Planes Individuales y Familiares

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Esta Lista de medicamentos es válida para los planes vendidos en 2025 en Illinois, vigentes a partir del 1 de enero de 2026.

Esta portada es únicamente para los corredores.
Deséchela si entregará la Lista a los clientes.

Tenga en cuenta que: Los medicamentos cubiertos por el plan médico individual y familiar (IFP, por sus siglas en inglés) pueden ser diferentes de los cubiertos por planes colectivos. Para ver una lista completa de los medicamentos, consulte la Lista de medicamentos específica de IFP disponible en **Cigna.com/ifp-drug-list**.

Asegurado por Cigna Health and Life Insurance Company o Cigna HealthCare of Illinois, Inc.

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Planes Individuales y Familiares

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Cobertura a partir del 1 de enero de 2026

¿Qué encontrará adentro?	Página

Consulte su Lista de medicamentos en línea las 24 horas, los 7 días de la semana

- **Cigna.com/ifp-drug-list.** Elija **Illinois** de la lista desplegable y elija su método de búsqueda. Después escriba el nombre de su medicamento o vea la Lista completa.
- Aplicación **myCigna®| o myCigna.com®.** A partir del 1 de enero de 2026, inicie sesión en su cuenta y use la herramienta *Price a Medication* (Conozca los precios de los medicamentos) para saber qué cobertura tiene su medicamento.

¿Tiene preguntas?

Llame al **866.494.2111** o al número gratuito que aparece en su tarjeta de ID de Cigna Healthcare®. Estamos para servirle a toda hora, los 365 días del año.

Si necesita asistencia con el idioma o tiene una discapacidad, llámenos al **800.244.6224 (para servicios de TTY, marque el 711)**. Hay recursos disponibles para satisfacer sus necesidades especiales sin costo para usted.

* La Lista de medicamentos se creó originalmente el: 21 de octubre de 2013

Última actualización: 1 de julio de 2025, para los cambios que empezarán a regir el 1 de enero de 2026

Próxima actualización planificada: 1 de julio de 2026, para los cambios que empezarán a regir el 1 de enero de 2027

Acerca de esta Lista de medicamentos

Esta es una lista de los medicamentos con receta cubiertos por la Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois, que entrará en vigor el I de enero de 2026. Todos los medicamentos están aprobados por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) de los Estados Unidos. Los medicamentos están ordenados alfabéticamente, de la A a la Z (según el inglés). Si no encuentra un determinado medicamento en esta Lista, inicie sesión en la aplicación myCigna o en **myCigna.com** para ver todos los medicamentos que cubre su plan.

Cómo leer esta Lista de medicamentos

Use la tabla incluida abajo para entender cómo están cubiertos los medicamentos en la Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois.

Nombre del medicamento	Nombre genérico	Nivel	Notas
ACETAMINOPHEN-CODEINE #2 TABLET		1	PA
ACETAMINOPHEN-CODEINE #3 TABLET		1	PA
ACETAMINOPHEN-CODEINE #4 TABLET		1	PA
ACETAZOLAMIDE 125 MG TABLET		1	
ACETAZOLAMIDE 250 MG TABLET		1	
ACETAZOLAMIDE ER 500 MG CAPSULE		1	
ACETIC ACID 0.25% EAR SOLUTION		1	
ACETIC ACID 2% EAR SOLUTION		1	
ACETYLCYSTEINE 10% VIAL		1	
ACETYLCYSTEINE 20% VIAL		1	
ACITRETIN 10 MG CAPSULE		3	
ACITRETIN 17.5 MG CAPSULE		3	
ACITRETIN 25 MG CAPSULE		3	
ACTEMRA 162 MG/0.9 ML SYRINGE		4	PA, QL, LDD, SRX
ACTEMRA ACTPEN 162 MG/0.9 ML		4	PA, QL, LDD, SRX
ACTHIB VACCINE VIAL		2	
ACTHIB VACCINE WITH DILUENT		2	
ACTIMMUNE 100 MCG/0.5 ML VIAL		4	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE		1	
ACYCLOVIR 200 MG/5 ML SUSPENSION		1	
ACYCLOVIR 400 MG TABLET		1	
ACYCLOVIR 800 MG TABLET		1	
ACYCLOVIR 5% OINTMENT		3	PA, QL
ADACEL TDAP VIAL		2	
ADALIMUMAB-ADBM(CF) 10 MG SYRINGE		4	PA, QL, SRX
ADALIMUMAB-ADBM(CF) 20 MG SYRINGE		4	PA, QL, SRX
ADALIMUMAB-ADBM(CF) 40 MG SYRINGE		4	PA, QL, SRX

Los medicamentos están ordenados **alfabéticamente**, de la A a la Z (según el inglés)

El **Nivel** (nivel de costo compartido) le da una idea de cuánto puede llegar a pagar por un medicamento

Los medicamentos que tienen reglas (requisitos) de cobertura adicionales tienen **letras (siglas)** escritas junto al nombre en la columna Notas

Los **medicamentos de especialidad** tienen SRX escrito junto al nombre en la columna Notas

* Esta tabla es solo un ejemplo. Es posible que no refleje cómo están cubiertos actualmente estos medicamentos en esta Lista de medicamentos.

Niveles

Clasificamos los medicamentos cubiertos en niveles (que representan niveles de costo compartido). Por lo general, cuanto más alto sea el nivel, mayor será el precio que pagará por el medicamento.

Nivel 1	**Medicamentos genéricos** (y algunos medicamentos de marca de bajo costo). *Los genéricos actúan de la misma manera y tienen los mismos beneficios clínicos que sus versiones de marca, y generalmente cuestan mucho menos.*[2]	**$**
Nivel 2	**Medicamentos de marca preferida** (y algunos genéricos de alto costo).	**$$**
Nivel 3	**Medicamentos de marca no preferida** (y algunos genéricos de alto costo).	**$$$**
Nivel 4	**Medicamentos de especialidad y otros medicamentos genéricos y de marca de alto costo.** Su plan cubre los medicamentos del Nivel 4 en un suministro máximo para 30 días. *Estos medicamentos están cubiertos con el costo compartido más alto de su plan.*	**$$$$**

Letras (siglas) en la columna Notas

En esta Lista de medicamentos, algunos medicamentos tienen **letras (siglas)** junto al nombre en la columna Notas. Esto es lo que significan.

PA	**Autorización previa:** Este medicamento necesita la aprobación de Cigna Healthcare para que su plan lo cubra. El personal del consultorio de su médico deberá enviarnos información para analizar y asegurarnos de que usted cumpla con las reglas (requisitos) de cobertura del medicamento.
QL	**Límite a la cantidad:** Su plan cubrirá solamente una cantidad específica de este medicamento por vez. Si su médico quiere que le despachen más de la cantidad permitida, el personal del consultorio puede pedirnos que cubramos una cantidad mayor.
EDAD	**Requisito de edad:** Su plan solo cubrirá este medicamento si usted tiene una determinada edad o se encuentra dentro de un determinado rango de edad. Si usted no se encuentra dentro del rango de edad permitido y su médico quiere que use el medicamento, el personal del consultorio puede pedirnos que lo cubramos.
SRX	Este es un **medicamento de especialidad**, que se usa para tratar condiciones médicas poco frecuentes y/o complejas. Generalmente se administran por inyección o infusión, y es posible que necesiten un manejo especial, como refrigeración.
LDD	Este es un **"medicamento de distribución limitada"**. Es un medicamento de especialidad de alto costo que trata condiciones médicas que son muy difíciles de controlar, y necesita un manejo especial, asistencia al paciente y monitoreo. Solo puede despacharse en algunas farmacias de especialidad en los Estados Unidos.

Exclusiones del plan

Hay determinados medicamentos y productos que su plan no cubrirá en ningún caso. Se conocen como una "exclusión del plan (o de beneficios)". Esto significa que no están en la Lista de medicamentos de su plan y no existe la opción de pedirnos que los cubramos a través de nuestro proceso de revisión de medicamentos.

Por ejemplo, su plan no cubre, o "excluye", medicamentos que no están aprobados por la FDA.

Cómo encontrar su medicamento

Use la tabla incluida abajo para encontrar la página en la que aparece su medicamento.

* Algunos medicamentos empiezan con un número en lugar de una letra.

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
1ST TIER UNIFINE PENTIP 29G 1/2"	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 29G 12MM	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 31G 1/4"	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 31G 3/16"	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 31G 5/16"	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 31G 5MM	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 31G 6MM	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 31G 8MM	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 32G 4MM	PEN NEEDLE, DIABETIC	2	
1ST TIER UNIFINE PENTIP 32G 5/32"	PEN NEEDLE, DIABETIC	2	
2TEK CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
ABACAVIR 20 MG/ML ORAL SOLUTION	ABACAVIR SULFATE	1	SRX
ABACAVIR 300 MG TABLET	ABACAVIR SULFATE	1	SRX
ABACAVIR-LAMIVUDINE 600-300 MG TABLET	ABACAVIR SULFATE/LAMIVUDINE	1	SRX
ABIRATERONE 250 MG TABLET	ABIRATERONE ACETATE	4	PA, SRX
ABIRATERONE 500 MG TABLET	ABIRATERONE ACETATE	4	PA, SRX
ABRYSVO ACT-O-VIAL	RSV VACC, PREF A AND PREF B/PF	2	
ABRYSVO VIAL WITH DILUENT SYRINGE	RSV VACC, PREF A AND PREF B/PF	2	
ACAMPROSATE DR 333 MG TABLET	ACAMPROSATE CALCIUM	1	
ACARBOSE 100 MG TABLET	ACARBOSE	1	
ACARBOSE 25 MG TABLET	ACARBOSE	1	
ACARBOSE 50 MG TABLET	ACARBOSE	1	
ACCU-CHEK AVIVA SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
ACCUTANE 10 MG CAPSULE	ISOTRETINOIN	3	
ACCUTANE 20 MG CAPSULE	ISOTRETINOIN	3	
ACCUTANE 30 MG CAPSULE	ISOTRETINOIN	3	
ACCUTANE 40 MG CAPSULE	ISOTRETINOIN	3	
ACCUTREND GLUCOSE CONTROL	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
ACE AEROSOL CLOUD ENHANCER	INHALER, ASSIST DEVICES	2	QL
ACEBUTOLOL 200 MG CAPSULE	ACEBUTOLOL HCL	1	
ACEBUTOLOL 400 MG CAPSULE	ACEBUTOLOL HCL	1	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5-30 MG CAPSULE	ACETAMINOPHEN/CAFF/DIHYDROCOD	1	PA
ACETAMINOPHEN-CODEINE #2 TABLET	ACETAMINOPHEN WITH CODEINE	1	PA
ACETAMINOPHEN-CODEINE #3 TABLET	ACETAMINOPHEN WITH CODEINE	1	PA
ACETAMINOPHEN-CODEINE #4 TABLET	ACETAMINOPHEN WITH CODEINE	1	PA
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML ORAL SOLUTION	ACETAMINOPHEN WITH CODEINE	1	
ACETAMINOPHEN-CODEINE 300-30 MG/12.5 ML ORAL SOLUTION	ACETAMINOPHEN WITH CODEINE	1	
ACETAZOLAMIDE 125 MG TABLET	ACETAZOLAMIDE	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ACETAZOLAMIDE 250 MG TABLET	ACETAZOLAMIDE	1	
ACETAZOLAMIDE ER 500 MG CAPSULE	ACETAZOLAMIDE	1	
ACETIC ACID 0.25% IRRIGATION SOLUTION	ACETIC ACID	1	
ACETIC ACID 2% EAR SOLUTION	ACETIC ACID	1	
ACETYLCYSTEINE 10% VIAL	ACETYLCYSTEINE	1	
ACETYLCYSTEINE 20% VIAL	ACETYLCYSTEINE	1	
ACITRETIN 10 MG CAPSULE	ACITRETIN	3	
ACITRETIN 17.5 MG CAPSULE	ACITRETIN	3	
ACITRETIN 25 MG CAPSULE	ACITRETIN	3	
ACTEMRA 162 MG/0.9 ML SYRINGE	TOCILIZUMAB	4	PA, QL, LDD, SRX
ACTEMRA ACTPEN 162 MG/0.9 ML	TOCILIZUMAB	4	PA, QL, LDD, SRX
ACTHIB VACCINE VIAL	HAEMOPH B POLY CONJ-TET TOX/PF	2	
ACTHIB VACCINE WITH DILUENT	HAEMOPH B POLY CONJ-TET TOX/PF	2	
ACTIMMUNE 100 MCG/0.5 ML VIAL	INTERFERON GAMMA-1B,RECOMB.	4	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	ACYCLOVIR	1	
ACYCLOVIR 5% OINTMENT	ACYCLOVIR	3	PA, QL
ACYCLOVIR 200 MG/5 ML ORAL SUSPENSION	ACYCLOVIR	1	
ACYCLOVIR 400 MG TABLET	ACYCLOVIR	1	
ACYCLOVIR 800 MG TABLET	ACYCLOVIR	1	
ADACEL TDAP SYRINGE	DIPH,PERTUSS(ACELL),TET VAC/PF	2	
ADACEL TDAP VIAL	DIPH,PERTUSS(ACELL),TET VAC/PF	2	
ADALIMUMAB-ADBM (CF) 40 MG CROHN'S PEN	ADALIMUMAB-ADBM	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 40 MG PEN	ADALIMUMAB-ADBM	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 40 MG PSORIASIS-UVEITIS PEN	ADALIMUMAB-ADBM	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 10 MG SYRINGE	ADALIMUMAB-ADBM	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 20 MG SYRINGE	ADALIMUMAB-ADBM	4	PA, QL, SRX
ADALIMUMAB-ADBM (CF) 40 MG SYRINGE	ADALIMUMAB-ADBM	4	PA, QL, SRX
ADALIMUMAB-RYVK (CF) 40 MG AUTO-INJECTOR	ADALIMUMAB-RYVK	4	PA, QL, SRX
ADALIMUMAB-RYVK (CF) 40 MG SYRINGE	ADALIMUMAB-RYVK	4	PA, QL, SRX
ADAPALENE 0.1% CREAM	ADAPALENE	2	PA, AGE
ADAPALENE 0.1% LOTION	ADAPALENE	2	PA, AGE
ADAPALENE 0.3% GEL	ADAPALENE	2	PA, AGE
ADAPALENE 0.3% GEL PUMP	ADAPALENE	2	PA, AGE
ADAPALENE 0.1% TOPICAL SOLUTION	ADAPALENE	2	PA, AGE
ADEFOVIR 10 MG TABLET	ADEFOVIR DIPIVOXIL	4	SRX
ADEMPAS 0.5 MG TABLET	RIOCIGUAT	4	PA, LDD, SRX
ADEMPAS 1 MG TABLET	RIOCIGUAT	4	PA, LDD, SRX
ADEMPAS 1.5 MG TABLET	RIOCIGUAT	4	PA, LDD, SRX
ADEMPAS 2 MG TABLET	RIOCIGUAT	4	PA, LDD, SRX
ADEMPAS 2.5 MG TABLET	RIOCIGUAT	4	PA, LDD, SRX
ADVOCATE HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ADVOCATE LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
ADVOCATE PEN NEEDLE 29G 12.7MM	PEN NEEDLE, DIABETIC	2	
ADVOCATE PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
ADVOCATE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
ADVOCATE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
ADVOCATE PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
ADVOCATE REDI-CODE+ CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
AEROCHAMBER MECHANICAL VENT	INHALER, ASSIST DEVICES	2	QL
AEROCHAMBER MINI	INHALER, ASSIST DEVICES	2	QL
AEROCHAMBER MV HOLD CHAMBER	INHALER, ASSIST DEVICES	2	QL
AEROCHAMBER PLUS FLOW-VU	INHALER, ASSIST DEVICES	2	QL
AEROCHAMBER PLUS FLOW-VU LARGE	INHALER,ASSIST DEVICE,LG MASK	2	QL
AEROCHAMBER PLUS FLOW-VU MEDIUM	INHALER,ASSIST DEVICE,MED MASK	2	QL
AEROCHAMBER PLUS FLOW-VU SMALL	INHALER,ASSIST DEV,SMALL MASK	2	QL
AEROCHAMBER Z-STAT PLUS LARGE	INHALER,ASSIST DEVICE,LG MASK	2	QL
AEROCHAMBER Z-STAT PLUS-MEDIUM	INHALER,ASSIST DEVICE,MED MASK	2	QL
AEROCHAMBER Z-STAT PLUS-SMALL	INHALER,ASSIST DEV,SMALL MASK	2	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	INHALER, ASSIST DEVICES	2	QL
AEROGEAR ASTHMA ACTION KIT	PEAK FLOW METER/INH ASSIT DEV	2	
AEROTRACH HOLDING CHAMBER	INHALER, ASSIST DEVICES	2	QL
AEROVENT PLUS HOLDING CHAMBER	INHALER, ASSIST DEVICES	2	QL
AFIRMELLE-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
AFLURIA	FLU VACC TS2024-25 36MOS UP/PF	2	
AFLURIA	FLU VACC TS 2024-25 (6 MOS UP)	2	
AFTER PILL 1.5 MG TABLET	LEVONORGESTREL	1	
AFTERA 1.5 MG TABLET	LEVONORGESTREL	3	
AGAMATRIX HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
AGAMATRIX NORM-HI CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
AIRZONE PEAK FLOW METER	PEAK FLOW METER	2	
AK-POLY-BAC EYE OINTMENT	BACITRACIN/POLYMYXIN B SULFATE	1	
AKYNZEO 300-0.5 MG CAPSULE	NETUPITANT/PALONOSETRON HCL	4	PA, QL
ALBENDAZOLE 200 MG TABLET	ALBENDAZOLE	3	PA

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ALBUSTIX REAGENT TEST STRIP	URINE ALBUMIN TEST	2	
ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 5 MG/ML INHALATION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 15 MG/3 ML INHALATION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 25 MG/5 ML INHALTION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 75 MG/15 ML INHALATION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 100 MG/20 ML INHALATION SOLUTION	ALBUTEROL SULFATE	1	
ALBUTEROL 2 MG/5 ML SYRUP	ALBUTEROL SULFATE	1	
ALBUTEROL 2 MG TABLET	ALBUTEROL SULFATE	1	
ALBUTEROL 4 MG TABLET	ALBUTEROL SULFATE	1	
ALBUTEROL ER 4 MG TABLET	ALBUTEROL SULFATE	1	
ALBUTEROL ER 8 MG TABLET	ALBUTEROL SULFATE	1	
ALBUTEROL HFA 90 MCG INHALER	ALBUTEROL SULFATE	1	QL
ALCLOMETASONE 0.05% CREAM	ALCLOMETASONE DIPROPIONATE	1	
ALCLOMETASONE 0.05% OINTMENT	ALCLOMETASONE DIPROPIONATE	1	
ALCOHOL PREP PAD	ALCOHOL ANTISEPTIC PADS	2	
ALECENSA 150 MG CAPSULE	ALECTINIB HCL	4	PA, QL, LDD, SRX
ALENDRONATE 70 MG/75 ML ORAL SOLUTION	ALENDRONATE SODIUM	1	
ALENDRONATE 5 MG TABLET	ALENDRONATE SODIUM	1	
ALENDRONATE 10 MG TABLET	ALENDRONATE SODIUM	1	
ALENDRONATE 35 MG TABLET	ALENDRONATE SODIUM	1	
ALENDRONATE 70 MG TABLET	ALENDRONATE SODIUM	1	
ALFUZOSIN ER 10 MG TABLET	ALFUZOSIN HCL	1	
ALINIA 100 MG/5 ML ORAL SUSPENSION	NITAZOXANIDE	3	
ALISKIREN 150 MG TABLET	ALISKIREN HEMIFUMARATE	3	QL
ALISKIREN 300 MG TABLET	ALISKIREN HEMIFUMARATE	3	QL
ALLOPURINOL 100 MG TABLET	ALLOPURINOL	1	
ALLOPURINOL 300 MG TABLET	ALLOPURINOL	1	
ALMOTRIPTAN 6.25 MG TABLET	ALMOTRIPTAN MALATE	2	QL
ALMOTRIPTAN 12.5 MG TABLET	ALMOTRIPTAN MALATE	2	QL
ALOCRIL 2% EYE DROPS	NEDOCROMIL SODIUM	3	
ALOSETRON 0.5 MG TABLET	ALOSETRON HCL	4	SRX
ALOSETRON 1 MG TABLET	ALOSETRON HCL	4	SRX
ALPRAZOLAM 0.25 MG ODT TABLET	ALPRAZOLAM	1	
ALPRAZOLAM 0.5 MG ODT TABLET	ALPRAZOLAM	1	
ALPRAZOLAM 1 MG ODT TABLET	ALPRAZOLAM	1	
ALPRAZOLAM 2 MG ODT TABLET	ALPRAZOLAM	1	
ALPRAZOLAM 0.25 MG TABLET	ALPRAZOLAM	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ALPRAZOLAM 0.5 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM 1 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM 2 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM ER 0.5 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM ER 1 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM ER 2 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM ER 3 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE	ALPRAZOLAM	1	
ALPRAZOLAM XR 0.5 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM XR 1 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM XR 2 MG TABLET	ALPRAZOLAM	1	
ALPRAZOLAM XR 3 MG TABLET	ALPRAZOLAM	1	
ALTABAX 1% OINTMENT	RETAPAMULIN	3	
ALTACAINE 0.5% EYE DROPS	TETRACAINE HCL	1	
ALTAVERA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
ALVESCO 80 MCG INHALER	CICLESONIDE	2	
ALVESCO 160 MCG INHALER	CICLESONIDE	2	
ALYACEN 1-35 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
ALYACEN 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
ALYQ 20 MG TABLET	TADALAFIL	4	PA, SRX
AMABELZ 0.5 MG-0.1 MG TABLET	ESTRADIOL/NORETHINDRONE ACET	1	
AMABELZ 1 MG-0.5 MG TABLET	ESTRADIOL/NORETHINDRONE ACET	1	
AMANTADINE 100 MG CAPSULE	AMANTADINE HCL	1	
AMANTADINE 50 MG/5 ML ORAL SOLUTION	AMANTADINE HCL	1	
AMANTADINE 100 MG/10 ML ORAL SOLUTION	AMANTADINE HCL	1	
AMANTADINE 100 MG TABLET	AMANTADINE HCL	1	
AMBRISENTAN 5 MG TABLET	AMBRISENTAN	4	PA, LDD, SRX
AMBRISENTAN 10 MG TABLET	AMBRISENTAN	4	PA, LDD, SRX
AMETHIA 0.15-0.03-0.01 MG TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
AMETHYST 90-20 MCG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
AMILORIDE 5 MG TABLET	AMILORIDE HCL	1	
AMILORIDE-HCTZ 5-50 MG TABLET	AMILORIDE/HYDROCHLOROTHIAZIDE	1	
AMINOCAPROIC ACID 0.25 GM/ML ORAL SOLUTION	AMINOCAPROIC ACID	4	PA, SRX
AMINOCAPROIC ACID 1,000 MG TABLET	AMINOCAPROIC ACID	4	PA, SRX
AMINOCAPROIC ACID 500 MG TABLET	AMINOCAPROIC ACID	4	PA, SRX
AMITRIPTYLINE 10 MG TABLET	AMITRIPTYLINE HCL	1	
AMITRIPTYLINE 25 MG TABLET	AMITRIPTYLINE HCL	1	
AMITRIPTYLINE 50 MG TABLET	AMITRIPTYLINE HCL	1	
AMITRIPTYLINE 75 MG TABLET	AMITRIPTYLINE HCL	1	
AMIODARONE 100 MG TABLET	AMIODARONE HCL	1	
AMIODARONE 200 MG TABLET	AMIODARONE HCL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
AMIODARONE 400 MG TABLET	AMIODARONE HCL	1	
AMITRIPTYLINE 100 MG TABLET	AMITRIPTYLINE HCL	1	
AMITRIPTYLINE 150 MG TABLET	AMITRIPTYLINE HCL	1	
AMLODIPINE 2.5 MG TABLET	AMLODIPINE BESYLATE	1	
AMLODIPINE 5 MG TABLET	AMLODIPINE BESYLATE	1	
AMLODIPINE 10 MG TABLET	AMLODIPINE BESYLATE	1	
AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 5-10 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 5-20 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 5-40 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 5-80 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 10-10 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 10-20 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 10-40 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-ATORVASTATIN 10-80 MG TABLET	AMLODIPINE/ATORVASTATIN	1	
AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE	AMLODIPINE BESYLATE/BENAZEPRIL	1	
AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE	AMLODIPINE BESYLATE/BENAZEPRIL	1	
AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE	AMLODIPINE BESYLATE/BENAZEPRIL	1	
AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE	AMLODIPINE BESYLATE/BENAZEPRIL	1	
AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE	AMLODIPINE BESYLATE/BENAZEPRIL	1	
AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE	AMLODIPINE BESYLATE/BENAZEPRIL	1	
AMLODIPINE-OLMESARTAN 5-20 MG TABLET	AMLODIPINE BES/OLMESARTAN MED	1	
AMLODIPINE-OLMESARTAN 5-40 MG TABLET	AMLODIPINE BES/OLMESARTAN MED	1	
AMLODIPINE-OLMESARTAN 10-20 MG TABLET	AMLODIPINE BES/OLMESARTAN MED	1	
AMLODIPINE-OLMESARTAN 10-40 MG TABLET	AMLODIPINE BES/OLMESARTAN MED	1	
AMLODIPINE-VALSARTAN 5-160 MG TABLET	AMLODIPINE BESYLATE/VALSARTAN	1	
AMLODIPINE-VALSARTAN 5-320 MG TABLET	AMLODIPINE BESYLATE/VALSARTAN	1	
AMLODIPINE-VALSARTAN 10-160 MG TABLET	AMLODIPINE BESYLATE/VALSARTAN	1	
AMLODIPINE-VALSARTAN 10-320 MG TABLET	AMLODIPINE BESYLATE/VALSARTAN	1	
AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET	AMLODIPINE/VALSARTAN/HCTHIAZID	2	
AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET	AMLODIPINE/VALSARTAN/HCTHIAZID	2	
AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5 MG TABLET	AMLODIPINE/VALSARTAN/HCTHIAZID	2	
AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET	AMLODIPINE/VALSARTAN/HCTHIAZID	2	
AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET	AMLODIPINE/VALSARTAN/HCTHIAZID	2	
AMMONIUM LACTATE 12% CREAM	AMMONIUM LACTATE	1	
AMMONIUM LACTATE 12% LOTION	AMMONIUM LACTATE	1	
AMNESTEEM 10 MG CAPSULE	ISOTRETINOIN	3	
AMNESTEEM 20 MG CAPSULE	ISOTRETINOIN	3	
AMNESTEEM 40 MG CAPSULE	ISOTRETINOIN	3	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
AMOXAPINE 25 MG TABLET	AMOXAPINE	1	
AMOXAPINE 50 MG TABLET	AMOXAPINE	1	
AMOXAPINE 100 MG TABLET	AMOXAPINE	1	
AMOXAPINE 150 MG TABLET	AMOXAPINE	1	
AMOXICILLIN 250 MG CAPSULE	AMOXICILLIN	1	
AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN	1	
AMOXICILLIN 125 MG CHEWABLE TABLET	AMOXICILLIN	1	
AMOXICILLIN 250 MG CHEWABLE TABLET	AMOXICILLIN	1	
AMOXICILLIN 125 MG/5 ML ORAL SUSPENSION	AMOXICILLIN	1	
AMOXICILLIN 200 MG/5 ML ORAL SUSPENSION	AMOXICILLIN	1	
AMOXICILLIN 250 MG/5 ML ORAL SUSPENSION	AMOXICILLIN	1	
AMOXICILLIN 400 MG/5 ML ORAL SUSPENSION	AMOXICILLIN	1	
AMOXICILLIN 500 MG TABLET	AMOXICILLIN	1	
AMOXICILLIN 875 MG TABLET	AMOXICILLIN	1	
AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML ORAL SUSPENSION	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML ORAL SUSPENSION	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML ORAL SUSPENSION	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML ORAL SUSPENSION	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	1	
AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET	AMOXICILLIN/POTASSIUM CLAV	2	
AMPHETAMINE 5 MG TABLET	AMPHETAMINE SULFATE	2	QL
AMPHETAMINE 10 MG TABLET	AMPHETAMINE SULFATE	2	QL
AMPICILLIN 500 MG CAPSULE	AMPICILLIN TRIHYDRATE	1	
ANAGRELIDE 0.5 MG CAPSULE	ANAGRELIDE HCL	3	
ANAGRELIDE 1 MG CAPSULE	ANAGRELIDE HCL	3	
ANALPRAM HC 2.5%-1% LOTION	HYDROCORTISONE/PRAMOXINE	3	
ANASTROZOLE 1 MG TABLET	ANASTROZOLE	1	
ANNOVERA VAGINAL RING	SEGESTERONE AC/ETHIN ESTRADIOL	1	
ANORO ELLIPTA 62.5-25 MCG INHALER	UMECLIDINIUM BRM/VILANTEROL TR	2	QL
ANUCORT-HC 25 MG SUPPOSITORY	HYDROCORTISONE ACETATE	1	
ANZEMET 50 MG TABLET	DOLASETRON MESYLATE	4	PA, QL
APIDRA 100 UNIT/ML SOLOSTAR	INSULIN GLULISINE	3	QL
APIDRA 100 UNIT/ML VIAL	INSULIN GLULISINE	3	QL
APOMORPHINE 30 MG/3 ML CARTRIDGE	APOMORPHINE HCL	4	PA, QL, SRX

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
APRACLONIDINE 0.5% DROPS	APRACLONIDINE HCL	1	
APREPITANT 40 MG CAPSULE	APREPITANT	2	QL
APREPITANT 80 MG CAPSULE	APREPITANT	2	QL
APREPITANT 125 MG CAPSULE	APREPITANT	2	QL
APREPITANT 125-80-80 MG PACK	APREPITANT	2	QL
APRETUDE ER 600 MG/3 ML VIAL	CABOTEGRAVIR	4	LDD, SRX
APRI 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
APTIOM 200 MG TABLET	ESLICARBAZEPINE ACETATE	3	PA, QL
APTIOM 400 MG TABLET	ESLICARBAZEPINE ACETATE	3	PA, QL
APTIOM 600 MG TABLET	ESLICARBAZEPINE ACETATE	3	PA, QL
APTIOM 800 MG TABLET	ESLICARBAZEPINE ACETATE	3	PA, QL
APTIVUS 250 MG CAPSULE	TIPRANAVIR	2	SRX
AQ INSULIN SYRINGE 0.5 ML 30G 8MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
AQ INSULIN SYRINGE 1 ML 29G 12MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
AQ INSULIN SYRINGE 1 ML 31G 8MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
AQINJECT PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
AQINJECT PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
AQUA CARE 0.9% NACL IRRIGATION	SODIUM CHLORIDE IRRIG SOLUTION	1	
AQUA CARE STERILE WATER IRRIGATION	WATER FOR IRRIGATION,STERILE	1	
ARANELLE 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
ARANESP 10 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 25 MCG/0.42 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 40 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 60 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 100 MCG/0.5 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 150 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 200 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 300 MCG/0.6 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 500 MCG/1 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 25 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 40 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 60 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 100 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARANESP 200 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT	4	PA, SRX
ARCALYST 220 MG VIAL	RILONACEPT	4	PA, LDD, SRX
AREXVY VIAL KIT	RSVPREF3 ANTIGEN/AS01E/PF	2	
ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION	ARFORMOTEROL TARTRATE	3	QL
ARIPIPRAZOLE 10 MG ODT TABLET	ARIPIPRAZOLE	3	
ARIPIPRAZOLE 15 MG ODT TABLET	ARIPIPRAZOLE	3	
ARIPIPRAZOLE 1 MG/ML ORAL SOLUTION	ARIPIPRAZOLE	2	
ARIPIPRAZOLE 2 MG TABLET	ARIPIPRAZOLE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
ARIPIPRAZOLE 5 MG TABLET	ARIPIPRAZOLE	1	
ARIPIPRAZOLE 10 MG TABLET	ARIPIPRAZOLE	1	
ARIPIPRAZOLE 15 MG TABLET	ARIPIPRAZOLE	1	
ARIPIPRAZOLE 20 MG TABLET	ARIPIPRAZOLE	1	
ARIPIPRAZOLE 30 MG TABLET	ARIPIPRAZOLE	1	
ARMODAFINIL 50 MG TABLET	ARMODAFINIL	1	PA
ARMODAFINIL 150 MG TABLET	ARMODAFINIL	1	PA
ARMODAFINIL 200 MG TABLET	ARMODAFINIL	1	PA
ARMODAFINIL 250 MG TABLET	ARMODAFINIL	1	PA
ARMOUR THYROID 15 MG TABLET	THYROID,PORK	2	
ARMOUR THYROID 30 MG TABLET	THYROID,PORK	2	
ARMOUR THYROID 60 MG TABLET	THYROID,PORK	2	
ARMOUR THYROID 90 MG TABLET	THYROID,PORK	2	
ARMOUR THYROID 120 MG TABLET	THYROID,PORK	2	
ARMOUR THYROID 180 MG TABLET	THYROID,PORK	2	
ARMOUR THYROID 240 MG TABLET	THYROID,PORK	2	
ARMOUR THYROID 300 MG TABLET	THYROID,PORK	2	
ARNUITY ELLIPTA 50 MCG INHALER	FLUTICASONE FUROATE	2	
ARNUITY ELLIPTA 100 MCG INHALER	FLUTICASONE FUROATE	2	
ARNUITY ELLIPTA 200 MCG INHALER	FLUTICASONE FUROATE	2	
ASCOMP WITH CODEINE CAPSULE	CODEINE/BUTALBITAL/ASA/CAFFEIN	2	PA
ASENAPINE 2.5 MG SUBLINGUAL TABLET	ASENAPINE MALEATE	3	QL
ASENAPINE 5 MG SUBLINGUAL TABLET	ASENAPINE MALEATE	3	QL
ASENAPINE 10 MG SUBLINGUAL TABLET	ASENAPINE MALEATE	3	QL
ASHLYNA 0.15-0.03-0.01 MG TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
ASMANEX 110 MCG #30 TWISTHALER	MOMETASONE FUROATE	3	QL
ASMANEX 220 MCG #14 TWISTHALER	MOMETASONE FUROATE	3	
ASMANEX 220 MCG #30 TWISTHALER	MOMETASONE FUROATE	3	QL
ASMANEX 220 MCG #60 TWISTHALER	MOMETASONE FUROATE	3	QL
ASMANEX 220 MCG #120 TWISTHALER	MOMETASONE FUROATE	3	QL
ASMANEX HFA 50 MCG INHALER	MOMETASONE FUROATE	3	QL
ASMANEX HFA 100 MCG INHALER	MOMETASONE FUROATE	3	QL
ASMANEX HFA 200 MCG INHALER	MOMETASONE FUROATE	3	QL
ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE	CODEINE/BUTALBITAL/ASA/CAFFEIN	2	PA
ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE	ASPIRIN/DIPYRIDAMOLE	1	
ASSURE 4 CONTROL SOLUTION	BLOOD-GLUCOSE CALIB. CONTROL	2	
ASSURE DOSE CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
ASSURE ID DUO PRO NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
ASSURE ID PEN NEEDLE 30G 5/16"	PEN NEEDLE, DIABETIC, SAFETY	2	
ASSURE ID PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC, SAFETY	2	
ASSURE ID PRO PEN NEEDLE 30G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
ASSURE ID SYRINGE 0.5 ML 31G 15/64"	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
ASSURE ID SYRINGE 1 ML 31G 15/64"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
ASSURE PRISM CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
ASTAGRAF XL 0.5 MG CAPSULE	TACROLIMUS	4	SRX
ASTAGRAF XL 1 MG CAPSULE	TACROLIMUS	4	SRX
ASTAGRAF XL 5 MG CAPSULE	TACROLIMUS	4	SRX
ASTHMA CHECK PEAK FLOW METER	PEAK FLOW METER	2	
ASTHMAPACK CHILDREN'S CARE KIT	PEAK FLOW METER/INH ASSIT DEV	2	
ATAZANAVIR 150 MG CAPSULE	ATAZANAVIR SULFATE	1	SRX
ATAZANAVIR 200 MG CAPSULE	ATAZANAVIR SULFATE	1	SRX
ATAZANAVIR 300 MG CAPSULE	ATAZANAVIR SULFATE	1	SRX
ATENOLOL 25 MG TABLET	ATENOLOL	1	
ATENOLOL 50 MG TABLET	ATENOLOL	1	
ATENOLOL 100 MG TABLET	ATENOLOL	1	
ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET	ATENOLOL/CHLORTHALIDONE	1	
ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET	ATENOLOL/CHLORTHALIDONE	1	
ATOMOXETINE 10 MG CAPSULE	ATOMOXETINE HCL	1	QL
ATOMOXETINE 18 MG CAPSULE	ATOMOXETINE HCL	1	QL
ATOMOXETINE 25 MG CAPSULE	ATOMOXETINE HCL	1	QL
ATOMOXETINE 40 MG CAPSULE	ATOMOXETINE HCL	1	QL
ATOMOXETINE 60 MG CAPSULE	ATOMOXETINE HCL	1	QL
ATOMOXETINE 80 MG CAPSULE	ATOMOXETINE HCL	1	QL
ATOMOXETINE 100 MG CAPSULE	ATOMOXETINE HCL	1	QL
ATORVASTATIN 10 MG TABLET	ATORVASTATIN CALCIUM	1	
ATORVASTATIN 20 MG TABLET	ATORVASTATIN CALCIUM	1	
ATORVASTATIN 40 MG TABLET	ATORVASTATIN CALCIUM	1	
ATORVASTATIN 80 MG TABLET	ATORVASTATIN CALCIUM	1	
ATOVAQUONE 750 MG/5 ML ORAL SUSPENSION	ATOVAQUONE	3	
ATOVAQUONE-PROGUANIL 62.5 MG-25 MG TABLET	ATOVAQUONE/PROGUANIL HCL	1	
ATOVAQUONE-PROGUANIL 250 MG-100 MG TABLET	ATOVAQUONE/PROGUANIL HCL	1	
ATROPINE 1% EYE DROPS	ATROPINE SULFATE/PF	1	
ATROPINE 1% EYE OINTMENT	ATROPINE SULFATE	1	
AUBRA EQ-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
AUBRA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
AUROVELA 1 MG-20 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
AUROVELA 21 1.5 MG-30 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
AUROVELA 24 FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
AUROVELA FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
AUROVELA FE 1.5 MG-30 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
AUTOJECT 2 INJECTION DEVICE	INSULIN ADMIN. SUPPLIES	2	
AUTOPEN 1 TO 21 UNITS	INSULIN ADMIN. SUPPLIES	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
AUTOPEN 2 TO 42 UNITS	INSULIN ADMIN. SUPPLIES	2	
AUTOSHIELD DUO PEN NEEDLE 30G 5MM	PEN NEEDLE,DUAL SAFETY,DIABETC	2	
AUTOSOFT 30 INFUSION PACK 23" 13MM	INSULIN INFUSION SET/CARTRIDGE	2	
AUTOSOFT 30 INFUSION SET 23" 13MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT 30 INFUSION SET 43" 13MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT 90 INFUSION SET 23" 6MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT 90 INFUSION SET 23" 9MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT 90 INFUSION SET 43" 6MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT 90 INFUSION SET 43" 9MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT XC INFUSION PACK 5" 6MM	INSULIN INFUSION SET/CARTRIDGE	2	
AUTOSOFT XC INFUSION PACK 23" 6MM	INSULIN INFUSION SET/CARTRIDGE	2	
AUTOSOFT XC INFUSION SET 23" 6MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT XC INFUSION SET 23" 9MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT XC INFUSION SET 32" 6MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT XC INFUSION SET 43" 6MM	INFUSION SET FOR INSULIN PUMP	2	
AUTOSOFT XC INFUSION SET 43" 9MM	INFUSION SET FOR INSULIN PUMP	2	
AVIANE-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
AVONEX 30 MCG/0.5 ML PEN	INTERFERON BETA-1A	4	PA, SRX
AVONEX 30 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A	4	PA, SRX
AYUNA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
AZASITE 1% EYE DROPS	AZITHROMYCIN	3	
AZATHIOPRINE 50 MG TABLET	AZATHIOPRINE	1	SRX
AZELAIC ACID 15% GEL	AZELAIC ACID	2	
AZELASTINE 0.05% DROPS	AZELASTINE HCL	1	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	AZELASTINE HCL	1	
AZELASTINE 0.15% NASAL SPRAY	AZELASTINE HCL	1	
AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY	AZELASTINE/FLUTICASONE	2	
AZITHROMYCIN 100 MG/5 ML ORAL SUSPENSION	AZITHROMYCIN	1	
AZITHROMYCIN 200 MG/5 ML ORAL SUSPENSION	AZITHROMYCIN	1	
AZITHROMYCIN 1 GM POWDER PACKET	AZITHROMYCIN	1	
AZITHROMYCIN 250 MG TABLET	AZITHROMYCIN	1	
AZITHROMYCIN 500 MG TABLET	AZITHROMYCIN	1	
AZITHROMYCIN 600 MG TABLET	AZITHROMYCIN	1	
AZURETTE 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	1	
BACITRACIN 500 UNIT/GM EYE OINTMENT	BACITRACIN	2	
BACITRACIN-POLYMYXIN EYE OINTMENT	BACITRACIN/POLYMYXIN B SULFATE	1	
BACLOFEN 5 MG TABLET	BACLOFEN	1	
BACLOFEN 10 MG TABLET	BACLOFEN	1	
BACLOFEN 20 MG TABLET	BACLOFEN	1	
BAL-CARE DHA COMBO PACK	PNV81/IRON EDTA,PS/FOLIC/OMEG3	1	
BALSALAZIDE 750 MG CAPSULE	BALSALAZIDE DISODIUM	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
BALZIVA 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
BAQSIMI 3 MG NASAL SPRAY	GLUCAGON	2	QL
BARACLUDE 0.05 MG/ML ORAL SOLUTION	ENTECAVIR	4	SRX
BASAGLAR 100 UNIT/ML KWIKPEN	INSULIN GLARGINE,HUM.REC.ANLOG	2	QL
BASAGLAR 100 UNIT/ML TEMPO PEN	INSULIN GLARGINE,HUM.REC.ANLOG	2	QL
BD AUTOSHIELD DUO PEN NEEDLE 30G 5MM	PEN NEEDLE,DUAL SAFETY,DIABETC	2	
BD BLUNT NEEDLE 18G 1.5"	BLUNT NEEDLE, DISPOSABLE	2	
BD ECLIPSE LUER-LOK SYRINGE 3 ML	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD ECLIPSE NEEDLE 18G 1.5"	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 18G 40MM	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 21G 1"	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 21G 1.5"	NEEDLES, DISPOSABLE	2	
BD ECLIPSE NEEDLE 22G 1"	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 23G 1"	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 23G 25MM	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 25G 1"	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 25G 1.5"	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 25G 16MM	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 25G 25MM	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 25G 40MM	NEEDLES, SAFETY	2	
BD ECLIPSE NEEDLE 30G 13MM	NEEDLES, SAFETY	2	
BD ECLIPSE SYRINGE 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD FILTER NEEDLE	NEEDLES, FILTER	2	
BD INSULIN SYRINGE 0.3 ML 29G 12.7MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
BD INSULIN SYRINGE 0.3 ML 31G 8MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
BD INSULIN SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
BD INSULIN SYRINGE 0.5 ML 29G 12.7MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
BD INSULIN SYRINGE 1 ML 27G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD INSULIN SYRINGE 1 ML 27G 5/8"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD INSULIN SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD INSULIN SYRINGE 1 ML 29G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD INSULIN SYRINGE U-500 1/2 ML 31G 6MM	SYRINGE,INSUL U-500,NDL,0.5ML	2	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 30G 12.7MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 31G 8MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 30G 12.7MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 31G 8MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD INSULIN SYRINGE ULTRAFINE 1 ML 31G 8MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD INTEGRA NEEDLE 25G 5/8"	NEEDLES, SAFETY	2	
BD INTEGRA RETRA NEEDLE 23G 1"	NEEDLES, DISPOSABLE	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
BD INTEGRA SYRINGE 3 ML 21G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD LUER-LOK SYRINGE 3 ML 25G 5/8"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD NANO 2 GEN PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
BD NEEDLE 16G 1"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 16G 1.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 18G 1"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 18G 1.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 19G 1"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 19G 1.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 20G 1"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 20G 1.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 21G 1"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 21G 1.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 21G 2"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 22G 1"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 22G 1.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 22G 3/4"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 23G 0.75"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 23G 1"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 23G 1.25"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 23G 1.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 25G 0.625"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 25G 0.875"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 25G 1"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 25G 1.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 25G 5/8"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 26G 0.375"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 26G 0.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 26G 0.625"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 27G 0.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 27G 1 1.25"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 30G 0.5"	NEEDLES, DISPOSABLE	2	
BD NEEDLE 30G 1"	NEEDLES, DISPOSABLE	2	
BD NOKOR ADMIX NEEDLE 18G 1.5"	NEEDLES, DISPOSABLE	2	
BD NOKOR NEEDLE 16G 1"	NEEDLES, DISPOSABLE	2	
BD NOKOR NEEDLE 18G 1"	NEEDLES, DISPOSABLE	2	
BD PRECISIONGLIDE 3 ML 22G 3/4"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD PRECISIONGLIDE NEEDLE 25G	NEEDLES, DISPOSABLE	2	
BD PRECISIONGLIDE NEEDLE 27G 1.5"	NEEDLES, DISPOSABLE	2	
BD PRECISIONGLIDE NEEDLE 27G 3/8"	NEEDLES, DISPOSABLE	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29G 13MM	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 8MM	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30G 8MM	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29G 13MM	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
BD SAFETYGLIDE NEEDLE	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 18G 1.5"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 21G 1"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 21G 1.5"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 22G 1.5"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 23G 40MM	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 25G 1"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 27G 5/8"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE SYRINGE 27G 5/8"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD SAFETYGLIDE SYRINGE 3 ML	SYRINGE,SAFETY WITH NEEDLE,3ML	2	
BD SYRINGE 3 ML 18G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE 3 ML 20G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE 3 ML 25G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE 3 ML 25G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE WITH NEEDLE 3 ML	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE-SAFETY GLIDE	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD ULTRAFINE MICRO PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
BD ULTRAFINE MINI PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
BD ULTRAFINE NANO PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
BD ULTRAFINE ORIGINAL PEN NEEDLE 29G 12.7MM	PEN NEEDLE, DIABETIC	2	
BD ULTRAFINE SHORT PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
BD VEO INSULIN SYRINGE 0.5 ML 31G 6MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
BD VEO INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BELLADONNA-OPIUM 16.2-30 SUPPOSITORY	OPIUM/BELLADONNA ALKALOIDS	1	PA
BELLADONNA-OPIUM 16.2-60 SUPPOSITORY	OPIUM/BELLADONNA ALKALOIDS	1	PA
BENAZEPRIL 5 MG TABLET	BENAZEPRIL HCL	1	
BENAZEPRIL 10 MG TABLET	BENAZEPRIL HCL	1	
BENAZEPRIL 20 MG TABLET	BENAZEPRIL HCL	1	
BENAZEPRIL 40 MG TABLET	BENAZEPRIL HCL	1	
BENAZEPRIL-HCTZ 5-6.25 MG TABLET	BENAZEPRIL/HYDROCHLOROTHIAZIDE	1	
BENAZEPRIL-HCTZ 10-12.5 MG TABLET	BENAZEPRIL/HYDROCHLOROTHIAZIDE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
BENAZEPRIL-HCTZ 20-12.5 MG TABLET	BENAZEPRIL/HYDROCHLOROTHIAZIDE	1	
BENAZEPRIL-HCTZ 20-25 MG TABLET	BENAZEPRIL/HYDROCHLOROTHIAZIDE	1	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29G 13MM	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 8MM	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30G 8MM	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29G 13MM	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
BD SAFETYGLIDE NEEDLE	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 18G 1.5"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 21G 1"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 21G 1.5"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 22G 1.5"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 23G 40MM	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 25G 1"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE NEEDLE 27G 5/8"	NEEDLES, SAFETY	2	
BD SAFETYGLIDE SYRINGE 27G 5/8"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BD SAFETYGLIDE SYRINGE 3 ML	SYRINGE,SAFETY WITH NEEDLE,3ML	2	
BD SYRINGE 3 ML 18G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE 3 ML 20G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE 3 ML 25G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE 3 ML 25G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE WITH NEEDLE 3 ML	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD SYRINGE-SAFETY GLIDE	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
BD ULTRAFINE MICRO PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
BD ULTRAFINE MINI PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
BD ULTRAFINE NANO PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
BD ULTRAFINE ORIGINAL PEN NEEDLE 29G 12.7MM	PEN NEEDLE, DIABETIC	2	
BD ULTRAFINE SHORT PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
BD VEO INSULIN SYRINGE 0.5 ML 31G 6MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
BD VEO INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
BELLADONNA-OPIUM 16.2-30 SUPPOSITORY	OPIUM/BELLADONNA ALKALOIDS	1	PA
BELLADONNA-OPIUM 16.2-60 SUPPOSITORY	OPIUM/BELLADONNA ALKALOIDS	1	PA
BENAZEPRIL 5 MG TABLET	BENAZEPRIL HCL	1	
BENAZEPRIL 10 MG TABLET	BENAZEPRIL HCL	1	
BENAZEPRIL 20 MG TABLET	BENAZEPRIL HCL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
BENAZEPRIL 40 MG TABLET	BENAZEPRIL HCL	1	
BENAZEPRIL-HCTZ 5-6.25 MG TABLET	BENAZEPRIL/HYDROCHLOROTHIAZIDE	1	
BENAZEPRIL-HCTZ 10-12.5 MG TABLET	BENAZEPRIL/HYDROCHLOROTHIAZIDE	1	
BENAZEPRIL-HCTZ 20-12.5 MG TABLET	BENAZEPRIL/HYDROCHLOROTHIAZIDE	1	
BENAZEPRIL-HCTZ 20-25 MG TABLET	BENAZEPRIL/HYDROCHLOROTHIAZIDE	1	
BENZONATATE 100 MG CAPSULE	BENZONATATE	1	
BENZONATATE 200 MG CAPSULE	BENZONATATE	1	
BENZTROPINE 0.5 MG TABLET	BENZTROPINE MESYLATE	1	
BENZTROPINE 1 MG TABLET	BENZTROPINE MESYLATE	1	
BENZTROPINE 2 MG TABLET	BENZTROPINE MESYLATE	1	
BEPOTASTINE 1.5% EYE DROPS	BEPOTASTINE BESILATE	3	
BESER 0.05% LOTION	FLUTICASONE PROPIONATE	3	
BETADINE 5% EYE SOLUTION	POVIDONE-IODINE	3	
BETAINE 1 GRAM/SCOOP POWDER	BETAINE	4	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% CREAM	BETAMETHASONE DIPROPIONATE	1	
BETAMETHASONE DIPROPIONATE 0.05% LOTION	BETAMETHASONE DIPROPIONATE	1	
BETAMETHASONE DIPROPIONATE 0.05% OINTMENT	BETAMETHASONE DIPROPIONATE	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM	BETAMETHASONE/PROPYLENE GLYC	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL	BETAMETHASONE DIPROPIONATE	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	BETAMETHASONE/PROPYLENE GLYC	1	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	BETAMETHASONE/PROPYLENE GLYC	1	
BETAMETHASONE VALERATE 0.1% CREAM	BETAMETHASONE VALERATE	1	
BETAMETHASONE VALERATE 0.12% FOAM	BETAMETHASONE VALERATE	2	
BETAMETHASONE VALERATE 0.1% LOTION	BETAMETHASONE VALERATE	1	
BETAMETHASONE VALERATE 0.1% OINTMENT	BETAMETHASONE VALERATE	1	
BETAXOLOL 0.5% EYE DROPS	BETAXOLOL HCL	1	
BETAXOLOL 10 MG TABLET	BETAXOLOL HCL	1	
BETAXOLOL 20 MG TABLET	BETAXOLOL HCL	1	
BETHANECHOL 5 MG TABLET	BETHANECHOL CHLORIDE	1	
BETHANECHOL 10 MG TABLET	BETHANECHOL CHLORIDE	1	
BETHANECHOL 25 MG TABLET	BETHANECHOL CHLORIDE	1	
BETHANECHOL 50 MG TABLET	BETHANECHOL CHLORIDE	1	
BEXAROTENE 1% GEL	BEXAROTENE	4	PA, SRX
BEXAROTENE 75 MG CAPSULE	BEXAROTENE	4	PA, SRX
BEXSERO PREFILLED SYRINGE	MENINGOCOCCAL B VACCINE,4-COMP	2	
BEYFORTUS 50 MG/0.5 ML SYRINGE	NIRSEVIMAB-ALIP	2	
BEYFORTUS 100 MG/ML SYRINGE	NIRSEVIMAB-ALIP	2	
BICALUTAMIDE 50 MG TABLET	BICALUTAMIDE	1	
BIKTARVY 30-120-15 MG TABLET	BICTEGRAV/EMTRICIT/TENOFOV ALA	3	QL, SRX
BIKTARVY 50-200-25 MG TABLET	BICTEGRAV/EMTRICIT/TENOFOV ALA	3	QL, SRX
BIMATOPROST 0.03% EYE DROPS	BIMATOPROST	1	QL

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
BINOSTO 70 MG EFFERVESCENT TABLET	ALENDRONATE SODIUM	3	
BISOPROLOL 5 MG TABLET	BISOPROLOL FUMARATE	1	
BISOPROLOL 10 MG TABLET	BISOPROLOL FUMARATE	1	
BISOPROLOL-HCTZ 2.5-6.25 MG TABLET	BISOPROLOL/HYDROCHLOROTHIAZIDE	1	
BISOPROLOL-HCTZ 5-6.25 MG TABLET	BISOPROLOL/HYDROCHLOROTHIAZIDE	1	
BISOPROLOL-HCTZ 10-6.25 MG TABLET	BISOPROLOL/HYDROCHLOROTHIAZIDE	1	
BLISOVI 24 FE TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
BLISOVI FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
BLISOVI FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
BLOOD GLUCOSE CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
BLUNT NEEDLE	BLUNT NEEDLE, DISPOSABLE	2	
BOOSTRIX TDAP	DIPHTH,PERTUSS(ACELL),TET VAC	2	
BOSENTAN 62.5 MG TABLET	BOSENTAN	4	PA, SRX
BOSENTAN 125 MG TABLET	BOSENTAN	4	PA, SRX
BOSULIF 50 MG CAPSULE	BOSUTINIB	4	PA, QL, LDD, SRX
BOSULIF 100 MG CAPSULE	BOSUTINIB	4	PA, QL, LDD, SRX
BOSULIF 100 MG TABLET	BOSUTINIB	4	PA, QL, LDD, SRX
BOSULIF 400 MG TABLET	BOSUTINIB	4	PA, QL, LDD, SRX
BOSULIF 500 MG TABLET	BOSUTINIB	4	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	INHALER, ASSIST DEVICES	2	QL
BREATHERITE SPACER-ADULT MASK	INHALER,ASSIST DEVICE,LG MASK	2	QL
BREATHERITE SPACER-INFANT MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
BREATHERITE SPACER-LARGE CHILD MASK	INHALER,ASSIST DEVICE,MED MASK	2	QL
BREATHERITE SPACER-NEONATE MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
BREATHERITE SPACER-SMALL CHILD MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
BREATHRITE VALVED MDI CHAMBER	INHALER, ASSIST DEVICES	2	QL
BREATHRITE VALVED MDI SPACER	INHALER, ASSIST DEVICES	2	QL
BREEZE 2 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
BREO ELLIPTA 50-25 MCG INHALER	FLUTICASONE/VILANTEROL	2	QL
BREO ELLIPTA 100-25 MCG INHALER	FLUTICASONE/VILANTEROL	2	QL
BREO ELLIPTA 200-25 MCG INHALER	FLUTICASONE/VILANTEROL	2	QL
BREYNA 80-4.5 MCG INHALER	BUDESONIDE/FORMOTEROL FUMARATE	3	QL
BREYNA 160-4.5 MCG INHALER	BUDESONIDE/FORMOTEROL FUMARATE	3	QL
BRIELLYN TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
BRIMONIDINE 0.1% DROPS	BRIMONIDINE TARTRATE	1	
BRIMONIDINE 0.15% DROPS	BRIMONIDINE TARTRATE	1	
BRIMONIDINE 0.2% EYE DROPS	BRIMONIDINE TARTRATE	1	
BRIMONIDINE-TIMOLOL 0.2%-0.5% EYE DROPS	BRIMONIDINE TARTRATE/TIMOLOL	3	
BRINZOLAMIDE 1% EYE DROPS	BRINZOLAMIDE	2	
BRIVIACT 10 MG/ML ORAL SOLUTION	BRIVARACETAM	3	PA, QL
BRIVIACT 10 MG TABLET	BRIVARACETAM	3	PA, QL

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Nombre del medicamento	Nombre genérico	Nivel	Notas
BRIVIACT 25 MG TABLET	BRIVARACETAM	3	PA, QL
BRIVIACT 50 MG TABLET	BRIVARACETAM	3	PA, QL
BRIVIACT 75 MG TABLET	BRIVARACETAM	3	PA, QL
BRIVIACT 100 MG TABLET	BRIVARACETAM	3	PA, QL
BROMFENAC 0.09% EYE DROPS	BROMFENAC SODIUM	2	
BROMOCRIPTINE 5 MG CAPSULE	BROMOCRIPTINE MESYLATE	1	
BROMOCRIPTINE 2.5 MG TABLET	BROMOCRIPTINE MESYLATE	1	
BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM 2-30-10 MG/5 ML SYRUP	BROMPHENIRAMINE/PSEUDOEPHED/DM	1	
BROOKS INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
BRUKINSA 80 MG CAPSULE	ZANUBRUTINIB	4	PA, QL, LDD, SRX
BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION	BUDESONIDE	3	QL
BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION	BUDESONIDE	3	QL
BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION	BUDESONIDE	3	QL
BUDESONIDE DR 3 MG CAPSULE	BUDESONIDE	3	
BUDESONIDE EC 3 MG CAPSULE	BUDESONIDE	3	
BUDESONIDE ER 9 MG TABLET	BUDESONIDE	4	PA, QL
BUDESONIDE-FORMOTEROL 80-4.5 INHALER	BUDESONIDE/FORMOTEROL FUMARATE	3	QL
BUDESONIDE-FORMOTEROL 160-4.5 INHALER	BUDESONIDE/FORMOTEROL FUMARATE	3	QL
BUMETANIDE 0.5 MG TABLET	BUMETANIDE	1	
BUMETANIDE 1 MG TABLET	BUMETANIDE	1	
BUMETANIDE 2 MG TABLET	BUMETANIDE	1	
BUPRENORPHINE 5 MCG/HR PATCH	BUPRENORPHINE	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	BUPRENORPHINE	2	QL
BUPRENORPHINE 10 MCG/HR PATCH	BUPRENORPHINE	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	BUPRENORPHINE	2	QL
BUPRENORPHINE 20 MCG/HR PATCH	BUPRENORPHINE	2	QL
BUPRENORPHINE 2 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL	1	
BUPRENORPHINE 8 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL	1	
BUPRENORPHINE-NALOXONE 2-0.5 MG FILM	BUPRENORPHINE HCL/NALOXONE HCL	1	
BUPRENORPHINE-NALOXONE 4-1 MG FILM	BUPRENORPHINE HCL/NALOXONE HCL	1	
BUPRENORPHINE-NALOXONE 8-2 MG FILM	BUPRENORPHINE HCL/NALOXONE HCL	1	
BUPRENORPHINE-NALOXONE 12-3 MG FILM	BUPRENORPHINE HCL/NALOXONE HCL	1	
BUPRENORPHINE-NALOXONE 2-0.5 MG TABLET	BUPRENORPHINE HCL/NALOXONE HCL	1	
BUPRENORPHINE-NALOXONE 8-2 MG TABLET	BUPRENORPHINE HCL/NALOXONE HCL	1	
BUPROPION 75 MG TABLET	BUPROPION HCL	1	QL
BUPROPION 100 MG TABLET	BUPROPION HCL	1	QL
BUPROPION SR 100 MG TABLET	BUPROPION HCL	1	QL
BUPROPION SR 150 MG TABLET	BUPROPION HCL	1	
BUPROPION SR 150 MG TABLET (smoking cessation)	BUPROPION HCL	1	QL
BUPROPION SR 200 MG TABLET	BUPROPION HCL	1	QL

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
BUPROPION XL 150 MG TABLET	BUPROPION HCL	1	QL
BUPROPION XL 300 MG TABLET	BUPROPION HCL	1	QL
BUSPIRONE 5 MG TABLET	BUSPIRONE HCL	1	
BUSPIRONE 7.5 MG TABLET	BUSPIRONE HCL	1	
BUSPIRONE 10 MG TABLET	BUSPIRONE HCL	1	
BUSPIRONE 15 MG TABLET	BUSPIRONE HCL	1	
BUSPIRONE 30 MG TABLET	BUSPIRONE HCL	1	
BUTALBITAL COMPOUND-CODEINE #3 CAPSULE	CODEINE/BUTALBITAL/ASA/CAFFEIN	2	PA
BUTALBITAL-ACETAMINOPHEN 50-325 MG TABLET	BUTALBITAL/ACETAMINOPHEN	1	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG CAPSULE	BUTALB/ACETAMINOPHEN/CAFFEINE	1	QL
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	BUTALB/ACETAMINOPHEN/CAFFEINE	1	QL
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-30 MG CAPSULE	BUTALBIT/ACETAMIN/CAFF/CODEINE	1	PA
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-30 MG CAPSULE	BUTALBIT/ACETAMIN/CAFF/CODEINE	1	PA
BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE	BUTALBITAL/ASPIRIN/CAFFEINE	1	QL
BUTALBITAL-ASPIRIN-CAFFEINE TABLET	BUTALBITAL/ASPIRIN/CAFFEINE	1	QL
BUTORPHANOL 10 MG/ML NASAL SPRAY	BUTORPHANOL TARTRATE	1	PA, QL
BYDUREON BCISE 2 MG AUTO-INJECTOR	EXENATIDE MICROSPHERES	2	PA, QL
BYETTA 5 MCG DOSE PEN INJECTOR	EXENATIDE	2	PA, QL
BYETTA 10 MCG DOSE PEN INJECTOR	EXENATIDE	2	PA, QL
CA INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
CA INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
CA INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
CA INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
CA INSULIN SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
CA INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
CA INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
CA INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
CA INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
CABERGOLINE 0.5 MG TABLET	CABERGOLINE	1	QL
CABOMETYX 20 MG TABLET	CABOZANTINIB S-MALATE	4	PA, QL, LDD, SRX
CABOMETYX 40 MG TABLET	CABOZANTINIB S-MALATE	4	PA, QL, LDD, SRX
CABOMETYX 60 MG TABLET	CABOZANTINIB S-MALATE	4	PA, QL, LDD, SRX
CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION	CAFFEINE CITRATE	1	
CALCIPOTRIENE 0.005% CREAM	CALCIPOTRIENE	2	
CALCIPOTRIENE 0.005% OINTMENT	CALCIPOTRIENE	2	
CALCIPOTRIENE 0.005% TOPICAL SOLUTION	CALCIPOTRIENE	2	
CALCIPOTRIENE-BETAMETHASONE OINTMENT	CALCIPOTRIENE/BETAMETHASONE	3	
CALCITONIN-SALMON 200 UNIT NASAL SPRAY	CALCITONIN,SALMON,SYNTHETIC	1	
CALCITRIOL 0.25 MCG CAPSULE	CALCITRIOL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
CALCITRIOL 0.5 MCG CAPSULE	CALCITRIOL	1	
CALCITRIOL 1 MCG/ML ORAL SOLUTION	CALCITRIOL	1	
CALCITRIOL 3 MCG/G OINTMENT	CALCITRIOL	1	QL
CALCIUM ACETATE 667 MG CAPSULE	CALCIUM ACETATE	1	
CALCIUM ACETATE 667 MG GELCAP	CALCIUM ACETATE	1	
CALCIUM ACETATE 667 MG TABLET	CALCIUM ACETATE	1	
CALQUENCE 100 MG TABLET	ACALABRUTINIB MALEATE	4	PA, QL, LDD, SRX
CAMILA 0.35 MG TABLET	NORETHINDRONE	1	
CAMRESE 0.15-0.03-0.01 MG TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
CAMRESE LO TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
CAMZYOS 2.5 MG CAPSULE	MAVACAMTEN	4	PA, QL, LDD, SRX
CAMZYOS 5 MG CAPSULE	MAVACAMTEN	4	PA, QL, LDD, SRX
CAMZYOS 10 MG CAPSULE	MAVACAMTEN	4	PA, QL, LDD, SRX
CAMZYOS 15 MG CAPSULE	MAVACAMTEN	4	PA, QL, LDD, SRX
CANDESARTAN 4 MG TABLET	CANDESARTAN CILEXETIL	1	
CANDESARTAN 8 MG TABLET	CANDESARTAN CILEXETIL	1	
CANDESARTAN 16 MG TABLET	CANDESARTAN CILEXETIL	1	
CANDESARTAN 32 MG TABLET	CANDESARTAN CILEXETIL	1	
CANDESARTAN-HCTZ 16-12.5 MG TABLET	CANDESARTAN/HYDROCHLOROTHIAZID	1	
CANDESARTAN-HCTZ 32-12.5 MG TABLET	CANDESARTAN/HYDROCHLOROTHIAZID	1	
CANDESARTAN-HCTZ 32-25 MG TABLET	CANDESARTAN/HYDROCHLOROTHIAZID	1	
CAPECITABINE 150 MG TABLET	CAPECITABINE	4	PA, SRX
CAPECITABINE 500 MG TABLET	CAPECITABINE	4	PA, SRX
CAPRELSA 100 MG TABLET	VANDETANIB	4	PA, QL, LDD, SRX
CAPRELSA 300 MG TABLET	VANDETANIB	4	PA, QL, LDD, SRX
CAPTOPRIL 12.5 MG TABLET	CAPTOPRIL	1	
CAPTOPRIL 25 MG TABLET	CAPTOPRIL	1	
CAPTOPRIL 50 MG TABLET	CAPTOPRIL	1	
CAPTOPRIL 100 MG TABLET	CAPTOPRIL	1	
CAPTOPRIL-HCTZ 25-15 MG TABLET	CAPTOPRIL/HYDROCHLOROTHIAZIDE	1	QL
CAPTOPRIL-HCTZ 25-25 MG TABLET	CAPTOPRIL/HYDROCHLOROTHIAZIDE	1	QL
CAPTOPRIL-HCTZ 50-15 MG TABLET	CAPTOPRIL/HYDROCHLOROTHIAZIDE	1	QL
CAPTOPRIL-HCTZ 50-25 MG TABLET	CAPTOPRIL/HYDROCHLOROTHIAZIDE	1	QL
CAPVAXIVE 0.5 ML SYRINGE	PNEUMOC 21-VAL CONJ-DIP CRM/PF	2	
CARBAMAZEPINE 100 MG CHEWABLE TABLET	CARBAMAZEPINE	1	
CARBAMAZEPINE 100 MG/5 ML ORAL SUSPENSION	CARBAMAZEPINE	1	
CARBAMAZEPINE 200 MG TABLET	CARBAMAZEPINE	1	
CARBAMAZEPINE ER 100 MG CAPSULE	CARBAMAZEPINE	1	
CARBAMAZEPINE ER 200 MG CAPSULE	CARBAMAZEPINE	1	
CARBAMAZEPINE ER 300 MG CAPSULE	CARBAMAZEPINE	1	
CARBAMAZEPINE ER 100 MG TABLET	CARBAMAZEPINE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
CARBAMAZEPINE ER 200 MG TABLET	CARBAMAZEPINE	1	
CARBAMAZEPINE ER 400 MG TABLET	CARBAMAZEPINE	1	
CARBIDOPA 25 MG TABLET	CARBIDOPA	3	
CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET	CARBIDOPA/LEVODOPA	1	
CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET	CARBIDOPA/LEVODOPA	1	
CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET	CARBIDOPA/LEVODOPA	1	
CARBIDOPA-LEVODOPA 10-100 TABLET	CARBIDOPA/LEVODOPA	1	
CARBIDOPA-LEVODOPA 25-100 TABLET	CARBIDOPA/LEVODOPA	1	
CARBIDOPA-LEVODOPA 25-250 TABLET	CARBIDOPA/LEVODOPA	1	
CARBIDOPA-LEVODOPA ER 25-100 TABLET	CARBIDOPA/LEVODOPA	1	
CARBIDOPA-LEVODOPA ER 50-200 TABLET	CARBIDOPA/LEVODOPA	1	
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5 MG-50 MG TABLET	CARBIDOPA/LEVODOPA/ENTACAPONE	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 18.75 MG-75 MG TABLET	CARBIDOPA/LEVODOPA/ENTACAPONE	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 25 MG-100 MG-200 MG TABLET	CARBIDOPA/LEVODOPA/ENTACAPONE	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 31.25 MG-125 MG TABLET	CARBIDOPA/LEVODOPA/ENTACAPONE	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 37.5 MG-150 MG TABLET	CARBIDOPA/LEVODOPA/ENTACAPONE	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 50 MG-200 MG-200 MG TABLET	CARBIDOPA/LEVODOPA/ENTACAPONE	2	
CARBINOXAMINE 4 MG/5 ML ORAL LIQUID	CARBINOXAMINE MALEATE	1	
CARBINOXAMINE 4 MG TABLET	CARBINOXAMINE MALEATE	1	
CAREFINE PEN NEEDLE 29G 12.7MM	PEN NEEDLE, DIABETIC	2	
CAREFINE PEN NEEDLE 30G 8MM	PEN NEEDLE, DIABETIC	2	
CAREFINE PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
CAREFINE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
CAREFINE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
CAREFINE PEN NEEDLE 32G 5MM	PEN NEEDLE, DIABETIC	2	
CAREFINE PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
CAREONE SYRINGE 0.3 ML 30G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
CAREONE SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
CAREONE SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
CAREONE UNIFINE PENTIP 29G 1/2"	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 29G 12MM	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 31G 1/4"	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 31G 3/16"	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 31G 5/16"	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 31G 5MM	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 31G 6MM	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 31G 8MM	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 32G 4MM	PEN NEEDLE, DIABETIC	2	
CAREONE UNIFINE PENTIP 32G 5/32"	PEN NEEDLE, DIABETIC	2	
CAREPOINT LL SYRINGE 3 ML 20G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
CAREPOINT LL SYRINGE 3 ML 21G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CAREPOINT LL SYRINGE 3 ML 21G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CAREPOINT LL SYRINGE 3 ML 22G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CAREPOINT LL SYRINGE 3 ML 22G 38MM	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CAREPOINT LL SYRINGE 3 ML 23G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CAREPOINT LL SYRINGE 3 ML 23G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CAREPOINT LL SYRINGE 3 ML 25G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CAREPOINT LL SYRINGE 3 ML 25G 5/8"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CAREPOINT PRECISION NEEDLE 21G 1"	NEEDLES, DISPOSABLE	2	
CARESENS CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
CARETOUCH L2-L3 CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
CARETOUCH HYPODERMIC NEEDLE 18G 1.5"	NEEDLES, DISPOSABLE	2	
CARETOUCH HYPODERMIC NEEDLE 20G 1"	NEEDLES, DISPOSABLE	2	
CARETOUCH HYPODERMIC NEEDLE 22G 1"	NEEDLES, DISPOSABLE	2	
CARETOUCH HYPODERMIC NEEDLE 23G 1"	NEEDLES, DISPOSABLE	2	
CARETOUCH HYPODERMIC NEEDLE 23G 1.5"	NEEDLES, DISPOSABLE	2	
CARETOUCH HYPODERMIC NEEDLE 25G 1"	NEEDLES, DISPOSABLE	2	
CARETOUCH HYPODERMIC NEEDLE 25G 1.5"	NEEDLES, DISPOSABLE	2	
CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	NEEDLES, DISPOSABLE	2	
CARETOUCH HYPODERMIC NEEDLE 26G 1"	NEEDLES, DISPOSABLE	2	
CARETOUCH LL SYRINGE 3 ML 22G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CARETOUCH LL SYRINGE 3 ML 22G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CARETOUCH LL SYRINGE 3 ML 23G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CARETOUCH LL SYRINGE 3 ML 23G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CARETOUCH LL SYRINGE 3 ML 25G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CARETOUCH LL SYRINGE 3 ML 25G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CARETOUCH LL SYRINGE 3 ML 25G 5/8"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
CARETOUCH PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
CARETOUCH PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
CARETOUCH PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
CARETOUCH PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
CARETOUCH PEN NEEDLE 32G 3/16"	PEN NEEDLE, DIABETIC	2	
CARETOUCH PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
CARETOUCH SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
CARETOUCH SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
CARETOUCH SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
CARETOUCH SYRINGE 1 ML 28G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
CARETOUCH SYRINGE 1 ML 29G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
CARETOUCH SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
CARETOUCH SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	CARGLUMIC ACID	4	PA, LDD, SRX

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
CARISOPRODOL 250 MG TABLET	CARISOPRODOL	1	
CARISOPRODOL 350 MG TABLET	CARISOPRODOL	1	
CARISOPRODOL-ASPIRIN 200-325 MG TABLET	CARISOPRODOL/ASPIRIN	1	
CARISOPRODOL-ASPIRIN-CODEINE TABLET	CARISOPRODOL/ASPIRIN/CODEINE	1	PA
CARTEOLOL 1% EYE DROPS	CARTEOLOL HCL	1	
CARTIA XT 120 MG CAPSULE	DILTIAZEM HCL	1	
CARTIA XT 180 MG CAPSULE	DILTIAZEM HCL	1	
CARTIA XT 240 MG CAPSULE	DILTIAZEM HCL	1	
CARTIA XT 300 MG CAPSULE	DILTIAZEM HCL	1	
CARVEDILOL 3.125 MG TABLET	CARVEDILOL	1	
CARVEDILOL 6.25 MG TABLET	CARVEDILOL	1	
CARVEDILOL 12.5 MG TABLET	CARVEDILOL	1	
CARVEDILOL 25 MG TABLET	CARVEDILOL	1	
CAYSTON 75 MG INHALATION SOLUTION	AZTREONAM LYSINE	4	PA, QL, LDD, SRX
CAZIANT 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
CEFACLOR 250 MG CAPSULE	CEFACLOR	1	
CEFACLOR 500 MG CAPSULE	CEFACLOR	1	
CEFACLOR 125 MG/5 ML ORAL SUSPENSION	CEFACLOR	1	
CEFACLOR 250 MG/5 ML ORAL SUSPENSION	CEFACLOR	1	
CEFACLOR 375 MG/5 ML ORAL SUSPENSION	CEFACLOR	1	
CEFACLOR ER 500 MG TABLET	CEFACLOR	2	
CEFADROXIL 500 MG CAPSULE	CEFADROXIL	1	
CEFADROXIL 250 MG/5 ML ORAL SUSPENSION	CEFADROXIL	1	
CEFADROXIL 500 MG/5 ML ORAL SUSPENSION	CEFADROXIL	1	
CEFADROXIL 1 GM TABLET	CEFADROXIL	1	
CEFDINIR 300 MG CAPSULE	CEFDINIR	1	
CEFDINIR 125 MG/5 ML ORAL SUSPENSION	CEFDINIR	1	
CEFDINIR 250 MG/5 ML ORAL SUSPENSION	CEFDINIR	1	
CEFIXIME 400 MG CAPSULE	CEFIXIME	2	
CEFIXIME 100 MG/5 ML ORAL SUSPENSION	CEFIXIME	2	
CEFIXIME 200 MG/5 ML ORAL SUSPENSION	CEFIXIME	2	
CEFPODOXIME 50 MG/5 ML ORAL SUSPENSION	CEFPODOXIME PROXETIL	1	
CEFPODOXIME 100 MG/5 ML ORAL SUSPENSION	CEFPODOXIME PROXETIL	1	
CEFPODOXIME 100 MG TABLET	CEFPODOXIME PROXETIL	1	
CEFPODOXIME 200 MG TABLET	CEFPODOXIME PROXETIL	1	
CEFPROZIL 125 MG/5 ML ORAL SUSPENSION	CEFPROZIL	1	
CEFPROZIL 250 MG/5 ML ORAL SUSPENSION	CEFPROZIL	1	
CEFPROZIL 250 MG TABLET	CEFPROZIL	1	
CEFPROZIL 500 MG TABLET	CEFPROZIL	1	
CEFUROXIME AXETIL 250 MG TABLET	CEFUROXIME AXETIL	1	
CEFUROXIME AXETIL 500 MG TABLET	CEFUROXIME AXETIL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
CELECOXIB 50 MG CAPSULE	CELECOXIB	1	QL
CELECOXIB 100 MG CAPSULE	CELECOXIB	1	QL
CELECOXIB 200 MG CAPSULE	CELECOXIB	1	QL
CELECOXIB 400 MG CAPSULE	CELECOXIB	1	QL
CEPHALEXIN 250 MG CAPSULE	CEPHALEXIN	1	
CEPHALEXIN 500 MG CAPSULE	CEPHALEXIN	1	
CEPHALEXIN 750 MG CAPSULE	CEPHALEXIN	1	
CEPHALEXIN 125 MG/5 ML ORAL SUSPENSION	CEPHALEXIN	1	
CEPHALEXIN 250 MG/5 ML ORAL SUSPENSION	CEPHALEXIN	1	
CEQUR SIMPLICITY INSERTER	DIABETIC SUPPLIES,MISCELL	2	
CETIRIZINE 1 MG/ML ORAL SOLUTION	CETIRIZINE HCL	1	
CETIRIZINE 1 MG/ML SYRUP	CETIRIZINE HCL	1	
CETRORELIX 0.25 MG VIAL	CETRORELIX ACETATE	4	PA, SRX
CEVIMELINE 30 MG CAPSULE	CEVIMELINE HCL	1	
CHANTIX 0.5 MG TABLET	VARENICLINE TARTRATE	2	
CHANTIX 1 MG CONTINUING MONTH BOX	VARENICLINE TARTRATE	2	
CHANTIX 1 MG TABLET	VARENICLINE TARTRATE	2	
CHANTIX STARTING MONTH BOX	VARENICLINE TARTRATE	2	
CHARLOTTE 24 FE CHEWABLE TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
CHATEAL EQ-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
CHEK-STIX TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
CHEMET 100 MG CAPSULE	SUCCIMER	3	
CHEMSTRIP 10 MD TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
CHEMSTRIP 10 WITH SG TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
CHEMSTRIP 2 GP TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
CHEMSTRIP 2 LN TEST STRIP	URINE PHENAPHTHAZINE-PH TEST	2	
CHEMSTRIP 50B TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
CHEMSTRIP 7 TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
CHEMSTRIP BG DIARY	DIABETIC SUPPLIES,MISCELL	2	
CHEMSTRIP MICRAL TEST STRIP	URINE ALBUMIN TEST	2	
CHEMSTRIP-9 TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
CHLORDIAZEPOXIDE 5 MG CAPSULE	CHLORDIAZEPOXIDE HCL	1	
CHLORDIAZEPOXIDE 10 MG CAPSULE	CHLORDIAZEPOXIDE HCL	1	
CHLORDIAZEPOXIDE 25 MG CAPSULE	CHLORDIAZEPOXIDE HCL	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET	AMITRIPTYLINE/CHLORDIAZEPOXIDE	1	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET	AMITRIPTYLINE/CHLORDIAZEPOXIDE	1	
CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	CHLORDIAZEPOXIDE/CLIDINIUM BR	1	
CHLORHEXIDINE 0.12% ORAL RINSE	CHLORHEXIDINE GLUCONATE	1	
CHLOROQUINE 250 MG TABLET	CHLOROQUINE PHOSPHATE	1	
CHLOROQUINE 500 MG TABLET	CHLOROQUINE PHOSPHATE	1	
CHLORPROMAZINE 10 MG TABLET	CHLORPROMAZINE HCL	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
CHLORPROMAZINE 25 MG TABLET	CHLORPROMAZINE HCL	2	
CHLORPROMAZINE 50 MG TABLET	CHLORPROMAZINE HCL	2	
CHLORPROMAZINE 100 MG TABLET	CHLORPROMAZINE HCL	2	
CHLORPROMAZINE 200 MG TABLET	CHLORPROMAZINE HCL	2	
CHLORTHALIDONE 25 MG TABLET	CHLORTHALIDONE	1	
CHLORTHALIDONE 50 MG TABLET	CHLORTHALIDONE	1	
CHLORZOXAZONE 500 MG TABLET	CHLORZOXAZONE	1	
CHOLESTYRAMINE LIGHT PACKET	CHOLESTYRAMINE/ASPARTAME	1	
CHOLESTYRAMINE LIGHT POWDER	CHOLESTYRAMINE/ASPARTAME	1	
CHOLESTYRAMINE PACKET	CHOLESTYRAMINE (WITH SUGAR)	1	
CHOLESTYRAMINE POWDER	CHOLESTYRAMINE (WITH SUGAR)	1	
CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	CHORIONIC GONADOTROPIN, HUMAN	3	PA, SRX
CICLODAN 0.77% CREAM	CICLOPIROX OLAMINE	1	
CICLODAN 8% TOPICAL SOLUTION	CICLOPIROX	1	
CICLOPIROX 0.77% CREAM	CICLOPIROX OLAMINE	1	
CICLOPIROX 0.77% GEL	CICLOPIROX	1	
CICLOPIROX 1% SHAMPOO	CICLOPIROX	1	
CICLOPIROX 8% TOPICAL SOLUTION	CICLOPIROX	1	
CICLOPIROX 0.77% TOPICAL SUSPENSION	CICLOPIROX OLAMINE	1	
CILOSTAZOL 50 MG TABLET	CILOSTAZOL	1	
CILOSTAZOL 100 MG TABLET	CILOSTAZOL	1	
CILOXAN 0.3% OINTMENT	CIPROFLOXACIN HCL	3	
CIMETIDINE 300 MG/5 ML ORAL SOLUTION	CIMETIDINE HCL	1	
CIMETIDINE 200 MG TABLET	CIMETIDINE	1	
CIMETIDINE 300 MG TABLET	CIMETIDINE	1	
CIMETIDINE 400 MG TABLET	CIMETIDINE	1	
CIMETIDINE 800 MG TABLET	CIMETIDINE	1	
CIMZIA 2X200 MG VIAL KIT	CERTOLIZUMAB PEGOL	4	PA, QL, LDD, SRX
CIMZIA 2X200 MG/ML (X3) STARTER KIT	CERTOLIZUMAB PEGOL	4	PA, QL, LDD, SRX
CIMZIA 2X200 MG/ML SYRINGE KIT	CERTOLIZUMAB PEGOL	4	PA, QL, LDD, SRX
CINACALCET 30 MG TABLET	CINACALCET HCL	4	PA, SRX
CINACALCET 60 MG TABLET	CINACALCET HCL	4	PA, SRX
CINACALCET 90 MG TABLET	CINACALCET HCL	4	PA, SRX
CIPROFLOXACIN 0.2% EAR SOLUTION	CIPROFLOXACIN HCL	1	
CIPROFLOXACIN 0.3% EYE DROPS	CIPROFLOXACIN HCL	1	
CIPROFLOXACIN 250 MG/5 ML ORAL SUSPENSION	CIPROFLOXACIN	1	
CIPROFLOXACIN 500 MG/5 ML ORAL SUSPENSION	CIPROFLOXACIN	1	
CIPROFLOXACIN 250 MG TABLET	CIPROFLOXACIN HCL	1	
CIPROFLOXACIN 500 MG TABLET	CIPROFLOXACIN HCL	1	
CIPROFLOXACIN 750 MG TABLET	CIPROFLOXACIN HCL	1	
CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION	CIPROFLOXACIN HCL/DEXAMETH	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
CIPROFLOXACIN-FLUOCINOLONE 0.3-0.025% VIAL	CIPROFLOXACIN HCL/FLUOCINOLONE	2	PA
CITALOPRAM 10 MG/5 ML ORAL SOLUTION	CITALOPRAM HYDROBROMIDE	1	QL
CITALOPRAM 10 MG TABLET	CITALOPRAM HYDROBROMIDE	1	QL
CITALOPRAM 20 MG TABLET	CITALOPRAM HYDROBROMIDE	1	QL
CITALOPRAM 40 MG TABLET	CITALOPRAM HYDROBROMIDE	1	QL
CLARAVIS 10 MG CAPSULE	ISOTRETINOIN	3	
CLARAVIS 20 MG CAPSULE	ISOTRETINOIN	3	
CLARAVIS 30 MG CAPSULE	ISOTRETINOIN	3	
CLARAVIS 40 MG CAPSULE	ISOTRETINOIN	3	
CLARITHROMYCIN 125 MG/5 ML ORAL SUSPENSION	CLARITHROMYCIN	1	
CLARITHROMYCIN 250 MG/5 ML ORAL SUSPENSION	CLARITHROMYCIN	1	
CLARITHROMYCIN 250 MG TABLET	CLARITHROMYCIN	1	
CLARITHROMYCIN 500 MG TABLET	CLARITHROMYCIN	1	
CLARITHROMYCIN ER 500 MG TABLET	CLARITHROMYCIN	2	
CLEMASTINE 2.68 MG TABLET	CLEMASTINE FUMARATE	1	
CLEVER CHOICE CHAMBER-LARGE MASK	INHALER,ASSIST DEVICE,LG MASK	2	QL
CLEVER CHOICE CHAMBER-MEDIUM MASK	INHALER,ASSIST DEVICE,MED MASK	2	QL
CLEVER CHOICE CHAMBER-SMALL MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
CLEVER CHOICE PEAK FLOW METER	PEAK FLOW METER	2	
CLICKFINE NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
CLICKFINE NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
CLICKFINE PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
CLICKFINE UNIVERSAL 31G 1/4"	PEN NEEDLE, DIABETIC	2	
CLINDACIN 1% FOAM	CLINDAMYCIN PHOSPHATE	2	
CLINDACIN ETZ 1% PLEDGET	CLINDAMYCIN PHOSPHATE	1	
CLINDACIN P 1% PLEDGET	CLINDAMYCIN PHOSPHATE	1	
CLINDAMYCIN (PEDI) 75 MG/5 ML ORAL SOLUTION	CLINDAMYCIN PALMITATE HCL	1	
CLINDAMYCIN 2% VAGINAL CREAM	CLINDAMYCIN PHOSPHATE	1	
CLINDAMYCIN HCL 75 MG CAPSULE	CLINDAMYCIN HCL	1	
CLINDAMYCIN HCL 150 MG CAPSULE	CLINDAMYCIN HCL	1	
CLINDAMYCIN HCL 300 MG CAPSULE	CLINDAMYCIN HCL	1	
CLINDAMYCIN PHOSPHATE 1% FOAM	CLINDAMYCIN PHOSPHATE	2	
CLINDAMYCIN PHOSPHATE 1% GEL	CLINDAMYCIN PHOSPHATE	1	
CLINDAMYCIN PHOSPHATE 1% LOTION	CLINDAMYCIN PHOSPHATE	1	
CLINDAMYCIN PHOSPHATE 1% PLEDGET	CLINDAMYCIN PHOSPHATE	1	
CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	CLINDAMYCIN PHOSPHATE	1	
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL	CLINDAMYCIN PHOS/BENZOYL PEROX	1	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL	CLINDAMYCIN PHOS/BENZOYL PEROX	1	

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CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP	CLINDAMYCIN PHOS/BENZOYL PEROX	1	
CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL	CLINDAMYCIN/TRETINOIN	1	
CLINDESSE 2% VAGINAL CREAM	CLINDAMYCIN PHOSPHATE	3	
CLOBAZAM 2.5 MG/ML ORAL SUSPENSION	CLOBAZAM	3	PA
CLOBAZAM 10 MG TABLET	CLOBAZAM	3	PA
CLOBAZAM 20 MG TABLET	CLOBAZAM	3	PA
CLOBETASOL 0.05% CREAM	CLOBETASOL PROPIONATE	1	QL
CLOBETASOL 0.05% GEL	CLOBETASOL PROPIONATE	1	QL
CLOBETASOL 0.05% OINTMENT	CLOBETASOL PROPIONATE	1	QL
CLOBETASOL 0.05% SHAMPOO	CLOBETASOL PROPIONATE	1	QL
CLOBETASOL 0.05% TOPICAL LOTION	CLOBETASOL PROPIONATE	1	QL
CLOBETASOL 0.05% TOPICAL SOLUTION	CLOBETASOL PROPIONATE	1	QL
CLOBETASOL EMOLLIENT 0.05% CREAM	CLOBETASOL PROPIONATE/EMOLL	1	QL
CLOBETASOL EMOLLIENT 0.05% FOAM	CLOBETASOL PROPIONATE/EMOLL	2	QL
CLOBETASOL EMULSION 0.05% FOAM	CLOBETASOL PROPIONATE/EMOLL	2	QL
CLOBETASOL PROPIONATE 0.05% FOAM	CLOBETASOL PROPIONATE	1	QL
CLOBETASOL PROPIONATE 0.05% SPRAY	CLOBETASOL PROPIONATE	1	QL
CLODAN 0.05% SHAMPOO	CLOBETASOL PROPIONATE	1	QL
CLOMIPHENE 50 MG TABLET	CLOMIPHENE CITRATE	1	
CLOMIPRAMINE 25 MG CAPSULE	CLOMIPRAMINE HCL	3	
CLOMIPRAMINE 50 MG CAPSULE	CLOMIPRAMINE HCL	3	
CLOMIPRAMINE 75 MG CAPSULE	CLOMIPRAMINE HCL	3	
CLONAZEPAM 0.125 MG ODT TABLET	CLONAZEPAM	1	
CLONAZEPAM 0.25 MG ODT TABLET	CLONAZEPAM	1	
CLONAZEPAM 0.5 MG ODT TABLET	CLONAZEPAM	1	
CLONAZEPAM 1 MG ODT TABLET	CLONAZEPAM	1	
CLONAZEPAM 2 MG ODT TABLET	CLONAZEPAM	1	
CLONAZEPAM 0.5 MG TABLET	CLONAZEPAM	1	
CLONAZEPAM 1 MG TABLET	CLONAZEPAM	1	
CLONAZEPAM 2 MG TABLET	CLONAZEPAM	1	
CLONIDINE 0.1 MG/DAY PATCH	CLONIDINE	1	
CLONIDINE 0.2 MG/DAY PATCH	CLONIDINE	1	
CLONIDINE 0.3 MG/DAY PATCH	CLONIDINE	1	
CLONIDINE 0.1 MG TABLET	CLONIDINE HCL	1	
CLONIDINE 0.2 MG TABLET	CLONIDINE HCL	1	
CLONIDINE 0.3 MG TABLET	CLONIDINE HCL	1	
CLONIDINE ER 0.1 MG TABLET	CLONIDINE HCL	1	
CLOPIDOGREL 75 MG TABLET	CLOPIDOGREL BISULFATE	1	
CLOPIDOGREL 300 MG TABLET	CLOPIDOGREL BISULFATE	1	
CLORAZEPATE 3.75 MG TABLET	CLORAZEPATE DIPOTASSIUM	1	
CLORAZEPATE 7.5 MG TABLET	CLORAZEPATE DIPOTASSIUM	1	

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CLORAZEPATE 15 MG TABLET	CLORAZEPATE DIPOTASSIUM	1	
CLOTRIMAZOLE 10 MG LOZENGE	CLOTRIMAZOLE	1	
CLOTRIMAZOLE 1% TOPICAL CREAM	CLOTRIMAZOLE	1	
CLOTRIMAZOLE 1% TOPICAL SOLUTION	CLOTRIMAZOLE	1	
CLOTRIMAZOLE 10 MG TROCHE	CLOTRIMAZOLE	1	
CLOTRIMAZOLE-BETAMETHASONE CREAM	CLOTRIMAZOLE/BETAMETHASONE DIP	1	
CLOTRIMAZOLE-BETAMETHASONE LOTION	CLOTRIMAZOLE/BETAMETHASONE DIP	1	
CLOZAPINE 25 MG TABLET	CLOZAPINE	1	
CLOZAPINE 50 MG TABLET	CLOZAPINE	1	
CLOZAPINE 100 MG TABLET	CLOZAPINE	1	
CLOZAPINE 200 MG TABLET	CLOZAPINE	1	
CLOZAPINE 12.5 MG ODT TABLET	CLOZAPINE	3	
CLOZAPINE 25 MG ODT TABLET	CLOZAPINE	3	
CLOZAPINE 150 MG ODT TABLET	CLOZAPINE	3	
CLOZAPINE 100 MG ODT TABLET	CLOZAPINE	3	
CLOZAPINE 200 MG ODT TABLET	CLOZAPINE	3	
C-NATE DHA SOFTGEL	PNV 11/IRON FUM/FOLIC ACID/OM3	1	
COARTEM TABLET	ARTEMETHER/LUMEFANTRINE	3	QL
CODEINE SULFATE 15 MG TABLET	CODEINE SULFATE	1	PA
CODEINE SULFATE 30 MG TABLET	CODEINE SULFATE	1	PA
CODEINE SULFATE 60 MG TABLET	CODEINE SULFATE	1	PA
COLCHICINE 0.6 MG TABLET	COLCHICINE	1	
COLESEVELAM 3.75 G PACKET	COLESEVELAM HCL	2	
COLESEVELAM 625 MG TABLET	COLESEVELAM HCL	2	
COLESTIPOL GRANULES	COLESTIPOL HCL	1	
COLESTIPOL GRANULES PACKET	COLESTIPOL HCL	1	
COLESTIPOL 1 GM TABLET	COLESTIPOL HCL	1	
COMBISTIX REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
COMETRIQ 60 MG DAILY-DOSE PACK	CABOZANTINIB S-MALATE	4	PA, QL, LDD, SRX
COMETRIQ 100 MG DAILY-DOSE PACK	CABOZANTINIB S-MALATE	4	PA, QL, LDD, SRX
COMETRIQ 140 MG DAILY-DOSE PACK	CABOZANTINIB S-MALATE	4	PA, QL, LDD, SRX
COMFORT EZ INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 0.3 ML 31G 15/64"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 31G 15/64"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
COMFORT EZ INSULIN SYRINGE 1 ML 31G 15/64"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
COMFORT EZ INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
COMFORT EZ PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
COMFORT EZ PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 32G 5MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 32G 8MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 33G 5MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 33G 6MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PEN NEEDLE 33G 8MM	PEN NEEDLE, DIABETIC	2	
COMFORT EZ PRO PEN NEEDLE 30G 8MM	PEN NEEDLE, DIABETIC, SAFETY	2	
COMFORT EZ PRO PEN NEEDLE 31G 4MM	PEN NEEDLE, DIABETIC, SAFETY	2	
COMFORT EZ PRO PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
COMFORT EZ SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
COMFORT EZ SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
COMFORT EZ SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
COMFORT EZ SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
COMFORT EZ SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
COMFORT EZ SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
COMFORT EZ SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
COMFORT EZ SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
COMFORT POINT PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
COMFORT POINT PEN NEEDLE 31G 1/3"	PEN NEEDLE, DIABETIC	2	
COMFORT POINT PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
COMFORT POINT PEN NEEDLE 31G 1/6"	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 31G 4MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 32G 5MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 32G 8MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 33G 5MM	PEN NEEDLE, DIABETIC	2	
COMFORT TOUCH PEN NEEDLE 33G 6MM	PEN NEEDLE, DIABETIC	2	
COMFORTSEAL LARGE MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
COMFORTSEAL MEDIUM MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
COMFORTSEAL SMALL MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
COMIRNATY (12Y UP) SYRINGE	COVID VAC 23-24(12UP)(RAXT)/PF	2	

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COMIRNATY (12Y UP) VIAL	COVID VAC 23-24(12UP)(RAXT)/PF	2	
COMIRNATY 30 MCG/0.3 ML VACCINE - GRAY	COVID-19 VAC, TRIS(PFIZER)/PF	2	
COMPACT SPACE CHAMBER	INHALER, ASSIST DEVICES	2	QL
COMPACT SPACE CHAMBER-LARGE MASK	INHALER,ASSIST DEVICE,LG MASK	2	QL
COMPACT SPACE CHAMBER-MEDIUM MASK	INHALER,ASSIST DEVICE,MED MASK	2	QL
COMPACT SPACE CHAMBER-SMALL MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
COMPLETENATE CHEWABLE TABLET	PRENATAL VIT 14/IRON FUM/FOLIC	1	
COMPRO 25 MG SUPPOSITORY	PROCHLORPERAZINE	2	
CONSTULOSE 10 GM/15 ML ORAL SOLUTION	LACTULOSE	1	
CONTOUR CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
COOL A CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
COOL B CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
CORTISONE 25 MG TABLET	CORTISONE ACETATE	1	
CORTISPORIN-TC EAR SUSPENSION	NEOMYC/COLIST/HYDROCORT/THONZN	3	
COSENTYX 75 MG/0.5 ML SYRINGE	SECUKINUMAB	4	PA, QL, SRX
COSENTYX 150 MG/ML SYRINGE	SECUKINUMAB	4	PA, QL, SRX
COSENTYX 300 MG DOSE-2 SYRINGE	SECUKINUMAB	4	PA, QL, SRX
COSENTYX SENSOREADY 150 MG PEN	SECUKINUMAB	4	PA, QL, SRX
COSENTYX SENSOREADY 300 MG DOSE-2PEN	SECUKINUMAB	4	PA, QL, SRX
COSENTYX UNOREADY 300 MG PEN	SECUKINUMAB	4	PA, QL, SRX
COTELLIC 20 MG TABLET	COBIMETINIB FUMARATE	4	PA, QL, LDD, SRX
COVARYX H.S. TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE	1	
COVARYX TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE	1	
CRESEMBA 74.5 MG CAPSULE	ISAVUCONAZONIUM SULFATE	3	PA
CRESEMBA 186 MG CAPSULE	ISAVUCONAZONIUM SULFATE	3	PA
CROMOLYN 4% EYE DROPS	CROMOLYN SODIUM	1	
CROMOLYN 20 MG/2 ML INHALATION SOLUTION	CROMOLYN SODIUM	3	QL
CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	CROMOLYN SODIUM	3	
CROTAN 10% LOTION	CROTAMITON	3	PA
CRYSELLE-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	1	
CVS ALKALINE BATTERIES	DIABETIC SUPPLIES,MISCELL	2	
CVS KETONE CARE TEST STRIP	URINE ACETONE TEST STRIPS	2	
CYANOCOBALAMIN 1,000 MCG/ML VIAL	CYANOCOBALAMIN (VITAMIN B-12)	1	
CYANOCOBALAMIN 10,000 MCG/10 ML VIAL	CYANOCOBALAMIN (VITAMIN B-12)	1	
CYANOCOBALAMIN 30,000 MCG/30 ML VIAL	CYANOCOBALAMIN (VITAMIN B-12)	1	
CYCLOBENZAPRINE 5 MG TABLET	CYCLOBENZAPRINE HCL	1	
CYCLOBENZAPRINE 10 MG TABLET	CYCLOBENZAPRINE HCL	1	
CYCLOMYDRIL EYE DROPS	CYCLOPENTOLATE/PHENYLEPHRINE	3	
CYCLOPENTOLATE 0.5% EYE DROPS	CYCLOPENTOLATE HCL	1	

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CYCLOPENTOLATE 1% EYE DROPS	CYCLOPENTOLATE HCL	1	
CYCLOPENTOLATE 2% EYE DROPS	CYCLOPENTOLATE HCL	1	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	CYCLOPHOSPHAMIDE	2	SRX
CYCLOPHOSPHAMIDE 50 MG CAPSULE	CYCLOPHOSPHAMIDE	2	SRX
CYCLOSERINE 250 MG CAPSULE	CYCLOSERINE	1	
CYCLOSET 0.8 MG TABLET	BROMOCRIPTINE MESYLATE	3	
CYCLOSPORINE 25 MG CAPSULE	CYCLOSPORINE	1	SRX
CYCLOSPORINE 100 MG CAPSULE	CYCLOSPORINE	1	SRX
CYCLOSPORINE 0.05% EYE EMULSION	CYCLOSPORINE	3	
CYCLOSPORINE MODIFIED 25 MG CAPSULE	CYCLOSPORINE, MODIFIED	1	SRX
CYCLOSPORINE MODIFIED 50 MG CAPSULE	CYCLOSPORINE, MODIFIED	1	SRX
CYCLOSPORINE MODIFIED 100 MG CAPSULE	CYCLOSPORINE, MODIFIED	1	SRX
CYCLOSPORINE MODIFIED 100 MG/ML ORAL SOLUTION	CYCLOSPORINE, MODIFIED	1	SRX
CYLTEZO (CF) 40 MG CROHN'S-UC-HS PEN	ADALIMUMAB-ADBM	4	PA, QL, SRX
CYLTEZO (CF) 40 MG/0.4 ML PEN	ADALIMUMAB-ADBM	4	PA, QL, SRX
CYLTEZO (CF) 40 MG/0.8 ML PEN	ADALIMUMAB-ADBM	4	PA, QL, SRX
CYLTEZO (CF) 40 MG PSORIASIS-UVEITIS PEN	ADALIMUMAB-ADBM	4	PA, QL, SRX
CYLTEZO (CF) 10 MG/0.2 ML SYRINGE	ADALIMUMAB-ADBM	4	PA, QL, SRX
CYLTEZO (CF) 20 MG/0.4 ML SYRINGE	ADALIMUMAB-ADBM	4	PA, QL, SRX
CYLTEZO (CF) 40 MG/0.4 ML SYRINGE	ADALIMUMAB-ADBM	4	PA, QL, SRX
CYLTEZO (CF) 40 MG/0.8 ML SYRINGE	ADALIMUMAB-ADBM	4	PA, QL, SRX
CYPROHEPTADINE 2 MG/5 ML SYRUP	CYPROHEPTADINE HCL	1	
CYPROHEPTADINE 4 MG TABLET	CYPROHEPTADINE HCL	1	
CYRED 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
CYRED EQ 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
CYSTAGON 50 MG CAPSULE	CYSTEAMINE BITARTRATE	4	PA, LDD, SRX
CYSTAGON 150 MG CAPSULE	CYSTEAMINE BITARTRATE	4	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	CYSTEAMINE HCL	3	PA, QL, LDD, SRX
DABIGATRAN 75 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	3	QL
DABIGATRAN 110 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	3	QL
DABIGATRAN 150 MG CAPSULE	DABIGATRAN ETEXILATE MESYLATE	3	QL
DALFAMPRIDINE ER 10 MG TABLET	DALFAMPRIDINE	4	PA, QL, SRX
DANAZOL 50 MG CAPSULE	DANAZOL	1	
DANAZOL 100 MG CAPSULE	DANAZOL	1	
DANAZOL 200 MG CAPSULE	DANAZOL	1	
DANTROLENE 25 MG CAPSULE	DANTROLENE SODIUM	1	
DANTROLENE 50 MG CAPSULE	DANTROLENE SODIUM	1	
DANTROLENE 100 MG CAPSULE	DANTROLENE SODIUM	1	
DAPSONE 25 MG TABLET	DAPSONE	3	
DAPSONE 100 MG TABLET	DAPSONE	3	
DAPTACEL DTAP VACCINE	DIPH,PERTUSS(ACELL),TET PED/PF	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
DARIFENACIN ER 7.5 MG TABLET	DARIFENACIN HYDROBROMIDE	1	
DARIFENACIN ER 15 MG TABLET	DARIFENACIN HYDROBROMIDE	1	
DARUNAVIR 600 MG TABLET	DARUNAVIR	1	SRX
DARUNAVIR 800 MG TABLET	DARUNAVIR	1	SRX
DASATINIB 20 MG TABLET	DASATINIB	4	PA, QL, SRX
DASATINIB 50 MG TABLET	DASATINIB	4	PA, QL, SRX
DASATINIB 70 MG TABLET	DASATINIB	4	PA, QL, SRX
DASATINIB 80 MG TABLET	DASATINIB	4	PA, QL, SRX
DASATINIB 100 MG TABLET	DASATINIB	4	PA, QL, SRX
DASATINIB 140 MG TABLET	DASATINIB	4	PA, QL, SRX
DASETTA 1-35-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
DASETTA 7/7/7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
DAYSEE 0.15-0.03-0.01 MG TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
DEBLITANE 0.35 MG TABLET	NORETHINDRONE	1	
DEFERASIROX 90 MG GRANULE PACKET	DEFERASIROX	4	PA, SRX
DEFERASIROX 180 MG GRANULE PACKET	DEFERASIROX	4	PA, SRX
DEFERASIROX 360 MG GRANULE PACKET	DEFERASIROX	4	PA, SRX
DEFERASIROX 90 MG TABLET	DEFERASIROX	4	PA, SRX
DEFERASIROX 180 MG TABLET	DEFERASIROX	4	PA, SRX
DEFERASIROX 360 MG TABLET	DEFERASIROX	4	PA, SRX
DEFERASIROX 125 MG TABLET FOR SUSPENSION	DEFERASIROX	4	PA, SRX
DEFERASIROX 250 MG TABLET FOR SUSPENSION	DEFERASIROX	4	PA, SRX
DEFERASIROX 500 MG TABLET FOR SUSPENSION	DEFERASIROX	4	PA, SRX
DEFERIPRONE 500 MG TABLET	DEFERIPRONE	4	PA, SRX
DEFERIPRONE 1,000 MG TABLET (3X/DAY)	DEFERIPRONE	4	PA, SRX
DELTEC COZMO CLEO INFUSION SET	SUBCUTANEOUS ADMIN. SET	2	
DEMECLOCYCLINE 150 MG TABLET	DEMECLOCYCLINE HCL	2	
DEMECLOCYCLINE 300 MG TABLET	DEMECLOCYCLINE HCL	2	
DENTA 5000 PLUS SENSITIVE TOOTHPASTE	SODIUM FLUORIDE/POTASSIUM NIT	1	
DENTA 5000 PLUS TOOTHPASTE	FLUORIDE (SODIUM)	1	
DENTAGEL 1.1% GEL	FLUORIDE (SODIUM)	1	
DEPO-SUBQ PROVERA 104 SYRINGE	MEDROXYPROGESTERONE ACETATE	1	
DERMACINRX LIDOCAN 5% PATCH	LIDOCAINE	1	
DESCOVY 120-15 MG TABLET	EMTRICITABINE/TENOFOV ALAFENAM	2	SRX
DESCOVY 200-25 MG TABLET	EMTRICITABINE/TENOFOV ALAFENAM	2	SRX
DESIPRAMINE 10 MG TABLET	DESIPRAMINE HCL	1	
DESIPRAMINE 25 MG TABLET	DESIPRAMINE HCL	1	
DESIPRAMINE 50 MG TABLET	DESIPRAMINE HCL	1	
DESIPRAMINE 75 MG TABLET	DESIPRAMINE HCL	1	
DESIPRAMINE 100 MG TABLET	DESIPRAMINE HCL	1	
DESIPRAMINE 150 MG TABLET	DESIPRAMINE HCL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
DESLORATADINE 5 MG TABLET	DESLORATADINE	1	QL
DESLORATADINE 2.5 MG ODT TABLET	DESLORATADINE	1	QL
DESLORATADINE 5 MG ODT TABLET	DESLORATADINE	1	QL
DESMOPRESSIN 0.01% NASAL SPRAY	DESMOPRESSIN ACETATE	1	
DESMOPRESSIN 10 MCG/0.1 ML NASAL SPRAY	DESMOPRESSIN (NONREFRIGERATED)	1	
DESMOPRESSIN 0.1 MG TABLET	DESMOPRESSIN ACETATE	1	
DESMOPRESSIN 0.2 MG TABLET	DESMOPRESSIN ACETATE	1	
DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 MG TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	1	
DESONIDE 0.05% CREAM	DESONIDE	1	
DESONIDE 0.05% LOTION	DESONIDE	2	
DESONIDE 0.05% OINTMENT	DESONIDE	1	
DESOXIMETASONE 0.05% CREAM	DESOXIMETASONE	2	
DESOXIMETASONE 0.25% CREAM	DESOXIMETASONE	2	
DESOXIMETASONE 0.05% GEL	DESOXIMETASONE	2	
DESOXIMETASONE 0.05% OINTMENT	DESOXIMETASONE	2	
DESOXIMETASONE 0.25% OINTMENT	DESOXIMETASONE	2	
DESVENLAFAXINE SUCCINATE ER 25 MG TABLET	DESVENLAFAXINE SUCCINATE	1	QL
DESVENLAFAXINE SUCCINATE ER 50 MG TABLET	DESVENLAFAXINE SUCCINATE	1	QL
DESVENLAFAXINE SUCCINATE ER 100 MG TABLET	DESVENLAFAXINE SUCCINATE	1	QL
DEXAMETHASONE 0.1% EYE DROPS	DEXAMETHASONE SODIUM PHOSPHATE	1	
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	DEXAMETHASONE	1	
DEXAMETHASONE 0.5 MG/5 ML LIQUID	DEXAMETHASONE	1	
DEXAMETHASONE 0.5 MG TABLET	DEXAMETHASONE	1	
DEXAMETHASONE 0.75 MG TABLET	DEXAMETHASONE	1	
DEXAMETHASONE 1 MG TABLET	DEXAMETHASONE	1	
DEXAMETHASONE 1.5 MG TABLET	DEXAMETHASONE	1	
DEXAMETHASONE 2 MG TABLET	DEXAMETHASONE	1	
DEXAMETHASONE 4 MG TABLET	DEXAMETHASONE	1	
DEXAMETHASONE 6 MG TABLET	DEXAMETHASONE	1	
DEXAMETHASONE INTENSOL 1 MG/ML ORAL CONCENTRATE	DEXAMETHASONE	1	
DEXCOM G6 RECEIVER	BLOOD-GLUCOSE,RECEIVER,CONT	2	PA, QL
DEXCOM G6 SENSOR	BLOOD-GLUCOSE SENSOR	2	PA, QL
DEXCOM G6 TRANSMITTER	BLOOD-GLUCOSE TRANSMITTER	2	PA, QL
DEXCOM G7 RECEIVER	BLOOD-GLUCOSE,RECEIVER,CONT	2	PA, QL
DEXCOM G7 SENSOR	BLOOD-GLUCOSE SENSOR	2	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAPSULE	DEXLANSOPRAZOLE	3	QL
DEXLANSOPRAZOLE DR 60 MG CAPSULE	DEXLANSOPRAZOLE	3	QL
DEXMETHYLPHENIDATE 2.5 MG TABLET	DEXMETHYLPHENIDATE HCL	1	QL
DEXMETHYLPHENIDATE 5 MG TABLET	DEXMETHYLPHENIDATE HCL	1	QL
DEXMETHYLPHENIDATE 10 MG TABLET	DEXMETHYLPHENIDATE HCL	1	QL

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	DEXMETHYLPHENIDATE HCL	2	QL
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	DEXMETHYLPHENIDATE HCL	2	QL
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	DEXMETHYLPHENIDATE HCL	2	QL
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	DEXMETHYLPHENIDATE HCL	2	QL
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	DEXMETHYLPHENIDATE HCL	2	QL
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	DEXMETHYLPHENIDATE HCL	2	QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	DEXMETHYLPHENIDATE HCL	2	QL
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	DEXMETHYLPHENIDATE HCL	2	QL
DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION	DEXTROAMPHETAMINE SULFATE	1	QL
DEXTROAMPHETAMINE 5 MG TABLET	DEXTROAMPHETAMINE SULFATE	1	QL
DEXTROAMPHETAMINE 10 MG TABLET	DEXTROAMPHETAMINE SULFATE	1	QL
DEXTROAMPHETAMINE ER 5 MG CAPSULE	DEXTROAMPHETAMINE SULFATE	1	QL
DEXTROAMPHETAMINE ER 10 MG CAPSULE	DEXTROAMPHETAMINE SULFATE	1	QL
DEXTROAMPHETAMINE ER 15 MG CAPSULE	DEXTROAMPHETAMINE SULFATE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE	DEXTROAMPHETAMINE/AMPHETAMINE	1	QL
DIASTIX REAGENT TEST STRIP	URINE GLUCOSE TEST STRIP	2	
DIATRUE LEVEL 1 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
DIATRUE LEVEL 2 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
DIATRUE LEVEL 3 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	DIAZEPAM	1	
DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE	DIAZEPAM	1	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	DIAZEPAM	1	
DIAZEPAM 2.5 MG RECTAL GEL (2PK)	DIAZEPAM	1	
DIAZEPAM 10 MG RECTAL GEL (2PK)	DIAZEPAM	1	
DIAZEPAM 20 MG RECTAL GEL (2PK)	DIAZEPAM	1	
DIAZEPAM 10 MG RECTAL GEL SYRINGE	DIAZEPAM	1	
DIAZEPAM 20 MG RECTAL GEL SYRINGE	DIAZEPAM	1	
DIAZEPAM 2 MG TABLET	DIAZEPAM	1	
DIAZEPAM 5 MG TABLET	DIAZEPAM	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
DIAZEPAM 10 MG TABLET	DIAZEPAM	1	
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	DIAZOXIDE	3	
DICLOFENAC 0.1% EYE DROPS	DICLOFENAC SODIUM	1	
DICLOFENAC 1.5% TOPICAL SOLUTION	DICLOFENAC SODIUM	1	
DICLOFENAC POTASSIUM 50 MG TABLET	DICLOFENAC POTASSIUM	1	
DICLOFENAC SODIUM 1% GEL	DICLOFENAC SODIUM	1	QL
DICLOFENAC SODIUM DR 25 MG TABLET	DICLOFENAC SODIUM	1	
DICLOFENAC SODIUM DR 50 MG TABLET	DICLOFENAC SODIUM	1	
DICLOFENAC SODIUM DR 75 MG TABLET	DICLOFENAC SODIUM	1	
DICLOFENAC SODIUM EC 25 MG TABLET	DICLOFENAC SODIUM	1	
DICLOFENAC SODIUM EC 50 MG TABLET	DICLOFENAC SODIUM	1	
DICLOFENAC SODIUM EC 75 MG TABLET	DICLOFENAC SODIUM	1	
DICLOFENAC SODIUM ER 100 MG TABLET	DICLOFENAC SODIUM	1	
DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET	DICLOFENAC SODIUM/MISOPROSTOL	1	
DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET	DICLOFENAC SODIUM/MISOPROSTOL	1	
DICLOXACILLIN 250 MG CAPSULE	DICLOXACILLIN SODIUM	1	
DICLOXACILLIN 500 MG CAPSULE	DICLOXACILLIN SODIUM	1	
DICYCLOMINE 10 MG CAPSULE	DICYCLOMINE HCL	1	
DICYCLOMINE 10 MG/5 ML ORAL SOLUTION	DICYCLOMINE HCL	1	
DICYCLOMINE 20 MG TABLET	DICYCLOMINE HCL	1	
DIDANOSINE DR 250 MG CAPSULE	DIDANOSINE	1	SRX
DIDANOSINE DR 400 MG CAPSULE	DIDANOSINE	1	SRX
DIFICID 40 MG/ML ORAL SUSPENSION	FIDAXOMICIN	3	PA, QL
DIFICID 200 MG TABLET	FIDAXOMICIN	3	PA, QL
DIFLUNISAL 500 MG TABLET	DIFLUNISAL	1	
DIFLUPREDNATE 0.05% EYE DROPS	DIFLUPREDNATE	2	
DIGOX 125 MCG TABLET	DIGOXIN	1	
DIGOX 250 MCG TABLET	DIGOXIN	1	
DIGOXIN 0.05 MG/ML ORAL SOLUTION	DIGOXIN	1	
DIGOXIN 0.125 MG TABLET	DIGOXIN	1	
DIGOXIN 0.25 MG TABLET	DIGOXIN	1	
DIGOXIN 125 MCG TABLET	DIGOXIN	1	
DIGOXIN 250 MCG TABLET	DIGOXIN	1	
DIHYDROERGOTAMINE 1 MG/ML AMPULE	DIHYDROERGOTAMINE MESYLATE	3	QL
DILT XR 120 MG CAPSULE	DILTIAZEM HCL	1	
DILT XR 180 MG CAPSULE	DILTIAZEM HCL	1	
DILT XR 240 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 120 MG TABLET	DILTIAZEM HCL	1	
DILTIAZEM 12HR ER 60 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 12HR ER 90 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 12HR ER 120 MG CAPSULE	DILTIAZEM HCL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
DILTIAZEM 24H ER(CD) 120 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24H ER(CD) 180 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24H ER(CD) 240 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24H ER(CD) 300 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24H ER(CD) 360 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24H ER(LA) 120 MG TABLET	DILTIAZEM HCL	2	
DILTIAZEM 24H ER(LA) 180 MG TABLET	DILTIAZEM HCL	2	
DILTIAZEM 24H ER(LA) 240 MG TABLET	DILTIAZEM HCL	2	
DILTIAZEM 24H ER(LA) 300 MG TABLET	DILTIAZEM HCL	2	
DILTIAZEM 24H ER(LA) 360 MG TABLET	DILTIAZEM HCL	2	
DILTIAZEM 24H ER(LA) 420 MG TABLET	DILTIAZEM HCL	2	
DILTIAZEM 24H ER(XR) 120 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24H ER(XR) 180 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24H ER(XR) 240 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24HR ER 120 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24HR ER 180 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24HR ER 240 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24HR ER 300 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24HR ER 360 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 24HR ER 420 MG CAPSULE	DILTIAZEM HCL	1	
DILTIAZEM 30 MG TABLET	DILTIAZEM HCL	1	
DILTIAZEM 60 MG TABLET	DILTIAZEM HCL	1	
DILTIAZEM 90 MG TABLET	DILTIAZEM HCL	1	
DIMETHYL FUMARATE 30 DAY STARTER PACK	DIMETHYL FUMARATE	3	PA, QL, SRX
DIMETHYL FUMARATE DR 120 MG CAPSULE	DIMETHYL FUMARATE	3	PA, QL, SRX
DIMETHYL FUMARATE DR 240 MG CAPSULE	DIMETHYL FUMARATE	3	PA, QL, SRX
DIPENTUM 250 MG CAPSULE	OLSALAZINE SODIUM	3	
DIPHEN 12.5 MG/5 ML ELIXIR	DIPHENHYDRAMINE HCL	3	
DIPHEN 12.5 MG/5 ML ORAL SOLUTION	DIPHENHYDRAMINE HCL	3	
DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION	DIPHENHYDRAMINE HCL	1	
DIPHENHYDRAMINE 25 MG/10 ML ORAL SOLUTION	DIPHENHYDRAMINE HCL	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION	DIPHENOXYLATE HCL/ATROPINE	1	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	DIPHENOXYLATE HCL/ATROPINE	1	
DIPHTHERIA-TETANUS TOXOIDS-PEDIATRIC	TETANUS,DIPHTHERIA TOXD PED/PF	2	
DIPYRIDAMOLE 25 MG TABLET	DIPYRIDAMOLE	1	
DIPYRIDAMOLE 50 MG TABLET	DIPYRIDAMOLE	1	
DIPYRIDAMOLE 75 MG TABLET	DIPYRIDAMOLE	1	
DISOPYRAMIDE 100 MG CAPSULE	DISOPYRAMIDE PHOSPHATE	1	
DISOPYRAMIDE 150 MG CAPSULE	DISOPYRAMIDE PHOSPHATE	1	
DISULFIRAM 250 MG TABLET	DISULFIRAM	1	
DISULFIRAM 500 MG TABLET	DISULFIRAM	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
DIVALPROEX DR 125 MG CAPSULE SPRINKLE	DIVALPROEX SODIUM	1	
DIVALPROEX DR 125 MG TABLET	DIVALPROEX SODIUM	1	
DIVALPROEX DR 250 MG TABLET	DIVALPROEX SODIUM	1	
DIVALPROEX DR 500 MG TABLET	DIVALPROEX SODIUM	1	
DIVALPROEX ER 250 MG TABLET	DIVALPROEX SODIUM	1	
DIVALPROEX ER 500 MG TABLET	DIVALPROEX SODIUM	1	
DODEX 10,000 MCG/10 ML VIAL	CYANOCOBALAMIN (VITAMIN B-12)	1	
DODEX 30,000 MCG/30 ML VIAL	CYANOCOBALAMIN (VITAMIN B-12)	1	
DOFETILIDE 125 MCG CAPSULE	DOFETILIDE	3	QL
DOFETILIDE 250 MCG CAPSULE	DOFETILIDE	3	QL
DOFETILIDE 500 MCG CAPSULE	DOFETILIDE	3	QL
DOLISHALE 90-20 MCG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
DONEPEZIL 5 MG ODT TABLET	DONEPEZIL HCL	1	
DONEPEZIL 10 MG ODT TABLET	DONEPEZIL HCL	1	
DONEPEZIL 5 MG TABLET	DONEPEZIL HCL	1	
DONEPEZIL 10 MG TABLET	DONEPEZIL HCL	1	
DONEPEZIL 23 MG TABLET	DONEPEZIL HCL	1	
DORZOLAMIDE 2% EYE DROPS	DORZOLAMIDE HCL	1	
DORZOLAMIDE-TIMOLOL EYE DROPS	DORZOLAMIDE HCL/TIMOLOL MALEAT	1	
DOTTI 0.025 MG PATCH	ESTRADIOL	1	QL
DOTTI 0.0375 MG PATCH	ESTRADIOL	1	QL
DOTTI 0.05 MG PATCH	ESTRADIOL	1	QL
DOTTI 0.075 MG PATCH	ESTRADIOL	1	QL
DOTTI 0.1 MG PATCH	ESTRADIOL	1	QL
DOVATO 50-300 MG TABLET	DOLUTEGRAVIR SODIUM/LAMIVUDINE	3	QL, SRX
DOXAZOSIN 1 MG TABLET	DOXAZOSIN MESYLATE	1	
DOXAZOSIN 2 MG TABLET	DOXAZOSIN MESYLATE	1	
DOXAZOSIN 4 MG TABLET	DOXAZOSIN MESYLATE	1	
DOXAZOSIN 8 MG TABLET	DOXAZOSIN MESYLATE	1	
DOXEPIN 10 MG CAPSULE	DOXEPIN HCL	1	
DOXEPIN 25 MG CAPSULE	DOXEPIN HCL	1	
DOXEPIN 50 MG CAPSULE	DOXEPIN HCL	1	
DOXEPIN 75 MG CAPSULE	DOXEPIN HCL	1	
DOXEPIN 100 MG CAPSULE	DOXEPIN HCL	1	
DOXEPIN 150 MG CAPSULE	DOXEPIN HCL	1	
DOXEPIN 5% CREAM	DOXEPIN HCL	3	QL
DOXEPIN 10 MG/ML ORAL CONCENTRATE	DOXEPIN HCL	1	
DOXEPIN 3 MG TABLET	DOXEPIN HCL	2	QL
DOXEPIN 6 MG TABLET	DOXEPIN HCL	2	QL
DOXERCALCIFEROL 0.5 MCG CAPSULE	DOXERCALCIFEROL	1	
DOXERCALCIFEROL 1 MCG CAPSULE	DOXERCALCIFEROL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
DOXERCALCIFEROL 2.5 MCG CAPSULE	DOXERCALCIFEROL	1	
DOXYCYCLINE 25 MG/5 ML ORAL SUSPENSION	DOXYCYCLINE MONOHYDRATE	1	
DOXYCYCLINE HYCLATE 50 MG CAPSULE	DOXYCYCLINE HYCLATE	1	
DOXYCYCLINE HYCLATE 100 MG CAPSULE	DOXYCYCLINE HYCLATE	1	
DOXYCYCLINE HYCLATE 20 MG TABLET	DOXYCYCLINE HYCLATE	1	
DOXYCYCLINE HYCLATE 100 MG TABLET	DOXYCYCLINE HYCLATE	1	
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	DOXYCYCLINE MONOHYDRATE	1	
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	DOXYCYCLINE MONOHYDRATE	1	
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	DOXYCYCLINE MONOHYDRATE	1	
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	DOXYCYCLINE MONOHYDRATE	1	
DOXYCYCLINE MONOHYDRATE 50 MG TABLET	DOXYCYCLINE MONOHYDRATE	1	
DOXYCYCLINE MONOHYDRATE 75 MG TABLET	DOXYCYCLINE MONOHYDRATE	1	
DOXYCYCLINE MONOHYDRATE 100 MG TABLET	DOXYCYCLINE MONOHYDRATE	1	
DOXYCYCLINE MONOHYDRATE 150 MG TABLET	DOXYCYCLINE MONOHYDRATE	1	
DRONABINOL 2.5 MG CAPSULE	DRONABINOL	3	
DRONABINOL 5 MG CAPSULE	DRONABINOL	3	
DRONABINOL 10 MG CAPSULE	DRONABINOL	3	
DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
DROPLET INSULIN SYRINGE 0.3 ML 30G 12.5MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
DROPLET INSULIN SYRINGE 0.5 ML 30G 6MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
DROPLET INSULIN SYRINGE 0.5 ML 30G 8MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
DROPLET INSULIN SYRINGE 0.5 ML 31G 6MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
DROPLET INSULIN SYRINGE 0.5 ML 31G 8MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
DROPLET INSULIN SYRINGE 1 ML 30G 6MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
DROPLET INSULIN SYRINGE 1 ML 30G 8MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
DROPLET INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
DROPLET INSULIN SYRINGE 1 ML 31G 8MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
DROPLET MICRON PEN NEEDLE 34G 3.5MM	PEN NEEDLE, DIABETIC	2	
DROPLET MICRON PEN NEEDLE 34G 9/64"	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 29G 10MM	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 30G 8MM	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
DROPLET PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 32G 5MM	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
DROPLET PEN NEEDLE 32G 8MM	PEN NEEDLE, DIABETIC	2	
DROPLET SYRINGE 0.5 ML 29G 12.5MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
DROPLET SYRINGE 0.5 ML 30G 12.5MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
DROPSAFE INSULIN SYRINGE 0.3 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	
DROPSAFE INSULIN SYRINGE 0.3 ML 31G 8MM	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	
DROPSAFE INSULIN SYRINGE 0.5 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
DROPSAFE INSULIN SYRINGE 0.5 ML 31G 8MM	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
DROPSAFE INSULIN SYRINGE 1 ML 29G 12.5MM	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
DROPSAFE INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
DROPSAFE INSULIN SYRINGE 1 ML 31G 8MM	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
DROPSAFE PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC, SAFETY	2	
DROPSAFE PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC, SAFETY	2	
DROPSAFE PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC, SAFETY	2	
DROPSAFE SICURA NEEDLE 25G 25MM	NEEDLES, SAFETY	2	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET	DROSPIR/ETH ESTRA/LEVOMEFOL CA	1	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET	DROSPIR/ETH ESTRA/LEVOMEFOL CA	1	
DROXIA 200 MG CAPSULE	HYDROXYUREA	3	
DROXIA 300 MG CAPSULE	HYDROXYUREA	3	
DROXIA 400 MG CAPSULE	HYDROXYUREA	3	
DRUG MART ULTRA COMFORT SYRINGE	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
DUAVEE 0.45-20 MG TABLET	ESTROGENS,CONJ/BAZEDOXIFENE	3	
DULERA 50 MCG-5 MCG INHALER	MOMETASONE/FORMOTEROL	2	QL
DULERA 100 MCG-5 MCG INHALER	MOMETASONE/FORMOTEROL	2	QL
DULERA 200 MCG-5 MCG INHALER	MOMETASONE/FORMOTEROL	2	QL
DULOXETINE DR 20 MG CAPSULE	DULOXETINE HCL	1	QL
DULOXETINE DR 30 MG CAPSULE	DULOXETINE HCL	1	QL
DULOXETINE DR 60 MG CAPSULE	DULOXETINE HCL	1	QL
DUPIXENT 200 MG/1.14 ML PEN	DUPILUMAB	4	PA, SRX
DUPIXENT 300 MG/2 ML PEN	DUPILUMAB	4	PA, SRX
DUPIXENT 100 MG/0.67 ML SYRINGE	DUPILUMAB	4	PA, SRX
DUPIXENT 200 MG/1.14 ML SYRINGE	DUPILUMAB	4	PA, SRX
DUPIXENT 300 MG/2 ML SYRINGE	DUPILUMAB	4	PA, SRX
DUTASTERIDE 0.5 MG CAPSULE	DUTASTERIDE	1	
DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	DUTASTERIDE/TAMSULOSIN HCL	1	
EASIVENT HOLDING CHAMBER	INHALER, ASSIST DEVICES	2	QL

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Nombre del medicamento	Nombre genérico	Nivel	Notas
EASIVENT MASK-LARGE	INHALER,ASSIST DEVICE,ACCESORY	2	QL
EASIVENT MASK-MEDIUM	INHALER,ASSIST DEVICE,ACCESORY	2	QL
EASIVENT MASK-SMALL	INHALER,ASSIST DEVICE,ACCESORY	2	QL
EASY COMFORT INSULIN SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY COMFORT PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
EASY COMFORT PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
EASY COMFORT PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
EASY COMFORT PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
EASY COMFORT PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
EASY COMFORT PEN NEEDLE 33G 5MM	PEN NEEDLE, DIABETIC	2	
EASY COMFORT PEN NEEDLE 33G 6MM	PEN NEEDLE, DIABETIC	2	
EASY COMFORT SAFETY PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
EASY COMFORT SAFETY PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC, SAFETY	2	
EASY COMFORT SAFETY PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC, SAFETY	2	
EASY COMFORT SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EASY COMFORT SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EASY COMFORT SYRINGE 0.3 ML 31G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EASY COMFORT SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY COMFORT SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY COMFORT SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY COMFORT SYRINGE 0.5 ML 32G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY COMFORT SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY COMFORT SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY COMFORT SYRINGE 1 ML 32G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY GLIDE PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
EASY PLUS II HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
EASY PLUS II LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
EASY STEP HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
EASY STEP LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
EASY STEP NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
EASY TALK HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
EASY TALK LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
EASY TALK PLUS II HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
EASY TALK PLUS II LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
EASY TOUCH BLULINK CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
EASY TOUCH FLIPLOCK NEEDLE 18G 1"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 18G 1.5"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 19G 1"	NEEDLES, SAFETY	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
EASY TOUCH FLIPLOCK NEEDLE 19G 1.5"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 20G 1"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 20G 1.5"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 21G 1"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 21G 1.5"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 22G 3/4"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 22G 1"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 22G 1.5"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 23G 5/8"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 23G 1"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 23G 1.5"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 25G 5/8"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 25G 1"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 25G 1.5"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 26G 1"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 26G 1/2"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 27G 1"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 27G 1/2"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 28G 1/2"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 29G 1/2"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 30G 1/2"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 30G 5/16"	NEEDLES, SAFETY	2	
EASY TOUCH FLIPLOCK NEEDLE 31G 5/16"	NEEDLES, SAFETY	2	
EASY TOUCH HIGH-LOW CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
EASY TOUCH HYPODERMIC 16G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 16G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 18G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 18G 1.25"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 18G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 19G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 19G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 20G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 20G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 21G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 21G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 22G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 22G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 23G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 23G 1.25"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 23G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 23G 3/4"	NEEDLES, DISPOSABLE	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
EASY TOUCH HYPODERMIC 24G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 24G 1.25"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 25G 5/8"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 25G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 25G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 26G 3/8"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 26G 1/2"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 26G 5/8"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 27G 1.25"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 27G 1.5"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 27G 1/2"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 30G 1"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 30G 1/2"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 31G 5/16"	NEEDLES, DISPOSABLE	2	
EASY TOUCH HYPODERMIC 32G 5/16"	NEEDLES, DISPOSABLE	2	
EASY TOUCH INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EASY TOUCH INSULIN SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY TOUCH INSULIN SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY TOUCH INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
EASY TOUCH INSULIN SYRINGE 1 ML 30G 1/2"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
EASY TOUCH INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML	SYRINGE,INSULIN,NEEDLESS 1 ML	2	
EASY TOUCH PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
EASY TOUCH PEN NEEDLE 30G 5/16"	PEN NEEDLE, DIABETIC	2	
EASY TOUCH PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
EASY TOUCH PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
EASY TOUCH PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
EASY TOUCH PEN NEEDLE 32G 3/16"	PEN NEEDLE, DIABETIC	2	
EASY TOUCH PEN NEEDLE 32G 1/4"	PEN NEEDLE, DIABETIC	2	
EASY TOUCH PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
EASY TOUCH SAFETY PEN NEEDLE 29G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
EASY TOUCH SAFETY PEN NEEDLE 29G 8MM	PEN NEEDLE, DIABETIC, SAFETY	2	
EASY TOUCH SAFETY PEN NEEDLE 30G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
EASY TOUCH SAFETY PEN NEEDLE 30G 8MM	PEN NEEDLE, DIABETIC, SAFETY	2	
EASY TOUCH SYRINGE 0.3 ML 30G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EASY TOUCH SYRINGE 0.5 ML 27G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY TOUCH SYRINGE 0.5 ML 27G 12.7MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY TOUCH SYRINGE 0.5 ML 28G 12.7MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY TOUCH SYRINGE 0.5 ML 29G 1/2"	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
EASY TOUCH SYRINGE 0.5 ML 29G 12.7MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
EASY TOUCH SYRINGE 0.5 ML 30G 5/16"	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
EASY TOUCH SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EASY TOUCH SYRINGE 1 ML 27G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY TOUCH SYRINGE 1 ML 27G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY TOUCH SYRINGE 1 ML 27G 16MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY TOUCH SYRINGE 1 ML 28G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY TOUCH SYRINGE 1 ML 29G 1/2"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
EASY TOUCH SYRINGE 1 ML 29G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY TOUCH SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EASY TOUCH SYRINGE 3 ML 20G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EASY TOUCH SYRINGE 3 ML 21G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EASY TOUCH SYRINGE 3 ML 22G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EASY TOUCH SYRINGE 3 ML 22G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EASY TOUCH SYRINGE 3 ML 23G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EASY TOUCH SYRINGE 3 ML 25G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EASY TOUCH SYRINGE 3 ML 25G 5/8"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	SYRINGE,INSULIN,NEEDLESS 1 ML	2	
EASY TRAK HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
EASY TRAK II NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
EASY TRAK LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
EASYMAX 15 LEVEL 2 SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
EASYMAX NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
EASYPOINT NEEDLE 18G 1"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 18G 1.5"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 20G 1"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 20G 1.5"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 21G 1"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 21G 1.5"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 22G 1"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 22G 1.5"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 23G 1"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 25G 5/8"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 25G 1"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 25G 1.5"	NEEDLES, SAFETY	2	
EASYPOINT NEEDLE 25G 16MM	NEEDLES, SAFETY	2	
EASYTOUCH SAFETY PEN NEEDLE 30G 6MM	PEN NEEDLE, DIABETIC, SAFETY	2	
EC-NAPROXEN DR 375 MG TABLET	NAPROXEN	1	
EC-NAPROXEN DR 500 MG TABLET	NAPROXEN	1	
ECONAZOLE 1% CREAM	ECONAZOLE NITRATE	1	
ECONTRA EZ 1.5 MG TABLET	LEVONORGESTREL	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ECONTRA ONE-STEP 1.5 MG TABLET	LEVONORGESTREL	1	
ED-SPAZ 0.125 MG ODT TABLET	HYOSCYAMINE SULFATE	1	
EDURANT 25 MG TABLET	RILPIVIRINE HCL	2	SRX
EEMT DS 1.25-2.5 MG TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE	1	
EEMT HS 0.625-1.25 MG TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE	1	
EFAVIRENZ 50 MG CAPSULE	EFAVIRENZ	1	SRX
EFAVIRENZ 200 MG CAPSULE	EFAVIRENZ	1	SRX
EFAVIRENZ 600 MG TABLET	EFAVIRENZ	1	SRX
EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET	EFAVIRENZ/EMTRICIT/TENOFOVR DF	3	QL, SRX
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET	EFAVIRENZ/LAMIVU/TENOFOV DISOP	2	QL, SRX
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET	EFAVIRENZ/LAMIVU/TENOFOV DISOP	2	QL, SRX
EFFER-K 10 MEQ EFFERVESCENT TABLET	POTASSIUM BICARBONATE/CIT AC	3	
EFFER-K 20 MEQ EFFERVESCENT TABLET	POTASSIUM BICARBONATE/CIT AC	3	
ELEMENT COMPACT HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
ELEMENT HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
ELEMENT LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
ELEMENT NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
ELETRIPTAN 20 MG TABLET	ELETRIPTAN HYDROBROMIDE	2	QL
ELETRIPTAN 40 MG TABLET	ELETRIPTAN HYDROBROMIDE	2	QL
ELINEST-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	1	
ELIQUIS 2.5 MG TABLET	APIXABAN	2	QL
ELIQUIS 5 MG TABLET	APIXABAN	2	QL
ELIQUIS DVT-PE 5 MG STARTER PACK	APIXABAN	2	QL
ELITE-OB TABLET	MULTIVIT-MIN69/IRON/FOLIC ACID	1	
ELLA 30 MG TABLET	ULIPRISTAL ACETATE	1	
ELMIRON 100 MG CAPSULE	PENTOSAN POLYSULFATE SODIUM	3	
ELTROMBOPAG 12.5 MG SUSPENSION PACKET	ELTROMBOPAG OLAMINE	4	PA, QL, SRX
ELTROMBOPAG 25 MG SUSPENSION PACKET	ELTROMBOPAG OLAMINE	4	PA, QL, SRX
ELTROMBOPAG 12.5 MG TABLET	ELTROMBOPAG OLAMINE	4	PA, QL, SRX
ELTROMBOPAG 25 MG TABLET	ELTROMBOPAG OLAMINE	4	PA, QL, SRX
ELTROMBOPAG 50 MG TABLET	ELTROMBOPAG OLAMINE	4	PA, QL, SRX
ELTROMBOPAG 75 MG TABLET	ELTROMBOPAG OLAMINE	4	PA, QL, SRX
ELURYNG VAGINAL RING	ETONOGESTREL/ETHINYL ESTRADIOL	1	
EMBRACE EVO LEVEL 1 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
EMBRACE GLUCOSE HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
EMBRACE GLUCOSE LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
EMBRACE PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
EMBRACE PEN NEEDLE 30G 5MM	PEN NEEDLE, DIABETIC	2	
EMBRACE PEN NEEDLE 30G 8MM	PEN NEEDLE, DIABETIC	2	
EMBRACE PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
EMBRACE PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
EMBRACE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
EMBRACE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
EMBRACE PRO CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
EMBRACE TALK HIGH (L2) CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
EMBRACE TALK LOW (L1) CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
EMEND 125 MG POWDER PACKET	APREPITANT	4	PA, QL
EMGALITY 120 MG/ML PEN	GALCANEZUMAB-GNLM	2	PA
EMGALITY 100 MG/ML SYRINGE	GALCANEZUMAB-GNLM	2	PA
EMGALITY 120 MG/ML SYRINGE	GALCANEZUMAB-GNLM	2	PA
EMGALITY 300 MG (100 MG X 3 SYRINGE)	GALCANEZUMAB-GNLM	2	PA
EMTRICITABINE 200 MG CAPSULE	EMTRICITABINE	1	SRX
EMTRICITABINE-RILPIVIRINE-TENOFOVIR 200-25-300 TABLET	EMTRICITA/RILPIVIRINE/TENOF DF	3	QL, SRX
EMTRICITABINE-TENOFOVIR 100-150 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF)	1	SRX
EMTRICITABINE-TENOFOVIR 133-200 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF)	1	SRX
EMTRICITABINE-TENOFOVIR 167-250 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF)	1	SRX
EMTRICITABINE-TENOFOVIR 200-300 MG TABLET	EMTRICITABINE/TENOFOVIR (TDF)	1	SRX
EMTRIVA 10 MG/ML ORAL SOLUTION	EMTRICITABINE	2	SRX
EMVERM 100 MG CHEWABLE TABLET	MEBENDAZOLE	3	
EMZAHH 0.35 MG TABLET	NORETHINDRONE	1	
ENALAPRIL 2.5 MG TABLET	ENALAPRIL MALEATE	1	
ENALAPRIL 5 MG TABLET	ENALAPRIL MALEATE	1	
ENALAPRIL 10 MG TABLET	ENALAPRIL MALEATE	1	
ENALAPRIL 20 MG TABLET	ENALAPRIL MALEATE	1	
ENALAPRIL-HCTZ 5-12.5 MG TABLET	ENALAPRIL/HYDROCHLOROTHIAZIDE	1	
ENALAPRIL-HCTZ 10-25 MG TABLET	ENALAPRIL/HYDROCHLOROTHIAZIDE	1	
ENBREL 25 MG/0.5 ML SYRINGE	ETANERCEPT	4	PA, QL, SRX
ENBREL 25 MG/0.5 ML VIAL	ETANERCEPT	4	PA, QL, SRX
ENBREL 50 MG/ML MINI CARTRIDGE	ETANERCEPT	4	PA, QL, SRX
ENBREL 50 MG/ML SURECLICK	ETANERCEPT	4	PA, QL, SRX
ENBREL 50 MG/ML SYRINGE	ETANERCEPT	4	PA, QL, SRX
ENDOCET 2.5-325 MG TABLET	OXYCODONE HCL/ACETAMINOPHEN	1	PA
ENDOCET 5-325 MG TABLET	OXYCODONE HCL/ACETAMINOPHEN	1	PA
ENDOCET 7.5-325 MG TABLET	OXYCODONE HCL/ACETAMINOPHEN	1	PA
ENDOCET 10-325 MG TABLET	OXYCODONE HCL/ACETAMINOPHEN	1	PA
ENDOMETRIN 100 MG VAGINAL INSERT	PROGESTERONE, MICRONIZED	3	PA
ENGERIX-B 20 MCG/ML SYRINGE	HEPATITIS B VIRUS VACCINE/PF	2	
ENGERIX-B 20 MCG/ML VIAL	HEPATITIS B VIRUS VACCINE/PF	2	
ENGERIX-B PEDI 10 MCG/0.5 SYRINGE	HEPATITIS B VIRUS VACCINE/PF	2	
ENILLORING VAGINAL RING	ETONOGESTREL/ETHINYL ESTRADIOL	1	
ENLITE SERTER	DIABETIC SUPPLIES,MISCELL	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ENLYTE SOFTGEL	IRON/FA/DHA/EPA/FAD/NADH/MV47	3	
ENOXAPARIN 30 MG/0.3 ML SYRINGE	ENOXAPARIN SODIUM	4	QL, SRX
ENOXAPARIN 40 MG/0.4 ML SYRINGE	ENOXAPARIN SODIUM	4	QL, SRX
ENOXAPARIN 60 MG/0.6 ML SYRINGE	ENOXAPARIN SODIUM	4	QL, SRX
ENOXAPARIN 80 MG/0.8 ML SYRINGE	ENOXAPARIN SODIUM	4	QL, SRX
ENOXAPARIN 100 MG/ML SYRINGE	ENOXAPARIN SODIUM	4	QL, SRX
ENOXAPARIN 120 MG/0.8 ML SYRINGE	ENOXAPARIN SODIUM	4	QL, SRX
ENOXAPARIN 150 MG/ML SYRINGE	ENOXAPARIN SODIUM	4	QL, SRX
ENOXAPARIN 300 MG/3 ML VIAL	ENOXAPARIN SODIUM	4	QL, SRX
ENPRESSE-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
ENSKYCE 28 TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
ENTACAPONE 200 MG TABLET	ENTACAPONE	1	
ENTECAVIR 0.5 MG TABLET	ENTECAVIR	4	SRX
ENTECAVIR 1 MG TABLET	ENTECAVIR	4	SRX
ENTRESTO 6-6 MG SPRINKLE PELLET	SACUBITRIL/VALSARTAN	2	QL
ENTRESTO 15-16 MG SPRINKLE PELLET	SACUBITRIL/VALSARTAN	2	QL
ENULOSE 10 GM/15 ML ORAL SOLUTION	LACTULOSE	1	
EPIDIOLEX 100 MG/ML ORAL SOLUTION	CANNABIDIOL (CBD)	3	PA, LDD, SRX
EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	CANNABIDIOL (CBD)	3	PA, LDD, SRX
EPIFOAM FOAM	HYDROCORTISONE/PRAMOXINE	3	
EPINASTINE 0.05% EYE DROPS	EPINASTINE HCL	1	
EPINEPHRINE 0.15 MG AUTO-INJECTOR	EPINEPHRINE	1	QL
EPINEPHRINE 0.3 MG AUTO-INJECTOR	EPINEPHRINE	1	QL
EPITOL 200 MG TABLET	CARBAMAZEPINE	1	
EPLERENONE 25 MG TABLET	EPLERENONE	1	
EPLERENONE 50 MG TABLET	EPLERENONE	1	
EPROSARTAN 600 MG TABLET	EPROSARTAN MESYLATE	1	
EQ SPACE CHAMBER	INHALER, ASSIST DEVICES	2	QL
EQ SPACE CHAMBER-LARGE MASK	INHALER,ASSIST DEVICE,LG MASK	2	QL
EQ SPACE CHAMBER-MEDIUM MASK	INHALER,ASSIST DEVICE,MED MASK	2	QL
EQ SPACE CHAMBER-SMALL MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
EQL INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EQL INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EQL INSULIN SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EQL INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EQL INSULIN SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EQL INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EQL INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EQL PEN NEEDLE 8MM 31G 5/16"	PEN NEEDLE, DIABETIC	2	
ERGOLOID 1 MG TABLET	ERGOLOID MESYLATES	1	
ERGOMAR 2 MG SUBLINGUAL TABLET	ERGOTAMINE TARTRATE	3	PA

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ERIVEDGE 150 MG CAPSULE	VISMODEGIB	4	PA, QL, LDD, SRX
ERLOTINIB 25 MG TABLET	ERLOTINIB HCL	4	PA, SRX
ERLOTINIB 100 MG TABLET	ERLOTINIB HCL	4	PA, SRX
ERLOTINIB 150 MG TABLET	ERLOTINIB HCL	4	PA, SRX
ERRIN 0.35 MG TABLET	NORETHINDRONE	1	
ERTACZO 2% CREAM	SERTACONAZOLE NITRATE	3	PA
ERY 2% PADS	ERYTHROMYCIN BASE IN ETHANOL	1	
ERYTHROCIN 250 MG TABLET	ERYTHROMYCIN STEARATE	3	
ERYTHROMYCIN 0.5% EYE OINTMENT	ERYTHROMYCIN BASE	1	
ERYTHROMYCIN 2% GEL	ERYTHROMYCIN BASE IN ETHANOL	1	
ERYTHROMYCIN 200 MG/5 ML ORAL SUSPENSION	ERYTHROMYCIN ETHYLSUCCINATE	2	
ERYTHROMYCIN 400 MG/5 ML ORAL SUSPENSION	ERYTHROMYCIN ETHYLSUCCINATE	2	
ERYTHROMYCIN 250 MG TABLET	ERYTHROMYCIN BASE	1	
ERYTHROMYCIN 500 MG TABLET	ERYTHROMYCIN BASE	1	
ERYTHROMYCIN 2% TOPICAL SOLUTION	ERYTHROMYCIN BASE IN ETHANOL	1	
ERYTHROMYCIN DR 250 MG CAPSULE	ERYTHROMYCIN BASE	1	
ERYTHROMYCIN ES 400 MG TABLET	ERYTHROMYCIN ETHYLSUCCINATE	2	
ERYTHROMYCIN-BENZOYL GEL	ERYTHROMYCIN/BENZOYL PEROXIDE	2	
ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	ESCITALOPRAM OXALATE	1	QL
ESCITALOPRAM 5 MG TABLET	ESCITALOPRAM OXALATE	1	QL
ESCITALOPRAM 10 MG TABLET	ESCITALOPRAM OXALATE	1	QL
ESCITALOPRAM 20 MG TABLET	ESCITALOPRAM OXALATE	1	QL
ESOMEPRAZOLE DR 20 MG CAPSULE	ESOMEPRAZOLE MAGNESIUM	1	QL
ESOMEPRAZOLE DR 40 MG CAPSULE	ESOMEPRAZOLE MAGNESIUM	1	QL
ESOMEPRAZOLE DR 49.3 MG CAPSULE	ESOMEPRAZOLE STRONTIUM	1	QL
ESOMEPRAZOLE DR 2.5 MG PACKET	ESOMEPRAZOLE MAGNESIUM	2	QL
ESOMEPRAZOLE DR 5 MG PACKET	ESOMEPRAZOLE MAGNESIUM	2	QL
ESOMEPRAZOLE DR 10 MG PACKET	ESOMEPRAZOLE MAGNESIUM	2	QL
ESOMEPRAZOLE DR 20 MG PACKET	ESOMEPRAZOLE MAGNESIUM	2	QL
ESOMEPRAZOLE DR 40 MG PACKET	ESOMEPRAZOLE MAGNESIUM	2	QL
ESTARYLLA 0.25-0.035 MG TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
ESTAZOLAM 1 MG TABLET	ESTAZOLAM	1	
ESTAZOLAM 2 MG TABLET	ESTAZOLAM	1	
ESTRADIOL 0.01% CREAM	ESTRADIOL	1	
ESTRADIOL 0.025 MG PATCH (1/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.025 MG PATCH (2/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.0375 MG PATCH (1/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.0375 MG PATCH (2/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	ESTRADIOL	1	QL

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ESTRADIOL 0.075 MG PATCH (1/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.075 MG PATCH (2/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	ESTRADIOL	1	QL
ESTRADIOL 0.5 MG TABLET	ESTRADIOL	1	
ESTRADIOL 1 MG TABLET	ESTRADIOL	1	
ESTRADIOL 2 MG TABLET	ESTRADIOL	1	
ESTRADIOL 10 MCG VAGINAL INSERT TABLET	ESTRADIOL	2	QL
ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET	ESTRADIOL/NORETHINDRONE ACET	1	
ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET	ESTRADIOL/NORETHINDRONE ACET	1	
ESTRING 7.5 MCG/DAY (2 MG) RING	ESTRADIOL	3	QL
ESTROGEN-METHYLTESTOSTERONE F.S. TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE	1	
ESTROGEN-METHYLTESTOSTERONE H.S. TABLET	ESTROGEN,ESTER/ME-TESTOSTERONE	1	
ESZOPICLONE 1 MG TABLET	ESZOPICLONE	1	
ESZOPICLONE 2 MG TABLET	ESZOPICLONE	1	
ESZOPICLONE 3 MG TABLET	ESZOPICLONE	1	
ETHAMBUTOL 100 MG TABLET	ETHAMBUTOL HCL	1	
ETHAMBUTOL 400 MG TABLET	ETHAMBUTOL HCL	1	
ETHOSUXIMIDE 250 MG CAPSULE	ETHOSUXIMIDE	1	
ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION	ETHOSUXIMIDE	1	
ETHYL CHLORIDE SPRAY	ETHYL CHLORIDE	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	1	
ETODOLAC 200 MG CAPSULE	ETODOLAC	1	
ETODOLAC 300 MG CAPSULE	ETODOLAC	1	
ETODOLAC 400 MG TABLET	ETODOLAC	1	
ETODOLAC 500 MG TABLET	ETODOLAC	1	
ETODOLAC ER 400 MG TABLET	ETODOLAC	1	
ETODOLAC ER 500 MG TABLET	ETODOLAC	1	
ETODOLAC ER 600 MG TABLET	ETODOLAC	1	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING	ETONOGESTREL/ETHINYL ESTRADIOL	1	
ETOPOSIDE 50 MG CAPSULE	ETOPOSIDE	4	SRX
ETRAVIRINE 100 MG TABLET	ETRAVIRINE	1	SRX
ETRAVIRINE 200 MG TABLET	ETRAVIRINE	1	SRX
EURAX 10% CREAM	CROTAMITON	3	
EUTHYROX 25 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 50 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 75 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 88 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 100 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 112 MCG TABLET	LEVOTHYROXINE SODIUM	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
EUTHYROX 125 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 137 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 150 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 175 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EUTHYROX 200 MCG TABLET	LEVOTHYROXINE SODIUM	1	
EVAMIST 1.53 MG/SPRAY	ESTRADIOL	2	
EVENCARE G2 CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
EVENCARE G3 CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
EVEROLIMUS 0.25 MG TABLET	EVEROLIMUS	4	SRX
EVEROLIMUS 0.5 MG TABLET	EVEROLIMUS	4	SRX
EVEROLIMUS 0.75 MG TABLET	EVEROLIMUS	4	SRX
EVEROLIMUS 1 MG TABLET	EVEROLIMUS	4	SRX
EVEROLIMUS 2.5 MG TABLET	EVEROLIMUS	4	PA, QL, SRX
EVEROLIMUS 5 MG TABLET	EVEROLIMUS	4	PA, QL, SRX
EVEROLIMUS 7.5 MG TABLET	EVEROLIMUS	4	PA, QL, SRX
EVEROLIMUS 10 MG TABLET	EVEROLIMUS	4	PA, QL, SRX
EVEROLIMUS 2 MG TABLET FOR SUSPENSION	EVEROLIMUS	4	PA, QL, SRX
EVEROLIMUS 3 MG TABLET FOR SUSPENSION	EVEROLIMUS	4	PA, QL, SRX
EVEROLIMUS 5 MG TABLET FOR SUSPENSION	EVEROLIMUS	4	PA, QL, SRX
EVOLUTION NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
EVOTAZ 300 MG-150 MG TABLET	ATAZANAVIR SULFATE/COBICISTAT	2	SRX
EXEL HUBER NEEDLE 22G 3/4"	NEEDLES,SAFETY HUBER,DISPOSABL	2	
EXEL HUBER NEEDLE 22G 1"	NEEDLES, HUBER DISPOSABLE	2	
EXEL HYPO NEEDLE 16G 1"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 18G 1"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 18G 1.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 19G 1"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 19G 1.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 20G 0.75"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 20G 1"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 20G 1.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 21G 1"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 21G 1.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 22G 0.75"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 22G 1"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 22G 1.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 23G 0.75"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 23G 1"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 25G 0.625"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 25G 0.75"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 25G 1"	NEEDLES, DISPOSABLE	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
EXEL HYPO NEEDLE 25G 1.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 26G 0.375"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 26G 0.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 26G 0.625"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 26G 1.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 27G 0.5"	NEEDLES, DISPOSABLE	2	
EXEL HYPO NEEDLE 30G 0.5"	NEEDLES, DISPOSABLE	2	
EXEL INSULIN SYRINGE U100 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EXEL MTI DRAWING NEEDLE 20G 1"	NEEDLES, BLOOD COLLECTION	2	
EXEL MTI DRAWING NEEDLE 21G 1"	NEEDLES, BLOOD COLLECTION	2	
EXEL MTI DRAWING NEEDLE 22G 1"	NEEDLES, BLOOD COLLECTION	2	
EXEL SYRINGE 3 ML 20G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 20G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 21G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 21G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 22G 3/4"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 22G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 22G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 23G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 25G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE 3 ML 27G 1.25"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
EXEL SYRINGE U100 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EXEL SYRINGE U100 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
EXEL SYRINGE U100 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EXEL SYRINGE U100 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EXEL SYRINGE U100 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
EXEL SYRINGE U100 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EXEL U100 INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
EXEMESTANE 25 MG TABLET	EXEMESTANE	1	
EXTENDED RESERVOIR 3 ML	INSULIN PUMP SYRINGE, 3 ML	2	
EZETIMIBE 10 MG TABLET	EZETIMIBE	1	
EZETIMIBE-SIMVASTATIN 10-10 MG TABLET	EZETIMIBE/SIMVASTATIN	1	
EZETIMIBE-SIMVASTATIN 10-20 MG TABLET	EZETIMIBE/SIMVASTATIN	1	
EZETIMIBE-SIMVASTATIN 10-40 MG TABLET	EZETIMIBE/SIMVASTATIN	1	
EZETIMIBE-SIMVASTATIN 10-80 MG TABLET	EZETIMIBE/SIMVASTATIN	1	
FACTIVE 320 MG TABLET	GEMIFLOXACIN MESYLATE	3	
FALMINA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
FAMCICLOVIR 125 MG TABLET	FAMCICLOVIR	1	
FAMCICLOVIR 250 MG TABLET	FAMCICLOVIR	1	
FAMCICLOVIR 500 MG TABLET	FAMCICLOVIR	1	
FAMOTIDINE 40 MG/5 ML ORAL SUSPENSION	FAMOTIDINE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
FAMOTIDINE 20 MG TABLET	FAMOTIDINE	1	
FAMOTIDINE 40 MG TABLET	FAMOTIDINE	1	
FARXIGA 5 MG TABLET	DAPAGLIFLOZIN PROPANEDIOL	2	QL
FARXIGA 10 MG TABLET	DAPAGLIFLOZIN PROPANEDIOL	2	QL
FEBUXOSTAT 40 MG TABLET	FEBUXOSTAT	3	QL
FEBUXOSTAT 80 MG TABLET	FEBUXOSTAT	3	QL
FEIRZA 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
FEIRZA 1.5 MG-30 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
FELBAMATE 600 MG/5 ML ORAL SUSPENSION	FELBAMATE	3	
FELBAMATE 400 MG TABLET	FELBAMATE	3	
FELBAMATE 600 MG TABLET	FELBAMATE	3	
FELODIPINE ER 2.5 MG TABLET	FELODIPINE	1	
FELODIPINE ER 5 MG TABLET	FELODIPINE	1	
FELODIPINE ER 10 MG TABLET	FELODIPINE	1	
FEM PH VAGINAL JELLY	ACETIC ACID/OXYQUINOLINE	1	
FEMLYV 1 MG-0.02 MG ODT TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
FENOFIBRATE 43 MG CAPSULE	FENOFIBRATE,MICRONIZED	1	
FENOFIBRATE 50 MG CAPSULE	FENOFIBRATE	1	
FENOFIBRATE 67 MG CAPSULE	FENOFIBRATE,MICRONIZED	1	
FENOFIBRATE 130 MG CAPSULE	FENOFIBRATE,MICRONIZED	2	
FENOFIBRATE 134 MG CAPSULE	FENOFIBRATE,MICRONIZED	1	
FENOFIBRATE 150 MG CAPSULE	FENOFIBRATE	1	
FENOFIBRATE 200 MG CAPSULE	FENOFIBRATE,MICRONIZED	1	
FENOFIBRATE 40 MG TABLET	FENOFIBRATE	2	
FENOFIBRATE 48 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	1	
FENOFIBRATE 54 MG TABLET	FENOFIBRATE	1	
FENOFIBRATE 120 MG TABLET	FENOFIBRATE	1	
FENOFIBRATE 145 MG TABLET	FENOFIBRATE NANOCRYSTALLIZED	1	
FENOFIBRATE 160 MG TABLET	FENOFIBRATE	1	
FENOFIBRIC ACID 35 MG TABLET	FENOFIBRIC ACID	1	
FENOFIBRIC ACID 105 MG TABLET	FENOFIBRIC ACID	1	
FENOFIBRIC ACID DR 135 MG CAPSULE	FENOFIBRIC ACID (CHOLINE)	1	
FENOFIBRIC ACID DR 45 MG CAPSULE	FENOFIBRIC ACID (CHOLINE)	1	
FENOPROFEN 600 MG TABLET	FENOPROFEN CALCIUM	2	
FENTANYL 12 MCG/HR PATCH	FENTANYL	2	PA
FENTANYL 25 MCG/HR PATCH	FENTANYL	2	PA
FENTANYL 37.5 MCG/HR PATCH	FENTANYL	2	PA
FENTANYL 50 MCG/HR PATCH	FENTANYL	2	PA
FENTANYL 62.5 MCG/HR PATCH	FENTANYL	2	PA
FENTANYL 75 MCG/HR PATCH	FENTANYL	2	PA
FENTANYL 87.5 MCG/HR PATCH	FENTANYL	2	PA

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
FENTANYL 100 MCG/HR PATCH	FENTANYL	2	PA
FENTANYL CITRATE OTFC 200 MCG LOZENGE	FENTANYL CITRATE	3	PA
FENTANYL CITRATE OTFC 400 MCG LOZENGE	FENTANYL CITRATE	3	PA
FENTANYL CITRATE OTFC 600 MCG LOZENGE	FENTANYL CITRATE	3	PA
FENTANYL CITRATE OTFC 800 MCG LOZENGE	FENTANYL CITRATE	3	PA
FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	FENTANYL CITRATE	3	PA
FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	FENTANYL CITRATE	3	PA
FERRIPROX 100 MG/ML ORAL SOLUTION	DEFERIPRONE	3	PA, LDD, SRX
FESOTERODINE ER 4 MG TABLET	FESOTERODINE FUMARATE	3	QL
FESOTERODINE ER 8 MG TABLET	FESOTERODINE FUMARATE	3	QL
FETZIMA 20-40 MG TITRATION PACK	LEVOMILNACIPRAN HCL	3	QL
FETZIMA ER 20 MG CAPSULE	LEVOMILNACIPRAN HCL	3	QL
FETZIMA ER 40 MG CAPSULE	LEVOMILNACIPRAN HCL	3	QL
FETZIMA ER 80 MG CAPSULE	LEVOMILNACIPRAN HCL	3	QL
FETZIMA ER 120 MG CAPSULE	LEVOMILNACIPRAN HCL	3	QL
FIFTY50 GLUCOSE CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
FILTER ASPIRATOR NEEDLE	NEEDLES, FILTER	2	
FILTER NEEDLE	NEEDLES, FILTER	2	
FILTER NEEDLE 19G 1.5"	NEEDLES, FILTER	2	
FILTER NEEDLE 5 MICRON	NEEDLES, FILTER	2	
FINASTERIDE 5 MG TABLET	FINASTERIDE	1	
FINGOLIMOD 0.5 MG CAPSULE	FINGOLIMOD HCL	4	PA, QL, SRX
FINZALA 1-0.02(24)-75 CHEWABLE TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
FLAC OTIC OIL 0.01% EAR DROPS	FLUOCINOLONE ACETONIDE OIL	1	
FLAVOXATE 100 MG TABLET	FLAVOXATE HCL	1	
FLECAINIDE 50 MG TABLET	FLECAINIDE ACETATE	1	
FLECAINIDE 100 MG TABLET	FLECAINIDE ACETATE	1	
FLECAINIDE 150 MG TABLET	FLECAINIDE ACETATE	1	
FLEXICHAMBER	INHALER, ASSIST DEVICES	2	QL
FLEXICHAMBER-LARGE CHILD MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
FLEXICHAMBER-SMALL ADULT MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
FLEXICHAMBER-SMALL CHILD MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
FLOW-EZE VENTED NEEDLE	NEEDLES, DISPOSABLE	2	
FLUAD	FLU VACC TS2024(65UP)/MF59C/PF	2	
FLUARIX	FLU VACC TS2024-25(6MOS UP)/PF	2	
FLUBLOK	FLU VAC TV 2024(18YR UP)RCM/PF	2	
FLUCELVAX	FLU VAC TS 24-25(6MS UP)CEL/PF	2	
FLUCONAZOLE 10 MG/ML ORAL SUSPENSION	FLUCONAZOLE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
FLUCONAZOLE 40 MG/ML ORAL SUSPENSION	FLUCONAZOLE	1	
FLUCONAZOLE 50 MG TABLET	FLUCONAZOLE	1	
FLUCONAZOLE 100 MG TABLET	FLUCONAZOLE	1	
FLUCONAZOLE 150 MG TABLET	FLUCONAZOLE	1	
FLUCONAZOLE 200 MG TABLET	FLUCONAZOLE	1	
FLUCYTOSINE 250 MG CAPSULE	FLUCYTOSINE	3	
FLUCYTOSINE 500 MG CAPSULE	FLUCYTOSINE	3	
FLUDROCORTISONE 0.1 MG TABLET	FLUDROCORTISONE ACETATE	1	
FLULAVAL	FLU VACC TS2024-25(6MOS UP)/PF	2	
FLUMIST	FLU VACC TV LIVE 2024(2-49YRS)	2	
FLUNISOLIDE 0.025% NASAL SPRAY	FLUNISOLIDE	1	
FLUOCINOLONE 0.01% BODY OIL	FLUOCINOLONE ACETONIDE	1	
FLUOCINOLONE 0.01% CREAM	FLUOCINOLONE ACETONIDE	1	
FLUOCINOLONE 0.025% CREAM	FLUOCINOLONE ACETONIDE	1	
FLUOCINOLONE 0.025% OINTMENT	FLUOCINOLONE ACETONIDE	1	
FLUOCINOLONE 0.01% SCALP OIL	FLUOCINOLONE/SHOWER CAP	1	
FLUOCINOLONE 0.01% TOPICAL SOLUTION	FLUOCINOLONE ACETONIDE	1	
FLUOCINOLONE OIL 0.01% EAR DROPS	FLUOCINOLONE ACETONIDE OIL	1	
FLUOCINONIDE 0.05% CREAM	FLUOCINONIDE	1	
FLUOCINONIDE 0.1% CREAM	FLUOCINONIDE	1	
FLUOCINONIDE 0.05% GEL	FLUOCINONIDE	1	
FLUOCINONIDE 0.05% OINTMENT	FLUOCINONIDE	1	
FLUOCINONIDE 0.05% TOPICAL SOLUTION	FLUOCINONIDE	1	
FLUOCINONIDE-E 0.05% CREAM	FLUOCINONIDE/EMOLLIENT BASE	1	
FLUORIDEX DAILY DEFENSE 1.1% TOOTHPASTE	FLUORIDE (SODIUM)	1	
FLUORIDEX SENSITIVE RELIEF TOOTHPASTE	SODIUM FLUORIDE/POTASSIUM NIT	1	
FLUORIMAX 5000 1.1% TOOTHPASTE	FLUORIDE (SODIUM)	1	
FLUOROMETHOLONE 0.1% EYE DROPS	FLUOROMETHOLONE	1	
FLUOROURACIL 0.5% CREAM	FLUOROURACIL	3	
FLUOROURACIL 5% CREAM	FLUOROURACIL	1	
FLUOROURACIL 2% TOPICAL SOLUTION	FLUOROURACIL	1	
FLUOROURACIL 5% TOPICAL SOLUTION	FLUOROURACIL	1	
FLUOXETINE 10 MG CAPSULE	FLUOXETINE HCL	1	QL
FLUOXETINE 20 MG CAPSULE	FLUOXETINE HCL	1	QL
FLUOXETINE 40 MG CAPSULE	FLUOXETINE HCL	1	QL
FLUOXETINE 20 MG/5 ML ORAL SOLUTION	FLUOXETINE HCL	1	QL
FLUOXETINE DR 90 MG CAPSULE	FLUOXETINE HCL	1	QL
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	FLUPHENAZINE HCL	1	
FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE	FLUPHENAZINE HCL	1	
FLUPHENAZINE 1 MG TABLET	FLUPHENAZINE HCL	1	
FLUPHENAZINE 2.5 MG TABLET	FLUPHENAZINE HCL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
FLUPHENAZINE 5 MG TABLET	FLUPHENAZINE HCL	1	
FLUPHENAZINE 10 MG TABLET	FLUPHENAZINE HCL	1	
FLURANDRENOLIDE 0.05% CREAM	FLURANDRENOLIDE	3	
FLURANDRENOLIDE 0.05% LOTION	FLURANDRENOLIDE	3	
FLURANDRENOLIDE 0.05% OINTMENT	FLURANDRENOLIDE	3	
FLURAZEPAM 15 MG CAPSULE	FLURAZEPAM HCL	1	
FLURAZEPAM 30 MG CAPSULE	FLURAZEPAM HCL	1	
FLURBIPROFEN 0.03% EYE DROPS	FLURBIPROFEN SODIUM	1	
FLURBIPROFEN 100 MG TABLET	FLURBIPROFEN	1	
FLUTAMIDE 125 MG CAPSULE	FLUTAMIDE	1	
FLUTICASONE 0.05% CREAM	FLUTICASONE PROPIONATE	1	
FLUTICASONE 0.05% LOTION	FLUTICASONE PROPIONATE	3	
FLUTICASONE 50 MCG NASAL SPRAY	FLUTICASONE PROPIONATE	1	
FLUTICASONE 0.005% OINTMENT	FLUTICASONE PROPIONATE	1	
FLUTICASONE-SALMETEROL 100-50 INHALER	FLUTICASONE PROPION/SALMETEROL	1	QL
FLUTICASONE-SALMETEROL 250-50 INHALER	FLUTICASONE PROPION/SALMETEROL	1	QL
FLUTICASONE-SALMETEROL 500-50 INHALER	FLUTICASONE PROPION/SALMETEROL	1	QL
FLUVASTATIN 20 MG CAPSULE	FLUVASTATIN SODIUM	2	
FLUVASTATIN 40 MG CAPSULE	FLUVASTATIN SODIUM	2	
FLUVASTATIN ER 80 MG TABLET	FLUVASTATIN SODIUM	2	
FLUVOXAMINE 25 MG TABLET	FLUVOXAMINE MALEATE	1	QL
FLUVOXAMINE 50 MG TABLET	FLUVOXAMINE MALEATE	1	QL
FLUVOXAMINE 100 MG TABLET	FLUVOXAMINE MALEATE	1	QL
FLUVOXAMINE ER 100 MG CAPSULE	FLUVOXAMINE MALEATE	1	QL
FLUVOXAMINE ER 150 MG CAPSULE	FLUVOXAMINE MALEATE	1	QL
FLUZONE	FLU VACC TS2024-25(6MOS UP)/PF	2	
FLUZONE HIGH-DOSE	FLU VACC TS2024-25(65YR UP)/PF	2	
FOLIC ACID 1 MG TABLET	FOLIC ACID	1	
FOLIVANE-OB CAPSULE	MVN-MIN 74/IRON FUM/IRON/FA	1	
FOLLISTIM AQ 300 UNIT CARTRIDGE	FOLLITROPIN BETA,RECOMB	4	PA, SRX
FOLLISTIM AQ 600 UNIT CARTRIDGE	FOLLITROPIN BETA,RECOMB	4	PA, SRX
FOLLISTIM AQ 900 UNIT CARTRIDGE	FOLLITROPIN BETA,RECOMB	4	PA, SRX
FONDAPARINUX 2.5 MG/0.5 ML SYRINGE	FONDAPARINUX SODIUM	4	QL, SRX
FONDAPARINUX 5 MG/0.4 ML SYRINGE	FONDAPARINUX SODIUM	4	QL, SRX
FONDAPARINUX 7.5 MG/0.6 ML SYRINGE	FONDAPARINUX SODIUM	4	QL, SRX
FONDAPARINUX 10 MG/0.8 ML SYRINGE	FONDAPARINUX SODIUM	4	QL, SRX
FORA HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
FORA KETONE L1 CONTROL SOLUTION	BLOOD-KETONE CONTROL, NORMAL	2	
FORA LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
FORA NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
FORACARE GDH HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
FORACARE GDH LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
FORACARE GDH NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION	FORMOTEROL FUMARATE	3	QL
FORTISCARE HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
FORTISCARE LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
FORTISCARE NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
FOSAMPRENAVIR 700 MG TABLET	FOSAMPRENAVIR CALCIUM	1	SRX
FOSFOMYCIN 3 GM SACHET	FOSFOMYCIN TROMETHAMINE	2	
FOSINOPRIL 10 MG TABLET	FOSINOPRIL SODIUM	1	
FOSINOPRIL 20 MG TABLET	FOSINOPRIL SODIUM	1	
FOSINOPRIL 40 MG TABLET	FOSINOPRIL SODIUM	1	
FOSINOPRIL-HCTZ 10-12.5 MG TABLET	FOSINOPRIL/HYDROCHLOROTHIAZIDE	1	
FOSINOPRIL-HCTZ 20-12.5 MG TABLET	FOSINOPRIL/HYDROCHLOROTHIAZIDE	1	
FOSRENOL 750 MG POWDER PACKET	LANTHANUM CARBONATE	3	
FOSRENOL 1,000 MG POWDER PACKET	LANTHANUM CARBONATE	3	
FRAGMIN 2,500 UNIT/0.2 ML SYRINGE	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAGMIN 5,000 UNIT/0.2 ML SYRINGE	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAGMIN 7,500 UNIT/0.3 ML SYRINGE	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAGMIN 10,000 UNIT/ML SYRINGE	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAGMIN 12,500 UNIT/0.5 ML SYRINGE	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAGMIN 15,000 UNIT/0.6 ML SYRINGE	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAGMIN 18,000 UNIT/0.72 ML SYRINGE	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAGMIN 10,000 UNIT/4 ML VIAL	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAGMIN 95,000 UNIT/3.8 ML VIAL	DALTEPARIN SODIUM,PORCINE	4	QL, SRX
FRAICHE 5000 1.1 % DENTAL GEL	FLUORIDE (SODIUM)	1	
FREESTYLE 28G LANCET	LANCETS	2	
FREESTYLE CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
FREESTYLE FREEDOM LITE GLUCOSE METER	BLOOD-GLUCOSE METER	1	
FREESTYLE INSULINX GLUCOSE SYSTEM	BLOOD-GLUCOSE METER	1	
FREESTYLE INSULINX TEST STRIP	BLOOD SUGAR DIAGNOSTIC	2	
FREESTYLE LIBRE 14 DAY READER	FLASH GLUCOSE SCANNING READER	2	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	FLASH GLUCOSE SENSOR	2	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	BLOOD-GLUCOSE SENSOR	2	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	BLOOD-GLUCOSE SENSOR	2	PA, QL
FREESTYLE LIBRE 2 READER	FLASH GLUCOSE SCANNING READER	2	PA, QL
FREESTYLE LIBRE 3 READER	BLOOD-GLUCOSE,RECEIVER,CONT	2	PA, QL
FREESTYLE LIBRE 2 SENSOR	FLASH GLUCOSE SENSOR	2	PA, QL
FREESTYLE LIBRE 3 SENSOR	BLOOD-GLUCOSE SENSOR	2	PA, QL
FREESTYLE LITE GLUCOSE METER	BLOOD-GLUCOSE METER	1	
FREESTYLE LITE TEST STRIP	BLOOD SUGAR DIAGNOSTIC	2	
FREESTYLE PRECISION NEO GLUCOSE METER	BLOOD-GLUCOSE METER	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
FREESTYLE PRECISION NEO TEST STRIP	BLOOD SUGAR DIAGNOSTIC	2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
FREESTYLE PRECISION SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
FREESTYLE PRECISION SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
FREESTYLE PRECISION SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
FREESTYLE TEST STRIP	FREESTYLE TEST STRIP	2	
FREESTYLE UNISTIK 2 LANCET	FREESTYLE UNISTIK 2 LANCET	2	
FROVATRIPTAN 2.5 MG TABLET	FROVATRIPTAN SUCCINATE	2	QL
FUROSEMIDE 10 MG/ML ORAL SOLUTION	FUROSEMIDE	1	
FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	FUROSEMIDE	1	
FUROSEMIDE 20 MG TABLET	FUROSEMIDE	1	
FUROSEMIDE 40 MG TABLET	FUROSEMIDE	1	
FUROSEMIDE 80 MG TABLET	FUROSEMIDE	1	
FUZEON 90 MG VIAL	ENFUVIRTIDE	4	SRX
FYAVOLV 0.5 MG-2.5 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
FYAVOLV 1 MG-5 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
FYCOMPA 2 MG TABLET	PERAMPANEL	3	PA, QL
FYCOMPA 4 MG TABLET	PERAMPANEL	3	PA, QL
FYCOMPA 6 MG TABLET	PERAMPANEL	3	PA, QL
FYCOMPA 8 MG TABLET	PERAMPANEL	3	PA, QL
FYCOMPA 10 MG TABLET	PERAMPANEL	3	PA, QL
FYCOMPA 12 MG TABLET	PERAMPANEL	3	PA, QL
GABAPENTIN 100 MG CAPSULE	GABAPENTIN	1	
GABAPENTIN 300 MG CAPSULE	GABAPENTIN	1	
GABAPENTIN 400 MG CAPSULE	GABAPENTIN	1	
GABAPENTIN 250 MG/5 ML ORAL SOLUTION	GABAPENTIN	1	
GABAPENTIN 300 MG/6 ML ORAL SOLUTION	GABAPENTIN	1	
GABAPENTIN 600 MG TABLET	GABAPENTIN	1	
GABAPENTIN 800 MG TABLET	GABAPENTIN	1	
GALANTAMINE 4 MG/ML ORAL SOLUTION	GALANTAMINE HBR	1	
GALANTAMINE 4 MG TABLET	GALANTAMINE HBR	1	
GALANTAMINE 8 MG TABLET	GALANTAMINE HBR	1	
GALANTAMINE 12 MG TABLET	GALANTAMINE HBR	1	
GALANTAMINE ER 8 MG CAPSULE	GALANTAMINE HBR	1	QL
GALANTAMINE ER 16 MG CAPSULE	GALANTAMINE HBR	1	QL
GALANTAMINE ER 24 MG CAPSULE	GALANTAMINE HBR	1	QL
GALLIFREY 5 MG TABLET	NORETHINDRONE ACETATE	1	
GALZIN 25 MG CAPSULE	ZINC ACETATE	3	LDD, SRX
GALZIN 50 MG CAPSULE	ZINC ACETATE	3	LDD, SRX
GARDASIL 9 SYRINGE	HPV VACCINE 9-VALENT/PF	2	
GARDASIL 9 VIAL	HPV VACCINE 9-VALENT/PF	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
GATIFLOXACIN 0.5% EYE DROPS	GATIFLOXACIN	2	
GATTEX 5 MG VIAL	TEDUGLUTIDE	4	PA, LDD, SRX
GATTEX 5 MG 30-VIAL KIT	TEDUGLUTIDE	4	PA, LDD, SRX
GATTEX 5 MG ONE-VIAL KIT	TEDUGLUTIDE	4	PA, LDD, SRX
GAVILYTE-C ORAL SOLUTION	PEG3350/SOD SULF,BICARB,CL/KCL	1	
GAVILYTE-G ORAL SOLUTION	PEG3350/SOD SULF,BICARB,CL/KCL	1	
GAVILYTE-N ORAL SOLUTION	SODIUM CHLORIDE/NAHCO3/KCL/PEG	1	
GE100 NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
GEFITINIB 250 MG TABLET	GEFITINIB	4	PA, QL, SRX
GEMFIBROZIL 600 MG TABLET	GEMFIBROZIL	1	
GEMMILY 1 MG-20 MCG CAPSULE	NORETHINDRONE-E.ESTRADIOL-IRON	1	
GENERLAC 10 GM/15 ML ORAL SOLUTION	LACTULOSE	1	
GENGRAF 25 MG CAPSULE	CYCLOSPORINE, MODIFIED	1	SRX
GENGRAF 100 MG CAPSULE	CYCLOSPORINE, MODIFIED	1	SRX
GENGRAF 100 MG/ML ORAL SOLUTION	CYCLOSPORINE, MODIFIED	1	SRX
GENOTROPIN 5 MG CARTRIDGE	SOMATROPIN	4	PA, SRX
GENOTROPIN 12 MG CARTRIDGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 0.2 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 0.4 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 0.6 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 0.8 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 1 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 1.2 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 1.4 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 1.6 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 1.8 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENOTROPIN MINIQUICK 2 MG SYRINGE	SOMATROPIN	4	PA, SRX
GENTAK 0.3 % EYE OINTMENT	GENTAMICIN SULFATE	1	
GENTAMICIN 0.1% CREAM	GENTAMICIN SULFATE	1	
GENTAMICIN 0.1% OINTMENT	GENTAMICIN SULFATE	1	
GENTAMICIN 0.3% EYE DROPS	GENTAMICIN SULFATE	1	
GENVOYA TABLET	ELVITEG/COB/EMTRI/TENOF ALAFEN	3	QL, SRX
GILOTRIF 20 MG TABLET	AFATINIB DIMALEATE	4	PA, QL, LDD, SRX
GILOTRIF 30 MG TABLET	AFATINIB DIMALEATE	4	PA, QL, LDD, SRX
GILOTRIF 40 MG TABLET	AFATINIB DIMALEATE	4	PA, QL, LDD, SRX
GLATIRAMER 20 MG/ML SYRINGE	GLATIRAMER ACETATE	4	PA, SRX
GLATIRAMER 40 MG/ML SYRINGE	GLATIRAMER ACETATE	4	PA, SRX
GLATOPA 20 MG/ML SYRINGE	GLATIRAMER ACETATE	4	PA, SRX
GLATOPA 40 MG/ML SYRINGE	GLATIRAMER ACETATE	4	PA, SRX
GLEOSTINE 10 MG CAPSULE	LOMUSTINE	3	PA
GLEOSTINE 40 MG CAPSULE	LOMUSTINE	3	PA

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
GLEOSTINE 100 MG CAPSULE	LOMUSTINE	3	PA
GLIMEPIRIDE 1 MG TABLET	GLIMEPIRIDE	1	
GLIMEPIRIDE 2 MG TABLET	GLIMEPIRIDE	1	
GLIMEPIRIDE 4 MG TABLET	GLIMEPIRIDE	1	
GLIPIZIDE 5 MG TABLET	GLIPIZIDE	1	
GLIPIZIDE 10 MG TABLET	GLIPIZIDE	1	
GLIPIZIDE ER 2.5 MG TABLET	GLIPIZIDE	1	
GLIPIZIDE ER 5 MG TABLET	GLIPIZIDE	1	
GLIPIZIDE ER 10 MG TABLET	GLIPIZIDE	1	
GLIPIZIDE XL 2.5 MG TABLET	GLIPIZIDE	1	
GLIPIZIDE XL 5 MG TABLET	GLIPIZIDE	1	
GLIPIZIDE XL 10 MG TABLET	GLIPIZIDE	1	
GLIPIZIDE-METFORMIN 2.5-250 MG TABLET	GLIPIZIDE/METFORMIN HCL	1	
GLIPIZIDE-METFORMIN 2.5-500 MG TABLET	GLIPIZIDE/METFORMIN HCL	1	
GLIPIZIDE-METFORMIN 5-500 MG TABLET	GLIPIZIDE/METFORMIN HCL	1	
GLUCAGON 1 MG EMERGENCY KIT	GLUCAGON HCL	2	QL
GLUCOCARD 01 CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
GLUCOCARD EXPRESSION CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
GLUCOCARD SHINE CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
GLUCOCOM AUTOLINK SYSTEM	DIABETIC SUPPLIES,MISCELL	2	
GLUCOCOM CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
GLUCOSE CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
GLUCOSE NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
GLYBURIDE 1.25 MG TABLET	GLYBURIDE	1	
GLYBURIDE 2.5 MG TABLET	GLYBURIDE	1	
GLYBURIDE 5 MG TABLET	GLYBURIDE	1	
GLYBURIDE MICRO 1.5 MG TABLET	GLYBURIDE,MICRONIZED	1	
GLYBURIDE MICRO 3 MG TABLET	GLYBURIDE,MICRONIZED	1	
GLYBURIDE MICRO 6 MG TABLET	GLYBURIDE,MICRONIZED	1	
GLYBURIDE-METFORMIN 1.25-250 MG TABLET	GLYBURIDE/METFORMIN HCL	1	
GLYBURIDE-METFORMIN 2.5-500 MG TABLET	GLYBURIDE/METFORMIN HCL	1	
GLYBURIDE-METFORMIN 5-500 MG TABLET	GLYBURIDE/METFORMIN HCL	1	
GLYCINE 1.5% IRRIGATION	GLYCINE UROLOGIC SOLUTION	1	
GLYCOPYRROLATE 1 MG TABLET	GLYCOPYRROLATE	1	
GLYCOPYRROLATE 2 MG TABLET	GLYCOPYRROLATE	1	
GLYDO 2% JELLY SYRINGE	LIDOCAINE HCL	1	
GNP CLICKFINE NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
GNP CLICKFINE NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
GNP EASY TOUCH HIGH-LOW CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
GNP INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
GNP INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
GNP INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
GNP INSULIN SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
GNP INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
GNP PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
GNP PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
GNP PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
GNP PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
GNP ULTICARE PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
GNP ULTICARE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
GNP ULTICARE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
GNP ULTICARE PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
GNP ULTIGUARD SAFEPACK 31G 5MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
GNP ULTIGUARD SAFEPACK 31G 8MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
GNP ULTIGUARD SAFEPACK 32G 4MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
GNP ULTIGUARD SAFEPACK 32G 6MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
GNP ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2"	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
GNP ULTRA COMFORT SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
GNP ULTRA COMFORT SYRINGE 3/10 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
GOJJI GLUCOSE NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
GOJJI KETONE L1 CONTROL SOLUTION	BLOOD-KETONE CONTROL, NORMAL	2	
GONAL-F 1,050 UNITS VIAL	FOLLITROPIN ALFA, RECOMBINANT	4	PA, SRX
GONAL-F 450 UNITS VIAL	FOLLITROPIN ALFA, RECOMBINANT	4	PA, SRX
GONAL-F RFF REDI-JECT 300 UNIT	FOLLITROPIN ALFA, RECOMBINANT	4	PA, SRX
GONAL-F RFF REDI-JECT 450 UNIT	FOLLITROPIN ALFA, RECOMBINANT	4	PA, SRX
GONAL-F RFF REDI-JECT 900 UNIT	FOLLITROPIN ALFA, RECOMBINANT	4	PA, SRX
GRANISETRON 1 MG TABLET	GRANISETRON HCL	3	
GRANISETRON 0.1 MG/ML VIAL	GRANISETRON HCL/PF	3	
GRANISETRON 1 MG/ML VIAL	GRANISETRON HCL/PF	3	
GRANISETRON 4 MG/4 ML VIAL	GRANISETRON HCL	3	
GRASTEK 2,800 BAU SUBLINGUAL TABLET	GRASS POLLEN-TIMOTHY, STANDARD	3	PA, QL
GRISEOFULVIN 125 MG/5 ML ORAL SUSPENSION	GRISEOFULVIN, MICROSIZE	2	
GRISEOFULVIN MICRO 500 MG TABLET	GRISEOFULVIN, MICROSIZE	2	
GRISEOFULVIN ULTRA 125 MG TABLET	GRISEOFULVIN ULTRAMICROSIZE	2	
GRISEOFULVIN ULTRA 250 MG TABLET	GRISEOFULVIN ULTRAMICROSIZE	2	
GS ALCOHOL 70% SWAB	ALCOHOL ANTISEPTIC PADS	2	
GS PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
GS PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
GS PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
GS PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
GS PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
GS PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
GUANFACINE 1 MG TABLET	GUANFACINE HCL	1	
GUANFACINE 2 MG TABLET	GUANFACINE HCL	1	
GUANFACINE ER 1 MG TABLET	GUANFACINE HCL	1	QL
GUANFACINE ER 2 MG TABLET	GUANFACINE HCL	1	QL
GUANFACINE ER 3 MG TABLET	GUANFACINE HCL	1	QL
GUANFACINE ER 4 MG TABLET	GUANFACINE HCL	1	QL
GUARDIAN RT REPLACE CHARGER	DIABETIC SUPPLIES,MISCELL	2	
GUARDIAN RT REPLACE TEST PLUG	DIABETIC SUPPLIES,MISCELL	2	
GUARDIAN TEST PLUG	DIABETIC SUPPLIES,MISCELL	2	
GUARDIAN TRANSMITTER TAPE	DIABETIC SUPPLIES,MISCELL	2	
GYNAZOLE 1 2% CREAM	BUTOCONAZOLE NITRATE	2	
HAILEY 21 1.5 MG-30 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
HAILEY 24 FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
HAILEY FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
HAILEY FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
HALOBETASOL 0.05% CREAM	HALOBETASOL PROPIONATE	1	
HALOBETASOL 0.05% OINTMENT	HALOBETASOL PROPIONATE	1	
HALOETTE VAGINAL RING	ETONOGESTREL/ETHINYL ESTRADIOL	1	
HALOPERIDOL 0.5 MG TABLET	HALOPERIDOL	1	
HALOPERIDOL 1 MG TABLET	HALOPERIDOL	1	
HALOPERIDOL 2 MG TABLET	HALOPERIDOL	1	
HALOPERIDOL 5 MG TABLET	HALOPERIDOL	1	
HALOPERIDOL 10 MG TABLET	HALOPERIDOL	1	
HALOPERIDOL 20 MG TABLET	HALOPERIDOL	1	
HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE	HALOPERIDOL LACTATE	1	
HALOPERIDOL LACTATE 10 MG/5 ML ORAL CONCENTRATE	HALOPERIDOL LACTATE	1	
HAVRIX 720 UNIT/0.5 ML SYRINGE	HEPATITIS A VIRUS VACCINE/PF	2	
HAVRIX 1,440 UNIT/ML SYRINGE	HEPATITIS A VIRUS VACCINE/PF	2	
HEALTHPRO L1, L3 CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
HEALTHWISE INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
HEALTHWISE INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
HEALTHWISE INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
HEALTHWISE INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
HEALTHWISE PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
HEALTHWISE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
HEALTHWISE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
HEALTHY ACCENTS PENTIP 29G 12MM	PEN NEEDLE, DIABETIC, SAFETY	2	
HEALTHY ACCENTS PENTIP 31G 5MM	PEN NEEDLE, DIABETIC	2	
HEALTHY ACCENTS PENTIP 31G 6MM	PEN NEEDLE, DIABETIC	2	
HEALTHY ACCENTS PENTIP 31G 8MM	PEN NEEDLE, DIABETIC	2	
HEALTHY ACCENTS PENTIP 32G 4MM	PEN NEEDLE, DIABETIC	2	
HEATHER 0.35 MG TABLET	NORETHINDRONE	1	
HEB UNIFINE PENTIP PLUS 31G 3/16"	PEN NEEDLE, DIABETIC	2	
HEMA-COMBISTIX REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
HEMMOREX-HC 25 MG SUPPOSITORY	HYDROCORTISONE ACETATE	1	
HEMMOREX-HC 30 MG SUPPOSITORY	HYDROCORTISONE ACETATE	1	
HEPARIN 5,000 UNIT/0.5 ML INJECTION	HEPARIN SODIUM,PORCINE/PF	1	
HEPARIN 5,000 UNIT/ML SYRINGE	HEPARIN SODIUM,PORCINE	1	
HEPLISAV-B 20 MCG/0.5 ML SYRINGE	HEPATITIS B VACCINE/CPG1018/PF	2	
HIBERIX VACCINE VIAL	HAEMOPH B POLY CONJ-TET TOX/PF	2	
HIBERIX VIAL AND DILUENT SYRINGE	HAEMOPH B POLY CONJ-TET TOX/PF	2	
HIBERIX VIAL WITH DILUENT VIAL	HAEMOPH B POLY CONJ-TET TOX/PF	2	
HM ULTICARE PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
HM ULTICARE PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
HM ULTICARE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
HM ULTICARE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
HOMATROPAIRE 5% EYE DROPS	HOMATROPINE HBR	1	
HUMALOG 100 UNIT/ML CARTRIDGE	INSULIN LISPRO	2	QL
HUMALOG 100 UNIT/ML KWIKPEN	INSULIN LISPRO	2	QL
HUMALOG 200 UNIT/ML KWIKPEN	INSULIN LISPRO	2	QL
HUMALOG JR 100 UNIT/ML KWIKPEN	INSULIN LISPRO	2	QL
HUMALOG MIX 50-50 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	2	QL
HUMALOG MIX 75-25 KWIKPEN	INSULIN LISPRO PROTAMIN/LISPRO	2	QL
HUMALOG MIX 75-25 VIAL	INSULIN LISPRO PROTAMIN/LISPRO	2	QL
HUMALOG TEMPO PEN 100 UNIT/ML	INSULIN LISPRO	2	QL
HUMIRA 40 MG/0.8 ML PEN	ADALIMUMAB	4	PA, QL, SRX
HUMIRA 40 MG/0.8 ML SYRINGE	ADALIMUMAB	4	PA, QL, SRX
HUMIRA (CF) 40 MG/0.4 ML PEN	ADALIMUMAB	4	PA, QL, SRX
HUMIRA (CF) 80 MG/0.8 ML PEN	ADALIMUMAB	4	PA, QL, SRX
HUMIRA (CF) 80 MG CROHN'S-UC-HS PEN	ADALIMUMAB	4	PA, QL, SRX
HUMIRA (CF) 80 MG PEDIATRIC UC PEN	ADALIMUMAB	4	PA, QL, SRX
HUMIRA (CF) 80 MG-40 MG PSORIASIS-UVEITIS-ADOL HS PEN	ADALIMUMAB	4	PA, QL, SRX
HUMIRA (CF) 10 MG/0.1 ML SYRINGE	ADALIMUMAB	4	PA, QL, SRX
HUMIRA (CF) 20 MG/0.2 ML SYRINGE	ADALIMUMAB	4	PA, QL, SRX
HUMIRA (CF) 40 MG/0.4 ML SYRINGE	ADALIMUMAB	4	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	INSULIN NPH HUM/REG INSULIN HM	2	QL
HUMULIN 70-30 VIAL	INSULIN NPH HUM/REG INSULIN HM	2	QL

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Nombre del medicamento	Nombre genérico	Nivel	Notas
HUMULIN N 100 UNIT/ML KWIKPEN	INSULIN NPH HUMAN ISOPHANE	2	QL
HUMULIN N 100 UNIT/ML VIAL	INSULIN NPH HUMAN ISOPHANE	2	QL
HUMULIN R 500 UNIT/ML KWIKPEN	INSULIN REGULAR, HUMAN	2	QL
HUMULIN R 100 UNIT/ML VIAL	INSULIN REGULAR, HUMAN	2	QL
HUMULIN R 500 UNIT/ML VIAL	INSULIN REGULAR, HUMAN	2	QL
HYCAMTIN 0.25 MG CAPSULE	TOPOTECAN HCL	4	PA, SRX
HYCAMTIN 1 MG CAPSULE	TOPOTECAN HCL	4	PA, SRX
HYDRALAZINE 10 MG TABLET	HYDRALAZINE HCL	1	
HYDRALAZINE 25 MG TABLET	HYDRALAZINE HCL	1	
HYDRALAZINE 50 MG TABLET	HYDRALAZINE HCL	1	
HYDRALAZINE 100 MG TABLET	HYDRALAZINE HCL	1	
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	HYDROCHLOROTHIAZIDE	1	
HYDROCHLOROTHIAZIDE 12.5 MG TABLET	HYDROCHLOROTHIAZIDE	1	
HYDROCHLOROTHIAZIDE 25 MG TABLET	HYDROCHLOROTHIAZIDE	1	
HYDROCHLOROTHIAZIDE 50 MG TABLET	HYDROCHLOROTHIAZIDE	1	
HYDROCODONE ER 20 MG TABLET	HYDROCODONE BITARTRATE	1	PA
HYDROCODONE ER 30 MG TABLET	HYDROCODONE BITARTRATE	1	PA
HYDROCODONE ER 40 MG TABLET	HYDROCODONE BITARTRATE	1	PA
HYDROCODONE ER 60 MG TABLET	HYDROCODONE BITARTRATE	1	PA
HYDROCODONE ER 80 MG TABLET	HYDROCODONE BITARTRATE	1	PA
HYDROCODONE ER 100 MG TABLET	HYDROCODONE BITARTRATE	1	PA
HYDROCODONE ER 120 MG TABLET	HYDROCODONE BITARTRATE	1	PA
HYDROCODONE-ACETAMINOPHEN 2.5-108 MG/5 ML ORAL SOLUTION	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	HYDROCODONE/ACETAMINOPHEN	1	PA
HYDROCODONE-CHLORPHENIRAMINE ER ORAL SUSPENSION	HYDROCODONE/CHLORPHEN P-STIREX	1	
HYDROCODONE-HOMATROPINE ORAL SOLUTION	HYDROCODONE BIT/HOMATROP ME-BR	1	QL
HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION	HYDROCODONE BIT/HOMATROP ME-BR	1	QL
HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET	HYDROCODONE BIT/HOMATROP ME-BR	1	QL
HYDROCODONE-IBUPROFEN 5 MG-200 MG TABLET	HYDROCODONE/IBUPROFEN	1	PA

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Nombre del medicamento	Nombre genérico	Nivel	Notas
HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET	HYDROCODONE/IBUPROFEN	1	PA
HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET	HYDROCODONE/IBUPROFEN	1	PA
HYDROCORTISONE 1% CREAM	HYDROCORTISONE ACETATE	1	
HYDROCORTISONE 2.5% CREAM	HYDROCORTISONE	1	
HYDROCORTISONE 100 MG/60 ML ENEMA	HYDROCORTISONE	1	
HYDROCORTISONE 2.5% LOTION	HYDROCORTISONE	1	
HYDROCORTISONE 1% OINTMENT	HYDROCORTISONE ACETATE	1	
HYDROCORTISONE 2.5% OINTMENT	HYDROCORTISONE	1	
HYDROCORTISONE 5 MG TABLET	HYDROCORTISONE	1	
HYDROCORTISONE 10 MG TABLET	HYDROCORTISONE	1	
HYDROCORTISONE 20 MG TABLET	HYDROCORTISONE	1	
HYDROCORTISONE 2.5% TOPICAL SOLUTION	HYDROCORTISONE	3	
HYDROCORTISONE AC 25 MG SUPPOSITORY	HYDROCORTISONE ACETATE	1	
HYDROCORTISONE AC 30 MG SUPPOSITORY	HYDROCORTISONE ACETATE	1	
HYDROCORTISONE BUTYRATE 0.1% CREAM	HYDROCORTISONE BUTYRATE	2	QL
HYDROCORTISONE BUTYRATE 0.1% OINTMENT	HYDROCORTISONE BUTYRATE	2	QL
HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION	HYDROCORTISONE BUTYRATE	2	QL
HYDROCORTISONE VALERATE 0.2% CREAM	HYDROCORTISONE VALERATE	1	
HYDROCORTISONE VALERATE 0.2% OINTMENT	HYDROCORTISONE VALERATE	1	
HYDROCORTISONE-ACETIC ACID EAR DROPS	HYDROCORTISONE/ACETIC ACID	2	
HYDROCORTISONE-ACETIC ACID EAR SOLUTION	HYDROCORTISONE/ACETIC ACID	2	
HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION	HYDROCODONE BIT/HOMATROP ME-BR	1	QL
HYDROMORPHONE 1 MG/ML ORAL SOLUTION	HYDROMORPHONE HCL	1	PA
HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION	HYDROMORPHONE HCL	1	PA
HYDROMORPHONE 3 MG SUPPOSITORY	HYDROMORPHONE HCL	1	PA
HYDROMORPHONE 2 MG TABLET	HYDROMORPHONE HCL	1	PA
HYDROMORPHONE 4 MG TABLET	HYDROMORPHONE HCL	1	PA
HYDROMORPHONE 8 MG TABLET	HYDROMORPHONE HCL	1	PA
HYDROMORPHONE ER 8 MG TABLET	HYDROMORPHONE HCL	3	PA
HYDROMORPHONE ER 12 MG TABLET	HYDROMORPHONE HCL	3	PA
HYDROMORPHONE ER 16 MG TABLET	HYDROMORPHONE HCL	3	PA
HYDROMORPHONE ER 32 MG TABLET	HYDROMORPHONE HCL	3	PA
HYDROXYCHLOROQUINE 200 MG TABLET	HYDROXYCHLOROQUINE SULFATE	1	
HYDROXYUREA 500 MG CAPSULE	HYDROXYUREA	1	
HYDROXYZINE 10 MG/5 ML ORAL SOLUTION	HYDROXYZINE HCL	1	
HYDROXYZINE 50 MG/25 ML ORAL SOLUTION	HYDROXYZINE HCL	1	
HYDROXYZINE 10 MG/5 ML SYRUP	HYDROXYZINE HCL	1	
HYDROXYZINE 10 MG TABLET	HYDROXYZINE HCL	1	
HYDROXYZINE 25 MG TABLET	HYDROXYZINE HCL	1	
HYDROXYZINE 50 MG TABLET	HYDROXYZINE HCL	1	
HYDROXYZINE PAMOATE 25 MG CAPSULE	HYDROXYZINE PAMOATE	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
HYDROXYZINE PAMOATE 50 MG CAPSULE	HYDROXYZINE PAMOATE	1	
HYDROXYZINE PAMOATE 100 MG CAPSULE	HYDROXYZINE PAMOATE	1	
HYOSCYAMINE 0.125 MG ODT TABLET	HYOSCYAMINE SULFATE	1	
HYOSCYAMINE 0.125 MG/5 ML ELIXIR	HYOSCYAMINE SULFATE	1	
HYOSCYAMINE 0.125 MG/ML ORAL DROPS	HYOSCYAMINE SULFATE	1	
HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET	HYOSCYAMINE SULFATE	1	
HYOSCYAMINE 0.125 MG TABLET	HYOSCYAMINE SULFATE	1	
HYOSCYAMINE ER 0.375 MG TABLET	HYOSCYAMINE SULFATE	1	
HYOSCYAMINE SR 0.375 MG TABLET	HYOSCYAMINE SULFATE	1	
HYOSYNE 125 MCG/5 ML ELIXIR	HYOSCYAMINE SULFATE	1	
HYOSYNE 0.125 MG/ML ORAL DROPS	HYOSCYAMINE SULFATE	1	
HYPO NEEDLE, POLYPROPYL HUB	NEEDLES, DISPOSABLE	2	
HYPODERMIC NEEDLE, ALUM HUB	NEEDLES, DISPOSABLE	2	
IBANDRONATE 150 MG TABLET	IBANDRONATE SODIUM	1	
IBRANCE 75 MG CAPSULE	PALBOCICLIB	4	PA, QL, LDD, SRX
IBRANCE 100 MG CAPSULE	PALBOCICLIB	4	PA, QL, LDD, SRX
IBRANCE 125 MG CAPSULE	PALBOCICLIB	4	PA, QL, LDD, SRX
IBRANCE 75 MG TABLET	PALBOCICLIB	4	PA, QL, LDD, SRX
IBRANCE 100 MG TABLET	PALBOCICLIB	4	PA, QL, LDD, SRX
IBRANCE 125 MG TABLET	PALBOCICLIB	4	PA, QL, LDD, SRX
IBU 400 MG TABLET	IBUPROFEN	1	
IBU 600 MG TABLET	IBUPROFEN	1	
IBU 800 MG TABLET	IBUPROFEN	1	
IBUPROFEN 100 MG/5 ML ORAL SUSPENSION	IBUPROFEN	1	
IBUPROFEN 400 MG TABLET	IBUPROFEN	1	
IBUPROFEN 600 MG TABLET	IBUPROFEN	1	
IBUPROFEN 800 MG TABLET	IBUPROFEN	1	
ICATIBANT 30 MG/3 ML SYRINGE	ICATIBANT ACETATE	4	PA, SRX
ICLEVIA 0.15 MG-0.03 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
ICLUSIG 10 MG TABLET	PONATINIB HCL	4	PA, QL, LDD, SRX
ICLUSIG 15 MG TABLET	PONATINIB HCL	4	PA, QL, LDD, SRX
ICLUSIG 30 MG TABLET	PONATINIB HCL	4	PA, QL, LDD, SRX
ICLUSIG 45 MG TABLET	PONATINIB HCL	4	PA, QL, LDD, SRX
ICOSAPENT ETHYL 0.5 GM CAPSULE	ICOSAPENT ETHYL	3	PA
ICOSAPENT ETHYL 1 GM CAPSULE	ICOSAPENT ETHYL	3	PA
ICOSAPENT ETHYL 500 MG CAPSULE	ICOSAPENT ETHYL	3	PA
IHEALTH LEVEL 2 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
ILARIS 150 MG/ML VIAL	CANAKINUMAB/PF	4	PA, LDD, SRX
ILET INFUSION KIT-INSET 23" 6MM	INSULIN INFUSION SET/CARTRIDGE	2	
ILET INFUSION KIT-INSET 32" 6MM	INSULIN INFUSION SET/CARTRIDGE	2	
ILET INFUSION-CONTACT DETACH 23" 6MM	INSULIN INFUSION SET/CARTRIDGE	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
IMATINIB 100 MG TABLET	IMATINIB MESYLATE	4	PA, QL, SRX
IMATINIB 400 MG TABLET	IMATINIB MESYLATE	4	PA, QL, SRX
IMBRUVICA 70 MG CAPSULE	IBRUTINIB	4	PA, QL, LDD, SRX
IMBRUVICA 140 MG CAPSULE	IBRUTINIB	4	PA, QL, LDD, SRX
IMBRUVICA 70 MG/ML ORAL SUSPENSION	IBRUTINIB	4	PA, QL, LDD, SRX
IMBRUVICA 140 MG TABLET	IBRUTINIB	4	PA, QL, LDD, SRX
IMBRUVICA 280 MG TABLET	IBRUTINIB	4	PA, QL, LDD, SRX
IMBRUVICA 420 MG TABLET	IBRUTINIB	4	PA, QL, LDD, SRX
IMIPRAMINE 10 MG TABLET	IMIPRAMINE HCL	1	
IMIPRAMINE 25 MG TABLET	IMIPRAMINE HCL	1	
IMIPRAMINE 50 MG TABLET	IMIPRAMINE HCL	1	
IMIPRAMINE PAMOATE 75 MG CAPSULE	IMIPRAMINE PAMOATE	2	
IMIPRAMINE PAMOATE 100 MG CAPSULE	IMIPRAMINE PAMOATE	2	
IMIPRAMINE PAMOATE 125 MG CAPSULE	IMIPRAMINE PAMOATE	2	
IMIPRAMINE PAMOATE 150 MG CAPSULE	IMIPRAMINE PAMOATE	2	
IMIQUIMOD 5% CREAM PACKET	IMIQUIMOD	1	
INCASSIA 0.35 MG TABLET	NORETHINDRONE	1	
IN-CHECK NASAL WITH MASK	PEAK FLOW METER	2	
IN-CHECK ORAL FLOW METER	PEAK FLOW METER	2	
INCONTROL PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
INCONTROL PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
INCONTROL PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
INCONTROL PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
INCONTROL PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
INCONTROL ULTICARE PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
INCONTROL ULTICARE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
INCONTROL ULTICARE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
INCRELEX 40 MG/4 ML VIAL	MECASERMIN	4	PA, LDD, SRX
INCRUSE ELLIPTA 62.5 MCG INHALER	UMECLIDINIUM BROMIDE	2	
INDAPAMIDE 1.25 MG TABLET	INDAPAMIDE	1	
INDAPAMIDE 2.5 MG TABLET	INDAPAMIDE	1	
INDOMETHACIN 25 MG CAPSULE	INDOMETHACIN	1	
INDOMETHACIN 50 MG CAPSULE	INDOMETHACIN	1	
INDOMETHACIN ER 75 MG CAPSULE	INDOMETHACIN	1	
INFANRIX DTAP SYRINGE	DIPH,PERTUSS(ACELL),TET PED/PF	2	
INFINITY HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
INFINITY LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
INFINITY NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
INFINITY VOICE LEVEL 2 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
INJECT-EASE SYRINGE NEEDLE INTRODUCER	INJECTOR DEVICE	2	
INLYTA 1 MG TABLET	AXITINIB	4	PA, QL, LDD, SRX

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
INLYTA 5 MG TABLET	AXITINIB	4	PA, QL, LDD, SRX
INPEN (FOR HUMALOG) BLUE	INSULIN PEN,REUSABLE,BT LISPRO	2	
INPEN (FOR HUMALOG) GREY	INSULIN PEN,REUSABLE,BT LISPRO	2	
INPEN (FOR HUMALOG) PINK	INSULIN PEN,REUSABLE,BT LISPRO	2	
INPEN (NOVOLOG OR FIASP) BLUE	INSULIN PEN,REUSABLE,BT,ASPART	2	
INPEN (NOVOLOG OR FIASP) GREY	INSULIN PEN,REUSABLE,BT,ASPART	2	
INPEN (NOVOLOG OR FIASP) PINK	INSULIN PEN,REUSABLE,BT,ASPART	2	
INSUL-CAP INSULIN HOLDER	DIABETIC SUPPLIES,MISCELL	2	
INSULIN ASPART 100 UNIT/ML CARTRIDGE	INSULIN ASPART	3	QL
INSULIN ASPART 100 UNIT/ML PEN	INSULIN ASPART	3	QL
INSULIN ASPART 100 UNIT/ML VIAL	INSULIN ASPART	3	QL
INSULIN ASPART PROTAMINE MIX 70-30 PEN	INSULIN ASPART PROT/INSULN ASP	3	QL
INSULIN ASPART PROTAMINE MIX 70-30 VIAL	INSULIN ASPART PROT/INSULN ASP	3	QL
INSULIN CARTRIDGE 3 ML	INSULIN PUMP SYRINGE, 3 ML	2	
INSULIN LISPRO 100 UNIT/ML VIAL	INSULIN LISPRO	2	QL
INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
INSULIN SYRINGE 0.3 ML 30G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
INSULIN SYRINGE 0.3 ML 31G 1/4"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
INSULIN SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 27G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 27G 13MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 28G 12.7MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 31G 1/4"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 27G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 27G 13MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 27G 16MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 28G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 28G 13MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 31G 1/4"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
INSULIN SYRINGE 1/2 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
INSULIN SYRINGE 3/10 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
INSULIN-EZE SYRINGE MAGNIFIER	DIABETIC SUPPLIES,MISCELL	2	
INSUPEN PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
INSUPEN PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
INSUPEN PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
INSUPEN PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
INSUPEN PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
INSUPEN PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
INSUPEN PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
INSUPEN PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
INSUPEN PEN NEEDLE 32G 8MM	PEN NEEDLE, DIABETIC	2	
INSUPEN ULTRAFINE NEEDLE 30G	PEN NEEDLE, DIABETIC	2	
INSUPEN ULTRAFINE NEEDLE 31G	PEN NEEDLE, DIABETIC	2	
INTELENCE 25 MG TABLET	ETRAVIRINE	2	SRX
IPOL VIAL	POLIOMYELITIS VACCINE, KILLED	2	
IPRATROPIUM 0.02% INHALATION SOLUTION	IPRATROPIUM BROMIDE	1	
IPRATROPIUM 0.03% NASAL SPRAY	IPRATROPIUM BROMIDE	1	
IPRATROPIUM 0.06% NASAL SPRAY	IPRATROPIUM BROMIDE	1	
IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION	IPRATROPIUM/ALBUTEROL SULFATE	1	
IRBESARTAN 75 MG TABLET	IRBESARTAN	1	
IRBESARTAN 150 MG TABLET	IRBESARTAN	1	
IRBESARTAN 300 MG TABLET	IRBESARTAN	1	
IRBESARTAN-HCTZ 150-12.5 MG TABLET	IRBESARTAN/HYDROCHLOROTHIAZIDE	1	
IRBESARTAN-HCTZ 300-12.5 MG TABLET	IRBESARTAN/HYDROCHLOROTHIAZIDE	1	
ISENTRESS 25 MG CHEWABLE TABLET	RALTEGRAVIR POTASSIUM	2	SRX
ISENTRESS 100 MG CHEWABLE TABLET	RALTEGRAVIR POTASSIUM	2	SRX
ISENTRESS 100 MG POWDER PACKET	RALTEGRAVIR POTASSIUM	2	SRX
ISENTRESS 400 MG TABLET	RALTEGRAVIR POTASSIUM	2	SRX
ISENTRESS HD 600 MG TABLET	RALTEGRAVIR POTASSIUM	2	SRX
ISIBLOOM 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
ISONIAZID 50 MG/5 ML ORAL SOLUTION	ISONIAZID	1	
ISONIAZID 100 MG TABLET	ISONIAZID	1	
ISONIAZID 300 MG TABLET	ISONIAZID	1	
ISOSORBIDE DINITRATE 5 MG TABLET	ISOSORBIDE DINITRATE	1	
ISOSORBIDE DINITRATE 10 MG TABLET	ISOSORBIDE DINITRATE	1	
ISOSORBIDE DINITRATE 20 MG TABLET	ISOSORBIDE DINITRATE	1	
ISOSORBIDE DINITRATE 30 MG TABLET	ISOSORBIDE DINITRATE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
ISOSORBIDE MONONITRATE 10 MG TABLET	ISOSORBIDE MONONITRATE	1	
ISOSORBIDE MONONITRATE 20 MG TABLET	ISOSORBIDE MONONITRATE	1	
ISOSORBIDE MONONITRATE ER 30 MG TABLET	ISOSORBIDE MONONITRATE	1	
ISOSORBIDE MONONITRATE ER 60 MG TABLET	ISOSORBIDE MONONITRATE	1	
ISOSORBIDE MONONITRATE ER 120 MG TABLET	ISOSORBIDE MONONITRATE	1	
ISOTRETINOIN 10 MG CAPSULE	ISOTRETINOIN	3	
ISOTRETINOIN 20 MG CAPSULE	ISOTRETINOIN	3	
ISOTRETINOIN 30 MG CAPSULE	ISOTRETINOIN	3	
ISOTRETINOIN 40 MG CAPSULE	ISOTRETINOIN	3	
ISOXSUPRINE 10 MG TABLET	ISOXSUPRINE HCL	1	
ISRADIPINE 2.5 MG CAPSULE	ISRADIPINE	1	
ISRADIPINE 5 MG CAPSULE	ISRADIPINE	1	
ITRACONAZOLE 100 MG CAPSULE	ITRACONAZOLE	2	QL
ITRACONAZOLE 10 MG/ML ORAL SOLUTION	ITRACONAZOLE	2	
ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION	ITRACONAZOLE	2	
IVERMECTIN 3 MG TABLET	IVERMECTIN	1	PA
JAIMIESS 0.15-0.03-0.01 MG TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
JAKAFI 5 MG TABLET	RUXOLITINIB PHOSPHATE	4	PA, QL, LDD, SRX
JAKAFI 10 MG TABLET	RUXOLITINIB PHOSPHATE	4	PA, QL, LDD, SRX
JAKAFI 15 MG TABLET	RUXOLITINIB PHOSPHATE	4	PA, QL, LDD, SRX
JAKAFI 20 MG TABLET	RUXOLITINIB PHOSPHATE	4	PA, QL, LDD, SRX
JAKAFI 25 MG TABLET	RUXOLITINIB PHOSPHATE	4	PA, QL, LDD, SRX
JANSSEN COVID-19 VACCINE (EUA)	COVID-19 VAC,AD26(JANSSEN)/PF	2	
JANTOVEN 1 MG TABLET	WARFARIN SODIUM	1	
JANTOVEN 2 MG TABLET	WARFARIN SODIUM	1	
JANTOVEN 2.5 MG TABLET	WARFARIN SODIUM	1	
JANTOVEN 3 MG TABLET	WARFARIN SODIUM	1	
JANTOVEN 4 MG TABLET	WARFARIN SODIUM	1	
JANTOVEN 5 MG TABLET	WARFARIN SODIUM	1	
JANTOVEN 6 MG TABLET	WARFARIN SODIUM	1	
JANTOVEN 7.5 MG TABLET	WARFARIN SODIUM	1	
JANTOVEN 10 MG TABLET	WARFARIN SODIUM	1	
JANUMET 50-500 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	2	QL
JANUMET 50-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	2	QL
JANUMET XR 50-500 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	2	QL
JANUMET XR 50-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	2	QL
JANUMET XR 100-1,000 MG TABLET	SITAGLIPTIN PHOS/METFORMIN HCL	2	QL
JANUVIA 25 MG TABLET	SITAGLIPTIN PHOSPHATE	2	QL
JANUVIA 50 MG TABLET	SITAGLIPTIN PHOSPHATE	2	QL
JANUVIA 100 MG TABLET	SITAGLIPTIN PHOSPHATE	2	QL
JARDIANCE 10 MG TABLET	EMPAGLIFLOZIN	2	QL

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Nombre del medicamento	Nombre genérico	Nivel	Notas
JARDIANCE 25 MG TABLET	EMPAGLIFLOZIN	2	QL
JASMIEL 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
JENCYCLA 0.35 MG TABLET	NORETHINDRONE	1	
JENTADUETO 2.5 MG-500 MG TABLET	LINAGLIPTIN/METFORMIN HCL	2	QL
JENTADUETO 2.5 MG-850 MG TABLET	LINAGLIPTIN/METFORMIN HCL	2	QL
JENTADUETO 2.5 MG-1000 MG TABLET	LINAGLIPTIN/METFORMIN HCL	2	QL
JENTADUETO XR 2.5 MG-1,000 MG TABLET	LINAGLIPTIN/METFORMIN HCL	2	QL
JENTADUETO XR 5 MG-1,000 MG TABLET	LINAGLIPTIN/METFORMIN HCL	2	QL
JINTELI 1 MG-5 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
JOLESSA 0.15 MG-0.03 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
JOYEAUX-28 TABLET	LEVONORGEST/ETH.ESTRADIOL/IRON	1	
JULEBER 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
JULUCA 50-25 MG TABLET	DOLUTEGRAVIR/RILPIVIRINE	3	QL, SRX
JUNEL 1 MG-20 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
JUNEL 1.5 MG-30 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
JUNEL FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
JUNEL FE 1.5 MG-30 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
JUNEL FE 24 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
JYNNEOS 0.5 ML VIAL	SMALLPOX AND MPOX LIVE VACC/PF	2	
KAITLIB FE 0.8-0.025 MG CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	1	
KALLIGA 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
KARIVA 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	1	
KELNOR 1-35 28 TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	1	
KELNOR 1-50 TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	1	
KESIMPTA 20 MG/0.4 ML PEN	OFATUMUMAB	4	PA, SRX
KETOCONAZOLE 2% CREAM	KETOCONAZOLE	1	
KETOCONAZOLE 2% SHAMPOO	KETOCONAZOLE	1	
KETOCONAZOLE 200 MG TABLET	KETOCONAZOLE	1	
KETO-DIASTIX REAGENT TEST STRIP	URINE GLUCOSE-ACET TEST STRIP	2	
KETONE TEST STRIP	URINE ACETONE TEST STRIPS	2	
KETOPROFEN 50 MG CAPSULE	KETOPROFEN	2	
KETOPROFEN 75 MG CAPSULE	KETOPROFEN	2	
KETOPROFEN ER 200 MG CAPSULE	KETOPROFEN	2	
KETOROLAC 0.4% EYE DROPS	KETOROLAC TROMETHAMINE	1	
KETOROLAC 0.5% EYE DROPS	KETOROLAC TROMETHAMINE	1	
KETOROLAC 10 MG TABLET	KETOROLAC TROMETHAMINE	1	QL
KETOSTIX REAGENT TEST STRIP	URINE ACETONE TEST STRIPS	2	
KINERET 100 MG/0.67 ML SYRINGE	ANAKINRA	4	PA, QL, LDD, SRX
KINRAY INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
KINRAY SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
KINRAY SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
KINRIX TIP-LOK SYRINGE	DIPH,PERTUS(ACEL),TET,POLIO/PF	2	
KIONEX 15 GM/60 ML ORAL SUSPENSION	SODIUM POLYSTYRENE SULFON/SORB	2	
KISQALI 200 MG DAILY DOSE TABLET	RIBOCICLIB SUCCINATE	4	PA, QL, SRX
KISQALI 400 MG DAILY DOSE TABLET	RIBOCICLIB SUCCINATE	4	PA, QL, SRX
KISQALI 600 MG DAILY DOSE TABLET	RIBOCICLIB SUCCINATE	4	PA, QL, SRX
KLAYESTA 100,000 UNIT/GM POWDER	NYSTATIN	1	
KLOR-CON 8 MEQ TABLET	POTASSIUM CHLORIDE	1	
KLOR-CON 10 MEQ TABLET	POTASSIUM CHLORIDE	1	
KLOR-CON 20 MEQ PACKET	POTASSIUM CHLORIDE	1	
KLOR-CON M10 TABLET	POTASSIUM CHLORIDE	1	
KLOR-CON M15 TABLET	POTASSIUM CHLORIDE	3	
KLOR-CON M20 TABLET	POTASSIUM CHLORIDE	1	
KLOXXADO 8 MG NASAL SPRAY	NALOXONE HCL	2	
KMART VALU PLUS SYRINGE 1/2 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
KOURZEQ 0.1% TOOTHPASTE	TRIAMCINOLONE ACETONIDE	1	
K-PHOS #2 TABLET	SOD PHOS,M-B/K PHOS,MONOB	3	
K-PHOS ORIGINAL TABLET	POTASSIUM PHOSPHATE,MONOBASIC	3	
KRO INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
KRO INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
KRO INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
KRO PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
KRO PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
KRO PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
KRO PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
KRO PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
KROGER INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
KROGER INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
KROGER INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
KROGER PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
KROGER SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
KROGER SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
KURVELO-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
KYLEENA 19.5 MG SYSTEM	LEVONORGESTREL	1	LDD, SRX
LABETALOL 100 MG TABLET	LABETALOL HCL	1	
LABETALOL 200 MG TABLET	LABETALOL HCL	1	
LABETALOL 300 MG TABLET	LABETALOL HCL	1	
LABSTIX REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
LACOSAMIDE 10 MG/ML ORAL SOLUTION	LACOSAMIDE	2	QL
LACOSAMIDE 50 MG/5 ML ORAL SOLUTION	LACOSAMIDE	2	QL
LACOSAMIDE 100 MG/10 ML ORAL SOLUTION	LACOSAMIDE	2	QL

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
LACOSAMIDE 50 MG TABLET	LACOSAMIDE	2	QL
LACOSAMIDE 100 MG TABLET	LACOSAMIDE	2	QL
LACOSAMIDE 150 MG TABLET	LACOSAMIDE	2	QL
LACOSAMIDE 200 MG TABLET	LACOSAMIDE	2	QL
LACRISERT 5 MG EYE INSERT	HYDROXYPROPYL CELLULOSE	3	
LACTATED RINGERS IRRIGATION	RINGER'S SOLUTION,LACTATED	1	
LACTULOSE 10 GM/15 ML ORAL SOLUTION	LACTULOSE	1	
LACTULOSE 20 GM/30 ML ORAL SOLUTION	LACTULOSE	1	
LAMIVUDINE 10 MG/ML ORAL SOLUTION	LAMIVUDINE	1	SRX
LAMIVUDINE 150 MG TABLET	LAMIVUDINE	1	SRX
LAMIVUDINE 300 MG TABLET	LAMIVUDINE	1	SRX
LAMIVUDINE HBV 100 MG TABLET	LAMIVUDINE	3	SRX
LAMIVUDINE-ZIDOVUDINE TABLET	LAMIVUDINE/ZIDOVUDINE	1	SRX
LAMOTRIGINE 5 MG DISPERSIBLE TABLET	LAMOTRIGINE	1	
LAMOTRIGINE 25 MG DISPERSIBLE TABLET	LAMOTRIGINE	1	
LAMOTRIGINE ODT KIT (BLUE)	LAMOTRIGINE	1	
LAMOTRIGINE ODT KIT (GREEN)	LAMOTRIGINE	1	
LAMOTRIGINE ODT KIT (ORANGE)	LAMOTRIGINE	1	
LAMOTRIGINE 25 MG ODT TABLET	LAMOTRIGINE	2	
LAMOTRIGINE 50 MG ODT TABLET	LAMOTRIGINE	2	
LAMOTRIGINE 100 MG ODT TABLET	LAMOTRIGINE	2	
LAMOTRIGINE 200 MG ODT TABLET	LAMOTRIGINE	2	
LAMOTRIGINE 25 MG TABLET	LAMOTRIGINE	1	
LAMOTRIGINE 100 MG TABLET	LAMOTRIGINE	1	
LAMOTRIGINE 150 MG TABLET	LAMOTRIGINE	1	
LAMOTRIGINE 200 MG TABLET	LAMOTRIGINE	1	
LAMOTRIGINE TABLET STARTER KIT-BLUE	LAMOTRIGINE	1	
LAMOTRIGINE TABLET STARTER KIT-GREEN	LAMOTRIGINE	1	
LAMOTRIGINE TABLET STARTER KIT-ORANGE	LAMOTRIGINE	1	
LAMOTRIGINE ER 25 MG TABLET	LAMOTRIGINE	2	
LAMOTRIGINE ER 50 MG TABLET	LAMOTRIGINE	2	
LAMOTRIGINE ER 100 MG TABLET	LAMOTRIGINE	2	
LAMOTRIGINE ER 200 MG TABLET	LAMOTRIGINE	2	
LAMOTRIGINE ER 250 MG TABLET	LAMOTRIGINE	2	
LAMOTRIGINE ER 300 MG TABLET	LAMOTRIGINE	2	
LANSOPRAZOLE DR 15 MG CAPSULE	LANSOPRAZOLE	1	QL
LANSOPRAZOLE DR 30 MG CAPSULE	LANSOPRAZOLE	1	QL
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	LANSOPRAZOLE/AMOXICILN/CLARITH	2	
LANTHANUM 500 MG CHEWABLE TABLET	LANTHANUM CARBONATE	3	
LANTHANUM 750 MG CHEWABLE TABLET	LANTHANUM CARBONATE	3	
LANTHANUM 1,000 MG CHEWABLE TABLET	LANTHANUM CARBONATE	3	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
LAPATINIB 250 MG TABLET	LAPATINIB DITOSYLATE	4	PA, QL, SRX
LARIN 1.5 MG-30 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
LARIN 21 1-20 TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
LARIN 24 FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
LARIN FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
LARIN FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
LATANOPROST 0.005% EYE DROPS	LATANOPROST	1	
LAYOLIS FE CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	3	
LEADER INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LEADER INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LEADER INSULIN SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LEADER INSULIN SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
LEADER INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
LEADER INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
LEADER INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
LEADER PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
LEADER SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
LEADER SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LEDIPASVIR-SOFOSBUVIR 90-400 MG TABLET	LEDIPASVIR/SOFOSBUVIR	4	PA, QL, SRX
LEENA 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
LEFLUNOMIDE 10 MG TABLET	LEFLUNOMIDE	1	
LEFLUNOMIDE 20 MG TABLET	LEFLUNOMIDE	1	
LENALIDOMIDE 2.5 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
LENALIDOMIDE 5 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
LENALIDOMIDE 10 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
LENALIDOMIDE 15 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
LENALIDOMIDE 20 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
LENALIDOMIDE 25 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
LENVIMA 4 MG CAPSULE	LENVATINIB MESYLATE	4	PA, QL, LDD, SRX
LENVIMA 8 MG DAILY DOSE	LENVATINIB MESYLATE	4	PA, QL, LDD, SRX
LENVIMA 10 MG DAILY DOSE	LENVATINIB MESYLATE	4	PA, QL, LDD, SRX
LENVIMA 12 MG DAILY DOSE	LENVATINIB MESYLATE	4	PA, QL, LDD, SRX
LENVIMA 14 MG DAILY DOSE	LENVATINIB MESYLATE	4	PA, QL, LDD, SRX
LENVIMA 18 MG DAILY DOSE	LENVATINIB MESYLATE	4	PA, QL, LDD, SRX
LENVIMA 20 MG DAILY DOSE	LENVATINIB MESYLATE	4	PA, QL, LDD, SRX
LENVIMA 24 MG DAILY DOSE	LENVATINIB MESYLATE	4	PA, QL, LDD, SRX
LESSINA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
LETROZOLE 2.5 MG TABLET	LETROZOLE	1	
LEUCOVORIN 5 MG TABLET	LEUCOVORIN CALCIUM	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
LEUCOVORIN 10 MG TABLET	LEUCOVORIN CALCIUM	1	
LEUCOVORIN 15 MG TABLET	LEUCOVORIN CALCIUM	1	
LEUCOVORIN 25 MG TABLET	LEUCOVORIN CALCIUM	1	
LEUKERAN 2 MG TABLET	CHLORAMBUCIL	3	
LEUKINE 250 MCG VIAL	SARGRAMOSTIM	4	SRX
LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT	LEUPROLIDE ACETATE	4	PA, SRX
LEVALBUTEROL 1.25 MG/0.5 INHALATION CONCENTRATE	LEVALBUTEROL HCL	2	
LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION	LEVALBUTEROL HCL	1	
LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	LEVALBUTEROL HCL	1	
LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	LEVALBUTEROL HCL	1	
LEVALBUTEROL TARTRATE HFA 45 MCG INHALER	LEVALBUTEROL TARTRATE	1	QL
LEVETIRACETAM 100 MG/ML ORAL SOLUTION	LEVETIRACETAM	1	
LEVETIRACETAM 500 MG/5 ML ORAL SOLUTION	LEVETIRACETAM	1	
LEVETIRACETAM 1,000 MG/10 ML ORAL SOLUTION	LEVETIRACETAM	1	
LEVETIRACETAM 250 MG TABLET	LEVETIRACETAM	1	
LEVETIRACETAM 500 MG TABLET	LEVETIRACETAM	1	
LEVETIRACETAM 750 MG TABLET	LEVETIRACETAM	1	
LEVETIRACETAM 1,000 MG TABLET	LEVETIRACETAM	1	
LEVETIRACETAM ER 500 MG TABLET	LEVETIRACETAM	1	
LEVETIRACETAM ER 750 MG TABLET	LEVETIRACETAM	1	
LEVOBUNOLOL 0.5% EYE DROPS	LEVOBUNOLOL HCL	1	
LEVOCARNITINE 500 MG/5 ML ORAL SOLUTION	LEVOCARNITINE (WITH SUGAR)	1	
LEVOCARNITINE 1 G/10 ML ORAL SOLUTION	LEVOCARNITINE (WITH SUGAR)	1	
LEVOCARNITINE 330 MG TABLET	LEVOCARNITINE	1	
LEVOCARNITINE SF 1 G/10 ML ORAL SOLUTION	LEVOCARNITINE	1	
LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	LEVOCETIRIZINE DIHYDROCHLORIDE	1	
LEVOCETIRIZINE 5 MG TABLET	LEVOCETIRIZINE DIHYDROCHLORIDE	1	
LEVOFLOXACIN 0.5% EYE DROPS	LEVOFLOXACIN	1	
LEVOFLOXACIN 1.5% EYE DROPS	LEVOFLOXACIN	1	
LEVOFLOXACIN 25 MG/ML ORAL SOLUTION	LEVOFLOXACIN	1	
LEVOFLOXACIN 250 MG TABLET	LEVOFLOXACIN	1	
LEVOFLOXACIN 500 MG TABLET	LEVOFLOXACIN	1	
LEVOFLOXACIN 750 MG TABLET	LEVOFLOXACIN	1	
LEVONEST-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
LEVONORGESTREL 0.15 MG-ETHINYL ESTRADIOL 20-25-30 MCG TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
LEVONORGESTREL 1.5 MG TABLET	LEVONORGESTREL	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.09-0.02 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02-0.01 TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03-0.01 TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
LEVONORGESTREL-ETHINYL ESTRADIOL TRIPHASIC TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
LEVONORGESTREL-ETHINYL ESTRADIOL-FE BISGLYCINATE 0.1-0.02-36 TABLET	LEVONORGEST/ETH.ESTRADIOL/IRON	1	
LEVORA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
LEVORPHANOL 2 MG TABLET	LEVORPHANOL TARTRATE	4	PA
LEVORPHANOL 3 MG TABLET	LEVORPHANOL TARTRATE	4	PA
LEVO-T 25 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 50 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 75 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 88 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 100 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 112 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 125 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 137 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 150 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 175 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 200 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVO-T 300 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 25 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 50 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 75 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 88 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 100 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 112 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 125 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 137 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 150 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 175 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 200 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOTHYROXINE 300 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 25 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 50 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 75 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 88 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 100 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 112 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 125 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 137 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 150 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 175 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVOXYL 200 MCG TABLET	LEVOTHYROXINE SODIUM	1	
LEVULAN KERASTICK 20%	AMINOLEVULINIC ACID HCL	3	SRX

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
L-GLUTAMINE 5 GRAM POWDER PACKET	GLUTAMINE	4	PA
LIDOCAINE 2% JELLY	LIDOCAINE HCL	1	
LIDOCAINE 2% JELLY URO-JET	LIDOCAINE HCL	1	
LIDOCAINE 2% JELLY URO-JET AC	LIDOCAINE HCL	1	
LIDOCAINE 2% VISCOUS ORAL SOLUTION	LIDOCAINE HCL	1	
LIDOCAINE 4% ORAL SOLUTION	LIDOCAINE HCL	1	
LIDOCAINE 5% OINTMENT	LIDOCAINE	1	QL
LIDOCAINE 5% PATCH	LIDOCAINE	1	
LIDOCAINE-PRILOCAINE CREAM	LIDOCAINE/PRILOCAINE	1	
LIDOCAN III 5% PATCH	LIDOCAINE	1	
LIDOCAN IV 5% PATCH	LIDOCAINE	1	
LIDOCAN V 5% PATCH	LIDOCAINE	1	
LIFESHIELD BLUNT CANNULA	SYRINGE WITH CANNULA, 3 ML	2	
LILETTA 52 MG SYSTEM	LEVONORGESTREL	1	LDD, SRX
LINDANE 1% SHAMPOO	LINDANE	1	
LINEZOLID 100 MG/5 ML ORAL SUSPENSION	LINEZOLID	3	PA
LINEZOLID 600 MG TABLET	LINEZOLID	2	PA
LINZESS 72 MCG CAPSULE	LINACLOTIDE	3	QL
LINZESS 145 MCG CAPSULE	LINACLOTIDE	3	QL
LINZESS 290 MCG CAPSULE	LINACLOTIDE	3	QL
LIOTHYRONINE 5 MCG TABLET	LIOTHYRONINE SODIUM	1	
LIOTHYRONINE 25 MCG TABLET	LIOTHYRONINE SODIUM	1	
LIOTHYRONINE 50 MCG TABLET	LIOTHYRONINE SODIUM	1	
LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN	LIRAGLUTIDE	2	PA, QL
LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN	LIRAGLUTIDE	2	PA, QL
LISDEXAMFETAMINE 10 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 20 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 30 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 40 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 50 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 60 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 70 MG CAPSULE	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 10 MG CHEWABLE TABLET	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 20 MG CHEWABLE TABLET	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 30 MG CHEWABLE TABLET	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 40 MG CHEWABLE TABLET	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 50 MG CHEWABLE TABLET	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISDEXAMFETAMINE 60 MG CHEWABLE TABLET	LISDEXAMFETAMINE DIMESYLATE	1	PA, QL
LISINOPRIL 2.5 MG TABLET	LISINOPRIL	1	
LISINOPRIL 5 MG TABLET	LISINOPRIL	1	
LISINOPRIL 10 MG TABLET	LISINOPRIL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
LISINOPRIL 20 MG TABLET	LISINOPRIL	1	
LISINOPRIL 30 MG TABLET	LISINOPRIL	1	
LISINOPRIL 40 MG TABLET	LISINOPRIL	1	
LISINOPRIL-HCTZ 10-12.5 MG TABLET	LISINOPRIL/HYDROCHLOROTHIAZIDE	1	
LISINOPRIL-HCTZ 20-12.5 MG TABLET	LISINOPRIL/HYDROCHLOROTHIAZIDE	1	
LISINOPRIL-HCTZ 20-25 MG TABLET	LISINOPRIL/HYDROCHLOROTHIAZIDE	1	
LITE TOUCH INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
LITE TOUCH INSULIN SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LITE TOUCH INSULIN SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
LITE TOUCH PEN NEEDLE 29G	PEN NEEDLE, DIABETIC	2	
LITE TOUCH PEN NEEDLE 31G	PEN NEEDLE, DIABETIC	2	
LITE TOUCH PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
LITEAIRE MDI CHAMBER	INHALER, ASSIST DEVICES	2	QL
LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LITETOUCH LARGE MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
LITETOUCH MEDIUM MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
LITETOUCH SMALL MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
LITETOUCH SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LITETOUCH SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LITETOUCH SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
LITETOUCH SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
LITETOUCH SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
LITETOUCH SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
LITHIUM 8 MEQ/5 ML ORAL SOLUTION	LITHIUM CITRATE	1	
LITHIUM CARBONATE 150 MG CAPSULE	LITHIUM CARBONATE	1	
LITHIUM CARBONATE 300 MG CAPSULE	LITHIUM CARBONATE	1	
LITHIUM CARBONATE 600 MG CAPSULE	LITHIUM CARBONATE	1	
LITHIUM CARBONATE 300 MG TABLET	LITHIUM CARBONATE	1	
LITHIUM CARBONATE ER 300 MG TABLET	LITHIUM CARBONATE	1	
LITHIUM CARBONATE ER 450 MG TABLET	LITHIUM CARBONATE	1	
LITHOSTAT 250 MG TABLET	ACETOHYDROXAMIC ACID	3	
LIVE BETTER PEN NEEDLE 8MM	PEN NEEDLE, DIABETIC	2	
LO LOESTRIN FE 1-10 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
LOFEXIDINE 0.18 MG TABLET	LOFEXIDINE HCL	1	QL
LOJAIMIESS 0.1-0.02-0.01 TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
LOKELMA 5 GRAM POWDER PACKET	SODIUM ZIRCONIUM CYCLOSILICATE	3	
LOKELMA 10 GRAM POWDER PACKET	SODIUM ZIRCONIUM CYCLOSILICATE	3	
LONSURF 15 MG-6.14 MG TABLET	TRIFLURIDINE/TIPIRACIL HCL	4	PA, LDD, SRX

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Nombre del medicamento	Nombre genérico	Nivel	Notas
LONSURF 20 MG-8.19 MG TABLET	TRIFLURIDINE/TIPIRACIL HCL	4	PA, LDD, SRX
LOPERAMIDE 2 MG CAPSULE	LOPERAMIDE HCL	1	
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	LOPINAVIR/RITONAVIR	1	SRX
LOPINAVIR-RITONAVIR 100-25 MG TABLET	LOPINAVIR/RITONAVIR	1	SRX
LOPINAVIR-RITONAVIR 200-50 MG TABLET	LOPINAVIR/RITONAVIR	1	SRX
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	LORAZEPAM	1	
LORAZEPAM 0.5 MG TABLET	LORAZEPAM	1	
LORAZEPAM 1 MG TABLET	LORAZEPAM	1	
LORAZEPAM 2 MG TABLET	LORAZEPAM	1	
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	LORAZEPAM	1	
LORTAB 10 MG-300 MG/15 ML ELIXIR	HYDROCODONE/ACETAMINOPHEN	1	PA
LORYNA 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
LOSARTAN 25 MG TABLET	LOSARTAN POTASSIUM	1	
LOSARTAN 50 MG TABLET	LOSARTAN POTASSIUM	1	
LOSARTAN 100 MG TABLET	LOSARTAN POTASSIUM	1	
LOSARTAN-HCTZ 50-12.5 MG TABLET	LOSARTAN/HYDROCHLOROTHIAZIDE	1	
LOSARTAN-HCTZ 100-12.5 MG TABLET	LOSARTAN/HYDROCHLOROTHIAZIDE	1	
LOSARTAN-HCTZ 100-25 MG TABLET	LOSARTAN/HYDROCHLOROTHIAZIDE	1	
LOTEPREDNOL 0.5% DROPS	LOTEPREDNOL ETABONATE	2	
LOTEPREDNOL 0.5% EYE GEL	LOTEPREDNOL ETABONATE	2	
LOVASTATIN 10 MG TABLET	LOVASTATIN	1	
LOVASTATIN 20 MG TABLET	LOVASTATIN	1	
LOVASTATIN 40 MG TABLET	LOVASTATIN	1	
LOW-OGESTREL-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	1	
LOXAPINE 5 MG CAPSULE	LOXAPINE SUCCINATE	1	
LOXAPINE 10 MG CAPSULE	LOXAPINE SUCCINATE	1	
LOXAPINE 25 MG CAPSULE	LOXAPINE SUCCINATE	1	
LOXAPINE 50 MG CAPSULE	LOXAPINE SUCCINATE	1	
LO-ZUMANDIMINE 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
LUBIPROSTONE 8 MCG CAPSULE	LUBIPROSTONE	1	
LUBIPROSTONE 24 MCG CAPSULE	LUBIPROSTONE	1	
LUCEMYRA 0.18 MG TABLET	LOFEXIDINE HCL	2	QL
LURASIDONE 20 MG TABLET	LURASIDONE HCL	3	QL
LURASIDONE 40 MG TABLET	LURASIDONE HCL	3	QL
LURASIDONE 60 MG TABLET	LURASIDONE HCL	3	QL
LURASIDONE 80 MG TABLET	LURASIDONE HCL	3	QL
LURASIDONE 120 MG TABLET	LURASIDONE HCL	3	QL
LUTERA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
LYLEQ 0.35 MG TABLET	NORETHINDRONE	1	
LYLLANA 0.025 MG PATCH	ESTRADIOL	1	QL
LYLLANA 0.0375 MG PATCH	ESTRADIOL	1	QL

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
LYLLANA 0.05 MG PATCH	ESTRADIOL	1	QL
LYLLANA 0.075 MG PATCH	ESTRADIOL	1	QL
LYLLANA 0.1 MG PATCH	ESTRADIOL	1	QL
LYNPARZA 100 MG TABLET	OLAPARIB	4	PA, QL, LDD, SRX
LYNPARZA 150 MG TABLET	OLAPARIB	4	PA, QL, LDD, SRX
LYSODREN 500 MG TABLET	MITOTANE	3	LDD
LYZA 0.35 MG TABLET	NORETHINDRONE	1	
MAGELLAN INSULIN SYRINGE 0.3 ML	SYRINGE,NEEDLE,INSULN,SF,0.3ML	2	
MAGELLAN INSULIN SYRINGE 0.5 ML	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
MAGELLAN INSULIN SYRINGE 1 ML	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
MALATHION 0.5% LOTION	MALATHION	2	
MARLISSA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
MARPLAN 10 MG TABLET	ISOCARBOXAZID	3	
MATZIM LA 180 MG TABLET	DILTIAZEM HCL	2	
MATZIM LA 240 MG TABLET	DILTIAZEM HCL	2	
MATZIM LA 300 MG TABLET	DILTIAZEM HCL	2	
MATZIM LA 360 MG TABLET	DILTIAZEM HCL	2	
MATZIM LA 420 MG TABLET	DILTIAZEM HCL	2	
MAXICOMFORT INSULIN SYRINGE 0.5 ML 27G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MAXICOMFORT INSULIN SYRINGE 1 ML 27G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MAXICOMFORT PEN NEEDLE 29G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
MAXICOMFORT PEN NEEDLE 29G 8MM	PEN NEEDLE, DIABETIC, SAFETY	2	
MAXICOMFORT II PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
MAXI-COMFORT INSULIN SYRINGE 0.5 ML 28G	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MECLIZINE 12.5 MG TABLET	MECLIZINE HCL	1	
MECLIZINE 25 MG TABLET	MECLIZINE HCL	1	
MECLOFENAMATE 50 MG CAPSULE	MECLOFENAMATE SODIUM	3	
MECLOFENAMATE 100 MG CAPSULE	MECLOFENAMATE SODIUM	3	
MEDICATION TRANSFER NEEDLE	NEEDLES, PHARMACY COMPOUND	2	
MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
MEDISENSE H-L CONTROL SOLUTION	BLOOD-GLUCOSE CALIB. CONTROL	2	
MEDISENSE H-M-L CONTROL SOLUTION	BLOOD-GLUCOSE CALIB. CONTROL	2	
MEDISENSE MID CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
MEDPOINT CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
MEDROL 2 MG TABLET	METHYLPREDNISOLONE	3	
MEDROXYPROGESTERONE 2.5 MG TABLET	MEDROXYPROGESTERONE ACETATE	1	
MEDROXYPROGESTERONE 5 MG TABLET	MEDROXYPROGESTERONE ACETATE	1	
MEDROXYPROGESTERONE 10 MG TABLET	MEDROXYPROGESTERONE ACETATE	1	
MEDROXYPROGESTERONE 150 MG/ML VIAL	MEDROXYPROGESTERONE ACETATE	1	
MEDTRONIC EXTENDED INFUSION SET 23" 6MM	INFUSION SET FOR INSULIN PUMP	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
MEDTRONIC EXTENDED INFUSION SET 23" 9MM	INFUSION SET FOR INSULIN PUMP	2	
MEDTRONIC EXTENDED INFUSION SET 32" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MEDTRONIC EXTENDED INFUSION SET 32" 9MM	INFUSION SET FOR INSULIN PUMP	2	
MEDTRONIC REMOTE CONTROL	DIABETIC SUPPLIES,MISCELL	2	
MEFENAMIC ACID 250 MG CAPSULE	MEFENAMIC ACID	2	
MEFLOQUINE 250 MG TABLET	MEFLOQUINE HCL	1	QL
MEGESTROL 40 MG/ML ORAL SUSPENSION	MEGESTROL ACETATE	1	
MEGESTROL 400 MG/10 ML ORAL SUSPENSION	MEGESTROL ACETATE	1	
MEGESTROL 625 MG/5 ML ORAL SUSPENSION	MEGESTROL ACETATE	3	
MEGESTROL 20 MG TABLET	MEGESTROL ACETATE	1	
MEGESTROL 40 MG TABLET	MEGESTROL ACETATE	1	
MEKINIST 0.05 MG/ML ORAL SOLUTION	TRAMETINIB DIMETHYL SULFOXIDE	4	PA, QL, SRX
MEKINIST 0.5 MG TABLET	TRAMETINIB DIMETHYL SULFOXIDE	4	PA, QL, SRX
MEKINIST 2 MG TABLET	TRAMETINIB DIMETHYL SULFOXIDE	4	PA, QL, SRX
MELOXICAM 7.5 MG TABLET	MELOXICAM	1	
MELOXICAM 15 MG TABLET	MELOXICAM	1	
MEMANTINE 2 MG/ML ORAL SOLUTION	MEMANTINE HCL	1	
MEMANTINE 5 MG TABLET	MEMANTINE HCL	1	
MEMANTINE 10 MG TABLET	MEMANTINE HCL	1	
MEMANTINE 5-10 MG TITRATION PACK	MEMANTINE HCL	1	
MENEST 0.3 MG TABLET	ESTROGENS,ESTERIFIED	3	
MENEST 0.625 MG TABLET	ESTROGENS,ESTERIFIED	3	
MENEST 1.25 MG TABLET	ESTROGENS,ESTERIFIED	3	
MENEST 2.5 MG TABLET	ESTROGENS,ESTERIFIED	3	
MENQUADFI VIAL	MENING VAC A,C,Y,W135,C-TET/PF	2	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	MENING VAC A,C,Y,W-135 DIP/PF	2	
MENVEO A-C-Y-W KIT (2 VIALS)	MENING VAC A,C,Y,W-135 DIP/PF	2	
MEPERIDINE 50 MG/5 ML ORAL SOLUTION	MEPERIDINE HCL	2	PA
MEPERIDINE 50 MG TABLET	MEPERIDINE HCL	2	PA
MEPROBAMATE 200 MG TABLET	MEPROBAMATE	2	
MEPROBAMATE 400 MG TABLET	MEPROBAMATE	2	
MERCAPTOPURINE 20 MG/ML ORAL SUSPENSION	MERCAPTOPURINE	4	PA, SRX
MERCAPTOPURINE 50 MG TABLET	MERCAPTOPURINE	1	
MERZEE 1 MG-20 MCG CAPSULE	NORETHINDRONE-E.ESTRADIOL-IRON	1	
MESALAMINE 4 GM/60 ML ENEMA	MESALAMINE	3	
MESALAMINE 4 GM/60 ML ENEMA KIT	MESALAMINE W/CLEANSING WIPES	3	
MESALAMINE 800 MG DR TABLET	MESALAMINE	3	
MESALAMINE ER 0.375 GRAM CAPSULE	MESALAMINE	2	
MESALAMINE ER 500 MG CAPSULE	MESALAMINE	3	
MESNA 400 MG TABLET	MESNA	4	SRX
METAXALONE 400 MG TABLET	METAXALONE	3	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
METAXALONE 800 MG TABLET	METAXALONE	3	
METFORMIN 500 MG TABLET	METFORMIN HCL	1	
METFORMIN 850 MG TABLET	METFORMIN HCL	1	
METFORMIN 1,000 MG TABLET	METFORMIN HCL	1	
METFORMIN ER 500 MG TABLET	METFORMIN HCL	1	
METFORMIN ER 750 MG TABLET	METFORMIN HCL	1	
METHADONE 10 MG/ML ORAL CONCENTRATE	METHADONE HCL	1	PA
METHADONE 5 MG/5 ML ORAL SOLUTION	METHADONE HCL	1	PA
METHADONE 10 MG/5 ML ORAL SOLUTION	METHADONE HCL	1	PA
METHADONE 5 MG TABLET	METHADONE HCL	1	PA
METHADONE 10 MG TABLET	METHADONE HCL	1	PA
METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE	METHADONE HCL	1	PA
METHAMPHETAMINE 5 MG TABLET	METHAMPHETAMINE HCL	3	QL
METHAZOLAMIDE 25 MG TABLET	METHAZOLAMIDE	2	
METHAZOLAMIDE 50 MG TABLET	METHAZOLAMIDE	2	
METHENAMINE HIPPURATE 1 GM TABLET	METHENAMINE HIPPURATE	1	
METHENAMINE MANDELATE 500 MG TABLET	METHENAMINE MANDELATE	1	
METHENAMINE MANDELATE 1 GM TABLET	METHENAMINE MANDELATE	1	
METHIMAZOLE 5 MG TABLET	METHIMAZOLE	1	
METHIMAZOLE 10 MG TABLET	METHIMAZOLE	1	
METHITEST 10 MG TABLET	METHYLTESTOSTERONE	4	
METHOCARBAMOL 500 MG TABLET	METHOCARBAMOL	1	
METHOCARBAMOL 750 MG TABLET	METHOCARBAMOL	1	
METHOTREXATE 2.5 MG TABLET	METHOTREXATE SODIUM	1	
METHOXSALEN 10 MG SOFTGEL	METHOXSALEN	3	
METHSCOPOLAMINE 2.5 MG TABLET	METHSCOPOLAMINE BROMIDE	1	
METHSCOPOLAMINE 5 MG TABLET	METHSCOPOLAMINE BROMIDE	1	
METHSUXIMIDE 300 MG CAPSULE	METHSUXIMIDE	3	
METHYLDOPA 250 MG TABLET	METHYLDOPA	1	
METHYLDOPA 500 MG TABLET	METHYLDOPA	1	
METHYLDOPA-HCTZ 250-15 MG TABLET	METHYLDOPA/HYDROCHLOROTHIAZIDE	1	
METHYLDOPA-HCTZ 250-25 MG TABLET	METHYLDOPA/HYDROCHLOROTHIAZIDE	1	
METHYLERGONOVINE 0.2 MG TABLET	METHYLERGONOVINE MALEATE	3	
METHYLPHENIDATE 2.5 MG CHEWABLE TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE 5 MG CHEWABLE TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE 10 MG CHEWABLE TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE 5 MG TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE 10 MG TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE 20 MG TABLET	METHYLPHENIDATE HCL	1	QL

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
METHYLPHENIDATE CD 10 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE CD 20 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE CD 30 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE CD 40 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE CD 50 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE CD 60 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER 10 MG TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE ER 18 MG TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE ER 20 MG TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE ER 27 MG TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE ER 36 MG TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE ER 54 MG TABLET	METHYLPHENIDATE HCL	1	QL
METHYLPHENIDATE ER(CD) 10 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(CD) 20 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(CD) 30 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(CD) 40 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(CD) 50 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(CD) 60 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(LA) 10 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(LA) 20 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(LA) 30 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(LA) 40 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPHENIDATE ER(LA) 60 MG CAPSULE	METHYLPHENIDATE HCL	2	QL
METHYLPREDNISOLONE 4 MG DOSEPACK	METHYLPREDNISOLONE	1	
METHYLPREDNISOLONE 4 MG TABLET	METHYLPREDNISOLONE	1	
METHYLPREDNISOLONE 8 MG TABLET	METHYLPREDNISOLONE	1	
METHYLPREDNISOLONE 16 MG TABLET	METHYLPREDNISOLONE	1	
METHYLPREDNISOLONE 32 MG TABLET	METHYLPREDNISOLONE	1	
METHYLTESTOSTERONE 10 MG CAPSULE	METHYLTESTOSTERONE	4	
METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	METOCLOPRAMIDE HCL	1	
METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	METOCLOPRAMIDE HCL	1	
METOCLOPRAMIDE 5 MG TABLET	METOCLOPRAMIDE HCL	1	
METOCLOPRAMIDE 10 MG TABLET	METOCLOPRAMIDE HCL	1	
METOLAZONE 2.5 MG TABLET	METOLAZONE	1	
METOLAZONE 5 MG TABLET	METOLAZONE	1	
METOLAZONE 10 MG TABLET	METOLAZONE	1	
METOPROLOL SUCCINATE ER 25 MG TABLET	METOPROLOL SUCCINATE	1	
METOPROLOL SUCCINATE ER 50 MG TABLET	METOPROLOL SUCCINATE	1	
METOPROLOL SUCCINATE ER 100 MG TABLET	METOPROLOL SUCCINATE	1	
METOPROLOL SUCCINATE ER 200 MG TABLET	METOPROLOL SUCCINATE	1	
METOPROLOL TARTRATE 25 MG TABLET	METOPROLOL TARTRATE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
METOPROLOL TARTRATE 37.5 MG TABLET	METOPROLOL TARTRATE	1	
METOPROLOL TARTRATE 50 MG TABLET	METOPROLOL TARTRATE	1	
METOPROLOL TARTRATE 75 MG TABLET	METOPROLOL TARTRATE	1	
METOPROLOL TARTRATE 100 MG TABLET	METOPROLOL TARTRATE	1	
METOPROLOL-HCTZ 50-25 MG TABLET	METOPROLOL/HYDROCHLOROTHIAZIDE	1	
METOPROLOL-HCTZ 100-25 MG TABLET	METOPROLOL/HYDROCHLOROTHIAZIDE	1	
METOPROLOL-HCTZ 100-50 MG TABLET	METOPROLOL/HYDROCHLOROTHIAZIDE	1	
METRONIDAZOLE 375 MG CAPSULE	METRONIDAZOLE	1	
METRONIDAZOLE 0.75% CREAM	METRONIDAZOLE	1	
METRONIDAZOLE 0.75% LOTION	METRONIDAZOLE	1	
METRONIDAZOLE 250 MG TABLET	METRONIDAZOLE	1	
METRONIDAZOLE 500 MG TABLET	METRONIDAZOLE	1	
METRONIDAZOLE TOPICAL 0.75% GEL	METRONIDAZOLE	1	
METRONIDAZOLE TOPICAL 1% GEL	METRONIDAZOLE	1	
METRONIDAZOLE TOPICAL 1% GEL PUMP	METRONIDAZOLE	1	
METRONIDAZOLE VAGINAL 0.75% GEL	METRONIDAZOLE	1	
METYROSINE 250 MG CAPSULE	METYROSINE	4	PA
MEXILETINE 150 MG CAPSULE	MEXILETINE HCL	1	
MEXILETINE 200 MG CAPSULE	MEXILETINE HCL	1	
MEXILETINE 250 MG CAPSULE	MEXILETINE HCL	1	
MIBELAS 24 FE CHEWABLE TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	MICONAZOLE NITRATE	2	
MICROCHAMBER	INHALER, ASSIST DEVICES	2	QL
MICRODOT HIGH-LOW CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
MICRODOT NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
MICROGESTIN 21 1.5-30 TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
MICROGESTIN 21 1-20 TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
MICROGESTIN 24 FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
MICROGESTIN FE 1.5-30 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
MICROGESTIN FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
MICROLIFE PEAK FLOW METER	PEAK FLOW METER	2	
MICROSPACER FOR AEROSOL DEVICE	INHALER, ASSIST DEVICES	2	QL
MIDAZOLAM 2 MG/ML SYRUP	MIDAZOLAM HCL	1	
MIDAZOLAM 10 MG/5 ML SYRUP	MIDAZOLAM HCL	1	
MIDODRINE 2.5 MG TABLET	MIDODRINE HCL	1	
MIDODRINE 5 MG TABLET	MIDODRINE HCL	1	
MIDODRINE 10 MG TABLET	MIDODRINE HCL	1	
MIFEPREX 200 MG TABLET	MIFEPRISTONE	3	
MIFEPRISTONE 200 MG TABLET	MIFEPRISTONE	1	
MIGERGOT 2-100 MG SUPPOSITORY	ERGOTAMINE TARTRATE/CAFFEINE	3	
MIGLITOL 25 MG TABLET	MIGLITOL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
MIGLITOL 50 MG TABLET	MIGLITOL	1	
MIGLITOL 100 MG TABLET	MIGLITOL	1	
MIGLUSTAT 100 MG CAPSULE	MIGLUSTAT	4	PA, SRX
MILI 0.25-0.035 MG TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
MIMVEY 1-0.5 MG TABLET	ESTRADIOL/NORETHINDRONE ACET	1	
MINI PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
MINI PEN NEEDLE 32G 5MM	PEN NEEDLE, DIABETIC	2	
MINI PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
MINI PEN NEEDLE 32G 8MM	PEN NEEDLE, DIABETIC	2	
MINI PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
MINI PEN NEEDLE 33G 5MM	PEN NEEDLE, DIABETIC	2	
MINI PEN NEEDLE 33G 6MM	PEN NEEDLE, DIABETIC	2	
MINI ULTRA-THIN II PEN NEEDLE 31G	PEN NEEDLE, DIABETIC	2	
MINI WRIGHT PEAK FLOW METER	PEAK FLOW METER	2	
MINIMED INFUSION SET	INFUSION SET FOR INSULIN PUMP	2	
MINIMED MIO ADVANCE INFUSION SET 23" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED MIO ADVANCE INFUSION SET 23" 9MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED MIO ADVANCE INFUSION SET 43" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED MIO ADVANCE INFUSION SET 43" 9MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED QUICK INFUSION SET 18" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED QUICK INFUSION SET 23" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED QUICK INFUSION SET 23" 9MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED QUICK INFUSION SET 32" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED QUICK INFUSION SET 32" 9MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED QUICK INFUSION SET 43" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED QUICK INFUSION SET 43" 9MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED QUICK-SERTER	DIABETIC SUPPLIES,MISCELL	2	
MINIMED RESERVOIR 1.8 ML	INSULIN PUMP SYRINGE, 1.8 ML	2	
MINIMED RESERVOIR 3 ML	INSULIN PUMP SYRINGE, 3 ML	2	
MINIMED SILHOUETTE INFUSION SET 18"	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SILHOUETTE INFUSION SET 23"	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SILHOUETTE INFUSION SET 32"	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SILHOUETTE INFUSION SET 43"	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SURE T INFUSION SET 18" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SURE T INFUSION SET 23"	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SURE T INFUSION SET 23" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SURE T INFUSION SET 23" 8MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SURE T INFUSION SET 32"	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SURE T INFUSION SET 32" 6MM	INFUSION SET FOR INSULIN PUMP	2	
MINIMED SURE T INFUSION SET 32" 8MM	INFUSION SET FOR INSULIN PUMP	2	
MINOCYCLINE 50 MG CAPSULE	MINOCYCLINE HCL	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
MINOCYCLINE 75 MG CAPSULE	MINOCYCLINE HCL	1	
MINOCYCLINE 100 MG CAPSULE	MINOCYCLINE HCL	1	
MINOCYCLINE 50 MG TABLET	MINOCYCLINE HCL	1	
MINOCYCLINE 75 MG TABLET	MINOCYCLINE HCL	1	
MINOCYCLINE 100 MG TABLET	MINOCYCLINE HCL	1	
MINOXIDIL 2.5 MG TABLET	MINOXIDIL	1	
MINOXIDIL 10 MG TABLET	MINOXIDIL	1	
MINZOYA-28 TABLET	LEVONORGEST/ETH.ESTRADIOL/IRON	1	
MIRABEGRON ER 25 MG TABLET	MIRABEGRON	3	QL
MIRABEGRON ER 50 MG TABLET	MIRABEGRON	3	QL
MIRENA 52 MG SYSTEM	LEVONORGESTREL	1	LDD, SRX
MIRTAZAPINE 15 MG ODT TABLET	MIRTAZAPINE	1	
MIRTAZAPINE 30 MG ODT TABLET	MIRTAZAPINE	1	
MIRTAZAPINE 45 MG ODT TABLET	MIRTAZAPINE	1	
MIRTAZAPINE 7.5 MG TABLET	MIRTAZAPINE	1	
MIRTAZAPINE 15 MG TABLET	MIRTAZAPINE	1	
MIRTAZAPINE 30 MG TABLET	MIRTAZAPINE	1	
MIRTAZAPINE 45 MG TABLET	MIRTAZAPINE	1	
MISOPROSTOL 100 MCG TABLET	MISOPROSTOL	1	
MISOPROSTOL 200 MCG TABLET	MISOPROSTOL	1	
M-M-R II VACCINE VIAL	MEASLES,MUMPS,RUBELLA VACC/PF	2	
M-NATAL PLUS TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	1	
MODAFINIL 100 MG TABLET	MODAFINIL	3	PA
MODAFINIL 200 MG TABLET	MODAFINIL	3	PA
MODERNA COVID (6M-5Y) VACCINE (EUA)	COVID-19 VACC,PEDI(MODERNA)/PF	2	
MODERNA COVID (6-11Y) VACCINE (EUA)	COVID-19 VACC,PEDI(MODERNA)/PF	2	
MODERNA COVID (12Y UP) VACCINE (EUA)	COVID-19 VACC,MRNA(MODERNA)/PF	2	
MODERNA COVID (6M-11Y) EUA	COVID VAC 23-24(6M-11Y)ANDU/PF	2	
MODERNA COVID BIVAL (6MO-5Y) EUA	COVID-19 VAC, BV (MODERNA)/PF	2	
MODERNA COVID BIVAL (6MO UP) EUA	COVID-19 VAC, BV (MODERNA)/PF	2	
MODERNA COVID-19 BOOSTER (EUA)	COVID-19 VACC,MRNA(MODERNA)/PF	2	
MOEXIPRIL 7.5 MG TABLET	MOEXIPRIL HCL	1	
MOEXIPRIL 15 MG TABLET	MOEXIPRIL HCL	1	
MOLINDONE 5 MG TABLET	MOLINDONE HCL	1	
MOLINDONE 10 MG TABLET	MOLINDONE HCL	1	
MOLINDONE 25 MG TABLET	MOLINDONE HCL	1	
MOMETASONE 0.1% CREAM	MOMETASONE FUROATE	1	
MOMETASONE 0.1% OINTMENT	MOMETASONE FUROATE	1	
MOMETASONE 0.1% TOPICAL SOLUTION	MOMETASONE FUROATE	1	
MOMETASONE 50 MCG NASAL SPRAY	MOMETASONE FUROATE	2	QL
MONDOXYNE NL 75 MG CAPSULE	DOXYCYCLINE MONOHYDRATE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
MONDOXYNE NL 100 MG CAPSULE	DOXYCYCLINE MONOHYDRATE	1	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1"	NEEDLES, BLOOD COLLECTION	2	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5	NEEDLES, BLOOD COLLECTION	2	
MONOJECT BLOOD COLLECTION NEEDLE 21G 1"	NEEDLES, BLOOD COLLECTION	2	
MONOJECT BLOOD COLLECTION NEEDLE 22G 1"	NEEDLES, BLOOD COLLECTION	2	
MONOJECT FILTER NEEDLE 18G 1.5"	NEEDLES, FILTER	2	
MONOJECT HYPODERMIC NEEDLE	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 18G 1A"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 19G 1"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 19G 1.5"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 20G 1"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 20G 1.5"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 21G 1"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 21G 1.5"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 22G 1"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 22G 1.5"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 23G 1"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 25G 5/8"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 25G 1"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 25G 1.5"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 26G 1.5"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 27G 0.5"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 27G 1.5"	NEEDLES, DISPOSABLE	2	
MONOJECT HYPODERMIC NEEDLE 30G 3/4"	NEEDLES, DISPOSABLE	2	
MONOJECT INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
MONOJECT INSULIN SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MONOJECT INSULIN SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MONOJECT INSULIN SYRINGE 3/10 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
MONOJECT INSULIN SYRINGE U100	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MONOJECT INSULIN SYRINGE U100 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MONOJECT INSULIN SYRINGE U100 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MONOJECT SAFETY SYRINGE 6CC	SYRINGE WITH NEEDLE, 6 ML	2	
MONOJECT SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
MONOJECT SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MONOJECT SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MONOJECT SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MONOJECT SYRINGE 1 ML 27 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MONOJECT SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MONOJECT SYRINGE 3 ML 20G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 20G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 20G 3/4"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
MONOJECT SYRINGE 3 ML 21G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 21G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 22G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 22G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 23G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 25G 5/8"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 25G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 25G 1.25"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 3 ML 27G 1.25"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
MONOJECT SYRINGE 6 ML 20G 1.5"	SYRINGE WITH NEEDLE, 6 ML	2	
MONOJECT SYRINGE 6 ML 21G 1"	SYRINGE WITH NEEDLE, 6 ML	2	
MONOJECT SYRINGE 6 ML 21G 1.5"	SYRINGE WITH NEEDLE, 6 ML	2	
MONOJECT SYRINGE 6 ML 22G 1.5"	SYRINGE WITH NEEDLE, 6 ML	2	
MONO-LINYAH 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
MONTELUKAST 10 MG TABLET	MONTELUKAST SODIUM	1	
MONTELUKAST 4 MG CHEWABLE TABLET	MONTELUKAST SODIUM	1	
MONTELUKAST 5 MG CHEWABLE TABLET	MONTELUKAST SODIUM	1	
MONTELUKAST 4 MG GRANULE	MONTELUKAST SODIUM	1	
MORGIDOX 50 MG CAPSULE	DOXYCYCLINE HYCLATE	1	
MORPHINE 100 MG/5 ML ORAL CONCENTRATE	MORPHINE SULFATE	1	PA
MORPHINE 10 MG/5 ML ORAL SOLUTION	MORPHINE SULFATE	1	PA
MORPHINE 20 MG/5 ML ORAL SOLUTION	MORPHINE SULFATE	1	PA
MORPHINE 5 MG SUPPOSITORY	MORPHINE SULFATE	1	PA
MORPHINE 10 MG SUPPOSITORY	MORPHINE SULFATE	1	PA
MORPHINE 20 MG SUPPOSITORY	MORPHINE SULFATE	1	PA
MORPHINE 30 MG SUPPOSITORY	MORPHINE SULFATE	1	PA
MORPHINE ER 10 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 20 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 30 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 45 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 50 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 60 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 75 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 80 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 90 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 100 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 120 MG CAPSULE	MORPHINE SULFATE	1	PA
MORPHINE ER 15 MG TABLET	MORPHINE SULFATE	1	PA
MORPHINE ER 30 MG TABLET	MORPHINE SULFATE	1	PA
MORPHINE ER 60 MG TABLET	MORPHINE SULFATE	1	PA
MORPHINE ER 100 MG TABLET	MORPHINE SULFATE	1	PA

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
MORPHINE ER 200 MG TABLET	MORPHINE SULFATE	1	PA
MORPHINE IR 15 MG TABLET	MORPHINE SULFATE	1	PA
MORPHINE IR 30 MG TABLET	MORPHINE SULFATE	1	PA
MOUNJARO 2.5 MG/0.5 ML PEN	TIRZEPATIDE	2	PA, QL
MOUNJARO 5 MG/0.5 ML PEN	TIRZEPATIDE	2	PA, QL
MOUNJARO 7.5 MG/0.5 ML PEN	TIRZEPATIDE	2	PA, QL
MOUNJARO 10 MG/0.5 ML PEN	TIRZEPATIDE	2	PA, QL
MOUNJARO 12.5 MG/0.5 ML PEN	TIRZEPATIDE	2	PA, QL
MOUNJARO 15 MG/0.5 ML PEN	TIRZEPATIDE	2	PA, QL
MOVANTIK 12.5 MG TABLET	NALOXEGOL OXALATE	2	PA, QL
MOVANTIK 25 MG TABLET	NALOXEGOL OXALATE	2	PA, QL
MOXIFLOXACIN 0.5% EYE DROPS	MOXIFLOXACIN HCL	1	
MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	MOXIFLOXACIN HCL	1	
MOXIFLOXACIN 400 MG TABLET	MOXIFLOXACIN HCL	1	
MRESVIA 50 MCG/0.5 ML SYRINGE	RSV VACCINE, PREF, MRNA/PF	2	
MS INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
MS INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
MS INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
MS INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MS INSULIN SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MS INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
MS INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MS INSULIN SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MS INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
MS PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
MULTISTIX 5 TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
MULTISTIX REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
MULTISTIX 7 REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
MULTISTIX 9 REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
MULTISTIX 8 SG REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
MULTISTIX 9 SG REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
MULTISTIX 10 SG REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	PEDI MULTIVIT NO.242/FLUORIDE	1	
MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	PEDI MULTIVIT NO.242/FLUORIDE	1	
MULTIVITAMIN-FLUORIDE 1 MG CHEWABLE TABLET	PEDI MULTIVIT NO.242/FLUORIDE	1	
MUPIROCIN 2% CREAM	MUPIROCIN CALCIUM	2	
MUPIROCIN 2% OINTMENT	MUPIROCIN	1	
MY CHOICE 1.5 MG TABLET	LEVONORGESTREL	1	
MY WAY 1.5 MG TABLET	LEVONORGESTREL	1	
MYCOPHENOLATE 250 MG CAPSULE	MYCOPHENOLATE MOFETIL	1	SRX
MYCOPHENOLATE 200 MG/ML ORAL SUSPENSION	MYCOPHENOLATE MOFETIL	1	SRX

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Nombre del medicamento	Nombre genérico	Nivel	Notas
MYCOPHENOLATE 500 MG TABLET	MYCOPHENOLATE MOFETIL	1	SRX
MYCOPHENOLIC ACID DR 180 MG TABLET	MYCOPHENOLATE SODIUM	1	SRX
MYCOPHENOLIC ACID DR 360 MG TABLET	MYCOPHENOLATE SODIUM	1	SRX
MYGLUCOHEALTH CONTROL SOLUTION PAK	BLOOD GLUCOSE CTL HIGH,NML,LOW	2	
MYLERAN 2 MG TABLET	BUSULFAN	3	
MYNATAL CAPSULE	PRENATAL VIT/IRON FUM/FOLIC AC	1	
MYNATAL PLUS CAPTAB	PRENATAL VIT/IRON FUM/FOLIC AC	1	
MYNATAL ULTRACAPLET	PNV/IRON,CARB/DOCUSAT/FOLIC AC	1	
MYNATAL-Z CAPTAB	PRENATAL VIT/IRON FUM/FOLIC AC	1	
MYORISAN 10 MG CAPSULE	ISOTRETINOIN	3	
MYORISAN 20 MG CAPSULE	ISOTRETINOIN	3	
MYORISAN 30 MG CAPSULE	ISOTRETINOIN	3	
MYORISAN 40 MG CAPSULE	ISOTRETINOIN	3	
MYTESI 125 MG DR TABLET	CROFELEMER	3	LDD, SRX
NABUMETONE 500 MG TABLET	NABUMETONE	1	
NABUMETONE 750 MG TABLET	NABUMETONE	1	
NADOLOL 20 MG TABLET	NADOLOL	1	
NADOLOL 40 MG TABLET	NADOLOL	1	
NADOLOL 80 MG TABLET	NADOLOL	1	
NAFTIFINE 1% CREAM	NAFTIFINE HCL	2	
NAFTIFINE 2% CREAM	NAFTIFINE HCL	2	
NAFTIFINE 2% GEL	NAFTIFINE HCL	2	
NALOXONE 0.4 MG/ML CARPUJECT	NALOXONE HCL	1	
NALOXONE 0.4 MG/ML SYRINGE	NALOXONE HCL	1	
NALOXONE 2 MG/2 ML SYRINGE	NALOXONE HCL	1	
NALOXONE 4 MG NASAL SPRAY	NALOXONE HCL	1	
NALTREXONE 50 MG TABLET	NALTREXONE HCL	1	
NANO 2 GEN PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
NANO PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
NAPROXEN 500 MG KIT	NAPROXEN	1	
NAPROXEN 250 MG TABLET	NAPROXEN	1	
NAPROXEN 375 MG TABLET	NAPROXEN	1	
NAPROXEN 500 MG TABLET	NAPROXEN	1	
NAPROXEN DR 375 MG TABLET	NAPROXEN	1	
NAPROXEN DR 500 MG TABLET	NAPROXEN	1	
NAPROXEN SODIUM 275 MG TABLET	NAPROXEN SODIUM	1	
NAPROXEN SODIUM 550 MG TABLET	NAPROXEN SODIUM	1	
NARATRIPTAN 1 MG TABLET	NARATRIPTAN HCL	1	QL
NARATRIPTAN 2.5 MG TABLET	NARATRIPTAN HCL	1	QL
NARCAN 4 MG NASAL SPRAY	NALOXONE HCL	2	
NATACYN 5% EYE DROPS	NATAMYCIN	3	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
NATAZIA 28 TABLET	ESTRADIOL VALERATE/DIENOGEST	1	
NATEGLINIDE 60 MG TABLET	NATEGLINIDE	1	
NATEGLINIDE 120 MG TABLET	NATEGLINIDE	1	
NAYZILAM 5 MG NASAL SPRAY	MIDAZOLAM	4	PA, QL
NEBUSAL 3% VIAL	SODIUM CHLORIDE FOR INHALATION	1	
NECON 0.5-35-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
NEFAZODONE 50 MG TABLET	NEFAZODONE HCL	1	
NEFAZODONE 100 MG TABLET	NEFAZODONE HCL	1	
NEFAZODONE 150 MG TABLET	NEFAZODONE HCL	1	
NEFAZODONE 200 MG TABLET	NEFAZODONE HCL	1	
NEFAZODONE 250 MG TABLET	NEFAZODONE HCL	1	
NEOMYCIN 500 MG TABLET	NEOMYCIN SULFATE	1	
NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT	NEOMYCIN/BACITRACIN/POLYMYXINB	1	
NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT	NEOMYCIN/BACIT/P-MYX/HYDROCORT	1	
NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	NEOMYCIN SULF/POLYMYXIN B SULF	1	
NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	NEOMYCIN SULF/POLYMYXIN B SULF	1	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	NEOMYCIN/POLYMYXIN B/DEXAMETHA	1	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	NEOMYCIN/POLYMYXIN B/DEXAMETHA	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	NEOMYCIN/POLYMYXN B/GRAMICIDIN	1	
NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	NEOMYCIN/POLYMYXIN B/HYDROCORT	1	
NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	NEOMYCIN/POLYMYXIN B/HYDROCORT	1	
NEOMYCIN-POLYMYXIN-HC EYE DROPS	NEOMYCIN/POLYMYXIN B/HYDROCORT	1	
NEO-POLYCIN EYE OINTMENT	NEOMYCIN/BACITRACIN/POLYMYXINB	1	
NEO-POLYCIN HC EYE OINTMENT	NEOMYCIN/BACIT/P-MYX/HYDROCORT	1	
NEUAC GEL	CLINDAMYCIN PHOS/BENZOYL PEROX	1	
NEULASTA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM	4	PA, SRX
NEULASTA ONPRO 6 MG/0.6 ML KIT	PEGFILGRASTIM	4	PA, SRX
NEUPRO 1 MG/24 HR PATCH	ROTIGOTINE	3	
NEUPRO 2 MG/24 HR PATCH	ROTIGOTINE	3	
NEUPRO 3 MG/24 HR PATCH	ROTIGOTINE	3	
NEUPRO 4 MG/24 HR PATCH	ROTIGOTINE	3	
NEUPRO 6 MG/24 HR PATCH	ROTIGOTINE	3	
NEUPRO 8 MG/24 HR PATCH	ROTIGOTINE	3	
NEVANAC 0.1% EYE DROPS	NEPAFENAC	3	
NEVIRAPINE 50 MG/5 ML ORAL SUSPENSION	NEVIRAPINE	1	SRX
NEVIRAPINE 200 MG TABLET	NEVIRAPINE	1	SRX
NEVIRAPINE ER 100 MG TABLET	NEVIRAPINE	1	SRX
NEVIRAPINE ER 400 MG TABLET	NEVIRAPINE	1	SRX
NEW DAY 1.5 MG TABLET	LEVONORGESTREL	1	
NEWGEN TABLET	PRENATAL VIT86/IRON/FOLIC ACID	1	
NEXPLANON 68 MG IMPLANT	ETONOGESTREL	1	LDD, SRX

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Nombre del medicamento	Nombre genérico	Nivel	Notas
NEXTSTELLIS 3-14.2 MG TABLET	DROSPIRENONE/ESTETROL	1	
NIACIN ER 500 MG TABLET	NIACIN	1	
NIACIN ER 750 MG TABLET	NIACIN	1	
NIACIN ER 1,000 MG TABLET	NIACIN	1	
NICARDIPINE 20 MG CAPSULE	NICARDIPINE HCL	2	
NICARDIPINE 30 MG CAPSULE	NICARDIPINE HCL	2	
NICOTROL CARTRIDGE INHALER	NICOTINE	2	
NICOTROL NS 10 MG/ML SPRAY	NICOTINE	2	
NIFEDIPINE 10 MG CAPSULE	NIFEDIPINE	1	
NIFEDIPINE 20 MG CAPSULE	NIFEDIPINE	1	
NIFEDIPINE ER 30 MG TABLET	NIFEDIPINE	1	
NIFEDIPINE ER 60 MG TABLET	NIFEDIPINE	1	
NIFEDIPINE ER 90 MG TABLET	NIFEDIPINE	1	
NIKKI 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
NILOTINIB HCL 50 MG CAPSULE	NILOTINIB HCL	4	PA, QL, SRX
NILOTINIB HCL 150 MG CAPSULE	NILOTINIB HCL	4	PA, QL, SRX
NILOTINIB HCL 200 MG CAPSULE	NILOTINIB HCL	4	PA, QL, SRX
NILUTAMIDE 150 MG TABLET	NILUTAMIDE	4	
NIMODIPINE 30 MG CAPSULE	NIMODIPINE	3	
NINLARO 2.3 MG CAPSULE	IXAZOMIB CITRATE	4	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	IXAZOMIB CITRATE	4	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	IXAZOMIB CITRATE	4	PA, QL, LDD, SRX
NISOLDIPINE ER 8.5 MG TABLET	NISOLDIPINE	1	QL
NISOLDIPINE ER 17 MG TABLET	NISOLDIPINE	1	QL
NISOLDIPINE ER 20 MG TABLET	NISOLDIPINE	1	QL
NISOLDIPINE ER 25.5 MG TABLET	NISOLDIPINE	1	QL
NISOLDIPINE ER 30 MG TABLET	NISOLDIPINE	1	QL
NISOLDIPINE ER 34 MG TABLET	NISOLDIPINE	1	QL
NISOLDIPINE ER 40 MG TABLET	NISOLDIPINE	1	QL
NITAZOXANIDE 500 MG TABLET	NITAZOXANIDE	3	PA
NITRO-BID 2% OINTMENT	NITROGLYCERIN	1	
NITROFURANTOIN MACRO 25 MG CAPSULE	NITROFURANTOIN MACROCRYSTAL	2	
NITROFURANTOIN MACRO 50 MG CAPSULE	NITROFURANTOIN MACROCRYSTAL	1	
NITROFURANTOIN MACRO 100 MG CAPSULE	NITROFURANTOIN MACROCRYSTAL	1	
NITROFURANTOIN 25 MG/5 ML ORAL SUSPENSION	NITROFURANTOIN	3	
NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	NITROFURANTOIN MONOHYD/M-CRYST	1	
NITROGLYCERIN 0.4% OINTMENT	NITROGLYCERIN	3	
NITROGLYCERIN 0.1 MG/HR PATCH	NITROGLYCERIN	1	
NITROGLYCERIN 0.2 MG/HR PATCH	NITROGLYCERIN	1	
NITROGLYCERIN 0.4 MG/HR PATCH	NITROGLYCERIN	1	
NITROGLYCERIN 0.6 MG/HR PATCH	NITROGLYCERIN	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
NITROGLYCERIN 400 MCG SPRAY	NITROGLYCERIN	1	
NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	NITROGLYCERIN	1	
NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	NITROGLYCERIN	1	
NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	NITROGLYCERIN	1	
NITRO-TIME ER 2.5 MG CAPSULE	NITROGLYCERIN	1	
NITRO-TIME ER 6.5 MG CAPSULE	NITROGLYCERIN	1	
NITRO-TIME ER 9 MG CAPSULE	NITROGLYCERIN	1	
NIVA THYROID 15 MG TABLET	THYROID,PORK	1	
NIVA THYROID 30 MG TABLET	THYROID,PORK	1	
NIVA THYROID 60 MG TABLET	THYROID,PORK	1	
NIVA THYROID 90 MG TABLET	THYROID,PORK	1	
NIVA THYROID 120 MG TABLET	THYROID,PORK	1	
NIVA-PLUS TABLET	MULTIVIT-MINS60/IRON FUM/FOLIC	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE	FILGRASTIM-AAFI	4	SRX
NIVESTYM 480 MCG/0.8 ML SYRINGE	FILGRASTIM-AAFI	4	SRX
NIVESTYM 300 MCG/ML VIAL	FILGRASTIM-AAFI	4	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	FILGRASTIM-AAFI	4	SRX
NIZATIDINE 150 MG CAPSULE	NIZATIDINE	1	
NIZATIDINE 300 MG CAPSULE	NIZATIDINE	1	
NORA-BE TABLET	NORETHINDRONE	1	
NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	NORELGESTROMIN/ETHIN.ESTRADIOL	1	
NORETHINDRONE 0.35 MG TABLET	NORETHINDRONE	1	
NORETHINDRONE 5 MG TABLET	NORETHINDRONE ACETATE	1	
NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	1	
NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	1	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG (21) TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	NORETHINDRONE AC/ETH ESTRADIOL	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG (21) - 75 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (21) - 75 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (24) - 75 CAPSULE	NORETHINDRONE-E.ESTRADIOL-IRON	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (24) - 75 CHEWABLE TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
NORPACE CR 100 MG CAPSULE	DISOPYRAMIDE PHOSPHATE	3	
NORPACE CR 150 MG CAPSULE	DISOPYRAMIDE PHOSPHATE	3	
NORTREL 0.5-35-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
NORTREL 1-35 21 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
NORTREL 1-35 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
NORTREL 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
NORTRIPTYLINE 10 MG CAPSULE	NORTRIPTYLINE HCL	1	
NORTRIPTYLINE 25 MG CAPSULE	NORTRIPTYLINE HCL	1	
NORTRIPTYLINE 50 MG CAPSULE	NORTRIPTYLINE HCL	1	
NORTRIPTYLINE 75 MG CAPSULE	NORTRIPTYLINE HCL	1	
NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	NORTRIPTYLINE HCL	1	
NORVIR 100 MG POWDER PACKET	RITONAVIR	2	SRX
NOVAVAX COVID SYRINGE (EUA)	COVID VAC 24-25(12Y UP)/ADJ/PF	2	
NOVAVAX COVID VIAL (EUA)	COVID VAC 23-24 XBB.1.5/ADJ/PF	2	
NOVAVAX COVID-19 VACCINE, ADJ (EUA)	COVID19 VAC,(NOVAVAX)/ADJ/PF	2	
NOVOFINE AUTOCOVER NEEDLE 30G	PEN NEEDLE, DIABETIC, SAFETY	2	
NOVOFINE NEEDLE 32G	PEN NEEDLE, DIABETIC	2	
NOVOFINE PLUS PEN NEEDLE 32G 1/6"	PEN NEEDLE, DIABETIC	2	
NOVOLOG 100 UNIT/ML FLEXPEN	INSULIN ASPART	3	QL, ST
NOVOLOG 100 UNIT/ML PENFILL	INSULIN ASPART	3	QL, ST
NOVOLOG 100 UNIT/ML VIAL	INSULIN ASPART	3	QL, ST
NOVOLOG MIX 70-30 FLEXPEN	INSULIN ASPART PROT/INSULN ASP	3	QL, ST
NOVOLOG MIX 70-30 VIAL	INSULIN ASPART PROT/INSULN ASP	3	QL, ST
NOVOPEN ECHO INSULIN DEVICE	INSULIN ADMIN. SUPPLIES	2	
NP THYROID 15 MG TABLET	THYROID,PORK	1	
NP THYROID 30 MG TABLET	THYROID,PORK	1	
NP THYROID 60 MG TABLET	THYROID,PORK	1	
NP THYROID 90 MG TABLET	THYROID,PORK	1	
NP THYROID 120 MG TABLET	THYROID,PORK	1	
NUCYNTA ER 50 MG TABLET	TAPENTADOL HCL	3	PA
NUCYNTA ER 100 MG TABLET	TAPENTADOL HCL	3	PA
NUCYNTA ER 150 MG TABLET	TAPENTADOL HCL	3	PA
NUCYNTA ER 200 MG TABLET	TAPENTADOL HCL	3	PA
NUCYNTA ER 250 MG TABLET	TAPENTADOL HCL	3	PA
NUEDEXTA 20-10 MG CAPSULE	DEXTROMETHORPHAN HBR/QUINIDINE	3	PA, QL
NYAMYC 100,000 UNIT/GM POWDER	NYSTATIN	1	
NYLIA 1-35 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
NYLIA 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
NYMYO 0.25-0.035 MG (28) TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
NYSTATIN 100,000 UNIT/GM CREAM	NYSTATIN	1	
NYSTATIN 100,000 UNIT/GM OINTMENT	NYSTATIN	1	
NYSTATIN 100,000 UNIT/GM POWDER	NYSTATIN	1	
NYSTATIN 100,000 UNIT/ML ORAL SUSPENSION	NYSTATIN	1	
NYSTATIN 500,000 UNIT/5 ML ORAL SUSPENSION	NYSTATIN	1	
NYSTATIN 500,000 UNIT ORAL TABLET	NYSTATIN	1	
NYSTATIN-TRIAMCINOLONE CREAM	NYSTATIN/TRIAMCINOLONE ACET	1	
NYSTATIN-TRIAMCINOLONE OINTMENT	NYSTATIN/TRIAMCINOLONE ACET	1	
NYSTOP 100,000 UNIT/GM POWDER	NYSTATIN	1	
NYVEPRIA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM-APGF	4	PA, SRX
OBSTETRIX DHA COMBO PAK	PRENATAL 12/IRON/FOLIC/DSS/OM3	1	
OCELLA 3 MG-0.03 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
OCTREOTIDE 50 MCG/ML AMPULE	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 100 MCG/ML AMPULE	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 500 MCG/ML AMPULE	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 50 MCG/ML SYRINGE	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 100 MCG/ML SYRINGE	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 500 MCG/ML SYRINGE	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 0.05 MG/ML VIAL	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 50 MCG/ML VIAL	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 100 MCG/ML VIAL	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 500 MCG/ML VIAL	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 1,000 MCG/5 ML VIAL	OCTREOTIDE ACETATE	2	PA, SRX
OCTREOTIDE 5,000 MCG/5 ML VIAL	OCTREOTIDE ACETATE	2	PA, SRX
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	MITE,D.FARINAE-D.PTERONYSSINUS	3	PA, QL
ODEFSEY TABLET	EMTRICITAB/RILPIVIRI/TENOF ALA	3	QL, SRX
ODOMZO 200 MG CAPSULE	SONIDEGIB PHOSPHATE	4	PA, QL, SRX
OFEV 100 MG CAPSULE	NINTEDANIB ESYLATE	4	PA, LDD, SRX
OFEV 150 MG CAPSULE	NINTEDANIB ESYLATE	4	PA, LDD, SRX
OFLOXACIN 0.3% EAR DROPS	OFLOXACIN	1	
OFLOXACIN 0.3% EYE DROPS	OFLOXACIN	1	
OFLOXACIN 300 MG TABLET	OFLOXACIN	1	
OFLOXACIN 400 MG TABLET	OFLOXACIN	1	
OLANZAPINE 5 MG ODT TABLET	OLANZAPINE	1	
OLANZAPINE 10 MG ODT TABLET	OLANZAPINE	1	
OLANZAPINE 15 MG ODT TABLET	OLANZAPINE	1	
OLANZAPINE 20 MG ODT TABLET	OLANZAPINE	1	
OLANZAPINE 2.5 MG TABLET	OLANZAPINE	1	
OLANZAPINE 5 MG TABLET	OLANZAPINE	1	
OLANZAPINE 7.5 MG TABLET	OLANZAPINE	1	
OLANZAPINE 10 MG TABLET	OLANZAPINE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
OLANZAPINE 15 MG TABLET	OLANZAPINE	1	
OLANZAPINE 20 MG TABLET	OLANZAPINE	1	
OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE	OLANZAPINE/FLUOXETINE HCL	2	
OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE	OLANZAPINE/FLUOXETINE HCL	2	
OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE	OLANZAPINE/FLUOXETINE HCL	2	
OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE	OLANZAPINE/FLUOXETINE HCL	2	
OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE	OLANZAPINE/FLUOXETINE HCL	2	
OLMESARTAN 5 MG TABLET	OLMESARTAN MEDOXOMIL	1	
OLMESARTAN 20 MG TABLET	OLMESARTAN MEDOXOMIL	1	
OLMESARTAN 40 MG TABLET	OLMESARTAN MEDOXOMIL	1	
OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET	OLMESARTAN/AMLODIPIN/HCTHIAZID	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET	OLMESARTAN/AMLODIPIN/HCTHIAZID	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET	OLMESARTAN/AMLODIPIN/HCTHIAZID	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET	OLMESARTAN/AMLODIPIN/HCTHIAZID	1	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET	OLMESARTAN/AMLODIPIN/HCTHIAZID	1	
OLMESARTAN-HCTZ 20-12.5 MG TABLET	OLMESARTAN/HYDROCHLOROTHIAZIDE	1	
OLMESARTAN-HCTZ 40-12.5 MG TABLET	OLMESARTAN/HYDROCHLOROTHIAZIDE	1	
OLMESARTAN-HCTZ 40-25 MG TABLET	OLMESARTAN/HYDROCHLOROTHIAZIDE	1	
OLOPATADINE 0.1% EYE DROPS	OLOPATADINE HCL	1	
OLOPATADINE 0.2% EYE DROPS	OLOPATADINE HCL	1	
OLOPATADINE 665 MCG NASAL SPRAY	OLOPATADINE HCL	1	
OMEGA-3 ETHYL ESTERS 1 GM CAPSULE	OMEGA-3 ACID ETHYL ESTERS	1	
OMEPRAZOLE DR 10 MG CAPSULE	OMEPRAZOLE	1	QL
OMEPRAZOLE DR 20 MG CAPSULE	OMEPRAZOLE	1	QL
OMEPRAZOLE DR 40 MG CAPSULE	OMEPRAZOLE	1	QL
OMNIPOD 5 (G6/LIBRE 2 PLUS)	INSULIN PUMP CART,AUTO,BT,G6/L	2	QL
OMNIPOD 5 DEX G7 G6 INTRO (GEN 5)	INSULIN PMP CART,AUT,G6/7,CNTR	2	QL
OMNIPOD 5 DEX G7 G6 PODS (GEN 5)	INSULIN PUMP CART,AUTO,BT,G6/7	2	QL
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	INSULIN PMP CART,AUT,G6/7,CNTR	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	INSULIN PUMP CART,AUTO,BT,G6/7	2	QL
OMNIPOD 5 INTRO (G6/LIBRE 2 PLUS)	INSULIN PMP CART,BT,G6/L2/CNTR	2	QL
OMNIPOD CLASSIC PDM KIT (GEN 3)	INSULIN PUMP CONTROLLER, RF	2	QL
OMNIPOD CLASSIC PODS (GEN 3) 5 PACK	INSULIN PUMP CART,CONT INF,RF	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	INSULIN PUMP CART,CONT BT/CNTR	2	QL
OMNIPOD DASH PODS (GEN 4) 5 PACK	INSULIN PUMP CART,CONT INF,BT	2	QL
OMNIPOD GO 10 UNIT/DAY PODS	INSULIN PUMP CART,10 UNITS/DAY	2	QL
OMNIPOD GO 15 UNIT/DAY PODS	INSULIN PUMP CART,15 UNITS/DAY	2	QL
OMNIPOD GO 20 UNIT/DAY PODS	INSULIN PUMP CART,20 UNITS/DAY	2	QL
OMNIPOD GO 25 UNIT/DAY PODS	INSULIN PUMP CART,25 UNITS/DAY	2	QL
OMNIPOD GO 30 UNIT/DAY PODS	INSULIN PUMP CART,30 UNITS/DAY	2	QL
OMNIPOD GO 35 UNIT/DAY PODS	INSULIN PUMP CART,35 UNITS/DAY	2	QL

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
OMNIPOD GO 40 UNIT/DAY PODS	INSULIN PUMP CART,40 UNITS/DAY	2	QL
OMNITROPE 5 MG/1.5 ML CARTRIDGE	SOMATROPIN	4	PA
OMNITROPE 10 MG/1.5 ML CARTRIDGE	SOMATROPIN	4	PA
OMNITROPE 5.8 MG VIAL	SOMATROPIN	4	PA
ON CALL EXPRESS CONTROL SOLUTION PAK	BLOOD GLUCOSE CTL HIGH,NML,LOW	2	
ON CALL PLUS CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
ON CALL VIVID CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
ONDANSETRON 4 MG ODT TABLET	ONDANSETRON	1	
ONDANSETRON 8 MG ODT TABLET	ONDANSETRON	1	
ONDANSETRON 4 MG/5 ML ORAL SOLUTION	ONDANSETRON HCL	1	
ONDANSETRON 4 MG TABLET	ONDANSETRON HCL	1	
ONDANSETRON 8 MG TABLET	ONDANSETRON HCL	1	
ONE WAY VALVED MOUTHPIECE	INHALER,ASSIST DEVICE,ACCESORY	2	QL
OPCICON ONE-STEP 1.5 MG TABLET	LEVONORGESTREL	1	
OPILL 0.075 MG TABLET	NORGESTREL	1	QL
OPIUM 10 MG/ML TINCTURE	OPIUM TINCTURE	2	PA
OPTICHAMBER ADULT MASK-LARGE	INHALER,ASSIST DEVICE,ACCESORY	2	QL
OPTICHAMBER DIAMOND VHC	INHALER, ASSIST DEVICES	2	QL
OPTICHAMBER DIAMOND W-LARGE MASK	INHALER,ASSIST DEVICE,LG MASK	2	QL
OPTICHAMBER DIAMOND W-MEDIUM MASK	INHALER,ASSIST DEVICE,MED MASK	2	QL
OPTICHAMBER DIAMOND W-SMALL MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
OPTION 2 1.5 MG TABLET	LEVONORGESTREL	1	
OPTUMRX GLUCOSE CONTROL SOLUTION	BLOOD GLUCOSE CNTL HIGH,NORMAL	2	
OPVEE 2.7 MG NASAL SPRAY	NALMEFENE HCL	2	
ORACIT ORAL SOLUTION	CITRIC ACID/SODIUM CITRATE	3	
ORAL CITRATE SOLUTION	CITRIC ACID/SODIUM CITRATE	3	
ORALONE 0.1% TOOTHPASTE	TRIAMCINOLONE ACETONIDE	1	
ORENCIA CLICKJECT 125 MG/ML	ABATACEPT	4	PA, QL, SRX
ORENCIA 50 MG/0.4 ML SYRINGE	ABATACEPT	4	PA, QL, SRX
ORENCIA 87.5 MG/0.7 ML SYRINGE	ABATACEPT	4	PA, QL, SRX
ORENCIA 125 MG/ML SYRINGE	ABATACEPT	4	PA, QL, SRX
ORPHENADRINE ER 100 MG TABLET	ORPHENADRINE CITRATE	1	
ORSERDU 86 MG TABLET	ELACESTRANT HCL	4	PA, QL, LDD, SRX
ORSERDU 345 MG TABLET	ELACESTRANT HCL	4	PA, QL, LDD, SRX
OSCIMIN 0.125 MG SUBLINGUAL TABLET	HYOSCYAMINE SULFATE	1	
OSCIMIN 0.125 MG TABLET	HYOSCYAMINE SULFATE	1	
OSELTAMIVIR 30 MG CAPSULE	OSELTAMIVIR PHOSPHATE	1	QL
OSELTAMIVIR 45 MG CAPSULE	OSELTAMIVIR PHOSPHATE	1	QL
OSELTAMIVIR 75 MG CAPSULE	OSELTAMIVIR PHOSPHATE	1	QL
OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	OSELTAMIVIR PHOSPHATE	1	QL
OSMOPREP TABLET	SOD PHOSPHATE MBAS/SOD PHOS,DI	3	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
OTEZLA 10-20 MG STARTER 28 DAY	APREMILAST	4	PA, QL, SRX
OTEZLA 10-20-30 MG STARTER 28 DAY	APREMILAST	4	PA, QL, SRX
OTEZLA 20 MG TABLET	APREMILAST	4	PA, QL, SRX
OTEZLA 30 MG TABLET	APREMILAST	4	PA, QL, SRX
OVAL TAPE	DIABETIC SUPPLIES,MISCELL	2	
OXANDROLONE 2.5 MG TABLET	OXANDROLONE	3	PA
OXANDROLONE 10 MG TABLET	OXANDROLONE	3	PA
OXAPROZIN 600 MG CAPLET	OXAPROZIN	1	
OXAPROZIN 600 MG TABLET	OXAPROZIN	1	
OXAZEPAM 10 MG CAPSULE	OXAZEPAM	1	
OXAZEPAM 15 MG CAPSULE	OXAZEPAM	1	
OXAZEPAM 30 MG CAPSULE	OXAZEPAM	1	
OXCARBAZEPINE 300 MG/5 ML ORAL SUSPENSION	OXCARBAZEPINE	1	
OXCARBAZEPINE 150 MG TABLET	OXCARBAZEPINE	1	
OXCARBAZEPINE 300 MG TABLET	OXCARBAZEPINE	1	
OXCARBAZEPINE 600 MG TABLET	OXCARBAZEPINE	1	
OXICONAZOLE 1% CREAM	OXICONAZOLE NITRATE	2	
OXYBUTYNIN 5 MG/5 ML ORAL SOLUTION	OXYBUTYNIN CHLORIDE	1	
OXYBUTYNIN 5 MG/5 ML SYRUP	OXYBUTYNIN CHLORIDE	1	
OXYBUTYNIN 5 MG TABLET	OXYBUTYNIN CHLORIDE	1	
OXYBUTYNIN ER 5 MG TABLET	OXYBUTYNIN CHLORIDE	1	
OXYBUTYNIN ER 10 MG TABLET	OXYBUTYNIN CHLORIDE	1	
OXYBUTYNIN ER 15 MG TABLET	OXYBUTYNIN CHLORIDE	1	
OXYCODONE (IR) 5 MG CAPSULE	OXYCODONE HCL	1	PA
OXYCODONE (IR) 5 MG TABLET	OXYCODONE HCL	1	PA
OXYCODONE (IR) 10 MG TABLET	OXYCODONE HCL	1	PA
OXYCODONE (IR) 15 MG TABLET	OXYCODONE HCL	1	PA
OXYCODONE (IR) 20 MG TABLET	OXYCODONE HCL	1	PA
OXYCODONE (IR) 30 MG TABLET	OXYCODONE HCL	1	PA
OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	OXYCODONE HCL	1	PA
OXYCODONE 5 MG/5 ML ORAL SOLUTION	OXYCODONE HCL	1	PA
OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	OXYCODONE HCL/ACETAMINOPHEN	1	PA
OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	OXYCODONE HCL/ACETAMINOPHEN	1	PA
OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	OXYCODONE HCL/ACETAMINOPHEN	1	PA
OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	OXYCODONE HCL/ACETAMINOPHEN	1	PA
OXYMORPHONE 5 MG TABLET	OXYMORPHONE HCL	2	PA
OXYMORPHONE 10 MG TABLET	OXYMORPHONE HCL	2	PA
OXYMORPHONE ER 5 MG TABLET	OXYMORPHONE HCL	2	PA
OXYMORPHONE ER 7.5 MG TABLET	OXYMORPHONE HCL	2	PA
OXYMORPHONE ER 10 MG TABLET	OXYMORPHONE HCL	2	PA
OXYMORPHONE ER 15 MG TABLET	OXYMORPHONE HCL	2	PA

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Nombre del medicamento	Nombre genérico	Nivel	Notas
OXYMORPHONE ER 20 MG TABLET	OXYMORPHONE HCL	2	PA
OXYMORPHONE ER 30 MG TABLET	OXYMORPHONE HCL	2	PA
OXYMORPHONE ER 40 MG TABLET	OXYMORPHONE HCL	2	PA
OZEMPIC 0.25-0.5 MG/DOSE PEN INJECTOR	SEMAGLUTIDE	2	PA, QL
OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN INJECTOR	SEMAGLUTIDE	2	PA, QL
OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR	SEMAGLUTIDE	2	PA, QL
PACERONE 200 MG TABLET	AMIODARONE HCL	1	
PALIPERIDONE ER 1.5 MG TABLET	PALIPERIDONE	3	
PALIPERIDONE ER 3 MG TABLET	PALIPERIDONE	3	
PALIPERIDONE ER 6 MG TABLET	PALIPERIDONE	3	
PALIPERIDONE ER 9 MG TABLET	PALIPERIDONE	3	
PANCREAZE DR 2,600 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
PANCREAZE DR 4,200 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
PANCREAZE DR 10,500 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
PANCREAZE DR 16,800 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
PANCREAZE DR 21,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
PANCREAZE DR 37,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
PANDA MASK LARGE	INHALER,ASSIST DEVICE,ACCESORY	2	QL
PANDA MASK MEDIUM	INHALER,ASSIST DEVICE,ACCESORY	2	QL
PANDA MASK SMALL	INHALER,ASSIST DEVICE,ACCESORY	2	QL
PANRETIN 0.1% GEL	ALITRETINOIN	4	SRX
PANTOPRAZOLE DR 20 MG TABLET	PANTOPRAZOLE SODIUM	1	QL
PANTOPRAZOLE DR 40 MG TABLET	PANTOPRAZOLE SODIUM	1	QL
PARADIGM RESERVOIR 1.8 ML	INSULIN PUMP SYRINGE, 1.8 ML	2	
PARADIGM RESERVOIR 3 ML	INSULIN PUMP SYRINGE, 3 ML	2	
PARAGARD T 380-A IUD	COPPER	1	LDD, SRX
PARICALCITOL 1 MCG CAPSULE	PARICALCITOL	1	SRX
PARICALCITOL 2 MCG CAPSULE	PARICALCITOL	1	SRX
PARICALCITOL 4 MCG CAPSULE	PARICALCITOL	1	SRX
PAROEX 0.12% ORAL RINSE	CHLORHEXIDINE GLUCONATE	1	
PAROXETINE 10 MG TABLET	PAROXETINE HCL	1	QL
PAROXETINE 20 MG TABLET	PAROXETINE HCL	1	QL
PAROXETINE 30 MG TABLET	PAROXETINE HCL	1	QL
PAROXETINE 40 MG TABLET	PAROXETINE HCL	1	QL
PAROXETINE MESYLATE 7.5 MG CAPSULE	PAROXETINE MESYLATE	2	QL
PASER GRANULES 4 GM PACKET	AMINOSALICYLIC ACID	3	
PAXLOVID 150-100 MG DOSE PACK	NIRMATRELVIR/RITONAVIR	3	QL
PAXLOVID 300-100 MG DOSE PACK	NIRMATRELVIR/RITONAVIR	3	QL
PAZOPANIB 200 MG TABLET	PAZOPANIB HCL	4	PA, QL, SRX
PC UNIFINE PENTIP NEEDLE 6MM	PEN NEEDLE, DIABETIC	2	
PC UNIFINE PENTIP NEEDLE 8MM	PEN NEEDLE, DIABETIC	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
PC UNIFINE PENTIP NEEDLE 12MM	PEN NEEDLE, DIABETIC	2	
PEAK-AIR PEAK FLOW METER	PEAK FLOW METER	2	
PEDIARIX 0.5 ML SYRINGE	HEP B VACCINE/DP(A)T-POLIO/PF	2	
PEDIATRIC MEDIUM MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
PEDIATRIC MOUTHPIECE	INHALER,ASSIST DEVICE,ACCESORY	2	QL
PEDIATRIC PANDA MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
PEDIATRIC SMALL MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
PEDVAXHIB VACCINE VIAL	HAEMPH B POLYSAC CONJ-MENIN/PF	2	
PEG 3350-ELECTROLYTE ORAL SOLUTION	SODIUM CHLORIDE/NAHCO3/KCL/PEG	1	
PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	PEG3350/SOD SUL/NACL/KCL/ASB/C	1	
PEG-3350 AND ELECTROLYTES ORAL SOLUTION	PEG3350/SOD SULF,BICARB,CL/KCL	1	
PEGASYS 180 MCG/0.5 ML SYRINGE	PEGINTERFERON ALFA-2A	4	PA, SRX
PEGASYS 180 MCG/ML VIAL	PEGINTERFERON ALFA-2A	4	PA, SRX
PEG-PREP KIT	BISAC/NACL/NAHCO3/KCL/PEG 3350	1	
PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 30G 5/16"	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 30G 5MM	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 30G 8MM	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 32G 3/16"	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 32G 1/4"	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
PENBRAYA KIT	MENING A,C,Y,W COMP/N.MEN B/PF	2	
PENCICLOVIR 1% CREAM	PENCICLOVIR	3	PA, QL
PENICILLAMINE 250 MG TABLET	PENICILLAMINE	4	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML ORAL SOLUTION	PENICILLIN V POTASSIUM	1	
PENICILLIN VK 250 MG/5 ML ORAL SOLUTION	PENICILLIN V POTASSIUM	1	
PENICILLIN VK 250 MG TABLET	PENICILLIN V POTASSIUM	1	
PENICILLIN VK 500 MG TABLET	PENICILLIN V POTASSIUM	1	
PENTACEL VIAL KIT	DIPHT,PERT(A),TET-POLIO/HIB/PF	2	
PENTAMIDINE 300 MG INHALATION POWDER	PENTAMIDINE ISETHIONATE	2	
PENTAZOCINE-NALOXONE TABLET	PENTAZOCINE HCL/NALOXONE HCL	1	PA
PENTIPS PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
PENTIPS PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 32G 1/4"	PEN NEEDLE, DIABETIC	2	
PENTIPS PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
PENTOXIFYLLINE ER 400 MG TABLET	PENTOXIFYLLINE	1	
PERFECT POINT NEEDLE 25G 1"	NEEDLES, SAFETY	2	
PERINDOPRIL 2 MG TABLET	PERINDOPRIL ERBUMINE	1	
PERINDOPRIL 4 MG TABLET	PERINDOPRIL ERBUMINE	1	
PERINDOPRIL 8 MG TABLET	PERINDOPRIL ERBUMINE	1	
PERIOGARD 0.12% ORAL RINSE	CHLORHEXIDINE GLUCONATE	1	
PERMETHRIN 5% CREAM	PERMETHRIN	1	
PERPHENAZINE 2 MG TABLET	PERPHENAZINE	1	
PERPHENAZINE 4 MG TABLET	PERPHENAZINE	1	
PERPHENAZINE 8 MG TABLET	PERPHENAZINE	1	
PERPHENAZINE 16 MG TABLET	PERPHENAZINE	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	PERPHENAZINE/AMITRIPTYLINE HCL	1	
PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	PERPHENAZINE/AMITRIPTYLINE HCL	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	PERPHENAZINE/AMITRIPTYLINE HCL	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	PERPHENAZINE/AMITRIPTYLINE HCL	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	PERPHENAZINE/AMITRIPTYLINE HCL	1	
PERSONAL BEST PEAK FLOW METER	PEAK FLOW METER	2	
PFIZER COVID (6M-4Y) EUA	COVID VAC 24-25(6M-4Y)(PFI)/PF	2	
PFIZER COVID (5-11Y) EUA	COVID VAC 24-25(5-11Y)(PFI)/PF	2	
PFIZER COVID (6M-4Y) VACCINE - MAROON	COVID-19 VAC, TRIS(PFIZER)/PF	2	
PFIZER COVID (5-11Y) VACCINE - ORANGE	COVID-19 VAC, TRIS(PFIZER)/PF	2	
PFIZER COVID (12Y UP) VACCINE - GRAY	COVID-19 VAC, TRIS(PFIZER)/PF	2	
PFIZER COVID BIVAL (6MO-4Y) EUA	COVID-19 VAC, BV (PFIZER)/PF	2	
PFIZER COVID BIVAL (5-11YR) EUA	COVID-19 VAC, BV (PFIZER)/PF	2	
PFIZER COVID BIVAL (12Y UP) EUA	COVID-19 VAC, BV (PFIZER)/PF	2	
PFIZER COVID-19 VACCINE - PURPLE	COVID-19 VACC, MRNA(PFIZER)/PF	2	
PHASEAL PROTECTOR 14	TRANSFER DEVICE, CLOSED SYSTEM	2	
PHASEAL PROTECTOR 21	TRANSFER DEVICE, CLOSED SYSTEM	2	
PHASEAL PROTECTOR 28	TRANSFER DEVICE, CLOSED SYSTEM	2	
PHASEAL PROTECTOR 50	TRANSFER DEVICE, CLOSED SYSTEM	2	
PHENAZOPYRIDINE 100 MG TABLET	PHENAZOPYRIDINE HCL	1	
PHENAZOPYRIDINE 200 MG TABLET	PHENAZOPYRIDINE HCL	1	

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PHENELZINE 15 MG TABLET	PHENELZINE SULFATE	1	
PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	PHENOBARBITAL	1	
PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	PHENOBARBITAL	1	
PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	PHENOBARBITAL	1	
PHENOBARBITAL 30 MG TABLET	PHENOBARBITAL	1	
PHENOBARBITAL 15 MG TABLET	PHENOBARBITAL	1	
PHENOBARBITAL 16.2 MG TABLET	PHENOBARBITAL	1	
PHENOBARBITAL 32.4 MG TABLET	PHENOBARBITAL	1	
PHENOBARBITAL 60 MG TABLET	PHENOBARBITAL	1	
PHENOBARBITAL 64.8 MG TABLET	PHENOBARBITAL	1	
PHENOBARBITAL 97.2 MG TABLET	PHENOBARBITAL	1	
PHENOBARBITAL 100 MG TABLET	PHENOBARBITAL	1	
PHENOXYBENZAMINE 10 MG CAPSULE	PHENOXYBENZAMINE HCL	4	
PHENYLEPHRINE 2.5% EYE DROPS	PHENYLEPHRINE HCL	1	
PHENYLEPHRINE 10% EYE DROPS	PHENYLEPHRINE HCL	1	
PHENYTOIN 50 MG CHEWABLE TABLET	PHENYTOIN	1	
PHENYTOIN 50 MG INFATAB CHEW	PHENYTOIN	1	
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	PHENYTOIN	1	
PHENYTOIN 125 MG/5 ML ORAL SUSPENSION	PHENYTOIN	1	
PHENYTOIN SODIUM EXT 100 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	1	
PHENYTOIN SODIUM EXT 200 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	1	
PHENYTOIN SODIUM EXT 300 MG CAPSULE	PHENYTOIN SODIUM EXTENDED	1	
PHEXXI 1.8-1-0.4% VAGINAL GEL	LACTIC ACID/CITRIC/POTASSIUM	1	
PHILITH 0.4-0.035 MG TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
PHYSIOSOL IRRIGATION SOLUTION	PHYSIOLOGICAL IRRIG SOLN NO.1	3	
PHYTONADIONE 5 MG TABLET	PHYTONADIONE (VIT K1)	3	
PIKO 1 FLOW METER	PEAK FLOW METER	2	
PILOCARPINE 1% EYE DROPS	PILOCARPINE HCL	1	
PILOCARPINE 2% EYE DROPS	PILOCARPINE HCL	1	
PILOCARPINE 4% EYE DROPS	PILOCARPINE HCL	1	
PILOCARPINE 5 MG TABLET	PILOCARPINE HCL	1	
PILOCARPINE 7.5 MG TABLET	PILOCARPINE HCL	1	
PIMECROLIMUS 1% CREAM	PIMECROLIMUS	3	
PIMOZIDE 1 MG TABLET	PIMOZIDE	1	
PIMOZIDE 2 MG TABLET	PIMOZIDE	1	
PIMTREA 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	1	
PINDOLOL 5 MG TABLET	PINDOLOL	1	
PINDOLOL 10 MG TABLET	PINDOLOL	1	
PIOGLITAZONE 15 MG TABLET	PIOGLITAZONE HCL	1	
PIOGLITAZONE 30 MG TABLET	PIOGLITAZONE HCL	1	
PIOGLITAZONE 45 MG TABLET	PIOGLITAZONE HCL	1	

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PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	PIOGLITAZONE HCL/GLIMEPIRIDE	1	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	PIOGLITAZONE HCL/GLIMEPIRIDE	1	
PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	PIOGLITAZONE HCL/METFORMIN HCL	1	
PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	PIOGLITAZONE HCL/METFORMIN HCL	1	
PIP GLUCOSE L1-L2 CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
PIP PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
PIP PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
PIRFENIDONE 267 MG CAPSULE	PIRFENIDONE	4	PA, SRX
PIRFENIDONE 267 MG TABLET	PIRFENIDONE	4	PA, SRX
PIRFENIDONE 801 MG TABLET	PIRFENIDONE	4	PA, SRX
PIRMELLA 1-35 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
PIRMELLA 7-7-7-28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
PIROXICAM 10 MG CAPSULE	PIROXICAM	1	
PIROXICAM 20 MG CAPSULE	PIROXICAM	1	
PLAN B ONE-STEP 1.5 MG TABLET	LEVONORGESTREL	3	
PNEUMOVAX 23 SYRINGE	PNEUMOCOCCAL 23-VAL P-SAC VAC	2	
PNEUMOVAX 23 VIAL	PNEUMOCOCCAL 23-VAL P-SAC VAC	2	
PNV 29-1 TABLET	PRENATAL VIT,CALC76/IRON/FOLIC	1	
PNV PRENATAL PLUS MULTIVITAMIN TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	1	
PNV-DHA + DOCUSATE SOFTGEL	PNV 66/IRON/FOLIC/DOCUSATE/DHA	1	
PNV-DHA SOFTGEL	MULTIVIT 47/IRON/FOLATE 1/DHA	1	
PNV-OMEGA SOFTGEL	MV-MINS 71/IRON/FOLIC NO.1/DHA	1	
PNV-SELECT TABLET	PRENATAL,CALC.40/IRON/FOLATE 1	1	
POCKET CHAMBER	INHALER, ASSIST DEVICES	2	QL
POCKET PEAK FLOW METER	PEAK FLOW METER	2	
PODOFILOX 0.5% TOPICAL SOLUTION	PODOFILOX	1	
POLY HUB NEEDLE 18G 1"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 18G 1.5"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 21G 1"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 21G 1.5"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 22G 1"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 22G 1.5"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 23G 1"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 23G 1.5"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 25G 1"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 25G 1.5"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 25G 5/8"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 27G 1.25"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 27G 1/2"	NEEDLES, DISPOSABLE	2	
POLY HUB NEEDLE 30G 1/2"	NEEDLES, DISPOSABLE	2	
POLYCIN EYE OINTMENT	BACITRACIN/POLYMYXIN B SULFATE	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
POLYMYXIN B-TMP EYE DROPS	POLYMYXIN B SULF/TRIMETHOPRIM	1	
POMALYST 1 MG CAPSULE	POMALIDOMIDE	4	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	POMALIDOMIDE	4	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	POMALIDOMIDE	4	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	POMALIDOMIDE	4	PA, QL, LDD, SRX
PORTIA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
POSACONAZOLE 200 MG/5 ML ORAL SUSPENSION	POSACONAZOLE	3	
POSACONAZOLE DR 100 MG TABLET	POSACONAZOLE	3	QL
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE 20 MEQ PACKET	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE ER 8 MEQ TABLET	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE ER 10 MEQ TABLET	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE ER 15 MEQ TABLET	POTASSIUM CHLORIDE	1	
POTASSIUM CHLORIDE ER 20 MEQ TABLET	POTASSIUM CHLORIDE	1	
POTASSIUM CITRATE ER 5 MEQ TABLET	POTASSIUM CITRATE	1	
POTASSIUM CITRATE ER 10 MEQ TABLET	POTASSIUM CITRATE	1	
POTASSIUM CITRATE ER 15 MEQ TABLET	POTASSIUM CITRATE	1	
POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	POTASSIUM IODIDE	3	
PR NATAL 400 COMBO PACK	PRENATAL 53/IRON/FOLIC AC/OMG3	1	
PR NATAL 430 COMBO PACK	PRENATAL 54/IRON/FOLIC AC/OMG3	1	
PR NATAL 400 EC COMBO PACK	PNV19/IRON BG,S.P/FOLIC AC/OM3	1	
PR NATAL 430 EC COMBO PACK	PRENATAL VIT 55/IRON/FOLIC/OM3	1	
PRAMIPEXOLE 0.125 MG TABLET	PRAMIPEXOLE DI-HCL	1	
PRAMIPEXOLE 0.25 MG TABLET	PRAMIPEXOLE DI-HCL	1	
PRAMIPEXOLE 0.5 MG TABLET	PRAMIPEXOLE DI-HCL	1	
PRAMIPEXOLE 0.75 MG TABLET	PRAMIPEXOLE DI-HCL	1	
PRAMIPEXOLE 1 MG TABLET	PRAMIPEXOLE DI-HCL	1	
PRAMIPEXOLE 1.5 MG TABLET	PRAMIPEXOLE DI-HCL	1	
PRAMIPEXOLE ER 0.375 MG TABLET	PRAMIPEXOLE DI-HCL	2	
PRAMIPEXOLE ER 0.75 MG TABLET	PRAMIPEXOLE DI-HCL	2	
PRAMIPEXOLE ER 1.5 MG TABLET	PRAMIPEXOLE DI-HCL	2	
PRAMIPEXOLE ER 2.25 MG TABLET	PRAMIPEXOLE DI-HCL	2	
PRAMIPEXOLE ER 3 MG TABLET	PRAMIPEXOLE DI-HCL	2	
PRAMIPEXOLE ER 3.75 MG TABLET	PRAMIPEXOLE DI-HCL	2	
PRAMIPEXOLE ER 4.5 MG TABLET	PRAMIPEXOLE DI-HCL	2	
PRAMOSONE 1% LOTION	HYDROCORTISONE/PRAMOXINE	3	
PRAMOSONE 2.5%-1% LOTION	HYDROCORTISONE/PRAMOXINE	3	

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PRAMOSONE 1%-1% OINTMENT	HYDROCORTISONE/PRAMOXINE	3	
PRAMOSONE 2.5%-1% OINTMENT	HYDROCORTISONE/PRAMOXINE	3	
PRASUGREL 5 MG TABLET	PRASUGREL HCL	1	
PRASUGREL 10 MG TABLET	PRASUGREL HCL	1	
PRAVASTATIN 10 MG TABLET	PRAVASTATIN SODIUM	1	
PRAVASTATIN 20 MG TABLET	PRAVASTATIN SODIUM	1	
PRAVASTATIN 40 MG TABLET	PRAVASTATIN SODIUM	1	
PRAVASTATIN 80 MG TABLET	PRAVASTATIN SODIUM	1	
PRAZIQUANTEL 600 MG TABLET	PRAZIQUANTEL	3	
PRAZOSIN 1 MG CAPSULE	PRAZOSIN HCL	1	
PRAZOSIN 2 MG CAPSULE	PRAZOSIN HCL	1	
PRAZOSIN 5 MG CAPSULE	PRAZOSIN HCL	1	
PRECISION XTRA MONITOR	BLOOD GLUCOSE METER	1	
PRECISION XTRA TEST STRIP	BLOOD SUGAR DIAGNOSTIC	2	
PREDNICARBATE 0.1% CREAM	PREDNICARBATE	1	
PREDNICARBATE 0.1% OINTMENT	PREDNICARBATE	1	
PREDNISOLONE 1% EYE DROPS	PREDNISOLONE SODIUM PHOSPHATE	1	
PREDNISOLONE 10 MG ODT TABLET	PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE 15 MG ODT TABLET	PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE 30 MG ODT TABLET	PREDNISOLONE SODIUM PHOSPHATE	2	
PREDNISOLONE 5 MG/5 ML ORAL SOLUTION	PREDNISOLONE SODIUM PHOSPHATE	1	
PREDNISOLONE 15 MG/5 ML ORAL SOLUTION	PREDNISOLONE SODIUM PHOSPHATE	1	
PREDNISOLONE 25 MG/5 ML ORAL SOLUTION	PREDNISOLONE SODIUM PHOSPHATE	1	
PREDNISOLONE AC 1% EYE DROPS	PREDNISOLONE ACETATE	1	
PREDNISONE 5 MG/5 ML ORAL SOLUTION	PREDNISONE	1	
PREDNISONE 1 MG TABLET	PREDNISONE	1	
PREDNISONE 2.5 MG TABLET	PREDNISONE	1	
PREDNISONE 5 MG TABLET	PREDNISONE	1	
PREDNISONE 10 MG TABLET	PREDNISONE	1	
PREDNISONE 20 MG TABLET	PREDNISONE	1	
PREDNISONE 50 MG TABLET	PREDNISONE	1	
PREDNISONE 5 MG TABLET DOSE PACK	PREDNISONE	1	
PREDNISONE 10 MG TABLET DOSE PACK	PREDNISONE	1	
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	PREDNISONE	2	
PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
PREF PLUS SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PREF PLUS SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
PREFERRED PLUS SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
PREFERRED PLUS SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PREFERRED PLUS SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PREFERRED PLUS SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	

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PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
PREGABALIN 25 MG CAPSULE	PREGABALIN	1	QL
PREGABALIN 50 MG CAPSULE	PREGABALIN	1	QL
PREGABALIN 75 MG CAPSULE	PREGABALIN	1	QL
PREGABALIN 100 MG CAPSULE	PREGABALIN	1	QL
PREGABALIN 150 MG CAPSULE	PREGABALIN	1	QL
PREGABALIN 200 MG CAPSULE	PREGABALIN	1	QL
PREGABALIN 225 MG CAPSULE	PREGABALIN	1	QL
PREGABALIN 300 MG CAPSULE	PREGABALIN	1	QL
PREGABALIN 20 MG/ML ORAL SOLUTION	PREGABALIN	1	QL
PREHEVBRIO 10 MCG/ML VIAL	HEPATITIS B VIRUS VAC S,M,L/PF	2	
PREMARIN 0.3 MG TABLET	ESTROGENS, CONJUGATED	3	
PREMARIN 0.45 MG TABLET	ESTROGENS, CONJUGATED	3	
PREMARIN 0.625 MG TABLET	ESTROGENS, CONJUGATED	3	
PREMARIN 0.9 MG TABLET	ESTROGENS, CONJUGATED	3	
PREMARIN 1.25 MG TABLET	ESTROGENS, CONJUGATED	3	
PRENA1 TRUE COMBO PACK	PRENATAL 105/IRON/FOLIC AC/DHA	1	
PRENAISSANCE CAPSULE	PNV 80/IRON FUM/FOLIC/DSS/DHA	1	
PRENAISSANCE PLUS SOFTGEL	PNV 69/IRON/FOLIC/DOCUSATE/DHA	1	
PRENATAL 19 CHEWABLE TABLET	PNV NO.118/IRON FUMARATE/FA	1	
PRENATAL 19 TABLET	PNV 119/IRON FUM/FOLIC ACID	1	
PRENATAL PLUS IRON TABLET	PNV,CALCIUM 72/IRON,CARB/FOLIC	1	
PRENATAL PLUS VITAMIN-MINERAL TABLET	PRENATAL VIT NO.180/IRON/FOLIC	1	
PRENATAL PLUS-DHA COMBO PACK	PRENATAL72/IRON FUM/FA/OM3/DHA	1	
PRENATAL VITAMIN PLUS LOW IRON TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	1	
PRENATAL-U CAPSULE	MULTIVIT NO.51/IRON/FOLIC ACID	1	
PREVALITE PACKET	CHOLESTYRAMINE/ASPARTAME	1	
PREVALITE POWDER	CHOLESTYRAMINE/ASPARTAME	1	
PREVENT PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC, SAFETY	2	
PREVENT PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC, SAFETY	2	
PREVNAR 20 SYRINGE	PNEUMOC 20-VAL CONJ-DIP CRM/PF	2	
PREVYMIS 20 MG PELLET PACKET	LETERMOVIR	3	PA, QL, SRX
PREVYMIS 120 MG PELLET PACKET	LETERMOVIR	3	PA, QL, SRX
PREVYMIS 240 MG TABLET	LETERMOVIR	3	PA, QL, SRX
PREVYMIS 480 MG TABLET	LETERMOVIR	3	PA, QL, SRX
PREZCOBIX 800 MG-150 MG TABLET	DARUNAVIR/COBICISTAT	2	SRX
PREZISTA 75 MG TABLET	DARUNAVIR	2	SRX
PREZISTA 150 MG TABLET	DARUNAVIR	2	SRX
PREZISTA 100 MG/ML ORAL SUSPENSION	DARUNAVIR	2	SRX
PRIFTIN 150 MG TABLET	RIFAPENTINE	3	
PRIMAQUINE 26.3 MG TABLET	PRIMAQUINE PHOSPHATE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
PRIMEAIRE CHAMBER	INHALER, ASSIST DEVICES	2	QL
PRIMIDONE 250 MG TABLET	PRIMIDONE	1	
PRIMIDONE 50 MG TABLET	PRIMIDONE	1	
PRIMSOL 50 MG/5 ML ORAL SOLUTION	TRIMETHOPRIM	3	
PRIORIX VIAL	MEASLES,MUMPS,RUBELLA VACC/PF	2	
PRO COMFORT PEN NEEDLE 32G 1/4"	PEN NEEDLE, DIABETIC	2	
PRO COMFORT PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
PRO COMFORT PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
PRO COMFORT PEN NEEDLE 32G 5MM	PEN NEEDLE, DIABETIC	2	
PRO COMFORT SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PRO COMFORT SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PRO COMFORT SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PRO COMFORT SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
PRO COMFORT SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
PRO COMFORT SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
PRO COMFORT SPACER-ADULT MASK	INHALER,ASSIST DEVICE,LG MASK	2	QL
PRO COMFORT SPACER-CHILD MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
PRO COMFORT SPACER-INFANT MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
PROBENECID 500 MG TABLET	PROBENECID	1	
PROBENECID-COLCHICINE TABLET	PROBENECID/COLCHICINE	1	
PROCARE SPACER WITH ADULT MASK	INHALER,ASSIST DEVICE,LG MASK	2	QL
PROCARE SPACER WITH CHILD MASK	INHALER,ASSIST DEVICE,MED MASK	2	QL
PROCENTRA 5 MG/5 ML ORAL SOLUTION	DEXTROAMPHETAMINE SULFATE	1	QL
PROCHAMBER HOLDING CHAMBER	INHALER, ASSIST DEVICES	2	QL
PROCHLORPERAZINE 25 MG SUPPOSITORY	PROCHLORPERAZINE	2	
PROCHLORPERAZINE 5 MG TABLET	PROCHLORPERAZINE MALEATE	1	
PROCHLORPERAZINE 10 MG TABLET	PROCHLORPERAZINE MALEATE	1	
PROCTO-MED HC 2.5% CREAM	HYDROCORTISONE	1	
PROCTOSOL-HC 2.5% CREAM	HYDROCORTISONE	1	
PROCTOZONE-HC 2.5% CREAM	HYDROCORTISONE	1	
PRODIGY CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
PRODIGY INSULIN SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
PRODIGY LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
PRODIGY SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
PRODIGY SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PROGESTERONE 100 MG CAPSULE	PROGESTERONE, MICRONIZED	1	
PROGESTERONE 200 MG CAPSULE	PROGESTERONE, MICRONIZED	1	
PROGRAF 0.2 MG GRANULE PACKET	TACROLIMUS	3	SRX
PROGRAF 1 MG GRANULE PACKET	TACROLIMUS	3	SRX
PROMETHAZINE 12.5 MG SUPPOSITORY	PROMETHAZINE HCL	2	
PROMETHAZINE 25 MG SUPPOSITORY	PROMETHAZINE HCL	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
PROMETHAZINE 12.5 MG/10 ML SYRUP	PROMETHAZINE HCL	1	
PROMETHAZINE 12.5 MG TABLET	PROMETHAZINE HCL	1	
PROMETHAZINE 25 MG TABLET	PROMETHAZINE HCL	1	
PROMETHAZINE 50 MG TABLET	PROMETHAZINE HCL	1	
PROMETHAZINE 6.25 MG/5 ML SYRUP	PROMETHAZINE HCL	1	
PROMETHAZINE VC-CODEINE SYRUP	PROMETHAZINE/PHENYLEPH/CODEINE	1	QL
PROMETHAZINE-CODEINE ORAL SOLUTION	PROMETHAZINE HCL/CODEINE	1	QL
PROMETHAZINE-CODEINE SYRUP	PROMETHAZINE HCL/CODEINE	1	QL
PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	PROMETHAZINE/DEXTROMETHORPHAN	1	
PROMETHAZINE-PE 6.25-5 MG/5 ML SYRUP	PHENYLEPHRINE HCL/PROMETH HCL	1	
PROMETHAZINE-PE-CODEINE SYRUP	PROMETHAZINE/PHENYLEPH/CODEINE	1	QL
PROMETHAZINE-PHENYLEPHRINE SYRUP	PHENYLEPHRINE HCL/PROMETH HCL	1	
PROMETHEGAN 12.5 MG SUPPOSITORY	PROMETHAZINE HCL	2	
PROMETHEGAN 25 MG SUPPOSITORY	PROMETHAZINE HCL	2	
PROMETHEGAN 50 MG SUPPOSITORY	PROMETHAZINE HCL	2	
PROPAFENONE 150 MG TABLET	PROPAFENONE HCL	1	
PROPAFENONE 225 MG TABLET	PROPAFENONE HCL	1	
PROPAFENONE 300 MG TABLET	PROPAFENONE HCL	1	
PROPAFENONE ER 225 MG CAPSULE	PROPAFENONE HCL	1	
PROPAFENONE ER 325 MG CAPSULE	PROPAFENONE HCL	1	
PROPAFENONE ER 425 MG CAPSULE	PROPAFENONE HCL	1	
PROPARACAINE 0.5% EYE DROPS	PROPARACAINE HCL	1	
PROPRANOLOL 20 MG/5 ML ORAL SOLUTION	PROPRANOLOL HCL	1	
PROPRANOLOL 40 MG/5 ML ORAL SOLUTION	PROPRANOLOL HCL	1	
PROPRANOLOL 10 MG TABLET	PROPRANOLOL HCL	1	
PROPRANOLOL 20 MG TABLET	PROPRANOLOL HCL	1	
PROPRANOLOL 40 MG TABLET	PROPRANOLOL HCL	1	
PROPRANOLOL 60 MG TABLET	PROPRANOLOL HCL	1	
PROPRANOLOL 80 MG TABLET	PROPRANOLOL HCL	1	
PROPRANOLOL ER 60 MG CAPSULE	PROPRANOLOL HCL	1	
PROPRANOLOL ER 80 MG CAPSULE	PROPRANOLOL HCL	1	
PROPRANOLOL ER 120 MG CAPSULE	PROPRANOLOL HCL	1	
PROPRANOLOL ER 160 MG CAPSULE	PROPRANOLOL HCL	1	
PROPRANOLOL-HCTZ 40-25 MG TABLET	PROPRANOLOL/HYDROCHLOROTHIAZID	1	
PROPRANOLOL-HCTZ 80-25 MG TABLET	PROPRANOLOL/HYDROCHLOROTHIAZID	1	
PROPYLTHIOURACIL 50 MG TABLET	PROPYLTHIOURACIL	1	
PROQUAD VIAL	MEASLES,MUMPS,RUB,VARICELLA/PF	2	
PROTRIPTYLINE 5 MG TABLET	PROTRIPTYLINE HCL	3	
PROTRIPTYLINE 10 MG TABLET	PROTRIPTYLINE HCL	3	
PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
PUB INSULIN SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PUB INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
PUB INSULIN SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
PUB INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
PUB PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
PUB PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
PUB PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
PUB UNIFINE PENTIP PLUS 31G 3/16"	PEN NEEDLE, DIABETIC	2	
PULMOSAL 7% VIAL	SODIUM CHLORIDE FOR INHALATION	1	
PULMOZYME 1 MG/ML AMPULE	DORNASE ALFA	4	PA, SRX
PURE COMFORT PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
PURE COMFORT PEN NEEDLE 32G 5MM	PEN NEEDLE, DIABETIC	2	
PURE COMFORT PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
PURE COMFORT PEN NEEDLE 32G 8MM	PEN NEEDLE, DIABETIC	2	
PURE COMFORT SAFETY PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
PURE COMFORT SAFETY PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC, SAFETY	2	
PURE COMFORT SAFETY PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC, SAFETY	2	
PURE COMFORT SPACER-ADULT MASK	INHALER,ASSIST DEVICE,LG MASK	2	QL
PURECOMFORT PEAK FLOW METER ADULT	PEAK FLOW METER	2	
PURECOMFORT PEAK FLOW METER CHILD	PEAK FLOW METER	2	
PURIXAN 20 MG/ML ORAL SUSPENSION	MERCAPTOPURINE	4	PA, LDD, SRX
PV UNIFINE PENTIP PLUS 31G 5MM	PEN NEEDLE, DIABETIC	2	
PV UNIFINE PENTIP PLUS 31G 6MM	PEN NEEDLE, DIABETIC	2	
PV UNIFINE PENTIP PLUS 31G 8MM	PEN NEEDLE, DIABETIC	2	
PV UNIFINE PENTIP PLUS 32G 4MM	PEN NEEDLE, DIABETIC	2	
PV UNIFINE PENTIP PLUS 33G 4MM	PEN NEEDLE, DIABETIC	2	
PYRAZINAMIDE 500 MG TABLET	PYRAZINAMIDE	1	
PYRIDOSTIGMINE 60 MG TABLET	PYRIDOSTIGMINE BROMIDE	3	
PYRIDOSTIGMINE 60 MG/5 ML ORAL SOLUTION	PYRIDOSTIGMINE BROMIDE	4	PA
PYRIDOSTIGMINE ER 180 MG TABLET	PYRIDOSTIGMINE BROMIDE	3	
PYRIMETHAMINE 25 MG TABLET	PYRIMETHAMINE	4	PA, SRX
QC UNIFINE PENTIP 32G 4MM	PEN NEEDLE, DIABETIC	2	
QC UNIFINE PENTIP 32G 5/32"	PEN NEEDLE, DIABETIC	2	
QUADRACEL DTAP-IPV SYRINGE	DIPH,PERTUS(ACEL),TET,POLIO/PF	2	
QUADRACEL DTAP-IPV VIAL	DIPH,PERTUS(ACEL),TET,POLIO/PF	2	
QUAZEPAM 15 MG TABLET	QUAZEPAM	3	PA
QUETIAPINE 25 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE 50 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE 100 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE 200 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE 300 MG TABLET	QUETIAPINE FUMARATE	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
QUETIAPINE 400 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE ER 50 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE ER 150 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE ER 200 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE ER 300 MG TABLET	QUETIAPINE FUMARATE	1	
QUETIAPINE ER 400 MG TABLET	QUETIAPINE FUMARATE	1	
QUINAPRIL 5 MG TABLET	QUINAPRIL HCL	1	
QUINAPRIL 10 MG TABLET	QUINAPRIL HCL	1	
QUINAPRIL 20 MG TABLET	QUINAPRIL HCL	1	
QUINAPRIL 40 MG TABLET	QUINAPRIL HCL	1	
QUINAPRIL-HCTZ 10-12.5 MG TABLET	QUINAPRIL/HYDROCHLOROTHIAZIDE	1	
QUINAPRIL-HCTZ 20-12.5 MG TABLET	QUINAPRIL/HYDROCHLOROTHIAZIDE	1	
QUINAPRIL-HCTZ 20-25 MG TABLET	QUINAPRIL/HYDROCHLOROTHIAZIDE	1	
QUINIDINE GLUCONATE ER 324 MG TABLET	QUINIDINE GLUCONATE	2	
QUINIDINE SULFATE 200 MG TABLET	QUINIDINE SULFATE	1	
QUINIDINE SULFATE 300 MG TABLET	QUINIDINE SULFATE	1	
QUININE SULFATE 324 MG CAPSULE	QUININE SULFATE	1	
QVAR REDIHALER 40 MCG	BECLOMETHASONE DIPROPIONATE	2	
QVAR REDIHALER 80 MCG	BECLOMETHASONE DIPROPIONATE	2	
RA INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
RA INSULIN SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
RA INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
RA INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
RA PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
RA PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
RABEPRAZOLE DR 20 MG TABLET	RABEPRAZOLE SODIUM	1	QL
RALOXIFENE 60 MG TABLET	RALOXIFENE HCL	1	
RAMELTEON 8 MG TABLET	RAMELTEON	2	QL
RAMIPRIL 1.25 MG CAPSULE	RAMIPRIL	1	
RAMIPRIL 2.5 MG CAPSULE	RAMIPRIL	1	
RAMIPRIL 5 MG CAPSULE	RAMIPRIL	1	
RAMIPRIL 10 MG CAPSULE	RAMIPRIL	1	
RANOLAZINE ER 1,000 MG TABLET	RANOLAZINE	3	QL
RANOLAZINE ER 500 MG TABLET	RANOLAZINE	3	QL
RASAGILINE 0.5 MG TABLET	RASAGILINE MESYLATE	1	
RASAGILINE 1 MG TABLET	RASAGILINE MESYLATE	1	
RAYA SURE PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
RAYA SURE PEN NEEDLE 31G 4MM	PEN NEEDLE, DIABETIC	2	
RAYA SURE PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
RAYA SURE PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
RECLIPSEN 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
RECOMBIVAX HB 5 MCG/0.5 ML SYRINGE	HEPATITIS B VIRUS VACCINE/PF	2	
RECOMBIVAX HB 10 MCG/ML SYRINGE	HEPATITIS B VIRUS VACCINE/PF	2	
RECOMBIVAX HB 5 MCG/0.5 ML VIAL	HEPATITIS B VIRUS VACCINE/PF	2	
RECOMBIVAX HB 10 MCG/ML VIAL	HEPATITIS B VIRUS VACCINE/PF	2	
RECOMBIVAX HB 40 MCG/ML VIAL	HEPATITIS B VIRUS VACCINE/PF	2	
REFUAH PLUS CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
RELENZA 5 MG DISKHALER	ZANAMIVIR	3	QL
RELION INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
RELION INSULIN SYRINGE 0.3 ML 31G 6MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
RELION INSULIN SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
RELION INSULIN SYRINGE 0.5 ML 31G 6MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
RELION INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
RELION TRUE METRIX AIR GLUCOSE METER	BLOOD-GLUCOSE METER	1	
RELION TRUE METRIX TEST STRIP	BLOOD SUGAR DIAGNOSTIC	2	
RELION INSULIN SYRINGE 1 ML 31G 15/64"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
RELION INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
RELION KETONE TEST STRIP	URINE ACETONE TEST STRIPS	2	
RELION MINI PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
RELION NOVOLOG 100 UNIT/ML VIAL	INSULIN ASPART	3	QL
RELION NOVOLOG MIX 70-30 FLEXPEN	INSULIN ASPART PROT/INSULN ASP	3	QL
RELION NOVOLOG MIX 70-30 VIAL	INSULIN ASPART PROT/INSULN ASP	3	QL
RELION NOVOLOG U-100 FLEXPEN	INSULIN ASPART	3	QL
RELION PEN NEEDLE 29G	PEN NEEDLE, DIABETIC	2	
RELION PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
RELION PEN NEEDLE 31G	PEN NEEDLE, DIABETIC	2	
RELION PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
RELION PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
RELION PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
RELION PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
RELION SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
RELION SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
RELISTOR 8 MG/0.4 ML SYRINGE	METHYLNALTREXONE BROMIDE	3	PA
RELISTOR 12 MG/0.6 ML SYRINGE	METHYLNALTREXONE BROMIDE	3	PA
RELISTOR 12 MG/0.6 ML VIAL	METHYLNALTREXONE BROMIDE	3	PA
RENACIDIN IRRIGATION SOLUTION	CITRIC AC/GLUCONOLACT/MAG CARB	3	
REPAGLINIDE 0.5 MG TABLET	REPAGLINIDE	1	
REPAGLINIDE 1 MG TABLET	REPAGLINIDE	1	
REPAGLINIDE 2 MG TABLET	REPAGLINIDE	1	
REPATHA 140 MG/ML SURECLICK	EVOLOCUMAB	4	
REPATHA 140 MG/ML SYRINGE	EVOLOCUMAB	4	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
REPATHA 420 MG/3.5 ML PUSHTRONEX	EVOLOCUMAB	4	
RESPA A.R. TABLET SA	PSEUDOEPHED/CHLOR-MAL/BELL ALK	3	
REVLIMID 2.5 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
REVLIMID 5 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
REVLIMID 10 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
REVLIMID 15 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
REVLIMID 20 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
REVLIMID 25 MG CAPSULE	LENALIDOMIDE	4	PA, QL, LDD, SRX
REXTOVY 4 MG NASAL SPRAY	NALOXONE HCL	2	
REYATAZ 50 MG POWDER PACKET	ATAZANAVIR SULFATE	2	SRX
REZDIFFRA 60 MG TABLET	RESMETIROM	4	PA, QL, LDD, SRX
REZDIFFRA 80 MG TABLET	RESMETIROM	4	PA, QL, LDD, SRX
REZDIFFRA 100 MG TABLET	RESMETIROM	4	PA, QL, LDD, SRX
RIBAVIRIN 200 MG CAPSULE	RIBAVIRIN	3	SRX
RIBAVIRIN 200 MG TABLET	RIBAVIRIN	3	SRX
RIFABUTIN 150 MG CAPSULE	RIFABUTIN	2	
RIFAMPIN 150 MG CAPSULE	RIFAMPIN	1	
RIFAMPIN 300 MG CAPSULE	RIFAMPIN	1	
RIGHTEST HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
RIGHTEST NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
RILUZOLE 50 MG TABLET	RILUZOLE	4	SRX
RIMANTADINE 100 MG TABLET	RIMANTADINE HCL	1	
RINVOQ ER 15 MG TABLET	UPADACITINIB	4	PA, QL, LDD, SRX
RINVOQ ER 30 MG TABLET	UPADACITINIB	4	PA, QL, LDD, SRX
RINVOQ ER 45 MG TABLET	UPADACITINIB	4	PA, QL, LDD, SRX
RINVOQ LQ 1 MG/ML SOLUTION	UPADACITINIB	4	PA, QL, LDD, SRX
RISEDRONATE 5 MG TABLET	RISEDRONATE SODIUM	2	
RISEDRONATE 30 MG TABLET	RISEDRONATE SODIUM	2	
RISEDRONATE 35 MG TABLET	RISEDRONATE SODIUM	2	
RISEDRONATE 150 MG TABLET	RISEDRONATE SODIUM	2	
RISEDRONATE DR 35 MG TABLET	RISEDRONATE SODIUM	2	
RISPERIDONE 0.25 MG ODT TABLET	RISPERIDONE	1	
RISPERIDONE 1 MG/ML ORAL SOLUTION	RISPERIDONE	1	
RISPERIDONE 0.5 MG ODT TABLET	RISPERIDONE	1	
RISPERIDONE 1 MG ODT TABLET	RISPERIDONE	1	
RISPERIDONE 2 MG ODT TABLET	RISPERIDONE	1	
RISPERIDONE 3 MG ODT TABLET	RISPERIDONE	1	
RISPERIDONE 4 MG ODT TABLET	RISPERIDONE	1	
RISPERIDONE 0.25 MG TABLET	RISPERIDONE	1	
RISPERIDONE 0.5 MG TABLET	RISPERIDONE	1	
RISPERIDONE 1 MG TABLET	RISPERIDONE	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
RISPERIDONE 2 MG TABLET	RISPERIDONE	1	
RISPERIDONE 3 MG TABLET	RISPERIDONE	1	
RISPERIDONE 4 MG TABLET	RISPERIDONE	1	
RITEFLO SPACER	INHALER, ASSIST DEVICES	2	QL
RITONAVIR 100 MG TABLET	RITONAVIR	1	SRX
RIVAROXABAN 1 MG/ML SUSPENSION	RIVAROXABAN	2	QL
RIVAROXABAN 2.5 MG TABLET	RIVAROXABAN	2	QL
RIVASTIGMINE 1.5 MG CAPSULE	RIVASTIGMINE TARTRATE	1	
RIVASTIGMINE 3 MG CAPSULE	RIVASTIGMINE TARTRATE	1	
RIVASTIGMINE 4.5 MG CAPSULE	RIVASTIGMINE TARTRATE	1	
RIVASTIGMINE 6 MG CAPSULE	RIVASTIGMINE TARTRATE	1	
RIVASTIGMINE 4.6 MG/24HR PATCH	RIVASTIGMINE	1	
RIVASTIGMINE 9.5 MG/24HR PATCH	RIVASTIGMINE	1	
RIVASTIGMINE 13.3 MG/24HR PATCH	RIVASTIGMINE	1	
RIVELSA TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
RIZATRIPTAN 5 MG ODT TABLET	RIZATRIPTAN BENZOATE	1	QL
RIZATRIPTAN 10 MG ODT TABLET	RIZATRIPTAN BENZOATE	1	QL
RIZATRIPTAN 5 MG TABLET	RIZATRIPTAN BENZOATE	1	QL
RIZATRIPTAN 10 MG TABLET	RIZATRIPTAN BENZOATE	1	QL
R-NATAL OB SOFTGEL	PNV NO.66/IRON,CARB/FOLIC/DHA	1	
ROFLUMILAST 250 MCG TABLET	ROFLUMILAST	3	QL
ROFLUMILAST 500 MCG TABLET	ROFLUMILAST	3	QL
ROPINIROLE 0.25 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE 0.5 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE 1 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE 2 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE 3 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE 4 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE 5 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE ER 2 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE ER 4 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE ER 6 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE ER 8 MG TABLET	ROPINIROLE HCL	1	
ROPINIROLE ER 12 MG TABLET	ROPINIROLE HCL	1	
ROSADAN 0.75% CREAM	METRONIDAZOLE	1	
ROSADAN 0.75% GEL	METRONIDAZOLE	1	
ROSUVASTATIN 5 MG TABLET	ROSUVASTATIN CALCIUM	1	
ROSUVASTATIN 10 MG TABLET	ROSUVASTATIN CALCIUM	1	
ROSUVASTATIN 20 MG TABLET	ROSUVASTATIN CALCIUM	1	
ROSUVASTATIN 40 MG TABLET	ROSUVASTATIN CALCIUM	1	
ROTARIX VACCINE ORAL SUSPENSION	ROTAVIRUS VAC,LIVE ATT, 89-12	2	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
ROTARIX VACCINE ORAL SYRINGE	ROTAVIRUS VAC,LIVE ATT, 89-12	2	
ROTATEQ VACCINE	ROTAVIRUS VACCINE,LIVE ORAL PV	2	
ROWEEPRA 500 MG TABLET	LEVETIRACETAM	1	
ROWEEPRA 750 MG TABLET	LEVETIRACETAM	1	
ROWEEPRA 1,000 MG TABLET	LEVETIRACETAM	1	
RUFINAMIDE 40 MG/ML ORAL SUSPENSION	RUFINAMIDE	3	PA, QL
RUFINAMIDE 200 MG TABLET	RUFINAMIDE	3	PA, QL
RUFINAMIDE 400 MG TABLET	RUFINAMIDE	3	PA, QL
RYBELSUS 1.5 MG TABLET	SEMAGLUTIDE	2	PA, QL
RYBELSUS 3 MG TABLET	SEMAGLUTIDE	2	PA, QL
RYBELSUS 4 MG TABLET	SEMAGLUTIDE	2	PA, QL
RYBELSUS 7 MG TABLET	SEMAGLUTIDE	2	PA, QL
RYBELSUS 9 MG TABLET	SEMAGLUTIDE	2	PA, QL
RYBELSUS 14 MG TABLET	SEMAGLUTIDE	2	PA, QL
SACUBITRIL-VALSARTAN 24-26 MG TABLET	SACUBITRIL/VALSARTAN	2	QL
SACUBITRIL-VALSARTAN 49-51 MG TABLET	SACUBITRIL/VALSARTAN	2	QL
SACUBITRIL-VALSARTAN 97-103 MG TABLET	SACUBITRIL/VALSARTAN	2	QL
SAFESNAP INSULIN SYRINGE 0.3 ML	SYR,NDL 0.3 ML,INS,SAFE,D.UNIT	2	
SAFESNAP INSULIN SYRINGE 0.5 ML	SYR,NDL,INS,SAFE 0.5ML,DISP UN	2	
SAFESNAP INSULIN SYRINGE 1 ML	SYR,NDL 1 ML,INS,SAFE,DISP UNT	2	
SAFETY PEN NEEDLE 31G 4MM	PEN NEEDLE, DIABETIC, SAFETY	2	
SAFETY PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
SAFETY PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
SAJAZIR 30 MG/3 ML SYRINGE	ICATIBANT ACETATE	4	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	SALICYLIC ACID	1	
SALSALATE 500 MG TABLET	SALSALATE	1	
SALSALATE 750 MG TABLET	SALSALATE	1	
SANTYL OINTMENT	COLLAGENASE CLOSTRIDIUM HIST.	3	PA, QL
SAPROPTERIN 100 MG POWDER PACKET	SAPROPTERIN DIHYDROCHLORIDE	4	PA, SRX
SAPROPTERIN 500 MG POWDER PACKET	SAPROPTERIN DIHYDROCHLORIDE	4	PA, SRX
SAPROPTERIN 100 MG TABLET	SAPROPTERIN DIHYDROCHLORIDE	4	PA, SRX
SAVAYSA 15 MG TABLET	EDOXABAN TOSYLATE	3	PA, QL
SAVAYSA 30 MG TABLET	EDOXABAN TOSYLATE	3	PA, QL
SAVAYSA 60 MG TABLET	EDOXABAN TOSYLATE	3	PA, QL
SAVELLA 12.5 MG TABLET	MILNACIPRAN HCL	3	
SAVELLA 25 MG TABLET	MILNACIPRAN HCL	3	
SAVELLA 50 MG TABLET	MILNACIPRAN HCL	3	
SAVELLA 100 MG TABLET	MILNACIPRAN HCL	3	
SAVELLA TITRATION PACK	MILNACIPRAN HCL	3	
SAXAGLIPTIN 2.5 MG TABLET	SAXAGLIPTIN HCL	1	QL
SAXAGLIPTIN 5 MG TABLET	SAXAGLIPTIN HCL	1	QL

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
SAXAGLIPTIN-METFORMIN ER 2.5-1000 MG TABLET	SAXAGLIPTIN HCL/METFORMIN HCL	1	QL
SAXAGLIPTIN-METFORMIN ER 5-500 MG TABLET	SAXAGLIPTIN HCL/METFORMIN HCL	1	QL
SAXAGLIPTIN-METFORMIN ER 5-1000 MG TABLET	SAXAGLIPTIN HCL/METFORMIN HCL	1	QL
SCOPOLAMINE 1 MG/3 DAY PATCH	SCOPOLAMINE	1	
SECURESAFE PEN NEEDLE 30G 5/16"	PEN NEEDLE, DIABETIC, SAFETY	2	
SECURESAFE SYRINGE 0.5 ML 29G 1/2"	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
SECURESAFE SYRINGE 1 ML 29G 1/2"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
SELARSDI 45 MG/0.5 ML SYRINGE	USTEKINUMAB-AEKN	4	PA, QL, SRX
SELARSDI 90 MG/ML SYRINGE	USTEKINUMAB-AEKN	4	PA, QL, SRX
SELEGILINE 5 MG CAPSULE	SELEGILINE HCL	1	
SELEGILINE 5 MG TABLET	SELEGILINE HCL	1	
SELENIUM SULFIDE 2.5% LOTION	SELENIUM SULFIDE	1	
SELENIUM SULFIDE 2.25% SHAMPOO	SELENIUM SULFIDE	1	
SE-NATAL 19 CHEWABLE TABLET	PNV NO.118/IRON FUMARATE/FA	1	
SE-NATAL 19 TABLET	PNV 119/IRON FUM/FOLIC ACID	1	
SEREVENT 50 MCG DISKUS	SALMETEROL XINAFOATE	3	QL
SERTRALINE 20 MG/ML ORAL CONCENTRATE	SERTRALINE HCL	1	QL
SERTRALINE 25 MG TABLET	SERTRALINE HCL	1	QL
SERTRALINE 50 MG TABLET	SERTRALINE HCL	1	QL
SERTRALINE 100 MG TABLET	SERTRALINE HCL	1	QL
SETLAKIN 0.15 MG-0.03 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
SEVELAMER CARBONATE 800 MG TABLET	SEVELAMER CARBONATE	3	
SF 1.1% GEL	FLUORIDE (SODIUM)	1	
SF 5000 PLUS TOOTHPASTE	FLUORIDE (SODIUM)	1	
SHAROBEL 0.35 MG TABLET	NORETHINDRONE	1	
SHINGRIX VIAL KIT	VARICELLA-ZOSTER GE/AS01B/PF	2	QL
SHOPKO UNIFINE PENTIP 29G 12MM	PEN NEEDLE, DIABETIC	2	
SHOPKO UNIFINE PENTIP 31G 5MM	PEN NEEDLE, DIABETIC	2	
SHOPKO UNIFINE PENTIP 31G 8MM	PEN NEEDLE, DIABETIC	2	
SHOPKO UNIFINE PENTIP 32G 4MM	PEN NEEDLE, DIABETIC	2	
SIDESTREAM PEDIATRIC FACE MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
SIGNIFOR 0.3 MG/ML AMPULE	PASIREOTIDE DIASPARTATE	4	PA, LDD, SRX
SIGNIFOR 0.6 MG/ML AMPULE	PASIREOTIDE DIASPARTATE	4	PA, LDD, SRX
SIGNIFOR 0.9 MG/ML AMPULE	PASIREOTIDE DIASPARTATE	4	PA, LDD, SRX
SILDENAFIL 20 MG TABLET	SILDENAFIL CITRATE	4	PA, SRX
SILHOUETTE INFUSION SET 23"	INFUSION SET FOR INSULIN PUMP	2	
SILICONE MASK-INFANT	INHALER,ASSIST DEVICE,ACCESORY	2	QL
SILICONE MASK-PEDIATRIC	NEBULIZER ACCESSORIES	2	QL
SILODOSIN 4 MG CAPSULE	SILODOSIN	1	QL
SILODOSIN 8 MG CAPSULE	SILODOSIN	1	QL
SIL-SERTER INFUSION SET	DIABETIC SUPPLIES,MISCELL	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
SILVER NITRATE 0.5% TOPICAL SOLUTION	SILVER NITRATE	1	
SILVER NITRATE 10% TOPICAL SOLUTION	SILVER NITRATE	1	
SILVER NITRATE 25% TOPICAL SOLUTION	SILVER NITRATE	1	
SILVER NITRATE 50% TOPICAL SOLUTION	SILVER NITRATE	1	
SILVER SULFADIAZINE 1% CREAM	SILVER SULFADIAZINE	1	
SIMBRINZA 1%-0.2% EYE DROPS	BRINZOLAMIDE/BRIMONIDINE TART	2	
SIMLANDI (CF) 40 MG/0.4 ML AUTO-INJECTOR	ADALIMUMAB-RYVK	4	PA, QL, SRX
SIMLANDI (CF) 20 MG/0.2 ML SYRINGE	ADALIMUMAB-RYVK	4	PA, QL, SRX
SIMLANDI (CF) 40 MG/0.4 ML SYRINGE	ADALIMUMAB-RYVK	4	PA, QL, SRX
SIMLANDI (CF) 80 MG/0.8 ML SYRINGE	ADALIMUMAB-RYVK	4	PA, QL, SRX
SIMLIYA 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	1	
SIMPESSE 0.15-0.03-0.01 MG TABLET	L-NORGEST/E.ESTRADIOL-E.ESTRAD	1	
SIMVASTATIN 5 MG TABLET	SIMVASTATIN	1	
SIMVASTATIN 10 MG TABLET	SIMVASTATIN	1	
SIMVASTATIN 20 MG TABLET	SIMVASTATIN	1	
SIMVASTATIN 40 MG TABLET	SIMVASTATIN	1	
SIMVASTATIN 80 MG TABLET	SIMVASTATIN	1	QL
SIROLIMUS 0.5 MG TABLET	SIROLIMUS	1	SRX
SIROLIMUS 1 MG TABLET	SIROLIMUS	1	SRX
SIROLIMUS 2 MG TABLET	SIROLIMUS	1	SRX
SIROLIMUS 1 MG/ML ORAL SOLUTION	SIROLIMUS	4	SRX
SIRTURO 20 MG TABLET	BEDAQUILINE FUMARATE	3	PA, SRX
SIRTURO 100 MG TABLET	BEDAQUILINE FUMARATE	3	PA, SRX
SKY SAFETY PEN NEEDLE 30G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
SKY SAFETY PEN NEEDLE 30G 8MM	PEN NEEDLE, DIABETIC, SAFETY	2	
SKYLA 13.5 MG SYSTEM	LEVONORGESTREL	1	LDD, SRX
SKYRIZI 180 MG/1.2 ML ON-BODY	RISANKIZUMAB-RZAA	4	PA, QL, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	RISANKIZUMAB-RZAA	4	PA, QL, SRX
SKYRIZI 150 MG/ML PEN	RISANKIZUMAB-RZAA	4	PA, QL, SRX
SKYRIZI 150 MG/ML SYRINGE	RISANKIZUMAB-RZAA	4	PA, QL, SRX
SLYND 4 MG TABLET	DROSPIRENONE	1	
SM INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
SM INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
SM INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
SM INSULIN SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
SM INSULIN SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
SM INSULIN SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
SM INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
SM INSULIN SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
SM INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
SM INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
SM INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
SMARTEST CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
SODIUM CHLORIDE 0.9% INHALATION VIAL	SODIUM CHLORIDE FOR INHALATION	1	
SODIUM CHLORIDE 0.9% IRRIGATION	SODIUM CHLORIDE IRRIG SOLUTION	1	
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	SODIUM CHLORIDE IRRIG SOLUTION	1	
SODIUM CHLORIDE 10% VIAL	SODIUM CHLORIDE FOR INHALATION	1	
SODIUM CHLORIDE 3% VIAL	SODIUM CHLORIDE FOR INHALATION	1	
SODIUM CHLORIDE 7% VIAL	SODIUM CHLORIDE FOR INHALATION	1	
SODIUM FLUORIDE 1.1% GEL	FLUORIDE (SODIUM)	1	
SODIUM FLUORIDE 0.2% RINSE	FLUORIDE (SODIUM)	1	
SODIUM FLUORIDE 1.1% TOOTHPASTE	FLUORIDE (SODIUM)	1	
SODIUM FLUORIDE 5000 DRY MOUTH TOOTHPASTE	FLUORIDE (SODIUM)	1	
SODIUM FLUORIDE 5000 PLUS TOOTHPASTE	FLUORIDE (SODIUM)	1	
SODIUM FLUORIDE 5000 PPM TOOTHPASTE	FLUORIDE (SODIUM)	1	
SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE	SODIUM FLUORIDE/POTASSIUM NIT	1	
SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE	SODIUM FLUORIDE/POTASSIUM NIT	1	
SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	SODIUM FLUORIDE/POTASSIUM NIT	1	
SODIUM PHENYLBUTYRATE POWDER	SODIUM PHENYLBUTYRATE	4	SRX
SODIUM PHENYLBUTYRATE 500 MG TABLET	SODIUM PHENYLBUTYRATE	4	SRX
SODIUM POLYSTYRENE SULFONATE POWDER	SODIUM POLYSTYRENE SULFONATE	1	
SODIUM SULFACETAMIDE 10% LOTION	SULFACETAMIDE SODIUM	1	
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION	SODIUM, POTASSIUM,MAG SULFATES	3	
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	SOFOSBUVIR/VELPATASVIR	4	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	SOLIFENACIN SUCCINATE	2	QL
SOLIFENACIN 10 MG TABLET	SOLIFENACIN SUCCINATE	2	QL
SOLIQUA 100 UNIT-33 MCG/ML PEN	INSULIN GLARGINE/LIXISENATIDE	4	
SOLUTIONUS V2 HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
SOLUTIONUS V2 LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
SOLUVITA 0.5 MG/ML ORAL DROPS	FLUORIDE (SODIUM)	1	
SOLUVITA A,C,D-FLUOR 0.25 MG/ML ORAL DROPS	PED MVIT A,C,D3 NO.21/FLUORIDE	1	
SOMAVERT 10 MG VIAL	PEGVISOMANT	4	PA, LDD, SRX
SOMAVERT 15 MG VIAL	PEGVISOMANT	4	PA, LDD, SRX
SOMAVERT 20 MG VIAL	PEGVISOMANT	4	PA, LDD, SRX
SOMAVERT 25 MG VIAL	PEGVISOMANT	4	PA, LDD, SRX
SOMAVERT 30 MG VIAL	PEGVISOMANT	4	PA, LDD, SRX
SORAFENIB 200 MG TABLET	SORAFENIB TOSYLATE	4	PA, QL, SRX
SOTALOL 80 MG TABLET	SOTALOL HCL	1	
SOTALOL 120 MG TABLET	SOTALOL HCL	1	
SOTALOL 160 MG TABLET	SOTALOL HCL	1	
SOTALOL 240 MG TABLET	SOTALOL HCL	1	
SOTALOL AF 80 MG TABLET	SOTALOL HCL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
SOTALOL AF 120 MG TABLET	SOTALOL HCL	1	
SOTALOL AF 160 MG TABLET	SOTALOL HCL	1	
SOTYKTU 6 MG TABLET	DEUCRAVACITINIB	4	PA, QL, SRX
SOTYLIZE 5 MG/ML ORAL SOLUTION	SOTALOL HCL	3	PA
SOVALDI 150 MG PELLET PACKET	SOFOSBUVIR	3	PA, QL, SRX
SOVALDI 200 MG PELLET PACKET	SOFOSBUVIR	3	PA, QL, SRX
SOVALDI 200 MG TABLET	SOFOSBUVIR	3	PA, QL, SRX
SOVALDI 400 MG TABLET	SOFOSBUVIR	3	PA, QL, SRX
SPIKEVAX (12Y UP) SYRINGE	COVID VAC 23-24(12UP)(ANDU)/PF	2	
SPIKEVAX (12Y UP) VIAL	COVID VAC 23-24(12UP)(ANDU)/PF	2	
SPIKEVAX 2024-25 (12Y UP) SYRINGE	COVID VAC 24-25 (12UP)(MOD)/PF	2	
SPIKEVAX COVID (18Y UP) VACCINE	COVID-19 VACC,MRNA(MODERNA)/PF	2	
SPINOSAD 0.9% TOPICAL SUSPENSION	SPINOSAD	2	
SPIRONOLACTONE 25 MG TABLET	SPIRONOLACTONE	1	
SPIRONOLACTONE 50 MG TABLET	SPIRONOLACTONE	1	
SPIRONOLACTONE 100 MG TABLET	SPIRONOLACTONE	1	
SPIRONOLACTONE-HCTZ 25-25 TABLET	SPIRONOLACT/HYDROCHLOROTHIAZID	1	
SPRINTEC 28 DAY TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
SPS 15 GM/60 ML ORAL SUSPENSION	SODIUM POLYSTYRENE SULFON/SORB	2	
SPS 30 GM/120 ML ENEMA SUSPENSION	SODIUM POLYSTYRENE SULFON/SORB	2	
SRONYX 0.10-0.02 MG TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
SSKI 1 GM/ML ORAL SOLUTION	POTASSIUM IODIDE	3	
STAVUDINE 40 MG CAPSULE	STAVUDINE	1	SRX
STELARA 45 MG/0.5 ML SYRINGE	USTEKINUMAB	4	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	USTEKINUMAB	4	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	USTEKINUMAB	4	PA, QL, SRX
STERILE WATER FOR IRRIGATION	WATER FOR IRRIGATION,STERILE	1	
STIVARGA 40 MG TABLET	REGORAFENIB	4	PA, QL, LDD, SRX
STRIBILD TABLET	ELVITEG/COB/EMTRI/TENOFO DISOP	3	QL, SRX
STRIVE PEAK FLOW METER	PEAK FLOW METER	2	
STRIVERDI RESPIMAT INHALATION SPRAY	OLODATEROL HCL	2	QL
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM	BUPRENORPHINE HCL/NALOXONE HCL	2	
SUBOXONE 4 MG-1 MG SUBLINGUAL FILM	BUPRENORPHINE HCL/NALOXONE HCL	2	
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM	BUPRENORPHINE HCL/NALOXONE HCL	2	
SUBOXONE 12 MG-3 MG SUBLINGUAL FILM	BUPRENORPHINE HCL/NALOXONE HCL	2	
SUBVENITE 25 MG TABLET	LAMOTRIGINE	1	
SUBVENITE 100 MG TABLET	LAMOTRIGINE	1	
SUBVENITE 150 MG TABLET	LAMOTRIGINE	1	
SUBVENITE 200 MG TABLET	LAMOTRIGINE	1	
SUBVENITE TABLET STARTER KIT (BLUE)	LAMOTRIGINE	1	
SUBVENITE TABLET STARTER KIT (GREEN)	LAMOTRIGINE	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
SUBVENITE TABLET STARTER KIT (ORANGE)	LAMOTRIGINE	1	
SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	SACROSIDASE	4	PA, LDD, SRX
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	SACROSIDASE	4	PA, SRX
SUCRALFATE 1 GM TABLET	SUCRALFATE	1	
SULFACETAMIDE 10% EYE DROPS	SULFACETAMIDE SODIUM	1	
SULFACETAMIDE 10% EYE OINTMENT	SULFACETAMIDE SODIUM	1	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	SULFACETAMIDE SODIUM	1	
SULFADIAZINE 500 MG TABLET	SULFADIAZINE	3	
SULFAMETHOXAZOLE-TMP DS TABLET	SULFAMETHOXAZOLE/TRIMETHOPRIM	1	
SULFAMETHOXAZOLE-TMP ORAL SUSPENSION	SULFAMETHOXAZOLE/TRIMETHOPRIM	1	
SULFAMETHOXAZOLE-TMP SS TABLET	SULFAMETHOXAZOLE/TRIMETHOPRIM	1	
SULFAMYLON 8.5% CREAM	MAFENIDE ACETATE	3	
SULFASALAZINE 500 MG TABLET	SULFASALAZINE	1	
SULFASALAZINE DR 500 MG TABLET	SULFASALAZINE	1	
SULF-PRED 10-0.23% EYE DROPS	SULFACETAMIDE/PREDNISOLONE SP	1	
SULINDAC 150 MG TABLET	SULINDAC	1	
SULINDAC 200 MG TABLET	SULINDAC	1	
SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	SUMATRIPTAN SUCCINATE	1	QL
SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	SUMATRIPTAN SUCCINATE	1	QL
SUMATRIPTAN 5 MG NASAL SPRAY	SUMATRIPTAN	2	QL
SUMATRIPTAN 20 MG NASAL SPRAY	SUMATRIPTAN	2	QL
SUMATRIPTAN 4 MG/0.5 ML PEN INJECTOR	SUMATRIPTAN SUCCINATE	1	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	SUMATRIPTAN SUCCINATE	1	QL
SUMATRIPTAN SUCCINATE 25 MG TABLET	SUMATRIPTAN SUCCINATE	1	QL
SUMATRIPTAN SUCCINATE 50 MG TABLET	SUMATRIPTAN SUCCINATE	1	QL
SUMATRIPTAN SUCCINATE 100 MG TABLET	SUMATRIPTAN SUCCINATE	1	QL
SUNITINIB 12.5 MG CAPSULE	SUNITINIB MALATE	4	PA, QL, SRX
SUNITINIB 25 MG CAPSULE	SUNITINIB MALATE	4	PA, QL, SRX
SUNITINIB 37.5 MG CAPSULE	SUNITINIB MALATE	4	PA, QL, SRX
SUNITINIB 50 MG CAPSULE	SUNITINIB MALATE	4	PA, QL, SRX
SURE COMFORT INSULIN SYRINGE 0.3 ML 31G 1/4"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
SURE COMFORT INSULIN SYRINGE 0.5 ML 31G 1/4"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
SURE COMFORT INSULIN SYRINGE 1 ML 31G 1/4"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
SURE COMFORT PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
SURE COMFORT PEN NEEDLE 30G	PEN NEEDLE, DIABETIC	2	
SURE COMFORT PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
SURE COMFORT PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
SURE COMFORT PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
SURE COMFORT PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC, SAFETY	2	
SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC, SAFETY	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
SURE COMFORT SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
SURE COMFORT SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
SURE COMFORT SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
SURE COMFORT SYRINGE 3/10 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
SURE-FINE PEN NEEDLE 5MM	PEN NEEDLE, DIABETIC	2	
SURE-FINE PEN NEEDLE 8MM	PEN NEEDLE, DIABETIC	2	
SURE-FINE PEN NEEDLE 12.7MM	PEN NEEDLE, DIABETIC	2	
SURE-JECT INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
SURE-JECT INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
SURE-JECT INSULIN SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
SURE-JECT INSULIN SYRINGE U100 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
SURE-JECT INSULIN SYRINGE U100 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
SURE-JECT INSULIN SYRINGE U100 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
SURE-TEST EASYPLUS MINI CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
SYEDA 28 TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
SYMAX FASTABS 0.125 MG TABLET	HYOSCYAMINE SULFATE	1	
SYMAX-SL 0.125 MG SUBLINGUAL TABLET	HYOSCYAMINE SULFATE	1	
SYMAX-SR 0.375 MG TABLET	HYOSCYAMINE SULFATE	1	
SYMLINPEN 60 PEN INJECTOR	PRAMLINTIDE ACETATE	3	QL
SYMLINPEN 120 PEN INJECTOR	PRAMLINTIDE ACETATE	3	QL
SYMTUZA 800-150-200-10 MG TABLET	DARUNAVIR/COB/EMTRI/TENOF ALAF	3	QL, SRX
SYNAREL 2 MG/ML NASAL SPRAY	NAFARELIN ACETATE	4	PA, SRX
SYNERA PATCH	LIDOCAINE/TETRACAINE	3	
SYNJARDY 12.5-500 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	2	QL
SYNJARDY 12.5-1,000 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	2	QL
SYNJARDY 5-500 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	2	QL
SYNJARDY 5-1,000 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	2	QL
SYNJARDY XR 5-1,000 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	2	QL
SYNJARDY XR 10-1,000 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	2	QL
SYNJARDY XR 12.5-1,000 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	2	QL
SYNJARDY XR 25-1,000 MG TABLET	EMPAGLIFLOZIN/METFORMIN HCL	2	QL
SYNTHROID 25 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 50 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 75 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 88 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 100 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 112 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 125 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 137 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 150 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 175 MCG TABLET	LEVOTHYROXINE SODIUM	3	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
SYNTHROID 200 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYNTHROID 300 MCG TABLET	LEVOTHYROXINE SODIUM	3	
SYRINGE WITH NEEDLE 3 ML 23G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
T:FLEX 4.8 ML CARTRIDGE	INSULIN PUMP CARTRIDGE	2	
T:SLIM X2 3 ML CARTRIDGE	INSULIN PUMP CARTRIDGE	2	
TABLOID 40 MG TABLET	THIOGUANINE	3	PA
TACROLIMUS 0.03% OINTMENT	TACROLIMUS	1	
TACROLIMUS 0.1% OINTMENT	TACROLIMUS	1	
TACROLIMUS 0.5 MG CAPSULE (IR)	TACROLIMUS	1	SRX
TACROLIMUS 1 MG CAPSULE (IR)	TACROLIMUS	1	SRX
TACROLIMUS 5 MG CAPSULE (IR)	TACROLIMUS	1	SRX
TADALAFIL 2.5 MG TABLET	TADALAFIL	1	PA, QL
TADALAFIL 5 MG TABLET	TADALAFIL	1	PA, QL
TADALAFIL 20 MG TABLET	TADALAFIL	4	PA, SRX
TAFINLAR 10 MG TABLET FOR SUSPENSION	DABRAFENIB MESYLATE	4	PA, QL, SRX
TAFINLAR 50 MG CAPSULE	DABRAFENIB MESYLATE	4	PA, QL, SRX
TAFINLAR 75 MG CAPSULE	DABRAFENIB MESYLATE	4	PA, QL, SRX
TAFLUPROST 0.0015% EYE DROPS	TAFLUPROST/PF	3	QL
TAGRISSO 40 MG TABLET	OSIMERTINIB MESYLATE	4	PA, QL, LDD, SRX
TAGRISSO 80 MG TABLET	OSIMERTINIB MESYLATE	4	PA, QL, LDD, SRX
TAKE ACTION 1.5 MG TABLET	LEVONORGESTREL	3	
TAMOXIFEN 10 MG TABLET	TAMOXIFEN CITRATE	1	
TAMOXIFEN 20 MG TABLET	TAMOXIFEN CITRATE	1	
TAMSULOSIN 0.4 MG CAPSULE	TAMSULOSIN HCL	1	
TANDEM MOBI 2 ML CARTRIDGE	INSULIN PUMP CARTRIDGE	2	
TANDEM MOBI AUTOSOFT 30 KIT 23"	INSULIN INFUSION SET/CARTRIDGE	2	
TANDEM MOBI AUTOSOFT XC KIT 23"	INSULIN INFUSION SET/CARTRIDGE	2	
TANDEM MOBI AUTOSOFT XC KIT 5"	INSULIN INFUSION SET/CARTRIDGE	2	
TANDEM MOBI TRUSTEEL KIT 23"	INSULIN INFUSION SET/CARTRIDGE	2	
TARINA 24 FE 1 MG-20 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
TARINA FE 1-20 EQ TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
TARINA FE 1-20 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
TARON-C DHA CAPSULE	MVN-MIN75/IRON/IRON PS/OM3/DHA	1	
TARON-PREX PRENATAL DHA CAPSULE	MVN NO.53/IRON/FOLIC/DSS/DHA	1	
TAYSOFY 1 MG-20 MCG CAPSULE	NORETHINDRONE-E.ESTRADIOL-IRON	1	
TAZAROTENE 0.05% CREAM	TAZAROTENE	3	
TAZAROTENE 0.1% CREAM	TAZAROTENE	2	
TAZAROTENE 0.05% GEL	TAZAROTENE	3	
TAZAROTENE 0.1% GEL	TAZAROTENE	3	
TAZTIA XT 120 MG CAPSULE	DILTIAZEM HCL	1	
TAZTIA XT 180 MG CAPSULE	DILTIAZEM HCL	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
TAZTIA XT 240 MG CAPSULE	DILTIAZEM HCL	1	
TAZTIA XT 300 MG CAPSULE	DILTIAZEM HCL	1	
TAZTIA XT 360 MG CAPSULE	DILTIAZEM HCL	1	
TDVAX VIAL	TETANUS, DIPHTHERIA TOX,ADULT	2	
TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TECHLITE PEN NEEDLE 29G 3/8"	PEN NEEDLE, DIABETIC	2	
TECHLITE PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
TECHLITE PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
TECHLITE PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
TECHLITE PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
TECHLITE PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
TECHLITE PEN NEEDLE 32G 1/4"	PEN NEEDLE, DIABETIC	2	
TECHLITE PEN NEEDLE 32G 5/16"	PEN NEEDLE, DIABETIC	2	
TECHLITE PLUS PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
TECHLITE SYRINGE 0.3 ML 29G 12MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
TECHLITE SYRINGE 0.3 ML 30G 8MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
TECHLITE SYRINGE 0.3 ML 31G 6MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
TECHLITE SYRINGE 0.3 ML 31G 8MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
TECHLITE SYRINGE 0.5 ML 30G 8MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
TECHLITE SYRINGE 0.5 ML 30G 12MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
TECHLITE SYRINGE 0.5 ML 31G 6MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
TECHLITE SYRINGE 0.5 ML 31G 8MM (1/2)	SYRGE-NDL,INS 0.5 ML HALF MARK	2	
TELCARE CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
TELMISARTAN 20 MG TABLET	TELMISARTAN	1	
TELMISARTAN 40 MG TABLET	TELMISARTAN	1	
TELMISARTAN 80 MG TABLET	TELMISARTAN	1	
TELMISARTAN-AMLODIPINE 40-5 MG TABLET	TELMISARTAN/AMLODIPINE	1	
TELMISARTAN-AMLODIPINE 40-10 MG TABLET	TELMISARTAN/AMLODIPINE	1	
TELMISARTAN-AMLODIPINE 80-5 MG TABLET	TELMISARTAN/AMLODIPINE	1	
TELMISARTAN-AMLODIPINE 80-10 MG TABLET	TELMISARTAN/AMLODIPINE	1	
TELMISARTAN-HCTZ 40-12.5 MG TABLET	TELMISARTAN/HYDROCHLOROTHIAZID	1	
TELMISARTAN-HCTZ 80-12.5 MG TABLET	TELMISARTAN/HYDROCHLOROTHIAZID	1	
TELMISARTAN-HCTZ 80-25 MG TABLET	TELMISARTAN/HYDROCHLOROTHIAZID	1	
TEMAZEPAM 7.5 MG CAPSULE	TEMAZEPAM	1	
TEMAZEPAM 15 MG CAPSULE	TEMAZEPAM	1	
TEMAZEPAM 22.5 MG CAPSULE	TEMAZEPAM	1	
TEMAZEPAM 30 MG CAPSULE	TEMAZEPAM	1	
TEMOZOLOMIDE 5 MG CAPSULE	TEMOZOLOMIDE	4	PA, SRX

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Nombre del medicamento	Nombre genérico	Nivel	Notas
TEMOZOLOMIDE 20 MG CAPSULE	TEMOZOLOMIDE	4	PA, SRX
TEMOZOLOMIDE 100 MG CAPSULE	TEMOZOLOMIDE	4	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	TEMOZOLOMIDE	4	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	TEMOZOLOMIDE	4	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	TEMOZOLOMIDE	4	PA, SRX
TENCON 50-325 MG TABLET	BUTALBITAL/ACETAMINOPHEN	1	
TENIVAC SYRINGE	TETANUS-DIPHTHERIA TOXOIDS/PF	2	
TENIVAC VIAL	TETANUS-DIPHTHERIA TOXOIDS/PF	2	
TENOFOVIR 300 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	1	SRX
TERAZOSIN 1 MG CAPSULE	TERAZOSIN HCL	1	
TERAZOSIN 2 MG CAPSULE	TERAZOSIN HCL	1	
TERAZOSIN 5 MG CAPSULE	TERAZOSIN HCL	1	
TERAZOSIN 10 MG CAPSULE	TERAZOSIN HCL	1	
TERBUTALINE 2.5 MG TABLET	TERBUTALINE SULFATE	1	
TERBINAFINE 250 MG TABLET	TERBINAFINE HCL	1	
TERBUTALINE 5 MG TABLET	TERBUTALINE SULFATE	1	
TERCONAZOLE 0.4% CREAM	TERCONAZOLE	1	
TERCONAZOLE 0.8% CREAM	TERCONAZOLE	1	
TERCONAZOLE 80 MG SUPPOSITORY	TERCONAZOLE	1	
TERIFLUNOMIDE 7 MG TABLET	TERIFLUNOMIDE	4	PA, QL, SRX
TERIFLUNOMIDE 14 MG TABLET	TERIFLUNOMIDE	4	PA, QL, SRX
TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
TERUMO INSULIN SYRINGE U100 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TERUMO INSULIN SYRINGE U100 1/2 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TERUMO INSULIN SYRINGE U100 1/3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
TERUMO SURGUARD2 NEEDLE 18G 1"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 18G 1.5"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 19G 1"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 19G 1.5"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 20G 1"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 20G 1.5"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 21G 1"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 21G 1-1.5"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 22 1.5"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 22G 1"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 23G 1.5"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 23G 1"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 25G 1"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 25G 1.5"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 25G 5/8"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 26G 1/2"	NEEDLES, SAFETY	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
TERUMO SURGUARD2 NEEDLE 27G 1/2"	NEEDLES, SAFETY	2	
TERUMO SURGUARD2 NEEDLE 30G 1/2"	NEEDLES, SAFETY	2	
TERUMO SYRINGE 3 ML	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
TESTOSTERONE 50 MG/5 GRAM GEL	TESTOSTERONE	2	PA, QL
TESTOSTERONE 1% (25 MG/2.5 G) PACKET	TESTOSTERONE	2	PA, QL
TESTOSTERONE 1% (50 MG/5 G) PACKET	TESTOSTERONE	2	PA, QL
TESTOSTERONE 1.62%(1.25 G) PACKET	TESTOSTERONE	2	PA, QL
TESTOSTERONE 1.62% (2.5 G) PACKET	TESTOSTERONE	2	PA, QL
TESTOSTERONE 1.62% GEL PUMP	TESTOSTERONE	2	PA, QL
TESTOSTERONE 10 MG GEL PUMP	TESTOSTERONE	2	PA, QL
TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	TESTOSTERONE	2	PA, QL
TESTOSTERONE 50 MG/5 GRAM PACKET	TESTOSTERONE	2	PA, QL
TESTOSTERONE CYPIONATE 200 MG/ML VIAL	TESTOSTERONE CYPIONATE	1	
TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	TESTOSTERONE CYPIONATE	1	
TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	TESTOSTERONE CYPIONATE	1	
TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	TESTOSTERONE CYPIONATE	1	
TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	TESTOSTERONE CYPIONATE	1	
TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	TESTOSTERONE CYPIONATE	1	
TESTOSTERONE ENANTHATE 200 MG/ML VIAL	TESTOSTERONE ENANTHATE	1	
TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	TESTOSTERONE ENANTHATE	1	
TETRABENAZINE 12.5 MG TABLET	TETRABENAZINE	4	PA, QL, SRX
TETRABENAZINE 25 MG TABLET	TETRABENAZINE	4	PA, QL, SRX
TETRACAINE 0.5% EYE DROPS	TETRACAINE HCL	1	
TETRACAINE 0.5% STERI-UNIT EYE SOLUTION	TETRACAINE HCL/PF	1	
TETRACYCLINE 250 MG CAPSULE	TETRACYCLINE HCL	2	
TETRACYCLINE 500 MG CAPSULE	TETRACYCLINE HCL	2	
TEXACORT 2.5% TOPICAL SOLUTION	HYDROCORTISONE	3	
THALOMID 50 MG CAPSULE	THALIDOMIDE	4	PA, QL, LDD, SRX
THALOMID 100 MG CAPSULE	THALIDOMIDE	4	PA, QL, LDD, SRX
THALOMID 200 MG CAPSULE	THALIDOMIDE	4	PA, QL, SRX
THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION	THEOPHYLLINE ANHYDROUS	1	
THEOPHYLLINE ER 100 MG TABLET	THEOPHYLLINE ANHYDROUS	1	
THEOPHYLLINE ER 200 MG TABLET	THEOPHYLLINE ANHYDROUS	1	
THEOPHYLLINE ER 300 MG TABLET	THEOPHYLLINE ANHYDROUS	1	
THEOPHYLLINE ER 400 MG TABLET	THEOPHYLLINE ANHYDROUS	1	
THEOPHYLLINE ER 450 MG TABLET	THEOPHYLLINE ANHYDROUS	1	
THEOPHYLLINE ER 600 MG TABLET	THEOPHYLLINE ANHYDROUS	1	
THINPRO INSULIN SYRINGE U100 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
THINPRO INSULIN SYRINGE U100 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
THINPRO INSULIN SYRINGE U100 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
THIORIDAZINE 10 MG TABLET	THIORIDAZINE HCL	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
THIORIDAZINE 25 MG TABLET	THIORIDAZINE HCL	1	
THIORIDAZINE 50 MG TABLET	THIORIDAZINE HCL	1	
THIORIDAZINE 100 MG TABLET	THIORIDAZINE HCL	1	
THIOTHIXENE 1 MG CAPSULE	THIOTHIXENE	1	
THIOTHIXENE 2 MG CAPSULE	THIOTHIXENE	1	
THIOTHIXENE 5 MG CAPSULE	THIOTHIXENE	1	
THIOTHIXENE 10 MG CAPSULE	THIOTHIXENE	1	
THRIVITE 19 TABLET	MV, MIN 59/IRON/FOLIC/DOCUSATE	1	
THYROID 15 MG TABLET	THYROID,PORK	1	
THYROID 30 MG TABLET	THYROID,PORK	1	
THYROID 60 MG TABLET	THYROID,PORK	1	
THYROID 90 MG TABLET	THYROID,PORK	1	
THYROID 120 MG TABLET	THYROID,PORK	1	
TIADYLT ER 120 MG CAPSULE	DILTIAZEM HCL	1	
TIADYLT ER 180 MG CAPSULE	DILTIAZEM HCL	1	
TIADYLT ER 240 MG CAPSULE	DILTIAZEM HCL	1	
TIADYLT ER 300 MG CAPSULE	DILTIAZEM HCL	1	
TIADYLT ER 360 MG CAPSULE	DILTIAZEM HCL	1	
TIADYLT ER 420 MG CAPSULE	DILTIAZEM HCL	1	
TIAGABINE 2 MG TABLET	TIAGABINE HCL	3	
TIAGABINE 4 MG TABLET	TIAGABINE HCL	3	
TIAGABINE 12 MG TABLET	TIAGABINE HCL	3	
TIAGABINE 16 MG TABLET	TIAGABINE HCL	3	
TICAGRELOR 60 MG TABLET	TICAGRELOR	2	
TICAGRELOR 90 MG TABLET	TICAGRELOR	2	
TILIA FE 28 TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
TIMOLOL 0.25% EYE DROPS	TIMOLOL MALEATE	1	
TIMOLOL 0.5% EYE DROPS	TIMOLOL MALEATE	1	
TIMOLOL 0.25% GEL-SOLUTION	TIMOLOL MALEATE	1	
TIMOLOL 0.5% GEL-SOLUTION	TIMOLOL MALEATE	1	
TIMOLOL 0.5% GFS GEL-SOLUTION	TIMOLOL MALEATE	1	
TIMOLOL 5 MG TABLET	TIMOLOL MALEATE	1	
TIMOLOL 10 MG TABLET	TIMOLOL MALEATE	1	
TIMOLOL 20 MG TABLET	TIMOLOL MALEATE	1	
TINIDAZOLE 250 MG TABLET	TINIDAZOLE	1	
TINIDAZOLE 500 MG TABLET	TINIDAZOLE	1	
TIOPRONIN 100 MG TABLET	TIOPRONIN	4	SRX
TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION	SOD,POT CHLOR/MAG/SOD,POT PHOS	3	
TIVICAY 10 MG TABLET	DOLUTEGRAVIR SODIUM	2	SRX
TIVICAY 25 MG TABLET	DOLUTEGRAVIR SODIUM	2	SRX
TIVICAY 50 MG TABLET	DOLUTEGRAVIR SODIUM	2	SRX

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Nombre del medicamento	Nombre genérico	Nivel	Notas
TIVICAY PD 5 MG TABLET FOR SUSPENSION	DOLUTEGRAVIR SODIUM	2	SRX
TIZANIDINE 2 MG TABLET	TIZANIDINE HCL	1	
TIZANIDINE 4 MG TABLET	TIZANIDINE HCL	1	
TOBRAMYCIN 300 MG/5 ML AMPULE	TOBRAMYCIN IN 0.225% SOD CHLOR	4	PA, QL, SRX
TOBRAMYCIN 0.3% EYE DROPS	TOBRAMYCIN	1	
TOBRAMYCIN PAK 300 MG/5 ML	TOBRAMYCIN/NEBULIZER	4	PA, QL, SRX
TOBRAMYCIN-DEXAMETHASONE EYE DROPS	TOBRAMYCIN/DEXAMETHASONE	1	
TODAY'S HEALTH PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
TOLCAPONE 100 MG TABLET	TOLCAPONE	4	
TOLMETIN 400 MG CAPSULE	TOLMETIN SODIUM	1	
TOLMETIN 200 MG TABLET	TOLMETIN SODIUM	1	
TOLMETIN 600 MG TABLET	TOLMETIN SODIUM	1	
TOLTERODINE 1 MG TABLET	TOLTERODINE TARTRATE	1	
TOLTERODINE 2 MG TABLET	TOLTERODINE TARTRATE	1	
TOLTERODINE ER 2 MG CAPSULE	TOLTERODINE TARTRATE	1	
TOLTERODINE ER 4 MG CAPSULE	TOLTERODINE TARTRATE	1	
TOLVAPTAN 15 MG TABLET	TOLVAPTAN	4	PA, SRX
TOLVAPTAN 30 MG TABLET	TOLVAPTAN	4	PA, SRX
TOPCARE CLICKFINE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
TOPCARE CLICKFINE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
TOPCARE ULTRA COMFORT SYRINGE	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TOPIRAMATE 15 MG SPRINKLE CAPSULE	TOPIRAMATE	1	
TOPIRAMATE 25 MG SPRINKLE CAPSULE	TOPIRAMATE	1	
TOPIRAMATE 25 MG TABLET	TOPIRAMATE	1	
TOPIRAMATE 50 MG TABLET	TOPIRAMATE	1	
TOPIRAMATE 100 MG TABLET	TOPIRAMATE	1	
TOPIRAMATE 200 MG TABLET	TOPIRAMATE	1	
TOPIRAMATE ER 25 MG SPRINKLE CAPSULE	TOPIRAMATE	2	
TOPIRAMATE ER 50 MG SPRINKLE CAPSULE	TOPIRAMATE	2	
TOPIRAMATE ER 100 MG SPRINKLE CAPSULE	TOPIRAMATE	2	
TOPIRAMATE ER 150 MG SPRINKLE CAPSULE	TOPIRAMATE	2	
TOPIRAMATE ER 200 MG SPRINKLE CAPSULE	TOPIRAMATE	2	
TOREMIFENE 60 MG TABLET	TOREMIFENE CITRATE	3	QL
TORPENZ 2.5 MG TABLET	EVEROLIMUS	4	PA, QL, LDD, SRX
TORPENZ 5 MG TABLET	EVEROLIMUS	4	PA, QL, LDD, SRX
TORPENZ 7.5 MG TABLET	EVEROLIMUS	4	PA, QL, LDD, SRX
TORPENZ 10 MG TABLET	EVEROLIMUS	4	PA, QL, LDD, SRX
TORSEMIDE 5 MG TABLET	TORSEMIDE	1	
TORSEMIDE 10 MG TABLET	TORSEMIDE	1	
TORSEMIDE 20 MG TABLET	TORSEMIDE	1	
TORSEMIDE 100 MG TABLET	TORSEMIDE	1	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
TOVET EMOLLIENT 0.05% FOAM	CLOBETASOL PROPIONATE/EMOLL	2	QL
TRADJENTA 5 MG TABLET	LINAGLIPTIN	2	QL
TRAMADOL 50 MG TABLET	TRAMADOL HCL	1	QL
TRAMADOL ER 100 MG TABLET	TRAMADOL HCL	1	PA, QL
TRAMADOL ER 200 MG TABLET	TRAMADOL HCL	1	PA, QL
TRAMADOL ER 300 MG TABLET	TRAMADOL HCL	1	PA, QL
TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET	TRAMADOL HCL/ACETAMINOPHEN	1	QL
TRANDOLAPRIL 1 MG TABLET	TRANDOLAPRIL	1	
TRANDOLAPRIL 2 MG TABLET	TRANDOLAPRIL	1	
TRANDOLAPRIL 4 MG TABLET	TRANDOLAPRIL	1	
TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET	TRANDOLAPRIL/VERAPAMIL HCL	1	
TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET	TRANDOLAPRIL/VERAPAMIL HCL	1	
TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET	TRANDOLAPRIL/VERAPAMIL HCL	1	
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG TABLET	TRANDOLAPRIL/VERAPAMIL HCL	1	
TRANEXAMIC ACID 650 MG TABLET	TRANEXAMIC ACID	1	SRX
TRANYLCYPROMINE 10 MG TABLET	TRANYLCYPROMINE SULFATE	2	
TRAVOPROST 0.004% EYE DROPS	TRAVOPROST	1	
TRAZODONE 50 MG TABLET	TRAZODONE HCL	1	
TRAZODONE 100 MG TABLET	TRAZODONE HCL	1	
TRAZODONE 150 MG TABLET	TRAZODONE HCL	1	
TRAZODONE 300 MG TABLET	TRAZODONE HCL	1	
TRECATOR 250 MG TABLET	ETHIONAMIDE	3	
TRELEGY ELLIPTA 100-62.5-25 INHALATION DEVICE	FLUTICASONE/UMECLIDIN/VILANTER	2	QL
TRELEGY ELLIPTA 200-62.5-25 INHALATION DEVICE	FLUTICASONE/UMECLIDIN/VILANTER	2	QL
TREMFYA 100 MG/ML AUTO-INJECTOR	GUSELKUMAB	4	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	GUSELKUMAB	4	PA, QL, SRX
TREMFYA 200 MG/2 ML PEN	GUSELKUMAB	4	PA, QL, SRX
TREMFYA 200 MG/2 ML SYRINGE	GUSELKUMAB	4	PA, QL, SRX
TRESIBA 100 UNIT/ML VIAL	INSULIN DEGLUDEC	2	QL
TRESIBA FLEXTOUCH 100 UNIT/ML	INSULIN DEGLUDEC	2	QL
TRESIBA FLEXTOUCH 200 UNIT/ML	INSULIN DEGLUDEC	2	QL
TRETINOIN 10 MG CAPSULE	TRETINOIN	3	PA
TRETINOIN 0.025% CREAM	TRETINOIN	1	PA, AGE
TRETINOIN 0.05% CREAM	TRETINOIN	1	PA, AGE
TRETINOIN 0.1% CREAM	TRETINOIN	1	PA, AGE
TRETINOIN 0.025% GEL	TRETINOIN	2	PA, AGE
TRETINOIN 0.01% GEL	TRETINOIN	2	PA, AGE
TRETINOIN 0.05% GEL	TRETINOIN	2	PA, AGE
TRETINOIN GEL MICRO 0.04% PUMP	TRETINOIN MICROSPHERES	2	PA, AGE
TRETINOIN GEL MICRO 0.1% PUMP	TRETINOIN MICROSPHERES	2	PA, AGE
TRETINOIN GEL MICRO 0.04% TUBE	TRETINOIN MICROSPHERES	2	PA, AGE
TRETINOIN GEL MICRO 0.1% TUBE	TRETINOIN MICROSPHERES	2	PA, AGE

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
TRIAMCINOLONE 0.025% CREAM	TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE 0.1% CREAM	TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE 0.5% CREAM	TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE 0.025% LOTION	TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE 0.1% LOTION	TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE 0.025% OINTMENT	TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE 0.1% OINTMENT	TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE 0.5% OINTMENT	TRIAMCINOLONE ACETONIDE	1	
TRIAMCINOLONE 0.1% TOOTHPASTE	TRIAMCINOLONE ACETONIDE	1	
TRIAMTERENE 50 MG CAPSULE	TRIAMTERENE	3	
TRIAMTERENE 100 MG CAPSULE	TRIAMTERENE	3	
TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	TRIAMTERENE/HYDROCHLOROTHIAZID	1	
TRIAMTERENE-HCTZ 37.5-25 MG TABLET	TRIAMTERENE/HYDROCHLOROTHIAZID	1	
TRIAMTERENE-HCTZ 75-50 MG TABLET	TRIAMTERENE/HYDROCHLOROTHIAZID	1	
TRIAZOLAM 0.125 MG TABLET	TRIAZOLAM	1	
TRIAZOLAM 0.25 MG TABLET	TRIAZOLAM	1	
TRIDERM 0.1% CREAM	TRIAMCINOLONE ACETONIDE	1	
TRIDERM 0.5% CREAM	TRIAMCINOLONE ACETONIDE	1	
TRI-ESTARYLLA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-LEGEST FE-28 DAY TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
TRI-LINYAH TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-LO-ESTARYLLA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-LO-MARZIA TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-LO-MILI TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-LO-SPRINTEC TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-MILI 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-NYMYO 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-SPRINTEC TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	PED MVIT A,C,D3 NO.21/FLUORIDE	1	
TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	PED MVIT A,C,D3 NO.21/FLUORIDE	1	
TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	PED MVIT A,C,D3 NO.21/FLUORIDE	1	
TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	PED MVIT A,C,D3 NO.21/FLUORIDE	1	
TRI-VYLIBRA 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRI-VYLIBRA LO TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
TRIFLUOPERAZINE 1 MG TABLET	TRIFLUOPERAZINE HCL	1	
TRIFLUOPERAZINE 2 MG TABLET	TRIFLUOPERAZINE HCL	1	
TRIFLUOPERAZINE 5 MG TABLET	TRIFLUOPERAZINE HCL	1	
TRIFLUOPERAZINE 10 MG TABLET	TRIFLUOPERAZINE HCL	1	
TRIFLURIDINE 1% EYE DROPS	TRIFLURIDINE	1	
TRIHEXYPHENIDYL 2 MG/5 ML ORAL SOLUTION	TRIHEXYPHENIDYL HCL	1	
TRIHEXYPHENIDYL 2 MG TABLET	TRIHEXYPHENIDYL HCL	1	

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TRIHEXYPHENIDYL 5 MG TABLET	TRIHEXYPHENIDYL HCL	1	
TRIKAFTA 50-25-37.5 MG/75 MG TABLET	ELEXACAFTOR/TEZACAFTOR/IVACAFT	4	PA, QL, LDD, SRX
TRIKAFTA 80-40-60 MG/59.5 MG PACKET	ELEXACAFTOR/TEZACAFTOR/IVACAFT	4	PA, QL, LDD, SRX
TRIKAFTA 100-50-75 MG/75 MG PACKET	ELEXACAFTOR/TEZACAFTOR/IVACAFT	4	PA, QL, LDD, SRX
TRIKAFTA 100-50-75 MG/150 MG TABLET	ELEXACAFTOR/TEZACAFTOR/IVACAFT	4	PA, QL, LDD, SRX
TRIMETHOBENZAMIDE 300 MG CAPSULE	TRIMETHOBENZAMIDE HCL	1	
TRIMETHOPRIM 100 MG TABLET	TRIMETHOPRIM	1	
TRIMIPRAMINE 25 MG CAPSULE	TRIMIPRAMINE MALEATE	1	
TRIMIPRAMINE 50 MG CAPSULE	TRIMIPRAMINE MALEATE	1	
TRIMIPRAMINE 100 MG CAPSULE	TRIMIPRAMINE MALEATE	1	
TRINATAL RX 1 TABLET	PRENATAL VIT27,CALCIUM/IRON/FA	1	
TRINTELLIX 5 MG TABLET	VORTIOXETINE HYDROBROMIDE	3	QL
TRINTELLIX 10 MG TABLET	VORTIOXETINE HYDROBROMIDE	3	QL
TRINTELLIX 20 MG TABLET	VORTIOXETINE HYDROBROMIDE	3	QL
TRIUMEQ 600-50-300 MG TABLET	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	3	QL, SRX
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	ABACAVIR/DOLUTEGRAVIR/LAMIVUDI	3	QL, SRX
TROPICAMIDE 0.5% EYE DROPS	TROPICAMIDE	1	
TROPICAMIDE 1% EYE DROPS	TROPICAMIDE	1	
TROSPIUM 20 MG TABLET	TROSPIUM CHLORIDE	1	
TROSPIUM ER 60 MG CAPSULE	TROSPIUM CHLORIDE	1	
TRUE COMFORT PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PEN NEEDLE 32G 5MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PEN NEEDLE 33G 5MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PEN NEEDLE 33G 6MM	PEN NEEDLE, DIABETIC	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUE COMFORT PRO SYRINGE 0.5 ML 32G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUE COMFORT PRO SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUE COMFORT PRO SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUE COMFORT PRO SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUE COMFORT PRO SYRINGE 1 ML 32G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC, SAFETY	2	
TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC, SAFETY	2	
TRUE COMFORT SAFETY SYRINGE 1 ML 30G 1/2"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
TRUE COMFORT SYRINGE 0.5 ML 30G 1/2"	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
TRUE COMFORT SYRINGE 0.5 ML 30G 5/16"	SYRINGE,NEEDLE,INSULN,SF 0.5ML	2	
TRUE COMFORT SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUE COMFORT SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUE COMFRT SAFETY SYRINGE 1 ML 30G 5/16"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
TRUE COMFRT SAFETY SYRINGE 1 ML 31G 5/16"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
TRUE COMFRT SAFETY SYRINGE 1 ML 32G 5/16"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
TRUE METRIX AIR GLUCOSE METER	BLOOD-GLUCOSE METER	1	
TRUE METRIX GO GLUCOSE METER	BLOOD-GLUCOSE METER	1	
TRUE METRIX GLUCOSE METER	BLOOD-GLUCOSE METER	1	
TRUE METRIX GLUCOSE TEST STRIP	BLOOD SUGAR DIAGNOSTIC	2	
TRUE METRIX LEVEL 1 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
TRUE METRIX LEVEL 2 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
TRUE METRIX LEVEL 3 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
TRUECONTROL GLUCOSE SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
TRUEDRAW LANCING DEVICE	LANCING DEVICE/LANCETS	2	
TRUEPLUS 33G LANCET	LANCETS	2	
TRUEPLUS KETONE TEST STRIP	URINE ACETONE TEST STRIPS	2	
TRUEPLUS PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
TRUEPLUS PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
TRUEPLUS PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
TRUEPLUS PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
TRUEPLUS PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
TRUEPLUS PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
TRUEPLUS PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
TRUEPLUS PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
TRUEPLUS SAFETY 28G LANCET	LANCETS	2	
TRUEPLUS SUPER THIN 28G LANCET	LANCETS	2	
TRUEPLUS SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
TRUEPLUS SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
TRUEPLUS SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
TRUEPLUS SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUEPLUS SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUEPLUS SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUEPLUS SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
TRUEPLUS SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUEPLUS SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUEPLUS SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUEPLUS SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
TRUEPLUS ULTRA THIN 30G LANCET	LANCETS	2	
TRULICITY 0.75 MG/0.5 ML PEN	DULAGLUTIDE	2	PA, QL

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Nombre del medicamento	Nombre genérico	Nivel	Notas
TRULICITY 1.5 MG/0.5 ML PEN	DULAGLUTIDE	2	PA, QL
TRULICITY 3 MG/0.5 ML PEN	DULAGLUTIDE	2	PA, QL
TRULICITY 4.5 MG/0.5 ML PEN	DULAGLUTIDE	2	PA, QL
TRUMENBA 120 MCG/0.5 ML VACCINE	N.MENINGITIDIS B,LIPID FHBP RC	2	
TRUSTEEL INFUSION PACK 23" 6MM	INSULIN INFUSION SET/CARTRIDGE	2	
TRUSTEEL INFUSION SET 23" 6MM	INFUSION SET FOR INSULIN PUMP	2	
TRUSTEEL INFUSION SET 23" 8MM	INFUSION SET FOR INSULIN PUMP	2	
TRUSTEEL INFUSION SET 32" 6MM	INFUSION SET FOR INSULIN PUMP	2	
TRUSTEEL INFUSION SET 32" 8MM	INFUSION SET FOR INSULIN PUMP	2	
TRUZONE PEAK FLOW METER	PEAK FLOW METER	2	
TUDORZA PRESSAIR 400 MCG INHALER	ACLIDINIUM BROMIDE	3	QL
TULANA 0.35 MG TABLET	NORETHINDRONE	1	
TURQOZ-28 TABLET	NORGESTREL-ETHINYL ESTRADIOL	1	
TWINRIX VACCINE SYRINGE	HEPATITIS A AND B VACCINE/PF	2	
TWIRLA 120-30 MCG/DAY PATCH	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
TYBLUME 0.1-0.02 MG CHEWABLE TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
TYBOST 150 MG TABLET	COBICISTAT	2	SRX
TYENNE 162 MG/0.9 ML AUTO-INJECTOR	TOCILIZUMAB-AAZG	4	PA, QL, SRX
TYENNE 162 MG/0.9 ML SYRINGE	TOCILIZUMAB-AAZG	4	PA, QL, SRX
TYMLOS 80 MCG DOSE PEN INJECTOR	ABALOPARATIDE	4	PA, QL, SRX
TYVASO INHALATION REFILL KIT	TREPROSTINIL/NEB ACCESSORIES	4	PA, LDD, SRX
TYVASO INHALATION STARTER KIT	TREPROSTINIL/NEBULIZER/ACCESOR	4	PA, LDD, SRX
TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	TREPROSTINIL	4	PA, LDD, SRX
TYVASO INSTITUTIONAL STARTER KIT	TREPROSTINIL/NEBULIZER/ACCESOR	4	PA, LDD, SRX
UDENYCA 6 MG/0.6 ML AUTO-INJECTOR	PEGFILGRASTIM-CBQV	4	PA, SRX
UDENYCA 6 MG/0.6 ML ON-BODY	PEGFILGRASTIM-CBQV	4	PA, SRX
UDENYCA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM-CBQV	4	PA, SRX
ULESFIA 5% LOTION	BENZYL ALCOHOL	3	
ULTICARE INSULIN SAFETY SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTICARE INSULIN SYRINGE 0.3 ML 30G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
ULTICARE INSULIN SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTICARE INSULIN SYRINGE 0.5 ML 31G 1/4"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTICARE INSULIN SYRINGE 1 ML 31G 1/4"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTICARE LDS SYRINGE 3 ML 22G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
ULTICARE PEN NEEDLE 29G 12.7MM	PEN NEEDLE, DIABETIC	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ULTICARE PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
ULTICARE PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
ULTICARE PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
ULTICARE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
ULTICARE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
ULTICARE PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
ULTICARE SAFETY PEN NEEDLE 30G 5MM	PEN NEEDLE, DIABETIC, SAFETY	2	
ULTICARE SAFETY PEN NEEDLE 30G 8MM	PEN NEEDLE, DIABETIC, SAFETY	2	
ULTICARE SAFETY SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTICARE SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTICARE SYRINGE 0.3 ML 30G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTICARE SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTICARE SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTICARE SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTICARE SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTICARE SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTICARE SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTICARE SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTICARE SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTICARE SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTICARE SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTIGUARD SAFEPACK 29G 12.7MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
ULTIGUARD SAFEPACK NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
ULTIGUARD SAFEPACK NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
ULTIGUARD SAFEPACK NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
ULTIGUARD SAFEPACK NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
ULTIGUARD SAFEPACK NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
ULTIGUARD SAFEPACK SYRINGE 0.3 ML 30G 12.7MM	SYR-ND,INS,0.3/CONTAINER,EMPTY	2	
ULTIGUARD SAFEPACK SYRINGE 0.3 ML 31G 8MM	SYR-ND,INS,0.3/CONTAINER,EMPTY	2	
ULTIGUARD SAFEPACK SYRINGE 0.5 ML 30G 12.7MM	SYR-ND,INS,0.5/CONTAINER,EMPTY	2	
ULTIGUARD SAFEPACK SYRINGE 0.5 ML 31G 8MM	SYR-ND,INS,0.5/CONTAINER,EMPTY	2	
ULTIGUARD SAFEPACK SYRINGE 1 ML 30G 12.7MM	SYR,NDL,INSULIN,1ML-SHARPS BIN	2	
ULTIGUARD SAFEPACK SYRINGE 1 ML 31G 8MM	SYR,NDL,INSULIN,1ML-SHARPS BIN	2	
ULTILET INSULIN SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTILET INSULIN SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTILET INSULIN SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTILET PEN NEEDLE	PEN NEEDLE, DIABETIC	2	
ULTILET PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
ULTRA COMFORT SYRINGE 0.3 ML	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2" (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ULTRA COMFORT SYRINGE 0.3 ML 31G 5/16" (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
ULTRA COMFORT SYRINGE 0.5 ML	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA COMFORT SYRINGE 0.5 ML 28G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA COMFORT SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA COMFORT SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA COMFORT SYRINGE 1 ML	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA COMFORT SYRINGE 1 ML 28G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA COMFORT SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA COMFORT SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA COMFORT SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA FLO PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
ULTRA FLO PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
ULTRA FLO PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
ULTRA FLO PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
ULTRA FLO PEN NEEDLE 33G 4MM	PEN NEEDLE, DIABETIC	2	
ULTRA FLO SYRINGE 0.3 ML 29G 1/2"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA FLO SYRINGE 0.3 ML 30G 1/2" (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
ULTRA FLO SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA FLO SYRINGE 0.3 ML 30G 5/16" (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
ULTRA FLO SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA FLO SYRINGE 0.3 ML 31G 5/16" (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
ULTRA FLO SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA THIN PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 30G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRACARE INSULIN SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 30G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRACARE INSULIN SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRACARE INSULIN SYRINGE 1 ML 30G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRACARE INSULIN SYRINGE 1 ML 30G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRACARE INSULIN SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRACARE PEN NEEDLE 31G 1/4"	PEN NEEDLE, DIABETIC	2	
ULTRACARE PEN NEEDLE 31G 3/16"	PEN NEEDLE, DIABETIC	2	
ULTRACARE PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
ULTRACARE PEN NEEDLE 32G 1/4"	PEN NEEDLE, DIABETIC	2	
ULTRACARE PEN NEEDLE 32G 3/16"	PEN NEEDLE, DIABETIC	2	
ULTRACARE PEN NEEDLE 32G 5/32"	PEN NEEDLE, DIABETIC	2	
ULTRACARE PEN NEEDLE 33G 5/32"	PEN NEEDLE, DIABETIC	2	
ULTRA-FINE 0.3 ML 30G 12.7MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA-FINE 0.3 ML 31G 8MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
ULTRA-FINE INSULIN SYRINGE 1 ML 31G 6MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
ULTRA-FINE INSULIN SYRINGE 1 ML 31G 8MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA-FINE PEN NEEDLE 29G 12.7MM	PEN NEEDLE, DIABETIC	2	
ULTRA-FINE PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
ULTRA-FINE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
ULTRA-FINE PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
ULTRA-FINE SYRINGE 0.3 ML 31G 6MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA-FINE SYRINGE 0.3 ML 31G 6MM (1/2)	SYRGE-NDL,INS 0.3 ML HALF MARK	2	
ULTRA-FINE SYRINGE 0.3 ML 31G 8MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA-FINE SYRINGE 0.5 ML 30G 12.7MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA-FINE SYRINGE 0.5 ML 31G 6MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA-FINE SYRINGE 0.5 ML 31G 8MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA-FINE SYRINGE 1 ML 30G 12.7MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 30G	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 31G	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29G	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 30G	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 31G	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29G	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA-THIN II INSULIN SYRINGE 1 ML 30G	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRA-THIN II PEN NEEDLE 29G 1/2"	PEN NEEDLE, DIABETIC	2	
ULTRA-THIN II PEN NEEDLE 31G 5/16"	PEN NEEDLE, DIABETIC	2	
ULTRA-THIN II SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
ULTRATRAK CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
ULTRATRAK NORMAL CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
ULTRATRAK ULTIMATE CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
UNIFINE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 29G 12MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 31G 3/16"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 31G 5MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 31G 6MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 31G 8MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 32G 1/4"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 32G 4MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 32G 5/32"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 32G 6MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP 33G 5/32"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP MAX 30G 3/16"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP NEEDLE 29G	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP NEEDLE 6MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP NEEDLE 8MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP PLUS 29G 1/2"	PEN NEEDLE, DIABETIC	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
UNIFINE PENTIP PLUS 30G 3/16"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP PLUS 31G 1/4"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP PLUS 31G 3/16"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP PLUS 31G 5/16"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP PLUS 32G 5/32"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIP PLUS 33G 5/32"	PEN NEEDLE, DIABETIC	2	
UNIFINE PENTIPS PLUS 31G 5MM	PEN NEEDLE, DIABETIC	2	
UNIFINE PROTECT NEEDLE 30G 5MM	PEN NEEDLE,DUAL SAFETY,DIABETC	2	
UNIFINE PROTECT NEEDLE 30G 8MM	PEN NEEDLE,DUAL SAFETY,DIABETC	2	
UNIFINE PROTECT NEEDLE 32G 4MM	PEN NEEDLE,DUAL SAFETY,DIABETC	2	
UNIFINE SAFECONTROL NEEDLE 30G 5MM	PEN NEEDLE,DUAL SAFETY,DIABETC	2	
UNIFINE SAFECONTROL NEEDLE 30G 8MM	PEN NEEDLE,DUAL SAFETY,DIABETC	2	
UNIFINE SAFECONTROL NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
UNIFINE SAFECONTROL NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
UNIFINE SAFECONTROL NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
UNIFINE SAFECONTROL NEEDLE 32G 4MM	PEN NEEDLE,DUAL SAFETY,DIABETC	2	
UNIFINE ULTRA PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
UNIFINE ULTRA PEN NEEDLE 31G 6MM	PEN NEEDLE, DIABETIC	2	
UNIFINE ULTRA PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
UNIFINE ULTRA PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
UNISTRIP HIGH CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, HIGH	2	
UNISTRIP LOW CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, LOW	2	
UNITHROID 25 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 50 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 75 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 88 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 100 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 112 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 125 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 137 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 150 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 175 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 200 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UNITHROID 300 MCG TABLET	LEVOTHYROXINE SODIUM	1	
UPTRAVI 200 MCG TABLET	SELEXIPAG	4	PA, LDD, SRX
UPTRAVI 400 MCG TABLET	SELEXIPAG	4	PA, LDD, SRX
UPTRAVI 600 MCG TABLET	SELEXIPAG	4	PA, LDD, SRX
UPTRAVI 800 MCG TABLET	SELEXIPAG	4	PA, LDD, SRX
UPTRAVI 1,000 MCG TABLET	SELEXIPAG	4	PA, LDD, SRX
UPTRAVI 1,200 MCG TABLET	SELEXIPAG	4	PA, LDD, SRX
UPTRAVI 1,400 MCG TABLET	SELEXIPAG	4	PA, LDD, SRX

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UPTRAVI 1,600 MCG TABLET	SELEXIPAG	4	PA, LDD, SRX
UPTRAVI 200-800 TITRATION PACK	SELEXIPAG	4	PA, LDD, SRX
URISTIX 4 REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
URISTIX REAGENT TEST STRIP	URINE MULTIPLE TEST STRIPS	2	
UROQID-ACID NO.2 500-500 TABLET	METHENAMINE/SOD PHOSPHATE MBAS	3	
URSODIOL 300 MG CAPSULE	URSODIOL	1	
URSODIOL 250 MG TABLET	URSODIOL	1	
URSODIOL 500 MG TABLET	URSODIOL	1	
USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE	USTEKINUMAB-TTWE	4	PA, QL, SRX
USTEKINUMAB-TTWE 90 MG/ML SYRINGE	USTEKINUMAB-TTWE	4	PA, QL, SRX
VALACYCLOVIR 500 MG TABLET	VALACYCLOVIR HCL	1	
VALACYCLOVIR 1 GRAM TABLET	VALACYCLOVIR HCL	1	
VALGANCICLOVIR 50 MG/ML ORAL SOLUTION	VALGANCICLOVIR HCL	3	
VALGANCICLOVIR 450 MG TABLET	VALGANCICLOVIR HCL	3	
VALPROIC ACID 250 MG CAPSULE	VALPROIC ACID	1	
VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	VALPROIC ACID (AS SODIUM SALT)	1	
VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	VALPROIC ACID (AS SODIUM SALT)	1	
VALSARTAN 40 MG TABLET	VALSARTAN	1	
VALSARTAN 80 MG TABLET	VALSARTAN	1	
VALSARTAN 160 MG TABLET	VALSARTAN	1	
VALSARTAN 320 MG TABLET	VALSARTAN	1	
VALSARTAN-HCTZ 80-12.5 MG TABLET	VALSARTAN/HYDROCHLOROTHIAZIDE	1	
VALSARTAN-HCTZ 160-12.5 MG TABLET	VALSARTAN/HYDROCHLOROTHIAZIDE	1	
VALSARTAN-HCTZ 160-25 MG TABLET	VALSARTAN/HYDROCHLOROTHIAZIDE	1	
VALSARTAN-HCTZ 320-12.5 MG TABLET	VALSARTAN/HYDROCHLOROTHIAZIDE	1	
VALSARTAN-HCTZ 320-25 MG TABLET	VALSARTAN/HYDROCHLOROTHIAZIDE	1	
VALTYA 1 MG-50 MCG TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	1	
VANADOM 350 MG TABLET	CARISOPRODOL	1	
VANCOMYCIN 125 MG CAPSULE	VANCOMYCIN HCL	3	QL
VANCOMYCIN 250 MG CAPSULE	VANCOMYCIN HCL	3	QL
VANCOMYCIN 25 MG/ML ORAL SOLUTION	VANCOMYCIN HCL	1	QL
VANDAZOLE VAGINAL 0.75% GEL	METRONIDAZOLE	1	
VANISHPOINT INSULIN SYRINGE 1 ML 30G 3/16"	SYRINGE,NEEDLE,INSULN,SAFE,1ML	2	
VANISHPOINT SYRINGE 0.5 ML 30G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
VANISHPOINT SYRINGE 3 ML 20G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
VANISHPOINT SYRINGE 3 ML 21G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
VANISHPOINT SYRINGE 3 ML 21G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
VANISHPOINT SYRINGE 3 ML 22G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
VANISHPOINT SYRINGE 3 ML 22G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
VANISHPOINT SYRINGE 3 ML 23G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
VANISHPOINT SYRINGE 3 ML 23G 1.5"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	

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Nombre del medicamento	Nombre genérico	Nivel	Notas
VANISHPOINT SYRINGE 3 ML 25G 1"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
VANISHPOINT SYRINGE 3 ML 25G 5/8"	SYRINGE W-NEEDLE,DISPOSAB,3 ML	2	
VANISHPOINT SYRINGE U-100 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
VAQTA 25 UNITS/0.5 ML SYRINGE	HEPATITIS A VIRUS VACCINE/PF	2	
VAQTA 50 UNITS/ML SYRINGE	HEPATITIS A VIRUS VACCINE/PF	2	
VAQTA 25 UNITS/0.5 ML VIAL	HEPATITIS A VIRUS VACCINE/PF	2	
VAQTA 50 UNITS/ML VIAL	HEPATITIS A VIRUS VACCINE/PF	2	
VARENICLINE 0.5 MG TABLET	VARENICLINE TARTRATE	1	
VARENICLINE 1 MG TABLET	VARENICLINE TARTRATE	1	
VARENICLINE 1 MG CONTINUING MONTH BOX	VARENICLINE TARTRATE	1	
VARENICLINE STARTING MONTH BOX	VARENICLINE TARTRATE	1	
VARISOFT INFUSION SET 23" 13MM	INFUSION SET FOR INSULIN PUMP	2	
VARISOFT INFUSION SET 23" 17MM	INFUSION SET FOR INSULIN PUMP	2	
VARISOFT INFUSION SET 32" 13MM	INFUSION SET FOR INSULIN PUMP	2	
VARISOFT INFUSION SET 43" 17MM	INFUSION SET FOR INSULIN PUMP	2	
VARIVAX VACCINE VIAL	VARICELLA VACCINE LIVE/PF	2	
VARIVAX VACCINE WITH DILUENT	VARICELLA VACCINE LIVE/PF	2	
VAXELIS VACCINE SYRINGE	DIP,PERT(A)TET/HEPB/POL/HIB/PF	2	
VAXELIS VACCINE VIAL	DIP,PERT(A)TET/HEPB/POL/HIB/PF	2	
VAXNEUVANCE 0.5 ML SYRINGE	PNEUMOC 15-VAL CONJ-DIP CRM/PF	2	
VELIVET 28 DAY TABLET	DESOGESTREL-ETHINYL ESTRADIOL	1	
VEMLIDY 25 MG TABLET	TENOFOVIR ALAFENAMIDE	4	PA, SRX
VENCLEXTA STARTING PACK	VENETOCLAX	4	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	VENETOCLAX	4	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET (10 MG X 2)	VENETOCLAX	4	PA, QL, LDD, SRX
VENCLEXTA 50 MG TABLET	VENETOCLAX	4	PA, QL, LDD, SRX
VENCLEXTA 100 MG TABLET	VENETOCLAX	4	PA, QL, LDD, SRX
VENLAFAXINE 25 MG TABLET	VENLAFAXINE HCL	1	QL
VENLAFAXINE 37.5 MG TABLET	VENLAFAXINE HCL	1	QL
VENLAFAXINE 50 MG TABLET	VENLAFAXINE HCL	1	QL
VENLAFAXINE 75 MG TABLET	VENLAFAXINE HCL	1	QL
VENLAFAXINE 100 MG TABLET	VENLAFAXINE HCL	1	QL
VENLAFAXINE ER 150 MG CAPSULE	VENLAFAXINE HCL	1	QL
VENLAFAXINE ER 37.5 MG CAPSULE	VENLAFAXINE HCL	1	QL
VENLAFAXINE ER 75 MG CAPSULE	VENLAFAXINE HCL	1	QL
VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	ILOPROST TROMETHAMINE	4	PA, LDD, SRX
VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	ILOPROST TROMETHAMINE	4	PA, LDD, SRX
VEOZAH 45 MG TABLET	FEZOLINETANT	4	PA, QL
VERAPAMIL 40 MG TABLET	VERAPAMIL HCL	1	
VERAPAMIL 80 MG TABLET	VERAPAMIL HCL	1	
VERAPAMIL 120 MG TABLET	VERAPAMIL HCL	1	

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VERAPAMIL ER 120 MG CAPSULE	VERAPAMIL HCL	1	
VERAPAMIL ER 180 MG CAPSULE	VERAPAMIL HCL	1	
VERAPAMIL ER 240 MG CAPSULE	VERAPAMIL HCL	1	
VERAPAMIL ER 120 MG TABLET	VERAPAMIL HCL	1	
VERAPAMIL ER 180 MG TABLET	VERAPAMIL HCL	1	
VERAPAMIL ER 240 MG TABLET	VERAPAMIL HCL	1	
VERAPAMIL ER PM 100 MG CAPSULE	VERAPAMIL HCL	2	
VERAPAMIL ER PM 200 MG CAPSULE	VERAPAMIL HCL	2	
VERAPAMIL ER PM 300 MG CAPSULE	VERAPAMIL HCL	2	
VERAPAMIL SR 120 MG CAPSULE	VERAPAMIL HCL	1	
VERAPAMIL SR 180 MG CAPSULE	VERAPAMIL HCL	1	
VERAPAMIL SR 240 MG CAPSULE	VERAPAMIL HCL	1	
VERAPAMIL SR 360 MG CAPSULE	VERAPAMIL HCL	1	
VEREGEN 15% OINTMENT	SINECATECHINS	3	
VERIFINE INSULIN SYRINGE 0.3 ML 31G 8MM	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
VERIFINE INSULIN SYRINGE 0.5 ML 29G 12MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
VERIFINE INSULIN SYRINGE 0.5 ML 31G 8MM	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
VERIFINE INSULIN SYRINGE 1 ML 29G 12MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
VERIFINE INSULIN SYRINGE 1 ML 31G 8MM	SYRINGE AND NEEDLE,INSULIN,1ML	2	
VERIFINE PEN NEEDLE 29G 12MM	PEN NEEDLE, DIABETIC	2	
VERIFINE PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
VERIFINE PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
VERIFINE PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
VERIFINE PEN NEEDLE 32G 6MM	PEN NEEDLE, DIABETIC	2	
VERIFINE PLUS PEN NEEDLE 31G 5MM	PEN NEEDLE, DIABETIC	2	
VERIFINE PLUS PEN NEEDLE 31G 8MM	PEN NEEDLE, DIABETIC	2	
VERIFINE PLUS PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC,DISP UNIT	2	
VERIFINE PLUS PEN NEEDLE 32G 4MM	PEN NEEDLE, DIABETIC	2	
VERIFINE SYRINGE 0.3 ML 31G 5/16"	SYRING-NEEDL,DISP,INSUL,0.3 ML	2	
VERIFINE SYRINGE 0.5 ML 29G 1/2"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
VERIFINE SYRINGE 0.5 ML 31G 5/16"	SYRINGE-NEEDLE,INSULIN,0.5 ML	2	
VERIFINE SYRINGE 1 ML 31G 5/16"	SYRINGE AND NEEDLE,INSULIN,1ML	2	
VESTURA 3 MG-0.02 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
VIENVA-28 TABLET	LEVONORGESTREL/ETHIN.ESTRADIOL	1	
VIGABATRIN 500 MG POWDER PACKET	VIGABATRIN	4	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	VIGABATRIN	4	PA, QL, LDD, SRX
VIGADRONE 500 MG POWDER PACKET	VIGABATRIN	4	PA, QL, LDD, SRX
VIGADRONE 500 MG TABLET	VIGABATRIN	4	PA, QL, LDD, SRX
VIGPODER 500 MG POWDER PACKET	VIGABATRIN	4	PA, QL, LDD, SRX
VILAZODONE 10 MG TABLET	VILAZODONE HCL	3	QL

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VILAZODONE 20 MG TABLET	VILAZODONE HCL	3	QL
VILAZODONE 40 MG TABLET	VILAZODONE HCL	3	QL
VIOKACE 10,440-39,150 UNITS TABLET	LIPASE/PROTEASE/AMYLASE	3	
VIOKACE 20,880-78,300 UNITS TABLET	LIPASE/PROTEASE/AMYLASE	3	
VIORELE 28 DAY TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	1	
VIREAD 150 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	2	SRX
VIREAD 200 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	2	SRX
VIREAD 250 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE	2	SRX
VIREAD POWDER	TENOFOVIR DISOPROXIL FUMARATE	2	SRX
VIRT-C DHA SOFTGEL	MVN-MIN75/IRON/IRON PS/OM3/DHA	1	
VISTOGARD 10 GRAM PACKET	URIDINE TRIACETATE	4	LDD, SRX
VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS	PED MVIT A,C,D3 NO.21/FLUORIDE	1	
VITAFOL-OB CAPLET	PRENATAL VIT 10/IRON FUM/FOLIC	1	
VITAMIN D2 1.25 MG (50,000 UNIT) CAPSULE	ERGOCALCIFEROL (VITAMIN D2)	1	
VIVAGUARD INO L1, L3 CONTROL SOLUTION	BLOOD GLUCOSE CONTROL HIGH,LOW	2	
VIVAGUARD INO L1,2,3 CONTROL SOLUTION	BLOOD GLUCOSE CTL HIGH,NML,LOW	2	
VIVAGUARD INO L2 CONTROL SOLUTION	BLOOD-GLUCOSE CONTROL, NORMAL	2	
VOLNEA 0.15-0.02-0.01 MG TABLET	DESOG-E.ESTRADIOL/E.ESTRADIOL	1	
VORICONAZOLE 40 MG/ML ORAL SUSPENSION	VORICONAZOLE	3	PA
VORICONAZOLE 50 MG TABLET	VORICONAZOLE	3	PA
VORICONAZOLE 200 MG TABLET	VORICONAZOLE	3	PA
VORTEX HOLDING CHAMBER	INHALER, ASSIST DEVICES	2	QL
VORTEX ADULT MASK	INHALER,ASSIST DEVICE,ACCESORY	2	QL
VORTEX VHC FROG CHILD MASK	INHALER,ASSIST DEVICE,MED MASK	2	QL
VORTEX VHC LADYBUG TODDLER MASK	INHALER,ASSIST DEV,SMALL MASK	2	QL
VORTEX VHC PEDIATRIC MED MASK	INHALER,ASSIST DEVICE,MED MASK	2	QL
VOSEVI 400-100-100 MG TABLET	SOFOSBUVIR/VELPATAS/VOXILAPREV	4	PA, QL, SRX
VRAYLAR 1.5 MG CAPSULE	CARIPRAZINE HCL	3	QL
VRAYLAR 3 MG CAPSULE	CARIPRAZINE HCL	3	QL
VRAYLAR 4.5 MG CAPSULE	CARIPRAZINE HCL	3	QL
VRAYLAR 6 MG CAPSULE	CARIPRAZINE HCL	3	QL
VYFEMLA 0.4 MG-0.035 MG TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
VYLIBRA 28 TABLET	NORGESTIMATE-ETHINYL ESTRADIOL	1	
VYNDAMAX 61 MG CAPSULE	TAFAMIDIS	4	PA, QL, LDD, SRX
WAKIX 4.45 MG TABLET	PITOLISANT HCL	4	PA, QL, LDD, SRX
WAKIX 17.8 MG TABLET	PITOLISANT HCL	4	PA, QL, LDD, SRX
WARFARIN 1 MG TABLET	WARFARIN SODIUM	1	
WARFARIN 2 MG TABLET	WARFARIN SODIUM	1	
WARFARIN 2.5 MG TABLET	WARFARIN SODIUM	1	
WARFARIN 3 MG TABLET	WARFARIN SODIUM	1	
WARFARIN 4 MG TABLET	WARFARIN SODIUM	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
WARFARIN 5 MG TABLET	WARFARIN SODIUM	1	
WARFARIN 6 MG TABLET	WARFARIN SODIUM	1	
WARFARIN 7.5 MG TABLET	WARFARIN SODIUM	1	
WARFARIN 10 MG TABLET	WARFARIN SODIUM	1	
WERA 0.5/0.035 MG 28 TABLET	NORETHINDRONE-ETHIN. ESTRADIOL	1	
WESCAP-PN DHA CAPSULE	MULTIVIT 47/IRON/FOLATE 1/DHA	1	
WESNATAL DHA COMPLETE	PNV CMB 52/IRON/FA/OMEGA-3/DHA	1	
WESNATE DHA SOFTGEL	PNV 11/IRON FUM/FOLIC ACID/OM3	1	
WESTAB PLUS TABLET	PNV,CALCIUM 72/IRON/FOLIC ACID	1	
WIXELA 100-50 INHUB	FLUTICASONE PROPION/SALMETEROL	1	QL
WIXELA 250-50 INHUB	FLUTICASONE PROPION/SALMETEROL	1	QL
WIXELA 500-50 INHUB	FLUTICASONE PROPION/SALMETEROL	1	QL
WM UNIFINE PENTIP PLUS 31G 5MM	PEN NEEDLE, DIABETIC	2	
WM UNIFINE PENTIP PLUS 31G 6MM	PEN NEEDLE, DIABETIC	2	
WM UNIFINE PENTIP PLUS 31G 8MM	PEN NEEDLE, DIABETIC	2	
WM UNIFINE PENTIP PLUS 32G 4MM	PEN NEEDLE, DIABETIC	2	
WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	NORETH-ETHINYL ESTRADIOL/IRON	1	
XALKORI 200 MG CAPSULE	CRIZOTINIB	4	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	CRIZOTINIB	4	PA, QL, LDD, SRX
XALKORI 20 MG PELLET	CRIZOTINIB	4	PA, QL, LDD, SRX
XALKORI 50 MG PELLET	CRIZOTINIB	4	PA, QL, LDD, SRX
XALKORI 150 MG PELLET	CRIZOTINIB	4	PA, QL, LDD, SRX
XARAH FE 1 MG/20-30-35 MCG TABLET	NORETHINDRONE-E.ESTRADIOL-IRON	1	
XARELTO 10 MG TABLET	RIVAROXABAN	2	QL
XARELTO 15 MG TABLET	RIVAROXABAN	2	QL
XARELTO 20 MG TABLET	RIVAROXABAN	2	QL
XARELTO DVT-PE STARTER PACK	RIVAROXABAN	2	QL
XDEMVY 0.25% EYE DROPS	LOTILANER	4	PA, QL, LDD, SRX
XELJANZ 1 MG/ML ORAL SOLUTION	TOFACITINIB CITRATE	4	PA, QL, SRX
XELJANZ 5 MG TABLET	TOFACITINIB CITRATE	4	PA, QL, SRX
XELJANZ 10 MG TABLET	TOFACITINIB CITRATE	4	PA, QL, SRX
XELJANZ XR 11 MG TABLET	TOFACITINIB CITRATE	4	PA, QL, SRX
XELJANZ XR 22 MG TABLET	TOFACITINIB CITRATE	4	PA, QL, SRX
XIFAXAN 200 MG TABLET	RIFAXIMIN	3	PA, QL
XIFAXAN 550 MG TABLET	RIFAXIMIN	3	PA, QL
XIGDUO XR 2.5 MG-1,000 MG TABLET	DAPAGLIFLOZ PROPANED/METFORMIN	2	QL
XIGDUO XR 5 MG-500 MG TABLET	DAPAGLIFLOZ PROPANED/METFORMIN	2	QL
XIGDUO XR 5 MG-1,000 MG TABLET	DAPAGLIFLOZ PROPANED/METFORMIN	2	QL
XIGDUO XR 10 MG-500 MG TABLET	DAPAGLIFLOZ PROPANED/METFORMIN	2	QL
XIGDUO XR 10 MG-1,000 MG TABLET	DAPAGLIFLOZ PROPANED/METFORMIN	2	QL
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	OMALIZUMAB	4	PA, LDD, SRX

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
XOLAIR 75 MG/0.5 ML SYRINGE	OMALIZUMAB	4	PA, LDD, SRX
XOLAIR 150 MG/ML AUTO-INJECTOR	OMALIZUMAB	4	PA, LDD, SRX
XOLAIR 150 MG/1.2 ML POWDER VIAL	OMALIZUMAB	4	PA, LDD, SRX
XOLAIR 150 MG/ML SYRINGE	OMALIZUMAB	4	PA, LDD, SRX
XOLAIR 300 MG/2 ML AUTO-INJECTOR	OMALIZUMAB	4	PA, LDD, SRX
XOLAIR 300 MG/2 ML SYRINGE	OMALIZUMAB	4	PA, LDD, SRX
XTAMPZA ER 9 MG CAPSULE	OXYCODONE MYRISTATE	2	PA
XTAMPZA ER 13.5 MG CAPSULE	OXYCODONE MYRISTATE	2	PA
XTAMPZA ER 18 MG CAPSULE	OXYCODONE MYRISTATE	2	PA
XTAMPZA ER 27 MG CAPSULE	OXYCODONE MYRISTATE	2	PA
XTAMPZA ER 36 MG CAPSULE	OXYCODONE MYRISTATE	2	PA
XTANDI 40 MG CAPSULE	ENZALUTAMIDE	4	PA, QL, LDD, SRX
XTANDI 40 MG TABLET	ENZALUTAMIDE	4	PA, QL, LDD, SRX
XTANDI 80 MG TABLET	ENZALUTAMIDE	4	PA, QL, LDD, SRX
XULANE 150-35 MCG/DAY PATCH	NORELGESTROMIN/ETHIN.ESTRADIOL	1	
YALE NEEDLE 21G 1.25"	NEEDLES, DISPOSABLE	2	
YARGESA 100 MG CAPSULE	MIGLUSTAT	4	PA, LDD, SRX
YESINTEK 45 MG/0.5 ML SYRINGE	USTEKINUMAB-KFCE	4	PA, QL, SRX
YESINTEK 45 MG/0.5 ML VIAL	USTEKINUMAB-KFCE	4	PA, QL, SRX
YESINTEK 90 MG/ML SYRINGE	USTEKINUMAB-KFCE	4	PA, QL, SRX
YEZTUGO 300 MG TABLET	LENACAPAVIR SODIUM	2	
YEZTUGO 463.5 MG/1.5 ML VIAL	LENACAPAVIR SODIUM	2	
YOURX ULTICARE PEN NEEDLE 4MM 32G	PEN NEEDLE, DIABETIC	2	
YOURX ULTICARE PEN NEEDLE 6MM 31G	PEN NEEDLE, DIABETIC	2	
YOURX ULTICARE PEN NEEDLE 8MM 31G	PEN NEEDLE, DIABETIC	2	
YUVAFEM 10 MCG VAGINAL INSERT	ESTRADIOL	2	QL
ZAFEMY 150-35 MCG/DAY PATCH	NORELGESTROMIN/ETHIN.ESTRADIOL	1	
ZAFIRLUKAST 10 MG TABLET	ZAFIRLUKAST	1	
ZAFIRLUKAST 20 MG TABLET	ZAFIRLUKAST	1	
ZALEPLON 5 MG CAPSULE	ZALEPLON	1	
ZALEPLON 10 MG CAPSULE	ZALEPLON	1	
ZARAH TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	FILGRASTIM-SNDZ	4	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	FILGRASTIM-SNDZ	4	SRX
ZATEAN-PN DHA CAPSULE	MULTIVIT 47/IRON/FOLATE 1/DHA	1	
ZATEAN-PN PLUS SOFTGEL	MV-MINS 71/IRON/FOLIC NO.1/DHA	1	
ZELBORAF 240 MG TABLET	VEMURAFENIB	4	PA, QL, LDD, SRX
ZELNORM 6 MG TABLET	TEGASEROD HYDROGEN MALEATE	3	
ZENATANE 10 MG CAPSULE	ISOTRETINOIN	3	
ZENATANE 20 MG CAPSULE	ISOTRETINOIN	3	
ZENATANE 30 MG CAPSULE	ISOTRETINOIN	3	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
ZENATANE 40 MG CAPSULE	ISOTRETINOIN	3	
ZENPEP DR 3,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
ZENPEP DR 40,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
ZENPEP DR 5,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
ZENPEP DR 10,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
ZENPEP DR 15,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
ZENPEP DR 20,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
ZENPEP DR 25,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
ZENPEP DR 60,000 UNIT CAPSULE	LIPASE/PROTEASE/AMYLASE	2	
ZENZEDI 5 MG TABLET	DEXTROAMPHETAMINE SULFATE	1	QL
ZENZEDI 10 MG TABLET	DEXTROAMPHETAMINE SULFATE	1	QL
ZEPATIER 50-100 MG TABLET	ELBASVIR/GRAZOPREVIR	4	PA, QL, SRX
ZEPOSIA 0.92 MG CAPSULE	OZANIMOD HYDROCHLORIDE	4	PA, QL, LDD, SRX
ZEPOSIA STARTER KIT (7-DAY)	OZANIMOD HYDROCHLORIDE	4	PA, QL, LDD, SRX
ZEPOSIA STARTER KIT (28-DAY)	OZANIMOD HYDROCHLORIDE	4	PA, QL, LDD, SRX
ZETONNA 37 MCG NASAL SPRAY	CICLESONIDE	3	
ZIDOVUDINE 100 MG CAPSULE	ZIDOVUDINE	1	SRX
ZIDOVUDINE 50 MG/5 ML SYRUP	ZIDOVUDINE	1	SRX
ZIDOVUDINE 300 MG TABLET	ZIDOVUDINE	1	SRX
ZILEUTON ER 600 MG TABLET	ZILEUTON	4	
ZIMHI 5 MG/0.5 ML SYRINGE	NALOXONE HCL	2	
ZIPRASIDONE 20 MG CAPSULE	ZIPRASIDONE HCL	1	
ZIPRASIDONE 40 MG CAPSULE	ZIPRASIDONE HCL	1	
ZIPRASIDONE 60 MG CAPSULE	ZIPRASIDONE HCL	1	
ZIPRASIDONE 80 MG CAPSULE	ZIPRASIDONE HCL	1	
ZIRGAN 0.15% EYE GEL	GANCICLOVIR	3	
ZOLADEX 3.6 MG IMPLANT SYRINGE	GOSERELIN ACETATE	4	PA, SRX
ZOLADEX 10.8 MG IMPLANT SYRINGE	GOSERELIN ACETATE	4	PA, SRX
ZOLINZA 100 MG CAPSULE	VORINOSTAT	4	PA, QL, LDD, SRX
ZOLMITRIPTAN 2.5 MG TABLET	ZOLMITRIPTAN	2	QL
ZOLMITRIPTAN 5 MG TABLET	ZOLMITRIPTAN	2	QL
ZOLMITRIPTAN 2.5 MG ODT TABLET	ZOLMITRIPTAN	2	QL
ZOLMITRIPTAN 5 MG ODT TABLET	ZOLMITRIPTAN	2	QL
ZOLPIDEM 5 MG TABLET	ZOLPIDEM TARTRATE	1	
ZOLPIDEM 10 MG TABLET	ZOLPIDEM TARTRATE	1	
ZOLPIDEM ER 6.25 MG TABLET	ZOLPIDEM TARTRATE	1	
ZOLPIDEM ER 12.5 MG TABLET	ZOLPIDEM TARTRATE	1	
ZONISAMIDE 100 MG CAPSULE	ZONISAMIDE	1	
ZONISAMIDE 25 MG CAPSULE	ZONISAMIDE	1	
ZONISAMIDE 50 MG CAPSULE	ZONISAMIDE	1	
ZOVIA 1-35 TABLET	ETHYNODIOL D-ETHINYL ESTRADIOL	1	

Lista de medicamentos con receta de 4 niveles de Cigna Healthcare Plus Illinois para 2026

Nombre del medicamento	Nombre genérico	Nivel	Notas
ZUBSOLV 0.7-0.18 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/NALOXONE HCL	2	
ZUBSOLV 1.4-0.36 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/NALOXONE HCL	2	
ZUBSOLV 2.9-0.71 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/NALOXONE HCL	2	
ZUBSOLV 5.7-1.4 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/NALOXONE HCL	2	
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/NALOXONE HCL	2	
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET	BUPRENORPHINE HCL/NALOXONE HCL	2	
ZUMANDIMINE 3 MG-0.03 MG TABLET	ETHINYL ESTRADIOL/DROSPIRENONE	1	
ZURZUVAE 20 MG CAPSULE	ZURANOLONE	4	PA, QL, LDD, SRX
ZURZUVAE 25 MG CAPSULE	ZURANOLONE	4	PA, QL, LDD, SRX
ZURZUVAE 30 MG CAPSULE	ZURANOLONE	4	PA, QL, LDD, SRX
ZYDELIG 100 MG TABLET	IDELALISIB	4	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	IDELALISIB	4	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	CERITINIB	4	PA, QL, SRX
ZYLET EYE DROPS	TOBRAMYCIN/LOTEPRED ETAB	3	PA

Medicamentos cubiertos en virtud de los beneficios de medicamentos con receta

Medicamentos con receta cubiertos en virtud de los beneficios médicos

Cuando los medicamentos con receta incluidos en la Lista de medicamentos con receta de Cigna Healthcare o en la Lista de medicamentos de Cigna Pathwell Specialty sean administrados en un entorno de cuidado de la salud por un médico u otro profesional de cuidado de la salud, y se facturen junto con los cargos del consultorio o el centro, estarán cubiertos en virtud de los beneficios médicos. Es posible que estos medicamentos estén sujetos a requisitos de Autorización previa.

Medicamentos de distribución limitada

Para determinados medicamentos de distribución limitada cubiertos en virtud de los beneficios médicos, el proveedor que administre el medicamento debe obtenerlo directamente de Accredo Specialty Pharmacy, la farmacia de especialidad preferida de su plan, o si no estuviera disponible a través de Accredo, a través de una farmacia de especialidad de la red, para que ese medicamento esté cubierto. Si tiene alguna pregunta acerca del lugar en el que su proveedor obtuvo los medicamentos que se le administraron, consulte a su proveedor.

Medicamentos de especialidad que requieren administración por parte de un proveedor que participe en el programa Cigna Pathwell Specialty

Determinados medicamentos de especialidad que suelen usarse para el tratamiento de condiciones complejas y son costosos, que requieren un manejo y administración especial, la coordinación del proveedor o la educación del paciente pueden estar sujetos a criterios de cobertura adicionales o requerir la administración por parte de un proveedor que participe en el programa Cigna Pathwell Specialty.

Podrá encontrar una lista completa de estos medicamentos de especialidad sujetos a criterios de cobertura adicionales o que requieren administración por parte de un proveedor que participe en el programa Cigna Pathwell Specialty en **cigna.com/pathwellspecialty**.

Los siguientes no están cubiertos, a menos que se obtenga una excepción de cobertura por necesidad médica:

- regímenes de medicamentos de especialidad que tienen un equivalente terapéutico o una alternativa terapéutica a otro(s) medicamento(s) con receta cubierto(s);
- medicamentos de especialidad recientemente aprobados por la Administración de Alimentos y Medicamentos (FDA) de los Estados Unidos hasta que transcurran los primeros 180 días siguientes a su lanzamiento al mercado;
- regímenes de medicamentos de especialidad para los cuales hay una alternativa de tratamiento de menor costo apropiada.

Cigna Healthcare podrá considerar determinados regímenes de medicamentos de especialidad como preferidos cuando sean clínicamente superiores a tratamientos alternativos y tengan una mejor relación costo-beneficio. Es posible que se requieran regímenes preferidos para tener cobertura, salvo cuando el miembro no sea un candidato para el régimen y se obtenga una excepción de cobertura por necesidad médica.

Es posible que determinados medicamentos de especialidad estén cubiertos únicamente por los beneficios de medicamentos con receta cuando se cumple con uno o más de los siguientes criterios:

- el costo del medicamento es menor en virtud de fuentes de farmacia que de fuentes médicas en el programa Cigna Pathwell Specialty;
- el proveedor acepta el medicamento de la fuente de farmacia;
- el miembro puede autoadministrarse el medicamento adquirido en una farmacia.

Beneficios de medicamentos inyectables autoadministrados y medicamentos para infusión e inyectables

Los medicamentos inyectables autoadministrados y las jeringas para la autoadministración de dichos medicamentos, incluidos en la Lista de medicamentos con receta de Cigna Healthcare, están cubiertos en virtud de los beneficios de medicamentos con receta.

Medicamentos cubiertos en virtud de los beneficios de medicamentos con receta *(cont.)*

Para determinar si un medicamento que le recetaron está cubierto, puede hacer lo siguiente:

- iniciar sesión en su cuenta de **mycigna®** y
- ver la Lista de medicamentos con receta de Cigna Healthcare en **cigna.com/ifp-drug-lists**, y
- elegir la Lista de medicamentos con receta de Cigna Healthcare correspondiente a su estado.

Nota: Es posible que los medicamentos estén sujetos a requisitos de Autorización previa para medicamentos con receta.

Medicamentos cubiertos en virtud de los beneficios médicos

Los medicamentos para infusión e inyectables incluidos en la Lista de medicamentos con receta de Cigna Healthcare están cubiertos en virtud de los beneficios médicos cuando son administrados en un entorno de cuidado de la salud por un médico u otro profesional de cuidado de la salud, y son facturados con los cargos del consultorio o el centro.

Para ver la Lista de medicamentos con receta de Cigna Healthcare, usted o su médico pueden:

- acceder a **cigna.com/ifp-drug-lists**, y
- elegir su estado.

Nota: Es posible que los medicamentos estén sujetos a requisitos de Autorización previa para medicamentos con receta.

¿Tiene preguntas?

Si tiene alguna pregunta acerca de la cobertura de medicamentos con receta, llame a Servicio al Cliente al número gratuito que aparece en la parte de atrás de su tarjeta de ID.

Preguntas frecuentes

Aquí encontrará respuestas a preguntas que puede tener sobre su Lista de medicamentos y la cobertura de medicamentos con receta.

P. ¿Por qué hacen cambios en la Lista de medicamentos?
R. Revisamos y actualizamos la Lista de medicamentos en forma regular para garantizar la cobertura de medicamentos seguros, eficaces y de bajo costo. Hacemos cambios por varios motivos; por ejemplo, cuando surge un medicamento nuevo, cuando algún medicamento deja de estar disponible o cuando cambia el precio de un medicamento. Estos cambios pueden incluir:

- Pasar un medicamento a un nivel de costos más bajo.
- Pasar un medicamento de marca a un nivel de costos más alto cuando haya un genérico disponible.
- Pasar un medicamento a un nivel de costos más alto y/o dejar de cubrir un medicamento.
- Agregar reglas (requisitos) de cobertura adicionales para un medicamento.

Cuando hacemos un cambio que afectará su medicamento (por ejemplo, empezará a costar más, dejará de estar cubierto y/o empezará a tener un requisito de cobertura adicional), le avisamos antes de que el cambio entre en vigor. De esta manera, usted tiene tiempo de hablar con su médico sobre las opciones disponibles. Solo usted y su médico pueden decidir qué es lo mejor para su tratamiento.

P. ¿Por qué mi plan no cubre determinados medicamentos?
R. Para ayudar a reducir sus costos de cuidado de la salud totales, su plan no cubre determinados medicamentos de marca de alto costo que tienen alternativas de menor costo que pueden tratar la misma condición. Si su medicamento no está cubierto y su médico considera que un medicamento diferente no es adecuado para usted, el personal del consultorio puede pedirnos que lo cubramos a través de nuestro proceso de revisión.

También hay algunos medicamentos y productos que su plan no cubrirá en ningún caso, porque son una "exclusión del plan (o del beneficio)". Esto significa que el medicamento o el producto no está en su Lista de medicamentos, y no existe la opción de pedirnos que lo cubramos a través de nuestro proceso de revisión de medicamentos. Por ejemplo, su plan no cubre (o "excluye") medicamentos que no están aprobados por la FDA.

P. ¿Cómo deciden qué medicamentos cubrir?
R. La Lista de medicamentos con receta es manejada por el Comité de Evaluación del Valor de los Planes de Salud (HVAC, por sus siglas en inglés) que, sujeto a la revisión y aprobación de la Lista de medicamentos con receta por parte del Comité de Farmacia y Terapéutica (P&T, por sus siglas en inglés), toma decisiones sobre la asignación de niveles de cobertura de los medicamentos con receta o suministros relacionados y/o aplica requisitos de administración de la utilización a determinados medicamentos con receta o suministros relacionados.

Es posible que los niveles de cobertura de su Póliza/Acuerdo de servicios contengan medicamentos con receta o suministros relacionados que sean medicamentos genéricos, medicamentos de marca o medicamentos de especialidad. La asignación de cualquier medicamento con receta o suministros relacionados a un nivel específico, y la aplicación de requisitos de administración de la utilización a un medicamento con receta, dependen de varios factores clínicos y económicos. Los factores clínicos incluyen, a modo de ejemplo, las evaluaciones del lugar de terapia, la seguridad relativa o la eficacia relativa del medicamento con receta o los suministros relacionados por parte del Comité de P&T, y los factores económicos incluyen, a modo de ejemplo, el costo y/o los reembolsos disponibles para los medicamentos con receta o los suministros relacionados.

Usted (o el miembro de su familia) y el médico que le receta medicamentos determinarán si un medicamento con receta o suministro relacionado en particular son apropiados para usted o cualquiera de los miembros de su familia, sin importar su elegibilidad para estar cubiertos por su Póliza/Acuerdo de servicios.

P. ¿Por qué algunos medicamentos necesitan aprobación para que mi plan los cubra?
R. El proceso de revisión ayuda a garantizar que usted esté recibiendo cobertura para el medicamento correcto, al costo correcto, en la cantidad correcta y para la situación correcta.

P. ¿Cómo sé si un medicamento necesita aprobación?
R. Consulte su Lista de medicamentos o inicie sesión en la aplicación myCigna o en **myCigna.com** y use la herramienta *Price a Medication* (Conozca los precios de los medicamentos). Si al lado del nombre del medicamento aparece:

- **PA** (autorización previa), necesita aprobación para que su plan lo cubra.

- **QL** (límite a la cantidad), es posible que necesite aprobación según la cantidad que le estén despachando de una vez.
- **AGE** (requisito de edad), es posible que necesite aprobación según su edad.

P. ¿Qué tipos de medicamentos generalmente necesitan aprobación?
R. Medicamentos que:

- Pueden no ser seguros si se toman con otros medicamentos.
- Tienen alternativas de menor costo que son igual de eficaces para tratar la misma condición.
- Solo deberían usarse para determinadas condiciones médicas.
- Suelen usarse de manera incorrecta o presentan riesgo de abuso (tomarlos con mayor frecuencia de la recomendada).

P. ¿Qué tipos de medicamentos generalmente tienen límites a la cantidad?
R. Medicamentos que:

- Se toman en una cantidad mayor o durante más tiempo del recomendado.
- Se usan de manera incorrecta o presentan riesgo de abuso (tomarlos con mayor frecuencia de la recomendada).

P. ¿Por qué mi medicamento tiene un requisito de edad?
R. No todos los medicamentos son adecuados para todas las edades. Algunos medicamentos son más eficaces en personas de cierta edad o dentro de un rango de edad específico. Con el paso del tiempo, los cambios en el organismo pueden disminuir la capacidad para descomponer o eliminar ciertos medicamentos, lo que hace que permanezcan más tiempo en el cuerpo. Por esta razón, una persona adulta mayor podría necesitar una dosis más baja o un medicamento diferente que sea más seguro.

P. ¿Cómo obtengo la aprobación (autorización previa) para mi medicamento?
R. Pídale al personal del consultorio de su médico que se comunique con nosotros para comenzar el proceso de revisión de la cobertura. Ellos saben cómo funciona el proceso de revisión y se ocuparán de todo por usted. Por si el personal del consultorio pregunta, pueden descargar un formulario de solicitud desde nuestro portal para proveedores en **cignaforhcp.com**.

Revisaremos la información que nos envíe su médico para asegurarnos de que usted cumpla con las reglas (los requisitos) de cobertura del medicamento. Les enviaremos una carta a usted y a su médico para comunicarles nuestra decisión (aprobado/no aprobado) y los próximos pasos. Esto puede demorar hasta cinco (5) días hábiles. Puede comunicarse con el consultorio de su médico en cualquier momento para averiguar si ya tomamos una decisión. O puede iniciar sesión en la aplicación myCigna o en **myCigna.com** para saber en qué parte del proceso de revisión está su medicamento o para leer la decisión que tomamos.

Muchas veces no recibimos toda la información necesaria del consultorio para poder aprobar la cobertura. Si no aprobamos su medicamento, su médico puede enviarnos más información para que la revisemos, usando el mismo proceso que antes. Con gusto revisaremos la solicitud nuevamente. Según lo que su médico envíe esta vez, es posible que podamos aprobar la cobertura. Si no es así, usted y su médico pueden apelar la decisión enviándonos una solicitud por escrito en la que se expliquen los motivos por los que deberíamos cubrir el medicamento.

P. ¿Qué pasa si trato de que me despachen un medicamento con receta que necesita aprobación, pero no la obtengo de antemano?
R. Cuando su farmacéutico trate de despacharle la receta, verá que el medicamento necesita nuestra aprobación para tener cobertura. Como usted no obtuvo la aprobación de antemano, su plan no cubrirá el costo.

Podrá adquirir el medicamento de todos modos (sin usar su plan/seguro), pero pagará el precio total en la farmacia. En ese caso, lo que pague no podrá aplicarse a su deducible anual ni al desembolso máximo.

P. ¿Qué pasa si trato de que me despachen un medicamento con receta que tiene un límite de cantidad?
R. Su farmacéutico solo le despachará la cantidad que cubra su plan. Si usted quiere que le despachen más de la cantidad permitida, el personal del consultorio puede pedirnos que cubramos esa cantidad mayor a través de nuestro proceso de revisión.

P. ¿Todos los medicamentos incluidos en esta Lista de medicamentos están aprobados por la FDA?
R. Sí.

Preguntas frecuentes *(cont.)*

P. ¿Mi plan cubre medicamentos aprobados recientemente por la FDA?
R. Nosotros revisamos todos los medicamentos y productos recientemente aprobados para determinar si deberían estar cubiertos y, en ese caso, con qué costo compartido (en qué nivel). Esto incluye, a modo de ejemplo, medicamentos, suministros médicos *y/o* dispositivos cubiertos por los beneficios de farmacia estándares. Desde la fecha de aprobación de la FDA, nuestra decisión puede demorar hasta seis meses.

Si su médico quiere usar un medicamento recientemente aprobado, el personal del consultorio puede pedirnos que lo cubramos a través de nuestro proceso de revisión.

P. ¿Qué son los medicamentos preventivos?
R. Los medicamentos preventivos pueden ayudarle a evitar ciertas condiciones médicas a largo plazo, como por ejemplo, asma, depresión, diabetes, ataque al corazón, presión arterial alta, colesterol alto, osteoporosis, carencia nutritiva prenatal y derrame cerebral. Estos medicamentos mejoran sus probabilidades de mantenerse saludable y vivir más tiempo.

P. ¿Qué medicamentos están cubiertos en virtud de la ley de reforma del cuidado de salud?
R. La Ley de Protección al Paciente y Cuidado de Salud a Bajo Precio (PPACA, por sus siglas en inglés), conocida como la "reforma del cuidado de salud", ayuda a que el cuidado de la salud y el cuidado preventivo sean más accesibles. La PPACA exige que los planes cubran el costo total de ciertos medicamentos preventivos y productos de venta sin receta (OTC, por sus siglas en inglés) preventivos. Esto significa que usted no tiene que pagar nada, ni siquiera un copago, coseguro o deducible, por estos productos.

Para ver una lista de los medicamentos que cuestan $0, visite **Cigna.com/PDL** y haga clic en el vínculo *IFP PPACA No Cost-Share Preventive Drug List* (Lista de medicamentos preventivos sin costos compartidos según la PPACA de IFP).

P. ¿Cómo puedo averiguar cuánto me costará mi medicamento?
R. Cuando usted y su médico estén evaluando el medicamento correcto para su tratamiento, saber cuánto cuesta, qué opciones de menor costo están disponibles y qué farmacias tienen los mejores precios puede ayudarle a evitar sorpresas. Inicie sesión en la aplicación myCigna o en **myCigna.com** y use la herramienta *Price a Medication* (Conozca los precios de los medicamentos) para saber cuánto cuesta su medicamento antes de ir a la farmacia o incluso antes de irse del consultorio de su médico.[3]

P. ¿Qué es el costo compartido?
R. Es la cantidad que usted paga de su bolsillo por un medicamento con receta cubierto *y/o* un servicio de cuidado de la salud o un servicio relacionado elegible. Para algunos planes, el costo compartido es un copago; para otros planes, es un coseguro.

P. ¿Cómo puedo ahorrar dinero en mis medicamentos con receta?
R. Puede pensar en la posibilidad de usar un medicamento que esté cubierto en un nivel inferior, como un medicamento genérico o de marca preferida, o en pedir que le despachen un suministro para 90 días (si su plan lo permite). Pregúntele a su médico si alguna de estas opciones puede ser adecuada para usted.

P. ¿Qué es un medicamento genérico?
R. Un genérico es igual que su versión de marca. Tiene los mismos ingredientes activos, y la misma concentración y formulación, trata la(s) misma(s) condición(es), y actúa de la misma manera. Además, en general, cuesta menos.[2] Los medicamentos genéricos suelen venderse con su nombre químico o científico, en lugar del nombre de marca.

P. ¿Los genéricos actúan de la misma manera que los medicamentos de marca?
R. Sí. Los medicamentos genéricos actúan de la misma manera y tienen el mismo beneficio clínico que los medicamentos de marca.[2]

P. ¿Cuáles son las diferencias entre los medicamentos genéricos y los de marca?
R. Los medicamentos genéricos y los de marca pueden:[2]

- Tener un aspecto diferente. Por ejemplo, los medicamentos genéricos pueden tener una forma, un tamaño o un color diferente a sus versiones de marca.
- Tener un sabor diferente *y/o* utilizar distintos conservantes, venir en un envase diferente *y/o* con un etiquetado distinto, y pueden tener una fecha de vencimiento diferente.

Es importante que sepa que estas diferencias no afectan la manera en que actúan los genéricos.

P. Mi farmacia no está en la red de mi plan. ¿Me pueden seguir despachando medicamentos con receta allí?
R. Su plan no ofrece cobertura fuera de la red. Esto significa que tendrá que usar una farmacia de la red para que su medicamento tenga cobertura.

Preguntas frecuentes *(cont.)*

P. ¿Me pueden despachar mis recetas por correo?
R. Sí.[4]

Despache los medicamentos de mantenimiento a través de Express Scripts® Pharmacy.

La entrega a domicilio es una opción conveniente cuando está tomando un medicamento en forma regular para tratar una condición médica permanente. Es sencilla y segura, y le permite ir menos veces a la farmacia. Para obtener más información, visite **Cigna.com/homedelivery**.

- Es muy fácil pedir, manejar, hacer el seguimiento y pagar sus medicamentos en su teléfono o en línea.
- Reciba los pedidos por envío estándar sin costo adicional.[5]
- Obtenga un suministro máximo para 90 días de una vez.[6]
- Hable con un farmacéutico las 24 horas, los 7 días de la semana.
- Suscríbase a los recordatorios de renovaciones para no dejar de tomar ninguna dosis.[7]

Estas son dos maneras sencillas de comenzar:

1. **En línea.** Inicie sesión en la aplicación myCigna o en **myCigna.com** y haga clic en la pestaña *Prescriptions* (Recetas). Elija *My Medications* (Mis medicamentos) del menú desplegable. Luego haga clic en el botón que está al lado del nombre de su medicamento para pasar su(s) receta(s) de su farmacia minorista al servicio de entrega a domicilio. O
2. **Por teléfono.**
   - Llame al consultorio de su médico. Pida que envíen una receta para 90 días (con renovaciones) al servicio de entrega a domicilio de Express Scripts. O
   - Llame a Express Scripts Pharmacy al **800.835.3784**. Se comunicarán con el consultorio de su médico para obtener su receta. Tenga preparada su tarjeta de ID, la información de contacto de su médico y los nombres de sus medicamentos cuando llame.

Despache los medicamentos de especialidad a través de Accredo® Specialty Pharmacy

Si está usando un medicamento de especialidad, el equipo de Accredo puede ayudarle a controlar su condición médica poco frecuente y/o compleja. También le despacharán y le enviarán su medicamento para que no tenga que ir a buscarlo a la farmacia.

- Hable con enfermeras y farmacéuticos especialmente capacitados, las 24 horas, los 7 días de la semana.
- Reciba pedidos por envío rápido sin costo adicional.[5]
- Suscríbase a las renovaciones y los recordatorios. Algunas renovaciones pueden solicitarse por mensaje de texto.[8]
- Reciba ayuda para pagar su medicamento (si la necesita).
- Maneje y haga el seguimiento de sus medicamentos en línea.

Para obtener más información, visite **Cigna.com/specialty**. Para empezar a usar Accredo, llame al **877.826.7657**, de lunes a viernes, de 7:00 a.m. a 8:00 p.m., hora del Centro; o los sábados, de 7:00 a.m. a 4:00 p.m., hora del Centro.

P. ¿Dónde puedo obtener más información sobre mis beneficios de farmacia?
R. Puede usar las herramientas y recursos en línea que encontrará en la aplicación myCigna o en **myCigna.com** para comprender mejor su cobertura de farmacia. Puede averiguar cuánto cuestan sus medicamentos, ver qué medicamentos cubre su plan, buscar una farmacia de la red, ver sus reclamos de farmacia y los detalles de la cobertura, y mucho más. También puede administrar sus pedidos de entrega a domicilio.

Exclusiones y limitaciones: Lo que esta Póliza no cubre

Además de las otras exclusiones y limitaciones que se describen en esta Evidencia de cobertura (EOC, por sus siglas en inglés), no se brindan beneficios para lo siguiente:

1. **Servicios obtenidos de un Proveedor no participante/Proveedor fuera de la red**, salvo para el tratamiento de una Condición médica de emergencia.
2. Cantidades **que superen las limitaciones de beneficios máximos de los Gastos cubiertos** especificados en esta EOC.
3. Servicios **no incluidos específicamente como Servicios cubiertos** en esta EOC.
4. Servicios o suministros que **no son Médicamente necesarios**.
5. Servicios o suministros que se considere que son para **Procedimientos experimentales o Procedimientos en investigación**.
6. Servicios **que se reciban antes de la Fecha de entrada en vigor de la cobertura**.
7. Servicios **recibidos después de finalizada la cobertura en virtud de esta EOC**.
8. Servicios **que Usted no tiene la obligación legal de pagar** o por los cuales no se cobraría si Usted no tuviera un plan de salud o una cobertura de seguro.
9. Cualquier condición por la cual se recuperen o puedan recuperarse los beneficios, ya sea mediante una sentencia o laudo, un acuerdo o de otro modo, **en virtud de cualquier compensación del seguro de accidentes de trabajo, ley de responsabilidad del empleador o ley de enfermedades laborales**, incluso si el Miembro no reclama esos beneficios.
10. Condiciones causadas por: (a) un **acto bélico (como consecuencia de una guerra declarada o no declarada)**; (b) la **liberación involuntaria de energía nuclear** cuando haya fondos del gobierno disponibles para tratar las Enfermedades o Lesiones producidas por dicha liberación de energía nuclear; (c) la **participación de un Miembro en el servicio militar de cualquier país**; (d) la **participación de un Miembro en una insurrección, una rebelión o un motín;** (e) servicios recibidos como resultado directo de la comisión o el intento de comisión de un **delito grave** por parte de un Miembro (independientemente de que haya dado lugar a acciones legales o no) **o como resultado directo de que el Miembro participe en una actividad ilícita;** (f) el hecho de que un Miembro **se encuentre en estado de embriaguez** —según se defina en las leyes aplicables del estado en el cual tenga lugar la enfermedad— **o bajo el efecto de narcóticos ilícitos o sustancias controladas sin receta médica,** salvo en los casos en que sean administradas o recetadas por un Médico.
11. Cualquier **servicio proporcionado por una agencia gubernamental local, estatal o federal**, salvo cuando la ley federal o estatal exijan expresamente el pago en virtud de esta EOC.
12. **Servicios que deben ser brindados por un sistema** o distrito escolar **público, según lo exigido por la ley estatal o federal**.
13. Cualquier **servicio por el cual se obtenga el pago de cualquier agencia gubernamental local, estatal o federal** (a excepción de Medicaid). Los Hospitales de la Administración de Veteranos y los Centros militares de tratamiento serán considerados para el pago de acuerdo con la legislación vigente.
14. **Si el Miembro está inscrito en** las Partes A, B, C o D **de Medicare**, Cigna Healthcare proporcionará el pago del reclamo de acuerdo con esta EOC menos cualquier cantidad pagada por Medicare. El pago realizado por Cigna Healthcare no podrá exceder la cantidad que habría pagado si hubiese sido la única aseguradora.
15. **Hospitalización o tratamiento ordenado por un juez**, a menos que tal tratamiento sea recetado por un Médico y se encuentre en la lista de conceptos cubiertos por esta EOC.
16. **Servicios** profesionales **o suministros recibidos o comprados directamente o en Su nombre por cualquier persona, incluido un Médico, a cualquiera de** las siguientes personas:
    - Usted o Su empleador;
    - una persona que viva en el hogar del Miembro o el empleador de dicha persona;
    - una persona que tenga un vínculo de sangre, por matrimonio o por adopción con el Miembro, o el empleador de dicha persona; o
    - un centro o profesional de cuidado de la salud que le proporcione una remuneración a Usted, o a una organización de la cual Usted reciba una remuneración.
17. Servicios de la sala de emergencias de un Hospital **para cualquier condición que no sea una Condición médica de emergencia** según lo definido en esta EOC.

Exclusiones y limitaciones: Lo que esta Póliza no cubre *(cont.)*

18. **Cuidados de custodia, que incluyen, a modo de ejemplo: curas de reposo, cuidado diurno de bebés, niños o adultos, incluido el cuidado diurno geriátrico**.

19. **Servicios de enfermería privada**, salvo cuando se brinden como parte de los servicios de cuidado de la salud en el hogar o el beneficio de Servicios de atención para enfermos terminales de esta EOC.

20. **Cargos** de cuarto y comida para pacientes internados **en relación con una estadía en un Hospital, principalmente por un cambio de ambiente o Fisioterapia.**

21. Servicios recibidos durante **una estadía como paciente internado cuando la estadía esté relacionada principalmente con** la inadaptación social del comportamiento, la falta de disciplina u otras acciones antisociales que no sean específicamente el resultado de un Trastorno de salud mental.

22. **Servicios de medicina complementaria y alternativa, entre los que se incluyen**: terapia de masajes; terapia con animales, entre otras, a modo de ejemplo, equinoterapia o terapia con perros; arteterapia; meditación; visualización; acupuntura; acupresión; terapia de inyección en puntos de acupuntura; punción seca; reflexología; *rolfing* (masaje de tejido conectivo); fototerapia; aromaterapia; musicoterapia o terapia del sonido; danzaterapia; terapia del sueño; hipnosis; balanceo de energía; ejercicios de respiración; terapia del movimiento y/o ejercicio, incluidos, a modo de ejemplo, yoga, pilates, taichi, caminata, senderismo, natación y golf; y cualquier otro tratamiento alternativo según lo definido por el National Center for Complementary and Alternative Medicine (NCCAM) de los Institutos Nacionales de Salud. Los servicios específicamente indicados como cubiertos en "Terapia de rehabilitación" y "Terapia de habilitación" no están sujetos a esta exclusión.

23. Los servicios o suministros **brindados por o en un hogar de ancianos, un asilo de convalecencia o cualquier centro** en el que una parte significativa de las actividades incluyan el descanso, la recreación, el tiempo libre o cualquier otro servicio que no sea un Servicio cubierto.

24. **Asistencia con las actividades cotidianas**, entre las que se incluyen, a modo de ejemplo, bañarse, comer, vestirse u otras actividades de Cuidados de custodia o de cuidado personal, servicios domésticos y servicios que sean principalmente para descanso, cuidado en el hogar o de convalecencia.

25. **Servicios brindados por profesionales sin licencia** o servicios cuya realización no requiere una licencia, como por ejemplo, meditación, ejercicios de respiración, visualización guiada.

26. **Servicios dentales**, dentaduras postizas, puentes, coronas, fundas u otras Prótesis dentales, extracción de dientes o tratamiento de dientes o encías, salvo según lo dispuesto específicamente en esta EOC.

27. **Servicios de ortodoncia**, frenillos y otros aparatos ortodóncicos, incluidos los servicios de ortodoncia para la Disfunción de la articulación temporomandibular.

28. **Implantes dentales:** materiales dentales implantados dentro del hueso o tejido blando o sobre ellos, o cualquier procedimiento relacionado como parte del implante o la extracción de implantes dentales.

29. **Los servicios cubiertos por este plan médico y un plan dental pediátrico relacionado certificado por el Intercambio** y reembolsados en virtud del plan dental no se reembolsarán conforme a este plan.

30. **Pruebas de audición de rutina,** salvo según lo dispuesto en Cuidado preventivo.

31. **Servicios de optometría**, ejercicios de los ojos, que incluyen ortóptica, anteojos, lentes de contacto, exámenes y refracciones de rutina de la vista, salvo según lo indicado específicamente en esta EOC en Cuidado de la vista pediátrico.

32. **Cirugía ocular únicamente con el propósito de corregir defectos de refracción** del ojo, como miopía, astigmatismo y/o presbicia.

33. **Cirugía, tratamiento** u otros servicios **estéticos** para embellecerse, mejorar o alterar la apariencia o la autoestima, o con el fin de tratar problemas psicológicos o psicosociales relacionados con la apariencia de una persona. Esta exclusión no se aplica a la Cirugía reconstructiva para restaurar una función del cuerpo o para corregir una malformación provocada por una Lesión o defecto congénito de un niño Recién nacido, ni a la Cirugía reconstructiva Médicamente necesaria para restaurar la simetría después de una mastectomía o tumorectomía.

34. **Ayudas o dispositivos que ayudan en la comunicación no verbal**, entre ellos, a modo de ejemplo, tableros de comunicación, dispositivos para hablar pregrabados, computadoras portátiles, computadoras de escritorio, asistentes digitales personales (PDA, por sus siglas en inglés), máquinas para escribir en

braille, sistemas de alerta visual para sordos y libros para la memoria, salvo según lo dispuesto específicamente en esta EOC.

35. **Asesoría o servicios auxiliares no médicos** que incluyen, a modo de ejemplo, educación, capacitación, rehabilitación vocacional, entrenamiento del comportamiento, biorretroalimentación,neurorretroalimentación, asesoría laboral, capacitación para cuidar la espalda, servicios de retorno al trabajo, programas de reentrenamiento para el trabajo, seguridad vial, y servicios, capacitación, terapia educacional u otros servicios auxiliares no médicos para tratar los trastornos del aprendizaje y los retrasos en el desarrollo, **a menos** que esta EOC establezca lo contrario.
36. Servicios y procedimientos para **cirugía para retirar piel sobrante**, incluidos cirugía de la pared abdominal/paniculectomía, extirpación de papilomas cutáneos, terapia craneosacral/craneal, kinesiología aplicada, proloterapia y litotricia extracorpórea por ondas de choque (ESWL, por sus siglas en inglés) para condiciones musculoesqueléticas y ortopédicas, macromastia o ginecomastia (incluida la reducción de los senos, a menos que sea Médicamente necesaria), várices, rinoplastia y blefaroplastia.
37. Procedimientos, cirugía o tratamientos para **cambiar características del cuerpo** por las del sexo opuesto, a menos que dichos servicios se consideren Médicamente necesarios o cumplan de otra forma con los requisitos de cobertura aplicables.
38. Cualquier tratamiento, Medicamento con receta, servicio o suministro **para tratar la disfunción sexual**, mejorar el rendimiento sexual o aumentar el deseo sexual.
39. Pagos relacionados con la **obtención o donación de sangre o derivados hematológicos**, excepto para la donación autóloga cuando se prevén con anticipación ciertos servicios programados, cuando a criterio del Médico de revisión de la utilización la probabilidad de la pérdida de sangre en exceso es tal que se espera que la cirugía traiga aparejada una transfusión.
40. Administración de sangre **con el propósito de mejorar el estado físico general.**
41. **Calzado ortopédico** (salvo cuando esté unido a Soportes), agregados al calzado y Dispositivos ortopédicos.
42. **Mejoras eléctricas internas y externas**, o controles eléctricos para Prótesis de extremidades y dispositivos protésicos terminales.
43. Estimuladores de los nervios periféricos mediante **Prótesis mioeléctricas**.
44. Las **extremidades o los aparatos protésicos electrónicos**, a menos que sean Médicamente necesarios cuando una alternativa de menor costo no es suficiente.
45. **Aparatos ortopédicos prefabricados para pies**.
46. **Bandas ortopédicas craneales/aparatos ortopédicos craneales/otros dispositivos similares**, excepto cuando se los emplea en el postoperatorio para plagiocefalia sinostótica.
47. **Calzado ortopédico**, agregados al calzado, procedimientos para calzado ortopédico, modificaciones al calzado y transferencias.
48. **Aparatos ortopédicos empleados principalmente por cuestiones de estética** en lugar de motivos funcionales.
49. **Aparatos ortopédicos que no son para los pies**, excepto **únicamente** los siguientes Aparatos ortopédicos que no son para pies que se cubren cuando son Médicamente necesarios:
    - Aparatos ortopédicos fabricados a medida, rígidos y semirrígidos;
    - Aparatos ortopédicos flexibles y prefabricados semirrígidos; y
    - Aparatos ortopédicos prefabricados rígidos, lo que incluye la preparación, el ajuste y los agregados básicos, tales como barras y conexiones.
50. Servicios destinados principalmente a **bajar de peso o al tratamiento de la obesidad, incluida la obesidad patológica**, o cualquier cuidado que incluya la pérdida de peso como principal método de tratamiento. Esto incluye cualquier programa, producto o tratamiento médico para bajar de peso, o cualquier gasto de cualquier tipo para tratar la obesidad, controlar el peso o bajar de peso, salvo según lo dispuesto en Cuidado preventivo.
51. **Exámenes físicos o pruebas de rutina** cuya finalidad no sea el tratamiento directo de una Enfermedad, Lesión o condición real. Incluyen informes, evaluaciones o una hospitalización no requeridos por motivos de salud; los exámenes físicos requeridos para un empleo o por un empleador, por una institución educativa o para actividades deportivas, o para un seguro

o una autoridad gubernamental, y evaluaciones ordenadas por un juez, forenses o de custodia, a menos que en esta EOC se establezca específicamente lo contrario.

52. Terapia o tratamiento **destinado principalmente a mejorar o mantener la condición física general** o con el propósito de mejorar el desempeño laboral, escolar, atlético o recreativo, que incluye, a modo de ejemplo, el cuidado de rutina, a largo plazo o de mantenimiento que se proporciona luego de la solución de un problema médico agudo y cuando no se espera una mejora terapéutica significativa.

53. Servicios educativos, salvo los Programas de capacitación para el autocontrol de la diabetes, el tratamiento para el Autismo o según lo dispuesto o coordinado específicamente por Cigna Healthcare.

54. Asesoría en materia de nutrición o suplementos alimenticios, salvo según lo indicado en esta EOC.

55. Equipos para realizar ejercicios, artículos para hacer la vida más cómoda y otros equipos y suministros médicos no incluidos específicamente como Servicios cubiertos en la sección "Beneficios integrales: Cobertura de la EOC" de esta EOC. Los equipos médicos excluidos incluyen, a modo de ejemplo: purificadores de aire, acondicionadores de aire, humidificadores; cintas para correr; equipos de spa; elevadores; suministros para comodidad, higiene o belleza; fundas y suministros desechables; aparatos de corrección o de apoyo y suministros como medias, y suministros médicos de consumo que no sean materiales para estoma o catéteres urinarios, incluidos, a modo de ejemplo, vendajes y otros artículos médicos desechables, preparaciones cutáneas y tiras reactivas, a menos que esta EOC establezca lo contrario.

56. Fisioterapia y/o Terapia/Medicina ocupacional, salvo cuando se suministre durante una internación Hospitalaria o según lo dispuesto específicamente en el programa de beneficios y en "Servicios de terapia de rehabilitación (Fisioterapia, Terapia ocupacional y Terapia del habla)" en la sección de esta EOC titulada "Beneficios integrales: Cobertura de la EOC".

57. Los Cargos de los Proveedores en país extranjero, salvo según lo indicado específicamente en "Proveedores en país extranjero" en la sección de esta EOC titulada "Beneficios integrales: Cobertura de la EOC".

58. Cuidado de rutina de los pies, que incluye cortar o eliminar callos o durezas; cortar las uñas, cuidados higiénicos de rutina y cualquier servicio que se brinde sin que haya una Enfermedad localizada, una condición sistémica, una Lesión o síntomas que comprometan los pies. Sin embargo, los servicios asociados con el cuidado de los pies en los casos de diabetes y enfermedad vascular periférica están cubiertos en caso de ser Médicamente necesarios.

59. Cargos por los cuales no podemos determinar Nuestra responsabilidad debido a que el Miembro no realizó lo siguiente dentro de un plazo de 60 días o tan pronto como fuera razonablemente posible: (a) autorizarnos a recibir todos los registros médicos y la información que solicitamos; o (b) suministrarnos la información que solicitamos con respecto a las circunstancias del reclamo u otra cobertura de seguro.

60. Cargos por los **servicios de un Médico de guardia**.

61. Cargos por **trasplantes de órganos de animales a humanos**.

62. Reclamos recibidos por Cigna Healthcare después de transcurridos 15 meses desde la fecha en que se prestó el servicio, salvo en caso de incapacidad legal.

63. Servicios obtenidos de un **Médico de cuidado primario virtual exclusivo** que no son servicios de Cuidado de urgencia virtual exclusivo o de Cuidado primario virtual exclusivo.

Cigna Healthcare se reserva el derecho de hacer cambios en esta Lista de medicamentos sin notificación. Consulte **Cigna.com/ifp-drug-list** para ver una lista actualizada. Es posible que su plan cubra medicamentos adicionales; consulte su póliza/acuerdo de servicios para conocer más detalles. Cigna Healthcare no se responsabiliza por ninguna decisión relacionada con los medicamentos tomada por el médico o el farmacéutico.

Los planes de beneficios de salud varían, pero en general, para que un medicamento esté cubierto, debe tener la aprobación de la Administración de Alimentos y Medicamentos (FDA) de los EE. UU. y debe ser recetado por un profesional de cuidado de la salud, comprado en una farmacia con licencia y médicamente necesario. Es posible que algunas características descritas en este documento no se apliquen a su plan de salud específico, y las características del plan pueden variar según el lugar y el tipo de plan. Consulte los documentos de su plan para conocer los costos y detalles completos de la cobertura de medicamentos con receta de su plan.

1. Se aplican los términos de la aplicación/tienda en línea y los cargos de las compañías de telefonía celular/uso de datos. Los clientes menores de 13 años no podrán registrarse en myCigna.com (así como tampoco sus padres o tutores).
2. Sitio web de la Administración de Alimentos y Medicamentos (FDA) de los Estados Unidos, "Generic Drug Facts". Contenido actualizado al 1 de noviembre de 2021. fda.gov/drugs/generic-drugs/generic-drug-facts.
3. Los precios que se muestran en myCigna no están garantizados, y la cobertura está sujeta a los términos y las condiciones de su plan. Visite myCigna para obtener más información.
4. Cigna Healthcare, Express Scripts y Accredo forman parte de The Cigna Group. Esto significa que tenemos una participación en la titularidad de los servicios de entrega a domicilio de Express Scripts Pharmacy y los servicios de farmacia de especialidad de Accredo. Sin embargo, usted tiene derecho a despachar sus recetas en cualquier farmacia de la red de su plan (en la medida que su plan lo permita).
5. Los costos de envío estándar están incluidos como parte de su plan de medicamentos con receta.
6. No todos los medicamentos están disponibles en un suministro para 90 días. Por ejemplo, los anticonceptivos orales vienen en un paquete de 3, que equivale a un suministro para 84 días. Es importante que sepa que, aunque no sea un "suministro para 90 días" completo, consideramos que requiere una receta para 90 días. **Los medicamentos del Nivel 4 tienen un límite de un suministro para 30 días.**
7. Puede suscribirse para recibir mensajes de correo electrónico y/o de texto de Express Scripts Pharmacy. Para recibir mensajes de texto, tendrá que suscribirse al servicio de mensajes de texto de Express Scripts. Puede hacerlo en línea o por teléfono. Una vez que se suscriba, simplemente responda a su mensaje de bienvenida para comenzar. Se aplican cargos de mensajes de texto estándares.
8. Solo es posible renovar algunos medicamentos de especialidad por mensaje de texto. Para recibir mensajes de texto, tendrá que suscribirse al servicio de mensajes de texto de Accredo. Puede hacerlo cuando llame a Accredo para renovar su receta. Una vez que se suscriba, simplemente responda a su mensaje de bienvenida para comenzar. Se aplican cargos de mensajes de texto estándares.

La disponibilidad del producto puede variar según la ubicación y el tipo de plan, y está sujeta a cambios. Todas las pólizas de seguro de salud y los planes de beneficios de salud tienen exclusiones y limitaciones. Para conocer los costos y los detalles de la cobertura, revise los documentos de su plan o comuníquese con un representante de Cigna Healthcare.

Los productos y servicios de Cigna Healthcare se brindan exclusivamente por o a través de subsidiarias operativas de The Cigna Group, que incluyen a Cigna Health and Life Insurance Company, Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc. y Cigna HealthCare of Texas, Inc.

La discriminación es ilegal

Cigna Healthcare® cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos sexuales.

Cigna Healthcare no excluye a las personas ni las trata de un modo menos favorable o diferente por su raza, color, nacionalidad, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos sexuales.

Cigna Healthcare:

- Proporciona a las personas con discapacidades modificaciones razonables y herramientas especiales gratuitas para que puedan comunicarse de manera eficaz con nosotros; por ejemplo:
  - intérpretes de lenguaje de señas calificados;
  - información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios de asistencia lingüística gratuita, en forma oportuna, a personas cuyo idioma primario no es el inglés, como por ejemplo:
  - intérpretes calificados;
  - información escrita en otros idiomas.

Si necesita modificaciones razonables, servicios y herramientas especiales, o servicios de asistencia lingüística, comuníquese con el coordinador de derechos civiles.

Si considera que Cigna Healthcare no ha proporcionado estos servicios o ha discriminado de otro modo por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos sexuales, puede presentar una queja ante el coordinador de derechos civiles.
P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: marque el 711)
ACAGrievance@CignaHealthcare.com

La queja puede presentarse en persona, por correo postal, por fax o por correo electrónico. Si necesita ayuda para presentar una queja, el coordinador de derechos civiles podrá ayudarle.

También puede presentar una queja en materia de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, electrónicamente a través del Portal de Quejas de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo postal o por teléfono a:

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)

Los formularios para presentar una queja están disponibles en https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Los productos y servicios de Cigna Healthcare se brindan exclusivamente por o a través de subsidiarias operativas de The Cigna Group, que incluyen a Cigna Health and Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Cigna Dental Health, Inc. y HMO subsidiarias o compañías de servicios subsidiarias de Cigna Health Corporation, incluidas Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc. y Cigna HealthCare of Texas, Inc. En Texas, el plan dental se denomina Cigna Dental Choice, y este plan usa la red nacional Cigna DPPO Advantage. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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