

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® App¹ or myCigna.com®. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



Cigna.com/ifp-drug-list. Select **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 HealthcareSM ID card. We're here 24/7/365.

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

About this drug list

This is a list of the prescription medications covered on the Cigna Premiere Arizona 4-Tier Prescription Drug List as of January 1, 2024.^{2,3} 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.

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

Abbreviations next to medications

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

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

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

Abbreviations next to medications (cont.)

SRX **Specialty Medications** – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have **SRX** next to them. **Your plan 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 PNTIP 12MM 29G	2		ACITRETIN 25 MG CAPSULE	3	
1ST TIER UNIFINE PNTIP 29GX1/2"	2		ACTEMRA 162 MG/0.9 ML SYRINGE	4	PA, QL, SRX
1ST TIER UNIFINE PNTIP 31GX1/4"	2		ACTEMRA ACTPEN 162 MG/0.9 ML	4	PA, QL, SRX
1ST TIER UNIFINE PNTIP 31GX3/16	2		ACTHIB VACCINE VIAL	2	
1ST TIER UNIFINE PNTIP 31GX5/16	2		ACTHIB VACCINE WITH DILUENT	2	
1ST TIER UNIFINE PNTIP 32GX5/32	2		ACTIMMUNE 100 MCG/0.5 ML VIAL	4	PA, LDD, SRX
2TEK CONTROL SOLUTION	2		ACYCLOVIR 200 MG CAPSULE	1	
ABACAVIR 20 MG/ML SOLUTION	1		ACYCLOVIR 200 MG/5 ML SUSP	1	
ABACAVIR 300 MG TABLET	1		ACYCLOVIR 400 MG TABLET	1	
ABACAVIR-LAMIVUDINE 600-300 MG	1		ACYCLOVIR 5% OINTMENT	3	PA, QL
ABACAVIR-LAMIVUDINE-ZIDOV TAB	1		ACYCLOVIR 800 MG TABLET	1	
ABIRATERONE ACETATE 250 MG TAB	4	PA, LDD, SRX	ADACEL TDAP SYRINGE	2	
ABIRATERONE ACETATE 500 MG TAB	4	PA, LDD, SRX	ADACEL TDAP VIAL	2	
ABOUTIME PEN NEEDLE 30G X 8MM	2		ADALIMUMAB-ADAZ	4	PA, QL, SRX
ABOUTIME PEN NEEDLE 31G X 5MM	2		ADAPALENE 0.1% CREAM	1	PA_AGE
ABOUTIME PEN NEEDLE 31G X 8MM	2		ADAPALENE 0.1% GEL	1	PA_AGE
ABOUTIME PEN NEEDLE 32G X 4MM	2		ADAPALENE 0.1% LOTION	1	PA_AGE
ACAMPROSATE CALC DR 333 MG TAB	2		ADAPALENE 0.1% SOLUTION	1	PA_AGE
ACARBOSE 100 MG TABLET	1		ADAPALENE 0.3% GEL	1	PA_AGE
ACARBOSE 25 MG TABLET	1		ADAPALENE 0.3% GEL PUMP	1	PA_AGE
ACARBOSE 50 MG TABLET	1		ADAPALENE-BNZYL PEROX 0.1-2.5%	1	
ACCU-CHEK AVIVA SOLUTION	2		ADEFOVIR DIPIVOXIL 10 MG TAB	4	SRX
ACCU-CHEK GUIDE L1-L2 CTRL SOL	2		ADEMPAS 0.5 MG TABLET	4	PA, LDD, SRX
ACCU-CHEK SMARTVIEW CONTRL SOL	2		ADEMPAS 1 MG TABLET	4	PA, LDD, SRX
ACUTANE 10 MG CAPSULE	3		ADEMPAS 1.5 MG TABLET	4	PA, LDD, SRX
ACUTANE 20 MG CAPSULE	3		ADEMPAS 2 MG TABLET	4	PA, LDD, SRX
ACUTANE 30 MG CAPSULE	3		ADEMPAS 2.5 MG TABLET	4	PA, LDD, SRX
ACUTANE 40 MG CAPSULE	3		ADVOCATE CONTROL SOLUTION HIGH	2	
ACCUTREND GLUCOSE CONTROL	2		ADVOCATE CONTROL SOLUTION LOW	2	
ACE AEROSOL CLOUD ENHANCER	2	QL	ADVOCATE INS 0.3 ML 30GX5/16"	2	
ACEBUTOLOL 200 MG CAPSULE	1		ADVOCATE INS 0.3 ML 31GX5/16"	2	
ACEBUTOLOL 400 MG CAPSULE	1		ADVOCATE INS 0.5 ML 30GX5/16"	2	
ACETAMN-CAF-DIHYDRCODEIN 320.5	1	PA	ADVOCATE INS 0.5 ML 31GX5/16"	2	
ACETAMIN-CODEIN 300-30 MG/12.5	1		ADVOCATE INS 1 ML 31GX5/16"	2	
ACETAMINOP-CODEINE 120-12 MG/5	1		ADVOCATE INS SYR 0.3ML 29GX1/2	2	
ACETAMINOPHEN-COD #2 TABLET	1	PA	ADVOCATE INS SYR 0.5ML 29GX1/2	2	
ACETAMINOPHEN-COD #3 TABLET	1	PA	ADVOCATE INS SYR 1 ML 29GX1/2"	2	
ACETAMINOPHEN-COD #4 TABLET	1	PA	ADVOCATE INS SYR 1 ML 30GX5/16	2	
ACETAZOLAMIDE 125 MG TABLET	1		ADVOCATE PEN ND. 12.7MM 29G	2	
ACETAZOLAMIDE 250 MG TABLET	1		ADVOCATE PEN NEEDLE 4MM 33G	2	
ACETAZOLAMIDE ER 500 MG CAP	1		ADVOCATE PEN NEEDLES 5MM 31G	2	
ACETIC ACID 0.25% IRRIG SOLN	1		ADVOCATE PEN NEEDLES 8MM 31G	2	
ACETIC ACID 2% EAR SOLUTION	1		ADVOCATE REDI-CODE+ CTRL SOLN	2	

2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
ALECENSA 150 MG CAPSULE	4	PA, QL, LDD, SRX
ALENDRONATE SOD 70 MG/75 ML	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
ALOCRIOL 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 160 MCG INHALER	3	ST
ALVESCO 80 MCG INHALER	3	ST
ALYACEN 1-35 28 TABLET	1	
ALYACEN 7-7-7-28 TABLET	1	
ALYQ 20 MG TABLET	4	PA, SRX
AMABELZ 0.5 MG-0.1 MG TABLET	1	
AMABELZ 1 MG-0.5 MG TABLET	1	
AMANTADINE 100 MG CAPSULE	1	
AMANTADINE 100 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/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	
AMLODIPINE-OLMESARTAN 10-40 MG	1	
AMLODIPINE-OLMESARTAN 5-20 MG	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
ANASTROZOLE 1 MG TABLET	1	
ANORO ELLIPTA 62.5-25 MCG INH	2	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)
ANUCORT-HC 25 MG SUPPOSITORY	1		ARIPRAZOLE 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	
ARIPRAZOLE 1 MG/ML SOLUTION	2		ASSURE ID SYR 1 ML 29GX1/2"	2	
ARIPRAZOLE 10 MG TABLET	1		ASSURE ID SYR 1 ML 31GX15/64"	2	
ARIPRAZOLE 15 MG TABLET	1		ASSURE PRISM CONTROL SOLUTION	2	
ARIPRAZOLE 2 MG TABLET	1		ASTAGRAF XL 0.5 MG CAPSULE	4	SRX
ARIPRAZOLE 20 MG TABLET	1		ASTAGRAF XL 1 MG CAPSULE	4	SRX
ARIPRAZOLE 30 MG TABLET	1		ASTAGRAF XL 5 MG CAPSULE	4	SRX
ARIPRAZOLE 5 MG TABLET	1		ASTHMA CHECK PEAK FLOW MTR	2	
ARIPRAZOLE ODT 10 MG TABLET	3		ASTHMAPACK CHILDREN'S CARE KIT	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)
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-CHLORTHALIDONE 100-25	1		AZELAIC ACID 15% GEL	1	
ATENOLOL-CHLORTHALIDONE 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 OPPTH	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 ND 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	
AUTOSOFT XC INFUSN SET 43" 6MM	2		BD ECLIPSE NEEDLE 22GX1"	2	
AUTOSOFT XC INFUSN SET 43" 9MM	2		BD ECLIPSE NEEDLE 23GX1"	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 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	
BD NEEDLE 22GX3/4"	2		BD SAFETYGLIDE NEEDLE 25GX1"	2	
BD NEEDLE 23GX1 1/2"	2		BD SAFETYGLIDE NEEDLE 27GX5/8"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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 ND 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	
BENAZEPRIL HCL 10 MG TABLET	1		BISOPROLOL-HCTZ 2.5-6.25 MG TB	1	
BENAZEPRIL HCL 20 MG TABLET	1		BISOPROLOL-HCTZ 5-6.25 MG TAB	1	
BENAZEPRIL HCL 40 MG TABLET	1		BLISOVI 24 FE TABLET	1	
BENAZEPRIL HCL 5 MG TABLET	1		BLISOVI FE 1.5-30 TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TAB	1		BLISOVI FE 1-20 TABLET	1	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	1		BLOOD GLUCOSE CONTROL SOLUTION	2	
BENAZEPRIL-HCTZ 20-25 MG TAB	1		BLUNT NEEDLE	2	
BENAZEPRIL-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
BETAMETHASONE DP AUG 0.05% GEL	1		BREATHRITE VALVED MDI SPACER	2	QL
BETAMETHASONE DP AUG 0.05% LOT	1		BREEZE 2 SOLUTION	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BREO ELLIPTA 100-25 MCG INH	2	QL	BUPROPION HCL SR 100 MG TABLET	1	QL
BREO ELLIPTA 200-25 MCG INH	2	QL	BUPROPION HCL SR 150 MG TABLET	1	QL
BRIELLYN TABLET	1		"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	1	
BRILINTA 60 MG TABLET	3		BUPROPION HCL SR 200 MG TABLET	1	QL
BRILINTA 90 MG TABLET	3		BUPROPION HCL XL 150 MG TABLET	1	QL
BRIMONIDINE 0.2% EYE DROP	1		BUPROPION HCL XL 300 MG TABLET	1	QL
BRIMONIDINE TARTRATE 0.15% DRP	1		BUSPIRONE HCL 10 MG TABLET	1	
BRIMONIDINE-TIMOLOL 0.2%-0.5%	3		BUSPIRONE HCL 15 MG TABLET	1	
BRINZOLAMIDE 1% EYE DROPS	2		BUSPIRONE HCL 30 MG TABLET	1	
BRIVIACT 10 MG TABLET	3	PA, QL	BUSPIRONE HCL 5 MG TABLET	1	
BRIVIACT 10 MG/ML ORAL SOLN	3	PA, QL	BUSPIRONE HCL 7.5 MG TABLET	1	
BRIVIACT 100 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-300	1	PA
BRIVIACT 25 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAF-COD 50-325	1	PA
BRIVIACT 50 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAFF 50-300-40	1	QL
BRIVIACT 75 MG TABLET	3	PA, QL	BUTALB-ACETAMIN-CAFF 50-325-40	1	QL
BROMFENAC SODIUM 0.09% EYE DRP	1		BUTALBITAL COMP-CODEINE #3 CAP	1	PA
BROMOCRIPTINE 2.5 MG TABLET	1		BUTALBITAL-ACETAMINOPHN 50-325	1	
BROMOCRIPTINE 5 MG CAPSULE	1		BUTALBITAL-ASPIRIN-CAFFEINE CP	1	QL
BROMPHEN-PSE-DM 2-30-10 MG/5ML	1		BUTALBITAL-ASPIRIN-CAFFEINE TB	1	QL
BROOKS INSULIN 0.3ML SYRN	2		BUTORPHANOL 10 MG/ML SPRAY	1	PA, QL
BUDESONIDE 0.25 MG/2 ML SUSP	3	QL	BYDUREON BCISE 2 MG AUTOINJECT	2	PA, QL
BUDESONIDE 0.5 MG/2 ML SUSP	3	QL	BYETTA 10 MCG DOSE PEN INJ	2	PA, QL
BUDESONIDE 1 MG/2 ML INH SUSP	3	QL	BYETTA 5 MCG DOSE PEN INJ	2	PA, QL
BUDESONIDE DR 3 MG CAPSULE	3		CA INS SYR 0.3 ML 30GX5/16"	2	
BUDESONIDE EC 3 MG CAPSULE	3		CA INS SYR 0.3 ML 31GX5/16"	2	
BUDESONIDE ER 9 MG TABLET	4	PA, QL, SRX	CA INS SYR 0.5 ML 30GX5/16"	2	
BUDESONIDE-FORMOTEROL 160-4.5	3	QL	CA INS SYR 0.5 ML 31GX5/16"	2	
BUDESONIDE-FORMOTEROL 80-4.5	3	QL	CA INSULIN SYR 0.3 ML 29GX1/2"	2	
BUMETANIDE 0.5 MG TABLET	1		CA INSULIN SYR 0.5 ML 29GX1/2"	2	
BUMETANIDE 1 MG TABLET	1		CA INSULIN SYR 1 ML 29GX1/2"	2	
BUMETANIDE 2 MG TABLET	1		CA INSULIN SYR 1 ML 30GX5/16"	2	
BUPRENORPHINE 10 MCG/HR PATCH	1	QL	CA INSULIN SYR 1 ML 31GX5/16"	2	
BUPRENORPHINE 15 MCG/HR PATCH	1	QL	CABERGOLINE 0.5 MG TABLET	1	QL
BUPRENORPHINE 2 MG TABLET SL	1		CABOMETYX 20 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 20 MCG/HR PATCH	1	QL	CABOMETYX 40 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 5 MCG/HR PATCH	1	QL	CABOMETYX 60 MG TABLET	4	PA, QL, LDD, SRX
BUPRENORPHINE 7.5 MCG/HR PATCH	1	QL	CAFFEINE CIT 60 MG/3 ML ORAL	1	
BUPRENORPHINE 8 MG TABLET SL	1		CALCIPOTRIENE 0.005% CREAM	1	
BUPRENORPHINE-NALOX 12-3MG FLM	1		CALCIPOTRIENE 0.005% OINTMENT	1	
BUPRENORPHINE-NALOX 2-0.5MG FM	1		CALCIPOTRIENE 0.005% SOLUTION	1	
BUPRENORPHINE-NALOX 2-0.5MG TB	1		CALCIPOTRIENE-BETAMETH DP OINT	3	
BUPRENORPHINE-NALOX 4-1MG FILM	1		CALCITONIN-SALMON 200 UNITS SP	1	
BUPRENORPHINE-NALOX 8-2 MG TAB	1		CALCITRIOL 0.25 MCG CAPSULE	1	
BUPRENORPHINE-NALOX 8-2MG FILM	1		CALCITRIOL 0.5 MCG CAPSULE	1	
BUPROPION HCL 100 MG TABLET	1	QL	CALCITRIOL 1 MCG/ML SOLUTION	1	
BUPROPION HCL 75 MG TABLET	1	QL			

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
CARBIDOPA-LEVODOPA 150 MG-ENTA	1	
CARBIDOPA-LEVODOPA 200 MG-ENTA	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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 PNTP 12MM 29G	2	
CAREONE UNIFINE PNTP 31GX3/16"	2	
CAREONE UNIFINE PNTP 31GX5/16"	2	
CAREONE UNIFINE PNTP 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	
CARETOUCH HYPODERMIC 25G 5/8"	2	
CARETOUCH LL SYR 3 ML 22G 1"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CARETOUCH LL SYR 3 ML 22G 1.5"	2	
CARETOUCH LL SYR 3 ML 23G 1"	2	
CARETOUCH LL SYR 3 ML 23G 1.5"	2	
CARETOUCH LL SYR 3 ML 25G 1"	2	
CARETOUCH LL SYR 3 ML 25G 1.5"	2	
CARETOUCH LL SYR 3 ML 25G 5/8"	2	
CARETOUCH PEN NEEDLE 29G 12MM	2	
CARETOUCH PEN NEEDLE 31GX1/4"	2	
CARETOUCH PEN NEEDLE 31GX3/16"	2	
CARETOUCH PEN NEEDLE 31GX5/16"	2	
CARETOUCH PEN NEEDLE 32GX3/16"	2	
CARETOUCH PEN NEEDLE 32GX5/32"	2	
CARETOUCH SYR 0.3 ML 31GX5/16"	2	
CARETOUCH SYR 0.5 ML 30GX5/16"	2	
CARETOUCH SYR 0.5 ML 31GX5/16"	2	
CARETOUCH SYR 1 ML 28GX5/16"	2	
CARETOUCH SYR 1 ML 29GX5/16"	2	
CARETOUCH SYR 1 ML 30GX5/16"	2	
CARETOUCH SYR 1 ML 31GX5/16"	2	
CARGLUMIC ACID 200 MG TAB SUSP	4	PA, SRX
CARISOPRODOL 250 MG TABLET	1	
CARISOPRODOL 350 MG TABLET	1	
CARISOPRODL-ASPIRIN 200-325 MG	1	
CARISOPRODOL-ASPIRIN-CODEIN TB	1	PA
CARTEOLOL HCL 1% EYE DROPS	1	
CARTIA XT 120 MG CAPSULE	1	
CARTIA XT 180 MG CAPSULE	1	
CARTIA XT 240 MG CAPSULE	1	
CARTIA XT 300 MG CAPSULE	1	
CARTRIDGE STAMPED IR 1200	2	
CARVEDILOL 12.5 MG TABLET	1	
CARVEDILOL 25 MG TABLET	1	
CARVEDILOL 3.125 MG TABLET	1	
CARVEDILOL 6.25 MG TABLET	1	
CAYSTON 75 MG INHAL SOLUTION	4	PA, QL, LDD, SRX
CAZANT 28 DAY TABLET	1	
CEFACTOR 125 MG/5 ML SUSP	1	
CEFACTOR 250 MG CAPSULE	1	
CEFACTOR 250 MG/5 ML SUSP	1	
CEFACTOR 375 MG/5 ML SUSPEN	1	
CEFACTOR 500 MG CAPSULE	1	
CEFACTOR ER 500 MG TABLET	1	
CEFADROXIL 1 GM TABLET	1	
CEFADROXIL 250 MG/5 ML SUSP	1	
CEFADROXIL 500 MG CAPSULE	1	
CEFADROXIL 500 MG/5 ML SUSP	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CEFDINIR 125 MG/5 ML SUSP	1	
CEFDINIR 250 MG/5 ML SUSP	1	
CEFDINIR 300 MG CAPSULE	1	
CEFDITOREN PIVOXIL 400 MG TAB	1	
CEFIXIME 100 MG/5 ML SUSP	1	
CEFIXIME 200 MG/5 ML SUSP	1	
CEFIXIME 400 MG CAPSULE	2	
CEFPODOXIME 100 MG TABLET	1	
CEFPODOXIME 100 MG/5 ML SUSP	1	
CEFPODOXIME 200 MG TABLET	1	
CEFPODOXIME 50 MG/5 ML SUSP	1	
CEFPROZIL 125 MG/5 ML SUSP	1	
CEFPROZIL 250 MG TABLET	1	
CEFPROZIL 250 MG/5 ML SUSP	1	
CEFPROZIL 500 MG TABLET	1	
CEFUROXIME AXETIL 250 MG TAB	1	
CEFUROXIME AXETIL 500 MG TAB	1	
CELECOXIB 100 MG CAPSULE	1	QL
CELECOXIB 200 MG CAPSULE	1	QL
CELECOXIB 400 MG CAPSULE	1	QL
CELECOXIB 50 MG CAPSULE	1	QL
CELONTIN	3	
CEPHALEXIN 125 MG/5 ML SUSP	1	
CEPHALEXIN 250 MG CAPSULE	1	
CEPHALEXIN 250 MG/5 ML SUSP	1	
CEPHALEXIN 500 MG CAPSULE	1	
CEPHALEXIN 750 MG CAPSULE	1	
CEQR SIMPLICITY INSERTER	2	
CETIRIZINE HCL 1 MG/ML SOLN	1	
CETIRIZINE HCL 1 MG/ML SYRUP	1	
CEVIMELINE HCL 30 MG CAPSULE	1	
CHARLOTTE 24 FE CHEWABLE TAB	1	
CHATEAL EQ-28 TABLET	1	
CHATEAL-28 TABLET	1	
CHEK-STIX STRIPS	2	
CHEMET	3	
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10 WITH SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 2 LN	2	
CHEMSTRIP 50B	2	
CHEMSTRIP 7	2	
CHEMSTRIP 9	2	
CHEMSTRIP BG DIARY	2	
CHEMSTRIP MICRAL TEST STRIP	2	
CHLORDIAZEPO-AMITRIPTYL 5-12.5	1	
CHLORDIAZEPOX-AMITRIPTYL 10-25	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
CIPROFLOXACIN 500 MG/5 ML SUSP	1	
CIPROFLOXACIN HCL 100 MG TAB	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
CLINDAMYCIN PHOS 1% PLEDGET	1	
CLINDAMYCIN PHOSP 1% LOTION	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
CLORAZEPATE 15 MG TABLET	1	
CLORAZEPATE 3.75 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
COMFORT EZ PEN NEEDLES 6MM 32G	2	
COMFORT EZ PEN NEEDLES 6MM 33G	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 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 ND 29GX1/2"	2		COTELLIC 20 MG TABLET	4	PA, QL, LDD, SRX
COMFORT POINT PEN ND 31GX1/3"	2		COVARYX TABLET	1	
COMFORT POINT PEN ND 31GX1/4"	2		COVARYX H.S. TABLET	1	
COMFORT POINT PEN ND 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 ND 31G 4MM	2		CRYSSELLE-28 TABLET	1	
COMFORT TOUCH PEN ND 31G 5MM	2		CVS KETONE CARE TEST STRIP	1	
COMFORT TOUCH PEN ND 31G 6MM	2		CYANOCOBALAMIN 1,000 MCG/ML VL	1	
COMFORT TOUCH PEN ND 31G 8MM	2		CYANOCOBALAMIN 10,000 MCG/10ML	1	
COMFORT TOUCH PEN ND 32G 4MM	2		CYANOCOBALAMIN 30,000 MCG/30ML	1	
COMFORT TOUCH PEN ND 32G 5MM	2		CYCLOBENZAPRINE 10 MG TABLET	1	
COMFORT TOUCH PEN ND 32G 6MM	2		CYCLOBENZAPRINE 5 MG TABLET	3	
COMFORT TOUCH PEN ND 32G 8MM	2		CYCLOMYDRIL EYE DROPS	1	
COMFORT TOUCH PEN ND 33G 4MM	2		CYCLOPENTOLATE 0.5% EYE DROPS	1	
COMFORT TOUCH PEN ND 33G 6MM	2		CYCLOPENTOLATE 1% EYE DROP	1	
COMFORT TOUCH PEN ND 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	
CONTACT DETACH INFUSN SET 23"	2		CYCLOSPORINE MODIFIED 25 MG	1	
CONTACT DETACH INFUSN SET 32"	2		CYCLOSPORINE MODIFIED 50 MG	1	

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

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DEXMETHYLPHENIDATE 5 MG TAB	1	QL
DEXMETHYLPHENIDATE ER 10 MG CP	1	QL
DEXMETHYLPHENIDATE ER 15 MG CP	1	QL
DEXMETHYLPHENIDATE ER 20 MG CP	1	QL
DEXMETHYLPHENIDATE ER 25 MG CP	1	QL
DEXMETHYLPHENIDATE ER 30 MG CP	1	QL
DEXMETHYLPHENIDATE ER 35 MG CP	1	QL
DEXMETHYLPHENIDATE ER 40 MG CP	1	QL
DEXMETHYLPHENIDATE 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
DIASTIX 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	
DICLOFENAC POT 50 MG TABLET	1	
DICLOFENAC SOD DR 25 MG TAB	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
DILTIAZEM 24H ER(LA) 240 MG TB	1	
DILTIAZEM 24H ER(LA) 300 MG TB	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
DOLISHALE 90-20 MCG TABLET	1	
DONEPEZIL HCL 10 MG TABLET	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
DRONABINOL 5 MG CAPSULE	3	
DROPLET 0.5 ML 29GX12.5MM(1/2)	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
DRUG MART ULTRA COMFORT SYR	2	
DUAVEE 0.45-20 MG TABLET	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
DULERA 100 MCG-5 MCG INHALER	3	QL, ST
DULERA 200 MCG-5 MCG INHALER	3	QL, ST
DULERA 50 MCG-5 MCG INHALER	3	QL, ST
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	
EASY TALK PLUS II HIGH CONTROL	2	
EASY TALK PLUS II LOW CTRL SLN	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH 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 INSULN 1ML 29GX1/2"	2	
EASY TOUCH FLIPLK NDL 23GX5/8	2		EASY TOUCH INSULN 1ML 30GX1/2"	2	
EASY TOUCH FLIPLK NDL 25GX1.5	2		EASY TOUCH INSULN 1ML 30GX5/16	2	
EASY TOUCH FLIPLK NDL 25GX5/8	2		EASY TOUCH INSULN 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	
EASY TOUCH HYPODERMIC 21GX1"	2		EASY TOUCH SYR 0.5ML 29G12.7MM	2	
EASY TOUCH HYPODERMIC 21GX1.5"	2		EASY TOUCH SYR 1 ML 27G 12.7MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH SYR 1 ML 27G 16MM	2	
EASY TOUCH SYR 1 ML 28G 12.7MM	2	
EASY TOUCH SYR 1 ML 29G 12.7MM	2	
EASY TOUCH SYR 3 ML 22GX1-1/2"	2	
EASY TOUCH SYR 3 ML 25GX5/8"	2	
EASY TOUCH SYRINGE 3 ML 20GX1"	2	
EASY TOUCH SYRINGE 3 ML 21GX1"	2	
EASY TOUCH SYRINGE 3 ML 22GX1"	2	
EASY TOUCH SYRINGE 3 ML 23GX1"	2	
EASY TOUCH SYRINGE 3 ML 25GX1"	2	
EASY TOUCH UNI-SLIP SYR 1 ML	2	
EASY TRAK CONTROL SOLN HIGH	2	
EASY TRAK CONTROL SOLN LOW	2	
EASY TRAK II CONTROL SOLUTION	2	
EASYGLUCO PLUS CTRL SOL NORMAL	2	
EASYMAX NORMAL CONTROL SOLN	2	
EASYMAX 15 LEVEL 2 SOLUTION	2	
EASYPOINT NEEDLE 18G X 1"	2	
EASYPOINT NEEDLE 18G X 1-1/2"	2	
EASYPOINT NEEDLE 20G X 1"	2	
EASYPOINT NEEDLE 20G X 1-1/2"	2	
EASYPOINT NEEDLE 21G X 1"	2	
EASYPOINT NEEDLE 21G X 1-1/2"	2	
EASYPOINT NEEDLE 22G X 1"	2	
EASYPOINT NEEDLE 22G X 1-1/2"	2	
EASYPOINT NEEDLE 23G X 1"	2	
EASYPOINT NEEDLE 25G 16MM	2	
EASYPOINT NEEDLE 25G X 1"	2	
EASYPOINT NEEDLE 25G X 5/8"	2	
EASYPOINT NEEDLE 25GX1-1/2"	2	
EASY-TOUCH INS 1 ML 31GX5/16"	2	
EASYTOUCH SAF PEN ND 30G 6MM	2	
EC-NAPROXEN DR 375 MG TABLET	1	
EC-NAPROXEN DR 500 MG TABLET	1	
ECONAZOLE NITRATE 1% CREAM	1	
ECONTRA EZ 1.5 MG TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1	
ED-SPAZ 0.125 MG ODT	1	
EDURANT 25 MG TABLET	2	
EEMT DS 1.25-2.5 MG TABLET	1	
EEMT HS 0.625-1.25 MG TABLET	1	
EFAVIR-EMTRI-TENOF 600-200-300	1	QL
EFAVIRENZ 200 MG CAPSULE	1	
EFAVIRENZ 50 MG CAPSULE	1	
EFAVIRENZ 600 MG TABLET	1	
EFAVIR-LAMIV-TENOF 400-300-300	1	QL

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
EFAVIR-LAMIV-TENOF 600-300-300	1	QL
EFFER-K 10 MEQ TABLET EFF	3	
EFFER-K 20 MEQ TABLET EFF	3	
ELEMENT COMPACT SOLN HIGH	2	
ELEMENT COMPACT SOLN NORMAL	2	
ELEMENT CONTROL SOLN NORMAL	2	
ELEMENT CONTROL SOLUTION HIGH	2	
ELEMENT CONTROL SOLUTION LOW	2	
ELETRIPTAN HBR 20 MG TABLET	1	QL
ELETRIPTAN HBR 40 MG TABLET	1	QL
ELINEST-28 TABLET	1	
ELIQUIS 2.5 MG TABLET	2	PA, QL
ELIQUIS 5 MG TABLET	2	PA, QL
ELIQUIS DVT-PE TREAT START 5MG	2	PA, QL
ELITE-OB CAPLET	1	
ELLA 30 MG TABLET	3	
ELMIRON 100 MG CAPSULE	3	
ELURYNG VAGINAL RING	1	
EMBRACE GLUC CONTROL SOLN HIGH	2	
EMBRACE EVO LEVEL 1 CTRL SOLN	2	
EMBRACE GLUC CONTROL SOLN LOW	2	
EMBRACE PEN NEEDLE 29G 12MM	2	
EMBRACE PEN NEEDLE 30G 5MM	2	
EMBRACE PEN NEEDLE 30G 8MM	2	
EMBRACE PEN NEEDLE 31G 5MM	2	
EMBRACE PEN NEEDLE 31G 6MM	2	
EMBRACE PEN NEEDLE 31G 8MM	2	
EMBRACE PEN NEEDLE 32G 4MM	2	
EMBRACE PRO CONTROL SOLUTION	2	
EMBRACE TALK CTRL SOL-HIGH(L2)	2	
EMBRACE TALK CTRL SOLN-LOW(L1)	2	
EMCYT 140 MG CAPSULE	4	SRX
EMEND 125 MG POWDER PACKET	4	PA, QL, SRX
EMOQUETTE 28 DAY TABLET	1	
EMTRICITABINE 200 MG CAPSULE	1	
EMTRICITABINE-TENOFV 100-150MG	1	
EMTRICITABINE-TENOFV 133-200MG	1	
EMTRICITABINE-TENOFV 167-250MG	1	
EMTRICITABINE-TENOFV 200-300MG	1	
EMTRIVA 10 MG/ML SOLUTION	2	
EMVERM 100 MG TABLET CHEW	3	
ENALAPRIL MALEATE 10 MG TAB	1	
ENALAPRIL MALEATE 2.5 MG TAB	1	
ENALAPRIL MALEATE 20 MG TAB	1	
ENALAPRIL MALEATE 5 MG TABLET	1	
ENALAPRIL-HCTZ 10-25 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)
ENALAPRIL-HCTZ 5-12.5 MG TAB	1		EPLERENONE 50 MG TABLET	1	
ENBREL 25 MG/0.5 ML SYRINGE	4	PA, QL, SRX	EPROSARTAN MESYLATE	1	
ENBREL 25 MG/0.5 ML VIAL	4	PA, QL, SRX	EQL INS SYR 1 ML 29GX1/2"	2	
ENBREL 50 MG/ML MINI CARTRIDGE	4	PA, QL, SRX	EQL INSUL SYR 0.3 ML 31GX5/16"	2	
ENBREL 50 MG/ML SURECLICK	4	PA, QL, SRX	EQL INSUL SYR 0.5 ML 31GX5/16"	2	
ENBREL 50 MG/ML SYRINGE	4	PA, QL, SRX	EQL INSULIN 0.3 ML SYRINGE	2	
ENDOCET 10-325 MG TABLET	1	PA	EQL INSULIN 0.5 ML SYRINGE	2	
ENDOCET 2.5-325 MG TABLET	1	PA	EQL INSULIN 1 ML SYRINGE	2	
ENDOCET 5-325 MG TABLET	1	PA	EQL INSULIN SYR 1 ML 31GX5/16"	2	
ENDOCET 7.5-325 MG TABLET	1	PA	EQL PEN 8MM 31G X 5/16" NEEDLE	2	
ENDOMETRIN 100 MG VAG INSERT	3	PA	ERGOLOID MESYLATES 1 MG TAB	1	
ENGERIX-B 20 MCG/ML SYRN	2		ERIVEDGE 150 MG CAPSULE	4	PA, QL, LDD, SRX
ENGERIX-B 20 MCG/ML VIAL	2		ERLOTINIB HCL 100 MG TABLET	4	PA, LDD, SRX
ENGERIX-B PEDI 10 MCG/0.5 SYRN	2		ERLOTINIB HCL 150 MG TABLET	4	PA, LDD, SRX
ENLITE SERTER	2		ERLOTINIB HCL 25 MG TABLET	4	PA, LDD, SRX
ENLYTE SOFTGEL	3		ERRIN 0.35 MG TABLET	1	
ENOXAPARIN 100 MG/ML SYRINGE	4	QL, SRX	ERTACZO	3	
ENOXAPARIN 120 MG/0.8 ML SYR	4	QL, SRX	ERY 2% PADS	1	
ENOXAPARIN 150 MG/ML SYRINGE	4	QL, SRX	ERYTHROCIN 250 MG TABLET	3	
ENOXAPARIN 30 MG/0.3 ML SYR	4	QL, SRX	ERYTHROMYCIN 0.5% EYE OINTMENT	1	
ENOXAPARIN 300 MG/3 ML VIAL	4	QL, SRX	ERYTHROMYCIN 2% GEL	3	
ENOXAPARIN 40 MG/0.4 ML SYR	4	QL, SRX	ERYTHROMYCIN 2% SOLUTION	1	
ENOXAPARIN 60 MG/0.6 ML SYR	4	QL, SRX	ERYTHROMYCIN 200 MG/5 ML SUSP	1	
ENOXAPARIN 80 MG/0.8 ML SYR	4	QL, SRX	ERYTHROMYCIN 250 MG TABLET	1	
ENPRESSE-28 TABLET	1		ERYTHROMYCIN 400 MG/5 ML SUSP	1	
ENSKYCE 28 TABLET	1		ERYTHROMYCIN 500 MG TABLET	1	
ENTACAPONE 200 MG TABLET	1		ERYTHROMYCIN DR 250 MG CAP	1	
ENTECAVIR 0.5 MG TABLET	4	SRX	ERYTHROMYCIN ES 400 MG TAB	1	
ENTECAVIR 1 MG TABLET	4	SRX	ERYTHROMYCIN-BENZOYL GEL	1	
ENTRESTO 24 MG-26 MG TABLET	3	QL	ESCITALOPRAM 10 MG TABLET	1	QL
ENTRESTO 49 MG-51 MG TABLET	3	QL	ESCITALOPRAM 20 MG TABLET	1	QL
ENTRESTO 97 MG-103 MG TABLET	3	QL	ESCITALOPRAM 5 MG TABLET	1	QL
ENULOSE 10 GM/15 ML SOLUTION	2		ESCITALOPRAM OXALATE 5 MG/5 ML	1	QL
EPCLUSA 150-37.5 MG PELLET PKT	4	PA, QL, SRX	ESOMEPRAZOLE DR 10 MG PACKET	1	QL
EPCLUSA 200 MG-50 MG TABLET	4	PA, QL, SRX	ESOMEPRAZOLE DR 20 MG PACKET	1	QL
EPCLUSA 200-50 MG PELLET PACK	4	PA, QL, SRX	ESOMEPRAZOLE DR 40 MG PACKET	2	QL
EPCLUSA 400 MG-100 MG TABLET	4	PA, QL, SRX	ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL
EPIDIOLEX 100 MG/ML SOLN PACK	3	PA, LDD	ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL
EPIDIOLEX 100 MG/ML SOLUTION	3	PA, LDD	ESOMEPRAZOLE DR 49.3 MG CAP	1	QL
EPIFOAM	3	SRX	ESTARYLLA 0.25-0.035 MG TABLET	1	
EPINASTINE HCL 0.05% EYE DROPS	1		ESTAZOLAM 1 MG TABLET	1	
EPINEPHRINE 0.15 MG AUTO-INJCT	1	QL	ESTAZOLAM 2 MG TABLET	1	
EPINEPHRINE 0.3 MG AUTO-INJECT	1	QL	ESTRADIOL 0.025 MG PATCH(1/WK)	1	QL
EPITOL 200 MG TABLET	1		ESTRADIOL 0.025 MG PATCH(2/WK)	1	QL
EPIVIR HBV 25 MG/5 ML SOLN	4	SRX	ESTRADIOL 0.0375MG PATCH(1/WK)	1	QL
EPLERENONE 25 MG TABLET	1		ESTRADIOL 0.0375MG PATCH(2/WK)	1	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
EUTHYROX 25 MCG TABLET	1		EXEL HYPO NEEDLE 30GX0.5"	2	
EUTHYROX 50 MCG TABLET	1		EXEL INS SYR U100 1 ML 28GX1/2	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	FETZIMA ER 20 MG CAPSULE	3	QL, ST
FEBUXOSTAT 80 MG TABLET	3	QL	FETZIMA ER 40 MG CAPSULE	3	QL, ST
FELBAMATE 400 MG TABLET	3		FETZIMA ER 80 MG CAPSULE	3	QL, ST

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
FIFTY50 GLUCOSE CONTROL SOLN	2		FLULAVAL QUAD	2	
FIFTY50 INS 0.3 ML 31GX5/16"	2		FLUMIST QUAD	2	
FIFTY50 INS 0.5 ML 31GX5/16"	2		FLUNISOLIDE 0.025% SPRAY	1	
FIFTY50 INS SYR 1 ML 31GX5/16"	2		FLUOCINOLONE 0.01% BODY OIL	1	
FIFTY50 PEN 31G X 3/16" NEEDLE	2		FLUOCINOLONE 0.01% CREAM	1	
FIFTY50 PEN 31G X 5/16" NEEDLE	2		FLUOCINOLONE 0.01% SCALP OIL	1	
FIFTY50 PEN NEEDLE 32G X 1/4"	2		FLUOCINOLONE 0.01% SOLUTION	1	
FIFTY50 PEN NEEDLE 32G X 5/32"	2		FLUOCINOLONE 0.025% CREAM	1	
FILTER ASPIRATOR NEEDLE	2		FLUOCINOLONE 0.025% OINTMENT	1	
FILTER NEEDLE	2		FLUOCINOLONE OIL 0.01% EAR DRP	1	
FILTER NEEDLE 19GX1-1/2"	2		FLUOCINONIDE 0.05% CREAM	1	
FILTER NEEDLE 5 MICRON	2		FLUOCINONIDE 0.05% GEL	1	
FINASTERIDE 5 MG TABLET	1		FLUOCINONIDE 0.05% OINTMENT	1	
FINGOLIMOD 0.5 MG CAPSULE	4	PA, QL, SRX	FLUOCINONIDE 0.05% SOLUTION	1	
FINZALA 1-0.02(24)-75 CHEW TAB	1		FLUOCINONIDE 0.1% CREAM	1	
FIRVANQ 25 MG/ML SOLUTION	2	QL	FLUOCINONIDE-E 0.05% CREAM	1	
FIRVANQ 50 MG/ML SOLUTION	2	QL	FLUORIDEX DAILY DEFENSE	1	
FLAC OTIC OIL 0.01% EAR DROP	1		FLUORIDEX SENSITIV RLF PASTE	1	
FLAVOXATE HCL 100 MG TABLET	1		FLUOROMETHOLONE 0.1% DROPS	1	
FLECAINIDE ACETATE 100 MG TAB	1		FLUOROURACIL 0.5% CREAM	3	
FLECAINIDE ACETATE 150 MG TAB	1		FLUOROURACIL 2% TOPICAL SOLN	1	
FLECAINIDE ACETATE 50 MG TAB	1		FLUOROURACIL 5% CREAM	1	
FLEXICHAMBER	2	QL	FLUOROURACIL 5% TOPICAL SOLN	1	
FLEXICHAMBER-LG CHILD MASK	2	QL	FLUOXETINE 20 MG/5 ML SOLUTION	1	QL
FLEXICHAMBER-SM ADULT MASK	2	QL	FLUOXETINE DR 90 MG CAPSULE	1	QL
FLEXICHAMBER-SM CHILD MASK	2	QL	FLUOXETINE HCL 10 MG CAPSULE	1	QL
FLOVENT 100 MCG DISKUS	2	QL	FLUOXETINE HCL 20 MG CAPSULE	1	QL
FLOVENT 250 MCG DISKUS	2	QL	FLUOXETINE HCL 40 MG CAPSULE	1	QL
FLOVENT 50 MCG DISKUS	2	QL	FLUPHENAZINE 1 MG TABLET	1	
FLOVENT HFA 110 MCG INHALER	2	QL	FLUPHENAZINE 10 MG TABLET	1	
FLOVENT HFA 220 MCG INHALER	2	QL	FLUPHENAZINE 2.5 MG TABLET	1	
FLOVENT HFA 44 MCG INHALER	2	QL	FLUPHENAZINE 2.5 MG/5 ML ELIX	1	
FLOW-EZE VENTED NEEDLE	2		FLUPHENAZINE 5 MG TABLET	1	
FLUAD QUAD	2		FLUPHENAZINE 5 MG/ML CONC	1	
FLUARIX QUAD	2		FLURANDRENOLIDE 0.05% CREAM	3	
FLUBLOK QUAD	2		FLURANDRENOLIDE 0.05% LOTION	3	
FLUCELVAX QUAD	2		FLURANDRENOLIDE 0.05% OINTMENT	3	
FLUCONAZOLE 10 MG/ML SUSP	1		FLURBIPROFEN 100 MG TABLET	1	
FLUCONAZOLE 100 MG TABLET	1		FLURBIPROFEN 0.03% EYE DROP	1	
FLUCONAZOLE 150 MG TABLET	1		FLUTAMIDE 125 MG CAPSULE	1	
FLUCONAZOLE 200 MG TABLET	1		FLUTICASONE PROP 0.005% OINT	1	
FLUCONAZOLE 40 MG/ML SUSP	1		FLUTICASONE PROP 0.05% CREAM	1	
FLUCONAZOLE 50 MG TABLET	1		FLUTICASONE PROP 0.05% LOTION	1	
FLUCYTOSINE 250 MG CAPSULE	3		FLUTICASONE PROP 50 MCG SPRAY	1	
FLUCYTOSINE 500 MG CAPSULE	3		FLUTICASONE-SALMETEROL 100-50	1	QL
FLUDROCORTISONE 0.1 MG TABLET	1		FLUTICASONE-SALMETEROL 250-50	1	QL
			FLUTICASONE-SALMETEROL 500-50	1	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL, SRX	GALZIN 50 MG CAPSULE	3	
FRAGMIN 5,000 UNIT/0.2 ML SYR	4	QL, SRX	GARDASIL 9 SYRINGE	2	
FRAGMIN 7,500 UNIT/0.3 ML SYR	4	QL, SRX	GARDASIL 9 VIAL	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)
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	
GLIMEPIRIDE 1 MG TABLET	1		GNP ULTICARE PEN NDL 31G 5MM	2	
GLIMEPIRIDE 2 MG TABLET	1		GNP ULTICARE PEN NDL 31G 8MM	2	
GLIMEPIRIDE 4 MG TABLET	1		GNP ULTICARE PEN NDL 32G 4MM	2	
			GNP ULTICARE PEN NDL 32G 6MM	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GNP ULTIGUARD SAFEPAK 31G 5MM	2	
GNP ULTIGUARD SAFEPAK 31G 8MM	2	
GNP ULTIGUARD SAFEPAK 32G 4MM	2	
GNP ULTIGUARD SAFEPAK 32G 6MM	2	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	2	
GNP ULTR CMFRT 0.5 ML 30GX5/16	2	
GNP ULTR COMFORT 1 ML 29GX1/2"	2	
GNP ULTRA COMFORT 0.5 ML SYR	2	
GNP ULTRA COMFORT 1 ML SYRINGE	2	
GNP ULTRA COMFORT 3/10 ML SYR	2	
GNP ULTRA COMFRT 1 ML 28GX1/2"	2	
GOJJI GLUCOSE CONTROL SOLUTION	2	
GOJJI KETONE CONTROL SOLUTION	2	
GRANISETRON HCL 0.1 MG/ML VIAL	3	
GRANISETRON HCL 1 MG TABLET	3	
GRANISETRON HCL 1 MG/ML VIAL	3	
GRANISETRON HCL 4 MG/4 ML VIAL	3	
GRISEOFULVIN 125 MG/5 ML SUSP	1	
GRISEOFULVIN MICRO 500 MG TAB	1	
GRISEOFULVIN ULTRA 125 MG TAB	1	
GRISEOFULVIN ULTRA 250 MG TAB	1	
GS PEN NEEDLE 31G X 5/16"	2	
GS PEN NEEDLE 31G X 5MM	2	
GS PEN NEEDLE 31G X 6MM	2	
GS PEN NEEDLE 31G X 8MM	2	
GS PEN NEEDLE 32G X 4MM	2	
GS PEN NEEDLE 32G X 6MM	2	
GUANFACINE 1 MG TABLET	1	
GUANFACINE 2 MG TABLET	1	
GUANFACINE HCL ER 1 MG TABLET	1	QL
GUANFACINE HCL ER 2 MG TABLET	1	QL
GUANFACINE HCL ER 3 MG TABLET	1	QL
GUANFACINE HCL ER 4 MG TABLET	1	QL
GUARDIAN RT CHARGER	2	
GUARDIAN RT REPLACE TEST PLUG	2	
GUARDIAN RT STARTER KIT	2	
GUARDIAN RT SYSTEM	2	
GUARDIAN TEST PLUG	2	
GUARDIAN TRANSMITTER TAPE	2	
GYNAZOLE 1	1	
HADLIMA	4	PA, QL, SRX
HAILEY 21 1.5 MG-30 MCG TAB	1	
HAILEY 24 FE 1 MG-20 MCG TAB	1	
HAILEY FE 1.5-30 TABLET	1	
HAILEY FE 1-20 TABLET	1	
HALCINONIDE 0.1% CREAM	3	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HALOBETASOL PROP 0.05% CREAM	1	
HALOBETASOL PROP 0.05% OINTMNT	1	
HALOETTE VAGINAL RING	1	
HALOPERIDOL 0.5 MG TABLET	1	
HALOPERIDOL 1 MG TABLET	1	
HALOPERIDOL 10 MG TABLET	1	
HALOPERIDOL 2 MG TABLET	1	
HALOPERIDOL 20 MG TABLET	1	
HALOPERIDOL 5 MG TABLET	1	
HALOPERIDOL LAC 10 MG/5 ML CUP	1	
HALOPERIDOL LAC 2 MG/ML CONC	1	
HARVONI 33.75-150 MG PELLETT PK	4	PA, QL, SRX
HARVONI 45-200 MG PELLETT PK	4	PA, QL, SRX
HARVONI 45-200 MG TABLET	4	PA, QL, SRX
HARVONI 90-400 MG TABLET	4	PA, QL, SRX
HAVRIX 1,440 UNIT/ML SYRINGE	2	
HAVRIX 720 UNIT/0.5 ML SYRINGE	2	
HEALTHPRO GLUCOSE CONTROL SOLN	2	
HEALTHWISE INS 0.3ML 30GX5/16"	2	
HEALTHWISE INS 0.3ML 31GX5/16"	2	
HEALTHWISE INS 0.5ML 30GX5/16"	2	
HEALTHWISE INS 0.5ML 31GX5/16"	2	
HEALTHWISE INS 1 ML 30GX5/16"	2	
HEALTHWISE INS 1 ML 31GX5/16"	2	
HEALTHWISE PEN NEEDLE 31G 5MM	2	
HEALTHWISE PEN NEEDLE 31G 8MM	2	
HEALTHWISE PEN NEEDLE 32G 4MM	2	
HEALTHY ACCENTS PENTIP 4MM 32G	2	
HEALTHY ACCENTS PENTIP 5MM 31G	2	
HEALTHY ACCENTS PENTIP 6MM 31G	2	
HEALTHY ACCENTS PENTIP 8MM 31G	2	
HEALTHY ACCENTS PENTIP 12MM 29G	2	
HEATHER 0.35 MG TABLET	1	
HEB UNIFINE PNTIP PLUS 31GX3/16	2	
HEMA-COMBISTIX	2	
HEMANGEOL	3	LDD
HEMMOREX-HC 25 MG SUPPOSITORY	1	
HEMMOREX-HC 30 MG SUPPOSITORY	1	
HEPARIN SOD 5,000 UNIT/0.5 ML	1	
HEPARIN SOD 5,000 UNIT/ML SYRNG	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	
HER STYLE 1.5 MG TABLET	1	
HETLIOZ LQ 4 MG/ML SUSPENSION	4	PA, LDD, SRX
HIBERIX VACCINE VIAL	2	
HIBERIX VACCINE WITH DILUENT	2	
HM ULTICARE PEN NEEDLE 4MM 32G	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
HM ULTICARE PEN NEEDLE 5MM 31G	2		HYDROCHLOROTHIAZIDE 25 MG TAB	1	
HM ULTICARE PEN NEEDLE 6MM 31G	2		HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HM ULTICARE PEN NEEDLE 8MM 31G	2		HYDROCODONE ER 100 MG TABLET	1	PA
HOMATROPAIRE 5% EYE DROPS	1		HYDROCODONE ER 120 MG TABLET	1	PA
HOMATROPINE 5% EYE DROPS	1		HYDROCODONE ER 20 MG TABLET	1	PA
HUMALOG 100 UNIT/ML CARTRIDGE	2	QL	HYDROCODONE ER 30 MG TABLET	1	PA
HUMALOG 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 40 MG TABLET	1	PA
HUMALOG 100 UNIT/ML VIAL	2	QL	HYDROCODONE ER 60 MG TABLET	1	PA
HUMALOG 200 UNIT/ML KWIKPEN	2	QL	HYDROCODONE ER 80 MG TABLET	1	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-300 MG	1	PA
HUMALOG MIX 50-50 VIAL	2	QL	HYDROCODONE-ACETAMIN 10-325 MG	1	PA
HUMALOG MIX 50-50 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 10-325/15	1	PA
HUMALOG MIX 75-25 VIAL	2	QL	HYDROCODONE-ACETAMIN 2.5-108/5	1	PA
HUMALOG MIX 75-25 KWIKPEN	2	QL	HYDROCODONE-ACETAMIN 5-217/10	1	PA
HUMALOG TEMPO PEN 100 UNIT/ML	2	QL	HYDROCODONE-ACETAMIN 5-300 MG	1	PA
HUMATROPE 12 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 5-325 MG	1	PA
HUMATROPE 24 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-300	1	PA
HUMATROPE 6 MG CARTRIDGE	4	PA, SRX	HYDROCODONE-ACETAMIN 7.5-325	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA, QL, SRX	HYDROCODONE-ACETAMN 7.5-325/15	1	PA
HUMIRA PEN 40 MG/0.8 ML	4	PA, QL, SRX	HYDROCODONE-CHLORPHEN ER SUSP	1	
HUMIRA PEN CROHN-UC-HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5-1.5	1	QL
HUMIRA PEN PS-UV-ADOL HS 40 MG	4	PA, QL, SRX	HYDROCODONE-HOMATROPINE SOLN	1	QL
HUMIRA(CF) 10 MG/0.1 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10-200	1	PA
HUMIRA(CF) 20 MG/0.2 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG	1	PA
HUMIRA(CF) 40 MG/0.4 ML SYRING	4	PA, QL, SRX	HYDROCODONE-IBUPROFEN 7.5-200	1	PA
HUMIRA(CF) PEDI CROHN 80-40 MG	4	PA, QL, LDD, SRX	HYDROCORTISON-ACETIC ACID SOLN	1	
HUMIRA(CF) PEDI CROHN 80MG/0.8	4	PA, QL, LDD, SRX	HYDROCORTISONE 1% CREAM	1	
HUMIRA(CF) PEN 40 MG/0.4 ML	4	PA, QL, SRX	HYDROCORTISONE 1% OINTMENT	1	
HUMIRA(CF) PEN 80 MG/0.8 ML	4	PA, QL, SRX	HYDROCORTISONE 10 MG TABLET	1	
HUMIRA(CF) PEN CRHN-UC-HS 80MG	4	PA, QL, SRX	HYDROCORTISONE 100 MG/60 ML	1	
HUMIRA(CF) PEN PEDI UC 80 MG	4	PA, QL, LDD, SRX	HYDROCORTISONE 2.5% CREAM	1	
HUMIRA(CF) PEN PS-UV-AHS 80-40	4	PA, QL, SRX	HYDROCORTISONE 2.5% LOTION	1	
HUMULIN 70/30 KWIKPEN	2	QL	HYDROCORTISONE 2.5% OINTMENT	1	
HUMULIN 70-30 VIAL	2	QL	HYDROCORTISONE 20 MG TABLET	1	
HUMULIN N 100 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE 5 MG TABLET	1	
HUMULIN N 100 UNIT/ML VIAL	2	QL	HYDROCORTISONE AC 25 MG SUPP	1	
HUMULIN R 100 UNIT/ML VIAL	2	QL	HYDROCORTISONE AC 30 MG SUPP	1	
HUMULIN R 500 UNIT/ML KWIKPEN	2	QL	HYDROCORTISONE BUTY 0.1% CREAM	1	
HUMULIN R 500 UNIT/ML VIAL	2	QL	HYDROCORTISONE BUTYR 0.1% OINT	1	
HYCAMTIN 0.25 MG CAPSULE	4	PA, SRX	HYDROCORTISONE BUTYR 0.1% SOLN	1	
HYCAMTIN 1 MG CAPSULE	4	PA, SRX	HYDROCORTISONE VAL 0.2% CREAM	1	
HYDRALAZINE 10 MG TABLET	1		HYDROCORTISONE VAL 0.2% OINTMT	1	
HYDRALAZINE 100 MG TABLET	1		HYDROMET 5 MG-1.5 MG/5 ML SOLN	1	QL
HYDRALAZINE 25 MG TABLET	1		HYDROMORPHONE 1 MG/ML SOLUTION	1	PA
HYDRALAZINE 50 MG TABLET	1		HYDROMORPHONE 2 MG TABLET	1	PA
HYDROCHLOROTHIAZIDE 12.5 MG CP	1		HYDROMORPHONE 3 MG SUPPOS	1	PA
HYDROCHLOROTHIAZIDE 12.5 MG TB	1		HYDROMORPHONE 4 MG TABLET	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)
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	
HYPONEDDLE,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	
ICLEVIA 0.15 MG-0.03 MG TABLET	1		INFINITY CONTROL SOLN HIGH	2	
ICLUSIG 10 MG TABLET	4	PA, QL, LDD, SRX	INFINITY CONTROL SOLN LOW	2	
ICLUSIG 15 MG TABLET	4	PA, QL, LDD, SRX	INFINITY CONTROL SOLN NORMAL	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
INSULIN SYRIN 0.5 ML 30G 5/16"	2		INSUPEN PEN NEEDLE 32GX5/32"	2	
INSULIN SYRIN 0.5 ML 30GX1/2"	2		INSUPEN PEN NEEDLE 32GX6MM	2	
INSULIN SYRIN 0.5 ML 30GX5/16"	2		INSUPEN PEN NEEDLE 32GX8MM	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 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		KINRET 100 MG/0.67 ML SYRINGE	4	PA, QL, LDD, SRX
IVERMECTIN 3 MG TABLET	1	PA	KINRAY INS SYR 1 ML 31GX5/16"	2	
JAIMIESS	1		KINRAY SYRING 0.3 ML 31GX5/16"	2	
JAKAFI 10 MG TABLET	4	PA, QL, LDD, SRX	KINRAY SYRING 0.5 ML 31GX5/16"	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)
KINRIX TIP-LOK SYRINGE	2		LACTULOSE 10 GM/15 ML SOLUTION	1	
KINRIX VIAL	2		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	
LACOSAMIDE 100 MG TABLET	2	QL	LARISSIA	1	
LACOSAMIDE 150 MG TABLET	2	QL	LATANOPROST 0.005% EYE DROPS	1	
LACOSAMIDE 200 MG TABLET	2	QL	LAYOLIS FE	3	
LACOSAMIDE 50 MG TABLET	2	QL	LEADER INS SYR 0.3 ML 29GX1/2"	2	
LACRISERT	3		LEADER INS SYR 0.5 ML 28GX1/2"	2	
LACTATED RINGERS IRRIGATION	1		LEADER INS SYR 0.5 ML 29GX1/2"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
LEVEMIR	3	QL, ST	LEVO-T 75 MCG TABLET	1	
LEVEMIR FLEXPEN	3	QL, ST	LEVO-T 88 MCG TABLET	1	
LEVEMIR FLEXTOUCH	3	QL, ST	LEVOTHYROXINE 100 MCG TABLET	1	
LEVETIRACETAM 1,000 MG TABLET	1		LEVOTHYROXINE 112 MCG TABLET	1	
LEVETIRACETAM 1,000 MG/10 ML	1		LEVOTHYROXINE 125 MCG TABLET	1	
LEVETIRACETAM 100 MG/ML SOLN	1		LEVOTHYROXINE 137 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)
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	
LISINOPRIL 2.5 MG TABLET	1		LORAZEPAM 1 MG TABLET	1	
LISINOPRIL 20 MG TABLET	1		LORAZEPAM 2 MG TABLET	1	
LISINOPRIL 30 MG TABLET	1		LORAZEPAM 2 MG/ML ORAL CONCENT	1	
LISINOPRIL 40 MG TABLET	1		LORAZEPAM INTENSOL	1	
LISINOPRIL 5 MG TABLET	1		LORCET 5-325 MG TABLET	1	PA
LISINOPRIL-HCTZ 10-12.5 MG TAB	1		LORCET HD	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)
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 NDL 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 NDL 29G X 5MM	2	
LOVASTATIN 40 MG TABLET	1		MAXICOMFORT PEN NDL 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
MAGELLAN INSULIN SYR 0.3 ML	2		MEKINIST 0.5 MG TABLET	4	PA, QL, SRX
MAGELLAN INSULIN SYR 0.5 ML	2		MEKINIST 2 MG TABLET	4	PA, QL, SRX
MAGELLAN INSULIN SYRINGE 1 ML	2		MELODETTA 24 FE CHEWABLE TAB	1	
MALATHION 0.5% LOTION	1		MELOXICAM 15 MG TABLET	1	
MAPROTIline 25 MG TABLET	1		MELOXICAM 7.5 MG TABLET	1	
MAPROTIline 75 MG TABLET	1		MELPHALAN 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)
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
METHAZOLAMIDE 50 MG TABLET	1		METHYLPHENIDATE ER(LA) 20MG CP	1	QL
METHENAMINE HIPP 1 GM TABLET	1		METHYLPHENIDATE ER(LA) 30MG CP	1	QL
METHENAMINE MAND 1 GM TABLET	1		METHYLPHENIDATE ER(LA) 40MG CP	1	QL
METHENAMINE MAND 500 MG TABLET	1		METHYLPHENIDATE LA 10 MG CAP	1	QL
METHERGINE 0.2 MG TABLET	3		METHYLPHENIDATE LA 20 MG CAP	1	QL
METHIMAZOLE 10 MG TABLET	1		METHYLPHENIDATE LA 30 MG CAP	1	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
MICONAZOLE 3 200 MG VAG SUPP	1		MINIMED QUICK SET INF 23" 9MM	2	
MICROCHAMBER	2	QL	MINIMED QUICK SET INF 32" 6MM	2	
MICRODOT HIGH-LOW CONTROL SOL	2		MINIMED QUICK SET INF 32" 9MM	2	
MICRODOT NORMAL CONTROL SOLUT	2		MINIMED QUICK SET INF 43" 6MM	2	
MICRODOT PEN NEEDLE 31GX6MM	2		MINIMED QUICK SET INF 43" 9MM	2	
MICRODOT PEN NEEDLE 32GX4MM	2		MINIMED QUICK-SERTER	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 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	
MIRTAZAPINE 45 MG TABLET	1		MONOJECT BLD COL NEEDL 20GX1.5	2	
MIRTAZAPINE 7.5 MG TABLET	1		MONOJECT BLD COL NEEDLE 20GX1"	2	
MISOPROSTOL 100 MCG TABLET	1		MONOJECT BLD COL NEEDLE 21GX1"	2	
MISOPROSTOL 200 MCG TABLET	1		MONOJECT BLD COL NEEDLE 22GX1"	2	
M-M-R II VACCINE VIAL	2		MONOJECT FILTR 18GX1.5" NEEDLE	2	
M-NATAL PLUS	1		MONOJECT HYPO NDL 27GX1-1/2"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
MORPHINE SULF 10 MG SUPPOS	1	PA	MULTIVIT-FLUOR 0.5 MG TAB CHEW	1	
MORPHINE SULF 10 MG/5 ML SOLN	1	PA	MULTIVIT-FLUORIDE 1 MG TAB CHW	1	
MORPHINE SULF 100 MG/5 ML CONC	1	PA	MUPIROCIN 2% CREAM	1	
MORPHINE SULF 20 MG SUPPOS	1	PA	MUPIROCIN 2% OINTMENT	1	
MORPHINE SULF 20 MG/5 ML SOLN	1	PA	MY CHOICE 1.5 MG TABLET	1	
MORPHINE SULF 30 MG SUPPOS	1	PA	MY WAY 1.5 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)
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-POLYMIX 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	
NARATRIPTAN HCL 1 MG TABLET	1	QL	NEVIRAPINE ER 100 MG TABLET	1	
NARATRIPTAN HCL 2.5 MG TABLET	1	QL	NEVIRAPINE ER 400 MG TABLET	1	
NATACYN 5% EYE DROPS	3		NEW DAY 1.5 MG TABLET	1	
NATAZIA 28 TABLET	3		NEWGEN TABLET	1	
NATEGLINIDE 120 MG TABLET	1		NIACIN ER 1,000 MG TABLET	1	
NATEGLINIDE 60 MG TABLET	1		NIACIN ER 500 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)
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	
NIVA-PLUS TABLET	1		NOVOFINE 32G NEEDLES	2	
NIVESTYM 300 MCG/0.5 ML SYRING	4	SRX	NOVOFINE AUTOCOVER 30G NEEDLE	2	
NIVESTYM 300 MCG/ML VIAL	4	SRX	NOVOFINE PLUS PEN NDJ 32GX1/6"	2	
NIVESTYM 480 MCG/0.8 ML SYRING	4	SRX	NOVOLOG 100 UNIT/ML FLEXPEN	3	QL, ST
NIVESTYM 480 MCG/1.6 ML VIAL	4	SRX	NOVOLOG 100 UNIT/ML VIAL	3	QL, ST
NIZATIDINE 150 MG CAPSULE	1		NOVOLOG MIX 70-30 FLEXPEN	3	QL, ST

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
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

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
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	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL	OPTICHAMBER DIAMOND W-SML MASK	2	QL
OMNIPOD CLASSIC PODS (GEN 3)	2		OPTION 2 1.5 MG TABLET	1	
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL	OPTUMRX GLUCOSE CONTROL SOLN	2	
OMNIPOD DASH PODS (GEN 4)	2		ORACIT ORAL SOLUTION	3	
OMNIPOD GO 10 UNIT/DAY PODS	2		ORALONE 0.1% PASTE	1	
OMNIPOD GO 15 UNIT/DAY PODS	2		ORPHENADRINE ER 100 MG TABLET	1	
OMNIPOD GO 20 UNIT/DAY PODS	2		OSCIMIN 0.125 MG TABLET	1	
OMNIPOD GO 25 UNIT/DAY PODS	2		OSCIMIN SL 0.125 MG TABLET	1	
OMNIPOD GO 30 UNIT/DAY PODS	2		OSCIMIN SR 0.375 MG TABLET	1	
OMNIPOD GO 35 UNIT/DAY PODS	2		OSELTAMIVIR 6 MG/ML SUSPENSION	1	QL
OMNIPOD GO 40 UNIT/DAY PODS	2		OSELTAMIVIR PHOS 30 MG CAPSULE	1	QL
ON CALL EXPRESS CONTROL SOLN	2		OSELTAMIVIR PHOS 45 MG CAPSULE	1	QL
ON CALL PLUS CONTROL	2		OSELTAMIVIR PHOS 75 MG CAPSULE	1	QL
ON CALL VIVID CONTROL	2		OSMOPREP	3	
ONDANSETRON 4 MG/5 ML SOLUTION	1		OSPHENA 60 MG TABLET	3	QL
ONDANSETRON HCL 4 MG TABLET	1		OTEZLA 28 DAY STARTER PACK	4	PA, QL, SRX
ONDANSETRON HCL 8 MG TABLET	1		OTEZLA 30 MG TABLET	4	PA, QL, SRX
ONDANSETRON ODT 4 MG TABLET	1		OVAL TAPE	2	
ONDANSETRON ODT 8 MG TABLET	1		OXANDROLONE 10 MG TABLET	3	PA
ONE WAY VALVED MOUTHPIECE	2	QL	OXANDROLONE 2.5 MG TABLET	3	PA
ONETOUCH DELICA PLUS 30G LANCET	2		OXAPROZIN 600 MG CAPLET	1	
ONETOUCH DELICA PLUS 33G LANCET	2		OXAPROZIN 600 MG TABLET	1	
ONETOUCH DELICA PLUS LANC DEV	2		OXAZEPAM 10 MG CAPSULE	1	
ONETOUCH DELICA SAF 30G LANCET	2		OXAZEPAM 15 MG CAPSULE	1	
ONETOUCH ULTRASOFT LANCETS	2		OXAZEPAM 30 MG CAPSULE	1	
ONETOUCH SOLUTIONS STARTER	1		OXCARBAZEPINE 150 MG TABLET	1	
ONETOUCH SURESOFT 18G LANC DEV	2		OXCARBAZEPINE 300 MG TABLET	1	
ONETOUCH SURESOFT 21G LANC DEV	2		OXCARBAZEPINE 300 MG/5 ML SUSP	1	
ONETOUCH SURESOFT 28G LANC DEV	2		OXCARBAZEPINE 600 MG TABLET	1	
ONETOUCH ULTRA CONTROL SOLN	2		OXICONAZOLE NITRATE 1% CREAM	2	
ONETOUCH ULTRA TEST STRIP	2		OXYBUTYNIN 5 MG TABLET	1	
ONETOUCH ULTRA2 GLUCOSE SYST	1		OXYBUTYNIN 5 MG/5 ML SOLUTION	1	
ONETOUCH ULTRASOFT2 30G LANCET	2		OXYBUTYNIN 5 MG/5 ML SYRUP	1	
ONETOUCH VERIO FLEX METER	1		OXYBUTYNIN CL ER 10 MG TABLET	1	
ONETOUCH VERIO HIGH CNTRL SOLN	2		OXYBUTYNIN CL ER 15 MG TABLET	1	
ONETOUCH VERIO METER	1		OXYBUTYNIN CL ER 5 MG TABLET	1	
ONETOUCH VERIO MID CNTRL SOLN	2		OXYCODONE HCL (IR) 10 MG TAB	1	PA
ONETOUCH VERIO REFLECT METER	1		OXYCODONE HCL (IR) 15 MG TAB	1	PA
ONETOUCH VERIO TEST STRIP	2		OXYCODONE HCL (IR) 20 MG TAB	1	PA
ONGLYZA 2.5 MG TABLET	2	QL	OXYCODONE HCL (IR) 30 MG TAB	1	PA
ONGLYZA 5 MG TABLET	2	QL	OXYCODONE HCL (IR) 5 MG CAP	1	PA
OPCICON ONE-STEP 1.5 MG TABLET	1		OXYCODONE HCL (IR) 5 MG TABLET	1	PA
OPIUM TINCTURE 10 MG/ML	1	PA	OXYCODONE HCL 100 MG/5 ML CONC	1	PA
OPTICHAMBER ADULT MASK-LARGE	2	QL	OXYCODONE HCL 5 MG/5 ML SOLN	1	PA
OPTICHAMBER DIAMOND VHC	2	QL	OXYCODONE HCL-ASPIRIN	1	PA
OPTICHAMBER DIAMOND W-LRG MASK	2	QL	OXYCODONE-ACETAMINOPHEN 10-325	1	PA
OPTICHAMBER DIAMOND W-MED MASK	2	QL	OXYCODONE-ACETAMINOPHEN 5-325	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-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
PASER GRANULES 4 GM PACKET	3		PENTIPS PEN NEEDLE 29G 12MM	2	
PC UNIFINE PENTIPS 12MM NEEDLE	2		PENTIPS PEN NEEDLE 29GX1/2"	2	
PC UNIFINE PENTIPS 6MM NEEDLE	2		PENTIPS PEN NEEDLE 31G 5MM	2	
PC UNIFINE PENTIPS 8MM NEEDLE	2		PENTIPS PEN NEEDLE 31G 6MM	2	
PEAK-AIR PEAK FLOW METER	2		PENTIPS PEN NEEDLE 31G 8MM	2	
PEDIARIX 0.5 ML SYRINGE	2		PENTIPS PEN NEEDLE 31GX1/4"	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)
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	
PHENOBARBITAL 20 MG/5 ML SOLN	1		PIRFENIDONE 267 MG CAPSULE	4	PA, SRX
PHENOBARBITAL 30 MG TABLET	1		PIRFENIDONE 267 MG TABLET	4	PA, SRX
PHENOBARBITAL 30 MG/7.5 ML CUP	1		PIRFENIDONE 801 MG TABLET	4	PA, SRX
PHENOBARBITAL 32.4 MG TABLET	1		PIRMELLA 1-35 28 TABLET	1	
PHENOBARBITAL 60 MG TABLET	1		PIRMELLA 7-7-7-28 TABLET	1	
PHENOBARBITAL 60 MG/15 ML CUP	1		PIROXICAM 10 MG CAPSULE	1	

2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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 SYRINGE	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	
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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
PRAZQUANTEL 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	
PREDNISOLONE 15 MG/5 ML SOLN	1	
PREDNISOLONE 5 MG/5 ML SOLN	1	
PREDNISOLONE AC 1% EYE DROP	1	
PREDNISOLONE ODT 10 MG TABLET	1	
PREDNISOLONE ODT 15 MG TABLET	1	
PREDNISOLONE ODT 30 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)
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 SYRING 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
PRENATAL PLUS IRON TABLET	1		PROCENTRA	1	QL
PRENATAL PLUS VITAMIN-MINERAL	1		PROCHAMBER	2	QL
PRENATAL PLUS-DHA	1		PROCHLORPERAZINE 10 MG TAB	1	
PRENATAL VITAMIN PLUS LOW IRON	1		PROCHLORPERAZINE 25 MG SUPP	1	
PRENATAL-U	1		PROCHLORPERAZINE 5 MG TABLET	1	
PREP EASE ALCOHOL PADS	2		PROCTO-MED HC 2.5% CREAM	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)
PROCTOSOL-HC 2.5% CREAM	1		PROPRANOLOL 80 MG TABLET	1	
PROCTOZONE-HC 2.5% CREAM	1		PROPRANOLOL ER 120 MG CAPSULE	1	
PRODIGY CONTROL SOLUTION	2		PROPRANOLOL ER 160 MG CAPSULE	1	
PRODIGY CONTROL SOLUTION LOW	2		PROPRANOLOL ER 60 MG CAPSULE	1	
PRODIGY INS SYR 1ML 28GX1/2"	2		PROPRANOLOL ER 80 MG CAPSULE	1	
PRODIGY SYRNG 0.5 ML 31GX5/16"	2		PROPRANOLOL-HCTZ 40-25 MG TAB	1	
PRODIGY SYRNGE 0.3ML 31GX5/16"	2		PROPRANOLOL-HCTZ 80-25 MG TAB	1	
PROGESTERONE 100 MG CAPSULE	1		PROPYLTHIOURACIL 50 MG TABLET	1	
PROGESTERONE 200 MG CAPSULE	1		PROQUAD VIAL	2	
PROGRAF 0.2 MG GRANULE PACKET	3		PROTRIPTYLINE HCL 10 MG TABLET	1	
PROGRAF 1 MG GRANULE PACKET	3		PROTRIPTYLINE HCL 5 MG TABLET	1	
PROMACTA 12.5 MG SUSPEN PACKET	4	PA, LDD, SRX	PUB INS SYRIN 0.3 ML 30GX1/2"	2	
PROMACTA 12.5 MG TABLET	4	PA, LDD, SRX	PUB INS SYRINGE 1 ML 30GX1/2"	2	
PROMACTA 25 MG SUSPENSION PCKT	4	PA, LDD, SRX	PUB INSUL SYR 0.3 ML 31GX5/16"	2	
PROMACTA 25 MG TABLET	4	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 30GX1/2"	2	
PROMACTA 50 MG TABLET	4	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 31GX5/16"	2	
PROMACTA 75 MG TABLET	4	PA, LDD, SRX	PUB INSULIN SYR 1 ML 31GX5/16"	2	
PROMETHAZINE 12.5 MG SUPPOS	1		PUB PEN 12MM 29G NEEDLES	2	
PROMETHAZINE 12.5 MG TABLET	1		PUB PEN 8MM 31G NEEDLES	2	
PROMETHAZINE 25 MG SUPPOSITORY	1		PUB PEN NEEDLE 6MM 31G	2	
PROMETHAZINE 25 MG TABLET	1		PUB UNIFINE PNTIP PLUS 31GX3/16	2	
PROMETHAZINE 50 MG TABLET	1		PULMOSAL 7% VIAL	1	
PROMETHAZINE 6.25 MG/5 ML SOLN	1		PULMOZYME 1 MG/ML AMPUL	4	PA, SRX
PROMETHAZINE 6.25 MG/5 ML SYRP	1		PURE CMFT SFTY PEN ND 31G 5MM	2	
PROMETHAZINE VC SOLUTION	1		PURE CMFT SFTY PEN ND 31G 6MM	2	
PROMETHAZINE VC-CODEINE SOLN	1	QL	PURE CMFT SFTY PEN ND 32G 4MM	2	
PROMETHAZINE-CODEINE SOLUTION	1	QL	PURE COMFORT PEN ND 32G 4MM	2	
PROMETHAZINE-CODEINE SYRUP	1	QL	PURE COMFORT PEN ND 32G 5MM	2	
PROMETHAZINE-DM 6.25-15 MG/5ML	1		PURE COMFORT PEN ND 32G 6MM	2	
PROMETHAZINE-PE-CODEINE SYRUP	1	QL	PURE COMFORT PEN ND 32G 8MM	2	
PROMETHAZINE-PHENYLEPHRINE SYR	1		PURE COMFORT SPACER-ADULT MASK	2	QL
PROMETHEGAN 12.5 MG SUPPOS	1		PURECOMFORT PEAK FLOW MTR ADLT	2	
PROMETHEGAN 25 MG SUPPOSITORY	1		PURECOMFORT PEAK FLOW MTR CHLD	2	
PROMETHEGAN 50 MG SUPPOSITORY	1		PURIXAN 20 MG/ML ORAL SUSP	4	PA, SRX
PROPAFENONE HCL 150 MG TABLET	1		PV UNIFINE PENTIP PLUS 31GX5MM	2	
PROPAFENONE HCL 225 MG TAB	1		PV UNIFINE PENTIP PLUS 31GX6MM	2	
PROPAFENONE HCL 300 MG TAB	1		PV UNIFINE PENTIP PLUS 31GX8MM	2	
PROPAFENONE HCL ER 225 MG CAP	1		PV UNIFINE PENTIP PLUS 32GX4MM	2	
PROPAFENONE HCL ER 325 MG CAP	1		PV UNIFINE PENTIP PLUS 33GX4MM	2	
PROPAFENONE HCL ER 425 MG CAP	1		PYRAZINAMIDE 500 MG TABLET	1	
PROPARACAINE 0.5% EYE DROPS	1		PYRIDOSTIGMINE 60 MG/5 ML SOLN	4	PA, SRX
PROPRANOLOL 10 MG TABLET	1		PYRIDOSTIGMINE BR 60 MG TABLET	3	
PROPRANOLOL 20 MG TABLET	1		PYRIDOSTIGMINE ER 180 MG TAB	3	
PROPRANOLOL 20 MG/5 ML SOLN	1		PYRIMETHAMINE 25 MG TABLET	4	PA, LDD, SRX
PROPRANOLOL 40 MG TABLET	1		QC ALCOHOL 70% SWABS	2	
PROPRANOLOL 40 MG/5 ML SOLN	1		QC UNIFINE PENTIPS 32GX5/32"	2	
PROPRANOLOL 60 MG TABLET	1		QC UNIFINE PENTIPS 4MM 32G	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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 SYR 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
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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
REGRANEX 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" NDL	2	
RELION NOVOLOG 100 UNIT/ML VL	3	QL, ST
RELION NOVOLOG MIX 70-30 FLXPEN	3	QL, ST
RELION NOVOLOG MIX 70-30 VIAL	3	QL, ST
RELION NOVOLOG U-100 FLEXPEN	3	QL, ST
RELION PEN 29G NEEDLE	2	
RELION PEN 31G NEEDLE	2	
RELION PEN NEEDLE 29GX1/2"	2	
RELION PEN NEEDLE 31G 6MM	2	
RELION PEN NEEDLE 31GX1/4"	2	
RELION PEN NEEDLE 31GX5/16"	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)
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	
RINVOQ ER 15 MG TABLET	4	PA, QL, LDD, SRX	ROPINIROLE HCL ER 4 MG TABLET	1	
RINVOQ ER 30 MG TABLET	4	PA, QL, LDD, SRX	ROPINIROLE HCL ER 6 MG TABLET	1	
RINVOQ ER 45 MG TABLET	4	PA, QL, LDD, SRX	ROPINIROLE HCL ER 8 MG TABLET	1	
RISEDRONATE SOD DR 35 MG TAB	1		ROSADAN 0.75% CREAM	1	
RISEDRONATE SODIUM 150 MG TAB	1		ROSADAN 0.75% GEL	1	
RISEDRONATE SODIUM 30 MG TAB	1		ROSUVASTATIN CALCIUM 10 MG TAB	1	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ROSUVASTATIN CALCIUM 20 MG TAB	1	
ROSUVASTATIN CALCIUM 40 MG TAB	1	
ROSUVASTATIN CALCIUM 5 MG TAB	1	
ROTARIX VACCINE ORAL SYRINGE	2	
ROTARIX VACCINE SUSPENSION	2	
ROTATEQ VACCINE	2	
ROWEPPRA 1,000 MG TABLET	1	
ROWEPPRA 500 MG TABLET	1	
ROWEPPRA 750 MG TABLET	1	
RUFINAMIDE 200 MG TABLET	3	PA, QL
RUFINAMIDE 40 MG/ML SUSPENSION	3	PA, QL
RUFINAMIDE 400 MG TABLET	3	PA, QL
RYCLORA	3	
SAFESNAP INSUL SYRINGE 0.3 ML	2	
SAFESNAP INSUL SYRINGE 0.5 ML	2	
SAFESNAP INSULIN SYRINGE 1 ML	2	
SAFETY PEN NEEDLE 31G 4MM	2	
SAFETY PEN NEEDLE 31G 5MM	2	
SAFETY PEN NEEDLE 5MM X 31G	2	
SAJAZIR 30 MG/3 ML SYRINGE	4	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	1	
SALSALATE 500 MG TABLET	1	
SALSALATE 750 MG TABLET	1	
SANTYL OINTMENT	3	PA, QL
SAPROPTERIN 100 MG POWDER PKT	4	PA, SRX
SAPROPTERIN 100 MG TABLET	4	PA, SRX
SAPROPTERIN 500 MG POWDER PKT	4	PA, SRX
SAVAYSA 15 MG TABLET	3	PA, QL
SAVAYSA 30 MG TABLET	3	PA, QL
SAVAYSA 60 MG TABLET	3	PA, QL
SAVELLA 100 MG TABLET	3	
SAVELLA 12.5 MG TABLET	3	
SAVELLA 25 MG TABLET	3	
SAVELLA 50 MG TABLET	3	
SAVELLA TITRATION PACK	3	
SCOPOLAMINE 1 MG/3 DAY PATCH	1	
SECONAL SODIUM 100 MG CAPSULE	3	
SECURESAFE PEN ND. 30GX5/16"	3	
SECURESAFE SYR 0.5 ML 29G 1/2"	2	
SECURESAFE SYRNG 1 ML 29G 1/2"	2	
SELEGILINE HCL 5 MG CAPSULE	2	
SELEGILINE HCL 5 MG TABLET	1	
SELENIUM SULFIDE 2.25% SHAMPOO	1	
SELENIUM SULFIDE 2.5% LOTION	1	
SE-NATAL-19 TABLET	1	
SE-NATAL 19 CHEWABLE TABLET	1	
SEN-SERTER	1	

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

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
SKY SAFETY PEN NEEDLE 30G 5MM	2		SOLIQUA 100 UNIT-33 MCG/ML PEN	3	
SKY SAFETY PEN NEEDLE 30G 8MM	2		SOLLUS V2 CONTROL SOLUTION HIGH	2	
SKYRIZI 150 MG/ML SYRINGE	4	PA, QL, SRX	SOLLUS V2 CONTROL SOLUTION LOW	2	
SKYRIZI 180 MG/1.2 ML ON-BODY	4	PA, QL, SRX	SOMAVERT 10 MG VIAL	4	PA, LDD, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	4	PA, QL, SRX	SOMAVERT 15 MG VIAL	4	PA, LDD, SRX
SKYRIZI 150 MG/ML PEN	4	PA, QL, SRX	SOMAVERT 20 MG VIAL	4	PA, LDD, SRX
SLYND 4 MG TABLET	3		SOMAVERT 25 MG VIAL	4	PA, LDD, SRX
SM INS SYR 0.5 ML 29GX1/2"	2		SOMAVERT 30 MG VIAL	4	PA, LDD, SRX
SM INS SYR 0.5 ML 30GX5/16"	2		SORAFENIB 200 MG TABLET	4	PA, QL, SRX
SM INS SYR 1 ML 29GX1/2"	2		SOTALOL 120 MG TABLET	1	
SM INS SYRING 0.3 ML 30GX5/16"	2		SOTALOL 160 MG TABLET	1	
SM INS SYRINGE 1 ML 28GX1/2"	2		SOTALOL 240 MG TABLET	1	
SM INS SYRINGE 1 ML 30GX5/16"	2		SOTALOL 80 MG TABLET	1	
SM INSUL SYR 0.3 ML 31GX5/16"	2		SOTALOL AF 120 MG TABLET	1	
SM INSUL SYR 0.5 ML 31GX5/16"	2		SOTALOL AF 160 MG TABLET	1	
SM INSULIN SYR 0.3 ML 29GX1/2"	2		SOTALOL AF 80 MG TABLET	1	
SM INSULIN SYR 0.5 ML 28GX1/2"	2		SOTYLIZE 5 MG/ML ORAL SOLUTION	3	PA
SM INSULIN SYR 1 ML 31GX5/16"	2		SOVALDI 150 MG PELLETT PACKET	4	PA, QL, SRX
SMARTEST CONTROL SOLUTION	2		SOVALDI 200 MG PELLETT PACKET	4	PA, QL, SRX
SOD POLYSTYREN SULF 15 G/60 ML	1		SOVALDI 200 MG TABLET	4	PA, QL, SRX
SOD SUL-POTASS SUL-MAG SUL SOL	3		SOVALDI 400 MG TABLET	4	PA, QL, SRX
SODIUM CHLORIDE 0.9% INHAL VL	1		SPACE CHAMBER	2	QL
SODIUM CHLORIDE 0.9% IRRIG	1		SPACE CHAMBER-LARGE MASK	2	QL
SODIUM CHLORIDE 0.9% IRRIG.	1		SPACE CHAMBER-MEDIUM MASK	2	QL
SODIUM CHLORIDE 0.9% PRCSS SOL	1		SPACE CHAMBER-SMALL MASK	2	QL
SODIUM CHLORIDE 10% VIAL	1		SPIKEVAX COVID (18Y UP) VACC	2	
SODIUM CHLORIDE 3% VIAL	1		SPINOSAD 0.9% TOPICAL SUSP	1	
SODIUM CHLORIDE 7% VIAL	1		SPIRONOLACTONE 100 MG TABLET	1	
SODIUM FLUORIDE 0.2% RINSE	1		SPIRONOLACTONE 25 MG TABLET	1	
SODIUM FLUORIDE 1.1% CREAM	1		SPIRONOLACTONE 50 MG TABLET	1	
SODIUM FLUORIDE 1.1% GEL	1		SPIRONOLACTONE-HCTZ 25-25 TAB	1	
SODIUM FLUORIDE 5000 DRY MOUTH	1		SPRINTEC 28 DAY TABLET	1	
SODIUM FLUORIDE 5000 PLUS CRM	1		SPRYCEL 100 MG TABLET	4	PA, QL, SRX
SODIUM FLUORIDE 5000 PPM CREAM	1		SPRYCEL 140 MG TABLET	4	PA, QL, SRX
SODIUM FLUORIDE 5000 PPM PASTE	1		SPRYCEL 20 MG TABLET	4	PA, QL, SRX
SODIUM FLUORIDE ENAMEL PROTECT	1		SPRYCEL 50 MG TABLET	4	PA, QL, SRX
SODIUM FLUORIDE SENSITIVE	1		SPRYCEL 70 MG TABLET	4	PA, QL, SRX
SODIUM PHENYLBUTYRATE 500MG TB	4	SRX	SPRYCEL 80 MG TABLET	4	PA, QL, SRX
SODIUM PHENYLBUTYRATE POWDER	4	SRX	SPS 15 GM/60 ML SUSPENSION	1	
SODIUM POLYSTYRENE SULF POWDER	1		SPS 30 GM/120 ML ENEMA SUSP	1	
SODIUM SULFACETAMIDE 10% LOTN	1		SRONYX 0.10-0.02 MG TABLET	1	
SOFOSBUVIR-VELPATASVIR 400-100	4	PA, QL, SRX	SSKI 1 GM/ML SOLUTION	3	
SOF-SERTER	2		STAVUDINE	1	
SOF-SET MICRO INFUSION SET	2		STELARA 45 MG/0.5 ML SYRINGE	4	PA, QL, SRX
SOF-SET ULTIMATE QR SET	2		STELARA 45 MG/0.5 ML VIAL	4	PA, QL, SRX
SOLIFENACIN 10 MG TABLET	2	QL	STELARA 90 MG/ML SYRINGE	4	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	2	QL	STERILE WATER FOR IRRIGATION	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)
STIVARGA 40 MG TABLET	4	PA, QL, LDD, SRX	SURE CMFT SFTY PEN NDL 32G 4MM	2	
STRIBILD	2	QL	SURE COMFORT 0.3 ML SYRINGE	2	
STRIVERDI RESPIMAT	3	QL, ST	SURE COMFORT 0.5 ML SYRINGE	2	
SUBVENITE (BLUE)	1		SURE COMFORT 1 ML SYRINGE	2	
SUBVENITE (GREEN)	1		SURE COMFORT 3/10 ML SYRINGE	2	
SUBVENITE (ORANGE)	1		SURE COMFORT 30G PEN NEEDLE	2	
SUBVENITE 100 MG TABLET	1		SURE COMFORT INS 0.3ML 31GX1/4	2	
SUBVENITE 150 MG TABLET	1		SURE COMFORT INS 0.5ML 31GX1/4	2	
SUBVENITE 200 MG TABLET	1		SURE COMFORT INS 1 ML 31GX1/4"	2	
SUBVENITE 25 MG TABLET	1		SURE COMFORT PEN NDL 29GX1/2"	2	
SUCRAID 17,000 UNIT/2 ML SOLN	4	LDD, SRX	SURE COMFORT PEN NDL 31G 5MM	2	
SUCRAID 8,500 UNIT/ML SOLN	4	LDD, SRX	SURE COMFORT PEN NDL 31G 8MM	2	
SUCRALFATE 1 GM TABLET	1		SURE COMFORT PEN NDL 32G 4MM	2	
SULCONAZOLE NITRATE 1% CREAM	3	PA	SURE COMFORT PEN NDL 32G 6MM	2	
SULCONAZOLE NITRATE 1% SOLN	3	PA	SURE-FINE PEN NEEDLES 12.7MM	2	
SULFACETAMIDE 10% EYE DROPS	1		SURE-FINE PEN NEEDLES 5MM	2	
SULFACETAMIDE 10% EYE OINTMENT	1		SURE-FINE PEN NEEDLES 8MM	2	
SULFACETAMIDE SOD 10% TOP SUSP	1		SURE-JECT INS 0.3 ML 31GX5/16"	2	
SULF-PRED 10-0.23% EYE DROPS	1		SURE-JECT INS 0.5 ML 31GX5/16"	2	
SULFADIAZINE 500 MG TABLET	1		SURE-JECT INSU SYR U100 0.3 ML	2	
SULFAMETHOXAZOLE-TMP DS TABLET	1		SURE-JECT INSU SYR U100 0.5 ML	2	
SULFAMETHOXAZOLE-TMP SS TABLET	1		SURE-JECT INSU SYR U100 1 ML	2	
SULFAMETHOXAZOLE-TMP SUSP	1		SURE-JECT INSUL SYR U100 1 ML	2	
SULFAMYLON 8.5% CREAM	3		SURE-JECT INSULIN SYRINGE 1 ML	2	
SULFASALAZINE 500 MG TABLET	1		SURE-T PARADIGM 18" SET	2	
SULFASALAZINE DR 500 MG TAB	1		SURE-T PARADIGM 23" SET	2	
SULINDAC 150 MG TABLET	1		SURE-T PARADIGM 32" SET	2	
SULINDAC 200 MG TABLET	1		SURE-TEST EASYPLUS MINI SOLN	2	
SUMATRIPTAN 20 MG NASAL SPRAY	1	QL	SYEDA 28 TABLET	1	
SUMATRIPTAN 4 MG/0.5 ML CART	1	QL	SYMAX FASTABS 0.125 MG TABLET	1	
SUMATRIPTAN 4 MG/0.5 ML INJECT	1	QL	SYMAX-SL 0.125 MG TABLET SL	1	
SUMATRIPTAN 5 MG NASAL SPRAY	1	QL	SYMAX-SR 0.375 MG TABLET	1	
SUMATRIPTAN 6 MG/0.5 ML CART	1	QL	SYMLINPEN 120	3	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	1	QL	SYMLINPEN 60	3	QL
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	1	QL	SYMTUZA 800-150-200-10 MG TAB	2	QL
SUMATRIPTAN SUCC 100 MG TABLET	1	QL	SYNAREL 2 MG/ML NASAL SPRAY	4	PA, SRX
SUMATRIPTAN SUCC 25 MG TABLET	1	QL	SYNERA PATCH	4	SRX
SUMATRIPTAN SUCC 50 MG TABLET	1	QL	SYNTHROID 100 MCG TABLET	3	
SUMATRIPTAN-NAPROXEN 85-500 MG	3	QL	SYNTHROID 112 MCG TABLET	3	
SUNITINIB MALATE 12.5 MG CAP	4	PA, QL, SRX	SYNTHROID 125 MCG TABLET	3	
SUNITINIB MALATE 25 MG CAPSULE	4	PA, QL, SRX	SYNTHROID 137 MCG TABLET	3	
SUNITINIB MALATE 37.5 MG CAP	4	PA, QL, SRX	SYNTHROID 150 MCG TABLET	3	
SUNITINIB MALATE 50 MG CAPSULE	4	PA, QL, SRX	SYNTHROID 175 MCG TABLET	3	
SUPRAX 100 MG TABLET CHEWABLE	3		SYNTHROID 200 MCG TABLET	3	
SUPRAX 200 MG TABLET CHEWABLE	3		SYNTHROID 25 MCG TABLET	3	
SUPRAX 500 MG/5 ML SUSPENSION	3		SYNTHROID 300 MCG TABLET	3	
SURE CMFT SFTY PEN NDL 31G 6MM	2		SYNTHROID 50 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 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	PA, SRX
TASIGNA 200 MG CAPSULE	4	PA, QL, SRX	TELMISARTAN-HCTZ 80-25 MG TAB	1	PA, SRX
TASIGNA 50 MG CAPSULE	4	PA, QL, SRX	TEMAZEPAM 15 MG CAPSULE	1	PA, SRX
TASIMELTEON 20 MG CAPSULE	4	PA, QL, SRX	TEMAZEPAM 22.5 MG CAPSULE	1	PA, SRX
TAYSOFY 1 MG-20 MCG CAPSULE	1		TEMAZEPAM 30 MG CAPSULE	1	PA, SRX
TAZAROTENE 0.05% GEL	3		TEMAZEPAM 7.5 MG CAPSULE	1	PA, SRX
TAZAROTENE 0.1% CREAM	1		TEMOZOLOMIDE 100 MG CAPSULE	4	PA, SRX
TAZAROTENE 0.1% GEL	3		TEMOZOLOMIDE 140 MG CAPSULE	4	PA, SRX
TAZORAC 0.05% CREAM	3		TEMOZOLOMIDE 180 MG CAPSULE	4	PA, SRX
TAZTIA XT 120 MG CAPSULE	1		TEMOZOLOMIDE 20 MG CAPSULE	4	PA, SRX
TAZTIA XT 180 MG CAPSULE	1		TEMOZOLOMIDE 250 MG CAPSULE	4	PA, SRX
TAZTIA XT 240 MG CAPSULE	1		TEMOZOLOMIDE 5 MG CAPSULE	4	PA, 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)
TENCON 50-325 MG TABLET	1		TESTOSTERONE 1.62%(1.25 G) PKT	1	QL
TENIVAC SYRINGE	2		TESTOSTERONE 10 MG GEL PUMP	1	QL
TENIVAC VIAL	2		TESTOSTERONE 12.5 MG/1.25 GRAM	1	QL
TENOFOVIR DISOP FUM 300 MGTB	1		TESTOSTERONE 50 MG/5 GRAM GEL	1	QL
TERAZOSIN 1 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM PKT	1	QL
TERAZOSIN 10 MG CAPSULE	1		TESTOSTERONE CYP 1,000 MG/10ML	1	
TERAZOSIN 2 MG CAPSULE	1		TESTOSTERONE CYP 1,000 MG/5 ML	1	
TERAZOSIN 5 MG CAPSULE	1		TESTOSTERONE CYP 200 MG/ML	1	
TERBINAFINE HCL 250 MG TABLET	1		TESTOSTERONE CYP 500 MG/2.5 ML	1	
TERBUTALINE SULFATE 2.5 MG TAB	1		TESTOSTERONE CYP 6,000 MG/30ML	1	
TERBUTALINE SULFATE 5 MG TAB	1		TESTOSTERONE ENAN 200 MG/ML	1	
TERCONAZOLE 0.4% CREAM	1		TETCAINE 0.5% EYE DROP	1	
TERCONAZOLE 0.8% CREAM	1		TETRABENAZINE 12.5 MG TABLET	4	PA, QL, SRX
TERCONAZOLE 80 MG SUPPOSITORY	1		TETRABENAZINE 25 MG TABLET	4	PA, QL, SRX
TERIFLUNOMIDE 14 MG TABLET	4	PA, QL, SRX	TETRACAINE 0.5% EYE DROP	1	
TERIFLUNOMIDE 7 MG TABLET	4	PA, QL, SRX	TETRACAINE 0.5% STERI-UNIT SOL	1	
TERUMO INS SYR 0.3 ML 29GX1/2"	1		TETRACYCLINE 250 MG CAPSULE	1	
TERUMO INS SYRINGE U100-1 ML	2		TETRACYCLINE 500 MG CAPSULE	1	
TERUMO INS SYRINGE U100-1/2 ML	2		TETRAVISC 0.5% EYE DROPS	3	
TERUMO INS SYRINGE U100-1/3 ML	1		TEXACORT 2.5% SOLUTION	3	
TERUMO INS SYRNG U100-1/2 ML	1		THALOMID 100 MG CAPSULE	4	PA, QL, LDD, SRX
TERUMO SURGUARD2 NDL 21GX1 1.5	1		THALOMID 150 MG CAPSULE	4	PA, QL, LDD, SRX
TERUMO SURGUARD2 NDL 22X1-1/2"	1		THALOMID 200 MG CAPSULE	4	PA, QL, LDD, SRX
TERUMO SURGUARD2 NDL 23X1-1/2"	1		THALOMID 50 MG CAPSULE	4	PA, QL, LDD, SRX
TERUMO SURGUARD2 NEEDLE 18GX1"	1		THEOPHYLLINE 80 MG/15 ML SOLN	1	
TERUMO SURGUARD2 NEEDLE 18X1.5	1		THEOPHYLLINE ER 100 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 19GX1"	1		THEOPHYLLINE ER 200 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 19X1.5	1		THEOPHYLLINE ER 300 MG TAB	1	
TERUMO SURGUARD2 NEEDLE 20GX1"	1		THEOPHYLLINE ER 300 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 20X1.5	1		THEOPHYLLINE ER 400 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 21GX1"	2		THEOPHYLLINE ER 450 MG TAB	1	
TERUMO SURGUARD2 NEEDLE 22GX1"	2		THEOPHYLLINE ER 450 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 23GX1"	2		THEOPHYLLINE ER 600 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 25GX1"	2		THINPRO INS SYRIN U100-0.3 ML	2	
TERUMO SURGUARD2 NEEDLE 25X1.5	2		THINPRO INS SYRIN U100-0.5 ML	2	
TERUMO SURGUARD2 NEEDLE 25X5/8	2		THINPRO INS SYRIN U100-1 ML	2	
TERUMO SURGUARD2 NEEDLE 26X1/2	2		THIORIDAZINE 10 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 27X1/2	2		THIORIDAZINE 100 MG TABLET	1	
TERUMO SURGUARD2 NEEDLE 30X1/2	2		THIORIDAZINE 25 MG TABLET	1	
TERUMO SYRINGE 3 ML	2		THIORIDAZINE 50 MG TABLET	1	
TESTOSTERON CYP 1,000 MG/10 ML	1		THIOTHIXENE 1 MG CAPSULE	1	
TESTOSTERON CYP 2,000 MG/10 ML	1		THIOTHIXENE 10 MG CAPSULE	1	
TESTOSTERON ENAN 1,000 MG/5 ML	1		THIOTHIXENE 2 MG CAPSULE	1	
TESTOSTERONE 1% (25MG/2.5G) PK	1	QL	THIOTHIXENE 5 MG CAPSULE	1	
TESTOSTERONE 1% (50 MG/5 G) PK	1	QL	THRIVITE 19	1	
TESTOSTERONE 1.62% (2.5 G) PKT	1	QL	THYROID 120 MGTABLET	1	
TESTOSTERONE 1.62% GEL PUMP	1	QL	THYROID 15 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)
THYROID 30 MG TABLET	1		TOPCARE CLICKFINE 31G X 1/4"	2	
THYROID 60 MG TABLET	1		TOPCARE CLICKFINE 31G X 5/16"	2	
THYROID 90 MG TABLET	1		TOPCARE ULTRA COMFORT SYRINGE	2	
TIADYL ER 120 MG CAPSULE	1		TOPIRAMATE 100 MG TABLET	1	
TIADYL ER 180 MG CAPSULE	1		TOPIRAMATE 15 MG SPRINKLE CAP	1	
TIADYL ER 240 MG CAPSULE	1		TOPIRAMATE 200 MG TABLET	1	
TIADYL ER 300 MG CAPSULE	1		TOPIRAMATE 25 MG SPRINKLE CAP	1	
TIADYL ER 360 MG CAPSULE	1		TOPIRAMATE 25 MG TABLET	1	
TIADYL ER 420 MG CAPSULE	1		TOPIRAMATE 50 MG TABLET	1	
TIAGABINE HCL 12 MG TABLET	1		TOPIRAMATE ER 100 MG CAPSULE	1	
TIAGABINE HCL 16 MG TABLET	1		TOPIRAMATE ER 150 MG CAPSULE	1	
TIAGABINE HCL 2 MG TABLET	1		TOPIRAMATE ER 200 MG CAPSULE	1	
TIAGABINE HCL 4 MG TABLET	1		TOPIRAMATE ER 25 MG CAPSULE	1	
TILIA FE 28 TABLET	1		TOPIRAMATE ER 50 MG CAPSULE	1	
TIMOLOL 0.25% GEL-SOLUTION	1		TOREMIFENE CITRATE 60 MG TAB	3	
TIMOLOL 0.5% GEL-SOLUTION	1		TORSEMIDE 10 MG TABLET	1	
TIMOLOL 0.5% GFS GEL-SOLUTION	1		TORSEMIDE 100 MG TABLET	1	
TIMOLOL MALEATE 0.25% EYE DROP	1		TORSEMIDE 20 MG TABLET	1	
TIMOLOL MALEATE 0.5% EYE DROPS	1		TORSEMIDE 5 MG TABLET	1	
TIMOLOL MALEATE 10 MG TABLET	1		TOVET EMOLLIENT 0.05% FOAM	1	
TIMOLOL MALEATE 20 MG TABLET	1		TRAMADOL ER 100 MG TABLET	1	PA, QL
TIMOLOL MALEATE 5 MG TABLET	1		TRAMADOL ER 200 MG TABLET	1	PA, QL
TINIDAZOLE 250 MG TABLET	1		TRAMADOL ER 300 MG TABLET	1	PA, QL
TINIDAZOLE 500 MG TABLET	1		TRAMADOL HCL 50 MG TABLET	1	QL
TIOPRONIN	4	SRX	TRAMADOL HCL ER 100 MG TABLET	1	PA, QL
TIS-U-SOL PENTALYTE	3		TRAMADOL HCL ER 150 MG CAPSULE	1	PA, QL
TIVICAY 10 MG TABLET	2		TRAMADOL HCL ER 200 MG TABLET	1	PA, QL
TIVICAY 25 MG TABLET	2		TRAMADOL HCL ER 300 MG TABLET	1	PA, QL
TIVICAY 50 MG TABLET	2		TRAMADOL-ACETAMINOPHN 37.5-325	1	QL
TIVICAY PD 5 MG TAB FOR SUSP	2		TRANDOLAPRIL 1 MG TABLET	1	
TIZANIDINE HCL 2 MG TABLET	1		TRANDOLAPRIL 2 MG TABLET	1	
TIZANIDINE HCL 4 MG TABLET	1		TRANDOLAPRIL 4 MG TABLET	1	
TOBRAMYCIN 0.3% EYE DROP	1		TRANDOLAPR-VERAPAM ER 1-240 MG	1	
TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL, SRX	TRANDOLAPR-VERAPAM ER 2-180 MG	1	
TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL, SRX	TRANDOLAPR-VERAPAM ER 2-240 MG	1	
TOBRAMYCIN-DEXAMETH OPTH SUSP	1		TRANDOLAPR-VERAPAM ER 4-240 MG	1	
TODAY'S HLTH PN NEEDLE 6MM 31G	2		TRANEXAMIC ACID 650 MG TABLET	1	
TOLCAPONE 100 MG TABLET	4	SRX	TRANLYCYPROMINE SULF 10 MG TAB	1	
TOLMETIN SODIUM 200 MG TAB	1		TRAVOPROST 0.004% EYE DROP	1	
TOLMETIN SODIUM 400 MG CAP	1		TRAZODONE 100 MG TABLET	1	
TOLMETIN SODIUM 600 MG TAB	1		TRAZODONE 150 MG TABLET	1	
TOLTERODINE TART ER 2 MG CAP	1		TRAZODONE 300 MG TABLET	1	
TOLTERODINE TART ER 4 MG CAP	1		TRAZODONE 50 MG TABLET	1	
TOLTERODINE TARTRATE 1 MG TAB	1		TRECTOR 250 MG TABLET	3	
TOLTERODINE TARTRATE 2 MG TAB	1		TREMFYA 100 MG/ML INJECTOR	4	PA, QL, SRX
TOLVAPTAN 15 MG TABLET	4	PA, SRX	TREMFYA 100 MG/ML SYRINGE	4	PA, QL, SRX
TOLVAPTAN 30 MG TABLET	4	PA, SRX	TRETINOIN 0.01% GEL	1	PA_AGE

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)
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 ND 31G 5MM	2	
TRIFLUOPERAZINE 5 MG TABLET	1		TRUE CMFT SFTY PEN ND 31G 6MM	2	
TRIFLURIDINE 1% EYE DROPS	1		TRUE CMFT SFTY PEN ND 32G 4MM	2	
TRIHXYPHENIDYL 2 MG TABLET	1		TRUE COMFORT 0.5 ML 31GX5/16"	2	
TRIHXYPHENIDYL 2 MG/5 ML SOLN	1		TRUE COMFORT 1 ML 31GX5/16"	2	
TRIHXYPHENIDYL 5 MG TABLET	1		TRUE COMFORT PEN ND 31G 5MM	2	
TRIKAFTA 100-50-75 MG/150 MG	4	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31G 6MM	2	
TRIKAFTA 100-50-75 MG/75MG PKT	4	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31G 8MM	2	
TRIKAFTA 50-25-37.5 MG/75 MG	4	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31GX5MM	2	
TRIKAFTA 80-40-60MG/59.5MG PKT	4	PA, QL, LDD, SRX	TRUE COMFORT PEN ND 31GX6MM	2	
TRI-LEGEST FE-28 DAY TABLET	1		TRUE COMFORT PEN ND 32G 4MM	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)
TRUE COMFORT PEN NDL 32G 5MM	2		TULANA 0.35 MG TABLET	1	
TRUE COMFORT PEN NDL 32G 6MM	2		TWINRIX VACCINE SYRINGE	2	
TRUE COMFORT PEN NDL 32GX4MM	2		TYBOST 150 MG TABLET	2	
TRUE COMFORT PEN NDL 33G 4MM	2		TYDEMY 3-0.03-0.451 MG TABLET	1	
TRUE COMFORT PEN NDL 33G 5MM	2		TYMLOS 80 MCG DOSE PEN INJECTR	4	PA, QL, SRX
TRUE COMFORT PEN NDL 33G 6MM	2		TYVASO 1.74 MG/2.9 ML SOLUTION	4	PA, LDD, SRX
TRUE COMFORT PRO 1 ML 30G 1/2"	2		TYVASO INSTITUTIONAL START KIT	4	PA, LDD, SRX
TRUE COMFORT PRO 1ML 30G 5/16"	2		TYVASO REFILL KIT	4	PA, LDD, SRX
TRUE COMFORT PRO 1ML 31G 5/16"	2		TYVASO STARTER KIT	4	PA, LDD, SRX
TRUE COMFORT PRO 1ML 32G 5/16"	2		UDENYCA 6 MG/0.6 ML SYRINGE	4	PA, SRX
TRUE COMFORT PRO 0.5ML 30G 1/2"	2		UDENYCA AUTOINJECTOR	4	PA, SRX
TRUE METRIX LEVEL 1 CTRL SOLN	2		ULESFIA	3	
TRUE METRIX LEVEL 2 CTRL SOLN	2		ULT CFT 0.3 ML 29GX1/2" (1/2)	2	
TRUE METRIX LEVEL 3 CTRL SOLN	2		ULT CFT 0.3 ML 31GX5/16" (1/2)	2	
TRUECONTROL GLUCOSE SOLUTION	2		ULTICARE INS SYR 1 ML 31GX5/16"	2	
TRUEPLUS KETONE TEST STRIP	2		ULTICAR INS 0.3ML 31GX1/4(1/2)	2	
TRUEPLUS PEN NEEDLE 29G 12MM	2		ULTICARE INS 0.3 ML 30GX1/2"	2	
TRUEPLUS PEN NEEDLE 29GX1/2"	2		ULTICARE INS 0.3 ML 31GX1/4"	2	
TRUEPLUS PEN NEEDLE 31G 5MM	2		ULTICARE INS 0.5 ML 30GX1/2"	2	
TRUEPLUS PEN NEEDLE 31G 8MM	2		ULTICARE INS 0.5 ML 31GX1/4"	2	
TRUEPLUS PEN NEEDLE 31G X 1/4"	2		ULTICARE INS 1 ML 31GX1/4"	2	
TRUEPLUS PEN NEEDLE 31GX3/16"	2		ULTICARE INS SAFETY 1ML 29X1/2	2	
TRUEPLUS PEN NEEDLE 31GX5/16"	2		ULTICARE INS SYR 1 ML 28GX1/2"	2	
TRUEPLUS PEN NEEDLE 32GX5/32"	2		ULTICARE INS SYR 1 ML 29GX1/2"	2	
TRUEPLUS SYR 0.3ML 29GX1/2"	2		ULTICARE INS SYR 1 ML 30GX1/2"	2	
TRUEPLUS SYR 0.3ML 30GX5/16"	2		ULTICARE LDS SYR 3 ML 22GX1.5"	2	
TRUEPLUS SYR 0.3ML 31GX5/16"	2		ULTICARE PEN NDL 12.7 MM 29G	2	
TRUEPLUS SYR 0.5ML 28GX1/2"	2		ULTICARE PEN NEEDLE 31GX3/16"	2	
TRUEPLUS SYR 0.5ML 29GX1/2"	2		ULTICARE PEN NEEDLE 4MM 32G	2	
TRUEPLUS SYR 0.5ML 30GX5/16"	2		ULTICARE PEN NEEDLE 6MM 31G	2	
TRUEPLUS SYR 0.5ML 31GX5/16"	2		ULTICARE PEN NEEDLE 8 MM 31G	2	
TRUEPLUS SYR 1ML 28GX1/2"	2		ULTICARE PEN NEEDLE 8MM 31G	2	
TRUEPLUS SYR 1ML 29GX1/2"	2		ULTICARE PEN NEEDLES 12MM 29G	2	
TRUEPLUS SYR 1ML 30GX5/16"	2		ULTICARE PEN NEEDLES 4MM 32G	2	
TRUEPLUS SYR 1ML 31GX5/16"	2		ULTICARE PEN NEEDLES 6MM 31G	2	
TRULICITY 0.75 MG/0.5 ML PEN	2	PA, QL	ULTICARE PEN NEEDLES 6MM 32G	2	
TRULICITY 1.5 MG/0.5 ML PEN	2	PA, QL	ULTICARE PEN NEEDLES 8MM 31G	2	
TRULICITY 3 MG/0.5 ML PEN	2	PA, QL	ULTICARE SAFE PEN NDL 30G 8MM	2	
TRULICITY 4.5 MG/0.5 ML PEN	2	PA, QL	ULTICARE SAFE PEN NDL 5MM 30G	2	
TRUMENBA 120 MCG/0.5 ML VACCIN	2		ULTICARE SAFETY 0.5 ML 29GX1/2	2	
TRUST NATAL DHA	1		ULTICARE SYR 0.3 ML 30GX1/2"	2	
TRUSTEEL INFUSION SET 23" 6MM	2		ULTICARE SYR 0.3 ML 30GX5/16"	2	
TRUSTEEL INFUSION SET 23" 8MM	2		ULTICARE SYR 0.3 ML 31GX5/16"	2	
TRUSTEEL INFUSION SET 32" 6MM	2		ULTICARE SYR 0.5 ML 29GX1/2"	2	
TRUSTEEL INFUSION SET 32" 8MM	2		ULTICARE SYR 0.5 ML 30GX1/2"	3	
TRUZONE PEAK FLOW METER	2		ULTICARE SYR 0.5 ML 30GX5/16"	2	
TUDORZA PRESSAIR 400 MCG INHAL	3	QL, ST	ULTICARE SYR 0.5 ML 31GX5/16"	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
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	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
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	

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)
UNIFINE PENTIPS PLUS 31GX1/4"	2		VALSARTAN-HCTZ 160-25 MG TAB	1	
UNIFINE PENTIPS PLUS 31GX3/16"	2		VALSARTAN-HCTZ 320-12.5 MG TAB	1	
UNIFINE PENTIPS PLUS 31GX5/16"	2		VALSARTAN-HCTZ 320-25 MG TAB	1	
UNIFINE PENTIPS PLUS 32GX5/32"	2		VALSARTAN-HCTZ 80-12.5 MG TAB	1	
UNIFINE PENTIPS PLUS 33GX5/32"	2		VANADOM 350 MG TABLET	1	
UNIFINE PENTIPS PLUS 30GX3/16"	2		VANCOMYCIN HCL 125 MG CAPSULE	3	QL
UNIFINE SAFECONTROL 30GX3/16"	2		VANCOMYCIN HCL 250 MG CAPSULE	3	QL
UNIFINE SAFECONTROL 30GX5/16"	2		VANDAZOLE VAGINAL 0.75% GEL	1	
UNIFINE SAFECONTROL 32G 4MM	2		VANISHPOINT 0.5 ML 30GX1/2" SY	2	
UNIFINE ULTRA PEN ND1 31G 5MM	2		VANISHPOINT 20GX1" 3 ML SYRING	2	
UNIFINE ULTRA PEN ND1 31G 6MM	2		VANISHPOINT 21GX1.5" 3 ML SYR	2	
UNIFINE ULTRA PEN ND1 31G 8MM	2		VANISHPOINT 22GX1" 3 ML SYR	2	
UNIFINE ULTRA PEN ND1 32G 4MM	2		VANISHPOINT 23GX1" 3 ML SYRING	2	
UNISTRIP CONTROL SOLUTION HIGH	2		VANISHPOINT 23GX1-1/2 3 ML SYR	2	
UNISTRIP CONTROL SOLUTION LOW	2		VANISHPOINT 25GX1" 3 ML SYRING	2	
UNITHROID 100 MCG TABLET	1		VANISHPOINT 25GX5/8" 3 ML SYR	2	
UNITHROID 112 MCG TABLET	1		VANISHPOINT 3 ML 21GX1" SYRING	2	
UNITHROID 125 MCG TABLET	1		VANISHPOINT 3 ML 22GX1.5" SYRG	2	
UNITHROID 137 MCG TABLET	1		VANISHPOINT INS 1 ML 30GX3/16"	2	
UNITHROID 150 MCG TABLET	1		VANISHPOINT U-100 29X1/2 SYR	2	
UNITHROID 175 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML SYRINGE	2	
UNITHROID 200 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML VIAL	2	
UNITHROID 25 MCG TABLET	1		VAQTA 50 UNITS/ML SYRINGE	2	
UNITHROID 300 MCG TABLET	1		VAQTA 50 UNITS/ML VIAL	2	
UNITHROID 50 MCG TABLET	1		VARENICLINE STARTING MONTH BOX	2	
UNITHROID 75 MCG TABLET	1		VARENICLINE 0.5 MG TABLET	2	
UNITHROID 88 MCG TABLET	1		VARENICLINE 1 MG TABLET	2	
URISTIX 4	2		VARISOFT INFUSION SET 23" 13MM	2	
URISTIX REAGENT	2		VARISOFT INFUSION SET 23" 17MM	2	
UROQID-ACID NO.2	3		VARISOFT INFUSION SET 32" 13MM	2	
URSODIOL 250 MG TABLET	1		VARISOFT INFUSION SET 32" 17MM	2	
URSODIOL 300 MG CAPSULE	1		VARISOFT INFUSION SET 43" 13MM	2	
URSODIOL 500 MG TABLET	1		VARISOFT INFUSION SET 43" 17MM	2	
USTELL	1		VARIVAX VACCINE VIAL	2	
UTIRA-C	1		VARIVAX VACCINE WITH DILUENT	2	
VALACYCLOVIR HCL 1 GRAM TABLET	1		VAXELIS VACCINE SYRINGE	2	
VALACYCLOVIR HCL 500 MG TABLET	1		VAXELIS VACCINE VIAL	2	
VALGANCICLOVIR 450 MG TABLET	3		VAXNEUVANCE 0.5 ML SYRINGE	2	
VALGANCICLOVIR HCL 50 MG/ML	3		VELIVET 28 DAY TABLET	1	
VALPROIC ACID 250 MG CAPSULE	1		VELPHORO	3	PA
VALPROIC ACID 250 MG/5 ML SOLN	1		VEMLIDY 25 MG TABLET	4	PA, SRX
VALPROIC ACID 500 MG/10 ML SOL	1		VENCLEXTA 10 MG TAB (10MG X 2)	4	PA, QL, LDD, SRX
VALSARTAN 160 MG TABLET	1		VENCLEXTA 10 MG TABLET	4	PA, QL, LDD, SRX
VALSARTAN 320 MG TABLET	1		VENCLEXTA 100 MG TABLET	4	PA, QL, LDD, SRX
VALSARTAN 40 MG TABLET	1		VENCLEXTA 50 MG TABLET	4	PA, QL, LDD, SRX
VALSARTAN 80 MG TABLET	1		VENCLEXTA STARTING PACK	4	PA, QL, LDD, SRX
VALSARTAN-HCTZ 160-12.5 MG TAB	1		VENLAFAXINE HCL 100 MG TABLET	1	QL

2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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	
VIEKIRA PAK	4	PA, QL, SRX
VIENVA-28 TABLET	1	
VIGABATRIN 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	4	PA, QL, LDD, SRX
VIGADRONE 500 MG POWDER PACKET	4	PA, QL, LDD, SRX
VILAZODONE HCL 10 MG TABLET	3	QL
VILAZODONE HCL 20 MG TABLET	3	QL
VILAZODONE HCL 40 MG TABLET	3	QL
VINATE ONE	1	

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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
WARFARIN SODIUM 1 MG TABLET	1	
WARFARIN SODIUM 10 MG TABLET	1	
WARFARIN SODIUM 2 MG TABLET	1	
WARFARIN SODIUM 2.5 MG TABLET	1	
WARFARIN SODIUM 3 MG TABLET	1	
WARFARIN SODIUM 4 MG TABLET	1	
WARFARIN SODIUM 5 MG TABLET	1	
WARFARIN SODIUM 6 MG TABLET	1	
WARFARIN SODIUM 7.5 MG TABLET	1	

2024 Cigna Premiere Arizona 4-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
WAVESENSE CONTROL SOLN NORMAL	2	
WERA 0.5/0.035 MG 28 TABLET	1	
WESCAP-PN DHA	1	
WESNATE DHA	1	
WESTAB PLUS	1	
WESTHROID 32.5 MG TABLET	1	
WESTHROID 65 MG TABLET	1	
WIXELA 100-50 INHUB	1	QL
WIXELA 250-50 INHUB	1	QL
WIXELA 500-50 INHUB	1	QL
WM UNIFINE PENTIP PLUS 4MM 32G	2	
WM UNIFINE PENTIP PLUS 5MM 31G	2	
WM UNIFINE PENTIP PLUS 6MM 31G	2	
WM UNIFINE PENTIP PLUS 8MM 31G	2	
WP THYROID 113.75 MG TABLET	2	
WP THYROID 130 MG TABLET	2	
WP THYROID 16.25 MG TABLET	2	
WP THYROID 32.5 MG TABLET	2	
WP THYROID 48.75 MG TABLET	2	
WP THYROID 65 MG TABLET	2	
WP THYROID 81.25 MG TABLET	2	
WP THYROID 97.5 MG TABLET	2	
WYMZYA FE 0.4-0.035 MG CHEW TB	1	
XALKORI 200 MG CAPSULE	4	PA, QL, LDD, SRX
XALKORI 250 MG CAPSULE	4	PA, QL, LDD, SRX
XARELTO 1 MG/ML SUSPENSION	2	PA, QL
XARELTO 10 MG TABLET	2	PA, QL
XARELTO 15 MG TABLET	2	PA, QL
XARELTO 2.5 MG TABLET	2	PA, QL
XARELTO 20 MG TABLET	2	PA, QL
XARELTO DVT-PE TREAT START 30D	2	PA, QL
XELJANZ 1 MG/ML SOLUTION	4	PA, QL, SRX
XELJANZ 10 MG TABLET	4	PA, QL, SRX
XELJANZ 5 MG TABLET	4	PA, QL, SRX
XELJANZ XR 11 MG TABLET	4	PA, QL, SRX
XELJANZ XR 22 MG TABLET	4	PA, QL, SRX
XIFAXAN 200 MG TABLET	3	PA, QL
XIFAXAN 550 MG TABLET	3	PA, QL
XIGDUO XR 10 MG-1,000 MG TAB	2	QL
XIGDUO XR 10 MG-500 MG TABLET	2	QL
XIGDUO XR 2.5 MG-1,000 MG TAB	2	QL
XIGDUO XR 5 MG-1,000 MG TABLET	2	QL
XIGDUO XR 5 MG-500 MG TABLET	2	QL
XOLAIR 150 MG/1.2 ML POWDER VL	4	PA, LDD, SRX
XOLAIR 150 MG/ML SYRINGE	4	PA, LDD, SRX
XOLAIR 75 MG/0.5 ML SYRINGE	4	PA, LDD, SRX
XTAMPZA ER 13.5 MG CAPSULE	2	PA

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
XTAMPZA ER 18 MG CAPSULE	2	PA
XTAMPZA ER 27 MG CAPSULE	2	PA
XTAMPZA ER 36 MG CAPSULE	2	PA
XTAMPZA ER 9 MG CAPSULE	2	PA
XTANDI 40 MG CAPSULE	4	PA, QL, LDD, SRX
XTANDI 40 MG TABLET	4	PA, QL, LDD, SRX
XTANDI 80 MG TABLET	4	PA, QL, LDD, SRX
XULANE 150-35 MCG/DAY PATCH	1	
YALE NEEDLES 21GX1.25"	2	
YOURX ULTICARE PEN NDJ 4MM 32G	2	
YOURX ULTICARE PEN NDJ 6MM 31G	2	
YOURX ULTICARE PEN NDJ 8MM 31G	2	
YUVAFEM 10 MCG VAGINAL INSERT	1	QL
ZAFEMY 150-35 MCG/DAY PATCH	1	
ZAFIRLUKAST 10 MG TABLET	1	
ZAFIRLUKAST 20 MG TABLET	1	
ZALEPLON 10 MG CAPSULE	1	
ZALEPLON 5 MG CAPSULE	1	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	4	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	4	SRX
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
ZELBORAF 240 MG TABLET	4	PA, QL, LDD, SRX
ZELNORM	3	
ZENATANE 10 MG CAPSULE	3	
ZENATANE 20 MG CAPSULE	3	
ZENATANE 30 MG CAPSULE	3	
ZENATANE 40 MG CAPSULE	3	
ZENZEDI 10 MG TABLET	1	QL
ZENZEDI 5 MG TABLET	1	QL
ZETONNA 37 MCG NASAL SPRAY	3	ST
ZIDOVUDINE 100 MG CAPSULE	1	
ZIDOVUDINE 300 MG TABLET	1	
ZIDOVUDINE 50 MG/5 ML SYRUP	1	
ZILEUTON ER 600 MG TABLET	4	SRX
ZIOPTAN 0.0015% EYE DROPS	3	QL
ZIPRASIDONE HCL 20 MG CAPSULE	1	
ZIPRASIDONE HCL 40 MG CAPSULE	1	
ZIPRASIDONE HCL 60 MG CAPSULE	1	
ZIPRASIDONE HCL 80 MG CAPSULE	1	
ZIRGAN 0.15% OPHTHALMIC GEL	3	
ZOLADEX 10.8 MG IMPLANT SYRN	4	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	4	PA, SRX
ZOLINZA 100 MG CAPSULE	4	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	1	QL
ZOLMITRIPTAN 2.5 MG TABLET	1	QL

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
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.^{2,3} We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

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

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

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

A. Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

Q. Can I fill my prescriptions by mail?

A. Yes.⁶

Express Scripts® Pharmacy for maintenance medications

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost⁷
- Refill reminders⁸
- Fill up to a 90-day supply at one time⁹
- Helpful pharmacists available 24/7

Here are three easy ways to get started.

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

Accredo® for specialty medications

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

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

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost⁷
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs

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

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

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

Exclusions and Limitations: What is not covered by this policy

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 or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN 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).