



# 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List



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**View your drug list online**

- Before January 1, 2025, you can view the drug list at **Cigna.com/small-group-drug-lists**.
- Starting January 1, 2025, log in to **myCigna® App** or **myCigna.com®** and use the Price a Medication tool.

**Questions?**

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

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

## About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List as of January 1, 2025. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

## How to read this drug list

Use the chart below to understand how medications are covered.\*

Medication Name	Tier	Notes
ACETAMINOPHEN-COD #4 TABLET	2	PA
ACETAZOLAMIDE 125 MG TABLET	2	
ACETAZOLAMIDE 250 MG TABLET	2	
ACETAZOLAMIDE ER 500 MG CAPSULE	2	
ACETIC ACID 0.25% IRRIG SOLUTION	2	
ACETIC ACID 2% EAR SOLUTION	2	
ACETYLCYSTEINE 10% VIAL	2	
ACETYLCYSTEINE 20% VIAL	2	
ACITRETIN 10 MG CAPSULE	4	
ACITRETIN 17.5 MG CAPSULE	4	
ACITRETIN 25 MG CAPSULE	4	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, QL, SRX
ACTHIB VACCINE VIAL	3	
ACTHIB VACCINE WITH DILUENT	3	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 5% OINTMENT	4	PA, QL
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	3	
ADACEL TDAP VIAL	3	
ADALIMUMAB-ADAZ	5	PA, QL, SRX
ADALIMUMAB-ADBIM	5	PA, QL, SRX
ADALIMUMAB-RYVK	5	PA, QL, SRX
ADAPALENE 0.1% CREAM	2	PA, AGE
ADAPALENE 0.1% GEL	2	PA, AGE
ADAPALENE 0.1% SOLUTION	2	PA, AGE
ADAPALENE 0.3% GEL	2	PA, AGE
ADAPALENE 0.3% GEL PUMP	2	PA, AGE

Medications are listed in **alphabetical** order

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

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

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

\*This chart is just a sample. It may not show how these medications are actually covered on the 2025 Cigna Healthcare 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.

<b>Tier 1</b>	<b>Preferred Generic Medications.</b> 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. <b>These medications are covered at your plan's lowest cost-share.</b>	\$
<b>Tier 2</b>	<b>Generic Medications.</b> This tier typically includes most generic medications and some low cost brand-name medications. Generic medications have the same strength and active ingredients as brand-name medications, but often cost much less.	\$
<b>Tier 3</b>	<b>Preferred Brand Medications.</b> This tier typically includes preferred brand-name medications and some high-cost generic medications.	\$
<b>Tier 4</b>	<b>Non-Preferred Medications.</b> This tier typically includes non-preferred brand-name medications and some high-cost generic medications.	\$
<b>Tier 5</b>	<b>Specialty and Other High-Cost Medications.</b> This tier typically includes specialty medications and high-cost generic and brand-name medications. <b>These medications are covered at your plan's highest cost-share.</b>	\$

## Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

<b>PA</b>	<b>Prior Authorization</b> – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet coverage requirements for the medication.
<b>QL</b>	<b>Quantity Limit</b> – Your plan will only cover a certain amount of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask Cigna Healthcare to approve more.
<b>ST</b>	<b>Step Therapy</b> – This is a prior authorization program. Your plan doesn't cover this high-cost medication until you try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for you. If your doctor feels a different medication isn't right for you, your doctor's office can ask Cigna Healthcare to approve coverage of this medication.
<b>AGE</b>	<b>Age Requirement</b> – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to take this medication, your doctor's office can ask Cigna Healthcare to approve coverage.
<b>SRX</b>	This is a <b>specialty medication</b> , which is used to treat a complex medical condition. <b>Your plan limits specialty medications to a 30-day supply.</b>
<b>LDD</b>	This is a <b>limited distribution drug</b> . This type of medication is only available at specific pharmacies in the United States. It's used to treat conditions that are very hard to manage and require special handling, patient support and monitoring.

## Plan exclusions

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

## How to find your medication

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

Letter* your medication starts with	Page	Letter* your medication starts with	Page
I	6	M	44-49
2	6	N	49-52
A	6-11	O	52-54
B	11-15	P	54-60
C	15-21	Q	60
D	21-25	R	60-62
E	25-30	S	62-65
F	30-33	T	65-70
G	33-35	U	70-72
H	35-37	V	72-74
I	37-39	W	74
J	39, 40	X	74, 75
K	40	Y	75
L	40-44	Z	75-76

\* Some medications start with a number instead of a letter.

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
1ST TIER UNIFINE PENTIP 29G 1/2"	3	
1ST TIER UNIFINE PENTIP 31G 1/4"	3	
1ST TIER UNIFINE PENTIP 31G 3/16"	3	
1ST TIER UNIFINE PENTIP 31G 5/16"	3	
1ST TIER UNIFINE PENTIP 32G 5/32"	3	
1ST TIER UNIFINE PENTIP 4MM 32G	3	
1ST TIER UNIFINE PENTIP 5MM 31G	3	
1ST TIER UNIFINE PENTIP 6MM 31G	3	
1ST TIER UNIFINE PENTIP 8MM 31G	3	
1ST TIER UNIFINE PENTIP 12MM 29G	3	
2TEK CONTROL SOLUTION	3	
ABACAVIR 20 MG/ML ORAL SOLUTION	2	
ABACAVIR 300 MG TABLET	2	
ABACAVIR-LAMIVUDINE 600-300 MG TABLET	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE TABLET	3	
ABIRATERONE 250 MG TABLET	5	PA, SRX
ABIRATERONE 500 MG TABLET	5	PA, SRX
ABOUTTIME PEN NEEDLE 30G 8MM	3	
ABOUTTIME PEN NEEDLE 31G 5MM	3	
ABOUTTIME PEN NEEDLE 31G 8MM	3	
ABOUTTIME PEN NEEDLE 32G 4MM	3	
ABRYSVO VIAL WITH DILUENT	3	
ACAMPROSATE DR 333 MG TABLET	3	
ACARBOSE 25 MG TABLET	2	
ACARBOSE 50 MG TABLET	2	
ACARBOSE 100 MG TABLET	2	
ACCU-CHEK AVIVA SOLUTION	3	
ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION	3	
ACCU-CHEK SMARTVIEW CONTROL SOLUTION	3	
ACCUTANE 10 MG CAPSULE	4	
ACCUTANE 20 MG CAPSULE	4	
ACCUTANE 30 MG CAPSULE	4	
ACCUTANE 40 MG CAPSULE	4	
ACCUTREND GLUCOSE CONTROL	3	
ACE AEROSOL CLOUD ENHANCER	3	QL
ACEBUTOLOL 200 MG CAPSULE	2	
ACEBUTOLOL 400 MG CAPSULE	2	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5-30 MG CAPSULE	2	PA
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML ORAL SOLUTION	2	

Medication Name	Tier	Notes
ACETAMINOPHEN-CODEINE 300-30 MG/12.5 ML ORAL SOLUTION	2	
ACETAMINOPHEN-CODEINE #2 TABLET	2	PA
ACETAMINOPHEN-CODEINE #3 TABLET	2	PA
ACETAMINOPHEN-CODEINE #4 TABLET	2	PA
ACETAZOLAMIDE 125 MG TABLET	2	
ACETAZOLAMIDE 250 MG TABLET	2	
ACETAZOLAMIDE ER 500 MG CAPSULE	2	
ACETIC ACID 0.25% EAR SOLUTION	2	
ACETIC ACID 2% EAR SOLUTION	2	
ACETYLCYSTEINE 10% VIAL	2	
ACETYLCYSTEINE 20% VIAL	2	
ACITRETIN 10 MG CAPSULE	4	
ACITRETIN 17.5 MG CAPSULE	4	
ACITRETIN 25 MG CAPSULE	4	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, LDD, SRX
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, QL, LDD, SRX
ACTHIB VACCINE VIAL	3	
ACTHIB VACCINE WITH DILUENT	3	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 800 MG TABLET	1	
ACYCLOVIR 5% OINTMENT	4	PA, QL
ADACEL TDAP VIAL	3	
ADALIMUMAB-ADAZ(CF) 40 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADAZ(CF) PEN 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF 10 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF 20 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF 40 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF PEN 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF PEN CROHNS 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF PEN PS-UV 40 MG	5	PA, QL, SRX
ADALIMUMAB-RYVK(CF) AI 40 MG AUTO-INJECTOR	5	PA, QL, SRX
ADALIMUMAB-RYVK(CF) 40 MG SYRINGE	5	PA, QL, SRX
ADAPALENE 0.1% CREAM	3	PA, AGE
ADAPALENE 0.3% GEL	3	PA, AGE
ADAPALENE 0.3% GEL PUMP	3	PA, AGE
ADAPALENE 0.1% TOPICAL SOLUTION	3	PA, AGE
ADAPALENE-BENZOYL PEROXIDE 0.1-2.5% GEL PUMP	2	

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ADEFOVIR 10 MG TABLET	5	SRX	AGAMATRIX NORM-HI CONTROL SOLUTION	3	
ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX	AIRZONE PEAK FLOW METER	3	
ADEMPAS 1 MG TABLET	5	PA, LDD, SRX	AK-POLY-BAC EYE OINTMENT	2	
ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX	AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX
ADEMPAS 2 MG TABLET	5	PA, LDD, SRX	ALBENDAZOLE 200 MG TABLET	4	PA
ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX	ALBUSTIX REAGENT TEST STRIP	3	
ADVOCATE CONTROL SOLUTION HIGH	3		ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE CONTROL SOLUTION LOW	3		ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"	3		ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16"	3		ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16"	3		ALBUTEROL 5 MG/ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 29G 1/2"	3		ALBUTEROL 25 MG/5 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 30G 5/16"	3		ALBUTEROL 15 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16"	3		ALBUTEROL 75 MG/15 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"	3		ALBUTEROL 100 MG/20 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"	3		ALBUTEROL 2 MG/5 ML SYRUP	2	
ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"	3		ALBUTEROL 2 MG TABLET	2	
ADVOCATE PEN NEEDLE 4MM 33G	3		ALBUTEROL 4 MG TABLET	2	
ADVOCATE PEN NEEDLE 5MM 31G	3		ALBUTEROL ER 4 MG TABLET	2	
ADVOCATE PEN NEEDLE 8MM 31G	3		ALBUTEROL ER 8 MG TABLET	2	
ADVOCATE PEN NEEDLE 12.7MM 29G	3		ALBUTEROL HFA 90 MCG INHALER	2	QL
ADVOCATE PEN NEEDLE 32G 4MM	3		ALCAINE 0.5% EYE DROPS	2	
ADVOCATE REDI-CODE+ CONTROL SOLUTION	3		ALCLOMETASONE 0.05% CREAM	2	
AEROCHAMBER MINI	3	QL	ALCLOMETASONE 0.05% OINTMENT	2	
AEROCHAMBER MV HOLD CHAMBER	3	QL	ALCOHOL PREP PAD	3	
AEROCHAMBER PLUS FLOW-VU	3	QL	ALECENSA 150 MG CAPSULE	5	PA, QL, LDD, SRX
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL	ALENDRONATE 70 MG/75 ML ORAL SOLUTION	2	
AEROCHAMBER PLUS FLOW-VU MEDIUM	3	QL	ALENDRONATE 5 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL	ALENDRONATE 10 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS LARGE	3	QL	ALENDRONATE 35 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL	ALENDRONATE 70 MG TABLET	2	
AEROCHAMBER Z-STAT PLUS-MEDIUM	3	QL	ALFUZOSIN ER 10 MG TABLET	2	
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL	ALINIA 100 MG/5 ML SUSPENSION	4	
AEROGear ASTHMA ACTION KIT	3		ALISKIREN 150 MG TABLET	4	QL
AEROTRACH HOLDING CHAMBER	3	QL	ALISKIREN 300 MG TABLET	4	QL
AEROVENT PLUS HOLDING CHAMBER	3	QL	ALLOPURINOL 100 MG TABLET	1	
AFIRMELLE-28 TABLET	1		ALLOPURINOL 300 MG TABLET	1	
AFLURIA	3		ALMOTRIPTAN 6.25 MG TABLET	3	QL
AFTER PILL 1.5 MG TABLET	1		ALMOTRIPTAN 12.5 MG TABLET	3	QL
AFTERA 1.5 MG TABLET	1		ALOCRIIL 2% EYE DROPS	4	
AGAMATRIX HIGH CONTROL SOLUTION	3		ALOMIDE 0.1% EYE DROPS	4	



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ALOSETRON 0.5 MG TABLET	5	SRX
ALOSETRON 1 MG TABLET	5	SRX
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE	2	
ALPRAZOLAM ER 0.5 MG TABLET	2	
ALPRAZOLAM ER 1 MG TABLET	2	
ALPRAZOLAM ER 2 MG TABLET	2	
ALPRAZOLAM ER 3 MG TABLET	2	
ALPRAZOLAM ODT 0.25 MG TABLET	2	
ALPRAZOLAM ODT 0.5 MG TABLET	2	
ALPRAZOLAM ODT 1 MG TABLET	2	
ALPRAZOLAM ODT 2 MG TABLET	2	
ALPRAZOLAM XR 0.5 MG TABLET	2	
ALPRAZOLAM XR 1 MG TABLET	2	
ALPRAZOLAM XR 2 MG TABLET	2	
ALPRAZOLAM XR 3 MG TABLET	2	
ALTABAX 1% OINTMENT	4	
ALTACAIN 0.5% EYE DROPS	2	
ALTAVERA-28 TABLET	1	
ALVESCO 80 MCG INHALER	3	
ALVESCO 160 MCG INHALER	3	
ALYACEN 1-35 28 TABLET	1	
ALYACEN 7-7-7-28 TABLET	1	
ALYQ 20 MG TABLET	5	PA, SRX
AMABELZ 0.5 MG-0.1 MG TABLET	2	
AMABELZ 1 MG-0.5 MG TABLET	2	
AMANTADINE 100 MG CAPSULE	2	
AMANTADINE 50 MG/5 ML ORAL SOLUTION	2	
AMANTADINE 100 MG/10 ML ORAL SOLUTION	2	
AMANTADINE 100 MG TABLET	2	
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX
AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX
AMCINONIDE 0.1% CREAM	2	
AMCINONIDE 0.1% LOTION	2	
AMETHIA 0.15-0.03-0.01 MG TABLET	1	
AMETHIA LO TABLET	1	
AMETHYST 90-20 MCG TABLET	1	
AMILORIDE 5 MG TABLET	2	

Medication Name	Tier	Notes
AMILORIDE-HCTZ 5-50 MG TABLET	2	
AMINOCAPROIC ACID 0.25 GRAM/ML ORAL SOLUTION	5	PA, SRX
AMINOCAPROIC ACID 500 MG TABLET	5	PA, SRX
AMINOCAPROIC ACID 1,000 MG TABLET	5	PA, SRX
AMIODARONE 100 MG TABLET	2	
AMIODARONE 200 MG TABLET	2	
AMIODARONE 400 MG TABLET	2	
AMITRIPTYLINE 10 MG TABLET	1	
AMITRIPTYLINE 25 MG TABLET	1	
AMITRIPTYLINE 50 MG TABLET	1	
AMITRIPTYLINE 75 MG TABLET	1	
AMITRIPTYLINE 100 MG TABLET	2	
AMITRIPTYLINE 150 MG TABLET	2	
AMLODIPINE 2.5 MG TABLET	2	
AMLODIPINE 5 MG TABLET	2	
AMLODIPINE 10 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 5-10 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 5-20 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 5-40 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 5-80 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 10-10 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 10-20 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 10-40 MG TABLET	2	
AMLODIPINE-ATORVASTATIN 10-80 MG TABLET	2	
AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE	2	
AMLODIPINE-OLMESARTAN 5-20 MG TABLET	2	
AMLODIPINE-OLMESARTAN 5-40 MG TABLET	2	
AMLODIPINE-OLMESARTAN 10-20 MG TABLET	2	
AMLODIPINE-OLMESARTAN 10-40 MG TABLET	2	
AMLODIPINE-VALSARTAN 5-160 MG TABLET	2	
AMLODIPINE-VALSARTAN 5-320 MG TABLET	2	
AMLODIPINE-VALSARTAN 10-160 MG TABLET	2	

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
AMLODIPINE-VALSARTAN 10-320 MG TABLET	2		AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	1	
AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET	3		AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET	2	
AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET	3		AMPHETAMINE 5 MG TABLET	3	QL
AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5MG TABLET	3		AMPHETAMINE 10 MG TABLET	3	QL
AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET	3		AMPICILLIN 500 MG CAPSULE	2	
AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET	3		ANAGRELIDE 0.5 MG CAPSULE	4	
AMMONIUM LACTATE 12% CREAM	2		ANAGRELIDE 1 MG CAPSULE	4	
AMMONIUM LACTATE 12% LOTION	2		ANALPRAM HC 2.5%-1% LOTION	4	
AMNESTEEM 10 MG CAPSULE	4		ANASTROZOLE 1 MG TABLET	2	
AMNESTEEM 20 MG CAPSULE	4		ANORO ELLIPTA 62.5-25 MCG INHALER	3	QL
AMNESTEEM 40 MG CAPSULE	4		ANUCORT-HC 25 MG SUPPOSITORY	2	
AMOXAPINE 25 MG TABLET	2		ANZEMET 50 MG TABLET	5	PA, QL, SRX
AMOXAPINE 50 MG TABLET	2		APEXICON E 0.05% CREAM	4	
AMOXAPINE 100 MG TABLET	2		APIDRA 100 UNIT/ML VIAL	4	QL, ST
AMOXAPINE 150 MG TABLET	2		APIDRA SOLOSTAR 100 UNIT/ML	4	QL, ST
AMOXICILLIN 250 MG CAPSULE	1		APRACLONIDINE 0.5% DROPS	2	
AMOXICILLIN 500 MG CAPSULE	1		APREPITANT 40 MG CAPSULE	3	QL
AMOXICILLIN 125 MG CHEWABLE TABLET	1		APREPITANT 80 MG CAPSULE	3	QL
AMOXICILLIN 250 MG CHEWABLE TABLET	2		APREPITANT 125 MG CAPSULE	3	QL
AMOXICILLIN 125 MG/5 ML SUSPENSION	1		APREPITANT 125-80-80 MG PACK	3	QL
AMOXICILLIN 200 MG/5 ML SUSPENSION	1		APRI 28 DAY TABLET	1	
AMOXICILLIN 250 MG/5 ML SUSPENSION	1		APTIOM 200 MG TABLET	4	PA, QL
AMOXICILLIN 400 MG/5 ML SUSPENSION	1		APTIOM 400 MG TABLET	4	PA, QL
AMOXICILLIN 500 MG TABLET	1		APTIOM 600 MG TABLET	4	PA, QL
AMOXICILLIN 875 MG TABLET	1		APTIOM 800 MG TABLET	4	PA, QL
AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	2		APTIVUS 250 MG CAPSULE	3	
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	2		AQ INSULIN SYRINGE 0.5 ML 30G 8MM	3	
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION	2		AQ INSULIN SYRINGE 1 ML 29G 12MM	3	
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	2		AQ INSULIN SYRINGE 1 ML 31G 8MM	3	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2		AQINJECT PEN NEEDLE 31G 5MM	3	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	2		AQINJECT PEN NEEDLE 32G 4MM	3	
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	1		AQUA CARE 0.9% NACL IRRIGATION	2	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	1		AQUA CARE STERILE WATER IRRIGATION	2	
			ARANELLE 28 TABLET	1	
			ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX
			ARANESP 25 MCG/0.42 ML SYRINGE	5	PA, SRX
			ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX
			ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX
			ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX
			ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX

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Medication Name	Tier	Notes
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX
ARANESP 25 MCG/ML VIAL	5	PA, SRX
ARANESP 40 MCG/ML VIAL	5	PA, SRX
ARANESP 60 MCG/ML VIAL	5	PA, SRX
ARANESP 100 MCG/ML VIAL	5	PA, SRX
ARANESP 200 MCG/ML VIAL	5	PA, SRX
ARCALYST 220 MG VIAL	5	PA, LDD, SRX
AREXVY VIAL KIT	3	
ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION	4	QL
ARIPIRAZOLE 1 MG/ML ORAL SOLUTION	3	
ARIPIRAZOLE 2 MG TABLET	2	
ARIPIRAZOLE 5 MG TABLET	2	
ARIPIRAZOLE 10 MG TABLET	2	
ARIPIRAZOLE 15 MG TABLET	2	
ARIPIRAZOLE 20 MG TABLET	2	
ARIPIRAZOLE 30 MG TABLET	2	
ARIPIRAZOLE ODT 10 MG TABLET	4	
ARIPIRAZOLE ODT 15 MG TABLET	4	
ARMODAFINIL 50 MG TABLET	2	PA
ARMODAFINIL 150 MG TABLET	2	PA
ARMODAFINIL 200 MG TABLET	2	PA
ARMODAFINIL 250 MG TABLET	2	PA
ARMOUR THYROID 15 MG TABLET	3	
ARMOUR THYROID 30 MG TABLET	3	
ARMOUR THYROID 60 MG TABLET	3	
ARMOUR THYROID 90 MG TABLET	3	
ARMOUR THYROID 120 MG TABLET	3	
ARMOUR THYROID 180 MG TABLET	3	
ARMOUR THYROID 240 MG TABLET	3	
ARMOUR THYROID 300 MG TABLET	3	
ARNUITY ELLIPTA 50 MCG INHALER	3	
ARNUITY ELLIPTA 100 MCG INHALER	3	
ARNUITY ELLIPTA 200 MCG INHALER	3	
ASCOMP WITH CODEINE CAPSULE	2	PA
ASENAPINE 2.5 MG SUBLINGUAL TABLET	4	QL
ASENAPINE 5 MG SUBLINGUAL TABLET	4	QL
ASENAPINE 10 MG SUBLINGUAL TABLET	4	QL
ASHLYNA 0.15-0.03-0.01 MG TABLET	1	
ASMANEX HFA 50 MCG INHALER	4	QL, ST

Medication Name	Tier	Notes
ASMANEX HFA 100 MCG INHALER	4	QL, ST
ASMANEX HFA 200 MCG INHALER	4	QL, ST
ASMANEX TWISTHALER 110 MCG #30	4	QL, ST
ASMANEX TWISTHALER 220 MCG #14	4	ST
ASMANEX TWISTHALER 220 MCG #30	4	QL, ST
ASMANEX TWISTHALER 220 MCG #60	4	QL, ST
ASMANEX TWISTHALER 220 MCG #120	4	QL, ST
ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE	2	PA
ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE	2	
ASSURE 4 CONTROL SOLUTION	3	
ASSURE DOSE CONTROL SOLUTION	3	
ASSURE ID DUO PRO NEEDLE 31G 5MM	3	
ASSURE ID PEN NEEDLE 30G 3/16"	3	
ASSURE ID PEN NEEDLE 30G 5/16"	3	
ASSURE ID PEN NEEDLE 31G 3/16"	3	
ASSURE ID PRO PEN NEEDLE 30G 5MM	3	
ASSURE ID SYRINGE 0.5 ML 29G 1/2"	3	
ASSURE ID SYRINGE 0.5 ML 31G 15/64"	3	
ASSURE ID SYRINGE 1 ML 29G 1/2"	3	
ASSURE ID SYRINGE 1 ML 31G 15/64"	3	
ASSURE PRISM CONTROL SOLUTION	3	
ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ASTAGRAF XL 1 MG CAPSULE	5	SRX
ASTAGRAF XL 5 MG CAPSULE	5	SRX
ASTHMA CHECK PEAK FLOW METER	3	
ASTHMAPACK CHILDREN'S CARE KIT	3	
ATAZANAVIR 150 MG CAPSULE	2	
ATAZANAVIR 200 MG CAPSULE	2	
ATAZANAVIR 300 MG CAPSULE	2	
ATENOLOL 25 MG TABLET	1	
ATENOLOL 50 MG TABLET	1	
ATENOLOL 100 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET	2	
ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET	2	
ATOMOXETINE 10 MG CAPSULE	2	QL
ATOMOXETINE 18 MG CAPSULE	2	QL
ATOMOXETINE 25 MG CAPSULE	2	QL
ATOMOXETINE 40 MG CAPSULE	2	QL
ATOMOXETINE 60 MG CAPSULE	2	QL
ATOMOXETINE 80 MG CAPSULE	2	QL

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Medication Name	Tier	Notes
ATOMOXETINE 100 MG CAPSULE	2	QL
ATORVASTATIN 10 MG TABLET	2	
ATORVASTATIN 20 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2	
ATORVASTATIN 80 MG TABLET	2	
ATOVAQUONE 750 MG/5 ML SUSPENSION	4	
ATOVAQUONE-PROGUANIL 62.5-25 TABLET	2	
ATOVAQUONE-PROGUANIL 250-100 TABLET	2	
ATROPINE 1% EYE DROPS	2	
ATROPINE 1% EYE OINTMENT	2	
AUBRA EQ-28 TABLET	1	
AUBRA-28 TABLET	1	
AUROVELA 1 MG-20 MCG TABLET	1	
AUROVELA 21 1.5-30 TABLET	1	
AUROVELA 24 FE 1 MG-20 MCG TABLET	1	
AUROVELA FE 1.5 MG-30 MCG TABLET	1	
AUROVELA FE 1-20 TABLET	1	
AUTOJECT 2 INJECTION DEVICE	3	
AUTOPEN 1 TO 21 UNITS	3	
AUTOPEN 2 TO 42 UNITS	3	
AUTOSOFT 30 INFUSION SET 23" 13MM	3	
AUTOSOFT 30 INFUSION SET 43" 13MM	3	
AUTOSOFT 90 INFUSION SET 23" 6MM	3	
AUTOSOFT 90 INFUSION SET 23" 9MM	3	
AUTOSOFT 90 INFUSION SET 43" 6MM	3	
AUTOSOFT 90 INFUSION SET 43" 9MM	3	
AUTOSOFT XC INFUSION SET 23" 6MM	3	
AUTOSOFT XC INFUSION SET 23" 9MM	3	
AUTOSOFT XC INFUSION SET 32" 6MM	3	
AUTOSOFT XC INFUSION SET 43" 6MM	3	
AUTOSOFT XC INFUSION SET 43" 9MM	3	
AVIANE-28 TABLET	1	
AVONEX PEN 30 MCG/0.5 ML KIT	5	
AVONEX PREFILLED SYRINGE 30 MCG KIT	5	
AYUNA-28 TABLET	1	
AZASITE 1% EYE DROPS	4	
AZATHIOPRINE 50 MG TABLET	2	
AZELAIC ACID 15% GEL	3	
AZELASTINE 0.05% DROPS	2	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	2	
AZELASTINE 0.15% NASAL SPRAY	2	

Medication Name	Tier	Notes
AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY	3	
AZITHROMYCIN 1 GM POWDER PACKET	2	
AZITHROMYCIN 100 MG/5 ML SUSPENSION	2	
AZITHROMYCIN 200 MG/5 ML SUSPENSION	2	
AZITHROMYCIN 250 MG TABLET	1	
AZITHROMYCIN 500 MG TABLET	1	
AZITHROMYCIN 600 MG TABLET	2	
AZO TEST TEST STRIP	3	
AZURETTE 28 DAY TABLET	1	
BACITRACIN 500 UNIT/GM EYE OINTMENT	2	
BACITRACIN-POLYMYXIN EYE OINTMENT	2	
BACLOFEN 5 MG TABLET	2	
BACLOFEN 10 MG TABLET	2	
BACLOFEN 20 MG TABLET	2	
BAL-CARE DHA COMBO PACK	1	
BALCOLTRA TABLET	4	
BALSALAZIDE 750 MG CAPSULE	2	
BALZIVA 28 TABLET	1	
BAQSIMI 3 MG NASAL SPRAY ONE PACK	3	
BAQSIMI 3 MG NASAL SPRAY TWO PACK	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION	5	
BASAGLAR 100 UNIT/ML KWIKPEN	3	
BASAGLAR TEMPO PEN 100 UNIT/ML	3	
BD 3 ML SYRINGE 18G 1-1/2"	3	
BD 3 ML SYRINGE 20G 1-1/2"	3	
BD 3 ML SYRINGE 25G 1"	3	
BD 3 ML SYRINGE 25G 1-1/2"	3	
BD 3 ML SYRINGE WITH NEEDLE	3	
BD AUTOSHIELD DUO PEN NEEDLE 5MM 30G	3	
BD BLUNT NEEDLE 18G 1-1/2"	3	
BD ECLIPSE 30G 1/2" SYRINGE	3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML	3	
BD ECLIPSE NEEDLE 18G 40MM	3	
BD ECLIPSE NEEDLE 18G 1 1/2"	3	
BD ECLIPSE NEEDLE 21G 1"	3	
BD ECLIPSE NEEDLE 21G 1.5"	3	
BD ECLIPSE NEEDLE 22G 1"	3	
BD ECLIPSE NEEDLE 23G 25MM	3	
BD ECLIPSE NEEDLE 23G 1"	3	
BD ECLIPSE NEEDLE 25G 16MM	3	
BD ECLIPSE NEEDLE 25G 25MM	3	

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Medication Name	Tier	Notes
BD ECLIPSE NEEDLE 25G 40MM	3	
BD ECLIPSE NEEDLE 25G 1"	3	
BD ECLIPSE NEEDLE 25G 1.5"	3	
BD ECLIPSE NEEDLE 25G 5/8"	3	
BD ECLIPSE NEEDLE 27G 1/2"	3	
BD ECLIPSE NEEDLE 30G 13MM	3	
BD ECLIPSE NEEDLE 30G 1/2"	3	
BD FILTER NEEDLE	3	
BD INSULIN SYRINGE 0.3 ML 29G 12.7MM	3	
BD INSULIN SYRINGE 0.3 ML 8MM 31G(1/2)	3	
BD INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
BD INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
BD INSULIN SYRINGE 0.5 ML 29G 12.7MM	3	
BD INSULIN SYRINGE 1 ML	3	
BD INSULIN SYRINGE 1 ML 25G 5/8"	3	
BD INSULIN SYRINGE 1 ML 25G 1"	3	
BD INSULIN SYRINGE 1 ML 26G 1/2"	3	
BD INSULIN SYRINGE 1 ML 27G 12.7MM	3	
BD INSULIN SYRINGE 1 ML 27G 5/8"	3	
BD INSULIN SYRINGE 1 ML 28G 1/2"	3	
BD INSULIN SYRINGE 1 ML 29G 12.7MM	3	
BD INSULIN SYRINGE U-500 1/2ML 6MM 31G	3	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 8MM 31G	3	
BD INSULIN SYRINGE ULTRAFINE 0.3ML 12.7MM 30G	3	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 8MM 31G	3	
BD INSULIN SYRINGE ULTRAFINE 0.5ML 12.7MM 30G	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 12.7MM 30G	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 8MM 31G	3	
BD INTEGRA NEEDLE 25G 5/8"	3	
BD INTEGRA RETRA NEEDLE 23G 1"	3	
BD INTEGRA SYRINGE 3 ML 21G 1-1/2"	3	
BD LUER-LOK SYRINGE 1 ML	3	
BD LUER-LOK SYRINGE 3 ML 25G 5/8"	3	
BD NANO 2 GEN PEN NEEDLE 32G 4MM	3	
BD NEEDLE 16G 1"	3	
BD NEEDLE 16G 1.5"	3	
BD NEEDLE 18G 1"	3	
BD NEEDLE 18G 1-1/2"	3	
BD NEEDLE 19G 1"	3	
BD NEEDLE 19G 1-1/2"	3	
BD NEEDLE 20G 1"	3	

Medication Name	Tier	Notes
BD NEEDLE 20G 1-1/2"	3	
BD NEEDLE 21G 1"	3	
BD NEEDLE 21G 1-1/2"	3	
BD NEEDLE 21G 2"	3	
BD NEEDLE 22G 1"	3	
BD NEEDLE 22G 1-1/2"	3	
BD NEEDLE 22G 3/4"	3	
BD NEEDLE 23G 0.75"	3	
BD NEEDLE 23G 1"	3	
BD NEEDLE 23G 1.25"	3	
BD NEEDLE 23G 1-1/2"	3	
BD NEEDLE 25G 0.625"	3	
BD NEEDLE 25G 0.875"	3	
BD NEEDLE 25G 1"	3	
BD NEEDLE 25G 1.5"	3	
BD NEEDLE 25G 5/8"	3	
BD NEEDLE 26G 0.375"	3	
BD NEEDLE 26G 0.5"	3	
BD NEEDLE 26G 0.625"	3	
BD NEEDLE 27G 0.5"	3	
BD NEEDLE 27G 1 1.25"	3	
BD NEEDLE 30G 0.5"	3	
BD NEEDLE 30G 1"	3	
BD NOKOR ADMIX NEEDLE 18G 1.5"	3	
BD NOKOR NEEDLE 16G 1"	3	
BD NOKOR NEEDLE 18G 1"	3	
BD PRECISIONGLIDE 27G 1-1/2" NEEDLE	3	
BD PRECISIONGLIDE 3 ML 22G 3/4"	3	
BD PRECISIONGLIDE NEEDLE 25G	3	
BD SAFETYGLIDE 3 ML SYRINGE	3	
BD SAFETYGLIDE INSULIN 0.3 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN 0.3 ML 31G 6MM	3	
BD SAFETYGLIDE INSULIN 0.3 ML 31G 8MM	3	
BD SAFETYGLIDE INSULIN 0.5 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN 0.5 ML 30G 8MM	3	
BD SAFETYGLIDE INSULIN 0.5 ML 31G 6MM	3	
BD SAFETYGLIDE INSULIN 1 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN 1 ML 6MM 31G	3	
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE NEEDLE 18G 1.5"	3	
BD SAFETYGLIDE NEEDLE 21G 1"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
BD SAFETYGLIDE NEEDLE 21G 1.5"	3		BETAMETHASONE DIPROPIONATE 0.05% LOTION	2	
BD SAFETYGLIDE NEEDLE 22G 1.5"	3		BETAMETHASONE DIPROPIONATE 0.05% OINTMENT	2	
BD SAFETYGLIDE NEEDLE 25G 1"	3		BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM	2	
BD SAFETYGLIDE NEEDLE 27G 5/8"	3		BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL	2	
BD SAFETYGLIDE SYRINGE 27G 5/8"	3		BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	2	
BD SYRINGE-SAFETY GLIDE	3		BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	2	
BD ULTRAFINE MICRO PEN NEEDLE 6MM 32G	3		BETAMETHASONE VALERATE 0.1% CREAM	2	
BD ULTRAFINE MINI PEN NEEDLE 5MM 31G	3		BETAMETHASONE VALERATE 0.1% LOTION	2	
BD ULTRAFINE NANO PEN NEEDLE 4MM 32G	3		BETAMETHASONE VALERATE 0.1% OINTMENT	2	
BD ULTRAFINE ORIGINAL PEN NEEDLE 12.7MM 29G	3		BETAMETHASONE VALERATE 0.12% FOAM	2	
BD ULTRAFINE SHORT PEN NEEDLE 8MM 31G	3		BETAXOLOL 0.5% EYE DROPS	2	
BD VEO INSULIN 0.3ML 6MM 31G (1/2)	3		BETAXOLOL 10 MG TABLET	2	
BD VEO INSULIN SYRINGE 0.3 ML 6MM 31G	3		BETAXOLOL 20 MG TABLET	2	
BD VEO INSULIN SYRINGE 0.5 ML 6MM 31G	3		BETHANECHOL 5 MG TABLET	2	
BD VEO INSULIN SYRINGE 1 ML 6MM 31G	3		BETHANECHOL 10 MG TABLET	2	
BECONASE AQ 0.042% NASAL SPRAY	4	ST	BETHANECHOL 25 MG TABLET	2	
BEKYREE 28 DAY TABLET	1		BETHANECHOL 50 MG TABLET	2	
BELLADONNA-OPIUM 16.2-30 SUPPOSITORY	2	PA	BEXAROTENE 1% GEL	5	PA, SRX
BELLADONNA-OPIUM 16.2-60 SUPPOSITORY	2	PA	BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BELSOMRA 5 MG TABLET	4	QL, ST	BEXSERO PREFILLED SYRINGE	3	
BELSOMRA 10 MG TABLET	4	QL, ST	BEYFORTUS 50 MG/0.5 ML SYRINGE	3	
BELSOMRA 15 MG TABLET	4	QL, ST	BEYFORTUS 100 MG/ML SYRINGE	3	
BELSOMRA 20 MG TABLET	4	QL, ST	BICALUTAMIDE 50 MG TABLET	2	
BENZAEPRI 5 MG TABLET	1		BIKTARVY 30-120-15 MG TABLET	4	QL
BENZAEPRI 10 MG TABLET	1		BIKTARVY 50-200-25 MG TABLET	4	QL
BENZAEPRI 20 MG TABLET	1		BIMATOPROST 0.03% EYE DROPS	2	QL
BENZAEPRI 40 MG TABLET	1		BINOSTO 70 MG EFFERVESCENT TABLET	4	
BENZAEPRI-HCTZ 5-6.25 MG TABLET	2		BISOPROLOL 5 MG TABLET	2	
BENZAEPRI-HCTZ 10-12.5 MG TABLET	2		BISOPROLOL 10 MG TABLET	2	
BENZAEPRI-HCTZ 20-12.5 MG TABLET	2		BISOPROLOL-HCTZ 2.5-6.25 MG TABLET	1	
BENZAEPRI-HCTZ 20-25 MG TABLET	2		BISOPROLOL-HCTZ 5-6.25 MG TABLET	1	
BENZONATATE 100 MG CAPSULE	2		BISOPROLOL-HCTZ 10-6.25 MG TABLET	1	
BENZONATATE 200 MG CAPSULE	2		BLISOVI 24 FE TABLET	1	
BENZTROPINE 0.5 MG TABLET	2		BLISOVI FE 1-20 TABLET	1	
BENZTROPINE 1 MG TABLET	2		BLISOVI FE 1.5-30 TABLET	1	
BENZTROPINE 2 MG TABLET	2		BLOOD GLUCOSE CONTROL SOLUTION	3	
BEPOTASTINE 1.5% EYE DROPS	4		BLUNT NEEDLE	3	
BESER 0.05% LOTION	2		BOOSTRIX TDAP	3	
BETADINE 5% EYE SOLUTION	4				
BETAINE 1 GRAM/SCOOP POWDER	5	PA, SRX			
BETAMETHASONE DIPROPIONATE 0.05% CREAM	2				

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Medication Name	Tier	Notes
BOSENTAN 62.5 MG TABLET	5	PA, SRX
BOSENTAN 125 MG TABLET	5	PA, SRX
BOSULIF 50 MG CAPSULE	5	PA, QL, LDD, SRX
BOSULIF 100 MG CAPSULE	5	PA, QL, LDD, SRX
BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BREATHERITE MDI SPACER	3	QL
BREATHERITE SPACER-ADULT MASK	3	QL
BREATHERITE SPACER-INFANT MASK	3	QL
BREATHERITE SPACER-LARGE CHILD MASK	3	QL
BREATHERITE SPACER-NEONATE MASK	3	QL
BREATHERITE SPACER-SMALL CHILD MASK	3	QL
BREATHRITE VALVED MDI CHAMBER	3	QL
BREATHRITE VALVED MDI SPACER	3	QL
BREEZE 2 SOLUTION	3	
BREO ELLIPTA 50-25 MCG INHALER	3	QL
BREO ELLIPTA 100-25 MCG INHALER	3	QL
BREO ELLIPTA 200-25 MCG INHALER	3	QL
BREYNA 80-4.5 MCG INHALER	4	QL
BREYNA 160-4.5 MCG INHALER	4	QL
BRIELLYN TABLET	1	
BRILINTA 60 MG TABLET	4	
BRILINTA 90 MG TABLET	4	
BRIMONIDINE 0.1% DROPS	2	
BRIMONIDINE 0.15% DROPS	2	
BRIMONIDINE 0.2% EYE DROPS	2	
BRIMONIDINE-TIMOLOL 0.2%-0.5% EYE DROPS	4	
BRINZOLAMIDE 1% EYE DROPS	3	
BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL
BRIVIACT 10 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
BRIVIACT 100 MG TABLET	4	PA, QL
BROMFENAC 0.09% EYE DROPS	3	
BROMOCRIPTINE 5 MG CAPSULE	2	
BROMOCRIPTINE 2.5 MG TABLET	2	
BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM 2-30-10 MG/5 ML SYRUP	2	
BROOKS INSULIN 0.3ML SYRINGE	3	
BRUKINSA 80 MG CAPSULE	5	PA, QL, LDD, SRX

Medication Name	Tier	Notes
BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION	4	QL
BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION	4	QL
BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION	4	QL
BUDESONIDE DR 3 MG CAPSULE	4	
BUDESONIDE EC 3 MG CAPSULE	4	
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX
BUDESONIDE-FORMOTEROL 80-4.5 INHALER	4	QL
BUDESONIDE-FORMOTEROL 160-4.5 INHALER	4	QL
BUMETANIDE 0.5 MG TABLET	2	
BUMETANIDE 1 MG TABLET	2	
BUMETANIDE 2 MG TABLET	2	
BUPRENORPHINE 5 MCG/HR PATCH	2	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL
BUPRENORPHINE 10 MCG/HR PATCH	2	QL
BUPRENORPHINE 15 MCG/HR PATCH	2	QL
BUPRENORPHINE 20 MCG/HR PATCH	2	QL
BUPRENORPHINE 2 MG SUBLINGUAL TABLET	2	
BUPRENORPHINE 8 MG SUBLINGUAL TABLET	2	
BUPRENORPHINE-NALOXONE 2-0.5 MG FILM	2	
BUPRENORPHINE-NALOXONE 4-1 MG FILM	2	
BUPRENORPHINE-NALOXONE 8-2 MG FILM	2	
BUPRENORPHINE-NALOXONE 12-3 MG FILM	2	
BUPRENORPHINE-NALOXONE 2-0.5 MG TABLET	2	
BUPRENORPHINE-NALOXONE 8-2 MG TABLET	2	
BUPROPION 75 MG TABLET	2	QL
BUPROPION 100 MG TABLET	2	QL
BUPROPION SR 100 MG TABLET	2	QL
BUPROPION SR 150 MG TABLET	2	QL
BUPROPION SR 150 MG TABLET (smoking cessation)	2	
BUPROPION SR 200 MG TABLET	2	QL
BUPROPION XL 150 MG TABLET	2	QL
BUPROPION XL 300 MG TABLET	2	QL
BUSPIRONE 5 MG TABLET	1	
BUSPIRONE 7.5 MG TABLET	2	
BUSPIRONE 10 MG TABLET	1	
BUSPIRONE 15 MG TABLET	2	
BUSPIRONE 30 MG TABLET	2	
BUTALBITAL COMPOUND-CODEINE #3 CAPSULE	2	PA
BUTALBITAL-ACETAMINOPHEN 50-325 MG TABLET	2	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG TABLET	2	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	QL	CAMRESE LO TABLET	1	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-30 MG CAPSULE	2	PA	CANDESARTAN 4 MG TABLET	2	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-30 MG CAPSULE	2	PA	CAMZYOS 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE	2	QL	CAMZYOS 5 MG CAPSULE	5	PA, QL, LDD, SRX
BUTALBITAL-ASPIRIN-CAFFEINE TABLET	2	QL	CAMZYOS 10 MG CAPSULE	5	PA, QL, LDD, SRX
BUTORPHANOL 10 MG/ML NASAL SPRAY	2	PA, QL	CAMZYOS 15 MG CAPSULE	5	PA, QL, LDD, SRX
BYDUREON BCISE 2 MG AUTO-INJECTOR	3	PA, QL	CANDESARTAN 8 MG TABLET	2	
BYETTA 5 MCG DOSE PEN INJECTOR	3	PA, QL	CANDESARTAN 16 MG TABLET	2	
BYETTA 10 MCG DOSE PEN INJECTOR	3	PA, QL	CANDESARTAN 32 MG TABLET	2	
CA INSULIN SYRINGE 0.3 ML 29G 1/2"	3		CANDESARTAN-HCTZ 16-12.5 MG TABLET	2	
CA INSULIN SYRINGE 0.3 ML 30G 5/16"	3		CANDESARTAN-HCTZ 32-12.5 MG TABLET	2	
CA INSULIN SYRINGE 0.3 ML 31G 5/16"	3		CANDESARTAN-HCTZ 32-25 MG TABLET	2	
CA INSULIN SYRINGE 0.5 ML 29G 1/2"	3		CAPECITABINE 150 MG TABLET	5	PA, SRX
CA INSULIN SYRINGE 0.5 ML 30G 5/16"	3		CAPECITABINE 500 MG TABLET	5	PA, SRX
CA INSULIN SYRINGE 0.5 ML 31G 5/16"	3		CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX
CA INSULIN SYRINGE 1 ML 29G 1/2"	3		CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX
CA INSULIN SYRINGE 1 ML 30G 5/16"	3		CAPTOPRIL 12.5 MG TABLET	2	
CA INSULIN SYRINGE 1 ML 31G 5/16"	3		CAPTOPRIL 25 MG TABLET	2	
CABERGOLINE 0.5 MG TABLET	2	QL	CAPTOPRIL 50 MG TABLET	2	
CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX	CAPTOPRIL 100 MG TABLET	2	
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX	CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX	CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL
CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION	2		CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL
CALCIPOTRIENE 0.005% CREAM	3		CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL
CALCIPOTRIENE 0.005% OINTMENT	3		CAPVAXIVE 0.5 ML SYRINGE	3	
CALCIPOTRIENE 0.005% TOPICAL SOLUTION	3		CARBAMAZEPINE 100 MG CHEWABLE TABLET	2	
CALCIPOTRIENE-BETAMETHASONE OINTMENT	4		CARBAMAZEPINE 100 MG/5 ML SUSPENSION	2	
CALCITONIN-SALMON 200 UNIT NASAL SPRAY	2		CARBAMAZEPINE 200 MG TABLET	2	
CALCITRIOL 0.25 MCG CAPSULE	2		CARBAMAZEPINE ER 100 MG CAPSULE	2	
CALCITRIOL 0.5 MCG CAPSULE	2		CARBAMAZEPINE ER 200 MG CAPSULE	2	
CALCITRIOL 1 MCG/ML ORAL SOLUTION	2		CARBAMAZEPINE ER 300 MG CAPSULE	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL	CARBAMAZEPINE ER 100 MG TABLET	2	
CALCIUM ACETATE 667 MG CAPSULE	2		CARBAMAZEPINE ER 200 MG TABLET	2	
CALCIUM ACETATE 667 MG GELCAP	2		CARBAMAZEPINE ER 400 MG TABLET	2	
CALCIUM ACETATE 667 MG TABLET	2		CARBIDOPA 25 MG TABLET	4	
CALQUENCE 100 MG CAPSULE	5	PA, QL, SRX	CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET	2	
CALQUENCE 100 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET	2	
CAMILA 0.35 MG TABLET	1		CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET	2	
CAMRESE 0.15-0.03-0.01 MG TABLET	1		CARBIDOPA-LEVODOPA 10-100 TABLET	2	
			CARBIDOPA-LEVODOPA 25-100 TABLET	2	
			CARBIDOPA-LEVODOPA 25-250 TABLET	2	



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CARBIDOPA-LEVODOPA ER 25-100 TABLET	2		CAREPOINT LL SYRINGE 3 ML 25G 1"	3	
CARBIDOPA-LEVODOPA ER 50-200 TABLET	2		CAREPOINT PRECISION NEEDLE 21G 1"	3	
CARBIDOPA-LEVODOPA 50 MG-ENTACAPONE TABLET	3		CARESENS CONTROL SOLUTION	3	
CARBIDOPA-LEVODOPA 75 MG-ENTACAPONE TABLET	3		CARETOUCH CONTROL SOLUTION L2-L3	3	
CARBIDOPA-LEVODOPA 100 MG-ENTACAPONE TABLET	3		CARETOUCH HYPODERMIC NEEDLE 18G 1.5"	3	
CARBIDOPA-LEVODOPA 125 MG-ENTACAPONE TABLET	3		CARETOUCH HYPODERMIC NEEDLE 20G 1"	3	
CARBIDOPA-LEVODOPA 150 MG-ENTACAPONE TABLET	3		CARETOUCH HYPODERMIC NEEDLE 22G 1"	3	
CARBIDOPA-LEVODOPA 200 MG-ENTACAPONE TABLET	3		CARETOUCH HYPODERMIC NEEDLE 23G 1"	3	
CARBINOXAMINE 4 MG/5 ML LIQUID	2		CARETOUCH HYPODERMIC NEEDLE 23G 1.5"	3	
CARBINOXAMINE 4 MG TABLET	2		CARETOUCH HYPODERMIC NEEDLE 25G 1"	3	
CAREFINE PEN NEEDLE 4MM 32G	3		CARETOUCH HYPODERMIC NEEDLE 25G 1.5"	3	
CAREFINE PEN NEEDLE 5MM 32G	3		CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	3	
CAREFINE PEN NEEDLE 6MM 31G	3		CARETOUCH HYPODERMIC NEEDLE 26G 1"	3	
CAREFINE PEN NEEDLE 6MM 32G	3		CARETOUCH LL SYRINGE 3 ML 22G 1"	3	
CAREFINE PEN NEEDLE 8MM 30G	3		CARETOUCH LL SYRINGE 3 ML 22G 1.5"	3	
CAREFINE PEN NEEDLE 8MM 31G	3		CARETOUCH LL SYRINGE 3 ML 23G 1"	3	
CAREFINE PEN NEEDLE 12.7MM 29G	3		CARETOUCH LL SYRINGE 3 ML 23G 1.5"	3	
CAREONE SYRINGE 0.3 ML 30G 1/2"	3		CARETOUCH LL SYRINGE 3 ML 25G 1"	3	
CAREONE SYRINGE 0.5 ML 30G 1/2"	3		CARETOUCH LL SYRINGE 3 ML 25G 1.5"	3	
CAREONE SYRINGE 1 ML 30G 1/2"	3		CARETOUCH LL SYRINGE 3 ML 25G 5/8"	3	
CAREONE UNIFINE PENTIP 29G 1/2"	3		CARETOUCH PEN NEEDLE 29G 12MM	3	
CAREONE UNIFINE PENTIP 31G 1/4"	3		CARETOUCH PEN NEEDLE 31G 1/4"	3	
CAREONE UNIFINE PENTIP 31G 3/16"	3		CARETOUCH PEN NEEDLE 31G 3/16"	3	
CAREONE UNIFINE PENTIP 31G 5/16"	3		CARETOUCH PEN NEEDLE 31G 5/16"	3	
CAREONE UNIFINE PENTIP 32G 5/32"	3		CARETOUCH PEN NEEDLE 32G 3/16"	3	
CAREONE UNIFINE PENTIP 4MM 32G	3		CARETOUCH PEN NEEDLE 32G 5/32"	3	
CAREONE UNIFINE PENTIP 5MM 31G	3		CARETOUCH SYRINGE 0.3 ML 31G 5/16"	3	
CAREONE UNIFINE PENTIP 6MM 31G	3		CARETOUCH SYRINGE 0.5 ML 30G 5/16"	3	
CAREONE UNIFINE PENTIP 8MM 31G	3		CARETOUCH SYRINGE 0.5 ML 31G 5/16"	3	
CAREONE UNIFINE PENTIP 12MM 29G	3		CARETOUCH SYRINGE 1 ML 28G 5/16"	3	
CAREPOINT LL SYRINGE 3 ML 20G 1.5"	3		CARETOUCH SYRINGE 1 ML 29G 5/16"	3	
CAREPOINT LL SYRINGE 3 ML 21G 1"	3		CARETOUCH SYRINGE 1 ML 30G 5/16"	3	
CAREPOINT LL SYRINGE 3 ML 21G 1.5"	3		CARETOUCH SYRINGE 1 ML 31G 5/16"	3	
CAREPOINT LL SYRINGE 3 ML 22G 1"	3		CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX
CAREPOINT LL SYRINGE 3 ML 22G 38MM	3		CARISOPRODOL 250 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 23G 1"	3		CARISOPRODOL 350 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 23G 1.5"	3		CARISOPRODOL-ASPIRIN 200-325 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 25G 5/8"	3		CARISOPRODOL-ASPIRIN-CODEINE TABLET	2	PA
			CARTEOLOL 1% EYE DROPS	2	
			CARTIA XT 120 MG CAPSULE	2	
			CARTIA XT 180 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
CARTIA XT 240 MG CAPSULE	2		CEPHALEXIN 750 MG CAPSULE	2	
CARTIA XT 300 MG CAPSULE	2		CEPHALEXIN 125 MG/5 ML SUSPENSION	2	
CARVEDILOL 3.125 MG TABLET	1		CEPHALEXIN 250 MG/5 ML SUSPENSION	2	
CARVEDILOL 6.25 MG TABLET	1		CEQUR SIMPLICITY INSERTER	3	
CARVEDILOL 12.5 MG TABLET	1		CETIRIZINE 1 MG/ML ORAL SOLUTION	2	
CARVEDILOL 25 MG TABLET	1		CETIRIZINE 1 MG/ML SYRUP	2	
CAYSTON 75 MG INHALATION SOLUTION	5	PA, QL, LDD, SRX	CEVIMELINE 30 MG CAPSULE	2	
CAZANT 28 DAY TABLET	1		CHARLOTTE 24 FE CHEWABLE TABLET	1	
CEFACLOX 250 MG CAPSULE	2		CHATEAL EQ-28 TABLET	1	
CEFACLOX 500 MG CAPSULE	2		CHATEAL-28 TABLET	1	
CEFACLOX 125 MG/5 ML SUSPENSION	2		CHEK-STIX TEST STRIP	3	
CEFACLOX 250 MG/5 ML SUSPENSION	2		CHEMET 100 MG CAPSULE	4	
CEFACLOX 375 MG/5 ML SUSPENSION	2		CHEMSTRIP 10 MD TEST STRIP	3	
CEFACLOX ER 500 MG TABLET	3		CHEMSTRIP 10 WITH SG TEST STRIP	3	
CEFADROXIL 500 MG CAPSULE	2		CHEMSTRIP 2 GP TEST STRIP	3	
CEFADROXIL 250 MG/5 ML SUSPENSION	2		CHEMSTRIP 2 LN TEST STRIP	3	
CEFADROXIL 500 MG/5 ML SUSPENSION	2		CHEMSTRIP 50B TEST STRIP	3	
CEFADROXIL 1 GM TABLET	2		CHEMSTRIP 7 TEST STRIP	3	
CEFDINIR 300 MG CAPSULE	2		CHEMSTRIP BG DIARY	3	
CEFDINIR 125 MG/5 ML SUSPENSION	2		CHEMSTRIP MICRAL TEST STRIP	3	
CEFDINIR 250 MG/5 ML SUSPENSION	2		CHEMSTRIP-9 TEST STRIP	3	
CEFDITOREN 400 MG TABLET	2		CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CEFIXIME 400 MG CAPSULE	3		CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CEFIXIME 100 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CEFIXIME 200 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET	2	
CEFPODOXIME 50 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET	2	
CEFPODOXIME 100 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	2	
CEFPODOXIME 100 MG TABLET	2		CHLORHEXIDINE 0.12% ORAL RINSE	2	
CEFPODOXIME 200 MG TABLET	2		CHLOROQUINE 250 MG TABLET	2	
CEFPROZIL 125 MG/5 ML SUSPENSION	2		CHLOROQUINE 500 MG TABLET	2	
CEFPROZIL 250 MG/5 ML SUSPENSION	2		CHLORPROMAZINE 10 MG TABLET	3	
CEFPROZIL 250 MG TABLET	2		CHLORPROMAZINE 25 MG TABLET	3	
CEFPROZIL 500 MG TABLET	2		CHLORPROMAZINE 50 MG TABLET	3	
CEFUROXIME AXETIL 250 MG TABLET	2		CHLORPROMAZINE 100 MG TABLET	3	
CEFUROXIME AXETIL 500 MG TABLET	2		CHLORPROMAZINE 200 MG TABLET	3	
CELECOXIB 50 MG CAPSULE	2	QL	CHLORTHALIDONE 25 MG TABLET	1	
CELECOXIB 100 MG CAPSULE	2	QL	CHLORTHALIDONE 50 MG TABLET	1	
CELECOXIB 200 MG CAPSULE	2	QL	CHLORZOXAZONE 500 MG TABLET	2	
CELECOXIB 400 MG CAPSULE	2	QL	CHOLESTYRAMINE LIGHT PACKET	2	
CEPHALEXIN 250 MG CAPSULE	1		CHOLESTYRAMINE LIGHT POWDER	2	
CEPHALEXIN 500 MG CAPSULE	1				

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
CHOLESTYRAMINE PACKET	2	
CHOLESTYRAMINE POWDER	2	
CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	4	PA
CICLODAN 0.77% CREAM	2	
CICLODAN 8% TOPICAL SOLUTION	2	
CICLOPIROX 0.77% CREAM	2	
CICLOPIROX 0.77% GEL	2	
CICLOPIROX 1% SHAMPOO	2	
CICLOPIROX 8% TOPICAL SOLUTION	2	
CICLOPIROX 0.77% TOPICAL SUSPENSION	2	
CILOSTAZOL 50 MG TABLET	2	
CILOSTAZOL 100 MG TABLET	2	
CILOXAN 0.3% OINTMENT	4	
CIMETIDINE 300 MG/5 ML ORAL SOLUTION	2	
CIMETIDINE 200 MG TABLET	2	
CIMETIDINE 300 MG TABLET	2	
CIMETIDINE 400 MG TABLET	2	
CIMETIDINE 800 MG TABLET	2	
CIMZIA 200 MG VIAL KIT	5	PA, QL, LDD, SRX
CIMZIA 2X200 MG/ML (X3) STARTER KIT	5	PA, QL, LDD, SRX
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, LDD, SRX
CINACALCET 30 MG TABLET	5	PA, SRX
CINACALCET 60 MG TABLET	5	PA, SRX
CINACALCET 90 MG TABLET	5	PA, SRX
CIPROFLOXACIN 0.2% EAR SOLUTION	2	
CIPROFLOXACIN 0.3% EYE DROPS	2	
CIPROFLOXACIN 250 MG/5 ML SUSPENSION	2	
CIPROFLOXACIN 500 MG/5 ML SUSPENSION	2	
CIPROFLOXACIN 100 MG TABLET	2	
CIPROFLOXACIN 250 MG TABLET	1	
CIPROFLOXACIN 500 MG TABLET	1	
CIPROFLOXACIN 750 MG TABLET	1	
CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION	3	
CIPROFLOXACIN-FLUOCINOLONE 0.3-0.025%	3	PA
CITALOPRAM 10 MG/5 ML ORAL SOLUTION	2	QL
CITALOPRAM 10 MG TABLET	1	QL
CITALOPRAM 20 MG TABLET	1	QL
CITALOPRAM 40 MG TABLET	1	QL
CLARAVIS 10 MG CAPSULE	4	
CLARAVIS 20 MG CAPSULE	4	
CLARAVIS 30 MG CAPSULE	4	

Medication Name	Tier	Notes
CLARAVIS 40 MG CAPSULE	4	
CLARITHROMYCIN 125 MG/5 ML SUSPENSION	2	
CLARITHROMYCIN 250 MG/5 ML SUSPENSION	2	
CLARITHROMYCIN 250 MG TABLET	2	
CLARITHROMYCIN 500 MG TABLET	2	
CLARITHROMYCIN ER 500 MG TABLET	2	
CLEMASTINE 2.68 MG TABLET	2	
CLEVER CHOICE CHAMBER-LARGE MASK	3	QL
CLEVER CHOICE CHAMBER-MEDIUM MASK	3	QL
CLEVER CHOICE CHAMBER-SMALL MASK	3	QL
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	3	
CLEVER CHOICE PEAK FLOW METER	3	
CLICKFINE 31G 1/4" NEEDLE	3	
CLICKFINE 31G 5/16" NEEDLE	3	
CLICKFINE PEN NEEDLE 32G 5/32"	3	
CLICKFINE UNIVERSAL 31G 1/4"	3	
CLINDACIN 1% FOAM	2	
CLINDACIN ETZ 1% PLEDGET	2	
CLINDACIN P 1% PLEDGET	2	
CLINDAMYCIN (PEDI) 75 MG/5 ML	2	
CLINDAMYCIN 2% VAGINAL CREAM	2	
CLINDAMYCIN 75 MG CAPSULE	2	
CLINDAMYCIN 150 MG CAPSULE	2	
CLINDAMYCIN 300 MG CAPSULE	2	
CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CLINDAMYCIN PHOSPHATE 1% GEL	2	
CLINDAMYCIN PHOSPHATE 1% LOTION	2	
CLINDAMYCIN PHOSPHATE 1% PLEDGET	2	
CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	2	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL	2	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP	2	
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL	2	
CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL	2	
CLINDESSE 2% VAGINAL CREAM	4	
CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CLOBAZAM 10 MG TABLET	4	PA
CLOBAZAM 20 MG TABLET	4	PA
CLOBETASOL 0.05% CREAM	2	
CLOBETASOL 0.05% GEL	2	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CLOBETASOL 0.05% OINTMENT	2		CLOZAPINE 50 MG TABLET	2	
CLOBETASOL 0.05% SHAMPOO	2		CLOZAPINE 100 MG TABLET	2	
CLOBETASOL 0.05% TOPICAL LOTION	2		CLOZAPINE 200 MG TABLET	2	
CLOBETASOL 0.05% TOPICAL SOLUTION	2		CLOZAPINE ODT 12.5 MG TABLET	4	
CLOBETASOL EMOLLIENT 0.05% CREAM	2		CLOZAPINE ODT 25 MG TABLET	4	
CLOBETASOL EMOLLIENT 0.05% FOAM	3		CLOZAPINE ODT 100 MG TABLET	4	
CLOBETASOL EMULSION 0.05% FOAM	3		CLOZAPINE ODT 150 MG TABLET	4	
CLOBETASOL PROPIONATE 0.05% FOAM	2		CLOZAPINE ODT 200 MG TABLET	4	
CLOBETASOL PROPIONATE 0.05% SPRAY	2		C-NATE DHA SOFTGEL	1	
CLOCORTOLONE PIVALATE 0.1% CREAM	3		COARTEM TABLET	4	QL
CLODAN 0.05% SHAMPOO	2		CODEINE SULFATE 15 MG TABLET	2	PA
CLOMIPRAMINE 25 MG CAPSULE	4		CODEINE SULFATE 30 MG TABLET	2	PA
CLOMIPRAMINE 50 MG CAPSULE	4		CODEINE SULFATE 60 MG TABLET	2	PA
CLOMIPRAMINE 75 MG CAPSULE	4		COLCHICINE 0.6 MG TABLET	2	
CLONAZEPAM 0.125 MG ODT TABLET	2		COLESEVELAM 3.75 G PACKET	3	
CLONAZEPAM 0.25 MG ODT TABLET	2		COLESEVELAM 625 MG TABLET	3	
CLONAZEPAM 0.5 MG ODT TABLET	2		COLESTIPOL 1 GM TABLET	2	
CLONAZEPAM 1 MG ODT TABLET	2		COLESTIPOL GRANULES	2	
CLONAZEPAM 2 MG ODT TABLET	2		COLESTIPOL GRANULES PACKET	2	
CLONAZEPAM 0.5 MG TABLET	2		COMBISTIX REAGENT TEST STRIP	3	
CLONAZEPAM 1 MG TABLET	2		COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONAZEPAM 2 MG TABLET	2		COMETRIQ 100 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONIDINE 0.1 MG/DAY PATCH	2		COMETRIQ 140 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONIDINE 0.2 MG/DAY PATCH	2		COMFORT EZ INSULIN SYRINGE 0.3 ML	3	
CLONIDINE 0.3 MG/DAY PATCH	2		COMFORT EZ INSULIN SYRINGE 0.3ML 30G 1/2"	3	
CLONIDINE 0.1 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.3ML 30G 5/16"	3	
CLONIDINE 0.2 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.5 ML	3	
CLONIDINE 0.3 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.5ML 31G 5/16"	3	
CLONIDINE ER 0.1 MG TABLET	2		COMFORT EZ INSULIN SYRINGE 1 ML 31G 5/16"	3	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ PEN NEEDLE 4MM 32G	3	
CLOPIDOGREL 300 MG TABLET	2		COMFORT EZ PEN NEEDLE 4MM 33G	3	
CLORAZEPATE 3.75 MG TABLET	2		COMFORT EZ PEN NEEDLE 5MM 31G	3	
CLORAZEPATE 7.5 MG TABLET	2		COMFORT EZ PEN NEEDLE 5MM 32G	3	
CLORAZEPATE 15 MG TABLET	2		COMFORT EZ PEN NEEDLE 5MM 33G	3	
CLOTTRIMAZOLE 10 MG LOZENGE	2		COMFORT EZ PEN NEEDLE 6MM 31G	3	
CLOTTRIMAZOLE 1% TOPICAL CREAM	2		COMFORT EZ PEN NEEDLE 6MM 32G	3	
CLOTTRIMAZOLE 1% TOPICAL SOLUTION	2		COMFORT EZ PEN NEEDLE 6MM 33G	3	
CLOTTRIMAZOLE 10 MG TROCHE	2		COMFORT EZ PEN NEEDLE 8MM 31G	3	
CLOTTRIMAZOLE-BETAMETHASONE CREAM	2		COMFORT EZ PEN NEEDLE 8MM 32G	3	
CLOTTRIMAZOLE-BETAMETHASONE LOTION	2		COMFORT EZ PEN NEEDLE 8MM 33G	3	
CLOZAPINE 25 MG TABLET	2		COMFORT EZ PEN NEEDLE 12MM 29G	3	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
COMFORT EZ PRO PEN NEEDLE 30G 8MM	3		COMPACT SPACE CHAMBER-SMALL MASK	3	QL
COMFORT EZ PRO PEN NEEDLE 31G 4MM	3		COMPLERA TABLET	4	QL
COMFORT EZ PRO PEN NEEDLE 31G 5MM	3		COMPLETE NATAL DHA	1	
COMFORT EZ SYRINGE 0.3 ML 29G 1/2"	3		COMPLETENATE CHEWABLE TABLET	1	
COMFORT EZ SYRINGE 0.5 ML 28G 1/2"	3		COMPRO 25 MG SUPPOSITORY	2	
COMFORT EZ SYRINGE 0.5 ML 29G 1/2"	3		CONSTULOSE 10 GM/15 ML ORAL SOLUTION	2	
COMFORT EZ SYRINGE 0.5 ML 30G 1/2"	3		CONTACT DETACH INFUSION SET 23"	3	
COMFORT EZ SYRINGE 1 ML 28G 1/2"	3		CONTACT DETACH INFUSION SET 32"	3	
COMFORT EZ SYRINGE 1 ML 29G 1/2"	3		CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	3	
COMFORT EZ SYRINGE 1 ML 30G 1/2"	3		CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	3	
COMFORT EZ SYRINGE 1 ML 30G 5/16"	3		CONTOUR SOLUTION	3	
COMFORT INFUSION SET 23" 17MM	3		COOL CONTROL A SOLUTION	3	
COMFORT INFUSION SET 32" 17MM	3		COOL CONTROL B SOLUTION	3	
COMFORT INFUSION SET 43" 17MM	3		CORTISONE 25 MG TABLET	2	
COMFORT POINT PEN NEEDLE 29G 1/2"	3		CORTISPORIN CREAM	4	
COMFORT POINT PEN NEEDLE 31G 1/3"	3		CORTISPORIN OINTMENT	4	
COMFORT POINT PEN NEEDLE 31G 1/4"	3		CORTISPORIN-TC EAR SUSPENSION	4	
COMFORT POINT PEN NEEDLE 31G 1/6"	3		COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, SRX
COMFORT SHORT INFUSION SET 23"	3		COSENTYX 150 MG/ML SYRINGE	5	PA, QL, SRX
COMFORT SHORT INFUSION SET 32"	3		COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, QL, SRX
COMFORT SHORT INFUSION SET 43"	3		COSENTYX SENSOREADY 150 MG PEN	5	PA, QL, SRX
COMFORT TOUCH PEN NEEDLE 31G 4MM	3		COSENTYX SENSOREADY 300MG DOSE-2PEN	5	PA, QL, SRX
COMFORT TOUCH PEN NEEDLE 31G 5MM	3		COSENTYX UNOREADY 300 MG PEN	5	PA, QL, SRX
COMFORT TOUCH PEN NEEDLE 31G 6MM	3		COTELLIC 20 MG TABLET	5	PA, QL, LDD, SRX
COMFORT TOUCH PEN NEEDLE 31G 8MM	3		COVARYX H.S. TABLET	2	
COMFORT TOUCH PEN NEEDLE 32G 4MM	3		COVARYX TABLET	2	
COMFORT TOUCH PEN NEEDLE 32G 5MM	3		CRESEMBA 74.5 MG CAPSULE	4	PA
COMFORT TOUCH PEN NEEDLE 32G 6MM	3		CRESEMBA 186 MG CAPSULE	4	PA
COMFORT TOUCH PEN NEEDLE 32G 8MM	3		CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	4	
COMFORT TOUCH PEN NEEDLE 33G 4MM	3		CROMOLYN 20 MG/2 ML INHALATION SOLUTION	4	QL
COMFORT TOUCH PEN NEEDLE 33G 5MM	3		CROMOLYN 4% EYE DROPS	2	
COMFORT TOUCH PEN NEEDLE 33G 6MM	3		CROTAN 10% LOTION	3	
COMFORTSEAL LARGE MASK	3	QL	CRYSELLE-28 TABLET	1	
COMFORTSEAL MEDIUM MASK	3	QL	CVS ALKALINE BATTERIES	3	
COMFORTSEAL SMALL MASK	3	QL	CVS KETONE CARE TEST STRIP	3	
COMIRNATY 30MCG/0.3ML	3		CYANOCOBALAMIN 1,000 MCG/ML VIAL	2	
COMIRNATY SYRINGE	3		CYANOCOBALAMIN 10,000 MCG/10ML VIAL	2	
COMIRNATY VIAL	3		CYANOCOBALAMIN 30,000 MCG/30ML VIAL	2	
COMPACT SPACE CHAMBER	3	QL	CYCLOBENZAPRINE 5 MG TABLET	1	
COMPACT SPACE CHAMBER-LARGE MASK	3	QL	CYCLOBENZAPRINE 10 MG TABLET	1	
COMPACT SPACE CHAMBER-MEDIUM MASK	3	QL	CYCLOMYDRIL EYE DROPS	4	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
CYCLOPENTOLATE 0.5% EYE DROPS	2	
CYCLOPENTOLATE 1% EYE DROPS	2	
CYCLOPENTOLATE 2% DROPS	2	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	
CYCLOSERINE 250 MG CAPSULE	2	
CYCLOSET 0.8 MG TABLET	4	
CYCLOSPORINE 0.05% EYE EMULSION	4	
CYCLOSPORINE 25 MG CAPSULE	2	
CYCLOSPORINE 100 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 25 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 50 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 100 MG CAPSULE	2	
CYCLOSPORINE MODIFIED 100MG/ML ORAL SOLUTION	2	
CYLTEZO(CF) 10 MG/0.2 ML SYRINGE	5	PA, QL, SRX
CYLTEZO(CF) 20 MG/0.4 ML SYRINGE	5	PA, QL, SRX
CYLTEZO(CF) 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX
CYLTEZO(CF) PEN 40 MG/0.8 ML	5	PA, QL, SRX
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG	5	PA, QL, SRX
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG	5	PA, QL, SRX
CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CYPROHEPTADINE 4 MG TABLET	2	
CYRED 28 DAY TABLET	1	
CYRED EQ 28 DAY TABLET	1	
CYSTAGON 50 MG CAPSULE	5	PA, LDD, SRX
CYSTAGON 150 MG CAPSULE	5	PA, LDD, SRX
CYSTARAN 0.44% EYE DROPS	4	PA, QL, LDD
DABIGATRAN 75 MG CAPSULE	4	QL
DABIGATRAN 110 MG CAPSULE	4	QL
DABIGATRAN 150 MG CAPSULE	4	QL
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, SRX
DANAZOL 50 MG CAPSULE	2	
DANAZOL 100 MG CAPSULE	2	
DANAZOL 200 MG CAPSULE	2	
DANTROLENE 25 MG CAPSULE	2	
DANTROLENE 50 MG CAPSULE	2	
DANTROLENE 100 MG CAPSULE	2	
DAPSONE 25 MG TABLET	4	
DAPSONE 100 MG TABLET	4	
DAPTACEL DTAP VACCINE	3	
DARIFENACIN ER 7.5 MG TABLET	2	

Medication Name	Tier	Notes
DARIFENACIN ER 15 MG TABLET	2	
DARUNAVIR 600 MG TABLET	2	
DARUNAVIR 800 MG TABLET	2	
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TABLET	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 90 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 180 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 360 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 90 MG TABLET	5	PA, SRX
DEFERASIROX 180 MG TABLET	5	PA, SRX
DEFERASIROX 360 MG TABLET	5	PA, SRX
DEFERASIROX 125 MG TABLET FOR SUSPENSION	5	PA, SRX
DEFERASIROX 250 MG TABLET FOR SUSPENSION	5	PA, SRX
DEFERASIROX 500 MG TABLET FOR SUSPENSION	5	PA, SRX
DEFERIPRONE 500 MG TABLET	5	PA, SRX
DEFERIPRONE 1,000 MG TABLET (3X/DAY)	5	PA, SRX
DELTEC COZMO CLEO INFUSION SET	3	
DEMECLOCYCLINE 150 MG TABLET	3	
DEMECLOCYCLINE 300 MG TABLET	3	
DENTA 5000 PLUS SENSITIVE PASTE	2	
DENTA 5000 PLUS TOOTHPASTE	2	
DENTAGEL 1.1% GEL	2	
DERMACINRX LIDOCAN 5% PATCH	2	
DESCOVY 120-15 MG TABLET	3	
DESCOVY 200-25 MG TABLET	3	
DESIPRAMINE 10 MG TABLET	2	
DESIPRAMINE 25 MG TABLET	2	
DESIPRAMINE 50 MG TABLET	2	
DESIPRAMINE 75 MG TABLET	2	
DESIPRAMINE 100 MG TABLET	2	
DESIPRAMINE 150 MG TABLET	2	
DESLOTRADINE 2.5 MG ODT TABLET	2	QL
DESLOTRADINE 5 MG ODT TABLET	2	QL
DESLOTRADINE 5 MG TABLET	2	QL
DESMOPRESSIN 0.01% NASAL SPRAY	2	
DESMOPRESSIN 10 MCG/0.1 ML NASAL SPRAY	2	
DESMOPRESSIN 0.1 MG TABLET	2	
DESMOPRESSIN 0.2 MG TABLET	2	



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 MG TABLET	1	
DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL TABLET	1	
DESONIDE 0.05% CREAM	2	
DESONIDE 0.05% LOTION	2	
DESONIDE 0.05% OINTMENT	2	
DESOXIMETASONE 0.05% CREAM	3	
DESOXIMETASONE 0.25% CREAM	3	
DESOXIMETASONE 0.05% GEL	3	
DESOXIMETASONE 0.05% OINTMENT	3	
DESOXIMETASONE 0.25% OINTMENT	3	
DESVENLAFAXINE ER 25 MG TABLET	2	QL
DESVENLAFAXINE ER 50 MG TABLET	2	QL
DESVENLAFAXINE ER 100MG TABLET	2	QL
DEXAMETHASONE 0.1% EYE DROPS	2	
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	2	
DEXAMETHASONE 0.5 MG/5 ML LIQUID	2	
DEXAMETHASONE 0.5 MG TABLET	2	
DEXAMETHASONE 0.75 MG TABLET	2	
DEXAMETHASONE 1 MG TABLET	2	
DEXAMETHASONE 1.5 MG TABLET	2	
DEXAMETHASONE 2 MG TABLET	2	
DEXAMETHASONE 4 MG TABLET	2	
DEXAMETHASONE 6 MG TABLET	2	
DEXAMETHASONE INTENSOL 1 MG/ML ORAL CONCENTRATE	2	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXLANSOPRAZOLE DR 30 MG CAPSULE	4	QL
DEXLANSOPRAZOLE DR 60 MG CAPSULE	4	QL
DEXMETHYLPHENIDATE 2.5 MG TABLET	2	QL
DEXMETHYLPHENIDATE 5 MG TABLET	2	QL
DEXMETHYLPHENIDATE 10 MG TABLET	2	QL
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	3	QL

Medication Name	Tier	Notes
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	3	QL
DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION	2	QL
DEXTROAMPHETAMINE 5 MG TABLET	2	QL
DEXTROAMPHETAMINE 10 MG TABLET	2	QL
DEXTROAMPHETAMINE ER 5 MG CAPSULE	2	QL
DEXTROAMPHETAMINE ER 10 MG CAPSULE	2	QL
DEXTROAMPHETAMINE ER 15 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE	2	QL
DIASTIX REAGENT TEST STRIP	3	
DIATRUE LEVEL 1 CONTROL SOLUTION	3	
DIATRUE LEVEL 2 CONTROL SOLUTION	3	
DIATRUE LEVEL 3 CONTROL SOLUTION	3	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2	
DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE	2	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2	
DIAZEPAM 10 MG RECTAL GEL SYSTEM	2	
DIAZEPAM 20 MG RECTAL GEL SYSTEM	2	

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
DIAZEPAM 2 MG TABLET	2	
DIAZEPAM 5 MG TABLET	2	
DIAZEPAM 10 MG TABLET	2	
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	4	
DICLOFENAC 0.1% EYE DROPS	2	
DICLOFENAC 1.5% TOPICAL SOLUTION	2	
DICLOFENAC POTASSIUM 50 MG TABLET	2	
DICLOFENAC SODIUM 1% GEL	2	QL
DICLOFENAC SODIUM DR 25 MG TABLET	2	
DICLOFENAC SODIUM DR 50 MG TABLET	2	
DICLOFENAC SODIUM DR 75 MG TABLET	2	
DICLOFENAC SODIUM EC 25 MG TABLET	2	
DICLOFENAC SODIUM EC 50 MG TABLET	2	
DICLOFENAC SODIUM EC 75 MG TABLET	2	
DICLOFENAC SODIUM ER 100 MG TABLET	2	
DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET	2	
DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET	2	
DICLOXACILLIN 250 MG CAPSULE	2	
DICLOXACILLIN 500 MG CAPSULE	2	
DICYCLOMINE 10 MG CAPSULE	2	
DICYCLOMINE 10 MG/5 ML ORAL SOLUTION	2	
DICYCLOMINE 20 MG TABLET	2	
DIDANOSINE DR 250 MG CAPSULE	2	
DIDANOSINE DR 400 MG CAPSULE	2	
DIFICID 40 MG/ML SUSPENSION	4	PA, QL
DIFICID 200 MG TABLET	4	PA, QL
DIFLORASONE 0.05% CREAM	4	
DIFLORASONE 0.05% OINTMENT	4	
DIFLUNISAL 500 MG TABLET	2	
DIFLUPREDNATE 0.05% EYE DROPS	3	
DIGOX 125 MCG TABLET	2	
DIGOX 250 MCG TABLET	2	
DIGOXIN 0.05 MG/ML ORAL SOLUTION	2	
DIGOXIN 0.125 MG TABLET	2	
DIGOXIN 0.25 MG TABLET	2	
DIGOXIN 125 MCG TABLET	2	
DIGOXIN 250 MCG TABLET	2	
DIHYDROERGOTAMINE 1 MG/ML AMPULE	4	QL
DILT XR 120 MG CAPSULE	2	
DILT XR 180 MG CAPSULE	2	
DILT XR 240 MG CAPSULE	2	

Medication Name	Tier	Notes
DILTIAZEM 120 MG TABLET	1	
DILTIAZEM 12HR ER 60 MG CAPSULE	2	
DILTIAZEM 12HR ER 90 MG CAPSULE	2	
DILTIAZEM 12HR ER 120 MG CAPSULE	2	
DILTIAZEM 24H ER(CD) 120 MG CAPSULE	2	
DILTIAZEM 24H ER(CD) 180 MG CAPSULE	2	
DILTIAZEM 24H ER(CD) 240 MG CAPSULE	2	
DILTIAZEM 24H ER(CD) 300 MG CAPSULE	2	
DILTIAZEM 24H ER(CD) 360 MG CAPSULE	2	
DILTIAZEM 24H ER(LA) 120 MG TABLET	2	
DILTIAZEM 24H ER(LA) 180 MG TABLET	2	
DILTIAZEM 24H ER(LA) 240 MG TABLET	2	
DILTIAZEM 24H ER(LA) 300 MG TABLET	2	
DILTIAZEM 24H ER(LA) 360 MG TABLET	2	
DILTIAZEM 24H ER(LA) 420 MG TABLET	2	
DILTIAZEM 24H ER(XR) 120 MG CAPSULE	2	
DILTIAZEM 24H ER(XR) 180 MG CAPSULE	2	
DILTIAZEM 24H ER(XR) 240 MG CAPSULE	2	
DILTIAZEM 24HR ER 120 MG CAPSULE	2	
DILTIAZEM 24HR ER 180 MG CAPSULE	2	
DILTIAZEM 24HR ER 240 MG CAPSULE	2	
DILTIAZEM 24HR ER 300 MG CAPSULE	2	
DILTIAZEM 24HR ER 360 MG CAPSULE	2	
DILTIAZEM 24HR ER 420 MG CAPSULE	2	
DILTIAZEM 30 MG TABLET	1	
DILTIAZEM 60 MG TABLET	1	
DILTIAZEM 90 MG TABLET	1	
DIMETHYL FUMARATE 30 DAY STARTER PACK	4	PA, QL
DIMETHYL FUMARATE DR 120 MG CAPSULE	4	PA, QL
DIMETHYL FUMARATE DR 240 MG CAPSULE	4	PA, QL
DIPENTUM 250 MG CAPSULE	4	
DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIPHEN 12.5 MG/5 ML ORAL SOLUTION	4	
DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION	2	
DIPHENHYDRAMINE 25 MG/10ML ORAL SOLUTION	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	2	
DIPHTheria-TETANUS TOXOIDS-PEDIATRIC	3	
DIPYRIDAMOLE 25 MG TABLET	2	
DIPYRIDAMOLE 50 MG TABLET	2	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
DIPYRIDAMOLE 75 MG TABLET	2		DOXEPIN 5% CREAM	4	QL
DISOPYRAMIDE 100 MG CAPSULE	2		DOXEPIN 10 MG/ML ORAL CONCENTRATE	2	
DISOPYRAMIDE 150 MG CAPSULE	2		DOXEPIN 3 MG TABLET	3	QL
DISULFIRAM 250 MG TABLET	2		DOXEPIN 6 MG TABLET	3	QL
DISULFIRAM 500 MG TABLET	2		DOXERCALCIFEROL 0.5 MCG CAPSULE	2	
DIVALPROEX DR 125 MG CAPSULE SPRINKLE	2		DOXERCALCIFEROL 1 MCG CAPSULE	2	
DIVALPROEX DR 125 MG TABLET	2		DOXERCALCIFEROL 2.5 MCG CAPSULE	2	
DIVALPROEX DR 250 MG TABLET	2		DOXYCYCLINE HYCLATE 50 MG CAPSULE	1	
DIVALPROEX DR 500 MG TABLET	2		DOXYCYCLINE HYCLATE 100 MG CAPSULE	1	
DIVALPROEX ER 250 MG TABLET	2		DOXYCYCLINE 25 MG/5 ML SUSPENSION	2	
DIVALPROEX ER 500 MG TABLET	2		DOXYCYCLINE HYCLATE 20 MG TABLET	2	
DODEX 1,000 MCG/ML VIAL	2		DOXYCYCLINE HYCLATE 100 MG TABLET	1	
DODEX 10,000 MCG/10 ML VIAL	2		DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	1	
DODEX 30,000 MCG/30 ML VIAL	2		DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	2	
DOFETILIDE 125 MCG CAPSULE	4	QL	DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	1	
DOFETILIDE 250 MCG CAPSULE	4	QL	DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	2	
DOFETILIDE 500 MCG CAPSULE	4	QL	DOXYCYCLINE MONOHYDRATE 50 MG TABLET	1	
DOLISHALE 90-20 MCG TABLET	1		DOXYCYCLINE MONOHYDRATE 75 MG TABLET	2	
DONEPEZIL 5 MG TABLET	2		DOXYCYCLINE MONOHYDRATE 100 MG TABLET	1	
DONEPEZIL 10 MG TABLET	2		DOXYCYCLINE MONOHYDRATE 150 MG TABLET	2	
DONEPEZIL 23 MG TABLET	2		DRONABINOL 2.5 MG CAPSULE	4	
DONEPEZIL ODT 5 MG TABLET	2		DRONABINOL 5 MG CAPSULE	4	
DONEPEZIL ODT 10 MG TABLET	2		DRONABINOL 10 MG CAPSULE	4	
DORZOLAMIDE 2% EYE DROPS	2		DROPLET 0.5 ML 29G 12.5MM(1/2)	3	
DORZOLAMIDE-TIMOLOL EYE DROPS	2		DROPLET 0.5 ML 30G 12.5MM(1/2)	3	
DOTTI 0.025 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM	3	
DOTTI 0.0375 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM	3	
DOTTI 0.05 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM	3	
DOTTI 0.075 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM	3	
DOTTI 0.1 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM	3	
DOVATO 50-300 MG TABLET	4	QL	DROPLET INSULIN SYRINGE 0.3ML 30G 12.5MM	3	
DOXAZOSIN 1 MG TABLET	2		DROPLET INSULIN SYRINGE 0.5ML 30G 6MM(1/2)	3	
DOXAZOSIN 2 MG TABFLET	2		DROPLET INSULIN SYRINGE 0.5ML 30G 8MM(1/2)	3	
DOXAZOSIN 4 MG TABLET	2		DROPLET INSULIN SYRINGE 0.5ML 31G 6MM(1/2)	3	
DOXAZOSIN 8 MG TABLET	2		DROPLET INSULIN SYRINGE 0.5ML 31G 8MM(1/2)	3	
DOXEPIN 10 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM	3	
DOXEPIN 25 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 30G 6MM	3	
DOXEPIN 50 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 30G 8MM	3	
DOXEPIN 75 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM	3	
DOXEPIN 100 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 31G 6MM	3	
DOXEPIN 150 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 31G 8MM	3	

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Medication Name	Tier	Notes
DROPLET MICRON 34G 9/64"	3	
DROPLET PEN NEEDLE 29G 1/2"	3	
DROPLET PEN NEEDLE 29G 3/8"	3	
DROPLET PEN NEEDLE 30G 5/16"	3	
DROPLET PEN NEEDLE 31G 1/4"	3	
DROPLET PEN NEEDLE 31G 3/16"	3	
DROPLET PEN NEEDLE 31G 5/16"	3	
DROPLET PEN NEEDLE 32G 1/4"	3	
DROPLET PEN NEEDLE 32G 3/16"	3	
DROPLET PEN NEEDLE 32G 5/16"	3	
DROPLET PEN NEEDLE 32G 5/32"	3	
DROPSAFE INSULIN 1ML 29G 12.5MM	3	
DROPSAFE INSULIN SYRINGE 0.3ML 31G 6MM	3	
DROPSAFE INSULIN SYRINGE 0.3ML 31G 8MM	3	
DROPSAFE INSULIN SYRINGE 0.5ML 31G 6MM	3	
DROPSAFE INSULIN SYRINGE 0.5ML 31G 8MM	3	
DROPSAFE INSULIN SYRINGE 1ML 31G 6MM	3	
DROPSAFE INSULIN SYRINGE 1ML 31G 8MM	3	
DROPSAFE PEN NEEDLE 31G 1/4"	3	
DROPSAFE PEN NEEDLE 31G 3/16"	3	
DROPSAFE PEN NEEDLE 31G 5/16"	3	
DROPSAFE SICURA NEEDLE 25G 25MM	3	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET	1	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET	1	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET	1	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET	1	
DROXIA 200 MG CAPSULE	4	
DROXIA 300 MG CAPSULE	4	
DROXIA 400 MG CAPSULE	4	
DRUG MART ULTRA COMFORT SYRINGE	3	
DUAVEE 0.45-20 MG TABLET	4	
DULERA 50 MCG-5 MCG INHALER	3	QL
DULERA 100 MCG-5 MCG INHALER	3	QL
DULERA 200 MCG-5 MCG INHALER	3	QL
DULOXETINE DR 20 MG CAPSULE	2	QL
DULOXETINE DR 30 MG CAPSULE	2	QL
DULOXETINE DR 60 MG CAPSULE	2	QL
DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX

Medication Name	Tier	Notes
DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DUPIXENT 100 MG/0.67 ML SYRINGE	5	PA, SRX
DUPIXENT 200 MG/1.14 ML SYRINGE	5	PA, SRX
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DUTASTERIDE 0.5 MG CAPSULE	2	
DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	2	
EASIVENT HOLDING CHAMBER	3	QL
EASIVENT MASK-LARGE	3	QL
EASIVENT MASK-MEDIUM	3	QL
EASIVENT MASK-SMALL	3	QL
EASY COMFORT 0.3 ML 31G 1/2" SYRINGE	3	
EASY COMFORT 0.3 ML 31G 5/16" SYRINGE	3	
EASY COMFORT 0.3 ML SYRINGE	3	
EASY COMFORT 0.5 ML 30G 1/2"	3	
EASY COMFORT 0.5 ML 31G 5/16"	3	
EASY COMFORT 0.5 ML 32G 5/16"	3	
EASY COMFORT 0.5 ML SYRINGE	3	
EASY COMFORT 1 ML 31G 5/16"	3	
EASY COMFORT 1 ML 32G 5/16"	3	
EASY COMFORT INSULIN 1 ML SYRINGE	3	
EASY COMFORT PEN NEEDLE 31G 1/4"	3	
EASY COMFORT PEN NEEDLE 31G 3/16"	3	
EASY COMFORT PEN NEEDLE 31G 5/16"	3	
EASY COMFORT PEN NEEDLE 32G 5/32"	3	
EASY COMFORT PEN NEEDLE 33G 4MM	3	
EASY COMFORT PEN NEEDLE 33G 5MM	3	
EASY COMFORT PEN NEEDLE 33G 6MM	3	
EASY COMFORT SAFETY PEN NEEDLE 31G 5MM	3	
EASY COMFORT SAFETY PEN NEEDLE 31G 6MM	3	
EASY COMFORT SAFETY PEN NEEDLE 32G 4MM	3	
EASY COMFORT SYRINGE 1 ML 30G 1/2"	3	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	3	
EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	3	
EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	3	
EASY GLIDE PEN NEEDLE 4MM 33G	3	
EASY PLUS II CONTROL SOLUTION HIGH	3	
EASY PLUS II CONTROL SOLUTION LOW	3	
EASY STEP CONTROL SOLUTION-HIGH	3	
EASY STEP CONTROL SOLUTION-LOW	3	
EASY STEP CONTROL SOLUTION-NORMAL	3	
EASY TALK CONTROL SOLUTION LOW	3	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EASY TALK HIGH CONTROL SOLUTION	3	
EASY TALK PLUS II HIGH CONTROL	3	
EASY TALK PLUS II LOW CONTROL SOLUTION	3	
EASY TOUCH 0.3 ML SYRINGE 30G 1/2"	3	
EASY TOUCH 0.5 ML SYRINGE 27G 1/2"	3	
EASY TOUCH 0.5 ML SYRINGE 29G 1/2"	3	
EASY TOUCH 0.5 ML SYRINGE 30G 1/2"	3	
EASY TOUCH 0.5 ML SYRINGE 30G 5/16"	3	
EASY TOUCH 1 ML SYRINGE 27G 1/2"	3	
EASY TOUCH 1 ML SYRINGE 29G 1/2"	3	
EASY TOUCH 1 ML SYRINGE 30G 1/2"	3	
EASY TOUCH BLU LINK CONTROL SOLUTION	3	
EASY TOUCH FLIPLOCK NEEDLE 18G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 18G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 19G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 19G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 20G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 20G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 21G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 21G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 3/4"	3	
EASY TOUCH FLIPLOCK NEEDLE 23G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 23G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 23G 5/8"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 5/8"	3	
EASY TOUCH FLIPLOCK NEEDLE 26G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 26G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 27G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 27G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 28G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 29G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 30G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 30G 5/16"	3	
EASY TOUCH FLIPLOCK NEEDLE 31G 5/16"	3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION	3	
EASY TOUCH HYPODERMIC 16G 1"	3	
EASY TOUCH HYPODERMIC 16G 1.5"	3	

Medication Name	Tier	Notes
EASY TOUCH HYPODERMIC 18G 1"	3	
EASY TOUCH HYPODERMIC 18G 1.25"	3	
EASY TOUCH HYPODERMIC 18G 1.5"	3	
EASY TOUCH HYPODERMIC 19G 1"	3	
EASY TOUCH HYPODERMIC 19G 1.5"	3	
EASY TOUCH HYPODERMIC 20G 1"	3	
EASY TOUCH HYPODERMIC 20G 1.5"	3	
EASY TOUCH HYPODERMIC 21G 1"	3	
EASY TOUCH HYPODERMIC 21G 1.5"	3	
EASY TOUCH HYPODERMIC 22G 1"	3	
EASY TOUCH HYPODERMIC 22G 1.5"	3	
EASY TOUCH HYPODERMIC 23G 1"	3	
EASY TOUCH HYPODERMIC 23G 1.25"	3	
EASY TOUCH HYPODERMIC 23G 1.5"	3	
EASY TOUCH HYPODERMIC 23G 3/4"	3	
EASY TOUCH HYPODERMIC 24G 1"	3	
EASY TOUCH HYPODERMIC 24G 1.25"	3	
EASY TOUCH HYPODERMIC 25G 1"	3	
EASY TOUCH HYPODERMIC 25G 1.5"	3	
EASY TOUCH HYPODERMIC 25G 5/8"	3	
EASY TOUCH HYPODERMIC 26G 1/2"	3	
EASY TOUCH HYPODERMIC 26G 3/8"	3	
EASY TOUCH HYPODERMIC 26G 5/8"	3	
EASY TOUCH HYPODERMIC 27G 1.25"	3	
EASY TOUCH HYPODERMIC 27G 1.5"	3	
EASY TOUCH HYPODERMIC 27G 1/2"	3	
EASY TOUCH HYPODERMIC 30G 1"	3	
EASY TOUCH HYPODERMIC 30G 1/2"	3	
EASY TOUCH HYPODERMIC 31G 5/16"	3	
EASY TOUCH HYPODERMIC 32G 5/16"	3	
EASY TOUCH INSULIN SYRINGE 0.3 ML	3	
EASY TOUCH INSULIN SYRINGE 0.5 ML	3	
EASY TOUCH INSULIN SYRINGE 1 ML	3	
EASY TOUCH INSULIN SYRINGE 1ML 29G 1/2"	3	
EASY TOUCH INSULIN SYRINGE 1ML 30G 1/2"	3	
EASY TOUCH INSULIN SYRINGE 1ML 30G 5/16"	3	
EASY TOUCH INSULIN SYRINGE 1ML 31G 5/16"	3	
EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML	3	
EASY TOUCH PEN NEEDLE 29G 1/2"	3	
EASY TOUCH PEN NEEDLE 30G 5/16"	3	
EASY TOUCH PEN NEEDLE 31G 1/4"	3	

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Medication Name	Tier	Notes
EASY TOUCH PEN NEEDLE 31G 3/16"	3	
EASY TOUCH PEN NEEDLE 31G 5/16"	3	
EASY TOUCH PEN NEEDLE 32G 1/4"	3	
EASY TOUCH PEN NEEDLE 32G 3/16"	3	
EASY TOUCH PEN NEEDLE 32G 5/32"	3	
EASY TOUCH SAFETY PEN NEEDLE 29G 5MM	3	
EASY TOUCH SAFETY PEN NEEDLE 29G 8MM	3	
EASY TOUCH SAFETY PEN NEEDLE 30G 5MM	3	
EASY TOUCH SAFETY PEN NEEDLE 30G 8MM	3	
EASY TOUCH SYRINGE 0.5ML 27G 12.7MM	3	
EASY TOUCH SYRINGE 0.5ML 28G 12.7MM	3	
EASY TOUCH SYRINGE 0.5ML 29G 12.7MM	3	
EASY TOUCH SYRINGE 1 ML 27G 12.7MM	3	
EASY TOUCH SYRINGE 1 ML 27G 16MM	3	
EASY TOUCH SYRINGE 1 ML 28G 12.7MM	3	
EASY TOUCH SYRINGE 1 ML 29G 12.7MM	3	
EASY TOUCH SYRINGE 3 ML 20G 1"	3	
EASY TOUCH SYRINGE 3 ML 21G 1"	3	
EASY TOUCH SYRINGE 3 ML 22G 1"	3	
EASY TOUCH SYRINGE 3 ML 22G 1-1/2"	3	
EASY TOUCH SYRINGE 3 ML 23G 1"	3	
EASY TOUCH SYRINGE 3 ML 25G 1"	3	
EASY TOUCH SYRINGE 3 ML 25G 5/8"	3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	
EASY TRAK CONTROL SOLUTION HIGH	3	
EASY TRAK CONTROL SOLUTION LOW	3	
EASY TRAK II CONTROL SOLUTION-NORMAL	3	
EASYGLUCO PLUS CONTROL SOLUTION NORMAL	3	
EASYMAX 15 LEVEL 2 SOLUTION	3	
EASYMAX NORMAL CONTROL SOLUTION	3	
EASYPOINT NEEDLE 18G 1"	3	
EASYPOINT NEEDLE 18G 1-1/2"	3	
EASYPOINT NEEDLE 20G 1"	3	
EASYPOINT NEEDLE 20G 1-1/2"	3	
EASYPOINT NEEDLE 21G 1"	3	
EASYPOINT NEEDLE 21G 1-1/2"	3	
EASYPOINT NEEDLE 22G 1"	3	
EASYPOINT NEEDLE 22G 1-1/2"	3	
EASYPOINT NEEDLE 23G 1"	3	
EASYPOINT NEEDLE 25G 1.5"	3	
EASYPOINT NEEDLE 25G 5/8"	3	

Medication Name	Tier	Notes
EASYPOINT NEEDLE 25G 1"	3	
EASYPOINT NEEDLE 25G 16MM	3	
EASYTOUCH SAFETY PEN NEEDLE 30G 6MM	3	
EC-NAPROXEN DR 375 MG TABLET	2	
EC-NAPROXEN DR 500 MG TABLET	2	
ECONAZOLE 1% CREAM	2	
ECONTRA EZ 1.5 MG TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1	
ED-SPAZ 0.125 MG ODT TABLET	2	
EDURANT 25 MG TABLET	3	
EEMT DS 1.25-2.5 MG TABLET	2	
EEMT HS 0.625-1.25 MG TABLET	2	
EFAVIRENZ 50 MG CAPSULE	2	
EFAVIRENZ 200 MG CAPSULE	2	
EFAVIRENZ 600 MG TABLET	2	
EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET	4	QL
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET	3	QL
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET	3	QL
EFFER-K 10 MEQ EFFERVESCENT TABLET	4	
EFFER-K 20 MEQ EFFERVESCENT TABLET	4	
ELEMENT COMPACT SOLUTION HIGH	3	
ELEMENT COMPACT SOLUTION NORMAL	3	
ELEMENT CONTROL SOLUTION HIGH	3	
ELEMENT CONTROL SOLUTION LOW	3	
ELEMENT CONTROL SOLUTION NORMAL	3	
ELETRIPTAN 20 MG TABLET	3	QL
ELETRIPTAN 40 MG TABLET	3	QL
ELINEST-28 TABLET	1	
ELIQUIS 2.5 MG TABLET	3	QL
ELIQUIS 5 MG TABLET	3	QL
ELIQUIS DVT-PE 5 MG STARTER PACK	3	QL
ELITE-OB TABLET	1	
ELLA 30 MG TABLET	4	
ELMIRON 100 MG CAPSULE	4	
ELURYNG VAGINAL RING	2	
EMBRACE EVO LEVEL 1 CONTROL SOLUTION	3	
EMBRACE GLUCOSE CONTROL SOLUTION HIGH	3	
EMBRACE GLUCOSE CONTROL SOLUTION LOW	3	
EMBRACE PEN NEEDLE 29G 12MM	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
EMBRACE PEN NEEDLE 30G 5MM	3		ENGERIX-B 20 MCG/ML VIAL	3	
EMBRACE PEN NEEDLE 30G 8MM	3		ENGERIX-B PEDI 10 MCG/0.5 SYRINGE	3	
EMBRACE PEN NEEDLE 31G 5MM	3		ENILLORING VAGINAL RING	2	
EMBRACE PEN NEEDLE 31G 6MM	3		ENLITE SERTER	3	
EMBRACE PEN NEEDLE 31G 8MM	3		ENLYTE SOFTGEL	4	
EMBRACE PEN NEEDLE 32G 4MM	3		ENOXAPARIN 30 MG/0.3 ML SYRINGE	5	QL, SRX
EMBRACE PRO CONTROL SOLUTION	3		ENOXAPARIN 40 MG/0.4 ML SYRINGE	5	QL, SRX
EMBRACE TALK CONTROL SOLUTION-HIGH(L2)	3		ENOXAPARIN 60 MG/0.6 ML SYRINGE	5	QL, SRX
EMBRACE TALK CONTROL SOLUTION-LOW(L1)	3		ENOXAPARIN 80 MG/0.8 ML SYRINGE	5	QL, SRX
EMCYT 140 MG CAPSULE	5	SRX	ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX	ENOXAPARIN 120 MG/0.8 ML SYRINGE	5	QL, SRX
EMGALITY 120 MG/ML PEN	3	PA	ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX
EMGALITY 100 MG/ML SYRINGE(1 OF 3)	3	PA	ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX
EMGALITY 120 MG/ML SYRINGE	3	PA	ENPRESSE-28 TABLET	1	
EMGALITY 300 MG (100 MG X3SYRINGE)	3	PA	ENSKYCE 28 TABLET	1	
EMOQUETTE 28 DAY TABLET	1		ENTACAPONE 200 MG TABLET	2	
EMTRICITABINE 200 MG CAPSULE	2		ENTECAVIR 0.5 MG TABLET	5	SRX
EMTRICITABINE-TENOFOVIR 100-150 MG TABLET	2		ENTECAVIR 1 MG TABLET	5	SRX
EMTRICITABINE-TENOFOVIR 133-200 MG TABLET	2		ENTRESTO 24 MG-26 MG TABLET	3	QL
EMTRICITABINE-TENOFOVIR 167-250 MG TABLET	2		ENTRESTO 49 MG-51 MG TABLET	3	QL
EMTRICITABINE-TENOFOVIR 200-300 MG TABLET	2		ENTRESTO 97 MG-103 MG TABLET	3	QL
EMTRIVA 10 MG/ML ORAL SOLUTION	3		ENULOSE 10 GM/15 ML ORAL SOLUTION	2	
EMVERM 100 MG CHEWABLE TABLET	4		EPCLUSA 150-37.5 MG PELLET PACKET	5	PA, QL, SRX
EMZAHH 0.35 MG TABLET	1		EPCLUSA 200-50 MG PELLET PACKET	5	PA, QL, SRX
ENALAPRIL 2.5 MG TABLET	1		EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX
ENALAPRIL 5 MG TABLET	1		EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX
ENALAPRIL 10 MG TABLET	1		EPIDIOLEX 100 MG/ML ORAL SOLUTION	4	PA, LDD
ENALAPRIL 20 MG TABLET	1		EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	4	PA, LDD
ENALAPRIL-HCTZ 5-12.5 MG TABLET	1		EPIFOAM FOAM	4	
ENALAPRIL-HCTZ 10-25 MG TABLET	1		EPINASTINE 0.05% EYE DROPS	2	
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX	EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX	EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX	EPITOL 200 MG TABLET	2	
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX	EPLERENONE 25 MG TABLET	2	
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX	EPLERENONE 50 MG TABLET	2	
ENDOCET 2.5-325 MG TABLET	2	PA	EPROSARTAN 600 MG TABLET	2	
ENDOCET 5-325 MG TABLET	2	PA	EQ SPACE CHAMBER	3	QL
ENDOCET 7.5-325 MG TABLET	2	PA	EQ SPACE CHAMBER-LARGE MASK	3	QL
ENDOCET 10-325 MG TABLET	2	PA	EQ SPACE CHAMBER-MEDIUM MASK	3	QL
ENDOMETRIN 100 MG VAGINAL INSERT	4	PA	EQ SPACE CHAMBER-SMALL MASK	3	QL
ENGERIX-B 20 MCG/ML SYRINGE	3		EQL INSULIN 0.3 ML SYRINGE	3	

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Medication Name	Tier	Notes
EQL INSULIN 0.5 ML SYRINGE	3	
EQL INSULIN 1 ML SYRINGE	3	
EQL INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
EQL INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
EQL INSULIN SYRINGE 1 ML 29G 1/2"	3	
EQL INSULIN SYRINGE 1 ML 31G 5/16"	3	
EQL PEN 8MM 31G 5/16" NEEDLE	3	
ERGOLOID MESYLATES 1 MG TABLET	1	
ERGOMAR 2 MG SUBLINGUAL TABLET	4	PA
ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ERLOTINIB 25 MG TABLET	5	PA, SRX
ERLOTINIB 100 MG TABLET	5	PA, SRX
ERLOTINIB 150 MG TABLET	5	PA, SRX
ERRIN 0.35 MG TABLET	1	
ERTACZO 2% CREAM	4	
ERY 2% PADS	2	
ERYTHROCIN 250 MG TABLET	4	
ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ERYTHROMYCIN 2% GEL	2	
ERYTHROMYCIN 2% TOPICAL SOLUTION	2	
ERYTHROMYCIN 200 MG/5 ML SUSPENSION	3	
ERYTHROMYCIN 400 MG/5 ML SUSPENSION	3	
ERYTHROMYCIN 250 MG TABLET	2	
ERYTHROMYCIN 500 MG TABLET	2	
ERYTHROMYCIN DR 250 MG CAPSULE	2	
ERYTHROMYCIN ES 400 MG TABLET	3	
ERYTHROMYCIN-BENZOYL GEL	3	
ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	2	QL
ESCITALOPRAM 5 MG TABLET	2	QL
ESCITALOPRAM 10 MG TABLET	2	QL
ESCITALOPRAM 20 MG TABLET	2	QL
ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL
ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL
ESOMEPRAZOLE DR 49.3 MG CAPSULE	2	QL
ESOMEPRAZOLE DR 10 MG PACKET	3	QL
ESOMEPRAZOLE DR 20 MG PACKET	3	QL
ESOMEPRAZOLE DR 40 MG PACKET	3	QL
ESTARYLLA 0.25-0.035 MG TABLET	1	
ESTAZOLAM 1 MG TABLET	2	
ESTAZOLAM 2 MG TABLET	2	
ESTRADIOL 0.01% CREAM	2	

Medication Name	Tier	Notes
ESTRADIOL 0.025 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.025 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.0375 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.0375 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.075 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL
ESTRADIOL 0.5 MG TABLET	1	
ESTRADIOL 1 MG TABLET	1	
ESTRADIOL 2 MG TABLET	1	
ESTRADIOL 10 MCG VAGINAL INSERT TABLET	2	QL
ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET	2	
ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET	2	
ESTROGEN-METHYLTESTOSTERONE F.S. TABLET	2	
ESTROGEN-METHYLTESTOSTERONE H.S. TABLET	2	
ESZOPICLONE 1 MG TABLET	2	
ESZOPICLONE 2 MG TABLET	2	
ESZOPICLONE 3 MG TABLET	2	
ETHAMBUTOL 100 MG TABLET	2	
ETHAMBUTOL 400 MG TABLET	2	
ETHOSUXIMIDE 250 MG CAPSULE	2	
ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION	2	
ETHYL CHLORIDE SPRAY	2	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	1	
ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	1	
ETODOLAC 200 MG CAPSULE	2	
ETODOLAC 300 MG CAPSULE	2	
ETODOLAC 400 MG TABLET	2	
ETODOLAC 500 MG TABLET	2	
ETODOLAC ER 400 MG TABLET	2	
ETODOLAC ER 500 MG TABLET	2	
ETODOLAC ER 600 MG TABLET	2	
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING	2	
ETOPOSIDE 50 MG CAPSULE	5	SRX
ETRAVIRINE 100 MG TABLET	2	
ETRAVIRINE 200 MG TABLET	2	

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.



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Medication Name	Tier	Notes	Medication Name	Tier	Notes
EURAX 10% CREAM	4		EXEL HYPO NEEDLE 22G 1"	3	
EUTHYROX 25 MCG TABLET	1		EXEL HYPO NEEDLE 22G 1.5"	3	
EUTHYROX 50 MCG TABLET	1		EXEL HYPO NEEDLE 23G 0.75"	3	
EUTHYROX 75 MCG TABLET	1		EXEL HYPO NEEDLE 23G 1"	3	
EUTHYROX 88 MCG TABLET	1		EXEL HYPO NEEDLE 25G 0.625"	3	
EUTHYROX 100 MCG TABLET	1		EXEL HYPO NEEDLE 25G 0.75"	3	
EUTHYROX 112 MCG TABLET	1		EXEL HYPO NEEDLE 25G 1"	3	
EUTHYROX 125 MCG TABLET	1		EXEL HYPO NEEDLE 25G 1.5"	3	
EUTHYROX 137 MCG TABLET	1		EXEL HYPO NEEDLE 26G 0.375"	3	
EUTHYROX 150 MCG TABLET	1		EXEL HYPO NEEDLE 26G 0.5"	3	
EUTHYROX 175 MCG TABLET	1		EXEL HYPO NEEDLE 26G 0.625"	3	
EUTHYROX 200 MCG TABLET	1		EXEL HYPO NEEDLE 26G 1.5"	3	
EVENCARE G2 CONTROL SOLUTION	3		EXEL HYPO NEEDLE 27G 0.5"	3	
EVENCARE G3 CONTROL SOLUTION	3		EXEL HYPO NEEDLE 30G 0.5"	3	
EVEROLIMUS 0.25 MG TABLET	5	SRX	EXEL INSULIN SYRINGE U100 1 ML 28G 1/2"	3	
EVEROLIMUS 0.5 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 20G 1"	3	
EVEROLIMUS 0.75 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 21G 1"	3	
EVEROLIMUS 1 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 22G 1"	3	
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 20G 1" 3 ML	3	
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 20G 1-1/2" 3 ML	3	
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 21G 1" 3 ML	3	
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 21G 1-1/2" 3 ML	3	
EVEROLIMUS 2 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 22G 1" 3 ML	3	
EVEROLIMUS 3 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 22G 1-1/2" 3 ML	3	
EVEROLIMUS 5 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 22G 3/4" 3 ML	3	
EVOLUTION CONTROL SOLUTION NORMAL	3		EXEL SYRINGE 23G 1" 3 ML	3	
EVOTAZ 300 MG-150 MG TABLET	3		EXEL SYRINGE 25G 1" 3 ML	3	
EXEL 3 ML SYRINGE 27G 1-1/4"	3		EXEL U100 0.3 ML 29G 1/2"	3	
EXEL HUBER 22G 3/4" NEEDLE	3		EXEL U100 0.3 ML 30G 5/16"	3	
EXEL HUBER NEEDLE 22G 1"	3		EXEL U100 0.5 ML 28G 1/2"	3	
EXEL HYPO NEEDLE 16G 1"	3		EXEL U100 0.5 ML 29G 1/2"	3	
EXEL HYPO NEEDLE 18G 1"	3		EXEL U100 0.5 ML 30G 5/16"	3	
EXEL HYPO NEEDLE 18G 1.5"	3		EXEL U100 1 ML 30G 5/16"	3	
EXEL HYPO NEEDLE 19G 1"	3		EXEL U100 INSULIN SYRINGE 1 ML 29G 1/2	3	
EXEL HYPO NEEDLE 19G 1.5"	3		EXEMESTANE 25 MG TABLET	2	
EXEL HYPO NEEDLE 20G 0.75"	3		EXTENDED RESERVOIR 3 ML	3	
EXEL HYPO NEEDLE 20G 1"	3		EZETIMIBE 10 MG TABLET	2	
EXEL HYPO NEEDLE 20G 1.5"	3		EZETIMIBE-SIMVASTATIN 10-10 MG TABLET	2	
EXEL HYPO NEEDLE 21G 1"	3		EZETIMIBE-SIMVASTATIN 10-20 MG TABLET	2	
EXEL HYPO NEEDLE 21G 1.5"	3		EZETIMIBE-SIMVASTATIN 10-40 MG TABLET	2	
EXEL HYPO NEEDLE 22G 0.75"	3		EZETIMIBE-SIMVASTATIN 10-80 MG TABLET	2	

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Medication Name	Tier	Notes
FALMINA-28 TABLET	1	
FAMCICLOVIR 125 MG TABLET	2	
FAMCICLOVIR 250 MG TABLET	2	
FAMCICLOVIR 500 MG TABLET	2	
FAMOTIDINE 40 MG/5 ML SUSPENSION	2	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FARXIGA 5 MG TABLET	3	QL
FARXIGA 10 MG TABLET	3	QL
FEBUXOSTAT 40 MG TABLET	4	QL
FEBUXOSTAT 80 MG TABLET	4	QL
FELBAMATE 600 MG/5 ML SUSPENSION	4	
FELBAMATE 400 MG TABLET	4	
FELBAMATE 600 MG TABLET	4	
FELODIPINE ER 2.5 MG TABLET	2	
FELODIPINE ER 5 MG TABLET	2	
FELODIPINE ER 10 MG TABLET	2	
FEM PH VAGINAL JELLY	2	
FENOFIBRATE 43 MG CAPSULE	2	
FENOFIBRATE 50 MG CAPSULE	2	
FENOFIBRATE 67 MG CAPSULE	2	
FENOFIBRATE 130 MG CAPSULE	2	
FENOFIBRATE 134 MG CAPSULE	2	
FENOFIBRATE 150 MG CAPSULE	2	
FENOFIBRATE 200 MG CAPSULE	2	
FENOFIBRATE 40 MG TABLET	2	
FENOFIBRATE 48 MG TABLET	2	
FENOFIBRATE 54 MG TABLET	2	
FENOFIBRATE 120 MG TABLET	2	
FENOFIBRATE 145 MG TABLET	2	
FENOFIBRATE 160 MG TABLET	2	
FENOFIBRIC ACID 35 MG TABLET	2	
FENOFIBRIC ACID 105 MG TABLET	2	
FENOFIBRIC ACID DR 45 MG CAPSULE	2	
FENOFIBRIC ACID DR 135 MG CAPSULE	2	
FENOPROFEN 600 MG TABLET	3	
FENTANYL 12 MCG/HR PATCH	3	PA
FENTANYL 25 MCG/HR PATCH	3	PA
FENTANYL 37.5 MCG/HR PATCH	3	PA
FENTANYL 50 MCG/HR PATCH	3	PA
FENTANYL 62.5 MCG/HR PATCH	3	PA

Medication Name	Tier	Notes
FENTANYL 75 MCG/HR PATCH	3	PA
FENTANYL 87.5 MCG/HR PATCH	3	PA
FENTANYL 100 MCG/HR PATCH	3	PA
FENTANYL CITRATE OTFC 200 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 400 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 600 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 800 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	4	PA
FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	4	PA
FERRIPROX 100 MG/ML ORAL SOLUTION	4	PA, LDD
FESOTERODINE ER 4 MG TABLET	4	QL
FESOTERODINE ER 8 MG TABLET	4	QL
FETZIMA 20-40 MG TITRATION PACK	4	QL, ST
FETZIMA ER 20 MG CAPSULE	4	QL, ST
FETZIMA ER 40 MG CAPSULE	4	QL, ST
FETZIMA ER 80 MG CAPSULE	4	QL, ST
FETZIMA ER 120 MG CAPSULE	4	QL, ST
FIFTY50 GLUCOSE CONTROL SOLUTION	3	
FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"	3	
FIFTY50 PEN 31G 3/16" NEEDLE	3	
FIFTY50 PEN 31G 5/16" NEEDLE	3	
FIFTY50 PEN NEEDLE 32G 1/4"	3	
FIFTY50 PEN NEEDLE 32G 5/32"	3	
FILTER ASPIRATOR NEEDLE	3	
FILTER NEEDLE	3	
FILTER NEEDLE 19G 1-1/2"	3	
FILTER NEEDLE 5 MICRON	3	
FINASTERIDE 5 MG TABLET	2	
FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX
FINZALA 1-0.02(24)-75 CHEWABLE TABLET	1	
FIRVANQ 25 MG/ML ORAL SOLUTION	3	QL
FIRVANQ 50 MG/ML ORAL SOLUTION	3	QL
FLAC OTIC OIL 0.01% EAR DROPS	2	
FLAVOXATE 100 MG TABLET	2	
FLECAINIDE 50 MG TABLET	2	
FLECAINIDE 100 MG TABLET	2	
FLECAINIDE 150 MG TABLET	2	
FLEXICHAMBER	3	QL
FLEXICHAMBER-LARGE CHILD MASK	3	QL

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Medication Name	Tier	Notes
FLEXICHAMBER-SMALL ADULT MASK	3	QL
FLEXICHAMBER-SMALL CHILD MASK	3	QL
FLOW-EZE VENTED NEEDLE	3	
FLUAD	3	
FLUARIX	3	
FLUBLOK	3	
FLUCELVAX	3	
FLUCONAZOLE 10 MG/ML SUSPENSION	2	
FLUCONAZOLE 40 MG/ML SUSPENSION	2	
FLUCONAZOLE 50 MG TABLET	2	
FLUCONAZOLE 100 MG TABLET	2	
FLUCONAZOLE 150 MG TABLET	2	
FLUCONAZOLE 200 MG TABLET	2	
FLUCYTOSINE 250 MG CAPSULE	4	
FLUCYTOSINE 500 MG CAPSULE	4	
FLUDROCORTISONE 0.1 MG TABLET	2	
FLULAVAL	3	
FLUMIST	3	
FLUNISOLIDE 0.025% NASAL SPRAY	2	
FLUOCINOLONE 0.01% BODY OIL	2	
FLUOCINOLONE 0.01% CREAM	2	
FLUOCINOLONE 0.025% CREAM	2	
FLUOCINOLONE 0.025% OINTMENT	2	
FLUOCINOLONE 0.01% SCALP OIL	2	
FLUOCINOLONE 0.01% TOPICAL SOLUTION	2	
FLUOCINOLONE OIL 0.01% EAR DROPS	2	
FLUOCINONIDE 0.05% CREAM	2	
FLUOCINONIDE 0.1% CREAM	2	
FLUOCINONIDE 0.05% GEL	2	
FLUOCINONIDE 0.05% OINTMENT	2	
FLUOCINONIDE 0.05% TOPICAL SOLUTION	2	
FLUOCINONIDE-E 0.05% CREAM	2	
FLUORIDEX DAILY DEFENSE 1.1% TOOTHPASTE	2	
FLUORIDEX SENSITIVE RELIEF TOOTHPASTE	2	
FLUORIMAX 5000 1.1% TOOTHPASTE	2	
FLUOROMETHOLONE 0.1% EYE DROPS	2	
FLUOROURACIL 0.5% CREAM	4	
FLUOROURACIL 5% CREAM	2	
FLUOROURACIL 2% TOPICAL SOLUTION	2	
FLUOROURACIL 5% TOPICAL SOLUTION	2	
FLUOXETINE 10 MG CAPSULE	1	QL

Medication Name	Tier	Notes
FLUOXETINE 20 MG CAPSULE	1	QL
FLUOXETINE 40 MG CAPSULE	1	QL
FLUOXETINE 20 MG/5 ML ORAL SOLUTION	2	QL
FLUOXETINE DR 90 MG CAPSULE	2	QL
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2	
FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE	2	
FLUPHENAZINE 1 MG TABLET	2	
FLUPHENAZINE 2.5 MG TABLET	2	
FLUPHENAZINE 5 MG TABLET	2	
FLUPHENAZINE 10 MG TABLET	2	
FLURANDRENOLIDE 0.05% CREAM	4	
FLURANDRENOLIDE 0.05% LOTION	4	
FLURANDRENOLIDE 0.05% OINTMENT	4	
FLURAZEPAM 15 MG CAPSULE	2	
FLURAZEPAM 30 MG CAPSULE	2	
FLURBIPROFEN 0.03% EYE DROPS	2	
FLURBIPROFEN 100 MG TABLET	2	
FLUTAMIDE 125 MG CAPSULE	2	
FLUTICASONE 0.05% CREAM	2	
FLUTICASONE 0.05% LOTION	2	
FLUTICASONE 0.005% OINTMENT	2	
FLUTICASONE 50 MCG NASAL SPRAY	2	
FLUTICASONE-SALMETEROL 100-50 INHALER	2	QL
FLUTICASONE-SALMETEROL 250-50 INHALER	2	QL
FLUTICASONE-SALMETEROL 500-50 INHALER	2	QL
FLUVASTATIN 20 MG CAPSULE	3	
FLUVASTATIN 40 MG CAPSULE	3	
FLUVASTATIN ER 80 MG TABLET	3	
FLUVOXAMINE 25 MG TABLET	2	QL
FLUVOXAMINE 50 MG TABLET	2	QL
FLUVOXAMINE 100 MG TABLET	2	QL
FLUVOXAMINE ER 100 MG CAPSULE	2	QL
FLUVOXAMINE ER 150 MG CAPSULE	2	QL
FLUZONE	3	
FLUZONE HIGH-DOSE	3	
FOLIC ACID 1 MG TABLET	1	
FOLIVANE-OB CAPSULE	1	
FONDAPARINUX 2.5 MG/0.5 ML SYRINGE	5	QL, SRX
FONDAPARINUX 5 MG/0.4 ML SYRINGE	5	QL, SRX
FONDAPARINUX 7.5 MG/0.6 ML SYRINGE	5	QL, SRX
FONDAPARINUX 10 MG/0.8 ML SYRINGE	5	QL, SRX

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
FORA HIGH CONTROL SOLUTION	3		FREESTYLE PRECISION 1 ML 31G 5/16"	3	
FORA KETONE CONTROL SOLUTION-L1	3		FROVATRIPTAN 2.5 MG TABLET	3	QL
FORA LOW CONTROL SOLUTION	3		FUROSEMIDE 10 MG/ML ORAL SOLUTION	1	
FORA NORMAL CONTROL SOLUTION	3		FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	1	
FORACARE GDH HIGH CONTROL SOLUTION	3		FUROSEMIDE 20 MG TABLET	1	
FORACARE GDH LOW CONTROL SOLUTION	3		FUROSEMIDE 40 MG TABLET	1	
FORACARE GDH NORMAL CONTROL SOLUTION	3		FUROSEMIDE 80 MG TABLET	1	
FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION	4	QL	FUZEON 90 MG VIAL	5	SRX
FORTISCARE CONTROL SOLUTION HIGH	3		FYAVOLV 0.5 MG-2.5 MCG TABLET	2	
FORTISCARE CONTROL SOLUTION LOW	3		FYAVOLV 1 MG-5 MCG TABLET	2	
FORTISCARE CONTROL SOLUTION NORMAL	3		FYCOMPA 2 MG TABLET	4	PA, QL
FOSAMAX PLUS D 70 MG-2800 UNIT TABLET	4	QL	FYCOMPA 4 MG TABLET	4	PA, QL
FOSAMAX PLUS D 70 MG-5600 UNIT TABLET	4	QL	FYCOMPA 6 MG TABLET	4	PA, QL
FOSAMPRENAVIR 700 MG TABLET	2		FYCOMPA 8 MG TABLET	4	PA, QL
FOSFOMYCIN 3 GM SACHET	3		FYCOMPA 10 MG TABLET	4	PA, QL
FOSINOPRIL 10 MG TABLET	1		FYCOMPA 12 MG TABLET	4	PA, QL
FOSINOPRIL 20 MG TABLET	1		GABAPENTIN 100 MG CAPSULE	2	
FOSINOPRIL 40 MG TABLET	1		GABAPENTIN 300 MG CAPSULE	2	
FOSINOPRIL-HCTZ 10-12.5 MG TABLET	2		GABAPENTIN 400 MG CAPSULE	2	
FOSINOPRIL-HCTZ 20-12.5 MG TABLET	2		GABAPENTIN 250 MG/5 ML ORAL SOLUTION	2	
FOSRENOL 750 MG POWDER PACKET	4		GABAPENTIN 300 MG/6 ML ORAL SOLUTION	2	
FOSRENOL 1,000 MG POWDER PACKET	4		GABAPENTIN 600 MG TABLET	2	
FRAGMIN 2,500 UNIT/0.2 ML SYRINGE	5	QL, SRX	GABAPENTIN 800 MG TABLET	2	
FRAGMIN 5,000 UNIT/0.2 ML SYRINGE	5	QL, SRX	GALANTAMINE 4 MG/ML ORAL SOLUTION	2	
FRAGMIN 7,500 UNIT/0.3 ML SYRINGE	5	QL, SRX	GALANTAMINE 4 MG TABLET	2	
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX	GALANTAMINE 8 MG TABLET	2	
FRAGMIN 12,500 UNIT/0.5 ML SYRINGE	5	QL, SRX	GALANTAMINE 12 MG TABLET	2	
FRAGMIN 15,000 UNIT/0.6 ML SYRINGE	5	QL, SRX	GALANTAMINE ER 8 MG CAPSULE	2	QL
FRAGMIN 18,000 UNIT/0.72 ML SYRINGE	5	QL, SRX	GALANTAMINE ER 16 MG CAPSULE	2	QL
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX	GALANTAMINE ER 24 MG CAPSULE	2	QL
FRAGMIN 95,000 UNIT/3.8 ML VIAL	5	QL, SRX	GALZIN 25 MG CAPSULE	4	
FREESTYLE CONTROL SOLUTION	3		GALZIN 50 MG CAPSULE	4	
FREESTYLE LIBRE 2 READER	3	PA, QL	GARDASIL 9 SYRINGE	3	
FREESTYLE LIBRE 3 READER	3	PA, QL	GARDASIL 9 VIAL	3	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	GATIFLOXACIN 0.5% EYE DROPS	3	
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	GATTEX 5 MG VIAL	5	PA, LDD, SRX
FREESTYLE PRECISION 0.5 ML 30G 5/16"	3		GAVILYTE-C ORAL SOLUTION	2	
FREESTYLE PRECISION 0.5 ML 31G 5/16"	3		GAVILYTE-G ORAL SOLUTION	2	
FREESTYLE PRECISION 1 ML 30G 5/16"	3		GAVILYTE-N ORAL SOLUTION	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
GE100 CONTROL SOLUTION NORMAL	3		GLIPIZIDE ER 2.5 MG TABLET	1	
GEFITINIB 250 MG TABLET	5	PA, QL, SRX	GLIPIZIDE ER 5 MG TABLET	1	
GEMFIBROZIL 600 MG TABLET	2		GLIPIZIDE ER 10 MG TABLET	1	
GEMMILY 1 MG-20 MCG CAPSULE	1		GLIPIZIDE XL 2.5 MG TABLET	1	
GENERLAC 10 GM/15 ML ORAL SOLUTION	2		GLIPIZIDE XL 5 MG TABLET	1	
GENGRAF 25 MG CAPSULE	2		GLIPIZIDE XL 10 MG TABLET	1	
GENGRAF 100 MG CAPSULE	2		GLIPIZIDE-METFORMIN 2.5-250 MG TABLET	2	
GENGRAF 100 MG/ML ORAL SOLUTION	2		GLIPIZIDE-METFORMIN 2.5-500 MG TABLET	2	
GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX	GLIPIZIDE-METFORMIN 5-500 MG TABLET	2	
GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX	GLUCAGON 1 MG EMERGENCY KIT	3	QL
GENOTROPIN MINIQUICK 0.2 MG SYRINGE	5	PA, SRX	GLUCOCARD 01 CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 0.4 MG SYRINGE	5	PA, SRX	GLUCOCARD EXPRESSION CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 0.6 MG SYRINGE	5	PA, SRX	GLUCOCARD SHINE CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 0.8 MG SYRINGE	5	PA, SRX	GLUCOCOM AUTOLINK SYSTEM	3	
GENOTROPIN MINIQUICK 1 MG SYRINGE	5	PA, SRX	GLUCOCOM CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 1.2 MG SYRINGE	5	PA, SRX	GLUCOSE CONTROL SOLUTION	3	
GENOTROPIN MINIQUICK 1.4 MG SYRINGE	5	PA, SRX	GLUCOSE CONTROL SOLUTION NORMAL	3	
GENOTROPIN MINIQUICK 1.6 MG SYRINGE	5	PA, SRX	GLYBURIDE 1.25 MG TABLET	1	
GENOTROPIN MINIQUICK 1.8 MG SYRINGE	5	PA, SRX	GLYBURIDE 2.5 MG TABLET	1	
GENOTROPIN MINIQUICK 2 MG SYRINGE	5	PA, SRX	GLYBURIDE 5 MG TABLET	1	
GENTAK 0.3 % EYE OINTMENT	2		GLYBURIDE MICRO 1.5 MG TABLET	1	
GENTAMICIN 0.1% CREAM	2		GLYBURIDE MICRO 3 MG TABLET	1	
GENTAMICIN 0.1% OINTMENT	2		GLYBURIDE MICRO 6 MG TABLET	1	
GENTAMICIN 0.3% EYE DROPS	2		GLYBURIDE-METFORMIN 1.25-250 MG TABLET	2	
GENVOYA TABLET	4	QL	GLYBURIDE-METFORMIN 2.5-500 MG TABLET	2	
GIANVI 3 MG-0.02 MG TABLET	1		GLYBURIDE-METFORMIN 5-500 MG TABLET	2	
GILOTRIF 20 MG TABLET	5	PA, QL, LDD, SRX	GLYCINE 1.5% IRRIGATION	2	
GILOTRIF 30 MG TABLET	5	PA, QL, LDD, SRX	GLYCOPYRROLATE 1 MG TABLET	2	
GILOTRIF 40 MG TABLET	5	PA, QL, LDD, SRX	GLYCOPYRROLATE 2 MG TABLET	2	
GLATIRAMER 20 MG/ML SYRINGE	5	PA, SRX	GLYDO 2% JELLY SYRINGE	2	
GLATIRAMER 40 MG/ML SYRINGE	5	PA, SRX	GNP CLICKFINE 31G 1/4" NEEDLE	3	
GLATOPA 20 MG/ML SYRINGE	5	PA, SRX	GNP CLICKFINE 31G 5/16" NEEDLE	3	
GLATOPA 40 MG/ML SYRINGE	5	PA, SRX	GNP EASY TOUCH HIGH-LOW SOLUTION	3	
GLEOSTINE 10 MG CAPSULE	4	PA	GNP INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
GLEOSTINE 40 MG CAPSULE	4	PA	GNP INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
GLEOSTINE 100 MG CAPSULE	4	PA	GNP INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
GLIMEPIRIDE 1 MG TABLET	1		GNP INSULIN SYRINGE 1 ML 28G 1/2"	3	
GLIMEPIRIDE 2 MG TABLET	1		GNP INSULIN SYRINGE 1 ML 31G 5/16"	3	
GLIMEPIRIDE 4 MG TABLET	1		GNP ULTICARE PEN NEEDLE 31G 5MM	3	
GLIPIZIDE 5 MG TABLET	1		GNP ULTICARE PEN NEEDLE 31G 8MM	3	
GLIPIZIDE 10 MG TABLET	1		GNP ULTICARE PEN NEEDLE 32G 4MM	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
GNP ULTICARE PEN NEEDLE 32G 6MM	3		GYNAZOLE 1 2% CREAM	3	
GNP ULTIGUARD SAFEPAK 31G 5MM	3		HAILEY 21 1.5 MG-30 MCG TABLET	1	
GNP ULTIGUARD SAFEPAK 31G 8MM	3		HAILEY 24 FE 1 MG-20 MCG TABLET	1	
GNP ULTIGUARD SAFEPAK 32G 4MM	3		HAILEY FE 1-20 TABLET	1	
GNP ULTIGUARD SAFEPAK 32G 6MM	3		HAILEY FE 1.5-30 TABLET	1	
GNP ULTRA COMFORT 0.3ML 29G 1/2"	3		HALCINONIDE 0.1% CREAM	4	
GNP ULTRA COMFORT 0.5 ML 28G 1/2"	3		HALOBETASOL 0.05% CREAM	2	
GNP ULTRA COMFORT 0.5 ML 29G 1/2"	3		HALOBETASOL 0.05% OINTMENT	2	
GNP ULTRA COMFORT 0.5 ML SYRINGE	3		HALOETTE VAGINAL RING	2	
GNP ULTRA COMFORT 1 ML 28G 1/2"	3		HALOPERIDOL 0.5 MG TABLET	2	
GNP ULTRA COMFORT 1 ML 29G 1/2"	3		HALOPERIDOL 1 MG TABLET	2	
GNP ULTRA COMFORT 3/10 ML SYRINGE	3		HALOPERIDOL 2 MG TABLET	2	
GNP ULTRA COMFORT 1 ML SYRINGE	3		HALOPERIDOL 5 MG TABLET	2	
GOJJI GLUCOSE CONTROL SOLUTION-NORMAL	3		HALOPERIDOL 10 MG TABLET	2	
GOJJI KETONE CONTROL SOLUTION-L1	3		HALOPERIDOL 20 MG TABLET	2	
GRANISETRON 1 MG TABLET	4		HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE	2	
GRANISETRON 0.1 MG/ML VIAL	4		HALOPERIDOL LACTATE 10 MG/5 ML ORAL CONCENTRATE	2	
GRANISETRON 1 MG/ML VIAL	4		HARVONI 33.75-150 MG PELLETT PACKET	5	PA, QL, SRX
GRANISETRON 4 MG/4 ML VIAL	4		HARVONI 45-200 MG PELLETT PACKET	5	PA, QL, SRX
GRASKE 2,800 BAU SL TABLET	4	PA, QL	HARVONI 45-200 MG TABLET	5	PA, QL, SRX
GRISEOFULVIN 125 MG/5 ML SUSPENSION	3		HARVONI 90-400 MG TABLET	5	PA, QL, SRX
GRISEOFULVIN MICRO 500 MG TABLET	3		HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
GRISEOFULVIN ULTRA 125 MG TABLET	3		HAVRIX 1,440 UNIT/ML SYRINGE	3	
GRISEOFULVIN ULTRA 250 MG TABLET	3		HEALTHPRO CONTROL SOLUTION-L1, L3	3	
GS PEN NEEDLE 31G 5/16"	3		HEALTHWISE INSULIN SYRINGE 0.3ML 30G 5/16"	3	
GS PEN NEEDLE 31G 5MM	3		HEALTHWISE INSULIN SYRINGE 0.3ML 31G 5/16"	3	
GS PEN NEEDLE 31G 6MM	3		HEALTHWISE INSULIN SYRINGE 0.5ML 30G 5/16"	3	
GS PEN NEEDLE 31G 8MM	3		HEALTHWISE INSULIN SYRINGE 0.5ML 31G 5/16"	3	
GS PEN NEEDLE 32G 4MM	3		HEALTHWISE INSULIN SYRINGE 1 ML 30G 5/16"	3	
GS PEN NEEDLE 32G 6MM	3		HEALTHWISE INSULIN SYRINGE 1 ML 31G 5/16"	3	
GUANFACINE 1 MG TABLET	2		HEALTHWISE PEN NEEDLE 31G 5MM	3	
GUANFACINE 2 MG TABLET	2		HEALTHWISE PEN NEEDLE 31G 8MM	3	
GUANFACINE ER 1 MG TABLET	2	QL	HEALTHWISE PEN NEEDLE 32G 4MM	3	
GUANFACINE ER 2 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 4MM 32G	3	
GUANFACINE ER 3 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 5MM 31G	3	
GUANFACINE ER 4 MG TABLET	2	QL	HEALTHY ACCENTS PENTIP 6MM 31G	3	
GUARDIAN RT REPLACE CHARGER	3		HEALTHY ACCENTS PENTIP 8MM 31G	3	
GUARDIAN RT REPLACE MONITOR	3		HEALTHY ACCENTS PENTIP 12MM 29G	3	
GUARDIAN RT REPLACE TEST PLUG	3		HEATHER 0.35 MG TABLET	1	
GUARDIAN TEST PLUG	3		HEB UNIFINE PENTIP PLUS 31G 3/17	3	
GUARDIAN TRANSMITTER TAPE	3				

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

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Medication Name	Tier	Notes
HEMA-COMBISTIX REAGENT TEST STRIP	3	
HEMANGEOL 4.28 MG/ML ORAL SOLUTION	4	LDD
HEMMOREX-HC 25 MG SUPPOSITORY	2	
HEMMOREX-HC 30 MG SUPPOSITORY	2	
HEPARIN 5,000 UNIT/0.5 ML INJECTION	2	
HEPARIN 5,000 UNIT/ML SYRINGE	2	
HEPLISAV-B 20 MCG/0.5 ML SYRINGE	3	
HER STYLE 1.5 MG TABLET	1	
HETLIOZ LQ 4 MG/ML SUSPENSION	5	PA, LDD, SRX
HIBERIX VACCINE VIAL	3	
HIBERIX VIAL AND DILUENT SYRINGE	3	
HIBERIX VIAL WITH DILUENT VIAL	3	
HM ULTICARE PEN NEEDLE 4MM 32G	3	
HM ULTICARE PEN NEEDLE 5MM 31G	3	
HM ULTICARE PEN NEEDLE 6MM 31G	3	
HM ULTICARE PEN NEEDLE 8MM 31G	3	
HOMATROPAIRE 5% EYE DROPS	2	
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL
HUMALOG 100 UNIT/ML KWIKPEN	3	QL
HUMALOG 200 UNIT/ML KWIKPEN	3	QL
HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL
HUMALOG MIX 50-50 KWIKPEN	3	QL
HUMALOG MIX 75-25 KWIKPEN	3	QL
HUMALOG MIX 50-50 VIAL	3	QL
HUMALOG MIX 75-25 VIAL	3	QL
HUMALOG TEMPO PEN 100 UNIT/ML	3	QL
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX
HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX
HUMIRA PEN CROHN'S-UC-HS 40 MG	5	PA, QL, SRX
HUMIRA PEN PSOR-UVEITIS-ADOL HS 40 MG	5	PA, QL, SRX
HUMIRA(CF) 10 MG/0.1 ML SYRINGE	5	PA, QL, SRX
HUMIRA(CF) 20 MG/0.2 ML SYRINGE	5	PA, QL, SRX
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	5	PA, QL, SRX
HUMIRA(CF) PEDIATRIC CROHN'S 80 MG/0.8	5	PA, QL, LDD, SRX
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG	5	PA, QL, LDD, SRX
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX
HUMIRA(CF) PEN CROHN'S-UC-HS 80 MG	5	PA, QL, SRX
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	5	PA, QL, LDD, SRX
HUMIRA(CF) PEN PSORIASIS-UV-ADOL HS 80-40	5	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	3	QL

Medication Name	Tier	Notes
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HUMULIN 70-30 VIAL	3	QL
HUMULIN N 100 UNIT/ML VIAL	3	QL
HUMULIN R 100 UNIT/ML VIAL	3	QL
HUMULIN R 500 UNIT/ML VIAL	3	QL
HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX
HYCAMTIN 1 MG CAPSULE	5	PA, SRX
HYDRALAZINE 10 MG TABLET	1	
HYDRALAZINE 25 MG TABLET	1	
HYDRALAZINE 50 MG TABLET	1	
HYDRALAZINE 100 MG TABLET	2	
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	1	
HYDROCHLOROTHIAZIDE 12.5 MG TABLET	1	
HYDROCHLOROTHIAZIDE 25 MG TABLET	1	
HYDROCHLOROTHIAZIDE 50 MG TABLET	1	
HYDROCODONE ER 20 MG TABLET	2	PA
HYDROCODONE ER 30 MG TABLET	2	PA
HYDROCODONE ER 40 MG TABLET	2	PA
HYDROCODONE ER 60 MG TABLET	2	PA
HYDROCODONE ER 80 MG TABLET	2	PA
HYDROCODONE ER 100 MG TABLET	2	PA
HYDROCODONE ER 120 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 2.5-108MG/5 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA
HYDROCODONE-CHLORPHENIRAMINE ER SUSPENSION	2	



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET	2	QL	HYDROXYZINE 10 MG TABLET	2	
HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION	2	QL	HYDROXYZINE 25 MG TABLET	2	
HYDROCODONE-HOMATROPINE ORAL SOLUTION	2	QL	HYDROXYZINE 50 MG TABLET	2	
HYDROCODONE-IBUPROFEN 5-200 MG TABLET	2	PA	HYDROXYZINE PAMOATE 25 MG CAPSULE	2	
HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET	2	PA	HYDROXYZINE PAMOATE 50 MG CAPSULE	2	
HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET	2	PA	HYDROXYZINE PAMOATE 100 MG CAPSULE	2	
HYDROCORTISONE 1% CREAM	2		HYOPHEN TABLET	2	
HYDROCORTISONE 2.5% CREAM	2		HYOSCYAMINE 0.125 MG ODT TABLET	2	
HYDROCORTISONE 100 MG/60 ML ENEMA	2		HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET	2	
HYDROCORTISONE 2.5% LOTION	2		HYOSCYAMINE 0.125 MG TABLET	2	
HYDROCORTISONE 1% OINTMENT	2		HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2	
HYDROCORTISONE 2.5% OINTMENT	2		HYOSCYAMINE 0.125 MG/ML ORAL DROPS	2	
HYDROCORTISONE 5 MG TABLET	2		HYOSCYAMINE ER 0.375 MG TABLET	2	
HYDROCORTISONE 10 MG TABLET	2		HYOSCYAMINE SR 0.375 MG TABLET	2	
HYDROCORTISONE 20 MG TABLET	2		HYOSYNE 0.125 MG/ML ORAL DROPS	2	
HYDROCORTISONE AC 25 MG SUPPOSITORY	2		HYOSYNE 125 MCG/5 ML ELIXIR	2	
HYDROCORTISONE AC 30 MG SUPPOSITORY	2		HYPO NEEDLE,POLYPROPYL HUB	3	
HYDROCORTISONE BUTYRATE 0.1% CREAM	3		HYPODERMIC NEEDLE,ALUM HUB	3	
HYDROCORTISONE BUTYRATE 0.1% OINTMENT	3		IBANDRONATE 150 MG TABLET	2	
HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION	3		IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE VALERATE 0.2% CREAM	2		IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE VALERATE 0.2% OINTMENT	2		IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE-ACETIC ACID EAR SOLUTION	2		IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE-ACETIC EAR DROPS	2		IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX
HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION	2	QL	IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 1 MG/ML ORAL SOLUTION	2	PA	IBU 400 MG TABLET	1	
HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION	2	PA	IBU 600 MG TABLET	1	
HYDROMORPHONE 3 MG SUPPOSITORY	2	PA	IBU 800 MG TABLET	1	
HYDROMORPHONE 2 MG TABLET	2	PA	IBUPROFEN 100 MG/5 ML SUSPENSION	2	
HYDROMORPHONE 4 MG TABLET	2	PA	IBUPROFEN 400 MG TABLET	1	
HYDROMORPHONE 8 MG TABLET	2	PA	IBUPROFEN 600 MG TABLET	1	
HYDROMORPHONE ER 8 MG TABLET	2	PA	IBUPROFEN 800 MG TABLET	1	
HYDROMORPHONE ER 12 MG TABLET	2	PA	ICATIBANT 30 MG/3 ML SYRINGE	5	PA, SRX
HYDROMORPHONE ER 16 MG TABLET	2	PA	ICLEVIA 0.15 MG-0.03 MG TABLET	1	
HYDROMORPHONE ER 32 MG TABLET	2	PA	ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYCHLOROQUINE 200 MG TABLET	2		ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYUREA 500 MG CAPSULE	2		ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML ORAL SOLUTION	2		ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	2		ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA
			ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA
			ICOSAPENT ETHYL 500 MG CAPSULE	4	PA

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX	INFINITY CONTROL SOLUTION HIGH	3	
ILET INFUSION KIT-INSET 23" 6 MM	3		INFINITY CONTROL SOLUTION LOW	3	
ILET INFUSION-CONTACT DETACH 23"6MM	3		INFINITY CONTROL SOLUTION NORMAL	3	
IMATINIB 100 MG TABLET	5	PA, QL, SRX	INFINITY VOICE CONTROL SOLUTION-LVL 2	3	
IMATINIB 400 MG TABLET	5	PA, QL, SRX	INJECT-EASE SYRINGE NEEDLE INTRODUCER	3	
IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX	INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX	INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) BLUE	3	
IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) GREY	3	
IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) PINK	3	
IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) BLUE	3	
IMBRUVICA 560 MG TABLET	5	PA, QL, SRX	INPEN (NOVOLOG OR FIASP) GREY	3	
IMIPRAMINE 10 MG TABLET	2		INPEN (NOVOLOG OR FIASP) PINK	3	
IMIPRAMINE 25 MG TABLET	2		INSUL-CAP INSULIN HOLDER	3	
IMIPRAMINE 50 MG TABLET	2		INSULIN 3/10 ML SYRINGE	3	
IMIPRAMINE PAMOATE 75 MG CAPSULE	3		INSULIN 1/2 ML SYRINGE	3	
IMIPRAMINE PAMOATE 100 MG CAPSULE	3		INSULIN 1 ML SYRINGE	3	
IMIPRAMINE PAMOATE 125 MG CAPSULE	3		INSULIN ASPART 100 UNIT/ML CARTRIDGE	4	QL, ST
IMIPRAMINE PAMOATE 150 MG CAPSULE	3		INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST
IMIQUIMOD 5% CREAM PACKET	2		INSULIN ASPART 100 UNIT/ML VIAL	4	QL, ST
IMPAVIDO 50 MG CAPSULE	4	PA	INSULIN ASPART PROTAMINE MIX 70-30 PEN	4	QL, ST
INCASSIA 0.35 MG TABLET	1		INSULIN ASPART PROTAMINE MIX 70-30 VIAL	4	QL, ST
IN-CHECK NASAL WITH MASK	3		INSULIN CARTRIDGE 3 ML	3	
IN-CHECK ORAL FLOW METER	3		INSULIN LISPRO 100 UNIT/ML VIAL	3	QL
INCONTROL PEN NEEDLE 4MM 32G	3		INSULIN SYRINGE 0.3 ML	3	
INCONTROL PEN NEEDLE 5MM 31G	3		INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
INCONTROL PEN NEEDLE 6MM 31G	3		INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
INCONTROL PEN NEEDLE 8MM 31G	3		INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
INCONTROL PEN NEEDLE 12MM 29G	3		INSULIN SYRINGE 0.3 ML 31G 1/4"	3	
INCONTROL ULTICARE PEN NEEDLE 31G 6MM	3		INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
INCONTROL ULTICARE PEN NEEDLE 31G 8MM	3		INSULIN SYRINGE 0.5 ML	3	
INCONTROL ULTICARE PEN NEEDLE 32G 4MM	3		INSULIN SYRINGE 0.5 ML 27G 1/2"	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX	INSULIN SYRINGE 0.5 ML 27G 13MM	3	
INCRUSE ELLIPTA 62.5 MCG INHALER	3		INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
INDAPAMIDE 1.25 MG TABLET	1		INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
INDAPAMIDE 2.5 MG TABLET	1		INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
INDOMETHACIN 25 MG CAPSULE	2		INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
INDOMETHACIN 50 MG CAPSULE	2		INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
INDOMETHACIN ER 75 MG CAPSULE	2		INSULIN SYRINGE 0.5 ML 31G 1/4"	3	
INFANRIX DTAP SYRINGE	3		INSULIN SYRINGE 1 ML	3	
INFANRIX DTAP VIAL	3		INSULIN SYRINGE 1 ML 27G 1/2"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
INSULIN SYRINGE 1 ML 27G 13MM	3		ISENTRESS HD 600 MG TABLET	3	
INSULIN SYRINGE 1 ML 28G 1/2"	3		ISIBLOOM 28 DAY TABLET	1	
INSULIN SYRINGE 1 ML 28G 13MM	3		ISONIAZID 50 MG/5 ML ORAL SOLUTION	2	
INSULIN SYRINGE 1 ML 29G 1/2"	3		ISONIAZID 100 MG TABLET	1	
INSULIN SYRINGE 1 ML 30G 1/2"	3		ISONIAZID 300 MG TABLET	1	
INSULIN SYRINGE 1 ML 30G 5/16"	3		ISOSORBIDE DINITRATE 5 MG TABLET	2	
INSULIN SYRINGE 1 ML 31G 5/16"	3		ISOSORBIDE DINITRATE 10 MG TABLET	2	
INSULIN SYRINGE 1 ML 31G 1/4"	3		ISOSORBIDE DINITRATE 20 MG TABLET	2	
INSULIN-EZE SYRINGE MAGNIFIER	3		ISOSORBIDE DINITRATE 30 MG TABLET	2	
INSUPEN 30G ULTRAFINE NEEDLE	3		ISOSORBIDE MONONITRATE 10 MG TABLET	1	
INSUPEN 31G ULTRAFINE NEEDLE	3		ISOSORBIDE MONONITRATE 20 MG TABLET	1	
INSUPEN 32G 8MM PEN NEEDLE	3		ISOSORBIDE MONONITRATE ER 30 MG TABLET	1	
INSUPEN PEN NEEDLE 29G 1/2"	3		ISOSORBIDE MONONITRATE ER 60 MG TABLET	1	
INSUPEN PEN NEEDLE 29G 12MM	3		ISOSORBIDE MONONITRATE ER 120 MG TABLET	2	
INSUPEN PEN NEEDLE 30G 8MM	3		ISOTRETINOIN 10 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 5MM	3		ISOTRETINOIN 20 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 8MM	3		ISOTRETINOIN 30 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 3/16"	3		ISOTRETINOIN 40 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 5/16"	3		ISOXSUPRINE 10 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 6MM	3		ISOXSUPRINE 20 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 8MM	3		ISRADIPINE 2.5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 32G 4MM	3		ISRADIPINE 5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 32G 5/32"	3		ITRACONAZOLE 100 MG CAPSULE	3	QL
INSUPEN PEN NEEDLE 32G 6MM	3		ITRACONAZOLE 10 MG/ML ORAL SOLUTION	3	
INSUPEN PEN NEEDLE 32G 8MM	3		ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION	3	
INSUPEN PEN NEEDLE 33G 4MM	3		IVERMECTIN 0.5% LOTION	4	
INTELENCE 25 MG TABLET	3		IVERMECTIN 3 MG TABLET	2	PA
IPOL VIAL	3		JAIMESS 0.15-0.03-0.01 MG TABLET	1	
IPRATROPIUM 0.02% INHALATION SOLUTION	2		JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM 0.03% NASAL SPRAY	2		JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM 0.06% NASAL SPRAY	2		JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION	2		JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX
IRBESARTAN 75 MG TABLET	1		JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX
IRBESARTAN 150 MG TABLET	1		JANSSSEN COVID-19 VACCINE (EUA)	3	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 1 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TABLET	1		JANTOVEN 2 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
ISENTRESS 25 MG CHEWABLE TABLET	3		JANTOVEN 3 MG TABLET	1	
ISENTRESS 100 MG CHEWABLE TABLET	3		JANTOVEN 4 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	3		JANTOVEN 5 MG TABLET	1	
ISENTRESS 400 MG TABLET	3		JANTOVEN 6 MG TABLET	1	

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
JANTOVEN 7.5 MG TABLET	1		KETOPROFEN 50 MG CAPSULE	3	
JANTOVEN 10 MG TABLET	1		KETOPROFEN 75 MG CAPSULE	3	
JANUMET 50-500 MG TABLET	3	QL	KETOPROFEN ER 200 MG CAPSULE	3	
JANUMET 50-1,000 MG TABLET	3	QL	KETOROLAC 0.4% EYE DROPS	2	
JANUMET XR 50-500 MG TABLET	3	QL	KETOROLAC 0.5% EYE DROPS	2	
JANUMET XR 50-1,000 MG TABLET	3	QL	KETOROLAC 10 MG TABLET	2	QL
JANUMET XR 100-1,000 MG TABLET	3	QL	KETOSTIX REAGENT TEST STRIP	3	
JANUVIA 25 MG TABLET	3	QL	KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX
JANUVIA 50 MG TABLET	3	QL	KINRAY INSULIN SYRINGE 1 ML 31G 5/16"	3	
JANUVIA 100 MG TABLET	3	QL	KINRAY SYRINGE 0.3 ML 31G 5/16"	3	
JARDIANCE 10 MG TABLET	3	QL	KINRAY SYRINGE 0.5 ML 31G 5/16"	3	
JARDIANCE 25 MG TABLET	3	QL	KINRIX TIP-LOK SYRINGE	3	
JASMIEL 3 MG-0.02 MG TABLET	1		KINRIX VIAL	3	
JENCYCLA 0.35 MG TABLET	1		KIONEX 15 GM/60 ML SUSPENSION	2	
JENTADUETO 2.5 MG-500 MG TABLET	3	QL	KISQALI 200 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-850 MG TABLET	3	QL	KISQALI 400 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-1000 MG TABLET	3	QL	KISQALI 600 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO XR 2.5 MG-1,000 MG TABLET	3	QL	KLAYESTA 100,000 UNIT/GM POWDER	2	
JENTADUETO XR 5 MG-1,000 MG TABLET	3	QL	KLOR-CON 8 MEQ TABLET	2	
JINTELI 1 MG-5 MCG TABLET	2		KLOR-CON 10 MEQ TABLET	2	
JOLESSA 0.15 MG-0.03 MG TABLET	1		KLOR-CON 20 MEQ PACKET	2	
JOYEAUX-28 TABLET	1		KLOR-CON M10 TABLET	2	
JUBLIA 10% TOPICAL SOLUTION	4	PA	KLOR-CON M15 TABLET	4	
JULEBER 28 DAY TABLET	1		KLOR-CON M20 TABLET	2	
JULUCA 50-25 MG TABLET	4	QL	KMART VALU PLUS SYRINGE 1/2 ML	3	
JUNEL 1 MG-20 MCG TABLET	1		KOURZEQ 0.1% DENTAL PASTE	2	
JUNEL 1.5 MG-30 MCG TABLET	1		K-PHOS #2 TABLET	4	
JUNEL FE 1 MG-20 MCG TABLET	1		K-PHOS ORIGINAL TABLET	4	
JUNEL FE 1.5 MG-30 MCG TABLET	1		KRO INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
JUNEL FE 24 TABLET	1		KRO INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
KAITLIB FE 0.8-0.025MG CHEWABLE TABLET	1		KRO INSULIN SYRINGE 1 ML 30G 5/16"	3	
KALLIGA 28 DAY TABLET	1		KRO PEN NEEDLE 4MM 32G	3	
KARIVA 28 DAY TABLET	1		KRO PEN NEEDLE 4MM 33G	3	
KELNOR 1-35 28 TABLET	1		KRO PEN NEEDLE 5MM 31G	3	
KELNOR 1-50 TABLET	1		KRO PEN NEEDLE 6MM 31G	3	
KESIMPTA 20 MG/0.4 ML PEN	5	PA, SRX	KRO PEN NEEDLE 8MM 31G	3	
KETOCONAZOLE 2% CREAM	2		KROGER INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
KETOCONAZOLE 2% SHAMPOO	2		KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
KETOCONAZOLE 200 MG TABLET	2		KROGER INSULIN SYRINGE 1 ML 29G 1/2"	3	
KETO-DIASTIX REAGENT TEST STRIP	3		KROGER INSULIN SYRINGE 1 ML 31G 5/16"	3	
KETONE TEST STRIP	3		KROGER PEN NEEDLE 31G 5/16"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
KROGER SYRINGE 0.3 ML 31G 5/16"	3		LAMOTRIGINE ODT KIT (ORANGE)	2	
KROGER SYRINGE 0.5 ML 30G 5/16"	3		LAMOTRIGINE TABLET STARTER KIT-BLUE	2	
KURVELO-28 TABLET	1		LAMOTRIGINE TABLET STARTER KIT-GREEN	2	
LABETALOL 100 MG TABLET	2		LAMOTRIGINE TABLET STARTER KIT-ORANGE	2	
LABETALOL 200 MG TABLET	2		LANSOPRAZOLE DR 15 MG CAPSULE	2	QL
LABETALOL 300 MG TABLET	2		LANSOPRAZOLE DR 30 MG CAPSULE	2	QL
LABSTIX REAGENT TEST STRIP	3		LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	3	
LACOSAMIDE 10 MG/ML ORAL SOLUTION	3	QL	LANTHANUM 500 MG CHEWABLE TABLET	4	
LACOSAMIDE 50 MG/5 ML ORAL SOLUTION	3	QL	LANTHANUM 750 MG CHEWABLE TABLET	4	
LACOSAMIDE 100 MG/10 ML ORAL SOLUTION	3	QL	LANTHANUM 1,000 MG CHEWABLE TABLET	4	
LACOSAMIDE 50 MG TABLET	3	QL	LAPATINIB 250 MG TABLET	5	PA, QL, SRX
LACOSAMIDE 100 MG TABLET	3	QL	LARIN 1.5 MG-30 MCG TABLET	1	
LACOSAMIDE 150 MG TABLET	3	QL	LARIN 21 1-20 TABLET	1	
LACOSAMIDE 200 MG TABLET	3	QL	LARIN 24 FE 1 MG-20 MCG TABLET	1	
LACRISERT 5 MG EYE INSERT	4		LARIN FE 1-20 TABLET	1	
LACTATED RINGERS IRRIGATION	2		LARIN FE 1.5-30 TABLET	1	
LACTULOSE 10 GM/15 ML ORAL SOLUTION	2		LATANOPROST 0.005% EYE DROPS	2	
LACTULOSE 20 GM/30 ML ORAL SOLUTION	2		LAYOLIS FE CHEWABLE TABLET	4	
LAMIVUDINE 10 MG/ML ORAL SOLUTION	2		LEADER INSULIN SYRINGE 0.3 ML	3	
LAMIVUDINE 150 MG TABLET	2		LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
LAMIVUDINE 300 MG TABLET	2		LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
LAMIVUDINE HBV 100 MG TABLET	2		LEADER INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
LAMIVUDINE-ZIDOVUDINE TABLET	2		LEADER INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
LAMOTRIGINE 5 MG DISPERSIBLE TABLET	2		LEADER INSULIN SYRINGE 1 ML 28G 1/2"	3	
LAMOTRIGINE 25 MG DISPERSIBLE TABLET	2		LEADER INSULIN SYRINGE 1 ML 29G 1/2"	3	
LAMOTRIGINE 25 MG TABLET	2		LEADER INSULIN SYRINGE 1 ML 30G 5/16"	3	
LAMOTRIGINE 100 MG TABLET	2		LEADER INSULIN SYRINGE 1 ML 31G 5/16"	3	
LAMOTRIGINE 150 MG TABLET	2		LEADER PEN NEEDLE 12MM 29G	3	
LAMOTRIGINE 200 MG TABLET	2		LEADER SYRINGE 0.3 ML 31G 5/16"	3	
LAMOTRIGINE ER 25 MG TABLET	3		LEADER SYRINGE 0.5 ML 31G 5/16"	3	
LAMOTRIGINE ER 50 MG TABLET	3		LEDIPASVIR-SOFOSBUVIR 90-400MG TABLET	5	PA, QL, SRX
LAMOTRIGINE ER 100 MG TABLET	3		LEENA 28 TABLET	1	
LAMOTRIGINE ER 200 MG TABLET	3		LEFLUNOMIDE 10 MG TABLET	2	
LAMOTRIGINE ER 250 MG TABLET	3		LEFLUNOMIDE 20 MG TABLET	2	
LAMOTRIGINE ER 300 MG TABLET	3		LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 25 MG TABLET	3		LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 50 MG TABLET	3		LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 100 MG TABLET	3		LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 200 MG TABLET	3		LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT KIT (BLUE)	2		LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT KIT (GREEN)	2		LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 1.5% EYE DROPS	2	
LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 25 MG/ML ORAL SOLUTION	2	
LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 250 MG TABLET	2	
LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 500 MG TABLET	2	
LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVOFLOXACIN 750 MG TABLET	2	
LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONEST-28 TABLET	1	
LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX	LEVONORGESTREL 1.5 MG TABLET	1	
LESSINA-28 TABLET	1		LEVONORGESTREL 0.15 MG-ETHINYL ESTRADIOL 20-25-30 MCG TABLET	1	
LETROZOLE 2.5 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.09-0.02 MG TABLET	1	
LEUCOVORIN 5 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02 MG TABLET	1	
LEUCOVORIN 10 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02-0.01 TABLET	1	
LEUCOVORIN 15 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	1	
LEUCOVORIN 25 MG TABLET	2		LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03-0.01 TABLET	1	
LEUKERAN 2 MG TABLET	4		LEVONORGESTREL-ETHINYL ESTRADIOL TRIPHASIC TABLET	1	
LEUKINE 250 MCG VIAL	5	SRX	LEVONORGESTREL-ETHINYL ESTRADIOL-FE BIS 0.1-0.02-36 TABLET	1	
LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT	5	PA, SRX	LEVORA-28 TABLET	1	
LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION	2		LEVORPHANOL 2 MG TABLET	5	PA, SRX
LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	2		LEVORPHANOL 3 MG TABLET	5	PA, SRX
LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	2		LEVO-T 25 MCG TABLET	1	
LEVALBUTEROL CONCENTRATE 1.25 MG/0.5 INHALATION SOLUTION	2		LEVO-T 50 MCG TABLET	1	
LEVALBUTEROL TARTRATE HFA 45 MCG INHALER	2	QL	LEVO-T 75 MCG TABLET	1	
LEVETIRACETAM 100 MG/ML ORAL SOLUTION	2		LEVO-T 88 MCG TABLET	1	
LEVETIRACETAM 500 MG/5 ML ORAL SOLUTION	2		LEVO-T 100 MCG TABLET	1	
LEVETIRACETAM 1,000 MG/10 ML ORAL SOLUTION	2		LEVO-T 112 MCG TABLET	1	
LEVETIRACETAM 250 MG TABLET	2		LEVO-T 125 MCG TABLET	1	
LEVETIRACETAM 500 MG TABLET	2		LEVO-T 137 MCG TABLET	1	
LEVETIRACETAM 750 MG TABLET	2		LEVO-T 150 MCG TABLET	1	
LEVETIRACETAM 1,000 MG TABLET	2		LEVO-T 175 MCG TABLET	1	
LEVETIRACETAM ER 500 MG TABLET	2		LEVO-T 200 MCG TABLET	1	
LEVETIRACETAM ER 750 MG TABLET	2		LEVO-T 300 MCG TABLET	1	
LEVOBUNOLOL 0.5% EYE DROPS	2		LEVOTHYROXINE 25 MCG TABLET	1	
LEVOCARNITINE 500 MG/5 ML ORAL SOLUTION	2		LEVOTHYROXINE 50 MCG TABLET	1	
LEVOCARNITINE 1 G/10 ML ORAL SOLUTION	2		LEVOTHYROXINE 75 MCG TABLET	1	
LEVOCARNITINE SF 1 G/10 ML ORAL SOLUTION	2		LEVOTHYROXINE 88 MCG TABLET	1	
LEVOCARNITINE 330 MG TABLET	2		LEVOTHYROXINE 100 MCG TABLET	1	
LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	2				
LEVOCETIRIZINE 5 MG TABLET	2				
LEVOFLOXACIN 0.5% EYE DROPS	2				

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LEVOTHYROXINE 112 MCG TABLET	1		LISDEXAMFETAMINE 10 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 125 MCG TABLET	1		LISDEXAMFETAMINE 20 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 137 MCG TABLET	1		LISDEXAMFETAMINE 30 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 150 MCG TABLET	1		LISDEXAMFETAMINE 40 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 175 MCG TABLET	1		LISDEXAMFETAMINE 50 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 200 MCG TABLET	1		LISDEXAMFETAMINE 60 MG CAPSULE	2	PA, QL
LEVOTHYROXINE 300 MCG TABLET	1		LISDEXAMFETAMINE 70 MG CAPSULE	2	PA, QL
LEVOXYL 25 MCG TABLET	2		LISDEXAMFETAMINE 10 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 50 MCG TABLET	2		LISDEXAMFETAMINE 20 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 75 MCG TABLET	2		LISDEXAMFETAMINE 30 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 88 MCG TABLET	2		LISDEXAMFETAMINE 40 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 100 MCG TABLET	2		LISDEXAMFETAMINE 50 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 112 MCG TABLET	2		LISDEXAMFETAMINE 60 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 125 MCG TABLET	2		LISINAPRIL 2.5 MG TABLET	1	
LEVOXYL 137 MCG TABLET	2		LISINAPRIL 5 MG TABLET	1	
LEVOXYL 150 MCG TABLET	2		LISINAPRIL 10 MG TABLET	1	
LEVOXYL 175 MCG TABLET	2		LISINAPRIL 20 MG TABLET	1	
LEVOXYL 200 MCG TABLET	2		LISINAPRIL 30 MG TABLET	1	
LEVULAN KERASTICK 20%	4		LISINAPRIL 40 MG TABLET	1	
LEXIVA 50 MG/ML SUSPENSION	3		LISINAPRIL-HCTZ 10-12.5 MG TABLET	1	
LIDOCAINE 2% JELLY	2		LISINAPRIL-HCTZ 20-12.5 MG TABLET	1	
LIDOCAINE 2% JELLY URO-JET	2		LISINAPRIL-HCTZ 20-25 MG TABLET	1	
LIDOCAINE 2% JELLY URO-JET AC	2		LITE TOUCH 31G 1/4" PEN NEEDLE	3	
LIDOCAINE 5% OINTMENT	2	QL	LITE TOUCH INSULIN 0.5 ML SYRINGE	3	
LIDOCAINE 2% VISCOUS ORAL SOLUTION	2		LITE TOUCH INSULIN SYRINGE 0.5 ML	3	
LIDOCAINE 5% PATCH	2		LITE TOUCH INSULIN SYRINGE 1 ML	3	
LIDOCAINE 4% SOLUTION	2		LITE TOUCH PEN NEEDLE 29G	3	
LIDOCAINE-PRILOCAINE CREAM	2		LITE TOUCH PEN NEEDLE 31G	3	
LIDOCAN III 5% PATCH	2		LITEAIR MDI CHAMBER	3	QL
LIDOCAN IV 5% PATCH	2		LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
LIDOCAN V 5% PATCH	2		LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
LIFESHIELD BLUNT CANNULA	3		LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
LINDANE 1% SHAMPOO	2		LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
LINEZOLID 100 MG/5 ML SUSPENSION	4	PA	LITETOUCH LARGE MASK	3	QL
LINEZOLID 600 MG TABLET	3	PA	LITETOUCH MEDIUM MASK	3	QL
LINZESS 72 MCG CAPSULE	4	QL	LITETOUCH SMALL MASK	3	QL
LINZESS 145 MCG CAPSULE	4	QL	LITETOUCH SYRINGE 0.5 ML 28G 1/2"	3	
LINZESS 290 MCG CAPSULE	4	QL	LITETOUCH SYRINGE 0.5 ML 29G 1/2"	3	
LIOthyRONINE 5 MCG TABLET	2		LITETOUCH SYRINGE 0.5 ML 30G 5/16"	3	
LIOthyRONINE 25 MCG TABLET	2		LITETOUCH SYRINGE 1 ML 28G 1/2"	3	
LIOthyRONINE 50 MCG TABLET	2		LITETOUCH SYRINGE 1 ML 29G 1/2"	3	



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LITETOUCH SYRINGE 1 ML 30G 5/16"	3		LOXAPINE 10 MG CAPSULE	2	
LITHIUM 8 MEQ/5 ML ORAL SOLUTION	2		LOXAPINE 25 MG CAPSULE	2	
LITHIUM CARBONATE 150 MG CAPSULE	1		LOXAPINE 50 MG CAPSULE	2	
LITHIUM CARBONATE 300 MG CAPSULE	1		LO-ZUMANDIMINE 3 MG-0.02 MG TABLET	1	
LITHIUM CARBONATE 600 MG CAPSULE	1		LUBIPROSTONE 8 MCG CAPSULE	4	
LITHIUM CARBONATE 300 MG TABLET	1		LUBIPROSTONE 24 MCG CAPSULE	4	
LITHIUM CARBONATE ER 300 MG TABLET	2		LULICONAZOLE 1% CREAM	4	
LITHIUM CARBONATE ER 450 MG TABLET	2		LURASIDONE 20 MG TABLET	4	QL
LITHOSTAT 250 MG TABLET	4		LURASIDONE 40 MG TABLET	4	QL
LIVE BETTER PEN NEEDLE 8MM	3		LURASIDONE 60 MG TABLET	4	QL
LO LOESTRIN FE 1-10 TABLET	3		LURASIDONE 80 MG TABLET	4	QL
LOJAIMIESS 0.1-0.02-0.01 TABLET	1		LURASIDONE 120 MG TABLET	4	QL
LOKELMA 5 GRAM POWDER PACKET	4		LUTERA-28 TABLET	1	
LOKELMA 10 GRAM POWDER PACKET	4		LYLEQ 0.35 MG TABLET	1	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL, LDD, SRX	LYLLANA 0.025 MG PATCH	2	QL
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL, LDD, SRX	LYLLANA 0.0375 MG PATCH	2	QL
LOPERAMIDE 2 MG CAPSULE	2		LYLLANA 0.05 MG PATCH	2	QL
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	2		LYLLANA 0.075 MG PATCH	2	QL
LOPINAVIR-RITONAVIR 100-25 MG TABLET	2		LYLLANA 0.1 MG PATCH	2	QL
LOPINAVIR-RITONAVIR 200-50 MG TABLET	2		LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2		LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	2		LYSODREN 500 MG TABLET	4	LDD
LORAZEPAM 0.5 MG TABLET	2		LYZA 0.35 MG TABLET	1	
LORAZEPAM 1 MG TABLET	2		MAGELLAN INSULIN SYRINGE 0.3 ML	3	
LORAZEPAM 2 MG TABLET	2		MAGELLAN INSULIN SYRINGE 0.5 ML	3	
LORTAB 10 MG-300 MG/15 ML ELIXIR	2	PA	MAGELLAN INSULIN SYRINGE 1 ML	3	
LORYNA 3 MG-0.02 MG TABLET	1		MALATHION 0.5% LOTION	3	
LOSARTAN 25 MG TABLET	1		MARLISSA-28 TABLET	1	
LOSARTAN 50 MG TABLET	1		MARPLAN 10 MG TABLET	4	
LOSARTAN 100 MG TABLET	1		MATZIM LA 180 MG TABLET	2	
LOSARTAN-HCTZ 50-12.5 MG TABLET	1		MATZIM LA 240 MG TABLET	2	
LOSARTAN-HCTZ 100-12.5 MG TABLET	1		MATZIM LA 300 MG TABLET	2	
LOSARTAN-HCTZ 100-25 MG TABLET	1		MATZIM LA 360 MG TABLET	2	
LOTEPREDNOL 0.5% DROPS	3		MATZIM LA 420 MG TABLET	2	
LOTEPREDNOL 0.5% EYE GEL	3		MAXICOMFORT INSULIN 0.5ML 27G 1/2"	3	
LOVASTATIN 10 MG TABLET	1		MAXICOMFORT INSULIN 1 ML 27G 1/2"	3	
LOVASTATIN 20 MG TABLET	1		MAXICOMFORT PEN NEEDLE 29G 5MM	3	
LOVASTATIN 40 MG TABLET	1		MAXICOMFORT PEN NEEDLE 29G 8MM	3	
LOW-OGESTREL-28 TABLET	1		MAXICOMFORT II PEN NEEDLE 31G 6MM	3	
LOXAPINE 5 MG CAPSULE	2		MAXI-COMFORT INSULIN 0.5 ML 28G	3	
			MAXI-COMFORT INSULIN 1 ML 28G 1/2"	3	

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
MECLIZINE 12.5 MG TABLET	2	
MECLIZINE 25 MG TABLET	2	
MECLOFENAMATE 50 MG CAPSULE	2	
MECLOFENAMATE 100 MG CAPSULE	2	
MEDICATION TRANSFER NEEDLE	3	
MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION	3	
MEDISENSE H-L CONTROL SOLUTION	3	
MEDISENSE H-M-L CONTROL SOLUTION	3	
MEDISENSE MID CONTROL SOLUTION	3	
MEDPOINT CONTROL SOLUTION	3	
MEDROL 2 MG TABLET	4	
MEDROXYPROGESTERONE 2.5 MG TABLET	1	
MEDROXYPROGESTERONE 5 MG TABLET	1	
MEDROXYPROGESTERONE 10 MG TABLET	1	
MEDROXYPROGESTERONE 150 MG/ML	1	
MEDTRONIC EXTENDED INFUSION SET 23" 6MM	3	
MEDTRONIC EXTENDED INFUSION SET 23" 9MM	3	
MEDTRONIC EXTENDED INFUSION SET 32" 9MM	3	
MEDTRONIC REMOTE CONTROL	3	
MEFENAMIC ACID 250 MG CAPSULE	3	
MEFLOQUINE 250 MG TABLET	2	QL
MEGESTROL 40 MG/ML SUSPENSION	2	
MEGESTROL 400 MG/10ML SUSPENSION	2	
MEGESTROL 625 MG/5 ML SUSPENSION	4	
MEGESTROL 20 MG TABLET	2	
MEGESTROL 40 MG TABLET	2	
MEKINIST 0.05 MG/ML ORAL SOLUTION	5	PA, QL, SRX
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX
MEKINIST 2 MG TABLET	5	PA, QL, SRX
MELODETTA 24 FE CHEWABLE TABLET	1	
MELOXICAM 7.5 MG TABLET	1	
MELOXICAM 15 MG TABLET	1	
MEMANTINE 2 MG/ML ORAL SOLUTION	2	
MEMANTINE 5 MG TABLET	2	
MEMANTINE 10 MG TABLET	2	
MEMANTINE 5-10 MG TITRATION PACK	2	
MENEST 0.3 MG TABLET	4	
MENEST 0.625 MG TABLET	4	
MENEST 1.25 MG TABLET	4	
MENEST 2.5 MG TABLET	4	
MENQUADFI VIAL	3	

Medication Name	Tier	Notes
MENVEO 1 VIAL-A-C-Y-W-135-DIP	3	
MENVEO A-C-Y-W KIT (2 VIALS)	3	
MEPERIDINE 50 MG/5 ML ORAL SOLUTION	3	PA
MEPERIDINE 50 MG TABLET	3	PA
MEPROBAMATE 200 MG TABLET	3	
MEPROBAMATE 400 MG TABLET	3	
MERCAPTOPYRINE 50 MG TABLET	2	
MERZEE 1 MG-20 MCG CAPSULE	1	
MESALAMINE 4 GM/60 ML ENEMA	4	
MESALAMINE 4 GM/60 ML ENEMA KIT	4	
MESALAMINE 800 MG DR TABLET	4	
MESALAMINE ER 0.375 GRAM CAPSULE	3	
MESALAMINE ER 500 MG CAPSULE	4	
MESNEX 400 MG TABLET	5	SRX
METAXALL 800 MG TABLET	4	
METAXALONE 400 MG TABLET	4	
METAXALONE 800 MG TABLET	4	
METFORMIN 500 MG TABLET	1	
METFORMIN 850 MG TABLET	1	
METFORMIN 1,000 MG TABLET	1	
METFORMIN ER 500 MG TABLET	2	
METFORMIN ER 750 MG TABLET	2	
METHADONE 10 MG/ML ORAL CONCENTRATE	2	PA
METHADONE 5 MG/5 ML ORAL SOLUTION	2	PA
METHADONE 10 MG/5 ML ORAL SOLUTION	2	PA
METHADONE 5 MG TABLET	2	PA
METHADONE 10 MG TABLET	2	PA
METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE	2	PA
METHAMPHETAMINE 5 MG TABLET	4	QL
METHAZOLAMIDE 25 MG TABLET	3	
METHAZOLAMIDE 50 MG TABLET	3	
METHENAMINE HIPPURATE 1 GM TABLET	2	
METHENAMINE MANDELATE 500 MG TABLET	2	
METHENAMINE MANDELATE 1 GM TABLET	2	
METHERGINE 0.2 MG TABLET	4	
METHIMAZOLE 5 MG TABLET	2	
METHIMAZOLE 10 MG TABLET	2	
METHITEST 10 MG TABLET	5	SRX
METHOCARBAMOL 500 MG TABLET	2	
METHOCARBAMOL 750 MG TABLET	2	
METHOTREXATE 2.5 MG TABLET	2	

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
METHOXSALLEN 10 MG SOFTGEL	4		METHYLPHENIDATE LA 30 MG CAPSULE	3	QL
METHSCOPOLAMINE 2.5 MG TABLET	2		METHYLPHENIDATE LA 40 MG CAPSULE	3	QL
METHSCOPOLAMINE 5 MG TABLET	2		METHYLPHENIDATE LA 60 MG CAPSULE	3	QL
METHSUXIMIDE 300 MG CAPSULE	4		METHYLPREDNISOLONE 4 MG DOSEPACK	2	
METHYLDOPA 250 MG TABLET	2		METHYLPREDNISOLONE 4 MG TABLET	2	
METHYLDOPA 500 MG TABLET	2		METHYLPREDNISOLONE 8 MG TABLET	2	
METHYLDOPA-HCTZ 250-15 MG TABLET	2		METHYLPREDNISOLONE 16 MG TABLET	2	
METHYLDOPA-HCTZ 250-25 MG TABLET	2		METHYLPREDNISOLONE 32 MG TABLET	2	
METHYLERGONOVINE 0.2 MG TABLET	4		METHYLTESTOSTERONE 10 MG CAPSULE	5	SRX
METHYLPHENIDATE 2.5 MG CHEWABLE TABLET	2	QL	METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	2	
METHYLPHENIDATE 5 MG CHEWABLE TABLET	2	QL	METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	2	
METHYLPHENIDATE 10 MG CHEWABLE TABLET	2	QL	METOCLOPRAMIDE 5 MG TABLET	1	
METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION	2	QL	METOCLOPRAMIDE 10 MG TABLET	1	
METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION	2	QL	METOLAZONE 2.5 MG TABLET	2	
METHYLPHENIDATE 5 MG TABLET	2	QL	METOLAZONE 5 MG TABLET	2	
METHYLPHENIDATE 10 MG TABLET	2	QL	METOLAZONE 10 MG TABLET	2	
METHYLPHENIDATE 20 MG TABLET	2	QL	METOPROLOL SUCCINATE ER 25 MG TABLET	2	
METHYLPHENIDATE CD 10 MG CAPSULE	3	QL	METOPROLOL SUCCINATE ER 50 MG TABLET	2	
METHYLPHENIDATE CD 20 MG CAPSULE	3	QL	METOPROLOL SUCCINATE ER 100 MG TABLET	2	
METHYLPHENIDATE CD 30 MG CAPSULE	3	QL	METOPROLOL SUCCINATE ER 200 MG TABLET	2	
METHYLPHENIDATE CD 40 MG CAPSULE	3	QL	METOPROLOL TARTRATE 25 MG TABLET	1	
METHYLPHENIDATE CD 50 MG CAPSULE	3	QL	METOPROLOL TARTRATE 37.5 MG TABLET	2	
METHYLPHENIDATE CD 60 MG CAPSULE	3	QL	METOPROLOL TARTRATE 50 MG TABLET	1	
METHYLPHENIDATE ER 10 MG TABLET	2	QL	METOPROLOL TARTRATE 75 MG TABLET	2	
METHYLPHENIDATE ER 18 MG TABLET	2	QL	METOPROLOL TARTRATE 100 MG TABLET	1	
METHYLPHENIDATE ER 20 MG TABLET	2	QL	METOPROLOL-HCTZ 50-25 MG TABLET	2	
METHYLPHENIDATE ER 27 MG TABLET	2	QL	METOPROLOL-HCTZ 100-25 MG TABLET	2	
METHYLPHENIDATE ER 36 MG TABLET	2	QL	METOPROLOL-HCTZ 100-50 MG TABLET	2	
METHYLPHENIDATE ER 54 MG TABLET	2	QL	METRONIDAZOLE 375 MG CAPSULE	2	
METHYLPHENIDATE ER(CD) 10MG CAPSULE	3	QL	METRONIDAZOLE 0.75% CREAM	2	
METHYLPHENIDATE ER(CD) 20MG CAPSULE	3	QL	METRONIDAZOLE 0.75% LOTION	2	
METHYLPHENIDATE ER(CD) 30MG CAPSULE	3	QL	METRONIDAZOLE 250 MG TABLET	2	
METHYLPHENIDATE ER(CD) 40MG CAPSULE	3	QL	METRONIDAZOLE 500 MG TABLET	2	
METHYLPHENIDATE ER(CD) 50MG CAPSULE	3	QL	METRONIDAZOLE TOPICAL 0.75% GEL	2	
METHYLPHENIDATE ER(CD) 60MG CAPSULE	3	QL	METRONIDAZOLE TOPICAL 1% GEL	2	
METHYLPHENIDATE ER(LA) 10MG CAPSULE	3	QL	METRONIDAZOLE TOPICAL 1% GEL PUMP	2	
METHYLPHENIDATE ER(LA) 20MG CAPSULE	3	QL	METRONIDAZOLE VAGINAL 0.75% GEL	2	
METHYLPHENIDATE ER(LA) 30MG CAPSULE	3	QL	METYROSINE 250 MG CAPSULE	5	PA, SRX
METHYLPHENIDATE ER(LA) 40MG CAPSULE	3	QL	MEXILETINE 150 MG CAPSULE	2	
METHYLPHENIDATE LA 10 MG CAPSULE	3	QL	MEXILETINE 200 MG CAPSULE	2	
METHYLPHENIDATE LA 20 MG CAPSULE	3	QL	MEXILETINE 250 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
MIBELAS 24 FE CHEWABLE TABLET	1		MINIMED MIO ADVANCE INFUSION SET 43"9MM	3	
MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	2		MINIMED MIO INFUSION SET 18" 6MM	3	
MICROCHAMBER	3	QL	MINIMED MIO INFUSION SET 23" 6MM	3	
MICRODOT HIGH-LOW CONTROL SOLUTION	3		MINIMED MIO INFUSION SET 32" 6MM	3	
MICRODOT NORMAL CONTROL SOLUTION	3		MINIMED MIO INFUSION SET 32" 9MM	3	
MICRODOT PEN NEEDLE 31G 6MM	3		MINIMED QUICK INFUSION SET 18" 6MM	3	
MICRODOT PEN NEEDLE 32G 4MM	3		MINIMED QUICK INFUSION SET 23" 6MM	3	
MICRODOT PEN NEEDLE 33G 4MM	3		MINIMED QUICK INFUSION SET 23" 9MM	3	
MICROGESTIN 21 1-20 TABLET	1		MINIMED QUICK INFUSION SET 32" 6MM	3	
MICROGESTIN 21 1.5-30 TABLET	1		MINIMED QUICK INFUSION SET 32" 9MM	3	
MICROGESTIN 24 FE 1 MG-20 MCG TABLET	1		MINIMED QUICK INFUSION SET 43" 6MM	3	
MICROGESTIN FE 1-20 TABLET	1		MINIMED QUICK INFUSION SET 43" 9MM	3	
MICROGESTIN FE 1.5-30 TABLET	1		MINIMED QUICK-SERTER	3	
MICROLIFE PEAK FLOW METER	3		MINIMED RESERVOIR 1.8 ML	3	
MICROSPACER FOR AEROSOL DEVICE	3	QL	MINIMED RESERVOIR 3 ML	3	
MIDAZOLAM 2 MG/ML SYRUP	2		MINIMED SILHOUETTE INFUSION SET 18"	3	
MIDAZOLAM 5 MG/2.5 ML SYRUP	2		MINIMED SILHOUETTE INFUSION SET 23"	3	
MIDAZOLAM 10 MG/5 ML SYRUP	2		MINIMED SILHOUETTE INFUSION SET 32"	3	
MIDODRINE 2.5 MG TABLET	2		MINIMED SILHOUETTE INFUSION SET 43"	3	
MIDODRINE 5 MG TABLET	2		MINIMED SURE T INFUSION SET 23"	3	
MIDODRINE 10 MG TABLET	2		MINIMED SURE T INFUSION SET 32"	3	
MIGERGOT 2-100 MG SUPPOSITORY	4		MINIMED SURE T INFUSION SET 18" 6MM	3	
MIGLITOL 25 MG TABLET	2		MINIMED SURE T INFUSION SET 23" 6MM	3	
MIGLITOL 50 MG TABLET	2		MINIMED SURE T INFUSION SET 23" 8MM	3	
MIGLITOL 100 MG TABLET	2		MINIMED SURE T INFUSION SET 32" 6MM	3	
MIGLUSTAT 100 MG CAPSULE	5	PA, SRX	MINIMED SURE T INFUSION SET 32" 8MM	3	
MILI 0.25-0.035 MG TABLET	1		MINITRAN 0.1 MG/HR PATCH	2	
MIMVEY 1-0.5 MG TABLET	2		MINITRAN 0.2 MG/HR PATCH	2	
MINI PEN NEEDLE 32G 4MM	3		MINITRAN 0.4 MG/HR PATCH	2	
MINI PEN NEEDLE 32G 5MM	3		MINITRAN 0.6 MG/HR PATCH	2	
MINI PEN NEEDLE 32G 6MM	3		MINOCYCLINE 50 MG CAPSULE	1	
MINI PEN NEEDLE 32G 8MM	3		MINOCYCLINE 75 MG CAPSULE	1	
MINI PEN NEEDLE 33G 4MM	3		MINOCYCLINE 100 MG CAPSULE	1	
MINI PEN NEEDLE 33G 5MM	3		MINOCYCLINE 50 MG TABLET	1	
MINI PEN NEEDLE 33G 6MM	3		MINOCYCLINE 75 MG TABLET	1	
MINI ULTRA-THIN II PEN NEEDLE 31G	3		MINOCYCLINE 100 MG TABLET	1	
MINI WRIGHT PEAK FLOW METER	3		MINOXIDIL 2.5 MG TABLET	2	
MINIMED INFUSION SET	3		MINOXIDIL 10 MG TABLET	2	
MINIMED MIO ADVANCE INFUSION SET 23"6MM	3		MIRABEGRON ER 25 MG TABLET	4	QL
MINIMED MIO ADVANCE INFUSION SET 23"9MM	3		MIRABEGRON ER 50 MG TABLET	4	QL
MINIMED MIO ADVANCE INFUSION SET 43"6MM	3		MIRCERA 30 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MIRCERA 50 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX	MONOJECT 3 ML SYRINGE 21G 1-1/2"	3	
MIRCERA 75 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX	MONOJECT 3 ML SYRINGE 22G 1-1/2"	3	
MIRCERA 100 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX	MONOJECT 3 ML SYRINGE 23G 1"	3	
MIRCERA 120 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX	MONOJECT 3 ML SYRINGE 25G 1"	3	
MIRCERA 150 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX	MONOJECT 3 ML SYRINGE 25G 1.25"	3	
MIRCERA 200 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX	MONOJECT 3 ML SYRINGE 25G 5/8"	3	
MIRTAZAPINE 15 MG ODT TABLET	2		MONOJECT 3 ML SYRINGE 27G 1-1/4"	3	
MIRTAZAPINE 30 MG ODT TABLET	2		MONOJECT 6 ML SYRINGE 20G 1-1/2"	3	
MIRTAZAPINE 45 MG ODT TABLET	2		MONOJECT 6 ML SYRINGE 21G 1"	3	
MIRTAZAPINE 7.5 MG TABLET	2		MONOJECT 6 ML SYRINGE 21G 1-1/2"	3	
MIRTAZAPINE 15 MG TABLET	2		MONOJECT 6 ML SYRINGE 22G 1-1/2"	3	
MIRTAZAPINE 30 MG TABLET	2		MONOJECT 6CC SAFETY SYRINGE	3	
MIRTAZAPINE 45 MG TABLET	2		MONOJECT BLOOD COLLECTION NEEDLE 20G 1"	3	
MISOPROSTOL 100 MCG TABLET	2		MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5"	3	
MISOPROSTOL 200 MCG TABLET	2		MONOJECT BLOOD COLLECTION NEEDLE 21G 1"	3	
M-M-R II VACCINE VIAL	3		MONOJECT BLOOD COLLECTION NEEDLE 22G 1"	3	
M-NATAL PLUS TABLET	1		MONOJECT FILTER 18G 1.5" NEEDLE	3	
MODAFINIL 100 MG TABLET	4	PA	MONOJECT HYPODERMIC NEEDLE	3	
MODAFINIL 200 MG TABLET	4	PA	MONOJECT HYPODERMIC NEEDLE 18 1A"	3	
MODERNA COVID (6M-5Y) VACCINE (EUA)	3		MONOJECT HYPODERMIC NEEDLE 19 1"	3	
MODERNA COVID (6-11Y) VACCINE (EUA)	3		MONOJECT HYPODERMIC NEEDLE 19 1-1/2"	3	
MODERNA COVID (12Y UP) VACCINE (EUA)	3		MONOJECT HYPODERMIC NEEDLE 20 1"	3	
MODERNA COVID-19 BOOSTER (EUA)	3		MONOJECT HYPODERMIC NEEDLE 20 1-1/2"	3	
MODERNA COVID 23-24 (6M-11Y) EUA	3		MONOJECT HYPODERMIC NEEDLE 21 1"	3	
MODERNA COVID BIVAL (6MO UP) EUA	3		MONOJECT HYPODERMIC NEEDLE 21 1-1/2"	3	
MODERNA COVID BIVAL (6MO-5Y) EUA	3		MONOJECT HYPODERMIC NEEDLE 22 1"	3	
MOEXIPRIL 7.5 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 22 1.5"	3	
MOEXIPRIL 15 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 23 1"	3	
MOLINDONE 5 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 25 1"	3	
MOLINDONE 10 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 25 1.5"	3	
MOLINDONE 25 MG TABLET	2		MONOJECT HYPODERMIC NEEDLE 25 5/8"	3	
MOMETASONE 0.1% CREAM	2		MONOJECT HYPODERMIC NEEDLE 26 1.5"	3	
MOMETASONE 50 MCG NASAL SPRAY	2	QL	MONOJECT HYPODERMIC NEEDLE 27 0.5"	3	
MOMETASONE 0.1% OINTMENT	2		MONOJECT HYPODERMIC NEEDLE 27G 1-1/2"	3	
MOMETASONE 0.1% TOPICAL SOLUTION	2		MONOJECT HYPODERMIC NEEDLE 30 3/4"	3	
MONDOXYNE NL 75 MG CAPSULE	2		MONOJECT INSULIN SYRINGE 0.3 ML	3	
MONDOXYNE NL 100 MG CAPSULE	1		MONOJECT INSULIN SYRINGE 0.5 ML	3	
MONOJECT 0.5 ML SYRINGE 28G 1/2"	3		MONOJECT INSULIN SYRINGE 1 ML	3	
MONOJECT 1 ML SYRINGE 27 1/2"	3		MONOJECT INSULIN SYRINGE 3/10 ML	3	
MONOJECT 1 ML SYRINGE 28G 1/2"	3		MONOJECT INSULIN SYRINGE U100	3	
MONOJECT 3 ML SYRINGE 21G 1"	3		MONOJECT INSULIN SYRINGE U100 0.5 ML	3	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MONOJECT INSULIN SYRINGE U100 1 ML	3		MOUNJARO 5 MG/0.5 ML PEN	3	PA, QL
MONOJECT SYRINGE 0.3 ML	3		MOUNJARO 7.5 MG/0.5 ML PEN	3	PA, QL
MONOJECT SYRINGE 0.5 ML	3		MOUNJARO 10 MG/0.5 ML PEN	3	PA, QL
MONOJECT SYRINGE 1 ML	3		MOUNJARO 12.5 MG/0.5 ML PEN	3	PA, QL
MONOJECT SYRINGE 3 ML 20G 1"	3		MOUNJARO 15 MG/0.5 ML PEN	3	PA, QL
MONOJECT SYRINGE 3 ML 20G 1-1/2"	3		MOXIFLOXACIN 0.5% EYE DROPS	2	
MONOJECT SYRINGE 3 ML 20G 3/4"	3		MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	2	
MONOJECT SYRINGE 3 ML 22G 1"	3		MOXIFLOXACIN 400 MG TABLET	2	
MONO-LINYAH 28 TABLET	1		MRESVIA 50 MCG/0.5 ML SYRINGE	3	
MONTELUKAST 4 MG CHEWABLE TABLET	2		MS INSULIN SYRINGE 0.3 ML	3	
MONTELUKAST 5 MG CHEWABLE TABLET	2		MS INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
MONTELUKAST 4 MG GRANULE	2		MS INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
MONTELUKAST 10 MG TABLET	2		MS INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
MORGIDOX 50 MG CAPSULE	1		MS INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
MORGIDOX 100 MG CAPSULE	1		MS INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
MORPHINE 100 MG/5 ML ORAL CONCENTRATE	2	PA	MS INSULIN SYRINGE 1 ML 29G 1/2"	3	
MORPHINE 10 MG/5 ML ORAL SOLUTION	2	PA	MS INSULIN SYRINGE 1 ML 30G 1/2"	3	
MORPHINE 20 MG/5 ML ORAL SOLUTION	2	PA	MS INSULIN SYRINGE 1 ML 31G 5/16"	3	
MORPHINE 5 MG SUPPOSITORY	2	PA	MS PEN NEEDLE 6MM 31G	3	
MORPHINE 10 MG SUPPOSITORY	2	PA	MULTISTIX 7 REAGENT TEST STRIP	3	
MORPHINE 20 MG SUPPOSITORY	2	PA	MULTISTIX 9 REAGENT TEST STRIP	3	
MORPHINE 30 MG SUPPOSITORY	2	PA	MULTISTIX 8 SG REAGENT TEST STRIP	3	
MORPHINE ER 10 MG CAPSULE	2	PA	MULTISTIX 9 SG REAGENT TEST STRIP	3	
MORPHINE ER 20 MG CAPSULE	2	PA	MULTISTIX 10 SG REAGENT TEST STRIP	3	
MORPHINE ER 30 MG CAPSULE	2	PA	MULTISTIX REAGENT TEST STRIP	3	
MORPHINE ER 45 MG CAPSULE	2	PA	MULTISTIX 5 TEST STRIP	3	
MORPHINE ER 50 MG CAPSULE	2	PA	MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	2	
MORPHINE ER 60 MG CAPSULE	2	PA	MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	2	
MORPHINE ER 75 MG CAPSULE	2	PA	MULTIVIT-FLUORIDE 1 MG CHEWABLE TABLET	2	
MORPHINE ER 80 MG CAPSULE	2	PA	MULTIVITAMIN-FLUORIDE 0.25 MG/ML ORAL DROPS	2	
MORPHINE ER 90 MG CAPSULE	2	PA	MUPIROCIN 2% CREAM	2	
MORPHINE ER 100 MG CAPSULE	2	PA	MUPIROCIN 2% OINTMENT	2	
MORPHINE ER 120 MG CAPSULE	2	PA	MY CHOICE 1.5 MG TABLET	1	
MORPHINE ER 15 MG TABLET	2	PA	MY WAY 1.5 MG TABLET	1	
MORPHINE ER 30 MG TABLET	2	PA	MYCOPHENOLATE 250 MG CAPSULE	2	
MORPHINE ER 60 MG TABLET	2	PA	MYCOPHENOLATE 200 MG/ML SUSPENSION	2	
MORPHINE ER 100 MG TABLET	2	PA	MYCOPHENOLATE 500 MG TABLET	2	
MORPHINE ER 200 MG TABLET	2	PA	MYCOPHENOLIC ACID DR 180 MG TABLET	2	
MORPHINE IR 15 MG TABLET	2	PA	MYCOPHENOLIC ACID DR 360 MG TABLET	2	
MORPHINE IR 30 MG TABLET	2	PA	MYGLUCOHEALTH CONTROL SOLUTION PAK	3	
MOUNJARO 2.5 MG/0.5 ML PEN	3	PA, QL	MYLERAN 2 MG TABLET	4	

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MYNATAL CAPSULE	1		NEFAZODONE 50 MG TABLET	2	
MYNATAL PLUS CAPTAB	1		NEFAZODONE 100 MG TABLET	2	
MYNATAL ULTRACAPLET	1		NEFAZODONE 150 MG TABLET	2	
MYNATAL-Z CAPTAB	1		NEFAZODONE 200 MG TABLET	2	
MYORISAN 10 MG CAPSULE	4		NEFAZODONE 250 MG TABLET	2	
MYORISAN 20 MG CAPSULE	4		NEOMYCIN 500 MG TABLET	2	
MYORISAN 30 MG CAPSULE	4		NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT	2	
MYORISAN 40 MG CAPSULE	4		NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT	2	
MYRBETRIQ ER 25 MG TABLET	4	QL, ST	NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	2	
MYRBETRIQ ER 50 MG TABLET	4	QL, ST	NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	2	
MYTESI 125 MG DR TABLET	4	LDD	NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	2	
NABUMETONE 500 MG TABLET	2		NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	2	
NABUMETONE 750 MG TABLET	2		NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	2	
NADOLOL 20 MG TABLET	2		NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	2	
NADOLOL 40 MG TABLET	2		NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	2	
NADOLOL 80 MG TABLET	2		NEOMYCIN-POLYMYXIN-HC EYE DROPS	2	
NAFTIFINE 1% CREAM	3		NEO-POLYCIN EYE OINTMENT	2	
NAFTIFINE 2% CREAM	3		NEO-POLYCIN HC EYE OINTMENT	2	
NAFTIFINE 2% GEL	3		NEO-SYNALAR 0.5%-0.025% CREAM	4	
NALOXONE 0.4 MG/ML CARPUJECT	2		NEUAC GEL	2	
NALOXONE 4 MG NASAL SPRAY	2	QL	NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NALOXONE 0.4 MG/ML SYRINGE	2		NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX
NALOXONE 2 MG/2 ML SYRINGE	2		NEUPRO 1 MG/24 HR PATCH	4	
NALTREXONE 50 MG TABLET	2	QL	NEUPRO 2 MG/24 HR PATCH	4	
NAPROXEN 500 MG KIT	1		NEUPRO 3 MG/24 HR PATCH	4	
NAPROXEN 250 MG TABLET	1		NEUPRO 4 MG/24 HR PATCH	4	
NAPROXEN 275 MG TABLET	2		NEUPRO 6 MG/24 HR PATCH	4	
NAPROXEN 375 MG TABLET	1		NEUPRO 8 MG/24 HR PATCH	4	
NAPROXEN 500 MG TABLET	1		NEVANAC 0.1% EYE DROPS	4	
NAPROXEN 550 MG TABLET	2		NEVIRAPINE 50 MG/5 ML SUSPENSION	2	
NAPROXEN DR 375 MG TABLET	2		NEVIRAPINE 200 MG TABLET	2	
NAPROXEN DR 500 MG TABLET	2		NEVIRAPINE ER 100 MG TABLET	2	
NARATRIPTAN 1 MG TABLET	2	QL	NEVIRAPINE ER 400 MG TABLET	2	
NARATRIPTAN 2.5 MG TABLET	2	QL	NEW DAY 1.5 MG TABLET	1	
NATACYN 5% EYE DROPS	4		NEWGEN TABLET	1	
NATAZIA 28 TABLET	4		NIACIN ER 500 MG TABLET	2	
NATEGLINIDE 60 MG TABLET	2		NIACIN ER 750 MG TABLET	2	
NATEGLINIDE 120 MG TABLET	2		NIACIN ER 1,000 MG TABLET	2	
NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX	NICARDIPINE 20 MG CAPSULE	3	
NEBUSAL 3% VIAL	2				
NECON 0.5-35-28 TABLET	1				



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
NICARDIPINE 30 MG CAPSULE	3	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	
NIFEDIPINE 10 MG CAPSULE	2	
NIFEDIPINE 20 MG CAPSULE	2	
NIFEDIPINE ER 30 MG TABLET	2	
NIFEDIPINE ER 60 MG TABLET	2	
NIFEDIPINE ER 90 MG TABLET	2	
NIKKI 3 MG-0.02 MG TABLET	1	
NILUTAMIDE 150 MG TABLET	5	SRX
NIMODIPINE 30 MG CAPSULE	4	
NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX
NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX
NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX
NISOLDIPINE ER 8.5 MG TABLET	2	QL
NISOLDIPINE ER 17 MG TABLET	2	QL
NISOLDIPINE ER 20 MG TABLET	2	QL
NISOLDIPINE ER 25.5 MG TABLET	2	QL
NISOLDIPINE ER 30 MG TABLET	2	QL
NISOLDIPINE ER 34 MG TABLET	2	QL
NISOLDIPINE ER 40 MG TABLET	2	QL
NITAZOXANIDE 500 MG TABLET	4	PA
NITRO-BID 2% OINTMENT	2	
NITROFURANTOIN 25 MG/5 ML SUSPENSION	4	
NITROFURANTOIN MACRO 25 MG CAPSULE	2	
NITROFURANTOIN MACRO 50 MG CAPSULE	1	
NITROFURANTOIN MACRO 100 MG CAPSULE	1	
NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	1	
NITROGLYCERIN 0.4% OINTMENT	4	
NITROGLYCERIN 0.1 MG/HR PATCH	2	
NITROGLYCERIN 0.2 MG/HR PATCH	2	
NITROGLYCERIN 0.4 MG/HR PATCH	2	
NITROGLYCERIN 0.6 MG/HR PATCH	2	
NITROGLYCERIN 400 MCG SPRAY	2	
NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	2	
NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	2	
NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	2	
NITRO-TIME ER 2.5 MG CAPSULE	2	
NITRO-TIME ER 6.5 MG CAPSULE	2	
NITRO-TIME ER 9 MG CAPSULE	2	
NIVA THYROID 15 MG TABLET	2	

Medication Name	Tier	Notes
NIVA THYROID 30 MG TABLET	2	
NIVA THYROID 60 MG TABLET	2	
NIVA THYROID 90 MG TABLET	2	
NIVA THYROID 120 MG TABLET	2	
NIVA-PLUS TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE	5	SRX
NIVESTYM 480 MCG/0.8 ML SYRINGE	5	SRX
NIVESTYM 300 MCG/ML VIAL	5	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NIZATIDINE 150 MG CAPSULE	2	
NIZATIDINE 300 MG CAPSULE	2	
NOLIX 0.05% CREAM	4	
NOLIX 0.05% LOTION	4	
NORA-BE TABLET	1	
NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	2	
NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	1	
NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CAPSULE	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CHEWABLE TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(21)-75 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG(21)-75 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET	1	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	1		NYLIA 1-35 28 TABLET	1	
NORLYDA 0.35 MG TABLET	1		NYLIA 7-7-7-28 TABLET	1	
NORPACE CR 100 MG CAPSULE	4		NYMYO 0.25-0.035 MG (28) TABLET	1	
NORPACE CR 150 MG CAPSULE	4		NYSTATIN 100,000 UNIT/GM CREAM	2	
NORTREL 0.5-35-28 TABLET	1		NYSTATIN 100,000 UNIT/GM OINTMENT	2	
NORTREL 1-35 21 TABLET	1		NYSTATIN 100,000 UNIT/GM POWDER	2	
NORTREL 1-35 28 TABLET	1		NYSTATIN 100,000 UNIT/ML SUSPENSION	2	
NORTREL 7-7-7-28 TABLET	1		NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2	
NORTRIPTYLINE 10 MG CAPSULE	1		NYSTATIN 500,000 UNIT ORAL TABLET	2	
NORTRIPTYLINE 25 MG CAPSULE	1		NYSTATIN-TRIAMCINOLONE CREAM	2	
NORTRIPTYLINE 50 MG CAPSULE	1		NYSTATIN-TRIAMCINOLONE OINTMENT	2	
NORTRIPTYLINE 75 MG CAPSULE	1		NYSTOP 100,000 UNIT/GM POWDER	2	
NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	2		NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NORVIR 100 MG POWDER PACKET	3		OCELLA 3 MG-0.03 MG TABLET	1	
NOVAVAX COVID VIAL (EUA)	3		OCTREOTIDE 50 MCG/ML AMPULE	3	PA
NOVAVAX COVID-19 VACCINE, ADJ(EUA)	3		OCTREOTIDE 100 MCG/ML AMPULE	3	PA
NOVOFINE 32G NEEDLE	3		OCTREOTIDE 500 MCG/ML AMPULE	3	PA
NOVOFINE AUTOCOVER 30G NEEDLE	3		OCTREOTIDE 50 MCG/ML SYRINGE	3	PA
NOVOFINE PLUS PEN NEEDLE 32G 1/6"	3		OCTREOTIDE 100 MCG/ML SYRINGE	3	PA
NOVOLOG 100 UNIT/ML FLEXPEN	4	QL, ST	OCTREOTIDE 500 MCG/ML SYRINGE	3	PA
NOVOLOG 100 UNIT/ML VIAL	4	QL, ST	OCTREOTIDE 0.05 MG/ML VIAL	3	PA
NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST	OCTREOTIDE 50 MCG/ML VIAL	3	PA
NOVOLOG MIX 70-30 VIAL	4	QL, ST	OCTREOTIDE 100 MCG/ML VIAL	3	PA
NOVOLOG PENFILL 100 UNIT/ML	4	QL, ST	OCTREOTIDE 200 MCG/ML VIAL	3	PA
NOVOPEN ECHO INSULIN DEVICE	3		OCTREOTIDE 500 MCG/ML VIAL	3	PA
NOVOTWIST NEEDLE 32G 5MM	3		OCTREOTIDE 1,000 MCG/ML VIAL	3	PA
NP THYROID 15 MG TABLET	2		OCTREOTIDE 1,000 MCG/5 ML VIAL	3	PA
NP THYROID 30 MG TABLET	2		OCTREOTIDE 5,000 MCG/5 ML VIAL	3	PA
NP THYROID 60 MG TABLET	2		ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	4	PA, QL
NP THYROID 90 MG TABLET	2		ODEFSEY TABLET	4	QL
NP THYROID 120 MG TABLET	2		ODOMZO 200 MG CAPSULE	5	PA, QL, SRX
NUCYNTA 50 MG TABLET	4	PA	OFLOXACIN 0.3% EAR DROPS	2	
NUCYNTA 75 MG TABLET	4	PA	OFLOXACIN 0.3% EYE DROPS	2	
NUCYNTA 100 MG TABLET	4	PA	OFLOXACIN 300 MG TABLET	2	
NUCYNTA ER 50 MG TABLET	4	PA	OFLOXACIN 400 MG TABLET	2	
NUCYNTA ER 100 MG TABLET	4	PA	OLANZAPINE 2.5 MG TABLET	2	
NUCYNTA ER 150 MG TABLET	4	PA	OLANZAPINE 5 MG TABLET	2	
NUCYNTA ER 200 MG TABLET	4	PA	OLANZAPINE 7.5 MG TABLET	2	
NUCYNTA ER 250 MG TABLET	4	PA	OLANZAPINE 10 MG TABLET	2	
NUEDEXTA 20-10 MG CAPSULE	4	PA, QL	OLANZAPINE 15 MG TABLET	2	
NYAMYC 100,000 UNIT/GM POWDER	2		OLANZAPINE 20 MG TABLET	2	

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
OLANZAPINE ODT 5 MG TABLET	2		OMNIPOD GO 25 UNIT/DAY PODS	3	QL
OLANZAPINE ODT 10 MG TABLET	2		OMNIPOD GO 30 UNIT/DAY PODS	3	QL
OLANZAPINE ODT 15 MG TABLET	2		OMNIPOD GO 35 UNIT/DAY PODS	3	QL
OLANZAPINE ODT 20 MG TABLET	2		OMNIPOD GO 40 UNIT/DAY PODS	3	QL
OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE	2		ON CALL EXPRESS CONTROL SOLUTION PAK	3	
OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE	2		ON CALL PLUS CONTROL SOLUTION	3	
OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE	2		ON CALL VIVID CONTROL SOLUTION	3	
OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE	2		ONDANSETRON 4 MG/5 ML ORAL SOLUTION	2	
OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE	2		ONDANSETRON 4 MG TABLET	2	
OLMESARTAN 5 MG TABLET	2		ONDANSETRON 8 MG TABLET	2	
OLMESARTAN 20 MG TABLET	2		ONDANSETRON ODT 4 MG TABLET	2	
OLMESARTAN 40 MG TABLET	2		ONDANSETRON ODT 8 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET	2		ONE WAY VALVED MOUTHPIECE	3	QL
OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET	2		ONETOUCH DELICA PLUS 30G LANCET	3	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET	2		ONETOUCH DELICA PLUS 33G LANCET	3	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET	2		ONETOUCH DELICA PLUS LANCING DEVICE	3	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET	2		ONETOUCH DELICA SAFETY 30G LANCETS	3	
OLMESARTAN-HCTZ 20-12.5 MG TABLET	2		ONETOUCH SOLUTIONS STARTER KIT	1	
OLMESARTAN-HCTZ 40-12.5 MG TABLET	2		ONETOUCH SURESOFT 18G LANCING DEVICE	3	
OLMESARTAN-HCTZ 40-25 MG TABLET	2		ONETOUCH SURESOFT 21G LANCING DEVICE	3	
OLOPATADINE 0.1% EYE DROPS	2		ONETOUCH SURESOFT 28G LANCING DEVICE	3	
OLOPATADINE 0.2% EYE DROPS	2		ONETOUCH ULTRA CONTROL SOLUTION	3	
OLOPATADINE 665 MCG NASAL SPRAY	2		ONETOUCH ULTRA TEST STRIP	3	
OMEGA-3 ETHYL ESTERS 1 GM CAPSULE	2		ONETOUCH ULTRA2 GLUCOSE SYSTEM	1	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL	ONETOUCH ULTRASOFT LANCETS	3	
OMEPRAZOLE DR 20 MG CAPSULE	2	QL	ONETOUCH ULTRASOFT2 30G LANCETS	3	
OMEPRAZOLE DR 40 MG CAPSULE	2	QL	ONETOUCH VERIO FLEX METER	1	
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL	ONETOUCH VERIO HIGH CONTROL SOLUTION	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL	ONETOUCH VERIO MID CONTROL SOLUTION	3	
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	3	QL	ONETOUCH VERIO REFLECT METER	1	
OMNIPOD CLASSIC PODS (GEN 3) 5 PACK	3	QL	ONETOUCH VERIO TEST STRIP	3	
OMNIPOD DASH PODS (GEN 4) 5 PACK	3	QL	OPCON ONE-STEP 1.5 MG TABLET	1	
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	3	QL	OPILL 0.075 MG TABLET	1	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL	OPIUM TINCTURE 10 MG/ML	3	PA
OMNIPOD CLASSIC PDM KIT (GEN 3)	3	QL	OPTICHAMBER ADULT MASK-LARGE	3	QL
OMNIPOD GO 10 UNIT/DAY PODS	3	QL	OPTICHAMBER DIAMOND VHC	3	QL
OMNIPOD GO 15 UNIT/DAY PODS	3	QL	OPTICHAMBER DIAMOND W-LARGE MASK	3	QL
OMNIPOD GO 20 UNIT/DAY PODS	3	QL	OPTICHAMBER DIAMOND W-MEDIUM MASK	3	QL
			OPTICHAMBER DIAMOND W-SMALL MASK	3	QL
			OPTION 2 1.5 MG TABLET	1	
			OPTUMRX GLUCOSE CONTROL SOLUTION	3	

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
ORACIT ORAL SOLUTION	4		OXYCODONE (IR) 15 MG TABLET	2	PA
ORAL CITRATE SOLUTION	4		OXYCODONE (IR) 20 MG TABLET	2	PA
ORALONE 0.1% DENTAL PASTE	2		OXYCODONE (IR) 30 MG TABLET	2	PA
ORENCIA 50 MG/0.4 ML SYRINGE	5	PA, QL, SRX	OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	2	PA
ORENCIA 87.5 MG/0.7 ML SYRINGE	5	PA, QL, SRX	OXYCODONE 5 MG/5 ML ORAL SOLUTION	2	PA
ORENCIA 125 MG/ML SYRINGE	5	PA, QL, SRX	OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	2	PA
ORENCIA CLICKJECT 125 MG/ML	5	PA, QL, SRX	OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA
ORPHENADRINE ER 100 MG TABLET	2		OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA
OSCIMIN 0.125 MG TABLET	2		OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA
OSCIMIN SL 0.125 MG SUBLINGUAL TABLET	2		OXYCODONE-ASPIRIN 4.8355-325 MG TABLET	2	PA
OSCIMIN SR 0.375 MG TABLET	2		OXYMORPHONE 5 MG TABLET	3	PA
OSELTAMIVIR 30 MG CAPSULE	2	QL	OXYMORPHONE 10 MG TABLET	3	PA
OSELTAMIVIR 45 MG CAPSULE	2	QL	OXYMORPHONE ER 5 MG TABLET	3	PA
OSELTAMIVIR 75 MG CAPSULE	2	QL	OXYMORPHONE ER 7.5 MG TABLET	3	PA
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL	OXYMORPHONE ER 10 MG TABLET	3	PA
OSMOPREP TABLET	4		OXYMORPHONE ER 15 MG TABLET	3	PA
OSPHENA 60 MG TABLET	4	QL	OXYMORPHONE ER 20 MG TABLET	3	PA
OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX	OXYMORPHONE ER 30 MG TABLET	3	PA
OTEZLA 30 MG TABLET	5	PA, QL, SRX	OXYMORPHONE ER 40 MG TABLET	3	PA
OVAL TAPE	3		OZEMPIC 0.25-0.5 MG/DOSE PEN	3	PA, QL
OXANDROLONE 2.5 MG TABLET	4	PA	OZEMPIC 1 MG/DOSE (4 MG/3 ML)	3	PA, QL
OXANDROLONE 10 MG TABLET	4	PA	OZEMPIC 2 MG/DOSE (8 MG/3 ML)	3	PA, QL
OXAPROZIN 600 MG CAPLET	2		PACERONE 200 MG TABLET	2	
OXAPROZIN 600 MG TABLET	2		PALIPERIDONE ER 1.5 MG TABLET	4	
OXAZEPAM 10 MG CAPSULE	2		PALIPERIDONE ER 3 MG TABLET	4	
OXAZEPAM 15 MG CAPSULE	2		PALIPERIDONE ER 6 MG TABLET	4	
OXAZEPAM 30 MG CAPSULE	2		PALIPERIDONE ER 9 MG TABLET	4	
OXCARBAZEPINE 300 MG/5 ML SUSPENSION	2		PANCREAZE DR 2,600 UNIT CAPSULE	3	
OXCARBAZEPINE 150 MG TABLET	2		PANCREAZE DR 4,200 UNIT CAPSULE	3	
OXCARBAZEPINE 300 MG TABLET	2		PANCREAZE DR 10,500 UNIT CAPSULE	3	
OXCARBAZEPINE 600 MG TABLET	2		PANCREAZE DR 16,800 UNIT CAPSULE	3	
OXICONAZOLE 1% CREAM	3		PANCREAZE DR 21,000 UNIT CAPSULE	3	
OXYBUTYNIN 5 MG/5 ML SOLUTION	2		PANCREAZE DR 37,000 UNIT CAPSULE	3	
OXYBUTYNIN 5 MG/5 ML SYRUP	2		PANDA MASK LARGE	3	QL
OXYBUTYNIN 5 MG TABLET	1		PANDA MASK MEDIUM	3	QL
OXYBUTYNIN ER 5 MG TABLET	2		PANDA MASK SMALL	3	QL
OXYBUTYNIN ER 10 MG TABLET	2		PANRETIN 0.1% GEL	5	SRX
OXYBUTYNIN ER 15 MG TABLET	2		PANTOPRAZOLE DR 20 MG TABLET	2	QL
OXYCODONE (IR) 5 MG CAPSULE	2	PA	PANTOPRAZOLE DR 40 MG TABLET	2	QL
OXYCODONE (IR) 5 MG TABLET	2	PA	PARADIGM REMOTE CONTROL	3	
OXYCODONE (IR) 10 MG TABLET	2	PA	PARADIGM RESERVOIR 1.8 ML	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PARADIGM RESERVOIR 3 ML	3		PEN NEEDLE 32G 1/4"	3	
PARICALCITOL 1 MCG CAPSULE	2		PEN NEEDLE 32G 3/16"	3	
PARICALCITOL 2 MCG CAPSULE	2		PEN NEEDLE 32G 5/32"	3	
PARICALCITOL 4 MCG CAPSULE	2		PEN NEEDLE 33G 4MM	3	
PAROEX 0.12% ORAL RINSE	2		PEN NEEDLE 4MM 32G	3	
PAROMOMYCIN 250 MG CAPSULE	3		PEN NEEDLE 5MM 31G	3	
PAROXETINE 10 MG TABLET	1	QL	PEN NEEDLE 6MM 31G	3	
PAROXETINE 20 MG TABLET	1	QL	PEN NEEDLE 8MM 31G	3	
PAROXETINE 30 MG TABLET	1	QL	PENBRAYA KIT	3	
PAROXETINE 40 MG TABLET	1	QL	PENCICLOVIR 1% CREAM	4	PA, QL
PASER GRANULES 4 GM PACKET	4		PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PAXLOVID 150-100 MG DOSE PACK	4	QL	PENICILLIN VK 125 MG/5 ML ORAL SOLUTION	2	
PAXLOVID 300-100 MG DOSE PACK	4	QL	PENICILLIN VK 250 MG/5 ML ORAL SOLUTION	2	
PAZOPANIB 200 MG TABLET	5	PA, QL, SRX	PENICILLIN VK 250 MG TABLET	2	
PC UNIFINE PENTIP 6MM NEEDLE	3		PENICILLIN VK 500 MG TABLET	2	
PC UNIFINE PENTIP 8MM NEEDLE	3		PENTACEL VIAL KIT	3	
PC UNIFINE PENTIP 12MM NEEDLE	3		PENTAMIDINE 300 MG INHALATION POWDER	3	
PEAK-AIR PEAK FLOW METER	3		PENTAZOCINE-NALOXONE TABLET	2	PA
PEDIARIX 0.5 ML SYRINGE	3		PENTIP PEN NEEDLE 29G 12MM	3	
PEDIATRIC MEDIUM MASK	3	QL	PENTIP PEN NEEDLE 29G 1/2"	3	
PEDIATRIC PANDA MASK	3	QL	PENTIP PEN NEEDLE 31G 5MM	3	
PEDIATRIC SMALL MASK	3	QL	PENTIP PEN NEEDLE 31G 6MM	3	
PEDIATRIC MOUTHPIECE	3	QL	PENTIP PEN NEEDLE 31G 8MM	3	
PEDVAXHIB VACCINE VIAL	3		PENTIP PEN NEEDLE 31G 1/4"	3	
PEG 3350-ELECTROLYTE ORAL SOLUTION	2		PENTIP PEN NEEDLE 31G 3/16"	3	
PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	2		PENTIP PEN NEEDLE 31G 5/16"	3	
PEG-3350 AND ELECTROLYTES ORAL SOLUTION	2		PENTIP PEN NEEDLE 32G 4MM	3	
PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX	PENTIP PEN NEEDLE 32G 6MM	3	
PEGASYS 180 MCG/ML VIAL	5	PA, SRX	PENTIP PEN NEEDLE 32G 5/32"	3	
PEG-PREP KIT	2		PENTOXIFYLLINE ER 400 MG TABLET	2	
PEN NEEDLE 29G 12MM	3		PERINDOPRIL 2 MG TABLET	2	
PEN NEEDLE 30G 5MM	3		PERINDOPRIL 4 MG TABLET	2	
PEN NEEDLE 30G 8MM	3		PERINDOPRIL 8 MG TABLET	2	
PEN NEEDLE 30G 5/16"	3		PERIOGARD 0.12% ORAL RINSE	2	
PEN NEEDLE 31G 5MM	3		PERMETHRIN 5% CREAM	2	
PEN NEEDLE 31G 6MM	3		PERPHENAZINE 2 MG TABLET	2	
PEN NEEDLE 31G 8MM	3		PERPHENAZINE 4 MG TABLET	2	
PEN NEEDLE 31G 1/4"	3		PERPHENAZINE 8 MG TABLET	2	
PEN NEEDLE 31G 3/16"	3		PERPHENAZINE 16 MG TABLET	2	
PEN NEEDLE 31G 5/16"	3		PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	2	
PEN NEEDLE 32G 4MM	3		PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	2		PHILITH 0.4-0.035 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	2		PHOSLYRA 667 MG/5 ML ORAL SOLUTION	4	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	2		PHOSPHASAL TABLET	2	
PERSONAL BEST PEAK FLOW METER	3		PHOSPHOLINE IODIDE 0.125% EYE DROPS	4	LDD
PFIZER COVID (6M-4Y)VAC-MAROON	3		PHYSIOSOL IRRIGATION SOLUTION	4	
PFIZER COVID (5-11Y) VAC-ORANGE	3		PHYTONADIONE 5 MG TABLET	4	
PFIZER COVID (12Y UP) VAC-GRAY	3		PIKO 1 FLOW METER	3	
PFIZER COVID (6M-4Y)EUA	3		PILOCARPINE 1% EYE DROPS	2	
PFIZER COVID (5-11Y)EUA	3		PILOCARPINE 2% EYE DROPS	2	
PFIZER COVID BIVAL (6MO-4Y)EUA	3		PILOCARPINE 4% EYE DROPS	2	
PFIZER COVID BIVAL (5-11YR)EUA	3		PILOCARPINE 5 MG TABLET	2	
PFIZER COVID BIVAL (12Y UP)EUA	3		PILOCARPINE 7.5 MG TABLET	2	
PFIZER COVID-19 VACCINE-PURPLE	3		PIMECROLIMUS 1% CREAM	4	
PHASEAL PROTECTOR 14	3		PIMOZIDE 1 MG TABLET	2	
PHASEAL PROTECTOR 21	3		PIMOZIDE 2 MG TABLET	2	
PHASEAL PROTECTOR 28	3		PIMTREA 28 DAY TABLET	1	
PHASEAL PROTECTOR 50	3		PINDOLOL 5 MG TABLET	2	
PHENAZOPYRIDINE 100 MG TABLET	2		PINDOLOL 10 MG TABLET	2	
PHENAZOPYRIDINE 200 MG TABLET	2		PIOGLITAZONE 15 MG TABLET	2	
PHENELZINE 15 MG TABLET	2		PIOGLITAZONE 30 MG TABLET	2	
PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	2		PIOGLITAZONE 45 MG TABLET	2	
PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	2		PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	2	
PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	2		PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	2	
PHENOBARBITAL 15 MG TABLET	2		PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	2	
PHENOBARBITAL 16.2 MG TABLET	2		PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	2	
PHENOBARBITAL 30 MG TABLET	2		PIP GLUCOSE CONTROL SOLUTION L1-L2	3	
PHENOBARBITAL 32.4 MG TABLET	2		PIP PEN NEEDLE 31G 5MM	3	
PHENOBARBITAL 60 MG TABLET	2		PIP PEN NEEDLE 32G 4MM	3	
PHENOBARBITAL 64.8 MG TABLET	2		PIRFENIDONE 267 MG CAPSULE	5	PA, SRX
PHENOBARBITAL 97.2 MG TABLET	2		PIRFENIDONE 267 MG TABLET	5	PA, SRX
PHENOBARBITAL 100 MG TABLET	2		PIRFENIDONE 801 MG TABLET	5	PA, SRX
PHENOXYBENZAMINE 10 MG CAPSULE	5	SRX	PIRMELLA 1-35 28 TABLET	1	
PHENYLEPHRINE 2.5% EYE DROPS	2		PIRMELLA 7-7-7-28 TABLET	1	
PHENYLEPHRINE 10% EYE DROPS	2		PIROXICAM 10 MG CAPSULE	2	
PHENYTOIN 50 MG CHEWABLE TABLET	2		PIROXICAM 20 MG CAPSULE	2	
PHENYTOIN 50 MG INFATAB CHEW	2		PLAN B ONE-STEP 1.5 MG TABLET	4	
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	2		PLEGRIDY 125 MCG/0.5 ML PEN	5	PA, SRX
PHENYTOIN 125 MG/5 ML SUSPENSION	2		PLEGRIDY 125 MCG/0.5 ML SYRINGE	5	PA, SRX
PHENYTOIN SODIUM EXT 100 MG CAPSULE	2		PLEGRIDY PEN INJECTOR STARTER PACK	5	PA, SRX
PHENYTOIN SODIUM EXT 200 MG CAPSULE	2		PLEGRIDY SYRINGE STARTER PACK	5	PA, SRX
PHENYTOIN SODIUM EXT 300 MG CAPSULE	2		PNEUMOVAX 23 SYRINGE	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PNEUMOVAX 23 VIAL	3		POTASSIUM CHLORIDE ER 8 MEQ TABLET	2	
PNV 29-1 TABLET	1		POTASSIUM CHLORIDE ER 10 MEQ TABLET	2	
PNV PRENATAL PLUS MULTIVITAMIN TABLET	1		POTASSIUM CHLORIDE ER 15 MEQ TABLET	2	
PNV-DHA + DOCUSATE SOFTGEL	1		POTASSIUM CHLORIDE ER 20 MEQ TABLET	2	
PNV-DHA SOFTGEL	1		POTASSIUM CITRATE ER 5 MEQ TABLET	2	
PNV-OMEGA SOFTGEL	1		POTASSIUM CITRATE ER 10 MEQ TABLET	2	
PNV-SELECT TABLET	1		POTASSIUM CITRATE ER 15 MEQ TABLET	2	
POCKET CHAMBER	3	QL	POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	4	
POCKET PEAK FLOW METER	3		PR NATAL 400 COMBO PACK	1	
PODOFILOX 0.5% TOPICAL SOLUTION	2		PR NATAL 430 COMBO PACK	1	
POLY HUB NEEDLE 18G 1"	3		PR NATAL 400 EC COMBO PACK	1	
POLY HUB NEEDLE 18G 1-1/2"	3		PR NATAL 430 EC COMBO PACK	1	
POLY HUB NEEDLE 21G 1"	3		PRADAXA 110 MG CAPSULE	4	PA, QL
POLY HUB NEEDLE 21G 1-1/2"	3		PRAMIPEXOLE 0.125 MG TABLET	2	
POLY HUB NEEDLE 22G 1"	3		PRAMIPEXOLE 0.25 MG TABLET	2	
POLY HUB NEEDLE 22G 1-1/2"	3		PRAMIPEXOLE 0.5 MG TABLET	2	
POLY HUB NEEDLE 23G 1"	3		PRAMIPEXOLE 0.75 MG TABLET	2	
POLY HUB NEEDLE 23G 1-1/2"	3		PRAMIPEXOLE 1 MG TABLET	2	
POLY HUB NEEDLE 25G 1"	3		PRAMIPEXOLE 1.5 MG TABLET	2	
POLY HUB NEEDLE 25G 1-1/2"	3		PRAMIPEXOLE ER 0.375 MG TABLET	3	
POLY HUB NEEDLE 25G 5/8"	3		PRAMIPEXOLE ER 0.75 MG TABLET	3	
POLY HUB NEEDLE 27G 1/2"	3		PRAMIPEXOLE ER 1.5 MG TABLET	3	
POLY HUB NEEDLE 27G 1-1/4"	3		PRAMIPEXOLE ER 2.25 MG TABLET	3	
POLY HUB NEEDLE 30G 1/2"	3		PRAMIPEXOLE ER 3 MG TABLET	3	
POLYCIN EYE OINTMENT	2		PRAMIPEXOLE ER 3.75 MG TABLET	3	
POLYMYXIN B-TMP EYE DROPS	2		PRAMIPEXOLE ER 4.5 MG TABLET	3	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX	PRAMOSONE 1% LOTION	4	
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX	PRAMOSONE 2.5%-1% LOTION	4	
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX	PRAMOSONE 1%-1% OINTMENT	4	
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX	PRAMOSONE 2.5%-1% OINTMENT	4	
PORTIA-28 TABLET	1		PRASUGREL 5 MG TABLET	2	
POSACONAZOLE 200 MG/5 ML SUSPENSION	4		PRASUGREL 10 MG TABLET	2	
POSACONAZOLE DR 100 MG TABLET	4	QL	PRAVASTATIN 10 MG TABLET	2	
POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	2		PRAVASTATIN 20 MG TABLET	2	
POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	2		PRAVASTATIN 40 MG TABLET	2	
POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	2		PRAVASTATIN 80 MG TABLET	2	
POTASSIUM CHLORIDE 20 MEQ PACKET	2		PRAZIQUANTEL 600 MG TABLET	4	
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	2		PRAZOSIN 1 MG CAPSULE	2	
POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	2		PRAZOSIN 2 MG CAPSULE	2	
			PRAZOSIN 5 MG CAPSULE	2	
			PREDNICARBATE 0.1% CREAM	2	



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
PREDNICARBATE 0.1% OINTMENT	2		PREMARIN 0.625 MG TABLET	4	
PREDNISOLONE 1% EYE DROPS	2		PREMARIN 0.9 MG TABLET	4	
PREDNISOLONE AC 1% EYE DROPS	2		PREMARIN 1.25 MG TABLET	4	
PREDNISOLONE ODT 10 MG TABLET	3		PRENAT TRUE COMBO PACK	1	
PREDNISOLONE ODT 15 MG TABLET	3		PRENAISSANCE CAPSULE	1	
PREDNISOLONE ODT 30 MG TABLET	3		PRENAISSANCE PLUS SOFTGEL	1	
PREDNISOLONE 5 MG/5 ML ORAL SOLUTION	2		PRENATAL 19 CHEWABLE TABLET	1	
PREDNISOLONE 15 MG/5 ML ORAL SOLUTION	2		PRENATAL 19 TABLET	1	
PREDNISOLONE 25 MG/5 ML ORAL SOLUTION	2		PRENATAL PLUS-DHA COMBO PACK	1	
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	3		PRENATAL PLUS IRON TABLET	1	
PREDNISONE 5 MG/5 ML ORAL SOLUTION	2		PRENATAL PLUS VITAMIN-MINERAL TABLET	1	
PREDNISONE 1 MG TABLET	2		PRENATAL VITAMIN PLUS LOW IRON TABLET	1	
PREDNISONE 2.5 MG TABLET	2		PRENATAL-U CAPSULE	1	
PREDNISONE 5 MG TABLET	2		PREPLUS CA-Fe 27 MG-FA 1 MG TABLET	1	
PREDNISONE 10 MG TABLET	2		PRETAB 29 MG-1 MG TABLET	1	
PREDNISONE 20 MG TABLET	2		PREVALITE PACKET	2	
PREDNISONE 50 MG TABLET	2		PREVALITE POWDER	2	
PREDNISONE 5 MG TABLET DOSE PACK	2		PREVENT PEN NEEDLE 31G 1/4"	3	
PREDNISONE 10 MG TABLET DOSE PACK	2		PREVENT PEN NEEDLE 31G 5/16"	3	
PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"	3		PREVIFEM TABLET	1	
PREF PLUS SYRINGE 0.5 ML 30G 5/16"	3		PREVNAR 20 SYRINGE	3	
PREF PLUS SYRINGE 1 ML 29G 1/2"	3		PREVMIS 240 MG TABLET	4	PA, QL
PREFERRED PLUS 0.3 ML 30G 5/16"	3		PREVMIS 480 MG TABLET	4	PA, QL
PREFERRED PLUS 0.5 ML 29G 1/2"	3		PREZCOBIX 800 MG-150 MG TABLET	3	
PREFERRED PLUS SYRINGE 0.5 ML	3		PREZISTA 100 MG/ML SUSPENSION	3	
PREFERRED PLUS SYRINGE 1 ML	3		PREZISTA 75 MG TABLET	3	
PREFEST TABLET	2		PREZISTA 150 MG TABLET	3	
PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"	3		PRIFTIN 150 MG TABLET	4	
PREGABALIN 25 MG CAPSULE	2	QL	PRIMAQUINE 26.3 MG TABLET	2	
PREGABALIN 50 MG CAPSULE	2	QL	PRIMEAIRE CHAMBER	3	QL
PREGABALIN 75 MG CAPSULE	2	QL	PRIMIDONE 50 MG TABLET	2	
PREGABALIN 100 MG CAPSULE	2	QL	PRIMIDONE 250 MG TABLET	2	
PREGABALIN 150 MG CAPSULE	2	QL	PRIMSOL 50 MG/5 ML ORAL SOLUTION	4	
PREGABALIN 200 MG CAPSULE	2	QL	PRIORIX VIAL	3	
PREGABALIN 225 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 30G 1/2"	3	
PREGABALIN 300 MG CAPSULE	2	QL	PRO COMFORT 0.5 ML 30G 5/16"	3	
PREGABALIN 20 MG/ML ORAL SOLUTION	2	QL	PRO COMFORT 0.5 ML 31G 5/16"	3	
PREHEVBRIO 10 MCG/ML VIAL	3		PRO COMFORT 1 ML 30G 1/2"	3	
PREMARIN 0.3 MG TABLET	4		PRO COMFORT 1 ML 30G 5/16"	3	
PREMARIN 0.45 MG TABLET	4		PRO COMFORT 1 ML 31G 5/16"	3	
			PRO COMFORT PEN NEEDLE 31G 5/16"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PRO COMFORT PEN NEEDLE 32G 1/4"	3		PROMETHAZINE-CODEINE ORAL SOLUTION	2	QL
PRO COMFORT PEN NEEDLE 4MM 32G	3		PROMETHAZINE-CODEINE SYRUP	2	QL
PRO COMFORT PEN NEEDLE 5MM 32G	3		PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	
PRO COMFORT SPACER-ADULT MASK	3	QL	PROMETHAZINE-PE-CODEINE SYRUP	2	QL
PRO COMFORT SPACER-CHILD MASK	3	QL	PROMETHAZINE-PHENYLEPHRINE SYRUP	2	
PRO COMFORT SPACER-INFANT MASK	3	QL	PROMETHEGAN 12.5 MG SUPPOSITORY	3	
PROBENECID 500 MG TABLET	2		PROMETHEGAN 25 MG SUPPOSITORY	3	
PROBENECID-COLCHICINE TABLET	2		PROMETHEGAN 50 MG SUPPOSITORY	3	
PROCARE SPACER WITH ADULT MASK	3	QL	PROPAFENONE 150 MG TABLET	2	
PROCARE SPACER WITH CHILD MASK	3	QL	PROPAFENONE 225 MG TABLET	2	
PROCENTRA 5 MG/5 ML ORAL SOLUTION	2	QL	PROPAFENONE 300 MG TABLET	2	
PROCHAMBER HOLDING CHAMBER	3	QL	PROPAFENONE ER 225 MG CAPSULE	2	
PROCHLORPERAZINE 25 MG SUPPOSITORY	2		PROPAFENONE ER 325 MG CAPSULE	2	
PROCHLORPERAZINE 5 MG TABLET	2		PROPAFENONE ER 425 MG CAPSULE	2	
PROCHLORPERAZINE 10 MG TABLET	2		PROPARACAIN 0.5% EYE DROPS	2	
PROCTO-MED HC 2.5% CREAM	2		PROPRANOLOL 20 MG/5 ML ORAL SOLUTION	2	
PROCTOSOL-HC 2.5% CREAM	2		PROPRANOLOL 40 MG/5 ML ORAL SOLUTION	2	
PROCTOZONE-HC 2.5% CREAM	2		PROPRANOLOL 10 MG TABLET	2	
PRODIGY CONTROL SOLUTION	3		PROPRANOLOL 20 MG TABLET	2	
PRODIGY CONTROL SOLUTION LOW	3		PROPRANOLOL 40 MG TABLET	2	
PRODIGY INSULIN SYRINGE 1ML 28G 1/2"	3		PROPRANOLOL 60 MG TABLET	2	
PRODIGY SYRINGE 0.3ML 31G 5/16"	3		PROPRANOLOL 80 MG TABLET	2	
PRODIGY SYRINGE 0.5 ML 31G 5/16"	3		PROPRANOLOL ER 60 MG CAPSULE	2	
PROGESTERONE 100 MG CAPSULE	2		PROPRANOLOL ER 80 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2		PROPRANOLOL ER 120 MG CAPSULE	2	
PROGRAF 0.2 MG GRANULE PACKET	4		PROPRANOLOL ER 160 MG CAPSULE	2	
PROGRAF 1 MG GRANULE PACKET	4		PROPRANOLOL-HCTZ 40-25 MG TABLET	2	
PROMACTA 12.5 MG SUSPENSION PACKET	5	PA, LDD, SRX	PROPRANOLOL-HCTZ 80-25 MG TABLET	2	
PROMACTA 25 MG SUSPENSION PACKET	5	PA, LDD, SRX	PROPYLTHIOURACIL 50 MG TABLET	2	
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX	PROQUAD VIAL	3	
PROMACTA 25 MG TABLET	5	PA, LDD, SRX	PROTRIPTYLINE 5 MG TABLET	2	
PROMACTA 50 MG TABLET	5	PA, LDD, SRX	PROTRIPTYLINE 10 MG TABLET	2	
PROMACTA 75 MG TABLET	5	PA, LDD, SRX	PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
PROMETHAZINE 12.5 MG SUPPOSITORY	3		PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
PROMETHAZINE 25 MG SUPPOSITORY	3		PUB INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
PROMETHAZINE 6.25 MG/5 ML SYRUP	2		PUB INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
PROMETHAZINE 12.5 MG TABLET	2		PUB INSULIN SYRINGE 1 ML 30G 1/2"	3	
PROMETHAZINE 25 MG TABLET	2		PUB INSULIN SYRINGE 1 ML 31G 5/16"	3	
PROMETHAZINE 50 MG TABLET	2		PUB PEN 8MM 31G NEEDLE	3	
PROMETHAZINE VC SYRUP	2		PUB PEN 12MM 29G NEEDLE	3	
PROMETHAZINE VC-CODEINE SYRUP	2	QL	PUB PEN NEEDLE 6MM 31G	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PUB UNIFINE PENTIP PLUS 31G 3/16	3		QUINAPRIL 20 MG TABLET	1	
PULMOSAL 7% VIAL	2		QUINAPRIL 40 MG TABLET	1	
PULMOZYME 1 MG/ML AMPULE	5	PA, SRX	QUINAPRIL-HCTZ 10-12.5 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 4MM	3		QUINAPRIL-HCTZ 20-12.5 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 5MM	3		QUINAPRIL-HCTZ 20-25 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 6MM	3		QUINIDINE GLUCONATE ER 324 MG TABLET	3	
PURE COMFORT PEN NEEDLE 32G 8MM	3		QUINIDINE SULFATE 200 MG TABLET	2	
PURE COMFORT SAFETY PEN NEEDLE 31G 5MM	3		QUINIDINE SULFATE 300 MG TABLET	2	
PURE COMFORT SAFETY PEN NEEDLE 31G 6MM	3		QUININE SULFATE 324 MG CAPSULE	2	
PURE COMFORT SAFETY PEN NEEDLE 32G 4MM	3		QUTENZA 8% KIT (1 PATCH)	4	
PURE COMFORT SPACER-ADULT MASK	3	QL	QUTENZA 8% KIT (2 PATCH)	4	
PURECOMFORT PEAK FLOW METER ADULT	3		QUTENZA 8% KIT (4 PATCH)	4	
PURECOMFORT PEAK FLOW METER CHILD	3		QVAR REDHALER 40 MCG	3	
PURIXAN 20 MG/ML ORAL SUSPENSION	5	PA, LDD, SRX	QVAR REDHALER 80 MCG	3	
PV UNIFINE PENTIP PLUS 31G 5MM	3		RA INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
PV UNIFINE PENTIP PLUS 31G 6MM	3		RA INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
PV UNIFINE PENTIP PLUS 31G 8MM	3		RA INSULIN SYRINGE 1 ML 29G 1/2"	3	
PV UNIFINE PENTIP PLUS 32G 4MM	3		RA INSULIN SYRINGE 1 ML 30G 5/16"	3	
PV UNIFINE PENTIP PLUS 33G 4MM	3		RA PEN NEEDLE 31G 3/16"	3	
PYRAZINAMIDE 500 MG TABLET	2		RA PEN NEEDLE 31G 5/16"	3	
PYRIDOSTIGMINE 60 MG/5 ML ORAL SOLUTION	5	PA, SRX	RABEPRAZOLE DR 20 MG TABLET	2	QL
PYRIDOSTIGMINE 60 MG TABLET	4		RALOXIFENE 60 MG TABLET	2	
PYRIDOSTIGMINE ER 180 MG TABLET	4		RAMELTEON 8 MG TABLET	3	QL
PRIMETHAMINE 25 MG TABLET	5	PA, LDD, SRX	RAMIPRIL 1.25 MG CAPSULE	2	
QC UNIFINE PENTIP 32G 5/32"	3		RAMIPRIL 2.5 MG CAPSULE	1	
QC UNIFINE PENTIP 4MM 32G	3		RAMIPRIL 5 MG CAPSULE	1	
QUADRACEL DTAP-IPV	3		RAMIPRIL 10 MG CAPSULE	1	
QUAZEPAM 15 MG TABLET	4	PA	RANOLAZINE ER 500 MG TABLET	4	QL
QUETIAPINE 25 MG TABLET	2		RANOLAZINE ER 1,000 MG TABLET	4	QL
QUETIAPINE 50 MG TABLET	2		RASAGILINE 0.5 MG TABLET	2	
QUETIAPINE 100 MG TABLET	2		RASAGILINE 1 MG TABLET	2	
QUETIAPINE 200 MG TABLET	2		RAYA SURE PEN NEEDLE 29G 12MM	3	
QUETIAPINE 300 MG TABLET	2		RAYA SURE PEN NEEDLE 31G 4MM	3	
QUETIAPINE 400 MG TABLET	2		RAYA SURE PEN NEEDLE 31G 5MM	3	
QUETIAPINE ER 50 MG TABLET	2		RAYA SURE PEN NEEDLE 31G 6MM	3	
QUETIAPINE ER 150 MG TABLET	2		RECLIPSEN 28 DAY TABLET	1	
QUETIAPINE ER 200 MG TABLET	2		RECOMBIVAX HB 5 MCG/0.5 ML SYRINGE	3	
QUETIAPINE ER 300 MG TABLET	2		RECOMBIVAX HB 10 MCG/ML SYRINGE	3	
QUETIAPINE ER 400 MG TABLET	2		RECOMBIVAX HB 5 MCG/0.5 ML VIAL	3	
QUINAPRIL 5 MG TABLET	1		RECOMBIVAX HB 10 MCG/ML VIAL	3	
QUINAPRIL 10 MG TABLET	1		RECOMBIVAX HB 40 MCG/ML VIAL	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
RECTIV 0.4% OINTMENT	4		REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX
REFUAH PLUS CONTROL SOLUTION	3		REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX
REGRANEX 0.01% GEL	4	PA, QL	REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX
RELENZA 5 MG DISKHALER	4	QL	REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX
RELI ON 31G 1/4" NEEDLE	3		REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 0.3 ML 29G 1/2"	3		REYATAZ 50 MG POWDER PACKET	3	
RELION INSULIN SYRINGE 0.3 ML 31G 6MM	3		REZDIFFRA 60 MG TABLET	5	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML	3		REZDIFFRA 80 MG TABLET	5	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	3		REZDIFFRA 100 MG TABLET	5	PA, QL, SRX
RELION INSULIN SYRINGE 0.5 ML 31G 6MM	3		RIBAVIRIN 200 MG CAPSULE	4	
RELION INSULIN SYRINGE 1 ML 29G 1/2"	3		RIBAVIRIN 200 MG TABLET	4	
RELION INSULIN SYRINGE 1 ML 31G 5/16"	3		RIFABUTIN 150 MG CAPSULE	3	
RELION INSULIN SYRINGE 1 ML 31G 15/64"	3		RIFAMPIN 150 MG CAPSULE	2	
RELION KETONE TEST STRIP	3		RIFAMPIN 300 MG CAPSULE	2	
RELION MINI PEN NEEDLE 31G 1/4"	3		RIGHTEST CONTROL SOLUTION HIGH	3	
RELION NOVOLOG U-100 FLEXPEN	4	QL, ST	RIGHTEST CONTROL SOLUTION NORMAL	3	
RELION NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST	RILUZOLE 50 MG TABLET	5	SRX
RELION NOVOLOG 100 UNIT/ML VIAL	4	QL, ST	RIMANTADINE 100 MG TABLET	2	
RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST	RINVOQ LQ 1 MG/ML SOLUTION	5	PA, QL, SRX
RELION PEN NEEDLE 29G	3		RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 29G 1/2"	3		RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G	3		RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 31G 6MM	3		RISEDRONATE 5 MG TABLET	3	
RELION PEN NEEDLE 31G 1/4"	3		RISEDRONATE 30 MG TABLET	3	
RELION PEN NEEDLE 31G 5/16"	3		RISEDRONATE 35 MG TABLET	3	
RELION PEN NEEDLE 32G 5/32"	3		RISEDRONATE 150 MG TABLET	3	
RELION SYRINGE 0.3 ML 31G 5/16"	3		RISEDRONATE DR 35 MG TABLET	3	
RELION SYRINGE 0.5 ML 31G 5/16"	3		RISPERIDONE 1 MG/ML ORAL SOLUTION	2	
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RISPERIDONE 0.25 MG ODT TABLET	2	
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA	RISPERIDONE 0.5 MG ODT TABLET	2	
RELISTOR 12 MG/0.6 ML VIAL	4	PA	RISPERIDONE 1 MG ODT TABLET	2	
RELISTOR 150 MG TABLET	4	PA	RISPERIDONE 2 MG ODT TABLET	2	
RENACIDIN IRRIGATION SOLUTION	4		RISPERIDONE 3 MG ODT TABLET	2	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 4 MG ODT TABLET	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 0.25 MG TABLET	1	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 0.5 MG TABLET	1	
REPATHA 140 MG/ML SURECLICK	5	PA, SRX	RISPERIDONE 1 MG TABLET	1	
REPATHA 140 MG/ML SYRINGE	5	PA, SRX	RISPERIDONE 2 MG TABLET	1	
REPATHA 420 MG/3.5 ML PUSHTRONEX	5	PA, SRX	RISPERIDONE 3 MG TABLET	1	
RESPA A.R. TABLET SA	4		RISPERIDONE 4 MG TABLET	1	
REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	RITEFLO SPACER	3	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
RITONAVIR 100 MG TABLET	2		RUFINAMIDE 200 MG TABLET	4	PA, QL
RIVASTIGMINE 1.5 MG CAPSULE	2		RUFINAMIDE 400 MG TABLET	4	PA, QL
RIVASTIGMINE 3 MG CAPSULE	2		RYBELSUS 3 MG TABLET	3	PA, QL
RIVASTIGMINE 4.5 MG CAPSULE	2		RYBELSUS 7 MG TABLET	3	PA, QL
RIVASTIGMINE 6 MG CAPSULE	2		RYBELSUS 14 MG TABLET	3	PA, QL
RIVASTIGMINE 4.6 MG/24HR PATCH	2		RYCLORA 2 MG/5 ML ORAL SOLUTION	4	
RIVASTIGMINE 9.5 MG/24HR PATCH	2		SAFESNAP INSULIN SYRINGE 0.3 ML	3	
RIVASTIGMINE 13.3 MG/24HR PATCH	2		SAFESNAP INSULIN SYRINGE 0.5 ML	3	
RIVELSA TABLET	1		SAFESNAP INSULIN SYRINGE 1 ML	3	
RIZATRIPTAN 5 MG ODT TABLET	2	QL	SAFETY PEN NEEDLE 31G 4MM	3	
RIZATRIPTAN 10 MG ODT TABLET	2	QL	SAFETY PEN NEEDLE 31G 5MM	3	
RIZATRIPTAN 5 MG TABLET	2	QL	SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX
RIZATRIPTAN 10 MG TABLET	2	QL	SALICYLIC ACID 27.5% LIQUID	2	
R-NATAL OB SOFTGEL	1		SALSALATE 500 MG TABLET	2	
ROFLUMILAST 250 MCG TABLET	4	QL	SALSALATE 750 MG TABLET	2	
ROFLUMILAST 500 MCG TABLET	4	QL	SANTYL OINTMENT	4	PA, QL
ROPINIROLE 0.25 MG TABLET	2		SAPROPTERIN 100 MG POWDER PACKET	5	PA, SRX
ROPINIROLE 0.5 MG TABLET	2		SAPROPTERIN 500 MG POWDER PACKET	5	PA, SRX
ROPINIROLE 1 MG TABLET	2		SAPROPTERIN 100 MG TABLET	5	PA, SRX
ROPINIROLE 2 MG TABLET	2		SAVAYSA 15 MG TABLET	4	PA, QL
ROPINIROLE 3 MG TABLET	2		SAVAYSA 30 MG TABLET	4	PA, QL
ROPINIROLE 4 MG TABLET	2		SAVAYSA 60 MG TABLET	4	PA, QL
ROPINIROLE 5 MG TABLET	2		SAVELLA 12.5 MG TABLET	4	
ROPINIROLE ER 2 MG TABLET	2		SAVELLA 25 MG TABLET	4	
ROPINIROLE ER 4 MG TABLET	2		SAVELLA 50 MG TABLET	4	
ROPINIROLE ER 6 MG TABLET	2		SAVELLA 100 MG TABLET	4	
ROPINIROLE ER 8 MG TABLET	2		SAVELLA TITRATION PACK	4	
ROPINIROLE ER 12 MG TABLET	2		SAXAGLIPTIN 2.5 MG TABLET	2	QL
ROSADAN 0.75% CREAM	2		SAXAGLIPTIN 5 MG TABLET	2	QL
ROSADAN 0.75% GEL	2		SAXAGLIPTIN-METFORMIN ER 2.5-1000 TABLET	2	QL
ROSUVASTATIN 5 MG TABLET	2		SAXAGLIPTIN-METFORMIN ER 5-500 TABLET	2	QL
ROSUVASTATIN 10 MG TABLET	2		SAXAGLIPTIN-METFORMIN ER 5-1000 TABLET	2	QL
ROSUVASTATIN 20 MG TABLET	2		SCOPOLAMINE 1 MG/3 DAY PATCH	2	
ROSUVASTATIN 40 MG TABLET	2		SECONAL 100 MG CAPSULE	4	
ROTARIX VACCINE ORAL SYRINGE	3		SECURESAFE PEN NEEDLE 30G 5/16"	3	
ROTARIX VACCINE SUSPENSION	3		SECURESAFE SYRINGE 0.5 ML 29G 1/2"	3	
ROTATEQ VACCINE	3		SECURESAFE SYRINGE 1 ML 29G 1/2"	3	
ROWEEPRA 500 MG TABLET	2		SELEGILINE 5 MG CAPSULE	2	
ROWEEPRA 750 MG TABLET	2		SELEGILINE 5 MG TABLET	2	
ROWEEPRA 1,000 MG TABLET	2		SELENIUM SULFIDE 2.25% SHAMPOO	2	
RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL	SELENIUM SULFIDE 2.5% LOTION	2	

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Medication Name	Tier	Notes
SE-NATAL 19 CHEWABLE TABLET	1	
SE-NATAL-19 TABLET	1	
SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
SERTRALINE 25 MG TABLET	1	QL
SERTRALINE 50 MG TABLET	1	QL
SERTRALINE 100 MG TABLET	1	QL
SEREVENT DISKUS 50 MCG	4	QL, ST
SETLAKIN 0.15 MG-0.03 MG TABLET	1	
SEVELAMER CARBONATE 800 MG TABLET	4	
SF 1.1% GEL	2	
SF 5000 PLUS TOOTHPASTE	2	
SHAROBEL 0.35 MG TABLET	1	
SHINGRIX VIAL KIT	3	QL
SHOPKO UNIFINE PENTIP 4MM 32G	3	
SHOPKO UNIFINE PENTIP 5MM 31G	3	
SHOPKO UNIFINE PENTIP 8MM 31G	3	
SHOPKO UNIFINE PENTIP 12MM 29G	3	
SIDESTREAM PEDIATRIC FACE MASK	3	QL
SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX
SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX
SIGNIFOR 0.9 MG/ML AMPULE	5	PA, LDD, SRX
SILDENAFIL 20 MG TABLET	5	PA, SRX
SILHOUETTE INFUSION SET 23"	3	
SILICONE MASK-INFANT	3	QL
SILICONE MASK-PEDIATRIC	3	QL
SILODOSIN 4 MG CAPSULE	2	QL
SILODOSIN 8 MG CAPSULE	2	QL
SIL-SERTER INFUSION SET	3	
SILVER NITRATE 0.5% TOPICAL SOLUTION	2	
SILVER NITRATE 10% TOPICAL SOLUTION	2	
SILVER NITRATE 25% TOPICAL SOLUTION	2	
SILVER NITRATE 50% TOPICAL SOLUTION	2	
SILVER SULFADIAZINE 1% CREAM	2	
SIMBRINZA 1%-0.2% EYE DROPS	3	
SIMLANDI(CF) AI 40 MG/0.4 ML AUTO-INJECTOR	5	PA, QL, SRX
SIMLIYA 28 DAY TABLET	1	
SIMPESSE 0.15-0.03-0.01 MG TABLET	1	
SIMVASTATIN 5 MG TABLET	1	
SIMVASTATIN 10 MG TABLET	1	
SIMVASTATIN 20 MG TABLET	1	
SIMVASTATIN 40 MG TABLET	1	

Medication Name	Tier	Notes
SIMVASTATIN 80 MG TABLET	1	QL
SIROLIMUS 1 MG/ML ORAL SOLUTION	5	SRX
SIROLIMUS 0.5 MG TABLET	2	
SIROLIMUS 1 MG TABLET	2	
SIROLIMUS 2 MG TABLET	2	
SIRTURO 20 MG TABLET	4	PA
SIRTURO 100 MG TABLET	4	PA
SIVEXTRO 200 MG TABLET	4	PA
SKY SAFETY PEN NEEDLE 30G 5MM	3	
SKY SAFETY PEN NEEDLE 30G 8MM	3	
SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX
SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX
SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX
SLYND 4 MG TABLET	4	
SM INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
SM INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
SM INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
SM INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
SM INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
SM INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
SM INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
SM INSULIN SYRINGE 1 ML 28G 1/2"	3	
SM INSULIN SYRINGE 1 ML 29G 1/2"	3	
SM INSULIN SYRINGE 1 ML 30G 5/16"	3	
SM INSULIN SYRINGE 1 ML 31G 5/16"	3	
SMARTEST CONTROL SOLUTION	3	
SODIUM CHLORIDE 0.9% INHALATION VIAL	2	
SODIUM CHLORIDE 0.9% IRRIGATION	2	
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2	
SODIUM CHLORIDE 3% VIAL	2	
SODIUM CHLORIDE 7% VIAL	2	
SODIUM CHLORIDE 10% VIAL	2	
SODIUM FLUORIDE 1.1% GEL	2	
SODIUM FLUORIDE 0.2% RINSE	2	
SODIUM FLUORIDE 1.1% TOOTHPASTE	2	
SODIUM FLUORIDE 5000 DRY MOUTH TOOTHPASTE	2	
SODIUM FLUORIDE 5000 PLUS TOOTHPASTE	2	
SODIUM FLUORIDE 5000 PPM TOOTHPASTE	2	
SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTH PASTE	2		SPIRONOLACTONE 100 MG TABLET	2	
SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	2		SPIRONOLACTONE-HCTZ 25-25 TABLET	2	
SODIUM PHENYLBUTYRATE POWDER	5	SRX	SPRINTEC 28 DAY TABLET	1	
SODIUM PHENYLBUTYRATE 500MG TABLET	5	SRX	SPRYCEL 20 MG TABLET	5	PA, QL, SRX
SODIUM POLYSTYRENE SULFATE POWDER	2		SPRYCEL 50 MG TABLET	5	PA, QL, SRX
SODIUM POLYSTYRENE SULFONATE 15 G/60 ML SUSPENSION	2		SPRYCEL 70 MG TABLET	5	PA, QL, SRX
SODIUM SULFACETAMIDE 10% LOTION	2		SPRYCEL 80 MG TABLET	5	PA, QL, SRX
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION	4		SPRYCEL 100 MG TABLET	5	PA, QL, SRX
SOFOBUVIR-VELPATASVIR 400-100 TABLET	5	PA, QL, SRX	SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	3	QL	SPS 15 GM/60 ML SUSPENSION	2	
SOLIFENACIN 10 MG TABLET	3	QL	SPS 30 GM/120 ML ENEMA SUSPENSION	2	
SOLIQUA 100 UNIT-33 MCG/ML PEN	4		SRONYX 0.10-0.02 MG TABLET	1	
SOLUTIONUS V2 CONTROL SOLUTION HIGH	3		SSKI 1 GM/ML ORAL SOLUTION	4	
SOLUTIONUS V2 CONTROL SOLUTION LOW	3		STAVUDINE 40 MG CAPSULE	2	
SOMAVERT 10 MG VIAL	5	PA, LDD, SRX	STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
SOMAVERT 15 MG VIAL	5	PA, LDD, SRX	STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
SOMAVERT 20 MG VIAL	5	PA, LDD, SRX	STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
SOMAVERT 25 MG VIAL	5	PA, LDD, SRX	STERILE WATER FOR IRRIGATION	2	
SOMAVERT 30 MG VIAL	5	PA, LDD, SRX	STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
SORAFENIB 200 MG TABLET	5	PA, QL, SRX	STRIBILD TABLET	4	QL
SOTALOL 80 MG TABLET	2		STRIVE PEAK FLOW METER	3	
SOTALOL 120 MG TABLET	2		STRIVERDI RESPIMAT INHALATION SPRAY	3	QL
SOTALOL 160 MG TABLET	2		SUBVENITE 25 MG TABLET	2	
SOTALOL 240 MG TABLET	2		SUBVENITE 100 MG TABLET	2	
SOTALOL AF 80 MG TABLET	2		SUBVENITE 150 MG TABLET	2	
SOTALOL AF 120 MG TABLET	2		SUBVENITE 200 MG TABLET	2	
SOTALOL AF 160 MG TABLET	2		SUBVENITE TABLET STARTER KIT (BLUE)	2	
SOTYKTU 6 MG TABLET	5	PA, QL, SRX	SUBVENITE TABLET STARTER KIT (GREEN)	2	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA	SUBVENITE TABLET STARTER KIT (ORANGE)	2	
SOVALDI 150 MG PELLET PACKET	4	PA, QL	SUCRAID 8,500 UNIT/ML ORAL SOLUTION	5	LDD, SRX
SOVALDI 200 MG PELLET PACKET	4	PA, QL	SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	5	LDD, SRX
SOVALDI 200 MG TABLET	4	PA, QL	SUCRALFATE 1 GM TABLET	2	
SOVALDI 400 MG TABLET	4	PA, QL	SULCONAZOLE NITRATE 1% CREAM	4	PA
SPIKEVAX (12Y UP) SYRINGE	3		SULCONAZOLE NITRATE 1% TOPICAL SOLUTION	4	PA
SPIKEVAX (12Y UP) VIAL	3		SULFACETAMIDE 10% EYE DROPS	2	
SPIKEVAX COVID (18Y UP) VACCINE	3		SULFACETAMIDE 10% EYE OINTMENT	2	
SPINOSAD 0.9% TOPICAL SUSPENSION	3		SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	2	
SPIRONOLACTONE 25 MG TABLET	2		SULFADIAZINE 500 MG TABLET	4	
SPIRONOLACTONE 50 MG TABLET	2		SULFAMETHOXAZOLE-TMP SUSPENSION	2	
			SULFAMETHOXAZOLE-TMP DS TABLET	1	
			SULFAMETHOXAZOLE-TMP SS TABLET	1	



## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SULFAMYLON 8.5% CREAM	4		SURE-JECT INSULIN SYRINGE 1 ML	3	
SULFASALAZINE 500 MG TABLET	2		SURE-JECT INSULIN SYRINGE U100 0.3 ML	3	
SULFASALAZINE DR 500 MG TABLET	2		SURE-JECT INSULIN SYRINGE U100 0.5 ML	3	
SULF-PRED 10-0.23% EYE DROPS	2		SURE-JECT INSULIN SYRINGE U100 1 ML	3	
SULINDAC 150 MG TABLET	2		SURE-TEST EASYPLUS MINI SOLUTION	3	
SULINDAC 200 MG TABLET	2		SYEDA 28 TABLET	1	
SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	2	QL	SYMAX FASTABS 0.125 MG TABLET	2	
SUMATRIPTAN 4 MG/0.5 ML CARTRIDGE	2	QL	SYMAX-SL 0.125 MG SUBLINGUAL TABLET	2	
SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	2	QL	SYMAX-SR 0.375 MG TABLET	2	
SUMATRIPTAN 4 MG/0.5 ML INJECTOR	2	QL	SYMLINPEN 60 PEN INJECTOR	4	QL
SUMATRIPTAN 5 MG NASAL SPRAY	3	QL	SYMLINPEN 120 PEN INJECTOR	4	QL
SUMATRIPTAN 20 MG NASAL SPRAY	3	QL	SYMTOZA 800-150-200-10 MG TABLET	4	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL	SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX
SUMATRIPTAN SUCCINATE 25 MG TABLET	2	QL	SYNERA PATCH	4	
SUMATRIPTAN SUCCINATE 50 MG TABLET	2	QL	SYNJARDY 5-500 MG TABLET	3	QL
SUMATRIPTAN SUCCINATE 100 MG TABLET	2	QL	SYNJARDY 5-1,000 MG TABLET	3	QL
SUMATRIPTAN-NAPROXEN 85-500 MG TABLET	4	QL	SYNJARDY 12.5-500 MG TABLET	3	QL
SUNITINIB 12.5 MG CAPSULE	5	PA, QL, SRX	SYNJARDY 12.5-1,000 MG TABLET	3	QL
SUNITINIB 25 MG CAPSULE	5	PA, QL, SRX	SYNJARDY XR 5-1,000 MG TABLET	3	QL
SUNITINIB 37.5 MG CAPSULE	5	PA, QL, SRX	SYNJARDY XR 10-1,000 MG TABLET	3	QL
SUNITINIB 50 MG CAPSULE	5	PA, QL, SRX	SYNJARDY XR 12.5-1,000 MG TABLET	3	QL
SURE COMFORT 0.3 ML SYRINGE	3		SYNJARDY XR 25-1,000 MG TABLET	3	QL
SURE COMFORT 0.5 ML SYRINGE	3		SYNTHROID 25 MCG TABLET	4	
SURE COMFORT 1 ML SYRINGE	3		SYNTHROID 50 MCG TABLET	4	
SURE COMFORT 3/10 ML SYRINGE	3		SYNTHROID 75 MCG TABLET	4	
SURE COMFORT 30G PEN NEEDLE	3		SYNTHROID 88 MCG TABLET	4	
SURE COMFORT INSULIN 0.3ML 31G 1/4"	3		SYNTHROID 100 MCG TABLET	4	
SURE COMFORT INSULIN 0.5ML 31G 1/4"	3		SYNTHROID 112 MCG TABLET	4	
SURE COMFORT INSULIN 1 ML 31G 1/4"	3		SYNTHROID 125 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 29G 1/2"	3		SYNTHROID 137 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 31G 5MM	3		SYNTHROID 150 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 31G 8MM	3		SYNTHROID 175 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 32G 4MM	3		SYNTHROID 200 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 32G 6MM	3		SYNTHROID 300 MCG TABLET	4	
SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	3		T:30 INFUSION SET 23" 13MM	3	
SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	3		T:30 INFUSION SET 43" 13MM	3	
SURE-FINE PEN NEEDLE 5MM	3		T:90 INFUSION SET 23" 6MM	3	
SURE-FINE PEN NEEDLE 8MM	3		T:90 INFUSION SET 23" 9MM	3	
SURE-FINE PEN NEEDLE 12.7MM	3		T:90 INFUSION SET 43" 9MM	3	
SURE-JECT INSULIN 0.3 ML 31G 5/16"	3		T:FLEX 4.8 ML CARTRIDGE	3	
SURE-JECT INSULIN 0.5 ML 31G 5/16"	3		T:SLIM 3 ML CARTRIDGE	3	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
T:SLIM G4 3 ML CARTRIDGE	3	
T:SLIM X2 3 ML CARTRIDGE	3	
TABLOID 40 MG TABLET	4	PA
TAMSULOSIN 0.4 MG CAPSULE	2	
TACROLIMUS 0.5 MG CAPSULE (IR)	2	
TACROLIMUS 1 MG CAPSULE (IR)	2	
TACROLIMUS 5 MG CAPSULE (IR)	2	
TACROLIMUS 0.1% OINTMENT	2	
TACROLIMUS 0.03% OINTMENT	2	
TADALAFIL 2.5 MG TABLET	2	PA, QL
TADALAFIL 5 MG TABLET	2	PA, QL
TADALAFIL 20 MG TABLET	5	PA, SRX
TAFINLAR 10 MG TABLET FOR SUSPENSION	5	PA, QL, SRX
TAFINLAR 50 MG CAPSULE	5	PA, QL, SRX
TAFINLAR 75 MG CAPSULE	5	PA, QL, SRX
TAFLUPROST 0.0015% EYE DROPS	4	QL
TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX
TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX
TAKE ACTION 1.5 MG TABLET	1	
TAMOXIFEN 10 MG TABLET	2	
TAMOXIFEN 20 MG TABLET	2	
TARINA 24 FE 1 MG-20 MCG TABLET	1	
TARINA FE 1-20 TABLET	1	
TARINA FE 1-20 EQ TABLET	1	
TARON-C DHA CAPSULE	1	
TARON-PREX PRENATAL DHA CAPSULE	1	
TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
TASIGNA 150 MG CAPSULE	5	PA, QL, SRX
TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
TASIMELTEON 20 MG CAPSULE	5	PA, QL, SRX
TAYSOFY 1 MG-20 MCG CAPSULE	1	
TAZAROTENE 0.1% CREAM	3	
TAZAROTENE 0.05% GEL	4	
TAZAROTENE 0.1% GEL	4	
TAZORAC 0.05% CREAM	4	
TAZTIA XT 120 MG CAPSULE	2	
TAZTIA XT 180 MG CAPSULE	2	
TAZTIA XT 240 MG CAPSULE	2	
TAZTIA XT 300 MG CAPSULE	2	
TAZTIA XT 360 MG CAPSULE	2	
TDVAX VIAL	3	

Medication Name	Tier	Notes
TECHLITE 0.3 ML 29G 12MM (1/2)	3	
TECHLITE 0.3 ML 30G 8MM (1/2)	3	
TECHLITE 0.3 ML 30G 12MM (1/2)	3	
TECHLITE 0.3 ML 31G 6MM (1/2)	3	
TECHLITE 0.3 ML 31G 8MM (1/2)	3	
TECHLITE 0.5 ML 29G 12MM (1/2)	3	
TECHLITE 0.5 ML 30G 8MM (1/2)	3	
TECHLITE 0.5 ML 30G 12MM (1/2)	3	
TECHLITE 0.5 ML 31G 6MM (1/2)	3	
TECHLITE 0.5 ML 31G 8MM (1/2)	3	
TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	3	
TECHLITE INSULIN SYRINGE 1 ML 30G 8MM	3	
TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	3	
TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	3	
TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	3	
TECHLITE PEN NEEDLE 29G 1/2"	3	
TECHLITE PEN NEEDLE 29G 3/8"	3	
TECHLITE PEN NEEDLE 31G 1/4"	3	
TECHLITE PEN NEEDLE 31G 3/16"	3	
TECHLITE PEN NEEDLE 31G 5/16"	3	
TECHLITE PEN NEEDLE 32G 1/4"	3	
TECHLITE PEN NEEDLE 32G 5/16"	3	
TECHLITE PEN NEEDLE 32G 5/32"	3	
TELCARE CONTROL SOLUTION	3	
TELMISARTAN 20 MG TABLET	2	
TELMISARTAN 40 MG TABLET	2	
TELMISARTAN 80 MG TABLET	2	
TELMISARTAN-AMLODIPINE 40-5 MG TABLET	2	
TELMISARTAN-AMLODIPINE 40-10 MG TABLET	2	
TELMISARTAN-AMLODIPINE 80-5 MG TABLET	2	
TELMISARTAN-AMLODIPINE 80-10 MG TABLET	2	
TELMISARTAN-HCTZ 40-12.5 MG TABLET	2	
TELMISARTAN-HCTZ 80-12.5 MG TABLET	2	
TELMISARTAN-HCTZ 80-25 MG TABLET	2	
TEMAZEPAM 7.5 MG CAPSULE	2	
TEMAZEPAM 15 MG CAPSULE	2	
TEMAZEPAM 22.5 MG CAPSULE	2	
TEMAZEPAM 30 MG CAPSULE	2	
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX	TERUMO SYRINGE 3 ML	3	
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX	TESTOSTERONE 50 MG/5 GRAM GEL	3	QL
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1.62% GEL PUMP	3	QL
TENCON 50-325 MG TABLET	2		TESTOSTERONE 10 MG GEL PUMP	3	QL
TENIVAC SYRINGE	3		TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	3	QL
TENIVAC VIAL	3		TESTOSTERONE 1% (25 MG/2.5 G) PACKET	3	QL
TENOFOVIR 300 MG TABLET	2		TESTOSTERONE 1% (50 MG/5 G) PACKET	3	QL
TERAZOSIN 1 MG CAPSULE	1		TESTOSTERONE 1.62% (2.5 G) PACKET	3	QL
TERAZOSIN 2 MG CAPSULE	1		TESTOSTERONE 1.62%(1.25 G) PACKET	3	QL
TERAZOSIN 5 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM PACKET	3	QL
TERAZOSIN 10 MG CAPSULE	1		TESTOSTERONE CYPIONATE 200 MG/ML VIAL	2	
TERBINAFINE 250 MG TABLET	1		TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	2	
TERBUTALINE 2.5 MG TABLET	2		TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	2	
TERBUTALINE 5 MG TABLET	2		TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	2	
TERCONAZOLE 0.4% CREAM	2		TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	2	
TERCONAZOLE 0.8% CREAM	2		TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	2	
TERCONAZOLE 80 MG SUPPOSITORY	2		TESTOSTERONE ENANTHATE 200 MG/ML VIAL	2	
TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX	TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	2	
TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX	TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	3		TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX
TERUMO INSULIN SYRINGE U100-1/3 ML	3		TETRACAIN 0.5% EYE DROPS	2	
TERUMO INSULIN SYRINGE U100-1/2 ML	3		TETRACAIN 0.5% STERI-UNIT EYE SOLUTION	2	
TERUMO INSULIN SYRINGE U100-1 ML	3		TETRACYCLINE 250 MG CAPSULE	3	
TERUMO SURGUARD2 NEEDLE 18G 1"	3		TETRACYCLINE 500 MG CAPSULE	3	
TERUMO SURGUARD2 NEEDLE 18 1.5"	3		TEXACORT 2.5% TOPICAL SOLUTION	4	
TERUMO SURGUARD2 NEEDLE 19G 1"	3		THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX
TERUMO SURGUARD2 NEEDLE 19 1.5"	3		THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX
TERUMO SURGUARD2 NEEDLE 20G 1"	3		THALOMID 150 MG CAPSULE	5	PA, QL, SRX
TERUMO SURGUARD2 NEEDLE 20 1.5"	3		THALOMID 200 MG CAPSULE	5	PA, QL, SRX
TERUMO SURGUARD2 NEEDLE 21G 1"	3		THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION	2	
TERUMO SURGUARD2 NEEDLE 21G 1-1.5"	3		THEOPHYLLINE ER 100 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 22G 1"	3		THEOPHYLLINE ER 200 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 22 1-1/2"	3		THEOPHYLLINE ER 300 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 23G 1"	3		THEOPHYLLINE ER 400 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 23 1-1/2"	3		THEOPHYLLINE ER 450 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 25G 1"	3		THEOPHYLLINE ER 600 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 25 1.5"	3		THINPRO INSULIN SYRINGE U100-0.3 ML	3	
TERUMO SURGUARD2 NEEDLE 25 5/8"	3		THINPRO INSULIN SYRINGE U100-0.5 ML	3	
TERUMO SURGUARD2 NEEDLE 26 1/2"	3		THINPRO INSULIN SYRINGE U100-1 ML	3	
TERUMO SURGUARD2 NEEDLE 27 1/2"	3		THIORIDAZINE 10 MG TABLET	2	
TERUMO SURGUARD2 NEEDLE 30 1/2"	3		THIORIDAZINE 25 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
THIORIDAZINE 50 MG TABLET	2		TOBRAMYCIN 0.3% EYE DROPS	2	
THIORIDAZINE 100 MG TABLET	2		TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX
THIOTHIXENE 1 MG CAPSULE	2		TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
THIOTHIXENE 2 MG CAPSULE	2		TOBRAMYCIN-DEXAMETHASONE EYE DROPS	2	
THIOTHIXENE 5 MG CAPSULE	2		TODAY'S HEALTH PEN NEEDLE 6MM 31G	3	
THIOTHIXENE 10 MG CAPSULE	2		TOLCAPONE 100 MG TABLET	5	SRX
THRIVITE 19 TABLET	1		TOLMETIN 400 MG CAPSULE	2	
THYROID 15 MG TABLET	2		TOLMETIN 200 MG TABLET	2	
THYROID 30 MG TABLET	2		TOLMETIN 600 MG TABLET	2	
THYROID 60 MG TABLET	2		TOLTERODINE 1 MG TABLET	2	
THYROID 90 MG TABLET	2		TOLTERODINE 2 MG TABLET	2	
THYROID 120 MG TABLET	2		TOLTERODINE ER 2 MG CAPSULE	2	
TIADYL ER 120 MG CAPSULE	2		TOLTERODINE ER 4 MG CAPSULE	2	
TIADYL ER 180 MG CAPSULE	2		TOLVAPTAN 15 MG TABLET	5	PA, SRX
TIADYL ER 240 MG CAPSULE	2		TOLVAPTAN 30 MG TABLET	5	PA, SRX
TIADYL ER 300 MG CAPSULE	2		TOPCARE CLICKFINE 31G 1/4"	3	
TIADYL ER 360 MG CAPSULE	2		TOPCARE CLICKFINE 31G 5/16"	3	
TIADYL ER 420 MG CAPSULE	2		TOPCARE ULTRA COMFORT SYRINGE	3	
TIAGABINE 2 MG TABLET	2		TOPIRAMATE 15 MG SPRINKLE CAPSULE	2	
TIAGABINE 4 MG TABLET	2		TOPIRAMATE 25 MG SPRINKLE CAPSULE	2	
TIAGABINE 12 MG TABLET	2		TOPIRAMATE 25 MG TABLET	2	
TIAGABINE 16 MG TABLET	2		TOPIRAMATE 50 MG TABLET	2	
TILIA FE 28 TABLET	1		TOPIRAMATE 100 MG TABLET	2	
TIMOLOL 0.25% EYE DROPS	2		TOPIRAMATE 200 MG TABLET	2	
TIMOLOL 0.5% EYE DROPS	2		TOPIRAMATE ER 25 MG CAPSULE	3	
TIMOLOL 0.25% GEL-SOLUTION	2		TOPIRAMATE ER 50 MG CAPSULE	3	
TIMOLOL 0.5% GEL-SOLUTION	2		TOPIRAMATE ER 100 MG CAPSULE	3	
TIMOLOL 0.5% GFS GEL-SOLUTION	2		TOPIRAMATE ER 150 MG CAPSULE	3	
TIMOLOL 5 MG TABLET	2		TOPIRAMATE ER 200 MG CAPSULE	3	
TIMOLOL 10 MG TABLET	2		TOREMIFENE 60 MG TABLET	4	QL
TIMOLOL 20 MG TABLET	2		TORPENZ 2.5 MG TABLET	5	PA, QL, SRX
TINIDAZOLE 250 MG TABLET	2		TORPENZ 5 MG TABLET	5	PA, QL, SRX
TINIDAZOLE 500 MG TABLET	2		TORPENZ 7.5 MG TABLET	5	PA, QL, SRX
TIOPRONIN 100 MG TABLET	5	LDD, SRX	TORPENZ 10 MG TABLET	5	PA, QL, SRX
TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION	4		TORSEMIDE 5 MG TABLET	2	
TIVICAY 10 MG TABLET	3		TORSEMIDE 10 MG TABLET	2	
TIVICAY 25 MG TABLET	3		TORSEMIDE 20 MG TABLET	2	
TIVICAY 50 MG TABLET	3		TORSEMIDE 100 MG TABLET	2	
TIVICAY PD 5 MG TABLET FOR SUSPENSION	3		TOVET EMOLLIENT 0.05% FOAM	3	
TIZANIDINE 2 MG TABLET	2		TRADJENTA 5 MG TABLET	3	QL
TIZANIDINE 4 MG TABLET	2		TRAMADOL 50 MG TABLET	2	QL

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRAMADOL ER 100 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.025% CREAM	2	
TRAMADOL ER 200 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.1% CREAM	2	
TRAMADOL ER 300 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.5% CREAM	2	
TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET	2	QL	TRIAMCINOLONE 0.1% DENTAL PASTE	2	
TRANDOLAPRIL 1 MG TABLET	1		TRIAMCINOLONE 0.025% LOTION	2	
TRANDOLAPRIL 2 MG TABLET	1		TRIAMCINOLONE 0.1% LOTION	2	
TRANDOLAPRIL 4 MG TABLET	1		TRIAMCINOLONE 0.025% OINTMENT	2	
TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET	2		TRIAMCINOLONE 0.1% OINTMENT	2	
TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET	2		TRIAMCINOLONE 0.5% OINTMENT	2	
TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET	2		TRIAMTERENE 50 MG CAPSULE	4	
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG	2		TRIAMTERENE 100 MG CAPSULE	4	
TRANEXAMIC ACID 650 MG TABLET	2		TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	2	
TRANLYCYPROMINE 10 MG TABLET	3		TRIAMTERENE-HCTZ 37.5-25 MG TABLET	1	
TRAVOPROST 0.004% EYE DROPS	2		TRIAMTERENE-HCTZ 75-50 MG TABLET	1	
TRAZODONE 50 MG TABLET	1		TRIAZOLAM 0.125 MG TABLET	2	
TRAZODONE 100 MG TABLET	1		TRIAZOLAM 0.25 MG TABLET	2	
TRAZODONE 150 MG TABLET	1		TRIDACAIN 5% PATCH	2	
TRAZODONE 300 MG TABLET	2		TRIDACAIN 5% PATCH	2	
TRECTOR 250 MG TABLET	4		TRIDERM 0.1% CREAM	2	
TRELEGY ELLIPTA 100-62.5-25	3	QL	TRIDERM 0.5% CREAM	2	
TRELEGY ELLIPTA 200-62.5-25	3	QL	TRI-ESTARYLLA TABLET	1	
TREMFYA 100 MG/ML AUTO-INJECTOR	5	PA, QL, SRX	TRIFLUOPERAZINE 1 MG TABLET	2	
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX	TRIFLUOPERAZINE 2 MG TABLET	2	
TRESIBA 100 UNIT/ML VIAL	3	QL	TRIFLUOPERAZINE 5 MG TABLET	2	
TRESIBA FLEXTOUCH 100 UNIT/ML	3	QL	TRIFLUOPERAZINE 10 MG TABLET	2	
TRESIBA FLEXTOUCH 200 UNIT/ML	3	QL	TRIFLURIDINE 1% EYE DROPS	2	
TRETINOIN 0.025% CREAM	2	PA, AGE	TRIHENYPHENIDYL 2 MG/5 ML ORAL SOLUTION	2	
TRETINOIN 0.05% CREAM	2	PA, AGE	TRIHENYPHENIDYL 2 MG TABLET	1	
TRETINOIN 0.1% CREAM	2	PA, AGE	TRIHENYPHENIDYL 5 MG TABLET	2	
TRETINOIN 0.01% GEL	2	PA, AGE	TRIKAFTA 50-25-37.5 MG/75 MG TABLET	5	PA, QL, LDD, SRX
TRETINOIN 0.025% GEL	2	PA, AGE	TRIKAFTA 80-40-60 MG/59.5 MG PACKET	5	PA, QL, LDD, SRX
TRETINOIN 0.05% GEL	2	PA, AGE	TRIKAFTA 100-50-75 MG/75 MG PACKET	5	PA, QL, LDD, SRX
TRETINOIN 10 MG CAPSULE	4	PA	TRIKAFTA 100-50-75 MG/150 MG TABLET	5	PA, QL, LDD, SRX
TRETINOIN GEL MICRO 0.04% PUMP	2	PA, AGE	TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN GEL MICRO 0.1% PUMP	2	PA, AGE	TRI-LINYAH TABLET	1	
TRETINOIN GEL MICRO 0.04% TUBE	2	PA, AGE	TRI-LO-ESTARYLLA TABLET	1	
TRETINOIN GEL MICRO 0.1% TUBE	2	PA, AGE	TRI-LO-MARZIA TABLET	1	
TRETIN-X 0.075% CREAM	4	PA, AGE	TRI-LO-MILI TABLET	1	
TRETIN-X 0.025% CREAM COMBO PACK	4	PA, AGE	TRI-LO-SPRINTEC TABLET	1	
TRETIN-X 0.05% COMBO PACK	4	PA, AGE	TRIMETHOBENZAMIDE 300 MG CAPSULE	2	
TRETIN-X 0.1% COMBO PACK	4	PA, AGE	TRIMETHOPRIM 100 MG TABLET	2	
TRI FEMYNOR 28 TABLET	1		TRI-MILI 28 TABLET	1	

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRIMIPRAMINE 25 MG CAPSULE	2		TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM	3	
TRIMIPRAMINE 50 MG CAPSULE	2		TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM	3	
TRIMIPRAMINE 100 MG CAPSULE	2		TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM	3	
TRINATAL RX 1 TABLET	1		TRUE METRIX LEVEL 1 CONTROL SOLUTION	3	
TRINTELLIX 5 MG TABLET	4	QL, ST	TRUE METRIX LEVEL 2 CONTROL SOLUTION	3	
TRINTELLIX 10 MG TABLET	4	QL, ST	TRUE METRIX LEVEL 3 CONTROL SOLUTION	3	
TRINTELLIX 20 MG TABLET	4	QL, ST	TRUECONTROL GLUCOSE SOLUTION	3	
TRI-NYMYO 28 TABLET	1		TRUEPLUS KETONE TEST STRIP	3	
TRI-PREVIEW TABLET	1		TRUEPLUS PEN NEEDLE 29G 12MM	3	
TRI-SPRINTEC TABLET	1		TRUEPLUS PEN NEEDLE 29G 1/2"	3	
TRIUMEQ 600-50-300 MG TABLET	4	QL	TRUEPLUS PEN NEEDLE 31G 5MM	3	
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	4	QL	TRUEPLUS PEN NEEDLE 31G 8MM	3	
TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 1/4"	3	
TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 3/16"	3	
TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 5/16"	3	
TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 32G 5/32"	3	
TRIVORA-28 TABLET	1		TRUEPLUS SYRINGE 0.3ML 29G 1/2"	3	
TRI-VYLIBRA 28 TABLET	1		TRUEPLUS SYRINGE 0.3ML 30G 5/16"	3	
TRI-VYLIBRA LO TABLET	1		TRUEPLUS SYRINGE 0.3ML 31G 5/16"	3	
TROPICAMIDE 0.5% EYE DROPS	2		TRUEPLUS SYRINGE 0.5ML 28G 1/2"	3	
TROPICAMIDE 1% EYE DROPS	2		TRUEPLUS SYRINGE 0.5ML 29G 1/2"	3	
TROSPIMUM 20 MG TABLET	2		TRUEPLUS SYRINGE 0.5ML 30G 5/16"	3	
TROSPIMUM ER 60 MG CAPSULE	2		TRUEPLUS SYRINGE 0.5ML 31G 5/16"	3	
TRUE COMFORT 0.5 ML 31G 5/16"	3		TRUEPLUS SYRINGE 1ML 28G 1/2"	3	
TRUE COMFORT 1 ML 31G 5/16"	3		TRUEPLUS SYRINGE 1ML 29G 1/2"	3	
TRUE COMFORT PEN NEEDLE 31G 5MM	3		TRUEPLUS SYRINGE 1ML 30G 5/16"	3	
TRUE COMFORT PEN NEEDLE 31G 6MM	3		TRUEPLUS SYRINGE 1ML 31G 5/16"	3	
TRUE COMFORT PEN NEEDLE 31G 8MM	3		TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 32G 4MM	3		TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 32G 5MM	3		TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 32G 6MM	3		TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 33G 4MM	3		TRUMENBA 120 MCG/0.5 ML VACCINE	3	
TRUE COMFORT PEN NEEDLE 33G 5MM	3		TRUSTEEL INFUSION SET 23" 6MM	3	
TRUE COMFORT PEN NEEDLE 33G 6MM	3		TRUSTEEL INFUSION SET 23" 8MM	3	
TRUE COMFORT PRO 0.5ML 30G 1/2"	3		TRUSTEEL INFUSION SET 32" 6MM	3	
TRUE COMFORT PRO 0.5ML 30G 5/16"	3		TRUSTEEL INFUSION SET 32" 8MM	3	
TRUE COMFORT PRO 0.5ML 31G 5/16"	3		TRUZONE PEAK FLOW METER	3	
TRUE COMFORT PRO 0.5ML 32G 5/16"	3		TUDORZA PRESSAIR 400 MCG INHALER	4	QL, ST
TRUE COMFORT PRO 1 ML 30G 1/2"	3		TULANA 0.35 MG TABLET	1	
TRUE COMFORT PRO 1ML 30G 5/16"	3		TURQOZ-28 TABLET	1	
TRUE COMFORT PRO 1ML 31G 5/16"	3		TWINRIX VACCINE SYRINGE	3	
TRUE COMFORT PRO 1ML 32G 5/16"	3		TYBOST 150 MG TABLET	3	

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
TYDEMY 3-0.03-0.451 MG TABLET	1	
TYMLOS 80 MCG DOSE PEN INJECTOR	5	PA, QL, SRX
TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	5	PA, LDD, SRX
TYVASO INHALATION REFILL KIT	5	PA, LDD, SRX
TYVASO INHALATION STARTER KIT	5	PA, LDD, SRX
TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX
UDENYCA 6 MG/0.6 ML AUTO-INJECTOR	5	PA, SRX
UDENYCA 6 MG/0.6 ML ON-BODY	5	PA, SRX
UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
ULESFIA 5% LOTION	4	
ULTICARE INSULIN 0.3 ML 30G 1/2"	3	
ULTICARE INSULIN 0.3 ML 31G 1/4"	3	
ULTICARE INSULIN 0.5 ML 30G 1/2"	3	
ULTICARE INSULIN 0.5 ML 31G 1/4"	3	
ULTICARE INSULIN 1 ML 31G 1/4"	3	
ULTICARE INSULIN SAFETY 1ML 29G 1/2"	3	
ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	3	
ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	3	
ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	3	
ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	3	
ULTICARE LDS SYRINGE 3 ML 22G 1.5"	3	
ULTICARE PEN NEEDLE 4MM 32G	3	
ULTICARE PEN NEEDLE 6MM 31G	3	
ULTICARE PEN NEEDLE 6MM 32G	3	
ULTICARE PEN NEEDLE 8MM 31G	3	
ULTICARE PEN NEEDLE 12MM 29G	3	
ULTICARE PEN NEEDLE 12.7 MM 29G	3	
ULTICARE PEN NEEDLE 31G 3/16"	3	
ULTICARE SAFETY 0.5 ML 29G 1/2"	3	
ULTICARE SAFETY PEN NEEDLE 30G 8MM	3	
ULTICARE SAFETY PEN NEEDLE 5MM 30G	3	
ULTICARE SYRINGE 0.3 ML 29G 1/2"	3	
ULTICARE SYRINGE 0.3 ML 30G 1/2"	3	
ULTICARE SYRINGE 0.3 ML 30G 5/16"	3	
ULTICARE SYRINGE 0.3 ML 31G 5/16"	3	
ULTICARE SYRINGE 0.5 ML 28G 1/2"	3	
ULTICARE SYRINGE 0.5 ML 29G 1/2"	3	
ULTICARE SYRINGE 0.5 ML 30G 1/2"	3	
ULTICARE SYRINGE 0.5 ML 30G 5/16"	3	
ULTICARE SYRINGE 0.5 ML 31G 5/16"	3	
ULTICARE SYRINGE 1 ML 30G 1/2"	3	
ULTICARE SYRINGE 1 ML 30G 5/16"	3	

Medication Name	Tier	Notes
ULTICARE SYRINGE 1 ML 31G 5/16"	3	
ULTIGUARD SAFEPACK 0.3ML 30G 12.7MM	3	
ULTIGUARD SAFEPACK 0.3ML 31G 8MM	3	
ULTIGUARD SAFEPACK 0.5ML 30G 12.7MM	3	
ULTIGUARD SAFEPACK 0.5ML 31G 8MM	3	
ULTIGUARD SAFEPACK 1ML 30G 12.7MM	3	
ULTIGUARD SAFEPACK PACK 29G 12.7MM	3	
ULTIGUARD SAFEPACK PACK 32G 4MM	3	
ULTIGUARD SAFEPACK 1ML 31G 8MM	3	
ULTIGUARD SAFEPACK 31G 5MM	3	
ULTIGUARD SAFEPACK 31G 6MM	3	
ULTIGUARD SAFEPACK 31G 8MM	3	
ULTIGUARD SAFEPACK 32G 4MM	3	
ULTIGUARD SAFEPACK 32G 6MM	3	
ULTILET INSULIN SYRINGE 0.3 ML	3	
ULTILET INSULIN SYRINGE 0.5 ML	3	
ULTILET INSULIN SYRINGE 1 ML	3	
ULTILET PEN NEEDLE	3	
ULTILET PEN NEEDLE 4MM 32G	3	
ULTRA COMFORT 0.3 ML 29G 1/2"	3	
ULTRA COMFORT 0.3 ML 31G 5/16" (1/2)	3	
ULTRA COMFORT 0.3 ML SYRINGE	3	
ULTRA COMFORT 0.5 ML 28G 1/2"	3	
ULTRA COMFORT 0.5 ML 29G 1/2"	3	
ULTRA COMFORT 0.5 ML 31G 5/16"	3	
ULTRA COMFORT 0.5 ML SYRINGE	3	
ULTRA COMFORT 1 ML 28G 1/2"	3	
ULTRA COMFORT 1 ML 29G 1/2"	3	
ULTRA COMFORT 1 ML 30G 5/16"	3	
ULTRA COMFORT 1 ML 31G 5/16"	3	
ULTRA COMFORT 1 ML SYRINGE	3	
ULTRA FLO 0.3ML 30G 1/2" (1/2)	3	
ULTRA FLO 0.3ML 30G 5/16"(1/2)	3	
ULTRA FLO 0.3ML 31G 5/16"(1/2)	3	
ULTRA FLO PEN NEEDLE 29G 12MM	3	
ULTRA FLO PEN NEEDLE 31G 5MM	3	
ULTRA FLO PEN NEEDLE 31G 8MM	3	
ULTRA FLO PEN NEEDLE 32G 4MM	3	
ULTRA FLO PEN NEEDLE 33G 4MM	3	
ULTRA FLO SYRINGE 0.3 ML 29G 1/2"	3	
ULTRA FLO SYRINGE 0.3 ML 30G 5/16"	3	
ULTRA FLO SYRINGE 0.3 ML 31G 5/16"	3	

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ULTRA FLO SYRINGE 0.5 ML 29G 1/2"	3		UNIFINE PENTIP 8MM NEEDLE	3	
ULTRA THIN PEN NEEDLE 32G 4MM	3		UNIFINE PENTIP MAX 30G 3/16"	3	
ULTRACARE INSULIN 0.3 ML 30G 5/16"	3		UNIFINE PENTIP NEEDLE 29G	3	
ULTRACARE INSULIN 0.3 ML 31G 5/16"	3		UNIFINE PENTIP PLUS 29G 1/2"	3	
ULTRACARE INSULIN 0.5 ML 30G 1/2"	3		UNIFINE PENTIP PLUS 30G 3/16"	3	
ULTRACARE INSULIN 0.5 ML 30G 5/16"	3		UNIFINE PENTIP PLUS 31G 1/4"	3	
ULTRACARE INSULIN 0.5 ML 31G 5/16"	3		UNIFINE PENTIP PLUS 31G 3/16"	3	
ULTRACARE INSULIN 1 ML 30G 5/16"	3		UNIFINE PENTIP PLUS 31G 5/16"	3	
ULTRACARE INSULIN 1 ML 30G 1/2"	3		UNIFINE PENTIP PLUS 32G 5/32"	3	
ULTRACARE INSULIN 1 ML 31G 5/16"	3		UNIFINE PENTIP PLUS 33G 5/32"	3	
ULTRACARE PEN NEEDLE 31G 1/4"	3		UNIFINE PROTECT 30G 5MM	3	
ULTRACARE PEN NEEDLE 31G 3/16"	3		UNIFINE PROTECT 30G 8MM	3	
ULTRACARE PEN NEEDLE 31G 5/16"	3		UNIFINE PROTECT 32G 4MM	3	
ULTRACARE PEN NEEDLE 32G 1/4"	3		UNIFINE SAFECONTROL 30G 3/16"	3	
ULTRACARE PEN NEEDLE 32G 3/16"	3		UNIFINE SAFECONTROL 30G 5/16"	3	
ULTRACARE PEN NEEDLE 32G 5/32"	3		UNIFINE SAFECONTROL 32G 4MM	3	
ULTRACARE PEN NEEDLE 33G 5/32"	3		UNIFINE ULTRA PEN NEEDLE 31G 5MM	3	
ULTRA-THIN II 1 ML 31G 5/16"	3		UNIFINE ULTRA PEN NEEDLE 31G 6MM	3	
ULTRA-THIN II INSULIN 0.3 ML 30G	3		UNIFINE ULTRA PEN NEEDLE 31G 8MM	3	
ULTRA-THIN II INSULIN 0.3 ML 31G	3		UNIFINE ULTRA PEN NEEDLE 32G 4MM	3	
ULTRA-THIN II INSULIN 0.5 ML 29G	3		UNISTRIP CONTROL SOLUTION HIGH	3	
ULTRA-THIN II INSULIN 0.5 ML 30G	3		UNISTRIP CONTROL SOLUTION LOW	3	
ULTRA-THIN II INSULIN 0.5 ML 31G	3		UNITHROID 25 MCG TABLET	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29G	3		UNITHROID 50 MCG TABLET	1	
ULTRA-THIN II INSULIN SYRINGE 1 ML 30G	3		UNITHROID 75 MCG TABLET	1	
ULTRA-THIN II PEN NEEDLE 29G 1/2"	3		UNITHROID 88 MCG TABLET	1	
ULTRA-THIN II PEN NEEDLE 31G 5/16"	3		UNITHROID 100 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	3		UNITHROID 112 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION NORMAL	3		UNITHROID 125 MCG TABLET	1	
ULTRATRAK ULTIMATE CONTROL SOLUTION	3		UNITHROID 137 MCG TABLET	1	
UNIFINE PEN NEEDLE 32G 4MM	3		UNITHROID 150 MCG TABLET	1	
UNIFINE PENTIP 29G 12MM	3		UNITHROID 175 MCG TABLET	1	
UNIFINE PENTIP 31G 5MM	3		UNITHROID 200 MCG TABLET	1	
UNIFINE PENTIP 31G 6MM	3		UNITHROID 300 MCG TABLET	1	
UNIFINE PENTIP 31G 8MM	3		UPTRAVI 200 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 31G 3/16"	3		UPTRAVI 400 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 4MM	3		UPTRAVI 600 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 6MM	3		UPTRAVI 800 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 1/4"	3		UPTRAVI 1,000 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 5/32"	3		UPTRAVI 1,200 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 33G 5/32"	3		UPTRAVI 1,400 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 6MM NEEDLE	3		UPTRAVI 1,600 MCG TABLET	5	PA, LDD, SRX

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## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
UPTRAVI 200-800 TITRATION PACK	5	PA, LDD, SRX	VAQTA 25 UNITS/0.5 ML SYRINGE	3	
URISTIX 4 REAGENT TEST STRIP	3		VAQTA 50 UNITS/ML SYRINGE	3	
URISTIX REAGENT TEST STRIP	3		VAQTA 25 UNITS/0.5 ML VIAL	3	
UROQID-ACID NO.2 500-500 TABLET	4		VAQTA 50 UNITS/ML VIAL	3	
URSODIOL 300 MG CAPSULE	2		VARENICLINE 1 MG CONTINUING MONTH BOX	3	
URSODIOL 250 MG TABLET	2		VARENICLINE STARTING MONTH BOX	3	
URSODIOL 500 MG TABLET	2		VARENICLINE 0.5 MG TABLET	3	
USTELL CAPSULE	2		VARENICLINE 1 MG TABLET	3	
UTIRA-C TABLET	2		VARISOFT INFUSION SET 23" 13MM	3	
VALACYCLOVIR 500 MG TABLET	2		VARISOFT INFUSION SET 23" 17MM	3	
VALACYCLOVIR 1 GRAM TABLET	2		VARISOFT INFUSION SET 32" 13MM	3	
VALGANCICLOVIR 50 MG/ML ORAL SOLUTION	4		VARISOFT INFUSION SET 32" 17MM	3	
VALGANCICLOVIR 450 MG TABLET	4		VARISOFT INFUSION SET 43" 13MM	3	
VALPROIC ACID 250 MG CAPSULE	2		VARISOFT INFUSION SET 43" 17MM	3	
VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	2		VARIVAX VACCINE VIAL	3	
VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	2		VARIVAX VACCINE WITH DILUENT	3	
VALSARTAN 40 MG TABLET	2		VAXELIS VACCINE SYRINGE	3	
VALSARTAN 80 MG TABLET	2		VAXELIS VACCINE VIAL	3	
VALSARTAN 160 MG TABLET	2		VAXNEUVANCE 0.5 ML SYRINGE	3	
VALSARTAN 320 MG TABLET	2		VELIVET 28 DAY TABLET	1	
VALSARTAN-HCTZ 80-12.5 MG TABLET	2		VELPHORO 500 MG CHEWABLE TABLET	4	
VALSARTAN-HCTZ 160-12.5 MG TABLET	2		VEMLIDY 25 MG TABLET	5	PA, SRX
VALSARTAN-HCTZ 160-25 MG TABLET	2		VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-12.5 MG TABLET	2		VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-25 MG TABLET	2		VENCLEXTA 10 MG TABLET (10MG X 2)	5	PA, QL, LDD, SRX
VANADOM 350 MG TABLET	2		VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX
VANCOMYCIN 125 MG CAPSULE	4	QL	VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX
VANCOMYCIN 250 MG CAPSULE	4	QL	VENLAFAXINE 25 MG TABLET	2	QL
VANCOMYCIN 25 MG/ML ORAL SOLUTION	2	QL	VENLAFAXINE 37.5 MG TABLET	2	QL
VANDAZOLE VAGINAL 0.75% GEL	2		VENLAFAXINE 50 MG TABLET	2	QL
VANISHPOINT 0.5 ML 30G 1/2" SYRINGE	3		VENLAFAXINE 75 MG TABLET	2	QL
VANISHPOINT 3 ML 21G 1" SYRINGE	3		VENLAFAXINE 100 MG TABLET	2	QL
VANISHPOINT 3 ML 22G 1.5" SYRINGE	3		VENLAFAXINE ER 37.5 MG CAPSULE	2	QL
VANISHPOINT 20G 1" 3 ML SYRINGE	3		VENLAFAXINE ER 75 MG CAPSULE	2	QL
VANISHPOINT 21G 1.5" 3 ML SYRINGE	3		VENLAFAXINE ER 150 MG CAPSULE	2	QL
VANISHPOINT 22G 1" 3 ML SYRINGE	3		VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX
VANISHPOINT 23G 1" 3 ML SYRINGE	3		VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX
VANISHPOINT 23G 1.5" 3 ML SYRINGE	3		VERAPAMIL 40 MG TABLET	2	
VANISHPOINT 25G 1" 3 ML SYRINGE	3		VERAPAMIL 80 MG TABLET	2	
VANISHPOINT 25G 5/8" 3 ML SYRINGE	3		VERAPAMIL 120 MG TABLET	2	
VANISHPOINT INSULIN 1 ML 30G 3/16"	3		VERAPAMIL ER 120 MG CAPSULE	2	
VANISHPOINT U-100 29 1/2" SYRINGE	3		VERAPAMIL ER 180 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
VERAPAMIL ER 240 MG CAPSULE	2		VIORELE 28 DAY TABLET	1	
VERAPAMIL ER 120 MG TABLET	2		VIREAD POWDER	3	
VERAPAMIL ER 180 MG TABLET	2		VIREAD 150 MG TABLET	3	
VERAPAMIL ER 240 MG TABLET	2		VIREAD 200 MG TABLET	3	
VERAPAMIL ER PM 100 MG CAPSULE	3		VIREAD 250 MG TABLET	3	
VERAPAMIL ER PM 200 MG CAPSULE	3		VIRT-C DHA SOFTGEL	1	
VERAPAMIL ER PM 300 MG CAPSULE	3		VIRT-NATE DHA SOFTGEL	1	
VERAPAMIL SR 120 MG CAPSULE	2		VIRT-PN DHA SOFTGEL	1	
VERAPAMIL SR 180 MG CAPSULE	2		VIRT-PN PLUS SOFTGEL	1	
VERAPAMIL SR 240 MG CAPSULE	2		VISTOGARD 10 GRAM PACKET	5	LDD, SRX
VERAPAMIL SR 360 MG CAPSULE	2		VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS	2	
VEREGEN 15% OINTMENT	4		VITAFOL-OB CAPLET	1	
VERIFINE INSULIN SYRINGE 0.3ML 31G 8MM	3		VITAMIN D2 1.25 MG (50,000 UNIT)	2	
VERIFINE INSULIN SYRINGE 0.5ML 29G 12MM	3		VIVAGUARD INO CONTROL SOLUTION-L1,2,3	3	
VERIFINE INSULIN SYRINGE 0.5ML 31G 8MM	3		VIVAGUARD INO CONTROL SOLUTION-L2	3	
VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"	3		VOLNEA 0.15-0.02-0.01 MG TABLET	1	
VERIFINE INSULIN SYRINGE 1 ML 29G 12MM	3		VORICONAZOLE 40 MG/ML SUSPENSION	4	PA
VERIFINE INSULIN SYRINGE 1 ML 31G 8MM	3		VORICONAZOLE 50 MG TABLET	4	PA
VERIFINE PEN NEEDLE 29G 12MM	3		VORICONAZOLE 200 MG TABLET	4	PA
VERIFINE PEN NEEDLE 31G 5MM	3		VORTEX ADULT MASK	3	QL
VERIFINE PEN NEEDLE 31G 8MM	3		VORTEX HOLDING CHAMBER	3	QL
VERIFINE PEN NEEDLE 32G 4MM	3		VORTEX VHC FROG CHILD MASK	3	QL
VERIFINE PEN NEEDLE 32G 6MM	3		VORTEX VHC LADYBUG TODDLER MASK	3	QL
VERIFINE PLUS PEN NEEDLE 31G 5MM	3		VRAYLAR 1.5 MG CAPSULE	4	QL, ST
VERIFINE PLUS PEN NEEDLE 31G 8MM	3		VRAYLAR 3 MG CAPSULE	4	QL, ST
VERIFINE PLUS PEN NEEDLE 32G 4MM	3		VRAYLAR 4.5 MG CAPSULE	4	QL, ST
VERIFINE SYRINGE 0.3ML 31G 5/16"	3		VRAYLAR 6 MG CAPSULE	4	QL, ST
VERIFINE SYRINGE 0.5ML 29G 1/2"	3		VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST
VERIFINE SYRINGE 0.5ML 31G 5/16"	3		VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VERIFINE SYRINGE 1 ML 31G 5/16"	3		VYLIBRA 28 TABLET	1	
VESTURA 3 MG-0.02 MG TABLET	1		VYNDAMAX 61 MG CAPSULE	5	PA, QL, LDD, SRX
VIENVA-28 TABLET	1		WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX
VIGABATRIN 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX
VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX	WARFARIN 1 MG TABLET	1	
VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN 2 MG TABLET	1	
VIGADRONE 500 MG TABLET	5	PA, QL, LDD, SRX	WARFARIN 2.5 MG TABLET	1	
VIGPODER 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN 3 MG TABLET	1	
VILAZODONE 10 MG TABLET	4	QL	WARFARIN 4 MG TABLET	1	
VILAZODONE 20 MG TABLET	4	QL	WARFARIN 5 MG TABLET	1	
VILAZODONE 40 MG TABLET	4	QL	WARFARIN 6 MG TABLET	1	
VIOKACE 10,440-39,150 UNITS TABLET	4		WARFARIN 7.5 MG TABLET	1	
VIOKACE 20,880-78,300 UNITS TABLET	4		WARFARIN 10 MG TABLET	1	

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
WAVESENSE CONTROL SOLUTION NORMAL	3		XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
WERA 0.5/0.035 MG 28 TABLET	1		XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
WESCAP-PN DHA CAPSULE	1		XOLAIR 300 MG/2 ML SYRINGE	5	PA, LDD, SRX
WESNATAL DHA COMPLETE	1		XTAMPZA ER 9 MG CAPSULE	3	PA
WESNATE DHA SOFTGEL	1		XTAMPZA ER 13.5 MG CAPSULE	3	PA
WESTAB PLUS TABLET	1		XTAMPZA ER 18 MG CAPSULE	3	PA
WIXELA 100-50 INHUB	2	QL	XTAMPZA ER 27 MG CAPSULE	3	PA
WIXELA 250-50 INHUB	2	QL	XTAMPZA ER 36 MG CAPSULE	3	PA
WIXELA 500-50 INHUB	2	QL	XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 4MM 32G	3		XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 5MM 31G	3		XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 6MM 31G	3		XULANE 150-35 MCG/DAY PATCH	1	
WM UNIFINE PENTIP PLUS 8MM 31G	3		YALE NEEDLE 21G 1.25"	3	
WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	1		YARGESA 100 MG CAPSULE	5	PA, LDD, SRX
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 4MM 32G	3	
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 6MM 31G	3	
XALKORI 20 MG PELLET	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 8MM 31G	3	
XALKORI 50 MG PELLET	5	PA, QL, LDD, SRX	YUVAFEM 10 MCG VAGINAL INSERT	2	QL
XALKORI 150 MG PELLET	5	PA, QL, LDD, SRX	ZAFEMY 150-35 MCG/DAY PATCH	1	
XARELTO 1 MG/ML SUSPENSION	3	QL	ZAFIRLUKAST 10 MG TABLET	2	
XARELTO 2.5 MG TABLET	3	QL	ZAFIRLUKAST 20 MG TABLET	2	
XARELTO 10 MG TABLET	3	QL	ZALEPLON 5 MG CAPSULE	2	
XARELTO 15 MG TABLET	3	QL	ZALEPLON 10 MG CAPSULE	2	
XARELTO 20 MG TABLET	3	QL	ZARAH TABLET	1	
XARELTO DVT-PE STARTER PACK	3	QL	ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
XDEMZY 0.25% EYE DROPS	5	PA, QL, LDD, SRX	ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
XELJANZ 1 MG/ML ORAL SOLUTION	5	PA, QL, SRX	ZATEAN-PN DHA CAPSULE	1	
XELJANZ 5 MG TABLET	5	PA, QL, SRX	ZATEAN-PN PLUS SOFTGEL	1	
XELJANZ 10 MG TABLET	5	PA, QL, SRX	ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
XELJANZ XR 11 MG TABLET	5	PA, QL, SRX	ZELNORM 6 MG TABLET	4	
XELJANZ XR 22 MG TABLET	5	PA, QL, SRX	ZENATANE 10 MG CAPSULE	4	
XIFAXAN 200 MG TABLET	4	PA, QL	ZENATANE 20 MG CAPSULE	4	
XIFAXAN 550 MG TABLET	4	PA, QL	ZENATANE 30 MG CAPSULE	4	
XIGDUO XR 2.5 MG-1,000 MG TABLET	3	QL	ZENATANE 40 MG CAPSULE	4	
XIGDUO XR 5 MG-500 MG TABLET	3	QL	ZENZEDI 5 MG TABLET	2	QL
XIGDUO XR 5 MG-1,000 MG TABLET	3	QL	ZENZEDI 10 MG TABLET	2	QL
XIGDUO XR 10 MG-500 MG TABLET	3	QL	ZEPOSIA 0.92 MG CAPSULE	5	PA, QL, LDD, SRX
XIGDUO XR 10 MG-1,000 MG TABLET	3	QL	ZEPOSIA STARTER KIT (28-DAY)	4	PA, QL, LDD, SRX
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	5	PA, LDD, SRX	ZEPOSIA STARTER PACK (7-DAY)	4	PA, QL, LDD, SRX
XOLAIR 150 MG/ML AUTO-INJECTOR	5	PA, LDD, SRX	ZETONNA 37 MCG NASAL SPRAY	4	ST
XOLAIR 300 MG/2 ML AUTO-INJECTOR	5	PA, LDD, SRX	ZIDOVUDINE 100 MG CAPSULE	2	
XOLAIR 150 MG/1.2 ML POWDER VIAL	5	PA, LDD, SRX	ZIDOVUDINE 50 MG/5 ML SYRUP	2	

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Premiere Arizona 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ZIDOVUDINE 300 MG TABLET	2	
ZILEUTON ER 600 MG TABLET	5	SRX
ZIPRASIDONE 20 MG CAPSULE	2	
ZIPRASIDONE 40 MG CAPSULE	2	
ZIPRASIDONE 60 MG CAPSULE	2	
ZIPRASIDONE 80 MG CAPSULE	2	
ZIRGAN 0.15% EYE GEL	4	
ZOLADEX 3.6 MG IMPLANT SYRINGE	5	PA, SRX
ZOLADEX 10.8 MG IMPLANT SYRINGE	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, LDD, SRX
ZOLMITRIPTAN 2.5 MG ODT TABLET	3	QL
ZOLMITRIPTAN 5 MG ODT TABLET	3	QL
ZOLMITRIPTAN 2.5 MG TABLET	3	QL
ZOLMITRIPTAN 5 MG TABLET	3	QL
ZOLPIDEM 5 MG TABLET	2	
ZOLPIDEM 10 MG TABLET	2	
ZOLPIDEM ER 6.25 MG TABLET	2	
ZOLPIDEM ER 12.5 MG TABLET	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONTIVITY 2.08 MG TABLET	4	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TABLET	1	
ZURZUVAE 20 MG CAPSULE	5	PA, QL, LDD, SRX
ZURZUVAE 25 MG CAPSULE	5	PA, QL, LDD, SRX
ZURZUVAE 30 MG CAPSULE	5	PA, QL, LDD, SRX
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX
ZYLET EYE DROPS	4	PA

## Frequently Asked Questions (FAQs)

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

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

**A.** We regularly review and update your plan's drug list to make sure you're getting coverage for low-cost, safe, clinically effective medications. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

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

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

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

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

There are also certain medications and products that can't be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through the coverage review process. For example, your plan doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

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

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

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

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

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

**A.** Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a **PA** or **ST** next to it, your medication needs



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

approval before your plan will cover it. If it has a **QL** next to it, you may need approval depending on the amount you're filling. If it has **AGE** next to it, you may need approval depending on the covered age range for the medication.

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

**A.** Medications that:

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

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

**A.** Medications that are often:

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

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

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

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

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

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

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

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

Cigna Healthcare will review information your doctor sends us to make sure you meet coverage requirements for the medication. We'll send you and your doctor a letter with the decision and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna App** or **myCigna.com** to check the status of your approval.

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

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

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

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

**A.** Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will have to contact Cigna Healthcare and ask us to approve a larger amount.



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

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

**A.** Yes.

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

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

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

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

**Q. What are preventive medications?**

**A.** Preventive medications are used to keep certain conditions from developing or from coming back. These conditions include, but are not limited to asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

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

**A.** When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna App** or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.<sup>2</sup>

**Q. What's a cost-share?**

**A.** It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

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

**A.** Consider using a medication that's covered on a lower tier and/or by filling a 90-day supply. You should talk with your doctor to see if one of these options may work for you.

**Q. What's a generic medication?**

**A.** A generic medication is the same as its brand-name version in safety, effectiveness, quality, strength and dosage, as well as in the way it's taken and used.<sup>3</sup>

Brand-name medications are protected by patents. Patents keep other manufacturers from selling generic versions of the brand-name medication. Once a patent ends, other companies can make and sell a generic version of the brand-name medication. Generics are typically sold under their chemical or scientific name, instead of the manufacturer's patented brand name.

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

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.

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

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

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

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

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

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

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

A. Yes.<sup>4</sup>

### Express Scripts® Pharmacy for maintenance medications

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost<sup>5</sup>
- Refill reminders at no extra cost<sup>6</sup>
- Fill up to a 90-day supply at one time<sup>7</sup>
- Helpful pharmacists available 24/7

### Here are three easy ways to get started.

1. Log in to the **myCigna App** or **myCigna.com** to move your prescription electronically. Click on the Prescriptions tab and select My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s). Or,

2. Call your doctor's office. Ask them to send a 90-day prescription (with refills) electronically to Express Scripts home delivery. Or,
3. Call Express Scripts® Pharmacy at **800.835.3784**. They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

### Accredo® for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specially-trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>8</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 24/7 access to specially-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost
- Easy refills and reminders
- Easily manage your medications online and track your orders

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

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

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

## Exclusions and Limitations: What isn't covered by this policy

### Exclusions

The following are not covered under this Plan. No payment will be made for the following expenses:

- I. Drugs not approved by the Food and Drug Administration;
2. Any drugs that are not on the Prescription Drug List and not otherwise approved for coverage through the non-Prescription Drug List exception process;
3. Drugs, devices and/or supplies available over the counter that do not require a Prescription by federal or state law except as otherwise stated in this Plan, or specifically designated as No Cost Preventive Care and required by the Patient Protection and Affordable Care Act (PPACA);
4. Drugs that do not require a federal legend (a federal designation for drugs requiring supervision of a Physician), other than insulin;
5. Any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
6. A drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
7. Any injectable drugs that require Physician supervision and are not typically considered self-administered drugs are covered under the medical benefits of this Plan and require Prior Authorization. The following are examples of Physician supervised drugs: injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables, and endocrine and metabolic agents;
8. Infertility related drugs, except those required by the Patient Protection and Affordable Care Act (PPACA);
9. Infused immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions are covered under the medical benefits of this Plan;
10. Any drugs used for the treatment of sexual dysfunction, including, but not limited to erectile dysfunction, delayed ejaculation, anorgasm, and decreased libido and/or sexual desire;
- II. Any drugs used for weight loss, weight management, metabolic syndrome, and antiobesity agents;
12. Any drugs that are Experimental or Investigational or Unproven as described in this Plan; except as specifically stated in the sections of this Plan titled "Clinical Trials," and any benefit language concerning "Off Label Drugs";
13. Food and Drug Administration FDA-approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (the American Hospital Formulary Service Drug Information or AHFS) or in medical literature. Medical literature means scientific studies published in a peer-reviewed English-language biomedical journals;
14. Prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies, except for those pertaining to Diabetic Supplies and Equipment;
15. Prescription vitamins other than prenatal vitamins, dietary supplements, herbal supplements and fluoride other than supplements specifically designated as preventive under the Patient Protection and Affordable Care Act (PPACA);
16. Drugs used for cosmetic purposes that have no medically acceptable use, such as drugs used to reduce wrinkles, drugs to promote hair growth, drugs used to control perspiration and fade cream products;
17. Medications used for travel prophylaxis, except anti-malarial drugs;
18. Drugs obtained outside the United States;
19. Any fill or refill of Prescription Drugs and Related Supplies to replace those lost, stolen, spilled, spoiled or damaged before the next refill date;
20. Drugs used to enhance athletic performance;
21. Drugs which are to be taken by or administered to the Member while a patient in a licensed Hospital, Skilled Nursing Facility, rest home or similar Institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
22. Any Drugs, medications, or other substances dispensed or administered in any outpatient setting. This includes, but is not limited to, items dispensed by a Physician;
23. Drug convenience kits;
24. Prescriptions more than one year from the original date of issue;
25. Any costs related to the mailing, sending or delivery of Prescription Drugs;
26. Any intentional misuse of this benefit, including Prescription Drugs and Related Supplies purchased for consumption by someone other than the Member

## Exclusions and Limitations: What isn't covered by this policy *(cont.)*

### Limitations

Each Prescription Order or refill, unless limited by the drug manufacturer's packaging, shall be limited as follows:

- Up to a 30-day supply, at a retail Participating Pharmacy for drug tiers 1 through 5 drugs, unless limited by the drug manufacturer's packaging (for detailed information about drug tiers please refer to the Schedule of Benefits).
- Up to a 90-day supply, at a 90 Day Retail Pharmacy for drug tiers 1 through 4 and up to a 30-day supply of tier 5 drugs, unless limited by the drug manufacturer's packaging. To locate a 90-Day Retail Pharmacy you can call customer service at the phone number listed on the back of Your ID card or go to [www.cigna.com/small-group-plans](http://www.cigna.com/small-group-plans) (for detailed information about drug tiers please refer to the Schedule of Benefits).
- Up to a 90-day supply at Express Scripts Pharmacy, Cigna Healthcare's home delivery Pharmacy for drug tiers 1 through 4 and up to a 30-day supply of tier 5 drugs, unless limited by the drug manufacturer's packaging (for detailed information about drug tiers please refer to the Schedule of Benefits)
- Tobacco cessation medications that are included on Cigna Healthcare's Prescription Drug List are limited to two 90-day supplies per Plan Year.
- Managed drug limits (MDL) may apply to dose and/or number of days' supply of certain drugs; managed drug limits are based on recommendations of the federal Food and Drug Administration (FDA) and the drug manufacturer.
- To a dosage and/or dispensing limit as determined by the P&T Committee.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Please reference **Cigna.com/small-group-drug-lists** for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist.

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



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

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

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

# Discrimination is against the law

## Medical coverage

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

### Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator  
P.O. 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  
**<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare, 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 Healthcare 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고요. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고요.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna Healthcare, 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 Healthcare, 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 Healthcare الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقةكم الشخصية. او اتص 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 Healthcare 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 Healthcare, 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare 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 Healthcare-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 می شود. برای مشتریان فعلی Cigna Healthcare، لطفاً با شماره ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شمار ه گیری کنید).