

Individual & Family Plans

Cigna HealthCare of Illinois, Inc.



2024 Cigna Plus Illinois 4-Tier Prescription Drug List

Coverage as of January 1, 2024

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View the drug list online



myCigna® App¹ 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 HealthcareSM ID card. We're here 24/7/365.

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

About this drug list

This is a list of the prescription medications covered on the Cigna Plus Illinois 4-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 4-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 4-Tier Prescription Drug List.

Tiers

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

Tier 1 – Generic Medications. This tier typically includes most generic medications and some low cost brand-name medications. Generic medications have the same strength and active ingredients as brand-name medications, but often cost much less.	Lowest-cost medication \$
Tier 2 – Preferred Brand Medications. This tier typically includes preferred brand-name medications and some high-cost generic medications.	Lower-cost medication \$\$
Tier 3 – Non-Preferred Medications. This tier typically includes non-preferred brand-name medications and some high-cost generic medications.	Higher-cost medication \$\$\$
Tier 4 – Specialty and Other High-Cost Medications. This tier typically includes specialty medications and high-cost generic and brand-name medications.	Highest-cost medication \$\$\$\$

Abbreviations next to medications

PA	Prior Authorization – Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have PA next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
QL	Quantity Limits – 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 QL next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
ST	Step Therapy – 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 ST next to them. You have many covered options to choose from, and they're used to treat the same condition.
AGE	Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have AGE 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.

* 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.)

SRX **Specialty Medications** – These medications are used to treat complex medical conditions. They’re typically injected or infused and may require refrigeration. These medications have **SRX** next to them. **Your plan allows specialty medications to be filled in a 90-day supply.**

LDD **Limited Distribution Drugs** – 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 **LDD** next to them.

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 [Cigna website](#) or [Cigna app](#), 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.

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

2024 Cigna Plus Illinois 4-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	2		ALENDRONATE SOD 70 MG/75 ML	1	
AEROCHAMBER MINI	2	QL	ALENDRONATE SODIUM 10 MG TAB	1	
AEROCHAMBER MV HOLD CHAMBER	2	QL	ALENDRONATE SODIUM 35 MG TAB	1	
AEROCHAMBER PLUS FLOW-VU	2	QL	ALENDRONATE SODIUM 5 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU LARGE	2	QL	ALENDRONATE SODIUM 70 MG TAB	1	
AEROCHAMBER PLUS FLOW-VU MED	2	QL	ALFUZOSIN HCL ER 10 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU SMALL	2	QL	ALINIA 100 MG/5 ML SUSPENSION	3	
AEROCHAMBER PLUS W-FLOWSIGNAL	2	QL	ALISKIREN 150 MG TABLET	3	QL
AEROCHAMBER Z-STAT PLUS LARGE	2	QL	ALISKIREN 300 MG TABLET	3	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	2	QL	ALKALINE BATTERIES	2	
AEROCHAMBER Z-STAT PLUS-MED	2	QL	ALLOPURINOL 100 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-SMALL	2	QL	ALLOPURINOL 300 MG TABLET	1	
AEROGEAR ASTHMA ACTION KIT	2		ALMOTRIPTAN MALATE 12.5 MG TAB	1	QL
AEROTRACH HOLDING CHAMBER	2	QL	ALMOTRIPTAN MALATE 6.25 MG TAB	1	QL
AEROVENT PLUS HOLDING CHAMBER	2	QL	ALOCRI 2% EYE DROPS	3	
AFIRMELLE-28 TABLET	1		ALOMIDE 0.1% EYE DROP	3	
AFLURIA QUAD	2		ALOSETRON HCL 0.5 MG TABLET	4	SRX
AFTER PILL 1.5 MG TABLET	1		ALOSETRON HCL 1 MG TABLET	4	SRX
AFTERA 1.5 MG TABLET	1		ALPRAZOLAM 0.25 MG TABLET	1	
AGAMATRIX HIGH CONTROL SOLN	2		ALPRAZOLAM 0.5 MG TABLET	1	
AGAMATRIX NORM-HI CONTROL SOLN	2		ALPRAZOLAM 1 MG TABLET	1	
AIRZONE PEAK FLOW METER	2		ALPRAZOLAM 2 MG TABLET	1	
AK-POLY-BAC EYE OINTMENT	1		ALPRAZOLAM ER 0.5 MG TABLET	1	
AKYNZEO 300-0.5 MG CAPSULE	4	PA, QL, SRX	ALPRAZOLAM ER 1 MG TABLET	1	
ALBENDAZOLE 200 MG TABLET	3	PA	ALPRAZOLAM ER 2 MG TABLET	1	
ALBUSTIX REAGENT STRIPS	2		ALPRAZOLAM ER 3 MG TABLET	1	
ALBUTEROL 100 MG/20 ML SOLN	1		ALPRAZOLAM ER 3 MG TABLET	1	
ALBUTEROL 2.5 MG/0.5 ML SOL	1		ALPRAZOLAM INTENSOL 1 MG/ML	1	
ALBUTEROL 2.5 MG/5 ML SOLUTION	1		ALPRAZOLAM ODT 0.25 MG TAB	1	
ALBUTEROL 5 MG/ML SOLUTION	1		ALPRAZOLAM ODT 0.5 MG TAB	1	
ALBUTEROL HFA 90 MCG INHALER	1	QL	ALPRAZOLAM ODT 1 MG TAB	1	
ALBUTEROL SUL 0.63 MG/3 ML SOL	1		ALPRAZOLAM ODT 2 MG TAB	1	
ALBUTEROL SUL 1.25 MG/3 ML SOL	1		ALPRAZOLAM XR 0.5 MG TABLET	1	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	1		ALPRAZOLAM XR 1 MG TABLET	1	
ALBUTEROL SULF 2 MG/5 ML SYRUP	1		ALPRAZOLAM XR 2 MG TABLET	1	
ALBUTEROL SULFATE 2 MG TAB	1		ALPRAZOLAM XR 3 MG TABLET	1	
ALBUTEROL SULFATE 4 MG TAB	1		ALTABAX 1% OINTMENT	3	
ALBUTEROL SULFATE ER 4 MG TAB	1		ALTACAIN 0.5% EYE DROP	1	
ALBUTEROL SULFATE ER 8 MG TAB	1		ALTAVERA-28 TABLET	1	
ALCAINE 0.5% EYE DROPS	1		ALVESCO 80 MCG INHALER	2	
ALCLOMETASONE DIPR 0.05% OINT	1		ALVESCO 160 MCG INHALER	2	
ALCLOMETASONE DIPRO 0.05% CRM	1		ALYACEN 1-35 28 TABLET	1	
ALCOHOL 70% PADS	2		ALYACEN 7-7-7-28 TABLET	1	
ALCOHOL 70% SWABS	2		ALYQ 20 MG TABLET	4	PA, SRX
ALCOHOL PREP PAD	2		AMABELZ 0.5 MG-0.1 MG TABLET	1	
ALECENSA 150 MG CAPSULE	4	PA, QL, LDD, SRX	AMABELZ 1 MG-0.5 MG TABLET	1	

2024 Cigna Plus Illinois 4-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 100 MG CAPSULE	1		AMLODIPINE-OLMESARTAN 10-40 MG	1	
AMANTADINE 100 MG TABLET	1		AMLODIPINE-OLMESARTAN 5-20 MG	1	
AMANTADINE 100 MG/10 ML SOLN	1		AMLODIPINE-OLMESARTAN 5-40 MG	1	
AMANTADINE 50 MG/5 ML SOLUTION	1		AMLODIPINE-VALSARTAN 10-160 MG	1	
AMBRISENTAN 10 MG TABLET	4	PA, LDD, SRX	AMLODIPINE-VALSARTAN 10-320 MG	1	
AMBRISENTAN 5 MG TABLET	4	PA, LDD, SRX	AMLODIPINE-VALSARTAN 5-160 MG	1	
AMCINONIDE 0.1% CREAM	1		AMLODIPINE-VALSARTAN 5-320 MG	1	
AMCINONIDE 0.1% LOTION	1		AMLOD-VALSA-HCTZ 10-160-12.5MG	1	
AMETHIA 0.15-0.03-0.01 MG TAB	1		AMLOD-VALSA-HCTZ 10-160-25 MG	1	
AMETHIA LO TABLET	1		AMLOD-VALSA-HCTZ 10-320-25 MG	1	
AMETHYST 90-20 MCG TABLET	1		AMLOD-VALSA-HCTZ 5-160-12.5 MG	1	
AMILORIDE HCL 5 MG TABLET	1		AMLOD-VALSA-HCTZ 5-160-25 MG	1	
AMILORIDE HCL-HCTZ 5-50 MG TAB	1		AMMONIUM LACTATE 12% CREAM	1	
AMINOCAPROIC ACID 0.25 GRAM/ML	4	PA, SRX	AMMONIUM LACTATE 12% LOTION	1	
AMINOCAPROIC ACID 1,000 MG TAB	4	PA, SRX	AMNESTEEM 10 MG CAPSULE	3	
AMINOCAPROIC ACID 500 MG TAB	4	PA, SRX	AMNESTEEM 20 MG CAPSULE	3	
AMIODARONE HCL 100 MG TABLET	1		AMNESTEEM 40 MG CAPSULE	3	
AMIODARONE HCL 200 MG TABLET	1		AMOXAPINE 100 MG TABLET	1	
AMIODARONE HCL 400 MG TABLET	1		AMOXAPINE 150 MG TABLET	1	
AMITRIPTYLINE HCL 10 MG TAB	1		AMOXAPINE 25 MG TABLET	1	
AMITRIPTYLINE HCL 100 MG TAB	1		AMOXAPINE 50 MG TABLET	1	
AMITRIPTYLINE HCL 150 MG TAB	1		AMOX-CLAV 200-28.5 MG TAB CHEW	1	
AMITRIPTYLINE HCL 25 MG TAB	1		AMOX-CLAV 200-28.5 MG/5 ML SUS	1	
AMITRIPTYLINE HCL 50 MG TAB	1		AMOX-CLAV 250-125 MG TABLET	1	
AMITRIPTYLINE HCL 75 MG TAB	1		AMOX-CLAV 250-62.5 MG/5 ML SUS	1	
AMLODIPINE BESYLATE 10 MG TAB	1		AMOX-CLAV 400-57 MG TAB CHEW	1	
AMLODIPINE BESYLATE 2.5 MG TAB	1		AMOX-CLAV 400-57 MG/5 ML SUSP	1	
AMLODIPINE BESYLATE 5 MG TAB	1		AMOX-CLAV 500-125 MG TABLET	1	
AMLODIPINE-ATORVAST 10-10 MG	1		AMOX-CLAV 600-42.9 MG/5 ML SUS	1	
AMLODIPINE-ATORVAST 10-20 MG	1		AMOX-CLAV 875-125 MG TABLET	1	
AMLODIPINE-ATORVAST 10-40 MG	1		AMOX-CLAV ER 1,000-62.5 MG TAB	1	
AMLODIPINE-ATORVAST 10-80 MG	1		AMOXICILLIN 125 MG TAB CHEW	1	
AMLODIPINE-ATORVAST 2.5-10 MG	1		AMOXICILLIN 125 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 2.5-20 MG	1		AMOXICILLIN 200 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 2.5-40 MG	1		AMOXICILLIN 250 MG CAPSULE	1	
AMLODIPINE-ATORVAST 5-10 MG	1		AMOXICILLIN 250 MG TAB CHEW	1	
AMLODIPINE-ATORVAST 5-20 MG	1		AMOXICILLIN 250 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-40 MG	1		AMOXICILLIN 400 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-80 MG	1		AMOXICILLIN 500 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 10-20 MG	1		AMOXICILLIN 500 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 10-40 MG	1		AMOXICILLIN 875 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 2.5-10	1		AMPHETAMINE SULFATE 10 MG TAB	1	QL
AMLODIPINE-BENAZEPRIL 5-10 MG	1		AMPHETAMINE SULFATE 5 MG TAB	1	QL
AMLODIPINE-BENAZEPRIL 5-20 MG	1		AMPICILLIN 500 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 5-40 MG	1		ANAGRELIDE HCL 0.5 MG CAPSULE	3	
AMLODIPINE-OLMESARTAN 10-20 MG	1		ANAGRELIDE HCL 1 MG CAPSULE	3	

2024 Cigna Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ANALPRAM HC 2.5%-1% LOTION	3		ARIPIRAZOLE 5 MG TABLET	1	
ANASTROZOLE 1 MG TABLET	1		ARIPIRAZOLE ODT 10 MG TABLET	3	
ANORO ELLIPTA 62.5-25 MCG INH	2	QL	ARIPIRAZOLE ODT 15 MG TABLET	3	
ANUCORT-HC 25 MG SUPPOSITORY	1		ARMODAFINIL 150 MG TABLET	1	PA
ANZEMET 50 MG TABLET	4	PA, QL, SRX	ARMODAFINIL 200 MG TABLET	1	PA
APEXICON E 0.05% CREAM	3		ARMODAFINIL 250 MG TABLET	1	PA
APIDRA 100 UNIT/ML VIAL	3	QL, ST	ARMODAFINIL 50 MG TABLET	1	PA
APIDRA SOLOSTAR 100 UNIT/ML	3	QL, ST	ARMOUR THYROID 120 MG TABLET	2	
APRACLONIDINE HCL 0.5% DROPS	1		ARMOUR THYROID 15 MG TABLET	2	
APREPITANT 125 MG CAPSULE	1	QL	ARMOUR THYROID 180 MG TABLET	2	
APREPITANT 125-80-80 MG PACK	1	QL	ARMOUR THYROID 240 MG TABLET	2	
APREPITANT 40 MG CAPSULE	1	QL	ARMOUR THYROID 30 MG TABLET	2	
APREPITANT 80 MG CAPSULE	1	QL	ARMOUR THYROID 300 MG TABLET	2	
APRI 28 DAY TABLET	1		ARMOUR THYROID 60 MG TABLET	2	
APTIOM 200 MG TABLET	3	PA, QL	ARMOUR THYROID 90 MG TABLET	2	
APTIOM 400 MG TABLET	3	PA, QL	ARNUITY ELLIPTA 100 MCG INH	2	
APTIOM 600 MG TABLET	3	PA, QL	ARNUITY ELLIPTA 200 MCG INH	2	
APTIOM 800 MG TABLET	3	PA, QL	ARNUITY ELLIPTA 50 MCG INH	2	
APTIVUS 250 MG CAPSULE	2		ASA-BUTALB-CAFF-COD #3 CAPSULE	1	PA
AQ INSULIN SYR 0.5 ML 30G 8MM	2		ASCOMP WITH CODEINE CAPSULE	1	PA
AQ INSULIN SYR 1 ML 31G 8MM	2		ASENAPINE 10 MG TABLET SL	3	QL
AQ INSULIN SYRIN 1 ML 29G 12MM	2		ASENAPINE 2.5 MG TABLET SL	3	QL
AQUA CARE 0.9% NACL IRRIGATION	1		ASENAPINE 5 MG TABLET SL	3	QL
AQUA CARE STERILE WATER IRRIG	1		ASHLYNA 0.15-0.03-0.01 MG TAB	1	
ARANELLE 28 TABLET	1		ASMANEX HFA 100 MCG INHALER	3	QL, ST
ARANESP 10 MCG/0.4 ML SYRINGE	4	PA, SRX	ASMANEX HFA 200 MCG INHALER	3	QL, ST
ARANESP 100 MCG/0.5 ML SYRINGE	4	PA, SRX	ASMANEX HFA 50 MCG INHALER	3	QL, ST
ARANESP 100 MCG/ML VIAL	4	PA, SRX	ASMANEX TWISTHALER 110 MCG #30	3	QL, ST
ARANESP 150 MCG/0.3 ML SYRINGE	4	PA, SRX	ASMANEX TWISTHALER 220 MCG #14	3	ST
ARANESP 200 MCG/0.4 ML SYRINGE	4	PA, SRX	ASMANEX TWISTHALER 220 MCG #30	3	QL, ST
ARANESP 200 MCG/ML VIAL	4	PA, SRX	ASMANEX TWISTHALER 220 MCG #60	3	QL, ST
ARANESP 25 MCG/0.42 ML SYRING	4	PA, SRX	ASMANEX TWISTHALR 220 MCG #120	3	QL, ST
ARANESP 25 MCG/ML VIAL	4	PA, SRX	ASPIRIN-DIPYRIDAM ER 25-200 MG	1	
ARANESP 300 MCG/0.6 ML SYRINGE	4	PA, SRX	ASSURE 4 CONTROL SOLUTION	2	
ARANESP 40 MCG/0.4 ML SYRINGE	4	PA, SRX	ASSURE DOSE CONTROL SOLUTION	2	
ARANESP 40 MCG/ML VIAL	4	PA, SRX	ASSURE ID PEN NEEDLE 30GX3/16"	2	
ARANESP 500 MCG/1 ML SYRINGE	4	PA, SRX	ASSURE ID PEN NEEDLE 30GX5/16"	2	
ARANESP 60 MCG/0.3 ML SYRINGE	4	PA, SRX	ASSURE ID PEN NEEDLE 31GX3/16"	2	
ARANESP 60 MCG/ML VIAL	4	PA, SRX	ASSURE ID SYR 0.5 ML 29GX1/2"	2	
ARCALYST 220 MG VIAL	4	PA, LDD, SRX	ASSURE ID SYR 0.5ML 31GX15/64"	2	
ARFORMOTEROL 15 MCG/2 ML SOLN	3	QL	ASSURE ID SYR 1 ML 29GX1/2"	2	
ARIPIRAZOLE 1 MG/ML SOLUTION	2		ASSURE ID SYR 1 ML 31GX15/64"	2	
ARIPIRAZOLE 10 MG TABLET	1		ASSURE PRISM CONTROL SOLUTION	2	
ARIPIRAZOLE 15 MG TABLET	1		ASTAGRAF XL 0.5 MG CAPSULE	4	SRX
ARIPIRAZOLE 2 MG TABLET	1		ASTAGRAF XL 1 MG CAPSULE	4	SRX
ARIPIRAZOLE 20 MG TABLET	1		ASTAGRAF XL 5 MG CAPSULE	4	SRX
ARIPIRAZOLE 30 MG TABLET	1		ASTHMA CHECK PEAK FLOW MTR	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)
ASTHMAPACK CHILDREN'S CARE KIT	2		AUTOSOFT XC INFUSN SET 32" 6MM	2	
ATAZANAVIR SULFATE 150 MG CAP	1		AUTOSOFT XC INFUSN SET 43" 6MM	2	
ATAZANAVIR SULFATE 200 MG CAP	1		AUTOSOFT XC INFUSN SET 43" 9MM	2	
ATAZANAVIR SULFATE 300 MG CAP	1		AVIANE-28 TABLET	1	
ATENOLOL 100 MG TABLET	1		AVONEX PREFILLED SYR 30 MCG KT	4	PA, SRX
ATENOLOL 25 MG TABLET	1		AVONEX PEN 30 MCG/0.5 ML KIT	4	PA, SRX
ATENOLOL 50 MG TABLET	1		AYUNA-28 TABLET	1	
ATENOLOL-CHLORTHALIDONE 100-25	1		AZASITE 1% EYE DROPS	3	
ATENOLOL-CHLORTHALIDONE 50-25	1		AZATHIOPRINE 50 MG TABLET	1	
ATOMOXETINE HCL 10 MG CAPSULE	1	QL	AZELAIC ACID 15% GEL	1	
ATOMOXETINE HCL 100 MG CAPSULE	1	QL	AZELASTINE 0.1% (137 MCG) SPRY	1	
ATOMOXETINE HCL 18 MG CAPSULE	1	QL	AZELASTINE 0.15% NASAL SPRAY	1	
ATOMOXETINE HCL 25 MG CAPSULE	1	QL	AZELASTINE HCL 0.05% DROPS	1	
ATOMOXETINE HCL 40 MG CAPSULE	1	QL	AZELASTIN-FLUTIC 137-50MCG SPR	2	
ATOMOXETINE HCL 60 MG CAPSULE	1	QL	AZITHROMYCIN 1 GM PWD PACKET	1	
ATOMOXETINE HCL 80 MG CAPSULE	1	QL	AZITHROMYCIN 100 MG/5 ML SUSP	1	
ATORVASTATIN 10 MG TABLET	1		AZITHROMYCIN 200 MG/5 ML SUSP	1	
ATORVASTATIN 20 MG TABLET	1		AZITHROMYCIN 250 MG TABLET	1	
ATORVASTATIN 40 MG TABLET	1		AZITHROMYCIN 500 MG TABLET	1	
ATORVASTATIN 80 MG TABLET	1		AZITHROMYCIN 600 MG TABLET	1	
ATOVAQUONE 1,500 MG/10 ML SUSP	3		AZO TEST STRIP	2	
ATOVAQUONE 750 MG/5 ML SUSP	3		AZURETTE 28 DAY TABLET	1	
ATOVAQUONE-PROGUANIL 250-100	1		BACITRACIN 500 UNIT/GM OPHTH	1	
ATOVAQUONE-PROGUANIL 62.5-25	1		BACITRACIN-POLYMYXIN EYE OINT	1	
ATROPINE 1% EYE DROPS	1		BACLOFEN 10 MG TABLET	1	
ATROPINE 1% EYE OINTMENT	1		BACLOFEN 20 MG TABLET	1	
AUBRA EQ-28 TABLET	1		BACLOFEN 5 MG TABLET	1	
AUBRA-28 TABLET	1		BAL-CARE DHA COMBO PACK	1	
AUROVELA 1 MG-20 MCG TABLET	1		BALCOLTRA TABLET	3	
AUROVELA 21 1.5-30 TABLET	1		BALSALAZIDE DISODIUM 750 MG CP	1	
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BALZIVA 28 TABLET	1	
AUROVELA FE 1.5 MG-30 MCG TAB	1		BAQSIMI 3 MG SPRAY ONE PACK	2	QL
AUROVELA FE 1-20 TABLET	1		BAQSIMI 3 MG SPRAY TWO PACK	2	QL
AUTOJECT 2 INJECTION DEVICE	2		BARACLUDE 0.05 MG/ML SOLUTION	4	SRX
AUTOPEN 1 TO 21 UNITS	2		BASAGLAR 100 UNIT/ML KWIKPEN	2	QL
AUTOPEN 2 TO 42 UNITS	2		BASAGLAR TEMPO PEN 100 UNIT/ML	2	QL
BD AUTOSHIELD DUO ND 5MMX30G	2		BD 3 ML SYRINGE 18GX1-1/2"	2	
AUTOSOFT 30 INFUSN SET 23" 13MM	2		BD 3 ML SYRINGE 20GX1-1/2"	2	
AUTOSOFT 30 INFUSN SET 43" 13MM	2		BD 3 ML SYRINGE 25GX1"	2	
AUTOSOFT 90 INFUSN SET 23" 6MM	2		BD 3 ML SYRINGE 25GX1-1/2"	2	
AUTOSOFT 90 INFUSN SET 23" 9MM	2		BD 3 ML SYRINGE WITH NEEDLE	2	
AUTOSOFT 90 INFUSN SET 43" 6MM	2		BD BLUNT NEEDLE 18GX1-1/2"	2	
AUTOSOFT 90 INFUSN SET 43" 9MM	2		BD ECLIPSE 30GX1/2" SYRINGE	2	
AUTOSOFT XC INFUSN SET 23" 6MM	2		BD ECLIPSE LUER-LOK SYR 3 ML	2	
AUTOSOFT XC INFUSN SET 23" 9MM	2		BD ECLIPSE NEEDLE 18GX1 1/2"	2	
			BD ECLIPSE NEEDLE 21GX1"	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)
BD ECLIPSE NEEDLE 22GX1"	2		BD NEEDLE 22GX1 1/2"	2	
BD ECLIPSE NEEDLE 23GX1"	2		BD NEEDLE 22GX3/4"	2	
BD ECLIPSE NEEDLE 25G 16MM	2		BD NEEDLE 23GX1 1/2"	2	
BD ECLIPSE NEEDLE 25G 25MM	2		BD NEEDLE 23GX1"	2	
BD ECLIPSE NEEDLE 25G 40MM	2		BD NEEDLE 25GX1"	2	
BD ECLIPSE NEEDLE 25GX1"	2		BD NEEDLE 25GX5/8"	2	
BD ECLIPSE NEEDLE 25GX1.5"	2		BD NEEDLE 26GX0.625"	2	
BD ECLIPSE NEEDLE 25GX5/8"	2		BD NEEDLES 16GX1"	2	
BD ECLIPSE NEEDLE 27GX1/2"	2		BD NEEDLES 16GX1.5"	2	
BD ECLIPSE NEEDLE 30G 13MM	2		BD NEEDLES 18GX1"	2	
BD ECLIPSE NEEDLE 30GX1/2"	2		BD NEEDLES 18GX1.5"	2	
BD ECLIPSE NEEDLES 21GX1.5"	2		BD NEEDLES 19GX1"	2	
BD FILTER NEEDLE	2		BD NEEDLES 19GX1.5"	2	
BD INS SYR 0.3 ML 8MMX31G(1/2)	2		BD NEEDLES 20GX1"	2	
BD INS SYR U-500 1/2ML 6MMX31G	2		BD NEEDLES 20GX1.5"	2	
BD INS SYR UF 0.3ML 12.7MMX30G	2		BD NEEDLES 21GX1"	2	
BD INS SYR UF 0.5ML 12.7MMX30G	2		BD NEEDLES 21GX1.5"	2	
BD INS SYRN UF 1 ML 12.7MMX30G	2		BD NEEDLES 21GX2"	2	
BD INS SYRNG 0.3 ML 29GX12.7MM	2		BD NEEDLES 22GX1"	2	
BD INS SYRNG 0.5 ML 29GX12.7MM	2		BD NEEDLES 22GX1.5"	2	
BD INS SYRNG UF 0.3 ML 8MMX31G	2		BD NEEDLES 23GX0.75"	2	
BD INS SYRNG UF 0.5 ML 8MMX31G	2		BD NEEDLES 23GX1.25"	2	
BD INSULIN SYR 0.5 ML 28GX1/2"	2		BD NEEDLES 25GX0.625"	2	
BD INSULIN SYR 0.5 ML 29GX1/2"	2		BD NEEDLES 25GX0.875"	2	
BD INSULIN SYR 1 ML 25GX1"	2		BD NEEDLES 25GX1.5"	2	
BD INSULIN SYR 1 ML 25GX5/8"	2		BD NEEDLES 26GX0.375"	2	
BD INSULIN SYR 1 ML 26GX1/2"	2		BD NEEDLES 26GX0.5"	2	
BD INSULIN SYR 1 ML 27GX12.7MM	2		BD NEEDLES 27GX0.5"	2	
BD INSULIN SYR 1 ML 27GX5/8"	2		BD NEEDLES 27GX1X1.25"	2	
BD INSULIN SYR 1 ML 28GX1/2"	2		BD NEEDLES 30GX0.5"	2	
BD INSULIN SYR 1 ML 29GX1/2"	2		BD NEEDLES 30GX1"	2	
BD INSULIN SYR 1 ML 29GX12.7MM	2		BD NOKOR NEEDLE 16GX1"	2	
BD INSULIN SYR UF 1 ML 8MMX31G	2		BD NOKOR NEEDLE 18GX1"	2	
BD INSULIN SYRINGE 1 ML	2		BD PRECISIONGLI 27GX1-1/2" NDL	2	
BD INTEGRA RETRA NEEDLE 23GX1"	3		BD PRECISIONGLIDE 3 ML 22GX3/4	2	
BD INTEGRA NEEDLE 25G X 5/8"	3		BD PRECISIONGLIDE NEEDLE 25G	2	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3		BD SAFETGLD INS 0.3ML 29G 13MM	2	
BD LUER-LOK SYR 3 ML 25GX5/8"	2		BD SAFETGLD INS 0.5ML 13MMX29G	2	
BD LUER-LOK SYRINGE 1ML	2		BD SAFETYGLD INS 0.3ML 31G 8MM	2	
BD MAGNI-GUIDE MAGNIFIER	2		BD SAFETYGLD INS 0.5ML 30G 8MM	2	
BD NANO 2 GEN PEN NDL 32G 4MM	2		BD SAFETYGLD INS 1 ML 29G 13MM	2	
BD NEEDLE 18GX1 1/2"	2		BD SAFETYGLID INS 1 ML 6MMX31G	2	
BD NEEDLE 19GX1 1/2"	2		BD SAFETYGLIDE 3 ML SYRINGE	2	
BD NEEDLE 20GX1 1/2"	2		BD SAFETYGLIDE NEEDLE	2	
BD NEEDLE 21GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 18GX1.5"	2	
BD NEEDLE 21GX1"	2		BD SAFETYGLIDE NEEDLE 21GX1"	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)
BD SAFETYGLIDE NEEDLE 21GX1.5"	2		BETAMETHASONE VA 0.1% LOTION	1	
BD SAFETYGLIDE NEEDLE 22GX1.5"	2		BETAMETHASONE VALER 0.1% OINTM	1	
BD SAFETYGLIDE NEEDLE 25GX1"	2		BETAMETHASONE VALER 0.12% FOAM	1	
BD SAFETYGLIDE NEEDLE 27GX5/8"	2		BETAXOLOL 10 MG TABLET	1	
BD SAFETYGLIDE SYRINGE 27GX5/8	2		BETAXOLOL 20 MG TABLET	1	
BD SAFTYGLD INS 0.3 ML 6MMX31G	2		BETAXOLOL HCL 0.5% EYE DROP	1	
BD SAFTYGLD INS 0.5 ML 6MMX31G	2		BETHANECHOL 10 MG TABLET	1	
BD SAFTYGLD INS 0.5ML 29G 13MM	2		BETHANECHOL 25 MG TABLET	1	
BD SYRINGE-SAFETY GLIDE	2		BETHANECHOL 5 MG TABLET	1	
BD UF INS SYR 1 ML 30GX1/2"	2		BETHANECHOL 50 MG TABLET	1	
BD UF MINI PEN NEEDLE 5MMX31G	2		BEXAROTENE 1% GEL	4	PA, SRX
BD UF NANO PEN NEEDLE 4MMX32G	2		BEXAROTENE 75 MG CAPSULE	4	PA, SRX
BD UF ORIG PEN NDL 12.7MMX29G	2		BEXSERO PREFILLED SYRINGE	2	
BD UF SHORT PEN NEEDLE 8MMX31G	2		BICALUTAMIDE 50 MG TABLET	1	
BD VEO INS 0.3ML 6MMX31G (1/2)	2		BIKTARVY 30-120-15 MG TABLET	2	QL
BD VEO INS SYRING 1 ML 6MMX31G	2		BIKTARVY 50-200-25 MG TABLET	2	QL
BD VEO INS SYRN 0.3 ML 6MMX31G	2		BIMATOPROST 0.03% EYE DROPS	1	QL
BD VEO INS SYRN 0.5 ML 6MMX31G	2		BINOSTO 70 MG EFFERVESCENT TAB	3	
BECONASE AQ 0.042% SPRAY	3	ST	BISOPROLOL FUMARATE 10 MG TAB	1	
BEKYREE 28 DAY TABLET	1		BISOPROLOL FUMARATE 5 MG TAB	1	
BELLADONNA-OPIUM 16.2-30 SUPP	1	PA	BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BELLADONNA-OPIUM 16.2-60 SUPP	1	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	1		BLOOD GLUCOSE CONTROL SOLUTION	2	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	1		BLUNT NEEDLE	2	
BENAZEPRIL-HCTZ 20-25 MG TAB	1		BOOSTRIX TDAP VACCINE SYRINGE	2	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	1		BOOSTRIX TDAP VACCINE VIAL	2	
BENZONATATE 100 MG CAPSULE	1		BOSENTAN 125 MG TABLET	4	PA, LDD, SRX
BENZONATATE 200 MG CAPSULE	1		BOSENTAN 62.5 MG TABLET	4	PA, LDD, SRX
BENZTROPINE MES 0.5 MG TAB	1		BOSULIF 100 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 1 MG TABLET	1		BOSULIF 400 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 2 MG TABLET	1		BOSULIF 500 MG TABLET	4	PA, QL, LDD, SRX
BEPOTASTINE 1.5% EYE DROP	3		BREATHERITE MDI SPACER	2	QL
BESER 0.05% LOTION	1		BREATHERITE SPACER-ADULT MASK	2	QL
BETADINE 5% EYE SOLUTION	3		BREATHERITE SPACER-INFANT MASK	2	QL
BETAINE 1 GRAM/SCOOP POWDER	4	PA, LDD, SRX	BREATHERITE SPACER-LG CHLD MSK	2	QL
BETAMETHASONE DP 0.05% CRM	1		BREATHERITE SPACER-NEONATE MSK	2	QL
BETAMETHASONE DP 0.05% LOT	1		BREATHERITE SPACER-SM CHLD MSK	2	QL
BETAMETHASONE DP 0.05% OINT	1		BREATHRITE VALVED MDI CHAMBER	2	QL
BETAMETHASONE DP AUG 0.05% CRM	1		BREATHRITE VALVED MDI SPACER	2	QL
BETAMETHASONE DP AUG 0.05% GEL	1		BREEZE 2 SOLUTION	2	
BETAMETHASONE DP AUG 0.05% LOT	1		BREO ELLIPTA 100-25 MCG INH	2	QL
BETAMETHASONE DP AUG 0.05% OIN	1		BREO ELLIPTA 200-25 MCG INH	2	QL
BETAMETHASONE VA 0.1% CREAM	1		BRIELLYN 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)
BRILINTA 60 MG TABLET	3		BUPROPION HCL SR 200 MG TABLET	1	QL
BRILINTA 90 MG TABLET	3		BUPROPION HCL XL 150 MG TABLET	1	QL
BRIMONIDINE 0.2% EYE DROP	1		BUPROPION HCL XL 300 MG TABLET	1	QL
BRIMONIDINE TARTRATE 0.15% DRP	1		BUSPIRONE HCL 10 MG TABLET	1	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	3		BUSPIRONE HCL 15 MG TABLET	1	
BRINZOLAMIDE 1% EYE DROPS	2		BUSPIRONE HCL 30 MG TABLET	1	
BRIVIACT 10 MG TABLET	3	PA, QL	BUSPIRONE HCL 5 MG TABLET	1	
BRIVIACT 10 MG/ML ORAL SOLN	3	PA, QL	BUSPIRONE HCL 7.5 MG TABLET	1	
BRIVIACT 100 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-300	1	PA
BRIVIACT 25 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-325	1	PA
BRIVIACT 50 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAFF 50-300-40	1	QL
BRIVIACT 75 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAFF 50-325-40	1	QL
BROMFENAC SODIUM 0.09% EYE DRP	1		BUTALBITAL COMP-CODEINE #3 CAP	1	PA
BROMOCRIPTINE 2.5 MG TABLET	1		BUTALBITAL-ACETAMINOPHN 50-325	1	
BROMOCRIPTINE 5 MG CAPSULE	1		BUTALBITAL-ASPIRIN-CAFFEINE CP	1	QL
BROMPHEN-PSE-DM 2-30-10 MG/5ML	1		BUTALBITAL-ASPIRIN-CAFFEINE TB	1	QL
BROOKS INSULIN 0.3ML SYRN	2		BUTORPHANOL 10 MG/ML SPRAY	1	PA, QL
BUDESONIDE 0.25 MG/2 ML SUSP	3	QL	BYDUREON BCISE 2 MG AUTOINJECT	2	PA, QL
BUDESONIDE 0.5 MG/2 ML SUSP	3	QL	BYETTA 10 MCG DOSE PEN INJ	2	PA, QL
BUDESONIDE 1 MG/2 ML INH SUSP	3	QL	BYETTA 5 MCG DOSE PEN INJ	2	PA, QL
BUDESONIDE DR 3 MG CAPSULE	3		CA INS SYR 0.3 ML 30GX5/16"	2	
BUDESONIDE EC 3 MG CAPSULE	3		CA INS SYR 0.3 ML 31GX5/16"	2	
BUDESONIDE ER 9 MG TABLET	4	PA, QL, SRX	CA INS SYR 0.5 ML 30GX5/16"	2	
BUDESONIDE-FORMOTEROL 160-4.5	3	QL	CA INS SYR 0.5 ML 31GX5/16"	2	
BUDESONIDE-FORMOTEROL 80-4.5	3	QL	CA INSULIN SYR 0.3 ML 29GX1/2"	2	
BUMETANIDE 0.5 MG TABLET	1		CA INSULIN SYR 0.5 ML 29GX1/2"	2	
BUMETANIDE 1 MG TABLET	1		CA INSULIN SYR 1 ML 29GX1/2"	2	
BUMETANIDE 2 MG TABLET	1		CA INSULIN SYR 1 ML 30GX5/16"	2	
BUPRENORPHINE 10 MCG/HR PATCH	1	QL	CA INSULIN SYR 1 ML 31GX5/16"	2	
BUPRENORPHINE 15 MCG/HR PATCH	1	QL	CABERGOLINE 0.5 MG TABLET	1	QL
BUPRENORPHINE 2 MG TABLET SL	1		CABOMETYX 20 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 20 MCG/HR PATCH	1	QL	CABOMETYX 40 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 5 MCG/HR PATCH	1	QL	CABOMETYX 60 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 7.5 MCG/HR PATCH	1	QL	CAFFEINE CIT 60 MG/3 ML ORAL	1	
BUPRENORPHINE 8 MG TABLET SL	1		CALCIPOTRIENE 0.005% CREAM	1	
BUPRENORPHINE-NALOX 12-3MG FLM	1		CALCIPOTRIENE 0.005% OINTMENT	1	
BUPRENORPHINE-NALOX 2-0.5MG FM	1		CALCIPOTRIENE 0.005% SOLUTION	1	
BUPRENORPHINE-NALOX 2-0.5MG TB	1		CALCIPOTRIENE-BETAMETH DP OINT	3	
BUPRENORPHINE-NALOX 4-1MG FILM	1		CALCITONIN-SALMON 200 UNITS SP	1	
BUPRENORPHINE-NALOX 8-2 MG TAB	1		CALCITRIOL 0.25 MCG CAPSULE	1	
BUPRENORPHINE-NALOX 8-2MG FILM	1		CALCITRIOL 0.5 MCG CAPSULE	1	
BUPROPION HCL 100 MG TABLET	1	QL	CALCITRIOL 1 MCG/ML SOLUTION	1	
BUPROPION HCL 75 MG TABLET	1	QL	CALCITRIOL 3 MCG/G OINTMENT	1	QL
BUPROPION HCL SR 100 MG TABLET	1	QL	CALCIUM ACETATE 667 MG CAPSULE	1	
BUPROPION HCL SR 150 MG TABLET	1	QL	CALCIUM ACETATE 667 MG GELCAP	1	
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	1		CALCIUM ACETATE 667 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)
CAMILA 0.35 MG TABLET	1		CARBIDOPA-LEVODOPA 75 MG-ENTA	1	
CAMRESE 0.15-0.03-0.01 MG TAB	1		CARBINOXAMINE 4 MG/5 ML LIQUID	1	
CAMRESE LO TABLET	1		CARBINOXAMINE MALEATE 4 MG TAB	1	
CANDESARTAN CILEXETIL 16 MG TB	1		CAREFINE PEN NEEDLE 12.7MM 29G	2	
CANDESARTAN CILEXETIL 32 MG TB	1		CAREFINE PEN NEEDLE 4MM 32G	2	
CANDESARTAN CILEXETIL 4 MG TAB	1		CAREFINE PEN NEEDLE 5MM 32G	2	
CANDESARTAN CILEXETIL 8 MG TAB	1		CAREFINE PEN NEEDLE 6MM 31G	2	
CANDESARTAN-HCTZ 16-12.5 MG TB	1		CAREFINE PEN NEEDLE 8MM 30G	2	
CANDESARTAN-HCTZ 32-12.5 MG TB	1		CAREFINE PEN NEEDLES 6MM 32G	2	
CANDESARTAN-HCTZ 32-25 MG TAB	1		CAREFINE PEN NEEDLES 8MM 31G	2	
CAPECITABINE 150 MG TABLET	4	PA, SRX	CAREONE SYR 0.3 ML 30GX1/2"	2	
CAPECITABINE 500 MG TABLET	4	PA, SRX	CAREONE SYR 0.5 ML 30GX1/2"	2	
CAPRELSA 100 MG TABLET	4	PA, QL, LDD, SRX	CAREONE SYR 1 ML 30GX1/2"	2	
CAPRELSA 300 MG TABLET	4	PA, QL, LDD, SRX	CAREONE UNIFINE PENTIP 4MM 32G	2	
CAPTOPRIL 100 MG TABLET	1		CAREONE UNIFINE PENTIP 5MM 31G	2	
CAPTOPRIL 12.5 MG TABLET	1		CAREONE UNIFINE PENTIP 6MM 31G	2	
CAPTOPRIL 25 MG TABLET	1		CAREONE UNIFINE PENTIP 8MM 31G	2	
CAPTOPRIL 50 MG TABLET	1		CAREONE UNIFINE PENTP 29GX1/2"	2	
CAPTOPRIL-HCTZ 25-15 MG TABLET	1	QL	CAREONE UNIFINE PENTP 31GX1/4"	2	
CAPTOPRIL-HCTZ 25-25 MG TABLET	1	QL	CAREONE UNIFINE PNTP 12MM 29G	2	
CAPTOPRIL-HCTZ 50-15 MG TABLET	1	QL	CAREONE UNIFINE PNTP 31GX3/16"	2	
CAPTOPRIL-HCTZ 50-25 MG TABLET	1	QL	CAREONE UNIFINE PNTP 31GX5/16"	2	
CARBAMAZEPINE 100 MG TAB CHEW	1		CAREONE UNIFINE PNTP 32GX5/32"	2	
CARBAMAZEPINE 100 MG/5 ML SUP	1		CAREPOINT LL SYR 3 ML 20GX1.5"	2	
CARBAMAZEPINE 200 MG TABLET	1		CAREPOINT LL SYR 3 ML 21GX1"	2	
CARBAMAZEPINE ER 100 MG CAP	1		CAREPOINT LL SYR 3 ML 21GX1.5"	2	
CARBAMAZEPINE ER 100 MG TABLET	1		CAREPOINT LL SYR 3 ML 22G 1"	2	
CARBAMAZEPINE ER 200 MG CAP	1		CAREPOINT LL SYR 3 ML 22G 38MM	2	
CARBAMAZEPINE ER 200 MG TABLET	1		CAREPOINT LL SYR 3 ML 23GX1"	2	
CARBAMAZEPINE ER 300 MG CAP	1		CAREPOINT LL SYR 3 ML 23GX1.5"	2	
CARBAMAZEPINE ER 400 MG TABLET	1		CAREPOINT LL SYR 3 ML 25G X 1"	2	
CARBIDOPA 25 MG TABLET	3		CAREPOINT LL SYR 3 ML 25GX5/8"	2	
CARBIDOPA-LEVO 10-100 MG ODT	1		CARESENS CONTROL SOLUTION	2	
CARBIDOPA-LEVO 25-100 MG ODT	1		CARETOUCH CONTROL SOLN L2-L3	2	
CARBIDOPA-LEVO 25-250 MG ODT	1		CARETOUCH HYPO NEEDLE 26G 1"	2	
CARBIDOPA-LEVO ER 25-100 TAB	1		CARETOUCH HYPODERMIC 18G 1.5"	2	
CARBIDOPA-LEVO ER 50-200 TAB	1		CARETOUCH HYPODERMIC 20G 1"	2	
CARBIDOPA-LEVODOPA 100 MG-ENTA	1		CARETOUCH HYPODERMIC 22G 1"	2	
CARBIDOPA-LEVODOPA 10-100 TAB	1		CARETOUCH HYPODERMIC 23G 1"	2	
CARBIDOPA-LEVODOPA 125 MG-ENTA	1		CARETOUCH HYPODERMIC 23G 1.5"	2	
CARBIDOPA-LEVODOPA 150 MG-ENTA	1		CARETOUCH HYPODERMIC 25G 1"	2	
CARBIDOPA-LEVODOPA 200 MG-ENTA	1		CARETOUCH HYPODERMIC 25G 1.5"	2	
CARBIDOPA-LEVODOPA 25-100 TAB	1		CARETOUCH HYPODERMIC 25G 5/8"	2	
CARBIDOPA-LEVODOPA 25-250 TAB	1		CARETOUCH LL SYR 3 ML 22G 1"	2	
CARBIDOPA-LEVODOPA 50 MG-ENTA	1		CARETOUCH LL SYR 3 ML 22G 1.5"	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)
CARETOUCH LL SYR 3 ML 23G 1"	2		CEFDINIR 250 MG/5 ML SUSP	1	
CARETOUCH LL SYR 3 ML 23G 1.5"	2		CEFDINIR 300 MG CAPSULE	1	
CARETOUCH LL SYR 3 ML 25G 1"	2		CEFDITOREN PIVOXIL 400 MG TAB	1	
CARETOUCH LL SYR 3 ML 25G 1.5"	2		CEFIXIME 100 MG/5 ML SUSP	1	
CARETOUCH LL SYR 3 ML 25G 5/8"	2		CEFIXIME 200 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 29G 12MM	2		CEFIXIME 400 MG CAPSULE	2	
CARETOUCH PEN NEEDLE 31GX1/4"	2		CEFPODOXIME 100 MG TABLET	1	
CARETOUCH PEN NEEDLE 31GX3/16"	2		CEFPODOXIME 100 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 31GX5/16"	2		CEFPODOXIME 200 MG TABLET	1	
CARETOUCH PEN NEEDLE 32GX3/16"	2		CEFPODOXIME 50 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 32GX5/32"	2		CEFPROZIL 125 MG/5 ML SUSP	1	
CARETOUCH SYR 0.3 ML 31GX5/16"	2		CEFPROZIL 250 MG TABLET	1	
CARETOUCH SYR 0.5 ML 30GX5/16"	2		CEFPROZIL 250 MG/5 ML SUSP	1	
CARETOUCH SYR 0.5 ML 31GX5/16"	2		CEFPROZIL 500 MG TABLET	1	
CARETOUCH SYR 1 ML 28GX5/16"	2		CEFUROXIME AXETIL 250 MG TAB	1	
CARETOUCH SYR 1 ML 29GX5/16"	2		CEFUROXIME AXETIL 500 MG TAB	1	
CARETOUCH SYR 1 ML 30GX5/16"	2		CELECOXIB 100 MG CAPSULE	1	QL
CARETOUCH SYR 1 ML 31GX5/16"	2		CELECOXIB 200 MG CAPSULE	1	QL
CARGLUMIC ACID 200 MG TAB SUSP	4	PA, SRX	CELECOXIB 400 MG CAPSULE	1	QL
CARISOPRODOL 250 MG TABLET	1		CELECOXIB 50 MG CAPSULE	1	QL
CARISOPRODOL 350 MG TABLET	1		CELONTIN 300 MG CAPSULE	3	
CARISOPRODL-ASPIRIN 200-325 MG	1		CEPHALEXIN 125 MG/5 ML SUSP	1	
CARISOPRODOL-ASPIRIN-CODEIN TB	1	PA	CEPHALEXIN 250 MG CAPSULE	1	
CARTEOLOL HCL 1% EYE DROPS	1		CEPHALEXIN 250 MG/5 ML SUSP	1	
CARTIA XT 120 MG CAPSULE	1		CEPHALEXIN 500 MG CAPSULE	1	
CARTIA XT 180 MG CAPSULE	1		CEPHALEXIN 750 MG CAPSULE	1	
CARTIA XT 240 MG CAPSULE	1		CEQR SIMPLICITY INSERTER	2	
CARTIA XT 300 MG CAPSULE	1		CETIRIZINE HCL 1 MG/ML SOLN	1	
CARTRIDGE STAMPED IR 1200	2		CETIRIZINE HCL 1 MG/ML SYRUP	1	
CARVEDILOL 12.5 MG TABLET	1		CETRORELIX ACETATE 0.25 MG VL	4	PA, SRX
CARVEDILOL 25 MG TABLET	1		CEVIMELINE HCL 30 MG CAPSULE	1	
CARVEDILOL 3.125 MG TABLET	1		CHARLOTTE 24 FE CHEWABLE TAB	1	
CARVEDILOL 6.25 MG TABLET	1		CHATEAL EQ-28 TABLET	1	
CAYSTON 75 MG INHAL SOLUTION	4	PA, QL, LDD, SRX	CHATEAL-28 TABLET	1	
CAZIAN 28 DAY TABLET	1		CHEK-STIX STRIPS	2	
CEFACLOR 125 MG/5 ML SUSP	1		CHEMET 100 MG CAPSULE	3	
CEFACLOR 250 MG CAPSULE	1		CHEMSTRIP 10 MD	2	
CEFACLOR 250 MG/5 ML SUSP	1		CHEMSTRIP 10 WITH SG	2	
CEFACLOR 375 MG/5 ML SUSPEN	1		CHEMSTRIP 2 GP	2	
CEFACLOR 500 MG CAPSULE	1		CHEMSTRIP 2 LN	2	
CEFACLOR ER 500 MG TABLET	1		CHEMSTRIP 50B	2	
CEFADROXIL 1 GM TABLET	1		CHEMSTRIP 7	2	
CEFADROXIL 250 MG/5 ML SUSP	1		CHEMSTRIP 9	2	
CEFADROXIL 500 MG CAPSULE	1		CHEMSTRIP BG DIARY	2	
CEFADROXIL 500 MG/5 ML SUSP	1		CHEMSTRIP MICRAL TEST STRIP	2	
CEFDINIR 125 MG/5 ML SUSP	1		CHLORDIAZEPO-AMITRIPTYL 5-12.5	1	
			CHLORDIAZEPOX-AMITRIPTYL 10-25	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)
CHLORDIAZEPOXIDE 10 MG CAPSULE	1		CIPROFLOXACIN HCL 500 MG TAB	1	
CHLORDIAZEPOXIDE 25 MG CAPSULE	1		CIPROFLOXACIN HCL 750 MG TAB	2	
CHLORDIAZEPOXIDE 5 MG CAPSULE	1		CIPROFLOX-FLUOCINLN 0.3-0.025%	2	PA
CHLORDIAZEPOXIDE-CLIDINIUM CAP	1		CIPROFLOX-DEXAMETH OTIC SUSP	1	
CHLORHEXIDINE 0.12% RINSE	1		CITALOPRAM HBR 10 MG TABLET	1	QL
CHLOROQUINE PH 250 MG TABLET	1		CITALOPRAM HBR 10 MG/5 ML SOLN	1	QL
CHLOROQUINE PH 500 MG TABLET	1		CITALOPRAM HBR 20 MG TABLET	1	QL
CHLORPROMAZINE 10 MG TABLET	1		CITALOPRAM HBR 40 MG TABLET	3	QL
CHLORPROMAZINE 100 MG TABLET	1		CLARAVIS 10 MG CAPSULE	3	
CHLORPROMAZINE 200 MG TABLET	1		CLARAVIS 20 MG CAPSULE	3	
CHLORPROMAZINE 25 MG TABLET	1		CLARAVIS 30 MG CAPSULE	3	
CHLORPROMAZINE 50 MG TABLET	1		CLARAVIS 40 MG CAPSULE	1	
CHLORTHALIDONE 25 MG TABLET	1		CLARITHROMYCIN 125 MG/5 ML SUS	1	
CHLORTHALIDONE 50 MG TABLET	1		CLARITHROMYCIN 250 MG TABLET	1	
CHLORZOXAZONE 500 MG TABLET	1		CLARITHROMYCIN 250 MG/5 ML SUS	1	
CHOLESTYRAMINE LIGHT PACKET	1		CLARITHROMYCIN 500 MG TABLET	1	
CHOLESTYRAMINE LIGHT POWDER	1		CLARITHROMYCIN ER 500 MG TAB	1	
CHOLESTYRAMINE PACKET	1		CLEMASTINE FUM 2.68 MG TAB	2	
CHOLESTYRAMINE POWDER	1		CLEO 90 INFUSION SET 24" 6MM	2	
CHORIONIC GONAD 10,000 UNIT VL	1	PA	CLEO 90 INFUSION SET 24" 9MM	2	
CICLODAN 0.77% CREAM	1		CLEO 90 INFUSION SET 31" 6MM	2	
CICLODAN 8% SOLUTION	1		CLEO 90 INFUSION SET 31" 9MM	2	
CICLOPIROX 0.77% CREAM	1		CLEVER CHOICE CHAMBER-LRG MASK	2	QL
CICLOPIROX 0.77% GEL	1		CLEVER CHOICE CHAMBER-MED MASK	2	QL
CICLOPIROX 0.77% TOPICAL SUSP	1		CLEVER CHOICE CHAMBER-SM MASK	2	QL
CICLOPIROX 1% SHAMPOO	1		CLEVER CHOICE LVL 1 CONTRL SOL	2	
CICLOPIROX 8% SOLUTION	1		CLEVER CHOICE LVL 2 CONTRL SOL	2	
CILOSTAZOL 100 MG TABLET	1		CLEVER CHOICE LVL 3 CONTRL SOL	2	
CILOSTAZOL 50 MG TABLET	1		CLEVER CHOICE PEAK FLOW METER	2	
CILOXAN 0.3% OINTMENT	3		CLICKFINE 31G X 1/4" NEEDLES	2	
CIMETIDINE 200 MG TABLET	1		CLICKFINE 31G X 5/16" NEEDLES	2	
CIMETIDINE 300 MG TABLET	1		CLICKFINE PEN NEEDLE 32GX5/32"	2	
CIMETIDINE 300 MG/5 ML SOLN	1		CLICKFINE UNIVERSAL 31G X 1/4"	2	
CIMETIDINE 400 MG TABLET	1		CLIND PH-BENZOYL PEROX 1.2-5%	1	
CIMETIDINE 800 MG TABLET	1		CLINDACIN 1% FOAM	1	
CIMZIA 200 MG VIAL KIT	4	PA, QL, SRX	CLINDACIN ETZ 1% PLEDGET	1	
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA, QL, SRX	CLINDACIN P 1% PLEDGETS	1	
CIMZIA 2X200 MG/ML(X3)START KT	4	PA, QL, SRX	CLINDAMYCIN (PEDI) 75 MG/5 ML	1	
CINACALCET HCL 30 MG TABLET	4	PA, SRX	CLINDAMYCIN 2% VAGINAL CREAM	1	
CINACALCET HCL 60 MG TABLET	4	PA, SRX	CLINDAMYCIN HCL 150 MG CAPSULE	1	
CINACALCET HCL 90 MG TABLET	4	PA, SRX	CLINDAMYCIN HCL 300 MG CAPSULE	1	
CIPROFLOXACIN 0.2% OTIC SOLN	1		CLINDAMYCIN HCL 75 MG CAPSULE	1	
CIPROFLOXACIN 0.3% EYE DROP	1		CLINDAMYCIN HCL 75 MG CAPSULE	1	
CIPROFLOXACIN 250 MG/5 ML SUSP	1		CLINDAMYCIN PH 1% GEL	1	
CIPROFLOXACIN 500 MG/5 ML SUSP	1		CLINDAMYCIN PH 1% SOLUTION	1	
CIPROFLOXACIN HCL 100 MG TAB	1		CLINDAMYCIN PHOS 1% PLEDGET	1	
CIPROFLOXACIN HCL 250 MG TAB	1		CLINDAMYCIN PHOSP 1% LOTION	1	
			CLINDAMYCIN PHOSPHATE 1% FOAM	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)
CLINDAMYCIN-BENZOYL PEROX 1-5%	1		CLORAZEPATE 3.75 MG TABLET	1	
CLINDAMYCIN-BNZ PEROX 1-5% PMP	1		CLORAZEPATE 7.5 MG TABLET	1	
CLINDA-TRETINOIN 1.2%-0.025%	1		CLOTRIMAZOLE 1% SOLUTION	1	
CLINDESSE 2% VAGINAL CREAM	3		CLOTRIMAZOLE 1% TOPICAL CREAM	1	
CLOBAZAM 10 MG TABLET	3	PA	CLOTRIMAZOLE 10 MG TROCHE	1	
CLOBAZAM 2.5 MG/ML SUSPENSION	3	PA	CLOTRIMAZOLE-BETAMETHASONE CRM	1	
CLOBAZAM 20 MG TABLET	3	PA	CLOTRIMAZOLE-BETAMETHASONE LOT	1	
CLOBETASOL 0.05% CREAM	1		CLOZAPINE 100 MG TABLET	1	
CLOBETASOL 0.05% GEL	1		CLOZAPINE 200 MG TABLET	1	
CLOBETASOL 0.05% OINTMENT	1		CLOZAPINE 25 MG TABLET	1	
CLOBETASOL 0.05% SHAMPOO	1		CLOZAPINE 50 MG TABLET	1	
CLOBETASOL 0.05% SOLUTION	1		CLOZAPINE ODT 100 MG TABLET	3	
CLOBETASOL 0.05% TOPICAL LOTN	1		CLOZAPINE ODT 12.5 MG TABLET	3	
CLOBETASOL EMOLLIENT 0.05% CRM	1		CLOZAPINE ODT 150 MG TABLET	3	
CLOBETASOL EMOLLNT 0.05% FOAM	1		CLOZAPINE ODT 200 MG TABLET	3	
CLOBETASOL EMULSION 0.05% FOAM	1		CLOZAPINE ODT 25 MG TABLET	3	
CLOBETASOL PROP 0.05% FOAM	1		C-NATE DHA SOFTGEL	1	
CLOBETASOL PROP 0.05% SPRAY	1		COARTEM	3	QL
CLOCORTOLONE 0.1% CREAM PUMP	1		CODEINE SULFATE 15 MG TABLET	1	PA
CLOCORTOLONE PIVALATE 0.1% CRM	1		CODEINE SULFATE 30 MG TABLET	1	PA
CLODAN 0.05% SHAMPOO	1		CODEINE SULFATE 60 MG TABLET	1	PA
CLOMIPHENE CITRATE 50 MG TAB	1		COLCHICINE 0.6 MG TABLET	1	
CLOMIPRAMINE 25 MG CAPSULE	3		COLESEVELAM 625 MG TABLET	1	
CLOMIPRAMINE 50 MG CAPSULE	3		COLESEVELAM HCL 3.75 G PACKET	1	
CLOMIPRAMINE 75 MG CAPSULE	3		COLESTIPOL HCL 1 GM TABLET	1	
CLONAZEPAM 0.125 MG DIS TAB	1		COLESTIPOL HCL GRANULES	1	
CLONAZEPAM 0.125 MG ODT	1		COLESTIPOL HCL GRANULES PACKET	1	
CLONAZEPAM 0.25 MG ODT	1		COLOCORT 100 MG/60 ML ENEMA	1	
CLONAZEPAM 0.5 MG DIS TABLET	1		COMBISTIX REAGENT STRIPS	2	
CLONAZEPAM 0.5 MG ODT	1		COMETRIQ 100 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX
CLONAZEPAM 0.5 MG TABLET	1		COMETRIQ 140 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX
CLONAZEPAM 1 MG DIS TABLET	1		COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL, LDD, SRX
CLONAZEPAM 1 MG ODT	1		COMFORT EZ INS 0.3ML 30GX1/2"	2	
CLONAZEPAM 1 MG TABLET	1		COMFORT EZ INS 0.3ML 30GX5/16"	2	
CLONAZEPAM 2 MG ODT	1		COMFORT EZ INS 0.5ML 31GX5/16"	2	
CLONAZEPAM 2 MG TABLET	1		COMFORT EZ INS 1 ML 31GX5/16"	2	
CLONIDINE 0.1 MG/DAY PATCH	1		COMFORT EZ INSULIN SYR 0.3 ML	2	
CLONIDINE 0.2 MG/DAY PATCH	1		COMFORT EZ INSULIN SYR 0.5 ML	2	
CLONIDINE 0.3 MG/DAY PATCH	1		COMFORT EZ PEN NEEDLE 12MM 29G	2	
CLONIDINE HCL 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 4MM 32G	2	
CLONIDINE HCL 0.2 MG TABLET	1		COMFORT EZ PEN NEEDLES 4MM 33G	2	
CLONIDINE HCL 0.3 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 31G	2	
CLONIDINE HCL ER 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 32G	2	
CLOPIDOGREL 300 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 33G	2	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 31G	2	
CLORAZEPATE 15 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 32G	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)
COMFORT EZ PEN NEEDLES 6MM 33G	2		CONTACT DETACH INFUSN SET 32"	2	
COMFORT EZ PEN NEEDLES 8MM 31G	2		CONTACT DETACH INFUSN SET 43"	2	
COMFORT EZ PEN NEEDLES 8MM 32G	2		CONTOUR NEXT LEV 1 CONTROL SOL	2	
COMFORT EZ PEN NEEDLES 8MM 33G	2		CONTOUR NEXT LEV 2 CONTROL SOL	2	
COMFORT EZ SYR 0.3 ML 29GX1/2"	2		CONTOUR SOLUTION	2	
COMFORT EZ SYR 0.5 ML 28GX1/2"	2		COOL CONTROL A SOLUTION	2	
COMFORT EZ SYR 0.5 ML 29GX1/2"	2		COOL CONTROL B SOLUTION	2	
COMFORT EZ SYR 0.5 ML 30GX1/2"	2		CORTISONE 25 MG TABLET	1	
COMFORT EZ SYR 1 ML 28GX1/2"	2		CORTISPORIN CREAM	3	
COMFORT EZ SYR 1 ML 29GX1/2"	2		CORTISPORIN OINTMENT	3	
COMFORT EZ SYR 1 ML 30GX1/2"	2		CORTISPORIN-TC EAR SUSPENSION	3	
COMFORT EZ SYR 1 ML 30GX5/16"	2		COSENTYX 300 MG DOSE-2 SYRINGE	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 23" 17MM	2		COSENTYX 150 MG/ML SYRINGE	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 31" 17MM	2		COSENTYX 75 MG/0.5 ML SYRINGE	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 32" 17MM	2		COSENTYX 150 MG/ML PEN INJECT	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 43" 17MM	2		COSENTYX 300 MG DOSE-2 PENS	4	PA, QL, LDD, SRX
COMFORT POINT PEN NDL 29GX1/2"	2		COTELLIC 20 MG TABLET	4	PA, QL, LDD, SRX
COMFORT POINT PEN NDL 31GX1/3"	2		COVARYX TABLET	1	
COMFORT POINT PEN NDL 31GX1/4"	2		COVARYX H.S. TABLET	1	
COMFORT POINT PEN NDL 31GX1/6"	2		CRESEMBA 186 MG CAPSULE	3	PA
COMFORT SHORT INFUSION SET 23"	2		CROMOLYN 100 MG/5 ML ORAL CONC	3	
COMFORT SHORT INFUSION SET 31"	2		CROMOLYN 20 MG/2 ML NEB SOLN	3	QL
COMFORT SHORT INFUSION SET 32"	2		CROMOLYN 4% EYE DROPS	1	
COMFORT SHORT INFUSION SET 43"	2		CROTAN 10% LOTION	2	
COMFORT TOUCH PEN NDL 31G 4MM	2		CRYSSELLE-28 TABLET	1	
COMFORT TOUCH PEN NDL 31G 5MM	2		CYANOCOBALAMIN 1,000 MCG/ML VL	1	
COMFORT TOUCH PEN NDL 31G 6MM	2		CYANOCOBALAMIN 10,000 MCG/10ML	1	
COMFORT TOUCH PEN NDL 31G 8MM	2		CYANOCOBALAMIN 30,000 MCG/30ML	1	
COMFORT TOUCH PEN NDL 32G 4MM	2		CYCLOBENZAPRINE 10 MG TABLET	1	
COMFORT TOUCH PEN NDL 32G 5MM	2		CYCLOBENZAPRINE 5 MG TABLET	1	
COMFORT TOUCH PEN NDL 32G 6MM	2		CYCLOMYDRIL EYE DROPS	3	
COMFORT TOUCH PEN NDL 32G 8MM	2		CYCLOPENTOLATE 0.5% EYE DROPS	1	
COMFORT TOUCH PEN NDL 33G 4MM	2		CYCLOPENTOLATE 1% EYE DROP	1	
COMFORT TOUCH PEN NDL 33G 6MM	2		CYCLOPENTOLATE 1% EYE DROPS	1	
COMFORT TOUCH PEN NDL 33GX5MM	2		CYCLOPENTOLATE HCL 2% DROPS	1	
COMIRNATY 30MCG/0.3ML VAC-GRAY	2		CYCLOPHOSPHAMIDE 25 MG CAPSULE	2	
COMPACT SPACE CHAMBER	2	QL	CYCLOPHOSPHAMIDE 50 MG CAPSULE	2	
COMPACT SPACE CHAMBER-LRG MASK	2	QL	CYCLOSERINE 250 MG CAPSULE	1	
COMPACT SPACE CHAMBER-MED MASK	2	QL	CYCLOSET 0.8 MG TABLET	3	
COMPACT SPACE CHAMBER-SM MASK	2	QL	CYCLOSPORINE 0.05% EYE EMULS	3	
COMPLERA TABLET	2	QL	CYCLOSPORINE 100 MG CAPSULE	1	
COMPLETE NATAL DHA	1		CYCLOSPORINE 25 MG CAPSULE	1	
COMPLETENATE TABLET CHEW	1		CYCLOSPORINE MODIFIED 100 MG	1	
COMPRO 25 MG SUPPOSITORY	1		CYCLOSPORINE MODIFIED 100MG/ML	1	
CONSTULOSE 10 GM/15 ML SOLN	1		CYCLOSPORINE MODIFIED 25 MG	1	
CONTACT DETACH INFUSN SET 23"	2		CYCLOSPORINE MODIFIED 50 MG	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CYLTEZO	4	PA, QL, SRX
CYPROHEPTADINE 2 MG/5 ML SOLN	1	
CYPROHEPTADINE 2 MG/5 ML SYRUP	1	
CYPROHEPTADINE 4 MG TABLET	1	
CYRED 28 DAY TABLET	1	
CYRED EQ 28 DAY TABLET	1	
CYSTAGON 150 MG CAPSULE	4	PA, LDD, SRX
CYSTAGON 50 MG CAPSULE	4	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	3	PA, QL, LDD
DABIGATRAN ETEXILATE 150 MG CP	3	PA, QL
DABIGATRAN ETEXILATE 75 CAP	3	PA, QL
DALFAMPRIDINE ER 10 MG TABLET	4	PA, QL, LDD, SRX
DANAZOL 100 MG CAPSULE	1	
DANAZOL 200 MG CAPSULE	1	
DANAZOL 50 MG CAPSULE	1	
DANTROLENE SODIUM 100 MG CAP	1	
DANTROLENE SODIUM 25 MG CAP	1	
DANTROLENE SODIUM 50 MG CAP	1	
DAPSONE 100 MG TABLET	3	
DAPSONE 25 MG TABLET	3	
DAPTACEL DTAP VACCINE	2	
DARIFENACIN ER 15 MG TABLET	1	
DARIFENACIN ER 7.5 MG TABLET	1	
DARUNAVIR 600 MG TABLET	1	
DARUNAVIR 800 MG TABLET	1	
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TAB	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 125 MG TB FOR SUSP	4	PA, SRX
DEFERASIROX 180 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 180 MG TABLET	4	PA, LDD, SRX
DEFERASIROX 250 MG TB FOR SUSP	4	PA, SRX
DEFERASIROX 360 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 360 MG TABLET	4	PA, LDD, SRX
DEFERASIROX 500 MG TB FOR SUSP	4	PA, SRX
DEFERASIROX 90 MG GRANULE PKT	4	PA, LDD, SRX
DEFERASIROX 90 MG TABLET	4	PA, LDD, SRX
DEFERIPRONE 1,000 MG TB(3X/DY)	4	PA, SRX
DEFERIPRONE 500 MG TABLET	4	PA, SRX
DELTEC COZMO CLEO INFUSION SET	2	
DEMECLOCYCLINE 150 MG TABLET	1	
DEMECLOCYCLINE 300 MG TABLET	1	
DENTA 5000 PLUS CREAM	1	
DENTAGEL 1.1% GEL	1	
DESCOVY 120-15 MG TABLET	3	PA
DESCOVY 200-25 MG TABLET	3	PA

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DESIPRAMINE 10 MG TABLET	1	
DESIPRAMINE 100 MG TABLET	1	
DESIPRAMINE 150 MG TABLET	1	
DESIPRAMINE 25 MG TABLET	1	
DESIPRAMINE 50 MG TABLET	1	
DESIPRAMINE 75 MG TABLET	1	
DES Loratadine 2.5 MG ODT	1	QL
DES Loratadine 5 MG ODT	1	QL
DES Loratadine 5 MG TABLET	1	QL
DESMOPRESSIN 0.01% SOLUTION	1	
DESMOPRESSIN 10 MCG/0.1 ML SPR	1	
DESMOPRESSIN ACETATE 0.1 MG TB	1	
DESMOPRESSIN ACETATE 0.2 MG TB	1	
DESOGESTREL-EE 0.15-0.03 MG TB	1	
DESOGESTR-ETH ESTRAD ETH ESTRA	1	
DESONIDE 0.05% CREAM	1	
DESONIDE 0.05% LOTION	1	
DESONIDE 0.05% OINTMENT	1	
DESOXIMETASONE 0.05% CREAM	1	
DESOXIMETASONE 0.05% GEL	1	
DESOXIMETASONE 0.05% OINTMENT	1	
DESOXIMETASONE 0.25% CREAM	1	
DESOXIMETASONE 0.25% OINTMENT	1	
DESVENLAFAXINE SUCCNT ER 100MG	1	QL
DESVENLAFAXINE SUCCNT ER 25 MG	1	QL
DESVENLAFAXINE SUCCNT ER 50 MG	1	QL
DEXAMETHASONE 0.5 MG TABLET	1	
DEXAMETHASONE 0.5 MG/5 ML ELX	1	
DEXAMETHASONE 0.5 MG/5 ML LIQ	1	
DEXAMETHASONE 0.75 MG TABLET	1	
DEXAMETHASONE 1 MG TABLET	1	
DEXAMETHASONE 1.5 MG TABLET	1	
DEXAMETHASONE 2 MG TABLET	1	
DEXAMETHASONE 4 MG TABLET	1	
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL 1 MG/ML	1	
DEXAMETHASONE 0.1% EYE DROP	1	
DEXCOM G6 RECEIVER	2	PA, QL
DEXCOM G6 SENSOR	2	PA, QL
DEXCOM G6 TRANSMITTER	2	PA, QL
DEXCOM G7 RECEIVER	2	PA, QL
DEXCOM G7 SENSOR	2	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAP	3	QL
DEXLANSOPRAZOLE DR 60 MG CAP	3	QL
DEXMETHYLPHENIDATE 10 MG TAB	1	QL
DEXMETHYLPHENIDATE 2.5 MG TAB	1	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)
DEXMETHYLPHENIDATE 5 MG TAB	1	QL	DICLOFENAC SOD DR 25 MG TAB	1	
DEXMETHYLPHENIDATE ER 10 MG CP	1	QL	DICLOFENAC SOD DR 50 MG TAB	1	
DEXMETHYLPHENIDATE ER 15 MG CP	1	QL	DICLOFENAC SOD DR 75 MG TAB	1	
DEXMETHYLPHENIDATE ER 20 MG CP	1	QL	DICLOFENAC SOD EC 25 MG TAB	1	
DEXMETHYLPHENIDATE ER 25 MG CP	1	QL	DICLOFENAC SOD EC 50 MG TAB	1	
DEXMETHYLPHENIDATE ER 30 MG CP	1	QL	DICLOFENAC SOD EC 75 MG TAB	1	
DEXMETHYLPHENIDATE ER 35 MG CP	1	QL	DICLOFENAC SOD ER 100 MG TAB	1	
DEXMETHYLPHENIDATE ER 40 MG CP	1	QL	DICLOFENAC SODIUM 1% GEL	1	QL
DEXMETHYLPHENIDATE ER 5 MG CAP	1	QL	DICLOFENAC-MISOPROST 50-0.2 MG	1	
DEXTROAMP-AMPHET ER 10 MG CAP	1	QL	DICLOFENAC-MISOPROST 75-0.2 MG	1	
DEXTROAMP-AMPHET ER 15 MG CAP	1	QL	DICLOXACILLIN 250 MG CAPSULE	1	
DEXTROAMP-AMPHET ER 20 MG CAP	1	QL	DICLOXACILLIN 500 MG CAPSULE	1	
DEXTROAMP-AMPHET ER 25 MG CAP	1	QL	DICYCLOMINE 10 MG CAPSULE	1	
DEXTROAMP-AMPHET ER 30 MG CAP	1	QL	DICYCLOMINE 10 MG/5 ML SOLN	1	
DEXTROAMP-AMPHET ER 5 MG CAP	1	QL	DICYCLOMINE 20 MG TABLET	1	
DEXTROAMP-AMPHETAM 12.5 MG TAB	1	QL	DIDANOSINE DR 250 MG CAPSULE	1	
DEXTROAMP-AMPHETAM 7.5 MG TAB	1	QL	DIDANOSINE DR 400 MG CAPSULE	1	
DEXTROAMP-AMPHETAMIN 10 MG TAB	1	QL	DIFICID 200 MG TABLET	3	PA, QL
DEXTROAMP-AMPHETAMIN 15 MG TAB	1	QL	DIFICID 40 MG/ML SUSPENSION	3	PA, QL
DEXTROAMP-AMPHETAMIN 20 MG TAB	1	QL	DIFLORASONE 0.05% CREAM	3	
DEXTROAMP-AMPHETAMIN 30 MG TAB	1	QL	DIFLORASONE 0.05% OINTMENT	3	
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	QL	DIFLUNISAL 500 MG TABLET	1	
DEXTROAMPHETAMINE 10 MG TAB	1	QL	DIFLUPREDNATE 0.05% EYE DROP	2	
DEXTROAMPHETAMINE 5 MG TAB	1	QL	DIGOX 125 MCG TABLET	1	
DEXTROAMPHETAMINE 5 MG/5 ML	1	QL	DIGOX 250 MCG TABLET	1	
DEXTROAMPHETAMINE ER 10 MG CAP	1	QL	DIGOXIN 0.05 MG/ML SOLUTION	1	
DEXTROAMPHETAMINE ER 15 MG CAP	1	QL	DIGOXIN 0.125 MG TABLET	1	
DEXTROAMPHETAMINE ER 5 MG CAP	1	QL	DIGOXIN 0.25 MG TABLET	1	
DIASIX REAGENT STRIPS	2		DIGOXIN 125 MCG TABLET	1	
DIATRUE LEVEL 1 CONTROL SOLN	2		DIGOXIN 250 MCG TABLET	1	
DIATRUE LEVEL 2 CONTROL SOLN	2		DIHYDROERGOTAMINE 1 MG/ML AMP	3	QL
DIATRUE LEVEL 3 CONTROL SOLN	2		DILT XR 120 MG CAPSULE	1	
DIAZEPAM 10 MG RECTAL GEL SYST	1		DILT XR 180 MG CAPSULE	1	
DIAZEPAM 10 MG TABLET	1		DILT XR 240 MG CAPSULE	1	
DIAZEPAM 2 MG TABLET	1		DILTIAZEM 120 MG TABLET	1	
DIAZEPAM 2.5 MG RECTAL GEL SYS	1		DILTIAZEM 12HR ER 120 MG CAP	1	
DIAZEPAM 20 MG RECTAL GEL SYST	1		DILTIAZEM 12HR ER 60 MG CAP	1	
DIAZEPAM 25 MG/5 ML ORAL CONC	1		DILTIAZEM 12HR ER 90 MG CAP	1	
DIAZEPAM 5 MG TABLET	1		DILTIAZEM 24H ER(CD) 120 MG CP	1	
DIAZEPAM 5 MG/5 ML ORAL SOLN	1		DILTIAZEM 24H ER(CD) 180 MG CP	1	
DIAZEPAM 5 MG/5 ML SOLUTION	1		DILTIAZEM 24H ER(CD) 240 MG CP	1	
DIAZEPAM 5 MG/ML ORAL CONC	1		DILTIAZEM 24H ER(CD) 300 MG CP	1	
DIAZOXIDE 50 MG/ML ORAL SUSP	3		DILTIAZEM 24H ER(CD) 360 MG CP	1	
DICLOFENAC 0.1% EYE DROPS	1		DILTIAZEM 24H ER(LA) 120 MG TB	1	
DICLOFENAC 1.5% TOPICAL SOLN	1		DILTIAZEM 24H ER(LA) 180 MG TB	1	
DICLOFENAC POT 50 MG TABLET	1		DILTIAZEM 24H ER(LA) 240 MG TB	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)
DILTIAZEM 24H ER(LA) 300 MG TB	1		DOFETILIDE 250 MCG CAPSULE	3	QL
DILTIAZEM 24H ER(LA) 360 MG TB	1		DOFETILIDE 500 MCG CAPSULE	3	QL
DILTIAZEM 24H ER(LA) 420 MG TB	1		DOLISHALE 90-20 MCG TABLET	1	
DILTIAZEM 24H ER(XR) 120 MG CP	1		DONEPEZIL HCL 10 MG TABLET	1	
DILTIAZEM 24H ER(XR) 180 MG CP	1		DONEPEZIL HCL 23 MG TABLET	1	
DILTIAZEM 24H ER(XR) 240 MG CP	1		DONEPEZIL HCL 5 MG TABLET	1	
DILTIAZEM 24HR ER 120 MG CAP	1		DONEPEZIL HCL ODT 10 MG TABLET	1	
DILTIAZEM 24HR ER 180 MG CAP	1		DONEPEZIL HCL ODT 5 MG TABLET	1	
DILTIAZEM 24HR ER 240 MG CAP	1		DORZOLAMIDE HCL 2% EYE DROPS	1	
DILTIAZEM 24HR ER 300 MG CAP	1		DORZOLAMIDE-TIMOLOL EYE DROPS	1	
DILTIAZEM 24HR ER 360 MG CAP	1		DOTTI 0.025 MG PATCH	1	QL
DILTIAZEM 24HR ER 420 MG CAP	1		DOTTI 0.0375 MG PATCH	1	QL
DILTIAZEM 30 MG TABLET	1		DOTTI 0.05 MG PATCH	1	QL
DILTIAZEM 60 MG TABLET	1		DOTTI 0.075 MG PATCH	1	QL
DILTIAZEM 90 MG TABLET	1		DOTTI 0.1 MG PATCH	1	QL
DIMETHYL FUMARATE 30D START PK	4	PA, QL, LDD, SRX	DOVATO 50-300 MG TABLET	2	QL
DIMETHYL FUMARATE DR 120 MG CP	4	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 1 MG TAB	1	
DIMETHYL FUMARATE DR 240 MG CP	4	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 2 MG TAB	1	
DIPENTUM 250 MG CAPSULE	3		DOXAZOSIN MESYLATE 4 MG TAB	1	
DIPHEN 12.5 MG/5 ML ELIXIR	3		DOXAZOSIN MESYLATE 8 MG TAB	1	
DIPHEN 12.5 MG/5 ML SOLUTION	3		DOXEPIIN 10 MG CAPSULE	1	
DIPHENHYDRAMINE 12.5 MG/5 ML	1		DOXEPIIN 10 MG/ML ORAL CONC	1	
DIPHENHYDRAMINE 25 MG/10 ML	1		DOXEPIIN 100 MG CAPSULE	1	
DIPHENOXYLAT-ATROP 2.5-0.025/5	1		DOXEPIIN 150 MG CAPSULE	1	
DIPHENOXYLATE-ATROP 2.5-0.025	1		DOXEPIIN 25 MG CAPSULE	1	
DIPHThERIA-TETANUS TOXOIDS-PED	2		DOXEPIIN 5% CREAM	3	
DIPYRIDAMOLE 25 MG TABLET	1		DOXEPIIN 50 MG CAPSULE	1	
DIPYRIDAMOLE 50 MG TABLET	1		DOXEPIIN 75 MG CAPSULE	1	
DIPYRIDAMOLE 75 MG TABLET	1		DOXEPIIN HCL 3 MG TABLET	2	QL
DISOPYRAMIDE 100 MG CAPSULE	1		DOXEPIIN HCL 6 MG TABLET	2	QL
DISOPYRAMIDE 150 MG CAPSULE	1		DOXERCALCIFEROL 0.5 MCG CAP	1	
DISULFIRAM 250 MG TABLET	1		DOXERCALCIFEROL 1 MCG CAPSULE	1	
DISULFIRAM 500 MG TABLET	1		DOXERCALCIFEROL 2.5 MCG CAP	1	
DIVALPROEX DR 125 MG CAP SPRNK	1		DOXYCYCLINE 25 MG/5 ML SUSP	1	
DIVALPROEX DR 125 MG CP(SPRNK)	1		DOXYCYCLINE HYCLATE 100 MG CAP	1	
DIVALPROEX SOD DR 125 MG TAB	1		DOXYCYCLINE HYCLATE 100 MG TAB	1	
DIVALPROEX SOD DR 250 MG TAB	1		DOXYCYCLINE HYCLATE 20 MG TAB	1	
DIVALPROEX SOD DR 500 MG TAB	1		DOXYCYCLINE HYCLATE 50 MG CAP	1	
DIVALPROEX SOD ER 250 MG TAB	1		DOXYCYCLINE MONO 100 MG CAP	1	
DIVALPROEX SOD ER 500 MG TAB	1		DOXYCYCLINE MONO 100 MG TABLET	1	
DODEX 1,000 MCG/ML VIAL	1		DOXYCYCLINE MONO 150 MG CAP	1	
DODEX 10,000 MCG/10 ML VIAL	1		DOXYCYCLINE MONO 150 MG TABLET	1	
DODEX 30,000 MCG/30 ML VIAL	1		DOXYCYCLINE MONO 50 MG CAP	1	
DOFETILIDE 125 MCG CAPSULE	3	QL	DOXYCYCLINE MONO 50 MG TABLET	1	
			DOXYCYCLINE MONO 75 MG CAPSULE	1	
			DOXYCYCLINE MONO 75 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DRONABINOL 10 MG CAPSULE	3	
DRONABINOL 2.5 MG CAPSULE	3	
DRONABINOL 5 MG CAPSULE	3	
DROPLET 0.5 ML 29GX12.5MM(1/2)	2	
DROPLET 0.5 ML 30GX12.5MM(1/2)	2	
DROPLET INS 0.3 ML 29GX12.5MM	2	
DROPLET INS 0.3ML 30GX12.5MM	2	
DROPLET INS 0.5ML 30GX6MM(1/2)	2	
DROPLET INS 0.5ML 30GX8MM(1/2)	2	
DROPLET INS 0.5ML 31GX6MM(1/2)	2	
DROPLET INS 0.5ML 31GX8MM(1/2)	2	
DROPLET INS SYR 0.3 ML 30GX6MM	2	
DROPLET INS SYR 0.3 ML 30GX8MM	2	
DROPLET INS SYR 0.3 ML 31GX6MM	2	
DROPLET INS SYR 0.3 ML 31GX8MM	2	
DROPLET INS SYR 1 ML 30GX6MM	2	
DROPLET INS SYR 1 ML 30GX8MM	2	
DROPLET INS SYR 1 ML 31GX6MM	2	
DROPLET INS SYR 1 ML 31GX8MM	2	
DROPLET INS SYR 1ML 29GX12.5MM	2	
DROPLET INS SYR 1ML 30GX12.5MM	2	
DROPLET MICRON 34G X 9/64"	2	
DROPLET PEN NEEDLE 29GX1/2"	2	
DROPLET PEN NEEDLE 29GX3/8"	2	
DROPLET PEN NEEDLE 30GX5/16"	2	
DROPLET PEN NEEDLE 31GX1/4"	2	
DROPLET PEN NEEDLE 31GX3/16"	2	
DROPLET PEN NEEDLE 31GX5/16"	2	
DROPLET PEN NEEDLE 32GX1/4"	2	
DROPLET PEN NEEDLE 32GX3/16"	2	
DROPLET PEN NEEDLE 32GX5/16"	2	
DROPLET PEN NEEDLE 32GX5/32"	2	
DROPSAFE INS SYR 0.3ML 31G 6MM	2	
DROPSAFE INS SYR 0.3ML 31G 8MM	2	
DROPSAFE INS SYR 0.5ML 31G 6MM	2	
DROPSAFE INS SYR 0.5ML 31G 8MM	2	
DROPSAFE INSUL SYR 1ML 31G 6MM	2	
DROPSAFE INSUL SYR 1ML 31G 8MM	2	
DROPSAFE INSULN 1ML 29G 12.5MM	2	
DROPSAFE PEN NEEDLE 31GX1/4"	2	
DROPSAFE PEN NEEDLE 31GX3/16"	2	
DROPSAFE PEN NEEDLE 31GX5/16"	2	
DROSP-EE-LEVOMEF 3-0.02-0.451	1	
DROSP-EE-LEVOMEF 3-0.03-0.451	1	
DROSPIRENONE-EE 3-0.02 MG TAB	1	
DROSPIRENONE-EE 3-0.03 MG TAB	1	
DROXIA 200 MG CAPSULE	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DROXIA 300 MG CAPSULE	3	
DROXIA 400 MG CAPSULE	3	
DRUG MART ULTRA COMFORT SYR	2	
DUAVEE 0.45-20 MG TABLET	3	
DULERA 50 MCG-5 MCG INHALER	2	QL
DULERA 100 MCG-5 MCG INHALER	2	QL
DULERA 200 MCG-5 MCG INHALER	2	QL
DULOXETINE HCL DR 20 MG CAP	1	QL
DULOXETINE HCL DR 30 MG CAP	1	QL
DULOXETINE HCL DR 60 MG CAP	1	QL
DUPIXENT 100 MG/0.67 ML SYRING	4	PA, SRX
DUPIXENT 200 MG/1.14 ML PEN	4	PA, SRX
DUPIXENT 200 MG/1.14 ML SYRING	4	PA, SRX
DUPIXENT 300 MG/2 ML PEN	4	PA, SRX
DUPIXENT 300 MG/2 ML SYRINGE	4	PA, SRX
DUTASTERIDE 0.5 MG CAPSULE	1	
DUTASTERIDE-TAMSULOSIN 0.5-0.4	1	
EASIVENT HOLDING CHAMBER	2	QL
EASIVENT MASK-LARGE	2	QL
EASIVENT MASK-MEDIUM	2	QL
EASIVENT MASK-SMALL	2	QL
EASY COMFORT 0.3 ML SYRINGE	2	
EASY COMFORT 0.5 ML 30GX1/2"	2	
EASY COMFORT 0.5 ML 31GX5/16"	2	
EASY COMFORT 0.5 ML 32GX5/16"	2	
EASY COMFORT 0.5 ML SYRINGE	2	
EASY COMFORT 1 ML 31GX5/16"	2	
EASY COMFORT 1 ML 32GX5/16"	2	
EASY COMFORT INSULIN 1 ML SYR	2	
EASY COMFORT PEN ND 31GX1/4"	2	
EASY COMFORT PEN ND 31GX3/16"	2	
EASY COMFORT PEN ND 31GX5/16"	2	
EASY COMFORT PEN ND 32GX5/32"	2	
EASY COMFORT PEN ND 33G 4MM	2	
EASY COMFORT PEN ND 33G 5MM	2	
EASY COMFORT PEN ND 33G 6MM	2	
EASY COMFORT SYR 1 ML 30GX1/2"	2	
EASY GLIDE INS 0.3 ML 31GX6MM	2	
EASY GLIDE INS 0.5 ML 31GX6MM	2	
EASY GLIDE INS 1 ML 31GX6MM	2	
EASY GLIDE PEN NEEDLE 4MM 33G	2	
EASY PLUS II CONTROL SOLN HIGH	2	
EASY PLUS II CONTROL SOLN LOW	2	
EASY STEP CONTRL SOLN-HIGH	2	
EASY STEP CONTROL SOLN-LOW	2	
EASY STEP CONTROL SOLN-NORMAL	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)
EASY TALK CONTROL SOLN LOW	2		EASY TOUCH HYPODERMIC 20GX1"	2	
EASY TALK HIGH CONTROL SOLN	2		EASY TOUCH HYPODERMIC 20GX1.5"	2	
EASY TALK PLUS II HIGH CONTROL	2		EASY TOUCH HYPODERMIC 21GX1"	2	
EASY TALK PLUS II LOW CTRL SLN	2		EASY TOUCH HYPODERMIC 21GX1.5"	2	
EASY TOUCH 0.3 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 22GX1"	2	
EASY TOUCH 0.5 ML SYR 27GX1/2"	2		EASY TOUCH HYPODERMIC 22GX1.5"	2	
EASY TOUCH 0.5 ML SYR 29GX1/2"	2		EASY TOUCH HYPODERMIC 23GX1"	2	
EASY TOUCH 0.5 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 23GX1.25	2	
EASY TOUCH 0.5 ML SYR 30GX5/16	2		EASY TOUCH HYPODERMIC 23GX1.5"	2	
EASY TOUCH 1 ML SYR 27GX1/2"	2		EASY TOUCH HYPODERMIC 23GX3/4"	2	
EASY TOUCH 1 ML SYR 29GX1/2"	2		EASY TOUCH HYPODERMIC 24GX1"	2	
EASY TOUCH 1 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 24GX1.25	2	
EASY TOUCH BLU LINK CTRL SOLN	2		EASY TOUCH HYPODERMIC 25GX1"	2	
EASY TOUCH FLIPLK NDL 30GX5/16	2		EASY TOUCH HYPODERMIC 25GX1.5"	2	
EASY TOUCH FLIPLK NDL 31GX5/16	2		EASY TOUCH HYPODERMIC 25GX5/8"	2	
EASY TOUCH FLIPLK NDL 18GX1"	2		EASY TOUCH HYPODERMIC 26GX1/2"	2	
EASY TOUCH FLIPLK NDL 19GX1"	2		EASY TOUCH HYPODERMIC 26GX3/8"	2	
EASY TOUCH FLIPLK NDL 20GX1"	2		EASY TOUCH HYPODERMIC 26GX5/8"	2	
EASY TOUCH FLIPLK NDL 21GX1"	2		EASY TOUCH HYPODERMIC 27GX1.25	2	
EASY TOUCH FLIPLK NDL 22GX1	2		EASY TOUCH HYPODERMIC 27GX1.5"	2	
EASY TOUCH FLIPLK NDL 23GX1"	2		EASY TOUCH HYPODERMIC 27GX1/2"	2	
EASY TOUCH FLIPLK NDL 25GX1"	2		EASY TOUCH HYPODERMIC 30GX1"	2	
EASY TOUCH FLIPLK NDL 26GX1"	2		EASY TOUCH HYPODERMIC 30GX1/2"	2	
EASY TOUCH FLIPLK NDL 27GX1"	2		EASY TOUCH HYPODERMIC 31GX5/16	2	
EASY TOUCH FLIPLK NDL 18GX1.5	2		EASY TOUCH HYPODERMIC 32GX5/16	2	
EASY TOUCH FLIPLK NDL 19GX1.5	2		EASY TOUCH INSULIN 1ML 29GX1/2	2	
EASY TOUCH FLIPLK NDL 20GX1.5	2		EASY TOUCH INSULIN 1ML 30GX1/2	2	
EASY TOUCH FLIPLK NDL 21GX1.5	2		EASY TOUCH INSULIN SYR 0.3 ML	2	
EASY TOUCH FLIPLK NDL 22GX1.5	2		EASY TOUCH INSULIN SYR 0.5 ML	2	
EASY TOUCH FLIPLK NDL 22GX3/4	2		EASY TOUCH INSULIN SYR 1 ML	2	
EASY TOUCH FLIPLK NDL 23GX1.5	2		EASY TOUCH INSULIN 1ML 29GX1/2"	2	
EASY TOUCH FLIPLK NDL 23GX5/8	2		EASY TOUCH INSULIN 1ML 30GX1/2"	2	
EASY TOUCH FLIPLK NDL 25GX1.5	2		EASY TOUCH INSULIN 1ML 30GX5/16	2	
EASY TOUCH FLIPLK NDL 25GX5/8	2		EASY TOUCH INSULIN 1ML 31GX5/16	2	
EASY TOUCH FLIPLK NDL 26GX1/2	2		EASY TOUCH LUER LOK INSUL 1 ML	2	
EASY TOUCH FLIPLK NDL 27GX1/2	2		EASY TOUCH PEN NEEDLE 29GX1/2"	2	
EASY TOUCH FLIPLK NDL 28GX1/2	2		EASY TOUCH PEN NEEDLE 30GX5/16	2	
EASY TOUCH FLIPLK NDL 29GX1/2	2		EASY TOUCH PEN NEEDLE 31GX1/4"	2	
EASY TOUCH FLIPLK NDL 30GX1/2	2		EASY TOUCH PEN NEEDLE 31GX3/16	2	
EASY TOUCH HIGH-LOW CTRL SOLN	2		EASY TOUCH PEN NEEDLE 31GX5/16	2	
EASY TOUCH HYPODERMIC 16GX1"	2		EASY TOUCH PEN NEEDLE 32GX1/4"	2	
EASY TOUCH HYPODERMIC 16GX1.5"	2		EASY TOUCH PEN NEEDLE 32GX3/16	2	
EASY TOUCH HYPODERMIC 18GX1"	2		EASY TOUCH PEN NEEDLE 32GX5/32	2	
EASY TOUCH HYPODERMIC 18GX1.25	2		EASY TOUCH SAF PEN NDL 29G 5MM	2	
EASY TOUCH HYPODERMIC 18GX1.5"	2		EASY TOUCH SAF PEN NDL 29G 8MM	2	
EASY TOUCH HYPODERMIC 19GX1"	2		EASY TOUCH SAF PEN NDL 30G 5MM	2	
EASY TOUCH HYPODERMIC 19GX1.5"	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)
EASY TOUCH SAF PEN NDL 30G 8MM	2		EFAVIRENZ 200 MG CAPSULE	1	
EASY TOUCH SYR 0.5ML 27G12.7MM	2		EFAVIRENZ 50 MG CAPSULE	1	
EASY TOUCH SYR 0.5ML 28G12.7MM	2		EFAVIRENZ 600 MG TABLET	1	
EASY TOUCH SYR 0.5ML 29G12.7MM	2		EFAVIR-LAMIV-TENOF 400-300-300	1	QL
EASY TOUCH SYR 1 ML 27G 12.7MM	2		EFAVIR-LAMIV-TENOF 600-300-300	1	QL
EASY TOUCH SYR 1 ML 27G 16MM	2		EFFER-K 10 MEQ TABLET EFF	3	
EASY TOUCH SYR 1 ML 28G 12.7MM	2		EFFER-K 20 MEQ TABLET EFF	3	
EASY TOUCH SYR 1 ML 29G 12.7MM	2		ELEMENT COMPACT SOLN HIGH	2	
EASY TOUCH SYR 3 ML 22GX1-1/2"	2		ELEMENT COMPACT SOLN NORMAL	2	
EASY TOUCH SYR 3 ML 25GX5/8"	2		ELEMENT CONTROL SOLN NORMAL	2	
EASY TOUCH SYRINGE 3 ML 20GX1"	2		ELEMENT CONTROL SOLUTION HIGH	2	
EASY TOUCH SYRINGE 3 ML 21GX1"	2		ELEMENT CONTROL SOLUTION LOW	2	
EASY TOUCH SYRINGE 3 ML 22GX1"	2		ELETRIPTAN HBR 20 MG TABLET	1	QL
EASY TOUCH SYRINGE 3 ML 23GX1"	2		ELETRIPTAN HBR 40 MG TABLET	1	QL
EASY TOUCH SYRINGE 3 ML 25GX1"	2		ELINEST-28 TABLET	1	
EASY TOUCH UNI-SLIP SYR 1 ML	2		ELIQUIS 2.5 MG TABLET	2	PA, QL
EASY TRAK CONTROL SOLN HIGH	2		ELIQUIS 5 MG TABLET	2	PA, QL
EASY TRAK CONTROL SOLN LOW	2		ELIQUIS DVT-PE TREAT START 5MG	2	PA, QL
EASY TRAK II CONTROL SOLUTION	2		ELITE-OB CAPLET	1	
EASYGLUCO PLUS CTRL SOL NORMAL	2		ELLA 30 MG TABLET	3	
EASYMAX NORMAL CONTROL SOLN	2		ELMIRON 100 MG CAPSULE	3	
EASYMAX 15 LEVEL 2 SOLUTION	2		ELURYNG VAGINAL RING	1	
EASYPOINT NEEDLE 18G X 1"	2		EMBRACE GLUC CONTROL SOLN LOW	2	
EASYPOINT NEEDLE 18G X 1-1/2"	2		EMBRACE EVO LEVEL 1 CTRL SOLN	2	
EASYPOINT NEEDLE 20G X 1"	2		EMBRACE GLUC CONTROL SOLN LOW	2	
EASYPOINT NEEDLE 20G X 1-1/2"	2		EMBRACE PEN NEEDLE 29G 12MM	2	
EASYPOINT NEEDLE 21G X 1"	2		EMBRACE PEN NEEDLE 30G 5MM	2	
EASYPOINT NEEDLE 21G X 1-1/2"	2		EMBRACE PEN NEEDLE 30G 8MM	2	
EASYPOINT NEEDLE 22G X 1"	2		EMBRACE PEN NEEDLE 31G 5MM	2	
EASYPOINT NEEDLE 22G X 1-1/2"	2		EMBRACE PEN NEEDLE 31G 6MM	2	
EASYPOINT NEEDLE 23G X 1"	2		EMBRACE PEN NEEDLE 31G 8MM	2	
EASYPOINT NEEDLE 25G 16MM	2		EMBRACE PEN NEEDLE 32G 4MM	2	
EASYPOINT NEEDLE 25G X 1"	2		EMBRACE PRO CONTROL SOLUTION	2	
EASYPOINT NEEDLE 25G X 5/8"	2		EMBRACE TALK CTRL SOL-HIGH(L2)	2	
EASYPOINT NEEDLE 25GX1-1/2"	2		EMBRACE TALK CTRL SOLN-LOW(L1)	2	
EASY-TOUCH INS 1 ML 31GX5/16"	2		EMCYT 140 MG CAPSULE	4	SRX
EASYTOUCH SAF PEN NDL 30G 6MM	2		EMEND 125 MG POWDER PACKET	4	PA, QL, SRX
EC-NAPROXEN DR 375 MG TABLET	1		EMGALITY 120 MG/ML PEN	2	PA
EC-NAPROXEN DR 500 MG TABLET	1		EMGALITY 120 MG/ML SYRINGE	2	PA
ECONAZOLE NITRATE 1% CREAM	1		EMGALITY 300 MG (100 MG X3SYR)	2	PA
ECONTRA EZ 1.5 MG TABLET	1		EMOQUETTE 28 DAY TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1		EMTRICITABINE 200 MG CAPSULE	1	
ED-SPAZ 0.125 MG ODT	1		EMTRICITABINE-TENOFV 100-150MG	1	
EDURANT 25 MG TABLET	2		EMTRICITABINE-TENOFV 133-200MG	1	
EEMT DS 1.25-2.5 MG TABLET	1		EMTRICITABINE-TENOFV 167-250MG	1	
EEMT HS 0.625-1.25 MG TABLET	1		EMTRICITABINE-TENOFV 200-300MG	1	
EFAVIR-EMTRI-TENOF 600-200-300	1	QL	EMTRIVA 10 MG/ML SOLUTION	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)
EMVERM 100 MG TABLET CHEW	3		EPINASTINE HCL 0.05% EYE DROPS	1	
ENALAPRIL MALEATE 10 MG TAB	1		EPINEPHRINE 0.15 MG AUTO-INJECT	1	QL
ENALAPRIL MALEATE 2.5 MG TAB	1		EPINEPHRINE 0.3 MG AUTO-INJECT	1	QL
ENALAPRIL MALEATE 20 MG TAB	1		EPITOL 200 MG TABLET	1	
ENALAPRIL MALEATE 5 MG TABLET	1		EPIVIR HBV 25 MG/5 ML SOLN	4	SRX
ENALAPRIL-HCTZ 10-25 MG TABLET	1		EPLERENONE 25 MG TABLET	1	
ENALAPRIL-HCTZ 5-12.5 MG TAB	1		EPLERENONE 50 MG TABLET	1	
ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX	EPROSARTAN MESYLATE 600 MG TAB	1	
ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, SRX	EQL INS SYR 1 ML 29GX1/2"	2	
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX	EQL INSUL SYR 0.3 ML 31GX5/16"	2	
ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX	EQL INSUL SYR 0.5 ML 31GX5/16"	2	
ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX	EQL INSULIN 0.3 ML SYRINGE	2	
ENDARI 5 GRAM POWDER PACKET	4	PA, LDD, SRX	EQL INSULIN 0.5 ML SYRINGE	2	
ENDOCET 10-325 MG TABLET	1	PA	EQL INSULIN 1 ML SYRINGE	2	
ENDOCET 2.5-325 MG TABLET	1	PA	EQL INSULIN SYR 1 ML 31GX5/16"	2	
ENDOCET 5-325 MG TABLET	1	PA	EQL PEN 8MM 31G X 5/16" NEEDLE	2	
ENDOCET 7.5-325 MG TABLET	1	PA	ERGOLOID MESYLATES 1 MG TAB	1	
ENDOMETRIN 100 MG VAG INSERT	3	PA	ERIVEDGE 150 MG CAPSULE	4	PA, QL, LDD, SRX
ENGERIX-B 20 MCG/ML SYRN	2		ERLOTINIB HCL 100 MG TABLET	4	PA, LDD, SRX
ENGERIX-B 20 MCG/ML VIAL	2		ERLOTINIB HCL 150 MG TABLET	4	PA, LDD, SRX
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2		ERLOTINIB HCL 25 MG TABLET	4	PA, LDD, SRX
ENLITE SERTER	2		ERRIN 0.35 MG TABLET	1	
ENLYTE SOFTGEL	3		ERTACZO 2% CREAM	3	
ENOXAPARIN 100 MG/ML SYRINGE	4	QL, SRX	ERY 2% PADS	1	
ENOXAPARIN 120 MG/0.8 ML SYR	4	QL, SRX	ERYTHROCIN 250 MG TABLET	3	
ENOXAPARIN 150 MG/ML SYRINGE	4	QL, SRX	ERYTHROMYCIN 0.5% EYE OINTMENT	1	
ENOXAPARIN 30 MG/0.3 ML SYR	4	QL, SRX	ERYTHROMYCIN 2% GEL	1	
ENOXAPARIN 300 MG/3 ML VIAL	4	QL, SRX	ERYTHROMYCIN 2% SOLUTION	1	
ENOXAPARIN 40 MG/0.4 ML SYR	4	QL, SRX	ERYTHROMYCIN 200 MG/5 ML SUSP	1	
ENOXAPARIN 60 MG/0.6 ML SYR	4	QL, SRX	ERYTHROMYCIN 250 MG TABLET	1	
ENOXAPARIN 80 MG/0.8 ML SYR	4	QL, SRX	ERYTHROMYCIN 400 MG/5 ML SUSP	1	
ENPRESSE-28 TABLET	1		ERYTHROMYCIN 500 MG TABLET	1	
ENSKYCE 28 TABLET	1		ERYTHROMYCIN DR 250 MG CAP	1	
ENTACAPONE 200 MG TABLET	1		ERYTHROMYCIN ES 400 MG TAB	1	
ENTECAVIR 0.5 MG TABLET	4	SRX	ERYTHROMYCIN-BENZOYL GEL	1	
ENTECAVIR 1 MG TABLET	4	SRX	ESCITALOPRAM 10 MG TABLET	1	QL
ENTRESTO 24 MG-26 MG TABLET	2	QL	ESCITALOPRAM 20 MG TABLET	1	QL
ENTRESTO 49 MG-51 MG TABLET	2	QL	ESCITALOPRAM 5 MG TABLET	1	QL
ENTRESTO 97 MG-103 MG TABLET	2	QL	ESCITALOPRAM OXALATE 5 MG/5 ML	1	QL
ENULOSE 10 GM/15 ML SOLUTION	1		ESOMEPRAZOLE DR 10 MG PACKET	2	QL
EPCLUSA 150-37.5 MG PELLETT PKT	4	PA, QL, SRX	ESOMEPRAZOLE DR 20 MG PACKET	2	QL
EPCLUSA 200 MG-50 MG TABLET	4	PA, QL, SRX	ESOMEPRAZOLE DR 40 MG PACKET	2	QL
EPCLUSA 200-50 MG PELLETT PACK	4	PA, QL, SRX	ESOMEPRAZOLE MAG DR 20 MG CAP	1	QL
EPCLUSA 400 MG-100 MG TABLET	4	PA, QL, SRX	ESOMEPRAZOLE MAG DR 40 MG CAP	1	QL
EPIDIOLEX 100 MG/ML SOLN PACK	3	PA, LDD	ESOMEPRAZOLE DR 49.3 MG CAP	1	QL
EPIDIOLEX 100 MG/ML SOLUTION	3	PA, LDD	ESTARYLLA 0.25-0.035 MG TABLET	1	
EPIFOAM FOAM	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)
ESTAZOLAM 1 MG TABLET	1		EUTHYROX 125 MCG TABLET	1	
ESTAZOLAM 2 MG TABLET	1		EUTHYROX 137 MCG TABLET	1	
ESTRADIOL 0.025 MG PATCH(1/WK)	1	QL	EUTHYROX 150 MCG TABLET	1	
ESTRADIOL 0.025 MG PATCH(2/WK)	1	QL	EUTHYROX 175 MCG TABLET	1	
ESTRADIOL 0.0375MG PATCH(1/WK)	1	QL	EUTHYROX 200 MCG TABLET	1	
ESTRADIOL 0.0375MG PATCH(2/WK)	1	QL	EUTHYROX 25 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL	EUTHYROX 50 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL	EUTHYROX 75 MCG TABLET	1	
ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL	EUTHYROX 88 MCG TABLET	1	
ESTRADIOL 0.075 MG PATCH(1/WK)	1	QL	EVENCARE G2 CONTROL SOLUTION	2	
ESTRADIOL 0.075 MG PATCH(2/WK)	1	QL	EVENCARE G3 CONTROL SOLUTION	2	
ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL	EVEROLIMUS 0.25 MG TABLET	4	SRX
ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL	EVEROLIMUS 0.5 MG TABLET	4	SRX
ESTRADIOL 0.5 MG TABLET	1		EVEROLIMUS 0.75 MG TABLET	4	SRX
ESTRADIOL 1 MG TABLET	1		EVEROLIMUS 1 MG TABLET	4	SRX
ESTRADIOL 10 MCG VAGINAL INSRT	1	QL	EVEROLIMUS 10 MG TABLET	4	PA, QL, SRX
ESTRADIOL 2 MG TABLET	1		EVEROLIMUS 2 MG TAB FOR SUSP	4	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MG TB	1		EVEROLIMUS 2.5 MG TABLET	4	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	1		EVEROLIMUS 3 MG TAB FOR SUSP	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS F.S. TAB	1		EVEROLIMUS 5 MG TAB FOR SUSP	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS H.S. TAB	1		EVEROLIMUS 5 MG TABLET	4	PA, QL, SRX
ESZOPICLONE 1 MG TABLET	1		EVEROLIMUS 7.5 MG TABLET	4	PA, QL, SRX
ESZOPICLONE 2 MG TABLET	1		EVOLUTION CONTROL SOLUTION NORMAL	2	
ESZOPICLONE 3 MG TABLET	1		EVOTAZ 300 MG-150 MG TABLET	2	
ETHAMBUTOL HCL 100 MG TABLET	1		EXEL 3 ML SYRN 27G X 1 1/4"	2	
ETHAMBUTOL HCL 400 MG TABLET	1		EXEL HUBER 22GX3/4" NEEDLE	2	
ETHOSUXIMIDE 250 MG CAPSULE	1		EXEL HUBER NEEDLE 22GX1"	2	
ETHOSUXIMIDE 250 MG/5 ML SOLN	1		EXEL HYPO NEEDLE 16GX1"	2	
ETHYL CHLORIDE SPRAY	1		EXEL HYPO NEEDLE 18GX1"	2	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1		EXEL HYPO NEEDLE 18GX1.5"	2	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1		EXEL HYPO NEEDLE 19GX1"	2	
ETODOLAC 200 MG CAPSULE	1		EXEL HYPO NEEDLE 19GX1.5"	2	
ETODOLAC 300 MG CAPSULE	1		EXEL HYPO NEEDLE 20GX0.75"	2	
ETODOLAC 400 MG TABLET	1		EXEL HYPO NEEDLE 20GX1"	2	
ETODOLAC 500 MG TABLET	1		EXEL HYPO NEEDLE 20GX1.5"	2	
ETODOLAC ER 400 MG TABLET	1		EXEL HYPO NEEDLE 21GX1"	2	
ETODOLAC ER 500 MG TABLET	1		EXEL HYPO NEEDLE 21GX1.5"	2	
ETODOLAC ER 600 MG TABLET	1		EXEL HYPO NEEDLE 22GX0.75"	2	
ETONOGESTREL-EE VAGINAL RING	1		EXEL HYPO NEEDLE 22GX1"	2	
ETOPOSIDE 50 MG CAPSULE	4	SRX	EXEL HYPO NEEDLE 22GX1.5"	2	
ETRAVIRINE 100 MG TABLET	1		EXEL HYPO NEEDLE 23GX0.75"	2	
ETRAVIRINE 200 MG TABLET	1		EXEL HYPO NEEDLE 23GX1"	2	
EURAX 10% CREAM	3		EXEL HYPO NEEDLE 25GX0.625"	2	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25GX0.75"	2	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1"	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)
EXEL HYPO NEEDLE 25GX1.5"	2		FANAPT 2 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 26GX0.375"	2		FANAPT 4 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 26GX0.5"	2		FANAPT 6 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 26GX0.625"	2		FANAPT 8 MG TABLET	3	QL, ST
EXEL HYPO NEEDLE 26GX1.5"	2		FANAPT TITRATION PACK	3	QL, ST
EXEL HYPO NEEDLE 27GX0.5"	2		FARXIGA 10 MG TABLET	2	QL
EXEL HYPO NEEDLE 30GX0.5"	2		FARXIGA 5 MG TABLET	2	QL
EXEL INS SYR U100 1 ML 28GX1/2	2		FEBUXOSTAT 40 MG TABLET	3	QL
EXEL MTI DRAWING NDL 20GX1"	2		FEBUXOSTAT 80 MG TABLET	3	QL
EXEL MTI DRAWING NDL 21GX1"	2		FELBAMATE 400 MG TABLET	3	
EXEL MTI DRAWING NDL 22GX1"	2		FELBAMATE 600 MG TABLET	3	
EXEL SYRINGE 20GX1" 3 ML	2		FELBAMATE 600 MG/5 ML SUSP	3	
EXEL SYRINGE 20GX1-1/2" 3 ML	2		FELODIPINE ER 10 MG TABLET	1	
EXEL SYRINGE 21GX1" 3 ML	2		FELODIPINE ER 2.5 MG TABLET	1	
EXEL SYRINGE 21GX1-1/2" 3 ML	2		FELODIPINE ER 5 MG TABLET	1	
EXEL SYRINGE 22GX1" 3 ML	2		FEM PH VAGINAL JELLY	1	
EXEL SYRINGE 22GX1-1/2" 3 ML	2		FEMYNOR 28 TABLET	1	
EXEL SYRINGE 22GX3/4" 3 ML	2		FENOFIBRATE 120 MG TABLET	1	
EXEL SYRINGE 23GX1" 3 ML	2		FENOFIBRATE 130 MG CAPSULE	1	
EXEL SYRINGE 25GX1" 3 ML	2		FENOFIBRATE 134 MG CAPSULE	1	
EXEL U100 0.3 ML 29GX1/2"	2		FENOFIBRATE 145 MG TABLET	1	
EXEL U100 0.3 ML 30GX5/16"	2		FENOFIBRATE 150 MG CAPSULE	1	
EXEL U100 0.5 ML 28GX1/2"	2		FENOFIBRATE 160 MG TABLET	1	
EXEL U100 0.5 ML 29GX1/2"	2		FENOFIBRATE 200 MG CAPSULE	1	
EXEL U100 0.5 ML 30GX5/16"	2		FENOFIBRATE 40 MG TABLET	1	
EXEL U100 1 ML 30GX5/16"	2		FENOFIBRATE 43 MG CAPSULE	1	
EXEL U100 INS SYR 1 ML 29GX1/2	2		FENOFIBRATE 48 MG TABLET	1	
EXEMESTANE 25 MG TABLET	1		FENOFIBRATE 50 MG CAPSULE	1	
EXTENDED RESERVOIR 3 ML	2		FENOFIBRATE 54 MG TABLET	1	
EZETIMIBE 10 MG TABLET	1		FENOFIBRATE 67 MG CAPSULE	1	
EZETIMIBE-SIMVASTATIN 10-10 MG	1		FENOFIBRIC ACID 105 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-20 MG	1		FENOFIBRIC ACID 35 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-40 MG	1		FENOFIBRIC ACID DR 135 MG CAP	1	
EZETIMIBE-SIMVASTATIN 10-80 MG	1		FENOFIBRIC ACID DR 45 MG CAP	1	
EZ-VAC	2		FENOPROFEN 600 MG TABLET	1	
FACTIVE 320 MG TABLET	3		FENTANYL 100 MCG/HR PATCH	1	PA
FALMINA-28 TABLET	1		FENTANYL 12 MCG/HR PATCH	1	PA
FAMCICLOVIR 125 MG TABLET	1		FENTANYL 25 MCG/HR PATCH	1	PA
FAMCICLOVIR 250 MG TABLET	1		FENTANYL 37.5 MCG/HR PATCH	1	PA
FAMCICLOVIR 500 MG TABLET	1		FENTANYL 50 MCG/HR PATCH	1	PA
FAMOTIDINE 20 MG TABLET	1		FENTANYL 62.5 MCG/HR PATCH	1	PA
FAMOTIDINE 40 MG TABLET	1		FENTANYL 75 MCG/HR PATCH	1	PA
FAMOTIDINE 40 MG/5 ML SUSP	1		FENTANYL 87.5 MCG/HR PATCH	1	PA
FANAPT 1 MG TABLET	3	QL, ST	FENTANYL CIT OTFC 1,200 MCG	3	PA
FANAPT 10 MG TABLET	3	QL, ST	FENTANYL CIT OTFC 1,600 MCG	3	PA
FANAPT 12 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 200 MCG	3	PA

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FENTANYL CITRATE OTFC 400 MCG	3	PA
FENTANYL CITRATE OTFC 600 MCG	3	PA
FENTANYL CITRATE OTFC 800 MCG	3	PA
FERRIPROX 100 MG/ML SOLUTION	3	PA, LDD
FESOTERODINE ER 4 MG TABLET	3	QL
FESOTERODINE ER 8 MG TABLET	3	QL
FETZIMA 20-40 MG TITRATION PAK	3	QL, ST
FETZIMA ER 120 MG CAPSULE	3	QL, ST
FETZIMA ER 20 MG CAPSULE	3	QL, ST
FETZIMA ER 40 MG CAPSULE	3	QL, ST
FETZIMA ER 80 MG CAPSULE	3	QL, ST
FIFTY50 GLUCOSE CONTROL SOLN	2	
FIFTY50 INS 0.3 ML 31GX5/16"	2	
FIFTY50 INS 0.5 ML 31GX5/16"	2	
FIFTY50 INS SYR 1 ML 31GX5/16"	2	
FIFTY50 PEN 31G X 3/16" NEEDLE	2	
FIFTY50 PEN 31G X 5/16" NEEDLE	2	
FIFTY50 PEN NEEDLE 32G X 1/4"	2	
FIFTY50 PEN NEEDLE 32G X 5/32"	2	
FILTER ASPIRATOR NEEDLE	2	
FILTER NEEDLE	2	
FILTER NEEDLE 19GX1-1/2"	2	
FILTER NEEDLE 5 MICRON	2	
FINASTERIDE 5 MG TABLET	1	
FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX
FINZALA 1-0.02(24)-75 CHEW TAB	1	
FIRVANQ 25 MG/ML SOLUTION	2	QL
FIRVANQ 50 MG/ML SOLUTION	2	QL
FLAC OTIC OIL 0.01% EAR DROP	1	
FLAVOXATE HCL 100 MG TABLET	1	
FLECAINIDE ACETATE 100 MG TAB	1	
FLECAINIDE ACETATE 150 MG TAB	1	
FLECAINIDE ACETATE 50 MG TAB	1	
FLEXICHAMBER	2	QL
FLEXICHAMBER-LG CHILD MASK	2	QL
FLEXICHAMBER-SM ADULT MASK	2	QL
FLEXICHAMBER-SM CHILD MASK	2	QL
FLOVENT 100 MCG DISKUS	2	QL
FLOVENT 250 MCG DISKUS	2	QL
FLOVENT 50 MCG DISKUS	2	QL
FLOVENT HFA 110 MCG INHALER	2	QL
FLOVENT HFA 220 MCG INHALER	2	QL
FLOVENT HFA 44 MCG INHALER	2	QL
FLOW-EZE VENTED NEEDLE	2	
FLUAD QUAD	2	
FLUARIX QUAD	2	
FLUBLOK QUAD	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FLUCELVAX QUAD	2	
FLUCONAZOLE 10 MG/ML SUSP	1	
FLUCONAZOLE 100 MG TABLET	1	
FLUCONAZOLE 150 MG TABLET	1	
FLUCONAZOLE 200 MG TABLET	1	
FLUCONAZOLE 40 MG/ML SUSP	1	
FLUCONAZOLE 50 MG TABLET	1	
FLUCYTOSINE 250 MG CAPSULE	3	
FLUCYTOSINE 500 MG CAPSULE	3	
FLUDROCORTISONE 0.1 MG TABLET	1	
FLULAVAL QUAD	2	
FLUMIST QUAD	2	
FLUNISOLIDE 0.025% SPRAY	1	
FLUOCINOLONE 0.01% BODY OIL	1	
FLUOCINOLONE 0.01% CREAM	1	
FLUOCINOLONE 0.01% SCALP OIL	1	
FLUOCINOLONE 0.01% SOLUTION	1	
FLUOCINOLONE 0.025% CREAM	1	
FLUOCINOLONE 0.025% OINTMENT	1	
FLUOCINOLONE OIL 0.01% EAR DRP	1	
FLUOCINONIDE 0.05% CREAM	1	
FLUOCINONIDE 0.05% GEL	1	
FLUOCINONIDE 0.05% OINTMENT	1	
FLUOCINONIDE 0.05% SOLUTION	1	
FLUOCINONIDE 0.1% CREAM	1	
FLUOCINONIDE-E 0.05% CREAM	1	
FLUORIDEX DAILY DEFENSE	1	
FLUORIDEX SENSITIV RLF PASTE	1	
FLUOROMETHOLONE 0.1% DROPS	1	
FLUOROURACIL 0.5% CREAM	3	
FLUOROURACIL 2% TOPICAL SOLN	1	
FLUOROURACIL 5% CREAM	1	
FLUOROURACIL 5% TOPICAL SOLN	1	
FLUOXETINE 20 MG/5 ML SOLUTION	1	QL
FLUOXETINE DR 90 MG CAPSULE	1	QL
FLUOXETINE HCL 10 MG CAPSULE	1	QL
FLUOXETINE HCL 20 MG CAPSULE	1	QL
FLUOXETINE HCL 40 MG CAPSULE	1	QL
FLUPHENAZINE 1 MG TABLET	1	
FLUPHENAZINE 10 MG TABLET	1	
FLUPHENAZINE 2.5 MG TABLET	1	
FLUPHENAZINE 2.5 MG/5 ML ELIX	1	
FLUPHENAZINE 5 MG TABLET	1	
FLUPHENAZINE 5 MG/ML CONC	1	
FLURANDRENOLIDE 0.05% CREAM	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)
FLURANDRENOLIDE 0.05% LOTION	3		FOSINOPRIL SODIUM 20 MG TAB	1	
FLURANDRENOLIDE 0.05% OINTMENT	3		FOSINOPRIL SODIUM 40 MG TAB	1	
FLURBIPROFEN 100 MG TABLET	1		FOSINOPRIL-HCTZ 10-12.5 MG TAB	1	
FLURBIPROFEN 0.03% EYE DROP	1		FOSINOPRIL-HCTZ 20-12.5 MG TAB	1	
FLUTAMIDE 125 MG CAPSULE	1		FOSRENOL 1,000 MG POWDER PACK	3	
FLUTICASON PROP 0.005% OINT	1		FOSRENOL 750 MG POWDER PACKET	3	
FLUTICASON PROP 0.05% CREAM	1		FRAGMIN 10,000 UNIT/4 ML VIAL	4	QL, SRX
FLUTICASON PROP 0.05% LOTION	1		FRAGMIN 10,000 UNIT/ML SYRINGE	4	QL, SRX
FLUTICASON PROP 50 MCG SPRAY	1		FRAGMIN 12,500 UNIT/0.5 ML SYR	4	QL, SRX
FLUTICASON-SALMETEROL 100-50	1	QL	FRAGMIN 15,000 UNIT/0.6 ML SYR	4	QL, SRX
FLUTICASON-SALMETEROL 250-50	1	QL	FRAGMIN 18,000 UNIT/0.72 ML	4	QL, SRX
FLUTICASON-SALMETEROL 500-50	1	QL	FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL, SRX
FLUVASTATIN ER 80 MG TABLET	1		FRAGMIN 5,000 UNIT/0.2 ML SYR	4	QL, SRX
FLUVASTATIN SODIUM 20 MG CAP	1		FRAGMIN 7,500 UNIT/0.3 ML SYR	4	QL, SRX
FLUVASTATIN SODIUM 40 MG CAP	1		FRAGMIN 95,000 UNIT/3.8 ML VL	4	QL, SRX
FLUVOXAMINE ER 100 MG CAPSULE	1	QL	FREESTYLE CONTROL SOLUTION	2	
FLUVOXAMINE ER 150 MG CAPSULE	1	QL	FREESTYLE LIBRE 10 DAY READER	2	PA, QL
FLUVOXAMINE MALEATE 100 MG TAB	1	QL	FREESTYLE LIBRE 10 DAY SENSOR	2	PA, QL
FLUVOXAMINE MALEATE 25 MG TAB	1	QL	FREESTYLE LIBRE 14 DAY READER	2	PA, QL
FLUVOXAMINE MALEATE 50 MG TAB	1	QL	FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL
FLUZONE HIGH-DOSE QUAD	2		FREESTYLE LIBRE 2 READER	2	PA, QL
FLUZONE QUAD	2		FREESTYLE LIBRE 2 SENSOR	2	PA, QL
FOLIC ACID 1 MG TABLET	1		FREESTYLE LIBRE 3 SENSOR	2	PA, QL
FOLIVANE-OB CAPSULE	1		FREESTYLE PREC 0.5 ML 30GX5/16	2	
FOLLISTIM AQ 300 UNIT CARTRIDG	4	PA, SRX	FREESTYLE PREC 0.5 ML 31GX5/16	2	
FOLLISTIM AQ 600 UNIT CARTRIDG	4	PA, SRX	FREESTYLE PREC 1 ML 30GX5/16"	2	
FOLLISTIM AQ 900 UNIT CARTRIDG	4	PA, SRX	FREESTYLE PREC 1 ML 31GX5/16"	2	
FONDAPARINUX 10 MG/0.8 ML SYR	4	QL, SRX	FROVATRIPTAN SUCC 2.5 MG TAB	1	QL
FONDAPARINUX 2.5 MG/0.5 ML SYR	4	QL, SRX	FUROSEMIDE 10 MG/ML SOLUTION	1	
FONDAPARINUX 5 MG/0.4 ML SYR	4	QL, SRX	FUROSEMIDE 20 MG TABLET	1	
FONDAPARINUX 7.5 MG/0.6 ML SYR	4	QL, SRX	FUROSEMIDE 40 MG TABLET	1	
FORA HIGH CONTROL SOLUTION	2		FUROSEMIDE 40 MG/5 ML SOLN	1	
FORA KETONE CONTROL SOLN-L1	2		FUROSEMIDE 80 MG TABLET	1	
FORA LOW CONTROL SOLUTION	2		FUZEON 90 MG VIAL	4	LDD, SRX
FORA NORMAL CONTROL SOLUTION	2		FYAVOLV 0.5 MG-2.5 MCG TABLET	1	
FORACARE GDH HIGH CONTROL SOLN	2		FYAVOLV 1 MG-5 MCG TABLET	1	
FORACARE GDH LOW CONTROL SOLN	2		FYCOMPA 10 MG TABLET	3	PA, QL
FORACARE GDH NORM CONTROL SOLN	2		FYCOMPA 12 MG TABLET	3	PA, QL
FORMOTEROL 20 MCG/2 ML NEB VL	3	QL	FYCOMPA 2 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN HIGH	2		FYCOMPA 4 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN LOW	2		FYCOMPA 6 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN NORMAL	2		FYCOMPA 8 MG TABLET	3	PA, QL
FOSAMPRENAVIR 700 MG TABLET	1		GABAPENTIN 100 MG CAPSULE	1	
FOSFOMYCIN 3 GM SACHET	2		GABAPENTIN 250 MG/5 ML SOLN	1	
FOSINOPRIL SODIUM 10 MG TAB	1		GABAPENTIN 300 MG CAPSULE	1	
			GABAPENTIN 300 MG/6 ML SOLN	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)
GABAPENTIN 400 MG CAPSULE	1		GIANVI 3 MG-0.02 MG TABLET	1	
GABAPENTIN 600 MG TABLET	1		GILOTRIF 20 MG TABLET	4	PA, QL, LDD, SRX
GABAPENTIN 800 MG TABLET	1		GILOTRIF 30 MG TABLET	4	PA, QL, LDD, SRX
GALANTAMINE ER 16 MG CAPSULE	1	QL	GILOTRIF 40 MG TABLET	4	PA, QL, LDD, SRX
GALANTAMINE ER 24 MG CAPSULE	1	QL	GLATIRAMER 20 MG/ML SYRINGE	4	PA, SRX
GALANTAMINE ER 8 MG CAPSULE	1	QL	GLATIRAMER 40 MG/ML SYRINGE	4	PA, SRX
GALANTAMINE HBR 12 MG TABLET	1		GLATOPA 20 MG/ML SYRINGE	4	PA, SRX
GALANTAMINE HBR 4 MG TABLET	1		GLATOPA 40 MG/ML SYRINGE	4	PA, SRX
GALANTAMINE HBR 8 MG TABLET	1		GLEOSTINE 10 MG CAPSULE	3	PA
GALANTAMINE 4 MG/ML ORAL SOLN	1		GLEOSTINE 100 MG CAPSULE	3	PA
GALZIN 25 MG CAPSULE	3		GLEOSTINE 40 MG CAPSULE	3	PA
GALZIN 50 MG CAPSULE	3		GLIMEPIRIDE 1 MG TABLET	1	
GARDASIL 9 SYRINGE	2		GLIMEPIRIDE 2 MG TABLET	1	
GARDASIL 9 VIAL	2		GLIMEPIRIDE 4 MG TABLET	1	
GATIFLOXACIN 0.5% EYE DROPS	1		GLIPIZIDE 10 MG TABLET	1	
GATTEX 5 MG 30-VIAL KIT	4	PA, LDD, SRX	GLIPIZIDE 5 MG TABLET	1	
GATTEX 5 MG ONE-VIAL KIT	4	PA, LDD, SRX	GLIPIZIDE ER 10 MG TABLET	1	
GATTEX 5 MG VIAL	4	PA, LDD, SRX	GLIPIZIDE ER 2.5 MG TABLET	1	
GAVILYTE-C	1		GLIPIZIDE ER 5 MG TABLET	1	
GAVILYTE-G	1		GLIPIZIDE XL 10 MG TABLET	1	
GAVILYTE-N	1		GLIPIZIDE XL 2.5 MG TABLET	1	
GE100 CONTROL SOLUTION NORMAL	2		GLIPIZIDE XL 5 MG TABLET	1	
GEFITINIB 250 MG TABLET	4	PA, QL, SRX	GLIPIZIDE-METFORMIN 2.5-250 MG	1	
GEMFIBROZIL 600 MG TABLET	1		GLIPIZIDE-METFORMIN 2.5-500 MG	1	
GEMMILY 1 MG-20 MCG CAPSULE	1		GLIPIZIDE-METFORMIN 5-500 MG	1	
GENERLAC 10 GM/15 ML SOLUTION	1		GLUCAGON 1 MG EMERGENCY KIT	2	QL
GENGRAF 100 MG CAPSULE	1		GLUCOCARD 01 CONTROL SOLUTION	2	
GENGRAF 100 MG/ML SOLUTION	1		GLUCOCARD EXPRESSION	2	
GENGRAF 25 MG CAPSULE	1		GLUCOCARD SHINE	2	
GENOTROPIN 12 MG CARTRIDGE	4	PA, SRX	GLUCOCOM AUTOLINK	2	
GENOTROPIN 5 MG CARTRIDGE	4	PA, SRX	GLUCOCOM CONTROL SOLUTION	2	
GENOTROPIN MINIQUICK 0.2 MG	4	PA, SRX	GLUCOSE CONTROL SOLN NORMAL	2	
GENOTROPIN MINIQUICK 0.4 MG	4	PA, SRX	GLUCOSE CONTROL SOLUTION	2	
GENOTROPIN MINIQUICK 0.6 MG	4	PA, SRX	GLYBURIDE 1.25 MG TABLET	1	
GENOTROPIN MINIQUICK 0.8 MG	4	PA, SRX	GLYBURIDE 2.5 MG TABLET	1	
GENOTROPIN MINIQUICK 1 MG	4	PA, SRX	GLYBURIDE 5 MG TABLET	1	
GENOTROPIN MINIQUICK 1.2 MG	4	PA, SRX	GLYBURIDE MICRO 1.5 MG TAB	1	
GENOTROPIN MINIQUICK 1.4 MG	4	PA, SRX	GLYBURIDE MICRO 3 MG TABLET	1	
GENOTROPIN MINIQUICK 1.6 MG	4	PA, SRX	GLYBURIDE MICRO 6 MG TABLET	1	
GENOTROPIN MINIQUICK 1.8 MG	4	PA, SRX	GLYBURIDE-METFORMIN 2.5-500 MG	1	
GENOTROPIN MINIQUICK 2 MG	4	PA, SRX	GLYBURIDE-METFORMIN 5-500 MG	1	
GENTAK 0.3 % EYE OINTMENT	1		GLYBURID-METFORMIN 1.25-250 MG	1	
GENTAMICIN 0.1% CREAM	1		GLYCINE 1.5% IRRIGATION	1	
GENTAMICIN 0.1% OINTMENT	1		GLYCOPYRROLATE 1 MG TABLET	1	
GENTAMICIN 0.3% EYE DROP	1		GLYCOPYRROLATE 2 MG TABLET	1	
GENVOYA TABLET	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)
GLYDO 2% JELLY SYRINGE	1		GS PEN NEEDLE 31G X 8MM	2	
GNP ALCOHOL SWAB	2		GS PEN NEEDLE 32G X 4MM	2	
GNP CLICKFINE 31G X 1/4" NDL	2		GS PEN NEEDLE 32G X 6MM	2	
GNP CLICKFINE 31G X 5/16" NDL	2		GUANFACINE 1 MG TABLET	1	
GNP EASY TOUCH HIGH-LOW SOLN	2		GUANFACINE 2 MG TABLET	1	
GNP INS SYR 0.3 ML 29GX1/2"	2		GUANFACINE HCL ER 1 MG TABLET	1	QL
GNP INS SYRINGE 1 ML 28G 1/2"	2		GUANFACINE HCL ER 2 MG TABLET	1	QL
GNP INSUL SYR 0.3 ML 31GX5/16"	2		GUANFACINE HCL ER 3 MG TABLET	1	QL
GNP INSUL SYR 0.5 ML 31GX5/16"	2		GUANFACINE HCL ER 4 MG TABLET	1	QL
GNP INSULIN SYR 1 ML 31GX5/16"	2		GUARDIAN RT CHARGER	2	
GNP ULT C 0.3ML 29GX1/2" (1/2)	2		GUARDIAN RT REPLACE TEST PLUG	2	
GNP ULT CMFRT 0.5 ML 29GX1/2"	2		GUARDIAN RT STARTER KIT	2	
GNP ULTICARE PEN NDL 31G 5MM	2		GUARDIAN RT SYSTEM	2	
GNP ULTICARE PEN NDL 31G 8MM	2		GUARDIAN TEST PLUG	2	
GNP ULTICARE PEN NDL 32G 4MM	2		GUARDIAN TRANSMITTER TAPE	2	
GNP ULTICARE PEN NDL 32G 6MM	2		GYNAZOLE 1	1	
GNP ULTIGUARD SAFEPACK 31G 5MM	2		HAILEY 21 1.5 MG-30 MCG TAB	1	
GNP ULTIGUARD SAFEPACK 31G 8MM	2		HAILEY 24 FE 1 MG-20 MCG TAB	1	
GNP ULTIGUARD SAFEPACK 32G 4MM	2		HAILEY FE 1.5-30 TABLET	1	
GNP ULTIGUARD SAFEPACK 32G 6MM	2		HAILEY FE 1-20 TABLET	1	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	2		HALCINONIDE 0.1% CREAM	3	
GNP ULTR CMFRT 0.5 ML 30GX5/16	2		HALOBETASOL PROP 0.05% CREAM	1	
GNP ULTR COMFORT 1 ML 29GX1/2"	2		HALOBETASOL PROP 0.05% OINTMNT	1	
GNP ULTRA COMFORT 0.5 ML SYR	2		HALOETTE VAGINAL RING	1	
GNP ULTRA COMFORT 1 ML SYRINGE	2		HALOPERIDOL 0.5 MG TABLET	1	
GNP ULTRA COMFORT 3/10 ML SYR	2		HALOPERIDOL 1 MG TABLET	1	
GNP ULTRA COMFRT 1 ML 28GX1/2"	2		HALOPERIDOL 10 MG TABLET	1	
GOJJI GLUCOSE CONTROL SOLUTION	2		HALOPERIDOL 2 MG TABLET	1	
GOJJI KETONE CONTROL SOLUTION	2		HALOPERIDOL 20 MG TABLET	1	
GONAL-F 1,050 UNITS VIAL	4	PA, SRX	HALOPERIDOL 5 MG TABLET	1	
GONAL-F 450 UNITS VIAL	4	PA, SRX	HALOPERIDOL LAC 10 MG/5 ML CUP	1	
GONAL-F RFF 75 UNIT VIAL	4	PA, SRX	HALOPERIDOL LAC 2 MG/ML CONC	1	
GONAL-F RFF REDI-JECT 300 UNIT	4	PA, SRX	HARVONI 33.75-150 MG PELLETT PK	4	PA, QL, SRX
GONAL-F RFF REDI-JECT 450 UNIT	4	PA, SRX	HARVONI 45-200 MG PELLETT PACKT	4	PA, QL, SRX
GONAL-F RFF REDI-JECT 900 UNIT	4	PA, SRX	HARVONI 45-200 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 0.1 MG/ML VIAL	3		HARVONI 90-400 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 1 MG TABLET	3		HAVRIX 1,440 UNIT/ML SYRINGE	2	
GRANISETRON HCL 1 MG/ML VIAL	3		HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
GRANISETRON HCL 4 MG/4 ML VIAL	3		HEALTHPRO GLUCOSE CONTROL SOLN	2	
GRISEOFULVIN 125 MG/5 ML SUSP	1		HEALTHWISE INS 0.3ML 30GX5/16"	2	
GRISEOFULVIN MICRO 500 MG TAB	1		HEALTHWISE INS 0.3ML 31GX5/16"	2	
GRISEOFULVIN ULTRA 125 MG TAB	1		HEALTHWISE INS 0.5ML 30GX5/16"	2	
GRISEOFULVIN ULTRA 250 MG TAB	1		HEALTHWISE INS 0.5ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 5/16"	2		HEALTHWISE INS 1 ML 30GX5/16"	2	
GS PEN NEEDLE 31G X 5MM	2		HEALTHWISE INS 1 ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 6MM	2		HEALTHWISE PEN NEEDLE 31G 5MM	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)
HEALTHWISE PEN NEEDLE 31G 8MM	2		HUMIRA(CF) PEN 80 MG/0.8 ML	4	PA, QL, SRX
HEALTHWISE PEN NEEDLE 32G 4MM	2		HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA, QL, SRX
HEALTHY ACCENTS PENTIP 4MM 32G	2		HUMIRA(CF) PEN PEDI UC 80 MG	4	PA, QL, LDD, SRX
HEALTHY ACCENTS PENTIP 5MM 31G	2		HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA, QL, SRX
HEALTHY ACCENTS PENTIP 6MM 31G	2		HUMULIN 70/30 KWIKPEN	2	QL
HEALTHY ACCENTS PENTIP 8MM 31G	2		HUMULIN 70-30 VIAL	2	QL
HEALTHY ACCENTS PENTIP 12MM 29G	2		HUMULIN N 100 UNIT/ML KWIKPEN	2	QL
HEATHER 0.35 MG TABLET	1		HUMULIN N 100 UNIT/ML VIAL	2	QL
HEB UNIFINE PNTPL PLUS 31GX3/16	2		HUMULIN R 100 UNIT/ML VIAL	2	QL
HEMA-COMBISTIX	2		HUMULIN R 500 UNIT/ML KWIKPEN	2	QL
HEMMOREX-HC 25 MG SUPPOSITORY	1		HUMULIN R 500 UNIT/ML VIAL	2	QL
HEMMOREX-HC 30 MG SUPPOSITORY	1		HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX
HEPARIN SOD 5,000 UNIT/0.5 ML	1		HYCAMTIN 1 MG CAPSULE	4	PA, SRX
HEPARIN SOD 5,000 UNIT/ML SYRG	1		HYDRALAZINE 10 MG TABLET	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2		HYDRALAZINE 100 MG TABLET	1	
HER STYLE 1.5 MG TABLET	1		HYDRALAZINE 25 MG TABLET	1	
HIBERIX VACCINE VIAL	2		HYDRALAZINE 50 MG TABLET	1	
HIBERIX VACCINE WITH DILUENT	2		HYDROCHLOROTHIAZIDE 12.5 MG CP	1	
HM ULTICARE PEN NEEDLE 4MM 32G	2		HYDROCHLOROTHIAZIDE 12.5 MG TB	1	
HM ULTICARE PEN NEEDLE 5MM 31G	2		HYDROCHLOROTHIAZIDE 25 MG TAB	1	
HM ULTICARE PEN NEEDLE 6MM 31G	2		HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HM ULTICARE PEN NEEDLE 8MM 31G	2		HYDROCODONE ER 100 MG TABLET	1	PA
HOMATROPAIRE 5% EYE DROPS	1		HYDROCODONE ER 120 MG TABLET	1	PA
HOMATROPINE 5% EYE DROPS	1		HYDROCODONE ER 20 MG TABLET	1	PA
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL	HYDROCODONE ER 30 MG TABLET	1	PA
HUMALOG 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 40 MG TABLET	1	PA
HUMALOG 100 UNIT/ML VIAL	2	QL	HYDROCODONE ER 60 MG TABLET	1	PA
HUMALOG 200 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 80 MG TABLET	1	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-300 MG	1	PA
HUMALOG MIX 50-50 VIAL	2	QL	HYDROCODONE-ACETAMIN 10-325 MG	1	PA
HUMALOG MIX 50-50 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-325/15	1	PA
HUMALOG MIX 75-25 VIAL	2	QL	HYDROCODONE-ACETAMIN 2.5-108/5	1	PA
HUMALOG MIX 75-25 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 5-217/10	1	PA
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL	HYDROCODONE-ACETAMIN 5-300 MG	1	PA
HUMATROPE 12 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 5-325 MG	1	PA
HUMATROPE 24 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-300	1	PA
HUMATROPE 6 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-325	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA, QL, SRX	HYDROCODONE-ACETAMIN 7.5-325/15	1	PA
HUMIRA PEN 40 MG/0.8 ML	4	PA, QL, SRX	HYDROCODONE-CHLORPHEN ER SUSP	1	
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5-1.5	1	QL
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE SOLN	1	QL
HUMIRA(CF) 10 MG/0.1 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10-200	1	PA
HUMIRA(CF) 20 MG/0.2 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG	1	PA
HUMIRA(CF) 40 MG/0.4 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 7.5-200	1	PA
HUMIRA(CF) PEDI CROHN 80-40 MG	4	PA, QL, LDD, SRX	HYDROCORTISON-ACETIC ACID SOLN	1	
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	PA, QL, LDD, SRX	HYDROCORTISONE 1% CREAM	1	
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA, QL, SRX	HYDROCORTISONE 1% OINTMENT	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)
HYDROCORTISONE 10 MG TABLET	1		HYPO NEEDLE,POLYPROPYL HUB	2	
HYDROCORTISONE 100 MG/60 ML	1		HYPODERMIC NEEDLE,ALUM HUB	2	
HYDROCORTISONE 2.5% CREAM	1		HYRIMOZ	4	PA, QL, SRX
HYDROCORTISONE 2.5% LOTION	1		IBANDRONATE SODIUM 150 MG TAB	1	
HYDROCORTISONE 2.5% OINTMENT	1		IBRANCE 100 MG CAPSULE	4	PA, QL, LDD, SRX
HYDROCORTISONE 20 MG TABLET	1		IBRANCE 100 MG TABLET	4	PA, QL, LDD, SRX
HYDROCORTISONE 5 MG TABLET	1		IBRANCE 125 MG CAPSULE	4	PA, QL, LDD, SRX
HYDROCORTISONE AC 25 MG SUPP	1		IBRANCE 125 MG TABLET	4	PA, QL, LDD, SRX
HYDROCORTISONE AC 30 MG SUPP	1		IBRANCE 75 MG CAPSULE	4	PA, QL, LDD, SRX
HYDROCORTISONE BUTY 0.1% CREAM	1		IBRANCE 75 MG TABLET	4	PA, QL, LDD, SRX
HYDROCORTISONE BUTYR 0.1% OINT	1		IBU 400 MG TABLET	1	
HYDROCORTISONE BUTYR 0.1% SOLN	1		IBU 600 MG TABLET	1	
HYDROCORTISONE VAL 0.2% CREAM	1		IBU 800 MG TABLET	1	
HYDROCORTISONE VAL 0.2% OINTMT	1		IBUPROFEN 100 MG/5 ML SUSP	2	
HYDROMET 5 MG-1.5 MG/5 ML SOLN	1	QL	IBUPROFEN 400 MG TABLET	1	
HYDROMORPHONE 1 MG/ML SOLUTION	1	PA	IBUPROFEN 600 MG TABLET	1	
HYDROMORPHONE 2 MG TABLET	1	PA	IBUPROFEN 800 MG TABLET	1	
HYDROMORPHONE 3 MG SUPPOS	1	PA	ICATIBANT 30 MG/3 ML SYRINGE	4	PA, LDD, SRX
HYDROMORPHONE 4 MG TABLET	1	PA	ICLEVIA 0.15 MG-0.03 MG TABLET	1	
HYDROMORPHONE 5 MG/5 ML SOLN	1	PA	ICLUSIG 10 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE 8 MG TABLET	1	PA	ICLUSIG 15 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 12 MG TAB	1	PA	ICLUSIG 30 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 16 MG TAB	1	PA	ICLUSIG 45 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 32 MG TAB	1	PA	ICOSAPENT ETHYL 0.5 GM CAPSULE	3	PA
HYDROMORPHONE HCL ER 8 MG TAB	1	PA	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	PA
HYDROXYCHLOROQUINE 200 MG TAB	1		ICOSAPENT ETHYL 500 MG CAPSULE	3	PA
HYDROXYUREA 500 MG CAPSULE	1		ILARIS 150 MG/ML VIAL	4	PA, LDD, SRX
HYDROXYZINE 10 MG/5 ML SOLN	1		IMATINIB MESYLATE 100 MG TAB	4	PA, QL, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	1		IMATINIB MESYLATE 400 MG TAB	4	PA, QL, SRX
HYDROXYZINE HCL 10 MG TABLET	1		IMBRUVICA 140 MG CAPSULE	4	PA, QL, LDD, SRX
HYDROXYZINE HCL 25 MG TABLET	1		IMBRUVICA 140 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE HCL 50 MG TABLET	1		IMBRUVICA 280 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 100 MG CAP	1		IMBRUVICA 420 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 25 MG CAP	1		IMBRUVICA 560 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 50 MG CAP	1		IMBRUVICA 70 MG CAPSULE	4	PA, QL, LDD, SRX
HYOPHEN	1		IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG ODT	1		IMIPRAMINE HCL 10 MG TABLET	1	
HYOSCYAMINE 0.125 MG TAB SL	1		IMIPRAMINE HCL 25 MG TABLET	1	
HYOSCYAMINE 0.125 MG/5 ML ELIX	1		IMIPRAMINE HCL 50 MG TABLET	1	
HYOSCYAMINE 0.125 MG/ML DROP	1		IMIPRAMINE PAMOATE 100 MG CAP	2	
HYOSCYAMINE ER 0.375 MG TAB	1		IMIPRAMINE PAMOATE 125 MG CAP	2	
HYOSCYAMINE SULF 0.125 MG TAB	1		IMIPRAMINE PAMOATE 150 MG CAP	2	
HYOSCYAMINE SR 0.375 MG TAB	1		IMIPRAMINE PAMOATE 75 MG CAP	2	
HYOSYNE 0.125 MG/ML DROP	1		IMIQUIMOD 5% CREAM PACKET	1	
HYOSYNE 125 MCG/5 ML ELIXIR	1		INCASSIA 0.35 MG TABLET	1	
			IN-CHECK NASAL WITH MASK	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)
IN-CHECK ORAL FLOW METER	2		INSULIN 1 ML SYRINGE	2	
INCONTROL PEN NEEDLE 12MM 29G	2		INSULIN 1/2 ML SYRINGE	2	
INCONTROL PEN NEEDLE 4MM 32G	2		INSULIN 3/10 ML SYRINGE	2	
INCONTROL PEN NEEDLE 5MM 31G	2		INSULIN ASPART 100 UNIT/ML VL	3	QL, ST
INCONTROL PEN NEEDLE 6MM 31G	2		INSULIN ASPART 100 UNIT/ML CRT	3	QL, ST
INCONTROL PEN NEEDLE 8MM 31G	2		INSULIN ASPART 100 UNIT/ML PEN	3	QL, ST
INCONTROL ULTICARE NDL 31G 6MM	2		INSULIN ASPART PRO MIX70-30 PN	3	QL, ST
INCONTROL ULTICARE NDL 31G 8MM	2		INSULIN ASPART PRO MIX70-30 VL	3	QL, ST
INCONTROL ULTICARE NDL 32G 4MM	2		INSULIN CARTRIDGE 3 ML	2	
INCRELEX 40 MG/4 ML VIAL	4	PA, LDD, SRX	INSULIN SYR 0.3 ML 30GX5/16"	2	
INCRUSE ELLIPTA 62.5 MCG INH	2		INSULIN SYR 0.3ML 31GX1/4(1/2)	2	
INDAPAMIDE 1.25 MG TABLET	1		INSULIN SYRIN 0.3 ML 29GX1/2"	2	
INDAPAMIDE 2.5 MG TABLET	1		INSULIN SYRIN 0.3 ML 30GX1/2"	2	
INDOMETHACIN 25 MG CAPSULE	1		INSULIN SYRIN 0.3 ML 30GX5/16"	2	
INDOMETHACIN 50 MG CAPSULE	1		INSULIN SYRIN 0.3 ML 31GX5/16"	2	
INDOMETHACIN ER 75 MG CAPSULE	1		INSULIN SYRIN 0.5 ML 28G 1/2"	2	
INFANRIX DTAP SYRINGE	2		INSULIN SYRIN 0.5 ML 28GX1/2"	2	
INFANRIX DTAP VIAL	2		INSULIN SYRIN 0.5 ML 29GX1/2"	2	
INFINITY CONTROL SOLN HIGH	2		INSULIN SYRIN 0.5 ML 30G 1/2"	2	
INFINITY CONTROL SOLN LOW	2		INSULIN SYRIN 0.5 ML 30G 5/16"	2	
INFINITY CONTROL SOLN NORMAL	2		INSULIN SYRIN 0.5 ML 30GX1/2"	2	
INFINITY VOICE CTRL SOLN-LVL 2	2		INSULIN SYRIN 0.5 ML 30GX5/16"	2	
INFUSION SET 23"	2		INSULIN SYRIN 0.5 ML 31G 5/16"	2	
INFUSION SET 23" 6MM	2		INSULIN SYRIN 0.5 ML 31GX5/16"	2	
INFUSION SET 23" 9MM	2		INSULIN SYRIN 1 ML 29GX1/2"	2	
INFUSION SET 43"	2		INSULIN SYRING 0.5 ML 27G 1/2"	2	
INFUSION SET 43" 6MM	2		INSULIN SYRING 0.5 ML 27G 13MM	2	
INFUSION SET 43" 9MM	2		INSULIN SYRING 0.5 ML 27GX1/2"	2	
INJECT-EASE	2		INSULIN SYRING 0.5 ML 28G 1/2"	2	
INLYTA 1 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29G 1/2"	2	
INLYTA 5 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29GX1/2"	2	
INPEN (FOR HUMALOG) BLUE	2		INSULIN SYRINGE 0.3 ML	2	
INPEN (FOR HUMALOG) GREY	2		INSULIN SYRINGE 0.3 ML 31GX1/4	2	
INPEN (FOR HUMALOG) PINK	2		INSULIN SYRINGE 0.5 ML	2	
INPEN (NOVOLOG OR FIASP) BLUE	2		INSULIN SYRINGE 0.5 ML 31GX1/4	2	
INPEN (NOVOLOG OR FIASP) GREY	2		INSULIN SYRINGE 1 ML	2	
INPEN (NOVOLOG OR FIASP) PINK	2		INSULIN SYRINGE 1 ML 27G 1/2"	2	
INSET 30 INFUSION SET	2		INSULIN SYRINGE 1 ML 27G 13MM	2	
INSET INFUSION SET 23" 6MM	2		INSULIN SYRINGE 1 ML 27GX1/2"	2	
INSET INFUSION SET 23" 9MM	2		INSULIN SYRINGE 1 ML 28G 1/2"	2	
INSPIRACHAMBER	2	QL	INSULIN SYRINGE 1 ML 28G 13MM	2	
INSPIRACHAMBER WITH MASK-LARGE	2	QL	INSULIN SYRINGE 1 ML 28GX1/2"	2	
INSPIRACHAMBER WITH MASK-MED	2	QL	INSULIN SYRINGE 1 ML 29G 1/2"	2	
INSPIRACHAMBER WITH MASK-SMALL	2	QL	INSULIN SYRINGE 1 ML 29GX1/2"	2	
INSUL-CAP	2		INSULIN SYRINGE 1 ML 30G 1/2"	2	
INSUL-EZE	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)
INSULIN SYRINGE 1 ML 30G 5/16"	2		ISONIAZID 50 MG/5 ML SOLUTION	1	
INSULIN SYRINGE 1 ML 30GX1/2"	2		ISOSORBIDE DINITRATE 10 MG TAB	1	
INSULIN SYRINGE 1 ML 30GX5/16"	2		ISOSORBIDE DINITRATE 20 MG TAB	1	
INSULIN SYRINGE 1 ML 31G 5/16"	2		ISOSORBIDE DINITRATE 30 MG TAB	1	
INSULIN SYRINGE 1 ML 31GX1/4"	2		ISOSORBIDE DINITRATE 5 MG TAB	1	
INSULIN SYRINGE 1 ML 31GX5/16"	2		ISOSORBIDE MONONIT 10 MG TAB	1	
INSUPEN 30G ULTRAFIN NEEDLE	2		ISOSORBIDE MONONIT 20 MG TAB	1	
INSUPEN 31G ULTRAFIN NEEDLE	2		ISOSORBIDE MONONIT ER 120 MG	1	
INSUPEN 32G 6MM PEN NEEDLE	2		ISOSORBIDE MONONIT ER 30 MG TB	1	
INSUPEN 32G 8MM PEN NEEDLE	2		ISOSORBIDE MONONIT ER 60 MG TB	1	
INSUPEN PEN NEEDLE 29GX1/2"	2		ISOTRETINOIN 10 MG CAPSULE	3	
INSUPEN PEN NEEDLE 29GX12MM	2		ISOTRETINOIN 20 MG CAPSULE	3	
INSUPEN PEN NEEDLE 30GX8MM	2		ISOTRETINOIN 30 MG CAPSULE	3	
INSUPEN PEN NEEDLE 31G 5MM	2		ISOTRETINOIN 40 MG CAPSULE	3	
INSUPEN PEN NEEDLE 31G 8MM	2		ISOXSUPRINE 10 MG TABLET	1	
INSUPEN PEN NEEDLE 31GX3/16"	2		ISOXSUPRINE 20 MG TABLET	1	
INSUPEN PEN NEEDLE 31GX5/16"	2		ISRADIPINE 2.5 MG CAPSULE	1	
INSUPEN PEN NEEDLE 31GX6MM	2		ISRADIPINE 5 MG CAPSULE	1	
INSUPEN PEN NEEDLE 31GX8MM	2		ITRACONAZOLE 10 MG/ML SOLUTION	2	
INSUPEN PEN NEEDLE 32G 4MM	2		ITRACONAZOLE 100 MG CAPSULE	2	QL
INSUPEN PEN NEEDLE 32GX4MM	2		ITRACONAZOLE 100 MG/10 ML CUP	2	
INSUPEN PEN NEEDLE 32GX5/32"	2		IV PREP ANTISEPTIC WIPES	2	
INSUPEN PEN NEEDLE 32GX6MM	2		IVERMECTIN 0.5% LOTION	3	
INSUPEN PEN NEEDLE 32GX8MM	2		IVERMECTIN 3 MG TABLET	1	PA
INSUPEN PEN NEEDLE 33GX4MM	2		JAIMIESS	1	
INTELENCE 25 MG TABLET	2		JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX
INTROVALE	1		JAKAFI 15 MG TABLET	4	PA, QL, LDD, SRX
INVIRASE 500 MG TABLET	3		JAKAFI 20 MG TABLET	4	PA, QL, LDD, SRX
IPOL VIAL	2		JAKAFI 25 MG TABLET	4	PA, QL, LDD, SRX
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1		JAKAFI 5 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.03% SPRAY	1		JANSSEN COVID-19 VACCINE (EUA)	2	
IPRATROPIUM 0.06% SPRAY	1		JANTOVEN 1 MG TABLET	1	
IPRATROPIUM BR 0.02% SOLN	1		JANTOVEN 10 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1		JANTOVEN 4 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1		JANTOVEN 5 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	2		JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG TABLET CHEW	2		JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 25 MG TABLET CHEW	2		JASMIEL 3 MG-0.02 MG TABLET	1	
ISENTRESS 400 MG TABLET	2		JENCYCLA 0.35 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	2		JINTELI 1 MG-5 MCG TABLET	1	
ISIBLOOM 28 DAY TABLET	1		JOLESSA	1	
ISONIAZID 100 MG TABLET	1		JULEBER 28 DAY TABLET	1	
ISONIAZID 300 MG TABLET	1		JULUCA	2	QL
			JUNEL 1 MG-20 MCG 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)
JUNEL 1.5 MG-30 MCG TABLET	1		KRO PEN NEEDLE 4MM X 32G	2	
JUNEL FE 1 MG-20 MCG TABLET	1		KRO PEN NEEDLE 4MM X 33G	2	
JUNEL FE 1.5 MG-30 MCG TABLET	1		KRO PEN NEEDLE 5MM X 31G	2	
JUNEL FE 24 TABLET	1		KRO PEN NEEDLE 6MM X 31G	2	
KAITLIB FE 0.8-0.025MG CHEW TB	1		KRO PEN NEEDLE 8MM X 31G	2	
KALLIGA 28 DAY TABLET	1		KROGER INS SYR 0.3 ML 30GX5/16	2	
KARIVA 28 DAY TABLET	1		KROGER INS SYR 0.5 ML 29GX1/2"	2	
KELNOR 1-35 28 TABLET	1		KROGER INS SYR 1 ML 29GX1/2"	2	
KELNOR 1-50 TABLET	1		KROGER INS SYR 1 ML 31GX5/16"	2	
KETOCONAZOLE 2% CREAM	1		KROGER PEN NEEDLES 31G X 5/16"	2	
KETOCONAZOLE 2% SHAMPOO	1		KROGER SYR 0.5 ML 30GX5/16"	2	
KETOCONAZOLE 200 MG TABLET	1		KROGER SYRING 0.3 ML 31GX5/16"	2	
KETO-DIASTIX REAGENT STRIPS	2		KURVELO-28 TABLET	1	
CVS KETONE CARE TEST STRIP	2		KYNMOBI 10 MG SL FILM	4	PA, QL, SRX
KETONE TEST STRIP	2		KYNMOBI 15 MG SL FILM	4	PA, QL, SRX
KETOPROFEN 50 MG CAPSULE	1		KYNMOBI 20 MG SL FILM	4	PA, QL, SRX
KETOPROFEN 75 MG CAPSULE	1		KYNMOBI 25 MG SL FILM	4	PA, QL, SRX
KETOPROFEN ER 200 MG CAPSULE	1		KYNMOBI 30 MG SL FILM	4	PA, QL, SRX
KETOROLAC 0.4% OPTH SOLUTION	1		LABETALOL HCL 100 MG TABLET	1	
KETOROLAC 0.5% OPTH SOLUTION	1		LABETALOL HCL 200 MG TABLET	1	
KETOROLAC 10 MG TABLET	1	QL	LABETALOL HCL 300 MG TABLET	1	
KETOSTIX REAGENT STRIP	2		LABSTIX REAGENT	2	
KINERET 100 MG/0.67 ML SYRINGE	4	PA, QL, LDD, SRX	LACOSAMIDE 10 MG/ML SOLUTION	2	QL
KINRAY INS SYR 1 ML 31GX5/16"	2		LACOSAMIDE 100 MG TABLET	2	QL
KINRAY SYRING 0.3 ML 31GX5/16"	2		LACOSAMIDE 150 MG TABLET	2	QL
KINRAY SYRING 0.5 ML 31GX5/16"	2		LACOSAMIDE 200 MG TABLET	2	QL
KINRIX TIP-LOK SYRINGE	2		LACOSAMIDE 50 MG TABLET	2	QL
KINRIX VIAL	2		LACRISERT 5 MG EYE INSERT	3	
KIONEX 15 GM/60 ML SUSPENSION	1		LACTATED RINGERS IRRIGATION	1	
KISQALI 200 MG DAILY DOSE	4	PA, QL, SRX	LACTULOSE 10 GM/15 ML SOLUTION	1	
KISQALI 400 MG DAILY DOSE	4	PA, QL, SRX	LACTULOSE 20 GM/30 ML SOLUTION	1	
KISQALI 600 MG DAILY DOSE	4	PA, QL, SRX	LAMIVUDINE 10 MG/ML ORAL SOLN	1	
KLOR-CON 10 MEQ TABLET	1		LAMIVUDINE 150 MG TABLET	1	
KLOR-CON 20 MEQ PACKET	1		LAMIVUDINE 300 MG TABLET	1	
KLOR-CON 8 MEQ TABLET	1		LAMIVUDINE HBV 100 MG TABLET	1	
KLOR-CON M10 TABLET	1		LAMIVUDINE-ZIDOVUDINE TABLET	1	
KLOR-CON M15 TABLET	3		LAMOTRIGINE (BLUE)	1	
KLOR-CON M20 TABLET	1		LAMOTRIGINE (GREEN)	1	
KMART VALU PLUS SYR 1/2 ML	2		LAMOTRIGINE (ORANGE)	1	
KOMBIGLYZE XR 2.5-1,000 MG TAB	2	QL	LAMOTRIGINE 100 MG TABLET	1	
KOMBIGLYZE XR 5-1,000 MG TAB	2	QL	LAMOTRIGINE 150 MG TABLET	1	
KOMBIGLYZE XR 5-500 MG TABLET	2	QL	LAMOTRIGINE 200 MG TABLET	1	
K-PHOS NO.2	3		LAMOTRIGINE 25 MG DISPER TAB	1	
K-PHOS ORIGINAL TABLET	3		LAMOTRIGINE 25 MG TABLET	1	
KRO INS SYR 0.3 ML 29GX1/2"	2		LAMOTRIGINE 5 MG DISPER TABLET	1	
KRO INS SYRIN 0.5 ML 31GX5/16"	2		LAMOTRIGINE ER 100 MG TABLET	1	
KRO INSULIN SYR 1 ML 30GX5/16"	2				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LAMOTRIGINE ER 200 MG TABLET	1	
LAMOTRIGINE ER 25 MG TABLET	1	
LAMOTRIGINE ER 250 MG TABLET	1	
LAMOTRIGINE ER 300 MG TABLET	1	
LAMOTRIGINE ER 50 MG TABLET	1	
LAMOTRIGINE ODT (BLUE)	1	
LAMOTRIGINE ODT (GREEN)	1	
LAMOTRIGINE ODT (ORANGE)	1	
LAMOTRIGINE ODT 100 MG TABLET	1	
LAMOTRIGINE ODT 200 MG TABLET	1	
LAMOTRIGINE ODT 25 MG TABLET	1	
LAMOTRIGINE ODT 50 MG TABLET	1	
LANSOPRAZOL-AMOXICIL-CLARITHRO	1	
LANSOPRAZOLE DR 15 MG CAPSULE	1	QL
LANSOPRAZOLE DR 30 MG CAPSULE	1	QL
LANTHANUM CARB 1,000 MG TB CHW	3	
LANTHANUM CARB 500 MG TAB CHEW	3	
LANTHANUM CARB 750 MG TAB CHEW	3	
LAPATINIB	4	PA, QL, SRX
LARIN 1.5 MG-30 MCG TABLET	1	
LARIN 21 1-20 TABLET	1	
LARIN 24 FE 1 MG-20 MCG TABLET	1	
LARIN FE 1.5-30 TABLET	1	
LARIN FE 1-20 TABLET	1	
LARISSIA	1	
LATANOPROST 0.005% EYE DROPS	1	
LAYOLIS FE	3	
LEADER INS SYR 0.3 ML 29GX1/2"	2	
LEADER INS SYR 0.5 ML 28GX1/2"	2	
LEADER INS SYR 0.5 ML 29GX1/2"	2	
LEADER INS SYR 0.5 ML 30GX1/2"	2	
LEADER INS SYR 1 ML 28GX1/2"	2	
LEADER INS SYR 1 ML 29GX1/2"	2	
LEADER INS SYR 1 ML 30GX5/16"	2	
LEADER INS SYR 1 ML 31GX5/16"	2	
LEADER INSULIN SYRINGE 0.3 ML	2	
LEADER PEN NEEDLES 12MM 29G	2	
LEADER SYRING 0.3 ML 31GX5/16"	2	
LEADER SYRING 0.5 ML 31GX5/16"	2	
LEDIPASVIR-SOFOSBUVIR	4	PA, QL, SRX
LEENA 28 TABLET	1	
LEFLUNOMIDE 10 MG TABLET	1	
LEFLUNOMIDE 20 MG TABLET	1	
LENALIDOMIDE 10 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 15 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 20 MG CAPSULE	4	PA, QL, LDD, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LENALIDOMIDE 25 MG CAPSULE	4	PA, QL, LDD, SRX
LENALIDOMIDE 5 MG CAPSULE	4	PA, QL, LDD, SRX
LENVIMA 10 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 12 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 14 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 18 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 20 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 24 MG DAILY DOSE	4	PA, QL, LDD, SRX
LENVIMA 4 MG CAPSULE	4	PA, QL, LDD, SRX
LENVIMA 8 MG DAILY DOSE	4	PA, QL, LDD, SRX
LESSINA-28 TABLET	1	
LETROZOLE 2.5 MG TABLET	1	
LEUCOVORIN CALCIUM 10 MG TAB	1	
LEUCOVORIN CALCIUM 15 MG TAB	1	
LEUCOVORIN CALCIUM 25 MG TAB	1	
LEUCOVORIN CALCIUM 5 MG TAB	1	
LEUKERAN 2 MG TABLET	3	
LEUKINE 250 MCG VIAL	4	SRX
LEUPROLIDE 2WK 14 MG/2.8 ML KT	4	PA, SRX
LEVALBUTEROL 0.31 MG/3 ML SOL	1	
LEVALBUTEROL 0.63 MG/3 ML SOL	1	
LEVALBUTEROL 1.25 MG/3 ML SOL	1	
LEVALBUTEROL CONC 1.25 MG/0.5	1	
LEVALBUTEROL TARTRATE HFA	1	QL
LEVEMIR 100 UNIT/ML VIAL	3	QL, ST
LEVEMIR FLEXPEN 100 UNIT/ML	3	QL, ST
LEVEMIR FLEXTOUCH 100 UNIT/ML	3	QL, ST
LEVETIRACETAM 1,000 MG TABLET	1	
LEVETIRACETAM 1,000 MG/10 ML	1	
LEVETIRACETAM 100 MG/ML SOLN	1	
LEVETIRACETAM 250 MG TABLET	1	
LEVETIRACETAM 500 MG TABLET	1	
LEVETIRACETAM 500 MG/5 ML CUP	1	
LEVETIRACETAM 500 MG/5 ML SOLN	1	
LEVETIRACETAM 750 MG TABLET	1	
LEVETIRACETAM ER 500 MG TABLET	1	
LEVETIRACETAM ER 750 MG TABLET	1	
LEVOBUNOLOL 0.5% EYE DROPS	1	
LEVOCARNITINE 1 G/10 ML SOLN	1	
LEVOCARNITINE 330 MG TABLET	1	
LEVOCARNITINE SF	1	
LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	
LEVOCETIRIZINE 5 MG TABLET	1	
LEVOFLOXACIN 0.5% EYE DROPS	1	
LEVOFLOXACIN 1.5% EYE DROPS	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	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)
LEVOFLOXACIN 250 MG TABLET	1		LEVOXYL 25 MCG TABLET	1	
LEVOFLOXACIN 500 MG TABLET	1		LEVOXYL 50 MCG TABLET	1	
LEVOFLOXACIN 750 MG TABLET	1		LEVOXYL 75 MCG TABLET	1	
LEVONEST-28 TABLET	1		LEVOXYL 88 MCG TABLET	1	
LEVONO-E ESTRAD 0.15-0.03-0.01	1		LEVULAN KERASTICK 20%	3	LDD
LEVONOR-E ESTRAD 0.1-0.02-0.01	1		LEXIVA 50 MG/ML SUSPENSION	2	
LEVONOR-ETH ESTRA 0.09-0.02 MG	1		LIDOCAINE 2% VISCOUS SOLN	1	
LEVONOR-ETH ESTRAD 0.1-0.02 MG	1		LIDOCAINE 5% OINTMENT	1	QL
LEVONOR-ETH ESTRAD 0.15-0.03	1		LIDOCAINE 5% PATCH	1	
LEVONOR-ETH ESTRAD TRIPHASIC	1		LIDOCAINE HCL 2% JEL UROJET AC	1	
LEVONORG 0.15MG-EE 20-25-30MCG	1		LIDOCAINE HCL 2% JELLY	1	
LEVONORGESTREL 1.5 MG TABLET	1		LIDOCAINE HCL 2% JELLY URO-JET	1	
LEVORA-28 TABLET	1		LIDOCAINE HCL 4% SOLUTION	1	
LEVORPHANOL 2 MG TABLET	4	PA, SRX	LIDOCAINE-PRILOCAINE CREAM	1	
LEVORPHANOL 3 MG TABLET	4	PA, SRX	LIFESHIELD BLUNT CANNULA	2	
LEVO-T 100 MCG TABLET	1		LILLOW	1	
LEVO-T 112 MCG TABLET	1		LINDANE	1	
LEVO-T 125 MCG TABLET	1		LINEZOLID 100 MG/5 ML SUSP	3	PA
LEVO-T 137 MCG TABLET	1		LINEZOLID 600 MG TABLET	1	PA
LEVO-T 150 MCG TABLET	1		LINZESS 145 MCG CAPSULE	3	QL
LEVO-T 175 MCG TABLET	1		LINZESS 290 MCG CAPSULE	3	QL
LEVO-T 200 MCG TABLET	1		LINZESS 72 MCG CAPSULE	3	QL
LEVO-T 25 MCG TABLET	1		LIOTHYRONINE SOD 25 MCG TAB	1	
LEVO-T 300 MCG TABLET	1		LIOTHYRONINE SOD 5 MCG TAB	1	
LEVO-T 50 MCG TABLET	1		LIOTHYRONINE SOD 50 MCG TAB	1	
LEVO-T 75 MCG TABLET	1		LISINAPRIL 10 MG TABLET	1	
LEVO-T 88 MCG TABLET	1		LISINAPRIL 2.5 MG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1		LISINAPRIL 20 MG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1		LISINAPRIL 30 MG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1		LISINAPRIL 40 MG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1		LISINAPRIL 5 MG TABLET	1	
LEVOTHYROXINE 150 MCG TABLET	1		LISINAPRIL-HCTZ 10-12.5 MG TAB	1	
LEVOTHYROXINE 175 MCG TABLET	1		LISINAPRIL-HCTZ 20-12.5 MG TAB	1	
LEVOTHYROXINE 200 MCG TABLET	1		LISINAPRIL-HCTZ 20-25 MG TAB	1	
LEVOTHYROXINE 25 MCG TABLET	1		LITE TOUCH 31GX1/4" PEN NEEDLE	2	
LEVOTHYROXINE 300 MCG TABLET	1		LITE TOUCH INSULIN 0.5 ML SYR	2	
LEVOTHYROXINE 50 MCG TABLET	1		LITE TOUCH INSULIN 1 ML SYR	2	
LEVOTHYROXINE 75 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.3 ML	2	
LEVOTHYROXINE 88 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.5 ML	2	
LEVOXYL 100 MCG TABLET	1		LITE TOUCH INSULIN SYR 1 ML	2	
LEVOXYL 112 MCG TABLET	1		LITE TOUCH PEN NEEDLE 29G	2	
LEVOXYL 125 MCG TABLET	1		LITE TOUCH PEN NEEDLE 31G	2	
LEVOXYL 137 MCG TABLET	1		LITEAIRE	2	QL
LEVOXYL 150 MCG TABLET	1		LITETOUCH INS 0.3 ML 29GX1/2"	2	
LEVOXYL 175 MCG TABLET	1		LITETOUCH INS 0.3 ML 30GX5/16"	2	
LEVOXYL 200 MCG TABLET	1		LITETOUCH INS 0.3 ML 31GX5/16"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LITETOUCH INS 0.5 ML 31GX5/16"	2	
LITETOUCH LARGE MASK	2	QL
LITETOUCH MEDIUM MASK	2	QL
LITETOUCH SMALL MASK	2	QL
LITETOUCH SYR 0.5 ML 28GX1/2"	2	
LITETOUCH SYR 0.5 ML 29GX1/2"	2	
LITETOUCH SYR 0.5 ML 30GX5/16"	2	
LITETOUCH SYRIN 1 ML 28GX1/2"	2	
LITETOUCH SYRIN 1 ML 29GX1/2"	2	
LITETOUCH SYRIN 1 ML 30GX5/16"	2	
LITHIUM CARBONATE 150 MG CAP	1	
LITHIUM CARBONATE 300 MG CAP	1	
LITHIUM CARBONATE 300 MG TAB	1	
LITHIUM CARBONATE 600 MG CAP	1	
LITHIUM CARBONATE ER 300 MG TB	1	
LITHIUM CARBONATE ER 450 MG TB	1	
LITHOSTAT 250 MG TABLET	3	
LIVE BETTER PEN NEEDLES 8MM	2	
LO LOESTRIN FE	2	
LOJAIMIESS	1	
LOKELMA 10 GRAM POWDER PACKET	3	
LOKELMA 5 GRAM POWDER PACKET	3	
LOPERAMIDE 2 MG CAPSULE	1	
LOPINAVIR-RITONAVIR 80-20MG/ML	1	
LOPINAVIR-RITONAVIR 100-25MG TB	1	
LOPINAVIR-RITONAVIR 200-50MG TB	1	
LORAZEPAM 0.5 MG TABLET	1	
LORAZEPAM 1 MG TABLET	1	
LORAZEPAM 2 MG TABLET	1	
LORAZEPAM 2 MG/ML ORAL CONCENT	1	
LORAZEPAM INTENSOL	1	
LORCET 5-325 MG TABLET	1	PA
LORCET HD	1	PA
LORCET PLUS 7.5-325 MG TABLET	1	PA
LORTAB	1	PA
LORYNA 3 MG-0.02 MG TABLET	1	
LOSARTAN POTASSIUM 100 MG TAB	1	
LOSARTAN POTASSIUM 25 MG TAB	1	
LOSARTAN POTASSIUM 50 MG TAB	1	
LOSARTAN-HCTZ 100-12.5 MG TAB	1	
LOSARTAN-HCTZ 100-25 MG TAB	1	
LOSARTAN-HCTZ 50-12.5 MG TAB	1	
LOTEPREDNOL 0.5% OPHTHALMC GEL	2	
LOTEPREDNOL ETABONATE 0.5% DRP	2	
LOVASTATIN 10 MG TABLET	1	
LOVASTATIN 20 MG TABLET	1	
LOVASTATIN 40 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LOW-OGESTREL-28 TABLET	1	
LOXAPINE 10 MG CAPSULE	1	
LOXAPINE 25 MG CAPSULE	1	
LOXAPINE 5 MG CAPSULE	1	
LOXAPINE 50 MG CAPSULE	1	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	
LUBIPROSTONE 24 MCG CAPSULE	3	
LUBIPROSTONE 8 MCG CAPSULE	3	
LUCEMYRA 0.18 MG TABLET	2	
LURASIDONE HCL 120 MG TABLET	3	QL
LURASIDONE HCL 20 MG TABLET	3	QL
LURASIDONE HCL 40 MG TABLET	3	QL
LURASIDONE HCL 60 MG TABLET	3	QL
LURASIDONE HCL 80 MG TABLET	3	QL
LUTERA-28 TABLET	1	
LYLEQ 0.35 MG TABLET	1	
LYLLANA 0.025 MG PATCH	1	QL
LYLLANA 0.0375 MG PATCH	1	QL
LYLLANA 0.05 MG PATCH	1	QL
LYLLANA 0.075 MG PATCH	1	QL
LYLLANA 0.1 MG PATCH	1	QL
LYNPARZA 100 MG TABLET	4	PA, QL, LDD, SRX
LYNPARZA 150 MG TABLET	4	PA, QL, LDD, SRX
LYSODREN	3	LDD
LYZA 0.35 MG TABLET	1	
MAGELLAN INSUL SYRINGE 0.3 ML	2	
MAGELLAN INSUL SYRINGE 0.5 ML	2	
MAGELLAN INSULIN SYR 0.3 ML	2	
MAGELLAN INSULIN SYR 0.5 ML	2	
MAGELLAN INSULIN SYRINGE 1 ML	2	
MALATHION 0.5% LOTION	1	
MAPROTIline 25 MG TABLET	1	
MAPROTIline 75 MG TABLET	1	
MARLISSA-28 TABLET	1	
MARPLAN 10 MG TABLET	3	
MATZIM LA 180 MG TABLET	1	
MATZIM LA 240 MG TABLET	1	
MATZIM LA 300 MG TABLET	1	
MATZIM LA 360 MG TABLET	1	
MATZIM LA 420 MG TABLET	1	
MAXICOMFORT II PEN ND 31GX6MM	2	
MAXI-COMFORT INS 0.5 ML 28G	2	
MAXICOMFORT INS 0.5ML 27GX1/2"	2	
MAXICOMFORT INS 1 ML 27GX1/2"	2	
MAXI-COMFORT INS 1 ML 28GX1/2"	2	
MAXICOMFORT PEN ND 29G X 5MM	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)
MAXICOMFORT PEN NDJ 29G X 8MM	2		MEPERIDINE 50 MG TABLET	1	PA
MECLIZINE 12.5 MG TABLET	1		MEPERIDINE 50 MG/5 ML SOLUTION	1	PA
MECLIZINE 25 MG TABLET	1		MEPROBAMATE 200 MG TABLET	1	
MECLOFENAMATE 100 MG CAPSULE	1		MEPROBAMATE 400 MG TABLET	1	
MECLOFENAMATE 50 MG CAPSULE	1		MERCAPTOPYRINE 50 MG TABLET	1	
MEDICATION TRANSFER NEEDLE	2		MERZEE 1 MG-20 MCG CAPSULE	1	
MEDISENSE GLUC-KET CONT SOL	2		MESALAMINE 4 GM/60 ML ENEMA	3	
MEDISENSE H-L CONTROL SOLUTION	2		MESALAMINE 4 GM/60 ML KIT	3	
MEDISENSE H-M-L CONTROL SOLN	2		MESALAMINE 800 MG DR TABLET	3	
MEDISENSE MID CONTROL SOLUTION	2		MESALAMINE ER 0.375 GRAM CAP	2	
MEDPOINT CONTROL SOLUTION	2		MESALAMINE ER 500 MG CAPSULE	3	
MEDROL 2 MG TABLET	3		MESNEX 400 MG TABLET	4	SRX
MEDROXYPROGESTERONE 10 MG TAB	1		METAXALL 800 MG TABLET	3	
MEDROXYPROGESTERONE 150 MG/ML	1		METAXALONE 400 MG TABLET	3	
MEDROXYPROGESTERONE 2.5 MG TAB	1		METAXALONE 800 MG TABLET	3	
MEDROXYPROGESTERONE 5 MG TAB	1		METFORMIN HCL 1,000 MG TABLET	1	
MEDTRONIC EXT INF SET 23" 6MM	2		METFORMIN HCL 500 MG TABLET	1	
MEDTRONIC EXT INF SET 23" 9MM	2		METFORMIN HCL 850 MG TABLET	1	
MEDTRONIC EXT INF SET 32" 9MM	2		METFORMIN HCL ER 500 MG TABLET	1	
MEDTRONIC REMOTE CONTROL	2		METFORMIN HCL ER 750 MG TABLET	1	
MEFENAMIC ACID 250 MG CAPSULE	1		METHADONE 10 MG/5 ML SOLUTION	1	PA
MEFLOQUINE HCL 250 MG TABLET	1	QL	METHADONE 10 MG/ML ORAL CONC	1	PA
MEGESTROL 20 MG TABLET	1		METHADONE 5 MG/5 ML SOLUTION	1	PA
MEGESTROL 40 MG TABLET	1		METHADONE HCL 10 MG TABLET	1	PA
MEGESTROL 625 MG/5 ML SUSP	3		METHADONE HCL 5 MG TABLET	1	PA
MEGESTROL ACET 40 MG/ML SUSP	1		METHADONE INTENSOL 10 MG/ML	1	PA
MEGESTROL ACET 400 MG/10 ML	1		METHAMPHETAMINE 5 MG TABLET	3	QL
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL, SRX	METHAZOLAMIDE 25 MG TABLET	1	
MEKINIST 0.5 MG TABLET	4	PA, QL, SRX	METHAZOLAMIDE 50 MG TABLET	1	
MEKINIST 2 MG TABLET	4	PA, QL, SRX	METHENAMINE HIPP 1 GM TABLET	1	
MELODETTA 24 FE	1		METHENAMINE MAND 1 GM TABLET	1	
MELOXICAM 15 MG TABLET	1		METHENAMINE MAND 500 MG TABLET	1	
MELOXICAM 7.5 MG TABLET	1		METHERGINE 0.2 MG TABLET	3	
MELPHALAN 2 MG TABLET	1		METHIMAZOLE 10 MG TABLET	1	
MEMANTINE 5-10 MG TITRATION PK	1		METHIMAZOLE 5 MG TABLET	1	
MEMANTINE HCL 10 MG TABLET	1		METHITEST 10 MG TABLET	4	SRX
MEMANTINE HCL 2 MG/ML SOLUTION	1		METHOCARBAMOL 500 MG TABLET	1	
MEMANTINE HCL 5 MG TABLET	1		METHOCARBAMOL 750 MG TABLET	1	
MENACTRA VIAL	2		METHOTREXATE 2.5 MG TABLET	1	
MENEST 0.3 MG TABLET	3		METHOXSALEN 10 MG SOFTGEL	3	
MENEST 0.625 MG TABLET	3		METHSCOPOLAMINE BROM 2.5 MG TB	1	
MENEST 1.25 MG TABLET	3		METHSCOPOLAMINE BROM 5 MG TAB	1	
MENEST 2.5 MG TABLET	3		METHSUXIMIDE 300 MG CAPSULE	3	
MENQUADFI VIAL	2		METHYLDOPA 250 MG TABLET	1	
MENTAX 1% CREAM	3		METHYLDOPA 500 MG TABLET	1	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2		METHYLDOPA-HCTZ 250-15 MG TAB	1	
MENVEO A-C-Y-W KIT (2 VIALS)	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)
METHYLDOPA-HCTZ 250-25 MG TAB	1		METOLAZONE 10 MG TABLET	1	
METHYLERGONOVINE 0.2 MG TABLET	3		METOLAZONE 2.5 MG TABLET	1	
METHYLPHENIDATE 10 MG CHEW TAB	1	QL	METOLAZONE 5 MG TABLET	1	
METHYLPHENIDATE 10 MG TABLET	1	QL	METOPROLOL SUCC ER 100 MG TAB	1	
METHYLPHENIDATE 10 MG/5 ML SOL	1	QL	METOPROLOL SUCC ER 200 MG TAB	1	
METHYLPHENIDATE 2.5 MG CHEW TB	1	QL	METOPROLOL SUCC ER 25 MG TAB	1	
METHYLPHENIDATE 20 MG TABLET	1	QL	METOPROLOL SUCC ER 50 MG TAB	1	
METHYLPHENIDATE 5 MG CHEW TAB	1	QL	METOPROLOL TARTRATE 100 MG TAB	1	
METHYLPHENIDATE 5 MG TABLET	1	QL	METOPROLOL TARTRATE 25 MG TAB	1	
METHYLPHENIDATE 5 MG/5 ML SOLN	1	QL	METOPROLOL TARTRATE 37.5 MG TB	1	
METHYLPHENIDATE CD 10 MG CAP	1	QL	METOPROLOL TARTRATE 50 MG TAB	1	
METHYLPHENIDATE CD 20 MG CAP	1	QL	METOPROLOL TARTRATE 75 MG TAB	1	
METHYLPHENIDATE CD 30 MG CAP	1	QL	METOPROLOL-HCTZ 100-25 MG TAB	1	
METHYLPHENIDATE CD 40 MG CAP	1	QL	METOPROLOL-HCTZ 100-50 MG TAB	1	
METHYLPHENIDATE CD 50 MG CAP	1	QL	METOPROLOL-HCTZ 50-25 MG TAB	1	
METHYLPHENIDATE CD 60 MG CAP	1	QL	METRONIDAZOLE 0.75% CREAM	1	
METHYLPHENIDATE ER 10 MG TAB	1	QL	METRONIDAZOLE 0.75% LOTION	1	
METHYLPHENIDATE ER 18 MG TAB	1	QL	METRONIDAZOLE 250 MG TABLET	1	
METHYLPHENIDATE ER 20 MG TAB	1	QL	METRONIDAZOLE 375 MG CAPSULE	1	
METHYLPHENIDATE ER 27 MG TAB	1	QL	METRONIDAZOLE 500 MG TABLET	1	
METHYLPHENIDATE ER 36 MG TAB	1	QL	METRONIDAZOLE TOP 1% GEL PUMP	1	
METHYLPHENIDATE ER 54 MG TAB	1	QL	METRONIDAZOLE TOPICAL 0.75% GL	1	
METHYLPHENIDATE ER(CD) 10MG CP	1	QL	METRONIDAZOLE TOPICAL 1% GEL	1	
METHYLPHENIDATE ER(CD) 20MG CP	1	QL	METRONIDAZOLE VAGINAL 0.75% GL	1	
METHYLPHENIDATE ER(CD) 30MG CP	1	QL	METYROSINE 250 MG CAPSULE	4	PA, SRX
METHYLPHENIDATE ER(CD) 40MG CP	1	QL	MEXILETINE 150 MG CAPSULE	1	
METHYLPHENIDATE ER(CD) 50MG CP	1	QL	MEXILETINE 200 MG CAPSULE	1	
METHYLPHENIDATE ER(CD) 60MG CP	1	QL	MEXILETINE 250 MG CAPSULE	1	
METHYLPHENIDATE ER(LA) 10MG CP	1	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE ER(LA) 20MG CP	1	QL	MICONAZOLE 3 200 MG VAG SUPP	1	
METHYLPHENIDATE ER(LA) 30MG CP	1	QL	MICROCHAMBER	2	QL
METHYLPHENIDATE ER(LA) 40MG CP	1	QL	MICRODOT HIGH-LOW CONTROL SOL	2	
METHYLPHENIDATE LA 10 MG CAP	1	QL	MICRODOT NORMAL CONTROL SOLUT	2	
METHYLPHENIDATE LA 20 MG CAP	1	QL	MICRODOT PEN NEEDLE 31GX6MM	2	
METHYLPHENIDATE LA 30 MG CAP	1	QL	MICRODOT PEN NEEDLE 32GX4MM	2	
METHYLPHENIDATE LA 40 MG CAP	1	QL	MICRODOT PEN NEEDLE 33GX4MM	2	
METHYLPHENIDATE LA 60 MG CAP	1	QL	MICROGESTIN 21 1.5-30 TAB	1	
METHYLPREDNISOLONE 16 MG TAB	1		MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 32 MG TAB	1		MICROGESTIN 24 FE 1 MG-20 MCG	1	
METHYLPREDNISOLONE 4 MG DOSEPK	1		MICROGESTIN FE 1.5-30 TAB	1	
METHYLPREDNISOLONE 4 MG TABLET	1		MICROGESTIN FE 1-20 TABLET	1	
METHYLPREDNISOLONE 8 MG TABLET	1		MICROLIFE PEAK FLOW METER	2	
METHYLTESTOSTERONE 10 MG CAP	4	SRX	MICROSPACER FOR AEROSOL DEVICE	2	QL
METOCLOPRAMIDE 10 MG TABLET	1		MIDAZOLAM HCL 10 MG/5 ML SYRUP	1	
METOCLOPRAMIDE 10 MG/10 ML SOL	1		MIDAZOLAM HCL 2 MG/ML SYRUP	1	
METOCLOPRAMIDE 5 MG TABLET	1		MIDAZOLAM HCL 5 MG/2.5 ML SYRP	1	
METOCLOPRAMIDE 5 MG/5 ML SOLN	1				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MIDODRINE HCL 10 MG TABLET	1	
MIDODRINE HCL 2.5 MG TABLET	1	
MIDODRINE HCL 5 MG TABLET	1	
MIFEPREX	3	
MIFEPRISTONE	1	
MIGERGOT 2-100 MG SUPPOSITORY	3	
MIGLITOL 100 MG TABLET	1	
MIGLITOL 25 MG TABLET	1	
MIGLITOL 50 MG TABLET	1	
MIGLUSTAT 100 MG CAPSULE	4	PA, SRX
MILI 0.25-0.035 MG TABLET	1	
MIMVEY 1-0.5 MG TABLET	1	
MINI PEN NEEDLE 32G 4MM	2	
MINI PEN NEEDLE 32G 5MM	2	
MINI PEN NEEDLE 32G 6MM	2	
MINI PEN NEEDLE 32G 8MM	2	
MINI PEN NEEDLE 33G 4MM	2	
MINI PEN NEEDLE 33G 5MM	2	
MINI PEN NEEDLE 33G 6MM	2	
MINI ULTRA-THIN II PEN NDL 31G	2	
MINI WRIGHT PEAK FLOW METER	2	
MINIMED INFUSION SET	2	
MINIMED MIO ADV INFUSN 23"6MM	2	
MINIMED MIO ADV INFUSN 23"9MM	2	
MINIMED MIO ADV INFUSN 43"6MM	2	
MINIMED MIO ADV INFUSN 43"9MM	2	
MINIMED MIO INFUSN SET 18" 6MM	2	
MINIMED MIO INFUSN SET 23" 6MM	2	
MINIMED MIO INFUSN SET 32" 6MM	2	
MINIMED MIO INFUSN SET 32" 9MM	2	
MINIMED QUICK SET INF 18" 6MM	2	
MINIMED QUICK SET INF 23" 6MM	2	
MINIMED QUICK SET INF 23" 9MM	2	
MINIMED QUICK SET INF 32" 6MM	2	
MINIMED QUICK SET INF 32" 9MM	2	
MINIMED QUICK SET INF 43" 6MM	2	
MINIMED QUICK SET INF 43" 9MM	2	
MINIMED QUICK-SERTER	2	
MINIMED RESERVOIR 1.8 ML	2	
MINIMED RESERVOIR 3 ML	2	
MINIMED SILHOUETTE INF SET 18"	2	
MINIMED SILHOUETTE INF SET 23"	2	
MINIMED SILHOUETTE INF SET 32"	2	
MINIMED SILHOUETTE INF SET 43"	2	
MINIMED SURE T INF SET 18" 6MM	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MINIMED SURE T INF SET 23" 6MM	2	
MINIMED SURE T INF SET 23" 8MM	2	
MINIMED SURE T INF SET 32" 6MM	2	
MINIMED SURE T INF SET 32" 8MM	2	
MINIMED SURE T INFUSN SET 23"	2	
MINIMED SURE T INFUSN SET 32"	2	
MINITRAN 0.1 MG/HR PATCH	1	
MINITRAN 0.2 MG/HR PATCH	1	
MINITRAN 0.4 MG/HR PATCH	1	
MINITRAN 0.6 MG/HR PATCH	1	
MINI-WRIGHT PEAK FLOW METER	2	
MINOCYCLINE 100 MG CAPSULE	1	
MINOCYCLINE 50 MG CAPSULE	1	
MINOCYCLINE 75 MG CAPSULE	1	
MINOCYCLINE HCL 100 MG TABLET	1	
MINOCYCLINE HCL 50 MG TABLET	1	
MINOCYCLINE HCL 75 MG TABLET	1	
MINOXIDIL 10 MG TABLET	1	
MINOXIDIL 2.5 MG TABLET	1	
MIO INFUSION SET 18"	2	
MIO INFUSION SET 23"	2	
MIO INFUSION SET 32"	2	
MIRTAZAPINE 15 MG ODT	1	
MIRTAZAPINE 15 MG TABLET	1	
MIRTAZAPINE 30 MG ODT	1	
MIRTAZAPINE 30 MG TABLET	1	
MIRTAZAPINE 45 MG ODT	1	
MIRTAZAPINE 45 MG TABLET	1	
MIRTAZAPINE 7.5 MG TABLET	1	
MISOPROSTOL 100 MCG TABLET	1	
MISOPROSTOL 200 MCG TABLET	1	
M-M-R II VACCINE VIAL	2	
M-NATAL PLUS	1	
MODAFINIL 100 MG TABLET	3	PA
MODAFINIL 200 MG TABLET	3	PA
MODERNA COVID (12Y UP)VAC(EUA)	2	
MODERNA COVID BIVAL(6MO UP)EUA	2	
MODERNA COVID BIVAL(6MO-5Y)EUA	2	
MODERNA COVID(6-11Y) VACC(EUA)	2	
MODERNA COVID(6M-5Y) VACC(EUA)	2	
MODERNA COVID-19 BOOSTER (EUA)	2	
MOEXIPRIL HCL 15 MG TABLET	1	
MOEXIPRIL HCL 7.5 MG TABLET	1	
MOLINDONE HCL 10 MG TABLET	1	
MOLINDONE HCL 25 MG TABLET	1	
MOLINDONE HCL 5 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MOMETASONE FUROATE 0.1% CREAM	1	
MOMETASONE FUROATE 0.1% OINT	1	
MOMETASONE FUROATE 0.1% SOLN	1	
MOMETASONE FUROATE 50 MCG SPRY	1	QL
MONDOXYNE NL 100 MG CAPSULE	1	
MONDOXYNE NL 75 MG CAPSULE	1	
MONOJECT 0.5 ML SYRN 28GX1/2"	2	
MONOJECT 1 ML SYRN 27X1/2"	2	
MONOJECT 1 ML SYRN 28GX1/2"	2	
MONOJECT 3 ML SYRINGE 21GX1"	2	
MONOJECT 3 ML SYRINGE 23GX1"	2	
MONOJECT 3 ML SYRINGE 25GX1"	2	
MONOJECT 3 ML SYRN 21GX1"	2	
MONOJECT 3 ML SYRN 21GX11/2"	2	
MONOJECT 3 ML SYRN 21GX1-1/2"	2	
MONOJECT 3 ML SYRN 22GX11/2"	2	
MONOJECT 3 ML SYRN 22GX1-1/2"	2	
MONOJECT 3 ML SYRN 23GX1"	2	
MONOJECT 3 ML SYRN 25GX1"	2	
MONOJECT 3 ML SYRN 25GX1.25"	2	
MONOJECT 3 ML SYRN 25GX5/8"	2	
MONOJECT 3 ML SYRN 27GX1.25"	2	
MONOJECT 3 ML SYRN 27GX11/4"	2	
MONOJECT 6 ML SYRN 20GX11/2"	2	
MONOJECT 6 ML SYRN 21GX1"	2	
MONOJECT 6 ML SYRN 21GX11/2"	2	
MONOJECT 6 ML SYRN 22GX11/2"	2	
MONOJECT 6CC SAFETY SYRINGE	2	
MONOJECT BLD COL NEEDL 20GX1.5	2	
MONOJECT BLD COL NEEDLE 20GX1"	2	
MONOJECT BLD COL NEEDLE 21GX1"	2	
MONOJECT BLD COL NEEDLE 22GX1"	2	
MONOJECT FILTR 18GX1.5" NEEDLE	2	
MONOJECT HYPO NDL 27GX1-1/2"	2	
MONOJECT HYPO NEEDLE 18X1A	2	
MONOJECT HYPO NEEDLE 19X1	2	
MONOJECT HYPO NEEDLE 19X1-1/2	2	
MONOJECT HYPO NEEDLE 20X1	2	
MONOJECT HYPO NEEDLE 20X1-1/2	2	
MONOJECT HYPO NEEDLE 21X1	2	
MONOJECT HYPO NEEDLE 21X1-1/2	2	
MONOJECT HYPO NEEDLE 22X1	2	
MONOJECT HYPO NEEDLE 22X1.5	2	
MONOJECT HYPO NEEDLE 23X1	2	
MONOJECT HYPO NEEDLE 25X1	2	
MONOJECT HYPO NEEDLE 25X1.5	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MONOJECT HYPO NEEDLE 25X5/8	2	
MONOJECT HYPO NEEDLE 26X1.5	2	
MONOJECT HYPO NEEDLE 27X0.5	2	
MONOJECT HYPO NEEDLE 30X3/4	2	
MONOJECT HYPODERMIC NEEDLE	2	
MONOJECT INSUL SYR U100	2	
MONOJECT INSUL SYR U100 0.5 ML	2	
MONOJECT INSUL SYR U100 1 ML	2	
MONOJECT INSULIN SYR U-100	2	
MONOJECT INSULIN SYR 0.3 ML	2	
MONOJECT INSULIN SYR 0.5 ML	2	
MONOJECT INSULIN SYR 1 ML	2	
MONOJECT INSULIN SYR U-100	2	
MONOJECT INSULIN SYRN 3/10 ML	2	
MONOJECT SYRINGE 0.3 ML	2	
MONOJECT SYRINGE 0.5 ML	2	
MONOJECT SYRINGE 1 ML	2	
MONOJECT SYRINGE 3 ML 20GX1	2	
MONOJECT SYRINGE 3 ML 22GX1"	2	
MONOJECT SYRN 3 ML 20GX1-1/2"	2	
MONOJECT SYRN 3 ML 20GX3/4"	2	
MONOJECT SYRNG 20GX1" 3 ML	2	
MONO-LINYAH 28 TABLET	1	
MONTELUKAST SOD 10 MG TABLET	1	
MONTELUKAST SOD 4 MG GRANULES	1	
MONTELUKAST SOD 4 MG TAB CHEW	1	
MONTELUKAST SOD 5 MG TAB CHEW	1	
MORGIDOX 100 MG CAPSULE	1	
MORGIDOX 50 MG CAPSULE	1	
MORPHINE SULF 10 MG SUPPOS	1	PA
MORPHINE SULF 10 MG/5 ML SOLN	1	PA
MORPHINE SULF 100 MG/5 ML CONC	1	PA
MORPHINE SULF 20 MG SUPPOS	1	PA
MORPHINE SULF 20 MG/5 ML SOLN	1	PA
MORPHINE SULF 30 MG SUPPOS	1	PA
MORPHINE SULF 5 MG SUPPOS	1	PA
MORPHINE SULF ER 100 MG TABLET	1	PA
MORPHINE SULF ER 15 MG TABLET	1	PA
MORPHINE SULF ER 200 MG TABLET	1	PA
MORPHINE SULF ER 30 MG TABLET	1	PA
MORPHINE SULF ER 60 MG TABLET	1	PA
MORPHINE SULFATE ER 10 MG CAP	1	PA
MORPHINE SULFATE ER 100 MG CAP	1	PA
MORPHINE SULFATE ER 120 MG CAP	1	PA
MORPHINE SULFATE ER 20 MG CAP	1	PA
MORPHINE SULFATE ER 30 MG CAP	1	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)
MORPHINE SULFATE ER 45 MG CAP	1	PA	MYORISAN 10 MG CAPSULE	3	
MORPHINE SULFATE ER 50 MG CAP	1	PA	MYORISAN 20 MG CAPSULE	3	
MORPHINE SULFATE ER 60 MG CAP	1	PA	MYORISAN 30 MG CAPSULE	3	
MORPHINE SULFATE ER 75 MG CAP	1	PA	MYORISAN 40 MG CAPSULE	3	
MORPHINE SULFATE ER 80 MG CAP	1	PA	MYRBETRIQ ER 25 MG TABLET	3	QL, ST
MORPHINE SULFATE ER 90 MG CAP	1	PA	MYRBETRIQ ER 50 MG TABLET	3	QL, ST
MORPHINE SULFATE IR 15 MG TAB	1	PA	MYTESI	3	LDD
MORPHINE SULFATE IR 30 MG TAB	1	PA	NABUMETONE 500 MG TABLET	1	
MOXIFLOXACIN 0.5% EYE DROPS	1		NABUMETONE 750 MG TABLET	1	
MOXIFLOXACIN 0.5% EYE DRP-VISC	1		NADOLOL 20 MG TABLET	1	
MOXIFLOXACIN HCL 400 MG TABLET	1		NADOLOL 40 MG TABLET	1	
MS INS SYR 0.5 ML 29GX1/2"	2		NADOLOL 80 MG TABLET	1	
MS INS SYR 1 ML 29GX1/2"	2		NAFTIFINE HCL 1% CREAM	1	
MS INS SYRINGE 1 ML 30GX1/2"	2		NAFTIFINE HCL 1% GEL	1	
MS INSUL SYR 0.3 ML 31GX5/16"	2		NAFTIFINE HCL 2% CREAM	1	
MS INSUL SYR 0.5 ML 30GX1/2"	2		NAFTIFINE HCL 2% GEL	1	
MS INSUL SYR 0.5 ML 31GX5/16"	2		NALOXONE 0.4 MG/ML CARPUJECT	1	
MS INSULIN SYR 0.3 ML 29GX1/2"	2		NALOXONE 2 MG/2 ML SYRINGE	1	
MS INSULIN SYR 1 ML 31GX5/16"	2		NALOXONE HCL 4 MG NASAL SPRAY	1	QL
MS INSULIN SYRINGE 0.3 ML	2		NALTREXONE 50 MG TABLET	1	QL
MS PEN NEEDLE 6MM 31G	2		NAPROXEN 250 MG TABLET	1	
MULTISTIX REAGENT STRIPS	2		NAPROXEN 375 MG TABLET	1	
MULTISTIX 10 SG REAGENT STRIPS	2		NAPROXEN 500 MG KIT	1	
MULTISTIX 5 STRIPS	2		NAPROXEN 500 MG TABLET	1	
MULTISTIX 7 REAGENT STRIPS	2		NAPROXEN DR 375 MG TABLET	1	
MULTISTIX 8 SG REAGENT STRIPS	2		NAPROXEN DR 500 MG TABLET	1	
MULTISTIX 9 REAGENT STRIPS	2		NAPROXEN SOD CR 375 MG TABLET	1	
MULTISTIX 9 SG REAGENT STRIPS	2		NAPROXEN SOD ER 375 MG TABLET	1	
MULTIVIT-FLUOR 0.25 MG TAB CHW	1		NAPROXEN SODIUM 275 MG TAB	1	
MULTIVIT-FLUOR 0.25 MG/ML DROP	1		NAPROXEN SODIUM 550 MG TAB	1	
MULTIVIT-FLUOR 0.5 MG TAB CHEW	1		NARATRIPTAN HCL 1 MG TABLET	1	QL
MULTIVIT-FLUORIDE 1 MG TAB CHW	1		NARATRIPTAN HCL 2.5 MG TABLET	1	QL
MUPIROCIN 2% CREAM	1		NATACYN 5% EYE DROPS	3	
MUPIROCIN 2% OINTMENT	1		NATAZIA 28 TABLET	3	
MY CHOICE 1.5 MG TABLET	1		NATEGLINIDE 120 MG TABLET	1	
MY WAY 1.5 MG TABLET	1		NATEGLINIDE 60 MG TABLET	1	
MYCOPHENOLATE 200 MG/ML SUSP	1		NATURE-THROID 113.75 MG TABLET	1	
MYCOPHENOLATE 250 MG CAPSULE	1		NATURE-THROID 130 MG TABLET	1	
MYCOPHENOLATE 500 MG TABLET	1		NATURE-THROID 146.25 MG TABLET	1	
MYCOPHENOLIC ACID DR 180 MG TB	1		NATURE-THROID 16.25 MG TABLET	1	
MYCOPHENOLIC ACID DR 360 MG TB	1		NATURE-THROID 162.5 MG TABLET	1	
MYGLUCOHEALTH CONTROL SOLUTION	2		NATURE-THROID 195 MG TABLET	1	
MYLERAN 2 MG TABLET	3		NATURE-THROID 260 MG TABLET	1	
MYNATAL CAPSULE	1		NATURE-THROID 32.5 MG TABLET	1	
MYNATAL PLUS	1		NATURE-THROID 325 MG TABLET	1	
MYNATAL ULTRACAPLET	1				
MYNATAL-Z	1				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NATURE-THROID 48.75 MG TABLET	1	
NATURE-THROID 65 MG TABLET	1	
NATURE-THROID 81.25 MG TABLET	1	
NATURE-THROID 97.5 MG TABLET	1	
NAYZILAM 5 MG NASAL SPRAY	4	PA, QL, SRX
NEBUSAL 3% VIAL	1	
NECON 0.5-35-28 TABLET	1	
NEFAZODONE HCL 100 MG TABLET	1	
NEFAZODONE HCL 150 MG TABLET	1	
NEFAZODONE HCL 200 MG TABLET	1	
NEFAZODONE HCL 250 MG TABLET	1	
NEFAZODONE HCL 50 MG TABLET	1	
NEO-BACIT-POLY-HC EYE OINTMENT	1	
NEOMYC-BACIT-POLY MIX EYE OINT	1	
NEOMYCIN 500 MG TABLET	1	
NEOMYCIN-POLY-HC EYE DROPS	1	
NEOMYC-POLYM-GRAMICID EYE DROP	1	
NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	
NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	
NEOMYC-POLYM-DEXAMET EYE OINTM	1	
NEOMYC-POLYM-DEXAMETH EYE DROP	1	
NEOMY-POLYMYXIN B 40 MG/ML AMP	1	
NEOMY-POLYMYXIN B 40 MG/ML VL	1	
NEO-POLYCIN EYE OINTMENT	1	
NEO-POLYCIN HC EYE OINTMENT	1	
NEUAC GEL	1	
NEULASTA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA, SRX
NEVANAC 0.1% EYE DROP	3	
NEVIRAPINE 200 MG TABLET	1	
NEVIRAPINE 50 MG/5 ML SUSP	1	
NEVIRAPINE ER 100 MG TABLET	1	
NEVIRAPINE ER 400 MG TABLET	1	
NEW DAY 1.5 MG TABLET	1	
NEWGEN TABLET	1	
NIACIN ER 1,000 MG TABLET	1	
NIACIN ER 500 MG TABLET	1	
NIACIN ER 750 MG TABLET	1	
NICARDIPINE 20 MG CAPSULE	1	
NICARDIPINE 30 MG CAPSULE	1	
NICOTROL CARTRIDGE INHALER	2	
NICOTROL NS 10 MG/ML SPRAY	2	
NIFEDIPINE 10 MG CAPSULE	1	
NIFEDIPINE 20 MG CAPSULE	1	
NIFEDIPINE ER 30 MG TABLET	1	
NIFEDIPINE ER 60 MG TABLET	1	
NIFEDIPINE ER 90 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NIKKI 3 MG-0.02 MG TABLET	1	
NILUTAMIDE 150 MG TABLET	4	SRX
NIMODIPINE 30 MG CAPSULE	3	
NINLARO 2.3 MG CAPSULE	4	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	4	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX
NISOLDIPINE ER 17 MG TABLET	1	QL
NISOLDIPINE ER 20 MG TABLET	1	QL
NISOLDIPINE ER 25.5 MG TABLET	1	QL
NISOLDIPINE ER 30 MG TABLET	1	QL
NISOLDIPINE ER 34 MG TABLET	1	QL
NISOLDIPINE ER 40 MG TABLET	1	QL
NISOLDIPINE ER 8.5 MG TABLET	1	QL
NITAZOXANIDE 500 MG TABLET	3	PA
NITRO-BID 2% OINTMENT	1	
NITROFURANTOIN 25 MG/5 ML SUSP	3	
NITROFURANTOIN MCR 100 MG CAP	1	
NITROFURANTOIN MCR 25 MG CAP	1	
NITROFURANTOIN MCR 50 MG CAP	1	
NITROFURANTOIN MONO-MCR 100 MG	1	
NITROGLYCERIN 0.1 MG/HR PATCH	1	
NITROGLYCERIN 0.2 MG/HR PATCH	1	
NITROGLYCERIN 0.3 MG TABLET SL	1	
NITROGLYCERIN 0.4 MG TABLET SL	1	
NITROGLYCERIN 0.4 MG/HR PATCH	1	
NITROGLYCERIN 0.6 MG TABLET SL	1	
NITROGLYCERIN 0.6 MG/HR PATCH	1	
NITROGLYCERIN 400 MCG SPRAY	1	
NITRO-TIME ER 2.5 MG CAPSULE	1	
NITRO-TIME ER 6.5 MG CAPSULE	1	
NITRO-TIME ER 9 MG CAPSULE	1	
NIVA-PLUS TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE	4	SRX
NIVESTYM 300 MCG/ML VIAL	4	SRX
NIVESTYM 480 MCG/0.8 ML SYRINGE	4	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	4	SRX
NIZATIDINE 150 MG CAPSULE	1	
NIZATIDINE 300 MG CAPSULE	1	
NOKOR ADMIX NEEDLE	2	
NOLIX 0.05% CREAM	3	
NOLIX 0.05% LOTION	3	
NORA-BE	1	
NORDITROPIN FLEXPPO 10 MG/1.5	4	PA, SRX
NORDITROPIN FLEXPPO 15 MG/1.5	4	PA, SRX
NORDITROPIN FLEXPPO 30 MG/3 ML	4	PA, SRX
NORDITROPIN FLEXPPO 5 MG/1.5	4	PA, 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)
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	3	PA
NORETH-EE-FE 1-0.02(24)-75 CAP	1		NUCYNTA 50 MG TABLET	3	PA
NORETH-EE-FE 1-0.02(24)-75 CHW	1		NUCYNTA 75 MG TABLET	3	PA
NORETHIND-ETH ESTRAD 0.5-2.5	1		NUCYNTA ER 100 MG TABLET	3	PA
NORETHIND-ETH ESTRAD 1-0.02 MG	1		NUCYNTA ER 150 MG TABLET	3	PA
NORETHINDRONE 0.35 MG TABLET	1		NUCYNTA ER 200 MG TABLET	3	PA
NORETHINDRONE 5 MG TABLET	1		NUCYNTA ER 250 MG TABLET	3	PA
NORETHIN-EE 1.5-0.03 MG(21) TB	1		NUCYNTA ER 50 MG TABLET	3	PA
NORETHIN-ESTRA-FE 0.8-0.025 MG	1		NUEDEXTA 20-10 MG CAPSULE	3	PA
NORETHIN-ETH ESTRAD 1 MG-5 MCG	1		NYAMYC 100,000 UNIT/GM POWDER	1	
NORG-EE 0.18-0.215-0.25/0.025	1		NYLIA 1-35 28 TABLET	1	
NORG-EE 0.18-0.215-0.25/0.035	1		NYLIA 7-7-7-28 TABLET	1	
NORGESTIMATE-EE 0.25-0.035 MG	1		NYMYO 0.25-0.035 MG (28) TAB	1	
NORG-ETHIN ESTRA 0.25-0.035 MG	1		NYSTATIN 100,000 UNIT/GM CREAM	1	
NORLYDA 0.35 MG TABLET	1		NYSTATIN 100,000 UNIT/GM OINT	1	
NORPACE CR 100 MG CAPSULE	3		NYSTATIN 100,000 UNIT/GM POWD	1	
NORPACE CR 150 MG CAPSULE	3		NYSTATIN 100,000 UNIT/ML SUSP	1	
NORTREL 0.5-35-28 TABLET	1		NYSTATIN 500,000 UNIT ORAL TAB	1	
NORTREL 1-35 21 TABLET	1		NYSTATIN 500,000 UNIT/5 ML CUP	1	
NORTREL 1-35 28 TABLET	1		NYSTATIN-TRIAMCINOLONE CREAM	1	
NORTREL 7-7-7-28 TABLET	1		NYSTATIN-TRIAMCINOLONE OINTM	1	
NORTRIPTYLINE 10 MG/5 ML SOLN	1		NYSTOP 100,000 UNIT/GM POWDER	1	
NORTRIPTYLINE HCL 10 MG CAP	1		NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NORTRIPTYLINE HCL 25 MG CAP	1		OBSTETRIX DHA COMBO PAK	1	
NORTRIPTYLINE HCL 50 MG CAP	1		OBSTETRIX ONE SOFTGEL	1	
NORTRIPTYLINE HCL 75 MG CAP	1		OCELLA 3 MG-0.03 MG TABLET	1	
NORVIR 100 MG POWDER PACKET	2		OCTREOTIDE 1,000 MCG/5 ML VIAL	1	PA
NOVA MAX GLUCOSE CONTROL SOLN	2		OCTREOTIDE 1,000 MCG/ML VIAL	1	PA
NOVAVAX COVID-19 VACC,ADJ(EUA)	2		OCTREOTIDE 5,000 MCG/5 ML VIAL	1	PA
NOVOFINE 32G NEEDLES	2		OCTREOTIDE ACET 0.05 MG/ML VL	1	PA
NOVOFINE AUTOCOVER 30G NEEDLE	2		OCTREOTIDE ACET 100 MCG/ML AMP	1	PA
NOVOFINE PLUS PEN NDL 32GX1/6"	2		OCTREOTIDE ACET 100 MCG/ML SYR	1	PA
NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST	OCTREOTIDE ACET 100 MCG/ML VL	1	PA
NOVOLOG 100 UNIT/ML VIAL	3	QL, ST	OCTREOTIDE ACET 200 MCG/ML VL	1	PA
NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML AMP	1	PA
NOVOLOG MIX 70-30 VIAL	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML SYR	1	PA
NOVOLOG PENFILL 100 UNIT/ML	3	QL, ST	OCTREOTIDE ACET 50 MCG/ML VIAL	1	PA
NOVOPEN 3 INSULIN DEVICE	2		OCTREOTIDE ACET 500 MCG/ML AMP	1	PA
NOVOPEN ECHO INSULIN DEVICE	2		OCTREOTIDE ACET 500 MCG/ML SYR	1	PA
NOVOTWIST NEEDLE 32G 5MM	2		OCTREOTIDE ACET 500 MCG/ML VL	1	PA
NOXAFIL 40 MG/ML SUSPENSION	3		ODACTRA 12 SQ-HDM SL TABLET	3	PA, QL
NP THYROID 120 MG TABLET	1		ODEFSEY	2	QL
NP THYROID 15 MG TABLET	1		ODOMZO 200 MG CAPSULE	4	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)
OFEV 100 MG CAPSULE	4	PA, LDD, SRX	OMNIPOD GO 10 UNIT/DAY PODS	2	
OFEV 150 MG CAPSULE	4	PA, LDD, SRX	OMNIPOD GO 15 UNIT/DAY PODS	2	
OFLOXACIN 0.3% EAR DROPS	1		OMNIPOD GO 20 UNIT/DAY PODS	2	
OFLOXACIN 0.3% EYE DROPS	1		OMNIPOD GO 25 UNIT/DAY PODS	2	
OFLOXACIN 300 MG TABLET	1		OMNIPOD GO 30 UNIT/DAY PODS	2	
OFLOXACIN 400 MG TABLET	1		OMNIPOD GO 35 UNIT/DAY PODS	2	
OKEBO 75 MG CAPSULE	1		OMNIPOD GO 40 UNIT/DAY PODS	2	
OLANZAPINE 10 MG TABLET	1		ON CALL EXPRESS CONTROL SOLN	2	
OLANZAPINE 15 MG TABLET	1		ON CALL PLUS CONTROL	2	
OLANZAPINE 2.5 MG TABLET	1		ON CALL VIVID CONTROL	2	
OLANZAPINE 20 MG TABLET	1		ONDANSETRON 4 MG/5 ML SOLUTION	1	
OLANZAPINE 5 MG TABLET	1		ONDANSETRON HCL 4 MG TABLET	1	
OLANZAPINE 7.5 MG TABLET	1		ONDANSETRON HCL 8 MG TABLET	1	
OLANZAPINE ODT 10 MG TABLET	1		ONDANSETRON ODT 4 MG TABLET	1	
OLANZAPINE ODT 15 MG TABLET	1		ONDANSETRON ODT 8 MG TABLET	1	
OLANZAPINE ODT 20 MG TABLET	1		ONE WAY VALVED MOUTHPIECE	2	QL
OLANZAPINE ODT 5 MG TABLET	1		ONETOUCH DELICA PLUS 30G LANCET	2	
OLANZAPINE-FLUOXETINE 12-25 MG	1		ONETOUCH DELICA PLUS 33G LANCET	2	
OLANZAPINE-FLUOXETINE 12-50 MG	1		ONETOUCH DELICA PLUS LANC DEV	2	
OLANZAPINE-FLUOXETINE 3-25 MG	1		ONETOUCH DELICA SAF 30G LANCET	2	
OLANZAPINE-FLUOXETINE 6-25 MG	1		ONETOUCH ULTRASOFT LANCETS	2	
OLANZAPINE-FLUOXETINE 6-50 MG	1		ONETOUCH SOLUTIONS STARTER	1	
OLMESARTAN MEDOXOMIL 20 MG TAB	1		ONETOUCH SURESOFT 18G LANC DEV	2	
OLMESARTAN MEDOXOMIL 40 MG TAB	1		ONETOUCH SURESOFT 21G LANC DEV	2	
OLMESARTAN MEDOXOMIL 5 MG TAB	1		ONETOUCH SURESOFT 28G LANC DEV	2	
OLMESARTAN-HCTZ 20-12.5 MG TAB	1		ONETOUCH ULTRA CONTROL SOLN	2	
OLMESARTAN-HCTZ 40-12.5 MG TAB	1		ONETOUCH ULTRA TEST STRIP	2	
OLMESARTAN-HCTZ 40-25 MG TAB	1		ONETOUCH ULTRA2 GLUCOSE SYST	1	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	1		ONETOUCH ULTRASOFT2 30G LANCET	2	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	1		ONETOUCH VERIO FLEX METER	1	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	1		ONETOUCH VERIO HIGH CNTRL SOLN	2	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	1		ONETOUCH VERIO METER	1	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	1		ONETOUCH VERIO MID CNTRL SOLN	2	
OLOPATADINE 665 MCG NASAL SPRY	1		ONETOUCH VERIO REFLECT METER	1	
OLOPATADINE HCL 0.1% EYE DROPS	1		ONETOUCH VERIO TEST STRIP	2	
OLOPATADINE HCL 0.2% EYE DROP	1		ONGLYZA 2.5 MG TABLET	2	QL
OMEGA-3 ETHYL ESTERS 1 GM CAP	1		ONGLYZA 5 MG TABLET	2	QL
OMEPRAZOLE DR 10 MG CAPSULE	1	QL	OPCICON ONE-STEP 1.5 MG TABLET	1	
OMEPRAZOLE DR 20 MG CAPSULE	1	QL	OPIUM TINCTURE 10 MG/ML	1	PA
OMEPRAZOLE DR 40 MG CAPSULE	1	QL	OPTICHAMBER ADULT MASK-LARGE	2	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL	OPTICHAMBER DIAMOND VHC	2	QL
OMNIPOD 5 G6 PODS (GEN 5)	2		OPTICHAMBER DIAMOND W-LRG MASK	2	QL
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL	OPTICHAMBER DIAMOND W-MED MASK	2	QL
OMNIPOD CLASSIC PODS (GEN 3)	2		OPTICHAMBER DIAMOND W-SML MASK	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL	OPTION 2 1.5 MG TABLET	1	
OMNIPOD DASH PODS (GEN 4)	2				

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OPTUMRX GLUCOSE CONTROL SOLN	2	
ORACIT ORAL SOLUTION	3	
ORALONE 0.1% PASTE	1	
ORPHENADRINE ER 100 MG TABLET	1	
OSCIMIN 0.125 MG TABLET	1	
OSCIMIN SL 0.125 MG TABLET	1	
OSCIMIN SR 0.375 MG TABLET	1	
OSELTAMIVIR 6 MG/ML SUSPENSION	1	QL
OSELTAMIVIR PHOS 30 MG CAPSULE	1	QL
OSELTAMIVIR PHOS 45 MG CAPSULE	1	QL
OSELTAMIVIR PHOS 75 MG CAPSULE	1	QL
OSMOPREP	3	
OTEZLA 28 DAY STARTER PACK	4	PA, QL, SRX
OTEZLA 30 MG TABLET	4	PA, QL, SRX
OVAL TAPE	2	
OXANDROLONE 10 MG TABLET	3	PA
OXANDROLONE 2.5 MG TABLET	3	PA
OXAPROZIN 600 MG CAPLET	1	
OXAPROZIN 600 MG TABLET	1	
OXAZEPAM 10 MG CAPSULE	1	
OXAZEPAM 15 MG CAPSULE	1	
OXAZEPAM 30 MG CAPSULE	1	
OXCARBAZEPINE 150 MG TABLET	1	
OXCARBAZEPINE 300 MG TABLET	1	
OXCARBAZEPINE 300 MG/5 ML SUSP	1	
OXCARBAZEPINE 600 MG TABLET	1	
OXICONAZOLE NITRATE 1% CREAM	2	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN 5 MG/5 ML SOLUTION	1	
OXYBUTYNIN 5 MG/5 ML SYRUP	1	
OXYBUTYNIN CL ER 10 MG TABLET	1	
OXYBUTYNIN CL ER 15 MG TABLET	1	
OXYBUTYNIN CL ER 5 MG TABLET	1	
OXYCODONE HCL (IR) 10 MG TAB	1	PA
OXYCODONE HCL (IR) 15 MG TAB	1	PA
OXYCODONE HCL (IR) 20 MG TAB	1	PA
OXYCODONE HCL (IR) 30 MG TAB	1	PA
OXYCODONE HCL (IR) 5 MG CAP	1	PA
OXYCODONE HCL (IR) 5 MG TABLET	1	PA
OXYCODONE HCL 100 MG/5 ML CONC	1	PA
OXYCODONE HCL 5 MG/5 ML SOLN	1	PA
OXYCODONE HCL-ASPIRIN	1	PA
OXYCODONE-ACETAMINOPHEN 10-325	1	PA
OXYCODONE-ACETAMINOPHEN 5-325	1	PA
OXYCODONE-ACETAMINOPHN 2.5-325	1	PA
OXYCODONE-ACETAMINOPHN 7.5-325	1	PA
OXYMORPHONE HCL 10 MG TABLET	1	PA

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OXYMORPHONE HCL 5 MG TABLET	1	PA
OXYMORPHONE HCL ER 10 MG TAB	1	PA
OXYMORPHONE HCL ER 15 MG TAB	1	PA
OXYMORPHONE HCL ER 20 MG TAB	1	PA
OXYMORPHONE HCL ER 30 MG TAB	1	PA
OXYMORPHONE HCL ER 40 MG TAB	1	PA
OXYMORPHONE HCL ER 5 MG TABLET	1	PA
OXYMORPHONE HCL ER 7.5 MG TAB	1	PA
PACERONE 200 MG TABLET	1	
PALIPERIDONE ER 1.5 MG TABLET	3	
PALIPERIDONE ER 3 MG TABLET	3	
PALIPERIDONE ER 6 MG TABLET	3	
PALIPERIDONE ER 9 MG TABLET	3	
PANCREAZE DR 10,500 UNIT CAP	2	
PANCREAZE DR 16,800 UNIT CAP	2	
PANCREAZE DR 2,600 UNIT CAP	2	
PANCREAZE DR 21,000 UNIT CAP	2	
PANCREAZE DR 37,000 UNIT CAP	2	
PANCREAZE DR 4,200 UNIT CAP	2	
PANDA MASK LARGE	2	QL
PANDA MASK MEDIUM	2	QL
PANDA MASK SMALL	2	QL
PANRETIN 0.1% GEL	4	SRX
PANTOPRAZOLE SOD DR 20 MG TAB	1	QL
PANTOPRAZOLE SOD DR 40 MG TAB	1	QL
PARADIGM REMOTE CONTROL	2	
PARADIGM RESERVOIR 1.8 ML	2	
PARADIGM RESERVOIR 3 ML	2	
PAREGORIC LIQUID	1	
PARICALCITOL 1 MCG CAPSULE	1	
PARICALCITOL 2 MCG CAPSULE	1	
PARICALCITOL 4 MCG CAPSULE	1	
PAROEX 0.12% ORAL RINSE	1	
PAROMOMYCIN 250 MG CAPSULE	1	
PAROXETINE HCL 10 MG TABLET	1	QL
PAROXETINE HCL 20 MG TABLET	1	QL
PAROXETINE HCL 30 MG TABLET	1	QL
PAROXETINE HCL 40 MG TABLET	1	QL
PASER GRANULES 4 GM PACKET	3	
PC UNIFINE PENTIPS 12MM NEEDLE	2	
PC UNIFINE PENTIPS 6MM NEEDLE	2	
PC UNIFINE PENTIPS 8MM NEEDLE	2	
PEAK-AIR PEAK FLOW METER	2	
PEDIARIX 0.5 ML SYRINGE	2	
PEDIATRIC MEDIUM MASK	2	QL
PEDIATRIC MOUTHPIECE	2	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PEDIATRIC PANDA MASK	2	QL
PEDIATRIC SMALL MASK	2	QL
PEDVAXHIB VACCINE VIAL	2	
PEG 3350-ELECTROLYTE SOLUTION	1	
PEG3350 100-7.5-2.691-1.01-5.9	1	
PEG-3350 AND ELECTROLYTES SOLN	1	
PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX
PEGASYS 180 MCG/ML VIAL	4	PA, SRX
PEG-PREP KIT	1	
PEN NEEDLE 29G 12MM	2	
PEN NEEDLE 30G 5MM	2	
PEN NEEDLE 30G 8MM	2	
PEN NEEDLE 30G X 5/16"	2	
PEN NEEDLE 31G 5MM	2	
PEN NEEDLE 31G 6MM	2	
PEN NEEDLE 31G 8MM	2	
PEN NEEDLE 31G X 1/4"	2	
PEN NEEDLE 31G X 3/16"	2	
PEN NEEDLE 31G X 5/16"	2	
PEN NEEDLE 32G 4MM	2	
PEN NEEDLE 32G X 1/4"	2	
PEN NEEDLE 32G X 3/16"	2	
PEN NEEDLE 32G X 5/32"	2	
PEN NEEDLE 33G 4MM	2	
PEN NEEDLE 6MM 31G	2	
PEN NEEDLES 12MM 29G	2	
PEN NEEDLES 4MM 32G	2	
PEN NEEDLES 5MM 31G	2	
PEN NEEDLES 6MM 31G	2	
PEN NEEDLES 8MM 31G	2	
PENCICLOVIR 1% CREAM	3	PA, QL
PENICILLAMINE 250 MG TABLET	4	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML SOLN	1	
PENICILLIN VK 250 MG TABLET	1	
PENICILLIN VK 250 MG/5 ML SOLN	1	
PENICILLIN VK 500 MG TABLET	1	
PENTACEL VIAL KIT	2	
PENTAMIDINE 300 MG INHAL POWDR	2	
PENTAZOCINE-NALOXONE TABLET	1	PA
PENTIPS PEN NEEDLE 29G 12MM	2	
PENTIPS PEN NEEDLE 29GX1/2"	2	
PENTIPS PEN NEEDLE 31G 5MM	2	
PENTIPS PEN NEEDLE 31G 6MM	2	
PENTIPS PEN NEEDLE 31G 8MM	2	
PENTIPS PEN NEEDLE 31GX1/4"	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PENTIPS PEN NEEDLE 31GX3/16"	2	
PENTIPS PEN NEEDLE 31GX5/16"	2	
PENTIPS PEN NEEDLE 32G 4MM	2	
PENTIPS PEN NEEDLE 32G 6MM	2	
PENTIPS PEN NEEDLE 32GX5/32"	2	
PENTIPS PEN NEEDLE 6MM 31G	2	
PENTOXIFYLLINE ER 400 MG TAB	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	
PERINDOPRIL ERBUMINE 4 MG TAB	1	
PERINDOPRIL ERBUMINE 8 MG TAB	1	
PERIOGARD 0.12% ORAL RINSE	1	
PERMETHRIN 5% CREAM	1	
PERPHEN-AMITRIP 2 MG-10 MG TAB	1	
PERPHEN-AMITRIP 2 MG-25 MG TAB	1	
PERPHEN-AMITRIP 4 MG-10 MG TAB	1	
PERPHEN-AMITRIP 4 MG-25 MG TAB	1	
PERPHEN-AMITRIP 4 MG-50 MG TAB	1	
PERPHENAZINE 16 MG TABLET	1	
PERPHENAZINE 2 MG TABLET	1	
PERPHENAZINE 4 MG TABLET	1	
PERPHENAZINE 8 MG TABLET	1	
PERSONAL BEST PEAK FLOW MTR	2	
PFIZER COVID (12Y UP) VAC-GRAY	2	
PFIZER COVID (5-11Y) VAC-ORANG	2	
PFIZER COVID (6M-4Y)VAC-MAROON	2	
PFIZER COVID BIVAL (12Y UP)EUA	2	
PFIZER COVID BIVAL (5-11YR)EUA	2	
PFIZER COVID BIVAL (6MO-4Y)EUA	2	
PFIZER COVID-19 VACCINE-PURPLE	2	
PHASEAL PROTECTOR 14	2	
PHASEAL PROTECTOR 21	2	
PHASEAL PROTECTOR 28	2	
PHASEAL PROTECTOR 50	2	
PHENAZOPYRIDINE 100 MG TAB	1	
PHENAZOPYRIDINE 200 MG TAB	1	
PHENELZINE SULFATE 15 MG TAB	1	
PHENOBARBITAL 100 MG TABLET	1	
PHENOBARBITAL 15 MG TABLET	1	
PHENOBARBITAL 16.2 MG TABLET	1	
PHENOBARBITAL 20 MG/5 ML CUP	1	
PHENOBARBITAL 20 MG/5 ML ELIX	1	
PHENOBARBITAL 20 MG/5 ML SOLN	1	
PHENOBARBITAL 30 MG TABLET	1	
PHENOBARBITAL 30 MG/7.5 ML CUP	1	
PHENOBARBITAL 32.4 MG TABLET	1	
PHENOBARBITAL 60 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)
PHENOBARBITAL 60 MG/15 ML CUP	1		PIROXICAM 10 MG CAPSULE	1	
PHENOBARBITAL 64.8 MG TABLET	1		PIROXICAM 20 MG CAPSULE	1	
PHENOBARBITAL 97.2 MG TABLET	1		PLAN B ONE-STEP 1.5 MG TABLET	3	
PHENOXYBENZAMINE HCL 10 MG CAP	4	SRX	PNEUMOVAX 23 SYRINGE	2	
PHENYLEPHRINE 10% EYE DROPS	1		PNEUMOVAX 23 VIAL	2	
PHENYLEPHRINE 2.5% EYE DROP	1		PNV 29-1	1	
PHENYTOIN 100 MG/4 ML SUSP	1		PNV PRENATAL PLUS MULTIVIT TAB	1	
PHENYTOIN 125 MG/5 ML SUSP	1		PNV-DHA	1	
PHENYTOIN 50 MG INFATAB CHEW	1		PNV-DHA + DOCUSATE	1	
PHENYTOIN 50 MG TABLET CHEW	1		PNV-OMEGA	1	
PHENYTOIN SOD EXT 100 MG CAP	1		PNV-SELECT	1	
PHENYTOIN SOD EXT 200 MG CAP	1		POCKET CHAMBER	2	QL
PHENYTOIN SOD EXT 300 MG CAP	1		POCKET PEAK FLOW METER	2	
PHILITH 0.4-0.035 MG TABLET	1		PODOFILOX 0.5% TOPICAL SOLN	1	
PHOSLYRA 667 MG/5 ML SOLUTION	3		POLY HUB NEEDLE 18GX1"	2	
PHOSPHASAL	1		POLY HUB NEEDLE 18GX1-1/2"	2	
PHOSPHOLINE IODIDE 0.125%	3	LDD	POLY HUB NEEDLE 21GX1"	2	
PHOSPHOLINE IODIDE 0.125% DROP	3	LDD	POLY HUB NEEDLE 21GX1-1/2"	2	
PHYSIOSOL IRRIGATION SOLN	3		POLY HUB NEEDLE 22GX1"	2	
PHYTONADIONE 5 MG TABLET	3		POLY HUB NEEDLE 22GX1-1/2"	2	
PIKO 1 FLOW METER	2		POLY HUB NEEDLE 23GX1"	2	
PILOCARPINE 1% EYE DROPS	1		POLY HUB NEEDLE 23GX1-1/2"	2	
PILOCARPINE 2% EYE DROPS	1		POLY HUB NEEDLE 25GX1"	2	
PILOCARPINE 4% EYE DROPS	1		POLY HUB NEEDLE 25GX1-1/2"	2	
PILOCARPINE HCL 5 MG TABLET	1		POLY HUB NEEDLE 25GX5/8"	2	
PILOCARPINE HCL 7.5 MG TABLET	1		POLY HUB NEEDLE 27GX1/2"	2	
PIMECROLIMUS 1% CREAM	3		POLY HUB NEEDLE 27GX1-1/4"	2	
PIMOZIDE 1 MG TABLET	1		POLY HUB NEEDLE 30GX1/2"	2	
PIMOZIDE 2 MG TABLET	1		POLYCYN EYE OINTMENT	1	
PIMTREA 28 DAY TABLET	1		POLYMYXIN B-TMP EYE DROPS	1	
PINDOLOL 10 MG TABLET	1		POMALYST 1 MG CAPSULE	4	PA, QL, LDD, SRX
PINDOLOL 5 MG TABLET	1		POMALYST 2 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 15 MG TABLET	1		POMALYST 3 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 30 MG TABLET	1		POMALYST 4 MG CAPSULE	4	PA, QL, LDD, SRX
PIOGLITAZONE HCL 45 MG TABLET	1		PORTIA-28 TABLET	1	
PIOGLITAZONE-GLIMEPIRIDE 30-2	1		POSACONAZOLE 200 MG/5 ML SUSP	3	
PIOGLITAZONE-GLIMEPIRIDE 30-4	1		POSACONAZOLE DR 100 MG TABLET	3	QL
PIOGLITAZONE-METFORMIN 15-500	1		POTASSIUM CITRATE ER 10 MEQ TB	1	
PIOGLITAZONE-METFORMIN 15-850	1		POTASSIUM CITRATE ER 15 MEQ TB	1	
PIP GLUCOSE CONTROL SOLN L1-L2	2		POTASSIUM CITRATE ER 5 MEQ TAB	1	
PIP PEN NEEDLE 31G X 5MM	2		POTASSIUM CL 10% (20 MEQ/15ML)	1	
PIP PEN NEEDLE 32G X 4MM	2		POTASSIUM CL 10% (40 MEQ/30ML)	1	
PIRFENIDONE 267 MG CAPSULE	4	PA, SRX	POTASSIUM CL 20 MEQ PACKET	1	
PIRFENIDONE 267 MG TABLET	4	PA, SRX	POTASSIUM CL 20% (40 MEQ/15ML)	1	
PIRFENIDONE 801 MG TABLET	4	PA, SRX	POTASSIUM CL ER 10 MEQ CAPSULE	1	
PIRMELLA 1-35 28 TABLET	1		POTASSIUM CL ER 10 MEQ TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1		POTASSIUM CL ER 15 MEQ TABLET	1	

2024 Cigna Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
POTASSIUM CL ER 20 MEQ TABLET	1		PREDNISONE 10 MG TAB DOSE PACK	1	
POTASSIUM CL ER 8 MEQ CAPSULE	1		PREDNISONE 10 MG TABLET	1	
POTASSIUM CL ER 8 MEQ TABLET	1		PREDNISONE 2.5 MG TABLET	1	
POTASSIUM IODIDE 1 GM/ML SOL	3		PREDNISONE 20 MG TABLET	1	
PR NATAL 400 COMBO PACK	1		PREDNISONE 5 MG TAB DOSE PACK	1	
PR NATAL 400 EC COMBO PACK	1		PREDNISONE 5 MG TABLET	1	
PR NATAL 430 COMBO PACK	1		PREDNISONE 5 MG/5 ML SOLUTION	1	
PR NATAL 430 EC COMBO PACK	1		PREDNISONE 50 MG TABLET	1	
PRADAXA 110 MG CAPSULE	3	PA, QL	PREDNISONE INTENSOL 5 MG/ML	1	
PRAMIPEXOLE 0.125 MG TABLET	1		PREF PLUS INS 0.3 ML 29GX1/2"	2	
PRAMIPEXOLE 0.25 MG TABLET	1		PREF PLUS SYR 0.5 ML 30GX5/16"	2	
PRAMIPEXOLE 0.5 MG TABLET	1		PREF PLUS SYRINGE 1 ML 29GX1/2"	2	
PRAMIPEXOLE 0.75 MG TABLET	1		PREFERRED PLUS 0.3 ML 30GX5/16	2	
PRAMIPEXOLE 1 MG TABLET	1		PREFERRED PLUS 0.5 ML 29GX1/2"	2	
PRAMIPEXOLE 1.5 MG TABLET	1		PREFERRED PLUS SYRINGE 0.5 ML	2	
PRAMIPEXOLE ER 0.375 MG TABLET	1		PREFERRED PLUS SYRINGE 1 ML	2	
PRAMIPEXOLE ER 0.75 MG TABLET	1		PREFEST	1	
PRAMIPEXOLE ER 1.5 MG TABLET	1		PREFPLS INS SYR 1 ML 30GX5/16"	2	
PRAMIPEXOLE ER 2.25 MG TABLET	1		PREGABALIN 100 MG CAPSULE	1	QL
PRAMIPEXOLE ER 3 MG TABLET	1		PREGABALIN 150 MG CAPSULE	1	QL
PRAMIPEXOLE ER 3.75 MG TABLET	1		PREGABALIN 20 MG/ML SOLUTION	1	QL
PRAMIPEXOLE ER 4.5 MG TABLET	1		PREGABALIN 200 MG CAPSULE	1	QL
PRAMOSONE 1% LOTION	3		PREGABALIN 225 MG CAPSULE	1	QL
PRAMOSONE 1%-1% OINTMENT	3		PREGABALIN 25 MG CAPSULE	1	QL
PRAMOSONE 2.5%-1% LOTION	3		PREGABALIN 300 MG CAPSULE	1	QL
PRAMOSONE 2.5%-1% OINTMENT	3		PREGABALIN 50 MG CAPSULE	1	QL
PRASUGREL 10 MG TABLET	1		PREGABALIN 75 MG CAPSULE	1	QL
PRASUGREL 5 MG TABLET	1		PREHEVBRIO 10 MCG/ML VIAL	2	
PRAVASTATIN SODIUM 10 MG TAB	1		PREMARIN 0.3 MG TABLET	3	
PRAVASTATIN SODIUM 20 MG TAB	1		PREMARIN 0.45 MG TABLET	3	
PRAVASTATIN SODIUM 40 MG TAB	1		PREMARIN 0.625 MG TABLET	3	
PRAVASTATIN SODIUM 80 MG TAB	1		PREMARIN 0.9 MG TABLET	3	
PRAZQUANTEL 600 MG TABLET	1		PREMARIN 1.25 MG TABLET	3	
PRAZOSIN 1 MG CAPSULE	1		PRENA1 TRUE	1	
PRAZOSIN 2 MG CAPSULE	1		PRENAISSANCE	1	
PRAZOSIN 5 MG CAPSULE	1		PRENAISSANCE PLUS	1	
PREDNICARBATE 0.1% CREAM	1		PRENATAL 19 CHEWABLE TABLET	1	
PREDNICARBATE 0.1% OINTMENT	1		PRENATAL 19 TABLET	1	
PREDNISOLONE 15 MG/5 ML SOLN	1		PRENATAL PLUS IRON TABLET	1	
PREDNISOLONE 5 MG/5 ML SOLN	1		PRENATAL PLUS VITAMIN-MINERAL	1	
PREDNISOLONE AC 1% EYE DROP	1		PRENATAL PLUS-DHA	1	
PREDNISOLONE ODT 10 MG TABLET	1		PRENATAL VITAMIN PLUS LOW IRON	1	
PREDNISOLONE ODT 15 MG TABLET	1		PRENATAL-U	1	
PREDNISOLONE ODT 30 MG TABLET	1		PREP EASE ALCOHOL PADS	2	
PREDNISOLONE SOD 1% EYE DROP	1		PREPLUS CA-FE 27 MG-FA 1 MG TB	1	
PREDNISOLONE SOD PH 25 MG/5 ML	1		PRETAB 29 MG-1 MG TABLET	1	
PREDNISONE 1 MG TABLET	1		PREVALITE PACKET	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)
PREVALITE POWDER	1		PRODIGY CONTROL SOLUTION LOW	2	
PREVENT PEN NEEDLE 31GX1/4"	2		PRODIGY INS SYR 1ML 28GX1/2"	2	
PREVENT PEN NEEDLE 31GX5/16"	2		PRODIGY SYRNG 0.5 ML 31GX5/16"	2	
PREVIFEM TABLET	1		PRODIGY SYRNGE 0.3ML 31GX5/16"	2	
PREVNAR 13 SYRINGE	2		PROGESTERONE 100 MG CAPSULE	1	
PREVNAR 20 SYRINGE	2		PROGESTERONE 200 MG CAPSULE	1	
PREVYMIS 240 MG TABLET	3	PA, QL	PROGRAF 0.2 MG GRANULE PACKET	3	
PREVYMIS 480 MG TABLET	3	PA, QL	PROGRAF 1 MG GRANULE PACKET	3	
PREZCOBIX 800 MG-150 MG TABLET	2		PROMACTA 12.5 MG SUSPEN PACKET	4	PA, LDD, SRX
PREZISTA 100 MG/ML SUSPENSION	2		PROMACTA 12.5 MG TABLET	4	PA, LDD, SRX
PREZISTA 150 MG TABLET	2		PROMACTA 25 MG SUSPENSION PCKT	4	PA, LDD, SRX
PREZISTA 600 MG TABLET	2		PROMACTA 25 MG TABLET	4	PA, LDD, SRX
PREZISTA 75 MG TABLET	2		PROMACTA 50 MG TABLET	4	PA, LDD, SRX
PREZISTA 800 MG TABLET	2		PROMACTA 75 MG TABLET	4	PA, LDD, SRX
PRIFTIN 150 MG TABLET	3		PROMETHAZINE 12.5 MG SUPPOS	1	
PRIMAQUINE 26.3 MG TABLET	1		PROMETHAZINE 12.5 MG TABLET	1	
PRIMEAIRE	2	QL	PROMETHAZINE 25 MG SUPPOSITORY	1	
PRIMIDONE 250 MG TABLET	1		PROMETHAZINE 25 MG TABLET	1	
PRIMIDONE 50 MG TABLET	1		PROMETHAZINE 50 MG TABLET	1	
PRIMSOL 50 MG/5 ML ORAL SOLN	3		PROMETHAZINE 6.25 MG/5 ML SOLN	1	
PRIORIX VIAL	2		PROMETHAZINE 6.25 MG/5 ML SYRP	1	
PRO COMFORT 0.5 ML 30GX1/2"	2		PROMETHAZINE VC SOLUTION	1	
PRO COMFORT 0.5 ML 30GX5/16"	2		PROMETHAZINE VC-CODEINE SOLN	1	QL
PRO COMFORT 0.5 ML 31GX5/16"	2		PROMETHAZINE-CODEINE SOLUTION	1	QL
PRO COMFORT 1 ML 30GX1/2"	2		PROMETHAZINE-CODEINE SYRUP	1	QL
PRO COMFORT 1 ML 30GX5/16"	2		PROMETHAZINE-DM 6.25-15 MG/5ML	1	
PRO COMFORT 1 ML 31GX5/16"	2		PROMETHAZINE-PE-CODEINE SYRUP	1	QL
PRO COMFORT PEN ND 31GX5/16"	2		PROMETHAZINE-PHENYLEPHRINE SYR	1	
PRO COMFORT PEN ND 32G X 1/4"	2		PROMETHEGAN 12.5 MG SUPPOS	1	
PRO COMFORT PEN ND 4MM 32G	2		PROMETHEGAN 25 MG SUPPOSITORY	1	
PRO COMFORT PEN ND 5MM 32G	2		PROMETHEGAN 50 MG SUPPOSITORY	1	
PRO COMFORT SPACER-ADULT MASK	2	QL	PROPAPENONE HCL 150 MG TABLET	1	
PRO COMFORT SPACER-CHILD MASK	2	QL	PROPAPENONE HCL 225 MG TAB	1	
PRO COMFORT SPACER-INFANT MASK	2	QL	PROPAPENONE HCL 300 MG TAB	1	
PROBENECID 500 MG TABLET	1		PROPAPENONE HCL ER 225 MG CAP	1	
PROBENECID-COLCHICINE TABLET	1		PROPAPENONE HCL ER 325 MG CAP	1	
PROCARE SPACER WITH ADULT MASK	2	QL	PROPAPENONE HCL ER 425 MG CAP	1	
PROCARE SPACER WITH CHILD MASK	2	QL	PROPARACAINE 0.5% EYE DROPS	1	
PROCENTRA 5 MG/5 ML SOLUTION	1	QL	PROPRANOLOL 10 MG TABLET	1	
PROCHAMBER HOLDING CHAMBER	2	QL	PROPRANOLOL 20 MG TABLET	1	
PROCHLORPERAZINE 10 MG TAB	1		PROPRANOLOL 20 MG/5 ML SOLN	1	
PROCHLORPERAZINE 25 MG SUPP	1		PROPRANOLOL 40 MG TABLET	1	
PROCHLORPERAZINE 5 MG TABLET	1		PROPRANOLOL 40 MG/5 ML SOLN	1	
PROCTO-MED HC 2.5% CREAM	1		PROPRANOLOL 60 MG TABLET	1	
PROCTOSOL-HC 2.5% CREAM	1		PROPRANOLOL 80 MG TABLET	1	
PROCTOZONE-HC 2.5% CREAM	1		PROPRANOLOL ER 120 MG CAPSULE	1	
PRODIGY CONTROL SOLUTION	2		PROPRANOLOL ER 160 MG CAPSULE	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)
PROPRANOLOL ER 60 MG CAPSULE	1		QUAZEPAM 15 MG TABLET	3	PA
PROPRANOLOL ER 80 MG CAPSULE	1		QUETIAPINE ER 150 MG TABLET	1	
PROPRANOLOL-HCTZ 40-25 MG TAB	1		QUETIAPINE ER 200 MG TABLET	1	
PROPRANOLOL-HCTZ 80-25 MG TAB	1		QUETIAPINE ER 300 MG TABLET	1	
PROPYLTHIOURACIL 50 MG TABLET	1		QUETIAPINE ER 400 MG TABLET	1	
PROQUAD VIAL	2		QUETIAPINE ER 50 MG TABLET	1	
PROTRIPTYLINE HCL 10 MG TABLET	1		QUETIAPINE FUMARATE 100 MG TAB	1	
PROTRIPTYLINE HCL 5 MG TABLET	1		QUETIAPINE FUMARATE 200 MG TAB	1	
PUB INS SYRIN 0.3 ML 30GX1/2"	2		QUETIAPINE FUMARATE 25 MG TAB	1	
PUB INS SYRINGE 1 ML 30GX1/2"	2		QUETIAPINE FUMARATE 300 MG TAB	1	
PUB INSUL SYR 0.3 ML 31GX5/16"	2		QUETIAPINE FUMARATE 400 MG TAB	1	
PUB INSUL SYR 0.5 ML 30GX1/2"	2		QUETIAPINE FUMARATE 50 MG TAB	1	
PUB INSUL SYR 0.5 ML 31GX5/16"	2		QUICK RELEASE TEFLN CANNULA	2	
PUB INSULIN SYR 1 ML 31GX5/16"	2		QUICK-SET PARADIGM SET 18"	2	
PUB PEN 12MM 29G NEEDLES	2		QUICK-SET PARADIGM SET 32"	2	
PUB PEN 8MM 31G NEEDLES	2		QUINAPRIL 10 MG TABLET	1	
PUB PEN NEEDLE 6MM 31G	2		QUINAPRIL 20 MG TABLET	1	
PUB UNIFINE PNTF PLUS 31GX3/16	2		QUINAPRIL 40 MG TABLET	1	
PULMOSAL 7% VIAL	1		QUINAPRIL 5 MG TABLET	1	
PULMOZYME 1 MG/ML AMPUL	4	PA, SRX	QUINAPRIL-HCTZ 10-12.5 MG TAB	1	
PURE CMFT SFTY PEN ND 31G 5MM	2		QUINAPRIL-HCTZ 20-12.5 MG TAB	1	
PURE CMFT SFTY PEN ND 31G 6MM	2		QUINAPRIL-HCTZ 20-25 MG TAB	1	
PURE CMFT SFTY PEN ND 32G 4MM	2		QUINIDINE GLUC ER 324 MG TAB	1	
PURE COMFORT PEN ND 32G 4MM	2		QUINIDINE SULFATE 200 MG TAB	1	
PURE COMFORT PEN ND 32G 5MM	2		QUINIDINE SULFATE 300 MG TAB	1	
PURE COMFORT PEN ND 32G 6MM	2		QUININE SULFATE 324 MG CAPSULE	1	
PURE COMFORT PEN ND 32G 8MM	2		QUTENZA 8% KIT (1 PATCH)	3	
PURE COMFORT SPACER-ADULT MASK	2	QL	QUTENZA 8% KIT (2 PATCH)	3	
PURECOMFORT PEAK FLOW MTR ADLT	2		QUTENZA 8% KIT (4 PATCH)	3	
PURECOMFORT PEAK FLOW MTR CHLD	2		QVAR REDHALER 40 MCG	2	
PURIXAN 20 MG/ML ORAL SUSP	4	PA, SRX	QVAR REDHALER 80 MCG	2	
PV UNIFINE PENTIP PLUS 31GX5MM	2		RA ALCOHOL SWABS	2	
PV UNIFINE PENTIP PLUS 31GX6MM	2		RA INS SYR 0.5 ML 29GX1/2"	2	
PV UNIFINE PENTIP PLUS 31GX8MM	2		RA INS SYR 0.5 ML 30GX5/16"	2	
PV UNIFINE PENTIP PLUS 32GX4MM	2		RA INS SYR 1 ML 29GX1/2"	2	
PV UNIFINE PENTIP PLUS 33GX4MM	2		RA INS SYRINGE 1 ML 30GX5/16"	2	
PYRAZINAMIDE 500 MG TABLET	1		RA PEN NEEDLE 31GX3/16"	2	
PYRIDOSTIGMINE 60 MG/5 ML SOLN	4	PA, SRX	RA PEN NEEDLE 31GX5/16"	2	
PYRIDOSTIGMINE BR 60 MG TABLET	3		RABEPRAZOLE SOD DR 20 MG TAB	1	QL
PYRIDOSTIGMINE ER 180 MG TAB	3		RALOXIFENE HCL 60 MG TABLET	1	
PYRIMETHAMINE 25 MG TABLET	4	PA, LDD, SRX	RAMELTEON 8 MG TABLET	2	QL
QC ALCOHOL 70% SWABS	2		RAMIPRIL 1.25 MG CAPSULE	1	
QC UNIFINE PENTIPS 32GX5/32"	2		RAMIPRIL 10 MG CAPSULE	1	
QC UNIFINE PENTIPS 4MM 32G	2		RAMIPRIL 2.5 MG CAPSULE	1	
QUADRACEL DTAP-IPV SYRINGE	2		RAMIPRIL 5 MG CAPSULE	1	
QUADRACEL DTAP-IPV VIAL	2		RANITIDINE 15 MG/ML SYRUP	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)
RANITIDINE 150 MG CAPSULE	1		RELION PEN NEEDLE 32GX5/32"	2	
RANITIDINE 150 MG TABLET	1		RELION PEN NEEDLES 32GX5/32"	2	
RANITIDINE 150 MG/10 ML SYRUP	1		RELION SYR 0.5 ML 30GX5/16"	2	
RANITIDINE 300 MG CAPSULE	1		RELION SYRING 0.3 ML 31GX5/16"	2	
RANITIDINE 300 MG TABLET	1		RELION SYRING 0.5 ML 31GX5/16"	2	
RANOLAZINE ER 1,000 MG TABLET	3	QL	RELISTOR 12 MG/0.6 ML SYRINGE	3	PA
RANOLAZINE ER 500 MG TABLET	3	QL	RELISTOR 12 MG/0.6 ML VIAL	3	PA
RASAGILINE MESYLATE 0.5 MG TAB	1		RELISTOR 150 MG TABLET	3	PA
RASAGILINE MESYLATE 1 MG TAB	1		RELISTOR 8 MG/0.4 ML SYRINGE	3	PA
RAYA SURE PEN NEEDLE 29G 12MM	2		RENACIDIN IRRIGATION SOLUTION	3	
RAYA SURE PEN NEEDLE 31G 4MM	2		REPAGLINIDE 0.5 MG TABLET	1	
RAYA SURE PEN NEEDLE 31G 5MM	2		REPAGLINIDE 1 MG TABLET	1	
RAYA SURE PEN NEEDLE 31G 6MM	2		REPAGLINIDE 2 MG TABLET	1	
RECLIPSEN 28 DAY TABLET	1		REPAGLINIDE-METFORMIN 1-500 MG	1	
RECOMBIVAX HB 10 MCG/ML SYR	2		REPAGLINIDE-METFORMIN 2-500 MG	1	
RECOMBIVAX HB 10 MCG/ML VIAL	2		REPATHA 140 MG/ML SURECLICK	4	PA, SRX
RECOMBIVAX HB 40 MCG/ML VIAL	2		REPATHA PUSHTRONEX	4	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML SYR	2		REPATHA SYRINGE	4	PA, SRX
RECOMBIVAX HB 5 MCG/0.5 ML VL	2		REPLACEMENT PEDIATRIC MONITOR	2	
RECTIV 0.4% OINTMENT	3		RESPA A.R.	3	
REFUAH PLUS CONTROL SOLUTION	2		REVLIMID 10 MG CAPSULE	4	PA, QL, LDD, SRX
REGANEX 0.01% GEL	3	PA, QL	REVLIMID 15 MG CAPSULE	4	PA, QL, LDD, SRX
RELENZA 5 MG DISKHALER	3	QL	REVLIMID 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
RELI ON 31G X 1/4" NEEDLES	2		REVLIMID 20 MG CAPSULE	4	PA, QL, LDD, SRX
RELION ALCOHOL 70% SWABS	2		REVLIMID 25 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 29GX1/2"	2		REVLIMID 5 MG CAPSULE	4	PA, QL, LDD, SRX
RELION INS SYR 0.3 ML 31GX6MM	2		REYATAZ 50 MG POWDER PACKET	2	
RELION INS SYR 0.5 ML 29GX1/2"	2		RIBASPHERE 200 MG CAPSULE	3	
RELION INS SYR 0.5 ML 31GX6MM	2		RIBASPHERE 600 MG TABLET	3	
RELION INS SYR 1 ML 29GX1/2"	2		RIBAVIRIN 200 MG CAPSULE	3	
RELION INS SYR 1 ML 30GX5/16"	2		RIBAVIRIN 200 MG TABLET	3	
RELION INS SYR 1 ML 31GX15/64"	2		RIFABUTIN 150 MG CAPSULE	2	
RELION INS SYR 1 ML 31GX5/16"	2		RIFAMATE	3	
RELION INSULIN SYR 0.5 ML	2		RIFAMPIN 150 MG CAPSULE	1	
RELION KETONE TEST STRIP	2		RIFAMPIN 300 MG CAPSULE	1	
RELION MINI PEN 31G X 1/4" NDL	2		RIFATER	3	
RELION NOVOLOG 100 UNIT/ML VL	3	QL, ST	RIGHTEST CONTROL SOLN NORMAL	2	
RELION NOVOLOG MIX 70-30 FLXPN	3	QL, ST	RIGHTEST CONTROL SOLUTION HIGH	2	
RELION NOVOLOG MIX 70-30 VIAL	3	QL, ST	RILUZOLE 50 MG TABLET	4	SRX
RELION NOVOLOG U-100 FLEXPEN	3	QL, ST	RIMANTADINE HCL	1	
RELION PEN 29G NEEDLE	2		RINGERS IRRIGATION	3	
RELION PEN 31G NEEDLE	2		RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 29GX1/2"	2		RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	2		RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31GX1/4"	2		RISEDRONATE SOD DR 35 MG TAB	1	
RELION PEN NEEDLE 31GX5/16"	2		RISEDRONATE SODIUM 150 MG TAB	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)
RISEDRONATE SODIUM 30 MG TAB	1		ROSADAN 0.75% GEL	1	
RISEDRONATE SODIUM 35 MG TAB	1		ROSUVASTATIN CALCIUM 10 MG TAB	1	
RISEDRONATE SODIUM 5 MG TABLET	1		ROSUVASTATIN CALCIUM 20 MG TAB	1	
RISPERIDONE 0.25 MG ODT	1		ROSUVASTATIN CALCIUM 40 MG TAB	1	
RISPERIDONE 0.25 MG TABLET	1		ROSUVASTATIN CALCIUM 5 MG TAB	1	
RISPERIDONE 0.5 MG ODT	1		ROTARIX VACCINE ORAL SYRINGE	2	
RISPERIDONE 0.5 MG TABLET	1		ROTARIX VACCINE SUSPENSION	2	
RISPERIDONE 1 MG ODT	1		ROTATEQ VACCINE	2	
RISPERIDONE 1 MG TABLET	1		ROWEEPR 1,000 MG TABLET	1	
RISPERIDONE 1 MG/ML SOLUTION	1		ROWEEPR 500 MG TABLET	1	
RISPERIDONE 2 MG ODT	1		ROWEEPR 750 MG TABLET	1	
RISPERIDONE 2 MG TABLET	1		RUFINAMIDE 200 MG TABLET	3	PA, QL
RISPERIDONE 3 MG ODT	1		RUFINAMIDE 40 MG/ML SUSPENSION	3	PA, QL
RISPERIDONE 3 MG TABLET	1		RUFINAMIDE 400 MG TABLET	3	PA, QL
RISPERIDONE 4 MG ODT	1		SAFESNAP INSUL SYRINGE 0.3 ML	2	
RISPERIDONE 4 MG TABLET	1		SAFESNAP INSUL SYRINGE 0.5 ML	2	
RITEFLO	2	QL	SAFESNAP INSULIN SYRINGE 1 ML	2	
RITONAVIR 100 MG TABLET	1		SAFETY PEN NEEDLE 31G 4MM	2	
RIVASTIGMINE 1.5 MG CAPSULE	1		SAFETY PEN NEEDLE 31G 5MM	2	
RIVASTIGMINE 13.3 MG/24HR PTCH	1		SAFETY PEN NEEDLE 5MM X 31G	2	
RIVASTIGMINE 3 MG CAPSULE	1		SAJAZIR 30 MG/3 ML SYRINGE	4	PA, LDD, SRX
RIVASTIGMINE 4.5 MG CAPSULE	1		SALICYLIC ACID 27.5% LIQUID	1	
RIVASTIGMINE 4.6 MG/24HR PATCH	1		SALSALATE 500 MG TABLET	1	
RIVASTIGMINE 6 MG CAPSULE	1		SALSALATE 750 MG TABLET	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1		SANTYL OINTMENT	3	PA, QL
RIVELSA TABLET	1		SAPROPTERIN 100 MG POWDER PKT	4	PA, SRX
RIZATRIPTAN 10 MG ODT	1	QL	SAPROPTERIN 100 MG TABLET	4	PA, SRX
RIZATRIPTAN 10 MG TABLET	1	QL	SAPROPTERIN 500 MG POWDER PKT	4	PA, SRX
RIZATRIPTAN 5 MG ODT	1	QL	SAVAYSA 15 MG TABLET	3	PA, QL
RIZATRIPTAN 5 MG TABLET	1	QL	SAVAYSA 30 MG TABLET	3	PA, QL
R-NATAL OB	1		SAVAYSA 60 MG TABLET	3	PA, QL
ROFLUMILAST 250 MCG TABLET	3	QL	SAVELLA 100 MG TABLET	3	
ROFLUMILAST 500 MCG TABLET	3	QL	SAVELLA 12.5 MG TABLET	3	
ROPINIROLE HCL 0.25 MG TABLET	1		SAVELLA 25 MG TABLET	3	
ROPINIROLE HCL 0.5 MG TABLET	1		SAVELLA 50 MG TABLET	3	
ROPINIROLE HCL 1 MG TABLET	1		SAVELLA TITRATION PACK	3	
ROPINIROLE HCL 2 MG TABLET	1		SCOPOLAMINE 1 MG/3 DAY PATCH	1	
ROPINIROLE HCL 3 MG TABLET	1		SECONAL SODIUM 100 MG CAPSULE	3	
ROPINIROLE HCL 4 MG TABLET	1		SECURESAFE PEN NDL 30GX5/16"	2	
ROPINIROLE HCL 5 MG TABLET	1		SECURESAFE SYR 0.5 ML 29G 1/2"	2	
ROPINIROLE HCL ER 12 MG TABLET	1		SECURESAFE SYRNG 1 ML 29G 1/2"	2	
ROPINIROLE HCL ER 2 MG TABLET	1		SELEGILINE HCL 5 MG CAPSULE	1	
ROPINIROLE HCL ER 4 MG TABLET	1		SELEGILINE HCL 5 MG TABLET	1	
ROPINIROLE HCL ER 6 MG TABLET	1		SELENIUM SULFIDE 2.25% SHAMPOO	1	
ROPINIROLE HCL ER 8 MG TABLET	1		SELENIUM SULFIDE 2.5% LOTION	1	
ROSADAN 0.75% CREAM	1		SE-NATAL 19 CHEWABLE TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SE-NATAL-19 TABLET	1	
SEN-SERTER	2	
SEREVENT DISKUS 50 MCG	2	QL
SERTRALINE 20 MG/ML ORAL CONC	1	QL
SERTRALINE HCL 100 MG TABLET	1	QL
SERTRALINE HCL 25 MG TABLET	1	QL
SERTRALINE HCL 50 MG TABLET	1	QL
SETLAKIN 0.15 MG-0.03 MG TAB	1	
SEVELAMER CARBONATE 800 MG TAB	3	
SF 1.1% GEL	1	
SF 5000 PLUS CREAM	1	
SHAROBEL 0.35 MG TABLET	1	
SHINGRIX VIAL KIT	2	QL
SHOPKO UNIFINE PENTIPS 4MM 32G	2	
SHOPKO UNIFINE PENTIPS 5MM 31G	2	
SHOPKO UNIFINE PENTIPS 8MM 31G	2	
SHOPKO UNIFINE PNTIPS 12MM 29G	2	
SIDESTREAM PEDIATRIC FACE MASK	2	QL
SIGNIFOR 0.3 MG/ML AMPULE	4	PA, LDD, SRX
SIGNIFOR 0.6 MG/ML AMPULE	4	PA, LDD, SRX
SIGNIFOR 0.9 MG/ML AMPULE	4	PA, LDD, SRX
SILDENAFIL 20 MG TABLET	4	PA, SRX
SILHOUETTE INFUSION SET 23"	2	
SILHOUETTE INFUSION SET 43"	2	
SILICONE MASK-INFANT	2	QL
SILICONE MASK-PEDIATRIC	2	QL
SILODOSIN 4 MG CAPSULE	1	QL
SILODOSIN 8 MG CAPSULE	1	QL
SIL-SERTER INFUSION SET	2	
SILVER NITRATE 0.5% SOLN	1	
SILVER NITRATE 10% SOLUTION	1	
SILVER NITRATE 25% SOLUTION	1	
SILVER NITRATE 50% SOLUTION	1	
SILVER SULFADIAZINE 1% CREAM	1	
SIMBRINZA	2	
SIMLANDI	4	PA, QL, SRX
SIMLIYA 28 DAY TABLET	1	
SIMPESSE 0.15-0.03-0.01 MG TAB	1	
SIMVASTATIN 10 MG TABLET	1	
SIMVASTATIN 20 MG TABLET	1	
SIMVASTATIN 40 MG TABLET	1	
SIMVASTATIN 5 MG TABLET	1	
SIMVASTATIN 80 MG TABLET	1	QL
SIROLIMUS 0.5 MG TABLET	1	
SIROLIMUS 1 MG TABLET	1	
SIROLIMUS 1 MG/ML SOLUTION	4	SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SIROLIMUS 2 MG TABLET	1	
SIRTURO 100 MG TABLET	3	PA, LDD
SIRTURO 20 MG TABLET	3	PA, LDD
SKY SAFETY PEN NEEDLE 30G 5MM	2	
SKY SAFETY PEN NEEDLE 30G 8MM	2	
SKYRIZI 150 MG/ML SYRINGE	4	PA, QL, SRX
SKYRIZI 180 MG/1.2 ML ON-BODY	4	PA, QL, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	4	PA, QL, SRX
SKYRIZI 150 MG/ML PEN	4	PA, QL, SRX
SLYND 4 MG TABLET	3	
SM INS SYR 0.5 ML 29GX1/2"	2	
SM INS SYR 0.5 ML 30GX5/16"	2	
SM INS SYR 1 ML 29GX1/2"	2	
SM INS SYRINGE 0.3 ML 30GX5/16"	2	
SM INS SYRINGE 1 ML 28GX1/2"	2	
SM INS SYRINGE 1 ML 30GX5/16"	2	
SM INSUL SYR 0.3 ML 31GX5/16"	2	
SM INSUL SYR 0.5 ML 31GX5/16"	2	
SM INSULIN SYR 0.3 ML 29GX1/2"	2	
SM INSULIN SYR 0.5 ML 28GX1/2"	2	
SM INSULIN SYR 1 ML 31GX5/16"	2	
SMARTEST CONTROL SOLUTION	2	
SOD POLYSTYREN SULF 15 G/60 ML	1	
SOD SUL-POTASS SUL-MAG SUL SOL	3	
SODIUM CHLORIDE 0.9% INHAL VL	1	
SODIUM CHLORIDE 0.9% IRRIG	1	
SODIUM CHLORIDE 0.9% IRRIG.	1	
SODIUM CHLORIDE 0.9% PRCSS SOL	1	
SODIUM CHLORIDE 10% VIAL	1	
SODIUM CHLORIDE 3% VIAL	1	
SODIUM CHLORIDE 7% VIAL	1	
SODIUM FLUORIDE 0.2% RINSE	1	
SODIUM FLUORIDE 1.1% CREAM	1	
SODIUM FLUORIDE 1.1% GEL	1	
SODIUM FLUORIDE 5000 DRY MOUTH	1	
SODIUM FLUORIDE 5000 PLUS CRM	1	
SODIUM FLUORIDE 5000 PPM CREAM	1	
SODIUM FLUORIDE 5000 PPM PASTE	1	
SODIUM FLUORIDE ENAMEL PROTECT	1	
SODIUM FLUORIDE SENSITIVE	1	
SODIUM PHENYL BUTYRATE 500MG TB	4	SRX
SODIUM PHENYL BUTYRATE POWDER	4	SRX
SODIUM POLYSTYRENE SULF POWDER	1	
SODIUM SULFACETAMIDE 10% LOTN	1	
SOFOBUVIR-VELPATASVIR 400-100	4	PA, QL, SRX
SOF-SERTER	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SOF-SET MICRO INFUSION SET	2	
SOF-SET ULTIMATE QR SET	2	
SOLIFENACIN 10 MG TABLET	2	QL
SOLIFENACIN 5 MG TABLET	2	QL
SOLUS V2 CONTROL SOLUTION HIGH	2	
SOLUS V2 CONTROL SOLUTION LOW	2	
SOMAVERT 10 MG VIAL	4	PA, LDD, SRX
SOMAVERT 15 MG VIAL	4	PA, LDD, SRX
SOMAVERT 20 MG VIAL	4	PA, LDD, SRX
SOMAVERT 25 MG VIAL	4	PA, LDD, SRX
SOMAVERT 30 MG VIAL	4	PA, LDD, SRX
SORAFENIB 200 MG TABLET	4	PA, QL, SRX
SOTALOL 120 MG TABLET	1	
SOTALOL 160 MG TABLET	1	
SOTALOL 240 MG TABLET	1	
SOTALOL 80 MG TABLET	1	
SOTALOL AF 120 MG TABLET	1	
SOTALOL AF 160 MG TABLET	1	
SOTALOL AF 80 MG TABLET	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA
SOVALDI 150 MG PELLETT PACKET	4	PA, QL, SRX
SOVALDI 200 MG PELLETT PACKET	4	PA, QL, SRX
SOVALDI 200 MG TABLET	4	PA, QL, SRX
SOVALDI 400 MG TABLET	4	PA, QL, SRX
SPACE CHAMBER	2	QL
SPACE CHAMBER-LARGE MASK	2	QL
SPACE CHAMBER-MEDIUM MASK	2	QL
SPACE CHAMBER-SMALL MASK	2	QL
SPIKEVAX COVID (18Y UP) VACC	2	
SPINOSAD 0.9% TOPICAL SUSP	1	
SPIRONOLACTONE 100 MG TABLET	1	
SPIRONOLACTONE 25 MG TABLET	1	
SPIRONOLACTONE 50 MG TABLET	1	
SPIRONOLACTONE-HCTZ 25-25 TAB	1	
SPRINTEC 28 DAY TABLET	1	
SPRYCEL 100 MG TABLET	4	PA, QL, SRX
SPRYCEL 140 MG TABLET	4	PA, QL, SRX
SPRYCEL 20 MG TABLET	4	PA, QL, SRX
SPRYCEL 50 MG TABLET	4	PA, QL, SRX
SPRYCEL 70 MG TABLET	4	PA, QL, SRX
SPRYCEL 80 MG TABLET	4	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	1	
SPS 30 GM/120 ML ENEMA SUSP	1	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML SOLUTION	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
STAVUDINE 40 MG CAPSULE	1	
STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX
STERILE WATER FOR IRRIGATION	1	
STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX
STRIBILD	2	QL
STRIVERDI RESPIMAT INHAL SPRAY	3	QL, ST
SUBOXONE 12 MG-3 MG SL FILM	2	
SUBOXONE 2 MG-0.5 MG SL FILM	2	
SUBOXONE 4 MG-1 MG SL FILM	2	
SUBOXONE 8 MG-2 MG SL FILM	2	
SUBVENITE (BLUE)	1	
SUBVENITE (GREEN)	1	
SUBVENITE (ORANGE)	1	
SUBVENITE 100 MG TABLET	1	
SUBVENITE 150 MG TABLET	1	
SUBVENITE 200 MG TABLET	1	
SUBVENITE 25 MG TABLET	1	
SUCRAID 17,000 UNIT/2 ML SOLN	4	LDD, SRX
SUCRAID 8,500 UNIT/ML SOLN	4	LDD, SRX
SUCRALFATE 1 GM TABLET	1	
SULFACETAMIDE 10% EYE DROPS	1	
SULFACETAMIDE 10% EYE OINTMENT	1	
SULFACETAMIDE SOD 10% TOP SUSP	1	
SULF-PRED 10-0.23% EYE DROPS	1	
SULFADIAZINE 500 MG TABLET	1	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMETHOXAZOLE-TMP SUSP	1	
SULFAMYLLON 8.5% CREAM	3	
SULFASALAZINE 500 MG TABLET	1	
SULFASALAZINE DR 500 MG TAB	1	
SULINDAC 150 MG TABLET	1	
SULINDAC 200 MG TABLET	1	
SUMATRIPTAN 20 MG NASAL SPRAY	1	QL
SUMATRIPTAN 4 MG/0.5 ML CART	1	QL
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	QL
SUMATRIPTAN 5 MG NASAL SPRAY	1	QL
SUMATRIPTAN 6 MG/0.5 ML CART	1	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	QL
SUMATRIPTAN SUCC 100 MG TABLET	1	QL
SUMATRIPTAN SUCC 25 MG TABLET	1	QL
SUMATRIPTAN SUCC 50 MG TABLET	1	QL
SUNITINIB MALATE 12.5 MG CAP	4	PA, QL, 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)
SUNITINIB MALATE 25 MG CAPSULE	4	PA, QL, SRX	SYNTHROID 112 MCG TABLET	3	
SUNITINIB MALATE 37.5 MG CAP	4	PA, QL, SRX	SYNTHROID 125 MCG TABLET	3	
SUNITINIB MALATE 50 MG CAPSULE	4	PA, QL, SRX	SYNTHROID 137 MCG TABLET	3	
SUPRAX 100 MG TABLET CHEWABLE	3		SYNTHROID 150 MCG TABLET	3	
SUPRAX 200 MG TABLET CHEWABLE	3		SYNTHROID 175 MCG TABLET	3	
SUPRAX 500 MG/5 ML SUSPENSION	3		SYNTHROID 200 MCG TABLET	3	
SURE CMFT SFTY PEN NDJ 31G 6MM	2		SYNTHROID 25 MCG TABLET	3	
SURE CMFT SFTY PEN NDJ 32G 4MM	2		SYNTHROID 300 MCG TABLET	3	
SURE COMFORT 0.3 ML SYRINGE	2		SYNTHROID 50 MCG TABLET	3	
SURE COMFORT 0.5 ML SYRINGE	2		SYNTHROID 75 MCG TABLET	3	
SURE COMFORT 1 ML SYRINGE	2		SYNTHROID 88 MCG TABLET	3	
SURE COMFORT 3/10 ML SYRINGE	2		T:30 INFUSION SET 23" 13MM	2	
SURE COMFORT 30G PEN NEEDLE	2		T:30 INFUSION SET 43" 13MM	2	
SURE COMFORT INS 0.3ML 31GX1/4	2		T:90 INFUSION SET 23" 6MM	2	
SURE COMFORT INS 0.5ML 31GX1/4	2		T:90 INFUSION SET 23" 9MM	2	
SURE COMFORT INS 1 ML 31GX1/4"	2		T:90 INFUSION SET 43" 9MM	2	
SURE COMFORT PEN NDJ 29GX1/2"	2		T:FLEX 4.8 ML CARTRIDGE	2	
SURE COMFORT PEN NDJ 31G 5MM	2		T:SLIM 3 ML CARTRIDGE	2	
SURE COMFORT PEN NDJ 31G 8MM	2		T:SLIM G4 3 ML CARTRIDGE	2	
SURE COMFORT PEN NDJ 32G 4MM	2		T:SLIM X2 3 ML CARTRIDGE	2	
SURE COMFORT PEN NDJ 32G 6MM	2		TABLOID 40 MG TABLET	3	PA
SURE-FINE PEN NEEDLES 12.7MM	2		TACROLIMUS 0.03% OINTMENT	1	
SURE-FINE PEN NEEDLES 5MM	2		TACROLIMUS 0.1% OINTMENT	1	
SURE-FINE PEN NEEDLES 8MM	2		TACROLIMUS 0.5 MG CAPSULE (IR)	1	
SURE-JECT INS 0.3 ML 31GX5/16"	2		TACROLIMUS 1 MG CAPSULE (IR)	1	
SURE-JECT INS 0.5 ML 31GX5/16"	2		TACROLIMUS 5 MG CAPSULE (IR)	1	
SURE-JECT INSU SYR U100 0.3 ML	2		TADALAFIL 2.5 MG TABLET	1	PA, QL
SURE-JECT INSU SYR U100 0.5 ML	2		TADALAFIL 20 MG TABLET	4	PA, SRX
SURE-JECT INSU SYR U100 1 ML	2		TADALAFIL 5 MG TABLET	1	PA, QL
SURE-JECT INSUL SYR U100 1 ML	2		TAFINLAR 10 MG TABLET FOR SUSP	4	PA, QL, SRX
SURE-JECT INSULIN SYRINGE 1 ML	2		TAFINLAR 50 MG CAPSULE	4	PA, QL, LDD, SRX
SURE-T PARADIGM 18" SET	2		TAFINLAR 75 MG CAPSULE	4	PA, QL, LDD, SRX
SURE-T PARADIGM 23" SET	2		TAFLUPROST 0.0015% EYE DROP	3	QL
SURE-T PARADIGM 32" SET	2		TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX
SURE-TEST EASYPLUS MINI SOLN	2		TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX
SYEDA 28 TABLET	1		TAKE ACTION 1.5 MG TABLET	1	
SYMAX FASTABS 0.125 MG TABLET	1		TAMOXIFEN 10 MG TABLET	1	
SYMAX-SL 0.125 MG TABLET SL	1		TAMOXIFEN 20 MG TABLET	1	
SYMAX-SR 0.375 MG TABLET	1		TAMSULOSIN HCL 0.4 MG CAPSULE	1	
SYMLINPEN 120	3	QL	TARINA 24 FE 1 MG-20 MCG TAB	1	
SYMLINPEN 60	3	QL	TARINA FE 1-20 EQ TABLET	1	
SYMTOZA	2	QL	TARINA FE 1-20 TABLET	1	
SYNAREL 2 MG/ML NASAL SPRAY	4	PA, SRX	TARON-C DHA	1	
SYNERA PATCH	3		TARON-PREX PRENATAL	1	
SYNTHROID 100 MCG TABLET	3		TASIGNA 150 MG CAPSULE	4	PA, QL, SRX
			TASIGNA 200 MG CAPSULE	4	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TASIGNA 50 MG CAPSULE	4	PA, QL, SRX
TAYSOFY 1 MG-20 MCG CAPSULE	1	
TAZAROTENE 0.05% GEL	3	
TAZAROTENE 0.1% CREAM	1	
TAZAROTENE 0.1% GEL	3	
TAZORAC 0.05% CREAM	3	
TAZTIA XT 120 MG CAPSULE	1	
TAZTIA XT 180 MG CAPSULE	1	
TAZTIA XT 240 MG CAPSULE	1	
TAZTIA XT 300 MG CAPSULE	1	
TAZTIA XT 360 MG CAPSULE	1	
TDVAX VIAL	2	
TECHLITE 0.3 ML 29GX12MM (1/2)	2	
TECHLITE 0.3 ML 30GX12MM (1/2)	2	
TECHLITE 0.3 ML 30GX8MM (1/2)	2	
TECHLITE 0.3 ML 31GX6MM (1/2)	2	
TECHLITE 0.3 ML 31GX8MM (1/2)	2	
TECHLITE 0.5 ML 29GX12MM (1/2)	2	
TECHLITE 0.5 ML 30GX12MM (1/2)	2	
TECHLITE 0.5 ML 30GX8MM (1/2)	2	
TECHLITE 0.5 ML 31GX6MM (1/2)	2	
TECHLITE 0.5 ML 31GX8MM (1/2)	2	
TECHLITE INS SYR 1 ML 29GX12MM	2	
TECHLITE INS SYR 1 ML 30GX12MM	2	
TECHLITE INS SYR 1 ML 30GX8MM	2	
TECHLITE INS SYR 1 ML 31GX6MM	2	
TECHLITE INS SYR 1 ML 31GX8MM	2	
TECHLITE PEN NEEDLE 29GX1/2"	2	
TECHLITE PEN NEEDLE 29GX3/8"	2	
TECHLITE PEN NEEDLE 31GX1/4"	2	
TECHLITE PEN NEEDLE 31GX3/16"	2	
TECHLITE PEN NEEDLE 31GX5/16"	2	
TECHLITE PEN NEEDLE 32GX1/4"	2	
TECHLITE PEN NEEDLE 32GX5/16"	2	
TECHLITE PEN NEEDLE 32GX5/32"	2	
TELCARE CONTROL SOLUTION	2	
TELMISARTAN 20 MG TABLET	1	
TELMISARTAN 40 MG TABLET	1	
TELMISARTAN 80 MG TABLET	1	
TELMISARTAN-AMLODIPINE 40-10	1	
TELMISARTAN-AMLODIPINE 40-5 MG	1	
TELMISARTAN-AMLODIPINE 80-10	1	
TELMISARTAN-AMLODIPINE 80-5 MG	1	
TELMISARTAN-HCTZ 40-12.5 MG TB	1	
TELMISARTAN-HCTZ 80-12.5 MG TB	1	
TELMISARTAN-HCTZ 80-25 MG TAB	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TEMAZEPAM 15 MG CAPSULE	1	
TEMAZEPAM 22.5 MG CAPSULE	1	
TEMAZEPAM 30 MG CAPSULE	1	
TEMAZEPAM 7.5 MG CAPSULE	1	
TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX
TENCON 50-325 MG TABLET	1	
TENIVAC SYRINGE	2	
TENIVAC VIAL	2	
TENOFOVIR DISOP FUM 300 MG TB	1	
TERAZOSIN 1 MG CAPSULE	1	
TERAZOSIN 10 MG CAPSULE	1	
TERAZOSIN 2 MG CAPSULE	1	
TERAZOSIN 5 MG CAPSULE	1	
TERBINAFINE HCL 250 MG TABLET	1	
TERBUTALINE SULFATE 2.5 MG TAB	1	
TERBUTALINE SULFATE 5 MG TAB	1	
TERCONAZOLE 0.4% CREAM	1	
TERCONAZOLE 0.8% CREAM	1	
TERCONAZOLE 80 MG SUPPOSITORY	1	
TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX
TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX
TERUMO INS SYR 0.3 ML 29GX1/2"	2	
TERUMO INS SYRINGE U100-1 ML	2	
TERUMO INS SYRINGE U100-1/2 ML	2	
TERUMO INS SYRINGE U100-1/3 ML	2	
TERUMO INS SYRNG U100-1/2 ML	2	
TERUMO SURGUARD2 NDL 21GX1 1.5	2	
TERUMO SURGUARD2 NDL 22X1-1/2"	2	
TERUMO SURGUARD2 NDL 23X1-1/2"	2	
TERUMO SURGUARD2 NEEDLE 18GX1"	2	
TERUMO SURGUARD2 NEEDLE 18X1.5	2	
TERUMO SURGUARD2 NEEDLE 19GX1"	2	
TERUMO SURGUARD2 NEEDLE 19X1.5	2	
TERUMO SURGUARD2 NEEDLE 20GX1"	2	
TERUMO SURGUARD2 NEEDLE 20X1.5	2	
TERUMO SURGUARD2 NEEDLE 21GX1"	2	
TERUMO SURGUARD2 NEEDLE 22GX1"	2	
TERUMO SURGUARD2 NEEDLE 23GX1"	2	
TERUMO SURGUARD2 NEEDLE 25GX1"	2	
TERUMO SURGUARD2 NEEDLE 25X1.5	2	
TERUMO SURGUARD2 NEEDLE 25X5/8	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)
TERUMO SURGUARD2 NEEDLE 26X1/2	2		THINPRO INS SYRIN U100-1 ML	2	
TERUMO SURGUARD2 NEEDLE 27X1/2	2		THIORIDAZINE 10 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 30X1/2	2		THIORIDAZINE 100 MG TABLET	1	
TERUMO SYRINGE 3 ML	2		THIORIDAZINE 25 MG TABLET	1	
TESTOSTERON CYP 1,000 MG/10 ML	1		THIORIDAZINE 50 MG TABLET	1	
TESTOSTERON CYP 2,000 MG/10 ML	1		THIOTHIXENE 1 MG CAPSULE	1	
TESTOSTERON ENAN 1,000 MG/5 ML	1		THIOTHIXENE 10 MG CAPSULE	1	
TESTOSTERONE 1% (25MG/2.5G) PK	1	QL	THIOTHIXENE 2 MG CAPSULE	1	
TESTOSTERONE 1% (50 MG/5 G) PK	1	QL	THIOTHIXENE 5 MG CAPSULE	1	
TESTOSTERONE 1.62% (2.5 G) PKT	1	QL	THRIVITE 19	1	
TESTOSTERONE 1.62% GEL PUMP	1	QL	THYROID 120 MG TABLET	1	
TESTOSTERONE 1.62%(1.25 G) PKT	1	QL	THYROID 15 MG TABLET	1	
TESTOSTERONE 10 MG GEL PUMP	1	QL	THYROID 30 MG TABLET	1	
TESTOSTERONE 12.5 MG/1.25 GRAM	1	QL	THYROID 60 MG TABLET	1	
TESTOSTERONE 50 MG/5 GRAM GEL	1	QL	THYROID 90 MG TABLET	1	
TESTOSTERONE 50 MG/5 GRAM PKT	1	QL	TIADYLT ER 120 MG CAPSULE	1	
TESTOSTERONE CYP 1,000 MG/10ML	1		TIADYLT ER 180 MG CAPSULE	1	
TESTOSTERONE CYP 1,000 MG/5 ML	1		TIADYLT ER 240 MG CAPSULE	1	
TESTOSTERONE CYP 200 MG/ML	1		TIADYLT ER 300 MG CAPSULE	1	
TESTOSTERONE CYP 500 MG/2.5 ML	1		TIADYLT ER 360 MG CAPSULE	1	
TESTOSTERONE CYP 6,000 MG/30ML	1		TIADYLT ER 420 MG CAPSULE	1	
TESTOSTERONE ENAN 200 MG/ML	1		TIAGABINE HCL 12 MG TABLET	1	
TETCAINE 0.5% EYE DROP	1		TIAGABINE HCL 16 MG TABLET	1	
TETRABENAZINE 12.5 MG TABLET	4	PA, QL, SRX	TIAGABINE HCL 2 MG TABLET	1	
TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX	TIAGABINE HCL 4 MG TABLET	1	
TETRACAINE 0.5% EYE DROP	1		TILIA FE 28 TABLET	1	
TETRACAINE 0.5% STERI-UNIT SOL	1		TIMOLOL 0.25% GEL-SOLUTION	1	
TETRACYCLINE 250 MG CAPSULE	1		TIMOLOL 0.5% GEL-SOLUTION	1	
TETRACYCLINE 500 MG CAPSULE	1		TIMOLOL 0.5% GFS GEL-SOLUTION	1	
TETRAVISC 0.5% EYE DROPS	3		TIMOLOL MALEATE 0.25% EYE DROP	1	
TEXACORT 2.5% SOLUTION	3		TIMOLOL MALEATE 0.5% EYE DROPS	1	
THALOMID 100 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 10 MG TABLET	1	
THALOMID 150 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 20 MG TABLET	1	
THALOMID 200 MG CAPSULE	4	PA, QL, LDD, SRX	TIMOLOL MALEATE 5 MG TABLET	1	
THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX	TINIDAZOLE 250 MG TABLET	1	
THEOPHYLLINE 80 MG/15 ML SOLN	1		TINIDAZOLE 500 MG TABLET	1	
THEOPHYLLINE ER 100 MG TABLET	1		TIOPRONIN 100 MG TABLET	4	SRX
THEOPHYLLINE ER 200 MG TABLET	1		TIS-U-SOL PENTALYTE IRRIG SOLN	3	
THEOPHYLLINE ER 300 MG TAB	1		TIVICAY 10 MG TABLET	2	
THEOPHYLLINE ER 300 MG TABLET	1		TIVICAY 25 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	1		TIVICAY 50 MG TABLET	2	
THEOPHYLLINE ER 450 MG TAB	1		TIVICAY PD 5 MG TAB FOR SUSP	2	
THEOPHYLLINE ER 450 MG TABLET	1		TIZANIDINE HCL 2 MG TABLET	1	
THEOPHYLLINE ER 600 MG TABLET	1		TIZANIDINE HCL 4 MG TABLET	1	
THINPRO INS SYRIN U100-0.3 ML	2		TOBRAMYCIN 0.3% EYE DROP	1	
THINPRO INS SYRIN U100-0.5 ML	2		TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX
TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	
TODAY'S HLTH PN NEEDLE 6MM 31G	2	
TOLCAPONE 100 MG TABLET	4	SRX
TOLMETIN SODIUM 200 MG TAB	1	
TOLMETIN SODIUM 400 MG CAP	1	
TOLMETIN SODIUM 600 MG TAB	1	
TOLTERODINE TART ER 2 MG CAP	1	
TOLTERODINE TART ER 4 MG CAP	1	
TOLTERODINE TARTRATE 1 MG TAB	1	
TOLTERODINE TARTRATE 2 MG TAB	1	
TOLVAPTAN 15 MG TABLET	4	PA, SRX
TOLVAPTAN 30 MG TABLET	4	PA, SRX
TOPCARE CLICKFINE 31G X 1/4"	2	
TOPCARE CLICKFINE 31G X 5/16"	2	
TOPCARE ULTRA COMFORT SYRINGE	2	
TOPIRAMATE 100 MG TABLET	1	
TOPIRAMATE 15 MG SPRINKLE CAP	1	
TOPIRAMATE 200 MG TABLET	1	
TOPIRAMATE 25 MG SPRINKLE CAP	1	
TOPIRAMATE 25 MG TABLET	1	
TOPIRAMATE 50 MG TABLET	1	
TOPIRAMATE ER 100 MG CAPSULE	1	
TOPIRAMATE ER 150 MG CAPSULE	1	
TOPIRAMATE ER 200 MG CAPSULE	1	
TOPIRAMATE ER 25 MG CAPSULE	1	
TOPIRAMATE ER 50 MG CAPSULE	1	
TOREMIFENE CITRATE 60 MG TAB	3	
TORSEMIDE 10 MG TABLET	1	
TORSEMIDE 100 MG TABLET	1	
TORSEMIDE 20 MG TABLET	1	
TORSEMIDE 5 MG TABLET	1	
TOVET EMOLLIENT 0.05% FOAM	1	
TRAMADOL ER 100 MG TABLET	1	PA, QL
TRAMADOL ER 200 MG TABLET	1	PA, QL
TRAMADOL ER 300 MG TABLET	1	PA, QL
TRAMADOL HCL 50 MG TABLET	1	QL
TRAMADOL HCL ER 100 MG TABLET	1	PA, QL
TRAMADOL HCL ER 150 MG CAPSULE	1	PA, QL
TRAMADOL HCL ER 200 MG TABLET	1	PA, QL
TRAMADOL HCL ER 300 MG TABLET	1	PA, QL
TRAMADOL-ACETAMINOPHN 37.5-325	1	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRANDOLAPR-VERAPAM ER 1-240 MG	1	
TRANDOLAPR-VERAPAM ER 2-180 MG	1	
TRANDOLAPR-VERAPAM ER 2-240 MG	1	
TRANDOLAPR-VERAPAM ER 4-240 MG	1	
TRANEXAMIC ACID 650 MG TABLET	1	
TRANLYCYPROMINE SULF 10 MG TAB	1	
TRAVOPROST 0.004% EYE DROP	1	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	1	
TRAZODONE 50 MG TABLET	1	
TRECTOR 250 MG TABLET	3	
TRELEGY ELLIPTA 100-62.5-25	2	QL
TRELEGY ELLIPTA 200-62.5-25	2	QL
TREMFYA 100 MG/ML INJECTOR	4	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	4	PA, QL, SRX
TRETINOIN 0.01% GEL	1	PA, AGE
TRETINOIN 0.025% CREAM	1	PA, AGE
TRETINOIN 0.025% GEL	1	PA, AGE
TRETINOIN 0.05% CREAM	1	PA, AGE
TRETINOIN 0.05% GEL	1	PA, AGE
TRETINOIN 0.1% CREAM	1	PA, AGE
TRETINOIN 10 MG CAPSULE	3	PA
TRETINOIN GEL MICRO 0.04% PUMP	1	PA, AGE
TRETINOIN GEL MICRO 0.04% TUBE	1	PA, AGE
TRETINOIN GEL MICRO 0.1% PUMP	1	PA, AGE
TRETINOIN GEL MICRO 0.1% TUBE	1	PA, AGE
TRETIN-X 0.025% CREAM COMB PCK	3	PA, AGE
TRETIN-X 0.05% COMBO PACK	3	PA, AGE
TRETIN-X 0.075% CREAM	3	PA, AGE
TRETIN-X 0.1% COMBO PACK	3	PA, AGE
TRI FEMYNOR 28 TABLET	1	
TRIAMCINOLONE 0.025% CREAM	1	
TRIAMCINOLONE 0.025% LOTION	1	
TRIAMCINOLONE 0.025% OINT	1	
TRIAMCINOLONE 0.1% CREAM	1	
TRIAMCINOLONE 0.1% LOTION	1	
TRIAMCINOLONE 0.1% OINTMENT	1	
TRIAMCINOLONE 0.1% PASTE	1	
TRIAMCINOLONE 0.5% CREAM	1	
TRIAMCINOLONE 0.5% OINTMENT	1	
TRIAMTERENE 100 MG CAPSULE	3	
TRIAMTERENE 50 MG CAPSULE	3	
TRIAMTERENE-HCTZ 37.5-25 MG CP	1	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1	
TRIAMTERENE-HCTZ 75-50 MG TAB	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRIAZOLAM 0.125 MG TABLET	1	
TRIAZOLAM 0.25 MG TABLET	1	
TRIDERM 0.1% CREAM	1	
TRIDERM 0.5% CREAM	1	
TRI-ESTARYLLA TABLET	1	
TRIFLUOPERAZINE 1 MG TABLET	1	
TRIFLUOPERAZINE 10 MG TABLET	1	
TRIFLUOPERAZINE 2 MG TABLET	1	
TRIFLUOPERAZINE 5 MG TABLET	1	
TRIFLURIDINE 1% EYE DROPS	1	
TRIHEXYPHENIDYL 2 MG TABLET	1	
TRIHEXYPHENIDYL 2 MG/5 ML SOLN	1	
TRIHEXYPHENIDYL 5 MG TABLET	1	
TRIKAFTA 100-50-75 MG/150 MG	4	PA, QL, LDD, SRX
TRIKAFTA 100-50-75 MG/75MG PKT	4	PA, QL, LDD, SRX
TRIKAFTA 50-25-37.5 MG/75 MG	4	PA, QL, LDD, SRX
TRIKAFTA 80-40-60MG/59.5MG PKT	4	PA, QL, LDD, SRX
TRI-LEGEST FE-28 DAY TABLET	1	
TRI-LINYAH TABLET	1	
TRI-LO-ESTARYLLA TABLET	1	
TRI-LO-MARZIA TABLET	1	
TRI-LO-MILI TABLET	1	
TRI-LO-SPRINTEC TABLET	1	
TRIMETHOBENZAMIDE 300 MG CAP	1	
TRIMETHOPRIM 100 MG TABLET	1	
TRI-MILI 28 TABLET	1	
TRIMIPRAMINE MALEATE 100 MG CP	1	
TRIMIPRAMINE MALEATE 25 MG CAP	1	
TRIMIPRAMINE MALEATE 50 MG CAP	1	
TRINATAL RX 1	1	
TRINTELLIX 10 MG TABLET	3	QL, ST
TRINTELLIX 20 MG TABLET	3	QL, ST
TRINTELLIX 5 MG TABLET	3	QL, ST
TRI-NYMYO 28 TABLET	1	
TRI-PREVIFEM TABLET	1	
TRI-SPRINTEC	1	
TRIUMEQ 600-50-300 MG TABLET	2	QL
TRIUMEQ PD 60-5-30 MG TAB SUSP	2	QL
TRI-VITE-FLUORIDE 0.25 MG/ML	1	
TRI-VITE-FLUORIDE 0.5 MG/ML	1	
TRI-VIT-FLUOR 0.25 MG/ML DROP	1	
TRI-VIT-FLUOR 0.5 MG/ML DROP	1	
TRIVORA-28 TABLET	1	
TRI-VYLIBRA 28 TABLET	1	
TRI-VYLIBRA LO TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TROPICAMIDE 0.5% EYE DROP	1	
TROPICAMIDE 0.5% EYE DROPS	1	
TROPICAMIDE 1% EYE DROP	1	
TROPICAMIDE 1% EYE DROPS	1	
TROSPIUM CHLORIDE 20 MG TABLET	1	
TROSPIUM CHLORIDE ER 60 MG CAP	1	
TRUE CMFRT PRO 0.5ML 30G 5/16"	2	
TRUE CMFRT PRO 0.5ML 31G 5/16"	2	
TRUE CMFRT PRO 0.5ML 32G 5/16"	2	
TRUE CMFT SFTY PEN ND 31G 5MM	2	
TRUE CMFT SFTY PEN ND 31G 6MM	2	
TRUE CMFT SFTY PEN ND 32G 4MM	2	
TRUE COMFORT 0.5 ML 31GX5/16"	2	
TRUE COMFORT 1 ML 31GX5/16"	2	
TRUE COMFORT PEN ND 31G 5MM	2	
TRUE COMFORT PEN ND 31G 6MM	2	
TRUE COMFORT PEN ND 31G 8MM	2	
TRUE COMFORT PEN ND 31GX5MM	2	
TRUE COMFORT PEN ND 31GX6MM	2	
TRUE COMFORT PEN ND 32G 4MM	2	
TRUE COMFORT PEN ND 32G 5MM	2	
TRUE COMFORT PEN ND 32G 6MM	2	
TRUE COMFORT PEN ND 32GX4MM	2	
TRUE COMFORT PEN ND 33G 4MM	2	
TRUE COMFORT PEN ND 33G 5MM	2	
TRUE COMFORT PEN ND 33G 6MM	2	
TRUE COMFORT PRO 1 ML 30G 1/2"	2	
TRUE COMFORT PRO 1ML 30G 5/16"	2	
TRUE COMFORT PRO 1ML 31G 5/16"	2	
TRUE COMFORT PRO 1ML 32G 5/16"	2	
TRUE COMFRT PRO 0.5ML 30G 1/2"	2	
TRUE METRIX LEVEL 1 CTRL SOLN	2	
TRUE METRIX LEVEL 2 CTRL SOLN	2	
TRUE METRIX LEVEL 3 CTRL SOLN	2	
TRUECONTROL GLUCOSE SOLUTION	2	
TRUEPLUS KETONE TEST STRIP	2	
TRUEPLUS PEN NEEDLE 29G 12MM	2	
TRUEPLUS PEN NEEDLE 29GX1/2"	2	
TRUEPLUS PEN NEEDLE 31G 5MM	2	
TRUEPLUS PEN NEEDLE 31G 8MM	2	
TRUEPLUS PEN NEEDLE 31G X 1/4"	2	
TRUEPLUS PEN NEEDLE 31GX3/16"	2	
TRUEPLUS PEN NEEDLE 31GX5/16"	2	
TRUEPLUS PEN NEEDLE 32GX5/32"	2	
TRUEPLUS SYR 0.3ML 29GX1/2"	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)
TRUEPLUS SYR 0.3ML 30GX5/16"	2		ULTICARE INS SYR 1 ML 30GX1/2"	2	
TRUEPLUS SYR 0.3ML 31GX5/16"	2		ULTICARE LDS SYR 3 ML 22GX1.5"	2	
TRUEPLUS SYR 0.5ML 28GX1/2"	2		ULTICARE PEN NDL 12.7 MM 29G	2	
TRUEPLUS SYR 0.5ML 29GX1/2"	2		ULTICARE PEN NEEDLE 31GX3/16"	2	
TRUEPLUS SYR 0.5ML 30GX5/16"	2		ULTICARE PEN NEEDLE 4MM 32G	2	
TRUEPLUS SYR 0.5ML 31GX5/16"	2		ULTICARE PEN NEEDLE 6MM 31G	2	
TRUEPLUS SYR 1ML 28GX1/2"	2		ULTICARE PEN NEEDLE 8 MM 31G	2	
TRUEPLUS SYR 1ML 29GX1/2"	2		ULTICARE PEN NEEDLE 8MM 31G	2	
TRUEPLUS SYR 1ML 30GX5/16"	2		ULTICARE PEN NEEDLES 12MM 29G	2	
TRUEPLUS SYR 1ML 31GX5/16"	2		ULTICARE PEN NEEDLES 4MM 32G	2	
TRULICITY 0.75 MG/0.5 ML PEN	2	PA, QL	ULTICARE PEN NEEDLES 6MM 31G	2	
TRULICITY 1.5 MG/0.5 ML PEN	2	PA, QL	ULTICARE PEN NEEDLES 6MM 32G	2	
TRULICITY 3 MG/0.5 ML PEN	2	PA, QL	ULTICARE PEN NEEDLES 8MM 31G	2	
TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL	ULTICARE SAFE PEN NDL 30G 8MM	2	
TRUMENBA 120 MCG/0.5 ML VACCIN	2		ULTICARE SAFE PEN NDL 5MM 30G	2	
TRUST NATAL DHA	1		ULTICARE SAFETY 0.5 ML 29GX1/2	2	
TRUSTEEL INFUSION SET 23" 6MM	2		ULTICARE SYR 0.3 ML 30GX1/2"	2	
TRUSTEEL INFUSION SET 23" 8MM	2		ULTICARE SYR 0.3 ML 30GX5/16"	2	
TRUSTEEL INFUSION SET 32" 6MM	2		ULTICARE SYR 0.3 ML 31GX5/16"	2	
TRUSTEEL INFUSION SET 32" 8MM	2		ULTICARE SYR 0.5 ML 29GX1/2"	2	
TRUZONE PEAK FLOW METER	2		ULTICARE SYR 0.5 ML 30GX1/2"	2	
TUDORZA PRESSAIR 400 MCG INHAL	3	QL, ST	ULTICARE SYR 0.5 ML 30GX5/16"	2	
TULANA 0.35 MG TABLET	1		ULTICARE SYR 0.5 ML 31GX5/16"	2	
TWINRIX VACCINE SYRINGE	2		ULTICARE SYR 1 ML 30GX5/16"	2	
TYBOST 150 MG TABLET	2		ULTICARE SYR 1 ML 31GX5/16"	2	
TYDEMY 3-0.03-0.451 MG TABLET	1		ULTICARE SYRIN 0.3 ML 29GX1/2"	2	
TYMLOS 80 MCG DOSE PEN INJECTR	4	PA, QL, SRX	ULTICARE SYRIN 0.5 ML 28GX1/2"	2	
TYVASO 1.74 MG/2.9 ML SOLUTION	4	PA, LDD, SRX	ULTICARE SYRINGE 1 ML 30GX1/2"	2	
TYVASO INSTITUTIONAL START KIT	4	PA, LDD, SRX	ULTIGUARD SAFE 1ML 30G 12.7MM	2	
TYVASO REFILL KIT	4	PA, LDD, SRX	ULTIGUARD SAFE PACK 29G 12.7MM	2	
TYVASO STARTER KIT	4	PA, LDD, SRX	ULTIGUARD SAFE PACK 32G 4MM	2	
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA, SRX	ULTIGUARD SAFE0.3ML 30G 12.7MM	2	
UDENYCA 6 MG/0.6 ML AUTOINJECT	4	PA, SRX	ULTIGUARD SAFE0.5ML 30G 12.7MM	2	
ULESFIA 5% LOTION	3		ULTIGUARD SAFEPACK 1ML 31G 8MM	2	
ULT CFT 0.3 ML 29GX1/2" (1/2)	2		ULTIGUARD SAFEPACK 31G 5MM	2	
ULT CFT 0.3 ML 31GX5/16" (1/2)	2		ULTIGUARD SAFEPACK 31G 6MM	2	
ULTICARE INS SYR 1 ML 31GX5/16"	2		ULTIGUARD SAFEPACK 31G 8MM	2	
ULTICAR INS 0.3ML 31GX1/4(1/2)	2		ULTIGUARD SAFEPACK 32G 4MM	2	
ULTICARE INS 0.3 ML 30GX1/2"	2		ULTIGUARD SAFEPACK 32G 6MM	2	
ULTICARE INS 0.3 ML 31GX1/4"	2		ULTIGUARD SAFEPK 0.3ML 31G 8MM	2	
ULTICARE INS 0.5 ML 30GX1/2"	2		ULTIGUARD SAFEPK 0.5ML 31G 8MM	2	
ULTICARE INS 0.5 ML 31GX1/4"	2		ULTILET INSULIN SYRINGE 0.3 ML	2	
ULTICARE INS 1 ML 31GX1/4"	2		ULTILET INSULIN SYRINGE 0.5 ML	2	
ULTICARE INS SAFETY 1ML 29X1/2	2		ULTILET INSULIN SYRINGE 1 ML	2	
ULTICARE INS SYR 1 ML 28GX1/2"	2		ULTILET PEN NEEDLE	2	
ULTICARE INS SYR 1 ML 29GX1/2"	2		ULTILET PEN NEEDLE 4MM 32G	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)
ULTRA COMFORT 0.3 ML 29GX1/2"	2		ULTRA-THIN II INS SYR 1 ML 29G	2	
ULTRA COMFORT 0.3 ML SYRINGE	2		ULTRA-THIN II INS SYR 1 ML 30G	2	
ULTRA COMFORT 0.5 ML 28GX1/2"	2		ULTRA-THIN II PEN NDL 29GX1/2"	2	
ULTRA COMFORT 0.5 ML 29GX1/2"	2		ULTRA-THIN II PEN NDL 31GX5/16	2	
ULTRA COMFORT 0.5 ML 31GX5/16"	2		ULTRATRAK CONTROL SOL NORMAL	2	
ULTRA COMFORT 0.5 ML SYRINGE	2		ULTRATRAK CONTROL SOLUTION	2	
ULTRA COMFORT 1 ML 28GX1/2"	2		ULTRATRAK ULTIMATE CNTRL SOLN	2	
ULTRA COMFORT 1 ML 29GX1/2"	2		UNIFINE PEN NEEDLE 32G 4MM	2	
ULTRA COMFORT 1 ML 30GX5/16"	2		UNIFINE PENTIPS 12MM 29G	2	
ULTRA COMFORT 1 ML 31GX5/16"	2		UNIFINE PENTIPS 29G 12MM	2	
ULTRA COMFORT 1 ML SYRINGE	2		UNIFINE PENTIPS 31G 5MM	2	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	2		UNIFINE PENTIPS 31G 6MM	2	
ULTRA FLO 0.3ML 30G 5/16"(1/2)	2		UNIFINE PENTIPS 31G 8MM	2	
ULTRA FLO 0.3ML 31G 5/16"(1/2)	2		UNIFINE PENTIPS 31GX3/16"	2	
ULTRA FLO PEN NEEDLE 31G 5MM	2		UNIFINE PENTIPS 32G 4MM	2	
ULTRA FLO PEN NEEDLE 31G 8MM	2		UNIFINE PENTIPS 32G 6MM	2	
ULTRA FLO PEN NEEDLE 32G 4MM	2		UNIFINE PENTIPS 32GX1/4"	2	
ULTRA FLO PEN NEEDLE 33G 4MM	2		UNIFINE PENTIPS 32GX5/32"	2	
ULTRA FLO PEN NEEDLES 12MM 29G	2		UNIFINE PENTIPS 33GX5/32"	2	
ULTRA FLO SYR 0.3 ML 29GX1/2"	2		UNIFINE PENTIPS 6MM 31G	2	
ULTRA FLO SYR 0.3 ML 30G 5/16"	2		UNIFINE PENTIPS 6MM NEEDLE	2	
ULTRA FLO SYR 0.3 ML 31G 5/16"	2		UNIFINE PENTIPS 8MM 31G	2	
ULTRA FLO SYR 0.5 ML 29G 1/2"	2		UNIFINE PENTIPS 8MM NEEDLE	2	
ULTRA THIN PEN NDL 32G X 4MM	2		UNIFINE PENTIPS MAX 30GX3/16"	2	
ULTRACARE INS 0.3 ML 30GX5/16"	2		UNIFINE PENTIPS NEEDLES 29G	2	
ULTRACARE INS 0.3 ML 31GX5/16"	2		UNIFINE PENTIPS PLUS 29GX1/2"	2	
ULTRACARE INS 0.5 ML 30GX1/2"	2		UNIFINE PENTIPS PLUS 31GX1/4"	2	
ULTRACARE INS 0.5 ML 30GX5/16"	2		UNIFINE PENTIPS PLUS 31GX3/16"	2	
ULTRACARE INS 0.5 ML 31GX5/16"	2		UNIFINE PENTIPS PLUS 31GX5/16"	2	
ULTRACARE INS 1 ML 30G X 5/16"	2		UNIFINE PENTIPS PLUS 32GX5/32"	2	
ULTRACARE INS 1 ML 30GX1/2"	2		UNIFINE PENTIPS PLUS 33GX5/32"	2	
ULTRACARE INS 1 ML 31G X 5/16"	2		UNIFINE PENTIPS PLUS 30GX3/16"	2	
ULTRACARE PEN NEEDLE 31GX1/4"	2		UNIFINE SAFECONTROL 30GX3/16"	2	
ULTRACARE PEN NEEDLE 31GX3/16"	2		UNIFINE SAFECONTROL 30GX5/16"	2	
ULTRACARE PEN NEEDLE 31GX5/16"	2		UNIFINE SAFECONTROL 32G 4MM	2	
ULTRACARE PEN NEEDLE 32GX1/4"	2		UNIFINE ULTRA PEN NDL 31G 5MM	2	
ULTRACARE PEN NEEDLE 32GX3/16"	2		UNIFINE ULTRA PEN NDL 31G 6MM	2	
ULTRACARE PEN NEEDLE 32GX5/32"	2		UNIFINE ULTRA PEN NDL 31G 8MM	2	
ULTRACARE PEN NEEDLE 33GX5/32"	2		UNIFINE ULTRA PEN NDL 32G 4MM	2	
BD UF MICRO PEN NEEDLE 6MMX32G	2		UNISTRIP CONTROL SOLUTION HIGH	2	
ULTRA-THIN II 1 ML 31GX5/16"	2		UNISTRIP CONTROL SOLUTION LOW	2	
ULTRA-THIN II INS 0.3 ML 30G	2		UNITHROID 100 MCG TABLET	1	
ULTRA-THIN II INS 0.3 ML 31G	2		UNITHROID 112 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 29G	2		UNITHROID 125 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 30G	2		UNITHROID 137 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 31G	2		UNITHROID 150 MCG TABLET	1	
			UNITHROID 175 MCG TABLET	1	

2024 Cigna Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
UNITHROID 200 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML SYRINGE	2	
UNITHROID 25 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML VIAL	2	
UNITHROID 300 MCG TABLET	1		VAQTA 50 UNITS/ML SYRINGE	2	
UNITHROID 50 MCG TABLET	1		VAQTA 50 UNITS/ML VIAL	2	
UNITHROID 75 MCG TABLET	1		VARENICLINE STARTING MONTH BOX	2	
UNITHROID 88 MCG TABLET	1		VARENICLINE 0.5 MG TABLET	2	
URISTIX 4	2		VARENICLINE 1 MG TABLET	2	
URISTIX REAGENT	2		VARISOFT INFUSION SET 23" 13MM	2	
UROQID-ACID NO.2	3		VARISOFT INFUSION SET 23" 17MM	2	
URSODIOL 250 MG TABLET	1		VARISOFT INFUSION SET 32" 13MM	2	
URSODIOL 300 MG CAPSULE	1		VARISOFT INFUSION SET 32" 17MM	2	
URSODIOL 500 MG TABLET	1		VARISOFT INFUSION SET 43" 13MM	2	
USTELL	1		VARISOFT INFUSION SET 43" 17MM	2	
UTIRA-C	1		VARIVAX VACCINE VIAL	2	
VALACYCLOVIR HCL 1 GRAM TABLET	1		VARIVAX VACCINE WITH DILUENT	2	
VALACYCLOVIR HCL 500 MG TABLET	1		VAXELIS VACCINE SYRINGE	2	
VALGANCICLOVIR 450 MG TABLET	3		VAXELIS VACCINE VIAL	2	
VALGANCICLOVIR HCL 50 MG/ML	3		VAXNEUVANCE 0.5 ML SYRINGE	2	
VALPROIC ACID 250 MG CAPSULE	1		VELIVET 28 DAY TABLET	1	
VALPROIC ACID 250 MG/5 ML SOLN	1		VELMIDY 25 MG TABLET	4	PA, SRX
VALPROIC ACID 500 MG/10 ML SOL	1		VENCLEXTA 10 MG TAB (10MG X 2)	4	PA, QL, LDD, SRX
VALSARTAN 160 MG TABLET	1		VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX
VALSARTAN 320 MG TABLET	1		VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX
VALSARTAN 40 MG TABLET	1		VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX
VALSARTAN 80 MG TABLET	1		VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX
VALSARTAN-HCTZ 160-12.5 MG TAB	1		VENLAFAXINE HCL 100 MG TABLET	1	QL
VALSARTAN-HCTZ 160-25 MG TAB	1		VENLAFAXINE HCL 25 MG TABLET	1	QL
VALSARTAN-HCTZ 320-12.5 MG TAB	1		VENLAFAXINE HCL 37.5 MG TABLET	1	QL
VALSARTAN-HCTZ 320-25 MG TAB	1		VENLAFAXINE HCL 50 MG TABLET	1	QL
VALSARTAN-HCTZ 80-12.5 MG TAB	1		VENLAFAXINE HCL 75 MG TABLET	1	QL
VANADOM 350 MG TABLET	1		VENLAFAXINE HCL ER 150 MG CAP	1	QL
VANCOMYCIN HCL 125 MG CAPSULE	3	QL	VENLAFAXINE HCL ER 37.5 MG CAP	1	QL
VANCOMYCIN HCL 250 MG CAPSULE	3	QL	VENLAFAXINE HCL ER 75 MG CAP	1	QL
VANDA ZOLE VAGINAL 0.75% GEL	1		VENTAVIS 10 MCG/1 ML SOLUTION	4	PA, LDD, SRX
VANISHPOINT 0.5 ML 30GX1/2" SY	2		VENTAVIS 20 MCG/1 ML SOLUTION	4	PA, LDD, SRX
VANISHPOINT 20GX1" 3 ML SYRING	2		VERAPAMIL 120 MG TABLET	1	
VANISHPOINT 21GX1.5" 3 ML SYR	2		VERAPAMIL 40 MG TABLET	1	
VANISHPOINT 22GX1" 3 ML SYR	2		VERAPAMIL 80 MG TABLET	1	
VANISHPOINT 23GX1" 3 ML SYRING	2		VERAPAMIL ER 120 MG CAPSULE	1	
VANISHPOINT 23GX1-1/2 3 ML SYR	2		VERAPAMIL ER 120 MG TABLET	1	
VANISHPOINT 25GX1" 3 ML SYRING	2		VERAPAMIL ER 180 MG CAPSULE	1	
VANISHPOINT 25GX5/8" 3 ML SYR	2		VERAPAMIL ER 180 MG TABLET	1	
VANISHPOINT 3 ML 21GX1" SYRING	2		VERAPAMIL ER 240 MG CAPSULE	1	
VANISHPOINT 3 ML 22GX1.5" SYRG	2		VERAPAMIL ER 240 MG TABLET	1	
VANISHPOINT INS 1 ML 30GX3/16"	2		VERAPAMIL ER PM 100 MG CAPSULE	1	
VANISHPOINT U-100 29X1/2 SYR	2		VERAPAMIL ER PM 200 MG CAPSULE	1	

2024 Cigna Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VERAPAMIL ER PM 300 MG CAPSULE	1	
VERAPAMIL SR 120 MG CAPSULE	1	
VERAPAMIL SR 180 MG CAPSULE	1	
VERAPAMIL SR 240 MG CAPSULE	1	
VERAPAMIL SR 360 MG CAPSULE	1	
VERASENS CONTROL SOLN-LEVEL 1	2	
VEREGEN 15% OINTMENT	3	
VERIFINE INS SYR 1 ML 29G 1/2"	2	
VERIFINE PEN NEEDLE 29G 12MM	2	
VERIFINE PEN NEEDLE 31G 5MM	2	
VERIFINE PEN NEEDLE 31G 8MM	2	
VERIFINE PEN NEEDLE 32G 4MM	2	
VERIFINE PEN NEEDLE 32G 6MM	2	
VERIFINE SYRING 0.5ML 29G 1/2"	2	
VERIFINE SYRING 1 ML 31G 5/16"	2	
VERIFINE SYRNG 0.3ML 31G 5/16"	2	
VERIFINE SYRNG 0.5ML 31G 5/16"	2	
VESTURA 3 MG-0.02 MG TABLET	1	
VIEKIRA PAK	4	PA, QL, SRX
VIENVA-28 TABLET	1	
VIGABATRIN 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	4	PA, QL, LDD, SRX
VIGADRONE 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VILAZODONE HCL 10 MG TABLET	3	QL
VILAZODONE HCL 20 MG TABLET	3	QL
VILAZODONE HCL 40 MG TABLET	3	QL
VINATE ONE	1	
VIOKACE 10,440-39,150 UNIT TAB	3	
VIOKACE 10,440-39,150 UNITS TB	3	
VIOKACE 20,880-78,300 UNITS TB	3	
VIORELE 28 DAY TABLET	1	
VIREAD 150 MG TABLET	2	
VIREAD 200 MG TABLET	2	
VIREAD 250 MG TABLET	2	
VIREAD POWDER	2	
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
VISTOGARD 10 GRAM PACKET	4	LDD, SRX
VIT A,C,D-FLUORIDE 0.25 MG/ML	1	
VITAFOL-OB CAPLET	1	
VITAMIN D2 1.25MG(50,000 UNIT)	1	
VIVAGUARD INO CTRL SOLN-L1,2,3	2	
VIVAGUARD INO CTRL SOLN-L2	2	
VOLNEA 0.15-0.02-0.01 MG TAB	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VORICONAZOLE 200 MG TABLET	3	PA
VORICONAZOLE 40 MG/ML SUSP	3	PA
VORICONAZOLE 50 MG TABLET	3	PA
VORTEX ADULT MASK	2	QL
VORTEX HOLDING CHAMBER	2	QL
VORTEX HOLDING CHAMBER-CHILD	2	QL
VORTEX HOLDING CHAMBER-TODDLER	2	QL
VORTEX VHC FROG CHILD MASK	2	QL
VORTEX VHC LADYBUG TODDLER MSK	2	QL
VOSEVI	4	PA, QL, SRX
VOTRIENT 200 MG TABLET	4	PA, QL, SRX
VRAYLAR 1.5 MG CAPSULE	3	QL, ST
VRAYLAR 1.5 MG-3 MG PACK	3	QL, ST
VRAYLAR 3 MG CAPSULE	3	QL, ST
VRAYLAR 4.5 MG CAPSULE	3	QL, ST
VRAYLAR 6 MG CAPSULE	3	QL, ST
VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VYLIBRA 28 TABLET	1	
WAKIX 17.8 MG TABLET	4	PA, QL, LDD, SRX
WAKIX 4.45 MG TABLET	4	PA, QL, LDD, SRX
WARFARIN SODIUM 1 MG TABLET	1	
WARFARIN SODIUM 10 MG TABLET	1	
WARFARIN SODIUM 2 MG TABLET	1	
WARFARIN SODIUM 2.5 MG TABLET	1	
WARFARIN SODIUM 3 MG TABLET	1	
WARFARIN SODIUM 4 MG TABLET	1	
WARFARIN SODIUM 5 MG TABLET	1	
WARFARIN SODIUM 6 MG TABLET	1	
WARFARIN SODIUM 7.5 MG TABLET	1	
WAVESENSE CONTROL SOLN NORMAL	2	
WERA 0.5/0.035 MG 28 TABLET	1	
WESCAP-PN DHA	1	
WESNATE DHA	1	
WESTAB PLUS	1	
WESTHROID 32.5 MG TABLET	1	
WESTHROID 65 MG TABLET	1	
WIXELA 100-50 INHUB	1	QL
WIXELA 250-50 INHUB	1	QL
WIXELA 500-50 INHUB	1	QL
WM UNIFINE PENTIP PLUS 4MM 32G	2	
WM UNIFINE PENTIP PLUS 5MM 31G	2	
WM UNIFINE PENTIP PLUS 6MM 31G	2	
WM UNIFINE PENTIP PLUS 8MM 31G	2	
WP THYROID 113.75 MG TABLET	2	
WP THYROID 130 MG TABLET	2	

2024 Cigna Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
WP THYROID 16.25 MG TABLET	2	
WP THYROID 32.5 MG TABLET	2	
WP THYROID 48.75 MG TABLET	2	
WP THYROID 65 MG TABLET	2	
WP THYROID 81.25 MG TABLET	2	
WP THYROID 97.5 MG TABLET	2	
WYMZYA FE 0.4-0.035 MG CHEW TB	1	
XALKORI 200 MG CAPSULE	4	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	4	PA, QL, LDD, SRX
XARELTO 1 MG/ML SUSPENSION	2	PA, QL
XARELTO 10 MG TABLET	2	PA, QL
XARELTO 15 MG TABLET	2	PA, QL
XARELTO 2.5 MG TABLET	2	PA, QL
XARELTO 20 MG TABLET	2	PA, QL
XARELTO DVT-PE TREAT START 30D	2	PA, QL
XELJANZ 1 MG/ML SOLUTION	4	PA, QL, SRX
XELJANZ 10 MG TABLET	4	PA, QL, SRX
XELJANZ 5 MG TABLET	4	PA, QL, SRX
XELJANZ XR 11 MG TABLET	4	PA, QL, SRX
XELJANZ XR 22 MG TABLET	4	PA, QL, SRX
XIFAXAN 200 MG TABLET	3	PA, QL
XIFAXAN 550 MG TABLET	3	PA, QL
XIGDUO XR 10 MG-1,000 MG TAB	2	QL
XIGDUO XR 10 MG-500 MG TABLET	2	QL
XIGDUO XR 2.5 MG-1,000 MG TAB	2	QL
XIGDUO XR 5 MG-1,000 MG TABLET	2	QL
XIGDUO XR 5 MG-500 MG TABLET	2	QL
XOLAIR 150 MG/1.2 ML POWDER VL	4	PA, LDD, SRX
XOLAIR 150 MG/ML SYRINGE	4	PA, LDD, SRX
XOLAIR 75 MG/0.5 ML SYRINGE	4	PA, LDD, SRX
XTAMPZA ER 13.5 MG CAPSULE	2	PA
XTAMPZA ER 18 MG CAPSULE	2	PA
XTAMPZA ER 27 MG CAPSULE	2	PA
XTAMPZA ER 36 MG CAPSULE	2	PA
XTAMPZA ER 9 MG CAPSULE	2	PA
XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX
XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX
XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX
XULANE 150-35 MCG/DAY PATCH	1	
YALE NEEDLES 21GX1.25"	2	
YOURX ULTICARE PEN ND L 4MM 32G	2	
YOURX ULTICARE PEN ND L 6MM 31G	2	
YOURX ULTICARE PEN ND L 8MM 31G	2	
YUVAFEM 10 MCG VAGINAL INSERT	1	QL
ZAFEMY 150-35 MCG/DAY PATCH	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZAFIRLUKAST 10 MG TABLET	1	
ZAFIRLUKAST 20 MG TABLET	1	
ZALEPLON 10 MG CAPSULE	1	
ZALEPLON 5 MG CAPSULE	1	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	4	SRX
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
ZELBORAF 240 MG TABLET	4	PA, QL, LDD, SRX
ZELNORM	3	
ZENATANE 10 MG CAPSULE	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	
ZENZEDI 10 MG TABLET	1	QL
ZENZEDI 5 MG TABLET	1	QL
ZEPATIER 50-100 MG TABLET	4	PA, QL, SRX
ZETONNA 37 MCG NASAL SPRAY	3	ST
ZIDOVUDINE 100 MG CAPSULE	1	
ZIDOVUDINE 300 MG TABLET	1	
ZIDOVUDINE 50 MG/5 ML SYRUP	1	
ZILEUTON ER 600 MG TABLET	4	SRX
ZIOPTAN 0.0015% EYE DROP	3	QL
ZIPRASIDONE HCL 20 MG CAPSULE	1	
ZIPRASIDONE HCL 40 MG CAPSULE	1	
ZIPRASIDONE HCL 60 MG CAPSULE	1	
ZIPRASIDONE HCL 80 MG CAPSULE	1	
ZIRGAN 0.15% OPHTHALMIC GEL	3	
ZOLADEX 10.8 MG IMPLANT SYRN	4	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	4	PA, SRX
ZOLINZA 100 MG CAPSULE	4	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	1	QL
ZOLMITRIPTAN 2.5 MG TABLET	1	QL
ZOLMITRIPTAN 5 MG ODT	1	QL
ZOLMITRIPTAN 5 MG TABLET	1	QL
ZOLPIDEM TART ER 12.5 MG TAB	1	
ZOLPIDEM TART ER 6.25 MG TAB	1	
ZOLPIDEM TARTRATE 10 MG TABLET	1	
ZOLPIDEM TARTRATE 5 MG TABLET	1	
ZONISAMIDE 100 MG CAPSULE	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 MG CAPSULE	1	
ZOSTAVAX VIAL	2	
ZOVIA 1-35 TABLET	1	

2024 Cigna Plus Illinois 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZUBSOLV 0.7-0.18 MG TABLET SL	2	
ZUBSOLV 1.4-0.36 MG TABLET SL	2	
ZUBSOLV 11.4-2.9 MG TABLET SL	2	
ZUBSOLV 2.9-0.71 MG TABLET SL	2	
ZUBSOLV 5.7-1.4 MG TABLET SL	2	
ZUBSOLV 8.6-2.1 MG TABLET SL	2	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	4	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	4	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	4	PA, QL, SRX
ZYLET EYE DROPS	3	PA

Frequently Asked Questions (FAQs)

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

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

A. 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.^{2,3} 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.

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 **Cigna.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.⁴

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.⁵ 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.⁵ 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.⁶

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 cost⁷
- Refill reminders⁸
- Fill up to a 90-day supply at one time⁹
- 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)⁸ 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).¹⁰ 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 cost⁷
- 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

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

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

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

connection with a Hospital stay primarily for environmental change or Physical Therapy.

21. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
22. **Complementary and alternative medicine services, including but not limited to:** massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example—meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or**

representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other Provider:

- Has not been actively involved in your medical care prior to ordering the service, or
- Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.

29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants:** dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Hearing aids** including but not limited to semi-implantable hearing devices, audient 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**

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

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.
41. **Services and procedures** for redundant skin surgery including abdominoplasty/ panniculectomy, removal of skin tags, craniocervical/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

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

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 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 Primary Care services.

[Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list)

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.

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 4 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 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. 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 LƯU 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).