

Individual and
Family Plans



2026 Cigna Healthcare Plus Texas 4-Tier Prescription Drug List

Coverage as of January 1, 2026



What's Inside?	Page
About this drug list	3
How to read this drug list	3
How to find your medication	5
List of medications	6
Frequently Asked Questions (FAQs)	77
Exclusions and limitations: What isn't covered by this policy	81

View your drug list online, 24/7

- **Cigna.com/ifp-drug-list.** Choose **Texas** from the dropdown list and pick your search method. Then type in your medication name or view the full list.
- **myCigna® App¹ or myCigna.com®.** Starting January 1, 2026, log into your account and use the Price a Medication tool to see how your medication is covered.

Questions?

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

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

About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Plus Texas 4-Tier Prescription Drug List as of January 1, 2026. All medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed in alphabetical order (A-Z). If you don't see a certain medication listed here, log in to the myCigna App or **myCigna.com** to see all of the medications your plan covers.

How to read this drug list

Use the table below to understand how medications are covered on the Cigna Healthcare Plus Texas 4-Tier Prescription Drug List.

Medication Name	Tier	Notes
ACETAMINOPHEN-CODEINE #4 TABLET	1	PA
ACETAZOLAMIDE 125 MG TABLET	1	
ACETAZOLAMIDE 250 MG TABLET	1	
ACETAZOLAMIDE ER 500 MG CAPSULE	1	
ACETIC ACID 0.25% IRRIGATION SOLUTION	1	
ACETIC ACID 2% EAR SOLUTION	1	
ACETYLCYSTEINE 10% VIAL	1	
ACETYLCYSTEINE 20% VIAL	1	
ACITRETIN 10 MG CAPSULE	3	
ACITRETIN 17.5 MG CAPSULE	3	
ACITRETIN 25 MG CAPSULE	3	
ACTEMRA 162 MG/0.9 ML SYRINGE	4	PA, QL, SRX
ACTEMRA ACTPEN	4	PA, QL, SRX
ACTHIB VACCINE VIAL	2	
ACTHIB VACCINE WITH DILUENT	2	
ACTIMMUNE 100 MCG/0.5 ML VIAL	4	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	1	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	2	
ADACEL TDAP VIAL	2	
ADALIMUMAB-ADBIM	4	PA, QL, SRX
ADALIMUMAB-RYVK	4	PA, QL, SRX
ADAPALENE 0.1% CREAM	1	PA, AGE
ADAPALENE 0.1% GEL	1	PA, AGE
ADAPALENE 0.1% SOLUTION	1	PA, AGE
ADAPALENE 0.3% GEL	1	PA, AGE
ADAPALENE 0.3% GEL PUMP	1	PA, AGE
ADEFOVIR DIPVOXIL 10 MG TAB	4	SRX

Medications are listed in **alphabetical** order (A-Z)

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

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

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

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

Tiers

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

Tier 1	Generic Medications (and some low-cost brand-name medications). Generics work in the same way and provide the same clinical benefits as their brand-name versions – and typically cost much less. ²	\$
Tier 2	Preferred Brand Medications (and some high-cost generics).	\$\$
Tier 3	Non-Preferred Brand Medications (and some high-cost generics).	\$\$\$
Tier 4	Specialty and Other High-Cost Generic and Brand-Name Medications. Your plan covers Tier 4 medications in up to a 30-day supply. <i>These medications are covered at your plan's highest cost-share.</i>	\$\$\$\$

Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

PA	Prior Authorization – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet the medication's coverage rules (requirements).
QL	Quantity Limit – Your plan will only cover so much of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more.
ST	Step Therapy – This high-cost medication is part of a prior authorization (approval) program. It has a lower-cost alternative(s) that treats the same condition. Your plan won't cover this medication until you try at least one preferred medication first (typically a generic or preferred brand) and can show that it didn't work for you. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost medication.
AGE	Age Requirement – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to use the medication, your doctor's office can ask us to cover it.
SRX	This is a specialty medication , which is used to treat rare and/or complex medical conditions. They're typically injected or infused and may need special handling, such as refrigeration.
LDD	This is a "limited distribution drug." It's a high-cost specialty medication that treats medical conditions that are very hard to manage and need special handling, patient support and monitoring. It can only be filled at a select number of specialty pharmacies in the United States.

Plan exclusions

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

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

How to find your medication

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

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
1ST TIER UNIFINE PENTIP 29G 1/2"	2	
1ST TIER UNIFINE PENTIP 29G 12MM	2	
1ST TIER UNIFINE PENTIP 31G 1/4"	2	
1ST TIER UNIFINE PENTIP 31G 3/16"	2	
1ST TIER UNIFINE PENTIP 31G 5/16"	2	
1ST TIER UNIFINE PENTIP 31G 5MM	2	
1ST TIER UNIFINE PENTIP 31G 6MM	2	
1ST TIER UNIFINE PENTIP 31G 8MM	2	
1ST TIER UNIFINE PENTIP 32G 4MM	2	
1ST TIER UNIFINE PENTIP 32G 5/32"	2	
2TEK CONTROL SOLUTION	2	
ABACAVIR 20 MG/ML ORAL SOLUTION	1	SRX
ABACAVIR 300 MG TABLET	1	SRX
ABACAVIR-LAMIVUDINE 600-300 MG TABLET	1	SRX
ABIRATERONE 250 MG TABLET	4	PA, SRX
ABIRATERONE 500 MG TABLET	4	PA, SRX
ABRYVO ACT-O-VIAL	2	
ABRYVO VIAL WITH DILUENT SYRINGE	2	
ACAMPROSATE DR 333 MG TABLET	2	
ACARBOSE 100 MG TABLET	1	
ACARBOSE 25 MG TABLET	1	
ACARBOSE 50 MG TABLET	1	
ACCU-CHEK AVIVA SOLUTION	2	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION	2	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	2	
ACCUTANE 10 MG CAPSULE	3	
ACCUTANE 20 MG CAPSULE	3	
ACCUTANE 30 MG CAPSULE	3	
ACCUTANE 40 MG CAPSULE	3	
ACCUTREND GLUCOSE CONTROL	2	
ACE AEROSOL CLOUD ENHANCER	2	QL
ACEBUTOLOL 200 MG CAPSULE	1	
ACEBUTOLOL 400 MG CAPSULE	1	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5-30 MG CAPSULE	1	PA
ACETAMINOPHEN-CODEINE #2 TABLET	1	PA
ACETAMINOPHEN-CODEINE #3 TABLET	1	PA
ACETAMINOPHEN-CODEINE #4 TABLET	1	PA
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML ORAL SOLUTION	1	
ACETAMINOPHEN-CODEINE 300-30 MG/12.5 ML ORAL SOLUTION	1	

Medication Name	Tier	Notes
ACETAZOLAMIDE 125 MG TABLET	1	
ACETAZOLAMIDE 250 MG TABLET	1	
ACETAZOLAMIDE ER 500 MG CAPSULE	1	
ACETIC ACID 0.25% IRRIGATION SOLUTION	1	
ACETIC ACID 2% EAR SOLUTION	1	
ACETYLCYSTEINE 10% VIAL	1	
ACETYLCYSTEINE 20% VIAL	1	
ACITRETIN 10 MG CAPSULE	3	
ACITRETIN 17.5 MG CAPSULE	3	
ACITRETIN 25 MG CAPSULE	3	
ACTEMRA 162 MG/0.9 ML SYRINGE	4	PA, QL, LDD, SRX
ACTEMRA ACTPEN 162 MG/0.9 ML	4	PA, QL, LDD, SRX
ACTHIB VACCINE VIAL	2	
ACTHIB VACCINE WITH DILUENT	2	
ACTIMMUNE 100 MCG/0.5 ML VIAL	4	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML ORAL SUSPENSION	1	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	2	
ADACEL TDAP VIAL	2	
ADALIMUMAB-ADBIM (CF) 40 MG CROHN'S PEN	4	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 40 MG PEN	4	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 40 MG PSORIASIS-UVEITIS PEN	4	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 10 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 20 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 40 MG SYRINGE	4	PA, QL, SRX
ADALIMUMAB-RYVK (CF) 40 MG AUTO-INJECTOR	4	PA, QL, SRX
ADALIMUMAB-RYVK (CF) 40 MG SYRINGE	4	PA, QL, SRX
ADAPALENE 0.1% CREAM	2	PA, AGE
ADAPALENE 0.1% LOTION	2	PA, AGE
ADAPALENE 0.3% GEL	2	PA, AGE
ADAPALENE 0.3% GEL PUMP	2	PA, AGE
ADAPALENE 0.1% TOPICAL SOLUTION	2	PA, AGE
ADEFOVIR 10 MG TABLET	4	SRX
ADEMPAS 0.5 MG TABLET	4	PA, LDD, SRX
ADEMPAS 1 MG TABLET	4	PA, LDD, SRX
ADEMPAS 1.5 MG TABLET	4	PA, LDD, SRX
ADEMPAS 2 MG TABLET	4	PA, LDD, SRX
ADEMPAS 2.5 MG TABLET	4	PA, LDD, SRX
ADVOCATE HIGH CONTROL SOLUTION	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"	2		ALBUSTIX REAGENT TEST STRIP	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16"	2		ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	1	
ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16"	2		ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	1	
ADVOCATE INSULIN SYRINGE 0.5 ML 29G 1/2"	2		ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION	1	
ADVOCATE INSULIN SYRINGE 0.5 ML 30G 5/16"	2		ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION	1	
ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16"	2		ALBUTEROL 5 MG/ML INHALATION SOLUTION	1	
ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"	2		ALBUTEROL 15 MG/3 ML INHALATION SOLUTION	1	
ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"	2		ALBUTEROL 25 MG/5 ML INHALATION SOLUTION	1	
ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"	2		ALBUTEROL 75 MG/15 ML INHALATION SOLUTION	1	
ADVOCATE LOW CONTROL SOLUTION	2		ALBUTEROL 100 MG/20 ML INHALATION SOLUTION	1	
ADVOCATE PEN NEEDLE 29G 12.7MM	2		ALBUTEROL 2 MG/5 ML SYRUP	1	
ADVOCATE PEN NEEDLE 31G 5MM	2		ALBUTEROL 2 MG TABLET	1	
ADVOCATE PEN NEEDLE 31G 8MM	2		ALBUTEROL 4 MG TABLET	1	
ADVOCATE PEN NEEDLE 32G 4MM	2		ALBUTEROL ER 4 MG TABLET	1	
ADVOCATE PEN NEEDLE 33G 4MM	2		ALBUTEROL ER 8 MG TABLET	1	
ADVOCATE REDI-CODE+ CONTROL SOLUTION	2		ALBUTEROL HFA 90 MCG INHALER	1	QL
AEROCHAMBER MECHANICAL VENT	2	QL	ALCLOMETASONE 0.05% CREAM	1	
AEROCHAMBER MINI	2	QL	ALCLOMETASONE 0.05% OINTMENT	1	
AEROCHAMBER MV HOLD CHAMBER	2	QL	ALCOHOL PREP PAD	2	
AEROCHAMBER PLUS FLOW-VU	2	QL	ALECENSA 150 MG CAPSULE	4	PA, QL, LDD, SRX
AEROCHAMBER PLUS FLOW-VU LARGE	2	QL	ALENDRONATE 70 MG/75 ML ORAL SOLUTION	1	
AEROCHAMBER PLUS FLOW-VU MEDIUM	2	QL	ALENDRONATE 5 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU SMALL	2	QL	ALENDRONATE 10 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS LARGE	2	QL	ALENDRONATE 35 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-MEDIUM	2	QL	ALENDRONATE 70 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-SMALL	2	QL	ALFUZOSIN ER 10 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS W-FLOW	2	QL	ALINIA 100 MG/5 ML ORAL SUSPENSION	3	
AEROGear ASTHMA ACTION KIT	2		ALISKIREN 150 MG TABLET	3	QL
AEROTRACH HOLDING CHAMBER	2	QL	ALISKIREN 300 MG TABLET	3	QL
AEROVENT PLUS HOLDING CHAMBER	2	QL	ALLOPURINOL 100 MG TABLET	1	
AFIRMELLE-28 TABLET	1		ALLOPURINOL 300 MG TABLET	1	
AFLURIA	2		ALMOTRIPTAN 6.25 MG TABLET	2	QL
AFLURIA	2		ALMOTRIPTAN 12.5 MG TABLET	2	QL
AFTER PILL 1.5 MG TABLET	1		ALOCRIL 2% EYE DROPS	3	
AFTERA 1.5 MG TABLET	3		ALOSETRON 0.5 MG TABLET	4	SRX
AGAMATRIX HIGH CONTROL SOLUTION	2		ALOSETRON 1 MG TABLET	4	SRX
AGAMATRIX NORM-HI CONTROL SOLUTION	2		ALPRAZOLAM 0.25 MG ODT TABLET	1	
AIRZONE PEAK FLOW METER	2		ALPRAZOLAM 0.5 MG ODT TABLET	1	
AK-POLY-BAC EYE OINTMENT	1		ALPRAZOLAM 1 MG ODT TABLET	1	
AKYNZEO 300-0.5 MG CAPSULE	4	PA, QL	ALPRAZOLAM 2 MG ODT TABLET	1	
ALBENDAZOLE 200 MG TABLET	3	PA	ALPRAZOLAM 0.25 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
ALPRAZOLAM 0.5 MG TABLET	1	
ALPRAZOLAM 1 MG TABLET	1	
ALPRAZOLAM 2 MG TABLET	1	
ALPRAZOLAM ER 0.5 MG TABLET	1	
ALPRAZOLAM ER 1 MG TABLET	1	
ALPRAZOLAM ER 2 MG TABLET	1	
ALPRAZOLAM ER 3 MG TABLET	1	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE	1	
ALPRAZOLAM XR 0.5 MG TABLET	1	
ALPRAZOLAM XR 1 MG TABLET	1	
ALPRAZOLAM XR 2 MG TABLET	1	
ALPRAZOLAM XR 3 MG TABLET	1	
ALTABAX 1% OINTMENT	3	
ALTACAIN 0.5% EYE DROPS	1	
ALTAVERA-28 TABLET	1	
ALVESCO 80 MCG INHALER	2	
ALVESCO 160 MCG INHALER	2	
ALYACEN 1-35 28 TABLET	1	
ALYACEN 7-7-7-28 TABLET	1	
ALYQ 20 MG TABLET	4	PA, SRX
AMABELZ 0.5 MG-0.1 MG TABLET	1	
AMABELZ 1 MG-0.5 MG TABLET	1	
AMANTADINE 100 MG CAPSULE	1	
AMANTADINE 50 MG/5 ML ORAL SOLUTION	1	
AMANTADINE 100 MG/10 ML ORAL SOLUTION	1	
AMANTADINE 100 MG TABLET	1	
AMBRISANTAN 5 MG TABLET	4	PA, LDD, SRX
AMBRISANTAN 10 MG TABLET	4	PA, LDD, SRX
AMCINONIDE 0.1% CREAM	3	
AMETHIA 0.15-0.03-0.01 MG TABLET	1	
AMETHYST 90-20 MCG TABLET	1	
AMILORIDE 5 MG TABLET	1	
AMILORIDE-HCTZ 5-50 MG TABLET	1	
AMINOCAPROIC ACID 0.25 GM/ML ORAL SOLUTION	4	PA, SRX
AMINOCAPROIC ACID 1,000 MG TABLET	4	PA, SRX
AMINOCAPROIC ACID 500 MG TABLET	4	PA, SRX
AMITRIPTYLINE 10 MG TABLET	1	
AMITRIPTYLINE 25 MG TABLET	1	
AMITRIPTYLINE 50 MG TABLET	1	
AMITRIPTYLINE 75 MG TABLET	1	
AMIODARONE 100 MG TABLET	1	

Medication Name	Tier	Notes
AMIODARONE 200 MG TABLET	1	
AMIODARONE 400 MG TABLET	1	
AMITRIPTYLINE 100 MG TABLET	1	
AMITRIPTYLINE 150 MG TABLET	1	
AMLODIPINE 2.5 MG TABLET	1	
AMLODIPINE 5 MG TABLET	1	
AMLODIPINE 10 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 5-10 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 5-20 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 5-40 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 5-80 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 10-10 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 10-20 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 10-40 MG TABLET	1	
AMLODIPINE-ATORVASTATIN 10-80 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE	1	
AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE	1	
AMLODIPINE-OLMESARTAN 5-20 MG TABLET	1	
AMLODIPINE-OLMESARTAN 5-40 MG TABLET	1	
AMLODIPINE-OLMESARTAN 10-20 MG TABLET	1	
AMLODIPINE-OLMESARTAN 10-40 MG TABLET	1	
AMLODIPINE-VALSARTAN 5-160 MG TABLET	1	
AMLODIPINE-VALSARTAN 5-320 MG TABLET	1	
AMLODIPINE-VALSARTAN 10-160 MG TABLET	1	
AMLODIPINE-VALSARTAN 10-320 MG TABLET	1	
AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
AREXVY VIAL KIT	2	
ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION	3	QL
ARIPIRAZOLE 10 MG ODT TABLET	3	
ARIPIRAZOLE 15 MG ODT TABLET	3	
ARIPIRAZOLE 1 MG/ML ORAL SOLUTION	2	
ARIPIRAZOLE 2 MG TABLET	1	
ARIPIRAZOLE 5 MG TABLET	1	
ARIPIRAZOLE 10 MG TABLET	1	
ARIPIRAZOLE 15 MG TABLET	1	
ARIPIRAZOLE 20 MG TABLET	1	
ARIPIRAZOLE 30 MG TABLET	1	
ARMODAFINIL 50 MG TABLET	1	PA
ARMODAFINIL 150 MG TABLET	1	PA
ARMODAFINIL 200 MG TABLET	1	PA
ARMODAFINIL 250 MG TABLET	1	PA
ARMOUR THYROID 15 MG TABLET	2	
ARMOUR THYROID 30 MG TABLET	2	
ARMOUR THYROID 60 MG TABLET	2	
ARMOUR THYROID 90 MG TABLET	2	
ARMOUR THYROID 120 MG TABLET	2	
ARMOUR THYROID 180 MG TABLET	2	
ARMOUR THYROID 240 MG TABLET	2	
ARMOUR THYROID 300 MG TABLET	2	
ARNUITY ELLIPTA 50 MCG INHALER	2	
ARNUITY ELLIPTA 100 MCG INHALER	2	
ARNUITY ELLIPTA 200 MCG INHALER	2	
ASCOMP WITH CODEINE CAPSULE	2	PA
ASENAPINE 2.5 MG SUBLINGUAL TABLET	3	QL
ASENAPINE 5 MG SUBLINGUAL TABLET	3	QL
ASENAPINE 10 MG SUBLINGUAL TABLET	3	QL
ASHLYNA 0.15-0.03-0.01 MG TABLET	1	
ASMANEX 110 MCG #30 TWISTHALER	3	QL, ST
ASMANEX 220 MCG #14 TWISTHALER	3	ST
ASMANEX 220 MCG #30 TWISTHALER	3	QL, ST
ASMANEX 220 MCG #60 TWISTHALER	3	QL, ST
ASMANEX 220 MCG #120 TWISTHALER	3	QL, ST
ASMANEX HFA 50 MCG INHALER	3	QL, ST
ASMANEX HFA 100 MCG INHALER	3	QL, ST
ASMANEX HFA 200 MCG INHALER	3	QL, ST
ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE	2	PA

Medication Name	Tier	Notes
ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE	1	
ASSURE 4 CONTROL SOLUTION	2	
ASSURE DOSE CONTROL SOLUTION	2	
ASSURE ID DUO PRO NEEDLE 31G 5MM	2	
ASSURE ID PEN NEEDLE 30G 5/16"	2	
ASSURE ID PEN NEEDLE 31G 3/16"	2	
ASSURE ID PRO PEN NEEDLE 30G 5MM	2	
ASSURE ID SYRINGE 0.5 ML 31G 15/64"	2	
ASSURE ID SYRINGE 1 ML 31G 15/64"	2	
ASSURE PRISM CONTROL SOLUTION	2	
ASTAGRAF XL 0.5 MG CAPSULE	4	SRX
ASTAGRAF XL 1 MG CAPSULE	4	SRX
ASTAGRAF XL 5 MG CAPSULE	4	SRX
ASTHMA CHECK PEAK FLOW METER	2	
ASTHMAPACK CHILDREN'S CARE KIT	2	
ATAZANAVIR 150 MG CAPSULE	1	SRX
ATAZANAVIR 200 MG CAPSULE	1	SRX
ATAZANAVIR 300 MG CAPSULE	1	SRX
ATENOLOL 25 MG TABLET	1	
ATENOLOL 50 MG TABLET	1	
ATENOLOL 100 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET	1	
ATOMOXETINE 10 MG CAPSULE	1	QL
ATOMOXETINE 18 MG CAPSULE	1	QL
ATOMOXETINE 25 MG CAPSULE	1	QL
ATOMOXETINE 40 MG CAPSULE	1	QL
ATOMOXETINE 60 MG CAPSULE	1	QL
ATOMOXETINE 80 MG CAPSULE	1	QL
ATOMOXETINE 100 MG CAPSULE	1	QL
ATORVASTATIN 10 MG TABLET	1	
ATORVASTATIN 20 MG TABLET	1	
ATORVASTATIN 40 MG TABLET	1	
ATORVASTATIN 80 MG TABLET	1	
ATOVAQUONE 750 MG/5 ML ORAL SUSPENSION	3	
ATOVAQUONE-PROGUANIL 62.5 MG-25 MG TABLET	1	
ATOVAQUONE-PROGUANIL 250 MG-100 MG TABLET	1	
ATROPINE 1% EYE DROPS	1	
ATROPINE 1% EYE OINTMENT	1	
AUBRA EQ-28 TABLET	1	
AUBRA-28 TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
AUROVELA 1 MG-20 MCG TABLET	1		AZURETTE 28 DAY TABLET	1	
AUROVELA 21 1.5 MG-30 MCG TABLET	1		BACITRACIN 500 UNIT/GM EYE OINTMENT	2	
AUROVELA 24 FE 1 MG-20 MCG TABLET	1		BACITRACIN-POLYMYXIN EYE OINTMENT	1	
AUROVELA FE 1 MG-20 MCG TABLET	1		BACLOFEN 5 MG TABLET	1	
AUROVELA FE 1.5 MG-30 MCG TABLET	1		BACLOFEN 10 MG TABLET	1	
AUTOJECT 2 INJECTION DEVICE	2		BACLOFEN 20 MG TABLET	1	
AUTOPEN 1 TO 21 UNITS	2		BAL-CARE DHA COMBO PACK	1	
AUTOPEN 2 TO 42 UNITS	2		BALSALAZIDE 750 MG CAPSULE	1	
AUTOSHIELD DUO PEN NEEDLE 30G 5MM	2		BALZIVA 28 TABLET	1	
AUTOSOFT 30 INFUSION PACK 23" 13MM	2		BAQSIMI 3 MG NASAL SPRAY	2	QL
AUTOSOFT 30 INFUSION SET 23" 13MM	2		BARACLUDE 0.05 MG/ML ORAL SOLUTION	4	SRX
AUTOSOFT 30 INFUSION SET 43" 13MM	2		BASAGLAR 100 UNIT/ML KWIKPEN	2	QL
AUTOSOFT 90 INFUSION SET 23" 6MM	2		BASAGLAR 100 UNIT/ML TEMPO PEN	2	QL
AUTOSOFT 90 INFUSION SET 23" 9MM	2		BD AUTOSHIELD DUO PEN NEEDLE 30G 5MM	2	
AUTOSOFT 90 INFUSION SET 43" 6MM	2		BD BLUNT NEEDLE 18G 1.5"	2	
AUTOSOFT 90 INFUSION SET 43" 9MM	2		BD ECLIPSE LUER-LOK SYRINGE 3 ML	2	
AUTOSOFT XC INFUSION PACK 5" 6MM	2		BD ECLIPSE NEEDLE 18G 1.5"	2	
AUTOSOFT XC INFUSION PACK 23" 6MM	2		BD ECLIPSE NEEDLE 18G 40MM	2	
AUTOSOFT XC INFUSION SET 23" 6MM	2		BD ECLIPSE NEEDLE 21G 1"	2	
AUTOSOFT XC INFUSION SET 23" 9MM	2		BD ECLIPSE NEEDLE 21G 1.5"	2	
AUTOSOFT XC INFUSION SET 32" 6MM	2		BD ECLIPSE NEEDLE 22G 1"	2	
AUTOSOFT XC INFUSION SET 43" 6MM	2		BD ECLIPSE NEEDLE 23G 1"	2	
AUTOSOFT XC INFUSION SET 43" 9MM	2		BD ECLIPSE NEEDLE 23G 25MM	2	
AVIANE-28 TABLET	1		BD ECLIPSE NEEDLE 25G 1"	2	
AVONEX 30 MCG/0.5 ML PEN	4	PA, SRX	BD ECLIPSE NEEDLE 25G 1.5"	2	
AVONEX 30 MCG/0.5 ML SYRINGE	4	PA, SRX	BD ECLIPSE NEEDLE 25G 16MM	2	
AYUNA-28 TABLET	1		BD ECLIPSE NEEDLE 25G 25MM	2	
AZASITE 1% EYE DROPS	3		BD ECLIPSE NEEDLE 25G 40MM	2	
AZATHIOPRINE 50 MG TABLET	1	SRX	BD ECLIPSE NEEDLE 30G 13MM	2	
AZELAIC ACID 15% GEL	2		BD ECLIPSE SYRINGE 30G 1/2"	2	
AZELASTINE 0.05% DROPS	1		BD FILTER NEEDLE	2	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	1		BD INSULIN SYRINGE 0.3 ML 29G 12.7MM	2	
AZELASTINE 0.15% NASAL SPRAY	1		BD INSULIN SYRINGE 0.3 ML 31G 8MM (1/2)	2	
AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY	2		BD INSULIN SYRINGE 0.5 ML 28G 1/2"	2	
AZITHROMYCIN 100 MG/5 ML ORAL SUSPENSION	1		BD INSULIN SYRINGE 0.5 ML 29G 12.7MM	2	
AZITHROMYCIN 200 MG/5 ML ORAL SUSPENSION	1		BD INSULIN SYRINGE 1 ML 27G 12.7MM	2	
AZITHROMYCIN 1 GM POWDER PACKET	1		BD INSULIN SYRINGE 1 ML 27G 5/8"	2	
AZITHROMYCIN 250 MG TABLET	1		BD INSULIN SYRINGE 1 ML 28G 1/2"	2	
AZITHROMYCIN 500 MG TABLET	1		BD INSULIN SYRINGE 1 ML 29G 12.7MM	2	
AZITHROMYCIN 600 MG TABLET	1		BD INSULIN SYRINGE U-500 1/2 ML 31G 6MM	2	
			BD INSULIN SYRINGE ULTRAFINE 0.3 ML 30G 12.7MM	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
BD VEO INSULIN SYRINGE 0.5 ML 31G 6MM	2	
BD VEO INSULIN SYRINGE 1 ML 31G 6MM	2	
BELLADONNA-OPIMUM 16.2-30 SUPPOSITORY	1	PA
BELLADONNA-OPIMUM 16.2-60 SUPPOSITORY	1	PA
BENAZEPRIL 5 MG TABLET	1	
BENAZEPRIL 10 MG TABLET	1	
BENAZEPRIL 20 MG TABLET	1	
BENAZEPRIL 40 MG TABLET	1	
BENAZEPRIL-HCTZ 5-6.25 MG TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TABLET	1	
BENAZEPRIL-HCTZ 20-12.5 MG TABLET	1	
BENAZEPRIL-HCTZ 20-25 MG TABLET	1	
BENZONATATE 100 MG CAPSULE	1	
BENZONATATE 200 MG CAPSULE	1	
BENZTROPINE 0.5 MG TABLET	1	
BENZTROPINE 1 MG TABLET	1	
BENZTROPINE 2 MG TABLET	1	
BEPOTASTINE 1.5% EYE DROPS	3	
BESER 0.05% LOTION	3	
BETADINE 5% EYE SOLUTION	3	
BETAINE 1 GRAM/SCOOP POWDER	4	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% CREAM	1	
BETAMETHASONE DIPROPIONATE 0.05% LOTION	1	
BETAMETHASONE DIPROPIONATE 0.05% OINTMENT	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	1	
BETAMETHASONE VALERATE 0.1% CREAM	1	
BETAMETHASONE VALERATE 0.12% FOAM	2	
BETAMETHASONE VALERATE 0.1% LOTION	1	
BETAMETHASONE VALERATE 0.1% OINTMENT	1	
BETAXOLOL 0.5% EYE DROPS	1	
BETAXOLOL 10 MG TABLET	1	
BETAXOLOL 20 MG TABLET	1	
BETHANECHOL 5 MG TABLET	1	
BETHANECHOL 10 MG TABLET	1	
BETHANECHOL 25 MG TABLET	1	

Medication Name	Tier	Notes
BETHANECHOL 50 MG TABLET	1	
BEXAROTENE 1% GEL	4	PA, SRX
BEXAROTENE 75 MG CAPSULE	4	PA, SRX
BEXSERO PREFILLED SYRINGE	2	
BEYFORTUS 50 MG/0.5 ML SYRINGE	2	
BEYFORTUS 100 MG/ML SYRINGE	2	
BICALUTAMIDE 50 MG TABLET	1	
BIKTARVY 30-120-15 MG TABLET	3	QL, SRX
BIKTARVY 50-200-25 MG TABLET	3	QL, SRX
BIMATOPROST 0.03% EYE DROPS	1	QL
BINOSTO 70 MG EFFERVESCENT TABLET	3	
BISOPROLOL 5 MG TABLET	1	
BISOPROLOL 10 MG TABLET	1	
BISOPROLOL-HCTZ 2.5-6.25 MG TABLET	1	
BISOPROLOL-HCTZ 5-6.25 MG TABLET	1	
BISOPROLOL-HCTZ 10-6.25 MG TABLET	1	
BLISOVI 24 FE TABLET	1	
BLISOVI FE 1-20 TABLET	1	
BLISOVI FE 1.5-30 TABLET	1	
BLOOD GLUCOSE CONTROL SOLUTION	2	
BLUNT NEEDLE	2	
BOOSTRIX TDAP	2	
BOSENTAN 62.5 MG TABLET	4	PA, SRX
BOSENTAN 125 MG TABLET	4	PA, SRX
BOSULIF 50 MG CAPSULE	4	PA, QL, LDD, SRX
BOSULIF 100 MG CAPSULE	4	PA, QL, LDD, SRX
BOSULIF 100 MG TABLET	4	PA, QL, LDD, SRX
BOSULIF 400 MG TABLET	4	PA, QL, LDD, SRX
BOSULIF 500 MG TABLET	4	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	2	QL
BREATHERITE SPACER-ADULT MASK	2	QL
BREATHERITE SPACER-INFANT MASK	2	QL
BREATHERITE SPACER-LARGE CHILD MASK	2	QL
BREATHERITE SPACER-NEONATE MASK	2	QL
BREATHERITE SPACER-SMALL CHILD MASK	2	QL
BREATHRITE VALVED MDI CHAMBER	2	QL
BREATHRITE VALVED MDI SPACER	2	QL
BREEZE 2 CONTROL SOLUTION	2	
BREO ELLIPTA 50-25 MCG INHALER	2	QL
BREO ELLIPTA 100-25 MCG INHALER	2	QL
BREO ELLIPTA 200-25 MCG INHALER	2	QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
BREYNA 80-4.5 MCG INHALER	3	QL
BREYNA 160-4.5 MCG INHALER	3	QL
BRIELLYN TABLET	1	
BRIMONIDINE 0.1% DROPS	1	
BRIMONIDINE 0.15% DROPS	1	
BRIMONIDINE 0.2% EYE DROPS	1	
BRIMONIDINE-TIMOLOL 0.2%-0.5% EYE DROPS	3	
BRINZOLAMIDE 1% EYE DROPS	2	
BRIVIACT 10 MG/ML ORAL SOLUTION	3	PA, QL
BRIVIACT 10 MG TABLET	3	PA, QL
BRIVIACT 25 MG TABLET	3	PA, QL
BRIVIACT 50 MG TABLET	3	PA, QL
BRIVIACT 75 MG TABLET	3	PA, QL
BRIVIACT 100 MG TABLET	3	PA, QL
BROMFENAC 0.09% EYE DROPS	2	
BROMOCRIPTINE 5 MG CAPSULE	1	
BROMOCRIPTINE 2.5 MG TABLET	1	
BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM 2-30-10 MG/5 ML SYRUP	1	
BROOKS INSULIN SYRINGE 0.3 ML	2	
BRUKINSA 80 MG CAPSULE	4	PA, QL, LDD, SRX
BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION	3	QL
BUDESONIDE DR 3 MG CAPSULE	3	
BUDESONIDE EC 3 MG CAPSULE	3	
BUDESONIDE ER 9 MG TABLET	4	PA, QL
BUDESONIDE-FORMOTEROL 80-4.5 INHALER	3	QL
BUDESONIDE-FORMOTEROL 160-4.5 INHALER	3	QL
BUMETANIDE 0.5 MG TABLET	1	
BUMETANIDE 1 MG TABLET	1	
BUMETANIDE 2 MG TABLET	1	
BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BUPRENORPHINE 2 MG SUBLINGUAL TABLET	1	
BUPRENORPHINE 8 MG SUBLINGUAL TABLET	1	
BUPRENORPHINE-NALOXONE 2-0.5 MG FILM	1	
BUPRENORPHINE-NALOXONE 4-1 MG FILM	1	

Medication Name	Tier	Notes
BUPRENORPHINE-NALOXONE 8-2 MG FILM	1	
BUPRENORPHINE-NALOXONE 12-3 MG FILM	1	
BUPRENORPHINE-NALOXONE 2-0.5 MG TABLET	1	
BUPRENORPHINE-NALOXONE 8-2 MG TABLET	1	
BUPROPION 75 MG TABLET	1	QL
BUPROPION 100 MG TABLET	1	QL
BUPROPION SR 100 MG TABLET	1	QL
BUPROPION SR 150 MG TABLET	1	
BUPROPION SR 150 MG TABLET (smoking cessation)	1	QL
BUPROPION SR 200 MG TABLET	1	QL
BUPROPION XL 150 MG TABLET	1	QL
BUPROPION XL 300 MG TABLET	1	QL
BUSPIRONE 5 MG TABLET	1	
BUSPIRONE 7.5 MG TABLET	1	
BUSPIRONE 10 MG TABLET	1	
BUSPIRONE 15 MG TABLET	1	
BUSPIRONE 30 MG TABLET	1	
BUTALBITAL COMPOUND-CODEINE #3 CAPSULE	2	PA
BUTALBITAL-ACETAMINOPHEN 50-325 MG TABLET	1	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG CAPSULE	1	QL
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	1	QL
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-30 MG CAPSULE	1	PA
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-30 MG CAPSULE	1	PA
BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE	1	QL
BUTALBITAL-ASPIRIN-CAFFEINE TABLET	1	QL
BUTORPHANOL 10 MG/ML NASAL SPRAY	1	PA, QL
BYDUREON BCISE 2 MG AUTO-INJECTOR	2	PA, QL
BYETTA 5 MCG DOSE PEN INJECTOR	2	PA, QL
BYETTA 10 MCG DOSE PEN INJECTOR	2	PA, QL
CA INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
CA INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
CA INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
CA INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
CA INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
CA INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
CA INSULIN SYRINGE 1 ML 29G 1/2"	2	
CA INSULIN SYRINGE 1 ML 30G 5/16"	2	
CA INSULIN SYRINGE 1 ML 31G 5/16"	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
CABERGOLINE 0.5 MG TABLET	1	QL
CABOMETYX 20 MG TABLET	4	PA, QL, LDD, SRX
CABOMETYX 40 MG TABLET	4	PA, QL, LDD, SRX
CABOMETYX 60 MG TABLET	4	PA, QL, LDD, SRX
CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION	1	
CALCIPOTRIENE 0.005% CREAM	2	
CALCIPOTRIENE 0.005% OINTMENT	2	
CALCIPOTRIENE 0.005% TOPICAL SOLUTION	2	
CALCIPOTRIENE-BETAMETHASONE OINTMENT	3	
CALCITONIN-SALMON 200 UNIT NASAL SPRAY	1	
CALCITRIOL 0.25 MCG CAPSULE	1	
CALCITRIOL 0.5 MCG CAPSULE	1	
CALCITRIOL 1 MCG/ML ORAL SOLUTION	1	
CALCITRIOL 3 MCG/G OINTMENT	1	QL
CALCIUM ACETATE 667 MG CAPSULE	1	
CALCIUM ACETATE 667 MG GELCAP	1	
CALCIUM ACETATE 667 MG TABLET	1	
CALQUENCE 100 MG TABLET	4	PA, QL, LDD, SRX
CAMILA 0.35 MG TABLET	1	
CAMRESE 0.15-0.03-0.01 MG TABLET	1	
CAMRESE LO TABLET	1	
CAMZYOS 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
CAMZYOS 5 MG CAPSULE	4	PA, QL, LDD, SRX
CAMZYOS 10 MG CAPSULE	4	PA, QL, LDD, SRX
CAMZYOS 15 MG CAPSULE	4	PA, QL, LDD, SRX
CANDESARTAN 4 MG TABLET	1	
CANDESARTAN 8 MG TABLET	1	
CANDESARTAN 16 MG TABLET	1	
CANDESARTAN 32 MG TABLET	1	
CANDESARTAN-HCTZ 16-12.5 MG TABLET	1	
CANDESARTAN-HCTZ 32-12.5 MG TABLET	1	
CANDESARTAN-HCTZ 32-25 MG TABLET	1	
CAPECITABINE 150 MG TABLET	4	PA, SRX
CAPECITABINE 500 MG TABLET	4	PA, SRX
CAPRELSA 100 MG TABLET	4	PA, QL, LDD, SRX
CAPRELSA 300 MG TABLET	4	PA, QL, LDD, SRX
CAPTOPRIL 12.5 MG TABLET	1	
CAPTOPRIL 25 MG TABLET	1	
CAPTOPRIL 50 MG TABLET	1	
CAPTOPRIL 100 MG TABLET	1	
CAPTOPRIL-HCTZ 25-15 MG TABLET	1	QL

Medication Name	Tier	Notes
CAPTOPRIL-HCTZ 25-25 MG TABLET	1	QL
CAPTOPRIL-HCTZ 50-15 MG TABLET	1	QL
CAPTOPRIL-HCTZ 50-25 MG TABLET	1	QL
CAPVAXIVE 0.5 ML SYRINGE	2	
CARBAMAZEPINE 100 MG CHEWABLE TABLET	1	
CARBAMAZEPINE 100 MG/5 ML ORAL SUSPENSION	1	
CARBAMAZEPINE 200 MG TABLET	1	
CARBAMAZEPINE ER 100 MG CAPSULE	1	
CARBAMAZEPINE ER 200 MG CAPSULE	1	
CARBAMAZEPINE ER 300 MG CAPSULE	1	
CARBAMAZEPINE ER 100 MG TABLET	1	
CARBAMAZEPINE ER 200 MG TABLET	1	
CARBAMAZEPINE ER 400 MG TABLET	1	
CARBIDOPA 25 MG TABLET	3	
CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET	1	
CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET	1	
CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET	1	
CARBIDOPA-LEVODOPA 10-100 TABLET	1	
CARBIDOPA-LEVODOPA 25-100 TABLET	1	
CARBIDOPA-LEVODOPA 25-250 TABLET	1	
CARBIDOPA-LEVODOPA ER 25-100 TABLET	1	
CARBIDOPA-LEVODOPA ER 50-200 TABLET	1	
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5 MG-50 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 18.75 MG-75 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 25 MG-100 MG-200 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 31.25 MG-125 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 37.5 MG-150 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 50 MG-200 MG-200 MG TABLET	2	
CARBINOXAMINE 4 MG/5 ML ORAL LIQUID	1	
CARBINOXAMINE 4 MG TABLET	1	
CAREFINE PEN NEEDLE 29G 12.7MM	2	
CAREFINE PEN NEEDLE 30G 8MM	2	
CAREFINE PEN NEEDLE 31G 6MM	2	
CAREFINE PEN NEEDLE 31G 8MM	2	
CAREFINE PEN NEEDLE 32G 4MM	2	
CAREFINE PEN NEEDLE 32G 5MM	2	
CAREFINE PEN NEEDLE 32G 6MM	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CAREONE SYRINGE 0.3 ML 30G 1/2"	2		CARETOUCH PEN NEEDLE 29G 12MM	2	
CAREONE SYRINGE 0.5 ML 30G 1/2"	2		CARETOUCH PEN NEEDLE 31G 1/4"	2	
CAREONE SYRINGE 1 ML 30G 1/2"	2		CARETOUCH PEN NEEDLE 31G 3/16"	2	
CAREONE UNIFINE PENTIP 29G 1/2"	2		CARETOUCH PEN NEEDLE 31G 5/16"	2	
CAREONE UNIFINE PENTIP 29G 12MM	2		CARETOUCH PEN NEEDLE 32G 3/16"	2	
CAREONE UNIFINE PENTIP 31G 1/4"	2		CARETOUCH PEN NEEDLE 32G 5/32"	2	
CAREONE UNIFINE PENTIP 31G 3/16"	2		CARETOUCH SYRINGE 0.3 ML 31G 5/16"	2	
CAREONE UNIFINE PENTIP 31G 5/16"	2		CARETOUCH SYRINGE 0.5 ML 30G 5/16"	2	
CAREONE UNIFINE PENTIP 31G 5MM	2		CARETOUCH SYRINGE 0.5 ML 31G 5/16"	2	
CAREONE UNIFINE PENTIP 31G 6MM	2		CARETOUCH SYRINGE 1 ML 28G 5/16"	2	
CAREONE UNIFINE PENTIP 31G 8MM	2		CARETOUCH SYRINGE 1 ML 29G 5/16"	2	
CAREONE UNIFINE PENTIP 32G 4MM	2		CARETOUCH SYRINGE 1 ML 30G 5/16"	2	
CAREONE UNIFINE PENTIP 32G 5/32"	2		CARETOUCH SYRINGE 1 ML 31G 5/16"	2	
CAREPOINT LL SYRINGE 3 ML 20G 1.5"	2		CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	4	PA, LDD, SRX
CAREPOINT LL SYRINGE 3 ML 21G 1"	2		CARISOPRODOL 250 MG TABLET	1	
CAREPOINT LL SYRINGE 3 ML 21G 1.5"	2		CARISOPRODOL 350 MG TABLET	1	
CAREPOINT LL SYRINGE 3 ML 22G 1"	2		CARISOPRODOL-ASPIRIN 200-325 MG TABLET	1	
CAREPOINT LL SYRINGE 3 ML 22G 38MM	2		CARISOPRODOL-ASPIRIN-CODEINE TABLET	1	PA
CAREPOINT LL SYRINGE 3 ML 23G 1"	2		CARTEOLOL 1% EYE DROPS	1	
CAREPOINT LL SYRINGE 3 ML 23G 1.5"	2		CARTIA XT 120 MG CAPSULE	1	
CAREPOINT LL SYRINGE 3 ML 25G 1"	2		CARTIA XT 180 MG CAPSULE	1	
CAREPOINT LL SYRINGE 3 ML 25G 5/8"	2		CARTIA XT 240 MG CAPSULE	1	
CAREPOINT PRECISION NEEDLE 21G 1"	2		CARTIA XT 300 MG CAPSULE	1	
CARESENS CONTROL SOLUTION	2		CARVEDILOL 3.125 MG TABLET	1	
CARETOUCH L2-L3 CONTROL SOLUTION	2		CARVEDILOL 6.25 MG TABLET	1	
CARETOUCH HYPODERMIC NEEDLE 18G 1.5"	2		CARVEDILOL 12.5 MG TABLET	1	
CARETOUCH HYPODERMIC NEEDLE 20G 1"	2		CARVEDILOL 25 MG TABLET	1	
CARETOUCH HYPODERMIC NEEDLE 22G 1"	2		CAYSTON 75 MG INHALATION SOLUTION	4	PA, QL, LDD, SRX
CARETOUCH HYPODERMIC NEEDLE 23G 1"	2		CAZANT 28 DAY TABLET	1	
CARETOUCH HYPODERMIC NEEDLE 23G 1.5"	2		CEFACLOL 250 MG CAPSULE	1	
CARETOUCH HYPODERMIC NEEDLE 25G 1"	2		CEFACLOL 500 MG CAPSULE	1	
CARETOUCH HYPODERMIC NEEDLE 25G 1.5"	2		CEFACLOL 125 MG/5 ML ORAL SUSPENSION	1	
CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	2		CEFACLOL 250 MG/5 ML ORAL SUSPENSION	1	
CARETOUCH HYPODERMIC NEEDLE 26G 1"	2		CEFACLOL 375 MG/5 ML ORAL SUSPENSION	1	
CARETOUCH LL SYRINGE 3 ML 22G 1"	2		CEFACLOL ER 500 MG TABLET	2	
CARETOUCH LL SYRINGE 3 ML 22G 1.5"	2		CEFADROXIL 500 MG CAPSULE	1	
CARETOUCH LL SYRINGE 3 ML 23G 1"	2		CEFADROXIL 250 MG/5 ML ORAL SUSPENSION	1	
CARETOUCH LL SYRINGE 3 ML 23G 1.5"	2		CEFADROXIL 500 MG/5 ML ORAL SUSPENSION	1	
CARETOUCH LL SYRINGE 3 ML 25G 1"	2		CEFADROXIL 1 GM TABLET	1	
CARETOUCH LL SYRINGE 3 ML 25G 1.5"	2		CEFDINIR 300 MG CAPSULE	1	
CARETOUCH LL SYRINGE 3 ML 25G 5/8"	2		CEFDINIR 125 MG/5 ML ORAL SUSPENSION	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
COMFORT TOUCH PEN NEEDLE 32G 5MM	2		CRYSSELLE-28 TABLET	1	
COMFORT TOUCH PEN NEEDLE 32G 6MM	2		CVS ALKALINE BATTERIES	2	
COMFORT TOUCH PEN NEEDLE 32G 8MM	2		CVS KETONE CARE TEST STRIP	2	
COMFORT TOUCH PEN NEEDLE 33G 4MM	2		CYANOCOBALAMIN 1,000 MCG/ML VIAL	1	
COMFORT TOUCH PEN NEEDLE 33G 5MM	2		CYANOCOBALAMIN 10,000 MCG/10 ML VIAL	1	
COMFORT TOUCH PEN NEEDLE 33G 6MM	2		CYANOCOBALAMIN 30,000 MCG/30 ML VIAL	1	
COMFORTSEAL LARGE MASK	2	QL	CYCLOBENZAPRINE 5 MG TABLET	1	
COMFORTSEAL MEDIUM MASK	2	QL	CYCLOBENZAPRINE 10 MG TABLET	1	
COMFORTSEAL SMALL MASK	2	QL	CYCLOMYDRIL EYE DROPS	3	
COMIRNATY (12Y UP) SYRINGE	2		CYCLOPENTOLATE 0.5% EYE DROPS	1	
COMIRNATY (12Y UP) VIAL	2		CYCLOPENTOLATE 1% EYE DROPS	1	
COMIRNATY 30 MCG/0.3 ML VACCINE - GRAY	2		CYCLOPENTOLATE 2% EYE DROPS	1	
COMPACT SPACE CHAMBER	2	QL	CYCLOPHOSPHAMIDE 25 MG CAPSULE	2	SRX
COMPACT SPACE CHAMBER-LARGE MASK	2	QL	CYCLOPHOSPHAMIDE 50 MG CAPSULE	2	SRX
COMPACT SPACE CHAMBER-MEDIUM MASK	2	QL	CYCLOSERINE 250 MG CAPSULE	1	
COMPACT SPACE CHAMBER-SMALL MASK	2	QL	CYCLOSET 0.8 MG TABLET	3	
COMPLETENATE CHEWABLE TABLET	1		CYCLOSPORINE 25 MG CAPSULE	1	SRX
COMPRO 25 MG SUPPOSITORY	2		CYCLOSPORINE 100 MG CAPSULE	1	SRX
CONSTULOSE 10 GM/15 ML ORAL SOLUTION	1		CYCLOSPORINE 0.05% EYE EMULSION	3	
CONTOUR CONTROL SOLUTION	2		CYCLOSPORINE MODIFIED 25 MG CAPSULE	1	SRX
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	2		CYCLOSPORINE MODIFIED 50 MG CAPSULE	1	SRX
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	2		CYCLOSPORINE MODIFIED 100 MG CAPSULE	1	SRX
COOL A CONTROL SOLUTION	2		CYCLOSPORINE MODIFIED 100 MG/ML ORAL SOLUTION	1	SRX
COOL B CONTROL SOLUTION	2		CYLTEZO (CF) 40 MG CROHN'S-UC-HS PEN	4	PA, QL, SRX
CORTISONE 25 MG TABLET	1		CYLTEZO (CF) 40 MG/0.4 ML PEN	4	PA, QL, SRX
CORTISPORIN-TC EAR SUSPENSION	3		CYLTEZO (CF) 40 MG/0.8 ML PEN	4	PA, QL, SRX
COSENTYX 75 MG/0.5 ML SYRINGE	4	PA, QL, SRX	CYLTEZO (CF) 40 MG PSORIASIS-UVEITIS PEN	4	PA, QL, SRX
COSENTYX 150 MG/ML SYRINGE	4	PA, QL, SRX	CYLTEZO (CF) 10 MG/0.2 ML SYRINGE	4	PA, QL, SRX
COSENTYX 300 MG DOSE-2 SYRINGE	4	PA, QL, SRX	CYLTEZO (CF) 20 MG/0.4 ML SYRINGE	4	PA, QL, SRX
COSENTYX SENSOREADY 150 MG PEN	4	PA, QL, SRX	CYLTEZO (CF) 40 MG/0.4 ML SYRINGE	4	PA, QL, SRX
COSENTYX SENSOREADY 300 MG DOSE-2PEN	4	PA, QL, SRX	CYLTEZO (CF) 40 MG/0.8 ML SYRINGE	4	PA, QL, SRX
COSENTYX UNOREADY 300 MG PEN	4	PA, QL, SRX	CYPROHEPTADINE 2 MG/5 ML SYRUP	1	
COTELLIC 20 MG TABLET	4	PA, QL, LDD, SRX	CYPROHEPTADINE 4 MG TABLET	1	
COVARYX H.S. TABLET	1		CYRED 28 DAY TABLET	1	
COVARYX TABLET	1		CYRED EQ 28 DAY TABLET	1	
CRESEMBA 74.5 MG CAPSULE	3	PA	CYSTAGON 50 MG CAPSULE	4	PA, LDD, SRX
CRESEMBA 186 MG CAPSULE	3	PA	CYSTAGON 150 MG CAPSULE	4	PA, LDD, SRX
CROMOLYN 4% EYE DROPS	1		CYSTARAN 0.44% EYE DROPS	3	PA, QL, LDD, SRX
CROMOLYN 20 MG/2 ML INHALATION SOLUTION	3	QL	DABIGATRAN 75 MG CAPSULE	3	QL
CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	3		DABIGATRAN 110 MG CAPSULE	3	QL
CROTAN 10% LOTION	3	PA			

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

Medication Name	Tier	Notes
DENTAGEL 1.1% GEL	1	
DEPO-SUBQ PROVERA 104 SYRINGE	3	
DERMACINRX LIDOCAN 5% PATCH	1	
DESCOVY 120-15 MG TABLET	2	SRX
DESCOVY 200-25 MG TABLET	2	SRX
DESIPRAMINE 10 MG TABLET	1	
DESIPRAMINE 25 MG TABLET	1	
DESIPRAMINE 50 MG TABLET	1	
DESIPRAMINE 75 MG TABLET	1	
DESIPRAMINE 100 MG TABLET	1	
DESIPRAMINE 150 MG TABLET	1	
DES Loratadine 5 MG TABLET	1	QL
DES Loratadine 2.5 MG ODT TABLET	1	QL
DES Loratadine 5 MG ODT TABLET	1	QL
DESMOPRESSIN 0.01% NASAL SPRAY	1	
DESMOPRESSIN 10 MCG/0.1 ML NASAL SPRAY	1	
DESMOPRESSIN 0.1 MG TABLET	1	
DESMOPRESSIN 0.2 MG TABLET	1	
DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 MG TABLET	1	
DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL TABLET	1	
DESONIDE 0.05% CREAM	1	
DESONIDE 0.05% LOTION	2	
DESONIDE 0.05% OINTMENT	1	
DESOXIMETASONE 0.05% CREAM	2	
DESOXIMETASONE 0.25% CREAM	2	
DESOXIMETASONE 0.05% GEL	2	
DESOXIMETASONE 0.05% OINTMENT	2	
DESOXIMETASONE 0.25% OINTMENT	2	
DESVENLAFAXINE SUCCINATE ER 25 MG TABLET	1	QL
DESVENLAFAXINE SUCCINATE ER 50 MG TABLET	1	QL
DESVENLAFAXINE SUCCINATE ER 100 MG TABLET	1	QL
DEXAMETHASONE 0.1% EYE DROPS	1	
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	1	
DEXAMETHASONE 0.5 MG/5 ML LIQUID	1	
DEXAMETHASONE 0.5 MG TABLET	1	
DEXAMETHASONE 0.75 MG TABLET	1	
DEXAMETHASONE 1 MG TABLET	1	
DEXAMETHASONE 1.5 MG TABLET	1	
DEXAMETHASONE 2 MG TABLET	1	
DEXAMETHASONE 4 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL 1 MG/ML ORAL CONCENTRATE	1	
DEXCOM G6 RECEIVER	2	PA, QL
DEXCOM G6 SENSOR	2	PA, QL
DEXCOM G6 TRANSMITTER	2	PA, QL
DEXCOM G7 RECEIVER	2	PA, QL
DEXCOM G7 SENSOR	2	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAPSULE	3	QL
DEXLANSOPRAZOLE DR 60 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE 2.5 MG TABLET	1	QL
DEXMETHYLPHENIDATE 5 MG TABLET	1	QL
DEXMETHYLPHENIDATE 10 MG TABLET	1	QL
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL
DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION	1	QL
DEXTROAMPHETAMINE 5 MG TABLET	1	QL
DEXTROAMPHETAMINE 10 MG TABLET	1	QL
DEXTROAMPHETAMINE ER 5 MG CAPSULE	1	QL
DEXTROAMPHETAMINE ER 10 MG CAPSULE	1	QL
DEXTROAMPHETAMINE ER 15 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE	1	QL

Medication Name	Tier	Notes
DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE	1	QL
DIASTIX REAGENT TEST STRIP	2	
DIATRUE LEVEL 1 CONTROL SOLUTION	2	
DIATRUE LEVEL 2 CONTROL SOLUTION	2	
DIATRUE LEVEL 3 CONTROL SOLUTION	2	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	1	
DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE	1	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	1	
DIAZEPAM 2.5 MG RECTAL GEL (2PK)	1	
DIAZEPAM 10 MG RECTAL GEL (2PK)	1	
DIAZEPAM 20 MG RECTAL GEL (2PK)	1	
DIAZEPAM 10 MG RECTAL GEL SYRINGE	1	
DIAZEPAM 20 MG RECTAL GEL SYRINGE	1	
DIAZEPAM 2 MG TABLET	1	
DIAZEPAM 5 MG TABLET	1	
DIAZEPAM 10 MG TABLET	1	
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	3	
DICLOFENAC 0.1% EYE DROPS	1	
DICLOFENAC 1.5% TOPICAL SOLUTION	1	
DICLOFENAC POTASSIUM 50 MG TABLET	1	
DICLOFENAC SODIUM 1% GEL	1	QL
DICLOFENAC SODIUM DR 25 MG TABLET	1	
DICLOFENAC SODIUM DR 50 MG TABLET	1	
DICLOFENAC SODIUM DR 75 MG TABLET	1	
DICLOFENAC SODIUM EC 25 MG TABLET	1	
DICLOFENAC SODIUM EC 50 MG TABLET	1	
DICLOFENAC SODIUM EC 75 MG TABLET	1	
DICLOFENAC SODIUM ER 100 MG TABLET	1	
DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET	1	
DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET	1	
DICLOXACILLIN 250 MG CAPSULE	1	
DICLOXACILLIN 500 MG CAPSULE	1	
DICYCLOMINE 10 MG CAPSULE	1	
DICYCLOMINE 10 MG/5 ML ORAL SOLUTION	1	
DICYCLOMINE 20 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET	1		EASY COMFORT SYRINGE 0.5 ML	2	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET	1		EASY COMFORT SYRINGE 0.5 ML 30G 1/2"	2	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET	1		EASY COMFORT SYRINGE 0.5 ML 31G 5/16"	2	
DROXIA 200 MG CAPSULE	3		EASY COMFORT SYRINGE 0.5 ML 32G 5/16"	2	
DROXIA 300 MG CAPSULE	3		EASY COMFORT SYRINGE 1 ML 30G 1/2"	2	
DROXIA 400 MG CAPSULE	3		EASY COMFORT SYRINGE 1 ML 31G 5/16"	2	
DRUG MART ULTRA COMFORT SYRINGE	2		EASY COMFORT SYRINGE 1 ML 32G 5/16"	2	
DUAVEE 0.45-20 MG TABLET	3		EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	2	
DULERA 50 MCG-5 MCG INHALER	2	QL	EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	2	
DULERA 100 MCG-5 MCG INHALER	2	QL	EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	2	
DULERA 200 MCG-5 MCG INHALER	2	QL	EASY GLIDE PEN NEEDLE 33G 4MM	2	
DULOXETINE DR 20 MG CAPSULE	1	QL	EASY PLUS II HIGH CONTROL SOLUTION	2	
DULOXETINE DR 30 MG CAPSULE	1	QL	EASY PLUS II LOW CONTROL SOLUTION	2	
DULOXETINE DR 60 MG CAPSULE	1	QL	EASY STEP HIGH CONTROL SOLUTION	2	
DUPIXENT 200 MG/1.14 ML PEN	4	PA, SRX	EASY STEP LOW CONTROL SOLUTION	2	
DUPIXENT 300 MG/2 ML PEN	4	PA, SRX	EASY STEP NORMAL CONTROL SOLUTION	2	
DUPIXENT 100 MG/0.67 ML SYRINGE	4	PA, SRX	EASY TALK HIGH CONTROL SOLUTION	2	
DUPIXENT 200 MG/1.14 ML SYRINGE	4	PA, SRX	EASY TALK LOW CONTROL SOLUTION	2	
DUPIXENT 300 MG/2 ML SYRINGE	4	PA, SRX	EASY TALK PLUS II HIGH CONTROL SOLUTION	2	
DUTASTERIDE 0.5 MG CAPSULE	1		EASY TALK PLUS II LOW CONTROL SOLUTION	2	
DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	1		EASY TOUCH BLULINK CONTROL SOLUTION	2	
EASIVENT HOLDING CHAMBER	2	QL	EASY TOUCH FLIPLOCK NEEDLE 18G 1"	2	
EASIVENT MASK-LARGE	2	QL	EASY TOUCH FLIPLOCK NEEDLE 18G 1.5"	2	
EASIVENT MASK-MEDIUM	2	QL	EASY TOUCH FLIPLOCK NEEDLE 19G 1"	2	
EASIVENT MASK-SMALL	2	QL	EASY TOUCH FLIPLOCK NEEDLE 19G 1.5"	2	
EASY COMFORT INSULIN SYRINGE 1 ML	2		EASY TOUCH FLIPLOCK NEEDLE 20G 1"	2	
EASY COMFORT PEN NEEDLE 31G 3/16"	2		EASY TOUCH FLIPLOCK NEEDLE 20G 1.5"	2	
EASY COMFORT PEN NEEDLE 31G 1/4"	2		EASY TOUCH FLIPLOCK NEEDLE 21G 1"	2	
EASY COMFORT PEN NEEDLE 31G 5/16"	2		EASY TOUCH FLIPLOCK NEEDLE 21G 1.5"	2	
EASY COMFORT PEN NEEDLE 32G 5/32"	2		EASY TOUCH FLIPLOCK NEEDLE 22G 3/4"	2	
EASY COMFORT PEN NEEDLE 33G 4MM	2		EASY TOUCH FLIPLOCK NEEDLE 22G 1"	2	
EASY COMFORT PEN NEEDLE 33G 5MM	2		EASY TOUCH FLIPLOCK NEEDLE 22G 1.5"	2	
EASY COMFORT PEN NEEDLE 33G 6MM	2		EASY TOUCH FLIPLOCK NEEDLE 23G 5/8"	2	
EASY COMFORT SAFETY PEN NEEDLE 31G 5MM	2		EASY TOUCH FLIPLOCK NEEDLE 23G 1"	2	
EASY COMFORT SAFETY PEN NEEDLE 31G 6MM	2		EASY TOUCH FLIPLOCK NEEDLE 23G 1.5"	2	
EASY COMFORT SAFETY PEN NEEDLE 32G 4MM	2		EASY TOUCH FLIPLOCK NEEDLE 25G 5/8"	2	
EASY COMFORT SYRINGE 0.3 ML	2		EASY TOUCH FLIPLOCK NEEDLE 25G 1"	2	
EASY COMFORT SYRINGE 0.3 ML 31G 5/16"	2		EASY TOUCH FLIPLOCK NEEDLE 25G 1.5"	2	
EASY COMFORT SYRINGE 0.3 ML 31G 1/2"	2		EASY TOUCH FLIPLOCK NEEDLE 26G 1"	2	
			EASY TOUCH FLIPLOCK NEEDLE 26G 1/2"	2	
			EASY TOUCH FLIPLOCK NEEDLE 27G 1"	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
ERYTHROMYCIN ES 400 MG TABLET	2	
ERYTHROMYCIN-BENZOYL GEL	2	
ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	1	QL
ESCITALOPRAM 5 MG TABLET	1	QL
ESCITALOPRAM 10 MG TABLET	1	QL
ESCITALOPRAM 20 MG TABLET	1	QL
ESOMEPRAZOLE DR 20 MG CAPSULE	1	QL
ESOMEPRAZOLE DR 40 MG CAPSULE	1	QL
ESOMEPRAZOLE DR 49.3 MG CAPSULE	1	QL
ESOMEPRAZOLE DR 2.5 MG PACKET	2	QL
ESOMEPRAZOLE DR 5 MG PACKET	2	QL
ESOMEPRAZOLE DR 10 MG PACKET	2	QL
ESOMEPRAZOLE DR 20 MG PACKET	2	QL
ESOMEPRAZOLE DR 40 MG PACKET	2	QL
ESTARYLLA 0.25-0.035 MG TABLET	1	
ETAZOLAM 1 MG TABLET	1	
ETAZOLAM 2 MG TABLET	1	
ESTRADIOL 0.01% CREAM	1	
ESTRADIOL 0.025 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.025 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.0375 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.0375 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.075 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.075 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSERT TABLET	2	QL
ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET	1	
ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET	1	
ESTROGEN-METHYLTESTOSTERONE F.S. TABLET	1	
ESTROGEN-METHYLTESTOSTERONE H.S. TABLET	1	
ESZOPICLONE 1 MG TABLET	1	
ESZOPICLONE 2 MG TABLET	1	
ESZOPICLONE 3 MG TABLET	1	
ETHAMBUTOL 100 MG TABLET	1	

Medication Name	Tier	Notes
ETHAMBUTOL 400 MG TABLET	1	
ETHOSUXIMIDE 250 MG CAPSULE	1	
ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION	1	
ETHYL CHLORIDE SPRAY	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	1	
ETODOLAC 200 MG CAPSULE	1	
ETODOLAC 300 MG CAPSULE	1	
ETODOLAC 400 MG TABLET	1	
ETODOLAC 500 MG TABLET	1	
ETODOLAC ER 400 MG TABLET	1	
ETODOLAC ER 500 MG TABLET	1	
ETODOLAC ER 600 MG TABLET	1	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING	1	
ETOPOSIDE 50 MG CAPSULE	4	SRX
ETRAVIRINE 100 MG TABLET	1	SRX
ETRAVIRINE 200 MG TABLET	1	SRX
EURAX 10% CREAM	3	
EUTHYROX 25 MCG TABLET	1	
EUTHYROX 50 MCG TABLET	1	
EUTHYROX 75 MCG TABLET	1	
EUTHYROX 88 MCG TABLET	1	
EUTHYROX 100 MCG TABLET	1	
EUTHYROX 112 MCG TABLET	1	
EUTHYROX 125 MCG TABLET	1	
EUTHYROX 137 MCG TABLET	1	
EUTHYROX 150 MCG TABLET	1	
EUTHYROX 175 MCG TABLET	1	
EUTHYROX 200 MCG TABLET	1	
EVENCARE G2 CONTROL SOLUTION	2	
EVENCARE G3 CONTROL SOLUTION	2	
EVEROLIMUS 0.25 MG TABLET	4	SRX
EVEROLIMUS 0.5 MG TABLET	4	SRX
EVEROLIMUS 0.75 MG TABLET	4	SRX
EVEROLIMUS 1 MG TABLET	4	SRX
EVEROLIMUS 2.5 MG TABLET	4	PA, QL, SRX
EVEROLIMUS 5 MG TABLET	4	PA, QL, SRX
EVEROLIMUS 7.5 MG TABLET	4	PA, QL, SRX
EVEROLIMUS 10 MG TABLET	4	PA, QL, SRX
EVEROLIMUS 2 MG TABLET FOR SUSPENSION	4	PA, QL, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
FENOFIBRATE 67 MG CAPSULE	1		FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"	2	
FENOFIBRATE 130 MG CAPSULE	2		FILTER ASPIRATOR NEEDLE	2	
FENOFIBRATE 134 MG CAPSULE	1		FILTER NEEDLE	2	
FENOFIBRATE 150 MG CAPSULE	1		FILTER NEEDLE 19G 1.5"	2	
FENOFIBRATE 200 MG CAPSULE	1		FILTER NEEDLE 5 MICRON	2	
FENOFIBRATE 40 MG TABLET	2		FINASTERIDE 5 MG TABLET	1	
FENOFIBRATE 48 MG TABLET	1		FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX
FENOFIBRATE 54 MG TABLET	1		FINZALA 1-0.02(24)-75 CHEWABLE TABLET	1	
FENOFIBRATE 120 MG TABLET	1		FLAC OTIC OIL 0.01% EAR DROPS	1	
FENOFIBRATE 145 MG TABLET	1		FLAVOXATE 100 MG TABLET	1	
FENOFIBRATE 160 MG TABLET	1		FLECAINIDE 50 MG TABLET	1	
FENOFIBRIC ACID 35 MG TABLET	1		FLECAINIDE 100 MG TABLET	1	
FENOFIBRIC ACID 105 MG TABLET	1		FLECAINIDE 150 MG TABLET	1	
FENOFIBRIC ACID DR 135 MG CAPSULE	1		FLEXICHAMBER	2	QL
FENOFIBRIC ACID DR 45 MG CAPSULE	1		FLEXICHAMBER-LARGE CHILD MASK	2	QL
FENOPROFEN 600 MG TABLET	2		FLEXICHAMBER-SMALL ADULT MASK	2	QL
FENTANYL 12 MCG/HR PATCH	2	PA	FLEXICHAMBER-SMALL CHILD MASK	2	QL
FENTANYL 25 MCG/HR PATCH	2	PA	FLOW-EZE VENTED NEEDLE	2	
FENTANYL 37.5 MCG/HR PATCH	2	PA	FLUAD	2	
FENTANYL 50 MCG/HR PATCH	2	PA	FLUARIX	2	
FENTANYL 62.5 MCG/HR PATCH	2	PA	FLUBLOK	2	
FENTANYL 75 MCG/HR PATCH	2	PA	FLUCELVAX	2	
FENTANYL 87.5 MCG/HR PATCH	2	PA	FLUCONAZOLE 10 MG/ML ORAL SUSPENSION	1	
FENTANYL 100 MCG/HR PATCH	2	PA	FLUCONAZOLE 40 MG/ML ORAL SUSPENSION	1	
FENTANYL CITRATE OTFC 200 MCG LOZENGE	3	PA	FLUCONAZOLE 50 MG TABLET	1	
FENTANYL CITRATE OTFC 400 MCG LOZENGE	3	PA	FLUCONAZOLE 100 MG TABLET	1	
FENTANYL CITRATE OTFC 600 MCG LOZENGE	3	PA	FLUCONAZOLE 150 MG TABLET	1	
FENTANYL CITRATE OTFC 800 MCG LOZENGE	3	PA	FLUCONAZOLE 200 MG TABLET	1	
FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	3	PA	FLUCYTOSINE 250 MG CAPSULE	3	
FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	3	PA	FLUCYTOSINE 500 MG CAPSULE	3	
FERRIPROX 100 MG/ML ORAL SOLUTION	3	PA, LDD, SRX	FLUDROCORTISONE 0.1 MG TABLET	1	
FESOTERODINE ER 4 MG TABLET	3	QL	FLULAVAL	2	
FESOTERODINE ER 8 MG TABLET	3	QL	FLUMIST	2	
FETZIMA 20-40 MG TITRATION PACK	3	QL, ST	FLUNISOLIDE 0.025% NASAL SPRAY	1	
FETZIMA ER 20 MG CAPSULE	3	QL, ST	FLUOCINOLONE 0.01% BODY OIL	1	
FETZIMA ER 40 MG CAPSULE	3	QL, ST	FLUOCINOLONE 0.01% CREAM	1	
FETZIMA ER 80 MG CAPSULE	3	QL, ST	FLUOCINOLONE 0.025% CREAM	1	
FETZIMA ER 120 MG CAPSULE	3	QL, ST	FLUOCINOLONE 0.025% OINTMENT	1	
FIFTY50 GLUCOSE CONTROL SOLUTION	2		FLUOCINOLONE 0.01% SCALP OIL	1	
FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16"	2		FLUOCINOLONE 0.01% TOPICAL SOLUTION	1	
FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16"	2		FLUOCINOLONE OIL 0.01% EAR DROPS	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
FRAGMIN 18,000 UNIT/0.72 ML SYRINGE	4	QL, SRX
FRAGMIN 10,000 UNIT/4 ML VIAL	4	QL, SRX
FRAGMIN 95,000 UNIT/3.8 ML VIAL	4	QL, SRX
FRAICHE 5000 1.1 % DENTAL GEL	1	
FREESTYLE 28G LANCET	2	
FREESTYLE CONTROL SOLUTION	2	
FREESTYLE FREEDOM LITE GLUCOSE METER	1	
FREESTYLE INSULINX GLUCOSE SYSTEM	1	
FREESTYLE INSULINX TEST STRIP	2	
FREESTYLE LIBRE 14 DAY READER	2	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL
FREESTYLE LIBRE 2 READER	2	PA, QL
FREESTYLE LIBRE 3 READER	2	PA, QL
FREESTYLE LIBRE 2 SENSOR	2	PA, QL
FREESTYLE LIBRE 3 SENSOR	2	PA, QL
FREESTYLE LITE GLUCOSE METER	1	
FREESTYLE LITE TEST STRIP	2	
FREESTYLE PRECISION NEO GLUCOSE METER	1	
FREESTYLE PRECISION NEO TEST STRIP	2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30G 5/16"	2	
FREESTYLE PRECISION SYRINGE 0.5 ML 31G 5/16"	2	
FREESTYLE PRECISION SYRINGE 1 ML 30G 5/16"	2	
FREESTYLE PRECISION SYRINGE 1 ML 31G 5/16"	2	
FREESTYLE TEST STRIP	2	
FREESTYLE UNISTIK 2 LANCET	2	
FROVATRIPTAN 2.5 MG TABLET	2	QL
FUROSEMIDE 10 MG/ML ORAL SOLUTION	1	
FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	1	
FUROSEMIDE 20 MG TABLET	1	
FUROSEMIDE 40 MG TABLET	1	
FUROSEMIDE 80 MG TABLET	1	
FUZEON 90 MG VIAL	4	SRX
FYAVOLV 0.5 MG-2.5 MCG TABLET	1	
FYAVOLV 1 MG-5 MCG TABLET	1	
FYCOMPA 2 MG TABLET	3	PA, QL
FYCOMPA 4 MG TABLET	3	PA, QL
FYCOMPA 6 MG TABLET	3	PA, QL
FYCOMPA 8 MG TABLET	3	PA, QL
FYCOMPA 10 MG TABLET	3	PA, QL

Medication Name	Tier	Notes
FYCOMPA 12 MG TABLET	3	PA, QL
GABAPENTIN 100 MG CAPSULE	1	
GABAPENTIN 300 MG CAPSULE	1	
GABAPENTIN 400 MG CAPSULE	1	
GABAPENTIN 250 MG/5 ML ORAL SOLUTION	1	
GABAPENTIN 300 MG/6 ML ORAL SOLUTION	1	
GABAPENTIN 600 MG TABLET	1	
GABAPENTIN 800 MG TABLET	1	
GALANTAMINE 4 MG/ML ORAL SOLUTION	1	
GALANTAMINE 4 MG TABLET	1	
GALANTAMINE 8 MG TABLET	1	
GALANTAMINE 12 MG TABLET	1	
GALANTAMINE ER 8 MG CAPSULE	1	QL
GALANTAMINE ER 16 MG CAPSULE	1	QL
GALANTAMINE ER 24 MG CAPSULE	1	QL
GALLIFREY 5 MG TABLET	1	
GALZIN 25 MG CAPSULE	3	LDD, SRX
GALZIN 50 MG CAPSULE	3	LDD, SRX
GARDASIL 9 SYRINGE	2	
GARDASIL 9 VIAL	2	
GATIFLOXACIN 0.5% EYE DROPS	2	
GATTEX 5 MG VIAL	4	PA, LDD, SRX
GATTEX 5 MG 30-VIAL KIT	4	PA, LDD, SRX
GATTEX 5 MG ONE-VIAL KIT	4	PA, LDD, SRX
GAVILYTE-C ORAL SOLUTION	1	
GAVILYTE-G ORAL SOLUTION	1	
GAVILYTE-N ORAL SOLUTION	1	
GE100 NORMAL CONTROL SOLUTION	2	
GEFITINIB 250 MG TABLET	4	PA, QL, SRX
GEMFIBROZIL 600 MG TABLET	1	
GEMMILY 1 MG-20 MCG CAPSULE	1	
GENERLAC 10 GM/15 ML ORAL SOLUTION	1	
GENGRAF 25 MG CAPSULE	1	SRX
GENGRAF 100 MG CAPSULE	1	SRX
GENGRAF 100 MG/ML ORAL SOLUTION	1	SRX
GENOTROPIN 5 MG CARTRIDGE	4	PA, SRX
GENOTROPIN 12 MG CARTRIDGE	4	PA, SRX
GENOTROPIN MINISQUICK 0.2 MG SYRINGE	4	PA, SRX
GENOTROPIN MINISQUICK 0.4 MG SYRINGE	4	PA, SRX
GENOTROPIN MINISQUICK 0.6 MG SYRINGE	4	PA, SRX
GENOTROPIN MINISQUICK 0.8 MG SYRINGE	4	PA, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
GENOTROPIN MINIQUICK 1 MG SYRINGE	4	PA, SRX	GLUCOSE CONTROL SOLUTION	2	
GENOTROPIN MINIQUICK 1.2 MG SYRINGE	4	PA, SRX	GLUCOSE NORMAL CONTROL SOLUTION	2	
GENOTROPIN MINIQUICK 1.4 MG SYRINGE	4	PA, SRX	GLYBURIDE 1.25 MG TABLET	1	
GENOTROPIN MINIQUICK 1.6 MG SYRINGE	4	PA, SRX	GLYBURIDE 2.5 MG TABLET	1	
GENOTROPIN MINIQUICK 1.8 MG SYRINGE	4	PA, SRX	GLYBURIDE 5 MG TABLET	1	
GENOTROPIN MINIQUICK 2 MG SYRINGE	4	PA, SRX	GLYBURIDE MICRO 1.5 MG TABLET	1	
GENTAK 0.3 % EYE OINTMENT	1		GLYBURIDE MICRO 3 MG TABLET	1	
GENTAMICIN 0.1% CREAM	1		GLYBURIDE MICRO 6 MG TABLET	1	
GENTAMICIN 0.1% OINTMENT	1		GLYBURIDE-METFORMIN 1.25-250 MG TABLET	1	
GENTAMICIN 0.3% EYE DROPS	1		GLYBURIDE-METFORMIN 2.5-500 MG TABLET	1	
GENVOYA TABLET	3	QL, SRX	GLYBURIDE-METFORMIN 5-500 MG TABLET	1	
GILOTRIF 20 MG TABLET	4	PA, QL, LDD, SRX	GLYCINE 1.5% IRRIGATION	1	
GILOTRIF 30 MG TABLET	4	PA, QL, LDD, SRX	GLYCOPYRROLATE 1 MG TABLET	1	
GILOTRIF 40 MG TABLET	4	PA, QL, LDD, SRX	GLYCOPYRROLATE 2 MG TABLET	1	
GLATIRAMER 20 MG/ML SYRINGE	4	PA, SRX	GLYDO 2% JELLY SYRINGE	1	
GLATIRAMER 40 MG/ML SYRINGE	4	PA, SRX	GNP CLICKFINE NEEDLE 31G 1/4"	2	
GLATOPA 20 MG/ML SYRINGE	4	PA, SRX	GNP CLICKFINE NEEDLE 31G 5/16"	2	
GLATOPA 40 MG/ML SYRINGE	4	PA, SRX	GNP EASY TOUCH HIGH-LOW CONTROL SOLUTION	2	
GLEOSTINE 10 MG CAPSULE	3	PA	GNP INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
GLEOSTINE 40 MG CAPSULE	3	PA	GNP INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
GLEOSTINE 100 MG CAPSULE	3	PA	GNP INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
GLIMEPIRIDE 1 MG TABLET	1		GNP INSULIN SYRINGE 1 ML 28G 1/2"	2	
GLIMEPIRIDE 2 MG TABLET	1		GNP INSULIN SYRINGE 1 ML 31G 5/16"	2	
GLIMEPIRIDE 4 MG TABLET	1		GNP PEN NEEDLE 31G 5MM	2	
GLIPIZIDE 5 MG TABLET	1		GNP PEN NEEDLE 31G 8MM	2	
GLIPIZIDE 10 MG TABLET	1		GNP PEN NEEDLE 32G 4MM	2	
GLIPIZIDE ER 2.5 MG TABLET	1		GNP PEN NEEDLE 32G 6MM	2	
GLIPIZIDE ER 5 MG TABLET	1		GNP ULTICARE PEN NEEDLE 31G 5MM	2	
GLIPIZIDE ER 10 MG TABLET	1		GNP ULTICARE PEN NEEDLE 31G 8MM	2	
GLIPIZIDE XL 2.5 MG TABLET	1		GNP ULTICARE PEN NEEDLE 32G 4MM	2	
GLIPIZIDE XL 5 MG TABLET	1		GNP ULTICARE PEN NEEDLE 32G 6MM	2	
GLIPIZIDE XL 10 MG TABLET	1		GNP ULTIGUARD SAFEPAK 31G 5MM	2	
GLIPIZIDE-METFORMIN 2.5-250 MG TABLET	1		GNP ULTIGUARD SAFEPAK 31G 8MM	2	
GLIPIZIDE-METFORMIN 2.5-500 MG TABLET	1		GNP ULTIGUARD SAFEPAK 32G 4MM	2	
GLIPIZIDE-METFORMIN 5-500 MG TABLET	1		GNP ULTIGUARD SAFEPAK 32G 6MM	2	
GLUCAGON 1 MG EMERGENCY KIT	2	QL	GNP ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2"	2	
GLUCOCARD 01 CONTROL SOLUTION	2		GNP ULTRA COMFORT SYRINGE 0.5 ML	2	
GLUCOCARD EXPRESSION CONTROL SOLUTION	2		GNP ULTRA COMFORT SYRINGE 0.5 ML 28G 1/2"	2	
GLUCOCARD SHINE CONTROL SOLUTION	2		GNP ULTRA COMFORT SYRINGE 0.5 ML 29G 1/2"	2	
GLUCOCOM AUTOLINK SYSTEM	2		GNP ULTRA COMFORT SYRINGE 1 ML	2	
GLUCOCOM CONTROL SOLUTION	2		GNP ULTRA COMFORT SYRINGE 3/10 ML	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
HUMALOG MIX 50-50 KWIKPEN	2	QL
HUMALOG MIX 75-25 KWIKPEN	2	QL
HUMALOG MIX 75-25 VIAL	2	QL
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL
HUMIRA 40 MG/0.8 ML PEN	4	PA, QL, SRX
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA, QL, SRX
HUMIRA (CF) 40 MG/0.4 ML PEN	4	PA, QL, SRX
HUMIRA (CF) 80 MG/0.8 ML PEN	4	PA, QL, SRX
HUMIRA (CF) 80 MG CROHN'S-UC-HS PEN	4	PA, QL, SRX
HUMIRA (CF) 80 MG PEDIATRIC UC PEN	4	PA, QL, SRX
HUMIRA (CF) 80 MG-40 MG PSORIASIS-UVEITIS-ADOL HS PEN	4	PA, QL, SRX
HUMIRA (CF) 10 MG/0.1 ML SYRINGE	4	PA, QL, SRX
HUMIRA (CF) 20 MG/0.2 ML SYRINGE	4	PA, QL, SRX
HUMIRA (CF) 40 MG/0.4 ML SYRINGE	4	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70-30 VIAL	2	QL
HUMULIN N 100 UNIT/ML KWIKPEN	2	QL
HUMULIN N 100 UNIT/ML VIAL	2	QL
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL
HUMULIN R 100 UNIT/ML VIAL	2	QL
HUMULIN R 500 UNIT/ML VIAL	2	QL
HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX
HYCAMTIN 1 MG CAPSULE	4	PA, SRX
HYDRALAZINE 10 MG TABLET	1	
HYDRALAZINE 25 MG TABLET	1	
HYDRALAZINE 50 MG TABLET	1	
HYDRALAZINE 100 MG TABLET	1	
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	1	
HYDROCHLOROTHIAZIDE 12.5 MG TABLET	1	
HYDROCHLOROTHIAZIDE 25 MG TABLET	1	
HYDROCHLOROTHIAZIDE 50 MG TABLET	1	
HYDROCODONE ER 20 MG TABLET	1	PA
HYDROCODONE ER 30 MG TABLET	1	PA
HYDROCODONE ER 40 MG TABLET	1	PA
HYDROCODONE ER 60 MG TABLET	1	PA
HYDROCODONE ER 80 MG TABLET	1	PA
HYDROCODONE ER 100 MG TABLET	1	PA
HYDROCODONE ER 120 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 2.5-108 MG/5 ML ORAL SOLUTION	1	PA

Medication Name	Tier	Notes
HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION	1	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION	1	PA
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET	1	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	PA
HYDROCODONE-CHLORPHENIRAMINE ER ORAL SUSPENSION	1	
HYDROCODONE-HOMATROPINE ORAL SOLUTION	1	QL
HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION	1	QL
HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET	1	QL
HYDROCODONE-IBUPROFEN 5 MG-200 MG TABLET	1	PA
HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET	1	PA
HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET	1	PA
HYDROCORTISONE 1% CREAM	1	
HYDROCORTISONE 2.5% CREAM	1	
HYDROCORTISONE 100 MG/60 ML ENEMA	1	
HYDROCORTISONE 2.5% LOTION	1	
HYDROCORTISONE 1% OINTMENT	1	
HYDROCORTISONE 2.5% OINTMENT	1	
HYDROCORTISONE 5 MG TABLET	1	
HYDROCORTISONE 10 MG TABLET	1	
HYDROCORTISONE 20 MG TABLET	1	
HYDROCORTISONE 2.5% TOPICAL SOLUTION	3	
HYDROCORTISONE AC 25 MG SUPPOSITORY	1	
HYDROCORTISONE AC 30 MG SUPPOSITORY	1	
HYDROCORTISONE BUTYRATE 0.1% CREAM	2	QL
HYDROCORTISONE BUTYRATE 0.1% OINTMENT	2	QL
HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION	2	QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
HYDROCORTISONE VALERATE 0.2% CREAM	1		IBRANCE 75 MG TABLET	4	PA, QL, LDD, SRX
HYDROCORTISONE VALERATE 0.2% OINTMENT	1		IBRANCE 100 MG TABLET	4	PA, QL, LDD, SRX
HYDROCORTISONE-ACETIC ACID EAR DROPS	2		IBRANCE 125 MG TABLET	4	PA, QL, LDD, SRX
HYDROCORTISONE-ACETIC ACID EAR SOLUTION	2		IBU 400 MG TABLET	1	
HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION	1	QL	IBU 600 MG TABLET	1	
HYDROMORPHONE 1 MG/ML ORAL SOLUTION	1	PA	IBU 800 MG TABLET	1	
HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION	1	PA	IBUPROFEN 100 MG/5 ML ORAL SUSPENSION	1	
HYDROMORPHONE 3 MG SUPPOSITORY	1	PA	IBUPROFEN 400 MG TABLET	1	
HYDROMORPHONE 2 MG TABLET	1	PA	IBUPROFEN 600 MG TABLET	1	
HYDROMORPHONE 4 MG TABLET	1	PA	IBUPROFEN 800 MG TABLET	1	
HYDROMORPHONE 8 MG TABLET	1	PA	ICATIBANT 30 MG/3 ML SYRINGE	4	PA, SRX
HYDROMORPHONE ER 8 MG TABLET	3	PA	ICLEVIA 0.15 MG-0.03 MG TABLET	1	
HYDROMORPHONE ER 12 MG TABLET	3	PA	ICLUSIG 10 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE ER 16 MG TABLET	3	PA	ICLUSIG 15 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE ER 32 MG TABLET	3	PA	ICLUSIG 30 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYCHLOROQUINE 200 MG TABLET	1		ICLUSIG 45 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYUREA 500 MG CAPSULE	1		ICOSAPENT ETHYL 0.5 GM CAPSULE	3	PA
HYDROXYZINE 10 MG/5 ML ORAL SOLUTION	1		ICOSAPENT ETHYL 1 GM CAPSULE	3	PA
HYDROXYZINE 50 MG/25 ML ORAL SOLUTION	1		ICOSAPENT ETHYL 500 MG CAPSULE	3	PA
HYDROXYZINE 10 MG/5 ML SYRUP	1		IHEALTH LEVEL 2 CONTROL SOLUTION	2	
HYDROXYZINE 10 MG TABLET	1		ILARIS 150 MG/ML VIAL	4	PA, LDD, SRX
HYDROXYZINE 25 MG TABLET	1		ILET INFUSION KIT-INSET 23" 6MM	2	
HYDROXYZINE 50 MG TABLET	1		ILET INFUSION KIT-INSET 32" 6MM	2	
HYDROXYZINE PAMOATE 25 MG CAPSULE	1		ILET INFUSION-CONTACT DETACH 23" 6MM	2	
HYDROXYZINE PAMOATE 50 MG CAPSULE	1		IMATINIB 100 MG TABLET	4	PA, QL, SRX
HYDROXYZINE PAMOATE 100 MG CAPSULE	1		IMATINIB 400 MG TABLET	4	PA, QL, SRX
HYOSCYAMINE 0.125 MG ODT TABLET	1		IMBRUVICA 70 MG CAPSULE	4	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG/5 ML ELIXIR	1		IMBRUVICA 140 MG CAPSULE	4	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG/ML ORAL DROPS	1		IMBRUVICA 70 MG/ML ORAL SUSPENSION	4	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET	1		IMBRUVICA 140 MG TABLET	4	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG TABLET	1		IMBRUVICA 280 MG TABLET	4	PA, QL, LDD, SRX
HYOSCYAMINE ER 0.375 MG TABLET	1		IMBRUVICA 420 MG TABLET	4	PA, QL, LDD, SRX
HYOSCYAMINE SR 0.375 MG TABLET	1		IMIPRAMINE 10 MG TABLET	1	
HYOSYNE 125 MCG/5 ML ELIXIR	1		IMIPRAMINE 25 MG TABLET	1	
HYOSYNE 0.125 MG/ML ORAL DROPS	1		IMIPRAMINE 50 MG TABLET	1	
HYPONEDLE, POLYPROPYL HUB	2		IMIPRAMINE PAMOATE 75 MG CAPSULE	2	
HYPODERMIC NEEDLE, ALUM HUB	2		IMIPRAMINE PAMOATE 100 MG CAPSULE	2	
IBANDRONATE 150 MG TABLET	1		IMIPRAMINE PAMOATE 125 MG CAPSULE	2	
IBRANCE 75 MG CAPSULE	4	PA, QL, LDD, SRX	IMIPRAMINE PAMOATE 150 MG CAPSULE	2	
IBRANCE 100 MG CAPSULE	4	PA, QL, LDD, SRX	IMIQUIMOD 5% CREAM PACKET	1	
IBRANCE 125 MG CAPSULE	4	PA, QL, LDD, SRX	INCASSIA 0.35 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
IN-CHECK NASAL WITH MASK	2		INSULIN SYRINGE 0.3 ML 30G 1/2"	2	
IN-CHECK ORAL FLOW METER	2		INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
INCONTROL PEN NEEDLE 29G 12MM	2		INSULIN SYRINGE 0.3 ML 31G 1/4"	2	
INCONTROL PEN NEEDLE 31G 5MM	2		INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2)	2	
INCONTROL PEN NEEDLE 31G 6MM	2		INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
INCONTROL PEN NEEDLE 31G 8MM	2		INSULIN SYRINGE 0.5 ML	2	
INCONTROL PEN NEEDLE 32G 4MM	2		INSULIN SYRINGE 0.5 ML 27G 1/2"	2	
INCONTROL ULTICARE PEN NEEDLE 31G 6MM	2		INSULIN SYRINGE 0.5 ML 27G 13MM	2	
INCONTROL ULTICARE PEN NEEDLE 31G 8MM	2		INSULIN SYRINGE 0.5 ML 28G 1/2"	2	
INCONTROL ULTICARE PEN NEEDLE 32G 4MM	2		INSULIN SYRINGE 0.5 ML 28G 12.7MM	2	
INCRELEX 40 MG/4 ML VIAL	4	PA, LDD, SRX	INSULIN SYRINGE 0.5 ML 29G 1/2"	2	
INCRUSE ELLIPTA 62.5 MCG INHALER	2		INSULIN SYRINGE 0.5 ML 30G 1/2"	2	
INDAPAMIDE 1.25 MG TABLET	1		INSULIN SYRINGE 0.5 ML 30G 5/16"	2	
INDAPAMIDE 2.5 MG TABLET	1		INSULIN SYRINGE 0.5 ML 31G 1/4"	2	
INDOMETHACIN 25 MG CAPSULE	1		INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
INDOMETHACIN 50 MG CAPSULE	1		INSULIN SYRINGE 1 ML	2	
INDOMETHACIN ER 75 MG CAPSULE	1		INSULIN SYRINGE 1 ML 27G 1/2"	2	
INFANRIX DTAP SYRINGE	2		INSULIN SYRINGE 1 ML 27G 13MM	2	
INFINITY HIGH CONTROL SOLUTION	2		INSULIN SYRINGE 1 ML 27G 16MM	2	
INFINITY LOW CONTROL SOLUTION	2		INSULIN SYRINGE 1 ML 28G 1/2"	2	
INFINITY NORMAL CONTROL SOLUTION	2		INSULIN SYRINGE 1 ML 28G 12.7MM	2	
INFINITY VOICE LEVEL 2 CONTROL SOLUTION	2		INSULIN SYRINGE 1 ML 28G 13MM	2	
INJECT-EASE SYRINGE NEEDLE INTRODUCER	2		INSULIN SYRINGE 1 ML 29G 1/2"	2	
INLYTA 1 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRINGE 1 ML 30G 1/2"	2	
INLYTA 5 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRINGE 1 ML 30G 5/16"	2	
INPEN (FOR HUMALOG) BLUE	2		INSULIN SYRINGE 1 ML 31G 1/4"	2	
INPEN (FOR HUMALOG) GREY	2		INSULIN SYRINGE 1 ML 31G 5/16"	2	
INPEN (FOR HUMALOG) PINK	2		INSULIN SYRINGE 1/2 ML	2	
INPEN (NOVOLOG OR FIASP) BLUE	2		INSULIN SYRINGE 3/10 ML	2	
INPEN (NOVOLOG OR FIASP) GREY	2		INSULIN-EZE SYRINGE MAGNIFIER	2	
INPEN (NOVOLOG OR FIASP) PINK	2		INSUPEN PEN NEEDLE 29G 1/2"	2	
INSUL-CAP INSULIN HOLDER	2		INSUPEN PEN NEEDLE 31G 3/16"	2	
INSULIN ASPART 100 UNIT/ML CARTRIDGE	3	QL, ST	INSUPEN PEN NEEDLE 31G 5/16"	2	
INSULIN ASPART 100 UNIT/ML PEN	3	QL, ST	INSUPEN PEN NEEDLE 31G 5MM	2	
INSULIN ASPART 100 UNIT/ML VIAL	3	QL, ST	INSUPEN PEN NEEDLE 31G 8MM	2	
INSULIN ASPART PROTAMINE MIX 70-30 PEN	3	QL, ST	INSUPEN PEN NEEDLE 32G 4MM	2	
INSULIN ASPART PROTAMINE MIX 70-30 VIAL	3	QL, ST	INSUPEN PEN NEEDLE 32G 5/32"	2	
INSULIN CARTRIDGE 3 ML	2		INSUPEN PEN NEEDLE 32G 6MM	2	
INSULIN LISPRO 100 UNIT/ML VIAL	2	QL	INSUPEN PEN NEEDLE 32G 8MM	2	
INSULIN SYRINGE 0.3 ML	2		INSUPEN ULTRAFINE NEEDLE 30G	2	
INSULIN SYRINGE 0.3 ML 29G 1/2"	2		INSUPEN ULTRAFINE NEEDLE 31G	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
INTELENCE 25 MG TABLET	2	SRX	JAKAFI 5 MG TABLET	4	PA, QL, LDD, SRX
IPOD VIAL	2		JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.02% INHALATION SOLUTION	1		JAKAFI 15 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.03% NASAL SPRAY	1		JAKAFI 20 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM 0.06% NASAL SPRAY	1		JAKAFI 25 MG TABLET	4	PA, QL, LDD, SRX
IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION	1		JANSSEN COVID-19 VACCINE (EUA)	2	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 1 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TABLET	1		JANTOVEN 4 MG TABLET	1	
ISENTRESS 25 MG CHEWABLE TABLET	2	SRX	JANTOVEN 5 MG TABLET	1	
ISENTRESS 100 MG CHEWABLE TABLET	2	SRX	JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	2	SRX	JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 400 MG TABLET	2	SRX	JANTOVEN 10 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	2	SRX	JANUMET 50-500 MG TABLET	2	QL
ISIBLOOM 28 DAY TABLET	1		JANUMET 50-1,000 MG TABLET	2	QL
ISONIAZID 50 MG/5 ML ORAL SOLUTION	1		JANUMET XR 50-500 MG TABLET	2	QL
ISONIAZID 100 MG TABLET	1		JANUMET XR 50-1,000 MG TABLET	2	QL
ISONIAZID 300 MG TABLET	1		JANUMET XR 100-1,000 MG TABLET	2	QL
ISOSORBIDE DINITRATE 5 MG TABLET	1		JANUVIA 25 MG TABLET	2	QL
ISOSORBIDE DINITRATE 10 MG TABLET	1		JANUVIA 50 MG TABLET	2	QL
ISOSORBIDE DINITRATE 20 MG TABLET	1		JANUVIA 100 MG TABLET	2	QL
ISOSORBIDE DINITRATE 30 MG TABLET	1		JARDIANCE 10 MG TABLET	2	QL
ISOSORBIDE MONONITRATE 10 MG TABLET	1		JARDIANCE 25 MG TABLET	2	QL
ISOSORBIDE MONONITRATE 20 MG TABLET	1		JASMIEL 3 MG-0.02 MG TABLET	1	
ISOSORBIDE MONONITRATE ER 30 MG TABLET	1		JENCYCLA 0.35 MG TABLET	1	
ISOSORBIDE MONONITRATE ER 60 MG TABLET	1		JENTADUETO 2.5 MG-500 MG TABLET	2	QL
ISOSORBIDE MONONITRATE ER 120 MG TABLET	1		JENTADUETO 2.5 MG-850 MG TABLET	2	QL
ISOTRETINOIN 10 MG CAPSULE	3		JENTADUETO 2.5 MG-1000 MG TABLET	2	QL
ISOTRETINOIN 20 MG CAPSULE	3		JENTADUETO XR 2.5 MG-1,000 MG TABLET	2	QL
ISOTRETINOIN 30 MG CAPSULE	3		JENTADUETO XR 5 MG-1,000 MG TABLET	2	QL
ISOTRETINOIN 40 MG CAPSULE	3		JINTELI 1 MG-5 MCG TABLET	1	
ISOXSUPRINE 10 MG TABLET	1		JOLESSA 0.15 MG-0.03 MG TABLET	1	
ISRADIPINE 2.5 MG CAPSULE	1		JOYEUX-28 TABLET	1	
ISRADIPINE 5 MG CAPSULE	1		JULEBER 28 DAY TABLET	1	
ITRACONAZOLE 100 MG CAPSULE	2	QL	JULUCA 50-25 MG TABLET	3	QL, SRX
ITRACONAZOLE 10 MG/ML ORAL SOLUTION	2		JUNEL 1 MG-20 MCG TABLET	1	
ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION	2		JUNEL 1.5 MG-30 MCG TABLET	1	
IVERMECTIN 3 MG TABLET	1	PA	JUNEL FE 1 MG-20 MCG TABLET	1	
JAIMIESS 0.15-0.03-0.01 MG TABLET	1		JUNEL FE 1.5 MG-30 MCG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LAMOTRIGINE 25 MG ODT TABLET	2		LEADER SYRINGE 0.3 ML 31G 5/16"	2	
LAMOTRIGINE 50 MG ODT TABLET	2		LEADER SYRINGE 0.5 ML 31G 5/16"	2	
LAMOTRIGINE 100 MG ODT TABLET	2		LEDIPASVIR-SOFOSBUVIR 90-400 MG TABLET	4	PA, QL, SRX
LAMOTRIGINE 200 MG ODT TABLET	2		LEENA 28 TABLET	1	
LAMOTRIGINE 25 MG TABLET	1		LEFLUNOMIDE 10 MG TABLET	1	
LAMOTRIGINE 100 MG TABLET	1		LEFLUNOMIDE 20 MG TABLET	1	
LAMOTRIGINE 150 MG TABLET	1		LENALIDOMIDE 2.5 MG CAPSULE	4	PA, QL, LDD, SRX
LAMOTRIGINE 200 MG TABLET	1		LENALIDOMIDE 5 MG CAPSULE	4	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-BLUE	1		LENALIDOMIDE 10 MG CAPSULE	4	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-GREEN	1		LENALIDOMIDE 15 MG CAPSULE	4	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-ORANGE	1		LENALIDOMIDE 20 MG CAPSULE	4	PA, QL, LDD, SRX
LAMOTRIGINE ER 25 MG TABLET	2		LENALIDOMIDE 25 MG CAPSULE	4	PA, QL, LDD, SRX
LAMOTRIGINE ER 50 MG TABLET	2		LENVIMA 4 MG CAPSULE	4	PA, QL, LDD, SRX
LAMOTRIGINE ER 100 MG TABLET	2		LENVIMA 8 MG DAILY DOSE	4	PA, QL, LDD, SRX
LAMOTRIGINE ER 200 MG TABLET	2		LENVIMA 10 MG DAILY DOSE	4	PA, QL, LDD, SRX
LAMOTRIGINE ER 250 MG TABLET	2		LENVIMA 12 MG DAILY DOSE	4	PA, QL, LDD, SRX
LAMOTRIGINE ER 300 MG TABLET	2		LENVIMA 14 MG DAILY DOSE	4	PA, QL, LDD, SRX
LANSOPRAZOLE DR 15 MG CAPSULE	1	QL	LENVIMA 18 MG DAILY DOSE	4	PA, QL, LDD, SRX
LANSOPRAZOLE DR 30 MG CAPSULE	1	QL	LENVIMA 20 MG DAILY DOSE	4	PA, QL, LDD, SRX
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	2		LENVIMA 24 MG DAILY DOSE	4	PA, QL, LDD, SRX
LANTHANUM 500 MG CHEWABLE TABLET	3		LESSINA-28 TABLET	1	
LANTHANUM 750 MG CHEWABLE TABLET	3		LETROZOLE 2.5 MG TABLET	1	
LANTHANUM 1,000 MG CHEWABLE TABLET	3		LEUCOVORIN 5 MG TABLET	1	
LAPATINIB 250 MG TABLET	4	PA, QL, SRX	LEUCOVORIN 10 MG TABLET	1	
LARIN 1.5 MG-30 MCG TABLET	1		LEUCOVORIN 15 MG TABLET	1	
LARIN 21 1-20 TABLET	1		LEUCOVORIN 25 MG TABLET	1	
LARIN 24 FE 1 MG-20 MCG TABLET	1		LEUKERAN 2 MG TABLET	3	
LARIN FE 1.5-30 TABLET	1		LEUKINE 250 MCG VIAL	4	SRX
LARIN FE 1-20 TABLET	1		LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT	4	PA, SRX
LATANOPROST 0.005% EYE DROPS	1		LEVALBUTEROL 1.25 MG/0.5 INHALATION CONCENTRATE	2	
LAYOLIS FE CHEWABLE TABLET	3		LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION	1	
LEADER INSULIN SYRINGE 0.3 ML	2		LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	1	
LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	2		LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	1	
LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"	2		LEVALBUTEROL TARTRATE HFA 45 MCG INHALER	1	QL
LEADER INSULIN SYRINGE 0.5 ML 29G 1/2"	2		LEVETIRACETAM 100 MG/ML ORAL SOLUTION	1	
LEADER INSULIN SYRINGE 0.5 ML 30G 1/2"	2		LEVETIRACETAM 500 MG/5 ML ORAL SOLUTION	1	
LEADER INSULIN SYRINGE 1 ML 28G 1/2"	2		LEVETIRACETAM 1,000 MG/10 ML ORAL SOLUTION	1	
LEADER INSULIN SYRINGE 1 ML 29G 1/2"	2		LEVETIRACETAM 250 MG TABLET	1	
LEADER INSULIN SYRINGE 1 ML 30G 5/16"	2				
LEADER INSULIN SYRINGE 1 ML 31G 5/16"	2				
LEADER PEN NEEDLE 29G 12MM	2				

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
LIDOCAN IV 5% PATCH	1	
LIDOCAN V 5% PATCH	1	
LIFESHIELD BLUNT CANNULA	2	
LILETTA 52 MG SYSTEM	1	LDD, SRX
LINDANE 1% SHAMPOO	1	
LINEZOLID 100 MG/5 ML ORAL SUSPENSION	3	PA
LINEZOLID 600 MG TABLET	2	PA
LINZESS 72 MCG CAPSULE	3	QL
LINZESS 145 MCG CAPSULE	3	QL
LINZESS 290 MCG CAPSULE	3	QL
LIOTHYRONINE 5 MCG TABLET	1	
LIOTHYRONINE 25 MCG TABLET	1	
LIOTHYRONINE 50 MCG TABLET	1	
LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN	2	PA, QL
LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN	2	PA, QL
LISDEXAMFETAMINE 10 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 20 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 30 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 40 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 50 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 60 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 70 MG CAPSULE	1	PA, QL
LISDEXAMFETAMINE 10 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 20 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 30 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 40 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 50 MG CHEWABLE TABLET	1	PA, QL
LISDEXAMFETAMINE 60 MG CHEWABLE TABLET	1	PA, QL
LISINOPRIL 2.5 MG TABLET	1	
LISINOPRIL 5 MG TABLET	1	
LISINOPRIL 10 MG TABLET	1	
LISINOPRIL 20 MG TABLET	1	
LISINOPRIL 30 MG TABLET	1	
LISINOPRIL 40 MG TABLET	1	
LISINOPRIL-HCTZ 10-12.5 MG TABLET	1	
LISINOPRIL-HCTZ 20-12.5 MG TABLET	1	
LISINOPRIL-HCTZ 20-25 MG TABLET	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML	2	
LITE TOUCH INSULIN SYRINGE 1 ML	2	
LITE TOUCH PEN NEEDLE 29G	2	

Medication Name	Tier	Notes
LITE TOUCH PEN NEEDLE 31G	2	
LITE TOUCH PEN NEEDLE 31G 1/4"	2	
LITEAIRE MDI CHAMBER	2	QL
LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16"	2	
LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
LITETOUCH LARGE MASK	2	QL
LITETOUCH MEDIUM MASK	2	QL
LITETOUCH SMALL MASK	2	QL
LITETOUCH SYRINGE 0.5 ML 28G 1/2"	2	
LITETOUCH SYRINGE 0.5 ML 29G 1/2"	2	
LITETOUCH SYRINGE 0.5 ML 30G 5/16"	2	
LITETOUCH SYRINGE 1 ML 28G 1/2"	2	
LITETOUCH SYRINGE 1 ML 29G 1/2"	2	
LITETOUCH SYRINGE 1 ML 30G 5/16"	2	
LITHIUM 8 MEQ/5 ML ORAL SOLUTION	1	
LITHIUM CARBONATE 150 MG CAPSULE	1	
LITHIUM CARBONATE 300 MG CAPSULE	1	
LITHIUM CARBONATE 600 MG CAPSULE	1	
LITHIUM CARBONATE 300 MG TABLET	1	
LITHIUM CARBONATE ER 300 MG TABLET	1	
LITHIUM CARBONATE ER 450 MG TABLET	1	
LITHOSTAT 250 MG TABLET	3	
LIVE BETTER PEN NEEDLE 8MM	2	
LO LOESTRIN FE 1-10 TABLET	2	
LOJAIMIESS 0.1-0.02-0.01 TABLET	1	
LOKELMA 5 GRAM POWDER PACKET	3	
LOKELMA 10 GRAM POWDER PACKET	3	
LONSURF 15 MG-6.14 MG TABLET	4	PA, LDD, SRX
LONSURF 20 MG-8.19 MG TABLET	4	PA, LDD, SRX
LOPERAMIDE 2 MG CAPSULE	1	
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	1	SRX
LOPINAVIR-RITONAVIR 100-25 MG TABLET	1	SRX
LOPINAVIR-RITONAVIR 200-50 MG TABLET	1	SRX
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	1	
LORAZEPAM 0.5 MG TABLET	1	
LORAZEPAM 1 MG TABLET	1	
LORAZEPAM 2 MG TABLET	1	
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

Medication Name	Tier	Notes
METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE	1	PA
METHAMPHETAMINE 5 MG TABLET	3	QL
METHAZOLAMIDE 25 MG TABLET	2	
METHAZOLAMIDE 50 MG TABLET	2	
METHENAMINE HIPPURATE 1 GM TABLET	1	
METHENAMINE MANDELATE 500 MG TABLET	1	
METHENAMINE MANDELATE 1 GM TABLET	1	
METHIMAZOLE 5 MG TABLET	1	
METHIMAZOLE 10 MG TABLET	1	
METHITEST 10 MG TABLET	4	
METHOCARBAMOL 500 MG TABLET	1	
METHOCARBAMOL 750 MG TABLET	1	
METHOTREXATE 2.5 MG TABLET	1	
METHOXSALEN 10 MG SOFTGEL	3	
METHSCOPOLAMINE 2.5 MG TABLET	1	
METHSCOPOLAMINE 5 MG TABLET	1	
METHSUXIMIDE 300 MG CAPSULE	3	
METHYLDOPA 250 MG TABLET	1	
METHYLDOPA 500 MG TABLET	1	
METHYLDOPA-HCTZ 250-15 MG TABLET	1	
METHYLDOPA-HCTZ 250-25 MG TABLET	1	
METHYLERGONOVINE 0.2 MG TABLET	3	
METHYLPHENIDATE 2.5 MG CHEWABLE TABLET	1	QL
METHYLPHENIDATE 5 MG CHEWABLE TABLET	1	QL
METHYLPHENIDATE 10 MG CHEWABLE TABLET	1	QL
METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION	1	QL
METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION	1	QL
METHYLPHENIDATE 5 MG TABLET	1	QL
METHYLPHENIDATE 10 MG TABLET	1	QL
METHYLPHENIDATE 20 MG TABLET	1	QL
METHYLPHENIDATE CD 10 MG CAPSULE	2	QL
METHYLPHENIDATE CD 20 MG CAPSULE	2	QL
METHYLPHENIDATE CD 30 MG CAPSULE	2	QL
METHYLPHENIDATE CD 40 MG CAPSULE	2	QL
METHYLPHENIDATE CD 50 MG CAPSULE	2	QL
METHYLPHENIDATE CD 60 MG CAPSULE	2	QL
METHYLPHENIDATE ER 10 MG TABLET	1	QL
METHYLPHENIDATE ER 18 MG TABLET	1	QL
METHYLPHENIDATE ER 20 MG TABLET	1	QL
METHYLPHENIDATE ER 27 MG TABLET	1	QL
METHYLPHENIDATE ER 36 MG TABLET	1	QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
METHYLPHENIDATE ER 54 MG TABLET	1	QL	METRONIDAZOLE 500 MG TABLET	1	
METHYLPHENIDATE ER(CD) 10 MG CAPSULE	2	QL	METRONIDAZOLE TOPICAL 0.75% GEL	1	
METHYLPHENIDATE ER(CD) 20 MG CAPSULE	2	QL	METRONIDAZOLE TOPICAL 1% GEL	1	
METHYLPHENIDATE ER(CD) 30 MG CAPSULE	2	QL	METRONIDAZOLE TOPICAL 1% GEL PUMP	1	
METHYLPHENIDATE ER(CD) 40 MG CAPSULE	2	QL	METRONIDAZOLE VAGINAL 0.75% GEL	1	
METHYLPHENIDATE ER(CD) 50 MG CAPSULE	2	QL	METYROSINE 250 MG CAPSULE	4	PA
METHYLPHENIDATE ER(CD) 60 MG CAPSULE	2	QL	MEXILETINE 150 MG CAPSULE	1	
METHYLPHENIDATE ER(LA) 10 MG CAPSULE	2	QL	MEXILETINE 200 MG CAPSULE	1	
METHYLPHENIDATE ER(LA) 20 MG CAPSULE	2	QL	MEXILETINE 250 MG CAPSULE	1	
METHYLPHENIDATE ER(LA) 30 MG CAPSULE	2	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE ER(LA) 40 MG CAPSULE	2	QL	MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	2	
METHYLPHENIDATE ER(LA) 60 MG CAPSULE	2	QL	MICROCHAMBER	2	QL
METHYLPREDNISOLONE 4 MG DOSEPACK	1		MICRODOT HIGH-LOW CONTROL SOLUTION	2	
METHYLPREDNISOLONE 4 MG TABLET	1		MICRODOT NORMAL CONTROL SOLUTION	2	
METHYLPREDNISOLONE 8 MG TABLET	1		MICROGESTIN 21 1.5-30 TABLET	1	
METHYLPREDNISOLONE 16 MG TABLET	1		MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 32 MG TABLET	1		MICROGESTIN 24 FE 1 MG-20 MCG TABLET	1	
METHYLTESTOSTERONE 10 MG CAPSULE	4		MICROGESTIN FE 1.5-30 TABLET	1	
METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	1		MICROGESTIN FE 1-20 TABLET	1	
METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	1		MICROLIFE PEAK FLOW METER	2	
METOCLOPRAMIDE 5 MG TABLET	1		MICROSPACER FOR AEROSOL DEVICE	2	QL
METOCLOPRAMIDE 10 MG TABLET	1		MIDAZOLAM 2 MG/ML SYRUP	1	
METOLAZONE 2.5 MG TABLET	1		MIDAZOLAM 10 MG/5 ML SYRUP	1	
METOLAZONE 5 MG TABLET	1		MIDODRINE 2.5 MG TABLET	1	
METOLAZONE 10 MG TABLET	1		MIDODRINE 5 MG TABLET	1	
METOPROLOL SUCCINATE ER 25 MG TABLET	1		MIDODRINE 10 MG TABLET	1	
METOPROLOL SUCCINATE ER 50 MG TABLET	1		MIGERGOT 2-100 MG SUPPOSITORY	3	
METOPROLOL SUCCINATE ER 100 MG TABLET	1		MIGLITOL 25 MG TABLET	1	
METOPROLOL SUCCINATE ER 200 MG TABLET	1		MIGLITOL 50 MG TABLET	1	
METOPROLOL TARTRATE 25 MG TABLET	1		MIGLITOL 100 MG TABLET	1	
METOPROLOL TARTRATE 37.5 MG TABLET	1		MIGLUSTAT 100 MG CAPSULE	4	PA, SRX
METOPROLOL TARTRATE 50 MG TABLET	1		MILI 0.25-0.035 MG TABLET	1	
METOPROLOL TARTRATE 75 MG TABLET	1		MIMVEY 1-0.5 MG TABLET	1	
METOPROLOL TARTRATE 100 MG TABLET	1		MINI PEN NEEDLE 32G 4MM	2	
METOPROLOL-HCTZ 50-25 MG TABLET	1		MINI PEN NEEDLE 32G 5MM	2	
METOPROLOL-HCTZ 100-25 MG TABLET	1		MINI PEN NEEDLE 32G 6MM	2	
METOPROLOL-HCTZ 100-50 MG TABLET	1		MINI PEN NEEDLE 32G 8MM	2	
METRONIDAZOLE 375 MG CAPSULE	1		MINI PEN NEEDLE 33G 4MM	2	
METRONIDAZOLE 0.75% CREAM	1		MINI PEN NEEDLE 33G 5MM	2	
METRONIDAZOLE 0.75% LOTION	1		MINI PEN NEEDLE 33G 6MM	2	
METRONIDAZOLE 250 MG TABLET	1		MINI ULTRA-THIN II PEN NEEDLE 31G	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MINI WRIGHT PEAK FLOW METER	2		MIRTAZAPINE 45 MG ODT TABLET	1	
MINIMED INFUSION SET	2		MIRTAZAPINE 7.5 MG TABLET	1	
MINIMED MIO ADVANCE INFUSION SET 23" 6MM	2		MIRTAZAPINE 15 MG TABLET	1	
MINIMED MIO ADVANCE INFUSION SET 23" 9MM	2		MIRTAZAPINE 30 MG TABLET	1	
MINIMED MIO ADVANCE INFUSION SET 43" 6MM	2		MIRTAZAPINE 45 MG TABLET	1	
MINIMED MIO ADVANCE INFUSION SET 43" 9MM	2		MISOPROSTOL 100 MCG TABLET	1	
MINIMED QUICK INFUSION SET 18" 6MM	2		MISOPROSTOL 200 MCG TABLET	1	
MINIMED QUICK INFUSION SET 23" 6MM	2		M-M-R II VACCINE VIAL	2	
MINIMED QUICK INFUSION SET 23" 9MM	2		M-NATAL PLUS TABLET	1	
MINIMED QUICK INFUSION SET 32" 6MM	2		MODAFINIL 100 MG TABLET	3	PA
MINIMED QUICK INFUSION SET 32" 9MM	2		MODAFINIL 200 MG TABLET	3	PA
MINIMED QUICK INFUSION SET 43" 6MM	2		MODERNA COVID (6M-5Y) VACCINE (EUA)	2	
MINIMED QUICK INFUSION SET 43" 9MM	2		MODERNA COVID (6-11Y) VACCINE (EUA)	2	
MINIMED QUICK-SERTER	2		MODERNA COVID (12Y UP) VACCINE (EUA)	2	
MINIMED RESERVOIR 1.8 ML	2		MODERNA COVID (6M-11Y) EUA	2	
MINIMED RESERVOIR 3 ML	2		MODERNA COVID BIVAL (6MO-5Y) EUA	2	
MINIMED SILHOUETTE INFUSION SET 18"	2		MODERNA COVID BIVAL (6MO UP) EUA	2	
MINIMED SILHOUETTE INFUSION SET 23"	2		MODERNA COVID-19 BOOSTER (EUA)	2	
MINIMED SILHOUETTE INFUSION SET 32"	2		MOEXIPRIL 7.5 MG TABLET	1	
MINIMED SILHOUETTE INFUSION SET 43"	2		MOEXIPRIL 15 MG TABLET	1	
MINIMED SURET INFUSION SET 18" 6MM	2		MOLINDONE 5 MG TABLET	1	
MINIMED SURET INFUSION SET 23"	2		MOLINDONE 10 MG TABLET	1	
MINIMED SURET INFUSION SET 23" 6MM	2		MOLINDONE 25 MG TABLET	1	
MINIMED SURET INFUSION SET 23" 8MM	2		MOMETASONE 0.1% CREAM	1	
MINIMED SURET INFUSION SET 32"	2		MOMETASONE 0.1% OINTMENT	1	
MINIMED SURET INFUSION SET 32" 6MM	2		MOMETASONE 0.1% TOPICAL SOLUTION	1	
MINIMED SURET INFUSION SET 32" 8MM	2		MOMETASONE 50 MCG NASAL SPRAY	2	QL
MINOCYCLINE 50 MG CAPSULE	1		MONDOXYNE NL 75 MG CAPSULE	1	
MINOCYCLINE 75 MG CAPSULE	1		MONDOXYNE NL 100 MG CAPSULE	1	
MINOCYCLINE 100 MG CAPSULE	1		MONOJECT BLOOD COLLECTION NEEDLE 20G 1"	2	
MINOCYCLINE 50 MG TABLET	1		MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5"	2	
MINOCYCLINE 75 MG TABLET	1		MONOJECT BLOOD COLLECTION NEEDLE 21G 1"	2	
MINOCYCLINE 100 MG TABLET	1		MONOJECT BLOOD COLLECTION NEEDLE 22G 1"	2	
MINOXIDIL 2.5 MG TABLET	1		MONOJECT FILTER NEEDLE 18G 1.5"	2	
MINOXIDIL 10 MG TABLET	1		MONOJECT HYPODERMIC NEEDLE	2	
MINZOYA-28 TABLET	1		MONOJECT HYPODERMIC NEEDLE 18G 1A"	2	
MIRABEGRON ER 25 MG TABLET	3	QL	MONOJECT HYPODERMIC NEEDLE 19G 1"	2	
MIRABEGRON ER 50 MG TABLET	3	QL	MONOJECT HYPODERMIC NEEDLE 19G 1.5"	2	
MIRENA 52 MG SYSTEM	1	LDD, SRX	MONOJECT HYPODERMIC NEEDLE 20G 1"	2	
MIRTAZAPINE 15 MG ODT TABLET	1		MONOJECT HYPODERMIC NEEDLE 20G 1.5"	2	
MIRTAZAPINE 30 MG ODT TABLET	1		MONOJECT HYPODERMIC NEEDLE 21G 1"	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	1		NIKKI 3 MG-0.02 MG TABLET	1	
NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	1		NILOTINIB HCL 50 MG CAPSULE	4	PA, QL, SRX
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	1		NILOTINIB HCL 150 MG CAPSULE	4	PA, QL, SRX
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	1		NILOTINIB HCL 200 MG CAPSULE	4	PA, QL, SRX
NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	1		NILUTAMIDE 150 MG TABLET	4	
NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	1		NIMODIPINE 30 MG CAPSULE	3	
NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	1		NINLARO 2.3 MG CAPSULE	4	PA, QL, LDD, SRX
NEOMYCIN-POLYMYXIN-HC EYE DROPS	1		NINLARO 3 MG CAPSULE	4	PA, QL, LDD, SRX
NEO-POLYCIN EYE OINTMENT	1		NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX
NEO-POLYCIN HC EYE OINTMENT	1		NISOLDIPINE ER 8.5 MG TABLET	1	QL
NEUAC GEL	1		NISOLDIPINE ER 17 MG TABLET	1	QL
NEULASTA 6 MG/0.6 ML SYRINGE	4	PA, SRX	NISOLDIPINE ER 20 MG TABLET	1	QL
NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA, SRX	NISOLDIPINE ER 25.5 MG TABLET	1	QL
NEUPRO 1 MG/24 HR PATCH	3		NISOLDIPINE ER 30 MG TABLET	1	QL
NEUPRO 2 MG/24 HR PATCH	3		NISOLDIPINE ER 34 MG TABLET	1	QL
NEUPRO 3 MG/24 HR PATCH	3		NISOLDIPINE ER 40 MG TABLET	1	QL
NEUPRO 4 MG/24 HR PATCH	3		NITAZOXANIDE 500 MG TABLET	3	PA
NEUPRO 6 MG/24 HR PATCH	3		NITRO-BID 2% OINTMENT	1	
NEUPRO 8 MG/24 HR PATCH	3		NITROFURANTOIN MACRO 25 MG CAPSULE	2	
NEVANAC 0.1% EYE DROPS	3		NITROFURANTOIN MACRO 50 MG CAPSULE	1	
NEVIRAPINE 50 MG/5 ML ORAL SUSPENSION	1	SRX	NITROFURANTOIN MACRO 100 MG CAPSULE	1	
NEVIRAPINE 200 MG TABLET	1	SRX	NITROFURANTOIN 25 MG/5 ML ORAL SUSPENSION	3	
NEVIRAPINE ER 100 MG TABLET	1	SRX	NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	1	
NEVIRAPINE ER 400 MG TABLET	1	SRX	NITROGLYCERIN 0.4% OINTMENT	3	
NEW DAY 1.5 MG TABLET	1		NITROGLYCERIN 0.1 MG/HR PATCH	1	
NEWGEN TABLET	1		NITROGLYCERIN 0.2 MG/HR PATCH	1	
NEXPLANON 68 MG IMPLANT	1	LDD, SRX	NITROGLYCERIN 0.4 MG/HR PATCH	1	
NEXTSTELLIS 3-14.2 MG TABLET	3		NITROGLYCERIN 0.6 MG/HR PATCH	1	
NIACIN ER 500 MG TABLET	1		NITROGLYCERIN 400 MCG SPRAY	1	
NIACIN ER 750 MG TABLET	1		NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	1	
NIACIN ER 1,000 MG TABLET	1		NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	1	
NICARDIPINE 20 MG CAPSULE	2		NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	1	
NICARDIPINE 30 MG CAPSULE	2		NITRO-TIME ER 2.5 MG CAPSULE	1	
NICOTROL CARTRIDGE INHALER	3		NITRO-TIME ER 6.5 MG CAPSULE	1	
NICOTROL NS 10 MG/ML SPRAY	3		NITRO-TIME ER 9 MG CAPSULE	1	
NIFEDIPINE 10 MG CAPSULE	1		NIVA THYROID 15 MG TABLET	1	
NIFEDIPINE 20 MG CAPSULE	1		NIVA THYROID 30 MG TABLET	1	
NIFEDIPINE ER 30 MG TABLET	1		NIVA THYROID 60 MG TABLET	1	
NIFEDIPINE ER 60 MG TABLET	1		NIVA THYROID 90 MG TABLET	1	
NIFEDIPINE ER 90 MG TABLET	1		NIVA THYROID 120 MG TABLET	1	
			NIVA-PLUS TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
NIVESTYM 300 MCG/0.5 ML SYRINGE	4	SRX
NIVESTYM 480 MCG/0.8 ML SYRINGE	4	SRX
NIVESTYM 300 MCG/ML VIAL	4	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	4	SRX
NIZATIDINE 150 MG CAPSULE	1	
NIZATIDINE 300 MG CAPSULE	1	
NORA-BE TABLET	1	
NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	1	
NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	1	
NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG (21) TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG (21) - 75 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (21) - 75 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (24) - 75 CAPSULE	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (24) - 75 CHEWABLE TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	1	
NORPACE CR 100 MG CAPSULE	3	
NORPACE CR 150 MG CAPSULE	3	
NORTREL 0.5-35-28 TABLET	1	
NORTREL 1-35 21 TABLET	1	
NORTREL 1-35 28 TABLET	1	
NORTREL 7-7-7-28 TABLET	1	

Medication Name	Tier	Notes
NORTRIPTYLINE 10 MG CAPSULE	1	
NORTRIPTYLINE 25 MG CAPSULE	1	
NORTRIPTYLINE 50 MG CAPSULE	1	
NORTRIPTYLINE 75 MG CAPSULE	1	
NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	1	
NORVIR 100 MG POWDER PACKET	2	SRX
NOVAVAX COVID SYRINGE (EUA)	2	
NOVAVAX COVID VIAL (EUA)	2	
NOVAVAX COVID-19 VACCINE, ADJ (EUA)	2	
NOVOFINE AUTOCOVER NEEDLE 30G	2	
NOVOFINE NEEDLE 32G	2	
NOVOFINE PLUS PEN NEEDLE 32G 1/6"	2	
NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST
NOVOLOG 100 UNIT/ML PENFILL	3	QL, ST
NOVOLOG 100 UNIT/ML VIAL	3	QL, ST
NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST
NOVOLOG MIX 70-30 VIAL	3	QL, ST
NOVOPEN ECHO INSULIN DEVICE	2	
NP THYROID 15 MG TABLET	1	
NP THYROID 30 MG TABLET	1	
NP THYROID 60 MG TABLET	1	
NP THYROID 90 MG TABLET	1	
NP THYROID 120 MG TABLET	1	
NUCYNTA ER 50 MG TABLET	3	PA
NUCYNTA ER 100 MG TABLET	3	PA
NUCYNTA ER 150 MG TABLET	3	PA
NUCYNTA ER 200 MG TABLET	3	PA
NUCYNTA ER 250 MG TABLET	3	PA
NUEDEXTA 20-10 MG CAPSULE	3	PA, QL
NYAMYC 100,000 UNIT/GM POWDER	1	
NYLIA 1-35 28 TABLET	1	
NYLIA 7-7-7-28 TABLET	1	
NYMYO 0.25-0.035 MG (28) TABLET	1	
NYSTATIN 100,000 UNIT/GM CREAM	1	
NYSTATIN 100,000 UNIT/GM OINTMENT	1	
NYSTATIN 100,000 UNIT/GM POWDER	1	
NYSTATIN 100,000 UNIT/ML ORAL SUSPENSION	1	
NYSTATIN 500,000 UNIT/5 ML ORAL SUSPENSION	1	
NYSTATIN 500,000 UNIT ORAL TABLET	1	
NYSTATIN-TRIAMCINOLONE CREAM	1	
NYSTATIN-TRIAMCINOLONE OINTMENT	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
NYSTOP 100,000 UNIT/GM POWDER	1	
NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA, SRX
OBSTETRIX DHA COMBO PAK	1	
OCELLA 3 MG-0.03 MG TABLET	1	
OCTREOTIDE 50 MCG/ML AMPULE	2	PA, SRX
OCTREOTIDE 100 MCG/ML AMPULE	2	PA, SRX
OCTREOTIDE 500 MCG/ML AMPULE	2	PA, SRX
OCTREOTIDE 50 MCG/ML SYRINGE	2	PA, SRX
OCTREOTIDE 100 MCG/ML SYRINGE	2	PA, SRX
OCTREOTIDE 500 MCG/ML SYRINGE	2	PA, SRX
OCTREOTIDE 0.05 MG/ML VIAL	2	PA, SRX
OCTREOTIDE 50 MCG/ML VIAL	2	PA, SRX
OCTREOTIDE 100 MCG/ML VIAL	2	PA, SRX
OCTREOTIDE 500 MCG/ML VIAL	2	PA, SRX
OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA, SRX
OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA, SRX
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	3	PA, QL
ODEFSEY TABLET	3	QL, SRX
ODOMZO 200 MG CAPSULE	4	PA, QL, SRX
OFLOXACIN 0.3% EAR DROPS	1	
OFLOXACIN 0.3% EYE DROPS	1	
OFLOXACIN 300 MG TABLET	1	
OFLOXACIN 400 MG TABLET	1	
OLANZAPINE 5 MG ODT TABLET	1	
OLANZAPINE 10 MG ODT TABLET	1	
OLANZAPINE 15 MG ODT TABLET	1	
OLANZAPINE 20 MG ODT TABLET	1	
OLANZAPINE 2.5 MG TABLET	1	
OLANZAPINE 5 MG TABLET	1	
OLANZAPINE 7.5 MG TABLET	1	
OLANZAPINE 10 MG TABLET	1	
OLANZAPINE 15 MG TABLET	1	
OLANZAPINE 20 MG TABLET	1	
OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE	2	
OLMESARTAN 5 MG TABLET	1	
OLMESARTAN 20 MG TABLET	1	
OLMESARTAN 40 MG TABLET	1	

Medication Name	Tier	Notes
OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET	1	
OLMESARTAN-HCTZ 20-12.5 MG TABLET	1	
OLMESARTAN-HCTZ 40-12.5 MG TABLET	1	
OLMESARTAN-HCTZ 40-25 MG TABLET	1	
OLOPATADINE 0.1% EYE DROPS	1	
OLOPATADINE 0.2% EYE DROPS	1	
OLOPATADINE 665 MCG NASAL SPRAY	1	
OMEGA-3 ETHYL ESTERS 1 GM CAPSULE	1	
OMEPRazole DR 10 MG CAPSULE	1	QL
OMEPRazole DR 20 MG CAPSULE	1	QL
OMEPRazole DR 40 MG CAPSULE	1	QL
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	QL
OMNIPOD 5 DEX G7 G6 INTRO (GEN 5)	2	QL
OMNIPOD 5 DEX G7 G6 PODS (GEN 5)	2	QL
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL
OMNIPOD 5 INTRO (G6/LIBRE 2 PLUS)	2	QL
OMNIPOD CLASSIC PDM KIT (GEN 3)	2	QL
OMNIPOD CLASSIC PODS (GEN 3) 5 PACK	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4) 5 PACK	2	QL
OMNIPOD GO 10 UNIT/DAY PODS	2	QL
OMNIPOD GO 15 UNIT/DAY PODS	2	QL
OMNIPOD GO 20 UNIT/DAY PODS	2	QL
OMNIPOD GO 25 UNIT/DAY PODS	2	QL
OMNIPOD GO 30 UNIT/DAY PODS	2	QL
OMNIPOD GO 35 UNIT/DAY PODS	2	QL
OMNIPOD GO 40 UNIT/DAY PODS	2	QL
OMNITROPE 5 MG/1.5 ML CARTRIDGE	4	PA, SRX
OMNITROPE 10 MG/1.5 ML CARTRIDGE	4	PA, SRX
OMNITROPE 5.8 MG VIAL	4	PA, SRX
ON CALL EXPRESS CONTROL SOLUTION PAK	2	
ON CALL PLUS CONTROL SOLUTION	2	
ON CALL VIVID CONTROL SOLUTION	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ONDANSETRON 4 MG ODT TABLET	1		OXAPROZIN 600 MG TABLET	1	
ONDANSETRON 8 MG ODT TABLET	1		OXAZEPAM 10 MG CAPSULE	1	
ONDANSETRON 4 MG/5 ML ORAL SOLUTION	1		OXAZEPAM 15 MG CAPSULE	1	
ONDANSETRON 4 MG TABLET	1		OXAZEPAM 30 MG CAPSULE	1	
ONDANSETRON 8 MG TABLET	1		OXCARBAZEPINE 300 MG/5 ML ORAL SUSPENSION	1	
ONE WAY VALVED MOUTHPIECE	2	QL	OXCARBAZEPINE 150 MG TABLET	1	
OPCICON ONE-STEP 1.5 MG TABLET	1		OXCARBAZEPINE 300 MG TABLET	1	
OPILL 0.075 MG TABLET	1	QL	OXCARBAZEPINE 600 MG TABLET	1	
OPIUM 10 MG/ML TINCTURE	2	PA	OXICONAZOLE 1% CREAM	2	
OPTICHAMBER ADULT MASK-LARGE	2	QL	OXYBUTYNIN 5 MG/5 ML ORAL SOLUTION	1	
OPTICHAMBER DIAMOND VHC	2	QL	OXYBUTYNIN 5 MG/5 ML SYRUP	1	
OPTICHAMBER DIAMOND W-LARGE MASK	2	QL	OXYBUTYNIN 5 MG TABLET	1	
OPTICHAMBER DIAMOND W-MEDIUM MASK	2	QL	OXYBUTYNIN ER 5 MG TABLET	1	
OPTICHAMBER DIAMOND W-SMALL MASK	2	QL	OXYBUTYNIN ER 10 MG TABLET	1	
OPTION 2 1.5 MG TABLET	1		OXYBUTYNIN ER 15 MG TABLET	1	
OPTUMRX GLUCOSE CONTROL SOLUTION	2		OXYCODONE (IR) 5 MG CAPSULE	1	PA
ORACIT ORAL SOLUTION	3		OXYCODONE (IR) 5 MG TABLET	1	PA
ORAL CITRATE SOLUTION	3		OXYCODONE (IR) 10 MG TABLET	1	PA
ORALONE 0.1% TOOTHPASTE	1		OXYCODONE (IR) 15 MG TABLET	1	PA
ORENCIA CLICKJECT 125 MG/ML	4	PA, QL, SRX	OXYCODONE (IR) 20 MG TABLET	1	PA
ORENCIA 50 MG/0.4 ML SYRINGE	4	PA, QL, SRX	OXYCODONE (IR) 30 MG TABLET	1	PA
ORENCIA 87.5 MG/0.7 ML SYRINGE	4	PA, QL, SRX	OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	1	PA
ORENCIA 125 MG/ML SYRINGE	4	PA, QL, SRX	OXYCODONE 5 MG/5 ML ORAL SOLUTION	1	PA
ORPHENADRINE ER 100 MG TABLET	1		OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	1	PA
ORSERDU 86 MG TABLET	4	PA, QL, LDD, SRX	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	1	PA
ORSERDU 345 MG TABLET	4	PA, QL, LDD, SRX	OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	1	PA
OSCIMIN 0.125 MG SUBLINGUAL TABLET	1		OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	1	PA
OSCIMIN 0.125 MG TABLET	1		OXYMORPHONE 5 MG TABLET	2	PA
OSELTAMIVIR 30 MG CAPSULE	1	QL	OXYMORPHONE 10 MG TABLET	2	PA
OSELTAMIVIR 45 MG CAPSULE	1	QL	OXYMORPHONE ER 5 MG TABLET	2	PA
OSELTAMIVIR 75 MG CAPSULE	1	QL	OXYMORPHONE ER 7.5 MG TABLET	2	PA
OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	1	QL	OXYMORPHONE ER 10 MG TABLET	2	PA
OSMOPREP TABLET	3		OXYMORPHONE ER 15 MG TABLET	2	PA
OTEZLA 10-20 MG STARTER 28 DAY	4	PA, QL, SRX	OXYMORPHONE ER 20 MG TABLET	2	PA
OTEZLA 10-20-30 MG STARTER 28 DAY	4	PA, QL, SRX	OXYMORPHONE ER 30 MG TABLET	2	PA
OTEZLA 20 MG TABLET	4	PA, QL, SRX	OXYMORPHONE ER 40 MG TABLET	2	PA
OTEZLA 30 MG TABLET	4	PA, QL, SRX	OZEMPIC 0.25-0.5 MG/DOSE PEN INJECTOR	2	PA, QL
OVAL TAPE	2		OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN INJECTOR	2	PA, QL
OXANDROLONE 2.5 MG TABLET	3	PA	OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR	2	PA, QL
OXANDROLONE 10 MG TABLET	3	PA	PACERONE 200 MG TABLET	1	
OXAPROZIN 600 MG CAPLET	1		PALIPERIDONE ER 1.5 MG TABLET	3	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PALIPERIDONE ER 3 MG TABLET	3	
PALIPERIDONE ER 6 MG TABLET	3	
PALIPERIDONE ER 9 MG TABLET	3	
PANCREAZE DR 2,600 UNIT CAPSULE	2	
PANCREAZE DR 4,200 UNIT CAPSULE	2	
PANCREAZE DR 10,500 UNIT CAPSULE	2	
PANCREAZE DR 16,800 UNIT CAPSULE	2	
PANCREAZE DR 21,000 UNIT CAPSULE	2	
PANCREAZE DR 37,000 UNIT CAPSULE	2	
PANDA MASK LARGE	2	QL
PANDA MASK MEDIUM	2	QL
PANDA MASK SMALL	2	QL
PANRETIN 0.1% GEL	4	SRX
PANTOPRAZOLE DR 20 MG TABLET	1	QL
PANTOPRAZOLE DR 40 MG TABLET	1	QL
PARADIGM RESERVOIR 1.8 ML	2	
PARADIGM RESERVOIR 3 ML	2	
PARAGARD T 380-A IUD	1	LDD, SRX
PARICALCITOL 1 MCG CAPSULE	1	SRX
PARICALCITOL 2 MCG CAPSULE	1	SRX
PARICALCITOL 4 MCG CAPSULE	1	SRX
PAROEX 0.12% ORAL RINSE	1	
PAROXETINE 10 MG TABLET	1	QL
PAROXETINE 20 MG TABLET	1	QL
PAROXETINE 30 MG TABLET	1	QL
PAROXETINE 40 MG TABLET	1	QL
PASER GRANULES 4 GM PACKET	3	
PAXLOVID 150-100 MG DOSE PACK	3	QL
PAXLOVID 300-100 MG DOSE PACK	3	QL
PAZOPANIB 200 MG TABLET	4	PA, QL, SRX
PC UNIFINE PENTIP NEEDLE 6MM	2	
PC UNIFINE PENTIP NEEDLE 8MM	2	
PC UNIFINE PENTIP NEEDLE 12MM	2	
PEAK-AIR PEAK FLOW METER	2	
PEDIARIX 0.5 ML SYRINGE	2	
PEDIATRIC MEDIUM MASK	2	QL
PEDIATRIC MOUTHPIECE	2	QL
PEDIATRIC PANDA MASK	2	QL
PEDIATRIC SMALL MASK	2	QL
PEDVAXHIB VACCINE VIAL	2	
PEG 3350-ELECTROLYTE ORAL SOLUTION	1	
PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	1	
PEG-3350 AND ELECTROLYTES ORAL SOLUTION	1	

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
PERINDOPRIL 4 MG TABLET	1		PHENOXYBENZAMINE 10 MG CAPSULE	4	
PERINDOPRIL 8 MG TABLET	1		PHENYLEPHRINE 2.5% EYE DROPS	1	
PERIOGARD 0.12% ORAL RINSE	1		PHENYLEPHRINE 10% EYE DROPS	1	
PERMETHRIN 5% CREAM	1		PHENYTOIN 50 MG CHEWABLE TABLET	1	
PERPHENAZINE 2 MG TABLET	1		PHENYTOIN 50 MG INFATAB CHEW	1	
PERPHENAZINE 4 MG TABLET	1		PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	1	
PERPHENAZINE 8 MG TABLET	1		PHENYTOIN 125 MG/5 ML ORAL SUSPENSION	1	
PERPHENAZINE 16 MG TABLET	1		PHENYTOIN SODIUM EXT 100 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	1		PHENYTOIN SODIUM EXT 200 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	1		PHENYTOIN SODIUM EXT 300 MG CAPSULE	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	1		PHEXXI 1.8-1-0.4% VAGINAL GEL	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	1		PHILITH 0.4-0.035 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	1		PHYSIOSOL IRRIGATION SOLUTION	3	
PERSONAL BEST PEAK FLOW METER	2		PHYTONADIONE 5 MG TABLET	3	
PFIZER COVID (6M-4Y) EUA	2		PIKO 1 FLOW METER	2	
PFIZER COVID (5-11Y) EUA	2		PILOCARPINE 1% EYE DROPS	1	
PFIZER COVID (6M-4Y) VACCINE - MAROON	2		PILOCARPINE 2% EYE DROPS	1	
PFIZER COVID (5-11Y) VACCINE - ORANGE	2		PILOCARPINE 4% EYE DROPS	1	
PFIZER COVID (12Y UP) VACCINE - GRAY	2		PILOCARPINE 5 MG TABLET	1	
PFIZER COVID BIVAL (6MO-4Y) EUA	2		PILOCARPINE 7.5 MG TABLET	1	
PFIZER COVID BIVAL (5-11YR) EUA	2		PIMECROLIMUS 1% CREAM	3	
PFIZER COVID BIVAL (12Y UP) EUA	2		PIMOZIDE 1 MG TABLET	1	
PFIZER COVID-19 VACCINE - PURPLE	2		PIMOZIDE 2 MG TABLET	1	
PHASEAL PROTECTOR 14	2		PIMTREA 28 DAY TABLET	1	
PHASEAL PROTECTOR 21	2		PINDOLOL 5 MG TABLET	1	
PHASEAL PROTECTOR 28	2		PINDOLOL 10 MG TABLET	1	
PHASEAL PROTECTOR 50	2		PIOGLITAZONE 15 MG TABLET	1	
PHENAZOPYRIDINE 100 MG TABLET	1		PIOGLITAZONE 30 MG TABLET	1	
PHENAZOPYRIDINE 200 MG TABLET	1		PIOGLITAZONE 45 MG TABLET	1	
PHENELZINE 15 MG TABLET	1		PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	1	
PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	1		PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	1	
PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	1		PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	1	
PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	1		PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	1	
PHENOBARBITAL 30 MG TABLET	1		PIP GLUCOSE L1-L2 CONTROL SOLUTION	2	
PHENOBARBITAL 15 MG TABLET	1		PIP PEN NEEDLE 31G 5MM	2	
PHENOBARBITAL 16.2 MG TABLET	1		PIP PEN NEEDLE 32G 4MM	2	
PHENOBARBITAL 32.4 MG TABLET	1		PIRFENIDONE 267 MG CAPSULE	4	PA, SRX
PHENOBARBITAL 60 MG TABLET	1		PIRFENIDONE 267 MG TABLET	4	PA, SRX
PHENOBARBITAL 64.8 MG TABLET	1		PIRFENIDONE 801 MG TABLET	4	PA, SRX
PHENOBARBITAL 97.2 MG TABLET	1		PIRMELLA 1-35 28 TABLET	1	
PHENOBARBITAL 100 MG TABLET	1		PIRMELLA 7-7-7-28 TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PIROXICAM 10 MG CAPSULE	1	
PIROXICAM 20 MG CAPSULE	1	
PLAN B ONE-STEP 1.5 MG TABLET	3	
PNEUMOVAX 23 SYRINGE	2	
PNEUMOVAX 23 VIAL	2	
PNV 29-1 TABLET	1	
PNV PRENATAL PLUS MULTIVITAMIN TABLET	1	
PNV-DHA + DOCUSATE SOFTGEL	1	
PNV-DHA SOFTGEL	1	
PNV-OMEGA SOFTGEL	1	
PNV-SELECT TABLET	1	
POCKET CHAMBER	2	QL
POCKET PEAK FLOW METER	2	
PODOFILOX 0.5% TOPICAL SOLUTION	1	
POLY HUB NEEDLE 18G 1"	2	
POLY HUB NEEDLE 18G 1.5"	2	
POLY HUB NEEDLE 21G 1"	2	
POLY HUB NEEDLE 21G 1.5"	2	
POLY HUB NEEDLE 22G 1"	2	
POLY HUB NEEDLE 22G 1.5"	2	
POLY HUB NEEDLE 23G 1"	2	
POLY HUB NEEDLE 23G 1.5"	2	
POLY HUB NEEDLE 25G 1"	2	
POLY HUB NEEDLE 25G 1.5"	2	
POLY HUB NEEDLE 25G 5/8"	2	
POLY HUB NEEDLE 27G 1.25"	2	
POLY HUB NEEDLE 27G 1/2"	2	
POLY HUB NEEDLE 30G 1/2"	2	
POLYCIN EYE OINTMENT	1	
POLYMYXIN B-TMP EYE DROPS	1	
POMALYST 1 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	4	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML ORAL SUSPENSION	3	
POSACONAZOLE DR 100 MG TABLET	3	QL
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	1	
POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	1	
POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	1	

Medication Name	Tier	Notes
POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	1	
POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	1	
POTASSIUM CHLORIDE 20 MEQ PACKET	1	
POTASSIUM CHLORIDE ER 8 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 10 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 15 MEQ TABLET	1	
POTASSIUM CHLORIDE ER 20 MEQ TABLET	1	
POTASSIUM CITRATE ER 5 MEQ TABLET	1	
POTASSIUM CITRATE ER 10 MEQ TABLET	1	
POTASSIUM CITRATE ER 15 MEQ TABLET	1	
POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	3	
PR NATAL 400 COMBO PACK	1	
PR NATAL 430 COMBO PACK	1	
PR NATAL 400 EC COMBO PACK	1	
PR NATAL 430 EC COMBO PACK	1	
PRAMIPEXOLE 0.125 MG TABLET	1	
PRAMIPEXOLE 0.25 MG TABLET	1	
PRAMIPEXOLE 0.5 MG TABLET	1	
PRAMIPEXOLE 0.75 MG TABLET	1	
PRAMIPEXOLE 1 MG TABLET	1	
PRAMIPEXOLE 1.5 MG TABLET	1	
PRAMIPEXOLE ER 0.375 MG TABLET	2	
PRAMIPEXOLE ER 0.75 MG TABLET	2	
PRAMIPEXOLE ER 1.5 MG TABLET	2	
PRAMIPEXOLE ER 2.25 MG TABLET	2	
PRAMIPEXOLE ER 3 MG TABLET	2	
PRAMIPEXOLE ER 3.75 MG TABLET	2	
PRAMIPEXOLE ER 4.5 MG TABLET	2	
PRAMOSONE 1% LOTION	3	
PRAMOSONE 2.5%-1% LOTION	3	
PRAMOSONE 1%-1% OINTMENT	3	
PRAMOSONE 2.5%-1% OINTMENT	3	
PRASUGREL 5 MG TABLET	1	
PRASUGREL 10 MG TABLET	1	
PRAVASTATIN 10 MG TABLET	1	
PRAVASTATIN 20 MG TABLET	1	
PRAVASTATIN 40 MG TABLET	1	
PRAVASTATIN 80 MG TABLET	1	
PRAZICQUANTEL 600 MG TABLET	3	
PRAZOSIN 1 MG CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PRAZOSIN 2 MG CAPSULE	1	
PRAZOSIN 5 MG CAPSULE	1	
PRECISION XTRA MONITOR	1	
PRECISION XTRA TEST STRIP	2	
PREDNICARBATE 0.1% CREAM	1	
PREDNICARBATE 0.1% OINTMENT	1	
PREDNISOLONE 1% EYE DROPS	1	
PREDNISOLONE 10 MG ODT TABLET	2	
PREDNISOLONE 15 MG ODT TABLET	2	
PREDNISOLONE 30 MG ODT TABLET	2	
PREDNISOLONE 5 MG/5 ML ORAL SOLUTION	1	
PREDNISOLONE 15 MG/5 ML ORAL SOLUTION	1	
PREDNISOLONE 25 MG/5 ML ORAL SOLUTION	1	
PREDNISOLONE AC 1% EYE DROPS	1	
PREDNISONE 5 MG/5 ML ORAL SOLUTION	1	
PREDNISONE 1 MG TABLET	1	
PREDNISONE 2.5 MG TABLET	1	
PREDNISONE 5 MG TABLET	1	
PREDNISONE 10 MG TABLET	1	
PREDNISONE 20 MG TABLET	1	
PREDNISONE 50 MG TABLET	1	
PREDNISONE 5 MG TABLET DOSE PACK	1	
PREDNISONE 10 MG TABLET DOSE PACK	1	
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	2	
PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"	2	
PREF PLUS SYRINGE 0.5 ML 30G 5/16"	2	
PREF PLUS SYRINGE 1 ML 29G 1/2"	2	
PREFERRED PLUS SYRINGE 0.3 ML 30G 5/16"	2	
PREFERRED PLUS SYRINGE 0.5 ML	2	
PREFERRED PLUS SYRINGE 0.5 ML 29G 1/2"	2	
PREFERRED PLUS SYRINGE 1 ML	2	
PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"	2	
PREGABALIN 25 MG CAPSULE	1	QL
PREGABALIN 50 MG CAPSULE	1	QL
PREGABALIN 75 MG CAPSULE	1	QL
PREGABALIN 100 MG CAPSULE	1	QL
PREGABALIN 150 MG CAPSULE	1	QL
PREGABALIN 200 MG CAPSULE	1	QL
PREGABALIN 225 MG CAPSULE	1	QL
PREGABALIN 300 MG CAPSULE	1	QL
PREGABALIN 20 MG/ML ORAL SOLUTION	1	QL

Medication Name	Tier	Notes
PREHEVBRIO 10 MCG/ML VIAL	2	
PREMARIN 0.3 MG TABLET	3	
PREMARIN 0.45 MG TABLET	3	
PREMARIN 0.625 MG TABLET	3	
PREMARIN 0.9 MG TABLET	3	
PREMARIN 1.25 MG TABLET	3	
PREN1 TRUE COMBO PACK	1	
PRENAISSANCE CAPSULE	1	
PRENAISSANCE PLUS SOFTGEL	1	
PRENATAL 19 CHEWABLE TABLET	1	
PRENATAL 19 TABLET	1	
PRENATAL PLUS IRON TABLET	1	
PRENATAL PLUS VITAMIN-MINERAL TABLET	1	
PRENATAL PLUS-DHA COMBO PACK	1	
PRENATAL VITAMIN PLUS LOW IRON TABLET	1	
PRENATAL-U CAPSULE	1	
PREVALITE PACKET	1	
PREVALITE POWDER	1	
PREVENT PEN NEEDLE 31G 1/4"	2	
PREVENT PEN NEEDLE 31G 5/16"	2	
PREVNAR 20 SYRINGE	2	
PREVMIS 20 MG PELLETT PACKET	3	PA, QL, SRX
PREVMIS 120 MG PELLETT PACKET	3	PA, QL, SRX
PREVMIS 240 MG TABLET	3	PA, QL, SRX
PREVMIS 480 MG TABLET	3	PA, QL, SRX
PREZCOBIX 800 MG-150 MG TABLET	2	SRX
PREZISTA 75 MG TABLET	2	SRX
PREZISTA 150 MG TABLET	2	SRX
PREZISTA 100 MG/ML ORAL SUSPENSION	2	SRX
PRIFTIN 150 MG TABLET	3	
PRIMAQUINE 26.3 MG TABLET	1	
PRIMEAIRE CHAMBER	2	QL
PRIMIDONE 250 MG TABLET	1	
PRIMIDONE 50 MG TABLET	1	
PRIMSOL 50 MG/5 ML ORAL SOLUTION	3	
PRIORIX VIAL	2	
PRO COMFORT PEN NEEDLE 32G 1/4"	2	
PRO COMFORT PEN NEEDLE 31G 5/16"	2	
PRO COMFORT PEN NEEDLE 32G 4MM	2	
PRO COMFORT PEN NEEDLE 32G 5MM	2	
PRO COMFORT SYRINGE 0.5 ML 30G 5/16"	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
PRO COMFORT SYRINGE 0.5 ML 30G 1/2"	2	
PRO COMFORT SYRINGE 0.5 ML 31G 5/16"	2	
PRO COMFORT SYRINGE 1 ML 30G 5/16"	2	
PRO COMFORT SYRINGE 1 ML 31G 5/16"	2	
PRO COMFORT SYRINGE 1 ML 30G 1/2"	2	
PRO COMFORT SPACER-ADULT MASK	2	QL
PRO COMFORT SPACER-CHILD MASK	2	QL
PRO COMFORT SPACER-INFANT MASK	2	QL
PROBENECID 500 MG TABLET	1	
PROBENECID-COLCHICINE TABLET	1	
PROCARE SPACER WITH ADULT MASK	2	QL
PROCARE SPACER WITH CHILD MASK	2	QL
PROCENTRA 5 MG/5 ML ORAL SOLUTION	1	QL
PROCHAMBER HOLDING CHAMBER	2	QL
PROCHLORPERAZINE 25 MG SUPPOSITORY	2	
PROCHLORPERAZINE 5 MG TABLET	1	
PROCHLORPERAZINE 10 MG TABLET	1	
PROCTO-MED HC 2.5% CREAM	1	
PROCTOSOL-HC 2.5% CREAM	1	
PROCTOZONE-HC 2.5% CREAM	1	
PRODIGY CONTROL SOLUTION	2	
PRODIGY INSULIN SYRINGE 1 ML 28G 1/2"	2	
PRODIGY LOW CONTROL SOLUTION	2	
PRODIGY SYRINGE 0.3 ML 31G 5/16"	2	
PRODIGY SYRINGE 0.5 ML 31G 5/16"	2	
PROGESTERONE 100 MG CAPSULE	1	
PROGESTERONE 200 MG CAPSULE	1	
PROGRAF 0.2 MG GRANULE PACKET	3	SRX
PROGRAF 1 MG GRANULE PACKET	3	SRX
PROMETHAZINE 12.5 MG SUPPOSITORY	2	
PROMETHAZINE 25 MG SUPPOSITORY	2	
PROMETHAZINE 12.5 MG/10 ML SYRUP	1	
PROMETHAZINE 12.5 MG TABLET	1	
PROMETHAZINE 25 MG TABLET	1	
PROMETHAZINE 50 MG TABLET	1	
PROMETHAZINE 6.25 MG/5 ML SYRUP	1	
PROMETHAZINE VC-CODEINE SYRUP	1	QL
PROMETHAZINE-CODEINE ORAL SOLUTION	1	QL
PROMETHAZINE-CODEINE SYRUP	1	QL
PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	1	
PROMETHAZINE-PE 6.25-5 MG/5 ML SYRUP	1	

Medication Name	Tier	Notes
PROMETHAZINE-PE-CODEINE SYRUP	1	QL
PROMETHAZINE-PHENYLEPHRINE SYRUP	1	
PROMETHEGAN 12.5 MG SUPPOSITORY	2	
PROMETHEGAN 25 MG SUPPOSITORY	2	
PROMETHEGAN 50 MG SUPPOSITORY	2	
PROPAFENONE 150 MG TABLET	1	
PROPAFENONE 225 MG TABLET	1	
PROPAFENONE 300 MG TABLET	1	
PROPAFENONE ER 225 MG CAPSULE	1	
PROPAFENONE ER 325 MG CAPSULE	1	
PROPAFENONE ER 425 MG CAPSULE	1	
PROPARACAIN 0.5% EYE DROPS	1	
PROPRANOLOL 20 MG/5 ML ORAL SOLUTION	1	
PROPRANOLOL 40 MG/5 ML ORAL SOLUTION	1	
PROPRANOLOL 10 MG TABLET	1	
PROPRANOLOL 20 MG TABLET	1	
PROPRANOLOL 40 MG TABLET	1	
PROPRANOLOL 60 MG TABLET	1	
PROPRANOLOL 80 MG TABLET	1	
PROPRANOLOL ER 60 MG CAPSULE	1	
PROPRANOLOL ER 80 MG CAPSULE	1	
PROPRANOLOL ER 120 MG CAPSULE	1	
PROPRANOLOL ER 160 MG CAPSULE	1	
PROPRANOLOL-HCTZ 40-25 MG TABLET	1	
PROPRANOLOL-HCTZ 80-25 MG TABLET	1	
PROPYLTHIOURACIL 50 MG TABLET	1	
PROQUAD VIAL	2	
PROTRIPTYLINE 5 MG TABLET	3	
PROTRIPTYLINE 10 MG TABLET	3	
PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	2	
PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
PUB INSULIN SYRINGE 0.5 ML 30G 1/2"	2	
PUB INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
PUB INSULIN SYRINGE 1 ML 30G 1/2"	2	
PUB INSULIN SYRINGE 1 ML 31G 5/16"	2	
PUB PEN NEEDLE 29G 12MM	2	
PUB PEN NEEDLE 31G 6MM	2	
PUB PEN NEEDLE 31G 8MM	2	
PUB UNIFINE PENTIP PLUS 31G 3/16"	2	
PULMOSAL 7% VIAL	1	
PULMOZYME 1 MG/ML AMPULE	4	PA, SRX

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	2		REZDIFFRA 80 MG TABLET	4	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 0.5 ML 31G 6MM	2		REZDIFFRA 100 MG TABLET	4	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 1 ML 29G 1/2"	2		RIBAVIRIN 200 MG CAPSULE	3	SRX
RELION INSULIN SYRINGE 1 ML 31G 15/64"	2		RIBAVIRIN 200 MG TABLET	3	SRX
RELION INSULIN SYRINGE 1 ML 31G 5/16"	2		RIFABUTIN 150 MG CAPSULE	2	
RELION KETONE TEST STRIP	2		RIFAMPIN 150 MG CAPSULE	1	
RELION MINI PEN NEEDLE 31G 1/4"	2		RIFAMPIN 300 MG CAPSULE	1	
RELION NOVOLOG 100 UNIT/ML VIAL	3	QL, ST	RIGHTEST HIGH CONTROL SOLUTION	2	
RELION NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST	RIGHTEST NORMAL CONTROL SOLUTION	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 100 MG TABLET	1	
RELION PEN NEEDLE 29G	2		RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 29G 1/2"	2		RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G	2		RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 1/4"	2		RINVOQ LQ 1 MG/ML SOLUTION	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 5/16"	2		RISEDRONATE 5 MG TABLET	2	
RELION PEN NEEDLE 31G 6MM	2		RISEDRONATE 30 MG TABLET	2	
RELION PEN NEEDLE 32G 5/32"	2		RISEDRONATE 35 MG TABLET	2	
RELION SYRINGE 0.3 ML 31G 5/16"	2		RISEDRONATE 150 MG TABLET	2	
RELION SYRINGE 0.5 ML 31G 5/16"	2		RISEDRONATE DR 35 MG TABLET	2	
RELION TRUE METRIX AIR GLUCOSE METER	1		RISPERIDONE 0.25 MG ODT TABLET	1	
RELION TRUE METRIX TEST STRIP	2		RISPERIDONE 1 MG/ML ORAL SOLUTION	1	
RELISTOR 8 MG/0.4 ML SYRINGE	3	PA	RISPERIDONE 0.5 MG ODT TABLET	1	
RELISTOR 12 MG/0.6 ML SYRINGE	3	PA	RISPERIDONE 1 MG ODT TABLET	1	
RELISTOR 12 MG/0.6 ML VIAL	3	PA	RISPERIDONE 2 MG ODT TABLET	1	
RENACIDIN IRRIGATION SOLUTION	3		RISPERIDONE 3 MG ODT TABLET	1	
REPAGLINIDE 0.5 MG TABLET	1		RISPERIDONE 4 MG ODT TABLET	1	
REPAGLINIDE 1 MG TABLET	1		RISPERIDONE 0.25 MG TABLET	1	
REPAGLINIDE 2 MG TABLET	1		RISPERIDONE 0.5 MG TABLET	1	
REPATHA 140 MG/ML SURECLICK	4		RISPERIDONE 1 MG TABLET	1	
REPATHA 140 MG/ML SYRINGE	4		RISPERIDONE 2 MG TABLET	1	
REPATHA 420 MG/3.5 ML PUSHTRONEX	4		RISPERIDONE 3 MG TABLET	1	
RESPA A.R. TABLET SA	3		RISPERIDONE 4 MG TABLET	1	
REVLIMID 2.5 MG CAPSULE	4	PA, QL, LDD, SRX	RITEFLO SPACER	2	QL
REVLIMID 5 MG CAPSULE	4	PA, QL, LDD, SRX	RITONAVIR 100 MG TABLET	1	SRX
REVLIMID 10 MG CAPSULE	4	PA, QL, LDD, SRX	RIVAROXABAN 1 MG/ML SUSPENSION	2	QL
REVLIMID 15 MG CAPSULE	4	PA, QL, LDD, SRX	RIVAROXABAN 2.5 MG TABLET	2	QL
REVLIMID 20 MG CAPSULE	4	PA, QL, LDD, SRX	RIVASTIGMINE 1.5 MG CAPSULE	1	
REVLIMID 25 MG CAPSULE	4	PA, QL, LDD, SRX	RIVASTIGMINE 3 MG CAPSULE	1	
REYATAZ 50 MG POWDER PACKET	2	SRX	RIVASTIGMINE 4.5 MG CAPSULE	1	
REZDIFFRA 60 MG TABLET	4	PA, QL, LDD, SRX	RIVASTIGMINE 6 MG CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
RIVASTIGMINE 4.6 MG/24HR PATCH	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	1	
RIVASTIGMINE 13.3 MG/24HR PATCH	1	
RIVELSA TABLET	1	
RIZATRIPTAN 5 MG ODT TABLET	1	QL
RIZATRIPTAN 10 MG ODT TABLET	1	QL
RIZATRIPTAN 5 MG TABLET	1	QL
RIZATRIPTAN 10 MG TABLET	1	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	3	QL
ROFLUMILAST 500 MCG TABLET	3	QL
ROPINIROLE 0.25 MG TABLET	1	
ROPINIROLE 0.5 MG TABLET	1	
ROPINIROLE 1 MG TABLET	1	
ROPINIROLE 2 MG TABLET	1	
ROPINIROLE 3 MG TABLET	1	
ROPINIROLE 4 MG TABLET	1	
ROPINIROLE 5 MG TABLET	1	
ROPINIROLE ER 2 MG TABLET	1	
ROPINIROLE ER 4 MG TABLET	1	
ROPINIROLE ER 6 MG TABLET	1	
ROPINIROLE ER 8 MG TABLET	1	
ROPINIROLE ER 12 MG TABLET	1	
ROSADAN 0.75% CREAM	1	
ROSADAN 0.75% GEL	1	
ROSUVASTATIN 5 MG TABLET	1	
ROSUVASTATIN 10 MG TABLET	1	
ROSUVASTATIN 20 MG TABLET	1	
ROSUVASTATIN 40 MG TABLET	1	
ROTARIX VACCINE ORAL SUSPENSION	2	
ROTARIX VACCINE ORAL SYRINGE	2	
ROTATEQ VACCINE	2	
ROWEEPR 500 MG TABLET	1	
ROWEEPR 750 MG TABLET	1	
ROWEEPR 1,000 MG TABLET	1	
RUFINAMIDE 40 MG/ML ORAL SUSPENSION	3	PA, QL
RUFINAMIDE 200 MG TABLET	3	PA, QL
RUFINAMIDE 400 MG TABLET	3	PA, QL
RYBELSUS 1.5 MG TABLET	2	PA, QL
RYBELSUS 3 MG TABLET	2	PA, QL
RYBELSUS 4 MG TABLET	2	PA, QL

Medication Name	Tier	Notes
RYBELSUS 7 MG TABLET	2	PA, QL
RYBELSUS 9 MG TABLET	2	PA, QL
RYBELSUS 14 MG TABLET	2	PA, QL
SACUBITRIL-VALSARTAN 24-26 MG TABLET	2	QL
SACUBITRIL-VALSARTAN 49-51 MG TABLET	2	QL
SACUBITRIL-VALSARTAN 97-103 MG TABLET	2	QL
SAFESNAP INSULIN SYRINGE 0.3 ML	2	
SAFESNAP INSULIN SYRINGE 0.5 ML	2	
SAFESNAP INSULIN SYRINGE 1 ML	2	
SAFETY PEN NEEDLE 31G 4MM	2	
SAFETY PEN NEEDLE 31G 5MM	2	
SAFETY PEN NEEDLE 31G 5MM	2	
SAJAZIR 30 MG/3 ML SYRINGE	4	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	1	
SALSALATE 500 MG TABLET	1	
SALSALATE 750 MG TABLET	1	
SANTYL OINTMENT	3	PA, QL
SAPROTERIN 100 MG POWDER PACKET	4	PA, SRX
SAPROTERIN 500 MG POWDER PACKET	4	PA, SRX
SAPROTERIN 100 MG TABLET	4	PA, SRX
SAVAYSA 15 MG TABLET	3	PA, QL
SAVAYSA 30 MG TABLET	3	PA, QL
SAVAYSA 60 MG TABLET	3	PA, QL
SAVELLA 12.5 MG TABLET	3	
SAVELLA 25 MG TABLET	3	
SAVELLA 50 MG TABLET	3	
SAVELLA 100 MG TABLET	3	
SAVELLA TITRATION PACK	3	
SAXAGLIPTIN 2.5 MG TABLET	1	QL
SAXAGLIPTIN 5 MG TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 2.5-1000 MG TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 5-500 MG TABLET	1	QL
SAXAGLIPTIN-METFORMIN ER 5-1000 MG TABLET	1	QL
SCOPOLAMINE 1 MG/3 DAY PATCH	1	
SECURESAFE PEN NEEDLE 30G 5/16"	2	
SECURESAFE SYRINGE 0.5 ML 29G 1/2"	2	
SECURESAFE SYRINGE 1 ML 29G 1/2"	2	
SELARSDI 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
SELARSDI 90 MG/ML SYRINGE	4	PA, QL, SRX
SELEGILINE 5 MG CAPSULE	1	
SELEGILINE 5 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
SODIUM FLUORIDE 5000 PLUS TOOTHPASTE	1	
SODIUM FLUORIDE 5000 PPM TOOTHPASTE	1	
SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE	1	
SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE	1	
SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	1	
SODIUM PHENYLBUTYRATE POWDER	4	SRX
SODIUM PHENYLBUTYRATE 500 MG TABLET	4	SRX
SODIUM POLYSTYRENE SULFONATE POWDER	1	
SODIUM SULFACETAMIDE 10% LOTION	1	
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION	3	
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	4	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	2	QL
SOLIFENACIN 10 MG TABLET	2	QL
SOLUTIONUS V2 HIGH CONTROL SOLUTION	2	
SOLUTIONUS V2 LOW CONTROL SOLUTION	2	
SOLUVITA 0.5 MG/ML ORAL DROPS	1	
SOLUVITA A,C,D-FLUOR 0.25 MG/ML ORAL DROPS	1	
SOMAVERT 10 MG VIAL	4	PA, LDD, SRX
SOMAVERT 15 MG VIAL	4	PA, LDD, SRX
SOMAVERT 20 MG VIAL	4	PA, LDD, SRX
SOMAVERT 25 MG VIAL	4	PA, LDD, SRX
SOMAVERT 30 MG VIAL	4	PA, LDD, SRX
SORAFENIB 200 MG TABLET	4	PA, QL, SRX
SOTALOL 80 MG TABLET	1	
SOTALOL 120 MG TABLET	1	
SOTALOL 160 MG TABLET	1	
SOTALOL 240 MG TABLET	1	
SOTALOL AF 80 MG TABLET	1	
SOTALOL AF 120 MG TABLET	1	
SOTALOL AF 160 MG TABLET	1	
SOTYKTU 6 MG TABLET	4	PA, QL, SRX
SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA
SOVALDI 150 MG PELLET PACKET	3	PA, QL, SRX
SOVALDI 200 MG PELLET PACKET	3	PA, QL, SRX
SOVALDI 200 MG TABLET	3	PA, QL, SRX
SOVALDI 400 MG TABLET	3	PA, QL, SRX
SPIKEVAX (12Y UP) SYRINGE	2	
SPIKEVAX (12Y UP) VIAL	2	
SPIKEVAX 2024-25 (12Y UP) SYRINGE	2	

Medication Name	Tier	Notes
SPIKEVAX COVID (18Y UP) VACCINE	2	
SPINOSAD 0.9% TOPICAL SUSPENSION	2	
SPIRONOLACTONE 25 MG TABLET	1	
SPIRONOLACTONE 50 MG TABLET	1	
SPIRONOLACTONE 100 MG TABLET	1	
SPIRONOLACTONE-HCTZ 25-25 TABLET	1	
SPRINTEC 28 DAY TABLET	1	
SPS 15 GM/60 ML ORAL SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSPENSION	2	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML ORAL SOLUTION	3	
STAVUDINE 40 MG CAPSULE	1	SRX
STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX
STERILE WATER FOR IRRIGATION	1	
STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX
STRIBILD TABLET	3	QL, SRX
STRIVE PEAK FLOW METER	2	
STRIVERDI RESPIMAT INHALATION SPRAY	2	QL
SUBVENITE 25 MG TABLET	1	
SUBVENITE 100 MG TABLET	1	
SUBVENITE 150 MG TABLET	1	
SUBVENITE 200 MG TABLET	1	
SUBVENITE TABLET STARTER KIT (BLUE)	1	
SUBVENITE TABLET STARTER KIT (GREEN)	1	
SUBVENITE TABLET STARTER KIT (ORANGE)	1	
SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	4	PA, LDD, SRX
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	4	PA, SRX
SUCRALFATE 1 GM TABLET	1	
SULCONAZOLE NITRATE 1% CREAM	3	
SULCONAZOLE NITRATE 1% TOPICAL SOLUTION	3	
SULFACETAMIDE 10% EYE DROPS	1	
SULFACETAMIDE 10% EYE OINTMENT	1	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	1	
SULFADIAZINE 500 MG TABLET	3	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP ORAL SUSPENSION	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMYLLON 8.5% CREAM	3	
SULFASALAZINE 500 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
SULFASALAZINE DR 500 MG TABLET	1	
SULF-PRED 10-0.23% EYE DROPS	1	
SULINDAC 150 MG TABLET	1	
SULINDAC 200 MG TABLET	1	
SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	1	QL
SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	1	QL
SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SUMATRIPTAN 4 MG/0.5 ML PEN INJECTOR	1	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL
SUMATRIPTAN SUCCINATE 25 MG TABLET	1	QL
SUMATRIPTAN SUCCINATE 50 MG TABLET	1	QL
SUMATRIPTAN SUCCINATE 100 MG TABLET	1	QL
SUNITINIB 12.5 MG CAPSULE	4	PA, QL, SRX
SUNITINIB 25 MG CAPSULE	4	PA, QL, SRX
SUNITINIB 37.5 MG CAPSULE	4	PA, QL, SRX
SUNITINIB 50 MG CAPSULE	4	PA, QL, SRX
SURE COMFORT INSULIN SYRINGE 0.3 ML 31G 1/4"	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 31G 1/4"	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31G 1/4"	2	
SURE COMFORT PEN NEEDLE 29G 1/2"	2	
SURE COMFORT PEN NEEDLE 30G	2	
SURE COMFORT PEN NEEDLE 31G 5MM	2	
SURE COMFORT PEN NEEDLE 31G 8MM	2	
SURE COMFORT PEN NEEDLE 32G 4MM	2	
SURE COMFORT PEN NEEDLE 32G 6MM	2	
SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	2	
SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	2	
SURE COMFORT SYRINGE 0.3 ML	2	
SURE COMFORT SYRINGE 0.5 ML	2	
SURE COMFORT SYRINGE 1 ML	2	
SURE COMFORT SYRINGE 3/10 ML	2	
SURE-FINE PEN NEEDLE 5MM	2	
SURE-FINE PEN NEEDLE 8MM	2	
SURE-FINE PEN NEEDLE 12.7MM	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 31G 5/16"	2	
SURE-JECT INSULIN SYRINGE 0.5 ML 31G 5/16"	2	
SURE-JECT INSULIN SYRINGE 1 ML	2	
SURE-JECT INSULIN SYRINGE U100 0.3 ML	2	
SURE-JECT INSULIN SYRINGE U100 0.5 ML	2	
SURE-JECT INSULIN SYRINGE U100 1 ML	2	

Medication Name	Tier	Notes
SURE-TEST EASYPLUS MINI CONTROL SOLUTION	2	
SYEDA 28 TABLET	1	
SYMAX FASTABS 0.125 MG TABLET	1	
SYMAX-SL 0.125 MG SUBLINGUAL TABLET	1	
SYMAX-SR 0.375 MG TABLET	1	
SYMLINPEN 60 PEN INJECTOR	3	QL
SYMLINPEN 120 PEN INJECTOR	3	QL
SYMTUZA 800-150-200-10 MG TABLET	3	QL, SRX
SYNAREL 2 MG/ML NASAL SPRAY	4	PA, SRX
SYNERA PATCH	3	
SYNJARDY 12.5-500 MG TABLET	2	QL
SYNJARDY 12.5-1,000 MG TABLET	2	QL
SYNJARDY 5-500 MG TABLET	2	QL
SYNJARDY 5-1,000 MG TABLET	2	QL
SYNJARDY XR 5-1,000 MG TABLET	2	QL
SYNJARDY XR 10-1,000 MG TABLET	2	QL
SYNJARDY XR 12.5-1,000 MG TABLET	2	QL
SYNJARDY XR 25-1,000 MG TABLET	2	QL
SYNTHROID 25 MCG TABLET	3	
SYNTHROID 50 MCG TABLET	3	
SYNTHROID 75 MCG TABLET	3	
SYNTHROID 88 MCG TABLET	3	
SYNTHROID 100 MCG TABLET	3	
SYNTHROID 112 MCG TABLET	3	
SYNTHROID 125 MCG TABLET	3	
SYNTHROID 137 MCG TABLET	3	
SYNTHROID 150 MCG TABLET	3	
SYNTHROID 175 MCG TABLET	3	
SYNTHROID 200 MCG TABLET	3	
SYNTHROID 300 MCG TABLET	3	
SYRINGE WITH NEEDLE 3 ML 23G 1"	2	
T:FLEX 4.8 ML CARTRIDGE	2	
T:SLIM X2 3 ML CARTRIDGE	2	
TABLOID 40 MG TABLET	3	PA
TACROLIMUS 0.03% OINTMENT	1	
TACROLIMUS 0.1% OINTMENT	1	
TACROLIMUS 0.5 MG CAPSULE (IR)	1	SRX
TACROLIMUS 1 MG CAPSULE (IR)	1	SRX
TACROLIMUS 5 MG CAPSULE (IR)	1	SRX
TADALAFIL 2.5 MG TABLET	1	PA, QL
TADALAFIL 5 MG TABLET	1	PA, QL

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TADALAFIL 20 MG TABLET	4	PA, SRX	TECHLITE PEN NEEDLE 32G 5/32"	2	
TAFINLAR 10 MG TABLET FOR SUSPENSION	4	PA, QL, SRX	TECHLITE PEN NEEDLE 32G 1/4"	2	
TAFINLAR 50 MG CAPSULE	4	PA, QL, SRX	TECHLITE PEN NEEDLE 32G 5/16"	2	
TAFINLAR 75 MG CAPSULE	4	PA, QL, SRX	TECHLITE PLUS PEN NEEDLE 32G 4MM	2	
TAFLUPROST 0.0015% EYE DROPS	3	QL	TECHLITE SYRINGE 0.3 ML 29G 12MM (1/2)	2	
TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX	TECHLITE SYRINGE 0.3 ML 30G 8MM (1/2)	2	
TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX	TECHLITE SYRINGE 0.3 ML 31G 6MM (1/2)	2	
TAKE ACTION 1.5 MG TABLET	3		TECHLITE SYRINGE 0.3 ML 31G 8MM (1/2)	2	
TAMOXIFEN 10 MG TABLET	1		TECHLITE SYRINGE 0.5 ML 30G 8MM (1/2)	2	
TAMOXIFEN 20 MG TABLET	1		TECHLITE SYRINGE 0.5 ML 30G 12MM (1/2)	2	
TAMSULOSIN 0.4 MG CAPSULE	1		TECHLITE SYRINGE 0.5 ML 31G 6MM (1/2)	2	
TANDEM MOBI 2 ML CARTRIDGE	2		TECHLITE SYRINGE 0.5 ML 31G 8MM (1/2)	2	
TANDEM MOBI AUTOSOFT 30 KIT 23"	2		TELCARE CONTROL SOLUTION	2	
TANDEM MOBI AUTOSOFT XC KIT 23"	2		TELMISARTAN 20 MG TABLET	1	
TANDEM MOBI AUTOSOFT XC KIT 5"	2		TELMISARTAN 40 MG TABLET	1	
TANDEM MOBI TRUSTEEL KIT 23"	2		TELMISARTAN 80 MG TABLET	1	
TARINA 24 FE 1 MG-20 MCG TABLET	1		TELMISARTAN-AMLODIPINE 40-5 MG TABLET	1	
TARINA FE 1-20 EQ TABLET	1		TELMISARTAN-AMLODIPINE 40-10 MG TABLET	1	
TARINA FE 1-20 TABLET	1		TELMISARTAN-AMLODIPINE 80-5 MG TABLET	1	
TARON-C DHA CAPSULE	1		TELMISARTAN-AMLODIPINE 80-10 MG TABLET	1	
TARON-PREX PRENATAL DHA CAPSULE	1		TELMISARTAN-HCTZ 40-12.5 MG TABLET	1	
TAYSOFY 1 MG-20 MCG CAPSULE	1		TELMISARTAN-HCTZ 80-12.5 MG TABLET	1	
TAZAROTENE 0.05% CREAM	3		TELMISARTAN-HCTZ 80-25 MG TABLET	1	
TAZAROTENE 0.1% CREAM	2		TEMAZEPAM 7.5 MG CAPSULE	1	
TAZAROTENE 0.05% GEL	3		TEMAZEPAM 15 MG CAPSULE	1	
TAZAROTENE 0.1% GEL	3		TEMAZEPAM 22.5 MG CAPSULE	1	
TAZTIA XT 120 MG CAPSULE	1		TEMAZEPAM 30 MG CAPSULE	1	
TAZTIA XT 180 MG CAPSULE	1		TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX
TAZTIA XT 240 MG CAPSULE	1		TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX
TAZTIA XT 300 MG CAPSULE	1		TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX
TAZTIA XT 360 MG CAPSULE	1		TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX
TDVAX VIAL	2		TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX
TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	2		TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX
TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	2		TENCON 50-325 MG TABLET	1	
TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	2		TENIVAC SYRINGE	2	
TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	2		TENIVAC VIAL	2	
TECHLITE PEN NEEDLE 29G 3/8"	2		TENOFOVIR 300 MG TABLET	1	SRX
TECHLITE PEN NEEDLE 29G 1/2"	2		TERAZOSIN 1 MG CAPSULE	1	
TECHLITE PEN NEEDLE 31G 1/4"	2		TERAZOSIN 2 MG CAPSULE	1	
TECHLITE PEN NEEDLE 31G 3/16"	2		TERAZOSIN 5 MG CAPSULE	1	
TECHLITE PEN NEEDLE 31G 5/16"	2		TERAZOSIN 10 MG CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TIADYLT ER 120 MG CAPSULE	1		TOLTERODINE 2 MG TABLET	1	
TIADYLT ER 180 MG CAPSULE	1		TOLTERODINE ER 2 MG CAPSULE	1	
TIADYLT ER 240 MG CAPSULE	1		TOLTERODINE ER 4 MG CAPSULE	1	
TIADYLT ER 300 MG CAPSULE	1		TOLVAPTAN 15 MG TABLET	4	PA, SRX
TIADYLT ER 360 MG CAPSULE	1		TOLVAPTAN 30 MG TABLET	4	PA, SRX
TIADYLT ER 420 MG CAPSULE	1		TOPCARE CLICKFINE 31G 1/4"	2	
TIAGABINE 2 MG TABLET	3		TOPCARE CLICKFINE 31G 5/16"	2	
TIAGABINE 4 MG TABLET	3		TOPCARE ULTRA COMFORT SYRINGE	2	
TIAGABINE 12 MG TABLET	3		TOPIRAMATE 15 MG SPRINKLE CAPSULE	1	
TIAGABINE 16 MG TABLET	3		TOPIRAMATE 25 MG SPRINKLE CAPSULE	1	
TICAGRELOR 60 MG TABLET	2		TOPIRAMATE 25 MG TABLET	1	
TICAGRELOR 90 MG TABLET	2		TOPIRAMATE 50 MG TABLET	1	
TILIA FE 28 TABLET	1		TOPIRAMATE 100 MG TABLET	1	
TIMOLOL 0.25% EYE DROPS	1		TOPIRAMATE 200 MG TABLET	1	
TIMOLOL 0.5% EYE DROPS	1		TOPIRAMATE ER 25 MG SPRINKLE CAPSULE	2	
TIMOLOL 0.25% GEL-SOLUTION	1		TOPIRAMATE ER 50 MG SPRINKLE CAPSULE	2	
TIMOLOL 0.5% GEL-SOLUTION	1		TOPIRAMATE ER 100 MG SPRINKLE CAPSULE	2	
TIMOLOL 0.5% GFS GEL-SOLUTION	1		TOPIRAMATE ER 150 MG SPRINKLE CAPSULE	2	
TIMOLOL 5 MG TABLET	1		TOPIRAMATE ER 200 MG SPRINKLE CAPSULE	2	
TIMOLOL 10 MG TABLET	1		TOREMIFENE 60 MG TABLET	3	QL
TIMOLOL 20 MG TABLET	1		TORPENZ 2.5 MG TABLET	4	PA, QL, LDD, SRX
TINIDAZOLE 250 MG TABLET	1		TORPENZ 5 MG TABLET	4	PA, QL, LDD, SRX
TINIDAZOLE 500 MG TABLET	1		TORPENZ 7.5 MG TABLET	4	PA, QL, LDD, SRX
TIOPRONIN 100 MG TABLET	4	SRX	TORPENZ 10 MG TABLET	4	PA, QL, LDD, SRX
TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION	3		TORSEMIDE 5 MG TABLET	1	
TIVICAY 10 MG TABLET	2	SRX	TORSEMIDE 10 MG TABLET	1	
TIVICAY 25 MG TABLET	2	SRX	TORSEMIDE 20 MG TABLET	1	
TIVICAY 50 MG TABLET	2	SRX	TORSEMIDE 100 MG TABLET	1	
TIVICAY PD 5 MG TABLET FOR SUSPENSION	2	SRX	TOVET EMOLLIENT 0.05% FOAM	2	QL
TIZANIDINE 2 MG TABLET	1		TRADJENTA 5 MG TABLET	2	QL
TIZANIDINE 4 MG TABLET	1		TRAMADOL 50 MG TABLET	1	QL
TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX	TRAMADOL ER 100 MG TABLET	1	PA, QL
TOBRAMYCIN 0.3% EYE DROPS	1		TRAMADOL ER 200 MG TABLET	1	PA, QL
TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX	TRAMADOL ER 300 MG TABLET	1	PA, QL
TOBRAMYCIN-DEXAMETHASONE EYE DROPS	1		TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET	1	QL
TODAY'S HEALTH PEN NEEDLE 31G 6MM	2		TRANDOLAPRIL 1 MG TABLET	1	
TOLCAPONE 100 MG TABLET	4		TRANDOLAPRIL 2 MG TABLET	1	
TOLMETIN 400 MG CAPSULE	1		TRANDOLAPRIL 4 MG TABLET	1	
TOLMETIN 200 MG TABLET	1		TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET	1	
TOLMETIN 600 MG TABLET	1		TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET	1	
TOLTERODINE 1 MG TABLET	1		TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG TABLET	1		TRIAMTERENE-HCTZ 37.5-25 MG TABLET	1	
TRANEXAMIC ACID 650 MG TABLET	1	SRX	TRIAMTERENE-HCTZ 75-50 MG TABLET	1	
TRANLYCYPROMINE 10 MG TABLET	2		TRIAZOLAM 0.125 MG TABLET	1	
TRAVOPROST 0.004% EYE DROPS	1		TRIAZOLAM 0.25 MG TABLET	1	
TRAZODONE 50 MG TABLET	1		TRIDERM 0.1% CREAM	1	
TRAZODONE 100 MG TABLET	1		TRIDERM 0.5% CREAM	1	
TRAZODONE 150 MG TABLET	1		TRI-ESTARYLLA TABLET	1	
TRAZODONE 300 MG TABLET	1		TRI-LEGEST FE-28 DAY TABLET	1	
TRECTOR 250 MG TABLET	3		TRI-LINYAH TABLET	1	
TRELEGY ELLIPTA 100-62.5-25 INHALATION DEVICE	2	QL	TRI-LO-ESTARYLLA TABLET	1	
TRELEGY ELLIPTA 200-62.5-25 INHALATION DEVICE	2	QL	TRI-LO-MARZIA TABLET	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	4	PA, QL, SRX	TRI-LO-MILI TABLET	1	
TREMFYA 100 MG/ML SYRINGE	4	PA, QL, SRX	TRI-LO-SPRINTEC TABLET	1	
TREMFYA 200 MG/2 ML PEN	4	PA, QL, SRX	TRI-MILI 28 TABLET	1	
TREMFYA 200 MG/2 ML SYRINGE	4	PA, QL, SRX	TRI-NYMYO 28 TABLET	1	
TRESIBA 100 UNIT/ML VIAL	2	QL	TRI-SPRINTEC TABLET	1	
TRESIBA FLEXTOUCH 100 UNIT/ML	2	QL	TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	1	
TRESIBA FLEXTOUCH 200 UNIT/ML	2	QL	TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	1	
TRETINOIN 10 MG CAPSULE	3	PA	TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	1	
TRETINOIN 0.025% CREAM	1	PA, AGE	TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	1	
TRETINOIN 0.05% CREAM	1	PA, AGE	TRI-VYLIBRA 28 TABLET	1	
TRETINOIN 0.1% CREAM	1	PA, AGE	TRI-VYLIBRA LO TABLET	1	
TRETINOIN 0.025% GEL	2	PA, AGE	TRIFLUOPERAZINE 1 MG TABLET	1	
TRETINOIN 0.01% GEL	2	PA, AGE	TRIFLUOPERAZINE 2 MG TABLET	1	
TRETINOIN 0.05% GEL	2	PA, AGE	TRIFLUOPERAZINE 5 MG TABLET	1	
TRETINOIN GEL MICRO 0.04% PUMP	2	PA, AGE	TRIFLUOPERAZINE 10 MG TABLET	1	
TRETINOIN GEL MICRO 0.1% PUMP	2	PA, AGE	TRIFLURIDINE 1% EYE DROPS	1	
TRETINOIN GEL MICRO 0.04% TUBE	2	PA, AGE	TRIHXYPHENIDYL 2 MG/5 ML ORAL SOLUTION	1	
TRETINOIN GEL MICRO 0.1% TUBE	2	PA, AGE	TRIHXYPHENIDYL 2 MG TABLET	1	
TRIAMCINOLONE 0.025% CREAM	1		TRIHXYPHENIDYL 5 MG TABLET	1	
TRIAMCINOLONE 0.1% CREAM	1		TRIKAFTA 50-25-37.5 MG/75 MG TABLET	4	PA, QL, LDD, SRX
TRIAMCINOLONE 0.5% CREAM	1		TRIKAFTA 80-40-60 MG/59.5 MG PACKET	4	PA, QL, LDD, SRX
TRIAMCINOLONE 0.025% LOTION	1		TRIKAFTA 100-50-75 MG/75 MG PACKET	4	PA, QL, LDD, SRX
TRIAMCINOLONE 0.1% LOTION	1		TRIKAFTA 100-50-75 MG/150 MG TABLET	4	PA, QL, LDD, SRX
TRIAMCINOLONE 0.025% OINTMENT	1		TRIMETHOBENZAMIDE 300 MG CAPSULE	1	
TRIAMCINOLONE 0.1% OINTMENT	1		TRIMETHOPRIM 100 MG TABLET	1	
TRIAMCINOLONE 0.5% OINTMENT	1		TRIMIPRAMINE 25 MG CAPSULE	1	
TRIAMCINOLONE 0.1% TOOTHPASTE	1		TRIMIPRAMINE 50 MG CAPSULE	1	
TRIAMTERENE 50 MG CAPSULE	3		TRIMIPRAMINE 100 MG CAPSULE	1	
TRIAMTERENE 100 MG CAPSULE	3		TRINATAL RX 1 TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	1		TRINTELLIX 5 MG TABLET	3	QL, ST

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRINTELLIX 10 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 2 CONTROL SOLUTION	2	
TRINTELLIX 20 MG TABLET	3	QL, ST	TRUE METRIX LEVEL 3 CONTROL SOLUTION	2	
TRIUMEQ 600-50-300 MG TABLET	3	QL, SRX	TRUECONTROL GLUCOSE SOLUTION	2	
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	3	QL, SRX	TRUEDRAW LANCING DEVICE	2	
TROPICAMIDE 0.5% EYE DROPS	1		TRUEPLUS 33G LANCET	2	
TROPICAMIDE 1% EYE DROPS	1		TRUEPLUS KETONE TEST STRIP	2	
TROSPIMUM 20 MG TABLET	1		TRUEPLUS PEN NEEDLE 29G 1/2"	2	
TROSPIMUM ER 60 MG CAPSULE	1		TRUEPLUS PEN NEEDLE 29G 12MM	2	
TRUE COMFORT PEN NEEDLE 31G 5MM	2		TRUEPLUS PEN NEEDLE 31G 1/4"	2	
TRUE COMFORT PEN NEEDLE 31G 6MM	2		TRUEPLUS PEN NEEDLE 31G 3/16"	2	
TRUE COMFORT PEN NEEDLE 31G 8MM	2		TRUEPLUS PEN NEEDLE 31G 5/16"	2	
TRUE COMFORT PEN NEEDLE 32G 4MM	2		TRUEPLUS PEN NEEDLE 31G 5MM	2	
TRUE COMFORT PEN NEEDLE 32G 5MM	2		TRUEPLUS PEN NEEDLE 31G 8MM	2	
TRUE COMFORT PEN NEEDLE 32G 6MM	2		TRUEPLUS PEN NEEDLE 32G 5/32"	2	
TRUE COMFORT PEN NEEDLE 33G 4MM	2		TRUEPLUS SAFETY 28G LANCET	2	
TRUE COMFORT PEN NEEDLE 33G 5MM	2		TRUEPLUS SUPER THIN 28G LANCET	2	
TRUE COMFORT PEN NEEDLE 33G 6MM	2		TRUEPLUS SYRINGE 0.3 ML 29G 1/2"	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 30G 1/2"	2		TRUEPLUS SYRINGE 0.3 ML 30G 5/16"	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 30G 5/16"	2		TRUEPLUS SYRINGE 0.3 ML 31G 5/16"	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 31G 5/16"	2		TRUEPLUS SYRINGE 0.5 ML 28G 1/2"	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 32G 5/16"	2		TRUEPLUS SYRINGE 0.5 ML 29G 1/2"	2	
TRUE COMFORT PRO SYRINGE 1 ML 30G 1/2"	2		TRUEPLUS SYRINGE 0.5 ML 30G 5/16"	2	
TRUE COMFORT PRO SYRINGE 1 ML 30G 5/16"	2		TRUEPLUS SYRINGE 0.5 ML 31G 5/16"	2	
TRUE COMFORT PRO SYRINGE 1 ML 31G 5/16"	2		TRUEPLUS SYRINGE 1 ML 28G 1/2"	2	
TRUE COMFORT PRO SYRINGE 1 ML 32G 5/16"	2		TRUEPLUS SYRINGE 1 ML 29G 1/2"	2	
TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM	2		TRUEPLUS SYRINGE 1 ML 30G 5/16"	2	
TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM	2		TRUEPLUS SYRINGE 1 ML 31G 5/16"	2	
TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM	2		TRUEPLUS ULTRA THIN 30G LANCET	2	
TRUE COMFORT SAFETY SYRINGE 1 ML 30G 1/2"	2		TRULICITY 0.75 MG/0.5 ML PEN	2	PA, QL
TRUE COMFORT SYRINGE 0.5 ML 30G 1/2"	2		TRULICITY 1.5 MG/0.5 ML PEN	2	PA, QL
TRUE COMFORT SYRINGE 0.5 ML 30G 5/16"	2		TRULICITY 3 MG/0.5 ML PEN	2	PA, QL
TRUE COMFORT SYRINGE 0.5 ML 31G 5/16"	2		TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL
TRUE COMFORT SYRINGE 1 ML 31G 5/16"	2		TRUMENBA 120 MCG/0.5 ML VACCINE	2	
TRUE COMFORT SAFETY SYRINGE 1 ML 30G 5/16"	2		TRUSTEEL INFUSION PACK 23" 6MM	2	
TRUE COMFORT SAFETY SYRINGE 1 ML 31G 5/16"	2		TRUSTEEL INFUSION SET 23" 6MM	2	
TRUE COMFORT SAFETY SYRINGE 1 ML 32G 5/16"	2		TRUSTEEL INFUSION SET 23" 8MM	2	
TRUE METRIX AIR GLUCOSE METER	1		TRUSTEEL INFUSION SET 32" 6MM	2	
TRUE METRIX GLUCOSE TEST STRIP	2		TRUSTEEL INFUSION SET 32" 8MM	2	
TRUE METRIX GLUCOSE METER	1		TRUZONE PEAK FLOW METER	2	
TRUE METRIX GO GLUCOSE METER	1		TULANA 0.35 MG TABLET	1	
TRUE METRIX LEVEL 1 CONTROL SOLUTION	2		TURQOZ-28 TABLET	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TWINRIX VACCINE SYRINGE	2		ULTICARE SYRINGE 0.5 ML 28G 1/2"	2	
TWIRLA 120-30 MCG/DAY PATCH	1		ULTICARE SYRINGE 0.5 ML 29G 1/2"	2	
TYBLUME 0.1-0.02 MG CHEWABLE TABLET	3		ULTICARE SYRINGE 0.5 ML 30G 1/2"	2	
TYBOST 150 MG TABLET	2	SRX	ULTICARE SYRINGE 0.5 ML 30G 5/16"	2	
TYENNE 162 MG/0.9 ML AUTO-INJECTOR	4	PA, QL, SRX	ULTICARE SYRINGE 0.5 ML 31G 5/16"	2	
TYENNE 162 MG/0.9 ML SYRINGE	4	PA, QL, SRX	ULTICARE SYRINGE 1 ML 30G 1/2"	2	
TYMLOS 80 MCG DOSE PEN INJECTOR	4	PA, QL, SRX	ULTICARE SYRINGE 1 ML 30G 5/16"	2	
TYVASO INHALATION REFILL KIT	4	PA, LDD, SRX	ULTICARE SYRINGE 1 ML 31G 5/16"	2	
TYVASO INHALATION STARTER KIT	4	PA, LDD, SRX	ULTIGUARD SAFEPACK 29G 12.7MM	2	
TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	4	PA, LDD, SRX	ULTIGUARD SAFEPACK NEEDLE 31G 5MM	2	
TYVASO INSTITUTIONAL STARTER KIT	4	PA, LDD, SRX	ULTIGUARD SAFEPACK NEEDLE 31G 6MM	2	
UDENYCA 6 MG/0.6 ML AUTO-INJECTOR	4	PA, SRX	ULTIGUARD SAFEPACK NEEDLE 31G 8MM	2	
UDENYCA 6 MG/0.6 ML ON-BODY	4	PA, SRX	ULTIGUARD SAFEPACK NEEDLE 32G 4MM	2	
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA, SRX	ULTIGUARD SAFEPACK NEEDLE 32G 6MM	2	
ULESFIA 5% LOTION	3		ULTIGUARD SAFEPACK SYRINGE 0.3 ML 30G 12.7MM	2	
ULTICARE INSULIN SAFETY SYRINGE 1 ML 29G 1/2"	2		ULTIGUARD SAFEPACK SYRINGE 0.3 ML 31G 8MM	2	
ULTICARE INSULIN SYRINGE 0.3 ML 30G 1/2"	2		ULTIGUARD SAFEPACK SYRINGE 0.5 ML 30G 12.7MM	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4"	2		ULTIGUARD SAFEPACK SYRINGE 0.5 ML 31G 8MM	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2)	2		ULTIGUARD SAFEPACK SYRINGE 1 ML 30G 12.7MM	2	
ULTICARE INSULIN SYRINGE 0.5 ML 30G 1/2"	2		ULTIGUARD SAFEPACK SYRINGE 1 ML 31G 8MM	2	
ULTICARE INSULIN SYRINGE 0.5 ML 31G 1/4"	2		ULTILET INSULIN SYRINGE 0.3 ML	2	
ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	2		ULTILET INSULIN SYRINGE 0.5 ML	2	
ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	2		ULTILET INSULIN SYRINGE 1 ML	2	
ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	2		ULTILET PEN NEEDLE	2	
ULTICARE INSULIN SYRINGE 1 ML 31G 1/4"	2		ULTILET PEN NEEDLE 32G 4MM	2	
ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	2		ULTRA COMFORT SYRINGE 0.3 ML	2	
ULTICARE LDS SYRINGE 3 ML 22G 1.5"	2		ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2"	2	
ULTICARE PEN NEEDLE 29G 12.7MM	2		ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2" (1/2)	2	
ULTICARE PEN NEEDLE 29G 12MM	2		ULTRA COMFORT SYRINGE 0.3 ML 31G 5/16" (1/2)	2	
ULTICARE PEN NEEDLE 31G 3/16"	2		ULTRA COMFORT SYRINGE 0.5 ML	2	
ULTICARE PEN NEEDLE 31G 6MM	2		ULTRA COMFORT SYRINGE 0.5 ML 28G 1/2"	2	
ULTICARE PEN NEEDLE 31G 8MM	2		ULTRA COMFORT SYRINGE 0.5 ML 29G 1/2"	2	
ULTICARE PEN NEEDLE 32G 4MM	2		ULTRA COMFORT SYRINGE 0.5 ML 31G 5/16"	2	
ULTICARE PEN NEEDLE 32G 6MM	2		ULTRA COMFORT SYRINGE 1 ML	2	
ULTICARE SAFETY PEN NEEDLE 30G 5MM	2		ULTRA COMFORT SYRINGE 1 ML 28G 1/2"	2	
ULTICARE SAFETY PEN NEEDLE 30G 8MM	2		ULTRA COMFORT SYRINGE 1 ML 29G 1/2"	2	
ULTICARE SAFETY SYRINGE 0.5 ML 29G 1/2"	2		ULTRA COMFORT SYRINGE 1 ML 30G 5/16"	2	
ULTICARE SYRINGE 0.3 ML 29G 1/2"	2		ULTRA COMFORT SYRINGE 1 ML 31G 5/16"	2	
ULTICARE SYRINGE 0.3 ML 30G 1/2"	2		ULTRA FLO PEN NEEDLE 29G 12MM	2	
ULTICARE SYRINGE 0.3 ML 30G 5/16"	2		ULTRA FLO PEN NEEDLE 31G 5MM	2	
ULTICARE SYRINGE 0.3 ML 31G 5/16"	2		ULTRA FLO PEN NEEDLE 31G 8MM	2	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VARISOFT INFUSION SET 32" 13MM	2		VERIFINE INSULIN SYRINGE 0.3 ML 31G 8MM	2	
VARISOFT INFUSION SET 43" 17MM	2		VERIFINE INSULIN SYRINGE 0.5 ML 29G 12MM	2	
VARIVAX VACCINE VIAL	2		VERIFINE INSULIN SYRINGE 0.5 ML 31G 8MM	2	
VARIVAX VACCINE WITH DILUENT	2		VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"	2	
VAXELIS VACCINE SYRINGE	2		VERIFINE INSULIN SYRINGE 1 ML 29G 12MM	2	
VAXELIS VACCINE VIAL	2		VERIFINE INSULIN SYRINGE 1 ML 31G 8MM	2	
VAXNEUVANCE 0.5 ML SYRINGE	2		VERIFINE PEN NEEDLE 29G 12MM	2	
VELIVET 28 DAY TABLET	1		VERIFINE PEN NEEDLE 31G 5MM	2	
VEMLIDY 25 MG TABLET	4	PA, SRX	VERIFINE PEN NEEDLE 31G 8MM	2	
VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX	VERIFINE PEN NEEDLE 32G 4MM	2	
VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX	VERIFINE PEN NEEDLE 32G 6MM	2	
VENCLEXTA 10 MG TABLET (10 MG X 2)	4	PA, QL, LDD, SRX	VERIFINE PLUS PEN NEEDLE 31G 5MM	2	
VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX	VERIFINE PLUS PEN NEEDLE 31G 8MM	2	
VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX	VERIFINE PLUS PEN NEEDLE 32G 4MM	2	
VENLAFAXINE 25 MG TABLET	1	QL	VERIFINE PLUS PEN NEEDLE 32G 4MM	2	
VENLAFAXINE 37.5 MG TABLET	1	QL	VERIFINE SYRINGE 0.3 ML 31G 5/16"	2	
VENLAFAXINE 50 MG TABLET	1	QL	VERIFINE SYRINGE 0.5 ML 29G 1/2"	2	
VENLAFAXINE 75 MG TABLET	1	QL	VERIFINE SYRINGE 0.5 ML 31G 5/16"	2	
VENLAFAXINE 100 MG TABLET	1	QL	VERIFINE SYRINGE 1 ML 31G 5/16"	2	
VENLAFAXINE ER 150 MG CAPSULE	1	QL	VESTURA 3 MG-0.02 MG TABLET	1	
VENLAFAXINE ER 37.5 MG CAPSULE	1	QL	VIENVA-28 TABLET	1	
VENLAFAXINE ER 75 MG CAPSULE	1	QL	VIGABATRIN 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	4	PA, LDD, SRX	VIGABATRIN 500 MG TABLET	4	PA, QL, LDD, SRX
VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	4	PA, LDD, SRX	VIGADRONE 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VERAPAMIL 40 MG TABLET	1		VIGADRONE 500 MG TABLET	4	PA, QL, LDD, SRX
VERAPAMIL 80 MG TABLET	1		VIGODER 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VERAPAMIL 120 MG TABLET	1		VILAZODONE 10 MG TABLET	3	QL
VERAPAMIL ER 120 MG CAPSULE	1		VILAZODONE 20 MG TABLET	3	QL
VERAPAMIL ER 180 MG CAPSULE	1		VILAZODONE 40 MG TABLET	3	QL
VERAPAMIL ER 240 MG CAPSULE	1		VIOKACE 10,440-39,150 UNITS TABLET	3	
VERAPAMIL ER 120 MG TABLET	1		VIOKACE 20,880-78,300 UNITS TABLET	3	
VERAPAMIL ER 180 MG TABLET	1		VIORLE 28 DAY TABLET	1	
VERAPAMIL ER 240 MG TABLET	1		VIREAD 150 MG TABLET	2	SRX
VERAPAMIL ER PM 100 MG CAPSULE	2		VIREAD 200 MG TABLET	2	SRX
VERAPAMIL ER PM 200 MG CAPSULE	2		VIREAD 250 MG TABLET	2	SRX
VERAPAMIL ER PM 300 MG CAPSULE	2		VIREAD POWDER	2	SRX
VERAPAMIL SR 120 MG CAPSULE	1		VIRT-C DHA SOFTGEL	1	
VERAPAMIL SR 180 MG CAPSULE	1		VISTOGARD 10 GRAM PACKET	4	LDD, SRX
VERAPAMIL SR 240 MG CAPSULE	1		VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS	1	
VERAPAMIL SR 360 MG CAPSULE	1		VITAFOL-OB CAPLET	1	
VEREGEN 15% OINTMENT	3		VITAMIN D2 1.25 MG (50,000 UNIT) CAPSULE	1	

2026 Cigna Plus Texas 4-Tier Prescription Drug List

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

2026 Cigna Plus Texas 4-Tier Prescription Drug List

Medication Name	Tier	Notes
YALE NEEDLE 21G 1.25"	2	
YARGESA 100 MG CAPSULE	4	PA, LDD, SRX
YESINTEK 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
YESINTEK 45 MG/0.5 ML VIAL	4	PA, QL, SRX
YESINTEK 90 MG/ML SYRINGE	4	PA, QL, SRX
YEZTUGO 300 MG TABLET	2	
YEZTUGO 463.5 MG/1.5 ML VIAL	2	
YOURX ULTICARE PEN NEEDLE 4MM 32G	2	
YOURX ULTICARE PEN NEEDLE 6MM 31G	2	
YOURX ULTICARE PEN NEEDLE 8MM 31G	2	
YUVAFEM 10 MCG VAGINAL INSERT	2	QL
ZAFEMY 150-35 MCG/DAY PATCH	1	
ZAFIRLUKAST 10 MG TABLET	1	
ZAFIRLUKAST 20 MG TABLET	1	
ZALEPLON 5 MG CAPSULE	1	
ZALEPLON 10 MG CAPSULE	1	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	4	SRX
ZATEAN-PN DHA CAPSULE	1	
ZATEAN-PN PLUS SOFTGEL	1	
ZELBORAF 240 MG TABLET	4	PA, QL, LDD, SRX
ZENATANE 10 MG CAPSULE	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	
ZENPEP DR 3,000 UNIT CAPSULE	2	
ZENPEP DR 40,000 UNIT CAPSULE	2	
ZENPEP DR 5,000 UNIT CAPSULE	2	
ZENPEP DR 10,000 UNIT CAPSULE	2	
ZENPEP DR 15,000 UNIT CAPSULE	2	
ZENPEP DR 20,000 UNIT CAPSULE	2	
ZENPEP DR 25,000 UNIT CAPSULE	2	
ZENPEP DR 60,000 UNIT CAPSULE	2	
ZEPOSIA 0.92 MG CAPSULE	4	PA, QL, LDD, SRX
ZEPOSIA STARTER KIT (7-DAY)	4	PA, QL, LDD, SRX
ZEPOSIA STARTER PACK (28-DAY)	4	PA, QL, LDD, SRX
ZENZEDI 5 MG TABLET	1	QL
ZENZEDI 10 MG TABLET	1	QL
ZETONNA 37 MCG NASAL SPRAY	3	ST
ZIDOVUDINE 100 MG CAPSULE	1	SRX

Medication Name	Tier	Notes
ZIDOVUDINE 50 MG/5 ML SYRUP	1	SRX
ZIDOVUDINE 300 MG TABLET	1	SRX
ZILEUTON ER 600 MG TABLET	4	
ZIPRASIDONE 20 MG CAPSULE	1	
ZIPRASIDONE 40 MG CAPSULE	1	
ZIPRASIDONE 60 MG CAPSULE	1	
ZIPRASIDONE 80 MG CAPSULE	1	
ZIRGAN 0.15% EYE GEL	3	
ZOLADEX 3.6 MG IMPLANT SYRINGE	4	PA, SRX
ZOLADEX 10.8 MG IMPLANT SYRINGE	4	PA, SRX
ZOLINZA 100 MG CAPSULE	4	PA, QL, LDD, SRX
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLMITRIPTAN 2.5 MG ODT TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT TABLET	2	QL
ZOLPIDEM 5 MG TABLET	1	
ZOLPIDEM 10 MG TABLET	1	
ZOLPIDEM ER 6.25 MG TABLET	1	
ZOLPIDEM ER 12.5 MG TABLET	1	
ZONISAMIDE 100 MG CAPSULE	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 MG CAPSULE	1	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TABLET	1	
ZURZUVAE 20 MG CAPSULE	4	PA, QL, LDD, SRX
ZURZUVAE 25 MG CAPSULE	4	PA, QL, LDD, SRX
ZURZUVAE 30 MG CAPSULE	4	PA, QL, LDD, SRX
ZYDELIG 100 MG TABLET	4	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	4	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	4	PA, QL, SRX
ZYLET EYE DROPS	3	PA

Frequently Asked Questions (FAQs)

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

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

A. We review and update the drug list on a regular basis to make sure you have coverage for low-cost, safe and effective medications. We make changes for many reasons; for example, when a new medication comes out or is no longer available, or when a medication's price changes. These changes may include:

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

When we make a change that affects your medication (for example, it'll cost more, won't be covered, and/or has an extra coverage requirement), we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

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

A. To help lower your overall health care costs, your plan doesn't cover certain high-cost brand-name medications that have lower-cost alternatives that can treat the same condition. If your medication isn't covered and your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover it through our review process.

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

Q. How do you decide which medications to cover?

A. The prescription drug list is managed by the Health Plan Value Assessment Committee (HVAC), which makes, subject to the Pharmacy and Therapeutics Committee's review and approval of the prescription drug list, coverage tier placement decisions of prescription drugs or related supplies and/or applies utilization management requirements to certain prescription drugs or related supplies.

Your Policy/Service Agreement coverage tiers may contain prescription drugs or related supplies that are generic drugs, brand drugs or specialty medications. Placement of any prescription drug or related supplies in a specific tier, and application of utilization management requirements to a prescription drug, depends on a number of clinical and economic factors. Clinical factors include, without limitation, the P&T Committee's evaluations of the place in therapy, or relative safety or relative efficacy of the prescription drug or related supplies, and economic factors include, without limitation, the cost and/or available rebates for prescription drugs or related supplies.

Whether a particular prescription drug or related supply is appropriate for you or any of your family member(s), regardless of its eligibility coverage under Your Policy/Service Agreement is a determination that is made by you (or your family member) and the prescribing physician.

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

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

Q. How do I know if a medication needs approval?

A. Check your drug list or log in to the myCigna App or **myCigna.com** and use the Price a Medication tool. If the medication has:

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

Frequently Asked Questions (FAQs) (cont.)

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What medications are part of Step Therapy?

A. They're typically high-cost medications that treat conditions such as:

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

Q. Why does my medication have an age requirement?

A. Not all medications are right for all ages. Some medications work best for people of a certain age or within a certain age range. As you get older, body changes can decrease the body's ability to break down or get rid of certain medications. This means

that the medication may stay in your body longer. So, an older adult may need a lower dose of the medication or a different medication that's safer.

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

A. Ask your doctor's office to contact us to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at cignaforhcp.com.

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. Or, you can log in to the myCigna App or myCigna.com to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

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

A. When your pharmacist tries to fill your prescription, they'll see that the medication needs our approval before it can be covered. Because you didn't get approval ahead of time, your plan won't cover its cost.

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

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

Q. What happens if I try to fill a prescription that has a quantity limit?

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office can ask us to cover it through our review process.

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

A. Yes.

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

A. We review all recently approved medications and products to see if they should be covered, and if so, at what cost-share (tier). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. It can take up to six months from the date the FDA approved them for us to make a decision.

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

Q. What are preventive medications?

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

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

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

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

Q. How can I find out how much my medication will cost me?

A. When you and your doctor are thinking about the right medication for your treatment, knowing how much it costs, what lower-cost options are available, and which pharmacies have the best prices can help you avoid surprises. Log in to the myCigna App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or even before you leave your doctor's office.³

Q. What's a cost-share?

A. It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

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

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

Q. What's a generic medication?

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

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

A. Yes. A generic medication works in the same way and provides the same clinical benefit as the brand-name medication.²

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

A. The generic and brand-name medication may:²

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

Frequently Asked Questions (FAQs) (cont.)

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

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

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

A. Your plan doesn't offer out-of-network coverage. This means you'll have to use an in-network pharmacy for your medication to be covered.

Q. Can I fill my prescriptions by mail?

A. Yes.⁴

Fill maintenance medications through Express Scripts® Pharmacy.

Home delivery is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

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

Here are two easy ways to get started:

- 1. Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or
- 2. By phone.**
 - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or

- Call Express Scripts Pharmacy at **800.835.3784**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

Fill specialty medications through Accredo® Specialty Pharmacy

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

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

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

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

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

Exclusions and Limitations: What isn't covered by this policy

Excluded Services

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

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

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

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

This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Routine hearing tests** except as provided under Preventive Care.
34. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
35. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric Vision Care.
36. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
37. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
38. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
39. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training,

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

- biofeedback for any diagnosis except an Acquired Brain Injury diagnosis, neurofeedback for any diagnosis except an Acquired Brain Injury diagnosis, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.
40. Services and procedures for **redundant skin surgery** including abdominoplasty/panniculectomy, removal of skin tags, craniocervical/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia, varicose veins, rhinoplasty, blepharoplasty and orthognathic surgeries.
41. Procedures, surgery or treatments to **change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
42. Any treatment, Prescription Drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
43. All services related to **the treatment of fertility and/or infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this EOC.
44. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees), except as specifically stated in this EOC.
45. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
46. Blood administration **for the purpose of general improvement in physical condition**.
47. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
48. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
49. **Myoelectric Prostheses** peripheral nerve stimulators.
50. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
51. **Prefabricated foot Orthoses**.
52. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
53. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
54. **Orthoses primarily used for cosmetic** rather than functional reasons.
55. **Non-foot Orthoses**, except **only** the following non-foot Orthoses are covered when Medically Necessary:
- o Rigid and semi-rigid custom fabricated Orthoses;
 - o Semi-rigid pre-fabricated and flexible Orthoses; and
 - o Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
56. Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Member has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
57. **Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
58. Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
59. **Educational services** except for Diabetic Self-

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

Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.

69. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

60. Nutritional counseling or food supplements, except as stated in this EOC.

61. Exercise equipment, comfort items and other medical supplies and equipment not specifically listed as Covered Services in the "Comprehensive Benefits: What the EOC Pays For" section of this EOC. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this EOC.

62. Physical, and/or Occupational Therapy/Medicine except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For."

63. Foreign Country Provider charges except as specifically stated under "Foreign Country Providers" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For."

64. Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet except as otherwise stated in this EOC.

65. Charges for which We are unable to determine Our liability because the Member failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.

66. Charges for the **services of a standby Physician**.

67. Charges for **animal to human organ transplants**.

68. Claims received by Cigna Healthcare after 15 months from the date service was rendered, except in the event of a legal incapacity.

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. [fda.gov/drugs/generic-drugs/generic-drug-facts](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts).
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. Cigna Healthcare, Express Scripts and Accredo are all part of The Cigna Group. This means we have an ownership interest in Express Scripts Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network (as your plan allows).
5. Standard shipping costs are included as part of your prescription plan.
6. Not all medications come in a 90-day supply. For example, oral contraceptives come in a 3-pack, which is an 84-day supply. It's important to know that even though it's not a full "90-day supply," we still think of it as a 90-day prescription. **Tier 4 medications are limited to a 30-day supply.**
7. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for the Express Scripts texting service. You can do this online or over the phone. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
8. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.

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

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

Discrimination is against the law

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

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

Cigna Healthcare:

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

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

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Cigna Dental Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., and Cigna HealthCare of Texas, Inc. In Texas, the Dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO Advantage network. ATTENTION: If you speak languages other than English, language assistance service, free of charge are

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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