



# 2024 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Coverage as of January 1, 2024

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## View the drug list online



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



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

### Questions?

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

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

## About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List as of January 1, 2024.<sup>2,3</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

## How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2024 Cigna Essential Colorado 5-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 Essential Colorado 5-Tier Prescription Drug List.

## Tiers

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

<b>Tier 1 – Preventive Care Medications.</b> This tier includes preventive prescription medications (both generic and brand name) and over-the-counter (OTC) products.	Lowest-cost medication \$
<b>Tier 2 – Generic Medications.</b> This tier typically includes most generic medications and some low cost brand-name medications. Generic medications have the same strength and active ingredients as brand-name medications, but often cost much less.	Lower-cost medication \$\$
<b>Tier 3 – Preferred Brand Medications.</b> This tier typically includes preferred brand-name medications and some high-cost generic medications.	Medium-cost medication \$\$\$
<b>Tier 4 – Non-Preferred Medications.</b> This tier typically includes non-preferred brand-name medications and some high-cost generic medications.	Higher-cost medication \$\$\$\$
<b>Tier 5 – Specialty and Other High-Cost Medications.</b> This tier typically includes specialty medications and high-cost generic and brand-name medications.	Highest-cost medication \$\$\$\$\$

## Abbreviations next to medications

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

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

\* 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.)

<b>AGE</b>	<b>Age Requirements</b> – Certain medications will only be covered if you're within a specific age range. These medications have <b>AGE</b> next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.
<b>SRX</b>	<b>Specialty Medications</b> – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have <b>SRX</b> next to them. <b>Your plan limits specialty medications to a 30-day supply.</b>
<b>LDD</b>	<b>Limited Distribution Drugs</b> – 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 <b>LDD</b> 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	37-44
A-B	6-13	O-P	44-50
C-D	13-21	Q-S	50-55
E-G	21-29	T-U	55-61
H-J	29-34	V-Z	61-64
K-L	34-37		

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

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

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ADVOCATE REDI-CODE+ CTRL SOLN	3		ALENDRONATE SODIUM 35 MG TAB	2	
AEROCHAMBER MINI	3	QL	ALENDRONATE SODIUM 5 MG TABLET	2	
AEROCHAMBER MV HOLD CHAMBER	3	QL	ALENDRONATE SODIUM 70 MG TAB	2	
AEROCHAMBER PLUS FLOW-VU	3	QL	ALFUZOSIN HCL ER 10 MG TABLET	2	
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL	ALINIA 100 MG/5 ML SUSPENSION	4	
AEROCHAMBER PLUS FLOW-VU MED	3	QL	ALKALINE BATTERIES	3	
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL	ALLOPURINOL 100 MG TABLET	2	
AEROCHAMBER PLUS W-FLOWSIGNAL	3	QL	ALLOPURINOL 300 MG TABLET	2	
AEROCHAMBER Z-STAT PLUS LARGE	3	QL	ALMOTRIPTAN MALATE 12.5 MG TAB	2	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL	ALMOTRIPTAN MALATE 6.25 MG TAB	2	QL
AEROCHAMBER Z-STAT PLUS-MED	3	QL	ALOSETRON HCL 0.5 MG TABLET	5	SRX
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL	ALOSETRON HCL 1 MG TABLET	5	SRX
AEROGEAR ASTHMA ACTION KIT	3		ALPRAZOLAM 0.25 MG TABLET	2	
AEROTRACH HOLDING CHAMBER	3	QL	ALPRAZOLAM 0.5 MG TABLET	2	
AEROVENT PLUS HOLDING CHAMBER	3	QL	ALPRAZOLAM 1 MG TABLET	2	
AFIRMELLE-28 TABLET	1		ALPRAZOLAM 2 MG TABLET	2	
AFLURIA QUAD	1		ALPRAZOLAM ER 0.5 MG TABLET	2	
AFTER PILL 1.5 MG TABLET	1		ALPRAZOLAM ER 1 MG TABLET	2	
AFTERA 1.5 MG TABLET	1		ALPRAZOLAM ER 2 MG TABLET	2	
AGAMATRIX HIGH CONTROL SOLN	3		ALPRAZOLAM ER 3 MG TABLET	2	
AGAMATRIX NORM-HI CONTROL SOLN	3		ALPRAZOLAM INTENSOL 1 MG/ML	2	
AIRZONE PEAK FLOW METER	3		ALPRAZOLAM ODT 0.25 MG TAB	2	
AK-POLY-BAC EYE OINTMENT	2		ALPRAZOLAM ODT 0.5 MG TAB	2	
ALBENDAZOLE 200 MG TABLET	4	PA	ALPRAZOLAM ODT 1 MG TAB	2	
ALBUSTIX REAGENT STRIPS	3		ALPRAZOLAM ODT 2 MG TAB	2	
ALBUTEROL 100 MG/20 ML SOLN	2		ALPRAZOLAM XR 0.5 MG TABLET	2	
ALBUTEROL 2.5 MG/0.5 ML SOL	2		ALPRAZOLAM XR 1 MG TABLET	2	
ALBUTEROL 25 MG/5 ML SOLUTION	2		ALPRAZOLAM XR 2 MG TABLET	2	
ALBUTEROL 5 MG/ML SOLUTION	2		ALPRAZOLAM XR 3 MG TABLET	2	
ALBUTEROL HFA 90 MCG INHALER	2	QL	ALTACAINE 0.5% EYE DROP	2	
ALBUTEROL SUL 0.63 MG/3 ML SOL	2		ALTAVERA-28 TABLET	1	
ALBUTEROL SUL 1.25 MG/3 ML SOL	2		ALVESCO 80 MCG INHALER	3	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	2		ALVESCO 160 MCG INHALER	3	
ALBUTEROL SULF 2 MG/5 ML SYRUP	2		ALYACEN 1-35 28 TABLET	1	
ALBUTEROL SULFATE 2 MG TAB	2		ALYACEN 7-7-7-28 TABLET	1	
ALBUTEROL SULFATE 4 MG TAB	2		ALYQ 20 MG TABLET	5	PA, SRX
ALBUTEROL SULFATE ER 4 MG TAB	2		AMABELZ 0.5 MG-0.1 MG TABLET	2	
ALBUTEROL SULFATE ER 8 MG TAB	2		AMABELZ 1 MG-0.5 MG TABLET	2	
ALCAINE 0.5% EYE DROPS	2		AMANTADINE 100 MG CAPSULE	2	
ALCLOMETASONE DIPR 0.05% OINT	2		AMANTADINE 100 MG TABLET	2	
ALCLOMETASONE DIPRO 0.05% CRM	2		AMANTADINE 100 MG/10 ML SOLN	2	
ALCOHOL 70% PADS	3		AMANTADINE 50 MG/5 ML SOLUTION	2	
ALCOHOL 70% SWABS	3		AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX
ALCOHOL PREP PAD	3		AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX
ALECENSA 150 MG CAPSULE	5	PA, QL, LDD, SRX	AMCINONIDE 0.1% CREAM	2	
ALENDRONATE SOD 70 MG/75 ML	2		AMCINONIDE 0.1% LOTION	2	
ALENDRONATE SODIUM 10 MG TAB	2		AMETHIA 0.15-0.03-0.01 MG TAB	1	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
AMETHIA LO TABLET	1		AMLOD-VALSA-HCTZ 5-160-12.5 MG	2	
AMETHYST 90-20 MCG TABLET	1		AMLOD-VALSA-HCTZ 5-160-25 MG	2	
AMILORIDE HCL 5 MG TABLET	2		AMMONIUM LACTATE 12% CREAM	2	
AMILORIDE HCL-HCTZ 5-50 MG TAB	2		AMMONIUM LACTATE 12% LOTION	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	5	PA, SRX	AMNESTEEM 10 MG CAPSULE	4	
AMINOCAPROIC ACID 1,000 MG TAB	5	PA, SRX	AMNESTEEM 20 MG CAPSULE	4	
AMINOCAPROIC ACID 500 MG TAB	5	PA, SRX	AMNESTEEM 40 MG CAPSULE	4	
AMIODARONE HCL 100 MG TABLET	2		AMOXAPINE 100 MG TABLET	2	
AMIODARONE HCL 200 MG TABLET	2		AMOXAPINE 150 MG TABLET	2	
AMIODARONE HCL 400 MG TABLET	2		AMOXAPINE 25 MG TABLET	2	
AMITRIPTYLINE HCL 10 MG TAB	2		AMOXAPINE 50 MG TABLET	2	
AMITRIPTYLINE HCL 100 MG TAB	2		AMOX-CLAV 200-28.5 MG TAB CHEW	2	
AMITRIPTYLINE HCL 150 MG TAB	2		AMOX-CLAV 200-28.5 MG/5 ML SUS	2	
AMITRIPTYLINE HCL 25 MG TAB	2		AMOX-CLAV 250-125 MG TABLET	2	
AMITRIPTYLINE HCL 50 MG TAB	2		AMOX-CLAV 250-62.5 MG/5 ML SUS	2	
AMITRIPTYLINE HCL 75 MG TAB	2		AMOX-CLAV 400-57 MG TAB CHEW	2	
AMLODIPINE BESYLATE 10 MG TAB	2		AMOX-CLAV 400-57 MG/5 ML SUSP	2	
AMLODIPINE BESYLATE 2.5 MG TAB	2		AMOX-CLAV 500-125 MG TABLET	2	
AMLODIPINE BESYLATE 5 MG TAB	2		AMOX-CLAV 600-42.9 MG/5 ML SUS	2	
AMLODIPINE-ATORVAST 10-10 MG	2		AMOX-CLAV 875-125 MG TABLET	2	
AMLODIPINE-ATORVAST 10-20 MG	2		AMOX-CLAV ER 1,000-62.5 MG TAB	2	
AMLODIPINE-ATORVAST 10-40 MG	2		AMOXICILLIN 125 MG TAB CHEW	2	
AMLODIPINE-ATORVAST 10-80 MG	2		AMOXICILLIN 125 MG/5 ML SUSP	2	
AMLODIPINE-ATORVAST 2.5-10 MG	2		AMOXICILLIN 200 MG/5 ML SUSP	2	
AMLODIPINE-ATORVAST 2.5-20 MG	2		AMOXICILLIN 250 MG CAPSULE	2	
AMLODIPINE-ATORVAST 2.5-40 MG	2		AMOXICILLIN 250 MG TAB CHEW	2	
AMLODIPINE-ATORVAST 5-10 MG	2		AMOXICILLIN 250 MG/5 ML SUSP	2	
AMLODIPINE-ATORVAST 5-20 MG	2		AMOXICILLIN 400 MG/5 ML SUSP	2	
AMLODIPINE-ATORVAST 5-40 MG	2		AMOXICILLIN 500 MG CAPSULE	2	
AMLODIPINE-ATORVAST 5-80 MG	2		AMOXICILLIN 500 MG TABLET	2	
AMLODIPINE-BENAZEPRIL 10-20 MG	2		AMOXICILLIN 875 MG TABLET	2	
AMLODIPINE-BENAZEPRIL 10-40 MG	2		AMPHETAMINE SULFATE 10 MG TAB	2	QL
AMLODIPINE-BENAZEPRIL 2.5-10	2		AMPHETAMINE SULFATE 5 MG TAB	2	QL
AMLODIPINE-BENAZEPRIL 5-10 MG	2		AMPICILLIN 500 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-20 MG	2		ANAGRELIDE HCL 0.5 MG CAPSULE	4	
AMLODIPINE-BENAZEPRIL 5-40 MG	2		ANAGRELIDE HCL 1 MG CAPSULE	4	
AMLODIPINE-OLMESARTAN 10-20 MG	2		ANASTROZOLE 1 MG TABLET	1	
AMLODIPINE-OLMESARTAN 10-40 MG	2		ANORO ELLIPTA 62.5-25 MCG INH	3	QL
AMLODIPINE-OLMESARTAN 5-20 MG	2		ANUCORT-HC 25 MG SUPPOSITORY	2	
AMLODIPINE-OLMESARTAN 5-40 MG	2		ANZEMET 50 MG TABLET	5	PA, QL, SRX
AMLODIPINE-VALSARTAN 10-160 MG	2		APEXICON E 0.05% CREAM	4	
AMLODIPINE-VALSARTAN 10-320 MG	2		APRACLONIDINE HCL 0.5% DROPS	2	
AMLODIPINE-VALSARTAN 5-160 MG	2		APREPITANT 125 MG CAPSULE	2	QL
AMLODIPINE-VALSARTAN 5-320 MG	2		APREPITANT 125-80-80 MG PACK	2	QL
AMLOD-VALSA-HCTZ 10-160-12.5MG	2		APREPITANT 40 MG CAPSULE	2	QL
AMLOD-VALSA-HCTZ 10-160-25 MG	2		APREPITANT 80 MG CAPSULE	2	QL
AMLOD-VALSA-HCTZ 10-320-25 MG	2		APRI 28 DAY TABLET	1	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
APTIVUS 250 MG CAPSULE	3		ASCOMP WITH CODEINE CAPSULE	2	PA
AQ INSULIN SYR 0.5 ML 30G 8MM	3		ASENAPINE 10 MG TABLET SL	4	QL
AQ INSULIN SYR 1 ML 31G 8MM	3		ASENAPINE 2.5 MG TABLET SL	4	QL
AQ INSULIN SYRIN 1 ML 29G 12MM	3		ASENAPINE 5 MG TABLET SL	4	QL
AQUA CARE 0.9% NACL IRRIGATION	2		ASHLYNA 0.15-0.03-0.01 MG TAB	1	
AQUA CARE STERILE WATER IRRIG	2		ASMANEX HFA 100 MCG INHALER	4	QL, ST
ARANELLE 28 TABLET	1		ASMANEX HFA 200 MCG INHALER	4	QL, ST
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX HFA 50 MCG INHALER	4	QL, ST
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 110 MCG #30	4	QL, ST
ARANESP 100 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #14	4	ST
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #30	4	QL, ST
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX	ASMANEX TWISTHALER 220 MCG #60	4	QL, ST
ARANESP 200 MCG/ML VIAL	5	PA, SRX	ASMANEX TWISTHALR 220 MCG #120	4	QL, ST
ARANESP 25 MCG/0.42 ML SYRING	5	PA, SRX	ASPIRIN-DIPYRIDAM ER 25-200 MG	2	
ARANESP 25 MCG/ML VIAL	5	PA, SRX	ASSURE 4 CONTROL SOLUTION	3	
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX	ASSURE DOSE CONTROL SOLUTION	3	
ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX	ASSURE ID PEN NEEDLE 30GX3/16"	3	
ARANESP 40 MCG/ML VIAL	5	PA, SRX	ASSURE ID PEN NEEDLE 30GX5/16"	3	
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX	ASSURE ID PEN NEEDLE 31GX3/16"	3	
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX	ASSURE ID SYR 0.5 ML 29GX1/2"	3	
ARANESP 60 MCG/ML VIAL	5	PA, SRX	ASSURE ID SYR 0.5ML 31GX15/64"	3	
ARCALYST 220 MG VIAL	5	PA, LDD, SRX	ASSURE ID SYR 1 ML 29GX1/2"	3	
ARIPIPRAZOLE 1 MG/ML SOLUTION	3		ASSURE ID SYR 1 ML 31GX15/64"	3	
ARIPIPRAZOLE 10 MG TABLET	2		ASSURE PRISM CONTROL SOLUTION	3	
ARIPIPRAZOLE 15 MG TABLET	2		ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ARIPIPRAZOLE 2 MG TABLET	2		ASTAGRAF XL 1 MG CAPSULE	5	SRX
ARIPIPRAZOLE 20 MG TABLET	2		ASTAGRAF XL 5 MG CAPSULE	5	SRX
ARIPIPRAZOLE 30 MG TABLET	2		ASTHMA CHECK PEAK FLOW MTR	3	
ARIPIPRAZOLE 5 MG TABLET	2		ASTHMAPACK CHILDREN'S CARE KIT	3	
ARIPIPRAZOLE ODT 10 MG TABLET	4		ATAZANAVIR SULFATE 150 MG CAP	2	
ARIPIPRAZOLE ODT 15 MG TABLET	4		ATAZANAVIR SULFATE 200 MG CAP	2	
ARMODAFINIL 150 MG TABLET	2	PA	ATAZANAVIR SULFATE 300 MG CAP	2	
ARMODAFINIL 200 MG TABLET	2	PA	ATENOLOL 100 MG TABLET	2	
ARMODAFINIL 250 MG TABLET	2	PA	ATENOLOL 25 MG TABLET	2	
ARMODAFINIL 50 MG TABLET	2	PA	ATENOLOL 50 MG TABLET	2	
ARMOUR THYROID 120 MG TABLET	3		ATENOLOL-CHLOROTHALIDONE 100-25	2	
ARMOUR THYROID 15 MG TABLET	3		ATENOLOL-CHLOROTHALIDONE 50-25	2	
ARMOUR THYROID 180 MG TABLET	3		ATOMOXETINE HCL 10 MG CAPSULE	2	QL
ARMOUR THYROID 240 MG TABLET	3		ATOMOXETINE HCL 100 MG CAPSULE	2	QL
ARMOUR THYROID 30 MG TABLET	3		ATOMOXETINE HCL 18 MG CAPSULE	2	QL
ARMOUR THYROID 300 MG TABLET	3		ATOMOXETINE HCL 25 MG CAPSULE	2	QL
ARMOUR THYROID 60 MG TABLET	3		ATOMOXETINE HCL 40 MG CAPSULE	2	QL
ARMOUR THYROID 90 MG TABLET	3		ATOMOXETINE HCL 60 MG CAPSULE	2	QL
ARNUITY ELLIPTA 100 MCG INH	3		ATOMOXETINE HCL 80 MG CAPSULE	2	QL
ARNUITY ELLIPTA 200 MCG INH	3		ATORVASTATIN 10 MG TABLET	2	
ARNUITY ELLIPTA 50 MCG INH	3		ATORVASTATIN 20 MG TABLET	2	
ASA-BUTALB-CAFF-COD #3 CAPSULE	2	PA	ATORVASTATIN 40 MG TABLET	2	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ATORVASTATIN 80 MG TABLET	2		BACLOFEN 20 MG TABLET	2	
ATOVAQUONE 1,500 MG/10 ML SUSP	4		BACLOFEN 5 MG TABLET	2	
ATOVAQUONE 750 MG/5 ML SUSP	4		BAL-CARE DHA COMBO PACK	2	
ATOVAQUONE-PROGUANIL 250-100	2		BALCOLTRA TABLET	4	
ATOVAQUONE-PROGUANIL 62.5-25	2		BALSALAZIDE DISODIUM 750 MG CP	2	
ATROPINE 1% EYE DROPS	2		BALZIVA 28 TABLET	1	
ATROPINE 1% EYE OINTMENT	2		BAQSIMI 3 MG SPRAY ONE PACK	3	QL
AUBRA EQ-28 TABLET	1		BAQSIMI 3 MG SPRAY TWO PACK	3	QL
AUBRA-28 TABLET	1		BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
AUROVELA 1 MG-20 MCG TABLET	1		BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
AUROVELA 21 1.5-30 TABLET	1		BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BD 3 ML SYRINGE 18GX1-1/2"	3	
AUROVELA FE 1.5 MG-30 MCG TAB	1		BD 3 ML SYRINGE 20GX1-1/2"	3	
AUROVELA FE 1-20 TABLET	1		BD 3 ML SYRINGE 25GX1"	3	
AUTOJECT 2 INJECTION DEVICE	3		BD 3 ML SYRINGE 25GX1-1/2"	3	
AUTOPEN 1 TO 21 UNITS	3		BD 3 ML SYRINGE WITH NEEDLE	3	
AUTOPEN 2 TO 42 UNITS	3		BD AUTOSHIELD DUO NDL 5MMX30G	3	
AUTOSOFT 30 INFUS SET 23" 13MM	3		BD BLUNT NEEDLE 18GX1-1/2"	3	
AUTOSOFT 30 INFUS SET 43" 13MM	3		BD ECLIPSE LUER-LOK SYR 3 ML	3	
AUTOSOFT 90 INFUSN SET 23" 6MM	3		BD ECLIPSE NEEDLE 18GX1 1/2"	3	
AUTOSOFT 90 INFUSN SET 23" 9MM	3		BD ECLIPSE NEEDLE 21GX1"	3	
AUTOSOFT 90 INFUSN SET 43" 6MM	3		BD ECLIPSE NEEDLE 22GX1"	3	
AUTOSOFT 90 INFUSN SET 43" 9MM	3		BD ECLIPSE NEEDLE 23GX1"	3	
AUTOSOFT XC INFUSN SET 23" 6MM	3		BD ECLIPSE NEEDLE 25G 16MM	3	
AUTOSOFT XC INFUSN SET 23" 9MM	3		BD ECLIPSE NEEDLE 25G 25MM	3	
AUTOSOFT XC INFUSN SET 32" 6MM	3		BD ECLIPSE NEEDLE 25G 40MM	3	
AUTOSOFT XC INFUSN SET 43" 6MM	3		BD ECLIPSE NEEDLE 25GX1"	3	
AUTOSOFT XC INFUSN SET 43" 9MM	3		BD ECLIPSE NEEDLE 25GX1.5"	3	
AVIANE-28 TABLET	1		BD ECLIPSE NEEDLE 25GX5/8"	3	
AVONEX PREFILLED SYR 30 MCG KT	5	PA, SRX	BD ECLIPSE NEEDLE 27GX1/2"	3	
AVONEX PEN 30 MCG/0.5 ML KIT	5	PA, SRX	BD ECLIPSE NEEDLE 30G 13MM	3	
AYUNA-28 TABLET	1		BD ECLIPSE NEEDLE 30GX1/2"	3	
AZATHIOPRINE 50 MG TABLET	2		BD ECLIPSE NEEDLES 21GX1.5"	3	
AZELASTINE 0.1% (137 MCG) SPRY	2		BD FILTER NEEDLE	3	
AZELASTINE 0.15% NASAL SPRAY	2		BD INS SYR 0.3 ML 8MMX31G(1/2)	3	
AZELASTINE HCL 0.05% DROPS	2		BD INS SYR U-500 1/2ML 6MMX31G	3	
AZITHROMYCIN 1 GM PWD PACKET	2		BD INS SYR UF 0.3ML 12.7MMX30G	3	
AZITHROMYCIN 100 MG/5 ML SUSP	2		BD INS SYR UF 0.5ML 12.7MMX30G	3	
AZITHROMYCIN 200 MG/5 ML SUSP	2		BD INS SYRN UF 1 ML 12.7MMX30G	3	
AZITHROMYCIN 250 MG TABLET	2		BD INS SYRNG 0.3 ML 29GX12.7MM	3	
AZITHROMYCIN 500 MG TABLET	2		BD INS SYRNG 0.5 ML 29GX12.7MM	3	
AZITHROMYCIN 600 MG TABLET	2		BD INS SYRNG UF 0.3 ML 8MMX31G	3	
AZO TEST STRIP	3		BD INS SYRNG UF 0.5 ML 8MMX31G	3	
AZURETTE 28 DAY TABLET	1		BD INSULIN SYR 0.5 ML 28GX1/2"	3	
BACITRACIN 500 UNIT/GM OPHTH	2		BD INSULIN SYR 0.5 ML 29GX1/2"	3	
BACITRACIN-POLYMYXIN EYE OINT	2		BD INSULIN SYR 1 ML 25GX1"	3	
BACLOFEN 10 MG TABLET	2		BD INSULIN SYR 1 ML 25GX5/8"	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)
BD INSULIN SYR 1 ML 26GX1/2"	3		BD NEEDLES 27GX0.5"	3	
BD INSULIN SYR 1 ML 27GX12.7MM	3		BD NEEDLES 27GX1X1.25"	3	
BD INSULIN SYR 1 ML 27GX5/8"	3		BD NEEDLES 30GX0.5"	3	
BD INSULIN SYR 1 ML 28GX1/2"	3		BD NEEDLES 30GX1"	3	
BD INSULIN SYR 1 ML 29GX1/2"	3		BD NOKOR NEEDLE 16GX1"	3	
BD INSULIN SYR 1 ML 29GX12.7MM	3		BD NOKOR NEEDLE 18GX1"	3	
BD INSULIN SYR UF 1 ML 8MMX31G	3		BD PRECISIONGLI 27GX1-1/2" NDL	3	
BD INSULIN SYRINGE 1 ML	3		BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD INTEGRA RETRA NEEDLE 23GX1"	3		BD PRECISIONGLIDE NEEDLE 25G	3	
BD INTEGRA NEEDLE 25G X 5/8"	3		BD SAFETGLD INS 0.3ML 29G 13MM	3	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3		BD SAFETGLD INS 0.5ML 13MMX29G	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3		BD SAFETYGLD INS 0.3ML 31G 8MM	3	
BD LUER-LOK SYRINGE 1 ML	3		BD SAFETYGLD INS 0.5ML 30G 8MM	3	
BD MAGNI-GUIDE MAGNIFIER	3		BD SAFETYGLD INS 1 ML 29G 13MM	3	
BD NANO 2 GEN PEN NDL 32G 4MM	3		BD SAFETYGLID INS 1 ML 6MMX31G	3	
BD NEEDLE 18GX1 1/2"	3		BD SAFETYGLIDE 3 ML SYRINGE	3	
BD NEEDLE 19GX1 1/2"	3		BD SAFETYGLIDE NEEDLE	3	
BD NEEDLE 20GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD NEEDLE 21GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD NEEDLE 21GX1"	3		BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD NEEDLE 22GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 22GX1.5"	3	
BD NEEDLE 22GX3/4"	3		BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD NEEDLE 23GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD NEEDLE 23GX1"	3		BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD NEEDLE 25GX1"	3		BD SAFTYGLD INS 0.3 ML 6MMX31G	3	
BD NEEDLE 25GX5/8"	3		BD SAFTYGLD INS 0.5 ML 6MMX31G	3	
BD NEEDLE 26GX0.625"	3		BD SAFTYGLD INS 0.5ML 29G 13MM	3	
BD NEEDLES 16GX1"	3		BD SYRINGE-SAFETY GLIDE	3	
BD NEEDLES 16GX1.5"	3		BD UF INS SYR 1 ML 30GX1/2"	3	
BD NEEDLES 18GX1"	3		BD UF MICRO PEN NEEDLE 6MMX32G	3	
BD NEEDLES 18GX1.5"	3		BD UF MINI PEN NEEDLE 5MMX31G	3	
BD NEEDLES 19GX1"	3		BD UF NANO PEN NEEDLE 4MMX32G	3	
BD NEEDLES 19GX1.5"	3		BD UF ORIG PEN NDL 12.7MMX29G	3	
BD NEEDLES 20GX1"	3		BD UF SHORT PEN NEEDLE 8MMX31G	3	
BD NEEDLES 20GX1.5"	3		BD VEO INS 0.3ML 6MMX31G (1/2)	3	
BD NEEDLES 21GX1"	3		BD VEO INS SYRING 1 ML 6MMX31G	3	
BD NEEDLES 21GX1.5"	3		BD VEO INS SYRN 0.3 ML 6MMX31G	3	
BD NEEDLES 21GX2"	3		BD VEO INS SYRN 0.5 ML 6MMX31G	3	
BD NEEDLES 22GX1"	3		BEKYREE 28 DAY TABLET	1	
BD NEEDLES 22GX1.5"	3		BELLADONNA-OPIUM 16.2-30 SUPP	2	PA
BD NEEDLES 23GX0.75"	3		BELLADONNA-OPIUM 16.2-60 SUPP	2	PA
BD NEEDLES 23GX1.25"	3		BENAZEPRIL HCL 10 MG TABLET	2	
BD NEEDLES 25GX0.625"	3		BENAZEPRIL HCL 20 MG TABLET	2	
BD NEEDLES 25GX0.875"	3		BENAZEPRIL HCL 40 MG TABLET	2	
BD NEEDLES 25GX1.5"	3		BENAZEPRIL HCL 5 MG TABLET	2	
BD NEEDLES 26GX0.375"	3		BENAZEPRIL-HCTZ 10-12.5 MGTAB	2	
BD NEEDLES 26GX0.5"	3		BENAZEPRIL-HCTZ 20-12.5 MG TAB	2	

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BENAZEPRIL-HCTZ 20-25 MG TAB	2	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	2	
BENZONATATE 100 MG CAPSULE	2	
BENZONATATE 200 MG CAPSULE	2	
BENZTROPINE MES 0.5 MG TAB	2	
BENZTROPINE MES 1 MG TABLET	2	
BENZTROPINE MES 2 MG TABLET	2	
BESER 0.05% LOTION	2	
BETAINE 1 GRAM/SCOOP POWDER	5	PA, LDD, SRX
BETAMETHASONE DP 0.05% CRM	2	
BETAMETHASONE DP 0.05% LOT	2	
BETAMETHASONE DP 0.05% OINT	2	
BETAMETHASONE DP AUG 0.05% CRM	2	
BETAMETHASONE DP AUG 0.05% GEL	2	
BETAMETHASONE DP AUG 0.05% LOT	2	
BETAMETHASONE DP AUG 0.05% OIN	2	
BETAMETHASONE VA 0.1% CREAM	2	
BETAMETHASONE VA 0.1% LOTION	2	
BETAMETHASONE VALER 0.1% OINTM	2	
BETAMETHASONE VALER 0.12% FOAM	2	
BETAXOLOL 10 MG TABLET	2	
BETAXOLOL 20 MG TABLET	2	
BETAXOLOL HCL 0.5% EYE DROP	2	
BETHANECHOL 10 MG TABLET	2	
BETHANECHOL 25 MG TABLET	2	
BETHANECHOL 5 MG TABLET	2	
BETHANECHOL 50 MG TABLET	2	
BEXAROTENE 1% GEL	5	PA, SRX
BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BEXSERO PREFILLED SYRINGE	1	
BICALUTAMIDE 50 MG TABLET	2	
BIKTARVY 30-120-15 MG TABLET	3	QL
BIKTARVY 50-200-25 MG TABLET	3	QL
BIMATOPROST 0.03% EYE DROPS	2	QL
BISOPROLOL FUMARATE 10 MG TAB	2	
BISOPROLOL FUMARATE 5 MG TAB	2	
BISOPROLOL-HCTZ 10-6.25 MG TAB	2	
BISOPROLOL-HCTZ 2.5-6.25 MG TB	2	
BISOPROLOL-HCTZ 5-6.25 MG TAB	2	
BLISOVI 24 FE TABLET	1	
BLISOVI FE 1.5-30 TABLET	1	
BLISOVI FE 1-20 TABLET	1	
BLOOD GLUCOSE CONTROL SOLUTION	3	
BLUNT NEEDLE	3	
BOOSTRIX TDAP VACCINE SYRINGE	1	
BOOSTRIX TDAP VACCINE VIAL	1	
BOSENTAN 125 MG TABLET	5	PA, LDD, SRX

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
BOSENTAN 62.5 MG TABLET	5	PA, LDD, SRX
BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	3	QL
BREATHERITE SPACER-ADULT MASK	3	QL
BREATHERITE SPACER-INFANT MASK	3	QL
BREATHERITE SPACER-LG CHLD MSK	3	QL
BREATHERITE SPACER-NEONATE MSK	3	QL
BREATHERITE SPACER-SM CHLD MSK	3	QL
BREATHRITE VALVED MDI CHAMBER	3	QL
BREATHRITE VALVED MDI SPACER	3	QL
BREEZE 2 SOLUTION	3	
BREO ELLIPTA 100-25 MCG INH	3	QL
BREO ELLIPTA 200-25 MCG INH	3	QL
BRIELLYN TABLET	1	
BRILINTA 60 MG TABLET	4	
BRILINTA 90 MG TABLET	4	
BRIMONIDINE 0.2% EYE DROP	2	
BRIMONIDINE TARTRATE 0.15% DRP	2	
BRINZOLAMIDE 1% EYE DROPS	3	
BRIVIACT 10 MG TABLET	4	PA, QL
BRIVIACT 10 MG/ML ORAL SOLN	4	PA, QL
BRIVIACT 100 MG TABLET	4	PA, QL
BRIVIACT 25 MG TABLET	4	PA, QL
BRIVIACT 50 MG TABLET	4	PA, QL
BRIVIACT 75 MG TABLET	4	PA, QL
BROMFENAC SODIUM 0.09% EYE DRP	2	
BROMOCRIPTINE 2.5 MG TABLET	2	
BROMOCRIPTINE 5 MG CAPSULE	2	
BROMPHEN-PSE-DM 2-30-10 MG/SML	2	
BROOKS INSULIN 0.3ML SYRN	3	
BUDESONIDE 0.25 MG/2 ML SUSP	4	QL
BUDESONIDE 0.5 MG/2 ML SUSP	4	QL
BUDESONIDE 1 MG/2 ML INH SUSP	4	QL
BUDESONIDE DR 3 MG CAPSULE	4	
BUDESONIDE EC 3 MG CAPSULE	4	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX
BUMETANIDE 0.5 MG TABLET	2	
BUMETANIDE 1 MG TABLET	2	
BUMETANIDE 2 MG TABLET	2	
BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BUPRENORPHINE 2 MG TABLET SL	2	
BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	2	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)
BUPRENORPHINE 8 MG TABLET SL	2		CALCIPOTRIENE 0.005% OINTMENT	2	
BUPRENORPHINE-NALOX 12-3MG FLM	2		CALCIPOTRIENE 0.005% SOLUTION	2	
BUPRENORPHINE-NALOX 2-0.5MG FM	2		CALCIPOTRIENE-BETAMETH DP OINT	4	
BUPRENORPHINE-NALOX 2-0.5MG TB	2		CALCITONIN-SALMON 200 UNITS SP	2	
BUPRENORPHINE-NALOX 4-1MG FILM	2		CALCITRIOL 0.25 MCG CAPSULE	2	
BUPRENORPHINE-NALOX 8-2 MG TAB	2		CALCITRIOL 0.5 MCG CAPSULE	2	
BUPRENORPHINE-NALOX 8-2MG FILM	2		CALCITRIOL 1 MCG/ML SOLUTION	2	
BUPROPION HCL 100 MG TABLET	2	QL	CALCITRIOL 3 MCG/G OINTMENT	2	QL
BUPROPION HCL 75 MG TABLET	2	QL	CALCIUM ACETATE 667 MG CAPSULE	2	
BUPROPION HCL SR 100 MG TABLET	2	QL	CALCIUM ACETATE 667 MG GELCAP	2	
BUPROPION HCL SR 150 MG TABLET	2	QL	CALCIUM ACETATE 667 MG TABLET	2	
BUPROPION HCL SR 150 MG TABLET (smoking cessation)	1		CAMILA 0.35 MG TABLET	1	
BUPROPION HCL SR 200 MG TABLET	2	QL	CAMRESE 0.15-0.03-0.01 MG TAB	1	
BUPROPION HCL XL 150 MG TABLET	2	QL	CAMRESE LO TABLET	1	
BUPROPION HCL XL 300 MG TABLET	2	QL	CANDESARTAN CILEXETIL 16 MG TB	2	
BUSPIRONE HCL 10 MG TABLET	2		CANDESARTAN CILEXETIL 32 MG TB	2	
BUSPIRONE HCL 15 MG TABLET	2		CANDESARTAN CILEXETIL 4 MG TAB	2	
BUSPIRONE HCL 30 MG TABLET	2		CANDESARTAN CILEXETIL 8 MG TAB	2	
BUSPIRONE HCL 5 MG TABLET	2		CANDESARTAN-HCTZ 16-12.5 MG TB	2	
BUSPIRONE HCL 7.5 MG TABLET	2		CANDESARTAN-HCTZ 32-12.5 MG TB	2	
BUTALB-ACETAMIN-CAF-COD 50-300	2	PA	CANDESARTAN-HCTZ 32-25 MG TAB	2	
BUTALB-ACETAMIN-CAF-COD 50-325	2	PA	CAPECITABINE 150 MG TABLET	5	PA, SRX
BUTALB-ACETAMIN-CAFF 50-300-40	2	QL	CAPECITABINE 500 MG TABLET	5	PA, SRX
BUTALB-ACETAMIN-CAFF 50-325-40	2	QL	CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX
BUTALBITAL COMP-CODEINE #3 CAP	2	PA	CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX
BUTALBITAL-ACETAMINOPHN 50-325	2		CAPTOPRIL 100 MG TABLET	2	
BUTALBITAL-ASPIRIN-CAFFEINE CP	2	QL	CAPTOPRIL 12.5 MG TABLET	2	
BUTALBITAL-ASPIRIN-CAFFEINE TB	2	QL	CAPTOPRIL 25 MG TABLET	2	
BUTORPHANOL 10 MG/ML SPRAY	2	PA, QL	CAPTOPRIL 50 MG TABLET	2	
BYDUREON BCISE 2 MG AUTOINJECT	3	PA, QL	CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL
BYETTA 10 MCG DOSE PEN INJ	3	PA, QL	CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL
BYETTA 5 MCG DOSE PEN INJ	3	PA, QL	CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL
CA INS SYR 0.3 ML 30GX5/16"	3		CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL
CA INS SYR 0.3 ML 31GX5/16"	3		CARBAMAZEPINE 100 MG TAB CHEW	2	
CA INS SYR 0.5 ML 30GX5/16"	3		CARBAMAZEPINE 100 MG/5 ML SUSP	2	
CA INS SYR 0.5 ML 31GX5/16"	3		CARBAMAZEPINE 200 MG TABLET	2	
CA INSULIN SYR 0.3 ML 29GX1/2"	3		CARBAMAZEPINE ER 100 MG CAP	2	
CA INSULIN SYR 0.5 ML 29GX1/2"	3		CARBAMAZEPINE ER 100 MG TABLET	2	
CA INSULIN SYR 1 ML 29GX1/2"	3		CARBAMAZEPINE ER 200 MG CAP	2	
CA INSULIN SYR 1 ML 30GX5/16"	3		CARBAMAZEPINE ER 200 MG TABLET	2	
CA INSULIN SYR 1 ML 31GX5/16"	3		CARBAMAZEPINE ER 300 MG CAP	2	
CABERGOLINE 0.5 MG TABLET	2	QL	CARBAMAZEPINE ER 400 MG TABLET	2	
CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA 25 MG TABLET	4	
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA-LEVO 10-100 MG ODT	2	
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA-LEVO 25-100 MG ODT	2	
CAFFEINE CIT 60 MG/3 ML ORAL	2		CARBIDOPA-LEVO 25-250 MG ODT	2	
CALCIPOTRIENE 0.005% CREAM	2		CARBIDOPA-LEVO ER 25-100 TAB	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)
CARBIDOPA-LEVO ER 50-200 TAB	2		CARETOUCH HYPODERMIC 23G 1"	3	
CARBIDOPA-LEVODOPA 100 MG-ENTA	2		CARETOUCH HYPODERMIC 23G 1.5"	3	
CARBIDOPA-LEVODOPA 10-100 TAB	2		CARETOUCH HYPODERMIC 25G 1"	3	
CARBIDOPA-LEVODOPA 125 MG-ENTA	2		CARETOUCH HYPODERMIC 25G 1.5"	3	
CARBIDOPA-LEVODOPA 150 MG-ENTA	2		CARETOUCH HYPODERMIC 25G 5/8"	3	
CARBIDOPA-LEVODOPA 200 MG-ENTA	2		CARETOUCH LL SYR 3 ML 22G 1"	3	
CARBIDOPA-LEVODOPA 25-100 TAB	2		CARETOUCH LL SYR 3 ML 22G 1.5"	3	
CARBIDOPA-LEVODOPA 25-250 TAB	2		CARETOUCH LL SYR 3 ML 23G 1"	3	
CARBIDOPA-LEVODOPA 50 MG-ENTA	2		CARETOUCH LL SYR 3 ML 23G 1.5"	3	
CARBIDOPA-LEVODOPA 75 MG-ENTA	2		CARETOUCH LL SYR 3 ML 25G 1"	3	
CARBINOXAMINE 4 MG/5 ML LIQUID	2		CARETOUCH LL SYR 3 ML 25G 1.5"	3	
CARBINOXAMINE MALEATE 4 MG TAB	2		CARETOUCH LL SYR 3 ML 25G 5/8"	3	
CAREFINE PEN NEEDLE 12.7MM 29G	3		CARETOUCH PEN NEEDLE 29G 12MM	3	
CAREFINE PEN NEEDLE 4MM 32G	3		CARETOUCH PEN NEEDLE 31GX1/4"	3	
CAREFINE PEN NEEDLE 5MM 32G	3		CARETOUCH PEN NEEDLE 31GX3/16"	3	
CAREFINE PEN NEEDLE 6MM 31G	3		CARETOUCH PEN NEEDLE 31GX5/16"	3	
CAREFINE PEN NEEDLE 8MM 30G	3		CARETOUCH PEN NEEDLE 32GX3/16"	3	
CAREFINE PEN NEEDLES 6MM 32G	3		CARETOUCH PEN NEEDLE 32GX5/32"	3	
CAREFINE PEN NEEDLES 8MM 31G	3		CARETOUCH SYR 0.3 ML 31GX5/16"	3	
CAREONE SYR 0.3 ML 30GX1/2"	3		CARETOUCH SYR 0.5 ML 30GX5/16"	3	
CAREONE SYR 0.5 ML 30GX1/2"	3		CARETOUCH SYR 0.5 ML 31GX5/16"	3	
CAREONE SYR 1 ML 30GX1/2"	3		CARETOUCH SYR 1 ML 28GX5/16"	3	
CAREONE UNIFINE PENTIP 4MM 32G	3		CARETOUCH SYR 1 ML 29GX5/16"	3	
CAREONE UNIFINE PENTIP 5MM 31G	3		CARETOUCH SYR 1 ML 30GX5/16"	3	
CAREONE UNIFINE PENTIP 6MM 31G	3		CARETOUCH SYR 1 ML 31GX5/16"	3	
CAREONE UNIFINE PENTIP 8MM 31G	3		CARGLUMIC ACID 200 MG TAB SUSP	5	PA, SRX
CAREONE UNIFINE PENTP 29GX1/2"	3		CARISOPRODOL 250 MG TABLET	2	
CAREONE UNIFINE PENTP 31GX1/4"	3		CARISOPRODOL 350 MG TABLET	2	
CAREONE UNIFINE PNTP 12MM 29G	3		CARISOPRODL-ASPIRIN 200-325 MG	2	
CAREONE UNIFINE PNTP 31GX3/16"	3		CARISOPRODOL-ASPIRIN-CODEIN TB	2	PA
CAREONE UNIFINE PNTP 31GX5/16"	3		CARTEOLOL HCL 1% EYE DROPS	2	
CAREONE UNIFINE PNTP 32GX5/32"	3		CARTIA XT 120 MG CAPSULE	2	
CAREPOINT LL SYR 3 ML 20GX1.5"	3		CARTIA XT 180 MG CAPSULE	2	
CAREPOINT LL SYR 3 ML 21GX1"	3		CARTIA XT 240 MG CAPSULE	2	
CAREPOINT LL SYR 3 ML 21GX1.5"	3		CARTIA XT 300 MG CAPSULE	2	
CAREPOINT LL SYR 3 ML 22G 1"	3		CARTRIDGE STAMPED IR 1200	3	
CAREPOINT LL SYR 3 ML 22G 38MM	3		CARVEDILOL 12.5 MG TABLET	2	
CAREPOINT LL SYR 3 ML 23GX1"	3		CARVEDILOL 25 MG TABLET	2	
CAREPOINT LL SYR 3 ML 23GX1.5"	3		CARVEDILOL 3.125 MG TABLET	2	
CAREPOINT LL SYR 3 ML 25G X 1"	3		CARVEDILOL 6.25 MG TABLET	2	
CAREPOINT LL SYR 3 ML 25GX5/8"	3		CAYSTON 75 MG INHAL SOLUTION	5	PA, QL, LDD, SRX
CARESENS CONTROL SOLUTION	3		CAZIAN 28 DAY TABLET	1	
CARETOUCH CONTROL SOLN L2-L3	3		CEFACTOR 125 MG/5 ML SUSP	2	
CARETOUCH HYPO NEEDLE 26G 1"	3		CEFACTOR 250 MG CAPSULE	2	
CARETOUCH HYPODERMIC 18G 1.5"	3		CEFACTOR 250 MG/5 ML SUSP	2	
CARETOUCH HYPODERMIC 20G 1"	3		CEFACTOR 375 MG/5 ML SUSPEN	2	
CARETOUCH HYPODERMIC 22G 1"	3		CEFACTOR 500 MG CAPSULE	2	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
CEFACLOR ER 500 MG TABLET	2		CHEMSTRIP BG DIARY	3	
CEFADROXIL 1 GM TABLET	2		CHEMSTRIP MICRAL TEST STRIP	3	
CEFADROXIL 250 MG/5 ML SUSP	2		CHLORDIAZEPO-AMITRIPTYL 5-12.5	2	
CEFADROXIL 500 MG CAPSULE	2		CHLORDIAZEPOX-AMITRIPTYL 10-25	2	
CEFADROXIL 500 MG/5 ML SUSP	2		CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CEFDINIR 125 MG/5 ML SUSP	2		CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CEFDINIR 250 MG/5 ML SUSP	2		CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CEFDINIR 300 MG CAPSULE	2		CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	
CEFDITOREN PIVOXIL 400 MG TAB	2		CHLORHEXIDINE 0.12% RINSE	2	
CEFIXIME 100 MG/5 ML SUSP	2		CHLOROQUINE PH 250 MG TABLET	2	
CEFIXIME 200 MG/5 ML SUSP	2		CHLOROQUINE PH 500 MG TABLET	2	
CEFIXIME 400 MG CAPSULE	3		CHLORPROMAZINE 10 MG TABLET	2	
CEFPODOXIME 100 MG TABLET	2		CHLORPROMAZINE 100 MG TABLET	2	
CEFPODOXIME 100 MG/5 ML SUSP	2		CHLORPROMAZINE 200 MG TABLET	2	
CEFPODOXIME 200 MG TABLET	2		CHLORPROMAZINE 25 MG TABLET	2	
CEFPODOXIME 50 MG/5 ML SUSP	2		CHLORPROMAZINE 50 MG TABLET	2	
CEFPROZIL 125 MG/5 ML SUSP	2		CHLORTHALIDONE 25 MG TABLET	2	
CEFPROZIL 250 MG TABLET	2		CHLORTHALIDONE 50 MG TABLET	2	
CEFPROZIL 250 MG/5 ML SUSP	2		CHLORZOXAZONE 500 MG TABLET	2	
CEFPROZIL 500 MG TABLET	2		CHOLESTYRAMINE LIGHT PACKET	2	
CEFUROXIME AXETIL 250 MG TAB	2		CHOLESTYRAMINE LIGHT POWDER	2	
CEFUROXIME AXETIL 500 MG TAB	2		CHOLESTYRAMINE PACKET	2	
CELECOXIB 100 MG CAPSULE	2	QL	CHOLESTYRAMINE POWDER	2	
CELECOXIB 200 MG CAPSULE	2	QL	CICLODAN 0.77% CREAM	2	
CELECOXIB 400 MG CAPSULE	2	QL	CICLODAN 8% SOLUTION	2	
CELECOXIB 50 MG CAPSULE	2	QL	CICLOPIROX 0.77% CREAM	2	
CELONTIN 300 MG CAPSULE	4		CICLOPIROX 0.77% GEL	2	
CEPHALEXIN 125 MG/5 ML SUSP	2		CICLOPIROX 0.77% TOPICAL SUSP	2	
CEPHALEXIN 250 MG CAPSULE	2		CICLOPIROX 1% SHAMPOO	2	
CEPHALEXIN 250 MG/5 ML SUSP	2		CICLOPIROX 8% SOLUTION	2	
CEPHALEXIN 500 MG CAPSULE	2		CILOSTAZOL 100 MG TABLET	2	
CEPHALEXIN 750 MG CAPSULE	2		CILOSTAZOL 50 MG TABLET	2	
CEQR SIMPLICITY INSERTER	3		CIMETIDINE 200 MG TABLET	2	
CETIRIZINE HCL 1 MG/ML SOLN	2		CIMETIDINE 300 MG TABLET	2	
CETIRIZINE HCL 1 MG/ML SYRUP	2		CIMETIDINE 300 MG/5 ML SOLN	2	
CEVIMELINE HCL 30 MG CAPSULE	2		CIMETIDINE 400 MG TABLET	2	
CHARLOTTE 24 FE CHEWABLE TAB	1		CIMETIDINE 800 MG TABLET	2	
CHATEAL EQ-28 TABLET	1		CIMZIA 200 MG VIAL KIT	5	PA, QL, SRX
CHATEAL-28 TABLET	1		CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, SRX
CHEK-STIX STRIPS	3		CIMZIA 2X200 MG/ML(X3)START KT	5	PA, QL, SRX
CHEMSTRIP 10 MD	3		CINACALCET HCL 30 MG TABLET	5	PA, SRX
CHEMSTRIP 10 WITH SG	3		CINACALCET HCL 60 MG TABLET	5	PA, SRX
CHEMSTRIP 2 GP	3		CINACALCET HCL 90 MG TABLET	5	PA, SRX
CHEMSTRIP 2 LN	3		CIPROFLOXACIN 0.2% OTIC SOLN	2	
CHEMSTRIP 50B	3		CIPROFLOXACIN 0.3% EYE DROP	2	
CHEMSTRIP 7	3		CIPROFLOXACIN 250 MG/5 ML SUSP	2	
CHEMSTRIP 9	3		CIPROFLOXACIN 500 MG/5 ML SUSP	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)
CIPROFLOXACIN HCL 100 MG TAB	2		CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CIPROFLOXACIN HCL 250 MG TAB	2		CLINDAMYCIN-BENZOYL PEROX 1-5%	2	
CIPROFLOXACIN HCL 500 MG TAB	2		CLINDAMYCIN-BNZ PEROX 1-5% PMP	2	
CIPROFLOXACIN HCL 750 MG TAB	2		CLINDA-TRETINOIN 1.2%-0.025%	2	
CIPROFLOX-DEXAMETH OTIC SUSP	3		CLOBAZAM 10 MG TABLET	4	PA
CITALOPRAM HBR 10 MG TABLET	2	QL	CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL	CLOBAZAM 20 MG TABLET	4	PA
CITALOPRAM HBR 20 MG TABLET	2	QL	CLOBETASOL 0.05% CREAM	2	
CITALOPRAM HBR 40 MG TABLET	2	QL	CLOBETASOL 0.05% GEL	2	
CLARAVIS 10 MG CAPSULE	4		CLOBETASOL 0.05% OINTMENT	2	
CLARAVIS 20 MG CAPSULE	4		CLOBETASOL 0.05% SHAMPOO	2	
CLARAVIS 30 MG CAPSULE	4		CLOBETASOL 0.05% SOLUTION	2	
CLARAVIS 40 MG CAPSULE	4		CLOBETASOL 0.05% TOPICAL LOTN	2	
CLARITHROMYCIN 125 MG/5 ML SUS	2		CLOBETASOL EMOLLIENT 0.05% CRM	2	
CLARITHROMYCIN 250 MG TABLET	2		CLOBETASOL EMOLLNT 0.05% FOAM	2	
CLARITHROMYCIN 250 MG/5 ML SUS	2		CLOBETASOL EMULSION 0.05% FOAM	2	
CLARITHROMYCIN 500 MG TABLET	2		CLOBETASOL PROP 0.05% FOAM	2	
CLARITHROMYCIN ER 500 MG TAB	2		CLOBETASOL PROP 0.05% SPRAY	2	
CLEMASTINE FUM 2.68 MG TAB	2		CLOCORTOLONE 0.1% CREAM PUMP	2	
CLEO 90 INFUSION SET 24" 6MM	3		CLOCORTOLONE PIVALATE 0.1% CRM	2	
CLEO 90 INFUSION SET 24" 9MM	3		CLODAN 0.05% SHAMPOO	2	
CLEO 90 INFUSION SET 31" 6MM	3		CLOMIPRAMINE 25 MG CAPSULE	4	
CLEO 90 INFUSION SET 31" 9MM	3		CLOMIPRAMINE 50 MG CAPSULE	4	
CLEVER CHOICE CHAMBER-LRG MASK	3	QL	CLOMIPRAMINE 75 MG CAPSULE	4	
CLEVER CHOICE CHAMBER-MED MASK	3	QL	CLONAZEPAM 0.125 MG DIS TAB	2	
CLEVER CHOICE CHAMBER-SM MASK	3	QL	CLONAZEPAM 0.125 MG ODT	2	
CLEVER CHOICE LVL 1 CONTRL SOL	3		CLONAZEPAM 0.25 MG ODT	2	
CLEVER CHOICE LVL 2 CONTRL SOL	3		CLONAZEPAM 0.5 MG DIS TABLET	2	
CLEVER CHOICE LVL 3 CONTRL SOL	3		CLONAZEPAM 0.5 MG ODT	2	
CLEVER CHOICE PEAK FLOW METER	3		CLONAZEPAM 0.5 MG TABLET	2	
CLICKFINE 31G X 1/4" NEEDLES	3		CLONAZEPAM 1 MG DIS TABLET	2	
CLICKFINE 31G X 5/16" NEEDLES	3		CLONAZEPAM 1 MG ODT	2	
CLICKFINE PEN NEEDLE 32GX5/32"	3		CLONAZEPAM 1 MG TABLET	2	
CLICKFINE UNIVERSAL 31G X 1/4"	3		CLONAZEPAM 2 MG ODT	2	
CLIND PH-BENZOYL PEROX 1.2-5%	2		CLONAZEPAM 2 MG TABLET	2	
CLINDACIN 1% FOAM	2		CLONIDINE 0.1 MG/DAY PATCH	2	
CLINDACIN ETZ 1% PLEDGET	2		CLONIDINE 0.2 MG/DAY PATCH	2	
CLINDACIN P 1% PLEDGETS	2		CLONIDINE 0.3 MG/DAY PATCH	2	
CLINDAMYCIN (PEDI) 75 MG/5 ML	2		CLONIDINE HCL 0.1 MG TABLET	2	
CLINDAMYCIN 2% VAGINAL CREAM	2		CLONIDINE HCL 0.2 MG TABLET	2	
CLINDAMYCIN HCL 150 MG CAPSULE	2		CLONIDINE HCL 0.3 MG TABLET	2	
CLINDAMYCIN HCL 300 MG CAPSULE	2		CLONIDINE HCL ER 0.1 MG TABLET	2	
CLINDAMYCIN HCL 75 MG CAPSULE	2		CLOPIDOGREL 300 MG TABLET	2	
CLINDAMYCIN PH 1% GEL	2		CLOPIDOGREL 75 MG TABLET	2	
CLINDAMYCIN PH 1% SOLUTION	2		CLORAZEPATE 15 MG TABLET	2	
CLINDAMYCIN PHOS 1% PLEDGET	2		CLORAZEPATE 3.75 MG TABLET	2	
CLINDAMYCIN PHOSP 1% LOTION	2		CLORAZEPATE 7.5 MG TABLET	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)
CLOTRIMAZOLE 1% SOLUTION	2		COMFORT EZ SYR 0.5 ML 28GX1/2"	3	
CLOTRIMAZOLE 1% TOPICAL CREAM	2		COMFORT EZ SYR 0.5 ML 29GX1/2"	3	
CLOTRIMAZOLE 10 MG TROCHE	2		COMFORT EZ SYR 0.5 ML 30GX1/2"	3	
CLOTRIMAZOLE-BETAMETHASONE CRM	2		COMFORT EZ SYR 1 ML 28GX1/2"	3	
CLOTRIMAZOLE-BETAMETHASONE LOT	2		COMFORT EZ SYR 1 ML 29GX1/2"	3	
CLOZAPINE 100 MG TABLET	2		COMFORT EZ SYR 1 ML 30GX1/2"	3	
CLOZAPINE 200 MG TABLET	2		COMFORT EZ SYR 1 ML 30GX5/16"	3	
CLOZAPINE 25 MG TABLET	2		COMFORT INFUSION SET 23" 17MM	3	
CLOZAPINE 50 MG TABLET	2		COMFORT INFUSION SET 31" 17MM	3	
CLOZAPINE ODT 100 MG TABLET	4		COMFORT INFUSION SET 32" 17MM	3	
CLOZAPINE ODT 12.5 MG TABLET	4		COMFORT INFUSION SET 43" 17MM	3	
CLOZAPINE ODT 150 MG TABLET	4		COMFORT POINT PEN NDL 29GX1/2"	3	
CLOZAPINE ODT 200 MG TABLET	4		COMFORT POINT PEN NDL 31GX1/3"	3	
CLOZAPINE ODT 25 MG TABLET	4		COMFORT POINT PEN NDL 31GX1/4"	3	
C-NATE DHA SOFTGEL	2		COMFORT POINT PEN NDL 31GX1/6"	3	
COARTEM TABLETS	4	QL	COMFORT SHORT INFUSION SET 23"	3	
CODEINE SULFATE 15 MG TABLET	2	PA	COMFORT SHORT INFUSION SET 31"	3	
CODEINE SULFATE 30 MG TABLET	2	PA	COMFORT SHORT INFUSION SET 32"	3	
CODEINE SULFATE 60 MG TABLET	2	PA	COMFORT SHORT INFUSION SET 43"	3	
COLCHICINE 0.6 MG TABLET	2		COMFORT TOUCH PEN NDL 31G 4MM	3	
COLESTIPOL HCL 1 GM TABLET	2		COMFORT TOUCH PEN NDL 31G 5MM	3	
COLESTIPOL HCL GRANULES	2		COMFORT TOUCH PEN NDL 31G 6MM	3	
COLESTIPOL HCL GRANULES PACKET	2		COMFORT TOUCH PEN NDL 31G 8MM	3	
COLOCORT 100 MG/60 ML ENEMA	2		COMFORT TOUCH PEN NDL 32G 4MM	3	
COMBISTIX REAGENT STRIPS	3		COMFORT TOUCH PEN NDL 32G 5MM	3	
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX	COMFORT TOUCH PEN NDL 32G 6MM	3	
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX	COMFORT TOUCH PEN NDL 32G 8MM	3	
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX	COMFORT TOUCH PEN NDL 33G 4MM	3	
COMFORT EZ INS 0.3ML 30GX1/2"	3		COMFORT TOUCH PEN NDL 33G 6MM	3	
COMFORT EZ INS 0.3ML 30GX5/16"	3		COMFORT TOUCH PEN NDL 33GX5MM	3	
COMFORT EZ INS 0.5ML 31GX5/16"	3		COMIRNATY 30MCG/0.3ML VAC-GRAY	1	
COMFORT EZ INS 1 ML 31GX5/16"	3		COMPACT SPACE CHAMBER	3	QL
COMFORT EZ INSULIN SYR 0.3 ML	3		COMPACT SPACE CHAMBER-LRG MASK	3	QL
COMFORT EZ INSULIN SYR 0.5 ML	3		COMPACT SPACE CHAMBER-MED MASK	3	QL
COMFORT EZ PEN NEEDLE 12MM 29G	3		COMPACT SPACE CHAMBER-SM MASK	3	QL
COMFORT EZ PEN NEEDLES 4MM 32G	3		COMPLERA TABLET	3	QL
COMFORT EZ PEN NEEDLES 4MM 33G	3		COMPLETE NATAL DHA	2	
COMFORT EZ PEN NEEDLES 5MM 31G	3		COMPLETENATE TABLET CHEW	2	
COMFORT EZ PEN NEEDLES 5MM 32G	3		COMPRO 25 MG SUPPOSITORY	2	
COMFORT EZ PEN NEEDLES 5MM 33G	3		CONSTULOSE 10 GM/15 ML SOLN	2	
COMFORT EZ PEN NEEDLES 6MM 31G	3		CONTACT DETACH INFUSN SET 23"	3	
COMFORT EZ PEN NEEDLES 6MM 32G	3		CONTACT DETACH INFUSN SET 32"	3	
COMFORT EZ PEN NEEDLES 6MM 33G	3		CONTACT DETACH INFUSN SET 43"	3	
COMFORT EZ PEN NEEDLES 8MM 31G	3		CONTOUR NEXT LEV 1 CONTROL SOL	3	
COMFORT EZ PEN NEEDLES 8MM 32G	3		CONTOUR NEXT LEV 2 CONTROL SOL	3	
COMFORT EZ PEN NEEDLES 8MM 33G	3		CONTOUR SOLUTION	3	
COMFORT EZ SYR 0.3 ML 29GX1/2"	3		COOL CONTROL A SOLUTION	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)
COOL CONTROL B SOLUTION	3		DANAZOL 100 MG CAPSULE	2	
CORTISONE 25 MG TABLET	2		DANAZOL 200 MG CAPSULE	2	
CORTISPORIN-TC EAR SUSPENSION	4		DANAZOL 50 MG CAPSULE	2	
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 100 MG CAP	2	
COSENTYX 150 MG/ML SYRINGE	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 25 MG CAP	2	
COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 50 MG CAP	2	
COSENTYX 150 MG/ML PEN INJECT	5	PA, QL, LDD, SRX	DAPSONE 100 MG TABLET	4	
COSENTYX 300 MG DOSE-2 PENS	5	PA, QL, LDD, SRX	DAPSONE 25 MG TABLET	4	
COTELLIC 20 MG TABLET	5	PA, QL, LDD, SRX	DAPTACEL DTAP VACCINE	1	
COVARYX TABLET	2		DARIFENACIN ER 15 MG TABLET	2	
COVARYX H.S. TABLET	2		DARIFENACIN ER 7.5 MG TABLET	2	
CRESEMBA 186 MG CAPSULE	4	PA	DARUNAVIR 600 MG TABLET	2	
CROMOLYN 100 MG/5 ML ORAL CONC	4		DARUNAVIR 800 MG TABLET	2	
CROMOLYN 20 MG/2 ML NEB SOLN	4	QL	DASETTA 1-35-28 TABLET	1	
CROMOLYN 4% EYE DROPS	2		DASETTA 7/7/7-28 TABLET	1	
CRYSSELLE-28 TABLET	1		DAYSEE 0.15-0.03-0.01 MG TAB	1	
CVS KETONE CARE TEST STRIP	3		DEBLITANE 0.35 MG TABLET	1	
CYANOCOBALAMIN 1,000 MCG/ML VL	2		DEFERASIROX 125 MG TB FOR SUSP	5	PA, SRX
CYANOCOBALAMIN 10,000 MCG/10ML	2		DEFERASIROX 180 MG GRANULE PKT	5	PA, LDD, SRX
CYANOCOBALAMIN 30,000 MCG/30ML	2		DEFERASIROX 180 MG TABLET	5	PA, LDD, SRX
CYCLOBENZAPRINE 10 MG TABLET	2		DEFERASIROX 250 MG TB FOR SUSP	5	PA, SRX
CYCLOBENZAPRINE 5 MG TABLET	2		DEFERASIROX 360 MG GRANULE PKT	5	PA, LDD, SRX
CYCLOPENTOLATE 0.5% EYE DROPS	2		DEFERASIROX 360 MG TABLET	5	PA, LDD, SRX
CYCLOPENTOLATE 1% EYE DROP	2		DEFERASIROX 500 MG TB FOR SUSP	5	PA, SRX
CYCLOPENTOLATE 1% EYE DROPS	2		DEFERASIROX 90 MG GRANULE PKT	5	PA, LDD, SRX
CYCLOPENTOLATE HCL 2% DROPS	2		DEFERASIROX 90 MG TABLET	5	PA, LDD, SRX
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3		DELTEC COZMO CLEO INFUSION SET	3	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3		DEMECLOCYCLINE 150 MG TABLET	2	
CYCLOSERINE 250 MG CAPSULE	2		DEMECLOCYCLINE 300 MG TABLET	2	
CYCLOSET 0.8 MG TABLET	4		DENTA 5000 PLUS CREAM	2	
CYCLOSPORINE 0.05% EYE EMULS	4		DENTAGEL 1.1% GEL	2	
CYCLOSPORINE 100 MG CAPSULE	2		DESCOVY 120-15 MG TABLET	4	
CYCLOSPORINE 25 MG CAPSULE	2		DESCOVY 200-25 MG TABLET	4	
CYCLOSPORINE MODIFIED 100 MG	2		DESIPRAMINE 10 MG TABLET	2	
CYCLOSPORINE MODIFIED 100MG/ML	2		DESIPRAMINE 100 MG TABLET	2	
CYCLOSPORINE MODIFIED 25 MG	2		DESIPRAMINE 150 MG TABLET	2	
CYCLOSPORINE MODIFIED 50 MG	2		DESIPRAMINE 25 MG TABLET	2	
CYLTEZO	5	PA, QL, SRX	DESIPRAMINE 50 MG TABLET	2	
CYPROHEPTADINE 2 MG/5 ML SOLN	2		DESIPRAMINE 75 MG TABLET	2	
CYPROHEPTADINE 2 MG/5 ML SYRUP	2		DESORATADINE 2.5 MG ODT	2	QL
CYPROHEPTADINE 4 MG TABLET	2		DESORATADINE 5 MG ODT	2	QL
CYRED 28 DAY TABLET	1		DESORATADINE 5 MG TABLET	2	QL
CYRED EQ 28 DAY TABLET	1		DESMOPRESSIN 0.01% SOLUTION	2	
CYSTAGON 150 MG CAPSULE	5	PA, LDD, SRX	DESMOPRESSIN 10 MCG/0.1 ML SPR	2	
CYSTAGON 50 MG CAPSULE	5	PA, LDD, SRX	DESMOPRESSIN ACETATE 0.1 MG TB	2	
CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD	DESMOPRESSIN ACETATE 0.2 MG TB	2	
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, LDD, SRX	DESOGESTREL-EE 0.15-0.03 MG TB	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)
DESOGESTR-ETH ESTRAD ETH ESTRA	1		DEXTROAMP-AMPHETAM 12.5 MG TAB	2	QL
DESONIDE 0.05% CREAM	2		DEXTROAMP-AMPHETAM 7.5 MG TAB	2	QL
DESONIDE 0.05% LOTION	2		DEXTROAMP-AMPHETAMIN 10 MG TAB	2	QL
DESONIDE 0.05% OINTMENT	2		DEXTROAMP-AMPHETAMIN 15 MG TAB	2	QL
DESOXIMETASONE 0.05% CREAM	2		DEXTROAMP-AMPHETAMIN 20 MG TAB	2	QL
DESOXIMETASONE 0.05% GEL	2		DEXTROAMP-AMPHETAMIN 30 MG TAB	2	QL
DESOXIMETASONE 0.05% OINTMENT	2		DEXTROAMP-AMPHETAMINE 5 MG TAB	2	QL
DESOXIMETASONE 0.25% CREAM	2		DEXTROAMPHETAMINE 10 MG TAB	2	QL
DESOXIMETASONE 0.25% OINTMENT	2		DEXTROAMPHETAMINE 5 MG TAB	2	QL
DESVENLAFAXINE SUCCNT ER 100MG	2	QL	DEXTROAMPHETAMINE 5 MG/5 ML	2	QL
DESVENLAFAXINE SUCCNT ER 25 MG	2	QL	DEXTROAMPHETAMINE ER 10 MG CAP	2	QL
DESVENLAFAXINE SUCCNT ER 50 MG	2	QL	DEXTROAMPHETAMINE ER 15 MG CAP	2	QL
DEXAMETHASONE 0.5 MG TABLET	2		DEXTROAMPHETAMINE ER 5 MG CAP	2	QL
DEXAMETHASONE 0.5 MG/5 ML ELX	2		DIASTIX REAGENT STRIPS	3	
DEXAMETHASONE 0.5 MG/5 ML LIQ	2		DIATRUE LEVEL 1 CONTROL SOLN	3	
DEXAMETHASONE 0.75 MG TABLET	2		DIATRUE LEVEL 2 CONTROL SOLN	3	
DEXAMETHASONE 1 MG TABLET	2		DIATRUE LEVEL 3 CONTROL SOLN	3	
DEXAMETHASONE 1.5 MG TABLET	2		DIAZEPAM 10 MG RECTAL GEL SYST	2	
DEXAMETHASONE 2 MG TABLET	2		DIAZEPAM 10 MG TABLET	2	
DEXAMETHASONE 4 MG TABLET	2		DIAZEPAM 2 MG TABLET	2	
DEXAMETHASONE 6 MG TABLET	2		DIAZEPAM 2.5 MG RECTAL GEL SYS	2	
DEXAMETHASONE INTENSOL 1 MG/ML	2		DIAZEPAM 20 MG RECTAL GEL SYST	2	
DEXAMETHASONE 0.1% EYE DROP	2		DIAZEPAM 25 MG/5 ML ORAL CONC	2	
DEXCOM G6 RECEIVER	3	PA, QL	DIAZEPAM 5 MG TABLET	2	
DEXCOM G6 SENSOR	3	PA, QL	DIAZEPAM 5 MG/5 ML ORAL SOLN	2	
DEXCOM G6 TRANSMITTER	3	PA, QL	DIAZEPAM 5 MG/5 ML SOLUTION	2	
DEXCOM G7 RECEIVER	3	PA, QL	DIAZEPAM 5 MG/ML ORAL CONC	2	
DEXCOM G7 SENSOR	3	PA, QL	DIAZOXIDE 50 MG/ML ORAL SUSP	4	
DEXLANSOPRAZOLE DR 30 MG CAP	4	QL	DICLOFENAC 0.1% EYE DROPS	2	
DEXLANSOPRAZOLE DR 60 MG CAP	4	QL	DICLOFENAC 1.5% TOPICAL SOLN	2	
DEXMETHYLPHENIDATE 10 MG TAB	2	QL	DICLOFENAC POT 50 MG TABLET	2	
DEXMETHYLPHENIDATE 2.5 MG TAB	2	QL	DICLOFENAC SOD DR 25 MG TAB	2	
DEXMETHYLPHENIDATE 5 MG TAB	2	QL	DICLOFENAC SOD DR 50 MG TAB	2	
DEXMETHYLPHENIDATE ER 10 MG CP	2	QL	DICLOFENAC SOD DR 75 MG TAB	2	
DEXMETHYLPHENIDATE ER 15 MG CP	2	QL	DICLOFENAC SOD EC 25 MG TAB	2	
DEXMETHYLPHENIDATE ER 20 MG CP	2	QL	DICLOFENAC SOD EC 50 MG TAB	2	
DEXMETHYLPHENIDATE ER 25 MG CP	2	QL	DICLOFENAC SOD EC 75 MG TAB	2	
DEXMETHYLPHENIDATE ER 30 MG CP	2	QL	DICLOFENAC SOD ER 100 MG TAB	2	
DEXMETHYLPHENIDATE ER 35 MG CP	2	QL	DICLOFENAC SODIUM 1% GEL	2	QL
DEXMETHYLPHENIDATE ER 40 MG CP	2	QL	DICLOFENAC-MISOPROST 50-0.2 MG	2	
DEXMETHYLPHENIDATE ER 5 MG CAP	2	QL	DICLOFENAC-MISOPROST 75-0.2 MG	2	
DEXTROAMP-AMPHET ER 10 MG CAP	2	QL	DICLOXACILLIN 250 MG CAPSULE	2	
DEXTROAMP-AMPHET ER 15 MG CAP	2	QL	DICLOXACILLIN 500 MG CAPSULE	2	
DEXTROAMP-AMPHET ER 20 MG CAP	2	QL	DICYCLOMINE 10 MG CAPSULE	2	
DEXTROAMP-AMPHET ER 25 MG CAP	2	QL	DICYCLOMINE 10 MG/5 ML SOLN	2	
DEXTROAMP-AMPHET ER 30 MG CAP	2	QL	DICYCLOMINE 20 MG TABLET	2	
DEXTROAMP-AMPHET ER 5 MG CAP	2	QL	DIDANOSINE DR 250 MG CAPSULE	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)
DIDANOSINE DR 400 MG CAPSULE	2		DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DIFLORASONE 0.05% CREAM	4		DIPHENHYDRAMINE 25 MG/10 ML	2	
DIFLORASONE 0.05% OINTMENT	4		DIPHENOXYLAT-ATROP 2.5-0.025/5	2	
DIFLUNISAL 500 MG TABLET	2		DIPHENOXYLATE-ATROP 2.5-0.025	2	
DIGOX 125 MCG TABLET	2		DIPHThERIA-TETANUS TOXOIDS-PED	1	
DIGOX 250 MCG TABLET	2		DIPYRIDAMOLE 25 MG TABLET	2	
DIGOXIN 0.05 MG/ML SOLUTION	2		DIPYRIDAMOLE 50 MG TABLET	2	
DIGOXIN 0.125 MG TABLET	2		DIPYRIDAMOLE 75 MG TABLET	2	
DIGOXIN 0.25 MG TABLET	2		DISOPYRAMIDE 100 MG CAPSULE	2	
DIGOXIN 125 MCG TABLET	2		DISOPYRAMIDE 150 MG CAPSULE	2	
DIGOXIN 250 MCG TABLET	2		DISULFIRAM 250 MG TABLET	2	
DIHYDROERGOTAMINE 1 MG/ML AMP	4	QL	DISULFIRAM 500 MG TABLET	2	
DILT XR 120 MG CAPSULE	2		DIVALPROEX DR 125 MG CAP SPRNK	2	
DILT XR 180 MG CAPSULE	2		DIVALPROEX DR 125 MG CP(SPRNK)	2	
DILT XR 240 MG CAPSULE	2		DIVALPROEX SOD DR 125 MG TAB	2	
DILTIAZEM 120 MG TABLET	2		DIVALPROEX SOD DR 250 MG TAB	2	
DILTIAZEM 12HR ER 120 MG CAP	2		DIVALPROEX SOD DR 500 MG TAB	2	
DILTIAZEM 12HR ER 60 MG CAP	2		DIVALPROEX SOD ER 250 MG TAB	2	
DILTIAZEM 12HR ER 90 MG CAP	2		DIVALPROEX SOD ER 500 MG TAB	2	
DILTIAZEM 24H ER(CD) 120 MG CP	2		DODEX 1,000 MCG/ML VIAL	2	
DILTIAZEM 24H ER(CD) 180 MG CP	2		DODEX 10,000 MCG/10 ML VIAL	2	
DILTIAZEM 24H ER(CD) 240 MG CP	2		DODEX 30,000 MCG/30 ML VIAL	2	
DILTIAZEM 24H ER(CD) 300 MG CP	2		DOFETILIDE 125 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(CD) 360 MG CP	2		DOFETILIDE 250 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 120 MG TB	2		DOFETILIDE 500 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 180 MG TB	2		DOLISHALE 90-20 MCG TABLET	1	
DILTIAZEM 24H ER(LA) 240 MG TB	2		DONEPEZIL HCL 10 MG TABLET	2	
DILTIAZEM 24H ER(LA) 300 MG TB	2		DONEPEZIL HCL 23 MG TABLET	2	
DILTIAZEM 24H ER(LA) 360 MG TB	2		DONEPEZIL HCL 5 MG TABLET	2	
DILTIAZEM 24H ER(LA) 420 MG TB	2		DONEPEZIL HCL ODT 10 MG TABLET	2	
DILTIAZEM 24H ER(XR) 120 MG CP	2		DONEPEZIL HCL ODT 5 MG TABLET	2	
DILTIAZEM 24H ER(XR) 180 MG CP	2		DORZOLAMIDE HCL 2% EYE DROPS	2	
DILTIAZEM 24H ER(XR) 240 MG CP	2		DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DILTIAZEM 24HR ER 120 MG CAP	2		DOTTI 0.025 MG PATCH	2	QL
DILTIAZEM 24HR ER 180 MG CAP	2		DOTTI 0.0375 MG PATCH	2	QL
DILTIAZEM 24HR ER 240 MG CAP	2		DOTTI 0.05 MG PATCH	2	QL
DILTIAZEM 24HR ER 300 MG CAP	2		DOTTI 0.075 MG PATCH	2	QL
DILTIAZEM 24HR ER 360 MG CAP	2		DOTTI 0.1 MG PATCH	2	QL
DILTIAZEM 24HR ER 420 MG CAP	2		DOVATO 50-300 MG TABLET	3	QL
DILTIAZEM 30 MG TABLET	2		DOXAZOSIN MESYLATE 1 MG TAB	2	
DILTIAZEM 60 MG TABLET	2		DOXAZOSIN MESYLATE 2 MG TAB	2	
DILTIAZEM 90 MG TABLET	2		DOXAZOSIN MESYLATE 4 MG TAB	2	
DIMETHYL FUMARATE 30D START PK	5	PA, QL, LDD, SRX	DOXAZOSIN MESYLATE 8 MG TAB	2	
DIMETHYL FUMARATE DR 120 MG CP	5	PA, QL, LDD, SRX	DOXEPIIN 10 MG CAPSULE	2	
DIMETHYL FUMARATE DR 240 MG CP	5	PA, QL, LDD, SRX	DOXEPIIN 10 MG/ML ORAL CONC	2	
DIPHEN 12.5 MG/5 ML ELIXIR	4		DOXEPIIN 100 MG CAPSULE	2	
DIPHEN 12.5 MG/5 ML SOLUTION	4		DOXEPIIN 150 MG CAPSULE	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)
DOXEPIN 25 MG CAPSULE	2		DROPLET PEN NEEDLE 31GX5/16"	3	
DOXEPIN 5% CREAM	4		DROPLET PEN NEEDLE 32GX1/4"	3	
DOXEPIN 50 MG CAPSULE	2		DROPLET PEN NEEDLE 32GX3/16"	3	
DOXEPIN 75 MG CAPSULE	2		DROPLET PEN NEEDLE 32GX5/16"	3	
DOXERCALCIFEROL 0.5 MCG CAP	2		DROPLET PEN NEEDLE 32GX5/32"	3	
DOXERCALCIFEROL 1 MCG CAPSULE	2		DROPSAFE INS SYR 0.3ML 31G 6MM	3	
DOXERCALCIFEROL 2.5 MCG CAP	2		DROPSAFE INS SYR 0.3ML 31G 8MM	3	
DOXYCYCLINE 25 MG/5 ML SUSP	2		DROPSAFE INS SYR 0.5ML 31G 6MM	3	
DOXYCYCLINE HYCLATE 100 MG CAP	2		DROPSAFE INS SYR 0.5ML 31G 8MM	3	
DOXYCYCLINE HYCLATE 100 MG TAB	2		DROPSAFE INSUL SYR 1ML 31G 6MM	3	
DOXYCYCLINE HYCLATE 20 MG TAB	2		DROPSAFE INSUL SYR 1ML 31G 8MM	3	
DOXYCYCLINE HYCLATE 50 MG CAP	2		DROPSAFE INSULN 1ML 29G 12.5MM	3	
DOXYCYCLINE MONO 100 MG CAP	2		DROPSAFE PEN NEEDLE 31GX1/4"	3	
DOXYCYCLINE MONO 100 MG TABLET	2		DROPSAFE PEN NEEDLE 31GX3/16"	3	
DOXYCYCLINE MONO 150 MG CAP	2		DROPSAFE PEN NEEDLE 31GX5/16"	3	
DOXYCYCLINE MONO 150 MG TABLET	2		DROSP-EE-LEVOMEF 3-0.02-0.451	1	
DOXYCYCLINE MONO 50 MG CAP	2		DROSP-EE-LEVOMEF 3-0.03-0.451	1	
DOXYCYCLINE MONO 50 MG TABLET	2		DROSPIRENONE-EE 3-0.02 MG TAB	1	
DOXYCYCLINE MONO 75 MG CAPSULE	2		DROSPIRENONE-EE 3-0.03 MG TAB	1	
DOXYCYCLINE MONO 75 MG TABLET	2		DROXIA 200 MG CAPSULE	4	
DRONABINOL 10 MG CAPSULE	4		DROXIA 300 MG CAPSULE	4	
DRONABINOL 2.5 MG CAPSULE	4		DROXIA 400 MG CAPSULE	4	
DRONABINOL 5 MG CAPSULE	4		DRUG MART ULTRA COMFORT SYR	3	
DROPLET 0.5 ML 29GX12.5MM(1/2)	3		DULERA 50 MCG-5 MCG INHALER	3	QL
DROPLET 0.5 ML 30GX12.5MM(1/2)	3		DULERA 100 MCG-5 MCG INHALER	3	QL
DROPLET INS 0.3 ML 29GX12.5MM	3		DULERA 200 MCG-5 MCG INHALER	3	QL
DROPLET INS 0.3ML 30GX12.5MM	3		DULOXETINE HCL DR 20 MG CAP	2	QL
DROPLET INS 0.5ML 30GX6MM(1/2)	3		DULOXETINE HCL DR 30 MG CAP	2	QL
DROPLET INS 0.5ML 30GX8MM(1/2)	3		DULOXETINE HCL DR 60 MG CAP	2	QL
DROPLET INS 0.5ML 31GX6MM(1/2)	3		DUPIXENT 100 MG/0.67 ML SYRING	5	PA, SRX
DROPLET INS 0.5ML 31GX8MM(1/2)	3		DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DROPLET INS SYR 0.3 ML 30GX6MM	3		DUPIXENT 200 MG/1.14 ML SYRING	5	PA, SRX
DROPLET INS SYR 0.3 ML 30GX8MM	3		DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DROPLET INS SYR 0.3 ML 31GX6MM	3		DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DROPLET INS SYR 0.3 ML 31GX8MM	3		DUTASTERIDE 0.5 MG CAPSULE	2	
DROPLET INS SYR 1 ML 30GX6MM	3		DUTASTERIDE-TAMSULOSIN 0.5-0.4	2	
DROPLET INS SYR 1 ML 30GX8MM	3		EASIVENT HOLDING CHAMBER	3	QL
DROPLET INS SYR 1 ML 31GX6MM	3		EASIVENT MASK-LARGE	3	QL
DROPLET INS SYR 1 ML 31GX8MM	3		EASIVENT MASK-MEDIUM	3	QL
DROPLET INS SYR 1ML 29GX12.5MM	3		EASIVENT MASK-SMALL	3	QL
DROPLET INS SYR 1ML 30GX12.5MM	3		EASY COMFORT 0.3 ML SYRINGE	3	
DROPLET MICRON 34G X 9/64"	3		EASY COMFORT 0.5 ML 30GX1/2"	3	
DROPLET PEN NEEDLE 29GX1/2"	3		EASY COMFORT 0.5 ML 31GX5/16"	3	
DROPLET PEN NEEDLE 29GX3/8"	3		EASY COMFORT 0.5 ML 32GX5/16"	3	
DROPLET PEN NEEDLE 30GX5/16"	3		EASY COMFORT 0.5 ML SYRINGE	3	
DROPLET PEN NEEDLE 31GX1/4"	3		EASY COMFORT 1 ML 31GX5/16"	3	
DROPLET PEN NEEDLE 31GX3/16"	3		EASY COMFORT 1 ML 32GX5/16"	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)
EASY TOUCH INSULIN SYR 1 ML	3		EASYPOINT NEEDLE 23G X 1"	3	
EASY TOUCH INSULN 1ML 29GX1/2"	3		EASYPOINT NEEDLE 25G 16MM	3	
EASY TOUCH INSULN 1ML 30GX1/2"	3		EASYPOINT NEEDLE 25G X 1"	3	
EASY TOUCH INSULN 1ML 30GX5/16	3		EASYPOINT NEEDLE 25G X 5/8"	3	
EASY TOUCH INSULN 1ML 31GX5/16	3		EASYPOINT NEEDLE 25GX1-1/2"	3	
EASY TOUCH LUER LOK INSUL 1 ML	3		EASY-TOUCH INS 1 ML 31GX5/16"	3	
EASY TOUCH PEN NEEDLE 29GX1/2"	3		EASYTOUCH SAF PEN ND 30G 6MM	3	
EASY TOUCH PEN NEEDLE 30GX5/16	3		EC-NAPROXEN DR 375 MG TABLET	2	
EASY TOUCH PEN NEEDLE 31GX1/4"	3		EC-NAPROXEN DR 500 MG TABLET	2	
EASY TOUCH PEN NEEDLE 31GX3/16	3		ECONAZOLE NITRATE 1% CREAM	2	
EASY TOUCH PEN NEEDLE 31GX5/16	3		ECONTRA EZ 1.5 MG TABLET	1	
EASY TOUCH PEN NEEDLE 32GX1/4"	3		ECONTRA ONE-STEP 1.5 MG TABLET	1	
EASY TOUCH PEN NEEDLE 32GX3/16	3		ED-SPAZ 0.125 MG ODT	2	
EASY TOUCH PEN NEEDLE 32GX5/32	3		EDURANT 25 MG TABLET	3	
EASY TOUCH SAF PEN ND 29G 5MM	3		EEMT DS 1.25-2.5 MG TABLET	2	
EASY TOUCH SAF PEN ND 29G 8MM	3		EEMT HS 0.625-1.25 MG TABLET	2	
EASY TOUCH SAF PEN ND 30G 5MM	3		EFAVIR-EMTRI-TENOF 600-200-300	2	QL
EASY TOUCH SAF PEN ND 30G 8MM	3		EFAVIRENZ 200 MG CAPSULE	2	
EASY TOUCH SYR 0.5ML 27G12.7MM	3		EFAVIRENZ 50 MG CAPSULE	2	
EASY TOUCH SYR 0.5ML 28G12.7MM	3		EFAVIRENZ 600 MG TABLET	2	
EASY TOUCH SYR 0.5ML 29G12.7MM	3		EFAVIR-LAMIV-TENOF 400-300-300	2	QL
EASY TOUCH SYR 1 ML 27G 12.7MM	3		EFAVIR-LAMIV-TENOF 600-300-300	2	QL
EASY TOUCH SYR 1 ML 27G 16MM	3		ELEMENT COMPACT SOLN HIGH	3	
EASY TOUCH SYR 1 ML 28G 12.7MM	3		ELEMENT COMPACT SOLN NORMAL	3	
EASY TOUCH SYR 1 ML 29G 12.7MM	3		ELEMENT CONTROL SOLN NORMAL	3	
EASY TOUCH SYR 3 ML 22GX1-1/2"	3		ELEMENT CONTROL SOLUTION HIGH	3	
EASY TOUCH SYR 3 ML 25GX5/8"	3		ELEMENT CONTROL SOLUTION LOW	3	
EASY TOUCH SYRINGE 3 ML 20GX1"	3		ELINEST-28 TABLET	1	
EASY TOUCH SYRINGE 3 ML 21GX1"	3		ELIQUIS 2.5 MG TABLET	3	PA, QL
EASY TOUCH SYRINGE 3 ML 22GX1"	3		ELIQUIS 5 MG TABLET	3	PA, QL
EASY TOUCH SYRINGE 3 ML 23GX1"	3		ELIQUIS DVT-PE TREAT START 5MG	3	PA, QL
EASY TOUCH SYRINGE 3 ML 25GX1"	3		ELITE-OB CAPLET	2	
EASY TOUCH UNI-SLIP SYR 1 ML	3		ELLA 30 MG TABLET	1	
EASY TRAK CONTROL SOLN HIGH	3		ELMIRON 100 MG CAPSULE	4	
EASY TRAK CONTROL SOLN LOW	3		ELURYNG VAGINAL RING	1	
EASY TRAK II CONTROL SOLUTION	3		EMBRACE GLUC CONTROL SOLN HIGH	3	
EASYGLUCO PLUS CTRL SOL NORMAL	3		EMBRACE EVO LEVEL 1 CTRL SOLN	3	
EASYMAX NORMAL CONTROL SOLN	3		EMBRACE GLUC CONTROL SOLN LOW	3	
EASYMAX 15 LEVEL 2 SOLUTION	3		EMBRACE PEN NEEDLE 29G 12MM	3	
EASYPOINT NEEDLE 18G X 1"	3		EMBRACE PEN NEEDLE 30G 5MM	3	
EASYPOINT NEEDLE 18G X 1-1/2"	3		EMBRACE PEN NEEDLE 30G 8MM	3	
EASYPOINT NEEDLE 20G X 1"	3		EMBRACE PEN NEEDLE 31G 5MM	3	
EASYPOINT NEEDLE 20G X 1-1/2"	3		EMBRACE PEN NEEDLE 31G 6MM	3	
EASYPOINT NEEDLE 21G X 1"	3		EMBRACE PEN NEEDLE 31G 8MM	3	
EASYPOINT NEEDLE 21G X 1-1/2"	3		EMBRACE PEN NEEDLE 32G 4MM	3	
EASYPOINT NEEDLE 22G X 1"	3		EMBRACE PRO CONTROL SOLUTION	3	
EASYPOINT NEEDLE 22G X 1-1/2"	3		EMBRACE TALK CTRL SOL-HIGH(L2)	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)
EMBRACE TALK CTRL SOLN-LOW(L1)	3		ENTRESTO 49 MG-51 MG TABLET	3	QL
EMCYT 140 MG CAPSULE	5	SRX	ENTRESTO 97 MG-103 MG TABLET	3	QL
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX	ENULOSE 10 GM/15 ML SOLUTION	2	
EMGALITY 120 MG/ML PEN	3	PA	EPCLUSA 150-37.5 MG PELLET PKT	5	PA, QL, SRX
EMGALITY 120 MG/ML SYRINGE	3	PA	EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX
EMGALITY 300 MG (100 MG X3SYR)	3	PA	EPCLUSA 200-50 MG PELLET PACK	5	PA, QL, SRX
EMOQUETTE 28 DAY TABLET	1		EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX
EMTRICITABINE 200 MG CAPSULE	2		EPIDIOLEX 100 MG/ML SOLN PACK	4	PA, LDD
EMTRICITABINE-TENOFV 100-150MG	2		EPIDIOLEX 100 MG/ML SOLUTION	4	PA, LDD
EMTRICITABINE-TENOFV 133-200MG	2		EPINASTINE HCL 0.05% EYE DROPS	2	
EMTRICITABINE-TENOFV 167-250MG	2		EPINEPHRINE 0.15 MG AUTO-INJCT	2	QL
EMTRICITABINE-TENOFV 200-300MG	2		EPINEPHRINE 0.3 MG AUTO-INJECT	2	QL
EMTRIVA 10 MG/ML SOLUTION	3		EPITOL 200 MG TABLET	2	
EMVERM 100 MG TABLET CHEW	4		EPIVIR HBV 25 MG/5 ML SOLN	5	SRX
ENALAPRIL MALEATE 10 MG TAB	2		EPLERENONE 25 MG TABLET	2	
ENALAPRIL MALEATE 2.5 MG TAB	2		EPLERENONE 50 MG TABLET	2	
ENALAPRIL MALEATE 20 MG TAB	2		EPROSARTAN MESYLATE 600 MG TAB	2	
ENALAPRIL MALEATE 5 MG TABLET	2		EQL INS SYR 1 ML 29GX1/2"	3	
ENALAPRIL-HCTZ 10-25 MG TABLET	2		EQL INSUL SYR 0.3 ML 31GX5/16"	3	
ENALAPRIL-HCTZ 5-12.5 MG TAB	2		EQL INSUL SYR 0.5 ML 31GX5/16"	3	
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX	EQL INSULIN 0.3 ML SYRINGE	3	
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX	EQL INSULIN 0.5 ML SYRINGE	3	
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX	EQL INSULIN 1 ML SYRINGE	3	
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX	EQL INSULIN SYR 1 ML 31GX5/16"	3	
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX	EQL PEN 8MM 31G X 5/16" NEEDLE	3	
ENDOCET 10-325 MG TABLET	2	PA	ERGOLOID MESYLATES 1 MG TAB	2	
ENDOCET 2.5-325 MG TABLET	2	PA	ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ENDOCET 5-325 MG TABLET	2	PA	ERLOTINIB HCL 100 MG TABLET	5	PA, LDD, SRX
ENDOCET 7.5-325 MG TABLET	2	PA	ERLOTINIB HCL 150 MG TABLET	5	PA, LDD, SRX
ENGERIX-B 20 MCG/ML SYRN	1		ERLOTINIB HCL 25 MG TABLET	5	PA, LDD, SRX
ENGERIX-B 20 MCG/ML VIAL	1		ERRIN 0.35 MG TABLET	1	
ENGERIX-B PEDI 10 MCG/0.5 SYRN	1		ERY 2% PADS	2	
ENLITE SERTER	3		ERYTHROCIN 250 MG TABLET	4	
ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX	ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ENOXAPARIN 120 MG/0.8 ML SYR	5	QL, SRX	ERYTHROMYCIN 2% GEL	2	
ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX	ERYTHROMYCIN 2% SOLUTION	2	
ENOXAPARIN 30 MG/0.3 ML SYR	5	QL, SRX	ERYTHROMYCIN 200 MG/5 ML SUSP	2	
ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX	ERYTHROMYCIN 250 MG TABLET	2	
ENOXAPARIN 40 MG/0.4 ML SYR	5	QL, SRX	ERYTHROMYCIN 400 MG/5 ML SUSP	2	
ENOXAPARIN 60 MG/0.6 ML SYR	5	QL, SRX	ERYTHROMYCIN 500 MG TABLET	2	
ENOXAPARIN 80 MG/0.8 ML SYR	5	QL, SRX	ERYTHROMYCIN DR 250 MG CAP	2	
ENPRESSE-28 TABLET	1		ERYTHROMYCIN ES 400 MG TAB	2	
ENSKYCE 28 TABLET	1		ERYTHROMYCIN-BENZOYL GEL	2	
ENTACAPONE 200 MG TABLET	2		ESCITALOPRAM 10 MG TABLET	2	QL
ENTECAVIR 0.5 MG TABLET	5	SRX	ESCITALOPRAM 20 MG TABLET	2	QL
ENTECAVIR 1 MG TABLET	5	SRX	ESCITALOPRAM 5 MG TABLET	2	QL
ENTRESTO 24 MG-26 MG TABLET	3	QL	ESCITALOPRAM OXALATE 5 MG/5 ML	2	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)
ESOMEPRAZOLE DR 10 MG PACKET	3	QL	ETRAVIRINE 100 MG TABLET	2	
ESOMEPRAZOLE DR 20 MG PACKET	3	QL	ETRAVIRINE 200 MG TABLET	2	
ESOMEPRAZOLE DR 40 MG PACKET	3	QL	EUTHYROX 100 MCG TABLET	2	
ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL	EUTHYROX 112 MCG TABLET	2	
ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL	EUTHYROX 125 MCG TABLET	2	
ESOMEPRAZOLE DR 49.3 MG CAP	2	QL	EUTHYROX 137 MCG TABLET	2	
ESTARYLLA 0.25-0.035 MG TABLET	1		EUTHYROX 150 MCG TABLET	2	
ESTAZOLAM 1 MG TABLET	2		EUTHYROX 175 MCG TABLET	2	
ESTAZOLAM 2 MG TABLET	2		EUTHYROX 200 MCG TABLET	2	
ESTRADIOL 0.025 MG PATCH(1/WK)	2	QL	EUTHYROX 25 MCG TABLET	2	
ESTRADIOL 0.025 MG PATCH(2/WK)	2	QL	EUTHYROX 50 MCG TABLET	2	
ESTRADIOL 0.0375MG PATCH(1/WK)	2	QL	EUTHYROX 75 MCG TABLET	2	
ESTRADIOL 0.0375MG PATCH(2/WK)	2	QL	EUTHYROX 88 MCG TABLET	2	
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL	EVENCARE G2 CONTROL SOLUTION	3	
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL	EVENCARE G3 CONTROL SOLUTION	3	
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL	EVEROLIMUS 0.25 MG TABLET	5	SRX
ESTRADIOL 0.075 MG PATCH(1/WK)	2	QL	EVEROLIMUS 0.5 MG TABLET	5	SRX
ESTRADIOL 0.075 MG PATCH(2/WK)	2	QL	EVEROLIMUS 0.75 MG TABLET	5	SRX
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL	EVEROLIMUS 1 MG TABLET	5	SRX
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL	EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX
ESTRADIOL 0.5 MG TABLET	2		EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL 1 MG TABLET	2		EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX
ESTRADIOL 10 MCG VAGINAL INSRT	2	QL	EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL 2 MG TABLET	2		EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MGTB	2		EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	2		EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX
ESTROGEN-METHYLTESTOS F.S. TAB	2		EVOLUTION CONTROL SOLUTION NORMAL	3	
ESTROGEN-METHYLTESTOS H.S. TAB	2		EVOTAZ 300 MG-150 MG TABLET	3	
ESZOPICLONE 1 MG TABLET	2		EXEL 3 ML SYRN 27G X 1 1/4"	3	
ESZOPICLONE 2 MG TABLET	2		EXEL HUBER 22GX3/4" NEEDLE	3	
ESZOPICLONE 3 MG TABLET	2		EXEL HUBER NEEDLE 22GX1"	3	
ETHAMBUTOL HCL 100 MG TABLET	2		EXEL HYPO NEEDLE 16GX1"	3	
ETHAMBUTOL HCL 400 MG TABLET	2		EXEL HYPO NEEDLE 18GX1"	3	
ETHOSUXIMIDE 250 MG CAPSULE	2		EXEL HYPO NEEDLE 18GX1.5"	3	
ETHOSUXIMIDE 250 MG/5 ML SOLN	2		EXEL HYPO NEEDLE 19GX1"	3	
ETHYL CHLORIDE SPRAY	2		EXEL HYPO NEEDLE 19GX1.5"	3	
ETHYNODIOL-ETH ESTRA 1MG-35MCG	1		EXEL HYPO NEEDLE 20GX0.75"	3	
ETHYNODIOL-ETH ESTRA 1MG-50MCG	1		EXEL HYPO NEEDLE 20GX1"	3	
ETODOLAC 200 MG CAPSULE	2		EXEL HYPO NEEDLE 20GX1.5"	3	
ETODOLAC 300 MG CAPSULE	2		EXEL HYPO NEEDLE 21GX1"	3	
ETODOLAC 400 MG TABLET	2		EXEL HYPO NEEDLE 21GX1.5"	3	
ETODOLAC 500 MG TABLET	2		EXEL HYPO NEEDLE 22GX0.75"	3	
ETODOLAC ER 400 MG TABLET	2		EXEL HYPO NEEDLE 22GX1"	3	
ETODOLAC ER 500 MG TABLET	2		EXEL HYPO NEEDLE 22GX1.5"	3	
ETODOLAC ER 600 MG TABLET	2		EXEL HYPO NEEDLE 23GX0.75"	3	
ETONOGESTREL-EE VAGINAL RING	1		EXEL HYPO NEEDLE 23GX1"	3	
ETOPOSIDE 50 MG CAPSULE	5	SRX	EXEL HYPO NEEDLE 25GX0.625"	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)
EXEL HYPO NEEDLE 25GX0.75"	3		FEBUXOSTAT 80 MG TABLET	4	QL
EXEL HYPO NEEDLE 25GX1"	3		FELBAMATE 400 MG TABLET	4	
EXEL HYPO NEEDLE 25GX1.5"	3		FELBAMATE 600 MG TABLET	4	
EXEL HYPO NEEDLE 26GX0.375"	3		FELBAMATE 600 MG/5 ML SUSP	4	
EXEL HYPO NEEDLE 26GX0.5"	3		FELODIPINE ER 10 MG TABLET	2	
EXEL HYPO NEEDLE 26GX0.625"	3		FELODIPINE ER 2.5 MG TABLET	2	
EXEL HYPO NEEDLE 26GX1.5"	3		FELODIPINE ER 5 MG TABLET	2	
EXEL HYPO NEEDLE 27GX0.5"	3		FEM PH VAGINAL JELLY	2	
EXEL HYPO NEEDLE 30GX0.5"	3		FEMYNOR 28 TABLET	1	
EXEL INS SYR U100 1 ML 28GX1/2	3		FENOFIBRATE 120 MG TABLET	2	
EXEL MTI DRAWING NDL 20GX1"	3		FENOFIBRATE 130 MG CAPSULE	2	
EXEL MTI DRAWING NDL 21GX1"	3		FENOFIBRATE 134 MG CAPSULE	2	
EXEL MTI DRAWING NDL 22GX1"	3		FENOFIBRATE 145 MG TABLET	2	
EXEL SYRINGE 20GX1" 3 ML	3		FENOFIBRATE 150 MG CAPSULE	2	
EXEL SYRINGE 20GX1-1/2" 3 ML	3		FENOFIBRATE 160 MG TABLET	2	
EXEL SYRINGE 21GX1" 3 ML	3		FENOFIBRATE 200 MG CAPSULE	2	
EXEL SYRINGE 21GX1-1/2" 3 ML	3		FENOFIBRATE 40 MG TABLET	2	
EXEL SYRINGE 22GX1" 3 ML	3		FENOFIBRATE 43 MG CAPSULE	2	
EXEL SYRINGE 22GX1-1/2" 3 ML	3		FENOFIBRATE 48 MG TABLET	2	
EXEL SYRINGE 22GX3/4" 3 ML	3		FENOFIBRATE 50 MG CAPSULE	2	
EXEL SYRINGE 23GX1" 3 ML	3		FENOFIBRATE 54 MG TABLET	2	
EXEL SYRINGE 25GX1" 3 ML	3		FENOFIBRATE 67 MG CAPSULE	2	
EXEL U100 0.3 ML 29GX1/2"	3		FENOFIBRIC ACID 105 MG TABLET	2	
EXEL U100 0.3 ML 30GX5/16"	3		FENOFIBRIC ACID 35 MG TABLET	2	
EXEL U100 0.5 ML 28GX1/2"	3		FENOFIBRIC ACID DR 135 MG CAP	2	
EXEL U100 0.5 ML 29GX1/2"	3		FENOFIBRIC ACID DR 45 MG CAP	2	
EXEL U100 0.5 ML 30GX5/16"	3		FENOPROFEN 600 MG TABLET	2	
EXEL U100 1 ML 30GX5/16"	3		FENTANYL 100 MCG/HR PATCH	2	PA
EXEL U100 INS SYR 1 ML 29GX1/2	3		FENTANYL 12 MCG/HR PATCH	2	PA
EXEMESTANE 25 MG TABLET	1		FENTANYL 25 MCG/HR PATCH	2	PA
EXTENDED RESERVOIR 3 ML	3		FENTANYL 37.5 MCG/HR PATCH	2	PA
EZETIMIBE 10 MG TABLET	2		FENTANYL 50 MCG/HR PATCH	2	PA
EZETIMIBE-SIMVASTATIN 10-10 MG	2		FENTANYL 62.5 MCG/HR PATCH	2	PA
EZETIMIBE-SIMVASTATIN 10-20 MG	2		FENTANYL 75 MCG/HR PATCH	2	PA
EZETIMIBE-SIMVASTATIN 10-40 MG	2		FENTANYL 87.5 MCG/HR PATCH	2	PA
EZETIMIBE-SIMVASTATIN 10-80 MG	2		FENTANYL CIT OTFC 1,200 MCG	4	PA
EZ-VAC	3		FENTANYL CIT OTFC 1,600 MCG	4	PA
FALMINA-28 TABLET	1		FENTANYL CITRATE OTFC 200 MCG	4	PA
FAMCICLOVIR 125 MG TABLET	2		FENTANYL CITRATE OTFC 400 MCG	4	PA
FAMCICLOVIR 250 MG TABLET	2		FENTANYL CITRATE OTFC 600 MCG	4	PA
FAMCICLOVIR 500 MG TABLET	2		FENTANYL CITRATE OTFC 800 MCG	4	PA
FAMOTIDINE 20 MG TABLET	2		FIFTY50 GLUCOSE CONTROL SOLN	3	
FAMOTIDINE 40 MG TABLET	2		FIFTY50 INS 0.3 ML 31GX5/16"	3	
FAMOTIDINE 40 MG/5 ML SUSP	2		FIFTY50 INS 0.5 ML 31GX5/16"	3	
FARXIGA 10 MG TABLET	3	QL	FIFTY50 INS SYR 1 ML 31GX5/16"	3	
FARXIGA 5 MG TABLET	3	QL	FIFTY50 PEN 31G X 3/16" NEEDLE	3	
FEBUXOSTAT 40 MG TABLET	4	QL	FIFTY50 PEN 31G X 5/16" NEEDLE	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)
FIFTY50 PEN NEEDLE 32G X 1/4"	3		FLUOCINOLONE 0.025% CREAM	2	
FIFTY50 PEN NEEDLE 32G X 5/32"	3		FLUOCINOLONE 0.025% OINTMENT	2	
FILTER ASPIRATOR NEEDLE	3		FLUOCINOLONE OIL 0.01% EAR DRP	2	
FILTER NEEDLE	3		FLUOCINONIDE 0.05% CREAM	2	
FILTER NEEDLE 19GX1-1/2"	3		FLUOCINONIDE 0.05% GEL	2	
FILTER NEEDLE 5 MICRON	3		FLUOCINONIDE 0.05% OINTMENT	2	
FINASTERIDE 5 MG TABLET	2		FLUOCINONIDE 0.05% SOLUTION	2	
FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX	FLUOCINONIDE 0.1% CREAM	2	
FINZALA 1-0.02(24)-75 CHEW TAB	1		FLUOCINONIDE-E 0.05% CREAM	2	
FIRVANQ 25 MG/ML SOLUTION	3	QL	FLUORIDEX DAILY DEFENSE	2	
FIRVANQ 50 MG/ML SOLUTION	3	QL	FLUORIDEX SENSITIV RLF PASTE	2	
FLAC OTIC OIL 0.01% EAR DROP	2		FLUOROMETHOLONE 0.1% DROPS	2	
FLAVOXATE HCL 100 MG TABLET	2		FLUOROURACIL 0.5% CREAM	4	
FLECAINIDE ACETATE 100 MG TAB	2		FLUOROURACIL 2% TOPICAL SOLN	2	
FLECAINIDE ACETATE 150 MG TAB	2		FLUOROURACIL 5% CREAM	2	
FLECAINIDE ACETATE 50 MG TAB	2		FLUOROURACIL 5% TOPICAL SOLN	2	
FLEXICHAMBER	3	QL	FLUOXETINE 20 MG/5 ML SOLUTION	2	QL
FLEXICHAMBER-LG CHILD MASK	3	QL	FLUOXETINE DR 90 MG CAPSULE	2	QL
FLEXICHAMBER-SM ADULT MASK	3	QL	FLUOXETINE HCL 10 MG CAPSULE	2	QL
FLEXICHAMBER-SM CHILD MASK	3	QL	FLUOXETINE HCL 20 MG CAPSULE	2	QL
FLOVENT 100 MCG DISKUS	3	QL	FLUOXETINE HCL 40 MG CAPSULE	2	QL
FLOVENT 250 MCG DISKUS	3	QL	FLUPHENAZINE 1 MG TABLET	2	
FLOVENT 50 MCG DISKUS	3	QL	FLUPHENAZINE 10 MG TABLET	2	
FLOVENT HFA 110 MCG INHALER	3	QL	FLUPHENAZINE 2.5 MG TABLET	2	
FLOVENT HFA 220 MCG INHALER	3	QL	FLUPHENAZINE 2.5 MG/5 ML ELIX	2	
FLOVENT HFA 44 MCG INHALER	3	QL	FLUPHENAZINE 5 MG TABLET	2	
FLOW-EZE VENTED NEEDLE	3		FLUPHENAZINE 5 MG/ML CONC	2	
FLUAD QUAD	1		FLURANDRENOLIDE 0.05% CREAM	4	
FLUARIX QUAD	1		FLURANDRENOLIDE 0.05% LOTION	4	
FLUBLOK QUAD	1		FLURANDRENOLIDE 0.05% OINTMENT	4	
FLUCELVAX QUAD	1		FLURBIPROFEN 100 MG TABLET	2	
FLUCONAZOLE 10 MG/ML SUSP	2		FLURBIPROFEN 0.03% EYE DROP	2	
FLUCONAZOLE 100 MG TABLET	2		FLUTAMIDE 125 MG CAPSULE	2	
FLUCONAZOLE 150 MG TABLET	2		FLUTICASON PROP 0.005% OINT	2	
FLUCONAZOLE 200 MG TABLET	2		FLUTICASON PROP 0.05% CREAM	2	
FLUCONAZOLE 40 MG/ML SUSP	2		FLUTICASON PROP 0.05% LOTION	2	
FLUCONAZOLE 50 MG TABLET	2		FLUTICASON PROP 50 MCG SPRAY	2	
FLUCYTOSINE 250 MG CAPSULE	4		FLUTICASON-SALMETEROL 100-50	2	QL
FLUCYTOSINE 500 MG CAPSULE	4		FLUTICASON-SALMETEROL 250-50	2	QL
FLUDROCORTISONE 0.1 MG TABLET	2		FLUTICASON-SALMETEROL 500-50	2	QL
FLULAVAL QUAD	1		FLUVASTATIN ER 80 MG TABLET	2	
FLUMIST QUAD	1		FLUVASTATIN SODIUM 20 MG CAP	2	
FLUNISOLIDE 0.025% SPRAY	2		FLUVASTATIN SODIUM 40 MG CAP	2	
FLUOCINOLONE 0.01% BODY OIL	2		FLUVOXAMINE ER 100 MG CAPSULE	2	QL
FLUOCINOLONE 0.01% CREAM	2		FLUVOXAMINE ER 150 MG CAPSULE	2	QL
FLUOCINOLONE 0.01% SCALP OIL	2		FLUVOXAMINE MALEATE 100 MG TAB	2	QL
FLUOCINOLONE 0.01% SOLUTION	2		FLUVOXAMINE MALEATE 25 MG TAB	2	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)
FLUVOXAMINE MALEATE 50 MG TAB	2	QL	FROVOTRIPTAN SUCC 2.5 MG TAB	2	QL
FLUZONE HIGH-DOSE QUAD	1		FUROSEMIDE 10 MG/ML SOLUTION	2	
FLUZONE QUAD	1		FUROSEMIDE 20 MG TABLET	2	
FOLIC ACID 1 MG TABLET	2		FUROSEMIDE 40 MG TABLET	2	
FOLIVANE-OB CAPSULE	2		FUROSEMIDE 40 MG/5 ML SOLN	2	
FONDAPARINUX 10 MG/0.8 ML SYR	5	QL, SRX	FUROSEMIDE 80 MG TABLET	2	
FONDAPARINUX 2.5 MG/0.5 ML SYR	5	QL, SRX	FYAVOLV 0.5 MG-2.5 MCG TABLET	2	
FONDAPARINUX 5 MG/0.4 ML SYR	5	QL, SRX	FYAVOLV 1 MG-5 MCG TABLET	2	
FONDAPARINUX 7.5 MG/0.6 ML SYR	5	QL, SRX	GABAPENTIN 100 MG CAPSULE	2	
FORA HIGH CONTROL SOLUTION	3		GABAPENTIN 250 MG/5 ML SOLN	2	
FORA KETONE CONTROL SOLN-L1	3		GABAPENTIN 300 MG CAPSULE	2	
FORA LOW CONTROL SOLUTION	3		GABAPENTIN 300 MG/6 ML SOLN	2	
FORA NORMAL CONTROL SOLUTION	3		GABAPENTIN 400 MG CAPSULE	2	
FORACARE GDH HIGH CONTROL SOLN	3		GABAPENTIN 600 MG TABLET	2	
FORACARE GDH LOW CONTROL SOLN	3		GABAPENTIN 800 MG TABLET	2	
FORACARE GDH NORM CONTROL SOLN	3		GALANTAMINE ER 16 MG CAPSULE	2	QL
FORMOTEROL 20 MCG/2 ML NEB VL	4	QL	GALANTAMINE ER 24 MG CAPSULE	2	QL
FORTISCARE CONTROL SOLN HIGH	3		GALANTAMINE ER 8 MG CAPSULE	2	QL
FORTISCARE CONTROL SOLN LOW	3		GALANTAMINE HBR 12 MG TABLET	2	
FORTISCARE CONTROL SOLN NORMAL	3		GALANTAMINE HBR 4 MG TABLET	2	
FOSAMPRENAVIR 700 MG TABLET	2		GALANTAMINE HBR 8 MG TABLET	2	
FOSINOPRIL SODIUM 10 MG TAB	2		GALANTAMINE 4MG/ML ORAL SOLN	2	
FOSINOPRIL SODIUM 20 MG TAB	2		GARDASIL 9 SYRINGE	1	
FOSINOPRIL SODIUM 40 MG TAB	2		GARDASIL 9 VIAL	1	
FOSINOPRIL-HCTZ 10-12.5 MG TAB	2		GATIFLOXACIN 0.5% EYE DROPS	2	
FOSINOPRIL-HCTZ 20-12.5 MG TAB	2		GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX	GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX	GATTEX 5 MG VIAL	5	PA, LDD, SRX
FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL, SRX	GAVILYTE-C	2	
FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL, SRX	GAVILYTE-G	2	
FRAGMIN 18,000 UNIT/0.72 ML	5	QL, SRX	GAVILYTE-N	2	
FRAGMIN 2,500 UNIT/0.2 ML SYR	5	QL, SRX	GE100 CONTROL SOLUTION NORMAL	3	
FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL, SRX	GEFITINIB 250 MG TABLET	5	PA, QL, SRX
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL, SRX	GEMFIBROZIL 600 MG TABLET	2	
FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL, SRX	GEMMILY 1 MG-20 MCG CAPSULE	1	
FREESTYLE CONTROL SOLUTION	3		GENERLAC 10 GM/15 ML SOLUTION	2	
FREESTYLE LIBRE 10 DAY READER	3	PA, QL	GENGRAF 100 MG CAPSULE	2	
FREESTYLE LIBRE 10 DAY SENSOR	3	PA, QL	GENGRAF 100 MG/ML SOLUTION	2	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	GENGRAF 25 MG CAPSULE	2	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX
FREESTYLE LIBRE 2 READER	3	PA, QL	GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX
FREESTYLE PREC 0.5 ML 30GX5/16	3		GENOTROPIN MINIQUICK 0.4 MG	5	PA, SRX
FREESTYLE PREC 0.5 ML 31GX5/16	3		GENOTROPIN MINIQUICK 0.6 MG	5	PA, SRX
FREESTYLE PREC 1 ML 30GX5/16"	3		GENOTROPIN MINIQUICK 0.8 MG	5	PA, SRX
FREESTYLE PREC 1 ML 31GX5/16"	3		GENOTROPIN MINIQUICK 1 MG	5	PA, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GENOTROPIN MINIQUICK 1.2 MG	5	PA, SRX	GLYBURIDE MICRO 3 MG TABLET	2	
GENOTROPIN MINIQUICK 1.4 MG	5	PA, SRX	GLYBURIDE MICRO 6 MG TABLET	2	
GENOTROPIN MINIQUICK 1.6 MG	5	PA, SRX	GLYBURIDE-METFORMIN 2.5-500 MG	2	
GENOTROPIN MINIQUICK 1.8 MG	5	PA, SRX	GLYBURIDE-METFORMIN 5-500 MG	2	
GENOTROPIN MINIQUICK 2 MG	5	PA, SRX	GLYBURID-METFORMIN 1.25-250 MG	2	
GENTAK 0.3 % EYE OINTMENT	2		GLYCINE 1.5% IRRIGATION	2	
GENTAMICIN 0.1% CREAM	2		GLYCOPYRROLATE 1 MG TABLET	2	
GENTAMICIN 0.1% OINTMENT	2		GLYCOPYRROLATE 2 MG TABLET	2	
GENTAMICIN 0.3% EYE DROP	2		GLYDO 2% JELLY SYRINGE	2	
GENVOYA TABLET	3	QL	GNP ALCOHOL SWAB	3	
GIANVI 3 MG-0.02 MG TABLET	1		GNP CLICKFINE 31G X 1/4" NDL	3	
GILOTRIF 20 MG TABLET	5	PA, QL, LDD, SRX	GNP CLICKFINE 31G X 5/16" NDL	3	
GILOTRIF 30 MG TABLET	5	PA, QL, LDD, SRX	GNP EASY TOUCH HIGH-LOW SOLN	3	
GILOTRIF 40 MG TABLET	5	PA, QL, LDD, SRX	GNP INS SYR 0.3 ML 29GX1/2"	3	
GLATIRAMER 20 MG/ML SYRINGE	5	PA, SRX	GNP INS SYRINGE 1 ML 28G 1/2"	3	
GLATIRAMER 40 MG/ML SYRINGE	5	PA, SRX	GNP INSUL SYR 0.3 ML 31GX5/16"	3	
GLATOPA 20 MG/ML SYRINGE	5	PA, SRX	GNP INSUL SYR 0.5 ML 31GX5/16"	3	
GLATOPA 40 MG/ML SYRINGE	5	PA, SRX	GNP INSULIN SYR 1 ML 31GX5/16"	3	
GLEOSTINE 10 MG CAPSULE	4	PA	GNP ULT C 0.3ML 29GX1/2" (1/2)	3	
GLEOSTINE 100 MG CAPSULE	4	PA	GNP ULT CMFRT 0.5 ML 29GX1/2"	3	
GLEOSTINE 40 MG CAPSULE	4	PA	GNP ULTICARE PEN NDL 31G 5MM	3	
GLIMEPIRIDE 1 MG TABLET	2		GNP ULTICARE PEN NDL 31G 8MM	3	
GLIMEPIRIDE 2 MG TABLET	2		GNP ULTICARE PEN NDL 32G 4MM	3	
GLIMEPIRIDE 4 MG TABLET	2		GNP ULTICARE PEN NDL 32G 6MM	3	
GLIPIZIDE 10 MG TABLET	2		GNP ULTIGUARD SAFEPACK 31G 5MM	3	
GLIPIZIDE 5 MG TABLET	2		GNP ULTIGUARD SAFEPACK 31G 8MM	3	
GLIPIZIDE ER 10 MG TABLET	2		GNP ULTIGUARD SAFEPACK 32G 4MM	3	
GLIPIZIDE ER 2.5 MG TABLET	2		GNP ULTIGUARD SAFEPACK 32G 6MM	3	
GLIPIZIDE ER 5 MG TABLET	2		GNP ULTR CMFRT 0.5 ML 28GX1/2"	3	
GLIPIZIDE XL 10 MG TABLET	2		GNP ULTR CMFRT 0.5 ML 30GX5/16	3	
GLIPIZIDE XL 2.5 MG TABLET	2		GNP ULTR COMFORT 1 ML 29GX1/2"	3	
GLIPIZIDE XL 5 MG TABLET	2		GNP ULTRA COMFORT 0.5 ML SYR	3	
GLIPIZIDE-METFORMIN 2.5-250 MG	2		GNP ULTRA COMFORT 1 ML SYRINGE	3	
GLIPIZIDE-METFORMIN 2.5-500 MG	2		GNP ULTRA COMFORT 3/10 ML SYR	3	
GLIPIZIDE-METFORMIN 5-500 MG	2		GNP ULTRA COMFRT 1 ML 28GX1/2"	3	
GLUCAGON 1 MG EMERGENCY KIT	3	QL	GOJJI GLUCOSE CONTROL SOLUTION	3	
GLUCOCARD 01 CONTROL SOLUTION	3		GOJJI KETONE CONTROL SOLUTION	3	
GLUCOCARD EXPRESSION	3		GRANISETRON HCL 0.1 MG/ML VIAL	4	
GLUCOCARD SHINE	3		GRANISETRON HCL 1 MG TABLET	4	
GLUCOCOM AUTOLINK	3		GRANISETRON HCL 1 MG/ML VIAL	4	
GLUCOCOM CONTROL SOLUTION	3		GRANISETRON HCL 4 MG/4 ML VIAL	4	
GLUCOSE CONTROL SOLN NORMAL	3		GRISEOFULVIN 125 MG/5 ML SUSP	2	
GLUCOSE CONTROL SOLUTION	3		GRISEOFULVIN MICRO 500 MG TAB	2	
GLYBURIDE 1.25 MG TABLET	2		GRISEOFULVIN ULTRA 125 MG TAB	2	
GLYBURIDE 2.5 MG TABLET	2		GRISEOFULVIN ULTRA 250 MG TAB	2	
GLYBURIDE 5 MG TABLET	2		GS PEN NEEDLE 31G X 5/16"	3	
GLYBURIDE MICRO 1.5 MG TAB	2		GS PEN NEEDLE 31G X 5MM	3	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
GS PEN NEEDLE 31G X 6MM	3		HEALTHWISE PEN NEEDLE 32G 4MM	3	
GS PEN NEEDLE 31G X 8MM	3		HEALTHY ACCENTS PENTIP 4MM 32G	3	
GS PEN NEEDLE 32G X 4MM	3		HEALTHY ACCENTS PENTIP 5MM 31G	3	
GS PEN NEEDLE 32G X 6MM	3		HEALTHY ACCENTS PENTIP 6MM 31G	3	
GUANFACINE 1 MG TABLET	2		HEALTHY ACCENTS PENTIP 8MM 31G	3	
GUANFACINE 2 MG TABLET	2		HEALTHY ACCENTS PENTIP 12MM 29G	3	
GUANFACINE HCL ER 1 MG TABLET	2	QL	HEATHER 0.35 MG TABLET	1	
GUANFACINE HCL ER 2 MG TABLET	2	QL	HEB UNIFINE PNTIP PLUS 31GX3/16	3	
GUANFACINE HCL ER 3 MG TABLET	2	QL	HEMA-COMBISTIX	3	
GUANFACINE HCL ER 4 MG TABLET	2	QL	HEMMOREX-HC 25 MG SUPPOSITORY	2	
GUARDIAN RT CHARGER	3		HEMMOREX-HC 30 MG SUPPOSITORY	2	
GUARDIAN RT REPLACE TEST PLUG	3		HEPARIN SOD 5,000 UNIT/0.5 ML	2	
GUARDIAN RT STARTER KIT	3		HEPARIN SOD 5,000 UNIT/ML SYRG	2	
GUARDIAN RT SYSTEM	3		HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	
GUARDIAN TEST PLUG	3		HER STYLE 1.5 MG TABLET	1	
GUARDIAN TRANSMITTER TAPE	3		HIBERIX VACCINE VIAL	1	
GYNAZOLE 1	2		HIBERIX VACCINE WITH DILUENT	1	
HAILEY 21 1.5 MG-30 MCG TAB	1		HM ULTICARE PEN NEEDLE 4MM 32G	3	
HAILEY 24 FE 1 MG-20 MCG TAB	1		HM ULTICARE PEN NEEDLE 5MM 31G	3	
HAILEY FE 1.5-30 TABLET	1		HM ULTICARE PEN NEEDLE 6MM 31G	3	
HAILEY FE 1-20 TABLET	1		HM ULTICARE PEN NEEDLE 8MM 31G	3	
HALOBETASOL PROP 0.05% CREAM	2		HOMATROPAIRE 5% EYE DROPS	2	
HALOBETASOL PROP 0.05% OINTMNT	2		HOMATROPINE 5% EYE DROPS	2	
HALOETTE VAGINAL RING	1		HUMALOG 100 UNIT/ML CARTRIDGE	3	QL
HALOPERIDOL 0.5 MG TABLET	2		HUMALOG 100 UNIT/ML KWIKPEN	3	QL
HALOPERIDOL 1 MG TABLET	2		HUMALOG 100 UNIT/ML VIAL	3	QL
HALOPERIDOL 10 MG TABLET	2		HUMALOG 200 UNIT/ML KWIKPEN	3	QL
HALOPERIDOL 2 MG TABLET	2		HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL
HALOPERIDOL 20 MG TABLET	2		HUMALOG MIX 50-50 VIAL	3	QL
HALOPERIDOL 5 MG TABLET	2		HUMALOG MIX 50-50 KWIKPEN	3	QL
HALOPERIDOL LAC 10 MG/5 ML CUP	2		HUMALOG MIX 75-25 VIAL	3	QL
HALOPERIDOL LAC 2 MG/ML CONC	2		HUMALOG MIX 75-25 KWIKPEN	3	QL
HARVONI 33.75-150 MG PELLETT PK	5	PA, QL, SRX	HUMALOG TEMPO PEN 100 UNIT/ML	3	QL
HARVONI 45-200 MG PELLETT PK	5	PA, QL, SRX	HUMATROPE 12 MG CARTRIDGE	5	PA, SRX
HARVONI 45-200 MG TABLET	5	PA, QL, SRX	HUMATROPE 24 MG CARTRIDGE	5	PA, SRX
HARVONI 90-400 MG TABLET	5	PA, QL, SRX	HUMATROPE 6 MG CARTRIDGE	5	PA, SRX
HAVRIX 1,440 UNIT/ML SYRINGE	1		HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX
HAVRIX 720 UNIT/0.5 ML SYRINGE	1		HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX
HEALTHPRO GLUCOSE CONTROL SOLN	3		HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, QL, SRX
HEALTHWISE INS 0.3ML 30GX5/16"	3		HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, QL, SRX
HEALTHWISE INS 0.3ML 31GX5/16"	3		HUMIRA(CF) 10 MG/0.1 ML SYRING	5	PA, QL, SRX
HEALTHWISE INS 0.5ML 30GX5/16"	3		HUMIRA(CF) 20 MG/0.2 ML SYRING	5	PA, QL, SRX
HEALTHWISE INS 0.5ML 31GX5/16"	3		HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL, SRX
HEALTHWISE INS 1 ML 30GX5/16"	3		HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL, LDD, SRX
HEALTHWISE INS 1 ML 31GX5/16"	3		HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL, LDD, SRX
HEALTHWISE PEN NEEDLE 31G 5MM	3		HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX
HEALTHWISE PEN NEEDLE 31G 8MM	3		HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX

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HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, QL, SRX	HYDROCORTISONE 100 MG/60 ML	2	
HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, QL, LDD, SRX	HYDROCORTISONE 2.5% CREAM	2	
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, QL, SRX	HYDROCORTISONE 2.5% LOTION	2	
HUMULIN 70/30 KWIKPEN	3	QL	HYDROCORTISONE 2.5% OINTMENT	2	
HUMULIN 70-30 VIAL	3	QL	HYDROCORTISONE 20 MG TABLET	2	
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL	HYDROCORTISONE 5 MG TABLET	2	
HUMULIN N 100 UNIT/ML VIAL	3	QL	HYDROCORTISONE AC 25 MG SUPP	2	
HUMULIN R 100 UNIT/ML VIAL	3	QL	HYDROCORTISONE AC 30 MG SUPP	2	
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL	HYDROCORTISONE BUTY 0.1% CREAM	2	
HUMULIN R 500 UNIT/ML VIAL	3	QL	HYDROCORTISONE BUTYR 0.1% OINT	2	
HYCANTIN 0.25 MG CAPSULE	5	PA, SRX	HYDROCORTISONE BUTYR 0.1% SOLN	2	
HYCANTIN 1 MG CAPSULE	5	PA, SRX	HYDROCORTISONE VAL 0.2% CREAM	2	
HYDRALAZINE 10 MG TABLET	2		HYDROCORTISONE VAL 0.2% OINTMT	2	
HYDRALAZINE 100 MG TABLET	2		HYDROMET 5 MG-1.5 MG/5 ML SOLN	2	QL
HYDRALAZINE 25 MG TABLET	2		HYDROMORPHONE 1 MG/ML SOLUTION	2	PA
HYDRALAZINE 50 MG TABLET	2		HYDROMORPHONE 2 MG TABLET	2	PA
HYDROCHLOROTHIAZIDE 12.5 MG CP	2		HYDROMORPHONE 3 MG SUPPOS	2	PA
HYDROCHLOROTHIAZIDE 12.5 MG TB	2		HYDROMORPHONE 4 MG TABLET	2	PA
HYDROCHLOROTHIAZIDE 25 MG TAB	2		HYDROMORPHONE 5 MG/5 ML SOLN	2	PA
HYDROCHLOROTHIAZIDE 50 MG TAB	2		HYDROMORPHONE 8 MG TABLET	2	PA
HYDROCODONE ER 100 MG TABLET	2	PA	HYDROMORPHONE HCL ER 12 MG TAB	2	PA
HYDROCODONE ER 120 MG TABLET	2	PA	HYDROMORPHONE HCL ER 16 MG TAB	2	PA
HYDROCODONE ER 20 MG TABLET	2	PA	HYDROMORPHONE HCL ER 32 MG TAB	2	PA
HYDROCODONE ER 30 MG TABLET	2	PA	HYDROMORPHONE HCL ER 8 MG TAB	2	PA
HYDROCODONE ER 40 MG TABLET	2	PA	HYDROXYCHLOROQUINE 200 MG TAB	2	
HYDROCODONE ER 60 MG TABLET	2	PA	HYDROXYUREA 500 MG CAPSULE	2	
HYDROCODONE ER 80 MG TABLET	2	PA	HYDROXYZINE 10 MG/5 ML SOLN	2	
HYDROCODONE-ACETAMIN 10-300 MG	2	PA	HYDROXYZINE 10 MG/5 ML SYRUP	2	
HYDROCODONE-ACETAMIN 10-325 MG	2	PA	HYDROXYZINE HCL 10 MG TABLET	2	
HYDROCODONE-ACETAMIN 10-325/15	2	PA	HYDROXYZINE HCL 25 MG TABLET	2	
HYDROCODONE-ACETAMIN 2.5-108/5	2	PA	HYDROXYZINE HCL 50 MG TABLET	2	
HYDROCODONE-ACETAMIN 5-217/10	2	PA	HYDROXYZINE PAM 100 MG CAP	2	
HYDROCODONE-ACETAMIN 5-300 MG	2	PA	HYDROXYZINE PAM 25 MG CAP	2	
HYDROCODONE-ACETAMIN 5-325 MG	2	PA	HYDROXYZINE PAM 50 MG CAP	2	
HYDROCODONE-ACETAMIN 7.5-300	2	PA	HYOPHEN	2	
HYDROCODONE-ACETAMIN 7.5-325	2	PA	HYOSCYAMINE 0.125 MG ODT	2	
HYDROCODONE-ACETAMIN 7.5-325/15	2	PA	HYOSCYAMINE 0.125 MG TAB SL	2	
HYDROCODONE-CHLORPHEN ER SUSP	2		HYOSCYAMINE 0.125 MG/5 ML ELIX	2	
HYDROCODONE-HOMATROPINE 5-1.5	2	QL	HYOSCYAMINE 0.125 MG/ML DROP	2	
HYDROCODONE-HOMATROPINE SOLN	2	QL	HYOSCYAMINE ER 0.375 MG TAB	2	
HYDROCODONE-IBUPROFEN 10-200	2	PA	HYOSCYAMINE SULF 0.125 MG TAB	2	
HYDROCODONE-IBUPROFEN 5-200 MG	2	PA	HYOSCYAMINE SR 0.375 MG TAB	2	
HYDROCODONE-IBUPROFEN 7.5-200	2	PA	HYOSYNE 0.125 MG/ML DROP	2	
HYDROCORTISON-ACETIC ACID SOLN	2		HYOSYNE 125 MCG/5 ML ELIXIR	2	
HYDROCORTISONE 1% CREAM	2		HYPO NEEDLE,POLYPROPYL HUB	3	
HYDROCORTISONE 1% OINTMENT	2		HYPODERMIC NEEDLE,ALUM HUB	3	
HYDROCORTISONE 10 MG TABLET	2		HYRIMOZ	5	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
IBANDRONATE SODIUM 150 MGTAB	2		INCONTROL PEN NEEDLE 6MM 31G	3	
IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL PEN NEEDLE 8MM 31G	3	
IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 6MM	3	
IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 31G 8MM	3	
IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX	INCONTROL ULTICARE ND 32G 4MM	3	
IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX	INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX
IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX	INCRUSE ELLIPTA 62.5 MCG INH	3	
IBU 400 MG TABLET	2		INDAPAMIDE 1.25 MG TABLET	2	
IBU 600 MG TABLET	2		INDAPAMIDE 2.5 MG TABLET	2	
IBU 800 MG TABLET	2		INDOMETHACIN 25 MG CAPSULE	2	
IBUPROFEN 100 MG/5 ML SUSP	2		INDOMETHACIN 50 MG CAPSULE	2	
IBUPROFEN 400 MG TABLET	2		INDOMETHACIN ER 75 MG CAPSULE	2	
IBUPROFEN 600 MG TABLET	2		INFANRIX DTAP SYRINGE	1	
IBUPROFEN 800 MG TABLET	2		INFANRIX DTAP VIAL	1	
ICATIBANT 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	INFINITY CONTROL SOLN HIGH	3	
ICLEVIA 0.15 MG-0.03 MG TABLET	1		INFINITY CONTROL SOLN LOW	3	
ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX	INFINITY CONTROL SOLN NORMAL	3	
ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX	INFINITY VOICE CTRL SOLN-LVL 2	3	
ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX	INFUSION SET 23"	3	
ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX	INFUSION SET 23" 6MM	3	
ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA	INFUSION SET 23" 9MM	3	
ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA	INFUSION SET 43"	3	
ICOSAPENT ETHYL 500 MG CAPSULE	4	PA	INFUSION SET 43" 6MM	3	
ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX	INFUSION SET 43" 9MM	3	
IMATINIB MESYLATE 100 MG TAB	5	PA, QL, SRX	INJECT-EASE	3	
IMATINIB MESYLATE 400 MG TAB	5	PA, QL, SRX	INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX	INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) BLUE	3	
IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) GREY	3	
IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) PINK	3	
IMBRUVICA 560 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) BLUE	3	
IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) GREY	3	
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) PINK	3	
IMIPRAMINE HCL 10 MG TABLET	2		INSET 30 INFUSION SET	3	
IMIPRAMINE HCL 25 MG TABLET	2		INSET INFUSION SET 23" 6MM	3	
IMIPRAMINE HCL 50 MG TABLET	2		INSET INFUSION SET 23" 9MM	3	
IMIPRAMINE PAMOATE 100 MG CAP	3		INSPIRACHAMBER	3	QL
IMIPRAMINE PAMOATE 125 MG CAP	3		INSPIRACHAMBER WITH MASK-LARGE	3	QL
IMIPRAMINE PAMOATE 150 MG CAP	3		INSPIRACHAMBER WITH MASK-MED	3	QL
IMIPRAMINE PAMOATE 75 MG CAP	3		INSPIRACHAMBER WITH MASK-SMALL	3	QL
IMIQUIMOD 5% CREAM PACKET	2		INSUL-CAP	3	
INCASSIA 0.35 MG TABLET	1		INSUL-EZE	3	
IN-CHECK NASAL WITH MASK	3		INSULIN 1 ML SYRINGE	3	
IN-CHECK ORAL FLOW METER	3		INSULIN 1/2 ML SYRINGE	3	
INCONTROL PEN NEEDLE 12MM 29G	3		INSULIN 3/10 ML SYRINGE	3	
INCONTROL PEN NEEDLE 4MM 32G	3		INSULIN CARTRIDGE	3	INSULIN CARTRIDGE 3 ML
INCONTROL PEN NEEDLE 5MM 31G	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)
INSULIN SYR 0.3 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 29GX12MM	3	
INSULIN SYR 0.3ML 31GX1/4(1/2)	3		INSUPEN PEN NEEDLE 30GX8MM	3	
INSULIN SYRIN 0.3 ML 29GX1/2"	3		INSUPEN PEN NEEDLE 31G 5MM	3	
INSULIN SYRIN 0.3 ML 30GX1/2"	3		INSUPEN PEN NEEDLE 31G 8MM	3	
INSULIN SYRIN 0.3 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 31GX3/16"	3	
INSULIN SYRIN 0.3 ML 31GX5/16"	3		INSUPEN PEN NEEDLE 31GX5/16"	3	
INSULIN SYRIN 0.5 ML 28G 1/2"	3		INSUPEN PEN NEEDLE 31GX6MM	3	
INSULIN SYRIN 0.5 ML 28GX1/2"	3		INSUPEN PEN NEEDLE 31GX8MM	3	
INSULIN SYRIN 0.5 ML 29GX1/2"	3		INSUPEN PEN NEEDLE 32G 4MM	3	
INSULIN SYRIN 0.5 ML 30G 1/2"	3		INSUPEN PEN NEEDLE 32GX4MM	3	
INSULIN SYRIN 0.5 ML 30G 5/16"	3		INSUPEN PEN NEEDLE 32GX5/32"	3	
INSULIN SYRIN 0.5 ML 30GX1/2"	3		INSUPEN PEN NEEDLE 32GX6MM	3	
INSULIN SYRIN 0.5 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 32GX8MM	3	
INSULIN SYRIN 0.5 ML 31G 5/16"	3		INSUPEN PEN NEEDLE 33GX4MM	3	
INSULIN SYRIN 0.5 ML 31GX5/16"	3		INTELENCE 25 MG TABLET	3	
INSULIN SYRIN 1 ML 29GX1/2"	3		INTROVALE	1	
INSULIN SYRING 0.5 ML 27G 1/2"	3		IPOL VIAL	1	
INSULIN SYRING 0.5 ML 27G 13MM	3		IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	2	
INSULIN SYRING 0.5 ML 27GX1/2"	3		IPRATROPIUM 0.03% SPRAY	2	
INSULIN SYRING 0.5 ML 28G 1/2"	3		IPRATROPIUM 0.06% SPRAY	2	
INSULIN SYRING 0.5 ML 29G 1/2"	3		IPRATROPIUM BR 0.02% SOLN	2	
INSULIN SYRING 0.5 ML 29GX1/2"	3		IRBESARTAN 150 MG TABLET	2	
INSULIN SYRINGE 0.3 ML	3		IRBESARTAN 300 MG TABLET	2	
INSULIN SYRINGE 0.3 ML 31GX1/4	3		IRBESARTAN 75 MG TABLET	2	
INSULIN SYRINGE 0.5 ML	3		IRBESARTAN-HCTZ 150-12.5 MG TB	2	
INSULIN SYRINGE 0.5 ML 31GX1/4	3		IRBESARTAN-HCTZ 300-12.5 MG TB	2	
INSULIN SYRINGE 1 ML	3		ISENTRESS 100 MG POWDER PACKET	3	
INSULIN SYRINGE 1 ML 27G 1/2"	3		ISENTRESS 100 MG TABLET CHEW	3	
INSULIN SYRINGE 1 ML 27G 13MM	3		ISENTRESS 25 MG TABLET CHEW	3	
INSULIN SYRINGE 1 ML 27GX1/2"	3		ISENTRESS 400 MG TABLET	3	
INSULIN SYRINGE 1 ML 28G 1/2"	3		ISENTRESS HD	3	
INSULIN SYRINGE 1 ML 28G 13MM	3		ISIBLOOM 28 DAY TABLET	1	
INSULIN SYRINGE 1 ML 28GX1/2"	3		ISONIAZID 100 MG TABLET	2	
INSULIN SYRINGE 1 ML 29G 1/2"	3		ISONIAZID 300 MG TABLET	2	
INSULIN SYRINGE 1 ML 29GX1/2"	3		ISONIAZID 50 MG/5 ML SOLUTION	2	
INSULIN SYRINGE 1 ML 30G 1/2"	3		ISOSORBIDE DINITRATE 10 MG TAB	2	
INSULIN SYRINGE 1 ML 30G 5/16"	3		ISOSORBIDE DINITRATE 20 MG TAB	2	
INSULIN SYRINGE 1 ML 30GX1/2"	3		ISOSORBIDE DINITRATE 30 MG TAB	2	
INSULIN SYRINGE 1 ML 30GX5/16"	3		ISOSORBIDE DINITRATE 5 MG TAB	2	
INSULIN SYRINGE 1 ML 31G 5/16"	3		ISOSORBIDE MONONIT 10 MG TAB	2	
INSULIN SYRINGE 1 ML 31GX1/4"	3		ISOSORBIDE MONONIT 20 MG TAB	2	
INSULIN SYRINGE 1 ML 31GX5/16"	3		ISOSORBIDE MONONIT ER 120 MG	2	
INSUPEN 30G ULTRAFIN NEEDLE	3		ISOSORBIDE MONONIT ER 30 MG TB	2	
INSUPEN 31G ULTRAFIN NEEDLE	3		ISOSORBIDE MONONIT ER 60 MG TB	2	
INSUPEN 32G 6MM PEN NEEDLE	3		ISOTRETINOIN 10 MG CAPSULE	4	
INSUPEN 32G 8MM PEN NEEDLE	3		ISOTRETINOIN 20 MG CAPSULE	4	
INSUPEN PEN NEEDLE 29GX1/2"	3		ISOTRETINOIN 30 MG CAPSULE	4	

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ISOTRETINOIN 40 MG CAPSULE	4		KETOPROFEN 50 MG CAPSULE	2	
ISOXSUPRINE 10 MG TABLET	2		KETOPROFEN 75 MG CAPSULE	2	
ISOXSUPRINE 20 MG TABLET	2		KETOPROFEN ER 200 MG CAPSULE	2	
ISRADIPINE 2.5 MG CAPSULE	2		KETOROLAC 0.4% OPHTH SOLUTION	2	
ISRADIPINE 5 MG CAPSULE	2		KETOROLAC 0.5% OPHTH SOLUTION	2	
ITRACONAZOLE 10 MG/ML SOLUTION	3		KETOROLAC 10 MG TABLET	2	QL
ITRACONAZOLE 100 MG CAPSULE	3	QL	KETOSTIX REAGENT STRIP	3	
ITRACONAZOLE 100 MG/10 ML CUP	3		KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX
IV PREP ANTISEPTIC WIPES	3		KINRAY INS SYR 1 ML 31GX5/16"	3	
IVERMECTIN 3 MG TABLET	2	PA	KINRAY SYRING 0.3 ML 31GX5/16"	3	
JAIMIESS	1		KINRAY SYRING 0.5 ML 31GX5/16"	3	
JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX	KINRIX TIP-LOK SYRINGE	1	
JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX	KINRIX VIAL	1	
JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX	KIONEX 15 GM/60 ML SUSPENSION	2	
JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX	KISQALI 200 MG DAILY DOSE	5	PA, QL, SRX
JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX	KISQALI 400 MG DAILY DOSE	5	PA, QL, SRX
JANSSEN COVID-19 VACCINE (EUA)	1		KISQALI 600 MG DAILY DOSE	5	PA, QL, SRX
JANTOVEN 1 MG TABLET	2		KLOR-CON 10 MEQ TABLET	2	
JANTOVEN 10 MG TABLET	2		KLOR-CON 20 MEQ PACKET	2	
JANTOVEN 2 MG TABLET	2		KLOR-CON 8 MEQ TABLET	2	
JANTOVEN 2.5 MG TABLET	2		KLOR-CON M10 TABLET	2	
JANTOVEN 3 MG TABLET	2		KLOR-CON M20 TABLET	2	
JANTOVEN 4 MG TABLET	2		KMART VALU PLUS SYR 1/2 ML	3	
JANTOVEN 5 MG TABLET	2		KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL
JANTOVEN 6 MG TABLET	2		KOMBIGLYZE XR 5-1,000 MG TAB	3	QL
JANTOVEN 7.5 MG TABLET	2		KOMBIGLYZE XR 5-500 MG TABLET	3	QL
JASMIEL 3 MG-0.02 MG TABLET	1		K-PHOS ORIGINAL TABLET	4	
JENCYCLA 0.35 MG TABLET	1		KRO INS SYR 0.3 ML 29GX1/2"	3	
JINTELI 1 MG-5 MCG TABLET	2		KRO INS SYRIN 0.5 ML 31GX5/16"	3	
JOLESSA	1		KRO INSULIN SYR 1 ML 30GX5/16"	3	
JULEBER 28 DAY TABLET	1		KRO PEN NEEDLE 4MM X 32G	3	
JULUCA	3	QL	KRO PEN NEEDLE 4MM X 33G	3	
JUNEL 1 MG-20 MCG TABLET	1		KRO PEN NEEDLE 5MM X 31G	3	
JUNEL 1.5 MG-30 MCG TABLET	1		KRO PEN NEEDLE 6MM X 31G	3	
JUNEL FE 1 MG-20 MCG TABLET	1		KRO PEN NEEDLE 8MM X 31G	3	
JUNEL FE 1.5 MG-30 MCG TABLET	1		KROGER INS SYR 0.3 ML 30GX5/16	3	
JUNEL FE 24 TABLET	1		KROGER INS SYR 0.5 ML 29GX1/2"	3	
KAITLIB FE 0.8-0.025MG CHEW TB	1		KROGER INS SYR 1 ML 29GX1/2"	3	
KALLIGA 28 DAY TABLET	1		KROGER INS SYR 1 ML 31GX5/16"	3	
KARIVA 28 DAY TABLET	1		KROGER PEN NEEDLES 31G X 5/16"	3	
KELNOR 1-35 28 TABLET	1		KROGER SYR 0.5 ML 30GX5/16"	3	
KELNOR 1-50 TABLET	1		KROGER SYRING 0.3 ML 31GX5/16"	3	
KETOCONAZOLE 2% CREAM	2		KURVELO-28 TABLET	1	
KETOCONAZOLE 2% SHAMPOO	2		KYNMOBI 10 MG SL FILM	5	PA, QL, SRX
KETOCONAZOLE 200 MG TABLET	2		KYNMOBI 15 MG SL FILM	5	PA, QL, SRX
KETO-DIASTIX REAGENT STRIPS	3		KYNMOBI 20 MG SL FILM	5	PA, QL, SRX
KETONE TEST STRIP	3		KYNMOBI 25 MG SL FILM	5	PA, QL, SRX

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Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
KYNMOBI 30 MG SL FILM	5	PA, QL, SRX	LARIN FE 1.5-30 TABLET	1	
LABELALOL HCL 100 MG TABLET	2		LARIN FE 1-20 TABLET	1	
LABELALOL HCL 200 MG TABLET	2		LARISSIA	1	
LABELALOL HCL 300 MG TABLET	2		LATANOPROST 0.005% EYE DROPS	2	
LABSTIX REAGENT	3		LAYOLIS FE	1	
LACOSAMIDE 10 MG/ML SOLUTION	3	QL	LEADER INS SYR 0.3 ML 29GX1/2"	3	
LACOSAMIDE 100 MG TABLET	3	QL	LEADER INS SYR 0.5 ML 28GX1/2"	3	
LACOSAMIDE 150 MG TABLET	3	QL	LEADER INS SYR 0.5 ML 29GX1/2"	3	
LACOSAMIDE 200 MG TABLET	3	QL	LEADER INS SYR 0.5 ML 30GX1/2"	3	
LACOSAMIDE 50 MG TABLET	3	QL	LEADER INS SYR 1 ML 28GX1/2"	3	
LACTATED RINGERS IRRIGATION	2		LEADER INS SYR 1 ML 29GX1/2"	3	
LACTULOSE 10 GM/15 ML SOLUTION	2		LEADER INS SYR 1 ML 30GX5/16"	3	
LACTULOSE 20 GM/30 ML SOLUTION	2		LEADER INS SYR 1 ML 31GX5/16"	3	
LAMIVUDINE 10 MG/ML ORAL SOLN	2		LEADER INSULIN SYRINGE 0.3 ML	3	
LAMIVUDINE 150 MG TABLET	2		LEADER PEN NEEDLES 12MM 29G	3	
LAMIVUDINE 300 MG TABLET	2		LEADER SYRING 0.3 ML 31GX5/16"	3	
LAMIVUDINE HBV 100 MG TABLET	2		LEADER SYRING 0.5 ML 31GX5/16"	3	
LAMIVUDINE-ZIDOVUDINE TABLET	2		LEDIPASVIR-SOFOSBUVIR	5	PA, QL, SRX
LAMOTRIGINE (BLUE)	2		LEENA 28 TABLET	1	
LAMOTRIGINE (GREEN)	2		LEFLUNOMIDE 10 MG TABLET	2	
LAMOTRIGINE (ORANGE)	2		LEFLUNOMIDE 20 MG TABLET	2	
LAMOTRIGINE 100 MG TABLET	2		LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE 150 MG TABLET	2		LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE 200 MG TABLET	2		LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE 25 MG DISPER TAB	2		LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE 25 MG TABLET	2		LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE 5 MG DISPER TABLET	2		LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 100 MG TABLET	2		LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 200 MG TABLET	2		LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 25 MG TABLET	2		LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 250 MG TABLET	2		LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 300 MG TABLET	2		LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 50 MG TABLET	2		LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (BLUE)	2		LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (GREEN)	2		LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT (ORANGE)	2		LESSINA-28 TABLET	1	
LAMOTRIGINE ODT 100 MG TABLET	2		LETROZOLE 2.5 MG TABLET	2	
LAMOTRIGINE ODT 200 MG TABLET	2		LEUCOVORIN CALCIUM 10 MG TAB	2	
LAMOTRIGINE ODT 25 MG TABLET	2		LEUCOVORIN CALCIUM 15 MG TAB	2	
LAMOTRIGINE ODT 50 MG TABLET	2		LEUCOVORIN CALCIUM 25 MG TAB	2	
LANSOPRAZOL-AMOXICIL-CLARITHRO	2		LEUCOVORIN CALCIUM 5 MG TAB	2	
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL	LEUKERAN 2 MG TABLET	4	
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL	LEUKINE 250 MCG VIAL	5	SRX
LAPATINIB	5	PA, QL, SRX	LEUPROLIDE 2WK 14 MG/2.8 ML KT	5	PA, SRX
LARIN 1.5 MG-30 MCG TABLET	1		LEVALBUTEROL 0.31 MG/3 ML SOL	2	
LARIN 21 1-20 TABLET	1		LEVALBUTEROL 0.63 MG/3 ML SOL	2	
LARIN 24 FE 1 MG-20 MCG TABLET	1		LEVALBUTEROL 1.25 MG/3 ML SOL	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)
LEVALBUTEROL CONC 1.25 MG/0.5	2		LEVO-T 88 MCG TABLET	2	
LEVALBUTEROL TARTRATE HFA	2	QL	LEVOTHYROXINE 100 MCG TABLET	2	
LEVETIRACETAM 1,000 MG TABLET	2		LEVOTHYROXINE 112 MCG TABLET	2	
LEVETIRACETAM 1,000 MG/10 ML	2		LEVOTHYROXINE 125 MCG TABLET	2	
LEVETIRACETAM 100 MG/ML SOLN	2		LEVOTHYROXINE 137 MCG TABLET	2	
LEVETIRACETAM 250 MG TABLET	2		LEVOTHYROXINE 150 MCG TABLET	2	
LEVETIRACETAM 500 MG TABLET	2		LEVOTHYROXINE 175 MCG TABLET	2	
LEVETIRACETAM 500 MG/5 ML CUP	2		LEVOTHYROXINE 200 MCG TABLET	2	
LEVETIRACETAM 500 MG/5 ML SOLN	2		LEVOTHYROXINE 25 MCG TABLET	2	
LEVETIRACETAM 750 MG TABLET	2		LEVOTHYROXINE 300 MCG TABLET	2	
LEVETIRACETAM ER 500 MG TABLET	2		LEVOTHYROXINE 50 MCG TABLET	2	
LEVETIRACETAM ER 750 MG TABLET	2		LEVOTHYROXINE 75 MCG TABLET	2	
LEVOBUNOLOL 0.5% EYE DROPS	2		LEVOTHYROXINE 88 MCG TABLET	2	
LEVOCARNITINE 1 G/10 ML SOLN	2		LEVOXYL 100 MCG TABLET	2	
LEVOCARNITINE 330 MG TABLET	2		LEVOXYL 112 MCG TABLET	2	
LEVOCARNITINE SF	2		LEVOXYL 125 MCG TABLET	2	
LEVOCETIRIZINE 2.5 MG/5 ML SOL	2		LEVOXYL 137 MCG TABLET	2	
LEVOCETIRIZINE 5 MG TABLET	2		LEVOXYL 150 MCG TABLET	2	
LEVOFLOXACIN 0.5% EYE DROPS	2		LEVOXYL 175 MCG TABLET	2	
LEVOFLOXACIN 1.5% EYE DROPS	2		LEVOXYL 200 MCG TABLET	2	
LEVOFLOXACIN 25 MG/ML SOLUTION	2		LEVOXYL 25 MCG TABLET	2	
LEVOFLOXACIN 250 MG TABLET	2		LEVOXYL 50 MCG TABLET	2	
LEVOFLOXACIN 500 MG TABLET	2		LEVOXYL 75 MCG TABLET	2	
LEVOFLOXACIN 750 MG TABLET	2		LEVOXYL 88 MCG TABLET	2	
LEVONEST-28 TABLET	1		LEXIVA 50 MG/ML SUSPENSION	3	
LEVONO-E ESTRAD 0.15-0.03-0.01	1		LIDOCAINE 2% VISCOUS SOLN	2	
LEVONOR-E ESTRAD 0.1-0.02-0.01	1		LIDOCAINE 5% OINTMENT	2	QL
LEVONOR-ETH ESTRA 0.09-0.02 MG	1		LIDOCAINE 5% PATCH	2	
LEVONOR-ETH ESTRAD 0.1-0.02 MG	1		LIDOCAINE HCL 2% JEL UROJET AC	2	
LEVONOR-ETH ESTRAD 0.15-0.03	1		LIDOCAINE HCL 2% JELLY	2	
LEVONOR-ETH ESTRAD TRIPHASIC	1		LIDOCAINE HCL 2% JELLY URO-JET	2	
LEVONORG 0.15MG-EE 20-25-30MCG	1		LIDOCAINE HCL 4% SOLUTION	2	
LEVONORGESTREL 1.5 MG TABLET	1		LIDOCAINE-PRILOCAINE CREAM	2	
LEVORA-28 TABLET	1		LIFESHIELD BLUNT CANNULA	3	
LEVORPHANOL 2 MG TABLET	5	PA, SRX	LILLOW	1	
LEVORPHANOL 3 MG TABLET	5	PA, SRX	LINDANE	2	
LEVO-T 100 MCG TABLET	2		LINEZOLID 100 MG/5 ML SUSP	4	PA
LEVO-T 112 MCG TABLET	2		LINEZOLID 600 MG TABLET	2	PA
LEVO-T 125 MCG TABLET	2		LIOTHYRONINE SOD 25 MCG TAB	2	
LEVO-T 137 MCG TABLET	2		LIOTHYRONINE SOD 5 MCG TAB	2	
LEVO-T 150 MCG TABLET	2		LIOTHYRONINE SOD 50 MCG TAB	2	
LEVO-T 175 MCG TABLET	2		LISINOPRIL 10 MG TABLET	2	
LEVO-T 200 MCG TABLET	2		LISINOPRIL 2.5 MG TABLET	2	
LEVO-T 25 MCG TABLET	2		LISINOPRIL 20 MG TABLET	2	
LEVO-T 300 MCG TABLET	2		LISINOPRIL 30 MG TABLET	2	
LEVO-T 50 MCG TABLET	2		LISINOPRIL 40 MG TABLET	2	
LEVO-T 75 MCG TABLET	2		LISINOPRIL 5 MG TABLET	2	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
LISINAPRIL-HCTZ 10-12.5 MG TAB	2		LORCET PLUS 7.5-325 MG TABLET	2	PA
LISINAPRIL-HCTZ 20-12.5 MG TAB	2		LORTAB	2	PA
LISINAPRIL-HCTZ 20-25 MG TAB	2		LORYNA 3 MG-0.02 MG TABLET	1	
LITE TOUCH 31GX1/4" PEN NEEDLE	3		LOSARTAN POTASSIUM 100 MG TAB	2	
LITE TOUCH INSULIN 0.5 ML SYR	3		LOSARTAN POTASSIUM 25 MG TAB	2	
LITE TOUCH INSULIN 1 ML SYR	3		LOSARTAN POTASSIUM 50 MG TAB	2	
LITE TOUCH INSULIN SYR 0.3 ML	3		LOSARTAN-HCTZ 100-12.5 MG TAB	2	
LITE TOUCH INSULIN SYR 0.5 ML	3		LOSARTAN-HCTZ 100-25 MG TAB	2	
LITE TOUCH INSULIN SYR 1 ML	3		LOSARTAN-HCTZ 50-12.5 MG TAB	2	
LITE TOUCH PEN NEEDLE 29G	3		LOVASTATIN 10 MG TABLET	2	
LITE TOUCH PEN NEEDLE 31G	3		LOVASTATIN 20 MG TABLET	2	
LITEAIRE	3	QL	LOVASTATIN 40 MG TABLET	2	
LITETOUCH INS 0.3 ML 29GX1/2"	3		LOW-OGESTREL-28 TABLET	1	
LITETOUCH INS 0.3 ML 30GX5/16"	3		LOXAPINE 10 MG CAPSULE	2	
LITETOUCH INS 0.3 ML 31GX5/16"	3		LOXAPINE 25 MG CAPSULE	2	
LITETOUCH INS 0.5 ML 31GX5/16"	3		LOXAPINE 5 MG CAPSULE	2	
LITETOUCH LARGE MASK	3	QL	LOXAPINE 50 MG CAPSULE	2	
LITETOUCH MEDIUM MASK	3	QL	LO-ZUMANDIMINE 3 MG-0.02 MG TB	1	
LITETOUCH SMALL MASK	3	QL	LUBIPROSTONE 24 MCG CAPSULE	4	
LITETOUCH SYR 0.5 ML 28GX1/2"	3		LUBIPROSTONE 8 MCG CAPSULE	4	
LITETOUCH SYR 0.5 ML 29GX1/2"	3		LURASIDONE HCL 120 MG TABLET	4	QL
LITETOUCH SYR 0.5 ML 30GX5/16"	3		LURASIDONE HCL 20 MG TABLET	4	QL
LITETOUCH SYRIN 1 ML 28GX1/2"	3		LURASIDONE HCL 40 MG TABLET	4	QL
LITETOUCH SYRIN 1 ML 29GX1/2"	3		LURASIDONE HCL 60 MG TABLET	4	QL
LITETOUCH SYRIN 1 ML 30GX5/16"	3		LURASIDONE HCL 80 MG TABLET	4	QL
LITHIUM CARBONATE 150 MG CAP	2		LUTERA-28 TABLET	1	
LITHIUM CARBONATE 300 MG CAP	2		LYLEQ 0.35 MG TABLET	1	
LITHIUM CARBONATE 300 MG TAB	2		LYLLANA 0.025 MG PATCH	2	QL
LITHIUM CARBONATE 600 MG CAP	2		LYLLANA 0.0375 MG PATCH	2	QL
LITHIUM CARBONATE ER 300 MG TB	2		LYLLANA 0.05 MG PATCH	2	QL
LITHIUM CARBONATE ER 450 MG TB	2		LYLLANA 0.075 MG PATCH	2	QL
LIVE BETTER PEN NEEDLES 8MM	3		LYLLANA 0.1 MG PATCH	2	QL
LO LOESTRIN FE	3		LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LOJAIMIESS	1		LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LOKELMA 10 GRAM POWDER PACKET	4		LYSODREN	4	LDD
LOKELMA 5 GRAM POWDER PACKET	4		LYZA 0.35 MG TABLET	1	
LOPERAMIDE 2 MG CAPSULE	2		MAGELLAN INSUL SYRINGE 0.3 ML	3	
LOPINA VIR-RITONAVIR 80-20MG/ML	2		MAGELLAN INSUL SYRINGE 0.5 ML	3	
LOPINA VIR-RITONAVR 100-25MG TB	2		MAGELLAN INSULIN SYR 0.3 ML	3	
LOPINA VIR-RITONAVR 200-50MG TB	2		MAGELLAN INSULIN SYR 0.5 ML	3	
LORAZEPAM 0.5 MG TABLET	2		MAGELLAN INSULIN SYRINGE 1 ML	3	
LORAZEPAM 1 MG TABLET	2		MALATHION 0.5% LOTION	2	
LORAZEPAM 2 MG TABLET	2		MAPROTI LINE 25 MG TABLET	2	
LORAZEPAM 2 MG/ML ORAL CONCENT	2		MAPROTI LINE 75 MG TABLET	2	
LORAZEPAM INTENSOL	2		MARLISSA-28 TABLET	1	
LORCET 5-325 MG TABLET	2	PA	MARPLAN 10 MG TABLET	4	
LORCET PLUS 7.5-325 MG TABLET	2	PA	MATZIM LA 180 MG TABLET	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)
MATZIM LA 240 MG TABLET	2		MEMANTINE HCL 5 MG TABLET	2	
MATZIM LA 300 MG TABLET	2		MENACTRA VIAL	1	
MATZIM LA 360 MG TABLET	2		MENEST 0.3 MG TABLET	4	
MATZIM LA 420 MG TABLET	2		MENEST 0.625 MG TABLET	4	
MAXICOMFORT II PEN NDJ 31GX6MM	3		MENEST 1.25 MG TABLET	4	
MAXI-COMFORT INS 0.5 ML 28G	3		MENEST 2.5 MG TABLET	4	
MAXICOMFORT INS 0.5ML 27GX1/2"	3		MENQUADFI VIAL	1	
MAXICOMFORT INS 1 ML 27GX1/2"	3		MENVEO 1 VIAL-A-C-Y-W-135-DIP	1	
MAXI-COMFORT INS 1 ML 28GX1/2"	3		MENVEO A-C-Y-W KIT (2 VIALS)	1	
MAXICOMFORT PEN NDJ 29G X 5MM	3		MEPERIDINE 50 MG TABLET	2	PA
MAXICOMFORT PEN NDJ 29G X 8MM	3		MEPERIDINE 50 MG/5 ML SOLUTION	2	PA
MECLIZINE 12.5 MG TABLET	2		MEPROBAMATE 200 MG TABLET	2	
MECLIZINE 25 MG TABLET	2		MEPROBAMATE 400 MG TABLET	2	
MECLOFENAMATE 100 MG CAPSULE	2		MERCAPTOPYRINE 50 MG TABLET	2	
MECLOFENAMATE 50 MG CAPSULE	2		MERZEE 1 MG-20 MCG CAPSULE	1	
MEDICATION TRANSFER NEEDLE	3		MESALAMINE 4 GM/60 ML ENEMA	4	
MEDISENSE GLUC-KET CONT SOL	3		MESALAMINE 4 GM/60 ML KIT	4	
MEDISENSE H-L CONTROL SOLUTION	3		MESALAMINE 800 MG DR TABLET	4	
MEDISENSE H-M-L CONTROL SOLN	3		MESALAMINE ER 0.375 GRAM CAP	3	
MEDISENSE MID CONTROL SOLUTION	3		MESALAMINE ER 500 MG CAPSULE	4	
MEDPOINT CONTROL SOLUTION	3		MESNEX 400 MG TABLET	5	SRX
MEDROL 2 MG TABLET	4		METAXALL 800 MG TABLET	4	
MEDROXYPROGESTERONE 10 MG TAB	2		METAXALONE 400 MG TABLET	4	
MEDROXYPROGESTERONE 150 MG/ML	1		METAXALONE 800 MG TABLET	4	
MEDROXYPROGESTERONE 2.5 MG TAB	2		METFORMIN HCL 1,000 MG TABLET	2	
MEDROXYPROGESTERONE 5 MG TAB	2		METFORMIN HCL 500 MG TABLET	2	
MEDTRONIC EXT INF SET 23" 6MM	3		METFORMIN HCL 850 MG TABLET	2	
MEDTRONIC EXT INF SET 23" 9MM	3		METFORMIN HCL ER 500 MG TABLET	2	
MEDTRONIC EXT INF SET 32" 9MM	3		METFORMIN HCL ER 750 MG TABLET	2	
MEDTRONIC REMOTE CONTROL	3		METHADONE 10 MG/5 ML SOLUTION	2	PA
MEFENAMIC ACID 250 MG CAPSULE	2		METHADONE 10 MG/ML ORAL CONC	2	PA
MEFLOQUINE HCL 250 MG TABLET	2	QL	METHADONE 5 MG/5 ML SOLUTION	2	PA
MEGESTROL 20 MG TABLET	2		METHADONE HCL 10 MG TABLET	2	PA
MEGESTROL 40 MG TABLET	2		METHADONE HCL 5 MG TABLET	2	PA
MEGESTROL 625 MG/5 ML SUSP	4		METHADONE INTENSOL 10 MG/ML	2	PA
MEGESTROL ACET 40 MG/ML SUSP	2		METHAMPHETAMINE 5 MG TABLET	4	QL
MEGESTROL ACET 400 MG/10 ML	2		METHAZOLAMIDE 25 MG TABLET	2	
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL, SRX	METHAZOLAMIDE 50 MG TABLET	2	
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX	METHENAMINE HIPPI 1 GM TABLET	2	
MEKINIST 2 MG TABLET	5	PA, QL, SRX	METHENAMINE MAND 1 GM TABLET	2	
MELODETTA 24 FE CHEWABLE TAB	1		METHENAMINE MAND 500 MG TABLET	2	
MELOXICAM 15 MG TABLET	2		METHERGINE 0.2 MG TABLET	4	
MELOXICAM 7.5 MG TABLET	2		METHIMAZOLE 10 MG TABLET	2	
MELPHALAN 2 MG TABLET	3		METHIMAZOLE 5 MG TABLET	2	
MEMANTINE 5-10 MG TITRATION PK	2		METHITEST 10 MG TABLET	5	SRX
MEMANTINE HCL 10 MG TABLET	2		METHOCARBAMOL 500 MG TABLET	2	
MEMANTINE HCL 2 MG/ML SOLUTION	2		METHOCARBAMOL 750 MG TABLET	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)
METHOTREXATE 2.5 MG TABLET	2		METHYLPREDNISOLONE 4 MG DOSEPK	2	
METHOXSALLEN 10 MG SOFTGEL	4		METHYLPREDNISOLONE 4 MG TABLET	2	
METHSCOPOLAMINE BROM 2.5 MGTB	2		METHYLPREDNISOLONE 8 MG TABLET	2	
METHSCOPOLAMINE BROM 5 MG TAB	2		METHYLTESTOSTERONE 10 MG CAP	5	SRX
METHSUXIMIDE 300 MG CAPSULE	4		METOCLOPRAMIDE 10 MG TABLET	2	
METHYLDOPA 250 MG TABLET	2		METOCLOPRAMIDE 10 MG/10 ML SOL	2	
METHYLDOPA 500 MG TABLET	2		METOCLOPRAMIDE 5 MG TABLET	2	
METHYLDOPA-HCTZ 250-15 MG TAB	2		METOCLOPRAMIDE 5 MG/5 ML SOLN	2	
METHYLDOPA-HCTZ 250-25 MG TAB	2		METOLAZONE 10 MG TABLET	2	
METHYLERGONOVINE 0.2 MG TABLET	4		METOLAZONE 2.5 MG TABLET	2	
METHYLPHENIDATE 10 MG CHEW TAB	2	QL	METOLAZONE 5 MG TABLET	2	
METHYLPHENIDATE 10 MG TABLET	2	QL	METOPROLOL SUCC ER 100 MG TAB	2	
METHYLPHENIDATE 10 MG/5 ML SOL	2	QL	METOPROLOL SUCC ER 200 MG TAB	2	
METHYLPHENIDATE 2.5 MG CHEW TB	2	QL	METOPROLOL SUCC ER 25 MG TAB	2	
METHYLPHENIDATE 20 MG TABLET	2	QL	METOPROLOL SUCC ER 50 MG TAB	2	
METHYLPHENIDATE 5 MG CHEW TAB	2	QL	METOPROLOL TARTRATE 100 MG TAB	2	
METHYLPHENIDATE 5 MG TABLET	2	QL	METOPROLOL TARTRATE 25 MG TAB	2	
METHYLPHENIDATE 5 MG/5 ML SOLN	2	QL	METOPROLOL TARTRATE 37.5 MG TB	2	
METHYLPHENIDATE CD 10 MG CAP	2	QL	METOPROLOL TARTRATE 50 MG TAB	2	
METHYLPHENIDATE CD 20 MG CAP	2	QL	METOPROLOL TARTRATE 75 MG TAB	2	
METHYLPHENIDATE CD 30 MG CAP	2	QL	METOPROLOL-HCTZ 100-25 MG TAB	2	
METHYLPHENIDATE CD 40 MG CAP	2	QL	METOPROLOL-HCTZ 100-50 MG TAB	2	
METHYLPHENIDATE CD 50 MG CAP	2	QL	METOPROLOL-HCTZ 50-25 MG TAB	2	
METHYLPHENIDATE CD 60 MG CAP	2	QL	METRONIDAZOLE 0.75% CREAM	2	
METHYLPHENIDATE ER 10 MG TAB	2	QL	METRONIDAZOLE 0.75% LOTION	2	
METHYLPHENIDATE ER 18 MG TAB	2	QL	METRONIDAZOLE 250 MG TABLET	2	
METHYLPHENIDATE ER 20 MG TAB	2	QL	METRONIDAZOLE 375 MG CAPSULE	2	
METHYLPHENIDATE ER 27 MG TAB	2	QL	METRONIDAZOLE 500 MG TABLET	2	
METHYLPHENIDATE ER 36 MG TAB	2	QL	METRONIDAZOLE TOP 1% GEL PUMP	2	
METHYLPHENIDATE ER 54 MG TAB	2	QL	METRONIDAZOLE TOPICAL 0.75% GL	2	
METHYLPHENIDATE ER(CD) 10MG CP	2	QL	METRONIDAZOLE TOPICAL 1% GEL	2	
METHYLPHENIDATE ER(CD) 20MG CP	2	QL	METRONIDAZOLE VAGINAL 0.75% GL	2	
METHYLPHENIDATE ER(CD) 30MG CP	2	QL	METYROSINE 250 MG CAPSULE	5	PA, SRX
METHYLPHENIDATE ER(CD) 40MG CP	2	QL	MEXILETINE 150 MG CAPSULE	2	
METHYLPHENIDATE ER(CD) 50MG CP	2	QL	MEXILETINE 200 MG CAPSULE	2	
METHYLPHENIDATE ER(CD) 60MG CP	2	QL	MEXILETINE 250 MG CAPSULE	2	
METHYLPHENIDATE ER(LA) 10MG CP	2	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE ER(LA) 20MG CP	2	QL	MICONAZOLE 3 200 MG VAG SUPP	2	
METHYLPHENIDATE ER(LA) 30MG CP	2	QL	MICROCHAMBER	3	QL
METHYLPHENIDATE ER(LA) 40MG CP	2	QL	MICRODOT HIGH-LOW CONTROL SOL	3	
METHYLPHENIDATE LA 10 MG CAP	2	QL	MICRODOT NORMAL CONTROL SOLUT	3	
METHYLPHENIDATE LA 20 MG CAP	2	QL	MICRODOT PEN NEEDLE 31GX6MM	3	
METHYLPHENIDATE LA 30 MG CAP	2	QL	MICRODOT PEN NEEDLE 32GX4MM	3	
METHYLPHENIDATE LA 40 MG CAP	2	QL	MICRODOT PEN NEEDLE 33GX4MM	3	
METHYLPHENIDATE LA 60 MG CAP	2	QL	MICROGESTIN 21 1.5-30 TAB	1	
METHYLPREDNISOLONE 16 MG TAB	2		MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 32 MG TAB	2		MICROGESTIN 24 FE 1 MG-20 MCG	2	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
MICROGESTIN FE 1.5-30 TAB	1		MINIMED SILHOUETTE INF SET 32"	3	
MICROGESTIN FE 1-20 TABLET	1		MINIMED SILHOUETTE INF SET 43"	3	
MICROLIFE PEAK FLOW METER	3		MINIMED SURE T INF SET 18" 6MM	3	
MICROSPACER FOR AEROSOL DEVICE	3	QL	MINIMED SURE T INF SET 23" 6MM	3	
MIDAZOLAM HCL 10 MG/5 ML SYRUP	2		MINIMED SURE T INF SET 23" 8MM	3	
MIDAZOLAM HCL 2 MG/ML SYRUP	2		MINIMED SURE T INF SET 32" 6MM	3	
MIDAZOLAM HCL 5 MG/2.5 ML SYRUP	2		MINIMED SURE T INF SET 32" 8MM	3	
MIDODRINE HCL 10 MG TABLET	2		MINIMED SURE T INFUSN SET 23"	3	
MIDODRINE HCL 2.5 MG TABLET	2		MINIMED SURE T INFUSN SET 32"	3	
MIDODRINE HCL 5 MG TABLET	2		MINITRAN 0.1 MG/HR PATCH	2	
MIGERGOT 2-100 MG SUPPOSITORY	4		MINITRAN 0.2 MG/HR PATCH	2	
MIGLITOL 100 MG TABLET	2		MINITRAN 0.4 MG/HR PATCH	2	
MIGLITOL 25 MG TABLET	2		MINITRAN 0.6 MG/HR PATCH	2	
MIGLITOL 50 MG TABLET	2		MINI-WRIGHT PEAK FLOW METER	3	
MIGLUSTAT 100 MG CAPSULE	5	PA, SRX	MINOCYCLINE 100 MG CAPSULE	2	
MILI 0.25-0.035 MG TABLET	1		MINOCYCLINE 50 MG CAPSULE	2	
MIMVEY 1-0.5 MG TABLET	2		MINOCYCLINE 75 MG CAPSULE	2	
MINI PEN NEEDLE 32G 4MM	3		MINOCYCLINE HCL 100 MG TABLET	2	
MINI PEN NEEDLE 32G 5MM	3		MINOCYCLINE HCL 50 MG TABLET	2	
MINI PEN NEEDLE 32G 6MM	3		MINOCYCLINE HCL 75 MG TABLET	2	
MINI PEN NEEDLE 32G 8MM	3		MINOXIDIL 10 MG TABLET	2	
MINI PEN NEEDLE 33G 4MM	3		MINOXIDIL 2.5 MG TABLET	2	
MINI PEN NEEDLE 33G 5MM	3		MIO INFUSION SET 18"	3	
MINI PEN NEEDLE 33G 6MM	3		MIO INFUSION SET 23"	3	
MINI ULTRA-THIN II PEN ND 31G	3		MIO INFUSION SET 32"	3	
MINI WRIGHT PEAK FLOW METER	3		MIRTAZAPINE 15 MG ODT	2	
MINIMED INFUSION SET	3		MIRTAZAPINE 15 MG TABLET	2	
MINIMED MIO ADV INFUSN 23"6MM	3		MIRTAZAPINE 30 MG ODT	2	
MINIMED MIO ADV INFUSN 23"9MM	3		MIRTAZAPINE 30 MG TABLET	2	
MINIMED MIO ADV INFUSN 43"6MM	3		MIRTAZAPINE 45 MG ODT	2	
MINIMED MIO ADV INFUSN 43"9MM	3		MIRTAZAPINE 45 MG TABLET	2	
MINIMED MIO INFUSN SET 18" 6MM	3		MIRTAZAPINE 7.5 MG TABLET	2	
MINIMED MIO INFUSN SET 23" 6MM	3		MISOPROSTOL 100 MCG TABLET	2	
MINIMED MIO INFUSN SET 32" 6MM	3		MISOPROSTOL 200 MCG TABLET	2	
MINIMED MIO INFUSN SET 32" 9MM	3		M-M-R II VACCINE VIAL	1	
MINIMED QUICK SET INF 18" 6MM	3		M-NATAL PLUS	2	
MINIMED QUICK SET INF 23" 6MM	3		MODAFINIL 100 MG TABLET	4	PA
MINIMED QUICK SET INF 23" 9MM	3		MODAFINIL 200 MG TABLET	4	PA
MINIMED QUICK SET INF 32" 6MM	3		MODERNA COVID (12Y UP)VAC(EUA)	1	
MINIMED QUICK SET INF 32" 9MM	3		MODERNA COVID BIVAL(6MO UP)EUA	1	
MINIMED QUICK SET INF 43" 6MM	3		MODERNA COVID BIVAL(6MO-5Y)EUA	1	
MINIMED QUICK SET INF 43" 9MM	3		MODERNA COVID(6-11Y) VACC(EUA)	1	
MINIMED QUICK-SETTER	3		MODERNA COVID(6M-5Y) VACC(EUA)	1	
MINIMED RESERVOIR 1.8 ML	3		MODERNA COVID-19 BOOSTER (EUA)	1	
MINIMED RESERVOIR 3 ML	3		MOEXIPRIL HCL 15 MG TABLET	2	
MINIMED SILHOUETTE INF SET 18"	3		MOEXIPRIL HCL 7.5 MG TABLET	2	
MINIMED SILHOUETTE INF SET 23"	3		MOLINDONE HCL 10 MG TABLET	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)
MOLINDONE HCL 25 MG TABLET	2		MONOJECT HYPO NEEDLE 25X1.5	3	
MOLINDONE HCL 5 MG TABLET	2		MONOJECT HYPO NEEDLE 25X5/8	3	
MOMETASONE FUROATE 0.1% CREAM	2		MONOJECT HYPO NEEDLE 26X1.5	3	
MOMETASONE FUROATE 0.1% OINT	2		MONOJECT HYPO NEEDLE 27X0.5	3	
MOMETASONE FUROATE 0.1% SOLN	2		MONOJECT HYPO NEEDLE 30X3/4	3	
MOMETASONE FUROATE 50 MCG SPRY	2	QL	MONOJECT HYPODERMIC NEEDLE	3	
MONDOXYNE NL 100 MG CAPSULE	2		MONOJECT INSUL SYR U100	3	
MONDOXYNE NL 75 MG CAPSULE	2		MONOJECT INSUL SYR U100 0.5 ML	3	
MONOJECT 0.5 ML SYRN 28GX1/2"	3		MONOJECT INSUL SYR U100 1 ML	3	
MONOJECT 1 ML SYRN 27X1/2"	3		MONOJECT INSULIN SAFETY SYRNG	3	
MONOJECT 1 ML SYRN 28GX1/2"	3		MONOJECT INSULIN SYR 0.3 ML	3	
MONOJECT 3 ML SYRINGE 21GX1"	3		MONOJECT INSULIN SYR 0.5 ML	3	
MONOJECT 3 ML SYRINGE 23GX1"	3		MONOJECT INSULIN SYR 1 ML	3	
MONOJECT 3 ML SYRINGE 25GX1"	3		MONOJECT INSULIN SYR U-100	3	
MONOJECT 3 ML SYRN 21GX1"	3		MONOJECT INSULIN SYRN 3/10 ML	3	
MONOJECT 3 ML SYRN 21GX11/2"	3		MONOJECT SYRINGE 0.3 ML	3	
MONOJECT 3 ML SYRN 21GX1-1/2"	3		MONOJECT SYRINGE 0.5 ML	3	
MONOJECT 3 ML SYRN 22GX11/2"	3		MONOJECT SYRINGE 1 ML	3	
MONOJECT 3 ML SYRN 22GX1-1/2"	3		MONOJECT SYRINGE 3 ML 20GX1	3	
MONOJECT 3 ML SYRN 23GX1"	3		MONOJECT SYRINGE 3 ML 22GX1"	3	
MONOJECT 3 ML SYRN 25GX1"	3		MONOJECT SYRN 3 ML 20GX1-1/2"	3	
MONOJECT 3 ML SYRN 25GX1.25"	3		MONOJECT SYRN 3 ML 20GX3/4"	3	
MONOJECT 3 ML SYRN 25GX5/8"	3		MONOJECT SYRNG 20GX1" 3 ML	3	
MONOJECT 3 ML SYRN 27GX1.25"	3		MONO-LINYAH 28 TABLET	1	
MONOJECT 3 ML SYRN 27GX11/4"	3		MONTELUKAST SOD 10 MG TABLET	2	
MONOJECT 6 ML SYRN 20GX11/2"	3		MONTELUKAST SOD 4 MG GRANULES	2	
MONOJECT 6 ML SYRN 21GX1"	3		MONTELUKAST SOD 4 MG TAB CHEW	2	
MONOJECT 6 ML SYRN 21GX11/2"	3		MONTELUKAST SOD 5 MG TAB CHEW	2	
MONOJECT 6 ML SYRN 22GX11/2"	3		MORGIDOX 100 MG CAPSULE	2	
MONOJECT 6CC SAFETY SYRINGE	3		MORGIDOX 50 MG CAPSULE	2	
MONOJECT BLD COL NEEDL 20GX1.5	3		MORPHINE SULF 10 MG SUPPOS	2	PA
MONOJECT BLD COL NEEDLE 20GX1"	3		MORPHINE SULF 10 MG/5 ML SOLN	2	PA
MONOJECT BLD COL NEEDLE 21GX1"	3		MORPHINE SULF 100 MG/5 ML CONC	2	PA
MONOJECT BLD COL NEEDLE 22GX1"	3		MORPHINE SULF 20 MG SUPPOS	2	PA
MONOJECT FILTR 18GX1.5" NEEDLE	3		MORPHINE SULF 20 MG/5 ML SOLN	2	PA
MONOJECT HYPO NDL 27GX1-1/2"	3		MORPHINE SULF 30 MG SUPPOS	2	PA
MONOJECT HYPO NEEDLE 18X1A	3		MORPHINE SULF 5 MG SUPPOS	2	PA
MONOJECT HYPO NEEDLE 19X1	3		MORPHINE SULF ER 100 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 19X1-1/2	3		MORPHINE SULF ER 15 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1	3		MORPHINE SULF ER 200 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1-1/2	3		MORPHINE SULF ER 30 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1	3		MORPHINE SULF ER 60 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1-1/2	3		MORPHINE SULFATE ER 10 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1	3		MORPHINE SULFATE ER 100 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1.5	3		MORPHINE SULFATE ER 120 MG CAP	2	PA
MONOJECT HYPO NEEDLE 23X1	3		MORPHINE SULFATE ER 20 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1	3		MORPHINE SULFATE ER 30 MG CAP	2	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)
MORPHINE SULFATE ER 45 MG CAP	2	PA	MYORISAN 20 MG CAPSULE	4	
MORPHINE SULFATE ER 50 MG CAP	2	PA	MYORISAN 30 MG CAPSULE	4	
MORPHINE SULFATE ER 60 MG CAP	2	PA	MYORISAN 40 MG CAPSULE	4	
MORPHINE SULFATE ER 75 MG CAP	2	PA	NABUMETONE 500 MG TABLET	2	
MORPHINE SULFATE ER 80 MG CAP	2	PA	NABUMETONE 750 MG TABLET	2	
MORPHINE SULFATE ER 90 MG CAP	2	PA	NADOLOL 20 MG TABLET	2	
MORPHINE SULFATE IR 15 MG TAB	2	PA	NADOLOL 40 MG TABLET	2	
MORPHINE SULFATE IR 30 MG TAB	2	PA	NADOLOL 80 MG TABLET	2	
MOXIFLOXACIN 0.5% EYE DROPS	2		NAFTIFINE HCL 1% CREAM	2	
MOXIFLOXACIN 0.5% EYE DRP-VISC	2		NAFTIFINE HCL 1% GEL	2	
MOXIFLOXACIN HCL 400 MG TABLET	2		NAFTIFINE HCL 2% CREAM	2	
MS INS SYR 0.5 ML 29GX1/2"	3		NAFTIFINE HCL 2% GEL	2	
MS INS SYR 1 ML 29GX1/2"	3		NALOXONE 0.4 MG/ML CARPUJECT	2	
MS INS SYRINGE 1 ML 30GX1/2"	3		NALOXONE 2 MG/2 ML SYRINGE	2	
MS INSUL SYR 0.3 ML 31GX5/16"	3		NALOXONE HCL 4 MG NASAL SPRAY	2	QL
MS INSUL SYR 0.5 ML 30GX1/2"	3		NALTREXONE 50 MG TABLET	2	QL
MS INSUL SYR 0.5 ML 31GX5/16"	3		NAPROXEN 250 MG TABLET	2	
MS INSULIN SYR 0.3 ML 29GX1/2"	3		NAPROXEN 375 MG TABLET	2	
MS INSULIN SYR 1 ML 31GX5/16"	3		NAPROXEN 500 MG KIT	2	
MS INSULIN SYRINGE 0.3 ML	3		NAPROXEN 500 MG TABLET	2	
MS PEN NEEDLE 6MM 31G	3		NAPROXEN DR 375 MG TABLET	2	
MULTISTIX REAGENT STRIPS	3		NAPROXEN DR 500 MG TABLET	2	
MULTISTIX 10 SG REAGENT STRIPS	3		NAPROXEN SOD CR 375 MG TABLET	2	
MULTISTIX 5 STRIPS	3		NAPROXEN SOD ER 375 MG TABLET	2	
MULTISTIX 7 REAGENT STRIPS	3		NAPROXEN SODIUM 275 MG TAB	2	
MULTISTIX 8 SG REAGENT STRIPS	3		NAPROXEN SODIUM 550 MG TAB	2	
MULTISTIX 9 REAGENT STRIPS	3		NARATRIPTAN HCL 1 MG TABLET	2	QL
MULTISTIX 9 SG REAGENT STRIPS	3		NARATRIPTAN HCL 2.5 MG TABLET	2	QL
MULTIVIT-FLUOR 0.25 MG TAB CHW	2		NATAZIA 28 TABLET	4	
MULTIVIT-FLUOR 0.25 MG/ML DROP	2		NATEGLINIDE 120 MG TABLET	2	
MULTIVIT-FLUOR 0.5 MG TAB CHEW	2		NATEGLINIDE 60 MG TABLET	2	
MULTIVIT-FLUORIDE 1 MG TAB CHW	2		NATURE-THROID 113.75 MG TABLET	2	
MUPIROCIN 2% CREAM	2		NATURE-THROID 130 MG TABLET	2	
MUPIROCIN 2% OINTMENT	2		NATURE-THROID 146.25 MG TABLET	2	
MY CHOICE 1.5 MG TABLET	1		NATURE-THROID 16.25 MG TABLET	2	
MY WAY 1.5 MG TABLET	1		NATURE-THROID 162.5 MG TABLET	2	
MYCOPHENOLATE 200 MG/ML SUSP	2		NATURE-THROID 195 MG TABLET	2	
MYCOPHENOLATE 250 MG CAPSULE	2		NATURE-THROID 260 MG TABLET	2	
MYCOPHENOLATE 500 MG TABLET	2		NATURE-THROID 32.5 MG TABLET	2	
MYCOPHENOLIC ACID DR 180 MG TB	2		NATURE-THROID 325 MG TABLET	2	
MYCOPHENOLIC ACID DR 360 MG TB	2		NATURE-THROID 48.75 MG TABLET	2	
MYGLUCOHEALTH CONTROL SOLUTION	3		NATURE-THROID 65 MG TABLET	2	
MYNATAL CAPSULE	2		NATURE-THROID 81.25 MG TABLET	2	
MYNATAL PLUS	2		NATURE-THROID 97.5 MG TABLET	2	
MYNATAL ULTRACAPLET	2		NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX
MYNATAL-Z	2		NEBUSAL	2	
MYORISAN 10 MG CAPSULE	4		NECON 0.5-35-28 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)
NEFAZODONE HCL 100 MG TABLET	2		NISOLDIPINE ER 25.5 MG TABLET	2	QL
NEFAZODONE HCL 150 MG TABLET	2		NISOLDIPINE ER 30 MG TABLET	2	QL
NEFAZODONE HCL 200 MG TABLET	2		NISOLDIPINE ER 34 MG TABLET	2	QL
NEFAZODONE HCL 250 MG TABLET	2		NISOLDIPINE ER 40 MG TABLET	2	QL
NEFAZODONE HCL 50 MG TABLET	2		NISOLDIPINE ER 8.5 MG TABLET	2	QL
NEO-BACIT-POLY-HC EYE OINTMENT	2		NITAZOXANIDE 500 MG TABLET	4	PA
NEOMYC-BACIT-POLYMIX EYE OINT	2		NITRO-BID 2% OINTMENT	2	
NEOMYCIN 500 MG TABLET	2		NITROFURANTOIN 25 MG/5 ML SUSP	4	
NEOMYCIN-POLY-HC EYE DROPS	2		NITROFURANTOIN MCR 100 MG CAP	2	
NEOMYC-POLYM-GRAMICID EYE DROP	2		NITROFURANTOIN MCR 25 MG CAP	2	
NEOMYCIN-POLYMYXIN-HC EAR SOLN	2		NITROFURANTOIN MCR 50 MG CAP	2	
NEOMYCIN-POLYMYXIN-HC EAR SUSP	2		NITROFURANTOIN MONO-MCR 100 MG	2	
NEOMYC-POLYM-DEXAMET EYE OINTM	2		NITROGLYCERIN 0.1 MG/HR PATCH	2	
NEOMYC-POLYM-DEXAMETH EYE DROP	2		NITROGLYCERIN 0.2 MG/HR PATCH	2	
NEOMY-POLYMYXIN B 40 MG/ML AMP	2		NITROGLYCERIN 0.3 MG TABLET SL	2	
NEOMY-POLYMYXIN B 40 MG/ML VL	2		NITROGLYCERIN 0.4 MG TABLET SL	2	
NEO-POLYCIN EYE OINTMENT	2		NITROGLYCERIN 0.4 MG/HR PATCH	2	
NEO-POLYCIN HC EYE OINTMENT	2		NITROGLYCERIN 0.6 MG TABLET SL	2	
NEUAC GEL	2		NITROGLYCERIN 0.6 MG/HR PATCH	2	
NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX	NITROGLYCERIN 400 MCG SPRAY	2	
NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX	NITRO-TIME ER 2.5 MG CAPSULE	2	
NEVIRAPINE 200 MG TABLET	2		NITRO-TIME ER 6.5 MG CAPSULE	2	
NEVIRAPINE 50 MG/5 ML SUSP	2		NITRO-TIME ER 9 MG CAPSULE	2	
NEVIRAPINE ER 100 MG TABLET	2		NIVA-PLUS TABLET	2	
NEVIRAPINE ER 400 MG TABLET	2		NIVESTYM 300 MCG/0.5 ML SYRING	5	SRX
NEW DAY	1		NIVESTYM 300 MCG/ML VIAL	5	SRX
NEWGEN	2		NIVESTYM 480 MCG/0.8 ML SYRING	5	SRX
NIACIN ER 1,000 MG TABLET	2		NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NIACIN ER 500 MG TABLET	2		NIZATIDINE 150 MG CAPSULE	2	
NIACIN ER 750 MG TABLET	2		NIZATIDINE 300 MG CAPSULE	2	
NICARDIPINE 20 MG CAPSULE	2		NOKOR ADMIX NEEDLE	3	
NICARDIPINE 30 MG CAPSULE	2		NOLIX 0.05% CREAM	4	
NICOTROL CARTRIDGE INHALER	1		NOLIX 0.05% LOTION	4	
NICOTROL NS 10 MG/ML SPRAY	1		NORA-BE	1	
NIFEDIPINE 10 MG CAPSULE	2		NORDITROPIN FLEXPRO 10 MG/1.5	5	PA, SRX
NIFEDIPINE 20 MG CAPSULE	2		NORDITROPIN FLEXPRO 15 MG/1.5	5	PA, SRX
NIFEDIPINE ER 30 MG TABLET	2		NORDITROPIN FLEXPRO 30 MG/3 ML	5	PA, SRX
NIFEDIPINE ER 60 MG TABLET	2		NORDITROPIN FLEXPRO 5 MG/1.5	5	PA, SRX
NIFEDIPINE ER 90 MG TABLET	2		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	5	SRX	NORETH-EE-FE 1.5-0.03MG(21)-75	1	
NIMODIPINE 30 MG CAPSULE	4		NORETH-EE-FE 1-0.02(21)-75 TAB	1	
NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX	NORETH-EE-FE 1-0.02(24)-75 CAP	1	
NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX	NORETH-EE-FE 1-0.02(24)-75 CHW	1	
NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX	NORETHIND-ETH ESTRAD 0.5-2.5	2	
NISOLDIPINE ER 17 MG TABLET	2	QL	NORETHIND-ETH ESTRAD 1-0.02 MG	1	
NISOLDIPINE ER 20 MG TABLET	2	QL	NORETHINDRONE 0.35 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)
NORETHINDRONE 5 MG TABLET	2		NYSTATIN-TRIAMCINOLONE CREAM	2	
NORETHIN-EE 1.5-0.03 MG(21) TB	1		NYSTATIN-TRIAMCINOLONE OINTM	2	
NORETHIN-ESTRA-FE 0.8-0.025 MG	1		NYSTOP 100,000 UNIT/GM POWDER	2	
NORETHIN-ETH ESTRAD 1 MG-5 MCG	2		NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NORG-EE 0.18-0.215-0.25/0.025	1		OBSTETRIX DHA COMBO PAK	2	
NORG-EE 0.18-0.215-0.25/0.035	1		OBSTETRIX ONE SOFTGEL	2	
NORGESTIMATE-EE 0.25-0.035 MG	1		OCELLA 3 MG-0.03 MG TABLET	1	
NORG-ETHIN ESTRA 0.25-0.035 MG	1		OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA
NORLYDA 0.35 MG TABLET	1		OCTREOTIDE 1,000 MCG/ML VIAL	2	PA
NORPACE CR 100 MG CAPSULE	4		OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA
NORPACE CR 150 MG CAPSULE	4		OCTREOTIDE ACET 0.05 MG/ML VL	2	PA
NORTREL 0.5-35-28 TABLET	1		OCTREOTIDE ACET 100 MCG/ML AMP	2	PA
NORTREL 1-35 21 TABLET	1		OCTREOTIDE ACET 100 MCG/ML SYR	2	PA
NORTREL 1-35 28 TABLET	1		OCTREOTIDE ACET 100 MCG/ML VL	2	PA
NORTREL 7-7-7-28 TABLET	1		OCTREOTIDE ACET 200 MCG/ML VL	2	PA
NORTRIPTYLINE 10 MG/5 ML SOLN	2		OCTREOTIDE ACET 50 MCG/ML AMP	2	PA
NORTRIPTYLINE HCL 10 MG CAP	2		OCTREOTIDE ACET 50 MCG/ML SYR	2	PA
NORTRIPTYLINE HCL 25 MG CAP	2		OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA
NORTRIPTYLINE HCL 50 MG CAP	2		OCTREOTIDE ACET 500 MCG/ML AMP	2	PA
NORTRIPTYLINE HCL 75 MG CAP	2		OCTREOTIDE ACET 500 MCG/ML SYR	2	PA
NORVIR 100 MG POWDER PACKET	3		OCTREOTIDE ACET 500 MCG/ML VL	2	PA
NOVA MAX GLUCOSE CONTROL SOLN	3		ODACTRA 12 SQ-HDM SL TABLET	4	PA, QL
NOVAVAX COVID-19 VACC,ADJ(EUA)	1		ODEFSEY	3	QL
NOVOFINE 32G NEEDLES	3		ODOMZO 200 MG CAPSULE	5	PA, QL, LDD, SRX
NOVOFINE AUTOCOVER 30G NEEDLE	3		OFLOXACIN 0.3% EAR DROPS	2	
NOVOFINE PLUS PEN NDJ 32GX1/6"	3		OFLOXACIN 0.3% EYE DROPS	2	
NOVOPEN 3 INSULIN DEVICE	3		OFLOXACIN 300 MG TABLET	2	
NOVOPEN ECHO INSULIN DEVICE	3		OFLOXACIN 400 MG TABLET	2	
NOVOTWIST NEEDLE 32G 5MM	3		OKEBO 75 MG CAPSULE	2	
NOXAFIL 40 MG/ML SUSPENSION	4		OLANZAPINE 10 MG TABLET	2	
NP THYROID 120 MG TABLET	2		OLANZAPINE 15 MG TABLET	2	
NP THYROID 15 MG TABLET	2		OLANZAPINE 2.5 MG TABLET	2	
NP THYROID 30 MG TABLET	2		OLANZAPINE 20 MG TABLET	2	
NP THYROID 60 MG TABLET	2		OLANZAPINE 5 MG TABLET	2	
NP THYROID 90 MG TABLET	2		OLANZAPINE 7.5 MG TABLET	2	
NUEDEXTA 20-10 MG CAPSULE	4	PA	OLANZAPINE ODT 10 MG TABLET	2	
NYAMYC 100,000 UNIT/GM POWDER	2		OLANZAPINE ODT 15 MG TABLET	2	
NYLIA 1-35 28 TABLET	1		OLANZAPINE ODT 20 MG TABLET	2	
NYLIA 7-7-7-28 TABLET	1		OLANZAPINE ODT 5 MG TABLET	2	
NYMYO 0.25-0.035 MG (28) TAB	1		OLANZAPINE-FLUOXETINE 12-25 MG	2	
NYSTATIN 100,000 UNIT/GM CREAM	2		OLANZAPINE-FLUOXETINE 12-50 MG	2	
NYSTATIN 100,000 UNIT/GM OINT	2		OLANZAPINE-FLUOXETINE 3-25 MG	2	
NYSTATIN 100,000 UNIT/GM POWD	2		OLANZAPINE-FLUOXETINE 6-25 MG	2	
NYSTATIN 100,000 UNIT/ML SUSP	2		OLANZAPINE-FLUOXETINE 6-50 MG	2	
NYSTATIN 500,000 UNIT ORAL TAB	2		OLMESARTAN MEDOXOMIL 20 MG TAB	2	
NYSTATIN 500,000 UNIT/5 ML CUP	2		OLMESARTAN MEDOXOMIL 40 MG TAB	2	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OLMESARTAN MEDOXOMIL 5 MG TAB	2		ONETOUCH ULTRA CONTROL SOLN	3	
OLMESARTAN-HCTZ 20-12.5 MG TAB	2		ONETOUCH ULTRA TEST STRIP	3	
OLMESARTAN-HCTZ 40-12.5 MG TAB	2		ONETOUCH ULTRA2 GLUCOSE SYST	2	
OLMESARTAN-HCTZ 40-25 MG TAB	2		ONETOUCH ULTRASOFT LANCETS	3	
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2		ONETOUCH ULTRASOFT2 30G LANCET	3	
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2		ONETOUCH VERIO FLEX METER	2	
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2		ONETOUCH VERIO HIGH CNTRL SOLN	3	
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2		ONETOUCH VERIO METER	2	
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2		ONETOUCH VERIO MID CNTRL SOLN	3	
OLOPATADINE 665 MCG NASAL SPRY	2		ONETOUCH VERIO REFLECT METER	2	
OLOPATADINE HCL 0.1% EYE DROPS	2		ONETOUCH VERIO TEST STRIP	3	
OLOPATADINE HCL 0.2% EYE DROP	2		ONGLYZA 2.5 MG TABLET	3	QL
OMEGA-3 ETHYL ESTERS 1 GM CAP	2		ONGLYZA 5 MG TABLET	3	QL
OMEPRAZOLE DR 10 MG CAPSULE	2	QL	OPCICON ONE-STEP 1.5 MG TABLET	1	
OMEPRAZOLE DR 20 MG CAPSULE	2	QL	OPIUM TINCTURE 10 MG/ML	2	PA
OMEPRAZOLE DR 40 MG CAPSULE	2	QL	OPTICHAMBER ADULT MASK-LARGE	3	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL	OPTICHAMBER DIAMOND VHC	3	QL
OMNIPOD 5 G6 PODS (GEN 5)	3		OPTICHAMBER DIAMOND W-LRG MASK	3	QL
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL	OPTICHAMBER DIAMOND W-MED MASK	3	QL
OMNIPOD CLASSIC PODS (GEN 3)	3		OPTICHAMBER DIAMOND W-SML MASK	3	QL
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL	OPTION 2 1.5 MG TABLET	1	
OMNIPOD DASH PODS (GEN 4)	3		OPTUMRX GLUCOSE CONTROL SOLN	3	
OMNIPOD GO 10 UNIT/DAY PODS	3		ORALONE 0.1% PASTE	2	
OMNIPOD GO 15 UNIT/DAY PODS	3		ORPHENADRINE ER 100 MG TABLET	2	
OMNIPOD GO 20 UNIT/DAY PODS	3		OSCIMIN 0.125 MG TABLET	2	
OMNIPOD GO 25 UNIT/DAY PODS	3		OSCIMIN SL 0.125 MG TABLET	2	
OMNIPOD GO 30 UNIT/DAY PODS	3		OSCIMIN SR 0.375 MG TABLET	2	
OMNIPOD GO 35 UNIT/DAY PODS	3		OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL
OMNIPOD GO 40 UNIT/DAY PODS	3		OSELTAMIVIR PHOS 30 MG CAPSULE	2	QL
ON CALL EXPRESS CONTROL SOLN	3		OSELTAMIVIR PHOS 45 MG CAPSULE	2	QL
ON CALL PLUS CONTROL	3		OSELTAMIVIR PHOS 75 MG CAPSULE	2	QL
ON CALL VIVID CONTROL	3		OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX
ONDANSETRON 4 MG/5 ML SOLUTION	2		OTEZLA 30 MG TABLET	5	PA, QL, SRX
ONDANSETRON HCL 4 MG TABLET	2		OVAL TAPE	3	
ONDANSETRON HCL 8 MG TABLET	2		OXANDROLONE 10 MG TABLET	4	PA
ONDANSETRON ODT 4 MG TABLET	2		OXANDROLONE 2.5 MG TABLET	4	PA
ONDANSETRON ODT 8 MG TABLET	2		OXAPROZIN 600 MG CAPLET	2	
ONE WAY VALVED MOUTHPIECE	3	QL	OXAPROZIN 600 MG TABLET	2	
ONETOUCH DELICA PLUS 30G LANCT	3		OXAZEPAM 10 MG CAPSULE	2	
ONETOUCH DELICA PLUS 33G LANCT	3		OXAZEPAM 15 MG CAPSULE	2	
ONETOUCH DELICA PLUS LANC DEV	3		OXAZEPAM 30 MG CAPSULE	2	
ONETOUCH DELICA SAF 30G LANCET	3		OXCARBAZEPINE 150 MG TABLET	2	
ONETOUCH SOLUTIONS STARTER	2		OXCARBAZEPINE 300 MG TABLET	2	
ONETOUCH SURESOFT 18G LANC DEV	3		OXCARBAZEPINE 300 MG/5 ML SUSP	2	
ONETOUCH SURESOFT 21G LANC DEV	3		OXCARBAZEPINE 600 MG TABLET	2	
ONETOUCH SURESOFT 28G LANC DEV	3		OXICONAZOLE NITRATE 1% CREAM	3	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
OXYBUTYNIN 5 MG TABLET	2		PARADIGM RESERVOIR 1.8 ML	3	
OXYBUTYNIN 5 MG/5 ML SOLUTION	2		PARADIGM RESERVOIR 3 ML	3	
OXYBUTYNIN 5 MG/5 ML SYRUP	2		PAREGORIC LIQUID	2	
OXYBUTYNIN CL ER 10 MG TABLET	2		PARICALCITOL 1 MCG CAPSULE	2	
OXYBUTYNIN CL ER 15 MG TABLET	2		PARICALCITOL 2 MCG CAPSULE	2	
OXYBUTYNIN CL ER 5 MG TABLET	2		PARICALCITOL 4 MCG CAPSULE	2	
OXYCODONE HCL (IR) 10 MG TAB	2	PA	PAROEX 0.12% ORAL RINSE	2	
OXYCODONE HCL (IR) 15 MG TAB	2	PA	PAROMOMYCIN 250 MG CAPSULE	2	
OXYCODONE HCL (IR) 20 MG TAB	2	PA	PAROXETINE HCL 10 MG TABLET	2	QL
OXYCODONE HCL (IR) 30 MG TAB	2	PA	PAROXETINE HCL 20 MG TABLET	2	QL
OXYCODONE HCL (IR) 5 MG CAP	2	PA	PAROXETINE HCL 30 MG TABLET	2	QL
OXYCODONE HCL (IR) 5 MG TABLET	2	PA	PAROXETINE HCL 40 MG TABLET	2	QL
OXYCODONE HCL 100 MG/5 ML CONC	2	PA	PASER GRANULES 4 GM PACKET	4	
OXYCODONE HCL 5 MG/5 ML SOLN	2	PA	PC UNIFINE PENTIPS 12MM NEEDLE	3	
OXYCODONE HCL-ASPIRIN	2	PA	PC UNIFINE PENTIPS 6MM NEEDLE	3	
OXYCODONE-ACETAMINOPHEN 10-325	2	PA	PC UNIFINE PENTIPS 8MM NEEDLE	3	
OXYCODONE-ACETAMINOPHEN 5-325	2	PA	PEAK-AIR PEAK FLOW METER	3	
OXYCODONE-ACETAMINOPHN 2.5-325	2	PA	PEDIARIX 0.5 ML SYRINGE	1	
OXYCODONE-ACETAMINOPHN 7.5-325	2	PA	PEDIATRIC MEDIUM MASK	3	QL
OXYMORPHONE HCL 10 MG TABLET	2	PA	PEDIATRIC MOUTHPIECE	3	
OXYMORPHONE HCL 5 MG TABLET	2	PA	PEDIATRIC PANDA MASK	3	QL
OXYMORPHONE HCL ER 10 MG TAB	2	PA	PEDIATRIC SMALL MASK	3	QL
OXYMORPHONE HCL ER 15 MG TAB	2	PA	PEDVAXHIB VACCINE VIAL	1	
OXYMORPHONE HCL ER 20 MG TAB	2	PA	PEG 3350-ELECTROLYTE SOLUTION	2	
OXYMORPHONE HCL ER 30 MG TAB	2	PA	PEG3350 100-7.5-2.691-1.01-5.9	2	
OXYMORPHONE HCL ER 40 MG TAB	2	PA	PEG-3350 AND ELECTROLYTES SOLN	2	
OXYMORPHONE HCL ER 5 MG TABLET	2	PA	PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA
OXYMORPHONE HCL ER 7.5 MG TAB	2	PA	PEGASYS 180 MCG/ML VIAL	4	PA
PACERONE 200 MG TABLET	2		PEG-PREP KIT	2	
PALIPERIDONE ER 1.5 MG TABLET	4		PEN NEEDLE 29G 12MM	3	
PALIPERIDONE ER 3 MG TABLET	4		PEN NEEDLE 30G 5MM	3	
PALIPERIDONE ER 6 MG TABLET	4		PEN NEEDLE 30G 8MM	3	
PALIPERIDONE ER 9 MG TABLET	4		PEN NEEDLE 30G X 5/16"	3	
PANCREAZE DR 10,500 UNIT CAP	3		PEN NEEDLE 31G 5MM	3	
PANCREAZE DR 16,800 UNIT CAP	3		PEN NEEDLE 31G 6MM	3	
PANCREAZE DR 2,600 UNIT CAP	3		PEN NEEDLE 31G 8MM	3	
PANCREAZE DR 21,000 UNIT CAP	3		PEN NEEDLE 31G X 1/4"	3	
PANCREAZE DR 37,000 UNIT CAP	3		PEN NEEDLE 31G X 3/16"	3	
PANCREAZE DR 4,200 UNIT CAP	3		PEN NEEDLE 31G X 5/16"	3	
PANDA MASK LARGE	3	QL	PEN NEEDLE 32G 4MM	3	
PANDA MASK MEDIUM	3	QL	PEN NEEDLE 32G X 1/4"	3	
PANDA MASK SMALL	3	QL	PEN NEEDLE 32G X 3/16"	3	
PANRETIN 0.1% GEL	5	SRX	PEN NEEDLE 32G X 5/32"	3	
PANTOPRAZOLE SOD DR 20 MG TAB	2	QL	PEN NEEDLE 33G 4MM	3	
PANTOPRAZOLE SOD DR 40 MG TAB	2	QL	PEN NEEDLE 6MM 31G	3	
PARADIGM REMOTE CONTROL	3		PEN NEEDLES 12MM 29G	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)
PEN NEEDLES 4MM 32G	3		PFIZER COVID-19 VACCINE-PURPLE	1	
PEN NEEDLES 5MM 31G	3		PHASEAL PROTECTOR 14	3	
PEN NEEDLES 6MM 31G	3		PHASEAL PROTECTOR 21	3	
PEN NEEDLES 8MM 31G	3		PHASEAL PROTECTOR 28	3	
PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX	PHASEAL PROTECTOR 50	3	
PENICILLIN VK 125 MG/5 ML SOLN	2		PHENAZOPYRIDINE 100 MG TAB	2	
PENICILLIN VK 250 MG TABLET	2		PHENAZOPYRIDINE 200 MG TAB	2	
PENICILLIN VK 250 MG/5 ML SOLN	2		PHENELZINE SULFATE 15 MG TAB	2	
PENICILLIN VK 500 MG TABLET	2		PHENOBARBITAL 100 MG TABLET	2	
PENTACEL VIAL KIT	1		PHENOBARBITAL 15 MG TABLET	2	
PENTAMIDINE 300 MG INHAL POWDR	3		PHENOBARBITAL 16.2 MG TABLET	2	
PENTAZOCINE-NALOXONE TABLET	2	PA	PHENOBARBITAL 20 MG/5 ML CUP	2	
PENTIPS PEN NEEDLE 29G 12MM	3		PHENOBARBITAL 20 MG/5 ML ELIX	2	
PENTIPS PEN NEEDLE 29GX1/2"	3		PHENOBARBITAL 20 MG/5 ML SOLN	2	
PENTIPS PEN NEEDLE 31G 5MM	3		PHENOBARBITAL 30 MG TABLET	2	
PENTIPS PEN NEEDLE 31G 6MM	3		PHENOBARBITAL 30 MG/7.5 ML CUP	2	
PENTIPS PEN NEEDLE 31G 8MM	3		PHENOBARBITAL 32.4 MG TABLET	2	
PENTIPS PEN NEEDLE 31GX1/4"	3		PHENOBARBITAL 60 MG TABLET	2	
PENTIPS PEN NEEDLE 31GX3/16"	3		PHENOBARBITAL 60 MG/15 ML CUP	2	
PENTIPS PEN NEEDLE 31GX5/16"	3		PHENOBARBITAL 64.8 MG TABLET	2	
PENTIPS PEN NEEDLE 32G 4MM	3		PHENOBARBITAL 97.2 MG TABLET	2	
PENTIPS PEN NEEDLE 32G 6MM	3		PHENOXYBENZAMINE HCL 10 MG CAP	5	SRX
PENTIPS PEN NEEDLE 32GX5/32"	3		PHENYLEPHRINE 10% EYE DROPS	2	
PENTIPS PEN NEEDLE 6MM 31G	3		PHENYLEPHRINE 2.5% EYE DROP	2	
PENTOXIFYLLINE ER 400 MG TAB	2		PHENYTOIN 100 MG/4 ML SUSP	2	
PERINDOPRIL ERBUMINE 2 MG TAB	2		PHENYTOIN 125 MG/5 ML SUSP	2	
PERINDOPRIL ERBUMINE 4 MG TAB	2		PHENYTOIN 50 MG INFATAB CHEW	2	
PERINDOPRIL ERBUMINE 8 MG TAB	2		PHENYTOIN 50 MG TABLET CHEW	2	
PERIOGARD 0.12% ORAL RINSE	2		PHENYTOIN SOD EXT 100 MG CAP	2	
PERMETHRIN 5% CREAM	2		PHENYTOIN SOD EXT 200 MG CAP	2	
PERPHEN-AMITRIP 2 MG-10 MG TAB	2		PHENYTOIN SOD EXT 300 MG CAP	2	
PERPHEN-AMITRIP 2 MG-25 MG TAB	2		PHILITH 0.4-0.035 MG TABLET	1	
PERPHEN-AMITRIP 4 MG-10 MG TAB	2		PHOSPHASAL	2	
PERPHEN-AMITRIP 4 MG-25 MG TAB	2		PHYTONADIONE 5 MG TABLET	4	
PERPHEN-AMITRIP 4 MG-50 MG TAB	2		PIKO 1 FLOW METER	3	
PERPHENAZINE 16 MG TABLET	2		PILOCARPINE 1% EYE DROPS	2	
PERPHENAZINE 2 MG TABLET	2		PILOCARPINE 2% EYE DROPS	2	
PERPHENAZINE 4 MG TABLET	2		PILOCARPINE 4% EYE DROPS	2	
PERPHENAZINE 8 MG TABLET	2		PILOCARPINE HCL 5 MG TABLET	2	
PERSONAL BEST PEAK FLOW MTR	3		PILOCARPINE HCL 7.5 MG TABLET	2	
PFIZER COVID (12Y UP) VAC-GRAY	1		PIMOZIDE 1 MG TABLET	2	
PFIZER COVID (5-11Y) VAC-ORANG	1		PIMOZIDE 2 MG TABLET	2	
PFIZER COVID (6M-4Y)VAC-MAROON	1		PIMTREA 28 DAY TABLET	1	
PFIZER COVID BIVAL (12Y UP)EUA	1		PINDOLOL 10 MG TABLET	2	
PFIZER COVID BIVAL (5-11YR)EUA	1		PINDOLOL 5 MG TABLET	2	
PFIZER COVID BIVAL (6MO-4Y)EUA	1		PIOGLITAZONE HCL 15 MG TABLET	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)
PIOGLITAZONE HCL 30 MG TABLET	2		POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PIOGLITAZONE HCL 45 MG TABLET	2		PORTIA-28 TABLET	1	
PIOGLITAZONE-GLIMEPIRIDE 30-2	2		POSACONAZOLE 200 MG/5 ML SUSP	4	
PIOGLITAZONE-GLIMEPIRIDE 30-4	2		POSACONAZOLE DR 100 MG TABLET	4	QL
PIOGLITAZONE-METFORMIN 15-500	2		POTASSIUM CITRATE ER 10 MEQ TB	2	
PIOGLITAZONE-METFORMIN 15-850	2		POTASSIUM CITRATE ER 15 MEQ TB	2	
PIP GLUCOSE CONTROL SOLUTION	3		POTASSIUM CITRATE ER 5 MEQ TAB	2	
PIP PEN NEEDLE 31G X 5MM	3		POTASSIUM CL 10% (20 MEQ/15ML)	2	
PIP PEN NEEDLE 32G X 4MM	3		POTASSIUM CL 10% (40 MEQ/30ML)	2	
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX	POTASSIUM CL 20 MEQ PACKET	2	
PIRFENIDONE 267 MG TABLET	5	PA, SRX	POTASSIUM CL 20% (40 MEQ/15ML)	2	
PIRFENIDONE 801 MG TABLET	5	PA, SRX	POTASSIUM CL ER 10 MEQ CAPSULE	2	
PIRMELLA 1-35 28 TABLET	1		POTASSIUM CL ER 10 MEQ TABLET	2	
PIRMELLA 7-7-7-28 TABLET	1		POTASSIUM CL ER 15 MEQ TABLET	2	
PIROXICAM 10 MG CAPSULE	2		POTASSIUM CL ER 20 MEQ TABLET	2	
PIROXICAM 20 MG CAPSULE	2		POTASSIUM CL ER 8 MEQ CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4		POTASSIUM CL ER 8 MEQ TABLET	2	
PNEUMOVAX 23 SYRINGE	1		POTASSIUM IODIDE 1 GM/ML SOL	4	
PNEUMOVAX 23 VIAL	1		PR NATAL 400	2	
PNV 29-1	2		PR NATAL 400 EC	2	
PNV PRENATAL PLUS MULTIVIT TAB	2		PR NATAL 430	2	
PNV-DHA	2		PR NATAL 430 EC	2	
PNV-DHA + DOCUSATE	2		PRAMIPEXOLE 0.125 MG TABLET	2	
PNV-OMEGA	2		PRAMIPEXOLE 0.25 MG TABLET	2	
PNV-SELECT	2		PRAMIPEXOLE 0.5 MG TABLET	2	
POCKET CHAMBER	3	QL	PRAMIPEXOLE 0.75 MG TABLET	2	
POCKET PEAK FLOW METER	3		PRAMIPEXOLE 1 MG TABLET	2	
PODOFILOX 0.5% TOPICAL SOLN	2		PRAMIPEXOLE 1.5 MG TABLET	2	
POLY HUB NEEDLE 18GX1"	3		PRAMIPEXOLE ER 0.375 MG TABLET	2	
POLY HUB NEEDLE 18GX1-1/2"	3		PRAMIPEXOLE ER 0.75 MG TABLET	2	
POLY HUB NEEDLE 21GX1"	3		PRAMIPEXOLE ER 1.5 MG TABLET	2	
POLY HUB NEEDLE 21GX1-1/2"	3		PRAMIPEXOLE ER 2.25 MG TABLET	2	
POLY HUB NEEDLE 22GX1"	3		PRAMIPEXOLE ER 3 MG TABLET	2	
POLY HUB NEEDLE 22GX1-1/2"	3		PRAMIPEXOLE ER 3.75 MG TABLET	2	
POLY HUB NEEDLE 23GX1"	3		PRAMIPEXOLE ER 4.5 MG TABLET	2	
POLY HUB NEEDLE 23GX1-1/2"	3		PRASUGREL 10 MG TABLET	2	
POLY HUB NEEDLE 25GX1"	3		PRASUGREL 5 MG TABLET	2	
POLY HUB NEEDLE 25GX1-1/2"	3		PRAVASTATIN SODIUM 10 MG TAB	2	
POLY HUB NEEDLE 25GX5/8"	3		PRAVASTATIN SODIUM 20 MG TAB	2	
POLY HUB NEEDLE 27GX1/2"	3		PRAVASTATIN SODIUM 40 MG TAB	2	
POLY HUB NEEDLE 27GX1-1/4"	3		PRAVASTATIN SODIUM 80 MG TAB	2	
POLY HUB NEEDLE 30GX1/2"	3		PRAZICQUANTEL 600 MG TABLET	2	
POLYCYN EYE OINTMENT	2		PRAZOSIN 1 MG CAPSULE	2	
POLYMYXIN B-TMP EYE DROPS	2		PRAZOSIN 2 MG CAPSULE	2	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX	PRAZOSIN 5 MG CAPSULE	2	
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX	PREDNICARBATE 0.1% CREAM	2	
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX	PREDNICARBATE 0.1% OINTMENT	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)
PREDNISOLONE 15 MG/5 ML SOLN	2		PRENATAL-U	2	
PREDNISOLONE 5 MG/5 ML SOLN	2		PREP EASE ALCOHOL PADS	3	
PREDNISOLONE AC 1% EYE DROP	2		PREPLUS CA-FE 27 MG-FA 1 MGTB	2	
PREDNISOLONE ODT 10 MG TABLET	2		PRETAB 29 MG-1 MG TABLET	2	
PREDNISOLONE ODT 15 MG TABLET	2		PREVALITE PACKET	2	
PREDNISOLONE ODT 30 MG TABLET	2		PREVALITE POWDER	2	
PREDNISOLONE SOD 1% EYE DROP	2		PREVENT PEN NEEDLE 31GX1/4"	3	
PREDNISOLONE SOD PH 25 MG/5 ML	2		PREVENT PEN NEEDLE 31GX5/16"	3	
PREDNISON 1 MG TABLET	2		PREVIFEM TABLET	1	
PREDNISON 10 MG TAB DOSE PACK	2		PREVNAR 13 SYRINGE	1	
PREDNISON 10 MG TABLET	2		PREVNAR 20 SYRINGE	1	
PREDNISON 2.5 MG TABLET	2		PREVYMIS 240 MG TABLET	4	PA, QL
PREDNISON 20 MG TABLET	2		PREVYMIS 480 MG TABLET	4	PA, QL
PREDNISON 5 MG TAB DOSE PACK	2		PREZCOBIX 800 MG-150 MG TABLET	3	
PREDNISON 5 MG TABLET	2		PREZISTA 100 MG/ML SUSPENSION	3	
PREDNISON 5 MG/5 ML SOLUTION	2		PREZISTA 150 MG TABLET	3	
PREDNISON 50 MG TABLET	2		PREZISTA 600 MG TABLET	3	
PREDNISON INTENSOL 5 MG/ML	2		PREZISTA 75 MG TABLET	3	
PREF PLUS INS 0.3 ML 29GX1/2"	3		PREZISTA 800 MG TABLET	3	
PREF PLUS SYR 0.5 ML 30GX5/16"	3		PRIFTIN 150 MG TABLET	4	
PREF PLUS SYRING 1 ML 29GX1/2"	3		PRIMAQUINE 26.3 MG TABLET	2	
PREFERRED PLUS 0.3 ML 30GX5/16"	3		PRIMEAIRE CHAMBER	3	QL
PREFERRED PLUS 0.5 ML 29GX1/2"	3		PRIMIDONE 250 MG TABLET	2	
PREFERRED PLUS SYRINGE 0.5 ML	3		PRIMIDONE 50 MG TABLET	2	
PREFERRED PLUS SYRINGE 1 ML	3		PRIORIX VIAL	1	
PREFEST	2		PRO COMFORT 0.5 ML 30GX1/2"	3	
PREFPLS INS SYR 1 ML 30GX5/16"	3		PRO COMFORT 0.5 ML 30GX5/16"	3	
PREGABALIN 100 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 31GX5/16"	3	
PREGABALIN 150 MG CAPSULE	2	QL	PRO COMFORT 1 ML 30GX1/2"	3	
PREGABALIN 20 MG/ML SOLUTION	2	QL	PRO COMFORT 1 ML 30GX5/16"	3	
PREGABALIN 200 MG CAPSULE	2	QL	PRO COMFORT 1 ML 31GX5/16"	3	
PREGABALIN 225 MG CAPSULE	2	QL	PRO COMFORT PEN NDL 31GX5/16"	3	
PREGABALIN 25 MG CAPSULE	2	QL	PRO COMFORT PEN NDL 32GX 1/4"	3	
PREGABALIN 300 MG CAPSULE	2	QL	PRO COMFORT PEN NDL 4MM 32G	3	
PREGABALIN 50 MG CAPSULE	2	QL	PRO COMFORT PEN NDL 5MM 32G	3	
PREGABALIN 75 MG CAPSULE	2	QL	PRO COMFORT SPACER-ADULT MASK	3	QL
PREHEVBRIO 10 MCG/ML VIAL	1		PRO COMFORT SPACER-CHILD MASK	3	QL
PREN1 TRUE	2		PRO COMFORT SPACER-INFANT MASK	3	QL
PRENAISSANCE	2		PROBENECID 500 MG TABLET	2	
PRENAISSANCE PLUS	2		PROBENECID-COLCHICINE TABLET	2	
PRENATAL 19 CHEWABLE TABLET	2		PROCARE SPACER WITH ADULT MASK	3	QL
PRENATAL 19 TABLET	2		PROCARE SPACER WITH CHILD MASK	3	QL
PRENATAL PLUS IRON TABLET	2		PROCENTRA 5 MG/5 ML SOLUTION	2	QL
PRENATAL PLUS VITAMIN-MINERAL	2		PROCHAMBER HOLDING CHAMBER	3	QL
PRENATAL PLUS-DHA	2		PROCHLORPERAZINE 10 MG TAB	2	
PRENATAL VITAMIN PLUS LOW IRON	2		PROCHLORPERAZINE 25 MG SUPP	2	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
PROCHLORPERAZINE 5 MG TABLET	2		PROPRANOLOL 40 MG/5 ML SOLN	2	
PROCTO-MED HC 2.5% CREAM	2		PROPRANOLOL 60 MG TABLET	2	
PROCTOSOL-HC 2.5% CREAM	2		PROPRANOLOL 80 MG TABLET	2	
PROCTOZONE-HC 2.5% CREAM	2		PROPRANOLOL ER 120 MG CAPSULE	2	
PRODIGY CONTROL SOLUTION	3		PROPRANOLOL ER 160 MG CAPSULE	2	
PRODIGY CONTROL SOLUTION LOW	3		PROPRANOLOL ER 60 MG CAPSULE	2	
PRODIGY INS SYR 1ML 28GX1/2"	3		PROPRANOLOL ER 80 MG CAPSULE	2	
PRODIGY SYRNG 0.5 ML 31GX5/16"	3		PROPRANOLOL-HCTZ 40-25 MG TAB	2	
PRODIGY SYRNGE 0.3ML 31GX5/16"	3		PROPRANOLOL-HCTZ 80-25 MG TAB	2	
PROGESTERONE 100 MG CAPSULE	2		PROPYLTHIOURACIL 50 MG TABLET	2	
PROGESTERONE 200 MG CAPSULE	2		PROQUAD VIAL	1	
PROGRAF 0.2 MG GRANULE PACKET	4		PROTRIPTYLINE HCL 10 MG TABLET	2	
PROGRAF 1 MG GRANULE PACKET	4		PROTRIPTYLINE HCL 5 MG TABLET	2	
PROMACTA 12.5 MG SUSPEN PACKET	5	PA, LDD, SRX	PUB INS SYRIN 0.3 ML 30GX1/2"	3	
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX	PUB INS SYRINGE 1 ML 30GX1/2"	3	
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LDD, SRX	PUB INSUL SYR 0.3 ML 31GX5/16"	3	
PROMACTA 25 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 30GX1/2"	3	
PROMACTA 50 MG TABLET	5	PA, LDD, SRX	PUB INSUL SYR 0.5 ML 31GX5/16"	3	
PROMACTA 75 MG TABLET	5	PA, LDD, SRX	PUB INSULIN SYR 1 ML 31GX5/16"	3	
PROMETHAZINE 12.5 MG SUPPOS	2		PUB PEN 12MM 29G NEEDLES	3	
PROMETHAZINE 12.5 MG TABLET	2		PUB PEN 8MM 31G NEEDLES	3	
PROMETHAZINE 25 MG SUPPOSITORY	2		PUB PEN NEEDLE 6MM 31G	3	
PROMETHAZINE 25 MG TABLET	2		PUB UNIFINE PNTIP PLUS 31GX3/16	3	
PROMETHAZINE 50 MG TABLET	2		PULMOSAL 7% VIAL	2	
PROMETHAZINE 6.25 MG/5 ML SOLN	2		PULMOZYME 1 MG/ML AMPUL	5	PA, SRX
PROMETHAZINE 6.25 MG/5 ML SYRP	2		PURE CMFT SFTY PEN ND 31G 5MM	3	
PROMETHAZINE VC SOLUTION	2		PURE CMFT SFTY PEN ND 31G 6MM	3	
PROMETHAZINE VC-CODEINE SOLN	2	QL	PURE CMFT SFTY PEN ND 32G 4MM	3	
PROMETHAZINE-CODEINE SOLUTION	2	QL	PURE COMFORT PEN ND 32G 4MM	3	
PROMETHAZINE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 5MM	3	
PROMETHAZINE-DM 6.25-15 MG/5ML	2		PURE COMFORT PEN ND 32G 6MM	3	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 8MM	3	
PROMETHAZINE-PHENYLEPHRINE SYR	2		PURE COMFORT SPACER-ADULT MASK	3	QL
PROMETHEGAN 12.5 MG SUPPOS	2		PURECOMFORT PEAK FLOW MTR ADLT	3	
PROMETHEGAN 25 MG SUPPOSITORY	2		PURECOMFORT PEAK FLOW MTR CHLD	3	
PROMETHEGAN 50 MG SUPPOSITORY	2		PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX
PROPAFENONE HCL 150 MG TABLET	2		PV UNIFINE PENTIP PLUS 31GX5MM	3	
PROPAFENONE HCL 225 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX6MM	3	
PROPAFENONE HCL 300 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX8MM	3	
PROPAFENONE HCL ER 225 MG CAP	2		PV UNIFINE PENTIP PLUS 32GX4MM	3	
PROPAFENONE HCL ER 325 MG CAP	2		PV UNIFINE PENTIP PLUS 33GX4MM	3	
PROPAFENONE HCL ER 425 MG CAP	2		PYRAZINAMIDE 500 MG TABLET	2	
PROPARACAINE 0.5% EYE DROPS	2		PYRIDOSTIGMINE 60 MG/5 ML SOLN	5	PA, SRX
PROPRANOLOL 10 MG TABLET	2		PYRIDOSTIGMINE BR 60 MG TABLET	4	
PROPRANOLOL 20 MG TABLET	2		PYRIDOSTIGMINE ER 180 MG TAB	4	
PROPRANOLOL 20 MG/5 ML SOLN	2		QC ALCOHOL 70% SWABS	3	
PROPRANOLOL 40 MG TABLET	2		QC UNIFINE PENTIPS 32GX5/32"	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)
QC UNIFINE PENTIPS 4MM 32G	3		RANITIDINE 150 MG TABLET	2	
QUADRACEL DTAP-IPV SYRINGE	1		RANITIDINE 150 MG/10 ML SYRUP	2	
QUADRACEL DTAP-IPV VIAL	1		RANITIDINE 300 MG CAPSULE	2	
QUAZEPAM 15 MG TABLET	4	PA	RANITIDINE 300 MG TABLET	2	
QUETIAPINE ER 150 MG TABLET	2		RASAGILINE MESYLATE 0.5 MG TAB	2	
QUETIAPINE ER 200 MG TABLET	2		RASAGILINE MESYLATE 1 MG TAB	2	
QUETIAPINE ER 300 MG TABLET	2		RAYA SURE PEN NEEDLE 29G 12MM	3	
QUETIAPINE ER 400 MG TABLET	2		RAYA SURE PEN NEEDLE 31G 4MM	3	
QUETIAPINE ER 50 MG TABLET	2		RAYA SURE PEN NEEDLE 31G 5MM	3	
QUETIAPINE FUMARATE 100 MG TAB	2		RAYA SURE PEN NEEDLE 31G 6MM	3	
QUETIAPINE FUMARATE 200 MG TAB	2		RECLIPSEN 28 DAY TABLET	1	
QUETIAPINE FUMARATE 25 MG TAB	2		RECOMBIVAX HB 10 MCG/ML SYR	1	
QUETIAPINE FUMARATE 300 MG TAB	2		RECOMBIVAX HB 10 MCG/ML VIAL	1	
QUETIAPINE FUMARATE 400 MG TAB	2		RECOMBIVAX HB 40 MCG/ML VIAL	1	
QUETIAPINE FUMARATE 50 MG TAB	2		RECOMBIVAX HB 5 MCG/0.5 ML SYR	1	
QUICK RELEASE TEFLN CANNULA	3		RECOMBIVAX HB 5 MCG/0.5 ML VL	1	
QUICK-SET PARADIGM SET 18"	3		RECTIV 0.4% OINTMENT	4	
QUICK-SET PARADIGM SET 32"	3		REFUAH PLUS CONTROL SOLUTION	3	
QUINAPRIL 10 MG TABLET	2		REGANEX 0.01% GEL	4	PA, QL
QUINAPRIL 20 MG TABLET	2		RELENZA 5 MG DISKHALER	4	QL
QUINAPRIL 40 MG TABLET	2		RELI ON 31G X 1/4" NEEDLES	3	
QUINAPRIL 5 MG TABLET	2		RELION ALCOHOL 70% SWABS	3	
QUINAPRIL-HCTZ 10-12.5 MG TAB	2		RELION INS SYR 0.3 ML 29GX1/2"	3	
QUINAPRIL-HCTZ 20-12.5 MG TAB	2		RELION INS SYR 0.3 ML 31GX6MM	3	
QUINAPRIL-HCTZ 20-25 MG TAB	2		RELION INS SYR 0.5 ML 29GX1/2"	3	
QUINIDINE GLUC ER 324 MG TAB	2		RELION INS SYR 0.5 ML 31GX6MM	3	
QUINIDINE SULFATE 200 MG TAB	2		RELION INS SYR 1 ML 29GX1/2"	3	
QUINIDINE SULFATE 300 MG TAB	2		RELION INS SYR 1 ML 30GX5/16"	3	
QUININE SULFATE 324 MG CAPSULE	2		RELION INS SYR 1 ML 31GX15/64"	3	
QVAR REDHALER 40 MCG	3		RELION INS SYR 1 ML 31GX5/16"	3	
QVAR REDHALER 80 MCG	3		RELION INSULIN SYR 0.5 ML	3	
RA ALCOHOL SWABS	3		RELION KETONE TEST STRIP	3	
RA INS SYR 0.5 ML 29GX1/2"	3		RELION MINI PEN 31G X 1/4" NDL	3	
RA INS SYR 0.5 ML 30GX5/16"	3		RELION PEN 29G NEEDLE	3	
RA INS SYR 1 ML 29GX1/2"	3		RELION PEN 31G NEEDLE	3	
RA INS SYR 1 ML 30GX5/16"	3		RELION PEN NEEDLE 29GX1/2"	3	
RA PEN NEEDLE 31GX3/16"	3		RELION PEN NEEDLE 31G 6MM	3	
RA PEN NEEDLE 31GX5/16"	3		RELION PEN NEEDLE 31GX1/4"	3	
RABEPRAZOLE SOD DR 20 MG TAB	2	QL	RELION PEN NEEDLE 31GX5/16"	3	
RALOXIFENE HCL 60 MG TABLET	1		RELION PEN NEEDLE 32GX5/32"	3	
RAMELTEON 8 MG TABLET	3	QL	RELION PEN NEEDLES 32GX5/32"	3	
RAMIPRIL 1.25 MG CAPSULE	2		RELION SYR 0.5 ML 30GX5/16"	3	
RAMIPRIL 10 MG CAPSULE	2		RELION SYRING 0.3 ML 31GX5/16"	3	
RAMIPRIL 2.5 MG CAPSULE	2		RELION SYRING 0.5 ML 31GX5/16"	3	
RAMIPRIL 5 MG CAPSULE	2		RELISTOR 12 MG/0.6 ML SYRINGE	4	PA
RANITIDINE 15 MG/ML SYRUP	2		RELISTOR 12 MG/0.6 ML VIAL	4	PA
RANITIDINE 150 MG CAPSULE	2		RELISTOR 150 MG TABLET	4	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)
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RISPERIDONE 3 MG ODT	2	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 3 MG TABLET	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 4 MG ODT	2	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 4 MG TABLET	2	
REPAGLINIDE-METFORMIN 1-500 MG	2		RITEFLO SPACER	3	QL
REPAGLINIDE-METFORMIN 2-500 MG	2		RITONAVIR 100 MG TABLET	2	
REPATHA 140 MG/ML SURECLICK	5	PA, SRX	RIVASTIGMINE 1.5 MG CAPSULE	2	
REPATHA PUSHTRONEX	5	PA, SRX	RIVASTIGMINE 13.3 MG/24HR PTCH	2	
REPATHA SYRINGE	5	PA, SRX	RIVASTIGMINE 3 MG CAPSULE	2	
REPLACEMENT PEDIATRIC MONITOR	3		RIVASTIGMINE 4.5 MG CAPSULE	2	
REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.6 MG/24HR PATCH	2	
REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 6 MG CAPSULE	2	
REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 9.5 MG/24HR PATCH	2	
REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX	RIVELSA TABLET	1	
REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX	RIZATRIPTAN 10 MG ODT	2	QL
REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX	RIZATRIPTAN 10 MG TABLET	2	QL
REYATAZ 50 MG POWDER PACKET	3		RIZATRIPTAN 5 MG ODT	2	QL
RIBASPHERE 200 MG CAPSULE	4		RIZATRIPTAN 5 MG TABLET	2	QL
RIBASPHERE 600 MG TABLET	4		R-NATAL OB	2	
RIBAVIRIN 200 MG CAPSULE	4		ROPINIROLE HCL 0.25 MG TABLET	2	
RIBAVIRIN 200 MG TABLET	4		ROPINIROLE HCL 0.5 MG TABLET	2	
RIFABUTIN 150 MG CAPSULE	3		ROPINIROLE HCL 1 MG TABLET	2	
RIFAMATE	4		ROPINIROLE HCL 2 MG TABLET	2	
RIFAMPIN 150 MG CAPSULE	2		ROPINIROLE HCL 3 MG TABLET	2	
RIFAMPIN 300 MG CAPSULE	2		ROPINIROLE HCL 4 MG TABLET	2	
RIGHTEST CONTROL SOLN NORMAL	3		ROPINIROLE HCL 5 MG TABLET	2	
RIGHTEST CONTROL SOLUTION HIGH	3		ROPINIROLE HCL ER 12 MG TABLET	2	
RILUZOLE 50 MG TABLET	5	SRX	ROPINIROLE HCL ER 2 MG TABLET	2	
RIMANTADINE HCL 100 MG TABLET	2		ROPINIROLE HCL ER 4 MG TABLET	2	
RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX	ROPINIROLE HCL ER 6 MG TABLET	2	
RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX	ROPINIROLE HCL ER 8 MG TABLET	2	
RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX	ROSADAN 0.75% CREAM	2	
RISEDRONATE SOD DR 35 MG TAB	2		ROSADAN 0.75% GEL	2	
RISEDRONATE SODIUM 150 MG TAB	2		ROSUVASTATIN CALCIUM 10 MG TAB	2	
RISEDRONATE SODIUM 30 MG TAB	2		ROSUVASTATIN CALCIUM 20 MG TAB	2	
RISEDRONATE SODIUM 35 MG TAB	2		ROSUVASTATIN CALCIUM 40 MG TAB	2	
RISEDRONATE SODIUM 5 MG TABLET	2		ROSUVASTATIN CALCIUM 5 MG TAB	2	
RISPERIDONE 0.25 MG ODT	2		ROTARIX VACCINE ORAL SYRINGE	1	
RISPERIDONE 0.25 MG TABLET	2		ROTARIX VACCINE SUSPENSION	1	
RISPERIDONE 0.5 MG ODT	2		ROTATEQ VACCINE	1	
RISPERIDONE 0.5 MG TABLET	2		ROWEEPPRA 1,000 MG TABLET	2	
RISPERIDONE 1 MG ODT	2		ROWEEPPRA 500 MG TABLET	2	
RISPERIDONE 1 MG TABLET	2		ROWEEPPRA 750 MG TABLET	2	
RISPERIDONE 1 MG/ML SOLUTION	2		RUFINAMIDE 200 MG TABLET	4	PA, QL
RISPERIDONE 2 MG ODT	2		RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL
RISPERIDONE 2 MG TABLET	2		RUFINAMIDE 400 MG TABLET	4	PA, 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)
SAFESNAP INSUL SYRINGE 0.3 ML	3		SIL-SERTER INFUSION SET	3	
SAFESNAP INSUL SYRINGE 0.5 ML	3		SILVER NITRATE 0.5% SOLN	2	
SAFESNAP INSULIN SYRINGE 1 ML	3		SILVER NITRATE 10% SOLUTION	2	
SAFETY PEN NEEDLE 31G 4MM	3		SILVER NITRATE 25% SOLUTION	2	
SAFETY PEN NEEDLE 31G 5MM	3		SILVER NITRATE 50% SOLUTION	2	
SAFETY PEN NEEDLE 5MM X 31G	3		SILVER SULFADIAZINE 1% CREAM	2	
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	SIMLANDI	5	PA, QL, SRX
SALICYLIC ACID 27.5% LIQUID	2		SIMLIYA 28 DAY TABLET	1	
SALSALATE 500 MG TABLET	2		SIMPESSE 0.15-0.03-0.01 MGTAB	1	
SALSALATE 750 MG TABLET	2		SIMVASTATIN 10 MG TABLET	2	
SANTYL OINTMENT	4	PA, QL	SIMVASTATIN 20 MG TABLET	2	
SAPROPTERIN 100 MG POWDER PKT	5	PA, SRX	SIMVASTATIN 40 MG TABLET	2	
SAPROPTERIN 100 MG TABLET	5	PA, SRX	SIMVASTATIN 5 MG TABLET	2	
SAPROPTERIN 500 MG POWDER PKT	5	PA, SRX	SIMVASTATIN 80 MG TABLET	2	QL
SCOPOLAMINE 1 MG/3 DAY PATCH	2		SIROLIMUS 0.5 MG TABLET	2	
SECONAL SODIUM 100 MG CAPSULE	4		SIROLIMUS 1 MG TABLET	2	
SECURESAFE PEN NDL 30GX5/16"	3		SIROLIMUS 1 MG/ML SOLUTION	5	SRX
SECURESAFE SYR 0.5 ML 29G 1/2"	3		SIROLIMUS 2 MG TABLET	2	
SECURESAFE SYRNG 1 ML 29G 1/2"	3		SIRTURO 100 MG TABLET	4	PA, LDD
SELEGILINE HCL 5 MG CAPSULE	2		SIRTURO 20 MG TABLET	4	PA, LDD
SELEGILINE HCL 5 MG TABLET	2		SKY SAFETY PEN NEEDLE 30G 5MM	3	
SELENIUM SULFIDE 2.25% SHAMPOO	2		SKY SAFETY PEN NEEDLE 30G 8MM	3	
SELENIUM SULFIDE 2.5% LOTION	2		SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX
SE-NATAL-19 TABLET	2		SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX
SE-NATAL 19 CHEWABLE TABLET	2		SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX
SEN-SERTER	3		SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX
SEREVENT DISKUS 50 MCG	3	QL	SLYND 4 MG TABLET	4	
SERTRALINE 20 MG/ML ORAL CONC	2	QL	SM INS SYR 0.5 ML 29GX1/2"	3	
SERTRALINE HCL 100 MG TABLET	2	QL	SM INS SYR 0.5 ML 30GX5/16"	3	
SERTRALINE HCL 25 MG TABLET	2	QL	SM INS SYR 1 ML 29GX1/2"	3	
SERTRALINE HCL 50 MG TABLET	2	QL	SM INS SYRINGE 0.3 ML 30GX5/16"	3	
SETLAKIN 0.15 MG-0.03 MG TAB	1		SM INS SYRINGE 1 ML 28GX1/2"	3	
SEVELAMER CARBONATE 800 MG TAB	4		SM INS SYRINGE 1 ML 30GX5/16"	3	
SF 1.1% GEL	2		SM INSUL SYR 0.3 ML 31GX5/16"	3	
SF 5000 PLUS CREAM	2		SM INSUL SYR 0.5 ML 31GX5/16"	3	
SHAROBEL 0.35 MG TABLET	1		SM INSULIN SYR 0.3 ML 29GX1/2"	3	
SHINGRIX VIAL KIT	1	QL	SM INSULIN SYR 0.5 ML 28GX1/2"	3	
SHOPKO UNIFINE PENTIPS 4MM 32G	3		SM INSULIN SYR 1 ML 31GX5/16"	3	
SHOPKO UNIFINE PENTIPS 5MM 31G	3		SMARTEST CONTROL SOLUTION	3	
SHOPKO UNIFINE PENTIPS 8MM 31G	3		SOD POLYSTYREN SULF 15 G/60 ML	2	
SHOPKO UNIFINE PNTIPS 12MM 29G	3		SODIUM CHLORIDE 0.9% INHAL VL	2	
SIDESTREAM PEDIATRIC FACE MASK	3	QL	SODIUM CHLORIDE 0.9% IRRIG	2	
SILDENAFIL 20 MG TABLET	5	PA, SRX	SODIUM CHLORIDE 0.9% IRRIG.	2	
SILHOUETTE INFUSION SET 23"	3		SODIUM CHLORIDE 0.9% PRCSS SOL	2	
SILHOUETTE INFUSION SET 43"	3		SODIUM CHLORIDE 10% VIAL	2	
SILICONE MASK-INFANT	3	QL	SODIUM CHLORIDE 3% VIAL	2	
SILICONE MASK-PEDIATRIC	3	QL	SODIUM CHLORIDE 7% 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)
SODIUM FLUORIDE 0.2% RINSE	2		SPIRONOLACTONE 25 MG TABLET	2	
SODIUM FLUORIDE 1.1% CREAM	2		SPIRONOLACTONE 50 MG TABLET	2	
SODIUM FLUORIDE 1.1% GEL	2		SPIRONOLACTONE-HCTZ 25-25 TAB	2	
SODIUM FLUORIDE 5000 DRY MOUTH	2		SPRINTEC 28 DAY TABLET	1	
SODIUM FLUORIDE 5000 PLUS CRM	2		SPRYCEL 100 MG TABLET	5	PA, QL, SRX
SODIUM FLUORIDE 5000 PPM CREAM	2		SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SODIUM FLUORIDE 5000 PPM PASTE	2		SPRYCEL 20 MG TABLET	5	PA, QL, SRX
SODIUM FLUORIDE ENAMEL PROTECT	2		SPRYCEL 50 MG TABLET	5	PA, QL, SRX
SODIUM FLUORIDE SENSITIVE	2		SPRYCEL 70 MG TABLET	5	PA, QL, SRX
SODIUM PHENYLBUTYRATE 500MG TB	5	SRX	SPRYCEL 80 MG TABLET	5	PA, QL, SRX
SODIUM PHENYLBUTYRATE POWDER	5	SRX	SPS 15 GM/60 ML SUSPENSION	2	
SODIUM POLYSTYRENE SULF POWDER	2		SPS 30 GM/120 ML ENEMA SUSP	2	
SODIUM SULFACETAMIDE 10% LOTN	2		SRONYX 0.10-0.02 MG TABLET	1	
SOFOSBUVIR-VELPATASVIR 400-100	5	PA, QL, SRX	SSKI 1 GM/ML SOLUTION	4	
SOF-SERTER	3		STAVUDINE 40 MG CAPSULE	2	
SOF-SET MICRO INFUSION SET	3		STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
SOF-SET ULTIMATE QR SET	3		STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
SOLIFENACIN 10 MG TABLET	3	QL	STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	3	QL	STERILE WATER FOR IRRIGATION	2	
SOLIQUA 100 UNIT-33 MCG/ML PEN	4		STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
SOLUS V2 CONTROL SOLUTION HIGH	3		STRIBILD	3	QL
SOLUS V2 CONTROL SOLUTION LOW	3		SUBVENITE (BLUE)	2	
SOMAVERT 10 MG VIAL	5	PA, LDD, SRX	SUBVENITE (GREEN)	2	
SOMAVERT 15 MG VIAL	5	PA, LDD, SRX	SUBVENITE (ORANGE)	2	
SOMAVERT 20 MG VIAL	5	PA, LDD, SRX	SUBVENITE 100 MG TABLET	2	
SOMAVERT 25 MG VIAL	5	PA, LDD, SRX	SUBVENITE 150 MG TABLET	2	
SOMAVERT 30 MG VIAL	5	PA, LDD, SRX	SUBVENITE 200 MG TABLET	2	
SORAFENIB 200 MG TABLET	5	PA, QL, SRX	SUBVENITE 25 MG TABLET	2	
SOTALOL 120 MG TABLET	2		SUCRAID 17,000 UNIT/2 ML SOLN	5	LDD, SRX
SOTALOL 160 MG TABLET	2		SUCRAID 8,500 UNIT/ML SOLN	5	LDD, SRX
SOTALOL 240 MG TABLET	2		SUCRALFATE 1 GM TABLET	2	
SOTALOL 80 MG TABLET	2		SULFACETAMIDE 10% EYE DROPS	2	
SOTALOL AF 120 MG TABLET	2		SULFACETAMIDE 10% EYE OINTMENT	2	
SOTALOL AF 160 MG TABLET	2		SULFACETAMIDE SOD 10% TOP SUSP	2	
SOTALOL AF 80 MG TABLET	2		SULF-PRED 10-0.23% EYE DROPS	2	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA	SULFADIAZINE 500 MG TABLET	2	
SOVALDI 150 MG PELLETT PACKET	4	PA, QL	SULFAMETHOXAZOLE-TMP DS TABLET	2	
SOVALDI 200 MG PELLETT PACKET	4	PA, QL	SULFAMETHOXAZOLE-TMP SS TABLET	2	
SOVALDI 200 MG TABLET	4	PA, QL	SULFAMETHOXAZOLE-TMP SUSP	2	
SOVALDI 400 MG TABLET	4	PA, QL	SULFASALAZINE 500 MG TABLET	2	
SPACE CHAMBER	3	QL	SULFASALAZINE DR 500 MG TAB	2	
SPACE CHAMBER-LARGE MASK	3	QL	SULINDAC 150 MG TABLET	2	
SPACE CHAMBER-MEDIUM MASK	3	QL	SULINDAC 200 MG TABLET	2	
SPACE CHAMBER-SMALL MASK	3	QL	SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SPIKEVAX COVID (18Y UP) VACC	1		SUMATRIPTAN 4 MG/0.5 ML CART	2	QL
SPINOSAD 0.9% TOPICAL SUSP	2		SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL
SPIRONOLACTONE 100 MG TABLET	2		SUMATRIPTAN 5 MG NASAL SPRAY	2	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)
SUMATRIPTAN 6 MG/0.5 ML CART	2	QL	SYNTHROID 125 MCG TABLET	4	
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL	SYNTHROID 137 MCG TABLET	4	
SUMATRIPTAN 6 MG/0.5ML AUTOINJ	2	QL	SYNTHROID 150 MCG TABLET	4	
SUMATRIPTAN SUCC 100 MG TABLET	2	QL	SYNTHROID 175 MCG TABLET	4	
SUMATRIPTAN SUCC 25 MG TABLET	2	QL	SYNTHROID 200 MCG TABLET	4	
SUMATRIPTAN SUCC 50 MG TABLET	2	QL	SYNTHROID 25 MCG TABLET	4	
SUNITINIB MALATE 12.5 MG CAP	5	PA, QL, SRX	SYNTHROID 300 MCG TABLET	4	
SUNITINIB MALATE 25 MG CAPSULE	5	PA, QL, SRX	SYNTHROID 50 MCG TABLET	4	
SUNITINIB MALATE 37.5 MG CAP	5	PA, QL, SRX	SYNTHROID 75 MCG TABLET	4	
SUNITINIB MALATE 50 MG CAPSULE	5	PA, QL, SRX	SYNTHROID 88 MCG TABLET	4	
SURE CMFT SFTY PEN NDJ 31G 6MM	3		T:30 INFUSION SET 23" 13MM	3	
SURE CMFT SFTY PEN NDJ 32G 4MM	3		T:30 INFUSION SET 43" 13MM	3	
SURE COMFORT 0.3 ML SYRINGE	3		T:90 INFUSION SET 23" 6MM	3	
SURE COMFORT 0.5 ML SYRINGE	3		T:90 INFUSION SET 23" 9MM	3	
SURE COMFORT 1 ML SYRINGE	3		T:90 INFUSION SET 43" 9MM	3	
SURE COMFORT 3/10 ML SYRINGE	3		T:FLEX 4.8 ML CARTRIDGE	3	
SURE COMFORT 30G PEN NEEDLE	3		T:SLIM 3 ML CARTRIDGE	3	
SURE COMFORT INS 0.3ML 31GX1/4	3		T:SLIM G4 3 ML CARTRIDGE	3	
SURE COMFORT INS 0.5ML 31GX1/4	3		T:SLIM X2 3 ML CARTRIDGE	3	
SURE COMFORT INS 1 ML 31GX1/4"	3		TABLOID 40 MG TABLET	4	PA
SURE COMFORT PEN NDJ 29GX1/2"	3		TACROLIMUS 0.03% OINTMENT	2	
SURE COMFORT PEN NDJ 31G 5MM	3		TACROLIMUS 0.1% OINTMENT	2	
SURE COMFORT PEN NDJ 31G 8MM	3		TACROLIMUS 0.5 MG CAPSULE (IR)	2	
SURE COMFORT PEN NDJ 32G 4MM	3		TACROLIMUS 1 MG CAPSULE (IR)	2	
SURE COMFORT PEN NDJ 32G 6MM	3		TACROLIMUS 5 MG CAPSULE (IR)	2	
SURE-FINE PEN NEEDLES 12.7MM	3		TADALAFIL 20 MG TABLET	5	PA, SRX
SURE-FINE PEN NEEDLES 5MM	3		TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL, SRX
SURE-FINE PEN NEEDLES 8MM	3		TAFINLAR 50 MG CAPSULE	5	PA, QL, LDD, SRX
SURE-JECT INS 0.3 ML 31GX5/16"	3		TAFINLAR 75 MG CAPSULE	5	PA, QL, LDD, SRX
SURE-JECT INS 0.5 ML 31GX5/16"	3		TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX
SURE-JECT INSU SYR U100 0.3 ML	3		TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX
SURE-JECT INSU SYR U100 0.5 ML	3		TAKE ACTION 1.5 MG TABLET	1	
SURE-JECT INSU SYR U100 1 ML	3		TAMOXIFEN 10 MG TABLET	1	
SURE-JECT INSUL SYR U100 1 ML	3		TAMOXIFEN 20 MG TABLET	1	
SURE-JECT INSULIN SYRINGE 1 ML	3		TAMSULOSIN HCL 0.4 MG CAPSULE	2	
SURE-T PARADIGM 18" SET	3		TARINA 24 FE 1 MG-20 MCG TAB	1	
SURE-T PARADIGM 23" SET	3		TARINA FE 1-20 EQ TABLET	1	
SURE-T PARADIGM 32" SET	3		TARINA FE 1-20 TABLET	1	
SURE-TEST EASYPLUS MINI SOLN	3		TARON-C DHA	2	
SYEDA 28 TABLET	1		TARON-PREX PRENATAL	2	
SYMAX FASTABS 0.125 MG TABLET	2		TASIGNA 150 MG CAPSULE	5	PA, QL, SRX
SYMAX-SL 0.125 MG TABLET SL	2		TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
SYMAX-SR 0.375 MG TABLET	2		TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
SYMITUZA 800-150-200-10 MG TAB	3	QL	TAYSOFY 1 MG-20 MCG CAPSULE	1	
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX	TAZAROTENE 0.1% CREAM	2	
SYNTHROID 100 MCG TABLET	4		TAZTIA XT 120 MG CAPSULE	2	
SYNTHROID 112 MCG TABLET	4		TAZTIA XT 180 MG CAPSULE	2	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
TAZTIA XT 240 MG CAPSULE	2		TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX
TAZTIA XT 300 MG CAPSULE	2		TENCON 50-325 MG TABLET	2	
TAZTIA XT 360 MG CAPSULE	2		TENIVAC SYRINGE	1	
TDVAX VIAL	1		TENIVAC VIAL	1	
TECHLITE 0.3 ML 29GX12MM (1/2)	3		TENOFOVIR DISOP FUM 300 MGTB	2	
TECHLITE 0.3 ML 30GX12MM (1/2)	3		TERAZOSIN 1 MG CAPSULE	2	
TECHLITE 0.3 ML 30GX8MM (1/2)	3		TERAZOSIN 10 MG CAPSULE	2	
TECHLITE 0.3 ML 31GX6MM (1/2)	3		TERAZOSIN 2 MG CAPSULE	2	
TECHLITE 0.3 ML 31GX8MM (1/2)	3		TERAZOSIN 5 MG CAPSULE	2	
TECHLITE 0.5 ML 29GX12MM (1/2)	3		TERBINAFINE HCL 250 MG TABLET	2	
TECHLITE 0.5 ML 30GX12MM (1/2)	3		TERBUTALINE SULFATE 2.5 MG TAB	2	
TECHLITE 0.5 ML 30GX8MM (1/2)	3		TERBUTALINE SULFATE 5 MG TAB	2	
TECHLITE 0.5 ML 31GX6MM (1/2)	3		TERCONAZOLE 0.4% CREAM	2	
TECHLITE 0.5 ML 31GX8MM (1/2)	3		TERCONAZOLE 0.8% CREAM	2	
TECHLITE INS SYR 1 ML 29GX12MM	3		TERCONAZOLE 80 MG SUPPOSITORY	2	
TECHLITE INS SYR 1 ML 30GX12MM	3		TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TECHLITE INS SYR 1 ML 30GX8MM	3		TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TECHLITE INS SYR 1 ML 31GX6MM	3		TERUMO INS SYR 0.3 ML 29GX1/2"	3	
TECHLITE INS SYR 1 ML 31GX8MM	3		TERUMO INS SYRINGE U100-1 ML	3	
TECHLITE PEN NEEDLE 29GX1/2"	3		TERUMO INS SYRINGE U100-1/2 ML	3	
TECHLITE PEN NEEDLE 29GX3/8"	3		TERUMO INS SYRINGE U100-1/3 ML	3	
TECHLITE PEN NEEDLE 31GX1/4"	3		TERUMO INS SYRNG U100-1/2 ML	3	
TECHLITE PEN NEEDLE 31GX3/16"	3		TERUMO SURGUARD2 NDL 21GX1 1.5	3	
TECHLITE PEN NEEDLE 31GX5/16"	3		TERUMO SURGUARD2 NDL 22X1-1/2"	3	
TECHLITE PEN NEEDLE 32GX1/4"	3		TERUMO SURGUARD2 NDL 23X1-1/2"	3	
TECHLITE PEN NEEDLE 32GX5/16"	3		TERUMO SURGUARD2 NEEDLE 18GX1"	3	
TECHLITE PEN NEEDLE 32GX5/32"	3		TERUMO SURGUARD2 NEEDLE 18X1.5	3	
TELCARE CONTROL SOLUTION	3		TERUMO SURGUARD2 NEEDLE 19GX1"	3	
TELMISARTAN 20 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 19X1.5	3	
TELMISARTAN 40 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 20GX1"	3	
TELMISARTAN 80 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 20X1.5	3	
TELMISARTAN-AMLODIPINE 40-10	2		TERUMO SURGUARD2 NEEDLE 21GX1"	3	
TELMISARTAN-AMLODIPINE 40-5 MG	2		TERUMO SURGUARD2 NEEDLE 22GX1"	3	
TELMISARTAN-AMLODIPINE 80-10	2		TERUMO SURGUARD2 NEEDLE 23GX1"	3	
TELMISARTAN-AMLODIPINE 80-5 MG	2		TERUMO SURGUARD2 NEEDLE 25GX1"	3	
TELMISARTAN-HCTZ 40-12.5 MGTB	2		TERUMO SURGUARD2 NEEDLE 25X1.5	3	
TELMISARTAN-HCTZ 80-12.5 MGTB	2		TERUMO SURGUARD2 NEEDLE 25X5/8	3	
TELMISARTAN-HCTZ 80-25 MG TAB	2		TERUMO SURGUARD2 NEEDLE 26X1/2	3	
TEMAZEPAM 15 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 27X1/2	3	
TEMAZEPAM 22.5 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 30X1/2	3	
TEMAZEPAM 30 MG CAPSULE	2		TERUMO SYRINGE 3 ML	3	
TEMAZEPAM 7.5 MG CAPSULE	2		TESTOSTERON CYP 1,000 MG/10 ML	2	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX	TESTOSTERON CYP 2,000 MG/10 ML	2	
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX	TESTOSTERON ENAN 1,000 MG/5 ML	2	
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1% (25MG/2.5G) PK	2	QL
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1% (50 MG/5 G) PK	2	QL
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1.62% (2.5 G) PKT	2	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)
TESTOSTERONE 1.62% GEL PUMP	2	QL	THYROID 60 MG TABLET	2	
TESTOSTERONE 1.62%(1.25 G) PKT	2	QL	THYROID 90 MG TABLET	2	
TESTOSTERONE 10 MG GEL PUMP	2	QL	TIADYL ER 120 MG CAPSULE	2	
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL	TIADYL ER 180 MG CAPSULE	2	
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL	TIADYL ER 240 MG CAPSULE	2	
TESTOSTERONE 50 MG/5 GRAM PKT	2	QL	TIADYL ER 300 MG CAPSULE	2	
TESTOSTERONE CYP 1,000 MG/10ML	2		TIADYL ER 360 MG CAPSULE	2	
TESTOSTERONE CYP 1,000 MG/5 ML	2		TIADYL ER 420 MG CAPSULE	2	
TESTOSTERONE CYP 200 MG/ML	2		TIAGABINE HCL 12 MG TABLET	2	
TESTOSTERONE CYP 500 MG/2.5 ML	2		TIAGABINE HCL 16 MG TABLET	2	
TESTOSTERONE CYP 6,000 MG/30ML	2		TIAGABINE HCL 2 MG TABLET	2	
TESTOSTERONE ENAN 200 MG/ML	2		TIAGABINE HCL 4 MG TABLET	2	
TETCAINE 0.5% EYE DROP	2		TILIA FE 28 TABLET	1	
TETRABENZAZINE 12.5 MG TABLET	5	PA, QL, SRX	TIMOLOL 0.25% GEL-SOLUTION	2	
TETRABENZAZINE 25 MG TABLET	5	PA, QL, SRX	TIMOLOL 0.5% GEL-SOLUTION	2	
TETRACAINE 0.5% EYE DROP	2		TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TETRACAINE 0.5% STERI-UNIT SOL	2		TIMOLOL MALEATE 0.25% EYE DROP	2	
TETRACYCLINE 250 MG CAPSULE	2		TIMOLOL MALEATE 0.5% EYE DROPS	2	
TETRACYCLINE 500 MG CAPSULE	2		TIMOLOL MALEATE 10 MG TABLET	2	
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL MALEATE 20 MG TABLET	2	
THALOMID 150 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL MALEATE 5 MG TABLET	2	
THALOMID 200 MG CAPSULE	5	PA, QL, LDD, SRX	TINIDAZOLE 250 MG TABLET	2	
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX	TINIDAZOLE 500 MG TABLET	2	
THEOPHYLLINE 80 MG/15 ML SOLN	2		TIVICAY 10 MG TABLET	3	
THEOPHYLLINE ER 100 MG TABLET	2		TIVICAY 25 MG TABLET	3	
THEOPHYLLINE ER 200 MG TABLET	2		TIVICAY 50 MG TABLET	3	
THEOPHYLLINE ER 300 MG TAB	2		TIVICAY PD 5 MG TAB FOR SUSP	3	
THEOPHYLLINE ER 300 MG TABLET	2		TIZANIDINE HCL 2 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	2		TIZANIDINE HCL 4 MG TABLET	2	
THEOPHYLLINE ER 450 MG TAB	2		TOBRAMYCIN 0.3% EYE DROP	2	
THEOPHYLLINE ER 450 MG TABLET	2		TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX
THEOPHYLLINE ER 600 MG TABLET	2		TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
THINPRO INS SYRIN U100-0.3 ML	3		TOBRAMYCIN-DEXAMETH OPHTH SUSP	2	
THINPRO INS SYRIN U100-0.5 ML	3		TODAY'S HLTH PN NEEDLE 6MM 31G	3	
THINPRO INS SYRIN U100-1 ML	3		TOLCAPONE 100 MG TABLET	5	SRX
THIORIDAZINE 10 MG TABLET	2		TOLMETIN SODIUM 200 MG TAB	2	
THIORIDAZINE 100 MG TABLET	2		TOLMETIN SODIUM 400 MG CAP	2	
THIORIDAZINE 25 MG TABLET	2		TOLMETIN SODIUM 600 MG TAB	2	
THIORIDAZINE 50 MG TABLET	2		TOLTERODINE TART ER 2 MG CAP	2	
THIOTHIXENE 1 MG CAPSULE	2		TOLTERODINE TART ER 4 MG CAP	2	
THIOTHIXENE 10 MG CAPSULE	2		TOLTERODINE TARTRATE 1 MG TAB	2	
THIOTHIXENE 2 MG CAPSULE	2		TOLTERODINE TARTRATE 2 MG TAB	2	
THIOTHIXENE 5 MG CAPSULE	2		TOLVAPTAN 15 MG TABLET	5	PA, SRX
THRIVITE 19	2		TOLVAPTAN 30 MG TABLET	5	PA, SRX
THYROID 120 MG TABLET	2		TOPCARE CLICKFINE 31G X 1/4"	3	
THYROID 15 MG TABLET	2		TOPCARE CLICKFINE 31G X 5/16"	3	
THYROID 30 MG TABLET	2		TOPCARE ULTRA COMFORT SYRINGE	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)
TOPIRAMATE 100 MG TABLET	2		TRETINOIN 0.025% GEL	2	PA, AGE
TOPIRAMATE 15 MG SPRINKLE CAP	2		TRETINOIN 0.05% CREAM	2	PA, AGE
TOPIRAMATE 200 MG TABLET	2		TRETINOIN 0.05% GEL	2	PA, AGE
TOPIRAMATE 25 MG SPRINKLE CAP	2		TRETINOIN 0.1% CREAM	2	PA, AGE
TOPIRAMATE 25 MG TABLET	2		TRETINOIN 10 MG CAPSULE	4	PA
TOPIRAMATE 50 MG TABLET	2		TRETINOIN GEL MICRO 0.04% PUMP	2	PA, AGE
TOPIRAMATE ER 100 MG CAPSULE	2		TRETINOIN GEL MICRO 0.04% TUBE	2	PA, AGE
TOPIRAMATE ER 150 MG CAPSULE	2		TRETINOIN GEL MICRO 0.1% PUMP	2	PA, AGE
TOPIRAMATE ER 200 MG CAPSULE	2		TRETINOIN GEL MICRO 0.1% TUBE	2	PA, AGE
TOPIRAMATE ER 25 MG CAPSULE	2		TRI FEMYNOR 28 TABLET	1	
TOPIRAMATE ER 50 MG CAPSULE	2		TRIAMCINOLONE 0.025% CREAM	2	
TOREMIFENE CITRATE 60 MG TAB	4		TRIAMCINOLONE 0.025% LOTION	2	
TORSEMIDE 10 MG TABLET	2		TRIAMCINOLONE 0.025% OINT	2	
TORSEMIDE 100 MG TABLET	2		TRIAMCINOLONE 0.1% CREAM	2	
TORSEMIDE 20 MG TABLET	2		TRIAMCINOLONE 0.1% LOTION	2	
TORSEMIDE 5 MG TABLET	2		TRIAMCINOLONE 0.1% OINTMENT	2	
TOVET EMOLLIENT 0.05% FOAM	2		TRIAMCINOLONE 0.1% PASTE	2	
TRAMADOL ER 100 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.5% CREAM	2	
TRAMADOL ER 200 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.5% OINTMENT	2	
TRAMADOL ER 300 MG TABLET	2	PA, QL	TRIAMTERENE-HCTZ 37.5-25 MG CP	2	
TRAMADOL HCL 50 MG TABLET	2	QL	TRIAMTERENE-HCTZ 37.5-25 MG TB	2	
TRAMADOL HCL ER 100 MG TABLET	2	PA, QL	TRIAMTERENE-HCTZ 75-50 MG TAB	2	
TRAMADOL HCL ER 150 MG CAPSULE	2	PA, QL	TRIAZOLAM 0.125 MG TABLET	2	
TRAMADOL HCL ER 200 MG TABLET	2	PA, QL	TRIAZOLAM 0.25 MG TABLET	2	
TRAMADOL HCL ER 300 MG TABLET	2	PA, QL	TRIDERM 0.1% CREAM	2	
TRAMADOL-ACETAMINOPHN 37.5-325	2	QL	TRIDERM 0.5% CREAM	2	
TRANDOLAPRIL 1 MG TABLET	2		TRI-ESTARYLLA TABLET	1	
TRANDOLAPRIL 2 MG TABLET	2		TRIFLUOPERAZINE 1 MG TABLET	2	
TRANDOLAPRIL 4 MG TABLET	2		TRIFLUOPERAZINE 10 MG TABLET	2	
TRANDOLAPR-VERAPAM ER 1-240 MG	2		TRIFLUOPERAZINE 2 MG TABLET	2	
TRANDOLAPR-VERAPAM ER 2-180 MG	2		TRIFLUOPERAZINE 5 MG TABLET	2	
TRANDOLAPR-VERAPAM ER 2-240 MG	2		TRIFLURIDINE 1% EYE DROPS	2	
TRANDOLAPR-VERAPAM ER 4-240 MG	2		TRIHENYPHENIDYL 2 MG TABLET	2	
TRANEXAMIC ACID 650 MG TABLET	2		TRIHENYPHENIDYL 2 MG/5 ML SOLN	2	
TRANLYCYPROMINE SULF 10 MG TAB	2		TRIHENYPHENIDYL 5 MG TABLET	2	
TRAVOPROST 0.004% EYE DROP	2		TRIKAFTA 100-50-75 MG/150 MG	5	PA, QL, LDD, SRX
TRAZODONE 100 MG TABLET	2		TRIKAFTA 100-50-75 MG/75MG PKT	5	PA, QL, LDD, SRX
TRAZODONE 150 MG TABLET	2		TRIKAFTA 50-25-37.5 MG/75 MG	5	PA, QL, LDD, SRX
TRAZODONE 300 MG TABLET	2		TRIKAFTA 80-40-60MG/59.5MG PKT	5	PA, QL, LDD, SRX
TRAZODONE 50 MG TABLET	2		TRI-LEGEST FE-28 DAY TABLET	1	
TRECTOR 250 MG TABLET	4		TRI-LINYAH TABLET	1	
TRELEGY ELLIPTA 100-62.5-25	3	QL	TRI-LO-ESTARYLLA TABLET	1	
TRELEGY ELLIPTA 200-62.5-25	3	QL	TRI-LO-MARZIA TABLET	1	
TREMFYA 100 MG/ML INJECTOR	5	PA, QL, SRX	TRI-LO-MILI TABLET	1	
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX	TRI-LO-SPRINTEC TABLET	1	
TRETINOIN 0.01% GEL	2	PA, AGE	TRIMETHOBENZAMIDE 300 MG CAP	2	
TRETINOIN 0.025% CREAM	2	PA, AGE	TRIMETHOPRIM 100 MG TABLET	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)
TRI-MILI 28 TABLET	1		TRUE COMFRT PRO 0.5ML 30G 1/2"	3	
TRIMIPRAMINE MALEATE 100 MG CP	2		TRUE METRIX LEVEL 1 CTRL SOLN	3	
TRIMIPRAMINE MALEATE 25 MG CAP	2		TRUE METRIX LEVEL 2 CTRL SOLN	3	
TRIMIPRAMINE MALEATE 50 MG CAP	2		TRUE METRIX LEVEL 3 CTRL SOLN	3	
TRINATAL RX 1	2		TRUECONTROL GLUCOSE SOLUTION	3	
TRI-NYMYO 28 TABLET	1		TRUEPLUS KETONE TEST STRIP	3	
TRI-PREVIFEM TABLET	1		TRUEPLUS PEN NEEDLE 29G 12MM	3	
TRI-SPRINTEC TABLET	1		TRUEPLUS PEN NEEDLE 29GX1/2"	3	
TRIUMEQ 600-50-300 MG TABLET	3	QL	TRUEPLUS PEN NEEDLE 31G 5MM	3	
TRIUMEQ PD 60-5-30 MG TAB SUSP	3	QL	TRUEPLUS PEN NEEDLE 31G 8MM	3	
TRI-VITE-FLUORIDE 0.25 MG/ML	2		TRUEPLUS PEN NEEDLE 31G X 1/4"	3	
TRI-VITE-FLUORIDE 0.5 MG/ML	2		TRUEPLUS PEN NEEDLE 31GX3/16"	3	
TRI-VIT-FLUOR 0.25 MG/ML DROP	2		TRUEPLUS PEN NEEDLE 31GX5/16"	3	
TRI-VIT-FLUOR 0.5 MG/ML DROP	2		TRUEPLUS PEN NEEDLE 32GX5/32"	3	
TRIVORA-28 TABLET	1		TRUEPLUS SYR 0.3ML 29GX1/2"	3	
TRI-VYLIBRA 28 TABLET	1		TRUEPLUS SYR 0.3ML 30GX5/16"	3	
TRI-VYLIBRA LO TABLET	1		TRUEPLUS SYR 0.3ML 31GX5/16"	3	
TROPICAMIDE 0.5% EYE DROP	2		TRUEPLUS SYR 0.5ML 28GX1/2"	3	
TROPICAMIDE 0.5% EYE DROPS	2		TRUEPLUS SYR 0.5ML 29GX1/2"	3	
TROPICAMIDE 1% EYE DROP	2		TRUEPLUS SYR 0.5ML 30GX5/16"	3	
TROPICAMIDE 1% EYE DROPS	2		TRUEPLUS SYR 0.5ML 31GX5/16"	3	
TROSPIMUM CHLORIDE 20 MG TABLET	2		TRUEPLUS SYR 1ML 28GX1/2"	3	
TROSPIMUM CHLORIDE ER 60 MG CAP	2		TRUEPLUS SYR 1ML 29GX1/2"	3	
TRUE CMFRT PRO 0.5ML 30G 5/16"	3		TRUEPLUS SYR 1ML 30GX5/16"	3	
TRUE CMFRT PRO 0.5ML 31G 5/16"	3		TRUEPLUS SYR 1ML 31GX5/16"	3	
TRUE CMFRT PRO 0.5ML 32G 5/16"	3		TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN NDL 31G 5MM	3		TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN NDL 31G 6MM	3		TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN NDL 32G 4MM	3		TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT 0.5 ML 31GX5/16"	3		TRUMENBA 120 MCG/0.5 ML VACCIN	1	
TRUE COMFORT 1 ML 31GX5/16"	3		TRUST NATAL DHA	2	
TRUE COMFORT PEN NDL 31G 5MM	3		TRUSTEEL INFUSION SET 23" 6MM	3	
TRUE COMFORT PEN NDL 31G 6MM	3		TRUSTEEL INFUSION SET 23" 8MM	3	
TRUE COMFORT PEN NDL 31G 8MM	3		TRUSTEEL INFUSION SET 32" 6MM	3	
TRUE COMFORT PEN NDL 31GX5MM	3		TRUSTEEL INFUSION SET 32" 8MM	3	
TRUE COMFORT PEN NDL 31GX6MM	3		TRUZONE PEAK FLOW METER	3	
TRUE COMFORT PEN NDL 32G 4MM	3		TULANA 0.35 MG TABLET	1	
TRUE COMFORT PEN NDL 32G 5MM	3		TWINRIX VACCINE SYRINGE	1	
TRUE COMFORT PEN NDL 32G 6MM	3		TYBOST 150 MG TABLET	3	
TRUE COMFORT PEN NDL 32GX4MM	3		TYDEMY 3-0.03-0.451 MG TABLET	1	
TRUE COMFORT PEN NDL 33G 4MM	3		TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, QL, SRX
TRUE COMFORT PEN NDL 33G 5MM	3		TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LDD, SRX
TRUE COMFORT PEN NDL 33G 6MM	3		TYVASO INSTITUTIONAL START KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1 ML 30G 1/2"	3		TYVASO REFILL KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 30G 5/16"	3		TYVASO STARTER KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 31G 5/16"	3		UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
TRUE COMFORT PRO 1ML 32G 5/16"	3		UDENYCA 6 MG/0.6 ML AUTOINJECT	5	PA, SRX



## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ULTRACARE PEN NEEDLE 32GX3/16"	3		UNIFINE ULTRA PEN NDL 32G 4MM	3	
ULTRACARE PEN NEEDLE 32GX5/32"	3		UNISTRIP CONTROL SOLUTION HIGH	3	
ULTRACARE PEN NEEDLE 33GX5/32"	3		UNISTRIP CONTROL SOLUTION LOW	3	
ULTRA-THIN II 1 ML 31GX5/16"	3		UNITHROID 100 MCG TABLET	2	
ULTRA-THIN II INS 0.3 ML 30G	3		UNITHROID 112 MCG TABLET	2	
ULTRA-THIN II INS 0.3 ML 31G	3		UNITHROID 125 MCG TABLET	2	
ULTRA-THIN II INS 0.5 ML 29G	3		UNITHROID 137 MCG TABLET	2	
ULTRA-THIN II INS 0.5 ML 30G	3		UNITHROID 150 MCG TABLET	2	
ULTRA-THIN II INS 0.5 ML 31G	3		UNITHROID 175 MCG TABLET	2	
ULTRA-THIN II INS SYR 1 ML 29G	3		UNITHROID 200 MCG TABLET	2	
ULTRA-THIN II INS SYR 1 ML 30G	3		UNITHROID 25 MCG TABLET	2	
ULTRA-THIN II PEN NDL 29GX1/2"	3		UNITHROID 300 MCG TABLET	2	
ULTRA-THIN II PEN NDL 31GX5/16	3		UNITHROID 50 MCG TABLET	2	
ULTRATRAK CONTROL SOL NORMAL	3		UNITHROID 75 MCG TABLET	2	
ULTRATRAK CONTROL SOLUTION	3		UNITHROID 88 MCG TABLET	2	
ULTRATRAK ULTIMATE CNTRL SOLN	3		URISTIX 4	3	
UNIFINE PEN NEEDLE 32G 4MM	3		URISTIX REAGENT	3	
UNIFINE PENTIPS 12MM 29G	3		URSODIOL 250 MG TABLET	2	
UNIFINE PENTIPS 29G 12MM	3		URSODIOL 300 MG CAPSULE	2	
UNIFINE PENTIPS 31G 5MM	3		URSODIOL 500 MG TABLET	2	
UNIFINE PENTIPS 31G 6MM	3		USTELL	2	
UNIFINE PENTIPS 31G 8MM	3		UTIRA-C	2	
UNIFINE PENTIPS 31GX3/16"	3		VALACYCLOVIR HCL 1 GRAM TABLET	2	
UNIFINE PENTIPS 32G 4MM	3		VALACYCLOVIR HCL 500 MG TABLET	2	
UNIFINE PENTIPS 32G 6MM	3		VALGANCICLOVIR 450 MG TABLET	4	
UNIFINE PENTIPS 32GX1/4"	3		VALGANCICLOVIR HCL 50 MG/ML	4	
UNIFINE PENTIPS 32GX5/32"	3		VALPROIC ACID 250 MG CAPSULE	2	
UNIFINE PENTIPS 33GX5/32"	3		VALPROIC ACID 250 MG/5 ML SOLN	2	
UNIFINE PENTIPS 6MM 31G	3		VALPROIC ACID 500 MG/10 ML SOL	2	
UNIFINE PENTIPS 6MM NEEDLE	3		VALSARTAN 160 MG TABLET	2	
UNIFINE PENTIPS 8MM 31G	3		VALSARTAN 320 MG TABLET	2	
UNIFINE PENTIPS 8MM NEEDLE	3		VALSARTAN 40 MG TABLET	2	
UNIFINE PENTIPS MAX 30GX3/16"	3		VALSARTAN 80 MG TABLET	2	
UNIFINE PENTIPS NEEDLES 29G	3		VALSARTAN-HCTZ 160-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 29GX1/2"	3		VALSARTAN-HCTZ 160-25 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX1/4"	3		VALSARTAN-HCTZ 320-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX3/16"	3		VALSARTAN-HCTZ 320-25 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX5/16"	3		VALSARTAN-HCTZ 80-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 32GX5/32"	3		VANADOM 350 MG TABLET	2	
UNIFINE PENTIPS PLUS 33GX5/32"	3		VANCOMYCIN HCL 125 MG CAPSULE	4	QL
UNIFINE PENTIPS PLUS 30GX3/16"	3		VANCOMYCIN HCL 250 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX3/16"	3		VANAZOLE VAGINAL 0.75% GEL	2	
UNIFINE SAFECONTROL 30GX5/16"	3		VANISHPOINT 0.5 ML 30GX1/2" SY	3	
UNIFINE SAFECONTROL 32G 4MM	3		VANISHPOINT 20GX1" 3 ML SYRING	3	
UNIFINE ULTRA PEN NDL 31G 5MM	3		VANISHPOINT 21GX1.5" 3 ML SYR	3	
UNIFINE ULTRA PEN NDL 31G 6MM	3		VANISHPOINT 22GX1" 3 ML SYR	3	
UNIFINE ULTRA PEN NDL 31G 8MM	3		VANISHPOINT 23GX1" 3 ML SYRING	3	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VANISHPOINT 23GX1-1/2 3 ML SYR	3		VERAPAMIL ER 180 MG CAPSULE	2	
VANISHPOINT 25GX1" 3 ML SYRING	3		VERAPAMIL ER 180 MG TABLET	2	
VANISHPOINT 25GX5/8" 3 ML SYR	3		VERAPAMIL ER 240 MG CAPSULE	2	
VANISHPOINT 3 ML 21GX1" SYRING	3		VERAPAMIL ER 240 MG TABLET	2	
VANISHPOINT 3 ML 22GX1.5" SYRG	3		VERAPAMIL ER PM 100 MG CAPSULE	2	
VANISHPOINT INS 1 ML 30GX3/16"	3		VERAPAMIL ER PM 200 MG CAPSULE	2	
VANISHPOINT U-100 29X1/2 SYR	3		VERAPAMIL ER PM 300 MG CAPSULE	2	
VAQTA 25 UNITS/0.5 ML SYRINGE	1		VERAPAMIL SR 120 MG CAPSULE	2	
VAQTA 25 UNITS/0.5 ML VIAL	1		VERAPAMIL SR 180 MG CAPSULE	2	
VAQTA 50 UNITS/ML SYRINGE	1		VERAPAMIL SR 240 MG CAPSULE	2	
VAQTA 50 UNITS/ML VIAL	1		VERAPAMIL SR 360 MG CAPSULE	2	
VARENICLINE STARTING MONTH BOX	1		VERASENS CONTROL SOLN-LEVEL 1	3	
VARENICLINE 0.5 MG TABLET	1		VERIFINE INS SYR 1 ML 29G 1/2"	3	
VARENICLINE 1 MG TABLET	1		VERIFINE PEN NEEDLE 29G 12MM	3	
VARISOFT INFUSION SET 23" 13MM	3		VERIFINE PEN NEEDLE 31G 5MM	3	
VARISOFT INFUSION SET 23" 17MM	3		VERIFINE PEN NEEDLE 31G 8MM	3	
VARISOFT INFUSION SET 32" 13MM	3		VERIFINE PEN NEEDLE 32G 4MM	3	
VARISOFT INFUSION SET 32" 17MM	3		VERIFINE PEN NEEDLE 32G 6MM	3	
VARISOFT INFUSION SET 43" 13MM	3		VERIFINE SYRING 0.5ML 29G 1/2"	3	
VARISOFT INFUSION SET 43" 17MM	3		VERIFINE SYRING 1 ML 31G 5/16"	3	
VARIVAX VACCINE VIAL	1		VERIFINE SYRNG 0.3ML 31G 5/16"	3	
VARIVAX VACCINE WITH DILUENT	1		VERIFINE SYRNG 0.5ML 31G 5/16"	3	
VAXELIS VACCINE SYRINGE	1		VESTURA 3 MG-0.02 MG TABLET	1	
VAXELIS VACCINE VIAL	1		VIENVA-28 TABLET	1	
VAXNEUVANCE 0.5 ML SYRINGE	1		VIGABATRIN 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VELIVET 28 DAY TABLET	1		VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX
VENLIDY 25 MG TABLET	5	PA, SRX	VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VENCLEXTA 10 MG TAB (10MG X 2)	5	PA, QL, LDD, SRX	VINATE ONE	2	
VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX	VIOKACE 10,440-39,150 UNIT TAB	4	
VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX	VIOKACE 10,440-39,150 UNITS TB	4	
VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX	VIOKACE 20,880-78,300 UNITS TB	4	
VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX	VIORELE 28 DAY TABLET	1	
VENLAFAXINE HCL 100 MG TABLET	2	QL	VIREAD 150 MG TABLET	3	
VENLAFAXINE HCL 25 MG TABLET	2	QL	VIREAD 200 MG TABLET	3	
VENLAFAXINE HCL 37.5 MG TABLET	2	QL	VIREAD 250 MG TABLET	3	
VENLAFAXINE HCL 50 MG TABLET	2	QL	VIREAD POWDER	3	
VENLAFAXINE HCL 75 MG TABLET	2	QL	VIRT-C DHA	2	
VENLAFAXINE HCL ER 150 MG CAP	2	QL	VIRT-NATE DHA	2	
VENLAFAXINE HCL ER 37.5 MG CAP	2	QL	VIRT-PN DHA	2	
VENLAFAXINE HCL ER 75 MG CAP	2	QL	VIRT-PN PLUS	2	
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, LDD, SRX	VISTOGARD 10 GRAM PACKET	5	LDD, SRX
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, LDD, SRX	VIT A,C,D-FLUORIDE 0.25 MG/ML	2	
VERAPAMIL 120 MG TABLET	2		VIT A,C,D-FLUORIDE 0.5 MG/ML	2	
VERAPAMIL 40 MG TABLET	2		VITAFOL-OB	2	
VERAPAMIL 80 MG TABLET	2		VITAMIN D2 1.25MG(50,000 UNIT)	2	
VERAPAMIL ER 120 MG CAPSULE	2		VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VERAPAMIL ER 120 MG TABLET	2		VIVAGUARD INO CTRL SOLN-L2	3	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)	Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
VOLNEA 0.15-0.02-0.01 MG TAB	1		WP THYROID 48.75 MG TABLET	3	
VORICONAZOLE 200 MG TABLET	4	PA	WP THYROID 65 MG TABLET	3	
VORICONAZOLE 40 MG/ML SUSP	4	PA	WP THYROID 81.25 MG TABLET	3	
VORICONAZOLE 50 MG TABLET	4	PA	WP THYROID 97.5 MG TABLET	3	
VORTEX ADULT MASK	3	QL	WYMZYA FE 0.4-0.035 MG CHEW TB	1	
VORTEX HOLDING CHAMBER	3	QL	XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX
VORTEX HOLDING CHAMBER-CHILD	3	QL	XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX
VORTEX HOLDING CHAMBER-TODDLER	3	QL	XARELTO 1 MG/ML SUSPENSION	3	PA, QL
VORTEX VHC FROG CHILD MASK	3	QL	XARELTO 10 MG TABLET	3	PA, QL
VORTEX VHC LADYBUG TODDLER MSK	3	QL	XARELTO 15 MG TABLET	3	PA, QL
VOTRIENT 200 MG TABLET	5	PA, QL, SRX	XARELTO 2.5 MG TABLET	3	PA, QL
VRAYLAR 1.5 MG CAPSULE	4	QL, ST	XARELTO 20 MG TABLET	3	PA, QL
VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST	XARELTO DVT-PETREAT START 30D	3	PA, QL
VRAYLAR 3 MG CAPSULE	4	QL, ST	XELJANZ 1 MG/ML SOLUTION	5	PA, QL, SRX
VRAYLAR 4.5 MG CAPSULE	4	QL, ST	XELJANZ 10 MG TABLET	5	PA, QL, SRX
VRAYLAR 6 MG CAPSULE	4	QL, ST	XELJANZ 5 MG TABLET	5	PA, QL, SRX
VYFEMLA 0.4 MG-0.035 MG TABLET	1		XELJANZ XR 11 MG TABLET	5	PA, QL, SRX
VYLIBRA 28 TABLET	1		XELJANZ XR 22 MG TABLET	5	PA, QL, SRX
WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX	XIFAXAN 550 MG TABLET	4	PA, QL
WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX	XIGDUO XR 10 MG-1,000 MG TAB	3	QL
WARFARIN SODIUM 1 MG TABLET	2		XIGDUO XR 10 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 10 MG TABLET	2		XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL
WARFARIN SODIUM 2 MG TABLET	2		XIGDUO XR 5 MG-1,000 MG TABLET	3	QL
WARFARIN SODIUM 2.5 MG TABLET	2		XIGDUO XR 5 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 3 MG TABLET	2		XOLAIR 150 MG/1.2 ML POWDER VL	5	PA, LDD, SRX
WARFARIN SODIUM 4 MG TABLET	2		XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 5 MG TABLET	2		XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 6 MG TABLET	2		XTAMPZA ER 13.5 MG CAPSULE	3	PA
WARFARIN SODIUM 7.5 MG TABLET	2		XTAMPZA ER 18 MG CAPSULE	3	PA
WAVESENSE CONTROL SOLN NORMAL	3		XTAMPZA ER 27 MG CAPSULE	3	PA
WERA 0.5/0.035 MG 28 TABLET	1		XTAMPZA ER 36 MG CAPSULE	3	PA
WESCAP-PN DHA	2		XTAMPZA ER 9 MG CAPSULE	3	PA
WESNATE DHA	2		XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
WESTAB PLUS	2		XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
WESTHROID 32.5 MG TABLET	2		XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
WESTHROID 65 MG TABLET	2		XULANE 150-35 MCG/DAY PATCH	1	
WIXELA 100-50 INHUB	2	QL	YALE NEEDLES 21GX1.25"	3	
WIXELA 250-50 INHUB	2	QL	YOURX ULTICARE PEN ND 4MM 32G	3	
WIXELA 500-50 INHUB	2	QL	YOURX ULTICARE PEN ND 6MM 31G	3	
WM UNIFINE PENTIP PLUS 4MM 32G	3		YOURX ULTICARE PEN ND 8MM 31G	3	
WM UNIFINE PENTIP PLUS 5MM 31G	3		YUVAFEM 10 MCG VAGINAL INSERT	2	QL
WM UNIFINE PENTIP PLUS 6MM 31G	3		ZAFEMY 150-35 MCG/DAY PATCH	1	
WM UNIFINE PENTIP PLUS 8MM 31G	3		ZAFIRLUKAST 10 MG TABLET	2	
WP THYROID 113.75 MG TABLET	3		ZAFIRLUKAST 20 MG TABLET	2	
WP THYROID 130 MG TABLET	3		ZALEPLON 10 MG CAPSULE	2	
WP THYROID 16.25 MG TABLET	3		ZALEPLON 5 MG CAPSULE	2	
WP THYROID 32.5 MG TABLET	3		ZARAH TABLET	1	

## 2024 Cigna Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes (PA, ST, QL, AGE, SRX, LDD)
ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
ZATEAN-PN DHA	2	
ZATEAN-PN PLUS	2	
ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
ZENATANE 10 MG CAPSULE	4	
ZENATANE 20 MG CAPSULE	4	
ZENATANE 30 MG CAPSULE	4	
ZENATANE 40 MG CAPSULE	4	
ZENZEDI 10 MG TABLET	2	QL
ZENZEDI 5 MG TABLET	2	QL
ZETONNA 37 MCG NASAL SPRAY	4	ST
ZIDOVUDINE 100 MG CAPSULE	2	
ZIDOVUDINE 300 MG TABLET	2	
ZIDOVUDINE 50 MG/5 ML SYRUP	2	
ZIPRASIDONE HCL 20 MG CAPSULE	2	
ZIPRASIDONE HCL 40 MG CAPSULE	2	
ZIPRASIDONE HCL 60 MG CAPSULE	2	
ZIPRASIDONE HCL 80 MG CAPSULE	2	
ZOLADEX 10.8 MG IMPLANT SYRN	5	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM TART ER 12.5 MG TAB	2	
ZOLPIDEM TART ER 6.25 MG TAB	2	
ZOLPIDEM TARTRATE 10 MG TABLET	2	
ZOLPIDEM TARTRATE 5 MG TABLET	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZOSTAVAX VIAL	1	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX

## Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. Medications that:

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

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

A. Medications that are often:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**A.** Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Express Scripts® Pharmacy for maintenance medications

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

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

Here are three easy ways to get started.

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

#### Accredo® for specialty medications

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

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

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

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

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

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

## Exclusions and Limitations: What is Not Covered by This Policy

### Excluded Services

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

- Services obtained from a Non-Participating/Out-of-Network Provider, except for treatment of an Emergency Medical Condition.
- Any amounts in excess of maximum benefit limitations of Covered Expenses stated in this Policy.
- Services not specifically listed as Covered Services in this Policy.
- Services or supplies that are not Medically Necessary.
- Services or supplies that are considered to be for Experimental Procedures or Investigational Procedures or Unproven Procedures.
- Services received before the Effective Date of coverage.
- Services received after coverage under this Policy ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have health plan or insurance coverage.
- 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 Insured Person does not claim those benefits.
- Conditions caused by: (a) an act of war (declared or undeclared); (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the military service of any country; (d) an Insured Person participating in an insurrection, rebellion, or riot, unless it occurred during a community protest; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a felony (whether or not charged) or as a direct result of the Insured Person being engaged in an illegal occupation.
- Any services provided by a local, state or federal government agency, except when payment under this Policy is expressly required by federal or state law.
- Any services required by state or federal law to be supplied by a public school system or school district.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid or medical assistance benefits under the Colorado Medical Assistance Act, Title 25.5, Articles 4, 5, and 6, C.R.S.). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
- If the Insured Person is enrolled in Medicare part A, B, C or D, Cigna Healthcare will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna Healthcare would have paid if it were the sole insurance carrier.
- Court-ordered treatment or hospitalization, unless such treatment is medically necessary and listed as covered in this Policy.
- Professional services or supplies received or purchased from Yourself or 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.
- Services of a Hospital emergency room for any condition that is not an Emergency Medical Condition as defined in this Policy.
- Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.
- Private duty nursing except when provided as part of the Home Health Care Services or Hospice Care Services benefit in this Policy or as specifically stated in the section of this Policy titled "Benefits/Coverage (What is Covered)."
- Inpatient room and board charges in connection with a Hospital stay primarily for environmental change or Physical Therapy.
- 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 Mental Health Disorder.
- 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; 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.
- 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.
- 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

## Exclusions and Limitations: What is Not Covered by This Policy (cont.)

services primarily for rest, domiciliary or convalescent care.

- Services performed by unlicensed practitioners or services which do not require licensure to perform, for example meditation, breathing exercises, guided visualization.
- 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.
- Services which are self-directed to a free-standing or Hospital based diagnostic facility.
- 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.

- 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 Policy.
- Orthodontic services, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except for treatment for medically necessary orthodontia for a person born with a cleft lip or cleft palate.
- 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, excludes medically necessary treatment of cleft lip, cleft palate.
- 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.
- Hearing aids, except as specifically stated in this Policy, including but not limited to semi-implantable hearing devices, audient bone conductors and Bone Anchored Hearing Aids (BAHAs), limited to the least expensive professionally adequate device. A hearing aid is any device that amplifies sound.
- Routine hearing tests except as specifically provided in this Policy under "Benefits/Coverage (What is Covered)."
- 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.

- 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.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision Care.
- An eye surgery solely for the purpose of correcting refractive defects of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- 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, medically necessary surgery or congenital defect of a Newborn child, or to treat congenital hemangioma (port wine stains) on the face and neck of an insured person 18 years and younger, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy, or Medically Necessary gender affirming care .
- 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.
- Non-medical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities and developmental delays, except as specifically stated in this Policy. This exclusion does not apply to health education services for chronic diseases and self-care on topics such as stress management and nutrition.
- 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 and blepharoplasty, except as specifically stated in this Policy.
- Any treatment, Prescription Drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire.

## Exclusions and Limitations: What is Not Covered by This Policy (cont.)

- The following services related to the treatment of fertility and/or Infertility, sterilization reversals; donor semen and donor eggs; ovum transplants; in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
- Cryopreservation of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
- 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.
- Blood administration for the purpose of general improvement in physical condition
- Orthopedic shoes (except when joined to Braces), shoe inserts, foot Orthotic Devices (except for treatment as a result of diabetes).
- External and internal power enhancements or power controls for Prosthetic limbs and terminal devices.
- Myoelectric Prostheses peripheral nerve stimulators.
- Electronic Prosthetic limbs or appliances unless Medically Necessary, when a less-costly alternative is not sufficient.
- Prefabricated foot Orthoses.
- Cranial banding/cranial Orthoses/other similar devices, except when used postoperatively for synostotic plagiocephaly.
- Orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
- Orthoses primarily used for cosmetic rather than functional reasons.
- 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.
- Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction, except as otherwise stated in this Policy under "Bariatric Surgery."
- 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 Policy.
- 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.
- Educational services except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna Healthcare.
- Nutritional counseling or food supplements, except as stated in this Policy.
- Exercise equipment, comfort items and other medical supplies and equipment not specifically listed as Covered Services in the "Benefits/Coverage (What is Covered)" section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
- 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 Policy titled "Benefits/Coverage (What is Covered)."
- Foreign Country Provider charges except as specifically stated under "Foreign Country Providers" in the section of this Policy titled "Benefits/Coverage (What is Covered)."
- 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 Policy.
- Charges for which We are unable to determine Our liability because the Insured Person 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

## Exclusions and Limitations: What is Not Covered by This Policy (cont.)

other insurance coverage.

- Charges for the services of a standby Physician.
- Charges for animal to human organ transplants.
- Claims received by Cigna Healthcare after 15 months from the date service was rendered, except in the event of a legal incapacity.
- Services obtained from a Dedicated Virtual Care Physician that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.
- Abortions, except in cases of rape, incest, or when the life of the mother is endangered.

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 5 medications are limited to a 30-day supply.**
6. As allowable by law. For medications administered by a Cigna Healthcare representative, Accredo will ship the medication directly to your doctor's office.

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

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

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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