G 8MM	2	
ULTIGUARD SAFEPACK 31G 5MM	2	
ULTIGUARD SAFEPACK 31G 6MM	2	
ULTIGUARD SAFEPACK 31G 8MM	2	
ULTIGUARD SAFEPACK 32G 4MM	2	
ULTIGUARD SAFEPACK 32G 6MM	2	
ULTILET INSULIN SYRINGE 0.3 ML	2	
ULTILET INSULIN SYRINGE 0.5 ML	2	
ULTILET INSULIN SYRINGE 1 ML	2	
ULTILET PEN NEEDLE	2	
ULTILET PEN NEEDLE 4MM 32G	2	
ULTRA COMFORT 0.3 ML 29G 1/2"	2	
ULTRA COMFORT 0.3 ML 31G 5/16" (1/2)	2	
ULTRA COMFORT 0.3 ML SYRINGE	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
ULTRA COMFORT 0.5 ML 31G 5/16"	2		ULTRA-THIN II INSULIN SYRINGE 1 ML 29G	2	
ULTRA COMFORT 0.5 ML SYRINGE	2		ULTRA-THIN II INSULIN SYRINGE 1 ML 30G	2	
ULTRA COMFORT 1 ML 28G 1/2"	2		ULTRA-THIN II PEN NEEDLE 29G 1/2"	2	
ULTRA COMFORT 1 ML 29G 1/2"	2		ULTRA-THIN II PEN NEEDLE 31G 5/16"	2	
ULTRA COMFORT 1 ML 30G 5/16"	2		ULTRATRAK CONTROL SOLUTION	2	
ULTRA COMFORT 1 ML 31G 5/16"	2		ULTRATRAK CONTROL SOLUTION NORMAL	2	
ULTRA COMFORT 1 ML SYRINGE	2		ULTRATRAK ULTIMATE CONTROL SOLUTION	2	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	2		UNIFINE PEN NEEDLE 32G 4MM	2	
ULTRA FLO 0.3ML 30G 5/16"(1/2)	2		UNIFINE PENTIP 12MM 29G	2	
ULTRA FLO 0.3ML 31G 5/16"(1/2)	2		UNIFINE PENTIP 31G 5MM	2	
ULTRA FLO PEN NEEDLE 29G 12MM	2		UNIFINE PENTIP 31G 6MM	2	
ULTRA FLO PEN NEEDLE 31G 5MM	2		UNIFINE PENTIP 31G 8MM	2	
ULTRA FLO PEN NEEDLE 31G 8MM	2		UNIFINE PENTIP 31G 3/16"	2	
ULTRA FLO PEN NEEDLE 32G 4MM	2		UNIFINE PENTIP 32G 4MM	2	
ULTRA FLO PEN NEEDLE 33G 4MM	2		UNIFINE PENTIP 32G 6MM	2	
ULTRA FLO SYRINGE 0.3 ML 29G 1/2"	2		UNIFINE PENTIP 32G 1/4"	2	
ULTRA FLO SYRINGE 0.3 ML 30G 5/16"	2		UNIFINE PENTIP 32G 5/32"	2	
ULTRA FLO SYRINGE 0.3 ML 31G 5/16"	2		UNIFINE PENTIP 33G 5/32"	2	
ULTRA FLO SYRINGE 0.5 ML 29G 1/2"	2		UNIFINE PENTIP 6MM NEEDLE	2	
ULTRA THIN PEN NEEDLE 32G 4MM	2		UNIFINE PENTIP 8MM NEEDLE	2	
ULTRACARE INSULIN 0.3 ML 30G 5/16"	2		UNIFINE PENTIP MAX 30G 3/16"	2	
ULTRACARE INSULIN 0.3 ML 31G 5/16"	2		UNIFINE PENTIP NEEDLE 29G	2	
ULTRACARE INSULIN 0.5 ML 30G 1/2"	2		UNIFINE PENTIP PLUS 29G 1/2"	2	
ULTRACARE INSULIN 0.5 ML 30G 5/16"	2		UNIFINE PENTIP PLUS 30G 3/16"	2	
ULTRACARE INSULIN 0.5 ML 31G 5/16"	2		UNIFINE PENTIP PLUS 31G 1/4"	2	
ULTRACARE INSULIN 1 ML 30G 5/16"	2		UNIFINE PENTIP PLUS 31G 3/16"	2	
ULTRACARE INSULIN 1 ML 30G 1/2"	2		UNIFINE PENTIP PLUS 31G 5/16"	2	
ULTRACARE INSULIN 1 ML 31G 5/16"	2		UNIFINE PENTIP PLUS 32G 5/32"	2	
ULTRACARE PEN NEEDLE 31G 1/4"	2		UNIFINE PENTIP PLUS 33G 5/32"	2	
ULTRACARE PEN NEEDLE 31G 3/16"	2		UNIFINE PROTECT 30G 5MM	2	
ULTRACARE PEN NEEDLE 31G 5/16"	2		UNIFINE PROTECT 30G 8MM	2	
ULTRACARE PEN NEEDLE 32G 1/4"	2		UNIFINE PROTECT 32G 4MM	2	
ULTRACARE PEN NEEDLE 32G 3/16"	2		UNIFINE SAFECONTROL 30G 3/16"	2	
ULTRACARE PEN NEEDLE 32G 5/32"	2		UNIFINE SAFECONTROL 30G 5/16"	2	
ULTRACARE PEN NEEDLE 33G 5/32"	2		UNIFINE SAFECONTROL 32G 4MM	2	
ULTRA-THIN II 1 ML 31G 5/16"	2		UNIFINE ULTRA PEN NEEDLE 31G 5MM	2	
ULTRA-THIN II INSULIN 0.3 ML 30G	2		UNIFINE ULTRA PEN NEEDLE 31G 6MM	2	
ULTRA-THIN II INSULIN 0.3 ML 31G	2		UNIFINE ULTRA PEN NEEDLE 31G 8MM	2	
ULTRA-THIN II INSULIN 0.5 ML 29G	2		UNIFINE ULTRA PEN NEEDLE 32G 4MM	2	

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
UNISTRIP CONTROL SOLUTION HIGH	2		VANCOMYCIN 25 MG/ML ORAL SOLUTION	1	QL
UNISTRIP CONTROL SOLUTION LOW	2		VANAZOLE VAGINAL 0.75% GEL	1	
UNITHROID 25 MCG TABLET	1		VANISHPOINT 0.5 ML 30G 1/2" SYRINGE	2	
UNITHROID 50 MCG TABLET	1		VANISHPOINT 3 ML 21G 1" SYRINGE	2	
UNITHROID 75 MCG TABLET	1		VANISHPOINT 3 ML 22G 1.5" SYRINGE	2	
UNITHROID 88 MCG TABLET	1		VANISHPOINT 20G 1" 3 ML SYRINGE	2	
UNITHROID 100 MCG TABLET	1		VANISHPOINT 21G 1.5" 3 ML SYRINGE	2	
UNITHROID 112 MCG TABLET	1		VANISHPOINT 22G 1" 3 ML SYRINGE	2	
UNITHROID 125 MCG TABLET	1		VANISHPOINT 23G 1" 3 ML SYRINGE	2	
UNITHROID 137 MCG TABLET	1		VANISHPOINT 23G 1.5" 3 ML SYRINGE	2	
UNITHROID 150 MCG TABLET	1		VANISHPOINT 25G 1" 3 ML SYRINGE	2	
UNITHROID 175 MCG TABLET	1		VANISHPOINT 25G 5/8" 3 ML SYRINGE	2	
UNITHROID 200 MCG TABLET	1		VANISHPOINT INSULIN 1 ML 30G 3/16"	2	
UNITHROID 300 MCG TABLET	1		VANISHPOINT U-100 29 1/2" SYRINGE	2	
URISTIX 4 REAGENT TEST STRIP	2		VAQTA 25 UNITS/0.5 ML SYRINGE	2	
URISTIX REAGENT TEST STRIP	2		VAQTA 50 UNITS/ML SYRINGE	2	
UROQID-ACID NO.2 500-500 TABLET	3		VAQTA 25 UNITS/0.5 ML VIAL	2	
URSODIOL 300 MG CAPSULE	1		VAQTA 50 UNITS/ML VIAL	2	
URSODIOL 250 MG TABLET	1		VARENICLINE 1 MG CONTINUING MONTH BOX	2	
URSODIOL 500 MG TABLET	1		VARENICLINE STARTING MONTH BOX	2	
USTELL CAPSULE	1		VARENICLINE 0.5 MG TABLET	2	
UTIRA-C TABLET	1		VARENICLINE 1 MG TABLET	2	
VALACYCLOVIR 500 MG TABLET	1		VARISOFT INFUSION SET 23" 13MM	2	
VALACYCLOVIR 1 GRAM TABLET	1		VARISOFT INFUSION SET 23" 17MM	2	
VALGANCICLOVIR 50 MG/ML ORAL SOLUTION	3		VARISOFT INFUSION SET 32" 13MM	2	
VALGANCICLOVIR 450 MG TABLET	3		VARISOFT INFUSION SET 32" 17MM	2	
VALPROIC ACID 250 MG CAPSULE	1		VARISOFT INFUSION SET 43" 13MM	2	
VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	1		VARISOFT INFUSION SET 43" 17MM	2	
VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	1		VARIVAX VACCINE VIAL	2	
VALSARTAN 40 MG TABLET	1		VARIVAX VACCINE WITH DILUENT	2	
VALSARTAN 80 MG TABLET	1		VAXELIS VACCINE SYRINGE	2	
VALSARTAN 160 MG TABLET	1		VAXELIS VACCINE VIAL	2	
VALSARTAN 320 MG TABLET	1		VAXNEUVANCE 0.5 ML SYRINGE	2	
VALSARTAN-HCTZ 80-12.5 MG TABLET	1		VELIVET 28 DAY TABLET	1	
VALSARTAN-HCTZ 160-12.5 MG TABLET	1		VEMLIDY 25 MG TABLET	4	PA, SRX
VALSARTAN-HCTZ 160-25 MG TABLET	1		VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-12.5 MG TABLET	1		VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-25 MG TABLET	1		VENCLEXTA 10 MG TABLET (10MG X 2)	4	PA, QL, LDD, SRX
VANADOM 350 MG TABLET	1		VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX
VANCOMYCIN 125 MG CAPSULE	3	QL	VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX
VANCOMYCIN 250 MG CAPSULE	3	QL	VENLAFAXINE 25 MG TABLET	1	QL

2025 Cigna Plus Texas 4-Tier Prescription Drug List

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

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VRAYLAR 6 MG CAPSULE	3	QL, ST	XELJANZ 1 MG/ML ORAL SOLUTION	4	PA, QL, SRX
VRAYLAR 1.5 MG-3 MG PACK	3	QL, ST	XELJANZ 5 MG TABLET	4	PA, QL, SRX
VYFEMLA 0.4 MG-0.035 MG TABLET	1		XELJANZ 10 MG TABLET	4	PA, QL, SRX
VYLIBRA 28 TABLET	1		XELJANZ XR 11 MG TABLET	4	PA, QL, SRX
WAKIX 4.45 MG TABLET	4	PA, QL, LDD, SRX	XELJANZ XR 22 MG TABLET	4	PA, QL, SRX
WAKIX 17.8 MG TABLET	4	PA, QL, LDD, SRX	XIFAXAN 200 MG TABLET	3	PA, QL
WARFARIN 1 MG TABLET	1		XIFAXAN 550 MG TABLET	3	PA, QL
WARFARIN 2 MG TABLET	1		XIGDUO XR 2.5 MG-1,000 MG TABLET	2	QL
WARFARIN 2.5 MG TABLET	1		XIGDUO XR 5 MG-500 MG TABLET	2	QL
WARFARIN 3 MG TABLET	1		XIGDUO XR 5 MG-1,000 MG TABLET	2	QL
WARFARIN 4 MG TABLET	1		XIGDUO XR 10 MG-500 MG TABLET	2	QL
WARFARIN 5 MG TABLET	1		XIGDUO XR 10 MG-1,000 MG TABLET	2	QL
WARFARIN 6 MG TABLET	1		XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	4	PA, LDD, SRX
WARFARIN 7.5 MG TABLET	1		XOLAIR 150 MG/ML AUTO-INJECTOR	4	PA, LDD, SRX
WARFARIN 10 MG TABLET	1		XOLAIR 300 MG/2 ML AUTO-INJECTOR	4	PA, LDD, SRX
WAVESENSE CONTROL SOLUTION NORMAL	2		XOLAIR 150 MG/1.2 ML POWDER VIAL	4	PA, LDD, SRX
WERA 0.5/0.035 MG 28 TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	4	PA, LDD, SRX
WESCAP-PN DHA CAPSULE	1		XOLAIR 150 MG/ML SYRINGE	4	PA, LDD, SRX
WESNATAL DHA COMPLETE	1		XOLAIR 300 MG/2 ML SYRINGE	4	PA, LDD, SRX
WESNATE DHA SOFTGEL	1		XTAMPZA ER 9 MG CAPSULE	2	PA
WESTAB PLUS TABLET	1		XTAMPZA ER 13.5 MG CAPSULE	2	PA
WIXELA 100-50 INHUB	1	QL	XTAMPZA ER 18 MG CAPSULE	2	PA
WIXELA 250-50 INHUB	1	QL	XTAMPZA ER 27 MG CAPSULE	2	PA
WIXELA 500-50 INHUB	1	QL	XTAMPZA ER 36 MG CAPSULE	2	PA
WM UNIFINE PENTIP PLUS 4MM 32G	2		XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 5MM 31G	2		XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 6MM 31G	2		XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 8MM 31G	2		XULANE 150-35 MCG/DAY PATCH	1	
WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	1		YALE NEEDLE 21G 1.25"	2	
XALKORI 200 MG CAPSULE	4	PA, QL, LDD, SRX	YARGESA 100 MG CAPSULE	4	PA, LDD, SRX
XALKORI 250 MG CAPSULE	4	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 4MM 32G	2	
XALKORI 20 MG PELLET	4	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 6MM 31G	2	
XALKORI 50 MG PELLET	4	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 8MM 31G	2	
XALKORI 150 MG PELLET	4	PA, QL, LDD, SRX	YUVAFEM 10 MCG VAGINAL INSERT	1	QL
XARELTO 1 MG/ML SUSPENSION	2	PA, QL	ZAFEMY 150-35 MCG/DAY PATCH	1	
XARELTO 2.5 MG TABLET	2	PA, QL	ZAFIRLUKAST 10 MG TABLET	1	
XARELTO 10 MG TABLET	2	PA, QL	ZAFIRLUKAST 20 MG TABLET	1	
XARELTO 15 MG TABLET	2	PA, QL	ZALEPLON 5 MG CAPSULE	1	
XARELTO 20 MG TABLET	2	PA, QL	ZALEPLON 10 MG CAPSULE	1	
XARELTO DVT-PE STARTER PACK	2	PA, QL	ZARAH TABLET	1	
XDEMZY 0.25% EYE DROPS	4	PA, QL, LDD, SRX	ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX

2025 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
ZARXIO 480 MCG/0.8 ML SYRINGE	4	SRX
ZATEAN-PN DHA CAPSULE	1	
ZATEAN-PN PLUS SOFTGEL	1	
ZELBORAF 240 MG TABLET	4	PA, QL, LDD, SRX
ZENATANE 10 MG CAPSULE	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	
ZENZEDI 5 MG TABLET	1	QL
ZENZEDI 10 MG TABLET	1	QL
ZETONNA 37 MCG NASAL SPRAY	3	ST
ZIDOVUDINE 100 MG CAPSULE	1	
ZIDOVUDINE 50 MG/5 ML SYRUP	1	
ZIDOVUDINE 300 MG TABLET	1	
ZILEUTON ER 600 MG TABLET	4	SRX
ZIPRASIDONE 20 MG CAPSULE	1	
ZIPRASIDONE 40 MG CAPSULE	1	
ZIPRASIDONE 60 MG CAPSULE	1	
ZIPRASIDONE 80 MG CAPSULE	1	
ZIRGAN 0.15% EYE GEL	3	
ZOLADEX 3.6 MG IMPLANT SYRINGE	4	PA, SRX
ZOLADEX 10.8 MG IMPLANT SYRINGE	4	PA, SRX
ZOLINZA 100 MG CAPSULE	4	PA, QL, LDD, SRX
ZOLMITRIPTAN 2.5 MG ODT TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT TABLET	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM 5 MG TABLET	1	
ZOLPIDEM 10 MG TABLET	1	
ZOLPIDEM ER 6.25 MG TABLET	1	
ZOLPIDEM ER 12.5 MG TABLET	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 MG CAPSULE	1	
ZONISAMIDE 100 MG CAPSULE	1	
ZOVIA 1-35 TABLET	1	
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

Medication Name	Tier	Notes
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

Excluded Services

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**. Denials based upon Experimental or Investigational services or supplies are considered Adverse Determinations and are subject to the Appeal of Adverse Determination and Independent Review sections in this EOC.
6. Services **received before the Effective Date of coverage**.
7. Services **received after coverage under this EOC ends**.
8. Services **for which you have no legal obligation to pay** or for which no charge would be made if you did not have a health plan or insurance coverage.
9. 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 may be obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
14. **If the 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:
 - o Yourself or your employer;
 - o A person who lives in the Member's home, or that person's employer;
 - o A person who is related to the Member by blood, marriage or adoption, or that person's employer; or
 - o A facility or health care professional that provides remuneration to you, directly or indirectly, or to an organization from which you receive, directly or indirectly, remuneration.
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, Inpatient Services or Hospice 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.**

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

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. **Routine hearing tests** except as provided under Preventive Care.
34. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
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 Vision Care.
36. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (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,

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

biofeedback for any diagnosis except an Acquired Brain Injury diagnosis, neurofeedback for any diagnosis except an Acquired Brain Injury diagnosis, 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, cranosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries.
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. All services related to **the treatment of fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this EOC.
44. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees), except as specifically stated in this EOC.
45. 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.
46. Blood administration **for the purpose of general improvement in physical condition**.
47. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
48. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
49. **Myoelectric Prosthesis** peripheral nerve stimulators.
50. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
51. **Prefabricated foot Orthoses**.
52. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
53. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
54. **Orthoses primarily used for cosmetic** rather than functional reasons.
55. **Non-foot Orthoses**, except **only** the following non-foot Orthoses are covered when Medically Necessary:
 - o Rigid and semi-rigid custom fabricated Orthoses;
 - o Semi-rigid pre-fabricated and flexible Orthoses; and
 - o Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
56. 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 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.
57. **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.
58. 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.

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

59. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
60. **Nutritional counseling or food supplements**, except as stated in this EOC.
61. **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.
62. **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.”
63. **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.”
64. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet except as otherwise stated in this EOC.
65. **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.
66. Charges for the **services of a standby Physician**.
67. Charges for **animal to human organ transplants**.
68. **Claims received by Cigna Healthcare after 15 months from the date service was rendered**, except in the event of a legal incapacity.
69. 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 HealthCare of Texas, Inc.

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).