Individual & Family Plans
Cigna HealthCare of Arizona, Inc.

2021 CIGNA PREMIERE ARIZONA 5-TIER PRESCRIPTION DRUG LIST

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

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

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

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Individual & Family Plans
Cigna HealthCare of Arizona, Inc.

2021 CIGNA PREMIERE ARIZONA 5-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®

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View your plan's drug list online

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

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

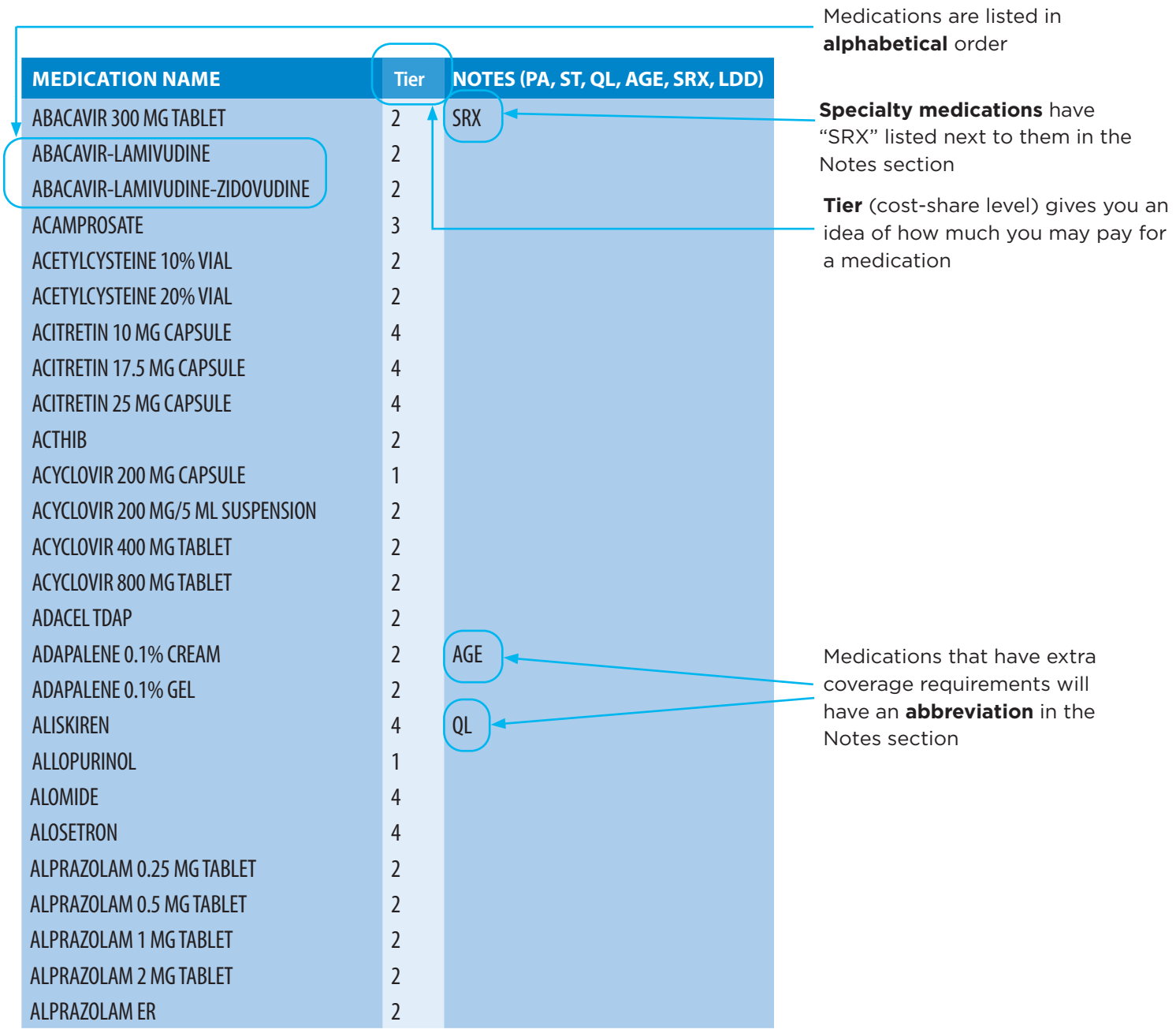
Questions?
Call the toll-free number on your Cigna ID card, or call **866.494.2111**. We're here to help. If it's easier, you can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.

About your prescription drug list

This document shows the prescription medications covered on the Cigna Premiere Arizona 5-Tier Prescription Drug List as of January 1, 2021. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication in this document, log in to the myCigna App or website to see a more current list of medications your plan covers.**

How to read your drug list

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



MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR 300 MG TABLET	2	SRX
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ACAMPROSATE	3	
ACETYLCYSTEINE 10% VIAL	2	
ACETYLCYSTEINE 20% VIAL	2	
ACITRETIN 10 MG CAPSULE	4	
ACITRETIN 17.5 MG CAPSULE	4	
ACITRETIN 25 MG CAPSULE	4	
ACTHIB	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	2	
ADAPALENE 0.1% CREAM	2	AGE
ADAPALENE 0.1% GEL	2	
ALISKIREN	4	QL
ALLOPURINOL	1	
ALOMIDE	4	
ALOSETRON	4	
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM ER	2	

This chart is just a sample. It may not show how these medications are actually covered on the 2021 Cigna Premiere Arizona 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.

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

Abbreviations next to medications

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

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

Specialty medications

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications have "SRX" listed next to them in the Notes section. **Your plan limits specialty medications to a 30-day supply**. Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

Plan exclusions

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

How to find your medication

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

Medication name starts with the letter...	Page
A–B	6–10
C–D	10–14
E–G	14–17
H–J	17–19
K–L	19–21
M–N	21–24
O–P	24–28
Q–S	28–30
T–U	30–32
V–Z	32–33

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR 300 MG TABLET	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ABIRATERONE	5	PA, SRX
ACAMPROSATE	3	
ACARBOSE	2	
ACEBUTOLOL	2	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5	2	
ACETAMINOPHEN-CODEINE	2	
ACETAZOLAMIDE	2	
ACETAZOLAMIDE ER	2	
ACETIC ACID	2	
ACETYLCYSTEINE 10% VIAL	2	
ACETYLCYSTEINE 20% VIAL	2	
ACITRETIN	4	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, ST, QL, SRX
ACTEMRA ACTPEN	5	PA, ST, QL, SRX
ACTHIB	3	
ACTIMMUNE	5	PA, LDD, SRX
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
ADAPALENE 0.1% GEL	2	AGE
ADAPALENE 0.1% SOLUTION	2	AGE
ADAPALENE 0.3% GEL	2	AGE
ADAPALENE 0.3% GEL PUMP	2	AGE
ADAPALENE-BENZOYL PEROXIDE	2	
ADEFOVIR DIPIVOXIL	4	
ADEMPAS	5	PA, LDD, SRX
ADRENALIN 1 MG/ML NASAL SOLUTION	4	
AFLURIA QUAD	3	
AFINITOR DISPERZ	5	PA, SRX
AFIRMELLE	1	
AFTERA	4	
AK-POLY-BAC	2	
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX
ALBENDAZOLE	4	
ALBUTEROL 0.63 MG/3 ML SOLUTION	2	
ALBUTEROL 1.25 MG/3 ML SOLUTION	2	
ALBUTEROL 2 MG TABLET	2	
ALBUTEROL 2 MG/5 ML SYRUP	2	
ALBUTEROL 2.5 MG/0.5 ML SOLUTION	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ALBUTEROL 2.5 MG/3 ML SOLUTION	1	
ALBUTEROL 4 MG TABLET	2	
ALBUTEROL 5 MG/ML SOLUTION	2	
ALBUTEROL ER 4 MG TABLET	2	
ALBUTEROL ER 8 MG TABLET	2	
ALCAINE	2	
ALCLOMETASONE	2	
ALCOHOL 70% PREP PADS	2	
ALCOHOL PADS	3	
ALCOHOL SWABS	3	
ALCOHOL WIPES	3	
ALDACTAZIDE 50-50 TABLET	4	
ALECENSA	5	PA, LDD, SRX
ALENDRONATE 10 MG TABLET	1	
ALENDRONATE 35 MG TABLET	1	
ALENDRONATE 70 MG TABLET	2	
ALENDRONATE 70 MG/75 ML	2	
ALFUZOSIN ER	2	
ALINIA	4	
ALISKIREN	4	QL
ALLOPURINOL	1	
ALMOTRIPTAN	2	QL
ALOCRIL	4	
ALOMIDE	4	
ALOSETRON	4	
ALPRAZOLAM	2	
ALPRAZOLAM ER	2	
ALPRAZOLAM INTENSOL	2	
ALPRAZOLAM ODT	2	
ALPRAZOLAM XR	2	
ALTABAX	4	
ALTAVERA	1	
ALYACEN	1	
ALYQ	5	PA, SRX
AMABELZ	2	
AMANTADINE	2	
AMBRISENTAN	5	PA, SRX
AMCINONIDE	2	
AMETHIA	1	
AMETHIA LO	1	
AMETHYST	1	
AMILORIDE	2	
AMILORIDE-HCTZ	2	
AMINOCAPROIC ACID 0.25 GRAM/ML, 500 MG TABLET, 1000 MG TABLET	4	
AMIODARONE 100 MG TABLET	2	
AMIODARONE 200 MG TABLET	2	
AMIODARONE 400 MG TABLET	2	
AMITIZA	4	

Go to Cigna.com/ifp-drug-list to see the full list of medications your plan covers.

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
AMITRIPTYLINE	1	
AMLODIPINE	2	
AMLODIPINE-ATORVASTATIN	2	
AMLODIPINE-BENAZEPRIL	2	
AMLODIPINE-OLMESARTAN	2	
AMLODIPINE-VALSARTAN	2	
AMLODIPINE-VALSARTAN-HCTZ	2	
AMMONIUM LACTATE 12% CREAM	2	
AMMONIUM LACTATE 12% LOTION	2	
AMNESTEEM	4	QL
AMOXAPINE	2	
AMOXCILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	2	
AMOXCILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION	2	
AMOXCILLIN-CLAVULANATE 250-125 MG TABLET	2	
AMOXCILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	2	
AMOXCILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	2	
AMOXCILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2	
AMOXCILLIN-CLAVULANATE 500-125 MG TABLET	2	
AMOXCILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	2	
AMOXCILLIN-CLAVULANATE 875-125 MG TABLET	2	
AMOXICILLIN	1	
AMOXICILLIN-CLAVULANATE ER	2	
AMPHETAMINE	2	
AMPICILLIN 500 MG CAPSULE	2	
ANADROL-50	4	PA
ANAGRELIDE	4	
ANALPRAM HC 2.5%-1% LOTION	4	
ANASTROZOLE	2	
ANORO ELLIPTA	3	
ANUCORT-HC	2	
APEXICON E	4	
APIDRA	4	ST, QL
APIDRA SOLOSTAR	4	ST, QL
APOKYN	5	PA, SRX
APRACLONIDINE	2	
APREPITANT	2	QL
APRI	1	
APTIOM	4	PA, QL
APTIVUS	3	
AQUA CARE SODIUM CHLORIDE	2	
AQUA CARE STERILE WATER IRRIGATION	2	
ARANELLE	1	
ARANESP	5	PA, SRX
ARCALYST	5	PA, LDD, SRX
ARCAPTA NEOHALER	4	ST
ARIPIPRAZOLE	2	
ARIPIPRAZOLE ODT	2	
ARMODAFINIL	2	PA
ARMOUR THYROID	2	
ARNUITY ELLIPTA	3	
ASCOMP WITH CODEINE	2	
ASHLYNA	1	
ASMANEX	4	ST
ASMANEX HFA	4	ST
ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE	2	
ASPIRIN-DIPYRIDAMOLE ER	2	
ASTAGRAF XL	5	SRX
ATAZANAVIR	2	
ATENOLOL	1	
ATENOLOL-CHLORTHALIDONE	1	
ATOMOXETINE	2	
ATORVASTATIN 10 MG TABLET	2	
ATORVASTATIN 20 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2	
ATORVASTATIN 80 MG TABLET	2	
ATOVAQUONE	4	
ATOVAQUONE-PROGUANIL	2	
ATROPINE 1% EYE DROPS	2	
ATROPINE 1% EYE OINTMENT	2	
AUBRA	1	
AUBRA EQ	1	
AUROVELA	1	
AUROVELA 24 FE	1	
AUROVELA FE	1	
AVANDIA	4	
AVIANE	1	
AVONEX	5	PA, SRX
AVONEX PEN	5	PA, SRX
AYUNA	1	
AZASITE	4	
AZATHIOPRINE	2	
AZELAIC ACID	2	
AZELASTINE	2	
AZELASTINE-FLUTICASONE	3	
AZITHROMYCIN 1 GM POWDER PACKET	2	QL
AZITHROMYCIN 100 MG/5 ML SUSPENSION	2	QL

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

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

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2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
BD SAFETYGLIDE INSULIN 0.3 ML 8MMX31G	3	
BD SAFETYGLIDE INSULIN 0.3ML 13MMX29G	3	
BD SAFETYGLIDE INSULIN 0.5 ML 6MMX31G	3	
BD SAFETYGLIDE INSULIN 0.5 ML 8MMX30G	3	
BD SAFETYGLIDE INSULIN 0.5ML 13MMX29G	3	
BD SAFETYGLIDE INSULIN 1 ML 13MMX29G	3	
BD SAFETYGLIDE NEEDLE	3	
BD SYRINGE-SAFETY GLIDE	3	
BD ULTRAFINE MICRO PEN NEEDLE 6MMX32G	3	
BD ULTRAFINE MINI PEN NEEDLE 5MMX31G	3	
BD ULTRAFINE NANO PEN NEEDLE 4MMX32G	3	
BD ULTRAFINE ORIGINAL PEN NEEDLE 12.7MMX29G	3	
BD ULTRAFINE SHORT PEN NEEDLE 8MMX31G	3	
BD VEO INSULIN 0.3ML 6MMX31G (1/2)	3	
BD VEO INSULIN SYRINGE 1 ML 6MMX31G	3	
BD VEO INSULIN SYRINGE 0.3 ML 6MMX31G	3	
BD VEO INSULIN SYRINGE 0.5 ML 6MMX31G	3	
BECONASE AQ	4	ST
BEKYREE	1	
BELLADONNA-OPIUM	2	
BELSOMRA	4	ST, QL
BENAZEPRIL	1	
BENAZEPRIL-HCTZ	2	
BENZONATATE 100 MG CAPSULE	2	
BENZONATATE 200 MG CAPSULE	2	
BENZONATATE PERLE 100 MG CAPSULE	2	
BENZTROPINE 0.5 MG TABLET	2	
BENZTROPINE 1 MG TABLET	2	
BENZTROPINE 2 MG TABLET	2	
BEPREVE	4	
BESER 0.05% LOTION	2	
BESIVANCE	4	
BETADINE 5% EYE SOLUTION	4	
BETAMETHASONE	2	
BETAMETHASONE AUGMENTED	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
BETAXOLOL	2	
BETHANECHOL	2	
BEXAROTENE	4	PA
BEXSERO	3	
BEYAZ	3	
BICALUTAMIDE	2	
BIKTARVY	3	
BIMATOPROST 0.03% EYE DROPS	2	QL
BINOSTO	4	
BISOPROLOL	2	
BISOPROLOL-HCTZ	1	
BLISOVI 24 FE	1	
BLISOVI FE	1	
BOOSTRIX TDAP	3	
BOSENTAN	5	PA, SRX
BOSULIF	5	PA, LDD, SRX
BREO ELLIPTA	3	
BRIELLYN	1	
BRILINTA	4	
BRIMONIDINE	2	
BRIVIACT 10 MG TABLET	4	PA, QL
BRIVIACT 10 MG/ML ORAL SOLUTION	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
BROMFED DM	2	
BROMFENAC	2	
BROMOCRIPTINE	2	
BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM	2	
BROVANA	4	
BUDESONIDE EC	4	
BUDESONIDE ER	5	PA, QL, SRX
BUDESONIDE SUSPENSION	4	
BUMETANIDE 0.5 MG TABLET	1	
BUMETANIDE 1 MG TABLET	1	
BUMETANIDE 2 MG TABLET	1	
BUPRENORPHINE PATCH	2	QL
BUPRENORPHINE 2 MG TABLET SL	2	
BUPRENORPHINE 8 MG TABLET SL	2	
BUPRENORPHINE-NALOXONE	2	
BUPROPION	2	QL
BUPROPION SR 100 MG TABLET	2	QL
BUPROPION SR 150 MG TABLET	2	QL
BUPROPION SR 200 MG TABLET	2	QL
BUPROPION XL 150 MG TABLET	2	QL
BUPROPION XL 300 MG TABLET	2	QL
BUSPIRONE	2	
BUTALBITAL COMPOUND-CODEINE	2	

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2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
BUTALBITAL-ACETAMINOPHEN 50-325	2	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE	2	QL
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE	2	
BUTALBITAL-ASPIRIN-CAFFEINE	2	QL
BUTALBITAL-CAFFEINE-ACETAMINOPHEN-CODEINE	2	
BUTORPHANOL 10 MG/ML SPRAY	2	QL
BYDUREON BCISE	3	QL
BYDUREON PEN	3	QL
BYETTA	3	QL
BYSTOLIC	4	QL
CABERGOLINE	2	QL
CABOMETYX	5	PA, LDD, SRX
CAFFEINE CITRATE 60 MG/3 ML ORAL	2	
CALCIPOTRIENE 0.005% CREAM	2	
CALCIPOTRIENE 0.005% OINTMENT	2	
CALCIPOTRIENE 0.005% SOLUTION	2	
CALCIPOTRIENE-BETAMETHASONE OINTMENT	4	
CALCITONIN-SALMON	2	
CALCITRIOL 0.25 MCG CAPSULE	2	
CALCITRIOL 0.5 MCG CAPSULE	2	
CALCITRIOL 1 MCG/ML SOLUTION	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL
CALCIUM ACETATE 667 MG CAPSULE	2	
CALCIUM ACETATE 667 MG GELCAP	2	
CALCIUM ACETATE 667 MG TABLET	2	
CAMBIA	4	
CAMILA	1	
CAMRESE	1	
CAMRESE LO	1	
CANDESARTAN	2	
CANDESARTAN-HCTZ	2	
CAPECITABINE	4	PA
CAPRELSA	5	PA, LDD, SRX
CAPTOPRIL	1	
CAPTOPRIL-HCTZ	2	QL
CARBAGLU	4	PA
CARBAMAZEPINE 100 MG CHEWABLE TABLET	1	
CARBAMAZEPINE 100 MG/5 ML SUSPENSION	2	
CARBAMAZEPINE 200 MG TABLET	1	
CARBAMAZEPINE ER	2	
CARBIDOPA	4	
CARBIDOPA-LEVODOPA	2	
CARBIDOPA-LEVODOPA ER	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
CARBIDOPA-LEVODOPA-ENTACAPONE	2	
CARBINOXAMINE 4 MG/5 ML LIQUID	2	
CARBINOXAMINE MALEATE 4 MG TABLET	2	
CARETOUCH ALCOHOL PREP PAD	3	
CARISOPRODOL	2	
CARISOPRODOL-ASPIRIN	2	
CARISOPRODOL-ASPIRIN-CODEINE	2	
CARTEOLOL	2	
CARTIA XT	2	
CARVEDILOL	1	
CAYSTON	5	PA, QL, LDD, SRX
CAZIANT	1	
CEFACLOR	2	
CEFACLOR ER	2	
CEFADROXIL	2	
CEFDINIR	2	
CEFDITOREN	2	
CEFIXIME 100 MG/5 ML SUSPENSION	2	
CEFIXIME 200 MG/5 ML SUSPENSION	2	
CEFIXIME 400 MG CAPSULE	3	
CEFPODOXIME	2	
CEFPROZIL	2	
CEFUROXIME	2	
CELECOXIB	2	QL
CELONTIN	4	
CEPHALEXIN 125 MG/5 ML SUSPENSION	1	
CEPHALEXIN 250 MG CAPSULE	1	
CEPHALEXIN 250 MG TABLET	1	
CEPHALEXIN 250 MG/5 ML SUSPENSION	1	
CEPHALEXIN 500 MG CAPSULE	1	
CEPHALEXIN 500 MG TABLET	1	
CEPHALEXIN 750 MG CAPSULE	2	
CETIRIZINE 1 MG/ML SOLUTION	2	
CETIRIZINE 1 MG/ML SYRUP	2	
CEVIMELINE	2	
CHANTIX	3	
CHATEAL	1	
CHATEAL EQ	1	
CHEMET	4	
CHENODAL	4	LDD
CHLORDIAZEPOXIDE	2	
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
CHLORDIAZEPOXIDE-CLIDINIUM	2	
CHLORHEXIDINE 0.12% RINSE	2	
CHLOROQUINE	2	QL
CHLORPROMAZINE 10 MG TABLET	2	

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2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
CHLORPROMAZINE 100 MG TABLET	2	
CHLORPROMAZINE 200 MG TABLET	2	
CHLORPROMAZINE 25 MG TABLET	2	
CHLORPROMAZINE 50 MG TABLET	2	
CHLORTHALIDONE	2	
CHLORZOXAZONE 500 MG TABLET	2	
CHOLBAM	5	PA, LDD, SRX
CHOLESTYRAMINE	2	
CHOLESTYRAMINE LIGHT	2	
CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	2	PA
CICLODAN 8% SOLUTION	2	
CICLOPIROX 0.77% CREAM	2	
CICLOPIROX 0.77% GEL	2	
CICLOPIROX 0.77% TOPICAL SUSPENSION	2	
CICLOPIROX 1% SHAMPOO	2	
CICLOPIROX 8% SOLUTION	2	
CILOSTAZOL	2	
CILOXAN 0.3% OINTMENT	4	
CIMETIDINE 200 MG TABLET	1	
CIMETIDINE 300 MG TABLET	1	
CIMETIDINE 300 MG/5 ML SOLUTION	2	
CIMETIDINE 400 MG TABLET	1	
CIMETIDINE 800 MG TABLET	1	
CINACALCET	5	SRX
CIPRO HC	4	
CIPRODEX	4	
CIPROFLOXACIN	2	
CIPROFLOXACIN 0.2% OTIC SOLUTION	2	
CIPROFLOXACIN 0.3% EYE DROP	2	
CIPROFLOXACIN 100 MG TABLET	1	
CIPROFLOXACIN 250 MG TABLET	1	
CIPROFLOXACIN 500 MG TABLET	1	
CIPROFLOXACIN 750 MG TABLET	1	
CIPROFLOXACIN-FLUOCINOLONE	3	
CITALOPRAM 10 MG TABLET	1	QL
CITALOPRAM 10 MG/5 ML SOLUTION	2	QL
CITALOPRAM 20 MG TABLET	1	QL
CITALOPRAM 40 MG TABLET	1	QL
CLARAVIS	4	QL
CLARITHROMYCIN	2	
CLARITHROMYCIN ER	2	
CLEMASTINE	2	
CLINDACIN ETZ 1% PLEDGET	2	
CLINDACIN P	2	
CLINDAMYCIN	2	
CLINDAMYCIN 1% FOAM	2	
CLINDAMYCIN 1% GEL	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
CLINDAMYCIN 1% LOTION	2	
CLINDAMYCIN 1% PLEDGET	2	
CLINDAMYCIN 1% SOLUTION	2	
CLINDAMYCIN 2% VAGINAL CREAM	2	
CLINDAMYCIN PEDIATRIC	2	
CLINDAMYCIN-BENZOYL PEROXIDE	2	
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5%	2	
CLINDAMYCIN-TRETINOIN	2	
CLINDESSE	4	
CLOBAZAM 10 MG TABLET	4	PA
CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CLOBAZAM 20 MG TABLET	4	PA
CLOBETASOL	2	
CLOBETASOL EMOLLIENT	2	
CLOBETASOL EMULSION	2	
CLOCORTOLONE	2	
CLODAN 0.05% SHAMPOO	2	
CLOMIPRAMINE	4	
CLONAZEPAM	2	
CLONIDINE	2	
CLONIDINE 0.1 MG TABLET	2	
CLONIDINE 0.2 MG TABLET	2	
CLONIDINE 0.3 MG TABLET	2	
CLONIDINE ER	2	
CLOPIDOGREL	2	
CLORAZEPATE	2	
CLOTRIMAZOLE 1% SOLUTION	2	
CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CLOTRIMAZOLE 10 MG TROCHE	2	
CLOTRIMAZOLE-BETAMETHASONE	2	
CLOVIQUE	4	PA
CLOZAPINE	2	
CLOZAPINE ODT	4	
C-NATE DHA	1	
COARTEM	4	QL
CODEINE	2	
COLCHICINE	2	
COLESEVELAM	2	
COLESTIPOL	2	
COLOCORT	2	
COMBIGAN	4	
COMETRIQ	5	PA, LDD, SRX
COMPLERA	3	
COMPLETE NATAL DHA	1	
COMPLETENATE	1	
COMPRO	2	
CONSTULOSE	2	
CORDRAN 4 MCG/SQ CM TAPE LARGE	4	

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2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
COREMINO	2	
CORTISONE	2	
CORTISPORIN	4	
CORTISPORIN-TC	4	
COSENTYX PEN	5	PA, QL, LDD, SRX
COSENTYX SYRINGE	5	PA, QL, LDD, SRX
COTELLIC	5	PA, LDD, SRX
COVARYX	2	
COVARYX H.S.	2	
CREON	4	
CRESEMBA 186 MG CAPSULE	4	PA
CRIXIVAN	3	
CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	2	
CROMOLYN 20 MG/2 ML NEBULIZER SOLUTION	2	QL
CROMOLYN 4% EYE DROPS	2	
CROTAN	3	
CRYSELLE	1	
CURITY ALCOHOL PREPS	3	
CYANOCOBALAMIN INJECTION	2	
CYCLAFEM	1	
CYCLOBENZAPRINE 10 MG TABLET	1	
CYCLOBENZAPRINE 5 MG TABLET	1	
CYCLOBENZAPRINE 7.5 MG TABLET	3	
CYCLOMYDRIL	4	
CYCLOPENTOLATE	2	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	
CYCLOSERINE	2	
CYCLOSET	4	
CYCLOSPORINE 100 MG CAPSULE	2	
CYCLOSPORINE 25 MG CAPSULE	2	
CYCLOSPORINE MODIFIED	2	
CYPROHEPTADINE 2 MG/5 ML SOLUTION	2	
CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CYPROHEPTADINE 4 MG TABLET	2	
CYRED	1	
CYRED EQ	1	
CYSTADANE	5	LDD, SRX
CYSTAGON	5	LDD, SRX
CYSTARAN	4	QL, LDD
DALFAMPRIDINE ER	5	PA, SRX
DALIRESP	4	QL
DANAZOL	2	
DANTROLENE 100 MG CAPSULE	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
DANTROLENE 25 MG CAPSULE	2	
DANTROLENE 50 MG CAPSULE	2	
DAPSONE	4	
DAPTACEL DTAP	3	
DARAPRIM	4	PA
DARIFENACIN ER	2	
DASETTA	1	
DAYSEE	1	
DEBLITANE	1	
DEFERASIROX	5	PA, SRX
DEMECLOCYCLINE	2	
DEMSER	4	
DENTA 5000 PLUS	2	
DENTAGEL	2	
DESCOVY	4	PA
DESIPRAMINE	2	
DESLORATADINE	2	QL
DESMOPRESSIN 0.01% SOLUTION	2	
DESMOPRESSIN 0.01% SPRAY	2	
DESMOPRESSIN 0.1 MG TABLET	2	
DESMOPRESSIN 0.2 MG TABLET	2	
DESMOPRESSIN 10 MCG/0.1 ML SPRAY	2	
DESOGESTREL-ETHINYL ESTRADIOL	1	
DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL	1	
DESONIDE 0.05% CREAM	2	
DESONIDE 0.05% LOTION	2	
DESONIDE 0.05% OINTMENT	2	
DESOXIMETASONE 0.05% CREAM	2	
DESOXIMETASONE 0.05% GEL	2	
DESOXIMETASONE 0.05% OINTMENT	2	
DESOXIMETASONE 0.25% CREAM	2	
DESOXIMETASONE 0.25% OINTMENT	2	
DEXAMETHASONE 0.1% EYE DROP	2	
DEXAMETHASONE 0.5 MG TABLET	1	
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	1	
DEXAMETHASONE 0.5 MG/5 ML LIQUID	1	
DEXAMETHASONE 0.75 MG TABLET	1	
DEXAMETHASONE 1 MG TABLET	1	
DEXAMETHASONE 1.5 MG TABLET	1	
DEXAMETHASONE 10 DAY 1.5 MG TABLET	1	
DEXAMETHASONE 13 DAY 1.5 MG TABLET	1	
DEXAMETHASONE 2 MG TABLET	1	
DEXAMETHASONE 4 MG TABLET	1	

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
DEXAMETHASONE 6 DAY 1.5 MG TABLET	1	
DEXAMETHASONE 6 MG TABLET	1	
DEXAMETHASONE INTENSOL	1	
DEXCOM G6 SENSOR	3	PA, QL
DEXILANT	4	ST, QL
DEXMETHYLPHENIDATE	2	
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL
DEXTROAMPHETAMINE	2	
DEXTROAMPHETAMINE ER	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE	2	
DEXTROAMPHETAMINE-AMPHETAMINE ER	2	QL
DIAZEPAM 10 MG RECTAL GEL SYSTEM	2	
DIAZEPAM 10 MG TABLET	2	
DIAZEPAM 2 MG TABLET	2	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2	
DIAZEPAM 20 MG RECTAL GEL SYSTEM	2	
DIAZEPAM 5 MG TABLET	2	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2	
DIAZEPAM 5 MG/5 ML SOLUTION	2	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2	
DIAZOXIDE	4	
DICLOFENAC	2	
DICLOFENAC 0.1% EYE DROPS	2	
DICLOFENAC 1% GEL	2	QL
DICLOFENAC 1.5% TOPICAL SOLUTION	2	
DICLOFENAC DR 25 MG TABLET	2	
DICLOFENAC DR 50 MG TABLET	2	
DICLOFENAC DR 75 MG TABLET	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
DICLOFENAC EC 25 MG TABLET	2	
DICLOFENAC EC 50 MG TABLET	2	
DICLOFENAC EC 75 MG TABLET	2	
DICLOFENAC EPOLAMINE	4	QL
DICLOFENAC ER	2	
DICLOFENAC-MISOPROSTOL	2	
DICLOXACILLIN	2	
DICYCLOMINE 10 MG CAPSULE	1	
DICYCLOMINE 10 MG/5 ML SOLUTION	2	
DICYCLOMINE 20 MG TABLET	1	
DIDANOSINE	2	
DIFICID	4	PA, QL
DIFLORASONE	4	
DIFLUNISAL	2	
DIGITEK	1	
DIGOX	1	
DIGOXIN 0.05 MG/ML SOLUTION	2	
DIGOXIN 0.125 MG TABLET	1	
DIGOXIN 0.25 MG TABLET	1	
DIGOXIN 125 MCG TABLET	1	
DIGOXIN 250 MCG TABLET	1	
DIHYDROERGOTAMINE	4	QL
DILATRATE-SR	4	
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER	2	
DILTIAZEM 24HR ER	2	
DILTIAZEM 24HR ER (CD)	2	
DILTIAZEM 24HR ER (LA)	2	
DILTIAZEM 24HR ER (XR)	2	
DILTIAZEM 30 MG TABLET	1	
DILTIAZEM 60 MG TABLET	1	
DILTIAZEM 90 MG TABLET	1	
DILT-XR	2	
DIPENTUM	4	
DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DIPHENHYDRAMINE 25 MG/10 ML	2	
DIPHENOXYLATE-ATROPINE	2	
DIPHTHERIA-TETANUS TOXOIDS-PEDIATRIC	3	
DIPYRIDAMOLE 25 MG TABLET	2	
DIPYRIDAMOLE 50 MG TABLET	2	
DIPYRIDAMOLE 75 MG TABLET	2	
DISOPYRAMIDE	2	
DISULFIRAM	2	
DIVALPROEX	2	
DIVALPROEX ER	2	
DOFETILIDE	4	QL

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
DONEPEZIL	2	
DONEPEZIL ODT	2	
DORZOLAMIDE	2	
DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DOTTI	2	QL
DOXAZOSIN	1	
DOXEPIN 10 MG CAPSULE	2	
DOXEPIN 10 MG/ML ORAL CONCENTRATE	2	
DOXEPIN 100 MG CAPSULE	2	
DOXEPIN 150 MG CAPSULE	2	
DOXEPIN 25 MG CAPSULE	2	
DOXEPIN 3 MG TABLET	3	QL
DOXEPIN 5% CREAM	4	
DOXEPIN 50 MG CAPSULE	2	
DOXEPIN 6 MG TABLET	3	QL
DOXEPIN 75 MG CAPSULE	2	
DOXERCALCIFEROL 0.5 MCG CAPSULE	2	
DOXERCALCIFEROL 1 MCG CAPSULE	2	
DOXERCALCIFEROL 2.5 MCG CAPSULE	2	
DOXYCYCLINE 100 MG CAPSULE	2	
DOXYCYCLINE 100 MG TABLET	2	
DOXYCYCLINE 20 MG TABLET	2	
DOXYCYCLINE 50 MG CAPSULE	2	
DOXYCYCLINE DR 100 MG TABLET	2	
DOXYCYCLINE DR 150 MG TABLET	2	
DOXYCYCLINE DR 200 MG TABLET	2	
DOXYCYCLINE DR 50 MG TABLET	2	
DOXYCYCLINE DR 75 MG TABLET	2	
DOXYCYCLINE MONOHYDRATE	2	
DRONABINOL	4	
DROSPIRENONE-ETHINYL ESTRADIOL	1	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE	1	
DROXIA	4	
DUAVEE	4	
DULERA	4	ST
DULOXETINE	2	QL
DUPIXENT SYRINGE	5	PA, SRX
DUREZOL	4	
DUTASTERIDE	2	
DUTASTERIDE-TAMSULOSIN	2	
DYMISTA	4	
EASY COMFORT ALCOHOL PAD	3	
EASY TOUCH ALCOHOL PREP PADS	3	
EC-NAPROXEN	1	
ECONAZOLE	2	
ECONTRA EZ	4	
EDARBI	4	ST, QL
EDARBYCLOR	4	ST, QL

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ED-SPAZ	1	
EDURANT	3	
EEMT D.S.	2	
EEMT H.S.	2	
EFAVIRENZ	2	
EFFER-K 10 MEQ EFFERVESCENT TABLET	4	
EFFER-K 20 MEQ EFFERVESCENT TABLET	4	
EGRIFTA	5	PA, LDD, SRX
EGRIFTA SV	5	PA, SRX
ELETRIPTAN	2	QL
ELINEST	1	
ELIQUIS	3	QL
ELITE-OB	1	
ELLA	4	
ELMIRON	4	
ELURYNG	2	
EMCYT	5	SRX
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
EMOQUETTE	1	
EMSAM	4	QL
EMTRIVA	3	
EMVERM	4	
ENALAPRIL	1	
ENALAPRIL-HCTZ	2	
ENBREL	5	PA, ST, QL, SRX
ENBREL MINI	5	PA, ST, QL, SRX
ENBREL SURECLICK	5	PA, ST, QL, SRX
ENDOCET	2	
ENDOMETRIN	4	PA
ENGERIX-B ADULT	3	
ENGERIX-B PEDIATRIC-ADOLESCENT	3	
ENLYTE	4	
ENOXAPARIN	4	QL
ENPRESSE	1	
ENSKYCE	1	
ENTACAPONE	2	
ENTECAVIR	4	
ENTRESTO	3	
ENULOSE	2	
EPIDIOLEX	4	PA
EPIFOAM	4	
EPINASTINE	2	
EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
EPITOL	1	
EPIVIR HBV 25 MG/5 ML SOLUTION	5	SRX

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
EPLERENONE	2	
ERGOLOID	1	
ERIVEDGE	5	PA, LDD, SRX
ERLOTINIB	5	PA, SRX
ERRIN	1	
ERTACZO	4	
ERY	2	
ERYTHROCIN 250 MG FILMTAB	2	
ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ERYTHROMYCIN 2% GEL	2	
ERYTHROMYCIN 2% SOLUTION	2	
ERYTHROMYCIN 250 MG FILMTAB	2	
ERYTHROMYCIN 500 MG FILMTAB	2	
ERYTHROMYCIN DR 250 MG CAPSULE	2	
ERYTHROMYCIN ETHYLSUCCINATE	2	
ERYTHROMYCIN-BENZOYL PEROXIDE	2	
ESBRIET	5	PA, LDD, SRX
ESCITALOPRAM	2	QL
ESOMEPRAZOLE	2	QL
ESOMEPRAZOLE DR 10 MG PACKET	3	QL
ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL
ESOMEPRAZOLE DR 20 MG PACKET	3	QL
ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL
ESOMEPRAZOLE DR 40 MG PACKET	3	QL
ESTARYLLA	1	
ESTAZOLAM	2	
ESTRADIOL 0.025 MG PATCH	2	QL
ESTRADIOL 0.0375 MG PATCH	2	QL
ESTRADIOL 0.0375 MG/DAY PATCH	2	
ESTRADIOL 0.05 MG PATCH	2	QL
ESTRADIOL 0.06 MG/DAY PATCH	2	
ESTRADIOL 0.075 MG PATCH	2	QL
ESTRADIOL 0.075 MG/DAY PATCH	2	
ESTRADIOL 0.1 MG PATCH	2	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSERT	2	QL
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL TDS 0.025 MG/DAY	2	
ESTRADIOL TDS 0.0375 MG/DAY	2	
ESTRADIOL TDS 0.05 MG/DAY	2	
ESTRADIOL TDS 0.06 MG/DAY	2	
ESTRADIOL TDS 0.075 MG/DAY	2	
ESTRADIOL TDS 0.1 MG/DAY	2	
ESTRADIOL-NORETHINDRONE	2	
ESTROGEN-METHYLTESTOSTERONE	2	
ESTROSTEP FE	4	
ESZOPICLONE	2	
ETHAMBUTOL	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ETHOSUXIMIDE	2	
ETHYL	2	
ETHYNODIOL-ETHINYL ESTRADIOL	1	
ETODOLAC	2	
ETODOLAC ER	2	
ETONOGESTREL-ETHINYL ESTRADIOL	2	
ETOPOSIDE 50 MG CAPSULE	4	
EUTHYROX	2	
EVEROLIMUS 0.25 MG TABLET	5	SRX
EVEROLIMUS 0.5 MG TABLET	5	SRX
EVEROLIMUS 0.75 MG TABLET	5	SRX
EVEROLIMUS 2.5 MG TABLET	5	PA, SRX
EVEROLIMUS 5 MG TABLET	5	PA, SRX
EVEROLIMUS 7.5 MG TABLET	5	PA, SRX
EVOTAZ	3	
EXEMESTANE	2	
EZETIMIBE	2	
EZETIMIBE-SIMVASTATIN	2	
FACTIVE	4	
FALMINA	1	
FAMCICLOVIR	2	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML SUSPENSION	2	
FANAPT	4	ST, QL
FARXIGA	3	QL
FARYDAK	5	PA, SRX
FAYOSIM	1	
FEBUXOSTAT	4	QL
FELBAMATE	4	
FELODIPINE ER	2	
FEM PH	2	
FEMYNOR	1	
FENOFIBRATE 120 MG TABLET	2	
FENOFIBRATE 130 MG CAPSULE	2	
FENOFIBRATE 134 MG CAPSULE	2	
FENOFIBRATE 145 MG TABLET	2	
FENOFIBRATE 150 MG CAPSULE	2	
FENOFIBRATE 160 MG TABLET	2	
FENOFIBRATE 200 MG CAPSULE	2	
FENOFIBRATE 40 MG TABLET	2	
FENOFIBRATE 43 MG CAPSULE	2	
FENOFIBRATE 48 MG TABLET	2	
FENOFIBRATE 50 MG CAPSULE	2	
FENOFIBRATE 54 MG TABLET	2	
FENOFIBRATE 67 MG CAPSULE	2	
FENOFIBRIC ACID	2	
FENOPROFEN 600 MG TABLET	2	

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
FENTANYL PATCH	2	PA
FENTANYL OTFC 1,200 MCG	4	PA
FENTANYL OTFC 1,600 MCG	4	PA
FENTANYL OTFC 200 MCG	4	PA
FENTANYL OTFC 400 MCG	4	PA
FENTANYL OTFC 600 MCG	4	PA
FENTANYL OTFC 800 MCG	4	PA
FERRIPROX	4	PA, LDD
FETZIMA	4	ST, QL
FINACEA 15% FOAM	4	
FINASTERIDE 5 MG TABLET	2	
FIORICET	2	QL
FIRVANQ	3	
FLAC OTIC OIL	2	
FLAVOXATE	2	
FLECAINIDE	2	
FLOVENT DISKUS	3	
FLOVENT HFA	3	
FLUAD QUAD	3	
FLUARIX QUAD	3	
FLUBLOK QUAD	3	
FLUCELVAX QUAD	3	
FLUCONAZOLE 10 MG/ML SUSPENSION	2	
FLUCONAZOLE 100 MG TABLET	2	
FLUCONAZOLE 150 MG TABLET	1	
FLUCONAZOLE 200 MG TABLET	2	
FLUCONAZOLE 40 MG/ML SUSPENSION	2	
FLUCONAZOLE 50 MG TABLET	2	
FLUCYTOSINE	4	
FLUDROCORTISONE	2	
FLULAVAL QUAD	3	
FLUMIST QUAD	3	
FLUNISOLIDE	2	
FLUOCINOLONE	2	
FLUOCINOLONE OIL	2	
FLUOCINONIDE	2	
FLUOCINONIDE-E	2	
FLUORABON	2	
FLUORIDE	2	
FLUORIDEX	2	
FLUORIDEX SENSITIVITY RELIEF	2	
FLUORITAB	2	
FLUOROMETHOLONE	2	
FLUOROURACIL 0.5% CREAM	2	
FLUOROURACIL 2% TOPICAL SOLUTION	2	
FLUOROURACIL 5% CREAM	2	
FLUOROURACIL 5% TOPICAL SOLUTION	2	
FLUOXETINE 10 MG CAPSULE	1	QL
FLUOXETINE 10 MG TABLET	1	QL
FLUOXETINE 20 MG CAPSULE	1	QL
FLUOXETINE 20 MG TABLET	1	QL
FLUOXETINE 20 MG/5 ML SOLUTION	2	QL
FLUOXETINE 40 MG CAPSULE	1	QL
FLUOXETINE 60 MG TABLET	1	QL
FLUOXETINE DR	2	QL
FLUPHENAZINE 1 MG TABLET	2	
FLUPHENAZINE 10 MG TABLET	2	
FLUPHENAZINE 2.5 MG TABLET	2	
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2	
FLUPHENAZINE 5 MG TABLET	2	
FLUPHENAZINE 5 MG/ML CONCENTRATE	2	
FLURA-DROPS	2	
FLURANDRENOLIDE	4	
FLURAZEPAM	2	
FLURBIPROFEN	2	
FLUTAMIDE	2	
FLUTICASONE 0.005% OINTMENT	2	
FLUTICASONE 0.05% CREAM	2	
FLUTICASONE 0.05% LOTION	2	
FLUTICASONE 50 MCG SPRAY	2	
FLUTICASONE-SALMETEROL 113-14	2	
FLUTICASONE-SALMETEROL 232-14	2	
FLUTICASONE-SALMETEROL 55-14	2	
FLUVASTATIN	2	
FLUVASTATIN ER	2	
FLUVOXAMINE	2	QL
FLUVOXAMINE ER	2	QL
FLUZONE QUAD	3	
FLUZONE HIGH-DOSE QUAD	3	
FOLIC ACID 1 MG TABLET	2	
FOLIVANE-OB	1	
FONDAPARINUX	4	QL
FOSAMAX PLUS D	4	QL
FOSAMPRENAVIR	2	
FOSINOPRIL	1	
FOSINOPRIL-HCTZ	2	
FOSRENOL POWDER PACK	4	
FRAGMIN	5	QL, SRX
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FROVATRIPTAN	2	QL
FULPHILA	5	PA, SRX
FUROSEMIDE 10 MG/ML SOLUTION	1	
FUROSEMIDE 20 MG TABLET	1	

Go to Cigna.com/ifp-drug-list to see the full list of medications your plan covers.

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
FUROSEMIDE 40 MG TABLET	1	
FUROSEMIDE 40 MG/5 ML SOLUTION	1	
FUROSEMIDE 80 MG TABLET	1	
FUZEON	5	LDD, SRX
FYAVOLV	2	
FYCOMPA 10 MG TABLET	4	PA, QL
FYCOMPA 12 MG TABLET	4	PA, QL
FYCOMPA 2 MG TABLET	4	PA, QL
FYCOMPA 4 MG TABLET	4	PA, QL
FYCOMPA 6 MG TABLET	4	PA, QL
FYCOMPA 8 MG TABLET	4	PA, QL
GABAPENTIN	2	
GALANTAMINE	2	
GALANTAMINE ER	2	QL
GALZIN	4	
GARDASIL 9	3	
GATIFLOXACIN	2	
GATTEX	5	PA, LDD, SRX
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
GEMFIBROZIL	2	
GENERESS FE	4	
GENERLAC	2	
GENGRAF	2	
GENOTROPIN	5	PA, ST, SRX
GENTAK	2	
GENTAMICIN 0.1% CREAM	2	
GENTAMICIN 0.1% OINTMENT	2	
GENTAMICIN 0.3% EYE DROP	2	
GENTAMICIN 3 MG/ML EYE DROP	2	
GENVOYA	3	
GIANVI	1	
GILOTRIF	5	PA, LDD, SRX
GLATIRAMER	5	PA, SRX
GLATOPA	5	PA, SRX
GLEOSTINE	4	
GLIMEPIRIDE	1	
GLIPIZIDE	1	
GLIPIZIDE ER	1	
GLIPIZIDE XL	1	
GLIPIZIDE-METFORMIN	2	
GLYBURIDE	1	
GLYBURIDE MICRONIZED	1	
GLYBURIDE-METFORMIN	2	
GLYCINE 1.5% IRRIGATION	2	
GLYCOPYRROLATE 1 MG TABLET	2	
GLYCOPYRROLATE 2 MG TABLET	2	
GLYDO	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
GRANISETRON	4	
GRANIX	5	SRX
GRISEOFULVIN	2	
GRISEOFULVIN ULTRAMICROSIZE	2	
GUANFACINE	1	
GUANFACINE ER	2	
GUANIDINE	2	
GVOKE HYPOPEN 1-PACK	3	QL
GVOKE HYPOPEN 2-PACK	3	QL
GVOKE PFS 1-PACK SYRINGE	3	QL
GVOKE PFS 2-PACK SYRINGE	3	QL
GYNAZOLE 1	2	
HAILEY	1	
HAILEY 24 FE	1	
HAILEY FE	1	
HALCINONIDE	4	
HALOBETASOL 0.05% CREAM	2	
HALOBETASOL 0.05% OINTMENT	2	
HALOG 0.1% OINTMENT	4	
HALOPERIDOL	2	
HALOPERIDOL LACTATE 2 MG/ML CONCENTRATE	2	
HAVRIX	3	
HEATHER	1	
HEMANGEOL	4	LDD
HEMMOREX-HC	2	
HEPLISAV-B	3	
HETLIOZ	5	PA, SRX
HIBERIX VACCINE WITH DILUENT	3	
HOMATROPAIRE	2	
HUMALOG	3	QL
HUMALOG JUNIOR KWIKPEN	3	QL
HUMALOG KWIKPEN U-100	3	QL
HUMALOG KWIKPEN U-200	3	QL
HUMALOG MIX 50-50	3	QL
HUMALOG MIX 50-50 KWIKPEN	3	QL
HUMALOG MIX 75-25	3	QL
HUMALOG MIX 75-25 KWIKPEN	3	QL
HUMATROPE	5	PA, SRX
HUMIRA	5	PA, QL, SRX
HUMIRA PEDIATRIC CROHN'S	5	PA, QL, SRX
HUMIRA PEN	5	PA, QL, SRX
HUMIRA PEN CROHN'S-UC-HS	5	PA, QL, SRX
HUMIRA PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX
HUMIRA(CF)	5	PA, QL, SRX
HUMIRA(CF) PEDIATRIC CROHN'S	5	PA, QL, SRX
HUMIRA(CF) PEN	5	PA, QL, SRX
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA, QL, SRX

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
HUMIRA(CF) PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	3	QL
HUMULIN 70-30	3	QL
HUMULIN N	3	QL
HUMULIN N KWIKPEN	3	QL
HUMULIN R	3	QL
HUMULIN R U-500	3	QL
HUMULIN R U-500 KWIKPEN	3	QL
HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX
HYCAMTIN 1 MG CAPSULE	5	PA, SRX
HYDRALAZINE 10 MG TABLET	2	
HYDRALAZINE 100 MG TABLET	2	
HYDRALAZINE 25 MG TABLET	2	
HYDRALAZINE 50 MG TABLET	2	
HYDROCHLOROTHIAZIDE	1	
HYDROCODONE-ACETAMINOPHEN	2	
HYDROCODONE-CHLORPHENIRAMNE ER	2	
HYDROCODONE-HOMATROPINE	2	QL
HYDROCODONE-IBUPROFEN	2	
HYDROCORTISONE 1% CREAM	2	
HYDROCORTISONE 1% OINTMENT	2	
HYDROCORTISONE 10 MG TABLET	2	
HYDROCORTISONE 100 MG/60 ML	2	
HYDROCORTISONE 2.5% CREAM	2	
HYDROCORTISONE 2.5% LOTION	2	
HYDROCORTISONE 2.5% OINTMENT	2	
HYDROCORTISONE 20 MG TABLET	2	
HYDROCORTISONE 5 MG TABLET	2	
HYDROCORTISONE AC 25 MG SUPPOSITORY	2	
HYDROCORTISONE AC 30 MG SUPPOSITORY	2	
HYDROCORTISONE BUTYRATE	2	
HYDROCORTISONE VALERATE	2	
HYDROCORTISONE-ACETIC ACID	2	
HYDROCORTISONE-PRAMOXINE 1%-1% CREAM	2	
HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM	2	
HYDROMET	2	QL
HYDROMORPHONE 1 MG/ML SOLUTION	2	
HYDROMORPHONE 2 MG TABLET	2	
HYDROMORPHONE 3 MG SUPPOSITORY	2	
HYDROMORPHONE 4 MG TABLET	2	
HYDROMORPHONE 5 MG/5 ML SOLUTION	2	
HYDROMORPHONE 8 MG TABLET	2	
HYDROMORPHONE ER	2	
HYDROXYCHLOROQUINE	2	QL
HYDROXYUREA	2	
HYDROXYZINE	2	
HYDROXYZINE 10 MG TABLET	2	
HYDROXYZINE 10 MG/5 ML SOLUTION	2	
HYDROXYZINE 10 MG/5 ML SYRUP	2	
HYDROXYZINE 25 MG TABLET	2	
HYDROXYZINE 50 MG TABLET	2	
HYOPHEN	2	
HYOSCYAMINE 0.125 MG ODT	1	
HYOSCYAMINE 0.125 MG TABLET	1	
HYOSCYAMINE 0.125 MG TABLET SL	1	
HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2	
HYOSCYAMINE 0.125 MG/ML DROP	2	
HYOSCYAMINE ER	1	
HYOSCYAMINE SR	1	
HYOSYNE	2	
HYSINGLA ER	4	ST
IBANDRONATE 150 MG TABLET	2	
IBRANCE	5	PA, LDD, SRX
IBU	1	
IBUPROFEN 100 MG/5 ML SUSPENSION	1	
IBUPROFEN 400 MG TABLET	1	
IBUPROFEN 600 MG TABLET	1	
IBUPROFEN 800 MG TABLET	1	
ICATIBANT	5	PA, SRX
ICLUSIG	5	PA, LDD, SRX
ILARIS	5	PA, LDD, SRX
ILEVRO	4	
IMATINIB	4	PA
IMBRUVICA	5	PA, LDD, SRX
IMIPRAMINE	2	
IMIQUIMOD 5% CREAM PACKET	2	
IMPAVIDO	4	PA
INCASSIA	1	
INCONTROL ALCOHOL PADS	3	
INCRELEX	5	PA, SRX
INCRUSE ELLIPTA	3	
INDAPAMIDE	1	
INDOMETHACIN 25 MG CAPSULE	2	
INDOMETHACIN 50 MG CAPSULE	2	
INDOMETHACIN ER	2	
INFANRIX DTAP	3	
INLYTA	5	PA, LDD, SRX
INSULIN ASPART	4	ST, QL

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
INSULIN ASPART FLEXPEN	4	ST, QL
INSULIN ASPART PENFILL	4	ST, QL
INSULIN ASPART PROT-INSULN ASP	4	ST, QL
INTELENCE	3	
INTRON A	5	PA, SRX
INTROVALE	1	
IPOL	3	
IPRATROPIUM 0.02% SOLUTION	1	
IPRATROPIUM 0.03% SPRAY	2	
IPRATROPIUM 0.06% SPRAY	2	
IPRATROPIUM-ALBUTEROL	2	
IRBESARTAN	2	
IRBESARTAN-HCTZ	2	
IRESSA	5	PA, LDD, SRX
ISENTRESS	3	
ISENTRESS HD	3	
ISIBLOOM	1	
ISOCHRON	2	
ISONIAZID 100 MG TABLET	1	
ISONIAZID 300 MG TABLET	1	
ISONIAZID 50 MG/5 ML SOLUTION	2	
ISOSORBIDE DINITRATE 10 MG TABLET	2	
ISOSORBIDE DINITRATE 20 MG TABLET	2	
ISOSORBIDE DINITRATE 30 MG TABLET	2	
ISOSORBIDE DINITRATE 5 MG TABLET	2	
ISOSORBIDE MONONITRATE	1	
ISOSORBIDE MONONITRATE ER	1	
ISOTRETINOIN	4	QL
ISOXSUPRINE	2	
ISRADIPINE	2	
ITRACONAZOLE	3	
IVERMECTIN 3 MG TABLET	2	
JAIMIESS	1	
JAKAFI	5	PA, LDD, SRX
JANTOVEN	1	
JASMIEL	1	
JENCYCLA	1	
JINTELI	2	
JOLESSA	1	
JUBLIA	4	PA, ST
JULEBER	1	
JULUCA	4	
JUNEL	1	
JUNEL FE	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KALETRA 100-25 MG TABLET	3	QL
KALETRA 200-50 MG TABLET	3	QL

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
KALLIGA	1	
KALYDECO	5	PA, QL, LDD, SRX
KARIVA	1	
KELNOR 1-35	1	
KELNOR 1-50	1	
KERYDIN	4	
KETOCONAZOLE	2	
KETODAN 2% FOAM	2	
KETOPROFEN	2	
KETOROLAC 0.4% OPHTHALMIC SOLUTION	2	
KETOROLAC 0.5% OPHTHALMIC SOLUTION	2	
KETOROLAC 10 MG TABLET	2	QL
KETOROLAC 15 MG/ML SYRINGE	2	QL
KETOROLAC 15 MG/ML VIAL	2	QL
KETOROLAC 30 MG/ML CARPUJECT	2	QL
KETOROLAC 30 MG/ML SYRINGE	2	QL
KETOROLAC 30 MG/ML VIAL	2	QL
KETOROLAC 60 MG/2 ML CARPUJECT	2	QL
KETOROLAC 60 MG/2 ML SYRINGE	2	QL
KETOROLAC 60 MG/2 ML VIAL	2	QL
KINERET	5	PA, ST, QL, LDD, SRX
KINRIX	3	
KIONEX	2	
KLOR-CON	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M10	2	
KLOR-CON M15	4	
KLOR-CON M20	2	
KOMBIGLYZE XR	3	QL
K-PHOS #2	4	
K-PHOS ORIGINAL	4	
KRISTALOSE 20 GM PACKET	4	
KURVELO	1	
KUVAN	5	PA, LDD, SRX
LABETALOL 100 MG TABLET	2	
LABETALOL 200 MG TABLET	2	
LABETALOL 300 MG TABLET	2	
LACRISERT	4	
LACTATED RINGERS IRRIGATION	2	
LACTULOSE 10 GM PACKET	4	
LACTULOSE 10 GM/15 ML SOLUTION	2	
LACTULOSE 20 GM/30 ML SOLUTION	2	
LAMICTAL XR (BLUE)	4	
LAMICTAL XR (GREEN)	4	
LAMICTAL XR (ORANGE)	4	
LAMIVUDINE	2	

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2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

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

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
LIDOCAINE-PRILOCAINE	2	
LILLOW	1	
LINDANE	2	
LINEZOLID 100 MG/5 ML SUSPENSION	4	PA
LINEZOLID 600 MG TABLET	2	PA
LINZESS	4	
LIOTHYRONINE 25 MCG TABLET	2	
LIOTHYRONINE 5 MCG TABLET	2	
LIOTHYRONINE 50 MCG TABLET	2	
LISINOPRIL	1	
LISINOPRIL-HCTZ	1	
LITHIUM	2	
LITHIUM 150 MG CAPSULE	1	
LITHIUM 300 MG CAPSULE	1	
LITHIUM 300 MG TABLET	1	
LITHIUM 600 MG CAPSULE	1	
LITHIUM ER	2	
LITHIUM ER 450 MG TABLET	2	
LITHOSTAT	4	
LO LOESTRIN FE	3	
LOESTRIN	4	
LOESTRIN FE	4	
LOJAIMIESS	1	
LONSURF	5	PA, LDD, SRX
LOPERAMIDE 2 MG CAPSULE	2	
LOPINAVIR-RITONAVIR	2	QL
LOPREEZA	2	
LORAZEPAM 0.5 MG TABLET	2	
LORAZEPAM 1 MG TABLET	2	
LORAZEPAM 2 MG TABLET	2	
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2	
LORAZEPAM INTENSOL	2	
LORCET	2	
LORCET HD	2	
LORTAB	2	
LORYNA	1	
LOSARTAN	1	
LOSARTAN-HCTZ	1	
LOSEASONIQUE	4	
LOTEMAX 0.5% EYE OINTMENT	4	
LOTEMAX 0.5% OPHTHALMIC GEL	4	
LOTEMAX SM	4	
LOTEPREDNOL	3	
LOVASTATIN	1	
LOW-OGESTREL	1	
LOXAPINE	2	
LO-ZUMANDIMINE	1	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
LUDENT	2	
LUMIGAN	4	
LUPANETA PACK	5	PA, SRX
LUTERA	1	
LYNPARZA	5	PA, LDD, SRX
LYSODREN	4	
LYZA	1	
MALATHION	2	
MAPROTILINE	2	
MARLISSA	1	
MARPLAN	4	
MATULANE	5	LDD, SRX
MATZIM LA	2	
MECLIZINE 12.5 MG TABLET	2	
MECLIZINE 25 MG TABLET	2	
MECLOFENAMATE	2	
MEDROL 2 MG TABLET	4	
MEDROXYPROGESTERONE	1	
MEFENAMIC ACID	2	
MEFLOQUINE	2	QL
MEGESTROL	2	
MEKINIST	5	PA, SRX
MELODETTA 24 FE	1	
MELOXICAM 15 MG TABLET	1	
MELOXICAM 7.5 MG TABLET	1	
MELPHALAN 2 MG TABLET	2	
MEMANTINE	2	
MENACTRA	3	
MENEST	4	
MENTAX	4	
MENVEO A-C-Y-W-135-DIP	3	
MEPERIDINE 100 MG TABLET	2	
MEPERIDINE 50 MG TABLET	2	
MEPERIDINE 50 MG/5 ML SOLUTION	2	
MEPROBAMATE	2	
MERCAPTOPURINE	2	
MESALAMINE 4 GM/60 ML ENEMA	4	
MESALAMINE 4 GM/60 ML KIT	4	
MESALAMINE 800 MG DR TABLET	4	
MESALAMINE ER	3	
MESNEX 400 MG TABLET	5	SRX
METADATE ER	2	QL
METAPROTERENOL	2	
METAXALONE	4	
METFORMIN 1,000 MG TABLET	1	
METFORMIN 500 MG TABLET	1	
METFORMIN 850 MG TABLET	1	
METFORMIN ER (generic GLUCOPHAGE XR)	2	

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2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
METHADONE 10 MG TABLET	2	PA
METHADONE 10 MG/5 ML SOLUTION	2	PA
METHADONE 5 MG TABLET	2	PA
METHADONE 5 MG/5 ML SOLUTION	2	PA
METHADONE INTENSOL	2	PA
METHAMPHETAMINE	4	
METHAZOLAMIDE	2	
METHENAMINE HIPPURATE	2	
METHENAMINE MANDELATE	2	
METHERGINE	4	
METHIMAZOLE	2	
METHITEST	5	SRX
METHOCARBAMOL 500 MG TABLET	2	
METHOCARBAMOL 750 MG TABLET	2	
METHOTREXATE 2.5 MG TABLET	2	
METHOXSALEN	4	
METHSCOPOLAMINE	2	
METHYLDOPA	1	
METHYLDOPA-HCTZ	2	
METHYLERGONOVINE 0.2 MG TABLET	4	
METHYLPHENIDATE	2	
METHYLPHENIDATE CD	2	QL
METHYLPHENIDATE ER (CD)	2	QL
METHYLPHENIDATE ER (LA)	2	QL
METHYLPHENIDATE ER 10 MG TABLET	2	QL
METHYLPHENIDATE ER 18 MG TABLET	2	QL
METHYLPHENIDATE ER 20 MG TABLET	2	QL
METHYLPHENIDATE ER 27 MG TABLET	2	QL
METHYLPHENIDATE ER 36 MG TABLET	2	QL
METHYLPHENIDATE ER 54 MG TABLET	2	QL
METHYLPHENIDATE LA	2	QL
METHYLPREDNISOLONE	2	
METHYLTESTOSTERONE	5	SRX
METOCLOPRAMIDE 10 MG TABLET	1	
METOCLOPRAMIDE 10 MG/10 ML SOLUTION	1	
METOCLOPRAMIDE 5 MG TABLET	1	
METOCLOPRAMIDE 5 MG/5 ML SOLUTION	1	
METOCLOPRAMIDE ODT	2	
METOLAZONE	2	
METOPROLOL 100 MG TABLET	1	
METOPROLOL 25 MG TABLET	1	
METOPROLOL 37.5 MG TABLET	2	
METOPROLOL 50 MG TABLET	1	
METOPROLOL 75 MG TABLET	2	
METOPROLOL ER	2	
METOPROLOL-HCTZ	2	
METRONIDAZOLE 0.75% CREAM	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
METRONIDAZOLE 0.75% LOTION	2	
METRONIDAZOLE 250 MG TABLET	2	
METRONIDAZOLE 375 MG CAPSULE	2	
METRONIDAZOLE 500 MG TABLET	2	
METRONIDAZOLE TOPICAL 0.75% GEL	2	
METRONIDAZOLE TOPICAL 1% GEL	2	
METRONIDAZOLE TOPICAL 1% GEL PUMP	2	
METRONIDAZOLE VAGINAL 0.75% GEL	2	
MEXILETINE	2	
MIBELAS 24 FE	1	
MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	1	
MICROGESTIN	1	
MICROGESTIN FE 1.5-30 TABLET	1	
MICROGESTIN FE 1-20 TABLET	4	
MIDAZOLAM 2 MG/ML SYRUP	2	
MIDODRINE	2	
MIGERGOT	4	
MIGLITOL	2	
MIGLUSTAT	5	PA, SRX
MILI	1	
MIMVEY	2	
MINASTRIN 24 FE	3	
MINITRAN	2	
MINOCYCLINE	2	
MINOCYCLINE ER 135 MG TABLET	2	
MINOCYCLINE ER 45 MG TABLET	2	
MINOCYCLINE ER 90 MG TABLET	2	
MINOXIDIL 10 MG TABLET	2	
MINOXIDIL 2.5 MG TABLET	2	
MIRCERA	5	PA, SRX
MIRCETTE	4	
MIRTAZAPINE	2	
MIRVASO	4	
MISOPROSTOL	2	
M-M-R II VACCINE	3	
M-NATAL PLUS	1	
MODAFINIL	4	PA
MOEXIPRIL	2	
MOLINDONE	2	
MOMETASONE 0.1% CREAM	2	
MOMETASONE 0.1% OINTMENT	2	
MOMETASONE 0.1% SOLUTION	2	
MOMETASONE 50 MCG SPRAY	2	QL
MONDOXYNE NL	2	
MONO-LINYAH	1	
MONTELUKAST	2	

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
MONUROL	4	
MORGIDOX 100 MG CAPSULE	2	
MORPHINE 10 MG SUPPOSITORY	2	
MORPHINE 10 MG/5 ML SOLUTION	2	
MORPHINE 100 MG/5 ML CONCENTRATE	2	
MORPHINE 20 MG SUPPOSITORY	2	
MORPHINE 20 MG/5 ML SOLUTION	2	
MORPHINE 30 MG SUPPOSITORY	2	
MORPHINE 5 MG SUPPOSITORY	2	
MORPHINE ER	2	
MORPHINE IR 15 MG TABLET	2	
MORPHINE IR 30 MG TABLET	2	
MOVIPREP	4	
MOXIFLOXACIN 0.5% EYE DROPS	2	
MOXIFLOXACIN 400 MG TABLET	2	
MULTAQ	4	
MULTIVITAMIN WITH FLUORIDE	2	
MULTIVITAMIN-IRON-FLUORIDE	2	
MUPIROCIN	2	
MVW COMPLETE FORMULATION D3000	2	
MVW COMPLETE FORMULATION D5000	2	
MVW COMPLETE FORMULATION MULTIVITAMIN	2	
MVW COMPLETE FORMULATION PEDIATRIC	2	
MVW COMPLETE FORMULATION PROBIOTIC	2	
MYALEPT	5	PA, SRX
MYCOPHENOLATE 200 MG/ML SUSPENSION	2	
MYCOPHENOLATE 250 MG CAPSULE	2	
MYCOPHENOLATE 500 MG TABLET	2	
MYCOPHENOLIC ACID	2	
MYLERAN	4	
MYNATAL	1	
MYNATAL ADVANCE	1	
MYNATAL PLUS	1	
MYNATAL-Z	1	
MYORISAN	4	QL
MYRBETRIQ	4	ST, QL
MYTESI	4	
NABUMETONE	2	
NADOLOL	1	
NADOLOL-BENDROFLUMETHIAZIDE	2	
NAFTIFINE	2	
NAFTIN 2% GEL	4	
NALOXONE 0.4 MG/ML CARPUJECT	2	
NALOXONE 2 MG/2 ML SYRINGE	2	
NALTREXONE	2	QL
NAPROXEN 125 MG/5 ML SUSPENSION	2	
NAPROXEN 250 MG TABLET	1	
NAPROXEN 275 MG TABLET	1	
NAPROXEN 375 MG TABLET	1	
NAPROXEN 500 MG TABLET	1	
NAPROXEN 550 MG TABLET	1	
NAPROXEN CR 375 MG TABLET	2	
NAPROXEN DR 375 MG TABLET	1	
NAPROXEN DR 500 MG TABLET	1	
NAPROXEN ER 375 MG TABLET	2	
NARATRIPTAN	2	QL
NARCAN	3	QL
NATACYN	4	
NATAZIA	4	
NATEGLINIDE	2	
NATPARA	5	PA, LDD, SRX
NATURE-THROID	1	
NAYZILAM	5	PA, QL, SRX
NEBUPENT	4	
NEBUSAL 3% VIAL	2	
NECON	1	
NEFAZODONE	2	
NEOMYCIN	2	
NEOMYCIN-BACITRACIN-POLYMYXIN	2	
NEOMYCIN-BACITRACIN-POLYMYXIN-HYDROCORTISONE	2	
NEOMYCIN-POLYMYXIN B	2	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
NEOMYCIN-POLYMYXIN-HYDROCORTISONE	2	
NEO-POLYCIN	2	
NEO-POLYCIN HYDROCORTISONE	2	
NEO-SYNALAR 0.5%-0.025% CREAM	4	
NEUAC GEL	2	
NEULASTA	5	PA, SRX
NEUPRO	4	
NEVANAC	4	
NEVIRAPINE	2	
NEVIRAPINE ER	2	
NEWGEN	1	
NEXAVAR	5	PA, SRX
NIACIN ER 1000 MG TABLET	2	
NIACIN ER 500 MG TABLET	2	
NIACIN ER 750 MG TABLET	2	

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
NICARDIPINE 20 MG CAPSULE	2	
NICARDIPINE 30 MG CAPSULE	2	
NICOTROL	4	
NICOTROL NS	4	
NIFEDIPINE	2	
NIFEDIPINE ER	2	
NIKKI	1	
NILUTAMIDE	5	SRX
NIMODIPINE	4	
NINLARO	5	PA, LDD, SRX
NISOLDIPINE	2	QL
NITRO-BID	2	
NITRO-DUR 0.3 MG/HR PATCH	4	
NITRO-DUR 0.8 MG/HR PATCH	4	
NITROFURANTOIN	2	
NITROFURANTOIN MONO-MACRO	2	
NITROGLYCERIN 0.3 MG TABLET SL	2	
NITROGLYCERIN 0.4 MG TABLET SL	2	
NITROGLYCERIN 0.6 MG TABLET SL	2	
NITROGLYCERIN LINGUAL 0.4 MG	2	
NITROGLYCERIN PATCH	2	
NITRO-TIME	2	
NIVA-PLUS	1	
NIZATIDINE 15 MG/ML SOLUTION	2	
NIZATIDINE 150 MG CAPSULE	1	
NIZATIDINE 300 MG CAPSULE	1	
NOLIX	4	
NORA-BE	1	
NORDITROPIN FLEXPRO	5	PA, ST, SRX
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG (21) TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FERROUS	1	
NORGESTIMATE-ETHINYL ESTRADIOL	1	
NORITATE	4	
NORLYDA	1	
NORPACE CR	4	
NORTREL	1	
NORTRIPTYLINE 10 MG CAPSULE	1	
NORTRIPTYLINE 10 MG/5 ML SOLUTION	2	
NORTRIPTYLINE 25 MG CAPSULE	1	
NORTRIPTYLINE 50 MG CAPSULE	1	
NORTRIPTYLINE 75 MG CAPSULE	1	
NORVIR 100 MG POWDER PACKET	3	
NORVIR 80 MG/ML SOLUTION	3	
NOVOFINE 32G NEEDLES	3	
NOVOFINE AUTOCOVER 30G NEEDLE	3	
NOVOFINE PLUS PEN NEEDLE 32GX1/6"	3	
NOVOLOG	4	ST, QL
NOVOLOG FLEXPEN	4	ST, QL
NOVOLOG MIX 70-30	4	ST, QL
NOVOLOG MIX 70-30 FLEXPEN	4	ST, QL
NOVOTWIST NEEDLE 32G 5MM	3	
NOXAFIL 40 MG/ML SUSPENSION	4	
NP THYROID	1	
NUCYNTA	4	
NUCYNTA ER	4	ST
NUEDEXTA	4	PA
NULEV	1	
NUTROPIN AQ NUSPIN	5	PA, ST, SRX
NUVARING	3	
NYAMYC	2	
NYSTATIN 100,000 UNIT/GM CREAM	1	
NYSTATIN 100,000 UNIT/GM OINTMENT	1	
NYSTATIN 100,000 UNIT/GM POWDER	2	
NYSTATIN 100,000 UNIT/ML SUSPENSION	2	
NYSTATIN 500,000 UNIT ORAL TABLET	2	
NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2	
NYSTATIN-TRIAMCINOLONE	1	
NYSTOP	2	
OBSTETRIX DHA	1	
OBSTETRIX ONE	1	
O-CAL PRENATAL	4	
OCELLA	1	
OCTREOTIDE	2	PA
ODEFSEY	3	
ODOMZO	5	PA, LDD, SRX
OFLOXACIN	2	
OLANZAPINE 10 MG TABLET	2	
OLANZAPINE 15 MG TABLET	2	
OLANZAPINE 2.5 MG TABLET	2	
OLANZAPINE 20 MG TABLET	2	
OLANZAPINE 5 MG TABLET	2	

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2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
OLANZAPINE 7.5 MG TABLET	2	
OLANZAPINE ODT	2	
OLANZAPINE-FLUOXETINE	2	
OLMESARTAN	2	
OLMESARTAN-AMLODIPINE-HCTZ	2	
OLMESARTAN-HCTZ	2	
OLOPATADINE	2	
OMEGA-3 ACID ETHYL ESTERS	2	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL
OMEPRAZOLE DR 20 MG CAPSULE	2	QL
OMEPRAZOLE DR 40 MG CAPSULE	2	QL
OMNITROPE	5	PA, ST, SRX
ONDANSETRON	2	
ONDANSETRON ODT	2	
ONETOUCH DELICA 30G LANCETS	3	
ONETOUCH DELICA 33G LANCETS	3	
ONETOUCH DELICA LANCING DEV	3	
ONETOUCH DELICA PLUS 30G LANCETS	3	
ONETOUCH DELICA PLUS 33G LANCETS	3	
ONETOUCH DELICA PLUS LANCET DEVICE	3	
ONETOUCH SURESOFT 18G LANCET DEVICE	3	
ONETOUCH SURESOFT 21G LANCET DEVICE	3	
ONETOUCH SURESOFT 28G LANCET DEVICE	3	
ONETOUCH ULTRA BLUE TEST STRP	3	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRAMINI	1	
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH VERIO FLEX METER	1	
ONETOUCH VERIO FLEX STARTER KIT	1	
ONETOUCH VERIO IQ METER	1	
ONETOUCH VERIO IQ SYSTEM KIT	1	
ONETOUCH VERIO METER	1	
ONETOUCH VERIO REFLECT METER	1	
ONETOUCH VERIO TEST STRIP	3	
ONGLYZA	3	QL
OPCICON ONE-STEP	1	
OPIUM TINCTURE	2	
OPSUMIT	5	PA, LDD, SRX
ORACIT	4	
ORALONE	2	
ORENITRAM ER	5	PA, LDD, SRX
ORKAMBI	5	PA, QL, LDD, SRX
ORPHENADRINE ER	2	
ORPHENGESIC FORTE	2	
ORSYTHIA	1	
OSCIMIN 0.125 MG TABLET	2	
OSCIMIN SL	1	
OSCIMIN SR	2	
OSELTAMIVIR	2	QL
OSMOPREP	4	
OSPHENA	4	
OTEZLA	5	PA, ST, QL, SRX
OTOVEL	4	
OXANDROLONE	4	PA
OXAPROZIN	2	
OXAZEPAM	2	
OXCARBAZEPINE	2	
OXICONAZOLE	2	
OXISTAT 1% LOTION	4	
OXYBUTYNIN 5 MG TABLET	1	
OXYBUTYNIN 5 MG/5 ML SYRUP	2	
OXYBUTYNIN ER	2	
OXYCODONE	2	
OXYCODONE -ASPIRIN	2	
OXYCODONE-ACETAMINOPHEN 10-325	2	
OXYCODONE-ACETAMINOPHEN 2.5-325	2	
OXYCODONE-ACETAMINOPHEN 5-325	2	
OXYCODONE-ACETAMINOPHEN 7.5-325	2	
OXYMORPHONE	2	
OXYMORPHONE ER 10 MG TABLET	2	
OXYMORPHONE ER 15 MG TABLET	2	
OXYMORPHONE ER 20 MG TABLET	2	
OXYMORPHONE ER 30 MG TABLET	2	
OXYMORPHONE ER 40 MG TABLET	2	
OXYMORPHONE ER 5 MG TABLET	2	
OXYMORPHONE ER 7.5 MG TABLET	2	
PACERONE 200 MG TABLET	2	
PALIPERIDONE ER	2	
PANCREAZE	4	
PANRETIN	5	SRX
PANTOPRAZOLE DR 20 MG TABLET	2	QL
PANTOPRAZOLE DR 40 MG TABLET	2	QL
PARICALCITOL 1 MCG CAPSULE	2	
PARICALCITOL 2 MCG CAPSULE	2	
PARICALCITOL 4 MCG CAPSULE	2	
PAROEX	2	
PAROMOMYCIN	2	
PAROXETINE	1	QL

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
PAROXETINE CR	2	QL
PAROXETINE ER	2	QL
PASER	4	
PEDIARIX	3	
PEDVAXHIB	3	
PEG 3350-ELECTROLYTE	2	
PEG-3350 AND ELECTROLYTES	2	
PEGANONE	4	
PEGASYS	5	PA, SRX
PEGINTRON	5	PA, SRX
PEG-PREP	2	
PENICILLAMINE	4	PA
PENICILLIN V	1	
PENTACEL	3	
PENTACEL ACTHIB COMPONENT VIAL	3	
PENTACEL DTAP-IPV COMPONENT VIAL	3	
PENTAMIDINE 300 MG INHALATION POWDER	3	
PENTASA	4	
PENTAZOCINE-NALOXONE	2	
PENTOXIFYLLINE	2	
PERFOROMIST	4	QL
PERINDOPRIL	2	
PERIOGARD 0.12% ORAL RINSE	2	
PERMETHRIN	2	
PERPHENAZINE	2	
PERPHENAZINE-AMITRIPTYLINE	2	
PERTZYE	4	
PEXEVA	4	ST, QL
PHENAZOPYRIDINE	1	
PHENELZINE	2	
PHENOBARBITAL	2	
PHENOXYBENZAMINE	5	SRX
PHENYLEPHRINE 10% EYE DROPS	2	
PHENYLEPHRINE 2.5% EYE DROP	2	
PHENYTOIN	2	
PHENYTOIN EXTENDED	2	
PHILITH	1	
PHOSLYRA	4	
PHOSPHASAL	2	
PHOSPHOLINE IODIDE	4	
PHYSIOSOL	4	
PHYTONADIONE 5 MG TABLET	4	
PICATO	4	
PILOCARPINE	2	
PIMECROLIMUS	4	
PIMOZIDE	2	
PIMTREA	1	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
PINDOLOL	2	
PIOGLITAZONE	2	
PIOGLITAZONE-GLIMEPIRIDE	2	
PIOGLITAZONE-METFORMIN	2	
PIRMELLA	1	
PIROXICAM	2	
PLAN B ONE-STEP	4	
PLEGRIDY	5	PA, ST, LDD, SRX
PLEGRIDY PEN	5	PA, ST, LDD, SRX
PNEUMOVAX 23	3	
PNV 29-1	1	
PNV-DHA	1	
PNV-DHA + DOCUSATE	1	
PNV-OMEGA	1	
PNV-SELECT	1	
PODOFILOX	2	
POLYCIN	2	
POLYMYXIN B SUL-TRIMETHOPRIM	2	
POMALYST	5	PA, LDD, SRX
PORTIA	1	
POSACONAZOLE	4	
POTASSIUM CHLORIDE 10% (20 MEQ/15ML)	2	
POTASSIUM CHLORIDE 10% (40 MEQ/30ML)	2	
POTASSIUM CHLORIDE 20 MEQ PACKET	2	
POTASSIUM CHLORIDE 20% (40 MEQ/15ML)	2	
POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	2	
POTASSIUM CHLORIDE ER 10 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 20 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	2	
POTASSIUM CHLORIDE ER 8 MEQ TABLET	2	
POTASSIUM CITRATE ER	2	
PR NATAL 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PRADAXA	4	ST, QL
PRAMIPEXOLE	2	
PRAMIPEXOLE ER	2	
PRAMOSONE 1% LOTION	4	
PRAMOSONE 1%-1% CREAM	4	
PRAMOSONE 1%-1% OINTMENT	4	

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
PRAMOSONE 2.5%-1% LOTION	4	
PRAMOSONE 2.5%-1% OINTMENT	4	
PRASUGREL	2	
PRAVASTATIN	1	
PRAZIQUANTEL	2	
PRAZOSIN	2	
PRED-G	4	
PREDNICARBATE	2	
PREDNISOLONE 1% EYE DROP	2	
PREDNISOLONE 15 MG/5 ML SOLUTION	2	
PREDNISOLONE 25 MG/5 ML SOLUTION	2	
PREDNISOLONE 25 MG/5 ML SOLUTION	2	
PREDNISOLONE 5 MG/5 ML SOLUTION	2	
PREDNISOLONE AC 1% EYE DROP	2	
PREDNISOLONE ODT	2	
PREDNISONE	2	
PREDNISONE INTENSOL	2	
PREFEST	2	
PREGABALIN	2	QL
PREMARIN TABLET	4	
PRENA1 TRUE	1	
PRENAISSANCE	1	
PRENAISSANCE PLUS	1	
PRENATAL 19	1	
PRENATAL LOW IRON	1	
PRENATAL PLUS	1	
PRENATAL PLUS-DHA COMBO PACK	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U	1	
PREPLUS	1	
PRETAB	1	
PREVALITE	2	
PREVIFEM	1	
PREVNAR 13	3	
PREZCOBIX	3	
PREZISTA	3	
PRIFTIN	4	
PRIMAQUINE	2	
PRIMIDONE	2	
PRIMSOL	4	
PRO COMFORT ALCOHOL PADS	3	
PROBENECID	2	
PROBENECID-COLCHICINE	2	
PROCENTRA	2	
PROCHLORPERAZINE	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
PROCTO-MED HC	2	
PROCTO-PAK	2	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
PROGESTERONE 100 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2	
PROGLYCEM	4	
PROGRAF 0.2 MG GRANULE PACKET	4	
PROGRAF 1 MG GRANULE PACKET	4	
PROMACTA	5	PA, SRX
PROMETHAZINE 12.5 MG SUPPOSITORY	2	
PROMETHAZINE 12.5 MG TABLET	2	
PROMETHAZINE 25 MG SUPPOSITORY	2	
PROMETHAZINE 25 MG TABLET	2	
PROMETHAZINE 50 MG TABLET	2	
PROMETHAZINE 6.25 MG/5 ML SOLUTION	2	
PROMETHAZINE 6.25 MG/5 ML SYRUP	2	
PROMETHAZINE-CODEINE	2	QL
PROMETHAZINE-DM	2	
PROMETHAZINE-PHENYLEPHRINE	2	
PROMETHAZINE-PHENYLEPHRINE-CODEINE	2	QL
PROMETHEGAN	2	
PROPAFENONE	2	
PROPAFENONE ER	2	
PROPANTHELINE	2	
PROPARACAINE	2	
PROPRANOLOL 10 MG TABLET	2	
PROPRANOLOL 20 MG TABLET	2	
PROPRANOLOL 20 MG/5 ML SOLUTION	2	
PROPRANOLOL 40 MG TABLET	2	
PROPRANOLOL 40 MG/5 ML SOLUTION	2	
PROPRANOLOL 60 MG TABLET	2	
PROPRANOLOL 80 MG TABLET	2	
PROPRANOLOL ER	2	
PROPRANOLOL-HCTZ	2	
PROPYLTHIOURACIL	2	
PROQUAD	3	
PROTRIPTYLINE	2	
PSORCON	4	
PULMOSAL	2	
PULMOZYME	5	PA, SRX
PURE COMFORT ALCOHOL PAD	3	

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
PURIXAN 20 MG/ML ORAL SUSPENSION	5	PA, SRX
PYRAZINAMIDE	2	
PYRIDOSTIGMINE 60 MG TABLET	4	
PYRIDOSTIGMINE 60 MG/5 ML SOLUTION	5	PA, SRX
PYRIDOSTIGMINE ER	4	
PYRIMETHAMINE	4	PA
QUADRACEL DTAP-IPV	3	
QUARTETTE	4	
QUAZEPAM	2	
QUETIAPINE	2	
QUETIAPINE ER	2	
QUINAPRIL	2	
QUINAPRIL-HCTZ	2	
QUINIDINE	2	
QUINIDINE ER 324 MG TABLET	2	
QUININE	2	
QUTENZA	4	
RABEPRAZOLE DR 20 MG TABLET	2	QL
RALOXIFENE	2	
RAMELTEON	3	QL
RAMIPRIL	2	
RANOLAZINE ER	4	QL
RASAGILINE	2	
RECLIPSEN	1	
RECOMBIVAX HB	3	
RECTIV	4	
REGRANEX	4	PA, QL
RELENZA	4	QL
RELISTOR	4	PA
RENACIDIN	4	
REPAGLINIDE	2	
REPATHA PUSHTRONEX	5	PA, ST, SRX
REPATHA SURECLICK	5	PA, ST, SRX
REPATHA SYRINGE	5	PA, ST, SRX
RESPA A.R.	4	
REVLIMID	5	PA, LDD, SRX
REYATAZ 50 MG POWDER PACKET	3	
RIBAVIRIN 200 MG CAPSULE	4	
RIBAVIRIN 200 MG TABLET	4	
RIDAURA	4	
RIFABUTIN	2	
RIFAMPIN 150 MG CAPSULE	2	
RIFAMPIN 300 MG CAPSULE	2	
RILUZOLE	4	
RIMANTADINE	2	
RINVOQ	5	PA, QL, SRX
RISEDRONATE	2	
RISEDRONATE DR	2	
RISPERIDONE	2	
RISPERIDONE ODT	2	
RITONAVIR	2	
RIVASTIGMINE	2	
RIVELSA	1	
RIZATRIPTAN	2	QL
R-NATAL OB	1	
ROPINIROLE	2	
ROPINIROLE ER	2	
ROSADAN 0.75% CREAM	2	
ROSADAN 0.75% GEL	2	
ROSUVASTATIN	2	
ROTARIX	3	
ROTATEQ	3	
ROWEEPRA	2	
ROWEEPRA XR	2	
ROZEREM	4	ST, QL
SAFYRAL	4	
SAIZEN	5	PA, ST, SRX
SAIZEN-SAIZENPREP	5	PA, ST, SRX
SALICYLIC ACID 27.5% LIQUID	2	
SALSALATE	2	
SANTYL	4	QL
SAVAYSA	4	ST, QL
SAVELLA	4	
SCOPOLAMINE	2	
SEASONIQUE	4	
SECONAL	4	
SELEGILINE	2	
SELENIUM 2.25% SHAMPOO	2	
SELENIUM 2.5% LOTION	2	
SE-NATAL 19 CHEWABLE TABLET	1	
SE-NATAL-19 TABLET	1	
SEREVENT DISKUS	3	
SEROSTIM	5	PA, ST, LDD, SRX
SERTRALINE 100 MG TABLET	1	QL
SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
SERTRALINE 25 MG TABLET	1	QL
SERTRALINE 50 MG TABLET	1	QL
SETLAKIN	1	
SEVELAMER CARBONATE 800 MG TABLET	4	
SEVELAMER TABLET	4	
SF	2	
SF 5000 PLUS	2	
SHAROBEL	1	
SHINGRIX	3	

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
SIGNIFOR	5	PA, SRX
SILDENAFIL 20 MG TABLET	4	PA
SILENOR	4	ST, QL
SILODOSIN	2	QL
SILVER NITRATE SOLUTION	2	
SILVER SULFADIAZINE	2	
SIMBRINZA	3	
SIMLIYA	1	
SIMPESSE	1	
SIMVASTATIN 10 MG TABLET	1	
SIMVASTATIN 20 MG TABLET	1	
SIMVASTATIN 40 MG TABLET	1	
SIMVASTATIN 5 MG TABLET	1	
SIMVASTATIN 80 MG TABLET	1	QL
SIROLIMUS 0.5 MG TABLET	2	
SIROLIMUS 1 MG TABLET	2	
SIROLIMUS 1 MG/ML SOLUTION	5	SRX
SIROLIMUS 2 MG TABLET	2	
SIRTURO	4	PA
SIVEXTRO 200 MG TABLET	4	PA
SKLICE	4	
SKYRIZI	5	PA, QL, SRX
SKYRIZI (2 SYRINGES) KIT	5	PA, QL, SRX
SLYND	4	
SODIUM CHLORIDE 0.9% INHALATION VIAL	2	
SODIUM CHLORIDE 0.9% IRRIGATION	2	
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2	
SODIUM CHLORIDE 10% VIAL	2	
SODIUM CHLORIDE 3% VIAL	2	
SODIUM CHLORIDE 7% VIAL	2	
SODIUM FLUORIDE	2	
SODIUM FLUORIDE 5000 PLUS	2	
SODIUM FLUORIDE SENSITIVE	2	
SODIUM PHENYLBUTYRATE	5	SRX
SODIUM POLYSTYRENE 15 G/60 ML	2	
SODIUM POLYSTYRENE POWDER	2	
SOFOSBUVIR-VELPATASVIR	5	PA, SRX
SOLIFENACIN	3	QL
SOLIQUA 100 UNIT-33 MCG/ML PEN	4	
SOLTAMOX	4	
SOMAVERT	5	PA, LDD, SRX
SOTALOL AF	1	
SOTALOL TABLET	1	
SOTYLIZE	4	PA
SOVALDI 150 MG PELLET PACKET	5	PA, QL, SRX
SOVALDI 200 MG PELLET PACKET	5	PA, QL, SRX
SOVALDI 200 MG TABLET	5	PA, SRX
SOVALDI 400 MG TABLET	5	PA, SRX
SPINOSAD	2	
SPIRONOLACTONE	2	
SPIRONOLACTONE-HCTZ	2	
SPRINTEC	1	
SPRIX	4	QL
SPRYCEL	5	PA, SRX
SPS 15 GM/60 ML SUSPENSION	2	
SPS 30 GM/120 ML ENEMA	2	
SRONYX	1	
SSKI	4	
STAVUDINE	2	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2	
STIMATE	5	PA, SRX
STIVARGA	5	PA, LDD, SRX
STRIBILD	3	
STRIVERDI RESPIMAT	4	ST
SUBVENITE	2	
SUBVENITE (BLUE)	2	
SUBVENITE (GREEN)	2	
SUBVENITE (ORANGE)	2	
SUCRAID	5	LDD, SRX
SUCRALFATE 1 GM TABLET	2	
SULFACETAMIDE	2	
SULFACETAMIDE-PREDNISOLONE	2	
SULFADIAZINE	2	
SULFAMETHOXAZOLE-TMP DS TABLET	2	
SULFAMETHOXAZOLE-TMP SS TABLET	2	
SULFAMETHOXAZOLE-TMP SUSPENSION	2	
SULFAMYLON 8.5% CREAM	4	
SULFASALAZINE	2	
SULFASALAZINE DR	2	
SULINDAC	2	
SUMATRIPTAN	2	QL
SUPRAX 400 MG TABLET	4	
SUPRAX CHEWABLE TABLET	4	
SUPRAX 500 MG/5 ML SUSPENSION	4	
SUPREP	4	
SUTENT	5	PA, LDD, SRX
SYEDA	1	
SYLATRON	5	PA, LDD, SRX
SYMAX-SL	1	
SYMAX-SR	2	
SYMLINPEN 120	4	QL
SYMLINPEN 60	4	QL

Go to Cigna.com/ifp-drug-list to see the full list of medications your plan covers.

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
SYMTUZA	3	
SYNAREL	5	SRX
SYNERA	4	
SYNTHROID	4	
TABLOID	4	
TACROLIMUS CAPSULE	2	
TACROLIMUS OINTMENT	2	
TADALAFIL 2.5 MG TABLET	2	PA, QL
TADALAFIL 20 MG TABLET	5	PA, SRX
TADALAFIL 5 MG TABLET	2	PA, QL
TAFINLAR	5	PA, LDD, SRX
TAGRISSO	5	PA, SRX
TAKE ACTION	4	
TAMOXIFEN	2	
TAMSULOSIN	2	
TARGRETIN 1% GEL	5	SRX
TARINA 24 FE	1	
TARINA FE	1	
TARINA FE 1-20 EQ	1	
TARON-C DHA	1	
TARON-PREX PRENATAL	1	
TASIGNA	5	PA, SRX
TAYTULLA	3	
TAZAROTENE	2	
TAZORAC 0.05% CREAM	4	
TAZORAC 0.05% GEL	4	
TAZORAC 0.1% GEL	4	
TAZTIA XT	2	
TDVAX VIAL	3	
TECFIDERA	5	PA, LDD, SRX
TELMISARTAN	2	
TELMISARTAN-AMLODIPINE	2	
TELMISARTAN-HCTZ	2	
TEMAZEPAM	2	
TEMOZOLOMIDE	4	PA
TENCON	2	
TENIVAC	3	
TENOFOVIR	2	
TERAZOSIN	1	
TERBINAFINE 250 MG TABLET	1	
TERBUTALINE 2.5 MG TABLET	2	
TERBUTALINE 5 MG TABLET	2	
TERCONAZOLE	2	
TERIPARATIDE	5	PA, QL, SRX
TESTOSTERONE 1,000 MG/5 ML	2	
TESTOSTERONE 1.62% (1.25 G) PACKET	2	QL
TESTOSTERONE 1.62% (2.5 G) PACKET	2	QL
TESTOSTERONE 1.62% GEL PUMP	2	QL
TESTOSTERONE 10 MG GEL PUMP	2	QL
TESTOSTERONE 100 MG/ML	2	
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL
TESTOSTERONE 200 MG/ML	2	
TESTOSTERONE 25 MG/2.5 GM PACKET	2	QL
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TESTOSTERONE 50 MG/5 GRAM PACKET	2	QL
TESTOSTERONE 500 MG/2.5 ML	2	
TESTOSTERONE 500 MG/5 ML	2	
TESTOSTERONE 6,000 MG/30ML	2	
TESTOSTERONE CYPIONATE 1,000 MG/10 ML	2	
TESTOSTERONE CYPIONATE 2,000 MG/10 ML	2	
TESTOSTERONE ENANTHATE	2	
TETRABENAZINE	5	PA, SRX
TETRACAINE 0.5% EYE DROP	2	
TETRACAINE 0.5% STERI-UNIT SOLUTION	2	
TETRACYCLINE	1	
TEXACORT	4	
THALOMID	5	PA, LDD, SRX
THEOPHYLLINE	2	
THEOPHYLLINE ANHYDROUS	2	
THIOLA 100 MG TABLET	4	LDD
THIORIDAZINE	2	
THIOTHIXENE	2	
THRIVITE 19	1	
THYROID	1	
TIADYLT ER	2	
TIAGABINE	2	
TILIA FE	1	
TIMOLOL 0.25% EYE DROP	2	
TIMOLOL 0.25% GEL-SOLUTION	2	
TIMOLOL 0.25% GFS GEL-SOLUTION	2	
TIMOLOL 0.5% EYE DROPS	2	
TIMOLOL 0.5% GEL-SOLUTION	2	
TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TIMOLOL 10 MG TABLET	2	
TIMOLOL 20 MG TABLET	2	
TIMOLOL 5 MG TABLET	2	
TINIDAZOLE	2	
TIS-U-SOL PENTALYTE	4	
TIVICAY	3	
TIVICAY PD	3	
TIZANIDINE	2	

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
TOBRADEX EYE OINTMENT	4	
TOBRADEX ST	4	
TOBRAMYCIN 0.3% EYE DROP	2	
TOBRAMYCIN 300 MG/5 ML AMPULE	2	PA, QL
TOBRAMYCIN PAK 300 MG/5 ML	2	PA, QL
TOBRAMYCIN-DEXAMETHASONE	2	
TOBREX 0.3% EYE OINTMENT	4	
TOLCAPONE	5	SRX
TOLMETIN	2	
TOLTERODINE	2	
TOLTERODINE ER	2	
TOLVAPTAN	5	SRX
TOPIRAMATE	2	
TOPIRAMATE ER	2	
TOREMIFENE	4	
TORSEMIDE	2	
TOVET EMOLLIENT	2	
TOVIAZ	4	ST, QL
TRACLEER 32 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX
TRAMADOL 50 MG TABLET	2	QL
TRAMADOL -ACETAMINOPHEN	2	QL
TRAMADOL ER 100 MG TABLET	2	QL
TRAMADOL ER 150 MG CAPSULE	2	QL
TRAMADOL ER 200 MG TABLET	2	QL
TRAMADOL ER 300 MG TABLET	2	QL
TRANDOLAPRIL	2	
TRANDOLAPRIL-VERAPAMIL ER	2	
TRANEXAMIC ACID 650 MG TABLET	2	
TRANYLCYPROMINE	2	
TRAVATAN Z	3	
TRAVOPROST	2	
TRAZODONE	1	
TRECATOR	4	
TRETINOIN 0.01% GEL	2	AGE
TRETINOIN 0.025% CREAM	2	AGE
TRETINOIN 0.025% GEL	2	AGE
TRETINOIN 0.05% CREAM	2	AGE
TRETINOIN 0.05% GEL	2	AGE
TRETINOIN 0.1% CREAM	2	AGE
TRETINOIN 10 MG CAPSULE	4	PA
TRETINOIN MICROSPHERE	2	AGE
TRI FEMYNOR	1	
TRIAMCINOLONE 0.025% CREAM	2	
TRIAMCINOLONE 0.025% LOTION	2	
TRIAMCINOLONE 0.025% OINTMENT	2	
TRIAMCINOLONE 0.1% CREAM	2	
TRIAMCINOLONE 0.1% LOTION	2	
TRIAMCINOLONE 0.1% OINTMENT	2	
TRIAMCINOLONE 0.1% PASTE	2	
TRIAMCINOLONE 0.147 MG/G SPRAY	2	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
TRIAMCINOLONE 0.5% CREAM	2	
TRIAMCINOLONE 0.5% OINTMENT	2	
TRIAMTERENE	4	
TRIAMTERENE-HCTZ	2	
TRIAZOLAM	2	
TRIDERM	2	
TRIENTINE	4	PA
TRI-ESTARYLLA	1	
TRIFLUOPERAZINE	2	
TRIFLURIDINE	2	
TRIHEXYPHENIDYL	2	
TRIKAFTA	5	PA, QL, SRX
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRILYTE WITH FLAVOR PACKETS	2	
TRIMETHOBENZAMIDE	2	
TRIMETHOPRIM	2	
TRI-MILI	1	
TRIMIPRAMINE	2	
TRINATAL RX 1	1	
TRINTELLIX	4	ST, QL
TRI-PREVIFEM	1	
TRI-SPRINTEC	1	
TRIUMEQ	3	
TRIVEEN-DUO DHA	1	
TRI-VITE WITH FLUORIDE	2	
TRIVORA-28	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TROPICAMIDE	2	
TROSPIUM	2	
TROSPIUM ER	2	
TRUE COMFORT ALCOHOL PADS	3	
TRULICITY	3	QL
TRUMENBA	3	
TRUVADA 100 MG-150 MG TABLET	3	
TRUVADA 133 MG-200 MG TABLET	3	
TRUVADA 167 MG-250 MG TABLET	3	
TUDORZA PRESSAIR	4	ST
TULANA	1	
TWINRIX	3	
TYBOST	3	
TYDEMY	1	
TYVASO	5	PA, LDD, SRX
TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX

Go to Cigna.com/ifp-drug-list to see the full list of medications your plan covers.

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
TYVASO REFILL KIT	5	PA, LDD, SRX
TYVASO STARTER KIT	5	PA, LDD, SRX
UDENYCA	5	PA, SRX
UNITHROID	1	
URIN D.S.	2	
UROQID-ACID NO.2	4	
URSODIOL	2	
USTELL	2	
UTIRA-C	2	
VALACYCLOVIR	2	
VALCHLOR	5	LDD, SRX
VALGANCICLOVIR	2	
VALPROIC ACID	2	
VALSARTAN	2	
VALSARTAN-HCTZ	2	
VANADOM	2	
VANCOMYCIN HCL 125 MG CAPSULE	4	
VANCOMYCIN HCL 250 MG CAPSULE	4	
VANDAZOLE	2	
VAQTA	3	
VARIVAX VACCINE	3	
VARUBI 90 MG TABLET	5	PA, QL, SRX
VASCEPA	4	PA
VELIVET	1	
VEMLIDY	5	PA, SRX
VENCLEXTA	5	PA, SRX
VENCLEXTA STARTING PACK	5	PA, SRX
VENLAFAXINE	2	QL
VENLAFAXINE ER	2	QL
VENTAVIS	5	PA, SRX
VENTOLIN HFA	3	QL
VERAPAMIL 120 MG TABLET	2	
VERAPAMIL 360 MG CAPSULE PELLET	2	
VERAPAMIL 40 MG TABLET	2	
VERAPAMIL 80 MG TABLET	2	
VERAPAMIL ER	2	
VERAPAMIL ER PM	2	
VERAPAMIL SR	2	
VEREGEN	4	
VIEKIRA PAK	5	PA, ST, SRX
VIENVA	1	
VIGABATRIN	5	QL, SRX
VIGADRONE	5	QL, SRX
VIIBRYD	4	ST, QL
VIMPAT 10 MG/ML SOLUTION	4	QL
VIMPAT 100 MG TABLET	4	QL
VIMPAT 150 MG TABLET	4	QL
VIMPAT 200 MG TABLET	4	QL
VIMPAT 50 MG TABLET	4	QL

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
VINATE II	1	
VINATE ONE	1	
VIOKACE	4	
VIORELE	1	
VIREAD 150 MG TABLET	3	
VIREAD 200 MG TABLET	3	
VIREAD 250 MG TABLET	3	
VIREAD POWDER	3	
VIRT-C DHA	1	
VISTOGARD	5	LDD, SRX
VIT A,C,D-FLUORIDE 0.25 MG/ML	2	
VITAFOL-OB	1	
VITAMIN D2 1.25MG(50,000 UNIT)	2	
VOLNEA	1	
VORICONAZOLE 200 MG TABLET	2	PA
VORICONAZOLE 40 MG/ML SUSPENSION	2	PA
VORICONAZOLE 50 MG TABLET	2	PA
VOTRIENT	5	PA, SRX
VRAYLAR	4	ST, QL
VYFEMLA	1	
VYLIBRA	1	
WARFARIN	1	
WEBCOL	3	
WERA	1	
WESTHROID	1	
WIXELA INHUB	2	
WP THYROID	1	
WYMZYA FE	1	
XALKORI	5	PA, LDD, SRX
XARELTO	3	QL
XELJANZ	5	PA, ST, QL, SRX
XELJANZ XR	5	PA, ST, QL, SRX
XIFAXAN 200 MG TABLET	4	
XIFAXAN 550 MG TABLET	4	QL
XIGDUO XR	3	QL
XOLAIR	5	PA, LDD, SRX
XTAMPZA ER	3	
XTANDI	5	PA, ST, LDD, SRX
XULANE	1	
XURIDEN	5	PA, SRX
XYREM	5	PA, LDD, SRX
YASMIN 28	4	
YAZ	4	
YUVAFEM	2	QL
ZAFIRLUKAST	2	
ZALEPLON	2	
ZARAH	1	
ZARXIO	5	SRX

Go to Cigna.com/ifp-drug-list to see the full list of medications your plan covers.

2021 Cigna Premiere Arizona 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
ZELBORAF	5	PA, LDD, SRX
ZENATANE	4	QL
ZENPEP	3	
ZETONNA	4	ST
ZIDOVUDINE	2	
ZILEUTON ER	5	SRX
ZIOPTAN	4	QL
ZIPRASIDONE CAPSULE	2	
ZIRGAN	4	
ZOLADEX	5	PA, SRX
ZOLINZA	5	PA, SRX
ZOLMITRIPTAN	2	QL
ZOLMITRIPTAN ODT	2	QL
ZOLPIDEM	2	
ZOLPIDEM ER	2	
ZONISAMIDE	2	
ZONTIVITY	4	
ZOSTAVAX	3	
ZOVIA 1-35E	1	
ZUMANDIMINE	1	
ZUPLENZ	4	QL
ZYDELIG	5	PA, SRX
ZYKADIA	5	PA, SRX
ZYLET	4	

Prescription drug list FAQs

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

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:

- Moving a medication to a lower cost tier.
- Moving a brand medication to a higher cost tier when a generic becomes available.
- Moving a medication to a higher cost tier and/or no longer covering a medication.
- Adding coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

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

Why doesn't my plan cover certain medications?

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

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

How do you decide which medications are covered?

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

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

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

Which medications are covered under the health care reform law?

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

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

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

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

Prescription drug list FAQs *(cont)*

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

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **myCigna** App or website and click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's network. You can also see if there are lower-cost alternatives available.[1]

How can I save money on my prescription medications?

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

Do generics work the same as brand name medications?

Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version.[2] Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

Generics typically cost much less than brand name medications – in some cases, up to 85% less.[2] Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

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

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

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

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

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

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

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

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

Can I fill my prescriptions by mail?

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

If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).[3] Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition – **at no extra cost**. To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office**. To learn more about Accredo, go to **Cigna.com/specialty**.

Where can I find more information about my pharmacy benefits?

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

Exclusions And Limitations: What Is Not Covered By This EOC

Excluded Services

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

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

Health. Services specifically listed as covered under "Rehabilitative Therapy" and "Habilitative Therapy" are not subject to this exclusion.

23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
    a. Has not been actively involved in Your medical care prior to ordering the service, or
    b. Is not actively involved in Your medical care after the service is received.

    This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic Services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental Implants**: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-**certified pediatric dental plan, and reimbursed under the dental plan, will not be reimbursed under this plan.
33. **Routine hearing tests** except as provided under Preventive Care.
34. **Genetic screening** or pre-implantations genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
35. **Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
36. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric Vision.
37. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
38. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
39. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
40. **Non-Medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.
41. **Services and procedures for** redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial

therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries **regardless of clinical indications.**

42. Procedures, surgery or treatments to **change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
43. Any treatment, prescription drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
44. All services related to **the evaluation or treatment of fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this EOC.
45. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
46. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
47. Blood administration **for the purpose of general improvement in physical condition.**
48. **Orthopedic shoes** (except when joined to braces), shoe inserts, foot orthotic devices.
49. **External and internal power enhancements** or power controls for prosthetic limbs and terminal devices.
50. **Myoelectric prostheses** peripheral nerve stimulators.
51. **Electronic prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
52. **Prefabricated foot Orthoses**.
53. **Cranial banding/cranial orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
54. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
55. **Orthoses primarily used for cosmetic** rather than functional reasons.
56. **Non-foot Orthoses**, except **only** the following non-foot orthoses are covered when Medically Necessary:
    a. Rigid and semi-rigid custom fabricated Orthoses;
    b. Semi-rigid pre-fabricated and flexible Orthoses; and
    c. Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
57. **Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
58. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
59. Treatment that will not result in a favorable modification or prevent deterioration.
60. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna.
61. **Nutritional counseling or food supplements**, except as stated in this EOC.
62. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the Covered Services section of this EOC. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this EOC.

63. **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Services for Rehabilitative Therapy (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For".
64. All **Foreign Country Provider charges** are excluded under this EOC except as specifically stated under "Treatment received from Foreign Country Providers" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For".
65. **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet except as otherwise stated in this EOC.
66. **Charges for which We are unable to determine Our liability** because the Member failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
67. Charges for the **services of a standby Physician**.
68. Charges for **animal to human organ transplants**.
69. **Claims received by Cigna after 15 months from the date service was rendered**, except in the event of a legal incapacity.

Benefit Limitations

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

Cigna reserves the right to make changes to this drug list without notice. Please reference Cigna.com/ifp-drug-list for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

1. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.

3. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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

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Proficiency of Language Assistance Services

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

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

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

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

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

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 ناشنوایان: شماره 711 را شماره‌گیری کنید).