

**Individual & Family Plans**

Cigna HealthCare of Arizona, Inc.



# 2024 Cigna Healthcare Premiere Arizona 4-Tier Prescription Drug List

Coverage as of January 1, 2024

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## View the drug list online



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



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

### Questions?

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

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

## About this drug list

This is a list of the prescription medications covered on the Cigna Premiere Arizona 4-Tier Prescription Drug List as of January 1, 2024.<sup>2,3</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

## How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

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

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

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

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

This chart is just a sample. It may not show how these medications are actually covered on the 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List.

## Tiers

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

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

## Abbreviations next to medications

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

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

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

## Abbreviations next to medications (cont.)

**SRX** **Specialty Medications** – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have **SRX** next to them. **Your plan limits specialty medications to a 30-day supply.**

**LDD** **Limited Distribution Drugs** – These medications are only available at specific pharmacies in the United States. They're used to treat conditions that are very hard to manage and require special handling, patient support and monitoring. These medications have **LDD** next to them.

### Plan exclusions

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

### How to find your medication

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

Letter your medication starts with	Page	Letter your medication starts with	Page
I-2	6	M-N	39-45
A-B	6-13	O-P	45-52
C-D	13-22	Q-S	52-57
E-G	22-30	T-U	57-63
H-J	30-35	V-Z	63-67
K-L	35-38		

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

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

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ADVOCATE PEN NEEDLES 8MM 31G	2	
ADVOCATE REDI-CODE+ CTRL SOLN	2	
AEROCHAMBER MINI	2	QL
AEROCHAMBER MV HOLD CHAMBER	2	QL
AEROCHAMBER PLUS FLOW-VU	2	QL
AEROCHAMBER PLUS FLOW-VU LARGE	2	QL
AEROCHAMBER PLUS FLOW-VU MED	2	QL
AEROCHAMBER PLUS FLOW-VU SMALL	2	QL
AEROCHAMBER WITH FLOWSIGNAL	2	QL
AEROCHAMBER Z-STAT PLUS LARGE	2	QL
AEROCHAMBER PLUS W-FLOWSIGNAL	2	QL
AEROCHAMBER Z-STAT PLUS-MED	2	QL
AEROCHAMBER Z-STAT PLUS-SMALL	2	QL
AEROGEAR ASTHMA ACTION KIT	2	
AEROTRACH HOLDING CHAMBER	2	QL
AEROVENT PLUS HOLDING CHAMBER	2	QL
AFIRMELLE-28 TABLET	1	
AFLURIA QUAD	2	
AFTER PILL 1.5 MG TABLET	1	
AFTERA 1.5 MG TABLET	1	
AGAMATRIX HIGH CONTROL SOLN	2	
AGAMATRIX NORM-HI CONTROL SOLN	2	
AIRZONE PEAK FLOW METER	2	
AK-POLY-BAC EYE OINTMENT	1	
AKYNZEO 300-0.5 MG CAPSULE	4	PA, QL, SRX
ALBENDAZOLE 200 MG TABLET	3	PA
ALBUSTIX REAGENT STRIPS	2	
ALBUTEROL 100 MG/20 ML SOLN	1	
ALBUTEROL 2.5 MG/0.5 ML SOL	1	
ALBUTEROL 25 MG/5 ML SOLUTION	1	
ALBUTEROL 5 MG/ML SOLUTION	1	
ALBUTEROL HFA 90 MCG INHALER	1	QL
ALBUTEROL SUL 0.63 MG/3 ML SOL	1	
ALBUTEROL SUL 1.25 MG/3 ML SOL	1	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	
ALBUTEROL SULF 2 MG/5 ML SYRUP	1	
ALBUTEROL SULFATE 2 MG TAB	1	
ALBUTEROL SULFATE 4 MG TAB	1	
ALBUTEROL SULFATE ER 4 MG TAB	1	
ALBUTEROL SULFATE ER 8 MG TAB	1	
ALCAINE 0.5% EYE DROPS	1	
ALCLOMETASONE DIPR 0.05% OINT	1	
ALCLOMETASONE DIPRO 0.05% CRM	1	
ALCOHOL 70% PADS	2	
ALCOHOL 70% SWABS	2	
ALCOHOL PREP PAD	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ALECENSA 150 MG CAPSULE	4	PA, QL, LDD, SRX
ALENDRONATE SOD 70 MG/75 ML	1	
ALENDRONATE SODIUM 10 MG TAB	1	
ALENDRONATE SODIUM 35 MG TAB	1	
ALENDRONATE SODIUM 5 MG TABLET	1	
ALENDRONATE SODIUM 70 MG TAB	1	
ALFUZOSIN HCL ER 10 MG TABLET	1	
ALINIA 100 MG/5 ML SUSPENSION	3	
ALISKIREN 150 MG TABLET	3	QL
ALISKIREN 300 MG TABLET	3	QL
ALKALINE BATTERIES	2	
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
ALMOTRIPTAN MALATE 12.5 MG TAB	1	QL
ALMOTRIPTAN MALATE 6.25 MG TAB	1	QL
ALOCRI 2% EYE DROPS	3	
ALOMIDE 0.1% EYE DROP	3	
ALOSETRON HCL 0.5 MG TABLET	4	SRX
ALOSETRON HCL 1 MG TABLET	4	SRX
ALPRAZOLAM 0.25 MG TABLET	1	
ALPRAZOLAM 0.5 MG TABLET	1	
ALPRAZOLAM 1 MG TABLET	1	
ALPRAZOLAM 2 MG TABLET	1	
ALPRAZOLAM ER 0.5 MG TABLET	1	
ALPRAZOLAM ER 1 MG TABLET	1	
ALPRAZOLAM ER 2 MG TABLET	1	
ALPRAZOLAM ER 3 MG TABLET	1	
ALPRAZOLAM INTENSOL 1 MG/ML	1	
ALPRAZOLAM ODT 0.25 MG TAB	1	
ALPRAZOLAM ODT 0.5 MG TAB	1	
ALPRAZOLAM ODT 1 MG TAB	1	
ALPRAZOLAM ODT 2 MG TAB	1	
ALPRAZOLAM XR 0.5 MG TABLET	1	
ALPRAZOLAM XR 1 MG TABLET	1	
ALPRAZOLAM XR 2 MG TABLET	1	
ALPRAZOLAM XR 3 MG TABLET	1	
ALTABAX 1% OINTMENT	3	
ALTACAIN 0.5% EYE DROP	1	
ALTAVERA-28 TABLET	1	
ALVESCO 80 MCG INHALER	2	
ALVESCO 160 MCG INHALER	2	
ALYACEN 1-35 28 TABLET	1	
ALYACEN 7-7-7-28 TABLET	1	
ALYQ 20 MG TABLET	4	PA, SRX
AMABELZ 0.5 MG-0.1 MG TABLET	1	
AMABELZ 1 MG-0.5 MG TABLET	1	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AMANTADINE 100 MG CAPSULE	1	
AMANTADINE 100 MG TABLET	1	
AMANTADINE 100 MG/10 ML SOLN	1	
AMANTADINE 50 MG/5 ML SOLUTION	1	
AMBRISENTAN 10 MG TABLET	4	PA, LDD, SRX
AMBRISENTAN 5 MG TABLET	4	PA, LDD, SRX
AMCINONIDE 0.1% CREAM	1	
AMCINONIDE 0.1% LOTION	1	
AMETHIA 0.15-0.03-0.01 MG TAB	1	
AMETHIA LO TABLET	1	
AMETHYST 90-20 MCG TABLET	1	
AMILORIDE HCL 5 MG TABLET	1	
AMILORIDE HCL-HCTZ 5-50 MG TAB	1	
AMINOCAPROIC ACID 0.25 GRAM/ML	4	PA, SRX
AMINOCAPROIC ACID 1,000 MG TAB	4	PA, SRX
AMINOCAPROIC ACID 500 MG TAB	4	PA, SRX
AMIODARONE HCL 100 MG TABLET	1	
AMIODARONE HCL 200 MG TABLET	1	
AMIODARONE HCL 400 MG TABLET	1	
AMITRIPTYLINE HCL 10 MG TAB	1	
AMITRIPTYLINE HCL 100 MG TAB	1	
AMITRIPTYLINE HCL 150 MG TAB	1	
AMITRIPTYLINE HCL 25 MG TAB	1	
AMITRIPTYLINE HCL 50 MG TAB	1	
AMITRIPTYLINE HCL 75 MG TAB	1	
AMLODIPINE BESYLATE 10 MG TAB	1	
AMLODIPINE BESYLATE 2.5 MG TAB	1	
AMLODIPINE BESYLATE 5 MG TAB	1	
AMLODIPINE-ATORVAST 10-10 MG	1	
AMLODIPINE-ATORVAST 10-20 MG	1	
AMLODIPINE-ATORVAST 10-40 MG	1	
AMLODIPINE-ATORVAST 10-80 MG	1	
AMLODIPINE-ATORVAST 2.5-10 MG	1	
AMLODIPINE-ATORVAST 2.5-20 MG	1	
AMLODIPINE-ATORVAST 2.5-40 MG	1	
AMLODIPINE-ATORVAST 5-10 MG	1	
AMLODIPINE-ATORVAST 5-20 MG	1	
AMLODIPINE-ATORVAST 5-40 MG	1	
AMLODIPINE-ATORVAST 5-80 MG	1	
AMLODIPINE-BENAZEPRIL 10-20 MG	1	
AMLODIPINE-BENAZEPRIL 10-40 MG	1	
AMLODIPINE-BENAZEPRIL 2.5-10	1	
AMLODIPINE-BENAZEPRIL 5-10 MG	1	
AMLODIPINE-BENAZEPRIL 5-20 MG	1	
AMLODIPINE-BENAZEPRIL 5-40 MG	1	
AMLODIPINE-OLMESARTAN 10-20 MG	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AMLODIPINE-OLMESARTAN 10-40 MG	1	
AMLODIPINE-OLMESARTAN 5-20 MG	1	
AMLODIPINE-OLMESARTAN 5-40 MG	1	
AMLODIPINE-VALSARTAN 10-160 MG	1	
AMLODIPINE-VALSARTAN 10-320 MG	1	
AMLODIPINE-VALSARTAN 5-160 MG	1	
AMLODIPINE-VALSARTAN 5-320 MG	1	
AMLOD-VALSA-HCTZ 10-160-12.5MG	1	
AMLOD-VALSA-HCTZ 10-160-25 MG	1	
AMLOD-VALSA-HCTZ 10-320-25 MG	1	
AMLOD-VALSA-HCTZ 5-160-12.5 MG	1	
AMLOD-VALSA-HCTZ 5-160-25 MG	1	
AMMONIUM LACTATE 12% CREAM	1	
AMMONIUM LACTATE 12% LOTION	1	
AMNESTEEM 10 MG CAPSULE	3	
AMNESTEEM 20 MG CAPSULE	3	
AMNESTEEM 40 MG CAPSULE	3	
AMOXAPINE 100 MG TABLET	1	
AMOXAPINE 150 MG TABLET	1	
AMOXAPINE 25 MG TABLET	1	
AMOXAPINE 50 MG TABLET	1	
AMOX-CLAV 200-28.5 MG TAB CHEW	1	
AMOX-CLAV 200-28.5 MG/5 ML SUS	1	
AMOX-CLAV 250-125 MG TABLET	1	
AMOX-CLAV 250-62.5 MG/5 ML SUS	1	
AMOX-CLAV 400-57 MG TAB CHEW	1	
AMOX-CLAV 400-57 MG/5 ML SUSP	1	
AMOX-CLAV 500-125 MG TABLET	1	
AMOX-CLAV 600-42.9 MG/5 ML SUS	1	
AMOX-CLAV 875-125 MG TABLET	1	
AMOX-CLAV ER 1,000-62.5 MG TAB	1	
AMOXICILLIN 125 MG TAB CHEW	1	
AMOXICILLIN 125 MG/5 ML SUSP	1	
AMOXICILLIN 200 MG/5 ML SUSP	1	
AMOXICILLIN 250 MG CAPSULE	1	
AMOXICILLIN 250 MG TAB CHEW	1	
AMOXICILLIN 250 MG/5 ML SUSP	1	
AMOXICILLIN 400 MG/5 ML SUSP	1	
AMOXICILLIN 500 MG CAPSULE	1	
AMOXICILLIN 500 MG TABLET	1	
AMOXICILLIN 875 MG TABLET	1	
AMPHETAMINE SULFATE 10 MG TAB	1	QL
AMPHETAMINE SULFATE 5 MG TAB	1	QL
AMPICILLIN 500 MG CAPSULE	1	
ANAGRELIDE HCL 0.5 MG CAPSULE	3	
ANAGRELIDE HCL 1 MG CAPSULE	3	
ANALPRAM HC 2.5%-1% LOTION	3	



## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ANASTROZOLE 1 MG TABLET	1		ARIPIRAZOLE 5 MG TABLET	1	
ANORO ELLIPTA 62.5-25 MCG INH	2	QL	ARIPIRAZOLE ODT 10 MG TABLET	3	
ANUCORT-HC 25 MG SUPPOSITORY	1		ARIPIRAZOLE ODT 15 MG TABLET	3	
ANZEMET 50 MG TABLET	4	PA, QL, SRX	ARMODAFINIL 150 MG TABLET	1	PA
APEXICON E 0.05% CREAM	3		ARMODAFINIL 200 MG TABLET	1	PA
APIDRA	3	QL, ST	ARMODAFINIL 250 MG TABLET	1	PA
APIDRA SOLOSTAR	3	QL, ST	ARMODAFINIL 50 MG TABLET	1	PA
APRACLONIDINE HCL 0.5% DROPS	1		ARMOUR THYROID 120 MG TABLET	2	
APREPITANT 125 MG CAPSULE	1	QL	ARMOUR THYROID 15 MG TABLET	2	
APREPITANT 125-80-80 MG PACK	1	QL	ARMOUR THYROID 180 MG TABLET	2	
APREPITANT 40 MG CAPSULE	1	QL	ARMOUR THYROID 240 MG TABLET	2	
APREPITANT 80 MG CAPSULE	1	QL	ARMOUR THYROID 30 MG TABLET	2	
APRI 28 DAY TABLET	1		ARMOUR THYROID 300 MG TABLET	2	
APTIOM 200 MG TABLET	3	PA, QL	ARMOUR THYROID 60 MG TABLET	2	
APTIOM 400 MG TABLET	3	PA, QL	ARMOUR THYROID 90 MG TABLET	2	
APTIOM 600 MG TABLET	3	PA, QL	ARNUITY ELLIPTA 100 MCG INH	2	
APTIOM 800 MG TABLET	3	PA, QL	ARNUITY ELLIPTA 200 MCG INH	2	
APTIVUS 250 MG CAPSULE	2		ARNUITY ELLIPTA 50 MCG INH	2	
AQ INSULIN SYR 0.5 ML 30G 8MM	2		ASA-BUTALB-CAFF-COD #3 CAPSULE	1	PA
AQ INSULIN SYR 1 ML 31G 8MM	2		ASCOMP WITH CODEINE CAPSULE	1	PA
AQ INSULIN SYRIN 1 ML 29G 12MM	2		ASENAPINE 10 MG TABLET SL	3	QL
AQUA CARE 0.9% NACL IRRIGATION	1		ASENAPINE 2.5 MG TABLET SL	3	QL
AQUA CARE STERILE WATER IRRIG	1		ASENAPINE 5 MG TABLET SL	3	QL
ARANELLE 28 TABLET	1		ASHLYNA 0.15-0.03-0.01 MG TAB	1	
ARANESP 10 MCG/0.4 ML SYRINGE	4	PA, SRX	ASMANEX HFA 100 MCG INHALER	3	QL, ST
ARANESP 100 MCG/0.5 ML SYRINGE	4	PA, SRX	ASMANEX HFA 200 MCG INHALER	3	QL, ST
ARANESP 100 MCG/ML VIAL	4	PA, SRX	ASMANEX HFA 50 MCG INHALER	3	QL, ST
ARANESP 150 MCG/0.3 ML SYRINGE	4	PA, SRX	ASMANEX TWISTHALER 110 MCG #30	3	QL, ST
ARANESP 200 MCG/0.4 ML SYRINGE	4	PA, SRX	ASMANEX TWISTHALER 220 MCG #14	3	ST
ARANESP 200 MCG/ML VIAL	4	PA, SRX	ASMANEX TWISTHALER 220 MCG #30	3	QL, ST
ARANESP 25 MCG/0.42 ML SYRING	4	PA, SRX	ASMANEX TWISTHALER 220 MCG #60	3	QL, ST
ARANESP 25 MCG/ML VIAL	4	PA, SRX	ASMANEX TWISTHALR 220 MCG #120	3	QL, ST
ARANESP 300 MCG/0.6 ML SYRINGE	4	PA, SRX	ASPIRIN-DIPYRIDAM ER 25-200 MG	1	
ARANESP 40 MCG/0.4 ML SYRINGE	4	PA, SRX	ASSURE 4 CONTROL SOLUTION	2	
ARANESP 40 MCG/ML VIAL	4	PA, SRX	ASSURE DOSE CONTROL SOLUTION	2	
ARANESP 500 MCG/1 ML SYRINGE	4	PA, SRX	ASSURE ID PEN NEEDLE 30GX3/16"	2	
ARANESP 60 MCG/0.3 ML SYRINGE	4	PA, SRX	ASSURE ID PEN NEEDLE 30GX5/16"	2	
ARANESP 60 MCG/ML VIAL	4	PA, SRX	ASSURE ID PEN NEEDLE 31GX3/16"	2	
ARCALYST 220 MG VIAL	4	PA, LDD, SRX	ASSURE ID SYR 0.5 ML 29GX1/2"	2	
ARFORMOTEROL 15 MCG/2 ML SOLN	4	QL	ASSURE ID SYR 0.5ML 31GX15/64"	2	
ARIPIRAZOLE 1 MG/ML SOLUTION	2		ASSURE ID SYR 1 ML 29GX1/2"	2	
ARIPIRAZOLE 10 MG TABLET	1		ASSURE ID SYR 1 ML 31GX15/64"	2	
ARIPIRAZOLE 15 MG TABLET	1		ASSURE PRISM CONTROL SOLUTION	2	
ARIPIRAZOLE 2 MG TABLET	1		ASTAGRAF XL 0.5 MG CAPSULE	4	SRX
ARIPIRAZOLE 20 MG TABLET	1		ASTAGRAF XL 1 MG CAPSULE	4	SRX
ARIPIRAZOLE 30 MG TABLET	1		ASTAGRAF XL 5 MG CAPSULE	4	SRX

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ASTHMA CHECK PEAK FLOW MTR	2		AUTOSOFT XC INFUSN SET 43" 6MM	2	
ASTHMAPACK CHILDREN'S CARE KIT	2		AUTOSOFT XC INFUSN SET 43" 9MM	2	
ATAZANAVIR SULFATE 150 MG CAP	1		AVIANE-28 TABLET	2	
ATAZANAVIR SULFATE 200 MG CAP	1		AVONEX PREFILLED SYR 30 MCG KT	4	PA, SRX
ATAZANAVIR SULFATE 300 MG CAP	1		AVONEX PEN 30 MCG/0.5 ML KIT	4	PA, SRX
ATENOLOL 100 MG TABLET	1		AYUNA-28 TABLET	1	
ATENOLOL 25 MG TABLET	1		AZASITE 1% EYE DROPS	3	
ATENOLOL 50 MG TABLET	1		AZATHIOPRINE 50 MG TABLET	1	
ATENOLOL-CHLOROTHALIDONE 100-25	1		AZELAIC ACID 15% GEL	1	
ATENOLOL-CHLOROTHALIDONE 50-25	1		AZELASTINE 0.1% (137 MCG) SPRY	1	
ATOMOXETINE HCL 10 MG CAPSULE	1	QL	AZELASTINE 0.15% NASAL SPRAY	1	
ATOMOXETINE HCL 100 MG CAPSULE	1	QL	AZELASTINE HCL 0.05% DROPS	1	
ATOMOXETINE HCL 18 MG CAPSULE	1	QL	AZELASTIN-FLUTIC 137-50MCG SPR	2	
ATOMOXETINE HCL 25 MG CAPSULE	1	QL	AZITHROMYCIN 1 GM PWD PACKET	1	
ATOMOXETINE HCL 40 MG CAPSULE	1	QL	AZITHROMYCIN 100 MG/5 ML SUSP	1	
ATOMOXETINE HCL 60 MG CAPSULE	1	QL	AZITHROMYCIN 200 MG/5 ML SUSP	1	
ATOMOXETINE HCL 80 MG CAPSULE	1	QL	AZITHROMYCIN 250 MG TABLET	1	
ATORVASTATIN 10 MG TABLET	1		AZITHROMYCIN 500 MG TABLET	1	
ATORVASTATIN 20 MG TABLET	1		AZITHROMYCIN 600 MG TABLET	1	
ATORVASTATIN 40 MG TABLET	1		AZO TEST STRIP	2	
ATORVASTATIN 80 MG TABLET	1		AZURETTE 28 DAY TABLET	1	
ATOVAQUONE 1,500 MG/10 ML SUSP	3		BACITRACIN 500 UNIT/GM OPHTH	1	
ATOVAQUONE 750 MG/5 ML SUSP	3		BACITRACIN-POLYMYXIN EYE OINT	1	
ATOVAQUONE-PROGUANIL 250-100	1		BACLOFEN 10 MG TABLET	1	
ATOVAQUONE-PROGUANIL 62.5-25	1		BACLOFEN 20 MG TABLET	1	
ATROPINE 1% EYE DROPS	1		BACLOFEN 5 MG TABLET	1	
ATROPINE 1% EYE OINTMENT	1		BAL-CARE DHA COMBO PACK	1	
AUBRA EQ-28 TABLET	1		BALCOLTRA TABLET	3	
AUBRA-28 TABLET	1		BALSALAZIDE DISODIUM 750 MG CP	1	
AUROVELA 1 MG-20 MCG TABLET	1		BALZIVA 28 TABLET	1	
AUROVELA 21 1.5-30 TABLET	1		BAQSIMI 3 MG SPRAY ONE PACK	2	QL
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BAQSIMI 3 MG SPRAY TWO PACK	2	QL
AUROVELA FE 1.5 MG-30 MCG TAB	1		BARACLUDE 0.05 MG/ML SOLUTION	4	SRX
AUROVELA FE 1-20 TABLET	1		BASAGLAR 100 UNIT/ML KWIKPEN	2	QL
AUTOJECT 2 INJECTION DEVICE	2		BASAGLAR TEMPO PEN 100 UNIT/ML	2	QL
AUTOPEN 1 TO 21 UNITS	2		BD 3 ML SYRINGE 18GX1-1/2"	2	
AUTOPEN 2 TO 42 UNITS	2		BD 3 ML SYRINGE 20GX1-1/2"	2	
AUTOSOFT 30 INFUS SET 23" 13MM	2		BD 3 ML SYRINGE 25GX1"	2	
AUTOSOFT 30 INFUS SET 43" 13MM	2		BD 3 ML SYRINGE 25GX1-1/2"	2	
AUTOSOFT 90 INFUSN SET 23" 6MM	2		BD 3 ML SYRINGE WITH NEEDLE	2	
AUTOSOFT 90 INFUSN SET 23" 9MM	2		BD AUTOSHIELD DUO NDL 5MMX30G	2	
AUTOSOFT 90 INFUSN SET 43" 6MM	2		BD BLUNT NEEDLE 18GX1-1/2"	2	
AUTOSOFT 90 INFUSN SET 43" 9MM	2		BD ECLIPSE 30GX1/2" SYRINGE	2	
AUTOSOFT XC INFUSN SET 23" 6MM	2		BD ECLIPSE LUER-LOK SYR 3 ML	2	
AUTOSOFT XC INFUSN SET 23" 9MM	2		BD ECLIPSE NEEDLE 18GX1 1/2"	2	
AUTOSOFT XC INFUSN SET 32" 6MM	2		BD ECLIPSE NEEDLE 21GX1"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD ECLIPSE NEEDLE 22GX1"	2		BD NEEDLE 22GX3/4"	2	
BD ECLIPSE NEEDLE 23GX1"	2		BD NEEDLE 23GX1 1/2"	2	
BD ECLIPSE NEEDLE 25G 16MM	2		BD NEEDLE 23GX1"	2	
BD ECLIPSE NEEDLE 25G 25MM	2		BD NEEDLE 25GX1"	2	
BD ECLIPSE NEEDLE 25G 40MM	2		BD NEEDLE 25GX5/8"	2	
BD ECLIPSE NEEDLE 25GX1"	2		BD NEEDLE 26GX0.625"	2	
BD ECLIPSE NEEDLE 25GX1.5"	2		BD NEEDLES 16GX1"	2	
BD ECLIPSE NEEDLE 25GX5/8"	2		BD NEEDLES 16GX1.5"	2	
BD ECLIPSE NEEDLE 27GX1/2"	2		BD NEEDLES 18GX1"	2	
BD ECLIPSE NEEDLE 30G 13MM	2		BD NEEDLES 18GX1.5"	2	
BD ECLIPSE NEEDLE 30GX1/2"	2		BD NEEDLES 19GX1"	2	
BD ECLIPSE NEEDLES 21GX1.5"	2		BD NEEDLES 19GX1.5"	2	
BD FILTER NEEDLE	2		BD NEEDLES 20GX1"	2	
BD INS SYR 0.3 ML 8MMX31G(1/2)	2		BD NEEDLES 20GX1.5"	2	
BD INS SYR UF 0.3ML 12.7MMX30G	2		BD NEEDLES 21GX1"	2	
BD INS SYR UF 0.5ML 12.7MMX30G	2		BD NEEDLES 21GX1.5"	2	
BD INS SYRN UF 1 ML 12.7MMX30G	2		BD NEEDLES 21GX2"	2	
BD INS SYRNG 0.3 ML 29GX12.7MM	2		BD NEEDLES 22GX1"	2	
BD INS SYRNG 0.5 ML 29GX12.7MM	2		BD NEEDLES 22GX1.5"	2	
BD INS SYRNG UF 0.3 ML 8MMX31G	2		BD NEEDLES 23GX0.75"	2	
BD INS SYRNG UF 0.5 ML 8MMX31G	2		BD NEEDLES 23GX1.25"	2	
BD INSULIN SYR 0.5 ML 28GX1/2"	2		BD NEEDLES 25GX0.625"	2	
BD INSULIN SYR 0.5 ML 29GX1/2"	2		BD NEEDLES 25GX0.875"	2	
BD INSULIN SYR 1 ML 25GX1"	2		BD NEEDLES 25GX1.5"	2	
BD INSULIN SYR 1 ML 25GX5/8"	2		BD NEEDLES 26GX0.375"	2	
BD INSULIN SYR 1 ML 26GX1/2"	2		BD NEEDLES 26GX0.5"	2	
BD INSULIN SYR 1 ML 27GX12.7MM	2		BD NEEDLES 27GX0.5"	2	
BD INSULIN SYR 1 ML 27GX5/8"	2		BD NEEDLES 27GX1X1.25"	2	
BD INSULIN SYR 1 ML 28GX1/2"	2		BD NEEDLES 30GX0.5"	2	
BD INSULIN SYR 1 ML 29GX1/2"	2		BD NEEDLES 30GX1"	2	
BD INSULIN SYR 1 ML 29GX12.7MM	2		BD NOKOR NEEDLE 16GX1"	2	
BD INS SYR U-500 1/2ML 6MMX31G	2		BD NOKOR NEEDLE 18GX1"	2	
BD INSULIN SYR UF 1 ML 8MMX31G	2		BD PRECISIONGLI 27GX1-1/2" NDL	2	
BD INSULIN SYRINGE 1 ML	2		BD PRECISIONGLIDE 3 ML 22GX3/4	2	
BD INTEGRA RETRA NEEDLE 23GX1"	2		BD PRECISIONGLIDE NEEDLE 25G	2	
BD INTEGRA NEEDLE 25G X 5/8"	2		BD SAFETGLD INS 0.3ML 29G 13MM	2	
BD INTEGRA SYR 3 ML 21GX1 1/2"	2		BD SAFETGLD INS 0.5ML 13MMX29G	2	
BD LUER-LOK SYR 3 ML 25GX5/8"	2		BD SAFETYGLD INS 0.3ML 31G 8MM	2	
BD LUER-LOK SYRINGE 1 ML	2		BD SAFETYGLD INS 0.5ML 30G 8MM	2	
BD MAGNI-GUIDE MAGNIFIER	2		BD SAFETYGLD INS 1 ML 29G 13MM	2	
BD NANO 2 GEN PEN NDL 32G 4MM	2		BD SAFETYGLID INS 1 ML 6MMX31G	2	
BD NEEDLE 18GX1 1/2"	2		BD SAFETYGLIDE 3 ML SYRINGE	2	
BD NEEDLE 19GX1 1/2"	2		BD SAFETYGLIDE NEEDLE	2	
BD NEEDLE 20GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 18GX1.5"	2	
BD NEEDLE 21GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 21GX1"	2	
BD NEEDLE 21GX1"	2		BD SAFETYGLIDE NEEDLE 21GX1.5"	2	
BD NEEDLE 22GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 22GX1.5"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BD SAFETYGLIDE NEEDLE 25GX1"	2		BETAMETHASONE DP AUG 0.05% GEL	1	
BD SAFETYGLIDE NEEDLE 27GX5/8"	2		BETAMETHASONE DP AUG 0.05% LOT	1	
BD SAFETYGLIDE SYRINGE 27GX5/8	2		BETAMETHASONE DP AUG 0.05% OIN	1	
BD SAFTYGLD INS 0.3 ML 6MMX31G	2		BETAMETHASONE VA 0.1% CREAM	1	
BD SAFTYGLD INS 0.5 ML 6MMX31G	2		BETAMETHASONE VA 0.1% LOTION	1	
BD SAFTYGLD INS 0.5ML 29G 13MM	2		BETAMETHASONE VALER 0.1% OINTM	1	
BD SYRINGE-SAFETY GLIDE	2		BETAMETHASONE VALER 0.12% FOAM	1	
BD UF INS SYR 1 ML 30GX1/2"	2		BETAXOLOL 10 MG TABLET	1	
BD UF MICRO PEN NEEDLE 6MMX32G	2		BETAXOLOL 20 MG TABLET	1	
BD UF MINI PEN NEEDLE 5MMX31G	2		BETAXOLOL HCL 0.5% EYE DROP	1	
BD UF NANO PEN NEEDLE 4MMX32G	2		BETHANECHOL 10 MG TABLET	1	
BD UF ORIG PEN NDL 12.7MMX29G	2		BETHANECHOL 25 MG TABLET	1	
BD UF SHORT PEN NEEDLE 8MMX31G	2		BETHANECHOL 5 MG TABLET	1	
BD VEO INS 0.3ML 6MMX31G (1/2)	2		BETHANECHOL 50 MG TABLET	1	
BD VEO INS SYRING 1 ML 6MMX31G	2		BEXAROTENE 1% GEL	4	PA, SRX
BD VEO INS SYRN 0.3 ML 6MMX31G	2		BEXAROTENE 75 MG CAPSULE	4	PA, SRX
BD VEO INS SYRN 0.5 ML 6MMX31G	2		BEXSERO PREFILLED SYRINGE	2	
BECONASE AQ	3	ST	BICALUTAMIDE 50 MG TABLET	1	
BEKYREE 28 DAY TABLET	1		BIKTARVY 30-120-15 MG TABLET	2	QL
BELLADONNA-OPIUM 16.2-30 SUPP	1	PA	BIKTARVY 50-200-25 MG TABLET	2	QL
BELLADONNA-OPIUM 16.2-60 SUPP	1	PA	BIMATOPROST 0.03% EYE DROPS	1	QL
BELSOMRA 10 MG TABLET	3	QL, ST	BINOSTO 70 MG EFFERVESCENT TAB	3	
BELSOMRA 15 MG TABLET	3	QL, ST	BISOPROLOL FUMARATE 10 MG TAB	1	
BELSOMRA 20 MG TABLET	3	QL, ST	BISOPROLOL FUMARATE 5 MG TAB	1	
BELSOMRA 5 MG TABLET	3	QL, ST	BISOPROLOL-HCTZ 10-6.25 MG TAB	1	
BENZAEPRIIL HCL 10 MG TABLET	1		BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BENZAEPRIIL HCL 20 MG TABLET	1		BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BENZAEPRIIL HCL 40 MG TABLET	1		BLISOVI 24 FE TABLET	1	
BENZAEPRIIL HCL 5 MG TABLET	1		BLISOVI FE 1.5-30 TABLET	1	
BENZAEPRIIL-HCTZ 10-12.5 MG TAB	1		BLISOVI FE 1-20 TABLET	1	
BENZAEPRIIL-HCTZ 20-12.5 MG TAB	1		BLOOD GLUCOSE CONTROL SOLUTION	2	
BENZAEPRIIL-HCTZ 20-25 MG TAB	1		BLUNT NEEDLE	2	
BENZAEPRIIL-HCTZ 5-6.25 MG TAB	1		BOOSTRIX TDAP VACCINE SYRINGE	2	
BENZONATATE 100 MG CAPSULE	1		BOOSTRIX TDAP VACCINE VIAL	2	
BENZONATATE 200 MG CAPSULE	1		BOSENTAN 125 MG TABLET	4	PA, LDD, SRX
BENZTROPINE MES 0.5 MG TAB	1		BOSENTAN 62.5 MG TABLET	4	PA, LDD, SRX
BENZTROPINE MES 1 MG TABLET	1		BOSULIF 100 MG TABLET	4	PA, QL, LDD, SRX
BENZTROPINE MES 2 MG TABLET	1		BOSULIF 400 MG TABLET	4	PA, QL, LDD, SRX
BEPOTASTINE 1.5% EYE DROP	3		BOSULIF 500 MG TABLET	4	PA, QL, LDD, SRX
BESER 0.05% LOTION	1		BREATHERITE MDI SPACER	2	QL
BETADINE 5% EYE SOLUTION	3		BREATHERITE SPACER-ADULT MASK	2	QL
BETAINE 1 GRAM/SCOOP POWDER	4	PA, LDD, SRX	BREATHERITE SPACER-INFANT MASK	2	QL
BETAMETHASONE DP 0.05% CRM	1		BREATHERITE SPACER-LG CHLD MSK	2	QL
BETAMETHASONE DP 0.05% LOT	1		BREATHERITE SPACER-NEONATE MSK	2	QL
BETAMETHASONE DP 0.05% OINT	1		BREATHERITE SPACER-SM CHLD MSK	2	QL
BETAMETHASONE DP AUG 0.05% CRM	1		BREATHRITE VALVED MDI CHAMBER	2	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BREATHRITE VALVED MDI SPACER	2	QL
BREEZE 2 SOLUTION	2	
BREO ELLIPTA 100-25 MCG INH	2	QL
BREO ELLIPTA 200-25 MCG INH	2	QL
BRIELLYN TABLET	1	
BRILINTA 60 MG TABLET	3	
BRILINTA 90 MG TABLET	3	
BRIMONIDINE 0.2% EYE DROP	1	
BRIMONIDINE TARTRATE 0.15% DRP	1	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	3	
BRINZOLAMIDE 1% EYE DROPS	2	
BRIVIACT 10 MG TABLET	3	PA, QL
BRIVIACT 10 MG/ML ORAL SOLN	3	PA, QL
BRIVIACT 100 MG TABLET	3	PA, QL
BRIVIACT 25 MG TABLET	3	PA, QL
BRIVIACT 50 MG TABLET	3	PA, QL
BRIVIACT 75 MG TABLET	3	PA, QL
BROMFENAC SODIUM 0.09% EYE DRP	1	
BROMOCRIPTINE 2.5 MG TABLET	1	
BROMOCRIPTINE 5 MG CAPSULE	1	
BROMPHEN-PSE-DM 2-30-10 MG/5ML	1	
BROOKS INSULIN 0.3ML SYRN	2	
BUDESONIDE 0.25 MG/2 ML SUSP	3	QL
BUDESONIDE 0.5 MG/2 ML SUSP	3	QL
BUDESONIDE 1 MG/2 ML INH SUSP	3	QL
BUDESONIDE DR 3 MG CAPSULE	3	
BUDESONIDE EC 3 MG CAPSULE	3	
BUDESONIDE ER 9 MG TABLET	4	PA, QL, SRX
BUDESONIDE-FORMOTEROL 160-4.5	3	QL
BUDESONIDE-FORMOTEROL 80-4.5	3	QL
BUMETANIDE 0.5 MG TABLET	1	
BUMETANIDE 1 MG TABLET	1	
BUMETANIDE 2 MG TABLET	1	
BUPRENORPHINE 10 MCG/HR PATCH	1	QL
BUPRENORPHINE 15 MCG/HR PATCH	1	QL
BUPRENORPHINE 2 MG TABLET SL	1	
BUPRENORPHINE 20 MCG/HR PATCH	1	QL
BUPRENORPHINE 5 MCG/HR PATCH	1	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	1	QL
BUPRENORPHINE 8 MG TABLET SL	1	
BUPRENORPHINE-NALOX 12-3MG FLM	1	
BUPRENORPHINE-NALOX 2-0.5MG FM	1	
BUPRENORPHINE-NALOX 2-0.5MG TB	1	
BUPRENORPHINE-NALOX 4-1MG FLM	1	
BUPRENORPHINE-NALOX 8-2 MG TAB	1	
BUPRENORPHINE-NALOX 8-2MG FLM	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BUPROPION HCL 100 MG TABLET	1	QL
BUPROPION HCL 75 MG TABLET	1	QL
BUPROPION HCL SR 100 MG TABLET	1	QL
BUPROPION HCL SR 150 MG TABLET	1	QL
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	1	
BUPROPION HCL SR 200 MG TABLET	1	QL
BUPROPION HCL XL 150 MG TABLET	1	QL
BUPROPION HCL XL 300 MG TABLET	1	QL
BUSPIRONE HCL 10 MG TABLET	1	
BUSPIRONE HCL 15 MG TABLET	1	
BUSPIRONE HCL 30 MG TABLET	1	
BUSPIRONE HCL 5 MG TABLET	1	
BUSPIRONE HCL 7.5 MG TABLET	1	
BUTALB-ACETAMIN-CAF-COD 50-300	1	PA
BUTALB-ACETAMIN-CAF-COD 50-325	1	PA
BUTALB-ACETAMIN-CAFF 50-300-40	1	QL
BUTALB-ACETAMIN-CAFF 50-325-40	1	QL
BUTALBITAL COMP-CODEINE #3 CAP	1	PA
BUTALBITAL-ACETAMINOPHN 50-325	1	
BUTALBITAL-ASPIRIN-CAFFEINE CP	1	QL
BUTALBITAL-ASPIRIN-CAFFEINE TB	1	QL
BUTORPHANOL 10 MG/ML SPRAY	1	PA, QL
BYDUREON BCISE 2 MG AUTOINJECT	2	PA, QL
BYETTA 10 MCG DOSE PEN INJ	2	PA, QL
BYETTA 5 MCG DOSE PEN INJ	2	PA, QL
CA INS SYR 0.3 ML 30GX5/16"	2	
CA INS SYR 0.3 ML 31GX5/16"	2	
CA INS SYR 0.5 ML 30GX5/16"	2	
CA INS SYR 0.5 ML 31GX5/16"	2	
CA INSULIN SYR 0.3 ML 29GX1/2"	2	
CA INSULIN SYR 0.5 ML 29GX1/2"	2	
CA INSULIN SYR 1 ML 29GX1/2"	2	
CA INSULIN SYR 1 ML 30GX5/16"	2	
CA INSULIN SYR 1 ML 31GX5/16"	2	
CABERGOLINE 0.5 MG TABLET	1	QL
CABOMETYX 20 MG TABLET	4	PA, QL, LDD, SRX
CABOMETYX 40 MG TABLET	4	PA, QL, LDD, SRX
CABOMETYX 60 MG TABLET	4	PA, QL, LDD, SRX
CAFFEINE CIT 60 MG/3 ML ORAL	1	
CALCIPOTRIENE 0.005% CREAM	1	
CALCIPOTRIENE 0.005% OINTMENT	1	
CALCIPOTRIENE 0.005% SOLUTION	1	
CALCIPOTRIENE-BETAMETH DP OINT	3	
CALCITONIN-SALMON 200 UNITS SP	1	
CALCITRIOL 0.25 MCG CAPSULE	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CALCITRIOL 0.5 MCG CAPSULE	1	
CALCITRIOL 1 MCG/ML SOLUTION	1	
CALCITRIOL 3 MCG/G OINTMENT	1	QL
CALCIUM ACETATE 667 MG CAPSULE	1	
CALCIUM ACETATE 667 MG GELCAP	1	
CALCIUM ACETATE 667 MG TABLET	1	
CAMILA 0.35 MG TABLET	1	
CAMRESE 0.15-0.03-0.01 MG TAB	1	
CAMRESE LO TABLET	1	
CANDESARTAN CILEXETIL 16 MG TB	1	
CANDESARTAN CILEXETIL 32 MG TB	1	
CANDESARTAN CILEXETIL 4 MG TAB	1	
CANDESARTAN CILEXETIL 8 MG TAB	1	
CANDESARTAN-HCTZ 16-12.5 MG TB	1	
CANDESARTAN-HCTZ 32-12.5 MG TB	1	
CANDESARTAN-HCTZ 32-25 MG TAB	1	
CAPECITABINE 150 MG TABLET	4	PA, SRX
CAPECITABINE 500 MG TABLET	4	PA, SRX
CAPRELSA 100 MG TABLET	4	PA, QL, LDD, SRX
CAPRELSA 300 MG TABLET	4	PA, QL, LDD, SRX
CAPTOPRIL 100 MG TABLET	1	
CAPTOPRIL 12.5 MG TABLET	1	
CAPTOPRIL 25 MG TABLET	1	
CAPTOPRIL 50 MG TABLET	1	
CAPTOPRIL-HCTZ 25-15 MG TABLET	1	QL
CAPTOPRIL-HCTZ 25-25 MG TABLET	1	QL
CAPTOPRIL-HCTZ 50-15 MG TABLET	1	QL
CAPTOPRIL-HCTZ 50-25 MG TABLET	1	QL
CARBAMAZEPINE 100 MG TAB CHEW	1	
CARBAMAZEPINE 100 MG/5 ML SUSP	1	
CARBAMAZEPINE 200 MG TABLET	1	
CARBAMAZEPINE ER 100 MG CAP	1	
CARBAMAZEPINE ER 100 MG TABLET	1	
CARBAMAZEPINE ER 200 MG CAP	1	
CARBAMAZEPINE ER 200 MG TABLET	1	
CARBAMAZEPINE ER 300 MG CAP	1	
CARBAMAZEPINE ER 400 MG TABLET	1	
CARBIDOPA 25 MG TABLET	3	
CARBIDOPA-LEVO 10-100 MG ODT	1	
CARBIDOPA-LEVO 25-100 MG ODT	1	
CARBIDOPA-LEVO 25-250 MG ODT	1	
CARBIDOPA-LEVO ER 25-100 TAB	1	
CARBIDOPA-LEVO ER 50-200 TAB	1	
CARBIDOPA-LEVODOPA 100 MG-ENTA	1	
CARBIDOPA-LEVODOPA 10-100 TAB	1	
CARBIDOPA-LEVODOPA 125 MG-ENTA	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARBIDOPA-LEVODOPA 150 MG-ENTA	1	
CARBIDOPA-LEVODOPA 200 MG-ENTA	1	
CARBIDOPA-LEVODOPA 25-100 TAB	1	
CARBIDOPA-LEVODOPA 25-250 TAB	1	
CARBIDOPA-LEVODOPA 50 MG-ENTA	1	
CARBIDOPA-LEVODOPA 75 MG-ENTA	1	
CARBINOXAMINE 4 MG/5 ML LIQUID	1	
CARBINOXAMINE MALEATE 4 MG TAB	1	
CAREFINE PEN NEEDLE 12.7MM 29G	2	
CAREFINE PEN NEEDLE 4MM 32G	2	
CAREFINE PEN NEEDLE 5MM 32G	2	
CAREFINE PEN NEEDLE 6MM 31G	2	
CAREFINE PEN NEEDLE 8MM 30G	2	
CAREFINE PEN NEEDLES 6MM 32G	2	
CAREFINE PEN NEEDLES 8MM 31G	2	
CAREONE SYR 0.3 ML 30GX1/2"	2	
CAREONE SYR 0.5 ML 30GX1/2"	2	
CAREONE SYR 1 ML 30GX1/2"	2	
CAREONE UNIFINE PENTIP 4MM 32G	2	
CAREONE UNIFINE PENTIP 5MM 31G	2	
CAREONE UNIFINE PENTIP 6MM 31G	2	
CAREONE UNIFINE PENTIP 8MM 31G	2	
CAREONE UNIFINE PENTP 29GX1/2"	2	
CAREONE UNIFINE PENTP 31GX1/4"	2	
CAREONE UNIFINE PNTIP 12MM 29G	2	
CAREONE UNIFINE PNTIP 31GX3/16"	2	
CAREONE UNIFINE PNTIP 31GX5/16"	2	
CAREONE UNIFINE PNTIP 32GX5/32"	2	
CAREPOINT LL SYR 3 ML 20GX1.5"	2	
CAREPOINT LL SYR 3 ML 21GX1"	2	
CAREPOINT LL SYR 3 ML 21GX1.5"	2	
CAREPOINT LL SYR 3 ML 22G 1"	2	
CAREPOINT LL SYR 3 ML 22G 38MM	2	
CAREPOINT LL SYR 3 ML 23GX1"	2	
CAREPOINT LL SYR 3 ML 23GX1.5"	2	
CAREPOINT LL SYR 3 ML 25G X 1"	2	
CAREPOINT LL SYR 3 ML 25GX5/8"	2	
CARESENS CONTROL SOLUTION	2	
CARETOUCH CONTROL SOLN L2-L3	2	
CARETOUCH HYPO NEEDLE 26G 1"	2	
CARETOUCH HYPODERMIC 18G 1.5"	2	
CARETOUCH HYPODERMIC 20G 1"	2	
CARETOUCH HYPODERMIC 22G 1"	2	
CARETOUCH HYPODERMIC 23G 1"	2	
CARETOUCH HYPODERMIC 23G 1.5"	2	
CARETOUCH HYPODERMIC 25G 1"	2	
CARETOUCH HYPODERMIC 25G 1.5"	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARETOUCH HYPODERMIC 25G 5/8"	2		CEFADROXIL 500 MG CAPSULE	1	
CARETOUCH LL SYR 3 ML 22G 1"	2		CEFADROXIL 500 MG/5 ML SUSP	1	
CARETOUCH LL SYR 3 ML 22G 1.5"	2		CEFDINIR 125 MG/5 ML SUSP	1	
CARETOUCH LL SYR 3 ML 23G 1"	2		CEFDINIR 250 MG/5 ML SUSP	1	
CARETOUCH LL SYR 3 ML 23G 1.5"	2		CEFDINIR 300 MG CAPSULE	1	
CARETOUCH LL SYR 3 ML 25G 1"	2		CEFDITOREN PIVOXIL 400 MG TAB	1	
CARETOUCH LL SYR 3 ML 25G 1.5"	2		CEFIXIME 100 MG/5 ML SUSP	1	
CARETOUCH LL SYR 3 ML 25G 5/8"	2		CEFIXIME 200 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 29G 12MM	2		CEFIXIME 400 MG CAPSULE	2	
CARETOUCH PEN NEEDLE 31GX1/4"	2		CEFPODOXIME 100 MG TABLET	1	
CARETOUCH PEN NEEDLE 31GX3/16"	2		CEFPODOXIME 100 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 31GX5/16"	2		CEFPODOXIME 200 MG TABLET	1	
CARETOUCH PEN NEEDLE 32GX3/16"	2		CEFPODOXIME 50 MG/5 ML SUSP	1	
CARETOUCH PEN NEEDLE 32GX5/32"	2		CEFPROZIL 125 MG/5 ML SUSP	1	
CARETOUCH SYR 0.3 ML 31GX5/16"	2		CEFPROZIL 250 MG TABLET	1	
CARETOUCH SYR 0.5 ML 30GX5/16"	2		CEFPROZIL 250 MG/5 ML SUSP	1	
CARETOUCH SYR 0.5 ML 31GX5/16"	2		CEFPROZIL 500 MG TABLET	1	
CARETOUCH SYR 1 ML 28GX5/16"	2		CEFUROXIME AXETIL 250 MG TAB	1	
CARETOUCH SYR 1 ML 29GX5/16"	2		CEFUROXIME AXETIL 500 MG TAB	1	
CARETOUCH SYR 1 ML 30GX5/16"	2		CELECOXIB 100 MG CAPSULE	1	QL
CARETOUCH SYR 1 ML 31GX5/16"	2		CELECOXIB 200 MG CAPSULE	1	QL
CARGLUMIC ACID 200 MG TAB SUSP	4	PA, SRX	CELECOXIB 400 MG CAPSULE	1	QL
CARISOPRODOL 250 MG TABLET	1		CELECOXIB 50 MG CAPSULE	1	QL
CARISOPRODOL 350 MG TABLET	1		CELONTIN	3	
CARISOPRODL-ASPIRIN 200-325 MG	1		CEPHALEXIN 125 MG/5 ML SUSP	1	
CARISOPRODOL-ASPIRIN-CODEIN TB	1	PA	CEPHALEXIN 250 MG CAPSULE	1	
CARTEOLOL HCL 1% EYE DROPS	1		CEPHALEXIN 250 MG/5 ML SUSP	1	
CARTIA XT 120 MG CAPSULE	1		CEPHALEXIN 500 MG CAPSULE	1	
CARTIA XT 180 MG CAPSULE	1		CEPHALEXIN 750 MG CAPSULE	1	
CARTIA XT 240 MG CAPSULE	1		CEQR SIMPLICITY INSERTER	2	
CARTIA XT 300 MG CAPSULE	1		CETIRIZINE HCL 1 MG/ML SOLN	1	
CARTRIDGE STAMPED IR 1200	2		CETIRIZINE HCL 1 MG/ML SYRUP	1	
CARVEDILOL 12.5 MG TABLET	1		CEVIMELINE HCL 30 MG CAPSULE	1	
CARVEDILOL 25 MG TABLET	1		CHARLOTTE 24 FE CHEWABLE TAB	1	
CARVEDILOL 3.125 MG TABLET	1		CHATEAL EQ-28 TABLET	1	
CARVEDILOL 6.25 MG TABLET	1		CHATEAL-28 TABLET	1	
CAYSTON 75 MG INHAL SOLUTION	4	PA, QL, LDD, SRX	CHEK-STIX STRIPS	2	
CAZIAN 28 DAY TABLET	1		CHEMET	3	
CEFACTOR 125 MG/5 ML SUSP	1		CHEMSTRIP 10 MD	2	
CEFACTOR 250 MG CAPSULE	1		CHEMSTRIP 10 WITH SG	2	
CEFACTOR 250 MG/5 ML SUSP	1		CHEMSTRIP 2 GP	2	
CEFACTOR 375 MG/5 ML SUSPEN	1		CHEMSTRIP 2 LN	2	
CEFACTOR 500 MG CAPSULE	1		CHEMSTRIP 50B	2	
CEFACTOR ER 500 MG TABLET	1		CHEMSTRIP 7	2	
CEFADROXIL 1 GM TABLET	1		CHEMSTRIP 9	2	
CEFADROXIL 250 MG/5 ML SUSP	1		CHEMSTRIP BG DIARY	2	
			CHEMSTRIP MICRAL TEST STRIP	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CHLORDIAZEPO-AMITRIPTYL 5-12.5	1	
CHLORDIAZEPOX-AMITRIPTYL 10-25	1	
CHLORDIAZEPOXIDE 10 MG CAPSULE	1	
CHLORDIAZEPOXIDE 25 MG CAPSULE	1	
CHLORDIAZEPOXIDE 5 MG CAPSULE	1	
CHLORDIAZEPOXIDE-CLIDINIUM CAP	1	
CHLORHEXIDINE 0.12% RINSE	1	
CHLOROQUINE PH 250 MG TABLET	1	
CHLOROQUINE PH 500 MG TABLET	1	
CHLORPROMAZINE 10 MG TABLET	1	
CHLORPROMAZINE 100 MG TABLET	1	
CHLORPROMAZINE 200 MG TABLET	1	
CHLORPROMAZINE 25 MG TABLET	1	
CHLORPROMAZINE 50 MG TABLET	1	
CHLORTHALIDONE 25 MG TABLET	1	
CHLORTHALIDONE 50 MG TABLET	1	
CHLORZOXAZONE 500 MG TABLET	1	
CHOLESTYRAMINE LIGHT PACKET	1	
CHOLESTYRAMINE LIGHT POWDER	1	
CHOLESTYRAMINE PACKET	1	
CHOLESTYRAMINE POWDER	1	
CHORIONIC GONAD 10,000 UNIT VL - PA, SRX	1	PA
CICLODAN 0.77% CREAM	1	
CICLODAN 8% SOLUTION	1	
CICLOPIROX 0.77% CREAM	1	
CICLOPIROX 0.77% GEL	1	
CICLOPIROX 0.77% TOPICAL SUSP	1	
CICLOPIROX 1% SHAMPOO	1	
CICLOPIROX 8% SOLUTION	1	
CILOSTAZOL 100 MG TABLET	1	
CILOSTAZOL 50 MG TABLET	1	
CILOXAN 0.3% OINTMENT	3	
CIMETIDINE 200 MG TABLET	1	
CIMETIDINE 300 MG TABLET	1	
CIMETIDINE 300 MG/5 ML SOLN	1	
CIMETIDINE 400 MG TABLET	1	
CIMETIDINE 800 MG TABLET	1	
CIMZIA 200 MG VIAL KIT	4	PA, QL, SRX
CIMZIA 2X200 MG/ML SYRINGE KIT	4	PA, QL, SRX
CIMZIA 2X200 MG/ML(X3)START KT	4	PA, QL, SRX
CINACALCET HCL 30 MG TABLET	4	PA, SRX
CINACALCET HCL 60 MG TABLET	4	PA, SRX
CINACALCET HCL 90 MG TABLET	4	PA, SRX
CIPROFLOXACIN 0.2% OTIC SOLN	1	
CIPROFLOXACIN 0.3% EYE DROP	1	
CIPROFLOXACIN 250 MG/5 ML SUSP	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CIPROFLOXACIN 500 MG/5 ML SUSP	1	
CIPROFLOXACIN HCL 100 MG TAB	1	
CIPROFLOXACIN HCL 250 MG TAB	1	
CIPROFLOXACIN HCL 500 MG TAB	1	
CIPROFLOXACIN HCL 750 MG TAB	1	
CIPROFLOX-FLUOCINLN 0.3-0.025%	2	PA
CIPROFLOX-DEXAMETH OTIC SUSP	2	
CITALOPRAM HBR 10 MG TABLET	1	QL
CITALOPRAM HBR 10 MG/5 ML SOLN	1	QL
CITALOPRAM HBR 20 MG TABLET	1	QL
CITALOPRAM HBR 40 MG TABLET	1	QL
CLARAVIS 10 MG CAPSULE	3	
CLARAVIS 20 MG CAPSULE	3	
CLARAVIS 30 MG CAPSULE	3	
CLARAVIS 40 MG CAPSULE	3	
CLARITHROMYCIN 125 MG/5 ML SUS	1	
CLARITHROMYCIN 250 MG TABLET	1	
CLARITHROMYCIN 250 MG/5 ML SUS	1	
CLARITHROMYCIN 500 MG TABLET	1	
CLARITHROMYCIN ER 500 MG TAB	1	
CLEMASTINE FUM 2.68 MG TAB	1	
CLEO 90 INFUSION SET 24" 6MM	2	
CLEO 90 INFUSION SET 24" 9MM	2	
CLEO 90 INFUSION SET 31" 6MM	2	
CLEO 90 INFUSION SET 31" 9MM	2	
CLEVER CHOICE CHAMBER-LRG MASK	2	QL
CLEVER CHOICE CHAMBER-MED MASK	2	QL
CLEVER CHOICE CHAMBER-SM MASK	2	QL
CLEVER CHOICE LVL 1 CONTRL SOL	2	
CLEVER CHOICE LVL 2 CONTRL SOL	2	
CLEVER CHOICE LVL 3 CONTRL SOL	2	
CLEVER CHOICE PEAK FLOW METER	2	
CLICKFINE 31G X 1/4" NEEDLES	2	
CLICKFINE 31G X 5/16" NEEDLES	2	
CLICKFINE PEN NEEDLE 32GX5/32"	2	
CLICKFINE UNIVERSAL 31G X 1/4"	2	
CLIND PH-BENZOYL PEROX 1.2-5%	1	
CLINDACIN 1% FOAM	1	
CLINDACIN ETZ 1% PLEDGET	1	
CLINDACIN P 1% PLEDGETS	1	
CLINDAMYCIN (PEDI) 75 MG/5 ML	1	
CLINDAMYCIN 2% VAGINAL CREAM	1	
CLINDAMYCIN HCL 150 MG CAPSULE	1	
CLINDAMYCIN HCL 300 MG CAPSULE	1	
CLINDAMYCIN HCL 75 MG CAPSULE	1	
CLINDAMYCIN PH 1% GEL	1	
CLINDAMYCIN PH 1% SOLUTION	1	



## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLINDAMYCIN PHOS 1% PLEDGET	1	
CLINDAMYCIN PHOSP 1% LOTION	1	
CLINDAMYCIN PHOSPHATE 1% FOAM	1	
CLINDAMYCIN-BENZOYL PEROX 1-5%	1	
CLINDAMYCIN-BNZ PEROX 1-5% PMP	1	
CLINDA-TRETINOIN 1.2%-0.025%	1	
CLINDESSE	3	
CLOBAZAM 10 MG TABLET	3	PA
CLOBAZAM 2.5 MG/ML SUSPENSION	3	PA
CLOBAZAM 20 MG TABLET	3	PA
CLOBETASOL 0.05% CREAM	1	
CLOBETASOL 0.05% GEL	1	
CLOBETASOL 0.05% OINTMENT	1	
CLOBETASOL 0.05% SHAMPOO	1	
CLOBETASOL 0.05% SOLUTION	1	
CLOBETASOL 0.05% TOPICAL LOTN	1	
CLOBETASOL EMOLLIENT 0.05% CRM	1	
CLOBETASOL EMOLLNT 0.05% FOAM	1	
CLOBETASOL EMULSION 0.05% FOAM	1	
CLOBETASOL PROP 0.05% FOAM	1	
CLOBETASOL PROP 0.05% SPRAY	1	
CLOCORTOLONE 0.1% CREAM PUMP	1	
CLOCORTOLONE PIVALATE 0.1% CRM	1	
CLODAN 0.05% SHAMPOO	1	
CLOMIPRAMINE 25 MG CAPSULE	3	
CLOMIPRAMINE 50 MG CAPSULE	3	
CLOMIPRAMINE 75 MG CAPSULE	3	
CLONAZEPAM 0.125 MG DIS TAB	1	
CLONAZEPAM 0.125 MG ODT	1	
CLONAZEPAM 0.25 MG ODT	1	
CLONAZEPAM 0.5 MG DIS TABLET	1	
CLONAZEPAM 0.5 MG ODT	1	
CLONAZEPAM 0.5 MG TABLET	1	
CLONAZEPAM 1 MG DIS TABLET	1	
CLONAZEPAM 1 MG ODT	1	
CLONAZEPAM 1 MG TABLET	1	
CLONAZEPAM 2 MG ODT	1	
CLONAZEPAM 2 MG TABLET	1	
CLONIDINE 0.1 MG/DAY PATCH	1	
CLONIDINE 0.2 MG/DAY PATCH	1	
CLONIDINE 0.3 MG/DAY PATCH	1	
CLONIDINE HCL 0.1 MG TABLET	1	
CLONIDINE HCL 0.2 MG TABLET	1	
CLONIDINE HCL 0.3 MG TABLET	1	
CLONIDINE HCL ER 0.1 MG TABLET	1	
CLOPIDOGREL 300 MG TABLET	1	
CLOPIDOGREL 75 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CLORAZEPATE 15 MG TABLET	1	
CLORAZEPATE 3.75 MG TABLET	1	
CLORAZEPATE 7.5 MG TABLET	1	
CLOTRIMAZOLE 1% SOLUTION	1	
CLOTRIMAZOLE 1% TOPICAL CREAM	1	
CLOTRIMAZOLE 10 MG TROCHE	1	
CLOTRIMAZOLE-BETAMETHASONE CRM	1	
CLOTRIMAZOLE-BETAMETHASONE LOT	1	
CLOZAPINE 100 MG TABLET	1	
CLOZAPINE 200 MG TABLET	1	
CLOZAPINE 25 MG TABLET	1	
CLOZAPINE 50 MG TABLET	1	
CLOZAPINE ODT 100 MG TABLET	3	
CLOZAPINE ODT 12.5 MG TABLET	3	
CLOZAPINE ODT 150 MG TABLET	3	
CLOZAPINE ODT 200 MG TABLET	3	
CLOZAPINE ODT 25 MG TABLET	3	
C-NATE DHA SOFTGEL	1	
COARTEM TABLETS	3	QL
CODEINE SULFATE 15 MG TABLET	1	PA
CODEINE SULFATE 30 MG TABLET	1	PA
CODEINE SULFATE 60 MG TABLET	1	PA
COLCHICINE 0.6 MG TABLET	1	
COLESEVELAM 625 MG TABLET	1	
COLESEVELAM HCL 3.75 G PACKET	1	
COLESTIPOL HCL 1 GM TABLET	1	
COLESTIPOL HCL GRANULES	1	
COLESTIPOL HCL GRANULES PACKET	1	
COLOCORT 100 MG/60 ML ENEMA	1	
COMBISTIX REAGENT STRIPS	2	
COMETRIQ 100 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX
COMETRIQ 140 MG DAILY-DOSE PK	4	PA, QL, LDD, SRX
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL, LDD, SRX
COMFORT EZ INS 0.3ML 30GX1/2"	2	
COMFORT EZ INS 0.3ML 30GX5/16"	2	
COMFORT EZ INS 0.5ML 31GX5/16"	2	
COMFORT EZ INS 1 ML 31GX5/16"	2	
COMFORT EZ INSULIN SYR 0.3 ML	2	
COMFORT EZ INSULIN SYR 0.5 ML	2	
COMFORT EZ PEN NEEDLE 12MM 29G	2	
COMFORT EZ PEN NEEDLES 4MM 32G	2	
COMFORT EZ PEN NEEDLES 4MM 33G	2	
COMFORT EZ PEN NEEDLES 5MM 31G	2	
COMFORT EZ PEN NEEDLES 5MM 32G	2	
COMFORT EZ PEN NEEDLES 5MM 33G	2	
COMFORT EZ PEN NEEDLES 6MM 31G	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
COMFORT EZ PEN NEEDLES 6MM 32G	2		CONTACT DETACH INFUSN SET 23"	2	
COMFORT EZ PEN NEEDLES 6MM 33G	2		CONTACT DETACH INFUSN SET 32"	2	
COMFORT EZ PEN NEEDLES 8MM 31G	2		CONTACT DETACH INFUSN SET 43"	2	
COMFORT EZ PEN NEEDLES 8MM 32G	2		CONTOUR NEXT LEV 1 CONTROL SOL	2	
COMFORT EZ PEN NEEDLES 8MM 33G	2		CONTOUR NEXT LEV 2 CONTROL SOL	2	
COMFORT EZ SYR 0.3 ML 29GX1/2"	2		CONTOUR SOLUTION	2	
COMFORT EZ SYR 0.5 ML 28GX1/2"	2		COOL CONTROL A SOLUTION	2	
COMFORT EZ SYR 0.5 ML 29GX1/2"	2		COOL CONTROL B SOLUTION	2	
COMFORT EZ SYR 0.5 ML 30GX1/2"	2		CORTISONE 25 MG TABLET	1	
COMFORT EZ SYR 1 ML 28GX1/2"	2		CORTISPORIN CREAM	3	
COMFORT EZ SYR 1 ML 29GX1/2"	2		CORTISPORIN OINTMENT	3	
COMFORT EZ SYR 1 ML 30GX1/2"	2		CORTISPORIN-TC EAR SUSPENSION	3	
COMFORT EZ SYR 1 ML 30GX5/16"	2		COSENTYX 300 MG DOSE-2 SYRINGE	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 23" 17MM	2		COSENTYX 150 MG/ML SYRINGE	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 31" 17MM	2		COSENTYX 75 MG/0.5 ML SYRINGE	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 32" 17MM	2		COSENTYX 150 MG/ML PEN INJECT	4	PA, QL, LDD, SRX
COMFORT INFUSION SET 43" 17MM	2		COSENTYX 300 MG DOSE-2 PENS	4	PA, QL, LDD, SRX
COMFORT POINT PEN NDL 29GX1/2"	2		COTELLIC 20 MG TABLET	4	PA, QL, LDD, SRX
COMFORT POINT PEN NDL 31GX1/3"	2		COVARYX TABLET	1	
COMFORT POINT PEN NDL 31GX1/4"	2		COVARYX H.S. TABLET	1	
COMFORT POINT PEN NDL 31GX1/6"	2		CRESEMBA 186 MG CAPSULE	3	PA
COMFORT SHORT INFUSION SET 23"	2		CROMOLYN 100 MG/5 ML ORAL CONC	3	SRX
COMFORT SHORT INFUSION SET 31"	2		CROMOLYN 20 MG/2 ML NEB SOLN	3	QL
COMFORT SHORT INFUSION SET 32"	2		CROMOLYN 4% EYE DROPS	1	
COMFORT SHORT INFUSION SET 43"	2		CROTAN 10% LOTION	2	
COMFORT TOUCH PEN NDL 31G 4MM	2		CRYSSELLE-28 TABLET	1	
COMFORT TOUCH PEN NDL 31G 5MM	2		CVS KETONE CARE TEST STRIP	1	
COMFORT TOUCH PEN NDL 31G 6MM	2		CYANOCOBALAMIN 1,000 MCG/ML VL	1	
COMFORT TOUCH PEN NDL 31G 8MM	2		CYANOCOBALAMIN 10,000 MCG/10ML	1	
COMFORT TOUCH PEN NDL 32G 4MM	2		CYANOCOBALAMIN 30,000 MCG/30ML	1	
COMFORT TOUCH PEN NDL 32G 5MM	2		CYCLOBENZAPRINE 10 MG TABLET	1	
COMFORT TOUCH PEN NDL 32G 6MM	2		CYCLOBENZAPRINE 5 MG TABLET	3	
COMFORT TOUCH PEN NDL 32G 8MM	2		CYCLOMYDRIL EYE DROPS	1	
COMFORT TOUCH PEN NDL 33G 4MM	2		CYCLOPENTOLATE 0.5% EYE DROPS	1	
COMFORT TOUCH PEN NDL 33G 6MM	2		CYCLOPENTOLATE 1% EYE DROP	1	
COMFORT TOUCH PEN NDL 33GX5MM	2		CYCLOPENTOLATE 1% EYE DROPS	1	
COMIRNATY 30MCG/0.3ML VAC-GRAY	2		CYCLOPENTOLATE HCL 2% DROPS	2	
COMPACT SPACE CHAMBER	2	QL	CYCLOPHOSPHAMIDE 25 MG CAPSULE	2	
COMPACT SPACE CHAMBER-LRG MASK	2	QL	CYCLOPHOSPHAMIDE 50 MG CAPSULE	1	
COMPACT SPACE CHAMBER-MED MASK	2	QL	CYCLOSERINE 250 MG CAPSULE	3	
COMPACT SPACE CHAMBER-SM MASK	2	QL	CYCLOSET 0.8 MG TABLET	3	
COMPLERA TABLET	2	QL	CYCLOSPORINE 0.05% EYE EMULS	1	
COMPLETE NATAL DHA	1		CYCLOSPORINE 100 MG CAPSULE	1	
COMPLETENATE TABLET CHEW	1		CYCLOSPORINE 25 MG CAPSULE	1	
COMPRO 25 MG SUPPOSITORY	1		CYCLOSPORINE MODIFIED 100 MG	1	
CONSTULOSE 10 GM/15 ML SOLN	1		CYCLOSPORINE MODIFIED 100MG/ML	1	

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

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DESCOVY 120-15 MG TABLET	3	PA
DESCOVY 200-25 MG TABLET	3	PA
DESIPRAMINE 10 MG TABLET	1	
DESIPRAMINE 100 MG TABLET	1	
DESIPRAMINE 150 MG TABLET	1	
DESIPRAMINE 25 MG TABLET	1	
DESIPRAMINE 50 MG TABLET	1	
DESIPRAMINE 75 MG TABLET	1	
DESLOMATADINE 2.5 MG ODT	1	QL
DESLOMATADINE 5 MG ODT	1	QL
DESLOMATADINE 5 MG TABLET	1	QL
DESMOPRESSIN 0.01% SOLUTION	1	
DESMOPRESSIN 10 MCG/0.1 ML SPR	1	
DESMOPRESSIN ACETATE 0.1 MG TB	1	
DESMOPRESSIN ACETATE 0.2 MG TB	1	
DESOGESTREL-EE 0.15-0.03 MG TB	1	
DESOGESTR-ETH ESTRAD ETH ESTRA	1	
DESONIDE 0.05% CREAM	1	
DESONIDE 0.05% LOTION	1	
DESONIDE 0.05% OINTMENT	1	
DESOXIMETASONE 0.05% CREAM	1	
DESOXIMETASONE 0.05% GEL	1	
DESOXIMETASONE 0.05% OINTMENT	1	
DESOXIMETASONE 0.25% CREAM	1	
DESOXIMETASONE 0.25% OINTMENT	1	
DESVENLAFAXINE SUCCNT ER 100MG	1	QL
DESVENLAFAXINE SUCCNT ER 25 MG	1	QL
DESVENLAFAXINE SUCCNT ER 50 MG	1	QL
DEXAMETHASONE 0.5 MG TABLET	1	
DEXAMETHASONE 0.5 MG/5 ML ELX	1	
DEXAMETHASONE 0.5 MG/5 ML LIQ	1	
DEXAMETHASONE 0.75 MG TABLET	1	
DEXAMETHASONE 1 MG TABLET	1	
DEXAMETHASONE 1.5 MG TABLET	1	
DEXAMETHASONE 2 MG TABLET	1	
DEXAMETHASONE 4 MG TABLET	1	
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL 1 MG/ML	1	
DEXAMETHASONE 0.1% EYE DROP	1	
DEXCOM G6 RECEIVER	2	PA, QL
DEXCOM G6 SENSOR	2	PA, QL
DEXCOM G6 TRANSMITTER	2	PA, QL
DEXCOM G7 RECEIVER	2	PA, QL
DEXCOM G7 SENSOR	2	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAP	3	QL
DEXLANSOPRAZOLE DR 60 MG CAP	3	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DESMETHYLPHENIDATE 10 MG TAB	1	QL
DESMETHYLPHENIDATE 2.5 MG TAB	1	QL
DESMETHYLPHENIDATE 5 MG TAB	1	QL
DESMETHYLPHENIDATE ER 10 MG CP	1	QL
DESMETHYLPHENIDATE ER 15 MG CP	1	QL
DESMETHYLPHENIDATE ER 20 MG CP	1	QL
DESMETHYLPHENIDATE ER 25 MG CP	1	QL
DESMETHYLPHENIDATE ER 30 MG CP	1	QL
DESMETHYLPHENIDATE ER 35 MG CP	1	QL
DESMETHYLPHENIDATE ER 40 MG CP	1	QL
DESMETHYLPHENIDATE ER 5 MG CAP	1	QL
DEXTROAMP-AMPHET ER 10 MG CAP	1	QL
DEXTROAMP-AMPHET ER 15 MG CAP	1	QL
DEXTROAMP-AMPHET ER 20 MG CAP	1	QL
DEXTROAMP-AMPHET ER 25 MG CAP	1	QL
DEXTROAMP-AMPHET ER 30 MG CAP	1	QL
DEXTROAMP-AMPHET ER 5 MG CAP	1	QL
DEXTROAMP-AMPHETAM 12.5 MG TAB	1	QL
DEXTROAMP-AMPHETAM 7.5 MG TAB	1	QL
DEXTROAMP-AMPHETAMIN 10 MG TAB	1	QL
DEXTROAMP-AMPHETAMIN 15 MG TAB	1	QL
DEXTROAMP-AMPHETAMIN 20 MG TAB	1	QL
DEXTROAMP-AMPHETAMIN 30 MG TAB	1	QL
DEXTROAMP-AMPHETAMINE 5 MG TAB	1	QL
DEXTROAMPHETAMINE 10 MG TAB	1	QL
DEXTROAMPHETAMINE 5 MG TAB	1	QL
DEXTROAMPHETAMINE 5 MG/5 ML	1	QL
DEXTROAMPHETAMINE ER 10 MG CAP	1	QL
DEXTROAMPHETAMINE ER 15 MG CAP	1	QL
DEXTROAMPHETAMINE ER 5 MG CAP	1	QL
DIASITX REAGENT STRIPS	2	
DIATRUE LEVEL 1 CONTROL SOLN	2	
DIATRUE LEVEL 2 CONTROL SOLN	2	
DIATRUE LEVEL 3 CONTROL SOLN	2	
DIAZEPAM 10 MG RECTAL GEL SYST	1	
DIAZEPAM 10 MG TABLET	1	
DIAZEPAM 2 MG TABLET	1	
DIAZEPAM 2.5 MG RECTAL GEL SYS	1	
DIAZEPAM 20 MG RECTAL GEL SYST	1	
DIAZEPAM 25 MG/5 ML ORAL CONC	1	
DIAZEPAM 5 MG TABLET	1	
DIAZEPAM 5 MG/5 ML ORAL SOLN	1	
DIAZEPAM 5 MG/5 ML SOLUTION	1	
DIAZEPAM 5 MG/ML ORAL CONC	1	
DIAZOXIDE 50 MG/ML ORAL SUSP	3	SRX
DICLOFENAC 0.1% EYE DROPS	1	
DICLOFENAC 1.5% TOPICAL SOLN	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DICLOFENAC POT 50 MG TABLET	1	
DICLOFENAC SOD DR 25 MG TAB	1	
DICLOFENAC SOD DR 50 MG TAB	1	
DICLOFENAC SOD DR 75 MG TAB	1	
DICLOFENAC SOD EC 25 MG TAB	1	
DICLOFENAC SOD EC 50 MG TAB	1	
DICLOFENAC SOD EC 75 MG TAB	1	
DICLOFENAC SOD ER 100 MG TAB	1	
DICLOFENAC SODIUM 1% GEL	1	QL
DICLOFENAC-MISOPROST 50-0.2 MG	1	
DICLOFENAC-MISOPROST 75-0.2 MG	1	
DICLOXACILLIN 250 MG CAPSULE	1	
DICLOXACILLIN 500 MG CAPSULE	1	
DICYCLOMINE 10 MG CAPSULE	1	
DICYCLOMINE 10 MG/5 ML SOLN	1	
DICYCLOMINE 20 MG TABLET	1	
DIDANOSINE DR 250 MG CAPSULE	1	
DIDANOSINE DR 400 MG CAPSULE	1	
DIFICID 200 MG TABLET	3	PA, QL
DIFICID 40 MG/ML SUSPENSION	3	PA, QL
DIFLORASONE 0.05% CREAM	3	
DIFLORASONE 0.05% OINTMENT	3	
DIFLUNISAL 500 MG TABLET	1	
DIFLUPREDNATE 0.05% EYE DROP	2	
DIGOX 125 MCG TABLET	1	
DIGOX 250 MCG TABLET	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
DIGOXIN 0.125 MG TABLET	1	
DIGOXIN 0.25 MG TABLET	1	
DIGOXIN 125 MCG TABLET	1	
DIGOXIN 250 MCG TABLET	1	
DIHYDROERGOTAMINE 1 MG/ML AMP	3	QL
DILT XR 120 MG CAPSULE	1	
DILT XR 180 MG CAPSULE	1	
DILT XR 240 MG CAPSULE	1	
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER 120 MG CAP	1	
DILTIAZEM 12HR ER 60 MG CAP	1	
DILTIAZEM 12HR ER 90 MG CAP	1	
DILTIAZEM 24H ER(CD) 120 MG CP	1	
DILTIAZEM 24H ER(CD) 180 MG CP	1	
DILTIAZEM 24H ER(CD) 240 MG CP	1	
DILTIAZEM 24H ER(CD) 300 MG CP	1	
DILTIAZEM 24H ER(CD) 360 MG CP	1	
DILTIAZEM 24H ER(LA) 120 MG TB	1	
DILTIAZEM 24H ER(LA) 180 MG TB	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DILTIAZEM 24H ER(LA) 240 MG TB	1	
DILTIAZEM 24H ER(LA) 300 MG TB	1	
DILTIAZEM 24H ER(LA) 360 MG TB	1	
DILTIAZEM 24H ER(LA) 420 MG TB	1	
DILTIAZEM 24H ER(XR) 120 MG CP	1	
DILTIAZEM 24H ER(XR) 180 MG CP	1	
DILTIAZEM 24H ER(XR) 240 MG CP	1	
DILTIAZEM 24HR ER 120 MG CAP	1	
DILTIAZEM 24HR ER 180 MG CAP	1	
DILTIAZEM 24HR ER 240 MG CAP	1	
DILTIAZEM 24HR ER 300 MG CAP	1	
DILTIAZEM 24HR ER 360 MG CAP	1	
DILTIAZEM 24HR ER 420 MG CAP	1	
DILTIAZEM 30 MG TABLET	1	
DILTIAZEM 60 MG TABLET	1	
DILTIAZEM 90 MG TABLET	1	
DIMETHYL FUMARATE 30D START PK	4	PA, QL, LDD, SRX
DIMETHYL FUMARATE DR 120 MG CP	4	PA, QL, LDD, SRX
DIMETHYL FUMARATE DR 240 MG CP	4	PA, QL, LDD, SRX
DIPENTUM 250 MG CAPSULE	4	SRX
DIPHEN 12.5 MG/5 ML ELIXIR	4	SRX
DIPHEN 12.5 MG/5 ML SOLUTION	4	SRX
DIPHENHYDRAMINE 12.5 MG/5 ML	3	
DIPHENHYDRAMINE 25 MG/10 ML	3	
DIPHENOXYLAT-ATROP 2.5-0.025/5	3	
DIPHENOXYLATE-ATROP 2.5-0.025	1	
DIPHThERIA-TETANUS TOXOIDS-PED	1	
DIPYRIDAMOLE 25 MG TABLET	1	
DIPYRIDAMOLE 50 MG TABLET	1	
DIPYRIDAMOLE 75 MG TABLET	2	
DISOPYRAMIDE 100 MG CAPSULE	1	
DISOPYRAMIDE 150 MG CAPSULE	1	
DISULFIRAM 250 MG TABLET	1	
DISULFIRAM 500 MG TABLET	1	
DIVALPROEX DR 125 MG CAP SPRNK	1	
DIVALPROEX DR 125 MG CP(SPRNK)	1	
DIVALPROEX SOD DR 125 MG TAB	1	
DIVALPROEX SOD DR 250 MG TAB	1	
DIVALPROEX SOD DR 500 MG TAB	1	
DIVALPROEX SOD ER 250 MG TAB	1	
DIVALPROEX SOD ER 500 MG TAB	1	
DODEX 1,000 MCG/ML VIAL	1	
DODEX 10,000 MCG/10 ML VIAL	1	
DODEX 30,000 MCG/30 ML VIAL	1	
DOFETILIDE 125 MCG CAPSULE	3	QL
DOFETILIDE 250 MCG CAPSULE	3	QL
DOFETILIDE 500 MCG CAPSULE	3	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DOLISHALE 90-20 MCG TABLET	1	
DONEPEZIL HCL 10 MG TABLET	1	
DONEPEZIL HCL 23 MG TABLET	1	
DONEPEZIL HCL 5 MG TABLET	1	
DONEPEZIL HCL ODT 10 MG TABLET	1	
DONEPEZIL HCL ODT 5 MG TABLET	1	
DORZOLAMIDE HCL 2% EYE DROPS	1	
DORZOLAMIDE-TIMOLOL EYE DROPS	1	
DOTTI 0.025 MG PATCH	1	QL
DOTTI 0.0375 MG PATCH	1	QL
DOTTI 0.05 MG PATCH	1	QL
DOTTI 0.075 MG PATCH	1	QL
DOTTI 0.1 MG PATCH	1	QL
DOVATO 50-300 MG TABLET	2	QL
DOXAZOSIN MESYLATE 1 MG TAB	1	
DOXAZOSIN MESYLATE 2 MG TAB	1	
DOXAZOSIN MESYLATE 4 MG TAB	1	
DOXAZOSIN MESYLATE 8 MG TAB	1	
DOXEPIN 10 MG CAPSULE	1	
DOXEPIN 10 MG/ML ORAL CONC	1	
DOXEPIN 100 MG CAPSULE	1	
DOXEPIN 150 MG CAPSULE	1	
DOXEPIN 25 MG CAPSULE	1	
DOXEPIN 5% CREAM	3	
DOXEPIN 50 MG CAPSULE	1	
DOXEPIN 75 MG CAPSULE	1	
DOXEPIN HCL 3 MG TABLET	2	QL
DOXEPIN HCL 6 MG TABLET	2	QL
DOXERCALCIFEROL 0.5 MCG CAP	1	
DOXERCALCIFEROL 1 MCG CAPSULE	1	
DOXERCALCIFEROL 2.5 MCG CAP	1	
DOXYCYCLINE 25 MG/5 ML SUSP	1	
DOXYCYCLINE HYCLATE 100 MG CAP	1	
DOXYCYCLINE HYCLATE 100 MG TAB	1	
DOXYCYCLINE HYCLATE 20 MG TAB	1	
DOXYCYCLINE HYCLATE 50 MG CAP	1	
DOXYCYCLINE MONO 100 MG CAP	1	
DOXYCYCLINE MONO 100 MG TABLET	1	
DOXYCYCLINE MONO 150 MG CAP	1	
DOXYCYCLINE MONO 150 MG TABLET	1	
DOXYCYCLINE MONO 50 MG CAP	1	
DOXYCYCLINE MONO 50 MG TABLET	1	
DOXYCYCLINE MONO 75 MG CAPSULE	1	
DOXYCYCLINE MONO 75 MG TABLET	1	
DRONABINOL 10 MG CAPSULE	3	
DRONABINOL 2.5 MG CAPSULE	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DRONABINOL 5 MG CAPSULE	3	
DROPLET 0.5 ML 29GX12.5MM(1/2)	2	
DROPLET 0.5 ML 30GX12.5MM(1/2)	2	
DROPLET INS 0.3 ML 29GX12.5MM	2	
DROPLET INS 0.3ML 30GX12.5MM	2	
DROPLET INS 0.5ML 30GX6MM(1/2)	2	
DROPLET INS 0.5ML 30GX8MM(1/2)	2	
DROPLET INS 0.5ML 31GX6MM(1/2)	2	
DROPLET INS 0.5ML 31GX8MM(1/2)	2	
DROPLET INS SYR 0.3 ML 30GX6MM	2	
DROPLET INS SYR 0.3 ML 30GX8MM	2	
DROPLET INS SYR 0.3 ML 31GX6MM	2	
DROPLET INS SYR 0.3 ML 31GX8MM	2	
DROPLET INS SYR 1 ML 30GX6MM	2	
DROPLET INS SYR 1 ML 30GX8MM	2	
DROPLET INS SYR 1 ML 31GX6MM	2	
DROPLET INS SYR 1 ML 31GX8MM	2	
DROPLET INS SYR 1ML 29GX12.5MM	2	
DROPLET INS SYR 1ML 30GX12.5MM	2	
DROPLET MICRON 34G X 9/64"	2	
DROPLET PEN NEEDLE 29GX1/2"	2	
DROPLET PEN NEEDLE 29GX3/8"	2	
DROPLET PEN NEEDLE 30GX5/16"	2	
DROPLET PEN NEEDLE 31GX1/4"	2	
DROPLET PEN NEEDLE 31GX3/16"	2	
DROPLET PEN NEEDLE 31GX5/16"	2	
DROPLET PEN NEEDLE 32GX1/4"	2	
DROPLET PEN NEEDLE 32GX3/16"	2	
DROPLET PEN NEEDLE 32GX5/16"	2	
DROPLET PEN NEEDLE 32GX5/32"	2	
DROPSAFE INS SYR 0.3ML 31G 6MM	2	
DROPSAFE INS SYR 0.3ML 31G 8MM	2	
DROPSAFE INS SYR 0.5ML 31G 6MM	2	
DROPSAFE INS SYR 0.5ML 31G 8MM	2	
DROPSAFE INSUL SYR 1ML 31G 6MM	2	
DROPSAFE INSUL SYR 1ML 31G 8MM	2	
DROPSAFE INSULN 1ML 29G 12.5MM	2	
DROPSAFE PEN NEEDLE 31GX1/4"	2	
DROPSAFE PEN NEEDLE 31GX3/16"	2	
DROPSAFE PEN NEEDLE 31GX5/16"	2	
DROSP-EE-LEVOMEF 3-0.02-0.451	1	
DROSP-EE-LEVOMEF 3-0.03-0.451	1	
DROSPIRENONE-EE 3-0.02 MG TAB	1	
DROSPIRENONE-EE 3-0.03 MG TAB	1	
DROXIA 200 MG CAPSULE	3	
DROXIA 300 MG CAPSULE	3	
DROXIA 400 MG CAPSULE	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DRUG MART ULTRA COMFORT SYR	2	
DUAVEE 0.45-20 MG TABLET	3	
DULERA 50 MCG-5 MCG INHALER	2	QL
DULERA 100 MCG-5 MCG INHALER	2	QL
DULERA 200 MCG-5 MCG INHALER	2	QL
DULOXETINE HCL DR 20 MG CAP	1	QL
DULOXETINE HCL DR 30 MG CAP	1	QL
DULOXETINE HCL DR 60 MG CAP	1	QL
DUPIXENT 100 MG/0.67 ML SYRING	4	PA, SRX
DUPIXENT 200 MG/1.14 ML PEN	4	PA, SRX
DUPIXENT 200 MG/1.14 ML SYRING	4	PA, SRX
DUPIXENT 300 MG/2 ML PEN	4	PA, SRX
DUPIXENT 300 MG/2 ML SYRINGE	4	PA, SRX
DUTASTERIDE 0.5 MG CAPSULE	1	
DUTASTERIDE-TAMSULOSIN 0.5-0.4	1	
EASIVENT HOLDING CHAMBER	2	QL
EASIVENT MASK-LARGE	2	QL
EASIVENT MASK-MEDIUM	2	QL
EASIVENT MASK-SMALL	2	QL
EASY COMFORT 0.3 ML SYRINGE	2	
EASY COMFORT 0.5 ML 30GX1/2"	2	
EASY COMFORT 0.5 ML 31GX5/16"	2	
EASY COMFORT 0.5 ML 32GX5/16"	2	
EASY COMFORT 0.5 ML SYRINGE	2	
EASY COMFORT 1 ML 31GX5/16"	2	
EASY COMFORT 1 ML 32GX5/16"	2	
EASY COMFORT INSULIN 1 ML SYR	2	
EASY COMFORT PEN ND 31GX1/4"	2	
EASY COMFORT PEN ND 31GX3/16"	2	
EASY COMFORT PEN ND 31GX5/16"	2	
EASY COMFORT PEN ND 32GX5/32"	2	
EASY COMFORT PEN ND 33G 4MM	2	
EASY COMFORT PEN ND 33G 5MM	2	
EASY COMFORT PEN ND 33G 6MM	2	
EASY COMFORT SYR 1 ML 30GX1/2"	2	
EASY GLIDE INS 0.3 ML 31GX6MM	2	
EASY GLIDE INS 0.5 ML 31GX6MM	2	
EASY GLIDE INS 1 ML 31GX6MM	2	
EASY GLIDE PEN NEEDLE 4MM 33G	2	
EASY PLUS II CONTROL SOLN HIGH	2	
EASY PLUS II CONTROL SOLN LOW	2	
EASY STEP CONTRL SOLN-HIGH	2	
EASY STEP CONTROL SOLN-LOW	2	
EASY STEP CONTROL SOLN-NORMAL	2	
EASY TALK CONTROL SOLN LOW	2	
EASY TALK HIGH CONTROL SOLN	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY TALK PLUS II HIGH CONTROL	2		EASY TOUCH HYPODERMIC 21GX1"	2	
EASY TALK PLUS II LOW CTRL SLN	2		EASY TOUCH HYPODERMIC 21GX1.5"	2	
EASY TOUCH 0.3 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 22GX1"	2	
EASY TOUCH 0.5 ML SYR 27GX1/2"	2		EASY TOUCH HYPODERMIC 22GX1.5"	2	
EASY TOUCH 0.5 ML SYR 29GX1/2"	2		EASY TOUCH HYPODERMIC 23GX1"	2	
EASY TOUCH 0.5 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 23GX1.25	2	
EASY TOUCH 0.5 ML SYR 30GX5/16	2		EASY TOUCH HYPODERMIC 23GX1.5"	2	
EASY TOUCH 1 ML SYR 27GX1/2"	2		EASY TOUCH HYPODERMIC 23GX3/4"	2	
EASY TOUCH 1 ML SYR 29GX1/2"	2		EASY TOUCH HYPODERMIC 24GX1"	2	
EASY TOUCH 1 ML SYR 30GX1/2"	2		EASY TOUCH HYPODERMIC 24GX1.25	2	
EASY TOUCH BLU LINK CTRL SOLN	2		EASY TOUCH HYPODERMIC 25GX1"	2	
EASY TOUCH FLIPLK NDL 30GX5/16	2		EASY TOUCH HYPODERMIC 25GX1.5"	2	
EASY TOUCH FLIPLK NDL 31GX5/16	2		EASY TOUCH HYPODERMIC 25GX5/8"	2	
EASY TOUCH FLIPLK NDL 18GX1"	2		EASY TOUCH HYPODERMIC 26GX1/2"	2	
EASY TOUCH FLIPLK NDL 19GX1"	2		EASY TOUCH HYPODERMIC 26GX3/8"	2	
EASY TOUCH FLIPLK NDL 20GX1"	2		EASY TOUCH HYPODERMIC 26GX5/8"	2	
EASY TOUCH FLIPLK NDL 21GX1"	2		EASY TOUCH HYPODERMIC 27GX1.25	2	
EASY TOUCH FLIPLK NDL 22GX1	2		EASY TOUCH HYPODERMIC 27GX1.5"	2	
EASY TOUCH FLIPLK NDL 23GX1"	2		EASY TOUCH HYPODERMIC 27GX1/2"	2	
EASY TOUCH FLIPLK NDL 25GX1"	2		EASY TOUCH HYPODERMIC 30GX1"	2	
EASY TOUCH FLIPLK NDL 26GX1"	2		EASY TOUCH HYPODERMIC 30GX1/2"	2	
EASY TOUCH FLIPLK NDL 27GX1"	2		EASY TOUCH HYPODERMIC 31GX5/16	2	
EASY TOUCH FLIPLK NDL 18GX1.5	2		EASY TOUCH HYPODERMIC 32GX5/16	2	
EASY TOUCH FLIPLK NDL 19GX1.5	2		EASY TOUCH INSULIN 1ML 29GX1/2	2	
EASY TOUCH FLIPLK NDL 20GX1.5	2		EASY TOUCH INSULIN 1ML 30GX1/2	2	
EASY TOUCH FLIPLK NDL 21GX1.5	2		EASY TOUCH INSULIN SYR 0.3 ML	2	
EASY TOUCH FLIPLK NDL 22GX1.5	2		EASY TOUCH INSULIN SYR 0.5 ML	2	
EASY TOUCH FLIPLK NDL 22GX3/4	2		EASY TOUCH INSULIN SYR 1 ML	2	
EASY TOUCH FLIPLK NDL 23GX1.5	2		EASY TOUCH INSULIN 1ML 29GX1/2"	2	
EASY TOUCH FLIPLK NDL 23GX5/8	2		EASY TOUCH INSULIN 1ML 30GX1/2"	2	
EASY TOUCH FLIPLK NDL 25GX1.5	2		EASY TOUCH INSULIN 1ML 30GX5/16	2	
EASY TOUCH FLIPLK NDL 25GX5/8	2		EASY TOUCH INSULIN 1ML 31GX5/16	2	
EASY TOUCH FLIPLK NDL 26GX1/2	2		EASY TOUCH LUER LOK INSUL 1 ML	2	
EASY TOUCH FLIPLK NDL 27GX1/2	2		EASY TOUCH PEN NEEDLE 29GX1/2"	2	
EASY TOUCH FLIPLK NDL 28GX1/2	2		EASY TOUCH PEN NEEDLE 30GX5/16	2	
EASY TOUCH FLIPLK NDL 29GX1/2	2		EASY TOUCH PEN NEEDLE 31GX1/4"	2	
EASY TOUCH FLIPLK NDL 30GX1/2	2		EASY TOUCH PEN NEEDLE 31GX3/16	2	
EASY TOUCH HIGH-LOW CTRL SOLN	2		EASY TOUCH PEN NEEDLE 31GX5/16	2	
EASY TOUCH HYPODERMIC 16GX1"	2		EASY TOUCH PEN NEEDLE 32GX1/4"	2	
EASY TOUCH HYPODERMIC 16GX1.5"	2		EASY TOUCH PEN NEEDLE 32GX3/16	2	
EASY TOUCH HYPODERMIC 18GX1"	2		EASY TOUCH PEN NEEDLE 32GX5/32	2	
EASY TOUCH HYPODERMIC 18GX1.25	2		EASY TOUCH SAF PEN NDL 29G 5MM	2	
EASY TOUCH HYPODERMIC 18GX1.5"	2		EASY TOUCH SAF PEN NDL 29G 8MM	2	
EASY TOUCH HYPODERMIC 19GX1"	2		EASY TOUCH SAF PEN NDL 30G 5MM	2	
EASY TOUCH HYPODERMIC 19GX1.5"	2		EASY TOUCH SAF PEN NDL 30G 8MM	2	
EASY TOUCH HYPODERMIC 20GX1"	2		EASY TOUCH SYR 0.5ML 27G12.7MM	2	
EASY TOUCH HYPODERMIC 20GX1.5"	2		EASY TOUCH SYR 0.5ML 28G12.7MM	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH SYR 0.5ML 29G12.7MM	2		EFAVIRENZ 600 MG TABLET	1	
EASY TOUCH SYR 1 ML 27G 12.7MM	2		EFAVIR-LAMIV-TENOF 400-300-300	1	QL
EASY TOUCH SYR 1 ML 27G 16MM	2		EFAVIR-LAMIV-TENOF 600-300-300	1	QL
EASY TOUCH SYR 1 ML 28G 12.7MM	2		EFFER-K 10 MEQ TABLET EFF	3	
EASY TOUCH SYR 1 ML 29G 12.7MM	2		EFFER-K 20 MEQ TABLET EFF	3	
EASY TOUCH SYR 3 ML 22GX1-1/2"	2		ELEMENT COMPACT SOLN HIGH	2	
EASY TOUCH SYR 3 ML 25GX5/8"	2		ELEMENT COMPACT SOLN NORMAL	2	
EASY TOUCH SYRINGE 3 ML 20GX1"	2		ELEMENT CONTROL SOLN NORMAL	2	
EASY TOUCH SYRINGE 3 ML 21GX1"	2		ELEMENT CONTROL SOLUTION HIGH	2	
EASY TOUCH SYRINGE 3 ML 22GX1"	2		ELEMENT CONTROL SOLUTION LOW	2	
EASY TOUCH SYRINGE 3 ML 23GX1"	2		ELETRIPTAN HBR 20 MG TABLET	1	QL
EASY TOUCH SYRINGE 3 ML 25GX1"	2		ELETRIPTAN HBR 40 MG TABLET	1	QL
EASY TOUCH UNI-SLIP SYR 1 ML	2		ELINEST-28 TABLET	1	
EASY TRAK CONTROL SOLN HIGH	2		ELIQUIS 2.5 MG TABLET	2	PA, QL
EASY TRAK CONTROL SOLN LOW	2		ELIQUIS 5 MG TABLET	2	PA, QL
EASY TRAK II CONTROL SOLUTION	2		ELIQUIS DVT-PE TREAT START 5MG	2	PA, QL
EASYGLUCO PLUS CTRL SOL NORMAL	2		ELITE-OB CAPLET	1	
EASYMAX NORMAL CONTROL SOLN	2		ELLA 30 MG TABLET	3	
EASYMAX 15 LEVEL 2 SOLUTION	2		ELMIRON 100 MG CAPSULE	3	
EASYPOINT NEEDLE 18G X 1"	2		ELURYNG VAGINAL RING	1	
EASYPOINT NEEDLE 18G X 1-1/2"	2		EMBRACE GLUC CONTROL SOLN HIGH	2	
EASYPOINT NEEDLE 20G X 1"	2		EMBRACE EVO LEVEL 1 CTRL SOLN	2	
EASYPOINT NEEDLE 20G X 1-1/2"	2		EMBRACE GLUC CONTROL SOLN LOW	2	
EASYPOINT NEEDLE 21G X 1"	2		EMBRACE PEN NEEDLE 29G 12MM	2	
EASYPOINT NEEDLE 21G X 1-1/2"	2		EMBRACE PEN NEEDLE 30G 5MM	2	
EASYPOINT NEEDLE 22G X 1"	2		EMBRACE PEN NEEDLE 30G 8MM	2	
EASYPOINT NEEDLE 22G X 1-1/2"	2		EMBRACE PEN NEEDLE 31G 5MM	2	
EASYPOINT NEEDLE 23G X 1"	2		EMBRACE PEN NEEDLE 31G 6MM	2	
EASYPOINT NEEDLE 25G 16MM	2		EMBRACE PEN NEEDLE 31G 8MM	2	
EASYPOINT NEEDLE 25G X 1"	2		EMBRACE PEN NEEDLE 32G 4MM	2	
EASYPOINT NEEDLE 25G X 5/8"	2		EMBRACE PRO CONTROL SOLUTION	2	
EASYPOINT NEEDLE 25GX1-1/2"	2		EMBRACE TALK CTRL SOL-HIGH(L2)	2	
EASY-TOUCH INS 1 ML 31GX5/16"	2		EMBRACE TALK CTRL SOLN-LOW(L1)	2	
EASYTOUCH SAF PEN ND 30G 6MM	2		EMCYT 140 MG CAPSULE	4	SRX
EC-NAPROXEN DR 375 MG TABLET	1		EMEND 125 MG POWDER PACKET	4	PA, QL, SRX
EC-NAPROXEN DR 500 MG TABLET	1		EMOQUETTE 28 DAY TABLET	1	
ECONAZOLE NITRATE 1% CREAM	1		EMTRICITABINE 200 MG CAPSULE	1	
ECONTRA EZ 1.5 MG TABLET	1		EMTRICITABINE-TENOFV 100-150MG	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1		EMTRICITABINE-TENOFV 133-200MG	1	
ED-SPAZ 0.125 MG ODT	1		EMTRICITABINE-TENOFV 167-250MG	1	
EDURANT 25 MG TABLET	2		EMTRICITABINE-TENOFV 200-300MG	1	
EEMT DS 1.25-2.5 MG TABLET	1		EMTRIVA 10 MG/ML SOLUTION	2	
EEMT HS 0.625-1.25 MG TABLET	1		EMVERM 100 MG TABLET CHEW	3	
EFAVIR-EMTRI-TENOF 600-200-300	1	QL	ENALAPRIL MALEATE 10 MG TAB	1	
EFAVIRENZ 200 MG CAPSULE	1		ENALAPRIL MALEATE 2.5 MG TAB	1	
EFAVIRENZ 50 MG CAPSULE	1		ENALAPRIL MALEATE 20 MG TAB	1	



## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ENALAPRIL MALEATE 5 MG TABLET	1	
ENALAPRIL-HCTZ 10-25 MG TABLET	1	
ENALAPRIL-HCTZ 5-12.5 MG TAB	1	
ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX
ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, SRX
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX
ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX
ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX
ENDOCET 10-325 MG TABLET	1	PA
ENDOCET 2.5-325 MG TABLET	1	PA
ENDOCET 5-325 MG TABLET	1	PA
ENDOCET 7.5-325 MG TABLET	1	PA
ENDOMETRIN 100 MG VAG INSERT	3	PA
ENGERIX-B 20 MCG/ML SYRN	2	
ENGERIX-B 20 MCG/ML VIAL	2	
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2	
ENLITE SERTER	2	
ENLYTE SOFTGEL	3	
ENOXAPARIN 100 MG/ML SYRINGE	4	QL, SRX
ENOXAPARIN 120 MG/0.8 ML SYR	4	QL, SRX
ENOXAPARIN 150 MG/ML SYRINGE	4	QL, SRX
ENOXAPARIN 30 MG/0.3 ML SYR	4	QL, SRX
ENOXAPARIN 300 MG/3 ML VIAL	4	QL, SRX
ENOXAPARIN 40 MG/0.4 ML SYR	4	QL, SRX
ENOXAPARIN 60 MG/0.6 ML SYR	4	QL, SRX
ENOXAPARIN 80 MG/0.8 ML SYR	4	QL, SRX
ENPRESSE-28 TABLET	1	
ENSKYCE 28 TABLET	1	
ENTACAPONE 200 MG TABLET	1	
ENTECAVIR 0.5 MG TABLET	4	SRX
ENTECAVIR 1 MG TABLET	4	SRX
ENTRESTO 24 MG-26 MG TABLET	3	QL
ENTRESTO 49 MG-51 MG TABLET	3	QL
ENTRESTO 97 MG-103 MG TABLET	3	QL
ENULOSE 10 GM/15 ML SOLUTION	2	
EPCLUSA 150-37.5 MG PELLETT PKT	4	PA, QL, SRX
EPCLUSA 200 MG-50 MG TABLET	4	PA, QL, SRX
EPCLUSA 200-50 MG PELLETT PACK	4	PA, QL, SRX
EPCLUSA 400 MG-100 MG TABLET	4	PA, QL, SRX
EPIDIOLEX 100 MG/ML SOLN PACK	3	PA, LDD
EPIDIOLEX 100 MG/ML SOLUTION	3	PA, LDD
EPIFOAM	3	SRX
EPINASTINE HCL 0.05% EYE DROPS	1	
EPINEPHRINE 0.15 MG AUTO-INJCT	1	QL
EPINEPHRINE 0.3 MG AUTO-INJECT	1	QL
EPITOL 200 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EPIVIR HBV 25 MG/5 ML SOLN	4	SRX
EPLERENONE 25 MG TABLET	1	
EPLERENONE 50 MG TABLET	1	
EPROSARTAN MESYLATE	1	
EQL INS SYR 1 ML 29GX1/2"	2	
EQL INSUL SYR 0.3 ML 31GX5/16"	2	
EQL INSUL SYR 0.5 ML 31GX5/16"	2	
EQL INSULIN 0.3 ML SYRINGE	2	
EQL INSULIN 0.5 ML SYRINGE	2	
EQL INSULIN 1 ML SYRINGE	2	
EQL INSULIN SYR 1 ML 31GX5/16"	2	
EQL PEN 8MM 31G X 5/16" NEEDLE	2	
ERGOLOID MESYLATES 1 MG TAB	1	
ERIVEDGE 150 MG CAPSULE	4	PA, QL, LDD, SRX
ERLOTINIB HCL 100 MG TABLET	4	PA, LDD, SRX
ERLOTINIB HCL 150 MG TABLET	4	PA, LDD, SRX
ERLOTINIB HCL 25 MG TABLET	4	PA, LDD, SRX
ERRIN 0.35 MG TABLET	1	
ERTACZO	3	
ERY 2% PADS	1	
ERYTHROCIN 250 MG TABLET	3	
ERYTHROMYCIN 0.5% EYE OINTMENT	1	
ERYTHROMYCIN 2% GEL	3	
ERYTHROMYCIN 2% SOLUTION	1	
ERYTHROMYCIN 200 MG/5 ML SUSP	1	
ERYTHROMYCIN 250 MG TABLET	1	
ERYTHROMYCIN 400 MG/5 ML SUSP	1	
ERYTHROMYCIN 500 MG TABLET	1	
ERYTHROMYCIN DR 250 MG CAP	1	
ERYTHROMYCIN ES 400 MG TAB	1	
ERYTHROMYCIN-BENZOYL GEL	1	
ESCITALOPRAM 10 MG TABLET	1	QL
ESCITALOPRAM 20 MG TABLET	1	QL
ESCITALOPRAM 5 MG TABLET	1	QL
ESCITALOPRAM OXALATE 5 MG/5 ML	1	QL
ESOMEPRAZOLE DR 10 MG PACKET	1	QL
ESOMEPRAZOLE DR 20 MG PACKET	1	QL
ESOMEPRAZOLE DR 40 MG PACKET	2	QL
ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL
ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL
ESOMEPRAZOLE DR 49.3 MG CAP	1	QL
ESTARYLLA 0.25-0.035 MG TABLET	1	
ESTAZOLAM 1 MG TABLET	1	
ESTAZOLAM 2 MG TABLET	1	
ESTRADIOL 0.025 MG PATCH(1/WK)	1	QL
ESTRADIOL 0.025 MG PATCH(2/WK)	1	QL

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ESTRADIOL 0.0375MG PATCH(1/WK)	1	QL	EUTHYROX 25 MCG TABLET	1	
ESTRADIOL 0.0375MG PATCH(2/WK)	1	QL	EUTHYROX 50 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (1/WK)	1	QL	EUTHYROX 75 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (2/WK)	1	QL	EUTHYROX 88 MCG TABLET	1	
ESTRADIOL 0.06 MG PATCH (1/WK)	1	QL	EVENCARE G2 CONTROL SOLUTION	2	
ESTRADIOL 0.075 MG PATCH(1/WK)	1	QL	EVENCARE G3 CONTROL SOLUTION	2	
ESTRADIOL 0.075 MG PATCH(2/WK)	1	QL	EVEROLIMUS 0.25 MG TABLET	4	SRX
ESTRADIOL 0.1 MG PATCH (1/WK)	1	QL	EVEROLIMUS 0.5 MG TABLET	4	SRX
ESTRADIOL 0.1 MG PATCH (2/WK)	1	QL	EVEROLIMUS 0.75 MG TABLET	4	SRX
ESTRADIOL 0.5 MG TABLET	1		EVEROLIMUS 1 MG TABLET	4	SRX
ESTRADIOL 1 MG TABLET	1		EVEROLIMUS 10 MG TABLET	4	PA, QL, SRX
ESTRADIOL 10 MCG VAGINAL INSRT	1	QL	EVEROLIMUS 2 MG TAB FOR SUSP	4	PA, QL, SRX
ESTRADIOL 2 MG TABLET	1		EVEROLIMUS 2.5 MG TABLET	4	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MG TB	1		EVEROLIMUS 3 MG TAB FOR SUSP	4	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	1		EVEROLIMUS 5 MG TAB FOR SUSP	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS F.S. TAB	1		EVEROLIMUS 5 MG TABLET	4	PA, QL, SRX
ESTROGEN-METHYLTESTOS H.S. TAB	1		EVEROLIMUS 7.5 MG TABLET	4	PA, QL, SRX
ESZOPICLONE 1 MG TABLET	1		EVOLUTION CONTROL SOLN NORMAL	2	
ESZOPICLONE 2 MG TABLET	1		EVOTAZ	2	
ESZOPICLONE 3 MG TABLET	1		EXEL 3 ML SYRN 27G X 1 1/4"	2	
ETHAMBUTOL HCL 100 MG TABLET	1		EXEL HUBER 22GX3/4" NEEDLE	2	
ETHAMBUTOL HCL 400 MG TABLET	1		EXEL HUBER NEEDLE 22GX1"	2	
ETHOSUXIMIDE 250 MG CAPSULE	1		EXEL HYPO NEEDLE 16GX1"	2	
ETHOSUXIMIDE 250 MG/5 ML SOLN	1		EXEL HYPO NEEDLE 18GX1"	2	
ETHYL CHLORIDE SPRAY	1		EXEL HYPO NEEDLE 18GX1.5"	2	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1		EXEL HYPO NEEDLE 19GX1"	2	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1		EXEL HYPO NEEDLE 19GX1.5"	2	
ETODOLAC 200 MG CAPSULE	1		EXEL HYPO NEEDLE 20GX0.75"	2	
ETODOLAC 300 MG CAPSULE	1		EXEL HYPO NEEDLE 20GX1"	2	
ETODOLAC 400 MG TABLET	1		EXEL HYPO NEEDLE 20GX1.5"	2	
ETODOLAC 500 MG TABLET	1		EXEL HYPO NEEDLE 21GX1"	2	
ETODOLAC ER 400 MG TABLET	1		EXEL HYPO NEEDLE 21GX1.5"	2	
ETODOLAC ER 500 MG TABLET	1		EXEL HYPO NEEDLE 22GX0.75"	2	
ETODOLAC ER 600 MG TABLET	1		EXEL HYPO NEEDLE 22GX1"	2	
ETONOGESTREL-EE VAGINAL RING	1		EXEL HYPO NEEDLE 22GX1.5"	2	
ETOPOSIDE 50 MG CAPSULE	4	SRX	EXEL HYPO NEEDLE 23GX0.75"	2	
ETRAVIRINE 100 MG TABLET	1		EXEL HYPO NEEDLE 23GX1"	2	
ETRAVIRINE 200 MG TABLET	2		EXEL HYPO NEEDLE 25GX0.625"	2	
EURAX 10% CREAM	3		EXEL HYPO NEEDLE 25GX0.75"	2	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1"	2	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 25GX1.5"	2	
EUTHYROX 125 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.375"	2	
EUTHYROX 137 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.5"	2	
EUTHYROX 150 MCG TABLET	1		EXEL HYPO NEEDLE 26GX0.625"	2	
EUTHYROX 175 MCG TABLET	1		EXEL HYPO NEEDLE 26GX1.5"	2	
EUTHYROX 200 MCG TABLET	1		EXEL HYPO NEEDLE 27GX0.5"	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EXEL HYPO NEEDLE 30GX0.5"	2		FEBUXOSTAT 80 MG TABLET	3	QL
EXEL INS SYR U100 1 ML 28GX1/2	2		FELBAMATE 400 MG TABLET	3	
EXEL MTI DRAWING NDL 20GX1"	2		FELBAMATE 600 MG TABLET	3	
EXEL MTI DRAWING NDL 21GX1"	2		FELBAMATE 600 MG/5 ML SUSP	3	
EXEL MTI DRAWING NDL 22GX1"	2		FELODIPINE ER 10 MG TABLET	1	
EXEL SYRINGE 20GX1" 3 ML	2		FELODIPINE ER 2.5 MG TABLET	1	
EXEL SYRINGE 20GX1-1/2" 3 ML	2		FELODIPINE ER 5 MG TABLET	1	
EXEL SYRINGE 21GX1" 3 ML	2		FEM PH VAGINAL JELLY	1	
EXEL SYRINGE 21GX1-1/2" 3 ML	2		FEMYNOR 28 TABLET	1	
EXEL SYRINGE 22GX1" 3 ML	2		FENOFIBRATE 120 MG TABLET	1	
EXEL SYRINGE 22GX1-1/2" 3 ML	2		FENOFIBRATE 130 MG CAPSULE	1	
EXEL SYRINGE 22GX3/4" 3 ML	2		FENOFIBRATE 134 MG CAPSULE	1	
EXEL SYRINGE 23GX1" 3 ML	2		FENOFIBRATE 145 MG TABLET	1	
EXEL SYRINGE 25GX1" 3 ML	2		FENOFIBRATE 150 MG CAPSULE	1	
EXEL U100 0.3 ML 29GX1/2"	2		FENOFIBRATE 160 MG TABLET	1	
EXEL U100 0.3 ML 30GX5/16"	2		FENOFIBRATE 200 MG CAPSULE	1	
EXEL U100 0.5 ML 28GX1/2"	2		FENOFIBRATE 40 MG TABLET	1	
EXEL U100 0.5 ML 29GX1/2"	2		FENOFIBRATE 43 MG CAPSULE	1	
EXEL U100 0.5 ML 30GX5/16"	2		FENOFIBRATE 48 MG TABLET	1	
EXEL U100 1 ML 30GX5/16"	2		FENOFIBRATE 50 MG CAPSULE	1	
EXEL U100 INS SYR 1 ML 29GX1/2	2		FENOFIBRATE 54 MG TABLET	1	
EXEMESTANE 25 MG TABLET	1		FENOFIBRATE 67 MG CAPSULE	1	
EXTENDED RESERVOIR 3 ML	2		FENOFIBRIC ACID 105 MG TABLET	1	
EZETIMIBE 10 MG TABLET	1		FENOFIBRIC ACID 35 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-10 MG	1		FENOFIBRIC ACID DR 135 MG CAP	1	
EZETIMIBE-SIMVASTATIN 10-20 MG	1		FENOFIBRIC ACID DR 45 MG CAP	1	
EZETIMIBE-SIMVASTATIN 10-40 MG	1		FENOPROFEN 600 MG TABLET	1	
EZETIMIBE-SIMVASTATIN 10-80 MG	1		FENTANYL 100 MCG/HR PATCH	1	PA
EZ-VAC	2		FENTANYL 12 MCG/HR PATCH	1	PA
FALMINA-28 TABLET	1		FENTANYL 25 MCG/HR PATCH	1	PA
FAMCICLOVIR 125 MG TABLET	1		FENTANYL 37.5 MCG/HR PATCH	1	PA
FAMCICLOVIR 250 MG TABLET	1		FENTANYL 50 MCG/HR PATCH	1	PA
FAMCICLOVIR 500 MG TABLET	1		FENTANYL 62.5 MCG/HR PATCH	1	PA
FAMOTIDINE 20 MG TABLET	1		FENTANYL 75 MCG/HR PATCH	1	PA
FAMOTIDINE 40 MG TABLET	1		FENTANYL 87.5 MCG/HR PATCH	1	PA
FAMOTIDINE 40 MG/5 ML SUSP	1		FENTANYL CIT OTFC 1,200 MCG	3	PA
FANAPT 1 MG TABLET	3	QL, ST	FENTANYL CIT OTFC 1,600 MCG	3	PA
FANAPT 10 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 200 MCG	3	PA
FANAPT 12 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 400 MCG	3	PA
FANAPT 2 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 600 MCG	3	PA
FANAPT 4 MG TABLET	3	QL, ST	FENTANYL CITRATE OTFC 800 MCG	3	PA
FANAPT 6 MG TABLET	3	QL, ST	FERRIPROX 100 MG/ML SOLUTION	3	PA, LDD
FANAPT 8 MG TABLET	3	QL, ST	FESOTERODINE ER 4 MG TABLET	3	QL
FANAPT TITRATION PACK	3	QL, ST	FESOTERODINE ER 8 MG TABLET	3	QL
FARXIGA 10 MG TABLET	2	QL	FETZIMA 20-40 MG TITRATION PAK	3	QL, ST
FARXIGA 5 MG TABLET	2	QL	FETZIMA ER 120 MG CAPSULE	3	QL, ST
FEBUXOSTAT 40 MG TABLET	3	QL			

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FETZIMA ER 20 MG CAPSULE	3	QL, ST
FETZIMA ER 40 MG CAPSULE	3	QL, ST
FETZIMA ER 80 MG CAPSULE	3	QL, ST
FIFTY50 GLUCOSE CONTROL SOLN	2	
FIFTY50 INS 0.3 ML 31GX5/16"	2	
FIFTY50 INS 0.5 ML 31GX5/16"	2	
FIFTY50 INS SYR 1 ML 31GX5/16"	2	
FIFTY50 PEN 31G X 3/16" NEEDLE	2	
FIFTY50 PEN 31G X 5/16" NEEDLE	2	
FIFTY50 PEN NEEDLE 32G X 1/4"	2	
FIFTY50 PEN NEEDLE 32G X 5/32"	2	
FILTER ASPIRATOR NEEDLE	2	
FILTER NEEDLE	2	
FILTER NEEDLE 19GX1-1/2"	2	
FILTER NEEDLE 5 MICRON	2	
FINASTERIDE 5 MG TABLET	1	
FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX
FINZALA 1-0.02(24)-75 CHEW TAB	1	
FIRVANQ 25 MG/ML SOLUTION	2	QL
FIRVANQ 50 MG/ML SOLUTION	2	QL
FLAC OTIC OIL 0.01% EAR DROP	1	
FLAVOXATE HCL 100 MG TABLET	1	
FLECAINIDE ACETATE 100 MG TAB	1	
FLECAINIDE ACETATE 150 MG TAB	1	
FLECAINIDE ACETATE 50 MG TAB	1	
FLEXICHAMBER	2	QL
FLEXICHAMBER-LG CHILD MASK	2	QL
FLEXICHAMBER-SM ADULT MASK	2	QL
FLEXICHAMBER-SM CHILD MASK	2	QL
FLOVENT 100 MCG DISKUS	2	QL
FLOVENT 250 MCG DISKUS	2	QL
FLOVENT 50 MCG DISKUS	2	QL
FLOVENT HFA 110 MCG INHALER	2	QL
FLOVENT HFA 220 MCG INHALER	2	QL
FLOVENT HFA 44 MCG INHALER	2	QL
FLOW-EZE VENTED NEEDLE	2	
FLUAD QUAD	2	
FLUARIX QUAD	2	
FLUBLOK QUAD	2	
FLUCELVAX QUAD	2	
FLUCONAZOLE 10 MG/ML SUSP	1	
FLUCONAZOLE 100 MG TABLET	1	
FLUCONAZOLE 150 MG TABLET	1	
FLUCONAZOLE 200 MG TABLET	1	
FLUCONAZOLE 40 MG/ML SUSP	1	
FLUCONAZOLE 50 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FLUCYTOSINE 250 MG CAPSULE	3	
FLUCYTOSINE 500 MG CAPSULE	3	
FLUDROCORTISONE 0.1 MG TABLET	1	
FLULAVAL QUAD	2	
FLUMIST QUAD	2	
FLUNISOLIDE 0.025% SPRAY	1	
FLUOCINOLONE 0.01% BODY OIL	1	
FLUOCINOLONE 0.01% CREAM	1	
FLUOCINOLONE 0.01% SCALP OIL	1	
FLUOCINOLONE 0.01% SOLUTION	1	
FLUOCINOLONE 0.025% CREAM	1	
FLUOCINOLONE 0.025% OINTMENT	1	
FLUOCINOLONE OIL 0.01% EAR DRP	1	
FLUOCINONIDE 0.05% CREAM	1	
FLUOCINONIDE 0.05% GEL	1	
FLUOCINONIDE 0.05% OINTMENT	1	
FLUOCINONIDE 0.05% SOLUTION	1	
FLUOCINONIDE 0.1% CREAM	1	
FLUOCINONIDE-E 0.05% CREAM	1	
FLUORIDEX DAILY DEFENSE	1	
FLUORIDEX SENSITIV RLF PASTE	1	
FLUOROMETHOLONE 0.1% DROPS	1	
FLUOROURACIL 0.5% CREAM	3	
FLUOROURACIL 2% TOPICAL SOLN	1	
FLUOROURACIL 5% CREAM	1	
FLUOROURACIL 5% TOPICAL SOLN	1	
FLUOXETINE 20 MG/5 ML SOLUTION	1	QL
FLUOXETINE DR 90 MG CAPSULE	1	QL
FLUOXETINE HCL 10 MG CAPSULE	1	QL
FLUOXETINE HCL 20 MG CAPSULE	1	QL
FLUOXETINE HCL 40 MG CAPSULE	1	QL
FLUPHENAZINE 1 MG TABLET	1	
FLUPHENAZINE 10 MG TABLET	1	
FLUPHENAZINE 2.5 MG TABLET	1	
FLUPHENAZINE 2.5 MG/5 ML ELIX	1	
FLUPHENAZINE 5 MG TABLET	1	
FLUPHENAZINE 5 MG/ML CONC	1	
FLURANDRENOLIDE 0.05% CREAM	3	
FLURANDRENOLIDE 0.05% LOTION	3	
FLURANDRENOLIDE 0.05% OINTMENT	3	
FLURBIPROFEN 100 MG TABLET	1	
FLURBIPROFEN 0.03% EYE DROP	1	
FLUTAMIDE 125 MG CAPSULE	1	
FLUTICASONE PROP 0.005% OINT	1	
FLUTICASONE PROP 0.05% CREAM	1	
FLUTICASONE PROP 0.05% LOTION	1	
FLUTICASONE PROP 50 MCG SPRAY	1	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FLUTICASON-SALMETEROL 100-50	1	QL	FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL, SRX
FLUTICASON-SALMETEROL 250-50	1	QL	FRAGMIN 5,000 UNIT/0.2 ML SYR	4	QL, SRX
FLUTICASON-SALMETEROL 500-50	1	QL	FRAGMIN 7,500 UNIT/0.3 ML SYR	4	QL, SRX
FLUVASTATIN ER 80 MG TABLET	1		FRAGMIN 95,000 UNIT/3.8 ML VL	4	QL, SRX
FLUVASTATIN SODIUM 20 MG CAP	1		FREESTYLE CONTROL SOLUTION	2	
FLUVASTATIN SODIUM 40 MG CAP	1		FREESTYLE LIBRE 10 DAY READER	2	PA, QL
FLUVOXAMINE ER 100 MG CAPSULE	1	QL	FREESTYLE LIBRE 10 DAY SENSOR	2	PA, QL
FLUVOXAMINE ER 150 MG CAPSULE	1	QL	FREESTYLE LIBRE 14 DAY READER	2	PA, QL
FLUVOXAMINE MALEATE 100 MG TAB	1	QL	FREESTYLE LIBRE 14 DAY SENSOR	2	PA, QL
FLUVOXAMINE MALEATE 25 MG TAB	1	QL	FREESTYLE LIBRE 2 READER	2	PA, QL
FLUVOXAMINE MALEATE 50 MG TAB	1	QL	FREESTYLE LIBRE 2 SENSOR	2	PA, QL
FLUZONE HIGH-DOSE QUAD	2		FREESTYLE LIBRE 3 SENSOR	2	PA, QL
FLUZONE QUAD	2		FREESTYLE PREC 0.5 ML 30GX5/16	2	
FOLIC ACID 1 MG TABLET	1		FREESTYLE PREC 0.5 ML 31GX5/16	2	
FOLIVANE-OB CAPSULE	1		FREESTYLE PREC 1 ML 30GX5/16"	2	
FONDAPARINUX 10 MG/0.8 ML SYR	4	QL, SRX	FREESTYLE PREC 1 ML 31GX5/16"	2	
FONDAPARINUX 2.5 MG/0.5 ML SYR	4	QL, SRX	FROVATRIPTAN SUCC 2.5 MG TAB	1	QL
FONDAPARINUX 5 MG/0.4 ML SYR	4	QL, SRX	FUROSEMIDE 10 MG/ML SOLUTION	1	
FONDAPARINUX 7.5 MG/0.6 ML SYR	4	QL, SRX	FUROSEMIDE 20 MG TABLET	1	
FORA HIGH CONTROL SOLUTION	2		FUROSEMIDE 40 MG TABLET	1	
FORA KETONE CONTROL SOLN-L1	2		FUROSEMIDE 40 MG/5 ML SOLN	1	
FORA LOW CONTROL SOLUTION	2		FUROSEMIDE 80 MG TABLET	1	
FORA NORMAL CONTROL SOLUTION	2		FUZEON	4	LDD, SRX
FORACARE GDH HIGH CONTROL SOLN	2		FYAVOLV 0.5 MG-2.5 MCG TABLET	1	
FORACARE GDH LOW CONTROL SOLN	2		FYAVOLV 1 MG-5 MCG TABLET	1	
FORACARE GDH NORM CONTROL SOLN	2		FYCOMPA 10 MG TABLET	3	PA, QL
FORMOTEROL 20 MCG/2 ML NEB VL	3	QL	FYCOMPA 12 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN HIGH	2		FYCOMPA 2 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN LOW	2		FYCOMPA 4 MG TABLET	3	PA, QL
FORTISCARE CONTROL SOLN NORMAL	2		FYCOMPA 6 MG TABLET	3	PA, QL
FOSAMAX PLUS D 70 MG-2800 UNIT	3	QL	FYCOMPA 8 MG TABLET	3	PA, QL
FOSAMAX PLUS D 70 MG-5600 UNIT	3	QL	GABAPENTIN 100 MG CAPSULE	1	
FOSAMPRENAVIR 700 MG TABLET	1		GABAPENTIN 250 MG/5 ML SOLN	1	
FOSFOMYCIN 3 GM SACHET	2		GABAPENTIN 300 MG CAPSULE	1	
FOSINOPRIL SODIUM 10 MG TAB	1		GABAPENTIN 300 MG/6 ML SOLN	1	
FOSINOPRIL SODIUM 20 MG TAB	1		GABAPENTIN 400 MG CAPSULE	1	
FOSINOPRIL SODIUM 40 MG TAB	1		GABAPENTIN 600 MG TABLET	1	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	1		GABAPENTIN 800 MG TABLET	1	
FOSINOPRIL-HCTZ 20-12.5 MG TAB	1		GALANTAMINE 4 MG/ML ORAL SOLN	1	
FOSRENOL 1,000 MG POWDER PACK	3		GALANTAMINE ER 16 MG CAPSULE	1	QL
FOSRENOL 750 MG POWDER PACKET	3		GALANTAMINE ER 24 MG CAPSULE	1	QL
FRAGMIN 10,000 UNIT/4 ML VIAL	4	QL, SRX	GALANTAMINE ER 8 MG CAPSULE	1	QL
FRAGMIN 10,000 UNIT/ML SYRINGE	4	QL, SRX	GALANTAMINE HBR 12 MG TABLET	1	
FRAGMIN 12,500 UNIT/0.5 ML SYR	4	QL, SRX	GALANTAMINE HBR 4 MG TABLET	1	
FRAGMIN 15,000 UNIT/0.6 ML SYR	4	QL, SRX	GALANTAMINE HBR 8 MG TABLET	1	
FRAGMIN 18,000 UNIT/0.72 ML	4	QL, SRX	GALZIN 25 MG CAPSULE	3	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GALZIN 50 MG CAPSULE	3		GLIMEPIRIDE 1 MG TABLET	1	
GARDASIL 9 SYRINGE	2		GLIMEPIRIDE 2 MG TABLET	1	
GARDASIL 9 VIAL	2		GLIMEPIRIDE 4 MG TABLET	1	
GATIFLOXACIN 0.5% EYE DROPS	1		GLIPIZIDE 10 MG TABLET	1	
GATTEX 5 MG 30-VIAL KIT	4	PA, LDD, SRX	GLIPIZIDE 5 MG TABLET	1	
GATTEX 5 MG ONE-VIAL KIT	4	PA, LDD, SRX	GLIPIZIDE ER 10 MG TABLET	1	
GATTEX 5 MG VIAL	4	PA, LDD, SRX	GLIPIZIDE ER 2.5 MG TABLET	1	
GAVILYTE-C	1		GLIPIZIDE ER 5 MG TABLET	1	
GAVILYTE-G	1		GLIPIZIDE XL 10 MG TABLET	1	
GAVILYTE-N	1		GLIPIZIDE XL 2.5 MG TABLET	1	
GE100 CONTROL SOLUTION NORMAL	2		GLIPIZIDE XL 5 MG TABLET	1	
GEFITINIB 250 MG TABLET	4	PA, QL, SRX	GLIPIZIDE-METFORMIN 2.5-250 MG	1	
GEMFIBROZIL 600 MG TABLET	1		GLIPIZIDE-METFORMIN 2.5-500 MG	1	
GEMMILY 1 MG-20 MCG CAPSULE	1		GLIPIZIDE-METFORMIN 5-500 MG	1	
GENERLAC 10 GM/15 ML SOLUTION	1		GLUCAGON 1 MG EMERGENCY KIT	2	QL
GENGRAF 100 MG CAPSULE	1		GLUCOCARD 01 CONTROL SOLUTION	2	
GENGRAF 100 MG/ML SOLUTION	1		GLUCOCARD EXPRESSION	2	
GENGRAF 25 MG CAPSULE	1		GLUCOCARD SHINE	2	
GENOTROPIN 12 MG CARTRIDGE	4	PA, SRX	GLUCOCOM AUTOLINK	2	
GENOTROPIN 5 MG CARTRIDGE	4	PA, SRX	GLUCOCOM CONTROL SOLUTION	2	
GENOTROPIN MINIQUICK 0.2 MG	4	PA, SRX	GLUCOSE CONTROL SOLN NORMAL	2	
GENOTROPIN MINIQUICK 0.4 MG	4	PA, SRX	GLUCOSE CONTROL SOLUTION	2	
GENOTROPIN MINIQUICK 0.6 MG	4	PA, SRX	GLYBURIDE 1.25 MG TABLET	1	
GENOTROPIN MINIQUICK 0.8 MG	4	PA, SRX	GLYBURIDE 2.5 MG TABLET	1	
GENOTROPIN MINIQUICK 1 MG	4	PA, SRX	GLYBURIDE 5 MG TABLET	1	
GENOTROPIN MINIQUICK 1.2 MG	4	PA, SRX	GLYBURIDE MICRO 1.5 MG TAB	1	
GENOTROPIN MINIQUICK 1.4 MG	4	PA, SRX	GLYBURIDE MICRO 3 MG TABLET	1	
GENOTROPIN MINIQUICK 1.6 MG	4	PA, SRX	GLYBURIDE MICRO 6 MG TABLET	1	
GENOTROPIN MINIQUICK 1.8 MG	4	PA, SRX	GLYBURIDE-METFORMIN 2.5-500 MG	1	
GENOTROPIN MINIQUICK 2 MG	4	PA, SRX	GLYBURIDE-METFORMIN 5-500 MG	1	
GENTAK 0.3 % EYE OINTMENT	1		GLYBURID-METFORMIN 1.25-250 MG	1	
GENTAMICIN 0.1% CREAM	1		GLYCINE 1.5% IRRIGATION	1	
GENTAMICIN 0.1% OINTMENT	1		GLYCOPYRROLATE 1 MG TABLET	1	
GENTAMICIN 0.3% EYE DROP	1		GLYCOPYRROLATE 2 MG TABLET	1	
GENVOYA TABLET	2	QL	GLYDO 2% JELLY SYRINGE	1	
GIANVI 3 MG-0.02 MG TABLET	1		GNP ALCOHOL SWAB	2	
GILOTRIF 20 MG TABLET	4	PA, QL, LDD, SRX	GNP CLICKFINE 31G X 1/4" NDL	2	
GILOTRIF 30 MG TABLET	4	PA, QL, LDD, SRX	GNP CLICKFINE 31G X 5/16" NDL	2	
GILOTRIF 40 MG TABLET	4	PA, QL, LDD, SRX	GNP EASY TOUCH HIGH-LOW SOLN	2	
GLATIRAMER 20 MG/ML SYRINGE	4	PA, SRX	GNP INS SYR 0.3 ML 29GX1/2"	2	
GLATIRAMER 40 MG/ML SYRINGE	4	PA, SRX	GNP INS SYRINGE 1 ML 28G 1/2"	2	
GLATOPA 20 MG/ML SYRINGE	4	PA, SRX	GNP INSUL SYR 0.3 ML 31GX5/16"	2	
GLATOPA 40 MG/ML SYRINGE	4	PA, SRX	GNP INSUL SYR 0.5 ML 31GX5/16"	2	
GLEOSTINE 10 MG CAPSULE	3	PA	GNP INSULIN SYR 1 ML 31GX5/16"	2	
GLEOSTINE 100 MG CAPSULE	3	PA	GNP ULT C 0.3ML 29GX1/2" (1/2)	2	
GLEOSTINE 40 MG CAPSULE	3	PA	GNP ULT CMFRT 0.5 ML 29GX1/2"	2	
			GNP ULTICARE PEN NDL 31G 5MM	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GNP ULTICARE PEN NDL 31G 8MM	2		HAILEY FE 1-20 TABLET	1	
GNP ULTICARE PEN NDL 32G 4MM	2		HALCINONIDE 0.1% CREAM	3	
GNP ULTICARE PEN NDL 32G 6MM	2		HALOBETASOL PROP 0.05% CREAM	1	
GNP ULTIGUARD SAFEPACK 31G 5MM	2		HALOBETASOL PROP 0.05% OINTMNT	1	
GNP ULTIGUARD SAFEPACK 31G 8MM	2		HALOETTE VAGINAL RING	1	
GNP ULTIGUARD SAFEPACK 32G 4MM	2		HALOPERIDOL 0.5 MG TABLET	1	
GNP ULTIGUARD SAFEPACK 32G 6MM	2		HALOPERIDOL 1 MG TABLET	1	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	2		HALOPERIDOL 10 MG TABLET	1	
GNP ULTR CMFRT 0.5 ML 30GX5/16	2		HALOPERIDOL 2 MG TABLET	1	
GNP ULTR COMFORT 1 ML 29GX1/2"	2		HALOPERIDOL 20 MG TABLET	1	
GNP ULTRA COMFORT 0.5 ML SYR	2		HALOPERIDOL 5 MG TABLET	1	
GNP ULTRA COMFORT 1 ML SYRINGE	2		HALOPERIDOL LAC 10 MG/5 ML CUP	1	
GNP ULTRA COMFORT 3/10 ML SYR	2		HALOPERIDOL LAC 2 MG/ML CONC	1	
GNP ULTRA COMFRT 1 ML 28GX1/2"	2		HARVONI 33.75-150 MG PELLETT PK	4	PA, QL, SRX
GOJJI GLUCOSE CONTROL SOLUTION	2		HARVONI 45-200 MG PELLETT PACKT	4	PA, QL, SRX
GOJJI KETONE CONTROL SOLUTION	2		HARVONI 45-200 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 0.1 MG/ML VIAL	3		HARVONI 90-400 MG TABLET	4	PA, QL, SRX
GRANISETRON HCL 1 MG TABLET	3		HAVRIX 1,440 UNIT/ML SYRINGE	2	
GRANISETRON HCL 1 MG/ML VIAL	3		HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
GRANISETRON HCL 4 MG/4 ML VIAL	3		HEALTHPRO GLUCOSE CONTROL SOLN	2	
GRISEOFULVIN 125 MG/5 ML SUSP	1		HEALTHWISE INS 0.3ML 30GX5/16"	2	
GRISEOFULVIN MICRO 500 MG TAB	1		HEALTHWISE INS 0.3ML 31GX5/16"	2	
GRISEOFULVIN ULTRA 125 MG TAB	1		HEALTHWISE INS 0.5ML 30GX5/16"	2	
GRISEOFULVIN ULTRA 250 MG TAB	1		HEALTHWISE INS 0.5ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 5/16"	2		HEALTHWISE INS 1 ML 30GX5/16"	2	
GS PEN NEEDLE 31G X 5MM	2		HEALTHWISE INS 1 ML 31GX5/16"	2	
GS PEN NEEDLE 31G X 6MM	2		HEALTHWISE PEN NEEDLE 31G 5MM	2	
GS PEN NEEDLE 31G X 8MM	2		HEALTHWISE PEN NEEDLE 31G 8MM	2	
GS PEN NEEDLE 32G X 4MM	2		HEALTHWISE PEN NEEDLE 32G 4MM	2	
GS PEN NEEDLE 32G X 6MM	2		HEALTHY ACCENTS PENTIP 4MM 32G	2	
GUANFACINE 1 MG TABLET	1		HEALTHY ACCENTS PENTIP 5MM 31G	2	
GUANFACINE 2 MG TABLET	1		HEALTHY ACCENTS PENTIP 6MM 31G	2	
GUANFACINE HCL ER 1 MG TABLET	1	QL	HEALTHY ACCENTS PENTIP 8MM 31G	2	
GUANFACINE HCL ER 2 MG TABLET	1	QL	HEALTHY ACCENTS PENTIP 12MM 29G	2	
GUANFACINE HCL ER 3 MG TABLET	1	QL	HEATHER 0.35 MG TABLET	1	
GUANFACINE HCL ER 4 MG TABLET	1	QL	HEB UNIFINE PNTIP PLUS 31GX3/16	2	
GUARDIAN RT CHARGER	2		HEMA-COMBISTIX	2	
GUARDIAN RT REPLACE TEST PLUG	2		HEMANGEOL	3	LDD
GUARDIAN RT STARTER KIT	2		HEMMOREX-HC 25 MG SUPPOSITORY	1	
GUARDIAN RT SYSTEM	2		HEMMOREX-HC 30 MG SUPPOSITORY	1	
GUARDIAN TEST PLUG	2		HEPARIN SOD 5,000 UNIT/0.5 ML	1	
GUARDIAN TRANSMITTER TAPE	2		HEPARIN SOD 5,000 UNIT/ML SYRG	1	
GYNAZOLE 1	1		HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	
HAILEY 21 1.5 MG-30 MCG TAB	1		HER STYLE 1.5 MG TABLET	1	
HAILEY 24 FE 1 MG-20 MCG TAB	1		HETLIOZ LQ 4 MG/ML SUSPENSION	4	PA, LDD, SRX
HAILEY FE 1.5-30 TABLET	1		HIBERIX VACCINE VIAL	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HIBERIX VACCINE WITH DILUENT	2	
HM ULTICARE PEN NEEDLE 4MM 32G	2	
HM ULTICARE PEN NEEDLE 5MM 31G	2	
HM ULTICARE PEN NEEDLE 6MM 31G	2	
HM ULTICARE PEN NEEDLE 8MM 31G	2	
HOMATROPAIRE 5% EYE DROPS	1	
HOMATROPINE 5% EYE DROPS	1	
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL
HUMALOG 100 UNIT/ML KWIKPEN	2	QL
HUMALOG 100 UNIT/ML VIAL	2	QL
HUMALOG 200 UNIT/ML KWIKPEN	2	QL
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL
HUMALOG MIX 50-50 VIAL	2	QL
HUMALOG MIX 50-50 KWIKPEN	2	QL
HUMALOG MIX 75-25 VIAL	2	QL
HUMALOG MIX 75-25 KWIKPEN	2	QL
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL
HUMATROPE 12 MG CARTRIDGE	4	PA, SRX
HUMATROPE 24 MG CARTRIDGE	4	PA, SRX
HUMATROPE 6 MG CARTRIDGE	4	PA, SRX
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA, QL, SRX
HUMIRA PEN 40 MG/0.8 ML	4	PA, QL, SRX
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA, QL, SRX
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA, QL, SRX
HUMIRA(CF) 10 MG/0.1 ML SYRING	4	PA, QL, SRX
HUMIRA(CF) 20 MG/0.2 ML SYRING	4	PA, QL, SRX
HUMIRA(CF) 40 MG/0.4 ML SYRING	4	PA, QL, SRX
HUMIRA(CF) PEDI CROHN 80-40 MG	4	PA, QL, LDD, SRX
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	PA, QL, LDD, SRX
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA, QL, SRX
HUMIRA(CF) PEN 80 MG/0.8 ML	4	PA, QL, SRX
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA, QL, SRX
HUMIRA(CF) PEN PEDI UC 80 MG	4	PA, QL, LDD, SRX
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70-30 VIAL	2	QL
HUMULIN N 100 UNIT/ML KWIKPEN	2	QL
HUMULIN N 100 UNIT/ML VIAL	2	QL
HUMULIN R 100 UNIT/ML VIAL	2	QL
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL
HUMULIN R 500 UNIT/ML VIAL	2	QL
HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX
HYCAMTIN 1 MG CAPSULE	4	PA, SRX
HYDRALAZINE 10 MG TABLET	1	
HYDRALAZINE 100 MG TABLET	1	
HYDRALAZINE 25 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HYDRALAZINE 50 MG TABLET	1	
HYDROCHLOROTHIAZIDE 12.5 MG CP	1	
HYDROCHLOROTHIAZIDE 12.5 MG TB	1	
HYDROCHLOROTHIAZIDE 25 MG TAB	1	
HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HYDROCODONE ER 100 MG TABLET	1	PA
HYDROCODONE ER 120 MG TABLET	1	PA
HYDROCODONE ER 20 MG TABLET	1	PA
HYDROCODONE ER 30 MG TABLET	1	PA
HYDROCODONE ER 40 MG TABLET	1	PA
HYDROCODONE ER 60 MG TABLET	1	PA
HYDROCODONE ER 80 MG TABLET	1	PA
HYDROCODONE-ACETAMIN 10-300 MG	1	PA
HYDROCODONE-ACETAMIN 10-325 MG	1	PA
HYDROCODONE-ACETAMIN 10-325/15	1	PA
HYDROCODONE-ACETAMIN 2.5-108/5	1	PA
HYDROCODONE-ACETAMIN 5-217/10	1	PA
HYDROCODONE-ACETAMIN 5-300 MG	1	PA
HYDROCODONE-ACETAMIN 5-325 MG	1	PA
HYDROCODONE-ACETAMIN 7.5-300	1	PA
HYDROCODONE-ACETAMIN 7.5-325	1	PA
HYDROCODONE-ACETAMN 7.5-325/15	1	PA
HYDROCODONE-CHLORPHEN ER SUSP	1	
HYDROCODONE-HOMATROPINE 5-1.5	1	QL
HYDROCODONE-HOMATROPINE SOLN	1	QL
HYDROCODONE-IBUPROFEN 10-200	1	PA
HYDROCODONE-IBUPROFEN 5-200 MG	1	PA
HYDROCODONE-IBUPROFEN 7.5-200	1	PA
HYDROCORTISON-ACETIC ACID SOLN	1	
HYDROCORTISONE 1% CREAM	1	
HYDROCORTISONE 1% OINTMENT	1	
HYDROCORTISONE 10 MG TABLET	1	
HYDROCORTISONE 100 MG/60 ML	1	
HYDROCORTISONE 2.5% CREAM	1	
HYDROCORTISONE 2.5% LOTION	1	
HYDROCORTISONE 2.5% OINTMENT	1	
HYDROCORTISONE 20 MG TABLET	1	
HYDROCORTISONE 5 MG TABLET	1	
HYDROCORTISONE AC 25 MG SUPP	1	
HYDROCORTISONE AC 30 MG SUPP	1	
HYDROCORTISONE BUTY 0.1% CREAM	1	
HYDROCORTISONE BUTYR 0.1% OINT	1	
HYDROCORTISONE BUTYR 0.1% SOLN	1	
HYDROCORTISONE VAL 0.2% CREAM	1	
HYDROCORTISONE VAL 0.2% OINTMT	1	
HYDROMET 5 MG-1.5 MG/5 ML SOLN	1	QL
HYDROMORPHONE 1 MG/ML SOLUTION	1	PA



## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HYDROMORPHONE 2 MG TABLET	1	PA	ICLEVIA 0.15 MG-0.03 MG TABLET	1	
HYDROMORPHONE 3 MG SUPPOS	1	PA	ICLUSIG 10 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE 4 MG TABLET	1	PA	ICLUSIG 15 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE 5 MG/5 ML SOLN	1	PA	ICLUSIG 30 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE 8 MG TABLET	1	PA	ICLUSIG 45 MG TABLET	4	PA, QL, LDD, SRX
HYDROMORPHONE HCL ER 12 MG TAB	1	PA	ICOSAPENT ETHYL 0.5 GM CAPSULE	3	PA
HYDROMORPHONE HCL ER 16 MG TAB	1	PA	ICOSAPENT ETHYL 1 GRAM CAPSULE	3	PA
HYDROMORPHONE HCL ER 32 MG TAB	1	PA	ICOSAPENT ETHYL 500 MG CAPSULE	3	PA
HYDROMORPHONE HCL ER 8 MG TAB	1	PA	ILARIS 150 MG/ML VIAL	4	PA, LDD, SRX
HYDROXYCHLOROQUINE 200 MG TAB	1		IMATINIB MESYLATE 100 MG TAB	4	PA, QL, SRX
HYDROXYUREA 500 MG CAPSULE	1		IMATINIB MESYLATE 400 MG TAB	4	PA, QL, SRX
HYDROXYZINE 10 MG/5 ML SOLN	1		IMBRUVICA 140 MG CAPSULE	4	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	1		IMBRUVICA 140 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE HCL 10 MG TABLET	1		IMBRUVICA 280 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE HCL 25 MG TABLET	1		IMBRUVICA 420 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE HCL 50 MG TABLET	1		IMBRUVICA 560 MG TABLET	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 100 MG CAP	1		IMBRUVICA 70 MG CAPSULE	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 25 MG CAP	1		IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL, LDD, SRX
HYDROXYZINE PAM 50 MG CAP	1		IMIPRAMINE HCL 10 MG TABLET	1	
HYOPHEN	1		IMIPRAMINE HCL 25 MG TABLET	1	
HYOSCYAMINE 0.125 MG ODT	1		IMIPRAMINE HCL 50 MG TABLET	1	
HYOSCYAMINE 0.125 MG TAB SL	1		IMIPRAMINE PAMOATE 100 MG CAP	2	
HYOSCYAMINE 0.125 MG/5 ML ELIX	1		IMIPRAMINE PAMOATE 125 MG CAP	2	
HYOSCYAMINE 0.125 MG/ML DROP	1		IMIPRAMINE PAMOATE 150 MG CAP	2	
HYOSCYAMINE ER 0.375 MG TAB	1		IMIPRAMINE PAMOATE 75 MG CAP	2	
HYOSCYAMINE SULF 0.125 MG TAB	1		IMIQUIMOD 5% CREAM PACKET	1	
HYOSCYAMINE SR 0.375 MG TAB	1		IMPAVIDO	3	PA
HYOSYNE 0.125 MG/ML DROP	1		INCASSIA 0.35 MG TABLET	1	
HYOSYNE 125 MCG/5 ML ELIXIR	1		IN-CHECK NASAL WITH MASK	2	
HYPO NEEDLE,POLYPROPYL HUB	2		IN-CHECK ORAL FLOW METER	2	
HYPODERMIC NEEDLE,ALUM HUB	2		INCONTROL PEN NEEDLE 12MM 29G	2	
HYRIMOZ	4	PA, QL, SRX	INCONTROL PEN NEEDLE 4MM 32G	2	
IBANDRONATE SODIUM 150 MG TAB	1		INCONTROL PEN NEEDLE 5MM 31G	2	
IBRANCE 100 MG CAPSULE	4	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 6MM 31G	2	
IBRANCE 100 MG TABLET	4	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 8MM 31G	2	
IBRANCE 125 MG CAPSULE	4	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 6MM	2	
IBRANCE 125 MG TABLET	4	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 8MM	2	
IBRANCE 75 MG CAPSULE	4	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 32G 4MM	2	
IBRANCE 75 MG TABLET	4	PA, QL, LDD, SRX	INCREASE 40 MG/4 ML VIAL	4	PA, LDD, SRX
IBU 400 MG TABLET	1		INCRUSE ELLIPTA 62.5 MCG INH	2	
IBU 600 MG TABLET	1		INDAPAMIDE 1.25 MG TABLET	1	
IBU 800 MG TABLET	1		INDAPAMIDE 2.5 MG TABLET	1	
IBUPROFEN 100 MG/5 ML SUSP	1		INDOMETHACIN 25 MG CAPSULE	1	
IBUPROFEN 400 MG TABLET	1		INDOMETHACIN 50 MG CAPSULE	1	
IBUPROFEN 600 MG TABLET	1		INDOMETHACIN ER 75 MG CAPSULE	1	
IBUPROFEN 800 MG TABLET	1		INFANRIX DTAP SYRINGE	2	
ICATIBANT 30 MG/3 ML SYRINGE	4	PA, LDD, SRX	INFANRIX DTAP VIAL	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INFINITY CONTROL SOLN HIGH	2		INSULIN SYRIN 0.5 ML 30G 5/16"	2	
INFINITY CONTROL SOLN LOW	2		INSULIN SYRIN 0.5 ML 30GX1/2"	2	
INFINITY CONTROL SOLN NORMAL	2		INSULIN SYRIN 0.5 ML 30GX5/16"	2	
INFINITY VOICE CTRL SOLN-LVL 2	2		INSULIN SYRIN 0.5 ML 31G 5/16"	2	
INFUSION SET 23"	2		INSULIN SYRIN 0.5 ML 31GX5/16"	2	
INFUSION SET 23" 6MM	2		INSULIN SYRIN 1 ML 29GX1/2"	2	
INFUSION SET 23" 9MM	2		INSULIN SYRING 0.5 ML 27G 1/2"	2	
INFUSION SET 43"	2		INSULIN SYRING 0.5 ML 27G 13MM	2	
INFUSION SET 43" 6MM	2		INSULIN SYRING 0.5 ML 27GX1/2"	2	
INFUSION SET 43" 9MM	2		INSULIN SYRING 0.5 ML 28G 1/2"	2	
INJECT-EASE	2		INSULIN SYRING 0.5 ML 29G 1/2"	2	
INLYTA 1 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRING 0.5 ML 29GX1/2"	2	
INLYTA 5 MG TABLET	4	PA, QL, LDD, SRX	INSULIN SYRINGE 0.3 ML	2	
INPEN (FOR HUMALOG) BLUE	2		INSULIN SYRINGE 0.3 ML 31GX1/4	2	
INPEN (FOR HUMALOG) GREY	2		INSULIN SYRINGE 0.5 ML	2	
INPEN (FOR HUMALOG) PINK	2		INSULIN SYRINGE 0.5 ML 31GX1/4	2	
INPEN (NOVOLOG OR FIASP) BLUE	2		INSULIN SYRINGE 1 ML	2	
INPEN (NOVOLOG OR FIASP) GREY	2		INSULIN SYRINGE 1 ML 27G 1/2"	2	
INPEN (NOVOLOG OR FIASP) PINK	2		INSULIN SYRINGE 1 ML 27G 13MM	2	
INSET 30 INFUSION SET	2		INSULIN SYRINGE 1 ML 27GX1/2"	2	
INSET INFUSION SET 23" 6MM	2		INSULIN SYRINGE 1 ML 28G 1/2"	2	
INSET INFUSION SET 23" 9MM	2		INSULIN SYRINGE 1 ML 28G 13MM	2	
INSPIRACHAMBER	2	QL	INSULIN SYRINGE 1 ML 28GX1/2"	2	
INSPIRACHAMBER WITH MASK-LARGE	2	QL	INSULIN SYRINGE 1 ML 29G 1/2"	2	
INSPIRACHAMBER WITH MASK-MED	2	QL	INSULIN SYRINGE 1 ML 29GX1/2"	2	
INSPIRACHAMBER WITH MASK-SMALL	2	QL	INSULIN SYRINGE 1 ML 30G 1/2"	2	
INSUL-CAP	2		INSULIN SYRINGE 1 ML 30G 5/16"	2	
INSUL-EZE	2		INSULIN SYRINGE 1 ML 30GX1/2"	2	
INSULIN 1 ML SYRINGE	2		INSULIN SYRINGE 1 ML 30GX5/16"	2	
INSULIN 1/2 ML SYRINGE	2		INSULIN SYRINGE 1 ML 31G 5/16"	2	
INSULIN 3/10 ML SYRINGE	2		INSULIN SYRINGE 1 ML 31GX1/4"	2	
INSULIN ASPART 100 UNIT/ML VL	3	QL, ST	INSULIN SYRINGE 1 ML 31GX5/16"	2	
INSULIN ASPART 100 UNIT/ML CRT	3	QL, ST	INSUPEN 30G ULTRAFIN NEEDLE	2	
INSULIN ASPART 100 UNIT/ML PEN	3	QL, ST	INSUPEN 31G ULTRAFIN NEEDLE	2	
INSULIN ASPART PRO MIX70-30 PN	3	QL, ST	INSUPEN 32G 6MM PEN NEEDLE	2	
INSULIN ASPART PRO MIX70-30 VL	3	QL, ST	INSUPEN 32G 8MM PEN NEEDLE	2	
INSULIN CARTRIDGE 3 ML	2		INSUPEN PEN NEEDLE 29GX1/2"	2	
INSULIN SYR 0.3 ML 30GX5/16"	2		INSUPEN PEN NEEDLE 29GX12MM	2	
INSULIN SYR 0.3ML 31GX1/4(1/2)	2		INSUPEN PEN NEEDLE 30GX8MM	2	
INSULIN SYRIN 0.3 ML 29GX1/2"	2		INSUPEN PEN NEEDLE 31G 5MM	2	
INSULIN SYRIN 0.3 ML 30GX1/2"	2		INSUPEN PEN NEEDLE 31G 8MM	2	
INSULIN SYRIN 0.3 ML 30GX5/16"	2		INSUPEN PEN NEEDLE 31GX3/16"	2	
INSULIN SYRIN 0.3 ML 31GX5/16"	2		INSUPEN PEN NEEDLE 31GX5/16"	2	
INSULIN SYRIN 0.5 ML 28G 1/2"	2		INSUPEN PEN NEEDLE 31GX6MM	2	
INSULIN SYRIN 0.5 ML 28GX1/2"	2		INSUPEN PEN NEEDLE 31GX8MM	2	
INSULIN SYRIN 0.5 ML 29GX1/2"	2		INSUPEN PEN NEEDLE 32G 4MM	2	
INSULIN SYRIN 0.5 ML 30G 1/2"	2		INSUPEN PEN NEEDLE 32GX4MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
INSUPEN PEN NEEDLE 32GX5/32"	2		IVERMECTIN 3 MG TABLET	1	PA
INSUPEN PEN NEEDLE 32GX6MM	2		JAIMIESS	1	
INSUPEN PEN NEEDLE 32GX8MM	2		JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX
INSUPEN PEN NEEDLE 33GX4MM	2		JAKAFI 15 MG TABLET	4	PA, QL, LDD, SRX
INTELENCE 25 MG TABLET	2		JAKAFI 20 MG TABLET	4	PA, QL, LDD, SRX
INTROVALE	1		JAKAFI 25 MG TABLET	4	PA, QL, LDD, SRX
IPOL VIAL	2		JAKAFI 5 MG TABLET	4	PA, QL, LDD, SRX
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	1		JANSSEN COVID-19 VACCINE (EUA)	2	
IPRATROPIUM 0.03% SPRAY	1		JANTOVEN 1 MG TABLET	1	
IPRATROPIUM 0.06% SPRAY	1		JANTOVEN 10 MG TABLET	1	
IPRATROPIUM BR 0.02% SOLN	1		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 4 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1		JANTOVEN 5 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1		JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	2		JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 100 MG TABLET CHEW	2		JASMIEL 3 MG-0.02 MG TABLET	1	
ISENTRESS 25 MG TABLET CHEW	2		JENCYCLA 0.35 MG TABLET	1	
ISENTRESS 400 MG TABLET	2		JINTELI 1 MG-5 MCG TABLET	1	
ISENTRESS HD	2		JOLESSA	1	
ISIBLOOM 28 DAY TABLET	1		JUBLIA 10% TOPICAL SOLUTION	3	PA
ISONIAZID 100 MG TABLET	1		JULEBER 28 DAY TABLET	1	
ISONIAZID 300 MG TABLET	1		JULUCA	2	QL
ISONIAZID 50 MG/5 ML SOLUTION	1		JUNEL 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 10 MG TAB	1		JUNEL 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 20 MG TAB	1		JUNEL FE 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 30 MG TAB	1		JUNEL FE 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 5 MG TAB	1		JUNEL FE 24 TABLET	1	
ISOSORBIDE MONONIT 10 MG TAB	1		KAITLIB FE 0.8-0.025MG CHEW TB	1	
ISOSORBIDE MONONIT 20 MG TAB	1		KALLIGA 28 DAY TABLET	1	
ISOSORBIDE MONONIT ER 120 MG	1		KARIVA 28 DAY TABLET	1	
ISOSORBIDE MONONIT ER 30 MG TB	1		KELNOR 1-35 28 TABLET	1	
ISOSORBIDE MONONIT ER 60 MG TB	1		KELNOR 1-50 TABLET	1	
ISOTRETINOIN 10 MG CAPSULE	3		KETOCONAZOLE 2% CREAM	1	
ISOTRETINOIN 20 MG CAPSULE	3		KETOCONAZOLE 2% SHAMPOO	1	
ISOTRETINOIN 30 MG CAPSULE	3		KETOCONAZOLE 200 MG TABLET	1	
ISOTRETINOIN 40 MG CAPSULE	3		KETO-DIASTIX REAGENT STRIPS	2	
ISOXSUPRINE 10 MG TABLET	1		KETONE TEST STRIP	2	
ISOXSUPRINE 20 MG TABLET	1		KETOPROFEN 50 MG CAPSULE	2	
ISRADIPINE 2.5 MG CAPSULE	1		KETOPROFEN 75 MG CAPSULE	1	
ISRADIPINE 5 MG CAPSULE	1		KETOPROFEN ER 200 MG CAPSULE	1	
ITRACONAZOLE 10 MG/ML SOLUTION	2		KETOROLAC 0.4% OPHTH SOLUTION	1	
ITRACONAZOLE 100 MG CAPSULE	2	QL	KETOROLAC 0.5% OPHTH SOLUTION	1	
ITRACONAZOLE 100 MG/10 ML CUP	2		KETOROLAC 10 MG TABLET	1	QL
IV PREP ANTISEPTIC WIPES	2		KETOSTIX REAGENT STRIP	1	
IVERMECTIN 0.5% LOTION	3		KINERET 100 MG/0.67 ML SYRINGE	4	PA, QL, LDD, SRX

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
KINRAY INS SYR 1 ML 31GX5/16"	2		LACOSAMIDE 100 MG TABLET	2	QL
KINRAY SYRING 0.3 ML 31GX5/16"	2		LACOSAMIDE 150 MG TABLET	2	QL
KINRAY SYRING 0.5 ML 31GX5/16"	2		LACOSAMIDE 200 MG TABLET	2	QL
KINRIX TIP-LOK SYRINGE	2		LACOSAMIDE 50 MG TABLET	2	QL
KINRIX VIAL	2		LACRISERT	3	
KISQALI 200 MG DAILY DOSE	4	PA, QL, SRX	LACTATED RINGERS IRRIGATION	1	
KISQALI 400 MG DAILY DOSE	4	PA, QL, SRX	LACTULOSE 10 GM/15 ML SOLUTION	1	
KISQALI 600 MG DAILY DOSE	4	PA, QL, SRX	LACTULOSE 20 GM/30 ML SOLUTION	1	
KIONEX 15 GM/60 ML SUSPENSION	1		LAMIVUDINE 10 MG/ML ORAL SOLN	1	
KLOR-CON 10 MEQ TABLET	1		LAMIVUDINE 150 MG TABLET	1	
KLOR-CON 20 MEQ PACKET	1		LAMIVUDINE 300 MG TABLET	1	
KLOR-CON 8 MEQ TABLET	1		LAMIVUDINE HBV 100 MG TABLET	1	
KLOR-CON M10 TABLET	1		LAMIVUDINE-ZIDOVUDINE TABLET	1	
KLOR-CON M15 TABLET	3		LAMOTRIGINE (BLUE)	1	
KLOR-CON M20 TABLET	1		LAMOTRIGINE (GREEN)	1	
KMART VALU PLUS SYR 1/2 ML	2		LAMOTRIGINE (ORANGE)	1	
KOMBIGLYZE XR 2.5-1,000 MG TAB	2	QL	LAMOTRIGINE 100 MG TABLET	1	
KOMBIGLYZE XR 5-1,000 MG TAB	2	QL	LAMOTRIGINE 150 MG TABLET	1	
KOMBIGLYZE XR 5-500 MG TABLET	2	QL	LAMOTRIGINE 200 MG TABLET	1	
K-PHOS NO.2	3		LAMOTRIGINE 25 MG DISPER TAB	1	
K-PHOS ORIGINAL TABLET	3		LAMOTRIGINE 25 MG TABLET	1	
KRO INS SYR 0.3 ML 29GX1/2"	2		LAMOTRIGINE 5 MG DISPER TABLET	1	
KRO INS SYRIN 0.5 ML 31GX5/16"	2		LAMOTRIGINE ER 100 MG TABLET	1	
KRO INSULIN SYR 1 ML 30GX5/16"	2		LAMOTRIGINE ER 200 MG TABLET	1	
KRO PEN NEEDLE 4MM X 32G	2		LAMOTRIGINE ER 25 MG TABLET	1	
KRO PEN NEEDLE 4MM X 33G	2		LAMOTRIGINE ER 250 MG TABLET	1	
KRO PEN NEEDLE 5MM X 31G	2		LAMOTRIGINE ER 300 MG TABLET	1	
KRO PEN NEEDLE 6MM X 31G	2		LAMOTRIGINE ER 50 MG TABLET	1	
KRO PEN NEEDLE 8MM X 31G	2		LAMOTRIGINE ODT (BLUE)	1	
KROGER INS SYR 0.3 ML 30GX5/16	2		LAMOTRIGINE ODT (GREEN)	1	
KROGER INS SYR 0.5 ML 29GX1/2"	2		LAMOTRIGINE ODT (ORANGE)	1	
KROGER INS SYR 1 ML 29GX1/2"	2		LAMOTRIGINE ODT 100 MG TABLET	1	
KROGER INS SYR 1 ML 31GX5/16"	2		LAMOTRIGINE ODT 200 MG TABLET	1	
KROGER PEN NEEDLES 31G X 5/16"	2		LAMOTRIGINE ODT 25 MG TABLET	1	
KROGER SYR 0.5 ML 30GX5/16"	2		LAMOTRIGINE ODT 50 MG TABLET	1	
KROGER SYRING 0.3 ML 31GX5/16"	2		LANSOPRAZOL-AMOXICIL-CLARITHRO	1	
KURVELO-28 TABLET	1		LANSOPRAZOLE DR 15 MG CAPSULE	1	QL
KYNMOBI 10 MG SL FILM	4	PA, QL, SRX	LANSOPRAZOLE DR 30 MG CAPSULE	1	QL
KYNMOBI 15 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 1,000 MG TB CHW	3	
KYNMOBI 20 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 500 MG TAB CHEW	3	
KYNMOBI 25 MG SL FILM	4	PA, QL, SRX	LANTHANUM CARB 750 MG TAB CHEW	3	
KYNMOBI 30 MG SL FILM	4	PA, QL, SRX	LAPATINIB	4	PA, QL, SRX
LABETALOL HCL 100 MG TABLET	1		LARIN 1.5 MG-30 MCG TABLET	1	
LABETALOL HCL 200 MG TABLET	1		LARIN 21 1-20 TABLET	1	
LABETALOL HCL 300 MG TABLET	1		LARIN 24 FE 1 MG-20 MCG TABLET	1	
LABSTIX REAGENT	2		LARIN FE 1.5-30 TABLET	1	
LACOSAMIDE 10 MG/ML SOLUTION	2	QL	LARIN FE 1-20 TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LARISSIA	1		LEVEMIR	3	QL, ST
LATANOPROST 0.005% EYE DROPS	1		LEVEMIR FLEXPEN	3	QL, ST
LAYOLIS FE	3		LEVEMIR FLEXTOUCH	3	QL, ST
LEADER INS SYR 0.3 ML 29GX1/2"	2		LEVETIRACETAM 1,000 MG TABLET	1	
LEADER INS SYR 0.5 ML 28GX1/2"	2		LEVETIRACETAM 1,000 MG/10 ML	1	
LEADER INS SYR 0.5 ML 29GX1/2"	2		LEVETIRACETAM 100 MG/ML SOLN	1	
LEADER INS SYR 0.5 ML 30GX1/2"	2		LEVETIRACETAM 250 MG TABLET	1	
LEADER INS SYR 1 ML 28GX1/2"	2		LEVETIRACETAM 500 MG TABLET	1	
LEADER INS SYR 1 ML 29GX1/2"	2		LEVETIRACETAM 500 MG/5 ML CUP	1	
LEADER INS SYR 1 ML 30GX5/16"	2		LEVETIRACETAM 500 MG/5 ML SOLN	1	
LEADER INS SYR 1 ML 31GX5/16"	2		LEVETIRACETAM 750 MG TABLET	1	
LEADER INSULIN SYRINGE 0.3 ML	2		LEVETIRACETAM ER 500 MG TABLET	1	
LEADER PEN NEEDLES 12MM 29G	2		LEVETIRACETAM ER 750 MG TABLET	1	
LEADER SYRING 0.3 ML 31GX5/16"	2		LEVOBUNOLOL 0.5% EYE DROPS	1	
LEADER SYRING 0.5 ML 31GX5/16"	2		LEVOCARNITINE 1 G/10 ML SOLN	1	
LEDIPASVIR-SOFOSBUVIR	4	PA, QL, SRX	LEVOCARNITINE 330 MG TABLET	1	
LEENA 28 TABLET	1		LEVOCARNITINE SF	1	
LEFLUNOMIDE 10 MG TABLET	1		LEVOCETIRIZINE 2.5 MG/5 ML SOL	1	
LEFLUNOMIDE 20 MG TABLET	1		LEVOCETIRIZINE 5 MG TABLET	1	
LENALIDOMIDE 10 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 0.5% EYE DROPS	1	
LENALIDOMIDE 15 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 1.5% EYE DROPS	1	
LENALIDOMIDE 2.5 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 25 MG/ML SOLUTION	1	
LENALIDOMIDE 20 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 250 MG TABLET	1	
LENALIDOMIDE 25 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 500 MG TABLET	1	
LENALIDOMIDE 5 MG CAPSULE	4	PA, QL, LDD, SRX	LEVOFLOXACIN 750 MG TABLET	1	
LENVIMA 10 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONEST-28 TABLET	1	
LENVIMA 12 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONO-E ESTRAD 0.15-0.03-0.01	1	
LENVIMA 14 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONOR-E ESTRAD 0.1-0.02-0.01	1	
LENVIMA 18 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONOR-ETH ESTRA 0.09-0.02 MG	1	
LENVIMA 20 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD 0.1-0.02 MG	1	
LENVIMA 24 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD 0.15-0.03	1	
LENVIMA 4 MG CAPSULE	4	PA, QL, LDD, SRX	LEVONOR-ETH ESTRAD TRIPHASIC	1	
LENVIMA 8 MG DAILY DOSE	4	PA, QL, LDD, SRX	LEVONORG 0.15MG-EE 20-25-30MCG	1	
LESSINA-28 TABLET	1		LEVONORGESTREL 1.5 MG TABLET	1	
LETROZOLE 2.5 MG TABLET	1		LEVORA-28 TABLET	1	
LEUCOVORIN CALCIUM 10 MG TAB	1		LEVORPHANOL 2 MG TABLET	4	PA, SRX
LEUCOVORIN CALCIUM 15 MG TAB	1		LEVORPHANOL 3 MG TABLET	4	PA, SRX
LEUCOVORIN CALCIUM 25 MG TAB	1		LEVO-T 100 MCG TABLET	1	
LEUCOVORIN CALCIUM 5 MG TAB	1		LEVO-T 112 MCG TABLET	1	
LEUKERAN 2 MG TABLET	3		LEVO-T 125 MCG TABLET	1	
LEUKINE 250 MCG VIAL	4	SRX	LEVO-T 137 MCG TABLET	1	
LEUPROLIDE 2WK 14 MG/2.8 ML KT	4	PA, SRX	LEVO-T 150 MCG TABLET	1	
LEVALBUTEROL 0.31 MG/3 ML SOL	1		LEVO-T 175 MCG TABLET	1	
LEVALBUTEROL 0.63 MG/3 ML SOL	1		LEVO-T 200 MCG TABLET	1	
LEVALBUTEROL 1.25 MG/3 ML SOL	1		LEVO-T 25 MCG TABLET	1	
LEVALBUTEROL CONC 1.25 MG/0.5	1		LEVO-T 300 MCG TABLET	1	
LEVALBUTEROL TARTRATE HFA	1	QL	LEVO-T 50 MCG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LEVO-T 75 MCG TABLET	1		LISINOPRIL 2.5 MG TABLET	1	
LEVO-T 88 MCG TABLET	1		LISINOPRIL 20 MG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1		LISINOPRIL 30 MG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1		LISINOPRIL 40 MG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1		LISINOPRIL 5 MG TABLET	1	
LEVOTHYROXINE 137 MCG TABLET	1		LISINOPRIL-HCTZ 10-12.5 MG TAB	1	
LEVOTHYROXINE 150 MCG TABLET	1		LISINOPRIL-HCTZ 20-12.5 MG TAB	1	
LEVOTHYROXINE 175 MCG TABLET	1		LISINOPRIL-HCTZ 20-25 MG TAB	1	
LEVOTHYROXINE 200 MCG TABLET	1		LITE TOUCH 31GX1/4" PEN NEEDLE	2	
LEVOTHYROXINE 25 MCG TABLET	1		LITE TOUCH INSULIN 0.5 ML SYR	2	
LEVOTHYROXINE 300 MCG TABLET	1		LITE TOUCH INSULIN 1 ML SYR	2	
LEVOTHYROXINE 50 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.3 ML	2	
LEVOTHYROXINE 75 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.5 ML	2	
LEVOTHYROXINE 88 MCG TABLET	1		LITE TOUCH INSULIN SYR 1 ML	2	
LEVOXYL 100 MCG TABLET	1		LITE TOUCH PEN NEEDLE 29G	2	
LEVOXYL 112 MCG TABLET	1		LITE TOUCH PEN NEEDLE 31G	2	
LEVOXYL 125 MCG TABLET	1		LITEAIRE	2	QL
LEVOXYL 137 MCG TABLET	1		LITETOUCH INS 0.3 ML 29GX1/2"	2	
LEVOXYL 150 MCG TABLET	1		LITETOUCH INS 0.3 ML 30GX5/16"	2	
LEVOXYL 175 MCG TABLET	1		LITETOUCH INS 0.3 ML 31GX5/16"	2	
LEVOXYL 200 MCG TABLET	1		LITETOUCH INS 0.5 ML 31GX5/16"	2	
LEVOXYL 25 MCG TABLET	1		LITETOUCH LARGE MASK	2	QL
LEVOXYL 50 MCG TABLET	1		LITETOUCH MEDIUM MASK	2	QL
LEVOXYL 75 MCG TABLET	1		LITETOUCH SMALL MASK	2	QL
LEVOXYL 88 MCG TABLET	1		LITETOUCH SYR 0.5 ML 28GX1/2"	2	
LEVULAN KERASTICK 20%	3	LDD	LITETOUCH SYR 0.5 ML 29GX1/2"	2	
LEXIVA 50 MG/ML SUSPENSION	2		LITETOUCH SYR 0.5 ML 30GX5/16"	2	
LIDOCAINE 2% VISCOUS SOLN	1		LITETOUCH SYRIN 1 ML 28GX1/2"	2	
LIDOCAINE 5% OINTMENT	1	QL	LITETOUCH SYRIN 1 ML 29GX1/2"	2	
LIDOCAINE 5% PATCH	1		LITETOUCH SYRIN 1 ML 30GX5/16"	2	
LIDOCAINE HCL 2% JEL UROJET AC	1		LITHIUM CARBONATE 150 MG CAP	1	
LIDOCAINE HCL 2% JELLY	1		LITHIUM CARBONATE 300 MG CAP	1	
LIDOCAINE HCL 2% JELLY URO-JET	1		LITHIUM CARBONATE 300 MG TAB	1	
LIDOCAINE HCL 4% SOLUTION	1		LITHIUM CARBONATE 600 MG CAP	1	
LIDOCAINE-PRILOCAINE CREAM	1		LITHIUM CARBONATE ER 300 MG TB	1	
LIFESHIELD BLUNT CANNULA	2		LITHIUM CARBONATE ER 450 MG TB	1	
LILLOW	1		LITHOSTAT	3	
LINDANE	1		LIVE BETTER PEN NEEDLES 8MM	2	
LINEZOLID 100 MG/5 ML SUSP	3	PA	LO LOESTRIN FE	2	
LINEZOLID 600 MG TABLET	1	PA	LOJAIMIESS	1	
LINZESS 145 MCG CAPSULE	3	QL	LOKELMA 10 GRAM POWDER PACKET	3	
LINZESS 290 MCG CAPSULE	3	QL	LOKELMA 5 GRAM POWDER PACKET	3	
LINZESS 72 MCG CAPSULE	3	QL	LOPERAMIDE 2 MG CAPSULE	1	
LIOTHYRONINE SOD 25 MCG TAB	1		LOPINAVIR-RITONAVIR 80-20MG/ML	1	
LIOTHYRONINE SOD 5 MCG TAB	1		LOPINAVIR-RITONAVIR 100-25MG TB	1	
LIOTHYRONINE SOD 50 MCG TAB	1		LOPINAVIR-RITONAVIR 200-50MG TB	1	
LISINOPRIL 10 MG TABLET	1		LORAZEPAM 0.5 MG TABLET	1	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LORAZEPAM 1 MG TABLET	1		MAGELLAN INSULIN SYR 0.3 ML	2	
LORAZEPAM 2 MG TABLET	1		MAGELLAN INSULIN SYR 0.5 ML	2	
LORAZEPAM 2 MG/ML ORAL CONCENT	1		MAGELLAN INSULIN SYRINGE 1 ML	2	
LORAZEPAM INTENSOL	1		MALATHION 0.5% LOTION	1	
LORCET 5-325 MG TABLET	1	PA	MAPROTIline 25 MG TABLET	1	
LORCET HD	1	PA	MAPROTIline 75 MG TABLET	1	
LORCET PLUS 7.5-325 MG TABLET	1	PA	MARLISSA-28 TABLET	1	
LORTAB	1	PA	MARPLAN 10 MG TABLET	3	
LORYNA 3 MG-0.02 MG TABLET	1		MATZIM LA 180 MG TABLET	1	
LOSARTAN POTASSIUM 100 MG TAB	1		MATZIM LA 240 MG TABLET	1	
LOSARTAN POTASSIUM 25 MG TAB	1		MATZIM LA 300 MG TABLET	1	
LOSARTAN POTASSIUM 50 MG TAB	1		MATZIM LA 360 MG TABLET	1	
LOSARTAN-HCTZ 100-12.5 MG TAB	1		MATZIM LA 420 MG TABLET	1	
LOSARTAN-HCTZ 100-25 MG TAB	1		MAXICOMFORT II PEN ND 31GX6MM	2	
LOSARTAN-HCTZ 50-12.5 MG TAB	1		MAXI-COMFORT INS 0.5 ML 28G	2	
LOTEPREDNOL 0.5% OPHTHALMC GEL	1		MAXICOMFORT INS 0.5ML 27GX1/2"	2	
LOTEPREDNOL ETABONATE 0.5% DRP	2		MAXICOMFORT INS 1 ML 27GX1/2"	2	
LOVASTATIN 10 MG TABLET	2		MAXI-COMFORT INS 1 ML 28GX1/2"	2	
LOVASTATIN 20 MG TABLET	1		MAXICOMFORT PEN ND 29G X 5MM	2	
LOVASTATIN 40 MG TABLET	1		MAXICOMFORT PEN ND 29G X 8MM	2	
LOW-OGESTREL-28 TABLET	1		MECLIZINE 12.5 MG TABLET	1	
LOXAPINE 10 MG CAPSULE	1		MECLIZINE 25 MG TABLET	1	
LOXAPINE 25 MG CAPSULE	1		MECLOFENAMATE 100 MG CAPSULE	1	
LOXAPINE 5 MG CAPSULE	1		MECLOFENAMATE 50 MG CAPSULE	1	
LOXAPINE 50 MG CAPSULE	1		MEDICATION TRANSFER NEEDLE	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1		MEDISENSE GLUC-KET CONT SOL	2	
LUBIPROSTONE 24 MCG CAPSULE	3		MEDISENSE H-L CONTROL SOLUTION	2	
LUBIPROSTONE 8 MCG CAPSULE	3		MEDISENSE H-M-L CONTROL SOLN	2	
LULICONAZOLE	3		MEDISENSE MID CONTROL SOLUTION	2	
LURASIDONE HCL 120 MG TABLET	3	QL	MEDPOINT CONTROL SOLUTION	2	
LURASIDONE HCL 20 MG TABLET	3	QL	MEDROL 2 MG TABLET	3	
LURASIDONE HCL 40 MG TABLET	3	QL	MEDROXYPROGESTERONE 10 MG TAB	1	
LURASIDONE HCL 60 MG TABLET	3	QL	MEDROXYPROGESTERONE 150 MG/ML	1	
LURASIDONE HCL 80 MG TABLET	3	QL	MEDROXYPROGESTERONE 2.5 MG TAB	1	
LUTERA-28 TABLET	1		MEDROXYPROGESTERONE 5 MG TAB	1	
LYLEQ 0.35 MG TABLET	1		MEDTRONIC EXT INF SET 23" 6MM	2	
LYLLANA 0.025 MG PATCH	1	QL	MEDTRONIC EXT INF SET 23" 9MM	2	
LYLLANA 0.0375 MG PATCH	1	QL	MEDTRONIC EXT INF SET 32" 9MM	2	
LYLLANA 0.05 MG PATCH	1	QL	MEDTRONIC REMOTE CONTROL	2	
LYLLANA 0.075 MG PATCH	1	QL	MEFENAMIC ACID 250 MG CAPSULE	1	
LYLLANA 0.1 MG PATCH	1	QL	MEFLOQUINE HCL 250 MG TABLET	1	QL
LYNPARZA 100 MG TABLET	4	PA, QL, LDD, SRX	MEGESTROL 20 MG TABLET	1	
LYNPARZA 150 MG TABLET	4	PA, QL, LDD, SRX	MEGESTROL 40 MG TABLET	1	
LYSODREN	3	LDD	MEGESTROL 625 MG/5 ML SUSP	3	
LYZA 0.35 MG TABLET	1		MEGESTROL ACET 40 MG/ML SUSP	1	
MAGELLAN INSUL SYRINGE 0.3 ML	2		MEGESTROL ACET 400 MG/10 ML	1	
MAGELLAN INSUL SYRINGE 0.5 ML	2		MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL, SRX

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MEKINIST 0.5 MG TABLET	4	PA, QL, SRX	METHAZOLAMIDE 50 MG TABLET	1	
MEKINIST 2 MG TABLET	4	PA, QL, SRX	METHENAMINE HIPP 1 GM TABLET	1	
MELODETTA 24 FE CHEWABLE TAB	1		METHENAMINE MAND 1 GM TABLET	1	
MELOXICAM 15 MG TABLET	1		METHENAMINE MAND 500 MG TABLET	1	
MELOXICAM 7.5 MG TABLET	1		METHERGINE 0.2 MG TABLET	3	
MELPHALAN 2 MG TABLET	1		METHIMAZOLE 10 MG TABLET	1	
MEMANTINE 5-10 MG TITRATION PK	1		METHIMAZOLE 5 MG TABLET	1	
MEMANTINE HCL 10 MG TABLET	1		METHITEST	4	SRX
MEMANTINE HCL 2 MG/ML SOLUTION	1		METHOCARBAMOL 500 MG TABLET	1	
MEMANTINE HCL 5 MG TABLET	1		METHOCARBAMOL 750 MG TABLET	1	
MENACTRA VIAL	2		METHOTREXATE 2.5 MG TABLET	1	
MENEST 0.3 MG TABLET	3		METHOXSALEN 10 MG SOFTGEL	3	
MENEST 0.625 MG TABLET	3		METHSCOPOLAMINE BROM 2.5 MG TB	1	
MENEST 1.25 MG TABLET	3		METHSCOPOLAMINE BROM 5 MG TAB	1	
MENEST 2.5 MG TABLET	3		METHSUXIMIDE 300 MG CAPSULE	3	
MENQUADFI VIAL	2		METHYLDOPA 250 MG TABLET	1	
MENTAX 1% CREAM	3		METHYLDOPA 500 MG TABLET	1	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	2		METHYLDOPA-HCTZ 250-15 MG TAB	1	
MENVEO A-C-Y-W KIT (2 VIALS)	2		METHYLDOPA-HCTZ 250-25 MG TAB	1	
MEPERIDINE 50 MG TABLET	1	PA	METHYLERGONOVINE 0.2 MG TABLET	3	
MEPERIDINE 50 MG/5 ML SOLUTION	1	PA	METHYLPHENIDATE 10 MG CHEW TAB	1	QL
MEPROBAMATE 200 MG TABLET	1		METHYLPHENIDATE 10 MG TABLET	1	QL
MEPROBAMATE 400 MG TABLET	1		METHYLPHENIDATE 10 MG/5 ML SOL	1	QL
MERCAPTOPYRINE 50 MG TABLET	1		METHYLPHENIDATE 2.5 MG CHEW TB	1	QL
MERZEE 1 MG-20 MCG CAPSULE	1		METHYLPHENIDATE 20 MG TABLET	1	QL
MESALAMINE 4 GM/60 ML ENEMA	3		METHYLPHENIDATE 5 MG CHEW TAB	1	QL
MESALAMINE 4 GM/60 ML KIT	3		METHYLPHENIDATE 5 MG TABLET	1	QL
MESALAMINE 800 MG DR TABLET	3		METHYLPHENIDATE 5 MG/5 ML SOLN	1	QL
MESALAMINE ER 0.375 GRAM CAP	2		METHYLPHENIDATE CD 10 MG CAP	1	QL
MESALAMINE ER 500 MG CAPSULE	3		METHYLPHENIDATE CD 20 MG CAP	1	QL
MESNEX 400 MG TABLET	4	SRX	METHYLPHENIDATE CD 30 MG CAP	1	QL
METAXALL 800 MG TABLET	3		METHYLPHENIDATE CD 40 MG CAP	1	QL
METAXALONE 400 MG TABLET	3		METHYLPHENIDATE CD 50 MG CAP	1	QL
METAXALONE 800 MG TABLET	3		METHYLPHENIDATE CD 60 MG CAP	1	QL
METFORMIN HCL 1,000 MG TABLET	1		METHYLPHENIDATE ER 10 MG TAB	1	QL
METFORMIN HCL 500 MG TABLET	1		METHYLPHENIDATE ER 18 MG TAB	1	QL
METFORMIN HCL 850 MG TABLET	1		METHYLPHENIDATE ER 20 MG TAB	1	QL
METFORMIN HCL ER 500 MG TABLET	1		METHYLPHENIDATE ER 27 MG TAB	1	QL
METFORMIN HCL ER 750 MG TABLET	1		METHYLPHENIDATE ER 36 MG TAB	1	QL
METHADONE 10 MG/5 ML SOLUTION	1	PA	METHYLPHENIDATE ER 54 MG TAB	1	QL
METHADONE 10 MG/ML ORAL CONC	1	PA	METHYLPHENIDATE ER(CD) 10MG CP	1	QL
METHADONE 5 MG/5 ML SOLUTION	1	PA	METHYLPHENIDATE ER(CD) 20MG CP	1	QL
METHADONE HCL 10 MG TABLET	1	PA	METHYLPHENIDATE ER(CD) 30MG CP	1	QL
METHADONE HCL 5 MG TABLET	1	PA	METHYLPHENIDATE ER(CD) 40MG CP	1	QL
METHADONE INTENSOL 10 MG/ML	1	PA	METHYLPHENIDATE ER(CD) 50MG CP	1	QL
METHAMPHETAMINE 5 MG TABLET	3	QL	METHYLPHENIDATE ER(CD) 60MG CP	1	QL
METHAZOLAMIDE 25 MG TABLET	1		METHYLPHENIDATE ER(LA) 10MG CP	1	QL



## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
METHYLPHENIDATE ER(LA) 20MG CP	1	QL	MICONAZOLE 3 200 MG VAG SUPP	1	
METHYLPHENIDATE ER(LA) 30MG CP	1	QL	MICROCHAMBER	2	QL
METHYLPHENIDATE ER(LA) 40MG CP	1	QL	MICRODOT HIGH-LOW CONTROL SOL	2	
METHYLPHENIDATE LA 10 MG CAP	1	QL	MICRODOT NORMAL CONTROL SOLUT	2	
METHYLPHENIDATE LA 20 MG CAP	1	QL	MICRODOT PEN NEEDLE 31GX6MM	2	
METHYLPHENIDATE LA 30 MG CAP	1	QL	MICRODOT PEN NEEDLE 32GX4MM	2	
METHYLPHENIDATE LA 40 MG CAP	1	QL	MICRODOT PEN NEEDLE 33GX4MM	2	
METHYLPHENIDATE LA 60 MG CAP	1	QL	MICROGESTIN 21 1.5-30 TAB	1	
METHYLPREDNISOLONE 16 MG TAB	1		MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 32 MG TAB	1		MICROGESTIN 24 FE 1 MG-20 MCG	1	
METHYLPREDNISOLONE 4 MG DOSEPK	1		MICROGESTIN FE 1.5-30 TAB	1	
METHYLPREDNISOLONE 4 MG TABLET	1		MICROGESTIN FE 1-20 TABLET	1	
METHYLPREDNISOLONE 8 MG TABLET	1		MICROLIFE PEAK FLOW METER	2	
METHYLTESTOSTERONE 10 MG CAP	4	SRX	MICROSPACER FOR AEROSOL DEVICE	2	QL
METOCLOPRAMIDE 10 MG TABLET	1		MIDAZOLAM HCL 10 MG/5 ML SYRUP	1	
METOCLOPRAMIDE 10 MG/10 ML SOL	1		MIDAZOLAM HCL 2 MG/ML SYRUP	1	
METOCLOPRAMIDE 5 MG TABLET	1		MIDAZOLAM HCL 5 MG/2.5 ML SYRP	1	
METOCLOPRAMIDE 5 MG/5 ML SOLN	1		MIDODRINE HCL 10 MG TABLET	1	
METOLAZONE 10 MG TABLET	1		MIDODRINE HCL 2.5 MG TABLET	1	
METOLAZONE 2.5 MG TABLET	1		MIDODRINE HCL 5 MG TABLET	1	
METOLAZONE 5 MG TABLET	1		MIGERGOT 2-100 MG SUPPOSITORY	3	
METOPROLOL SUCC ER 100 MG TAB	1		MIGLITOL 100 MG TABLET	1	
METOPROLOL SUCC ER 200 MG TAB	1		MIGLITOL 25 MG TABLET	1	
METOPROLOL SUCC ER 25 MG TAB	1		MIGLITOL 50 MG TABLET	1	
METOPROLOL SUCC ER 50 MG TAB	1		MIGLUSTAT 100 MG CAPSULE	4	PA, SRX
METOPROLOL TARTRATE 100 MG TAB	1		MILI 0.25-0.035 MG TABLET	1	
METOPROLOL TARTRATE 25 MG TAB	1		MIMVEY 1-0.5 MG TABLET	1	
METOPROLOL TARTRATE 37.5 MG TB	1		MINI PEN NEEDLE 32G 4MM	2	
METOPROLOL TARTRATE 50 MG TAB	1		MINI PEN NEEDLE 32G 5MM	2	
METOPROLOL TARTRATE 75 MG TAB	1		MINI PEN NEEDLE 32G 6MM	2	
METOPROLOL-HCTZ 100-25 MG TAB	1		MINI PEN NEEDLE 32G 8MM	2	
METOPROLOL-HCTZ 100-50 MG TAB	1		MINI PEN NEEDLE 33G 4MM	2	
METOPROLOL-HCTZ 50-25 MG TAB	1		MINI PEN NEEDLE 33G 5MM	2	
METRONIDAZOLE 0.75% CREAM	1		MINI PEN NEEDLE 33G 6MM	2	
METRONIDAZOLE 0.75% LOTION	1		MINI ULTRA-THIN II PEN ND 31G	2	
METRONIDAZOLE 250 MG TABLET	1		MINI WRIGHT PEAK FLOW METER	2	
METRONIDAZOLE 375 MG CAPSULE	1		MINIMED INFUSION SET	2	
METRONIDAZOLE 500 MG TABLET	1		MINIMED MIO ADV INFUSN 23"6MM	2	
METRONIDAZOLE TOP 1% GEL PUMP	1		MINIMED MIO ADV INFUSN 23"9MM	2	
METRONIDAZOLE TOPICAL 0.75% GL	1		MINIMED MIO ADV INFUSN 43"6MM	2	
METRONIDAZOLE TOPICAL 1% GEL	1		MINIMED MIO ADV INFUSN 43"9MM	2	
METRONIDAZOLE VAGINAL 0.75% GL	1		MINIMED MIO INFUSN SET 18" 6MM	2	
METYROSINE 250 MG CAPSULE	4	PA, SRX	MINIMED MIO INFUSN SET 23" 6MM	2	
MEXILETINE 150 MG CAPSULE	1		MINIMED MIO INFUSN SET 32" 6MM	2	
MEXILETINE 200 MG CAPSULE	1		MINIMED MIO INFUSN SET 32" 9MM	2	
MEXILETINE 250 MG CAPSULE	1		MINIMED QUICK SET INF 18" 6MM	2	
MIBELAS 24 FE CHEWABLE TABLET	1		MINIMED QUICK SET INF 23" 6MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MINIMED QUICK SET INF 23" 9MM	2		MIRTAZAPINE 45 MG TABLET	1	
MINIMED QUICK SET INF 32" 6MM	2		MIRTAZAPINE 7.5 MG TABLET	1	
MINIMED QUICK SET INF 32" 9MM	2		MISOPROSTOL 100 MCG TABLET	1	
MINIMED QUICK SET INF 43" 6MM	2		MISOPROSTOL 200 MCG TABLET	1	
MINIMED QUICK SET INF 43" 9MM	2		M-M-R II VACCINE VIAL	2	
MINIMED QUICK-SERTER	2		M-NATAL PLUS	1	
MINIMED RESERVOIR 1.8 ML	2		MODAFINIL 100 MG TABLET	3	PA
MINIMED RESERVOIR 3 ML	2		MODAFINIL 200 MG TABLET	3	PA
MINIMED SILHOUETTE INF SET 18"	2		MODERNA COVID (12Y UP)VAC(EUA)	2	
MINIMED SILHOUETTE INF SET 23"	2		MODERNA COVID BIVAL(6MO UP)EUA	2	
MINIMED SILHOUETTE INF SET 32"	2		MODERNA COVID BIVAL(6MO-5Y)EUA	2	
MINIMED SILHOUETTE INF SET 43"	2		MODERNA COVID(6-11Y) VACC(EUA)	2	
MINIMED SURE T INF SET 18" 6MM	2		MODERNA COVID(6M-5Y) VACC(EUA)	2	
MINIMED SURE T INF SET 23" 6MM	2		MODERNA COVID-19 BOOSTER (EUA)	2	
MINIMED SURE T INF SET 23" 8MM	2		MOEXIPRIL HCL 15 MG TABLET	1	
MINIMED SURE T INF SET 32" 6MM	2		MOEXIPRIL HCL 7.5 MG TABLET	1	
MINIMED SURE T INF SET 32" 8MM	2		MOLINDONE HCL 10 MG TABLET	1	
MINIMED SURE T INFUSN SET 23"	2		MOLINDONE HCL 25 MG TABLET	1	
MINIMED SURE T INFUSN SET 32"	2		MOLINDONE HCL 5 MG TABLET	1	
MINITRAN 0.1 MG/HR PATCH	1		MOMETASONE FUROATE 0.1% CREAM	1	
MINITRAN 0.2 MG/HR PATCH	1		MOMETASONE FUROATE 0.1% OINT	1	
MINITRAN 0.4 MG/HR PATCH	1		MOMETASONE FUROATE 0.1% SOLN	1	
MINITRAN 0.6 MG/HR PATCH	1		MOMETASONE FUROATE 50 MCG SPRY	1	QL
MINI-WRIGHT PEAK FLOW METER	2		MONDOXYNE NL 100 MG CAPSULE	1	
MINOCYCLINE 100 MG CAPSULE	1		MONDOXYNE NL 75 MG CAPSULE	1	
MINOCYCLINE 50 MG CAPSULE	1		MONOJECT 0.5 ML SYRN 28GX1/2"	2	
MINOCYCLINE 75 MG CAPSULE	1		MONOJECT 1 ML SYRN 27X1/2"	2	
MINOCYCLINE HCL 100 MG TABLET	1		MONOJECT 1 ML SYRN 28GX1/2"	2	
MINOCYCLINE HCL 50 MG TABLET	1		MONOJECT 3 ML SYRINGE 21GX1"	2	
MINOCYCLINE HCL 75 MG TABLET	1		MONOJECT 3 ML SYRINGE 23GX1"	2	
MINOXIDIL 10 MG TABLET	1		MONOJECT 3 ML SYRINGE 25GX1"	2	
MINOXIDIL 2.5 MG TABLET	1		MONOJECT 3 ML SYRN 21GX1"	2	
MIO INFUSION SET 18"	2		MONOJECT 3 ML SYRN 21GX11/2"	2	
MIO INFUSION SET 23"	2		MONOJECT 3 ML SYRN 21GX1-1/2"	2	
MIO INFUSION SET 32"	2		MONOJECT 3 ML SYRN 22GX11/2"	2	
MIRCERA 100 MCG/0.3 ML SYRINGE	4	PA, SRX	MONOJECT 3 ML SYRN 22GX1-1/2"	2	
MIRCERA 120 MCG/0.3 ML SYRINGE	4	PA, SRX	MONOJECT 3 ML SYRN 23GX1"	2	
MIRCERA 150 MCG/0.3 ML SYRINGE	4	PA, SRX	MONOJECT 3 ML SYRN 25GX1"	2	
MIRCERA 200 MCG/0.3 ML SYRINGE	4	PA, SRX	MONOJECT 3 ML SYRN 25GX1.25"	2	
MIRCERA 30 MCG/0.3 ML SYRINGE	4	PA, SRX	MONOJECT 3 ML SYRN 25GX5/8"	2	
MIRCERA 50 MCG/0.3 ML SYRINGE	4	PA, SRX	MONOJECT 3 ML SYRN 27GX1.25"	2	
MIRCERA 75 MCG/0.3 ML SYRINGE	4	PA, SRX	MONOJECT 3 ML SYRN 27GX11/4"	2	
MIRTAZAPINE 15 MG ODT	1		MONOJECT 6 ML SYRN 20GX11/2"	2	
MIRTAZAPINE 15 MG TABLET	1		MONOJECT 6 ML SYRN 21GX1"	2	
MIRTAZAPINE 30 MG ODT	1		MONOJECT 6 ML SYRN 21GX11/2"	2	
MIRTAZAPINE 30 MG TABLET	1		MONOJECT 6 ML SYRN 22GX11/2"	2	
MIRTAZAPINE 45 MG ODT	1		MONOJECT 6CC SAFETY SYRINGE	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MONOJECT BLD COL NEEDL 20GX1.5	2		MORPHINE SULF 10 MG SUPPOS	1	PA
MONOJECT BLD COL NEEDLE 20GX1"	2		MORPHINE SULF 10 MG/5 ML SOLN	1	PA
MONOJECT BLD COL NEEDLE 21GX1"	2		MORPHINE SULF 100 MG/5 ML CONC	1	PA
MONOJECT BLD COL NEEDLE 22GX1"	2		MORPHINE SULF 20 MG SUPPOS	1	PA
MONOJECT FILTR 18GX1.5" NEEDLE	2		MORPHINE SULF 20 MG/5 ML SOLN	1	PA
MONOJECT HYPO NDL 27GX1-1/2"	2		MORPHINE SULF 30 MG SUPPOS	1	PA
MONOJECT HYPO NEEDLE 18X1A	2		MORPHINE SULF 5 MG SUPPOS	1	PA
MONOJECT HYPO NEEDLE 19X1	2		MORPHINE SULF ER 100 MG TABLET	1	PA
MONOJECT HYPO NEEDLE 19X1-1/2	2		MORPHINE SULF ER 15 MG TABLET	1	PA
MONOJECT HYPO NEEDLE 20X1	2		MORPHINE SULF ER 200 MG TABLET	1	PA
MONOJECT HYPO NEEDLE 20X1-1/2	2		MORPHINE SULF ER 30 MG TABLET	1	PA
MONOJECT HYPO NEEDLE 21X1	2		MORPHINE SULF ER 60 MG TABLET	1	PA
MONOJECT HYPO NEEDLE 21X1-1/2	2		MORPHINE SULFATE ER 10 MG CAP	1	PA
MONOJECT HYPO NEEDLE 22X1	2		MORPHINE SULFATE ER 100 MG CAP	1	PA
MONOJECT HYPO NEEDLE 22X1.5	2		MORPHINE SULFATE ER 120 MG CAP	1	PA
MONOJECT HYPO NEEDLE 23X1	2		MORPHINE SULFATE ER 20 MG CAP	1	PA
MONOJECT HYPO NEEDLE 25X1	2		MORPHINE SULFATE ER 30 MG CAP	1	PA
MONOJECT HYPO NEEDLE 25X1.5	2		MORPHINE SULFATE ER 45 MG CAP	1	PA
MONOJECT HYPO NEEDLE 25X5/8	2		MORPHINE SULFATE ER 50 MG CAP	1	PA
MONOJECT HYPO NEEDLE 26X1.5	2		MORPHINE SULFATE ER 60 MG CAP	1	PA
MONOJECT HYPO NEEDLE 27X0.5	2		MORPHINE SULFATE ER 75 MG CAP	1	PA
MONOJECT HYPO NEEDLE 30X3/4	2		MORPHINE SULFATE ER 80 MG CAP	1	PA
MONOJECT HYPODERMIC NEEDLE	2		MORPHINE SULFATE ER 90 MG CAP	1	PA
MONOJECT INSUL SYR U100	2		MORPHINE SULFATE IR 15 MG TAB	1	PA
MONOJECT INSUL SYR U100 0.5 ML	2		MORPHINE SULFATE IR 30 MG TAB	1	PA
MONOJECT INSUL SYR U100 1 ML	2		MOXIFLOXACIN 0.5% EYE DROPS	1	
MONOJECT INSULIN SAFETY SYRNG	2		MOXIFLOXACIN 0.5% EYE DRP-VISC	1	
MONOJECT INSULIN SYR 0.3 ML	2		MOXIFLOXACIN HCL 400 MG TABLET	1	
MONOJECT INSULIN SYR 0.5 ML	2		MS INS SYR 0.5 ML 29GX1/2"	2	
MONOJECT INSULIN SYR 1 ML	2		MS INS SYR 1 ML 29GX1/2"	2	
MONOJECT INSULIN SYR U-100	2		MS INS SYRINGE 1 ML 30GX1/2"	2	
MONOJECT INSULIN SYRN 3/10 ML	2		MS INSUL SYR 0.3 ML 31GX5/16"	2	
MONOJECT SYRINGE 0.3 ML	2		MS INSUL SYR 0.5 ML 30GX1/2"	2	
MONOJECT SYRINGE 0.5 ML	2		MS INSUL SYR 0.5 ML 31GX5/16"	2	
MONOJECT SYRINGE 1 ML	2		MS INSULIN SYR 0.3 ML 29GX1/2"	2	
MONOJECT SYRINGE 3 ML 20GX1	2		MS INSULIN SYR 1 ML 31GX5/16"	2	
MONOJECT SYRINGE 3 ML 22GX1"	2		MS INSULIN SYRINGE 0.3 ML	2	
MONOJECT SYRN 3 ML 20GX1-1/2"	2		MS PEN NEEDLE 6MM 31G	2	
MONOJECT SYRN 3 ML 20GX3/4"	2		MULTISTIX REAGENT STRIPS	2	
MONOJECT SYRNG 20GX1" 3 ML	2		MULTISTIX 10 SG REAGENT STRIPS	2	
MONO-LINYAH 28 TABLET	1		MULTISTIX 5 STRIPS	2	
MONTELUKAST SOD 10 MG TABLET	1		MULTISTIX 7 REAGENT STRIPS	2	
MONTELUKAST SOD 4 MG GRANULES	1		MULTISTIX 8 SG REAGENT STRIPS	2	
MONTELUKAST SOD 4 MG TAB CHEW	1		MULTISTIX 9 REAGENT STRIPS	2	
MONTELUKAST SOD 5 MG TAB CHEW	1		MULTISTIX 9 SG REAGENT STRIPS	2	
MORGIDOX 100 MG CAPSULE	1		MULTIVIT-FLUOR 0.25 MG TAB CHW	1	
MORGIDOX 50 MG CAPSULE	1		MULTIVIT-FLUOR 0.25 MG/ML DROP	1	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MULTIVIT-FLUOR 0.5 MG TAB CHEW	1		NARATRIPTAN HCL 1 MG TABLET	1	QL
MULTIVIT-FLUORIDE 1 MG TAB CHW	1		NARATRIPTAN HCL 2.5 MG TABLET	1	QL
MUPIROCIN 2% CREAM	1		NATACYN 5% EYE DROPS	3	
MUPIROCIN 2% OINTMENT	1		NATAZIA 28 TABLET	3	
MY CHOICE 1.5 MG TABLET	1		NATEGLINIDE 120 MG TABLET	1	
MY WAY 1.5 MG TABLET	1		NATEGLINIDE 60 MG TABLET	1	
MYCOPHENOLATE 200 MG/ML SUSP	1		NATURE-THROID 113.75 MG TABLET	1	
MYCOPHENOLATE 250 MG CAPSULE	1		NATURE-THROID 130 MG TABLET	1	
MYCOPHENOLATE 500 MG TABLET	1		NATURE-THROID 146.25 MG TABLET	1	
MYCOPHENOLIC ACID DR 180 MG TB	1		NATURE-THROID 16.25 MG TABLET	1	
MYCOPHENOLIC ACID DR 360 MG TB	1		NATURE-THROID 162.5 MG TABLET	1	
MYGLUCOHEALTH CONTROL SOLN PAK	2		NATURE-THROID 195 MG TABLET	1	
MYLERAN 2 MG TABLET	3		NATURE-THROID 260 MG TABLET	1	
MYNATAL CAPSULE	1		NATURE-THROID 32.5 MG TABLET	1	
MYNATAL PLUS CAPTAB	1		NATURE-THROID 325 MG TABLET	1	
MYNATAL ULTRACAPLET	1		NATURE-THROID 48.75 MG TABLET	1	
MYNATAL-Z CAPTAB	1		NATURE-THROID 65 MG TABLET	1	
MYORISAN 10 MG CAPSULE	3		NATURE-THROID 81.25 MG TABLET	1	
MYORISAN 20 MG CAPSULE	3		NATURE-THROID 97.5 MG TABLET	1	
MYORISAN 30 MG CAPSULE	3		NAYZILAM 5 MG NASAL SPRAY	4	PA, QL, SRX
MYORISAN 40 MG CAPSULE	3		NEBUSAL 3% VIAL	1	
MYRBETRIQ ER 25 MG TABLET	3	QL, ST	NECON 0.5-35-28 TABLET	1	
MYRBETRIQ ER 50 MG TABLET	3	QL, ST	NEFAZODONE HCL 100 MG TABLET	1	
MYTESI	3	LDD	NEFAZODONE HCL 150 MG TABLET	1	
NABUMETONE 500 MG TABLET	1		NEFAZODONE HCL 200 MG TABLET	1	
NABUMETONE 750 MG TABLET	1		NEFAZODONE HCL 250 MG TABLET	1	
NADOLOL 20 MG TABLET	1		NEFAZODONE HCL 50 MG TABLET	1	
NADOLOL 40 MG TABLET	1		NEO-BACIT-POLY-HC EYE OINTMENT	1	
NADOLOL 80 MG TABLET	1		NEOMYC-BACIT-POLY MIX EYE OINT	1	
NAFTIFINE HCL 1% CREAM	1		NEOMYCIN 500 MG TABLET	1	
NAFTIFINE HCL 1% GEL	1		NEOMYCIN-POLY-HC EYE DROPS	1	
NAFTIFINE HCL 2% CREAM	1		NEOMYC-POLYM-GRAMICID EYE DROP	1	
NAFTIFINE HCL 2% GEL	1		NEOMYCIN-POLYMYXIN-HC EAR SOLN	1	
NALOXONE 0.4 MG/ML CARPUJECT	1		NEOMYCIN-POLYMYXIN-HC EAR SUSP	1	
NALOXONE 2 MG/2 ML SYRINGE	1		NEOMYC-POLYM-DEXAMET EYE OINTM	1	
NALOXONE HCL 4 MG NASAL SPRAY	1	QL	NEOMYC-POLYM-DEXAMETH EYE DROP	1	
NALTREXONE 50 MG TABLET	1	QL	NEOMY-POLYMYXIN B 40 MG/ML AMP	1	
NAPROXEN 250 MG TABLET	1		NEOMY-POLYMYXIN B 40 MG/ML VL	1	
NAPROXEN 375 MG TABLET	1		NEO-POLYCIN EYE OINTMENT	1	
NAPROXEN 500 MG KIT	1		NEO-POLYCIN HC EYE OINTMENT	1	
NAPROXEN 500 MG TABLET	1		NEO-SYNALAR 0.5%-0.025% CREAM	3	
NAPROXEN DR 375 MG TABLET	1		NEUAC GEL	1	
NAPROXEN DR 500 MG TABLET	1		NEULASTA 6 MG/0.6 ML SYRINGE	4	PA, SRX
NAPROXEN SOD CR 375 MG TABLET	1		NEULASTA ONPRO 6 MG/0.6 ML KIT	4	PA, SRX
NAPROXEN SOD ER 375 MG TABLET	1		NEVANAC	3	
NAPROXEN SODIUM 275 MG TAB	1		NEVIRAPINE 200 MG TABLET	1	
NAPROXEN SODIUM 550 MG TAB	1		NEVIRAPINE 50 MG/5 ML SUSP	1	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NEVIRAPINE ER 100 MG TABLET	1		NIVA-PLUS TABLET	1	
NEVIRAPINE ER 400 MG TABLET	1		NIVESTYM 300 MCG/0.5 ML SYRING	4	SRX
NEW DAY 1.5 MG TABLET	1		NIVESTYM 300 MCG/ML VIAL	4	SRX
NEWGEN TABLET	1		NIVESTYM 480 MCG/0.8 ML SYRING	4	SRX
NIACIN ER 1,000 MG TABLET	1		NIVESTYM 480 MCG/1.6 ML VIAL	4	SRX
NIACIN ER 500 MG TABLET	1		NIZATIDINE 150 MG CAPSULE	1	
NIACIN ER 750 MG TABLET	1		NIZATIDINE 300 MG CAPSULE	1	
NICARDIPINE 20 MG CAPSULE	1		NOKOR ADMIX NEEDLE	2	
NICARDIPINE 30 MG CAPSULE	1		NOLIX 0.05% CREAM	3	
NICOTROL CARTRIDGE INHALER	3		NOLIX 0.05% LOTION	3	
NICOTROL NS 10 MG/ML SPRAY	3		NORA-BE	1	
NIFEDIPINE 10 MG CAPSULE	1		NORDITROPIN FLEXPRO 10 MG/1.5	4	PA, SRX
NIFEDIPINE 20 MG CAPSULE	1		NORDITROPIN FLEXPRO 15 MG/1.5	4	PA, SRX
NIFEDIPINE ER 30 MG TABLET	1		NORDITROPIN FLEXPRO 30 MG/3 ML	4	PA, SRX
NIFEDIPINE ER 60 MG TABLET	1		NORDITROPIN FLEXPRO 5 MG/1.5	4	PA, SRX
NIFEDIPINE ER 90 MG TABLET	1		NORET-ESTR-FE 0.4-0.035(21)-75	1	
NIKKI 3 MG-0.02 MG TABLET	1		NORETH-EE-FE 1 MG/20-30-35 MCG	1	
NILUTAMIDE 150 MG TABLET	4	SRX	NORETH-EE-FE 1.5-0.03MG(21)-75	1	
NIMODIPINE 30 MG CAPSULE	3		NORETH-EE-FE 1-0.02(21)-75 TAB	1	
NINLARO 2.3 MG CAPSULE	4	PA, QL, LDD, SRX	NORETH-EE-FE 1-0.02(24)-75 CAP	1	
NINLARO 3 MG CAPSULE	4	PA, QL, LDD, SRX	NORETH-EE-FE 1-0.02(24)-75 CHW	1	
NINLARO 4 MG CAPSULE	4	PA, QL, LDD, SRX	NORETHIND-ETH ESTRAD 0.5-2.5	1	
NISOLDIPINE ER 17 MG TABLET	1	QL	NORETHIND-ETH ESTRAD 1-0.02 MG	1	
NISOLDIPINE ER 20 MG TABLET	1	QL	NORETHINDRONE 0.35 MG TABLET	1	
NISOLDIPINE ER 25.5 MG TABLET	1	QL	NORETHINDRONE 5 MG TABLET	1	
NISOLDIPINE ER 30 MG TABLET	1	QL	NORETHIN-EE 1.5-0.03 MG(21) TB	1	
NISOLDIPINE ER 34 MG TABLET	1	QL	NORETHIN-ESTRA-FE 0.8-0.025 MG	1	
NISOLDIPINE ER 40 MG TABLET	1	QL	NORETHIN-ETH ESTRAD 1 MG-5 MCG	1	
NISOLDIPINE ER 8.5 MG TABLET	1	QL	NORG-EE 0.18-0.215-0.25/0.025	1	
NITAZOXANIDE 500 MG TABLET	3	PA	NORG-EE 0.18-0.215-0.25/0.035	1	
NITRO-BID 2% OINTMENT	1		NORGESTIMATE-EE 0.25-0.035 MG	1	
NITROFURANTOIN 25 MG/5 ML SUSP	3		NORG-ETHIN ESTRA 0.25-0.035 MG	1	
NITROFURANTOIN MCR 100 MG CAP	1		NORLYDA	1	
NITROFURANTOIN MCR 25 MG CAP	1		NORPACE CR 100 MG CAPSULE	3	
NITROFURANTOIN MCR 50 MG CAP	1		NORPACE CR 150 MG CAPSULE	3	
NITROFURANTOIN MONO-MCR 100 MG	1		NORTREL 0.5-35-28 TABLET	1	
NITROGLYCERIN 0.1 MG/HR PATCH	1		NORTREL 1-35 21 TABLET	1	
NITROGLYCERIN 0.2 MG/HR PATCH	1		NORTREL 1-35 28 TABLET	1	
NITROGLYCERIN 0.3 MG TABLET SL	1		NORTREL 7-7-7-28 TABLET	1	
NITROGLYCERIN 0.4 MG TABLET SL	1		NORTRIPTYLINE 10 MG/5 ML SOLN	1	
NITROGLYCERIN 0.4 MG/HR PATCH	1		NORTRIPTYLINE HCL 10 MG CAP	1	
NITROGLYCERIN 0.6 MG TABLET SL	1		NORTRIPTYLINE HCL 25 MG CAP	1	
NITROGLYCERIN 0.6 MG/HR PATCH	1		NORTRIPTYLINE HCL 50 MG CAP	1	
NITROGLYCERIN 400 MCG SPRAY	1		NORTRIPTYLINE HCL 75 MG CAP	1	
NITRO-TIME ER 2.5 MG CAPSULE	1		NORVIR 100 MG POWDER PACKET	2	
NITRO-TIME ER 6.5 MG CAPSULE	1		NOVA MAX GLUCOSE CONTROL SOLN	2	
NITRO-TIME ER 9 MG CAPSULE	1		NOVAVAX COVID-19 VACC,ADJ(EUA)	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
NOVOFINE 32G NEEDLES	2	
NOVOFINE AUTOCOVER 30G NEEDLE	2	
NOVOFINE PLUS PEN NDJ 32GX1/6"	2	
NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST
NOVOLOG 100 UNIT/ML VIAL	3	QL, ST
NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST
NOVOLOG MIX 70-30 VIAL	3	QL, ST
NOVOLOG PENFILL	3	QL, ST
NOVOPEN 3 INSULIN DEVICE	2	
NOVOPEN ECHO INSULIN DEVICE	2	
NOVOTWIST NEEDLE 32G 5MM	2	
NOXAFIL 40 MG/ML SUSPENSION	3	
NP THYROID 120 MG TABLET	1	
NP THYROID 15 MG TABLET	1	
NP THYROID 30 MG TABLET	1	
NP THYROID 60 MG TABLET	1	
NP THYROID 90 MG TABLET	1	
NUCYNTA 100 MG TABLET	3	PA
NUCYNTA 50 MG TABLET	3	PA
NUCYNTA 75 MG TABLET	3	PA
NUCYNTA ER 100 MG TABLET	3	PA
NUCYNTA ER 150 MG TABLET	3	PA
NUCYNTA ER 200 MG TABLET	3	PA
NUCYNTA ER 250 MG TABLET	3	PA
NUCYNTA ER 50 MG TABLET	3	PA
NUEDEXTA 20-10 MG CAPSULE	3	PA
NYAMYC 100,000 UNIT/GM POWDER	1	
NYLIA 1-35 28 TABLET	1	
NYLIA 7-7-7-28 TABLET	1	
NYMYO 0.25-0.035 MG (28) TAB	1	
NYSTATIN 100,000 UNIT/GM CREAM	1	
NYSTATIN 100,000 UNIT/GM OINT	1	
NYSTATIN 100,000 UNIT/GM POWD	1	
NYSTATIN 100,000 UNIT/ML SUSP	1	
NYSTATIN 500,000 UNIT ORAL TAB	1	
NYSTATIN 500,000 UNIT/5 ML CUP	1	
NYSTATIN-TRIAMCINOLONE CREAM	1	
NYSTATIN-TRIAMCINOLONE OINTM	1	
NYSTOP 100,000 UNIT/GM POWDER	1	
NYVEPRIA 6 MG/0.6 ML SYRINGE	4	PA, SRX
OBSTETRIX DHA COMBO PAK	1	
OBSTETRIX ONE SOFTGEL	1	
OCELLA 3 MG-0.03 MG TABLET	1	
OCTREOTIDE 1,000 MCG/5 ML VIAL	1	PA
OCTREOTIDE 1,000 MCG/ML VIAL	1	PA
OCTREOTIDE 5,000 MCG/5 ML VIAL	1	PA
OCTREOTIDE ACET 0.05 MG/ML VIAL	1	PA

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OCTREOTIDE ACET 100 MCG/ML AMP	1	PA
OCTREOTIDE ACET 100 MCG/ML SYR	1	PA
OCTREOTIDE ACET 100 MCG/ML VIAL	1	PA
OCTREOTIDE ACET 200 MCG/ML VIAL	1	PA
OCTREOTIDE ACET 50 MCG/ML AMP	1	PA
OCTREOTIDE ACET 50 MCG/ML SYR	1	PA
OCTREOTIDE ACET 50 MCG/ML VIAL	1	PA
OCTREOTIDE ACET 500 MCG/ML AMP	1	PA
OCTREOTIDE ACET 500 MCG/ML SYR	1	PA
OCTREOTIDE ACET 500 MCG/ML VIAL	1	PA
ODACTRA 12 SQ-HDM SL TABLET	3	PA, QL
ODEFSEY	2	QL
ODOMZO 200 MG CAPSULE	4	PA, QL, LDD, SRX
OFLOXACIN 0.3% EAR DROPS	1	
OFLOXACIN 0.3% EYE DROPS	1	
OFLOXACIN 300 MG TABLET	1	
OFLOXACIN 400 MG TABLET	1	
OKEBO 75 MG CAPSULE	1	
OLANZAPINE 10 MG TABLET	1	
OLANZAPINE 15 MG TABLET	1	
OLANZAPINE 2.5 MG TABLET	1	
OLANZAPINE 20 MG TABLET	1	
OLANZAPINE 5 MG TABLET	1	
OLANZAPINE 7.5 MG TABLET	1	
OLANZAPINE ODT 10 MG TABLET	1	
OLANZAPINE ODT 15 MG TABLET	1	
OLANZAPINE ODT 20 MG TABLET	1	
OLANZAPINE ODT 5 MG TABLET	1	
OLANZAPINE-FLUOXETINE 12-25 MG	1	
OLANZAPINE-FLUOXETINE 12-50 MG	1	
OLANZAPINE-FLUOXETINE 3-25 MG	1	
OLANZAPINE-FLUOXETINE 6-25 MG	1	
OLANZAPINE-FLUOXETINE 6-50 MG	1	
OLMESARTAN MEDOXOMIL 20 MG TAB	1	
OLMESARTAN MEDOXOMIL 40 MG TAB	1	
OLMESARTAN MEDOXOMIL 5 MG TAB	1	
OLMESARTAN-HCTZ 20-12.5 MG TAB	1	
OLMESARTAN-HCTZ 40-12.5 MG TAB	1	
OLMESARTAN-HCTZ 40-25 MG TAB	1	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	1	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	1	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	1	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	1	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	1	
OLOPATADINE 665 MCG NASAL SPRY	1	
OLOPATADINE HCL 0.1% EYE DROPS	1	
OLOPATADINE HCL 0.2% EYE DROP	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OMEGA-3 ETHYL ESTERS 1 GM CAP	1	
OMEPRAZOLE DR 10 MG CAPSULE	1	QL
OMEPRAZOLE DR 20 MG CAPSULE	1	QL
OMEPRAZOLE DR 40 MG CAPSULE	1	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD GO 10 UNIT/DAY PODS	2	
OMNIPOD GO 15 UNIT/DAY PODS	2	
OMNIPOD GO 20 UNIT/DAY PODS	2	
OMNIPOD GO 25 UNIT/DAY PODS	2	
OMNIPOD GO 30 UNIT/DAY PODS	2	
OMNIPOD GO 35 UNIT/DAY PODS	2	
OMNIPOD GO 40 UNIT/DAY PODS	2	
ON CALL EXPRESS CONTROL SOLN	2	
ON CALL PLUS CONTROL	2	
ON CALL VIVID CONTROL	2	
ONDANSETRON 4 MG/5 ML SOLUTION	1	
ONDANSETRON HCL 4 MG TABLET	1	
ONDANSETRON HCL 8 MG TABLET	1	
ONDANSETRON ODT 4 MG TABLET	1	
ONDANSETRON ODT 8 MG TABLET	1	
ONE WAY VALVED MOUTHPIECE	2	QL
ONETOUCH DELICA PLUS 30G LANCET	2	
ONETOUCH DELICA PLUS 33G LANCET	2	
ONETOUCH DELICA PLUS LANC DEV	2	
ONETOUCH DELICA SAF 30G LANCET	2	
ONETOUCH ULTRASOFT LANCETS	2	
ONETOUCH SOLUTIONS STARTER	1	
ONETOUCH SURESOFT 18G LANC DEV	2	
ONETOUCH SURESOFT 21G LANC DEV	2	
ONETOUCH SURESOFT 28G LANC DEV	2	
ONETOUCH ULTRA CONTROL SOLN	2	
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH ULTRA2 GLUCOSE SYST	1	
ONETOUCH ULTRASOFT2 30G LANCET	2	
ONETOUCH VERIO FLEX METER	1	
ONETOUCH VERIO HIGH CNTRL SOLN	2	
ONETOUCH VERIO METER	1	
ONETOUCH VERIO MID CNTRL SOLN	2	
ONETOUCH VERIO REFLECT METER	1	
ONETOUCH VERIO TEST STRIP	2	
ONGLYZA 2.5 MG TABLET	2	QL
ONGLYZA 5 MG TABLET	2	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OPCICON ONE-STEP 1.5 MG TABLET	1	
OPIUM TINCTURE 10 MG/ML	1	PA
OPTICHAMBER ADULT MASK-LARGE	2	QL
OPTICHAMBER DIAMOND VHC	2	QL
OPTICHAMBER DIAMOND W-LRG MASK	2	QL
OPTICHAMBER DIAMOND W-MED MASK	2	QL
OPTICHAMBER DIAMOND W-SML MASK	2	QL
OPTION 2 1.5 MG TABLET	1	
OPTUMRX GLUCOSE CONTROL SOLN	2	
ORACIT ORAL SOLUTION	3	
ORALONE 0.1% PASTE	1	
ORPHENADRINE ER 100 MG TABLET	1	
OSCIMIN 0.125 MG TABLET	1	
OSCIMIN SL 0.125 MG TABLET	1	
OSCIMIN SR 0.375 MG TABLET	1	
OSELTAMIVIR 6 MG/ML SUSPENSION	1	QL
OSELTAMIVIR PHOS 30 MG CAPSULE	1	QL
OSELTAMIVIR PHOS 45 MG CAPSULE	1	QL
OSELTAMIVIR PHOS 75 MG CAPSULE	1	QL
OSMOPREP	3	
OSPHENA 60 MG TABLET	3	QL
OTEZLA 28 DAY STARTER PACK	4	PA, QL, SRX
OTEZLA 30 MG TABLET	4	PA, QL, SRX
OVAL TAPE	2	
OXANDROLONE 10 MG TABLET	3	PA
OXANDROLONE 2.5 MG TABLET	3	PA
OXAPROZIN 600 MG CAPLET	1	
OXAPROZIN 600 MG TABLET	1	
OXAZEPAM 10 MG CAPSULE	1	
OXAZEPAM 15 MG CAPSULE	1	
OXAZEPAM 30 MG CAPSULE	1	
OXCARBAZEPINE 150 MG TABLET	1	
OXCARBAZEPINE 300 MG TABLET	1	
OXCARBAZEPINE 300 MG/5 ML SUSP	1	
OXCARBAZEPINE 600 MG TABLET	1	
OXICONAZOLE NITRATE 1% CREAM	2	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN 5 MG/5 ML SOLUTION	1	
OXYBUTYNIN 5 MG/5 ML SYRUP	1	
OXYBUTYNIN CL ER 10 MG TABLET	1	
OXYBUTYNIN CL ER 15 MG TABLET	1	
OXYBUTYNIN CL ER 5 MG TABLET	1	
OXYCODONE HCL (IR) 10 MG TAB	1	PA
OXYCODONE HCL (IR) 15 MG TAB	1	PA
OXYCODONE HCL (IR) 20 MG TAB	1	PA
OXYCODONE HCL (IR) 30 MG TAB	1	PA
OXYCODONE HCL (IR) 5 MG CAP	1	PA

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OXYCODONE HCL (IR) 5 MG TABLET	1	PA	PASER GRANULES 4 GM PACKET	3	
OXYCODONE HCL 100 MG/5 ML CONC	1	PA	PC UNIFINE PENTIPS 12MM NEEDLE	2	
OXYCODONE HCL 5 MG/5 ML SOLN	1	PA	PC UNIFINE PENTIPS 6MM NEEDLE	2	
OXYCODONE HCL-ASPIRIN	1	PA	PC UNIFINE PENTIPS 8MM NEEDLE	2	
OXYCODONE-ACETAMINOPHEN 10-325	1	PA	PEAK-AIR PEAK FLOW METER	2	
OXYCODONE-ACETAMINOPHEN 5-325	1	PA	PEDIARIX 0.5 ML SYRINGE	2	
OXYCODONE-ACETAMINOPHN 2.5-325	1	PA	PEDIATRIC MEDIUM MASK	2	QL
OXYCODONE-ACETAMINOPHN 7.5-325	1	PA	PEDIATRIC MOUTHPIECE	2	QL
OXYMORPHONE HCL 10 MG TABLET	1	PA	PEDIATRIC PANDA MASK	2	QL
OXYMORPHONE HCL 5 MG TABLET	1	PA	PEDIATRIC SMALL MASK	2	QL
OXYMORPHONE HCL ER 10 MG TAB	1	PA	PEDVAXHIB VACCINE VIAL	2	
OXYMORPHONE HCL ER 15 MG TAB	1	PA	PEG 3350-ELECTROLYTE SOLUTION	1	
OXYMORPHONE HCL ER 20 MG TAB	1	PA	PEG3350 100-7.5-2.691-1.01-5.9	1	
OXYMORPHONE HCL ER 30 MG TAB	1	PA	PEG-3350 AND ELECTROLYTES SOLN	1	
OXYMORPHONE HCL ER 40 MG TAB	1	PA	PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX
OXYMORPHONE HCL ER 5 MG TABLET	1	PA	PEGASYS 180 MCG/ML VIAL	4	PA, SRX
OXYMORPHONE HCL ER 7.5 MG TAB	1	PA	PEG-PREP KIT	1	
PACERONE 200 MG TABLET	1		PEN NEEDLE 29G 12MM	2	
PALIPERIDONE ER 1.5 MG TABLET	3		PEN NEEDLE 30G 5MM	2	
PALIPERIDONE ER 3 MG TABLET	3		PEN NEEDLE 30G 8MM	2	
PALIPERIDONE ER 6 MG TABLET	3		PEN NEEDLE 30G X 5/16"	2	
PALIPERIDONE ER 9 MG TABLET	3		PEN NEEDLE 31G 5MM	2	
PANCREAZE DR 10,500 UNIT CAP	2		PEN NEEDLE 31G 6MM	2	
PANCREAZE DR 16,800 UNIT CAP	2		PEN NEEDLE 31G 8MM	2	
PANCREAZE DR 2,600 UNIT CAP	2		PEN NEEDLE 31G X 1/4"	2	
PANCREAZE DR 21,000 UNIT CAP	2		PEN NEEDLE 31G X 3/16"	2	
PANCREAZE DR 37,000 UNIT CAP	2		PEN NEEDLE 31G X 5/16"	2	
PANCREAZE DR 4,200 UNIT CAP	2		PEN NEEDLE 32G 4MM	2	
PANDA MASK LARGE	2	QL	PEN NEEDLE 32G X 1/4"	2	
PANDA MASK MEDIUM	2	QL	PEN NEEDLE 32G X 3/16"	2	
PANDA MASK SMALL	2	QL	PEN NEEDLE 32G X 5/32"	2	
PANRETIN 0.1% GEL	4	SRX	PEN NEEDLE 33G 4MM	2	
PANTOPRAZOLE SOD DR 20 MG TAB	1	QL	PEN NEEDLE 6MM 31G	2	
PANTOPRAZOLE SOD DR 40 MG TAB	1	QL	PEN NEEDLES 12MM 29G	2	
PARADIGM REMOTE CONTROL	2		PEN NEEDLES 4MM 32G	2	
PARADIGM RESERVOIR 1.8 ML	2		PEN NEEDLES 5MM 31G	2	
PARADIGM RESERVOIR 3 ML	2		PEN NEEDLES 6MM 31G	2	
PAREGORIC LIQUID	1		PEN NEEDLES 8MM 31G	2	
PARICALCITOL 1 MCG CAPSULE	1		PENCICLOVIR 1% CREAM	3	PA, QL
PARICALCITOL 2 MCG CAPSULE	1		PENICILLAMINE 250 MG TABLET	4	PA, QL, SRX
PARICALCITOL 4 MCG CAPSULE	1		PENICILLIN VK 125 MG/5 ML SOLN	1	
PAROEX 0.12% ORAL RINSE	1		PENICILLIN VK 250 MG TABLET	1	
PAROMOMYCIN 250 MG CAPSULE	1		PENICILLIN VK 250 MG/5 ML SOLN	1	
PAROXETINE HCL 10 MG TABLET	1	QL	PENICILLIN VK 500 MG TABLET	1	
PAROXETINE HCL 20 MG TABLET	1	QL	PENTACEL VIAL KIT	2	
PAROXETINE HCL 30 MG TABLET	1	QL	PENTAMIDINE 300 MG INHAL POWDR	2	
PAROXETINE HCL 40 MG TABLET	1	QL	PENTAZOCINE-NALOXONE TABLET	1	PA



## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PENTIPS PEN NEEDLE 29G 12MM	2		PHENOBARBITAL 20 MG/5 ML SOLN	1	
PENTIPS PEN NEEDLE 29GX1/2"	2		PHENOBARBITAL 30 MG TABLET	1	
PENTIPS PEN NEEDLE 31G 5MM	2		PHENOBARBITAL 30 MG/7.5 ML CUP	1	
PENTIPS PEN NEEDLE 31G 6MM	2		PHENOBARBITAL 32.4 MG TABLET	1	
PENTIPS PEN NEEDLE 31G 8MM	2		PHENOBARBITAL 60 MG TABLET	1	
PENTIPS PEN NEEDLE 31GX1/4"	2		PHENOBARBITAL 60 MG/15 ML CUP	1	
PENTIPS PEN NEEDLE 31GX3/16"	2		PHENOBARBITAL 64.8 MG TABLET	1	
PENTIPS PEN NEEDLE 31GX5/16"	2		PHENOBARBITAL 97.2 MG TABLET	1	
PENTIPS PEN NEEDLE 32G 4MM	2		PHENOXYBENZAMINE HCL 10 MG CAP	4	SRX
PENTIPS PEN NEEDLE 32G 6MM	2		PHENYLEPHRINE 10% EYE DROPS	1	
PENTIPS PEN NEEDLE 32GX5/32"	2		PHENYLEPHRINE 2.5% EYE DROP	1	
PENTIPS PEN NEEDLE 6MM 31G	2		PHENYTOIN 100 MG/4 ML SUSP	1	
PENTOXIFYLLINE ER 400 MG TAB	1		PHENYTOIN 125 MG/5 ML SUSP	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1		PHENYTOIN 50 MG INFATAB CHEW	1	
PERINDOPRIL ERBUMINE 4 MG TAB	1		PHENYTOIN 50 MG TABLET CHEW	1	
PERINDOPRIL ERBUMINE 8 MG TAB	1		PHENYTOIN SOD EXT 100 MG CAP	1	
PERIOGARD 0.12% ORAL RINSE	1		PHENYTOIN SOD EXT 200 MG CAP	1	
PERMETHRIN 5% CREAM	1		PHENYTOIN SOD EXT 300 MG CAP	1	
PERPHEN-AMITRIP 2 MG-10 MG TAB	1		PHILITH 0.4-0.035 MG TABLET	1	
PERPHEN-AMITRIP 2 MG-25 MG TAB	1		PHOSLYRA	3	
PERPHEN-AMITRIP 4 MG-10 MG TAB	1		PHOSPHASAL	1	
PERPHEN-AMITRIP 4 MG-25 MG TAB	1		PHOSPHOLINE IODIDE 0.125%	3	LDD
PERPHEN-AMITRIP 4 MG-50 MG TAB	1		PHOSPHOLINE IODIDE 0.125% DROP	3	LDD
PERPHENAZINE 16 MG TABLET	1		PHYSIOSOL IRRIGATION SOLN	3	
PERPHENAZINE 2 MG TABLET	1		PHYTONADIONE 5 MG TABLET	3	
PERPHENAZINE 4 MG TABLET	1		PIKO 1 FLOW METER	2	
PERPHENAZINE 8 MG TABLET	1		PILOCARPINE 1% EYE DROPS	1	
PERSONAL BEST PEAK FLOW MTR	2		PILOCARPINE 2% EYE DROPS	1	
PFIZER COVID (12Y UP) VAC-GRAY	2		PILOCARPINE 4% EYE DROPS	1	
PFIZER COVID (5-11Y) VAC-ORANG	2		PILOCARPINE HCL 5 MG TABLET	1	
PFIZER COVID (6M-4Y)VAC-MAROON	2		PILOCARPINE HCL 7.5 MG TABLET	1	
PFIZER COVID BIVAL (12Y UP)EUA	2		PIMECROLIMUS 1% CREAM	3	
PFIZER COVID BIVAL (5-11YR)EUA	2		PIMOZIDE 1 MG TABLET	1	
PFIZER COVID BIVAL (6MO-4Y)EUA	2		PIMOZIDE 2 MG TABLET	1	
PFIZER COVID-19 VACCINE-PURPLE	2		PIMTREA 28 DAY TABLET	1	
PHASEAL PROTECTOR 14	2		PINDOLOL 10 MG TABLET	1	
PHASEAL PROTECTOR 21	2		PINDOLOL 5 MG TABLET	1	
PHASEAL PROTECTOR 28	2		PIOGLITAZONE HCL 15 MG TABLET	1	
PHASEAL PROTECTOR 50	2		PIOGLITAZONE HCL 30 MG TABLET	1	
PHENAZOPYRIDINE 100 MG TAB	1		PIOGLITAZONE HCL 45 MG TABLET	1	
PHENAZOPYRIDINE 200 MG TAB	1		PIOGLITAZONE-GLIMEPIRIDE 30-2	1	
PHENELZINE SULFATE 15 MG TAB	1		PIOGLITAZONE-GLIMEPIRIDE 30-4	1	
PHENOBARBITAL 100 MG TABLET	1		PIOGLITAZONE-METFORMIN 15-500	1	
PHENOBARBITAL 15 MG TABLET	1		PIOGLITAZONE-METFORMIN 15-850	1	
PHENOBARBITAL 16.2 MG TABLET	1		PIP GLUCOSE CONTROL SOLUTION	2	
PHENOBARBITAL 20 MG/5 ML CUP	1		PIP PEN NEEDLE 31G X 5MM	2	
PHENOBARBITAL 20 MG/5 ML ELIX	1		PIP PEN NEEDLE 32G X 4MM	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PIRFENIDONE 267 MG CAPSULE	4	PA, SRX
PIRFENIDONE 267 MG TABLET	4	PA, SRX
PIRFENIDONE 801 MG TABLET	4	PA, SRX
PIRMELLA 1-35 28 TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1	
PIROXICAM 10 MG CAPSULE	1	
PIROXICAM 20 MG CAPSULE	1	
PLAN B ONE-STEP 1.5 MG TABLET	3	
PLEGRIDY 125 MCG/0.5 ML PEN	4	PA, SRX
PLEGRIDY 125 MCG/0.5 ML SYRING	4	PA, SRX
PLEGRIDY PEN INJ STARTER PACK	4	PA, SRX
PLEGRIDY SYRINGE STARTER PACK	4	PA, SRX
PNEUMOVAX 23 SYRINGE	2	
PNEUMOVAX 23 VIAL	2	
PNV 29-1	1	
PNV PRENATAL PLUS MULTIVIT TAB	1	
PNV-DHA	1	
PNV-DHA + DOCUSATE	1	
PNV-OMEGA	1	
PNV-SELECT	1	
POCKET CHAMBER	2	QL
POCKET PEAK FLOW METER	2	
PODOFILOX 0.5% TOPICAL SOLN	1	
POLY HUB NEEDLE 18GX1"	2	
POLY HUB NEEDLE 18GX1-1/2"	2	
POLY HUB NEEDLE 21GX1"	2	
POLY HUB NEEDLE 21GX1-1/2"	2	
POLY HUB NEEDLE 22GX1"	2	
POLY HUB NEEDLE 22GX1-1/2"	2	
POLY HUB NEEDLE 23GX1"	2	
POLY HUB NEEDLE 23GX1-1/2"	2	
POLY HUB NEEDLE 25GX1"	2	
POLY HUB NEEDLE 25GX1-1/2"	2	
POLY HUB NEEDLE 25GX5/8"	2	
POLY HUB NEEDLE 27GX1/2"	2	
POLY HUB NEEDLE 27GX1-1/4"	2	
POLY HUB NEEDLE 30GX1/2"	2	
POLYCIN EYE OINTMENT	1	
POLYMYXIN B-TMP EYE DROPS	1	
POMALYST 1 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	4	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	4	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML SUSP	3	
POSACONAZOLE DR 100 MG TABLET	3	QL
POTASSIUM CITRATE ER 10 MEQ TB	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
POTASSIUM CITRATE ER 15 MEQ TB	1	
POTASSIUM CITRATE ER 5 MEQ TAB	1	
POTASSIUM CL 10% (20 MEQ/15ML)	1	
POTASSIUM CL 10% (40 MEQ/30ML)	1	
POTASSIUM CL 20 MEQ PACKET	1	
POTASSIUM CL 20% (40 MEQ/15ML)	1	
POTASSIUM CL ER 10 MEQ CAPSULE	1	
POTASSIUM CL ER 10 MEQ TABLET	1	
POTASSIUM CL ER 15 MEQ TABLET	1	
POTASSIUM CL ER 20 MEQ TABLET	1	
POTASSIUM CL ER 8 MEQ CAPSULE	1	
POTASSIUM CL ER 8 MEQ TABLET	1	
POTASSIUM IODIDE 1 GM/ML SOL	3	
PR NATAL 400 COMBO PACK	1	
PR NATAL 400 EC COMBO PACK	1	
PR NATAL 430 COMBO PACK	1	
PR NATAL 430 EC COMBO PACK	1	
PRADAXA 110 MG CAPSULE	3	PA, QL
PRAMIPEXOLE 0.125 MG TABLET	1	
PRAMIPEXOLE 0.25 MG TABLET	1	
PRAMIPEXOLE 0.5 MG TABLET	1	
PRAMIPEXOLE 0.75 MG TABLET	1	
PRAMIPEXOLE 1 MG TABLET	1	
PRAMIPEXOLE 1.5 MG TABLET	1	
PRAMIPEXOLE ER 0.375 MG TABLET	1	
PRAMIPEXOLE ER 0.75 MG TABLET	1	
PRAMIPEXOLE ER 1.5 MG TABLET	1	
PRAMIPEXOLE ER 2.25 MG TABLET	1	
PRAMIPEXOLE ER 3 MG TABLET	1	
PRAMIPEXOLE ER 3.75 MG TABLET	1	
PRAMIPEXOLE ER 4.5 MG TABLET	1	
PRAMOSONE 1% LOTION	3	
PRAMOSONE 1%-1% OINTMENT	3	
PRAMOSONE 2.5%-1% LOTION	3	
PRAMOSONE 2.5%-1% OINTMENT	3	
PRASUGREL 10 MG TABLET	1	
PRASUGREL 5 MG TABLET	1	
PRAVASTATIN SODIUM 10 MG TAB	1	
PRAVASTATIN SODIUM 20 MG TAB	1	
PRAVASTATIN SODIUM 40 MG TAB	1	
PRAVASTATIN SODIUM 80 MG TAB	1	
PRAZICUANTEL 600 MG TABLET	1	
PRAZOSIN 1 MG CAPSULE	1	
PRAZOSIN 2 MG CAPSULE	1	
PRAZOSIN 5 MG CAPSULE	1	
PREDNICARBATE 0.1% CREAM	1	
PREDNICARBATE 0.1% OINTMENT	1	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PREDNISOLONE 15 MG/5 ML SOLN	1		PRENATAL PLUS IRON TABLET	1	
PREDNISOLONE 5 MG/5 ML SOLN	1		PRENATAL PLUS VITAMIN-MINERAL	1	
PREDNISOLONE AC 1% EYE DROP	1		PRENATAL PLUS-DHA	1	
PREDNISOLONE ODT 10 MG TABLET	1		PRENATAL VITAMIN PLUS LOW IRON	1	
PREDNISOLONE ODT 15 MG TABLET	1		PRENATAL-U	1	
PREDNISOLONE ODT 30 MG TABLET	1		PREP EASE ALCOHOL PADS	2	
PREDNISOLONE SOD 1% EYE DROP	1		PREPLUS CA-FE 27 MG-FA 1 MG TB	1	
PREDNISOLONE SOD PH 25 MG/5 ML	1		PRETAB 29 MG-1 MG TABLET	1	
PREDNISON 1 MG TABLET	1		PREVALITE PACKET	1	
PREDNISON 10 MG TAB DOSE PACK	1		PREVALITE POWDER	1	
PREDNISON 10 MG TABLET	1		PREVENT PEN NEEDLE 31GX1/4"	2	
PREDNISON 2.5 MG TABLET	1		PREVENT PEN NEEDLE 31GX5/16"	2	
PREDNISON 20 MG TABLET	1		PREVIFEM TABLET	1	
PREDNISON 5 MG TAB DOSE PACK	1		PREVNAR 13 SYRINGE	2	
PREDNISON 5 MG TABLET	1		PREVNAR 20 SYRINGE	2	
PREDNISON 5 MG/5 ML SOLUTION	1		PREVYMIS 240 MG TABLET	3	PA, QL
PREDNISON 50 MG TABLET	1		PREVYMIS 480 MG TABLET	3	PA, QL
PREDNISON INTENSOL 5 MG/ML	1		PREZCOBIX 800 MG-150 MG TABLET	2	
PREF PLUS INS 0.3 ML 29GX1/2"	2		PREZISTA 100 MG/ML SUSPENSION	2	
PREF PLUS SYR 0.5 ML 30GX5/16"	2		PREZISTA 150 MG TABLET	2	
PREF PLUS SYRINGE 1 ML 29GX1/2"	2		PREZISTA 600 MG TABLET	2	
PREFERRED PLUS 0.3 ML 30GX5/16	2		PREZISTA 75 MG TABLET	2	
PREFERRED PLUS 0.5 ML 29GX1/2"	2		PREZISTA 800 MG TABLET	2	
PREFERRED PLUS SYRINGE 0.5 ML	2		PRIFTIN 150 MG TABLET	3	
PREFERRED PLUS SYRINGE 1 ML	2		PRIMAQUINE 26.3 MG TABLET	1	
PREFEST	1		PRIMEAIRE CHAMBER	2	QL
PREFPLS INS SYR 1 ML 30GX5/16"	2		PRIMIDONE 250 MG TABLET	1	
PREGABALIN 100 MG CAPSULE	1	QL	PRIMIDONE 50 MG TABLET	1	
PREGABALIN 150 MG CAPSULE	1	QL	PRIMSOL	3	
PREGABALIN 20 MG/ML SOLUTION	1	QL	PRIORIX VIAL	2	
PREGABALIN 200 MG CAPSULE	1	QL	PRO COMFORT 0.5 ML 30GX1/2"	2	
PREGABALIN 225 MG CAPSULE	1	QL	PRO COMFORT 0.5 ML 30GX5/16"	2	
PREGABALIN 25 MG CAPSULE	1	QL	PRO COMFORT 0.5 ML 31GX5/16"	2	
PREGABALIN 300 MG CAPSULE	1	QL	PRO COMFORT 1 ML 30GX1/2"	2	
PREGABALIN 50 MG CAPSULE	1	QL	PRO COMFORT 1 ML 30GX5/16"	2	
PREGABALIN 75 MG CAPSULE	1	QL	PRO COMFORT 1 ML 31GX5/16"	2	
PREHEVBRIO 10 MCG/ML VIAL	2		PRO COMFORT PEN NDL 31GX5/16"	2	
PREMARIN 0.3 MG TABLET	3		PRO COMFORT PEN NDL 32G X 1/4"	2	
PREMARIN 0.45 MG TABLET	3		PRO COMFORT PEN NDL 4MM 32G	2	
PREMARIN 0.625 MG TABLET	3		PRO COMFORT PEN NDL 5MM 32G	2	
PREMARIN 0.9 MG TABLET	3		PRO COMFORT SPACER-ADULT MASK	2	QL
PREMARIN 1.25 MG TABLET	3		PRO COMFORT SPACER-CHILD MASK	2	QL
PRENAT TRUE	1		PRO COMFORT SPACER-INFANT MASK	2	QL
PRENAISSANCE	1		PROBENECID 500 MG TABLET	1	
PRENAISSANCE PLUS	1		PROBENECID-COLCHICINE TABLET	1	
PRENATAL 19 CHEWABLE TABLET	1		PROCARE SPACER WITH ADULT MASK	2	QL
PRENATAL 19 TABLET	1		PROCARE SPACER WITH CHILD MASK	2	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PROCENTRA	1	QL
PROCHAMBER	2	QL
PROCHLORPERAZINE 10 MG TAB	1	
PROCHLORPERAZINE 25 MG SUPP	1	
PROCHLORPERAZINE 5 MG TABLET	1	
PROCTO-MED HC 2.5% CREAM	1	
PROCTOSOL-HC 2.5% CREAM	1	
PROCTOZONE-HC 2.5% CREAM	1	
PRODIGY CONTROL SOLUTION	2	
PRODIGY CONTROL SOLUTION LOW	2	
PRODIGY INS SYR 1ML 28GX1/2"	2	
PRODIGY SYRNG 0.5 ML 31GX5/16"	2	
PRODIGY SYRNGE 0.3ML 31GX5/16"	2	
PROGESTERONE 100 MG CAPSULE	1	
PROGESTERONE 200 MG CAPSULE	1	
PROGRAF 0.2 MG GRANULE PACKET	3	
PROGRAF 1 MG GRANULE PACKET	3	
PROMACTA 12.5 MG SUSPEN PACKET	4	PA, LDD, SRX
PROMACTA 12.5 MG TABLET	4	PA, LDD, SRX
PROMACTA 25 MG SUSPENSION PCKT	4	PA, LDD, SRX
PROMACTA 25 MG TABLET	4	PA, LDD, SRX
PROMACTA 50 MG TABLET	4	PA, LDD, SRX
PROMACTA 75 MG TABLET	4	PA, LDD, SRX
PROMETHAZINE 12.5 MG SUPPOS	1	
PROMETHAZINE 12.5 MG TABLET	1	
PROMETHAZINE 25 MG SUPPOSITORY	1	
PROMETHAZINE 25 MG TABLET	1	
PROMETHAZINE 50 MG TABLET	1	
PROMETHAZINE 6.25 MG/5 ML SOLN	1	
PROMETHAZINE 6.25 MG/5 ML SYRNP	1	
PROMETHAZINE VC SOLUTION	1	
PROMETHAZINE VC-CODEINE SOLN	1	QL
PROMETHAZINE-CODEINE SOLUTION	1	QL
PROMETHAZINE-CODEINE SYRUP	1	QL
PROMETHAZINE-DM 6.25-15 MG/5ML	1	
PROMETHAZINE-PE-CODEINE SYRUP	1	QL
PROMETHAZINE-PHENYLEPHRINE SYR	1	
PROMETHEGAN 12.5 MG SUPPOS	1	
PROMETHEGAN 25 MG SUPPOSITORY	1	
PROMETHEGAN 50 MG SUPPOSITORY	1	
PROPAFENONE HCL 150 MG TABLET	1	
PROPAFENONE HCL 225 MG TAB	1	
PROPAFENONE HCL 300 MG TAB	1	
PROPAFENONE HCL ER 225 MG CAP	1	
PROPAFENONE HCL ER 325 MG CAP	1	
PROPAFENONE HCL ER 425 MG CAP	1	
PROPARACAINE 0.5% EYE DROPS	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PROPRANOLOL 10 MG TABLET	1	
PROPRANOLOL 20 MG TABLET	1	
PROPRANOLOL 20 MG/5 ML SOLN	1	
PROPRANOLOL 40 MG TABLET	1	
PROPRANOLOL 40 MG/5 ML SOLN	1	
PROPRANOLOL 60 MG TABLET	1	
PROPRANOLOL 80 MG TABLET	1	
PROPRANOLOL ER 120 MG CAPSULE	1	
PROPRANOLOL ER 160 MG CAPSULE	1	
PROPRANOLOL ER 60 MG CAPSULE	1	
PROPRANOLOL ER 80 MG CAPSULE	1	
PROPRANOLOL-HCTZ 40-25 MG TAB	1	
PROPRANOLOL-HCTZ 80-25 MG TAB	1	
PROPYLTHIOURACIL 50 MG TABLET	1	
PROQUAD VIAL	2	
PROTRIPTYLINE HCL 10 MG TABLET	1	
PROTRIPTYLINE HCL 5 MG TABLET	1	
PUB INS SYRIN 0.3 ML 30GX1/2"	2	
PUB INS SYRINGE 1 ML 30GX1/2"	2	
PUB INSUL SYR 0.3 ML 31GX5/16"	2	
PUB INSUL SYR 0.5 ML 30GX1/2"	2	
PUB INSUL SYR 0.5 ML 31GX5/16"	2	
PUB INSULIN SYR 1 ML 31GX5/16"	2	
PUB PEN 12MM 29G NEEDLES	2	
PUB PEN 8MM 31G NEEDLES	2	
PUB PEN NEEDLE 6MM 31G	2	
PUB UNIFINE PNTIP PLUS 31GX3/16	2	
PULMOSAL 7% VIAL	1	
PULMOZYME 1 MG/ML AMPUL	4	PA, SRX
PURE CMFT SFTY PEN ND 31G 5MM	2	
PURE CMFT SFTY PEN ND 31G 6MM	2	
PURE CMFT SFTY PEN ND 32G 4MM	2	
PURE COMFORT PEN ND 32G 4MM	2	
PURE COMFORT PEN ND 32G 5MM	2	
PURE COMFORT PEN ND 32G 6MM	2	
PURE COMFORT PEN ND 32G 8MM	2	
PURE COMFORT SPACER-ADULT MASK	2	QL
PURECOMFORT PEAK FLOW MTR ADLT	2	
PURECOMFORT PEAK FLOW MTR CHLD	2	
PURIXAN 20 MG/ML ORAL SUSP	4	PA, SRX
PV UNIFINE PENTIP PLUS 31GX5MM	2	
PV UNIFINE PENTIP PLUS 31GX6MM	2	
PV UNIFINE PENTIP PLUS 31GX8MM	2	
PV UNIFINE PENTIP PLUS 32GX4MM	2	
PV UNIFINE PENTIP PLUS 33GX4MM	2	
PYRAZINAMIDE 500 MG TABLET	1	
PYRIDOSTIGMINE 60 MG/5 ML SOLN	4	PA, SRX

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PYRIDOSTIGMINE BR 60 MG TABLET	3	
PYRIDOSTIGMINE ER 180 MG TAB	3	
PYRIMETHAMINE 25 MG TABLET	4	PA, LDD, SRX
QC ALCOHOL 70% SWABS	2	
QC UNIFINE PENTIPS 32GX5/32"	2	
QC UNIFINE PENTIPS 4MM 32G	2	
QUADRACEL DTAP-IPV SYRINGE	2	
QUADRACEL DTAP-IPV VIAL	2	
QUAZEPAM 15 MG TABLET	3	PA
QUETIAPINE ER 150 MG TABLET	1	
QUETIAPINE ER 200 MG TABLET	1	
QUETIAPINE ER 300 MG TABLET	1	
QUETIAPINE ER 400 MG TABLET	1	
QUETIAPINE ER 50 MG TABLET	1	
QUETIAPINE FUMARATE 100 MG TAB	1	
QUETIAPINE FUMARATE 200 MG TAB	1	
QUETIAPINE FUMARATE 25 MG TAB	1	
QUETIAPINE FUMARATE 300 MG TAB	1	
QUETIAPINE FUMARATE 400 MG TAB	1	
QUETIAPINE FUMARATE 50 MG TAB	1	
QUICK RELEASE TEFLN CANNULA	2	
QUICK-SET PARADIGM SET 18"	2	
QUICK-SET PARADIGM SET 32"	2	
QUINAPRIL 10 MG TABLET	1	
QUINAPRIL 20 MG TABLET	1	
QUINAPRIL 40 MG TABLET	1	
QUINAPRIL 5 MG TABLET	1	
QUINAPRIL-HCTZ 10-12.5 MG TAB	1	
QUINAPRIL-HCTZ 20-12.5 MG TAB	1	
QUINAPRIL-HCTZ 20-25 MG TAB	1	
QUINIDINE GLUC ER 324 MG TAB	1	
QUINIDINE SULFATE 200 MG TAB	1	
QUINIDINE SULFATE 300 MG TAB	1	
QUININE SULFATE 324 MG CAPSULE	1	
QUTENZA 8% KIT (1 PATCH)	3	
QUTENZA 8% KIT (2 PATCH)	3	
QUTENZA 8% KIT (4 PATCH)	3	
QVAR REDHALER 40 MCG	3	ST
QVAR REDHALER 80 MCG	3	ST
RA ALCOHOL SWABS	2	
RA INS SYR 0.5 ML 29GX1/2"	2	
RA INS SYR 0.5 ML 30GX5/16"	2	
RA INS SYR 1 ML 29GX1/2"	2	
RA INS SYRINGE 1 ML 30GX5/16"	2	
RA PEN NEEDLE 31GX3/16"	2	
RA PEN NEEDLE 31GX5/16"	2	
RABEPRAZOLE SOD DR 20 MG TAB	1	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RALOXIFENE HCL 60 MG TABLET	1	
RAMELTEON 8 MG TABLET	2	QL
RAMIPRIL 1.25 MG CAPSULE	1	
RAMIPRIL 10 MG CAPSULE	1	
RAMIPRIL 2.5 MG CAPSULE	1	
RAMIPRIL 5 MG CAPSULE	1	
RANITIDINE 15 MG/ML SYRUP	1	
RANITIDINE 150 MG CAPSULE	1	
RANITIDINE 150 MG TABLET	1	
RANITIDINE 150 MG/10 ML SYRUP	1	
RANITIDINE 300 MG CAPSULE	1	
RANITIDINE 300 MG TABLET	1	
RANOLAZINE ER 1,000 MG TABLET	3	QL
RANOLAZINE ER 500 MG TABLET	3	QL
RASAGILINE MESYLATE 0.5 MG TAB	1	
RASAGILINE MESYLATE 1 MG TAB	1	
RAYA SURE PEN NEEDLE 29G 12MM	2	
RAYA SURE PEN NEEDLE 31G 4MM	2	
RAYA SURE PEN NEEDLE 31G 5MM	2	
RAYA SURE PEN NEEDLE 31G 6MM	2	
RECLIPSEN 28 DAY TABLET	1	
RECOMBIVAX HB 10 MCG/ML SYR	2	
RECOMBIVAX HB 10 MCG/ML VIAL	2	
RECOMBIVAX HB 40 MCG/ML VIAL	2	
RECOMBIVAX HB 5 MCG/0.5 ML SYR	2	
RECOMBIVAX HB 5 MCG/0.5 ML VL	2	
RECTIV 0.4% OINTMENT	3	
REFUAH PLUS CONTROL SOLUTION	2	
REGANEX 0.01% GEL	3	PA, QL
RELENZA 5 MG DISKHALER	3	QL
RELI ON 31G X 1/4" NEEDLES	2	
RELION ALCOHOL 70% SWABS	2	
RELION INS SYR 0.3 ML 29GX1/2"	2	
RELION INS SYR 0.3 ML 31GX6MM	2	
RELION INS SYR 0.5 ML 29GX1/2"	2	
RELION INS SYR 0.5 ML 31GX6MM	2	
RELION INS SYR 1 ML 29GX1/2"	2	
RELION INS SYR 1 ML 30GX5/16"	2	
RELION INS SYR 1 ML 31GX15/64"	2	
RELION INS SYR 1 ML 31GX5/16"	2	
RELION INSULIN SYR 0.5 ML	2	
RELION KETONE TEST STRIP	2	
RELION MINI PEN 31G X 1/4" ND	2	
RELION NOVOLOG 100 UNIT/ML VL	3	QL, ST
RELION NOVOLOG MIX 70-30 FLXPN	3	QL, ST
RELION NOVOLOG MIX 70-30 VIAL	3	QL, ST
RELION NOVOLOG U-100 FLEXPEN	3	QL, ST

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
RELION PEN 29G NEEDLE	2		RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN 31G NEEDLE	2		RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 29GX1/2"	2		RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	2		RISEDRONATE SOD DR 35 MGTAB	1	
RELION PEN NEEDLE 31GX1/4"	2		RISEDRONATE SODIUM 150 MG TAB	1	
RELION PEN NEEDLE 31GX5/16"	2		RISEDRONATE SODIUM 30 MG TAB	1	
RELION PEN NEEDLE 32GX5/32"	2		RISEDRONATE SODIUM 35 MG TAB	1	
RELION PEN NEEDLES 32GX5/32"	2		RISEDRONATE SODIUM 5 MG TABLET	1	
RELION SYR 0.5 ML 30GX5/16"	2		RISPERIDONE 0.25 MG ODT	1	
RELION SYRING 0.3 ML 31GX5/16"	2		RISPERIDONE 0.25 MG TABLET	1	
RELION SYRING 0.5 ML 31GX5/16"	2		RISPERIDONE 0.5 MG ODT	1	
RELISTOR 12 MG/0.6 ML SYRINGE	3	PA	RISPERIDONE 0.5 MG TABLET	1	
RELISTOR 12 MG/0.6 ML VIAL	3	PA	RISPERIDONE 1 MG ODT	1	
RELISTOR 150 MG TABLET	3	PA	RISPERIDONE 1 MG TABLET	1	
RELISTOR 8 MG/0.4 ML SYRINGE	3	PA	RISPERIDONE 1 MG/ML SOLUTION	1	
RENACIDIN	3		RISPERIDONE 2 MG ODT	1	
REPAGLINIDE 0.5 MG TABLET	1		RISPERIDONE 2 MG TABLET	1	
REPAGLINIDE 1 MG TABLET	1		RISPERIDONE 3 MG ODT	1	
REPAGLINIDE 2 MG TABLET	1		RISPERIDONE 3 MG TABLET	1	
REPAGLINIDE-METFORMIN 1-500 MG	1		RISPERIDONE 4 MG ODT	1	
REPAGLINIDE-METFORMIN 2-500 MG	1		RISPERIDONE 4 MG TABLET	1	
REPATHA 140 MG/ML SURECLICK	4	PA, SRX	RITEFLO SPACER	2	QL
REPATHA PUSHTRONEX	4	PA, SRX	RITONAVIR 100 MG TABLET	1	
REPATHA SYRINGE	4	PA, SRX	RIVASTIGMINE 1.5 MG CAPSULE	1	
REPLACEMENT PEDIATRIC MONITOR	2		RIVASTIGMINE 13.3 MG/24HR PTCH	1	
RESPA A.R.	3		RIVASTIGMINE 3 MG CAPSULE	1	
REVLIMID 10 MG CAPSULE	4	PA, QL, LDD, SRX	RIVASTIGMINE 4.5 MG CAPSULE	1	
REVLIMID 15 MG CAPSULE	4	PA, QL, LDD, SRX	RIVASTIGMINE 4.6 MG/24HR PATCH	1	
REVLIMID 2.5 MG CAPSULE	4	PA, QL, LDD, SRX	RIVASTIGMINE 6 MG CAPSULE	1	
REVLIMID 20 MG CAPSULE	4	PA, QL, LDD, SRX	RIVASTIGMINE 9.5 MG/24HR PATCH	1	
REVLIMID 25 MG CAPSULE	4	PA, QL, LDD, SRX	RIVELSA TABLET	1	
REVLIMID 5 MG CAPSULE	4	PA, QL, LDD, SRX	RIZATRIPTAN 10 MG ODT	1	QL
REYATAZ 50 MG POWDER PACKET	2		RIZATRIPTAN 10 MG TABLET	1	QL
RIBASPHERE 200 MG CAPSULE	3		RIZATRIPTAN 5 MG ODT	1	QL
RIBASPHERE 600 MG TABLET	3		RIZATRIPTAN 5 MG TABLET	1	QL
RIBAVIRIN 200 MG CAPSULE	3		R-NATAL OB	1	
RIBAVIRIN 200 MG TABLET	3		ROFLUMILAST 250 MCG TABLET	3	QL
RIFABUTIN 150 MG CAPSULE	2		ROFLUMILAST 500 MCG TABLET	3	QL
RIFAMATE	3		ROPINIROLE HCL 0.25 MG TABLET	1	
RIFAMPIN 150 MG CAPSULE	1		ROPINIROLE HCL 0.5 MG TABLET	1	
RIFAMPIN 300 MG CAPSULE	1		ROPINIROLE HCL 1 MG TABLET	1	
RIFATER	3		ROPINIROLE HCL 2 MG TABLET	1	
RIGHTEST CONTROL SOLN NORMAL	2		ROPINIROLE HCL 3 MG TABLET	1	
RIGHTEST CONTROL SOLUTION HIGH	2		ROPINIROLE HCL 4 MG TABLET	1	
RILUZOLE 50 MG TABLET	4	SRX	ROPINIROLE HCL 5 MG TABLET	1	
RIMANTADINE HCL 100 MG TABLET	1		ROPINIROLE HCL ER 12 MG TABLET	1	
RINGERS IRRIGATION	3		ROPINIROLE HCL ER 2 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ROPINIROLE HCL ER 4 MG TABLET	1		SELEGILINE HCL 5 MG TABLET	1	
ROPINIROLE HCL ER 6 MG TABLET	1		SELENIUM SULFIDE 2.25% SHAMPOO	1	
ROPINIROLE HCL ER 8 MG TABLET	1		SELENIUM SULFIDE 2.5% LOTION	1	
ROSADAN 0.75% CREAM	1		SE-NATAL-19 TABLET	1	
ROSADAN 0.75% GEL	1		SE-NATAL 19 CHEWABLE TABLET	1	
ROSUVASTATIN CALCIUM 10 MG TAB	1		SEN-SERTER	1	
ROSUVASTATIN CALCIUM 20 MG TAB	1		SEREVENT DISKUS 50 MCG	2	QL
ROSUVASTATIN CALCIUM 40 MG TAB	1		SERTRALINE 20 MG/ML ORAL CONC	2	QL
ROSUVASTATIN CALCIUM 5 MG TAB	1		SERTRALINE HCL 100 MG TABLET	1	QL
ROTARIX VACCINE ORAL SYRINGE	2		SERTRALINE HCL 25 MG TABLET	1	QL
ROTARIX VACCINE SUSPENSION	2		SERTRALINE HCL 50 MG TABLET	1	QL
ROTATEQ VACCINE	2		SETLAKIN 0.15 MG-0.03 MG TAB	1	
ROWEEPPRA 1,000 MG TABLET	1		SEVELAMER CARBONATE 800 MG TAB	1	
ROWEEPPRA 500 MG TABLET	1		SF 1.1% GEL	3	
ROWEEPPRA 750 MG TABLET	1		SF 5000 PLUS CREAM	1	
RUFINAMIDE 200 MG TABLET	3	PA, QL	SHAROBEL 0.35 MG TABLET	1	
RUFINAMIDE 40 MG/ML SUSPENSION	3	PA, QL	SHINGRIX VIAL KIT	1	QL
RUFINAMIDE 400 MG TABLET	3	PA, QL	SHOPKO UNIFINE PENTIPS 4MM 32G	2	
RYCLORA	3		SHOPKO UNIFINE PENTIPS 5MM 31G	2	
SAFESNAP INSUL SYRINGE 0.3 ML	2		SHOPKO UNIFINE PENTIPS 8MM 31G	2	
SAFESNAP INSUL SYRINGE 0.5 ML	2		SHOPKO UNIFINE PNTIPS 12MM 29G	2	
SAFESNAP INSULIN SYRINGE 1 ML	2		SIDESTREAM PEDIATRIC FACE MASK	2	QL
SAFETY PEN NEEDLE 31G 4MM	2		SIGNIFOR 0.3 MG/ML AMPULE	4	PA, LDD, SRX
SAFETY PEN NEEDLE 31G 5MM	2		SIGNIFOR 0.6 MG/ML AMPULE	4	PA, LDD, SRX
SAFETY PEN NEEDLE 5MM X 31G	2		SIGNIFOR 0.9 MG/ML AMPULE	4	PA, LDD, SRX
SAJAZIR 30 MG/3 ML SYRINGE	4	PA, LDD, SRX	SILDENAFIL 20 MG TABLET	4	PA, SRX
SALICYLIC ACID 27.5% LIQUID	1		SILHOUETTE INFUSION SET 23"	2	
SALSALATE 500 MG TABLET	1		SILHOUETTE INFUSION SET 43"	2	
SALSALATE 750 MG TABLET	1		SILICONE MASK-INFANT	2	QL
SANTYL OINTMENT	3	PA, QL	SILICONE MASK-PEDIATRIC	2	QL
SAPROPTERIN 100 MG POWDER PKT	4	PA, SRX	SILODOSIN 4 MG CAPSULE	1	QL
SAPROPTERIN 100 MG TABLET	4	PA, SRX	SILODOSIN 8 MG CAPSULE	1	QL
SAPROPTERIN 500 MG POWDER PKT	4	PA, SRX	SIL-SERTER INFUSION SET	2	
SAVAYSA 15 MG TABLET	3	PA, QL	SILVER NITRATE 0.5% SOLN	1	
SAVAYSA 30 MG TABLET	3	PA, QL	SILVER NITRATE 10% SOLUTION	1	
SAVAYSA 60 MG TABLET	3	PA, QL	SILVER NITRATE 25% SOLUTION	1	
SAVELLA 100 MG TABLET	3		SILVER NITRATE 50% SOLUTION	1	
SAVELLA 12.5 MG TABLET	3		SILVER SULFADIAZINE 1% CREAM	1	
SAVELLA 25 MG TABLET	3		SIMBRINZA	2	
SAVELLA 50 MG TABLET	3		SIMLANDI	4	PA, QL, SRX
SAVELLA TITRATION PACK	3		SIMLIYA 28 DAY TABLET	1	
SCOPOLAMINE 1 MG/3 DAY PATCH	1		SIMPESSE 0.15-0.03-0.01 MG TAB	1	
SECONAL SODIUM 100 MG CAPSULE	3		SIMVASTATIN 10 MG TABLET	1	
SECURESAFE PEN ND. 30GX5/16"	3		SIMVASTATIN 20 MG TABLET	1	
SECURESAFE SYR 0.5 ML 29G 1/2"	2		SIMVASTATIN 40 MG TABLET	1	
SECURESAFE SYRNG 1 ML 29G 1/2"	2		SIMVASTATIN 5 MG TABLET	1	
SELEGILINE HCL 5 MG CAPSULE	2		SIMVASTATIN 80 MG TABLET	1	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SIROLIMUS 0.5 MG TABLET	1	
SIROLIMUS 1 MG TABLET	1	
SIROLIMUS 1 MG/ML SOLUTION	4	SRX
SIROLIMUS 2 MG TABLET	1	
SIRTURO 100 MG TABLET	3	PA, LDD
SIRTURO 20 MG TABLET	3	PA, LDD
SIVEXTRO 200 MG TABLET	3	PA
SKY SAFETY PEN NEEDLE 30G 5MM	2	
SKY SAFETY PEN NEEDLE 30G 8MM	2	
SKYRIZI 150 MG/ML SYRINGE	4	PA, QL, SRX
SKYRIZI 180 MG/1.2 ML ON-BODY	4	PA, QL, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	4	PA, QL, SRX
SKYRIZI 150 MG/ML PEN	4	PA, QL, SRX
SLYND 4 MG TABLET	3	
SM INS SYR 0.5 ML 29GX1/2"	2	
SM INS SYR 0.5 ML 30GX5/16"	2	
SM INS SYR 1 ML 29GX1/2"	2	
SM INS SYRINGE 0.3 ML 30GX5/16"	2	
SM INS SYRINGE 1 ML 28GX1/2"	2	
SM INS SYRINGE 1 ML 30GX5/16"	2	
SM INSUL SYR 0.3 ML 31GX5/16"	2	
SM INSUL SYR 0.5 ML 31GX5/16"	2	
SM INSULIN SYR 0.3 ML 29GX1/2"	2	
SM INSULIN SYR 0.5 ML 28GX1/2"	2	
SM INSULIN SYR 1 ML 31GX5/16"	2	
SMARTEST CONTROL SOLUTION	2	
SOD POLYSTYREN SULF 15 G/60 ML	1	
SOD SUL-POTASS SUL-MAG SUL SOL	3	
SODIUM CHLORIDE 0.9% INHAL VL	1	
SODIUM CHLORIDE 0.9% IRRIG	1	
SODIUM CHLORIDE 0.9% IRRIG.	1	
SODIUM CHLORIDE 0.9% PRCSS SOL	1	
SODIUM CHLORIDE 10% VIAL	1	
SODIUM CHLORIDE 3% VIAL	1	
SODIUM CHLORIDE 7% VIAL	1	
SODIUM FLUORIDE 0.2% RINSE	1	
SODIUM FLUORIDE 1.1% CREAM	1	
SODIUM FLUORIDE 1.1% GEL	1	
SODIUM FLUORIDE 5000 DRY MOUTH	1	
SODIUM FLUORIDE 5000 PLUS CRM	1	
SODIUM FLUORIDE 5000 PPM CREAM	1	
SODIUM FLUORIDE 5000 PPM PASTE	1	
SODIUM FLUORIDE ENAMEL PROTECT	1	
SODIUM FLUORIDE SENSITIVE	1	
SODIUM PHENYLBUTYRATE 500MG TB	4	SRX
SODIUM PHENYLBUTYRATE POWDER	4	SRX
SODIUM POLYSTYRENE SULF POWDER	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SODIUM SULFACETAMIDE 10% LOTN	1	
SOFOSBUVIR-VELPATASVIR 400-100	4	PA, QL, SRX
SOF-SERTER	2	
SOF-SET MICRO INFUSION SET	2	
SOF-SET ULTIMATE QR SET	2	
SOLIFENACIN 10 MG TABLET	2	QL
SOLIFENACIN 5 MG TABLET	2	QL
SOLIQUA 100 UNIT-33 MCG/ML PEN	3	
SOLUS V2 CONTROL SOLUTION HIGH	2	
SOLUS V2 CONTROL SOLUTION LOW	2	
SOMAVERT 10 MG VIAL	4	PA, LDD, SRX
SOMAVERT 15 MG VIAL	4	PA, LDD, SRX
SOMAVERT 20 MG VIAL	4	PA, LDD, SRX
SOMAVERT 25 MG VIAL	4	PA, LDD, SRX
SOMAVERT 30 MG VIAL	4	PA, LDD, SRX
SORAFENIB 200 MG TABLET	4	PA, QL, SRX
SOTALOL 120 MG TABLET	1	
SOTALOL 160 MG TABLET	1	
SOTALOL 240 MG TABLET	1	
SOTALOL 80 MG TABLET	1	
SOTALOL AF 120 MG TABLET	1	
SOTALOL AF 160 MG TABLET	1	
SOTALOL AF 80 MG TABLET	1	
SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA
SOVALDI 150 MG PELLETT PACKET	4	PA, QL, SRX
SOVALDI 200 MG PELLETT PACKET	4	PA, QL, SRX
SOVALDI 200 MG TABLET	4	PA, QL, SRX
SOVALDI 400 MG TABLET	4	PA, QL, SRX
SPACE CHAMBER	2	QL
SPACE CHAMBER-LARGE MASK	2	QL
SPACE CHAMBER-MEDIUM MASK	2	QL
SPACE CHAMBER-SMALL MASK	2	QL
SPIKEVAX COVID (18Y UP) VACC	2	
SPINOSAD 0.9% TOPICAL SUSP	1	
SPIRONOLACTONE 100 MG TABLET	1	
SPIRONOLACTONE 25 MG TABLET	1	
SPIRONOLACTONE 50 MG TABLET	1	
SPIRONOLACTONE-HCTZ 25-25 TAB	1	
SPRINTEC 28 DAY TABLET	1	
SPRYCEL 100 MG TABLET	4	PA, QL, SRX
SPRYCEL 140 MG TABLET	4	PA, QL, SRX
SPRYCEL 20 MG TABLET	4	PA, QL, SRX
SPRYCEL 50 MG TABLET	4	PA, QL, SRX
SPRYCEL 70 MG TABLET	4	PA, QL, SRX
SPRYCEL 80 MG TABLET	4	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	1	
SPS 30 GM/120 ML ENEMA SUSP	1	



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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML SOLUTION	3	
STAVUDINE	1	
STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX
STERILE WATER FOR IRRIGATION	1	
STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX
STRIBILD	2	QL
STRIVERDI RESPIMAT	3	QL, ST
SUBVENITE (BLUE)	1	
SUBVENITE (GREEN)	1	
SUBVENITE (ORANGE)	1	
SUBVENITE 100 MG TABLET	1	
SUBVENITE 150 MG TABLET	1	
SUBVENITE 200 MG TABLET	1	
SUBVENITE 25 MG TABLET	1	
SUCRAID 17,000 UNIT/2 ML SOLN	4	LDD, SRX
SUCRAID 8,500 UNIT/ML SOLN	4	LDD, SRX
SUCRALFATE 1 GM TABLET	1	
SULCONAZOLE NITRATE 1% CREAM	3	PA
SULCONAZOLE NITRATE 1% SOLN	3	PA
SULFACETAMIDE 10% EYE DROPS	1	
SULFACETAMIDE 10% EYE OINTMENT	1	
SULFACETAMIDE SOD 10% TOP SUSP	1	
SULF-PRED 10-0.23% EYE DROPS	1	
SULFADIAZINE 500 MG TABLET	1	
SULFAMETHOXAZOLE-TMP DS TABLET	1	
SULFAMETHOXAZOLE-TMP SS TABLET	1	
SULFAMETHOXAZOLE-TMP SUSP	1	
SULFAMYLON 8.5% CREAM	3	
SULFASALAZINE 500 MG TABLET	1	
SULFASALAZINE DR 500 MG TAB	1	
SULINDAC 150 MG TABLET	1	
SULINDAC 200 MG TABLET	1	
SUMATRIPTAN 20 MG NASAL SPRAY	1	QL
SUMATRIPTAN 4 MG/0.5 ML CART	1	QL
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	QL
SUMATRIPTAN 5 MG NASAL SPRAY	1	QL
SUMATRIPTAN 6 MG/0.5 ML CART	1	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	QL
SUMATRIPTAN SUCC 100 MG TABLET	1	QL
SUMATRIPTAN SUCC 25 MG TABLET	1	QL
SUMATRIPTAN SUCC 50 MG TABLET	1	QL
SUMATRIPTAN-NAPROXEN 85-500 MG	3	QL
SUNITINIB MALATE 12.5 MG CAP	4	PA, QL, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SUNITINIB MALATE 25 MG CAPSULE	4	PA, QL, SRX
SUNITINIB MALATE 37.5 MG CAP	4	PA, QL, SRX
SUNITINIB MALATE 50 MG CAPSULE	4	PA, QL, SRX
SUPRAX 100 MG TABLET CHEWABLE	3	
SUPRAX 200 MG TABLET CHEWABLE	3	
SUPRAX 500 MG/5 ML SUSPENSION	3	
SURE CMFT SFTY PEN ND 31G 6MM	2	
SURE CMFT SFTY PEN ND 32G 4MM	2	
SURE COMFORT 0.3 ML SYRINGE	2	
SURE COMFORT 0.5 ML SYRINGE	2	
SURE COMFORT 1 ML SYRINGE	2	
SURE COMFORT 3/10 ML SYRINGE	2	
SURE COMFORT 30G PEN NEEDLE	2	
SURE COMFORT INS 0.3ML 31GX1/4	2	
SURE COMFORT INS 0.5ML 31GX1/4	2	
SURE COMFORT INS 1 ML 31GX1/4"	2	
SURE COMFORT PEN ND 29GX1/2"	2	
SURE COMFORT PEN ND 31G 5MM	2	
SURE COMFORT PEN ND 31G 8MM	2	
SURE COMFORT PEN ND 32G 4MM	2	
SURE COMFORT PEN ND 32G 6MM	2	
SURE-FINE PEN NEEDLES 12.7MM	2	
SURE-FINE PEN NEEDLES 5MM	2	
SURE-FINE PEN NEEDLES 8MM	2	
SURE-JECT INS 0.3 ML 31GX5/16"	2	
SURE-JECT INS 0.5 ML 31GX5/16"	2	
SURE-JECT INSU SYR U100 0.3 ML	2	
SURE-JECT INSU SYR U100 0.5 ML	2	
SURE-JECT INSU SYR U100 1 ML	2	
SURE-JECT INSUL SYR U100 1 ML	2	
SURE-JECT INSULIN SYRINGE 1 ML	2	
SURE-T PARADIGM 18" SET	2	
SURE-T PARADIGM 23" SET	2	
SURE-T PARADIGM 32" SET	2	
SURE-TEST EASYPLUS MINI SOLN	2	
SYEDA 28 TABLET	1	
SYMAX FASTABS 0.125 MG TABLET	1	
SYMAX-SL 0.125 MG TABLET SL	1	
SYMAX-SR 0.375 MG TABLET	1	
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYMPTUZA 800-150-200-10 MG TAB	2	QL
SYNAREL 2 MG/ML NASAL SPRAY	4	PA, SRX
SYNERA PATCH	4	SRX
SYNTHROID 100 MCG TABLET	3	
SYNTHROID 112 MCG TABLET	3	
SYNTHROID 125 MCG TABLET	3	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SYNTHROID 137 MCG TABLET	3		TAZAROTENE 0.05% GEL	3	
SYNTHROID 150 MCG TABLET	3		TAZAROTENE 0.1% CREAM	1	
SYNTHROID 175 MCG TABLET	3		TAZAROTENE 0.1% GEL	3	
SYNTHROID 200 MCG TABLET	3		TAZORAC 0.05% CREAM	3	
SYNTHROID 25 MCG TABLET	3		TAZTIA XT 120 MG CAPSULE	1	
SYNTHROID 300 MCG TABLET	3		TAZTIA XT 180 MG CAPSULE	1	
SYNTHROID 50 MCG TABLET	3		TAZTIA XT 240 MG CAPSULE	1	
SYNTHROID 75 MCG TABLET	3		TAZTIA XT 300 MG CAPSULE	1	
SYNTHROID 88 MCG TABLET	3		TAZTIA XT 360 MG CAPSULE	1	
T:30 INFUSION SET 23" 13MM	2		TDVAX VIAL	2	
T:30 INFUSION SET 43" 13MM	2		TECHLITE 0.3 ML 29GX12MM (1/2)	2	
T:90 INFUSION SET 23" 6MM	2		TECHLITE 0.3 ML 30GX12MM (1/2)	2	
T:90 INFUSION SET 23" 9MM	2		TECHLITE 0.3 ML 30GX8MM (1/2)	2	
T:90 INFUSION SET 43" 9MM	2		TECHLITE 0.3 ML 31GX6MM (1/2)	2	
T:FLEX 4.8 ML CARTRIDGE	2		TECHLITE 0.3 ML 31GX8MM (1/2)	2	
T:SLIM 3 ML CARTRIDGE	2		TECHLITE 0.5 ML 29GX12MM (1/2)	2	
T:SLIM G4 3 ML CARTRIDGE	2		TECHLITE 0.5 ML 30GX12MM (1/2)	2	
T:SLIM X2 3 ML CARTRIDGE	2		TECHLITE 0.5 ML 30GX8MM (1/2)	2	
TABLOID 40 MG TABLET	3	PA	TECHLITE 0.5 ML 31GX6MM (1/2)	2	
TACROLIMUS 0.03% OINTMENT	1		TECHLITE 0.5 ML 31GX8MM (1/2)	2	
TACROLIMUS 0.1% OINTMENT	1		TECHLITE INS SYR 1 ML 29GX12MM	2	
TACROLIMUS 0.5 MG CAPSULE (IR)	1		TECHLITE INS SYR 1 ML 30GX12MM	2	
TACROLIMUS 1 MG CAPSULE (IR)	1		TECHLITE INS SYR 1 ML 30GX8MM	2	
TACROLIMUS 5 MG CAPSULE (IR)	1		TECHLITE INS SYR 1 ML 31GX6MM	2	
TADALAFIL 2.5 MG TABLET	1	PA, QL	TECHLITE INS SYR 1 ML 31GX8MM	2	
TADALAFIL 20 MG TABLET	4	PA, SRX	TECHLITE PEN NEEDLE 29GX1/2"	2	
TADALAFIL 5 MG TABLET	1	PA, QL	TECHLITE PEN NEEDLE 29GX3/8"	2	
TAFINLAR 10 MG TABLET FOR SUSP	4	PA, QL, SRX	TECHLITE PEN NEEDLE 31GX1/4"	2	
TAFINLAR 50 MG CAPSULE	4	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31GX3/16"	2	
TAFINLAR 75 MG CAPSULE	4	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 31GX5/16"	2	
TAFLUPROST 0.0015% EYE DROP	3	QL	TECHLITE PEN NEEDLE 32GX1/4"	2	
TAGRISSO 40 MG TABLET	4	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32GX5/16"	2	
TAGRISSO 80 MG TABLET	4	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32GX5/32"	2	
TAKE ACTION 1.5 MG TABLET	1		TELCARE CONTROL SOLUTION	2	
TAMOXIFEN 10 MG TABLET	1		TELMISARTAN 20 MG TABLET	1	
TAMOXIFEN 20 MG TABLET	1		TELMISARTAN 40 MG TABLET	1	
TAMSULOSIN HCL 0.4 MG CAPSULE	1		TELMISARTAN 80 MG TABLET	1	
TARINA 24 FE 1 MG-20 MCG TAB	1		TELMISARTAN-AMLODIPINE 40-10	1	
TARINA FE 1-20 EQ TABLET	1		TELMISARTAN-AMLODIPINE 40-5 MG	1	
TARINA FE 1-20 TABLET	1		TELMISARTAN-AMLODIPINE 80-10	1	
TARON-C DHA	1		TELMISARTAN-AMLODIPINE 80-5 MG	1	
TARON-PREX PRENATAL	1		TELMISARTAN-HCTZ 40-12.5 MG TB	1	
TASIGNA 150 MG CAPSULE	4	PA, QL, SRX	TELMISARTAN-HCTZ 80-12.5 MG TB	1	
TASIGNA 200 MG CAPSULE	4	PA, QL, SRX	TELMISARTAN-HCTZ 80-25 MG TAB	1	
TASIGNA 50 MG CAPSULE	4	PA, QL, SRX	TEMAZEPAM 15 MG CAPSULE	1	
TASIMELTEON 20 MG CAPSULE	4	PA, QL, SRX	TEMAZEPAM 22.5 MG CAPSULE	1	
TAYSOFY 1 MG-20 MCG CAPSULE	1		TEMAZEPAM 30 MG CAPSULE	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TEMAZEPAM 7.5 MG CAPSULE	1	
TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX
TEMOZOLOMIDE 5 MG CAPSULE	4	PA, SRX
TENCON 50-325 MG TABLET	1	
TENIVAC SYRINGE	2	
TENIVAC VIAL	2	
TENOFOVIR DISOP FUM 300 MG TB	1	
TERAZOSIN 1 MG CAPSULE	1	
TERAZOSIN 10 MG CAPSULE	1	
TERAZOSIN 2 MG CAPSULE	1	
TERAZOSIN 5 MG CAPSULE	1	
TERBINAFINE HCL 250 MG TABLET	1	
TERBUTALINE SULFATE 2.5 MG TAB	1	
TERBUTALINE SULFATE 5 MG TAB	1	
TERCONAZOLE 0.4% CREAM	1	
TERCONAZOLE 0.8% CREAM	1	
TERCONAZOLE 80 MG SUPPOSITORY	1	
TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX
TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX
TERUMO INS SYR 0.3 ML 29GX1/2"	1	
TERUMO INS SYRINGE U100-1 ML	2	
TERUMO INS SYRINGE U100-1/2 ML	2	
TERUMO INS SYRINGE U100-1/3 ML	1	
TERUMO INS SYRNG U100-1/2 ML	1	
TERUMO SURGUARD2 NDL 21GX1 1.5	1	
TERUMO SURGUARD2 NDL 22X1-1/2"	1	
TERUMO SURGUARD2 NDL 23X1-1/2"	1	
TERUMO SURGUARD2 NEEDLE 18GX1"	1	
TERUMO SURGUARD2 NEEDLE 18X1.5	1	
TERUMO SURGUARD2 NEEDLE 19GX1"	1	
TERUMO SURGUARD2 NEEDLE 19X1.5	1	
TERUMO SURGUARD2 NEEDLE 20GX1"	1	
TERUMO SURGUARD2 NEEDLE 20X1.5	1	
TERUMO SURGUARD2 NEEDLE 21GX1"	2	
TERUMO SURGUARD2 NEEDLE 22GX1"	2	
TERUMO SURGUARD2 NEEDLE 23GX1"	2	
TERUMO SURGUARD2 NEEDLE 25GX1"	2	
TERUMO SURGUARD2 NEEDLE 25X1.5	2	
TERUMO SURGUARD2 NEEDLE 25X5/8	2	
TERUMO SURGUARD2 NEEDLE 26X1/2	2	
TERUMO SURGUARD2 NEEDLE 27X1/2	2	
TERUMO SURGUARD2 NEEDLE 30X1/2	2	
TERUMO SYRINGE 3 ML	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TESTOSTERON CYP 1,000 MG/10 ML	1	
TESTOSTERON CYP 2,000 MG/10 ML	1	
TESTOSTERON ENAN 1,000 MG/5 ML	1	
TESTOSTERONE 1% (25MG/2.5G) PK	1	QL
TESTOSTERONE 1% (50 MG/5 G) PK	1	QL
TESTOSTERONE 1.62% (2.5 G) PKT	1	QL
TESTOSTERONE 1.62% GEL PUMP	1	QL
TESTOSTERONE 1.62%(1.25 G) PKT	1	QL
TESTOSTERONE 10 MG GEL PUMP	1	QL
TESTOSTERONE 12.5 MG/1.25 GRAM	1	QL
TESTOSTERONE 50 MG/5 GRAM GEL	1	QL
TESTOSTERONE 50 MG/5 GRAM PKT	1	QL
TESTOSTERONE CYP 1,000 MG/10ML	1	
TESTOSTERONE CYP 1,000 MG/5 ML	1	
TESTOSTERONE CYP 200 MG/ML	1	
TESTOSTERONE CYP 500 MG/2.5 ML	1	
TESTOSTERONE CYP 6,000 MG/30ML	1	
TESTOSTERONE ENAN 200 MG/ML	1	
TETCAINE 0.5% EYE DROP	1	
TETRABENAZINE 12.5 MG TABLET	4	PA, QL, SRX
TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX
TETRACAINE 0.5% EYE DROP	1	
TETRACAINE 0.5% STERI-UNIT SOL	1	
TETRACYCLINE 250 MG CAPSULE	1	
TETRACYCLINE 500 MG CAPSULE	1	
TETRAVISC 0.5% EYE DROPS	3	
TEXACORT 2.5% SOLUTION	3	
THALOMID 100 MG CAPSULE	4	PA, QL, LDD, SRX
THALOMID 150 MG CAPSULE	4	PA, QL, LDD, SRX
THALOMID 200 MG CAPSULE	4	PA, QL, LDD, SRX
THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX
THEOPHYLLINE 80 MG/15 ML SOLN	1	
THEOPHYLLINE ER 100 MG TABLET	1	
THEOPHYLLINE ER 200 MG TABLET	1	
THEOPHYLLINE ER 300 MG TAB	1	
THEOPHYLLINE ER 300 MG TABLET	1	
THEOPHYLLINE ER 400 MG TABLET	1	
THEOPHYLLINE ER 450 MG TAB	1	
THEOPHYLLINE ER 450 MG TABLET	1	
THEOPHYLLINE ER 600 MG TABLET	1	
THINPRO INS SYRIN U100-0.3 ML	2	
THINPRO INS SYRIN U100-0.5 ML	2	
THINPRO INS SYRIN U100-1 ML	2	
THIORIDAZINE 10 MG TABLET	1	
THIORIDAZINE 100 MG TABLET	1	
THIORIDAZINE 25 MG TABLET	1	
THIORIDAZINE 50 MG TABLET	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
THIOTHIXENE 1 MG CAPSULE	1	
THIOTHIXENE 10 MG CAPSULE	1	
THIOTHIXENE 2 MG CAPSULE	1	
THIOTHIXENE 5 MG CAPSULE	1	
THRIVITE 19	1	
THYROID 120 MG TABLET	1	
THYROID 15 MG TABLET	1	
THYROID 30 MG TABLET	1	
THYROID 60 MG TABLET	1	
THYROID 90 MG TABLET	1	
TIADYL ER 120 MG CAPSULE	1	
TIADYL ER 180 MG CAPSULE	1	
TIADYL ER 240 MG CAPSULE	1	
TIADYL ER 300 MG CAPSULE	1	
TIADYL ER 360 MG CAPSULE	1	
TIADYL ER 420 MG CAPSULE	1	
TIAGABINE HCL 12 MG TABLET	1	
TIAGABINE HCL 16 MG TABLET	1	
TIAGABINE HCL 2 MG TABLET	1	
TIAGABINE HCL 4 MG TABLET	1	
TILIA FE 28 TABLET	1	
TIMOLOL 0.25% GEL-SOLUTION	1	
TIMOLOL 0.5% GEL-SOLUTION	1	
TIMOLOL 0.5% GFS GEL-SOLUTION	1	
TIMOLOL MALEATE 0.25% EYE DROP	1	
TIMOLOL MALEATE 0.5% EYE DROPS	1	
TIMOLOL MALEATE 10 MG TABLET	1	
TIMOLOL MALEATE 20 MG TABLET	1	
TIMOLOL MALEATE 5 MG TABLET	1	
TINIDAZOLE 250 MG TABLET	1	
TINIDAZOLE 500 MG TABLET	1	
TIOPRONIN	4	SRX
TIS-U-SOL PENTALYTE	3	
TIVICAY 10 MG TABLET	2	
TIVICAY 25 MG TABLET	2	
TIVICAY 50 MG TABLET	2	
TIVICAY PD 5 MG TAB FOR SUSP	2	
TIZANIDINE HCL 2 MG TABLET	1	
TIZANIDINE HCL 4 MG TABLET	1	
TOBRAMYCIN 0.3% EYE DROP	1	
TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX
TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX
TOBRAMYCIN-DEXAMETH OPHTH SUSP	1	
TODAY'S HLTH PN NEEDLE 6MM 31G	2	
TOLCAPONE 100 MG TABLET	4	SRX
TOLMETIN SODIUM 200 MG TAB	1	
TOLMETIN SODIUM 400 MG CAP	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TOLMETIN SODIUM 600 MG TAB	1	
TOLTERODINE TART ER 2 MG CAP	1	
TOLTERODINE TART ER 4 MG CAP	1	
TOLTERODINE TARTRATE 1 MG TAB	1	
TOLTERODINE TARTRATE 2 MG TAB	1	
TOLVAPTAN 15 MG TABLET	4	PA, SRX
TOLVAPTAN 30 MG TABLET	4	PA, SRX
TOPCARE CLICKFINE 31G X 1/4"	2	
TOPCARE CLICKFINE 31G X 5/16"	2	
TOPCARE ULTRA COMFORT SYRINGE	2	
TOPIRAMATE 100 MG TABLET	1	
TOPIRAMATE 15 MG SPRINKLE CAP	1	
TOPIRAMATE 200 MG TABLET	1	
TOPIRAMATE 25 MG SPRINKLE CAP	1	
TOPIRAMATE 25 MG TABLET	1	
TOPIRAMATE 50 MG TABLET	1	
TOPIRAMATE ER 100 MG CAPSULE	1	
TOPIRAMATE ER 150 MG CAPSULE	1	
TOPIRAMATE ER 200 MG CAPSULE	1	
TOPIRAMATE ER 25 MG CAPSULE	1	
TOPIRAMATE ER 50 MG CAPSULE	1	
TOREMIFENE CITRATE 60 MG TAB	3	
TORSEMIDE 10 MG TABLET	1	
TORSEMIDE 100 MG TABLET	1	
TORSEMIDE 20 MG TABLET	1	
TORSEMIDE 5 MG TABLET	1	
TOVET EMOLLIENT 0.05% FOAM	1	
TRAMADOL ER 100 MG TABLET	1	PA, QL
TRAMADOL ER 200 MG TABLET	1	PA, QL
TRAMADOL ER 300 MG TABLET	1	PA, QL
TRAMADOL HCL 50 MG TABLET	1	QL
TRAMADOL HCL ER 100 MG TABLET	1	PA, QL
TRAMADOL HCL ER 150 MG CAPSULE	1	PA, QL
TRAMADOL HCL ER 200 MG TABLET	1	PA, QL
TRAMADOL HCL ER 300 MG TABLET	1	PA, QL
TRAMADOL-ACETAMINOPHN 37.5-325	1	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	
TRANDOLAPR-VERAPAM ER 1-240 MG	1	
TRANDOLAPR-VERAPAM ER 2-180 MG	1	
TRANDOLAPR-VERAPAM ER 2-240 MG	1	
TRANDOLAPR-VERAPAM ER 4-240 MG	1	
TRANEXAMIC ACID 650 MG TABLET	1	
TRANLYCYPROMINE SULF 10 MG TAB	1	
TRAVOPROST 0.004% EYE DROP	1	
TRAZODONE 100 MG TABLET	1	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRAZODONE 150 MG TABLET	1		TRIFLURIDINE 1% EYE DROPS	1	
TRAZODONE 300 MG TABLET	1		TRIHEXYPHENIDYL 2 MG TABLET	1	
TRAZODONE 50 MG TABLET	1		TRIHEXYPHENIDYL 2 MG/5 ML SOLN	1	
TRECATOR 250 MG TABLET	3		TRIHEXYPHENIDYL 5 MG TABLET	1	
TRELEGY ELLIPTA 100-62.5-25	2	QL	TRIKAFTA 100-50-75 MG/150 MG	4	PA, QL, LDD, SRX
TRELEGY ELLIPTA 200-62.5-25	2	QL	TRIKAFTA 100-50-75 MG/75MG PKT	4	PA, QL, LDD, SRX
TREMFYA 100 MG/ML INJECTOR	4	PA, QL, SRX	TRIKAFTA 50-25-37.5 MG/75 MG	4	PA, QL, LDD, SRX
TREMFYA 100 MG/ML SYRINGE	4	PA, QL, SRX	TRIKAFTA 80-40-60MG/59.5MG PKT	4	PA, QL, LDD, SRX
TRETINOIN 0.01% GEL	1	PA_AGE	TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN 0.025% CREAM	1	PA_AGE	TRI-LINYAH TABLET	1	
TRETINOIN 0.025% GEL	1	PA_AGE	TRI-LO-ESTARYLLA TABLET	1	
TRETINOIN 0.05% CREAM	1	PA_AGE	TRI-LO-MARZIA TABLET	1	
TRETINOIN 0.05% GEL	1	PA_AGE	TRI-LO-MILI TABLET	1	
TRETINOIN 0.1% CREAM	1	PA_AGE	TRI-LO-SPRINTEC TABLET	1	
TRETINOIN 10 MG CAPSULE	3	PA	TRIMETHOBENZAMIDE 300 MG CAP	1	
TRETINOIN GEL MICRO 0.04% PUMP	1	PA_AGE	TRIMETHOPRIM 100 MG TABLET	1	
TRETINOIN GEL MICRO 0.04% TUBE	1	PA_AGE	TRI-MILI 28 TABLET	1	
TRETINOIN GEL MICRO 0.1% PUMP	1	PA_AGE	TRIMIPRAMINE MALEATE 100 MG CP	1	
TRETINOIN GEL MICRO 0.1% TUBE	1	PA_AGE	TRIMIPRAMINE MALEATE 25 MG CAP	1	
TRETIN-X 0.025% CREAM COMB PCK	3	PA_AGE	TRIMIPRAMINE MALEATE 50 MG CAP	1	
TRETIN-X 0.05% COMBO PACK	3	PA_AGE	TRINATAL RX 1	1	
TRETIN-X 0.075% CREAM	3	PA_AGE	TRINTELLIX 10 MG TABLET	3	QL, ST, AGE
TRETIN-X 0.1% COMBO PACK	3	PA_AGE	TRINTELLIX 20 MG TABLET	3	QL, ST, AGE
TRI FEMYNOR 28 TABLET	1		TRINTELLIX 5 MG TABLET	3	QL, ST, AGE
TRIAMCINOLONE 0.025% CREAM	1		TRI-NYMYO 28 TABLET	1	
TRIAMCINOLONE 0.025% LOTION	1		TRI-PREVIFEM TABLET	1	
TRIAMCINOLONE 0.025% OINT	1		TRI-SPRINTEC TABLET	1	
TRIAMCINOLONE 0.1% CREAM	1		TRIUMEQ 600-50-300 MG TABLET	2	QL
TRIAMCINOLONE 0.1% LOTION	1		TRIUMEQ PD 60-5-30 MG TAB SUSP	2	QL
TRIAMCINOLONE 0.1% OINTMENT	1		TRI-VITE-FLUORIDE 0.25 MG/ML	1	
TRIAMCINOLONE 0.1% PASTE	1		TRI-VITE-FLUORIDE 0.5 MG/ML	1	
TRIAMCINOLONE 0.5% CREAM	1		TRI-VIT-FLUOR 0.25 MG/ML DROP	1	
TRIAMCINOLONE 0.5% OINTMENT	1		TRI-VIT-FLUOR 0.5 MG/ML DROP	1	
TRIAMTERENE 100 MG CAPSULE	3	AGE	TRIVORA-28 TABLET	1	
TRIAMTERENE 50 MG CAPSULE	3	AGE	TRI-VYLIBRA 28 TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG CP	1		TRI-VYLIBRA LO TABLET	1	
TRIAMTERENE-HCTZ 37.5-25 MG TB	1		TROPICAMIDE 0.5% EYE DROP	1	
TRIAMTERENE-HCTZ 75-50 MG TAB	1		TROPICAMIDE 0.5% EYE DROPS	1	
TRIAZOLAM 0.125 MG TABLET	1		TROPICAMIDE 1% EYE DROP	1	
TRIAZOLAM 0.25 MG TABLET	1		TROPICAMIDE 1% EYE DROPS	1	
TRIDERM 0.1% CREAM	1		TROSPIMUM CHLORIDE 20 MG TABLET	1	
TRIDERM 0.5% CREAM	1		TROSPIMUM CHLORIDE ER 60 MG CAP	1	
TRI-ESTARYLLA TABLET	1		TRUE CMFRT PRO 0.5ML 30G 5/16"	2	
TRIFLUOPERAZINE 1 MG TABLET	1		TRUE CMFRT PRO 0.5ML 31G 5/16"	2	
TRIFLUOPERAZINE 10 MG TABLET	1		TRUE CMFRT PRO 0.5ML 32G 5/16"	2	
TRIFLUOPERAZINE 2 MG TABLET	1		TRUE CMFT SFTY PEN NDL 31G 5MM	2	
TRIFLUOPERAZINE 5 MG TABLET	1		TRUE CMFT SFTY PEN NDL 31G 6MM	2	

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

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL
TRUMENBA 120 MCG/0.5 ML VACCIN	2	
TRUST NATAL DHA	1	
TRUSTEEL INFUSION SET 23" 6MM	2	
TRUSTEEL INFUSION SET 23" 8MM	2	
TRUSTEEL INFUSION SET 32" 6MM	2	
TRUSTEEL INFUSION SET 32" 8MM	2	
TRUZONE PEAK FLOW METER	2	
TUDORZA PRESSAIR 400 MCG INHAL	3	QL, ST
TULANA 0.35 MG TABLET	1	
TWINRIX VACCINE SYRINGE	2	
TYBOST 150 MG TABLET	2	
TYDEMY 3-0.03-0.451 MG TABLET	1	
TYMLOS 80 MCG DOSE PEN INJECTR	4	PA, QL, SRX
TYVASO 1.74 MG/2.9 ML SOLUTION	4	PA, LDD, SRX
TYVASO INSTITUTIONAL START KIT	4	PA, LDD, SRX
TYVASO REFILL KIT	4	PA, LDD, SRX
TYVASO STARTER KIT	4	PA, LDD, SRX
UDENYCA 6 MG/0.6 ML SYRINGE	4	PA, SRX
UDENYCA AUTOINJECTOR	4	PA, SRX
ULESFIA	3	
ULT CFT 0.3 ML 29GX1/2" (1/2)	2	
ULT CFT 0.3 ML 31GX5/16" (1/2)	2	
ULTCARE INS SYR 1 ML 31GX5/16"	2	
ULTICAR INS 0.3ML 31GX1/4(1/2)	2	
ULTICARE INS 0.3 ML 30GX1/2"	2	
ULTICARE INS 0.3 ML 31GX1/4"	2	
ULTICARE INS 0.5 ML 30GX1/2"	2	
ULTICARE INS 0.5 ML 31GX1/4"	2	
ULTICARE INS 1 ML 31GX1/4"	2	
ULTICARE INS SAFETY 1ML 29X1/2	2	
ULTICARE INS SYR 1 ML 28GX1/2"	2	
ULTICARE INS SYR 1 ML 29GX1/2"	2	
ULTICARE INS SYR 1 ML 30GX1/2"	2	
ULTICARE LDS SYR 3 ML 22GX1.5"	2	
ULTICARE PEN NDL 12.7 MM 29G	2	
ULTICARE PEN NEEDLE 31GX3/16"	2	
ULTICARE PEN NEEDLE 4MM 32G	2	
ULTICARE PEN NEEDLE 6MM 31G	2	
ULTICARE PEN NEEDLE 8 MM 31G	2	
ULTICARE PEN NEEDLE 8MM 31G	2	
ULTICARE PEN NEEDLES 12MM 29G	2	
ULTICARE PEN NEEDLES 4MM 32G	2	
ULTICARE PEN NEEDLES 6MM 31G	2	
ULTICARE PEN NEEDLES 6MM 32G	2	
ULTICARE PEN NEEDLES 8MM 31G	2	
ULTICARE SAFE PEN NDL 30G 8MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTICARE SAFE PEN NDL 5MM 30G	2	
ULTICARE SAFETY 0.5 ML 29GX1/2	2	
ULTICARE SYR 0.3 ML 30GX1/2"	2	
ULTICARE SYR 0.3 ML 30GX5/16"	2	
ULTICARE SYR 0.3 ML 31GX5/16"	2	
ULTICARE SYR 0.5 ML 29GX1/2"	2	
ULTICARE SYR 0.5 ML 30GX1/2"	3	
ULTICARE SYR 0.5 ML 30GX5/16"	2	
ULTICARE SYR 0.5 ML 31GX5/16"	2	
ULTICARE SYR 1 ML 30GX5/16"	2	
ULTICARE SYR 1 ML 31GX5/16"	2	
ULTICARE SYRIN 0.3 ML 29GX1/2"	2	
ULTICARE SYRIN 0.5 ML 28GX1/2"	2	
ULTICARE SYRINGE 1 ML 30GX1/2"	2	
ULTIGUARD SAFE 1ML 30G 12.7MM	2	
ULTIGUARD SAFE PACK 29G 12.7MM	2	
ULTIGUARD SAFE PACK 32G 4MM	2	
ULTIGUARD SAFE0.3ML 30G 12.7MM	2	
ULTIGUARD SAFE0.5ML 30G 12.7MM	2	
ULTIGUARD SAFEPACK 1ML 31G 8MM	2	
ULTIGUARD SAFEPACK 31G 5MM	2	
ULTIGUARD SAFEPACK 31G 6MM	2	
ULTIGUARD SAFEPACK 31G 8MM	2	
ULTIGUARD SAFEPACK 32G 4MM	2	
ULTIGUARD SAFEPACK 32G 6MM	2	
ULTIGUARD SAFEPK 0.3ML 31G 8MM	2	
ULTIGUARD SAFEPK 0.5ML 31G 8MM	2	
ULTILET INSULIN SYRINGE 0.3 ML	2	
ULTILET INSULIN SYRINGE 0.5 ML	2	
ULTILET INSULIN SYRINGE 1 ML	2	
ULTILET PEN NEEDLE	2	
ULTILET PEN NEEDLE 4MM 32G	2	
ULTRA COMFORT 0.3 ML 29GX1/2"	2	
ULTRA COMFORT 0.3 ML SYRINGE	2	
ULTRA COMFORT 0.5 ML 28GX1/2"	2	
ULTRA COMFORT 0.5 ML 29GX1/2"	2	
ULTRA COMFORT 0.5 ML 31GX5/16"	2	
ULTRA COMFORT 0.5 ML SYRINGE	2	
ULTRA COMFORT 1 ML 28GX1/2"	2	
ULTRA COMFORT 1 ML 29GX1/2"	2	
ULTRA COMFORT 1 ML 30GX5/16"	2	
ULTRA COMFORT 1 ML 31GX5/16"	2	
ULTRA COMFORT 1 ML SYRINGE	2	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	2	
ULTRA FLO 0.3ML 30G 5/16" (1/2)	2	
ULTRA FLO 0.3ML 31G 5/16" (1/2)	2	
ULTRA FLO PEN NEEDLE 31G 5MM	2	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTRA FLO PEN NEEDLE 31G 8MM	2	
ULTRA FLO PEN NEEDLE 32G 4MM	2	
ULTRA FLO PEN NEEDLE 33G 4MM	2	
ULTRA FLO PEN NEEDLES 12MM 29G	2	
ULTRA FLO SYR 0.3 ML 29GX1/2"	2	
ULTRA FLO SYR 0.3 ML 30G 5/16"	2	
ULTRA FLO SYR 0.3 ML 31G 5/16"	2	
ULTRA FLO SYR 0.5 ML 29G 1/2"	2	
ULTRA THIN PEN NDL 32G X 4MM	2	
ULTRACARE INS 0.3 ML 30GX5/16"	2	
ULTRACARE INS 0.3 ML 31GX5/16"	2	
ULTRACARE INS 0.5 ML 30GX1/2"	2	
ULTRACARE INS 0.5 ML 30GX5/16"	2	
ULTRACARE INS 0.5 ML 31GX5/16"	2	
ULTRACARE INS 1 ML 30G X 5/16"	2	
ULTRACARE INS 1 ML 30GX1/2"	2	
ULTRACARE INS 1 ML 31G X 5/16"	2	
ULTRACARE PEN NEEDLE 31GX1/4"	2	
ULTRACARE PEN NEEDLE 31GX3/16"	2	
ULTRACARE PEN NEEDLE 31GX5/16"	2	
ULTRACARE PEN NEEDLE 32GX1/4"	2	
ULTRACARE PEN NEEDLE 32GX3/16"	2	
ULTRACARE PEN NEEDLE 32GX5/32"	2	
ULTRACARE PEN NEEDLE 33GX5/32"	2	
ULTRA-THIN II 1 ML 31GX5/16"	2	
ULTRA-THIN II INS 0.3 ML 30G	2	
ULTRA-THIN II INS 0.3 ML 31G	2	
ULTRA-THIN II INS 0.5 ML 29G	2	
ULTRA-THIN II INS 0.5 ML 30G	2	
ULTRA-THIN II INS 0.5 ML 31G	2	
ULTRA-THIN II INS SYR 1 ML 29G	2	
ULTRA-THIN II INS SYR 1 ML 30G	2	
ULTRA-THIN II PEN NDL 29GX1/2"	2	
ULTRA-THIN II PEN NDL 31GX5/16	2	
ULTRATRAK CONTROL SOL NORMAL	2	
ULTRATRAK CONTROL SOLUTION	2	
ULTRATRAK ULTIMATE CNTRL SOLN	2	
UNIFINE PEN NEEDLE 32G 4MM	2	
UNIFINE PENTIPS 12MM 29G	2	
UNIFINE PENTIPS 29G 12MM	2	
UNIFINE PENTIPS 31G 5MM	2	
UNIFINE PENTIPS 31G 6MM	2	
UNIFINE PENTIPS 31G 8MM	2	
UNIFINE PENTIPS 31GX3/16"	2	
UNIFINE PENTIPS 32G 4MM	2	
UNIFINE PENTIPS 32G 6MM	2	
UNIFINE PENTIPS 32GX1/4"	2	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
UNIFINE PENTIPS 32GX5/32"	2	
UNIFINE PENTIPS 33GX5/32"	2	
UNIFINE PENTIPS 6MM 31G	2	
UNIFINE PENTIPS 6MM NEEDLE	2	
UNIFINE PENTIPS 8MM 31G	2	
UNIFINE PENTIPS 8MM NEEDLE	2	
UNIFINE PENTIPS MAX 30GX3/16"	2	
UNIFINE PENTIPS NEEDLES 29G	2	
UNIFINE PENTIPS PLUS 29GX1/2"	2	
UNIFINE PENTIPS PLUS 31GX1/4"	2	
UNIFINE PENTIPS PLUS 31GX3/16"	2	
UNIFINE PENTIPS PLUS 31GX5/16"	2	
UNIFINE PENTIPS PLUS 32GX5/32"	2	
UNIFINE PENTIPS PLUS 33GX5/32"	2	
UNIFINE PENTIPS PLUS 30GX3/16"	2	
UNIFINE SAFECONTROL 30GX3/16"	2	
UNIFINE SAFECONTROL 30GX5/16"	2	
UNIFINE SAFECONTROL 32G 4MM	2	
UNIFINE ULTRA PEN ND1 31G 5MM	2	
UNIFINE ULTRA PEN ND1 31G 6MM	2	
UNIFINE ULTRA PEN ND1 31G 8MM	2	
UNIFINE ULTRA PEN ND1 32G 4MM	2	
UNISTRIP CONTROL SOLUTION HIGH	2	
UNISTRIP CONTROL SOLUTION LOW	2	
UNITHROID 100 MCG TABLET	1	
UNITHROID 112 MCG TABLET	1	
UNITHROID 125 MCG TABLET	1	
UNITHROID 137 MCG TABLET	1	
UNITHROID 150 MCG TABLET	1	
UNITHROID 175 MCG TABLET	1	
UNITHROID 200 MCG TABLET	1	
UNITHROID 25 MCG TABLET	1	
UNITHROID 300 MCG TABLET	1	
UNITHROID 50 MCG TABLET	1	
UNITHROID 75 MCG TABLET	1	
UNITHROID 88 MCG TABLET	1	
URISTIX 4	2	
URISTIX REAGENT	2	
UROQID-ACID NO.2	3	
URSODIOL 250 MG TABLET	1	
URSODIOL 300 MG CAPSULE	1	
URSODIOL 500 MG TABLET	1	
USTELL	1	
UTIRA-C	1	
VALACYCLOVIR HCL 1 GRAM TABLET	1	
VALACYCLOVIR HCL 500 MG TABLET	1	
VALGANCICLOVIR 450 MG TABLET	3	

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



## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VELIVET 28 DAY TABLET	1	
VELPHORO	3	PA
VELMIDY 25 MG TABLET	4	PA, SRX
VENCLEXTA 10 MG TAB (10MG X 2)	4	PA, QL, LDD, SRX
VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX
VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX
VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX
VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX
VENLAFAXINE HCL 100 MG TABLET	1	QL
VENLAFAXINE HCL 25 MG TABLET	1	QL
VENLAFAXINE HCL 37.5 MG TABLET	1	QL
VENLAFAXINE HCL 50 MG TABLET	1	QL
VENLAFAXINE HCL 75 MG TABLET	1	QL
VENLAFAXINE HCL ER 150 MG CAP	1	QL
VENLAFAXINE HCL ER 37.5 MG CAP	1	QL
VENLAFAXINE HCL ER 75 MG CAP	1	QL
VENTAVIS 10 MCG/1 ML SOLUTION	4	PA, LDD, SRX
VENTAVIS 20 MCG/1 ML SOLUTION	4	PA, LDD, SRX
VERAPAMIL 120 MG TABLET	1	
VERAPAMIL 40 MG TABLET	1	
VERAPAMIL 80 MG TABLET	1	
VERAPAMIL ER 120 MG CAPSULE	1	
VERAPAMIL ER 120 MG TABLET	1	
VERAPAMIL ER 180 MG CAPSULE	1	
VERAPAMIL ER 180 MG TABLET	1	
VERAPAMIL ER 240 MG CAPSULE	1	
VERAPAMIL ER 240 MG TABLET	1	
VERAPAMIL ER PM 100 MG CAPSULE	1	
VERAPAMIL ER PM 200 MG CAPSULE	1	
VERAPAMIL ER PM 300 MG CAPSULE	1	
VERAPAMIL SR 120 MG CAPSULE	1	
VERAPAMIL SR 180 MG CAPSULE	1	
VERAPAMIL SR 240 MG CAPSULE	1	
VERAPAMIL SR 360 MG CAPSULE	1	
VERASENS CONTROL SOLN-LEVEL 1	2	
VEREGEN 15% OINTMENT	3	PA
VERIFINE INS SYR 1 ML 29G 1/2"	2	
VERIFINE PEN NEEDLE 29G 12MM	2	
VERIFINE PEN NEEDLE 31G 5MM	2	
VERIFINE PEN NEEDLE 31G 8MM	2	
VERIFINE PEN NEEDLE 32G 4MM	2	
VERIFINE PEN NEEDLE 32G 6MM	2	
VERIFINE SYRING 0.5ML 29G 1/2"	2	
VERIFINE SYRING 1 ML 31G 5/16"	2	
VERIFINE SYRNG 0.3ML 31G 5/16"	2	
VERIFINE SYRNG 0.5ML 31G 5/16"	2	
VESTURA 3 MG-0.02 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VIKIRA PAK	4	PA, QL, SRX
VIENVA-28 TABLET	1	
VIGABATRIN 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	4	PA, QL, LDD, SRX
VIGADRONE 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VILAZODONE HCL 10 MG TABLET	3	QL
VILAZODONE HCL 20 MG TABLET	3	QL
VILAZODONE HCL 40 MG TABLET	3	QL
VINATE ONE	1	
VIOKACE 10,440-39,150 UNIT TAB	3	
VIOKACE 10,440-39,150 UNITS TB	3	
VIOKACE 20,880-78,300 UNITS TB	3	
VIORELE 28 DAY TABLET	1	
VIREAD 150 MG TABLET	2	
VIREAD 200 MG TABLET	2	
VIREAD 250 MG TABLET	2	
VIREAD POWDER	2	
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
VISTOGARD 10 GRAM PACKET	4	LDD, SRX
VIT A,C,D-FLUORIDE 0.25 MG/ML	1	
VITAFOL-OB	1	
VITAMIN D2 1.25MG(50,000 UNIT)	1	
VIVAGUARD INO CTRL SOLN-L1,2,3	2	
VIVAGUARD INO CTRL SOLN-L2	2	
VOLNEA 0.15-0.02-0.01 MGTAB	1	
VORICONAZOLE 200 MG TABLET	3	PA
VORICONAZOLE 40 MG/ML SUSP	3	PA
VORICONAZOLE 50 MG TABLET	3	PA
VORTEX ADULT MASK	2	QL
VORTEX HOLDING CHAMBER	2	QL
VORTEX HOLDING CHAMBER-CHILD	2	QL
VORTEX HOLDING CHAMBER-TODDLER	2	QL
VORTEX VHC FROG CHILD MASK	2	QL
VORTEX VHC LADYBUG TODDLER MSK	2	QL
VOTRIENT 200 MG TABLET	4	PA, QL, SRX
VRAYLAR 1.5 MG CAPSULE	3	QL, ST
VRAYLAR 1.5 MG-3 MG PACK	3	QL, ST
VRAYLAR 3 MG CAPSULE	3	QL, ST
VRAYLAR 4.5 MG CAPSULE	3	QL, ST
VRAYLAR 6 MG CAPSULE	3	QL, ST
VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VYLIBRA 28 TABLET	1	
WAKIX 17.8 MG TABLET	4	PA, QL, LDD, SRX
WAKIX 4.45 MG TABLET	4	PA, QL, LDD, SRX

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
WARFARIN SODIUM 1 MG TABLET	1		XIGDUO XR 10 MG-1,000 MG TAB	2	QL
WARFARIN SODIUM 10 MG TABLET	1		XIGDUO XR 10 MG-500 MG TABLET	2	QL
WARFARIN SODIUM 2 MG TABLET	1		XIGDUO XR 2.5 MG-1,000 MG TAB	2	QL
WARFARIN SODIUM 2.5 MG TABLET	1		XIGDUO XR 5 MG-1,000 MG TABLET	2	QL
WARFARIN SODIUM 3 MG TABLET	1		XIGDUO XR 5 MG-500 MG TABLET	2	QL
WARFARIN SODIUM 4 MG TABLET	1		XOLAIR 150 MG/1.2 ML POWDER VL	4	PA, LDD, SRX
WARFARIN SODIUM 5 MG TABLET	1		XOLAIR 150 MG/ML SYRINGE	4	PA, LDD, SRX
WARFARIN SODIUM 6 MG TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	4	PA, LDD, SRX
WARFARIN SODIUM 7.5 MG TABLET	1		XTAMPZA ER 13.5 MG CAPSULE	2	PA
WAVESENSE CONTROL SOLN NORMAL	2		XTAMPZA ER 18 MG CAPSULE	2	PA
WERA 0.5/0.035 MG 28 TABLET	1		XTAMPZA ER 27 MG CAPSULE	2	PA
WESCAP-PN DHA	1		XTAMPZA ER 36 MG CAPSULE	2	PA
WESNATE DHA	1		XTAMPZA ER 9 MG CAPSULE	2	PA
WESTAB PLUS	1		XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX
WESTHROID 32.5 MG TABLET	1		XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX
WESTHROID 65 MG TABLET	1		XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX
WIXELA 100-50 INHUB	1	QL	XULANE 150-35 MCG/DAY PATCH	1	
WIXELA 250-50 INHUB	1	QL	YALE NEEDLES 21GX1.25"	2	
WIXELA 500-50 INHUB	1	QL	YOURX ULTICARE PEN ND 4MM 32G	2	
WM UNIFINE PENTIP PLUS 4MM 32G	2		YOURX ULTICARE PEN ND 6MM 31G	2	
WM UNIFINE PENTIP PLUS 5MM 31G	2		YOURX ULTICARE PEN ND 8MM 31G	2	
WM UNIFINE PENTIP PLUS 6MM 31G	2		YUVAFEM 10 MCG VAGINAL INSERT	1	QL
WM UNIFINE PENTIP PLUS 8MM 31G	2		ZAFEMY 150-35 MCG/DAY PATCH	1	
WP THYROID 113.75 MG TABLET	2		ZAFIRLUKAST 10 MG TABLET	1	
WP THYROID 130 MG TABLET	2		ZAFIRLUKAST 20 MG TABLET	1	
WP THYROID 16.25 MG TABLET	2		ZALEPLON 10 MG CAPSULE	1	
WP THYROID 32.5 MG TABLET	2		ZALEPLON 5 MG CAPSULE	1	
WP THYROID 48.75 MG TABLET	2		ZARAH TABLET	1	
WP THYROID 65 MG TABLET	2		ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX
WP THYROID 81.25 MG TABLET	2		ZARXIO 480 MCG/0.8 ML SYRINGE	4	SRX
WP THYROID 97.5 MG TABLET	2		ZATEAN-PN DHA	1	
WYMZYA FE 0.4-0.035 MG CHEW TB	1		ZATEAN-PN PLUS	1	
XALKORI 200 MG CAPSULE	4	PA, QL, LDD, SRX	ZELBORAF 240 MG TABLET	4	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	4	PA, QL, LDD, SRX	ZELNORM	3	
XARELTO 1 MG/ML SUSPENSION	2	PA, QL	ZENATANE 10 MG CAPSULE	3	
XARELTO 10 MG TABLET	2	PA, QL	ZENATANE 20 MG CAPSULE	3	
XARELTO 15 MG TABLET	2	PA, QL	ZENATANE 30 MG CAPSULE	3	
XARELTO 2.5 MG TABLET	2	PA, QL	ZENATANE 40 MG CAPSULE	3	
XARELTO 20 MG TABLET	2	PA, QL	ZENZEDI 10 MG TABLET	1	QL
XARELTO DVT-PE TREAT START 30D	2	PA, QL	ZENZEDI 5 MG TABLET	1	QL
XELJANZ 1 MG/ML SOLUTION	4	PA, QL, SRX	ZETONNA 37 MCG NASAL SPRAY	3	ST
XELJANZ 10 MG TABLET	4	PA, QL, SRX	ZIDOVDINE 100 MG CAPSULE	1	
XELJANZ 5 MG TABLET	4	PA, QL, SRX	ZIDOVDINE 300 MG TABLET	1	
XELJANZ XR 11 MG TABLET	4	PA, QL, SRX	ZIDOVDINE 50 MG/5 ML SYRUP	1	
XELJANZ XR 22 MG TABLET	4	PA, QL, SRX	ZILEUTON ER 600 MG TABLET	4	SRX
XIFAXAN 200 MG TABLET	3	PA, QL	ZIOPTAN 0.0015% EYE DROPS	3	QL
XIFAXAN 550 MG TABLET	3	PA, QL	ZIPRASIDONE HCL 20 MG CAPSULE	1	

## 2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZIPRASIDONE HCL 40 MG CAPSULE	1	
ZIPRASIDONE HCL 60 MG CAPSULE	1	
ZIPRASIDONE HCL 80 MG CAPSULE	1	
ZIRGAN 0.15% OPHTHALMIC GEL	3	
ZOLADEX 10.8 MG IMPLANT SYRN	4	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	4	PA, SRX
ZOLINZA 100 MG CAPSULE	4	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	1	QL
ZOLMITRIPTAN 2.5 MG TABLET	1	QL
ZOLMITRIPTAN 5 MG ODT	1	QL
ZOLMITRIPTAN 5 MG TABLET	1	QL
ZOLPIDEM TART ER 12.5 MG TAB	3	
ZOLPIDEM TART ER 6.25 MG TAB	1	
ZOLPIDEM TARTRATE 10 MG TABLET	1	
ZOLPIDEM TARTRATE 5 MG TABLET	1	
ZONISAMIDE 100 MG CAPSULE	1	
ZONISAMIDE 25 MG CAPSULE	1	
ZONISAMIDE 50 MG CAPSULE	1	
ZONTIVITY 2.08 MG TABLET	3	
ZOSTAVAX VIAL	2	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	4	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	4	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	4	PA, QL, SRX
ZYLET EYE DROPS	3	PA

## Frequently Asked Questions (FAQs)

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

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

**A.** To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list.<sup>2,3</sup> We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Medications that:

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

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

A. Medications that are often:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**A.** Yes.

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

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

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

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

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

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

much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.<sup>4</sup>

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

**A.** Consider taking a medication that's covered on a lower tier (such as a generic or preferred brand medication) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to see if one of these options may work for you.

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

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.<sup>5</sup> Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality, and safety.

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

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

Generics typically cost much less than brand-name medications – in some cases, up to 85% less.<sup>5</sup> Just because generics cost less, it doesn't mean they're a lower-quality.

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

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

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

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

A. Yes.<sup>6</sup>

#### Express Scripts® Pharmacy for maintenance medications

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost<sup>7</sup>
- Refill reminders<sup>8</sup>
- Fill up to a 90-day supply at one time<sup>9</sup>
- Helpful pharmacists available 24/7

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)<sup>8</sup> electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

#### Accredo® for specialty medications

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

specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>10</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

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

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

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

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

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

### Excluded Services

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

1. **Services obtained from a Non-Participating/Out-of-Network Provider**, except for treatment of an Emergency Medical Condition or as otherwise stated in this EOC.
2. Any **amounts in excess of maximum benefit limitations of Covered Expenses** stated in this EOC.
3. Services **not specifically listed as Covered Services** in this EOC.
4. Services or supplies that are **not Medically Necessary**.
5. Services or supplies that are considered to be for **Experimental Procedures or Investigational Procedures or Unproven Procedures**.
6. Services **received before the Effective Date of coverage**.
7. Services **received after coverage under this EOC ends**.
8. Services **for which you have no legal obligation to pay** or for which no charge would be made if you did not have a health plan or insurance coverage.
9. Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, **under any workers' compensation, employer's liability law or occupational disease law**, even if the Member does not claim those benefits.
10. Conditions caused by: (a) an **act of war (declared or undeclared)**; (b) a Member **participating in the military service of any country**.
11. Any **services provided by a local, state or federal government agency**, except when payment under this EOC is expressly required by federal or state law.
12. Any **services required by state or federal law to be supplied by a public school system** or school district, except as stated under Mental Health and Substance Use Disorders.
13. Any **services for which payment may be obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
14. **If the Member is enrolled in Medicare** Part A, B, C or D, Cigna Healthcare will provide claim payment according to this EOC minus any amount paid by Medicare, not to exceed the amount Cigna Healthcare would have paid if it were the sole insurance carrier.
15. **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this EOC.
16. Professional **services or supplies received or purchased directly or on your behalf by anyone, including a Physician, from any of the following**:
  - o Yourself or your employer;
  - o A person who lives in the Member's home, or that person's employer;
  - o A facility or health care professional that provides remuneration to you, directly or indirectly, or to an organization from which you receive, directly or indirectly, remuneration.
17. Services of a Hospital emergency room **for any condition that is not an Emergency Medical Condition** as defined in this EOC.
18. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.**
19. **Private duty nursing** is available only in an inpatient setting when skilled nursing is not available from the facility.
20. Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or Physical Therapy.**
21. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
22. **Complementary and alternative medicine services, including but not limited to:** massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under "Rehabilitative Therapy" and "Habilitative Therapy" are not subject to this exclusion.
23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.**
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.



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

25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example-meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. **Services ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
  - Has not been actively involved in your medical care prior to ordering the service, or
  - Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic services**, braces and other orthodontic appliances except for orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Routine hearing tests** except as provided under Preventive Care.
34. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
35. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
36. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric Vision Care.
37. **An eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
38. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
39. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
40. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.
41. **Services and procedures for redundant skin surgery** including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and orthognathic surgeries.
42. Procedures, surgery or treatments to **change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
43. Any treatment, Prescription Drug, service or supply to **treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
44. All services related to **the treatment of fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this EOC.
45. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
46. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.

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

47. Blood administration **for the purpose of general improvement in physical condition.**
48. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
49. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
50. **Myoelectric Prostheses** peripheral nerve stimulators.
51. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
52. **Prefabricated foot Orthoses.**
53. **Cranial banding/cranial Orthoses/other similar devices,** except when used postoperatively for synostotic plagiocephaly.
54. **Orthosis shoes,** shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
55. **Orthoses primarily used for cosmetic** rather than functional reasons.
56. **Non-foot Orthoses,** except **only** the following non-foot Orthoses are covered when Medically Necessary:
  - Rigid and semi-rigid custom fabricated Orthoses;
  - Semi-rigid pre-fabricated and flexible Orthoses; and
  - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
57. **Routine physical exams or tests** that do not directly treat an actual illness, injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
58. Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
59. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.
60. **Nutritional counseling or food supplements,** except as stated in this EOC.
61. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the “Comprehensive Benefits: What the EOC Pays For” section of this EOC. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this EOC.
62. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under “Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)” in the section of this EOC titled “Comprehensive Benefits: What the EOC Pays For.”
63. **Foreign Country Provider charges** except as specifically stated under “Foreign Country Providers” in the section of this EOC titled “Comprehensive Benefits: What the EOC Pays For.”
64. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet except as otherwise stated in this EOC.
65. **Charges for which We are unable to determine Our liability** because the Member failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
66. Charges for the **services of a standby Physician.**
67. Charges for **animal to human organ transplants.**
68. **Claims received by Cigna Healthcare after 15 months from the date service was rendered,** except in the event of a legal incapacity.

### **Benefit Limitations**

Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision require Prior Authorization. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://www.cigna.com).
2. Prices shown on [myCigna](https://www.cigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://www.cigna.com) for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
4. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
5. Standard shipping costs are included as part of your prescription plan.
6. You can sign up to get emails and/or texts from Express Scripts® Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
7. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription. **Tier 4 medications are limited to a 30-day supply.**
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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