

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

This drug list is applicable to plans sold in 2024 in Colorado effective 1/1/2025.

This cover page is for brokers only.

Please discard if providing the list to customers.

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

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-ADBM	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.

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes
1ST TIER UNIFINE PENTIP 29G 1/2"	3	
1ST TIER UNIFINE PENTIP 31G 1/4"	3	
1ST TIER UNIFINE PENTIP 31G 3/16"	3	
1ST TIER UNIFINE PENTIP 31G 5/16"	3	
1ST TIER UNIFINE PENTIP 32G 5/32"	3	
1ST TIER UNIFINE PENTIP 4MM 32G	3	
1ST TIER UNIFINE PENTIP 5MM 31G	3	
1ST TIER UNIFINE PENTIP 6MM 31G	3	
1ST TIER UNIFINE PENTIP 8MM 31G	3	
1ST TIER UNIFINE PENTIP 12MM 29G	3	
2TEK CONTROL SOLUTION	3	
ABACAVIR 20 MG/ML ORAL SOLUTION	2	
ABACAVIR 300 MG TABLET	2	
ABACAVIR-LAMIVUDINE 600-300 MG TABLET	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE TABLET	3	
ABIRATERONE 250 MG TABLET	5	PA, SRX
ABIRATERONE 500 MG TABLET	5	PA, SRX
ABOUTTIME PEN NEEDLE 30G 8MM	3	
ABOUTTIME PEN NEEDLE 31G 5MM	3	
ABOUTTIME PEN NEEDLE 31G 8MM	3	
ABOUTTIME PEN NEEDLE 32G 4MM	3	
ABRYSO 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-ADB(M)CF 10 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF 20 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF 40 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF PEN 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF PEN CROHNS 40 MG	5	PA, QL, SRX
ADALIMUMAB-ADB(M)CF PEN PS-UV 40 MG	5	PA, QL, SRX
ADALIMUMAB-RYVK(CF) AI 40 MG AUTO-INJECTOR	5	PA, QL, SRX
ADALIMUMAB-RYVK(CF) 40 MG SYRINGE	5	PA, QL, SRX
ADAPALENE 0.1% CREAM	3	PA, AGE
ADAPALENE 0.3% GEL	3	PA, AGE
ADAPALENE 0.3% GEL PUMP	3	PA, AGE
ADAPALENE 0.1% TOPICAL SOLUTION	3	PA, AGE
ADEFOVIR 10 MG TABLET	5	SRX
ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX

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Medication Name	Tier	Notes
ADEMPAS 1 MG TABLET	5	PA, LDD, SRX
ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX
ADEMPAS 2 MG TABLET	5	PA, LDD, SRX
ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ADVOCATE CONTROL SOLUTION HIGH	3	
ADVOCATE CONTROL SOLUTION LOW	3	
ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
ADVOCATE INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
ADVOCATE INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"	3	
ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"	3	
ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"	3	
ADVOCATE PEN NEEDLE 4MM 33G	3	
ADVOCATE PEN NEEDLE 5MM 31G	3	
ADVOCATE PEN NEEDLE 8MM 31G	3	
ADVOCATE PEN NEEDLE 12.7MM 29G	3	
ADVOCATE PEN NEEDLE 32G 4MM	3	
ADVOCATE REDI-CODE+ CONTROL SOLUTION	3	
AEROCHAMBER MINI	3	QL
AEROCHAMBER MV HOLD CHAMBER	3	QL
AEROCHAMBER PLUS FLOW-VU	3	QL
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL
AEROCHAMBER PLUS FLOW-VU MEDIUM	3	QL
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL
AEROCHAMBER Z-STAT PLUS LARGE	3	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL
AEROCHAMBER Z-STAT PLUS-MEDIUM	3	QL
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL
AEROGEAR ASTHMA ACTION KIT	3	
AEROTRACH HOLDING CHAMBER	3	QL
AEROVENT PLUS HOLDING CHAMBER	3	QL
AFIRMELLE-28 TABLET	1	
AFLURIA	1	
AFTER PILL 1.5 MG TABLET	1	
AFTERA 1.5 MG TABLET	1	
AGAMATRIX HIGH CONTROL SOLUTION	3	
AGAMATRIX NORM-HI CONTROL SOLUTION	3	
AIRZONE PEAK FLOW METER	3	

Medication Name	Tier	Notes
AK-POLY-BAC EYE OINTMENT	2	
ALBENDAZOLE 200 MG TABLET	4	PA
ALBUSTIX REAGENT TEST STRIP	3	
ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	2	
ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	2	
ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION	2	
ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION	2	
ALBUTEROL 5 MG/ML INHALATION SOLUTION	2	
ALBUTEROL 15 MG/3 ML INHALATION SOLUTION	2	
ALBUTEROL 25 MG/5 ML INHALATION SOLUTION	2	
ALBUTEROL 75 MG/15 ML INHALATION SOLUTION	2	
ALBUTEROL 100 MG/20 ML INHALATION SOLUTION	2	
ALBUTEROL 2 MG/5 ML SYRUP	2	
ALBUTEROL 2 MG TABLET	2	
ALBUTEROL 4 MG TABLET	2	
ALBUTEROL ER 4 MG TABLET	2	
ALBUTEROL ER 8 MG TABLET	2	
ALBUTEROL HFA 90 MCG INHALER	2	QL
ALCAINE 0.5% EYE DROPS	2	
ALCLOMETASONE 0.05% CREAM	2	
ALCLOMETASONE 0.05% OINTMENT	2	
ALCOHOL PREP PAD	3	
ALECENSA 150 MG CAPSULE	5	PA, QL, LDD, SRX
ALENDRONATE 70 MG/75 ML ORAL SOLUTION	2	
ALENDRONATE 5 MG TABLET	2	
ALENDRONATE 10 MG TABLET	2	
ALENDRONATE 35 MG TABLET	2	
ALENDRONATE 70 MG TABLET	2	
ALFUZOSIN ER 10 MG TABLET	2	
ALINIA 100 MG/5 ML SUSPENSION	4	
ALLOPURINOL 100 MG TABLET	2	
ALLOPURINOL 300 MG TABLET	2	
ALMOTRIPTAN 6.25 MG TABLET	3	QL
ALMOTRIPTAN 12.5 MG TABLET	3	QL
ALOSETRON 0.5 MG TABLET	5	SRX
ALOSETRON 1 MG TABLET	5	SRX
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE	2	

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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	
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-OLMESARTAN 5-20 MG TABLET	2	
AMBRISENTAN 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	

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ARIPIRAZOLE ODT 10 MG TABLET	4		ASSURE ID SYRINGE 0.5 ML 31G 15/64"	3	
ARIPIRAZOLE ODT 15 MG TABLET	4		ASSURE ID SYRINGE 1 ML 29G 1/2"	3	
ARMODAFINIL 50 MG TABLET	2	PA	ASSURE ID SYRINGE 1 ML 31G 15/64"	3	
ARMODAFINIL 150 MG TABLET	2	PA	ASSURE PRISM CONTROL SOLUTION	3	
ARMODAFINIL 200 MG TABLET	2	PA	ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ARMODAFINIL 250 MG TABLET	2	PA	ASTAGRAF XL 1 MG CAPSULE	5	SRX
ARMOUR THYROID 15 MG TABLET	3		ASTAGRAF XL 5 MG CAPSULE	5	SRX
ARMOUR THYROID 30 MG TABLET	3		ASTHMA CHECK PEAK FLOW METER	3	
ARMOUR THYROID 60 MG TABLET	3		ASTHMAPACK CHILDREN'S CARE KIT	3	
ARMOUR THYROID 90 MG TABLET	3		ATAZANAVIR 150 MG CAPSULE	2	
ARMOUR THYROID 120 MG TABLET	3		ATAZANAVIR 200 MG CAPSULE	2	
ARMOUR THYROID 180 MG TABLET	3		ATAZANAVIR 300 MG CAPSULE	2	
ARMOUR THYROID 240 MG TABLET	3		ATENOLOL 25 MG TABLET	2	
ARMOUR THYROID 300 MG TABLET	3		ATENOLOL 50 MG TABLET	2	
ARNUITY ELLIPTA 50 MCG INHALER	3		ATENOLOL 100 MG TABLET	2	
ARNUITY ELLIPTA 100 MCG INHALER	3		ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET	2	
ARNUITY ELLIPTA 200 MCG INHALER	3		ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET	2	
ASCOMP WITH CODEINE CAPSULE	2	PA	ATOMOXETINE 10 MG CAPSULE	2	QL
ASENAPINE 2.5 MG SUBLINGUAL TABLET	4	QL	ATOMOXETINE 18 MG CAPSULE	2	QL
ASENAPINE 5 MG SUBLINGUAL TABLET	4	QL	ATOMOXETINE 25 MG CAPSULE	2	QL
ASENAPINE 10 MG SUBLINGUAL TABLET	4	QL	ATOMOXETINE 40 MG CAPSULE	2	QL
ASHLYNA 0.15-0.03-0.01 MG TABLET	1		ATOMOXETINE 60 MG CAPSULE	2	QL
ASMANEX HFA 50 MCG INHALER	4	QL, ST	ATOMOXETINE 80 MG CAPSULE	2	QL
ASMANEX HFA 100 MCG INHALER	4	QL, ST	ATOMOXETINE 100 MG CAPSULE	2	QL
ASMANEX HFA 200 MCG INHALER	4	QL, ST	ATORVASTATIN 10 MG TABLET	2	
ASMANEX TWISTHALER 110 MCG #30	4	QL, ST	ATORVASTATIN 20 MG TABLET	2	
ASMANEX TWISTHALER 220 MCG #14	4	ST	ATORVASTATIN 40 MG TABLET	2	
ASMANEX TWISTHALER 220 MCG #30	4	QL, ST	ATORVASTATIN 80 MG TABLET	2	
ASMANEX TWISTHALER 220 MCG #60	4	QL, ST	ATOVAQUONE 750 MG/5 ML SUSPENSION	4	
ASMANEX TWISTHALER 220 MCG #120	4	QL, ST	ATOVAQUONE-PROGUANIL 62.5-25 TABLET	2	
ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE	2	PA	ATOVAQUONE-PROGUANIL 250-100 TABLET	2	
ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE	2		ATROPINE 1% EYE DROPS	2	
ASSURE 4 CONTROL SOLUTION	3		ATROPINE 1% EYE OINTMENT	2	
ASSURE DOSE CONTROL SOLUTION	3		AUBRA EQ-28 TABLET	1	
ASSURE ID DUO PRO NEEDLE 31G 5MM	3		AUBRA-28 TABLET	1	
ASSURE ID PEN NEEDLE 30G 3/16"	3		AUROVELA 1 MG-20 MCG TABLET	1	
ASSURE ID PEN NEEDLE 30G 5/16"	3		AUROVELA 21 1.5-30 TABLET	1	
ASSURE ID PEN NEEDLE 31G 3/16"	3		AUROVELA 24 FE 1 MG-20 MCG TABLET	1	
ASSURE ID PRO PEN NEEDLE 30G 5MM	3		AUROVELA FE 1.5 MG-30 MCG TABLET	1	
ASSURE ID SYRINGE 0.5 ML 29G 1/2"	3		AUROVELA FE 1-20 TABLET	1	
			AUTOJECT 2 INJECTION DEVICE	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
AUTOPEN 1 TO 21 UNITS	3		BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
AUTOPEN 2 TO 42 UNITS	3		BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
AUTOSOFT 30 INFUSION SET 23" 13MM	3		BD 3 ML SYRINGE 18G 1-1/2"	3	
AUTOSOFT 30 INFUSION SET 43" 13MM	3		BD 3 ML SYRINGE 20G 1-1/2"	3	
AUTOSOFT 90 INFUSION SET 23" 6MM	3		BD 3 ML SYRINGE 25G 1"	3	
AUTOSOFT 90 INFUSION SET 23" 9MM	3		BD 3 ML SYRINGE 25G 1-1/2"	3	
AUTOSOFT 90 INFUSION SET 43" 6MM	3		BD 3 ML SYRINGE WITH NEEDLE	3	
AUTOSOFT 90 INFUSION SET 43" 9MM	3		BD AUTOSHIELD DUO PEN NEEDLE 5MM 30G	3	
AUTOSOFT XC INFUSION SET 23" 6MM	3		BD BLUNT NEEDLE 18G 1-1/2"	3	
AUTOSOFT XC INFUSION SET 23" 9MM	3		BD ECLIPSE 30G 1/2" SYRINGE	3	
AUTOSOFT XC INFUSION SET 32" 6MM	3		BD ECLIPSE LUER-LOK SYRINGE 3 ML	3	
AUTOSOFT XC INFUSION SET 43" 6MM	3		BD ECLIPSE NEEDLE 18G 40MM	3	
AUTOSOFT XC INFUSION SET 43" 9MM	3		BD ECLIPSE NEEDLE 18G 1 1/2"	3	
AVIANE-28 TABLET	1		BD ECLIPSE NEEDLE 21G 1"	3	
AVONEX PEN 30 MCG/0.5 ML KIT	5	PA, SRX	BD ECLIPSE NEEDLE 21G 1.5"	3	
AVONEX PREFILLED SYRINGE 30 MCG KIT	5	PA, SRX	BD ECLIPSE NEEDLE 22G 1"	3	
AYUNA-28 TABLET	1		BD ECLIPSE NEEDLE 23G 25MM	3	
AZATHIOPRINE 50 MG TABLET	2		BD ECLIPSE NEEDLE 23G 1"	3	
AZELASTINE 0.05% DROPS	2		BD ECLIPSE NEEDLE 25G 16MM	3	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	2		BD ECLIPSE NEEDLE 25G 25MM	3	
AZELASTINE 0.15% NASAL SPRAY	2		BD ECLIPSE NEEDLE 25G 40MM	3	
AZITHROMYCIN 1 GM POWDER PACKET	2		BD ECLIPSE NEEDLE 25G 1"	3	
AZITHROMYCIN 100 MG/5 ML SUSPENSION	2		BD ECLIPSE NEEDLE 25G 1.5"	3	
AZITHROMYCIN 200 MG/5 ML SUSPENSION	2		BD ECLIPSE NEEDLE 25G 5/8"	3	
AZITHROMYCIN 250 MG TABLET	2		BD ECLIPSE NEEDLE 27G 1/2"	3	
AZITHROMYCIN 500 MG TABLET	2		BD ECLIPSE NEEDLE 30G 13MM	3	
AZITHROMYCIN 600 MG TABLET	2		BD ECLIPSE NEEDLE 30G 1/2"	3	
AZO TEST TEST STRIP	3		BD FILTER NEEDLE	3	
AZURETTE 28 DAY TABLET	1		BD INSULIN SYRINGE 0.3 ML 29G 12.7MM	3	
BACITRACIN 500 UNIT/GM EYE OINTMENT	2		BD INSULIN SYRINGE 0.3 ML 8MM 31G(1/2)	3	
BACITRACIN-POLYMYXIN EYE OINTMENT	2		BD INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
BACLOFEN 5 MG TABLET	2		BD INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
BACLOFEN 10 MG TABLET	2		BD INSULIN SYRINGE 0.5 ML 29G 12.7MM	3	
BACLOFEN 20 MG TABLET	2		BD INSULIN SYRINGE 1 ML	3	
BAL-CARE DHA COMBO PACK	2		BD INSULIN SYRINGE 1 ML 25G 5/8"	3	
BALCOLTRA TABLET	4		BD INSULIN SYRINGE 1 ML 25G 1"	3	
BALSALAZIDE 750 MG CAPSULE	2		BD INSULIN SYRINGE 1 ML 26G 1/2"	3	
BALZIVA 28 TABLET	1		BD INSULIN SYRINGE 1 ML 27G 12.7MM	3	
BAQSIMI 3 MG NASAL SPRAY ONE PACK	3	QL	BD INSULIN SYRINGE 1 ML 27G 5/8"	3	
BAQSIMI 3 MG NASAL SPRAY TWO PACK	3	QL	BD INSULIN SYRINGE 1 ML 28G 1/2"	3	
BARACLUDE 0.05 MG/ML ORAL SOLUTION	5	SRX	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	Medication Name	Tier	Notes
BENAZEPRIL-HCTZ 5-6.25 MG TABLET	2		BISOPROLOL 5 MG TABLET	2	
BENAZEPRIL-HCTZ 10-12.5 MG TABLET	2		BISOPROLOL 10 MG TABLET	2	
BENAZEPRIL-HCTZ 20-12.5 MG TABLET	2		BISOPROLOL-HCTZ 2.5-6.25 MG TABLET	2	
BENAZEPRIL-HCTZ 20-25 MG TABLET	2		BISOPROLOL-HCTZ 5-6.25 MG TABLET	2	
BENZONATATE 100 MG CAPSULE	2		BISOPROLOL-HCTZ 10-6.25 MG TABLET	2	
BENZONATATE 200 MG CAPSULE	2		BLISOVI 24 FE TABLET	1	
BENZTROPINE 0.5 MG TABLET	2		BLISOVI FE 1-20 TABLET	1	
BENZTROPINE 1 MG TABLET	2		BLISOVI FE 1.5-30 TABLET	1	
BENZTROPINE 2 MG TABLET	2		BLOOD GLUCOSE CONTROL SOLUTION	3	
BESER 0.05% LOTION	2		BLUNT NEEDLE	3	
BETAINE 1 GRAM/SCOOP POWDER	5	PA, SRX	BOOSTRIX TDAP	1	
BETAMETHASONE DIPROPIONATE 0.05% CREAM	2		BOSENTAN 62.5 MG TABLET	5	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% LOTION	2		BOSENTAN 125 MG TABLET	5	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% OINTMENT	2		BOSULIF 50 MG CAPSULE	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM	2		BOSULIF 100 MG CAPSULE	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL	2		BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	2		BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	2		BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BETAMETHASONE VALERATE 0.1% CREAM	2		BREATHERITE MDI SPACER	3	QL
BETAMETHASONE VALERATE 0.1% LOTION	2		BREATHERITE SPACER-ADULT MASK	3	QL
BETAMETHASONE VALERATE 0.1% OINTMENT	2		BREATHERITE SPACER-INFANT MASK	3	QL
BETAMETHASONE VALERATE 0.12% FOAM	2		BREATHERITE SPACER-LARGE CHILD MASK	3	QL
BETAXOLOL 0.5% EYE DROPS	2		BREATHERITE SPACER-NEONATE MASK	3	QL
BETAXOLOL 10 MG TABLET	2		BREATHERITE SPACER-SMALL CHILD MASK	3	QL
BETAXOLOL 20 MG TABLET	2		BREATHRITE VALVED MDI CHAMBER	3	QL
BETHANECHOL 5 MG TABLET	2		BREATHRITE VALVED MDI SPACER	3	QL
BETHANECHOL 10 MG TABLET	2		BREEZE 2 SOLUTION	3	
BETHANECHOL 25 MG TABLET	2		BREO ELLIPTA 50-25 MCG INHALER	3	QL
BETHANECHOL 50 MG TABLET	2		BREO ELLIPTA 100-25 MCG INHALER	3	QL
BEXAROTENE 1% GEL	5	PA, SRX	BREO ELLIPTA 200-25 MCG INHALER	3	QL
BEXAROTENE 75 MG CAPSULE	5	PA, SRX	BREYNA 80-4.5 MCG INHALER	4	QL
BEXSERO PREFILLED SYRINGE	1		BREYNA 160-4.5 MCG INHALER	4	QL
BEYFORTUS 50 MG/0.5 ML SYRINGE	1		BRIELLYN TABLET	1	
BEYFORTUS 100 MG/ML SYRINGE	1		BRILINTA 60 MG TABLET	4	
BICALUTAMIDE 50 MG TABLET	2		BRILINTA 90 MG TABLET	4	
BIKTARVY 30-120-15 MG TABLET	4	QL	BRIMONIDINE 0.1% DROPS	2	
BIKTARVY 50-200-25 MG TABLET	4	QL	BRIMONIDINE 0.15% DROPS	2	
BIMATOPROST 0.03% EYE DROPS	2	QL	BRIMONIDINE 0.2% EYE DROPS	2	
			BRINZOLAMIDE 1% EYE DROPS	3	
			BRIVIAC 10 MG/ML ORAL SOLUTION	4	PA, QL
			BRIVIAC 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	
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
BUPROPION XL 150 MG TABLET	2	QL

Medication Name	Tier	Notes
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	
CALCITRIOL 0.25 MCG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
CALCITRIOL 0.5 MCG CAPSULE	2		CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET	2	
CALCITRIOL 1 MCG/ML ORAL SOLUTION	2		CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL	CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET	2	
CALCIUM ACETATE 667 MG CAPSULE	2		CARBIDOPA-LEVODOPA 10-100 TABLET	2	
CALCIUM ACETATE 667 MG GELCAP	2		CARBIDOPA-LEVODOPA 25-100 TABLET	2	
CALCIUM ACETATE 667 MG TABLET	2		CARBIDOPA-LEVODOPA 25-250 TABLET	2	
CALQUENCE 100 MG CAPSULE	5	PA, QL, SRX	CARBIDOPA-LEVODOPA ER 25-100 TABLET	2	
CALQUENCE 100 MG TABLET	5	PA, QL, LDD, SRX	CARBIDOPA-LEVODOPA ER 50-200 TABLET	2	
CAMILA 0.35 MG TABLET	1		CARBIDOPA-LEVODOPA 50 MG-ENTACAPONE TABLET	3	
CAMRESE 0.15-0.03-0.01 MG TABLET	1		CARBIDOPA-LEVODOPA 75 MG-ENTACAPONE TABLET	3	
CAMRESE LO TABLET	1		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		CAREONE UNIFINE PENTIP 6MM 31G	3	
CARBAMAZEPINE ER 100 MG CAPSULE	2		CAREONE UNIFINE PENTIP 8MM 31G	3	
CARBAMAZEPINE ER 200 MG CAPSULE	2		CAREONE UNIFINE PENTIP 12MM 29G	3	
CARBAMAZEPINE ER 300 MG CAPSULE	2		CAREPOINT LL SYRINGE 3 ML 20G 1.5"	3	
CARBAMAZEPINE ER 100 MG TABLET	2		CAREPOINT LL SYRINGE 3 ML 21G 1"	3	
CARBAMAZEPINE ER 200 MG TABLET	2				
CARBAMAZEPINE ER 400 MG TABLET	2				
CARBIDOPA 25 MG TABLET	4				

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
CARETOUCH SYRINGE 1 ML 29G 5/16"	3		CEFPROZIL 250 MG/5 ML SUSPENSION	2	
CARETOUCH SYRINGE 1 ML 30G 5/16"	3		CEFPROZIL 250 MG TABLET	2	
CARETOUCH SYRINGE 1 ML 31G 5/16"	3		CEFPROZIL 500 MG TABLET	2	
CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX	CEFUROXIME AXETIL 250 MG TABLET	2	
CARISOPRODOL 250 MG TABLET	2		CEFUROXIME AXETIL 500 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
CHLORPROMAZINE 10 MG TABLET	3		CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION	3	
CHLORPROMAZINE 25 MG TABLET	3		CITALOPRAM 10 MG/5 ML ORAL SOLUTION	2	QL
CHLORPROMAZINE 50 MG TABLET	3		CITALOPRAM 10 MG TABLET	2	QL
CHLORPROMAZINE 100 MG TABLET	3		CITALOPRAM 20 MG TABLET	2	QL
CHLORPROMAZINE 200 MG TABLET	3		CITALOPRAM 40 MG TABLET	2	QL
			CLARAVIS 10 MG CAPSULE	4	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL	2		CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA	CLOTRIMAZOLE 1% TOPICAL SOLUTION	2	
CLOBAZAM 10 MG TABLET	4	PA	CLOTRIMAZOLE 10 MG TROCHE	2	
CLOBAZAM 20 MG TABLET	4	PA	CLOTRIMAZOLE-BETAMETHASONE CREAM	2	
CLOBETASOL 0.05% CREAM	2		CLOTRIMAZOLE-BETAMETHASONE LOTION	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
COMFORT EZ PEN NEEDLE 6MM 33G	3		COMIRNATY SYRINGE	1	
COMFORT EZ PEN NEEDLE 8MM 31G	3		COMIRNATY VIAL	1	
COMFORT EZ PEN NEEDLE 8MM 32G	3		COMPACT SPACE CHAMBER	3	QL
COMFORT EZ PEN NEEDLE 8MM 33G	3		COMPACT SPACE CHAMBER-LARGE MASK	3	QL
COMFORT EZ PEN NEEDLE 12MM 29G	3		COMPACT SPACE CHAMBER-MEDIUM MASK	3	QL

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Medication Name	Tier	Notes
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	
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	

Medication Name	Tier	Notes
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
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, SRX
DANAZOL 50 MG CAPSULE	2	
DANAZOL 100 MG CAPSULE	2	
DANAZOL 200 MG CAPSULE	2	
DANTROLENE 25 MG CAPSULE	2	
DANTROLENE 50 MG CAPSULE	2	
DANTROLENE 100 MG CAPSULE	2	
DAPSONE 25 MG TABLET	4	
DAPSONE 100 MG TABLET	4	
DAPTACEL DTAP VACCINE	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	

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Medication Name	Tier	Notes
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 LIDOCAIN 5% PATCH	2	
DESCOVY 120-15 MG TABLET	4	
DESCOVY 200-25 MG TABLET	4	
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	
DESLORATADINE 2.5 MG ODT TABLET	2	QL
DESLORATADINE 5 MG ODT TABLET	2	QL
DESLORATADINE 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	
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	

Medication Name	Tier	Notes
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
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

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	2	QL	DICLOFENAC SODIUM DR 75 MG TABLET	2	
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	2	QL	DICLOFENAC SODIUM EC 25 MG TABLET	2	
DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET	2	QL	DICLOFENAC SODIUM EC 50 MG TABLET	2	
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	2	QL	DICLOFENAC SODIUM EC 75 MG TABLET	2	
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	2	QL	DICLOFENAC SODIUM ER 100 MG TABLET	2	
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	2	QL	DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET	2	
DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE	2	QL	DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET	2	
DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE	2	QL	DICLOXACILLIN 250 MG CAPSULE	2	
DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE	2	QL	DICLOXACILLIN 500 MG CAPSULE	2	
DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE	2	QL	DICYCLOMINE 10 MG CAPSULE	2	
DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE	2	QL	DICYCLOMINE 10 MG/5 ML ORAL SOLUTION	2	
DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE	2	QL	DICYCLOMINE 20 MG TABLET	2	
DIATESTIX REAGENT TEST STRIP	3		DIDANOSINE DR 250 MG CAPSULE	2	
DIATRUE LEVEL 1 CONTROL SOLUTION	3		DIDANOSINE DR 400 MG CAPSULE	2	
DIATRUE LEVEL 2 CONTROL SOLUTION	3		DIFLORASONE 0.05% CREAM	4	
DIATRUE LEVEL 3 CONTROL SOLUTION	3		DIFLORASONE 0.05% OINTMENT	4	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2		DIFLUNISAL 500 MG TABLET	2	
DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE	2		DIGOX 125 MCG TABLET	2	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2		DIGOX 250 MCG TABLET	2	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2		DIGOXIN 0.05 MG/ML ORAL SOLUTION	2	
DIAZEPAM 10 MG RECTAL GEL SYSTEM	2		DIGOXIN 0.125 MG TABLET	2	
DIAZEPAM 20 MG RECTAL GEL SYSTEM	2		DIGOXIN 0.25 MG TABLET	2	
DIAZEPAM 2 MG TABLET	2		DIGOXIN 125 MCG TABLET	2	
DIAZEPAM 5 MG TABLET	2		DIGOXIN 250 MCG TABLET	2	
DIAZEPAM 10 MG TABLET	2		DIHYDROERGOTAMINE 1 MG/ML AMPULE	4	QL
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	4		DILT XR 120 MG CAPSULE	2	
DICLOFENAC 0.1% EYE DROPS	2		DILT XR 180 MG CAPSULE	2	
DICLOFENAC 1.5% TOPICAL SOLUTION	2		DILT XR 240 MG CAPSULE	2	
DICLOFENAC POTASSIUM 50 MG TABLET	2		DILTIAZEM 120 MG TABLET	2	
DICLOFENAC SODIUM 1% GEL	2	QL	DILTIAZEM 12HR ER 60 MG CAPSULE	2	
DICLOFENAC SODIUM DR 25 MG TABLET	2		DILTIAZEM 12HR ER 90 MG CAPSULE	2	
DICLOFENAC SODIUM DR 50 MG TABLET	2		DILTIAZEM 12HR ER 120 MG CAPSULE	2	
			DILTIAZEM 24H ER(CD) 120 MG CAPSULE	2	
			DILTIAZEM 24H ER(CD) 180 MG CAPSULE	2	
			DILTIAZEM 24H ER(CD) 240 MG CAPSULE	2	
			DILTIAZEM 24H ER(CD) 300 MG CAPSULE	2	
			DILTIAZEM 24H ER(CD) 360 MG CAPSULE	2	
			DILTIAZEM 24H ER(LA) 120 MG TABLET	2	
			DILTIAZEM 24H ER(LA) 180 MG TABLET	2	
			DILTIAZEM 24H ER(LA) 240 MG TABLET	2	
			DILTIAZEM 24H ER(LA) 300 MG TABLET	2	

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Medication Name	Tier	Notes
DILTIAZEM 24H ER(LA) 360 MG TABLET	2	
DILTIAZEM 24H ER(LA) 420 MG TABLET	2	
DILTIAZEM 24H ER(XR) 120 MG CAPSULE	2	
DILTIAZEM 24H ER(XR) 180 MG CAPSULE	2	
DILTIAZEM 24H ER(XR) 240 MG CAPSULE	2	
DILTIAZEM 24HR ER 120 MG CAPSULE	2	
DILTIAZEM 24HR ER 180 MG CAPSULE	2	
DILTIAZEM 24HR ER 240 MG CAPSULE	2	
DILTIAZEM 24HR ER 300 MG CAPSULE	2	
DILTIAZEM 24HR ER 360 MG CAPSULE	2	
DILTIAZEM 24HR ER 420 MG CAPSULE	2	
DILTIAZEM 30 MG TABLET	2	
DILTIAZEM 60 MG TABLET	2	
DILTIAZEM 90 MG TABLET	2	
DIMETHYL FUMARATE 30 DAY STARTER PACK	4	PA, QL
DIMETHYL FUMARATE DR 120 MG CAPSULE	4	PA, QL
DIMETHYL FUMARATE DR 240 MG CAPSULE	4	PA, QL
DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIPHEN 12.5 MG/5 ML ORAL SOLUTION	4	
DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION	2	
DIPHENHYDRAMINE 25 MG/10ML ORAL SOLUTION	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION	2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	2	
DIPHThERIA-TETANUS TOXOIDS-PEDIATRIC	1	
DIPYRIDAMOLE 25 MG TABLET	2	
DIPYRIDAMOLE 50 MG TABLET	2	
DIPYRIDAMOLE 75 MG TABLET	2	
DISOPYRAMIDE 100 MG CAPSULE	2	
DISOPYRAMIDE 150 MG CAPSULE	2	
DISULFIRAM 250 MG TABLET	2	
DISULFIRAM 500 MG TABLET	2	
DIVALPROEX DR 125 MG CAPSULE SPRINKLE	2	
DIVALPROEX DR 125 MG TABLET	2	
DIVALPROEX DR 250 MG TABLET	2	
DIVALPROEX DR 500 MG TABLET	2	
DIVALPROEX ER 250 MG TABLET	2	
DIVALPROEX ER 500 MG TABLET	2	
DODEX 1,000 MCG/ML VIAL	2	
DODEX 10,000 MCG/10 ML VIAL	2	
DODEX 30,000 MCG/30 ML VIAL	2	

Medication Name	Tier	Notes
DOFETILIDE 125 MCG CAPSULE	4	QL
DOFETILIDE 250 MCG CAPSULE	4	QL
DOFETILIDE 500 MCG CAPSULE	4	QL
DOLISHALE 90-20 MCG TABLET	1	
DONEPEZIL 5 MG TABLET	2	
DONEPEZIL 10 MG TABLET	2	
DONEPEZIL 23 MG TABLET	2	
DONEPEZIL ODT 5 MG TABLET	2	
DONEPEZIL ODT 10 MG TABLET	2	
DORZOLAMIDE 2% EYE DROPS	2	
DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DOTTI 0.025 MG PATCH	2	QL
DOTTI 0.0375 MG PATCH	2	QL
DOTTI 0.05 MG PATCH	2	QL
DOTTI 0.075 MG PATCH	2	QL
DOTTI 0.1 MG PATCH	2	QL
DOVATO 50-300 MG TABLET	4	QL
DOXAZOSIN 1 MG TABLET	2	
DOXAZOSIN 2 MG TABLET	2	
DOXAZOSIN 4 MG TABLET	2	
DOXAZOSIN 8 MG TABLET	2	
DOXEPIN 10 MG CAPSULE	2	
DOXEPIN 25 MG CAPSULE	2	
DOXEPIN 50 MG CAPSULE	2	
DOXEPIN 75 MG CAPSULE	2	
DOXEPIN 100 MG CAPSULE	2	
DOXEPIN 150 MG CAPSULE	2	
DOXEPIN 5% CREAM	4	QL
DOXEPIN 10 MG/ML ORAL CONCENTRATE	2	
DOXERCALCIFEROL 0.5 MCG CAPSULE	2	
DOXERCALCIFEROL 1 MCG CAPSULE	2	
DOXERCALCIFEROL 2.5 MCG CAPSULE	2	
DOXYCYCLINE HYCLATE 50 MG CAPSULE	2	
DOXYCYCLINE HYCLATE 100 MG CAPSULE	2	
DOXYCYCLINE 25 MG/5 ML SUSPENSION	2	
DOXYCYCLINE HYCLATE 20 MG TABLET	2	
DOXYCYCLINE HYCLATE 100 MG TABLET	2	
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	2	
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	2	
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	2	
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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 0.5ML 31G 8MM(1/2)	3		DULOXETINE DR 30 MG CAPSULE	2	QL
DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM	3		DULOXETINE DR 60 MG CAPSULE	2	QL
DROPLET INSULIN SYRINGE 1 ML 30G 6MM	3		DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DROPLET INSULIN SYRINGE 1 ML 30G 8MM	3		DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM	3		DUPIXENT 100 MG/0.67 ML SYRINGE	5	PA, SRX
DROPLET INSULIN SYRINGE 1 ML 31G 6MM	3		DUPIXENT 200 MG/1.14 ML SYRINGE	5	PA, SRX
DROPLET INSULIN SYRINGE 1 ML 31G 8MM	3		DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DROPLET MICRON 34G 9/64"	3		DUTASTERIDE 0.5 MG CAPSULE	2	
DROPLET PEN NEEDLE 29G 1/2"	3		DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	2	
DROPLET PEN NEEDLE 29G 3/8"	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		EASIVENT MASK-SMALL	3	QL
DROPLET PEN NEEDLE 31G 5/16"	3		EASY COMFORT 0.3 ML 31G 1/2" SYRINGE	3	
DROPLET PEN NEEDLE 32G 1/4"	3		EASY COMFORT 0.3 ML 31G 5/16" SYRINGE	3	
DROPLET PEN NEEDLE 32G 3/16"	3		EASY COMFORT 0.3 ML SYRINGE	3	
DROPLET PEN NEEDLE 32G 5/16"	3		EASY COMFORT 0.5 ML 30G 1/2"	3	
DROPLET PEN NEEDLE 32G 5/32"	3		EASY COMFORT 0.5 ML 31G 5/16"	3	
DROPSAFE INSULIN 1ML 29G 12.5MM	3		EASY COMFORT 0.5 ML 32G 5/16"	3	
DROPSAFE INSULIN SYRINGE 0.3ML 31G 6MM	3		EASY COMFORT 0.5 ML SYRINGE	3	
DROPSAFE INSULIN SYRINGE 0.3ML 31G 8MM	3				
DROPSAFE INSULIN SYRINGE 0.5ML 31G 6MM	3				
DROPSAFE INSULIN SYRINGE 0.5ML 31G 8MM	3				

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
EASY COMFORT 1 ML 31G 5/16"	3		EASY TOUCH FLIPLock NEEDLE 20G 1.5"	3	
EASY COMFORT 1 ML 32G 5/16"	3		EASY TOUCH FLIPLock NEEDLE 21G 1"	3	
EASY COMFORT INSULIN 1 ML SYRINGE	3		EASY TOUCH FLIPLock NEEDLE 21G 1.5"	3	
EASY COMFORT PEN NEEDLE 31G 1/4"	3		EASY TOUCH FLIPLock NEEDLE 22G 1"	3	
EASY COMFORT PEN NEEDLE 31G 3/16"	3		EASY TOUCH FLIPLock NEEDLE 22G 1.5"	3	
EASY COMFORT PEN NEEDLE 31G 5/16"	3		EASY TOUCH FLIPLock NEEDLE 22G 3/4"	3	
EASY COMFORT PEN NEEDLE 32G 5/32"	3		EASY TOUCH FLIPLock NEEDLE 23G 1"	3	
EASY COMFORT PEN NEEDLE 33G 4MM	3		EASY TOUCH FLIPLock NEEDLE 23G 1.5"	3	
EASY COMFORT PEN NEEDLE 33G 5MM	3		EASY TOUCH FLIPLock NEEDLE 23G 5/8"	3	
EASY COMFORT PEN NEEDLE 33G 6MM	3		EASY TOUCH FLIPLock NEEDLE 25G 1"	3	
EASY COMFORT SAFETY PEN NEEDLE 31G 5MM	3		EASY TOUCH FLIPLock NEEDLE 25G 1.5"	3	
EASY COMFORT SAFETY PEN NEEDLE 31G 6MM	3		EASY TOUCH FLIPLock NEEDLE 25G 5/8"	3	
EASY COMFORT SAFETY PEN NEEDLE 32G 4MM	3		EASY TOUCH FLIPLock NEEDLE 26G 1"	3	
EASY COMFORT SYRINGE 1 ML 30G 1/2"	3		EASY TOUCH FLIPLock NEEDLE 26G 1/2"	3	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	3		EASY TOUCH FLIPLock NEEDLE 27G 1"	3	
EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	3		EASY TOUCH FLIPLock NEEDLE 27G 1/2"	3	
EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	3		EASY TOUCH FLIPLock NEEDLE 28G 1/2"	3	
EASY GLIDE PEN NEEDLE 4MM 33G	3		EASY TOUCH FLIPLock NEEDLE 29G 1/2"	3	
EASY PLUS II CONTROL SOLUTION HIGH	3		EASY TOUCH FLIPLock NEEDLE 30G 1/2"	3	
EASY PLUS II CONTROL SOLUTION LOW	3		EASY TOUCH FLIPLock NEEDLE 30G 5/16"	3	
EASY STEP CONTROL SOLUTION-HIGH	3		EASY TOUCH FLIPLock NEEDLE 31G 5/16"	3	
EASY STEP CONTROL SOLUTION-LOW	3		EASY TOUCH HIGH-LOW CONTROL SOLUTION	3	
EASY STEP CONTROL SOLUTION-NORMAL	3		EASY TOUCH HYPODERMIC 16G 1"	3	
EASY TALK CONTROL SOLUTION LOW	3		EASY TOUCH HYPODERMIC 16G 1.5"	3	
EASY TALK HIGH CONTROL SOLUTION	3		EASY TOUCH HYPODERMIC 18G 1"	3	
EASY TALK PLUS II HIGH CONTROL	3		EASY TOUCH HYPODERMIC 18G 1.25"	3	
EASY TALK PLUS II LOW CONTROL SOLUTION	3		EASY TOUCH HYPODERMIC 18G 1.5"	3	
EASY TOUCH 0.3 ML SYRINGE 30G 1/2"	3		EASY TOUCH HYPODERMIC 19G 1"	3	
EASY TOUCH 0.5 ML SYRINGE 27G 1/2"	3		EASY TOUCH HYPODERMIC 19G 1.5"	3	
EASY TOUCH 0.5 ML SYRINGE 29G 1/2"	3		EASY TOUCH HYPODERMIC 20G 1"	3	
EASY TOUCH 0.5 ML SYRINGE 30G 1/2"	3		EASY TOUCH HYPODERMIC 20G 1.5"	3	
EASY TOUCH 0.5 ML SYRINGE 30G 5/16"	3		EASY TOUCH HYPODERMIC 21G 1"	3	
EASY TOUCH 1 ML SYRINGE 27G 1/2"	3		EASY TOUCH HYPODERMIC 21G 1.5"	3	
EASY TOUCH 1 ML SYRINGE 29G 1/2"	3		EASY TOUCH HYPODERMIC 22G 1"	3	
EASY TOUCH 1 ML SYRINGE 30G 1/2"	3		EASY TOUCH HYPODERMIC 22G 1.5"	3	
EASY TOUCH BLU LINK CONTROL SOLUTION	3		EASY TOUCH HYPODERMIC 23G 1"	3	
EASY TOUCH FLIPLock NEEDLE 18G 1"	3		EASY TOUCH HYPODERMIC 23G 1.25"	3	
EASY TOUCH FLIPLock NEEDLE 18G 1.5"	3		EASY TOUCH HYPODERMIC 23G 1.5"	3	
EASY TOUCH FLIPLock NEEDLE 19G 1"	3		EASY TOUCH HYPODERMIC 23G 3/4"	3	
EASY TOUCH FLIPLock NEEDLE 19G 1.5"	3		EASY TOUCH HYPODERMIC 24G 1"	3	
EASY TOUCH FLIPLock NEEDLE 20G 1"	3		EASY TOUCH HYPODERMIC 24G 1.25"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
EASY TOUCH SYRINGE 0.5ML 27G 12.7MM	3		EDURANT 25 MG TABLET	3	
EASY TOUCH SYRINGE 0.5ML 28G 12.7MM	3		EEMT DS 1.25-2.5 MG TABLET	2	
EASY TOUCH SYRINGE 0.5ML 29G 12.7MM	3		EEMT HS 0.625-1.25 MG TABLET	2	
EASY TOUCH SYRINGE 1 ML 27G 12.7MM	3		EFAVIRENZ 50 MG CAPSULE	2	
EASY TOUCH SYRINGE 1 ML 27G 16MM	3		EFAVIRENZ 200 MG CAPSULE	2	
EASY TOUCH SYRINGE 1 ML 28G 12.7MM	3		EFAVIRENZ 600 MG TABLET	2	
EASY TOUCH SYRINGE 1 ML 29G 12.7MM	3		EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET	4	QL
EASY TOUCH SYRINGE 3 ML 20G 1"	3				

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Medication Name	Tier	Notes
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	PA, QL
ELIQUIS 5 MG TABLET	3	PA, QL
ELIQUIS DVT-PE 5 MG STARTER PACK	3	PA, 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
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	

Medication Name	Tier	Notes
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
ENGERIX-B 20 MCG/ML SYRINGE	1	
ENGERIX-B 20 MCG/ML VIAL	1	
ENGERIX-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	
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 PELLETT PACKET	5	PA, QL, SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
EPCLUSA 200-50 MG PELLETT PACKET	5	PA, QL, SRX	ERYTHROMYCIN ES 400 MG TABLET	3	
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX	ERYTHROMYCIN-BENZOYL GEL	3	
EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX	ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	2	QL
EPIDIOLEX 100 MG/ML ORAL SOLUTION	4	PA, LDD	ESCITALOPRAM 5 MG TABLET	2	QL
EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	4	PA, LDD	ESCITALOPRAM 10 MG TABLET	2	QL
EPINASTINE 0.05% EYE DROPS	2		ESCITALOPRAM 20 MG TABLET	2	QL
EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL	ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL
EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL	ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL
EPITOL 200 MG TABLET	2		ESOMEPRAZOLE DR 49.3 MG CAPSULE	2	QL
EPLERENONE 25 MG TABLET	2		ESOMEPRAZOLE DR 10 MG PACKET	3	QL
EPLERENONE 50 MG TABLET	2		ESOMEPRAZOLE DR 20 MG PACKET	3	QL
EPROSARTAN 600 MG TABLET	2		ESOMEPRAZOLE DR 40 MG PACKET	3	QL
EQ SPACE CHAMBER	3	QL	ESTARYLLA 0.25-0.035 MG TABLET	1	
EQ SPACE CHAMBER-LARGE MASK	3	QL	ESTAZOLAM 1 MG TABLET	2	
EQ SPACE CHAMBER-MEDIUM MASK	3	QL	ESTAZOLAM 2 MG TABLET	2	
EQ SPACE CHAMBER-SMALL MASK	3	QL	ESTRADIOL 0.01% CREAM	2	
EQL INSULIN 0.3 ML SYRINGE	3		ESTRADIOL 0.025 MG PATCH (1/WK)	2	QL
EQL INSULIN 0.5 ML SYRINGE	3		ESTRADIOL 0.025 MG PATCH (2/WK)	2	QL
EQL INSULIN 1 ML SYRINGE	3		ESTRADIOL 0.0375 MG PATCH (1/WK)	2	QL
EQL INSULIN SYRINGE 0.3 ML 31G 5/16"	3		ESTRADIOL 0.0375 MG PATCH (2/WK)	2	QL
EQL INSULIN SYRINGE 0.5 ML 31G 5/16"	3		ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL
EQL INSULIN SYRINGE 1 ML 29G 1/2"	3		ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL
EQL INSULIN SYRINGE 1 ML 31G 5/16"	3		ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL
EQL PEN 8MM 31G 5/16" NEEDLE	3		ESTRADIOL 0.075 MG PATCH (1/WK)	2	QL
ERGOLOID MESYLATES 1 MG TABLET	2		ESTRADIOL 0.075 MG PATCH (2/WK)	2	QL
ERGOMAR 2 MG SUBLINGUAL TABLET	4	PA	ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL
ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX	ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL
ERLOTINIB 25 MG TABLET	5	PA, SRX	ESTRADIOL 0.5 MG TABLET	2	
ERLOTINIB 100 MG TABLET	5	PA, SRX	ESTRADIOL 1 MG TABLET	2	
ERLOTINIB 150 MG TABLET	5	PA, SRX	ESTRADIOL 2 MG TABLET	2	
ERRIN 0.35 MG TABLET	1		ESTRADIOL 10 MCG VAGINAL INSERT TABLET	2	QL
ERY 2% PADS	2		ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET	2	
ERYTHROCIN 250 MG TABLET	4		ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET	2	
ERYTHROMYCIN 0.5% EYE OINTMENT	2		ESTROGEN-METHYLTESTOSTERONE F.S. TABLET	2	
ERYTHROMYCIN 2% GEL	2		ESTROGEN-METHYLTESTOSTERONE H.S. TABLET	2	
ERYTHROMYCIN 2% TOPICAL SOLUTION	2		ESZOPICLONE 1 MG TABLET	2	
ERYTHROMYCIN 200 MG/5 ML SUSPENSION	3		ESZOPICLONE 2 MG TABLET	2	
ERYTHROMYCIN 400 MG/5 ML SUSPENSION	3		ESZOPICLONE 3 MG TABLET	2	
ERYTHROMYCIN 250 MG TABLET	2		ETHAMBUTOL 100 MG TABLET	2	
ERYTHROMYCIN 500 MG TABLET	2		ETHAMBUTOL 400 MG TABLET	2	
ERYTHROMYCIN DR 250 MG CAPSULE	2		ETHOSUXIMIDE 250 MG CAPSULE	2	

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Medication Name	Tier	Notes
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
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

Medication Name	Tier	Notes
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	
EXEL MTI DRAWING NEEDLE 22G 1"	3	
EXEL SYRINGE 20G 1" 3 ML	3	
EXEL SYRINGE 20G 1-1/2" 3 ML	3	
EXEL SYRINGE 21G 1" 3 ML	3	
EXEL SYRINGE 21G 1-1/2" 3 ML	3	
EXEL SYRINGE 22G 1" 3 ML	3	
EXEL SYRINGE 22G 1-1/2" 3 ML	3	
EXEL SYRINGE 22G 3/4" 3 ML	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
FEM PH VAGINAL JELLY	2		FILTER ASPIRATOR NEEDLE	3	
FENOFIBRATE 43 MG CAPSULE	2		FILTER NEEDLE	3	
FENOFIBRATE 50 MG CAPSULE	2		FILTER NEEDLE 19G 1-1/2"	3	
FENOFIBRATE 67 MG CAPSULE	2		FILTER NEEDLE 5 MICRON	3	
FENOFIBRATE 130 MG CAPSULE	2		FINASTERIDE 5 MG TABLET	2	
FENOFIBRATE 134 MG CAPSULE	2		FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX
FENOFIBRATE 150 MG CAPSULE	2		FINZALA 1-0.02(24)-75 CHEWABLE TABLET	1	
FENOFIBRATE 200 MG CAPSULE	2		FIRVANQ 25 MG/ML ORAL SOLUTION	3	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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		FLUTICASONONE 0.05% CREAM	2	
FLUOCINOLONE 0.01% BODY OIL	2		FLUTICASONONE 0.05% LOTION	2	
FLUOCINOLONE 0.01% CREAM	2		FLUTICASONONE 0.005% OINTMENT	2	
FLUOCINOLONE 0.025% CREAM	2		FLUTICASONONE 50 MCG NASAL SPRAY	2	
FLUOCINOLONE 0.025% OINTMENT	2		FLUTICASONONE-SALMETEROL 100-50 INHALER	2	QL
FLUOCINOLONE 0.01% SCALP OIL	2		FLUTICASONONE-SALMETEROL 250-50 INHALER	2	QL
FLUOCINOLONE 0.01% TOPICAL SOLUTION	2		FLUTICASONONE-SALMETEROL 500-50 INHALER	2	QL
FLUOCINOLONE OIL 0.01% EAR DROPS	2		FLUVASTATIN 20 MG CAPSULE	3	
FLUOCINONIDE 0.05% CREAM	2		FLUVASTATIN 40 MG CAPSULE	3	
FLUOCINONIDE 0.1% CREAM	2		FLUVASTATIN ER 80 MG TABLET	3	
FLUOCINONIDE 0.05% GEL	2		FLUVOXAMINE 25 MG TABLET	2	QL
FLUOCINONIDE 0.05% OINTMENT	2		FLUVOXAMINE 50 MG TABLET	2	QL
FLUOCINONIDE 0.05% TOPICAL SOLUTION	2		FLUVOXAMINE 100 MG TABLET	2	QL
FLUOCINONIDE-E 0.05% CREAM	2		FLUVOXAMINE ER 100 MG CAPSULE	2	QL
FLUORIDEX DAILY DEFENSE 1.1% TOOTHPASTE	2		FLUVOXAMINE ER 150 MG CAPSULE	2	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
FRAGMIN 95,000 UNIT/3.8 ML VIAL	5	QL, SRX	GAVILYTE-C ORAL SOLUTION	2	
FREESTYLE CONTROL SOLUTION	3		GAVILYTE-G ORAL SOLUTION	2	
FREESTYLE LIBRE 2 READER	3	PA, QL	GAVILYTE-N ORAL SOLUTION	2	
FREESTYLE LIBRE 3 READER	3	PA, QL	GE100 CONTROL SOLUTION NORMAL	3	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	GEFITINIB 250 MG TABLET	5	PA, QL, SRX
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	GEMFIBROZIL 600 MG TABLET	2	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	GEMMILY 1 MG-20 MCG CAPSULE	1	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	GENERLAC 10 GM/15 ML ORAL SOLUTION	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
GLIMEPIRIDE 4 MG TABLET	2		GNP ULTICARE PEN NEEDLE 31G 5MM	3	
GLIPIZIDE 5 MG TABLET	2		GNP ULTICARE PEN NEEDLE 31G 8MM	3	
GLIPIZIDE 10 MG TABLET	2		GNP ULTICARE PEN NEEDLE 32G 4MM	3	
GLIPIZIDE ER 2.5 MG TABLET	2		GNP ULTICARE PEN NEEDLE 32G 6MM	3	
GLIPIZIDE ER 5 MG TABLET	2		GNP ULTIGUARD SAFEPACK 31G 5MM	3	
GLIPIZIDE ER 10 MG TABLET	2		GNP ULTIGUARD SAFEPACK 31G 8MM	3	
GLIPIZIDE XL 2.5 MG TABLET	2		GNP ULTIGUARD SAFEPACK 32G 4MM	3	
GLIPIZIDE XL 5 MG TABLET	2		GNP ULTIGUARD SAFEPACK 32G 6MM	3	

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Medication Name	Tier	Notes
GNP ULTRA COMFORT 0.3ML 29G 1/2"	3	
GNP ULTRA COMFORT 0.5 ML 28G 1/2"	3	
GNP ULTRA COMFORT 0.5 ML 29G 1/2"	3	
GNP ULTRA COMFORT 0.5 ML SYRINGE	3	
GNP ULTRA COMFORT 1 ML 28G 1/2"	3	
GNP ULTRA COMFORT 1 ML 29G 1/2"	3	
GNP ULTRA COMFORT 3/10 ML SYRINGE	3	
GNP ULTRA COMFORT 1 ML SYRINGE	3	
GOJJI GLUCOSE CONTROL SOLUTION-NORMAL	3	
GOJJI KETONE CONTROL SOLUTION-L1	3	
GRANISETRON 1 MG TABLET	4	
GRANISETRON 0.1 MG/ML VIAL	4	
GRANISETRON 1 MG/ML VIAL	4	
GRANISETRON 4 MG/4 ML VIAL	4	
GRISEOFULVIN 125 MG/5 ML SUSPENSION	3	
GRISEOFULVIN MICRO 500 MG TABLET	3	
GRISEOFULVIN ULTRA 125 MG TABLET	3	
GRISEOFULVIN ULTRA 250 MG TABLET	3	
GS PEN NEEDLE 31G 5/16"	3	
GS PEN NEEDLE 31G 5MM	3	
GS PEN NEEDLE 31G 6MM	3	
GS PEN NEEDLE 31G 8MM	3	
GS PEN NEEDLE 32G 4MM	3	
GS PEN NEEDLE 32G 6MM	3	
GUANFACINE 1 MG TABLET	2	
GUANFACINE 2 MG TABLET	2	
GUANFACINE ER 1 MG TABLET	2	QL
GUANFACINE ER 2 MG TABLET	2	QL
GUANFACINE ER 3 MG TABLET	2	QL
GUANFACINE ER 4 MG TABLET	2	QL
GUARDIAN RT REPLACE CHARGER	3	
GUARDIAN RT REPLACE MONITOR	3	
GUARDIAN RT REPLACE TEST PLUG	3	
GUARDIAN TEST PLUG	3	
GUARDIAN TRANSMITTER TAPE	3	
GYNAZOLE 1 2% CREAM	3	
HAILEY 21 1.5 MG-30 MCG TABLET	1	
HAILEY 24 FE 1 MG-20 MCG TABLET	1	
HAILEY FE 1-20 TABLET	1	
HAILEY FE 1.5-30 TABLET	1	
HALOBETASOL 0.05% CREAM	2	

Medication Name	Tier	Notes
HALOBETASOL 0.05% OINTMENT	2	
HALOETTE VAGINAL RING	1	
HALOPERIDOL 0.5 MG TABLET	2	
HALOPERIDOL 1 MG TABLET	2	
HALOPERIDOL 2 MG TABLET	2	
HALOPERIDOL 5 MG TABLET	2	
HALOPERIDOL 10 MG TABLET	2	
HALOPERIDOL 20 MG TABLET	2	
HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE	2	
HALOPERIDOL LACTATE 10 MG/5 ML ORAL CONCENTRATE	2	
HARVONI 33.75-150 MG PELLETT PACKET	5	PA, QL, SRX
HARVONI 45-200 MG PELLETT PACKET	5	PA, QL, SRX
HARVONI 45-200 MG TABLET	5	PA, QL, SRX
HARVONI 90-400 MG TABLET	5	PA, QL, SRX
HAVRIX 720 UNIT/0.5 ML SYRINGE	1	
HAVRIX 1,440 UNIT/ML SYRINGE	1	
HEALTHPRO CONTROL SOLUTION-L1, L3	3	
HEALTHWISE INSULIN SYRINGE 0.3ML 30G 5/16"	3	
HEALTHWISE INSULIN SYRINGE 0.3ML 31G 5/16"	3	
HEALTHWISE INSULIN SYRINGE 0.5ML 30G 5/16"	3	
HEALTHWISE INSULIN SYRINGE 0.5ML 31G 5/16"	3	
HEALTHWISE INSULIN SYRINGE 1 ML 30G 5/16"	3	
HEALTHWISE INSULIN SYRINGE 1 ML 31G 5/16"	3	
HEALTHWISE PEN NEEDLE 31G 5MM	3	
HEALTHWISE PEN NEEDLE 31G 8MM	3	
HEALTHWISE PEN NEEDLE 32G 4MM	3	
HEALTHY ACCENTS PENTIP 4MM 32G	3	
HEALTHY ACCENTS PENTIP 5MM 31G	3	
HEALTHY ACCENTS PENTIP 6MM 31G	3	
HEALTHY ACCENTS PENTIP 8MM 31G	3	
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	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
HER STYLE 1.5 MG TABLET	1		HYDRALAZINE 10 MG TABLET	2	
HIBERIX VACCINE VIAL	1		HYDRALAZINE 25 MG TABLET	2	
HIBERIX VIAL AND DILUENT SYRINGE	1		HYDRALAZINE 50 MG TABLET	2	
HIBERIX VIAL WITH DILUENT VIAL	1		HYDRALAZINE 100 MG TABLET	2	
HM ULTICARE PEN NEEDLE 4MM 32G	3		HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	2	
HM ULTICARE PEN NEEDLE 5MM 31G	3		HYDROCHLOROTHIAZIDE 12.5 MG TABLET	2	
HM ULTICARE PEN NEEDLE 6MM 31G	3		HYDROCHLOROTHIAZIDE 25 MG TABLET	2	
HM ULTICARE PEN NEEDLE 8MM 31G	3		HYDROCHLOROTHIAZIDE 50 MG TABLET	2	
HOMATROPAIRE 5% EYE DROPS	2		HYDROCODONE ER 20 MG TABLET	2	PA
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL	HYDROCODONE ER 30 MG TABLET	2	PA
HUMALOG 100 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 40 MG TABLET	2	PA
HUMALOG 200 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 60 MG TABLET	2	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 80 MG TABLET	2	PA
HUMALOG MIX 50-50 KWIKPEN	3	QL	HYDROCODONE ER 100 MG TABLET	2	PA
HUMALOG MIX 75-25 KWIKPEN	3	QL	HYDROCODONE ER 120 MG TABLET	2	PA
HUMALOG MIX 50-50 VIAL	3	QL	HYDROCODONE-ACETAMINOPHEN 2.5-108MG/5 ML ORAL SOLUTION	2	PA
HUMALOG MIX 75-25 VIAL	3	QL	HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION	2	PA
HUMALOG TEMPO PEN 100 UNIT/ML	3	QL	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION	2	PA
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION	2	PA
HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	2	PA
HUMIRA PEN CROHN'S-UC-HS 40 MG	5	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA
HUMIRA PEN PSOR-UEVITIS-ADOL HS 40 MG	5	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET	2	PA
HUMIRA(CF) 10 MG/0.1 ML SYRINGE	5	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA
HUMIRA(CF) 20 MG/0.2 ML SYRINGE	5	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET	2	PA
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	5	PA, QL, SRX	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA
HUMIRA(CF) PEDIATRIC CROHN'S 80 MG/0.8	5	PA, QL, LDD, SRX	HYDROCODONE-CHLORPHENIRAMINE ER SUSPENSION	2	
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG	5	PA, QL, LDD, SRX	HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET	2	QL
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION	2	QL
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX	HYDROCODONE-HOMATROPINE ORAL SOLUTION	2	QL
HUMIRA(CF) PEN CROHN'S-UC-HS 80 MG	5	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG TABLET	2	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	5	PA, QL, LDD, SRX	HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET	2	PA
HUMIRA(CF) PEN PSORIASIS-UV-ADOL HS 80-40	5	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET	2	PA
HUMULIN 70/30 KWIKPEN	3	QL	HYDROCORTISONE 1% CREAM	2	
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			

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
HYDROCORTISONE 2.5% CREAM	2		HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET	2	
HYDROCORTISONE 100 MG/60 ML ENEMA	2		HYOSCYAMINE 0.125 MG TABLET	2	
HYDROCORTISONE 2.5% LOTION	2		HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2	
HYDROCORTISONE 1% OINTMENT	2		HYOSCYAMINE 0.125 MG/ML ORAL DROPS	2	
HYDROCORTISONE 2.5% OINTMENT	2		HYOSCYAMINE ER 0.375 MG TABLET	2	
HYDROCORTISONE 5 MG TABLET	2		HYOSCYAMINE SR 0.375 MG TABLET	2	
HYDROCORTISONE 10 MG TABLET	2		HYOSYNE 0.125 MG/ML ORAL DROPS	2	
HYDROCORTISONE 20 MG TABLET	2		HYOSYNE 125 MCG/5 ML ELIXIR	2	
HYDROCORTISONE AC 25 MG SUPPOSITORY	2		HYPO NEEDLE,POLYPROPYL HUB	3	
HYDROCORTISONE AC 30 MG SUPPOSITORY	2		HYPODERMIC NEEDLE,ALUM HUB	3	
HYDROCORTISONE BUTYRATE 0.1% CREAM	3		IBANDRONATE 150 MG TABLET	2	
HYDROCORTISONE BUTYRATE 0.1% OINTMENT	3		IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION	3		IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE VALERATE 0.2% CREAM	2		IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE VALERATE 0.2% OINTMENT	2		IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE-ACETIC ACID EAR SOLUTION	2		IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE-ACETIC EAR DROPS	2		IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX
HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION	2	QL	IBU 400 MG TABLET	2	
HYDROMORPHONE 1 MG/ML ORAL SOLUTION	2	PA	IBU 600 MG TABLET	2	
HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION	2	PA	IBU 800 MG TABLET	2	
HYDROMORPHONE 3 MG SUPPOSITORY	2	PA	IBUPROFEN 100 MG/5 ML SUSPENSION	2	
HYDROMORPHONE 2 MG TABLET	2	PA	IBUPROFEN 400 MG TABLET	2	
HYDROMORPHONE 4 MG TABLET	2	PA	IBUPROFEN 600 MG TABLET	2	
HYDROMORPHONE 8 MG TABLET	2	PA	IBUPROFEN 800 MG TABLET	2	
HYDROMORPHONE ER 8 MG TABLET	2	PA	ICATIBANT 30 MG/3 ML SYRINGE	5	PA, SRX
HYDROMORPHONE ER 12 MG TABLET	2	PA	ICLEVIA 0.15 MG-0.03 MG TABLET	1	
HYDROMORPHONE ER 16 MG TABLET	2	PA	ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE ER 32 MG TABLET	2	PA	ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYCHLOROQUINE 200 MG TABLET	2		ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYUREA 500 MG CAPSULE	2		ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML ORAL SOLUTION	2		ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA
HYDROXYZINE 10 MG/5 ML SYRUP	2		ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA
HYDROXYZINE 10 MG TABLET	2		ICOSAPENT ETHYL 500 MG CAPSULE	4	PA
HYDROXYZINE 25 MG TABLET	2		ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX
HYDROXYZINE 50 MG TABLET	2		ILET INFUSION KIT-INSET 23" 6 MM	3	
HYDROXYZINE PAMOATE 25 MG CAPSULE	2		ILET INFUSION-CONTACT DETACH 23"6MM	3	
HYDROXYZINE PAMOATE 50 MG CAPSULE	2		IMATINIB 100 MG TABLET	5	PA, QL, SRX
HYDROXYZINE PAMOATE 100 MG CAPSULE	2		IMATINIB 400 MG TABLET	5	PA, QL, SRX
HYOPHEN TABLET	2		IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX
HYOSCYAMINE 0.125 MG ODT TABLET	2		IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX
			IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
INFINITY CONTROL SOLUTION LOW	3		INSULIN SYRINGE 1 ML 31G 5/16"	3	
INFINITY CONTROL SOLUTION NORMAL	3		INSULIN SYRINGE 1 ML 31G 1/4"	3	
INFINITY VOICE CONTROL SOLUTION-LVL 2	3		INSULIN-EZE SYRINGE MAGNIFIER	3	
INJECT-EASE SYRINGE NEEDLE INTRODUCER	3		INSUPEN 30G ULTRAFINE NEEDLE	3	
INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX	INSUPEN 31G ULTRAFINE NEEDLE	3	
INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX	INSUPEN 32G 8MM PEN NEEDLE	3	
INPEN (FOR HUMALOG) BLUE	3		INSUPEN PEN NEEDLE 29G 1/2"	3	
INPEN (FOR HUMALOG) GREY	3		INSUPEN PEN NEEDLE 29G 12MM	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
IPOLE 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		JANSEN 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
ISOSORBIDE DINITRATE 5 MG TABLET	2		JANUMET XR 50-1,000 MG TABLET	3	QL
ISOSORBIDE DINITRATE 10 MG TABLET	2		JANUMET XR 100-1,000 MG TABLET	3	QL
ISOSORBIDE DINITRATE 20 MG TABLET	2		JANUVIA 25 MG TABLET	3	QL
ISOSORBIDE DINITRATE 30 MG TABLET	2		JANUVIA 50 MG TABLET	3	QL
ISOSORBIDE MONONITRATE 10 MG TABLET	2		JANUVIA 100 MG TABLET	3	QL
ISOSORBIDE MONONITRATE 20 MG TABLET	2		JARDIANCE 10 MG TABLET	3	QL
ISOSORBIDE MONONITRATE ER 30 MG TABLET	2		JARDIANCE 25 MG TABLET	3	QL
ISOSORBIDE MONONITRATE ER 60 MG TABLET	2		JASMIEL 3 MG-0.02 MG TABLET	1	
			JENCYCLA 0.35 MG TABLET	1	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX	LACOSAMIDE 100 MG/10 ML ORAL SOLUTION	3	QL
KINRAY INSULIN SYRINGE 1 ML 31G 5/16"	3		LACOSAMIDE 50 MG TABLET	3	QL
KINRAY SYRINGE 0.3 ML 31G 5/16"	3		LACOSAMIDE 100 MG TABLET	3	QL
KINRAY SYRINGE 0.5 ML 31G 5/16"	3		LACOSAMIDE 150 MG TABLET	3	QL
KINRIX TIP-LOK SYRINGE	1		LACOSAMIDE 200 MG TABLET	3	QL
KINRIX VIAL	1		LACTATED RINGERS IRRIGATION	2	
KIONEX 15 GM/60 ML SUSPENSION	2		LACTULOSE 10 GM/15 ML ORAL SOLUTION	2	
KISQALI 200 MG DAILY DOSE TABLET	5	PA, QL, SRX	LACTULOSE 20 GM/30 ML ORAL SOLUTION	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
LARIN 24 FE 1 MG-20 MCG TABLET	1		LEUKERAN 2 MG TABLET	4	
LARIN FE 1-20 TABLET	1		LEUKINE 250 MCG VIAL	5	SRX
LARIN FE 1.5-30 TABLET	1		LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT	5	PA, SRX
LATANOPROST 0.005% EYE DROPS	2		LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION	2	
LAYOLIS FE CHEWABLE TABLET	1		LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION	2	
LEADER INSULIN SYRINGE 0.3 ML	3		LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION	2	
LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	3				
LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"	3				

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Medication Name	Tier	Notes
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	
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	

Medication Name	Tier	Notes
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	
LEVOXYL 112 MCG TABLET	2	
LEVOXYL 125 MCG TABLET	2	
LEVOXYL 137 MCG TABLET	2	
LEVOXYL 150 MCG TABLET	2	
LEVOXYL 175 MCG TABLET	2	
LEVOXYL 200 MCG TABLET	2	
LEXIVA 50 MG/ML SUSPENSION	3	
LIDOCAINE 2% JELLY	2	
LIDOCAINE 2% JELLY URO-JET	2	
LIDOCAINE 2% JELLY URO-JET AC	2	

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Medication Name	Tier	Notes
LIDOCAINE 5% OINTMENT	2	QL
LIDOCAINE 2% VISCOUS ORAL SOLUTION	2	
LIDOCAINE 5% PATCH	2	
LIDOCAINE 4% SOLUTION	2	
LIDOCAINE-PRILOCAINE CREAM	2	
LIDOCAN III 5% PATCH	2	
LIDOCAN IV 5% PATCH	2	
LIDOCAN V 5% PATCH	2	
LIFESHIELD BLUNT CANNULA	3	
LINDANE 1% SHAMPOO	2	
LINEZOLID 100 MG/5 ML SUSPENSION	4	PA
LINEZOLID 600 MG TABLET	3	PA
LINZESS 72 MCG CAPSULE	4	QL
LINZESS 145 MCG CAPSULE	4	QL
LINZESS 290 MCG CAPSULE	4	QL
LIOTHYRONINE 5 MCG TABLET	2	
LIOTHYRONINE 25 MCG TABLET	2	
LIOTHYRONINE 50 MCG TABLET	2	
LISDEXAMFETAMINE 10 MG CAPSULE	2	PA, QL
LISDEXAMFETAMINE 20 MG CAPSULE	2	PA, QL
LISDEXAMFETAMINE 30 MG CAPSULE	2	PA, QL
LISDEXAMFETAMINE 40 MG CAPSULE	2	PA, QL
LISDEXAMFETAMINE 50 MG CAPSULE	2	PA, QL
LISDEXAMFETAMINE 60 MG CAPSULE	2	PA, QL
LISDEXAMFETAMINE 70 MG CAPSULE	2	PA, QL
LISDEXAMFETAMINE 10 MG CHEWABLE TABLET	2	PA, QL
LISDEXAMFETAMINE 20 MG CHEWABLE TABLET	2	PA, QL
LISDEXAMFETAMINE 30 MG CHEWABLE TABLET	2	PA, QL
LISDEXAMFETAMINE 40 MG CHEWABLE TABLET	2	PA, QL
LISDEXAMFETAMINE 50 MG CHEWABLE TABLET	2	PA, QL
LISDEXAMFETAMINE 60 MG CHEWABLE TABLET	2	PA, QL
LISINAPRIL 2.5 MG TABLET	2	
LISINAPRIL 5 MG TABLET	2	
LISINAPRIL 10 MG TABLET	2	
LISINAPRIL 20 MG TABLET	2	
LISINAPRIL 30 MG TABLET	2	
LISINAPRIL 40 MG TABLET	2	
LISINAPRIL-HCTZ 10-12.5 MG TABLET	2	
LISINAPRIL-HCTZ 20-12.5 MG TABLET	2	
LISINAPRIL-HCTZ 20-25 MG TABLET	2	
LITE TOUCH 31G 1/4" PEN NEEDLE	3	

Medication Name	Tier	Notes
LITE TOUCH INSULIN 0.5 ML SYRINGE	3	
LITE TOUCH INSULIN SYRINGE 0.5 ML	3	
LITE TOUCH INSULIN SYRINGE 1 ML	3	
LITE TOUCH PEN NEEDLE 29G	3	
LITE TOUCH PEN NEEDLE 31G	3	
LITEAIRE MDI CHAMBER	3	QL
LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
LITETOUCH LARGE MASK	3	QL
LITETOUCH MEDIUM MASK	3	QL
LITETOUCH SMALL MASK	3	QL
LITETOUCH SYRINGE 0.5 ML 28G 1/2"	3	
LITETOUCH SYRINGE 0.5 ML 29G 1/2"	3	
LITETOUCH SYRINGE 0.5 ML 30G 5/16"	3	
LITETOUCH SYRINGE 1 ML 28G 1/2"	3	
LITETOUCH SYRINGE 1 ML 29G 1/2"	3	
LITETOUCH SYRINGE 1 ML 30G 5/16"	3	
LITHIUM 8 MEQ/5 ML ORAL SOLUTION	2	
LITHIUM CARBONATE 150 MG CAPSULE	2	
LITHIUM CARBONATE 300 MG CAPSULE	2	
LITHIUM CARBONATE 600 MG CAPSULE	2	
LITHIUM CARBONATE 300 MG TABLET	2	
LITHIUM CARBONATE ER 300 MG TABLET	2	
LITHIUM CARBONATE ER 450 MG TABLET	2	
LIVE BETTER PEN NEEDLE 8MM	3	
LO LOESTRIN FE 1-10 TABLET	3	
LOJAIMIESS 0.1-0.02-0.01 TABLET	1	
LOKELMA 5 GRAM POWDER PACKET	4	
LOKELMA 10 GRAM POWDER PACKET	4	
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	

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LORTAB 10 MG-300 MG/15 ML ELIXIR	2	PA	MATZIM LA 180 MG TABLET	2	
LORYNA 3 MG-0.02 MG TABLET	1		MATZIM LA 240 MG TABLET	2	
LOSARTAN 25 MG TABLET	2		MATZIM LA 300 MG TABLET	2	
LOSARTAN 50 MG TABLET	2		MATZIM LA 360 MG TABLET	2	
LOSARTAN 100 MG TABLET	2		MATZIM LA 420 MG TABLET	2	
LOSARTAN-HCTZ 50-12.5 MG TABLET	2		MAXICOMFORT INSULIN 0.5ML 27G 1/2"	3	
LOSARTAN-HCTZ 100-12.5 MG TABLET	2		MAXICOMFORT INSULIN 1 ML 27G 1/2"	3	
LOSARTAN-HCTZ 100-25 MG TABLET	2		MAXICOMFORT PEN NEEDLE 29G 5MM	3	
LOVASTATIN 10 MG TABLET	2		MAXICOMFORT PEN NEEDLE 29G 8MM	3	
LOVASTATIN 20 MG TABLET	2		MAXICOMFORT II PEN NEEDLE 31G 6MM	3	
LOVASTATIN 40 MG TABLET	2		MAXI-COMFORT INSULIN 0.5 ML 28G	3	
LOW-OGESTREL-28 TABLET	1		MAXI-COMFORT INSULIN 1 ML 28G 1/2"	3	
LOXAPINE 5 MG CAPSULE	2		MECLIZINE 12.5 MG TABLET	2	
LOXAPINE 10 MG CAPSULE	2		MECLIZINE 25 MG TABLET	2	
LOXAPINE 25 MG CAPSULE	2		MECLOFENAMATE 50 MG CAPSULE	2	
LOXAPINE 50 MG CAPSULE	2		MECLOFENAMATE 100 MG CAPSULE	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TABLET	1		MEDICATION TRANSFER NEEDLE	3	
LUBIPROSTONE 8 MCG CAPSULE	4		MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION	3	
LUBIPROSTONE 24 MCG CAPSULE	4		MEDISENSE H-L CONTROL SOLUTION	3	
LURASIDONE 20 MG TABLET	4	QL	MEDISENSE H-M-L CONTROL SOLUTION	3	
LURASIDONE 40 MG TABLET	4	QL	MEDISENSE MID CONTROL SOLUTION	3	
LURASIDONE 60 MG TABLET	4	QL	MEDPOINT CONTROL SOLUTION	3	
LURASIDONE 80 MG TABLET	4	QL	MEDROL 2 MG TABLET	4	
LURASIDONE 120 MG TABLET	4	QL	MEDROXYPROGESTERONE 2.5 MG TABLET	2	
LUTERA-28 TABLET	1		MEDROXYPROGESTERONE 5 MG TABLET	2	
LYLEQ 0.35 MG TABLET	1		MEDROXYPROGESTERONE 10 MG TABLET	2	
LYLLANA 0.025 MG PATCH	2	QL	MEDROXYPROGESTERONE 150 MG/ML	1	
LYLLANA 0.0375 MG PATCH	2	QL	MEDTRONIC EXTENDED INFUSION SET 23" 6MM	3	
LYLLANA 0.05 MG PATCH	2	QL	MEDTRONIC EXTENDED INFUSION SET 23" 9MM	3	
LYLLANA 0.075 MG PATCH	2	QL	MEDTRONIC EXTENDED INFUSION SET 32" 9MM	3	
LYLLANA 0.1 MG PATCH	2	QL	MEDTRONIC REMOTE CONTROL	3	
LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX	MEFENAMIC ACID 250 MG CAPSULE	3	
LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX	MEFLOQUINE 250 MG TABLET	2	QL
LYSODREN 500 MG TABLET	4	LDD	MEGESTROL 40 MG/ML SUSPENSION	2	
LYZA 0.35 MG TABLET	1		MEGESTROL 400 MG/10ML SUSPENSION	2	
MAGELLAN INSULIN SYRINGE 0.3 ML	3		MEGESTROL 625 MG/5 ML SUSPENSION	4	
MAGELLAN INSULIN SYRINGE 0.5 ML	3		MEGESTROL 20 MG TABLET	2	
MAGELLAN INSULIN SYRINGE 1 ML	3		MEGESTROL 40 MG TABLET	2	
MALATHION 0.5% LOTION	3		MEKINIST 0.05 MG/ML ORAL SOLUTION	5	PA, QL, SRX
MARLISSA-28 TABLET	1		MEKINIST 0.5 MG TABLET	5	PA, QL, SRX
MARPLAN 10 MG TABLET	4		MEKINIST 2 MG TABLET	5	PA, QL, SRX

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Medication Name	Tier	Notes
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	
MERCAPTOPURINE 50 MG TABLET	2	
MERZEE 1 MG-20 MCG CAPSULE	1	
MESALAMINE 4 GM/60 ML ENEMA	4	
MESALAMINE 4 GM/60 ML ENEMA KIT	4	
MESALAMINE 800 MG DR TABLET	4	
MESALAMINE ER 0.375 GRAM CAPSULE	3	
MESALAMINE ER 500 MG CAPSULE	4	
MESNEX 400 MG TABLET	5	SRX
METAXALL 800 MG TABLET	4	
METAXALONE 400 MG TABLET	4	
METAXALONE 800 MG TABLET	4	
METFORMIN 500 MG TABLET	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

Medication Name	Tier	Notes
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
METHYLPHENIDATE 20 MG TABLET	2	QL
METHYLPHENIDATE CD 10 MG CAPSULE	3	QL
METHYLPHENIDATE CD 20 MG CAPSULE	3	QL
METHYLPHENIDATE CD 30 MG CAPSULE	3	QL
METHYLPHENIDATE CD 40 MG CAPSULE	3	QL
METHYLPHENIDATE CD 50 MG CAPSULE	3	QL
METHYLPHENIDATE CD 60 MG CAPSULE	3	QL
METHYLPHENIDATE ER 10 MG TABLET	2	QL
METHYLPHENIDATE ER 18 MG TABLET	2	QL
METHYLPHENIDATE ER 20 MG TABLET	2	QL
METHYLPHENIDATE ER 27 MG TABLET	2	QL
METHYLPHENIDATE ER 36 MG TABLET	2	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
METOPROLOL SUCCINATE ER 25 MG TABLET	2		MIDAZOLAM 5 MG/2.5 ML SYRUP	2	
METOPROLOL SUCCINATE ER 50 MG TABLET	2		MIDAZOLAM 10 MG/5 ML SYRUP	2	
METOPROLOL SUCCINATE ER 100 MG TABLET	2		MIDODRINE 2.5 MG TABLET	2	
METOPROLOL SUCCINATE ER 200 MG TABLET	2		MIDODRINE 5 MG TABLET	2	
METOPROLOL TARTRATE 25 MG TABLET	2		MIDODRINE 10 MG TABLET	2	
METOPROLOL TARTRATE 37.5 MG TABLET	2		MIGERGOT 2-100 MG SUPPOSITORY	4	
METOPROLOL TARTRATE 50 MG TABLET	2		MIGLITOL 25 MG TABLET	2	
METOPROLOL TARTRATE 75 MG TABLET	2		MIGLITOL 50 MG TABLET	2	
METOPROLOL TARTRATE 100 MG TABLET	2		MIGLITOL 100 MG TABLET	2	
METOPROLOL-HCTZ 50-25 MG TABLET	2		MIGLUSTAT 100 MG CAPSULE	5	PA, SRX
METOPROLOL-HCTZ 100-25 MG TABLET	2		MILI 0.25-0.035 MG TABLET	1	
METOPROLOL-HCTZ 100-50 MG TABLET	2		MIMVEY 1-0.5 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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 MIO INFUSION SET 32" 9MM	3		MISOPROSTOL 200 MCG TABLET	2	
MINIMED MIO INFUSION SET 43" 6MM	3		M-M-R II VACCINE VIAL	1	
MINIMED MIO INFUSION SET 43" 9MM	3		M-NATAL PLUS TABLET	2	
MINIMED QUICK INFUSION SET 18" 6MM	3		MODAFINIL 100 MG TABLET	4	PA
MINIMED QUICK INFUSION SET 23" 6MM	3		MODAFINIL 200 MG TABLET	4	PA
MINIMED QUICK INFUSION SET 23" 9MM	3		MODERNA COVID (6M-5Y) VACCINE (EUA)	1	
MINIMED QUICK INFUSION SET 32" 6MM	3		MODERNA COVID (6-11Y) VACCINE (EUA)	1	
MINIMED QUICK INFUSION SET 32" 9MM	3		MODERNA COVID (12Y UP) VACCINE (EUA)	1	
MINIMED QUICK INFUSION SET 43" 6MM	3		MODERNA COVID-19 BOOSTER (EUA)	1	
MINIMED QUICK INFUSION SET 43" 9MM	3		MODERNA COVID 23-24 (6M-11Y) EUA	1	
MINIMED QUICK-SERTER	3		MODERNA COVID BIVAL (6MO UP) EUA	1	
MINIMED RESERVOIR 1.8 ML	3		MODERNA COVID BIVAL (6MO-5Y) EUA	1	
MINIMED RESERVOIR 3 ML	3		MOEXIPRIL 7.5 MG TABLET	2	
MINIMED SILHOUETTE INFUSION SET 18"	3		MOEXIPRIL 15 MG TABLET	2	
MINIMED SILHOUETTE INFUSION SET 23"	3		MOLINDONE 5 MG TABLET	2	
MINIMED SILHOUETTE INFUSION SET 32"	3		MOLINDONE 10 MG TABLET	2	
MINIMED SILHOUETTE INFUSION SET 43"	3		MOLINDONE 25 MG TABLET	2	
MINIMED SURE T INFUSION SET 23"	3		MOMETASONE 0.1% CREAM	2	
MINIMED SURE T INFUSION SET 32"	3		MOMETASONE 50 MCG NASAL SPRAY	2	QL
MINIMED SURE T INFUSION SET 18" 6MM	3		MOMETASONE 0.1% OINTMENT	2	
MINIMED SURE T INFUSION SET 23" 6MM	3		MOMETASONE 0.1% TOPICAL SOLUTION	2	
MINIMED SURE T INFUSION SET 23" 8MM	3		MONDOXYNE NL 75 MG CAPSULE	2	
MINIMED SURE T INFUSION SET 32" 6MM	3		MONDOXYNE NL 100 MG CAPSULE	2	
MINIMED SURE T INFUSION SET 32" 8MM	3				
MINITRAN 0.1 MG/HR PATCH	2				
MINITRAN 0.2 MG/HR PATCH	2				

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
MONOJECT HYPODERMIC NEEDLE 22 1"	3		MORPHINE ER 45 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 22 1.5"	3		MORPHINE ER 50 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 23 1"	3		MORPHINE ER 60 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 25 1"	3		MORPHINE ER 75 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 25 1.5"	3		MORPHINE ER 80 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 25 5/8"	3		MORPHINE ER 90 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 26 1.5"	3		MORPHINE ER 100 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 27 0.5"	3		MORPHINE ER 120 MG CAPSULE	2	PA
MONOJECT HYPODERMIC NEEDLE 27G 1-1/2"	3		MORPHINE ER 15 MG TABLET	2	PA
MONOJECT HYPODERMIC NEEDLE 30 3/4"	3		MORPHINE ER 30 MG TABLET	2	PA
MONOJECT INSULIN SYRINGE 0.3 ML	3		MORPHINE ER 60 MG TABLET	2	PA
MONOJECT INSULIN SYRINGE 0.5 ML	3		MORPHINE ER 100 MG TABLET	2	PA

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
MORPHINE ER 200 MG TABLET	2	PA	MYNATAL ULTRACAPLET	2	
MORPHINE IR 15 MG TABLET	2	PA	MYNATAL-Z CAPTAB	2	
MORPHINE IR 30 MG TABLET	2	PA	MYORISAN 10 MG CAPSULE	4	
MOXIFLOXACIN 0.5% EYE DROPS	2		MYORISAN 20 MG CAPSULE	4	
MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	2		MYORISAN 30 MG CAPSULE	4	
MOXIFLOXACIN 400 MG TABLET	2		MYORISAN 40 MG CAPSULE	4	
MRESVIA 50 MCG/0.5 ML SYRINGE	1		NABUMETONE 500 MG TABLET	2	
MS INSULIN SYRINGE 0.3 ML	3		NABUMETONE 750 MG TABLET	2	
MS INSULIN SYRINGE 0.3 ML 29G 1/2"	3		NADOLOL 20 MG TABLET	2	
MS INSULIN SYRINGE 0.3 ML 31G 5/16"	3		NADOLOL 40 MG TABLET	2	
MS INSULIN SYRINGE 0.5 ML 29G 1/2"	3		NADOLOL 80 MG TABLET	2	
MS INSULIN SYRINGE 0.5 ML 30G 1/2"	3		NAFTIFINE 1% CREAM	3	
MS INSULIN SYRINGE 0.5 ML 31G 5/16"	3		NAFTIFINE 2% CREAM	3	
MS INSULIN SYRINGE 1 ML 29G 1/2"	3		NAFTIFINE 2% GEL	3	
MS INSULIN SYRINGE 1 ML 30G 1/2"	3		NALOXONE 0.4 MG/ML CARPUJECT	2	
MS INSULIN SYRINGE 1 ML 31G 5/16"	3		NALOXONE 4 MG NASAL SPRAY	2	QL
MS PEN NEEDLE 6MM 31G	3		NALOXONE 0.4 MG/ML SYRINGE	2	
MULTISTIX 7 REAGENT TEST STRIP	3		NALOXONE 2 MG/2 ML SYRINGE	2	
MULTISTIX 9 REAGENT TEST STRIP	3		NALTREXONE 50 MG TABLET	2	QL
MULTISTIX 8 SG REAGENT TEST STRIP	3		NAPROXEN 500 MG KIT	2	
MULTISTIX 9 SG REAGENT TEST STRIP	3		NAPROXEN 250 MG TABLET	2	
MULTISTIX 10 SG REAGENT TEST STRIP	3		NAPROXEN 275 MG TABLET	2	
MULTISTIX REAGENT TEST STRIP	3		NAPROXEN 375 MG TABLET	2	
MULTISTIX 5 TEST STRIP	3		NAPROXEN 500 MG TABLET	2	
MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	2		NAPROXEN 550 MG TABLET	2	
MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	2		NAPROXEN DR 375 MG TABLET	2	
MULTIVIT-FLUORIDE 1 MG CHEWABLE TABLET	2		NAPROXEN DR 500 MG TABLET	2	
MULTIVITAMIN-FLUORIDE 0.25 MG/ML ORAL DROPS	2		NARATRIPTAN 1 MG TABLET	2	QL
MUPIROCIN 2% CREAM	2		NARATRIPTAN 2.5 MG TABLET	2	QL
MUPIROCIN 2% OINTMENT	2		NATAZIA 28 TABLET	4	
MY CHOICE 1.5 MG TABLET	1		NATEGLINIDE 60 MG TABLET	2	
MY WAY 1.5 MG TABLET	1		NATEGLINIDE 120 MG TABLET	2	
MYCOPHENOLATE 250 MG CAPSULE	2		NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX
MYCOPHENOLATE 200 MG/ML SUSPENSION	2		NEBUSAL 3% VIAL	2	
MYCOPHENOLATE 500 MG TABLET	2		NECON 0.5-35-28 TABLET	1	
MYCOPHENOLIC ACID DR 180 MG TABLET	2		NEFAZODONE 50 MG TABLET	2	
MYCOPHENOLIC ACID DR 360 MG TABLET	2		NEFAZODONE 100 MG TABLET	2	
MYGLUCOHEALTH CONTROL SOLUTION PAK	3		NEFAZODONE 150 MG TABLET	2	
MYNATAL CAPSULE	2		NEFAZODONE 200 MG TABLET	2	
MYNATAL PLUS CAPTAB	2		NEFAZODONE 250 MG TABLET	2	
			NEOMYCIN 500 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
NIACIN ER 750 MG TABLET	2		NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	2	
NIACIN ER 1,000 MG TABLET	2		NITRO-TIME ER 2.5 MG CAPSULE	2	
NICARDIPINE 20 MG CAPSULE	3		NITRO-TIME ER 6.5 MG CAPSULE	2	
NICARDIPINE 30 MG CAPSULE	3		NITRO-TIME ER 9 MG CAPSULE	2	
NICOTROL CARTRIDGE INHALER	1		NIVA THYROID 15 MG TABLET	2	
NICOTROL NS 10 MG/ML SPRAY	1		NIVA THYROID 30 MG TABLET	2	
NIFEDIPINE 10 MG CAPSULE	2		NIVA THYROID 60 MG TABLET	2	
NIFEDIPINE 20 MG CAPSULE	2		NIVA THYROID 90 MG TABLET	2	
NIFEDIPINE ER 30 MG TABLET	2		NIVA THYROID 120 MG TABLET	2	
NIFEDIPINE ER 60 MG TABLET	2		NIVA-PLUS TABLET	2	
NIFEDIPINE ER 90 MG TABLET	2		NIVESTYM 300 MCG/0.5 ML SYRINGE	5	SRX
NIKKI 3 MG-0.02 MG TABLET	1		NIVESTYM 480 MCG/0.8 ML SYRINGE	5	SRX
NILUTAMIDE 150 MG TABLET	5	SRX	NIVESTYM 300 MCG/ML VIAL	5	SRX
NIMODIPINE 30 MG CAPSULE	4		NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX	NIZATIDINE 150 MG CAPSULE	2	
NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX	NIZATIDINE 300 MG CAPSULE	2	
NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX	NOLIX 0.05% CREAM	4	
			NOLIX 0.05% LOTION	4	
			NORA-BE TABLET	1	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	1		NOVAVAX COVID VIAL (EUA)	1	
NORETHINDRONE 0.35 MG TABLET	1		NOVAVAX COVID-19 VACCINE, ADJ(EUA)	1	
NORETHINDRONE 5 MG TABLET	2		NOVOFINE 32G NEEDLE	3	
NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	1		NOVOFINE AUTOCOVER 30G NEEDLE	3	
NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	1		NOVOFINE PLUS PEN NEEDLE 32G 1/6"	3	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	2		NOVOPEN ECHO INSULIN DEVICE	3	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	1		NOVOTWIST NEEDLE 32G 5MM	3	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	2		NP THYROID 15 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1		NP THYROID 30 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CAPSULE	1		NP THYROID 60 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CHEWABLE TABLET	1		NP THYROID 90 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(21)-75 TABLET	1		NP THYROID 120 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	1		NUEDEXTA 20-10 MG CAPSULE	4	PA, QL
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG(21)-75 TABLET	1		NYAMYC 100,000 UNIT/GM POWDER	2	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	1		NYLIA 1-35 28 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET	1		NYLIA 7-7-7-28 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	1		NYMYO 0.25-0.035 MG (28) TABLET	1	
NORLYDA 0.35 MG TABLET	1		NYSTATIN 100,000 UNIT/GM CREAM	2	
NORPACE CR 100 MG CAPSULE	4		NYSTATIN 100,000 UNIT/GM OINTMENT	2	
NORPACE CR 150 MG CAPSULE	4		NYSTATIN 100,000 UNIT/GM POWDER	2	
NORTREL 0.5-35-28 TABLET	1		NYSTATIN 100,000 UNIT/ML SUSPENSION	2	
NORTREL 1-35 21 TABLET	1		NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2	
NORTREL 1-35 28 TABLET	1		NYSTATIN 500,000 UNIT ORAL TABLET	2	
NORTREL 7-7-7-28 TABLET	1		NYSTATIN-TRIAMCINOLONE CREAM	2	
NORTRIPTYLINE 10 MG CAPSULE	2		NYSTATIN-TRIAMCINOLONE OINTMENT	2	
NORTRIPTYLINE 25 MG CAPSULE	2		NYSTOP 100,000 UNIT/GM POWDER	2	
NORTRIPTYLINE 50 MG CAPSULE	2		NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
NORTRIPTYLINE 75 MG CAPSULE	2		OCELLA 3 MG-0.03 MG TABLET	1	
NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	2		OCTREOTIDE 50 MCG/ML AMPULE	3	PA
NORVIR 100 MG POWDER PACKET	3		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

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Medication Name	Tier	Notes
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	
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	

Medication Name	Tier	Notes
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	
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	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
ONETOUCH VERIO HIGH CONTROL SOLUTION	3		OXYBUTYNIN 5 MG TABLET	2	
ONETOUCH VERIO MID CONTROL SOLUTION	3		OXYBUTYNIN ER 5 MG TABLET	2	
ONETOUCH VERIO REFLECT METER	2		OXYBUTYNIN ER 10 MG TABLET	2	
ONETOUCH VERIO TEST STRIP	3		OXYBUTYNIN ER 15 MG TABLET	2	
OPCICON ONE-STEP 1.5 MG TABLET	1		OXYCODONE (IR) 5 MG CAPSULE	2	PA
OPILL 0.075 MG TABLET	1	QL	OXYCODONE (IR) 5 MG TABLET	2	PA
OPIUM TINCTURE 10 MG/ML	3	PA	OXYCODONE (IR) 10 MG TABLET	2	PA
OPTICHAMBER ADULT MASK-LARGE	3	QL	OXYCODONE (IR) 15 MG TABLET	2	PA
OPTICHAMBER DIAMOND VHC	3	QL	OXYCODONE (IR) 20 MG TABLET	2	PA
OPTICHAMBER DIAMOND W-LARGE MASK	3	QL	OXYCODONE (IR) 30 MG TABLET	2	PA
OPTICHAMBER DIAMOND W-MEDIUM MASK	3	QL	OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	2	PA
OPTICHAMBER DIAMOND W-SMALL MASK	3	QL	OXYCODONE 5 MG/5 ML ORAL SOLUTION	2	PA
OPTION 2 1.5 MG TABLET	1		OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	2	PA
OPTUMRX GLUCOSE CONTROL SOLUTION	3		OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA
ORAL CITRATE SOLUTION	4		OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA
ORALONE 0.1% DENTAL PASTE	2		OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA
ORPHENADRINE ER 100 MG TABLET	2		OXYCODONE-ASPIRIN 4.8355-325 MG TABLET	2	PA
OSCIMIN 0.125 MG TABLET	2		OXYMORPHONE 5 MG TABLET	3	PA
OSCIMIN SL 0.125 MG SUBLINGUAL TABLET	2		OXYMORPHONE 10 MG TABLET	3	PA
OSCIMIN SR 0.375 MG TABLET	2		OXYMORPHONE ER 5 MG TABLET	3	PA
OSELTAMIVIR 30 MG CAPSULE	2	QL	OXYMORPHONE ER 7.5 MG TABLET	3	PA
OSELTAMIVIR 45 MG CAPSULE	2	QL	OXYMORPHONE ER 10 MG TABLET	3	PA
OSELTAMIVIR 75 MG CAPSULE	2	QL	OXYMORPHONE ER 15 MG TABLET	3	PA
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL	OXYMORPHONE ER 20 MG TABLET	3	PA
OTEZLA 28 DAY STARTER PACK	5	PA, QL, SRX	OXYMORPHONE ER 30 MG TABLET	3	PA
OTEZLA 30 MG TABLET	5	PA, QL, SRX	OXYMORPHONE ER 40 MG TABLET	3	PA
OVAL TAPE	3		PACERONE 200 MG TABLET	2	
OXANDROLONE 2.5 MG TABLET	4	PA	PALIPERIDONE ER 1.5 MG TABLET	4	
OXANDROLONE 10 MG TABLET	4	PA	PALIPERIDONE ER 3 MG TABLET	4	
OXAPROZIN 600 MG CAPLET	2		PALIPERIDONE ER 6 MG TABLET	4	
OXAPROZIN 600 MG TABLET	2		PALIPERIDONE ER 9 MG TABLET	4	
OXAZEPAM 10 MG CAPSULE	2		PANCREAZE DR 2,600 UNIT CAPSULE	3	
OXAZEPAM 15 MG CAPSULE	2		PANCREAZE DR 4,200 UNIT CAPSULE	3	
OXAZEPAM 30 MG CAPSULE	2		PANCREAZE DR 10,500 UNIT CAPSULE	3	
OXCARBAZEPINE 300 MG/5 ML SUSPENSION	2		PANCREAZE DR 16,800 UNIT CAPSULE	3	
OXCARBAZEPINE 150 MG TABLET	2		PANCREAZE DR 21,000 UNIT CAPSULE	3	
OXCARBAZEPINE 300 MG TABLET	2		PANCREAZE DR 37,000 UNIT CAPSULE	3	
OXCARBAZEPINE 600 MG TABLET	2		PANDA MASK LARGE	3	QL
OXICONAZOLE 1% CREAM	3		PANDA MASK MEDIUM	3	QL
OXYBUTYNIN 5 MG/5 ML SOLUTION	2		PANDA MASK SMALL	3	QL
OXYBUTYNIN 5 MG/5 ML SYRUP	2		PANRETIN 0.1% GEL	5	SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
PC UNIFINE PENTIP 6MM NEEDLE	3		PENTACEL VIAL KIT	1	
PC UNIFINE PENTIP 8MM NEEDLE	3		PENTAMIDINE 300 MG INHALATION POWDER	3	
PC UNIFINE PENTIP 12MM NEEDLE	3		PENTAZOCINE-NALOXONE TABLET	2	PA
PEAK-AIR PEAK FLOW METER	3		PENTIP PEN NEEDLE 29G 12MM	3	
PEDIARIX 0.5 ML SYRINGE	1		PENTIP PEN NEEDLE 29G 1/2"	3	
PEDIATRIC MEDIUM MASK	3	QL	PENTIP PEN NEEDLE 31G 5MM	3	
PEDIATRIC PANDA MASK	3	QL	PENTIP PEN NEEDLE 31G 6MM	3	
PEDIATRIC SMALL MASK	3	QL	PENTIP PEN NEEDLE 31G 8MM	3	
PEDIATRIC MOUTHPIECE	3	QL	PENTIP PEN NEEDLE 31G 1/4"	3	
PEDVAXHIB VACCINE VIAL	1		PENTIP PEN NEEDLE 31G 3/16"	3	
PEG 3350-ELECTROLYTE ORAL SOLUTION	2		PENTIP PEN NEEDLE 31G 5/16"	3	
PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	2		PENTIP PEN NEEDLE 32G 4MM	3	
PEG-3350 AND ELECTROLYTES ORAL SOLUTION	2		PENTIP PEN NEEDLE 32G 6MM	3	
PEGASYS 180 MCG/0.5 ML SYRINGE	4	PA, SRX	PENTIP PEN NEEDLE 32G 5/32"	3	
PEGASYS 180 MCG/ML VIAL	4	PA, SRX	PENTOXIFYLLINE ER 400 MG TABLET	2	
PEG-PREP KIT	2		PERINDOPRIL 2 MG TABLET	2	
PEN NEEDLE 29G 12MM	3		PERINDOPRIL 4 MG TABLET	2	
PEN NEEDLE 30G 5MM	3		PERINDOPRIL 8 MG TABLET	2	
PEN NEEDLE 30G 8MM	3		PERIOGARD 0.12% ORAL RINSE	2	
PEN NEEDLE 30G 5/16"	3		PERMETHRIN 5% CREAM	2	
PEN NEEDLE 31G 5MM	3		PERPHENAZINE 2 MG TABLET	2	
PEN NEEDLE 31G 6MM	3		PERPHENAZINE 4 MG TABLET	2	
PEN NEEDLE 31G 8MM	3		PERPHENAZINE 8 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
PHASEAL PROTECTOR 28	3		PIOGLITAZONE 30 MG TABLET	2	
PHASEAL PROTECTOR 50	3		PIOGLITAZONE 45 MG TABLET	2	
PHENAZOPYRIDINE 100 MG TABLET	2		PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	2	
PHENAZOPYRIDINE 200 MG TABLET	2		PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	2	
PHENELZINE 15 MG TABLET	2		PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	2	
PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	2		PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	2	
PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	2		PIP GLUCOSE CONTROL SOLUTION L1-L2	3	
PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	2		PIP PEN NEEDLE 31G 5MM	3	
PHENOBARBITAL 15 MG TABLET	2		PIP PEN NEEDLE 32G 4MM	3	
PHENOBARBITAL 16.2 MG TABLET	2		PIRFENIDONE 267 MG CAPSULE	5	PA, SRX
PHENOBARBITAL 30 MG TABLET	2		PIRFENIDONE 267 MG TABLET	5	PA, SRX
PHENOBARBITAL 32.4 MG TABLET	2		PIRFENIDONE 801 MG TABLET	5	PA, SRX
PHENOBARBITAL 60 MG TABLET	2		PIRMELLA 1-35 28 TABLET	1	
PHENOBARBITAL 64.8 MG TABLET	2		PIRMELLA 7-7-7-28 TABLET	1	
PHENOBARBITAL 97.2 MG TABLET	2		PIROXICAM 10 MG CAPSULE	2	
PHENOBARBITAL 100 MG TABLET	2		PIROXICAM 20 MG CAPSULE	2	
PHENOXYBENZAMINE 10 MG CAPSULE	5	SRX	PLAN B ONE-STEP 1.5 MG TABLET	4	
PHENYLEPHRINE 2.5% EYE DROPS	2		PNEUMOVAX 23 SYRINGE	1	
PHENYLEPHRINE 10% EYE DROPS	2		PNEUMOVAX 23 VIAL	1	
PHENYTOIN 50 MG CHEWABLE TABLET	2		PNV 29-1 TABLET	2	
PHENYTOIN 50 MG INFATAB CHEW	2		PNV PRENATAL PLUS MULTIVITAMIN TABLET	2	
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	2		PNV-DHA + DOCUSATE SOFTGEL	2	
PHENYTOIN 125 MG/5 ML SUSPENSION	2		PNV-DHA SOFTGEL	2	

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Medication Name	Tier	Notes
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	
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	

Medication Name	Tier	Notes
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	
PRAMIPEXOLE ER 3.75 MG TABLET	3	
PRAMIPEXOLE ER 4.5 MG TABLET	3	
PRASUGREL 5 MG TABLET	2	
PRASUGREL 10 MG TABLET	2	
PRAVASTATIN 10 MG TABLET	2	
PRAVASTATIN 20 MG TABLET	2	
PRAVASTATIN 40 MG TABLET	2	
PRAVASTATIN 80 MG TABLET	2	
PRAZQUANTEL 600 MG TABLET	4	
PRAZOSIN 1 MG CAPSULE	2	
PRAZOSIN 2 MG CAPSULE	2	
PRAZOSIN 5 MG CAPSULE	2	
PREDNICARBATE 0.1% CREAM	2	
PREDNICARBATE 0.1% OINTMENT	2	
PREDNISOLONE 1% EYE DROPS	2	
PREDNISOLONE AC 1% EYE DROPS	2	
PREDNISOLONE ODT 10 MG TABLET	3	
PREDNISOLONE ODT 15 MG TABLET	3	
PREDNISOLONE ODT 30 MG TABLET	3	
PREDNISOLONE 5 MG/5 ML ORAL SOLUTION	2	
PREDNISOLONE 15 MG/5 ML ORAL SOLUTION	2	
PREDNISOLONE 25 MG/5 ML ORAL SOLUTION	2	

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Medication Name	Tier	Notes
PREDNISON INTENSOL 5 MG/ML ORAL CONCENTRATE	3	
PREDNISON 5 MG/5 ML ORAL SOLUTION	2	
PREDNISON 1 MG TABLET	2	
PREDNISON 2.5 MG TABLET	2	
PREDNISON 5 MG TABLET	2	
PREDNISON 10 MG TABLET	2	
PREDNISON 20 MG TABLET	2	
PREDNISON 50 MG TABLET	2	
PREDNISON 5 MG TABLET DOSE PACK	2	
PREDNISON 10 MG TABLET DOSE PACK	2	
PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
PREF PLUS SYRINGE 0.5 ML 30G 5/16"	3	
PREF PLUS SYRINGE 1 ML 29G 1/2"	3	
PREFERRED PLUS 0.3 ML 30G 5/16"	3	
PREFERRED PLUS 0.5 ML 29G 1/2"	3	
PREFERRED PLUS SYRINGE 0.5 ML	3	
PREFERRED PLUS SYRINGE 1 ML	3	
PREFEST TABLET	2	
PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"	3	
PREGABALIN 25 MG CAPSULE	2	QL
PREGABALIN 50 MG CAPSULE	2	QL
PREGABALIN 75 MG CAPSULE	2	QL
PREGABALIN 100 MG CAPSULE	2	QL
PREGABALIN 150 MG CAPSULE	2	QL
PREGABALIN 200 MG CAPSULE	2	QL
PREGABALIN 225 MG CAPSULE	2	QL
PREGABALIN 300 MG CAPSULE	2	QL
PREGABALIN 20 MG/ML ORAL SOLUTION	2	QL
PREHEVBRIO 10 MCG/ML VIAL	1	
PRENA1 TRUE COMBO PACK	2	
PRENAISSANCE CAPSULE	2	
PRENAISSANCE PLUS SOFTGEL	2	
PRENATAL 19 CHEWABLE TABLET	2	
PRENATAL 19 TABLET	2	
PRENATAL PLUS-DHA COMBO PACK	2	
PRENATAL PLUS IRON TABLET	2	
PRENATAL PLUS VITAMIN-MINERAL TABLET	2	
PRENATAL VITAMIN PLUS LOW IRON TABLET	2	
PRENATAL-U CAPSULE	2	
PREPLUS CA-FE 27 MG-FA 1 MG TABLET	2	

Medication Name	Tier	Notes
PRETAB 29 MG-1 MG TABLET	2	
PREVALITE PACKET	2	
PREVALITE POWDER	2	
PREVENT PEN NEEDLE 31G 1/4"	3	
PREVENT PEN NEEDLE 31G 5/16"	3	
PREVIFEM TABLET	1	
PREVNAR 20 SYRINGE	1	
PREVMIS 240 MG TABLET	4	PA, QL
PREVMIS 480 MG TABLET	4	PA, QL
PREZCOBIX 800 MG-150 MG TABLET	3	
PREZISTA 100 MG/ML SUSPENSION	3	
PREZISTA 75 MG TABLET	3	
PREZISTA 150 MG TABLET	3	
PRIFTIN 150 MG TABLET	4	
PRIMAQUINE 26.3 MG TABLET	2	
PRIMEAIRE CHAMBER	3	QL
PRIMIDONE 50 MG TABLET	2	
PRIMIDONE 250 MG TABLET	2	
PRIORIX VIAL	1	
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	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
PROCTO-MED HC 2.5% CREAM	2		PROPRANOLOL 20 MG/5 ML ORAL SOLUTION	2	
PROCTOSOL-HC 2.5% CREAM	2		PROPRANOLOL 40 MG/5 ML ORAL SOLUTION	2	
PROCTOZONE-HC 2.5% CREAM	2		PROPRANOLOL 10 MG TABLET	2	
PRODIGY CONTROL SOLUTION	3		PROPRANOLOL 20 MG TABLET	2	
PRODIGY CONTROL SOLUTION LOW	3		PROPRANOLOL 40 MG TABLET	2	
PRODIGY INSULIN SYRINGE 1ML 28G 1/2"	3		PROPRANOLOL 60 MG TABLET	2	
PRODIGY SYRINGE 0.3ML 31G 5/16"	3		PROPRANOLOL 80 MG TABLET	2	
PRODIGY SYRINGE 0.5 ML 31G 5/16"	3		PROPRANOLOL ER 60 MG CAPSULE	2	
PROGESTERONE 100 MG CAPSULE	2		PROPRANOLOL ER 80 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2		PROPRANOLOL ER 120 MG CAPSULE	2	
PROGRAF 0.2 MG GRANULE PACKET	4		PROPRANOLOL ER 160 MG CAPSULE	2	
PROGRAF 1 MG GRANULE PACKET	4		PROPRANOLOL-HCTZ 40-25 MG TABLET	2	
PROMACTA 12.5 MG SUSPENSION PACKET	5	PA, LDD, SRX	PROPRANOLOL-HCTZ 80-25 MG TABLET	2	
PROMACTA 25 MG SUSPENSION PACKET	5	PA, LDD, SRX	PROPYLTHIOURACIL 50 MG TABLET	2	
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX	PROQUAD VIAL	1	
PROMACTA 25 MG TABLET	5	PA, LDD, SRX	PROTRIPTYLINE 5 MG TABLET	2	
PROMACTA 50 MG TABLET	5	PA, LDD, SRX	PROTRIPTYLINE 10 MG TABLET	2	
PROMACTA 75 MG TABLET	5	PA, LDD, SRX	PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
PROMETHAZINE 12.5 MG SUPPOSITORY	3		PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
PROMETHAZINE 25 MG SUPPOSITORY	3		PUB INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
PROMETHAZINE 6.25 MG/5 ML SYRUP	2		PUB INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
PROMETHAZINE 12.5 MG TABLET	2		PUB INSULIN SYRINGE 1 ML 30G 1/2"	3	
PROMETHAZINE 25 MG TABLET	2		PUB INSULIN SYRINGE 1 ML 31G 5/16"	3	
PROMETHAZINE 50 MG TABLET	2		PUB PEN 8MM 31G NEEDLE	3	
PROMETHAZINE VC SYRUP	2		PUB PEN 12MM 29G NEEDLE	3	
PROMETHAZINE VC-CODEINE SYRUP	2	QL	PUB PEN NEEDLE 6MM 31G	3	
PROMETHAZINE-CODEINE ORAL SOLUTION	2	QL	PUB UNIFINE PENTIP PLUS 31G 3/16	3	
PROMETHAZINE-CODEINE SYRUP	2	QL	PULMOSAL 7% VIAL	2	
PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2		PULMOZYME 1 MG/ML AMPULE	5	PA, SRX
PROMETHAZINE-PE-CODEINE SYRUP	2	QL	PURE COMFORT PEN NEEDLE 32G 4MM	3	
PROMETHAZINE-PHENYLEPHRINE SYRUP	2		PURE COMFORT PEN NEEDLE 32G 5MM	3	
PROMETHEGAN 12.5 MG SUPPOSITORY	3		PURE COMFORT PEN NEEDLE 32G 6MM	3	
PROMETHEGAN 25 MG SUPPOSITORY	3		PURE COMFORT PEN NEEDLE 32G 8MM	3	
PROMETHEGAN 50 MG SUPPOSITORY	3		PURE COMFORT SAFETY PEN NEEDLE 31G 5MM	3	
PROPAFENONE 150 MG TABLET	2		PURE COMFORT SAFETY PEN NEEDLE 31G 6MM	3	
PROPAFENONE 225 MG TABLET	2		PURE COMFORT SAFETY PEN NEEDLE 32G 4MM	3	
PROPAFENONE 300 MG TABLET	2		PURE COMFORT SPACER-ADULT MASK	3	QL
PROPAFENONE ER 225 MG CAPSULE	2		PURECOMFORT PEAK FLOW METER ADULT	3	
PROPAFENONE ER 325 MG CAPSULE	2		PURECOMFORT PEAK FLOW METER CHILD	3	
PROPAFENONE ER 425 MG CAPSULE	2		PURIXAN 20 MG/ML ORAL SUSPENSION	5	PA, LDD, SRX
PROPARACAINE 0.5% EYE DROPS	2		PV UNIFINE PENTIP PLUS 31G 5MM	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
QUETIAPINE ER 150 MG TABLET	2		RECOMBIVAX HB 40 MCG/ML VIAL	1	
QUETIAPINE ER 200 MG TABLET	2		RECTIV 0.4% OINTMENT	4	
QUETIAPINE ER 300 MG TABLET	2		REFUAH PLUS CONTROL SOLUTION	3	
QUETIAPINE ER 400 MG TABLET	2		REGRANEX 0.01% GEL	4	PA, QL
QUINAPRIL 5 MG TABLET	2		RELENZA 5 MG DISKHALER	4	QL
QUINAPRIL 10 MG TABLET	2		RELI ON 31G 1/4" NEEDLE	3	
QUINAPRIL 20 MG TABLET	2		RELION INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
QUINAPRIL 40 MG TABLET	2		RELION INSULIN SYRINGE 0.3 ML 31G 6MM	3	
QUINAPRIL-HCTZ 10-12.5 MG TABLET	2		RELION INSULIN SYRINGE 0.5 ML	3	
QUINAPRIL-HCTZ 20-12.5 MG TABLET	2		RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
QUINAPRIL-HCTZ 20-25 MG TABLET	2		RELION INSULIN SYRINGE 0.5 ML 31G 6MM	3	
QUINIDINE GLUCONATE ER 324 MG TABLET	3		RELION INSULIN SYRINGE 1 ML 29G 1/2"	3	
QUINIDINE SULFATE 200 MG TABLET	2		RELION INSULIN SYRINGE 1 ML 31G 5/16"	3	
QUINIDINE SULFATE 300 MG TABLET	2		RELION INSULIN SYRINGE 1 ML 31G 15/64"	3	
QUININE SULFATE 324 MG CAPSULE	2		RELION KETONE TEST STRIP	3	
QVAR REDHALER 40 MCG	3		RELION MINI PEN NEEDLE 31G 1/4"	3	
QVAR REDHALER 80 MCG	3		RELION PEN NEEDLE 29G	3	
RA INSULIN SYRINGE 0.5 ML 29G 1/2"	3		RELION PEN NEEDLE 29G 1/2"	3	
RA INSULIN SYRINGE 0.5 ML 30G 5/16"	3		RELION PEN NEEDLE 31G	3	
RA INSULIN SYRINGE 1 ML 29G 1/2"	3		RELION PEN NEEDLE 31G 6MM	3	
RA INSULIN SYRINGE 1 ML 30G 5/16"	3		RELION PEN NEEDLE 31G 1/4"	3	
RA PEN NEEDLE 31G 3/16"	3		RELION PEN NEEDLE 31G 5/16"	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
REYATAZ 50 MG POWDER PACKET	3		RIVASTIGMINE 4.6 MG/24HR PATCH	2	
REZDIFFRA 60 MG TABLET	5	PA, QL, SRX	RIVASTIGMINE 9.5 MG/24HR PATCH	2	
REZDIFFRA 80 MG TABLET	5	PA, QL, SRX	RIVASTIGMINE 13.3 MG/24HR PATCH	2	
REZDIFFRA 100 MG TABLET	5	PA, QL, SRX	RIVELSA TABLET	1	
RIBAVIRIN 200 MG CAPSULE	4		RIZATRIPTAN 5 MG ODT TABLET	2	QL
RIBAVIRIN 200 MG TABLET	4		RIZATRIPTAN 10 MG ODT TABLET	2	QL
RIFABUTIN 150 MG CAPSULE	3		RIZATRIPTAN 5 MG TABLET	2	QL
RIFAMPIN 150 MG CAPSULE	2		RIZATRIPTAN 10 MG TABLET	2	QL
RIFAMPIN 300 MG CAPSULE	2		R-NATAL OB SOFTGEL	2	
RIGHTEST CONTROL SOLUTION HIGH	3		ROPINIROLE 0.25 MG TABLET	2	
RIGHTEST CONTROL SOLUTION NORMAL	3		ROPINIROLE 0.5 MG TABLET	2	
RILUZOLE 50 MG TABLET	5	SRX	ROPINIROLE 1 MG TABLET	2	
RIMANTADINE 100 MG TABLET	2		ROPINIROLE 2 MG TABLET	2	
RINVOQ LQ 1 MG/ML SOLUTION	5	PA, QL, SRX	ROPINIROLE 3 MG TABLET	2	
RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX	ROPINIROLE 4 MG TABLET	2	
RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX	ROPINIROLE 5 MG TABLET	2	
RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX	ROPINIROLE ER 2 MG TABLET	2	
RISEDRONATE 5 MG TABLET	3		ROPINIROLE ER 4 MG TABLET	2	
RISEDRONATE 30 MG TABLET	3		ROPINIROLE ER 6 MG TABLET	2	
RISEDRONATE 35 MG TABLET	3		ROPINIROLE ER 8 MG TABLET	2	
RISEDRONATE 150 MG TABLET	3		ROPINIROLE ER 12 MG TABLET	2	
RISEDRONATE DR 35 MG TABLET	3		ROSADAN 0.75% CREAM	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
ROSADAN 0.75% GEL	2		SE-NATAL 19 CHEWABLE TABLET	2	
ROSUVASTATIN 5 MG TABLET	2		SE-NATAL-19 TABLET	2	
ROSUVASTATIN 10 MG TABLET	2		SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
ROSUVASTATIN 20 MG TABLET	2		SERTRALINE 25 MG TABLET	2	QL
ROSUVASTATIN 40 MG TABLET	2		SERTRALINE 50 MG TABLET	2	QL
ROTARIX VACCINE ORAL SYRINGE	1		SERTRALINE 100 MG TABLET	2	QL
ROTARIX VACCINE SUSPENSION	1		SETLAKIN 0.15 MG-0.03 MG TABLET	1	
ROTATEQ VACCINE	1		SEVELAMER CARBONATE 800 MG TABLET	4	
ROWEEPRA 500 MG TABLET	2		SF 1.1% GEL	2	
ROWEEPRA 750 MG TABLET	2		SF 5000 PLUS TOOTHPASTE	2	
ROWEEPRA 1,000 MG TABLET	2		SHAROBEL 0.35 MG TABLET	1	
RUFINAMIDE 40 MG/ML SUSPENSION	4	PA, QL	SHINGRIX VIAL KIT	1	QL
RUFINAMIDE 200 MG TABLET	4	PA, QL	SHOPKO UNIFINE PENTIP 4MM 32G	3	
RUFINAMIDE 400 MG TABLET	4	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	
SAFESNAP INSULIN SYRINGE 1 ML	3		SIDESTREAM PEDIATRIC FACE MASK	3	QL
SAFETY PEN NEEDLE 31G 4MM	3		SILDENAFIL 20 MG TABLET	5	PA, SRX
SAFETY PEN NEEDLE 31G 5MM	3		SILHOUETTE INFUSION SET 23"	3	
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX	SILICONE MASK-INFANT	3	QL
SALICYLIC ACID 27.5% LIQUID	2		SILICONE MASK-PEDIATRIC	3	QL
SALSALATE 500 MG TABLET	2		SIL-SERTER INFUSION SET	3	
SALSALATE 750 MG TABLET	2		SILVER NITRATE 0.5% TOPICAL SOLUTION	2	
SANTYL OINTMENT	4	PA, QL	SILVER NITRATE 10% TOPICAL SOLUTION	2	
SAPROPTERIN 100 MG POWDER PACKET	5	PA, SRX	SILVER NITRATE 25% TOPICAL SOLUTION	2	
SAPROPTERIN 500 MG POWDER PACKET	5	PA, SRX	SILVER NITRATE 50% TOPICAL SOLUTION	2	
SAPROPTERIN 100 MG TABLET	5	PA, SRX	SILVER SULFADIAZINE 1% CREAM	2	
SAXAGLIPTIN 2.5 MG TABLET	2	QL	SIMLANDI(CF) AI 40 MG/0.4 ML AUTO-INJECTOR	5	PA, QL, SRX
SAXAGLIPTIN 5 MG TABLET	2	QL	SIMLIYA 28 DAY TABLET	1	
SAXAGLIPTIN-METFORMIN ER 2.5-1000 TABLET	2	QL	SIMPESSE 0.15-0.03-0.01 MG TABLET	1	
SAXAGLIPTIN-METFORMIN ER 5-500 TABLET	2	QL	SIMVASTATIN 5 MG TABLET	2	
SAXAGLIPTIN-METFORMIN ER 5-1000 TABLET	2	QL	SIMVASTATIN 10 MG TABLET	2	
SCOPOLAMINE 1 MG/3 DAY PATCH	2		SIMVASTATIN 20 MG TABLET	2	
SECONAL 100 MG CAPSULE	4		SIMVASTATIN 40 MG TABLET	2	
SECURESAFE PEN NEEDLE 30G 5/16"	3		SIMVASTATIN 80 MG TABLET	2	QL
SECURESAFE SYRINGE 0.5 ML 29G 1/2"	3		SIROLIMUS 1 MG/ML ORAL SOLUTION	5	SRX
SECURESAFE SYRINGE 1 ML 29G 1/2"	3		SIROLIMUS 0.5 MG TABLET	2	
SELEGILINE 5 MG CAPSULE	2		SIROLIMUS 1 MG TABLET	2	
SELEGILINE 5 MG TABLET	2		SIROLIMUS 2 MG TABLET	2	
SELENIUM SULFIDE 2.25% SHAMPOO	2		SIRTURO 20 MG TABLET	4	PA
SELENIUM SULFIDE 2.5% LOTION	2		SIRTURO 100 MG TABLET	4	PA

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

Medication Name	Tier	Notes
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	5	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	3	QL
SOLIFENACIN 10 MG TABLET	3	QL
SOLIQUA 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	
SOTALOL AF 80 MG TABLET	2	
SOTALOL AF 120 MG TABLET	2	
SOTALOL AF 160 MG TABLET	2	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SOVALDI 150 MG PELLETT PACKET	4	PA, QL
SOVALDI 200 MG PELLETT 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	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
SRONYX 0.10-0.02 MG TABLET	1		SUMATRIPTAN SUCCINATE 50 MG TABLET	2	QL
SSKI 1 GM/ML ORAL SOLUTION	4		SUMATRIPTAN SUCCINATE 100 MG TABLET	2	QL
STAVUDINE 40 MG CAPSULE	2		SUNITINIB 12.5 MG CAPSULE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX	SUNITINIB 25 MG CAPSULE	5	PA, QL, SRX
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX	SUNITINIB 37.5 MG CAPSULE	5	PA, QL, SRX
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX	SUNITINIB 50 MG CAPSULE	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2		SURE COMFORT 0.3 ML SYRINGE	3	
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX	SURE COMFORT 0.5 ML SYRINGE	3	
STRIBILD TABLET	4	QL	SURE COMFORT 1 ML SYRINGE	3	
STRIVE PEAK FLOW METER	3		SURE COMFORT 3/10 ML SYRINGE	3	
STRIVERDI RESPIMAT INHALATION SPRAY	3	QL	SURE COMFORT 30G PEN NEEDLE	3	
SUBVENITE 25 MG TABLET	2		SURE COMFORT INSULIN 0.3ML 31G 1/4"	3	
SUBVENITE 100 MG TABLET	2		SURE COMFORT INSULIN 0.5ML 31G 1/4"	3	
SUBVENITE 150 MG TABLET	2		SURE COMFORT INSULIN 1 ML 31G 1/4"	3	
SUBVENITE 200 MG TABLET	2		SURE COMFORT PEN NEEDLE 29G 1/2"	3	
SUBVENITE TABLET STARTER KIT (BLUE)	2		SURE COMFORT PEN NEEDLE 31G 5MM	3	
SUBVENITE TABLET STARTER KIT (GREEN)	2		SURE COMFORT PEN NEEDLE 31G 8MM	3	
SUBVENITE TABLET STARTER KIT (ORANGE)	2		SURE COMFORT PEN NEEDLE 32G 4MM	3	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	5	LDD, SRX	SURE COMFORT PEN NEEDLE 32G 6MM	3	
SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	5	LDD, SRX	SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	3	
SUCRALFATE 1 GM TABLET	2		SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	3	
SULFACETAMIDE 10% EYE DROPS	2		SURE-FINE PEN NEEDLE 5MM	3	
SULFACETAMIDE 10% EYE OINTMENT	2		SURE-FINE PEN NEEDLE 8MM	3	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	2		SURE-FINE PEN NEEDLE 12.7MM	3	
SULFADIAZINE 500 MG TABLET	4		SURE-JECT INSULIN 0.3 ML 31G 5/16"	3	
SULFAMETHOXAZOLE-TMP SUSPENSION	2		SURE-JECT INSULIN 0.5 ML 31G 5/16"	3	
SULFAMETHOXAZOLE-TMP DS TABLET	2		SURE-JECT INSULIN SYRINGE 1 ML	3	
SULFAMETHOXAZOLE-TMP SS TABLET	2		SURE-JECT INSULIN SYRINGE U100 0.3 ML	3	
SULFASALAZINE 500 MG TABLET	2		SURE-JECT INSULIN SYRINGE U100 0.5 ML	3	
SULFASALAZINE DR 500 MG TABLET	2		SURE-JECT INSULIN SYRINGE U100 1 ML	3	
SULF-PRED 10-0.23% EYE DROPS	2		SURE-TEST EASYPLUS MINI SOLUTION	3	
SULINDAC 150 MG TABLET	2		SYEDA 28 TABLET	1	
SULINDAC 200 MG TABLET	2		SYMAX FASTABS 0.125 MG TABLET	2	
SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	2	QL	SYMAX-SL 0.125 MG SUBLINGUAL TABLET	2	
SUMATRIPTAN 4 MG/0.5 ML CARTRIDGE	2	QL	SYMAX-SR 0.375 MG TABLET	2	
SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	2	QL	SYMTOZA 800-150-200-10 MG TABLET	4	QL
SUMATRIPTAN 4 MG/0.5 ML INJECTOR	2	QL	SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX
SUMATRIPTAN 5 MG NASAL SPRAY	3	QL	SYNJARDY 5-500 MG TABLET	3	QL
SUMATRIPTAN 20 MG NASAL SPRAY	3	QL	SYNJARDY 5-1,000 MG TABLET	3	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL	SYNJARDY 12.5-500 MG TABLET	3	QL
SUMATRIPTAN SUCCINATE 25 MG TABLET	2	QL	SYNJARDY 12.5-1,000 MG TABLET	3	QL

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
SYNTHROID 300 MCG TABLET	4		TDVAX VIAL	1	
T:30 INFUSION SET 23" 13MM	3		TECHLITE 0.3 ML 29G 12MM (1/2)	3	
T:30 INFUSION SET 43" 13MM	3		TECHLITE 0.3 ML 30G 8MM (1/2)	3	
T:90 INFUSION SET 23" 6MM	3		TECHLITE 0.3 ML 30G 12MM (1/2)	3	
T:90 INFUSION SET 23" 9MM	3		TECHLITE 0.3 ML 31G 6MM (1/2)	3	
T:90 INFUSION SET 43" 9MM	3		TECHLITE 0.3 ML 31G 8MM (1/2)	3	
T:FLEX 4.8 ML CARTRIDGE	3		TECHLITE 0.5 ML 29G 12MM (1/2)	3	
T:SLIM 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30G 8MM (1/2)	3	
T:SLIM G4 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30G 12MM (1/2)	3	
T:SLIM X2 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 31G 6MM (1/2)	3	
TABLOID 40 MG TABLET	4	PA	TECHLITE 0.5 ML 31G 8MM (1/2)	3	
TAMSULOSIN 0.4 MG CAPSULE	2		TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	3	
TACROLIMUS 0.5 MG CAPSULE (IR)	2		TECHLITE INSULIN SYRINGE 1 ML 30G 8MM	3	
TACROLIMUS 1 MG CAPSULE (IR)	2		TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	3	
TACROLIMUS 5 MG CAPSULE (IR)	2		TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	3	
TACROLIMUS 0.1% OINTMENT	2		TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	3	
TACROLIMUS 0.03% OINTMENT	2		TECHLITE PEN NEEDLE 29G 1/2"	3	
TADALAFIL 20 MG TABLET	5	PA, SRX	TECHLITE PEN NEEDLE 29G 3/8"	3	
TAFINLAR 10 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	TECHLITE PEN NEEDLE 31G 1/4"	3	
TAFINLAR 50 MG CAPSULE	5	PA, QL, SRX	TECHLITE PEN NEEDLE 31G 3/16"	3	
TAFINLAR 75 MG CAPSULE	5	PA, QL, SRX	TECHLITE PEN NEEDLE 31G 5/16"	3	
TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32G 1/4"	3	
TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX	TECHLITE PEN NEEDLE 32G 5/16"	3	
TAKE ACTION 1.5 MG TABLET	1		TECHLITE PEN NEEDLE 32G 5/32"	3	
TAMOXIFEN 10 MG TABLET	1		TELCARE CONTROL SOLUTION	3	
TAMOXIFEN 20 MG TABLET	1		TELMISARTAN 20 MG TABLET	2	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX	TERUMO SURGUARD2 NEEDLE 30 1/2"	3	
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX	TERUMO SYRINGE 3 ML	3	
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX	TESTOSTERONE 50 MG/5 GRAM GEL	3	QL
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1.62% GEL PUMP	3	QL
TENCON 50-325 MG TABLET	2		TESTOSTERONE 10 MG GEL PUMP	3	QL
TENIVAC SYRINGE	1		TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	3	QL
TENIVAC VIAL	1		TESTOSTERONE 1% (25 MG/2.5 G) PACKET	3	QL
TENOFOVIR 300 MG TABLET	2		TESTOSTERONE 1% (50 MG/5 G) PACKET	3	QL
TERAZOSIN 1 MG CAPSULE	2		TESTOSTERONE 1.62% (2.5 G) PACKET	3	QL
TERAZOSIN 2 MG CAPSULE	2		TESTOSTERONE 1.62%(1.25 G) PACKET	3	QL
TERAZOSIN 5 MG CAPSULE	2		TESTOSTERONE 50 MG/5 GRAM PACKET	3	QL
TERAZOSIN 10 MG CAPSULE	2		TESTOSTERONE CYPIONATE 200 MG/ML VIAL	2	
TERBINAFINE 250 MG TABLET	2		TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	2	
TERBUTALINE 2.5 MG TABLET	2		TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	2	
TERBUTALINE 5 MG TABLET	2		TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	2	
TERCONAZOLE 0.4% CREAM	2		TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	2	
TERCONAZOLE 0.8% CREAM	2		TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	2	
TERCONAZOLE 80 MG SUPPOSITORY	2		TESTOSTERONE ENANTHATE 200 MG/ML VIAL	2	
TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX	TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	2	
TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX	TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	3		TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX
TERUMO INSULIN SYRINGE U100-1/3 ML	3		TETRACAINE 0.5% EYE DROPS	2	
TERUMO INSULIN SYRINGE U100-1/2 ML	3		TETRACAINE 0.5% STERI-UNIT EYE SOLUTION	2	
TERUMO INSULIN SYRINGE U100-1 ML	3		TETRACYCLINE 250 MG CAPSULE	3	
TERUMO SURGUARD2 NEEDLE 18G 1"	3		TETRACYCLINE 500 MG CAPSULE	3	
TERUMO SURGUARD2 NEEDLE 18 1.5"	3		THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
THIORIDAZINE 50 MG TABLET	2		TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
THIORIDAZINE 100 MG TABLET	2		TOBRAMYCIN-DEXAMETHASONE EYE DROPS	2	
THIOTHIXENE 1 MG CAPSULE	2		TODAY'S HEALTH PEN NEEDLE 6MM 31G	3	
THIOTHIXENE 2 MG CAPSULE	2		TOLCAPONE 100 MG TABLET	5	SRX
THIOTHIXENE 5 MG CAPSULE	2		TOLMETIN 400 MG CAPSULE	2	
THIOTHIXENE 10 MG CAPSULE	2		TOLMETIN 200 MG TABLET	2	
THRIVITE 19 TABLET	2		TOLMETIN 600 MG TABLET	2	
THYROID 15 MG TABLET	2		TOLTERODINE 1 MG TABLET	2	
THYROID 30 MG TABLET	2		TOLTERODINE 2 MG TABLET	2	
THYROID 60 MG TABLET	2		TOLTERODINE ER 2 MG CAPSULE	2	
THYROID 90 MG TABLET	2		TOLTERODINE ER 4 MG CAPSULE	2	
THYROID 120 MG TABLET	2		TOLVAPTAN 15 MG TABLET	5	PA, SRX
TIADYL ER 120 MG CAPSULE	2		TOLVAPTAN 30 MG TABLET	5	PA, SRX
TIADYL ER 180 MG CAPSULE	2		TOPCARE CLICKFINE 31G 1/4"	3	
TIADYL ER 240 MG CAPSULE	2		TOPCARE CLICKFINE 31G 5/16"	3	
TIADYL ER 300 MG CAPSULE	2		TOPCARE ULTRA COMFORT SYRINGE	3	
TIADYL ER 360 MG CAPSULE	2		TOPIRAMATE 15 MG SPRINKLE CAPSULE	2	
TIADYL ER 420 MG CAPSULE	2		TOPIRAMATE 25 MG SPRINKLE CAPSULE	2	
TIAGABINE 2 MG TABLET	2		TOPIRAMATE 25 MG TABLET	2	
TIAGABINE 4 MG TABLET	2		TOPIRAMATE 50 MG TABLET	2	
TIAGABINE 12 MG TABLET	2		TOPIRAMATE 100 MG TABLET	2	
TIAGABINE 16 MG TABLET	2		TOPIRAMATE 200 MG TABLET	2	
TILIA FE 28 TABLET	1		TOPIRAMATE ER 25 MG CAPSULE	3	
TIMOLOL 0.25% EYE DROPS	2		TOPIRAMATE ER 50 MG CAPSULE	3	
TIMOLOL 0.5% EYE DROPS	2		TOPIRAMATE ER 100 MG CAPSULE	3	
TIMOLOL 0.25% GEL-SOLUTION	2		TOPIRAMATE ER 150 MG CAPSULE	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
TOPIRAMATE ER 200 MG CAPSULE	3		TRETINOIN 0.1% CREAM	2	PA, AGE
TOREMIFENE 60 MG TABLET	4	QL	TRETINOIN 0.01% GEL	2	PA, AGE
TORPENZ 2.5 MG TABLET	5	PA, QL, SRX	TRETINOIN 0.025% GEL	2	PA, AGE
TORPENZ 5 MG TABLET	5	PA, QL, SRX	TRETINOIN 0.05% GEL	2	PA, AGE
TORPENZ 7.5 MG TABLET	5	PA, QL, SRX	TRETINOIN 10 MG CAPSULE	4	PA
TORPENZ 10 MG TABLET	5	PA, QL, SRX	TRETINOIN GEL MICRO 0.04% PUMP	2	PA, AGE
TORSEMIDE 5 MG TABLET	2		TRETINOIN GEL MICRO 0.1% PUMP	2	PA, AGE
TORSEMIDE 10 MG TABLET	2		TRETINOIN GEL MICRO 0.04% TUBE	2	PA, AGE
TORSEMIDE 20 MG TABLET	2		TRETINOIN GEL MICRO 0.1% TUBE	2	PA, AGE
TORSEMIDE 100 MG TABLET	2		TRI FEMYNOR 28 TABLET	1	
TOVET EMOLLIENT 0.05% FOAM	3		TRIAMCINOLONE 0.025% CREAM	2	
TRADJENTA 5 MG TABLET	3	QL	TRIAMCINOLONE 0.1% CREAM	2	
TRAMADOL 50 MG TABLET	2	QL	TRIAMCINOLONE 0.5% CREAM	2	
TRAMADOL ER 100 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.1% DENTAL PASTE	2	
TRAMADOL ER 200 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.025% LOTION	2	
TRAMADOL ER 300 MG TABLET	2	PA, QL	TRIAMCINOLONE 0.1% LOTION	2	
TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET	2	QL	TRIAMCINOLONE 0.025% OINTMENT	2	
TRANDOLAPRIL 1 MG TABLET	2		TRIAMCINOLONE 0.1% OINTMENT	2	
TRANDOLAPRIL 2 MG TABLET	2		TRIAMCINOLONE 0.5% OINTMENT	2	
TRANDOLAPRIL 4 MG TABLET	2		TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	2	
TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET	2		TRIAMTERENE-HCTZ 37.5-25 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET	2		TRIAMTERENE-HCTZ 75-50 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET	2		TRIAZOLAM 0.125 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG	2		TRIAZOLAM 0.25 MG TABLET	2	
TRANEXAMIC ACID 650 MG TABLET	2		TRIDACAINE II 5% PATCH	2	
TRANLYCYPROMINE 10 MG TABLET	3		TRIDACAINE III 5% PATCH	2	
TRAVOPROST 0.004% EYE DROPS	2		TRIDERM 0.1% CREAM	2	
TRAZODONE 50 MG TABLET	2		TRIDERM 0.5% CREAM	2	
TRAZODONE 100 MG TABLET	2		TRI-ESTARYLLA TABLET	1	
TRAZODONE 150 MG TABLET	2		TRIFLUOPERAZINE 1 MG TABLET	2	
TRAZODONE 300 MG TABLET	2		TRIFLUOPERAZINE 2 MG TABLET	2	
TRECATOR 250 MG TABLET	4		TRIFLUOPERAZINE 5 MG TABLET	2	
TRELEGY ELLIPTA 100-62.5-25	3	QL	TRIFLUOPERAZINE 10 MG TABLET	2	
TRELEGY ELLIPTA 200-62.5-25	3	QL	TRIFLURIDINE 1% EYE DROPS	2	
TREMFYA 100 MG/ML AUTO-INJECTOR	5	PA, QL, SRX	TRIHEXYPHENIDYL 2 MG/5 ML ORAL SOLUTION	2	
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX	TRIHEXYPHENIDYL 2 MG TABLET	2	
TRESIBA 100 UNIT/ML VIAL	3	QL	TRIHEXYPHENIDYL 5 MG TABLET	2	
TRESIBA FLEXTOUCH 100 UNIT/ML	3	QL	TRIKAFTA 50-25-37.5 MG/75 MG TABLET	5	PA, QL, LDD, SRX
TRESIBA FLEXTOUCH 200 UNIT/ML	3	QL	TRIKAFTA 80-40-60 MG/59.5 MG PACKET	5	PA, QL, LDD, SRX
TRETINOIN 0.025% CREAM	2	PA, AGE	TRIKAFTA 100-50-75 MG/75 MG PACKET	5	PA, QL, LDD, SRX
TRETINOIN 0.05% CREAM	2	PA, AGE	TRIKAFTA 100-50-75 MG/150 MG TABLET	5	PA, QL, LDD, SRX

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
TRI-SPRINTEC TABLET	1		TRUEPLUS PEN NEEDLE 29G 12MM	3	
TRIUMEQ 600-50-300 MG TABLET	4	QL	TRUEPLUS PEN NEEDLE 29G 1/2"	3	
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION	4	QL	TRUEPLUS PEN NEEDLE 31G 5MM	3	
TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 8MM	3	
TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 1/4"	3	
TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 3/16"	3	
TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS	2		TRUEPLUS PEN NEEDLE 31G 5/16"	3	
TRIVORA-28 TABLET	1		TRUEPLUS PEN NEEDLE 32G 5/32"	3	
TRI-VYLIBRA 28 TABLET	1		TRUEPLUS SYRINGE 0.3ML 29G 1/2"	3	
TRI-VYLIBRA LO TABLET	1		TRUEPLUS SYRINGE 0.3ML 30G 5/16"	3	
TROPICAMIDE 0.5% EYE DROPS	2		TRUEPLUS SYRINGE 0.3ML 31G 5/16"	3	
TROPICAMIDE 1% EYE DROPS	2		TRUEPLUS SYRINGE 0.5ML 28G 1/2"	3	
TROSPIMUM 20 MG TABLET	2		TRUEPLUS SYRINGE 0.5ML 29G 1/2"	3	
TROSPIMUM ER 60 MG CAPSULE	2		TRUEPLUS SYRINGE 0.5ML 30G 5/16"	3	
TRUE COMFORT 0.5 ML 31G 5/16"	3		TRUEPLUS SYRINGE 0.5ML 31G 5/16"	3	
TRUE COMFORT 1 ML 31G 5/16"	3		TRUEPLUS SYRINGE 1ML 28G 1/2"	3	
TRUE COMFORT PEN NEEDLE 31G 5MM	3		TRUEPLUS SYRINGE 1ML 29G 1/2"	3	
TRUE COMFORT PEN NEEDLE 31G 6MM	3		TRUEPLUS SYRINGE 1ML 30G 5/16"	3	
TRUE COMFORT PEN NEEDLE 31G 8MM	3		TRUEPLUS SYRINGE 1ML 31G 5/16"	3	
TRUE COMFORT PEN NEEDLE 32G 4MM	3		TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 32G 5MM	3		TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 32G 6MM	3		TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 33G 4MM	3		TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUE COMFORT PEN NEEDLE 33G 5MM	3		TRUMENBA 120 MCG/0.5 ML VACCINE	1	
TRUE COMFORT PEN NEEDLE 33G 6MM	3		TRUSTEEL INFUSION SET 23" 6MM	3	
TRUE COMFORT PRO 0.5ML 30G 1/2"	3		TRUSTEEL INFUSION SET 23" 8MM	3	

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
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	
UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX	ULTIGUARD SAFEPACK 1ML 31G 8MM	3	
ULTICARE INSULIN 0.3 ML 30G 1/2"	3		ULTIGUARD SAFEPACK 31G 5MM	3	
ULTICARE INSULIN 0.3 ML 31G 1/4"	3		ULTIGUARD SAFEPACK 31G 6MM	3	
ULTICARE INSULIN 0.5 ML 30G 1/2"	3		ULTIGUARD SAFEPACK 31G 8MM	3	
ULTICARE INSULIN 0.5 ML 31G 1/4"	3		ULTIGUARD SAFEPACK 32G 4MM	3	
ULTICARE INSULIN 1 ML 31G 1/4"	3		ULTIGUARD SAFEPACK 32G 6MM	3	
ULTICARE INSULIN SAFETY 1ML 29G 1/2"	3		ULTILET INSULIN SYRINGE 0.3 ML	3	
ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	3		ULTILET INSULIN SYRINGE 0.5 ML	3	
ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	3		ULTILET INSULIN SYRINGE 1 ML	3	
ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	3		ULTILET PEN NEEDLE	3	
ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	3		ULTILET PEN NEEDLE 4MM 32G	3	
ULTICARE LDS SYRINGE 3 ML 22G 1.5"	3		ULTRA COMFORT 0.3 ML 29G 1/2"	3	
ULTICARE PEN NEEDLE 4MM 32G	3		ULTRA COMFORT 0.3 ML 31G 5/16" (1/2)	3	
ULTICARE PEN NEEDLE 6MM 31G	3		ULTRA COMFORT 0.3 ML SYRINGE	3	
ULTICARE PEN NEEDLE 6MM 32G	3		ULTRA COMFORT 0.5 ML 28G 1/2"	3	
ULTICARE PEN NEEDLE 8MM 31G	3		ULTRA COMFORT 0.5 ML 29G 1/2"	3	
ULTICARE PEN NEEDLE 12MM 29G	3		ULTRA COMFORT 0.5 ML 31G 5/16"	3	
ULTICARE PEN NEEDLE 12.7 MM 29G	3		ULTRA COMFORT 0.5 ML SYRINGE	3	
ULTICARE PEN NEEDLE 31G 3/16"	3		ULTRA COMFORT 1 ML 28G 1/2"	3	
ULTICARE SAFETY 0.5 ML 29G 1/2"	3		ULTRA COMFORT 1 ML 29G 1/2"	3	
ULTICARE SAFETY PEN NEEDLE 30G 8MM	3		ULTRA COMFORT 1 ML 30G 5/16"	3	
ULTICARE SAFETY PEN NEEDLE 5MM 30G	3		ULTRA COMFORT 1 ML 31G 5/16"	3	
ULTICARE SYRINGE 0.3 ML 29G 1/2"	3		ULTRA COMFORT 1 ML SYRINGE	3	
ULTICARE SYRINGE 0.3 ML 30G 1/2"	3		ULTRA FLO 0.3ML 30G 1/2" (1/2)	3	
ULTICARE SYRINGE 0.3 ML 30G 5/16"	3		ULTRA FLO 0.3ML 30G 5/16"(1/2)	3	
ULTICARE SYRINGE 0.3 ML 31G 5/16"	3		ULTRA FLO 0.3ML 31G 5/16"(1/2)	3	

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

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Medication Name	Tier	Notes	Medication Name	Tier	Notes
UNITHROID 200 MCG TABLET	2		VANISHPOINT U-100 29 1/2" SYRINGE	3	
UNITHROID 300 MCG TABLET	2		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	
URSODIOL 500 MG TABLET	2		VARENICLINE STARTING MONTH BOX	1	
USTELL CAPSULE	2		VARENICLINE 0.5 MG TABLET	1	
UTIRA-C TABLET	2		VARENICLINE 1 MG TABLET	1	
VALACYCLOVIR 500 MG TABLET	2		VARISOFT INFUSION SET 23" 13MM	3	
VALACYCLOVIR 1 GRAM TABLET	2		VARISOFT INFUSION SET 23" 17MM	3	
VALGANICLOVIR 50 MG/ML ORAL SOLUTION	4		VARISOFT INFUSION SET 32" 13MM	3	
VALGANICLOVIR 450 MG TABLET	4		VARISOFT INFUSION SET 32" 17MM	3	
VALPROIC ACID 250 MG CAPSULE	2		VARISOFT INFUSION SET 32" 17MM	3	
VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	2		VARISOFT INFUSION SET 43" 13MM	3	
VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	2		VARISOFT INFUSION SET 43" 17MM	3	
VALSARTAN 40 MG TABLET	2		VARIVAX VACCINE VIAL	1	
VALSARTAN 80 MG TABLET	2		VARIVAX VACCINE WITH DILUENT	1	
VALSARTAN 160 MG TABLET	2		VAXELIS VACCINE SYRINGE	1	
VALSARTAN 320 MG TABLET	2		VAXELIS VACCINE VIAL	1	
VALSARTAN-HCTZ 80-12.5 MG TABLET	2		VAXNEUVANCE 0.5 ML SYRINGE	1	
VALSARTAN-HCTZ 160-12.5 MG TABLET	2		VELIVET 28 DAY TABLET	1	
VALSARTAN-HCTZ 160-25 MG TABLET	2		VENLIDY 25 MG TABLET	5	PA, SRX
VALSARTAN-HCTZ 320-12.5 MG TABLET	2		VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-25 MG TABLET	2		VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX
VANADOM 350 MG TABLET	2		VENCLEXTA 10 MG TABLET (10MG X 2)	5	PA, QL, LDD, SRX
VANCOMYCIN 125 MG CAPSULE	4	QL	VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX
VANCOMYCIN 250 MG CAPSULE	4	QL	VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX
VANCOMYCIN 25 MG/ML ORAL SOLUTION	2	QL	VENLAFAXINE 25 MG TABLET	2	QL
VANIZOLE VAGINAL 0.75% GEL	2		VENLAFAXINE 37.5 MG TABLET	2	QL
VANISHPOINT 0.5 ML 30G 1/2" SYRINGE	3		VENLAFAXINE 50 MG TABLET	2	QL
VANISHPOINT 3 ML 21G 1" SYRINGE	3		VENLAFAXINE 75 MG TABLET	2	QL
VANISHPOINT 3 ML 22G 1.5" SYRINGE	3		VENLAFAXINE 100 MG TABLET	2	QL
VANISHPOINT 20G 1" 3 ML SYRINGE	3		VENLAFAXINE ER 37.5 MG CAPSULE	2	QL
VANISHPOINT 23G 1.5" 3 ML SYRINGE	3		VENLAFAXINE ER 75 MG CAPSULE	2	QL
VANISHPOINT 22G 1" 3 ML SYRINGE	3		VENLAFAXINE ER 150 MG CAPSULE	2	QL
VANISHPOINT 23G 1" 3 ML SYRINGE	3		VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX
VANISHPOINT 23G 1.5 3 ML SYRINGE	3		VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX
VANISHPOINT 25G 1" 3 ML SYRINGE	3		VERAPAMIL 40 MG TABLET	2	
VANISHPOINT 25G 5/8" 3 ML SYRINGE	3		VERAPAMIL 80 MG TABLET	2	
VANISHPOINT INSULIN 1 ML 30G 3/16"	3		VERAPAMIL 120 MG TABLET	2	
			VERAPAMIL ER 120 MG CAPSULE	2	

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

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

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
WIXELA 100-50 INHUB	2	QL	XTAMPZA ER 27 MG CAPSULE	3	PA
WIXELA 250-50 INHUB	2	QL	XTAMPZA ER 36 MG CAPSULE	3	PA
WIXELA 500-50 INHUB	2	QL	XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 4MM 32G	3		XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 5MM 31G	3		XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
WM UNIFINE PENTIP PLUS 6MM 31G	3		XULANE 150-35 MCG/DAY PATCH	1	
WM UNIFINE PENTIP PLUS 8MM 31G	3		YALE NEEDLE 21G 1.25"	3	
WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	1		YARGESA 100 MG CAPSULE	5	PA, LDD, SRX
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 4MM 32G	3	
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 6MM 31G	3	
XALKORI 20 MG PELLETT	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 8MM 31G	3	
XALKORI 50 MG PELLETT	5	PA, QL, LDD, SRX	YUVAFEM 10 MCG VAGINAL INSERT	2	QL
XALKORI 150 MG PELLETT	5	PA, QL, LDD, SRX	ZAFEMY 150-35 MCG/DAY PATCH	1	
XARELTO 1 MG/ML SUSPENSION	3	PA, QL	ZAFIRLUKAST 10 MG TABLET	2	
XARELTO 2.5 MG TABLET	3	PA, QL	ZAFIRLUKAST 20 MG TABLET	2	
XARELTO 10 MG TABLET	3	PA, QL	ZALEPLON 5 MG CAPSULE	2	
XARELTO 15 MG TABLET	3	PA, QL	ZALEPLON 10 MG CAPSULE	2	
XARELTO 20 MG TABLET	3	PA, QL	ZARAH TABLET	1	
XARELTO DVT-PE STARTER PACK	3	PA, QL	ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
XDEMY 0.25% EYE DROPS	5	PA, QL, LDD, SRX	ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
XELJANZ 1 MG/ML ORAL SOLUTION	5	PA, QL, SRX	ZATEAN-PN DHA CAPSULE	2	
XELJANZ 5 MG TABLET	5	PA, QL, SRX	ZATEAN-PN PLUS SOFTGEL	2	
XELJANZ 10 MG TABLET	5	PA, QL, SRX	ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
XELJANZ XR 11 MG TABLET	5	PA, QL, SRX	ZENATANE 10 MG CAPSULE	4	
XELJANZ XR 22 MG TABLET	5	PA, QL, SRX	ZENATANE 20 MG CAPSULE	4	
XIFAXAN 550 MG TABLET	4	PA, QL	ZENATANE 30 MG CAPSULE	4	
XIGDUO XR 2.5 MG-1,000 MG TABLET	3	QL	ZENATANE 40 MG CAPSULE	4	
XIGDUO XR 5 MG-500 MG TABLET	3	QL	ZENZEDI 5 MG TABLET	2	QL
XIGDUO XR 5 MG-1,000 MG TABLET	3	QL	ZENZEDI 10 MG TABLET	2	QL
XIGDUO XR 10 MG-500 MG TABLET	3	QL	ZETONNA 37 MCG NASAL SPRAY	4	ST
XIGDUO XR 10 MG-1,000 MG TABLET	3	QL	ZIDOVUDINE 100 MG CAPSULE	2	
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	5	PA, LDD, SRX	ZIDOVUDINE 50 MG/5 ML SYRUP	2	
XOLAIR 150 MG/ML AUTO-INJECTOR	5	PA, LDD, SRX	ZIDOVUDINE 300 MG TABLET	2	
XOLAIR 300 MG/2 ML AUTO-INJECTOR	5	PA, LDD, SRX	ZIPRASIDONE 20 MG CAPSULE	2	
XOLAIR 150 MG/1.2 ML POWDER VIAL	5	PA, LDD, SRX	ZIPRASIDONE 40 MG CAPSULE	2	
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX	ZIPRASIDONE 60 MG CAPSULE	2	

2025 Cigna Healthcare Essential Colorado 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ZIPRASIDONE 80 MG CAPSULE	2	
ZOLADEX 3.6 MG IMPLANT SYRINGE	5	PA, SRX
ZOLADEX 10.8 MG IMPLANT SYRINGE	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, LDD, SRX
ZOLMITRIPTAN 2.5 MG ODT TABLET	3	QL
ZOLMITRIPTAN 5 MG ODT TABLET	3	QL
ZOLMITRIPTAN 2.5 MG TABLET	3	QL
ZOLMITRIPTAN 5 MG TABLET	3	QL
ZOLPIDEM 5 MG TABLET	2	
ZOLPIDEM 10 MG TABLET	2	
ZOLPIDEM ER 6.25 MG TABLET	2	
ZOLPIDEM ER 12.5 MG TABLET	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZONISAMIDE 100 MG CAPSULE	2	
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
- Allergies
- Asthma/COPD
- Cardiovascular health
- Diabetes
- Heartburn/ulcer/stomach acid
- High blood pressure
- High cholesterol
- Mental health
- Overactive bladder/bladder problems
- Pain management
- Sleep disorders

Q. Why does my medication have an age requirement?

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

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

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

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 (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 (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 (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*(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](https://www.cigna.com/ifp-drug-list) for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist.

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
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.



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).

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>

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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