Individual and Family Plans

2026 Cigna Healthcare Plus Texas 4-Tier Prescription Drug List

Coverage as of January 1, 2026

Insured by Cigna Health and Life Insurance Company or Cigna HealthCare of Texas, Inc.

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, 24/7

- **Cigna.com/ifp-drug-list.** Choose **Texas** from the dropdown list and pick your search method. Then type in your medication name or view the full list.
- **myCigna® App[1] or myCigna.com®.** Starting January 1, 2026, log into your account and use the Price a Medication tool to see how your medication is covered.

Questions?

Call **866.494.2111** or the toll-free number on your Cigna Healthcare® 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, 2026. All medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed in alphabetical order (A-Z). If you don't see a certain medication listed here, 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 table below to understand how medications are covered on the Cigna Healthcare Plus Texas 4-Tier Prescription Drug List.

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-ADBM	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 (A-Z)

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

Medications that have extra coverage rules (requirements) have **letters (acronyms)** listed next to them in the Notes column

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

* This table is just an example. It may not show how these medications are currently covered on this drug list.

Tiers

We put covered medications into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay for the medication.

Tier 1	**Generic Medications** (and some low-cost brand-name medications). Generics work in the same way and provide the same clinical benefits as their brand-name versions – and typically cost much less.[2]	**$**
Tier 2	**Preferred Brand Medications** (and some high-cost generics).	**$$**
Tier 3	**Non-Preferred Brand Medications** (and some high-cost generics).	**$$$**
Tier 4	**Specialty and Other High-Cost Generic and Brand-Name Medications.** Your plan covers Tier 4 medications in up to a 30-day supply. *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 the medication's coverage rules (requirements).
QL	**Quantity Limit** – Your plan will only cover so much of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more.
ST	**Step Therapy** – This high-cost medication is part of a prior authorization (approval) program. It has a lower-cost alternative(s) that treats the same condition. Your plan won't cover this medication until you try at least one preferred medication first (typically a generic or preferred brand) and can show that it didn't work for you. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost 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 use the medication, your doctor's office can ask us to cover it.
SRX	This is a **specialty medication**, which is used to treat rare and/or complex medical conditions. They're typically injected or infused and may need special handling, such as refrigeration.
LDD	This is a **"limited distribution drug."** It a high-cost specialty medication that treats medical conditions that are very hard to manage and need special handling, patient support and monitoring. It can only be filled at a select number of specialty pharmacies in the United States.

Plan exclusions

There are certain medications and products that your plan won't cover for any reason. They're known as a "plan (or benefit) exclusion." This means they aren't on your plan's drug list and there's no option to ask us to cover them through our medication review process.

For example, your plan doesn't cover, or "excludes," medications that the FDA hasn't approved.

How to find your medication

Use the table below to find the page your medication is listed on.

Letter* your medication starts with	Page
I	6
2	6
A	6-11
B	11-15
C	15-21
D	21-25
E	25-31
F	31-33
G	33-35
H	35-38

Letter* your medication starts with	Page
I	38-40
J	40
K	40, 41
L	41-45
M	45-50
N	50-52
O	52-55
P	55-60
Q	60, 61
R	61-62

Letter* your medication starts with	Page
S	62-66
T	66-71
U	71-73
V	73-75
W	75
X	75,76
Y	76
Z	76

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
1ST TIER UNIFINE PENTIP 29G 1/2"	2	
1ST TIER UNIFINE PENTIP 29G 12MM	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 31G 5MM	2	
1ST TIER UNIFINE PENTIP 31G 6MM	2	
1ST TIER UNIFINE PENTIP 31G 8MM	2	
1ST TIER UNIFINE PENTIP 32G 4MM	2	
1ST TIER UNIFINE PENTIP 32G 5/32"	2	
2TEK CONTROL SOLUTION	2	
ABACAVIR 20 MG/ML ORAL SOLUTION	1	SRX
ABACAVIR 300 MG TABLET	1	SRX
ABACAVIR-LAMIVUDINE 600-300 MG TABLET	1	SRX
ABIRATERONE 250 MG TABLET	4	PA, SRX
ABIRATERONE 500 MG TABLET	4	PA, SRX
ABRYSVO ACT-O-VIAL	2	
ABRYSVO VIAL WITH DILUENT SYRINGE	2	
ACAMPROSATE DR 333 MG TABLET	2	
ACARBOSE 100 MG TABLET	1	
ACARBOSE 25 MG TABLET	1	
ACARBOSE 50 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 #2 TABLET	1	PA
ACETAMINOPHEN-CODEINE #3 TABLET	1	PA
ACETAMINOPHEN-CODEINE #4 TABLET	1	PA
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML ORAL SOLUTION	1	
ACETAMINOPHEN-CODEINE 300-30 MG/12.5 ML ORAL SOLUTION	1	

Medication Name	Tier	Notes
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, 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 ORAL SUSPENSION	1	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	2	
ADACEL TDAP VIAL	2	
ADALIMUMAB-ADBM (CF) 40 MG CROHN'S PEN	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 40 MG PEN	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 40 MG PSORIASIS-UVEITIS PEN	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 10 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 20 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 40 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-RYVK (CF) 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 0.1% LOTION	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
ADEMPAS 1.5 MG TABLET	4	PA, LDD, SRX
ADEMPAS 2 MG TABLET	4	PA, LDD, SRX
ADEMPAS 2.5 MG TABLET	4	PA, LDD, SRX
ADVOCATE HIGH CONTROL SOLUTION	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"	2	
ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"	2	
ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"	2	
ADVOCATE LOW CONTROL SOLUTION	2	
ADVOCATE PEN NEEDLE 29G 12.7MM	2	
ADVOCATE PEN NEEDLE 31G 5MM	2	
ADVOCATE PEN NEEDLE 31G 8MM	2	
ADVOCATE PEN NEEDLE 32G 4MM	2	
ADVOCATE PEN NEEDLE 33G 4MM	2	
ADVOCATE REDI-CODE+ CONTROL SOLUTION	2	
AEROCHAMBER MECHANICAL VENT	2	QL
AEROCHAMBER MINI	2	QL
AEROCHAMBER MV HOLD CHAMBER	2	QL
AEROCHAMBER PLUS FLOW-VU	2	QL
AEROCHAMBER PLUS FLOW-VU LARGE	2	QL
AEROCHAMBER PLUS FLOW-VU MEDIUM	2	QL
AEROCHAMBER PLUS FLOW-VU SMALL	2	QL
AEROCHAMBER Z-STAT PLUS LARGE	2	QL
AEROCHAMBER Z-STAT PLUS-MEDIUM	2	QL
AEROCHAMBER Z-STAT PLUS-SMALL	2	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	2	QL
AEROGEAR ASTHMA ACTION KIT	2	
AEROTRACH HOLDING CHAMBER	2	QL
AEROVENT PLUS HOLDING CHAMBER	2	QL
AFIRMELLE-28 TABLET	1	
AFLURIA	2	
AFLURIA	2	
AFTER PILL 1.5 MG TABLET	1	
AFTERA 1.5 MG TABLET	3	
AGAMATRIX HIGH CONTROL SOLUTION	2	
AGAMATRIX NORM-HI CONTROL SOLUTION	2	
AIRZONE PEAK FLOW METER	2	
AK-POLY-BAC EYE OINTMENT	1	
AKYNZEO 300-0.5 MG CAPSULE	4	PA, QL
ALBENDAZOLE 200 MG TABLET	3	PA

Medication Name	Tier	Notes
ALBUSTIX REAGENT TEST STRIP	2	
ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	1	
ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	1	
ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION	1	
ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION	1	
ALBUTEROL 5 MG/ML INHALATION SOLUTION	1	
ALBUTEROL 15 MG/3 ML INHALATION SOLUTION	1	
ALBUTEROL 25 MG/5 ML INHALTION SOLUTION	1	
ALBUTEROL 75 MG/15 ML INHALATION SOLUTION	1	
ALBUTEROL 100 MG/20 ML INHALATION SOLUTION	1	
ALBUTEROL 2 MG/5 ML SYRUP	1	
ALBUTEROL 2 MG TABLET	1	
ALBUTEROL 4 MG TABLET	1	
ALBUTEROL ER 4 MG TABLET	1	
ALBUTEROL ER 8 MG TABLET	1	
ALBUTEROL HFA 90 MCG INHALER	1	QL
ALCLOMETASONE 0.05% CREAM	1	
ALCLOMETASONE 0.05% OINTMENT	1	
ALCOHOL PREP PAD	2	
ALECENSA 150 MG CAPSULE	4	PA, QL, LDD, SRX
ALENDRONATE 70 MG/75 ML ORAL SOLUTION	1	
ALENDRONATE 5 MG TABLET	1	
ALENDRONATE 10 MG TABLET	1	
ALENDRONATE 35 MG TABLET	1	
ALENDRONATE 70 MG TABLET	1	
ALFUZOSIN ER 10 MG TABLET	1	
ALINIA 100 MG/5 ML ORAL SUSPENSION	3	
ALISKIREN 150 MG TABLET	3	QL
ALISKIREN 300 MG TABLET	3	QL
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
ALMOTRIPTAN 6.25 MG TABLET	2	QL
ALMOTRIPTAN 12.5 MG TABLET	2	QL
ALOCRIL 2% EYE DROPS	3	
ALOSETRON 0.5 MG TABLET	4	SRX
ALOSETRON 1 MG TABLET	4	SRX
ALPRAZOLAM 0.25 MG ODT TABLET	1	
ALPRAZOLAM 0.5 MG ODT TABLET	1	
ALPRAZOLAM 1 MG ODT TABLET	1	
ALPRAZOLAM 2 MG ODT TABLET	1	
ALPRAZOLAM 0.25 MG TABLET	1	

2026 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 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 INTENSOL 1 MG/ML ORAL CONCENTRATE	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	
ALTACAINE 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	3	
AMETHIA 0.15-0.03-0.01 MG TABLET	1	
AMETHYST 90-20 MCG TABLET	1	
AMILORIDE 5 MG TABLET	1	
AMILORIDE-HCTZ 5-50 MG TABLET	1	
AMINOCAPROIC ACID 0.25 GM/ML ORAL SOLUTION	4	PA, SRX
AMINOCAPROIC ACID 1,000 MG TABLET	4	PA, SRX
AMINOCAPROIC ACID 500 MG TABLET	4	PA, SRX
AMITRIPTYLINE 10 MG TABLET	1	
AMITRIPTYLINE 25 MG TABLET	1	
AMITRIPTYLINE 50 MG TABLET	1	
AMITRIPTYLINE 75 MG TABLET	1	
AMIODARONE 100 MG TABLET	1	

Medication Name	Tier	Notes
AMIODARONE 200 MG TABLET	1	
AMIODARONE 400 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	
AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
AMMONIUM LACTATE 12% CREAM	1	
AMMONIUM LACTATE 12% LOTION	1	
AMNESTEEM 10 MG CAPSULE	3	
AMNESTEEM 20 MG CAPSULE	3	
AMNESTEEM 40 MG CAPSULE	3	
AMOXAPINE 25 MG TABLET	1	
AMOXAPINE 50 MG TABLET	1	
AMOXAPINE 100 MG TABLET	1	
AMOXAPINE 150 MG TABLET	1	
AMOXICILLIN 250 MG CAPSULE	1	
AMOXICILLIN 500 MG CAPSULE	1	
AMOXICILLIN 125 MG CHEWABLE TABLET	1	
AMOXICILLIN 250 MG CHEWABLE TABLET	1	
AMOXICILLIN 125 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN 200 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN 250 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN 400 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN 500 MG TABLET	1	
AMOXICILLIN 875 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	1	
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	1	
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	1	
AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET	2	
AMPHETAMINE 5 MG TABLET	2	QL
AMPHETAMINE 10 MG TABLET	2	QL
AMPICILLIN 500 MG CAPSULE	1	
ANAGRELIDE 0.5 MG CAPSULE	3	
ANAGRELIDE 1 MG CAPSULE	3	
ANALPRAM HC 2.5%-1% LOTION	3	
ANASTROZOLE 1 MG TABLET	1	

Medication Name	Tier	Notes
ANNOVERA VAGINAL RING	3	
ANORO ELLIPTA 62.5-25 MCG INHALER	2	QL
ANUCORT-HC 25 MG SUPPOSITORY	1	
ANZEMET 50 MG TABLET	4	PA, QL
APIDRA 100 UNIT/ML SOLOSTAR	3	QL, ST
APIDRA 100 UNIT/ML VIAL	3	QL, ST
APRACLONIDINE 0.5% DROPS	1	
APREPITANT 40 MG CAPSULE	2	QL
APREPITANT 80 MG CAPSULE	2	QL
APREPITANT 125 MG CAPSULE	2	QL
APREPITANT 125-80-80 MG PACK	2	QL
APRETUDE ER 600 MG/3 ML VIAL	4	PA, LDD, SRX
APRI 28 DAY TABLET	1	
APTIOM 200 MG TABLET	3	PA, QL
APTIOM 400 MG TABLET	3	PA, QL
APTIOM 600 MG TABLET	3	PA, QL
APTIOM 800 MG TABLET	3	PA, QL
APTIVUS 250 MG CAPSULE	2	SRX
AQ INSULIN SYRINGE 0.5 ML 30G 8MM	2	
AQ INSULIN SYRINGE 1 ML 29G 12MM	2	
AQ INSULIN SYRINGE 1 ML 31G 8MM	2	
AQINJECT PEN NEEDLE 31G 5MM	2	
AQINJECT PEN NEEDLE 32G 4MM	2	
AQUA CARE 0.9% NACL IRRIGATION	1	
AQUA CARE STERILE WATER IRRIGATION	1	
ARANELLE 28 TABLET	1	
ARANESP 10 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 25 MCG/0.42 ML SYRINGE	4	PA, SRX
ARANESP 40 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 60 MCG/0.3 ML SYRINGE	4	PA, SRX
ARANESP 100 MCG/0.5 ML SYRINGE	4	PA, SRX
ARANESP 150 MCG/0.3 ML SYRINGE	4	PA, SRX
ARANESP 200 MCG/0.4 ML SYRINGE	4	PA, SRX
ARANESP 300 MCG/0.6 ML SYRINGE	4	PA, SRX
ARANESP 500 MCG/1 ML SYRINGE	4	PA, SRX
ARANESP 25 MCG/ML VIAL	4	PA, SRX
ARANESP 40 MCG/ML VIAL	4	PA, SRX
ARANESP 60 MCG/ML VIAL	4	PA, SRX
ARANESP 100 MCG/ML VIAL	4	PA, SRX
ARANESP 200 MCG/ML VIAL	4	PA, SRX
ARCALYST 220 MG VIAL	4	PA, LDD, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
AREXVY VIAL KIT	2	
ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION	3	QL
ARIPIPRAZOLE 10 MG ODT TABLET	3	
ARIPIPRAZOLE 15 MG ODT TABLET	3	
ARIPIPRAZOLE 1 MG/ML ORAL SOLUTION	2	
ARIPIPRAZOLE 2 MG TABLET	1	
ARIPIPRAZOLE 5 MG TABLET	1	
ARIPIPRAZOLE 10 MG TABLET	1	
ARIPIPRAZOLE 15 MG TABLET	1	
ARIPIPRAZOLE 20 MG TABLET	1	
ARIPIPRAZOLE 30 MG TABLET	1	
ARMODAFINIL 50 MG TABLET	1	PA
ARMODAFINIL 150 MG TABLET	1	PA
ARMODAFINIL 200 MG TABLET	1	PA
ARMODAFINIL 250 MG TABLET	1	PA
ARMOUR THYROID 15 MG TABLET	2	
ARMOUR THYROID 30 MG TABLET	2	
ARMOUR THYROID 60 MG TABLET	2	
ARMOUR THYROID 90 MG TABLET	2	
ARMOUR THYROID 120 MG TABLET	2	
ARMOUR THYROID 180 MG TABLET	2	
ARMOUR THYROID 240 MG TABLET	2	
ARMOUR THYROID 300 MG TABLET	2	
ARNUITY ELLIPTA 50 MCG INHALER	2	
ARNUITY ELLIPTA 100 MCG INHALER	2	
ARNUITY ELLIPTA 200 MCG INHALER	2	
ASCOMP WITH CODEINE CAPSULE	2	PA
ASENAPINE 2.5 MG SUBLINGUAL TABLET	3	QL
ASENAPINE 5 MG SUBLINGUAL TABLET	3	QL
ASENAPINE 10 MG SUBLINGUAL TABLET	3	QL
ASHLYNA 0.15-0.03-0.01 MG TABLET	1	
ASMANEX 110 MCG #30 TWISTHALER	3	QL, ST
ASMANEX 220 MCG #14 TWISTHALER	3	ST
ASMANEX 220 MCG #30 TWISTHALER	3	QL, ST
ASMANEX 220 MCG #60 TWISTHALER	3	QL, ST
ASMANEX 220 MCG #120 TWISTHALER	3	QL, ST
ASMANEX HFA 50 MCG INHALER	3	QL, ST
ASMANEX HFA 100 MCG INHALER	3	QL, ST
ASMANEX HFA 200 MCG INHALER	3	QL, ST
ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE	2	PA
ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE	1	
ASSURE 4 CONTROL SOLUTION	2	
ASSURE DOSE CONTROL SOLUTION	2	
ASSURE ID DUO PRO NEEDLE 31G 5MM	2	
ASSURE ID PEN NEEDLE 30G 5/16"	2	
ASSURE ID PEN NEEDLE 31G 3/16"	2	
ASSURE ID PRO PEN NEEDLE 30G 5MM	2	
ASSURE ID SYRINGE 0.5 ML 31G 15/64"	2	
ASSURE ID SYRINGE 1 ML 31G 15/64"	2	
ASSURE PRISM CONTROL SOLUTION	2	
ASTAGRAF XL 0.5 MG CAPSULE	4	SRX
ASTAGRAF XL 1 MG CAPSULE	4	SRX
ASTAGRAF XL 5 MG CAPSULE	4	SRX
ASTHMA CHECK PEAK FLOW METER	2	
ASTHMAPACK CHILDREN'S CARE KIT	2	
ATAZANAVIR 150 MG CAPSULE	1	SRX
ATAZANAVIR 200 MG CAPSULE	1	SRX
ATAZANAVIR 300 MG CAPSULE	1	SRX
ATENOLOL 25 MG TABLET	1	
ATENOLOL 50 MG TABLET	1	
ATENOLOL 100 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET	1	
ATOMOXETINE 10 MG CAPSULE	1	QL
ATOMOXETINE 18 MG CAPSULE	1	QL
ATOMOXETINE 25 MG CAPSULE	1	QL
ATOMOXETINE 40 MG CAPSULE	1	QL
ATOMOXETINE 60 MG CAPSULE	1	QL
ATOMOXETINE 80 MG CAPSULE	1	QL
ATOMOXETINE 100 MG CAPSULE	1	QL
ATORVASTATIN 10 MG TABLET	1	
ATORVASTATIN 20 MG TABLET	1	
ATORVASTATIN 40 MG TABLET	1	
ATORVASTATIN 80 MG TABLET	1	
ATOVAQUONE 750 MG/5 ML ORAL SUSPENSION	3	
ATOVAQUONE-PROGUANIL 62.5 MG-25 MG TABLET	1	
ATOVAQUONE-PROGUANIL 250 MG-100 MG TABLET	1	
ATROPINE 1% EYE DROPS	1	
ATROPINE 1% EYE OINTMENT	1	
AUBRA EQ-28 TABLET	1	
AUBRA-28 TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
AUROVELA 1 MG-20 MCG TABLET	1	
AUROVELA 21 1.5 MG-30 MCG TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TABLET	1	
AUROVELA FE 1 MG-20 MCG TABLET	1	
AUROVELA FE 1.5 MG-30 MCG TABLET	1	
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
AUTOPEN 2 TO 42 UNITS	2	
AUTOSHIELD DUO PEN NEEDLE 30G 5MM	2	
AUTOSOFT 30 INFUSION PACK 23" 13MM	2	
AUTOSOFT 30 INFUSION SET 23" 13MM	2	
AUTOSOFT 30 INFUSION SET 43" 13MM	2	
AUTOSOFT 90 INFUSION SET 23" 6MM	2	
AUTOSOFT 90 INFUSION SET 23" 9MM	2	
AUTOSOFT 90 INFUSION SET 43" 6MM	2	
AUTOSOFT 90 INFUSION SET 43" 9MM	2	
AUTOSOFT XC INFUSION PACK 5" 6MM	2	
AUTOSOFT XC INFUSION PACK 23" 6MM	2	
AUTOSOFT XC INFUSION SET 23" 6MM	2	
AUTOSOFT XC INFUSION SET 23" 9MM	2	
AUTOSOFT XC INFUSION SET 32" 6MM	2	
AUTOSOFT XC INFUSION SET 43" 6MM	2	
AUTOSOFT XC INFUSION SET 43" 9MM	2	
AVIANE-28 TABLET	1	
AVONEX 30 MCG/0.5 ML PEN	4	PA, SRX
AVONEX 30 MCG/0.5 ML SYRINGE	4	PA, SRX
AYUNA-28 TABLET	1	
AZASITE 1% EYE DROPS	3	
AZATHIOPRINE 50 MG TABLET	1	SRX
AZELAIC ACID 15% GEL	2	
AZELASTINE 0.05% DROPS	1	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	1	
AZELASTINE 0.15% NASAL SPRAY	1	
AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY	2	
AZITHROMYCIN 100 MG/5 ML ORAL SUSPENSION	1	
AZITHROMYCIN 200 MG/5 ML ORAL SUSPENSION	1	
AZITHROMYCIN 1 GM POWDER PACKET	1	
AZITHROMYCIN 250 MG TABLET	1	
AZITHROMYCIN 500 MG TABLET	1	
AZITHROMYCIN 600 MG TABLET	1	

Medication Name	Tier	Notes
AZURETTE 28 DAY TABLET	1	
BACITRACIN 500 UNIT/GM EYE OINTMENT	2	
BACITRACIN-POLYMYXIN EYE OINTMENT	1	
BACLOFEN 5 MG TABLET	1	
BACLOFEN 10 MG TABLET	1	
BACLOFEN 20 MG TABLET	1	
BAL-CARE DHA COMBO PACK	1	
BALSALAZIDE 750 MG CAPSULE	1	
BALZIVA 28 TABLET	1	
BAQSIMI 3 MG NASAL SPRAY	2	QL
BARACLUDE 0.05 MG/ML ORAL SOLUTION	4	SRX
BASAGLAR 100 UNIT/ML KWIKPEN	2	QL
BASAGLAR 100 UNIT/ML TEMPO PEN	2	QL
BD AUTOSHIELD DUO PEN NEEDLE 30G 5MM	2	
BD BLUNT NEEDLE 18G 1.5"	2	
BD ECLIPSE LUER-LOK SYRINGE 3 ML	2	
BD ECLIPSE NEEDLE 18G 1.5"	2	
BD ECLIPSE NEEDLE 18G 40MM	2	
BD ECLIPSE NEEDLE 21G 1"	2	
BD ECLIPSE NEEDLE 21G 1.5"	2	
BD ECLIPSE NEEDLE 22G 1"	2	
BD ECLIPSE NEEDLE 23G 1"	2	
BD ECLIPSE NEEDLE 23G 25MM	2	
BD ECLIPSE NEEDLE 25G 1"	2	
BD ECLIPSE NEEDLE 25G 1.5"	2	
BD ECLIPSE NEEDLE 25G 16MM	2	
BD ECLIPSE NEEDLE 25G 25MM	2	
BD ECLIPSE NEEDLE 25G 40MM	2	
BD ECLIPSE NEEDLE 30G 13MM	2	
BD ECLIPSE SYRINGE 30G 1/2"	2	
BD FILTER NEEDLE	2	
BD INSULIN SYRINGE 0.3 ML 29G 12.7MM	2	
BD INSULIN SYRINGE 0.3 ML 31G 8MM (1/2)	2	
BD INSULIN SYRINGE 0.5 ML 28G 1/2"	2	
BD INSULIN SYRINGE 0.5 ML 29G 12.7MM	2	
BD INSULIN SYRINGE 1 ML 27G 12.7MM	2	
BD INSULIN SYRINGE 1 ML 27G 5/8"	2	
BD INSULIN SYRINGE 1 ML 28G 1/2"	2	
BD INSULIN SYRINGE 1 ML 29G 12.7MM	2	
BD INSULIN SYRINGE U-500 1/2 ML 31G 6MM	2	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 30G 12.7MM	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 31G 8MM	2	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 30G 12.7MM	2	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 31G 8MM	2	
BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM	2	
BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM	2	
BD INSULIN SYRINGE ULTRAFINE 1 ML 31G 8MM	2	
BD INTEGRA NEEDLE 25G 5/8"	2	
BD INTEGRA RETRA NEEDLE 23G 1"	2	
BD INTEGRA SYRINGE 3 ML 21G 1.5"	2	
BD LUER-LOK SYRINGE 3 ML 25G 5/8"	2	
BD NANO 2 GEN PEN NEEDLE 32G 4MM	2	
BD NEEDLE 16G 1"	2	
BD NEEDLE 16G 1.5"	2	
BD NEEDLE 18G 1"	2	
BD NEEDLE 18G 1.5"	2	
BD NEEDLE 19G 1"	2	
BD NEEDLE 19G 1.5"	2	
BD NEEDLE 20G 1"	2	
BD NEEDLE 20G 1.5"	2	
BD NEEDLE 21G 1"	2	
BD NEEDLE 21G 1.5"	2	
BD NEEDLE 21G 2"	2	
BD NEEDLE 22G 1"	2	
BD NEEDLE 22G 1.5"	2	
BD NEEDLE 22G 3/4"	2	
BD NEEDLE 23G 0.75"	2	
BD NEEDLE 23G 1"	2	
BD NEEDLE 23G 1.25"	2	
BD NEEDLE 23G 1.5"	2	
BD NEEDLE 25G 0.625"	2	
BD NEEDLE 25G 0.875"	2	
BD NEEDLE 25G 1"	2	
BD NEEDLE 25G 1.5"	2	
BD NEEDLE 25G 5/8"	2	
BD NEEDLE 26G 0.375"	2	
BD NEEDLE 26G 0.5"	2	
BD NEEDLE 26G 0.625"	2	
BD NEEDLE 27G 0.5"	2	
BD NEEDLE 27G 1 1.25"	2	
BD NEEDLE 30G 0.5"	2	
BD NEEDLE 30G 1"	2	

Medication Name	Tier	Notes
BD NOKOR ADMIX NEEDLE 18G 1.5"	2	
BD NOKOR NEEDLE 16G 1"	2	
BD NOKOR NEEDLE 18G 1"	2	
BD PRECISIONGLIDE 3 ML 22G 3/4"	2	
BD PRECISIONGLIDE NEEDLE 25G	2	
BD PRECISIONGLIDE NEEDLE 27G 1.5"	2	
BD PRECISIONGLIDE NEEDLE 27G 3/8"	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29G 13MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 8MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30G 8MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29G 13MM	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31G 6MM	2	
BD SAFETYGLIDE NEEDLE	2	
BD SAFETYGLIDE NEEDLE 18G 1.5"	2	
BD SAFETYGLIDE NEEDLE 21G 1"	2	
BD SAFETYGLIDE NEEDLE 21G 1.5"	2	
BD SAFETYGLIDE NEEDLE 22G 1.5"	2	
BD SAFETYGLIDE NEEDLE 23G 40MM	2	
BD SAFETYGLIDE NEEDLE 25G 1"	2	
BD SAFETYGLIDE NEEDLE 27G 5/8"	2	
BD SAFETYGLIDE SYRINGE 27G 5/8"	2	
BD SAFETYGLIDE SYRINGE 3 ML	2	
BD SYRINGE 3 ML 18G 1.5"	2	
BD SYRINGE 3 ML 20G 1.5"	2	
BD SYRINGE 3 ML 25G 1"	2	
BD SYRINGE 3 ML 25G 1.5"	2	
BD SYRINGE WITH NEEDLE 3 ML	2	
BD SYRINGE-SAFETY GLIDE	2	
BD ULTRAFINE MICRO PEN NEEDLE 32G 6MM	2	
BD ULTRAFINE MINI PEN NEEDLE 31G 5MM	2	
BD ULTRAFINE NANO PEN NEEDLE 32G 4MM	2	
BD ULTRAFINE ORIGINAL PEN NEEDLE 29G 12.7MM	2	
BD ULTRAFINE SHORT PEN NEEDLE 31G 8MM	2	
BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM	2	
BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM (1/2)	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
BD VEO INSULIN SYRINGE 0.5 ML 31G 6MM	2	
BD VEO INSULIN SYRINGE 1 ML 31G 6MM	2	
BELLADONNA-OPIUM 16.2-30 SUPPOSITORY	1	PA
BELLADONNA-OPIUM 16.2-60 SUPPOSITORY	1	PA
BENAZEPRIL 5 MG TABLET	1	
BENAZEPRIL 10 MG TABLET	1	
BENAZEPRIL 20 MG TABLET	1	
BENAZEPRIL 40 MG TABLET	1	
BENAZEPRIL-HCTZ 5-6.25 MG TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TABLET	1	
BENAZEPRIL-HCTZ 20-12.5 MG TABLET	1	
BENAZEPRIL-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	3	
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	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	1	
BETAMETHASONE VALERATE 0.1% CREAM	1	
BETAMETHASONE VALERATE 0.12% FOAM	2	
BETAMETHASONE VALERATE 0.1% LOTION	1	
BETAMETHASONE VALERATE 0.1% OINTMENT	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	

Medication Name	Tier	Notes
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, SRX
BIKTARVY 50-200-25 MG TABLET	3	QL, SRX
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
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 CONTROL 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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
BREYNA 80-4.5 MCG INHALER	3	QL
BREYNA 160-4.5 MCG INHALER	3	QL
BRIELLYN TABLET	1	
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 SYRINGE 0.3 ML	2	
BRUKINSA 80 MG CAPSULE	4	PA, QL, LDD, SRX
BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE DR 3 MG CAPSULE	3	
BUDESONIDE EC 3 MG CAPSULE	3	
BUDESONIDE ER 9 MG TABLET	4	PA, QL
BUDESONIDE-FORMOTEROL 80-4.5 INHALER	3	QL
BUDESONIDE-FORMOTEROL 160-4.5 INHALER	3	QL
BUMETANIDE 0.5 MG TABLET	1	
BUMETANIDE 1 MG TABLET	1	
BUMETANIDE 2 MG TABLET	1	
BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BUPRENORPHINE 2 MG SUBLINGUAL TABLET	1	
BUPRENORPHINE 8 MG SUBLINGUAL TABLET	1	
BUPRENORPHINE-NALOXONE 2-0.5 MG FILM	1	
BUPRENORPHINE-NALOXONE 4-1 MG FILM	1	

Medication Name	Tier	Notes
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	
BUPROPION SR 150 MG TABLET (smoking cessation)	1	QL
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	2	PA
BUTALBITAL-ACETAMINOPHEN 50-325 MG TABLET	1	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG CAPSULE	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
BYDUREON BCISE 2 MG AUTO-INJECTOR	2	PA, QL
BYETTA 5 MCG DOSE PEN INJECTOR	2	PA, QL
BYETTA 10 MCG DOSE PEN INJECTOR	2	PA, QL
CA INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
CA INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
CA INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
CA INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
CA INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
CA INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
CA INSULIN SYRINGE 1 ML 29G 1/2"	2	
CA INSULIN SYRINGE 1 ML 30G 5/16"	2	
CA INSULIN SYRINGE 1 ML 31G 5/16"	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
CABERGOLINE 0.5 MG TABLET	1	QL
CABOMETYX 20 MG TABLET	4	PA, QL, LDD, SRX
CABOMETYX 40 MG TABLET	4	PA, QL, LDD, SRX
CABOMETYX 60 MG TABLET	4	PA, QL, LDD, SRX
CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION	1	
CALCIPOTRIENE 0.005% CREAM	2	
CALCIPOTRIENE 0.005% OINTMENT	2	
CALCIPOTRIENE 0.005% TOPICAL SOLUTION	2	
CALCIPOTRIENE-BETAMETHASONE OINTMENT	3	
CALCITONIN-SALMON 200 UNIT NASAL SPRAY	1	
CALCITRIOL 0.25 MCG CAPSULE	1	
CALCITRIOL 0.5 MCG CAPSULE	1	
CALCITRIOL 1 MCG/ML ORAL SOLUTION	1	
CALCITRIOL 3 MCG/G OINTMENT	1	QL
CALCIUM ACETATE 667 MG CAPSULE	1	
CALCIUM ACETATE 667 MG GELCAP	1	
CALCIUM ACETATE 667 MG TABLET	1	
CALQUENCE 100 MG TABLET	4	PA, QL, LDD, SRX
CAMILA 0.35 MG TABLET	1	
CAMRESE 0.15-0.03-0.01 MG TABLET	1	
CAMRESE LO TABLET	1	
CAMZYOS 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
CAMZYOS 5 MG CAPSULE	4	PA, QL, LDD, SRX
CAMZYOS 10 MG CAPSULE	4	PA, QL, LDD, SRX
CAMZYOS 15 MG CAPSULE	4	PA, QL, LDD, SRX
CANDESARTAN 4 MG TABLET	1	
CANDESARTAN 8 MG TABLET	1	
CANDESARTAN 16 MG TABLET	1	
CANDESARTAN 32 MG TABLET	1	
CANDESARTAN-HCTZ 16-12.5 MG TABLET	1	
CANDESARTAN-HCTZ 32-12.5 MG TABLET	1	
CANDESARTAN-HCTZ 32-25 MG TABLET	1	
CAPECITABINE 150 MG TABLET	4	PA, SRX
CAPECITABINE 500 MG TABLET	4	PA, SRX
CAPRELSA 100 MG TABLET	4	PA, QL, LDD, SRX
CAPRELSA 300 MG TABLET	4	PA, QL, LDD, SRX
CAPTOPRIL 12.5 MG TABLET	1	
CAPTOPRIL 25 MG TABLET	1	
CAPTOPRIL 50 MG TABLET	1	
CAPTOPRIL 100 MG TABLET	1	
CAPTOPRIL-HCTZ 25-15 MG TABLET	1	QL
CAPTOPRIL-HCTZ 25-25 MG TABLET	1	QL
CAPTOPRIL-HCTZ 50-15 MG TABLET	1	QL
CAPTOPRIL-HCTZ 50-25 MG TABLET	1	QL
CAPVAXIVE 0.5 ML SYRINGE	2	
CARBAMAZEPINE 100 MG CHEWABLE TABLET	1	
CARBAMAZEPINE 100 MG/5 ML ORAL SUSPENSION	1	
CARBAMAZEPINE 200 MG TABLET	1	
CARBAMAZEPINE ER 100 MG CAPSULE	1	
CARBAMAZEPINE ER 200 MG CAPSULE	1	
CARBAMAZEPINE ER 300 MG CAPSULE	1	
CARBAMAZEPINE ER 100 MG TABLET	1	
CARBAMAZEPINE ER 200 MG TABLET	1	
CARBAMAZEPINE ER 400 MG TABLET	1	
CARBIDOPA 25 MG TABLET	3	
CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET	1	
CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET	1	
CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET	1	
CARBIDOPA-LEVODOPA 10-100 TABLET	1	
CARBIDOPA-LEVODOPA 25-100 TABLET	1	
CARBIDOPA-LEVODOPA 25-250 TABLET	1	
CARBIDOPA-LEVODOPA ER 25-100 TABLET	1	
CARBIDOPA-LEVODOPA ER 50-200 TABLET	1	
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5 MG-50 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 18.75 MG-75 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 25 MG-100 MG-200 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 31.25 MG-125 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 37.5 MG-150 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 50 MG-200 MG-200 MG TABLET	2	
CARBINOXAMINE 4 MG/5 ML ORAL LIQUID	1	
CARBINOXAMINE 4 MG TABLET	1	
CAREFINE PEN NEEDLE 29G 12.7MM	2	
CAREFINE PEN NEEDLE 30G 8MM	2	
CAREFINE PEN NEEDLE 31G 6MM	2	
CAREFINE PEN NEEDLE 31G 8MM	2	
CAREFINE PEN NEEDLE 32G 4MM	2	
CAREFINE PEN NEEDLE 32G 5MM	2	
CAREFINE PEN NEEDLE 32G 6MM	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
CAREONE SYRINGE 0.3 ML 30G 1/2"	2	
CAREONE SYRINGE 0.5 ML 30G 1/2"	2	
CAREONE SYRINGE 1 ML 30G 1/2"	2	
CAREONE UNIFINE PENTIP 29G 1/2"	2	
CAREONE UNIFINE PENTIP 29G 12MM	2	
CAREONE UNIFINE PENTIP 31G 1/4"	2	
CAREONE UNIFINE PENTIP 31G 3/16"	2	
CAREONE UNIFINE PENTIP 31G 5/16"	2	
CAREONE UNIFINE PENTIP 31G 5MM	2	
CAREONE UNIFINE PENTIP 31G 6MM	2	
CAREONE UNIFINE PENTIP 31G 8MM	2	
CAREONE UNIFINE PENTIP 32G 4MM	2	
CAREONE UNIFINE PENTIP 32G 5/32"	2	
CAREPOINT LL SYRINGE 3 ML 20G 1.5"	2	
CAREPOINT LL SYRINGE 3 ML 21G 1"	2	
CAREPOINT LL SYRINGE 3 ML 21G 1.5"	2	
CAREPOINT LL SYRINGE 3 ML 22G 1"	2	
CAREPOINT LL SYRINGE 3 ML 22G 38MM	2	
CAREPOINT LL SYRINGE 3 ML 23G 1"	2	
CAREPOINT LL SYRINGE 3 ML 23G 1.5"	2	
CAREPOINT LL SYRINGE 3 ML 25G 1"	2	
CAREPOINT LL SYRINGE 3 ML 25G 5/8"	2	
CAREPOINT PRECISION NEEDLE 21G 1"	2	
CARESENS CONTROL SOLUTION	2	
CARETOUCH L2-L3 CONTROL SOLUTION	2	
CARETOUCH HYPODERMIC NEEDLE 18G 1.5"	2	
CARETOUCH HYPODERMIC NEEDLE 20G 1"	2	
CARETOUCH HYPODERMIC NEEDLE 22G 1"	2	
CARETOUCH HYPODERMIC NEEDLE 23G 1"	2	
CARETOUCH HYPODERMIC NEEDLE 23G 1.5"	2	
CARETOUCH HYPODERMIC NEEDLE 25G 1"	2	
CARETOUCH HYPODERMIC NEEDLE 25G 1.5"	2	
CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	2	
CARETOUCH HYPODERMIC NEEDLE 26G 1"	2	
CARETOUCH LL SYRINGE 3 ML 22G 1"	2	
CARETOUCH LL SYRINGE 3 ML 22G 1.5"	2	
CARETOUCH LL SYRINGE 3 ML 23G 1"	2	
CARETOUCH LL SYRINGE 3 ML 23G 1.5"	2	
CARETOUCH LL SYRINGE 3 ML 25G 1"	2	
CARETOUCH LL SYRINGE 3 ML 25G 1.5"	2	
CARETOUCH LL SYRINGE 3 ML 25G 5/8"	2	

Medication Name	Tier	Notes
CARETOUCH PEN NEEDLE 29G 12MM	2	
CARETOUCH PEN NEEDLE 31G 1/4"	2	
CARETOUCH PEN NEEDLE 31G 3/16"	2	
CARETOUCH PEN NEEDLE 31G 5/16"	2	
CARETOUCH PEN NEEDLE 32G 3/16"	2	
CARETOUCH PEN NEEDLE 32G 5/32"	2	
CARETOUCH SYRINGE 0.3 ML 31G 5/16"	2	
CARETOUCH SYRINGE 0.5 ML 30G 5/16"	2	
CARETOUCH SYRINGE 0.5 ML 31G 5/16"	2	
CARETOUCH SYRINGE 1 ML 28G 5/16"	2	
CARETOUCH SYRINGE 1 ML 29G 5/16"	2	
CARETOUCH SYRINGE 1 ML 30G 5/16"	2	
CARETOUCH SYRINGE 1 ML 31G 5/16"	2	
CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	4	PA, LDD, SRX
CARISOPRODOL 250 MG TABLET	1	
CARISOPRODOL 350 MG TABLET	1	
CARISOPRODOL-ASPIRIN 200-325 MG TABLET	1	
CARISOPRODOL-ASPIRIN-CODEINE TABLET	1	PA
CARTEOLOL 1% EYE DROPS	1	
CARTIA XT 120 MG CAPSULE	1	
CARTIA XT 180 MG CAPSULE	1	
CARTIA XT 240 MG CAPSULE	1	
CARTIA XT 300 MG CAPSULE	1	
CARVEDILOL 3.125 MG TABLET	1	
CARVEDILOL 6.25 MG TABLET	1	
CARVEDILOL 12.5 MG TABLET	1	
CARVEDILOL 25 MG TABLET	1	
CAYSTON 75 MG INHALATION SOLUTION	4	PA, QL, LDD, SRX
CAZIANT 28 DAY TABLET	1	
CEFACLOR 250 MG CAPSULE	1	
CEFACLOR 500 MG CAPSULE	1	
CEFACLOR 125 MG/5 ML ORAL SUSPENSION	1	
CEFACLOR 250 MG/5 ML ORAL SUSPENSION	1	
CEFACLOR 375 MG/5 ML ORAL SUSPENSION	1	
CEFACLOR ER 500 MG TABLET	2	
CEFADROXIL 500 MG CAPSULE	1	
CEFADROXIL 250 MG/5 ML ORAL SUSPENSION	1	
CEFADROXIL 500 MG/5 ML ORAL SUSPENSION	1	
CEFADROXIL 1 GM TABLET	1	
CEFDINIR 300 MG CAPSULE	1	
CEFDINIR 125 MG/5 ML ORAL SUSPENSION	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
CEFDINIR 250 MG/5 ML ORAL SUSPENSION	1	
CEFIXIME 400 MG CAPSULE	2	
CEFIXIME 100 MG/5 ML ORAL SUSPENSION	2	
CEFIXIME 200 MG/5 ML ORAL SUSPENSION	2	
CEFPODOXIME 50 MG/5 ML ORAL SUSPENSION	1	
CEFPODOXIME 100 MG/5 ML ORAL SUSPENSION	1	
CEFPODOXIME 100 MG TABLET	1	
CEFPODOXIME 200 MG TABLET	1	
CEFPROZIL 125 MG/5 ML ORAL SUSPENSION	1	
CEFPROZIL 250 MG/5 ML ORAL SUSPENSION	1	
CEFPROZIL 250 MG TABLET	1	
CEFPROZIL 500 MG TABLET	1	
CEFUROXIME AXETIL 250 MG TABLET	1	
CEFUROXIME AXETIL 500 MG TABLET	1	
CELECOXIB 50 MG CAPSULE	1	QL
CELECOXIB 100 MG CAPSULE	1	QL
CELECOXIB 200 MG CAPSULE	1	QL
CELECOXIB 400 MG CAPSULE	1	QL
CEPHALEXIN 250 MG CAPSULE	1	
CEPHALEXIN 500 MG CAPSULE	1	
CEPHALEXIN 750 MG CAPSULE	1	
CEPHALEXIN 125 MG/5 ML ORAL SUSPENSION	1	
CEPHALEXIN 250 MG/5 ML ORAL SUSPENSION	1	
CEQUR SIMPLICITY INSERTER	2	
CETIRIZINE 1 MG/ML ORAL SOLUTION	1	
CETIRIZINE 1 MG/ML SYRUP	1	
CEVIMELINE 30 MG CAPSULE	1	
CHARLOTTE 24 FE CHEWABLE TABLET	1	
CHATEAL EQ-28 TABLET	1	
CHEK-STIX TEST STRIP	2	
CHEMET 100 MG CAPSULE	3	
CHEMSTRIP 10 MD TEST STRIP	2	
CHEMSTRIP 10 WITH SG TEST STRIP	2	
CHEMSTRIP 2 GP TEST STRIP	2	
CHEMSTRIP 2 LN TEST STRIP	2	
CHEMSTRIP 50B TEST STRIP	2	
CHEMSTRIP 7 TEST STRIP	2	
CHEMSTRIP BG DIARY	2	
CHEMSTRIP MICRAL TEST STRIP	2	
CHEMSTRIP-9 TEST STRIP	2	
CHLORDIAZEPOXIDE 5 MG CAPSULE	1	
CHLORDIAZEPOXIDE 10 MG CAPSULE	1	
CHLORDIAZEPOXIDE 25 MG CAPSULE	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET	1	
CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	1	
CHLORHEXIDINE 0.12% ORAL RINSE	1	
CHLOROQUINE 250 MG TABLET	1	
CHLOROQUINE 500 MG TABLET	1	
CHLORPROMAZINE 10 MG TABLET	2	
CHLORPROMAZINE 25 MG TABLET	2	
CHLORPROMAZINE 50 MG TABLET	2	
CHLORPROMAZINE 100 MG TABLET	2	
CHLORPROMAZINE 200 MG TABLET	2	
CHLORTHALIDONE 25 MG TABLET	1	
CHLORTHALIDONE 50 MG TABLET	1	
CHLORZOXAZONE 500 MG TABLET	1	
CHOLESTYRAMINE LIGHT PACKET	1	
CHOLESTYRAMINE LIGHT POWDER	1	
CHOLESTYRAMINE PACKET	1	
CHOLESTYRAMINE POWDER	1	
CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	3	PA, SRX
CICLODAN 0.77% CREAM	1	
CICLODAN 8% TOPICAL SOLUTION	1	
CICLOPIROX 0.77% CREAM	1	
CICLOPIROX 0.77% GEL	1	
CICLOPIROX 1% SHAMPOO	1	
CICLOPIROX 8% TOPICAL SOLUTION	1	
CICLOPIROX 0.77% TOPICAL SUSPENSION	1	
CILOSTAZOL 50 MG TABLET	1	
CILOSTAZOL 100 MG TABLET	1	
CILOXAN 0.3% OINTMENT	3	
CIMETIDINE 300 MG/5 ML ORAL SOLUTION	1	
CIMETIDINE 200 MG TABLET	1	
CIMETIDINE 300 MG TABLET	1	
CIMETIDINE 400 MG TABLET	1	
CIMETIDINE 800 MG TABLET	1	
CIMZIA 2X200 MG VIAL KIT	4	PA, QL, LDD, SRX
CIMZIA 2X200 MG/ML (X3) STARTER KIT	4	PA, QL, LDD, SRX
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA, QL, LDD, SRX
CINACALCET 30 MG TABLET	4	PA, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
CINACALCET 60 MG TABLET	4	PA, SRX
CINACALCET 90 MG TABLET	4	PA, SRX
CIPROFLOXACIN 0.2% EAR SOLUTION	1	
CIPROFLOXACIN 0.3% EYE DROPS	1	
CIPROFLOXACIN 250 MG/5 ML ORAL SUSPENSION	1	
CIPROFLOXACIN 500 MG/5 ML ORAL SUSPENSION	1	
CIPROFLOXACIN 250 MG TABLET	1	
CIPROFLOXACIN 500 MG TABLET	1	
CIPROFLOXACIN 750 MG TABLET	1	
CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION	2	
CIPROFLOXACIN-FLUOCINOLONE 0.3-0.025% VIAL	2	PA
CITALOPRAM 10 MG/5 ML ORAL SOLUTION	1	QL
CITALOPRAM 10 MG TABLET	1	QL
CITALOPRAM 20 MG TABLET	1	QL
CITALOPRAM 40 MG TABLET	1	QL
CLARAVIS 10 MG CAPSULE	3	
CLARAVIS 20 MG CAPSULE	3	
CLARAVIS 30 MG CAPSULE	3	
CLARAVIS 40 MG CAPSULE	3	
CLARITHROMYCIN 125 MG/5 ML ORAL SUSPENSION	1	
CLARITHROMYCIN 250 MG/5 ML ORAL SUSPENSION	1	
CLARITHROMYCIN 250 MG TABLET	1	
CLARITHROMYCIN 500 MG TABLET	1	
CLARITHROMYCIN ER 500 MG TABLET	2	
CLEMASTINE 2.68 MG TABLET	1	
CLEVER CHOICE CHAMBER-LARGE MASK	2	QL
CLEVER CHOICE CHAMBER-MEDIUM MASK	2	QL
CLEVER CHOICE CHAMBER-SMALL MASK	2	QL
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	2	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	2	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	2	
CLEVER CHOICE PEAK FLOW METER	2	
CLICKFINE NEEDLE 31G 1/4"	2	
CLICKFINE NEEDLE 31G 5/16"	2	
CLICKFINE PEN NEEDLE 32G 5/32"	2	
CLICKFINE UNIVERSAL 31G 1/4"	2	
CLINDACIN 1% FOAM	2	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P 1% PLEDGET	1	
CLINDAMYCIN (PEDI) 75 MG/5 ML ORAL SOLUTION	1	
CLINDAMYCIN 2% VAGINAL CREAM	1	

Medication Name	Tier	Notes
CLINDAMYCIN HCL 75 MG CAPSULE	1	
CLINDAMYCIN HCL 150 MG CAPSULE	1	
CLINDAMYCIN HCL 300 MG CAPSULE	1	
CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CLINDAMYCIN PHOSPHATE 1% GEL	1	
CLINDAMYCIN PHOSPHATE 1% LOTION	1	
CLINDAMYCIN PHOSPHATE 1% PLEDGET	1	
CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	1	
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL	1	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL	1	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP	1	
CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL	1	
CLINDESSE 2% VAGINAL CREAM	3	
CLOBAZAM 2.5 MG/ML ORAL SUSPENSION	3	PA
CLOBAZAM 10 MG TABLET	3	PA
CLOBAZAM 20 MG TABLET	3	PA
CLOBETASOL 0.05% CREAM	1	QL
CLOBETASOL 0.05% GEL	1	QL
CLOBETASOL 0.05% OINTMENT	1	QL
CLOBETASOL 0.05% SHAMPOO	1	QL
CLOBETASOL 0.05% TOPICAL LOTION	1	QL
CLOBETASOL 0.05% TOPICAL SOLUTION	1	QL
CLOBETASOL EMOLLIENT 0.05% CREAM	1	QL
CLOBETASOL EMOLLIENT 0.05% FOAM	2	QL
CLOBETASOL EMULSION 0.05% FOAM	2	QL
CLOBETASOL PROPIONATE 0.05% FOAM	1	QL
CLOBETASOL PROPIONATE 0.05% SPRAY	1	QL
CLOCORTOLONE PIVALATE 0.1% CREAM	3	
CLODAN 0.05% SHAMPOO	1	QL
CLOMIPRAMINE 25 MG CAPSULE	3	
CLOMIPRAMINE 50 MG CAPSULE	3	
CLOMIPRAMINE 75 MG CAPSULE	3	
CLONAZEPAM 0.125 MG ODT TABLET	1	
CLONAZEPAM 0.25 MG ODT TABLET	1	
CLONAZEPAM 0.5 MG ODT TABLET	1	
CLONAZEPAM 1 MG ODT TABLET	1	
CLONAZEPAM 2 MG ODT TABLET	1	
CLONAZEPAM 0.5 MG TABLET	1	
CLONAZEPAM 1 MG TABLET	1	
CLONAZEPAM 2 MG TABLET	1	
CLONIDINE 0.1 MG/DAY PATCH	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
CLONIDINE 0.2 MG/DAY PATCH	1	
CLONIDINE 0.3 MG/DAY PATCH	1	
CLONIDINE 0.1 MG TABLET	1	
CLONIDINE 0.2 MG TABLET	1	
CLONIDINE 0.3 MG TABLET	1	
CLONIDINE ER 0.1 MG TABLET	1	
CLOPIDOGREL 75 MG TABLET	1	
CLOPIDOGREL 300 MG TABLET	1	
CLORAZEPATE 3.75 MG TABLET	1	
CLORAZEPATE 7.5 MG TABLET	1	
CLORAZEPATE 15 MG TABLET	1	
CLOTRIMAZOLE 10 MG LOZENGE	1	
CLOTRIMAZOLE 1% TOPICAL CREAM	1	
CLOTRIMAZOLE 1% TOPICAL SOLUTION	1	
CLOTRIMAZOLE 10 MG TROCHE	1	
CLOTRIMAZOLE-BETAMETHASONE CREAM	1	
CLOTRIMAZOLE-BETAMETHASONE LOTION	1	
CLOZAPINE 25 MG TABLET	1	
CLOZAPINE 50 MG TABLET	1	
CLOZAPINE 100 MG TABLET	1	
CLOZAPINE 200 MG TABLET	1	
CLOZAPINE 12.5 MG ODT TABLET	3	
CLOZAPINE 25 MG ODT TABLET	3	
CLOZAPINE 150 MG ODT TABLET	3	
CLOZAPINE 100 MG ODT TABLET	3	
CLOZAPINE 200 MG ODT TABLET	3	
C-NATE DHA SOFTGEL	1	
COARTEM TABLET	3	QL
CODEINE SULFATE 15 MG TABLET	1	PA
CODEINE SULFATE 30 MG TABLET	1	PA
CODEINE SULFATE 60 MG TABLET	1	PA
COLCHICINE 0.6 MG TABLET	1	
COLESEVELAM 3.75 G PACKET	2	
COLESEVELAM 625 MG TABLET	2	
COLESTIPOL GRANULES	1	
COLESTIPOL GRANULES PACKET	1	
COLESTIPOL 1 GM TABLET	1	
COMBISTIX REAGENT TEST STRIP	2	
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL, LDD, SRX
COMETRIQ 100 MG DAILY-DOSE PACK	4	PA, QL, LDD, SRX
COMETRIQ 140 MG DAILY-DOSE PACK	4	PA, QL, LDD, SRX

Medication Name	Tier	Notes
COMFORT EZ INSULIN SYRINGE 0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30G 1/2"	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 31G 15/64"	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 31G 15/64"	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
COMFORT EZ INSULIN SYRINGE 1 ML 31G 15/64"	2	
COMFORT EZ INSULIN SYRINGE 1 ML 31G 5/16"	2	
COMFORT EZ PEN NEEDLE 29G 12MM	2	
COMFORT EZ PEN NEEDLE 31G 5MM	2	
COMFORT EZ PEN NEEDLE 31G 6MM	2	
COMFORT EZ PEN NEEDLE 31G 8MM	2	
COMFORT EZ PEN NEEDLE 32G 4MM	2	
COMFORT EZ PEN NEEDLE 32G 5MM	2	
COMFORT EZ PEN NEEDLE 32G 6MM	2	
COMFORT EZ PEN NEEDLE 32G 8MM	2	
COMFORT EZ PEN NEEDLE 33G 4MM	2	
COMFORT EZ PEN NEEDLE 33G 5MM	2	
COMFORT EZ PEN NEEDLE 33G 6MM	2	
COMFORT EZ PEN NEEDLE 33G 8MM	2	
COMFORT EZ PRO PEN NEEDLE 30G 8MM	2	
COMFORT EZ PRO PEN NEEDLE 31G 4MM	2	
COMFORT EZ PRO PEN NEEDLE 31G 5MM	2	
COMFORT EZ SYRINGE 0.3 ML 29G 1/2"	2	
COMFORT EZ SYRINGE 0.5 ML 28G 1/2"	2	
COMFORT EZ SYRINGE 0.5 ML 29G 1/2"	2	
COMFORT EZ SYRINGE 0.5 ML 30G 1/2"	2	
COMFORT EZ SYRINGE 1 ML 28G 1/2"	2	
COMFORT EZ SYRINGE 1 ML 29G 1/2"	2	
COMFORT EZ SYRINGE 1 ML 30G 5/16"	2	
COMFORT EZ SYRINGE 1 ML 30G 1/2"	2	
COMFORT POINT PEN NEEDLE 29G 1/2"	2	
COMFORT POINT PEN NEEDLE 31G 1/3"	2	
COMFORT POINT PEN NEEDLE 31G 1/4"	2	
COMFORT POINT PEN NEEDLE 31G 1/6"	2	
COMFORT TOUCH PEN NEEDLE 31G 4MM	2	
COMFORT TOUCH PEN NEEDLE 31G 5MM	2	
COMFORT TOUCH PEN NEEDLE 31G 6MM	2	
COMFORT TOUCH PEN NEEDLE 31G 8MM	2	
COMFORT TOUCH PEN NEEDLE 32G 4MM	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
COMFORT TOUCH PEN NEEDLE 32G 5MM	2	
COMFORT TOUCH PEN NEEDLE 32G 6MM	2	
COMFORT TOUCH PEN NEEDLE 32G 8MM	2	
COMFORT TOUCH PEN NEEDLE 33G 4MM	2	
COMFORT TOUCH PEN NEEDLE 33G 5MM	2	
COMFORT TOUCH PEN NEEDLE 33G 6MM	2	
COMFORTSEAL LARGE MASK	2	QL
COMFORTSEAL MEDIUM MASK	2	QL
COMFORTSEAL SMALL MASK	2	QL
COMIRNATY (12Y UP) SYRINGE	2	
COMIRNATY (12Y UP) VIAL	2	
COMIRNATY 30 MCG/0.3 ML VACCINE - GRAY	2	
COMPACT SPACE CHAMBER	2	QL
COMPACT SPACE CHAMBER-LARGE MASK	2	QL
COMPACT SPACE CHAMBER-MEDIUM MASK	2	QL
COMPACT SPACE CHAMBER-SMALL MASK	2	QL
COMPLETENATE CHEWABLE TABLET	1	
COMPRO 25 MG SUPPOSITORY	2	
CONSTULOSE 10 GM/15 ML ORAL SOLUTION	1	
CONTOUR CONTROL SOLUTION	2	
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	2	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	2	
COOL A CONTROL SOLUTION	2	
COOL B CONTROL SOLUTION	2	
CORTISONE 25 MG TABLET	1	
CORTISPORIN-TC EAR SUSPENSION	3	
COSENTYX 75 MG/0.5 ML SYRINGE	4	PA, QL, SRX
COSENTYX 150 MG/ML SYRINGE	4	PA, QL, SRX
COSENTYX 300 MG DOSE-2 SYRINGE	4	PA, QL, SRX
COSENTYX SENSOREADY 150 MG PEN	4	PA, QL, SRX
COSENTYX SENSOREADY 300 MG DOSE-2PEN	4	PA, QL, SRX
COSENTYX UNOREADY 300 MG PEN	4	PA, QL, SRX
COTELLIC 20 MG TABLET	4	PA, QL, LDD, SRX
COVARYX H.S. TABLET	1	
COVARYX TABLET	1	
CRESEMBA 74.5 MG CAPSULE	3	PA
CRESEMBA 186 MG CAPSULE	3	PA
CROMOLYN 4% EYE DROPS	1	
CROMOLYN 20 MG/2 ML INHALATION SOLUTION	3	QL
CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	3	
CROTAN 10% LOTION	3	PA

Medication Name	Tier	Notes
CRYSELLE-28 TABLET	1	
CVS ALKALINE BATTERIES	2	
CVS KETONE CARE TEST STRIP	2	
CYANOCOBALAMIN 1,000 MCG/ML VIAL	1	
CYANOCOBALAMIN 10,000 MCG/10 ML VIAL	1	
CYANOCOBALAMIN 30,000 MCG/30 ML VIAL	1	
CYCLOBENZAPRINE 5 MG TABLET	1	
CYCLOBENZAPRINE 10 MG TABLET	1	
CYCLOMYDRIL EYE DROPS	3	
CYCLOPENTOLATE 0.5% EYE DROPS	1	
CYCLOPENTOLATE 1% EYE DROPS	1	
CYCLOPENTOLATE 2% EYE DROPS	1	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	2	SRX
CYCLOPHOSPHAMIDE 50 MG CAPSULE	2	SRX
CYCLOSERINE 250 MG CAPSULE	1	
CYCLOSET 0.8 MG TABLET	3	
CYCLOSPORINE 25 MG CAPSULE	1	SRX
CYCLOSPORINE 100 MG CAPSULE	1	SRX
CYCLOSPORINE 0.05% EYE EMULSION	3	
CYCLOSPORINE MODIFIED 25 MG CAPSULE	1	SRX
CYCLOSPORINE MODIFIED 50 MG CAPSULE	1	SRX
CYCLOSPORINE MODIFIED 100 MG CAPSULE	1	SRX
CYCLOSPORINE MODIFIED 100 MG/ML ORAL SOLUTION	1	SRX
CYLTEZO (CF) 40 MG CROHN'S-UC-HS PEN	4	PA, QL, SRX
CYLTEZO (CF) 40 MG/0.4 ML PEN	4	PA, QL, SRX
CYLTEZO (CF) 40 MG/0.8 ML PEN	4	PA, QL, SRX
CYLTEZO (CF) 40 MG PSORIASIS-UVEITIS PEN	4	PA, QL, SRX
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/0.4 ML SYRINGE	4	PA, QL, SRX
CYLTEZO (CF) 40 MG/0.8 ML SYRINGE	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, SRX
DABIGATRAN 75 MG CAPSULE	3	QL
DABIGATRAN 110 MG CAPSULE	3	QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
DABIGATRAN 150 MG CAPSULE	3	QL
DALFAMPRIDINE ER 10 MG TABLET	4	PA, QL, SRX
DANAZOL 50 MG CAPSULE	1	
DANAZOL 100 MG CAPSULE	1	
DANAZOL 200 MG CAPSULE	1	
DANTROLENE 25 MG CAPSULE	1	
DANTROLENE 50 MG CAPSULE	1	
DANTROLENE 100 MG CAPSULE	1	
DAPSONE 25 MG TABLET	3	
DAPSONE 100 MG TABLET	3	
DAPTACEL DTAP VACCINE	2	
DARIFENACIN ER 7.5 MG TABLET	1	
DARIFENACIN ER 15 MG TABLET	1	
DARUNAVIR 600 MG TABLET	1	SRX
DARUNAVIR 800 MG TABLET	1	SRX
DASATINIB 20 MG TABLET	4	PA, QL, SRX
DASATINIB 50 MG TABLET	4	PA, QL, SRX
DASATINIB 70 MG TABLET	4	PA, QL, SRX
DASATINIB 80 MG TABLET	4	PA, QL, SRX
DASATINIB 100 MG TABLET	4	PA, QL, SRX
DASATINIB 140 MG TABLET	4	PA, QL, SRX
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TABLET	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 90 MG GRANULE PACKET	4	PA, SRX
DEFERASIROX 180 MG GRANULE PACKET	4	PA, SRX
DEFERASIROX 360 MG GRANULE PACKET	4	PA, SRX
DEFERASIROX 90 MG TABLET	4	PA, SRX
DEFERASIROX 180 MG TABLET	4	PA, SRX
DEFERASIROX 360 MG TABLET	4	PA, SRX
DEFERASIROX 125 MG TABLET FOR SUSPENSION	4	PA, SRX
DEFERASIROX 250 MG TABLET FOR SUSPENSION	4	PA, SRX
DEFERASIROX 500 MG TABLET FOR SUSPENSION	4	PA, SRX
DEFERIPRONE 500 MG TABLET	4	PA, SRX
DEFERIPRONE 1,000 MG TABLET (3X/DAY)	4	PA, SRX
DELTEC COZMO CLEO INFUSION SET	2	
DEMECLOCYCLINE 150 MG TABLET	2	
DEMECLOCYCLINE 300 MG TABLET	2	
DENTA 5000 PLUS SENSITIVE TOOTHPASTE	1	
DENTA 5000 PLUS TOOTHPASTE	1	

Medication Name	Tier	Notes
DENTAGEL 1.1% GEL	1	
DEPO-SUBQ PROVERA 104 SYRINGE	3	
DERMACINRX LIDOCAN 5% PATCH	1	
DESCOVY 120-15 MG TABLET	2	SRX
DESCOVY 200-25 MG TABLET	2	SRX
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	
DESLORATADINE 5 MG TABLET	1	QL
DESLORATADINE 2.5 MG ODT TABLET	1	QL
DESLORATADINE 5 MG ODT 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	2	
DESONIDE 0.05% OINTMENT	1	
DESOXIMETASONE 0.05% CREAM	2	
DESOXIMETASONE 0.25% CREAM	2	
DESOXIMETASONE 0.05% GEL	2	
DESOXIMETASONE 0.05% OINTMENT	2	
DESOXIMETASONE 0.25% OINTMENT	2	
DESVENLAFAXINE SUCCINATE ER 25 MG TABLET	1	QL
DESVENLAFAXINE SUCCINATE ER 50 MG TABLET	1	QL
DESVENLAFAXINE SUCCINATE ER 100 MG 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	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL 1 MG/ML ORAL CONCENTRATE	1	
DEXCOM G6 RECEIVER	2	PA, QL
DEXCOM G6 SENSOR	2	PA, QL
DEXCOM G6 TRANSMITTER	2	PA, QL
DEXCOM G7 RECEIVER	2	PA, QL
DEXCOM G7 SENSOR	2	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAPSULE	3	QL
DEXLANSOPRAZOLE DR 60 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE 2.5 MG TABLET	1	QL
DEXMETHYLPHENIDATE 5 MG TABLET	1	QL
DEXMETHYLPHENIDATE 10 MG TABLET	1	QL
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL
DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION	1	QL
DEXTROAMPHETAMINE 5 MG TABLET	1	QL
DEXTROAMPHETAMINE 10 MG TABLET	1	QL
DEXTROAMPHETAMINE ER 5 MG CAPSULE	1	QL
DEXTROAMPHETAMINE ER 10 MG CAPSULE	1	QL
DEXTROAMPHETAMINE ER 15 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE	1	QL
DIASTIX REAGENT TEST STRIP	2	
DIATRUE LEVEL 1 CONTROL SOLUTION	2	
DIATRUE LEVEL 2 CONTROL SOLUTION	2	
DIATRUE LEVEL 3 CONTROL SOLUTION	2	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	1	
DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE	1	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	1	
DIAZEPAM 2.5 MG RECTAL GEL (2PK)	1	
DIAZEPAM 10 MG RECTAL GEL (2PK)	1	
DIAZEPAM 20 MG RECTAL GEL (2PK)	1	
DIAZEPAM 10 MG RECTAL GEL SYRINGE	1	
DIAZEPAM 20 MG RECTAL GEL SYRINGE	1	
DIAZEPAM 2 MG TABLET	1	
DIAZEPAM 5 MG TABLET	1	
DIAZEPAM 10 MG TABLET	1	
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	3	
DICLOFENAC 0.1% EYE DROPS	1	
DICLOFENAC 1.5% TOPICAL SOLUTION	1	
DICLOFENAC POTASSIUM 50 MG TABLET	1	
DICLOFENAC SODIUM 1% GEL	1	QL
DICLOFENAC SODIUM DR 25 MG TABLET	1	
DICLOFENAC SODIUM DR 50 MG TABLET	1	
DICLOFENAC SODIUM DR 75 MG TABLET	1	
DICLOFENAC SODIUM EC 25 MG TABLET	1	
DICLOFENAC SODIUM EC 50 MG TABLET	1	
DICLOFENAC SODIUM EC 75 MG TABLET	1	
DICLOFENAC SODIUM ER 100 MG TABLET	1	
DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET	1	
DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET	1	
DICLOXACILLIN 250 MG CAPSULE	1	
DICLOXACILLIN 500 MG CAPSULE	1	
DICYCLOMINE 10 MG CAPSULE	1	
DICYCLOMINE 10 MG/5 ML ORAL SOLUTION	1	
DICYCLOMINE 20 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
DIDANOSINE DR 250 MG CAPSULE	1	SRX
DIDANOSINE DR 400 MG CAPSULE	1	SRX
DIFICID 40 MG/ML ORAL SUSPENSION	3	PA, QL
DIFICID 200 MG TABLET	3	PA, QL
DIFLUNISAL 500 MG TABLET	1	
DIFLUPREDNATE 0.05% EYE DROPS	2	
DIGOX 125 MCG TABLET	1	
DIGOX 250 MCG TABLET	1	
DIGOXIN 0.05 MG/ML ORAL SOLUTION	1	
DIGOXIN 0.125 MG TABLET	1	
DIGOXIN 0.25 MG TABLET	1	
DIGOXIN 125 MCG TABLET	1	
DIGOXIN 250 MCG TABLET	1	
DIHYDROERGOTAMINE 1 MG/ML AMPULE	3	QL
DILT XR 120 MG CAPSULE	1	
DILT XR 180 MG CAPSULE	1	
DILT XR 240 MG CAPSULE	1	
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER 60 MG CAPSULE	1	
DILTIAZEM 12HR ER 90 MG CAPSULE	1	
DILTIAZEM 12HR ER 120 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 120 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 180 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 240 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 300 MG CAPSULE	1	
DILTIAZEM 24H ER(CD) 360 MG CAPSULE	1	
DILTIAZEM 24H ER(LA) 120 MG TABLET	2	
DILTIAZEM 24H ER(LA) 180 MG TABLET	2	
DILTIAZEM 24H ER(LA) 240 MG TABLET	2	
DILTIAZEM 24H ER(LA) 300 MG TABLET	2	
DILTIAZEM 24H ER(LA) 360 MG TABLET	2	
DILTIAZEM 24H ER(LA) 420 MG TABLET	2	
DILTIAZEM 24H ER(XR) 120 MG CAPSULE	1	
DILTIAZEM 24H ER(XR) 180 MG CAPSULE	1	
DILTIAZEM 24H ER(XR) 240 MG CAPSULE	1	
DILTIAZEM 24HR ER 120 MG CAPSULE	1	
DILTIAZEM 24HR ER 180 MG CAPSULE	1	
DILTIAZEM 24HR ER 240 MG CAPSULE	1	
DILTIAZEM 24HR ER 300 MG CAPSULE	1	
DILTIAZEM 24HR ER 360 MG CAPSULE	1	
DILTIAZEM 24HR ER 420 MG CAPSULE	1	

Medication Name	Tier	Notes
DILTIAZEM 30 MG TABLET	1	
DILTIAZEM 60 MG TABLET	1	
DILTIAZEM 90 MG TABLET	1	
DIMETHYL FUMARATE 30 DAY STARTER PACK	3	PA, QL, SRX
DIMETHYL FUMARATE DR 120 MG CAPSULE	3	PA, QL, SRX
DIMETHYL FUMARATE DR 240 MG CAPSULE	3	PA, QL, SRX
DIPENTUM 250 MG CAPSULE	3	
DIPHEN 12.5 MG/5 ML ELIXIR	3	
DIPHEN 12.5 MG/5 ML ORAL SOLUTION	3	
DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION	1	
DIPHENHYDRAMINE 25 MG/10 ML ORAL SOLUTION	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	1	
DIPHTHERIA-TETANUS TOXOIDS-PEDIATRIC	2	
DIPYRIDAMOLE 25 MG TABLET	1	
DIPYRIDAMOLE 50 MG TABLET	1	
DIPYRIDAMOLE 75 MG TABLET	1	
DISOPYRAMIDE 100 MG CAPSULE	1	
DISOPYRAMIDE 150 MG CAPSULE	1	
DISULFIRAM 250 MG TABLET	1	
DISULFIRAM 500 MG TABLET	1	
DIVALPROEX DR 125 MG CAPSULE SPRINKLE	1	
DIVALPROEX DR 125 MG TABLET	1	
DIVALPROEX DR 250 MG TABLET	1	
DIVALPROEX DR 500 MG TABLET	1	
DIVALPROEX ER 250 MG TABLET	1	
DIVALPROEX ER 500 MG TABLET	1	
DODEX 10,000 MCG/10 ML VIAL	1	
DODEX 30,000 MCG/30 ML VIAL	1	
DOFETILIDE 125 MCG CAPSULE	3	QL
DOFETILIDE 250 MCG CAPSULE	3	QL
DOFETILIDE 500 MCG CAPSULE	3	QL
DOLISHALE 90-20 MCG TABLET	1	
DONEPEZIL 5 MG ODT TABLET	1	
DONEPEZIL 10 MG ODT TABLET	1	
DONEPEZIL 5 MG TABLET	1	
DONEPEZIL 10 MG TABLET	1	
DONEPEZIL 23 MG TABLET	1	
DORZOLAMIDE 2% EYE DROPS	1	
DORZOLAMIDE-TIMOLOL EYE DROPS	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
DOTTI 0.025 MG PATCH	1	QL
DOTTI 0.0375 MG PATCH	1	QL
DOTTI 0.05 MG PATCH	1	QL
DOTTI 0.075 MG PATCH	1	QL
DOTTI 0.1 MG PATCH	1	QL
DOVATO 50-300 MG TABLET	3	QL, SRX
DOXAZOSIN 1 MG TABLET	1	
DOXAZOSIN 2 MG TABLET	1	
DOXAZOSIN 4 MG TABLET	1	
DOXAZOSIN 8 MG TABLET	1	
DOXEPIN 10 MG CAPSULE	1	
DOXEPIN 25 MG CAPSULE	1	
DOXEPIN 50 MG CAPSULE	1	
DOXEPIN 75 MG CAPSULE	1	
DOXEPIN 100 MG CAPSULE	1	
DOXEPIN 150 MG CAPSULE	1	
DOXEPIN 5% CREAM	3	QL
DOXEPIN 10 MG/ML ORAL CONCENTRATE	1	
DOXEPIN 3 MG TABLET	2	QL
DOXEPIN 6 MG TABLET	2	QL
DOXERCALCIFEROL 0.5 MCG CAPSULE	1	
DOXERCALCIFEROL 1 MCG CAPSULE	1	
DOXERCALCIFEROL 2.5 MCG CAPSULE	1	
DOXYCYCLINE 25 MG/5 ML ORAL SUSPENSION	1	
DOXYCYCLINE HYCLATE 50 MG CAPSULE	1	
DOXYCYCLINE HYCLATE 100 MG CAPSULE	1	
DOXYCYCLINE HYCLATE 20 MG TABLET	1	
DOXYCYCLINE HYCLATE 100 MG TABLET	1	
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	1	
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	1	
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	1	
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	1	
DOXYCYCLINE MONOHYDRATE 50 MG TABLET	1	
DOXYCYCLINE MONOHYDRATE 75 MG TABLET	1	
DOXYCYCLINE MONOHYDRATE 100 MG TABLET	1	
DOXYCYCLINE MONOHYDRATE 150 MG TABLET	1	
DRONABINOL 2.5 MG CAPSULE	3	
DRONABINOL 5 MG CAPSULE	3	
DRONABINOL 10 MG CAPSULE	3	
DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM	2	
DROPLET INSULIN SYRINGE 0.3 ML 30G 12.5MM	2	

Medication Name	Tier	Notes
DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM	2	
DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM	2	
DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM	2	
DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM	2	
DROPLET INSULIN SYRINGE 0.5 ML 30G 6MM (1/2)	2	
DROPLET INSULIN SYRINGE 0.5 ML 30G 8MM (1/2)	2	
DROPLET INSULIN SYRINGE 0.5 ML 31G 6MM (1/2)	2	
DROPLET INSULIN SYRINGE 0.5 ML 31G 8MM (1/2)	2	
DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM	2	
DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM	2	
DROPLET INSULIN SYRINGE 1 ML 30G 6MM	2	
DROPLET INSULIN SYRINGE 1 ML 30G 8MM	2	
DROPLET INSULIN SYRINGE 1 ML 31G 6MM	2	
DROPLET INSULIN SYRINGE 1 ML 31G 8MM	2	
DROPLET MICRON PEN NEEDLE 34G 3.5MM	2	
DROPLET MICRON PEN NEEDLE 34G 9/64"	2	
DROPLET PEN NEEDLE 29G 10MM	2	
DROPLET PEN NEEDLE 29G 12MM	2	
DROPLET PEN NEEDLE 30G 8MM	2	
DROPLET PEN NEEDLE 31G 5MM	2	
DROPLET PEN NEEDLE 31G 6MM	2	
DROPLET PEN NEEDLE 31G 8MM	2	
DROPLET PEN NEEDLE 32G 4MM	2	
DROPLET PEN NEEDLE 32G 5MM	2	
DROPLET PEN NEEDLE 32G 6MM	2	
DROPLET PEN NEEDLE 32G 8MM	2	
DROPLET SYRINGE 0.5 ML 29G 12.5MM (1/2)	2	
DROPLET SYRINGE 0.5 ML 30G 12.5MM (1/2)	2	
DROPSAFE INSULIN SYRINGE 0.3 ML 31G 6MM	2	
DROPSAFE INSULIN SYRINGE 0.3 ML 31G 8MM	2	
DROPSAFE INSULIN SYRINGE 0.5 ML 31G 6MM	2	
DROPSAFE INSULIN SYRINGE 0.5 ML 31G 8MM	2	
DROPSAFE INSULIN SYRINGE 1 ML 29G 12.5MM	2	
DROPSAFE INSULIN SYRINGE 1 ML 31G 6MM	2	
DROPSAFE INSULIN SYRINGE 1 ML 31G 8MM	2	
DROPSAFE PEN NEEDLE 31G 1/4"	2	
DROPSAFE PEN NEEDLE 31G 3/16"	2	
DROPSAFE PEN NEEDLE 31G 5/16"	2	
DROPSAFE SICURA NEEDLE 25G 25MM	2	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

Medication Name	Tier	Notes
EASY COMFORT SYRINGE 0.5 ML	2	
EASY COMFORT SYRINGE 0.5 ML 30G 1/2"	2	
EASY COMFORT SYRINGE 0.5 ML 31G 5/16"	2	
EASY COMFORT SYRINGE 0.5 ML 32G 5/16"	2	
EASY COMFORT SYRINGE 1 ML 30G 1/2"	2	
EASY COMFORT SYRINGE 1 ML 31G 5/16"	2	
EASY COMFORT SYRINGE 1 ML 32G 5/16"	2	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	2	
EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	2	
EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	2	
EASY GLIDE PEN NEEDLE 33G 4MM	2	
EASY PLUS II HIGH CONTROL SOLUTION	2	
EASY PLUS II LOW CONTROL SOLUTION	2	
EASY STEP HIGH CONTROL SOLUTION	2	
EASY STEP LOW CONTROL SOLUTION	2	
EASY STEP NORMAL CONTROL SOLUTION	2	
EASY TALK HIGH CONTROL SOLUTION	2	
EASY TALK LOW CONTROL SOLUTION	2	
EASY TALK PLUS II HIGH CONTROL SOLUTION	2	
EASY TALK PLUS II LOW CONTROL SOLUTION	2	
EASY TOUCH BLULINK CONTROL SOLUTION	2	
EASY TOUCH FLIPLOCK NEEDLE 18G 1"	2	
EASY TOUCH FLIPLOCK NEEDLE 18G 1.5"	2	
EASY TOUCH FLIPLOCK NEEDLE 19G 1"	2	
EASY TOUCH FLIPLOCK NEEDLE 19G 1.5"	2	
EASY TOUCH FLIPLOCK NEEDLE 20G 1"	2	
EASY TOUCH FLIPLOCK NEEDLE 20G 1.5"	2	
EASY TOUCH FLIPLOCK NEEDLE 21G 1"	2	
EASY TOUCH FLIPLOCK NEEDLE 21G 1.5"	2	
EASY TOUCH FLIPLOCK NEEDLE 22G 3/4"	2	
EASY TOUCH FLIPLOCK NEEDLE 22G 1"	2	
EASY TOUCH FLIPLOCK NEEDLE 22G 1.5"	2	
EASY TOUCH FLIPLOCK NEEDLE 23G 5/8"	2	
EASY TOUCH FLIPLOCK NEEDLE 23G 1"	2	
EASY TOUCH FLIPLOCK NEEDLE 23G 1.5"	2	
EASY TOUCH FLIPLOCK NEEDLE 25G 5/8"	2	
EASY TOUCH FLIPLOCK NEEDLE 25G 1"	2	
EASY TOUCH FLIPLOCK NEEDLE 25G 1.5"	2	
EASY TOUCH FLIPLOCK NEEDLE 26G 1"	2	
EASY TOUCH FLIPLOCK NEEDLE 26G 1/2"	2	
EASY TOUCH FLIPLOCK NEEDLE 27G 1"	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

Medication Name	Tier	Notes
EASY TOUCH INSULIN SYRINGE 1 ML	2	
EASY TOUCH INSULIN SYRINGE 1 ML 29G 1/2"	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30G 5/16"	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30G 1/2"	2	
EASY TOUCH INSULIN SYRINGE 1 ML 31G 5/16"	2	
EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML	2	
EASY TOUCH PEN NEEDLE 29G 1/2"	2	
EASY TOUCH PEN NEEDLE 30G 5/16"	2	
EASY TOUCH PEN NEEDLE 31G 3/16"	2	
EASY TOUCH PEN NEEDLE 31G 1/4"	2	
EASY TOUCH PEN NEEDLE 31G 5/16"	2	
EASY TOUCH PEN NEEDLE 32G 3/16"	2	
EASY TOUCH PEN NEEDLE 32G 1/4"	2	
EASY TOUCH PEN NEEDLE 32G 5/32"	2	
EASY TOUCH SAFETY PEN NEEDLE 29G 5MM	2	
EASY TOUCH SAFETY PEN NEEDLE 29G 8MM	2	
EASY TOUCH SAFETY PEN NEEDLE 30G 5MM	2	
EASY TOUCH SAFETY PEN NEEDLE 30G 8MM	2	
EASY TOUCH SYRINGE 0.3 ML 30G 1/2"	2	
EASY TOUCH SYRINGE 0.5 ML 27G 1/2"	2	
EASY TOUCH SYRINGE 0.5 ML 27G 12.7MM	2	
EASY TOUCH SYRINGE 0.5 ML 28G 12.7MM	2	
EASY TOUCH SYRINGE 0.5 ML 29G 1/2"	2	
EASY TOUCH SYRINGE 0.5 ML 29G 12.7MM	2	
EASY TOUCH SYRINGE 0.5 ML 30G 5/16"	2	
EASY TOUCH SYRINGE 0.5 ML 30G 1/2"	2	
EASY TOUCH SYRINGE 1 ML 27G 1/2"	2	
EASY TOUCH SYRINGE 1 ML 27G 12.7MM	2	
EASY TOUCH SYRINGE 1 ML 27G 16MM	2	
EASY TOUCH SYRINGE 1 ML 28G 12.7MM	2	
EASY TOUCH SYRINGE 1 ML 29G 1/2"	2	
EASY TOUCH SYRINGE 1 ML 29G 12.7MM	2	
EASY TOUCH SYRINGE 1 ML 30G 1/2"	2	
EASY TOUCH SYRINGE 3 ML 20G 1"	2	
EASY TOUCH SYRINGE 3 ML 21G 1"	2	
EASY TOUCH SYRINGE 3 ML 22G 1"	2	
EASY TOUCH SYRINGE 3 ML 22G 1.5"	2	
EASY TOUCH SYRINGE 3 ML 23G 1"	2	
EASY TOUCH SYRINGE 3 ML 25G 1"	2	
EASY TOUCH SYRINGE 3 ML 25G 5/8"	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
EASY TRAK HIGH CONTROL SOLUTION	2	
EASY TRAK II NORMAL CONTROL SOLUTION	2	
EASY TRAK LOW CONTROL SOLUTION	2	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	2	
EASYMAX 15 LEVEL 2 SOLUTION	2	
EASYMAX NORMAL CONTROL SOLUTION	2	
EASYPOINT NEEDLE 18G 1"	2	
EASYPOINT NEEDLE 18G 1.5"	2	
EASYPOINT NEEDLE 20G 1"	2	
EASYPOINT NEEDLE 20G 1.5"	2	
EASYPOINT NEEDLE 21G 1"	2	
EASYPOINT NEEDLE 21G 1.5"	2	
EASYPOINT NEEDLE 22G 1"	2	
EASYPOINT NEEDLE 22G 1.5"	2	
EASYPOINT NEEDLE 23G 1"	2	
EASYPOINT NEEDLE 25G 5/8"	2	
EASYPOINT NEEDLE 25G 1"	2	
EASYPOINT NEEDLE 25G 1.5"	2	
EASYPOINT NEEDLE 25G 16MM	2	
EASYTOUCH SAFETY PEN NEEDLE 30G 6MM	2	
EC-NAPROXEN DR 375 MG TABLET	1	
EC-NAPROXEN DR 500 MG TABLET	1	
ECONAZOLE 1% CREAM	1	
ECONTRA EZ 1.5 MG TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1	
ED-SPAZ 0.125 MG ODT TABLET	1	
EDURANT 25 MG TABLET	2	SRX
EEMT DS 1.25-2.5 MG TABLET	1	
EEMT HS 0.625-1.25 MG TABLET	1	
EFAVIRENZ 50 MG CAPSULE	1	SRX
EFAVIRENZ 200 MG CAPSULE	1	SRX
EFAVIRENZ 600 MG TABLET	1	SRX
EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET	3	QL, SRX
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET	2	QL, SRX
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET	2	QL, SRX
EFFER-K 10 MEQ EFFERVESCENT TABLET	3	
EFFER-K 20 MEQ EFFERVESCENT TABLET	3	
ELEMENT COMPACT HIGH CONTROL SOLUTION	2	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	2	

Medication Name	Tier	Notes
ELEMENT HIGH CONTROL SOLUTION	2	
ELEMENT LOW CONTROL SOLUTION	2	
ELEMENT NORMAL CONTROL SOLUTION	2	
ELETRIPTAN 20 MG TABLET	2	QL
ELETRIPTAN 40 MG TABLET	2	QL
ELINEST-28 TABLET	1	
ELIQUIS 2.5 MG TABLET	2	QL
ELIQUIS 5 MG TABLET	2	QL
ELIQUIS DVT-PE 5 MG STARTER PACK	2	QL
ELITE-OB TABLET	1	
ELLA 30 MG TABLET	1	
ELMIRON 100 MG CAPSULE	3	
ELTROMBOPAG 12.5 MG SUSPENSION PACKET	5	PA, QL, SRX
ELTROMBOPAG 25 MG SUSPENSION PACKET	4	PA, QL, SRX
ELTROMBOPAG 12.5 MG TABLET	4	PA, QL, SRX
ELTROMBOPAG 25 MG TABLET	4	PA, QL, SRX
ELTROMBOPAG 50 MG TABLET	4	PA, QL, SRX
ELTROMBOPAG 75 MG TABLET	4	PA, QL, SRX
ELURYNG VAGINAL RING	1	
EMBRACE EVO LEVEL 1 CONTROL SOLUTION	2	
EMBRACE GLUCOSE HIGH CONTROL SOLUTION	2	
EMBRACE GLUCOSE LOW CONTROL SOLUTION	2	
EMBRACE PEN NEEDLE 29G 12MM	2	
EMBRACE PEN NEEDLE 30G 5MM	2	
EMBRACE PEN NEEDLE 30G 8MM	2	
EMBRACE PEN NEEDLE 31G 5MM	2	
EMBRACE PEN NEEDLE 31G 6MM	2	
EMBRACE PEN NEEDLE 31G 8MM	2	
EMBRACE PEN NEEDLE 32G 4MM	2	
EMBRACE PRO CONTROL SOLUTION	2	
EMBRACE TALK HIGH (L2) CONTROL SOLUTION	2	
EMBRACE TALK LOW (L1) CONTROL SOLUTION	2	
EMEND 125 MG POWDER PACKET	4	PA, QL
EMGALITY 120 MG/ML PEN	2	PA
EMGALITY 100 MG/ML SYRINGE	2	PA
EMGALITY 120 MG/ML SYRINGE	2	PA
EMGALITY 300 MG (100 MG X 3 SYRINGE)	2	PA
EMTRICITABINE 200 MG CAPSULE	1	SRX
EMTRICITABINE-RILPIVIRINE-TENOFOVIR 200-25-300 MG TABLET	3	QL, SRX
EMTRICITABINE-TENOFOVIR 100-150 MG TABLET	1	SRX
EMTRICITABINE-TENOFOVIR 133-200 MG TABLET	1	SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
EMTRICITABINE-TENOFOVIR 167-250 MG TABLET	1	SRX
EMTRICITABINE-TENOFOVIR 200-300 MG TABLET	1	SRX
EMTRIVA 10 MG/ML ORAL SOLUTION	2	SRX
EMVERM 100 MG CHEWABLE TABLET	3	
EMZAHH 0.35 MG TABLET	1	
ENALAPRIL 2.5 MG TABLET	1	
ENALAPRIL 5 MG TABLET	1	
ENALAPRIL 10 MG TABLET	1	
ENALAPRIL 20 MG TABLET	1	
ENALAPRIL-HCTZ 5-12.5 MG TABLET	1	
ENALAPRIL-HCTZ 10-25 MG TABLET	1	
ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX
ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, SRX
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX
ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX
ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX
ENDOCET 2.5-325 MG TABLET	1	PA
ENDOCET 5-325 MG TABLET	1	PA
ENDOCET 7.5-325 MG TABLET	1	PA
ENDOCET 10-325 MG TABLET	1	PA
ENDOMETRIN 100 MG VAGINAL INSERT	3	PA
ENGERIX-B 20 MCG/ML SYRINGE	2	
ENGERIX-B 20 MCG/ML VIAL	2	
ENGERIX-B PEDI 10 MCG/0.5 SYRINGE	2	
ENILLORING VAGINAL RING	1	
ENLITE SERTER	2	
ENLYTE SOFTGEL	3	
ENOXAPARIN 30 MG/0.3 ML SYRINGE	4	QL, SRX
ENOXAPARIN 40 MG/0.4 ML SYRINGE	4	QL, SRX
ENOXAPARIN 60 MG/0.6 ML SYRINGE	4	QL, SRX
ENOXAPARIN 80 MG/0.8 ML SYRINGE	4	QL, SRX
ENOXAPARIN 100 MG/ML SYRINGE	4	QL, SRX
ENOXAPARIN 120 MG/0.8 ML SYRINGE	4	QL, SRX
ENOXAPARIN 150 MG/ML SYRINGE	4	QL, SRX
ENOXAPARIN 300 MG/3 ML VIAL	4	QL, SRX
ENPRESSE-28 TABLET	1	
ENSKYCE 28 TABLET	1	
ENTACAPONE 200 MG TABLET	1	
ENTECAVIR 0.5 MG TABLET	4	SRX
ENTECAVIR 1 MG TABLET	4	SRX
ENTRESTO 6-6 MG SPRINKLE PELLET	2	QL
ENTRESTO 15-16 MG SPRINKLE PELLET	2	QL
ENULOSE 10 GM/15 ML ORAL SOLUTION	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION	3	PA, LDD, SRX
EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	3	PA, LDD, SRX
EPIFOAM FOAM	3	
EPINASTINE 0.05% EYE DROPS	1	
EPINEPHRINE 0.15 MG AUTO-INJECTOR	1	QL
EPINEPHRINE 0.3 MG AUTO-INJECTOR	1	QL
EPITOL 200 MG TABLET	1	
EPLERENONE 25 MG TABLET	1	
EPLERENONE 50 MG TABLET	1	
EPROSARTAN 600 MG TABLET	1	
EQ SPACE CHAMBER	2	QL
EQ SPACE CHAMBER-LARGE MASK	2	QL
EQ SPACE CHAMBER-MEDIUM MASK	2	QL
EQ SPACE CHAMBER-SMALL MASK	2	QL
EQL INSULIN SYRINGE 0.3 ML	2	
EQL INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
EQL INSULIN SYRINGE 0.5 ML	2	
EQL INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
EQL INSULIN SYRINGE 1 ML	2	
EQL INSULIN SYRINGE 1 ML 29G 1/2"	2	
EQL INSULIN SYRINGE 1 ML 31G 5/16"	2	
EQL PEN NEEDLE 8MM 31G 5/16"	2	
ERGOLOID 1 MG TABLET	1	
ERIVEDGE 150 MG CAPSULE	4	PA, QL, LDD, SRX
ERLOTINIB 25 MG TABLET	4	PA, SRX
ERLOTINIB 100 MG TABLET	4	PA, SRX
ERLOTINIB 150 MG TABLET	4	PA, SRX
ERRIN 0.35 MG TABLET	1	
ERTACZO 2% CREAM	3	PA
ERY 2% PADS	1	
ERYTHROCIN 250 MG TABLET	3	
ERYTHROMYCIN 0.5% EYE OINTMENT	1	
ERYTHROMYCIN 2% GEL	1	
ERYTHROMYCIN 200 MG/5 ML ORAL SUSPENSION	2	
ERYTHROMYCIN 400 MG/5 ML ORAL SUSPENSION	2	
ERYTHROMYCIN 250 MG TABLET	1	
ERYTHROMYCIN 500 MG TABLET	1	
ERYTHROMYCIN 2% TOPICAL SOLUTION	1	
ERYTHROMYCIN DR 250 MG CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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 2.5 MG PACKET	2	QL
ESOMEPRAZOLE DR 5 MG PACKET	2	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	
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSERT TABLET	2	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	

Medication Name	Tier	Notes
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	SRX
ETRAVIRINE 200 MG TABLET	1	SRX
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	
EVENCARE G3 CONTROL SOLUTION	2	
EVEROLIMUS 0.25 MG TABLET	4	SRX
EVEROLIMUS 0.5 MG TABLET	4	SRX
EVEROLIMUS 0.75 MG TABLET	4	SRX
EVEROLIMUS 1 MG TABLET	4	SRX
EVEROLIMUS 2.5 MG TABLET	4	PA, QL, SRX
EVEROLIMUS 5 MG TABLET	4	PA, QL, SRX
EVEROLIMUS 7.5 MG TABLET	4	PA, QL, SRX
EVEROLIMUS 10 MG TABLET	4	PA, QL, SRX
EVEROLIMUS 2 MG TABLET FOR SUSPENSION	4	PA, QL, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
EVEROLIMUS 3 MG TABLET FOR SUSPENSION	4	PA, QL, SRX
EVEROLIMUS 5 MG TABLET FOR SUSPENSION	4	PA, QL, SRX
EVOLUTION NORMAL CONTROL SOLUTION	2	
EVOTAZ 300 MG-150 MG TABLET	2	SRX
EXEL HUBER NEEDLE 22G 3/4"	2	
EXEL HUBER NEEDLE 22G 1"	2	
EXEL HYPO NEEDLE 16G 1"	2	
EXEL HYPO NEEDLE 18G 1"	2	
EXEL HYPO NEEDLE 18G 1.5"	2	
EXEL HYPO NEEDLE 19G 1"	2	
EXEL HYPO NEEDLE 19G 1.5"	2	
EXEL HYPO NEEDLE 20G 0.75"	2	
EXEL HYPO NEEDLE 20G 1"	2	
EXEL HYPO NEEDLE 20G 1.5"	2	
EXEL HYPO NEEDLE 21G 1"	2	
EXEL HYPO NEEDLE 21G 1.5"	2	
EXEL HYPO NEEDLE 22G 0.75"	2	
EXEL HYPO NEEDLE 22G 1"	2	
EXEL HYPO NEEDLE 22G 1.5"	2	
EXEL HYPO NEEDLE 23G 0.75"	2	
EXEL HYPO NEEDLE 23G 1"	2	
EXEL HYPO NEEDLE 25G 0.625"	2	
EXEL HYPO NEEDLE 25G 0.75"	2	
EXEL HYPO NEEDLE 25G 1"	2	
EXEL HYPO NEEDLE 25G 1.5"	2	
EXEL HYPO NEEDLE 26G 0.375"	2	
EXEL HYPO NEEDLE 26G 0.5"	2	
EXEL HYPO NEEDLE 26G 0.625"	2	
EXEL HYPO NEEDLE 26G 1.5"	2	
EXEL HYPO NEEDLE 27G 0.5"	2	
EXEL HYPO NEEDLE 30G 0.5"	2	
EXEL INSULIN SYRINGE U100 1 ML 28G 1/2"	2	
EXEL MTI DRAWING NEEDLE 20G 1"	2	
EXEL MTI DRAWING NEEDLE 21G 1"	2	
EXEL MTI DRAWING NEEDLE 22G 1"	2	
EXEL SYRINGE 3 ML 20G 1"	2	
EXEL SYRINGE 3 ML 20G 1.5"	2	
EXEL SYRINGE 3 ML 21G 1"	2	
EXEL SYRINGE 3 ML 21G 1.5"	2	
EXEL SYRINGE 3 ML 22G 3/4"	2	
EXEL SYRINGE 3 ML 22G 1"	2	

Medication Name	Tier	Notes
EXEL SYRINGE 3 ML 22G 1.5"	2	
EXEL SYRINGE 3 ML 23G 1"	2	
EXEL SYRINGE 3 ML 25G 1"	2	
EXEL SYRINGE 3 ML 27G 1.25"	2	
EXEL SYRINGE U100 0.3 ML 29G 1/2"	2	
EXEL SYRINGE U100 0.3 ML 30G 5/16"	2	
EXEL SYRINGE U100 0.5 ML 28G 1/2"	2	
EXEL SYRINGE U100 0.5 ML 29G 1/2"	2	
EXEL SYRINGE U100 0.5 ML 30G 5/16"	2	
EXEL SYRINGE U100 1 ML 30G 5/16"	2	
EXEL U100 INSULIN SYRINGE 1 ML 29G 1/2"	2	
EXEMESTANE 25 MG TABLET	1	
EXTENDED RESERVOIR 3 ML	2	
EZETIMIBE 10 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-10 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-20 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-40 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-80 MG TABLET	1	
FALMINA-28 TABLET	1	
FAMCICLOVIR 125 MG TABLET	1	
FAMCICLOVIR 250 MG TABLET	1	
FAMCICLOVIR 500 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML ORAL SUSPENSION	1	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FARXIGA 5 MG TABLET	2	QL
FARXIGA 10 MG TABLET	2	QL
FEBUXOSTAT 40 MG TABLET	3	QL
FEBUXOSTAT 80 MG TABLET	3	QL
FEIRZA 1 MG-20 MCG TABLET	1	
FEIRZA 1.5 MG-30 MCG TABLET	1	
FELBAMATE 600 MG/5 ML ORAL SUSPENSION	3	
FELBAMATE 400 MG TABLET	3	
FELBAMATE 600 MG TABLET	3	
FELODIPINE ER 2.5 MG TABLET	1	
FELODIPINE ER 5 MG TABLET	1	
FELODIPINE ER 10 MG TABLET	1	
FEM PH VAGINAL JELLY	1	
FEMLYV 1 MG-0.02 MG ODT TABLET	3	
FENOFIBRATE 43 MG CAPSULE	1	
FENOFIBRATE 50 MG CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
FENOFIBRATE 67 MG CAPSULE	1	
FENOFIBRATE 130 MG CAPSULE	2	
FENOFIBRATE 134 MG CAPSULE	1	
FENOFIBRATE 150 MG CAPSULE	1	
FENOFIBRATE 200 MG CAPSULE	1	
FENOFIBRATE 40 MG TABLET	2	
FENOFIBRATE 48 MG TABLET	1	
FENOFIBRATE 54 MG TABLET	1	
FENOFIBRATE 120 MG TABLET	1	
FENOFIBRATE 145 MG TABLET	1	
FENOFIBRATE 160 MG TABLET	1	
FENOFIBRIC ACID 35 MG TABLET	1	
FENOFIBRIC ACID 105 MG TABLET	1	
FENOFIBRIC ACID DR 135 MG CAPSULE	1	
FENOFIBRIC ACID DR 45 MG CAPSULE	1	
FENOPROFEN 600 MG TABLET	2	
FENTANYL 12 MCG/HR PATCH	2	PA
FENTANYL 25 MCG/HR PATCH	2	PA
FENTANYL 37.5 MCG/HR PATCH	2	PA
FENTANYL 50 MCG/HR PATCH	2	PA
FENTANYL 62.5 MCG/HR PATCH	2	PA
FENTANYL 75 MCG/HR PATCH	2	PA
FENTANYL 87.5 MCG/HR PATCH	2	PA
FENTANYL 100 MCG/HR PATCH	2	PA
FENTANYL CITRATE OTFC 200 MCG LOZENGE	3	PA
FENTANYL CITRATE OTFC 400 MCG LOZENGE	3	PA
FENTANYL CITRATE OTFC 600 MCG LOZENGE	3	PA
FENTANYL CITRATE OTFC 800 MCG LOZENGE	3	PA
FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	3	PA
FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	3	PA
FERRIPROX 100 MG/ML ORAL SOLUTION	3	PA, LDD, SRX
FESOTERODINE ER 4 MG TABLET	3	QL
FESOTERODINE ER 8 MG TABLET	3	QL
FETZIMA 20-40 MG TITRATION PACK	3	QL, ST
FETZIMA ER 20 MG CAPSULE	3	QL, ST
FETZIMA ER 40 MG CAPSULE	3	QL, ST
FETZIMA ER 80 MG CAPSULE	3	QL, ST
FETZIMA ER 120 MG CAPSULE	3	QL, ST
FIFTY50 GLUCOSE CONTROL SOLUTION	2	
FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16"	2	

Medication Name	Tier	Notes
FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"	2	
FILTER ASPIRATOR NEEDLE	2	
FILTER NEEDLE	2	
FILTER NEEDLE 19G 1.5"	2	
FILTER NEEDLE 5 MICRON	2	
FINASTERIDE 5 MG TABLET	1	
FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX
FINZALA 1-0.02(24)-75 CHEWABLE TABLET	1	
FLAC OTIC OIL 0.01% EAR DROPS	1	
FLAVOXATE 100 MG TABLET	1	
FLECAINIDE 50 MG TABLET	1	
FLECAINIDE 100 MG TABLET	1	
FLECAINIDE 150 MG TABLET	1	
FLEXICHAMBER	2	QL
FLEXICHAMBER-LARGE CHILD MASK	2	QL
FLEXICHAMBER-SMALL ADULT MASK	2	QL
FLEXICHAMBER-SMALL CHILD MASK	2	QL
FLOW-EZE VENTED NEEDLE	2	
FLUAD	2	
FLUARIX	2	
FLUBLOK	2	
FLUCELVAX	2	
FLUCONAZOLE 10 MG/ML ORAL SUSPENSION	1	
FLUCONAZOLE 40 MG/ML ORAL SUSPENSION	1	
FLUCONAZOLE 50 MG TABLET	1	
FLUCONAZOLE 100 MG TABLET	1	
FLUCONAZOLE 150 MG TABLET	1	
FLUCONAZOLE 200 MG TABLET	1	
FLUCYTOSINE 250 MG CAPSULE	3	
FLUCYTOSINE 500 MG CAPSULE	3	
FLUDROCORTISONE 0.1 MG TABLET	1	
FLULAVAL	2	
FLUMIST	2	
FLUNISOLIDE 0.025% NASAL SPRAY	1	
FLUOCINOLONE 0.01% BODY OIL	1	
FLUOCINOLONE 0.01% CREAM	1	
FLUOCINOLONE 0.025% CREAM	1	
FLUOCINOLONE 0.025% OINTMENT	1	
FLUOCINOLONE 0.01% SCALP OIL	1	
FLUOCINOLONE 0.01% TOPICAL SOLUTION	1	
FLUOCINOLONE OIL 0.01% EAR DROPS	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
FLUOCINONIDE 0.05% CREAM	1	
FLUOCINONIDE 0.1% CREAM	1	
FLUOCINONIDE 0.05% GEL	1	
FLUOCINONIDE 0.05% OINTMENT	1	
FLUOCINONIDE 0.05% TOPICAL SOLUTION	1	
FLUOCINONIDE-E 0.05% CREAM	1	
FLUORIDEX DAILY DEFENSE 1.1% TOOTHPASTE	1	
FLUORIDEX SENSITIVE RELIEF TOOTHPASTE	1	
FLUORIMAX 5000 1.1% TOOTHPASTE	1	
FLUOROMETHOLONE 0.1% EYE DROPS	1	
FLUOROURACIL 0.5% CREAM	3	
FLUOROURACIL 5% CREAM	1	
FLUOROURACIL 2% TOPICAL SOLUTION	1	
FLUOROURACIL 5% TOPICAL SOLUTION	1	
FLUOXETINE 10 MG CAPSULE	1	QL
FLUOXETINE 20 MG CAPSULE	1	QL
FLUOXETINE 40 MG CAPSULE	1	QL
FLUOXETINE 20 MG/5 ML ORAL SOLUTION	1	QL
FLUOXETINE DR 90 MG CAPSULE	1	QL
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	1	
FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE	1	
FLUPHENAZINE 1 MG TABLET	1	
FLUPHENAZINE 2.5 MG TABLET	1	
FLUPHENAZINE 5 MG TABLET	1	
FLUPHENAZINE 10 MG TABLET	1	
FLURANDRENOLIDE 0.05% CREAM	3	
FLURANDRENOLIDE 0.05% LOTION	3	
FLURANDRENOLIDE 0.05% OINTMENT	3	
FLURAZEPAM 15 MG CAPSULE	1	
FLURAZEPAM 30 MG CAPSULE	1	
FLURBIPROFEN 0.03% EYE DROPS	1	
FLURBIPROFEN 100 MG TABLET	1	
FLUTAMIDE 125 MG CAPSULE	1	
FLUTICASONE 0.05% CREAM	1	
FLUTICASONE 0.05% LOTION	3	
FLUTICASONE 50 MCG NASAL SPRAY	1	
FLUTICASONE 0.005% OINTMENT	1	
FLUTICASONE-SALMETEROL 100-50 INHALER	1	QL
FLUTICASONE-SALMETEROL 250-50 INHALER	1	QL
FLUTICASONE-SALMETEROL 500-50 INHALER	1	QL
FLUVASTATIN 20 MG CAPSULE	2	
FLUVASTATIN 40 MG CAPSULE	2	
FLUVASTATIN ER 80 MG TABLET	2	
FLUVOXAMINE 25 MG TABLET	1	QL
FLUVOXAMINE 50 MG TABLET	1	QL
FLUVOXAMINE 100 MG TABLET	1	QL
FLUVOXAMINE ER 100 MG CAPSULE	1	QL
FLUVOXAMINE ER 150 MG CAPSULE	1	QL
FLUZONE	2	
FLUZONE HIGH-DOSE	2	
FOLIC ACID 1 MG TABLET	1	
FOLIVANE-OB CAPSULE	1	
FONDAPARINUX 2.5 MG/0.5 ML SYRINGE	4	QL, SRX
FONDAPARINUX 5 MG/0.4 ML SYRINGE	4	QL, SRX
FONDAPARINUX 7.5 MG/0.6 ML SYRINGE	4	QL, SRX
FONDAPARINUX 10 MG/0.8 ML SYRINGE	4	QL, SRX
FORA HIGH CONTROL SOLUTION	2	
FORA KETONE L1 CONTROL SOLUTION	2	
FORA LOW CONTROL SOLUTION	2	
FORA NORMAL CONTROL SOLUTION	2	
FORACARE GDH HIGH CONTROL SOLUTION	2	
FORACARE GDH LOW CONTROL SOLUTION	2	
FORACARE GDH NORMAL CONTROL SOLUTION	2	
FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION	3	QL
FORTISCARE HIGH CONTROL SOLUTION	2	
FORTISCARE LOW CONTROL SOLUTION	2	
FORTISCARE NORMAL CONTROL SOLUTION	2	
FOSAMPRENAVIR 700 MG TABLET	1	SRX
FOSFOMYCIN 3 GM SACHET	2	
FOSINOPRIL 10 MG TABLET	1	
FOSINOPRIL 20 MG TABLET	1	
FOSINOPRIL 40 MG TABLET	1	
FOSINOPRIL-HCTZ 10-12.5 MG TABLET	1	
FOSINOPRIL-HCTZ 20-12.5 MG TABLET	1	
FOSRENOL 750 MG POWDER PACKET	3	
FOSRENOL 1,000 MG POWDER PACKET	3	
FRAGMIN 2,500 UNIT/0.2 ML SYRINGE	4	QL, SRX
FRAGMIN 5,000 UNIT/0.2 ML SYRINGE	4	QL, SRX
FRAGMIN 7,500 UNIT/0.3 ML SYRINGE	4	QL, SRX
FRAGMIN 10,000 UNIT/ML SYRINGE	4	QL, SRX
FRAGMIN 12,500 UNIT/0.5 ML SYRINGE	4	QL, SRX
FRAGMIN 15,000 UNIT/0.6 ML SYRINGE	4	QL, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
FRAGMIN 18,000 UNIT/0.72 ML SYRINGE	4	QL, SRX
FRAGMIN 10,000 UNIT/4 ML VIAL	4	QL, SRX
FRAGMIN 95,000 UNIT/3.8 ML VIAL	4	QL, SRX
FRAICHE 5000 1.1 % DENTAL GEL	1	
FREESTYLE 28G LANCET	2	
FREESTYLE CONTROL SOLUTION	2	
FREESTYLE FREEDOM LITE GLUCOSE METER	1	
FREESTYLE INSULINX GLUCOSE SYSTEM	1	
FREESTYLE INSULINX TEST STRIP	2	
FREESTYLE LIBRE 14 DAY READER	2	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL
FREESTYLE LIBRE 2 READER	2	PA, QL
FREESTYLE LIBRE 3 READER	2	PA, QL
FREESTYLE LIBRE 2 SENSOR	2	PA, QL
FREESTYLE LIBRE 3 SENSOR	2	PA, QL
FREESTYLE LITE GLUCOSE METER	1	
FREESTYLE LITE TEST STRIP	2	
FREESTYLE PRECISION NEO GLUCOSE METER	1	
FREESTYLE PRECISION NEO TEST STRIP	2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30G 5/16"	2	
FREESTYLE PRECISION SYRINGE 0.5 ML 31G 5/16"	2	
FREESTYLE PRECISION SYRINGE 1 ML 30G 5/16"	2	
FREESTYLE PRECISION SYRINGE 1 ML 31G 5/16"	2	
FREESTYLE TEST STRIP	2	
FREESTYLE UNISTIK 2 LANCET	2	
FROVATRIPTAN 2.5 MG TABLET	2	QL
FUROSEMIDE 10 MG/ML ORAL SOLUTION	1	
FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	1	
FUROSEMIDE 20 MG TABLET	1	
FUROSEMIDE 40 MG TABLET	1	
FUROSEMIDE 80 MG TABLET	1	
FUZEON 90 MG VIAL	4	SRX
FYAVOLV 0.5 MG-2.5 MCG TABLET	1	
FYAVOLV 1 MG-5 MCG TABLET	1	
FYCOMPA 2 MG TABLET	3	PA, QL
FYCOMPA 4 MG TABLET	3	PA, QL
FYCOMPA 6 MG TABLET	3	PA, QL
FYCOMPA 8 MG TABLET	3	PA, QL
FYCOMPA 10 MG TABLET	3	PA, QL
FYCOMPA 12 MG TABLET	3	PA, QL
GABAPENTIN 100 MG CAPSULE	1	
GABAPENTIN 300 MG CAPSULE	1	
GABAPENTIN 400 MG CAPSULE	1	
GABAPENTIN 250 MG/5 ML ORAL SOLUTION	1	
GABAPENTIN 300 MG/6 ML ORAL SOLUTION	1	
GABAPENTIN 600 MG TABLET	1	
GABAPENTIN 800 MG TABLET	1	
GALANTAMINE 4 MG/ML ORAL SOLUTION	1	
GALANTAMINE 4 MG TABLET	1	
GALANTAMINE 8 MG TABLET	1	
GALANTAMINE 12 MG TABLET	1	
GALANTAMINE ER 8 MG CAPSULE	1	QL
GALANTAMINE ER 16 MG CAPSULE	1	QL
GALANTAMINE ER 24 MG CAPSULE	1	QL
GALLIFREY 5 MG TABLET	1	
GALZIN 25 MG CAPSULE	3	LDD, SRX
GALZIN 50 MG CAPSULE	3	LDD, SRX
GARDASIL 9 SYRINGE	2	
GARDASIL 9 VIAL	2	
GATIFLOXACIN 0.5% EYE DROPS	2	
GATTEX 5 MG VIAL	4	PA, LDD, SRX
GATTEX 5 MG 30-VIAL KIT	4	PA, LDD, SRX
GATTEX 5 MG ONE-VIAL KIT	4	PA, LDD, SRX
GAVILYTE-C ORAL SOLUTION	1	
GAVILYTE-G ORAL SOLUTION	1	
GAVILYTE-N ORAL SOLUTION	1	
GE100 NORMAL CONTROL SOLUTION	2	
GEFITINIB 250 MG TABLET	4	PA, QL, SRX
GEMFIBROZIL 600 MG TABLET	1	
GEMMILY 1 MG-20 MCG CAPSULE	1	
GENERLAC 10 GM/15 ML ORAL SOLUTION	1	
GENGRAF 25 MG CAPSULE	1	SRX
GENGRAF 100 MG CAPSULE	1	SRX
GENGRAF 100 MG/ML ORAL SOLUTION	1	SRX
GENOTROPIN 5 MG CARTRIDGE	4	PA, SRX
GENOTROPIN 12 MG CARTRIDGE	4	PA, SRX
GENOTROPIN MINIQUICK 0.2 MG SYRINGE	4	PA, SRX
GENOTROPIN MINIQUICK 0.4 MG SYRINGE	4	PA, SRX
GENOTROPIN MINIQUICK 0.6 MG SYRINGE	4	PA, SRX
GENOTROPIN MINIQUICK 0.8 MG SYRINGE	4	PA, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
GENOTROPIN MINIQUICK 1 MG SYRINGE	4	PA, SRX
GENOTROPIN MINIQUICK 1.2 MG SYRINGE	4	PA, SRX
GENOTROPIN MINIQUICK 1.4 MG SYRINGE	4	PA, SRX
GENOTROPIN MINIQUICK 1.6 MG SYRINGE	4	PA, SRX
GENOTROPIN MINIQUICK 1.8 MG SYRINGE	4	PA, SRX
GENOTROPIN MINIQUICK 2 MG SYRINGE	4	PA, SRX
GENTAK 0.3 % EYE OINTMENT	1	
GENTAMICIN 0.1% CREAM	1	
GENTAMICIN 0.1% OINTMENT	1	
GENTAMICIN 0.3% EYE DROPS	1	
GENVOYA TABLET	3	QL, SRX
GILOTRIF 20 MG TABLET	4	PA, QL, LDD, SRX
GILOTRIF 30 MG TABLET	4	PA, QL, LDD, SRX
GILOTRIF 40 MG TABLET	4	PA, QL, LDD, SRX
GLATIRAMER 20 MG/ML SYRINGE	4	PA, SRX
GLATIRAMER 40 MG/ML SYRINGE	4	PA, SRX
GLATOPA 20 MG/ML SYRINGE	4	PA, SRX
GLATOPA 40 MG/ML SYRINGE	4	PA, SRX
GLEOSTINE 10 MG CAPSULE	3	PA
GLEOSTINE 40 MG CAPSULE	3	PA
GLEOSTINE 100 MG CAPSULE	3	PA
GLIMEPIRIDE 1 MG TABLET	1	
GLIMEPIRIDE 2 MG TABLET	1	
GLIMEPIRIDE 4 MG TABLET	1	
GLIPIZIDE 5 MG TABLET	1	
GLIPIZIDE 10 MG TABLET	1	
GLIPIZIDE ER 2.5 MG TABLET	1	
GLIPIZIDE ER 5 MG TABLET	1	
GLIPIZIDE ER 10 MG TABLET	1	
GLIPIZIDE XL 2.5 MG TABLET	1	
GLIPIZIDE XL 5 MG TABLET	1	
GLIPIZIDE XL 10 MG TABLET	1	
GLIPIZIDE-METFORMIN 2.5-250 MG TABLET	1	
GLIPIZIDE-METFORMIN 2.5-500 MG TABLET	1	
GLIPIZIDE-METFORMIN 5-500 MG TABLET	1	
GLUCAGON 1 MG EMERGENCY KIT	2	QL
GLUCOCARD 01 CONTROL SOLUTION	2	
GLUCOCARD EXPRESSION CONTROL SOLUTION	2	
GLUCOCARD SHINE CONTROL SOLUTION	2	
GLUCOCOM AUTOLINK SYSTEM	2	
GLUCOCOM CONTROL SOLUTION	2	

Medication Name	Tier	Notes
GLUCOSE CONTROL SOLUTION	2	
GLUCOSE NORMAL CONTROL SOLUTION	2	
GLYBURIDE 1.25 MG TABLET	1	
GLYBURIDE 2.5 MG TABLET	1	
GLYBURIDE 5 MG TABLET	1	
GLYBURIDE MICRO 1.5 MG TABLET	1	
GLYBURIDE MICRO 3 MG TABLET	1	
GLYBURIDE MICRO 6 MG TABLET	1	
GLYBURIDE-METFORMIN 1.25-250 MG TABLET	1	
GLYBURIDE-METFORMIN 2.5-500 MG TABLET	1	
GLYBURIDE-METFORMIN 5-500 MG TABLET	1	
GLYCINE 1.5% IRRIGATION	1	
GLYCOPYRROLATE 1 MG TABLET	1	
GLYCOPYRROLATE 2 MG TABLET	1	
GLYDO 2% JELLY SYRINGE	1	
GNP CLICKFINE NEEDLE 31G 1/4"	2	
GNP CLICKFINE NEEDLE 31G 5/16"	2	
GNP EASY TOUCH HIGH-LOW CONTROL SOLUTION	2	
GNP INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
GNP INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
GNP INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
GNP INSULIN SYRINGE 1 ML 28G 1/2"	2	
GNP INSULIN SYRINGE 1 ML 31G 5/16"	2	
GNP PEN NEEDLE 31G 5MM	2	
GNP PEN NEEDLE 31G 8MM	2	
GNP PEN NEEDLE 32G 4MM	2	
GNP PEN NEEDLE 32G 6MM	2	
GNP ULTICARE PEN NEEDLE 31G 5MM	2	
GNP ULTICARE PEN NEEDLE 31G 8MM	2	
GNP ULTICARE PEN NEEDLE 32G 4MM	2	
GNP ULTICARE PEN NEEDLE 32G 6MM	2	
GNP ULTIGUARD SAFEPACK 31G 5MM	2	
GNP ULTIGUARD SAFEPACK 31G 8MM	2	
GNP ULTIGUARD SAFEPACK 32G 4MM	2	
GNP ULTIGUARD SAFEPACK 32G 6MM	2	
GNP ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2"	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML 28G 1/2"	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML 29G 1/2"	2	
GNP ULTRA COMFORT SYRINGE 1 ML	2	
GNP ULTRA COMFORT SYRINGE 3/10 ML	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
GOJJI GLUCOSE NORMAL CONTROL SOLUTION	2	
GOJJI KETONE L1 CONTROL SOLUTION	2	
GRANISETRON 1 MG TABLET	3	
GRANISETRON 0.1 MG/ML VIAL	3	
GRANISETRON 1 MG/ML VIAL	3	
GRANISETRON 4 MG/4 ML VIAL	3	
GRASTEK 2,800 BAU SUBLINGUAL TABLET	3	PA, QL
GRISEOFULVIN 125 MG/5 ML ORAL SUSPENSION	2	
GRISEOFULVIN MICRO 500 MG TABLET	2	
GRISEOFULVIN ULTRA 125 MG TABLET	2	
GRISEOFULVIN ULTRA 250 MG TABLET	2	
GS ALCOHOL 70% SWAB	2	
GS PEN NEEDLE 31G 5/16"	2	
GS PEN NEEDLE 31G 5MM	2	
GS PEN NEEDLE 31G 6MM	2	
GS PEN NEEDLE 31G 8MM	2	
GS PEN NEEDLE 32G 4MM	2	
GS PEN NEEDLE 32G 6MM	2	
GUANFACINE 1 MG TABLET	1	
GUANFACINE 2 MG TABLET	1	
GUANFACINE ER 1 MG TABLET	1	QL
GUANFACINE ER 2 MG TABLET	1	QL
GUANFACINE ER 3 MG TABLET	1	QL
GUANFACINE ER 4 MG TABLET	1	QL
GUARDIAN RT REPLACE CHARGER	2	
GUARDIAN RT REPLACE TEST PLUG	2	
GUARDIAN TEST PLUG	2	
GUARDIAN TRANSMITTER TAPE	2	
GYNAZOLE 1 2% CREAM	2	
HAILEY 21 1.5 MG-30 MCG TABLET	1	
HAILEY 24 FE 1 MG-20 MCG TABLET	1	
HAILEY FE 1-20 TABLET	1	
HAILEY FE 1.5-30 TABLET	1	
HALOBETASOL 0.05% CREAM	1	
HALOBETASOL 0.05% OINTMENT	1	
HALOETTE VAGINAL RING	1	
HALOPERIDOL 0.5 MG TABLET	1	
HALOPERIDOL 1 MG TABLET	1	
HALOPERIDOL 2 MG TABLET	1	
HALOPERIDOL 5 MG TABLET	1	
HALOPERIDOL 10 MG TABLET	1	

Medication Name	Tier	Notes
HALOPERIDOL 20 MG TABLET	1	
HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE	1	
HALOPERIDOL LACTATE 10 MG/5 ML ORAL CONCENTRATE	1	
HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
HAVRIX 1,440 UNIT/ML SYRINGE	2	
HEALTHPRO L1, L3 CONTROL SOLUTION	2	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
HEALTHWISE INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
HEALTHWISE INSULIN SYRINGE 1 ML 30G 5/16"	2	
HEALTHWISE INSULIN SYRINGE 1 ML 31G 5/16"	2	
HEALTHWISE PEN NEEDLE 31G 5MM	2	
HEALTHWISE PEN NEEDLE 31G 8MM	2	
HEALTHWISE PEN NEEDLE 32G 4MM	2	
HEALTHY ACCENTS PENTIP 29G 12MM	2	
HEALTHY ACCENTS PENTIP 31G 5MM	2	
HEALTHY ACCENTS PENTIP 31G 6MM	2	
HEALTHY ACCENTS PENTIP 31G 8MM	2	
HEALTHY ACCENTS PENTIP 32G 4MM	2	
HEATHER 0.35 MG TABLET	1	
HEB UNIFINE PENTIP PLUS 31G 3/16"	2	
HEMA-COMBISTIX REAGENT TEST STRIP	2	
HEMMOREX-HC 25 MG SUPPOSITORY	1	
HEMMOREX-HC 30 MG SUPPOSITORY	1	
HEPARIN 5,000 UNIT/0.5 ML INJECTION	1	
HEPARIN 5,000 UNIT/ML SYRINGE	1	
HEPLISAV-B 20 MCG/0.5 ML SYRINGE	2	
HIBERIX VACCINE VIAL	2	
HIBERIX VIAL AND DILUENT SYRINGE	2	
HIBERIX VIAL WITH DILUENT VIAL	2	
HM ULTICARE PEN NEEDLE 31G 5MM	2	
HM ULTICARE PEN NEEDLE 31G 6MM	2	
HM ULTICARE PEN NEEDLE 31G 8MM	2	
HM ULTICARE PEN NEEDLE 32G 4MM	2	
HOMATROPAIRE 5% EYE DROPS	1	
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL
HUMALOG 100 UNIT/ML KWIKPEN	2	QL
HUMALOG 200 UNIT/ML KWIKPEN	2	QL
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
HUMALOG MIX 50-50 KWIKPEN	2	QL
HUMALOG MIX 75-25 KWIKPEN	2	QL
HUMALOG MIX 75-25 VIAL	2	QL
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL
HUMIRA 40 MG/0.8 ML PEN	4	PA, QL, SRX
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA, QL, SRX
HUMIRA (CF) 40 MG/0.4 ML PEN	4	PA, QL, SRX
HUMIRA (CF) 80 MG/0.8 ML PEN	4	PA, QL, SRX
HUMIRA (CF) 80 MG CROHN'S-UC-HS PEN	4	PA, QL, SRX
HUMIRA (CF) 80 MG PEDIATRIC UC PEN	4	PA, QL, SRX
HUMIRA (CF) 80 MG-40 MG PSORIASIS-UVEITIS-ADOL HS PEN	4	PA, QL, SRX
HUMIRA (CF) 10 MG/0.1 ML SYRINGE	4	PA, QL, SRX
HUMIRA (CF) 20 MG/0.2 ML SYRINGE	4	PA, QL, SRX
HUMIRA (CF) 40 MG/0.4 ML SYRINGE	4	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70-30 VIAL	2	QL
HUMULIN N 100 UNIT/ML KWIKPEN	2	QL
HUMULIN N 100 UNIT/ML VIAL	2	QL
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL
HUMULIN R 100 UNIT/ML VIAL	2	QL
HUMULIN R 500 UNIT/ML VIAL	2	QL
HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX
HYCAMTIN 1 MG CAPSULE	4	PA, SRX
HYDRALAZINE 10 MG TABLET	1	
HYDRALAZINE 25 MG TABLET	1	
HYDRALAZINE 50 MG TABLET	1	
HYDRALAZINE 100 MG TABLET	1	
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
HYDROCODONE ER 60 MG TABLET	1	PA
HYDROCODONE ER 80 MG TABLET	1	PA
HYDROCODONE ER 100 MG TABLET	1	PA
HYDROCODONE ER 120 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 2.5-108 MG/5 ML ORAL SOLUTION	1	PA
HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION	1	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION	1	PA
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	PA
HYDROCODONE-CHLORPHENIRAMINE ER ORAL SUSPENSION	1	
HYDROCODONE-HOMATROPINE ORAL SOLUTION	1	QL
HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION	1	QL
HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET	1	QL
HYDROCODONE-IBUPROFEN 5 MG-200 MG TABLET	1	PA
HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET	1	PA
HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET	1	PA
HYDROCORTISONE 1% CREAM	1	
HYDROCORTISONE 2.5% CREAM	1	
HYDROCORTISONE 100 MG/60 ML ENEMA	1	
HYDROCORTISONE 2.5% LOTION	1	
HYDROCORTISONE 1% OINTMENT	1	
HYDROCORTISONE 2.5% OINTMENT	1	
HYDROCORTISONE 5 MG TABLET	1	
HYDROCORTISONE 10 MG TABLET	1	
HYDROCORTISONE 20 MG TABLET	1	
HYDROCORTISONE 2.5% TOPICAL SOLUTION	3	
HYDROCORTISONE AC 25 MG SUPPOSITORY	1	
HYDROCORTISONE AC 30 MG SUPPOSITORY	1	
HYDROCORTISONE BUTYRATE 0.1% CREAM	2	QL
HYDROCORTISONE BUTYRATE 0.1% OINTMENT	2	QL
HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION	2	QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
HYDROCORTISONE VALERATE 0.2% CREAM	1	
HYDROCORTISONE VALERATE 0.2% OINTMENT	1	
HYDROCORTISONE-ACETIC ACID EAR DROPS	2	
HYDROCORTISONE-ACETIC ACID EAR SOLUTION	2	
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	3	PA
HYDROMORPHONE ER 12 MG TABLET	3	PA
HYDROMORPHONE ER 16 MG TABLET	3	PA
HYDROMORPHONE ER 32 MG TABLET	3	PA
HYDROXYCHLOROQUINE 200 MG TABLET	1	
HYDROXYUREA 500 MG CAPSULE	1	
HYDROXYZINE 10 MG/5 ML ORAL SOLUTION	1	
HYDROXYZINE 50 MG/25 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	
HYOSCYAMINE 0.125 MG ODT TABLET	1	
HYOSCYAMINE 0.125 MG/5 ML ELIXIR	1	
HYOSCYAMINE 0.125 MG/ML ORAL DROPS	1	
HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET	1	
HYOSCYAMINE 0.125 MG TABLET	1	
HYOSCYAMINE ER 0.375 MG TABLET	1	
HYOSCYAMINE SR 0.375 MG TABLET	1	
HYOSYNE 125 MCG/5 ML ELIXIR	1	
HYOSYNE 0.125 MG/ML ORAL DROPS	1	
HYPO NEEDLE, POLYPROPYL HUB	2	
HYPODERMIC NEEDLE, ALUM HUB	2	
IBANDRONATE 150 MG TABLET	1	
IBRANCE 75 MG CAPSULE	4	PA, QL, LDD, SRX
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 ORAL 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 GM CAPSULE	3	PA
ICOSAPENT ETHYL 500 MG CAPSULE	3	PA
IHEALTH LEVEL 2 CONTROL SOLUTION	2	
ILARIS 150 MG/ML VIAL	4	PA, LDD, SRX
ILET INFUSION KIT-INSET 23" 6MM	2	
ILET INFUSION KIT-INSET 32" 6MM	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 ORAL 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
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	
INCASSIA 0.35 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
IN-CHECK NASAL WITH MASK	2	
IN-CHECK ORAL FLOW METER	2	
INCONTROL PEN NEEDLE 29G 12MM	2	
INCONTROL PEN NEEDLE 31G 5MM	2	
INCONTROL PEN NEEDLE 31G 6MM	2	
INCONTROL PEN NEEDLE 31G 8MM	2	
INCONTROL PEN NEEDLE 32G 4MM	2	
INCONTROL ULTICARE PEN NEEDLE 31G 6MM	2	
INCONTROL ULTICARE PEN NEEDLE 31G 8MM	2	
INCONTROL ULTICARE PEN NEEDLE 32G 4MM	2	
INCRELEX 40 MG/4 ML VIAL	4	PA, LDD, SRX
INCRUSE ELLIPTA 62.5 MCG INHALER	2	
INDAPAMIDE 1.25 MG TABLET	1	
INDAPAMIDE 2.5 MG TABLET	1	
INDOMETHACIN 25 MG CAPSULE	1	
INDOMETHACIN 50 MG CAPSULE	1	
INDOMETHACIN ER 75 MG CAPSULE	1	
INFANRIX DTAP SYRINGE	2	
INFINITY HIGH CONTROL SOLUTION	2	
INFINITY LOW CONTROL SOLUTION	2	
INFINITY NORMAL CONTROL SOLUTION	2	
INFINITY VOICE LEVEL 2 CONTROL SOLUTION	2	
INJECT-EASE SYRINGE NEEDLE INTRODUCER	2	
INLYTA 1 MG TABLET	4	PA, QL, LDD, SRX
INLYTA 5 MG TABLET	4	PA, QL, LDD, SRX
INPEN (FOR HUMALOG) BLUE	2	
INPEN (FOR HUMALOG) GREY	2	
INPEN (FOR HUMALOG) PINK	2	
INPEN (NOVOLOG OR FIASP) BLUE	2	
INPEN (NOVOLOG OR FIASP) GREY	2	
INPEN (NOVOLOG OR FIASP) PINK	2	
INSUL-CAP INSULIN HOLDER	2	
INSULIN ASPART 100 UNIT/ML CARTRIDGE	3	QL, ST
INSULIN ASPART 100 UNIT/ML PEN	3	QL, ST
INSULIN ASPART 100 UNIT/ML VIAL	3	QL, ST
INSULIN ASPART PROTAMINE MIX 70-30 PEN	3	QL, ST
INSULIN ASPART PROTAMINE MIX 70-30 VIAL	3	QL, ST
INSULIN CARTRIDGE 3 ML	2	
INSULIN LISPRO 100 UNIT/ML VIAL	2	QL
INSULIN SYRINGE 0.3 ML	2	
INSULIN SYRINGE 0.3 ML 29G 1/2"	2	

Medication Name	Tier	Notes
INSULIN SYRINGE 0.3 ML 30G 1/2"	2	
INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
INSULIN SYRINGE 0.3 ML 31G 1/4"	2	
INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2)	2	
INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
INSULIN SYRINGE 0.5 ML	2	
INSULIN SYRINGE 0.5 ML 27G 1/2"	2	
INSULIN SYRINGE 0.5 ML 27G 13MM	2	
INSULIN SYRINGE 0.5 ML 28G 1/2"	2	
INSULIN SYRINGE 0.5 ML 28G 12.7MM	2	
INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
INSULIN SYRINGE 0.5 ML 30G 1/2"	2	
INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
INSULIN SYRINGE 0.5 ML 31G 1/4"	2	
INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
INSULIN SYRINGE 1 ML	2	
INSULIN SYRINGE 1 ML 27G 1/2"	2	
INSULIN SYRINGE 1 ML 27G 13MM	2	
INSULIN SYRINGE 1 ML 27G 16MM	2	
INSULIN SYRINGE 1 ML 28G 1/2"	2	
INSULIN SYRINGE 1 ML 28G 12.7MM	2	
INSULIN SYRINGE 1 ML 28G 13MM	2	
INSULIN SYRINGE 1 ML 29G 1/2"	2	
INSULIN SYRINGE 1 ML 30G 1/2"	2	
INSULIN SYRINGE 1 ML 30G 5/16"	2	
INSULIN SYRINGE 1 ML 31G 1/4"	2	
INSULIN SYRINGE 1 ML 31G 5/16"	2	
INSULIN SYRINGE 1/2 ML	2	
INSULIN SYRINGE 3/10 ML	2	
INSULIN-EZE SYRINGE MAGNIFIER	2	
INSUPEN PEN NEEDLE 29G 1/2"	2	
INSUPEN PEN NEEDLE 31G 3/16"	2	
INSUPEN PEN NEEDLE 31G 5/16"	2	
INSUPEN PEN NEEDLE 31G 5MM	2	
INSUPEN PEN NEEDLE 31G 8MM	2	
INSUPEN PEN NEEDLE 32G 4MM	2	
INSUPEN PEN NEEDLE 32G 5/32"	2	
INSUPEN PEN NEEDLE 32G 6MM	2	
INSUPEN PEN NEEDLE 32G 8MM	2	
INSUPEN ULTRAFINE NEEDLE 30G	2	
INSUPEN ULTRAFINE NEEDLE 31G	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
INTELENCE 25 MG TABLET	2	SRX
IPOL VIAL	2	
IPRATROPIUM 0.02% INHALATION SOLUTION	1	
IPRATROPIUM 0.03% NASAL SPRAY	1	
IPRATROPIUM 0.06% NASAL SPRAY	1	
IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION	1	
IRBESARTAN 75 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TABLET	1	
ISENTRESS 25 MG CHEWABLE TABLET	2	SRX
ISENTRESS 100 MG CHEWABLE TABLET	2	SRX
ISENTRESS 100 MG POWDER PACKET	2	SRX
ISENTRESS 400 MG TABLET	2	SRX
ISENTRESS HD 600 MG TABLET	2	SRX
ISIBLOOM 28 DAY TABLET	1	
ISONIAZID 50 MG/5 ML ORAL SOLUTION	1	
ISONIAZID 100 MG TABLET	1	
ISONIAZID 300 MG TABLET	1	
ISOSORBIDE DINITRATE 5 MG TABLET	1	
ISOSORBIDE DINITRATE 10 MG TABLET	1	
ISOSORBIDE DINITRATE 20 MG TABLET	1	
ISOSORBIDE DINITRATE 30 MG TABLET	1	
ISOSORBIDE MONONITRATE 10 MG TABLET	1	
ISOSORBIDE MONONITRATE 20 MG TABLET	1	
ISOSORBIDE MONONITRATE ER 30 MG TABLET	1	
ISOSORBIDE MONONITRATE ER 60 MG TABLET	1	
ISOSORBIDE MONONITRATE ER 120 MG TABLET	1	
ISOTRETINOIN 10 MG CAPSULE	3	
ISOTRETINOIN 20 MG CAPSULE	3	
ISOTRETINOIN 30 MG CAPSULE	3	
ISOTRETINOIN 40 MG CAPSULE	3	
ISOXSUPRINE 10 MG TABLET	1	
ISRADIPINE 2.5 MG CAPSULE	1	
ISRADIPINE 5 MG CAPSULE	1	
ITRACONAZOLE 100 MG CAPSULE	2	QL
ITRACONAZOLE 10 MG/ML ORAL SOLUTION	2	
ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION	2	
IVERMECTIN 3 MG TABLET	1	PA
JAIMIESS 0.15-0.03-0.01 MG TABLET	1	

Medication Name	Tier	Notes
JAKAFI 5 MG TABLET	4	PA, QL, LDD, SRX
JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX
JAKAFI 15 MG TABLET	4	PA, QL, LDD, SRX
JAKAFI 20 MG TABLET	4	PA, QL, LDD, SRX
JAKAFI 25 MG TABLET	4	PA, QL, LDD, SRX
JANSSEN COVID-19 VACCINE (EUA)	2	
JANTOVEN 1 MG TABLET	1	
JANTOVEN 2 MG TABLET	1	
JANTOVEN 2.5 MG TABLET	1	
JANTOVEN 3 MG TABLET	1	
JANTOVEN 4 MG TABLET	1	
JANTOVEN 5 MG TABLET	1	
JANTOVEN 6 MG TABLET	1	
JANTOVEN 7.5 MG TABLET	1	
JANTOVEN 10 MG TABLET	1	
JANUMET 50-500 MG TABLET	2	QL
JANUMET 50-1,000 MG TABLET	2	QL
JANUMET XR 50-500 MG TABLET	2	QL
JANUMET XR 50-1,000 MG TABLET	2	QL
JANUMET XR 100-1,000 MG TABLET	2	QL
JANUVIA 25 MG TABLET	2	QL
JANUVIA 50 MG TABLET	2	QL
JANUVIA 100 MG TABLET	2	QL
JARDIANCE 10 MG TABLET	2	QL
JARDIANCE 25 MG TABLET	2	QL
JASMIEL 3 MG-0.02 MG TABLET	1	
JENCYCLA 0.35 MG TABLET	1	
JENTADUETO 2.5 MG-500 MG TABLET	2	QL
JENTADUETO 2.5 MG-850 MG TABLET	2	QL
JENTADUETO 2.5 MG-1000 MG TABLET	2	QL
JENTADUETO XR 2.5 MG-1,000 MG TABLET	2	QL
JENTADUETO XR 5 MG-1,000 MG TABLET	2	QL
JINTELI 1 MG-5 MCG TABLET	1	
JOLESSA 0.15 MG-0.03 MG TABLET	1	
JOYEAUX-28 TABLET	1	
JULEBER 28 DAY TABLET	1	
JULUCA 50-25 MG TABLET	3	QL, SRX
JUNEL 1 MG-20 MCG TABLET	1	
JUNEL 1.5 MG-30 MCG TABLET	1	
JUNEL FE 1 MG-20 MCG TABLET	1	
JUNEL FE 1.5 MG-30 MCG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
JUNEL FE 24 TABLET	1	
JYNNEOS 0.5 ML VIAL	2	
KAITLIB FE 0.8-0.025 MG CHEWABLE TABLET	1	
KALLIGA 28 DAY TABLET	1	
KARIVA 28 DAY TABLET	1	
KELNOR 1-35 28 TABLET	1	
KELNOR 1-50 TABLET	1	
KESIMPTA 20 MG/0.4 ML PEN	4	PA, SRX
KETOCONAZOLE 2% CREAM	1	
KETOCONAZOLE 2% SHAMPOO	1	
KETOCONAZOLE 200 MG TABLET	1	
KETO-DIASTIX REAGENT TEST STRIP	2	
KETONE TEST STRIP	2	
KETOPROFEN 50 MG CAPSULE	2	
KETOPROFEN 75 MG CAPSULE	2	
KETOPROFEN ER 200 MG CAPSULE	2	
KETOROLAC 0.4% EYE DROPS	1	
KETOROLAC 0.5% EYE DROPS	1	
KETOROLAC 10 MG TABLET	1	QL
KETOSTIX REAGENT TEST STRIP	2	
KINERET 100 MG/0.67 ML SYRINGE	4	PA, QL, LDD, SRX
KINRAY INSULIN SYRINGE 1 ML 31G 5/16"	2	
KINRAY SYRINGE 0.3 ML 31G 5/16"	2	
KINRAY SYRINGE 0.5 ML 31G 5/16"	2	
KINRIX TIP-LOK SYRINGE	2	
KIONEX 15 GM/60 ML ORAL SUSPENSION	2	
KISQALI 200 MG DAILY DOSE TABLET	4	PA, QL, SRX
KISQALI 400 MG DAILY DOSE TABLET	4	PA, QL, SRX
KISQALI 600 MG DAILY DOSE TABLET	4	PA, QL, SRX
KLAYESTA 100,000 UNIT/GM POWDER	1	
KLOR-CON 8 MEQ TABLET	1	
KLOR-CON 10 MEQ TABLET	1	
KLOR-CON 20 MEQ PACKET	1	
KLOR-CON M10 TABLET	1	
KLOR-CON M15 TABLET	3	
KLOR-CON M20 TABLET	1	
KMART VALU PLUS SYRINGE 1/2 ML	2	
KOURZEQ 0.1% TOOTHPASTE	1	
K-PHOS #2 TABLET	3	
K-PHOS ORIGINAL TABLET	3	
KRO INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
KRO INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
KRO INSULIN SYRINGE 1 ML 30G 5/16"	2	
KRO PEN NEEDLE 31G 5MM	2	
KRO PEN NEEDLE 31G 6MM	2	
KRO PEN NEEDLE 31G 8MM	2	
KRO PEN NEEDLE 32G 4MM	2	
KRO PEN NEEDLE 33G 4MM	2	
KROGER INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
KROGER INSULIN SYRINGE 1 ML 29G 1/2"	2	
KROGER INSULIN SYRINGE 1 ML 31G 5/16"	2	
KROGER PEN NEEDLE 31G 5/16"	2	
KROGER SYRINGE 0.3 ML 31G 5/16"	2	
KROGER SYRINGE 0.5 ML 30G 5/16"	2	
KURVELO-28 TABLET	1	
KYLEENA 19.5 MG SYSTEM	1	LDD, SRX
LABETALOL 100 MG TABLET	1	
LABETALOL 200 MG TABLET	1	
LABETALOL 300 MG TABLET	1	
LABSTIX REAGENT TEST STRIP	2	
LACOSAMIDE 10 MG/ML ORAL SOLUTION	2	QL
LACOSAMIDE 50 MG/5 ML ORAL SOLUTION	2	QL
LACOSAMIDE 100 MG/10 ML ORAL SOLUTION	2	QL
LACOSAMIDE 50 MG TABLET	2	QL
LACOSAMIDE 100 MG TABLET	2	QL
LACOSAMIDE 150 MG TABLET	2	QL
LACOSAMIDE 200 MG TABLET	2	QL
LACRISERT 5 MG EYE INSERT	3	
LACTATED RINGERS IRRIGATION	1	
LACTULOSE 10 GM/15 ML ORAL SOLUTION	1	
LACTULOSE 20 GM/30 ML ORAL SOLUTION	1	
LAMIVUDINE 10 MG/ML ORAL SOLUTION	1	SRX
LAMIVUDINE 150 MG TABLET	1	SRX
LAMIVUDINE 300 MG TABLET	1	SRX
LAMIVUDINE HBV 100 MG TABLET	3	SRX
LAMIVUDINE-ZIDOVUDINE TABLET	1	SRX
LAMOTRIGINE 5 MG DISPERSIBLE TABLET	1	
LAMOTRIGINE 25 MG DISPERSIBLE TABLET	1	
LAMOTRIGINE ODT KIT (BLUE)	1	
LAMOTRIGINE ODT KIT (GREEN)	1	
LAMOTRIGINE ODT KIT (ORANGE)	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
LAMOTRIGINE 25 MG ODT TABLET	2	
LAMOTRIGINE 50 MG ODT TABLET	2	
LAMOTRIGINE 100 MG ODT TABLET	2	
LAMOTRIGINE 200 MG ODT TABLET	2	
LAMOTRIGINE 25 MG TABLET	1	
LAMOTRIGINE 100 MG TABLET	1	
LAMOTRIGINE 150 MG TABLET	1	
LAMOTRIGINE 200 MG TABLET	1	
LAMOTRIGINE TABLET STARTER KIT-BLUE	1	
LAMOTRIGINE TABLET STARTER KIT-GREEN	1	
LAMOTRIGINE TABLET STARTER KIT-ORANGE	1	
LAMOTRIGINE ER 25 MG TABLET	2	
LAMOTRIGINE ER 50 MG TABLET	2	
LAMOTRIGINE ER 100 MG TABLET	2	
LAMOTRIGINE ER 200 MG TABLET	2	
LAMOTRIGINE ER 250 MG TABLET	2	
LAMOTRIGINE ER 300 MG TABLET	2	
LANSOPRAZOLE DR 15 MG CAPSULE	1	QL
LANSOPRAZOLE DR 30 MG CAPSULE	1	QL
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	2	
LANTHANUM 500 MG CHEWABLE TABLET	3	
LANTHANUM 750 MG CHEWABLE TABLET	3	
LANTHANUM 1,000 MG CHEWABLE TABLET	3	
LAPATINIB 250 MG TABLET	4	PA, QL, SRX
LARIN 1.5 MG-30 MCG TABLET	1	
LARIN 21 1-20 TABLET	1	
LARIN 24 FE 1 MG-20 MCG TABLET	1	
LARIN FE 1.5-30 TABLET	1	
LARIN FE 1-20 TABLET	1	
LATANOPROST 0.005% EYE DROPS	1	
LAYOLIS FE CHEWABLE TABLET	3	
LEADER INSULIN SYRINGE 0.3 ML	2	
LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
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	
LEADER INSULIN SYRINGE 1 ML 28G 1/2"	2	
LEADER INSULIN SYRINGE 1 ML 29G 1/2"	2	
LEADER INSULIN SYRINGE 1 ML 30G 5/16"	2	
LEADER INSULIN SYRINGE 1 ML 31G 5/16"	2	
LEADER PEN NEEDLE 29G 12MM	2	

Medication Name	Tier	Notes
LEADER SYRINGE 0.3 ML 31G 5/16"	2	
LEADER SYRINGE 0.5 ML 31G 5/16"	2	
LEDIPASVIR-SOFOSBUVIR 90-400 MG TABLET	4	PA, QL, SRX
LEENA 28 TABLET	1	
LEFLUNOMIDE 10 MG TABLET	1	
LEFLUNOMIDE 20 MG TABLET	1	
LENALIDOMIDE 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 5 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 10 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 15 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 20 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 25 MG CAPSULE	4	PA, QL, LDD, SRX
LENVIMA 4 MG CAPSULE	4	PA, QL, LDD, SRX
LENVIMA 8 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 10 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 12 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 14 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 18 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 20 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 24 MG DAILY DOSE	4	PA, QL, LDD, SRX
LESSINA-28 TABLET	1	
LETROZOLE 2.5 MG TABLET	1	
LEUCOVORIN 5 MG TABLET	1	
LEUCOVORIN 10 MG TABLET	1	
LEUCOVORIN 15 MG TABLET	1	
LEUCOVORIN 25 MG TABLET	1	
LEUKERAN 2 MG TABLET	3	
LEUKINE 250 MCG VIAL	4	SRX
LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT	4	PA, SRX
LEVALBUTEROL 1.25 MG/0.5 INHALATION CONCENTRATE	2	
LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION	1	
LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	1	
LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	1	
LEVALBUTEROL TARTRATE HFA 45 MCG INHALER	1	QL
LEVETIRACETAM 100 MG/ML ORAL SOLUTION	1	
LEVETIRACETAM 500 MG/5 ML ORAL SOLUTION	1	
LEVETIRACETAM 1,000 MG/10 ML ORAL SOLUTION	1	
LEVETIRACETAM 250 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
LEVETIRACETAM 500 MG TABLET	1	
LEVETIRACETAM 750 MG TABLET	1	
LEVETIRACETAM 1,000 MG TABLET	1	
LEVETIRACETAM ER 500 MG TABLET	1	
LEVETIRACETAM ER 750 MG TABLET	1	
LEVOBUNOLOL 0.5% EYE DROPS	1	
LEVOCARNITINE 500 MG/5 ML ORAL SOLUTION	1	
LEVOCARNITINE 1 G/10 ML ORAL SOLUTION	1	
LEVOCARNITINE 330 MG TABLET	1	
LEVOCARNITINE SF 1 G/10 ML ORAL SOLUTION	1	
LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	1	
LEVOCETIRIZINE 5 MG TABLET	1	
LEVOFLOXACIN 0.5% EYE DROPS	1	
LEVOFLOXACIN 1.5% EYE DROPS	1	
LEVOFLOXACIN 25 MG/ML ORAL SOLUTION	1	
LEVOFLOXACIN 250 MG TABLET	1	
LEVOFLOXACIN 500 MG TABLET	1	
LEVOFLOXACIN 750 MG TABLET	1	
LEVONEST-28 TABLET	1	
LEVONORGESTREL 0.15 MG-ETHINYL ESTRADIOL 20-25-30 MCG TABLET	1	
LEVONORGESTREL 1.5 MG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.09-0.02 MG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02 MG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02-0.01 TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03-0.01 TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL TRIPHASIC TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL-FE BISGLYCINATE 0.1-0.02-36 TABLET	1	
LEVORA-28 TABLET	1	
LEVORPHANOL 2 MG TABLET	4	PA
LEVORPHANOL 3 MG TABLET	4	PA
LEVO-T 25 MCG TABLET	1	
LEVO-T 50 MCG TABLET	1	
LEVO-T 75 MCG TABLET	1	
LEVO-T 88 MCG TABLET	1	

Medication Name	Tier	Notes
LEVO-T 100 MCG TABLET	1	
LEVO-T 112 MCG TABLET	1	
LEVO-T 125 MCG TABLET	1	
LEVO-T 137 MCG TABLET	1	
LEVO-T 150 MCG TABLET	1	
LEVO-T 175 MCG TABLET	1	
LEVO-T 200 MCG TABLET	1	
LEVO-T 300 MCG TABLET	1	
LEVOTHYROXINE 25 MCG TABLET	1	
LEVOTHYROXINE 50 MCG TABLET	1	
LEVOTHYROXINE 75 MCG TABLET	1	
LEVOTHYROXINE 88 MCG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1	
LEVOTHYROXINE 150 MCG TABLET	1	
LEVOTHYROXINE 175 MCG TABLET	1	
LEVOTHYROXINE 200 MCG TABLET	1	
LEVOTHYROXINE 300 MCG TABLET	1	
LEVOXYL 25 MCG TABLET	1	
LEVOXYL 50 MCG TABLET	1	
LEVOXYL 75 MCG TABLET	1	
LEVOXYL 88 MCG TABLET	1	
LEVOXYL 100 MCG TABLET	1	
LEVOXYL 112 MCG TABLET	1	
LEVOXYL 125 MCG TABLET	1	
LEVOXYL 137 MCG TABLET	1	
LEVOXYL 150 MCG TABLET	1	
LEVOXYL 175 MCG TABLET	1	
LEVOXYL 200 MCG TABLET	1	
LEVULAN KERASTICK 20%	3	SRX
LIDOCAINE 2% JELLY	1	
LIDOCAINE 2% JELLY URO-JET	1	
LIDOCAINE 2% JELLY URO-JET AC	1	
LIDOCAINE 2% VISCOUS ORAL SOLUTION	1	
LIDOCAINE 4% ORAL SOLUTION	1	
LIDOCAINE 5% OINTMENT	1	QL
LIDOCAINE 5% PATCH	1	
LIDOCAINE-PRILOCAINE CREAM	1	
LIDOCAN III 5% PATCH	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
LIDOCAN IV 5% PATCH	1	
LIDOCAN V 5% PATCH	1	
LIFESHIELD BLUNT CANNULA	2	
LILETTA 52 MG SYSTEM	1	LDD, SRX
LINDANE 1% SHAMPOO	1	
LINEZOLID 100 MG/5 ML ORAL 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	
LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN	2	PA, QL
LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN	2	PA, QL
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
LISINOPRIL 2.5 MG TABLET	1	
LISINOPRIL 5 MG TABLET	1	
LISINOPRIL 10 MG TABLET	1	
LISINOPRIL 20 MG TABLET	1	
LISINOPRIL 30 MG TABLET	1	
LISINOPRIL 40 MG TABLET	1	
LISINOPRIL-HCTZ 10-12.5 MG TABLET	1	
LISINOPRIL-HCTZ 20-12.5 MG TABLET	1	
LISINOPRIL-HCTZ 20-25 MG TABLET	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML	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	
LITE TOUCH PEN NEEDLE 31G 1/4"	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	
LONSURF 15 MG-6.14 MG TABLET	4	PA, LDD, SRX
LONSURF 20 MG-8.19 MG TABLET	4	PA, LDD, SRX
LOPERAMIDE 2 MG CAPSULE	1	
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	1	SRX
LOPINAVIR-RITONAVIR 100-25 MG TABLET	1	SRX
LOPINAVIR-RITONAVIR 200-50 MG TABLET	1	SRX
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	1	
LORAZEPAM 0.5 MG TABLET	1	
LORAZEPAM 1 MG TABLET	1	
LORAZEPAM 2 MG TABLET	1	
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
LORTAB 10 MG-300 MG/15 ML ELIXIR	1	PA
LORYNA 3 MG-0.02 MG TABLET	1	
LOSARTAN 25 MG TABLET	1	
LOSARTAN 50 MG TABLET	1	
LOSARTAN 100 MG TABLET	1	
LOSARTAN-HCTZ 50-12.5 MG TABLET	1	
LOSARTAN-HCTZ 100-12.5 MG TABLET	1	
LOSARTAN-HCTZ 100-25 MG TABLET	1	
LOTEPREDNOL 0.5% DROPS	2	
LOTEPREDNOL 0.5% EYE GEL	2	
LOVASTATIN 10 MG TABLET	1	
LOVASTATIN 20 MG TABLET	1	
LOVASTATIN 40 MG TABLET	1	
LOW-OGESTREL-28 TABLET	1	
LOXAPINE 5 MG CAPSULE	1	
LOXAPINE 10 MG CAPSULE	1	
LOXAPINE 25 MG CAPSULE	1	
LOXAPINE 50 MG CAPSULE	1	
LO-ZUMANDIMINE 3 MG-0.02 MG TABLET	1	
LUBIPROSTONE 8 MCG CAPSULE	1	
LUBIPROSTONE 24 MCG CAPSULE	1	
LURASIDONE 20 MG TABLET	3	QL
LURASIDONE 40 MG TABLET	3	QL
LURASIDONE 60 MG TABLET	3	QL
LURASIDONE 80 MG TABLET	3	QL
LURASIDONE 120 MG TABLET	3	QL
LUTERA-28 TABLET	1	
LYLEQ 0.35 MG TABLET	1	
LYLLANA 0.025 MG PATCH	1	QL
LYLLANA 0.0375 MG PATCH	1	QL
LYLLANA 0.05 MG PATCH	1	QL
LYLLANA 0.075 MG PATCH	1	QL
LYLLANA 0.1 MG PATCH	1	QL
LYNPARZA 100 MG TABLET	4	PA, QL, LDD, SRX
LYNPARZA 150 MG TABLET	4	PA, QL, LDD, SRX
LYSODREN 500 MG TABLET	3	LDD
LYZA 0.35 MG TABLET	1	
MAGELLAN INSULIN SYRINGE 0.3 ML	2	
MAGELLAN INSULIN SYRINGE 0.5 ML	2	
MAGELLAN INSULIN SYRINGE 1 ML	2	
MALATHION 0.5% LOTION	2	

Medication Name	Tier	Notes
MARLISSA-28 TABLET	1	
MARPLAN 10 MG TABLET	3	
MATZIM LA 180 MG TABLET	2	
MATZIM LA 240 MG TABLET	2	
MATZIM LA 300 MG TABLET	2	
MATZIM LA 360 MG TABLET	2	
MATZIM LA 420 MG TABLET	2	
MAXICOMFORT INSULIN SYRINGE 0.5 ML 27G 1/2"	2	
MAXICOMFORT INSULIN SYRINGE 1 ML 27G 1/2"	2	
MAXICOMFORT PEN NEEDLE 29G 5MM	2	
MAXICOMFORT PEN NEEDLE 29G 8MM	2	
MAXICOMFORT II PEN NEEDLE 31G 6MM	2	
MAXI-COMFORT INSULIN SYRINGE 0.5 ML 28G	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28G 1/2"	2	
MECLIZINE 12.5 MG TABLET	1	
MECLIZINE 25 MG TABLET	1	
MECLOFENAMATE 50 MG CAPSULE	3	
MECLOFENAMATE 100 MG CAPSULE	3	
MEDICATION TRANSFER NEEDLE	2	
MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION	2	
MEDISENSE H-L CONTROL SOLUTION	2	
MEDISENSE H-M-L CONTROL SOLUTION	2	
MEDISENSE MID CONTROL SOLUTION	2	
MEDPOINT CONTROL SOLUTION	2	
MEDROL 2 MG TABLET	3	
MEDROXYPROGESTERONE 2.5 MG TABLET	1	
MEDROXYPROGESTERONE 5 MG TABLET	1	
MEDROXYPROGESTERONE 10 MG TABLET	1	
MEDROXYPROGESTERONE 150 MG/ML VIAL	1	
MEDTRONIC EXTENDED INFUSION SET 23" 6MM	2	
MEDTRONIC EXTENDED INFUSION SET 23" 9MM	2	
MEDTRONIC EXTENDED INFUSION SET 32" 6MM	2	
MEDTRONIC EXTENDED INFUSION SET 32" 9MM	2	
MEDTRONIC REMOTE CONTROL	2	
MEFENAMIC ACID 250 MG CAPSULE	2	
MEFLOQUINE 250 MG TABLET	1	QL
MEGESTROL 40 MG/ML ORAL SUSPENSION	1	
MEGESTROL 400 MG/10 ML ORAL SUSPENSION	1	
MEGESTROL 625 MG/5 ML ORAL SUSPENSION	3	
MEGESTROL 20 MG TABLET	1	
MEGESTROL 40 MG TABLET	1	

2026 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
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	
MERCAPTOPURINE 20 MG/ML ORAL SUSPENSION	4	PA, SRX
MERCAPTOPURINE 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	
MESNA 400 MG TABLET	4	SRX
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
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	
METHIMAZOLE 5 MG TABLET	1	
METHIMAZOLE 10 MG TABLET	1	
METHITEST 10 MG TABLET	4	
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
METHYLPHENIDATE ER 27 MG TABLET	1	QL
METHYLPHENIDATE ER 36 MG TABLET	1	QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
METHYLPHENIDATE ER 54 MG TABLET	1	QL
METHYLPHENIDATE ER(CD) 10 MG CAPSULE	2	QL
METHYLPHENIDATE ER(CD) 20 MG CAPSULE	2	QL
METHYLPHENIDATE ER(CD) 30 MG CAPSULE	2	QL
METHYLPHENIDATE ER(CD) 40 MG CAPSULE	2	QL
METHYLPHENIDATE ER(CD) 50 MG CAPSULE	2	QL
METHYLPHENIDATE ER(CD) 60 MG CAPSULE	2	QL
METHYLPHENIDATE ER(LA) 10 MG CAPSULE	2	QL
METHYLPHENIDATE ER(LA) 20 MG CAPSULE	2	QL
METHYLPHENIDATE ER(LA) 30 MG CAPSULE	2	QL
METHYLPHENIDATE ER(LA) 40 MG CAPSULE	2	QL
METHYLPHENIDATE ER(LA) 60 MG CAPSULE	2	QL
METHYLPREDNISOLONE 4 MG DOSEPACK	1	
METHYLPREDNISOLONE 4 MG TABLET	1	
METHYLPREDNISOLONE 8 MG TABLET	1	
METHYLPREDNISOLONE 16 MG TABLET	1	
METHYLPREDNISOLONE 32 MG TABLET	1	
METHYLTESTOSTERONE 10 MG CAPSULE	4	
METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	1	
METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	1	
METOCLOPRAMIDE 5 MG TABLET	1	
METOCLOPRAMIDE 10 MG TABLET	1	
METOLAZONE 2.5 MG TABLET	1	
METOLAZONE 5 MG TABLET	1	
METOLAZONE 10 MG TABLET	1	
METOPROLOL SUCCINATE ER 25 MG TABLET	1	
METOPROLOL SUCCINATE ER 50 MG TABLET	1	
METOPROLOL SUCCINATE ER 100 MG TABLET	1	
METOPROLOL SUCCINATE ER 200 MG TABLET	1	
METOPROLOL TARTRATE 25 MG TABLET	1	
METOPROLOL TARTRATE 37.5 MG TABLET	1	
METOPROLOL TARTRATE 50 MG TABLET	1	
METOPROLOL TARTRATE 75 MG TABLET	1	
METOPROLOL TARTRATE 100 MG TABLET	1	
METOPROLOL-HCTZ 50-25 MG TABLET	1	
METOPROLOL-HCTZ 100-25 MG TABLET	1	
METOPROLOL-HCTZ 100-50 MG TABLET	1	
METRONIDAZOLE 375 MG CAPSULE	1	
METRONIDAZOLE 0.75% CREAM	1	
METRONIDAZOLE 0.75% LOTION	1	
METRONIDAZOLE 250 MG TABLET	1	

Medication Name	Tier	Notes
METRONIDAZOLE 500 MG TABLET	1	
METRONIDAZOLE TOPICAL 0.75% GEL	1	
METRONIDAZOLE TOPICAL 1% GEL	1	
METRONIDAZOLE TOPICAL 1% GEL PUMP	1	
METRONIDAZOLE VAGINAL 0.75% GEL	1	
METYROSINE 250 MG CAPSULE	4	PA
MEXILETINE 150 MG CAPSULE	1	
MEXILETINE 200 MG CAPSULE	1	
MEXILETINE 250 MG CAPSULE	1	
MIBELAS 24 FE CHEWABLE TABLET	1	
MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	2	
MICROCHAMBER	2	QL
MICRODOT HIGH-LOW CONTROL SOLUTION	2	
MICRODOT NORMAL CONTROL SOLUTION	2	
MICROGESTIN 21 1.5-30 TABLET	1	
MICROGESTIN 21 1-20 TABLET	1	
MICROGESTIN 24 FE 1 MG-20 MCG TABLET	1	
MICROGESTIN FE 1.5-30 TABLET	1	
MICROGESTIN FE 1-20 TABLET	1	
MICROLIFE PEAK FLOW METER	2	
MICROSPACER FOR AEROSOL DEVICE	2	QL
MIDAZOLAM 2 MG/ML SYRUP	1	
MIDAZOLAM 10 MG/5 ML SYRUP	1	
MIDODRINE 2.5 MG TABLET	1	
MIDODRINE 5 MG TABLET	1	
MIDODRINE 10 MG TABLET	1	
MIGERGOT 2-100 MG SUPPOSITORY	3	
MIGLITOL 25 MG TABLET	1	
MIGLITOL 50 MG TABLET	1	
MIGLITOL 100 MG TABLET	1	
MIGLUSTAT 100 MG CAPSULE	4	PA, SRX
MILI 0.25-0.035 MG TABLET	1	
MIMVEY 1-0.5 MG TABLET	1	
MINI PEN NEEDLE 32G 4MM	2	
MINI PEN NEEDLE 32G 5MM	2	
MINI PEN NEEDLE 32G 6MM	2	
MINI PEN NEEDLE 32G 8MM	2	
MINI PEN NEEDLE 33G 4MM	2	
MINI PEN NEEDLE 33G 5MM	2	
MINI PEN NEEDLE 33G 6MM	2	
MINI ULTRA-THIN II PEN NEEDLE 31G	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
MINI WRIGHT PEAK FLOW METER	2	
MINIMED INFUSION SET	2	
MINIMED MIO ADVANCE INFUSION SET 23" 6MM	2	
MINIMED MIO ADVANCE INFUSION SET 23" 9MM	2	
MINIMED MIO ADVANCE INFUSION SET 43" 6MM	2	
MINIMED MIO ADVANCE INFUSION SET 43" 9MM	2	
MINIMED QUICK INFUSION SET 18" 6MM	2	
MINIMED QUICK INFUSION SET 23" 6MM	2	
MINIMED QUICK INFUSION SET 23" 9MM	2	
MINIMED QUICK INFUSION SET 32" 6MM	2	
MINIMED QUICK INFUSION SET 32" 9MM	2	
MINIMED QUICK INFUSION SET 43" 6MM	2	
MINIMED QUICK INFUSION SET 43" 9MM	2	
MINIMED QUICK-SERTER	2	
MINIMED RESERVOIR 1.8 ML	2	
MINIMED RESERVOIR 3 ML	2	
MINIMED SILHOUETTE INFUSION SET 18"	2	
MINIMED SILHOUETTE INFUSION SET 23"	2	
MINIMED SILHOUETTE INFUSION SET 32"	2	
MINIMED SILHOUETTE INFUSION SET 43"	2	
MINIMED SURE T INFUSION SET 18" 6MM	2	
MINIMED SURE T INFUSION SET 23"	2	
MINIMED SURE T INFUSION SET 23" 6MM	2	
MINIMED SURE T INFUSION SET 23" 8MM	2	
MINIMED SURE T INFUSION SET 32"	2	
MINIMED SURE T INFUSION SET 32" 6MM	2	
MINIMED SURE T INFUSION SET 32" 8MM	2	
MINOCYCLINE 50 MG CAPSULE	1	
MINOCYCLINE 75 MG CAPSULE	1	
MINOCYCLINE 100 MG CAPSULE	1	
MINOCYCLINE 50 MG TABLET	1	
MINOCYCLINE 75 MG TABLET	1	
MINOCYCLINE 100 MG TABLET	1	
MINOXIDIL 2.5 MG TABLET	1	
MINOXIDIL 10 MG TABLET	1	
MINZOYA-28 TABLET	1	
MIRABEGRON ER 25 MG TABLET	3	QL
MIRABEGRON ER 50 MG TABLET	3	QL
MIRENA 52 MG SYSTEM	1	LDD, SRX
MIRTAZAPINE 15 MG ODT TABLET	1	
MIRTAZAPINE 30 MG ODT TABLET	1	

Medication Name	Tier	Notes
MIRTAZAPINE 45 MG ODT TABLET	1	
MIRTAZAPINE 7.5 MG TABLET	1	
MIRTAZAPINE 15 MG TABLET	1	
MIRTAZAPINE 30 MG TABLET	1	
MIRTAZAPINE 45 MG TABLET	1	
MISOPROSTOL 100 MCG TABLET	1	
MISOPROSTOL 200 MCG TABLET	1	
M-M-R II VACCINE VIAL	2	
M-NATAL PLUS TABLET	1	
MODAFINIL 100 MG TABLET	3	PA
MODAFINIL 200 MG TABLET	3	PA
MODERNA COVID (6M-5Y) VACCINE (EUA)	2	
MODERNA COVID (6-11Y) VACCINE (EUA)	2	
MODERNA COVID (12Y UP) VACCINE (EUA)	2	
MODERNA COVID (6M-11Y) EUA	2	
MODERNA COVID BIVAL (6MO-5Y) EUA	2	
MODERNA COVID BIVAL (6MO UP) EUA	2	
MODERNA COVID-19 BOOSTER (EUA)	2	
MOEXIPRIL 7.5 MG TABLET	1	
MOEXIPRIL 15 MG TABLET	1	
MOLINDONE 5 MG TABLET	1	
MOLINDONE 10 MG TABLET	1	
MOLINDONE 25 MG TABLET	1	
MOMETASONE 0.1% CREAM	1	
MOMETASONE 0.1% OINTMENT	1	
MOMETASONE 0.1% TOPICAL SOLUTION	1	
MOMETASONE 50 MCG NASAL SPRAY	2	QL
MONDOXYNE NL 75 MG CAPSULE	1	
MONDOXYNE NL 100 MG CAPSULE	1	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1"	2	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5	2	
MONOJECT BLOOD COLLECTION NEEDLE 21G 1"	2	
MONOJECT BLOOD COLLECTION NEEDLE 22G 1"	2	
MONOJECT FILTER NEEDLE 18G 1.5"	2	
MONOJECT HYPODERMIC NEEDLE	2	
MONOJECT HYPODERMIC NEEDLE 18G 1A"	2	
MONOJECT HYPODERMIC NEEDLE 19G 1"	2	
MONOJECT HYPODERMIC NEEDLE 19G 1.5"	2	
MONOJECT HYPODERMIC NEEDLE 20G 1"	2	
MONOJECT HYPODERMIC NEEDLE 20G 1.5"	2	
MONOJECT HYPODERMIC NEEDLE 21G 1"	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
MONOJECT HYPODERMIC NEEDLE 21G 1.5"	2	
MONOJECT HYPODERMIC NEEDLE 22G 1"	2	
MONOJECT HYPODERMIC NEEDLE 22G 1.5"	2	
MONOJECT HYPODERMIC NEEDLE 23G 1"	2	
MONOJECT HYPODERMIC NEEDLE 25G 5/8"	2	
MONOJECT HYPODERMIC NEEDLE 25G 1"	2	
MONOJECT HYPODERMIC NEEDLE 25G 1.5"	2	
MONOJECT HYPODERMIC NEEDLE 26G 1.5"	2	
MONOJECT HYPODERMIC NEEDLE 27G 0.5"	2	
MONOJECT HYPODERMIC NEEDLE 27G 1.5"	2	
MONOJECT HYPODERMIC NEEDLE 30G 3/4"	2	
MONOJECT INSULIN SYRINGE 0.3 ML	2	
MONOJECT INSULIN SYRINGE 0.5 ML	2	
MONOJECT INSULIN SYRINGE 1 ML	2	
MONOJECT INSULIN SYRINGE 3/10 ML	2	
MONOJECT INSULIN SYRINGE U100	2	
MONOJECT INSULIN SYRINGE U100 0.5 ML	2	
MONOJECT INSULIN SYRINGE U100 1 ML	2	
MONOJECT SAFETY SYRINGE 6CC	2	
MONOJECT SYRINGE 0.3 ML	2	
MONOJECT SYRINGE 0.5 ML	2	
MONOJECT SYRINGE 0.5 ML 28G 1/2"	2	
MONOJECT SYRINGE 1 ML	2	
MONOJECT SYRINGE 1 ML 27 1/2"	2	
MONOJECT SYRINGE 1 ML 28G 1/2"	2	
MONOJECT SYRINGE 3 ML 20G 1"	2	
MONOJECT SYRINGE 3 ML 20G 1.5"	2	
MONOJECT SYRINGE 3 ML 20G 3/4"	2	
MONOJECT SYRINGE 3 ML 21G 1"	2	
MONOJECT SYRINGE 3 ML 21G 1.5"	2	
MONOJECT SYRINGE 3 ML 22G 1"	2	
MONOJECT SYRINGE 3 ML 22G 1.5"	2	
MONOJECT SYRINGE 3 ML 23G 1"	2	
MONOJECT SYRINGE 3 ML 25G 5/8"	2	
MONOJECT SYRINGE 3 ML 25G 1"	2	
MONOJECT SYRINGE 3 ML 25G 1.25"	2	
MONOJECT SYRINGE 3 ML 27G 1.25"	2	
MONOJECT SYRINGE 6 ML 20G 1.5"	2	
MONOJECT SYRINGE 6 ML 21G 1"	2	
MONOJECT SYRINGE 6 ML 21G 1.5"	2	
MONOJECT SYRINGE 6 ML 22G 1.5"	2	
MONO-LINYAH 28 TABLET	1	
MONTELUKAST 10 MG TABLET	1	
MONTELUKAST 4 MG CHEWABLE TABLET	1	
MONTELUKAST 5 MG CHEWABLE TABLET	1	
MONTELUKAST 4 MG GRANULE	1	
MORGIDOX 50 MG CAPSULE	1	
MORPHINE 100 MG/5 ML ORAL CONCENTRATE	1	PA
MORPHINE 10 MG/5 ML ORAL SOLUTION	1	PA
MORPHINE 20 MG/5 ML ORAL SOLUTION	1	PA
MORPHINE 5 MG SUPPOSITORY	1	PA
MORPHINE 10 MG SUPPOSITORY	1	PA
MORPHINE 20 MG SUPPOSITORY	1	PA
MORPHINE 30 MG SUPPOSITORY	1	PA
MORPHINE ER 10 MG CAPSULE	1	PA
MORPHINE ER 20 MG CAPSULE	1	PA
MORPHINE ER 30 MG CAPSULE	1	PA
MORPHINE ER 45 MG CAPSULE	1	PA
MORPHINE ER 50 MG CAPSULE	1	PA
MORPHINE ER 60 MG CAPSULE	1	PA
MORPHINE ER 75 MG CAPSULE	1	PA
MORPHINE ER 80 MG CAPSULE	1	PA
MORPHINE ER 90 MG CAPSULE	1	PA
MORPHINE ER 100 MG CAPSULE	1	PA
MORPHINE ER 120 MG CAPSULE	1	PA
MORPHINE ER 15 MG TABLET	1	PA
MORPHINE ER 30 MG TABLET	1	PA
MORPHINE ER 60 MG TABLET	1	PA
MORPHINE ER 100 MG TABLET	1	PA
MORPHINE ER 200 MG TABLET	1	PA
MORPHINE IR 15 MG TABLET	1	PA
MORPHINE IR 30 MG TABLET	1	PA
MOUNJARO 2.5 MG/0.5 ML PEN	2	PA, QL
MOUNJARO 5 MG/0.5 ML PEN	2	PA, QL
MOUNJARO 7.5 MG/0.5 ML PEN	2	PA, QL
MOUNJARO 10 MG/0.5 ML PEN	2	PA, QL
MOUNJARO 12.5 MG/0.5 ML PEN	2	PA, QL
MOUNJARO 15 MG/0.5 ML PEN	2	PA, QL
MOVANTIK 12.5 MG TABLET	2	PA, QL
MOVANTIK 25 MG TABLET	2	PA, QL
MOXIFLOXACIN 0.5% EYE DROPS	1	
MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
MOXIFLOXACIN 400 MG TABLET	1	
MRESVIA 50 MCG/0.5 ML SYRINGE	2	
MS INSULIN SYRINGE 0.3 ML	2	
MS INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
MS INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
MS INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
MS INSULIN SYRINGE 0.5 ML 30G 1/2"	2	
MS INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
MS INSULIN SYRINGE 1 ML 29G 1/2"	2	
MS INSULIN SYRINGE 1 ML 30G 1/2"	2	
MS INSULIN SYRINGE 1 ML 31G 5/16"	2	
MS PEN NEEDLE 31G 6MM	2	
MULTISTIX 5 TEST STRIP	2	
MULTISTIX REAGENT TEST STRIP	2	
MULTISTIX 7 REAGENT TEST STRIP	2	
MULTISTIX 9 REAGENT TEST STRIP	2	
MULTISTIX 8 SG REAGENT TEST STRIP	2	
MULTISTIX 9 SG REAGENT TEST STRIP	2	
MULTISTIX 10 SG REAGENT TEST STRIP	2	
MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	1	
MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	1	
MULTIVITAMIN-FLUORIDE 1 MG CHEWABLE TABLET	1	
MUPIROCIN 2% CREAM	2	
MUPIROCIN 2% OINTMENT	1	
MY CHOICE 1.5 MG TABLET	1	
MY WAY 1.5 MG TABLET	1	
MYCOPHENOLATE 250 MG CAPSULE	1	SRX
MYCOPHENOLATE 200 MG/ML ORAL SUSPENSION	1	SRX
MYCOPHENOLATE 500 MG TABLET	1	SRX
MYCOPHENOLIC ACID DR 180 MG TABLET	1	SRX
MYCOPHENOLIC ACID DR 360 MG TABLET	1	SRX
MYGLUCOHEALTH CONTROL SOLUTION PAK	2	
MYLERAN 2 MG TABLET	3	
MYNATAL CAPSULE	1	
MYNATAL PLUS CAPTAB	1	
MYNATAL ULTRACAPLET	1	
MYNATAL-Z CAPTAB	1	
MYORISAN 10 MG CAPSULE	3	
MYORISAN 20 MG CAPSULE	3	
MYORISAN 30 MG CAPSULE	3	
MYORISAN 40 MG CAPSULE	3	
MYTESI 125 MG DR TABLET	3	LDD, SRX
NABUMETONE 500 MG TABLET	1	
NABUMETONE 750 MG TABLET	1	
NADOLOL 20 MG TABLET	1	
NADOLOL 40 MG TABLET	1	
NADOLOL 80 MG TABLET	1	
NAFTIFINE 1% CREAM	2	
NAFTIFINE 2% CREAM	2	
NAFTIFINE 2% GEL	2	
NALOXONE 0.4 MG/ML CARPUJECT	1	
NALOXONE 0.4 MG/ML SYRINGE	1	
NALOXONE 2 MG/2 ML SYRINGE	1	
NALOXONE 4 MG NASAL SPRAY	1	QL
NALTREXONE 50 MG TABLET	1	QL
NANO 2 GEN PEN NEEDLE 32G 4MM	2	
NANO PEN NEEDLE 32G 4MM	2	
NAPROXEN 500 MG KIT	1	
NAPROXEN 250 MG TABLET	1	
NAPROXEN 375 MG TABLET	1	
NAPROXEN 500 MG TABLET	1	
NAPROXEN DR 375 MG TABLET	1	
NAPROXEN DR 500 MG TABLET	1	
NAPROXEN SODIUM 275 MG TABLET	1	
NAPROXEN SODIUM 550 MG TABLET	1	
NARATRIPTAN 1 MG TABLET	1	QL
NARATRIPTAN 2.5 MG TABLET	1	QL
NATACYN 5% EYE DROPS	3	
NATAZIA 28 TABLET	3	
NATEGLINIDE 60 MG TABLET	1	
NATEGLINIDE 120 MG TABLET	1	
NAYZILAM 5 MG NASAL SPRAY	4	PA, QL
NEBUSAL 3% VIAL	1	
NECON 0.5-35-28 TABLET	1	
NEFAZODONE 50 MG TABLET	1	
NEFAZODONE 100 MG TABLET	1	
NEFAZODONE 150 MG TABLET	1	
NEFAZODONE 200 MG TABLET	1	
NEFAZODONE 250 MG TABLET	1	
NEOMYCIN 500 MG TABLET	1	
NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT	1	
NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	1	
NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	1	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	1	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	1	
NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	1	
NEOMYCIN-POLYMYXIN-HC EYE DROPS	1	
NEO-POLYCIN EYE OINTMENT	1	
NEO-POLYCIN HC EYE OINTMENT	1	
NEUAC GEL	1	
NEULASTA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA, SRX
NEUPRO 1 MG/24 HR PATCH	3	
NEUPRO 2 MG/24 HR PATCH	3	
NEUPRO 3 MG/24 HR PATCH	3	
NEUPRO 4 MG/24 HR PATCH	3	
NEUPRO 6 MG/24 HR PATCH	3	
NEUPRO 8 MG/24 HR PATCH	3	
NEVANAC 0.1% EYE DROPS	3	
NEVIRAPINE 50 MG/5 ML ORAL SUSPENSION	1	SRX
NEVIRAPINE 200 MG TABLET	1	SRX
NEVIRAPINE ER 100 MG TABLET	1	SRX
NEVIRAPINE ER 400 MG TABLET	1	SRX
NEW DAY 1.5 MG TABLET	1	
NEWGEN TABLET	1	
NEXPLANON 68 MG IMPLANT	1	LDD, SRX
NEXTSTELLIS 3-14.2 MG TABLET	3	
NIACIN ER 500 MG TABLET	1	
NIACIN ER 750 MG TABLET	1	
NIACIN ER 1,000 MG TABLET	1	
NICARDIPINE 20 MG CAPSULE	2	
NICARDIPINE 30 MG CAPSULE	2	
NICOTROL CARTRIDGE INHALER	3	
NICOTROL NS 10 MG/ML SPRAY	3	
NIFEDIPINE 10 MG CAPSULE	1	
NIFEDIPINE 20 MG CAPSULE	1	
NIFEDIPINE ER 30 MG TABLET	1	
NIFEDIPINE ER 60 MG TABLET	1	
NIFEDIPINE ER 90 MG TABLET	1	

Medication Name	Tier	Notes
NIKKI 3 MG-0.02 MG TABLET	1	
NILOTINIB HCL 50 MG CAPSULE	4	PA, QL, SRX
NILOTINIB HCL 150 MG CAPSULE	4	PA, QL, SRX
NILOTINIB HCL 200 MG CAPSULE	4	PA, QL, SRX
NILUTAMIDE 150 MG TABLET	4	
NIMODIPINE 30 MG CAPSULE	3	
NINLARO 2.3 MG CAPSULE	4	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	4	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX
NISOLDIPINE ER 8.5 MG TABLET	1	QL
NISOLDIPINE ER 17 MG TABLET	1	QL
NISOLDIPINE ER 20 MG TABLET	1	QL
NISOLDIPINE ER 25.5 MG TABLET	1	QL
NISOLDIPINE ER 30 MG TABLET	1	QL
NISOLDIPINE ER 34 MG TABLET	1	QL
NISOLDIPINE ER 40 MG TABLET	1	QL
NITAZOXANIDE 500 MG TABLET	3	PA
NITRO-BID 2% OINTMENT	1	
NITROFURANTOIN MACRO 25 MG CAPSULE	2	
NITROFURANTOIN MACRO 50 MG CAPSULE	1	
NITROFURANTOIN MACRO 100 MG CAPSULE	1	
NITROFURANTOIN 25 MG/5 ML ORAL SUSPENSION	3	
NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	1	
NITROGLYCERIN 0.4% OINTMENT	3	
NITROGLYCERIN 0.1 MG/HR PATCH	1	
NITROGLYCERIN 0.2 MG/HR PATCH	1	
NITROGLYCERIN 0.4 MG/HR PATCH	1	
NITROGLYCERIN 0.6 MG/HR PATCH	1	
NITROGLYCERIN 400 MCG SPRAY	1	
NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	1	
NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	1	
NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	1	
NITRO-TIME ER 2.5 MG CAPSULE	1	
NITRO-TIME ER 6.5 MG CAPSULE	1	
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	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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	
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 MG-5 MCG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG (21) TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG 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	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (21) - 75 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	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	1	
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	

Medication Name	Tier	Notes
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	SRX
NOVAVAX COVID SYRINGE (EUA)	2	
NOVAVAX COVID VIAL (EUA)	2	
NOVAVAX COVID-19 VACCINE, ADJ (EUA)	2	
NOVOFINE AUTOCOVER NEEDLE 30G	2	
NOVOFINE NEEDLE 32G	2	
NOVOFINE PLUS PEN NEEDLE 32G 1/6"	2	
NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST
NOVOLOG 100 UNIT/ML PENFILL	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
NOVOPEN ECHO INSULIN DEVICE	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 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, QL
NYAMYC 100,000 UNIT/GM POWDER	1	
NYLIA 1-35 28 TABLET	1	
NYLIA 7-7-7-28 TABLET	1	
NYMYO 0.25-0.035 MG (28) TABLET	1	
NYSTATIN 100,000 UNIT/GM CREAM	1	
NYSTATIN 100,000 UNIT/GM OINTMENT	1	
NYSTATIN 100,000 UNIT/GM POWDER	1	
NYSTATIN 100,000 UNIT/ML ORAL SUSPENSION	1	
NYSTATIN 500,000 UNIT/5 ML ORAL SUSPENSION	1	
NYSTATIN 500,000 UNIT ORAL TABLET	1	
NYSTATIN-TRIAMCINOLONE CREAM	1	
NYSTATIN-TRIAMCINOLONE OINTMENT	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
NYSTOP 100,000 UNIT/GM POWDER	1	
NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA, SRX
OBSTETRIX DHA COMBO PAK	1	
OCELLA 3 MG-0.03 MG TABLET	1	
OCTREOTIDE 50 MCG/ML AMPULE	2	PA, SRX
OCTREOTIDE 100 MCG/ML AMPULE	2	PA, SRX
OCTREOTIDE 500 MCG/ML AMPULE	2	PA, SRX
OCTREOTIDE 50 MCG/ML SYRINGE	2	PA, SRX
OCTREOTIDE 100 MCG/ML SYRINGE	2	PA, SRX
OCTREOTIDE 500 MCG/ML SYRINGE	2	PA, SRX
OCTREOTIDE 0.05 MG/ML VIAL	2	PA, SRX
OCTREOTIDE 50 MCG/ML VIAL	2	PA, SRX
OCTREOTIDE 100 MCG/ML VIAL	2	PA, SRX
OCTREOTIDE 500 MCG/ML VIAL	2	PA, SRX
OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA, SRX
OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA, SRX
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	3	PA, QL
ODEFSEY TABLET	3	QL, SRX
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 5 MG ODT TABLET	1	
OLANZAPINE 10 MG ODT TABLET	1	
OLANZAPINE 15 MG ODT TABLET	1	
OLANZAPINE 20 MG ODT TABLET	1	
OLANZAPINE 2.5 MG TABLET	1	
OLANZAPINE 5 MG TABLET	1	
OLANZAPINE 7.5 MG TABLET	1	
OLANZAPINE 10 MG TABLET	1	
OLANZAPINE 15 MG TABLET	1	
OLANZAPINE 20 MG TABLET	1	
OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE	2	
OLMESARTAN 5 MG TABLET	1	
OLMESARTAN 20 MG TABLET	1	
OLMESARTAN 40 MG TABLET	1	

Medication Name	Tier	Notes
OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 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 5 (G6/LIBRE 2 PLUS)	2	QL
OMNIPOD 5 DEX G7 G6 INTRO (GEN 5)	2	QL
OMNIPOD 5 DEX G7 G6 PODS (GEN 5)	2	QL
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL
OMNIPOD 5 INTRO (G6/LIBRE 2 PLUS)	2	QL
OMNIPOD CLASSIC PDM KIT (GEN 3)	2	QL
OMNIPOD CLASSIC PODS (GEN 3) 5 PACK	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4) 5 PACK	2	QL
OMNIPOD GO 10 UNIT/DAY PODS	2	QL
OMNIPOD GO 15 UNIT/DAY PODS	2	QL
OMNIPOD GO 20 UNIT/DAY PODS	2	QL
OMNIPOD GO 25 UNIT/DAY PODS	2	QL
OMNIPOD GO 30 UNIT/DAY PODS	2	QL
OMNIPOD GO 35 UNIT/DAY PODS	2	QL
OMNIPOD GO 40 UNIT/DAY PODS	2	QL
OMNITROPE 5 MG/1.5 ML CARTRIDGE	4	PA, SRX
OMNITROPE 10 MG/1.5 ML CARTRIDGE	4	PA, SRX
OMNITROPE 5.8 MG VIAL	4	PA, SRX
ON CALL EXPRESS CONTROL SOLUTION PAK	2	
ON CALL PLUS CONTROL SOLUTION	2	
ON CALL VIVID CONTROL SOLUTION	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
ONDANSETRON 4 MG ODT TABLET	1	
ONDANSETRON 8 MG ODT TABLET	1	
ONDANSETRON 4 MG/5 ML ORAL SOLUTION	1	
ONDANSETRON 4 MG TABLET	1	
ONDANSETRON 8 MG TABLET	1	
ONE WAY VALVED MOUTHPIECE	2	QL
OPCICON ONE-STEP 1.5 MG TABLET	1	
OPILL 0.075 MG TABLET	1	QL
OPIUM 10 MG/ML TINCTURE	2	PA
OPTICHAMBER ADULT MASK-LARGE	2	QL
OPTICHAMBER DIAMOND VHC	2	QL
OPTICHAMBER DIAMOND W-LARGE MASK	2	QL
OPTICHAMBER DIAMOND W-MEDIUM MASK	2	QL
OPTICHAMBER DIAMOND W-SMALL MASK	2	QL
OPTION 2 1.5 MG TABLET	1	
OPTUMRX GLUCOSE CONTROL SOLUTION	2	
ORACIT ORAL SOLUTION	3	
ORAL CITRATE SOLUTION	3	
ORALONE 0.1% TOOTHPASTE	1	
ORENCIA CLICKJECT 125 MG/ML	4	PA, QL, SRX
ORENCIA 50 MG/0.4 ML SYRINGE	4	PA, QL, SRX
ORENCIA 87.5 MG/0.7 ML SYRINGE	4	PA, QL, SRX
ORENCIA 125 MG/ML SYRINGE	4	PA, QL, SRX
ORPHENADRINE ER 100 MG TABLET	1	
ORSERDU 86 MG TABLET	4	PA, QL, LDD, SRX
ORSERDU 345 MG TABLET	4	PA, QL, LDD, SRX
OSCIMIN 0.125 MG SUBLINGUAL TABLET	1	
OSCIMIN 0.125 MG TABLET	1	
OSELTAMIVIR 30 MG CAPSULE	1	QL
OSELTAMIVIR 45 MG CAPSULE	1	QL
OSELTAMIVIR 75 MG CAPSULE	1	QL
OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	1	QL
OSMOPREP TABLET	3	
OTEZLA 10-20 MG STARTER 28 DAY	4	PA, QL, SRX
OTEZLA 10-20-30 MG STARTER 28 DAY	4	PA, QL, SRX
OTEZLA 20 MG TABLET	4	PA, QL, SRX
OTEZLA 30 MG TABLET	4	PA, QL, SRX
OVAL TAPE	2	
OXANDROLONE 2.5 MG TABLET	3	PA
OXANDROLONE 10 MG TABLET	3	PA
OXAPROZIN 600 MG CAPLET	1	
OXAPROZIN 600 MG TABLET	1	
OXAZEPAM 10 MG CAPSULE	1	
OXAZEPAM 15 MG CAPSULE	1	
OXAZEPAM 30 MG CAPSULE	1	
OXCARBAZEPINE 300 MG/5 ML ORAL SUSPENSION	1	
OXCARBAZEPINE 150 MG TABLET	1	
OXCARBAZEPINE 300 MG TABLET	1	
OXCARBAZEPINE 600 MG TABLET	1	
OXICONAZOLE 1% CREAM	2	
OXYBUTYNIN 5 MG/5 ML ORAL SOLUTION	1	
OXYBUTYNIN 5 MG/5 ML SYRUP	1	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN ER 5 MG TABLET	1	
OXYBUTYNIN ER 10 MG TABLET	1	
OXYBUTYNIN ER 15 MG TABLET	1	
OXYCODONE (IR) 5 MG CAPSULE	1	PA
OXYCODONE (IR) 5 MG TABLET	1	PA
OXYCODONE (IR) 10 MG TABLET	1	PA
OXYCODONE (IR) 15 MG TABLET	1	PA
OXYCODONE (IR) 20 MG TABLET	1	PA
OXYCODONE (IR) 30 MG TABLET	1	PA
OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	1	PA
OXYCODONE 5 MG/5 ML ORAL SOLUTION	1	PA
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
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
OZEMPIC 0.25-0.5 MG/DOSE PEN INJECTOR	2	PA, QL
OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN INJECTOR	2	PA, QL
OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR	2	PA, QL
PACERONE 200 MG TABLET	1	
PALIPERIDONE ER 1.5 MG TABLET	3	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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 RESERVOIR 1.8 ML	2	
PARADIGM RESERVOIR 3 ML	2	
PARAGARD T 380-A IUD	1	LDD, SRX
PARICALCITOL 1 MCG CAPSULE	1	SRX
PARICALCITOL 2 MCG CAPSULE	1	SRX
PARICALCITOL 4 MCG CAPSULE	1	SRX
PAROEX 0.12% ORAL RINSE	1	
PAROXETINE 10 MG TABLET	1	QL
PAROXETINE 20 MG TABLET	1	QL
PAROXETINE 30 MG TABLET	1	QL
PAROXETINE 40 MG TABLET	1	QL
PASER GRANULES 4 GM PACKET	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 NEEDLE 6MM	2	
PC UNIFINE PENTIP NEEDLE 8MM	2	
PC UNIFINE PENTIP NEEDLE 12MM	2	
PEAK-AIR PEAK FLOW METER	2	
PEDIARIX 0.5 ML SYRINGE	2	
PEDIATRIC MEDIUM MASK	2	QL
PEDIATRIC MOUTHPIECE	2	QL
PEDIATRIC PANDA MASK	2	QL
PEDIATRIC SMALL MASK	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	

Medication Name	Tier	Notes
PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX
PEGASYS 180 MCG/ML VIAL	4	PA, SRX
PEG-PREP KIT	1	
PEN NEEDLE 29G 12MM	2	
PEN NEEDLE 30G 5/16"	2	
PEN NEEDLE 30G 5MM	2	
PEN NEEDLE 30G 8MM	2	
PEN NEEDLE 31G 1/4"	2	
PEN NEEDLE 31G 3/16"	2	
PEN NEEDLE 31G 5/16"	2	
PEN NEEDLE 31G 5MM	2	
PEN NEEDLE 31G 6MM	2	
PEN NEEDLE 31G 8MM	2	
PEN NEEDLE 32G 3/16"	2	
PEN NEEDLE 32G 1/4"	2	
PEN NEEDLE 32G 4MM	2	
PEN NEEDLE 32G 5/32"	2	
PEN NEEDLE 33G 4MM	2	
PENBRAYA KIT	2	
PENICILLAMINE 250 MG TABLET	4	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML ORAL SOLUTION	1	
PENICILLIN VK 250 MG/5 ML ORAL SOLUTION	1	
PENICILLIN VK 250 MG TABLET	1	
PENICILLIN VK 500 MG TABLET	1	
PENTACEL VIAL KIT	2	
PENTAMIDINE 300 MG INHALATION POWDER	2	
PENTAZOCINE-NALOXONE TABLET	1	PA
PENTIPS PEN NEEDLE 29G 1/2"	2	
PENTIPS PEN NEEDLE 29G 12MM	2	
PENTIPS PEN NEEDLE 31G 3/16"	2	
PENTIPS PEN NEEDLE 31G 1/4"	2	
PENTIPS PEN NEEDLE 31G 5/16"	2	
PENTIPS PEN NEEDLE 31G 5MM	2	
PENTIPS PEN NEEDLE 31G 6MM	2	
PENTIPS PEN NEEDLE 31G 8MM	2	
PENTIPS PEN NEEDLE 32G 4MM	2	
PENTIPS PEN NEEDLE 32G 1/4"	2	
PENTIPS PEN NEEDLE 32G 5/32"	2	
PENTOXIFYLLINE ER 400 MG TABLET	1	
PERFECT POINT NEEDLE 25G 1"	2	
PERINDOPRIL 2 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PERINDOPRIL 4 MG TABLET	1	
PERINDOPRIL 8 MG TABLET	1	
PERIOGARD 0.12% ORAL RINSE	1	
PERMETHRIN 5% CREAM	1	
PERPHENAZINE 2 MG TABLET	1	
PERPHENAZINE 4 MG TABLET	1	
PERPHENAZINE 8 MG TABLET	1	
PERPHENAZINE 16 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	1	
PERSONAL BEST PEAK FLOW METER	2	
PFIZER COVID (6M-4Y) EUA	2	
PFIZER COVID (5-11Y) EUA	2	
PFIZER COVID (6M-4Y) VACCINE - MAROON	2	
PFIZER COVID (5-11Y) VACCINE - ORANGE	2	
PFIZER COVID (12Y UP) VACCINE - GRAY	2	
PFIZER COVID BIVAL (6MO-4Y) EUA	2	
PFIZER COVID BIVAL (5-11YR) EUA	2	
PFIZER COVID BIVAL (12Y UP) EUA	2	
PFIZER COVID-19 VACCINE - PURPLE	2	
PHASEAL PROTECTOR 14	2	
PHASEAL PROTECTOR 21	2	
PHASEAL PROTECTOR 28	2	
PHASEAL PROTECTOR 50	2	
PHENAZOPYRIDINE 100 MG TABLET	1	
PHENAZOPYRIDINE 200 MG TABLET	1	
PHENELZINE 15 MG TABLET	1	
PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	1	
PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	1	
PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	1	
PHENOBARBITAL 30 MG TABLET	1	
PHENOBARBITAL 15 MG TABLET	1	
PHENOBARBITAL 16.2 MG TABLET	1	
PHENOBARBITAL 32.4 MG TABLET	1	
PHENOBARBITAL 60 MG TABLET	1	
PHENOBARBITAL 64.8 MG TABLET	1	
PHENOBARBITAL 97.2 MG TABLET	1	
PHENOBARBITAL 100 MG TABLET	1	

Medication Name	Tier	Notes
PHENOXYBENZAMINE 10 MG CAPSULE	4	
PHENYLEPHRINE 2.5% EYE DROPS	1	
PHENYLEPHRINE 10% EYE DROPS	1	
PHENYTOIN 50 MG CHEWABLE TABLET	1	
PHENYTOIN 50 MG INFATAB CHEW	1	
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	1	
PHENYTOIN 125 MG/5 ML ORAL SUSPENSION	1	
PHENYTOIN SODIUM EXT 100 MG CAPSULE	1	
PHENYTOIN SODIUM EXT 200 MG CAPSULE	1	
PHENYTOIN SODIUM EXT 300 MG CAPSULE	1	
PHEXXI 1.8-1-0.4% VAGINAL GEL	1	
PHILITH 0.4-0.035 MG TABLET	1	
PHYSIOSOL IRRIGATION SOLUTION	3	
PHYTONADIONE 5 MG TABLET	3	
PIKO 1 FLOW METER	2	
PILOCARPINE 1% EYE DROPS	1	
PILOCARPINE 2% EYE DROPS	1	
PILOCARPINE 4% EYE DROPS	1	
PILOCARPINE 5 MG TABLET	1	
PILOCARPINE 7.5 MG TABLET	1	
PIMECROLIMUS 1% CREAM	3	
PIMOZIDE 1 MG TABLET	1	
PIMOZIDE 2 MG TABLET	1	
PIMTREA 28 DAY TABLET	1	
PINDOLOL 5 MG TABLET	1	
PINDOLOL 10 MG TABLET	1	
PIOGLITAZONE 15 MG TABLET	1	
PIOGLITAZONE 30 MG TABLET	1	
PIOGLITAZONE 45 MG TABLET	1	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	1	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	1	
PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	1	
PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	1	
PIP GLUCOSE L1-L2 CONTROL SOLUTION	2	
PIP PEN NEEDLE 31G 5MM	2	
PIP PEN NEEDLE 32G 4MM	2	
PIRFENIDONE 267 MG CAPSULE	4	PA, SRX
PIRFENIDONE 267 MG TABLET	4	PA, SRX
PIRFENIDONE 801 MG TABLET	4	PA, SRX
PIRMELLA 1-35 28 TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PIROXICAM 10 MG CAPSULE	1	
PIROXICAM 20 MG CAPSULE	1	
PLAN B ONE-STEP 1.5 MG TABLET	3	
PNEUMOVAX 23 SYRINGE	2	
PNEUMOVAX 23 VIAL	2	
PNV 29-1 TABLET	1	
PNV PRENATAL PLUS MULTIVITAMIN TABLET	1	
PNV-DHA + DOCUSATE SOFTGEL	1	
PNV-DHA SOFTGEL	1	
PNV-OMEGA SOFTGEL	1	
PNV-SELECT TABLET	1	
POCKET CHAMBER	2	QL
POCKET PEAK FLOW METER	2	
PODOFILOX 0.5% TOPICAL SOLUTION	1	
POLY HUB NEEDLE 18G 1"	2	
POLY HUB NEEDLE 18G 1.5"	2	
POLY HUB NEEDLE 21G 1"	2	
POLY HUB NEEDLE 21G 1.5"	2	
POLY HUB NEEDLE 22G 1"	2	
POLY HUB NEEDLE 22G 1.5"	2	
POLY HUB NEEDLE 23G 1"	2	
POLY HUB NEEDLE 23G 1.5"	2	
POLY HUB NEEDLE 25G 1"	2	
POLY HUB NEEDLE 25G 1.5"	2	
POLY HUB NEEDLE 25G 5/8"	2	
POLY HUB NEEDLE 27G 1.25"	2	
POLY HUB NEEDLE 27G 1/2"	2	
POLY HUB NEEDLE 30G 1/2"	2	
POLYCIN EYE OINTMENT	1	
POLYMYXIN B-TMP EYE DROPS	1	
POMALYST 1 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	4	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML ORAL SUSPENSION	3	
POSACONAZOLE DR 100 MG TABLET	3	QL
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	1	
POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	1	
POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	1	
POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	1	
POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	1	
POTASSIUM CHLORIDE 20 MEQ PACKET	1	
POTASSIUM CHLORIDE ER 8 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 10 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 15 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 20 MEQ TABLET	1	
POTASSIUM CITRATE ER 5 MEQ TABLET	1	
POTASSIUM CITRATE ER 10 MEQ TABLET	1	
POTASSIUM CITRATE ER 15 MEQ TABLET	1	
POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	3	
PR NATAL 400 COMBO PACK	1	
PR NATAL 430 COMBO PACK	1	
PR NATAL 400 EC COMBO PACK	1	
PR NATAL 430 EC COMBO PACK	1	
PRAMIPEXOLE 0.125 MG TABLET	1	
PRAMIPEXOLE 0.25 MG TABLET	1	
PRAMIPEXOLE 0.5 MG TABLET	1	
PRAMIPEXOLE 0.75 MG TABLET	1	
PRAMIPEXOLE 1 MG TABLET	1	
PRAMIPEXOLE 1.5 MG TABLET	1	
PRAMIPEXOLE ER 0.375 MG TABLET	2	
PRAMIPEXOLE ER 0.75 MG TABLET	2	
PRAMIPEXOLE ER 1.5 MG TABLET	2	
PRAMIPEXOLE ER 2.25 MG TABLET	2	
PRAMIPEXOLE ER 3 MG TABLET	2	
PRAMIPEXOLE ER 3.75 MG TABLET	2	
PRAMIPEXOLE ER 4.5 MG TABLET	2	
PRAMOSONE 1% LOTION	3	
PRAMOSONE 2.5%-1% LOTION	3	
PRAMOSONE 1%-1% OINTMENT	3	
PRAMOSONE 2.5%-1% OINTMENT	3	
PRASUGREL 5 MG TABLET	1	
PRASUGREL 10 MG TABLET	1	
PRAVASTATIN 10 MG TABLET	1	
PRAVASTATIN 20 MG TABLET	1	
PRAVASTATIN 40 MG TABLET	1	
PRAVASTATIN 80 MG TABLET	1	
PRAZIQUANTEL 600 MG TABLET	3	
PRAZOSIN 1 MG CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PRAZOSIN 2 MG CAPSULE	1	
PRAZOSIN 5 MG CAPSULE	1	
PRECISION XTRA MONITOR	1	
PRECISION XTRA TEST STRIP	2	
PREDNICARBATE 0.1% CREAM	1	
PREDNICARBATE 0.1% OINTMENT	1	
PREDNISOLONE 1% EYE DROPS	1	
PREDNISOLONE 10 MG ODT TABLET	2	
PREDNISOLONE 15 MG ODT TABLET	2	
PREDNISOLONE 30 MG ODT 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	
PREDNISOLONE AC 1% EYE DROPS	1	
PREDNISONE 5 MG/5 ML ORAL SOLUTION	1	
PREDNISONE 1 MG TABLET	1	
PREDNISONE 2.5 MG TABLET	1	
PREDNISONE 5 MG TABLET	1	
PREDNISONE 10 MG TABLET	1	
PREDNISONE 20 MG TABLET	1	
PREDNISONE 50 MG TABLET	1	
PREDNISONE 5 MG TABLET DOSE PACK	1	
PREDNISONE 10 MG TABLET DOSE PACK	1	
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	2	
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 SYRINGE 0.3 ML 30G 5/16"	2	
PREFERRED PLUS SYRINGE 0.5 ML	2	
PREFERRED PLUS SYRINGE 0.5 ML 29G 1/2"	2	
PREFERRED PLUS SYRINGE 1 ML	2	
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

Medication Name	Tier	Notes
PREHEVBRIO 10 MCG/ML VIAL	2	
PREMARIN 0.3 MG TABLET	3	
PREMARIN 0.45 MG TABLET	3	
PREMARIN 0.625 MG TABLET	3	
PREMARIN 0.9 MG TABLET	3	
PREMARIN 1.25 MG TABLET	3	
PRENA1 TRUE COMBO PACK	1	
PRENAISSANCE CAPSULE	1	
PRENAISSANCE PLUS SOFTGEL	1	
PRENATAL 19 CHEWABLE TABLET	1	
PRENATAL 19 TABLET	1	
PRENATAL PLUS IRON TABLET	1	
PRENATAL PLUS VITAMIN-MINERAL TABLET	1	
PRENATAL PLUS-DHA COMBO PACK	1	
PRENATAL VITAMIN PLUS LOW IRON TABLET	1	
PRENATAL-U CAPSULE	1	
PREVALITE PACKET	1	
PREVALITE POWDER	1	
PREVENT PEN NEEDLE 31G 1/4"	2	
PREVENT PEN NEEDLE 31G 5/16"	2	
PREVNAR 20 SYRINGE	2	
PREVYMIS 20 MG PELLET PACKET	3	PA, QL, SRX
PREVYMIS 120 MG PELLET PACKET	3	PA, QL, SRX
PREVYMIS 240 MG TABLET	3	PA, QL, SRX
PREVYMIS 480 MG TABLET	3	PA, QL, SRX
PREZCOBIX 800 MG-150 MG TABLET	2	SRX
PREZISTA 75 MG TABLET	2	SRX
PREZISTA 150 MG TABLET	2	SRX
PREZISTA 100 MG/ML ORAL SUSPENSION	2	SRX
PRIFTIN 150 MG TABLET	3	
PRIMAQUINE 26.3 MG TABLET	1	
PRIMEAIRE CHAMBER	2	QL
PRIMIDONE 250 MG TABLET	1	
PRIMIDONE 50 MG TABLET	1	
PRIMSOL 50 MG/5 ML ORAL SOLUTION	3	
PRIORIX VIAL	2	
PRO COMFORT PEN NEEDLE 32G 1/4"	2	
PRO COMFORT PEN NEEDLE 31G 5/16"	2	
PRO COMFORT PEN NEEDLE 32G 4MM	2	
PRO COMFORT PEN NEEDLE 32G 5MM	2	
PRO COMFORT SYRINGE 0.5 ML 30G 5/16"	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PRO COMFORT SYRINGE 0.5 ML 30G 1/2"	2	
PRO COMFORT SYRINGE 0.5 ML 31G 5/16"	2	
PRO COMFORT SYRINGE 1 ML 30G 5/16"	2	
PRO COMFORT SYRINGE 1 ML 31G 5/16"	2	
PRO COMFORT SYRINGE 1 ML 30G 1/2"	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	2	
PROCHLORPERAZINE 5 MG TABLET	1	
PROCHLORPERAZINE 10 MG TABLET	1	
PROCTO-MED HC 2.5% CREAM	1	
PROCTOSOL-HC 2.5% CREAM	1	
PROCTOZONE-HC 2.5% CREAM	1	
PRODIGY CONTROL SOLUTION	2	
PRODIGY INSULIN SYRINGE 1 ML 28G 1/2"	2	
PRODIGY LOW CONTROL SOLUTION	2	
PRODIGY SYRINGE 0.3 ML 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	SRX
PROGRAF 1 MG GRANULE PACKET	3	SRX
PROMETHAZINE 12.5 MG SUPPOSITORY	2	
PROMETHAZINE 25 MG SUPPOSITORY	2	
PROMETHAZINE 12.5 MG/10 ML SYRUP	1	
PROMETHAZINE 12.5 MG TABLET	1	
PROMETHAZINE 25 MG TABLET	1	
PROMETHAZINE 50 MG TABLET	1	
PROMETHAZINE 6.25 MG/5 ML 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 6.25-5 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	
PROPRANOLOL 40 MG/5 ML ORAL SOLUTION	1	
PROPRANOLOL 10 MG TABLET	1	
PROPRANOLOL 20 MG TABLET	1	
PROPRANOLOL 40 MG TABLET	1	
PROPRANOLOL 60 MG TABLET	1	
PROPRANOLOL 80 MG TABLET	1	
PROPRANOLOL ER 60 MG CAPSULE	1	
PROPRANOLOL ER 80 MG CAPSULE	1	
PROPRANOLOL ER 120 MG CAPSULE	1	
PROPRANOLOL ER 160 MG CAPSULE	1	
PROPRANOLOL-HCTZ 40-25 MG TABLET	1	
PROPRANOLOL-HCTZ 80-25 MG TABLET	1	
PROPYLTHIOURACIL 50 MG TABLET	1	
PROQUAD VIAL	2	
PROTRIPTYLINE 5 MG TABLET	3	
PROTRIPTYLINE 10 MG TABLET	3	
PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	2	
PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
PUB INSULIN SYRINGE 0.5 ML 30G 1/2"	2	
PUB INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
PUB INSULIN SYRINGE 1 ML 30G 1/2"	2	
PUB INSULIN SYRINGE 1 ML 31G 5/16"	2	
PUB PEN NEEDLE 29G 12MM	2	
PUB PEN NEEDLE 31G 6MM	2	
PUB PEN NEEDLE 31G 8MM	2	
PUB UNIFINE PENTIP PLUS 31G 3/16"	2	
PULMOSAL 7% VIAL	1	
PULMOZYME 1 MG/ML AMPULE	4	PA, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
RIVASTIGMINE 4.6 MG/24HR PATCH	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1	
RIVASTIGMINE 13.3 MG/24HR PATCH	1	
RIVELSA TABLET	1	
RIZATRIPTAN 5 MG ODT TABLET	1	QL
RIZATRIPTAN 10 MG ODT TABLET	1	QL
RIZATRIPTAN 5 MG TABLET	1	QL
RIZATRIPTAN 10 MG TABLET	1	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	3	QL
ROFLUMILAST 500 MCG TABLET	3	QL
ROPINIROLE 0.25 MG TABLET	1	
ROPINIROLE 0.5 MG TABLET	1	
ROPINIROLE 1 MG TABLET	1	
ROPINIROLE 2 MG TABLET	1	
ROPINIROLE 3 MG TABLET	1	
ROPINIROLE 4 MG TABLET	1	
ROPINIROLE 5 MG TABLET	1	
ROPINIROLE ER 2 MG TABLET	1	
ROPINIROLE ER 4 MG TABLET	1	
ROPINIROLE ER 6 MG TABLET	1	
ROPINIROLE ER 8 MG TABLET	1	
ROPINIROLE ER 12 MG TABLET	1	
ROSADAN 0.75% CREAM	1	
ROSADAN 0.75% GEL	1	
ROSUVASTATIN 5 MG TABLET	1	
ROSUVASTATIN 10 MG TABLET	1	
ROSUVASTATIN 20 MG TABLET	1	
ROSUVASTATIN 40 MG TABLET	1	
ROTARIX VACCINE ORAL SUSPENSION	2	
ROTARIX VACCINE ORAL SYRINGE	2	
ROTATEQ VACCINE	2	
ROWEEPRA 500 MG TABLET	1	
ROWEEPRA 750 MG TABLET	1	
ROWEEPRA 1,000 MG TABLET	1	
RUFINAMIDE 40 MG/ML ORAL SUSPENSION	3	PA, QL
RUFINAMIDE 200 MG TABLET	3	PA, QL
RUFINAMIDE 400 MG TABLET	3	PA, QL
RYBELSUS 1.5 MG TABLET	2	PA, QL
RYBELSUS 3 MG TABLET	2	PA, QL
RYBELSUS 4 MG TABLET	2	PA, QL
RYBELSUS 7 MG TABLET	2	PA, QL
RYBELSUS 9 MG TABLET	2	PA, QL
RYBELSUS 14 MG TABLET	2	PA, QL
SACUBITRIL-VALSARTAN 24-26 MG TABLET	2	QL
SACUBITRIL-VALSARTAN 49-51 MG TABLET	2	QL
SACUBITRIL-VALSARTAN 97-103 MG TABLET	2	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	
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
SAVAYSA 30 MG TABLET	3	PA, QL
SAVAYSA 60 MG TABLET	3	PA, QL
SAVELLA 12.5 MG TABLET	3	
SAVELLA 25 MG TABLET	3	
SAVELLA 50 MG TABLET	3	
SAVELLA 100 MG TABLET	3	
SAVELLA TITRATION PACK	3	
SAXAGLIPTIN 2.5 MG TABLET	1	QL
SAXAGLIPTIN 5 MG TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 2.5-1000 MG TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 5-500 MG TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 5-1000 MG TABLET	1	QL
SCOPOLAMINE 1 MG/3 DAY PATCH	1	
SECURESAFE PEN NEEDLE 30G 5/16"	2	
SECURESAFE SYRINGE 0.5 ML 29G 1/2"	2	
SECURESAFE SYRINGE 1 ML 29G 1/2"	2	
SELARSDI 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
SELARSDI 90 MG/ML SYRINGE	4	PA, QL, SRX
SELEGILINE 5 MG CAPSULE	1	
SELEGILINE 5 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
SELENIUM SULFIDE 2.5% LOTION	1	
SELENIUM SULFIDE 2.25% SHAMPOO	1	
SE-NATAL 19 CHEWABLE TABLET	1	
SE-NATAL 19 TABLET	1	
SERTRALINE 20 MG/ML ORAL CONCENTRATE	1	QL
SERTRALINE 25 MG TABLET	1	QL
SERTRALINE 50 MG TABLET	1	QL
SERTRALINE 100 MG TABLET	1	QL
SETLAKIN 0.15 MG-0.03 MG TABLET	1	
SEVELAMER CARBONATE 800 MG TABLET	3	
SF 1.1% GEL	1	
SF 5000 PLUS TOOTHPASTE	1	
SHAROBEL 0.35 MG TABLET	1	
SHINGRIX VIAL KIT	2	QL
SHOPKO UNIFINE PENTIP 29G 12MM	2	
SHOPKO UNIFINE PENTIP 31G 5MM	2	
SHOPKO UNIFINE PENTIP 31G 8MM	2	
SHOPKO UNIFINE PENTIP 32G 4MM	2	
SIDESTREAM PEDIATRIC FACE MASK	2	QL
SIGNIFOR 0.3 MG/ML AMPULE	4	PA, LDD, SRX
SIGNIFOR 0.6 MG/ML AMPULE	4	PA, LDD, SRX
SIGNIFOR 0.9 MG/ML AMPULE	4	PA, LDD, SRX
SILDENAFIL 20 MG TABLET	4	PA, SRX
SILHOUETTE INFUSION SET 23"	2	
SILICONE MASK-INFANT	2	QL
SILICONE MASK-PEDIATRIC	2	QL
SILODOSIN 4 MG CAPSULE	1	QL
SILODOSIN 8 MG CAPSULE	1	QL
SIL-SERTER INFUSION SET	2	
SILVER NITRATE 0.5% TOPICAL SOLUTION	1	
SILVER NITRATE 10% TOPICAL SOLUTION	1	
SILVER NITRATE 25% TOPICAL SOLUTION	1	
SILVER NITRATE 50% TOPICAL SOLUTION	1	
SILVER SULFADIAZINE 1% CREAM	1	
SIMBRINZA 1%-0.2% EYE DROPS	2	
SIMLANDI (CF) 40 MG/0.4 ML AUTO-INJECTOR	4	PA, QL, SRX
SIMLANDI (CF) 20 MG/0.2 ML SYRINGE	4	PA, QL, SRX
SIMLANDI (CF) 40 MG/0.4 ML SYRINGE	4	PA, QL, SRX
SIMLANDI (CF) 80 MG/0.8 ML SYRINGE	4	PA, QL, SRX
SIMLIYA 28 DAY TABLET	1	
SIMPESSE 0.15-0.03-0.01 MG TABLET	1	

Medication Name	Tier	Notes
SIMVASTATIN 5 MG TABLET	1	
SIMVASTATIN 10 MG TABLET	1	
SIMVASTATIN 20 MG TABLET	1	
SIMVASTATIN 40 MG TABLET	1	
SIMVASTATIN 80 MG TABLET	1	QL
SIROLIMUS 0.5 MG TABLET	1	SRX
SIROLIMUS 1 MG TABLET	1	SRX
SIROLIMUS 2 MG TABLET	1	SRX
SIROLIMUS 1 MG/ML ORAL SOLUTION	4	SRX
SIRTURO 20 MG TABLET	3	PA, SRX
SIRTURO 100 MG TABLET	3	PA, SRX
SKY SAFETY PEN NEEDLE 30G 5MM	2	
SKY SAFETY PEN NEEDLE 30G 8MM	2	
SKYLA 13.5 MG SYSTEM	1	LDD, SRX
SKYRIZI 180 MG/1.2 ML ON-BODY	4	PA, QL, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	4	PA, QL, SRX
SKYRIZI 150 MG/ML PEN	4	PA, QL, SRX
SKYRIZI 150 MG/ML SYRINGE	4	PA, QL, SRX
SLYND 4 MG TABLET	3	
SM INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
SM INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
SM INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
SM INSULIN SYRINGE 0.5 ML 28G 1/2"	2	
SM INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
SM INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
SM INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
SM INSULIN SYRINGE 1 ML 28G 1/2"	2	
SM INSULIN SYRINGE 1 ML 29G 1/2"	2	
SM INSULIN SYRINGE 1 ML 30G 5/16"	2	
SM INSULIN SYRINGE 1 ML 31G 5/16"	2	
SMARTEST CONTROL SOLUTION	2	
SODIUM CHLORIDE 0.9% INHALATION VIAL	1	
SODIUM CHLORIDE 0.9% IRRIGATION	1	
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	1	
SODIUM CHLORIDE 10% VIAL	1	
SODIUM CHLORIDE 3% VIAL	1	
SODIUM CHLORIDE 7% VIAL	1	
SODIUM FLUORIDE 1.1% GEL	1	
SODIUM FLUORIDE 0.2% RINSE	1	
SODIUM FLUORIDE 1.1% TOOTHPASTE	1	
SODIUM FLUORIDE 5000 DRY MOUTH TOOTHPASTE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
SODIUM FLUORIDE 5000 PLUS TOOTHPASTE	1	
SODIUM FLUORIDE 5000 PPM TOOTHPASTE	1	
SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE	1	
SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE	1	
SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	1	
SODIUM PHENYLBUTYRATE POWDER	4	SRX
SODIUM PHENYLBUTYRATE 500 MG TABLET	4	SRX
SODIUM POLYSTYRENE SULFONATE POWDER	1	
SODIUM SULFACETAMIDE 10% LOTION	1	
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION	3	
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	4	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	2	QL
SOLIFENACIN 10 MG TABLET	2	QL
SOLUTIONUS V2 HIGH CONTROL SOLUTION	2	
SOLUTIONUS V2 LOW CONTROL SOLUTION	2	
SOLUVITA 0.5 MG/ML ORAL DROPS	1	
SOLUVITA A,C,D-FLUOR 0.25 MG/ML ORAL DROPS	1	
SOMAVERT 10 MG VIAL	4	PA, LDD, SRX
SOMAVERT 15 MG VIAL	4	PA, LDD, SRX
SOMAVERT 20 MG VIAL	4	PA, LDD, SRX
SOMAVERT 25 MG VIAL	4	PA, LDD, SRX
SOMAVERT 30 MG VIAL	4	PA, LDD, SRX
SORAFENIB 200 MG TABLET	4	PA, QL, SRX
SOTALOL 80 MG TABLET	1	
SOTALOL 120 MG TABLET	1	
SOTALOL 160 MG TABLET	1	
SOTALOL 240 MG TABLET	1	
SOTALOL AF 80 MG TABLET	1	
SOTALOL AF 120 MG TABLET	1	
SOTALOL AF 160 MG TABLET	1	
SOTYKTU 6 MG TABLET	4	PA, QL, SRX
SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA
SOVALDI 150 MG PELLET PACKET	3	PA, QL, SRX
SOVALDI 200 MG PELLET PACKET	3	PA, QL, SRX
SOVALDI 200 MG TABLET	3	PA, QL, SRX
SOVALDI 400 MG TABLET	3	PA, QL, SRX
SPIKEVAX (12Y UP) SYRINGE	2	
SPIKEVAX (12Y UP) VIAL	2	
SPIKEVAX 2024-25 (12Y UP) SYRINGE	2	
SPIKEVAX COVID (18Y UP) VACCINE	2	
SPINOSAD 0.9% TOPICAL SUSPENSION	2	
SPIRONOLACTONE 25 MG TABLET	1	
SPIRONOLACTONE 50 MG TABLET	1	
SPIRONOLACTONE 100 MG TABLET	1	
SPIRONOLACTONE-HCTZ 25-25 TABLET	1	
SPRINTEC 28 DAY TABLET	1	
SPS 15 GM/60 ML ORAL SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSPENSION	2	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML ORAL SOLUTION	3	
STAVUDINE 40 MG CAPSULE	1	SRX
STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX
STERILE WATER FOR IRRIGATION	1	
STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX
STRIBILD TABLET	3	QL, SRX
STRIVE PEAK FLOW METER	2	
STRIVERDI RESPIMAT INHALATION SPRAY	2	QL
SUBVENITE 25 MG TABLET	1	
SUBVENITE 100 MG TABLET	1	
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 17,000 UNIT/2 ML ORAL SOLUTION	4	PA, LDD, SRX
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	4	PA, SRX
SUCRALFATE 1 GM TABLET	1	
SULCONAZOLE NITRATE 1% CREAM	3	
SULCONAZOLE NITRATE 1% TOPICAL SOLUTION	3	
SULFACETAMIDE 10% EYE DROPS	1	
SULFACETAMIDE 10% EYE OINTMENT	1	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	1	
SULFADIAZINE 500 MG TABLET	3	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP ORAL SUSPENSION	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMYLON 8.5% CREAM	3	
SULFASALAZINE 500 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
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 6 MG/0.5 ML CARTRIDGE	1	QL
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SUMATRIPTAN 4 MG/0.5 ML PEN INJECTOR	1	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 INSULIN SYRINGE 0.3 ML 31G 1/4"	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 31G 1/4"	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31G 1/4"	2	
SURE COMFORT PEN NEEDLE 29G 1/2"	2	
SURE COMFORT PEN NEEDLE 30G	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 COMFORT SYRINGE 0.3 ML	2	
SURE COMFORT SYRINGE 0.5 ML	2	
SURE COMFORT SYRINGE 1 ML	2	
SURE COMFORT SYRINGE 3/10 ML	2	
SURE-FINE PEN NEEDLE 5MM	2	
SURE-FINE PEN NEEDLE 8MM	2	
SURE-FINE PEN NEEDLE 12.7MM	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
SURE-JECT INSULIN SYRINGE 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	

Medication Name	Tier	Notes
SURE-TEST EASYPLUS MINI CONTROL 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
SYMTUZA 800-150-200-10 MG TABLET	3	QL, SRX
SYNAREL 2 MG/ML NASAL SPRAY	4	PA, SRX
SYNERA PATCH	3	
SYNJARDY 12.5-500 MG TABLET	2	QL
SYNJARDY 12.5-1,000 MG TABLET	2	QL
SYNJARDY 5-500 MG TABLET	2	QL
SYNJARDY 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	
SYNTHROID 88 MCG TABLET	3	
SYNTHROID 100 MCG TABLET	3	
SYNTHROID 112 MCG TABLET	3	
SYNTHROID 125 MCG TABLET	3	
SYNTHROID 137 MCG TABLET	3	
SYNTHROID 150 MCG TABLET	3	
SYNTHROID 175 MCG TABLET	3	
SYNTHROID 200 MCG TABLET	3	
SYNTHROID 300 MCG TABLET	3	
SYRINGE WITH NEEDLE 3 ML 23G 1"	2	
T:FLEX 4.8 ML CARTRIDGE	2	
T:SLIM X2 3 ML CARTRIDGE	2	
TABLOID 40 MG TABLET	3	PA
TACROLIMUS 0.03% OINTMENT	1	
TACROLIMUS 0.1% OINTMENT	1	
TACROLIMUS 0.5 MG CAPSULE (IR)	1	SRX
TACROLIMUS 1 MG CAPSULE (IR)	1	SRX
TACROLIMUS 5 MG CAPSULE (IR)	1	SRX
TADALAFIL 2.5 MG TABLET	1	PA, QL
TADALAFIL 5 MG TABLET	1	PA, QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
TADALAFIL 20 MG TABLET	4	PA, SRX
TAFINLAR 10 MG TABLET FOR SUSPENSION	4	PA, QL, SRX
TAFINLAR 50 MG CAPSULE	4	PA, QL, SRX
TAFINLAR 75 MG CAPSULE	4	PA, QL, SRX
TAFLUPROST 0.0015% EYE DROPS	3	QL
TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX
TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX
TAKE ACTION 1.5 MG TABLET	3	
TAMOXIFEN 10 MG TABLET	1	
TAMOXIFEN 20 MG TABLET	1	
TAMSULOSIN 0.4 MG CAPSULE	1	
TANDEM MOBI 2 ML CARTRIDGE	2	
TANDEM MOBI AUTOSOFT 30 KIT 23"	2	
TANDEM MOBI AUTOSOFT XC KIT 23"	2	
TANDEM MOBI AUTOSOFT XC KIT 5"	2	
TANDEM MOBI TRUSTEEL KIT 23"	2	
TARINA 24 FE 1 MG-20 MCG TABLET	1	
TARINA FE 1-20 EQ TABLET	1	
TARINA FE 1-20 TABLET	1	
TARON-C DHA CAPSULE	1	
TARON-PREX PRENATAL DHA CAPSULE	1	
TAYSOFY 1 MG-20 MCG CAPSULE	1	
TAZAROTENE 0.05% CREAM	3	
TAZAROTENE 0.1% CREAM	2	
TAZAROTENE 0.05% GEL	3	
TAZAROTENE 0.1% GEL	3	
TAZTIA XT 120 MG CAPSULE	1	
TAZTIA XT 180 MG CAPSULE	1	
TAZTIA XT 240 MG CAPSULE	1	
TAZTIA XT 300 MG CAPSULE	1	
TAZTIA XT 360 MG CAPSULE	1	
TDVAX VIAL	2	
TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	2	
TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	2	
TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	2	
TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	2	
TECHLITE PEN NEEDLE 29G 3/8"	2	
TECHLITE PEN NEEDLE 29G 1/2"	2	
TECHLITE PEN NEEDLE 31G 1/4"	2	
TECHLITE PEN NEEDLE 31G 3/16"	2	
TECHLITE PEN NEEDLE 31G 5/16"	2	

Medication Name	Tier	Notes
TECHLITE PEN NEEDLE 32G 5/32"	2	
TECHLITE PEN NEEDLE 32G 1/4"	2	
TECHLITE PEN NEEDLE 32G 5/16"	2	
TECHLITE PLUS PEN NEEDLE 32G 4MM	2	
TECHLITE SYRINGE 0.3 ML 29G 12MM (1/2)	2	
TECHLITE SYRINGE 0.3 ML 30G 8MM (1/2)	2	
TECHLITE SYRINGE 0.3 ML 31G 6MM (1/2)	2	
TECHLITE SYRINGE 0.3 ML 31G 8MM (1/2)	2	
TECHLITE SYRINGE 0.5 ML 30G 8MM (1/2)	2	
TECHLITE SYRINGE 0.5 ML 30G 12MM (1/2)	2	
TECHLITE SYRINGE 0.5 ML 31G 6MM (1/2)	2	
TECHLITE SYRINGE 0.5 ML 31G 8MM (1/2)	2	
TELCARE CONTROL SOLUTION	2	
TELMISARTAN 20 MG TABLET	1	
TELMISARTAN 40 MG TABLET	1	
TELMISARTAN 80 MG TABLET	1	
TELMISARTAN-AMLODIPINE 40-5 MG TABLET	1	
TELMISARTAN-AMLODIPINE 40-10 MG TABLET	1	
TELMISARTAN-AMLODIPINE 80-5 MG TABLET	1	
TELMISARTAN-AMLODIPINE 80-10 MG TABLET	1	
TELMISARTAN-HCTZ 40-12.5 MG TABLET	1	
TELMISARTAN-HCTZ 80-12.5 MG TABLET	1	
TELMISARTAN-HCTZ 80-25 MG TABLET	1	
TEMAZEPAM 7.5 MG CAPSULE	1	
TEMAZEPAM 15 MG CAPSULE	1	
TEMAZEPAM 22.5 MG CAPSULE	1	
TEMAZEPAM 30 MG CAPSULE	1	
TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX
TENCON 50-325 MG TABLET	1	
TENIVAC SYRINGE	2	
TENIVAC VIAL	2	
TENOFOVIR 300 MG TABLET	1	SRX
TERAZOSIN 1 MG CAPSULE	1	
TERAZOSIN 2 MG CAPSULE	1	
TERAZOSIN 5 MG CAPSULE	1	
TERAZOSIN 10 MG CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
TERBUTALINE 2.5 MG TABLET	1	
TERBINAFINE 250 MG TABLET	1	
TERBUTALINE 5 MG TABLET	1	
TERCONAZOLE 0.4% CREAM	1	
TERCONAZOLE 0.8% CREAM	1	
TERCONAZOLE 80 MG SUPPOSITORY	1	
TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX
TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX
TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
TERUMO INSULIN SYRINGE U100 1 ML	2	
TERUMO INSULIN SYRINGE U100 1/2 ML	2	
TERUMO INSULIN SYRINGE U100 1/3 ML	2	
TERUMO SURGUARD2 NEEDLE 18G 1"	2	
TERUMO SURGUARD2 NEEDLE 18G 1.5"	2	
TERUMO SURGUARD2 NEEDLE 19G 1"	2	
TERUMO SURGUARD2 NEEDLE 19G 1.5"	2	
TERUMO SURGUARD2 NEEDLE 20G 1"	2	
TERUMO SURGUARD2 NEEDLE 20G 1.5"	2	
TERUMO SURGUARD2 NEEDLE 21G 1"	2	
TERUMO SURGUARD2 NEEDLE 21G 1-1.5"	2	
TERUMO SURGUARD2 NEEDLE 22 1.5"	2	
TERUMO SURGUARD2 NEEDLE 22G 1"	2	
TERUMO SURGUARD2 NEEDLE 23G 1.5"	2	
TERUMO SURGUARD2 NEEDLE 23G 1"	2	
TERUMO SURGUARD2 NEEDLE 25G 1"	2	
TERUMO SURGUARD2 NEEDLE 25G 1.5"	2	
TERUMO SURGUARD2 NEEDLE 25G 5/8"	2	
TERUMO SURGUARD2 NEEDLE 26G 1/2"	2	
TERUMO SURGUARD2 NEEDLE 27G 1/2"	2	
TERUMO SURGUARD2 NEEDLE 30G 1/2"	2	
TERUMO SYRINGE 3 ML	2	
TESTOSTERONE 50 MG/5 GRAM GEL	2	PA, QL
TESTOSTERONE 1% (25 MG/2.5 G) PACKET	2	PA, QL
TESTOSTERONE 1% (50 MG/5 G) PACKET	2	PA, QL
TESTOSTERONE 1.62%(1.25 G) PACKET	2	PA, QL
TESTOSTERONE 1.62% (2.5 G) PACKET	2	PA, QL
TESTOSTERONE 1.62% GEL PUMP	2	PA, QL
TESTOSTERONE 10 MG GEL PUMP	2	PA, QL
TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	2	PA, QL
TESTOSTERONE 50 MG/5 GRAM PACKET	2	PA, QL
TESTOSTERONE CYPIONATE 200 MG/ML VIAL	1	
TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	1	
TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	1	
TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	1	
TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	1	
TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	1	
TESTOSTERONE ENANTHATE 200 MG/ML VIAL	1	
TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	1	
TETRABENAZINE 12.5 MG TABLET	4	PA, QL, SRX
TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX
TETRACAINE 0.5% EYE DROPS	1	
TETRACAINE 0.5% STERI-UNIT EYE SOLUTION	1	
TETRACYCLINE 250 MG CAPSULE	2	
TETRACYCLINE 500 MG CAPSULE	2	
TEXACORT 2.5% TOPICAL SOLUTION	3	
THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX
THALOMID 100 MG CAPSULE	4	PA, QL, LDD, SRX
THALOMID 200 MG CAPSULE	4	PA, QL, SRX
THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION	1	
THEOPHYLLINE ER 100 MG TABLET	1	
THEOPHYLLINE ER 200 MG TABLET	1	
THEOPHYLLINE ER 300 MG TABLET	1	
THEOPHYLLINE ER 400 MG TABLET	1	
THEOPHYLLINE ER 450 MG TABLET	1	
THEOPHYLLINE ER 600 MG TABLET	1	
THINPRO INSULIN SYRINGE U100 0.3 ML	2	
THINPRO INSULIN SYRINGE U100 0.5 ML	2	
THINPRO INSULIN SYRINGE U100 1 ML	2	
THIORIDAZINE 10 MG TABLET	1	
THIORIDAZINE 25 MG TABLET	1	
THIORIDAZINE 50 MG TABLET	1	
THIORIDAZINE 100 MG TABLET	1	
THIOTHIXENE 1 MG CAPSULE	1	
THIOTHIXENE 2 MG CAPSULE	1	
THIOTHIXENE 5 MG CAPSULE	1	
THIOTHIXENE 10 MG CAPSULE	1	
THRIVITE 19 TABLET	1	
THYROID 15 MG TABLET	1	
THYROID 30 MG TABLET	1	
THYROID 60 MG TABLET	1	
THYROID 90 MG TABLET	1	
THYROID 120 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG TABLET	1	
TRANEXAMIC ACID 650 MG TABLET	1	SRX
TRANYLCYPROMINE 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 INHALATION DEVICE	2	QL
TRELEGY ELLIPTA 200-62.5-25 INHALATION DEVICE	2	QL
TREMFYA 100 MG/ML AUTO-INJECTOR	4	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	4	PA, QL, SRX
TREMFYA 200 MG/2 ML PEN	4	PA, QL, SRX
TREMFYA 200 MG/2 ML SYRINGE	4	PA, QL, SRX
TRESIBA 100 UNIT/ML VIAL	2	QL
TRESIBA FLEXTOUCH 100 UNIT/ML	2	QL
TRESIBA FLEXTOUCH 200 UNIT/ML	2	QL
TRETINOIN 10 MG CAPSULE	3	PA
TRETINOIN 0.025% CREAM	1	PA, AGE
TRETINOIN 0.05% CREAM	1	PA, AGE
TRETINOIN 0.1% CREAM	1	PA, AGE
TRETINOIN 0.025% GEL	2	PA, AGE
TRETINOIN 0.01% GEL	2	PA, AGE
TRETINOIN 0.05% GEL	2	PA, AGE
TRETINOIN GEL MICRO 0.04% PUMP	2	PA, AGE
TRETINOIN GEL MICRO 0.1% PUMP	2	PA, AGE
TRETINOIN GEL MICRO 0.04% TUBE	2	PA, AGE
TRETINOIN GEL MICRO 0.1% TUBE	2	PA, AGE
TRIAMCINOLONE 0.025% CREAM	1	
TRIAMCINOLONE 0.1% CREAM	1	
TRIAMCINOLONE 0.5% CREAM	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	
TRIAMCINOLONE 0.1% TOOTHPASTE	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	
TRIDERM 0.1% CREAM	1	
TRIDERM 0.5% CREAM	1	
TRI-ESTARYLLA TABLET	1	
TRI-LEGEST FE-28 DAY TABLET	1	
TRI-LINYAH TABLET	1	
TRI-LO-ESTARYLLA TABLET	1	
TRI-LO-MARZIA TABLET	1	
TRI-LO-MILI TABLET	1	
TRI-LO-SPRINTEC TABLET	1	
TRI-MILI 28 TABLET	1	
TRI-NYMYO 28 TABLET	1	
TRI-SPRINTEC TABLET	1	
TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	1	
TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	1	
TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	1	
TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	1	
TRI-VYLIBRA 28 TABLET	1	
TRI-VYLIBRA LO TABLET	1	
TRIFLUOPERAZINE 1 MG TABLET	1	
TRIFLUOPERAZINE 2 MG TABLET	1	
TRIFLUOPERAZINE 5 MG TABLET	1	
TRIFLUOPERAZINE 10 MG TABLET	1	
TRIFLURIDINE 1% EYE DROPS	1	
TRIHEXYPHENIDYL 2 MG/5 ML ORAL SOLUTION	1	
TRIHEXYPHENIDYL 2 MG TABLET	1	
TRIHEXYPHENIDYL 5 MG TABLET	1	
TRIKAFTA 50-25-37.5 MG/75 MG TABLET	4	PA, QL, LDD, SRX
TRIKAFTA 80-40-60 MG/59.5 MG PACKET	4	PA, QL, LDD, SRX
TRIKAFTA 100-50-75 MG/75 MG PACKET	4	PA, QL, LDD, SRX
TRIKAFTA 100-50-75 MG/150 MG TABLET	4	PA, QL, LDD, SRX
TRIMETHOBENZAMIDE 300 MG CAPSULE	1	
TRIMETHOPRIM 100 MG TABLET	1	
TRIMIPRAMINE 25 MG CAPSULE	1	
TRIMIPRAMINE 50 MG CAPSULE	1	
TRIMIPRAMINE 100 MG CAPSULE	1	
TRINATAL RX 1 TABLET	1	
TRINTELLIX 5 MG TABLET	3	QL, ST

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
TRINTELLIX 10 MG TABLET	3	QL, ST
TRINTELLIX 20 MG TABLET	3	QL, ST
TRIUMEQ 600-50-300 MG TABLET	3	QL, SRX
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	3	QL, SRX
TROPICAMIDE 0.5% EYE DROPS	1	
TROPICAMIDE 1% EYE DROPS	1	
TROSPIUM 20 MG TABLET	1	
TROSPIUM ER 60 MG CAPSULE	1	
TRUE COMFORT PEN NEEDLE 31G 5MM	2	
TRUE COMFORT PEN NEEDLE 31G 6MM	2	
TRUE COMFORT PEN NEEDLE 31G 8MM	2	
TRUE COMFORT PEN NEEDLE 32G 4MM	2	
TRUE COMFORT PEN NEEDLE 32G 5MM	2	
TRUE COMFORT PEN NEEDLE 32G 6MM	2	
TRUE COMFORT PEN NEEDLE 33G 4MM	2	
TRUE COMFORT PEN NEEDLE 33G 5MM	2	
TRUE COMFORT PEN NEEDLE 33G 6MM	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 30G 1/2"	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 30G 5/16"	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 31G 5/16"	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 32G 5/16"	2	
TRUE COMFORT PRO SYRINGE 1 ML 30G 1/2"	2	
TRUE COMFORT PRO SYRINGE 1 ML 30G 5/16"	2	
TRUE COMFORT PRO SYRINGE 1 ML 31G 5/16"	2	
TRUE COMFORT PRO SYRINGE 1 ML 32G 5/16"	2	
TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM	2	
TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM	2	
TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM	2	
TRUE COMFORT SAFETY SYRINGE 1 ML 30G 1/2"	2	
TRUE COMFORT SYRINGE 0.5 ML 30G 1/2"	2	
TRUE COMFORT SYRINGE 0.5 ML 30G 5/16"	2	
TRUE COMFORT SYRINGE 0.5 ML 31G 5/16"	2	
TRUE COMFORT SYRINGE 1 ML 31G 5/16"	2	
TRUE COMFRT SAFETY SYRINGE 1 ML 30G 5/16"	2	
TRUE COMFRT SAFETY SYRINGE 1 ML 31G 5/16"	2	
TRUE COMFRT SAFETY SYRINGE 1 ML 32G 5/16"	2	
TRUE METRIX AIR GLUCOSE METER	1	
TRUE METRIX GLUCOSE TEST STRIP	2	
TRUE METRIX GLUCOSE METER	1	
TRUE METRIX GO GLUCOSE METER	1	
TRUE METRIX LEVEL 1 CONTROL SOLUTION	2	
TRUE METRIX LEVEL 2 CONTROL SOLUTION	2	
TRUE METRIX LEVEL 3 CONTROL SOLUTION	2	
TRUECONTROL GLUCOSE SOLUTION	2	
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS 33G LANCET	2	
TRUEPLUS KETONE TEST STRIP	2	
TRUEPLUS PEN NEEDLE 29G 1/2"	2	
TRUEPLUS PEN NEEDLE 29G 12MM	2	
TRUEPLUS PEN NEEDLE 31G 1/4"	2	
TRUEPLUS PEN NEEDLE 31G 3/16"	2	
TRUEPLUS PEN NEEDLE 31G 5/16"	2	
TRUEPLUS PEN NEEDLE 31G 5MM	2	
TRUEPLUS PEN NEEDLE 31G 8MM	2	
TRUEPLUS PEN NEEDLE 32G 5/32"	2	
TRUEPLUS SAFETY 28G LANCET	2	
TRUEPLUS SUPER THIN 28G LANCET	2	
TRUEPLUS SYRINGE 0.3 ML 29G 1/2"	2	
TRUEPLUS SYRINGE 0.3 ML 30G 5/16"	2	
TRUEPLUS SYRINGE 0.3 ML 31G 5/16"	2	
TRUEPLUS SYRINGE 0.5 ML 28G 1/2"	2	
TRUEPLUS SYRINGE 0.5 ML 29G 1/2"	2	
TRUEPLUS SYRINGE 0.5 ML 30G 5/16"	2	
TRUEPLUS SYRINGE 0.5 ML 31G 5/16"	2	
TRUEPLUS SYRINGE 1 ML 28G 1/2"	2	
TRUEPLUS SYRINGE 1 ML 29G 1/2"	2	
TRUEPLUS SYRINGE 1 ML 30G 5/16"	2	
TRUEPLUS SYRINGE 1 ML 31G 5/16"	2	
TRUEPLUS ULTRA THIN 30G LANCET	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 PACK 23" 6MM	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	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
TWINRIX VACCINE SYRINGE	2	
TWIRLA 120-30 MCG/DAY PATCH	1	
TYBLUME 0.1-0.02 MG CHEWABLE TABLET	3	
TYBOST 150 MG TABLET	2	SRX
TYENNE 162 MG/0.9 ML AUTO-INJECTOR	4	PA, QL, SRX
TYENNE 162 MG/0.9 ML SYRINGE	4	PA, QL, SRX
TYMLOS 80 MCG DOSE PEN INJECTOR	4	PA, QL, SRX
TYVASO INHALATION REFILL KIT	4	PA, LDD, SRX
TYVASO INHALATION STARTER KIT	4	PA, LDD, SRX
TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	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 SAFETY SYRINGE 1 ML 29G 1/2"	2	
ULTICARE INSULIN SYRINGE 0.3 ML 30G 1/2"	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4"	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2)	2	
ULTICARE INSULIN SYRINGE 0.5 ML 30G 1/2"	2	
ULTICARE INSULIN SYRINGE 0.5 ML 31G 1/4"	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 1/4"	2	
ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	2	
ULTICARE LDS SYRINGE 3 ML 22G 1.5"	2	
ULTICARE PEN NEEDLE 29G 12.7MM	2	
ULTICARE PEN NEEDLE 29G 12MM	2	
ULTICARE PEN NEEDLE 31G 3/16"	2	
ULTICARE PEN NEEDLE 31G 6MM	2	
ULTICARE PEN NEEDLE 31G 8MM	2	
ULTICARE PEN NEEDLE 32G 4MM	2	
ULTICARE PEN NEEDLE 32G 6MM	2	
ULTICARE SAFETY PEN NEEDLE 30G 5MM	2	
ULTICARE SAFETY PEN NEEDLE 30G 8MM	2	
ULTICARE SAFETY SYRINGE 0.5 ML 29G 1/2"	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	

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
ULTRA FLO PEN NEEDLE 32G 4MM	2	
ULTRA FLO PEN NEEDLE 33G 4MM	2	
ULTRA FLO SYRINGE 0.3 ML 29G 1/2"	2	
ULTRA FLO SYRINGE 0.3 ML 30G 1/2" (1/2)	2	
ULTRA FLO SYRINGE 0.3 ML 30G 5/16"	2	
ULTRA FLO SYRINGE 0.3 ML 30G 5/16" (1/2)	2	
ULTRA FLO SYRINGE 0.3 ML 31G 5/16"	2	
ULTRA FLO SYRINGE 0.3 ML 31G 5/16" (1/2)	2	
ULTRA FLO SYRINGE 0.5 ML 29G 1/2"	2	
ULTRA THIN PEN NEEDLE 32G 4MM	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30G 1/2"	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
ULTRACARE INSULIN SYRINGE 1 ML 30G 1/2"	2	
ULTRACARE INSULIN SYRINGE 1 ML 30G 5/16"	2	
ULTRACARE INSULIN SYRINGE 1 ML 31G 5/16"	2	
ULTRACARE PEN NEEDLE 31G 1/4"	2	
ULTRACARE PEN NEEDLE 31G 3/16"	2	
ULTRACARE PEN NEEDLE 31G 5/16"	2	
ULTRACARE PEN NEEDLE 32G 1/4"	2	
ULTRACARE PEN NEEDLE 32G 3/16"	2	
ULTRACARE PEN NEEDLE 32G 5/32"	2	
ULTRACARE PEN NEEDLE 33G 5/32"	2	
ULTRA-FINE 0.3 ML 30G 12.7MM	2	
ULTRA-FINE 0.3 ML 31G 8MM (1/2)	2	
ULTRA-FINE INSULIN SYRINGE 1 ML 31G 6MM	2	
ULTRA-FINE INSULIN SYRINGE 1 ML 31G 8MM	2	
ULTRA-FINE PEN NEEDLE 29G 12.7MM	2	
ULTRA-FINE PEN NEEDLE 31G 5MM	2	
ULTRA-FINE PEN NEEDLE 31G 8MM	2	
ULTRA-FINE PEN NEEDLE 32G 6MM	2	
ULTRA-FINE SYRINGE 0.3 ML 31G 6MM	2	
ULTRA-FINE SYRINGE 0.3 ML 31G 6MM (1/2)	2	
ULTRA-FINE SYRINGE 0.3 ML 31G 8MM	2	
ULTRA-FINE SYRINGE 0.5 ML 30G 12.7MM	2	
ULTRA-FINE SYRINGE 0.5 ML 31G 6MM	2	
ULTRA-FINE SYRINGE 0.5 ML 31G 8MM	2	
ULTRA-FINE SYRINGE 1 ML 30G 12.7MM	2	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 30G	2	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 31G	2	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29G	2	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 30G	2	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 31G	2	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29G	2	
ULTRA-THIN II INSULIN SYRINGE 1 ML 30G	2	
ULTRA-THIN II PEN NEEDLE 29G 1/2"	2	
ULTRA-THIN II PEN NEEDLE 31G 5/16"	2	
ULTRA-THIN II SYRINGE 1 ML 31G 5/16"	2	
ULTRATRAK CONTROL SOLUTION	2	
ULTRATRAK NORMAL CONTROL SOLUTION	2	
ULTRATRAK ULTIMATE CONTROL SOLUTION	2	
UNIFINE PEN NEEDLE 32G 4MM	2	
UNIFINE PENTIP 29G 12MM	2	
UNIFINE PENTIP 31G 3/16"	2	
UNIFINE PENTIP 31G 5MM	2	
UNIFINE PENTIP 31G 6MM	2	
UNIFINE PENTIP 31G 8MM	2	
UNIFINE PENTIP 32G 1/4"	2	
UNIFINE PENTIP 32G 4MM	2	
UNIFINE PENTIP 32G 5/32"	2	
UNIFINE PENTIP 32G 6MM	2	
UNIFINE PENTIP 33G 5/32"	2	
UNIFINE PENTIP MAX 30G 3/16"	2	
UNIFINE PENTIP NEEDLE 29G	2	
UNIFINE PENTIP NEEDLE 6MM	2	
UNIFINE PENTIP NEEDLE 8MM	2	
UNIFINE PENTIP PLUS 29G 1/2"	2	
UNIFINE PENTIP PLUS 30G 3/16"	2	
UNIFINE PENTIP PLUS 31G 1/4"	2	
UNIFINE PENTIP PLUS 31G 3/16"	2	
UNIFINE PENTIP PLUS 31G 5/16"	2	
UNIFINE PENTIP PLUS 32G 5/32"	2	
UNIFINE PENTIP PLUS 33G 5/32"	2	
UNIFINE PENTIPS PLUS 31G 5MM	2	
UNIFINE PROTECT NEEDLE 30G 5MM	2	
UNIFINE PROTECT NEEDLE 30G 8MM	2	
UNIFINE PROTECT NEEDLE 32G 4MM	2	
UNIFINE SAFECONTROL NEEDLE 30G 5MM	2	
UNIFINE SAFECONTROL NEEDLE 30G 8MM	2	
UNIFINE SAFECONTROL NEEDLE 31G 5MM	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
UNIFINE SAFECONTROL NEEDLE 31G 6MM	2	
UNIFINE SAFECONTROL NEEDLE 31G 8MM	2	
UNIFINE SAFECONTROL NEEDLE 32G 4MM	2	
UNIFINE ULTRA PEN NEEDLE 31G 5MM	2	
UNIFINE ULTRA PEN NEEDLE 31G 6MM	2	
UNIFINE ULTRA PEN NEEDLE 31G 8MM	2	
UNIFINE ULTRA PEN NEEDLE 32G 4MM	2	
UNISTRIP HIGH CONTROL SOLUTION	2	
UNISTRIP LOW CONTROL SOLUTION	2	
UNITHROID 25 MCG TABLET	1	
UNITHROID 50 MCG TABLET	1	
UNITHROID 75 MCG TABLET	1	
UNITHROID 88 MCG TABLET	1	
UNITHROID 100 MCG TABLET	1	
UNITHROID 112 MCG TABLET	1	
UNITHROID 125 MCG TABLET	1	
UNITHROID 137 MCG TABLET	1	
UNITHROID 150 MCG TABLET	1	
UNITHROID 175 MCG TABLET	1	
UNITHROID 200 MCG TABLET	1	
UNITHROID 300 MCG TABLET	1	
UPTRAVI 200 MCG TABLET	4	PA, LDD, SRX
UPTRAVI 400 MCG TABLET	4	PA, LDD, SRX
UPTRAVI 600 MCG TABLET	4	PA, LDD, SRX
UPTRAVI 800 MCG TABLET	4	PA, LDD, SRX
UPTRAVI 1,000 MCG TABLET	4	PA, LDD, SRX
UPTRAVI 1,200 MCG TABLET	4	PA, LDD, SRX
UPTRAVI 1,400 MCG TABLET	4	PA, LDD, SRX
UPTRAVI 1,600 MCG TABLET	4	PA, LDD, SRX
UPTRAVI 200-800 TITRATION PACK	4	PA, LDD, SRX
URISTIX 4 REAGENT TEST STRIP	2	
URISTIX REAGENT TEST STRIP	2	
UROQID-ACID NO.2 500-500 TABLET	3	
URSODIOL 300 MG CAPSULE	1	
URSODIOL 250 MG TABLET	1	
URSODIOL 500 MG TABLET	1	
USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
USTEKINUMAB-TTWE 90 MG/ML SYRINGE	4	PA, QL, SRX
VALACYCLOVIR 500 MG TABLET	1	
VALACYCLOVIR 1 GRAM TABLET	1	
VALGANCICLOVIR 50 MG/ML ORAL SOLUTION	3	
VALGANCICLOVIR 450 MG TABLET	3	
VALPROIC ACID 250 MG CAPSULE	1	
VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	1	
VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	1	
VALSARTAN 40 MG TABLET	1	
VALSARTAN 80 MG TABLET	1	
VALSARTAN 160 MG TABLET	1	
VALSARTAN 320 MG TABLET	1	
VALSARTAN-HCTZ 80-12.5 MG TABLET	1	
VALSARTAN-HCTZ 160-12.5 MG TABLET	1	
VALSARTAN-HCTZ 160-25 MG TABLET	1	
VALSARTAN-HCTZ 320-12.5 MG TABLET	1	
VALSARTAN-HCTZ 320-25 MG TABLET	1	
VALTYA 1 MG-50 MCG TABLET	1	
VANADOM 350 MG TABLET	1	
VANCOMYCIN 125 MG CAPSULE	3	QL
VANCOMYCIN 250 MG CAPSULE	3	QL
VANCOMYCIN 25 MG/ML ORAL SOLUTION	1	QL
VANDAZOLE VAGINAL 0.75% GEL	1	
VANISHPOINT INSULIN SYRINGE 1 ML 30G 3/16"	2	
VANISHPOINT SYRINGE 0.5 ML 30G 1/2"	2	
VANISHPOINT SYRINGE 3 ML 20G 1"	2	
VANISHPOINT SYRINGE 3 ML 21G 1"	2	
VANISHPOINT SYRINGE 3 ML 21G 1.5"	2	
VANISHPOINT SYRINGE 3 ML 22G 1"	2	
VANISHPOINT SYRINGE 3 ML 22G 1.5"	2	
VANISHPOINT SYRINGE 3 ML 23G 1"	2	
VANISHPOINT SYRINGE 3 ML 23G 1.5"	2	
VANISHPOINT SYRINGE 3 ML 25G 1"	2	
VANISHPOINT SYRINGE 3 ML 25G 5/8"	2	
VANISHPOINT SYRINGE U-100 29G 1/2"	2	
VAQTA 25 UNITS/0.5 ML SYRINGE	2	
VAQTA 50 UNITS/ML SYRINGE	2	
VAQTA 25 UNITS/0.5 ML VIAL	2	
VAQTA 50 UNITS/ML VIAL	2	
VARENICLINE 1 MG CONTINUING MONTH BOX	2	
VARENICLINE STARTING MONTH BOX	2	
VARENICLINE 0.5 MG TABLET	2	
VARENICLINE 1 MG TABLET	2	
VARISOFT INFUSION SET 23" 13MM	2	
VARISOFT INFUSION SET 23" 17MM	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
VARISOFT INFUSION SET 32" 13MM	2	
VARISOFT INFUSION SET 43" 17MM	2	
VARIVAX VACCINE VIAL	2	
VARIVAX VACCINE WITH DILUENT	2	
VAXELIS VACCINE SYRINGE	2	
VAXELIS VACCINE VIAL	2	
VAXNEUVANCE 0.5 ML SYRINGE	2	
VELIVET 28 DAY TABLET	1	
VEMLIDY 25 MG TABLET	4	PA, SRX
VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET (10 MG X 2)	4	PA, QL, LDD, SRX
VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX
VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX
VENLAFAXINE 25 MG TABLET	1	QL
VENLAFAXINE 37.5 MG TABLET	1	QL
VENLAFAXINE 50 MG TABLET	1	QL
VENLAFAXINE 75 MG TABLET	1	QL
VENLAFAXINE 100 MG TABLET	1	QL
VENLAFAXINE ER 150 MG CAPSULE	1	QL
VENLAFAXINE ER 37.5 MG CAPSULE	1	QL
VENLAFAXINE ER 75 MG CAPSULE	1	QL
VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	4	PA, LDD, SRX
VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	4	PA, LDD, SRX
VERAPAMIL 40 MG TABLET	1	
VERAPAMIL 80 MG TABLET	1	
VERAPAMIL 120 MG TABLET	1	
VERAPAMIL ER 120 MG CAPSULE	1	
VERAPAMIL ER 180 MG CAPSULE	1	
VERAPAMIL ER 240 MG CAPSULE	1	
VERAPAMIL ER 120 MG TABLET	1	
VERAPAMIL ER 180 MG TABLET	1	
VERAPAMIL ER 240 MG TABLET	1	
VERAPAMIL ER PM 100 MG CAPSULE	2	
VERAPAMIL ER PM 200 MG CAPSULE	2	
VERAPAMIL ER PM 300 MG CAPSULE	2	
VERAPAMIL SR 120 MG CAPSULE	1	
VERAPAMIL SR 180 MG CAPSULE	1	
VERAPAMIL SR 240 MG CAPSULE	1	
VERAPAMIL SR 360 MG CAPSULE	1	
VEREGEN 15% OINTMENT	3	

Medication Name	Tier	Notes
VERIFINE INSULIN SYRINGE 0.3 ML 31G 8MM	2	
VERIFINE INSULIN SYRINGE 0.5 ML 29G 12MM	2	
VERIFINE INSULIN SYRINGE 0.5 ML 31G 8MM	2	
VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"	2	
VERIFINE INSULIN SYRINGE 1 ML 29G 12MM	2	
VERIFINE INSULIN SYRINGE 1 ML 31G 8MM	2	
VERIFINE PEN NEEDLE 29G 12MM	2	
VERIFINE PEN NEEDLE 31G 5MM	2	
VERIFINE PEN NEEDLE 31G 8MM	2	
VERIFINE PEN NEEDLE 32G 4MM	2	
VERIFINE PEN NEEDLE 32G 6MM	2	
VERIFINE PLUS PEN NEEDLE 31G 5MM	2	
VERIFINE PLUS PEN NEEDLE 31G 8MM	2	
VERIFINE PLUS PEN NEEDLE 32G 4MM	2	
VERIFINE PLUS PEN NEEDLE 32G 4MM	2	
VERIFINE SYRINGE 0.3 ML 31G 5/16"	2	
VERIFINE SYRINGE 0.5 ML 29G 1/2"	2	
VERIFINE SYRINGE 0.5 ML 31G 5/16"	2	
VERIFINE SYRINGE 1 ML 31G 5/16"	2	
VESTURA 3 MG-0.02 MG TABLET	1	
VIENVA-28 TABLET	1	
VIGABATRIN 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	4	PA, QL, LDD, SRX
VIGADRONE 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VIGADRONE 500 MG TABLET	4	PA, QL, LDD, SRX
VIGPODER 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VILAZODONE 10 MG TABLET	3	QL
VILAZODONE 20 MG TABLET	3	QL
VILAZODONE 40 MG TABLET	3	QL
VIOKACE 10,440-39,150 UNITS TABLET	3	
VIOKACE 20,880-78,300 UNITS TABLET	3	
VIORELE 28 DAY TABLET	1	
VIREAD 150 MG TABLET	2	SRX
VIREAD 200 MG TABLET	2	SRX
VIREAD 250 MG TABLET	2	SRX
VIREAD POWDER	2	SRX
VIRT-C DHA SOFTGEL	1	
VISTOGARD 10 GRAM PACKET	4	LDD, SRX
VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS	1	
VITAFOL-OB CAPLET	1	
VITAMIN D2 1.25 MG (50,000 UNIT) CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
VIVAGUARD INO L1, L3 CONTROL SOLUTION	2	
VIVAGUARD INO L1,2,3 CONTROL SOLUTION	2	
VIVAGUARD INO L2 CONTROL SOLUTION	2	
VOLNEA 0.15-0.02-0.01 MG TABLET	1	
VORICONAZOLE 40 MG/ML ORAL SUSPENSION	3	PA
VORICONAZOLE 50 MG TABLET	3	PA
VORICONAZOLE 200 MG TABLET	3	PA
VORTEX HOLDING CHAMBER	2	QL
VORTEX ADULT MASK	2	QL
VORTEX VHC FROG CHILD MASK	2	QL
VORTEX VHC LADYBUG TODDLER MASK	2	QL
VORTEX VHC PEDIATRIC MED MASK	2	QL
VRAYLAR 1.5 MG CAPSULE	3	QL, ST
VRAYLAR 3 MG CAPSULE	3	QL, ST
VRAYLAR 4.5 MG CAPSULE	3	QL, ST
VRAYLAR 6 MG CAPSULE	3	QL, ST
VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VYLIBRA 28 TABLET	1	
VYNDAMAX 61 MG CAPSULE	4	PA, QL, LDD, SRX
WAKIX 4.45 MG TABLET	4	PA, QL, LDD, SRX
WAKIX 17.8 MG TABLET	4	PA, QL, LDD, SRX
WARFARIN 1 MG TABLET	1	
WARFARIN 2 MG TABLET	1	
WARFARIN 2.5 MG TABLET	1	
WARFARIN 3 MG TABLET	1	
WARFARIN 4 MG TABLET	1	
WARFARIN 5 MG TABLET	1	
WARFARIN 6 MG TABLET	1	
WARFARIN 7.5 MG TABLET	1	
WARFARIN 10 MG TABLET	1	
WERA 0.5/0.035 MG 28 TABLET	1	
WESCAP-PN DHA CAPSULE	1	
WESNATAL DHA COMPLETE	1	
WESNATE DHA SOFTGEL	1	
WESTAB PLUS TABLET	1	
WIXELA 100-50 INHUB	1	QL
WIXELA 250-50 INHUB	1	QL
WIXELA 500-50 INHUB	1	QL
WM UNIFINE PENTIP PLUS 31G 5MM	2	
WM UNIFINE PENTIP PLUS 31G 6MM	2	
WM UNIFINE PENTIP PLUS 31G 8MM	2	
WM UNIFINE PENTIP PLUS 32G 4MM	2	
WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	1	
XALKORI 200 MG CAPSULE	4	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	4	PA, QL, LDD, SRX
XALKORI 20 MG PELLET	4	PA, QL, LDD, SRX
XALKORI 50 MG PELLET	4	PA, QL, LDD, SRX
XALKORI 150 MG PELLET	4	PA, QL, LDD, SRX
XARAH FE 1 MG/20-30-35 MCG TABLET	1	
XARELTO 10 MG TABLET	2	QL
XARELTO 15 MG TABLET	2	QL
XARELTO 20 MG TABLET	2	QL
XARELTO DVT-PE STARTER PACK	2	QL
XDEMVY 0.25% EYE DROPS	4	PA, QL, LDD, SRX
XELJANZ 1 MG/ML ORAL SOLUTION	4	PA, QL, SRX
XELJANZ 5 MG TABLET	4	PA, QL, SRX
XELJANZ 10 MG TABLET	4	PA, QL, SRX
XELJANZ XR 11 MG TABLET	4	PA, QL, SRX
XELJANZ XR 22 MG TABLET	4	PA, QL, SRX
XIFAXAN 200 MG TABLET	3	PA, QL
XIFAXAN 550 MG TABLET	3	PA, QL
XIGDUO XR 2.5 MG-1,000 MG TABLET	2	QL
XIGDUO XR 5 MG-500 MG TABLET	2	QL
XIGDUO XR 5 MG-1,000 MG TABLET	2	QL
XIGDUO XR 10 MG-500 MG TABLET	2	QL
XIGDUO XR 10 MG-1,000 MG TABLET	2	QL
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	4	PA, LDD, SRX
XOLAIR 75 MG/0.5 ML SYRINGE	4	PA, LDD, SRX
XOLAIR 150 MG/ML AUTO-INJECTOR	4	PA, LDD, SRX
XOLAIR 150 MG/1.2 ML POWDER VIAL	4	PA, LDD, SRX
XOLAIR 150 MG/ML SYRINGE	4	PA, LDD, SRX
XOLAIR 300 MG/2 ML AUTO-INJECTOR	4	PA, LDD, SRX
XOLAIR 300 MG/2 ML SYRINGE	4	PA, LDD, SRX
XTAMPZA ER 9 MG CAPSULE	2	PA
XTAMPZA ER 13.5 MG CAPSULE	2	PA
XTAMPZA ER 18 MG CAPSULE	2	PA
XTAMPZA ER 27 MG CAPSULE	2	PA
XTAMPZA ER 36 MG CAPSULE	2	PA
XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX
XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX
XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX
XULANE 150-35 MCG/DAY PATCH	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
YALE NEEDLE 21G 1.25"	2	
YARGESA 100 MG CAPSULE	4	PA, LDD, SRX
YESINTEK 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
YESINTEK 45 MG/0.5 ML VIAL	4	PA, QL, SRX
YESINTEK 90 MG/ML SYRINGE	4	PA, QL, SRX
YOURX ULTICARE PEN NEEDLE 4MM 32G	2	
YOURX ULTICARE PEN NEEDLE 6MM 31G	2	
YOURX ULTICARE PEN NEEDLE 8MM 31G	2	
YUVAFEM 10 MCG VAGINAL INSERT	2	QL
ZAFEMY 150-35 MCG/DAY PATCH	1	
ZAFIRLUKAST 10 MG TABLET	1	
ZAFIRLUKAST 20 MG TABLET	1	
ZALEPLON 5 MG CAPSULE	1	
ZALEPLON 10 MG CAPSULE	1	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX
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	
ZENPEP DR 3,000 UNIT CAPSULE	2	
ZENPEP DR 40,000 UNIT CAPSULE	2	
ZENPEP DR 5,000 UNIT CAPSULE	2	
ZENPEP DR 10,000 UNIT CAPSULE	2	
ZENPEP DR 15,000 UNIT CAPSULE	2	
ZENPEP DR 20,000 UNIT CAPSULE	2	
ZENPEP DR 25,000 UNIT CAPSULE	2	
ZENPEP DR 60,000 UNIT CAPSULE	2	
ZEPOSIA 0.92 MG CAPSULE	4	PA, QL, LDD, SRX
ZEPOSIA STARTER KIT (7-DAY)	4	PA, QL, LDD, SRX
ZEPOSIA STARTER PACK (28-DAY)	4	PA, QL, LDD, SRX
ZENZEDI 5 MG TABLET	1	QL
ZENZEDI 10 MG TABLET	1	QL
ZETONNA 37 MCG NASAL SPRAY	3	ST
ZIDOVUDINE 100 MG CAPSULE	1	SRX
ZIDOVUDINE 50 MG/5 ML SYRUP	1	SRX
ZIDOVUDINE 300 MG TABLET	1	SRX
ZILEUTON ER 600 MG TABLET	4	
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 TABLET	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLMITRIPTAN 2.5 MG ODT TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT 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 100 MG CAPSULE	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 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
ZYKADIA 150 MG TABLET	4	PA, QL, SRX
ZYLET EYE DROPS	3	PA

Frequently Asked Questions (FAQs)

Here are answers to questions you may have about your drug list and prescription medication coverage.

Q. Why do you make changes to the drug list?
A. We review and update the drug list on a regular basis to make sure you have coverage for low-cost, safe and effective medications. We make changes for many reasons; for example, when a new medication comes out or is no longer available, or when a medication's price changes. 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 rules (requirements) to a medication.

When we make a change that affects your medication (for example, it'll cost more, won't be covered, and/or has an extra coverage requirement), 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 can treat the same condition. If your medication isn't covered and your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover it through our review process.

There are also some medications and products that your plan won't cover for any reason because they're a "plan (or benefit) exclusion." This means the medication or product isn't on your drug list, and there's no option to ask us to cover it through our medication review process. For example, your plan doesn't cover (or "excludes") medications that the FDA hasn't approved.

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 make sure you're getting coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if a medication needs approval?
A. Check your drug list or log in to the myCigna App or **myCigna.com** and use the Price a Medication tool. If the medication has:

- **PA** (Prior Authorization) or **ST** (Step Therapy) next to it, it needs approval before your plan will cover it.

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

- **QL** (Quantity Limit) next to it, you may need approval depending on how much you're filling at one time.
- **AGE** (Age Requirement) next to it, you may need approval depending on your age.

Q. What types of medications typically need approval?
A. Medications that:

- May not be safe when you take them with other medications.
- Have lower-cost alternatives that work just as well at treating the same condition.
- Should only be used for certain health conditions.
- Are often used in the wrong way or are abused (taken more often than you should).

Q. What types of medications typically have quantity limits?
A. Medications that are often:

- Taken in a greater amount or used for a longer time than they should be.
- Used in the wrong way or are abused (taken more often than you should).

Q. What medications are part of Step Therapy?
A. They're typically high-cost medications that treat 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. Not all medications are right for all ages. Some medications work best for people of a certain age or within a certain age range. As you get older, body changes can decrease the body's ability to break down or get rid of certain medications. This means that the medication may stay in your body longer. So, an older adult may need a lower dose of the medication or a different medication that's safer.

Q. How do I get approval (prior authorization) for my medication?
A. Ask your doctor's office to contact us 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 our provider portal at **cignaforhcp.com**.

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) 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 we've made a decision. Or, you can log in to the myCigna App or **myCigna.com** to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, 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 us a request, in writing, that explains why we should cover the medication.

Q. What happens if I try to fill a prescription that needs approval but I don't it ahead of time?
A. When your pharmacist tries to fill your prescription, they'll see that the medication needs our approval before it can be covered. Because you didn't get approval ahead of time, your plan won't cover its cost.

You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.

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

Q. What happens if I try to fill a prescription that has a quantity limit?
A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office can ask us to cover it through our review process.

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). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. It can take up to six months from the date the FDA approved them for us to make a decision.

If your doctor wants you to use a recently approved medication, your doctor's office can ask us to cover it through our review process.

Q. What are preventive medications?
A. Preventive medications can help keep you from getting certain long-term health conditions such as asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke. They improve your chances of staying well and living longer.

Q. Which medications are covered under the health care reform law?
A. The Patient Protection and Affordable Care Act (PPACA), known as health care reform, helps make health care and preventive care more affordable. PPACA requires health plans to cover the full cost of certain preventive medications and over-the-counter (OTC) products. This means you don't have to pay anything – not even a copay, coinsurance or deductible for these products.

To see a list of $0 medications, go to **Cigna.com/PDL** and click on the link for the IFP PPACA No Cost-Share Preventive Drug List.

Q. How can I find out how much my medication will cost me?
A. When you and your doctor are thinking about the right medication for your treatment, knowing how much it costs, what lower-cost options are available, and which pharmacies have 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.[3]

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. You should think about using a medication that's covered on a lower tier, such as a generic or preferred brand medication, or by filling a 90-day supply (if your plan allows). Ask your doctor if one of these options may work for you.

Q. What's a generic medication?
A. A generic is the same as its brand-name version. It has the same active ingredient, strength and dosage form, treats the same condition(s), and works in the same way – and typically costs less.[2] Generics are typically sold under their chemical or scientific name, instead of the 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 the brand-name medication.[2]

Q. What are the differences between generic and brand-name medications?
A. The generic and brand-name medication may:[2]

- Look different. For example, generics may have a different shape, size or color than their brand-name versions.

- Have a different flavor and/or different preservatives, come in different packaging and/or with different labeling and may expire at different times.

It's important to know that these differences don't affect how well the generic works.

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. This means you'll have to use an in-network pharmacy for your medication to be covered.

Q. Can I fill my prescriptions by mail?
A. Yes.[4]

Fill maintenance medications through Express Scripts® Pharmacy.

Home delivery 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. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online.
- Get standard shipping at no extra cost.[5]
- Fill up to a 90-day supply at one time. [6]
- Talk with a pharmacist, 24/7.
- Sign up for refill reminders so you don't miss a dose.[7]

Here are two easy ways to get started:

1. **Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or
2. **By phone.**
   - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or
   - Call Express Scripts Pharmacy at **800.835.3784**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

Fill specialty medications through Accredo® Specialty Pharmacy

If you're using a specialty medication, Accredo's team can help you manage your rare and/or complex medical condition. They'll also fill and ship your medication to you, so you don't have to stand in line at the pharmacy.

- Talk with specially-trained pharmacists and nurses, 24/7.
- Get fast shipping at no extra cost.[5]
- Sign up for refills and reminders. Some refills can be done by text.[8]
- Get help paying for your medication (if you need it).
- Manage and track your medications online.

To learn more, go to **Cigna.com/specialty**. To get started with Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–8:00 pm CST or Saturdays, 7:00 am–4:00 pm CST.

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, see your pharmacy claims and coverage details and more. You can also manage your home delivery 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:
    - Yourself or your employer;
    - A person who lives in the Member's home, or that person's employer;
    - A person who is related to the Member by blood, marriage or adoption, or that person's employer; or.
    - A facility or health care professional that provides remuneration to you, 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,

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, craniosacral/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 Prostheses** 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.
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** 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. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. fda.gov/drugs/generic-drugs/generic-drug-facts.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. Cigna Healthcare, Express Scripts and Accredo are all part of The Cigna Group. This means we have 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 (as your plan allows).
5. Standard shipping costs are included as part of your prescription plan.
6. Not all medications come in a 90-day supply. For example, oral contraceptives come in a 3-pack, which is an 84-day supply. It's important to know that even though it's not a full "90-day supply," we still think of it as a 90-day prescription. **Tier 4 medications are limited to a 30-day supply.**
7. 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.
8. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.

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

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

Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意：如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224（TTY：拨打 711）或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십 시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك.

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224（TTY: 711 にダイヤル）に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero
1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - توجه: همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید :TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید.