

**Individual & Family Plans**

Cigna HealthCare of Illinois, Inc.



# 2024 Cigna Healthcare Plus Illinois 5-Tier Prescription Drug List

Coverage as of January 1, 2024

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## View the drug list online



**myCigna® App<sup>1</sup> or myCigna.com®.** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/ifp-drug-list.** Select **Illinois** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.

### Questions?

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

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

## About this drug list

This is a list of the prescription medications covered on the Cigna HealthCare Plus Illinois 5-Tier Prescription Drug List as of January 1, 2024. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

## How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2024 Cigna Plus Illinois 5-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP	3	
ADAPALENE 0.1% CREAM	2	AGE
ALINIA	4	
ALISKIREN	4	QL
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
AMCINONIDE	2	
AMETHIA	1	
AMETHIA LO	1	
AMETHYST	1	
AMILORIDE	2	
AMILORIDE-HCTZ	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	4	
AMINOCAPROIC ACID 1,000 MG TABLET	4	SRX
AMIODARONE 100 MG TABLET	2	
AMIODARONE 200 MG TABLET	2	
AMIODARONE 400 MG TABLET	2	
AMITIZA	4	
AMITRIPTYLINE	1	

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

Medications that have extra coverage requirements will have an **abbreviation** in the Notes column

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

This chart is just a sample. It may not show how these medications are actually covered on the 2024 Cigna Plus Illinois 5-Tier Prescription Drug List.

## Tiers

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

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

## Abbreviations next to medications

In this drug list, some medications have an abbreviation listed next to them in the Notes column. Here's what they mean.

<b>PA</b>	<b>Prior Authorization</b> – Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have <b>PA</b> next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
<b>QL</b>	<b>Quantity Limits</b> – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have <b>QL</b> next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
<b>ST</b>	<b>Step Therapy</b> – This is a prior authorization program. Your plan doesn't cover certain high-cost medications until you try one or more lower-cost alternatives first.* These medications have <b>ST</b> next to them. You have many covered options to choose from, and they're used to treat the same condition.

\* If your doctor feels an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication.

## Abbreviations next to medications (cont.)

<b>AGE</b>	<b>Age Requirements</b> – Certain medications will only be covered if you're within a specific age range. These medications have <b>AGE</b> next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.
<b>SRX</b>	<b>Specialty Medications</b> – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have <b>SRX</b> next to them. <b>Your plan allows specialty medications to be filled in a 90-day supply.</b>
<b>LDD</b>	<b>Limited Distribution Drugs</b> – These medications are only available at specific pharmacies in the United States. They're used to treat conditions that are very hard to manage and require special handling, patient support and monitoring. These medications have <b>LDD</b> next to them.

### Plan exclusions

There are certain medications and products that your plan doesn't cover at all - and there's no option to ask Cigna Healthcare to consider approving them through their coverage review process. These medications and products are considered to be a "plan or benefit exclusion." For example, your plan doesn't cover medications that aren't approved by the FDA. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

### How to find your medication

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

Letter your medication starts with	Page	Letter your medication starts with	Page
I-2	6	M-N	39-46
A-B	6-13	O-P	46-53
C-D	13-22	Q-S	53-57
E-G	22-31	T-U	57-61
H-J	31-35	V-Z	61-67
K-L	35-39		

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
1ST TIER UNIFINE PENTP 5MM 31G	3		ACETYLCYSTEINE 10% VIAL	2	
1ST TIER UNIFINE PNTIP 4MM 32G	3		ACETYLCYSTEINE 20% VIAL	2	
1ST TIER UNIFINE PNTIP 6MM 31G	3		ACITRETIN 10 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 8MM 31G	3		ACITRETIN 17.5 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 12MM 29G	3		ACITRETIN 25 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 29GX1/2"	3		ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
1ST TIER UNIFINE PNTIP 31GX1/4"	3		ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, QL, SRX
1ST TIER UNIFINE PNTIP 31GX3/16	3		ACTHIB VACCINE VIAL	3	
1ST TIER UNIFINE PNTIP 31GX5/16	3		ACTHIB VACCINE WITH DILUENT	3	
1ST TIER UNIFINE PNTIP 32GX5/32	3		ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
2TEK CONTROL SOLUTION	3		ACYCLOVIR 200 MG CAPSULE	1	
ABACAVIR 20 MG/ML SOLUTION	2		ACYCLOVIR 200 MG/5 ML SUSP	2	
ABACAVIR 300 MG TABLET	2		ACYCLOVIR 400 MG TABLET	1	
ABACAVIR-LAMIVUDINE 600-300 MG	2		ACYCLOVIR 5% OINTMENT	4	PA, QL
ABACAVIR-LAMIVUDINE-ZIDOV TAB	2		ACYCLOVIR 800 MG TABLET	1	
ABIRATERONE ACETATE 250 MG TAB	5	PA, LDD, SRX	ADACEL TDAP SYRINGE	3	
ABIRATERONE ACETATE 500 MG TAB	5	PA, LDD, SRX	ADACEL TDAP VIAL	3	
ABOUTTIME PEN NEEDLE 30G X 8MM	3		ADALIMUMAB-ADAZ	5	PA, QL, SRX
ABOUTTIME PEN NEEDLE 31G X 5MM	3		ADALIMUMAB-ADBIM	5	PA, QL, SRX
ABOUTTIME PEN NEEDLE 31G X 8MM	3		ADALIMUMAB-RYVK	5	PA, QL, SRX
ABOUTTIME PEN NEEDLE 32G X 4MM	3		ADAPALENE 0.1% CREAM	2	PA_AGE
ACAMPROSATE CALC DR 333 MG TAB	1		ADAPALENE 0.1% GEL	2	PA_AGE
ACARBOSE 100 MG TABLET	2		ADAPALENE 0.1% LOTION	2	PA_AGE
ACARBOSE 25 MG TABLET	2		ADAPALENE 0.1% SOLUTION	2	PA_AGE
ACARBOSE 50 MG TABLET	2		ADAPALENE 0.3% GEL	2	PA_AGE
ACCU-CHEK AVIVA SOLUTION	3		ADAPALENE 0.3% GEL PUMP	2	PA_AGE
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3		ADEFOVIR DIPIVOXIL 10 MG TAB	5	SRX
ACCU-CHEK SMARTVIEW CONTRL SOL	3		ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX
ACCUTANE 10 MG CAPSULE	4		ADEMPAS 1 MG TABLET	5	PA, LDD, SRX
ACCUTANE 20 MG CAPSULE	4		ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX
ACCUTANE 30 MG CAPSULE	4		ADEMPAS 2 MG TABLET	5	PA, LDD, SRX
ACCUTANE 40 MG CAPSULE	4		ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ACCUTREND GLUCOSE CONTROL	3		ADVOCATE CONTROL SOLUTION HIGH	3	
ACE AEROSOL CLOUD ENHANCER	3	QL	ADVOCATE CONTROL SOLUTION LOW	3	
ACEBUTOLOL 200 MG CAPSULE	2		ADVOCATE INS 0.3 ML 30GX5/16"	3	
ACEBUTOLOL 400 MG CAPSULE	2		ADVOCATE INS 0.3 ML 31GX5/16"	3	
ACETAMN-CAF-DIHYDRCODEIN 320.5	2	PA	ADVOCATE INS 0.5 ML 30GX5/16"	3	
ACETAMIN-CODEIN 300-30 MG/12.5	2		ADVOCATE INS 0.5 ML 31GX5/16"	3	
ACETAMINOP-CODEINE 120-12 MG/5	2		ADVOCATE INS 1 ML 31GX5/16"	3	
ACETAMINOPHEN-COD #2 TABLET	2	PA	ADVOCATE INS SYR 0.3ML 29GX1/2	3	
ACETAMINOPHEN-COD #3 TABLET	2	PA	ADVOCATE INS SYR 0.5ML 29GX1/2	3	
ACETAMINOPHEN-COD #4 TABLET	2	PA	ADVOCATE INS SYR 1 ML 29GX1/2"	3	
ACETAZOLAMIDE 125 MG TABLET	2		ADVOCATE INS SYR 1 ML 30GX5/16	3	
ACETAZOLAMIDE 250 MG TABLET	2		ADVOCATE PEN ND 12.7MM 29G	3	
ACETAZOLAMIDE ER 500 MG CAP	2		ADVOCATE PEN NEEDLE 4MM 33G	3	
ACETIC ACID 0.25% IRRIG SOLN	2		ADVOCATE PEN NEEDLES 5MM 31G	3	
ACETIC ACID 2% EAR SOLUTION	2		ADVOCATE PEN NEEDLES 8MM 31G	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ADVOCATE REDI-CODE+ CTRL SOLN	3		ALENDRONATE SODIUM 10 MG TAB	1	
AEROCHAMBER MINI	3	QL	ALENDRONATE SODIUM 35 MG TAB	1	
AEROCHAMBER MV HOLD CHAMBER	3	QL	ALENDRONATE SODIUM 5 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU	3	QL	ALENDRONATE SODIUM 70 MG TAB	2	
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL	ALFUZOSIN HCL ER 10 MG TABLET	2	
AEROCHAMBER PLUS FLOW-VU MED	3	QL	ALINIA 100 MG/5 ML SUSPENSION	4	
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL	ALISKIREN 150 MG TABLET	4	QL
AEROCHAMBER PLUS W-FLOWSIGNAL	3	QL	ALISKIREN 300 MG TABLET	4	QL
AEROCHAMBER Z-STAT PLUS LARGE	3	QL	ALKALINE BATTERIES	3	
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL	ALLOPURINOL 100 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-MED	3	QL	ALLOPURINOL 300 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL	ALMOTRIPTAN MALATE 12.5 MG TAB	2	QL
AEROGear ASTHMA ACTION KIT	3		ALMOTRIPTAN MALATE 6.25 MG TAB	2	QL
AEROTRACH HOLDING CHAMBER	3	QL	ALOCRIOL 2% EYE DROPS	4	
AEROVENT PLUS HOLDING CHAMBER	3	QL	ALOMIDE 0.1% EYE DROP	4	
AFIRMELLE-28 TABLET	1		ALOSETRON HCL 0.5 MG TABLET	5	SRX
AFLURIA QUAD	3		ALOSETRON HCL 1 MG TABLET	5	SRX
AFTER PILL 1.5 MG TABLET	1		ALPRAZOLAM 0.25 MG TABLET	2	
AFTERA 1.5 MG TABLET	1		ALPRAZOLAM 0.5 MG TABLET	2	
AGAMATRIX HIGH CONTROL SOLN	3		ALPRAZOLAM 1 MG TABLET	2	
AGAMATRIX NORM-HI CONTROL SOLN	3		ALPRAZOLAM 2 MG TABLET	2	
AIRZONE PEAK FLOW METER	3		ALPRAZOLAM ER 0.5 MG TABLET	2	
AK-POLY-BAC EYE OINTMENT	2		ALPRAZOLAM ER 1 MG TABLET	2	
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX	ALPRAZOLAM ER 2 MG TABLET	2	
ALBENDAZOLE 200 MG TABLET	4	PA	ALPRAZOLAM ER 3 MG TABLET	2	
ALBUSTIX REAGENT STRIPS	3		ALPRAZOLAM INTENSOL 1 MG/ML	2	
ALBUTEROL 100 MG/20 ML SOLN	2		ALPRAZOLAM ODT 0.25 MG TAB	2	
ALBUTEROL 2.5 MG/0.5 ML SOL	2		ALPRAZOLAM ODT 0.5 MG TAB	2	
ALBUTEROL 25 MG/5 ML SOLUTION	2		ALPRAZOLAM ODT 1 MG TAB	2	
ALBUTEROL 5 MG/ML SOLUTION	2		ALPRAZOLAM ODT 2 MG TAB	2	
ALBUTEROL HFA 90 MCG INHALER	2	QL	ALPRAZOLAM XR 0.5 MG TABLET	2	
ALBUTEROL SUL 0.63 MG/3 ML SOL	2		ALPRAZOLAM XR 1 MG TABLET	2	
ALBUTEROL SUL 1.25 MG/3 ML SOL	2		ALPRAZOLAM XR 2 MG TABLET	2	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	2		ALPRAZOLAM XR 3 MG TABLET	2	
ALBUTEROL SULF 2 MG/5 ML SYRUP	2		ALTABAX 1% OINTMENT	4	
ALBUTEROL SULFATE 2 MG TAB	2		ALTACAIN 0.5% EYE DROP	2	
ALBUTEROL SULFATE 4 MG TAB	2		ALTAVERA-28 TABLET	1	
ALBUTEROL SULFATE ER 4 MG TAB	2		ALVESCO 80 MCG INHALER	3	
ALBUTEROL SULFATE ER 8 MG TAB	2		ALVESCO 160 MCG INHALER	3	
ALCAINE 0.5% EYE DROPS	2		ALYACEN 1-35 28 TABLET	1	
ALCLOMETASONE DIPR 0.05% OINT	2		ALYACEN 7-7-7-28 TABLET	1	
ALCLOMETASONE DIPRO 0.05% CRM	2		ALYQ 20 MG TABLET	5	PA, SRX
ALCOHOL 70% PADS	3		AMABELZ 0.5 MG-0.1 MG TABLET	2	
ALCOHOL 70% SWABS	3		AMABELZ 1 MG-0.5 MG TABLET	2	
ALCOHOL PREP PAD	3		AMANTADINE 100 MG CAPSULE	2	
ALECENSA 150 MG CAPSULE	5	PA, QL, LDD, SRX	AMANTADINE 100 MG TABLET	2	
ALENDRONATE SOD 70 MG/75 ML	2		AMANTADINE 100 MG/10 ML SOLN	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AMANTADINE 50 MG/5 ML SOLUTION	2		AMLODIPINE-VALSARTAN 10-320 MG	2	
AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-VALSARTAN 5-160 MG	2	
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-VALSARTAN 5-320 MG	2	
AMCINONIDE 0.1% CREAM	2		AMLOD-VALSA-HCTZ 10-160-12.5MG	2	
AMCINONIDE 0.1% LOTION	2		AMLOD-VALSA-HCTZ 10-160-25 MG	2	
AMETHIA 0.15-0.03-0.01 MG TAB	1		AMLOD-VALSA-HCTZ 10-320-25 MG	2	
AMETHIA LO TABLET	1		AMLOD-VALSA-HCTZ 5-160-12.5 MG	2	
AMETHYST 90-20 MCG TABLET	1		AMLOD-VALSA-HCTZ 5-160-25 MG	2	
AMILORIDE HCL 5 MG TABLET	2		AMMONIUM LACTATE 12% CREAM	2	
AMILORIDE HCL-HCTZ 5-50 MG TAB	2		AMMONIUM LACTATE 12% LOTION	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	5	PA, SRX	AMNESTEEM 10 MG CAPSULE	4	
AMINOCAPROIC ACID 1,000 MG TAB	5	PA, SRX	AMNESTEEM 20 MG CAPSULE	4	
AMINOCAPROIC ACID 500 MG TAB	5	PA, SRX	AMNESTEEM 40 MG CAPSULE	4	
AMIODARONE HCL 100 MG TABLET	2		AMOXAPINE 100 MG TABLET	2	
AMIODARONE HCL 200 MG TABLET	2		AMOXAPINE 150 MG TABLET	2	
AMIODARONE HCL 400 MG TABLET	2		AMOXAPINE 25 MG TABLET	2	
AMITRIPTYLINE HCL 10 MG TAB	1		AMOXAPINE 50 MG TABLET	2	
AMITRIPTYLINE HCL 100 MG TAB	2		AMOX-CLAV 200-28.5 MG TAB CHEW	2	
AMITRIPTYLINE HCL 150 MG TAB	2		AMOX-CLAV 200-28.5 MG/5 ML SUS	2	
AMITRIPTYLINE HCL 25 MG TAB	1		AMOX-CLAV 250-125 MG TABLET	1	
AMITRIPTYLINE HCL 50 MG TAB	1		AMOX-CLAV 250-62.5 MG/5 ML SUS	2	
AMITRIPTYLINE HCL 75 MG TAB	1		AMOX-CLAV 400-57 MG TAB CHEW	2	
AMLODIPINE BESYLATE 10 MG TAB	2		AMOX-CLAV 400-57 MG/5 ML SUSP	2	
AMLODIPINE BESYLATE 2.5 MG TAB	2		AMOX-CLAV 500-125 MG TABLET	1	
AMLODIPINE BESYLATE 5 MG TAB	2		AMOX-CLAV 600-42.9 MG/5 ML SUS	2	
AMLODIPINE-ATORVAST 10-10 MG	2		AMOX-CLAV 875-125 MG TABLET	1	
AMLODIPINE-ATORVAST 10-20 MG	2		AMOX-CLAV ER 1,000-62.5 MG TAB	2	
AMLODIPINE-ATORVAST 10-40 MG	2		AMOXICILLIN 125 MG TAB CHEW	1	
AMLODIPINE-ATORVAST 10-80 MG	2		AMOXICILLIN 125 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 2.5-10 MG	2		AMOXICILLIN 200 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 2.5-20 MG	2		AMOXICILLIN 250 MG CAPSULE	1	
AMLODIPINE-ATORVAST 2.5-40 MG	2		AMOXICILLIN 250 MG TAB CHEW	2	
AMLODIPINE-ATORVAST 5-10 MG	2		AMOXICILLIN 250 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-20 MG	2		AMOXICILLIN 400 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-40 MG	2		AMOXICILLIN 500 MG CAPSULE	1	
AMLODIPINE-ATORVAST 5-80 MG	2		AMOXICILLIN 500 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 10-20 MG	2		AMOXICILLIN 875 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 10-40 MG	2		AMPHETAMINE SULFATE 10 MG TAB	2	QL
AMLODIPINE-BENAZEPRIL 2.5-10	2		AMPHETAMINE SULFATE 5 MG TAB	2	QL
AMLODIPINE-BENAZEPRIL 5-10 MG	2		AMPICILLIN 500 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-20 MG	2		ANAGRELIDE HCL 0.5 MG CAPSULE	4	
AMLODIPINE-BENAZEPRIL 5-40 MG	2		ANAGRELIDE HCL 1 MG CAPSULE	4	
AMLODIPINE-OLMESARTAN 10-20 MG	2		ANALPRAM HC 2.5%-1% LOTION	4	
AMLODIPINE-OLMESARTAN 10-40 MG	2		ANASTROZOLE 1 MG TABLET	2	
AMLODIPINE-OLMESARTAN 5-20 MG	2		ANORO ELLIPTA 62.5-25 MCG INH	3	QL
AMLODIPINE-OLMESARTAN 5-40 MG	2		ANUCORT-HC 25 MG SUPPOSITORY	2	
AMLODIPINE-VALSARTAN 10-160 MG	2		ANZEMET 50 MG TABLET	5	PA, QL, SRX



## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
APEXICON E 0.05% CREAM	4		ARMODAFINIL 250 MG TABLET	2	PA
APIDRA 100 UNIT/ML VIAL	4	QL, ST	ARMODAFINIL 50 MG TABLET	2	PA
APIDRA SOLOSTAR 100 UNIT/ML	4	QL, ST	ARMOUR THYROID 120 MG TABLET	3	
APRACLONIDINE HCL 0.5% DROPS	2		ARMOUR THYROID 15 MG TABLET	3	
APREPITANT 125 MG CAPSULE	2	QL	ARMOUR THYROID 180 MG TABLET	3	
APREPITANT 125-80-80 MG PACK	2	QL	ARMOUR THYROID 240 MG TABLET	3	
APREPITANT 40 MG CAPSULE	2	QL	ARMOUR THYROID 30 MG TABLET	3	
APREPITANT 80 MG CAPSULE	2	QL	ARMOUR THYROID 300 MG TABLET	3	
APRI 28 DAY TABLET	1		ARMOUR THYROID 60 MG TABLET	3	
APTIOM 200 MG TABLET	4	PA, QL	ARMOUR THYROID 90 MG TABLET	3	
APTIOM 400 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 100 MCG INH	3	
APTIOM 600 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 200 MCG INH	3	
APTIOM 800 MG TABLET	4	PA, QL	ARNUITY ELLIPTA 50 MCG INH	3	
APTIVUS 250 MG CAPSULE	3		ASA-BUTALB-CAFF-COD #3 CAPSULE	2	PA
AQ INSULIN SYR 0.5 ML 30G 8MM	3		ASCOMP WITH CODEINE CAPSULE	2	PA
AQ INSULIN SYR 1 ML 31G 8MM	3		ASENAPINE 10 MG TABLET SL	4	QL
AQ INSULIN SYRIN 1 ML 29G 12MM	3		ASENAPINE 2.5 MG TABLET SL	4	QL
AQUA CARE 0.9% NACL IRRIGATION	2		ASENAPINE 5 MG TABLET SL	4	QL
AQUA CARE STERILE WATER IRRIG	2		ASHLYNA 0.15-0.03-0.01 MG TAB	1	
ARANELLE 28 TABLET	1		ASMANEX HFA 100 MCG INHALER	4	QL, ST
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX HFA 200 MCG INHALER	4	QL, ST
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX	ASMANEX HFA 50 MCG INHALER	4	QL, ST
ARANESP 100 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 110 MCG #30	4	QL, ST
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #14	4	ST
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #30	4	QL, ST
ARANESP 200 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #60	4	QL, ST
ARANESP 25 MCG/0.42 ML SYRING	5	PA, SRX	ASMANEX TWISTHALR 220 MCG #120	4	QL, ST
ARANESP 25 MCG/ML VIAL	5	PA, SRX	ASPIRIN-DIPYRIDAM ER 25-200 MG	2	
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX	ASSURE 4 CONTROL SOLUTION	3	
ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX	ASSURE DOSE CONTROL SOLUTION	3	
ARANESP 40 MCG/ML VIAL	5	PA, SRX	ASSURE ID PEN NEEDLE 30GX3/16"	3	
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX	ASSURE ID PEN NEEDLE 30GX5/16"	3	
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX	ASSURE ID PEN NEEDLE 31GX3/16"	3	
ARANESP 60 MCG/ML VIAL	5	PA, SRX	ASSURE ID SYR 0.5 ML 29GX1/2"	3	
ARCALYST 220 MG VIAL	5	PA, LDD, SRX	ASSURE ID SYR 0.5ML 31GX15/64"	3	
ARFORMOTEROL 15 MCG/2 ML SOLN	4	QL	ASSURE ID SYR 1 ML 29GX1/2"	3	
ARIPIPIRAZOLE 1 MG/ML SOLUTION	3		ASSURE ID SYR 1 ML 31GX15/64"	3	
ARIPIPIRAZOLE 10 MG TABLET	2		ASSURE PRISM CONTROL SOLUTION	3	
ARIPIPIRAZOLE 15 MG TABLET	2		ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ARIPIPIRAZOLE 2 MG TABLET	2		ASTAGRAF XL 1 MG CAPSULE	5	SRX
ARIPIPIRAZOLE 20 MG TABLET	2		ASTAGRAF XL 5 MG CAPSULE	5	SRX
ARIPIPIRAZOLE 30 MG TABLET	2		ASTHMA CHECK PEAK FLOW MTR	3	
ARIPIPIRAZOLE 5 MG TABLET	2		ASTHMAPACK CHILDREN'S CARE KIT	3	
ARIPIPIRAZOLE ODT 10 MG TABLET	4		ATAZANAVIR SULFATE 150 MG CAP	2	
ARIPIPIRAZOLE ODT 15 MG TABLET	4		ATAZANAVIR SULFATE 200 MG CAP	2	
ARMODAFINIL 150 MG TABLET	2	PA	ATAZANAVIR SULFATE 300 MG CAP	2	
ARMODAFINIL 200 MG TABLET	2	PA	ATENOLOL 100 MG TABLET	1	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ATENOLOL 25 MG TABLET	1		AZASITE 1% EYE DROPS	4	
ATENOLOL 50 MG TABLET	1		AZATHIOPRINE 50 MG TABLET	2	
ATENOLOL-CHLOROTHALIDONE 100-25	2		AZELAIC ACID 15% GEL	2	
ATENOLOL-CHLOROTHALIDONE 50-25	2		AZELASTINE 0.1% (137 MCG) SPRY	2	
ATOMOXETINE HCL 10 MG CAPSULE	2	QL	AZELASTINE 0.15% NASAL SPRAY	2	
ATOMOXETINE HCL 100 MG CAPSULE	2	QL	AZELASTINE HCL 0.05% DROPS	2	
ATOMOXETINE HCL 18 MG CAPSULE	2	QL	AZELASTIN-FLUTIC 137-50MCG SPR	3	
ATOMOXETINE HCL 25 MG CAPSULE	2	QL	AZITHROMYCIN 1 GM PWD PACKET	2	
ATOMOXETINE HCL 40 MG CAPSULE	2	QL	AZITHROMYCIN 100 MG/5 ML SUSP	2	
ATOMOXETINE HCL 60 MG CAPSULE	2	QL	AZITHROMYCIN 200 MG/5 ML SUSP	2	
ATOMOXETINE HCL 80 MG CAPSULE	2	QL	AZITHROMYCIN 250 MG TABLET	1	
ATORVASTATIN 10 MG TABLET	2		AZITHROMYCIN 500 MG TABLET	1	
ATORVASTATIN 20 MG TABLET	2		AZITHROMYCIN 600 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2		AZO TEST STRIP	3	
ATORVASTATIN 80 MG TABLET	2		AZURETTE 28 DAY TABLET	1	
ATOVAQUONE 1,500 MG/10 ML SUSP	4		BACITRACIN 500 UNIT/GM OPHTH	2	
ATOVAQUONE 750 MG/5 ML SUSP	4		BACITRACIN-POLYMYXIN EYE OINT	2	
ATOVAQUONE-PROGUANIL 250-100	2		BACLOFEN 10 MG TABLET	2	
ATOVAQUONE-PROGUANIL 62.5-25	2		BACLOFEN 20 MG TABLET	2	
ATROPINE 1% EYE DROPS	2		BACLOFEN 5 MG TABLET	2	
ATROPINE 1% EYE OINTMENT	2		BAL-CARE DHA COMBO PACK	1	
AUBRA EQ-28 TABLET	1		BALCOLTRA TABLET	4	
AUBRA-28 TABLET	1		BALSALAZIDE DISODIUM 750 MG CP	2	
AUROVELA 1 MG-20 MCG TABLET	1		BALZIVA 28 TABLET	1	
AUROVELA 21 1.5-30 TABLET	1		BAQSIMI 3 MG SPRAY ONE PACK	3	QL
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BAQSIMI 3 MG SPRAY TWO PACK	3	QL
AUROVELA FE 1.5 MG-30 MCG TAB	1		BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
AUROVELA FE 1-20 TABLET	1		BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
AUTOJECT 2 INJECTION DEVICE	3		BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
AUTOPEN 1 TO 21 UNITS	3		BD 3 ML SYRINGE 18GX1-1/2"	3	
AUTOPEN 2 TO 42 UNITS	3		BD 3 ML SYRINGE 20GX1-1/2"	3	
BD AUTOSHIELD DUO NDL 5MMX30G	3		BD 3 ML SYRINGE 25GX1"	3	
AUTOSOFT 30 INFUS SET 23" 13MM	3		BD 3 ML SYRINGE 25GX1-1/2"	3	
AUTOSOFT 30 INFUS SET 43" 13MM	3		BD 3 ML SYRINGE WITH NEEDLE	3	
AUTOSOFT 90 INFUSN SET 23" 6MM	3		BD BLUNT NEEDLE 18GX1-1/2"	3	
AUTOSOFT 90 INFUSN SET 23" 9MM	3		BD ECLIPSE LUER-LOK SYR 3 ML	3	
AUTOSOFT 90 INFUSN SET 43" 6MM	3		BD ECLIPSE NEEDLE 18GX1 1/2"	3	
AUTOSOFT 90 INFUSN SET 43" 9MM	3		BD ECLIPSE NEEDLE 21GX1"	3	
AUTOSOFT XC INFUSN SET 23" 6MM	3		BD ECLIPSE NEEDLE 22GX1"	3	
AUTOSOFT XC INFUSN SET 23" 9MM	3		BD ECLIPSE NEEDLE 23GX1"	3	
AUTOSOFT XC INFUSN SET 32" 6MM	3		BD ECLIPSE NEEDLE 25G 16MM	3	
AUTOSOFT XC INFUSN SET 43" 6MM	3		BD ECLIPSE NEEDLE 25G 25MM	3	
AUTOSOFT XC INFUSN SET 43" 9MM	3		BD ECLIPSE NEEDLE 25G 40MM	3	
AVIANE-28 TABLET	1		BD ECLIPSE NEEDLE 25GX1"	3	
AVONEX PREFILLED SYR 30 MCG KT	5	PA, SRX	BD ECLIPSE NEEDLE 25GX1.5"	3	
AVONEX PEN 30 MCG/0.5 ML KIT	5	PA, SRX	BD ECLIPSE NEEDLE 25GX5/8"	3	
AYUNA-28 TABLET	1		BD ECLIPSE NEEDLE 27GX1/2"	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD ECLIPSE NEEDLE 30G 13MM	3		BD NEEDLES 21GX1.5"	3	
BD ECLIPSE NEEDLE 30GX1/2"	3		BD NEEDLES 21GX2"	3	
BD ECLIPSE NEEDLES 21GX1.5"	3		BD NEEDLES 22GX1"	3	
BD FILTER NEEDLE	3		BD NEEDLES 22GX1.5"	3	
BD INS SYR 0.3 ML 8MMX31G(1/2)	3		BD NEEDLES 23GX0.75"	3	
BD INS SYR UF 0.3ML 12.7MMX30G	3		BD NEEDLES 23GX1.25"	3	
BD INS SYR UF 0.5ML 12.7MMX30G	3		BD NEEDLES 25GX0.625"	3	
BD INS SYRN UF 1 ML 12.7MMX30G	3		BD NEEDLES 25GX0.875"	3	
BD INS SYRNG 0.3 ML 29GX12.7MM	3		BD NEEDLES 25GX1.5"	3	
BD INS SYRNG 0.5 ML 29GX12.7MM	3		BD NEEDLES 26GX0.375"	3	
BD INS SYRNG UF 0.3 ML 8MMX31G	3		BD NEEDLES 26GX0.5"	3	
BD INS SYRNG UF 0.5 ML 8MMX31G	3		BD NEEDLES 27GX0.5"	3	
BD INSULIN SYR 0.5 ML 28GX1/2"	3		BD NEEDLES 27GX1X1.25"	3	
BD INSULIN SYR 0.5 ML 29GX1/2"	3		BD NEEDLES 30GX0.5"	3	
BD INSULIN SYR 1 ML 25GX1"	3		BD NEEDLES 30GX1"	3	
BD INSULIN SYR 1 ML 25GX5/8"	3		BD NOKOR NEEDLE 16GX1"	3	
BD INSULIN SYR 1 ML 26GX1/2"	3		BD NOKOR NEEDLE 18GX1"	3	
BD INSULIN SYR 1 ML 27GX12.7MM	3		BD PRECISIONGLI 27GX1-1/2" ND	3	
BD INSULIN SYR 1 ML 27GX5/8"	3		BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD INSULIN SYR 1 ML 28GX1/2"	3		BD PRECISIONGLIDE NEEDLE 25G	3	
BD INSULIN SYR 1 ML 29GX1/2"	3		BD SAFETGLD INS 0.3ML 29G 13MM	3	
BD INSULIN SYR 1 ML 29GX12.7MM	3		BD SAFETGLD INS 0.5ML 13MMX29G	3	
BD INSULIN SYR UF 1 ML 8MMX31G	3		BD SAFETYGLD INS 0.3ML 31G 8MM	3	
BD INSULIN SYRINGE 1 ML	3		BD SAFETYGLD INS 0.5ML 30G 8MM	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3		BD SAFETYGLD INS 1 ML 29G 13MM	3	
BD NANO 2 GEN PEN ND	3		BD SAFETYGLID INS 1 ML 6MMX31G	3	
BD NEEDLE 18GX1 1/2"	3		BD SAFETYGLIDE 3 ML SYRINGE	3	
BD NEEDLE 19GX1 1/2"	3		BD SAFETYGLIDE NEEDLE	3	
BD NEEDLE 20GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD NEEDLE 21GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD NEEDLE 21GX1"	3		BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD NEEDLE 22GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 22GX1.5"	3	
BD NEEDLE 22GX3/4"	3		BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD NEEDLE 23GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD NEEDLE 23GX1"	3		BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD NEEDLE 25GX1"	3		BD SAFTYGLD INS 0.3 ML 6MMX31G	3	
BD NEEDLE 25GX5/8"	3		BD SAFTYGLD INS 0.5 ML 6MMX31G	3	
BD NEEDLE 26GX0.625"	3		BD SAFTYGLD INS 0.5ML 29G 13MM	3	
BD NEEDLES 16GX1"	3		BD SYRINGE-SAFETY GLIDE	3	
BD NEEDLES 16GX1.5"	3		BD UF INS SYR 1 ML 30GX1/2"	3	
BD NEEDLES 18GX1"	3		BD UF MINI PEN NEEDLE 5MMX31G	3	
BD NEEDLES 18GX1.5"	3		BD UF NANO PEN NEEDLE 4MMX32G	3	
BD NEEDLES 19GX1"	3		BD UF ORIG PEN ND	3	
BD NEEDLES 19GX1.5"	3		BD UF SHORT PEN NEEDLE 8MMX31G	3	
BD NEEDLES 20GX1"	3		BD VEO INS 0.3ML 6MMX31G (1/2)	3	
BD NEEDLES 20GX1.5"	3		BD VEO INS SYRING 1 ML 6MMX31G	3	
BD NEEDLES 21GX1"	3		BD VEO INS SYRN 0.3 ML 6MMX31G	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD VEO INS SYRN 0.5 ML 6MMX31G	3		BINOSTO 70 MG EFFERVESCENT TAB	4	
BECONASE AQ 0.042% SPRAY	4	ST	BISOPROLOL FUMARATE 10 MG TAB	2	
BEKYREE 28 DAY TABLET	1		BISOPROLOL FUMARATE 5 MG TAB	2	
BELLADONNA-OPIUM 16.2-30 SUPP	2	PA	BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BELLADONNA-OPIUM 16.2-60 SUPP	2	PA	BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BENAZEPRIL HCL 10 MG TABLET	1		BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BENAZEPRIL HCL 20 MG TABLET	1		BLISOVI 24 FE TABLET	1	
BENAZEPRIL HCL 40 MG TABLET	1		BLISOVI FE 1.5-30 TABLET	1	
BENAZEPRIL HCL 5 MG TABLET	1		BLISOVI FE 1-20 TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TAB	2		BLOOD GLUCOSE CONTROL SOLUTION	3	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	2		BLUNT NEEDLE	3	
BENAZEPRIL-HCTZ 20-25 MG TAB	2		BOOSTRIX TDAP VACCINE SYRINGE	3	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	2		BOOSTRIX TDAP VACCINE VIAL	3	
BENZONATATE 100 MG CAPSULE	2		BOSENTAN 125 MG TABLET	5	PA, LDD, SRX
BENZONATATE 200 MG CAPSULE	2		BOSENTAN 62.5 MG TABLET	5	PA, LDD, SRX
BENZTROPINE MES 0.5 MG TAB	2		BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BENZTROPINE MES 1 MG TABLET	2		BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BENZTROPINE MES 2 MG TABLET	2		BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BEPOTASTINE 1.5% EYE DROP	4		BREATHERITE MDI SPACER	3	QL
BESER 0.05% LOTION	2		BREATHERITE SPACER-ADULT MASK	3	QL
BETADINE 5% EYE SOLUTION	4		BREATHERITE SPACER-INFANT MASK	3	QL
BETAINE 1 GRAM/SCOOP POWDER	5	PA, LDD, SRX	BREATHERITE SPACER-LG CHLD MSK	3	QL
BETAMETHASONE DP 0.05% CRM	2		BREATHERITE SPACER-NEONATE MSK	3	QL
BETAMETHASONE DP 0.05% LOT	2		BREATHERITE SPACER-SM CHLD MSK	3	QL
BETAMETHASONE DP 0.05% OINT	2		BREATHRITE VALVED MDI CHAMBER	3	QL
BETAMETHASONE DP AUG 0.05% CRM	2		BREATHRITE VALVED MDI SPACER	3	QL
BETAMETHASONE DP AUG 0.05% GEL	2		BREEZE 2 SOLUTION	3	
BETAMETHASONE DP AUG 0.05% LOT	2		BREO ELLIPTA 100-25 MCG INH	3	QL
BETAMETHASONE DP AUG 0.05% OIN	2		BREO ELLIPTA 200-25 MCG INH	3	QL
BETAMETHASONE VA 0.1% CREAM	2		BRIELLYN TABLET	1	
BETAMETHASONE VA 0.1% LOTION	2		BRILINTA 60 MG TABLET	4	
BETAMETHASONE VALER 0.1% OINTM	2		BRILINTA 90 MG TABLET	4	
BETAMETHASONE VALER 0.12% FOAM	2		BRIMONIDINE 0.2% EYE DROP	2	
BETAXOLOL 10 MG TABLET	2		BRIMONIDINE TARTRATE 0.15% DRP	2	
BETAXOLOL 20 MG TABLET	2		BRIMONIDINE-TIMOLOL 0.2%-0.5%	4	
BETAXOLOL HCL 0.5% EYE DROP	2		BRINZOLAMIDE 1% EYE DROPS	3	
BETHANECHOL 10 MG TABLET	2		BRIVIACT 10 MG TABLET	4	PA, QL
BETHANECHOL 25 MG TABLET	2		BRIVIACT 10 MG/ML ORAL SOLN	4	PA, QL
BETHANECHOL 5 MG TABLET	2		BRIVIACT 100 MG TABLET	4	PA, QL
BETHANECHOL 50 MG TABLET	2		BRIVIACT 25 MG TABLET	4	PA, QL
BEXAROTENE 1% GEL	5	PA, SRX	BRIVIACT 50 MG TABLET	4	PA, QL
BEXAROTENE 75 MG CAPSULE	5	PA, SRX	BRIVIACT 75 MG TABLET	4	PA, QL
BEXSERO PREFILLED SYRINGE	3		BROMFENAC SODIUM 0.09% EYE DRP	2	
BICALUTAMIDE 50 MG TABLET	2		BROMOCRIPTINE 2.5 MG TABLET	2	
BIKTARVY 30-120-15 MG TABLET	3	QL	BROMOCRIPTINE 5 MG CAPSULE	2	
BIKTARVY 50-200-25 MG TABLET	3	QL	BROMPHEN-PSE-DM 2-30-10 MG/5ML	2	
BIMATOPROST 0.03% EYE DROPS	2	QL	BROOKS INSULIN 0.3ML SYRN	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BUDESONIDE 0.25 MG/2 ML SUSP	4	QL	BYDUREON BCISE 2 MG AUTOINJECT	3	PA, QL
BUDESONIDE 0.5 MG/2 ML SUSP	4	QL	BYETTA 10 MCG DOSE PEN INJ	3	PA, QL
BUDESONIDE 1 MG/2 ML INH SUSP	4	QL	BYETTA 5 MCG DOSE PEN INJ	3	PA, QL
BUDESONIDE DR 3 MG CAPSULE	4		CA INS SYR 0.3 ML 30GX5/16"	3	
BUDESONIDE EC 3 MG CAPSULE	4		CA INS SYR 0.3 ML 31GX5/16"	3	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX	CA INS SYR 0.5 ML 30GX5/16"	3	
BUDESONIDE-FORMOTEROL 160-4.5	4	QL	CA INS SYR 0.5 ML 31GX5/16"	3	
BUDESONIDE-FORMOTEROL 80-4.5	4	QL	CA INSULIN SYR 0.3 ML 29GX1/2"	3	
BUMETANIDE 0.5 MG TABLET	2		CA INSULIN SYR 0.5 ML 29GX1/2"	3	
BUMETANIDE 1 MG TABLET	2		CA INSULIN SYR 1 ML 29GX1/2"	3	
BUMETANIDE 2 MG TABLET	2		CA INSULIN SYR 1 ML 30GX5/16"	3	
BUPRENORPHINE 10 MCG/HR PATCH	2	QL	CA INSULIN SYR 1 ML 31GX5/16"	3	
BUPRENORPHINE 15 MCG/HR PATCH	2	QL	CABERGOLINE 0.5 MG TABLET	2	QL
BUPRENORPHINE 2 MG TABLET SL	1		CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX
BUPRENORPHINE 20 MCG/HR PATCH	2	QL	CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX
BUPRENORPHINE 5 MCG/HR PATCH	2	QL	CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL	CAFFEINE CIT 60 MG/3 ML ORAL	2	
BUPRENORPHINE 8 MG TABLET SL	1		CALCIPOTRIENE 0.005% CREAM	2	
BUPRENORPHINE-NALOX 12-3MG FLM	1		CALCIPOTRIENE 0.005% OINTMENT	2	
BUPRENORPHINE-NALOX 2-0.5MG FM	1		CALCIPOTRIENE 0.005% SOLUTION	2	
BUPRENORPHINE-NALOX 2-0.5MG TB	1		CALCIPOTRIENE-BETAMETH DP OINT	4	
BUPRENORPHINE-NALOX 4-1MG FILM	1		CALCITONIN-SALMON 200 UNITS SP	2	
BUPRENORPHINE-NALOX 8-2 MG TAB	1		CALCITRIOL 0.25 MCG CAPSULE	2	
BUPRENORPHINE-NALOX 8-2MG FILM	1		CALCITRIOL 0.5 MCG CAPSULE	2	
BUPROPION HCL 100 MG TABLET	2	QL	CALCITRIOL 1 MCG/ML SOLUTION	2	
BUPROPION HCL 75 MG TABLET	2	QL	CALCITRIOL 3 MCG/G OINTMENT	2	QL
BUPROPION HCL SR 100 MG TABLET	2	QL	CALCIUM ACETATE 667 MG CAPSULE	2	
BUPROPION HCL SR 150 MG TABLET	2	QL	CALCIUM ACETATE 667 MG GELCAP	2	
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	1		CALCIUM ACETATE 667 MG TABLET	2	
BUPROPION HCL SR 200 MG TABLET	2	QL	CAMILA 0.35 MG TABLET	1	
BUPROPION HCL XL 150 MG TABLET	2	QL	CAMRESE 0.15-0.03-0.01 MG TAB	1	
BUPROPION HCL XL 300 MG TABLET	2	QL	CAMRESE LO TABLET	1	
BUSPIRONE HCL 10 MG TABLET	1		CANDESARTAN CILEXETIL 16 MG TB	2	
BUSPIRONE HCL 15 MG TABLET	2		CANDESARTAN CILEXETIL 32 MG TB	2	
BUSPIRONE HCL 30 MG TABLET	2		CANDESARTAN CILEXETIL 4 MG TAB	2	
BUSPIRONE HCL 5 MG TABLET	1		CANDESARTAN CILEXETIL 8 MG TAB	2	
BUSPIRONE HCL 7.5 MG TABLET	2		CANDESARTAN-HCTZ 16-12.5 MG TB	2	
BUTALB-ACETAMIN-CAF-COD 50-300	2	PA	CANDESARTAN-HCTZ 32-12.5 MG TB	2	
BUTALB-ACETAMIN-CAF-COD 50-325	2	PA	CANDESARTAN-HCTZ 32-25 MG TAB	2	
BUTALB-ACETAMIN-CAFF 50-300-40	2	QL	CAPECITABINE 150 MG TABLET	5	PA, SRX
BUTALB-ACETAMIN-CAFF 50-325-40	2	QL	CAPECITABINE 500 MG TABLET	5	PA, SRX
BUTALBITAL COMP-CODEINE #3 CAP	2	PA	CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX
BUTALBITAL-ACETAMINOPHN 50-325	2		CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX
BUTALBITAL-ASPIRIN-CAFFEINE CP	2	QL	CAPTOPRIL 100 MG TABLET	2	
BUTALBITAL-ASPIRIN-CAFFEINE TB	2	QL	CAPTOPRIL 12.5 MG TABLET	2	
BUTORPHANOL 10 MG/ML SPRAY	2	PA, QL	CAPTOPRIL 25 MG TABLET	2	
			CAPTOPRIL 50 MG TABLET	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL	CAREONE UNIFINE PNTP 31GX3/16"	3	
CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL	CAREONE UNIFINE PNTP 31GX5/16"	3	
CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL	CAREONE UNIFINE PNTP 32GX5/32"	3	
CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL	CAREPOINT LL SYR 3 ML 20GX1.5"	3	
CARBAMAZEPINE 100 MG TAB CHEW	2		CAREPOINT LL SYR 3 ML 21GX1"	3	
CARBAMAZEPINE 100 MG/5 ML SUSP	2		CAREPOINT LL SYR 3 ML 21GX1.5"	3	
CARBAMAZEPINE 200 MG TABLET	2		CAREPOINT LL SYR 3 ML 22G 1"	3	
CARBAMAZEPINE ER 100 MG CAP	2		CAREPOINT LL SYR 3 ML 22G 38MM	3	
CARBAMAZEPINE ER 100 MG TABLET	2		CAREPOINT LL SYR 3 ML 23GX1"	3	
CARBAMAZEPINE ER 200 MG CAP	2		CAREPOINT LL SYR 3 ML 23GX1.5"	3	
CARBAMAZEPINE ER 200 MG TABLET	2		CAREPOINT LL SYR 3 ML 25G X 1"	3	
CARBAMAZEPINE ER 300 MG CAP	2		CAREPOINT LL SYR 3 ML 25GX5/8"	3	
CARBAMAZEPINE ER 400 MG TABLET	2		CARESENS CONTROL SOLUTION	3	
CARBIDOPA 25 MG TABLET	4		CARETOUCH CONTROL SOLN L2-L3	3	
CARBIDOPA-LEVO 10-100 MG ODT	2		CARETOUCH HYPO NEEDLE 26G 1"	3	
CARBIDOPA-LEVO 25-100 MG ODT	2		CARETOUCH HYPODERMIC 18G 1.5"	3	
CARBIDOPA-LEVO 25-250 MG ODT	2		CARETOUCH HYPODERMIC 20G 1"	3	
CARBIDOPA-LEVO ER 25-100 TAB	2		CARETOUCH HYPODERMIC 22G 1"	3	
CARBIDOPA-LEVO ER 50-200 TAB	2		CARETOUCH HYPODERMIC 23G 1"	3	
CARBIDOPA-LEVODOPA 100 MG-ENTA	2		CARETOUCH HYPODERMIC 23G 1.5"	3	
CARBIDOPA-LEVODOPA 10-100 TAB	2		CARETOUCH HYPODERMIC 25G 1"	3	
CARBIDOPA-LEVODOPA 125 MG-ENTA	2		CARETOUCH HYPODERMIC 25G 1.5"	3	
CARBIDOPA-LEVODOPA 150 MG-ENTA	2		CARETOUCH HYPODERMIC 25G 5/8"	3	
CARBIDOPA-LEVODOPA 200 MG-ENTA	2		CARETOUCH LL SYR 3 ML 22G 1"	3	
CARBIDOPA-LEVODOPA 25-100 TAB	2		CARETOUCH LL SYR 3 ML 22G 1.5"	3	
CARBIDOPA-LEVODOPA 25-250 TAB	2		CARETOUCH LL SYR 3 ML 23G 1"	3	
CARBIDOPA-LEVODOPA 50 MG-ENTA	2		CARETOUCH LL SYR 3 ML 23G 1.5"	3	
CARBIDOPA-LEVODOPA 75 MG-ENTA	2		CARETOUCH LL SYR 3 ML 25G 1"	3	
CARBINOXAMINE 4 MG/5 ML LIQUID	2		CARETOUCH LL SYR 3 ML 25G 1.5"	3	
CARBINOXAMINE MALEATE 4 MG TAB	2		CARETOUCH LL SYR 3 ML 25G 5/8"	3	
CAREFINE PEN NEEDLE 12.7MM 29G	3		CARETOUCH PEN NEEDLE 29G 12MM	3	
CAREFINE PEN NEEDLE 4MM 32G	3		CARETOUCH PEN NEEDLE 31GX1/4"	3	
CAREFINE PEN NEEDLE 5MM 32G	3		CARETOUCH PEN NEEDLE 31GX3/16"	3	
CAREFINE PEN NEEDLE 6MM 31G	3		CARETOUCH PEN NEEDLE 31GX5/16"	3	
CAREFINE PEN NEEDLE 8MM 30G	3		CARETOUCH PEN NEEDLE 32GX3/16"	3	
CAREFINE PEN NEEDLES 6MM 32G	3		CARETOUCH PEN NEEDLE 32GX5/32"	3	
CAREFINE PEN NEEDLES 8MM 31G	3		CARETOUCH SYR 0.3 ML 31GX5/16"	3	
CAREONE SYR 0.3 ML 30GX1/2"	3		CARETOUCH SYR 0.5 ML 30GX5/16"	3	
CAREONE SYR 0.5 ML 30GX1/2"	3		CARETOUCH SYR 0.5 ML 31GX5/16"	3	
CAREONE SYR 1 ML 30GX1/2"	3		CARETOUCH SYR 1 ML 28GX5/16"	3	
CAREONE UNIFINE PENTIP 4MM 32G	3		CARETOUCH SYR 1 ML 29GX5/16"	3	
CAREONE UNIFINE PENTIP 5MM 31G	3		CARETOUCH SYR 1 ML 30GX5/16"	3	
CAREONE UNIFINE PENTIP 6MM 31G	3		CARETOUCH SYR 1 ML 31GX5/16"	3	
CAREONE UNIFINE PENTIP 8MM 31G	3		CARGLUMIC ACID 200 MG TAB SUSP	5	PA, SRX
CAREONE UNIFINE PNTP 29GX1/2"	3		CARISOPRODOL 250 MG TABLET	2	
CAREONE UNIFINE PNTP 31GX1/4"	3		CARISOPRODOL 350 MG TABLET	2	
CAREONE UNIFINE PNTP 12MM 29G	3		CARISOPRODL-ASPIRIN 200-325 MG	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARISOPRODOL-ASPIRIN-CODEIN TB	2	PA	CEPHALEXIN 250 MG/5 ML SUSP	2	
CARTEOLOL HCL 1% EYE DROPS	2		CEPHALEXIN 500 MG CAPSULE	1	
CARTIA XT 120 MG CAPSULE	2		CEPHALEXIN 750 MG CAPSULE	2	
CARTIA XT 180 MG CAPSULE	2		CEQUR SIMPLICITY INSERTER	3	
CARTIA XT 240 MG CAPSULE	2		CETIRIZINE HCL 1 MG/ML SOLN	2	
CARTIA XT 300 MG CAPSULE	2		CETIRIZINE HCL 1 MG/ML SYRUP	2	
CARTRIDGE STAMPED IR 1200	3		CETRORELIX ACETATE 0.25 MG VL	5	PA, SRX
CARVEDILOL 12.5 MG TABLET	1		CEVIMELINE HCL 30 MG CAPSULE	2	
CARVEDILOL 25 MG TABLET	1		CHARLOTTE 24 FE CHEWABLE TAB	1	
CARVEDILOL 3.125 MG TABLET	1		CHATEAL EQ-28 TABLET	1	
CARVEDILOL 6.25 MG TABLET	1		CHATEAL-28 TABLET	1	
CAYSTON 75 MG INHAL SOLUTION	5	PA, QL, LDD, SRX	CHEK-STIX STRIPS	3	
CAZANT 28 DAY TABLET	1		CHEMET 100 MG CAPSULE	4	
CEFACLOR 125 MG/5 ML SUSP	2		CHEMSTRIP 10 MD	3	
CEFACLOR 250 MG CAPSULE	2		CHEMSTRIP 10 WITH SG	3	
CEFACLOR 250 MG/5 ML SUSP	2		CHEMSTRIP 2 GP	3	
CEFACLOR 375 MG/5 ML SUSP	2		CHEMSTRIP 2 LN	3	
CEFACLOR 500 MG CAPSULE	2		CHEMSTRIP 50B	3	
CEFACLOR ER 500 MG TABLET	2		CHEMSTRIP 7	3	
CEFADROXIL 1 GM TABLET	2		CHEMSTRIP 9	3	
CEFADROXIL 250 MG/5 ML SUSP	2		CHEMSTRIP BG DIARY	3	
CEFADROXIL 500 MG CAPSULE	2		CHEMSTRIP MICRAL TEST STRIP	3	
CEFADROXIL 500 MG/5 ML SUSP	2		CHLORDIAZEPO-AMITRIPTYL 5-12.5	2	
CEFDINIR 125 MG/5 ML SUSP	2		CHLORDIAZEPOX-AMITRIPTYL 10-25	2	
CEFDINIR 250 MG/5 ML SUSP	2		CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CEFDINIR 300 MG CAPSULE	2		CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CEFDITOREN PIVOXIL 400 MG TAB	2		CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CEFIXIME 100 MG/5 ML SUSP	2		CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	
CEFIXIME 200 MG/5 ML SUSP	2		CHLORHEXIDINE 0.12% RINSE	2	
CEFIXIME 400 MG CAPSULE	3		CHLOROQUINE PH 250 MG TABLET	2	
CEFPODOXIME 100 MG TABLET	2		CHLOROQUINE PH 500 MG TABLET	2	
CEFPODOXIME 100 MG/5 ML SUSP	2		CHLORPROMAZINE 10 MG TABLET	2	
CEFPODOXIME 200 MG TABLET	2		CHLORPROMAZINE 100 MG TABLET	2	
CEFPODOXIME 50 MG/5 ML SUSP	2		CHLORPROMAZINE 200 MG TABLET	2	
CEFPROZIL 125 MG/5 ML SUSP	2		CHLORPROMAZINE 25 MG TABLET	2	
CEFPROZIL 250 MG TABLET	2		CHLORPROMAZINE 50 MG TABLET	2	
CEFPROZIL 250 MG/5 ML SUSP	2		CHLORTHALIDONE 25 MG TABLET	1	
CEFPROZIL 500 MG TABLET	2		CHLORTHALIDONE 50 MG TABLET	1	
CEFUROXIME AXETIL 250 MG TAB	2		CHLORZOAZONE 500 MG TABLET	2	
CEFUROXIME AXETIL 500 MG TAB	2		CHOLESTYRAMINE LIGHT PACKET	2	
CELECOXIB 100 MG CAPSULE	2	QL	CHOLESTYRAMINE LIGHT POWDER	2	
CELECOXIB 200 MG CAPSULE	2	QL	CHOLESTYRAMINE PACKET	2	
CELECOXIB 400 MG CAPSULE	2	QL	CHOLESTYRAMINE POWDER	2	
CELECOXIB 50 MG CAPSULE	2	QL	CHORIONIC GONAD 10,000 UNIT VL	2	PA
CELONTIN 300 MG CAPSULE	4		CICLODAN 0.77% CREAM	2	
CEPHALEXIN 125 MG/5 ML SUSP	2		CICLODAN 8% SOLUTION	2	
CEPHALEXIN 250 MG CAPSULE	1		CICLOPIROX 0.77% CREAM	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CICLOPIROX 0.77% GEL	2		CLEVER CHOICE CHAMBER-MED MASK	3	QL
CICLOPIROX 0.77% TOPICAL SUSP	2		CLEVER CHOICE CHAMBER-SM MASK	3	QL
CICLOPIROX 1% SHAMPOO	2		CLEVER CHOICE LVL 1 CONTRL SOL	3	
CICLOPIROX 8% SOLUTION	2		CLEVER CHOICE LVL 2 CONTRL SOL	3	
CILOSTAZOL 100 MG TABLET	2		CLEVER CHOICE LVL 3 CONTRL SOL	3	
CILOSTAZOL 50 MG TABLET	2		CLEVER CHOICE PEAK FLOW METER	3	
CILOXAN 0.3% OINTMENT	4		CLICKFINE 31G X 1/4" NEEDLES	3	
CIMETIDINE 200 MG TABLET	2		CLICKFINE 31G X 5/16" NEEDLES	3	
CIMETIDINE 300 MG TABLET	2		CLICKFINE PEN NEEDLE 32GX5/32"	3	
CIMETIDINE 300 MG/5 ML SOLN	2		CLICKFINE UNIVERSAL 31G X 1/4"	3	
CIMETIDINE 400 MG TABLET	2		CLIND PH-BENZOYL PEROX 1.2-5%	2	
CIMETIDINE 800 MG TABLET	2		CLINDACIN 1% FOAM	2	
CIMZIA 200 MG VIAL KIT	5	PA, QL, SRX	CLINDACIN ETZ 1% PLEDGET	2	
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, SRX	CLINDACIN P 1% PLEDGETS	2	
CIMZIA 2X200 MG/ML(X3)START KT	5	PA, QL, SRX	CLINDAMYCIN (PEDI) 75 MG/5 ML	2	
CINACALCET HCL 30 MG TABLET	5	PA, SRX	CLINDAMYCIN 2% VAGINAL CREAM	2	
CINACALCET HCL 60 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 150 MG CAPSULE	2	
CINACALCET HCL 90 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 300 MG CAPSULE	2	
CIPROFLOXACIN 0.2% OTIC SOLN	2		CLINDAMYCIN HCL 75 MG CAPSULE	2	
CIPROFLOXACIN 0.3% EYE DROP	2		CLINDAMYCIN PH 1% GEL	2	
CIPROFLOXACIN 250 MG/5 ML SUSP	2		CLINDAMYCIN PH 1% SOLUTION	2	
CIPROFLOXACIN 500 MG/5 ML SUSP	2		CLINDAMYCIN PHOS 1% PLEDGET	2	
CIPROFLOXACIN HCL 100 MG TAB	2		CLINDAMYCIN PHOSP 1% LOTION	2	
CIPROFLOXACIN HCL 250 MG TAB	1		CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CIPROFLOXACIN HCL 500 MG TAB	1		CLINDAMYCIN-BENZOYL PEROX 1-5%	2	
CIPROFLOXACIN HCL 750 MG TAB	1		CLINDAMYCIN-BNZ PEROX 1-5% PMP	2	
CIPROFLOX-FLUOCINLN 0.3-0.025%	3	PA	CLINDA-TRETINOIN 1.2%-0.025%	2	
CIPROFLOX-DEXAMETH OTIC SUSP	3		CLINDESSE 2% VAGINAL CREAM	4	
CITALOPRAM HBR 10 MG TABLET	1	QL	CLOBAZAM 10 MG TABLET	4	PA
CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL	CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CITALOPRAM HBR 20 MG TABLET	1	QL	CLOBAZAM 20 MG TABLET	4	PA
CITALOPRAM HBR 40 MG TABLET	1	QL	CLOBETASOL 0.05% CREAM	2	
CLARAVIS 10 MG CAPSULE	4		CLOBETASOL 0.05% GEL	2	
CLARAVIS 20 MG CAPSULE	4		CLOBETASOL 0.05% OINTMENT	2	
CLARAVIS 30 MG CAPSULE	4		CLOBETASOL 0.05% SHAMPOO	2	
CLARAVIS 40 MG CAPSULE	4		CLOBETASOL 0.05% SOLUTION	2	
CLARITHROMYCIN 125 MG/5 ML SUS	2		CLOBETASOL 0.05% TOPICAL LOTN	2	
CLARITHROMYCIN 250 MG TABLET	2		CLOBETASOL EMOLLIENT 0.05% CRM	2	
CLARITHROMYCIN 250 MG/5 ML SUS	2		CLOBETASOL EMOLLNT 0.05% FOAM	2	
CLARITHROMYCIN 500 MG TABLET	2		CLOBETASOL EMULSION 0.05% FOAM	2	
CLARITHROMYCIN ER 500 MG TAB	2		CLOBETASOL PROP 0.05% FOAM	2	
CLEMASTINE FUM 2.68 MG TAB	2		CLOBETASOL PROP 0.05% SPRAY	2	
CLEO 90 INFUSION SET 24" 6MM	3		CLOCORTOLONE 0.1% CREAM PUMP	2	
CLEO 90 INFUSION SET 24" 9MM	3		CLOCORTOLONE PIVALATE 0.1% CRM	2	
CLEO 90 INFUSION SET 31" 6MM	3		CLODAN 0.05% SHAMPOO	2	
CLEO 90 INFUSION SET 31" 9MM	3		CLOMIPHENE CITRATE 50 MG TAB	2	
CLEVER CHOICE CHAMBER-LRG MASK	3	QL	CLOMIPRAMINE 25 MG CAPSULE	4	



## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLOMIPRAMINE 50 MG CAPSULE	4		COLESTIPOL HCL 1 GM TABLET	2	
CLOMIPRAMINE 75 MG CAPSULE	4		COLESTIPOL HCL GRANULES	2	
CLONAZEPAM 0.125 MG DIS TAB	2		COLESTIPOL HCL GRANULES PACKET	2	
CLONAZEPAM 0.125 MG ODT	2		COLOCORT 100 MG/60 ML ENEMA	2	
CLONAZEPAM 0.25 MG ODT	2		COMBISTIX REAGENT STRIPS	3	
CLONAZEPAM 0.5 MG DIS TABLET	2		COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
CLONAZEPAM 0.5 MG ODT	2		COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX
CLONAZEPAM 0.5 MG TABLET	2		COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONAZEPAM 1 MG DIS TABLET	2		COMFORT EZ INS 0.3ML 30GX1/2"	3	
CLONAZEPAM 1 MG ODT	2		COMFORT EZ INS 0.3ML 30GX5/16"	3	
CLONAZEPAM 1 MG TABLET	2		COMFORT EZ INS 0.5ML 31GX5/16"	3	
CLONAZEPAM 2 MG ODT	2		COMFORT EZ INS 1 ML 31GX5/16"	3	
CLONAZEPAM 2 MG TABLET	2		COMFORT EZ INSULIN SYR 0.3 ML	3	
CLONIDINE 0.1 MG/DAY PATCH	2		COMFORT EZ INSULIN SYR 0.5 ML	3	
CLONIDINE 0.2 MG/DAY PATCH	2		COMFORT EZ PEN NEEDLE 12MM 29G	3	
CLONIDINE 0.3 MG/DAY PATCH	2		COMFORT EZ PEN NEEDLES 4MM 32G	3	
CLONIDINE HCL 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 4MM 33G	3	
CLONIDINE HCL 0.2 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 31G	3	
CLONIDINE HCL 0.3 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 32G	3	
CLONIDINE HCL ER 0.1 MG TABLET	2		COMFORT EZ PEN NEEDLES 5MM 33G	3	
CLOPIDOGREL 300 MG TABLET	2		COMFORT EZ PEN NEEDLES 6MM 31G	3	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 32G	3	
CLORAZEPATE 15 MG TABLET	2		COMFORT EZ PEN NEEDLES 6MM 33G	3	
CLORAZEPATE 3.75 MG TABLET	2		COMFORT EZ PEN NEEDLES 8MM 31G	3	
CLORAZEPATE 7.5 MG TABLET	2		COMFORT EZ PEN NEEDLES 8MM 32G	3	
CLOTRIMAZOLE 1% SOLUTION	2		COMFORT EZ PEN NEEDLES 8MM 33G	3	
CLOTRIMAZOLE 1% TOPICAL CREAM	2		COMFORT EZ SYR 0.3 ML 29GX1/2"	3	
CLOTRIMAZOLE 10 MG TROCHE	2		COMFORT EZ SYR 0.5 ML 28GX1/2"	3	
CLOTRIMAZOLE-BETAMETHASONE CRM	2		COMFORT EZ SYR 0.5 ML 29GX1/2"	3	
CLOTRIMAZOLE-BETAMETHASONE LOT	2		COMFORT EZ SYR 0.5 ML 30GX1/2"	3	
CLOZAPINE 100 MG TABLET	2		COMFORT EZ SYR 1 ML 28GX1/2"	3	
CLOZAPINE 200 MG TABLET	2		COMFORT EZ SYR 1 ML 29GX1/2"	3	
CLOZAPINE 25 MG TABLET	2		COMFORT EZ SYR 1 ML 30GX1/2"	3	
CLOZAPINE 50 MG TABLET	2		COMFORT EZ SYR 1 ML 30GX5/16"	3	
CLOZAPINE ODT 100 MG TABLET	4		COMFORT INFUSION SET 23" 17MM	3	
CLOZAPINE ODT 12.5 MG TABLET	4		COMFORT INFUSION SET 31" 17MM	3	
CLOZAPINE ODT 150 MG TABLET	4		COMFORT INFUSION SET 32" 17MM	3	
CLOZAPINE ODT 200 MG TABLET	4		COMFORT INFUSION SET 43" 17MM	3	
CLOZAPINE ODT 25 MG TABLET	4		COMFORT POINT PEN NDL 29GX1/2"	3	
C-NATE DHA SOFTGEL	1		COMFORT POINT PEN NDL 31GX1/3"	3	
COARTEM	4	QL	COMFORT POINT PEN NDL 31GX1/4"	3	
CODEINE SULFATE 15 MG TABLET	2	PA	COMFORT POINT PEN NDL 31GX1/6"	3	
CODEINE SULFATE 30 MG TABLET	2	PA	COMFORT SHORT INFUSION SET 23"	3	
CODEINE SULFATE 60 MG TABLET	2	PA	COMFORT SHORT INFUSION SET 31"	3	
COLCHICINE 0.6 MG TABLET	2		COMFORT SHORT INFUSION SET 32"	3	
COLESEVELAM 625 MG TABLET	2		COMFORT SHORT INFUSION SET 43"	3	
COLESEVELAM HCL 3.75 G PACKET	2		COMFORT TOUCH PEN NDL 31G 4MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
COMFORT TOUCH PEN NDL 31G 5MM	3		CYANOCOBALAMIN 10,000 MCG/10ML	2	
COMFORT TOUCH PEN NDL 31G 6MM	3		CYANOCOBALAMIN 30,000 MCG/30ML	2	
COMFORT TOUCH PEN NDL 31G 8MM	3		CYCLOBENZAPRINE 10 MG TABLET	1	
COMFORT TOUCH PEN NDL 32G 4MM	3		CYCLOBENZAPRINE 5 MG TABLET	1	
COMFORT TOUCH PEN NDL 32G 5MM	3		CYCLOMYDRIL EYE DROPS	4	
COMFORT TOUCH PEN NDL 32G 6MM	3		CYCLOPENTOLATE 0.5% EYE DROPS	2	
COMFORT TOUCH PEN NDL 32G 8MM	3		CYCLOPENTOLATE 1% EYE DROP	2	
COMFORT TOUCH PEN NDL 33G 4MM	3		CYCLOPENTOLATE 1% EYE DROPS	2	
COMFORT TOUCH PEN NDL 33G 6MM	3		CYCLOPENTOLATE HCL 2% DROPS	2	
COMFORT TOUCH PEN NDL 33GX5MM	3		CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	
COMIRNATY 30MCG/0.3ML VAC-GRAY	3		CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	
COMPACT SPACE CHAMBER	3	QL	CYCLOSERINE 250 MG CAPSULE	2	
COMPACT SPACE CHAMBER-LRG MASK	3	QL	CYCLOSET 0.8 MG TABLET	4	
COMPACT SPACE CHAMBER-MED MASK	3	QL	CYCLOSPORINE 0.05% EYE EMULS	4	
COMPACT SPACE CHAMBER-SM MASK	3	QL	CYCLOSPORINE 100 MG CAPSULE	2	
COMPLERA TABLET	3	QL	CYCLOSPORINE 25 MG CAPSULE	2	
COMPLETE NATAL DHA	1		CYCLOSPORINE MODIFIED 100 MG	2	
COMPLETENATE TABLET CHEW	1		CYCLOSPORINE MODIFIED 100MG/ML	2	
COMPRO 25 MG SUPPOSITORY	2		CYCLOSPORINE MODIFIED 25 MG	2	
CONSTULOSE 10 GM/15 ML SOLN	2		CYCLOSPORINE MODIFIED 50 MG	2	
CONTACT DETACH INFUSN SET 23"	3		CYLTEZO	5	PA, QL, SRX
CONTACT DETACH INFUSN SET 32"	3		CYPROHEPTADINE 2 MG/5 ML SOLN	2	
CONTACT DETACH INFUSN SET 43"	3		CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CONTOUR NEXT LEV 1 CONTROL SOL	3		CYPROHEPTADINE 4 MG TABLET	2	
CONTOUR NEXT LEV 2 CONTROL SOL	3		CYRED 28 DAY TABLET	1	
CONTOUR SOLUTION	3		CYRED EQ 28 DAY TABLET	1	
COOL CONTROL A SOLUTION	3		CYSTAGON 150 MG CAPSULE	5	PA, LDD, SRX
COOL CONTROL B SOLUTION	3		CYSTAGON 50 MG CAPSULE	5	PA, LDD, SRX
CORTISONE 25 MG TABLET	2		CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD
CORTISPORIN CREAM	4		DABIGATRAN ETEXILATE 150 MG CP	4	PA, QL
CORTISPORIN OINTMENT	4		DABIGATRAN ETEXILATE 75 CAP	4	PA, QL
CORTISPORIN-TC EAR SUSPENSION	4		DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, LDD, SRX
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, QL, LDD, SRX	DANAZOL 100 MG CAPSULE	2	
COSENTYX 150 MG/ML SYRINGE	5	PA, QL, LDD, SRX	DANAZOL 200 MG CAPSULE	2	
COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, LDD, SRX	DANAZOL 50 MG CAPSULE	2	
COSENTYX 150 MG/ML PEN INJECT	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 100 MG CAP	2	
COSENTYX 300 MG DOSE-2 PENS	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 25 MG CAP	2	
COTELLIC 20 MG TABLET	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 50 MG CAP	2	
COVARYX TABLET	2		DAPSONE 100 MG TABLET	4	
COVARYX H.S. TABLET	2		DAPSONE 25 MG TABLET	4	
CRESEMBA 186 MG CAPSULE	4	PA	DAPTACEL DTAP VACCINE	3	
CROMOLYN 100 MG/5 ML ORAL CONC	4		DARIFENACIN ER 15 MG TABLET	2	
CROMOLYN 20 MG/2 ML NEB SOLN	4	QL	DARIFENACIN ER 7.5 MG TABLET	2	
CROMOLYN 4% EYE DROPS	2		DARUNAVIR 600 MG TABLET	2	
CROTAN 10% LOTION	3		DARUNAVIR 800 MG TABLET	2	
CRYSSELLE-28 TABLET	1		DASETTA 1-35-28 TABLET	1	
CYANOCOBALAMIN 1,000 MCG/ML VL	2		DASETTA 7/7/7-28 TABLET	1	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DAYSEE 0.15-0.03-0.01 MG TAB	1		DEXAMETHASONE 0.5 MG/5 ML ELX	2	
DEBLITANE 0.35 MG TABLET	1		DEXAMETHASONE 0.5 MG/5 ML LIQ	2	
DEFERASIROX 125 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 0.75 MG TABLET	2	
DEFERASIROX 180 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE 1 MG TABLET	2	
DEFERASIROX 180 MG TABLET	5	PA, LDD, SRX	DEXAMETHASONE 1.5 MG TABLET	2	
DEFERASIROX 250 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE 2 MG TABLET	2	
DEFERASIROX 360 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE 4 MG TABLET	2	
DEFERASIROX 360 MG TABLET	5	PA, LDD, SRX	DEXAMETHASONE 6 MG TABLET	2	
DEFERASIROX 500 MG TB FOR SUSP	5	PA, SRX	DEXAMETHASONE INTENSOL 1 MG/ML	2	
DEFERASIROX 90 MG GRANULE PKT	5	PA, LDD, SRX	DEXAMETHASONE 0.1% EYE DROP	2	
DEFERASIROX 90 MG TABLET	5	PA, LDD, SRX	DEXCOM G6 RECEIVER	3	PA, QL
DEFERIPRONE 1,000 MG TB(3X/DY)	5	PA, SRX	DEXCOM G6 SENSOR	3	PA, QL
DEFERIPRONE 500 MG TABLET	5	PA, SRX	DEXCOM G6 TRANSMITTER	3	PA, QL
DELTEC COZMO CLEO INFUSION SET	3		DEXCOM G7 RECEIVER	3	PA, QL
DEMECLOCYCLINE 150 MG TABLET	2		DEXCOM G7 SENSOR	3	PA, QL
DEMECLOCYCLINE 300 MG TABLET	2		DEXLANSOPRAZOLE DR 30 MG CAP	4	QL
DENTA 5000 PLUS CREAM	2		DEXLANSOPRAZOLE DR 60 MG CAP	4	QL
DENTAGEL 1.1% GEL	2		DEXMETHYLPHENIDATE 10 MG TAB	2	QL
DESCOVY 120-15 MG TABLET	4	PA	DEXMETHYLPHENIDATE 2.5 MG TAB	2	QL
DESCOVY 200-25 MG TABLET	4	PA	DEXMETHYLPHENIDATE 5 MG TAB	2	QL
DESIPRAMINE 10 MG TABLET	2		DEXMETHYLPHENIDATE ER 10 MG CP	2	QL
DESIPRAMINE 100 MG TABLET	2		DEXMETHYLPHENIDATE ER 15 MG CP	2	QL
DESIPRAMINE 150 MG TABLET	2		DEXMETHYLPHENIDATE ER 20 MG CP	2	QL
DESIPRAMINE 25 MG TABLET	2		DEXMETHYLPHENIDATE ER 25 MG CP	2	QL
DESIPRAMINE 50 MG TABLET	2		DEXMETHYLPHENIDATE ER 30 MG CP	2	QL
DESIPRAMINE 75 MG TABLET	2		DEXMETHYLPHENIDATE ER 35 MG CP	2	QL
DESLORATADINE 2.5 MG ODT	2	QL	DEXMETHYLPHENIDATE ER 40 MG CP	2	QL
DESLORATADINE 5 MG ODT	2	QL	DEXMETHYLPHENIDATE ER 5 MG CAP	2	QL
DESLORATADINE 5 MG TABLET	2	QL	DEXTROAMP-AMPHET ER 10 MG CAP	2	QL
DESMOPRESSIN 0.01% SOLUTION	2		DEXTROAMP-AMPHET ER 15 MG CAP	2	QL
DESMOPRESSIN 10 MCG/0.1 ML SPR	2		DEXTROAMP-AMPHET ER 20 MG CAP	2	QL
DESMOPRESSIN ACETATE 0.1 MG TB	2		DEXTROAMP-AMPHET ER 25 MG CAP	2	QL
DESMOPRESSIN ACETATE 0.2 MG TB	2		DEXTROAMP-AMPHET ER 30 MG CAP	2	QL
DESOGESTREL-EE 0.15-0.03 MG TB	1		DEXTROAMP-AMPHET ER 5 MG CAP	2	QL
DESOGESTR-ETH ESTRAD ETH ESTRA	1		DEXTROAMP-AMPHETAM 12.5 MG TAB	2	QL
DESONIDE 0.05% CREAM	2		DEXTROAMP-AMPHETAM 7.5 MG TAB	2	QL
DESONIDE 0.05% LOTION	2		DEXTROAMP-AMPHETAMIN 10 MG TAB	2	QL
DESONIDE 0.05% OINTMENT	2		DEXTROAMP-AMPHETAMIN 15 MG TAB	2	QL
DESOXIMETASONE 0.05% CREAM	2		DEXTROAMP-AMPHETAMIN 20 MG TAB	2	QL
DESOXIMETASONE 0.05% GEL	2		DEXTROAMP-AMPHETAMIN 30 MG TAB	2	QL
DESOXIMETASONE 0.05% OINTMENT	2		DEXTROAMP-AMPHETAMINE 5 MG TAB	2	QL
DESOXIMETASONE 0.25% CREAM	2		DEXTROAMPHETAMINE 10 MG TAB	2	QL
DESOXIMETASONE 0.25% OINTMENT	2		DEXTROAMPHETAMINE 5 MG TAB	2	QL
DESVENLAFAXINE SUCCNT ER 100MG	2	QL	DEXTROAMPHETAMINE 5 MG/5 ML	2	QL
DESVENLAFAXINE SUCCNT ER 25 MG	2	QL	DEXTROAMPHETAMINE ER 10 MG CAP	2	QL
DESVENLAFAXINE SUCCNT ER 50 MG	2	QL	DEXTROAMPHETAMINE ER 15 MG CAP	2	QL
DEXAMETHASONE 0.5 MG TABLET	2		DEXTROAMPHETAMINE ER 5 MG CAP	2	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DIASTIX REAGENT STRIPS	3		DIGOXIN 250 MCG TABLET	2	
DIATRUE LEVEL 1 CONTROL SOLN	3		DIHYDROERGOTAMINE 1 MG/ML AMP	4	QL
DIATRUE LEVEL 2 CONTROL SOLN	3		DILT XR 120 MG CAPSULE	2	
DIATRUE LEVEL 3 CONTROL SOLN	3		DILT XR 180 MG CAPSULE	2	
DIAZEPAM 10 MG RECTAL GEL SYST	2		DILT XR 240 MG CAPSULE	2	
DIAZEPAM 10 MG TABLET	2		DILTIAZEM 120 MG TABLET	1	
DIAZEPAM 2 MG TABLET	2		DILTIAZEM 12HR ER 120 MG CAP	2	
DIAZEPAM 2.5 MG RECTAL GEL SYS	2		DILTIAZEM 12HR ER 60 MG CAP	2	
DIAZEPAM 20 MG RECTAL GEL SYST	2		DILTIAZEM 12HR ER 90 MG CAP	2	
DIAZEPAM 25 MG/5 ML ORAL CONC	2		DILTIAZEM 24H ER(CD) 120 MG CP	2	
DIAZEPAM 5 MG TABLET	2		DILTIAZEM 24H ER(CD) 180 MG CP	2	
DIAZEPAM 5 MG/5 ML ORAL SOLN	2		DILTIAZEM 24H ER(CD) 240 MG CP	2	
DIAZEPAM 5 MG/5 ML SOLUTION	2		DILTIAZEM 24H ER(CD) 300 MG CP	2	
DIAZEPAM 5 MG/ML ORAL CONC	2		DILTIAZEM 24H ER(CD) 360 MG CP	2	
DIAZOXIDE 50 MG/ML ORAL SUSP	4		DILTIAZEM 24H ER(LA) 120 MG TB	2	
DICLOFENAC 0.1% EYE DROPS	2		DILTIAZEM 24H ER(LA) 180 MG TB	2	
DICLOFENAC 1.5% TOPICAL SOLN	2		DILTIAZEM 24H ER(LA) 240 MG TB	2	
DICLOFENAC POT 50 MG TABLET	2		DILTIAZEM 24H ER(LA) 300 MG TB	2	
DICLOFENAC SOD DR 25 MG TAB	2		DILTIAZEM 24H ER(LA) 360 MG TB	2	
DICLOFENAC SOD DR 50 MG TAB	2		DILTIAZEM 24H ER(LA) 420 MG TB	2	
DICLOFENAC SOD DR 75 MG TAB	2		DILTIAZEM 24H ER(XR) 120 MG CP	2	
DICLOFENAC SOD EC 25 MG TAB	2		DILTIAZEM 24H ER(XR) 180 MG CP	2	
DICLOFENAC SOD EC 50 MG TAB	2		DILTIAZEM 24H ER(XR) 240 MG CP	2	
DICLOFENAC SOD EC 75 MG TAB	2		DILTIAZEM 24HR ER 120 MG CAP	2	
DICLOFENAC SOD ER 100 MG TAB	2		DILTIAZEM 24HR ER 180 MG CAP	2	
DICLOFENAC SODIUM 1% GEL	2	QL	DILTIAZEM 24HR ER 240 MG CAP	2	
DICLOFENAC-MISOPROST 50-0.2 MG	2		DILTIAZEM 24HR ER 300 MG CAP	2	
DICLOFENAC-MISOPROST 75-0.2 MG	2		DILTIAZEM 24HR ER 360 MG CAP	2	
DICLOXACILLIN 250 MG CAPSULE	2		DILTIAZEM 24HR ER 420 MG CAP	2	
DICLOXACILLIN 500 MG CAPSULE	2		DILTIAZEM 30 MG TABLET	1	
DICYCLOMINE 10 MG CAPSULE	2		DILTIAZEM 60 MG TABLET	1	
DICYCLOMINE 10 MG/5 ML SOLN	2		DILTIAZEM 90 MG TABLET	1	
DICYCLOMINE 20 MG TABLET	2		DIMETHYL FUMARATE 30D START PK	5	PA, QL, LDD, SRX
DIDANOSINE DR 250 MG CAPSULE	2		DIMETHYL FUMARATE DR 120 MG CP	5	PA, QL, LDD, SRX
DIDANOSINE DR 400 MG CAPSULE	2		DIMETHYL FUMARATE DR 240 MG CP	5	PA, QL, LDD, SRX
DIFICID 200 MG TABLET	4	PA, QL	DIPENTUM 250 MG CAPSULE	4	
DIFICID 40 MG/ML SUSPENSION	4	PA, QL	DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIFLORASONE 0.05% CREAM	4		DIPHEN 12.5 MG/5 ML SOLUTION	4	
DIFLORASONE 0.05% OINTMENT	4		DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DIFLUNISAL 500 MG TABLET	2		DIPHENHYDRAMINE 25 MG/10 ML	2	
DIFLUPREDNATE 0.05% EYE DROP	3		DIPHENOXYLAT-ATROP 2.5-0.025/5	2	
DIGOX 125 MCG TABLET	2		DIPHENOXYLATE-ATROP 2.5-0.025	2	
DIGOX 250 MCG TABLET	2		DIPHThERIA-TETANUS TOXOIDS-PED	3	
DIGOXIN 0.05 MG/ML SOLUTION	2		DIPYRIDAMOLE 25 MG TABLET	2	
DIGOXIN 0.125 MG TABLET	2		DIPYRIDAMOLE 50 MG TABLET	2	
DIGOXIN 0.25 MG TABLET	2		DIPYRIDAMOLE 75 MG TABLET	2	
DIGOXIN 125 MCG TABLET	2		DISOPYRAMIDE 100 MG CAPSULE	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DISOPYRAMIDE 150 MG CAPSULE	2		DOXYCYCLINE 25 MG/5 ML SUSP	2	
DISULFIRAM 250 MG TABLET	1		DOXYCYCLINE HYCLATE 100 MG CAP	1	
DISULFIRAM 500 MG TABLET	1		DOXYCYCLINE HYCLATE 100 MG TAB	1	
DIVALPROEX DR 125 MG CAP SPRNK	2		DOXYCYCLINE HYCLATE 20 MG TAB	2	
DIVALPROEX DR 125 MG CP(SPRNK)	2		DOXYCYCLINE HYCLATE 50 MG CAP	1	
DIVALPROEX SOD DR 125 MG TAB	2		DOXYCYCLINE MONO 100 MG CAP	1	
DIVALPROEX SOD DR 250 MG TAB	2		DOXYCYCLINE MONO 100 MG TABLET	1	
DIVALPROEX SOD DR 500 MG TAB	2		DOXYCYCLINE MONO 150 MG CAP	2	
DIVALPROEX SOD ER 250 MG TAB	2		DOXYCYCLINE MONO 150 MG TABLET	2	
DIVALPROEX SOD ER 500 MG TAB	2		DOXYCYCLINE MONO 50 MG CAP	1	
DODEX 1,000 MCG/ML VIAL	2		DOXYCYCLINE MONO 50 MG TABLET	1	
DODEX 10,000 MCG/10 ML VIAL	2		DOXYCYCLINE MONO 75 MG CAPSULE	2	
DODEX 30,000 MCG/30 ML VIAL	2		DOXYCYCLINE MONO 75 MG TABLET	2	
DOFETILIDE 125 MCG CAPSULE	4	QL	DRONABINOL 10 MG CAPSULE	4	
DOFETILIDE 250 MCG CAPSULE	4	QL	DRONABINOL 2.5 MG CAPSULE	4	
DOFETILIDE 500 MCG CAPSULE	4	QL	DRONABINOL 5 MG CAPSULE	4	
DOLISHALE 90-20 MCG TABLET	1		DROPLET 0.5 ML 29GX12.5MM(1/2)	3	
DONEPEZIL HCL 10 MG TABLET	2		DROPLET 0.5 ML 30GX12.5MM(1/2)	3	
DONEPEZIL HCL 23 MG TABLET	2		DROPLET INS 0.3 ML 29GX12.5MM	3	
DONEPEZIL HCL 5 MG TABLET	2		DROPLET INS 0.3ML 30GX12.5MM	3	
DONEPEZIL HCL ODT 10 MG TABLET	2		DROPLET INS 0.5ML 30GX6MM(1/2)	3	
DONEPEZIL HCL ODT 5 MG TABLET	2		DROPLET INS 0.5ML 30GX8MM(1/2)	3	
DORZOLAMIDE HCL 2% EYE DROPS	2		DROPLET INS 0.5ML 31GX6MM(1/2)	3	
DORZOLAMIDE-TIMOLOL EYE DROPS	2		DROPLET INS 0.5ML 31GX8MM(1/2)	3	
DOTTI 0.025 MG PATCH	2	QL	DROPLET INS SYR 0.3 ML 30GX6MM	3	
DOTTI 0.0375 MG PATCH	2	QL	DROPLET INS SYR 0.3 ML 30GX8MM	3	
DOTTI 0.05 MG PATCH	2	QL	DROPLET INS SYR 0.3 ML 31GX6MM	3	
DOTTI 0.075 MG PATCH	2	QL	DROPLET INS SYR 0.3 ML 31GX8MM	3	
DOTTI 0.1 MG PATCH	2	QL	DROPLET INS SYR 1 ML 30GX6MM	3	
DOVATO 50-300 MG TABLET	3	QL	DROPLET INS SYR 1 ML 30GX8MM	3	
DOXAZOSIN MESYLATE 1 MG TAB	2		DROPLET INS SYR 1 ML 31GX6MM	3	
DOXAZOSIN MESYLATE 2 MG TAB	2		DROPLET INS SYR 1 ML 31GX8MM	3	
DOXAZOSIN MESYLATE 4 MG TAB	2		DROPLET INS SYR 1ML 29GX12.5MM	3	
DOXAZOSIN MESYLATE 8 MG TAB	2		DROPLET INS SYR 1ML 30GX12.5MM	3	
DOXEPIN 10 MG CAPSULE	2		DROPLET MICRON 34G X 9/64"	3	
DOXEPIN 10 MG/ML ORAL CONC	2		DROPLET PEN NEEDLE 29GX1/2"	3	
DOXEPIN 100 MG CAPSULE	2		DROPLET PEN NEEDLE 29GX3/8"	3	
DOXEPIN 150 MG CAPSULE	2		DROPLET PEN NEEDLE 30GX5/16"	3	
DOXEPIN 25 MG CAPSULE	2		DROPLET PEN NEEDLE 31GX1/4"	3	
DOXEPIN 5% CREAM	4		DROPLET PEN NEEDLE 31GX3/16"	3	
DOXEPIN 50 MG CAPSULE	2		DROPLET PEN NEEDLE 31GX5/16"	3	
DOXEPIN 75 MG CAPSULE	2		DROPLET PEN NEEDLE 32GX1/4"	3	
DOXEPIN HCL 3 MG TABLET	3	QL	DROPLET PEN NEEDLE 32GX3/16"	3	
DOXEPIN HCL 6 MG TABLET	3	QL	DROPLET PEN NEEDLE 32GX5/16"	3	
DOXERCALCIFEROL 0.5 MCG CAP	2		DROPLET PEN NEEDLE 32GX5/32"	3	
DOXERCALCIFEROL 1 MCG CAPSULE	2		DROPSAFE INS SYR 0.3ML 31G 6MM	3	
DOXERCALCIFEROL 2.5 MCG CAP	2		DROPSAFE INS SYR 0.3ML 31G 8MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DROPSAFE INS SYR 0.5ML 31G 6MM	3		EASY COMFORT PEN NDL 33G 5MM	3	
DROPSAFE INS SYR 0.5ML 31G 8MM	3		EASY COMFORT PEN NDL 33G 6MM	3	
DROPSAFE INSUL SYR 1ML 31G 6MM	3		EASY COMFORT SYR 1 ML 30GX1/2"	3	
DROPSAFE INSUL SYR 1ML 31G 8MM	3		EASY GLIDE INS 0.3 ML 31GX6MM	3	
DROPSAFE INSULN 1ML 29G 12.5MM	3		EASY GLIDE INS 0.5 ML 31GX6MM	3	
DROPSAFE PEN NEEDLE 31GX1/4"	3		EASY GLIDE INS 1 ML 31GX6MM	3	
DROPSAFE PEN NEEDLE 31GX3/16"	3		EASY GLIDE PEN NEEDLE 4MM 33G	3	
DROPSAFE PEN NEEDLE 31GX5/16"	3		EASY PLUS II CONTROL SOLN HIGH	3	
DROSP-EE-LEVOMEF 3-0.02-0.451	1		EASY PLUS II CONTROL SOLN LOW	3	
DROSP-EE-LEVOMEF 3-0.03-0.451	1		EASY STEP CONTRL SOLN-HIGH	3	
DROSPIRENONE-EE 3-0.02 MG TAB	1		EASY STEP CONTROL SOLN-LOW	3	
DROSPIRENONE-EE 3-0.03 MG TAB	1		EASY STEP CONTROL SOLN-NORMAL	3	
DROXIA 200 MG CAPSULE	4		EASY TALK CONTROL SOLN LOW	3	
DROXIA 300 MG CAPSULE	4		EASY TALK HIGH CONTROL SOLN	3	
DROXIA 400 MG CAPSULE	4		EASY TALK PLUS II HIGH CONTROL	3	
DRUG MART ULTRA COMFORT SYR	3		EASY TALK PLUS II LOW CTRL SLN	3	
DUAVEE 0.45-20 MG TABLET	4		EASY TOUCH 0.3 ML SYR 30GX1/2"	3	
DULERA 50 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 27GX1/2"	3	
DULERA 100 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 29GX1/2"	3	
DULERA 200 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 30GX1/2"	3	
DULOXETINE HCL DR 20 MG CAP	2	QL	EASY TOUCH 0.5 ML SYR 30GX5/16	3	
DULOXETINE HCL DR 30 MG CAP	2	QL	EASY TOUCH 1 ML SYR 27GX1/2"	3	
DULOXETINE HCL DR 60 MG CAP	2	QL	EASY TOUCH 1 ML SYR 29GX1/2"	3	
DUPIXENT 100 MG/0.67 ML SYRINGE	5	PA, SRX	EASY TOUCH 1 ML SYR 30GX1/2"	3	
DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX	EASY TOUCH BLU LINK CTRL SOLN	3	
DUPIXENT 200 MG/1.14 ML SYRINGE	5	PA, SRX	EASY TOUCH FLIPLK NDL 30GX5/16	3	
DUPIXENT 300 MG/2 ML PEN	5	PA, SRX	EASY TOUCH FLIPLK NDL 31GX5/16	3	
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX	EASY TOUCH FLIPLK NDL 18GX1"	3	
DUTASTERIDE 0.5 MG CAPSULE	2		EASY TOUCH FLIPLK NDL 19GX1"	3	
DUTASTERIDE-TAMSULOSIN 0.5-0.4	2		EASY TOUCH FLIPLK NDL 20GX1"	3	
EASIVENT HOLDING CHAMBER	3	QL	EASY TOUCH FLIPLK NDL 21GX1"	3	
EASIVENT MASK-LARGE	3	QL	EASY TOUCH FLIPLK NDL 22GX1	3	
EASIVENT MASK-MEDIUM	3	QL	EASY TOUCH FLIPLK NDL 23GX1"	3	
EASIVENT MASK-SMALL	3	QL	EASY TOUCH FLIPLK NDL 25GX1"	3	
EASY COMFORT 0.3 ML SYRINGE	3		EASY TOUCH FLIPLK NDL 26GX1"	3	
EASY COMFORT 0.5 ML 30GX1/2"	3		EASY TOUCH FLIPLK NDL 27GX1"	3	
EASY COMFORT 0.5 ML 31GX5/16"	3		EASY TOUCH FLIPLK NDL 18GX1.5	3	
EASY COMFORT 0.5 ML 32GX5/16"	3		EASY TOUCH FLIPLK NDL 19GX1.5	3	
EASY COMFORT 0.5 ML SYRINGE	3		EASY TOUCH FLIPLK NDL 20GX1.5	3	
EASY COMFORT 1 ML 31GX5/16"	3		EASY TOUCH FLIPLK NDL 21GX1.5	3	
EASY COMFORT 1 ML 32GX5/16"	3		EASY TOUCH FLIPLK NDL 22GX1.5	3	
EASY COMFORT INSULIN 1 ML SYR	3		EASY TOUCH FLIPLK NDL 22GX3/4	3	
EASY COMFORT PEN NDL 31GX1/4"	3		EASY TOUCH FLIPLK NDL 23GX1.5	3	
EASY COMFORT PEN NDL 31GX3/16"	3		EASY TOUCH FLIPLK NDL 23GX5/8	3	
EASY COMFORT PEN NDL 31GX5/16"	3		EASY TOUCH FLIPLK NDL 25GX1.5	3	
EASY COMFORT PEN NDL 32GX5/32"	3		EASY TOUCH FLIPLK NDL 25GX5/8	3	
EASY COMFORT PEN NDL 33G 4MM	3		EASY TOUCH FLIPLK NDL 26GX1/2	3	

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EASY TOUCH FLIPLK ND 27GX1/2	3		EASY TOUCH PEN NEEDLE 29GX1/2"	3	
EASY TOUCH FLIPLK ND 28GX1/2	3		EASY TOUCH PEN NEEDLE 30GX5/16	3	
EASY TOUCH FLIPLK ND 29GX1/2	3		EASY TOUCH PEN NEEDLE 31GX1/4"	3	
EASY TOUCH FLIPLK ND 30GX1/2	3		EASY TOUCH PEN NEEDLE 31GX3/16	3	
EASY TOUCH HIGH-LOW CTRL SOLN	3		EASY TOUCH PEN NEEDLE 31GX5/16	3	
EASY TOUCH HYPODERMIC 16GX1"	3		EASY TOUCH PEN NEEDLE 32GX1/4"	3	
EASY TOUCH HYPODERMIC 16GX1.5"	3		EASY TOUCH PEN NEEDLE 32GX3/16	3	
EASY TOUCH HYPODERMIC 18GX1"	3		EASY TOUCH PEN NEEDLE 32GX5/32	3	
EASY TOUCH HYPODERMIC 18GX1.25	3		EASY TOUCH SAF PEN ND 29G 5MM	3	
EASY TOUCH HYPODERMIC 18GX1.5"	3		EASY TOUCH SAF PEN ND 29G 8MM	3	
EASY TOUCH HYPODERMIC 19GX1"	3		EASY TOUCH SAF PEN ND 30G 5MM	3	
EASY TOUCH HYPODERMIC 19GX1.5"	3		EASY TOUCH SAF PEN ND 30G 8MM	3	
EASY TOUCH HYPODERMIC 20GX1"	3		EASY TOUCH SYR 0.5ML 27G12.7MM	3	
EASY TOUCH HYPODERMIC 20GX1.5"	3		EASY TOUCH SYR 0.5ML 28G12.7MM	3	
EASY TOUCH HYPODERMIC 21GX1"	3		EASY TOUCH SYR 0.5ML 29G12.7MM	3	
EASY TOUCH HYPODERMIC 21GX1.5"	3		EASY TOUCH SYR 1 ML 27G 12.7MM	3	
EASY TOUCH HYPODERMIC 22GX1"	3		EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH HYPODERMIC 22GX1.5"	3		EASY TOUCH SYR 1 ML 28G 12.7MM	3	
EASY TOUCH HYPODERMIC 23GX1"	3		EASY TOUCH SYR 1 ML 29G 12.7MM	3	
EASY TOUCH HYPODERMIC 23GX1.25	3		EASY TOUCH SYR 3 ML 22GX1-1/2"	3	
EASY TOUCH HYPODERMIC 23GX1.5"	3		EASY TOUCH SYR 3 ML 25GX5/8"	3	
EASY TOUCH HYPODERMIC 23GX3/4"	3		EASY TOUCH SYRINGE 3 ML 20GX1"	3	
EASY TOUCH HYPODERMIC 24GX1"	3		EASY TOUCH SYRINGE 3 ML 21GX1"	3	
EASY TOUCH HYPODERMIC 24GX1.25	3		EASY TOUCH SYRINGE 3 ML 22GX1"	3	
EASY TOUCH HYPODERMIC 25GX1"	3		EASY TOUCH SYRINGE 3 ML 23GX1"	3	
EASY TOUCH HYPODERMIC 25GX1.5"	3		EASY TOUCH SYRINGE 3 ML 25GX1"	3	
EASY TOUCH HYPODERMIC 25GX5/8"	3		EASY TOUCH UNI-SLIP SYR 1 ML	3	
EASY TOUCH HYPODERMIC 26GX1/2"	3		EASY TRAK CONTROL SOLN HIGH	3	
EASY TOUCH HYPODERMIC 26GX3/8"	3		EASY TRAK CONTROL SOLN LOW	3	
EASY TOUCH HYPODERMIC 26GX5/8"	3		EASY TRAK II CONTROL SOLUTION	3	
EASY TOUCH HYPODERMIC 27GX1.25	3		EASYGLUCO PLUS CTRL SOL NORMAL	3	
EASY TOUCH HYPODERMIC 27GX1.5"	3		EASYMAX NORMAL CONTROL SOLN	3	
EASY TOUCH HYPODERMIC 27GX1/2"	3		EASYMAX 15 LEVEL 2 SOLUTION	3	
EASY TOUCH HYPODERMIC 30GX1"	3		EASYPOINT NEEDLE 18G X 1"	3	
EASY TOUCH HYPODERMIC 30GX1/2"	3		EASYPOINT NEEDLE 18G X 1-1/2"	3	
EASY TOUCH HYPODERMIC 31GX5/16	3		EASYPOINT NEEDLE 20G X 1"	3	
EASY TOUCH HYPODERMIC 32GX5/16	3		EASYPOINT NEEDLE 20G X 1-1/2"	3	
EASY TOUCH INSULIN 1ML 29GX1/2	3		EASYPOINT NEEDLE 21G X 1"	3	
EASY TOUCH INSULIN 1ML 30GX1/2	3		EASYPOINT NEEDLE 21G X 1-1/2"	3	
EASY TOUCH INSULIN SYR 0.3 ML	3		EASYPOINT NEEDLE 22G X 1"	3	
EASY TOUCH INSULIN SYR 0.5 ML	3		EASYPOINT NEEDLE 22G X 1-1/2"	3	
EASY TOUCH INSULIN SYR 1 ML	3		EASYPOINT NEEDLE 23G X 1"	3	
EASY TOUCH INSULN 1ML 29GX1/2"	3		EASYPOINT NEEDLE 25G 16MM	3	
EASY TOUCH INSULN 1ML 30GX1/2"	3		EASYPOINT NEEDLE 25G X 1"	3	
EASY TOUCH INSULN 1ML 30GX5/16	3		EASYPOINT NEEDLE 25G X 5/8"	3	
EASY TOUCH INSULN 1ML 31GX5/16	3		EASYPOINT NEEDLE 25GX1-1/2"	3	
EASY TOUCH LUER LOK INSUL 1 ML	3		EASY-TOUCH INS 1 ML 31GX5/16"	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASYTOUCH SAF PEN NDL 30G 6MM	3		EMCYT 140 MG CAPSULE	5	SRX
BD ECLIPSE 30GX1/2" SYRINGE	3		EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
EC-NAPROXEN DR 375 MG TABLET	2		EMOQUETTE 28 DAY TABLET	1	
EC-NAPROXEN DR 500 MG TABLET	2		EMTRICITABINE 200 MG CAPSULE	2	
ECONAZOLE NITRATE 1% CREAM	2		EMTRICITABINE-TENOFV 100-150MG	2	
ECONTRA EZ 1.5 MG TABLET	1		EMTRICITABINE-TENOFV 133-200MG	2	
ECONTRA ONE-STEP 1.5 MG TABLET	1		EMTRICITABINE-TENOFV 167-250MG	2	
ED-SPAZ 0.125 MG ODT	2		EMTRICITABINE-TENOFV 200-300MG	2	
EDURANT 25 MG TABLET	3		EMTRIVA 10 MG/ML SOLUTION	3	
EEMT DS 1.25-2.5 MG TABLET	2		EMVERM 100 MG TABLET CHEW	4	
EEMT HS 0.625-1.25 MG TABLET	2		ENALAPRIL MALEATE 10 MG TAB	1	
EFAVIR-EMTRI-TENOF 600-200-300	2	QL	ENALAPRIL MALEATE 2.5 MG TAB	1	
EFAVIRENZ 200 MG CAPSULE	2		ENALAPRIL MALEATE 20 MG TAB	1	
EFAVIRENZ 50 MG CAPSULE	2		ENALAPRIL MALEATE 5 MG TABLET	1	
EFAVIRENZ 600 MG TABLET	2		ENALAPRIL-HCTZ 10-25 MG TABLET	1	
EFAVIR-LAMIV-TENOF 400-300-300	2	QL	ENALAPRIL-HCTZ 5-12.5 MG TAB	1	
EFAVIR-LAMIV-TENOF 600-300-300	2	QL	ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX
EFFER-K 10 MEQ TABLET EFF	4		ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX
EFFER-K 20 MEQ TABLET EFF	4		ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX
ELEMENT COMPACT SOLN HIGH	3		ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX
ELEMENT COMPACT SOLN NORMAL	3		ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX
ELEMENT CONTROL SOLN NORMAL	3		ENDARI 5 GRAM POWDER PACKET	5	PA, LDD, SRX
ELEMENT CONTROL SOLUTION HIGH	3		ENDOCET 10-325 MG TABLET	2	PA
ELEMENT CONTROL SOLUTION LOW	3		ENDOCET 2.5-325 MG TABLET	2	PA
ELETRIPTAN HBR 20 MG TABLET	2	QL	ENDOCET 5-325 MG TABLET	2	PA
ELETRIPTAN HBR 40 MG TABLET	2	QL	ENDOCET 7.5-325 MG TABLET	2	PA
ELINEST-28 TABLET	1		ENDOMETRIN 100 MG VAG INSERT	4	PA
ELIQUIS 2.5 MG TABLET	3	PA, QL	EMGALITY 120 MG/ML PEN	3	PA
ELIQUIS 5 MG TABLET	3	PA, QL	EMGALITY 120 MG/ML SYRINGE	3	PA
ELIQUIS DVT-PE TREAT START 5MG	3	PA, QL	EMGALITY 300 MG (100 MG X3SYR)	3	PA
ELITE-OB CAPLET	1		ENGERIX-B 20 MCG/ML SYRN	3	
ELLA 30 MG TABLET	4		ENGERIX-B 20 MCG/ML VIAL	3	
ELMIRON 100 MG CAPSULE	4		ENGERIX-B PEDI 10 MCG/0.5 SYRN	3	
ELURYNG VAGINAL RING	2		ENLITE SERTER	3	
EMBRACE GLUC CONTROL SOLN LOW	3		ENLYTE SOFTGEL	4	
EMBRACE EVO LEVEL 1 CTRL SOLN	3		ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX
EMBRACE GLUC CONTROL SOLN LOW	3		ENOXAPARIN 120 MG/0.8 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 29G 12MM	3		ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX
EMBRACE PEN NEEDLE 30G 5MM	3		ENOXAPARIN 30 MG/0.3 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 30G 8MM	3		ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX
EMBRACE PEN NEEDLE 31G 5MM	3		ENOXAPARIN 40 MG/0.4 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 31G 6MM	3		ENOXAPARIN 60 MG/0.6 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 31G 8MM	3		ENOXAPARIN 80 MG/0.8 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 32G 4MM	3		ENPRESSE-28 TABLET	1	
EMBRACE PRO CONTROL SOLUTION	3		ENSKYCE 28 TABLET	1	
EMBRACE TALK CTRL SOL-HIGH(L2)	3		ENTACAPONE 200 MG TABLET	2	
EMBRACE TALK CTRL SOLN-LOW(L1)	3		ENTECAVIR 0.5 MG TABLET	5	SRX



## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ENTECAVIR 1 MG TABLET	5	SRX	ESCITALOPRAM 10 MG TABLET	2	QL
ENTRESTO 24 MG-26 MG TABLET	3	QL	ESCITALOPRAM 20 MG TABLET	2	QL
ENTRESTO 49 MG-51 MG TABLET	3	QL	ESCITALOPRAM 5 MG TABLET	2	QL
ENTRESTO 97 MG-103 MG TABLET	3	QL	ESCITALOPRAM OXALATE 5 MG/5 ML	2	QL
ENULOSE 10 GM/15 ML SOLUTION	2		ESOMEPRAZOLE DR 10 MG PACKET	3	QL
EPCLUSA 150-37.5 MG PELLETT PKT	5	PA, QL, SRX	ESOMEPRAZOLE DR 20 MG PACKET	3	QL
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX	ESOMEPRAZOLE DR 40 MG PACKET	3	QL
EPCLUSA 200-50 MG PELLETT PACK	5	PA, QL, SRX	ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL
EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX	ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL
EPIDIOLEX 100 MG/ML SOLN PACK	4	PA, LDD	ESOMEPRAZOLE DR 49.3 MG CAP	2	QL
EPIDIOLEX 100 MG/ML SOLUTION	4	PA, LDD	ESTARYLLA 0.25-0.035 MG TABLET	1	
EPIFOAM FOAM	4		ESTAZOLAM 1 MG TABLET	2	
EPINASTINE HCL 0.05% EYE DROPS	2		ESTAZOLAM 2 MG TABLET	2	
EPINEPHRINE 0.15 MG AUTO-INJECT	2	QL	ESTRADIOL 0.025 MG PATCH(1/WK)	2	QL
EPINEPHRINE 0.3 MG AUTO-INJECT	2	QL	ESTRADIOL 0.025 MG PATCH(2/WK)	2	QL
EPITOL 200 MG TABLET	2		ESTRADIOL 0.0375MG PATCH(1/WK)	2	QL
EPIVIR HBV 25 MG/5 ML SOLN	5	SRX	ESTRADIOL 0.0375MG PATCH(2/WK)	2	QL
EPLERENONE 25 MG TABLET	2		ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL
EPLERENONE 50 MG TABLET	2		ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL
EPROSARTAN MESYLATE 600 MG TAB	2		ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL
EQL INS SYR 1 ML 29GX1/2"	3		ESTRADIOL 0.075 MG PATCH(1/WK)	2	QL
EQL INSUL SYR 0.3 ML 31GX5/16"	3		ESTRADIOL 0.075 MG PATCH(2/WK)	2	QL
EQL INSUL SYR 0.5 ML 31GX5/16"	3		ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL
EQL INSULIN 0.3 ML SYRINGE	3		ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL
EQL INSULIN 0.5 ML SYRINGE	3		ESTRADIOL 0.5 MG TABLET	1	
EQL INSULIN 1 ML SYRINGE	3		ESTRADIOL 1 MG TABLET	1	
EQL INSULIN SYR 1 ML 31GX5/16"	3		ESTRADIOL 10 MCG VAGINAL INSRT	2	QL
EQL PEN 8MM 31G X 5/16" NEEDLE	3		ESTRADIOL 2 MG TABLET	1	
ERGOLOID MESYLATES 1 MG TAB	1		ESTRADIOL-NORETH 0.5-0.1 MG TB	2	
ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX	ESTRADIOL-NORETH 1-0.5 MG TAB	2	
ERLOTINIB HCL 100 MG TABLET	5	PA, LDD, SRX	ESTROGEN-METHYLTESTOS F.S. TAB	2	
ERLOTINIB HCL 150 MG TABLET	5	PA, LDD, SRX	ESTROGEN-METHYLTESTOS H.S. TAB	2	
ERLOTINIB HCL 25 MG TABLET	5	PA, LDD, SRX	ESZOPICLONE 1 MG TABLET	2	
ERRIN 0.35 MG TABLET	1		ESZOPICLONE 2 MG TABLET	2	
ERTACZO 2% CREAM	4		ESZOPICLONE 3 MG TABLET	2	
ERY 2% PADS	2		ETHAMBUTOL HCL 100 MG TABLET	2	
ERYTHROCIN 250 MG TABLET	4		ETHAMBUTOL HCL 400 MG TABLET	2	
ERYTHROMYCIN 0.5% EYE OINTMENT	2		ETHOSUXIMIDE 250 MG CAPSULE	2	
ERYTHROMYCIN 2% GEL	2		ETHOSUXIMIDE 250 MG/5 ML SOLN	2	
ERYTHROMYCIN 2% SOLUTION	2		ETHYL CHLORIDE SPRAY	2	
ERYTHROMYCIN 200 MG/5 ML SUSP	2		ETHYNODIOL-ETH ESTRA 1MG-35MCG	1	
ERYTHROMYCIN 250 MG TABLET	2		ETHYNODIOL-ETH ESTRA 1MG-50MCG	1	
ERYTHROMYCIN 400 MG/5 ML SUSP	2		ETODOLAC 200 MG CAPSULE	2	
ERYTHROMYCIN 500 MG TABLET	2		ETODOLAC 300 MG CAPSULE	2	
ERYTHROMYCIN DR 250 MG CAP	2		ETODOLAC 400 MG TABLET	2	
ERYTHROMYCIN ES 400 MG TAB	2		ETODOLAC 500 MG TABLET	2	
ERYTHROMYCIN-BENZOYL GEL	2		ETODOLAC ER 400 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ETODOLAC ER 500 MG TABLET	2		EXEL HYPO NEEDLE 22GX1"	3	
ETODOLAC ER 600 MG TABLET	2		EXEL HYPO NEEDLE 22GX1.5"	3	
ETONOGESTREL-EE VAGINAL RING	2		EXEL HYPO NEEDLE 23GX0.75"	3	
ETOPOSIDE 50 MG CAPSULE	5	SRX	EXEL HYPO NEEDLE 23GX1"	3	
ETRAVIRINE 100 MG TABLET	2		EXEL HYPO NEEDLE 25GX0.625"	3	
ETRAVIRINE 200 MG TABLET	2		EXEL HYPO NEEDLE 25GX0.75"	3	
EURAX 10% CREAM	4		EXEL HYPO NEEDLE 25GX1"	3	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1.5"	3	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.375"	3	
EUTHYROX 125 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.5"	3	
EUTHYROX 137 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.625"	3	
EUTHYROX 150 MCG TABLET	1		EXEL HYPO NEEDLE 26GX1.5"	3	
EUTHYROX 175 MCG TABLET	1		EXEL HYPO NEEDLE 27GX0.5"	3	
EUTHYROX 200 MCG TABLET	1		EXEL HYPO NEEDLE 30GX0.5"	3	
EUTHYROX 25 MCG TABLET	1		EXEL INS SYR U100 1 ML 28GX1/2	3	
EUTHYROX 50 MCG TABLET	1		EXEL MTI DRAWING ND 20GX1"	3	
EUTHYROX 75 MCG TABLET	1		EXEL MTI DRAWING ND 21GX1"	3	
EUTHYROX 88 MCG TABLET	1		EXEL MTI DRAWING ND 22GX1"	3	
EVENCARE G2 CONTROL SOLUTION	3		EXEL SYRINGE 20GX1" 3 ML	3	
EVENCARE G3 CONTROL SOLUTION	3		EXEL SYRINGE 20GX1-1/2" 3 ML	3	
EVEROLIMUS 0.25 MG TABLET	5	SRX	EXEL SYRINGE 21GX1" 3 ML	3	
EVEROLIMUS 0.5 MG TABLET	5	SRX	EXEL SYRINGE 21GX1-1/2" 3 ML	3	
EVEROLIMUS 0.75 MG TABLET	5	SRX	EXEL SYRINGE 22GX1" 3 ML	3	
EVEROLIMUS 1 MG TABLET	5	SRX	EXEL SYRINGE 22GX1-1/2" 3 ML	3	
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 22GX3/4" 3 ML	3	
EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX	EXEL SYRINGE 23GX1" 3 ML	3	
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 25GX1" 3 ML	3	
EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX	EXEL U100 0.3 ML 29GX1/2"	3	
EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX	EXEL U100 0.3 ML 30GX5/16"	3	
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX	EXEL U100 0.5 ML 28GX1/2"	3	
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX	EXEL U100 0.5 ML 29GX1/2"	3	
EVOLUTION CONTROL SOLUTION NORMAL	3		EXEL U100 0.5 ML 30GX5/16"	3	
EVOTAZ 300 MG-150 MG TABLET	3		EXEL U100 1 ML 30GX5/16"	3	
EXEL 3 ML SYRN 27G X 1 1/4"	3		EXEL U100 INS SYR 1 ML 29GX1/2	3	
EXEL HUBER 22GX3/4" NEEDLE	3		EXEMESTANE 25 MG TABLET	2	
EXEL HUBER NEEDLE 22GX1"	3		EXTENDED RESERVOIR 3 ML	3	
EXEL HYPO NEEDLE 16GX1"	3		EZETIMIBE 10 MG TABLET	2	
EXEL HYPO NEEDLE 18GX1"	3		EZETIMIBE-SIMVASTATIN 10-10 MG	2	
EXEL HYPO NEEDLE 18GX1.5"	3		EZETIMIBE-SIMVASTATIN 10-20 MG	2	
EXEL HYPO NEEDLE 19GX1"	3		EZETIMIBE-SIMVASTATIN 10-40 MG	2	
EXEL HYPO NEEDLE 19GX1.5"	3		EZETIMIBE-SIMVASTATIN 10-80 MG	2	
EXEL HYPO NEEDLE 20GX0.75"	3		EZ-VAC	3	
EXEL HYPO NEEDLE 20GX1"	3		FACTIVE 320 MG TABLET	4	
EXEL HYPO NEEDLE 20GX1.5"	3		FALMINA-28 TABLET	1	
EXEL HYPO NEEDLE 21GX1"	3		FAMCICLOVIR 125 MG TABLET	2	
EXEL HYPO NEEDLE 21GX1.5"	3		FAMCICLOVIR 250 MG TABLET	2	
EXEL HYPO NEEDLE 22GX0.75"	3		FAMCICLOVIR 500 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FAMOTIDINE 20 MG TABLET	1		FENTANYL 75 MCG/HR PATCH	2	PA
FAMOTIDINE 40 MG TABLET	1		FENTANYL 87.5 MCG/HR PATCH	2	PA
FAMOTIDINE 40 MG/5 ML SUSP	2		FENTANYL CIT OTFC 1,200 MCG	4	PA
FANAPT 1 MG TABLET	4	QL, ST	FENTANYL CIT OTFC 1,600 MCG	4	PA
FANAPT 10 MG TABLET	4	QL, ST	FENTANYL CITRATE OTFC 200 MCG	4	PA
FANAPT 12 MG TABLET	4	QL, ST	FENTANYL CITRATE OTFC 400 MCG	4	PA
FANAPT 2 MG TABLET	4	QL, ST	FENTANYL CITRATE OTFC 600 MCG	4	PA
FANAPT 4 MG TABLET	4	QL, ST	FENTANYL CITRATE OTFC 800 MCG	4	PA
FANAPT 6 MG TABLET	4	QL, ST	FERRIPROX 100 MG/ML SOLUTION	4	PA, LDD
FANAPT 8 MG TABLET	4	QL, ST	FESOTERODINE ER 4 MG TABLET	4	QL
FANAPT TITRATION PACK	4	QL, ST	FESOTERODINE ER 8 MG TABLET	4	QL
FARXIGA 10 MG TABLET	3	QL	FETZIMA 20-40 MG TITRATION PAK	4	QL, ST
FARXIGA 5 MG TABLET	3	QL	FETZIMA ER 120 MG CAPSULE	4	QL, ST
FEBUXOSTAT 40 MG TABLET	4	QL	FETZIMA ER 20 MG CAPSULE	4	QL, ST
FEBUXOSTAT 80 MG TABLET	4	QL	FETZIMA ER 40 MG CAPSULE	4	QL, ST
FELBAMATE 400 MG TABLET	4		FETZIMA ER 80 MG CAPSULE	4	QL, ST
FELBAMATE 600 MG TABLET	4		FIFTY50 GLUCOSE CONTROL SOLN	3	
FELBAMATE 600 MG/5 ML SUSP	4		FIFTY50 INS 0.3 ML 31GX5/16"	3	
FELODIPINE ER 10 MG TABLET	2		FIFTY50 INS 0.5 ML 31GX5/16"	3	
FELODIPINE ER 2.5 MG TABLET	2		FIFTY50 INS SYR 1 ML 31GX5/16"	3	
FELODIPINE ER 5 MG TABLET	2		FIFTY50 PEN 31G X 3/16" NEEDLE	3	
FEM PH VAGINAL JELLY	2		FIFTY50 PEN 31G X 5/16" NEEDLE	3	
FEMYNOR 28 TABLET	1		FIFTY50 PEN NEEDLE 32G X 1/4"	3	
FENOFIBRATE 120 MG TABLET	2		FIFTY50 PEN NEEDLE 32G X 5/32"	3	
FENOFIBRATE 130 MG CAPSULE	2		FILTER ASPIRATOR NEEDLE	3	
FENOFIBRATE 134 MG CAPSULE	2		FILTER NEEDLE	3	
FENOFIBRATE 145 MG TABLET	2		FILTER NEEDLE 19GX1-1/2"	3	
FENOFIBRATE 150 MG CAPSULE	2		FILTER NEEDLE 5 MICRON	3	
FENOFIBRATE 160 MG TABLET	2		FINASTERIDE 5 MG TABLET	2	
FENOFIBRATE 200 MG CAPSULE	2		FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX
FENOFIBRATE 40 MG TABLET	2		FINZALA 1-0.02(24)-75 CHEW TAB	1	
FENOFIBRATE 43 MG CAPSULE	2		FIRVANQ 25 MG/ML SOLUTION	3	QL
FENOFIBRATE 48 MG TABLET	2		FIRVANQ 50 MG/ML SOLUTION	3	QL
FENOFIBRATE 50 MG CAPSULE	2		FLAC OTIC OIL 0.01% EAR DROP	2	
FENOFIBRATE 54 MG TABLET	2		FLAVOXATE HCL 100 MG TABLET	2	
FENOFIBRATE 67 MG CAPSULE	2		FLECAINIDE ACETATE 100 MG TAB	2	
FENOFIBRIC ACID 105 MG TABLET	2		FLECAINIDE ACETATE 150 MG TAB	2	
FENOFIBRIC ACID 35 MG TABLET	2		FLECAINIDE ACETATE 50 MG TAB	2	
FENOFIBRIC ACID DR 135 MG CAP	2		FLEXICHAMBER	3	QL
FENOFIBRIC ACID DR 45 MG CAP	2		FLEXICHAMBER-LG CHILD MASK	3	QL
FENOPROFEN 600 MG TABLET	2		FLEXICHAMBER-SM ADULT MASK	3	QL
FENTANYL 100 MCG/HR PATCH	2	PA	FLEXICHAMBER-SM CHILD MASK	3	QL
FENTANYL 12 MCG/HR PATCH	2	PA	FLOVENT 100 MCG DISKUS	3	QL
FENTANYL 25 MCG/HR PATCH	2	PA	FLOVENT 250 MCG DISKUS	3	QL
FENTANYL 37.5 MCG/HR PATCH	2	PA	FLOVENT 50 MCG DISKUS	3	QL
FENTANYL 50 MCG/HR PATCH	2	PA	FLOVENT HFA 110 MCG INHALER	3	QL
FENTANYL 62.5 MCG/HR PATCH	2	PA	FLOVENT HFA 220 MCG INHALER	3	QL

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FLOVENT HFA 44 MCG INHALER	3	QL	FLUPHENAZINE 5 MG TABLET	2	
FLOW-EZE VENTED NEEDLE	3		FLUPHENAZINE 5 MG/ML CONC	2	
FLUAD QUAD	3		FLURANDRENOLIDE 0.05% CREAM	4	
FLUARIX QUAD	3		FLURANDRENOLIDE 0.05% LOTION	4	
FLUBLOK QUAD	3		FLURANDRENOLIDE 0.05% OINTMENT	4	
FLUCELVAX QUAD	3		FLURBIPROFEN 100 MG TABLET	2	
FLUCONAZOLE 10 MG/ML SUSP	2		FLURBIPROFEN 0.03% EYE DROP	2	
FLUCONAZOLE 100 MG TABLET	2		FLUTAMIDE 125 MG CAPSULE	2	
FLUCONAZOLE 150 MG TABLET	2		FLUTICASON PROP 0.005% OINT	2	
FLUCONAZOLE 200 MG TABLET	2		FLUTICASON PROP 0.05% CREAM	2	
FLUCONAZOLE 40 MG/ML SUSP	2		FLUTICASON PROP 0.05% LOTION	2	
FLUCONAZOLE 50 MG TABLET	2		FLUTICASON PROP 50 MCG SPRAY	2	
FLUCYTOSINE 250 MG CAPSULE	4		FLUTICASON-SALMETEROL 100-50	2	QL
FLUCYTOSINE 500 MG CAPSULE	4		FLUTICASON-SALMETEROL 250-50	2	QL
FLUDROCORTISONE 0.1 MG TABLET	2		FLUTICASON-SALMETEROL 500-50	2	QL
FLULAVAL QUAD	3		FLUVASTATIN ER 80 MG TABLET	2	
FLUMIST QUAD	3		FLUVASTATIN SODIUM 20 MG CAP	2	
FLUNISOLIDE 0.025% SPRAY	2		FLUVASTATIN SODIUM 40 MG CAP	2	
FLUOCINOLONE 0.01% BODY OIL	2		FLUVOXAMINE ER 100 MG CAPSULE	2	QL
FLUOCINOLONE 0.01% CREAM	2		FLUVOXAMINE ER 150 MG CAPSULE	2	QL
FLUOCINOLONE 0.01% SCALP OIL	2		FLUVOXAMINE MALEATE 100 MG TAB	2	QL
FLUOCINOLONE 0.01% SOLUTION	2		FLUVOXAMINE MALEATE 25 MG TAB	2	QL
FLUOCINOLONE 0.025% CREAM	2		FLUVOXAMINE MALEATE 50 MG TAB	2	QL
FLUOCINOLONE 0.025% OINTMENT	2		FLUZONE HIGH-DOSE QUAD	3	
FLUOCINOLONE OIL 0.01% EAR DRP	2		FLUZONE QUAD	3	
FLUOCINONIDE 0.05% CREAM	2		FOLIC ACID 1 MG TABLET	1	
FLUOCINONIDE 0.05% GEL	2		FOLIVANE-OB CAPSULE	1	
FLUOCINONIDE 0.05% OINTMENT	2		FOLLISTIM AQ 300 UNIT CARTRIDG	5	PA, SRX
FLUOCINONIDE 0.05% SOLUTION	2		FOLLISTIM AQ 600 UNIT CARTRIDG	5	PA, SRX
FLUOCINONIDE 0.1% CREAM	2		FOLLISTIM AQ 900 UNIT CARTRIDG	5	PA, SRX
FLUOCINONIDE-E 0.05% CREAM	2		FONDAPARINUX 10 MG/0.8 ML SYR	5	QL, SRX
FLUORIDEX DAILY DEFENSE	2		FONDAPARINUX 2.5 MG/0.5 ML SYR	5	QL, SRX
FLUORIDEX SENSITIV RLF PASTE	2		FONDAPARINUX 5 MG/0.4 ML SYR	5	QL, SRX
FLUOROMETHOLONE 0.1% DROPS	2		FONDAPARINUX 7.5 MG/0.6 ML SYR	5	QL, SRX
FLUOROURACIL 0.5% CREAM	4		FORA HIGH CONTROL SOLUTION	3	
FLUOROURACIL 2% TOPICAL SOLN	2		FORA KETONE CONTROL SOLN-L1	3	
FLUOROURACIL 5% CREAM	2		FORA LOW CONTROL SOLUTION	3	
FLUOROURACIL 5% TOPICAL SOLN	2		FORA NORMAL CONTROL SOLUTION	3	
FLUOXETINE 20 MG/5 ML SOLUTION	2	QL	FORACARE GDH HIGH CONTROL SOLN	3	
FLUOXETINE DR 90 MG CAPSULE	2	QL	FORACARE GDH LOW CONTROL SOLN	3	
FLUOXETINE HCL 10 MG CAPSULE	1	QL	FORACARE GDH NORM CONTROL SOLN	3	
FLUOXETINE HCL 20 MG CAPSULE	1	QL	FORMOTEROL 20 MCG/2 ML NEB VL	4	QL
FLUOXETINE HCL 40 MG CAPSULE	1	QL	FORTISCARE CONTROL SOLN HIGH	3	
FLUPHENAZINE 1 MG TABLET	2		FORTISCARE CONTROL SOLN LOW	3	
FLUPHENAZINE 10 MG TABLET	2		FORTISCARE CONTROL SOLN NORMAL	3	
FLUPHENAZINE 2.5 MG TABLET	2		FOSAMPRENAVIR 700 MG TABLET	2	
FLUPHENAZINE 2.5 MG/5 ML ELIX	2		FOSFOMYCIN 3 GM SACHET	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FOSINOPRIL SODIUM 10 MG TAB	1		GABAPENTIN 400 MG CAPSULE	2	
FOSINOPRIL SODIUM 20 MG TAB	1		GABAPENTIN 600 MG TABLET	2	
FOSINOPRIL SODIUM 40 MG TAB	1		GABAPENTIN 800 MG TABLET	2	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	2		GALANTAMINE ER 16 MG CAPSULE	2	QL
FOSINOPRIL-HCTZ 20-12.5 MG TAB	2		GALANTAMINE ER 24 MG CAPSULE	2	QL
FOSRENOL 1,000 MG POWDER PACK	4		GALANTAMINE ER 8 MG CAPSULE	2	QL
FOSRENOL 750 MG POWDER PACKET	4		GALANTAMINE HBR 12 MG TABLET	2	
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX	GALANTAMINE HBR 4 MG TABLET	2	
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX	GALANTAMINE HBR 8 MG TABLET	2	
FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL, SRX	GALANTAMINE 4 MG/ML ORAL SOLN	2	
FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL, SRX	GALZIN 25 MG CAPSULE	4	
FRAGMIN 18,000 UNIT/0.72 ML	5	QL, SRX	GALZIN 50 MG CAPSULE	4	
FRAGMIN 2,500 UNIT/0.2 ML SYR	5	QL, SRX	GARDASIL 9 SYRINGE	3	
FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL, SRX	GARDASIL 9 VIAL	3	
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL, SRX	GATIFLOXACIN 0.5% EYE DROPS	2	
FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL, SRX	GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX
FREESTYLE CONTROL SOLUTION	3		GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX
FREESTYLE LIBRE 10 DAY READER	3	PA, QL	GATTEX 5 MG VIAL	5	PA, LDD, SRX
FREESTYLE LIBRE 10 DAY SENSOR	3	PA, QL	GAVILYTE-C	2	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	GAVILYTE-G	2	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	GAVILYTE-N	2	
FREESTYLE LIBRE 2 READER	3	PA, QL	GE100 CONTROL SOLUTION NORMAL	3	
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	GEFITINIB 250 MG TABLET	5	PA, QL, SRX
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	GEMFIBROZIL 600 MG TABLET	2	
FREESTYLE PREC 0.5 ML 30GX5/16	3		GEMMILY 1 MG-20 MCG CAPSULE	1	
FREESTYLE PREC 0.5 ML 31GX5/16	3		GENERLAC 10 GM/15 ML SOLUTION	2	
FREESTYLE PREC 1 ML 30GX5/16"	3		GENGRAF 100 MG CAPSULE	2	
FREESTYLE PREC 1 ML 31GX5/16"	3		GENGRAF 100 MG/ML SOLUTION	2	
FROVATRIPTAN SUCC 2.5 MG TAB	2	QL	GENGRAF 25 MG CAPSULE	2	
FUROSEMIDE 10 MG/ML SOLUTION	1		GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX
FUROSEMIDE 20 MG TABLET	1		GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX
FUROSEMIDE 40 MG TABLET	1		GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX
FUROSEMIDE 40 MG/5 ML SOLN	1		GENOTROPIN MINIQUICK 0.4 MG	5	PA, SRX
FUROSEMIDE 80 MG TABLET	1		GENOTROPIN MINIQUICK 0.6 MG	5	PA, SRX
FUZEON 90 MG VIAL	5	LDD, SRX	GENOTROPIN MINIQUICK 0.8 MG	5	PA, SRX
FYAVOLV 0.5 MG-2.5 MCG TABLET	2		GENOTROPIN MINIQUICK 1 MG	5	PA, SRX
FYAVOLV 1 MG-5 MCG TABLET	2		GENOTROPIN MINIQUICK 1.2 MG	5	PA, SRX
FYCOMPA 10 MG TABLET	4	PA, QL	GENOTROPIN MINIQUICK 1.4 MG	5	PA, SRX
FYCOMPA 12 MG TABLET	4	PA, QL	GENOTROPIN MINIQUICK 1.6 MG	5	PA, SRX
FYCOMPA 2 MG TABLET	4	PA, QL	GENOTROPIN MINIQUICK 1.8 MG	5	PA, SRX
FYCOMPA 4 MG TABLET	4	PA, QL	GENOTROPIN MINIQUICK 2 MG	5	PA, SRX
FYCOMPA 6 MG TABLET	4	PA, QL	GENTAK 0.3 % EYE OINTMENT	2	
FYCOMPA 8 MG TABLET	4	PA, QL	GENTAMICIN 0.1% CREAM	2	
GABAPENTIN 100 MG CAPSULE	2		GENTAMICIN 0.1% OINTMENT	2	
GABAPENTIN 250 MG/5 ML SOLN	2		GENTAMICIN 0.3% EYE DROP	2	
GABAPENTIN 300 MG CAPSULE	2		GENVOYA TABLET	3	QL
GABAPENTIN 300 MG/6 ML SOLN	2		GIANVI 3 MG-0.02 MG TABLET	1	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GILOTRIF 20 MG TABLET	5	PA, QL, LDD, SRX	GNP CLICKFINE 31G X 5/16" NDL	3	
GILOTRIF 30 MG TABLET	5	PA, QL, LDD, SRX	GNP EASY TOUCH HIGH-LOW SOLN	3	
GILOTRIF 40 MG TABLET	5	PA, QL, LDD, SRX	GNP INS SYR 0.3 ML 29GX1/2"	3	
GLATIRAMER 20 MG/ML SYRINGE	5	PA, SRX	GNP INS SYRINGE 1 ML 28G 1/2"	3	
GLATIRAMER 40 MG/ML SYRINGE	5	PA, SRX	GNP INSUL SYR 0.3 ML 31GX5/16"	3	
GLATOPA 20 MG/ML SYRINGE	5	PA, SRX	GNP INSUL SYR 0.5 ML 31GX5/16"	3	
GLATOPA 40 MG/ML SYRINGE	5	PA, SRX	GNP INSULIN SYR 1 ML 31GX5/16"	3	
GLEOSTINE 10 MG CAPSULE	4	PA	GNP ULT C 0.3ML 29GX1/2" (1/2)	3	
GLEOSTINE 100 MG CAPSULE	4	PA	GNP ULT CMFRT 0.5 ML 29GX1/2"	3	
GLEOSTINE 40 MG CAPSULE	4	PA	GNP ULTICARE PEN NDL 31G 5MM	3	
GLIMEPIRIDE 1 MG TABLET	1		GNP ULTICARE PEN NDL 31G 8MM	3	
GLIMEPIRIDE 2 MG TABLET	1		GNP ULTICARE PEN NDL 32G 4MM	3	
GLIMEPIRIDE 4 MG TABLET	1		GNP ULTICARE PEN NDL 32G 6MM	3	
GLIPIZIDE 10 MG TABLET	1		GNP ULTIGUARD SAFEPACK 31G 5MM	3	
GLIPIZIDE 5 MG TABLET	1		GNP ULTIGUARD SAFEPACK 31G 8MM	3	
GLIPIZIDE ER 10 MG TABLET	1		GNP ULTIGUARD SAFEPACK 32G 4MM	3	
GLIPIZIDE ER 2.5 MG TABLET	1		GNP ULTIGUARD SAFEPACK 32G 6MM	3	
GLIPIZIDE ER 5 MG TABLET	1		GNP ULTR CMFRT 0.5 ML 28GX1/2"	3	
GLIPIZIDE XL 10 MG TABLET	1		GNP ULTR CMFRT 0.5 ML 30GX5/16	3	
GLIPIZIDE XL 2.5 MG TABLET	1		GNP ULTR COMFORT 1 ML 29GX1/2"	3	
GLIPIZIDE XL 5 MG TABLET	1		GNP ULTRA COMFORT 0.5 ML SYR	3	
GLIPIZIDE-METFORMIN 2.5-250 MG	2		GNP ULTRA COMFORT 1 ML SYRINGE	3	
GLIPIZIDE-METFORMIN 2.5-500 MG	2		GNP ULTRA COMFORT 3/10 ML SYR	3	
GLIPIZIDE-METFORMIN 5-500 MG	2		GNP ULTRA COMFRT 1 ML 28GX1/2"	3	
GLUCAGON 1 MG EMERGENCY KIT	3	QL	GOJJI GLUCOSE CONTROL SOLUTION	3	
GLUCOCARD 01 CONTROL SOLUTION	3		GOJJI KETONE CONTROL SOLUTION	3	
GLUCOCARD EXPRESSION	3		GONAL-F 1,050 UNITS VIAL	5	PA, SRX
GLUCOCARD SHINE	3		GONAL-F 450 UNITS VIAL	5	PA, SRX
GLUCOCOM AUTOLINK	3		GONAL-F RFF 75 UNIT VIAL	5	PA, SRX
GLUCOCOM CONTROL SOLUTION	3		GONAL-F RFF REDI-JECT 300 UNIT	5	PA, SRX
GLUCOSE CONTROL SOLN NORMAL	3		GONAL-F RFF REDI-JECT 450 UNIT	5	PA, SRX
GLUCOSE CONTROL SOLUTION	3		GONAL-F RFF REDI-JECT 900 UNIT	5	PA, SRX
GLYBURIDE 1.25 MG TABLET	1		GRANISETRON HCL 0.1 MG/ML VIAL	4	
GLYBURIDE 2.5 MG TABLET	1		GRANISETRON HCL 1 MG TABLET	4	
GLYBURIDE 5 MG TABLET	1		GRANISETRON HCL 1 MG/ML VIAL	4	
GLYBURIDE MICRO 1.5 MG TAB	1		GRANISETRON HCL 4 MG/4 ML VIAL	4	
GLYBURIDE MICRO 3 MG TABLET	1		GRISEOFULVIN 125 MG/5 ML SUSP	2	
GLYBURIDE MICRO 6 MG TABLET	1		GRISEOFULVIN MICRO 500 MG TAB	2	
GLYBURIDE-METFORMIN 2.5-500 MG	2		GRISEOFULVIN ULTRA 125 MG TAB	2	
GLYBURIDE-METFORMIN 5-500 MG	2		GRISEOFULVIN ULTRA 250 MG TAB	2	
GLYBURID-METFORMIN 1.25-250 MG	2		GS PEN NEEDLE 31G X 5/16"	3	
GLYCINE 1.5% IRRIGATION	2		GS PEN NEEDLE 31G X 5MM	3	
GLYCOPYRROLATE 1 MG TABLET	2		GS PEN NEEDLE 31G X 6MM	3	
GLYCOPYRROLATE 2 MG TABLET	2		GS PEN NEEDLE 31G X 8MM	3	
GLYDO 2% JELLY SYRINGE	2		GS PEN NEEDLE 32G X 4MM	3	
GNP ALCOHOL SWAB	3		GS PEN NEEDLE 32G X 6MM	3	
GNP CLICKFINE 31G X 1/4" NDL	3		GUANFACINE 1 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GUANFACINE 2 MG TABLET	2		HEALTHY ACCENTS PENTIP 8MM 31G	3	
GUANFACINE HCL ER 1 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 12MM 29G	3	
GUANFACINE HCL ER 2 MG TABLET	2	QL	HEATHER 0.35 MG TABLET	1	
GUANFACINE HCL ER 3 MG TABLET	2	QL	HEB UNIFINE PNTP PLUS 31GX3/16	3	
GUANFACINE HCL ER 4 MG TABLET	2	QL	HEMA-COMBISTIX	3	
GUARDIAN RT CHARGER	3		HEMMOREX-HC 25 MG SUPPOSITORY	2	
GUARDIAN RT REPLACE TEST PLUG	3		HEMMOREX-HC 30 MG SUPPOSITORY	2	
GUARDIAN RT STARTER KIT	3		HEPARIN SOD 5,000 UNIT/0.5 ML	2	
GUARDIAN RT SYSTEM	3		HEPARIN SOD 5,000 UNIT/ML SYRG	2	
GUARDIAN TEST PLUG	3		HEPLISAV-B 20 MCG/0.5 ML SYRNG	3	
GUARDIAN TRANSMITTER TAPE	3		HER STYLE 1.5 MG TABLET	1	
GYNAZOLE 1	2		HIBERIX VACCINE VIAL	3	
HAILEY 21 1.5 MG-30 MCG TAB	1		HIBERIX VACCINE WITH DILUENT	3	
HAILEY 24 FE 1 MG-20 MCG TAB	1		HM ULTICARE PEN NEEDLE 4MM 32G	3	
HAILEY FE 1.5-30 TABLET	1		HM ULTICARE PEN NEEDLE 5MM 31G	3	
HAILEY FE 1-20 TABLET	1		HM ULTICARE PEN NEEDLE 6MM 31G	3	
HALCINONIDE 0.1% CREAM	4		HM ULTICARE PEN NEEDLE 8MM 31G	3	
HALOBETASOL PROP 0.05% CREAM	2		HM ULTICARE PEN NEEDLE 8MM 31G	3	
HALOBETASOL PROP 0.05% OINTMNT	2		HOMATROPAIRE 5% EYE DROPS	2	
HALOETTE VAGINAL RING	2		HOMATROPINE 5% EYE DROPS	2	
HALOPERIDOL 0.5 MG TABLET	2		HUMALOG 100 UNIT/ML CARTRIDGE	3	QL
HALOPERIDOL 1 MG TABLET	2		HUMALOG 100 UNIT/ML KWIKPEN	3	QL
HALOPERIDOL 10 MG TABLET	2		HUMALOG 100 UNIT/ML VIAL	3	QL
HALOPERIDOL 2 MG TABLET	2		HUMALOG 200 UNIT/ML KWIKPEN	3	QL
HALOPERIDOL 20 MG TABLET	2		HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL
HALOPERIDOL 5 MG TABLET	2		HUMALOG MIX 50-50 VIAL	3	QL
HALOPERIDOL LAC 10 MG/5 ML CUP	2		HUMALOG MIX 50-50 KWIKPEN	3	QL
HALOPERIDOL LAC 2 MG/ML CONC	2		HUMALOG MIX 75-25 VIAL	3	QL
HARVONI 33.75-150 MG PELLETT PK	5	PA, QL, SRX	HUMALOG MIX 75-25 KWIKPEN	3	QL
HARVONI 45-200 MG PELLETT PK	5	PA, QL, SRX	HUMALOG TEMPO PEN 100 UNIT/ML	3	QL
HARVONI 45-200 MG TABLET	5	PA, QL, SRX	HUMATROPE 12 MG CARTRIDGE	5	PA, SRX
HARVONI 90-400 MG TABLET	5	PA, QL, SRX	HUMATROPE 24 MG CARTRIDGE	5	PA, SRX
HAVRIX 1,440 UNIT/ML SYRINGE	3		HUMATROPE 6 MG CARTRIDGE	5	PA, SRX
HAVRIX 720 UNIT/0.5 ML SYRINGE	3		HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX
HEALTHPRO GLUCOSE CONTROL SOLN	3		HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX
HEALTHWISE INS 0.3ML 30GX5/16"	3		HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, QL, SRX
HEALTHWISE INS 0.3ML 31GX5/16"	3		HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, QL, SRX
HEALTHWISE INS 0.5ML 30GX5/16"	3		HUMIRA(CF) 10 MG/0.1 ML SYRING	5	PA, QL, SRX
HEALTHWISE INS 0.5ML 31GX5/16"	3		HUMIRA(CF) 20 MG/0.2 ML SYRING	5	PA, QL, SRX
HEALTHWISE INS 1 ML 30GX5/16"	3		HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL, SRX
HEALTHWISE INS 1 ML 31GX5/16"	3		HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL, LDD, SRX
HEALTHWISE PEN NEEDLE 31G 5MM	3		HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL, LDD, SRX
HEALTHWISE PEN NEEDLE 31G 8MM	3		HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX
HEALTHWISE PEN NEEDLE 32G 4MM	3		HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX
HEALTHY ACCENTS PENTIP 4MM 32G	3		HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, QL, SRX
HEALTHY ACCENTS PENTIP 5MM 31G	3		HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, QL, LDD, SRX
HEALTHY ACCENTS PENTIP 6MM 31G	3		HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, QL, SRX
			HUMULIN 70/30 KWIKPEN	3	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HUMULIN 70-30 VIAL	3	QL	HYDROCORTISONE 20 MG TABLET	2	
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL	HYDROCORTISONE 5 MG TABLET	2	
HUMULIN N 100 UNIT/ML VIAL	3	QL	HYDROCORTISONE AC 25 MG SUPP	2	
HUMULIN R 100 UNIT/ML VIAL	3	QL	HYDROCORTISONE AC 30 MG SUPP	2	
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL	HYDROCORTISONE BUTY 0.1% CREAM	2	
HUMULIN R 500 UNIT/ML VIAL	3	QL	HYDROCORTISONE BUTYR 0.1% OINT	2	
HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX	HYDROCORTISONE BUTYR 0.1% SOLN	2	
HYCAMTIN 1 MG CAPSULE	5	PA, SRX	HYDROCORTISONE VAL 0.2% CREAM	2	
HYDRALAZINE 10 MG TABLET	1		HYDROCORTISONE VAL 0.2% OINTMT	2	
HYDRALAZINE 100 MG TABLET	2		HYDROMET 5 MG-1.5 MG/5 ML SOLN	2	QL
HYDRALAZINE 25 MG TABLET	1		HYDROMORPHONE 1 MG/ML SOLUTION	2	PA
HYDRALAZINE 50 MG TABLET	1		HYDROMORPHONE 2 MG TABLET	2	PA
HYDROCHLOROTHIAZIDE 12.5 MG CP	1		HYDROMORPHONE 3 MG SUPPOS	2	PA
HYDROCHLOROTHIAZIDE 12.5 MG TB	1		HYDROMORPHONE 4 MG TABLET	2	PA
HYDROCHLOROTHIAZIDE 25 MG TAB	1		HYDROMORPHONE 5 MG/5 ML SOLN	2	PA
HYDROCHLOROTHIAZIDE 50 MG TAB	1		HYDROMORPHONE 8 MG TABLET	2	PA
HYDROCODONE ER 100 MG TABLET	2	PA	HYDROMORPHONE HCL ER 12 MG TAB	2	PA
HYDROCODONE ER 120 MG TABLET	2	PA	HYDROMORPHONE HCL ER 16 MG TAB	2	PA
HYDROCODONE ER 20 MG TABLET	2	PA	HYDROMORPHONE HCL ER 32 MG TAB	2	PA
HYDROCODONE ER 30 MG TABLET	2	PA	HYDROMORPHONE HCL ER 8 MG TAB	2	PA
HYDROCODONE ER 40 MG TABLET	2	PA	HYDROXYCHLOROQUINE 200 MG TAB	2	
HYDROCODONE ER 60 MG TABLET	2	PA	HYDROXYUREA 500 MG CAPSULE	2	
HYDROCODONE ER 80 MG TABLET	2	PA	HYDROXYZINE 10 MG/5 ML SOLN	2	
HYDROCODONE-ACETAMIN 10-300 MG	2	PA	HYDROXYZINE 10 MG/5 ML SYRUP	2	
HYDROCODONE-ACETAMIN 10-325 MG	2	PA	HYDROXYZINE HCL 10 MG TABLET	2	
HYDROCODONE-ACETAMIN 10-325/15	2	PA	HYDROXYZINE HCL 25 MG TABLET	2	
HYDROCODONE-ACETAMIN 2.5-108/5	2	PA	HYDROXYZINE HCL 50 MG TABLET	2	
HYDROCODONE-ACETAMIN 5-217/10	2	PA	HYDROXYZINE PAM 100 MG CAP	2	
HYDROCODONE-ACETAMIN 5-300 MG	2	PA	HYDROXYZINE PAM 25 MG CAP	2	
HYDROCODONE-ACETAMIN 5-325 MG	2	PA	HYDROXYZINE PAM 50 MG CAP	2	
HYDROCODONE-ACETAMIN 7.5-300	2	PA	HYOPHEN	2	
HYDROCODONE-ACETAMIN 7.5-325	2	PA	HYOSCYAMINE 0.125 MG ODT	2	
HYDROCODONE-ACETAMN 7.5-325/15	2	PA	HYOSCYAMINE 0.125 MG TAB SL	2	
HYDROCODONE-CHLORPHEN ER SUSP	2		HYOSCYAMINE 0.125 MG/5 ML ELIX	2	
HYDROCODONE-HOMATROPINE 5-1.5	2	QL	HYOSCYAMINE 0.125 MG/ML DROP	2	
HYDROCODONE-HOMATROPINE SOLN	2	QL	HYOSCYAMINE ER 0.375 MG TAB	2	
HYDROCODONE-IBUPROFEN 10-200	2	PA	HYOSCYAMINE SULF 0.125 MG TAB	2	
HYDROCODONE-IBUPROFEN 5-200 MG	2	PA	HYOSCYAMINE SR 0.375 MG TAB	2	
HYDROCODONE-IBUPROFEN 7.5-200	2	PA	HYOSYNE 0.125 MG/ML DROP	2	
HYDROCORTISON-ACETIC ACID SOLN	2		HYOSYNE 125 MCG/5 ML ELIXIR	2	
HYDROCORTISONE 1% CREAM	2		HYPO NEEDLE,POLYPROPYL HUB	3	
HYDROCORTISONE 1% OINTMENT	2		HYPODERMIC NEEDLE,ALUM HUB	3	
HYDROCORTISONE 10 MG TABLET	2		HYRIMOZ	5	PA, QL, SRX
HYDROCORTISONE 100 MG/60 ML	2		IBANDRONATE SODIUM 150 MG TAB	2	
HYDROCORTISONE 2.5% CREAM	2		IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE 2.5% LOTION	2		IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE 2.5% OINTMENT	2		IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX



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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL ULTICARE NDL 32G 4MM	3	
IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX	INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX
IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX	INCRUSE ELLIPTA 62.5 MCG INH	3	
IBU 400 MG TABLET	1		INDAPAMIDE 1.25 MG TABLET	1	
IBU 600 MG TABLET	1		INDAPAMIDE 2.5 MG TABLET	1	
IBU 800 MG TABLET	1		INDOMETHACIN 25 MG CAPSULE	2	
IBUPROFEN 100 MG/5 ML SUSP	2		INDOMETHACIN 50 MG CAPSULE	2	
IBUPROFEN 400 MG TABLET	1		INDOMETHACIN ER 75 MG CAPSULE	2	
IBUPROFEN 600 MG TABLET	1		INFANRIX DTAP SYRINGE	3	
IBUPROFEN 800 MG TABLET	1		INFANRIX DTAP VIAL	3	
ICATIBANT 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	INFINITY CONTROL SOLN HIGH	3	
ICLEVIA 0.15 MG-0.03 MG TABLET	1		INFINITY CONTROL SOLN LOW	3	
ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX	INFINITY CONTROL SOLN NORMAL	3	
ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX	INFINITY VOICE CTRL SOLN-LVL 2	3	
ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX	INFUSION SET 23"	3	
ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX	INFUSION SET 23" 6MM	3	
ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA	INFUSION SET 23" 9MM	3	
ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA	INFUSION SET 43"	3	
ICOSAPENT ETHYL 500 MG CAPSULE	4	PA	INFUSION SET 43" 6MM	3	
ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX	INFUSION SET 43" 9MM	3	
IMATINIB MESYLATE 100 MG TAB	5	PA, QL, SRX	INJECT-EASE	3	
IMATINIB MESYLATE 400 MG TAB	5	PA, QL, SRX	INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX	INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) BLUE	3	
IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) GREY	3	
IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) PINK	3	
IMBRUVICA 560 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) BLUE	3	
IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) GREY	3	
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) PINK	3	
IMIPRAMINE HCL 10 MG TABLET	2		INSET 30 INFUSION SET	3	
IMIPRAMINE HCL 25 MG TABLET	2		INSET INFUSION SET 23" 6MM	3	
IMIPRAMINE HCL 50 MG TABLET	2		INSET INFUSION SET 23" 9MM	3	
IMIPRAMINE PAMOATE 100 MG CAP	3		INSPIRACHAMBER	3	QL
IMIPRAMINE PAMOATE 125 MG CAP	3		INSPIRACHAMBER WITH MASK-LARGE	3	QL
IMIPRAMINE PAMOATE 150 MG CAP	3		INSPIRACHAMBER WITH MASK-MED	3	QL
IMIPRAMINE PAMOATE 75 MG CAP	3		INSPIRACHAMBER WITH MASK-SMALL	3	QL
IMIQUIMOD 5% CREAM PACKET	2		INSUL-CAP	3	
INCASSIA 0.35 MG TABLET	1		INSUL-EZE	3	
IN-CHECK NASAL WITH MASK	3		INSULIN 1 ML SYRINGE	3	
IN-CHECK ORAL FLOW METER	3		INSULIN 1/2 ML SYRINGE	3	
INCONTROL PEN NEEDLE 12MM 29G	3		INSULIN 3/10 ML SYRINGE	3	
INCONTROL PEN NEEDLE 4MM 32G	3		INSULIN ASPART 100 UNIT/ML VL	4	QL, ST
INCONTROL PEN NEEDLE 5MM 31G	3		INSULIN ASPART 100 UNIT/ML CRT	4	QL, ST
INCONTROL PEN NEEDLE 6MM 31G	3		INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST
INCONTROL PEN NEEDLE 8MM 31G	3		INSULIN ASPART PRO MIX70-30 PN	4	QL, ST
INCONTROL ULTICARE NDL 31G 6MM	3		INSULIN ASPART PRO MIX70-30 VL	4	QL, ST
INCONTROL ULTICARE NDL 31G 8MM	3		INSULIN CARTRIDGE 3 ML	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INSULIN SYR 0.3 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 29GX1/2"	3	
INSULIN SYR 0.3ML 31GX1/4(1/2)	3		INSUPEN PEN NEEDLE 29GX12MM	3	
INSULIN SYRIN 0.3 ML 29GX1/2"	3		INSUPEN PEN NEEDLE 30GX8MM	3	
INSULIN SYRIN 0.3 ML 30GX1/2"	3		INSUPEN PEN NEEDLE 31G 5MM	3	
INSULIN SYRIN 0.3 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 31G 8MM	3	
INSULIN SYRIN 0.3 ML 31GX5/16"	3		INSUPEN PEN NEEDLE 31GX3/16"	3	
INSULIN SYRIN 0.5 ML 28G 1/2"	3		INSUPEN PEN NEEDLE 31GX5/16"	3	
INSULIN SYRIN 0.5 ML 28GX1/2"	3		INSUPEN PEN NEEDLE 31GX6MM	3	
INSULIN SYRIN 0.5 ML 29GX1/2"	3		INSUPEN PEN NEEDLE 31GX8MM	3	
INSULIN SYRIN 0.5 ML 30G 1/2"	3		INSUPEN PEN NEEDLE 32G 4MM	3	
INSULIN SYRIN 0.5 ML 30G 5/16"	3		INSUPEN PEN NEEDLE 32GX4MM	3	
INSULIN SYRIN 0.5 ML 30GX1/2"	3		INSUPEN PEN NEEDLE 32GX5/32"	3	
INSULIN SYRIN 0.5 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 32GX6MM	3	
INSULIN SYRIN 0.5 ML 31G 5/16"	3		INSUPEN PEN NEEDLE 32GX8MM	3	
INSULIN SYRIN 0.5 ML 31GX5/16"	3		INSUPEN PEN NEEDLE 33GX4MM	3	
INSULIN SYRIN 1 ML 29GX1/2"	3		BD INTEGRA RETRA NEEDLE 23GX1"	3	
INSULIN SYRING 0.5 ML 27G 1/2"	3		BD INTEGRA NEEDLE 25G X 5/8"	3	
INSULIN SYRING 0.5 ML 27G 13MM	3		BD INTEGRA SYR 3 ML 21GX1 1/2"	3	
INSULIN SYRING 0.5 ML 27GX1/2"	3		INTELENCE 25 MG TABLET	3	
INSULIN SYRING 0.5 ML 28G 1/2"	3		INTROVALE	1	
INSULIN SYRING 0.5 ML 29G 1/2"	3		INVIRASE 500 MG TABLET	4	
INSULIN SYRING 0.5 ML 29GX1/2"	3		IPOLE	3	
INSULIN SYRINGE 0.3 ML	3		IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	2	
INSULIN SYRINGE 0.3 ML 31GX1/4	3		IPRATROPIUM 0.03% SPRAY	2	
INSULIN SYRINGE 0.5 ML	3		IPRATROPIUM 0.06% SPRAY	2	
INSULIN SYRINGE 0.5 ML 31GX1/4	3		IPRATROPIUM BR 0.02% SOLN	2	
INSULIN SYRINGE 1 ML	3		IRBESARTAN 150 MG TABLET	1	
INSULIN SYRINGE 1 ML 27G 1/2"	3		IRBESARTAN 300 MG TABLET	1	
INSULIN SYRINGE 1 ML 27G 13MM	3		IRBESARTAN 75 MG TABLET	1	
INSULIN SYRINGE 1 ML 27GX1/2"	3		IRBESARTAN-HCTZ 150-12.5 MG TB	1	
INSULIN SYRINGE 1 ML 28G 1/2"	3		IRBESARTAN-HCTZ 300-12.5 MG TB	1	
INSULIN SYRINGE 1 ML 28G 13MM	3		ISENTRESS 100 MG POWDER PACKET	3	
INSULIN SYRINGE 1 ML 28GX1/2"	3		ISENTRESS 100 MG TABLET CHEW	3	
INSULIN SYRINGE 1 ML 29G 1/2"	3		ISENTRESS 25 MG TABLET CHEW	3	
INSULIN SYRINGE 1 ML 29GX1/2"	3		ISENTRESS 400 MG TABLET	3	
INSULIN SYRINGE 1 ML 30G 1/2"	3		ISENTRESS HD 600 MG TABLET	3	
INSULIN SYRINGE 1 ML 30G 5/16"	3		ISIBLOOM 28 DAY TABLET	1	
INSULIN SYRINGE 1 ML 30GX1/2"	3		ISONIAZID 100 MG TABLET	1	
INSULIN SYRINGE 1 ML 30GX5/16"	3		ISONIAZID 300 MG TABLET	1	
INSULIN SYRINGE 1 ML 31G 5/16"	3		ISONIAZID 50 MG/5 ML SOLUTION	2	
INSULIN SYRINGE 1 ML 31GX1/4"	3		ISOSORBIDE DINITRATE 10 MG TAB	2	
INSULIN SYRINGE 1 ML 31GX5/16"	3		ISOSORBIDE DINITRATE 20 MG TAB	2	
BD INS SYR U-500 1/2ML 6MMX31G	3		ISOSORBIDE DINITRATE 30 MG TAB	2	
INSUPEN 30G ULTRAFIN NEEDLE	3		ISOSORBIDE DINITRATE 5 MG TAB	2	
INSUPEN 31G ULTRAFIN NEEDLE	3		ISOSORBIDE MONONIT 10 MG TAB	1	
INSUPEN 32G 6MM PEN NEEDLE	3		ISOSORBIDE MONONIT 20 MG TAB	1	
INSUPEN 32G 8MM PEN NEEDLE	3		ISOSORBIDE MONONIT ER 120 MG	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ISOSORBIDE MONONIT ER 30 MG TB	1		KELNOR 1-50 TABLET	1	
ISOSORBIDE MONONIT ER 60 MG TB	1		KETOCONAZOLE 2% CREAM	2	
ISOTRETINOIN 10 MG CAPSULE	4		KETOCONAZOLE 2% SHAMPOO	2	
ISOTRETINOIN 20 MG CAPSULE	4		KETOCONAZOLE 200 MG TABLET	2	
ISOTRETINOIN 30 MG CAPSULE	4		KETO-DIASTIX REAGENT STRIPS	3	
ISOTRETINOIN 40 MG CAPSULE	4		CVS KETONE CARE TEST STRIP	3	
ISOXSUPRINE 10 MG TABLET	2		KETONE TEST STRIP	3	
ISOXSUPRINE 20 MG TABLET	2		KETOPROFEN 50 MG CAPSULE	2	
ISRADIPINE 2.5 MG CAPSULE	2		KETOPROFEN 75 MG CAPSULE	2	
ISRADIPINE 5 MG CAPSULE	2		KETOPROFEN ER 200 MG CAPSULE	2	
ITRACONAZOLE 10 MG/ML SOLUTION	3		KETOROLAC 0.4% OPHTH SOLUTION	2	
ITRACONAZOLE 100 MG CAPSULE	3	QL	KETOROLAC 0.5% OPHTH SOLUTION	2	
ITRACONAZOLE 100 MG/10 ML CUP	3		KETOROLAC 10 MG TABLET	2	QL
IV PREP ANTISEPTIC WIPES	3		KETOSTIX REAGENT STRIP	3	
IVERMECTIN 0.5% LOTION	4		KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX
IVERMECTIN 3 MG TABLET	2	PA	KINRAY INS SYR 1 ML 31GX5/16"	3	
JAIMIESS	1		KINRAY SYRING 0.3 ML 31GX5/16"	3	
JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX	KINRAY SYRING 0.5 ML 31GX5/16"	3	
JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX	KINRIX TIP-LOK SYRINGE	3	
JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX	KINRIX VIAL	3	
JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX	KIONEX 15 GM/60 ML SUSPENSION	2	
JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX	KISQALI 200 MG DAILY DOSE	5	PA, QL, SRX
JANSSEN COVID-19 VACCINE (EUA)	3		KISQALI 400 MG DAILY DOSE	5	PA, QL, SRX
JANTOVEN 1 MG TABLET	1		KISQALI 600 MG DAILY DOSE	5	PA, QL, SRX
JANTOVEN 10 MG TABLET	1		KLOR-CON 10 MEQ TABLET	2	
JANTOVEN 2 MG TABLET	1		KLOR-CON 20 MEQ PACKET	2	
JANTOVEN 2.5 MG TABLET	1		KLOR-CON 8 MEQ TABLET	2	
JANTOVEN 3 MG TABLET	1		KLOR-CON M10 TABLET	2	
JANTOVEN 4 MG TABLET	1		KLOR-CON M15 TABLET	4	
JANTOVEN 5 MG TABLET	1		KLOR-CON M20 TABLET	2	
JANTOVEN 6 MG TABLET	1		KMART VALU PLUS SYR 1/2 ML	3	
JANTOVEN 7.5 MG TABLET	1		KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL
JASMIEL 3 MG-0.02 MG TABLET	1		KOMBIGLYZE XR 5-1,000 MG TAB	3	QL
JENCYCLA 0.35 MG TABLET	1		KOMBIGLYZE XR 5-500 MG TABLET	3	QL
JINTELI 1 MG-5 MCG TABLET	2		K-PHOS NO.2	4	
JOLESSA	1		K-PHOS ORIGINAL TABLET	4	
JULEBER 28 DAY TABLET	1		KRO INS SYR 0.3 ML 29GX1/2"	3	
JULUCA	3	QL	KRO INS SYRIN 0.5 ML 31GX5/16"	3	
JUNEL 1 MG-20 MCG TABLET	1		KRO INSULIN SYR 1 ML 30GX5/16"	3	
JUNEL 1.5 MG-30 MCG TABLET	1		KRO PEN NEEDLE 4MM X 32G	3	
JUNEL FE 1 MG-20 MCG TABLET	1		KRO PEN NEEDLE 4MM X 33G	3	
JUNEL FE 1.5 MG-30 MCG TABLET	1		KRO PEN NEEDLE 5MM X 31G	3	
JUNEL FE 24 TABLET	1		KRO PEN NEEDLE 6MM X 31G	3	
KAITLIB FE 0.8-0.025MG CHEW TB	1		KRO PEN NEEDLE 8MM X 31G	3	
KALLIGA 28 DAY TABLET	1		KROGER INS SYR 0.3 ML 30GX5/16	3	
KARIVA 28 DAY TABLET	1		KROGER INS SYR 0.5 ML 29GX1/2"	3	
KELNOR 1-35 28 TABLET	1		KROGER INS SYR 1 ML 29GX1/2"	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
KROGER INS SYR 1 ML 31GX5/16"	3		LAMOTRIGINE ODT 200 MG TABLET	2	
KROGER PEN NEEDLES 31G X 5/16"	3		LAMOTRIGINE ODT 25 MG TABLET	2	
KROGER SYR 0.5 ML 30GX5/16"	3		LAMOTRIGINE ODT 50 MG TABLET	2	
KROGER SYRING 0.3 ML 31GX5/16"	3		LANSOPRAZOL-AMOXICIL-CLARITHRO	2	
KURVELO-28 TABLET	1		LANSOPRAZOLE DR 15 MG CAPSULE	2	QL
KYNMOBI 10 MG SL FILM	5	PA, QL, SRX	LANSOPRAZOLE DR 30 MG CAPSULE	2	QL
KYNMOBI 15 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 1,000 MG TB CHW	4	
KYNMOBI 20 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 500 MG TAB CHEW	4	
KYNMOBI 25 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 750 MG TAB CHEW	4	
KYNMOBI 30 MG SL FILM	5	PA, QL, SRX	LAPATINIB	5	PA, QL, SRX
LABETALOL HCL 100 MG TABLET	2		LARIN 1.5 MG-30 MCG TABLET	1	
LABETALOL HCL 200 MG TABLET	2		LARIN 21 1-20 TABLET	1	
LABETALOL HCL 300 MG TABLET	2		LARIN 24 FE 1 MG-20 MCG TABLET	1	
LABSTIX REAGENT	3		LARIN FE 1.5-30 TABLET	1	
LACOSAMIDE 10 MG/ML SOLUTION	3	QL	LARIN FE 1-20 TABLET	1	
LACOSAMIDE 100 MG TABLET	3	QL	LARISSIA	1	
LACOSAMIDE 150 MG TABLET	3	QL	LATANOPROST 0.005% EYE DROPS	2	
LACOSAMIDE 200 MG TABLET	3	QL	LAYOLIS FE	4	
LACOSAMIDE 50 MG TABLET	3	QL	LEADER INS SYR 0.3 ML 29GX1/2"	3	
LACRISERT 5 MG EYE INSERT	4		LEADER INS SYR 0.5 ML 28GX1/2"	3	
LACTATED RINGERS IRRIGATION	2		LEADER INS SYR 0.5 ML 29GX1/2"	3	
LACTULOSE 10 GM/15 ML SOLUTION	2		LEADER INS SYR 0.5 ML 30GX1/2"	3	
LACTULOSE 20 GM/30 ML SOLUTION	2		LEADER INS SYR 1 ML 28GX1/2"	3	
LAMIVUDINE 10 MG/ML ORAL SOLN	2		LEADER INS SYR 1 ML 29GX1/2"	3	
LAMIVUDINE 150 MG TABLET	2		LEADER INS SYR 1 ML 30GX5/16"	3	
LAMIVUDINE 300 MG TABLET	2		LEADER INS SYR 1 ML 31GX5/16"	3	
LAMIVUDINE HBV 100 MG TABLET	2		LEADER INSULIN SYRINGE 0.3 ML	3	
LAMIVUDINE-ZIDOVUDINE TABLET	2		LEADER PEN NEEDLES 12MM 29G	3	
LAMOTRIGINE (BLUE)	2		LEADER SYRING 0.3 ML 31GX5/16"	3	
LAMOTRIGINE (GREEN)	2		LEADER SYRING 0.5 ML 31GX5/16"	3	
LAMOTRIGINE (ORANGE)	2		LEDIPASVIR-SOFOSBUVIR	5	PA, QL, SRX
LAMOTRIGINE 100 MG TABLET	2		LEENA 28 TABLET	1	
LAMOTRIGINE 150 MG TABLET	2		LEFLUNOMIDE 10 MG TABLET	2	
LAMOTRIGINE 200 MG TABLET	2		LEFLUNOMIDE 20 MG TABLET	2	
LAMOTRIGINE 25 MG DISPER TAB	2		LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE 25 MG TABLET	2		LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE 5 MG DISPER TABLET	2		LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 100 MG TABLET	2		LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 200 MG TABLET	2		LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 25 MG TABLET	2		LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 250 MG TABLET	2		LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 300 MG TABLET	2		LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 50 MG TABLET	2		LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (BLUE)	2		LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (GREEN)	2		LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (ORANGE)	2		LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 100 MG TABLET	2		LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONORG 0.15MG-EE 20-25-30MCG	1	
LESSINA-28 TABLET	1		LEVONORGESTREL 1.5 MG TABLET	1	
LETROZOLE 2.5 MG TABLET	2		LEVORA-28 TABLET	1	
LEUCOVORIN CALCIUM 10 MG TAB	2		LEVORPHANOL 2 MG TABLET	5	PA, SRX
LEUCOVORIN CALCIUM 15 MG TAB	2		LEVORPHANOL 3 MG TABLET	5	PA, SRX
LEUCOVORIN CALCIUM 25 MG TAB	2		LEVO-T 100 MCG TABLET	1	
LEUCOVORIN CALCIUM 5 MG TAB	2		LEVO-T 112 MCG TABLET	1	
LEUKERAN 2 MG TABLET	4		LEVO-T 125 MCG TABLET	1	
LEUKINE 250 MCG VIAL	5	SRX	LEVO-T 137 MCG TABLET	1	
LEUPROLIDE 2WK 14 MG/2.8 ML KT	5	PA, SRX	LEVO-T 150 MCG TABLET	1	
LEVALBUTEROL 0.31 MG/3 ML SOL	2		LEVO-T 175 MCG TABLET	1	
LEVALBUTEROL 0.63 MG/3 ML SOL	2		LEVO-T 200 MCG TABLET	1	
LEVALBUTEROL 1.25 MG/3 ML SOL	2		LEVO-T 25 MCG TABLET	1	
LEVALBUTEROL CONC 1.25 MG/0.5	2		LEVO-T 300 MCG TABLET	1	
LEVALBUTEROL TARTRATE HFA	2	QL	LEVO-T 50 MCG TABLET	1	
LEVEMIR 100 UNIT/ML VIAL	4	QL, ST	LEVO-T 75 MCG TABLET	1	
LEVEMIR FLEXPEN 100 UNIT/ML	4	QL, ST	LEVO-T 88 MCG TABLET	1	
LEVEMIR FLEXTOUCH 100 UNIT/ML	4	QL, ST	LEVOTHYROXINE 100 MCG TABLET	1	
LEVETIRACETAM 1,000 MG TABLET	2		LEVOTHYROXINE 112 MCG TABLET	1	
LEVETIRACETAM 1,000 MG/10 ML	2		LEVOTHYROXINE 125 MCG TABLET	1	
LEVETIRACETAM 100 MG/ML SOLN	2		LEVOTHYROXINE 137 MCG TABLET	1	
LEVETIRACETAM 250 MG TABLET	2		LEVOTHYROXINE 150 MCG TABLET	1	
LEVETIRACETAM 500 MG TABLET	2		LEVOTHYROXINE 175 MCG TABLET	1	
LEVETIRACETAM 500 MG/5 ML CUP	2		LEVOTHYROXINE 200 MCG TABLET	1	
LEVETIRACETAM 500 MG/5 ML SOLN	2		LEVOTHYROXINE 25 MCG TABLET	1	
LEVETIRACETAM 750 MG TABLET	2		LEVOTHYROXINE 300 MCG TABLET	1	
LEVETIRACETAM ER 500 MG TABLET	2		LEVOTHYROXINE 50 MCG TABLET	1	
LEVETIRACETAM ER 750 MG TABLET	2		LEVOTHYROXINE 75 MCG TABLET	1	
LEVOBUNOLOL 0.5% EYE DROPS	2		LEVOTHYROXINE 88 MCG TABLET	1	
LEVOCARNITINE 1 G/10 ML SOLN	2		LEVOXYL 100 MCG TABLET	1	
LEVOCARNITINE 330 MG TABLET	2		LEVOXYL 112 MCG TABLET	1	
LEVOCARNITINE SF	2		LEVOXYL 125 MCG TABLET	1	
LEVOCETIRIZINE 2.5 MG/5 ML SOL	2		LEVOXYL 137 MCG TABLET	1	
LEVOCETIRIZINE 5 MG TABLET	2		LEVOXYL 150 MCG TABLET	1	
LEVOFLOXACIN 0.5% EYE DROPS	2		LEVOXYL 175 MCG TABLET	1	
LEVOFLOXACIN 1.5% EYE DROPS	2		LEVOXYL 200 MCG TABLET	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	2		LEVOXYL 25 MCG TABLET	1	
LEVOFLOXACIN 250 MG TABLET	2		LEVOXYL 50 MCG TABLET	1	
LEVOFLOXACIN 500 MG TABLET	2		LEVOXYL 75 MCG TABLET	1	
LEVOFLOXACIN 750 MG TABLET	2		LEVOXYL 88 MCG TABLET	1	
LEVONEST-28 TABLET	1		LEVULAN KERASTICK 20%	4	LDD
LEVONO-E ESTRAD 0.15-0.03-0.01	1		LEXIVA 50 MG/ML SUSPENSION	3	
LEVONOR-E ESTRAD 0.1-0.02-0.01	1		LIDOCAINE 2% VISCOUS SOLN	2	
LEVONOR-ETH ESTRA 0.09-0.02 MG	1		LIDOCAINE 5% OINTMENT	2	QL
LEVONOR-ETH ESTRAD 0.1-0.02 MG	1		LIDOCAINE 5% PATCH	2	
LEVONOR-ETH ESTRAD 0.15-0.03	1		LIDOCAINE HCL 2% JEL UROJET AC	2	
LEVONOR-ETH ESTRAD TRIPHASIC	1		LIDOCAINE HCL 2% JELLY	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LIDOCAINE HCL 2% JELLY URO-JET	2		LITHIUM CARBONATE 300 MG TAB	1	
LIDOCAINE HCL 4% SOLUTION	2		LITHIUM CARBONATE 600 MG CAP	1	
LIDOCAINE-PRILOCAINE CREAM	2		LITHIUM CARBONATE ER 300 MG TB	2	
LIFESHIELD BLUNT CANNULA	3		LITHIUM CARBONATE ER 450 MG TB	2	
LILLOW	1		LITHOSTAT 250 MG TABLET	4	
LINDANE	2		LIVE BETTER PEN NEEDLES 8MM	3	
LINEZOLID 100 MG/5 ML SUSP	4	PA	LO LOESTRIN FE	3	
LINEZOLID 600 MG TABLET	2	PA	LOJAIMIESS	1	
LINZESS 145 MCG CAPSULE	4	QL	LOKELMA 10 GRAM POWDER PACKET	4	
LINZESS 290 MCG CAPSULE	4	QL	LOKELMA 5 GRAM POWDER PACKET	4	
LINZESS 72 MCG CAPSULE	4	QL	LOPERAMIDE 2 MG CAPSULE	2	
LIOTHYRONINE SOD 25 MCG TAB	2		LOPINAVIR-RITONAVIR 80-20MG/ML	2	
LIOTHYRONINE SOD 5 MCG TAB	2		LOPINAVIR-RITONAVR 100-25MG TB	2	
LIOTHYRONINE SOD 50 MCG TAB	2		LOPINAVIR-RITONAVR 200-50MG TB	2	
LISINOPRIL 10 MG TABLET	1		LORAZEPAM 0.5 MG TABLET	2	
LISINOPRIL 2.5 MG TABLET	1		LORAZEPAM 1 MG TABLET	2	
LISINOPRIL 20 MG TABLET	1		LORAZEPAM 2 MG TABLET	2	
LISINOPRIL 30 MG TABLET	1		LORAZEPAM 2 MG/ML ORAL CONCENT	2	
LISINOPRIL 40 MG TABLET	1		LORAZEPAM INTENSOL	2	
LISINOPRIL 5 MG TABLET	1		LORCET 5-325 MG TABLET	2	PA
LISINOPRIL-HCTZ 10-12.5 MG TAB	1		LORCET HD	2	PA
LISINOPRIL-HCTZ 20-12.5 MG TAB	1		LORCET PLUS 7.5-325 MG TABLET	2	PA
LISINOPRIL-HCTZ 20-25 MG TAB	1		LORTAB	2	PA
LITE TOUCH 31GX1/4" PEN NEEDLE	3		LORYNA 3 MG-0.02 MG TABLET	1	
LITE TOUCH INSULIN 0.5 ML SYR	3		LOSARTAN POTASSIUM 100 MG TAB	1	
LITE TOUCH INSULIN 1 ML SYR	3		LOSARTAN POTASSIUM 25 MG TAB	1	
LITE TOUCH INSULIN SYR 0.3 ML	3		LOSARTAN POTASSIUM 50 MG TAB	1	
LITE TOUCH INSULIN SYR 0.5 ML	3		LOSARTAN-HCTZ 100-12.5 MG TAB	1	
LITE TOUCH INSULIN SYR 1 ML	3		LOSARTAN-HCTZ 100-25 MG TAB	1	
LITE TOUCH PEN NEEDLE 29G	3		LOSARTAN-HCTZ 50-12.5 MG TAB	1	
LITE TOUCH PEN NEEDLE 31G	3		LOTEPREDNOL 0.5% OPHTHALMC GEL	3	
LITEAIRE	3	QL	LOTEPREDNOL ETABONATE 0.5% DRP	3	
LITETOUCH INS 0.3 ML 29GX1/2"	3		LOVASTATIN 10 MG TABLET	1	
LITETOUCH INS 0.3 ML 30GX5/16"	3		LOVASTATIN 20 MG TABLET	1	
LITETOUCH INS 0.3 ML 31GX5/16"	3		LOVASTATIN 40 MG TABLET	1	
LITETOUCH INS 0.5 ML 31GX5/16"	3		LOW-OGESTREL-28 TABLET	1	
LITETOUCH LARGE MASK	3	QL	LOXAPINE 10 MG CAPSULE	2	
LITETOUCH MEDIUM MASK	3	QL	LOXAPINE 25 MG CAPSULE	2	
LITETOUCH SMALL MASK	3	QL	LOXAPINE 5 MG CAPSULE	2	
LITETOUCH SYR 0.5 ML 28GX1/2"	3		LOXAPINE 50 MG CAPSULE	2	
LITETOUCH SYR 0.5 ML 29GX1/2"	3		LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	
LITETOUCH SYR 0.5 ML 30GX5/16"	3		LUBIPROSTONE 24 MCG CAPSULE	4	
LITETOUCH SYRIN 1 ML 28GX1/2"	3		LUBIPROSTONE 8 MCG CAPSULE	4	
LITETOUCH SYRIN 1 ML 29GX1/2"	3		LUCEMYRA 0.18 MG TABLET	3	
LITETOUCH SYRIN 1 ML 30GX5/16"	3		BD LUER-LOK SYRINGE 1 ML	3	
LITHIUM CARBONATE 150 MG CAP	1		LURASIDONE HCL 120 MG TABLET	4	QL
LITHIUM CARBONATE 300 MG CAP	1		LURASIDONE HCL 20 MG TABLET	4	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LURASIDONE HCL 40 MG TABLET	4	QL	MEDROL 2 MG TABLET	4	
LURASIDONE HCL 60 MG TABLET	4	QL	MEDROXYPROGESTERONE 10 MG TAB	1	
LURASIDONE HCL 80 MG TABLET	4	QL	MEDROXYPROGESTERONE 150 MG/ML	1	
LUTERA-28 TABLET	1		MEDROXYPROGESTERONE 2.5 MG TAB	1	
LYLEQ 0.35 MG TABLET	1		MEDROXYPROGESTERONE 5 MG TAB	1	
LYLLANA 0.025 MG PATCH	2	QL	MEDTRONIC EXT INF SET 23" 6MM	3	
LYLLANA 0.0375 MG PATCH	2	QL	MEDTRONIC EXT INF SET 23" 9MM	3	
LYLLANA 0.05 MG PATCH	2	QL	MEDTRONIC EXT INF SET 32" 9MM	3	
LYLLANA 0.075 MG PATCH	2	QL	MEDTRONIC REMOTE CONTROL	3	
LYLLANA 0.1 MG PATCH	2	QL	MEFENAMIC ACID 250 MG CAPSULE	2	
LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX	MEFLOQUINE HCL 250 MG TABLET	2	QL
LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX	MEGESTROL 20 MG TABLET	2	
LYSODREN	4	LDD	MEGESTROL 40 MG TABLET	2	
LYZA 0.35 MG TABLET	1		MEGESTROL 625 MG/5 ML SUSP	4	
MAGELLAN INSUL SYRINGE 0.3 ML	3		MEGESTROL ACET 40 MG/ML SUSP	2	
MAGELLAN INSUL SYRINGE 0.5 ML	3		MEGESTROL ACET 400 MG/10 ML	2	
MAGELLAN INSULIN SYR 0.3 ML	3		MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL, SRX
MAGELLAN INSULIN SYR 0.5 ML	3		MEKINIST 0.5 MG TABLET	5	PA, QL, SRX
MAGELLAN INSULIN SYRINGE 1 ML	3		MEKINIST 2 MG TABLET	5	PA, QL, SRX
BD MAGNI-GUIDE MAGNIFIER	3		MELODETTA 24 FE	1	
MALATHION 0.5% LOTION	2		MELOXICAM 15 MG TABLET	1	
MAPROTILINE 25 MG TABLET	2		MELOXICAM 7.5 MG TABLET	1	
MAPROTILINE 75 MG TABLET	2		MELPHALAN 2 MG TABLET	2	
MARLISSA-28 TABLET	1		MEMANTINE 5-10 MG TITRATION PK	2	
MARPLAN 10 MG TABLET	4		MEMANTINE HCL 10 MG TABLET	2	
MATZIM LA 180 MG TABLET	2		MEMANTINE HCL 2 MG/ML SOLUTION	2	
MATZIM LA 240 MG TABLET	2		MEMANTINE HCL 5 MG TABLET	2	
MATZIM LA 300 MG TABLET	2		MENACTRA VIAL	3	
MATZIM LA 360 MG TABLET	2		MENEST 0.3 MG TABLET	4	
MATZIM LA 420 MG TABLET	2		MENEST 0.625 MG TABLET	4	
MAXICOMFORT II PEN NDJ 31GX6MM	3		MENEST 1.25 MG TABLET	4	
MAXI-COMFORT INS 0.5 ML 28G	3		MENEST 2.5 MG TABLET	4	
MAXICOMFORT INS 0.5ML 27GX1/2"	3		MENQUADFI VIAL	3	
MAXICOMFORT INS 1 ML 27GX1/2"	3		MENTAX 1% CREAM	4	
MAXI-COMFORT INS 1 ML 28GX1/2"	3		MENVEO 1 VIAL-A-C-Y-W-135-DIP	3	
MAXICOMFORT PEN NDJ 29G X 5MM	3		MENVEO A-C-Y-W KIT (2 VIALS)	3	
MAXICOMFORT PEN NDJ 29G X 8MM	3		MEPERIDINE 50 MG TABLET	2	PA
MECLIZINE 12.5 MG TABLET	2		MEPERIDINE 50 MG/5 ML SOLUTION	2	PA
MECLIZINE 25 MG TABLET	2		MEPROBAMATE 200 MG TABLET	2	
MECLOFENAMATE 100 MG CAPSULE	2		MEPROBAMATE 400 MG TABLET	2	
MECLOFENAMATE 50 MG CAPSULE	2		MERCAPTOPYRINE 50 MG TABLET	2	
MEDICATION TRANSFER NEEDLE	3		MERZEE 1 MG-20 MCG CAPSULE	1	
MEDISENSE GLUC-KET CONT SOL	3		MESALAMINE 4 GM/60 ML ENEMA	4	
MEDISENSE H-L CONTROL SOLUTION	3		MESALAMINE 4 GM/60 ML KIT	4	
MEDISENSE H-M-L CONTROL SOLN	3		MESALAMINE 800 MG DR TABLET	4	
MEDISENSE MID CONTROL SOLUTION	3		MESALAMINE ER 0.375 GRAM CAP	3	
MEDPOINT CONTROL SOLUTION	3		MESALAMINE ER 500 MG CAPSULE	4	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MESNEX 400 MG TABLET	5	SRX	METHYLPHENIDATE CD 30 MG CAP	2	QL
METAXALL 800 MG TABLET	4		METHYLPHENIDATE CD 40 MG CAP	2	QL
METAXALONE 400 MG TABLET	4		METHYLPHENIDATE CD 50 MG CAP	2	QL
METAXALONE 800 MG TABLET	4		METHYLPHENIDATE CD 60 MG CAP	2	QL
METFORMIN HCL 1,000 MG TABLET	1		METHYLPHENIDATE ER 10 MG TAB	2	QL
METFORMIN HCL 500 MG TABLET	1		METHYLPHENIDATE ER 18 MG TAB	2	QL
METFORMIN HCL 850 MG TABLET	1		METHYLPHENIDATE ER 20 MG TAB	2	QL
METFORMIN HCL ER 500 MG TABLET	2		METHYLPHENIDATE ER 27 MG TAB	2	QL
METFORMIN HCL ER 750 MG TABLET	2		METHYLPHENIDATE ER 36 MG TAB	2	QL
METHADONE 10 MG/5 ML SOLUTION	2	PA	METHYLPHENIDATE ER 54 MG TAB	2	QL
METHADONE 10 MG/ML ORAL CONC	2	PA	METHYLPHENIDATE ER(CD) 10MG CP	2	QL
METHADONE 5 MG/5 ML SOLUTION	2	PA	METHYLPHENIDATE ER(CD) 20MG CP	2	QL
METHADONE HCL 10 MG TABLET	2	PA	METHYLPHENIDATE ER(CD) 30MG CP	2	QL
METHADONE HCL 5 MG TABLET	2	PA	METHYLPHENIDATE ER(CD) 40MG CP	2	QL
METHADONE INTENSOL 10 MG/ML	2	PA	METHYLPHENIDATE ER(CD) 50MG CP	2	QL
METHAMPHETAMINE 5 MG TABLET	4	QL	METHYLPHENIDATE ER(CD) 60MG CP	2	QL
METHAZOLAMIDE 25 MG TABLET	2		METHYLPHENIDATE ER(LA) 10MG CP	2	QL
METHAZOLAMIDE 50 MG TABLET	2		METHYLPHENIDATE ER(LA) 20MG CP	2	QL
METHENAMINE HIPP 1 GM TABLET	2		METHYLPHENIDATE ER(LA) 30MG CP	2	QL
METHENAMINE MAND 1 GM TABLET	2		METHYLPHENIDATE ER(LA) 40MG CP	2	QL
METHENAMINE MAND 500 MG TABLET	2		METHYLPHENIDATE LA 10 MG CAP	2	QL
METHERGINE 0.2 MG TABLET	4		METHYLPHENIDATE LA 20 MG CAP	2	QL
METHIMAZOLE 10 MG TABLET	2		METHYLPHENIDATE LA 30 MG CAP	2	QL
METHIMAZOLE 5 MG TABLET	2		METHYLPHENIDATE LA 40 MG CAP	2	QL
METHITEST 10 MG TABLET	5	SRX	METHYLPHENIDATE LA 60 MG CAP	2	QL
METHOCARBAMOL 500 MG TABLET	2		METHYLPREDNISOLONE 16 MG TAB	2	
METHOCARBAMOL 750 MG TABLET	2		METHYLPREDNISOLONE 32 MG TAB	2	
METHOTREXATE 2.5 MG TABLET	2		METHYLPREDNISOLONE 4 MG DOSEPK	2	
METHOXSALEN 10 MG SOFTGEL	4		METHYLPREDNISOLONE 4 MG TABLET	2	
METHSCOPOLAMINE BROM 2.5 MG TB	2		METHYLPREDNISOLONE 8 MG TABLET	2	
METHSCOPOLAMINE BROM 5 MG TAB	2		METHYLTESTOSTERONE 10 MG CAP	5	SRX
METHSUXIMIDE 300 MG CAPSULE	4		METOCLOPRAMIDE 10 MG TABLET	1	
METHYLDOPA 250 MG TABLET	2		METOCLOPRAMIDE 10 MG/10 ML SOL	2	
METHYLDOPA 500 MG TABLET	2		METOCLOPRAMIDE 5 MG TABLET	1	
METHYLDOPA-HCTZ 250-15 MG TAB	2		METOCLOPRAMIDE 5 MG/5 ML SOLN	2	
METHYLDOPA-HCTZ 250-25 MG TAB	2		METOLAZONE 10 MG TABLET	2	
METHYLERGONOVINE 0.2 MG TABLET	4		METOLAZONE 2.5 MG TABLET	2	
METHYLPHENIDATE 10 MG CHEW TAB	2	QL	METOLAZONE 5 MG TABLET	2	
METHYLPHENIDATE 10 MG TABLET	2	QL	METOPROLOL SUCC ER 100 MG TAB	2	
METHYLPHENIDATE 10 MG/5 ML SOL	2	QL	METOPROLOL SUCC ER 200 MG TAB	2	
METHYLPHENIDATE 2.5 MG CHEW TB	2	QL	METOPROLOL SUCC ER 25 MG TAB	2	
METHYLPHENIDATE 20 MG TABLET	2	QL	METOPROLOL SUCC ER 50 MG TAB	2	
METHYLPHENIDATE 5 MG CHEW TAB	2	QL	METOPROLOL TARTRATE 100 MG TAB	1	
METHYLPHENIDATE 5 MG TABLET	2	QL	METOPROLOL TARTRATE 25 MG TAB	1	
METHYLPHENIDATE 5 MG/5 ML SOLN	2	QL	METOPROLOL TARTRATE 37.5 MG TB	2	
METHYLPHENIDATE CD 10 MG CAP	2	QL	METOPROLOL TARTRATE 50 MG TAB	1	
METHYLPHENIDATE CD 20 MG CAP	2	QL	METOPROLOL TARTRATE 75 MG TAB	2	



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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
METOPROLOL-HCTZ 100-25 MG TAB	2		MINI PEN NEEDLE 32G 5MM	3	
METOPROLOL-HCTZ 100-50 MG TAB	2		MINI PEN NEEDLE 32G 6MM	3	
METOPROLOL-HCTZ 50-25 MG TAB	2		MINI PEN NEEDLE 32G 8MM	3	
METRONIDAZOLE 0.75% CREAM	2		MINI PEN NEEDLE 33G 4MM	3	
METRONIDAZOLE 0.75% LOTION	2		MINI PEN NEEDLE 33G 5MM	3	
METRONIDAZOLE 250 MG TABLET	2		MINI PEN NEEDLE 33G 6MM	3	
METRONIDAZOLE 375 MG CAPSULE	2		MINI ULTRA-THIN II PEN NDL 31G	3	
METRONIDAZOLE 500 MG TABLET	2		MINI WRIGHT PEAK FLOW METER	3	
METRONIDAZOLE TOP 1% GEL PUMP	2		MINIMED INFUSION SET	3	
METRONIDAZOLE TOPICAL 0.75% GL	2		MINIMED MIO ADV INFUSN 23"6MM	3	
METRONIDAZOLE TOPICAL 1% GEL	2		MINIMED MIO ADV INFUSN 23"9MM	3	
METRONIDAZOLE VAGINAL 0.75% GL	2		MINIMED MIO ADV INFUSN 43"6MM	3	
METYROSINE 250 MG CAPSULE	5	PA, SRX	MINIMED MIO ADV INFUSN 43"9MM	3	
MEXILETINE 150 MG CAPSULE	2		MINIMED MIO INFUSN SET 18" 6MM	3	
MEXILETINE 200 MG CAPSULE	2		MINIMED MIO INFUSN SET 23" 6MM	3	
MEXILETINE 250 MG CAPSULE	2		MINIMED MIO INFUSN SET 32" 6MM	3	
MIBELAS 24 FE CHEWABLE TABLET	1		MINIMED MIO INFUSN SET 32" 9MM	3	
MICONAZOLE 3 200 MG VAG SUPP	2		MINIMED MIO INFUSN SET 32" 9MM	3	
MICROCHAMBER	3	QL	MINIMED QUICK SET INF 18" 6MM	3	
MICRODOT HIGH-LOW CONTROL SOL	3		MINIMED QUICK SET INF 23" 6MM	3	
MICRODOT NORMAL CONTROL SOLUT	3		MINIMED QUICK SET INF 23" 9MM	3	
MICRODOT PEN NEEDLE 31GX6MM	3		MINIMED QUICK SET INF 32" 6MM	3	
MICRODOT PEN NEEDLE 32GX4MM	3		MINIMED QUICK SET INF 32" 9MM	3	
MICRODOT PEN NEEDLE 33GX4MM	3		MINIMED QUICK SET INF 32" 9MM	3	
MICROGESTIN 21 1.5-30 TAB	1		MINIMED QUICK SET INF 43" 6MM	3	
MICROGESTIN 21 1-20 TABLET	1		MINIMED QUICK SET INF 43" 9MM	3	
MICROGESTIN 24 FE 1 MG-20 MCG	1		MINIMED QUICK-SERTER	3	
MICROGESTIN FE 1.5-30 TAB	1		MINIMED RESERVOIR 1.8 ML	3	
MICROGESTIN FE 1-20 TABLET	1		MINIMED RESERVOIR 3 ML	3	
MICROLIFE PEAK FLOW METER	3		MINIMED SILHOUETTE INF SET 18"	3	
MICROSPACER FOR AEROSOL DEVICE	3	QL	MINIMED SILHOUETTE INF SET 23"	3	
MIDAZOLAM HCL 10 MG/5 ML SYRUP	2		MINIMED SILHOUETTE INF SET 32"	3	
MIDAZOLAM HCL 2 MG/ML SYRUP	2		MINIMED SILHOUETTE INF SET 43"	3	
MIDAZOLAM HCL 5 MG/2.5 ML SYRUP	2		MINIMED SURE T INF SET 18" 6MM	3	
MIDODRINE HCL 10 MG TABLET	2		MINIMED SURE T INF SET 23" 6MM	3	
MIDODRINE HCL 2.5 MG TABLET	2		MINIMED SURE T INF SET 23" 8MM	3	
MIDODRINE HCL 5 MG TABLET	2		MINIMED SURE T INF SET 23" 8MM	3	
MIFEPREX	4		MINIMED SURE T INF SET 32" 6MM	3	
MIFEPRISTONE	2		MINIMED SURE T INFUSN SET 23"	3	
MIGERGOT 2-100 MG SUPPOSITORY	4		MINIMED SURE T INFUSN SET 32"	3	
MIGLITOL 100 MG TABLET	2		MINITRAN 0.1 MG/HR PATCH	2	
MIGLITOL 25 MG TABLET	2		MINITRAN 0.2 MG/HR PATCH	2	
MIGLITOL 50 MG TABLET	2		MINITRAN 0.4 MG/HR PATCH	2	
MIGLUSTAT 100 MG CAPSULE	5	PA, SRX	MINITRAN 0.6 MG/HR PATCH	2	
MILI 0.25-0.035 MG TABLET	1		MINI-WRIGHT PEAK FLOW METER	3	
MIMVEY 1-0.5 MG TABLET	2		MINOCYCLINE 100 MG CAPSULE	1	
MINI PEN NEEDLE 32G 4MM	3		MINOCYCLINE 50 MG CAPSULE	1	
			MINOCYCLINE 75 MG CAPSULE	1	
			MINOCYCLINE HCL 100 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MINOCYCLINE HCL 50 MG TABLET	1		MONOJECT 3 ML SYRN 22GX11/2"	3	
MINOCYCLINE HCL 75 MG TABLET	1		MONOJECT 3 ML SYRN 22GX1-1/2"	3	
MINOXIDIL 10 MG TABLET	2		MONOJECT 3 ML SYRN 23GX1"	3	
MINOXIDIL 2.5 MG TABLET	2		MONOJECT 3 ML SYRN 25GX1"	3	
MIO INFUSION SET 18"	3		MONOJECT 3 ML SYRN 25GX1.25"	3	
MIO INFUSION SET 23"	3		MONOJECT 3 ML SYRN 25GX5/8"	3	
MIO INFUSION SET 32"	3		MONOJECT 3 ML SYRN 27GX1.25"	3	
MIRTAZAPINE 15 MG ODT	2		MONOJECT 3 ML SYRN 27GX11/4"	3	
MIRTAZAPINE 15 MG TABLET	2		MONOJECT 6 ML SYRN 20GX11/2"	3	
MIRTAZAPINE 30 MG ODT	2		MONOJECT 6 ML SYRN 21GX1"	3	
MIRTAZAPINE 30 MG TABLET	2		MONOJECT 6 ML SYRN 21GX11/2"	3	
MIRTAZAPINE 45 MG ODT	2		MONOJECT 6 ML SYRN 22GX11/2"	3	
MIRTAZAPINE 45 MG TABLET	2		MONOJECT 6CC SAFETY SYRINGE	3	
MIRTAZAPINE 7.5 MG TABLET	2		MONOJECT BLD COL NEEDL 20GX1.5	3	
MISOPROSTOL 100 MCG TABLET	2		MONOJECT BLD COL NEEDLE 20GX1"	3	
MISOPROSTOL 200 MCG TABLET	2		MONOJECT BLD COL NEEDLE 21GX1"	3	
M-M-R II VACCINE VIAL	3		MONOJECT BLD COL NEEDLE 22GX1"	3	
M-NATAL PLUS	1		MONOJECT FILTR 18GX1.5" NEEDLE	3	
MODAFINIL 100 MG TABLET	4	PA	MONOJECT HYPO NDL 27GX1-1/2"	3	
MODAFINIL 200 MG TABLET	4	PA	MONOJECT HYPO NEEDLE 18X1A	3	
MODERNA COVID (12Y UP)VAC(EUA)	3		MONOJECT HYPO NEEDLE 19X1	3	
MODERNA COVID BIVAL(6MO UP)EUA	3		MONOJECT HYPO NEEDLE 19X1-1/2	3	
MODERNA COVID BIVAL(6MO-5Y)EUA	3		MONOJECT HYPO NEEDLE 20X1	3	
MODERNA COVID(6-11Y) VACC(EUA)	3		MONOJECT HYPO NEEDLE 20X1-1/2	3	
MODERNA COVID(6M-5Y) VACC(EUA)	3		MONOJECT HYPO NEEDLE 21X1	3	
MODERNA COVID-19 BOOSTER (EUA)	3		MONOJECT HYPO NEEDLE 21X1-1/2	3	
MOEXIPRIL HCL 15 MG TABLET	2		MONOJECT HYPO NEEDLE 22X1	3	
MOEXIPRIL HCL 7.5 MG TABLET	2		MONOJECT HYPO NEEDLE 22X1.5	3	
MOLINDONE HCL 10 MG TABLET	2		MONOJECT HYPO NEEDLE 23X1	3	
MOLINDONE HCL 25 MG TABLET	2		MONOJECT HYPO NEEDLE 25X1	3	
MOLINDONE HCL 5 MG TABLET	2		MONOJECT HYPO NEEDLE 25X1.5	3	
MOMETASONE FUROATE 0.1% CREAM	2		MONOJECT HYPO NEEDLE 25X5/8	3	
MOMETASONE FUROATE 0.1% OINT	2		MONOJECT HYPO NEEDLE 26X1.5	3	
MOMETASONE FUROATE 0.1% SOLN	2		MONOJECT HYPO NEEDLE 27X0.5	3	
MOMETASONE FUROATE 50 MCG SPRY	2	QL	MONOJECT HYPO NEEDLE 30X3/4	3	
MONDOXYNE NL 100 MG CAPSULE	1		MONOJECT HYPODERMIC NEEDLE	3	
MONDOXYNE NL 75 MG CAPSULE	2		MONOJECT INSUL SYR U100	3	
MONOJECT 0.5 ML SYRN 28GX1/2"	3		MONOJECT INSUL SYR U100 0.5 ML	3	
MONOJECT 1 ML SYRN 27X1/2"	3		MONOJECT INSUL SYR U100 1 ML	3	
MONOJECT 1 ML SYRN 28GX1/2"	3		MONOJECT INSULIN SYR U-100	3	
MONOJECT 3 ML SYRINGE 21GX1"	3		MONOJECT INSULIN SYR 0.3 ML	3	
MONOJECT 3 ML SYRINGE 23GX1"	3		MONOJECT INSULIN SYR 0.5 ML	3	
MONOJECT 3 ML SYRINGE 25GX1"	3		MONOJECT INSULIN SYR 1 ML	3	
MONOJECT 3 ML SYRN 21GX1"	3		MONOJECT INSULIN SYR U-100	3	
MONOJECT 3 ML SYRN 21GX11/2"	3		MONOJECT INSULIN SYRN 3/10 ML	3	
MONOJECT 3 ML SYRN 21GX1-1/2"	3		MONOJECT SYRINGE 0.3 ML	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MONOJECT SYRINGE 0.5 ML	3		MS INSUL SYR 0.5 ML 30GX1/2"	3	
MONOJECT SYRINGE 1 ML	3		MS INSUL SYR 0.5 ML 31GX5/16"	3	
MONOJECT SYRINGE 3 ML 20GX1	3		MS INSULIN SYR 0.3 ML 29GX1/2"	3	
MONOJECT SYRINGE 3 ML 22GX1"	3		MS INSULIN SYR 1 ML 31GX5/16"	3	
MONOJECT SYRN 3 ML 20GX1-1/2"	3		MS INSULIN SYRINGE 0.3 ML	3	
MONOJECT SYRN 3 ML 20GX3/4"	3		MS PEN NEEDLE 6MM 31G	3	
MONOJECT SYRNG 20GX1" 3 ML	3		MULTISTIX REAGENT STRIPS	3	
MONO-LINYAH 28 TABLET	1		MULTISTIX 10 SG REAGENT STRIPS	3	
MONTELUKAST SOD 10 MG TABLET	2		MULTISTIX 5 STRIPS	3	
MONTELUKAST SOD 4 MG GRANULES	2		MULTISTIX 7 REAGENT STRIPS	3	
MONTELUKAST SOD 4 MG TAB CHEW	2		MULTISTIX 8 SG REAGENT STRIPS	3	
MONTELUKAST SOD 5 MG TAB CHEW	2		MULTISTIX 9 REAGENT STRIPS	3	
MORGIDOX 100 MG CAPSULE	1		MULTISTIX 9 SG REAGENT STRIPS	3	
MORGIDOX 50 MG CAPSULE	1		MULTIVIT-FLUOR 0.25 MG TAB CHW	2	
MORPHINE SULF 10 MG SUPPOS	2	PA	MULTIVIT-FLUOR 0.25 MG/ML DROP	2	
MORPHINE SULF 10 MG/5 ML SOLN	2	PA	MULTIVIT-FLUOR 0.5 MG TAB CHEW	2	
MORPHINE SULF 100 MG/5 ML CONC	2	PA	MULTIVIT-FLUORIDE 1 MG TAB CHW	2	
MORPHINE SULF 20 MG SUPPOS	2	PA	MUPIROCIN 2% CREAM	2	
MORPHINE SULF 20 MG/5 ML SOLN	2	PA	MUPIROCIN 2% OINTMENT	2	
MORPHINE SULF 30 MG SUPPOS	2	PA	MY CHOICE 1.5 MG TABLET	1	
MORPHINE SULF 5 MG SUPPOS	2	PA	MY WAY 1.5 MG TABLET	1	
MORPHINE SULF ER 100 MG TABLET	2	PA	MYCOPHENOLATE 200 MG/ML SUSP	2	
MORPHINE SULF ER 15 MG TABLET	2	PA	MYCOPHENOLATE 250 MG CAPSULE	2	
MORPHINE SULF ER 200 MG TABLET	2	PA	MYCOPHENOLATE 500 MG TABLET	2	
MORPHINE SULF ER 30 MG TABLET	2	PA	MYCOPHENOLIC ACID DR 180 MG TB	2	
MORPHINE SULF ER 60 MG TABLET	2	PA	MYCOPHENOLIC ACID DR 360 MG TB	2	
MORPHINE SULFATE ER 10 MG CAP	2	PA	MYGLUCOHEALTH CONTROL SOLUTION	3	
MORPHINE SULFATE ER 100 MG CAP	2	PA	MYLERAN 2 MG TABLET	4	
MORPHINE SULFATE ER 120 MG CAP	2	PA	MYNATAL CAPSULE	1	
MORPHINE SULFATE ER 20 MG CAP	2	PA	MYNATAL PLUS	1	
MORPHINE SULFATE ER 30 MG CAP	2	PA	MYNATAL ULTRACAPLET	1	
MORPHINE SULFATE ER 45 MG CAP	2	PA	MYNATAL-Z	1	
MORPHINE SULFATE ER 50 MG CAP	2	PA	MYORISAN 10 MG CAPSULE	4	
MORPHINE SULFATE ER 60 MG CAP	2	PA	MYORISAN 20 MG CAPSULE	4	
MORPHINE SULFATE ER 75 MG CAP	2	PA	MYORISAN 30 MG CAPSULE	4	
MORPHINE SULFATE ER 80 MG CAP	2	PA	MYORISAN 40 MG CAPSULE	4	
MORPHINE SULFATE ER 90 MG CAP	2	PA	MYRBETRIQ ER 25 MG TABLET	4	QL, ST
MORPHINE SULFATE IR 15 MG TAB	2	PA	MYRBETRIQ ER 50 MG TABLET	4	QL, ST
MORPHINE SULFATE IR 30 MG TAB	2	PA	MYTESI	4	LDD
MOXIFLOXACIN 0.5% EYE DROPS	2		NABUMETONE 500 MG TABLET	2	
MOXIFLOXACIN 0.5% EYE DRP-VISC	2		NABUMETONE 750 MG TABLET	2	
MOXIFLOXACIN HCL 400 MG TABLET	2		NADOLOL 20 MG TABLET	2	
MS INS SYR 0.5 ML 29GX1/2"	3		NADOLOL 40 MG TABLET	2	
MS INS SYR 1 ML 29GX1/2"	3		NADOLOL 80 MG TABLET	2	
MS INS SYRINGE 1 ML 30GX1/2"	3		NAFTIFINE HCL 1% CREAM	2	
MS INSUL SYR 0.3 ML 31GX5/16"	3		NAFTIFINE HCL 1% GEL	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NAFTIFINE HCL 2% CREAM	2		NEOMYCIN-POLY-HC EYE DROPS	2	
NAFTIFINE HCL 2% GEL	2		NEOMYC-POLYM-GRAMICID EYE DROP	2	
NALOXONE 0.4 MG/ML CARPUJECT	2		NEOMYCIN-POLYMYXIN-HC EAR SOLN	2	
NALOXONE 2 MG/2 ML SYRINGE	2		NEOMYCIN-POLYMYXIN-HC EAR SUSP	2	
NALOXONE HCL 4 MG NASAL SPRAY	2	QL	NEOMYC-POLYM-DEXAMET EYE OINTM	2	
NALTREXONE 50 MG TABLET	1	QL	NEOMYC-POLYM-DEXAMETH EYE DROP	2	
NAPROXEN 250 MG TABLET	1		NEOMY-POLYMYXIN B 40 MG/ML AMP	2	
NAPROXEN 375 MG TABLET	1		NEOMY-POLYMYXIN B 40 MG/ML VL	2	
NAPROXEN 500 MG KIT	1		NEO-POLYCIN EYE OINTMENT	2	
NAPROXEN 500 MG TABLET	1		NEO-POLYCIN HC EYE OINTMENT	2	
NAPROXEN DR 375 MG TABLET	2		NEUAC GEL	2	
NAPROXEN DR 500 MG TABLET	2		NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NAPROXEN SOD CR 375 MG TABLET	2		NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX
NAPROXEN SOD ER 375 MG TABLET	2		NEVANAC 0.1% EYE DROP	4	
NAPROXEN SODIUM 275 MG TAB	2		NEVIRAPINE 200 MG TABLET	2	
NAPROXEN SODIUM 550 MG TAB	2		NEVIRAPINE 50 MG/5 ML SUSP	2	
NARATRIPTAN HCL 1 MG TABLET	2	QL	NEVIRAPINE ER 100 MG TABLET	2	
NARATRIPTAN HCL 2.5 MG TABLET	2	QL	NEVIRAPINE ER 400 MG TABLET	2	
NATACYN 5% EYE DROPS	4		NEW DAY 1.5 MG TABLET	1	
NATAZIA 28 TABLET	4		NEWGEN TABLET	1	
NATEGLINIDE 120 MG TABLET	2		NIACIN ER 1,000 MG TABLET	2	
NATEGLINIDE 60 MG TABLET	2		NIACIN ER 500 MG TABLET	2	
NATURE-THROID 113.75 MG TABLET	1		NIACIN ER 750 MG TABLET	2	
NATURE-THROID 130 MG TABLET	1		NICARDIPINE 20 MG CAPSULE	2	
NATURE-THROID 146.25 MG TABLET	1		NICARDIPINE 30 MG CAPSULE	2	
NATURE-THROID 16.25 MG TABLET	1		NICOTROL CARTRIDGE INHALER	3	
NATURE-THROID 162.5 MG TABLET	1		NICOTROL NS 10 MG/ML SPRAY	3	
NATURE-THROID 195 MG TABLET	1		NIFEDIPINE 10 MG CAPSULE	2	
NATURE-THROID 260 MG TABLET	1		NIFEDIPINE 20 MG CAPSULE	2	
NATURE-THROID 32.5 MG TABLET	1		NIFEDIPINE ER 30 MG TABLET	2	
NATURE-THROID 325 MG TABLET	1		NIFEDIPINE ER 60 MG TABLET	2	
NATURE-THROID 48.75 MG TABLET	1		NIFEDIPINE ER 90 MG TABLET	2	
NATURE-THROID 65 MG TABLET	1		NIKKI 3 MG-0.02 MG TABLET	1	
NATURE-THROID 81.25 MG TABLET	1		NILUTAMIDE 150 MG TABLET	5	SRX
NATURE-THROID 97.5 MG TABLET	1		NIMODIPINE 30 MG CAPSULE	4	
NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX	NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX
NEBUSAL 3% VIAL	2		NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX
NECON 0.5-35-28 TABLET	1		NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX
NEFAZODONE HCL 100 MG TABLET	2		NISOLDIPINE ER 17 MG TABLET	2	QL
NEFAZODONE HCL 150 MG TABLET	2		NISOLDIPINE ER 20 MG TABLET	2	QL
NEFAZODONE HCL 200 MG TABLET	2		NISOLDIPINE ER 25.5 MG TABLET	2	QL
NEFAZODONE HCL 250 MG TABLET	2		NISOLDIPINE ER 30 MG TABLET	2	QL
NEFAZODONE HCL 50 MG TABLET	2		NISOLDIPINE ER 34 MG TABLET	2	QL
NEO-BACIT-POLY-HC EYE OINTMENT	2		NISOLDIPINE ER 40 MG TABLET	2	QL
NEOMYC-BACIT-POLYMIX EYE OINT	2		NISOLDIPINE ER 8.5 MG TABLET	2	QL
NEOMYCIN 500 MG TABLET	2		NITAZOXANIDE 500 MG TABLET	4	PA

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NITRO-BID 2% OINTMENT	2		NORG-EE 0.18-0.215-0.25/0.035	1	
NITROFURANTOIN 25 MG/5 ML SUSP	4		NORGESTIMATE-EE 0.25-0.035 MG	1	
NITROFURANTOIN MCR 100 MG CAP	1		NORG-ETHIN ESTRA 0.25-0.035 MG	1	
NITROFURANTOIN MCR 25 MG CAP	2		NORLYDA 0.35 MG TABLET	1	
NITROFURANTOIN MCR 50 MG CAP	1		NORPACE CR 100 MG CAPSULE	4	
NITROFURANTOIN MONO-MCR 100 MG	1		NORPACE CR 150 MG CAPSULE	4	
NITROGLYCERIN 0.1 MG/HR PATCH	2		NORTREL 0.5-35-28 TABLET	1	
NITROGLYCERIN 0.2 MG/HR PATCH	2		NORTREL 1-35 21 TABLET	1	
NITROGLYCERIN 0.3 MG TABLET SL	2		NORTREL 1-35 28 TABLET	1	
NITROGLYCERIN 0.4 MG TABLET SL	2		NORTREL 7-7-7-28 TABLET	1	
NITROGLYCERIN 0.4 MG/HR PATCH	2		NORTRIPTYLINE 10 MG/5 ML SOLN	2	
NITROGLYCERIN 0.6 MG TABLET SL	2		NORTRIPTYLINE HCL 10 MG CAP	1	
NITROGLYCERIN 0.6 MG/HR PATCH	2		NORTRIPTYLINE HCL 25 MG CAP	1	
NITROGLYCERIN 400 MCG SPRAY	2		NORTRIPTYLINE HCL 50 MG CAP	1	
NITRO-TIME ER 2.5 MG CAPSULE	2		NORTRIPTYLINE HCL 75 MG CAP	1	
NITRO-TIME ER 6.5 MG CAPSULE	2		NORVIR 100 MG POWDER PACKET	3	
NITRO-TIME ER 9 MG CAPSULE	2		NOVA MAX GLUCOSE CONTROL SOLN	3	
NIVA-PLUS TABLET	1		NOVAVAX COVID-19 VACC,ADJ(EUA)	3	
NIVESTYM 300 MCG/0.5 ML SYRING	5	SRX	NOVOFINE 32G NEEDLES	3	
NIVESTYM 300 MCG/ML VIAL	5	SRX	NOVOFINE AUTOCOVER 30G NEEDLE	3	
NIVESTYM 480 MCG/0.8 ML SYRING	5	SRX	NOVOFINE PLUS PEN ND 32GX1/6"	3	
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX	NOVOLOG 100 UNIT/ML FLEXPEN	4	QL, ST
NIZATIDINE 150 MG CAPSULE	2		NOVOLOG 100 UNIT/ML VIAL	4	QL, ST
NIZATIDINE 300 MG CAPSULE	2		NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST
NOKOR ADMIX NEEDLE	3		NOVOLOG MIX 70-30 VIAL	4	QL, ST
NOLIX 0.05% CREAM	4		NOVOLOG PENFILL 100 UNIT/ML	4	QL, ST
NOLIX 0.05% LOTION	4		NOVOPEN 3 INSULIN DEVICE	3	
NORA-BE	1		NOVOPEN ECHO INSULIN DEVICE	3	
NORDITROPIN FLEXPRO 10 MG/1.5	5	PA, SRX	NOVOTWIST NEEDLE 32G 5MM	3	
NORDITROPIN FLEXPRO 15 MG/1.5	5	PA, SRX	NOXAFIL 40 MG/ML SUSPENSION	4	
NORDITROPIN FLEXPRO 30 MG/3 ML	5	PA, SRX	NP THYROID 120 MG TABLET	1	
NORDITROPIN FLEXPRO 5 MG/1.5	5	PA, SRX	NP THYROID 15 MG TABLET	1	
NORET-ESTR-FE 0.4-0.035(21)-75	1		NP THYROID 30 MG TABLET	1	
NORETH-EE-FE 1 MG/20-30-35 MCG	1		NP THYROID 60 MG TABLET	1	
NORETH-EE-FE 1.5-0.03MG(21)-75	1		NP THYROID 90 MG TABLET	1	
NORETH-EE-FE 1-0.02(21)-75 TAB	1		NUCYNTA 100 MG TABLET	4	PA
NORETH-EE-FE 1-0.02(24)-75 CAP	1		NUCYNTA 50 MG TABLET	4	PA
NORETH-EE-FE 1-0.02(24)-75 CHW	1		NUCYNTA 75 MG TABLET	4	PA
NORETHIND-ETH ESTRAD 0.5-2.5	2		NUCYNTA ER 100 MG TABLET	4	PA
NORETHIND-ETH ESTRAD 1-0.02 MG	1		NUCYNTA ER 150 MG TABLET	4	PA
NORETHINDRONE 0.35 MG TABLET	1		NUCYNTA ER 200 MG TABLET	4	PA
NORETHINDRONE 5 MG TABLET	2		NUCYNTA ER 250 MG TABLET	4	PA
NORETHIN-EE 1.5-0.03 MG(21) TB	1		NUCYNTA ER 50 MG TABLET	4	PA
NORETHIN-ESTRA-FE 0.8-0.025 MG	1		NUEDEXTA 20-10 MG CAPSULE	4	PA
NORETHIN-ETH ESTRAD 1 MG-5 MCG	2		NYAMYC 100,000 UNIT/GM POWDER	2	
NORG-EE 0.18-0.215-0.25/0.025	1		NYLIA 1-35 28 TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NYLIA 7-7-7-28 TABLET	1		OLANZAPINE ODT 15 MG TABLET	2	
NYMYO 0.25-0.035 MG (28) TAB	1		OLANZAPINE ODT 20 MG TABLET	2	
NYSTATIN 100,000 UNIT/GM CREAM	2		OLANZAPINE ODT 5 MG TABLET	2	
NYSTATIN 100,000 UNIT/GM OINT	2		OLANZAPINE-FLUOXETINE 12-25 MG	2	
NYSTATIN 100,000 UNIT/GM POWD	2		OLANZAPINE-FLUOXETINE 12-50 MG	2	
NYSTATIN 100,000 UNIT/ML SUSP	2		OLANZAPINE-FLUOXETINE 3-25 MG	2	
NYSTATIN 500,000 UNIT ORAL TAB	2		OLANZAPINE-FLUOXETINE 6-25 MG	2	
NYSTATIN 500,000 UNIT/5 ML CUP	2		OLANZAPINE-FLUOXETINE 6-50 MG	2	
NYSTATIN-TRIAMCINOLONE CREAM	2		OLMESARTAN MEDOXOMIL 20 MG TAB	2	
NYSTATIN-TRIAMCINOLONE OINTM	2		OLMESARTAN MEDOXOMIL 40 MG TAB	2	
NYSTOP 100,000 UNIT/GM POWDER	2		OLMESARTAN MEDOXOMIL 5 MG TAB	2	
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX	OLMESARTAN-HCTZ 20-12.5 MG TAB	2	
OBSTETRIX DHA COMBO PAK	1		OLMESARTAN-HCTZ 40-12.5 MG TAB	2	
OBSTETRIX ONE SOFTGEL	1		OLMESARTAN-HCTZ 40-25 MG TAB	2	
OCELLA 3 MG-0.03 MG TABLET	1		OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2	
OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA	OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2	
OCTREOTIDE 1,000 MCG/ML VIAL	2	PA	OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2	
OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA	OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2	
OCTREOTIDE ACET 0.05 MG/ML VL	2	PA	OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2	
OCTREOTIDE ACET 100 MCG/ML AMP	2	PA	OLOPATADINE 665 MCG NASAL SPRY	2	
OCTREOTIDE ACET 100 MCG/ML SYR	2	PA	OLOPATADINE HCL 0.1% EYE DROPS	2	
OCTREOTIDE ACET 100 MCG/ML VL	2	PA	OLOPATADINE HCL 0.2% EYE DROP	2	
OCTREOTIDE ACET 200 MCG/ML VL	2	PA	OMEGA-3 ETHYL ESTERS 1 GM CAP	2	
OCTREOTIDE ACET 50 MCG/ML AMP	2	PA	OMEPRAZOLE DR 10 MG CAPSULE	2	QL
OCTREOTIDE ACET 50 MCG/ML SYR	2	PA	OMEPRAZOLE DR 20 MG CAPSULE	2	QL
OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA	OMEPRAZOLE DR 40 MG CAPSULE	2	QL
OCTREOTIDE ACET 500 MCG/ML AMP	2	PA	OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL
OCTREOTIDE ACET 500 MCG/ML SYR	2	PA	OMNIPOD 5 G6 PODS (GEN 5)	3	
OCTREOTIDE ACET 500 MCG/ML VL	2	PA	OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL
ODACTRA 12 SQ-HDM SL TABLET	4	PA, QL	OMNIPOD CLASSIC PODS (GEN 3)	3	
ODEFSEY	3	QL	OMNIPOD DASH INTRO KIT (GEN 4)	3	QL
ODOMZO 200 MG CAPSULE	5	PA, QL, LDD, SRX	OMNIPOD DASH PODS (GEN 4)	3	
OFEV 100 MG CAPSULE	5	PA, LDD, SRX	OMNIPOD GO 10 UNIT/DAY PODS	3	
OFEV 150 MG CAPSULE	5	PA, LDD, SRX	OMNIPOD GO 15 UNIT/DAY PODS	3	
OFLOXACIN 0.3% EAR DROPS	2		OMNIPOD GO 20 UNIT/DAY PODS	3	
OFLOXACIN 0.3% EYE DROPS	2		OMNIPOD GO 25 UNIT/DAY PODS	3	
OFLOXACIN 300 MG TABLET	2		OMNIPOD GO 30 UNIT/DAY PODS	3	
OFLOXACIN 400 MG TABLET	2		OMNIPOD GO 35 UNIT/DAY PODS	3	
OKEBO 75 MG CAPSULE	2		OMNIPOD GO 40 UNIT/DAY PODS	3	
OLANZAPINE 10 MG TABLET	2		ON CALL EXPRESS CONTROL SOLN	3	
OLANZAPINE 15 MG TABLET	2		ON CALL PLUS CONTROL	3	
OLANZAPINE 2.5 MG TABLET	2		ON CALL VIVID CONTROL	3	
OLANZAPINE 20 MG TABLET	2		ONDANSETRON 4 MG/5 ML SOLUTION	2	
OLANZAPINE 5 MG TABLET	2		ONDANSETRON HCL 4 MG TABLET	2	
OLANZAPINE 7.5 MG TABLET	2		ONDANSETRON HCL 8 MG TABLET	2	
OLANZAPINE ODT 10 MG TABLET	2		ONDANSETRON ODT 4 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ONDANSETRON ODT 8 MG TABLET	2		OXANDROLONE 10 MG TABLET	4	PA
ONE WAY VALVED MOUTHPIECE	3	QL	OXANDROLONE 2.5 MG TABLET	4	PA
ONETOUCH DELICA PLUS 30G LANCT	3		OXAPROZIN 600 MG CAPLET	2	
ONETOUCH DELICA PLUS 33G LANCT	3		OXAPROZIN 600 MG TABLET	2	
ONETOUCH DELICA PLUS LANCT DEV	3		OXAZEPAM 10 MG CAPSULE	2	
ONETOUCH DELICA SAF 30G LANCT	3		OXAZEPAM 15 MG CAPSULE	2	
ONETOUCH ULTRASOFT LANCETS	3		OXAZEPAM 30 MG CAPSULE	2	
ONETOUCH SOLUTIONS STARTER	1		OXCARBAZEPINE 150 MG TABLET	2	
ONETOUCH SURESOF2 18G LANCT DEV	3		OXCARBAZEPINE 300 MG TABLET	2	
ONETOUCH SURESOF2 21G LANCT DEV	3		OXCARBAZEPINE 300 MG/5 ML SUSP	2	
ONETOUCH SURESOF2 28G LANCT DEV	3		OXCARBAZEPINE 600 MG TABLET	2	
ONETOUCH ULTRA CONTROL SOLN	3		OXICONAZOLE NITRATE 1% CREAM	3	
ONETOUCH ULTRA TEST STRIP	3		OXYBUTYNIN 5 MG TABLET	1	
ONETOUCH ULTRA2 GLUCOSE SYST	1		OXYBUTYNIN 5 MG/5 ML SOLUTION	2	
ONETOUCH ULTRASOFT2 30G LANCT	3		OXYBUTYNIN 5 MG/5 ML SYRUP	2	
ONETOUCH VERIO FLEX METER	1		OXYBUTYNIN CL ER 10 MG TABLET	2	
ONETOUCH VERIO HIGH CNTRL SOLN	3		OXYBUTYNIN CL ER 15 MG TABLET	2	
ONETOUCH VERIO METER	1		OXYBUTYNIN CL ER 5 MG TABLET	2	
ONETOUCH VERIO MID CNTRL SOLN	3		OXYCODONE HCL (IR) 10 MG TAB	2	PA
ONETOUCH VERIO REFLECT METER	1		OXYCODONE HCL (IR) 15 MG TAB	2	PA
ONETOUCH VERIO TEST STRIP	3		OXYCODONE HCL (IR) 20 MG TAB	2	PA
ONGLYZA 2.5 MG TABLET	3	QL	OXYCODONE HCL (IR) 30 MG TAB	2	PA
ONGLYZA 5 MG TABLET	3	QL	OXYCODONE HCL (IR) 5 MG CAP	2	PA
OPCICON ONE-STEP 1.5 MG TABLET	1		OXYCODONE HCL (IR) 5 MG TABLET	2	PA
OPIUM TINCTURE 10 MG/ML	2	PA	OXYCODONE HCL 100 MG/5 ML CONC	2	PA
OPTICHAMBER ADULT MASK-LARGE	3	QL	OXYCODONE HCL 5 MG/5 ML SOLN	2	PA
OPTICHAMBER DIAMOND VHC	3	QL	OXYCODONE HCL-ASPIRIN	2	PA
OPTICHAMBER DIAMOND W-LRG MASK	3	QL	OXYCODONE-ACETAMINOPHEN 10-325	2	PA
OPTICHAMBER DIAMOND W-MED MASK	3	QL	OXYCODONE-ACETAMINOPHEN 5-325	2	PA
OPTICHAMBER DIAMOND W-SML MASK	3	QL	OXYCODONE-ACETAMINOPHN 2.5-325	2	PA
OPTION 2 1.5 MG TABLET	1		OXYCODONE-ACETAMINOPHN 7.5-325	2	PA
OPTUMRX GLUCOSE CONTROL SOLN	3		OXYMORPHONE HCL 10 MG TABLET	2	PA
ORACIT ORAL SOLUTION	4		OXYMORPHONE HCL 5 MG TABLET	2	PA
ORALONE 0.1% PASTE	2		OXYMORPHONE HCL ER 10 MG TAB	2	PA
ORPHENADRINE ER 100 MG TABLET	2		OXYMORPHONE HCL ER 15 MG TAB	2	PA
OSCIMIN 0.125 MG TABLET	2		OXYMORPHONE HCL ER 20 MG TAB	2	PA
OSCIMIN SL 0.125 MG TABLET	2		OXYMORPHONE HCL ER 30 MG TAB	2	PA
OSCIMIN SR 0.375 MG TABLET	2		OXYMORPHONE HCL ER 40 MG TAB	2	PA
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL	OXYMORPHONE HCL ER 5 MG TABLET	2	PA
OSELTAMIVIR PHOS 30 MG CAPSULE	2	QL	OXYMORPHONE HCL ER 7.5 MG TAB	2	PA
OSELTAMIVIR PHOS 45 MG CAPSULE	2	QL	PACERONE 200 MG TABLET	2	
OSELTAMIVIR PHOS 75 MG CAPSULE	2	QL	PALIPERIDONE ER 1.5 MG TABLET	4	
OSMOPREP	4		PALIPERIDONE ER 3 MG TABLET	4	
OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX	PALIPERIDONE ER 6 MG TABLET	4	
OTEZLA 30 MG TABLET	5	PA, QL, SRX	PALIPERIDONE ER 9 MG TABLET	4	
OVAL TAPE	3		PANCREAZE DR 10,500 UNIT CAP	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PANCREAZE DR 16,800 UNIT CAP	3		PEN NEEDLE 31G 6MM	3	
PANCREAZE DR 2,600 UNIT CAP	3		PEN NEEDLE 31G 8MM	3	
PANCREAZE DR 21,000 UNIT CAP	3		PEN NEEDLE 31G X 1/4"	3	
PANCREAZE DR 37,000 UNIT CAP	3		PEN NEEDLE 31G X 3/16"	3	
PANCREAZE DR 4,200 UNIT CAP	3		PEN NEEDLE 31G X 5/16"	3	
PANDA MASK LARGE	3	QL	PEN NEEDLE 32G 4MM	3	
PANDA MASK MEDIUM	3	QL	PEN NEEDLE 32G X 1/4"	3	
PANDA MASK SMALL	3	QL	PEN NEEDLE 32G X 3/16"	3	
PANRETIN 0.1% GEL	5	SRX	PEN NEEDLE 32G X 5/32"	3	
PANTOPRAZOLE SOD DR 20 MG TAB	2	QL	PEN NEEDLE 33G 4MM	3	
PANTOPRAZOLE SOD DR 40 MG TAB	2	QL	PEN NEEDLE 6MM 31G	3	
PARADIGM REMOTE CONTROL	3		PEN NEEDLES 12MM 29G	3	
PARADIGM RESERVOIR 1.8 ML	3		PEN NEEDLES 4MM 32G	3	
PARADIGM RESERVOIR 3 ML	3		PEN NEEDLES 5MM 31G	3	
PAREGORIC LIQUID	2		PEN NEEDLES 6MM 31G	3	
PARICALCITOL 1 MCG CAPSULE	2		PEN NEEDLES 8MM 31G	3	
PARICALCITOL 2 MCG CAPSULE	2		PENCICLOVIR 1% CREAM	4	PA, QL
PARICALCITOL 4 MCG CAPSULE	2		PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PAROEX 0.12% ORAL RINSE	2		PENICILLIN VK 125 MG/5 ML SOLN	2	
PAROMOMYCIN 250 MG CAPSULE	2		PENICILLIN VK 250 MG TABLET	2	
PAROXETINE HCL 10 MG TABLET	1	QL	PENICILLIN VK 250 MG/5 ML SOLN	2	
PAROXETINE HCL 20 MG TABLET	1	QL	PENICILLIN VK 500 MG TABLET	2	
PAROXETINE HCL 30 MG TABLET	1	QL	PENTACEL VIAL KIT	3	
PAROXETINE HCL 40 MG TABLET	1	QL	PENTAMIDINE 300 MG INHAL POWDR	3	
PASER GRANULES 4 GM PACKET	4		PENTAZOCINE-NALOXONE TABLET	2	PA
PC UNIFINE PENTIPS 12MM NEEDLE	3		PENTIPS PEN NEEDLE 29G 12MM	3	
PC UNIFINE PENTIPS 6MM NEEDLE	3		PENTIPS PEN NEEDLE 29GX1/2"	3	
PC UNIFINE PENTIPS 8MM NEEDLE	3		PENTIPS PEN NEEDLE 31G 5MM	3	
PEAK-AIR PEAK FLOW METER	3		PENTIPS PEN NEEDLE 31G 6MM	3	
PEDIARIX 0.5 ML SYRINGE	3		PENTIPS PEN NEEDLE 31G 8MM	3	
PEDIATRIC MEDIUM MASK	3	QL	PENTIPS PEN NEEDLE 31GX1/4"	3	
PEDIATRIC MOUTHPIECE	3	QL	PENTIPS PEN NEEDLE 31GX3/16"	3	
PEDIATRIC PANDA MASK	3	QL	PENTIPS PEN NEEDLE 31GX5/16"	3	
PEDIATRIC SMALL MASK	3	QL	PENTIPS PEN NEEDLE 32G 4MM	3	
PEDVAXHIB VACCINE VIAL	3		PENTIPS PEN NEEDLE 32G 6MM	3	
PEG 3350-ELECTROLYTE SOLUTION	2		PENTIPS PEN NEEDLE 32GX5/32"	3	
PEG3350 100-7.5-2.691-1.01-5.9	2		PENTIPS PEN NEEDLE 6MM 31G	3	
PEG-3350 AND ELECTROLYTES SOLN	2		PENTOXIFYLLINE ER 400 MG TAB	2	
PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX	PERINDOPRIL ERBUMINE 2 MG TAB	2	
PEGASYS 180 MCG/ML VIAL	5	PA, SRX	PERINDOPRIL ERBUMINE 4 MG TAB	2	
PEG-PREP KIT	2		PERINDOPRIL ERBUMINE 8 MG TAB	2	
PEN NEEDLE 29G 12MM	3		PERIOGARD 0.12% ORAL RINSE	2	
PEN NEEDLE 30G 5MM	3		PERMETHRIN 5% CREAM	2	
PEN NEEDLE 30G 8MM	3		PERPHEN-AMITRIP 2 MG-10 MG TAB	2	
PEN NEEDLE 30G X 5/16"	3		PERPHEN-AMITRIP 2 MG-25 MG TAB	2	
PEN NEEDLE 31G 5MM	3		PERPHEN-AMITRIP 4 MG-10 MG TAB	2	



## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PERPHEN-AMITRIP 4 MG-25 MG TAB	2		PHOSPHASAL	2	
PERPHEN-AMITRIP 4 MG-50 MG TAB	2		PHOSPHOLINE IODIDE 0.125%	4	LDD
PERPHENAZINE 16 MG TABLET	2		PHOSPHOLINE IODIDE 0.125% DROP	4	LDD
PERPHENAZINE 2 MG TABLET	2		PHYSIOSOL IRRIGATION SOLN	4	
PERPHENAZINE 4 MG TABLET	2		PHYTONADIONE 5 MG TABLET	4	
PERPHENAZINE 8 MG TABLET	2		PIKO 1 FLOW METER	3	
PERSONAL BEST PEAK FLOW MTR	3		PILOCARPINE 1% EYE DROPS	2	
PFIZER COVID (12Y UP) VAC-GRAY	3		PILOCARPINE 2% EYE DROPS	2	
PFIZER COVID (5-11Y) VAC-ORANG	3		PILOCARPINE 4% EYE DROPS	2	
PFIZER COVID (6M-4Y)VAC-MAROON	3		PILOCARPINE HCL 5 MG TABLET	2	
PFIZER COVID BIVAL (12Y UP)EUA	3		PILOCARPINE HCL 7.5 MG TABLET	2	
PFIZER COVID BIVAL (5-11YR)EUA	3		PIMECROLIMUS 1% CREAM	4	
PFIZER COVID BIVAL (6MO-4Y)EUA	3		PIMOZIDE 1 MG TABLET	2	
PFIZER COVID-19 VACCINE-PURPLE	3		PIMOZIDE 2 MG TABLET	2	
PHASEAL PROTECTOR 14	3		PIMTREA 28 DAY TABLET	1	
PHASEAL PROTECTOR 21	3		PINDOLOL 10 MG TABLET	2	
PHASEAL PROTECTOR 28	3		PINDOLOL 5 MG TABLET	2	
PHASEAL PROTECTOR 50	3		PIOGLITAZONE HCL 15 MG TABLET	2	
PHENAZOPYRIDINE 100 MG TAB	2		PIOGLITAZONE HCL 30 MG TABLET	2	
PHENAZOPYRIDINE 200 MG TAB	2		PIOGLITAZONE HCL 45 MG TABLET	2	
PHENELZINE SULFATE 15 MG TAB	2		PIOGLITAZONE-GLIMEPIRIDE 30-2	2	
PHENOBARBITAL 100 MG TABLET	2		PIOGLITAZONE-GLIMEPIRIDE 30-4	2	
PHENOBARBITAL 15 MG TABLET	2		PIOGLITAZONE-METFORMIN 15-500	2	
PHENOBARBITAL 16.2 MG TABLET	2		PIOGLITAZONE-METFORMIN 15-850	2	
PHENOBARBITAL 20 MG/5 ML CUP	2		PIP GLUCOSE CONTROL SOLN L1-L2	3	
PHENOBARBITAL 20 MG/5 ML ELIX	2		PIP PEN NEEDLE 31G X 5MM	3	
PHENOBARBITAL 20 MG/5 ML SOLN	2		PIP PEN NEEDLE 32G X 4MM	3	
PHENOBARBITAL 30 MG TABLET	2		PIRFENIDONE 267 MG CAPSULE	5	PA, SRX
PHENOBARBITAL 30 MG/7.5 ML CUP	2		PIRFENIDONE 267 MG TABLET	5	PA, SRX
PHENOBARBITAL 32.4 MG TABLET	2		PIRFENIDONE 801 MG TABLET	5	PA, SRX
PHENOBARBITAL 60 MG TABLET	2		PIRMELLA 1-35-28 TABLET	1	
PHENOBARBITAL 60 MG/15 ML CUP	2		PIRMELLA 7-7-7-28 TABLET	1	
PHENOBARBITAL 64.8 MG TABLET	2		PIROXICAM 10 MG CAPSULE	2	
PHENOBARBITAL 97.2 MG TABLET	2		PIROXICAM 20 MG CAPSULE	2	
PHENOXYBENZAMINE HCL 10 MG CAP	5	SRX	PLAN B ONE-STEP 1.5 MG TABLET	4	
PHENYLEPHRINE 10% EYE DROPS	2		PNEUMOVAX 23 SYRINGE	3	
PHENYLEPHRINE 2.5% EYE DROP	2		PNEUMOVAX 23 VIAL	3	
PHENYTOIN 100 MG/4 ML SUSP	2		PNV 29-1	1	
PHENYTOIN 125 MG/5 ML SUSP	2		PNV PRENATAL PLUS MULTIVIT TAB	1	
PHENYTOIN 50 MG INFATAB CHEW	2		PNV-DHA	1	
PHENYTOIN 50 MG TABLET CHEW	2		PNV-DHA + DOCUSATE	1	
PHENYTOIN SOD EXT 100 MG CAP	2		PNV-OMEGA	1	
PHENYTOIN SOD EXT 200 MG CAP	2		PNV-SELECT	1	
PHENYTOIN SOD EXT 300 MG CAP	2		POCKET CHAMBER	3	QL
PHILITH 0.4-0.035 MG TABLET	1		POCKET PEAK FLOW METER	3	
PHOSLYRA 667 MG/5 ML SOLUTION	4		PODOFILOX 0.5% TOPICAL SOLN	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
POLY HUB NEEDLE 18GX1"	3		PRAMIPEXOLE 1 MG TABLET	2	
POLY HUB NEEDLE 18GX1-1/2"	3		PRAMIPEXOLE 1.5 MG TABLET	2	
POLY HUB NEEDLE 21GX1"	3		PRAMIPEXOLE ER 0.375 MG TABLET	2	
POLY HUB NEEDLE 21GX1-1/2"	3		PRAMIPEXOLE ER 0.75 MG TABLET	2	
POLY HUB NEEDLE 22GX1"	3		PRAMIPEXOLE ER 1.5 MG TABLET	2	
POLY HUB NEEDLE 22GX1-1/2"	3		PRAMIPEXOLE ER 2.25 MG TABLET	2	
POLY HUB NEEDLE 23GX1"	3		PRAMIPEXOLE ER 3 MG TABLET	2	
POLY HUB NEEDLE 23GX1-1/2"	3		PRAMIPEXOLE ER 3.75 MG TABLET	2	
POLY HUB NEEDLE 25GX1"	3		PRAMIPEXOLE ER 4.5 MG TABLET	2	
POLY HUB NEEDLE 25GX1-1/2"	3		PRAMOSONE 1% LOTION	4	
POLY HUB NEEDLE 25GX5/8"	3		PRAMOSONE 1%-1% OINTMENT	4	
POLY HUB NEEDLE 27GX1/2"	3		PRAMOSONE 2.5%-1% LOTION	4	
POLY HUB NEEDLE 27GX1-1/4"	3		PRAMOSONE 2.5%-1% OINTMENT	4	
POLY HUB NEEDLE 30GX1/2"	3		PRASUGREL 10 MG TABLET	2	
POLYCYN EYE OINTMENT	2		PRASUGREL 5 MG TABLET	2	
POLYMYXIN B-TMP EYE DROPS	2		PRAVASTATIN SODIUM 10 MG TAB	2	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX	PRAVASTATIN SODIUM 20 MG TAB	2	
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX	PRAVASTATIN SODIUM 40 MG TAB	2	
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX	PRAVASTATIN SODIUM 80 MG TAB	2	
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX	PRAZQUANTEL 600 MG TABLET	2	
PORTIA-28 TABLET	1		PRAZOSIN 1 MG CAPSULE	2	
POSACONAZOLE 200 MG/5 ML SUSP	4		PRAZOSIN 2 MG CAPSULE	2	
POSACONAZOLE DR 100 MG TABLET	4	QL	PRAZOSIN 5 MG CAPSULE	2	
POTASSIUM CITRATE ER 10 MEQ TB	2		PREDNICARBATE 0.1% CREAM	2	
POTASSIUM CITRATE ER 15 MEQ TB	2		PREDNICARBATE 0.1% OINTMENT	2	
POTASSIUM CITRATE ER 5 MEQ TAB	2		PREDNISOLONE 15 MG/5 ML SOLN	2	
POTASSIUM CL 10% (20 MEQ/15ML)	2		PREDNISOLONE 5 MG/5 ML SOLN	2	
POTASSIUM CL 10% (40 MEQ/30ML)	2		PREDNISOLONE AC 1% EYE DROP	2	
POTASSIUM CL 20 MEQ PACKET	2		PREDNISOLONE ODT 10 MG TABLET	2	
POTASSIUM CL 20% (40 MEQ/15ML)	2		PREDNISOLONE ODT 15 MG TABLET	2	
POTASSIUM CL ER 10 MEQ CAPSULE	2		PREDNISOLONE ODT 30 MG TABLET	2	
POTASSIUM CL ER 10 MEQ TABLET	2		PREDNISOLONE SOD 1% EYE DROP	2	
POTASSIUM CL ER 15 MEQ TABLET	2		PREDNISOLONE SOD PH 25 MG/5 ML	2	
POTASSIUM CL ER 20 MEQ TABLET	2		PREDNISON 1 MG TABLET	2	
POTASSIUM CL ER 8 MEQ CAPSULE	2		PREDNISON 10 MG TAB DOSE PACK	2	
POTASSIUM CL ER 8 MEQ TABLET	2		PREDNISON 10 MG TABLET	2	
POTASSIUM IODIDE 1 GM/ML SOL	4		PREDNISON 2.5 MG TABLET	2	
PR NATAL 400 COMBO PACK	1		PREDNISON 20 MG TABLET	2	
PR NATAL 400 EC COMBO PACK	1		PREDNISON 5 MG TAB DOSE PACK	2	
PR NATAL 430 COMBO PACK	1		PREDNISON 5 MG TABLET	2	
PR NATAL 430 EC COMBO PACK	1		PREDNISON 5 MG/5 ML SOLUTION	2	
PRADAXA 110 MG CAPSULE	4	PA, QL	PREDNISON 50 MG TABLET	2	
PRAMIPEXOLE 0.125 MG TABLET	2		PREDNISON INTENSOL 5 MG/ML	2	
PRAMIPEXOLE 0.25 MG TABLET	2		PREF PLUS INS 0.3 ML 29GX1/2"	3	
PRAMIPEXOLE 0.5 MG TABLET	2		PREF PLUS SYR 0.5 ML 30GX5/16"	3	
PRAMIPEXOLE 0.75 MG TABLET	2		PREF PLUS SYRING 1 ML 29GX1/2"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PREFERRED PLUS 0.3 ML 30GX5/16	3		PREZISTA 600 MG TABLET	3	
PREFERRED PLUS 0.5 ML 29GX1/2"	3		PREZISTA 75 MG TABLET	3	
PREFERRED PLUS SYRINGE 0.5 ML	3		PREZISTA 800 MG TABLET	3	
PREFERRED PLUS SYRINGE 1 ML	3		PRIFTIN 150 MG TABLET	4	
PREFEST	2		PRIMAQUINE 26.3 MG TABLET	2	
PREFPLS INS SYR 1 ML 30GX5/16"	3		PRIMEAIRE	3	QL
PREGABALIN 100 MG CAPSULE	2	QL	PRIMIDONE 250 MG TABLET	2	
PREGABALIN 150 MG CAPSULE	2	QL	PRIMIDONE 50 MG TABLET	2	
PREGABALIN 20 MG/ML SOLUTION	2	QL	PRIMSOL 50 MG/5 ML ORAL SOLN	4	
PREGABALIN 200 MG CAPSULE	2	QL	PRIORIX VIAL	3	
PREGABALIN 225 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 30GX1/2"	3	
PREGABALIN 25 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 30GX5/16"	3	
PREGABALIN 300 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 31GX5/16"	3	
PREGABALIN 50 MG CAPSULE	2	QL	PRO COMFORT 1 ML 30GX1/2"	3	
PREGABALIN 75 MG CAPSULE	2	QL	PRO COMFORT 1 ML 30GX5/16"	3	
PREHEVBRIO 10 MCG/ML VIAL	3		PRO COMFORT 1 ML 31GX5/16"	3	
PREMARIN 0.3 MG TABLET	4		PRO COMFORT PEN NDL 31GX5/16"	3	
PREMARIN 0.45 MG TABLET	4		PRO COMFORT PEN NDL 32G X 1/4"	3	
PREMARIN 0.625 MG TABLET	4		PRO COMFORT PEN NDL 4MM 32G	3	
PREMARIN 0.9 MG TABLET	4		PRO COMFORT PEN NDL 5MM 32G	3	
PREMARIN 1.25 MG TABLET	4		PRO COMFORT SPACER-ADULT MASK	3	QL
PREN1 TRUE	1		PRO COMFORT SPACER-CHILD MASK	3	QL
PRENAISSANCE	1		PRO COMFORT SPACER-INFANT MASK	3	QL
PRENAISSANCE PLUS	1		PROBENECID 500 MG TABLET	2	
PRENATAL 19 CHEWABLE TABLET	1		PROBENECID-COLCHICINE TABLET	2	
PRENATAL 19 TABLET	1		PROCARE SPACER WITH ADULT MASK	3	QL
PRENATAL PLUS IRON TABLET	1		PROCARE SPACER WITH CHILD MASK	3	QL
PRENATAL PLUS VITAMIN-MINERAL	1		PROCENTRA 5 MG/5 ML SOLUTION	2	QL
PRENATAL PLUS-DHA	1		PROCHAMBER HOLDING CHAMBER	3	QL
PRENATAL VITAMIN PLUS LOW IRON	1		PROCHLORPERAZINE 10 MG TAB	2	
PRENATAL-U	1		PROCHLORPERAZINE 25 MG SUPP	2	
PREP EASE ALCOHOL PADS	3		PROCHLORPERAZINE 5 MG TABLET	2	
PREPLUS CA-Fe 27 MG-FA 1 MG TB	1		PROCTO-MED HC 2.5% CREAM	2	
PRETAB 29 MG-1 MG TABLET	1		PROCTOSOL-HC 2.5% CREAM	2	
PREVALITE PACKET	2		PROCTOZONE-HC 2.5% CREAM	2	
PREVALITE POWDER	2		PRODIGY CONTROL SOLUTION	3	
PREVENT PEN NEEDLE 31GX1/4"	3		PRODIGY CONTROL SOLUTION LOW	3	
PREVENT PEN NEEDLE 31GX5/16"	3		PRODIGY INS SYR 1ML 28GX1/2"	3	
PREVIFEM TABLET	1		PRODIGY SYRNG 0.5 ML 31GX5/16"	3	
PREVNAR 13 SYRINGE	3		PRODIGY SYRNGE 0.3ML 31GX5/16"	3	
PREVNAR 20 SYRINGE	3		PROGESTERONE 100 MG CAPSULE	2	
PREVMIS 240 MG TABLET	4	PA, QL	PROGESTERONE 200 MG CAPSULE	2	
PREVMIS 480 MG TABLET	4	PA, QL	PROGRAF 0.2 MG GRANULE PACKET	4	
PREZCOBIX 800 MG-150 MG TABLET	3		PROGRAF 1 MG GRANULE PACKET	4	
PREZISTA 100 MG/ML SUSPENSION	3		PROMACTA 12.5 MG SUSPEN PACKET	5	PA, LDD, SRX
PREZISTA 150 MG TABLET	3		PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LDD, SRX	PUB INS SYRINGE 1 ML 30GX1/2"	3	
PROMACTA 25 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.3 ML 31GX5/16"	3	
PROMACTA 50 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 30GX1/2"	3	
PROMACTA 75 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 31GX5/16"	3	
PROMETHAZINE 12.5 MG SUPPOS	2		PUB INSULIN SYR 1 ML 31GX5/16"	3	
PROMETHAZINE 12.5 MG TABLET	2		PUB PEN 12MM 29G NEEDLES	3	
PROMETHAZINE 25 MG SUPPOSITORY	2		PUB PEN 8MM 31G NEEDLES	3	
PROMETHAZINE 25 MG TABLET	2		PUB PEN NEEDLE 6MM 31G	3	
PROMETHAZINE 50 MG TABLET	2		PUB UNIFINE PNTIP PLUS 31GX3/16	3	
PROMETHAZINE 6.25 MG/5 ML SOLN	2		PULMOSAL 7% VIAL	2	
PROMETHAZINE 6.25 MG/5 ML SYRP	2		PULMOZYME 1 MG/ML AMPUL	5	PA, SRX
PROMETHAZINE VC SOLUTION	2		PURE CMFT SFTY PEN ND 31G 5MM	3	
PROMETHAZINE VC-CODEINE SOLN	2	QL	PURE CMFT SFTY PEN ND 31G 6MM	3	
PROMETHAZINE-CODEINE SOLUTION	2	QL	PURE CMFT SFTY PEN ND 32G 4MM	3	
PROMETHAZINE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 4MM	3	
PROMETHAZINE-DM 6.25-15 MG/5ML	2		PURE COMFORT PEN ND 32G 5MM	3	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 6MM	3	
PROMETHAZINE-PHENYLEPHRINE SYR	2		PURE COMFORT PEN ND 32G 8MM	3	
PROMETHEGAN 12.5 MG SUPPOS	2		PURE COMFORT SPACER-ADULT MASK	3	QL
PROMETHEGAN 25 MG SUPPOSITORY	2		PURECOMFORT PEAK FLOW MTR ADLT	3	
PROMETHEGAN 50 MG SUPPOSITORY	2		PURECOMFORT PEAK FLOW MTR CHLD	3	
PROPAFENONE HCL 150 MG TABLET	2		PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX
PROPAFENONE HCL 225 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX5MM	3	
PROPAFENONE HCL 300 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX6MM	3	
PROPAFENONE HCL ER 225 MG CAP	2		PV UNIFINE PENTIP PLUS 31GX8MM	3	
PROPAFENONE HCL ER 325 MG CAP	2		PV UNIFINE PENTIP PLUS 32GX4MM	3	
PROPAFENONE HCL ER 425 MG CAP	2		PV UNIFINE PENTIP PLUS 33GX4MM	3	
PROPARACAINE 0.5% EYE DROPS	2		PYRAZINAMIDE 500 MG TABLET	2	
PROPRANOLOL 10 MG TABLET	2		PYRIDOSTIGMINE 60 MG/5 ML SOLN	5	PA, SRX
PROPRANOLOL 20 MG TABLET	2		PYRIDOSTIGMINE BR 60 MG TABLET	4	
PROPRANOLOL 20 MG/5 ML SOLN	2		PYRIDOSTIGMINE ER 180 MG TAB	4	
PROPRANOLOL 40 MG TABLET	2		PYRIMETHAMINE 25 MG TABLET	5	PA, LDD, SRX
PROPRANOLOL 40 MG/5 ML SOLN	2		QC ALCOHOL 70% SWABS	3	
PROPRANOLOL 60 MG TABLET	2		QC UNIFINE PENTIPS 32GX5/32"	3	
PROPRANOLOL 80 MG TABLET	2		QC UNIFINE PENTIPS 4MM 32G	3	
PROPRANOLOL ER 120 MG CAPSULE	2		QUADRACEL DTAP-IPV SYRINGE	3	
PROPRANOLOL ER 160 MG CAPSULE	2		QUADRACEL DTAP-IPV VIAL	3	
PROPRANOLOL ER 60 MG CAPSULE	2		QUAZEPAM 15 MG TABLET	4	PA
PROPRANOLOL ER 80 MG CAPSULE	2		QUETIAPINE ER 150 MG TABLET	2	
PROPRANOLOL-HCTZ 40-25 MG TAB	2		QUETIAPINE ER 200 MG TABLET	2	
PROPRANOLOL-HCTZ 80-25 MG TAB	2		QUETIAPINE ER 300 MG TABLET	2	
PROPYLTHIOURACIL 50 MG TABLET	2		QUETIAPINE ER 400 MG TABLET	2	
PROQUAD VIAL	3		QUETIAPINE ER 50 MG TABLET	2	
PROTRIPTYLINE HCL 10 MG TABLET	2		QUETIAPINE FUMARATE 100 MG TAB	2	
PROTRIPTYLINE HCL 5 MG TABLET	2		QUETIAPINE FUMARATE 200 MG TAB	2	
PUB INS SYRIN 0.3 ML 30GX1/2"	3		QUETIAPINE FUMARATE 25 MG TAB	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
QUETIAPINE FUMARATE 300 MG TAB	2		RAYA SURE PEN NEEDLE 29G 12MM	3	
QUETIAPINE FUMARATE 400 MG TAB	2		RAYA SURE PEN NEEDLE 31G 4MM	3	
QUETIAPINE FUMARATE 50 MG TAB	2		RAYA SURE PEN NEEDLE 31G 5MM	3	
QUICK RELEASE TEFLN CANNULA	3		RAYA SURE PEN NEEDLE 31G 6MM	3	
QUICK-SET PARADIGM SET 18"	3		RECLIPSEN 28 DAY TABLET	1	
QUICK-SET PARADIGM SET 32"	3		RECOMBIVAX HB 10 MCG/ML SYR	3	
QUINAPRIL 10 MG TABLET	1		RECOMBIVAX HB 10 MCG/ML VIAL	3	
QUINAPRIL 20 MG TABLET	1		RECOMBIVAX HB 40 MCG/ML VIAL	3	
QUINAPRIL 40 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML SYR	3	
QUINAPRIL 5 MG TABLET	1		RECOMBIVAX HB 5 MCG/0.5 ML VL	3	
QUINAPRIL-HCTZ 10-12.5 MG TAB	1		RECTIV 0.4% OINTMENT	4	
QUINAPRIL-HCTZ 20-12.5 MG TAB	1		REFUAH PLUS CONTROL SOLUTION	3	
QUINAPRIL-HCTZ 20-25 MG TAB	1		REGANEX 0.01% GEL	4	PA, QL
QUINIDINE GLUC ER 324 MG TAB	2		RELENZA 5 MG DISKHALER	4	QL
QUINIDINE SULFATE 200 MG TAB	2		RELI ON 31G X 1/4" NEEDLES	3	
QUINIDINE SULFATE 300 MG TAB	2		RELION ALCOHOL 70% SWABS	3	
QUININE SULFATE 324 MG CAPSULE	2		RELION INS SYR 0.3 ML 29GX1/2"	3	
QUTENZA 8% KIT (1 PATCH)	4		RELION INS SYR 0.3 ML 31GX6MM	3	
QUTENZA 8% KIT (2 PATCH)	4		RELION INS SYR 0.5 ML 29GX1/2"	3	
QUTENZA 8% KIT (4 PATCH)	4		RELION INS SYR 0.5 ML 31GX6MM	3	
QVAR REDIHALER 40 MCG	3		RELION INS SYR 1 ML 29GX1/2"	3	
QVAR REDIHALER 80 MCG	3		RELION INS SYR 1 ML 30GX5/16"	3	
RA ALCOHOL SWABS	3		RELION INS SYR 1 ML 31GX15/64"	3	
RA INS SYR 0.5 ML 29GX1/2"	3		RELION INS SYR 1 ML 31GX5/16"	3	
RA INS SYR 0.5 ML 30GX5/16"	3		RELION INSULIN SYR 0.5 ML	3	
RA INS SYR 1 ML 29GX1/2"	3		RELION KETONE TEST STRIP	3	
RA INS SYRINGE 1 ML 30GX5/16"	3		RELION MINI PEN 31G X 1/4" NDL	3	
RA PEN NEEDLE 31GX3/16"	3		RELION NOVOLOG 100 UNIT/ML VL	4	QL, ST
RA PEN NEEDLE 31GX5/16"	3		RELION NOVOLOG MIX 70-30 FLXPN	4	QL, ST
RABEPRAZOLE SOD DR 20 MG TAB	2	QL	RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST
RALOXIFENE HCL 60 MG TABLET	2		RELION NOVOLOG U-100 FLEXPEN	4	QL, ST
RAMELTEON 8 MG TABLET	3	QL	RELION PEN 29G NEEDLE	3	
RAMIPRIL 1.25 MG CAPSULE	2		RELION PEN 31G NEEDLE	3	
RAMIPRIL 10 MG CAPSULE	1		RELION PEN NEEDLE 29GX1/2"	3	
RAMIPRIL 2.5 MG CAPSULE	1		RELION PEN NEEDLE 31G 6MM	3	
RAMIPRIL 5 MG CAPSULE	1		RELION PEN NEEDLE 31GX1/4"	3	
RANITIDINE 15 MG/ML SYRUP	2		RELION PEN NEEDLE 31GX5/16"	3	
RANITIDINE 150 MG CAPSULE	1		RELION PEN NEEDLE 32GX5/32"	3	
RANITIDINE 150 MG TABLET	1		RELION PEN NEEDLES 32GX5/32"	3	
RANITIDINE 150 MG/10 ML SYRUP	2		RELION SYR 0.5 ML 30GX5/16"	3	
RANITIDINE 300 MG CAPSULE	1		RELION SYRING 0.3 ML 31GX5/16"	3	
RANITIDINE 300 MG TABLET	1		RELION SYRING 0.5 ML 31GX5/16"	3	
RANOLAZINE ER 1,000 MG TABLET	4	QL	RELISTOR 12 MG/0.6 ML SYRINGE	4	PA
RANOLAZINE ER 500 MG TABLET	4	QL	RELISTOR 12 MG/0.6 ML VIAL	4	PA
RASAGILINE MESYLATE 0.5 MG TAB	2		RELISTOR 150 MG TABLET	4	PA
RASAGILINE MESYLATE 1 MG TAB	2		RELISTOR 8 MG/0.4 ML SYRINGE	4	PA

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RENACIDIN IRRIGATION SOLUTION	4		RISPERIDONE 1 MG/ML SOLUTION	2	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 2 MG ODT	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 2 MG TABLET	1	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 3 MG ODT	2	
REPAGLINIDE-METFORMIN 1-500 MG	2		RISPERIDONE 3 MG TABLET	1	
REPAGLINIDE-METFORMIN 2-500 MG	2		RISPERIDONE 4 MG ODT	2	
REPATHA 140 MG/ML SURECLICK	5	PA, SRX	RISPERIDONE 4 MG TABLET	1	
REPATHA PUSHTRONEX	5	PA, SRX	RITEFLO	3	QL
REPATHA SYRINGE	5	PA, SRX	RITONAVIR 100 MG TABLET	2	
REPLACEMENT PEDIATRIC MONITOR	3		RIVASTIGMINE 1.5 MG CAPSULE	2	
RESPA A.R.	4		RIVASTIGMINE 13.3 MG/24HR PTCH	2	
REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 3 MG CAPSULE	2	
REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.5 MG CAPSULE	2	
REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.6 MG/24HR PATCH	2	
REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 6 MG CAPSULE	2	
REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 9.5 MG/24HR PATCH	2	
REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX	RIVELSA TABLET	1	
REYATAZ 50 MG POWDER PACKET	3		RIZATRIPTAN 10 MG ODT	2	QL
RIBASPHERE 200 MG CAPSULE	4		RIZATRIPTAN 10 MG TABLET	2	QL
RIBASPHERE 600 MG TABLET	4		RIZATRIPTAN 5 MG ODT	2	QL
RIBAVIRIN 200 MG CAPSULE	4		RIZATRIPTAN 5 MG TABLET	2	QL
RIBAVIRIN 200 MG TABLET	4		R-NATAL OB	1	
RIFABUTIN 150 MG CAPSULE	3		ROFLUMILAST 250 MCG TABLET	4	QL
RIFAMATE	4		ROFLUMILAST 500 MCG TABLET	4	QL
RIFAMPIN 150 MG CAPSULE	2		ROPINIROLE HCL 0.25 MG TABLET	2	
RIFAMPIN 300 MG CAPSULE	2		ROPINIROLE HCL 0.5 MG TABLET	2	
RIFATER	4		ROPINIROLE HCL 1 MG TABLET	2	
RIGHTEST CONTROL SOLN NORMAL	3		ROPINIROLE HCL 2 MG TABLET	2	
RIGHTEST CONTROL SOLUTION HIGH	3		ROPINIROLE HCL 3 MG TABLET	2	
RILUZOLE 50 MG TABLET	5	SRX	ROPINIROLE HCL 4 MG TABLET	2	
RIMANTADINE HCL	2		ROPINIROLE HCL 5 MG TABLET	2	
RINGERS IRRIGATION	4		ROPINIROLE HCL ER 12 MG TABLET	2	
RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX	ROPINIROLE HCL ER 2 MG TABLET	2	
RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX	ROPINIROLE HCL ER 4 MG TABLET	2	
RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX	ROPINIROLE HCL ER 6 MG TABLET	2	
RISEDRONATE SOD DR 35 MG TAB	2		ROPINIROLE HCL ER 8 MG TABLET	2	
RISEDRONATE SODIUM 150 MG TAB	2		ROSADAN 0.75% CREAM	2	
RISEDRONATE SODIUM 30 MG TAB	2		ROSADAN 0.75% GEL	2	
RISEDRONATE SODIUM 35 MG TAB	2		ROSUVASTATIN CALCIUM 10 MG TAB	2	
RISEDRONATE SODIUM 5 MG TABLET	2		ROSUVASTATIN CALCIUM 20 MG TAB	2	
RISPERIDONE 0.25 MG ODT	2		ROSUVASTATIN CALCIUM 40 MG TAB	2	
RISPERIDONE 0.25 MG TABLET	1		ROSUVASTATIN CALCIUM 5 MG TAB	2	
RISPERIDONE 0.5 MG ODT	2		ROTARIX VACCINE ORAL SYRINGE	3	
RISPERIDONE 0.5 MG TABLET	1		ROTARIX VACCINE SUSPENSION	3	
RISPERIDONE 1 MG ODT	2		ROTATEQ VACCINE	3	
RISPERIDONE 1 MG TABLET	1		ROWEEPRA 1,000 MG TABLET	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ROWEEPPRA 500 MG TABLET	2		SF 1.1% GEL	2	
ROWEEPPRA 750 MG TABLET	2		SF 5000 PLUS CREAM	2	
RUFINAMIDE 200 MG TABLET	4	PA, QL	SHAROBEL 0.35 MG TABLET	1	
RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL	SHINGRIX VIAL KIT	3	QL
RUFINAMIDE 400 MG TABLET	4	PA, QL	SHOPKO UNIFINE PENTIPS 4MM 32G	3	
SAFESNAP INSUL SYRINGE 0.3 ML	3		SHOPKO UNIFINE PENTIPS 5MM 31G	3	
SAFESNAP INSUL SYRINGE 0.5 ML	3		SHOPKO UNIFINE PENTIPS 8MM 31G	3	
SAFESNAP INSULIN SYRINGE 1 ML	3		SHOPKO UNIFINE PNTIPS 12MM 29G	3	
SAFETY PEN NEEDLE 31G 4MM	3		SIDESTREAM PEDIATRIC FACE MASK	3	QL
SAFETY PEN NEEDLE 31G 5MM	3		SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX
SAFETY PEN NEEDLE 5MM X 31G	3		SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	SIGNIFOR 0.9 MG/ML AMPULE	5	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	2		SILDENAFIL 20 MG TABLET	5	PA, SRX
SALSALATE 500 MG TABLET	2		SILHOUETTE INFUSION SET 23"	3	
SALSALATE 750 MG TABLET	2		SILHOUETTE INFUSION SET 43"	3	
SANTYL OINTMENT	4	PA, QL	SILICONE MASK-INFANT	3	QL
SAPROPTERIN 100 MG POWDER PKT	5	PA, SRX	SILICONE MASK-PEDIATRIC	3	QL
SAPROPTERIN 100 MG TABLET	5	PA, SRX	SILODOSIN 4 MG CAPSULE	2	QL
SAPROPTERIN 500 MG POWDER PKT	5	PA, SRX	SILODOSIN 8 MG CAPSULE	2	QL
SAVAYSA 15 MG TABLET	4	PA, QL	SIL-SERTER INFUSION SET	3	
SAVAYSA 30 MG TABLET	4	PA, QL	SILVER NITRATE 0.5% SOLN	2	
SAVAYSA 60 MG TABLET	4	PA, QL	SILVER NITRATE 10% SOLUTION	2	
SAVELLA 100 MG TABLET	4		SILVER NITRATE 25% SOLUTION	2	
SAVELLA 12.5 MG TABLET	4		SILVER NITRATE 50% SOLUTION	2	
SAVELLA 25 MG TABLET	4		SILVER SULFADIAZINE 1% CREAM	2	
SAVELLA 50 MG TABLET	4		SIMBRINZA	3	
SAVELLA TITRATION PACK	4		SIMLANDI	5	PA, QL, SRX
SCOPOLAMINE 1 MG/3 DAY PATCH	2		SIMLIYA 28 DAY TABLET	1	
SECONAL SODIUM 100 MG CAPSULE	4		SIMPESSE 0.15-0.03-0.01 MG TAB	1	
SECURESAFE PEN NDL 30GX5/16"	3		SIMVASTATIN 10 MG TABLET	1	
SECURESAFE SYR 0.5 ML 29G 1/2"	3		SIMVASTATIN 20 MG TABLET	1	
SECURESAFE SYRNG 1 ML 29G 1/2"	3		SIMVASTATIN 40 MG TABLET	1	
SELEGILINE HCL 5 MG CAPSULE	2		SIMVASTATIN 5 MG TABLET	1	
SELEGILINE HCL 5 MG TABLET	2		SIMVASTATIN 80 MG TABLET	1	QL
SELENIUM SULFIDE 2.25% SHAMPOO	2		SIROLIMUS 0.5 MG TABLET	2	
SELENIUM SULFIDE 2.5% LOTION	2		SIROLIMUS 1 MG TABLET	2	
SE-NATAL 19 CHEWABLE TABLET	1		SIROLIMUS 1 MG/ML SOLUTION	5	SRX
SE-NATAL-19 TABLET	1		SIROLIMUS 2 MG TABLET	2	
SEN-SERTER	3		SIRTURO 100 MG TABLET	4	PA, LDD
SEREVENT DISKUS 50 MCG	3	QL	SIRTURO 20 MG TABLET	4	PA, LDD
SERTRALINE 20 MG/ML ORAL CONC	2	QL	SKY SAFETY PEN NEEDLE 30G 5MM	3	
SERTRALINE HCL 100 MG TABLET	1	QL	SKY SAFETY PEN NEEDLE 30G 8MM	3	
SERTRALINE HCL 25 MG TABLET	1	QL	SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX
SERTRALINE HCL 50 MG TABLET	1	QL	SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX
SETLAKIN 0.15 MG-0.03 MG TAB	1		SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX
SEVELAMER CARBONATE 800 MG TAB	4		SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SLYND 4 MG TABLET	4	
SM INS SYR 0.5 ML 29GX1/2"	3	
SM INS SYR 0.5 ML 30GX5/16"	3	
SM INS SYR 1 ML 29GX1/2"	3	
SM INS SYRINGE 0.3 ML 30GX5/16"	3	
SM INS SYRINGE 1 ML 28GX1/2"	3	
SM INS SYRINGE 1 ML 30GX5/16"	3	
SM INSUL SYR 0.3 ML 31GX5/16"	3	
SM INSUL SYR 0.5 ML 31GX5/16"	3	
SM INSULIN SYR 0.3 ML 29GX1/2"	3	
SM INSULIN SYR 0.5 ML 28GX1/2"	3	
SM INSULIN SYR 1 ML 31GX5/16"	3	
SMARTEST CONTROL SOLUTION	3	
SOD POLYSTYREN SULF 15 G/60 ML	2	
SOD SUL-POTASS SUL-MAG SUL SOL	4	
SODIUM CHLORIDE 0.9% INHAL VL	2	
SODIUM CHLORIDE 0.9% IRRIG	2	
SODIUM CHLORIDE 0.9% IRRIG.	2	
SODIUM CHLORIDE 0.9% PRCSS SOL	2	
SODIUM CHLORIDE 10% VIAL	2	
SODIUM CHLORIDE 3% VIAL	2	
SODIUM CHLORIDE 7% VIAL	2	
SODIUM FLUORIDE 0.2% RINSE	2	
SODIUM FLUORIDE 1.1% CREAM	2	
SODIUM FLUORIDE 1.1% GEL	2	
SODIUM FLUORIDE 5000 DRY MOUTH	2	
SODIUM FLUORIDE 5000 PLUS CRM	2	
SODIUM FLUORIDE 5000 PPM CREAM	2	
SODIUM FLUORIDE 5000 PPM PASTE	2	
SODIUM FLUORIDE ENAMEL PROTECT	2	
SODIUM FLUORIDE SENSITIVE	2	
SODIUM PHENYLBUTYRATE 500MG TB	5	SRX
SODIUM PHENYLBUTYRATE POWDER	5	SRX
SODIUM POLYSTYRENE SULF POWDER	2	
SODIUM SULFACETAMIDE 10% LOTN	2	
SOFOSBUVIR-VELPATASVIR 400-100	5	PA, QL, SRX
SOF-SERTER	3	
SOF-SET MICRO INFUSION SET	3	
SOF-SET ULTIMATE QR SET	3	
SOLIFENACIN 10 MG TABLET	3	QL
SOLIFENACIN 5 MG TABLET	3	QL
SOLUS V2 CONTROL SOLUTION HIGH	3	
SOLUS V2 CONTROL SOLUTION LOW	3	
SOMAVERT 10 MG VIAL	5	PA, LDD, SRX
SOMAVERT 15 MG VIAL	5	PA, LDD, SRX
SOMAVERT 20 MG VIAL	5	PA, LDD, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SOMAVERT 25 MG VIAL	5	PA, LDD, SRX
SOMAVERT 30 MG VIAL	5	PA, LDD, SRX
SORAFENIB 200 MG TABLET	5	PA, QL, SRX
SOTALOL 120 MG TABLET	2	
SOTALOL 160 MG TABLET	2	
SOTALOL 240 MG TABLET	2	
SOTALOL 80 MG TABLET	2	
SOTALOL AF 120 MG TABLET	2	
SOTALOL AF 160 MG TABLET	2	
SOTALOL AF 80 MG TABLET	2	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX
SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX
SOVALDI 200 MG TABLET	5	PA, QL, SRX
SOVALDI 400 MG TABLET	5	PA, QL, SRX
SPACE CHAMBER	3	QL
SPACE CHAMBER-LARGE MASK	3	QL
SPACE CHAMBER-MEDIUM MASK	3	QL
SPACE CHAMBER-SMALL MASK	3	QL
SPIKEVAX COVID (18Y UP) VACC	3	
SPINOSAD 0.9% TOPICAL SUSP	2	
SPIRONOLACTONE 100 MG TABLET	2	
SPIRONOLACTONE 25 MG TABLET	2	
SPIRONOLACTONE 50 MG TABLET	2	
SPIRONOLACTONE-HCTZ 25-25 TAB	2	
SPRINTEC 28 DAY TABLET	1	
SPRYCEL 100 MG TABLET	5	PA, QL, SRX
SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SPRYCEL 20 MG TABLET	5	PA, QL, SRX
SPRYCEL 50 MG TABLET	5	PA, QL, SRX
SPRYCEL 70 MG TABLET	5	PA, QL, SRX
SPRYCEL 80 MG TABLET	5	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSP	2	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML SOLUTION	4	
STAVUDINE 40 MG CAPSULE	2	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2	
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
STRIBILD	3	QL
STRIVERDI RESPIMAT INHAL SPRAY	4	QL, ST
SUBOXONE 12 MG-3 MG SL FILM	3	
SUBOXONE 2 MG-0.5 MG SL FILM	3	



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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SUBOXONE 4 MG-1 MG SL FILM	3		SURE COMFORT 1 ML SYRINGE	3	
SUBOXONE 8 MG-2 MG SL FILM	3		SURE COMFORT 3/10 ML SYRINGE	3	
SUBVENITE (BLUE)	2		SURE COMFORT 30G PEN NEEDLE	3	
SUBVENITE (GREEN)	2		SURE COMFORT INS 0.3ML 31GX1/4	3	
SUBVENITE (ORANGE)	2		SURE COMFORT INS 0.5ML 31GX1/4	3	
SUBVENITE 100 MG TABLET	2		SURE COMFORT INS 1 ML 31GX1/4"	3	
SUBVENITE 150 MG TABLET	2		SURE COMFORT PEN ND 29GX1/2"	3	
SUBVENITE 200 MG TABLET	2		SURE COMFORT PEN ND 31G 5MM	3	
SUBVENITE 25 MG TABLET	2		SURE COMFORT PEN ND 31G 8MM	3	
SUCRAID 17,000 UNIT/2 ML SOLN	5	LDD, SRX	SURE COMFORT PEN ND 32G 4MM	3	
SUCRAID 8,500 UNIT/ML SOLN	5	LDD, SRX	SURE COMFORT PEN ND 32G 6MM	3	
SUCRALFATE 1 GM TABLET	2		SURE-FINE PEN NEEDLES 12.7MM	3	
SULFACETAMIDE 10% EYE DROPS	2		SURE-FINE PEN NEEDLES 5MM	3	
SULFACETAMIDE 10% EYE OINTMENT	2		SURE-FINE PEN NEEDLES 8MM	3	
SULFACETAMIDE SOD 10% TOP SUSP	2		SURE-JECT INS 0.3 ML 31GX5/16"	3	
SULF-PRED 10-0.23% EYE DROPS	2		SURE-JECT INS 0.5 ML 31GX5/16"	3	
SULFADIAZINE 500 MG TABLET	2		SURE-JECT INSU SYR U100 0.3 ML	3	
SULFAMETHOXAZOLE-TMP DS TABLET	1		SURE-JECT INSU SYR U100 0.5 ML	3	
SULFAMETHOXAZOLE-TMP SS TABLET	1		SURE-JECT INSU SYR U100 1 ML	3	
SULFAMETHOXAZOLE-TMP SUSP	2		SURE-JECT INSUL SYR U100 1 ML	3	
SULFAMYLON 8.5% CREAM	4		SURE-JECT INSULIN SYRINGE 1 ML	3	
SULFASALAZINE 500 MG TABLET	2		SURE-T PARADIGM 18" SET	3	
SULFASALAZINE DR 500 MG TAB	2		SURE-T PARADIGM 23" SET	3	
SULINDAC 150 MG TABLET	2		SURE-T PARADIGM 32" SET	3	
SULINDAC 200 MG TABLET	2		SURE-TEST EASYPLUS MINI SOLN	3	
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL	SYEDA 28 TABLET	1	
SUMATRIPTAN 4 MG/0.5 ML CART	2	QL	SYMAX FASTABS 0.125 MG TABLET	2	
SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL	SYMAX-SL 0.125 MG TABLET SL	2	
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL	SYMAX-SR 0.375 MG TABLET	2	
SUMATRIPTAN 6 MG/0.5 ML CART	2	QL	SYMLINPEN 120	4	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL	SYMLINPEN 60	4	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	2	QL	SYMTOZA	3	QL
SUMATRIPTAN SUCC 100 MG TABLET	2	QL	SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX
SUMATRIPTAN SUCC 25 MG TABLET	2	QL	SYNERA PATCH	4	
SUMATRIPTAN SUCC 50 MG TABLET	2	QL	SYNTHROID 100 MCG TABLET	4	
SUNITINIB MALATE 12.5 MG CAP	5	PA, QL, SRX	SYNTHROID 112 MCG TABLET	4	
SUNITINIB MALATE 25 MG CAPSULE	5	PA, QL, SRX	SYNTHROID 125 MCG TABLET	4	
SUNITINIB MALATE 37.5 MG CAP	5	PA, QL, SRX	SYNTHROID 137 MCG TABLET	4	
SUNITINIB MALATE 50 MG CAPSULE	5	PA, QL, SRX	SYNTHROID 150 MCG TABLET	4	
SUPRAX 100 MG TABLET CHEWABLE	4		SYNTHROID 175 MCG TABLET	4	
SUPRAX 200 MG TABLET CHEWABLE	4		SYNTHROID 200 MCG TABLET	4	
SUPRAX 500 MG/5 ML SUSPENSION	4		SYNTHROID 25 MCG TABLET	4	
SURE CMFT SFTY PEN ND 31G 6MM	3		SYNTHROID 300 MCG TABLET	4	
SURE CMFT SFTY PEN ND 32G 4MM	3		SYNTHROID 50 MCG TABLET	4	
SURE COMFORT 0.3 ML SYRINGE	3		SYNTHROID 75 MCG TABLET	4	
SURE COMFORT 0.5 ML SYRINGE	3		SYNTHROID 88 MCG TABLET	4	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
T:30 INFUSION SET 23" 13MM	3		TDVAX VIAL	3	
T:30 INFUSION SET 43" 13MM	3		TECHLITE 0.3 ML 29GX12MM (1/2)	3	
T:90 INFUSION SET 23" 6MM	3		TECHLITE 0.3 ML 30GX12MM (1/2)	3	
T:90 INFUSION SET 23" 9MM	3		TECHLITE 0.3 ML 30GX8MM (1/2)	3	
T:90 INFUSION SET 43" 9MM	3		TECHLITE 0.3 ML 31GX6MM (1/2)	3	
T:FLEX 4.8 ML CARTRIDGE	3		TECHLITE 0.3 ML 31GX8MM (1/2)	3	
T:SLIM 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 29GX12MM (1/2)	3	
T:SLIM G4 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30GX12MM (1/2)	3	
T:SLIM X2 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30GX8MM (1/2)	3	
TABLOID 40 MG TABLET	4	PA	TECHLITE 0.5 ML 31GX6MM (1/2)	3	
TACROLIMUS 0.03% OINTMENT	2		TECHLITE 0.5 ML 31GX8MM (1/2)	3	
TACROLIMUS 0.1% OINTMENT	2		TECHLITE INS SYR 1 ML 29GX12MM	3	
TACROLIMUS 0.5 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 30GX12MM	3	
TACROLIMUS 1 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 30GX8MM	3	
TACROLIMUS 5 MG CAPSULE (IR)	2		TECHLITE INS SYR 1 ML 31GX6MM	3	
TADALAFIL 2.5 MG TABLET	2	PA, QL	TECHLITE INS SYR 1 ML 31GX8MM	3	
TADALAFIL 20 MG TABLET	5	PA, SRX	TECHLITE PEN NEEDLE 29GX1/2"	3	
TADALAFIL 5 MG TABLET	2	PA, QL	TECHLITE PEN NEEDLE 29GX3/8"	3	
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL, SRX	TECHLITE PEN NEEDLE 31GX1/4"	3	
TAFINLAR 50 MG CAPSULE	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31GX3/16"	3	
TAFINLAR 75 MG CAPSULE	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31GX5/16"	3	
TAFUPROST 0.0015% EYE DROP	4	QL	TECHLITE PEN NEEDLE 32GX1/4"	3	
TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32GX5/16"	3	
TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32GX5/32"	3	
TAKE ACTION 1.5 MG TABLET	1		TELCARE CONTROL SOLUTION	3	
TAMOXIFEN 10 MG TABLET	2		TELMISARTAN 20 MG TABLET	2	
TAMOXIFEN 20 MG TABLET	2		TELMISARTAN 40 MG TABLET	2	
TAMSULOSIN HCL 0.4 MG CAPSULE	2		TELMISARTAN 80 MG TABLET	2	
TARINA 24 FE 1 MG-20 MCG TAB	1		TELMISARTAN-AMLODIPINE 40-10	2	
TARINA FE 1-20 EQ TABLET	1		TELMISARTAN-AMLODIPINE 40-5 MG	2	
TARINA FE 1-20 TABLET	1		TELMISARTAN-AMLODIPINE 80-10	2	
TARON-C DHA	1		TELMISARTAN-AMLODIPINE 80-5 MG	2	
TARON-PREX PRENATAL	1		TELMISARTAN-HCTZ 40-12.5 MG TB	2	
TASIGNA 150 MG CAPSULE	5	PA, QL, SRX	TELMISARTAN-HCTZ 80-12.5 MG TB	2	
TASIGNA 200 MG CAPSULE	5	PA, QL, SRX	TELMISARTAN-HCTZ 80-25 MG TAB	2	
TASIGNA 50 MG CAPSULE	5	PA, QL, SRX	TEMAZEPAM 15 MG CAPSULE	2	
TAYSOFY 1 MG-20 MCG CAPSULE	1		TEMAZEPAM 22.5 MG CAPSULE	2	
TAZAROTENE 0.05% GEL	4		TEMAZEPAM 30 MG CAPSULE	2	
TAZAROTENE 0.1% CREAM	2		TEMAZEPAM 7.5 MG CAPSULE	2	
TAZAROTENE 0.1% GEL	4		TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX
TAZORAC 0.05% CREAM	4		TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX
TAZTIA XT 120 MG CAPSULE	2		TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX
TAZTIA XT 180 MG CAPSULE	2		TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX
TAZTIA XT 240 MG CAPSULE	2		TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX
TAZTIA XT 300 MG CAPSULE	2		TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX
TAZTIA XT 360 MG CAPSULE	2		TENCON 50-325 MG TABLET	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TENIVAC SYRINGE	3		TESTOSTERONE 1.62%(1.25 G) PKT	2	QL
TENIVAC VIAL	3		TESTOSTERONE 10 MG GEL PUMP	2	QL
TENOFOVIR DISOP FUM 300 MG TB	2		TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL
TERAZOSIN 1 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TERAZOSIN 10 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM PKT	2	QL
TERAZOSIN 2 MG CAPSULE	1		TESTOSTERONE CYP 1,000 MG/10ML	2	
TERAZOSIN 5 MG CAPSULE	1		TESTOSTERONE CYP 1,000 MG/5 ML	2	
TERBINAFINE HCL 250 MG TABLET	1		TESTOSTERONE CYP 200 MG/ML	2	
TERBUTALINE SULFATE 2.5 MG TAB	2		TESTOSTERONE CYP 500 MG/2.5 ML	2	
TERBUTALINE SULFATE 5 MG TAB	2		TESTOSTERONE CYP 6,000 MG/30ML	2	
TERCONAZOLE 0.4% CREAM	2		TESTOSTERONE ENAN 200 MG/ML	2	
TERCONAZOLE 0.8% CREAM	2		TETCAINE 0.5% EYE DROP	2	
TERCONAZOLE 80 MG SUPPOSITORY	2		TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX	TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX
TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX	TETRACAINE 0.5% EYE DROP	2	
TERUMO INS SYR 0.3 ML 29GX1/2"	3		TETRACAINE 0.5% STERI-UNIT SOL	2	
TERUMO INS SYRINGE U100-1 ML	3		TETRACYCLINE 250 MG CAPSULE	2	
TERUMO INS SYRINGE U100-1/2 ML	3		TETRACYCLINE 500 MG CAPSULE	2	
TERUMO INS SYRINGE U100-1/3 ML	3		TETRAVISC 0.5% EYE DROPS	4	
TERUMO INS SYRNG U100-1/2 ML	3		TEXACORT 2.5% SOLUTION	4	
TERUMO SURGUARD2 NDL 21GX1 1.5	3		THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX
TERUMO SURGUARD2 NDL 22X1-1/2"	3		THALOMID 150 MG CAPSULE	5	PA, QL, LDD, SRX
TERUMO SURGUARD2 NDL 23X1-1/2"	3		THALOMID 200 MG CAPSULE	5	PA, QL, LDD, SRX
TERUMO SURGUARD2 NEEDLE 18GX1"	3		THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX
TERUMO SURGUARD2 NEEDLE 18X1.5	3		THEOPHYLLINE 80 MG/15 ML SOLN	2	
TERUMO SURGUARD2 NEEDLE 19GX1"	3		THEOPHYLLINE ER 100 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 19X1.5	3		THEOPHYLLINE ER 200 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 20GX1"	3		THEOPHYLLINE ER 300 MG TAB	2	
TERUMO SURGUARD2 NEEDLE 20X1.5	3		THEOPHYLLINE ER 300 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 21GX1"	3		THEOPHYLLINE ER 400 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 22GX1"	3		THEOPHYLLINE ER 450 MG TAB	2	
TERUMO SURGUARD2 NEEDLE 23GX1"	3		THEOPHYLLINE ER 450 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 25GX1"	3		THEOPHYLLINE ER 600 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 25X1.5	3		THINPRO INS SYRIN U100-0.3 ML	3	
TERUMO SURGUARD2 NEEDLE 25X5/8	3		THINPRO INS SYRIN U100-0.5 ML	3	
TERUMO SURGUARD2 NEEDLE 26X1/2	3		THINPRO INS SYRIN U100-1 ML	3	
TERUMO SURGUARD2 NEEDLE 27X1/2	3		THIORIDAZINE 10 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 30X1/2	3		THIORIDAZINE 100 MG TABLET	2	
TERUMO SYRINGE 3 ML	3		THIORIDAZINE 25 MG TABLET	2	
TESTOSTERON CYP 1,000 MG/10 ML	2		THIORIDAZINE 50 MG TABLET	2	
TESTOSTERON CYP 2,000 MG/10 ML	2		THIOTHIXENE 1 MG CAPSULE	2	
TESTOSTERON ENAN 1,000 MG/5 ML	2		THIOTHIXENE 10 MG CAPSULE	2	
TESTOSTERONE 1% (25MG/2.5G) PK	2	QL	THIOTHIXENE 2 MG CAPSULE	2	
TESTOSTERONE 1% (50 MG/5 G) PK	2	QL	THIOTHIXENE 5 MG CAPSULE	2	
TESTOSTERONE 1.62% (2.5 G) PKT	2	QL	THRIVITE 19	1	
TESTOSTERONE 1.62% GEL PUMP	2	QL	THYROID 120 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
THYROID 15 MG TABLET	1	
THYROID 30 MG TABLET	1	
THYROID 60 MG TABLET	1	
THYROID 90 MG TABLET	1	
TIADYL ER 120 MG CAPSULE	2	
TIADYL ER 180 MG CAPSULE	2	
TIADYL ER 240 MG CAPSULE	2	
TIADYL ER 300 MG CAPSULE	2	
TIADYL ER 360 MG CAPSULE	2	
TIADYL ER 420 MG CAPSULE	2	
TIAGABINE HCL 12 MG TABLET	2	
TIAGABINE HCL 16 MG TABLET	2	
TIAGABINE HCL 2 MG TABLET	2	
TIAGABINE HCL 4 MG TABLET	2	
TILIA FE 28 TABLET	1	
TIMOLOL 0.25% GEL-SOLUTION	2	
TIMOLOL 0.5% GEL-SOLUTION	2	
TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TIMOLOL MALEATE 0.25% EYE DROP	2	
TIMOLOL MALEATE 0.5% EYE DROPS	2	
TIMOLOL MALEATE 10 MG TABLET	2	
TIMOLOL MALEATE 20 MG TABLET	2	
TIMOLOL MALEATE 5 MG TABLET	2	
TINIDAZOLE 250 MG TABLET	2	
TINIDAZOLE 500 MG TABLET	2	
TIOPRONIN 100 MG TABLET	5	SRX
TIS-U-SOL PENTALYTE IRRIG SOLN	4	
TIVICAY 10 MG TABLET	3	
TIVICAY 25 MG TABLET	3	
TIVICAY 50 MG TABLET	3	
TIVICAY PD 5 MG TAB FOR SUSP	3	
TIZANIDINE HCL 2 MG TABLET	2	
TIZANIDINE HCL 4 MG TABLET	2	
TOBRAMYCIN 0.3% EYE DROP	2	
TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX
TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	
TODAY'S HLTH PN NEEDLE 6MM 31G	3	
TOLCAPONE 100 MG TABLET	5	SRX
TOLMETIN SODIUM 200 MG TAB	2	
TOLMETIN SODIUM 400 MG CAP	2	
TOLMETIN SODIUM 600 MG TAB	2	
TOLTERODINE TART ER 2 MG CAP	2	
TOLTERODINE TART ER 4 MG CAP	2	
TOLTERODINE TARTRATE 1 MG TAB	2	
TOLTERODINE TARTRATE 2 MG TAB	2	
TOLVAPTAN 15 MG TABLET	5	PA, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TOLVAPTAN 30 MG TABLET	5	PA, SRX
TOPCARE CLICKFINE 31G X 1/4"	3	
TOPCARE CLICKFINE 31G X 5/16"	3	
TOPCARE ULTRA COMFORT SYRINGE	3	
TOPIRAMATE 100 MG TABLET	2	
TOPIRAMATE 15 MG SPRINKLE CAP	2	
TOPIRAMATE 200 MG TABLET	2	
TOPIRAMATE 25 MG SPRINKLE CAP	2	
TOPIRAMATE 25 MG TABLET	2	
TOPIRAMATE 50 MG TABLET	2	
TOPIRAMATE ER 100 MG CAPSULE	2	
TOPIRAMATE ER 150 MG CAPSULE	2	
TOPIRAMATE ER 200 MG CAPSULE	2	
TOPIRAMATE ER 25 MG CAPSULE	2	
TOPIRAMATE ER 50 MG CAPSULE	2	
TOREMIFENE CITRATE 60 MG TAB	4	
TORSEMIDE 10 MG TABLET	2	
TORSEMIDE 100 MG TABLET	2	
TORSEMIDE 20 MG TABLET	2	
TORSEMIDE 5 MG TABLET	2	
TOVET EMOLLIENT 0.05% FOAM	2	
TRAMADOL ER 100 MG TABLET	2	PA, QL
TRAMADOL ER 200 MG TABLET	2	PA, QL
TRAMADOL ER 300 MG TABLET	2	PA, QL
TRAMADOL HCL 50 MG TABLET	2	QL
TRAMADOL HCL ER 100 MG TABLET	2	PA, QL
TRAMADOL HCL ER 150 MG CAPSULE	2	PA, QL
TRAMADOL HCL ER 200 MG TABLET	2	PA, QL
TRAMADOL HCL ER 300 MG TABLET	2	PA, QL
TRAMADOL-ACETAMINOPHN 37.5-325	2	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	
TRANDOLAPR-VERAPAM ER 1-240 MG	2	
TRANDOLAPR-VERAPAM ER 2-180 MG	2	
TRANDOLAPR-VERAPAM ER 2-240 MG	2	
TRANDOLAPR-VERAPAM ER 4-240 MG	2	
TRANEXAMIC ACID 650 MG TABLET	2	
TRANLYCYPROMINE SULF 10 MG TAB	2	
TRAVOPROST 0.004% EYE DROP	2	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	2	
TRAZODONE 50 MG TABLET	1	
TRECATOR 250 MG TABLET	4	
TRELEGY ELLIPTA 100-62.5-25	3	QL
TRELEGY ELLIPTA 200-62.5-25	3	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TREMFYA 100 MG/ML INJECTOR	5	PA, QL, SRX	TRIKAFTA 100-50-75 MG/75MG PKT	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX	TRIKAFTA 50-25-37.5 MG/75 MG	5	PA, QL, LDD, SRX
TRETINOIN 0.01% GEL	2	PA_AGE	TRIKAFTA 80-40-60MG/59.5MG PKT	5	PA, QL, LDD, SRX
TRETINOIN 0.025% CREAM	2	PA_AGE	TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN 0.025% GEL	2	PA_AGE	TRI-LINYAH TABLET	1	
TRETINOIN 0.05% CREAM	2	PA_AGE	TRI-LO-ESTARYLLA TABLET	1	
TRETINOIN 0.05% GEL	2	PA_AGE	TRI-LO-MARZIA TABLET	1	
TRETINOIN 0.1% CREAM	2	PA_AGE	TRI-LO-MILI TABLET	1	
TRETINOIN 10 MG CAPSULE	4	PA	TRI-LO-SPRINTEC TABLET	1	
TRETINOIN GEL MICRO 0.04% PUMP	2	PA_AGE	TRIMETHOBENZAMIDE 300 MG CAP	2	
TRETINOIN GEL MICRO 0.04% TUBE	2	PA_AGE	TRIMETHOPRIM 100 MG TABLET	2	
TRETINOIN GEL MICRO 0.1% PUMP	2	PA_AGE	TRI-MILI 28 TABLET	1	
TRETINOIN GEL MICRO 0.1% TUBE	2	PA_AGE	TRIMIPRAMINE MALEATE 100 MG CP	2	
TRETIN-X 0.025% CREAM COMB PCK	4	PA_AGE	TRIMIPRAMINE MALEATE 25 MG CAP	2	
TRETIN-X 0.05% COMBO PACK	4	PA_AGE	TRIMIPRAMINE MALEATE 50 MG CAP	2	
TRETIN-X 0.075% CREAM	4	PA_AGE	TRINATAL RX 1	1	
TRETIN-X 0.1% COMBO PACK	4	PA_AGE	TRINTELLIX 10 MG TABLET	4	QL, ST
TRI FEMYNOR 28 TABLET	1		TRINTELLIX 20 MG TABLET	4	QL, ST
TRIAMCINOLONE 0.025% CREAM	2		TRINTELLIX 5 MG TABLET	4	QL, ST
TRIAMCINOLONE 0.025% LOTION	2		TRI-NYMYO 28 TABLET	1	
TRIAMCINOLONE 0.025% OINT	2		TRI-PREVIFEM TABLET	1	
TRIAMCINOLONE 0.1% CREAM	2		TRI-SPRINTEC	1	
TRIAMCINOLONE 0.1% LOTION	2		TRIUMEQ 600-50-300 MG TABLET	3	QL
TRIAMCINOLONE 0.1% OINTMENT	2		TRIUMEQ PD 60-5-30 MG TAB SUSP	3	QL
TRIAMCINOLONE 0.1% PASTE	2		TRI-VITE-FLUORIDE 0.25 MG/ML	2	
TRIAMCINOLONE 0.5% CREAM	2		TRI-VITE-FLUORIDE 0.5 MG/ML	2	
TRIAMCINOLONE 0.5% OINTMENT	2		TRI-VIT-FLUOR 0.25 MG/ML DROP	2	
TRIAMTERENE 100 MG CAPSULE	4		TRI-VIT-FLUOR 0.5 MG/ML DROP	2	
TRIAMTERENE 50 MG CAPSULE	4		TRIVORA-28 TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG CP	2		TRI-VYLIBRA 28 TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1		TRI-VYLIBRA LO TABLET	1	
TRIAMTERENE-HCTZ 75-50 MG TAB	1		TROPICAMIDE 0.5% EYE DROP	2	
TRIAZOLAM 0.125 MG TABLET	2		TROPICAMIDE 0.5% EYE DROPS	2	
TRIAZOLAM 0.25 MG TABLET	2		TROPICAMIDE 1% EYE DROP	2	
TRIDERM 0.1% CREAM	2		TROPICAMIDE 1% EYE DROPS	2	
TRIDERM 0.5% CREAM	2		TROSPIMUM CHLORIDE 20 MG TABLET	2	
TRI-ESTARYLLA TABLET	1		TROSPIMUM CHLORIDE ER 60 MG CAP	2	
TRIFLUOPERAZINE 1 MG TABLET	2		TRUE CMFRT PRO 0.5ML 30G 5/16"	3	
TRIFLUOPERAZINE 10 MG TABLET	2		TRUE CMFRT PRO 0.5ML 31G 5/16"	3	
TRIFLUOPERAZINE 2 MG TABLET	2		TRUE CMFRT PRO 0.5ML 32G 5/16"	3	
TRIFLUOPERAZINE 5 MG TABLET	2		TRUE CMFT SFTY PEN ND 31G 5MM	3	
TRIFLURIDINE 1% EYE DROPS	2		TRUE CMFT SFTY PEN ND 31G 6MM	3	
TRIHEXYPHENIDYL 2 MG TABLET	1		TRUE CMFT SFTY PEN ND 32G 4MM	3	
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	2		TRUE COMFORT 0.5 ML 31GX5/16"	3	
TRIHEXYPHENIDYL 5 MG TABLET	2		TRUE COMFORT 1 ML 31GX5/16"	3	
TRIKAFTA 100-50-75 MG/150 MG	5	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31G 5MM	3	
			TRUE COMFORT PEN ND 31G 6MM	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRUE COMFORT PEN NDL 31G 8MM	3	
TRUE COMFORT PEN NDL 31GX5MM	3	
TRUE COMFORT PEN NDL 31GX6MM	3	
TRUE COMFORT PEN NDL 32G 4MM	3	
TRUE COMFORT PEN NDL 32G 5MM	3	
TRUE COMFORT PEN NDL 32G 6MM	3	
TRUE COMFORT PEN NDL 32GX4MM	3	
TRUE COMFORT PEN NDL 33G 4MM	3	
TRUE COMFORT PEN NDL 33G 5MM	3	
TRUE COMFORT PEN NDL 33G 6MM	3	
TRUE COMFORT PRO 1 ML 30G 1/2"	3	
TRUE COMFORT PRO 1ML 30G 5/16"	3	
TRUE COMFORT PRO 1ML 31G 5/16"	3	
TRUE COMFORT PRO 1ML 32G 5/16"	3	
TRUE COMFORT PRO 0.5ML 30G 1/2"	3	
TRUE METRIX LEVEL 1 CTRL SOLN	3	
TRUE METRIX LEVEL 2 CTRL SOLN	3	
TRUE METRIX LEVEL 3 CTRL SOLN	3	
TRUECONTROL GLUCOSE SOLUTION	3	
TRUEPLUS KETONE TEST STRIP	3	
TRUEPLUS PEN NEEDLE 29G 12MM	3	
TRUEPLUS PEN NEEDLE 29GX1/2"	3	
TRUEPLUS PEN NEEDLE 31G 5MM	3	
TRUEPLUS PEN NEEDLE 31G 8MM	3	
TRUEPLUS PEN NEEDLE 31G X 1/4"	3	
TRUEPLUS PEN NEEDLE 31GX3/16"	3	
TRUEPLUS PEN NEEDLE 31GX5/16"	3	
TRUEPLUS PEN NEEDLE 32GX5/32"	3	
TRUEPLUS SYR 0.3ML 29GX1/2"	3	
TRUEPLUS SYR 0.3ML 30GX5/16"	3	
TRUEPLUS SYR 0.3ML 31GX5/16"	3	
TRUEPLUS SYR 0.5ML 28GX1/2"	3	
TRUEPLUS SYR 0.5ML 29GX1/2"	3	
TRUEPLUS SYR 0.5ML 30GX5/16"	3	
TRUEPLUS SYR 0.5ML 31GX5/16"	3	
TRUEPLUS SYR 1ML 28GX1/2"	3	
TRUEPLUS SYR 1ML 29GX1/2"	3	
TRUEPLUS SYR 1ML 30GX5/16"	3	
TRUEPLUS SYR 1ML 31GX5/16"	3	
TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TRUST NATAL DHA	1	
TRUSTEEL INFUSION SET 23" 6MM	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRUSTEEL INFUSION SET 23" 8MM	3	
TRUSTEEL INFUSION SET 32" 6MM	3	
TRUSTEEL INFUSION SET 32" 8MM	3	
TRUZONE PEAK FLOW METER	3	
TUDORZA PRESSAIR 400 MCG INHAL	4	QL, ST
TULANA 0.35 MG TABLET	1	
TWINRIX VACCINE SYRINGE	3	
TYBOST 150 MG TABLET	3	
TYDEMY 3-0.03-0.451 MG TABLET	1	
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, QL, SRX
TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LDD, SRX
TYVASO INSTITUTIONAL START KIT	5	PA, LDD, SRX
TYVASO REFILL KIT	5	PA, LDD, SRX
TYVASO STARTER KIT	5	PA, LDD, SRX
UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
UDENYCA 6 MG/0.6 ML AUTOINJECT	5	PA, SRX
ULESFIA 5% LOTION	4	
ULT CFT 0.3 ML 29GX1/2" (1/2)	3	
ULT CFT 0.3 ML 31GX5/16" (1/2)	3	
ULTICARE INS SYR 1 ML 31GX5/16"	3	
ULTICAR INS 0.3ML 31GX1/4(1/2)	3	
ULTICARE INS 0.3 ML 30GX1/2"	3	
ULTICARE INS 0.3 ML 31GX1/4"	3	
ULTICARE INS 0.5 ML 30GX1/2"	3	
ULTICARE INS 0.5 ML 31GX1/4"	3	
ULTICARE INS 1 ML 31GX1/4"	3	
ULTICARE INS SAFETY 1ML 29X1/2	3	
ULTICARE INS SYR 1 ML 28GX1/2"	3	
ULTICARE INS SYR 1 ML 29GX1/2"	3	
ULTICARE INS SYR 1 ML 30GX1/2"	3	
ULTICARE LDS SYR 3 ML 22GX1.5"	3	
ULTICARE PEN NDL 12.7 MM 29G	3	
ULTICARE PEN NEEDLE 31GX3/16"	3	
ULTICARE PEN NEEDLE 4MM 32G	3	
ULTICARE PEN NEEDLE 6MM 31G	3	
ULTICARE PEN NEEDLE 8 MM 31G	3	
ULTICARE PEN NEEDLE 8MM 31G	3	
ULTICARE PEN NEEDLES 12MM 29G	3	
ULTICARE PEN NEEDLES 4MM 32G	3	
ULTICARE PEN NEEDLES 6MM 31G	3	
ULTICARE PEN NEEDLES 6MM 32G	3	
ULTICARE PEN NEEDLES 8MM 31G	3	
ULTICARE SAFE PEN NDL 30G 8MM	3	
ULTICARE SAFE PEN NDL 5MM 30G	3	
ULTICARE SAFETY 0.5 ML 29GX1/2	3	
ULTICARE SYR 0.3 ML 30GX1/2"	3	
ULTICARE SYR 0.3 ML 30GX5/16"	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTICARE SYR 0.3 ML 31GX5/16"	3		ULTRA FLO PEN NEEDLES 12MM 29G	3	
ULTICARE SYR 0.5 ML 29GX1/2"	3		ULTRA FLO SYR 0.3 ML 29GX1/2"	3	
ULTICARE SYR 0.5 ML 30GX1/2"	3		ULTRA FLO SYR 0.3 ML 30G 5/16"	3	
ULTICARE SYR 0.5 ML 30GX5/16"	3		ULTRA FLO SYR 0.3 ML 31G 5/16"	3	
ULTICARE SYR 0.5 ML 31GX5/16"	3		ULTRA FLO SYR 0.5 ML 29G 1/2"	3	
ULTICARE SYR 1 ML 30GX5/16"	3		ULTRA THIN PEN ND 32G X 4MM	3	
ULTICARE SYR 1 ML 31GX5/16"	3		ULTRACARE INS 0.3 ML 30GX5/16"	3	
ULTICARE SYRIN 0.3 ML 29GX1/2"	3		ULTRACARE INS 0.3 ML 31GX5/16"	3	
ULTICARE SYRIN 0.5 ML 28GX1/2"	3		ULTRACARE INS 0.5 ML 30GX1/2"	3	
ULTICARE SYRINGE 1 ML 30GX1/2"	3		ULTRACARE INS 0.5 ML 30GX5/16"	3	
ULTIGUARD SAFE 1ML 30G 12.7MM	3		ULTRACARE INS 0.5 ML 31GX5/16"	3	
ULTIGUARD SAFE PACK 29G 12.7MM	3		ULTRACARE INS 1 ML 30G X 5/16"	3	
ULTIGUARD SAFE PACK 32G 4MM	3		ULTRACARE INS 1 ML 30GX1/2"	3	
ULTIGUARD SAFE0.3ML 30G 12.7MM	3		ULTRACARE INS 1 ML 31G X 5/16"	3	
ULTIGUARD SAFE0.5ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX1/4"	3	
ULTIGUARD SAFE0.3ML 31G 8MM	3		ULTRACARE PEN NEEDLE 31GX3/16"	3	
ULTIGUARD SAFE0.5ML 31G 8MM	3		ULTRACARE PEN NEEDLE 31GX5/16"	3	
ULTIGUARD SAFE0.3ML 31G 8MM	3		ULTRACARE PEN NEEDLE 32GX1/4"	3	
ULTIGUARD SAFE0.5ML 31G 8MM	3		ULTRACARE PEN NEEDLE 32GX3/16"	3	
ULTIGUARD SAFE0.3ML 31G 8MM	3		ULTRACARE PEN NEEDLE 32GX5/32"	3	
ULTIGUARD SAFE0.5ML 31G 8MM	3		ULTRACARE PEN NEEDLE 33GX5/32"	3	
ULTILET INSULIN SYRINGE 0.3 ML	3		BD UF MICRO PEN NEEDLE 6MMX32G	3	
ULTILET INSULIN SYRINGE 0.5 ML	3		ULTRA-THIN II 1 ML 31GX5/16"	3	
ULTILET INSULIN SYRINGE 1 ML	3		ULTRA-THIN II INS 0.3 ML 30G	3	
ULTILET PEN NEEDLE	3		ULTRA-THIN II INS 0.3 ML 31G	3	
ULTILET PEN NEEDLE 4MM 32G	3		ULTRA-THIN II INS 0.5 ML 29G	3	
ULTRA COMFORT 0.3 ML 29GX1/2"	3		ULTRA-THIN II INS 0.5 ML 30G	3	
ULTRA COMFORT 0.3 ML SYRINGE	3		ULTRA-THIN II INS 0.5 ML 31G	3	
ULTRA COMFORT 0.5 ML 28GX1/2"	3		ULTRA-THIN II INS SYR 1 ML 29G	3	
ULTRA COMFORT 0.5 ML 29GX1/2"	3		ULTRA-THIN II INS SYR 1 ML 30G	3	
ULTRA COMFORT 0.5 ML 31GX5/16"	3		ULTRA-THIN II PEN ND 29GX1/2"	3	
ULTRA COMFORT 0.5 ML SYRINGE	3		ULTRA-THIN II PEN ND 31GX5/16	3	
ULTRA COMFORT 1 ML 28GX1/2"	3		ULTRATRAK CONTROL SOL NORMAL	3	
ULTRA COMFORT 1 ML 29GX1/2"	3		ULTRATRAK CONTROL SOLUTION	3	
ULTRA COMFORT 1 ML 30GX5/16"	3		ULTRATRAK ULTIMATE CNTRL SOLN	3	
ULTRA COMFORT 1 ML 31GX5/16"	3		UNIFINE PEN NEEDLE 32G 4MM	3	
ULTRA COMFORT 1 ML SYRINGE	3		UNIFINE PENTIPS 12MM 29G	3	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	3		UNIFINE PENTIPS 29G 12MM	3	
ULTRA FLO 0.3ML 30G 5/16"(1/2)	3		UNIFINE PENTIPS 31G 5MM	3	
ULTRA FLO 0.3ML 31G 5/16"(1/2)	3		UNIFINE PENTIPS 31G 6MM	3	
ULTRA FLO PEN NEEDLE 31G 5MM	3		UNIFINE PENTIPS 31G 8MM	3	
ULTRA FLO PEN NEEDLE 31G 8MM	3		UNIFINE PENTIPS 31GX3/16"	3	
ULTRA FLO PEN NEEDLE 32G 4MM	3		UNIFINE PENTIPS 32G 4MM	3	
ULTRA FLO PEN NEEDLE 33G 4MM	3		UNIFINE PENTIPS 32G 6MM	3	
			UNIFINE PENTIPS 32GX1/4"	3	
			UNIFINE PENTIPS 32GX5/32"	3	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
UNIFINE PENTIPS 33GX5/32"	3	
UNIFINE PENTIPS 6MM 31G	3	
UNIFINE PENTIPS 6MM NEEDLE	3	
UNIFINE PENTIPS 8MM 31G	3	
UNIFINE PENTIPS 8MM NEEDLE	3	
UNIFINE PENTIPS MAX 30GX3/16"	3	
UNIFINE PENTIPS NEEDLES 29G	3	
UNIFINE PENTIPS PLUS 29GX1/2"	3	
UNIFINE PENTIPS PLUS 31GX1/4"	3	
UNIFINE PENTIPS PLUS 31GX3/16"	3	
UNIFINE PENTIPS PLUS 31GX5/16"	3	
UNIFINE PENTIPS PLUS 32GX5/32"	3	
UNIFINE PENTIPS PLUS 33GX5/32"	3	
UNIFINE PENTIPS PLUS 30GX3/16"	3	
UNIFINE SAFECONTROL 30GX3/16"	3	
UNIFINE SAFECONTROL 30GX5/16"	3	
UNIFINE SAFECONTROL 32G 4MM	3	
UNIFINE ULTRA PEN ND1 31G 5MM	3	
UNIFINE ULTRA PEN ND1 31G 6MM	3	
UNIFINE ULTRA PEN ND1 31G 8MM	3	
UNIFINE ULTRA PEN ND1 32G 4MM	3	
UNISTRIP CONTROL SOLUTION HIGH	3	
UNISTRIP CONTROL SOLUTION LOW	3	
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 25 MCG TABLET	1	
UNITHROID 300 MCG TABLET	1	
UNITHROID 50 MCG TABLET	1	
UNITHROID 75 MCG TABLET	1	
UNITHROID 88 MCG TABLET	1	
URISTIX 4	3	
URISTIX REAGENT	3	
UROQID-ACID NO.2	4	
URSODIOL 250 MG TABLET	2	
URSODIOL 300 MG CAPSULE	2	
URSODIOL 500 MG TABLET	2	
USTELL	2	
UTIRA-C	2	
VALACYCLOVIR HCL 1 GRAM TABLET	2	
VALACYCLOVIR HCL 500 MG TABLET	2	
VALGANCICLOVIR 450 MG TABLET	4	
VALGANCICLOVIR HCL 50 MG/ML	4	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VALPROIC ACID 250 MG CAPSULE	2	
VALPROIC ACID 250 MG/5 ML SOLN	2	
VALPROIC ACID 500 MG/10 ML SOL	2	
VALSARTAN 160 MG TABLET	2	
VALSARTAN 320 MG TABLET	2	
VALSARTAN 40 MG TABLET	2	
VALSARTAN 80 MG TABLET	2	
VALSARTAN-HCTZ 160-12.5 MG TAB	2	
VALSARTAN-HCTZ 160-25 MG TAB	2	
VALSARTAN-HCTZ 320-12.5 MG TAB	2	
VALSARTAN-HCTZ 320-25 MG TAB	2	
VALSARTAN-HCTZ 80-12.5 MG TAB	2	
VANADOM 350 MG TABLET	2	
VANCOMYCIN HCL 125 MG CAPSULE	4	QL
VANCOMYCIN HCL 250 MG CAPSULE	4	QL
VANDAZOLE VAGINAL 0.75% GEL	2	
VANISHPOINT 0.5 ML 30GX1/2" SY	3	
VANISHPOINT 20GX1" 3 ML SYRING	3	
VANISHPOINT 21GX1.5" 3 ML SYR	3	
VANISHPOINT 22GX1" 3 ML SYR	3	
VANISHPOINT 23GX1" 3 ML SYRING	3	
VANISHPOINT 23GX1-1/2 3 ML SYR	3	
VANISHPOINT 25GX1" 3 ML SYRING	3	
VANISHPOINT 25GX5/8" 3 ML SYR	3	
VANISHPOINT 3 ML 21GX1" SYRING	3	
VANISHPOINT 3 ML 22GX1.5" SYRG	3	
VANISHPOINT INS 1 ML 30GX3/16"	3	
VANISHPOINT U-100 29X1/2 SYR	3	
VAQTA 25 UNITS/0.5 ML SYRINGE	3	
VAQTA 25 UNITS/0.5 ML VIAL	3	
VAQTA 50 UNITS/ML SYRINGE	3	
VAQTA 50 UNITS/ML VIAL	3	
VARENICLINE STARTING MONTH BOX	3	
VARENICLINE 0.5 MG TABLET	3	
VARENICLINE 1 MG TABLET	3	
VARISOFT INFUSION SET 23" 13MM	3	
VARISOFT INFUSION SET 23" 17MM	3	
VARISOFT INFUSION SET 32" 13MM	3	
VARISOFT INFUSION SET 32" 17MM	3	
VARISOFT INFUSION SET 43" 13MM	3	
VARISOFT INFUSION SET 43" 17MM	3	
VARIVAX VACCINE VIAL	3	
VARIVAX VACCINE WITH DILUENT	3	
VAXELIS VACCINE SYRINGE	3	
VAXELIS VACCINE VIAL	3	
VAXNEUVANCE 0.5 ML SYRINGE	3	



## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VELIVET 28 DAY TABLET	1	
VEMLIDY 25 MG TABLET	5	PA, SRX
VENCLEXTA 10 MG TAB (10MG X 2)	5	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX
VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX
VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX
VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX
VENLAFAXINE HCL 100 MG TABLET	2	QL
VENLAFAXINE HCL 25 MG TABLET	2	QL
VENLAFAXINE HCL 37.5 MG TABLET	2	QL
VENLAFAXINE HCL 50 MG TABLET	2	QL
VENLAFAXINE HCL 75 MG TABLET	2	QL
VENLAFAXINE HCL ER 150 MG CAP	2	QL
VENLAFAXINE HCL ER 37.5 MG CAP	2	QL
VENLAFAXINE HCL ER 75 MG CAP	2	QL
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, LDD, SRX
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, LDD, SRX
VERAPAMIL 120 MG TABLET	2	
VERAPAMIL 40 MG TABLET	2	
VERAPAMIL 80 MG TABLET	2	
VERAPAMIL ER 120 MG CAPSULE	2	
VERAPAMIL ER 120 MG TABLET	2	
VERAPAMIL ER 180 MG CAPSULE	2	
VERAPAMIL ER 180 MG TABLET	2	
VERAPAMIL ER 240 MG CAPSULE	2	
VERAPAMIL ER 240 MG TABLET	2	
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	2	
VERAPAMIL SR 180 MG CAPSULE	2	
VERAPAMIL SR 240 MG CAPSULE	2	
VERASENS CONTROL SOLN-LEVEL 1	3	
VEREGEN 15% OINTMENT	4	
VERIFINE INS SYR 1 ML 29G 1/2"	3	
VERIFINE PEN NEEDLE 29G 12MM	3	
VERIFINE PEN NEEDLE 31G 5MM	3	
VERIFINE PEN NEEDLE 31G 8MM	3	
VERIFINE PEN NEEDLE 32G 4MM	3	
VERIFINE PEN NEEDLE 32G 6MM	3	
VERIFINE SYRING 0.5ML 29G 1/2"	3	
VERIFINE SYRING 1 ML 31G 5/16"	3	
VERIFINE SYRNG 0.3ML 31G 5/16"	3	
VERIFINE SYRNG 0.5ML 31G 5/16"	3	
VESTURA 3 MG-0.02 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VIEKIRA PAK	5	PA, QL, SRX
VIENVA-28 TABLET	1	
VIGABATRIN 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX
VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VILAZODONE HCL 10 MG TABLET	4	QL
VILAZODONE HCL 20 MG TABLET	4	QL
VILAZODONE HCL 40 MG TABLET	4	QL
VINATE ONE	1	
VIOKACE 10,440-39,150 UNIT TAB	4	
VIOKACE 10,440-39,150 UNITS TB	4	
VIOKACE 20,880-78,300 UNITS TB	4	
VIORELE 28 DAY TABLET	1	
VIREAD 150 MG TABLET	3	
VIREAD 200 MG TABLET	3	
VIREAD 250 MG TABLET	3	
VIREAD POWDER	3	
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
VISTOGARD 10 GRAM PACKET	5	LDD, SRX
VIT A,C,D-FLUORIDE 0.25 MG/ML	2	
VITAFOL-OB CAPLET	1	
VITAMIN D2 1.25MG(50,000 UNIT)	2	
VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VIVAGUARD INO CTRL SOLN-L2	3	
VOLNEA 0.15-0.02-0.01 MG TAB	1	
VORICONAZOLE 200 MG TABLET	4	PA
VORICONAZOLE 40 MG/ML SUSP	4	PA
VORICONAZOLE 50 MG TABLET	4	PA
VORTEX ADULT MASK	3	QL
VORTEX HOLDING CHAMBER	3	QL
VORTEX HOLDING CHAMBER-CHILD	3	QL
VORTEX HOLDING CHAMBER-TODDLER	3	QL
VORTEX VHC FROG CHILD MASK	3	QL
VORTEX VHC LADYBUG TODDLER MSK	3	QL
VOSEVI	5	PA, QL, SRX
VOTRIENT 200 MG TABLET	5	PA, QL, SRX
VRAYLAR 1.5 MG CAPSULE	4	QL, ST
VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST
VRAYLAR 3 MG CAPSULE	4	QL, ST
VRAYLAR 4.5 MG CAPSULE	4	QL, ST
VRAYLAR 6 MG CAPSULE	4	QL, ST
VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VYLIBRA 28 TABLET	1	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX	XIFAXAN 200 MG TABLET	4	PA, QL
WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX	XIFAXAN 550 MG TABLET	4	PA, QL
WARFARIN SODIUM 1 MG TABLET	1		XIGDUO XR 10 MG-1,000 MG TAB	3	QL
WARFARIN SODIUM 10 MG TABLET	1		XIGDUO XR 10 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 2 MG TABLET	1		XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL
WARFARIN SODIUM 2.5 MG TABLET	1		XIGDUO XR 5 MG-1,000 MG TABLET	3	QL
WARFARIN SODIUM 3 MG TABLET	1		XIGDUO XR 5 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 4 MG TABLET	1		XOLAIR 150 MG/1.2 ML POWDER VL	5	PA, LDD, SRX
WARFARIN SODIUM 5 MG TABLET	1		XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 6 MG TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 7.5 MG TABLET	1		XTAMPZA ER 13.5 MG CAPSULE	3	PA
WAVESENSE CONTROL SOLN NORMAL	3		XTAMPZA ER 18 MG CAPSULE	3	PA
WERA 0.5/0.035 MG 28 TABLET	1		XTAMPZA ER 27 MG CAPSULE	3	PA
WESCAP-PN DHA	1		XTAMPZA ER 36 MG CAPSULE	3	PA
WESNATE DHA	1		XTAMPZA ER 9 MG CAPSULE	3	PA
WESTAB PLUS	1		XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
WESTHROID 32.5 MG TABLET	1		XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
WESTHROID 65 MG TABLET	1		XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
WIXELA 100-50 INHUB	2	QL	XULANE 150-35 MCG/DAY PATCH	1	
WIXELA 250-50 INHUB	2	QL	YALE NEEDLES 21GX1.25"	3	
WIXELA 500-50 INHUB	2	QL	YOURX ULTICARE PEN ND 4MM 32G	3	
WM UNIFINE PENTIP PLUS 4MM 32G	3		YOURX ULTICARE PEN ND 6MM 31G	3	
WM UNIFINE PENTIP PLUS 5MM 31G	3		YOURX ULTICARE PEN ND 8MM 31G	3	
WM UNIFINE PENTIP PLUS 6MM 31G	3		YUVAFEM 10 MCG VAGINAL INSERT	2	QL
WM UNIFINE PENTIP PLUS 8MM 31G	3		ZAFEMY 150-35 MCG/DAY PATCH	1	
WP THYROID 113.75 MG TABLET	3		ZAFIRLUKAST 10 MG TABLET	2	
WP THYROID 130 MG TABLET	3		ZAFIRLUKAST 20 MG TABLET	2	
WP THYROID 16.25 MG TABLET	3		ZALEPLON 10 MG CAPSULE	2	
WP THYROID 32.5 MG TABLET	3		ZALEPLON 5 MG CAPSULE	2	
WP THYROID 48.75 MG TABLET	3		ZARAH TABLET	1	
WP THYROID 65 MG TABLET	3		ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
WP THYROID 81.25 MG TABLET	3		ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
WP THYROID 97.5 MG TABLET	3		ZATEAN-PN DHA	1	
WYMZYA FE 0.4-0.035 MG CHEW TB	1		ZATEAN-PN PLUS	1	
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX	ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX	ZELNORM	4	
XARELTO 1 MG/ML SUSPENSION	3	PA, QL	ZENATANE 10 MG CAPSULE	4	
XARELTO 10 MG TABLET	3	PA, QL	ZENATANE 20 MG CAPSULE	4	
XARELTO 15 MG TABLET	3	PA, QL	ZENATANE 30 MG CAPSULE	4	
XARELTO 2.5 MG TABLET	3	PA, QL	ZENATANE 40 MG CAPSULE	4	
XARELTO 20 MG TABLET	3	PA, QL	ZENZEDI 10 MG TABLET	2	QL
XARELTO DVT-PE TREAT START 30D	3	PA, QL	ZENZEDI 5 MG TABLET	2	QL
XELJANZ 1 MG/ML SOLUTION	5	PA, QL, SRX	ZEPATIER 50-100 MG TABLET	5	PA, QL, SRX
XELJANZ 10 MG TABLET	5	PA, QL, SRX	ZETONNA 37 MCG NASAL SPRAY	4	ST
XELJANZ 5 MG TABLET	5	PA, QL, SRX	ZIDOVDINE 100 MG CAPSULE	2	
XELJANZ XR 11 MG TABLET	5	PA, QL, SRX	ZIDOVDINE 300 MG TABLET	2	
XELJANZ XR 22 MG TABLET	5	PA, QL, SRX	ZIDOVDINE 50 MG/5 ML SYRUP	2	

## 2024 Cigna Plus Illinois 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZILEUTON ER 600 MG TABLET	5	SRX
ZIOPTAN 0.0015% EYE DROP	4	QL
ZIOPTAN 0.0015% EYE DROPS	4	QL
ZIPRASIDONE HCL 20 MG CAPSULE	2	
ZIPRASIDONE HCL 40 MG CAPSULE	2	
ZIPRASIDONE HCL 60 MG CAPSULE	2	
ZIPRASIDONE HCL 80 MG CAPSULE	2	
ZIRGAN 0.15% OPHTHALMIC GEL	4	
ZOLADEX 10.8 MG IMPLANT SYRN	5	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM TART ER 12.5 MG TAB	2	
ZOLPIDEM TART ER 6.25 MG TAB	2	
ZOLPIDEM TARTRATE 10 MG TABLET	2	
ZOLPIDEM TARTRATE 5 MG TABLET	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZOSTAVAX VIAL	3	
ZOVIA 1-35 TABLET	1	
ZUBSOLV 0.7-0.18 MG TABLET SL	3	
ZUBSOLV 1.4-0.36 MG TABLET SL	3	
ZUBSOLV 11.4-2.9 MG TABLET SL	3	
ZUBSOLV 2.9-0.71 MG TABLET SL	3	
ZUBSOLV 5.7-1.4 MG TABLET SL	3	
ZUBSOLV 8.6-2.1 MG TABLET SL	3	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX
ZYLET EYE DROPS	4	PA

## Frequently Asked Questions (FAQs)

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

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

**A.** To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

- Moving a medication to a **lower cost tier**.
- Moving a brand medication to a **higher cost tier** when a generic becomes available.
- Moving a medication to a **higher cost tier and/or no longer covering a medication**.
- **Adding extra coverage requirements** to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

### **Q. Why doesn't my plan cover certain medications?**

**A.** To help lower your overall health care costs, your plan doesn't cover certain high-cost brand-name medications that have lower-cost alternatives. That's because these lower-cost options work the same as, or similar to, the non-covered medication. If you're taking a medication that isn't covered and your doctor feels a different medication isn't right for you, he or she can ask Cigna Healthcare to consider approving your medication through their coverage review process.

There are also certain medications and products that cannot be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through their coverage review process. For example, your plan

doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

### **Q. How do you decide which medications to cover?**

**A.** The Prescription Drug List is managed by the Health Plan Value Assessment Committee (HVAC), which makes, subject to the Pharmacy and Therapeutics Committee's review and approval of the Prescription Drug List, coverage tier placement decisions of Prescription Drugs or Related Supplies and/or applies utilization management requirements to certain Prescription Drugs or Related Supplies. Your Policy/Service Agreement coverage tiers may contain Prescription Drugs or Related Supplies that are Generic Drugs, Brand Drugs or Specialty Medications. Placement of any Prescription Drug or Related Supplies in a specific tier, and application of utilization management requirements to a Prescription Drug, depends on a number of clinical and economic factors. Clinical factors include, without limitation, the P&T Committee's evaluations of the place in therapy, or relative safety or relative efficacy of the Prescription Drug or Related Supplies, and economic factors include, without limitation, the cost and/or available rebates for Prescription Drugs or Related Supplies. Whether a particular Prescription Drug or Related Supply is appropriate for You or any of Your Family Member(s), regardless of its eligibility coverage under Your Policy/Service Agreement is a determination that is made by You (or Your Family Member) and the prescribing Physician.

### **Q. Why do certain medications need approval before my plan will cover them?**

**A.** The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

### **Q. How do I know if I'm taking a medication that needs approval?**

**A.** Log in to the **myCigna App** or **myCigna.com**, or

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

check your plan materials, to learn more about how your plan covers your medications. If your medication has a **PA** or **ST** next to it, your medication needs approval before your plan will cover it. If it has a **QL** next to it, you may need approval depending on the amount you're filling. If it has **AGE** next to it, you may need approval depending on the covered age range for the medication.

### Q. What types of medications typically need approval?

A. Medications that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

### Q. What types of medications typically have quantity limits?

A. Medications that are often:

- Taken in amounts larger than, or for longer than, may be appropriate
- Misused or abused

### Q. What types of medications require Step Therapy?

A. High-cost medications that are used to treat many conditions, such as:

- ADD/ADHD
- Allergies
- Asthma/COPD
- Cardiovascular health
- Diabetes
- Heartburn/ulcer/stomach acid
- High blood pressure
- High cholesterol
- Mental health
- Overactive bladder/bladder problems
- Pain management
- Sleep disorders

### Q. Why does my medication have an age requirement?

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

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

A. Ask your doctor's office to contact Cigna Healthcare to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna Healthcare's provider portal at [cignaforhcp.com](http://cignaforhcp.com).

Cigna Healthcare will review information your doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna** App or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

If your medication isn't approved, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining why the medication should be covered.

### Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs pre-approval from Cigna Healthcare. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna Healthcare to start the coverage review process. Or, you can choose to pay the medication's full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

## 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 will need to contact Cigna Healthcare to request approval for the larger amount.

### **Q. Are all of the medications on this drug list approved by the FDA?**

**A.** Yes.

### **Q. Does my plan cover medications that the FDA recently approved?**

**A.** We review all recently approved medications and products to see if they should be covered – and if so, at what cost-share (tier). It can take up to six months from the date the FDA approved them to make a decision. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. If your doctor wants you to use a recently approved medication, he or she can ask Cigna Healthcare to consider approving it through their coverage review process.

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

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

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

**A.** When you and your doctor are considering the right medication for your treatment, knowing how

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

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

**A.** Consider taking 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. You should talk with your doctor to see if one of these options may work for you.

### **Q. Do generics work the same as brand-name medications?**

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.<sup>3</sup> Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality, and safety.

### **Q. What are the differences between generic and brand-name medications?**

**A.** The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand, but they're just as safe and effective.

Generics typically cost much less than brand-name medications – in some cases, up to 85% less.<sup>3</sup> Just because generics cost less, it doesn't mean they're a lower-quality.

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

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

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

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

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

#### Express Scripts® Pharmacy for maintenance medications

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

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

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)<sup>7</sup> electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

#### Accredo® for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of

specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>8</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost<sup>5</sup>
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. To learn more about Accredo, go to **Cigna.com/specialty**.

### Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna App** or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details and more. You can also manage your home delivery prescription orders.

## Exclusions and Limitations: What is not covered by this policy

### Excluded Services

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

- I. **Services obtained from a Non-Participating/Out-of-Network Provider**, except for treatment of an Emergency Medical Condition.
2. Any **amounts in excess of maximum benefit limitations of Covered Expenses** stated in this EOC.
3. Services **not specifically listed as Covered Services** in this EOC.
4. Services or supplies that are **not Medically Necessary**.
5. Services or supplies that are considered to be for **Experimental Procedures or Investigational Procedures or Unproven Procedures**.
6. Services **received before the Effective Date of coverage**.
7. Services **received after coverage under this EOC ends**.
8. Services **for which you have no legal obligation to pay** or for which no charge would be made if you did not have a health plan or insurance coverage.
9. Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, **under any workers' compensation, employer's liability law or occupational disease law**, even if the Member does not claim those benefits.
10. Conditions caused by: (a) an **act of war (declared or undeclared)**; (b) the **inadvertent release of nuclear energy** when government funds are available for treatment of illness or injury arising from such release of nuclear energy; (c) a Member **participating in the military service of any country**; (d) a Member **participating in an insurrection, rebellion, or riot**; (e) services received as a direct result of a Member's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Member being engaged in an illegal occupation**; (f) a Member **being intoxicated**, as defined by applicable state law in the state where the illness occurred **or under the influence of illegal narcotics or non-prescribed controlled substances** unless administered or prescribed by Physician.
- II. Any **services provided by a local, state or federal government agency**, except when payment under this EOC is expressly required by federal or state law.
12. Any **services required by state or federal law to be supplied by a public school system** or school district.
13. Any **services for which payment is obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
14. **If the Member is enrolled in Medicare** Part A, B, C or D, Cigna Healthcare will provide claim payment according to this EOC minus any amount paid by Medicare, not to exceed the amount Cigna Healthcare would have paid if it were the sole insurance carrier.
15. **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this EOC.
16. Professional **services or supplies received or purchased directly or on your behalf by anyone, including a Physician**, from any of the following:
  - Yourself or your employer;
  - A person who lives in the Member's home, or that person's employer;
  - A person who is related to the Member by blood, marriage or adoption, or that person's employer; or
  - A facility or health care professional that provides remuneration to you or to an organization from which you receive remuneration.
17. Services of a Hospital emergency room **for any condition that is not an Emergency Medical Condition** as defined in this EOC.
18. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.**
19. **Private duty nursing** except when provided as part of the home health care services or Hospice Care Services benefit in this EOC.
20. Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or Physical Therapy.**
21. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
22. **Complementary and alternative medicine services, including but not limited to:** massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound



## Exclusions and Limitations: What is not covered by this policy (cont.)

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 Prosthesis, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.

32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Hearing aids** including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this EOC, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. **Routine hearing tests** except as provided under Preventive Care.
35. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
36. **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.
37. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
38. **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.
39. **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.
40. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.

## Exclusions and Limitations: What is not covered by this policy (cont.)

41. **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 (unless Medically Necessary); varicose veins; rhinoplasty and blepharoplasty.
42. 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.
43. Any treatment, Prescription Drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
44. 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.
45. Blood administration **for the purpose of general improvement in physical condition**.
46. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
47. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
48. **Myoelectric Prostheses** peripheral nerve stimulators.
49. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
50. **Prefabricated foot Orthoses**.
51. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
52. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
53. **Orthoses primarily used for cosmetic** rather than functional reasons.
54. **Non-foot Orthoses**, except **only** the following non-foot Orthoses are covered when Medically Necessary:
  - Rigid and semi-rigid custom fabricated Orthoses;
  - Semi-rigid pre-fabricated and flexible Orthoses; and
  - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
55. 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.
56. **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.
57. 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.
58. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
59. **Nutritional counseling or food supplements**, except as stated in this EOC.
60. **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.
61. **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

## Exclusions and Limitations: What is not covered by this policy (cont.)

For.”

62. **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.”
63. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
64. **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.
65. Charges for the **services of a standby Physician**.
66. Charges for **animal to human organ transplants**.
67. **Claims received by Cigna Healthcare after 15 months from the date service was rendered**, except in the event of a legal incapacity.
68. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Care services.

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://www.cigna.com).
2. Prices shown on [myCigna](https://www.cigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://www.cigna.com) for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
4. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
5. Standard shipping costs are included as part of your prescription plan.
6. You can sign up to get emails and/or texts from Express Scripts® Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
7. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription. **Tier 5 medications are can be filled in a 90-day supply.**
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).