

2021 CIGNA PLUS ILLINOIS 5-TIER PRESCRIPTION DRUG LIST



This drug list is applicable for plans sold in 2021 in Illinois, effective 1/1/2021.

This cover page is for brokers only. Please discard if providing the list to customers.

Please note: Medications covered under the IFP medical plan may be different than those covered under Group plans. To see a complete list of medications, view the IFP-specific drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list).

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2021 CIGNA PLUS ILLINOIS 5-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®





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View your plan's drug list online



The myCigna® App or website – Log in and click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.



Cigna.com/ifp-drug-list – Select **Illinois** from the drop down menu, then choose your search method. Then type in your medication name or view the full list.

Questions?

Call the toll-free number on your Cigna ID card, or call **866.494.2111**. We're here to help. If it's easier, you can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.

About your prescription drug list

This document shows the prescription medications covered on the Cigna Plus Illinois 5-Tier Prescription Drug List as of January 1, 2021¹. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication in this document, log in to the myCigna App or website to see a more current list of medications your plan covers.**

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2021 Cigna Plus Illinois 5-Tier Prescription Drug List.

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP	3	
ADAPALENE 0.1% CREAM	2	AGE
ALINIA	4	
ALISKIREN	4	QL
ALOMIDE	4	
ALOSETRON	4	
ALPRAZOLAM	2	
ALPRAZOLAM ER	2	
ALPRAZOLAM XR	2	
ALTABAX	4	
AMETHIA	1	
AMETHIA LO	1	
AMETHYST	1	
AMILORIDE	2	
AMILORIDE-HCTZ	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	4	
AMINOCAPROIC ACID 1000 MG TABLET	4	SRX
AMIODARONE 100 MG TABLET	2	
AMIODARONE 200 MG TABLET	2	

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Tiers

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

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

Abbreviations next to medications

Some medications on your drug list have extra requirements before your plan will cover them. This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the Notes column in this drug list. Here's what each of the abbreviations mean.

PA	Prior Authorization – Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
ST	Step Therapy – This is a prior authorization program. Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).
QL	Quantity Limits – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
AGE	Age Requirements – For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.
SRX	Specialty Medications are limited to a 30-day supply.
LDD	Limited Distribution Drugs are only available at specific pharmacies in the United States and are used to treat conditions that are extremely hard to manage. These medications require special handling, patient support and monitoring.

Specialty medications

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications have “SRX” listed next to them in the Notes section. Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. Log in to the **myCigna** App or website, or check your plan materials, to find out if your plan excludes your medication from coverage.

How to find your medication

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

Medication name starts with the letter...	Page
A–B	6–10
C–D	10–14
E–G	14–17
H–J	17–19
K–L	19–21
M–N	21–24
O–P	24–27
Q–S	27–29
T–U	29–31
V–Z	31–32

2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2		ALBUTEROL 2.5 MG/3 ML SOLUTION	1	
ABACAVIR-LAMIVUDINE	2		ALBUTEROL 2 MG/5 ML SYRUP	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2		ALBUTEROL 2 MG TABLET	2	
ABIRATERONE	5	PA, SRX	ALBUTEROL 4 MG TABLET	2	
ACAMPROSATE	1		ALBUTEROL ER 4 MG TABLET	2	
ACARBOSE	2		ALBUTEROL ER 8 MG TABLET	2	
ACEBUTOLOL	2		ALCAINE	2	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5	2		ALCLOMETASONE	2	
ACETAMINOPHEN-CODEINE	2		ALCOHOL PADS	3	
ACETAZOLAMIDE	2		ALCOHOL SWABS	3	
ACETAZOLAMIDE ER	2		ALCOHOL WIPES	3	
ACETIC ACID	2		ALDACTAZIDE 50-50 TABLET	4	
ACETYLCYSTEINE 10% VIAL	2		ALECENSA	5	PA, LDD, SRX
ACETYLCYSTEINE 20% VIAL	2		ALENDRONATE 10 MG TABLET	1	
ACITRETIN	4		ALENDRONATE 35 MG TABLET	1	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, ST, QL, SRX	ALENDRONATE 70 MG TABLET	2	
ACTEMRA ACTPEN	5	PA, ST, QL, SRX	ALENDRONATE 70 MG/75 ML	2	
ACTHIB	3		ALFUZOSIN ER	2	
ACTIMMUNE	5	PA, LDD, SRX	ALINIA	4	
ACYCLOVIR 200 MG CAPSULE	1		ALISKIREN	4	QL
ACYCLOVIR 200 MG/5 ML SUSPENSION	2		ALLOPURINOL	1	
ACYCLOVIR 400 MG TABLET	2		ALMOTRIPTAN	2	QL
ACYCLOVIR 800 MG TABLET	2		ALOCRIL	4	
ADACEL TDAP	3		ALOMIDE	4	
ADAPALENE 0.1% CREAM	2	AGE	ALOSETRON	4	
ADAPALENE 0.1% GEL	2	AGE	ALPRAZOLAM	2	
ADAPALENE 0.1% SOLUTION	2	AGE	ALPRAZOLAM ER	2	
ADAPALENE 0.3% GEL	2	AGE	ALPRAZOLAM INTENSOL	2	
ADAPALENE 0.3% GEL PUMP	2	AGE	ALPRAZOLAM ODT	2	
ADEFOVIR DIPVOXIL	4		ALPRAZOLAM XR	2	
ADEMPAS	5	PA, LDD, SRX	ALTABAX	4	
ADRENALIN 1 MG/ML NASAL SOLUTION	4		ALTAVERA	1	
AFLURIA QUAD	3		ALYACEN	1	
AFINITOR DISPERZ	5	PA, SRX	ALYQ	5	PA, SRX
AFIRMELLE	1		AMABELZ	2	
AFTERA	4		AMANTADINE	2	
AK-POLY-BAC	2		AMBRISENTAN	5	PA, SRX
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX	AMCINONIDE	2	
ALBENDAZOLE	4		AMETHIA	1	
ALBUTEROL 2.5 MG/0.5 ML SOLUTION	2		AMETHIA LO	1	
ALBUTEROL 5 MG/ML SOLUTION	2		AMETHYST	1	
ALBUTEROL 0.63 MG/3 ML SOLUTION	2		AMILORIDE	2	
ALBUTEROL 1.25 MG/3 ML SOLUTION	2		AMILORIDE-HCTZ	2	
			AMINOCAPROIC ACID 0.25 GRAM/ML	4	
			AMINOCAPROIC ACID 1000 MG TABLET	4	
			AMINOCAPROIC ACID 500 MG TABLET	4	
			AMIODARONE 100 MG TABLET	2	

Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see the full list of medications your plan covers.

2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
AMIODARONE 200 MG TABLET	2		APTIVUS	3	
AMIODARONE 400 MG TABLET	2		AQUA CARE	2	
AMITIZA	4		AQUA CARE STERILE WATER IRRIGATION	2	
AMITRIPTYLINE	1		ARANELLE	1	
AMLODIPINE	2		ARANESP	5	PA, SRX
AMLODIPINE-ATORVASTATIN	2		ARCALYST	5	PA, LDD, SRX
AMLODIPINE-BENAZEPRIL	2		ARCAPTA NEOHALER	4	ST
AMLODIPINE-OLMESARTAN	2		ARIPIPRAZOLE	2	
AMLODIPINE-VALSARTAN	2		ARIPIPRAZOLE ODT	2	
AMLODIPINE-VALSARTAN-HCTZ	2		ARMODAFINIL	2	PA
AMMONIUM LACTATE 12% CREAM	2		ARMOUR THYROID	2	
AMMONIUM LACTATE 12% LOTION	2		ARNUITY ELLIPTA	3	
AMNESTEEM	4	QL	ASCOMP WITH CODEINE	2	
AMOXAPINE	2		ASHLYNA	1	
AMOXICILLIN	1		ASMANEX	4	ST
AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	2		ASMANEX HFA	4	ST
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION	2		ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE	2	
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	2		ASPIRIN-DIPYRIDAMOLE ER	2	
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	2		ASTAGRAF XL	5	SRX
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	2		ATAZANAVIR	2	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2		ATENOLOL	1	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	2		ATENOLOL-CHLORTHALIDONE	1	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	2		ATOMOXETINE	2	
AMOXICILLIN-CLAVULANATE ER	2		ATORVASTATIN 10 MG TABLET	2	
AMOXICILLIN-CLAVULANATE500-125 MG TABLET	2		ATORVASTATIN 20 MG TABLET	2	
AMPHETAMINE	2		ATORVASTATIN 40 MG TABLET	2	
AMPICILLIN	2		ATORVASTATIN 80 MG TABLET	2	
ANADROL-50	4	PA	ATOVAQUONE	4	
ANAGRELIDE	4		ATOVAQUONE-PROGUANIL	2	
ANALPRAM HC 2.5%-1% LOTION	4		ATROPINE 1% EYE DROPS	2	
ANASTROZOLE	2		ATROPINE 1% EYE OINTMENT	2	
ANORO ELLIPTA	3		AUBRA	1	
ANTABUSE	3		AUBRA EQ	1	
ANUCORT-HC	2		AUROVELA	1	
APEXICON E	4		AUROVELA 24 FE	1	
APIDRA	4	ST, QL	AUROVELA FE	1	
APIDRA SOLOSTAR	4	ST, QL	AVANDIA	4	
APOKYN	5	PA, SRX	AVIANE	1	
APRACLONIDINE	2		AVONEX	5	PA, SRX
APREPITANT	2	QL	AVONEX PEN	5	PA, SRX
APRI	1		AYUNA	1	
APTIOM	4	PA, QL	AZASITE	4	
			AZATHIOPRINE	2	
			AZELAIC ACID	2	
			AZELASTINE	2	
			AZELASTINE-FLUTICASONE	3	
			AZITHROMYCIN 1 GM PWD PACKET	2	QL
			AZITHROMYCIN 100 MG/5 ML SUSPENSION	2	QL

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

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AZITHROMYCIN 200 MG/5 ML SUSPENSION	2	QL	BD INSULIN SYRINGE ULTRA FINE 0.3ML 12.7MMX30G	3	
AZITHROMYCIN 250 MG TABLET	2	QL	BD INSULIN SYRINGE ULTRA FINE 0.5 ML 8MMX31G	3	
AZITHROMYCIN 500 MG TABLET	2	QL	BD INSULIN SYRINGE ULTRA FINE 0.5ML 12.7MMX30G	3	
AZITHROMYCIN 600 MG TABLET	2	QL	BD INSULIN SYRINGE ULTRA FINE 1 ML 12.7MMX30G	3	
AZOPT	3		BD INSULIN SYRINGE ULTRA FINE 1 ML 8MMX31G	3	
AZURETTE	1		BD LUER-LOK SYRINGE 1 ML	3	
BACITRACIN 500 UNIT/GM OPHTHALMIC	2		BD LUER-LOK SYRINGE 3 ML 25GX5/8"	3	
BACITRACIN-POLYMYXIN	2		BD MAGNI-GUIDE MAGNIFIER	3	
BACLOFEN 10 MG TABLET	1		BD NANO 2 GEN PEN NEEDLE 32GX4MM	3	
BACLOFEN 20 MG TABLET	1		BD NEEDLE 18GX1 1/2"	3	
BACLOFEN 5 MG TABLET	2		BD NEEDLE 19GX1 1/2"	3	
BAL-CARE DHA	1		BD NEEDLE 20GX1 1/2"	3	
BALCOLTRA	4		BD NEEDLE 21GX1 1/2"	3	
BALSALAZIDE	2		BD NEEDLE 21GX1"	3	
BALZIVA	1		BD NEEDLE 22GX1 1/2"	3	
BANZEL	4	QL	BD NEEDLE 23GX1"	3	
BARACLUDE 0.05 MG/ML SOLUTION	5	SRX	BD NEEDLE 25GX5/8"	3	
BASAGLAR KWIKPEN U-100	3	QL	BD NEEDLES 16GX1"	3	
BD 3 ML SYRINGE 25GX1"	3		BD NEEDLES 16GX1.5"	3	
BD 3 ML SYRINGE WITH NEEDLE	3		BD NEEDLES 18GX1"	3	
BD AUTOSHIELD DUO NEEDLE 5MMX30G	3		BD NEEDLES 18GX1.5"	3	
BD ECLIPSE NEEDLE 25GX1"	3		BD NEEDLES 19GX1"	3	
BD INSULIN SYRINGE 0.3 ML 29GX12.7MM	3		BD NEEDLES 19GX1.5"	3	
BD INSULIN SYRINGE 0.3 ML 8MMX31G(1/2)	3		BD NEEDLES 20GX1"	3	
BD INSULIN SYRINGE 0.5 ML 28GX1/2"	3		BD NEEDLES 20GX1.5"	3	
BD INSULIN SYRINGE 0.5 ML 29GX1/2"	3		BD NEEDLES 21GX1"	3	
BD INSULIN SYRINGE 0.5 ML 29GX12.7MM	3		BD NEEDLES 21GX1.5"	3	
BD INSULIN SYRINGE 1 ML	3		BD NEEDLES 21GX2"	3	
BD INSULIN SYRINGE 1 ML 25GX1"	3		BD NEEDLES 22GX1.5"	3	
BD INSULIN SYRINGE 1 ML 25GX5/8"	3		BD NEEDLES 23GX0.75"	3	
BD INSULIN SYRINGE 1 ML 26GX1/2"	3		BD NEEDLES 25GX0.625"	3	
BD INSULIN SYRINGE 1 ML 27GX12.7MM	3		BD NEEDLES 25GX0.875"	3	
BD INSULIN SYRINGE 1 ML 27GX5/8"	3		BD NEEDLES 25GX1.5"	3	
BD INSULIN SYRINGE 1 ML 28GX1/2"	3		BD NEEDLES 26GX0.375"	3	
BD INSULIN SYRINGE 1 ML 29GX1/2"	3		BD NEEDLES 26GX0.5"	3	
BD INSULIN SYRINGE 1 ML 29GX12.7MM	3		BD NEEDLES 27GX0.5"	3	
BD INSULIN SYRINGE 0.5 ML 6MMX31G	3		BD NEEDLES 30GX0.5"	3	
BD INSULIN SYRINGE ULTRA FINE 0.3 ML 8MMX31G	3		BD PRECISIONGLIDE 27GX1-1/2" NEEDLE	3	
			BD SAFETYGLIDE 3 ML SYRINGE	3	
			BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 6MMX31G	3	
			BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 8MMX31G	3	

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
BD SAFETYGLIDE INSULIN SYRINGE 0.3ML 13MMX29G	3		BEXSERO	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 6MMX31G	3		BEYAZ	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 8MMX30G	3		BICALUTAMIDE	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5ML 13MMX29G	3		BIKTARVY	3	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 13MMX29G	3		BIMATOPROST 0.03% EYE DROPS	2	QL
BD SAFETYGLIDE NEEDLE	3		BINOSTO	4	
BD SYRINGE-SAFETYGLIDE	3		BISOPROLOL	2	
BD ULTRA FINE MICRO PEN NEEDLE 6MMX32G	3		BISOPROLOL-HCTZ	1	
BD ULTRA FINE MINI PEN NEEDLE 5MMX31G	3		BLISOVI 24 FE	1	
BD ULTRA FINE NANO PEN NEEDLE 4MMX32G	3		BLISOVI FE	1	
BD ULTRA FINE ORIGINAL PEN NEEDLE 12.7MMX29G	3		BOOSTRIX TDAP	3	
BD ULTRA FINE SHORT PEN NEEDLE 8MMX31G	3		BOSENTAN	5	PA, SRX
BD VEO INSULIN SYRINGE 0.3 ML 6MMX31G	3		BOSULIF	5	PA, LDD, SRX
BD VEO INSULIN SYRINGE 0.3ML 6MMX31G (1/2)	3		BREO ELLIPTA	3	
BD VEO INSULIN SYRINGE 0.5 ML 6MMX31G	3		BRIELLYN	1	
BD VEO INSULIN SYRINGE 1 ML 6MMX31G	3		BRILINTA	4	
BECONASE AQ	4	ST	BRIMONIDINE	2	
BEKYREE	1		BRIVIACT 10 MG TABLET	4	PA, QL
BELLADONNA-OPIUM	2		BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL
BENAZEPRIL	1		BRIVIACT 100 MG TABLET	4	PA, QL
BENAZEPRIL-HCTZ	2		BRIVIACT 25 MG TABLET	4	PA, QL
BENZONATATE 100 MG CAPSULE	2		BRIVIACT 50 MG TABLET	4	PA, QL
BENZONATATE 200 MG CAPSULE	2		BRIVIACT 75 MG TABLET	4	PA, QL
BENZONATATE PERLE 100 MG CAPSULE	2		BROMFED DM	2	
BENZTROPINE 0.5 MG TABLET	2		BROMFENAC	2	
BENZTROPINE 1 MG TABLET	2		BROMOCRIPTINE	2	
BENZTROPINE 2 MG TABLET	2		BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM	2	
BEPREVE	4		BROVANA	4	
BESER 0.05% LOTION	2		BUDESONIDE	4	
BESIVANCE	4		BUDESONIDE EC	4	
BETADINE 5% EYE SOLUTION	4		BUDESONIDE ER	5	PA, QL, SRX
BETAMETHASONE	2		BUMETANIDE 0.5 MG TABLET	1	
BETAMETHASONE AUGMENTED	2		BUMETANIDE 1 MG TABLET	1	
BETAXOLOL	2		BUMETANIDE 2 MG TABLET	1	
BETHANECHOL	2		BUNAVAIL	3	
BEXAROTENE	4	PA	BUPRENORPHINE 2 MG TABLET SL	1	
			BUPRENORPHINE 8 MG TABLET SL	1	
			BUPRENORPHINE PATCH	2	QL
			BUPRENORPHINE-NALOXONE	1	
			BUPROPION	2	QL
			BUPROPION SR 100 MG TABLET	2	QL
			BUPROPION SR 150 MG TABLET	2	QL
			BUPROPION SR 150 MG TABLET (smoking cessation)	1	
			BUPROPION SR 200 MG TABLET	2	QL
			BUPROPION XL 150 MG TABLET	2	QL
			BUPROPION XL 300 MG TABLET	2	QL
			BUSPIRONE	2	

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

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BUTALBITAL COMPOUND-CODEINE	2		CARBIDOPA-LEVODOPA ER	2	
BUTALBITAL-ACETAMINOPHEN 50-325	2		CARBIDOPA-LEVODOPA-ENTACAPONE	2	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE	2	QL	CARBINOXAMINE 4 MG TABLET	2	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE	2		CARBINOXAMINE 4 MG/5 ML LIQUID	2	
BUTALBITAL-ASPIRIN-CAFFEINE	2	QL	CARETOUCH ALCOHOL PREP PAD	3	
BUTALBITAL-CAFFEINE-ACETAMINOPHEN-CODEINE	2		CARISOPRODOL	2	
BUTORPHANOL 10 MG/ML SPRAY	2	QL	CARISOPRODOL-ASPIRIN	2	
BYDUREON	3	QL	CARISOPRODOL-ASPIRIN-CODEINE	2	
BYDUREON BCISE	3	QL	CARTEOLOL	2	
BYDUREON PEN	3	QL	CARTIA XT	2	
BYETTA	3	QL	CARVEDILOL	1	
BYSTOLIC	4	QL	CAYSTON	5	PA, QL, LDD, SRX
CABERGOLINE	2	QL	CAZANT	1	
CABOMETYX	5	PA, LDD, SRX	CEFACTOR	2	
CAFFEINE 60 MG/3 ML ORAL	2		CEFACTOR ER	2	
CALCIPOTRIENE 0.005% CREAM	2		CEFADROXIL	2	
CALCIPOTRIENE 0.005% OINTMENT	2		CEFDINIR	2	
CALCIPOTRIENE 0.005% SOLUTION	2		CEFDITOREN PIVOXIL	2	
CALCIPOTRIENE-BETAMETHASONE	4		CEFIXIME 100 MG/5 ML SUSPENSION	2	
CALCITONIN-SALMON	2		CEFIXIME 200 MG/5 ML SUSPENSION	2	
CALCITRIOL 0.25 MCG CAPSULE	2		CEFIXIME 400 MG CAPSULE	3	
CALCITRIOL 0.5 MCG CAPSULE	2		CEFPODOXIME	2	
CALCITRIOL 1 MCG/ML SOLUTION	2		CEFPROZIL	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL	CEFUROXIME	2	
CALCIUM ACETATE 667 MG CAPSULE	2		CELECOXIB	2	QL
CALCIUM ACETATE 667 MG GELCAP	2		CELONTIN	4	
CALCIUM ACETATE 667 MG TABLET	2		CEPHALEXIN 125 MG/5 ML SUSPENSION	1	
CAMBIA	4		CEPHALEXIN 250 MG CAPSULE	1	
CAMILA	1		CEPHALEXIN 250 MG TABLET	1	
CAMRESE	1		CEPHALEXIN 250 MG/5 ML SUSPENSION	1	
CAMRESE LO	1		CEPHALEXIN 500 MG CAPSULE	1	
CANDESARTAN	2		CEPHALEXIN 500 MG TABLET	1	
CANDESARTAN-HCTZ	2		CEPHALEXIN 750 MG CAPSULE	2	
CAPECITABINE	4	PA	CETIRIZINE 1 MG/ML SOLUTION	2	
CAPRELSA	5	PA, LDD, SRX	CETIRIZINE 1 MG/ML SYRUP	2	
CAPTOPRIL	1		CEVIMELINE	2	
CAPTOPRIL-HCTZ	2	QL	CHANTIX	3	
CARBAGLU	4	PA	CHATEAL	1	
CARBAMAZEPINE 100 MG CHEWABLE TABLET	1		CHATEAL EQ	1	
CARBAMAZEPINE 100 MG/5 ML SUSPENSION	2		CHEMET	4	
CARBAMAZEPINE 200 MG TABLET	1		CHENODAL	4	LDD
CARBAMAZEPINE ER	2		CHLORDIAZEPOXIDE	2	
CARBIDOPA	4		CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
CARBIDOPA-LEVODOPA	2		CHLORDIAZEPOXIDE-CLIDINIUM	2	
			CHLORHEXIDINE 0.12% RINSE	2	
			CHLOROQUINE	2	QL
			CHLORPROMAZINE 10 MG TABLET	2	

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
CHLORPROMAZINE 100 MG TABLET	2		CLINDAMYCIN 1% PLEDGET	2	
CHLORPROMAZINE 200 MG TABLET	2		CLINDAMYCIN 1% SOLUTION	2	
CHLORPROMAZINE 25 MG TABLET	2		CLINDAMYCIN 2% VAGINAL CREAM	2	
CHLORPROMAZINE 50 MG TABLET	2		CLINDAMYCIN PEDIATRIC	2	
CHLORTHALIDONE	2		CLINDAMYCIN-BENZOYL PEROXIDE	2	
CHLORZOXAZONE 500 MG TABLET	2		CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5%	2	
CHOLBAM	5	PA, LDD, SRX	CLINDAMYCIN-TRETINOIN	2	
CHOLESTYRAMINE	2		CLINDESSE	4	
CHOLESTYRAMINE LIGHT	2		CLOBAZAM 10 MG TABLET	4	PA
CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	2	PA	CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CICLODAN 8% SOLUTION	2		CLOBAZAM 20 MG TABLET	4	PA
CICLOPIROX 0.77% CREAM	2		CLOBETASOL	2	
CICLOPIROX 0.77% GEL	2		CLOBETASOL EMOLLIENT	2	
CICLOPIROX 0.77% TOPICAL SUSPENSION	2		CLOBETASOL EMULSION	2	
CICLOPIROX 1% SHAMPOO	2		CLOCORTOLONE	2	
CICLOPIROX 8% SOLUTION	2		CLODAN 0.05% SHAMPOO	2	
CILOSTAZOL	2		CLOMIPRAMINE	4	
CILOXAN 0.3% OINTMENT	4		CLONAZEPAM	2	
CIMETIDINE 200 MG TABLET	1		CLONIDINE 0.1 MG TABLET	2	
CIMETIDINE 300 MG TABLET	1		CLONIDINE 0.1 MG/DAY PATCH	2	
CIMETIDINE 300 MG/5 ML SOLUTION	2		CLONIDINE 0.2 MG TABLET	2	
CIMETIDINE 400 MG TABLET	1		CLONIDINE 0.2 MG/DAY PATCH	2	
CIMETIDINE 800 MG TABLET	1		CLONIDINE 0.3 MG TABLET	2	
CINACALCET	5	SRX	CLONIDINE 0.3 MG/DAY PATCH	2	
CIPRO HC	4		CLONIDINE ER	2	
CIPRODEX	4		CLOPIDOGREL	2	
CIPROFLOXACIN	2		CLORAZEPATE	2	
CIPROFLOXACIN 0.2% OTIC SOLUTION	2		CLOTRIMAZOLE 1% SOLUTION	2	
CIPROFLOXACIN 0.3% EYE DROP	2		CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CIPROFLOXACIN 100 MG TABLET	1		CLOTRIMAZOLE 10 MG TROCHE	2	
CIPROFLOXACIN 250 MG TABLET	1		CLOTRIMAZOLE-BETAMETHASONE	2	
CIPROFLOXACIN 500 MG TABLET	1		CLOVIQUE	4	PA
CIPROFLOXACIN 750 MG TABLET	1		CLOZAPINE	2	
CIPROFLOXACIN-FLUOCINOLONE	3		CLOZAPINE ODT	4	
CITALOPRAM 10 MG TABLET	1	QL	C-NATE DHA	1	
CITALOPRAM 10 MG/5 ML SOLUTION	2	QL	COARTEM	4	QL
CITALOPRAM 20 MG TABLET	1	QL	CODEINE	2	
CITALOPRAM 40 MG TABLET	1	QL	COLCHICINE	2	
CLARAVIS	4	QL	COLESEVELAM	2	
CLARITHROMYCIN	2		COLESTIPOL	2	
CLARITHROMYCIN ER	2		COLOCORT	2	
CLEMASTINE	2		COMBIGAN	4	
CLINDACIN ETZ 1% PLEDGET	2		COMETRIQ	5	PA, LDD, SRX
CLINDAMYCIN	2		COMPLERA	3	
CLINDAMYCIN 1% FOAM	2		COMPLETE NATAL DHA	1	
CLINDAMYCIN 1% GEL	2		COMPLETENATE	1	
CLINDAMYCIN 1% LOTION	2		COMPRO	2	
			CONSTULOSE	2	
			CORDRAN 4 MCG/SQ CM TAPE LARGE	4	

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

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COREMINO	2		DAPSONE	4	
CORTISONE	2		DAPTACEL DTAP	3	
CORTISPORIN	4		DARAPRIM	4	PA
CORTISPORIN-TC	4		DARIFENACIN ER	2	
COSENTYX PEN	5	PA, QL, LDD, SRX	DASETTA	1	
COSENTYX SYRINGE	5	PA, QL, LDD, SRX	DAYSEE	1	
COTELLIC	5	PA, LDD, SRX	DEBLITANE	1	
COVARYX	2		DEFERASIROX	5	PA, SRX
COVARYX H.S.	2		DEMECLOCYCLINE	2	
CREON	4		DEMSEER	4	
CRIXIVAN	3		DENTA 5000 PLUS	2	
CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	2		DENTAGEL	2	
CROMOLYN 20 MG/2 ML NEBULIZER SOLUTION	2	QL	DESCOVY	4	PA
CROMOLYN 4% EYE DROPS	2		DESIPRAMINE	2	
CROTAN	3		DESLORATADINE	2	QL
CRYSSELLE	1		DESMOPRESSIN 0.01% SOLUTION	2	
CURITY ALCOHOL PREPS	3		DESMOPRESSIN 0.01% SPRAY	2	
CYANOCOBALAMIN INJECTION	2		DESMOPRESSIN 0.1 MG TABLET	2	
CYCLAFEM	1		DESMOPRESSIN 0.2 MG TABLET	2	
CYCLOBENZAPRINE 10 MG TABLET	3		DESMOPRESSIN 10 MCG/0.1 ML SPRAY	2	
CYCLOBENZAPRINE 5 MG TABLET	1		DESOGESTREL-ETHINYL ESTRADIOL	1	
CYCLOBENZAPRINE 7.5 MG TABLET	1		DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL	1	
CYCLAMYDRIL	4		DESONIDE 0.05% CREAM	2	
CYCLOPENTOLATE	2		DESONIDE 0.05% LOTION	2	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3		DESONIDE 0.05% OINTMENT	2	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3		DESOXIMETASONE 0.05% CREAM	2	
CYCLOSERINE	2		DESOXIMETASONE 0.05% GEL	2	
CYCLOSET	4		DESOXIMETASONE 0.05% OINTMENT	2	
CYCLOSPORINE 100 MG CAPSULE	2		DESOXIMETASONE 0.25% CREAM	2	
CYCLOSPORINE 25 MG CAPSULE	2		DESOXIMETASONE 0.25% OINTMENT	2	
CYCLOSPORINE MODIFIED	2		DESVENLAFAXINE ER	2	QL
CYPROHEPTADINE 2 MG/5 ML SOLUTION	2		DEXAMETHASONE 0.1% EYE DROP	2	
CYPROHEPTADINE 2 MG/5 ML SYRUP	2		DEXAMETHASONE 0.5 MG TABLET	1	
CYPROHEPTADINE 4 MG TABLET	2		DEXAMETHASONE 0.5 MG/5 ML ELIXIR	1	
CYRED	1		DEXAMETHASONE 0.5 MG/5 ML LIQUID	1	
CYRED EQ	1		DEXAMETHASONE 0.75 MG TABLET	1	
CYSTADANE	5	LDD, SRX	DEXAMETHASONE 1 MG TABLET	1	
CYSTAGON	5	LDD, SRX	DEXAMETHASONE 1.5 MG TABLET	1	
CYSTARAN	4	QL, LDD	DEXAMETHASONE 10 DAY 1.5 MG TABLET	1	
DALFAMPRIDINE ER	5	PA, SRX	DEXAMETHASONE 13 DAY 1.5 MG TABLET	1	
DALIRESP	4	QL	DEXAMETHASONE 2 MG TABLET	1	
DANAZOL	2		DEXAMETHASONE 4 MG TABLET	1	
DANTROLENE 100 MG CAPSULE	2		DEXAMETHASONE 6 DAY 1.5 MG TABLET	1	
DANTROLENE 25 MG CAPSULE	2		DEXAMETHASONE 6 MG TABLET	1	
DANTROLENE 50 MG CAPSULE	2				

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DEXAMETHASONE INTENSOL	1		DICLOFENAC ER	2	
DEXCOM G6 SENSOR	3	PA, QL	DICLOFENAC PATCH	4	QL
DEXILANT	4	ST, QL	DICLOFENAC-MISOPROSTOL	2	
DEXMETHYLPHENIDATE	2		DICLOXACILLIN	2	
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL	DICYCLOMINE 10 MG CAPSULE	1	
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL	DICYCLOMINE 10 MG/5 ML SOLUTION	2	
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL	DICYCLOMINE 20 MG TABLET	1	
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL	DIDANOSINE	2	
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL	DIFICID	4	PA, QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL	DIFLORASONE	4	
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL	DIFLUNISAL	2	
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL	DIGITEK	1	
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL	DIGOX	1	
DEXTROAMPHETAMINE	2		DIGOXIN 0.05 MG/ML SOLUTION	2	
DEXTROAMPHETAMINE ER	2	QL	DIGOXIN 0.125 MG TABLET	1	
DEXTROAMPHETAMINE-AMPHETAMINE	2		DIGOXIN 0.25 MG TABLET	1	
DEXTROAMPHETAMINE-AMPHETAMINE ER	2	QL	DIGOXIN 125 MCG TABLET	1	
DIAZEPAM 10 MG RECTAL GEL SYSTEM	2		DIGOXIN 250 MCG TABLET	1	
DIAZEPAM 10 MG TABLET	2		DIHYDROERGOTAMINE	4	QL
DIAZEPAM 2 MG TABLET	2		DILATRATE-SR	4	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2		DILTIAZEM 120 MG TABLET	1	
DIAZEPAM 20 MG RECTAL GEL SYSTEM	2		DILTIAZEM 12HR ER	2	
DIAZEPAM 5 MG TABLET	2		DILTIAZEM 24HR ER	2	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2		DILTIAZEM 24HR ER (CD)	2	
DIAZEPAM 5 MG/5 ML SOLUTION	2		DILTIAZEM 24HR ER (LA)	2	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2		DILTIAZEM 24HR ER (XR)	2	
DIAZOXIDE	4		DILTIAZEM 30 MG TABLET	1	
DICLOFENAC	2		DILTIAZEM 60 MG TABLET	1	
DICLOFENAC 0.1% EYE DROPS	2		DILTIAZEM 90 MG TABLET	1	
DICLOFENAC 1% GEL	2	QL	DILT-XR	2	
DICLOFENAC 1.5% TOPICAL SOLUTION	2		DIPENTUM	4	
DICLOFENAC DR 25 MG TABLET	2		DIPHEN 12.5 MG/5 ML ELIXIR	4	
DICLOFENAC DR 50 MG TABLET	2		DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DICLOFENAC DR 75 MG TABLET	2		DIPHENHYDRAMINE 25 MG/10 ML	2	
DICLOFENAC EC 25 MG TABLET	2		DIPHENOXYLATE-ATROPINE	2	
DICLOFENAC EC 50 MG TABLET	2		DIPHThERIA-TETANUS TOXOIDS-PEDIATRIC	3	
DICLOFENAC EC 75 MG TABLET	2		DIPYRIDAMOLE 25 MG TABLET	2	
			DIPYRIDAMOLE 50 MG TABLET	2	
			DIPYRIDAMOLE 75 MG TABLET	2	
			DISOPYRAMIDE	2	
			DISULFIRAM	1	
			DIVALPROEX	2	
			DIVALPROEX ER	2	
			DOFETILIDE	4	QL
			DONEPEZIL	2	
			DONEPEZIL ODT	2	
			DORZOLAMIDE	2	
			DORZOLAMIDE-TIMOLOL EYE DROPS	2	

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

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DOTTI	2	QL	EEMT H.S.	2	
DOXAZOSIN	1		EFAVIRENZ	2	
DOXEPIN 10 MG CAPSULE	2		EFFER-K	4	
DOXEPIN 10 MG/ML ORAL CONCENTRATE	2		EGRIFTA	5	PA, LDD, SRX
DOXEPIN 100 MG CAPSULE	2		EGRIFTA SV	5	PA, SRX
DOXEPIN 150 MG CAPSULE	2		ELETRIPTAN	2	QL
DOXEPIN 25 MG CAPSULE	2		ELINEST	1	
DOXEPIN 3 MG TABLET	3	QL	ELIQUIS	3	QL
DOXEPIN 5% CREAM	4		ELITE-OB	1	
DOXEPIN 50 MG CAPSULE	2		ELLA	4	
DOXEPIN 6 MG TABLET	3	QL	ELMIRON	4	
DOXEPIN 75 MG CAPSULE	2		ELURYNG	2	
DOXERCALCIFEROL 0.5 MCG CAPSULE	2		EMCYT	5	SRX
DOXERCALCIFEROL 1 MCG CAPSULE	2		EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
DOXERCALCIFEROL 2.5 MCG CAPSULE	2		EMOQUETTE	1	
DOXYCYCLINE 100 MG CAPSULE	2		EMSAM	4	QL
DOXYCYCLINE 100 MG TABLET	2		EMTRIVA	3	
DOXYCYCLINE 20 MG TABLET	2		EMVERM	4	
DOXYCYCLINE 50 MG CAPSULE	2		ENALAPRIL	1	
DOXYCYCLINE DR 100 MG TABLET	2		ENALAPRIL-HCTZ	2	
DOXYCYCLINE DR 150 MG TABLET	2		ENBREL	5	PA, ST, QL, SRX
DOXYCYCLINE DR 200 MG TABLET	2		ENBREL MINI	5	PA, ST, QL, SRX
DOXYCYCLINE DR 50 MG TABLET	2		ENBREL SURECLICK	5	PA, ST, QL, SRX
DOXYCYCLINE DR 75 MG TABLET	2		ENDOCET	2	
DOXYCYCLINE MONOHYDRATE	2		ENDOMETRIN	4	PA
DRONABINOL	4		ENGERIX-B ADULT	3	
DROSPIRENONE-ETHINYL ESTRADIOL	1		ENGERIX-B PEDIATRIC-ADOLESCENT	3	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE	1		ENLYTE	4	
DROXIA	4		ENOXAPARIN	4	QL
DUAVEE	4		ENPRESSE	1	
DULOXETINE	2	QL	ENSKYCE	1	
DUPIXENT SYRINGE	5	PA, SRX	ENTACAPONE	2	
DUREZOL	4		ENTECAVIR	4	
DUTASTERIDE	2		ENTRESTO	3	
DUTASTERIDE-TAMSULOSIN	2		ENULOSE	2	
DYMISTA	4		EPIDIOLEX	4	PA
EASY COMFORT ALCOHOL PAD	3		EPIFOAM	4	
EASY TOUCH ALCOHOL PREP PADS	3		EPINASTINE	2	
EC-NAPROXEN	1		EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
ECONAZOLE	2		EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
ECONTRA EZ	4		EPITOL	1	
EDARBI	4	ST, QL	EPIVIR HBV 25 MG/5 ML SOLUTION	5	SRX
EDARBYCLOR	4	ST, QL	EPLERENONE	2	
ED-SPAZ	1		ERGOLOID	1	
EDURANT	3		ERIVEDGE	5	PA, LDD, SRX
EEMT D.S.	2		ERLOTINIB	5	PA, SRX
			ERRIN	1	
			ERTACZO	4	

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ERY	2		ETONOGESTREL-ETHINYL ESTRADIOL	2	
ERYTHROCIN	2		ETOPOSIDE CAPSULE	4	
ERYTHROMYCIN 0.5% EYE OINTMENT	2		EUTHYROX	2	
ERYTHROMYCIN 2% GEL	2		EVEROLIMUS 0.25 MG TABLET	5	SRX
ERYTHROMYCIN 2% SOLUTION	2		EVEROLIMUS 0.5 MG TABLET	5	SRX
ERYTHROMYCIN 250 MG FILMTAB	2		EVEROLIMUS 0.75 MG TABLET	5	SRX
ERYTHROMYCIN 500 MG FILMTAB	2		EVEROLIMUS 2.5 MG TABLET	5	PA, SRX
ERYTHROMYCIN DR 250 MG CAPSULE	2		EVEROLIMUS 5 MG TABLET	5	PA, SRX
ERYTHROMYCIN ETHYLSUCCINATE	2		EVEROLIMUS 7.5 MG TABLET	5	PA, SRX
ERYTHROMYCIN-BENZOYL PEROXIDE	2		EVOTAZ	3	
ESBRIET	5	PA, LDD, SRX	EXEMESTANE	2	
ESCITALOPRAM	2	QL	EZETIMIBE	2	
ESOMEPRAZOLE DR 10 MG PACKET	3	QL	EZETIMIBE-SIMVASTATIN	2	
ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL	FACTIVE	4	
ESOMEPRAZOLE DR 20 MG PACKET	3	QL	FALMINA	1	
ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL	FAMCICLOVIR	2	
ESOMEPRAZOLE DR 40 MG PACKET	3	QL	FAMOTIDINE 20 MG TABLET	1	
ESOMEPRAZOLE STRONTIUM	2	QL	FAMOTIDINE 40 MG TABLET	1	
ESTARYLLA	1		FAMOTIDINE 40 MG/5 ML SUSPENSION	2	
ESTAZOLAM	2		FANAPT	4	ST, QL
ESTRADIOL 0.025 MG PATCH	2	QL	FARXIGA	3	QL
ESTRADIOL 0.0375 MG PATCH	2	QL	FARYDAK	5	PA, SRX
ESTRADIOL 0.0375 MG/DAY PATCH	2		FAYOSIM	1	
ESTRADIOL 0.05 MG PATCH	2	QL	FEBUXOSTAT	4	QL
ESTRADIOL 0.06 MG/DAY PATCH	2		FELBAMATE	4	
ESTRADIOL 0.075 MG PATCH	2	QL	FELODIPINE ER	2	
ESTRADIOL 0.075 MG/DAY PATCH	2		FEM PH	2	
ESTRADIOL 0.1 MG PATCH	2	QL	FEMYNOR	1	
ESTRADIOL 0.5 MG TABLET	1		FENOFIBRATE 120 MG TABLET	2	
ESTRADIOL 1 MG TABLET	1		FENOFIBRATE 130 MG CAPSULE	2	
ESTRADIOL 10 MCG VAGINAL INSERT	2	QL	FENOFIBRATE 134 MG CAPSULE	2	
ESTRADIOL 2 MG TABLET	1		FENOFIBRATE 145 MG TABLET	2	
ESTRADIOL TDS 0.025 MG/DAY	2		FENOFIBRATE 150 MG CAPSULE	2	
ESTRADIOL TDS 0.0375 MG/DAY	2		FENOFIBRATE 160 MG TABLET	2	
ESTRADIOL TDS 0.05 MG/DAY	2		FENOFIBRATE 200 MG CAPSULE	2	
ESTRADIOL TDS 0.06 MG/DAY	2		FENOFIBRATE 40 MG TABLET	2	
ESTRADIOL TDS 0.075 MG/DAY	2		FENOFIBRATE 43 MG CAPSULE	2	
ESTRADIOL TDS 0.1 MG/DAY	2		FENOFIBRATE 48 MG TABLET	2	
ESTRADIOL-NORETHINDRONE	2		FENOFIBRATE 50 MG CAPSULE	2	
ESTROGEN-METHYLTESTOSTERONE	2		FENOFIBRATE 54 MG TABLET	2	
ESTROSTEP FE	4		FENOFIBRATE 67 MG CAPSULE	2	
ESZOPICLONE	2		FENOFIBRIC ACID	2	
ETHAMBUTOL	2		FENOPROFEN 600 MG TABLET	2	
ETHOSUXIMIDE	2		FENTANYL PATCH	2	PA
ETHYL CHLORIDE	2		FENTANYL OTFC 1,200 MCG	4	PA
ETHYNODIOL-ETHINYL ESTRADIOL	1		FENTANYL OTFC 1,600 MCG	4	PA
ETODOLAC	2		FENTANYL OTFC 200 MCG	4	PA
ETODOLAC ER	2		FENTANYL OTFC 400 MCG	4	PA
			FENTANYL OTFC 600 MCG	4	PA

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FENTANYL OTCF 800 MCG	4	PA	FLUOXETINE 40 MG CAPSULE	1	QL
FERRIPROX	4	PA, LDD	FLUOXETINE 60 MG TABLET	1	QL
FETZIMA	4	ST, QL	FLUOXETINE DR	2	QL
FINACEA 15% FOAM	4		FLUPHENAZINE 1 MG TABLET	2	
FINASTERIDE 5 MG TABLET	2		FLUPHENAZINE 10 MG TABLET	2	
FIORICET	2	QL	FLUPHENAZINE 2.5 MG TABLET	2	
FIRVANQ	3		FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2	
FLAC OTIC OIL	2		FLUPHENAZINE 5 MG TABLET	2	
FLAVOXATE	2		FLUPHENAZINE 5 MG/ML CONCENTRATE	2	
FLECAINIDE	2		FLURA-DROPS	2	
FLOVENT DISKUS	3		FLURANDRENOLIDE	4	
FLOVENT HFA	3		FLURAZEPAM	2	
FLUAD QUAD	3		FLURBIPROFEN 0.03% EYE DROP	2	
FLUARIX QUAD	3		FLURBIPROFEN 100 MG TABLET	2	
FLUBLOK QUAD	3		FLUTAMIDE	2	
FLUCELVAX QUAD	3		FLUTICASON 0.005% OINTMENT	2	
FLUCONAZOLE 10 MG/ML SUSPENSION	2		FLUTICASON 0.05% CREAM	2	
FLUCONAZOLE 100 MG TABLET	2		FLUTICASON 0.05% LOTION	2	
FLUCONAZOLE 150 MG TABLET	1		FLUTICASON 50 MCG SPRAY	2	
FLUCONAZOLE 200 MG TABLET	2		FLUTICASON-SALMETEROL 113-14	2	
FLUCONAZOLE 40 MG/ML SUSPENSION	2		FLUTICASON-SALMETEROL 232-14	2	
FLUCONAZOLE 50 MG TABLET	2		FLUTICASON-SALMETEROL 55-14	2	
FLUCYTOSINE	4		FLUVASTATIN	2	
FLUDROCORTISONE	2		FLUVASTATIN ER	2	
FLULAVAL QUAD	3		FLUVOXAMINE	2	QL
FLUMIST QUAD	3		FLUVOXAMINE ER	2	QL
FLUNISOLIDE	2		FLUZONE QUAD	3	
FLUOCINOLONE	2		FLUZONE HIGH-DOSE QUAD	3	
FLUOCINOLONE OIL	2		FOLIC ACID 1 MG TABLET	2	
FLUOCINONIDE	2		FOLIVANE-OB	1	
FLUOCINONIDE-E	2		FONDAPARINUX	4	QL
FLUORABON	2		FOSAMPRENAVIR	2	
FLUORIDE	2		FOSINOPRIL	1	
FLUORIDEX	2		FOSINOPRIL-HCTZ	2	
FLUORIDEX SENSITIVITY RELIEF	2		FOSRENOL 1,000 MG POWDER PACK	4	
FLUORITAB	2		FOSRENOL 750 MG POWDER PACKET	4	
FLUOROMETHOLONE	2		FRAGMIN	5	QL, SRX
FLUOROURACIL 0.5% CREAM	2		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FLUOROURACIL 2% TOPICAL SOLUTION	2		FROVATRIPTAN	2	QL
FLUOROURACIL 5% CREAM	2		FULPHILA	5	PA, SRX
FLUOROURACIL 5% TOPICAL SOLUTION	2		FUROSEMIDE 10 MG/ML SOLUTION	1	
FLUOXETINE 10 MG CAPSULE	1	QL	FUROSEMIDE 20 MG TABLET	1	
FLUOXETINE 10 MG TABLET	1	QL	FUROSEMIDE 40 MG TABLET	1	
FLUOXETINE 20 MG CAPSULE	1	QL	FUROSEMIDE 40 MG/5 ML SOLUTION	1	
FLUOXETINE 20 MG TABLET	1	QL	FUROSEMIDE 80 MG TABLET	1	
FLUOXETINE 20 MG/5 ML SOLUTION	2	QL	FUZEON	5	LDD, SRX
			FYAVOLV	2	
			FYCOMPA 10 MG TABLET	4	PA, QL
			FYCOMPA 12 MG TABLET	4	PA, QL

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
FYCOMPA 2 MG TABLET	4	PA, QL	GVOKE HYOPEN 2-PACK	3	QL
FYCOMPA 4 MG TABLET	4	PA, QL	GVOKE PFS 1-PACK SYRINGE	3	QL
FYCOMPA 6 MG TABLET	4	PA, QL	GVOKE PFS 2-PACK SYRINGE	3	QL
FYCOMPA 8 MG TABLET	4	PA, QL	GYNAZOLE 1	2	
GABAPENTIN	2		HAILEY	1	
GALANTAMINE	2		HAILEY 24 FE	1	
GALANTAMINE ER	2	QL	HAILEY FE	1	
GALZIN	4		HALCINONIDE	4	
GARDASIL 9	3		HALOBETASOL 0.05% CREAM	2	
GATIFLOXACIN	2		HALOBETASOL 0.05% OINTMENT	2	
GATTEX	5	PA, LDD, SRX	HALOG 0.1% OINTMENT	4	
GAVILYTE-C	2		HALOPERIDOL	2	
GAVILYTE-G	2		HAVRIX	3	
GAVILYTE-N	2		HEATHER	1	
GEMFIBROZIL	2		HEMMOREX-HC	2	
GENERESS FE	4		HEPARIN 5,000 UNIT/ 0.5 ML	2	
GENERLAC	2		HEPARIN 5,000 UNIT/ML SYRINGE	2	
GENGRAF	2		HEPLISAV-B	3	
GENOTROPIN	5	PA, ST, SRX	HETLIOZ	5	PA, SRX
GENTAK	2		HIBERIX VACCINE WITH DILUENT	3	
GENTAMICIN 0.1% CREAM	2		HOMATROPAIRE	2	
GENTAMICIN 0.1% OINTMENT	2		HUMALOG 100 UNIT/ML CARTRIDGE	3	QL
GENTAMICIN 0.3% EYE DROP	2		HUMALOG 100 UNIT/ML VIAL	3	QL
GENTAMICIN 3 MG/ML EYE DROP	2		HUMALOG JUNIOR KWIKPEN	3	QL
GENVOYA	3		HUMALOG KWIKPEN U-100	3	QL
GIANVI	1		HUMALOG KWIKPEN U-200	3	QL
GILOTRIF	5	PA, LDD, SRX	HUMALOG MIX 50-50	3	QL
GLATIRAMER	5	PA, SRX	HUMALOG MIX 50-50 KWIKPEN	3	QL
GLATOPA	5	PA, SRX	HUMALOG MIX 75-25	3	QL
GLEOSTINE	4		HUMALOG MIX 75-25 KWIKPEN	3	QL
GLIMEPIRIDE	1		HUMATROPE	5	PA, SRX
GLIPIZIDE	1		HUMIRA	5	PA, QL, SRX
GLIPIZIDE ER	1		HUMIRA PEDIATRIC CROHN'S	5	PA, QL, SRX
GLIPIZIDE XL	1		HUMIRA PEN	5	PA, QL, SRX
GLIPIZIDE-METFORMIN	2		HUMIRA PEN CROHN'S-UC-HS	5	PA, QL, SRX
GLYBURIDE	1		HUMIRA PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX
GLYBURIDE MICRONIZED	1		HUMIRA(CF)	5	PA, QL, SRX
GLYBURIDE-METFORMIN	2		HUMIRA(CF) PEDIATRIC CROHN'S	5	PA, QL, SRX
GLYCINE 1.5% IRRIGATION	2		HUMIRA(CF) PEN	5	PA, QL, SRX
GLYCOPYRROLATE 1 MG TABLET	2		HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA, QL, SRX
GLYCOPYRROLATE 2 MG TABLET	2		HUMIRA(CF) PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX
GLYDO	2		HUMULIN 70/30 KWIKPEN	3	QL
GRANISETRON	4		HUMULIN 70-30	3	QL
GRANIX	5	SRX	HUMULIN N	3	QL
GRISEOFULVIN	2		HUMULIN N KWIKPEN	3	QL
GRISEOFULVIN ULTRAMICROSIZED	2		HUMULIN R	3	QL
GUANFACINE	1		HUMULIN R U-500	3	QL
GUANFACINE ER	2		HUMULIN R U-500 KWIKPEN	3	QL
GUANIDINE	2				
GVOKE HYOPEN 1-PACK	3	QL			

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

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HYCANTIN 0.25 MG CAPSULE	5	PA, SRX	HYDROXYZINE 50 MG CAPSULE	2	
HYCANTIN 1 MG CAPSULE	5	PA, SRX	HYDROXYZINE 50 MG TABLET	2	
HYDRALAZINE 10 MG TABLET	2		HYOPHEN	2	
HYDRALAZINE 100 MG TABLET	2		HYOSCYAMINE 0.125 MG ODT	1	
HYDRALAZINE 25 MG TABLET	2		HYOSCYAMINE 0.125 MG TABLET	1	
HYDRALAZINE 50 MG TABLET	2		HYOSCYAMINE 0.125 MG TABLET SL	1	
HYDROCHLOROTHIAZIDE	1		HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2	
HYDROCODONE-ACETAMINOPHEN	2		HYOSCYAMINE 0.125 MG/ML DROPS	2	
HYDROCODONE-CHLORPHENIRAMINE ER	2		HYOSCYAMINE ER	1	
HYDROCODONE-HOMATROPINE	2	QL	HYOSCYAMINE SR	1	
HYDROCODONE-IBUPROFEN	2		HYOSYNE	2	
HYDROCORTISONE 1% CREAM	2		IBANDRONATE 150 MG TABLET	2	
HYDROCORTISONE 1% OINTMENT	2		IBRANCE	5	PA, LDD, SRX
HYDROCORTISONE 10 MG TABLET	2		IBU	1	
HYDROCORTISONE 100 MG/60 ML	2		IBUPROFEN 100 MG/5 ML SUSPENSION	1	
HYDROCORTISONE 2.5% CREAM	2		IBUPROFEN 400 MG TABLET	1	
HYDROCORTISONE 2.5% LOTION	2		IBUPROFEN 600 MG TABLET	1	
HYDROCORTISONE 2.5% OINTMENT	2		IBUPROFEN 800 MG TABLET	1	
HYDROCORTISONE 20 MG TABLET	2		ICATIBANT	5	PA, SRX
HYDROCORTISONE 25 MG SUPPOSITORY	2		ICLUSIG	5	PA, LDD, SRX
HYDROCORTISONE 30 MG SUPPOSITORY	2		ILARIS	5	PA, LDD, SRX
HYDROCORTISONE 5 MG TABLET	2		ILEVRO	4	
HYDROCORTISONE BUTYRATE	2		IMATINIB	4	PA
HYDROCORTISONE VALERATE	2		IMBRUVICA	5	PA, LDD, SRX
HYDROCORTISONE-PRAMOXINE 1%-1% CREAM	2		IMIPRAMINE 10 MG TABLET	2	
HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM	2		IMIPRAMINE 25 MG TABLET	2	
HYDROMET	2	QL	IMIPRAMINE 50 MG TABLET	2	
HYDROMORPHONE 1 MG/ML SOLUTION	2		IMIPRAMINE 75 MG CAPSULE	2	
HYDROMORPHONE 2 MG TABLET	2		IMIPRAMINE PAMOATE 100 MG CAPSULE	2	
HYDROMORPHONE 3 MG SUPPOSITORY	2		IMIPRAMINE PAMOATE 125 MG CAPSULE	2	
HYDROMORPHONE 4 MG TABLET	2		IMIPRAMINE PAMOATE 150 MG CAPSULE	2	
HYDROMORPHONE 5 MG/5 ML SOLUTION	2		IMIQUIMOD 5% CREAM PACKET	2	
HYDROMORPHONE 8 MG TABLET	2		INCASSIA	1	
HYDROMORPHONE ER	2		INCONTROL ALCOHOL PADS	3	
HYDROXYCHLOROQUINE	2	QL	INCRELEX	5	PA, SRX
HYDROXYUREA	2		INCRUSE ELLIPTA	3	
HYDROXYZINE 10 MG TABLET	2		INDAPAMIDE	1	
HYDROXYZINE 10 MG/5 ML SOLUTION	2		INDOMETHACIN 25 MG CAPSULE	2	
HYDROXYZINE 10 MG/5 ML SYRUP	2		INDOMETHACIN 50 MG CAPSULE	2	
HYDROXYZINE 100 MG CAPSULE	2		INDOMETHACIN ER	2	
HYDROXYZINE 25 MG CAPSULE	2		INFANRIX DTAP	3	
HYDROXYZINE 25 MG TABLET	2		INLYTA	5	PA, LDD, SRX
			INSULIN ASPART	4	ST, QL
			INSULIN ASPART FLEXPEN	4	ST, QL
			INSULIN ASPART PENFILL	4	ST, QL

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
INSULIN ASPART PROTAMINE- INSULIN ASPART	4	ST, QL	KALYDECO	5	PA, QL, LDD, SRX
INTELENCE	3		KARIVA	1	
INTRON A	5	PA, SRX	KELNOR 1-35	1	
INTROVALE	1		KELNOR 1-50	1	
IPOL	3		KETOCONAZOLE	2	
IPRATROPIUM 0.03% SPRAY	2		KETODAN 2% FOAM	2	
IPRATROPIUM 0.06% SPRAY	2		KETOPROFEN	2	
IPRATROPIUM 0.02% SOLUTION	1		KETOROLAC 0.4% OPHTHALMIC SOLUTION	2	
IPRATROPIUM-ALBUTEROL	2		KETOROLAC 0.5% OPHTHALMIC SOLUTION	2	
IRBESARTAN	2		KETOROLAC 10 MG TABLET	2	QL
IRBESARTAN-HCTZ	2		KETOROLAC 15 MG/ML SYRINGE	2	QL
IRESSA	5	PA, LDD, SRX	KETOROLAC 15 MG/ML VIAL	2	QL
ISENTRESS	3		KETOROLAC 30 MG/ML CARPUJECT	2	QL
ISENTRESS HD	3		KETOROLAC 30 MG/ML SYRINGE	2	QL
ISIBLOOM	1		KETOROLAC 30 MG/ML VIAL	2	QL
ISOCHRON	2		KETOROLAC 60 MG/2 ML CARPUJECT	2	QL
ISONIAZID 100 MG TABLET	1		KETOROLAC 60 MG/2 ML SYRINGE	2	QL
ISONIAZID 300 MG TABLET	1		KETOROLAC 60 MG/2 ML VIAL	2	QL
ISONIAZID 50 MG/5 ML SOLUTION	2		KINERET	5	PA, ST, QL, LDD, SRX
ISOSORBIDE DINITRATE 10 MG TABLET	2		KINRIX	3	
ISOSORBIDE DINITRATE 20 MG TABLET	2		KIONEX	2	
ISOSORBIDE DINITRATE 30 MG TABLET	2		KLOR-CON	2	
ISOSORBIDE DINITRATE 5 MG TABLET	2		KLOR-CON 10	2	
ISOSORBIDE MONONITRATE	1		KLOR-CON 8	2	
ISOSORBIDE MONONITRATE ER	1		KLOR-CON M10	2	
ISOTRETINOIN	4	QL	KLOR-CON M15	4	
ISOXSUPRINE	2		KLOR-CON M20	2	
ISRADIPINE	2		KOMBIGLYZE XR	3	QL
ITRACONAZOLE	3		K-PHOS NO.2	4	
IVERMECTIN 3 MG TABLET	2		K-PHOS ORIGINAL	4	
JAIMIESS	1		KRISTALOSE 20 GM PACKET	4	
JAKAFI	5	PA, LDD, SRX	KURVELO	1	
JANTOVEN	1		KUVAN	5	PA, LDD, SRX
JASMIEL	1		LABETALOL 100 MG TABLET	2	
JENCYCLA	1		LABETALOL 200 MG TABLET	2	
JINTELI	2		LABETALOL 300 MG TABLET	2	
JOLESSA	1		LACRISERT	4	
JULEBER	1		LACTATED RINGERS IRRIGATION	2	
JULUCA	4		LACTULOSE 10 GM PACKET	4	
JUNEL	1		LACTULOSE 10 GM/15 ML SOLUTION	2	
JUNEL FE	1		LACTULOSE 20 GM/30 ML SOLUTION	2	
JUNEL FE 24	1		LAMICTAL XR (BLUE)	4	
KAITLIB FE	1		LAMICTAL XR (GREEN)	4	
KALETRA 100-25 MG TABLET	3	QL	LAMICTAL XR (ORANGE)	4	
KALETRA 200-50 MG TABLET	3	QL	LAMIVUDINE	2	
KALLIGA	1		LAMIVUDINE HBV	2	
			LAMIVUDINE-ZIDOVUDINE	2	
			LAMOTRIGINE	2	

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LAMOTRIGINE (BLUE)	2		LEVOCARNITINE 1 G/10 ML SOLUTION	2	
LAMOTRIGINE (GREEN)	2		LEVOCARNITINE 330 MG TABLET	2	
LAMOTRIGINE (ORANGE)	2		LEVOCARNITINE SF	2	
LAMOTRIGINE ER	2		LEVOCETIRIZINE 2.5 MG/5 ML SOLUTION	2	
LAMOTRIGINE ODT	2		LEVOCETIRIZINE 5 MG TABLET	2	
LAMOTRIGINE ODT (BLUE)	2		LEVOFLOXACIN 0.5% EYE DROPS	2	
LAMOTRIGINE ODT (GREEN)	2		LEVOFLOXACIN 25 MG/ML SOLUTION	2	
LAMOTRIGINE ODT (ORANGE)	2		LEVOFLOXACIN 250 MG TABLET	2	
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL	LEVOFLOXACIN 500 MG TABLET	2	
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL	LEVOFLOXACIN 750 MG TABLET	2	
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	2		LEVONEST	1	
LANTHANUM	4		LEVONORGESTREL-ETHINYL ESTRADIOL	1	
LARIN	1		LEVONORGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL	1	
LARIN 24 FE	1		LEVORA-28	1	
LARIN FE	1		LEVORPHANOL	5	SRX
LARISSIA	1		LEVOTHYROXINE 100 MCG TABLET	1	
LASTACFT	4		LEVOTHYROXINE 112 MCG TABLET	1	
LATANOPROST 0.005% EYE DROPS	2		LEVOTHYROXINE 125 MCG TABLET	1	
LATUDA	4	ST, QL	LEVOTHYROXINE 137 MCG TABLET	1	
LAYOLIS FE	4		LEVOTHYROXINE 150 MCG TABLET	1	
LEDIPASVIR-SOFOSBUVIR	5	PA, SRX	LEVOTHYROXINE 175 MCG TABLET	1	
LEENA	1		LEVOTHYROXINE 200 MCG TABLET	1	
LEFLUNOMIDE	2		LEVOTHYROXINE 25 MCG TABLET	1	
LENVIMA	5	PA, LDD, SRX	LEVOTHYROXINE 300 MCG TABLET	1	
LESSINA	1		LEVOTHYROXINE 50 MCG TABLET	1	
LETROZOLE	2		LEVOTHYROXINE 75 MCG TABLET	1	
LEUCOVORIN 10 MG TABLET	2		LEVOTHYROXINE 88 MCG TABLET	1	
LEUCOVORIN 15 MG TABLET	2		LEVOXYL	1	
LEUCOVORIN 25 MG TABLET	2		LEVULAN	4	LDD
LEUCOVORIN 5 MG TABLET	2		LEXIVA 50 MG/ML SUSPENSION	3	
LEUKERAN	4		LIDOCAINE 2% JELLY	2	
LEUKINE	5	SRX	LIDOCAINE 2% JELLY URO-JET	2	
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	4	PA	LIDOCAINE 2% JELLY UROJET AC	2	
LEUPROLIDE 2WK 14 MG/2.8 ML KIT	4	PA	LIDOCAINE 4% SOLUTION	2	
LEVALBUTEROL	2		LIDOCAINE 5% OINTMENT	2	QL
LEVALBUTEROL CONCENTRATE	2		LIDOCAINE 5% PATCH	2	
LEVALBUTEROL HFA	2	QL	LIDOCAINE VISCOUS	1	
LEVEMIR	4	ST, QL	LIDOCAINE-HYDROCORTISONE 2.8-0.55% GEL	2	
LEVEMIR FLEXTOUCH	4	ST, QL	LIDOCAINE-HYDROCORTISONE 3-0.5% CREAM	2	
LEVETIRACETAM 1,000 MG TABLET	2		LIDOCAINE-PRILOCAINE	2	
LEVETIRACETAM 100 MG/ML SOLUTION	2		LILLOW	1	
LEVETIRACETAM 250 MG TABLET	2		LINDANE	2	
LEVETIRACETAM 500 MG TABLET	2		LINEZOLID 100 MG/5 ML SUSPENSION	4	PA
LEVETIRACETAM 500 MG/5 ML SOLUTION	2				
LEVETIRACETAM 750 MG TABLET	2				
LEVETIRACETAM ER	2				
LEVOBUNOLOL	2				

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LINEZOLID 600 MG TABLET	2	PA	LYZA	1	
LINZESS	4		MALATHION	2	
LIOTHYRONINE 25 MCG TABLET	2		MAPROTILINE	2	
LIOTHYRONINE 5 MCG TABLET	2		MARLISSA	1	
LIOTHYRONINE 50 MCG TABLET	2		MARPLAN	4	
LISINOPRIL	1		MATULANE	5	LDD, SRX
LISINOPRIL-HCTZ	1		MATZIM LA	2	
LITHIUM 150 MG CAPSULE	1		MECLIZINE 12.5 MG TABLET	2	
LITHIUM 300 MG CAPSULE	1		MECLIZINE 25 MG TABLET	2	
LITHIUM 300 MG TABLET	1		MECLOFENAMATE	2	
LITHIUM 600 MG CAPSULE	1		MEDROL 2 MG TABLET	4	
LITHIUM 8 MEQ/5 ML SOLUTION	2		MEDROXYPROGESTERONE	1	
LITHIUM ER	2		MEFENAMIC ACID	2	
LITHIUM ER 450 MG TABLET	2		MEFLOQUINE	2	QL
LITHOSTAT	4		MEGESTROL	2	
LO LOESTRIN FE	3		MEKINIST	5	PA, SRX
LOESTRIN	4		MELODETTA 24 FE	1	
LOESTRIN FE	4		MELOXICAM 15 MG TABLET	1	
LOJAIMIESS	1		MELOXICAM 7.5 MG TABLET	1	
LONSURF	5	PA, LDD, SRX	MELPHALAN 2 MG TABLET	2	
LOPERAMIDE 2 MG CAPSULE	2		MEMANTINE	2	
LOPINAVIR-RITONAVIR	2	QL	MENACTRA	3	
LOPREEZA	2		MENEST	4	
LORAZEPAM 0.5 MG TABLET	2		MENTAX	4	
LORAZEPAM 1 MG TABLET	2		MENVEO A-C-Y-W-135-DIP	3	
LORAZEPAM 2 MG TABLET	2		MEPERIDINE 100 MG TABLET	2	
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2		MEPERIDINE 50 MG TABLET	2	
LORAZEPAM INTENSOL	2		MEPERIDINE 50 MG/5 ML SOLUTION	2	
LORCET	2		MEPROBAMATE	2	
LORCET HD	2		MERCAPTOPYRINE	2	
LORTAB	2		MESALAMINE	4	
LORYNA	1		MESALAMINE ER	3	
LOSARTAN	1		MESNEX 400 MG TABLET	5	SRX
LOSARTAN-HCTZ	1		METADATE ER	2	QL
LOSEASONIQUE	4		METAPROTERENOL	2	
LOTEMAX 0.5% EYE OINTMENT	4		METAXALONE	4	
LOTEMAX 0.5% OPHTHALMIC GEL	4		METFORMIN 1,000 MG TABLET	1	
LOTEMAX SM	4		METFORMIN 500 MG TABLET	1	
LOTEPREDNOL	3		METFORMIN 850 MG TABLET	1	
LOVASTATIN	1		METFORMIN ER (generic GLUCOPHAGE XR)	2	
LOW-OGESTREL	1		METHADONE 10 MG TABLET	2	PA
LOXAPINE	2		METHADONE 10 MG/5 ML SOLUTION	2	PA
LO-ZUMANDIMINE	1		METHADONE 5 MG TABLET	2	PA
LUCEMYRA	3	QL	METHADONE 5 MG/5 ML SOLUTION	2	PA
LUDENT FLUORIDE	2		METHADONE INTENSOL	2	PA
LUMIGAN	4		METHAMPHETAMINE	4	
LUTERA	1		METHAZOLAMIDE	2	
LYNPARZA	5	PA, LDD, SRX	METHENAMINE HIPPURATE	2	
LYSODREN	4		METHENAMINE MANDELATE	2	

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METHERGINE	4		METRONIDAZOLE TOPICAL 1% GEL	2	
METHIMAZOLE	2		METRONIDAZOLE TOPICAL 1% GEL PUMP	2	
METHITEST	5	SRX	METRONIDAZOLE VAGINAL 0.75% GEL	2	
METHOCARBAMOL 500 MG TABLET	2		MEXILETINE	2	
METHOCARBAMOL 750 MG TABLET	2		MIBELAS 24 FE	1	
METHOTREXATE 2.5 MG TABLET	2		MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	1	
METHOXSALEN	4		MICROGESTIN	1	
METHSCOPOLAMINE	2		MICROGESTIN FE 1.5-30 TABLET	1	
METHYLDOPA	1		MICROGESTIN FE 1-20 TABLET	4	
METHYLDOPA-HCTZ	2		MIDAZOLAM 2 MG/ML SYRUP	2	
METHYLERGONOVINE	4		MIDODRINE	2	
METHYLPHENIDATE	2		MIFEPRISTONE	2	
METHYLPHENIDATE CD	2	QL	MIGERGOT	4	
METHYLPHENIDATE ER (CD)	2	QL	MIGLITOL	2	
METHYLPHENIDATE ER (LA)	2	QL	MIGLUSTAT	5	PA, SRX
METHYLPHENIDATE ER 10 MG TABLET	2	QL	MILI	1	
METHYLPHENIDATE ER 18 MG TABLET	2	QL	MIMVEY	2	
METHYLPHENIDATE ER 20 MG TABLET	2	QL	MINASTRIN 24 FE	3	
METHYLPHENIDATE ER 27 MG TABLET	2	QL	MINITRAN	2	
METHYLPHENIDATE ER 36 MG TABLET	2	QL	MINOCYCLINE	2	
METHYLPHENIDATE ER 54 MG TABLET	2	QL	MINOCYCLINE ER 135 MG TABLET	2	
METHYLPHENIDATE ER 54 MG TABLET	2	QL	MINOCYCLINE ER 45 MG TABLET	2	
METHYLPHENIDATE ER 54 MG TABLET	2	QL	MINOCYCLINE ER 90 MG TABLET	2	
METHYLPHENIDATE LA	2	QL	MINOXIDIL 10 MG TABLET	2	
METHYLPREDNISOLONE	2		MINOXIDIL 2.5 MG TABLET	2	
METHYLTESTOSTERONE	5	SRX	MIRCETTE	4	
METOCLOPRAMIDE 10 MG TABLET	1		MIRTAZAPINE	2	
METOCLOPRAMIDE 10 MG/10 ML SOLUTION	1		MISOPROSTOL	2	
METOCLOPRAMIDE 5 MG TABLET	1		M-M-R II VACCINE	3	
METOCLOPRAMIDE 5 MG/5 ML SOLUTION	1		M-NATAL PLUS	1	
METOCLOPRAMIDE ODT	2		MODAFINIL	4	PA
METOLAZONE	2		MOEXIPRIL	2	
METOPROLOL 100 MG TABLET	1		MOLINDONE	2	
METOPROLOL 25 MG TABLET	1		MOMETASONE 0.1% CREAM	2	
METOPROLOL 37.5 MG TABLET	2		MOMETASONE 0.1% OINTMENT	2	
METOPROLOL 50 MG TABLET	1		MOMETASONE 0.1% SOLUTION	2	
METOPROLOL 75 MG TABLET	2		MOMETASONE 50 MCG SPRAY	2	QL
METOPROLOL ER	2		MONDOXYNE NL	2	
METOPROLOL-HCTZ	2		MONO-LINYAH	1	
METRONIDAZOLE 0.75% CREAM	2		MONTELUKAST	2	
METRONIDAZOLE 0.75% LOTION	2		MONUROL	4	
METRONIDAZOLE 250 MG TABLET	2		MORGIDOX 100 MG CAPSULE	2	
METRONIDAZOLE 375 MG CAPSULE	2		MORPHINE 10 MG SUPPOSITORY	2	
METRONIDAZOLE 500 MG TABLET	2		MORPHINE 10 MG/5 ML SOLUTION	2	
METRONIDAZOLE TOPICAL 0.75% GEL	2		MORPHINE 100 MG/5 ML CONCENTRATE	2	
			MORPHINE 20 MG SUPPOSITORY	2	

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

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MORPHINE 20 MG/5 ML SOLUTION	2		NAPROXEN 500 MG TABLET	1	
MORPHINE 30 MG SUPPOSITORY	2		NAPROXEN 550 MG TABLET	1	
MORPHINE 5 MG SUPPOSITORY	2		NAPROXEN CR 375 MG TABLET	2	
MORPHINE ER	2		NAPROXEN DR 375 MG TABLET	1	
MORPHINE IR 15 MG TABLET	2		NAPROXEN DR 500 MG TABLET	1	
MORPHINE IR 30 MG TABLET	2		NAPROXEN ER 375 MG TABLET	2	
MOVIPREP	4		NARATRIPTAN	2	QL
MOXIFLOXACIN 0.5% EYE DROPS	2		NARCAN	3	QL
MOXIFLOXACIN 400 MG TABLET	2		NATACYN	4	
MULTAQ	4		NATAZIA	4	
MULTIVITAMIN WITH FLUORIDE	2		NATEGLINIDE	2	
MULTIVITAMIN-IRON-FLUORIDE	2		NATPARA	5	PA, LDD, SRX
MUPIROCIN	2		NATURE-THROID	1	
MVW COMPLETE FORMLTN PEDIATRIC	2		NAYZILAM	5	PA, QL, SRX
MVW COMPLETE FORMLTN PROBIOTIC	2		NEBUPENT	4	
MVW COMPLETE FORMULATION D3000	2		NEBUSAL 3% VIAL	2	
MVW COMPLETE FORMULATION D5000	2		NECON	1	
MVW COMPLETE FORMULTN MULTIVITAMIN	2		NEFAZODONE	2	
MYALEPT	5	PA, SRX	NEOMYCIN	2	
MYCOPHENOLATE 200 MG/ML SUSPENSION	2		NEOMYCIN-BACITRACIN-POLYMYXIN	2	
MYCOPHENOLATE 250 MG CAPSULE	2		NEOMYCIN-BACITRACIN-POLYMYXIN-HYDROCORTISONE	2	
MYCOPHENOLATE 500 MG TABLET	2		NEOMYCIN-POLYMYXIN B	2	
MYCOPHENOLIC ACID	2		NEOMYCIN-POLYMYXIN-DEXAMETHASONE	2	
MYLERAN	4		NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
MYNATAL	1		NEOMYCIN-POLYMYXIN-HYDROCORTISONE	2	
MYNATAL ADVANCE	1		NEO-POLYCYCIN	2	
MYNATAL PLUS	1		NEO-POLYCYCIN HYDROCORTISONE	2	
MYNATAL-Z	1		NEUAC GEL	2	
MYORISAN	4	QL	NEULASTA	5	PA, SRX
MYRBETRIQ	4	ST, QL	NEUPRO	4	
MYTESI	4		NEVANAC	4	
NABUMETONE	2		NEVIRAPINE	2	
NADOLOL	1		NEVIRAPINE ER	2	
NADOLOL-BENDROFLUMETHIAZIDE	2		NEWGEN	1	
NAFTIFINE	2		NEXAVAR	5	PA, SRX
NAFTIN 2% GEL	4		NIACIN ER	2	
NALOXONE 0.4 MG/ML CARPUJECT	2		NICARDIPINE 20 MG CAPSULE	2	
NALOXONE 2 MG/2 ML SYRINGE	2		NICARDIPINE 30 MG CAPSULE	2	
NALTREXONE	1	QL	NICOTROL	3	
NAPROXEN 125 MG/5 ML SUSPENSION	2		NICOTROL NS	3	
NAPROXEN 250 MG TABLET	1		NIFEDIPINE	2	
NAPROXEN 275 MG TABLET	1		NIFEDIPINE ER	2	
NAPROXEN 375 MG TABLET	1		NIKKI	1	
			NILUTAMIDE	5	SRX
			NIMODIPINE	4	
			NINLARO	5	PA, LDD, SRX

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NISOLDIPINE	2	QL	NOVOLOG FLEXPEN	4	ST, QL
NITRO-BID	2		NOVOLOG MIX 70-30	4	ST, QL
NITRO-DUR	4		NOVOLOG MIX 70-30 FLEXPEN	4	ST, QL
NITROFURANTOIN	2		NOVOTWIST NEEDLE 32G 5MM	3	
NITROFURANTOIN MONO-MACRO	2		NOXAFIL 40 MG/ML SUSPENSION	4	
NITROGLYCERIN 0.3 MG TABLET SL	2		NP THYROID	1	
NITROGLYCERIN 0.4 MG TABLET SL	2		NUCYNTA	4	
NITROGLYCERIN 0.6 MG TABLET SL	2		NUCYNTA ER	4	ST
NITROGLYCERIN LINGUAL 0.4 MG	2		NUEDEXTA	4	PA
NITROGLYCERIN PATCH	2		NULEV	1	
NITRO-TIME	2		NUTROPIN AQ NUSPIN	5	PA, ST, SRX
NIVA-PLUS	1		NUVARING	3	
NIZATIDINE 15 MG/ML SOLUTION	2		NYAMYC	2	
NIZATIDINE 150 MG CAPSULE	1		NYSTATIN 100,000 UNIT/GM CREAM	1	
NIZATIDINE 300 MG CAPSULE	1		NYSTATIN 100,000 UNIT/GM OINTMENT	1	
NOLIX	4		NYSTATIN 100,000 UNIT/GM POWDER	2	
NORA-BE	1		NYSTATIN 100,000 UNIT/ML SUSPENSION	2	
NORDITROPIN FLEXPRO	5	PA, ST, SRX	NYSTATIN 500,000 UNIT ORAL TABLET	2	
NORETHINDRONE 0.35 MG TABLET	1		NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2	
NORETHINDRONE 5 MG TABLET	2		NYSTATIN-TRIAMCINOLONE	1	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5	2		NYSTOP	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG	1		OBSTETRIX DHA	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE	1		OBSTETRIX ONE	1	
NORETHIN-ETHINYL ESTRADIOL 1 MG-5 MCG	2		O-CAL PRENATAL	4	
NORETHIN-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1		OCELLA	1	
NORETHIN-ETHINYL ESTRADIOL-FERROUS	1		OCTREOTIDE	2	PA
NORGESTIMATE-ETHINYL ESTRADIOL	1		ODEFSEY	3	
NORITATE	4		ODOMZO	5	PA, LDD, SRX
NORLYDA	1		OFLOXACIN	2	
NORPACE CR	4		OLANZAPINE 10 MG TABLET	2	
NORTREL	1		OLANZAPINE 15 MG TABLET	2	
NORTRIPTYLINE 10 MG CAPSULE	1		OLANZAPINE 2.5 MG TABLET	2	
NORTRIPTYLINE 10 MG/5 ML SOLUTION	2		OLANZAPINE 20 MG TABLET	2	
NORTRIPTYLINE 25 MG CAPSULE	1		OLANZAPINE 5 MG TABLET	2	
NORTRIPTYLINE 50 MG CAPSULE	1		OLANZAPINE 7.5 MG TABLET	2	
NORTRIPTYLINE 75 MG CAPSULE	1		OLANZAPINE ODT	2	
NORVIR 100 MG POWDER PACKET	3		OLANZAPINE-FLUOXETINE	2	
NORVIR 80 MG/ML SOLUTION	3		OLMESARTAN	2	
NOVOFINE 32G NEEDLES	3		OLMESARTAN-AMLODIPINE-HCTZ	2	
NOVOFINE AUTOCOVER 30G NEEDLE	3		OLMESARTAN-HCTZ	2	
NOVOFINE PLUS PEN NEEDLE 32GX1/6"	3		OLOPATADINE	2	
NOVOLOG	4	ST, QL	OMEGA-3 ACID ETHYL ESTERS	2	
			OMEPRAZOLE DR 10 MG CAPSULE	2	QL
			OMEPRAZOLE DR 20 MG CAPSULE	2	QL
			OMEPRAZOLE DR 40 MG CAPSULE	2	QL

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OMNITROPE	5	PA, ST, SRX	OXICONAZOLE	2	
ONDANSETRON	2		OXISTAT 1% LOTION	4	
ONDANSETRON ODT	2		OXYBUTYNIN 5 MG TABLET	1	
ONETOUCH DELICA 30G LANCETS	3		OXYBUTYNIN 5 MG/5 ML SYRUP	2	
ONETOUCH DELICA 33G LANCETS	3		OXYBUTYNIN ER	2	
ONETOUCH DELICA LANCING DEVICE	3		OXYCODONE	2	
ONETOUCH DELICA PLUS 30G LANCETS	3		OXYCODONE-ACETAMINOPHEN 10-325	2	
ONETOUCH DELICA PLUS 33G LANCETS	3		OXYCODONE-ACETAMINOPHEN 2.5-325	2	
ONETOUCH DELICA PLUS LANCING DEVICE	3		OXYCODONE-ACETAMINOPHEN 5-325	2	
ONETOUCH SURESOFT 18G LANCING DEVICE	3		OXYCODONE-ACETAMINOPHEN 7.5-325	2	
ONETOUCH SURESOFT 21G LANCING DEVICE	3		OXYCODONE-ASPIRIN	2	
ONETOUCH SURESOFT 28G LANCING DEVICE	3		OXYMORPHONE	2	
ONETOUCH ULTRA BLUE TEST STRIP	3		OXYMORPHONE ER 10 MG TABLET	2	
ONETOUCH ULTRA2	1		OXYMORPHONE ER 15 MG TABLET	2	
ONETOUCH ULTRAMINI	1		OXYMORPHONE ER 20 MG TABLET	2	
ONETOUCH ULTRASOFT LANCETS	3		OXYMORPHONE ER 30 MG TABLET	2	
ONETOUCH VERIO FLEX METER	1		OXYMORPHONE ER 40 MG TABLET	2	
ONETOUCH VERIO FLEX STARTER KIT	1		OXYMORPHONE ER 5 MG TABLET	2	
ONETOUCH VERIO IQ METER	1		OXYMORPHONE ER 7.5 MG TABLET	2	
ONETOUCH VERIO IQ SYSTEM KIT	1		PACERONE 200 MG TABLET	2	
ONETOUCH VERIO METER	1		PALIPERIDONE ER	2	
ONETOUCH VERIO REFLECT METER	1		PANCREAZE	4	
ONETOUCH VERIO TEST STRIP	3		PANRETIN	5	SRX
ONGLYZA	3	QL	PANTOPRAZOLE DR 20 MG TABLET	2	QL
OPCICON ONE-STEP	1		PANTOPRAZOLE DR 40 MG TABLET	2	QL
OPIUM TINCTURE	2		PARICALCITOL 1 MCG CAPSULE	2	
OPSUMIT	5	PA, LDD, SRX	PARICALCITOL 2 MCG CAPSULE	2	
ORACIT	4		PARICALCITOL 4 MCG CAPSULE	2	
ORALONE	2		PAROEX	2	
ORENITRAM ER	5	PA, LDD, SRX	PAROMOMYCIN	2	
ORKAMBI	5	PA, QL, LDD, SRX	PAROXETINE	1	QL
ORPHENADRINE ER	2		PAROXETINE CR	2	QL
ORPHENGESIC FORTE	2		PAROXETINE ER	2	QL
ORSYTHIA	1		PASER	4	
OSCIMIN 0.125 MG TABLET	2		PEDIARIX	3	
OSCIMIN SL	1		PEDVAXHIB	3	
OSCIMIN SR	2		PEG 3350-ELECTROLYTE	2	
OSELTAMIVIR	2	QL	PEGANONE	4	
OSMOPREP	4		PEGASYS	5	PA, SRX
OTEZLA	5	PA, ST, QL, SRX	PEGINTRON	5	PA, SRX
OTOVEL	4		PEG-PREP	2	
OXANDROLONE	4	PA	PENICILLAMINE	4	PA
OXAPROZIN	2		PENICILLIN V	1	
OXAZEPAM	2		PENTACEL	3	
OXCARBAZEPINE	2		PENTACEL ACTHIB COMPONENT VIAL	3	
			PENTACEL DTAP-IPV COMPONENT VIAL	3	

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PENTAMIDINE 300 MG INHALATION POWDER	3		PORTIA	1	
PENTASA	4		POSACONAZOLE	4	
PENTAZOCINE-NALOXONE	2		POTASSIUM 10% (20 MEQ/15ML)	2	
PENTOXIFYLLINE	2		POTASSIUM 10% (40 MEQ/30ML)	2	
PERFOROMIST	4	QL	POTASSIUM 20 MEQ PACKET	2	
PERINDOPRIL	2		POTASSIUM 20% (40 MEQ/15ML)	2	
PERIOGARD 0.12% ORAL RINSE	2		POTASSIUM ER	2	
PERMETHRIN	2		POTASSIUM ER 10 MEQ CAPSULE	2	
PERPHENAZINE	2		POTASSIUM ER 10 MEQ TABLET	2	
PERPHENAZINE-AMITRIPTYLINE	2		POTASSIUM ER 20 MEQ TABLET	2	
PERTZYE	4		POTASSIUM ER 8 MEQ CAPSULE	2	
PEXEVA	4	ST, QL	POTASSIUM ER 8 MEQ TABLET	2	
PHENAZOPYRIDINE	1		PR NATAL 400	1	
PHENELZINE	2		PR NATAL 400 EC	1	
PHENOBARBITAL	2		PR NATAL 430	1	
PHENOXYBENZAMINE	5	SRX	PR NATAL 430 EC	1	
PHENYLEPHRINE 10% EYE DROPS	2		PRADAXA	4	ST, QL
PHENYLEPHRINE 2.5% EYE DROP	2		PRAMIPEXOLE	2	
PHENYTOIN	2		PRAMIPEXOLE ER	2	
PHENYTOIN EXTENDED	2		PRAMOSONE	4	
PHILITH	1		PRASUGREL	2	
PHOSLYRA	4		PRAVASTATIN	1	
PHOSPHASAL	2		PRAZIQUANTEL	2	
PHOSPHOLINE IODIDE	4		PRAZOSIN	2	
PHYSIOSOL	4		PRED-G	4	
PHYTONADIONE 5 MG TABLET	4		PREDNICARBATE	2	
PICATO	4		PREDNISOLONE	2	
PILOCARPINE	2		PREDNISOLONE 1% EYE DROP	2	
PIMECROLIMUS	4		PREDNISOLONE 15 MG/5 ML SOLUTION	2	
PIMOZIDE	2		PREDNISOLONE 25 MG/5 ML SOLUTION	2	
PIMTREA	1		PREDNISOLONE 5 MG/5 ML SOLUTION	2	
PINDOLOL	2		PREDNISOLONE ODT	2	
PIOGLITAZONE	2		PREDNISONE	2	
PIOGLITAZONE-GLIMEPIRIDE	2		PREDNISONE INTENSOL	2	
PIOGLITAZONE-METFORMIN	2		PREFEST	2	
PIRMELLA	1		PREGABALIN	2	QL
PIROXICAM	2		PREMARIN 0.3 MG TABLET	4	
PLAN B ONE-STEP	4		PREMARIN 0.45 MG TABLET	4	
PNEUMOVAX 23	3		PREMARIN 0.625 MG TABLET	4	
PNV 29-1	1		PREMARIN 0.9 MG TABLET	4	
PNV-DHA	1		PREMARIN 1.25 MG TABLET	4	
PNV-DHA + DOCUSATE	1		PRENA1 TRUE	1	
PNV-OMEGA	1		PRENAISSANCE	1	
PNV-SELECT	1		PRENAISSANCE PLUS	1	
PODOFILOX	2		PRENATAL 19	1	
POLYICIN	2		PRENATAL LOW IRON	1	
POLYMYXIN B -TRIMETHOPRIM EYE DROPS	2		PRENATAL PLUS	1	
POMALYST	5	PA, LDD, SRX			

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PRENATAL PLUS-DHA COMBO PACK	1		PROPANTHELINE	2	
PRENATAL VITAMIN PLUS LOW IRON	1		PROPARACAINE	2	
PRENATAL-U	1		PROPRANOLOL 10 MG TABLET	2	
PREPLUS	1		PROPRANOLOL 20 MG TABLET	2	
PRETAB	1		PROPRANOLOL 20 MG/5 ML SOLUTION	2	
PREVALITE	2		PROPRANOLOL 40 MG TABLET	2	
PREVIFEM	1		PROPRANOLOL 40 MG/5 ML SOLUTION	2	
PREVNAR 13 SYRINGE	3		PROPRANOLOL 60 MG TABLET	2	
PREZCOBIX	3		PROPRANOLOL 80 MG TABLET	2	
PREZISTA	3		PROPRANOLOL ER	2	
PRIFTIN	4		PROPRANOLOL-HCTZ	2	
PRIMAQUINE	2		PROPYLTHIOURACIL	2	
PRIMIDONE	2		PROQUAD	3	
PRIMSOL	4		PROTRIPTYLINE	2	
PRO COMFORT ALCOHOL PADS	3		PSORCON	4	
PROBENECID	2		PULMOSAL	2	
PROBENECID-COLCHICINE	2		PULMOZYME	5	PA, SRX
PROCENTRA	2		PURE COMFORT ALCOHOL PAD	3	
PROCHLORPERAZINE 25 MG SUPPOSITORY	2		PURIXAN 20 MG/ML ORAL SUSPENSION	5	PA, SRX
PROCHLORPERAZINE TABLET	2		PYRAZINAMIDE	2	
PROCTO-MED HC	2		PYRIDOSTIGMINE 60 MG TABLET	4	
PROCTO-PAK	2		PYRIDOSTIGMINE 60 MG/5 ML SOLUTION	5	PA, SRX
PROCTOSOL-HC	2		PYRIDOSTIGMINE ER	4	
PROCTOZONE-HC	2		PYRIMETHAMINE	4	PA
PROGESTERONE 100 MG CAPSULE	2		QUADRACEL DTAP-IPV	3	
PROGESTERONE 200 MG CAPSULE	2		QUARTETTE	4	
PROGLYCEM	4		QUAZEPAM	2	
PROGRAF 0.2 MG GRANULE PACKET	4		QUETIAPINE	2	
PROGRAF 1 MG GRANULE PACKET	4		QUETIAPINE ER	2	
PROMACTA	5	PA, SRX	QUINAPRIL	2	
PROMETHAZINE 12.5 MG SUPPOSITORY	2		QUINAPRIL-HCTZ	2	
PROMETHAZINE 12.5 MG TABLET	2		QUINIDINE	2	
PROMETHAZINE 25 MG SUPPOSITORY	2		QUINIDINE ER 324 MG TABLET	2	
PROMETHAZINE 25 MG TABLET	2		QUININE	2	
PROMETHAZINE 50 MG TABLET	2		QUTENZA	4	
PROMETHAZINE 6.25 MG/5 ML SOLUTION	2		RABEPRAZOLE DR 20 MG TABLET	2	QL
PROMETHAZINE 6.25 MG/5 ML SYRUP	2		RALOXIFENE	2	
PROMETHAZINE-CODEINE	2	QL	RAMELTEON	3	QL
PROMETHAZINE-DM	2		RAMIPRIL	2	
PROMETHAZINE-PHENYLEPHRINE	2		RANOLAZINE ER	4	QL
PROMETHAZINE-PHENYLEPHRINE-CODEINE	2	QL	RASAGILINE	2	
PROMETHEGAN	2		RECLIPSEN	1	
PROPAFENONE	2		RECOMBIVAX HB	3	
PROPAFENONE ER	2		RECTIV	4	
			REGANEX	4	PA, QL
			RELENZA	4	QL

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RELISTOR	4	PA	SELENIUM 2.5% LOTION	2	
RENACIDIN	4		SE-NATAL 19	1	
REPAGLINIDE	2		SEREVENT DISKUS	3	
REPATHA PUSHTRONEX	5	PA, ST, SRX	SEROSTIM	5	PA, ST, LDD, SRX
REPATHA SURECLICK	5	PA, ST, SRX	SERTRALINE 100 MG TABLET	1	QL
REPATHA SYRINGE	5	PA, ST, SRX	SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
RESPA A.R.	4		SERTRALINE 25 MG TABLET	1	QL
REVLIMID	5	PA, LDD, SRX	SERTRALINE 50 MG TABLET	1	QL
REYATAZ 50 MG POWDER PACKET	3		SETLAKIN	1	
RIBAVIRIN 200 MG CAPSULE	4		SEVELAMER	4	
RIBAVIRIN 200 MG TABLET	4		SEVELAMER CARBONATE	4	
RIDAURA	4		SF 1.1% GEL	2	
RIFABUTIN	2		SF 5000 PLUS	2	
RIFAMPIN 150 MG CAPSULE	2		SHAROBEL	1	
RIFAMPIN 300 MG CAPSULE	2		SHINGRIX	3	
RILUZOLE	4		SIGNIFOR	5	PA, SRX
RIMANTADINE	2		SILDENAFIL 20 MG TABLET	4	PA
RINVOQ	5	PA, QL, SRX	SILENOR	4	ST, QL
RISEDRONATE	2		SILODOSIN	2	QL
RISEDRONATE DR	2		SILVER NITRATE 0.5% SOLUTION	2	
RISPERIDONE	2		SILVER NITRATE 10% SOLUTION	2	
RISPERIDONE ODT	2		SILVER NITRATE 25% SOLUTION	2	
RITONAVIR	2		SILVER NITRATE 50% SOLUTION	2	
RIVASTIGMINE	2		SILVER SULFADIAZINE	2	
RIVELSA	1		SIMBRINZA	3	
RIZATRIPTAN	2	QL	SIMLIYA	1	
R-NATAL OB	1		SIMPESSE	1	
ROPINIROLE	2		SIMVASTATIN 10 MG TABLET	1	
ROPINIROLE ER	2		SIMVASTATIN 20 MG TABLET	1	
ROSADAN 0.75% CREAM	2		SIMVASTATIN 40 MG TABLET	1	
ROSADAN 0.75% GEL	2		SIMVASTATIN 5 MG TABLET	1	
ROSUVASTATIN	2		SIMVASTATIN 80 MG TABLET	1	QL
ROTARIX	3		SIROLIMUS 0.5 MG TABLET	2	
ROTATEQ	3		SIROLIMUS 1 MG TABLET	2	
ROWEEPRA	2		SIROLIMUS 1 MG/ML SOLUTION	5	SRX
ROWEEPRA XR	2		SIROLIMUS 2 MG TABLET	2	
ROZEREM	4	ST, QL	SIRTURO	4	PA
SAFYRAL	4		SKLICE	4	
SAIZEN	5	PA, ST, SRX	SKYRIZI (2 SYRINGES) KIT	5	PA, QL, SRX
SAIZEN-SAIZENPREP	5	PA, ST, SRX	SLYND	4	
SALICYLIC ACID 27.5% LIQUID	2		SODIUM CHLORIDE 0.9% INHALATION VIAL	2	
SALSALATE	2		SODIUM CHLORIDE 0.9% IRRIGATION	2	
SANTYL	4	QL	SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2	
SAVAYSA	4	ST, QL	SODIUM CHLORIDE 10% VIAL	2	
SAVELLA	4		SODIUM CHLORIDE 3% VIAL	2	
SCOPOLAMINE	2		SODIUM CHLORIDE 7% VIAL	2	
SEASONIQUE	4		SODIUM FLUORIDE	2	
SECONAL	4				
SELEGILINE	2				
SELENIUM 2.25% SHAMPOO	2				

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
SODIUM FLUORIDE 5000 PLUS	2		SULFAMETHOXAZOLE-TMP	2	
SODIUM FLUORIDE SENSITIVE	2		SUSPENSION		
SODIUM PHENYLBUTYRATE	5	SRX	SULFAMYLON 8.5% CREAM	4	
SODIUM POLYSTYRENE 15 G/60 ML	2		SULFASALAZINE	2	
SODIUM POLYSTYRENE POWDER	2		SULFASALAZINE DR	2	
SOFOSBUVIR-VELPATASVIR	5	PA, SRX	SULINDAC	2	
SOLIFENACIN	3	QL	SUMATRIPTAN	2	QL
SOLTAMOX	4		SUPRAX 400 MG TABLET	4	
SOMAVERT	5	PA, LDD, SRX	SUPRAX CHEWABLE TABLET	4	
SOTALOL	1		SUPRAX 500 MG/5 ML SUSPENSION	4	
SOTALOL AF	1		SUPREP	4	
SOTYLIZE	4	PA	SUTENT	5	PA, LDD, SRX
SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX	SYEDA	1	
SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX	SYLATRON	5	PA, LDD, SRX
SOVALDI 200 MG TABLET	5	PA, SRX	SYMAX-SL	1	
SOVALDI 400 MG TABLET	5	PA, SRX	SYMAX-SR	2	
SPINOSAD	2		SYMLINPEN 120	4	QL
SPIRONOLACTONE	2		SYMLINPEN 60	4	QL
SPIRONOLACTONE-HCTZ	2		SYMTUZA	3	
SPRINTEC	1		SYNAREL	5	SRX
SPRIX	4	QL	SYNERA	4	
SPRYCEL	5	PA, SRX	SYNTHROID	4	
SPS 15 GM/60 ML SUSPENSION	2		TABLOID	4	
SPS 30 GM/120 ML ENEMA	2		TACROLIMUS 0.03% OINTMENT	2	
SRONYX	1		TACROLIMUS 0.1% OINTMENT	2	
SSKI	4		TACROLIMUS 0.5 MG CAPSULE	2	
STAVUDINE	2		TACROLIMUS 1 MG CAPSULE	2	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX	TACROLIMUS 5 MG CAPSULE	2	
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX	TADALAFIL 10 MG TABLET	2	PA, QL
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX	TADALAFIL 2.5 MG TABLET	2	PA, QL
STERILE WATER FOR IRRIGATION	2		TADALAFIL 20 MG TABLET	5	PA, SRX
STIMATE	5	PA, SRX	TADALAFIL 5 MG TABLET	2	PA, QL
STIVARGA	5	PA, LDD, SRX	TAFINLAR	5	PA, LDD, SRX
STRIBILD	3		TAGRISSO	5	PA, SRX
SUBOXONE	3		TAKE ACTION	4	
SUBVENITE	2		TAMOXIFEN	2	
SUBVENITE (BLUE)	2		TAMSULOSIN	2	
SUBVENITE (GREEN)	2		TARGRETIN 1% GEL	5	SRX
SUBVENITE (ORANGE)	2		TARINA 24 FE	1	
SUCRAID	5	LDD, SRX	TARINA FE	1	
SUCRALFATE 1 GM TABLET	2		TARINA FE 1-20 EQ	1	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	2		TARON-C DHA	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23% EYE DROPS	2		TARON-PREX PRENATAL	1	
SULFADIAZINE	2		TASIGNA	5	PA, SRX
SULFAMETHOXAZOLE-TMP DS TABLET	2		TAYTULLA	3	
SULFAMETHOXAZOLE-TMP SS TABLET	2		TAZAROTENE	2	
			TAZORAC	4	
			TAZTIA XT	2	
			TDVAX VIAL	3	
			TECFIDERA	5	PA, LDD, SRX

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
TELMISARTAN	2		TIADYL ER	2	
TELMISARTAN-AMLODIPINE	2		TIAGABINE	2	
TELMISARTAN-HCTZ	2		TILIA FE	1	
TEMAZEPAM	2		TIMOLOL 0.25% EYE DROP	2	
TEMOZOLOMIDE	4	PA	TIMOLOL 0.25% GEL-SOLUTION	2	
TENCON	2		TIMOLOL 0.25% GFS GEL-SOLUTION	2	
TENIVAC	3		TIMOLOL 0.5% EYE DROPS	2	
TENOFOVIR	2		TIMOLOL 0.5% GEL-SOLUTION	2	
TERAZOSIN	1		TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TERBINAFINE	1		TIMOLOL 10 MG TABLET	2	
TERBUTALINE 2.5 MG TABLET	2		TIMOLOL 20 MG TABLET	2	
TERBUTALINE 5 MG TABLET	2		TIMOLOL 5 MG TABLET	2	
TERCONAZOLE	2		TINIDAZOLE	2	
TERIPARATIDE	5	PA, QL, SRX	TIS-U-SOL PENTALYTE	4	
TESTOSTERON CYPIONATE 1,000 MG/10 ML	2		TIVICAY	3	
TESTOSTERON CYPIONATE 2,000 MG/10 ML	2		TIVICAY PD	3	
TESTOSTERONE 1.62% (2.5 G) PACKET	2	QL	TIZANIDINE	2	
TESTOSTERONE 1.62% GEL PUMP	2	QL	TOBRADEX EYE OINTMENT	4	
TESTOSTERONE 1.62%(1.25 G) PACKET	2	QL	TOBRADEX ST	4	
TESTOSTERONE 10 MG GEL PUMP	2	QL	TOBRAMYCIN 0.3% EYE DROP	2	
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL	TOBRAMYCIN 300 MG/5 ML AMPULE	2	PA, QL
TESTOSTERONE 25 MG/2.5 GM PACKET	2	QL	TOBRAMYCIN PAK 300 MG/5 ML	2	PA, QL
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL	TOBRAMYCIN-DEXAMETHASONE	2	
TESTOSTERONE 50 MG/5 GRAM PACKET	2	QL	TOBEX 0.3% EYE OINTMENT	4	
TESTOSTERONE CYPIONATE 100 MG/ML	2		TOLCAPONE	5	SRX
TESTOSTERONE CYPIONATE 200 MG/ML	2		TOLMETIN	2	
TESTOSTERONE CYPIONATE 6,000 MG/30ML	2		TOLTERODINE	2	
TESTOSTERONE ENANTHATE 1,000 MG/5 ML	2		TOLTERODINE ER	2	
TETRABENAZINE	5	PA, SRX	TOLVAPTAN	5	SRX
TETRACAINE 0.5% EYE DROP	2		TOPIRAMATE	2	
TETRACAINE 0.5% STERI-UNIT SOLUTION	2		TOPIRAMATE ER	2	
TETRACYCLINE	1		TOREMIFENE	4	
TEXACORT	4		TORSEMIDE	2	
THALOMID	5	PA, LDD, SRX	TOVET EMOLLIENT	2	
THEOPHYLLINE	2		TOVIAZ	4	ST, QL
THEOPHYLLINE ANHYDROUS	2		TRACLEER 32 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX
THIOLA	4	LDD	TRAMADOL 50 MG TABLET	2	QL
THIORIDAZINE	2		TRAMADOL ER 100 MG TABLET	2	QL
THIOTHIXENE	2		TRAMADOL ER 150 MG CAPSULE	2	QL
THRIVITE 19	1		TRAMADOL ER 200 MG TABLET	2	QL
			TRAMADOL ER 300 MG TABLET	2	QL
			TRAMADOL-ACETAMINOPHEN	2	QL
			TRANDOLAPRIL	2	
			TRANDOLAPRIL-VERAPAMIL ER	2	
			TRANEXAMIC ACID 650 MG TABLET	2	
			TRANLYCYPROMINE	2	
			TRAVATAN Z	3	
			TRAVOPROST	2	
			TRAZODONE	1	

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
TRECATOR	4		TROPICAMIDE	2	
TRETINOIN 0.01% GEL	2	AGE	TROSPIMUM	2	
TRETINOIN 0.025% CREAM	2	AGE	TROSPIMUM ER	2	
TRETINOIN 0.025% GEL	2	AGE	TRUE COMFORT ALCOHOL PADS	3	
TRETINOIN 0.05% CREAM	2	AGE	TRULICITY	3	QL
TRETINOIN 0.05% GEL	2	AGE	TRUMENBA	3	
TRETINOIN 0.1% CREAM	2	AGE	TRUVADA 100 MG-150 MG TABLET	3	
TRETINOIN 10 MG CAPSULE	4	PA	TRUVADA 133 MG-200 MG TABLET	3	
TRETINOIN MICROSPHERE	2	AGE	TRUVADA 167 MG-250 MG TABLET	3	
TRI FEMYNOR	1		TULANA	1	
TRIAMCINOLONE 0.025% CREAM	2		TWINRIX	3	
TRIAMCINOLONE 0.025% LOTION	2		TYBOST	3	
TRIAMCINOLONE 0.025% OINTMENT	2		TYDEMY	1	
TRIAMCINOLONE 0.1% CREAM	2		TYVASO	5	PA, LDD, SRX
TRIAMCINOLONE 0.1% LOTION	2		TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX
TRIAMCINOLONE 0.1% OINTMENT	2		TYVASO REFILL KIT	5	PA, LDD, SRX
TRIAMCINOLONE 0.1% PASTE	2		TYVASO STARTER KIT	5	PA, LDD, SRX
TRIAMCINOLONE 0.147 MG/G SPRAY	2		UDENYCA	5	PA, SRX
TRIAMCINOLONE 0.5% CREAM	2		UNITHROID	1	
TRIAMCINOLONE 0.5% OINTMENT	2		URIN D.S.	2	
TRIAMTERENE 50 MG CAPSULE	4		UROQID-ACID NO.2	4	
TRIAMTERENE-HCTZ	2		URSODIOL	2	
TRIAZOLAM	2		USTELL	2	
TRIDERM	2		UTIRA-C	2	
TRIENTINE	4	PA	VALACYCLOVIR	2	
TRI-ESTARYLLA	1		VALCHLOR	5	LDD, SRX
TRIFLUOPERAZINE	2		VALGANCICLOVIR	2	
TRIFLURIDINE	2		VALPROIC ACID	2	
TRIHENXYPHENIDYL	2		VALSARTAN	2	
TRIKAFTA	5	PA, QL, SRX	VALSARTAN-HCTZ	2	
TRI-LEGEST FE	1		VANADOM	2	
TRI-LINYAH	1		VANCOMYCIN 125 MG CAPSULE	4	
TRI-LO-ESTARYLLA	1		VANCOMYCIN 250 MG CAPSULE	4	
TRI-LO-MARZIA	1		VANDAZOLE	2	
TRI-LO-MILI	1		VAQTA	3	
TRI-LO-SPRINTEC	1		VARIVAX VACCINE	3	
TRILYTE WITH FLAVOR PACKETS	2		VARUBI 90 MG TABLET	5	PA, QL, SRX
TRIMETHOBENZAMIDE	2		VASCEPA	4	PA
TRIMETHOPRIM	2		VELIVET	1	
TRI-MILI	1		VEMLIDY	5	PA, SRX
TRIMIPRAMINE	2		VENCLEXTA	5	PA, SRX
TRINATAL RX 1	1		VENCLEXTA STARTING PACK	5	PA, SRX
TRINTELLIX	4	ST, QL	VENLAFAXINE	2	QL
TRI-PREVIFEM	1		VENLAFAXINE ER	2	QL
TRI-SPRINTEC	1		VENTAVIS	5	PA, SRX
TRIUMEQ	3		VENTOLIN HFA	3	QL
TRIVEEN-DUO DHA	1		VERAPAMIL 120 MG TABLET	2	
TRIVORA-28	1		VERAPAMIL 360 MG CAPSULE PELLETT	2	
TRI-VYLIBRA	1				
TRI-VYLIBRA LO	1				

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2021 Cigna Plus Illinois 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
VERAPAMIL 40 MG TABLET	2		XELJANZ	5	PA, ST, QL, SRX
VERAPAMIL 80 MG TABLET	2		XELJANZ XR	5	PA, ST, QL, SRX
VERAPAMIL ER	2		XIFAXAN 200 MG TABLET	4	
VERAPAMIL ER PM	2		XIFAXAN 550 MG TABLET	4	QL
VERAPAMIL SR	2		XIGDUO XR	3	QL
VEREGEN	4		XOLAIR	5	PA, LDD, SRX
VIENVA	1		XTAMPZA ER	3	
VIGABATRIN	5	QL, SRX	XTANDI	5	PA, ST, LDD, SRX
VIGADRONE	5	QL, SRX	XULANE	1	
VIIBRYD	4	ST, QL	XURIDEN	5	PA, SRX
VIMPAT 10 MG/ML SOLUTION	4	QL	XYREM	5	PA, LDD, SRX
VIMPAT 100 MG TABLET	4	QL	YASMIN 28	4	
VIMPAT 150 MG TABLET	4	QL	YAZ	4	
VIMPAT 200 MG TABLET	4	QL	YUVAFEM	2	QL
VIMPAT 50 MG TABLET	4	QL	ZAFIRLUKAST	2	
VINATE II	1		ZALEPLON	2	
VINATE ONE	1		ZARAH	1	
VIOKACE	4		ZARXIO	5	SRX
VIORELE	1		ZATEAN-PN DHA	1	
VIREAD 150 MG TABLET	3		ZATEAN-PN PLUS	1	
VIREAD 200 MG TABLET	3		ZELBORAF	5	PA, LDD, SRX
VIREAD 250 MG TABLET	3		ZENATANE	4	QL
VIREAD POWDER	3		ZENPEP	3	
VIRT-C DHA	1		ZETONNA	4	ST
VISTOGARD	5	LDD, SRX	ZIDOVDINE	2	
VITAFOL-OB CAPLET	1		ZILEUTON ER	5	SRX
VITAMIN D2 1.25MG(50,000 UNIT)	2		ZIOPTAN	4	QL
VITAMINS A,C,D-FLUORIDE 0.25 MG/ML	2		ZIPRASIDONE 20 MG CAPSULE	2	
VOLNEA	1		ZIPRASIDONE 40 MG CAPSULE	2	
VORICONAZOLE 200 MG TABLET	2	PA	ZIPRASIDONE 60 MG CAPSULE	2	
VORICONAZOLE 40 MG/ML SUSPENSION	2	PA	ZIPRASIDONE 80 MG CAPSULE	2	
VORICONAZOLE 50 MG TABLET	2	PA	ZIRGAN	4	
VOTRIENT	5	PA, SRX	ZOLADEX	5	PA, SRX
VRAYLAR	4	ST, QL	ZOLINZA	5	PA, SRX
VYFEMLA	1		ZOLMITRIPTAN	2	QL
VYLIBRA	1		ZOLMITRIPTAN ODT	2	QL
WARFARIN	1		ZOLPIDEM	2	
WEBCOL	3		ZOLPIDEM ER	2	
WERA	1		ZONISAMIDE	2	
WESTHROID	1		ZOSTAVAX	3	
WIXELA INHUB	2		ZOVIA 1-35E	1	
WP THYROID	1		ZUBSOLV	3	
WYMZYA FE	1		ZUMANDIMINE	1	
XALKORI	5	PA, LDD, SRX	ZUPLENZ	4	QL
XARELTO	3	QL	ZYDELIG	5	PA, SRX
			ZYKADIA	5	PA, SRX
			ZYLET	4	

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. 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 coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, you may pay a different amount to fill it. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it happens so you have time to talk with your doctor.

Why doesn't my plan cover certain medications?

To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that your plan doesn't cover and your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

The Prescription Drug List is managed by the Business Decision Team, 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 Supplies 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.

The coverage status of a Prescription Drug or Related Supply may change periodically during the Policy Year for various reasons. For example, a Prescription Drug or Related Supply may be removed from the market, a new Prescription Drug in the same therapeutic class may become available, or the cost of a Prescription Drug or Related Supply may increase.

As a result of coverage changes, You may be required to pay more or less for that Prescription Drug or Related Supply, or try another covered Prescription Drug or Related Supply. Please access www.mycigna.com or call Customer Service at the telephone number on Your ID card for the most up-to-date coverage tier status, utilization management, or other coverage limitations for Prescription Drugs or Related Supplies.

Which medications are covered under the health care reform law?

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

For more information about health care reform, go to www.informedonreform.com or Cigna.com.

Are medications newly approved by the FDA covered on my drug list?

All new Food and Drug Administration (FDA)-approved drug products are designated as not covered under your drug list until the Cigna business decision team makes a placement decision on the new drug (or new indication), which decision shall be based in part

Prescription drug list FAQs (cont)

on the P&T Committee's clinical review of the drug. The P&T Committee makes a reasonable effort to review all new FDA approved drug products (or new FDA approved indications) within 90 days of its release to the market. The business decision team must make a reasonable effort to review a new FDA approved drug product (or new indications) within 90 days, and make a decision on each new FDA approved drug product (or new FDA approved indication) within 180 days of its release onto the market, or a clinical justification must be documented if this timeframe is not met. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

How can I find out how much I'll pay for a specific medication?

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **myCigna** App or website and click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's network. You can also see if there are lower-cost alternatives available.²

How can I save money on my prescription medications?

You may be able to save money by switching to a medication that's on a lower tier (ex. preferred generic or generic) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

Do generics work the same as brand name medications?

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

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

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

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

My medication needs prior approval. How do I get it?

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

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

When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your pharmacist won't be able to fill it.

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

Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Can I fill my prescriptions by mail?

Yes. If you're taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through Express Scripts Pharmacy®, our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – **at no extra cost**. Express Scripts Pharmacy also offers payment assistance options and automatic refills. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.

If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁴ Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition – **at no extra cost**. To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** To learn more about Accredo, go to Cigna.com/specialty.

Where can I find more information about my pharmacy benefits?

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

Exclusions and Limitations

IL Benefit Exclusions

The following are specifically excluded from coverage under this EOC:

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

21. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
22. **Complementary and alternative medicine services, including but not limited to:** massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
 - Has not been actively involved in Your medical care prior to ordering the service, or
 - Is not actively involved in Your medical care after the service is received.
 - This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic Services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental Implants:** Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan**, and reimbursed under the dental plan, will not be reimbursed under this plan.
33. **Hearing aids** including but not limited to semi-implantable hearing devices, audient bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this EOC, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
34. **Routine hearing tests** except as provided under Preventive Care.
35. **Gene therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
36. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric Vision.
37. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
38. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one’s appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.

39. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
40. **Non-Medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.
41. **Services and procedures for** redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries **regardless of clinical indications**.
42. Procedures, surgery or treatments to **change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
43. Any treatment, prescription drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
44. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
45. Blood administration **for the purpose of general improvement in physical condition**.
46. **Orthopedic shoes** (except when joined to braces), shoe inserts, foot orthotic devices.
47. **External and internal power enhancements** or power controls for prosthetic limbs and terminal devices.
48. **Myoelectric prostheses** peripheral nerve stimulators.
49. **Electronic prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
50. **Prefabricated foot Orthoses**.
51. **Cranial banding/cranial orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
52. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
53. **Orthoses primarily used for cosmetic** rather than functional reasons.
54. **Non-foot Orthoses**, except **only** the following non-foot orthoses are covered when Medically Necessary:
 - Rigid and semi-rigid custom fabricated Orthoses;
 - Semi-rigid pre-fabricated and flexible Orthoses; and
 - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
55. Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Member has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
56. **Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
57. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
58. Treatment that will not result in a favorable modification or prevent deterioration.

59. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna.
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 Covered Services 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 "Services for Rehabilitative Therapy (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For".
63. All **Foreign Country Provider charges** are excluded under this EOC except as specifically stated under "Treatment received from 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, Injury or symptoms involving the feet. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
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 after 15 months from the date service was rendered**, except in the event of a legal incapacity.

Cigna 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 does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



1. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
4. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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