

Individual and
Family Plans



2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Coverage as of January 1, 2025



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View your drug list online

- **Cigna.com/ifp-drug-list.** Select **Colorado** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.
- **myCigna® App¹ or myCigna.com®.** Starting January 1, 2025, log into your account and use the Price a Medication tool.

Questions?

Call **866.494.2111** or the toll-free number on your Cigna HealthcareSM ID card.
We're here 24/7/365.

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

About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Essential Colorado 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-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% IRRIGATION 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	1	
ACTHIB VACCINE WITH DILUENT	1	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	2	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP SYRINGE	1	
ADALIMUMAB-ADAZ	5	PA, QL, SRX
ADALIMUMAB-ADBIM	5	PA, QL, SRX
ADALIMUMAB-RYVK	5	PA, QL, SRX
ADACEL TDAP VIAL	1	
ADALIMUMAB-ADAZ	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 Essential Colorado 5-Tier Prescription Drug List.

Tiers

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

Tier 1	Preventive Care Medications. This tier includes preventive prescription medications (both generic and brand-name) and over-the-counter (OTC) products. These medications are covered at your plan's lowest cost-share.	\$
Tier 2	Generic Medications. This tier typically includes most generic medications and some low cost brand-name medications. Generic medications have the same strength and active ingredients as brand-name medications, but often cost much less.	\$\$
Tier 3	Preferred Brand Medications. This tier typically includes preferred brand-name medications and some high-cost generic medications.	\$\$\$
Tier 4	Non-Preferred Medications. This tier typically includes non-preferred brand-name medications and some high-cost generic medications.	\$\$\$\$
Tier 5	Specialty and Other High-Cost Medications. This tier typically includes specialty medications and high-cost generic and brand-name medications. These medications are covered at your plan's highest cost-share.	\$\$\$\$\$

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.

PA	Prior Authorization – 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.
QL	Quantity Limit – 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.
ST	Step Therapy – 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.
AGE	Age Requirement – 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.
SRX	This is a specialty medication , which is used to treat a complex medical condition. Your plan limits specialty medications to a 30-day supply.
LDD	This is a limited distribution drug . 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	43-48
2	6	N	48-50
A	6-11	O	50-52
B	11-14	P	52-58
C	14-20	Q	58
D	20-24	R	58-60
E	24-30	S	60-63
F	30-32	T	63-68
G	32-34	U	68-70
H	34-36	V	70, 71
I	36-38	W	71, 72
J	38, 39	X	72
K	39	Y	72
L	39-43	Z	72, 73

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

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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	1	
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	1	
ACTHIB VACCINE WITH DILUENT	1	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	2	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP VIAL	1	
ADALIMUMAB-ADAZ(CF) 40 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADAZ(CF) PEN 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) 10 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) 20 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) 40 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) PEN 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADBM(CF) PEN CROHNS 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADBM(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
ADEFOVIR 10 MG TABLET	5	SRX
ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ADEMPAS 1 MG TABLET	5	PA, LDD, SRX	AK-POLY-BAC EYE OINTMENT	2	PA
ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX	ALBENDAZOLE 200 MG TABLET	4	
ADEMPAS 2 MG TABLET	5	PA, LDD, SRX	ALBUSTIX REAGENT TEST STRIP	3	
ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX	ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE CONTROL SOLUTION HIGH	3		ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE CONTROL SOLUTION LOW	3		ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"	3		ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16"	3		ALBUTEROL 5 MG/ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16"	3		ALBUTEROL 15 MG/3 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 75 MG/15 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16"	3		ALBUTEROL 100 MG/20 ML INHALATION SOLUTION	2	
ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"	3		ALBUTEROL 2 MG/5 ML SYRUP	2	
ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"	3		ALBUTEROL 2 MG TABLET	2	QL
ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"	3		ALBUTEROL 4 MG TABLET	2	
ADVOCATE PEN NEEDLE 4MM 33G	3		ALBUTEROL ER 4 MG TABLET	2	
ADVOCATE PEN NEEDLE 5MM 31G	3		ALBUTEROL ER 8 MG TABLET	2	
ADVOCATE PEN NEEDLE 8MM 31G	3		ALBUTEROL HFA 90 MCG INHALER	2	
ADVOCATE PEN NEEDLE 12.7MM 29G	3		ALCAINE 0.5% EYE DROPS	2	
ADVOCATE PEN NEEDLE 32G 4MM	3		ALCLOMETASONE 0.05% CREAM	2	
ADVOCATE REDI-CODE+ CONTROL SOLUTION	3		ALCLOMETASONE 0.05% OINTMENT	2	
AEROCHAMBER MINI	3	QL	ALCOHOL PREP PAD	3	
AEROCHAMBER MV HOLD CHAMBER	3	QL	ALECENSA 150 MG CAPSULE	5	PA, QL, LDD, SRX
AEROCHAMBER PLUS FLOW-VU	3	QL	ALENDRONATE 70 MG/75 ML ORAL SOLUTION	2	
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL	ALENDRONATE 5 MG TABLET	2	
AEROCHAMBER PLUS FLOW-VU MEDIUM	3	QL	ALENDRONATE 10 MG TABLET	2	
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL	ALENDRONATE 35 MG TABLET	2	
AEROCHAMBER Z-STAT PLUS LARGE	3	QL	ALENDRONATE 70 MG TABLET	2	
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL	ALFUZOSIN ER 10 MG TABLET	2	
AEROCHAMBER Z-STAT PLUS-MEDIUM	3	QL	ALINIA 100 MG/5 ML SUSPENSION	4	
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL	ALLOPURINOL 100 MG TABLET	2	
AEROGear ASTHMA ACTION KIT	3		ALLOPURINOL 300 MG TABLET	2	
AEROTRACH HOLDING CHAMBER	3		ALMOTRIPTAN 6.25 MG TABLET	3	QL
AEROVENT PLUS HOLDING CHAMBER	3		ALMOTRIPTAN 12.5 MG TABLET	3	QL
AFIRMELLE-28 TABLET	1		ALOSETRON 0.5 MG TABLET	5	SRX
AFLURIA	1		ALOSETRON 1 MG TABLET	5	SRX
AFTER PILL 1.5 MG TABLET	1		ALPRAZOLAM 0.25 MG TABLET	2	
AFTERA 1.5 MG TABLET	1		ALPRAZOLAM 0.5 MG TABLET	2	
AGAMATRIX HIGH CONTROL SOLUTION	3		ALPRAZOLAM 1 MG TABLET	2	
AGAMATRIX NORM-HI CONTROL SOLUTION	3		ALPRAZOLAM 2 MG TABLET	2	
AIRZONE PEAK FLOW METER	3		ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE	2	

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ALPRAZOLAM ER 0.5 MG TABLET	2		AMITRIPTYLINE 25 MG TABLET	2	
ALPRAZOLAM ER 1 MG TABLET	2		AMITRIPTYLINE 50 MG TABLET	2	
ALPRAZOLAM ER 2 MG TABLET	2		AMITRIPTYLINE 75 MG TABLET	2	
ALPRAZOLAM ER 3 MG TABLET	2		AMITRIPTYLINE 100 MG TABLET	2	
ALPRAZOLAM ODT 0.25 MG TABLET	2		AMITRIPTYLINE 150 MG TABLET	2	
ALPRAZOLAM ODT 0.5 MG TABLET	2		AMLODIPINE 2.5 MG TABLET	2	
ALPRAZOLAM ODT 1 MG TABLET	2		AMLODIPINE 5 MG TABLET	2	
ALPRAZOLAM ODT 2 MG TABLET	2		AMLODIPINE 10 MG TABLET	2	
ALPRAZOLAM XR 0.5 MG TABLET	2		AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET	2	
ALPRAZOLAM XR 1 MG TABLET	2		AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET	2	
ALPRAZOLAM XR 2 MG TABLET	2		AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET	2	
ALPRAZOLAM XR 3 MG TABLET	2		AMLODIPINE-ATORVASTATIN 5-10 MG TABLET	2	
ALTACAIN 0.5% EYE DROPS	2		AMLODIPINE-ATORVASTATIN 5-20 MG TABLET	2	
ALTAVERA-28 TABLET	1		AMLODIPINE-ATORVASTATIN 5-40 MG TABLET	2	
ALVESCO 80 MCG INHALER	3		AMLODIPINE-ATORVASTATIN 5-80 MG TABLET	2	
ALVESCO 160 MCG INHALER	3		AMLODIPINE-ATORVASTATIN 10-10 MG TABLET	2	
ALYACEN 1-35 28 TABLET	1		AMLODIPINE-ATORVASTATIN 10-20 MG TABLET	2	
ALYACEN 7-7-7-28 TABLET	1		AMLODIPINE-ATORVASTATIN 10-40 MG TABLET	2	
ALYQ 20 MG TABLET	5	PA, SRX	AMLODIPINE-ATORVASTATIN 10-80 MG TABLET	2	
AMABELZ 0.5 MG-0.1 MG TABLET	2		AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE	2	
AMABELZ 1 MG-0.5 MG TABLET	2		AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE	2	
AMANTADINE 100 MG CAPSULE	2		AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE	2	
AMANTADINE 50 MG/5 ML ORAL SOLUTION	2		AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE	2	
AMANTADINE 100 MG/10 ML ORAL SOLUTION	2		AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE	2	
AMANTADINE 100 MG TABLET	2		AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE	2	
AMBRISANTAN 5 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-OLMESARTAN 5-20 MG TABLET	2	
AMBRISANTAN 10 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-OLMESARTAN 5-40 MG TABLET	2	
AMCINONIDE 0.1% CREAM	2		AMLODIPINE-OLMESARTAN 10-20 MG TABLET	2	
AMCINONIDE 0.1% LOTION	2		AMLODIPINE-OLMESARTAN 10-40 MG TABLET	2	
AMETHIA 0.15-0.03-0.01 MG TABLET	1		AMLODIPINE-VALSARTAN 5-160 MG TABLET	2	
AMETHIA LO TABLET	1		AMLODIPINE-VALSARTAN 5-320 MG TABLET	2	
AMETHYST 90-20 MCG TABLET	1		AMLODIPINE-VALSARTAN 10-160 MG TABLET	2	
AMILORIDE 5 MG TABLET	2		AMLODIPINE-VALSARTAN 10-320 MG TABLET	2	
AMILORIDE-HCTZ 5-50 MG TABLET	2		AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET	3	
AMINOCAPROIC ACID 0.25 GRAM/ML ORAL SOLUTION	5	PA, SRX	AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET	3	
AMINOCAPROIC ACID 500 MG TABLET	5	PA, SRX	AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5MG TABLET	3	
AMINOCAPROIC ACID 1,000 MG TABLET	5	PA, SRX	AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET	3	
AMIODARONE 100 MG TABLET	2		AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET	3	
AMIODARONE 200 MG TABLET	2				
AMIODARONE 400 MG TABLET	2				
AMITRIPTYLINE 10 MG TABLET	2				

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
AMMONIUM LACTATE 12% CREAM	2		ANUCORT-HC 25 MG SUPPOSITORY	2	
AMMONIUM LACTATE 12% LOTION	2		ANZEMET 50 MG TABLET	5	PA, QL, SRX
AMNESTEEM 10 MG CAPSULE	4		APEXICON E 0.05% CREAM	4	
AMNESTEEM 20 MG CAPSULE	4		APRACLONIDINE 0.5% DROPS	2	
AMNESTEEM 40 MG CAPSULE	4		APREPITANT 40 MG CAPSULE	3	QL
AMOXAPINE 25 MG TABLET	2		APREPITANT 80 MG CAPSULE	3	QL
AMOXAPINE 50 MG TABLET	2		APREPITANT 125 MG CAPSULE	3	QL
AMOXAPINE 100 MG TABLET	2		APREPITANT 125-80-80 MG PACK	3	QL
AMOXAPINE 150 MG TABLET	2		APRI 28 DAY TABLET	1	
AMOXICILLIN 250 MG CAPSULE	2		APTIVUS 250 MG CAPSULE	3	
AMOXICILLIN 500 MG CAPSULE	2		AQ INSULIN SYRINGE 0.5 ML 30G 8MM	3	
AMOXICILLIN 125 MG CHEWABLE TABLET	2		AQ INSULIN SYRINGE 1 ML 29G 12MM	3	
AMOXICILLIN 250 MG CHEWABLE TABLET	2		AQ INSULIN SYRINGE 1 ML 31G 8MM	3	
AMOXICILLIN 125 MG/5 ML SUSPENSION	2		AQINJECT PEN NEEDLE 31G 5MM	3	
AMOXICILLIN 200 MG/5 ML SUSPENSION	2		AQINJECT PEN NEEDLE 32G 4MM	3	
AMOXICILLIN 250 MG/5 ML SUSPENSION	2		AQUA CARE 0.9% NACL IRRIGATION	2	
AMOXICILLIN 400 MG/5 ML SUSPENSION	2		AQUA CARE STERILE WATER IRRIGATION	2	
AMOXICILLIN 500 MG TABLET	2		ARANELLE 28 TABLET	1	
AMOXICILLIN 875 MG TABLET	2		ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	2		ARANESP 25 MCG/0.42 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	2		ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION	2		ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	2		ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2		ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	2		ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	2		ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	2		ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	2		ARANESP 25 MCG/ML VIAL	5	PA, SRX
AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET	2		ARANESP 40 MCG/ML VIAL	5	PA, SRX
AMPHETAMINE 5 MG TABLET	3	QL	ARANESP 60 MCG/ML VIAL	5	PA, SRX
AMPHETAMINE 10 MG TABLET	3	QL	ARANESP 100 MCG/ML VIAL	5	PA, SRX
AMPICILLIN 500 MG CAPSULE	2		ARANESP 200 MCG/ML VIAL	5	PA, SRX
ANAGRELIDE 0.5 MG CAPSULE	4		ARCALYST 220 MG VIAL	5	PA, LDD, SRX
ANAGRELIDE 1 MG CAPSULE	4		AREXVY VIAL KIT	1	
ANASTROZOLE 1 MG TABLET	1		ARIPIPRAZOLE 1 MG/ML ORAL SOLUTION	3	
ANORO ELLIPTA 62.5-25 MCG INHALER	3	QL	ARIPIPRAZOLE 2 MG TABLET	2	
			ARIPIPRAZOLE 5 MG TABLET	2	
			ARIPIPRAZOLE 10 MG TABLET	2	
			ARIPIPRAZOLE 15 MG TABLET	2	
			ARIPIPRAZOLE 20 MG TABLET	2	
			ARIPIPRAZOLE 30 MG TABLET	2	

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Medication Name	Tier	Notes
ARIPRAZOLE ODT 10 MG TABLET	4	
ARIPRAZOLE 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
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	

Medication Name	Tier	Notes
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	2	
ATENOLOL 50 MG TABLET	2	
ATENOLOL 100 MG TABLET	2	
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
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	

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Medication Name	Tier	Notes
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	PA, SRX
AVONEX PREFILLED SYRINGE 30 MCG KIT	5	PA, SRX
AYUNA-28 TABLET	1	
AZATHIOPRINE 50 MG TABLET	2	
AZELASTINE 0.05% DROPS	2	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	2	
AZELASTINE 0.15% NASAL SPRAY	2	
AZITHROMYCIN 1 GM POWDER PACKET	2	
AZITHROMYCIN 100 MG/5 ML SUSPENSION	2	
AZITHROMYCIN 200 MG/5 ML SUSPENSION	2	
AZITHROMYCIN 250 MG TABLET	2	
AZITHROMYCIN 500 MG TABLET	2	
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	2	
BALCOLTRA TABLET	4	
BALSALAZIDE 750 MG CAPSULE	2	
BALZIVA 28 TABLET	1	
BAQSIMI 3 MG NASAL SPRAY ONE PACK	3	QL
BAQSIMI 3 MG NASAL SPRAY TWO PACK	3	QL
BARACLUDE 0.05 MG/ML ORAL SOLUTION	5	SRX

Medication Name	Tier	Notes
BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
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	
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	

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Medication Name	Tier	Notes
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	
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	

Medication Name	Tier	Notes
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	
BD SAFETYGLIDE NEEDLE 21G 1.5"	3	
BD SAFETYGLIDE NEEDLE 22G 1.5"	3	
BD SAFETYGLIDE NEEDLE 25G 1"	3	
BD SAFETYGLIDE NEEDLE 27G 5/8"	3	
BD SAFETYGLIDE SYRINGE 27G 5/8"	3	
BD SYRINGE-SAFETY GLIDE	3	
BD ULTRAFINE MICRO PEN NEEDLE 6MM 32G	3	
BD ULTRAFINE MINI PEN NEEDLE 5MM 31G	3	
BD ULTRAFINE NANO PEN NEEDLE 4MM 32G	3	
BD ULTRAFINE ORIGINAL PEN NEEDLE 12.7MM 29G	3	
BD ULTRAFINE SHORT PEN NEEDLE 8MM 31G	3	
BD VEO INSULIN 0.3ML 6MM 31G (1/2)	3	
BD VEO INSULIN SYRINGE 0.3 ML 6MM 31G	3	
BD VEO INSULIN SYRINGE 0.5 ML 6MM 31G	3	
BD VEO INSULIN SYRINGE 1 ML 6MM 31G	3	
BELLADONNA-OPIUM 16.2-30 SUPPOSITORY	2	PA
BELLADONNA-OPIUM 16.2-60 SUPPOSITORY	2	PA
BENAZEPRIL 5 MG TABLET	2	
BENAZEPRIL 10 MG TABLET	2	
BENAZEPRIL 20 MG TABLET	2	
BENAZEPRIL 40 MG TABLET	2	

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Medication Name	Tier	Notes
BENAZEPRIL-HCTZ 5-6.25 MG TABLET	2	
BENAZEPRIL-HCTZ 10-12.5 MG TABLET	2	
BENAZEPRIL-HCTZ 20-12.5 MG TABLET	2	
BENAZEPRIL-HCTZ 20-25 MG TABLET	2	
BENZONATATE 100 MG CAPSULE	2	
BENZONATATE 200 MG CAPSULE	2	
BENZTROPINE 0.5 MG TABLET	2	
BENZTROPINE 1 MG TABLET	2	
BENZTROPINE 2 MG TABLET	2	
BESER 0.05% LOTION	2	
BETAINE 1 GRAM/SCOOP POWDER	5	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% CREAM	2	
BETAMETHASONE DIPROPIONATE 0.05% LOTION	2	
BETAMETHASONE DIPROPIONATE 0.05% OINTMENT	2	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM	2	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL	2	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	2	
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	2	
BETAMETHASONE VALERATE 0.1% CREAM	2	
BETAMETHASONE VALERATE 0.1% LOTION	2	
BETAMETHASONE VALERATE 0.1% OINTMENT	2	
BETAMETHASONE VALERATE 0.12% FOAM	2	
BETAXOLOL 0.5% EYE DROPS	2	
BETAXOLOL 10 MG TABLET	2	
BETAXOLOL 20 MG TABLET	2	
BETHANECHOL 5 MG TABLET	2	
BETHANECHOL 10 MG TABLET	2	
BETHANECHOL 25 MG TABLET	2	
BETHANECHOL 50 MG TABLET	2	
BEXAROTENE 1% GEL	5	PA, SRX
BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BEXSERO PREFILLED SYRINGE	1	
BEYFORTUS 50 MG/0.5 ML SYRINGE	1	
BEYFORTUS 100 MG/ML SYRINGE	1	
BICALUTAMIDE 50 MG TABLET	2	
BIKTARVY 30-120-15 MG TABLET	4	QL
BIKTARVY 50-200-25 MG TABLET	4	QL
BIMATOPROST 0.03% EYE DROPS	2	QL

Medication Name	Tier	Notes
BISOPROLOL 5 MG TABLET	2	
BISOPROLOL 10 MG TABLET	2	
BISOPROLOL-HCTZ 2.5-6.25 MG TABLET	2	
BISOPROLOL-HCTZ 5-6.25 MG TABLET	2	
BISOPROLOL-HCTZ 10-6.25 MG TABLET	2	
BLISOVI 24 FE TABLET	1	
BLISOVI FE 1-20 TABLET	1	
BLISOVI FE 1.5-30 TABLET	1	
BLOOD GLUCOSE CONTROL SOLUTION	3	
BLUNT NEEDLE	3	
BOOSTRIX TDAP	1	
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	
BRINZOLAMIDE 1% EYE DROPS	3	
BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL
BRIVIACT 10 MG TABLET	4	PA, QL

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Medication Name	Tier	Notes
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
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)	1	
BUPROPION SR 200 MG TABLET	2	QL

Medication Name	Tier	Notes
BUPROPION XL 150 MG TABLET	2	QL
BUPROPION XL 300 MG TABLET	2	QL
BUSPIRONE 5 MG TABLET	2	
BUSPIRONE 7.5 MG TABLET	2	
BUSPIRONE 10 MG TABLET	2	
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
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET	2	QL
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-30 MG CAPSULE	2	PA
BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-30 MG CAPSULE	2	PA
BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE	2	QL
BUTALBITAL-ASPIRIN-CAFFEINE TABLET	2	QL
BUTORPHANOL 10 MG/ML NASAL SPRAY	2	PA, QL
BYDUREON BCISE 2 MG AUTO-INJECTOR	3	PA, QL
BYETTA 5 MCG DOSE PEN INJECTOR	3	PA, QL
BYETTA 10 MCG DOSE PEN INJECTOR	3	PA, QL
CA INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
CA INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
CA INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
CA INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
CA INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
CA INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
CA INSULIN SYRINGE 1 ML 29G 1/2"	3	
CA INSULIN SYRINGE 1 ML 30G 5/16"	3	
CA INSULIN SYRINGE 1 ML 31G 5/16"	3	
CABERGOLINE 0.5 MG TABLET	2	QL
CABOMETYX 20 MG TABLET	5	PA, QL, LDD, SRX
CABOMETYX 40 MG TABLET	5	PA, QL, LDD, SRX
CABOMETYX 60 MG TABLET	5	PA, QL, LDD, SRX
CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION	2	
CALCIPOTRIENE 0.005% CREAM	3	
CALCIPOTRIENE 0.005% OINTMENT	3	
CALCIPOTRIENE 0.005% TOPICAL SOLUTION	3	
CALCIPOTRIENE-BETAMETHASONE OINTMENT	4	
CALCITONIN-SALMON 200 UNIT NASAL SPRAY	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
CALCITRIOL 0.25 MCG CAPSULE	2		CARBAMAZEPINE ER 300 MG CAPSULE	2	
CALCITRIOL 0.5 MCG CAPSULE	2		CARBAMAZEPINE ER 100 MG TABLET	2	
CALCITRIOL 1 MCG/ML ORAL SOLUTION	2		CARBAMAZEPINE ER 200 MG TABLET	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL	CARBAMAZEPINE ER 400 MG TABLET	2	
CALCIUM ACETATE 667 MG CAPSULE	2		CARBIDOPA 25 MG TABLET	4	
CALCIUM ACETATE 667 MG GELCAP	2		CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET	2	
CALCIUM ACETATE 667 MG TABLET	2		CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET	2	
CALQUENCE 100 MG CAPSULE	5	PA, QL, SRX	CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET	2	
CALQUENCE 100 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA 10-100 TABLET	2	
CAMILA 0.35 MG TABLET	1		CARBIDOPA-LEVODOPA 25-100 TABLET	2	
CAMRESE 0.15-0.03-0.01 MG TABLET	1		CARBIDOPA-LEVODOPA 25-250 TABLET	2	
CAMRESE LO TABLET	1		CARBIDOPA-LEVODOPA ER 25-100 TABLET	2	
CAMZYOS 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA ER 50-200 TABLET	2	
CAMZYOS 5 MG CAPSULE	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA 50 MG-ENTACAPONE TABLET	3	
CAMZYOS 10 MG CAPSULE	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA 75 MG-ENTACAPONE TABLET	3	
CAMZYOS 15 MG CAPSULE	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA 100 MG-ENTACAPONE TABLET	3	
CANDESARTAN 4 MG TABLET	2		CARBIDOPA-LEVODOPA 125 MG-ENTACAPONE TABLET	3	
CANDESARTAN 8 MG TABLET	2		CARBIDOPA-LEVODOPA 150 MG-ENTACAPONE TABLET	3	
CANDESARTAN 16 MG TABLET	2		CARBIDOPA-LEVODOPA 200 MG-ENTACAPONE TABLET	3	
CANDESARTAN 32 MG TABLET	2		CARBINOXAMINE 4 MG/5 ML LIQUID	2	
CANDESARTAN-HCTZ 16-12.5 MG TABLET	2		CARBINOXAMINE 4 MG TABLET	2	
CANDESARTAN-HCTZ 32-12.5 MG TABLET	2		CAREFINE PEN NEEDLE 4MM 32G	3	
CANDESARTAN-HCTZ 32-25 MG TABLET	2		CAREFINE PEN NEEDLE 5MM 32G	3	
CAPECITABINE 150 MG TABLET	5	PA, SRX	CAREFINE PEN NEEDLE 6MM 31G	3	
CAPECITABINE 500 MG TABLET	5	PA, SRX	CAREFINE PEN NEEDLE 6MM 32G	3	
CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX	CAREFINE PEN NEEDLE 8MM 30G	3	
CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX	CAREFINE PEN NEEDLE 8MM 31G	3	
CAPTOPRIL 12.5 MG TABLET	2		CAREFINE PEN NEEDLE 12.7MM 29G	3	
CAPTOPRIL 25 MG TABLET	2		CAREONE SYRINGE 0.3 ML 30G 1/2"	3	
CAPTOPRIL 50 MG TABLET	2		CAREONE SYRINGE 0.5 ML 30G 1/2"	3	
CAPTOPRIL 100 MG TABLET	2		CAREONE SYRINGE 1 ML 30G 1/2"	3	
CAPTOPRIL-HCTZ 25-15 MG TABLET	2	QL	CAREONE UNIFINE PENTIP 29G 1/2"	3	
CAPTOPRIL-HCTZ 25-25 MG TABLET	2	QL	CAREONE UNIFINE PENTIP 31G 1/4"	3	
CAPTOPRIL-HCTZ 50-15 MG TABLET	2	QL	CAREONE UNIFINE PENTIP 31G 3/16"	3	
CAPTOPRIL-HCTZ 50-25 MG TABLET	2	QL	CAREONE UNIFINE PENTIP 31G 5/16"	3	
CAPVAXIVE 0.5 ML SYRINGE	1		CAREONE UNIFINE PENTIP 32G 5/32"	3	
CARBAMAZEPINE 100 MG CHEWABLE TABLET	2		CAREONE UNIFINE PENTIP 4MM 32G	3	
CARBAMAZEPINE 100 MG/5 ML SUSPENSION	2		CAREONE UNIFINE PENTIP 5MM 31G	3	
CARBAMAZEPINE 200 MG TABLET	2				
CARBAMAZEPINE ER 100 MG CAPSULE	2				
CARBAMAZEPINE ER 200 MG CAPSULE	2				

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
CAREONE UNIFINE PENTIP 6MM 31G	3		CARETOUCH SYRINGE 1 ML 29G 5/16"	3	
CAREONE UNIFINE PENTIP 8MM 31G	3		CARETOUCH SYRINGE 1 ML 30G 5/16"	3	
CAREONE UNIFINE PENTIP 12MM 29G	3		CARETOUCH SYRINGE 1 ML 31G 5/16"	3	
CAREPOINT LL SYRINGE 3 ML 20G 1.5"	3		CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX
CAREPOINT LL SYRINGE 3 ML 21G 1"	3		CARISOPRODOL 250 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 21G 1.5"	3		CARISOPRODOL 350 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 22G 1"	3		CARISOPRODOL-ASPIRIN 200-325 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 22G 38MM	3		CARISOPRODOL-ASPIRIN-CODEINE TABLET	2	PA
CAREPOINT LL SYRINGE 3 ML 23G 1"	3		CARTEOLOL 1% EYE DROPS	2	
CAREPOINT LL SYRINGE 3 ML 23G 1.5"	3		CARTIA XT 120 MG CAPSULE	2	
CAREPOINT LL SYRINGE 3 ML 25G 5/8"	3		CARTIA XT 180 MG CAPSULE	2	
CAREPOINT LL SYRINGE 3 ML 25G 1"	3		CARTIA XT 240 MG CAPSULE	2	
CAREPOINT PRECISION NEEDLE 21G 1"	3		CARTIA XT 300 MG CAPSULE	2	
CARESENS CONTROL SOLUTION	3		CARVEDILOL 3.125 MG TABLET	2	
CARETOUCH CONTROL SOLUTION L2-L3	3		CARVEDILOL 6.25 MG TABLET	2	
CARETOUCH HYPODERMIC NEEDLE 18G 1.5"	3		CARVEDILOL 12.5 MG TABLET	2	
CARETOUCH HYPODERMIC NEEDLE 20G 1"	3		CARVEDILOL 25 MG TABLET	2	
CARETOUCH HYPODERMIC NEEDLE 22G 1"	3		CAYSTON 75 MG INHALATION SOLUTION	5	PA, QL, LDD, SRX
CARETOUCH HYPODERMIC NEEDLE 23G 1"	3		CAZANT 28 DAY TABLET	1	
CARETOUCH HYPODERMIC NEEDLE 23G 1.5"	3		CEFACLOL 250 MG CAPSULE	2	
CARETOUCH HYPODERMIC NEEDLE 25G 1"	3		CEFACLOL 500 MG CAPSULE	2	
CARETOUCH HYPODERMIC NEEDLE 25G 1.5"	3		CEFACLOL 125 MG/5 ML SUSPENSION	2	
CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	3		CEFACLOL 250 MG/5 ML SUSPENSION	2	
CARETOUCH HYPODERMIC NEEDLE 26G 1"	3		CEFACLOL 375 MG/5 ML SUSPENSION	2	
CARETOUCH LL SYRINGE 3 ML 22G 1"	3		CEFACLOL ER 500 MG TABLET	3	
CARETOUCH LL SYRINGE 3 ML 22G 1.5"	3		CEFADROXIL 500 MG CAPSULE	2	
CARETOUCH LL SYRINGE 3 ML 23G 1"	3		CEFADROXIL 250 MG/5 ML SUSPENSION	2	
CARETOUCH LL SYRINGE 3 ML 23G 1.5"	3		CEFADROXIL 500 MG/5 ML SUSPENSION	2	
CARETOUCH LL SYRINGE 3 ML 25G 1"	3		CEFADROXIL 1 GM TABLET	2	
CARETOUCH LL SYRINGE 3 ML 25G 1.5"	3		CEFDINIR 300 MG CAPSULE	2	
CARETOUCH LL SYRINGE 3 ML 25G 5/8"	3		CEFDINIR 125 MG/5 ML SUSPENSION	2	
CARETOUCH PEN NEEDLE 29G 12MM	3		CEFDINIR 250 MG/5 ML SUSPENSION	2	
CARETOUCH PEN NEEDLE 31G 1/4"	3		CEFDITOREN 400 MG TABLET	2	
CARETOUCH PEN NEEDLE 31G 3/16"	3		CEFIXIME 400 MG CAPSULE	3	
CARETOUCH PEN NEEDLE 31G 5/16"	3		CEFIXIME 100 MG/5 ML SUSPENSION	2	
CARETOUCH PEN NEEDLE 32G 3/16"	3		CEFIXIME 200 MG/5 ML SUSPENSION	2	
CARETOUCH PEN NEEDLE 32G 5/32"	3		CEFPODOXIME 50 MG/5 ML SUSPENSION	2	
CARETOUCH SYRINGE 0.3 ML 31G 5/16"	3		CEFPODOXIME 100 MG/5 ML SUSPENSION	2	
CARETOUCH SYRINGE 0.5 ML 30G 5/16"	3		CEFPODOXIME 100 MG TABLET	2	
CARETOUCH SYRINGE 0.5 ML 31G 5/16"	3		CEFPODOXIME 200 MG TABLET	2	
CARETOUCH SYRINGE 1 ML 28G 5/16"	3		CEFPROZIL 125 MG/5 ML SUSPENSION	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	2	
CELECOXIB 100 MG CAPSULE	2	QL	CHLORTHALIDONE 50 MG TABLET	2	
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	2		CHOLESTYRAMINE LIGHT POWDER	2	
CEPHALEXIN 500 MG CAPSULE	2		CHOLESTYRAMINE PACKET	2	
CEPHALEXIN 750 MG CAPSULE	2		CHOLESTYRAMINE POWDER	2	
CEPHALEXIN 125 MG/5 ML SUSPENSION	2		CICLODAN 0.77% CREAM	2	
CEPHALEXIN 250 MG/5 ML SUSPENSION	2		CICLODAN 8% TOPICAL SOLUTION	2	
CEQR SIMPLICITY INSERTER	3		CICLOPIROX 0.77% CREAM	2	
CETIRIZINE 1 MG/ML ORAL SOLUTION	2		CICLOPIROX 0.77% GEL	2	
CETIRIZINE 1 MG/ML SYRUP	2		CICLOPIROX 1% SHAMPOO	2	
CEVIMELINE 30 MG CAPSULE	2		CICLOPIROX 8% TOPICAL SOLUTION	2	
CHARLOTTE 24 FE CHEWABLE TABLET	1		CICLOPIROX 0.77% TOPICAL SUSPENSION	2	
CHATEAL EQ-28 TABLET	1		CILOSTAZOL 50 MG TABLET	2	
CHATEAL-28 TABLET	1		CILOSTAZOL 100 MG TABLET	2	
CHEK-STIX TEST STRIP	3		CIMETIDINE 300 MG/5 ML ORAL SOLUTION	2	
CHEMSTRIP 10 MD TEST STRIP	3		CIMETIDINE 200 MG TABLET	2	
CHEMSTRIP 10 WITH SG TEST STRIP	3		CIMETIDINE 300 MG TABLET	2	
CHEMSTRIP 2 GP TEST STRIP	3		CIMETIDINE 400 MG TABLET	2	
CHEMSTRIP 2 LN TEST STRIP	3		CIMETIDINE 800 MG TABLET	2	
CHEMSTRIP 50B TEST STRIP	3		CIMZIA 200 MG VIAL KIT	5	PA, QL, LDD, SRX
CHEMSTRIP 7 TEST STRIP	3		CIMZIA 2X200 MG/ML (X3) STARTER KIT	5	PA, QL, LDD, SRX
CHEMSTRIP BG DIARY	3		CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, LDD, SRX
CHEMSTRIP MICRAL TEST STRIP	3		CINACALCET 30 MG TABLET	5	PA, SRX
CHEMSTRIP-9 TEST STRIP	3		CINACALCET 60 MG TABLET	5	PA, SRX
CHLORDIAZEPOXIDE 5 MG CAPSULE	2		CINACALCET 90 MG TABLET	5	PA, SRX
CHLORDIAZEPOXIDE 10 MG CAPSULE	2		CIPROFLOXACIN 0.2% EAR SOLUTION	2	
CHLORDIAZEPOXIDE 25 MG CAPSULE	2		CIPROFLOXACIN 0.3% EYE DROPS	2	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET	2		CIPROFLOXACIN 250 MG/5 ML SUSPENSION	2	
CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET	2		CIPROFLOXACIN 500 MG/5 ML SUSPENSION	2	
CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	2		CIPROFLOXACIN 100 MG TABLET	2	
CHLORHEXIDINE 0.12% ORAL RINSE	2		CIPROFLOXACIN 250 MG TABLET	2	
CHLOROQUINE 250 MG TABLET	2		CIPROFLOXACIN 500 MG TABLET	2	
CHLOROQUINE 500 MG TABLET	2		CIPROFLOXACIN 750 MG TABLET	2	
			CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
CITALOPRAM 10 MG/5 ML ORAL SOLUTION	2	QL	CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL	2	
CITALOPRAM 10 MG TABLET	2	QL	CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CITALOPRAM 20 MG TABLET	2	QL	CLOBAZAM 10 MG TABLET	4	PA
CITALOPRAM 40 MG TABLET	2	QL	CLOBAZAM 20 MG TABLET	4	PA
CLARAVIS 10 MG CAPSULE	4		CLOBETASOL 0.05% CREAM	2	
CLARAVIS 20 MG CAPSULE	4		CLOBETASOL 0.05% GEL	2	
CLARAVIS 30 MG CAPSULE	4		CLOBETASOL 0.05% OINTMENT	2	
CLARAVIS 40 MG CAPSULE	4		CLOBETASOL 0.05% SHAMPOO	2	
CLARITHROMYCIN 125 MG/5 ML SUSPENSION	2		CLOBETASOL 0.05% TOPICAL LOTION	2	
CLARITHROMYCIN 250 MG/5 ML SUSPENSION	2		CLOBETASOL 0.05% TOPICAL SOLUTION	2	
CLARITHROMYCIN 250 MG TABLET	2		CLOBETASOL EMOLLIENT 0.05% CREAM	2	
CLARITHROMYCIN 500 MG TABLET	2		CLOBETASOL EMOLLIENT 0.05% FOAM	3	
CLARITHROMYCIN ER 500 MG TABLET	2		CLOBETASOL EMULSION 0.05% FOAM	3	
CLEMASTINE 2.68 MG TABLET	2		CLOBETASOL PROPIONATE 0.05% FOAM	2	
CLEVER CHOICE CHAMBER-LARGE MASK	3	QL	CLOBETASOL PROPIONATE 0.05% SPRAY	2	
CLEVER CHOICE CHAMBER-MEDIUM MASK	3	QL	CLOCORTOLONE PIVALATE 0.1% CREAM	3	
CLEVER CHOICE CHAMBER-SMALL MASK	3	QL	CLODAN 0.05% SHAMPOO	2	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	3		CLOMIPRAMINE 25 MG CAPSULE	4	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3		CLOMIPRAMINE 50 MG CAPSULE	4	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	3		CLOMIPRAMINE 75 MG CAPSULE	4	
CLEVER CHOICE PEAK FLOW METER	3		CLONAZEPAM 0.125 MG ODT TABLET	2	
CLICKFINE 31G 1/4" NEEDLE	3		CLONAZEPAM 0.25 MG ODT TABLET	2	
CLICKFINE 31G 5/16" NEEDLE	3		CLONAZEPAM 0.5 MG ODT TABLET	2	
CLICKFINE PEN NEEDLE 32G 5/32"	3		CLONAZEPAM 1 MG ODT TABLET	2	
CLICKFINE UNIVERSAL 31G 1/4"	3		CLONAZEPAM 2 MG ODT TABLET	2	
CLINDACIN 1% FOAM	2		CLONAZEPAM 0.5 MG TABLET	2	
CLINDACIN ETZ 1% PLEDGET	2		CLONAZEPAM 1 MG TABLET	2	
CLINDACIN P 1% PLEDGET	2		CLONAZEPAM 2 MG TABLET	2	
CLINDAMYCIN (PEDI) 75 MG/5 ML	2		CLONIDINE 0.1 MG/DAY PATCH	2	
CLINDAMYCIN 2% VAGINAL CREAM	2		CLONIDINE 0.2 MG/DAY PATCH	2	
CLINDAMYCIN 75 MG CAPSULE	2		CLONIDINE 0.3 MG/DAY PATCH	2	
CLINDAMYCIN 150 MG CAPSULE	2		CLONIDINE 0.1 MG TABLET	2	
CLINDAMYCIN 300 MG CAPSULE	2		CLONIDINE 0.2 MG TABLET	2	
CLINDAMYCIN PHOSPHATE 1% FOAM	2		CLONIDINE 0.3 MG TABLET	2	
CLINDAMYCIN PHOSPHATE 1% GEL	2		CLONIDINE ER 0.1 MG TABLET	2	
CLINDAMYCIN PHOSPHATE 1% LOTION	2		CLOPIDOGREL 75 MG TABLET	2	
CLINDAMYCIN PHOSPHATE 1% PLEDGET	2		CLOPIDOGREL 300 MG TABLET	2	
CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	2		CLORAZEPATE 3.75 MG TABLET	2	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL	2		CLORAZEPATE 7.5 MG TABLET	2	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP	2		CLORAZEPATE 15 MG TABLET	2	
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL	2		CLOTRIMAZOLE 10 MG LOZENGE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
CLOTRIMAZOLE 1% TOPICAL CREAM	2		COMFORT EZ PEN NEEDLE 6MM 33G	3	
CLOTRIMAZOLE 1% TOPICAL SOLUTION	2		COMFORT EZ PEN NEEDLE 8MM 31G	3	
CLOTRIMAZOLE 10 MG TROCHE	2		COMFORT EZ PEN NEEDLE 8MM 32G	3	
CLOTRIMAZOLE-BETAMETHASONE CREAM	2		COMFORT EZ PEN NEEDLE 8MM 33G	3	
CLOTRIMAZOLE-BETAMETHASONE LOTION	2		COMFORT EZ PEN NEEDLE 12MM 29G	3	
CLOZAPINE 25 MG TABLET	2		COMFORT EZ PRO PEN NEEDLE 30G 8MM	3	
CLOZAPINE 50 MG TABLET	2		COMFORT EZ PRO PEN NEEDLE 31G 4MM	3	
CLOZAPINE 100 MG TABLET	2		COMFORT EZ PRO PEN NEEDLE 31G 5MM	3	
CLOZAPINE 200 MG TABLET	2		COMFORT EZ SYRINGE 0.3 ML 29G 1/2"	3	
CLOZAPINE ODT 12.5 MG TABLET	4		COMFORT EZ SYRINGE 0.5 ML 28G 1/2"	3	
CLOZAPINE ODT 25 MG TABLET	4		COMFORT EZ SYRINGE 0.5 ML 29G 1/2"	3	
CLOZAPINE ODT 100 MG TABLET	4		COMFORT EZ SYRINGE 0.5 ML 30G 1/2"	3	
CLOZAPINE ODT 150 MG TABLET	4		COMFORT EZ SYRINGE 1 ML 28G 1/2"	3	
CLOZAPINE ODT 200 MG TABLET	4		COMFORT EZ SYRINGE 1 ML 29G 1/2"	3	
C-NATE DHA SOFTGEL	2		COMFORT EZ SYRINGE 1 ML 30G 1/2"	3	
COARTEM TABLET	4	QL	COMFORT EZ SYRINGE 1 ML 30G 5/16"	3	
CODEINE SULFATE 15 MG TABLET	2	PA	COMFORT INFUSION SET 23" 17MM	3	
CODEINE SULFATE 30 MG TABLET	2	PA	COMFORT INFUSION SET 32" 17MM	3	
CODEINE SULFATE 60 MG TABLET	2	PA	COMFORT INFUSION SET 43" 17MM	3	
COLCHICINE 0.6 MG TABLET	2		COMFORT POINT PEN NEEDLE 29G 1/2"	3	
COLESEVELAM 625 MG TABLET	2		COMFORT POINT PEN NEEDLE 31G 1/3"	3	
COLESTIPOL 1 GM TABLET	2		COMFORT POINT PEN NEEDLE 31G 1/4"	3	
COLESTIPOL GRANULES	2		COMFORT POINT PEN NEEDLE 31G 1/6"	3	
COLESTIPOL GRANULES PACKET	2		COMFORT SHORT INFUSION SET 23"	3	
COMBISTIX REAGENT TEST STRIP	3		COMFORT SHORT INFUSION SET 32"	3	
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX	COMFORT SHORT INFUSION SET 43"	3	
COMETRIQ 100 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX	COMFORT TOUCH PEN NEEDLE 31G 4MM	3	
COMETRIQ 140 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX	COMFORT TOUCH PEN NEEDLE 31G 5MM	3	
COMFORT EZ INSULIN SYRINGE 0.3 ML	3		COMFORT TOUCH PEN NEEDLE 31G 6MM	3	
COMFORT EZ INSULIN SYRINGE 0.3ML 30G 1/2"	3		COMFORT TOUCH PEN NEEDLE 31G 8MM	3	
COMFORT EZ INSULIN SYRINGE 0.3ML 30G 5/16"	3		COMFORT TOUCH PEN NEEDLE 32G 4MM	3	
COMFORT EZ INSULIN SYRINGE 0.5 ML	3		COMFORT TOUCH PEN NEEDLE 32G 5MM	3	
COMFORT EZ INSULIN SYRINGE 0.5ML 31G 5/16"	3		COMFORT TOUCH PEN NEEDLE 32G 6MM	3	
COMFORT EZ INSULIN SYRINGE 1 ML 31G 5/16"	3		COMFORT TOUCH PEN NEEDLE 32G 8MM	3	
COMFORT EZ PEN NEEDLE 4MM 32G	3		COMFORT TOUCH PEN NEEDLE 33G 4MM	3	
COMFORT EZ PEN NEEDLE 4MM 33G	3		COMFORT TOUCH PEN NEEDLE 33G 5MM	3	
COMFORT EZ PEN NEEDLE 5MM 31G	3		COMFORT TOUCH PEN NEEDLE 33G 6MM	3	
COMFORT EZ PEN NEEDLE 5MM 32G	3		COMFORTSEAL LARGE MASK	3	QL
COMFORT EZ PEN NEEDLE 5MM 33G	3		COMFORTSEAL MEDIUM MASK	3	QL
COMFORT EZ PEN NEEDLE 6MM 31G	3		COMFORTSEAL SMALL MASK	3	QL
COMFORT EZ PEN NEEDLE 6MM 32G	3		COMIRNATY 30MCG/0.3ML	1	

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Medication Name	Tier	Notes
COMIRNATY SYRINGE	1	
COMIRNATY VIAL	1	
COMPACT SPACE CHAMBER	3	QL
COMPACT SPACE CHAMBER-LARGE MASK	3	QL
COMPACT SPACE CHAMBER-MEDIUM MASK	3	QL
COMPACT SPACE CHAMBER-SMALL MASK	3	QL
COMPLERA TABLET	4	QL
COMPLETE NATAL DHA	2	
COMPLETENATE CHEWABLE TABLET	2	
COMPRO 25 MG SUPPOSITORY	2	
CONSTULOSE 10 GM/15 ML ORAL SOLUTION	2	
CONTACT DETACH INFUSION SET 23"	3	
CONTACT DETACH INFUSION SET 32"	3	
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	3	
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	3	
CONTOUR SOLUTION	3	
COOL CONTROL A SOLUTION	3	
COOL CONTROL B SOLUTION	3	
CORTISONE 25 MG TABLET	2	
CORTISPORIN-TC EAR SUSPENSION	4	
COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, SRX
COSENTYX 150 MG/ML SYRINGE	5	PA, QL, SRX
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, QL, SRX
COSENTYX SENSOREADY 150 MG PEN	5	PA, QL, SRX
COSENTYX SENSOREADY 300MG DOSE-2PEN	5	PA, QL, SRX
COSENTYX UNOREADY 300 MG PEN	5	PA, QL, SRX
COTELLIC 20 MG TABLET	5	PA, QL, LDD, SRX
COVARYX H.S. TABLET	2	
COVARYX TABLET	2	
CRESEMBA 74.5 MG CAPSULE	4	PA
CRESEMBA 186 MG CAPSULE	4	PA
CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	4	
CROMOLYN 20 MG/2 ML INHALATION SOLUTION	4	QL
CROMOLYN 4% EYE DROPS	2	
CRYSSELLE-28 TABLET	1	
CVS ALKALINE BATTERIES	3	
CVS KETONE CARE TEST STRIP	3	
CYANOCOBALAMIN 1,000 MCG/ML VIAL	2	
CYANOCOBALAMIN 10,000 MCG/10ML VIAL	2	
CYANOCOBALAMIN 30,000 MCG/30ML VIAL	2	
CYCLOBENZAPRINE 5 MG TABLET	2	

Medication Name	Tier	Notes
CYCLOBENZAPRINE 10 MG TABLET	2	
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 ETEXILATE 75 MG CAP	4	QL
DABIGATRAN ETEXILATE 110 MG CP	4	QL
DABIGATRAN ETEXILATE 150 MG CP	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	

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Medication Name	Tier	Notes
DAPTACEL DTAP VACCINE	1	
DARIFENACIN ER 7.5 MG TABLET	2	
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
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	
DESORATADINE 2.5 MG ODT TABLET	2	QL
DESORATADINE 5 MG ODT TABLET	2	QL
DESORATADINE 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	
DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 MG TABLET	1	

Medication Name	Tier	Notes
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 SUCCINATE ER 25 MG TABLET	2	QL
DESVENLAFAXINE SUCCINATE ER 50 MG TABLET	2	QL
DESVENLAFAXINE SUCCINATE 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
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	3	QL
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	3	QL

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Medication Name	Tier	Notes
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	
DIAZEPAM 2 MG TABLET	2	
DIAZEPAM 5 MG TABLET	2	

Medication Name	Tier	Notes
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	
DIFLORASONE 0.05% CREAM	4	
DIFLORASONE 0.05% OINTMENT	4	
DIFLUNISAL 500 MG TABLET	2	
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	
DILTIAZEM 120 MG TABLET	2	
DILTIAZEM 12HR ER 60 MG CAPSULE	2	
DILTIAZEM 12HR ER 90 MG CAPSULE	2	
DILTIAZEM 12HR ER 120 MG CAPSULE	2	
DILTIAZEM 24HR ER(CD) 120 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
DILTIAZEM 24H ER(CD) 180 MG CAPSULE	2		DIVALPROEX DR 125 MG TABLET	2	
DILTIAZEM 24H ER(CD) 240 MG CAPSULE	2		DIVALPROEX DR 250 MG TABLET	2	
DILTIAZEM 24H ER(CD) 300 MG CAPSULE	2		DIVALPROEX DR 500 MG TABLET	2	
DILTIAZEM 24H ER(CD) 360 MG CAPSULE	2		DIVALPROEX ER 250 MG TABLET	2	
DILTIAZEM 24H ER(LA) 120 MG TABLET	2		DIVALPROEX ER 500 MG TABLET	2	
DILTIAZEM 24H ER(LA) 180 MG TABLET	2		DODEX 1,000 MCG/ML VIAL	2	
DILTIAZEM 24H ER(LA) 240 MG TABLET	2		DODEX 10,000 MCG/10 ML VIAL	2	
DILTIAZEM 24H ER(LA) 300 MG TABLET	2		DODEX 30,000 MCG/30 ML VIAL	2	
DILTIAZEM 24H ER(LA) 360 MG TABLET	2		DOFETILIDE 125 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 420 MG TABLET	2		DOFETILIDE 250 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(XR) 120 MG CAPSULE	2		DOFETILIDE 500 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(XR) 180 MG CAPSULE	2		DOLISHALE 90-20 MCG TABLET	1	
DILTIAZEM 24H ER(XR) 240 MG CAPSULE	2		DONEPEZIL 5 MG TABLET	2	
DILTIAZEM 24HR ER 120 MG CAPSULE	2		DONEPEZIL 10 MG TABLET	2	
DILTIAZEM 24HR ER 180 MG CAPSULE	2		DONEPEZIL 23 MG TABLET	2	
DILTIAZEM 24HR ER 240 MG CAPSULE	2		DONEPEZIL ODT 5 MG TABLET	2	
DILTIAZEM 24HR ER 300 MG CAPSULE	2		DONEPEZIL ODT 10 MG TABLET	2	
DILTIAZEM 24HR ER 360 MG CAPSULE	2		DORZOLAMIDE 2% EYE DROPS	2	
DILTIAZEM 24HR ER 420 MG CAPSULE	2		DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DILTIAZEM 30 MG TABLET	2		DOTTI 0.025 MG PATCH	2	QL
DILTIAZEM 60 MG TABLET	2		DOTTI 0.0375 MG PATCH	2	QL
DILTIAZEM 90 MG TABLET	2		DOTTI 0.05 MG PATCH	2	QL
DIMETHYL FUMARATE 30 DAY STARTER PACK	4	PA, QL	DOTTI 0.075 MG PATCH	2	QL
DIMETHYL FUMARATE DR 120 MG CAPSULE	4	PA, QL	DOTTI 0.1 MG PATCH	2	QL
DIMETHYL FUMARATE DR 240 MG CAPSULE	4	PA, QL	DOVATO 50-300 MG TABLET	4	QL
DIPHEN 12.5 MG/5 ML ELIXIR	4		DOXAZOSIN 1 MG TABLET	2	
DIPHEN 12.5 MG/5 ML ORAL SOLUTION	4		DOXAZOSIN 2 MG TABLET	2	
DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION	2		DOXAZOSIN 4 MG TABLET	2	
DIPHENHYDRAMINE 25 MG/10ML ORAL SOLUTION	2		DOXAZOSIN 8 MG TABLET	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION	2		DOXEPIN 10 MG CAPSULE	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	2		DOXEPIN 25 MG CAPSULE	2	
DIPHThERIA-TETANUS TOXOIDS-PEDIATRIC	1		DOXEPIN 50 MG CAPSULE	2	
DIPYRIDAMOLE 25 MG TABLET	2		DOXEPIN 75 MG CAPSULE	2	
DIPYRIDAMOLE 50 MG TABLET	2		DOXEPIN 100 MG CAPSULE	2	
DIPYRIDAMOLE 75 MG TABLET	2		DOXEPIN 150 MG CAPSULE	2	
DISOPYRAMIDE 100 MG CAPSULE	2		DOXEPIN 5% CREAM	4	QL
DISOPYRAMIDE 150 MG CAPSULE	2		DOXEPIN 10 MG/ML ORAL CONCENTRATE	2	
DISULFIRAM 250 MG TABLET	2		DOXERCALCIFEROL 0.5 MCG CAPSULE	2	
DISULFIRAM 500 MG TABLET	2		DOXERCALCIFEROL 1 MCG CAPSULE	2	
DIVALPROEX DR 125 MG CAPSULE SPRINKLE	2		DOXERCALCIFEROL 2.5 MCG CAPSULE	2	
			DOXYCYCLINE HYCLATE 50 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
DOXYCYCLINE HYCLATE 100 MG CAPSULE	2		DROPLET PEN NEEDLE 32G 3/16"	3	
DOXYCYCLINE 25 MG/5 ML SUSPENSION	2		DROPLET PEN NEEDLE 32G 5/16"	3	
DOXYCYCLINE HYCLATE 20 MG TABLET	2		DROPLET PEN NEEDLE 32G 5/32"	3	
DOXYCYCLINE HYCLATE 100 MG TABLET	2		DROPSAFE INSULIN 1ML 29G 12.5MM	3	
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	2		DROPSAFE INSULIN SYRINGE 0.3ML 31G 6MM	3	
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	2		DROPSAFE INSULIN SYRINGE 0.3ML 31G 8MM	3	
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	2		DROPSAFE INSULIN SYRINGE 0.5ML 31G 6MM	3	
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	2		DROPSAFE INSULIN SYRINGE 0.5ML 31G 8MM	3	
DOXYCYCLINE MONOHYDRATE 50 MG TABLET	2		DROPSAFE INSULIN SYRINGE 1ML 31G 6MM	3	
DOXYCYCLINE MONOHYDRATE 75 MG TABLET	2		DROPSAFE INSULIN SYRINGE 1ML 31G 8MM	3	
DOXYCYCLINE MONOHYDRATE 100 MG TABLET	2		DROPSAFE PEN NEEDLE 31G 1/4"	3	
DOXYCYCLINE MONOHYDRATE 150 MG TABLET	2		DROPSAFE PEN NEEDLE 31G 3/16"	3	
DRONABINOL 2.5 MG CAPSULE	4		DROPSAFE PEN NEEDLE 31G 5/16"	3	
DRONABINOL 5 MG CAPSULE	4		DROPSAFE SICURA NEEDLE 25G 25MM	3	
DRONABINOL 10 MG CAPSULE	4		DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET	1	
DROPLET 0.5 ML 29G 12.5MM(1/2)	3		DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET	1	
DROPLET 0.5 ML 30G 12.5MM(1/2)	3		DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET	1	
DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM	3		DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET	1	
DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM	3		DROXIA 200 MG CAPSULE	4	
DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM	3		DROXIA 300 MG CAPSULE	4	
DROPLET INSULIN SYRINGE 0.3ML 30G 12.5MM	3		DROXIA 400 MG CAPSULE	4	
DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM	3		DRUG MART ULTRA COMFORT SYRINGE	3	
DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM	3		DULERA 50 MCG-5 MCG INHALER	3	QL
DROPLET INSULIN SYRINGE 0.5ML 30G 6MM(1/2)	3		DULERA 100 MCG-5 MCG INHALER	3	QL
DROPLET INSULIN SYRINGE 0.5ML 30G 8MM(1/2)	3		DULERA 200 MCG-5 MCG INHALER	3	QL
DROPLET INSULIN SYRINGE 0.5ML 31G 6MM(1/2)	3		DULOXETINE DR 20 MG CAPSULE	2	QL
DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM	3		DULOXETINE DR 30 MG CAPSULE	2	QL
DROPLET INSULIN SYRINGE 1 ML 30G 6MM	3		DULOXETINE DR 60 MG CAPSULE	2	QL
DROPLET INSULIN SYRINGE 1 ML 30G 8MM	3		DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM	3		DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DROPLET INSULIN SYRINGE 1 ML 31G 6MM	3		DUPIXENT 100 MG/0.67 ML SYRINGE	5	PA, SRX
DROPLET INSULIN SYRINGE 1 ML 31G 8MM	3		DUPIXENT 200 MG/1.14 ML SYRINGE	5	PA, SRX
DROPLET MICRON 34G 9/64"	3		DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DROPLET PEN NEEDLE 29G 1/2"	3		DUTASTERIDE 0.5 MG CAPSULE	2	
DROPLET PEN NEEDLE 29G 3/8"	3		DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	2	
DROPLET PEN NEEDLE 29G 5/16"	3		EASIVENT HOLDING CHAMBER	3	QL
DROPLET PEN NEEDLE 30G 5/16"	3		EASIVENT MASK-LARGE	3	QL
DROPLET PEN NEEDLE 31G 1/4"	3		EASIVENT MASK-MEDIUM	3	QL
DROPLET PEN NEEDLE 31G 3/16"	3				
DROPLET PEN NEEDLE 31G 5/16"	3				
DROPLET PEN NEEDLE 32G 1/4"	3				

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Medication Name	Tier	Notes
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	
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	

Medication Name	Tier	Notes
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	
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	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
EASY TOUCH HYPODERMIC 22G 1"	3		EASY TOUCH SYRINGE 0.5ML 27G 12.7MM	3	
EASY TOUCH HYPODERMIC 22G 1.5"	3		EASY TOUCH SYRINGE 0.5ML 28G 12.7MM	3	
EASY TOUCH HYPODERMIC 23G 1"	3		EASY TOUCH SYRINGE 0.5ML 29G 12.7MM	3	
EASY TOUCH HYPODERMIC 23G 1.25"	3		EASY TOUCH SYRINGE 1 ML 27G 12.7MM	3	
EASY TOUCH HYPODERMIC 23G 1.5"	3		EASY TOUCH SYRINGE 1 ML 27G 16MM	3	
EASY TOUCH HYPODERMIC 23G 3/4"	3		EASY TOUCH SYRINGE 1 ML 28G 12.7MM	3	
EASY TOUCH HYPODERMIC 24G 1"	3		EASY TOUCH SYRINGE 1 ML 29G 12.7MM	3	
EASY TOUCH HYPODERMIC 24G 1.25"	3		EASY TOUCH SYRINGE 3 ML 20G 1"	3	
EASY TOUCH HYPODERMIC 25G 1"	3		EASY TOUCH SYRINGE 3 ML 21G 1"	3	
EASY TOUCH HYPODERMIC 25G 1.5"	3		EASY TOUCH SYRINGE 3 ML 22G 1"	3	
EASY TOUCH HYPODERMIC 25G 5/8"	3		EASY TOUCH SYRINGE 3 ML 22G 1-1/2"	3	
EASY TOUCH HYPODERMIC 26G 1/2"	3		EASY TOUCH SYRINGE 3 ML 23G 1"	3	
EASY TOUCH HYPODERMIC 26G 3/8"	3		EASY TOUCH SYRINGE 3 ML 25G 1"	3	
EASY TOUCH HYPODERMIC 26G 5/8"	3		EASY TOUCH SYRINGE 3 ML 25G 5/8"	3	
EASY TOUCH HYPODERMIC 27G 1.25"	3		EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	
EASY TOUCH HYPODERMIC 27G 1.5"	3		EASY TRAK CONTROL SOLUTION HIGH	3	
EASY TOUCH HYPODERMIC 27G 1/2"	3		EASY TRAK CONTROL SOLUTION LOW	3	
EASY TOUCH HYPODERMIC 30G 1"	3		EASY TRAK II CONTROL SOLUTION-NORMAL	3	
EASY TOUCH HYPODERMIC 30G 1/2"	3		EASYGLUCO PLUS CONTROL SOLUTION NORMAL	3	
EASY TOUCH HYPODERMIC 31G 5/16"	3		EASYMAX 15 LEVEL 2 SOLUTION	3	
EASY TOUCH HYPODERMIC 32G 5/16"	3		EASYMAX NORMAL CONTROL SOLUTION	3	
EASY TOUCH INSULIN SYRINGE 0.3 ML	3		EASYPOINT NEEDLE 18G 1"	3	
EASY TOUCH INSULIN SYRINGE 0.5 ML	3		EASYPOINT NEEDLE 18G 1-1/2"	3	
EASY TOUCH INSULIN SYRINGE 1 ML	3		EASYPOINT NEEDLE 20G 1"	3	
EASY TOUCH INSULIN SYRINGE 1ML 29G 1/2"	3		EASYPOINT NEEDLE 20G 1-1/2"	3	
EASY TOUCH INSULIN SYRINGE 1ML 30G 1/2"	3		EASYPOINT NEEDLE 21G 1"	3	
EASY TOUCH INSULIN SYRINGE 1ML 30G 5/16"	3		EASYPOINT NEEDLE 21G 1-1/2"	3	
EASY TOUCH INSULIN SYRINGE 1ML 31G 5/16"	3		EASYPOINT NEEDLE 22G 1"	3	
EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML	3		EASYPOINT NEEDLE 22G 1-1/2"	3	
EASY TOUCH PEN NEEDLE 29G 1/2"	3		EASYPOINT NEEDLE 23G 1"	3	
EASY TOUCH PEN NEEDLE 30G 5/16"	3		EASYPOINT NEEDLE 25G 1.5"	3	
EASY TOUCH PEN NEEDLE 31G 1/4"	3		EASYPOINT NEEDLE 25G 5/8"	3	
EASY TOUCH PEN NEEDLE 31G 3/16"	3		EASYPOINT NEEDLE 25G 1"	3	
EASY TOUCH PEN NEEDLE 31G 5/16"	3		EASYPOINT NEEDLE 25G 16MM	3	
EASY TOUCH PEN NEEDLE 32G 1/4"	3		EASYTOUCH SAFETY PEN NEEDLE 30G 6MM	3	
EASY TOUCH PEN NEEDLE 32G 3/16"	3		EC-NAPROXEN DR 375 MG TABLET	2	
EASY TOUCH PEN NEEDLE 32G 5/32"	3		EC-NAPROXEN DR 500 MG TABLET	2	
EASY TOUCH SAFETY PEN NEEDLE 29G 5MM	3		ECONAZOLE 1% CREAM	2	
EASY TOUCH SAFETY PEN NEEDLE 29G 8MM	3		ECONTRA EZ 1.5 MG TABLET	1	
EASY TOUCH SAFETY PEN NEEDLE 30G 5MM	3		ECONTRA ONE-STEP 1.5 MG TABLET	1	
EASY TOUCH SAFETY PEN NEEDLE 30G 8MM	3		ED-SPAZ 0.125 MG ODT TABLET	2	

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Medication Name	Tier	Notes
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
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	
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	2	
ELLA 30 MG TABLET	1	
ELMIRON 100 MG CAPSULE	4	
ELURYNG VAGINAL RING	1	
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	
EMBRACE PEN NEEDLE 30G 5MM	3	
EMBRACE PEN NEEDLE 30G 8MM	3	
EMBRACE PEN NEEDLE 31G 5MM	3	
EMBRACE PEN NEEDLE 31G 6MM	3	
EMBRACE PEN NEEDLE 31G 8MM	3	
EMBRACE PEN NEEDLE 32G 4MM	3	
EMBRACE PRO CONTROL SOLUTION	3	
EMBRACE TALK CONTROL SOLUTION-HIGH(L2)	3	
EMBRACE TALK CONTROL SOLUTION-LOW(L1)	3	
EMCYT 140 MG CAPSULE	5	SRX
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
EMGALITY 120 MG/ML PEN	3	PA
EMGALITY 100 MG/ML SYRINGE(1 OF 3)	3	PA

Medication Name	Tier	Notes
EMGALITY 120 MG/ML SYRINGE	3	PA
EMGALITY 300 MG (100 MG X3SYRINGE)	3	PA
EMOQUETTE 28 DAY TABLET	1	
EMTRICITABINE 200 MG CAPSULE	2	
EMTRICITABINE-TENOFOVIR 100-150 MG TABLET	2	
EMTRICITABINE-TENOFOVIR 133-200 MG TABLET	2	
EMTRICITABINE-TENOFOVIR 167-250 MG TABLET	2	
EMTRICITABINE-TENOFOVIR 200-300 MG TABLET	2	
EMTRIVA 10 MG/ML ORAL SOLUTION	3	
EMVERM 100 MG CHEWABLE TABLET	4	
EMZAHH 0.35 MG TABLET	1	
ENALAPRIL 2.5 MG TABLET	2	
ENALAPRIL 5 MG TABLET	2	
ENALAPRIL 10 MG TABLET	2	
ENALAPRIL 20 MG TABLET	2	
ENALAPRIL-HCTZ 5-12.5 MG TABLET	2	
ENALAPRIL-HCTZ 10-25 MG TABLET	2	
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX
ENDOCET 2.5-325 MG TABLET	2	PA
ENDOCET 5-325 MG TABLET	2	PA
ENDOCET 7.5-325 MG TABLET	2	PA
ENDOCET 10-325 MG TABLET	2	PA
ENGRIX-B 20 MCG/ML SYRINGE	1	
ENGRIX-B 20 MCG/ML VIAL	1	
ENGRIX-B PEDI 10 MCG/0.5 SYRINGE	1	
ENILLORING VAGINAL RING	1	
ENLITE SERTER	3	
ENOXAPARIN 30 MG/0.3 ML SYRINGE	5	QL, SRX
ENOXAPARIN 40 MG/0.4 ML SYRINGE	5	QL, SRX
ENOXAPARIN 60 MG/0.6 ML SYRINGE	5	QL, SRX
ENOXAPARIN 80 MG/0.8 ML SYRINGE	5	QL, SRX
ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX
ENOXAPARIN 120 MG/0.8 ML SYRINGE	5	QL, SRX
ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX
ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX
ENPRESSE-28 TABLET	1	
ENSKYCE 28 TABLET	1	

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Medication Name	Tier	Notes
ENTACAPONE 200 MG TABLET	2	
ENTECAVIR 0.5 MG TABLET	5	SRX
ENTECAVIR 1 MG TABLET	5	SRX
ENTRESTO 24 MG-26 MG TABLET	3	QL
ENTRESTO 49 MG-51 MG TABLET	3	QL
ENTRESTO 97 MG-103 MG TABLET	3	QL
ENULOSE 10 GM/15 ML ORAL SOLUTION	2	
EPCLUSA 150-37.5 MG PELLET PACKET	5	PA, QL, SRX
EPCLUSA 200-50 MG PELLET PACKET	5	PA, QL, SRX
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX
EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX
EPIDIOLEX 100 MG/ML ORAL SOLUTION	4	PA, LDD
EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	4	PA, LDD
EPINASTINE 0.05% EYE DROPS	2	
EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
EPITOL 200 MG TABLET	2	
EPLERENONE 25 MG TABLET	2	
EPLERENONE 50 MG TABLET	2	
EPROSARTAN 600 MG TABLET	2	
EQ SPACE CHAMBER	3	QL
EQ SPACE CHAMBER-LARGE MASK	3	QL
EQ SPACE CHAMBER-MEDIUM MASK	3	QL
EQ SPACE CHAMBER-SMALL MASK	3	QL
EQL INSULIN 0.3 ML SYRINGE	3	
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	2	
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	
ERY 2% PADS	2	
ERYTHROCIN 250 MG TABLET	4	

Medication Name	Tier	Notes
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	
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	2	
ESTRADIOL 1 MG TABLET	2	
ESTRADIOL 2 MG TABLET	2	
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	

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Medication Name	Tier	Notes
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	1	
ETOPOSIDE 50 MG CAPSULE	5	SRX
ETRAVIRINE 100 MG TABLET	2	
ETRAVIRINE 200 MG TABLET	2	
EUTHYROX 25 MCG TABLET	2	
EUTHYROX 50 MCG TABLET	2	
EUTHYROX 75 MCG TABLET	2	
EUTHYROX 88 MCG TABLET	2	
EUTHYROX 100 MCG TABLET	2	
EUTHYROX 112 MCG TABLET	2	
EUTHYROX 125 MCG TABLET	2	
EUTHYROX 137 MCG TABLET	2	
EUTHYROX 150 MCG TABLET	2	
EUTHYROX 175 MCG TABLET	2	
EUTHYROX 200 MCG TABLET	2	
EVENCARE G2 CONTROL SOLUTION	3	
EVENCARE G3 CONTROL SOLUTION	3	
EVEROLIMUS 0.25 MG TABLET	5	SRX
EVEROLIMUS 0.5 MG TABLET	5	SRX
EVEROLIMUS 0.75 MG TABLET	5	SRX

Medication Name	Tier	Notes
EVEROLIMUS 1 MG TABLET	5	SRX
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX
EVEROLIMUS 2 MG TABLET FOR SUSPENSION	5	PA, QL, SRX
EVEROLIMUS 3 MG TABLET FOR SUSPENSION	5	PA, QL, SRX
EVEROLIMUS 5 MG TABLET FOR SUSPENSION	5	PA, QL, SRX
EVOLUTION CONTROL SOLUTION NORMAL	3	
EVOTAZ 300 MG-150 MG TABLET	3	
EXEL 3 ML SYRINGE 27G 1-1/4"	3	
EXEL HUBER 22G 3/4" NEEDLE	3	
EXEL HUBER NEEDLE 22G 1"	3	
EXEL HYPO NEEDLE 16G 1"	3	
EXEL HYPO NEEDLE 18G 1"	3	
EXEL HYPO NEEDLE 18G 1.5"	3	
EXEL HYPO NEEDLE 19G 1"	3	
EXEL HYPO NEEDLE 19G 1.5"	3	
EXEL HYPO NEEDLE 20G 0.75"	3	
EXEL HYPO NEEDLE 20G 1"	3	
EXEL HYPO NEEDLE 20G 1.5"	3	
EXEL HYPO NEEDLE 21G 1"	3	
EXEL HYPO NEEDLE 21G 1.5"	3	
EXEL HYPO NEEDLE 22G 0.75"	3	
EXEL HYPO NEEDLE 22G 1"	3	
EXEL HYPO NEEDLE 22G 1.5"	3	
EXEL HYPO NEEDLE 23G 0.75"	3	
EXEL HYPO NEEDLE 23G 1"	3	
EXEL HYPO NEEDLE 25G 0.625"	3	
EXEL HYPO NEEDLE 25G 0.75"	3	
EXEL HYPO NEEDLE 25G 1"	3	
EXEL HYPO NEEDLE 25G 1.5"	3	
EXEL HYPO NEEDLE 26G 0.375"	3	
EXEL HYPO NEEDLE 26G 0.5"	3	
EXEL HYPO NEEDLE 26G 0.625"	3	
EXEL HYPO NEEDLE 26G 1.5"	3	
EXEL HYPO NEEDLE 27G 0.5"	3	
EXEL HYPO NEEDLE 30G 0.5"	3	
EXEL INSULIN SYRINGE U100 1 ML 28G 1/2"	3	
EXEL MTI DRAWING NEEDLE 20G 1"	3	
EXEL MTI DRAWING NEEDLE 21G 1"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
EXEL MTI DRAWING NEEDLE 22G 1"	3		FEM PH VAGINAL JELLY	2	
EXEL SYRINGE 20G 1" 3 ML	3		FENOFIBRATE 43 MG CAPSULE	2	
EXEL SYRINGE 20G 1-1/2" 3 ML	3		FENOFIBRATE 50 MG CAPSULE	2	
EXEL SYRINGE 21G 1" 3 ML	3		FENOFIBRATE 67 MG CAPSULE	2	
EXEL SYRINGE 21G 1-1/2" 3 ML	3		FENOFIBRATE 130 MG CAPSULE	2	
EXEL SYRINGE 22G 1" 3 ML	3		FENOFIBRATE 134 MG CAPSULE	2	
EXEL SYRINGE 22G 1-1/2" 3 ML	3		FENOFIBRATE 150 MG CAPSULE	2	
EXEL SYRINGE 22G 3/4" 3 ML	3		FENOFIBRATE 200 MG CAPSULE	2	
EXEL SYRINGE 23G 1" 3 ML	3		FENOFIBRATE 40 MG TABLET	2	
EXEL SYRINGE 25G 1" 3 ML	3		FENOFIBRATE 48 MG TABLET	2	
EXEL U100 0.3 ML 29G 1/2"	3		FENOFIBRATE 54 MG TABLET	2	
EXEL U100 0.3 ML 30G 5/16"	3		FENOFIBRATE 120 MG TABLET	2	
EXEL U100 0.5 ML 28G 1/2"	3		FENOFIBRATE 145 MG TABLET	2	
EXEL U100 0.5 ML 29G 1/2"	3		FENOFIBRATE 160 MG TABLET	2	
EXEL U100 0.5 ML 30G 5/16"	3		FENOFIBRIC ACID 35 MG TABLET	2	
EXEL U100 1 ML 30G 5/16"	3		FENOFIBRIC ACID 105 MG TABLET	2	
EXEL U100 INSULIN SYRINGE 1 ML 29G 1/2	3		FENOFIBRIC ACID DR 45 MG CAPSULE	2	
EXEMESTANE 25 MG TABLET	1		FENOFIBRIC ACID DR 135 MG CAPSULE	2	
EXTENDED RESERVOIR 3 ML	3		FENOPROFEN 600 MG TABLET	3	
EZETIMIBE 10 MG TABLET	2		FENTANYL 12 MCG/HR PATCH	3	PA
EZETIMIBE-SIMVASTATIN 10-10 MG TABLET	2		FENTANYL 25 MCG/HR PATCH	3	PA
EZETIMIBE-SIMVASTATIN 10-20 MG TABLET	2		FENTANYL 37.5 MCG/HR PATCH	3	PA
EZETIMIBE-SIMVASTATIN 10-40 MG TABLET	2		FENTANYL 50 MCG/HR PATCH	3	PA
EZETIMIBE-SIMVASTATIN 10-80 MG TABLET	2		FENTANYL 62.5 MCG/HR PATCH	3	PA
FALMINA-28 TABLET	1		FENTANYL 75 MCG/HR PATCH	3	PA
FAMCICLOVIR 125 MG TABLET	2		FENTANYL 87.5 MCG/HR PATCH	3	PA
FAMCICLOVIR 250 MG TABLET	2		FENTANYL 100 MCG/HR PATCH	3	PA
FAMCICLOVIR 500 MG TABLET	2		FENTANYL CITRATE OTFC 200 MCG LOZENGE	4	PA
FAMOTIDINE 40 MG/5 ML SUSPENSION	2		FENTANYL CITRATE OTFC 400 MCG LOZENGE	4	PA
FAMOTIDINE 20 MG TABLET	2		FENTANYL CITRATE OTFC 600 MCG LOZENGE	4	PA
FAMOTIDINE 40 MG TABLET	2		FENTANYL CITRATE OTFC 800 MCG LOZENGE	4	PA
FARXIGA 5 MG TABLET	3	QL	FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	4	PA
FARXIGA 10 MG TABLET	3	QL	FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	4	PA
FEBUXOSTAT 40 MG TABLET	4	QL	FIFTY50 GLUCOSE CONTROL SOLUTION	3	
FEBUXOSTAT 80 MG TABLET	4	QL	FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
FELBAMATE 600 MG/5 ML SUSPENSION	4		FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
FELBAMATE 400 MG TABLET	4		FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"	3	
FELBAMATE 600 MG TABLET	4		FIFTY50 PEN 31G 3/16" NEEDLE	3	
FELODIPINE ER 2.5 MG TABLET	2		FIFTY50 PEN 31G 5/16" NEEDLE	3	
FELODIPINE ER 5 MG TABLET	2		FIFTY50 PEN NEEDLE 32G 1/4"	3	
FELODIPINE ER 10 MG TABLET	2		FIFTY50 PEN NEEDLE 32G 5/32"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
FILTER ASPIRATOR NEEDLE	3		FLUOCINOLONE OIL 0.01% EAR DROPS	2	
FILTER NEEDLE	3		FLUOCINONIDE 0.05% CREAM	2	
FILTER NEEDLE 19G 1-1/2"	3		FLUOCINONIDE 0.1% CREAM	2	
FILTER NEEDLE 5 MICRON	3		FLUOCINONIDE 0.05% GEL	2	
FINASTERIDE 5 MG TABLET	2		FLUOCINONIDE 0.05% OINTMENT	2	
FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX	FLUOCINONIDE 0.05% TOPICAL SOLUTION	2	
FINZALA 1-0.02(24)-75 CHEWABLE TABLET	1		FLUOCINONIDE-E 0.05% CREAM	2	
FIRVANQ 25 MG/ML ORAL SOLUTION	3	QL	FLUORIDEX DAILY DEFENSE 1.1% TOOTHPASTE	2	
FIRVANQ 50 MG/ML ORAL SOLUTION	3	QL	FLUORIDEX SENSITIVE RELIEF TOOTHPASTE	2	
FLAC OTIC OIL 0.01% EAR DROPS	2		FLUORIMAX 5000 1.1% TOOTHPASTE	2	
FLAVOXATE 100 MG TABLET	2		FLUOROMETHOLONE 0.1% EYE DROPS	2	
FLECAINIDE 50 MG TABLET	2		FLUOROURACIL 0.5% CREAM	4	
FLECAINIDE 100 MG TABLET	2		FLUOROURACIL 5% CREAM	2	
FLECAINIDE 150 MG TABLET	2		FLUOROURACIL 2% TOPICAL SOLUTION	2	
FLEXICHAMBER	3	QL	FLUOROURACIL 5% TOPICAL SOLUTION	2	
FLEXICHAMBER-LARGE CHILD MASK	3	QL	FLUOXETINE 10 MG CAPSULE	2	QL
FLEXICHAMBER-SMALL ADULT MASK	3	QL	FLUOXETINE 20 MG CAPSULE	2	QL
FLEXICHAMBER-SMALL CHILD MASK	3	QL	FLUOXETINE 40 MG CAPSULE	2	QL
FLOW-EZE VENTED NEEDLE	3		FLUOXETINE 20 MG/5 ML ORAL SOLUTION	2	QL
FLUAD	1		FLUOXETINE DR 90 MG CAPSULE	2	QL
FLUARIX	1		FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2	
FLUBLOK	1		FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE	2	
FLUCELVAX	1		FLUPHENAZINE 1 MG TABLET	2	
FLUCONAZOLE 10 MG/ML SUSPENSION	2		FLUPHENAZINE 2.5 MG TABLET	2	
FLUCONAZOLE 40 MG/ML SUSPENSION	2		FLUPHENAZINE 5 MG TABLET	2	
FLUCONAZOLE 50 MG TABLET	2		FLUPHENAZINE 10 MG TABLET	2	
FLUCONAZOLE 100 MG TABLET	2		FLURANDRENOLIDE 0.05% CREAM	4	
FLUCONAZOLE 150 MG TABLET	2		FLURANDRENOLIDE 0.05% LOTION	4	
FLUCONAZOLE 200 MG TABLET	2		FLURANDRENOLIDE 0.05% OINTMENT	4	
FLUCYTOSINE 250 MG CAPSULE	4		FLURAZEPAM 15 MG CAPSULE	2	
FLUCYTOSINE 500 MG CAPSULE	4		FLURAZEPAM 30 MG CAPSULE	2	
FLUDROCORTISONE 0.1 MG TABLET	2		FLURBIPROFEN 0.03% EYE DROPS	2	
FLULAVAL	1		FLURBIPROFEN 100 MG TABLET	2	
FLUMIST	1		FLUTAMIDE 125 MG CAPSULE	2	
FLUNISOLIDE 0.025% NASAL SPRAY	2		FLUTICASONE 0.05% CREAM	2	
FLUOCINOLONE 0.01% BODY OIL	2		FLUTICASONE 0.05% LOTION	2	
FLUOCINOLONE 0.01% CREAM	2		FLUTICASONE 0.005% OINTMENT	2	
FLUOCINOLONE 0.025% CREAM	2		FLUTICASONE 50 MCG NASAL SPRAY	2	
FLUOCINOLONE 0.025% OINTMENT	2		FLUTICASONE-SALMETEROL 100-50 INHALER	2	QL
FLUOCINOLONE 0.01% SCALP OIL	2		FLUTICASONE-SALMETEROL 250-50 INHALER	2	QL
FLUOCINOLONE 0.01% TOPICAL SOLUTION	2		FLUTICASONE-SALMETEROL 500-50 INHALER	2	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
FLUVASTATIN 20 MG CAPSULE	3		FRAGMIN 95,000 UNIT/3.8 ML VIAL	5	QL, SRX
FLUVASTATIN 40 MG CAPSULE	3		FREESTYLE CONTROL SOLUTION	3	
FLUVASTATIN ER 80 MG TABLET	3		FREESTYLE LIBRE 2 READER	3	PA, QL
FLUVOXAMINE 25 MG TABLET	2	QL	FREESTYLE LIBRE 3 READER	3	PA, QL
FLUVOXAMINE 50 MG TABLET	2	QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FLUVOXAMINE 100 MG TABLET	2	QL	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FLUVOXAMINE ER 100 MG CAPSULE	2	QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FLUVOXAMINE ER 150 MG CAPSULE	2	QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FLUZONE	1		FREESTYLE PRECISION 0.5 ML 30G 5/16"	3	
FLUZONE HIGH-DOSE	1		FREESTYLE PRECISION 0.5 ML 31G 5/16"	3	
FOLIC ACID 1 MG TABLET	2		FREESTYLE PRECISION 1 ML 30G 5/16"	3	
FOLIVANE-OB CAPSULE	2		FREESTYLE PRECISION 1 ML 31G 5/16"	3	
FONDAPARINUX 2.5 MG/0.5 ML SYRINGE	5	QL, SRX	FROVATRIPTAN 2.5 MG TABLET	3	QL
FONDAPARINUX 5 MG/0.4 ML SYRINGE	5	QL, SRX	FUROSEMIDE 10 MG/ML ORAL SOLUTION	2	
FONDAPARINUX 7.5 MG/0.6 ML SYRINGE	5	QL, SRX	FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	2	
FONDAPARINUX 10 MG/0.8 ML SYRINGE	5	QL, SRX	FUROSEMIDE 20 MG TABLET	2	
FORA HIGH CONTROL SOLUTION	3		FUROSEMIDE 40 MG TABLET	2	
FORA KETONE CONTROL SOLUTION-L1	3		FUROSEMIDE 80 MG TABLET	2	
FORA LOW CONTROL SOLUTION	3		FUZEON 90 MG VIAL	5	SRX
FORA NORMAL CONTROL SOLUTION	3		FYAVOLV 0.5 MG-2.5 MCG TABLET	2	
FORACARE GDH HIGH CONTROL SOLUTION	3		FYAVOLV 1 MG-5 MCG TABLET	2	
FORACARE GDH LOW CONTROL SOLUTION	3		GABAPENTIN 100 MG CAPSULE	2	
FORACARE GDH NORMAL CONTROL SOLUTION	3		GABAPENTIN 300 MG CAPSULE	2	
FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION	4	QL	GABAPENTIN 400 MG CAPSULE	2	
FORTISCARE CONTROL SOLUTION HIGH	3		GABAPENTIN 250 MG/5 ML ORAL SOLUTION	2	
FORTISCARE CONTROL SOLUTION LOW	3		GABAPENTIN 300 MG/6 ML ORAL SOLUTION	2	
FORTISCARE CONTROL SOLUTION NORMAL	3		GABAPENTIN 600 MG TABLET	2	
FOSAMPRENAVIR 700 MG TABLET	2		GABAPENTIN 800 MG TABLET	2	
FOSINOPRIL 10 MG TABLET	2		GALANTAMINE 4 MG/ML ORAL SOLUTION	2	
FOSINOPRIL 20 MG TABLET	2		GALANTAMINE 4 MG TABLET	2	
FOSINOPRIL 40 MG TABLET	2		GALANTAMINE 8 MG TABLET	2	
FOSINOPRIL-HCTZ 10-12.5 MG TABLET	2		GALANTAMINE 12 MG TABLET	2	
FOSINOPRIL-HCTZ 20-12.5 MG TABLET	2		GALANTAMINE ER 8 MG CAPSULE	2	QL
FRAGMIN 2,500 UNIT/0.2 ML SYRINGE	5	QL, SRX	GALANTAMINE ER 16 MG CAPSULE	2	QL
FRAGMIN 5,000 UNIT/0.2 ML SYRINGE	5	QL, SRX	GALANTAMINE ER 24 MG CAPSULE	2	QL
FRAGMIN 7,500 UNIT/0.3 ML SYRINGE	5	QL, SRX	GARDASIL 9 SYRINGE	1	
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX	GARDASIL 9 VIAL	1	
FRAGMIN 12,500 UNIT/0.5 ML SYRINGE	5	QL, SRX	GATIFLOXACIN 0.5% EYE DROPS	3	
FRAGMIN 15,000 UNIT/0.6 ML SYRINGE	5	QL, SRX	GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX
FRAGMIN 18,000 UNIT/0.72 ML SYRINGE	5	QL, SRX	GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX	GATTEX 5 MG VIAL	5	PA, LDD, SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
GAVILYTE-C ORAL SOLUTION	2		GLIMEPIRIDE 4 MG TABLET	2	
GAVILYTE-G ORAL SOLUTION	2		GLIPIZIDE 5 MG TABLET	2	
GAVILYTE-N ORAL SOLUTION	2		GLIPIZIDE 10 MG TABLET	2	
GE100 CONTROL SOLUTION NORMAL	3		GLIPIZIDE ER 2.5 MG TABLET	2	
GEFITINIB 250 MG TABLET	5	PA, QL, SRX	GLIPIZIDE ER 5 MG TABLET	2	
GEMFIBROZIL 600 MG TABLET	2		GLIPIZIDE ER 10 MG TABLET	2	
GEMMILY 1 MG-20 MCG CAPSULE	1		GLIPIZIDE XL 2.5 MG TABLET	2	
GENERLAC 10 GM/15 ML ORAL SOLUTION	2		GLIPIZIDE XL 5 MG TABLET	2	
GENGRAF 25 MG CAPSULE	2		GLIPIZIDE XL 10 MG TABLET	2	
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	2	
GENOTROPIN MINIQUICK 1.8 MG SYRINGE	5	PA, SRX	GLYBURIDE 2.5 MG TABLET	2	
GENOTROPIN MINIQUICK 2 MG SYRINGE	5	PA, SRX	GLYBURIDE 5 MG TABLET	2	
GENTAK 0.3 % EYE OINTMENT	2		GLYBURIDE MICRO 1.5 MG TABLET	2	
GENTAMICIN 0.1% CREAM	2		GLYBURIDE MICRO 3 MG TABLET	2	
GENTAMICIN 0.1% OINTMENT	2		GLYBURIDE MICRO 6 MG TABLET	2	
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	2		GNP INSULIN SYRINGE 1 ML 28G 1/2"	3	
GLIMEPIRIDE 2 MG TABLET	2		GNP INSULIN SYRINGE 1 ML 31G 5/16"	3	

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

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Medication Name	Tier	Notes
HEALTHY ACCENTS PENTIP 12MM 29G	3	
HEATHER 0.35 MG TABLET	1	
HEB UNIFINE PENTIP PLUS 31G 3/17	3	
HEMA-COMBISTIX REAGENT TEST STRIP	3	
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	1	
HER STYLE 1.5 MG TABLET	1	
HIBERIX VACCINE VIAL	1	
HIBERIX VIAL AND DILUENT SYRINGE	1	
HIBERIX VIAL WITH DILUENT VIAL	1	
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

Medication Name	Tier	Notes
HUMULIN 70/30 KWIKPEN	3	QL
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	2	
HYDRALAZINE 25 MG TABLET	2	
HYDRALAZINE 50 MG TABLET	2	
HYDRALAZINE 100 MG TABLET	2	
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	2	
HYDROCHLOROTHIAZIDE 12.5 MG TABLET	2	
HYDROCHLOROTHIAZIDE 25 MG TABLET	2	
HYDROCHLOROTHIAZIDE 50 MG TABLET	2	
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	

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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	2	
HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION	2	PA	IBU 600 MG TABLET	2	
HYDROMORPHONE 3 MG SUPPOSITORY	2	PA	IBU 800 MG TABLET	2	
HYDROMORPHONE 2 MG TABLET	2	PA	IBUPROFEN 100 MG/5 ML SUSPENSION	2	
HYDROMORPHONE 4 MG TABLET	2	PA	IBUPROFEN 400 MG TABLET	2	
HYDROMORPHONE 8 MG TABLET	2	PA	IBUPROFEN 600 MG TABLET	2	
HYDROMORPHONE ER 8 MG TABLET	2	PA	IBUPROFEN 800 MG TABLET	2	
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 LOW	3	
ILET INFUSION KIT-INSET 23" 6 MM	3		INFINITY CONTROL SOLUTION NORMAL	3	
ILET INFUSION-CONTACT DETACH 23"6MM	3		INFINITY VOICE CONTROL SOLUTION-LVL 2	3	
IMATINIB 100 MG TABLET	5	PA, QL, SRX	INJECT-EASE SYRINGE NEEDLE INTRODUCER	3	
IMATINIB 400 MG TABLET	5	PA, QL, SRX	INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX	INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX
IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) BLUE	3	
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) GREY	3	
IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX	INPEN (FOR HUMALOG) PINK	3	
IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) BLUE	3	
IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) GREY	3	
IMBRUVICA 560 MG TABLET	5	PA, QL, SRX	INPEN (NOVOLOG OR FIASP) PINK	3	
IMIPRAMINE 10 MG TABLET	2		INSUL-CAP INSULIN HOLDER	3	
IMIPRAMINE 25 MG TABLET	2		INSULIN 3/10 ML SYRINGE	3	
IMIPRAMINE 50 MG TABLET	2		INSULIN 1/2 ML SYRINGE	3	
IMIPRAMINE PAMOATE 75 MG CAPSULE	3		INSULIN 1 ML SYRINGE	3	
IMIPRAMINE PAMOATE 100 MG CAPSULE	3		INSULIN CARTRIDGE 3 ML	3	
IMIPRAMINE PAMOATE 125 MG CAPSULE	3		INSULIN LISPRO 100 UNIT/ML VIAL	3	QL
IMIPRAMINE PAMOATE 150 MG CAPSULE	3		INSULIN SYRINGE 0.3 ML	3	
IMIQUIMOD 5% CREAM PACKET	2		INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
INCASSIA 0.35 MG TABLET	1		INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
IN-CHECK NASAL WITH MASK	3		INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
IN-CHECK ORAL FLOW METER	3		INSULIN SYRINGE 0.3 ML 31G 1/4"	3	
INCONTROL PEN NEEDLE 4MM 32G	3		INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
INCONTROL PEN NEEDLE 5MM 31G	3		INSULIN SYRINGE 0.5 ML	3	
INCONTROL PEN NEEDLE 6MM 31G	3		INSULIN SYRINGE 0.5 ML 27G 1/2"	3	
INCONTROL PEN NEEDLE 8MM 31G	3		INSULIN SYRINGE 0.5 ML 27G 13MM	3	
INCONTROL PEN NEEDLE 12MM 29G	3		INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
INCONTROL ULTICARE PEN NEEDLE 31G 6MM	3		INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
INCONTROL ULTICARE PEN NEEDLE 31G 8MM	3		INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
INCONTROL ULTICARE PEN NEEDLE 32G 4MM	3		INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX	INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
INCRUSE ELLIPTA 62.5 MCG INHALER	3		INSULIN SYRINGE 0.5 ML 31G 1/4"	3	
INDAPAMIDE 1.25 MG TABLET	2		INSULIN SYRINGE 1 ML	3	
INDAPAMIDE 2.5 MG TABLET	2		INSULIN SYRINGE 1 ML 27G 1/2"	3	
INDOMETHACIN 25 MG CAPSULE	2		INSULIN SYRINGE 1 ML 27G 13MM	3	
INDOMETHACIN 50 MG CAPSULE	2		INSULIN SYRINGE 1 ML 28G 1/2"	3	
INDOMETHACIN ER 75 MG CAPSULE	2		INSULIN SYRINGE 1 ML 28G 13MM	3	
INFANRIX DTAP SYRINGE	1		INSULIN SYRINGE 1 ML 29G 1/2"	3	
INFANRIX DTAP VIAL	1		INSULIN SYRINGE 1 ML 30G 1/2"	3	
INFINITY CONTROL SOLUTION HIGH	3		INSULIN SYRINGE 1 ML 30G 5/16"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
INSULIN SYRINGE 1 ML 31G 5/16"	3		ISOSORBIDE DINITRATE 5 MG TABLET	2	
INSULIN SYRINGE 1 ML 31G 1/4"	3		ISOSORBIDE DINITRATE 10 MG TABLET	2	
INSULIN-EZE SYRINGE MAGNIFIER	3		ISOSORBIDE DINITRATE 20 MG TABLET	2	
INSUPEN 30G ULTRAFINE NEEDLE	3		ISOSORBIDE DINITRATE 30 MG TABLET	2	
INSUPEN 31G ULTRAFINE NEEDLE	3		ISOSORBIDE MONONITRATE 10 MG TABLET	2	
INSUPEN 32G 8MM PEN NEEDLE	3		ISOSORBIDE MONONITRATE 20 MG TABLET	2	
INSUPEN PEN NEEDLE 29G 1/2"	3		ISOSORBIDE MONONITRATE ER 30 MG TABLET	2	
INSUPEN PEN NEEDLE 29G 12MM	3		ISOSORBIDE MONONITRATE ER 60 MG TABLET	2	
INSUPEN PEN NEEDLE 30G 8MM	3		ISOSORBIDE MONONITRATE ER 120 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 5MM	3		ISOTRETINOIN 10 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 8MM	3		ISOTRETINOIN 20 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 3/16"	3		ISOTRETINOIN 30 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 5/16"	3		ISOTRETINOIN 40 MG CAPSULE	4	
INSUPEN PEN NEEDLE 31G 6MM	3		ISOXSUPRINE 10 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 8MM	3		ISOXSUPRINE 20 MG TABLET	2	
INSUPEN PEN NEEDLE 32G 4MM	3		ISRADIPINE 2.5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 32G 5/32"	3		ISRADIPINE 5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 32G 6MM	3		ITRACONAZOLE 100 MG CAPSULE	3	QL
INSUPEN PEN NEEDLE 32G 8MM	3		ITRACONAZOLE 10 MG/ML ORAL SOLUTION	3	
INSUPEN PEN NEEDLE 33G 4MM	3		ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION	3	
INTELENCE 25 MG TABLET	3		IVERMECTIN 3 MG TABLET	2	PA
IPOL VIAL	1		JAIMIESS 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	2		JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX
IRBESARTAN 150 MG TABLET	2		JANSSEN COVID-19 VACCINE (EUA)	1	
IRBESARTAN 300 MG TABLET	2		JANTOVEN 1 MG TABLET	2	
IRBESARTAN-HCTZ 150-12.5 MG TABLET	2		JANTOVEN 2 MG TABLET	2	
IRBESARTAN-HCTZ 300-12.5 MG TABLET	2		JANTOVEN 2.5 MG TABLET	2	
ISENTRESS 25 MG CHEWABLE TABLET	3		JANTOVEN 3 MG TABLET	2	
ISENTRESS 100 MG CHEWABLE TABLET	3		JANTOVEN 4 MG TABLET	2	
ISENTRESS 100 MG POWDER PACKET	3		JANTOVEN 5 MG TABLET	2	
ISENTRESS 400 MG TABLET	3		JANTOVEN 6 MG TABLET	2	
ISENTRESS HD 600 MG TABLET	3		JANTOVEN 7.5 MG TABLET	2	
ISIBLOOM 28 DAY TABLET	1		JANTOVEN 10 MG TABLET	2	
ISONIAZID 50 MG/5 ML ORAL SOLUTION	2		JANUMET 50-500 MG TABLET	3	QL
ISONIAZID 100 MG TABLET	2		JANUMET 50-1,000 MG TABLET	3	QL
ISONIAZID 300 MG TABLET	2		JANUMET XR 50-500 MG TABLET	3	QL
			JANUMET XR 50-1,000 MG TABLET	3	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
JANUMET XR 100-1,000 MG TABLET	3	QL	KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX
JANUVIA 25 MG TABLET	3	QL	KINRAY INSULIN SYRINGE 1 ML 31G 5/16"	3	
JANUVIA 50 MG TABLET	3	QL	KINRAY SYRINGE 0.3 ML 31G 5/16"	3	
JANUVIA 100 MG TABLET	3	QL	KINRAY SYRINGE 0.5 ML 31G 5/16"	3	
JARDIANCE 10 MG TABLET	3	QL	KINRIX TIP-LOK SYRINGE	1	
JARDIANCE 25 MG TABLET	3	QL	KINRIX VIAL	1	
JASMIEL 3 MG-0.02 MG TABLET	1		KIONEX 15 GM/60 ML SUSPENSION	2	
JENCYCLA 0.35 MG TABLET	1		KISQALI 200 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-500 MG TABLET	3	QL	KISQALI 400 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-850 MG TABLET	3	QL	KISQALI 600 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-1000 MG TABLET	3	QL	KLAYESTA 100,000 UNIT/GM POWDER	2	
JENTADUETO XR 2.5 MG-1,000 MG TABLET	3	QL	KLOR-CON 8 MEQ TABLET	2	
JENTADUETO XR 5 MG-1,000 MG TABLET	3	QL	KLOR-CON 10 MEQ TABLET	2	
JINTELI 1 MG-5 MCG TABLET	2		KLOR-CON 20 MEQ PACKET	2	
JOLESSA 0.15 MG-0.03 MG TABLET	1		KLOR-CON M10 TABLET	2	
JOYEUX-28 TABLET	1		KLOR-CON M20 TABLET	2	
JULEBER 28 DAY TABLET	1		KMART VALU PLUS SYRINGE 1/2 ML	3	
JULUCA 50-25 MG TABLET	4	QL	KOURZEQ 0.1% DENTAL PASTE	2	
JUNEL 1 MG-20 MCG TABLET	1		K-PHOS ORIGINAL TABLET	4	
JUNEL 1.5 MG-30 MCG TABLET	1		KRO INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
JUNEL FE 1 MG-20 MCG TABLET	1		KRO INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
JUNEL FE 1.5 MG-30 MCG TABLET	1		KRO INSULIN SYRINGE 1 ML 30G 5/16"	3	
JUNEL FE 24 TABLET	1		KRO PEN NEEDLE 4MM 32G	3	
KAITLIB FE 0.8-0.025MG CHEWABLE TABLET	1		KRO PEN NEEDLE 4MM 33G	3	
KALLIGA 28 DAY TABLET	1		KRO PEN NEEDLE 5MM 31G	3	
KARIVA 28 DAY TABLET	1		KRO PEN NEEDLE 6MM 31G	3	
KELNOR 1-35 28 TABLET	1		KRO PEN NEEDLE 8MM 31G	3	
KELNOR 1-50 TABLET	1		KROGER INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
KESIMPTA 20 MG/0.4 ML PEN	5	PA, SRX	KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
KETOCONAZOLE 2% CREAM	2		KROGER INSULIN SYRINGE 1 ML 29G 1/2"	3	
KETOCONAZOLE 2% SHAMPOO	2		KROGER INSULIN SYRINGE 1 ML 31G 5/16"	3	
KETOCONAZOLE 200 MG TABLET	2		KROGER PEN NEEDLE 31G 5/16"	3	
KETO-DIASTIX REAGENT TEST STRIP	3		KROGER SYRINGE 0.3 ML 31G 5/16"	3	
KETONE TEST STRIP	3		KROGER SYRINGE 0.5 ML 30G 5/16"	3	
KETOPROFEN 50 MG CAPSULE	3		KURVELO-28 TABLET	1	
KETOPROFEN 75 MG CAPSULE	3		LABETALOL 100 MG TABLET	2	
KETOPROFEN ER 200 MG CAPSULE	3		LABETALOL 200 MG TABLET	2	
KETOROLAC 0.4% EYE DROPS	2		LABETALOL 300 MG TABLET	2	
KETOROLAC 0.5% EYE DROPS	2		LABSTIX REAGENT TEST STRIP	3	
KETOROLAC 10 MG TABLET	2	QL	LACOSAMIDE 10 MG/ML ORAL SOLUTION	3	QL
KETOSTIX REAGENT TEST STRIP	3		LACOSAMIDE 50 MG/5 ML ORAL SOLUTION	3	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
LACOSAMIDE 100 MG/10 ML ORAL SOLUTION	3	QL	LARIN 24 FE 1 MG-20 MCG TABLET	1	
LACOSAMIDE 50 MG TABLET	3	QL	LARIN FE 1-20 TABLET	1	
LACOSAMIDE 100 MG TABLET	3	QL	LARIN FE 1.5-30 TABLET	1	
LACOSAMIDE 150 MG TABLET	3	QL	LATANOPROST 0.005% EYE DROPS	2	
LACOSAMIDE 200 MG TABLET	3	QL	LAYOLIS FE CHEWABLE TABLET	1	
LACTATED RINGERS IRRIGATION	2		LEADER INSULIN SYRINGE 0.3 ML	3	
LACTULOSE 10 GM/15 ML ORAL SOLUTION	2		LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
LACTULOSE 20 GM/30 ML ORAL SOLUTION	2		LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
LAMIVUDINE 10 MG/ML ORAL SOLUTION	2		LEADER INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
LAMIVUDINE 150 MG TABLET	2		LEADER INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
LAMIVUDINE 300 MG TABLET	2		LEADER INSULIN SYRINGE 1 ML 28G 1/2"	3	
LAMIVUDINE HBV 100 MG TABLET	2		LEADER INSULIN SYRINGE 1 ML 29G 1/2"	3	
LAMIVUDINE-ZIDOVUDINE TABLET	2		LEADER INSULIN SYRINGE 1 ML 30G 5/16"	3	
LAMOTRIGINE 5 MG DISPERSIBLE TABLET	2		LEADER INSULIN SYRINGE 1 ML 31G 5/16"	3	
LAMOTRIGINE 25 MG DISPERSIBLE TABLET	2		LEADER PEN NEEDLE 12MM 29G	3	
LAMOTRIGINE 25 MG TABLET	2		LEADER SYRINGE 0.3 ML 31G 5/16"	3	
LAMOTRIGINE 100 MG TABLET	2		LEADER SYRINGE 0.5 ML 31G 5/16"	3	
LAMOTRIGINE 150 MG TABLET	2		LEDIPASVIR-SOFOSBUVIR 90-400MG TABLET	5	PA, QL, SRX
LAMOTRIGINE 200 MG TABLET	2		LEENA 28 TABLET	1	
LAMOTRIGINE ER 25 MG TABLET	3		LEFLUNOMIDE 10 MG TABLET	2	
LAMOTRIGINE ER 50 MG TABLET	3		LEFLUNOMIDE 20 MG TABLET	2	
LAMOTRIGINE ER 100 MG TABLET	3		LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 200 MG TABLET	3		LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 250 MG TABLET	3		LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 300 MG TABLET	3		LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 25 MG TABLET	3		LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 50 MG TABLET	3		LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 100 MG TABLET	3		LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT 200 MG TABLET	3		LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT KIT (BLUE)	2		LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT KIT (GREEN)	2		LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ODT KIT (ORANGE)	2		LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-BLUE	2		LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-GREEN	2		LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-ORANGE	2		LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL	LESSINA-28 TABLET	1	
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL	LETROZOLE 2.5 MG TABLET	2	
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	3		LEUCOVORIN 5 MG TABLET	2	
LAPATINIB 250 MG TABLET	5	PA, QL, SRX	LEUCOVORIN 10 MG TABLET	2	
LARIN 1.5 MG-30 MCG TABLET	1		LEUCOVORIN 15 MG TABLET	2	
LARIN 21 1-20 TABLET	1		LEUCOVORIN 25 MG TABLET	2	

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Medication Name	Tier	Notes
LEUKERAN 2 MG TABLET	4	
LEUKINE 250 MCG VIAL	5	SRX
LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT	5	PA, SRX
LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION	2	
LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	2	
LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	2	
LEVALBUTEROL CONCENTRATE 1.25 MG/0.5 INHALATION SOLUTION	2	
LEVALBUTEROL TARTRATE HFA 45 MCG INHALER	2	QL
LEVETIRACETAM 100 MG/ML ORAL SOLUTION	2	
LEVETIRACETAM 500 MG/5 ML ORAL SOLUTION	2	
LEVETIRACETAM 1,000 MG/10 ML ORAL SOLUTION	2	
LEVETIRACETAM 250 MG TABLET	2	
LEVETIRACETAM 500 MG TABLET	2	
LEVETIRACETAM 750 MG TABLET	2	
LEVETIRACETAM 1,000 MG TABLET	2	
LEVETIRACETAM ER 500 MG TABLET	2	
LEVETIRACETAM ER 750 MG TABLET	2	
LEVOBUNOLOL 0.5% EYE DROPS	2	
LEVOCARNITINE 500 MG/5 ML ORAL SOLUTION	2	
LEVOCARNITINE 1 G/10 ML ORAL SOLUTION	2	
LEVOCARNITINE SF 1 G/10 ML ORAL SOLUTION	2	
LEVOCARNITINE 330 MG TABLET	2	
LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION	2	
LEVOCETIRIZINE 5 MG TABLET	2	
LEVOFLOXACIN 0.5% EYE DROPS	2	
LEVOFLOXACIN 1.5% EYE DROPS	2	
LEVOFLOXACIN 25 MG/ML ORAL SOLUTION	2	
LEVOFLOXACIN 250 MG TABLET	2	
LEVOFLOXACIN 500 MG TABLET	2	
LEVOFLOXACIN 750 MG TABLET	2	
LEVONEST-28 TABLET	1	
LEVONORGESTREL 1.5 MG TABLET	1	
LEVONORGESTREL 0.15 MG-ETHINYL ESTRADIOL 20-25-30 MCG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.09-0.02 MG TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02 MG TABLET	1	

Medication Name	Tier	Notes
LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02-0.01 TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03 TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03-0.01 TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL TRIPHASIC TABLET	1	
LEVONORGESTREL-ETHINYL ESTRADIOL-FE BIS 0.1-0.02-36 TABLET	1	
LEVORA-28 TABLET	1	
LEVORPHANOL 2 MG TABLET	5	PA, SRX
LEVORPHANOL 3 MG TABLET	5	PA, SRX
LEVO-T 25 MCG TABLET	2	
LEVO-T 50 MCG TABLET	2	
LEVO-T 75 MCG TABLET	2	
LEVO-T 88 MCG TABLET	2	
LEVO-T 100 MCG TABLET	2	
LEVO-T 112 MCG TABLET	2	
LEVO-T 125 MCG TABLET	2	
LEVO-T 137 MCG TABLET	2	
LEVO-T 150 MCG TABLET	2	
LEVO-T 175 MCG TABLET	2	
LEVO-T 200 MCG TABLET	2	
LEVO-T 300 MCG TABLET	2	
LEVOTHYROXINE 25 MCG TABLET	2	
LEVOTHYROXINE 50 MCG TABLET	2	
LEVOTHYROXINE 75 MCG TABLET	2	
LEVOTHYROXINE 88 MCG TABLET	2	
LEVOTHYROXINE 100 MCG TABLET	2	
LEVOTHYROXINE 112 MCG TABLET	2	
LEVOTHYROXINE 125 MCG TABLET	2	
LEVOTHYROXINE 137 MCG TABLET	2	
LEVOTHYROXINE 150 MCG TABLET	2	
LEVOTHYROXINE 175 MCG TABLET	2	
LEVOTHYROXINE 200 MCG TABLET	2	
LEVOTHYROXINE 300 MCG TABLET	2	
LEVOXYL 25 MCG TABLET	2	
LEVOXYL 50 MCG TABLET	2	
LEVOXYL 75 MCG TABLET	2	
LEVOXYL 88 MCG TABLET	2	
LEVOXYL 100 MCG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
LEVOXYL 112 MCG TABLET	2		LISINAPRIL 2.5 MG TABLET	2	
LEVOXYL 125 MCG TABLET	2		LISINAPRIL 5 MG TABLET	2	
LEVOXYL 137 MCG TABLET	2		LISINAPRIL 10 MG TABLET	2	
LEVOXYL 150 MCG TABLET	2		LISINAPRIL 20 MG TABLET	2	
LEVOXYL 175 MCG TABLET	2		LISINAPRIL 30 MG TABLET	2	
LEVOXYL 200 MCG TABLET	2		LISINAPRIL 40 MG TABLET	2	
LEXIVA 50 MG/ML SUSPENSION	3		LISINAPRIL-HCTZ 10-12.5 MG TABLET	2	
LIDOCAINE 2% JELLY	2		LISINAPRIL-HCTZ 20-12.5 MG TABLET	2	
LIDOCAINE 2% JELLY URO-JET	2		LISINAPRIL-HCTZ 20-25 MG TABLET	2	
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		LITEAIRE 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	
LIOETHYRONINE 5 MCG TABLET	2		LITETOUCH SYRINGE 0.5 ML 30G 5/16"	3	
LIOETHYRONINE 25 MCG TABLET	2		LITETOUCH SYRINGE 1 ML 28G 1/2"	3	
LIOETHYRONINE 50 MCG TABLET	2		LITETOUCH SYRINGE 1 ML 29G 1/2"	3	
LISDEXAMFETAMINE 10 MG CAPSULE	2	PA, QL	LITETOUCH SYRINGE 1 ML 30G 5/16"	3	
LISDEXAMFETAMINE 20 MG CAPSULE	2	PA, QL	LITHIUM 8 MEQ/5 ML ORAL SOLUTION	2	
LISDEXAMFETAMINE 30 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE 150 MG CAPSULE	2	
LISDEXAMFETAMINE 40 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE 300 MG CAPSULE	2	
LISDEXAMFETAMINE 50 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE 600 MG CAPSULE	2	
LISDEXAMFETAMINE 60 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE 300 MG TABLET	2	
LISDEXAMFETAMINE 70 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE ER 300 MG TABLET	2	
LISDEXAMFETAMINE 10 MG CHEWABLE TABLET	2	PA, QL	LITHIUM CARBONATE ER 450 MG TABLET	2	
LISDEXAMFETAMINE 20 MG CHEWABLE TABLET	2	PA, QL	LIVE BETTER PEN NEEDLE 8MM	3	
LISDEXAMFETAMINE 30 MG CHEWABLE TABLET	2	PA, QL	LO LOESTRIN FE 1-10 TABLET	3	
LISDEXAMFETAMINE 40 MG CHEWABLE TABLET	2	PA, QL	LOJAIMIESS 0.1-0.02-0.01 TABLET	1	
LISDEXAMFETAMINE 50 MG CHEWABLE TABLET	2	PA, QL	LOKELMA 5 GRAM POWDER PACKET	4	
LISDEXAMFETAMINE 60 MG CHEWABLE TABLET	2	PA, QL	LOKELMA 10 GRAM POWDER PACKET	4	

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Medication Name	Tier	Notes
LONSURF 15 MG-6.14 MG TABLET	5	PA, LDD, SRX
LONSURF 20 MG-8.19 MG TABLET	5	PA, LDD, SRX
LOPERAMIDE 2 MG CAPSULE	2	
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	2	
LOPINAVIR-RITONAVIR 100-25 MG TABLET	2	
LOPINAVIR-RITONAVIR 200-50 MG TABLET	2	
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2	
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	2	
LORAZEPAM 0.5 MG TABLET	2	
LORAZEPAM 1 MG TABLET	2	
LORAZEPAM 2 MG TABLET	2	
LORTAB 10 MG-300 MG/15 ML ELIXIR	2	PA
LORYNA 3 MG-0.02 MG TABLET	1	
LOSARTAN 25 MG TABLET	2	
LOSARTAN 50 MG TABLET	2	
LOSARTAN 100 MG TABLET	2	
LOSARTAN-HCTZ 50-12.5 MG TABLET	2	
LOSARTAN-HCTZ 100-12.5 MG TABLET	2	
LOSARTAN-HCTZ 100-25 MG TABLET	2	
LOVASTATIN 10 MG TABLET	2	
LOVASTATIN 20 MG TABLET	2	
LOVASTATIN 40 MG TABLET	2	
LOW-OGESTREL-28 TABLET	1	
LOXAPINE 5 MG CAPSULE	2	
LOXAPINE 10 MG CAPSULE	2	
LOXAPINE 25 MG CAPSULE	2	
LOXAPINE 50 MG CAPSULE	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TABLET	1	
LUBIPROSTONE 8 MCG CAPSULE	4	
LUBIPROSTONE 24 MCG CAPSULE	4	
LURASIDONE 20 MG TABLET	4	QL
LURASIDONE 40 MG TABLET	4	QL
LURASIDONE 60 MG TABLET	4	QL
LURASIDONE 80 MG TABLET	4	QL
LURASIDONE 120 MG TABLET	4	QL
LUTERA-28 TABLET	1	
LYLEQ 0.35 MG TABLET	1	
LYLLANA 0.025 MG PATCH	2	QL
LYLLANA 0.0375 MG PATCH	2	QL
LYLLANA 0.05 MG PATCH	2	QL

Medication Name	Tier	Notes
LYLLANA 0.075 MG PATCH	2	QL
LYLLANA 0.1 MG PATCH	2	QL
LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LYSODREN 500 MG TABLET	4	LDD
LYZA 0.35 MG TABLET	1	
MAGELLAN INSULIN SYRINGE 0.3 ML	3	
MAGELLAN INSULIN SYRINGE 0.5 ML	3	
MAGELLAN INSULIN SYRINGE 1 ML	3	
MALATHION 0.5% LOTION	3	
MARLISSA-28 TABLET	1	
MARPLAN 10 MG TABLET	4	
MATZIM LA 180 MG TABLET	2	
MATZIM LA 240 MG TABLET	2	
MATZIM LA 300 MG TABLET	2	
MATZIM LA 360 MG TABLET	2	
MATZIM LA 420 MG TABLET	2	
MAXICOMFORT INSULIN 0.5ML 27G 1/2"	3	
MAXICOMFORT INSULIN 1 ML 27G 1/2"	3	
MAXICOMFORT PEN NEEDLE 29G 5MM	3	
MAXICOMFORT PEN NEEDLE 29G 8MM	3	
MAXICOMFORT II PEN NEEDLE 31G 6MM	3	
MAXI-COMFORT INSULIN 0.5 ML 28G	3	
MAXI-COMFORT INSULIN 1 ML 28G 1/2"	3	
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	2	
MEDROXYPROGESTERONE 5 MG TABLET	2	
MEDROXYPROGESTERONE 10 MG TABLET	2	
MEDROXYPROGESTERONE 150 MG/ML	1	
MEDTRONIC EXTENDED INFUSION SET 23" 6MM	3	
MEDTRONIC EXTENDED INFUSION SET 23" 9MM	3	

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Medication Name	Tier	Notes
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	2	
MELOXICAM 15 MG TABLET	2	
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	1	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	1	
MENVEO A-C-Y-W KIT (2 VIALS)	1	
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	

Medication Name	Tier	Notes
METFORMIN 500 MG TABLET	2	
METFORMIN 850 MG TABLET	2	
METFORMIN 1,000 MG TABLET	2	
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	
METHOXSALEN 10 MG SOFTGEL	4	
METHSCOPOLAMINE 2.5 MG TABLET	2	
METHSCOPOLAMINE 5 MG TABLET	2	
METHSUXIMIDE 300 MG CAPSULE	4	
METHYLDOPA 250 MG TABLET	2	
METHYLDOPA 500 MG TABLET	2	
METHYLDOPA-HCTZ 250-15 MG TABLET	2	
METHYLDOPA-HCTZ 250-25 MG TABLET	2	
METHYLERGONOVINE 0.2 MG TABLET	4	
METHYLPHENIDATE 2.5 MG CHEWABLE TABLET	2	QL
METHYLPHENIDATE 5 MG CHEWABLE TABLET	2	QL
METHYLPHENIDATE 10 MG CHEWABLE TABLET	2	QL
METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION	2	QL
METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION	2	QL
METHYLPHENIDATE 5 MG TABLET	2	QL
METHYLPHENIDATE 10 MG TABLET	2	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	2	
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	2	
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	2	
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	
METHYLPHENIDATE LA 30 MG CAPSULE	3	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE LA 40 MG CAPSULE	3	QL	MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	2	
METHYLPHENIDATE LA 60 MG CAPSULE	3	QL	MICROCHAMBER	3	QL
METHYLPREDNISOLONE 4 MG DOSEPACK	2		MICRODOT HIGH-LOW CONTROL SOLUTION	3	
METHYLPREDNISOLONE 4 MG TABLET	2		MICRODOT NORMAL CONTROL SOLUTION	3	
METHYLPREDNISOLONE 8 MG TABLET	2		MICRODOT PEN NEEDLE 31G 6MM	3	
METHYLPREDNISOLONE 16 MG TABLET	2		MICRODOT PEN NEEDLE 32G 4MM	3	
METHYLPREDNISOLONE 32 MG TABLET	2		MICRODOT PEN NEEDLE 33G 4MM	3	
METHYLTESTOSTERONE 10 MG CAPSULE	5	SRX	MICROGESTIN 21 1-20 TABLET	1	
METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	2		MICROGESTIN 21 1.5-30 TABLET	1	
METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	2		MICROGESTIN 24 FE 1 MG-20 MCG TABLET	2	
METOCLOPRAMIDE 5 MG TABLET	2		MICROGESTIN FE 1-20 TABLET	1	
METOCLOPRAMIDE 10 MG TABLET	2		MICROGESTIN FE 1.5-30 TABLET	1	
METOLAZONE 2.5 MG TABLET	2		MICROLIFE PEAK FLOW METER	3	
METOLAZONE 5 MG TABLET	2		MICROSPACER FOR AEROSOL DEVICE	3	QL
METOLAZONE 10 MG TABLET	2		MIDAZOLAM 2 MG/ML SYRUP	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	2	
MINI PEN NEEDLE 32G 8MM	3		MINOCYCLINE 75 MG CAPSULE	2	
MINI PEN NEEDLE 33G 4MM	3		MINOCYCLINE 100 MG CAPSULE	2	
MINI PEN NEEDLE 33G 5MM	3		MINOCYCLINE 50 MG TABLET	2	
MINI PEN NEEDLE 33G 6MM	3		MINOCYCLINE 75 MG TABLET	2	
MINI ULTRA-THIN II PEN NEEDLE 31G	3		MINOCYCLINE 100 MG TABLET	2	
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		MIRTAZAPINE 15 MG ODT TABLET	2	
MINIMED MIO ADVANCE INFUSION SET 23"9MM	3		MIRTAZAPINE 30 MG ODT TABLET	2	
MINIMED MIO ADVANCE INFUSION SET 43"6MM	3		MIRTAZAPINE 45 MG ODT TABLET	2	
MINIMED MIO ADVANCE INFUSION SET 43"9MM	3		MIRTAZAPINE 7.5 MG TABLET	2	
MINIMED MIO INFUSION SET 18" 6MM	3		MIRTAZAPINE 15 MG TABLET	2	
MINIMED MIO INFUSION SET 23" 6MM	3		MIRTAZAPINE 30 MG TABLET	2	
MINIMED MIO INFUSION SET 32" 6MM	3		MIRTAZAPINE 45 MG TABLET	2	
MINIMED MIO INFUSION SET 32" 9MM	3		MISOPROSTOL 100 MCG TABLET	2	
MINIMED QUICK INFUSION SET 18" 6MM	3		MISOPROSTOL 200 MCG TABLET	2	
MINIMED QUICK INFUSION SET 23" 6MM	3		M-M-R II VACCINE VIAL	1	
MINIMED QUICK INFUSION SET 23" 9MM	3		M-NATAL PLUS TABLET	2	
MINIMED QUICK INFUSION SET 32" 6MM	3		MODAFINIL 100 MG TABLET	4	PA
MINIMED QUICK INFUSION SET 32" 9MM	3		MODAFINIL 200 MG TABLET	4	PA
MINIMED QUICK INFUSION SET 43" 6MM	3		MODERNA COVID (6M-5Y) VACCINE (EUA)	1	
MINIMED QUICK INFUSION SET 43" 9MM	3		MODERNA COVID (6-11Y) VACCINE (EUA)	1	
MINIMED QUICK-SERTER	3		MODERNA COVID (12Y UP) VACCINE (EUA)	1	
MINIMED RESERVOIR 1.8 ML	3		MODERNA COVID-19 BOOSTER (EUA)	1	
MINIMED RESERVOIR 3 ML	3		MODERNA COVID 23-24 (6M-11Y) EUA	1	
MINIMED SILHOUETTE INFUSION SET 18"	3		MODERNA COVID BIVAL (6MO UP) EUA	1	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
MODERNA COVID BIVAL (6MO-5Y) EUA	1		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	2		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	
MONOJECT 3 ML SYRINGE 21G 1-1/2"	3		MONOJECT INSULIN SYRINGE U100 1 ML	3	
MONOJECT 3 ML SYRINGE 22G 1-1/2"	3		MONOJECT SYRINGE 0.3 ML	3	
MONOJECT 3 ML SYRINGE 23G 1"	3		MONOJECT SYRINGE 0.5 ML	3	
MONOJECT 3 ML SYRINGE 25G 1"	3		MONOJECT SYRINGE 1 ML	3	
MONOJECT 3 ML SYRINGE 25G 1.25"	3		MONOJECT SYRINGE 3 ML 20G 1"	3	
MONOJECT 3 ML SYRINGE 25G 5/8"	3		MONOJECT SYRINGE 3 ML 20G 1-1/2"	3	
MONOJECT 3 ML SYRINGE 27G 1-1/4"	3		MONOJECT SYRINGE 3 ML 20G 3/4"	3	
MONOJECT 6 ML SYRINGE 20G 1-1/2"	3		MONOJECT SYRINGE 3 ML 22G 1"	3	
MONOJECT 6 ML SYRINGE 21G 1"	3		MONO-LINYAH 28 TABLET	1	
MONOJECT 6 ML SYRINGE 21G 1-1/2"	3		MONTelukAST 4 MG CHEWABLE TABLET	2	
MONOJECT 6 ML SYRINGE 22G 1-1/2"	3		MONTelukAST 5 MG CHEWABLE TABLET	2	
MONOJECT 6CC SAFETY SYRINGE	3		MONTelukAST 4 MG GRANULE	2	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1"	3		MONTelukAST 10 MG TABLET	2	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5	3		MORGIDOX 50 MG CAPSULE	2	
MONOJECT BLOOD COLLECTION NEEDLE 21G 1"	3		MORGIDOX 100 MG CAPSULE	2	
MONOJECT BLOOD COLLECTION NEEDLE 22G 1"	3		MORPHINE 100 MG/5 ML ORAL CONCENTRATE	2	PA
MONOJECT FILTER 18G 1.5" NEEDLE	3		MORPHINE 10 MG/5 ML ORAL SOLUTION	2	PA
MONOJECT HYPODERMIC NEEDLE	3		MORPHINE 20 MG/5 ML ORAL SOLUTION	2	PA
MONOJECT HYPODERMIC NEEDLE 18 1A"	3		MORPHINE 5 MG SUPPOSITORY	2	PA
MONOJECT HYPODERMIC NEEDLE 19 1"	3		MORPHINE 10 MG SUPPOSITORY	2	PA
MONOJECT HYPODERMIC NEEDLE 19 1-1/2"	3		MORPHINE 20 MG SUPPOSITORY	2	PA
MONOJECT HYPODERMIC NEEDLE 20 1"	3		MORPHINE 30 MG SUPPOSITORY	2	PA
MONOJECT HYPODERMIC NEEDLE 20 1-1/2"	3		MORPHINE ER 10 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 21 1"	3		MORPHINE ER 20 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 21 1-1/2"	3		MORPHINE ER 30 MG CAPSULE	2	PA

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Medication Name	Tier	Notes
MORPHINE ER 45 MG CAPSULE	2	PA
MORPHINE ER 50 MG CAPSULE	2	PA
MORPHINE ER 60 MG CAPSULE	2	PA
MORPHINE ER 75 MG CAPSULE	2	PA
MORPHINE ER 80 MG CAPSULE	2	PA
MORPHINE ER 90 MG CAPSULE	2	PA
MORPHINE ER 100 MG CAPSULE	2	PA
MORPHINE ER 120 MG CAPSULE	2	PA
MORPHINE ER 15 MG TABLET	2	PA
MORPHINE ER 30 MG TABLET	2	PA
MORPHINE ER 60 MG TABLET	2	PA
MORPHINE ER 100 MG TABLET	2	PA
MORPHINE ER 200 MG TABLET	2	PA
MORPHINE IR 15 MG TABLET	2	PA
MORPHINE IR 30 MG TABLET	2	PA
MOUNJARO 2.5 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 5 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 7.5 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 10 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 12.5 MG/0.5 ML PEN	3	PA, QL
MOUNJARO 15 MG/0.5 ML PEN	3	PA, QL
MOXIFLOXACIN 0.5% EYE DROPS	2	
MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	2	
MOXIFLOXACIN 400 MG TABLET	2	
MRESVIA 50 MCG/0.5 ML SYRINGE	1	
MS INSULIN SYRINGE 0.3 ML	3	
MS INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
MS INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
MS INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
MS INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
MS INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
MS INSULIN SYRINGE 1 ML 29G 1/2"	3	
MS INSULIN SYRINGE 1 ML 30G 1/2"	3	
MS INSULIN SYRINGE 1 ML 31G 5/16"	3	
MS PEN NEEDLE 6MM 31G	3	
MULTISTIX 7 REAGENT TEST STRIP	3	
MULTISTIX 9 REAGENT TEST STRIP	3	
MULTISTIX 8 SG REAGENT TEST STRIP	3	
MULTISTIX 9 SG REAGENT TEST STRIP	3	
MULTISTIX 10 SG REAGENT TEST STRIP	3	
MULTISTIX REAGENT TEST STRIP	3	

Medication Name	Tier	Notes
MULTISTIX 5 TEST STRIP	3	
MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	2	
MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	2	
MULTIVIT-FLUORIDE 1 MG CHEWABLE TABLET	2	
MULTIVITAMIN-FLUORIDE 0.25 MG/ML ORAL DROPS	2	
MUPIROCIN 2% CREAM	2	
MUPIROCIN 2% OINTMENT	2	
MY CHOICE 1.5 MG TABLET	1	
MY WAY 1.5 MG TABLET	1	
MYCOPHENOLATE 250 MG CAPSULE	2	
MYCOPHENOLATE 200 MG/ML SUSPENSION	2	
MYCOPHENOLATE 500 MG TABLET	2	
MYCOPHENOLIC ACID DR 180 MG TABLET	2	
MYCOPHENOLIC ACID DR 360 MG TABLET	2	
MYGLUCOHEALTH CONTROL SOLUTION PAK	3	
MYNATAL CAPSULE	2	
MYNATAL PLUS CAPTAB	2	
MYNATAL ULTRACAPLET	2	
MYNATAL-Z CAPTAB	2	
MYORISAN 10 MG CAPSULE	4	
MYORISAN 20 MG CAPSULE	4	
MYORISAN 30 MG CAPSULE	4	
MYORISAN 40 MG CAPSULE	4	
NABUMETONE 500 MG TABLET	2	
NABUMETONE 750 MG TABLET	2	
NADOLOL 20 MG TABLET	2	
NADOLOL 40 MG TABLET	2	
NADOLOL 80 MG TABLET	2	
NAFTIFINE 1% CREAM	3	
NAFTIFINE 2% CREAM	3	
NAFTIFINE 2% GEL	3	
NALOXONE 0.4 MG/ML CARPUJECT	2	
NALOXONE 4 MG NASAL SPRAY	2	QL
NALOXONE 0.4 MG/ML SYRINGE	2	
NALOXONE 2 MG/2 ML SYRINGE	2	
NALTREXONE 50 MG TABLET	2	QL
NAPROXEN 500 MG KIT	2	
NAPROXEN 250 MG TABLET	2	
NAPROXEN 275 MG TABLET	2	
NAPROXEN 375 MG TABLET	2	
NAPROXEN 500 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
NAPROXEN 550 MG TABLET	2		NIACIN ER 750 MG TABLET	2	
NAPROXEN DR 375 MG TABLET	2		NIACIN ER 1,000 MG TABLET	2	
NAPROXEN DR 500 MG TABLET	2		NICARDIPINE 20 MG CAPSULE	3	
NARATRIPTAN 1 MG TABLET	2	QL	NICARDIPINE 30 MG CAPSULE	3	
NARATRIPTAN 2.5 MG TABLET	2	QL	NICOTROL CARTRIDGE INHALER	1	
NATAZIA 28 TABLET	4		NICOTROL NS 10 MG/ML SPRAY	1	
NATEGLINIDE 60 MG TABLET	2		NIFEDIPINE 10 MG CAPSULE	2	
NATEGLINIDE 120 MG TABLET	2		NIFEDIPINE 20 MG CAPSULE	2	
NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX	NIFEDIPINE ER 30 MG TABLET	2	
NEBUSAL 3% VIAL	2		NIFEDIPINE ER 60 MG TABLET	2	
NECON 0.5-35-28 TABLET	1		NIFEDIPINE ER 90 MG TABLET	2	
NEFAZODONE 50 MG TABLET	2		NIKKI 3 MG-0.02 MG TABLET	1	
NEFAZODONE 100 MG TABLET	2		NILUTAMIDE 150 MG TABLET	5	SRX
NEFAZODONE 150 MG TABLET	2		NIMODIPINE 30 MG CAPSULE	4	
NEFAZODONE 200 MG TABLET	2		NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX
NEFAZODONE 250 MG TABLET	2		NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX
NEOMYCIN 500 MG TABLET	2		NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX
NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT	2		NISOLDIPINE ER 8.5 MG TABLET	2	QL
NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT	2		NISOLDIPINE ER 17 MG TABLET	2	QL
NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	2		NISOLDIPINE ER 20 MG TABLET	2	QL
NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	2		NISOLDIPINE ER 25.5 MG TABLET	2	QL
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	2		NISOLDIPINE ER 30 MG TABLET	2	QL
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	2		NISOLDIPINE ER 34 MG TABLET	2	QL
NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	2		NISOLDIPINE ER 40 MG TABLET	2	QL
NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	2		NITAZOXANIDE 500 MG TABLET	4	PA
NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	2		NITRO-BID 2% OINTMENT	2	
NEOMYCIN-POLYMYXIN-HC EYE DROPS	2		NITROFURANTOIN 25 MG/5 ML SUSPENSION	4	
NEO-POLYCIN EYE OINTMENT	2		NITROFURANTOIN MACRO 25 MG CAPSULE	2	
NEO-POLYCIN HC EYE OINTMENT	2		NITROFURANTOIN MACRO 50 MG CAPSULE	2	
NEUAC GEL	2		NITROFURANTOIN MACRO 100 MG CAPSULE	2	
NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX	NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	2	
NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX	NITROGLYCERIN 0.4% OINTMENT	4	
NEVIRAPINE 50 MG/5 ML SUSPENSION	2		NITROGLYCERIN 0.1 MG/HR PATCH	2	
NEVIRAPINE 200 MG TABLET	2		NITROGLYCERIN 0.2 MG/HR PATCH	2	
NEVIRAPINE ER 100 MG TABLET	2		NITROGLYCERIN 0.4 MG/HR PATCH	2	
NEVIRAPINE ER 400 MG TABLET	2		NITROGLYCERIN 0.6 MG/HR PATCH	2	
NEW DAY 1.5 MG TABLET	1		NITROGLYCERIN 400 MCG SPRAY	2	
NEWGEN TABLET	2		NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	2	
NIACIN ER 500 MG TABLET	2		NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	2	
			NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	2	
			NITRO-TIME ER 2.5 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
NITRO-TIME ER 6.5 MG CAPSULE	2		NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET	1	
NITRO-TIME ER 9 MG CAPSULE	2		NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	1	
NIVA THYROID 15 MG TABLET	2		NORLYDA 0.35 MG TABLET	1	
NIVA THYROID 30 MG TABLET	2		NORPACE CR 100 MG CAPSULE	4	
NIVA THYROID 60 MG TABLET	2		NORPACE CR 150 MG CAPSULE	4	
NIVA THYROID 90 MG TABLET	2		NORTREL 0.5-35-28 TABLET	1	
NIVA THYROID 120 MG TABLET	2		NORTREL 1-35 21 TABLET	1	
NIVA-PLUS TABLET	2		NORTREL 1-35 28 TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE	5	SRX	NORTREL 7-7-7-28 TABLET	1	
NIVESTYM 480 MCG/0.8 ML SYRINGE	5	SRX	NORTRIPTYLINE 10 MG CAPSULE	2	
NIVESTYM 300 MCG/ML VIAL	5	SRX	NORTRIPTYLINE 25 MG CAPSULE	2	
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX	NORTRIPTYLINE 50 MG CAPSULE	2	
NIZATIDINE 150 MG CAPSULE	2		NORTRIPTYLINE 75 MG CAPSULE	2	
NIZATIDINE 300 MG CAPSULE	2		NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	2	
NOLIX 0.05% CREAM	4		NORVIR 100 MG POWDER PACKET	3	
NOLIX 0.05% LOTION	4		NOVAVAX COVID VIAL (EUA)	1	
NORA-BE TABLET	1		NOVAVAX COVID-19 VACCINE, ADJ(EUA)	1	
NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	1		NOVOFINE 32G NEEDLE	3	
NORETHINDRONE 0.35 MG TABLET	1		NOVOFINE AUTOCOVER 30G NEEDLE	3	
NORETHINDRONE 5 MG TABLET	2		NOVOFINE PLUS PEN NEEDLE 32G 1/6"	3	
NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	1		NOVOPEN ECHO INSULIN DEVICE	3	
NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	1		NOVOTWIST NEEDLE 32G 5MM	3	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	2		NP THYROID 15 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	1		NP THYROID 30 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	2		NP THYROID 60 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1		NP THYROID 90 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CAPSULE	1		NP THYROID 120 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CHEWABLE TABLET	1		NUEDEXTA 20-10 MG CAPSULE	4	PA, QL
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(21)-75 TABLET	1		NYAMYC 100,000 UNIT/GM POWDER	2	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	1		NYLIA 1-35 28 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG(21)-75 TABLET	1		NYLIA 7-7-7-28 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	1		NYMYO 0.25-0.035 MG (28) TABLET	1	
			NYSTATIN 100,000 UNIT/GM CREAM	2	
			NYSTATIN 100,000 UNIT/GM OINTMENT	2	
			NYSTATIN 100,000 UNIT/GM POWDER	2	
			NYSTATIN 100,000 UNIT/ML SUSPENSION	2	
			NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2	
			NYSTATIN 500,000 UNIT ORAL TABLET	2	
			NYSTATIN-TRIAMCINOLONE CREAM	2	
			NYSTATIN-TRIAMCINOLONE OINTMENT	2	

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Medication Name	Tier	Notes
NYSTOP 100,000 UNIT/GM POWDER	2	
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
OCELLA 3 MG-0.03 MG TABLET	1	
OCTREOTIDE 50 MCG/ML AMPULE	3	PA
OCTREOTIDE 100 MCG/ML AMPULE	3	PA
OCTREOTIDE 500 MCG/ML AMPULE	3	PA
OCTREOTIDE 50 MCG/ML SYRINGE	3	PA
OCTREOTIDE 100 MCG/ML SYRINGE	3	PA
OCTREOTIDE 500 MCG/ML SYRINGE	3	PA
OCTREOTIDE 0.05 MG/ML VIAL	3	PA
OCTREOTIDE 50 MCG/ML VIAL	3	PA
OCTREOTIDE 100 MCG/ML VIAL	3	PA
OCTREOTIDE 200 MCG/ML VIAL	3	PA
OCTREOTIDE 500 MCG/ML VIAL	3	PA
OCTREOTIDE 1,000 MCG/ML VIAL	3	PA
OCTREOTIDE 1,000 MCG/5 ML VIAL	3	PA
OCTREOTIDE 5,000 MCG/5 ML VIAL	3	PA
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	4	PA, QL
ODEFSEY TABLET	4	QL
ODOMZO 200 MG CAPSULE	5	PA, QL, SRX
OFLOXACIN 0.3% EAR DROPS	2	
OFLOXACIN 0.3% EYE DROPS	2	
OFLOXACIN 300 MG TABLET	2	
OFLOXACIN 400 MG TABLET	2	
OLANZAPINE 2.5 MG TABLET	2	
OLANZAPINE 5 MG TABLET	2	
OLANZAPINE 7.5 MG TABLET	2	
OLANZAPINE 10 MG TABLET	2	
OLANZAPINE 15 MG TABLET	2	
OLANZAPINE 20 MG TABLET	2	
OLANZAPINE ODT 5 MG TABLET	2	
OLANZAPINE ODT 10 MG TABLET	2	
OLANZAPINE ODT 15 MG TABLET	2	
OLANZAPINE ODT 20 MG TABLET	2	
OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE	2	
OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE	2	
OLMESARTAN 5 MG TABLET	2	
OLMESARTAN 20 MG TABLET	2	

Medication Name	Tier	Notes
OLMESARTAN 40 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET	2	
OLMESARTAN-HCTZ 20-12.5 MG TABLET	2	
OLMESARTAN-HCTZ 40-12.5 MG TABLET	2	
OLMESARTAN-HCTZ 40-25 MG TABLET	2	
OLOPATADINE 0.1% EYE DROPS	2	
OLOPATADINE 0.2% EYE DROPS	2	
OLOPATADINE 665 MCG NASAL SPRAY	2	
OMEGA-3 ETHYL ESTERS 1 GM CAPSULE	2	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL
OMEPRAZOLE DR 20 MG CAPSULE	2	QL
OMEPRAZOLE DR 40 MG CAPSULE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	3	QL
OMNIPOD CLASSIC PODS (GEN 3) 5 PACK	3	QL
OMNIPOD DASH PODS (GEN 4) 5 PACK	3	QL
OMNIPOD 5 G6 PODS (GEN 5) 5 PACK	3	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL
OMNIPOD CLASSIC PDM KIT (GEN 3)	3	QL
OMNIPOD GO 10 UNIT/DAY PODS	3	QL
OMNIPOD GO 15 UNIT/DAY PODS	3	QL
OMNIPOD GO 20 UNIT/DAY PODS	3	QL
OMNIPOD GO 25 UNIT/DAY PODS	3	QL
OMNIPOD GO 30 UNIT/DAY PODS	3	QL
OMNIPOD GO 35 UNIT/DAY PODS	3	QL
OMNIPOD GO 40 UNIT/DAY PODS	3	QL
ON CALL EXPRESS CONTROL SOLUTION PAK	3	
ON CALL PLUS CONTROL SOLUTION	3	
ON CALL VIVID CONTROL SOLUTION	3	
ONDANSETRON 4 MG/5 ML ORAL SOLUTION	2	
ONDANSETRON 4 MG TABLET	2	
ONDANSETRON 8 MG TABLET	2	
ONDANSETRON ODT 4 MG TABLET	2	

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Medication Name	Tier	Notes
ONDANSETRON ODT 8 MG TABLET	2	
ONE WAY VALVED MOUTHPIECE	3	QL
ONETOUCH DELICA PLUS 30G LANCET	3	
ONETOUCH DELICA PLUS 33G LANCET	3	
ONETOUCH DELICA PLUS LANCING DEVICE	3	
ONETOUCH DELICA SAFETY 30G LANCETS	3	
ONETOUCH SOLUTIONS STARTER KIT	2	
ONETOUCH SURESOFT 18G LANCING DEVICE	3	
ONETOUCH SURESOFT 21G LANCING DEVICE	3	
ONETOUCH SURESOFT 28G LANCING DEVICE	3	
ONETOUCH ULTRA CONTROL SOLUTION	3	
ONETOUCH ULTRA TEST STRIP	3	
ONETOUCH ULTRA2 GLUCOSE SYSTEM	2	
ONETOUCH ULTRASOFT LANCETS	3	
ONETOUCH ULTRASOFT2 30G LANCETS	3	
ONETOUCH VERIO FLEX METER	2	
ONETOUCH VERIO HIGH CONTROL SOLUTION	3	
ONETOUCH VERIO MID CONTROL SOLUTION	3	
ONETOUCH VERIO REFLECT METER	2	
ONETOUCH VERIO TEST STRIP	3	
OPCICON ONE-STEP 1.5 MG TABLET	1	
OPIUM 0.075 MG TABLET	1	QL
OPIUM TINCTURE 10 MG/ML	3	PA
OPTICHAMBER ADULT MASK-LARGE	3	QL
OPTICHAMBER DIAMOND VHC	3	QL
OPTICHAMBER DIAMOND W-LARGE MASK	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	
ORAL CITRATE SOLUTION	4	
ORALONE 0.1% DENTAL PASTE	2	
ORENCIA 50 MG/0.4 ML SYRINGE	5	PA, QL, SRX
ORENCIA 87.5 MG/0.7 ML SYRINGE	5	PA, QL, SRX
ORENCIA 125 MG/ML SYRINGE	5	PA, QL, SRX
ORENCIA CLICKJECT 125 MG/ML	5	PA, QL, SRX
ORPHENADRINE ER 100 MG TABLET	2	
OSCIMIN 0.125 MG TABLET	2	
OSCIMIN SL 0.125 MG SUBLINGUAL TABLET	2	
OSCIMIN SR 0.375 MG TABLET	2	
OSELTAMIVIR 30 MG CAPSULE	2	QL

Medication Name	Tier	Notes
OSELTAMIVIR 45 MG CAPSULE	2	QL
OSELTAMIVIR 75 MG CAPSULE	2	QL
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL
OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX
OTEZLA 30 MG TABLET	5	PA, QL, SRX
OVAL TAPE	3	
OXANDROLONE 2.5 MG TABLET	4	PA
OXANDROLONE 10 MG TABLET	4	PA
OXAPROZIN 600 MG CAPLET	2	
OXAPROZIN 600 MG TABLET	2	
OXAZEPAM 10 MG CAPSULE	2	
OXAZEPAM 15 MG CAPSULE	2	
OXAZEPAM 30 MG CAPSULE	2	
OXCARBAZEPINE 300 MG/5 ML SUSPENSION	2	
OXCARBAZEPINE 150 MG TABLET	2	
OXCARBAZEPINE 300 MG TABLET	2	
OXCARBAZEPINE 600 MG TABLET	2	
OXICONAZOLE 1% CREAM	3	
OXYBUTYNIN 5 MG/5 ML SOLUTION	2	
OXYBUTYNIN 5 MG/5 ML SYRUP	2	
OXYBUTYNIN 5 MG TABLET	2	
OXYBUTYNIN ER 5 MG TABLET	2	
OXYBUTYNIN ER 10 MG TABLET	2	
OXYBUTYNIN ER 15 MG TABLET	2	
OXYCODONE (IR) 5 MG CAPSULE	2	PA
OXYCODONE (IR) 5 MG TABLET	2	PA
OXYCODONE (IR) 10 MG TABLET	2	PA
OXYCODONE (IR) 15 MG TABLET	2	PA
OXYCODONE (IR) 20 MG TABLET	2	PA
OXYCODONE (IR) 30 MG TABLET	2	PA
OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	2	PA
OXYCODONE 5 MG/5 ML ORAL SOLUTION	2	PA
OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA
OXYCODONE-ASPIRIN 4.8355-325 MG TABLET	2	PA
OXYMORPHONE 5 MG TABLET	3	PA
OXYMORPHONE 10 MG TABLET	3	PA
OXYMORPHONE ER 5 MG TABLET	3	PA
OXYMORPHONE ER 7.5 MG TABLET	3	PA

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
OXYMORPHONE ER 10 MG TABLET	3	PA	PC UNIFINE PENTIP 6MM NEEDLE	3	
OXYMORPHONE ER 15 MG TABLET	3	PA	PC UNIFINE PENTIP 8MM NEEDLE	3	
OXYMORPHONE ER 20 MG TABLET	3	PA	PC UNIFINE PENTIP 12MM NEEDLE	3	
OXYMORPHONE ER 30 MG TABLET	3	PA	PEAK-AIR PEAK FLOW METER	3	
OXYMORPHONE ER 40 MG TABLET	3	PA	PEDIARIX 0.5 ML SYRINGE	1	
OZEMPIC 0.25-0.5 MG/DOSE PEN	3	PA, QL	PEDIATRIC MEDIUM MASK	3	QL
OZEMPIC 1 MG/DOSE (4 MG/3 ML)	3	PA, QL	PEDIATRIC PANDA MASK	3	QL
OZEMPIC 2 MG/DOSE (8 MG/3 ML)	3	PA, QL	PEDIATRIC SMALL MASK	3	QL
PACERONE 200 MG TABLET	2		PEDIATRIC MOUTHPIECE	3	QL
PALIPERIDONE ER 1.5 MG TABLET	4		PEDVAXHIB VACCINE VIAL	1	
PALIPERIDONE ER 3 MG TABLET	4		PEG 3350-ELECTROLYTE ORAL SOLUTION	2	
PALIPERIDONE ER 6 MG TABLET	4		PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	2	
PALIPERIDONE ER 9 MG TABLET	4		PEG-3350 AND ELECTROLYTES ORAL SOLUTION	2	
PANCREAZE DR 2,600 UNIT CAPSULE	3		PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX
PANCREAZE DR 4,200 UNIT CAPSULE	3		PEGASYS 180 MCG/ML VIAL	4	PA, SRX
PANCREAZE DR 10,500 UNIT CAPSULE	3		PEG-PREP KIT	2	
PANCREAZE DR 16,800 UNIT CAPSULE	3		PEN NEEDLE 29G 12MM	3	
PANCREAZE DR 21,000 UNIT CAPSULE	3		PEN NEEDLE 30G 5MM	3	
PANCREAZE DR 37,000 UNIT CAPSULE	3		PEN NEEDLE 30G 8MM	3	
PANDA MASK LARGE	3	QL	PEN NEEDLE 30G 5/16"	3	
PANDA MASK MEDIUM	3	QL	PEN NEEDLE 31G 5MM	3	
PANDA MASK SMALL	3	QL	PEN NEEDLE 31G 6MM	3	
PANRETIN 0.1% GEL	5	SRX	PEN NEEDLE 31G 8MM	3	
PANTOPRAZOLE DR 20 MG TABLET	2	QL	PEN NEEDLE 31G 1/4"	3	
PANTOPRAZOLE DR 40 MG TABLET	2	QL	PEN NEEDLE 31G 3/16"	3	
PARADIGM REMOTE CONTROL	3		PEN NEEDLE 31G 5/16"	3	
PARADIGM RESERVOIR 1.8 ML	3		PEN NEEDLE 32G 4MM	3	
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	2	QL	PEN NEEDLE 6MM 31G	3	
PAROXETINE 20 MG TABLET	2	QL	PEN NEEDLE 8MM 31G	3	
PAROXETINE 30 MG TABLET	2	QL	PENBRAYA KIT	1	
PAROXETINE 40 MG TABLET	2	QL	PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PASER GRANULES 4 GM PACKET	4		PENICILLIN VK 125 MG/5 ML ORAL SOLUTION	2	
PAXLOVID 150-100 MG DOSE PACK	4	QL	PENICILLIN VK 250 MG/5 ML ORAL SOLUTION	2	
PAXLOVID 300-100 MG DOSE PACK	4	QL	PENICILLIN VK 250 MG TABLET	2	
PAZOPANIB 200 MG TABLET	5	PA, QL, SRX	PENICILLIN VK 500 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PENTACEL VIAL KIT	1	PA	PHASEAL PROTECTOR 28	3	SRX
PENTAMIDINE 300 MG INHALATION POWDER	3		PHASEAL PROTECTOR 50	3	
PENTAZOCINE-NALOXONE TABLET	2		PHENAZOPYRIDINE 100 MG TABLET	2	
PENTIP PEN NEEDLE 29G 12MM	3		PHENAZOPYRIDINE 200 MG TABLET	2	
PENTIP PEN NEEDLE 29G 1/2"	3		PHENELZINE 15 MG TABLET	2	
PENTIP PEN NEEDLE 31G 5MM	3		PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	2	
PENTIP PEN NEEDLE 31G 6MM	3		PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	2	
PENTIP PEN NEEDLE 31G 8MM	3		PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	2	
PENTIP PEN NEEDLE 31G 1/4"	3		PHENOBARBITAL 15 MG TABLET	2	
PENTIP PEN NEEDLE 31G 3/16"	3		PHENOBARBITAL 16.2 MG TABLET	2	
PENTIP PEN NEEDLE 31G 5/16"	3		PHENOBARBITAL 30 MG TABLET	2	
PENTIP PEN NEEDLE 32G 4MM	3		PHENOBARBITAL 32.4 MG TABLET	2	
PENTIP PEN NEEDLE 32G 6MM	3		PHENOBARBITAL 60 MG TABLET	2	
PENTIP PEN NEEDLE 32G 5/32"	3		PHENOBARBITAL 64.8 MG TABLET	2	
PENTOXIFYLLINE ER 400 MG TABLET	2		PHENOBARBITAL 97.2 MG TABLET	2	
PERINDOPRIL 2 MG TABLET	2		PHENOBARBITAL 100 MG TABLET	2	
PERINDOPRIL 4 MG TABLET	2		PHENOXYBENZAMINE 10 MG CAPSULE	5	
PERINDOPRIL 8 MG TABLET	2		PHENYLEPHRINE 2.5% EYE DROPS	2	
PERIOGARD 0.12% ORAL RINSE	2		PHENYLEPHRINE 10% EYE DROPS	2	
PERMETHRIN 5% CREAM	2		PHENYTOIN 50 MG CHEWABLE TABLET	2	
PERPHENAZINE 2 MG TABLET	2		PHENYTOIN 50 MG INFATAB CHEW	2	
PERPHENAZINE 4 MG TABLET	2		PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	2	
PERPHENAZINE 8 MG TABLET	2		PHENYTOIN 125 MG/5 ML SUSPENSION	2	
PERPHENAZINE 16 MG TABLET	2		PHENYTOIN SODIUM EXT 100 MG CAPSULE	2	
PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	2		PHENYTOIN SODIUM EXT 200 MG CAPSULE	2	
PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	2		PHENYTOIN SODIUM EXT 300 MG CAPSULE	2	
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	2		PHILITH 0.4-0.035 MG TABLET	1	
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	2		PHOSPHASAL TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	2		PHYTONADIONE 5 MG TABLET	4	
PERSONAL BEST PEAK FLOW METER	3		PIKO 1 FLOW METER	3	
PFIZER COVID (6M-4Y)VAC-MAROON	1		PILOCARPINE 1% EYE DROPS	2	
PFIZER COVID (5-11Y) VAC-ORANGE	1		PILOCARPINE 2% EYE DROPS	2	
PFIZER COVID (12Y UP) VAC-GRAY	1		PILOCARPINE 4% EYE DROPS	2	
PFIZER COVID (6M-4Y)EUA	1		PILOCARPINE 5 MG TABLET	2	
PFIZER COVID (5-11Y)EUA	1		PILOCARPINE 7.5 MG TABLET	2	
PFIZER COVID BIVAL (6MO-4Y)EUA	1		PIMOZIDE 1 MG TABLET	2	
PFIZER COVID BIVAL (5-11YR)EUA	1		PIMOZIDE 2 MG TABLET	2	
PFIZER COVID BIVAL (12Y UP)EUA	1		PIMTREA 28 DAY TABLET	1	
PFIZER COVID-19 VACCINE-PURPLE	1		PINDOLOL 5 MG TABLET	2	
PHASEAL PROTECTOR 14	3		PINDOLOL 10 MG TABLET	2	
PHASEAL PROTECTOR 21	3		PIOGLITAZONE 15 MG TABLET	2	

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Medication Name	Tier	Notes
PIOGLITAZONE 30 MG TABLET	2	
PIOGLITAZONE 45 MG TABLET	2	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	2	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	2	
PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	2	
PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	2	
PIP GLUCOSE CONTROL SOLUTION L1-L2	3	
PIP PEN NEEDLE 31G 5MM	3	
PIP PEN NEEDLE 32G 4MM	3	
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX
PIRFENIDONE 267 MG TABLET	5	PA, SRX
PIRFENIDONE 801 MG TABLET	5	PA, SRX
PIRMELLA 1-35 28 TABLET	1	
PIRMELLA 7-7-7-28 TABLET	1	
PIROXICAM 10 MG CAPSULE	2	
PIROXICAM 20 MG CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4	
PNEUMOVAX 23 SYRINGE	1	
PNEUMOVAX 23 VIAL	1	
PNV 29-1 TABLET	2	
PNV PRENATAL PLUS MULTIVITAMIN TABLET	2	
PNV-DHA + DOCUSATE SOFTGEL	2	
PNV-DHA SOFTGEL	2	
PNV-OMEGA SOFTGEL	2	
PNV-SELECT TABLET	2	
POCKET CHAMBER	3	QL
POCKET PEAK FLOW METER	3	
PODOFILOX 0.5% TOPICAL SOLUTION	2	
POLY HUB NEEDLE 18G 1"	3	
POLY HUB NEEDLE 18G 1-1/2"	3	
POLY HUB NEEDLE 21G 1"	3	
POLY HUB NEEDLE 21G 1-1/2"	3	
POLY HUB NEEDLE 22G 1"	3	
POLY HUB NEEDLE 22G 1-1/2"	3	
POLY HUB NEEDLE 23G 1"	3	
POLY HUB NEEDLE 23G 1-1/2"	3	
POLY HUB NEEDLE 25G 1"	3	
POLY HUB NEEDLE 25G 1-1/2"	3	
POLY HUB NEEDLE 25G 5/8"	3	
POLY HUB NEEDLE 27G 1/2"	3	
POLY HUB NEEDLE 27G 1-1/4"	3	

Medication Name	Tier	Notes
POLY HUB NEEDLE 30G 1/2"	3	
POLYCIN EYE OINTMENT	2	
POLYMYXIN B-TMP EYE DROPS	2	
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PORTIA-28 TABLET	1	
POSACONAZOLE 200 MG/5 ML SUSPENSION	4	
POSACONAZOLE DR 100 MG TABLET	4	QL
POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	2	
POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	2	
POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	2	
POTASSIUM CHLORIDE 20 MEQ PACKET	2	
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	2	
POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	2	
POTASSIUM CHLORIDE ER 8 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 10 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 15 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 20 MEQ TABLET	2	
POTASSIUM CITRATE ER 5 MEQ TABLET	2	
POTASSIUM CITRATE ER 10 MEQ TABLET	2	
POTASSIUM CITRATE ER 15 MEQ TABLET	2	
POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	4	
PR NATAL 400 COMBO PACK	2	
PR NATAL 430 COMBO PACK	2	
PR NATAL 400 EC COMBO PACK	2	
PR NATAL 430 EC COMBO PACK	2	
PRAMIPEXOLE 0.125 MG TABLET	2	
PRAMIPEXOLE 0.25 MG TABLET	2	
PRAMIPEXOLE 0.5 MG TABLET	2	
PRAMIPEXOLE 0.75 MG TABLET	2	
PRAMIPEXOLE 1 MG TABLET	2	
PRAMIPEXOLE 1.5 MG TABLET	2	
PRAMIPEXOLE ER 0.375 MG TABLET	3	
PRAMIPEXOLE ER 0.75 MG TABLET	3	
PRAMIPEXOLE ER 1.5 MG TABLET	3	
PRAMIPEXOLE ER 2.25 MG TABLET	3	
PRAMIPEXOLE ER 3 MG TABLET	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PRAMIPEXOLE ER 3.75 MG TABLET	3		PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"	3	
PRAMIPEXOLE ER 4.5 MG TABLET	3		PREGABALIN 25 MG CAPSULE	2	QL
PRASUGREL 5 MG TABLET	2		PREGABALIN 50 MG CAPSULE	2	QL
PRASUGREL 10 MG TABLET	2		PREGABALIN 75 MG CAPSULE	2	QL
PRAVASTATIN 10 MG TABLET	2		PREGABALIN 100 MG CAPSULE	2	QL
PRAVASTATIN 20 MG TABLET	2		PREGABALIN 150 MG CAPSULE	2	QL
PRAVASTATIN 40 MG TABLET	2		PREGABALIN 200 MG CAPSULE	2	QL
PRAVASTATIN 80 MG TABLET	2		PREGABALIN 225 MG CAPSULE	2	QL
PRAZIQUANTEL 600 MG TABLET	4		PREGABALIN 300 MG CAPSULE	2	QL
PRazosin 1 MG CAPSULE	2		PREGABALIN 20 MG/ML ORAL SOLUTION	2	QL
PRazosin 2 MG CAPSULE	2		PREHEVBRIO 10 MCG/ML VIAL	1	
PRazosin 5 MG CAPSULE	2		PRENA1 TRUE COMBO PACK	2	
PREDNICARBATE 0.1% CREAM	2		PRENAISSANCE CAPSULE	2	
PREDNICARBATE 0.1% OINTMENT	2		PRENAISSANCE PLUS SOFTGEL	2	
PREDNISOLONE 1% EYE DROPS	2		PRENATAL 19 CHEWABLE TABLET	2	
PREDNISOLONE AC 1% EYE DROPS	2		PRENATAL 19 TABLET	2	
PREDNISOLONE ODT 10 MG TABLET	3		PRENATAL PLUS-DHA COMBO PACK	2	
PREDNISOLONE ODT 15 MG TABLET	3		PRENATAL PLUS IRON TABLET	2	
PREDNISOLONE ODT 30 MG TABLET	3		PRENATAL PLUS VITAMIN-MINERAL TABLET	2	
PREDNISOLONE 5 MG/5 ML ORAL SOLUTION	2		PRENATAL VITAMIN PLUS LOW IRON TABLET	2	
PREDNISOLONE 15 MG/5 ML ORAL SOLUTION	2		PRENATAL-U CAPSULE	2	
PREDNISOLONE 25 MG/5 ML ORAL SOLUTION	2		PREPLUS CA-FE 27 MG-FA 1 MG TABLET	2	
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	3		PRETAB 29 MG-1 MG TABLET	2	
PREDNISONE 5 MG/5 ML ORAL SOLUTION	2		PREVALITE PACKET	2	
PREDNISONE 1 MG TABLET	2		PREVALITE POWDER	2	
PREDNISONE 2.5 MG TABLET	2		PREVENT PEN NEEDLE 31G 1/4"	3	
PREDNISONE 5 MG TABLET	2		PREVENT PEN NEEDLE 31G 5/16"	3	
PREDNISONE 10 MG TABLET	2		PREVIFEM TABLET	1	
PREDNISONE 20 MG TABLET	2		PREVNAR 20 SYRINGE	1	
PREDNISONE 50 MG TABLET	2		PREVMIS 240 MG TABLET	4	PA, QL
PREDNISONE 5 MG TABLET DOSE PACK	2		PREVMIS 480 MG TABLET	4	PA, QL
PREDNISONE 10 MG TABLET DOSE PACK	2		PREZCOBIX 800 MG-150 MG TABLET	3	
PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"	3		PREZISTA 100 MG/ML SUSPENSION	3	
PREF PLUS SYRINGE 0.5 ML 30G 5/16"	3		PREZISTA 75 MG TABLET	3	
PREF PLUS SYRINGE 1 ML 29G 1/2"	3		PREZISTA 150 MG TABLET	3	
PREFERRED PLUS 0.3 ML 30G 5/16"	3		PRIFTIN 150 MG TABLET	4	
PREFERRED PLUS 0.5 ML 29G 1/2"	3		PRIMAQUINE 26.3 MG TABLET	2	
PREFERRED PLUS SYRINGE 0.5 ML	3		PRIMEAIRE CHAMBER	3	QL
PREFERRED PLUS SYRINGE 1 ML	3		PRIMIDONE 50 MG TABLET	2	
PREFEST TABLET	2		PRIMIDONE 250 MG TABLET	2	
			PRIORIX VIAL	1	

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Medication Name	Tier	Notes
PRO COMFORT 0.5 ML 30G 1/2"	3	
PRO COMFORT 0.5 ML 30G 5/16"	3	
PRO COMFORT 0.5 ML 31G 5/16"	3	
PRO COMFORT 1 ML 30G 1/2"	3	
PRO COMFORT 1 ML 30G 5/16"	3	
PRO COMFORT 1 ML 31G 5/16"	3	
PRO COMFORT PEN NEEDLE 31G 5/16"	3	
PRO COMFORT PEN NEEDLE 32G 1/4"	3	
PRO COMFORT PEN NEEDLE 4MM 32G	3	
PRO COMFORT PEN NEEDLE 5MM 32G	3	
PRO COMFORT SPACER-ADULT MASK	3	QL
PRO COMFORT SPACER-CHILD MASK	3	QL
PRO COMFORT SPACER-INFANT MASK	3	QL
PROBENECID 500 MG TABLET	2	
PROBENECID-COLCHICINE TABLET	2	
PROCARE SPACER WITH ADULT MASK	3	QL
PROCARE SPACER WITH CHILD MASK	3	QL
PROCENTRA 5 MG/5 ML ORAL SOLUTION	2	QL
PROCHAMBER HOLDING CHAMBER	3	QL
PROCHLORPERAZINE 25 MG SUPPOSITORY	2	
PROCHLORPERAZINE 5 MG TABLET	2	
PROCHLORPERAZINE 10 MG TABLET	2	
PROCTO-MED HC 2.5% CREAM	2	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
PRODIGY CONTROL SOLUTION	3	
PRODIGY CONTROL SOLUTION LOW	3	
PRODIGY INSULIN SYRINGE 1ML 28G 1/2"	3	
PRODIGY SYRINGE 0.3ML 31G 5/16"	3	
PRODIGY SYRINGE 0.5 ML 31G 5/16"	3	
PROGESTERONE 100 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2	
PROGRAF 0.2 MG GRANULE PACKET	4	
PROGRAF 1 MG GRANULE PACKET	4	
PROMACTA 12.5 MG SUSPENSION PACKET	5	PA, LDD, SRX
PROMACTA 25 MG SUSPENSION PACKET	5	PA, LDD, SRX
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX
PROMACTA 25 MG TABLET	5	PA, LDD, SRX
PROMACTA 50 MG TABLET	5	PA, LDD, SRX
PROMACTA 75 MG TABLET	5	PA, LDD, SRX
PROMETHAZINE 12.5 MG SUPPOSITORY	3	

Medication Name	Tier	Notes
PROMETHAZINE 25 MG SUPPOSITORY	3	
PROMETHAZINE 6.25 MG/5 ML SYRUP	2	
PROMETHAZINE 12.5 MG TABLET	2	
PROMETHAZINE 25 MG TABLET	2	
PROMETHAZINE 50 MG TABLET	2	
PROMETHAZINE VC SYRUP	2	
PROMETHAZINE VC-CODEINE SYRUP	2	QL
PROMETHAZINE-CODEINE ORAL SOLUTION	2	QL
PROMETHAZINE-CODEINE SYRUP	2	QL
PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL
PROMETHAZINE-PHENYLEPHRINE SYRUP	2	
PROMETHEGAN 12.5 MG SUPPOSITORY	3	
PROMETHEGAN 25 MG SUPPOSITORY	3	
PROMETHEGAN 50 MG SUPPOSITORY	3	
PROPAFENONE 150 MG TABLET	2	
PROPAFENONE 225 MG TABLET	2	
PROPAFENONE 300 MG TABLET	2	
PROPAFENONE ER 225 MG CAPSULE	2	
PROPAFENONE ER 325 MG CAPSULE	2	
PROPAFENONE ER 425 MG CAPSULE	2	
PROPARACAINE 0.5% EYE DROPS	2	
PROPRANOLOL 20 MG/5 ML ORAL SOLUTION	2	
PROPRANOLOL 40 MG/5 ML ORAL SOLUTION	2	
PROPRANOLOL 10 MG TABLET	2	
PROPRANOLOL 20 MG TABLET	2	
PROPRANOLOL 40 MG TABLET	2	
PROPRANOLOL 60 MG TABLET	2	
PROPRANOLOL 80 MG TABLET	2	
PROPRANOLOL ER 60 MG CAPSULE	2	
PROPRANOLOL ER 80 MG CAPSULE	2	
PROPRANOLOL ER 120 MG CAPSULE	2	
PROPRANOLOL ER 160 MG CAPSULE	2	
PROPRANOLOL-HCTZ 40-25 MG TABLET	2	
PROPRANOLOL-HCTZ 80-25 MG TABLET	2	
PROPYLTHIOURACIL 50 MG TABLET	2	
PROQUAD VIAL	1	
PROTRIPTYLINE 5 MG TABLET	2	
PROTRIPTYLINE 10 MG TABLET	2	
PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	3	

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

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
RECOMBIVAX HB 40 MCG/ML VIAL	1		REYATAZ 50 MG POWDER PACKET	3	
RECTIV 0.4% OINTMENT	4		REZDIFFRA 60 MG TABLET	5	PA, QL, SRX
REFUAH PLUS CONTROL SOLUTION	3		REZDIFFRA 80 MG TABLET	5	PA, QL, SRX
REGRANEX 0.01% GEL	4	PA, QL	REZDIFFRA 100 MG TABLET	5	PA, QL, SRX
RELENZA 5 MG DISKHALER	4	QL	RIBAVIRIN 200 MG CAPSULE	4	
RELI ON 31G 1/4" NEEDLE	3		RIBAVIRIN 200 MG TABLET	4	
RELION INSULIN SYRINGE 0.3 ML 29G 1/2"	3		RIFABUTIN 150 MG CAPSULE	3	
RELION INSULIN SYRINGE 0.3 ML 31G 6MM	3		RIFAMPIN 150 MG CAPSULE	2	
RELION INSULIN SYRINGE 0.5 ML	3		RIFAMPIN 300 MG CAPSULE	2	
RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	3		RIGHTEST CONTROL SOLUTION HIGH	3	
RELION INSULIN SYRINGE 0.5 ML 31G 6MM	3		RIGHTEST CONTROL SOLUTION NORMAL	3	
RELION INSULIN SYRINGE 1 ML 29G 1/2"	3		RILUZOLE 50 MG TABLET	5	SRX
RELION INSULIN SYRINGE 1 ML 31G 5/16"	3		RIMANTADINE 100 MG TABLET	2	
RELION INSULIN SYRINGE 1 ML 31G 15/64"	3		RINVOQ LQ 1 MG/ML SOLUTION	5	PA, QL, SRX
RELION KETONE TEST STRIP	3		RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RELION MINI PEN NEEDLE 31G 1/4"	3		RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 29G	3		RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RELION PEN NEEDLE 29G 1/2"	3		RISEDRONATE 5 MG TABLET	3	
RELION PEN NEEDLE 31G	3		RISEDRONATE 30 MG TABLET	3	
RELION PEN NEEDLE 31G 6MM	3		RISEDRONATE 35 MG TABLET	3	
RELION PEN NEEDLE 31G 1/4"	3		RISEDRONATE 150 MG TABLET	3	
RELION PEN NEEDLE 31G 5/16"	3		RISEDRONATE DR 35 MG TABLET	3	
RELION PEN NEEDLE 32G 5/32"	3		RISPERIDONE 1 MG/ML ORAL SOLUTION	2	
RELION SYRINGE 0.3 ML 31G 5/16"	3		RISPERIDONE 0.25 MG ODT TABLET	2	
RELION SYRINGE 0.5 ML 31G 5/16"	3		RISPERIDONE 0.5 MG ODT TABLET	2	
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RISPERIDONE 1 MG ODT TABLET	2	
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA	RISPERIDONE 2 MG ODT TABLET	2	
RELISTOR 12 MG/0.6 ML VIAL	4	PA	RISPERIDONE 3 MG ODT TABLET	2	
RELISTOR 150 MG TABLET	4	PA	RISPERIDONE 4 MG ODT TABLET	2	
REPAGLINIDE 0.5 MG TABLET	2		RISPERIDONE 0.25 MG TABLET	2	
REPAGLINIDE 1 MG TABLET	2		RISPERIDONE 0.5 MG TABLET	2	
REPAGLINIDE 2 MG TABLET	2		RISPERIDONE 1 MG TABLET	2	
REPATHA 140 MG/ML SURECLICK	5	PA, SRX	RISPERIDONE 2 MG TABLET	2	
REPATHA 140 MG/ML SYRINGE	5	PA, SRX	RISPERIDONE 3 MG TABLET	2	
REPATHA 420 MG/3.5 ML PUSHTRONEX	5	PA, SRX	RISPERIDONE 4 MG TABLET	2	
REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX	RITEFLO SPACER	3	QL
REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX	RITONAVIR 100 MG TABLET	2	
REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 1.5 MG CAPSULE	2	
REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 3 MG CAPSULE	2	
REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 4.5 MG CAPSULE	2	
REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX	RIVASTIGMINE 6 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
RIVASTIGMINE 4.6 MG/24HR PATCH	2		SAFESNAP INSULIN SYRINGE 1 ML	3	
RIVASTIGMINE 9.5 MG/24HR PATCH	2		SAFETY PEN NEEDLE 31G 4MM	3	
RIVASTIGMINE 13.3 MG/24HR PATCH	2		SAFETY PEN NEEDLE 31G 5MM	3	
RIVELSA TABLET	1		SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX
RIZATRIPTAN 5 MG ODT TABLET	2	QL	SALICYLIC ACID 27.5% LIQUID	2	
RIZATRIPTAN 10 MG ODT TABLET	2	QL	SALSALATE 500 MG TABLET	2	
RIZATRIPTAN 5 MG TABLET	2	QL	SALSALATE 750 MG TABLET	2	
RIZATRIPTAN 10 MG TABLET	2	QL	SANTYL OINTMENT	4	PA, QL
R-NATAL OB SOFTGEL	2		SAPROTERIN 100 MG POWDER PACKET	5	PA, SRX
ROPINIROLE 0.25 MG TABLET	2		SAPROTERIN 500 MG POWDER PACKET	5	PA, SRX
ROPINIROLE 0.5 MG TABLET	2		SAPROTERIN 100 MG TABLET	5	PA, SRX
ROPINIROLE 1 MG TABLET	2		SAXAGLIPTIN 2.5 MG TABLET	2	QL
ROPINIROLE 2 MG TABLET	2		SAXAGLIPTIN 5 MG TABLET	2	QL
ROPINIROLE 3 MG TABLET	2		SAXAGLIPTIN-METFORMIN ER 2.5-1000 TABLET	2	QL
ROPINIROLE 4 MG TABLET	2		SAXAGLIPTIN-METFORMIN ER 5-500 TABLET	2	QL
ROPINIROLE 5 MG TABLET	2		SAXAGLIPTIN-METFORMIN ER 5-1000 TABLET	2	QL
ROPINIROLE ER 2 MG TABLET	2		SCOPOLAMINE 1 MG/3 DAY PATCH	2	
ROPINIROLE ER 4 MG TABLET	2		SECONAL 100 MG CAPSULE	4	
ROPINIROLE ER 6 MG TABLET	2		SECURESAFE PEN NEEDLE 30G 5/16"	3	
ROPINIROLE ER 8 MG TABLET	2		SECURESAFE SYRINGE 0.5 ML 29G 1/2"	3	
ROPINIROLE ER 12 MG TABLET	2		SECURESAFE SYRINGE 1 ML 29G 1/2"	3	
ROSADAN 0.75% CREAM	2		SELEGILINE 5 MG CAPSULE	2	
ROSADAN 0.75% GEL	2		SELEGILINE 5 MG TABLET	2	
ROSUVASTATIN 5 MG TABLET	2		SELENIUM SULFIDE 2.25% SHAMPOO	2	
ROSUVASTATIN 10 MG TABLET	2		SELENIUM SULFIDE 2.5% LOTION	2	
ROSUVASTATIN 20 MG TABLET	2		SE-NATAL 19 CHEWABLE TABLET	2	
ROSUVASTATIN 40 MG TABLET	2		SE-NATAL-19 TABLET	2	
ROTARIX VACCINE ORAL SYRINGE	1		SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
ROTARIX VACCINE SUSPENSION	1		SERTRALINE 25 MG TABLET	2	QL
ROTATEQ VACCINE	1		SERTRALINE 50 MG TABLET	2	QL
ROWEEPR 500 MG TABLET	2		SERTRALINE 100 MG TABLET	2	QL
ROWEEPR 750 MG TABLET	2		SETLAKIN 0.15 MG-0.03 MG TABLET	1	
ROWEEPR 1,000 MG TABLET	2		SEVELAMER CARBONATE 800 MG TABLET	4	
RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL	SF 1.1% GEL	2	
RUFINAMIDE 200 MG TABLET	4	PA, QL	SF 5000 PLUS TOOTHPASTE	2	
RUFINAMIDE 400 MG TABLET	4	PA, QL	SHAROBEL 0.35 MG TABLET	1	
RYBELSUS 3 MG TABLET	3	PA, QL	SHINGRIX VIAL KIT	1	QL
RYBELSUS 7 MG TABLET	3	PA, QL	SHOPKO UNIFINE PENTIP 4MM 32G	3	
RYBELSUS 14 MG TABLET	3	PA, QL	SHOPKO UNIFINE PENTIP 5MM 31G	3	
SAFESNAP INSULIN SYRINGE 0.3 ML	3		SHOPKO UNIFINE PENTIP 8MM 31G	3	
SAFESNAP INSULIN SYRINGE 0.5 ML	3		SHOPKO UNIFINE PENTIP 12MM 29G	3	

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Medication Name	Tier	Notes
SIDESTREAM PEDIATRIC FACE MASK	3	QL
SILDENAFIL 20 MG TABLET	5	PA, SRX
SILHOUETTE INFUSION SET 23"	3	
SILICONE MASK-INFANT	3	QL
SILICONE MASK-PEDIATRIC	3	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	
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	2	
SIMVASTATIN 10 MG TABLET	2	
SIMVASTATIN 20 MG TABLET	2	
SIMVASTATIN 40 MG TABLET	2	
SIMVASTATIN 80 MG TABLET	2	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
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	

Medication Name	Tier	Notes
SM INSULIN SYRINGE 1 ML 30G 5/16"	3	
SM INSULIN SYRINGE 1 ML 31G 5/16"	3	
SMARTTEST 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	
SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE	2	
SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	2	
SODIUM PHENYLBUTYRATE POWDER	5	SRX
SODIUM PHENYLBUTYRATE 500MG TABLET	5	SRX
SODIUM POLYSTYRENE SULFATE POWDER	2	
SODIUM POLYSTYRENE SULFONATE 15 G/60 ML SUSPENSION	2	
SODIUM SULFACETAMIDE 10% LOTION	2	
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	5	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	3	QL
SOLIFENACIN 10 MG TABLET	3	QL
SOLQUA 100 UNIT-33 MCG/ML PEN	4	
SOLUTIONUS V2 CONTROL SOLUTION HIGH	3	
SOLUTIONUS V2 CONTROL SOLUTION LOW	3	
SOMAVERT 10 MG VIAL	5	PA, LDD, SRX
SOMAVERT 15 MG VIAL	5	PA, LDD, SRX
SOMAVERT 20 MG VIAL	5	PA, LDD, SRX
SOMAVERT 25 MG VIAL	5	PA, LDD, SRX
SOMAVERT 30 MG VIAL	5	PA, LDD, SRX
SORAFENIB 200 MG TABLET	5	PA, QL, SRX
SOTALOL 80 MG TABLET	2	
SOTALOL 120 MG TABLET	2	
SOTALOL 160 MG TABLET	2	
SOTALOL 240 MG TABLET	2	

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Medication Name	Tier	Notes
SOTALOL AF 80 MG TABLET	2	
SOTALOL AF 120 MG TABLET	2	
SOTALOL AF 160 MG TABLET	2	
SOTYKTU 6 MG TABLET	5	PA, LDD, SRX
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SOVALDI 150 MG PELLET PACKET	4	PA, QL
SOVALDI 200 MG PELLET PACKET	4	PA, QL
SOVALDI 200 MG TABLET	4	PA, QL
SOVALDI 400 MG TABLET	4	PA, QL
SPIKEVAX (12Y UP) SYRINGE	1	
SPIKEVAX (12Y UP) VIAL	1	
SPIKEVAX COVID (18Y UP) VACCINE	1	
SPINOSAD 0.9% TOPICAL SUSPENSION	3	
SPIRONOLACTONE 25 MG TABLET	2	
SPIRONOLACTONE 50 MG TABLET	2	
SPIRONOLACTONE 100 MG TABLET	2	
SPIRONOLACTONE-HCTZ 25-25 TABLET	2	
SPRINTEC 28 DAY TABLET	1	
SPRYCEL 20 MG TABLET	5	PA, QL, SRX
SPRYCEL 50 MG TABLET	5	PA, QL, SRX
SPRYCEL 70 MG TABLET	5	PA, QL, SRX
SPRYCEL 80 MG TABLET	5	PA, QL, SRX
SPRYCEL 100 MG TABLET	5	PA, QL, SRX
SPRYCEL 140 MG TABLET	5	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	2	
SPS 30 GM/120 ML ENEMA SUSPENSION	2	
SRONYX 0.10-0.02 MG TABLET	1	
SSKI 1 GM/ML ORAL SOLUTION	4	
STAVUDINE 40 MG CAPSULE	2	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2	
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
STRIBILD TABLET	4	QL
STRIVE PEAK FLOW METER	3	
STRIVERDI RESPIMAT INHALATION SPRAY	3	QL
SUBVENITE 25 MG TABLET	2	
SUBVENITE 100 MG TABLET	2	
SUBVENITE 150 MG TABLET	2	
SUBVENITE 200 MG TABLET	2	

Medication Name	Tier	Notes
SUBVENITE TABLET STARTER KIT (BLUE)	2	
SUBVENITE TABLET STARTER KIT (GREEN)	2	
SUBVENITE TABLET STARTER KIT (ORANGE)	2	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	5	LDD, SRX
SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	5	LDD, SRX
SUCRALFATE 1 GM TABLET	2	
SULFACETAMIDE 10% EYE DROPS	2	
SULFACETAMIDE 10% EYE OINTMENT	2	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	2	
SULFADIAZINE 500 MG TABLET	4	
SULFAMETHOXAZOLE-TMP SUSPENSION	2	
SULFAMETHOXAZOLE-TMP DS TABLET	2	
SULFAMETHOXAZOLE-TMP SS TABLET	2	
SULFASALAZINE 500 MG TABLET	2	
SULFASALAZINE DR 500 MG TABLET	2	
SULF-PRED 10-0.23% EYE DROPS	2	
SULINDAC 150 MG TABLET	2	
SULINDAC 200 MG TABLET	2	
SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	2	QL
SUMATRIPTAN 4 MG/0.5 ML CARTRIDGE	2	QL
SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	2	QL
SUMATRIPTAN 4 MG/0.5 ML INJECTOR	2	QL
SUMATRIPTAN 5 MG NASAL SPRAY	3	QL
SUMATRIPTAN 20 MG NASAL SPRAY	3	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL
SUMATRIPTAN SUCCINATE 25 MG TABLET	2	QL
SUMATRIPTAN SUCCINATE 50 MG TABLET	2	QL
SUMATRIPTAN SUCCINATE 100 MG TABLET	2	QL
SUNITINIB 12.5 MG CAPSULE	5	PA, QL, SRX
SUNITINIB 25 MG CAPSULE	5	PA, QL, SRX
SUNITINIB 37.5 MG CAPSULE	5	PA, QL, SRX
SUNITINIB 50 MG CAPSULE	5	PA, QL, SRX
SURE COMFORT 0.3 ML SYRINGE	3	
SURE COMFORT 0.5 ML SYRINGE	3	
SURE COMFORT 1 ML SYRINGE	3	
SURE COMFORT 3/10 ML SYRINGE	3	
SURE COMFORT 30G PEN NEEDLE	3	
SURE COMFORT INSULIN 0.3ML 31G 1/4"	3	
SURE COMFORT INSULIN 0.5ML 31G 1/4"	3	
SURE COMFORT INSULIN 1 ML 31G 1/4"	3	
SURE COMFORT PEN NEEDLE 29G 1/2"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
SURE COMFORT PEN NEEDLE 31G 5MM	3		SYNTHROID 300 MCG TABLET	4	
SURE COMFORT PEN NEEDLE 31G 8MM	3		T:30 INFUSION SET 23" 13MM	3	
SURE COMFORT PEN NEEDLE 32G 4MM	3		T:30 INFUSION SET 43" 13MM	3	
SURE COMFORT PEN NEEDLE 32G 6MM	3		T:90 INFUSION SET 23" 6MM	3	
SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	3		T:90 INFUSION SET 23" 9MM	3	
SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	3		T:90 INFUSION SET 43" 9MM	3	
SURE-FINE PEN NEEDLE 5MM	3		T:FLEX 4.8 ML CARTRIDGE	3	
SURE-FINE PEN NEEDLE 8MM	3		T:SLIM 3 ML CARTRIDGE	3	
SURE-FINE PEN NEEDLE 12.7MM	3		T:SLIM G4 3 ML CARTRIDGE	3	
SURE-JECT INSULIN 0.3 ML 31G 5/16"	3		T:SLIM X2 3 ML CARTRIDGE	3	
SURE-JECT INSULIN 0.5 ML 31G 5/16"	3		TABLOID 40 MG TABLET	4	PA
SURE-JECT INSULIN SYRINGE 1 ML	3		TAMSULOSIN 0.4 MG CAPSULE	2	
SURE-JECT INSULIN SYRINGE U100 0.3 ML	3		TACROLIMUS 0.5 MG CAPSULE (IR)	2	
SURE-JECT INSULIN SYRINGE U100 0.5 ML	3		TACROLIMUS 1 MG CAPSULE (IR)	2	
SURE-JECT INSULIN SYRINGE U100 1 ML	3		TACROLIMUS 5 MG CAPSULE (IR)	2	
SURE-TEST EASYPLUS MINI SOLUTION	3		TACROLIMUS 0.1% OINTMENT	2	
SYEDA 28 TABLET	1		TACROLIMUS 0.03% OINTMENT	2	
SYMAX FASTABS 0.125 MG TABLET	2		TADALAFIL 20 MG TABLET	5	PA, SRX
SYMAX-SL 0.125 MG SUBLINGUAL TABLET	2		TAFINLAR 10 MG TABLET FOR SUSPENSION	5	PA, QL, SRX
SYMAX-SR 0.375 MG TABLET	2		TAFINLAR 50 MG CAPSULE	5	PA, QL, SRX
SYMITUZA 800-150-200-10 MG TABLET	4	QL	TAFINLAR 75 MG CAPSULE	5	PA, QL, SRX
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX	TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX
SYNJARDY 5-500 MG TABLET	3	QL	TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX
SYNJARDY 5-1,000 MG TABLET	3	QL	TAKE ACTION 1.5 MG TABLET	1	
SYNJARDY 12.5-500 MG TABLET	3	QL	TAMOXIFEN 10 MG TABLET	1	
SYNJARDY 12.5-1,000 MG TABLET	3	QL	TAMOXIFEN 20 MG TABLET	1	
SYNJARDY XR 5-1,000 MG TABLET	3	QL	TARINA 24 FE 1 MG-20 MCG TABLET	1	
SYNJARDY XR 10-1,000 MG TABLET	3	QL	TARINA FE 1-20 TABLET	1	
SYNJARDY XR 12.5-1,000 MG TABLET	3	QL	TARINA FE 1-20 EQ TABLET	1	
SYNJARDY XR 25-1,000 MG TABLET	3	QL	TARON-C DHA CAPSULE	2	
SYNTHROID 25 MCG TABLET	4		TARON-PREX PRENATAL DHA CAPSULE	2	
SYNTHROID 50 MCG TABLET	4		TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 75 MCG TABLET	4		TASIGNA 150 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 88 MCG TABLET	4		TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 100 MCG TABLET	4		TAYSOFY 1 MG-20 MCG CAPSULE	1	
SYNTHROID 112 MCG TABLET	4		TAZAROTENE 0.1% CREAM	3	
SYNTHROID 125 MCG TABLET	4		TAZTIA XT 120 MG CAPSULE	2	
SYNTHROID 137 MCG TABLET	4		TAZTIA XT 180 MG CAPSULE	2	
SYNTHROID 150 MCG TABLET	4		TAZTIA XT 240 MG CAPSULE	2	
SYNTHROID 175 MCG TABLET	4		TAZTIA XT 300 MG CAPSULE	2	
SYNTHROID 200 MCG TABLET	4		TAZTIA XT 360 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
TDVAX VIAL	1		TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX
TECHLITE 0.3 ML 29G 12MM (1/2)	3		TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX
TECHLITE 0.3 ML 30G 8MM (1/2)	3		TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX
TECHLITE 0.3 ML 30G 12MM (1/2)	3		TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX
TECHLITE 0.3 ML 31G 6MM (1/2)	3		TENCON 50-325 MG TABLET	2	
TECHLITE 0.3 ML 31G 8MM (1/2)	3		TENIVAC SYRINGE	1	
TECHLITE 0.5 ML 29G 12MM (1/2)	3		TENIVAC VIAL	1	
TECHLITE 0.5 ML 30G 8MM (1/2)	3		TENOFOVIR 300 MG TABLET	2	
TECHLITE 0.5 ML 30G 12MM (1/2)	3		TERAZOSIN 1 MG CAPSULE	2	
TECHLITE 0.5 ML 31G 6MM (1/2)	3		TERAZOSIN 2 MG CAPSULE	2	
TECHLITE 0.5 ML 31G 8MM (1/2)	3		TERAZOSIN 5 MG CAPSULE	2	
TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	3		TERAZOSIN 10 MG CAPSULE	2	
TECHLITE INSULIN SYRINGE 1 ML 30G 8MM	3		TERBINAFINE 250 MG TABLET	2	
TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	3		TERBUTALINE 2.5 MG TABLET	2	
TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	3		TERBUTALINE 5 MG TABLET	2	
TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	3		TERCONAZOLE 0.4% CREAM	2	
TECHLITE PEN NEEDLE 29G 1/2"	3		TERCONAZOLE 0.8% CREAM	2	
TECHLITE PEN NEEDLE 29G 3/8"	3		TERCONAZOLE 80 MG SUPPOSITORY	2	
TECHLITE PEN NEEDLE 31G 1/4"	3		TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TECHLITE PEN NEEDLE 31G 3/16"	3		TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TECHLITE PEN NEEDLE 31G 5/16"	3		TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
TECHLITE PEN NEEDLE 32G 1/4"	3		TERUMO INSULIN SYRINGE U100-1/3 ML	3	
TECHLITE PEN NEEDLE 32G 5/16"	3		TERUMO INSULIN SYRINGE U100-1/2 ML	3	
TECHLITE PEN NEEDLE 32G 5/32"	3		TERUMO INSULIN SYRINGE U100-1 ML	3	
TELCARE CONTROL SOLUTION	3		TERUMO SURGUARD2 NEEDLE 18G 1"	3	
TELMISARTAN 20 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 18 1.5"	3	
TELMISARTAN 40 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 19G 1"	3	
TELMISARTAN 80 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 19 1.5"	3	
TELMISARTAN-AMLODIPINE 40-5 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 20G 1"	3	
TELMISARTAN-AMLODIPINE 40-10 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 20 1.5"	3	
TELMISARTAN-AMLODIPINE 80-5 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 21G 1"	3	
TELMISARTAN-AMLODIPINE 80-10 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 21G 1-1.5"	3	
TELMISARTAN-HCTZ 40-12.5 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 22G 1"	3	
TELMISARTAN-HCTZ 80-12.5 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 22 1-1/2"	3	
TELMISARTAN-HCTZ 80-25 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 23G 1"	3	
TEMAZEPAM 7.5 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 23 1-1/2"	3	
TEMAZEPAM 15 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 25G 1"	3	
TEMAZEPAM 22.5 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 25 1.5"	3	
TEMAZEPAM 30 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 25 5/8"	3	
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX	TERUMO SURGUARD2 NEEDLE 26 1/2"	3	
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX	TERUMO SURGUARD2 NEEDLE 27 1/2"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
TERUMO SURGUARD2 NEEDLE 30 1/2"	3		THIORIDAZINE 50 MG TABLET	2	
TERUMO SYRINGE 3 ML	3		THIORIDAZINE 100 MG TABLET	2	
TESTOSTERONE 50 MG/5 GRAM GEL	3	QL	THIOTHIXENE 1 MG CAPSULE	2	
TESTOSTERONE 1.62% GEL PUMP	3	QL	THIOTHIXENE 2 MG CAPSULE	2	
TESTOSTERONE 10 MG GEL PUMP	3	QL	THIOTHIXENE 5 MG CAPSULE	2	
TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	3	QL	THIOTHIXENE 10 MG CAPSULE	2	
TESTOSTERONE 1% (25 MG/2.5 G) PACKET	3	QL	THRIVITE 19 TABLET	2	
TESTOSTERONE 1% (50 MG/5 G) PACKET	3	QL	THYROID 15 MG TABLET	2	
TESTOSTERONE 1.62% (2.5 G) PACKET	3	QL	THYROID 30 MG TABLET	2	
TESTOSTERONE 1.62%(1.25 G) PACKET	3	QL	THYROID 60 MG TABLET	2	
TESTOSTERONE 50 MG/5 GRAM PACKET	3	QL	THYROID 90 MG TABLET	2	
TESTOSTERONE CYPIONATE 200 MG/ML VIAL	2		THYROID 120 MG TABLET	2	
TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	2		TIADYLT ER 120 MG CAPSULE	2	
TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	2		TIADYLT ER 180 MG CAPSULE	2	
TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	2		TIADYLT ER 240 MG CAPSULE	2	
TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	2		TIADYLT ER 300 MG CAPSULE	2	
TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	2		TIADYLT ER 360 MG CAPSULE	2	
TESTOSTERONE ENANTHATE 200 MG/ML VIAL	2		TIADYLT ER 420 MG CAPSULE	2	
TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	2		TIAGABINE 2 MG TABLET	2	
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX	TIAGABINE 4 MG TABLET	2	
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX	TIAGABINE 12 MG TABLET	2	
TETRACAINE 0.5% EYE DROPS	2		TIAGABINE 16 MG TABLET	2	
TETRACAINE 0.5% STERI-UNIT EYE SOLUTION	2		TILIA FE 28 TABLET	1	
TETRACYCLINE 250 MG CAPSULE	3		TIMOLOL 0.25% EYE DROPS	2	
TETRACYCLINE 500 MG CAPSULE	3		TIMOLOL 0.5% EYE DROPS	2	
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL 0.25% GEL-SOLUTION	2	
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL 0.5% GEL-SOLUTION	2	
THALOMID 150 MG CAPSULE	5	PA, QL, SRX	TIMOLOL 0.5% GFS GEL-SOLUTION	2	
THALOMID 200 MG CAPSULE	5	PA, QL, SRX	TIMOLOL 5 MG TABLET	2	
THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION	2		TIMOLOL 10 MG TABLET	2	
THEOPHYLLINE ER 100 MG TABLET	2		TIMOLOL 20 MG TABLET	2	
THEOPHYLLINE ER 200 MG TABLET	2		TINIDAZOLE 250 MG TABLET	2	
THEOPHYLLINE ER 300 MG TABLET	2		TINIDAZOLE 500 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	2		TIVICAY 10 MG TABLET	3	
THEOPHYLLINE ER 450 MG TABLET	2		TIVICAY 25 MG TABLET	3	
THEOPHYLLINE ER 600 MG TABLET	2		TIVICAY 50 MG TABLET	3	
THINPRO INSULIN SYRINGE U100-0.3 ML	3		TIVICAY PD 5 MG TABLET FOR SUSPENSION	3	
THINPRO INSULIN SYRINGE U100-0.5 ML	3		TIZANIDINE 2 MG TABLET	2	
THINPRO INSULIN SYRINGE U100-1 ML	3		TIZANIDINE 4 MG TABLET	2	
THIORIDAZINE 10 MG TABLET	2		TOBRAMYCIN 0.3% EYE DROPS	2	
THIORIDAZINE 25 MG TABLET	2		TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX

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Medication Name	Tier	Notes
TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
TOBRAMYCIN-DEXAMETHASONE EYE DROPS	2	
TODAY'S HEALTH PEN NEEDLE 6MM 31G	3	
TOLCAPONE 100 MG TABLET	5	SRX
TOLMETIN 400 MG CAPSULE	2	
TOLMETIN 200 MG TABLET	2	
TOLMETIN 600 MG TABLET	2	
TOLTERODINE 1 MG TABLET	2	
TOLTERODINE 2 MG TABLET	2	
TOLTERODINE ER 2 MG CAPSULE	2	
TOLTERODINE ER 4 MG CAPSULE	2	
TOLVAPTAN 15 MG TABLET	5	PA, SRX
TOLVAPTAN 30 MG TABLET	5	PA, SRX
TOPCARE CLICKFINE 31G 1/4"	3	
TOPCARE CLICKFINE 31G 5/16"	3	
TOPCARE ULTRA COMFORT SYRINGE	3	
TOPIRAMATE 15 MG SPRINKLE CAPSULE	2	
TOPIRAMATE 25 MG SPRINKLE CAPSULE	2	
TOPIRAMATE 25 MG TABLET	2	
TOPIRAMATE 50 MG TABLET	2	
TOPIRAMATE 100 MG TABLET	2	
TOPIRAMATE 200 MG TABLET	2	
TOPIRAMATE ER 25 MG CAPSULE	3	
TOPIRAMATE ER 50 MG CAPSULE	3	
TOPIRAMATE ER 100 MG CAPSULE	3	
TOPIRAMATE ER 150 MG CAPSULE	3	
TOPIRAMATE ER 200 MG CAPSULE	3	
TOREMIFENE 60 MG TABLET	4	QL
TORPENZ 2.5 MG TABLET	5	PA, QL, SRX
TORPENZ 5 MG TABLET	5	PA, QL, SRX
TORPENZ 7.5 MG TABLET	5	PA, QL, SRX
TORPENZ 10 MG TABLET	5	PA, QL, SRX
TORSEMIDE 5 MG TABLET	2	
TORSEMIDE 10 MG TABLET	2	
TORSEMIDE 20 MG TABLET	2	
TORSEMIDE 100 MG TABLET	2	
TOVET EMOLLIENT 0.05% FOAM	3	
TRADJENTA 5 MG TABLET	3	QL
TRAMADOL 50 MG TABLET	2	QL
TRAMADOL ER 100 MG TABLET	2	PA, QL
TRAMADOL ER 200 MG TABLET	2	PA, QL

Medication Name	Tier	Notes
TRAMADOL ER 300 MG TABLET	2	PA, QL
TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET	2	QL
TRANDOLAPRIL 1 MG TABLET	2	
TRANDOLAPRIL 2 MG TABLET	2	
TRANDOLAPRIL 4 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG	2	
TRANEXAMIC ACID 650 MG TABLET	2	
TRANLYCYPROMINE 10 MG TABLET	3	
TRAVOPROST 0.004% EYE DROPS	2	
TRAZODONE 50 MG TABLET	2	
TRAZODONE 100 MG TABLET	2	
TRAZODONE 150 MG TABLET	2	
TRAZODONE 300 MG TABLET	2	
TRECATOR 250 MG TABLET	4	
TRELEGY ELLIPTA 100-62.5-25	3	QL
TRELEGY ELLIPTA 200-62.5-25	3	QL
TREMFYA 100 MG/ML AUTO-INJECTOR	5	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX
TRESIBA 100 UNIT/ML VIAL	3	QL
TRESIBA FLEXTOUCH 100 UNIT/ML	3	QL
TRESIBA FLEXTOUCH 200 UNIT/ML	3	QL
TRETINOIN 0.025% CREAM	2	PA, AGE
TRETINOIN 0.05% CREAM	2	PA, AGE
TRETINOIN 0.1% CREAM	2	PA, AGE
TRETINOIN 0.01% GEL	2	PA, AGE
TRETINOIN 0.025% GEL	2	PA, AGE
TRETINOIN 0.05% GEL	2	PA, AGE
TRETINOIN 10 MG CAPSULE	4	PA
TRETINOIN GEL MICRO 0.04% PUMP	2	PA, AGE
TRETINOIN GEL MICRO 0.1% PUMP	2	PA, AGE
TRETINOIN GEL MICRO 0.04% TUBE	2	PA, AGE
TRETINOIN GEL MICRO 0.1% TUBE	2	PA, AGE
TRI FEMYNOR 28 TABLET	1	
TRIAMCINOLONE 0.025% CREAM	2	
TRIAMCINOLONE 0.1% CREAM	2	
TRIAMCINOLONE 0.5% CREAM	2	
TRIAMCINOLONE 0.1% DENTAL PASTE	2	
TRIAMCINOLONE 0.025% LOTION	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRIAMCINOLONE 0.1% LOTION	2		TRI-SPRINTEC TABLET	1	
TRIAMCINOLONE 0.025% OINTMENT	2		TRIUMEQ 600-50-300 MG TABLET	4	QL
TRIAMCINOLONE 0.1% OINTMENT	2		TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	4	QL
TRIAMCINOLONE 0.5% OINTMENT	2		TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	2	
TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	2		TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	2	
TRIAMTERENE-HCTZ 37.5-25 MG TABLET	2		TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	2	
TRIAMTERENE-HCTZ 75-50 MG TABLET	2		TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	2	
TRIAZOLAM 0.125 MG TABLET	2		TRIVORA-28 TABLET	1	
TRIAZOLAM 0.25 MG TABLET	2		TRI-VYLIBRA 28 TABLET	1	
TRIDACAINE II 5% PATCH	2		TRI-VYLIBRA LO TABLET	1	
TRIDACAINE III 5% PATCH	2		TROPICAMIDE 0.5% EYE DROPS	2	
TRIDERM 0.1% CREAM	2		TROPICAMIDE 1% EYE DROPS	2	
TRIDERM 0.5% CREAM	2		TROSPIMUM 20 MG TABLET	2	
TRI-ESTARYLLA TABLET	1		TROSPIMUM ER 60 MG CAPSULE	2	
TRIFLUOPERAZINE 1 MG TABLET	2		TRUE COMFORT 0.5 ML 31G 5/16"	3	
TRIFLUOPERAZINE 2 MG TABLET	2		TRUE COMFORT 1 ML 31G 5/16"	3	
TRIFLUOPERAZINE 5 MG TABLET	2		TRUE COMFORT PEN NEEDLE 31G 5MM	3	
TRIFLUOPERAZINE 10 MG TABLET	2		TRUE COMFORT PEN NEEDLE 31G 6MM	3	
TRIFLURIDINE 1% EYE DROPS	2		TRUE COMFORT PEN NEEDLE 31G 8MM	3	
TRIHEXYPHENIDYL 2 MG/5 ML ORAL SOLUTION	2		TRUE COMFORT PEN NEEDLE 32G 4MM	3	
TRIHEXYPHENIDYL 2 MG TABLET	2		TRUE COMFORT PEN NEEDLE 32G 5MM	3	
TRIHEXYPHENIDYL 5 MG TABLET	2		TRUE COMFORT PEN NEEDLE 32G 6MM	3	
TRIKAFTA 50-25-37.5 MG/75 MG TABLET	5	PA, QL, LDD, SRX	TRUE COMFORT PEN NEEDLE 33G 4MM	3	
TRIKAFTA 80-40-60 MG/59.5 MG PACKET	5	PA, QL, LDD, SRX	TRUE COMFORT PEN NEEDLE 33G 5MM	3	
TRIKAFTA 100-50-75 MG/75 MG PACKET	5	PA, QL, LDD, SRX	TRUE COMFORT PEN NEEDLE 33G 6MM	3	
TRIKAFTA 100-50-75 MG/150 MG TABLET	5	PA, QL, LDD, SRX	TRUE COMFORT PRO 0.5ML 30G 1/2"	3	
TRI-LEGEST FE-28 DAY TABLET	1		TRUE COMFORT PRO 0.5ML 30G 5/16"	3	
TRI-LINYAH TABLET	1		TRUE COMFORT PRO 0.5ML 31G 5/16"	3	
TRI-LO-ESTARYLLA TABLET	1		TRUE COMFORT PRO 0.5ML 32G 5/16"	3	
TRI-LO-MARZIA TABLET	1		TRUE COMFORT PRO 1 ML 30G 1/2"	3	
TRI-LO-MILI TABLET	1		TRUE COMFORT PRO 1ML 30G 5/16"	3	
TRI-LO-SPRINTEC TABLET	1		TRUE COMFORT PRO 1ML 31G 5/16"	3	
TRIMETHOBENZAMIDE 300 MG CAPSULE	2		TRUE COMFORT PRO 1ML 32G 5/16"	3	
TRIMETHOPRIM 100 MG TABLET	2		TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM	3	
TRI-MILI 28 TABLET	1		TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM	3	
TRIMIPRAMINE 25 MG CAPSULE	2		TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM	3	
TRIMIPRAMINE 50 MG CAPSULE	2		TRUE METRIX LEVEL 1 CONTROL SOLUTION	3	
TRIMIPRAMINE 100 MG CAPSULE	2		TRUE METRIX LEVEL 2 CONTROL SOLUTION	3	
TRINATAL RX 1 TABLET	2		TRUE METRIX LEVEL 3 CONTROL SOLUTION	3	
TRI-NYMYO 28 TABLET	1		TRUECONTROL GLUCOSE SOLUTION	3	
TRI-PREVIFEM TABLET	1		TRUEPLUS KETONE TEST STRIP	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRUEPLUS PEN NEEDLE 29G 12MM	3		UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
TRUEPLUS PEN NEEDLE 29G 1/2"	3		ULTICARE INSULIN 0.3 ML 30G 1/2"	3	
TRUEPLUS PEN NEEDLE 31G 5MM	3		ULTICARE INSULIN 0.3 ML 31G 1/4"	3	
TRUEPLUS PEN NEEDLE 31G 8MM	3		ULTICARE INSULIN 0.5 ML 30G 1/2"	3	
TRUEPLUS PEN NEEDLE 31G 1/4"	3		ULTICARE INSULIN 0.5 ML 31G 1/4"	3	
TRUEPLUS PEN NEEDLE 31G 3/16"	3		ULTICARE INSULIN 1 ML 31G 1/4"	3	
TRUEPLUS PEN NEEDLE 31G 5/16"	3		ULTICARE INSULIN SAFETY 1ML 29G 1/2"	3	
TRUEPLUS PEN NEEDLE 32G 5/32"	3		ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	3	
TRUEPLUS SYRINGE 0.3ML 29G 1/2"	3		ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	3	
TRUEPLUS SYRINGE 0.3ML 30G 5/16"	3		ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	3	
TRUEPLUS SYRINGE 0.3ML 31G 5/16"	3		ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	3	
TRUEPLUS SYRINGE 0.5ML 28G 1/2"	3		ULTICARE LDS SYRINGE 3 ML 22G 1.5"	3	
TRUEPLUS SYRINGE 0.5ML 29G 1/2"	3		ULTICARE PEN NEEDLE 4MM 32G	3	
TRUEPLUS SYRINGE 0.5ML 30G 5/16"	3		ULTICARE PEN NEEDLE 6MM 31G	3	
TRUEPLUS SYRINGE 0.5ML 31G 5/16"	3		ULTICARE PEN NEEDLE 6MM 32G	3	
TRUEPLUS SYRINGE 1ML 28G 1/2"	3		ULTICARE PEN NEEDLE 8MM 31G	3	
TRUEPLUS SYRINGE 1ML 29G 1/2"	3		ULTICARE PEN NEEDLE 12MM 29G	3	
TRUEPLUS SYRINGE 1ML 30G 5/16"	3		ULTICARE PEN NEEDLE 12.7 MM 29G	3	
TRUEPLUS SYRINGE 1ML 31G 5/16"	3		ULTICARE PEN NEEDLE 31G 3/16"	3	
TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL	ULTICARE SAFETY 0.5 ML 29G 1/2"	3	
TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL	ULTICARE SAFETY PEN NEEDLE 30G 8MM	3	
TRULICITY 3 MG/0.5 ML PEN	3	PA, QL	ULTICARE SAFETY PEN NEEDLE 5MM 30G	3	
TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL	ULTICARE SYRINGE 0.3 ML 29G 1/2"	3	
TRUMENBA 120 MCG/0.5 ML VACCINE	1		ULTICARE SYRINGE 0.3 ML 30G 1/2"	3	
TRUSTEEL INFUSION SET 23" 6MM	3		ULTICARE SYRINGE 0.3 ML 30G 5/16"	3	
TRUSTEEL INFUSION SET 23" 8MM	3		ULTICARE SYRINGE 0.3 ML 31G 5/16"	3	
TRUSTEEL INFUSION SET 32" 6MM	3		ULTICARE SYRINGE 0.5 ML 28G 1/2"	3	
TRUSTEEL INFUSION SET 32" 8MM	3		ULTICARE SYRINGE 0.5 ML 29G 1/2"	3	
TRUZONE PEAK FLOW METER	3		ULTICARE SYRINGE 0.5 ML 30G 1/2"	3	
TULANA 0.35 MG TABLET	1		ULTICARE SYRINGE 0.5 ML 30G 5/16"	3	
TURQOZ-28 TABLET	1		ULTICARE SYRINGE 0.5 ML 31G 5/16"	3	
TWINRIX VACCINE SYRINGE	1		ULTICARE SYRINGE 1 ML 30G 1/2"	3	
TYBOST 150 MG TABLET	3		ULTICARE SYRINGE 1 ML 30G 5/16"	3	
TYDEMY 3-0.03-0.451 MG TABLET	1		ULTICARE SYRINGE 1 ML 31G 5/16"	3	
TYMLOS 80 MCG DOSE PEN INJECTOR	5	PA, QL, SRX	ULTIGUARD SAFEPACK 0.3ML 30G 12.7MM	3	
TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	5	PA, LDD, SRX	ULTIGUARD SAFEPACK 0.3ML 31G 8MM	3	
TYVASO INHALATION REFILL KIT	5	PA, LDD, SRX	ULTIGUARD SAFEPACK 0.5ML 30G 12.7MM	3	
TYVASO INHALATION STARTER KIT	5	PA, LDD, SRX	ULTIGUARD SAFEPACK 0.5ML 31G 8MM	3	
TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX	ULTIGUARD SAFEPACK 1ML 30G 12.7MM	3	
UDENYCA 6 MG/0.6 ML AUTO-INJECTOR	5	PA, SRX	ULTIGUARD SAFEPACK PACK 29G 12.7MM	3	
UDENYCA 6 MG/0.6 ML ON-BODY	5	PA, SRX	ULTIGUARD SAFEPACK PACK 32G 4MM	3	

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Medication Name	Tier	Notes
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	
ULTRA FLO SYRINGE 0.5 ML 29G 1/2"	3	
ULTRA THIN PEN NEEDLE 32G 4MM	3	
ULTRACARE INSULIN 0.3 ML 30G 5/16"	3	
ULTRACARE INSULIN 0.3 ML 31G 5/16"	3	
ULTRACARE INSULIN 0.5 ML 30G 1/2"	3	
ULTRACARE INSULIN 0.5 ML 30G 5/16"	3	
ULTRACARE INSULIN 0.5 ML 31G 5/16"	3	

Medication Name	Tier	Notes
ULTRACARE INSULIN 1 ML 30G 5/16"	3	
ULTRACARE INSULIN 1 ML 30G 1/2"	3	
ULTRACARE INSULIN 1 ML 31G 5/16"	3	
ULTRACARE PEN NEEDLE 31G 1/4"	3	
ULTRACARE PEN NEEDLE 31G 3/16"	3	
ULTRACARE PEN NEEDLE 31G 5/16"	3	
ULTRACARE PEN NEEDLE 32G 1/4"	3	
ULTRACARE PEN NEEDLE 32G 3/16"	3	
ULTRACARE PEN NEEDLE 32G 5/32"	3	
ULTRACARE PEN NEEDLE 33G 5/32"	3	
ULTRA-THIN II 1 ML 31G 5/16"	3	
ULTRA-THIN II INSULIN 0.3 ML 30G	3	
ULTRA-THIN II INSULIN 0.3 ML 31G	3	
ULTRA-THIN II INSULIN 0.5 ML 29G	3	
ULTRA-THIN II INSULIN 0.5 ML 30G	3	
ULTRA-THIN II INSULIN 0.5 ML 31G	3	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29G	3	
ULTRA-THIN II INSULIN SYRINGE 1 ML 30G	3	
ULTRA-THIN II PEN NEEDLE 29G 1/2"	3	
ULTRA-THIN II PEN NEEDLE 31G 5/16"	3	
ULTRATRAK CONTROL SOLUTION	3	
ULTRATRAK CONTROL SOLUTION NORMAL	3	
ULTRATRAK ULTIMATE CONTROL SOLUTION	3	
UNIFINE PEN NEEDLE 32G 4MM	3	
UNIFINE PENTIP 29G 12MM	3	
UNIFINE PENTIP 31G 5MM	3	
UNIFINE PENTIP 31G 6MM	3	
UNIFINE PENTIP 31G 8MM	3	
UNIFINE PENTIP 31G 3/16"	3	
UNIFINE PENTIP 32G 4MM	3	
UNIFINE PENTIP 32G 6MM	3	
UNIFINE PENTIP 32G 1/4"	3	
UNIFINE PENTIP 32G 5/32"	3	
UNIFINE PENTIP 33G 5/32"	3	
UNIFINE PENTIP 6MM NEEDLE	3	
UNIFINE PENTIP 8MM NEEDLE	3	
UNIFINE PENTIP MAX 30G 3/16"	3	
UNIFINE PENTIP NEEDLE 29G	3	
UNIFINE PENTIP PLUS 29G 1/2"	3	
UNIFINE PENTIP PLUS 30G 3/16"	3	
UNIFINE PENTIP PLUS 31G 1/4"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
UNIFINE PENTIP PLUS 31G 3/16"	3		URSODIOL 500 MG TABLET	2	
UNIFINE PENTIP PLUS 31G 5/16"	3		USTELL CAPSULE	2	
UNIFINE PENTIP PLUS 32G 5/32"	3		UTIRA-C TABLET	2	
UNIFINE PENTIP PLUS 33G 5/32"	3		VALACYCLOVIR 500 MG TABLET	2	
UNIFINE PROTECT 30G 5MM	3		VALACYCLOVIR 1 GRAM TABLET	2	
UNIFINE PROTECT 30G 8MM	3		VALGANCICLOVIR 50 MG/ML ORAL SOLUTION	4	
UNIFINE PROTECT 32G 4MM	3		VALGANCICLOVIR 450 MG TABLET	4	
UNIFINE SAFECONTROL 30G 3/16"	3		VALPROIC ACID 250 MG CAPSULE	2	
UNIFINE SAFECONTROL 30G 5/16"	3		VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	2	
UNIFINE SAFECONTROL 32G 4MM	3		VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	2	
UNIFINE ULTRA PEN NEEDLE 31G 5MM	3		VALSARTAN 40 MG TABLET	2	
UNIFINE ULTRA PEN NEEDLE 31G 6MM	3		VALSARTAN 80 MG TABLET	2	
UNIFINE ULTRA PEN NEEDLE 31G 8MM	3		VALSARTAN 160 MG TABLET	2	
UNIFINE ULTRA PEN NEEDLE 32G 4MM	3		VALSARTAN 320 MG TABLET	2	
UNISTRIP CONTROL SOLUTION HIGH	3		VALSARTAN-HCTZ 80-12.5 MG TABLET	2	
UNISTRIP CONTROL SOLUTION LOW	3		VALSARTAN-HCTZ 160-12.5 MG TABLET	2	
UNITHROID 25 MCG TABLET	2		VALSARTAN-HCTZ 160-25 MG TABLET	2	
UNITHROID 50 MCG TABLET	2		VALSARTAN-HCTZ 320-12.5 MG TABLET	2	
UNITHROID 75 MCG TABLET	2		VALSARTAN-HCTZ 320-25 MG TABLET	2	
UNITHROID 88 MCG TABLET	2		VANADOM 350 MG TABLET	2	
UNITHROID 100 MCG TABLET	2		VANCOMYCIN 125 MG CAPSULE	4	QL
UNITHROID 112 MCG TABLET	2		VANCOMYCIN 250 MG CAPSULE	4	QL
UNITHROID 125 MCG TABLET	2		VANCOMYCIN 25 MG/ML ORAL SOLUTION	2	QL
UNITHROID 137 MCG TABLET	2		VANDAZOLE VAGINAL 0.75% GEL	2	
UNITHROID 150 MCG TABLET	2		VANISHPOINT 0.5 ML 30G 1/2" SYRINGE	3	
UNITHROID 175 MCG TABLET	2		VANISHPOINT 3 ML 21G 1" SYRINGE	3	
UNITHROID 200 MCG TABLET	2		VANISHPOINT 3 ML 22G 1.5" SYRINGE	3	
UNITHROID 300 MCG TABLET	2		VANISHPOINT 20G 1" 3 ML SYRINGE	3	
UPTRAVI 200 MCG TABLET	5	PA, LDD, SRX	VANISHPOINT 23G 1.5" 3 ML SYRINGE	3	
UPTRAVI 400 MCG TABLET	5	PA, LDD, SRX	VANISHPOINT 22G 1" 3 ML SYRINGE	3	
UPTRAVI 600 MCG TABLET	5	PA, LDD, SRX	VANISHPOINT 23G 1" 3 ML SYRINGE	3	
UPTRAVI 800 MCG TABLET	5	PA, LDD, SRX	VANISHPOINT 23G 1.5 3 ML SYRINGE	3	
UPTRAVI 1,000 MCG TABLET	5	PA, LDD, SRX	VANISHPOINT 25G 1" 3 ML SYRINGE	3	
UPTRAVI 1,200 MCG TABLET	5	PA, LDD, SRX	VANISHPOINT 25G 5/8" 3 ML SYRINGE	3	
UPTRAVI 1,400 MCG TABLET	5	PA, LDD, SRX	VANISHPOINT INSULIN 1 ML 30G 3/16"	3	
UPTRAVI 1,600 MCG TABLET	5	PA, LDD, SRX	VANISHPOINT U-100 29 1/2" SYRINGE	3	
UPTRAVI 200-800 TITRATION PACK	5	PA, LDD, SRX	VAQTA 25 UNITS/0.5 ML SYRINGE	1	
URISTIX 4 REAGENT TEST STRIP	3		VAQTA 50 UNITS/ML SYRINGE	1	
URISTIX REAGENT TEST STRIP	3		VAQTA 25 UNITS/0.5 ML VIAL	1	
URSODIOL 300 MG CAPSULE	2		VAQTA 50 UNITS/ML VIAL	1	
URSODIOL 250 MG TABLET	2		VARENICLINE 1 MG CONTINUING MONTH BOX	1	

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VARENICLINE STARTING MONTH BOX	1		VERAPAMIL ER PM 200 MG CAPSULE	3	
VARENICLINE 0.5 MG TABLET	1		VERAPAMIL ER PM 300 MG CAPSULE	3	
VARENICLINE 1 MG TABLET	1		VERAPAMIL SR 120 MG CAPSULE	2	
VARISOFT INFUSION SET 23" 13MM	3		VERAPAMIL SR 180 MG CAPSULE	2	
VARISOFT INFUSION SET 23" 17MM	3		VERAPAMIL SR 240 MG CAPSULE	2	
VARISOFT INFUSION SET 32" 13MM	3		VERAPAMIL SR 360 MG CAPSULE	2	
VARISOFT INFUSION SET 32" 17MM	3		VERIFINE INSULIN SYRINGE 0.3ML 31G 8MM	3	
VARISOFT INFUSION SET 43" 13MM	3		VERIFINE INSULIN SYRINGE 0.5ML 29G 12MM	3	
VARISOFT INFUSION SET 43" 17MM	3		VERIFINE INSULIN SYRINGE 0.5ML 31G 8MM	3	
VARIVAX VACCINE VIAL	1		VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"	3	
VARIVAX VACCINE WITH DILUENT	1		VERIFINE INSULIN SYRINGE 1 ML 29G 12MM	3	
VAXELIS VACCINE SYRINGE	1		VERIFINE INSULIN SYRINGE 1 ML 31G 8MM	3	
VAXELIS VACCINE VIAL	1		VERIFINE PEN NEEDLE 29G 12MM	3	
VAXNEUVANCE 0.5 ML SYRINGE	1		VERIFINE PEN NEEDLE 31G 5MM	3	
VELIVET 28 DAY TABLET	1		VERIFINE PEN NEEDLE 31G 8MM	3	
VEMLIDY 25 MG TABLET	5	PA, SRX	VERIFINE PEN NEEDLE 32G 4MM	3	
VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX	VERIFINE PEN NEEDLE 32G 6MM	3	
VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX	VERIFINE PLUS PEN NEEDLE 31G 5MM	3	
VENCLEXTA 10 MG TABLET (10MG X 2)	5	PA, QL, LDD, SRX	VERIFINE PLUS PEN NEEDLE 31G 8MM	3	
VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX	VERIFINE PLUS PEN NEEDLE 32G 4MM	3	
VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX	VERIFINE SYRINGE 0.3ML 31G 5/16"	3	
VENLAFAXINE 25 MG TABLET	2	QL	VERIFINE SYRINGE 0.5ML 29G 1/2"	3	
VENLAFAXINE 37.5 MG TABLET	2	QL	VERIFINE SYRINGE 0.5ML 31G 5/16"	3	
VENLAFAXINE 50 MG TABLET	2	QL	VERIFINE SYRINGE 1 ML 31G 5/16"	3	
VENLAFAXINE 75 MG TABLET	2	QL	VESTURA 3 MG-0.02 MG TABLET	1	
VENLAFAXINE 100 MG TABLET	2	QL	VIENVA-28 TABLET	1	
VENLAFAXINE ER 37.5 MG CAPSULE	2	QL	VIGABATRIN 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VENLAFAXINE ER 75 MG CAPSULE	2	QL	VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX
VENLAFAXINE ER 150 MG CAPSULE	2	QL	VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX	VIGADRONE 500 MG TABLET	5	PA, QL, LDD, SRX
VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX	VIGPODER 500 MG POWDER PACKET	5	PA, QL, LDD, SRX
VERAPAMIL 40 MG TABLET	2		VIOKACE 10,440-39,150 UNITS TABLET	4	
VERAPAMIL 80 MG TABLET	2		VIOKACE 20,880-78,300 UNITS TABLET	4	
VERAPAMIL 120 MG TABLET	2		VIORELE 28 DAY TABLET	1	
VERAPAMIL ER 120 MG CAPSULE	2		VIREAD POWDER	3	
VERAPAMIL ER 180 MG CAPSULE	2		VIREAD 150 MG TABLET	3	
VERAPAMIL ER 240 MG CAPSULE	2		VIREAD 200 MG TABLET	3	
VERAPAMIL ER 120 MG TABLET	2		VIREAD 250 MG TABLET	3	
VERAPAMIL ER 180 MG TABLET	2		VIRT-C DHA SOFTGEL	2	
VERAPAMIL ER 240 MG TABLET	2		VIRT-NATE DHA SOFTGEL	2	
VERAPAMIL ER PM 100 MG CAPSULE	3		VIRT-PN DHA SOFTGEL	2	

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VIRT-PN PLUS SOFTGEL	2		WIXELA 100-50 INHUB	2	QL
VISTOGARD 10 GRAM PACKET	5	LDD, SRX	WIXELA 250-50 INHUB	2	QL
VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS	2		WIXELA 500-50 INHUB	2	QL
VIT A,C,D-FLUORIDE 0.5 MG/ML ORAL DROPS	2		WM UNIFINE PENTIP PLUS 4MM 32G	3	
VITAFOL-OB CAPLET	2		WM UNIFINE PENTIP PLUS 5MM 31G	3	
VITAMIN D2 1.25 MG (50,000 UNIT)	2		WM UNIFINE PENTIP PLUS 6MM 31G	3	
VIVAGUARD INO CONTROL SOLUTION-L1,2,3	3		WM UNIFINE PENTIP PLUS 8MM 31G	3	
VIVAGUARD INO CONTROL SOLUTION-L2	3		WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	1	
VOLNEA 0.15-0.02-0.01 MG TABLET	1		XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX
VORICONAZOLE 40 MG/ML SUSPENSION	4	PA	XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX
VORICONAZOLE 50 MG TABLET	4	PA	XALKORI 20 MG PELLETT	5	PA, QL, LDD, SRX
VORICONAZOLE 200 MG TABLET	4	PA	XALKORI 50 MG PELLETT	5	PA, QL, LDD, SRX
VORTEX ADULT MASK	3	QL	XALKORI 150 MG PELLETT	5	PA, QL, LDD, SRX
VORTEX HOLDING CHAMBER	3	QL	XARELTO 1 MG/ML SUSPENSION	3	QL
VORTEX VHC FROG CHILD MASK	3	QL	XARELTO 2.5 MG TABLET	3	QL
VORTEX VHC LADYBUG TODDLER MASK	3	QL	XARELTO 10 MG TABLET	3	QL
VRAYLAR 1.5 MG CAPSULE	4	QL, ST	XARELTO 15 MG TABLET	3	QL
VRAYLAR 3 MG CAPSULE	4	QL, ST	XARELTO 20 MG TABLET	3	QL
VRAYLAR 4.5 MG CAPSULE	4	QL, ST	XARELTO DVT-PE STARTER PACK	3	QL
VRAYLAR 6 MG CAPSULE	4	QL, ST	XDEMZY 0.25% EYE DROPS	5	PA, QL, LDD, SRX
VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST	XELJANZ 1 MG/ML ORAL SOLUTION	5	PA, QL, SRX
VYFEMLA 0.4 MG-0.035 MG TABLET	1		XELJANZ 5 MG TABLET	5	PA, QL, SRX
VYLIBRA 28 TABLET	1		XELJANZ 10 MG TABLET	5	PA, QL, SRX
VYNDAMAX 61 MG CAPSULE	5	PA, QL, LDD, SRX	XELJANZ XR 11 MG TABLET	5	PA, QL, SRX
WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX	XELJANZ XR 22 MG TABLET	5	PA, QL, SRX
WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX	XIFAXAN 550 MG TABLET	4	PA, QL
WARFARIN 1 MG TABLET	2		XIGDUO XR 2.5 MG-1,000 MG TABLET	3	QL
WARFARIN 2 MG TABLET	2		XIGDUO XR 5 MG-500 MG TABLET	3	QL
WARFARIN 2.5 MG TABLET	2		XIGDUO XR 5 MG-1,000 MG TABLET	3	QL
WARFARIN 3 MG TABLET	2		XIGDUO XR 10 MG-500 MG TABLET	3	QL
WARFARIN 4 MG TABLET	2		XIGDUO XR 10 MG-1,000 MG TABLET	3	QL
WARFARIN 5 MG TABLET	2		XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	5	PA, LDD, SRX
WARFARIN 6 MG TABLET	2		XOLAIR 150 MG/ML AUTO-INJECTOR	5	PA, LDD, SRX
WARFARIN 7.5 MG TABLET	2		XOLAIR 300 MG/2 ML AUTO-INJECTOR	5	PA, LDD, SRX
WARFARIN 10 MG TABLET	2		XOLAIR 150 MG/1.2 ML POWDER VIAL	5	PA, LDD, SRX
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	2		XOLAIR 300 MG/2 ML SYRINGE	5	PA, LDD, SRX
WESNATAL DHA COMPLETE	2		XTAMPZA ER 9 MG CAPSULE	3	PA
WESNATE DHA SOFTGEL	2		XTAMPZA ER 13.5 MG CAPSULE	3	PA
WESTAB PLUS TABLET	2		XTAMPZA ER 18 MG CAPSULE	3	PA

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes
XTAMPZA ER 27 MG CAPSULE	3	PA
XTAMPZA ER 36 MG CAPSULE	3	PA
XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
XULANE 150-35 MCG/DAY PATCH	1	
YALE NEEDLE 21G 1.25"	3	
YARGESA 100 MG CAPSULE	5	PA, LDD, SRX
YOURX ULTICARE PEN NEEDLE 4MM 32G	3	
YOURX ULTICARE PEN NEEDLE 6MM 31G	3	
YOURX ULTICARE PEN NEEDLE 8MM 31G	3	
YUVAFEM 10 MCG VAGINAL INSERT	2	QL
ZAFEMY 150-35 MCG/DAY PATCH	1	
ZAFIRLUKAST 10 MG TABLET	2	
ZAFIRLUKAST 20 MG TABLET	2	
ZALEPLON 5 MG CAPSULE	2	
ZALEPLON 10 MG CAPSULE	2	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
ZATEAN-PN DHA CAPSULE	2	
ZATEAN-PN PLUS SOFTGEL	2	
ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
ZENATANE 10 MG CAPSULE	4	
ZENATANE 20 MG CAPSULE	4	
ZENATANE 30 MG CAPSULE	4	
ZENATANE 40 MG CAPSULE	4	
ZENZEDI 5 MG TABLET	2	QL
ZENZEDI 10 MG TABLET	2	QL
ZEPOSIA 0.92 MG CAPSULE	5	PA, QL, LDD, SRX
ZEPOSIA STARTER KIT (28-DAY)	5	PA, QL, LDD, SRX
ZEPOSIA STARTER PACK (7-DAY)	5	PA, QL, LDD, SRX
ZETONNA 37 MCG NASAL SPRAY	4	ST
ZIDOVUDINE 100 MG CAPSULE	2	
ZIDOVUDINE 50 MG/5 ML SYRUP	2	
ZIDOVUDINE 300 MG TABLET	2	
ZIPRASIDONE 20 MG CAPSULE	2	
ZIPRASIDONE 40 MG CAPSULE	2	
ZIPRASIDONE 60 MG CAPSULE	2	
ZIPRASIDONE 80 MG CAPSULE	2	
ZOLADEX 3.6 MG IMPLANT SYRINGE	5	PA, SRX

Medication Name	Tier	Notes
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	
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

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 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.

Frequently Asked Questions (FAQs) (cont.)

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/
bladder problems |
| • Diabetes | • Pain management |
| • Heartburn/ulcer/
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.

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.

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,

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

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.²

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.³

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.

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.

Frequently Asked Questions (FAQs) (cont.)

Q. Can I fill my prescriptions by mail?

A. Yes.⁴

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 cost⁵
- Refill reminders at no extra cost⁶
- Fill up to a 90-day supply at one time⁷
- 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).⁸ 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 (Not Approved)

Excluded Services

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

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

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

21. Services received during an inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of Mental Health Disorder.
22. Complementary and alternative medicine services, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under "Rehabilitative Therapy" and "Habilitative Therapy" are not subject to this exclusion.
23. Any services or supplies provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. Assistance in activities of daily living, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or Homemaker Services, and services primarily for rest, domiciliary or convalescent care.
25. Services performed by unlicensed practitioners or services which do not require licensure to perform, for example mediation, breathing exercises, guided visualization.
26. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
27. Services which are self-directed to a free-standing or Hospital based diagnostic facility.
28. Services ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other Provider:
 - Has not been actively involved in Your medical care prior to ordering the service, or
 - Is not actively involved in Your medical care after the service is received.This exclusion does not apply to mammography.
29. Dental services, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
30. Orthodontic services, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except for treatment for medically necessary orthodontia for a person born with a cleft lip or cleft palate.
31. Dental implants: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants, excludes medically necessary treatment of cleft lip, cleft palate.
32. Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan and reimbursed under the dental plan will not be reimbursed under this plan.
33. Hearing aids, except as specifically stated in this Policy, including but not limited to semi-implantable hearing devices, audient bone conductors and Bone Anchored Hearing Aids (BAHAs), limited to the least expensive professionally adequate device. A hearing aid is any device that amplifies sound.
34. Routine hearing tests except as specifically provided in this Policy under "Benefits/Coverage (What is Covered)."
35. Genetic screening or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.

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

36. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision Care.
37. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
38. Cosmetic surgery, therapy or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury, medically necessary surgery or congenital defect of a Newborn child, or to treat congenital hemangioma (port wine stains) on the face and neck of an insured person 18 years and younger, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy, or Medically Necessary gender affirming care .
39. Aids or devices that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books.
40. Non-medical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities and developmental delays, except as specifically stated in this Policy. This exclusion does not apply to health education services for chronic diseases and self-care on topics such as stress management and nutrition.
41. Services and procedures for redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty and blepharoplasty, except as specifically stated in this Policy.
42. Any treatment, Prescription Drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire.
43. The following services related to the treatment of fertility and/or Infertility, sterilization reversals; donor semen and donor eggs; ovum transplants; in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
44. Cryopreservation of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
45. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
46. Blood administration for the purpose of general improvement in physical condition
47. Orthopedic shoes (except when joined to Braces), shoe inserts, foot Orthotic Devices (except for treatment as a result of diabetes).
48. External and internal power enhancements or power controls for Prosthetic limbs and terminal devices.
49. Myoelectric Prostheses peripheral nerve stimulators.
50. Electronic Prosthetic limbs or appliances unless Medically Necessary, when a less-costly alternative is not sufficient.
51. Prefabricated foot Orthoses.
52. Cranial banding/cranial Orthoses/other similar devices, except when used postoperatively for synostotic plagiocephaly.
53. Orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
54. Orthoses primarily used for cosmetic rather than functional reasons.

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

55. Non-foot Orthoses, except only the following non-foot Orthoses are covered when Medically Necessary:
 - Rigid and semi-rigid custom fabricated Orthoses;
 - Semi-rigid pre-fabricated and flexible Orthoses; and
 - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
56. Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction, except as otherwise stated in this Policy under "Bariatric Surgery."
57. Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this Policy.
58. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
59. Educational services except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna Healthcare.
60. Nutritional counseling or food supplements, except as stated in this Policy.
61. Exercise equipment, comfort items and other medical supplies and equipment not specifically listed as Covered Services in the "Benefits/Coverage (What is Covered)" section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
62. Physical, and/or Occupational Therapy/Medicine except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this Policy titled "Benefits/Coverage (What is Covered)."
63. Foreign Country Provider charges except as specifically stated under "Foreign Country Providers" in the section of this Policy titled "Benefits/Coverage (What is Covered)."
64. Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, a systemic condition, Injury or symptoms involving the feet, except as otherwise stated in this Policy.
65. Charges for which We are unable to determine Our liability because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
66. Charges for the services of a standby Physician.
67. Charges for animal to human organ transplants.

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

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

Cigna Healthcare reserves the right to make changes to this drug list without notice. Please reference **Cigna.com/ifp-drug-list** 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>

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc. and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., and Cigna Health Care of Texas, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCION: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency in 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 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna 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 بطاقتكم 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 شماره گیری کنید).