

Individual and
Family Plans



2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Coverage as of January 1, 2026



What's Inside?	Page
About this drug list	3
How to read this drug list	3
How to find your medication	5
List of medications	6
Frequently Asked Questions (FAQs)	77
Exclusions and limitations: What isn't covered by this policy	81

View your drug list online, 24/7

- **Cigna.com/ifp-drug-list.** Choose **Virginia** from the dropdown list and pick your search method. Then type in your medication name or view the full list.
- **myCigna® App¹ or myCigna.com®.** Starting January 1, 2026, log into your account and use the Price a Medication tool to see how your medication is covered.

Questions?

Call **866.494.2111** or the toll-free number on your Cigna Healthcare® 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.

* Drug list originally created: 10/21/2013

Last updated: 07/01/2025, for changes starting 01/01/2026

Next planned update: 07/01/2026, for changes starting 01/01/2027

About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List as of January 1, 2026. All medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed in alphabetical order (A-Z). If you don't see a certain medication listed here, 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 table below to understand how medications are covered on the Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List.

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	3	
ACTHIB VACCINE WITH DILUENT	3	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 5% OINTMENT	4	PA, QL
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	3	
ADACEL TDAP VIAL	3	
ADALIMUMAB-ADBIM	5	PA, QL, SRX
ADALIMUMAB-RYVK	5	PA, QL, SRX
ADAPALENE 0.1% CREAM	2	PA, AGE
ADAPALENE 0.1% GEL	2	PA, AGE
ADAPALENE 0.1% SOLUTION	2	PA, AGE
ADAPALENE 0.3% GEL	2	PA, AGE
ADAPALENE 0.3% GEL PUMP	2	PA, AGE

Medications are listed in **alphabetical** order (A-Z)

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

Medications that have extra coverage rules (requirements) have **letters (acronyms)** listed next to them in the Notes column

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

*This table is just an example. It may not show how these medications are currently covered on this drug list.

Tiers

We put covered medications into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay for the medication.

Tier 1	Preferred Generic Medications. Generics work in the same way and provide the same clinical benefits as their brand-name versions – and typically cost much less. ² <i>These medications are covered at your plan's lowest cost-share.</i>	\$
Tier 2	Generic Medications (and some low-cost brand-name medications). Generics work in the same way and provide the same clinical benefits as their brand-name versions – and typically cost much less. ²	\$\$
Tier 3	Preferred Brand Medications (and some high-cost generics).	\$\$\$
Tier 4	Non-Preferred Brand Medications (and some high-cost generics).	\$\$\$\$
Tier 5	Specialty and Other High-Cost Generic and Brand-Name Medications. Your plan covers Tier 5 medications in up to a 30-day supply. <i>These medications are covered at your plan's highest cost-share.</i>	\$\$\$\$\$

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 the medication's coverage rules (requirements).
QL	Quantity Limit – Your plan will only cover so much of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more.
ST	Step Therapy – This high-cost medication is part of a prior authorization (approval) program. It has a lower-cost alternative(s) that treats the same condition. Your plan won't cover this medication until you try at least one preferred medication first (typically a generic or preferred brand) and can show that it didn't work for you. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost 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 use the medication, your doctor's office can ask us to cover it.
SRX	This is a specialty medication , which is used to treat rare and/or complex medical conditions. They're typically injected or infused and may need special handling, such as refrigeration.
LDD	This is a "limited distribution drug." It's a high-cost specialty medication that treats medical conditions that are very hard to manage and need special handling, patient support and monitoring. It can only be filled at a select number of specialty pharmacies in the United States.

Plan exclusions

There are certain medications and products that your plan won't cover for any reason. They're known as a "plan (or benefit) exclusion." This means they aren't on your plan's drug list and there's no option to ask us to cover them through our medication review process.

For example, your plan doesn't cover, or "excludes," medications that the FDA hasn't approved.

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	Letter* your medication starts with	Page
I	6	I	37-39	S	61-65
2	6	J	39	T	65-70
A	6-11	K	39, 40	U	70-72
B	11-14	L	40-44	V	72-74
C	14-21	M	44-49	W	74
D	21-25	N	49-52	X	74, 75
E	25-30	O	52-54	Y	75
F	30-33	P	54-59	Z	75
G	33-35	Q	59		
H	35-37	R	59-61		

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

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
1ST TIER UNIFINE PENTIP 29G 1/2"	3	
1ST TIER UNIFINE PENTIP 29G 12MM	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 31G 5MM	3	
1ST TIER UNIFINE PENTIP 31G 6MM	3	
1ST TIER UNIFINE PENTIP 31G 8MM	3	
1ST TIER UNIFINE PENTIP 32G 4MM	3	
1ST TIER UNIFINE PENTIP 32G 5/32"	3	
2TEK CONTROL SOLUTION	3	
ABACAVIR 20 MG/ML ORAL SOLUTION	2	SRX
ABACAVIR 300 MG TABLET	2	SRX
ABACAVIR-LAMIVUDINE 600-300 MG TABLET	2	SRX
ABIRATERONE 250 MG TABLET	5	PA, SRX
ABIRATERONE 500 MG TABLET	5	PA, SRX
ABRYSVO ACT-O-VIAL	3	
ABRYSVO VIAL WITH DILUENT SYRINGE	3	
ACAMPROSATE DR 333 MG TABLET	3	
ACARBOSE 100 MG TABLET	2	
ACARBOSE 25 MG TABLET	2	
ACARBOSE 50 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 #2 TABLET	2	PA
ACETAMINOPHEN-CODEINE #3 TABLET	2	PA
ACETAMINOPHEN-CODEINE #4 TABLET	2	PA
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML ORAL SOLUTION	2	
ACETAMINOPHEN-CODEINE 300-30 MG/12.5 ML ORAL SOLUTION	2	

Medication Name	Tier	Notes
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, LDD, SRX
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, QL, LDD, SRX
ACTHIB VACCINE VIAL	3	
ACTHIB VACCINE WITH DILUENT	3	
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 5% OINTMENT	4	PA, QL
ACYCLOVIR 200 MG/5 ML ORAL SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	1	
ACYCLOVIR 800 MG TABLET	1	
ADACEL TDAP SYRINGE	3	
ADACEL TDAP VIAL	3	
ADALIMUMAB-ADBIM (CF) 40 MG CROHN'S PEN	5	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 40 MG PEN	5	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 40 MG PSORIASIS-UVEITIS PEN	5	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 10 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 20 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-ADBIM (CF) 40 MG SYRINGE	5	PA, QL, SRX
ADALIMUMAB-RYVK (CF) 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 0.1% LOTION	3	PA, AGE
ADAPALENE 0.3% GEL	3	PA, AGE
ADAPALENE 0.3% GEL PUMP	3	PA, AGE
ADAPALENE 0.1% TOPICAL SOLUTION	3	PA, AGE
ADAPALENE-BENZOYL PEROXIDE 0.1-2.5% GEL PUMP	2	
ADEFOVIR 10 MG TABLET	5	SRX
ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX
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

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ADVOCATE HIGH CONTROL SOLUTION	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 LOW CONTROL SOLUTION	3	
ADVOCATE PEN NEEDLE 29G 12.7MM	3	
ADVOCATE PEN NEEDLE 31G 5MM	3	
ADVOCATE PEN NEEDLE 31G 8MM	3	
ADVOCATE PEN NEEDLE 32G 4MM	3	
ADVOCATE PEN NEEDLE 33G 4MM	3	
ADVOCATE REDI-CODE+ CONTROL SOLUTION	3	
AEROCHAMBER MECHANICAL VENT	3	QL
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-MEDIUM	3	QL
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL
AEROGear ASTHMA ACTION KIT	3	
AEROTRACH HOLDING CHAMBER	3	QL
AEROVENT PLUS HOLDING CHAMBER	3	QL
AFIRMELLE-28 TABLET	1	
AFLURIA	3	
AFLURIA	3	
AFTER PILL 1.5 MG TABLET	1	
AFTERA 1.5 MG TABLET	4	
AGAMATRIX HIGH CONTROL SOLUTION	3	
AGAMATRIX NORM-HI CONTROL SOLUTION	3	
AIRZONE PEAK FLOW METER	3	
AK-POLY-BAC EYE OINTMENT	2	

Medication Name	Tier	Notes
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL
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
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	1	
ALENDRONATE 10 MG TABLET	1	
ALENDRONATE 35 MG TABLET	1	
ALENDRONATE 70 MG TABLET	2	
ALFUZOSIN ER 10 MG TABLET	2	
ALINIA 100 MG/5 ML ORAL SUSPENSION	4	
ALISKIREN 150 MG TABLET	4	QL
ALISKIREN 300 MG TABLET	4	QL
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
ALMOTRIPTAN 6.25 MG TABLET	3	QL
ALMOTRIPTAN 12.5 MG TABLET	3	QL
ALOCRIIL 2% EYE DROPS	4	
ALOSETRON 0.5 MG TABLET	5	SRX
ALOSETRON 1 MG TABLET	5	SRX
ALPRAZOLAM 0.25 MG ODT TABLET	2	
ALPRAZOLAM 0.5 MG ODT TABLET	2	
ALPRAZOLAM 1 MG ODT TABLET	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ALPRAZOLAM 2 MG ODT TABLET	2		AMITRIPTYLINE 75 MG TABLET	1	
ALPRAZOLAM 0.25 MG TABLET	2		AMIODARONE 100 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2		AMIODARONE 200 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2		AMIODARONE 400 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2		AMITRIPTYLINE 100 MG TABLET	2	
ALPRAZOLAM ER 0.5 MG TABLET	2		AMITRIPTYLINE 150 MG TABLET	2	
ALPRAZOLAM ER 1 MG TABLET	2		AMLODIPINE 2.5 MG TABLET	2	
ALPRAZOLAM ER 2 MG TABLET	2		AMLODIPINE 5 MG TABLET	2	
ALPRAZOLAM ER 3 MG TABLET	2		AMLODIPINE 10 MG TABLET	2	
ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE	2		AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET	2	
ALPRAZOLAM XR 0.5 MG TABLET	2		AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET	2	
ALPRAZOLAM XR 1 MG TABLET	2		AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET	2	
ALPRAZOLAM XR 2 MG TABLET	2		AMLODIPINE-ATORVASTATIN 5-10 MG TABLET	2	
ALPRAZOLAM XR 3 MG TABLET	2		AMLODIPINE-ATORVASTATIN 5-20 MG TABLET	2	
ALTABAX 1% OINTMENT	4		AMLODIPINE-ATORVASTATIN 5-40 MG TABLET	2	
ALTACAIN 0.5% EYE DROPS	2		AMLODIPINE-ATORVASTATIN 5-80 MG TABLET	2	
ALTAVERA-28 TABLET	1		AMLODIPINE-ATORVASTATIN 10-10 MG TABLET	2	
ALVESCO 80 MCG INHALER	3		AMLODIPINE-ATORVASTATIN 10-20 MG TABLET	2	
ALVESCO 160 MCG INHALER	3		AMLODIPINE-ATORVASTATIN 10-40 MG TABLET	2	
ALYACEN 1-35 28 TABLET	1		AMLODIPINE-ATORVASTATIN 10-80 MG TABLET	2	
ALYACEN 7-7-7-28 TABLET	1		AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE	2	
ALYQ 20 MG TABLET	5	PA, SRX	AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE	2	
AMABELZ 0.5 MG-0.1 MG TABLET	2		AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE	2	
AMABELZ 1 MG-0.5 MG TABLET	2		AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE	2	
AMANTADINE 100 MG CAPSULE	2		AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE	2	
AMANTADINE 50 MG/5 ML ORAL SOLUTION	2		AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE	2	
AMANTADINE 100 MG/10 ML ORAL SOLUTION	2		AMLODIPINE-OLMESARTAN 5-20 MG TABLET	2	
AMANTADINE 100 MG TABLET	2		AMLODIPINE-OLMESARTAN 5-40 MG TABLET	2	
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-OLMESARTAN 10-20 MG TABLET	2	
AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX	AMLODIPINE-OLMESARTAN 10-40 MG TABLET	2	
AMCINONIDE 0.1% CREAM	4		AMLODIPINE-VALSARTAN 5-160 MG TABLET	2	
AMETHIA 0.15-0.03-0.01 MG 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 GM/ML ORAL SOLUTION	5	PA, SRX	AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET	3	
AMINOCAPROIC ACID 1,000 MG TABLET	5	PA, SRX	AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5 MG TABLET	3	
AMINOCAPROIC ACID 500 MG TABLET	5	PA, SRX	AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET	3	
AMITRIPTYLINE 10 MG TABLET	1				
AMITRIPTYLINE 25 MG TABLET	1				
AMITRIPTYLINE 50 MG TABLET	1				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET	3	
AMMONIUM LACTATE 12% CREAM	2	
AMMONIUM LACTATE 12% LOTION	2	
AMNESTEEM 10 MG CAPSULE	4	
AMNESTEEM 20 MG CAPSULE	4	
AMNESTEEM 40 MG CAPSULE	4	
AMOXAPINE 25 MG TABLET	2	
AMOXAPINE 50 MG TABLET	2	
AMOXAPINE 100 MG TABLET	2	
AMOXAPINE 150 MG TABLET	2	
AMOXICILLIN 250 MG CAPSULE	1	
AMOXICILLIN 500 MG CAPSULE	1	
AMOXICILLIN 125 MG CHEWABLE TABLET	1	
AMOXICILLIN 250 MG CHEWABLE TABLET	2	
AMOXICILLIN 125 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN 200 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN 250 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN 400 MG/5 ML ORAL SUSPENSION	1	
AMOXICILLIN 500 MG TABLET	1	
AMOXICILLIN 875 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	2	
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	2	
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML ORAL SUSPENSION	2	
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML ORAL SUSPENSION	2	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML ORAL SUSPENSION	2	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML ORAL SUSPENSION	2	
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	1	
AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET	3	
AMPHETAMINE 5 MG TABLET	3	QL
AMPHETAMINE 10 MG TABLET	3	QL
AMPICILLIN 500 MG CAPSULE	2	
ANAGRELIDE 0.5 MG CAPSULE	4	
ANAGRELIDE 1 MG CAPSULE	4	

Medication Name	Tier	Notes
ANALPRAM HC 2.5%-1% LOTION	4	
ANASTROZOLE 1 MG TABLET	2	
ANNOVERA VAGINAL RING	4	
ANORO ELLIPTA 62.5-25 MCG INHALER	3	QL
ANUCORT-HC 25 MG SUPPOSITORY	2	
ANZEMET 50 MG TABLET	5	PA, QL
APIDRA 100 UNIT/ML SOLOSTAR	4	QL, ST
APIDRA 100 UNIT/ML VIAL	4	QL, ST
APOMORPHINE 30 MG/3 ML CARTRIDGE	5	PA, QL, SRX
APRACLONIDINE 0.5% DROPS	2	
APREPITANT 40 MG CAPSULE	3	QL
APREPITANT 80 MG CAPSULE	3	QL
APREPITANT 125 MG CAPSULE	3	QL
APREPITANT 125-80-80 MG PACK	3	QL
APRETUDE ER 600 MG/3 ML VIAL	5	PA, LDD, SRX
APRI 28 DAY TABLET	1	
APTIOM 200 MG TABLET	4	PA, QL
APTIOM 400 MG TABLET	4	PA, QL
APTIOM 600 MG TABLET	4	PA, QL
APTIOM 800 MG TABLET	4	PA, QL
APTIVUS 250 MG CAPSULE	3	SRX
AQ INSULIN SYRINGE 0.5 ML 30G 8MM	3	
AQ INSULIN SYRINGE 1 ML 29G 12MM	3	
AQ INSULIN SYRINGE 1 ML 31G 8MM	3	
AQINJECT PEN NEEDLE 31G 5MM	3	
AQINJECT PEN NEEDLE 32G 4MM	3	
AQUA CARE 0.9% NACL IRRIGATION	2	
AQUA CARE STERILE WATER IRRIGATION	2	
ARANELLE 28 TABLET	1	
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX
ARANESP 25 MCG/0.42 ML SYRINGE	5	PA, SRX
ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX
ARANESP 25 MCG/ML VIAL	5	PA, SRX
ARANESP 40 MCG/ML VIAL	5	PA, SRX
ARANESP 60 MCG/ML VIAL	5	PA, SRX

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
ARANESP 100 MCG/ML VIAL	5	PA, SRX
ARANESP 200 MCG/ML VIAL	5	PA, SRX
ARCALYST 220 MG VIAL	5	PA, LDD, SRX
AREXVY VIAL KIT	3	
ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION	4	QL
ARIPIRAZOLE 10 MG ODT TABLET	4	
ARIPIRAZOLE 15 MG ODT TABLET	4	
ARIPIRAZOLE 1 MG/ML ORAL SOLUTION	3	
ARIPIRAZOLE 2 MG TABLET	2	
ARIPIRAZOLE 5 MG TABLET	2	
ARIPIRAZOLE 10 MG TABLET	2	
ARIPIRAZOLE 15 MG TABLET	2	
ARIPIRAZOLE 20 MG TABLET	2	
ARIPIRAZOLE 30 MG TABLET	2	
ARMODAFINIL 50 MG TABLET	2	PA
ARMODAFINIL 150 MG TABLET	2	PA
ARMODAFINIL 200 MG TABLET	2	PA
ARMODAFINIL 250 MG TABLET	2	PA
ARMOUR THYROID 15 MG TABLET	3	
ARMOUR THYROID 30 MG TABLET	3	
ARMOUR THYROID 60 MG TABLET	3	
ARMOUR THYROID 90 MG TABLET	3	
ARMOUR THYROID 120 MG TABLET	3	
ARMOUR THYROID 180 MG TABLET	3	
ARMOUR THYROID 240 MG TABLET	3	
ARMOUR THYROID 300 MG TABLET	3	
ARNUITY ELLIPTA 50 MCG INHALER	3	
ARNUITY ELLIPTA 100 MCG INHALER	3	
ARNUITY ELLIPTA 200 MCG INHALER	3	
ASCOMP WITH CODEINE CAPSULE	3	PA
ASENAPINE 2.5 MG SUBLINGUAL TABLET	4	QL
ASENAPINE 5 MG SUBLINGUAL TABLET	4	QL
ASENAPINE 10 MG SUBLINGUAL TABLET	4	QL
ASHLYNA 0.15-0.03-0.01 MG TABLET	1	
ASMANEX 110 MCG #30 TWISTHALER	4	QL, ST
ASMANEX 220 MCG #14 TWISTHALER	4	ST
ASMANEX 220 MCG #30 TWISTHALER	4	QL, ST
ASMANEX 220 MCG #60 TWISTHALER	4	QL, ST
ASMANEX 220 MCG #120 TWISTHALER	4	QL, ST
ASMANEX HFA 50 MCG INHALER	4	QL, ST
ASMANEX HFA 100 MCG INHALER	4	QL, ST

Medication Name	Tier	Notes
ASMANEX HFA 200 MCG INHALER	4	QL, ST
ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE	3	PA
ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE	2	
ASSURE 4 CONTROL SOLUTION	3	
ASSURE DOSE CONTROL SOLUTION	3	
ASSURE ID DUO PRO NEEDLE 31G 5MM	3	
ASSURE ID PEN NEEDLE 30G 5/16"	3	
ASSURE ID PEN NEEDLE 31G 3/16"	3	
ASSURE ID PRO PEN NEEDLE 30G 5MM	3	
ASSURE ID SYRINGE 0.5 ML 31G 15/64"	3	
ASSURE ID SYRINGE 1 ML 31G 15/64"	3	
ASSURE PRISM CONTROL SOLUTION	3	
ASTAGRAF XL 0.5 MG CAPSULE	5	SRX
ASTAGRAF XL 1 MG CAPSULE	5	SRX
ASTAGRAF XL 5 MG CAPSULE	5	SRX
ASTHMA CHECK PEAK FLOW METER	3	
ASTHMAPACK CHILDREN'S CARE KIT	3	
ATAZANAVIR 150 MG CAPSULE	2	SRX
ATAZANAVIR 200 MG CAPSULE	2	SRX
ATAZANAVIR 300 MG CAPSULE	2	SRX
ATENOLOL 25 MG TABLET	1	
ATENOLOL 50 MG TABLET	1	
ATENOLOL 100 MG TABLET	1	
ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET	2	
ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET	2	
ATOMOXETINE 10 MG CAPSULE	2	QL
ATOMOXETINE 18 MG CAPSULE	2	QL
ATOMOXETINE 25 MG CAPSULE	2	QL
ATOMOXETINE 40 MG CAPSULE	2	QL
ATOMOXETINE 60 MG CAPSULE	2	QL
ATOMOXETINE 80 MG CAPSULE	2	QL
ATOMOXETINE 100 MG CAPSULE	2	QL
ATORVASTATIN 10 MG TABLET	2	
ATORVASTATIN 20 MG TABLET	2	
ATORVASTATIN 40 MG TABLET	2	
ATORVASTATIN 80 MG TABLET	2	
ATOVAQUONE 750 MG/5 ML ORAL SUSPENSION	4	
ATOVAQUONE-PROGUANIL 62.5 MG-25 MG TABLET	2	
ATOVAQUONE-PROGUANIL 250 MG-100 MG TABLET	2	
ATROPINE 1% EYE DROPS	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ATROPINE 1% EYE OINTMENT	2		AZITHROMYCIN 250 MG TABLET	1	
AUBRA EQ-28 TABLET	1		AZITHROMYCIN 500 MG TABLET	1	
AUBRA-28 TABLET	1		AZITHROMYCIN 600 MG TABLET	2	
AUROVELA 1 MG-20 MCG TABLET	1		AZURETTE 28 DAY TABLET	1	
AUROVELA 21 1.5 MG-30 MCG TABLET	1		BACITRACIN 500 UNIT/GM EYE OINTMENT	3	
AUROVELA 24 FE 1 MG-20 MCG TABLET	1		BACITRACIN-POLYMYXIN EYE OINTMENT	2	
AUROVELA FE 1 MG-20 MCG TABLET	1		BACLOFEN 5 MG TABLET	2	
AUROVELA FE 1.5 MG-30 MCG TABLET	1		BACLOFEN 10 MG TABLET	2	
AUTOJECT 2 INJECTION DEVICE	3		BACLOFEN 20 MG TABLET	2	
AUTOPEN 1 TO 21 UNITS	3		BAL-CARE DHA COMBO PACK	1	
AUTOPEN 2 TO 42 UNITS	3		BALSALAZIDE 750 MG CAPSULE	2	
AUTOSHIELD DUO PEN NEEDLE 30G 5MM	3		BALZIVA 28 TABLET	1	
AUTOSOFT 30 INFUSION PACK 23" 13MM	3		BAQSIMI 3 MG NASAL SPRAY	3	QL
AUTOSOFT 30 INFUSION SET 23" 13MM	3		BARACLUDE 0.05 MG/ML ORAL SOLUTION	5	SRX
AUTOSOFT 30 INFUSION SET 43" 13MM	3		BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
AUTOSOFT 90 INFUSION SET 23" 6MM	3		BASAGLAR 100 UNIT/ML TEMPO PEN	3	QL
AUTOSOFT 90 INFUSION SET 23" 9MM	3		BD AUTOSHIELD DUO PEN NEEDLE 30G 5MM	3	
AUTOSOFT 90 INFUSION SET 43" 6MM	3		BD BLUNT NEEDLE 18G 1.5"	3	
AUTOSOFT 90 INFUSION SET 43" 9MM	3		BD ECLIPSE LUER-LOK SYRINGE 3 ML	3	
AUTOSOFT XC INFUSION PACK 5" 6MM	3		BD ECLIPSE NEEDLE 18G 1.5"	3	
AUTOSOFT XC INFUSION PACK 23" 6MM	3		BD ECLIPSE NEEDLE 18G 40MM	3	
AUTOSOFT XC INFUSION SET 23" 6MM	3		BD ECLIPSE NEEDLE 21G 1"	3	
AUTOSOFT XC INFUSION SET 23" 9MM	3		BD ECLIPSE NEEDLE 21G 1.5"	3	
AUTOSOFT XC INFUSION SET 32" 6MM	3		BD ECLIPSE NEEDLE 22G 1"	3	
AUTOSOFT XC INFUSION SET 43" 6MM	3		BD ECLIPSE NEEDLE 23G 1"	3	
AUTOSOFT XC INFUSION SET 43" 9MM	3		BD ECLIPSE NEEDLE 23G 25MM	3	
AVIANE-28 TABLET	1		BD ECLIPSE NEEDLE 25G 1"	3	
AVONEX 30 MCG/0.5 ML PEN	5	PA, SRX	BD ECLIPSE NEEDLE 25G 1.5"	3	
AVONEX 30 MCG/0.5 ML SYRINGE	5	PA, SRX	BD ECLIPSE NEEDLE 25G 16MM	3	
AYUNA-28 TABLET	1		BD ECLIPSE NEEDLE 25G 25MM	3	
AZASITE 1% EYE DROPS	4		BD ECLIPSE NEEDLE 25G 40MM	3	
AZATHIOPRINE 50 MG TABLET	2	SRX	BD ECLIPSE NEEDLE 30G 13MM	3	
AZELAIC ACID 15% GEL	3		BD ECLIPSE SYRINGE 30G 1/2"	3	
AZELASTINE 0.05% DROPS	2		BD FILTER NEEDLE	3	
AZELASTINE 0.1% (137 MCG) NASAL SPRAY	2		BD INSULIN SYRINGE 0.3 ML 29G 12.7MM	3	
AZELASTINE 0.15% NASAL SPRAY	2		BD INSULIN SYRINGE 0.3 ML 31G 8MM (1/2)	3	
AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY	3		BD INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
AZITHROMYCIN 100 MG/5 ML ORAL SUSPENSION	2		BD INSULIN SYRINGE 0.5 ML 29G 12.7MM	3	
AZITHROMYCIN 200 MG/5 ML ORAL SUSPENSION	2		BD INSULIN SYRINGE 1 ML 27G 12.7MM	3	
AZITHROMYCIN 1 GM POWDER PACKET	2		BD INSULIN SYRINGE 1 ML 27G 5/8"	3	
			BD INSULIN SYRINGE 1 ML 28G 1/2"	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
BD INSULIN SYRINGE 1 ML 29G 12.7MM	3	
BD INSULIN SYRINGE U-500 1/2 ML 31G 6MM	3	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 30G 12.7MM	3	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 31G 8MM	3	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 30G 12.7MM	3	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 31G 8MM	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 31G 8MM	3	
BD INTEGRA NEEDLE 25G 5/8"	3	
BD INTEGRA RETRA NEEDLE 23G 1"	3	
BD INTEGRA SYRINGE 3 ML 21G 1.5"	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 1.5"	3	
BD NEEDLE 19G 1"	3	
BD NEEDLE 19G 1.5"	3	
BD NEEDLE 20G 1"	3	
BD NEEDLE 20G 1.5"	3	
BD NEEDLE 21G 1"	3	
BD NEEDLE 21G 1.5"	3	
BD NEEDLE 21G 2"	3	
BD NEEDLE 22G 1"	3	
BD NEEDLE 22G 1.5"	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 1.5"	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	

Medication Name	Tier	Notes
BD NEEDLE 27G 1 1.25"	3	
BD NEEDLE 30G 0.5"	3	
BD NEEDLE 30G 1"	3	
BD NOKOR ADMIX NEEDLE 18G 1.5"	3	
BD NOKOR NEEDLE 16G 1"	3	
BD NOKOR NEEDLE 18G 1"	3	
BD PRECISIONGLIDE 3 ML 22G 3/4"	3	
BD PRECISIONGLIDE NEEDLE 25G	3	
BD PRECISIONGLIDE NEEDLE 27G 1.5"	3	
BD PRECISIONGLIDE NEEDLE 27G 3/8"	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 8MM	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30G 8MM	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	3	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29G 13MM	3	
BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31G 6MM	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 23G 40MM	3	
BD SAFETYGLIDE NEEDLE 25G 1"	3	
BD SAFETYGLIDE NEEDLE 27G 5/8"	3	
BD SAFETYGLIDE SYRINGE 27G 5/8"	3	
BD SAFETYGLIDE SYRINGE 3 ML	3	
BD SYRINGE 3 ML 18G 1.5"	3	
BD SYRINGE 3 ML 20G 1.5"	3	
BD SYRINGE 3 ML 25G 1"	3	
BD SYRINGE 3 ML 25G 1.5"	3	
BD SYRINGE WITH NEEDLE 3 ML	3	
BD SYRINGE-SAFETY GLIDE	3	
BD ULTRAFINE MICRO PEN NEEDLE 32G 6MM	3	
BD ULTRAFINE MINI PEN NEEDLE 31G 5MM	3	
BD ULTRAFINE NANO PEN NEEDLE 32G 4MM	3	
BD ULTRAFINE ORIGINAL PEN NEEDLE 29G 12.7MM	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
BD ULTRAFINE SHORT PEN NEEDLE 31G 8MM	3		BETAMETHASONE VALERATE 0.1% OINTMENT	2	
BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM	3		BETAXOLOL 0.5% EYE DROPS	2	
BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM (1/2)	3		BETAXOLOL 10 MG TABLET	2	
BD VEO INSULIN SYRINGE 0.5 ML 31G 6MM	3		BETAXOLOL 20 MG TABLET	2	
BD VEO INSULIN SYRINGE 1 ML 31G 6MM	3		BETHANECHOL 5 MG TABLET	2	
BELLADONNA-OPIMUM 16.2-30 SUPPOSITORY	2	PA	BETHANECHOL 10 MG TABLET	2	
BELLADONNA-OPIMUM 16.2-60 SUPPOSITORY	2	PA	BETHANECHOL 25 MG TABLET	2	
BELSOMRA 5 MG TABLET	4	QL, ST	BETHANECHOL 50 MG TABLET	2	
BELSOMRA 10 MG TABLET	4	QL, ST	BEXAROTENE 1% GEL	5	PA, SRX
BELSOMRA 15 MG TABLET	4	QL, ST	BEXAROTENE 75 MG CAPSULE	5	PA, SRX
BELSOMRA 20 MG TABLET	4	QL, ST	BEXSERO PREFILLED SYRINGE	3	
BENZAEPRIIL 5 MG TABLET	1		BEYFORTUS 50 MG/0.5 ML SYRINGE	3	
BENZAEPRIIL 10 MG TABLET	1		BEYFORTUS 100 MG/ML SYRINGE	3	
BENZAEPRIIL 20 MG TABLET	1		BICALUTAMIDE 50 MG TABLET	2	
BENZAEPRIIL 40 MG TABLET	1		BIKTARVY 30-120-15 MG TABLET	4	QL, SRX
BENZAEPRIIL-HCTZ 5-6.25 MG TABLET	2		BIKTARVY 50-200-25 MG TABLET	4	QL, SRX
BENZAEPRIIL-HCTZ 10-12.5 MG TABLET	2		BIMATOPROST 0.03% EYE DROPS	2	QL
BENZAEPRIIL-HCTZ 20-12.5 MG TABLET	2		BINOSTO 70 MG EFFERVESCENT TABLET	4	
BENZAEPRIIL-HCTZ 20-25 MG TABLET	2		BISOPROLOL 5 MG TABLET	2	
BENZONATATE 100 MG CAPSULE	2		BISOPROLOL 10 MG TABLET	2	
BENZONATATE 200 MG CAPSULE	2		BISOPROLOL-HCTZ 2.5-6.25 MG TABLET	1	
BENZTROPINE 0.5 MG TABLET	2		BISOPROLOL-HCTZ 5-6.25 MG TABLET	1	
BENZTROPINE 1 MG TABLET	2		BISOPROLOL-HCTZ 10-6.25 MG TABLET	1	
BENZTROPINE 2 MG TABLET	2		BLISOVI 24 FE TABLET	1	
BEPOTASTINE 1.5% EYE DROPS	4		BLISOVI FE 1-20 TABLET	1	
BESER 0.05% LOTION	4		BLISOVI FE 1.5-30 TABLET	1	
BETADINE 5% EYE SOLUTION	4		BLOOD GLUCOSE CONTROL SOLUTION	3	
BETAINE 1 GRAM/SCOOP POWDER	5	PA, SRX	BLUNT NEEDLE	3	
BETAMETHASONE DIPROPIONATE 0.05% CREAM	2		BOOSTRIX TDAP	3	
BETAMETHASONE DIPROPIONATE 0.05% LOTION	2		BOSENTAN 62.5 MG TABLET	5	PA, SRX
BETAMETHASONE DIPROPIONATE 0.05% OINTMENT	2		BOSENTAN 125 MG TABLET	5	PA, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM	2		BOSULIF 50 MG CAPSULE	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL	2		BOSULIF 100 MG CAPSULE	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION	2		BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX
BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT	2		BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX
BETAMETHASONE VALERATE 0.1% CREAM	2		BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX
BETAMETHASONE VALERATE 0.12% FOAM	3		BREATHERITE MDI SPACER	3	QL
BETAMETHASONE VALERATE 0.1% LOTION	2		BREATHERITE SPACER-ADULT MASK	3	QL
			BREATHERITE SPACER-INFANT MASK	3	QL
			BREATHERITE SPACER-LARGE CHILD MASK	3	QL
			BREATHERITE SPACER-NEONATE MASK	3	QL

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
BREATHERITE SPACER-SMALL CHILD MASK	3	QL
BREATHRITE VALVED MDI CHAMBER	3	QL
BREATHRITE VALVED MDI SPACER	3	QL
BREEZE 2 CONTROL SOLUTION	3	
BREO ELLIPTA 50-25 MCG INHALER	3	QL
BREO ELLIPTA 100-25 MCG INHALER	3	QL
BREO ELLIPTA 200-25 MCG INHALER	3	QL
BREYNA 80-4.5 MCG INHALER	4	QL
BREYNA 160-4.5 MCG INHALER	4	QL
BRIELLYN TABLET	1	
BRIMONIDINE 0.1% DROPS	2	
BRIMONIDINE 0.15% DROPS	2	
BRIMONIDINE 0.2% EYE DROPS	2	
BRIMONIDINE-TIMOLOL 0.2%-0.5% EYE DROPS	4	
BRINZOLAMIDE 1% EYE DROPS	3	
BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL
BRIVIACT 10 MG TABLET	4	PA, QL
BRIVIACT 25 MG TABLET	4	PA, QL
BRIVIACT 50 MG TABLET	4	PA, QL
BRIVIACT 75 MG TABLET	4	PA, QL
BRIVIACT 100 MG TABLET	4	PA, QL
BROMFENAC 0.09% EYE DROPS	3	
BROMOCRIPTINE 5 MG CAPSULE	2	
BROMOCRIPTINE 2.5 MG TABLET	2	
BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM 2-30-10 MG/5 ML SYRUP	2	
BROOKS INSULIN SYRINGE 0.3 ML	3	
BRUKINSA 80 MG CAPSULE	5	PA, QL, LDD, SRX
BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION	4	QL
BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION	4	QL
BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION	4	QL
BUDESONIDE DR 3 MG CAPSULE	4	
BUDESONIDE EC 3 MG CAPSULE	4	
BUDESONIDE ER 9 MG TABLET	5	PA, QL
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	3	QL
BUPRENORPHINE 7.5 MCG/HR PATCH	3	QL

Medication Name	Tier	Notes
BUPRENORPHINE 10 MCG/HR PATCH	3	QL
BUPRENORPHINE 15 MCG/HR PATCH	3	QL
BUPRENORPHINE 20 MCG/HR PATCH	3	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	
BUPROPION SR 150 MG TABLET (smoking cessation)	2	QL
BUPROPION SR 200 MG TABLET	2	QL
BUPROPION XL 150 MG TABLET	2	QL
BUPROPION XL 300 MG TABLET	2	QL
BUSPIRONE 5 MG TABLET	1	
BUSPIRONE 7.5 MG TABLET	2	
BUSPIRONE 10 MG TABLET	1	
BUSPIRONE 15 MG TABLET	2	
BUSPIRONE 30 MG TABLET	2	
BUTALBITAL COMPOUND-CODEINE #3 CAPSULE	3	PA
BUTALBITAL-ACETAMINOPHEN 50-325 MG TABLET	2	
BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG CAPSULE	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	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
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	
CALCITRIOL 0.5 MCG CAPSULE	2	
CALCITRIOL 1 MCG/ML ORAL SOLUTION	2	
CALCITRIOL 3 MCG/G OINTMENT	2	QL
CALCIUM ACETATE 667 MG CAPSULE	2	
CALCIUM ACETATE 667 MG GELCAP	2	
CALCIUM ACETATE 667 MG TABLET	2	
CALQUENCE 100 MG TABLET	5	PA, QL, LDD, SRX
CAMILA 0.35 MG TABLET	1	
CAMRESE 0.15-0.03-0.01 MG TABLET	1	
CAMRESE LO TABLET	1	
CAMZYOS 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
CAMZYOS 5 MG CAPSULE	5	PA, QL, LDD, SRX
CAMZYOS 10 MG CAPSULE	5	PA, QL, LDD, SRX
CAMZYOS 15 MG CAPSULE	5	PA, QL, LDD, SRX
CANDESARTAN 4 MG TABLET	2	
CANDESARTAN 8 MG TABLET	2	
CANDESARTAN 16 MG TABLET	2	
CANDESARTAN 32 MG TABLET	2	
CANDESARTAN-HCTZ 16-12.5 MG TABLET	2	
CANDESARTAN-HCTZ 32-12.5 MG TABLET	2	
CANDESARTAN-HCTZ 32-25 MG TABLET	2	
CAPECITABINE 150 MG TABLET	5	PA, SRX
CAPECITABINE 500 MG TABLET	5	PA, SRX

Medication Name	Tier	Notes
CAPRELSA 100 MG TABLET	5	PA, QL, LDD, SRX
CAPRELSA 300 MG TABLET	5	PA, QL, LDD, SRX
CAPTAPRIL 12.5 MG TABLET	2	
CAPTAPRIL 25 MG TABLET	2	
CAPTAPRIL 50 MG TABLET	2	
CAPTAPRIL 100 MG TABLET	2	
CAPTAPRIL-HCTZ 25-15 MG TABLET	2	QL
CAPTAPRIL-HCTZ 25-25 MG TABLET	2	QL
CAPTAPRIL-HCTZ 50-15 MG TABLET	2	QL
CAPTAPRIL-HCTZ 50-25 MG TABLET	2	QL
CAPVAXIVE 0.5 ML SYRINGE	3	
CARBAMAZEPINE 100 MG CHEWABLE TABLET	2	
CARBAMAZEPINE 100 MG/5 ML ORAL SUSPENSION	2	
CARBAMAZEPINE 200 MG TABLET	2	
CARBAMAZEPINE ER 100 MG CAPSULE	2	
CARBAMAZEPINE ER 200 MG CAPSULE	2	
CARBAMAZEPINE ER 300 MG CAPSULE	2	
CARBAMAZEPINE ER 100 MG TABLET	2	
CARBAMAZEPINE ER 200 MG TABLET	2	
CARBAMAZEPINE ER 400 MG TABLET	2	
CARBIDOPA 25 MG TABLET	4	
CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET	2	
CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET	2	
CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET	2	
CARBIDOPA-LEVODOPA 10-100 TABLET	2	
CARBIDOPA-LEVODOPA 25-100 TABLET	2	
CARBIDOPA-LEVODOPA 25-250 TABLET	2	
CARBIDOPA-LEVODOPA ER 25-100 TABLET	2	
CARBIDOPA-LEVODOPA ER 50-200 TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE 12.5 MG-50 MG TABLET	3	
CARBIDOPA-LEVODOPA-ENTACAPONE 18.75 MG-75 MG TABLET	3	
CARBIDOPA-LEVODOPA-ENTACAPONE 25 MG-100 MG-200 MG TABLET	3	
CARBIDOPA-LEVODOPA-ENTACAPONE 31.25 MG-125 MG TABLET	3	
CARBIDOPA-LEVODOPA-ENTACAPONE 37.5 MG-150 MG TABLET	3	
CARBIDOPA-LEVODOPA-ENTACAPONE 50 MG-200 MG-200 MG TABLET	3	
CARBINOXAMINE 4 MG/5 ML ORAL LIQUID	2	
CARBINOXAMINE 4 MG TABLET	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CAREFINE PEN NEEDLE 29G 12.7MM	3		CARETOUCH LL SYRINGE 3 ML 22G 1"	3	
CAREFINE PEN NEEDLE 30G 8MM	3		CARETOUCH LL SYRINGE 3 ML 22G 1.5"	3	
CAREFINE PEN NEEDLE 31G 6MM	3		CARETOUCH LL SYRINGE 3 ML 23G 1"	3	
CAREFINE PEN NEEDLE 31G 8MM	3		CARETOUCH LL SYRINGE 3 ML 23G 1.5"	3	
CAREFINE PEN NEEDLE 32G 4MM	3		CARETOUCH LL SYRINGE 3 ML 25G 1"	3	
CAREFINE PEN NEEDLE 32G 5MM	3		CARETOUCH LL SYRINGE 3 ML 25G 1.5"	3	
CAREFINE PEN NEEDLE 32G 6MM	3		CARETOUCH LL SYRINGE 3 ML 25G 5/8"	3	
CAREONE SYRINGE 0.3 ML 30G 1/2"	3		CARETOUCH PEN NEEDLE 29G 12MM	3	
CAREONE SYRINGE 0.5 ML 30G 1/2"	3		CARETOUCH PEN NEEDLE 31G 1/4"	3	
CAREONE SYRINGE 1 ML 30G 1/2"	3		CARETOUCH PEN NEEDLE 31G 3/16"	3	
CAREONE UNIFINE PENTIP 29G 1/2"	3		CARETOUCH PEN NEEDLE 31G 5/16"	3	
CAREONE UNIFINE PENTIP 29G 12MM	3		CARETOUCH PEN NEEDLE 32G 3/16"	3	
CAREONE UNIFINE PENTIP 31G 1/4"	3		CARETOUCH PEN NEEDLE 32G 5/32"	3	
CAREONE UNIFINE PENTIP 31G 3/16"	3		CARETOUCH SYRINGE 0.3 ML 31G 5/16"	3	
CAREONE UNIFINE PENTIP 31G 5/16"	3		CARETOUCH SYRINGE 0.5 ML 30G 5/16"	3	
CAREONE UNIFINE PENTIP 31G 5MM	3		CARETOUCH SYRINGE 0.5 ML 31G 5/16"	3	
CAREONE UNIFINE PENTIP 31G 6MM	3		CARETOUCH SYRINGE 1 ML 28G 5/16"	3	
CAREONE UNIFINE PENTIP 31G 8MM	3		CARETOUCH SYRINGE 1 ML 29G 5/16"	3	
CAREONE UNIFINE PENTIP 32G 4MM	3		CARETOUCH SYRINGE 1 ML 30G 5/16"	3	
CAREONE UNIFINE PENTIP 32G 5/32"	3		CARETOUCH SYRINGE 1 ML 31G 5/16"	3	
CAREPOINT LL SYRINGE 3 ML 20G 1.5"	3		CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX
CAREPOINT LL SYRINGE 3 ML 21G 1"	3		CARISOPRODOL 250 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 21G 1.5"	3		CARISOPRODOL 350 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 22G 1"	3		CARISOPRODOL-ASPIRIN 200-325 MG TABLET	2	
CAREPOINT LL SYRINGE 3 ML 22G 38MM	3		CARISOPRODOL-ASPIRIN-CODEINE TABLET	2	PA
CAREPOINT LL SYRINGE 3 ML 23G 1"	3		CARTEOLOL 1% EYE DROPS	2	
CAREPOINT LL SYRINGE 3 ML 23G 1.5"	3		CARTIA XT 120 MG CAPSULE	2	
CAREPOINT LL SYRINGE 3 ML 25G 1"	3		CARTIA XT 180 MG CAPSULE	2	
CAREPOINT LL SYRINGE 3 ML 25G 5/8"	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	1	
CARETOUCH L2-L3 CONTROL SOLUTION	3		CARVEDILOL 6.25 MG TABLET	1	
CARETOUCH HYPODERMIC NEEDLE 18G 1.5"	3		CARVEDILOL 12.5 MG TABLET	1	
CARETOUCH HYPODERMIC NEEDLE 20G 1"	3		CARVEDILOL 25 MG TABLET	1	
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 ORAL SUSPENSION	2	
CARETOUCH HYPODERMIC NEEDLE 25G 5/8"	3		CEFACLOL 250 MG/5 ML ORAL SUSPENSION	2	
CARETOUCH HYPODERMIC NEEDLE 26G 1"	3		CEFACLOL 375 MG/5 ML ORAL SUSPENSION	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CEFACLO ER 500 MG TABLET	3		CHEMSTRIP 2 LN TEST STRIP	3	
CEFADROXIL 500 MG CAPSULE	2		CHEMSTRIP 50B TEST STRIP	3	
CEFADROXIL 250 MG/5 ML ORAL SUSPENSION	2		CHEMSTRIP 7 TEST STRIP	3	
CEFADROXIL 500 MG/5 ML ORAL SUSPENSION	2		CHEMSTRIP BG DIARY	3	
CEFADROXIL 1 GM TABLET	2		CHEMSTRIP MICRAL TEST STRIP	3	
CEFDINIR 300 MG CAPSULE	2		CHEMSTRIP-9 TEST STRIP	3	
CEFDINIR 125 MG/5 ML ORAL SUSPENSION	2		CHLORDIAZEPOXIDE 5 MG CAPSULE	2	
CEFDINIR 250 MG/5 ML ORAL SUSPENSION	2		CHLORDIAZEPOXIDE 10 MG CAPSULE	2	
CEFIXIME 400 MG CAPSULE	3		CHLORDIAZEPOXIDE 25 MG CAPSULE	2	
CEFIXIME 100 MG/5 ML ORAL SUSPENSION	3		CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET	2	
CEFIXIME 200 MG/5 ML ORAL SUSPENSION	3		CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET	2	
CEFPODOXIME 50 MG/5 ML ORAL SUSPENSION	2		CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	2	
CEFPODOXIME 100 MG/5 ML ORAL SUSPENSION	2		CHLORHEXIDINE 0.12% ORAL RINSE	2	
CEFPODOXIME 100 MG TABLET	2		CHLOROQUINE 250 MG TABLET	2	
CEFPODOXIME 200 MG TABLET	2		CHLOROQUINE 500 MG TABLET	2	
CEFPROZIL 125 MG/5 ML ORAL SUSPENSION	2		CHLORPROMAZINE 10 MG TABLET	3	
CEFPROZIL 250 MG/5 ML ORAL SUSPENSION	2		CHLORPROMAZINE 25 MG TABLET	3	
CEFPROZIL 250 MG TABLET	2		CHLORPROMAZINE 50 MG TABLET	3	
CEFPROZIL 500 MG TABLET	2		CHLORPROMAZINE 100 MG TABLET	3	
CEFUROXIME AXETIL 250 MG TABLET	2		CHLORPROMAZINE 200 MG TABLET	3	
CEFUROXIME AXETIL 500 MG TABLET	2		CHLORZOXAZONE 500 MG TABLET	2	
CELECOXIB 50 MG CAPSULE	2	QL	CHOLESTYRAMINE LIGHT PACKET	2	
CELECOXIB 100 MG CAPSULE	2	QL	CHOLESTYRAMINE LIGHT POWDER	2	
CELECOXIB 200 MG CAPSULE	2	QL	CHOLESTYRAMINE PACKET	2	
CELECOXIB 400 MG CAPSULE	2	QL	CHOLESTYRAMINE POWDER	2	
CEPHALEXIN 250 MG CAPSULE	1		CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	4	PA, SRX
CEPHALEXIN 500 MG CAPSULE	1		CICLODAN 0.77% CREAM	2	
CEPHALEXIN 750 MG CAPSULE	2		CICLODAN 8% TOPICAL SOLUTION	2	
CEPHALEXIN 125 MG/5 ML ORAL SUSPENSION	2		CICLOPIROX 0.77% CREAM	2	
CEPHALEXIN 250 MG/5 ML ORAL SUSPENSION	2		CICLOPIROX 0.77% GEL	2	
CEQR SIMPLICITY INSERTER	3		CICLOPIROX 1% SHAMPOO	2	
CETIRIZINE 1 MG/ML ORAL SOLUTION	2		CICLOPIROX 8% TOPICAL SOLUTION	2	
CETIRIZINE 1 MG/ML SYRUP	2		CICLOPIROX 0.77% TOPICAL SUSPENSION	2	
CEVIMELINE 30 MG CAPSULE	2		CILOSTAZOL 50 MG TABLET	2	
CHARLOTTE 24 FE CHEWABLE TABLET	1		CILOSTAZOL 100 MG TABLET	2	
CHATEAL EQ-28 TABLET	1		CILOXAN 0.3% OINTMENT	4	
CHEK-STIX TEST STRIP	3		CIMETIDINE 300 MG/5 ML ORAL SOLUTION	2	
CHEMET 100 MG CAPSULE	4		CIMETIDINE 200 MG TABLET	2	
CHEMSTRIP 10 MD TEST STRIP	3				
CHEMSTRIP 10 WITH SG TEST STRIP	3				
CHEMSTRIP 2 GP TEST STRIP	3				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CIMETIDINE 300 MG TABLET	2		CLICKFINE PEN NEEDLE 32G 5/32"	3	
CIMETIDINE 400 MG TABLET	2		CLICKFINE UNIVERSAL 31G 1/4"	3	
CIMETIDINE 800 MG TABLET	2		CLINDACIN 1% FOAM	3	
CIMZIA 2X200 MG VIAL KIT	5	PA, QL, LDD, SRX	CLINDACIN ETZ 1% PLEDGET	2	
CIMZIA 2X200 MG/ML (X3) STARTER KIT	5	PA, QL, LDD, SRX	CLINDACIN P 1% PLEDGET	2	
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, LDD, SRX	CLINDAMYCIN (PEDI) 75 MG/5 ML ORAL SOLUTION	2	
CINACALCET 30 MG TABLET	5	PA, SRX	CLINDAMYCIN 2% VAGINAL CREAM	2	
CINACALCET 60 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 75 MG CAPSULE	2	
CINACALCET 90 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 150 MG CAPSULE	2	
CIPROFLOXACIN 0.2% EAR SOLUTION	2		CLINDAMYCIN HCL 300 MG CAPSULE	2	
CIPROFLOXACIN 0.3% EYE DROPS	2		CLINDAMYCIN PHOSPHATE 1% FOAM	3	
CIPROFLOXACIN 250 MG/5 ML ORAL SUSPENSION	2		CLINDAMYCIN PHOSPHATE 1% GEL	2	
CIPROFLOXACIN 500 MG/5 ML ORAL SUSPENSION	2		CLINDAMYCIN PHOSPHATE 1% LOTION	2	
CIPROFLOXACIN 250 MG TABLET	1		CLINDAMYCIN PHOSPHATE 1% PLEDGET	2	
CIPROFLOXACIN 500 MG TABLET	1		CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION	2	
CIPROFLOXACIN 750 MG TABLET	1		CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL	2	
CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION	3		CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL	2	
CIPROFLOXACIN-FLUOCINOLONE 0.3-0.025% VIAL	3	PA	CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP	2	
CITALOPRAM 10 MG/5 ML ORAL SOLUTION	2	QL	CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL	2	
CITALOPRAM 10 MG TABLET	1	QL	CLINDESSE 2% VAGINAL CREAM	4	
CITALOPRAM 20 MG TABLET	1	QL	CLOBAZAM 2.5 MG/ML ORAL SUSPENSION	4	PA
CITALOPRAM 40 MG TABLET	1	QL	CLOBAZAM 10 MG TABLET	4	PA
CLARAVIS 10 MG CAPSULE	4		CLOBAZAM 20 MG TABLET	4	PA
CLARAVIS 20 MG CAPSULE	4		CLOBETASOL 0.05% CREAM	2	QL
CLARAVIS 30 MG CAPSULE	4		CLOBETASOL 0.05% GEL	2	QL
CLARAVIS 40 MG CAPSULE	4		CLOBETASOL 0.05% OINTMENT	2	QL
CLARITHROMYCIN 125 MG/5 ML ORAL SUSPENSION	2		CLOBETASOL 0.05% SHAMPOO	2	QL
CLARITHROMYCIN 250 MG/5 ML ORAL SUSPENSION	2		CLOBETASOL 0.05% TOPICAL LOTION	2	QL
CLARITHROMYCIN 250 MG TABLET	2		CLOBETASOL 0.05% TOPICAL SOLUTION	2	QL
CLARITHROMYCIN 500 MG TABLET	2		CLOBETASOL EMOLLIENT 0.05% CREAM	2	QL
CLARITHROMYCIN ER 500 MG TABLET	3		CLOBETASOL EMOLLIENT 0.05% FOAM	3	QL
CLEMASTINE 2.68 MG TABLET	2		CLOBETASOL EMULSION 0.05% FOAM	3	QL
CLEVER CHOICE CHAMBER-LARGE MASK	3	QL	CLOBETASOL PROPIONATE 0.05% FOAM	2	QL
CLEVER CHOICE CHAMBER-MEDIUM MASK	3	QL	CLOBETASOL PROPIONATE 0.05% SPRAY	2	QL
CLEVER CHOICE CHAMBER-SMALL MASK	3	QL	CLOCORTOLONE PIVALATE 0.1% CREAM	4	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	3		CLODAN 0.05% SHAMPOO	2	QL
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	3		CLOMIPRAMINE 25 MG CAPSULE	4	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	3		CLOMIPRAMINE 50 MG CAPSULE	4	
CLEVER CHOICE PEAK FLOW METER	3		CLOMIPRAMINE 75 MG CAPSULE	4	
CLICKFINE NEEDLE 31G 1/4"	3		CLONAZEPAM 0.125 MG ODT TABLET	2	
CLICKFINE NEEDLE 31G 5/16"	3		CLONAZEPAM 0.25 MG ODT TABLET	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
CLONAZEPAM 0.5 MG ODT TABLET	2		COLESTIPOL GRANULES	2	
CLONAZEPAM 1 MG ODT TABLET	2		COLESTIPOL GRANULES PACKET	2	
CLONAZEPAM 2 MG ODT TABLET	2		COLESTIPOL 1 GM TABLET	2	
CLONAZEPAM 0.5 MG TABLET	2		COMBISTIX REAGENT TEST STRIP	3	
CLONAZEPAM 1 MG TABLET	2		COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONAZEPAM 2 MG TABLET	2		COMETRIQ 100 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONIDINE 0.1 MG/DAY PATCH	2		COMETRIQ 140 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX
CLONIDINE 0.2 MG/DAY PATCH	2		COMFORT EZ INSULIN SYRINGE 0.3 ML	3	
CLONIDINE 0.3 MG/DAY PATCH	2		COMFORT EZ INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
CLONIDINE 0.1 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
CLONIDINE 0.2 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.3 ML 31G 15/64"	3	
CLONIDINE 0.3 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.5 ML	3	
CLONIDINE ER 0.1 MG TABLET	2		COMFORT EZ INSULIN SYRINGE 0.5 ML 31G 15/64"	3	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
CLOPIDOGREL 300 MG TABLET	2		COMFORT EZ INSULIN SYRINGE 1 ML 31G 15/64"	3	
CLORAZEPATE 3.75 MG TABLET	2		COMFORT EZ INSULIN SYRINGE 1 ML 31G 5/16"	3	
CLORAZEPATE 7.5 MG TABLET	2		COMFORT EZ PEN NEEDLE 29G 12MM	3	
CLORAZEPATE 15 MG TABLET	2		COMFORT EZ PEN NEEDLE 31G 5MM	3	
CLOTTRIMAZOLE 10 MG LOZENGE	2		COMFORT EZ PEN NEEDLE 31G 6MM	3	
CLOTTRIMAZOLE 1% TOPICAL CREAM	2		COMFORT EZ PEN NEEDLE 31G 8MM	3	
CLOTTRIMAZOLE 1% TOPICAL SOLUTION	2		COMFORT EZ PEN NEEDLE 32G 4MM	3	
CLOTTRIMAZOLE 10 MG TROCHE	2		COMFORT EZ PEN NEEDLE 32G 5MM	3	
CLOTTRIMAZOLE-BETAMETHASONE CREAM	2		COMFORT EZ PEN NEEDLE 32G 6MM	3	
CLOTTRIMAZOLE-BETAMETHASONE LOTION	2		COMFORT EZ PEN NEEDLE 32G 8MM	3	
CLOZAPINE 25 MG TABLET	2		COMFORT EZ PEN NEEDLE 33G 4MM	3	
CLOZAPINE 50 MG TABLET	2		COMFORT EZ PEN NEEDLE 33G 5MM	3	
CLOZAPINE 100 MG TABLET	2		COMFORT EZ PEN NEEDLE 33G 6MM	3	
CLOZAPINE 200 MG TABLET	2		COMFORT EZ PEN NEEDLE 33G 8MM	3	
CLOZAPINE 12.5 MG ODT TABLET	4		COMFORT EZ PRO PEN NEEDLE 30G 8MM	3	
CLOZAPINE 25 MG ODT TABLET	4		COMFORT EZ PRO PEN NEEDLE 31G 4MM	3	
CLOZAPINE 150 MG ODT TABLET	4		COMFORT EZ PRO PEN NEEDLE 31G 5MM	3	
CLOZAPINE 100 MG ODT TABLET	4		COMFORT EZ SYRINGE 0.3 ML 29G 1/2"	3	
CLOZAPINE 200 MG ODT TABLET	4		COMFORT EZ SYRINGE 0.5 ML 28G 1/2"	3	
C-NATE DHA SOFTGEL	1		COMFORT EZ SYRINGE 0.5 ML 29G 1/2"	3	
COARTEM TABLET	4	QL	COMFORT EZ SYRINGE 0.5 ML 30G 1/2"	3	
CODEINE SULFATE 15 MG TABLET	2	PA	COMFORT EZ SYRINGE 1 ML 28G 1/2"	3	
CODEINE SULFATE 30 MG TABLET	2	PA	COMFORT EZ SYRINGE 1 ML 29G 1/2"	3	
CODEINE SULFATE 60 MG TABLET	2	PA	COMFORT EZ SYRINGE 1 ML 30G 5/16"	3	
COLCHICINE 0.6 MG TABLET	2		COMFORT EZ SYRINGE 1 ML 30G 1/2"	3	
COLESEVELAM 3.75 G PACKET	3		COMFORT POINT PEN NEEDLE 29G 1/2"	3	
COLESEVELAM 625 MG TABLET	3		COMFORT POINT PEN NEEDLE 31G 1/3"	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
COMFORT POINT PEN NEEDLE 31G 1/4"	3		COVARYX TABLET	2	
COMFORT POINT PEN NEEDLE 31G 1/6"	3		CRESEMBA 74.5 MG CAPSULE	4	PA
COMFORT TOUCH PEN NEEDLE 31G 4MM	3		CRESEMBA 186 MG CAPSULE	4	PA
COMFORT TOUCH PEN NEEDLE 31G 5MM	3		CROMOLYN 4% EYE DROPS	2	
COMFORT TOUCH PEN NEEDLE 31G 6MM	3		CROMOLYN 20 MG/2 ML INHALATION SOLUTION	4	QL
COMFORT TOUCH PEN NEEDLE 31G 8MM	3		CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	4	
COMFORT TOUCH PEN NEEDLE 32G 4MM	3		CROTAN 10% LOTION	4	PA
COMFORT TOUCH PEN NEEDLE 32G 5MM	3		CRYSSELLE-28 TABLET	1	
COMFORT TOUCH PEN NEEDLE 32G 6MM	3		CVS ALKALINE BATTERIES	3	
COMFORT TOUCH PEN NEEDLE 32G 8MM	3		CVS KETONE CARE TEST STRIP	3	
COMFORT TOUCH PEN NEEDLE 33G 4MM	3		CYANOCOBALAMIN 1,000 MCG/ML VIAL	2	
COMFORT TOUCH PEN NEEDLE 33G 5MM	3		CYANOCOBALAMIN 10,000 MCG/10 ML VIAL	2	
COMFORT TOUCH PEN NEEDLE 33G 6MM	3		CYANOCOBALAMIN 30,000 MCG/30 ML VIAL	2	
COMFORTSEAL LARGE MASK	3	QL	CYCLOBENZAPRINE 5 MG TABLET	1	
COMFORTSEAL MEDIUM MASK	3	QL	CYCLOBENZAPRINE 10 MG TABLET	1	
COMFORTSEAL SMALL MASK	3	QL	CYCLOMYDRIL EYE DROPS	4	
COMIRNATY (12Y UP) SYRINGE	3		CYCLOPENTOLATE 0.5% EYE DROPS	2	
COMIRNATY (12Y UP) VIAL	3		CYCLOPENTOLATE 1% EYE DROPS	2	
COMIRNATY 30 MCG/0.3 ML VACCINE - GRAY	3		CYCLOPENTOLATE 2% EYE DROPS	2	
COMPACT SPACE CHAMBER	3	QL	CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	SRX
COMPACT SPACE CHAMBER-LARGE MASK	3	QL	CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	SRX
COMPACT SPACE CHAMBER-MEDIUM MASK	3	QL	CYCLOSERINE 250 MG CAPSULE	2	
COMPACT SPACE CHAMBER-SMALL MASK	3	QL	CYCLOSET 0.8 MG TABLET	4	
COMPLETENATE CHEWABLE TABLET	1		CYCLOSPORINE 25 MG CAPSULE	2	SRX
COMPRO 25 MG SUPPOSITORY	3		CYCLOSPORINE 100 MG CAPSULE	2	SRX
CONSTULOSE 10 GM/15 ML ORAL SOLUTION	2		CYCLOSPORINE 0.05% EYE EMULSION	4	
CONTOUR CONTROL SOLUTION	3		CYCLOSPORINE MODIFIED 25 MG CAPSULE	2	SRX
CONTOUR NEXT LEVEL 1 CONTROL SOLUTION	3		CYCLOSPORINE MODIFIED 50 MG CAPSULE	2	SRX
CONTOUR NEXT LEVEL 2 CONTROL SOLUTION	3		CYCLOSPORINE MODIFIED 100 MG CAPSULE	2	SRX
COOL A CONTROL SOLUTION	3		CYCLOSPORINE MODIFIED 100 MG/ML ORAL SOLUTION	2	SRX
COOL B CONTROL SOLUTION	3		CYLTEZO (CF) 40 MG CROHN'S-UC-HS PEN	5	PA, QL, SRX
CORTISONE 25 MG TABLET	2		CYLTEZO (CF) 40 MG/0.4 ML PEN	5	PA, QL, SRX
CORTISPORIN-TC EAR SUSPENSION	4		CYLTEZO (CF) 40 MG/0.8 ML PEN	5	PA, QL, SRX
COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, SRX	CYLTEZO (CF) 40 MG PSORIASIS-UVEITIS PEN	5	PA, QL, SRX
COSENTYX 150 MG/ML SYRINGE	5	PA, QL, SRX	CYLTEZO (CF) 10 MG/0.2 ML SYRINGE	5	PA, QL, SRX
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, QL, SRX	CYLTEZO (CF) 20 MG/0.4 ML SYRINGE	5	PA, QL, SRX
COSENTYX SENSOREADY 150 MG PEN	5	PA, QL, SRX	CYLTEZO (CF) 40 MG/0.4 ML SYRINGE	5	PA, QL, SRX
COSENTYX SENSOREADY 300 MG DOSE-2PEN	5	PA, QL, SRX	CYLTEZO (CF) 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX
COSENTYX UNOREADY 300 MG PEN	5	PA, QL, SRX	CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
COTELLIC 20 MG TABLET	5	PA, QL, LDD, SRX	CYPROHEPTADINE 4 MG TABLET	2	
COVARYX H.S. TABLET	2				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
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, SRX
DABIGATRAN 75 MG CAPSULE	4	QL
DABIGATRAN 110 MG CAPSULE	4	QL
DABIGATRAN 150 MG CAPSULE	4	QL
DALFAMPRIDINE ER 10 MG TABLET	5	PA, QL, SRX
DANAZOL 50 MG CAPSULE	2	
DANAZOL 100 MG CAPSULE	2	
DANAZOL 200 MG CAPSULE	2	
DANTROLENE 25 MG CAPSULE	2	
DANTROLENE 50 MG CAPSULE	2	
DANTROLENE 100 MG CAPSULE	2	
DAPSONE 25 MG TABLET	4	
DAPSONE 100 MG TABLET	4	
DAPTACEL DTAP VACCINE	3	
DARIFENACIN ER 7.5 MG TABLET	2	
DARIFENACIN ER 15 MG TABLET	2	
DARUNAVIR 600 MG TABLET	2	SRX
DARUNAVIR 800 MG TABLET	2	SRX
DASATINIB 20 MG TABLET	5	PA, QL, SRX
DASATINIB 50 MG TABLET	5	PA, QL, SRX
DASATINIB 70 MG TABLET	5	PA, QL, SRX
DASATINIB 80 MG TABLET	5	PA, QL, SRX
DASATINIB 100 MG TABLET	5	PA, QL, SRX
DASATINIB 140 MG TABLET	5	PA, QL, SRX
DASETTA 1-35-28 TABLET	1	
DASETTA 7/7/7-28 TABLET	1	
DAYSEE 0.15-0.03-0.01 MG TABLET	1	
DEBLITANE 0.35 MG TABLET	1	
DEFERASIROX 90 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 180 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 360 MG GRANULE PACKET	5	PA, SRX
DEFERASIROX 90 MG TABLET	5	PA, SRX
DEFERASIROX 180 MG TABLET	5	PA, SRX
DEFERASIROX 360 MG TABLET	5	PA, SRX
DEFERASIROX 125 MG TABLET FOR SUSPENSION	5	PA, SRX
DEFERASIROX 250 MG TABLET FOR SUSPENSION	5	PA, SRX
DEFERASIROX 500 MG TABLET FOR SUSPENSION	5	PA, SRX

Medication Name	Tier	Notes
DEFERIPRONE 500 MG TABLET	5	PA, SRX
DEFERIPRONE 1,000 MG TABLET (3X/DAY)	5	PA, SRX
DELTEC COZMO CLEO INFUSION SET	3	
DEMECLOCYCLINE 150 MG TABLET	3	
DEMECLOCYCLINE 300 MG TABLET	3	
DENTA 5000 PLUS SENSITIVE TOOTHPASTE	2	
DENTA 5000 PLUS TOOTHPASTE	2	
DENTAGEL 1.1% GEL	2	
DEPO-SUBQ PROVERA 104 SYRINGE	4	
DERMACINRX LIDOCAN 5% PATCH	2	
DESCOVY 120-15 MG TABLET	3	SRX
DESCOVY 200-25 MG TABLET	3	SRX
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	
DES Loratadine 5 MG TABLET	2	QL
DES Loratadine 2.5 MG ODT TABLET	2	QL
DES Loratadine 5 MG ODT 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	3	
DESONIDE 0.05% OINTMENT	2	
DESOXIMETASONE 0.05% CREAM	3	
DESOXIMETASONE 0.25% CREAM	3	
DESOXIMETASONE 0.05% GEL	3	
DESOXIMETASONE 0.05% OINTMENT	3	
DESOXIMETASONE 0.25% OINTMENT	3	
DESVENLAFAXINE SUCCINATE ER 25 MG TABLET	2	QL
DESVENLAFAXINE SUCCINATE ER 50 MG TABLET	2	QL
DESVENLAFAXINE SUCCINATE ER 100 MG TABLET	2	QL
DEXAMETHASONE 0.1% EYE DROPS	2	
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
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 G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	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
DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET	2	QL

Medication Name	Tier	Notes
DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE	2	QL
DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE	2	QL
DIASTIX REAGENT TEST STRIP	3	
DIATRUE LEVEL 1 CONTROL SOLUTION	3	
DIATRUE LEVEL 2 CONTROL SOLUTION	3	
DIATRUE LEVEL 3 CONTROL SOLUTION	3	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2	
DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE	2	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2	
DIAZEPAM 2.5 MG RECTAL GEL (2PK)	2	
DIAZEPAM 10 MG RECTAL GEL (2PK)	2	
DIAZEPAM 20 MG RECTAL GEL (2PK)	2	
DIAZEPAM 10 MG RECTAL GEL SYRINGE	2	
DIAZEPAM 20 MG RECTAL GEL SYRINGE	2	
DIAZEPAM 2 MG TABLET	2	
DIAZEPAM 5 MG TABLET	2	
DIAZEPAM 10 MG TABLET	2	
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	4	
DICLOFENAC 0.1% EYE DROPS	2	
DICLOFENAC 1.5% TOPICAL SOLUTION	2	
DICLOFENAC POTASSIUM 50 MG TABLET	2	
DICLOFENAC SODIUM 1% GEL	2	QL
DICLOFENAC SODIUM DR 25 MG TABLET	2	
DICLOFENAC SODIUM DR 50 MG TABLET	2	
DICLOFENAC SODIUM DR 75 MG TABLET	2	
DICLOFENAC SODIUM EC 25 MG TABLET	2	
DICLOFENAC SODIUM EC 50 MG TABLET	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
DICLOFENAC SODIUM EC 75 MG TABLET	2		DILTIAZEM 24H ER(XR) 120 MG CAPSULE	2	
DICLOFENAC SODIUM ER 100 MG TABLET	2		DILTIAZEM 24H ER(XR) 180 MG CAPSULE	2	
DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET	2		DILTIAZEM 24H ER(XR) 240 MG CAPSULE	2	
DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET	2		DILTIAZEM 24HR ER 120 MG CAPSULE	2	
DICLOXACILLIN 250 MG CAPSULE	2		DILTIAZEM 24HR ER 180 MG CAPSULE	2	
DICLOXACILLIN 500 MG CAPSULE	2		DILTIAZEM 24HR ER 240 MG CAPSULE	2	
DICYCLOMINE 10 MG CAPSULE	2		DILTIAZEM 24HR ER 300 MG CAPSULE	2	
DICYCLOMINE 10 MG/5 ML ORAL SOLUTION	2		DILTIAZEM 24HR ER 360 MG CAPSULE	2	
DICYCLOMINE 20 MG TABLET	2		DILTIAZEM 24HR ER 420 MG CAPSULE	2	
DIDANOSINE DR 250 MG CAPSULE	2	SRX	DILTIAZEM 30 MG TABLET	1	
DIDANOSINE DR 400 MG CAPSULE	2	SRX	DILTIAZEM 60 MG TABLET	1	
DIFICID 40 MG/ML ORAL SUSPENSION	4	PA, QL	DILTIAZEM 90 MG TABLET	1	
DIFICID 200 MG TABLET	4	PA, QL	DIMETHYL FUMARATE 30 DAY STARTER PACK	4	PA, QL, SRX
DIFLUNISAL 500 MG TABLET	2		DIMETHYL FUMARATE DR 120 MG CAPSULE	4	PA, QL, SRX
DIFLUPREDNATE 0.05% EYE DROPS	3		DIMETHYL FUMARATE DR 240 MG CAPSULE	4	PA, QL, SRX
DIGOX 125 MCG TABLET	2		DIPENTUM 250 MG CAPSULE	4	
DIGOX 250 MCG TABLET	2		DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIGOXIN 0.05 MG/ML ORAL SOLUTION	2		DIPHEN 12.5 MG/5 ML ORAL SOLUTION	4	
DIGOXIN 0.125 MG TABLET	2		DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION	2	
DIGOXIN 0.25 MG TABLET	2		DIPHENHYDRAMINE 25 MG/10 ML ORAL SOLUTION	2	
DIGOXIN 125 MCG TABLET	2		DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION	2	
DIGOXIN 250 MCG TABLET	2		DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET	2	
DIHYDROERGOTAMINE 1 MG/ML AMPULE	4	QL	DIPHTheria-TETANUS TOXOIDS-PEDIATRIC	3	
DILT XR 120 MG CAPSULE	2		DIPYRIDAMOLE 25 MG TABLET	2	
DILT XR 180 MG CAPSULE	2		DIPYRIDAMOLE 50 MG TABLET	2	
DILT XR 240 MG CAPSULE	2		DIPYRIDAMOLE 75 MG TABLET	2	
DILTIAZEM 120 MG TABLET	1		DISOPYRAMIDE 100 MG CAPSULE	2	
DILTIAZEM 12HR ER 60 MG CAPSULE	2		DISOPYRAMIDE 150 MG CAPSULE	2	
DILTIAZEM 12HR ER 90 MG CAPSULE	2		DISULFIRAM 250 MG TABLET	2	
DILTIAZEM 12HR ER 120 MG CAPSULE	2		DISULFIRAM 500 MG TABLET	2	
DILTIAZEM 24H ER(CD) 120 MG CAPSULE	2		DIVALPROEX DR 125 MG CAPSULE SPRINKLE	2	
DILTIAZEM 24H ER(CD) 180 MG CAPSULE	2		DIVALPROEX DR 125 MG TABLET	2	
DILTIAZEM 24H ER(CD) 240 MG CAPSULE	2		DIVALPROEX DR 250 MG TABLET	2	
DILTIAZEM 24H ER(CD) 300 MG CAPSULE	2		DIVALPROEX DR 500 MG TABLET	2	
DILTIAZEM 24H ER(CD) 360 MG CAPSULE	2		DIVALPROEX ER 250 MG TABLET	2	
DILTIAZEM 24H ER(LA) 120 MG TABLET	3		DIVALPROEX ER 500 MG TABLET	2	
DILTIAZEM 24H ER(LA) 180 MG TABLET	3		DODEX 10,000 MCG/10 ML VIAL	2	
DILTIAZEM 24H ER(LA) 240 MG TABLET	3		DODEX 30,000 MCG/30 ML VIAL	2	
DILTIAZEM 24H ER(LA) 300 MG TABLET	3		DOFETILIDE 125 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 360 MG TABLET	3		DOFETILIDE 250 MCG CAPSULE	4	QL
DILTIAZEM 24H ER(LA) 420 MG TABLET	3				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
DOFETILIDE 500 MCG CAPSULE	4	QL	DOXYCYCLINE MONOHYDRATE 50 MG TABLET	1	
DOLISHALE 90-20 MCG TABLET	1		DOXYCYCLINE MONOHYDRATE 75 MG TABLET	2	
DONEPEZIL 5 MG ODT TABLET	2		DOXYCYCLINE MONOHYDRATE 100 MG TABLET	1	
DONEPEZIL 10 MG ODT TABLET	2		DOXYCYCLINE MONOHYDRATE 150 MG TABLET	2	
DONEPEZIL 5 MG TABLET	2		DRONABINOL 2.5 MG CAPSULE	4	
DONEPEZIL 10 MG TABLET	2		DRONABINOL 5 MG CAPSULE	4	
DONEPEZIL 23 MG TABLET	2		DRONABINOL 10 MG CAPSULE	4	
DORZOLAMIDE 2% EYE DROPS	2		DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM	3	
DORZOLAMIDE-TIMOLOL EYE DROPS	2		DROPLET INSULIN SYRINGE 0.3 ML 30G 12.5MM	3	
DOTTI 0.025 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM	3	
DOTTI 0.0375 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM	3	
DOTTI 0.05 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM	3	
DOTTI 0.075 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM	3	
DOTTI 0.1 MG PATCH	2	QL	DROPLET INSULIN SYRINGE 0.5 ML 30G 6MM (1/2)	3	
DOVATO 50-300 MG TABLET	4	QL, SRX	DROPLET INSULIN SYRINGE 0.5 ML 30G 8MM (1/2)	3	
DOXAZOSIN 1 MG TABLET	2		DROPLET INSULIN SYRINGE 0.5 ML 31G 6MM (1/2)	3	
DOXAZOSIN 2 MG TABLET	2		DROPLET INSULIN SYRINGE 0.5 ML 31G 8MM (1/2)	3	
DOXAZOSIN 4 MG TABLET	2		DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM	3	
DOXAZOSIN 8 MG TABLET	2		DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM	3	
DOXEPIN 10 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 30G 6MM	3	
DOXEPIN 25 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 30G 8MM	3	
DOXEPIN 50 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 31G 6MM	3	
DOXEPIN 75 MG CAPSULE	2		DROPLET INSULIN SYRINGE 1 ML 31G 8MM	3	
DOXEPIN 100 MG CAPSULE	2		DROPLET MICRON PEN NEEDLE 34G 3.5MM	3	
DOXEPIN 150 MG CAPSULE	2		DROPLET MICRON PEN NEEDLE 34G 9/64"	3	
DOXEPIN 5% CREAM	4	QL	DROPLET PEN NEEDLE 29G 10MM	3	
DOXEPIN 10 MG/ML ORAL CONCENTRATE	2		DROPLET PEN NEEDLE 29G 12MM	3	
DOXEPIN 3 MG TABLET	3	QL	DROPLET PEN NEEDLE 30G 8MM	3	
DOXEPIN 6 MG TABLET	3	QL	DROPLET PEN NEEDLE 31G 5MM	3	
DOXERCALCIFEROL 0.5 MCG CAPSULE	2		DROPLET PEN NEEDLE 31G 6MM	3	
DOXERCALCIFEROL 1 MCG CAPSULE	2		DROPLET PEN NEEDLE 31G 8MM	3	
DOXERCALCIFEROL 2.5 MCG CAPSULE	2		DROPLET PEN NEEDLE 32G 4MM	3	
DOXYCYCLINE 25 MG/5 ML ORAL SUSPENSION	2		DROPLET PEN NEEDLE 32G 5MM	3	
DOXYCYCLINE HYCLATE 50 MG CAPSULE	1		DROPLET PEN NEEDLE 32G 6MM	3	
DOXYCYCLINE HYCLATE 100 MG CAPSULE	1		DROPLET PEN NEEDLE 32G 8MM	3	
DOXYCYCLINE HYCLATE 20 MG TABLET	2		DROPLET SYRINGE 0.5 ML 29G 12.5MM (1/2)	3	
DOXYCYCLINE HYCLATE 100 MG TABLET	1		DROPLET SYRINGE 0.5 ML 30G 12.5MM (1/2)	3	
DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	1		DROPSAFE INSULIN SYRINGE 0.3 ML 31G 6MM	3	
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	2		DROPSAFE INSULIN SYRINGE 0.3 ML 31G 8MM	3	
DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	1		DROPSAFE INSULIN SYRINGE 0.5 ML 31G 6MM	3	
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	2		DROPSAFE INSULIN SYRINGE 0.5 ML 31G 8MM	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
DROPSAFE INSULIN SYRINGE 1 ML 29G 12.5MM	3	
DROPSAFE INSULIN SYRINGE 1 ML 31G 6MM	3	
DROPSAFE INSULIN SYRINGE 1 ML 31G 8MM	3	
DROPSAFE PEN NEEDLE 31G 1/4"	3	
DROPSAFE PEN NEEDLE 31G 3/16"	3	
DROPSAFE PEN NEEDLE 31G 5/16"	3	
DROPSAFE SICURA NEEDLE 25G 25MM	3	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET	1	
DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET	1	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET	1	
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET	1	
DROXIA 200 MG CAPSULE	4	
DROXIA 300 MG CAPSULE	4	
DROXIA 400 MG CAPSULE	4	
DRUG MART ULTRA COMFORT SYRINGE	3	
DUAVEE 0.45-20 MG TABLET	4	
DULERA 50 MCG-5 MCG INHALER	3	QL
DULERA 100 MCG-5 MCG INHALER	3	QL
DULERA 200 MCG-5 MCG INHALER	3	QL
DULOXETINE DR 20 MG CAPSULE	2	QL
DULOXETINE DR 30 MG CAPSULE	2	QL
DULOXETINE DR 60 MG CAPSULE	2	QL
DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX
DUPIXENT 300 MG/2 ML PEN	5	PA, SRX
DUPIXENT 100 MG/0.67 ML SYRINGE	5	PA, SRX
DUPIXENT 200 MG/1.14 ML SYRINGE	5	PA, SRX
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX
DUTASTERIDE 0.5 MG CAPSULE	2	
DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE	2	
EASIVENT HOLDING CHAMBER	3	QL
EASIVENT MASK-LARGE	3	QL
EASIVENT MASK-MEDIUM	3	QL
EASIVENT MASK-SMALL	3	QL
EASY COMFORT INSULIN SYRINGE 1 ML	3	
EASY COMFORT PEN NEEDLE 31G 3/16"	3	
EASY COMFORT PEN NEEDLE 31G 1/4"	3	
EASY COMFORT PEN NEEDLE 31G 5/16"	3	
EASY COMFORT PEN NEEDLE 32G 5/32"	3	

Medication Name	Tier	Notes
EASY COMFORT PEN NEEDLE 33G 4MM	3	
EASY COMFORT PEN NEEDLE 33G 5MM	3	
EASY COMFORT PEN NEEDLE 33G 6MM	3	
EASY COMFORT SAFETY PEN NEEDLE 31G 5MM	3	
EASY COMFORT SAFETY PEN NEEDLE 31G 6MM	3	
EASY COMFORT SAFETY PEN NEEDLE 32G 4MM	3	
EASY COMFORT SYRINGE 0.3 ML	3	
EASY COMFORT SYRINGE 0.3 ML 31G 5/16"	3	
EASY COMFORT SYRINGE 0.3 ML 31G 1/2"	3	
EASY COMFORT SYRINGE 0.5 ML	3	
EASY COMFORT SYRINGE 0.5 ML 30G 1/2"	3	
EASY COMFORT SYRINGE 0.5 ML 31G 5/16"	3	
EASY COMFORT SYRINGE 0.5 ML 32G 5/16"	3	
EASY COMFORT SYRINGE 1 ML 30G 1/2"	3	
EASY COMFORT SYRINGE 1 ML 31G 5/16"	3	
EASY COMFORT SYRINGE 1 ML 32G 5/16"	3	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM	3	
EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM	3	
EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM	3	
EASY GLIDE PEN NEEDLE 33G 4MM	3	
EASY PLUS II HIGH CONTROL SOLUTION	3	
EASY PLUS II LOW CONTROL SOLUTION	3	
EASY STEP HIGH CONTROL SOLUTION	3	
EASY STEP LOW CONTROL SOLUTION	3	
EASY STEP NORMAL CONTROL SOLUTION	3	
EASY TALK HIGH CONTROL SOLUTION	3	
EASY TALK LOW CONTROL SOLUTION	3	
EASY TALK PLUS II HIGH CONTROL SOLUTION	3	
EASY TALK PLUS II LOW CONTROL SOLUTION	3	
EASY TOUCH BLULINK CONTROL SOLUTION	3	
EASY TOUCH FLIPLOCK NEEDLE 18G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 18G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 19G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 19G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 20G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 20G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 21G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 21G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 3/4"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 22G 1.5"	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EASY TOUCH FLIPLOCK NEEDLE 23G 5/8"	3	
EASY TOUCH FLIPLOCK NEEDLE 23G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 23G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 5/8"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 25G 1.5"	3	
EASY TOUCH FLIPLOCK NEEDLE 26G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 26G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 27G 1"	3	
EASY TOUCH FLIPLOCK NEEDLE 27G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 28G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 29G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 30G 1/2"	3	
EASY TOUCH FLIPLOCK NEEDLE 30G 5/16"	3	
EASY TOUCH FLIPLOCK NEEDLE 31G 5/16"	3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION	3	
EASY TOUCH HYPODERMIC 16G 1"	3	
EASY TOUCH HYPODERMIC 16G 1.5"	3	
EASY TOUCH HYPODERMIC 18G 1"	3	
EASY TOUCH HYPODERMIC 18G 1.25"	3	
EASY TOUCH HYPODERMIC 18G 1.5"	3	
EASY TOUCH HYPODERMIC 19G 1"	3	
EASY TOUCH HYPODERMIC 19G 1.5"	3	
EASY TOUCH HYPODERMIC 20G 1"	3	
EASY TOUCH HYPODERMIC 20G 1.5"	3	
EASY TOUCH HYPODERMIC 21G 1"	3	
EASY TOUCH HYPODERMIC 21G 1.5"	3	
EASY TOUCH HYPODERMIC 22G 1"	3	
EASY TOUCH HYPODERMIC 22G 1.5"	3	
EASY TOUCH HYPODERMIC 23G 1"	3	
EASY TOUCH HYPODERMIC 23G 1.25"	3	
EASY TOUCH HYPODERMIC 23G 1.5"	3	
EASY TOUCH HYPODERMIC 23G 3/4"	3	
EASY TOUCH HYPODERMIC 24G 1"	3	
EASY TOUCH HYPODERMIC 24G 1.25"	3	
EASY TOUCH HYPODERMIC 25G 5/8"	3	
EASY TOUCH HYPODERMIC 25G 1"	3	
EASY TOUCH HYPODERMIC 25G 1.5"	3	
EASY TOUCH HYPODERMIC 26G 3/8"	3	
EASY TOUCH HYPODERMIC 26G 1/2"	3	
EASY TOUCH HYPODERMIC 26G 5/8"	3	

Medication Name	Tier	Notes
EASY TOUCH HYPODERMIC 27G 1.25"	3	
EASY TOUCH HYPODERMIC 27G 1.5"	3	
EASY TOUCH HYPODERMIC 27G 1/2"	3	
EASY TOUCH HYPODERMIC 30G 1"	3	
EASY TOUCH HYPODERMIC 30G 1/2"	3	
EASY TOUCH HYPODERMIC 31G 5/16"	3	
EASY TOUCH HYPODERMIC 32G 5/16"	3	
EASY TOUCH INSULIN SYRINGE 0.3 ML	3	
EASY TOUCH INSULIN SYRINGE 0.5 ML	3	
EASY TOUCH INSULIN SYRINGE 1 ML	3	
EASY TOUCH INSULIN SYRINGE 1 ML 29G 1/2"	3	
EASY TOUCH INSULIN SYRINGE 1 ML 30G 5/16"	3	
EASY TOUCH INSULIN SYRINGE 1 ML 30G 1/2"	3	
EASY TOUCH INSULIN SYRINGE 1 ML 31G 5/16"	3	
EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML	3	
EASY TOUCH PEN NEEDLE 29G 1/2"	3	
EASY TOUCH PEN NEEDLE 30G 5/16"	3	
EASY TOUCH PEN NEEDLE 31G 3/16"	3	
EASY TOUCH PEN NEEDLE 31G 1/4"	3	
EASY TOUCH PEN NEEDLE 31G 5/16"	3	
EASY TOUCH PEN NEEDLE 32G 3/16"	3	
EASY TOUCH PEN NEEDLE 32G 1/4"	3	
EASY TOUCH PEN NEEDLE 32G 5/32"	3	
EASY TOUCH SAFETY PEN NEEDLE 29G 5MM	3	
EASY TOUCH SAFETY PEN NEEDLE 29G 8MM	3	
EASY TOUCH SAFETY PEN NEEDLE 30G 5MM	3	
EASY TOUCH SAFETY PEN NEEDLE 30G 8MM	3	
EASY TOUCH SYRINGE 0.3 ML 30G 1/2"	3	
EASY TOUCH SYRINGE 0.5 ML 27G 1/2"	3	
EASY TOUCH SYRINGE 0.5 ML 27G 12.7MM	3	
EASY TOUCH SYRINGE 0.5 ML 28G 12.7MM	3	
EASY TOUCH SYRINGE 0.5 ML 29G 1/2"	3	
EASY TOUCH SYRINGE 0.5 ML 29G 12.7MM	3	
EASY TOUCH SYRINGE 0.5 ML 30G 5/16"	3	
EASY TOUCH SYRINGE 0.5 ML 30G 1/2"	3	
EASY TOUCH SYRINGE 1 ML 27G 1/2"	3	
EASY TOUCH SYRINGE 1 ML 27G 12.7MM	3	
EASY TOUCH SYRINGE 1 ML 27G 16MM	3	
EASY TOUCH SYRINGE 1 ML 28G 12.7MM	3	
EASY TOUCH SYRINGE 1 ML 29G 1/2"	3	
EASY TOUCH SYRINGE 1 ML 29G 12.7MM	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EASY TOUCH SYRINGE 1 ML 30G 1/2"	3	
EASY TOUCH SYRINGE 3 ML 20G 1"	3	
EASY TOUCH SYRINGE 3 ML 21G 1"	3	
EASY TOUCH SYRINGE 3 ML 22G 1"	3	
EASY TOUCH SYRINGE 3 ML 22G 1.5"	3	
EASY TOUCH SYRINGE 3 ML 23G 1"	3	
EASY TOUCH SYRINGE 3 ML 25G 1"	3	
EASY TOUCH SYRINGE 3 ML 25G 5/8"	3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	
EASY TRAK HIGH CONTROL SOLUTION	3	
EASY TRAK II NORMAL CONTROL SOLUTION	3	
EASY TRAK LOW CONTROL SOLUTION	3	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	3	
EASYMAX 15 LEVEL 2 SOLUTION	3	
EASYMAX NORMAL CONTROL SOLUTION	3	
EASYPPOINT NEEDLE 18G 1"	3	
EASYPPOINT NEEDLE 18G 1.5"	3	
EASYPPOINT NEEDLE 20G 1"	3	
EASYPPOINT NEEDLE 20G 1.5"	3	
EASYPPOINT NEEDLE 21G 1"	3	
EASYPPOINT NEEDLE 21G 1.5"	3	
EASYPPOINT NEEDLE 22G 1"	3	
EASYPPOINT NEEDLE 22G 1.5"	3	
EASYPPOINT NEEDLE 23G 1"	3	
EASYPPOINT NEEDLE 25G 5/8"	3	
EASYPPOINT NEEDLE 25G 1"	3	
EASYPPOINT NEEDLE 25G 1.5"	3	
EASYPPOINT NEEDLE 25G 16MM	3	
EASYTOUCH SAFETY PEN NEEDLE 30G 6MM	3	
EC-NAPROXEN DR 375 MG TABLET	2	
EC-NAPROXEN DR 500 MG TABLET	2	
ECONAZOLE 1% CREAM	2	
ECONTRA EZ 1.5 MG TABLET	1	
ECONTRA ONE-STEP 1.5 MG TABLET	1	
ED-SPAZ 0.125 MG ODT TABLET	2	
EDURANT 25 MG TABLET	3	SRX
EEMT DS 1.25-2.5 MG TABLET	2	
EEMT HS 0.625-1.25 MG TABLET	2	
EFAVIRENZ 50 MG CAPSULE	2	SRX
EFAVIRENZ 200 MG CAPSULE	2	SRX
EFAVIRENZ 600 MG TABLET	2	SRX

Medication Name	Tier	Notes
EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET	4	QL, SRX
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET	3	QL, SRX
EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET	3	QL, SRX
EFFER-K 10 MEQ EFFERVESCENT TABLET	4	
EFFER-K 20 MEQ EFFERVESCENT TABLET	4	
ELEMENT COMPACT HIGH CONTROL SOLUTION	3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	3	
ELEMENT HIGH CONTROL SOLUTION	3	
ELEMENT LOW CONTROL SOLUTION	3	
ELEMENT NORMAL CONTROL SOLUTION	3	
ELETRIPTAN 20 MG TABLET	3	QL
ELETRIPTAN 40 MG TABLET	3	QL
ELINEST-28 TABLET	1	
ELIQUIS 2.5 MG TABLET	3	QL
ELIQUIS 5 MG TABLET	3	QL
ELIQUIS DVT-PE 5 MG STARTER PACK	3	QL
ELITE-OB TABLET	1	
ELLA 30 MG TABLET	1	
ELMIRON 100 MG CAPSULE	4	
ELTROMBOPAG 12.5 MG SUSPENSION PACKET	5	PA, QL, SRX
ELTROMBOPAG 25 MG SUSPENSION PACKET	5	PA, QL, SRX
ELTROMBOPAG 12.5 MG TABLET	5	PA, QL, SRX
ELTROMBOPAG 25 MG TABLET	5	PA, QL, SRX
ELTROMBOPAG 50 MG TABLET	5	PA, QL, SRX
ELTROMBOPAG 75 MG TABLET	5	PA, QL, SRX
ELURYNG VAGINAL RING	2	
EMBRACE EVO LEVEL 1 CONTROL SOLUTION	3	
EMBRACE GLUCOSE HIGH CONTROL SOLUTION	3	
EMBRACE GLUCOSE LOW CONTROL SOLUTION	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 HIGH (L2) CONTROL SOLUTION	3	
EMBRACE TALK LOW (L1) CONTROL SOLUTION	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
EMEND 125 MG POWDER PACKET	5	PA, QL
EMGALITY 120 MG/ML PEN	3	PA
EMGALITY 100 MG/ML SYRINGE	3	PA
EMGALITY 120 MG/ML SYRINGE	3	PA
EMGALITY 300 MG (100 MG X 3 SYRINGE)	3	PA
EMTRICITABINE 200 MG CAPSULE	2	SRX
EMTRICITABINE-RILPIVIRINE-TENOFOVIR 200-25-300 MG TABLET	4	QL, SRX
EMTRICITABINE-TENOFOVIR 100-150 MG TABLET	2	SRX
EMTRICITABINE-TENOFOVIR 133-200 MG TABLET	2	SRX
EMTRICITABINE-TENOFOVIR 167-250 MG TABLET	2	SRX
EMTRICITABINE-TENOFOVIR 200-300 MG TABLET	2	SRX
EMTRIVA 10 MG/ML ORAL SOLUTION	3	SRX
EMVERM 100 MG CHEWABLE TABLET	4	
EMZAHH 0.35 MG TABLET	1	
ENALAPRIL 2.5 MG TABLET	1	
ENALAPRIL 5 MG TABLET	1	
ENALAPRIL 10 MG TABLET	1	
ENALAPRIL 20 MG TABLET	1	
ENALAPRIL-HCTZ 5-12.5 MG TABLET	1	
ENALAPRIL-HCTZ 10-25 MG TABLET	1	
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX
ENBREL 50 MG/ML SYRINGE	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
ENDOMETRIN 100 MG VAGINAL INSERT	4	PA
ENERGIX-B 20 MCG/ML SYRINGE	3	
ENERGIX-B 20 MCG/ML VIAL	3	
ENERGIX-B PEDI 10 MCG/0.5 SYRINGE	3	
ENILLORING VAGINAL RING	2	
ENLITE SERTER	3	
ENLYTE SOFTGEL	4	
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

Medication Name	Tier	Notes
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 6-6 MG SPRINKLE PELLETT	3	QL
ENTRESTO 15-16 MG SPRINKLE PELLETT	3	QL
ENULOSE 10 GM/15 ML ORAL SOLUTION	2	
EPIDIOLEX 100 MG/ML ORAL SOLUTION	4	PA, LDD, SRX
EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK	4	PA, LDD, SRX
EPIFOAM FOAM	4	
EPINASTINE 0.05% EYE DROPS	2	
EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
EPITOL 200 MG TABLET	2	
EPLERENONE 25 MG TABLET	2	
EPLERENONE 50 MG TABLET	2	
EPROSARTAN 600 MG TABLET	2	
EQ SPACE CHAMBER	3	QL
EQ SPACE CHAMBER-LARGE MASK	3	QL
EQ SPACE CHAMBER-MEDIUM MASK	3	QL
EQ SPACE CHAMBER-SMALL MASK	3	QL
EQL INSULIN SYRINGE 0.3 ML	3	
EQL INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
EQL INSULIN SYRINGE 0.5 ML	3	
EQL INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
EQL INSULIN SYRINGE 1 ML	3	
EQL INSULIN SYRINGE 1 ML 29G 1/2"	3	
EQL INSULIN SYRINGE 1 ML 31G 5/16"	3	
EQL PEN NEEDLE 8MM 31G 5/16"	3	
ERGOLOID 1 MG TABLET	1	
ERGOMAR 2 MG SUBLINGUAL TABLET	4	PA
ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX
ERLOTINIB 25 MG TABLET	5	PA, SRX
ERLOTINIB 100 MG TABLET	5	PA, SRX
ERLOTINIB 150 MG TABLET	5	PA, SRX
ERRIN 0.35 MG TABLET	1	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ERTACZO 2% CREAM	4	PA	ESTRADIOL 1 MG TABLET	1	
ERY 2% PADS	2		ESTRADIOL 2 MG TABLET	1	
ERYTHROCIN 250 MG TABLET	4		ESTRADIOL 10 MCG VAGINAL INSERT TABLET	3	QL
ERYTHROMYCIN 0.5% EYE OINTMENT	2		ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET	2	
ERYTHROMYCIN 2% GEL	2		ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET	2	
ERYTHROMYCIN 200 MG/5 ML ORAL SUSPENSION	3		ESTROGEN-METHYLTESTOSTERONE F.S. TABLET	2	
ERYTHROMYCIN 400 MG/5 ML ORAL SUSPENSION	3		ESTROGEN-METHYLTESTOSTERONE H.S. TABLET	2	
ERYTHROMYCIN 250 MG TABLET	2		ESZOPICLONE 1 MG TABLET	2	
ERYTHROMYCIN 500 MG TABLET	2		ESZOPICLONE 2 MG TABLET	2	
ERYTHROMYCIN 2% TOPICAL SOLUTION	2		ESZOPICLONE 3 MG TABLET	2	
ERYTHROMYCIN DR 250 MG CAPSULE	2		ETHAMBUTOL 100 MG TABLET	2	
ERYTHROMYCIN ES 400 MG TABLET	3		ETHAMBUTOL 400 MG TABLET	2	
ERYTHROMYCIN-BENZOYL GEL	3		ETHOSUXIMIDE 250 MG CAPSULE	2	
ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION	2	QL	ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION	2	
ESCITALOPRAM 5 MG TABLET	2	QL	ETHYL CHLORIDE SPRAY	2	
ESCITALOPRAM 10 MG TABLET	2	QL	ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET	1	
ESCITALOPRAM 20 MG TABLET	2	QL	ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET	1	
ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL	ETODOLAC 200 MG CAPSULE	2	
ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL	ETODOLAC 300 MG CAPSULE	2	
ESOMEPRAZOLE DR 49.3 MG CAPSULE	2	QL	ETODOLAC 400 MG TABLET	2	
ESOMEPRAZOLE DR 2.5 MG PACKET	3	QL	ETODOLAC 500 MG TABLET	2	
ESOMEPRAZOLE DR 5 MG PACKET	3	QL	ETODOLAC ER 400 MG TABLET	2	
ESOMEPRAZOLE DR 10 MG PACKET	3	QL	ETODOLAC ER 500 MG TABLET	2	
ESOMEPRAZOLE DR 20 MG PACKET	3	QL	ETODOLAC ER 600 MG TABLET	2	
ESOMEPRAZOLE DR 40 MG PACKET	3	QL	ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING	2	
ESTARYLLA 0.25-0.035 MG TABLET	1		ETOPOSIDE 50 MG CAPSULE	5	SRX
ESTAZOLAM 1 MG TABLET	2		ETRAVIRINE 100 MG TABLET	2	SRX
ESTAZOLAM 2 MG TABLET	2		ETRAVIRINE 200 MG TABLET	2	SRX
ESTRADIOL 0.01% CREAM	2		EURAX 10% CREAM	4	
ESTRADIOL 0.025 MG PATCH (1/WK)	2	QL	EUTHYROX 25 MCG TABLET	1	
ESTRADIOL 0.025 MG PATCH (2/WK)	2	QL	EUTHYROX 50 MCG TABLET	1	
ESTRADIOL 0.0375 MG PATCH (1/WK)	2	QL	EUTHYROX 75 MCG TABLET	1	
ESTRADIOL 0.0375 MG PATCH (2/WK)	2	QL	EUTHYROX 88 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL	EUTHYROX 100 MCG TABLET	1	
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL	EUTHYROX 112 MCG TABLET	1	
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL	EUTHYROX 125 MCG TABLET	1	
ESTRADIOL 0.075 MG PATCH (1/WK)	2	QL	EUTHYROX 137 MCG TABLET	1	
ESTRADIOL 0.075 MG PATCH (2/WK)	2	QL	EUTHYROX 150 MCG TABLET	1	
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL	EUTHYROX 175 MCG TABLET	1	
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL	EUTHYROX 200 MCG TABLET	1	
ESTRADIOL 0.5 MG TABLET	1				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
EVENCARE G2 CONTROL SOLUTION	3		EXEL HYPO NEEDLE 30G 0.5"	3	
EVENCARE G3 CONTROL SOLUTION	3		EXEL INSULIN SYRINGE U100 1 ML 28G 1/2"	3	
EVEROLIMUS 0.25 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 20G 1"	3	
EVEROLIMUS 0.5 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 21G 1"	3	
EVEROLIMUS 0.75 MG TABLET	5	SRX	EXEL MTI DRAWING NEEDLE 22G 1"	3	
EVEROLIMUS 1 MG TABLET	5	SRX	EXEL SYRINGE 3 ML 20G 1"	3	
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 3 ML 20G 1.5"	3	
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 3 ML 21G 1"	3	
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 3 ML 21G 1.5"	3	
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 3 ML 22G 3/4"	3	
EVEROLIMUS 2 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 3 ML 22G 1"	3	
EVEROLIMUS 3 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 3 ML 22G 1.5"	3	
EVEROLIMUS 5 MG TABLET FOR SUSPENSION	5	PA, QL, SRX	EXEL SYRINGE 3 ML 23G 1"	3	
EVOLUTION NORMAL CONTROL SOLUTION	3		EXEL SYRINGE 3 ML 25G 1"	3	
EVOTAZ 300 MG-150 MG TABLET	3	SRX	EXEL SYRINGE 3 ML 27G 1.25"	3	
EXEL HUBER NEEDLE 22G 3/4"	3		EXEL SYRINGE U100 0.3 ML 29G 1/2"	3	
EXEL HUBER NEEDLE 22G 1"	3		EXEL SYRINGE U100 0.3 ML 30G 5/16"	3	
EXEL HYPO NEEDLE 16G 1"	3		EXEL SYRINGE U100 0.5 ML 28G 1/2"	3	
EXEL HYPO NEEDLE 18G 1"	3		EXEL SYRINGE U100 0.5 ML 29G 1/2"	3	
EXEL HYPO NEEDLE 18G 1.5"	3		EXEL SYRINGE U100 0.5 ML 30G 5/16"	3	
EXEL HYPO NEEDLE 19G 1"	3		EXEL SYRINGE U100 1 ML 30G 5/16"	3	
EXEL HYPO NEEDLE 19G 1.5"	3		EXEL U100 INSULIN SYRINGE 1 ML 29G 1/2"	3	
EXEL HYPO NEEDLE 20G 0.75"	3		EXEMESTANE 25 MG TABLET	2	
EXEL HYPO NEEDLE 20G 1"	3		EXTENDED RESERVOIR 3 ML	3	
EXEL HYPO NEEDLE 20G 1.5"	3		EZETIMIBE 10 MG TABLET	2	
EXEL HYPO NEEDLE 21G 1"	3		EZETIMIBE-SIMVASTATIN 10-10 MG TABLET	2	
EXEL HYPO NEEDLE 21G 1.5"	3		EZETIMIBE-SIMVASTATIN 10-20 MG TABLET	2	
EXEL HYPO NEEDLE 22G 0.75"	3		EZETIMIBE-SIMVASTATIN 10-40 MG TABLET	2	
EXEL HYPO NEEDLE 22G 1"	3		EZETIMIBE-SIMVASTATIN 10-80 MG TABLET	2	
EXEL HYPO NEEDLE 22G 1.5"	3		FALMINA-28 TABLET	1	
EXEL HYPO NEEDLE 22G 1.5"	3		FAMCICLOVIR 125 MG TABLET	2	
EXEL HYPO NEEDLE 23G 0.75"	3		FAMCICLOVIR 250 MG TABLET	2	
EXEL HYPO NEEDLE 23G 1"	3		FAMCICLOVIR 500 MG TABLET	2	
EXEL HYPO NEEDLE 25G 0.625"	3		FAMOTIDINE 40 MG/5 ML ORAL SUSPENSION	2	
EXEL HYPO NEEDLE 25G 0.75"	3		FAMOTIDINE 20 MG TABLET	1	
EXEL HYPO NEEDLE 25G 1"	3		FAMOTIDINE 40 MG TABLET	1	
EXEL HYPO NEEDLE 25G 1.5"	3		FARXIGA 5 MG TABLET	3	QL
EXEL HYPO NEEDLE 26G 0.375"	3		FARXIGA 10 MG TABLET	3	QL
EXEL HYPO NEEDLE 26G 0.5"	3		FEBUXOSTAT 40 MG TABLET	4	QL
EXEL HYPO NEEDLE 26G 0.625"	3		FEBUXOSTAT 80 MG TABLET	4	QL
EXEL HYPO NEEDLE 26G 1.5"	3		FEIRZA 1 MG-20 MCG TABLET	1	
EXEL HYPO NEEDLE 27G 0.5"	3				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
FEIRZA 1.5 MG-30 MCG TABLET	1		FERRIPROX 100 MG/ML ORAL SOLUTION	4	PA, LDD, SRX
FELBAMATE 600 MG/5 ML ORAL SUSPENSION	4		FESOTERODINE ER 4 MG TABLET	4	QL
FELBAMATE 400 MG TABLET	4		FESOTERODINE ER 8 MG TABLET	4	QL
FELBAMATE 600 MG TABLET	4		FETZIMA 20-40 MG TITRATION PACK	4	QL, ST
FELODIPINE ER 2.5 MG TABLET	2		FETZIMA ER 20 MG CAPSULE	4	QL, ST
FELODIPINE ER 5 MG TABLET	2		FETZIMA ER 40 MG CAPSULE	4	QL, ST
FELODIPINE ER 10 MG TABLET	2		FETZIMA ER 80 MG CAPSULE	4	QL, ST
FEM PH VAGINAL JELLY	2		FETZIMA ER 120 MG CAPSULE	4	QL, ST
FEMLYV 1 MG-0.02 MG ODT TABLET	4		FIFTY50 GLUCOSE CONTROL SOLUTION	3	
FENOFIBRATE 43 MG CAPSULE	2		FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
FENOFIBRATE 50 MG CAPSULE	2		FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
FENOFIBRATE 67 MG CAPSULE	2		FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"	3	
FENOFIBRATE 130 MG CAPSULE	3		FILTER ASPIRATOR NEEDLE	3	
FENOFIBRATE 134 MG CAPSULE	2		FILTER NEEDLE	3	
FENOFIBRATE 150 MG CAPSULE	2		FILTER NEEDLE 19G 1.5"	3	
FENOFIBRATE 200 MG CAPSULE	2		FILTER NEEDLE 5 MICRON	3	
FENOFIBRATE 40 MG TABLET	3		FINASTERIDE 5 MG TABLET	2	
FENOFIBRATE 48 MG TABLET	2		FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX
FENOFIBRATE 54 MG TABLET	2		FINZALA 1-0.02(24)-75 CHEWABLE TABLET	1	
FENOFIBRATE 120 MG TABLET	2		FLAC OTIC OIL 0.01% EAR DROPS	2	
FENOFIBRATE 145 MG TABLET	2		FLAVOXATE 100 MG TABLET	2	
FENOFIBRATE 160 MG TABLET	2		FLECAINIDE 50 MG TABLET	2	
FENOFIBRIC ACID 35 MG TABLET	2		FLECAINIDE 100 MG TABLET	2	
FENOFIBRIC ACID 105 MG TABLET	2		FLECAINIDE 150 MG TABLET	2	
FENOFIBRIC ACID DR 135 MG CAPSULE	2		FLEXICHAMBER	3	QL
FENOFIBRIC ACID DR 45 MG CAPSULE	2		FLEXICHAMBER-LARGE CHILD MASK	3	QL
FENOPROFEN 600 MG TABLET	3		FLEXICHAMBER-SMALL ADULT MASK	3	QL
FENTANYL 12 MCG/HR PATCH	3	PA	FLEXICHAMBER-SMALL CHILD MASK	3	QL
FENTANYL 25 MCG/HR PATCH	3	PA	FLOW-EZE VENTED NEEDLE	3	
FENTANYL 37.5 MCG/HR PATCH	3	PA	FLUAD	3	
FENTANYL 50 MCG/HR PATCH	3	PA	FLUARIX	3	
FENTANYL 62.5 MCG/HR PATCH	3	PA	FLUBLOK	3	
FENTANYL 75 MCG/HR PATCH	3	PA	FLUCELVAX	3	
FENTANYL 87.5 MCG/HR PATCH	3	PA	FLUCONAZOLE 10 MG/ML ORAL SUSPENSION	2	
FENTANYL 100 MCG/HR PATCH	3	PA	FLUCONAZOLE 40 MG/ML ORAL SUSPENSION	2	
FENTANYL CITRATE OTFC 200 MCG LOZENGE	4	PA	FLUCONAZOLE 50 MG TABLET	2	
FENTANYL CITRATE OTFC 400 MCG LOZENGE	4	PA	FLUCONAZOLE 100 MG TABLET	2	
FENTANYL CITRATE OTFC 600 MCG LOZENGE	4	PA	FLUCONAZOLE 150 MG TABLET	2	
FENTANYL CITRATE OTFC 800 MCG LOZENGE	4	PA	FLUCONAZOLE 200 MG TABLET	2	
FENTANYL CITRATE OTFC 1,200 MCG LOZENGE	4	PA	FLUCYTOSINE 250 MG CAPSULE	4	
FENTANYL CITRATE OTFC 1,600 MCG LOZENGE	4	PA	FLUCYTOSINE 500 MG CAPSULE	4	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
FLUDROCORTISONE 0.1 MG TABLET	2		FLURBIPROFEN 0.03% EYE DROPS	2	
FLULAVAL	3		FLURBIPROFEN 100 MG TABLET	2	
FLUMIST	3		FLUTAMIDE 125 MG CAPSULE	2	
FLUNISOLIDE 0.025% NASAL SPRAY	2		FLUTICASONE 0.05% CREAM	2	
FLUOCINOLONE 0.01% BODY OIL	2		FLUTICASONE 0.05% LOTION	4	
FLUOCINOLONE 0.01% CREAM	2		FLUTICASONE 50 MCG NASAL SPRAY	2	
FLUOCINOLONE 0.025% CREAM	2		FLUTICASONE 0.005% OINTMENT	2	
FLUOCINOLONE 0.025% OINTMENT	2		FLUTICASONE-SALMETEROL 100-50 INHALER	2	QL
FLUOCINOLONE 0.01% SCALP OIL	2		FLUTICASONE-SALMETEROL 250-50 INHALER	2	QL
FLUOCINOLONE 0.01% TOPICAL SOLUTION	2		FLUTICASONE-SALMETEROL 500-50 INHALER	2	QL
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
FLUORIDEX SENSITIVE RELIEF TOOTHPASTE	2		FLUZONE	3	
FLUORIMAX 5000 1.1% TOOTHPASTE	2		FLUZONE HIGH-DOSE	3	
FLUOROMETHOLONE 0.1% EYE DROPS	2		FOLIC ACID 1 MG TABLET	1	
FLUOROURACIL 0.5% CREAM	4		FOLIVANE-OB CAPSULE	1	
FLUOROURACIL 5% CREAM	2		FONDAPARINUX 2.5 MG/0.5 ML SYRINGE	5	QL, SRX
FLUOROURACIL 2% TOPICAL SOLUTION	2		FONDAPARINUX 5 MG/0.4 ML SYRINGE	5	QL, SRX
FLUOROURACIL 5% TOPICAL SOLUTION	2		FONDAPARINUX 7.5 MG/0.6 ML SYRINGE	5	QL, SRX
FLUOXETINE 10 MG CAPSULE	1	QL	FONDAPARINUX 10 MG/0.8 ML SYRINGE	5	QL, SRX
FLUOXETINE 20 MG CAPSULE	1	QL	FORA HIGH CONTROL SOLUTION	3	
FLUOXETINE 40 MG CAPSULE	1	QL	FORA KETONE L1 CONTROL SOLUTION	3	
FLUOXETINE 20 MG/5 ML ORAL SOLUTION	2	QL	FORA LOW CONTROL SOLUTION	3	
FLUOXETINE DR 90 MG CAPSULE	2	QL	FORA NORMAL CONTROL SOLUTION	3	
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2		FORACARE GDH HIGH CONTROL SOLUTION	3	
FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE	2		FORACARE GDH LOW CONTROL SOLUTION	3	
FLUPHENAZINE 1 MG TABLET	2		FORACARE GDH NORMAL CONTROL SOLUTION	3	
FLUPHENAZINE 2.5 MG TABLET	2		FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION	4	QL
FLUPHENAZINE 5 MG TABLET	2		FORTISCARE HIGH CONTROL SOLUTION	3	
FLUPHENAZINE 10 MG TABLET	2		FORTISCARE LOW CONTROL SOLUTION	3	
FLURANDRENOLIDE 0.05% CREAM	4		FORTISCARE NORMAL CONTROL SOLUTION	3	
FLURANDRENOLIDE 0.05% LOTION	4		FOSAMAX PLUS D 70 MG-2800 UNIT TABLET	4	QL
FLURANDRENOLIDE 0.05% OINTMENT	4		FOSAMAX PLUS D 70 MG-5600 UNIT TABLET	4	QL
FLURAZEPAM 15 MG CAPSULE	2		FOSAMPRENAVIR 700 MG TABLET	2	SRX
FLURAZEPAM 30 MG CAPSULE	2		FOSFOMYCIN 3 GM SACHET	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
FOSINOPRIL 10 MG TABLET	1		FUROSEMIDE 10 MG/ML ORAL SOLUTION	1	
FOSINOPRIL 20 MG TABLET	1		FUROSEMIDE 40 MG/5 ML ORAL SOLUTION	1	
FOSINOPRIL 40 MG TABLET	1		FUROSEMIDE 20 MG TABLET	1	
FOSINOPRIL-HCTZ 10-12.5 MG TABLET	2		FUROSEMIDE 40 MG TABLET	1	
FOSINOPRIL-HCTZ 20-12.5 MG TABLET	2		FUROSEMIDE 80 MG TABLET	1	
FOSRENOL 750 MG POWDER PACKET	4		FUZEON 90 MG VIAL	5	SRX
FOSRENOL 1,000 MG POWDER PACKET	4		FYAVOLV 0.5 MG-2.5 MCG TABLET	2	
FRAGMIN 2,500 UNIT/0.2 ML SYRINGE	5	QL, SRX	FYAVOLV 1 MG-5 MCG TABLET	2	
FRAGMIN 5,000 UNIT/0.2 ML SYRINGE	5	QL, SRX	FYCOMPA 2 MG TABLET	4	PA, QL
FRAGMIN 7,500 UNIT/0.3 ML SYRINGE	5	QL, SRX	FYCOMPA 4 MG TABLET	4	PA, QL
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX	FYCOMPA 6 MG TABLET	4	PA, QL
FRAGMIN 12,500 UNIT/0.5 ML SYRINGE	5	QL, SRX	FYCOMPA 8 MG TABLET	4	PA, QL
FRAGMIN 15,000 UNIT/0.6 ML SYRINGE	5	QL, SRX	FYCOMPA 10 MG TABLET	4	PA, QL
FRAGMIN 18,000 UNIT/0.72 ML SYRINGE	5	QL, SRX	FYCOMPA 12 MG TABLET	4	PA, QL
FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX	GABAPENTIN 100 MG CAPSULE	2	
FRAGMIN 95,000 UNIT/3.8 ML VIAL	5	QL, SRX	GABAPENTIN 300 MG CAPSULE	2	
FRAICHE 5000 1.1 % DENTAL GEL	2		GABAPENTIN 400 MG CAPSULE	2	
FREESTYLE 28G LANCET	3		GABAPENTIN 250 MG/5 ML ORAL SOLUTION	2	
FREESTYLE CONTROL SOLUTION	3		GABAPENTIN 300 MG/6 ML ORAL SOLUTION	2	
FREESTYLE FREEDOM LITE GLUCOSE METER	1		GABAPENTIN 600 MG TABLET	2	
FREESTYLE INSULINX GLUCOSE SYSTEM	1		GABAPENTIN 800 MG TABLET	2	
FREESTYLE INSULINX TEST STRIP	3		GALANTAMINE 4 MG/ML ORAL SOLUTION	2	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	GALANTAMINE 4 MG TABLET	2	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	GALANTAMINE 8 MG TABLET	2	
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA, QL	GALANTAMINE 12 MG TABLET	2	
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA, QL	GALANTAMINE ER 8 MG CAPSULE	2	QL
FREESTYLE LIBRE 2 READER	3	PA, QL	GALANTAMINE ER 16 MG CAPSULE	2	QL
FREESTYLE LIBRE 3 READER	3	PA, QL	GALANTAMINE ER 24 MG CAPSULE	2	QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	GALLIFREY 5 MG TABLET	2	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	GALZIN 25 MG CAPSULE	4	LDD, SRX
FREESTYLE LITE GLUCOSE METER	1		GALZIN 50 MG CAPSULE	4	LDD, SRX
FREESTYLE LITE TEST STRIP	3		GARDASIL 9 SYRINGE	3	
FREESTYLE PRECISION NEO GLUCOSE METER	1		GARDASIL 9 VIAL	3	
FREESTYLE PRECISION NEO TEST STRIP	3		GATIFLOXACIN 0.5% EYE DROPS	3	
FREESTYLE PRECISION SYRINGE 0.5 ML 30G 5/16"	3		GATTEX 5 MG VIAL	5	PA, LDD, SRX
FREESTYLE PRECISION SYRINGE 0.5 ML 31G 5/16"	3		GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX
FREESTYLE PRECISION SYRINGE 1 ML 30G 5/16"	3		GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX
FREESTYLE PRECISION SYRINGE 1 ML 31G 5/16"	3		GAVILYTE-C ORAL SOLUTION	2	
FREESTYLE TEST STRIP	3		GAVILYTE-G ORAL SOLUTION	2	
FREESTYLE UNISTIK 2 LANCET	3		GAVILYTE-N ORAL SOLUTION	2	
FROVATRIPTAN 2.5 MG TABLET	3	QL	GE100 NORMAL CONTROL SOLUTION	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

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

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
GNP ULTICARE PEN NEEDLE 31G 8MM	3		GYNAZOLE 1 2% CREAM	3	
GNP ULTICARE PEN NEEDLE 32G 4MM	3		HAILEY 21 1.5 MG-30 MCG TABLET	1	
GNP ULTICARE PEN NEEDLE 32G 6MM	3		HAILEY 24 FE 1 MG-20 MCG TABLET	1	
GNP ULTIGUARD SAFEPAK 31G 5MM	3		HAILEY FE 1-20 TABLET	1	
GNP ULTIGUARD SAFEPAK 31G 8MM	3		HAILEY FE 1.5-30 TABLET	1	
GNP ULTIGUARD SAFEPAK 32G 4MM	3		HALOBETASOL 0.05% CREAM	2	
GNP ULTIGUARD SAFEPAK 32G 6MM	3		HALOBETASOL 0.05% OINTMENT	2	
GNP ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2"	3		HALOETTE VAGINAL RING	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML	3		HALOPERIDOL 0.5 MG TABLET	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML 28G 1/2"	3		HALOPERIDOL 1 MG TABLET	2	
GNP ULTRA COMFORT SYRINGE 0.5 ML 29G 1/2"	3		HALOPERIDOL 2 MG TABLET	2	
GNP ULTRA COMFORT SYRINGE 1 ML	3		HALOPERIDOL 5 MG TABLET	2	
GNP ULTRA COMFORT SYRINGE 3/10 ML	3		HALOPERIDOL 10 MG TABLET	2	
GOJJI GLUCOSE NORMAL CONTROL SOLUTION	3		HALOPERIDOL 20 MG TABLET	2	
GOJJI KETONE L1 CONTROL SOLUTION	3		HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE	2	
GRANISETRON 1 MG TABLET	4		HALOPERIDOL LACTATE 10 MG/5 ML ORAL CONCENTRATE	2	
GRANISETRON 0.1 MG/ML VIAL	4		HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
GRANISETRON 1 MG/ML VIAL	4		HAVRIX 1,440 UNIT/ML SYRINGE	3	
GRANISETRON 4 MG/4 ML VIAL	4		HEALTHPRO L1, L3 CONTROL SOLUTION	3	
GRASTEK 2,800 BAU SUBLINGUAL TABLET	4	PA, QL	HEALTHWISE INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
GRISEOFULVIN 125 MG/5 ML ORAL SUSPENSION	3		HEALTHWISE INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
GRISEOFULVIN MICRO 500 MG TABLET	3		HEALTHWISE INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
GRISEOFULVIN ULTRA 125 MG TABLET	3		HEALTHWISE INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
GRISEOFULVIN ULTRA 250 MG TABLET	3		HEALTHWISE INSULIN SYRINGE 1 ML 30G 5/16"	3	
GS ALCOHOL 70% SWAB	3		HEALTHWISE INSULIN SYRINGE 1 ML 31G 5/16"	3	
GS PEN NEEDLE 31G 5/16"	3		HEALTHWISE PEN NEEDLE 31G 5MM	3	
GS PEN NEEDLE 31G 5MM	3		HEALTHWISE PEN NEEDLE 31G 8MM	3	
GS PEN NEEDLE 31G 6MM	3		HEALTHWISE PEN NEEDLE 32G 4MM	3	
GS PEN NEEDLE 31G 8MM	3		HEALTHY ACCENTS PENTIP 29G 12MM	3	
GS PEN NEEDLE 32G 4MM	3		HEALTHY ACCENTS PENTIP 31G 5MM	3	
GS PEN NEEDLE 32G 6MM	3		HEALTHY ACCENTS PENTIP 31G 6MM	3	
GUANFACINE 1 MG TABLET	2		HEALTHY ACCENTS PENTIP 31G 8MM	3	
GUANFACINE 2 MG TABLET	2		HEALTHY ACCENTS PENTIP 32G 4MM	3	
GUANFACINE ER 1 MG TABLET	2	QL	HEATHER 0.35 MG TABLET	1	
GUANFACINE ER 2 MG TABLET	2	QL	HEB UNIFINE PENTIP PLUS 31G 3/16"	3	
GUANFACINE ER 3 MG TABLET	2	QL	HEMA-COMBISTIX REAGENT TEST STRIP	3	
GUANFACINE ER 4 MG TABLET	2	QL	HEMANGEOL 4.28 MG/ML ORAL SOLUTION	4	LDD
GUARDIAN RT REPLACE CHARGER	3		HEMMOREX-HC 25 MG SUPPOSITORY	2	
GUARDIAN RT REPLACE TEST PLUG	3		HEMMOREX-HC 30 MG SUPPOSITORY	2	
GUARDIAN TEST PLUG	3		HEPARIN 5,000 UNIT/0.5 ML INJECTION	2	
GUARDIAN TRANSMITTER TAPE	3				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
HEPARIN 5,000 UNIT/ML SYRINGE	2	
HEPLISAV-B 20 MCG/0.5 ML SYRINGE	3	
HIBERIX VACCINE VIAL	3	
HIBERIX VIAL AND DILUENT SYRINGE	3	
HIBERIX VIAL WITH DILUENT VIAL	3	
HM ULTICARE PEN NEEDLE 31G 5MM	3	
HM ULTICARE PEN NEEDLE 31G 6MM	3	
HM ULTICARE PEN NEEDLE 31G 8MM	3	
HM ULTICARE PEN NEEDLE 32G 4MM	3	
HOMATROPAIRE 5% EYE DROPS	2	
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL
HUMALOG 100 UNIT/ML KWIKPEN	3	QL
HUMALOG 200 UNIT/ML KWIKPEN	3	QL
HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL
HUMALOG MIX 50-50 KWIKPEN	3	QL
HUMALOG MIX 75-25 KWIKPEN	3	QL
HUMALOG MIX 75-25 VIAL	3	QL
HUMALOG TEMPO PEN 100 UNIT/ML	3	QL
HUMIRA 40 MG/0.8 ML PEN	5	PA, QL, SRX
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL, SRX
HUMIRA (CF) 40 MG/0.4 ML PEN	5	PA, QL, SRX
HUMIRA (CF) 80 MG/0.8 ML PEN	5	PA, QL, SRX
HUMIRA (CF) 80 MG CROHN'S-UC-HS PEN	5	PA, QL, SRX
HUMIRA (CF) 80 MG PEDIATRIC UC PEN	5	PA, QL, SRX
HUMIRA (CF) 80 MG-40 MG PSORIASIS-UVEITIS-ADOL HS PEN	5	PA, QL, SRX
HUMIRA (CF) 10 MG/0.1 ML SYRINGE	5	PA, QL, SRX
HUMIRA (CF) 20 MG/0.2 ML SYRINGE	5	PA, QL, SRX
HUMIRA (CF) 40 MG/0.4 ML SYRINGE	5	PA, QL, SRX
HUMULIN 70/30 KWIKPEN	3	QL
HUMULIN 70-30 VIAL	3	QL
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL
HUMULIN N 100 UNIT/ML VIAL	3	QL
HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HUMULIN R 100 UNIT/ML VIAL	3	QL
HUMULIN R 500 UNIT/ML VIAL	3	QL
HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX
HYCAMTIN 1 MG CAPSULE	5	PA, SRX
HYDRALAZINE 10 MG TABLET	1	
HYDRALAZINE 25 MG TABLET	1	
HYDRALAZINE 50 MG TABLET	1	
HYDRALAZINE 100 MG TABLET	2	

Medication Name	Tier	Notes
HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE	1	
HYDROCHLOROTHIAZIDE 12.5 MG TABLET	1	
HYDROCHLOROTHIAZIDE 25 MG TABLET	1	
HYDROCHLOROTHIAZIDE 50 MG TABLET	1	
HYDROCODONE ER 20 MG TABLET	2	PA
HYDROCODONE ER 30 MG TABLET	2	PA
HYDROCODONE ER 40 MG TABLET	2	PA
HYDROCODONE ER 60 MG TABLET	2	PA
HYDROCODONE ER 80 MG TABLET	2	PA
HYDROCODONE ER 100 MG TABLET	2	PA
HYDROCODONE ER 120 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 2.5-108 MG/5 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION	2	PA
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET	2	PA
HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA
HYDROCODONE-CHLORPHENIRAMINE ER ORAL SUSPENSION	2	
HYDROCODONE-HOMATROPINE ORAL SOLUTION	2	QL
HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION	2	QL
HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET	2	QL
HYDROCODONE-IBUPROFEN 5 MG-200 MG TABLET	2	PA
HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET	2	PA
HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET	2	PA
HYDROCORTISONE 1% CREAM	1	
HYDROCORTISONE 2.5% CREAM	1	
HYDROCORTISONE 100 MG/60 ML ENEMA	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

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

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) BLUE	3	
IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) GREY	3	
IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX	INPEN (NOVOLOG OR FIASP) PINK	3	
IMIPRAMINE 10 MG TABLET	2		INSUL-CAP INSULIN HOLDER	3	
IMIPRAMINE 25 MG TABLET	2		INSULIN ASPART 100 UNIT/ML CARTRIDGE	4	QL, ST
IMIPRAMINE 50 MG TABLET	2		INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST
IMIPRAMINE PAMOATE 75 MG CAPSULE	3		INSULIN ASPART 100 UNIT/ML VIAL	4	QL, ST
IMIPRAMINE PAMOATE 100 MG CAPSULE	3		INSULIN ASPART PROTAMINE MIX 70-30 PEN	4	QL, ST
IMIPRAMINE PAMOATE 125 MG CAPSULE	3		INSULIN ASPART PROTAMINE MIX 70-30 VIAL	4	QL, ST
IMIPRAMINE PAMOATE 150 MG CAPSULE	3		INSULIN CARTRIDGE 3 ML	3	
IMIQUIMOD 5% CREAM PACKET	2		INSULIN LISPRO 100 UNIT/ML VIAL	3	QL
IMPAVIDO 50 MG CAPSULE	4	PA	INSULIN SYRINGE 0.3 ML	3	
INCASSIA 0.35 MG TABLET	1		INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
IN-CHECK NASAL WITH MASK	3		INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
IN-CHECK ORAL FLOW METER	3		INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
INCONTROL PEN NEEDLE 29G 12MM	3		INSULIN SYRINGE 0.3 ML 31G 1/4"	3	
INCONTROL PEN NEEDLE 31G 5MM	3		INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2)	3	
INCONTROL PEN NEEDLE 31G 6MM	3		INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
INCONTROL PEN NEEDLE 31G 8MM	3		INSULIN SYRINGE 0.5 ML	3	
INCONTROL PEN NEEDLE 32G 4MM	3		INSULIN SYRINGE 0.5 ML 27G 1/2"	3	
INCONTROL ULTICARE PEN NEEDLE 31G 6MM	3		INSULIN SYRINGE 0.5 ML 27G 13MM	3	
INCONTROL ULTICARE PEN NEEDLE 31G 8MM	3		INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
INCONTROL ULTICARE PEN NEEDLE 32G 4MM	3		INSULIN SYRINGE 0.5 ML 28G 12.7MM	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX	INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
INCRUSE ELLIPTA 62.5 MCG INHALER	3		INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
INDAPAMIDE 1.25 MG TABLET	1		INSULIN SYRINGE 0.5 ML 30G 5/16"	3	
INDAPAMIDE 2.5 MG TABLET	1		INSULIN SYRINGE 0.5 ML 31G 1/4"	3	
INDOMETHACIN 25 MG CAPSULE	2		INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
INDOMETHACIN 50 MG CAPSULE	2		INSULIN SYRINGE 1 ML	3	
INDOMETHACIN ER 75 MG CAPSULE	2		INSULIN SYRINGE 1 ML 27G 1/2"	3	
INFANRIX DTAP SYRINGE	3		INSULIN SYRINGE 1 ML 27G 13MM	3	
INFINITY HIGH CONTROL SOLUTION	3		INSULIN SYRINGE 1 ML 27G 16MM	3	
INFINITY LOW CONTROL SOLUTION	3		INSULIN SYRINGE 1 ML 28G 1/2"	3	
INFINITY NORMAL CONTROL SOLUTION	3		INSULIN SYRINGE 1 ML 28G 12.7MM	3	
INFINITY VOICE LEVEL 2 CONTROL SOLUTION	3		INSULIN SYRINGE 1 ML 28G 13MM	3	
INJECT-EASE SYRINGE NEEDLE INTRODUCER	3		INSULIN SYRINGE 1 ML 29G 1/2"	3	
INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRINGE 1 ML 30G 1/2"	3	
INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRINGE 1 ML 30G 5/16"	3	
INPEN (FOR HUMALOG) BLUE	3		INSULIN SYRINGE 1 ML 31G 1/4"	3	
INPEN (FOR HUMALOG) GREY	3		INSULIN SYRINGE 1 ML 31G 5/16"	3	
INPEN (FOR HUMALOG) PINK	3		INSULIN SYRINGE 1/2 ML	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
INSULIN SYRINGE 3/10 ML	3		ISOSORBIDE MONONITRATE ER 120 MG TABLET	2	
INSULIN-EZE SYRINGE MAGNIFIER	3		ISOTRETINOIN 10 MG CAPSULE	4	
INSUPEN PEN NEEDLE 29G 1/2"	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 5MM	3		ISOXSUPRINE 10 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 8MM	3		ISRADIPINE 2.5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 32G 4MM	3		ISRADIPINE 5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 32G 5/32"	3		ITRACONAZOLE 100 MG CAPSULE	3	QL
INSUPEN PEN NEEDLE 32G 6MM	3		ITRACONAZOLE 10 MG/ML ORAL SOLUTION	3	
INSUPEN PEN NEEDLE 32G 8MM	3		ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION	3	
INSUPEN ULTRAFINE NEEDLE 30G	3		IVERMECTIN 3 MG TABLET	2	PA
INSUPEN ULTRAFINE NEEDLE 31G	3		JAIMIESS 0.15-0.03-0.01 MG TABLET	1	
INTELENCE 25 MG TABLET	3	SRX	JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX
IPOD VIAL	3		JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM 0.02% INHALATION SOLUTION	2		JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM 0.03% NASAL SPRAY	2		JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM 0.06% NASAL SPRAY	2		JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX
IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION	2		JANSEN COVID-19 VACCINE (EUA)	3	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 1 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 2 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TABLET	1		JANTOVEN 4 MG TABLET	1	
ISENTRESS 25 MG CHEWABLE TABLET	3	SRX	JANTOVEN 5 MG TABLET	1	
ISENTRESS 100 MG CHEWABLE TABLET	3	SRX	JANTOVEN 6 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	3	SRX	JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 400 MG TABLET	3	SRX	JANTOVEN 10 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	3	SRX	JANUMET 50-500 MG TABLET	3	QL
ISIBLOOM 28 DAY TABLET	1		JANUMET 50-1,000 MG TABLET	3	QL
ISONIAZID 50 MG/5 ML ORAL SOLUTION	2		JANUMET XR 50-500 MG TABLET	3	QL
ISONIAZID 100 MG TABLET	1		JANUMET XR 50-1,000 MG TABLET	3	QL
ISONIAZID 300 MG TABLET	1		JANUMET XR 100-1,000 MG TABLET	3	QL
ISOSORBIDE DINITRATE 5 MG TABLET	2		JANUVIA 25 MG TABLET	3	QL
ISOSORBIDE DINITRATE 10 MG TABLET	2		JANUVIA 50 MG TABLET	3	QL
ISOSORBIDE DINITRATE 20 MG TABLET	2		JANUVIA 100 MG TABLET	3	QL
ISOSORBIDE DINITRATE 30 MG TABLET	2		JARDIANCE 10 MG TABLET	3	QL
ISOSORBIDE DINITRATE 30 MG TABLET	2		JARDIANCE 25 MG TABLET	3	QL
ISOSORBIDE MONONITRATE 10 MG TABLET	1		JASMIEL 3 MG-0.02 MG TABLET	1	
ISOSORBIDE MONONITRATE 20 MG TABLET	1		JENCYCLA 0.35 MG TABLET	1	
ISOSORBIDE MONONITRATE ER 30 MG TABLET	1		JENTADUETO 2.5 MG-500 MG TABLET	3	QL
ISOSORBIDE MONONITRATE ER 60 MG TABLET	1				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
JENTADUETO 2.5 MG-850 MG TABLET	3	QL	KISQALI 400 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO 2.5 MG-1000 MG TABLET	3	QL	KISQALI 600 MG DAILY DOSE TABLET	5	PA, QL, SRX
JENTADUETO XR 2.5 MG-1,000 MG TABLET	3	QL	KLAYESTA 100,000 UNIT/GM POWDER	2	
JENTADUETO XR 5 MG-1,000 MG TABLET	3	QL	KLOR-CON 8 MEQ TABLET	2	
JINTELI 1 MG-5 MCG TABLET	2		KLOR-CON 10 MEQ TABLET	2	
JOLESSA 0.15 MG-0.03 MG TABLET	1		KLOR-CON 20 MEQ PACKET	2	
JOYEAX-28 TABLET	1		KLOR-CON M10 TABLET	2	
JUBLIA 10% TOPICAL SOLUTION	4	PA	KLOR-CON M15 TABLET	4	
JULEBER 28 DAY TABLET	1		KLOR-CON M20 TABLET	2	
JULUCA 50-25 MG TABLET	4	QL, SRX	KMART VALU PLUS SYRINGE 1/2 ML	3	
JUNEL 1 MG-20 MCG TABLET	1		KOURZEQ 0.1% TOOTHPASTE	2	
JUNEL 1.5 MG-30 MCG TABLET	1		K-PHOS #2 TABLET	4	
JUNEL FE 1 MG-20 MCG TABLET	1		K-PHOS ORIGINAL TABLET	4	
JUNEL FE 1.5 MG-30 MCG TABLET	1		KRO INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
JUNEL FE 24 TABLET	1		KRO INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
JYNNEOS 0.5 ML VIAL	3		KRO INSULIN SYRINGE 1 ML 30G 5/16"	3	
KAITLIB FE 0.8-0.025 MG CHEWABLE TABLET	1		KRO PEN NEEDLE 31G 5MM	3	
KALLIGA 28 DAY TABLET	1		KRO PEN NEEDLE 31G 6MM	3	
KARIVA 28 DAY TABLET	1		KRO PEN NEEDLE 31G 8MM	3	
KELNOR 1-35 28 TABLET	1		KRO PEN NEEDLE 32G 4MM	3	
KELNOR 1-50 TABLET	1		KRO PEN NEEDLE 33G 4MM	3	
KESIMPTA 20 MG/0.4 ML PEN	5	PA, SRX	KROGER INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
KETOCONAZOLE 2% CREAM	2		KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
KETOCONAZOLE 2% SHAMPOO	2		KROGER INSULIN SYRINGE 1 ML 29G 1/2"	3	
KETOCONAZOLE 200 MG TABLET	2		KROGER INSULIN SYRINGE 1 ML 31G 5/16"	3	
KETO-DIASTIX REAGENT TEST STRIP	3		KROGER PEN NEEDLE 31G 5/16"	3	
KETONE TEST STRIP	3		KROGER SYRINGE 0.3 ML 31G 5/16"	3	
KETOPROFEN 50 MG CAPSULE	3		KROGER SYRINGE 0.5 ML 30G 5/16"	3	
KETOPROFEN 75 MG CAPSULE	3		KURVELO-28 TABLET	1	
KETOPROFEN ER 200 MG CAPSULE	3		KYLEENA 19.5 MG SYSTEM	1	LDD, SRX
KETOROLAC 0.4% EYE DROPS	2		LABETALOL 100 MG TABLET	2	
KETOROLAC 0.5% EYE DROPS	2		LABETALOL 200 MG TABLET	2	
KETOROLAC 10 MG TABLET	2	QL	LABETALOL 300 MG TABLET	2	
KETOSTIX REAGENT TEST STRIP	3		LABSTIX REAGENT TEST STRIP	3	
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX	LACOSAMIDE 10 MG/ML ORAL SOLUTION	3	QL
KINRAY INSULIN SYRINGE 1 ML 31G 5/16"	3		LACOSAMIDE 50 MG/5 ML ORAL SOLUTION	3	QL
KINRAY SYRINGE 0.3 ML 31G 5/16"	3		LACOSAMIDE 100 MG/10 ML ORAL SOLUTION	3	QL
KINRAY SYRINGE 0.5 ML 31G 5/16"	3		LACOSAMIDE 50 MG TABLET	3	QL
KINRIX TIP-LOK SYRINGE	3		LACOSAMIDE 100 MG TABLET	3	QL
KIONEX 15 GM/60 ML ORAL SUSPENSION	3		LACOSAMIDE 150 MG TABLET	3	QL
KISQALI 200 MG DAILY DOSE TABLET	5	PA, QL, SRX	LACOSAMIDE 200 MG TABLET	3	QL

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LACRISERT 5 MG EYE INSERT	4		LARIN FE 1.5-30 TABLET	1	
LACTATED RINGERS IRRIGATION	2		LARIN FE 1-20 TABLET	1	
LACTULOSE 10 GM/15 ML ORAL SOLUTION	2		LATANOPROST 0.005% EYE DROPS	2	
LACTULOSE 20 GM/30 ML ORAL SOLUTION	2		LAYOLIS FE CHEWABLE TABLET	4	
LAMIVUDINE 10 MG/ML ORAL SOLUTION	2	SRX	LEADER INSULIN SYRINGE 0.3 ML	3	
LAMIVUDINE 150 MG TABLET	2	SRX	LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
LAMIVUDINE 300 MG TABLET	2	SRX	LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"	3	
LAMIVUDINE HBV 100 MG TABLET	4	SRX	LEADER INSULIN SYRINGE 0.5 ML 29G 1/2"	3	
LAMIVUDINE-ZIDOVUDINE TABLET	2	SRX	LEADER INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
LAMOTRIGINE 5 MG DISPERSIBLE TABLET	2		LEADER INSULIN SYRINGE 1 ML 28G 1/2"	3	
LAMOTRIGINE 25 MG DISPERSIBLE TABLET	2		LEADER INSULIN SYRINGE 1 ML 29G 1/2"	3	
LAMOTRIGINE ODT KIT (BLUE)	2		LEADER INSULIN SYRINGE 1 ML 30G 5/16"	3	
LAMOTRIGINE ODT KIT (GREEN)	2		LEADER INSULIN SYRINGE 1 ML 31G 5/16"	3	
LAMOTRIGINE ODT KIT (ORANGE)	2		LEADER PEN NEEDLE 29G 12MM	3	
LAMOTRIGINE 25 MG ODT TABLET	3		LEADER SYRINGE 0.3 ML 31G 5/16"	3	
LAMOTRIGINE 50 MG ODT TABLET	3		LEADER SYRINGE 0.5 ML 31G 5/16"	3	
LAMOTRIGINE 100 MG ODT TABLET	3		LEDIPASVIR-SOFOSBUVIR 90-400 MG TABLET	5	PA, QL, SRX
LAMOTRIGINE 200 MG ODT TABLET	3		LEENA 28 TABLET	1	
LAMOTRIGINE 25 MG TABLET	2		LEFLUNOMIDE 10 MG TABLET	2	
LAMOTRIGINE 100 MG TABLET	2		LEFLUNOMIDE 20 MG TABLET	2	
LAMOTRIGINE 150 MG TABLET	2		LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE 200 MG TABLET	2		LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-BLUE	2		LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-GREEN	2		LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE TABLET STARTER KIT-ORANGE	2		LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 25 MG TABLET	3		LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 50 MG TABLET	3		LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 100 MG TABLET	3		LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 200 MG TABLET	3		LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 250 MG TABLET	3		LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX
LAMOTRIGINE ER 300 MG TABLET	3		LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL	LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL	LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	3		LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX
LANTHANUM 500 MG CHEWABLE TABLET	4		LESSINA-28 TABLET	1	
LANTHANUM 750 MG CHEWABLE TABLET	4		LETROZOLE 2.5 MG TABLET	2	
LANTHANUM 1,000 MG CHEWABLE TABLET	4		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	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

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

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LEVOXYL 137 MCG TABLET	2		LISDEXAMFETAMINE 60 MG CHEWABLE TABLET	2	PA, QL
LEVOXYL 150 MCG TABLET	2		LISINOPRIL 2.5 MG TABLET	1	
LEVOXYL 175 MCG TABLET	2		LISINOPRIL 5 MG TABLET	1	
LEVOXYL 200 MCG TABLET	2		LISINOPRIL 10 MG TABLET	1	
LEVULAN KERASTICK 20%	4	SRX	LISINOPRIL 20 MG TABLET	1	
LIDOCAINE 2% JELLY	2		LISINOPRIL 30 MG TABLET	1	
LIDOCAINE 2% JELLY URO-JET	2		LISINOPRIL 40 MG TABLET	1	
LIDOCAINE 2% JELLY URO-JET AC	2		LISINOPRIL-HCTZ 10-12.5 MG TABLET	1	
LIDOCAINE 2% VISCOUS ORAL SOLUTION	2		LISINOPRIL-HCTZ 20-12.5 MG TABLET	1	
LIDOCAINE 4% ORAL SOLUTION	2		LISINOPRIL-HCTZ 20-25 MG TABLET	1	
LIDOCAINE 5% OINTMENT	2	QL	LITE TOUCH INSULIN SYRINGE 0.3 ML	3	
LIDOCAINE 5% PATCH	2		LITE TOUCH INSULIN SYRINGE 0.5 ML	3	
LIDOCAINE-PRILOCAINE CREAM	2		LITE TOUCH INSULIN SYRINGE 1 ML	3	
LIDOCAN III 5% PATCH	2		LITE TOUCH PEN NEEDLE 29G	3	
LIDOCAN IV 5% PATCH	2		LITE TOUCH PEN NEEDLE 31G	3	
LIDOCAN V 5% PATCH	2		LITE TOUCH PEN NEEDLE 31G 1/4"	3	
LIFESHIELD BLUNT CANNULA	3		LITEAIR MDI CHAMBER	3	QL
LILETTA 52 MG SYSTEM	1	LDD, SRX	LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
LINDANE 1% SHAMPOO	2		LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16"	3	
LINEZOLID 100 MG/5 ML ORAL SUSPENSION	4	PA	LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
LINEZOLID 600 MG TABLET	3	PA	LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
LINZESS 72 MCG CAPSULE	4	QL	LITETOUCH LARGE MASK	3	QL
LINZESS 145 MCG CAPSULE	4	QL	LITETOUCH MEDIUM MASK	3	QL
LINZESS 290 MCG CAPSULE	4	QL	LITETOUCH SMALL MASK	3	QL
LIOTHYRONINE 5 MCG TABLET	2		LITETOUCH SYRINGE 0.5 ML 28G 1/2"	3	
LIOTHYRONINE 25 MCG TABLET	2		LITETOUCH SYRINGE 0.5 ML 29G 1/2"	3	
LIOTHYRONINE 50 MCG TABLET	2		LITETOUCH SYRINGE 0.5 ML 30G 5/16"	3	
LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN	3	PA, QL	LITETOUCH SYRINGE 1 ML 28G 1/2"	3	
LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN	3	PA, QL	LITETOUCH SYRINGE 1 ML 29G 1/2"	3	
LISDEXAMFETAMINE 10 MG CAPSULE	2	PA, QL	LITETOUCH SYRINGE 1 ML 30G 5/16"	3	
LISDEXAMFETAMINE 20 MG CAPSULE	2	PA, QL	LITHIUM 8 MEQ/5 ML ORAL SOLUTION	2	
LISDEXAMFETAMINE 30 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE 150 MG CAPSULE	1	
LISDEXAMFETAMINE 40 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE 300 MG CAPSULE	1	
LISDEXAMFETAMINE 50 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE 600 MG CAPSULE	1	
LISDEXAMFETAMINE 60 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE 300 MG TABLET	1	
LISDEXAMFETAMINE 70 MG CAPSULE	2	PA, QL	LITHIUM CARBONATE ER 300 MG TABLET	2	
LISDEXAMFETAMINE 10 MG CHEWABLE TABLET	2	PA, QL	LITHIUM CARBONATE ER 450 MG TABLET	2	
LISDEXAMFETAMINE 20 MG CHEWABLE TABLET	2	PA, QL	LITHOSTAT 250 MG TABLET	4	
LISDEXAMFETAMINE 30 MG CHEWABLE TABLET	2	PA, QL	LIVE BETTER PEN NEEDLE 8MM	3	
LISDEXAMFETAMINE 40 MG CHEWABLE TABLET	2	PA, QL	LO LOESTRIN FE 1-10 TABLET	3	
LISDEXAMFETAMINE 50 MG CHEWABLE TABLET	2	PA, QL	LOJAIMIESS 0.1-0.02-0.01 TABLET	1	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
LOKELMA 5 GRAM POWDER PACKET	4		LUTERA-28 TABLET	1	
LOKELMA 10 GRAM POWDER PACKET	4		LYLEQ 0.35 MG TABLET	1	
LONSURF 15 MG-6.14 MG TABLET	5	PA, LDD, SRX	LYLLANA 0.025 MG PATCH	2	QL
LONSURF 20 MG-8.19 MG TABLET	5	PA, LDD, SRX	LYLLANA 0.0375 MG PATCH	2	QL
LOPERAMIDE 2 MG CAPSULE	2		LYLLANA 0.05 MG PATCH	2	QL
LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION	2	SRX	LYLLANA 0.075 MG PATCH	2	QL
LOPINAVIR-RITONAVIR 100-25 MG TABLET	2	SRX	LYLLANA 0.1 MG PATCH	2	QL
LOPINAVIR-RITONAVIR 200-50 MG TABLET	2	SRX	LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2		LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LORAZEPAM 0.5 MG TABLET	2		LYSODREN 500 MG TABLET	4	LDD
LORAZEPAM 1 MG TABLET	2		LYZA 0.35 MG TABLET	1	
LORAZEPAM 2 MG TABLET	2		MAGELLAN INSULIN SYRINGE 0.3 ML	3	
LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE	2		MAGELLAN INSULIN SYRINGE 0.5 ML	3	
LORTAB 10 MG-300 MG/15 ML ELIXIR	2	PA	MAGELLAN INSULIN SYRINGE 1 ML	3	
LORYNA 3 MG-0.02 MG TABLET	1		MALATHION 0.5% LOTION	3	
LOSARTAN 25 MG TABLET	1		MARLISSA-28 TABLET	1	
LOSARTAN 50 MG TABLET	1		MARPLAN 10 MG TABLET	4	
LOSARTAN 100 MG TABLET	1		MATZIM LA 180 MG TABLET	3	
LOSARTAN-HCTZ 50-12.5 MG TABLET	1		MATZIM LA 240 MG TABLET	3	
LOSARTAN-HCTZ 100-12.5 MG TABLET	1		MATZIM LA 300 MG TABLET	3	
LOSARTAN-HCTZ 100-25 MG TABLET	1		MATZIM LA 360 MG TABLET	3	
LOTEPREDNOL 0.5% DROPS	3		MATZIM LA 420 MG TABLET	3	
LOTEPREDNOL 0.5% EYE GEL	3		MAXICOMFORT INSULIN SYRINGE 0.5 ML 27G 1/2"	3	
LOVASTATIN 10 MG TABLET	1		MAXICOMFORT INSULIN SYRINGE 1 ML 27G 1/2"	3	
LOVASTATIN 20 MG TABLET	1		MAXICOMFORT PEN NEEDLE 29G 5MM	3	
LOVASTATIN 40 MG TABLET	1		MAXICOMFORT PEN NEEDLE 29G 8MM	3	
LOW-OGESTREL-28 TABLET	1		MAXICOMFORT II PEN NEEDLE 31G 6MM	3	
LOXAPINE 5 MG CAPSULE	2		MAXI-COMFORT INSULIN SYRINGE 0.5 ML 28G	3	
LOXAPINE 10 MG CAPSULE	2		MAXI-COMFORT INSULIN SYRINGE 1 ML 28G 1/2"	3	
LOXAPINE 25 MG CAPSULE	2		MECLIZINE 12.5 MG TABLET	2	
LOXAPINE 50 MG CAPSULE	2		MECLIZINE 25 MG TABLET	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TABLET	1		MECLOFENAMATE 50 MG CAPSULE	4	
LUBIPROSTONE 8 MCG CAPSULE	2		MECLOFENAMATE 100 MG CAPSULE	4	
LUBIPROSTONE 24 MCG CAPSULE	2		MEDICATION TRANSFER NEEDLE	3	
LULICONAZOLE 1% CREAM	4		MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION	3	
LURASIDONE 20 MG TABLET	4	QL	MEDISENSE H-L CONTROL SOLUTION	3	
LURASIDONE 40 MG TABLET	4	QL	MEDISENSE H-M-L CONTROL SOLUTION	3	
LURASIDONE 60 MG TABLET	4	QL	MEDISENSE MID CONTROL SOLUTION	3	
LURASIDONE 80 MG TABLET	4	QL	MEDPOINT CONTROL SOLUTION	3	
LURASIDONE 120 MG TABLET	4	QL	MEDROL 2 MG TABLET	4	
			MEDROXYPROGESTERONE 2.5 MG TABLET	1	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
MEDROXYPROGESTERONE 5 MG TABLET	1	
MEDROXYPROGESTERONE 10 MG TABLET	1	
MEDROXYPROGESTERONE 150 MG/ML VIAL	1	
MEDTRONIC EXTENDED INFUSION SET 23" 6MM	3	
MEDTRONIC EXTENDED INFUSION SET 23" 9MM	3	
MEDTRONIC EXTENDED INFUSION SET 32" 6MM	3	
MEDTRONIC EXTENDED INFUSION SET 32" 9MM	3	
MEDTRONIC REMOTE CONTROL	3	
MEFENAMIC ACID 250 MG CAPSULE	3	
MEFLOQUINE 250 MG TABLET	2	QL
MEGESTROL 40 MG/ML ORAL SUSPENSION	2	
MEGESTROL 400 MG/10 ML ORAL SUSPENSION	2	
MEGESTROL 625 MG/5 ML ORAL SUSPENSION	4	
MEGESTROL 20 MG TABLET	2	
MEGESTROL 40 MG TABLET	2	
MEKINIST 0.05 MG/ML ORAL SOLUTION	5	PA, QL, SRX
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX
MEKINIST 2 MG TABLET	5	PA, QL, SRX
MELOXICAM 7.5 MG TABLET	1	
MELOXICAM 15 MG TABLET	1	
MEMANTINE 2 MG/ML ORAL SOLUTION	2	
MEMANTINE 5 MG TABLET	2	
MEMANTINE 10 MG TABLET	2	
MEMANTINE 5-10 MG TITRATION PACK	2	
MENEST 0.3 MG TABLET	4	
MENEST 0.625 MG TABLET	4	
MENEST 1.25 MG TABLET	4	
MENEST 2.5 MG TABLET	4	
MENQUADFI VIAL	3	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	3	
MENVEO A-C-Y-W KIT (2 VIALS)	3	
MEPERIDINE 50 MG/5 ML ORAL SOLUTION	3	PA
MEPERIDINE 50 MG TABLET	3	PA
MEPROBAMATE 200 MG TABLET	3	
MEPROBAMATE 400 MG TABLET	3	
MERCAPTOPYRINE 20 MG/ML ORAL SUSPENSION	5	PA, SRX
MERCAPTOPYRINE 50 MG TABLET	2	
MERZEE 1 MG-20 MCG CAPSULE	1	
MESALAMINE 4 GM/60 ML ENEMA	4	
MESALAMINE 4 GM/60 ML ENEMA KIT	4	
MESALAMINE 800 MG DR TABLET	4	

Medication Name	Tier	Notes
MESALAMINE ER 0.375 GRAM CAPSULE	3	
MESALAMINE ER 500 MG CAPSULE	4	
MESNA 400 MG TABLET	5	SRX
METAXALONE 400 MG TABLET	4	
METAXALONE 800 MG TABLET	4	
METFORMIN 500 MG TABLET	1	
METFORMIN 850 MG TABLET	1	
METFORMIN 1,000 MG TABLET	1	
METFORMIN ER 500 MG TABLET	2	
METFORMIN ER 750 MG TABLET	2	
METHADONE 10 MG/ML ORAL CONCENTRATE	2	PA
METHADONE 5 MG/5 ML ORAL SOLUTION	2	PA
METHADONE 10 MG/5 ML ORAL SOLUTION	2	PA
METHADONE 5 MG TABLET	2	PA
METHADONE 10 MG TABLET	2	PA
METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE	2	PA
METHAMPHETAMINE 5 MG TABLET	4	QL
METHAZOLAMIDE 25 MG TABLET	3	
METHAZOLAMIDE 50 MG TABLET	3	
METHENAMINE HIPPURATE 1 GM TABLET	2	
METHENAMINE MANDELATE 500 MG TABLET	2	
METHENAMINE MANDELATE 1 GM TABLET	2	
METHIMAZOLE 5 MG TABLET	2	
METHIMAZOLE 10 MG TABLET	2	
METHITEST 10 MG TABLET	5	
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

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION	2	QL	METOPROLOL SUCCINATE ER 25 MG TABLET	2	
METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION	2	QL	METOPROLOL SUCCINATE ER 50 MG TABLET	2	
METHYLPHENIDATE 5 MG TABLET	2	QL	METOPROLOL SUCCINATE ER 100 MG TABLET	2	
METHYLPHENIDATE 10 MG TABLET	2	QL	METOPROLOL SUCCINATE ER 200 MG TABLET	2	
METHYLPHENIDATE 20 MG TABLET	2	QL	METOPROLOL TARTRATE 25 MG TABLET	1	
METHYLPHENIDATE CD 10 MG CAPSULE	3	QL	METOPROLOL TARTRATE 37.5 MG TABLET	2	
METHYLPHENIDATE CD 20 MG CAPSULE	3	QL	METOPROLOL TARTRATE 50 MG TABLET	1	
METHYLPHENIDATE CD 30 MG CAPSULE	3	QL	METOPROLOL TARTRATE 75 MG TABLET	2	
METHYLPHENIDATE CD 40 MG CAPSULE	3	QL	METOPROLOL TARTRATE 100 MG TABLET	1	
METHYLPHENIDATE CD 50 MG CAPSULE	3	QL	METOPROLOL-HCTZ 50-25 MG TABLET	2	
METHYLPHENIDATE CD 60 MG CAPSULE	3	QL	METOPROLOL-HCTZ 100-25 MG TABLET	2	
METHYLPHENIDATE ER 10 MG TABLET	2	QL	METOPROLOL-HCTZ 100-50 MG TABLET	2	
METHYLPHENIDATE ER 18 MG TABLET	2	QL	METRONIDAZOLE 375 MG CAPSULE	2	
METHYLPHENIDATE ER 20 MG TABLET	2	QL	METRONIDAZOLE 0.75% CREAM	2	
METHYLPHENIDATE ER 27 MG TABLET	2	QL	METRONIDAZOLE 0.75% LOTION	2	
METHYLPHENIDATE ER 36 MG TABLET	2	QL	METRONIDAZOLE 250 MG TABLET	2	
METHYLPHENIDATE ER 54 MG TABLET	2	QL	METRONIDAZOLE 500 MG TABLET	2	
METHYLPHENIDATE ER(CD) 10 MG CAPSULE	3	QL	METRONIDAZOLE TOPICAL 0.75% GEL	2	
METHYLPHENIDATE ER(CD) 20 MG CAPSULE	3	QL	METRONIDAZOLE TOPICAL 1% GEL	2	
METHYLPHENIDATE ER(CD) 30 MG CAPSULE	3	QL	METRONIDAZOLE TOPICAL 1% GEL PUMP	2	
METHYLPHENIDATE ER(CD) 40 MG CAPSULE	3	QL	METRONIDAZOLE VAGINAL 0.75% GEL	2	
METHYLPHENIDATE ER(CD) 50 MG CAPSULE	3	QL	METYROSINE 250 MG CAPSULE	5	PA
METHYLPHENIDATE ER(CD) 60 MG CAPSULE	3	QL	MEXILETINE 150 MG CAPSULE	2	
METHYLPHENIDATE ER(LA) 10 MG CAPSULE	3	QL	MEXILETINE 200 MG CAPSULE	2	
METHYLPHENIDATE ER(LA) 20 MG CAPSULE	3	QL	MEXILETINE 250 MG CAPSULE	2	
METHYLPHENIDATE ER(LA) 30 MG CAPSULE	3	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE ER(LA) 40 MG CAPSULE	3	QL	MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	3	
METHYLPHENIDATE ER(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		MICROGESTIN 21 1.5-30 TABLET	1	
METHYLPREDNISOLONE 16 MG TABLET	2		MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 32 MG TABLET	2		MICROGESTIN 24 FE 1 MG-20 MCG TABLET	1	
METHYLTESTOSTERONE 10 MG CAPSULE	5		MICROGESTIN FE 1.5-30 TABLET	1	
METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION	2		MICROGESTIN FE 1-20 TABLET	1	
METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION	2		MICROLIFE PEAK FLOW METER	3	
METOCLOPRAMIDE 5 MG TABLET	1		MICROSPACER FOR AEROSOL DEVICE	3	QL
METOCLOPRAMIDE 10 MG TABLET	1		MIDAZOLAM 2 MG/ML SYRUP	2	
METOLAZONE 2.5 MG TABLET	2		MIDAZOLAM 10 MG/5 ML SYRUP	2	
METOLAZONE 5 MG TABLET	2		MIDODRINE 2.5 MG TABLET	2	
METOLAZONE 10 MG TABLET	2		MIDODRINE 5 MG TABLET	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MIDODRINE 10 MG TABLET	2	PA, SRX	MINIMED SURE T INFUSION SET 32" 6MM	3	
MIGERGOT 2-100 MG SUPPOSITORY	4		MINIMED SURE T INFUSION SET 32" 8MM	3	
MIGLITOL 25 MG TABLET	2		MINOCYCLINE 50 MG CAPSULE	1	
MIGLITOL 50 MG TABLET	2		MINOCYCLINE 75 MG CAPSULE	1	
MIGLITOL 100 MG TABLET	2		MINOCYCLINE 100 MG CAPSULE	1	
MIGLUSTAT 100 MG CAPSULE	5		MINOCYCLINE 50 MG TABLET	1	
MILI 0.25-0.035 MG TABLET	1		MINOCYCLINE 75 MG TABLET	1	
MIMVEY 1-0.5 MG TABLET	2		MINOCYCLINE 100 MG TABLET	1	
MINI PEN NEEDLE 32G 4MM	3		MINOXIDIL 2.5 MG TABLET	2	
MINI PEN NEEDLE 32G 5MM	3		MINOXIDIL 10 MG TABLET	2	
MINI PEN NEEDLE 32G 6MM	3		MINZOYA-28 TABLET	1	
MINI PEN NEEDLE 32G 8MM	3		MIRABEGRON ER 25 MG TABLET	4	QL
MINI PEN NEEDLE 33G 4MM	3		MIRABEGRON ER 50 MG TABLET	4	QL
MINI PEN NEEDLE 33G 5MM	3		MIRCERA 30 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX
MINI PEN NEEDLE 33G 6MM	3		MIRCERA 50 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX
MINI ULTRA-THIN II PEN NEEDLE 31G	3		MIRCERA 75 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX
MINI WRIGHT PEAK FLOW METER	3		MIRCERA 100 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX
MINIMED INFUSION SET	3		MIRCERA 120 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX
MINIMED MIO ADVANCE INFUSION SET 23" 6MM	3		MIRCERA 150 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX
MINIMED MIO ADVANCE INFUSION SET 23" 9MM	3		MIRCERA 200 MCG/0.3 ML SYRINGE	5	PA, LDD, SRX
MINIMED MIO ADVANCE INFUSION SET 43" 6MM	3		MIRENA 52 MG SYSTEM	1	LDD, SRX
MINIMED MIO ADVANCE INFUSION SET 43" 9MM	3		MIRTAZAPINE 15 MG ODT TABLET	2	
MINIMED QUICK INFUSION SET 18" 6MM	3		MIRTAZAPINE 30 MG ODT TABLET	2	
MINIMED QUICK INFUSION SET 23" 6MM	3		MIRTAZAPINE 45 MG ODT TABLET	2	
MINIMED QUICK INFUSION SET 23" 9MM	3		MIRTAZAPINE 7.5 MG TABLET	2	
MINIMED QUICK INFUSION SET 32" 6MM	3		MIRTAZAPINE 15 MG TABLET	2	
MINIMED QUICK INFUSION SET 32" 9MM	3		MIRTAZAPINE 30 MG TABLET	2	
MINIMED QUICK INFUSION SET 43" 6MM	3		MIRTAZAPINE 45 MG TABLET	2	
MINIMED QUICK INFUSION SET 43" 9MM	3		MISOPROSTOL 100 MCG TABLET	2	
MINIMED QUICK-SERTER	3		MISOPROSTOL 200 MCG TABLET	2	
MINIMED RESERVOIR 1.8 ML	3		M-M-R II VACCINE VIAL	3	
MINIMED RESERVOIR 3 ML	3		M-NATAL PLUS TABLET	1	
MINIMED SILHOUETTE INFUSION SET 18"	3		MODAFINIL 100 MG TABLET	4	PA
MINIMED SILHOUETTE INFUSION SET 23"	3		MODAFINIL 200 MG TABLET	4	PA
MINIMED SILHOUETTE INFUSION SET 32"	3		MODERNA COVID (6M-5Y) VACCINE (EUA)	3	
MINIMED SILHOUETTE INFUSION SET 43"	3		MODERNA COVID (6-11Y) VACCINE (EUA)	3	
MINIMED SURE T INFUSION SET 18" 6MM	3		MODERNA COVID (12Y UP) VACCINE (EUA)	3	
MINIMED SURE T INFUSION SET 23"	3		MODERNA COVID (6M-11Y) EUA	3	
MINIMED SURE T INFUSION SET 23" 6MM	3		MODERNA COVID BIVAL (6MO-5Y) EUA	3	
MINIMED SURE T INFUSION SET 23" 8MM	3		MODERNA COVID BIVAL (6MO UP) EUA	3	
MINIMED SURE T INFUSION SET 32"	3		MODERNA COVID-19 BOOSTER (EUA)	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MOEXIPRIL 7.5 MG TABLET	2		MONOJECT SAFETY SYRINGE 6CC	3	
MOEXIPRIL 15 MG TABLET	2		MONOJECT SYRINGE 0.3 ML	3	
MOLINDONE 5 MG TABLET	2		MONOJECT SYRINGE 0.5 ML	3	
MOLINDONE 10 MG TABLET	2		MONOJECT SYRINGE 0.5 ML 28G 1/2"	3	
MOLINDONE 25 MG TABLET	2		MONOJECT SYRINGE 1 ML	3	
MOMETASONE 0.1% CREAM	2		MONOJECT SYRINGE 1 ML 27 1/2"	3	
MOMETASONE 0.1% OINTMENT	2		MONOJECT SYRINGE 1 ML 28G 1/2"	3	
MOMETASONE 0.1% TOPICAL SOLUTION	2		MONOJECT SYRINGE 3 ML 20G 1"	3	
MOMETASONE 50 MCG NASAL SPRAY	3	QL	MONOJECT SYRINGE 3 ML 20G 1.5"	3	
MONDOXYNE NL 75 MG CAPSULE	2		MONOJECT SYRINGE 3 ML 20G 3/4"	3	
MONDOXYNE NL 100 MG CAPSULE	1		MONOJECT SYRINGE 3 ML 21G 1"	3	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1"	3		MONOJECT SYRINGE 3 ML 21G 1.5"	3	
MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5"	3		MONOJECT SYRINGE 3 ML 22G 1"	3	
MONOJECT BLOOD COLLECTION NEEDLE 21G 1"	3		MONOJECT SYRINGE 3 ML 22G 1.5"	3	
MONOJECT BLOOD COLLECTION NEEDLE 22G 1"	3		MONOJECT SYRINGE 3 ML 23G 1"	3	
MONOJECT FILTER NEEDLE 18G 1.5"	3		MONOJECT SYRINGE 3 ML 25G 5/8"	3	
MONOJECT HYPODERMIC NEEDLE	3		MONOJECT SYRINGE 3 ML 25G 1"	3	
MONOJECT HYPODERMIC NEEDLE 18G 1A"	3		MONOJECT SYRINGE 3 ML 25G 1.25"	3	
MONOJECT HYPODERMIC NEEDLE 19G 1"	3		MONOJECT SYRINGE 3 ML 27G 1.25"	3	
MONOJECT HYPODERMIC NEEDLE 19G 1.5"	3		MONOJECT SYRINGE 6 ML 20G 1.5"	3	
MONOJECT HYPODERMIC NEEDLE 20G 1"	3		MONOJECT SYRINGE 6 ML 21G 1"	3	
MONOJECT HYPODERMIC NEEDLE 20G 1.5"	3		MONOJECT SYRINGE 6 ML 21G 1.5"	3	
MONOJECT HYPODERMIC NEEDLE 21G 1"	3		MONOJECT SYRINGE 6 ML 22G 1.5"	3	
MONOJECT HYPODERMIC NEEDLE 21G 1.5"	3		MONO-LINYAH 28 TABLET	1	
MONOJECT HYPODERMIC NEEDLE 22G 1"	3		MONTelukAST 10 MG TABLET	2	
MONOJECT HYPODERMIC NEEDLE 22G 1.5"	3		MONTelukAST 4 MG CHEWABLE TABLET	2	
MONOJECT HYPODERMIC NEEDLE 23G 1"	3		MONTelukAST 5 MG CHEWABLE TABLET	2	
MONOJECT HYPODERMIC NEEDLE 25G 5/8"	3		MONTelukAST 4 MG GRANULE	2	
MONOJECT HYPODERMIC NEEDLE 25G 1"	3		MORGIDOX 50 MG CAPSULE	1	
MONOJECT HYPODERMIC NEEDLE 25G 1.5"	3		MORPHINE 100 MG/5 ML ORAL CONCENTRATE	2	PA
MONOJECT HYPODERMIC NEEDLE 26G 1.5"	3		MORPHINE 10 MG/5 ML ORAL SOLUTION	2	PA
MONOJECT HYPODERMIC NEEDLE 27G 0.5"	3		MORPHINE 20 MG/5 ML ORAL SOLUTION	2	PA
MONOJECT HYPODERMIC NEEDLE 27G 1.5"	3		MORPHINE 5 MG SUPPOSITORY	2	PA
MONOJECT HYPODERMIC NEEDLE 30G 3/4"	3		MORPHINE 10 MG SUPPOSITORY	2	PA
MONOJECT INSULIN SYRINGE 0.3 ML	3		MORPHINE 20 MG SUPPOSITORY	2	PA
MONOJECT INSULIN SYRINGE 0.5 ML	3		MORPHINE 30 MG SUPPOSITORY	2	PA
MONOJECT INSULIN SYRINGE 1 ML	3		MORPHINE ER 10 MG CAPSULE	2	PA
MONOJECT INSULIN SYRINGE 3/10 ML	3		MORPHINE ER 20 MG CAPSULE	2	PA
MONOJECT INSULIN SYRINGE U100	3		MORPHINE ER 30 MG CAPSULE	2	PA
MONOJECT INSULIN SYRINGE U100 0.5 ML	3		MORPHINE ER 45 MG CAPSULE	2	PA
MONOJECT INSULIN SYRINGE U100 1 ML	3		MORPHINE ER 50 MG CAPSULE	2	PA

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
MORPHINE ER 60 MG CAPSULE	2	PA	MULTISTIX 10 SG REAGENT TEST STRIP	3	
MORPHINE ER 75 MG CAPSULE	2	PA	MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET	2	
MORPHINE ER 80 MG CAPSULE	2	PA	MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET	2	
MORPHINE ER 90 MG CAPSULE	2	PA	MULTIVITAMIN-FLUORIDE 1 MG CHEWABLE TABLET	2	
MORPHINE ER 100 MG CAPSULE	2	PA	MUPIROCIN 2% CREAM	3	
MORPHINE ER 120 MG CAPSULE	2	PA	MUPIROCIN 2% OINTMENT	2	
MORPHINE ER 15 MG TABLET	2	PA	MY CHOICE 1.5 MG TABLET	1	
MORPHINE ER 30 MG TABLET	2	PA	MY WAY 1.5 MG TABLET	1	
MORPHINE ER 60 MG TABLET	2	PA	MYCOPHENOLATE 250 MG CAPSULE	2	SRX
MORPHINE ER 100 MG TABLET	2	PA	MYCOPHENOLATE 200 MG/ML ORAL SUSPENSION	2	SRX
MORPHINE ER 200 MG TABLET	2	PA	MYCOPHENOLATE 500 MG TABLET	2	SRX
MORPHINE IR 15 MG TABLET	2	PA	MYCOPHENOLIC ACID DR 180 MG TABLET	2	SRX
MORPHINE IR 30 MG TABLET	2	PA	MYCOPHENOLIC ACID DR 360 MG TABLET	2	SRX
MOUNJARO 2.5 MG/0.5 ML PEN	3	PA, QL	MYGLUCOHEALTH CONTROL SOLUTION PAK	3	
MOUNJARO 5 MG/0.5 ML PEN	3	PA, QL	MYLERAN 2 MG TABLET	4	
MOUNJARO 7.5 MG/0.5 ML PEN	3	PA, QL	MYNATAL CAPSULE	1	
MOUNJARO 10 MG/0.5 ML PEN	3	PA, QL	MYNATAL PLUS CAPTAB	1	
MOUNJARO 12.5 MG/0.5 ML PEN	3	PA, QL	MYNATAL ULTRACAPLET	1	
MOUNJARO 15 MG/0.5 ML PEN	3	PA, QL	MYNATAL-Z CAPTAB	1	
MOVANTIK 12.5 MG TABLET	3	PA, QL	MYORISAN 10 MG CAPSULE	4	
MOVANTIK 25 MG TABLET	3	PA, QL	MYORISAN 20 MG CAPSULE	4	
MOXIFLOXACIN 0.5% EYE DROPS	2		MYORISAN 30 MG CAPSULE	4	
MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS	2		MYORISAN 40 MG CAPSULE	4	
MOXIFLOXACIN 400 MG TABLET	2		MYTESI 125 MG DR TABLET	4	LDD, SRX
MRESVIA 50 MCG/0.5 ML SYRINGE	3		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 0.4 MG/ML SYRINGE	2	
MS PEN NEEDLE 31G 6MM	3		NALOXONE 2 MG/2 ML SYRINGE	2	
MULTISTIX 5 TEST STRIP	3		NALOXONE 4 MG NASAL SPRAY	2	QL
MULTISTIX REAGENT TEST STRIP	3		NALTREXONE 50 MG TABLET	2	QL
MULTISTIX 7 REAGENT TEST STRIP	3		NANO 2 GEN PEN NEEDLE 32G 4MM	3	
MULTISTIX 9 REAGENT TEST STRIP	3		NANO PEN NEEDLE 32G 4MM	3	
MULTISTIX 8 SG REAGENT TEST STRIP	3		NAPROXEN 500 MG KIT	1	
MULTISTIX 9 SG REAGENT TEST STRIP	3				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
NAPROXEN 250 MG TABLET	1		NEUPRO 2 MG/24 HR PATCH	4	
NAPROXEN 375 MG TABLET	1		NEUPRO 3 MG/24 HR PATCH	4	
NAPROXEN 500 MG TABLET	1		NEUPRO 4 MG/24 HR PATCH	4	
NAPROXEN DR 375 MG TABLET	2		NEUPRO 6 MG/24 HR PATCH	4	
NAPROXEN DR 500 MG TABLET	2		NEUPRO 8 MG/24 HR PATCH	4	
NAPROXEN SODIUM 275 MG TABLET	2		NEVANAC 0.1% EYE DROPS	4	
NAPROXEN SODIUM 550 MG TABLET	2		NEVIRAPINE 50 MG/5 ML ORAL SUSPENSION	2	SRX
NARATRIPTAN 1 MG TABLET	2	QL	NEVIRAPINE 200 MG TABLET	2	SRX
NARATRIPTAN 2.5 MG TABLET	2	QL	NEVIRAPINE ER 100 MG TABLET	2	SRX
NATACYN 5% EYE DROPS	4		NEVIRAPINE ER 400 MG TABLET	2	SRX
NATAZIA 28 TABLET	4		NEW DAY 1.5 MG TABLET	1	
NATEGLINIDE 60 MG TABLET	2		NEWGEN TABLET	1	
NATEGLINIDE 120 MG TABLET	2		NEXPLANON 68 MG IMPLANT	1	LDD, SRX
NAYZILAM 5 MG NASAL SPRAY	5	PA, QL	NEXTSTELLIS 3-14.2 MG TABLET	4	
NEBUSAL 3% VIAL	2		NIACIN ER 500 MG TABLET	2	
NECON 0.5-35-28 TABLET	1		NIACIN ER 750 MG TABLET	2	
NEFAZODONE 50 MG TABLET	2		NIACIN ER 1,000 MG TABLET	2	
NEFAZODONE 100 MG TABLET	2		NICARDIPINE 20 MG CAPSULE	3	
NEFAZODONE 150 MG TABLET	2		NICARDIPINE 30 MG CAPSULE	3	
NEFAZODONE 200 MG TABLET	2		NICOTROL CARTRIDGE INHALER	4	
NEFAZODONE 250 MG TABLET	2		NICOTROL NS 10 MG/ML SPRAY	4	
NEOMYCIN 500 MG TABLET	2		NIFEDIPINE 10 MG CAPSULE	2	
NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT	2		NIFEDIPINE 20 MG CAPSULE	2	
NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT	2		NIFEDIPINE ER 30 MG TABLET	2	
NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE	2		NIFEDIPINE ER 60 MG TABLET	2	
NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL	2		NIFEDIPINE ER 90 MG TABLET	2	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS	2		NIKKI 3 MG-0.02 MG TABLET	1	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT	2		NILOTINIB HCL 50 MG CAPSULE	5	PA, QL, SRX
NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS	2		NILOTINIB HCL 150 MG CAPSULE	5	PA, QL, SRX
NEOMYCIN-POLYMYXIN-HC EAR SOLUTION	2		NILOTINIB HCL 200 MG CAPSULE	5	PA, QL, SRX
NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION	2		NILUTAMIDE 150 MG TABLET	5	
NEOMYCIN-POLYMYXIN-HC EYE DROPS	2		NIMODIPINE 30 MG CAPSULE	4	
NEO-POLYCIN EYE OINTMENT	2		NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX
NEO-POLYCIN HC EYE OINTMENT	2		NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX
NEO-SYNALAR 0.5%-0.025% CREAM	4		NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX
NEUAC GEL	2		NISOLDIPINE ER 8.5 MG TABLET	2	QL
NEULASTA 6 MG/0.6 ML SYRINGE	5	PA, SRX	NISOLDIPINE ER 17 MG TABLET	2	QL
NEULASTA ONPRO 6 MG/0.6 ML KIT	5	PA, SRX	NISOLDIPINE ER 20 MG TABLET	2	QL
NEUPRO 1 MG/24 HR PATCH	4		NISOLDIPINE ER 25.5 MG TABLET	2	QL
			NISOLDIPINE ER 30 MG TABLET	2	QL
			NISOLDIPINE ER 34 MG TABLET	2	QL

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
NISOLDIPINE ER 40 MG TABLET	2	QL
NITAZOXANIDE 500 MG TABLET	4	PA
NITRO-BID 2% OINTMENT	2	
NITROFURANTOIN MACRO 25 MG CAPSULE	3	
NITROFURANTOIN MACRO 50 MG CAPSULE	1	
NITROFURANTOIN MACRO 100 MG CAPSULE	1	
NITROFURANTOIN 25 MG/5 ML ORAL SUSPENSION	4	
NITROFURANTOIN MONO-MACRO 100 MG CAPSULE	1	
NITROGLYCERIN 0.4% OINTMENT	4	
NITROGLYCERIN 0.1 MG/HR PATCH	2	
NITROGLYCERIN 0.2 MG/HR PATCH	2	
NITROGLYCERIN 0.4 MG/HR PATCH	2	
NITROGLYCERIN 0.6 MG/HR PATCH	2	
NITROGLYCERIN 400 MCG SPRAY	2	
NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET	2	
NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET	2	
NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET	2	
NITRO-TIME ER 2.5 MG CAPSULE	2	
NITRO-TIME ER 6.5 MG CAPSULE	2	
NITRO-TIME ER 9 MG CAPSULE	2	
NIVA THYROID 15 MG TABLET	2	
NIVA THYROID 30 MG TABLET	2	
NIVA THYROID 60 MG TABLET	2	
NIVA THYROID 90 MG TABLET	2	
NIVA THYROID 120 MG TABLET	2	
NIVA-PLUS TABLET	1	
NIVESTYM 300 MCG/0.5 ML SYRINGE	5	SRX
NIVESTYM 480 MCG/0.8 ML SYRINGE	5	SRX
NIVESTYM 300 MCG/ML VIAL	5	SRX
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX
NIZATIDINE 150 MG CAPSULE	2	
NIZATIDINE 300 MG CAPSULE	2	
NORA-BE TABLET	1	
NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH	1	
NORETHINDRONE 0.35 MG TABLET	1	
NORETHINDRONE 5 MG TABLET	2	
NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET	1	
NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET	1	

Medication Name	Tier	Notes
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG (21) TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG (21) - 75 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (21) - 75 TABLET	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (24) - 75 CAPSULE	1	
NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (24) - 75 CHEWABLE TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET	1	
NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET	1	
NORPACE CR 100 MG CAPSULE	4	
NORPACE CR 150 MG CAPSULE	4	
NORTREL 0.5-35-28 TABLET	1	
NORTREL 1-35 21 TABLET	1	
NORTREL 1-35 28 TABLET	1	
NORTREL 7-7-7-28 TABLET	1	
NORTRIPTYLINE 10 MG CAPSULE	1	
NORTRIPTYLINE 25 MG CAPSULE	1	
NORTRIPTYLINE 50 MG CAPSULE	1	
NORTRIPTYLINE 75 MG CAPSULE	1	
NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION	2	
NORVIR 100 MG POWDER PACKET	3	SRX
NOVAVAX COVID SYRINGE (EUA)	3	
NOVAVAX COVID VIAL (EUA)	3	
NOVAVAX COVID-19 VACCINE, ADJ (EUA)	3	
NOVOFINE AUTOCOVER NEEDLE 30G	3	
NOVOFINE NEEDLE 32G	3	
NOVOFINE PLUS PEN NEEDLE 32G 1/6"	3	
NOVOLOG 100 UNIT/ML FLEXPEN	4	QL, ST
NOVOLOG 100 UNIT/ML PENFILL	4	QL, ST

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
NOVOLOG 100 UNIT/ML VIAL	4	QL, ST
NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST
NOVOLOG MIX 70-30 VIAL	4	QL, ST
NOVOPEN ECHO INSULIN DEVICE	3	
NP THYROID 15 MG TABLET	2	
NP THYROID 30 MG TABLET	2	
NP THYROID 60 MG TABLET	2	
NP THYROID 90 MG TABLET	2	
NP THYROID 120 MG TABLET	2	
NUCYNTA ER 50 MG TABLET	4	PA
NUCYNTA ER 100 MG TABLET	4	PA
NUCYNTA ER 150 MG TABLET	4	PA
NUCYNTA ER 200 MG TABLET	4	PA
NUCYNTA ER 250 MG TABLET	4	PA
NUEDEXTA 20-10 MG CAPSULE	4	PA, QL
NYAMYC 100,000 UNIT/GM POWDER	2	
NYLIA 1-35 28 TABLET	1	
NYLIA 7-7-7-28 TABLET	1	
NYMYO 0.25-0.035 MG (28) TABLET	1	
NYSTATIN 100,000 UNIT/GM CREAM	2	
NYSTATIN 100,000 UNIT/GM OINTMENT	2	
NYSTATIN 100,000 UNIT/GM POWDER	2	
NYSTATIN 100,000 UNIT/ML ORAL SUSPENSION	2	
NYSTATIN 500,000 UNIT/5 ML ORAL SUSPENSION	2	
NYSTATIN 500,000 UNIT ORAL TABLET	2	
NYSTATIN-TRIAMCINOLONE CREAM	2	
NYSTATIN-TRIAMCINOLONE OINTMENT	2	
NYSTOP 100,000 UNIT/GM POWDER	2	
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX
OBSTETRIX DHA COMBO PAK	1	
OCELLA 3 MG-0.03 MG TABLET	1	
OCTREOTIDE 50 MCG/ML AMPULE	3	PA, SRX
OCTREOTIDE 100 MCG/ML AMPULE	3	PA, SRX
OCTREOTIDE 500 MCG/ML AMPULE	3	PA, SRX
OCTREOTIDE 50 MCG/ML SYRINGE	3	PA, SRX
OCTREOTIDE 100 MCG/ML SYRINGE	3	PA, SRX
OCTREOTIDE 500 MCG/ML SYRINGE	3	PA, SRX
OCTREOTIDE 0.05 MG/ML VIAL	3	PA, SRX
OCTREOTIDE 50 MCG/ML VIAL	3	PA, SRX
OCTREOTIDE 100 MCG/ML VIAL	3	PA, SRX
OCTREOTIDE 500 MCG/ML VIAL	3	PA, SRX

Medication Name	Tier	Notes
OCTREOTIDE 1,000 MCG/5 ML VIAL	3	PA, SRX
OCTREOTIDE 5,000 MCG/5 ML VIAL	3	PA, SRX
ODACTRA 12 SQ-HDM SUBLINGUAL TABLET	4	PA, QL
ODEFSEY TABLET	4	QL, SRX
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 5 MG ODT TABLET	2	
OLANZAPINE 10 MG ODT TABLET	2	
OLANZAPINE 15 MG ODT TABLET	2	
OLANZAPINE 20 MG ODT 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-FLUOXETINE 3-25 MG CAPSULE	3	
OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE	3	
OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE	3	
OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE	3	
OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE	3	
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 40-10-12.5 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET	2	
OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 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	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
OLOPATADINE 665 MCG NASAL SPRAY	2		OPTICHAMBER DIAMOND W-SMALL MASK	3	QL
OMEGA-3 ETHYL ESTERS 1 GM CAPSULE	2		OPTION 2 1.5 MG TABLET	1	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL	OPTUMRX GLUCOSE CONTROL SOLUTION	3	
OMEPRAZOLE DR 20 MG CAPSULE	2	QL	ORACIT ORAL SOLUTION	4	
OMEPRAZOLE DR 40 MG CAPSULE	2	QL	ORAL CITRATE SOLUTION	4	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	QL	ORALONE 0.1% TOOTHPASTE	2	
OMNIPOD 5 DEX G7 G6 INTRO (GEN 5)	3	QL	ORENCIA CLICKJECT 125 MG/ML	5	PA, QL, SRX
OMNIPOD 5 DEX G7 G6 PODS (GEN 5)	3	QL	ORENCIA 50 MG/0.4 ML SYRINGE	5	PA, QL, SRX
OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	3	QL	ORENCIA 87.5 MG/0.7 ML SYRINGE	5	PA, QL, SRX
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	QL	ORENCIA 125 MG/ML SYRINGE	5	PA, QL, SRX
OMNIPOD 5 INTRO (G6/LIBRE 2 PLUS)	3	QL	ORPHENADRINE ER 100 MG TABLET	2	
OMNIPOD CLASSIC PDM KIT (GEN 3)	3	QL	ORSERDU 86 MG TABLET	5	PA, QL, LDD, SRX
OMNIPOD CLASSIC PODS (GEN 3) 5 PACK	3	QL	ORSERDU 345 MG TABLET	5	PA, QL, LDD, SRX
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL	OSCIMIN 0.125 MG SUBLINGUAL TABLET	2	
OMNIPOD DASH PODS (GEN 4) 5 PACK	3	QL	OSCIMIN 0.125 MG TABLET	2	
OMNIPOD GO 10 UNIT/DAY PODS	3	QL	OSELTAMIVIR 30 MG CAPSULE	2	QL
OMNIPOD GO 15 UNIT/DAY PODS	3	QL	OSELTAMIVIR 45 MG CAPSULE	2	QL
OMNIPOD GO 20 UNIT/DAY PODS	3	QL	OSELTAMIVIR 75 MG CAPSULE	2	QL
OMNIPOD GO 25 UNIT/DAY PODS	3	QL	OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	2	QL
OMNIPOD GO 30 UNIT/DAY PODS	3	QL	OSMOPREP TABLET	4	
OMNIPOD GO 35 UNIT/DAY PODS	3	QL	OSPHENA 60 MG TABLET	4	QL
OMNIPOD GO 40 UNIT/DAY PODS	3	QL	OTEZLA 10-20 MG STARTER 28 DAY	5	PA, QL, SRX
OMNITROPE 5 MG/1.5 ML CARTRIDGE	5	PA, SRX	OTEZLA 10-20-30 MG STARTER 28 DAY	5	PA, QL, SRX
OMNITROPE 10 MG/1.5 ML CARTRIDGE	5	PA, SRX	OTEZLA 20 MG TABLET	5	PA, QL, SRX
OMNITROPE 5.8 MG VIAL	5	PA, SRX	OTEZLA 30 MG TABLET	5	PA, QL, SRX
ON CALL EXPRESS CONTROL SOLUTION PAK	3		OVAL TAPE	3	
ON CALL PLUS CONTROL SOLUTION	3		OXANDROLONE 2.5 MG TABLET	4	PA
ON CALL VIVID CONTROL SOLUTION	3		OXANDROLONE 10 MG TABLET	4	PA
ONDANSETRON 4 MG ODT TABLET	2		OXAPROZIN 600 MG CAPLET	2	
ONDANSETRON 8 MG ODT TABLET	2		OXAPROZIN 600 MG TABLET	2	
ONDANSETRON 4 MG/5 ML ORAL SOLUTION	2		OXAZEPAM 10 MG CAPSULE	2	
ONDANSETRON 4 MG TABLET	2		OXAZEPAM 15 MG CAPSULE	2	
ONDANSETRON 8 MG TABLET	2		OXAZEPAM 30 MG CAPSULE	2	
ONE WAY VALVED MOUTHPIECE	3	QL	OXCARBAZEPINE 300 MG/5 ML ORAL SUSPENSION	2	
OPCICON ONE-STEP 1.5 MG TABLET	1		OXCARBAZEPINE 150 MG TABLET	2	
OPILL 0.075 MG TABLET	1	QL	OXCARBAZEPINE 300 MG TABLET	2	
OPIUM 10 MG/ML TINCTURE	3	PA	OXCARBAZEPINE 600 MG TABLET	2	
OPTICHAMBER ADULT MASK-LARGE	3	QL	OXICONAZOLE 1% CREAM	3	
OPTICHAMBER DIAMOND VHC	3	QL	OXYBUTYNIN 5 MG/5 ML ORAL SOLUTION	2	
OPTICHAMBER DIAMOND W-LARGE MASK	3	QL	OXYBUTYNIN 5 MG/5 ML SYRUP	2	
OPTICHAMBER DIAMOND W-MEDIUM MASK	3	QL	OXYBUTYNIN 5 MG TABLET	1	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
OXYBUTYNIN ER 5 MG TABLET	2	
OXYBUTYNIN ER 10 MG TABLET	2	
OXYBUTYNIN ER 15 MG TABLET	2	
OXYCODONE (IR) 5 MG CAPSULE	2	PA
OXYCODONE (IR) 5 MG TABLET	2	PA
OXYCODONE (IR) 10 MG TABLET	2	PA
OXYCODONE (IR) 15 MG TABLET	2	PA
OXYCODONE (IR) 20 MG TABLET	2	PA
OXYCODONE (IR) 30 MG TABLET	2	PA
OXYCODONE 100 MG/5 ML ORAL CONCENTRATE	2	PA
OXYCODONE 5 MG/5 ML ORAL SOLUTION	2	PA
OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET	2	PA
OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET	2	PA
OXYMORPHONE 5 MG TABLET	3	PA
OXYMORPHONE 10 MG TABLET	3	PA
OXYMORPHONE ER 5 MG TABLET	3	PA
OXYMORPHONE ER 7.5 MG TABLET	3	PA
OXYMORPHONE ER 10 MG TABLET	3	PA
OXYMORPHONE ER 15 MG TABLET	3	PA
OXYMORPHONE ER 20 MG TABLET	3	PA
OXYMORPHONE ER 30 MG TABLET	3	PA
OXYMORPHONE ER 40 MG TABLET	3	PA
OZEMPIC 0.25-0.5 MG/DOSE PEN INJECTOR	3	PA, QL
OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN INJECTOR	3	PA, QL
OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR	3	PA, QL
PACERONE 200 MG TABLET	2	
PALIPERIDONE ER 1.5 MG TABLET	4	
PALIPERIDONE ER 3 MG TABLET	4	
PALIPERIDONE ER 6 MG TABLET	4	
PALIPERIDONE ER 9 MG TABLET	4	
PANCREAZE DR 2,600 UNIT CAPSULE	3	
PANCREAZE DR 4,200 UNIT CAPSULE	3	
PANCREAZE DR 10,500 UNIT CAPSULE	3	
PANCREAZE DR 16,800 UNIT CAPSULE	3	
PANCREAZE DR 21,000 UNIT CAPSULE	3	
PANCREAZE DR 37,000 UNIT CAPSULE	3	
PANDA MASK LARGE	3	QL
PANDA MASK MEDIUM	3	QL
PANDA MASK SMALL	3	QL

Medication Name	Tier	Notes
PANRETIN 0.1% GEL	5	SRX
PANTOPRAZOLE DR 20 MG TABLET	2	QL
PANTOPRAZOLE DR 40 MG TABLET	2	QL
PARADIGM RESERVOIR 1.8 ML	3	
PARADIGM RESERVOIR 3 ML	3	
PARAGARD T 380-A IUD	1	LDD, SRX
PARICALCITOL 1 MCG CAPSULE	2	SRX
PARICALCITOL 2 MCG CAPSULE	2	SRX
PARICALCITOL 4 MCG CAPSULE	2	SRX
PAROEX 0.12% ORAL RINSE	2	
PAROXETINE 10 MG TABLET	1	QL
PAROXETINE 20 MG TABLET	1	QL
PAROXETINE 30 MG TABLET	1	QL
PAROXETINE 40 MG TABLET	1	QL
PASER GRANULES 4 GM PACKET	4	
PAXLOVID 150-100 MG DOSE PACK	4	QL
PAXLOVID 300-100 MG DOSE PACK	4	QL
PAZOPANIB 200 MG TABLET	5	PA, QL, SRX
PC UNIFINE PENTIP NEEDLE 6MM	3	
PC UNIFINE PENTIP NEEDLE 8MM	3	
PC UNIFINE PENTIP NEEDLE 12MM	3	
PEAK-AIR PEAK FLOW METER	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDIATRIC MEDIUM MASK	3	QL
PEDIATRIC MOUTHPIECE	3	QL
PEDIATRIC PANDA MASK	3	QL
PEDIATRIC SMALL MASK	3	QL
PEDVAXHIB VACCINE VIAL	3	
PEG 3350-ELECTROLYTE ORAL SOLUTION	2	
PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET	2	
PEG-3350 AND ELECTROLYTES ORAL SOLUTION	2	
PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX
PEGASYS 180 MCG/ML VIAL	5	PA, SRX
PEG-PREP KIT	2	
PEN NEEDLE 29G 12MM	3	
PEN NEEDLE 30G 5/16"	3	
PEN NEEDLE 30G 5MM	3	
PEN NEEDLE 30G 8MM	3	
PEN NEEDLE 31G 1/4"	3	
PEN NEEDLE 31G 3/16"	3	
PEN NEEDLE 31G 5/16"	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
PEN NEEDLE 31G 5MM	3	
PEN NEEDLE 31G 6MM	3	
PEN NEEDLE 31G 8MM	3	
PEN NEEDLE 32G 3/16"	3	
PEN NEEDLE 32G 1/4"	3	
PEN NEEDLE 32G 4MM	3	
PEN NEEDLE 32G 5/32"	3	
PEN NEEDLE 33G 4MM	3	
PENBRAYA KIT	3	
PENCICLOVIR 1% CREAM	4	PA, QL
PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PENICILLIN VK 125 MG/5 ML ORAL SOLUTION	2	
PENICILLIN VK 250 MG/5 ML ORAL SOLUTION	2	
PENICILLIN VK 250 MG TABLET	2	
PENICILLIN VK 500 MG TABLET	2	
PENTACEL VIAL KIT	3	
PENTAMIDINE 300 MG INHALATION POWDER	3	
PENTAZOCINE-NALOXONE TABLET	2	PA
PENTIPS PEN NEEDLE 29G 1/2"	3	
PENTIPS PEN NEEDLE 29G 12MM	3	
PENTIPS PEN NEEDLE 31G 3/16"	3	
PENTIPS PEN NEEDLE 31G 1/4"	3	
PENTIPS PEN NEEDLE 31G 5/16"	3	
PENTIPS PEN NEEDLE 31G 5MM	3	
PENTIPS PEN NEEDLE 31G 6MM	3	
PENTIPS PEN NEEDLE 31G 8MM	3	
PENTIPS PEN NEEDLE 32G 4MM	3	
PENTIPS PEN NEEDLE 32G 1/4"	3	
PENTIPS PEN NEEDLE 32G 5/32"	3	
PENTOXIFYLLINE ER 400 MG TABLET	2	
PERFECT POINT NEEDLE 25G 1"	3	
PERINDOPRIL 2 MG TABLET	2	
PERINDOPRIL 4 MG TABLET	2	
PERINDOPRIL 8 MG TABLET	2	
PERIOGARD 0.12% ORAL RINSE	2	
PERMETHRIN 5% CREAM	2	
PERPHENAZINE 2 MG TABLET	2	
PERPHENAZINE 4 MG TABLET	2	
PERPHENAZINE 8 MG TABLET	2	
PERPHENAZINE 16 MG TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET	2	

Medication Name	Tier	Notes
PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET	2	
PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET	2	
PERSONAL BEST PEAK FLOW METER	3	
PFIZER COVID (6M-4Y) EUA	3	
PFIZER COVID (5-11Y) EUA	3	
PFIZER COVID (6M-4Y) VACCINE - MAROON	3	
PFIZER COVID (5-11Y) VACCINE - ORANGE	3	
PFIZER COVID (12Y UP) VACCINE - GRAY	3	
PFIZER COVID BIVAL (6MO-4Y) EUA	3	
PFIZER COVID BIVAL (5-11YR) EUA	3	
PFIZER COVID BIVAL (12Y UP) EUA	3	
PFIZER COVID-19 VACCINE - PURPLE	3	
PHASEAL PROTECTOR 14	3	
PHASEAL PROTECTOR 21	3	
PHASEAL PROTECTOR 28	3	
PHASEAL PROTECTOR 50	3	
PHENAZOPYRIDINE 100 MG TABLET	2	
PHENAZOPYRIDINE 200 MG TABLET	2	
PHENELZINE 15 MG TABLET	2	
PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION	2	
PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION	2	
PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION	2	
PHENOBARBITAL 30 MG TABLET	2	
PHENOBARBITAL 15 MG TABLET	2	
PHENOBARBITAL 16.2 MG TABLET	2	
PHENOBARBITAL 32.4 MG TABLET	2	
PHENOBARBITAL 60 MG TABLET	2	
PHENOBARBITAL 64.8 MG TABLET	2	
PHENOBARBITAL 97.2 MG TABLET	2	
PHENOBARBITAL 100 MG TABLET	2	
PHENOXYBENZAMINE 10 MG CAPSULE	5	
PHENYLEPHRINE 2.5% EYE DROPS	2	
PHENYLEPHRINE 10% EYE DROPS	2	
PHENYTOIN 50 MG CHEWABLE TABLET	2	
PHENYTOIN 50 MG INFATAB CHEW	2	
PHENYTOIN 100 MG/4 ML ORAL SUSPENSION	2	
PHENYTOIN 125 MG/5 ML ORAL SUSPENSION	2	
PHENYTOIN SODIUM EXT 100 MG CAPSULE	2	
PHENYTOIN SODIUM EXT 200 MG CAPSULE	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
PHENYTOIN SODIUM EXT 300 MG CAPSULE	2		PNV 29-1 TABLET	1	
PHEXXI 1.8-1-0.4% VAGINAL GEL	1		PNV PRENATAL PLUS MULTIVITAMIN TABLET	1	
PHILITH 0.4-0.035 MG TABLET	1		PNV-DHA + DOCUSATE SOFTGEL	1	
PHYSIOSOL IRRIGATION SOLUTION	4		PNV-DHA SOFTGEL	1	
PHYTONADIONE 5 MG TABLET	4		PNV-OMEGA SOFTGEL	1	
PIKO 1 FLOW METER	3		PNV-SELECT TABLET	1	
PILOCARPINE 1% EYE DROPS	2		POCKET CHAMBER	3	QL
PILOCARPINE 2% EYE DROPS	2		POCKET PEAK FLOW METER	3	
PILOCARPINE 4% EYE DROPS	2		PODOFILOX 0.5% TOPICAL SOLUTION	2	
PILOCARPINE 5 MG TABLET	2		POLY HUB NEEDLE 18G 1"	3	
PILOCARPINE 7.5 MG TABLET	2		POLY HUB NEEDLE 18G 1.5"	3	
PIMECROLIMUS 1% CREAM	4		POLY HUB NEEDLE 21G 1"	3	
PIMOZIDE 1 MG TABLET	2		POLY HUB NEEDLE 21G 1.5"	3	
PIMOZIDE 2 MG TABLET	2		POLY HUB NEEDLE 22G 1"	3	
PIMTREA 28 DAY TABLET	1		POLY HUB NEEDLE 22G 1.5"	3	
PINDOLOL 5 MG TABLET	2		POLY HUB NEEDLE 23G 1"	3	
PINDOLOL 10 MG TABLET	2		POLY HUB NEEDLE 23G 1.5"	3	
PIOGLITAZONE 15 MG TABLET	2		POLY HUB NEEDLE 25G 1"	3	
PIOGLITAZONE 30 MG TABLET	2		POLY HUB NEEDLE 25G 1.5"	3	
PIOGLITAZONE 45 MG TABLET	2		POLY HUB NEEDLE 25G 5/8"	3	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	2		POLY HUB NEEDLE 27G 1.25"	3	
PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	2		POLY HUB NEEDLE 27G 1/2"	3	
PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET	2		POLY HUB NEEDLE 30G 1/2"	3	
PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET	2		POLYCYN EYE OINTMENT	2	
PIP GLUCOSE L1-L2 CONTROL SOLUTION	3		POLYMYXIN B-TMP EYE DROPS	2	
PIP PEN NEEDLE 31G 5MM	3		POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX
PIP PEN NEEDLE 32G 4MM	3		POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX
PIRFENIDONE 267 MG CAPSULE	5	PA, SRX	POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX
PIRFENIDONE 267 MG TABLET	5	PA, SRX	POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX
PIRFENIDONE 801 MG TABLET	5	PA, SRX	PORTIA-28 TABLET	1	
PIRMELLA 1-35 28 TABLET	1		POSACONAZOLE 200 MG/5 ML ORAL SUSPENSION	4	
PIRMELLA 7-7-7-28 TABLET	1		POSACONAZOLE DR 100 MG TABLET	4	QL
PIROXICAM 10 MG CAPSULE	2		POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	2	
PIROXICAM 20 MG CAPSULE	2		POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	2	
PLAN B ONE-STEP 1.5 MG TABLET	4		POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION	2	
PLEGRIDY 125 MCG/0.5 ML PEN	5	PA, SRX	POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION	2	
PLEGRIDY 125 MCG/0.5 ML SYRINGE	5	PA, SRX	POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION	2	
PLEGRIDY PEN INJECTOR STARTER PACK	5	PA, SRX	POTASSIUM CHLORIDE 20 MEQ PACKET	2	
PLEGRIDY SYRINGE STARTER PACK	5	PA, SRX	POTASSIUM CHLORIDE ER 8 MEQ TABLET	2	
PNEUMOVAX 23 SYRINGE	3				
PNEUMOVAX 23 VIAL	3				

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
POTASSIUM CHLORIDE ER 10 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 15 MEQ TABLET	2	
POTASSIUM CHLORIDE ER 20 MEQ TABLET	2	
POTASSIUM CITRATE ER 5 MEQ TABLET	2	
POTASSIUM CITRATE ER 10 MEQ TABLET	2	
POTASSIUM CITRATE ER 15 MEQ TABLET	2	
POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION	4	
PR NATAL 400 COMBO PACK	1	
PR NATAL 430 COMBO PACK	1	
PR NATAL 400 EC COMBO PACK	1	
PR NATAL 430 EC COMBO PACK	1	
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	
PRAMOSONE 1% LOTION	4	
PRAMOSONE 2.5%-1% LOTION	4	
PRAMOSONE 1%-1% OINTMENT	4	
PRAMOSONE 2.5%-1% OINTMENT	4	
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	
PRAZICQUANTEL 600 MG TABLET	4	
PRAZOSIN 1 MG CAPSULE	2	
PRAZOSIN 2 MG CAPSULE	2	
PRAZOSIN 5 MG CAPSULE	2	
PRECISION XTRA MONITOR	1	
PRECISION XTRA TEST STRIP	3	
PREDNICARBATE 0.1% CREAM	2	

Medication Name	Tier	Notes
PREDNICARBATE 0.1% OINTMENT	2	
PREDNISOLONE 1% EYE DROPS	2	
PREDNISOLONE 10 MG ODT TABLET	3	
PREDNISOLONE 15 MG ODT TABLET	3	
PREDNISOLONE 30 MG ODT 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	
PREDNISOLONE AC 1% EYE DROPS	2	
PREDNISONE 5 MG/5 ML ORAL SOLUTION	2	
PREDNISONE 1 MG TABLET	2	
PREDNISONE 2.5 MG TABLET	2	
PREDNISONE 5 MG TABLET	2	
PREDNISONE 10 MG TABLET	2	
PREDNISONE 20 MG TABLET	2	
PREDNISONE 50 MG TABLET	2	
PREDNISONE 5 MG TABLET DOSE PACK	2	
PREDNISONE 10 MG TABLET DOSE PACK	2	
PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE	3	
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 SYRINGE 0.3 ML 30G 5/16"	3	
PREFERRED PLUS SYRINGE 0.5 ML	3	
PREFERRED PLUS SYRINGE 0.5 ML 29G 1/2"	3	
PREFERRED PLUS SYRINGE 1 ML	3	
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	3	
PREMARIN 0.3 MG TABLET	4	
PREMARIN 0.45 MG TABLET	4	
PREMARIN 0.625 MG TABLET	4	
PREMARIN 0.9 MG TABLET	4	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
PREMARIN 1.25 MG TABLET	4	
PRENA1 TRUE COMBO PACK	1	
PRENAISSANCE CAPSULE	1	
PRENAISSANCE PLUS SOFTGEL	1	
PRENATAL 19 CHEWABLE TABLET	1	
PRENATAL 19 TABLET	1	
PRENATAL PLUS IRON TABLET	1	
PRENATAL PLUS VITAMIN-MINERAL TABLET	1	
PRENATAL PLUS-DHA COMBO PACK	1	
PRENATAL VITAMIN PLUS LOW IRON TABLET	1	
PRENATAL-U CAPSULE	1	
PREVALITE PACKET	2	
PREVALITE POWDER	2	
PREVENT PEN NEEDLE 31G 1/4"	3	
PREVENT PEN NEEDLE 31G 5/16"	3	
PREVNAR 20 SYRINGE	3	
PREVYMIS 20 MG PELLETT PACKET	4	PA, QL, SRX
PREVYMIS 120 MG PELLETT PACKET	4	PA, QL, SRX
PREVYMIS 240 MG TABLET	4	PA, QL, SRX
PREVYMIS 480 MG TABLET	4	PA, QL, SRX
PREZCOBIX 800 MG-150 MG TABLET	3	SRX
PREZISTA 75 MG TABLET	3	SRX
PREZISTA 150 MG TABLET	3	SRX
PREZISTA 100 MG/ML ORAL SUSPENSION	3	SRX
PRIFTIN 150 MG TABLET	4	
PRIMAQUINE 26.3 MG TABLET	2	
PRIMEAIRE CHAMBER	3	QL
PRIMIDONE 250 MG TABLET	2	
PRIMIDONE 50 MG TABLET	2	
PRIMSOL 50 MG/5 ML ORAL SOLUTION	4	
PRIORIX VIAL	3	
PRO COMFORT PEN NEEDLE 32G 1/4"	3	
PRO COMFORT PEN NEEDLE 31G 5/16"	3	
PRO COMFORT PEN NEEDLE 32G 4MM	3	
PRO COMFORT PEN NEEDLE 32G 5MM	3	
PRO COMFORT SYRINGE 0.5 ML 30G 5/16"	3	
PRO COMFORT SYRINGE 0.5 ML 30G 1/2"	3	
PRO COMFORT SYRINGE 0.5 ML 31G 5/16"	3	
PRO COMFORT SYRINGE 1 ML 30G 5/16"	3	
PRO COMFORT SYRINGE 1 ML 31G 5/16"	3	
PRO COMFORT SYRINGE 1 ML 30G 1/2"	3	

Medication Name	Tier	Notes
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	3	
PROCHLORPERAZINE 5 MG TABLET	2	
PROCHLORPERAZINE 10 MG TABLET	2	
PROCTO-MED HC 2.5% CREAM	2	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
PRODIGY CONTROL SOLUTION	3	
PRODIGY INSULIN SYRINGE 1 ML 28G 1/2"	3	
PRODIGY LOW CONTROL SOLUTION	3	
PRODIGY SYRINGE 0.3 ML 31G 5/16"	3	
PRODIGY SYRINGE 0.5 ML 31G 5/16"	3	
PROGESTERONE 100 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2	
PROGRAF 0.2 MG GRANULE PACKET	4	SRX
PROGRAF 1 MG GRANULE PACKET	4	SRX
PROMETHAZINE 12.5 MG SUPPOSITORY	3	
PROMETHAZINE 25 MG SUPPOSITORY	3	
PROMETHAZINE 12.5 MG/10 ML SYRUP	2	
PROMETHAZINE 12.5 MG TABLET	2	
PROMETHAZINE 25 MG TABLET	2	
PROMETHAZINE 50 MG TABLET	2	
PROMETHAZINE 6.25 MG/5 ML SYRUP	2	
PROMETHAZINE VC-CODEINE SYRUP	2	QL
PROMETHAZINE-CODEINE ORAL SOLUTION	2	QL
PROMETHAZINE-CODEINE SYRUP	2	QL
PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP	2	
PROMETHAZINE-PE 6.25-5 MG/5 ML SYRUP	2	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL
PROMETHAZINE-PHENYLEPHRINE SYRUP	2	
PROMETHEGAN 12.5 MG SUPPOSITORY	3	
PROMETHEGAN 25 MG SUPPOSITORY	3	
PROMETHEGAN 50 MG SUPPOSITORY	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
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
PROPARACAIN 0.5% EYE DROPS	2		PV UNIFINE PENTIP PLUS 31G 5MM	3	
PROPRANOLOL 20 MG/5 ML ORAL SOLUTION	2		PV UNIFINE PENTIP PLUS 31G 6MM	3	
PROPRANOLOL 40 MG/5 ML ORAL SOLUTION	2		PV UNIFINE PENTIP PLUS 31G 8MM	3	
PROPRANOLOL 10 MG TABLET	2		PV UNIFINE PENTIP PLUS 32G 4MM	3	
PROPRANOLOL 20 MG TABLET	2		PV UNIFINE PENTIP PLUS 33G 4MM	3	
PROPRANOLOL 40 MG TABLET	2		PYRAZINAMIDE 500 MG TABLET	2	
PROPRANOLOL 60 MG TABLET	2		PYRIDOSTIGMINE 60 MG TABLET	4	
PROPRANOLOL 80 MG TABLET	2		PYRIDOSTIGMINE 60 MG/5 ML ORAL SOLUTION	5	PA
PROPRANOLOL ER 60 MG CAPSULE	2		PYRIDOSTIGMINE ER 180 MG TABLET	4	
PROPRANOLOL ER 80 MG CAPSULE	2		PRIMETHAMINE 25 MG TABLET	5	PA, SRX
PROPRANOLOL ER 120 MG CAPSULE	2		QC UNIFINE PENTIP 32G 4MM	3	
PROPRANOLOL ER 160 MG CAPSULE	2		QC UNIFINE PENTIP 32G 5/32"	3	
PROPRANOLOL-HCTZ 40-25 MG TABLET	2		QUADRACEL DTAP-IPV SYRINGE	3	
PROPRANOLOL-HCTZ 80-25 MG TABLET	2		QUADRACEL DTAP-IPV VIAL	3	
PROPYLTHIOURACIL 50 MG TABLET	2		QUAZEPAM 15 MG TABLET	4	PA
PROQUAD VIAL	3		QUETIAPINE 25 MG TABLET	2	
PROTRIPTYLINE 5 MG TABLET	4		QUETIAPINE 50 MG TABLET	2	
PROTRIPTYLINE 10 MG TABLET	4		QUETIAPINE 100 MG TABLET	2	
PUB INSULIN SYRINGE 0.3 ML 30G 1/2"	3		QUETIAPINE 200 MG TABLET	2	
PUB INSULIN SYRINGE 0.3 ML 31G 5/16"	3		QUETIAPINE 300 MG TABLET	2	
PUB INSULIN SYRINGE 0.5 ML 30G 1/2"	3		QUETIAPINE 400 MG TABLET	2	
PUB INSULIN SYRINGE 0.5 ML 31G 5/16"	3		QUETIAPINE ER 50 MG TABLET	2	
PUB INSULIN SYRINGE 1 ML 30G 1/2"	3		QUETIAPINE ER 150 MG TABLET	2	
PUB INSULIN SYRINGE 1 ML 31G 5/16"	3		QUETIAPINE ER 200 MG TABLET	2	
PUB PEN NEEDLE 29G 12MM	3		QUETIAPINE ER 300 MG TABLET	2	
PUB PEN NEEDLE 31G 6MM	3		QUETIAPINE ER 400 MG TABLET	2	
PUB PEN NEEDLE 31G 8MM	3		QUINAPRIL 5 MG TABLET	1	
PUB UNIFINE PENTIP PLUS 31G 3/16"	3		QUINAPRIL 10 MG TABLET	1	
PULMOSAL 7% VIAL	2		QUINAPRIL 20 MG TABLET	1	
PULMOZYME 1 MG/ML AMPULE	5	PA, SRX	QUINAPRIL 40 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 4MM	3		QUINAPRIL-HCTZ 10-12.5 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 5MM	3		QUINAPRIL-HCTZ 20-12.5 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 6MM	3		QUINAPRIL-HCTZ 20-25 MG TABLET	1	
PURE COMFORT PEN NEEDLE 32G 8MM	3		QUINIDINE GLUCONATE ER 324 MG TABLET	3	
PURE COMFORT SAFETY PEN NEEDLE 31G 5MM	3		QUINIDINE SULFATE 200 MG TABLET	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
QUINIDINE SULFATE 300 MG TABLET	2		RELION KETONE TEST STRIP	3	
QUININE SULFATE 324 MG CAPSULE	2		RELION MINI PEN NEEDLE 31G 1/4"	3	
QVAR REDHALER 40 MCG	3		RELION NOVOLOG 100 UNIT/ML VIAL	4	QL, ST
QVAR REDHALER 80 MCG	3		RELION NOVOLOG MIX 70-30 FLEXPEN	4	QL, ST
RA INSULIN SYRINGE 0.5 ML 29G 1/2"	3		RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST
RA INSULIN SYRINGE 0.5 ML 30G 5/16"	3		RELION NOVOLOG U-100 FLEXPEN	4	QL, ST
RA INSULIN SYRINGE 1 ML 29G 1/2"	3		RELION PEN NEEDLE 29G	3	
RA INSULIN SYRINGE 1 ML 30G 5/16"	3		RELION PEN NEEDLE 29G 1/2"	3	
RA PEN NEEDLE 31G 3/16"	3		RELION PEN NEEDLE 31G	3	
RA PEN NEEDLE 31G 5/16"	3		RELION PEN NEEDLE 31G 1/4"	3	
RABEPRAZOLE DR 20 MG TABLET	2	QL	RELION PEN NEEDLE 31G 5/16"	3	
RALOXIFENE 60 MG TABLET	2		RELION PEN NEEDLE 31G 6MM	3	
RAMELTEON 8 MG TABLET	3	QL	RELION PEN NEEDLE 32G 5/32"	3	
RAMIPRIL 1.25 MG CAPSULE	2		RELION SYRINGE 0.3 ML 31G 5/16"	3	
RAMIPRIL 2.5 MG CAPSULE	1		RELION SYRINGE 0.5 ML 31G 5/16"	3	
RAMIPRIL 5 MG CAPSULE	1		RELION TRUE METRIX AIR GLUCOSE METER	1	
RAMIPRIL 10 MG CAPSULE	1		RELION TRUE METRIX TEST STRIP	3	
RANOLAZINE ER 1,000 MG TABLET	4	QL	RELISTOR 8 MG/0.4 ML SYRINGE	4	PA
RANOLAZINE ER 500 MG TABLET	4	QL	RELISTOR 12 MG/0.6 ML SYRINGE	4	PA
RASAGILINE 0.5 MG TABLET	2		RELISTOR 12 MG/0.6 ML VIAL	4	PA
RASAGILINE 1 MG TABLET	2		RENACIDIN IRRIGATION SOLUTION	4	
RAYA SURE PEN NEEDLE 29G 12MM	3		REPAGLINIDE 0.5 MG TABLET	2	
RAYA SURE PEN NEEDLE 31G 4MM	3		REPAGLINIDE 1 MG TABLET	2	
RAYA SURE PEN NEEDLE 31G 5MM	3		REPAGLINIDE 2 MG TABLET	2	
RAYA SURE PEN NEEDLE 31G 6MM	3		REPATHA 140 MG/ML SURECLICK	5	
RECLIPSEN 28 DAY TABLET	1		REPATHA 140 MG/ML SYRINGE	5	
RECOMBIVAX HB 5 MCG/0.5 ML SYRINGE	3		REPATHA 420 MG/3.5 ML PUSHTRONEX	5	
RECOMBIVAX HB 10 MCG/ML SYRINGE	3		RESPA A.R. TABLET SA	4	
RECOMBIVAX HB 5 MCG/0.5 ML VIAL	3		REVLIMID 2.5 MG CAPSULE	5	PA, QL, LDD, SRX
RECOMBIVAX HB 10 MCG/ML VIAL	3		REVLIMID 5 MG CAPSULE	5	PA, QL, LDD, SRX
RECOMBIVAX HB 40 MCG/ML VIAL	3		REVLIMID 10 MG CAPSULE	5	PA, QL, LDD, SRX
REFUAH PLUS CONTROL SOLUTION	3		REVLIMID 15 MG CAPSULE	5	PA, QL, LDD, SRX
RELENZA 5 MG DISKHALER	4	QL	REVLIMID 20 MG CAPSULE	5	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 0.3 ML 29G 1/2"	3		REVLIMID 25 MG CAPSULE	5	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 0.3 ML 31G 6MM	3		REYATAZ 50 MG POWDER PACKET	3	SRX
RELION INSULIN SYRINGE 0.5 ML	3		REZDIFFRA 60 MG TABLET	5	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 0.5 ML 29G 1/2"	3		REZDIFFRA 80 MG TABLET	5	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 0.5 ML 31G 6MM	3		REZDIFFRA 100 MG TABLET	5	PA, QL, LDD, SRX
RELION INSULIN SYRINGE 1 ML 29G 1/2"	3		RIBAVIRIN 200 MG CAPSULE	4	SRX
RELION INSULIN SYRINGE 1 ML 31G 15/64"	3		RIBAVIRIN 200 MG TABLET	4	SRX
RELION INSULIN SYRINGE 1 ML 31G 5/16"	3		RIFABUTIN 150 MG CAPSULE	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
RIFAMPIN 150 MG CAPSULE	2	
RIFAMPIN 300 MG CAPSULE	2	
RIGHTEST HIGH CONTROL SOLUTION	3	
RIGHTEST NORMAL CONTROL SOLUTION	3	
RILUZOLE 50 MG TABLET	5	SRX
RIMANTADINE 100 MG TABLET	2	
RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX
RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX
RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX
RINVOQ LQ 1 MG/ML SOLUTION	5	PA, QL, LDD, SRX
RISEDRONATE 5 MG TABLET	3	
RISEDRONATE 30 MG TABLET	3	
RISEDRONATE 35 MG TABLET	3	
RISEDRONATE 150 MG TABLET	3	
RISEDRONATE DR 35 MG TABLET	3	
RISPERIDONE 0.25 MG ODT TABLET	2	
RISPERIDONE 1 MG/ML ORAL SOLUTION	2	
RISPERIDONE 0.5 MG ODT TABLET	2	
RISPERIDONE 1 MG ODT TABLET	2	
RISPERIDONE 2 MG ODT TABLET	2	
RISPERIDONE 3 MG ODT TABLET	2	
RISPERIDONE 4 MG ODT TABLET	2	
RISPERIDONE 0.25 MG TABLET	1	
RISPERIDONE 0.5 MG TABLET	1	
RISPERIDONE 1 MG TABLET	1	
RISPERIDONE 2 MG TABLET	1	
RISPERIDONE 3 MG TABLET	1	
RISPERIDONE 4 MG TABLET	1	
RITEFLO SPACER	3	QL
RITONAVIR 100 MG TABLET	2	SRX
RIVAROXABAN 1 MG/ML SUSPENSION	3	QL
RIVAROXABAN 2.5 MG TABLET	3	QL
RIVASTIGMINE 1.5 MG CAPSULE	2	
RIVASTIGMINE 3 MG CAPSULE	2	
RIVASTIGMINE 4.5 MG CAPSULE	2	
RIVASTIGMINE 6 MG CAPSULE	2	
RIVASTIGMINE 4.6 MG/24HR PATCH	2	
RIVASTIGMINE 9.5 MG/24HR PATCH	2	
RIVASTIGMINE 13.3 MG/24HR PATCH	2	
RIVELSA TABLET	1	
RIZATRIPTAN 5 MG ODT TABLET	2	QL

Medication Name	Tier	Notes
RIZATRIPTAN 10 MG ODT TABLET	2	QL
RIZATRIPTAN 5 MG TABLET	2	QL
RIZATRIPTAN 10 MG TABLET	2	QL
R-NATAL OB SOFTGEL	1	
ROFLUMILAST 250 MCG TABLET	4	QL
ROFLUMILAST 500 MCG TABLET	4	QL
ROPINIROLE 0.25 MG TABLET	2	
ROPINIROLE 0.5 MG TABLET	2	
ROPINIROLE 1 MG TABLET	2	
ROPINIROLE 2 MG TABLET	2	
ROPINIROLE 3 MG TABLET	2	
ROPINIROLE 4 MG TABLET	2	
ROPINIROLE 5 MG TABLET	2	
ROPINIROLE ER 2 MG TABLET	2	
ROPINIROLE ER 4 MG TABLET	2	
ROPINIROLE ER 6 MG TABLET	2	
ROPINIROLE ER 8 MG TABLET	2	
ROPINIROLE ER 12 MG TABLET	2	
ROSADAN 0.75% CREAM	2	
ROSADAN 0.75% GEL	2	
ROSUVASTATIN 5 MG TABLET	2	
ROSUVASTATIN 10 MG TABLET	2	
ROSUVASTATIN 20 MG TABLET	2	
ROSUVASTATIN 40 MG TABLET	2	
ROTARIX VACCINE ORAL SUSPENSION	3	
ROTARIX VACCINE ORAL SYRINGE	3	
ROTATEQ VACCINE	3	
ROWEEPRA 500 MG TABLET	2	
ROWEEPRA 750 MG TABLET	2	
ROWEEPRA 1,000 MG TABLET	2	
RUFINAMIDE 40 MG/ML ORAL SUSPENSION	4	PA, QL
RUFINAMIDE 200 MG TABLET	4	PA, QL
RUFINAMIDE 400 MG TABLET	4	PA, QL
RYBELSUS 1.5 MG TABLET	3	PA, QL
RYBELSUS 3 MG TABLET	3	PA, QL
RYBELSUS 4 MG TABLET	3	PA, QL
RYBELSUS 7 MG TABLET	3	PA, QL
RYBELSUS 9 MG TABLET	3	PA, QL
RYBELSUS 14 MG TABLET	3	PA, QL
RYCLORA 2 MG/5 ML ORAL SOLUTION	4	
SACUBITRIL-VALSARTAN 24-26 MG TABLET	3	QL

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
SACUBITRIL-VALSARTAN 49-51 MG TABLET	3	QL
SACUBITRIL-VALSARTAN 97-103 MG TABLET	3	QL
SAFESNAP INSULIN SYRINGE 0.3 ML	3	
SAFESNAP INSULIN SYRINGE 0.5 ML	3	
SAFESNAP INSULIN SYRINGE 1 ML	3	
SAFETY PEN NEEDLE 31G 4MM	3	
SAFETY PEN NEEDLE 31G 5MM	3	
SAFETY PEN NEEDLE 31G 5MM	3	
SAJAZIR 30 MG/3 ML SYRINGE	5	PA, LDD, SRX
SALICYLIC ACID 27.5% LIQUID	2	
SALSALATE 500 MG TABLET	2	
SALSALATE 750 MG TABLET	2	
SANTYL OINTMENT	4	PA, QL
SAPROTERIN 100 MG POWDER PACKET	5	PA, SRX
SAPROTERIN 500 MG POWDER PACKET	5	PA, SRX
SAPROTERIN 100 MG TABLET	5	PA, SRX
SAVAYSA 15 MG TABLET	4	PA, QL
SAVAYSA 30 MG TABLET	4	PA, QL
SAVAYSA 60 MG TABLET	4	PA, QL
SAVELLA 12.5 MG TABLET	4	
SAVELLA 25 MG TABLET	4	
SAVELLA 50 MG TABLET	4	
SAVELLA 100 MG TABLET	4	
SAVELLA TITRATION PACK	4	
SAXAGLIPTIN 2.5 MG TABLET	2	QL
SAXAGLIPTIN 5 MG TABLET	2	QL
SAXAGLIPTIN-METFORMIN ER 2.5-1000 MG TABLET	2	QL
SAXAGLIPTIN-METFORMIN ER 5-500 MG TABLET	2	QL
SAXAGLIPTIN-METFORMIN ER 5-1000 MG TABLET	2	QL
SCOPOLAMINE 1 MG/3 DAY PATCH	2	
SECURESAFE PEN NEEDLE 30G 5/16"	3	
SECURESAFE SYRINGE 0.5 ML 29G 1/2"	3	
SECURESAFE SYRINGE 1 ML 29G 1/2"	3	
SELARSDI 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
SELARSDI 90 MG/ML SYRINGE	5	PA, QL, SRX
SELEGILINE 5 MG CAPSULE	2	
SELEGILINE 5 MG TABLET	2	
SELENIUM SULFIDE 2.5% LOTION	2	
SELENIUM SULFIDE 2.25% SHAMPOO	2	
SE-NATAL 19 CHEWABLE TABLET	1	
SE-NATAL 19 TABLET	1	

Medication Name	Tier	Notes
SEREVENT 50 MCG DISKUS	4	QL, ST
SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
SERTRALINE 25 MG TABLET	1	QL
SERTRALINE 50 MG TABLET	1	QL
SERTRALINE 100 MG TABLET	1	QL
SETLAKIN 0.15 MG-0.03 MG TABLET	1	
SEVELAMER CARBONATE 800 MG TABLET	4	
SF 1.1% GEL	2	
SF 5000 PLUS TOOTHPASTE	2	
SHAROBEL 0.35 MG TABLET	1	
SHINGRIX VIAL KIT	3	QL
SHOPKO UNIFINE PENTIP 29G 12MM	3	
SHOPKO UNIFINE PENTIP 31G 5MM	3	
SHOPKO UNIFINE PENTIP 31G 8MM	3	
SHOPKO UNIFINE PENTIP 32G 4MM	3	
SIDESTREAM PEDIATRIC FACE MASK	3	QL
SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX
SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX
SIGNIFOR 0.9 MG/ML AMPULE	5	PA, LDD, SRX
SILDENAFIL 20 MG TABLET	5	PA, SRX
SILHOUETTE INFUSION SET 23"	3	
SILICONE MASK-INFANT	3	QL
SILICONE MASK-PEDIATRIC	3	QL
SILODOSIN 4 MG CAPSULE	2	QL
SILODOSIN 8 MG CAPSULE	2	QL
SIL-SERTER INFUSION SET	3	
SILVER NITRATE 0.5% TOPICAL SOLUTION	2	
SILVER NITRATE 10% TOPICAL SOLUTION	2	
SILVER NITRATE 25% TOPICAL SOLUTION	2	
SILVER NITRATE 50% TOPICAL SOLUTION	2	
SILVER SULFADIAZINE 1% CREAM	2	
SIMBRINZA 1%-0.2% EYE DROPS	3	
SIMLANDI (CF) 40 MG/0.4 ML AUTO-INJECTOR	5	PA, QL, SRX
SIMLANDI (CF) 20 MG/0.2 ML SYRINGE	5	PA, QL, SRX
SIMLANDI (CF) 40 MG/0.4 ML SYRINGE	5	PA, QL, SRX
SIMLANDI (CF) 80 MG/0.8 ML SYRINGE	5	PA, QL, SRX
SIMLIYA 28 DAY TABLET	1	
SIMPESSE 0.15-0.03-0.01 MG TABLET	1	
SIMVASTATIN 5 MG TABLET	1	
SIMVASTATIN 10 MG TABLET	1	
SIMVASTATIN 20 MG TABLET	1	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
SIMVASTATIN 40 MG TABLET	1	
SIMVASTATIN 80 MG TABLET	1	QL
SIROLIMUS 0.5 MG TABLET	2	SRX
SIROLIMUS 1 MG TABLET	2	SRX
SIROLIMUS 2 MG TABLET	2	SRX
SIROLIMUS 1 MG/ML ORAL SOLUTION	5	SRX
SIRTURO 20 MG TABLET	4	PA, SRX
SIRTURO 100 MG TABLET	4	PA, SRX
SIVEXTRO 200 MG TABLET	4	PA
SKY SAFETY PEN NEEDLE 30G 5MM	3	
SKY SAFETY PEN NEEDLE 30G 8MM	3	
SKYLA 13.5 MG SYSTEM	1	LDD, 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
SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX
SKYRIZI 150 MG/ML SYRINGE	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	
SMARTTEST CONTROL SOLUTION	3	
SODIUM CHLORIDE 0.9% INHALATION VIAL	2	
SODIUM CHLORIDE 0.9% IRRIGATION	2	
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2	
SODIUM CHLORIDE 10% VIAL	2	
SODIUM CHLORIDE 3% VIAL	2	
SODIUM CHLORIDE 7% 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	

Medication Name	Tier	Notes
SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE	2	
SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE	2	
SODIUM FLUORIDE-POTASSIUM NITRATE PASTE	2	
SODIUM PHENYL BUTYRATE POWDER	5	SRX
SODIUM PHENYL BUTYRATE 500 MG TABLET	5	SRX
SODIUM POLYSTYRENE SULFONATE POWDER	2	
SODIUM SULFACETAMIDE 10% LOTION	2	
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION	4	
SOFOSBUVIR-VELPATASVIR 400-100 TABLET	5	PA, QL, SRX
SOLIFENACIN 5 MG TABLET	3	QL
SOLIFENACIN 10 MG TABLET	3	QL
SOLQUA 100 UNIT-33 MCG/ML PEN	4	
SOLUTIONUS V2 HIGH CONTROL SOLUTION	3	
SOLUTIONUS V2 LOW CONTROL SOLUTION	3	
SOLUVITA 0.5 MG/ML ORAL DROPS	2	
SOLUVITA A,C,D-FLUOR 0.25 MG/ML ORAL DROPS	2	
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	
SOTYKTU 6 MG TABLET	5	PA, QL, SRX
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA
SOVALDI 150 MG PELLET PACKET	4	PA, QL, SRX
SOVALDI 200 MG PELLET PACKET	4	PA, QL, SRX
SOVALDI 200 MG TABLET	4	PA, QL, SRX
SOVALDI 400 MG TABLET	4	PA, QL, SRX
SPIKEVAX (12Y UP) SYRINGE	3	
SPIKEVAX (12Y UP) VIAL	3	
SPIKEVAX 2024-25 (12Y UP) SYRINGE	3	
SPIKEVAX COVID (18Y UP) VACCINE	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SPINOSAD 0.9% TOPICAL SUSPENSION	3		SULF-PRED 10-0.23% EYE DROPS	2	
SPIRONOLACTONE 25 MG TABLET	2		SULINDAC 150 MG TABLET	2	
SPIRONOLACTONE 50 MG TABLET	2		SULINDAC 200 MG TABLET	2	
SPIRONOLACTONE 100 MG TABLET	2		SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR	2	QL
SPIRONOLACTONE-HCTZ 25-25 TABLET	2		SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE	2	QL
SPRINTEC 28 DAY TABLET	1		SUMATRIPTAN 5 MG NASAL SPRAY	3	QL
SPS 15 GM/60 ML ORAL SUSPENSION	3		SUMATRIPTAN 20 MG NASAL SPRAY	3	QL
SPS 30 GM/120 ML ENEMA SUSPENSION	3		SUMATRIPTAN 4 MG/0.5 ML PEN INJECTOR	2	QL
SRONYX 0.10-0.02 MG TABLET	1		SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL
SSKI 1 GM/ML ORAL SOLUTION	4		SUMATRIPTAN SUCCINATE 25 MG TABLET	2	QL
STAVUDINE 40 MG CAPSULE	2	SRX	SUMATRIPTAN SUCCINATE 50 MG TABLET	2	QL
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX	SUMATRIPTAN SUCCINATE 100 MG TABLET	2	QL
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX	SUMATRIPTAN-NAPROXEN 85-500 MG TABLET	4	QL
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX	SUNITINIB 12.5 MG CAPSULE	5	PA, QL, SRX
STERILE WATER FOR IRRIGATION	2		SUNITINIB 25 MG CAPSULE	5	PA, QL, SRX
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX	SUNITINIB 37.5 MG CAPSULE	5	PA, QL, SRX
STRIBILD TABLET	4	QL, SRX	SUNITINIB 50 MG CAPSULE	5	PA, QL, SRX
STRIVE PEAK FLOW METER	3		SURE COMFORT INSULIN SYRINGE 0.3 ML 31G 1/4"	3	
STRIVERDI RESPIMAT INHALATION SPRAY	3	QL	SURE COMFORT INSULIN SYRINGE 0.5 ML 31G 1/4"	3	
SUBVENITE 25 MG TABLET	2		SURE COMFORT INSULIN SYRINGE 1 ML 31G 1/4"	3	
SUBVENITE 100 MG TABLET	2		SURE COMFORT PEN NEEDLE 29G 1/2"	3	
SUBVENITE 150 MG TABLET	2		SURE COMFORT PEN NEEDLE 30G	3	
SUBVENITE 200 MG TABLET	2		SURE COMFORT PEN NEEDLE 31G 5MM	3	
SUBVENITE TABLET STARTER KIT (BLUE)	2		SURE COMFORT PEN NEEDLE 31G 8MM	3	
SUBVENITE TABLET STARTER KIT (GREEN)	2		SURE COMFORT PEN NEEDLE 32G 4MM	3	
SUBVENITE TABLET STARTER KIT (ORANGE)	2		SURE COMFORT PEN NEEDLE 32G 6MM	3	
SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION	5	PA, LDD, SRX	SURE COMFORT SAFETY PEN NEEDLE 31G 6MM	3	
SUCRAID 8,500 UNIT/ML ORAL SOLUTION	5	PA, SRX	SURE COMFORT SAFETY PEN NEEDLE 32G 4MM	3	
SUCRALFATE 1 GM TABLET	2		SURE COMFORT SYRINGE 0.3 ML	3	
SULCONAZOLE NITRATE 1% CREAM	4	PA	SURE COMFORT SYRINGE 0.5 ML	3	
SULCONAZOLE NITRATE 1% TOPICAL SOLUTION	4	PA	SURE COMFORT SYRINGE 1 ML	3	
SULFACETAMIDE 10% EYE DROPS	2		SURE COMFORT SYRINGE 3/10 ML	3	
SULFACETAMIDE 10% EYE OINTMENT	2		SURE-FINE PEN NEEDLE 5MM	3	
SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION	2		SURE-FINE PEN NEEDLE 8MM	3	
SULFADIAZINE 500 MG TABLET	4		SURE-FINE PEN NEEDLE 12.7MM	3	
SULFAMETHOXAZOLE-TMP DS TABLET	1		SURE-JECT INSULIN SYRINGE 0.3 ML 31G 5/16"	3	
SULFAMETHOXAZOLE-TMP ORAL SUSPENSION	2		SURE-JECT INSULIN SYRINGE 0.5 ML 31G 5/16"	3	
SULFAMETHOXAZOLE-TMP SS TABLET	1		SURE-JECT INSULIN SYRINGE 1 ML	3	
SULFAMYLON 8.5% CREAM	4		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	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
SURE-TEST EASYPLUS MINI CONTROL SOLUTION	3		TADALAFIL 20 MG TABLET	5	PA, SRX
SYEDA 28 TABLET	1		TAFINLAR 10 MG TABLET FOR SUSPENSION	5	PA, QL, SRX
SYMAX FASTABS 0.125 MG TABLET	2		TAFINLAR 50 MG CAPSULE	5	PA, QL, SRX
SYMAX-SL 0.125 MG SUBLINGUAL TABLET	2		TAFINLAR 75 MG CAPSULE	5	PA, QL, SRX
SYMAX-SR 0.375 MG TABLET	2		TAFLUPROST 0.0015% EYE DROPS	4	QL
SYMLINPEN 60 PEN INJECTOR	4	QL	TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX
SYMLINPEN 120 PEN INJECTOR	4	QL	TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX
SYMITUZA 800-150-200-10 MG TABLET	4	QL, SRX	TAKE ACTION 1.5 MG TABLET	4	
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX	TAMOXIFEN 10 MG TABLET	2	
SYNERA PATCH	4		TAMOXIFEN 20 MG TABLET	2	
SYNJARDY 12.5-500 MG TABLET	3	QL	TAMSULOSIN 0.4 MG CAPSULE	2	
SYNJARDY 12.5-1,000 MG TABLET	3	QL	TANDEM MOBI 2 ML CARTRIDGE	3	
SYNJARDY 5-500 MG TABLET	3	QL	TANDEM MOBI AUTOSOFT 30 KIT 23"	3	
SYNJARDY 5-1,000 MG TABLET	3	QL	TANDEM MOBI AUTOSOFT XC KIT 23"	3	
SYNJARDY XR 5-1,000 MG TABLET	3	QL	TANDEM MOBI AUTOSOFT XC KIT 5"	3	
SYNJARDY XR 10-1,000 MG TABLET	3	QL	TANDEM MOBI TRUSTEEL KIT 23"	3	
SYNJARDY XR 12.5-1,000 MG TABLET	3	QL	TARINA 24 FE 1 MG-20 MCG TABLET	1	
SYNJARDY XR 25-1,000 MG TABLET	3	QL	TARINA FE 1-20 EQ TABLET	1	
SYNTHROID 25 MCG TABLET	4		TARINA FE 1-20 TABLET	1	
SYNTHROID 50 MCG TABLET	4		TARON-C DHA CAPSULE	1	
SYNTHROID 75 MCG TABLET	4		TARON-PREX PRENATAL DHA CAPSULE	1	
SYNTHROID 88 MCG TABLET	4		TAYSOFY 1 MG-20 MCG CAPSULE	1	
SYNTHROID 100 MCG TABLET	4		TAZAROTENE 0.05% CREAM	4	
SYNTHROID 112 MCG TABLET	4		TAZAROTENE 0.1% CREAM	3	
SYNTHROID 125 MCG TABLET	4		TAZAROTENE 0.05% GEL	4	
SYNTHROID 137 MCG TABLET	4		TAZAROTENE 0.1% GEL	4	
SYNTHROID 150 MCG TABLET	4		TAZTIA XT 120 MG CAPSULE	2	
SYNTHROID 175 MCG TABLET	4		TAZTIA XT 180 MG CAPSULE	2	
SYNTHROID 200 MCG TABLET	4		TAZTIA XT 240 MG CAPSULE	2	
SYNTHROID 300 MCG TABLET	4		TAZTIA XT 300 MG CAPSULE	2	
SYRINGE WITH NEEDLE 3 ML 23G 1"	3		TAZTIA XT 360 MG CAPSULE	2	
T:FLEX 4.8 ML CARTRIDGE	3		TDVAX VIAL	3	
T:SLIM X2 3 ML CARTRIDGE	3		TECHLITE INSULIN SYRINGE 1 ML 29G 12MM	3	
TABLOID 40 MG TABLET	4	PA	TECHLITE INSULIN SYRINGE 1 ML 30G 12MM	3	
TACROLIMUS 0.03% OINTMENT	2		TECHLITE INSULIN SYRINGE 1 ML 31G 6MM	3	
TACROLIMUS 0.1% OINTMENT	2		TECHLITE INSULIN SYRINGE 1 ML 31G 8MM	3	
TACROLIMUS 0.5 MG CAPSULE (IR)	2	SRX	TECHLITE PEN NEEDLE 29G 3/8"	3	
TACROLIMUS 1 MG CAPSULE (IR)	2	SRX	TECHLITE PEN NEEDLE 29G 1/2"	3	
TACROLIMUS 5 MG CAPSULE (IR)	2	SRX	TECHLITE PEN NEEDLE 31G 1/4"	3	
TADALAFIL 2.5 MG TABLET	2	PA, QL	TECHLITE PEN NEEDLE 31G 3/16"	3	
TADALAFIL 5 MG TABLET	2	PA, QL	TECHLITE PEN NEEDLE 31G 5/16"	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TECHLITE PEN NEEDLE 32G 5/32"	3		TERBUTALINE 2.5 MG TABLET	2	
TECHLITE PEN NEEDLE 32G 1/4"	3		TERBINAFINE 250 MG TABLET	1	
TECHLITE PEN NEEDLE 32G 5/16"	3		TERBUTALINE 5 MG TABLET	2	
TECHLITE PLUS PEN NEEDLE 32G 4MM	3		TERCONAZOLE 0.4% CREAM	2	
TECHLITE SYRINGE 0.3 ML 29G 12MM (1/2)	3		TERCONAZOLE 0.8% CREAM	2	
TECHLITE SYRINGE 0.3 ML 30G 8MM (1/2)	3		TERCONAZOLE 80 MG SUPPOSITORY	2	
TECHLITE SYRINGE 0.3 ML 31G 6MM (1/2)	3		TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TECHLITE SYRINGE 0.3 ML 31G 8MM (1/2)	3		TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TECHLITE SYRINGE 0.5 ML 30G 8MM (1/2)	3		TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2"	3	
TECHLITE SYRINGE 0.5 ML 30G 12MM (1/2)	3		TERUMO INSULIN SYRINGE U100 1 ML	3	
TECHLITE SYRINGE 0.5 ML 31G 6MM (1/2)	3		TERUMO INSULIN SYRINGE U100 1/2 ML	3	
TECHLITE SYRINGE 0.5 ML 31G 8MM (1/2)	3		TERUMO INSULIN SYRINGE U100 1/3 ML	3	
TELCARE CONTROL SOLUTION	3		TERUMO SURGUARD2 NEEDLE 18G 1"	3	
TELMISARTAN 20 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 18G 1.5"	3	
TELMISARTAN 40 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 19G 1"	3	
TELMISARTAN 80 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 19G 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 20G 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 22 1.5"	3	
TELMISARTAN-HCTZ 80-12.5 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 22G 1"	3	
TELMISARTAN-HCTZ 80-25 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 23G 1.5"	3	
TEMAZEPAM 7.5 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 23G 1"	3	
TEMAZEPAM 15 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 25G 1"	3	
TEMAZEPAM 22.5 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 25G 1.5"	3	
TEMAZEPAM 30 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 25G 5/8"	3	
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX	TERUMO SURGUARD2 NEEDLE 26G 1/2"	3	
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX	TERUMO SURGUARD2 NEEDLE 27G 1/2"	3	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX	TERUMO SURGUARD2 NEEDLE 30G 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	PA, QL
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1% (25 MG/2.5 G) PACKET	3	PA, QL
TENCON 50-325 MG TABLET	2		TESTOSTERONE 1% (50 MG/5 G) PACKET	3	PA, QL
TENIVAC SYRINGE	3		TESTOSTERONE 1.62%(1.25 G) PACKET	3	PA, QL
TENIVAC VIAL	3		TESTOSTERONE 1.62% (2.5 G) PACKET	3	PA, QL
TENOFOVIR 300 MG TABLET	2	SRX	TESTOSTERONE 1.62% GEL PUMP	3	PA, QL
TERAZOSIN 1 MG CAPSULE	1		TESTOSTERONE 10 MG GEL PUMP	3	PA, QL
TERAZOSIN 2 MG CAPSULE	1		TESTOSTERONE 12.5 MG/1.25 GRAM PUMP	3	PA, QL
TERAZOSIN 5 MG CAPSULE	1		TESTOSTERONE 50 MG/5 GRAM PACKET	3	PA, QL
TERAZOSIN 10 MG CAPSULE	1		TESTOSTERONE CYPIONATE 200 MG/ML VIAL	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL	2		TIADYLT ER 120 MG CAPSULE	2	
TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL	2		TIADYLT ER 180 MG CAPSULE	2	
TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL	2		TIADYLT ER 240 MG CAPSULE	2	
TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL	2		TIADYLT ER 300 MG CAPSULE	2	
TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL	2		TIADYLT ER 360 MG CAPSULE	2	
TESTOSTERONE ENANTHATE 200 MG/ML VIAL	2		TIADYLT ER 420 MG CAPSULE	2	
TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL	2		TIAGABINE 2 MG TABLET	4	
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX	TIAGABINE 4 MG TABLET	4	
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX	TIAGABINE 12 MG TABLET	4	
TETRACAINE 0.5% EYE DROPS	2		TIAGABINE 16 MG TABLET	4	
TETRACAINE 0.5% STERI-UNIT EYE SOLUTION	2		TICAGRELOR 60 MG TABLET	3	
TETRACYCLINE 250 MG CAPSULE	3		TICAGRELOR 90 MG TABLET	3	
TETRACYCLINE 500 MG CAPSULE	3		TILIA FE 28 TABLET	1	
TEXACORT 2.5% TOPICAL SOLUTION	4		TIMOLOL 0.25% EYE DROPS	2	
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL 0.5% EYE DROPS	2	
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX	TIMOLOL 0.25% GEL-SOLUTION	2	
THALOMID 200 MG CAPSULE	5	PA, QL, SRX	TIMOLOL 0.5% GEL-SOLUTION	2	
THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION	2		TIMOLOL 0.5% GFS GEL-SOLUTION	2	
THEOPHYLLINE ER 100 MG TABLET	2		TIMOLOL 5 MG TABLET	2	
THEOPHYLLINE ER 200 MG TABLET	2		TIMOLOL 10 MG TABLET	2	
THEOPHYLLINE ER 300 MG TABLET	2		TIMOLOL 20 MG TABLET	2	
THEOPHYLLINE ER 400 MG TABLET	2		TINIDAZOLE 250 MG TABLET	2	
THEOPHYLLINE ER 450 MG TABLET	2		TINIDAZOLE 500 MG TABLET	2	
THEOPHYLLINE ER 600 MG TABLET	2		TIOPRONIN 100 MG TABLET	5	SRX
THINPRO INSULIN SYRINGE U100 0.3 ML	3		TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION	4	
THINPRO INSULIN SYRINGE U100 0.5 ML	3		TIVICAY 10 MG TABLET	3	SRX
THINPRO INSULIN SYRINGE U100 1 ML	3		TIVICAY 25 MG TABLET	3	SRX
THIORIDAZINE 10 MG TABLET	2		TIVICAY 50 MG TABLET	3	SRX
THIORIDAZINE 25 MG TABLET	2		TIVICAY PD 5 MG TABLET FOR SUSPENSION	3	SRX
THIORIDAZINE 50 MG TABLET	2		TIZANIDINE 2 MG TABLET	2	
THIORIDAZINE 100 MG TABLET	2		TIZANIDINE 4 MG TABLET	2	
THIOTHIXENE 1 MG CAPSULE	2		TOBRAMYCIN 300 MG/5 ML AMPULE	5	PA, QL, SRX
THIOTHIXENE 2 MG CAPSULE	2		TOBRAMYCIN 0.3% EYE DROPS	2	
THIOTHIXENE 5 MG CAPSULE	2		TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
THIOTHIXENE 10 MG CAPSULE	2		TOBRAMYCIN-DEXAMETHASONE EYE DROPS	2	
THRIVITE 19 TABLET	1		TODAY'S HEALTH PEN NEEDLE 31G 6MM	3	
THYROID 15 MG TABLET	2		TOLCAPONE 100 MG TABLET	5	
THYROID 30 MG TABLET	2		TOLMETIN 400 MG CAPSULE	2	
THYROID 60 MG TABLET	2		TOLMETIN 200 MG TABLET	2	
THYROID 90 MG TABLET	2		TOLMETIN 600 MG TABLET	2	
THYROID 120 MG TABLET	2		TOLTERODINE 1 MG TABLET	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
TOLTERODINE 2 MG TABLET	2	
TOLTERODINE ER 2 MG CAPSULE	2	
TOLTERODINE ER 4 MG CAPSULE	2	
TOLVAPTAN 15 MG TABLET	5	PA, SRX
TOLVAPTAN 30 MG TABLET	5	PA, SRX
TOPCARE CLICKFINE 31G 1/4"	3	
TOPCARE CLICKFINE 31G 5/16"	3	
TOPCARE ULTRA COMFORT SYRINGE	3	
TOPIRAMATE 15 MG SPRINKLE CAPSULE	2	
TOPIRAMATE 25 MG SPRINKLE CAPSULE	2	
TOPIRAMATE 25 MG TABLET	2	
TOPIRAMATE 50 MG TABLET	2	
TOPIRAMATE 100 MG TABLET	2	
TOPIRAMATE 200 MG TABLET	2	
TOPIRAMATE ER 25 MG SPRINKLE CAPSULE	3	
TOPIRAMATE ER 50 MG SPRINKLE CAPSULE	3	
TOPIRAMATE ER 100 MG SPRINKLE CAPSULE	3	
TOPIRAMATE ER 150 MG SPRINKLE CAPSULE	3	
TOPIRAMATE ER 200 MG SPRINKLE CAPSULE	3	
TOREMIFENE 60 MG TABLET	4	QL
TORPENZ 2.5 MG TABLET	5	PA, QL, LDD, SRX
TORPENZ 5 MG TABLET	5	PA, QL, LDD, SRX
TORPENZ 7.5 MG TABLET	5	PA, QL, LDD, SRX
TORPENZ 10 MG TABLET	5	PA, QL, LDD, SRX
TORSEMIDE 5 MG TABLET	2	
TORSEMIDE 10 MG TABLET	2	
TORSEMIDE 20 MG TABLET	2	
TORSEMIDE 100 MG TABLET	2	
TOVET EMOLLIENT 0.05% FOAM	3	QL
TRADJENTA 5 MG TABLET	3	QL
TRAMADOL 50 MG TABLET	2	QL
TRAMADOL ER 100 MG TABLET	2	PA, QL
TRAMADOL ER 200 MG TABLET	2	PA, QL
TRAMADOL ER 300 MG TABLET	2	PA, QL
TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET	2	QL
TRANDOLAPRIL 1 MG TABLET	1	
TRANDOLAPRIL 2 MG TABLET	1	
TRANDOLAPRIL 4 MG TABLET	1	
TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET	2	

Medication Name	Tier	Notes
TRANDOLAPRIL-VERAPAMIL ER 4-240 MG TABLET	2	
TRANEXAMIC ACID 650 MG TABLET	2	SRX
TRANLYCYPROMINE 10 MG TABLET	3	
TRAVOPROST 0.004% EYE DROPS	2	
TRAZODONE 50 MG TABLET	1	
TRAZODONE 100 MG TABLET	1	
TRAZODONE 150 MG TABLET	1	
TRAZODONE 300 MG TABLET	2	
TRECTOR 250 MG TABLET	4	
TRELEGY ELLIPTA 100-62.5-25 INHALATION DEVICE	3	QL
TRELEGY ELLIPTA 200-62.5-25 INHALATION DEVICE	3	QL
TREMFYA 100 MG/ML AUTO-INJECTOR	5	PA, QL, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX
TREMFYA 200 MG/2 ML PEN	5	PA, QL, SRX
TREMFYA 200 MG/2 ML SYRINGE	5	PA, QL, SRX
TRESIBA 100 UNIT/ML VIAL	3	QL
TRESIBA FLEXTOUCH 100 UNIT/ML	3	QL
TRESIBA FLEXTOUCH 200 UNIT/ML	3	QL
TRETINOIN 10 MG CAPSULE	4	PA
TRETINOIN 0.025% CREAM	2	PA, AGE
TRETINOIN 0.05% CREAM	2	PA, AGE
TRETINOIN 0.1% CREAM	2	PA, AGE
TRETINOIN 0.025% GEL	3	PA, AGE
TRETINOIN 0.01% GEL	3	PA, AGE
TRETINOIN 0.05% GEL	3	PA, AGE
TRETINOIN GEL MICRO 0.04% PUMP	3	PA, AGE
TRETINOIN GEL MICRO 0.1% PUMP	3	PA, AGE
TRETINOIN GEL MICRO 0.04% TUBE	3	PA, AGE
TRETINOIN GEL MICRO 0.1% TUBE	3	PA, AGE
TRIAMCINOLONE 0.025% CREAM	2	
TRIAMCINOLONE 0.1% CREAM	2	
TRIAMCINOLONE 0.5% CREAM	2	
TRIAMCINOLONE 0.025% LOTION	2	
TRIAMCINOLONE 0.1% LOTION	2	
TRIAMCINOLONE 0.025% OINTMENT	2	
TRIAMCINOLONE 0.1% OINTMENT	2	
TRIAMCINOLONE 0.5% OINTMENT	2	
TRIAMCINOLONE 0.1% TOOTHPASTE	2	
TRIAMTERENE 50 MG CAPSULE	4	
TRIAMTERENE 100 MG CAPSULE	4	
TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	2	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

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

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
TRUE METRIX LEVEL 2 CONTROL SOLUTION	3		TURQOZ-28 TABLET	1	
TRUE METRIX LEVEL 3 CONTROL SOLUTION	3		TWINRIX VACCINE SYRINGE	3	
TRUECONTROL GLUCOSE SOLUTION	3		TWIRLA 120-30 MCG/DAY PATCH	1	
TRUEDRAW LANCING DEVICE	3		TYBLUME 0.1-0.02 MG CHEWABLE TABLET	4	
TRUEPLUS 33G LANCET	3		TYBOST 150 MG TABLET	3	SRX
TRUEPLUS KETONE TEST STRIP	3		TYENNE 162 MG/0.9 ML AUTO-INJECTOR	5	PA, QL, SRX
TRUEPLUS PEN NEEDLE 29G 1/2"	3		TYENNE 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
TRUEPLUS PEN NEEDLE 29G 12MM	3		TYMLOS 80 MCG DOSE PEN INJECTOR	5	PA, QL, SRX
TRUEPLUS PEN NEEDLE 31G 1/4"	3		TYVASO INHALATION REFILL KIT	5	PA, LDD, SRX
TRUEPLUS PEN NEEDLE 31G 3/16"	3		TYVASO INHALATION STARTER KIT	5	PA, LDD, SRX
TRUEPLUS PEN NEEDLE 31G 5/16"	3		TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION	5	PA, LDD, SRX
TRUEPLUS PEN NEEDLE 31G 5MM	3		TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX
TRUEPLUS PEN NEEDLE 31G 8MM	3		UDENYCA 6 MG/0.6 ML AUTO-INJECTOR	5	PA, SRX
TRUEPLUS PEN NEEDLE 32G 5/32"	3		UDENYCA 6 MG/0.6 ML ON-BODY	5	PA, SRX
TRUEPLUS SAFETY 28G LANCET	3		UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
TRUEPLUS SUPER THIN 28G LANCET	3		ULESFIA 5% LOTION	4	
TRUEPLUS SYRINGE 0.3 ML 29G 1/2"	3		ULTICARE INSULIN SAFETY SYRINGE 1 ML 29G 1/2"	3	
TRUEPLUS SYRINGE 0.3 ML 30G 5/16"	3		ULTICARE INSULIN SYRINGE 0.3 ML 30G 1/2"	3	
TRUEPLUS SYRINGE 0.3 ML 31G 5/16"	3		ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4"	3	
TRUEPLUS SYRINGE 0.5 ML 28G 1/2"	3		ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2)	3	
TRUEPLUS SYRINGE 0.5 ML 29G 1/2"	3		ULTICARE INSULIN SYRINGE 0.5 ML 30G 1/2"	3	
TRUEPLUS SYRINGE 0.5 ML 30G 5/16"	3		ULTICARE INSULIN SYRINGE 0.5 ML 31G 1/4"	3	
TRUEPLUS SYRINGE 0.5 ML 31G 5/16"	3		ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"	3	
TRUEPLUS SYRINGE 1 ML 28G 1/2"	3		ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"	3	
TRUEPLUS SYRINGE 1 ML 29G 1/2"	3		ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"	3	
TRUEPLUS SYRINGE 1 ML 30G 5/16"	3		ULTICARE INSULIN SYRINGE 1 ML 31G 1/4"	3	
TRUEPLUS SYRINGE 1 ML 31G 5/16"	3		ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"	3	
TRUEPLUS ULTRA THIN 30G LANCET	3		ULTICARE LDS SYRINGE 3 ML 22G 1.5"	3	
TRULICITY 0.75 MG/0.5 ML PEN	3	PA, QL	ULTICARE PEN NEEDLE 29G 12.7MM	3	
TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL	ULTICARE PEN NEEDLE 29G 12MM	3	
TRULICITY 3 MG/0.5 ML PEN	3	PA, QL	ULTICARE PEN NEEDLE 31G 3/16"	3	
TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL	ULTICARE PEN NEEDLE 31G 6MM	3	
TRUMENBA 120 MCG/0.5 ML VACCINE	3		ULTICARE PEN NEEDLE 31G 8MM	3	
TRUSTEEL INFUSION PACK 23" 6MM	3		ULTICARE PEN NEEDLE 32G 4MM	3	
TRUSTEEL INFUSION SET 23" 6MM	3		ULTICARE PEN NEEDLE 32G 6MM	3	
TRUSTEEL INFUSION SET 23" 8MM	3		ULTICARE SAFETY PEN NEEDLE 30G 5MM	3	
TRUSTEEL INFUSION SET 32" 6MM	3		ULTICARE SAFETY PEN NEEDLE 30G 8MM	3	
TRUSTEEL INFUSION SET 32" 8MM	3		ULTICARE SAFETY SYRINGE 0.5 ML 29G 1/2"	3	
TRUZONE PEAK FLOW METER	3		ULTICARE SYRINGE 0.3 ML 29G 1/2"	3	
TUDORZA PRESSAIR 400 MCG INHALER	4	QL, ST	ULTICARE SYRINGE 0.3 ML 30G 1/2"	3	
TULANA 0.35 MG TABLET	1		ULTICARE SYRINGE 0.3 ML 30G 5/16"	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

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

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 30G	3		UNIFINE SAFECONTROL NEEDLE 31G 6MM	3	
ULTRA-THIN II INSULIN SYRINGE 0.3 ML 31G	3		UNIFINE SAFECONTROL NEEDLE 31G 8MM	3	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29G	3		UNIFINE SAFECONTROL NEEDLE 32G 4MM	3	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 30G	3		UNIFINE ULTRA PEN NEEDLE 31G 5MM	3	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 31G	3		UNIFINE ULTRA PEN NEEDLE 31G 6MM	3	
ULTRA-THIN II INSULIN SYRINGE 1 ML 29G	3		UNIFINE ULTRA PEN NEEDLE 31G 8MM	3	
ULTRA-THIN II INSULIN SYRINGE 1 ML 30G	3		UNIFINE ULTRA PEN NEEDLE 32G 4MM	3	
ULTRA-THIN II PEN NEEDLE 29G 1/2"	3		UNISTrip HIGH CONTROL SOLUTION	3	
ULTRA-THIN II PEN NEEDLE 31G 5/16"	3		UNISTrip LOW CONTROL SOLUTION	3	
ULTRA-THIN II SYRINGE 1 ML 31G 5/16"	3		UNITHROID 25 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	3		UNITHROID 50 MCG TABLET	1	
ULTRATRAK NORMAL CONTROL SOLUTION	3		UNITHROID 75 MCG TABLET	1	
ULTRATRAK ULTIMATE CONTROL SOLUTION	3		UNITHROID 88 MCG TABLET	1	
UNIFINE PEN NEEDLE 32G 4MM	3		UNITHROID 100 MCG TABLET	1	
UNIFINE PENTIP 29G 12MM	3		UNITHROID 112 MCG TABLET	1	
UNIFINE PENTIP 31G 3/16"	3		UNITHROID 125 MCG TABLET	1	
UNIFINE PENTIP 31G 5MM	3		UNITHROID 137 MCG TABLET	1	
UNIFINE PENTIP 31G 6MM	3		UNITHROID 150 MCG TABLET	1	
UNIFINE PENTIP 31G 8MM	3		UNITHROID 175 MCG TABLET	1	
UNIFINE PENTIP 32G 1/4"	3		UNITHROID 200 MCG TABLET	1	
UNIFINE PENTIP 32G 4MM	3		UNITHROID 300 MCG TABLET	1	
UNIFINE PENTIP 32G 5/32"	3		UPTRAVI 200 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 32G 6MM	3		UPTRAVI 400 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP 33G 5/32"	3		UPTRAVI 600 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP MAX 30G 3/16"	3		UPTRAVI 800 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP NEEDLE 29G	3		UPTRAVI 1,000 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP NEEDLE 6MM	3		UPTRAVI 1,200 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP NEEDLE 8MM	3		UPTRAVI 1,400 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP PLUS 29G 1/2"	3		UPTRAVI 1,600 MCG TABLET	5	PA, LDD, SRX
UNIFINE PENTIP PLUS 30G 3/16"	3		UPTRAVI 200-800 TITRATION PACK	5	PA, LDD, SRX
UNIFINE PENTIP PLUS 31G 1/4"	3		URISTIX 4 REAGENT TEST STRIP	3	
UNIFINE PENTIP PLUS 31G 3/16"	3		URISTIX REAGENT TEST STRIP	3	
UNIFINE PENTIP PLUS 31G 5/16"	3		UROQID-ACID NO.2 500-500 TABLET	4	
UNIFINE PENTIP PLUS 32G 5/32"	3		URSODIOL 300 MG CAPSULE	2	
UNIFINE PENTIP PLUS 33G 5/32"	3		URSODIOL 250 MG TABLET	2	
UNIFINE PENTIPS PLUS 31G 5MM	3		URSODIOL 500 MG TABLET	2	
UNIFINE PROTECT NEEDLE 30G 5MM	3		USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
UNIFINE PROTECT NEEDLE 30G 8MM	3		USTEKINUMAB-TTWE 90 MG/ML SYRINGE	5	PA, QL, SRX
UNIFINE PROTECT NEEDLE 32G 4MM	3		VALACYCLOVIR 500 MG TABLET	2	
UNIFINE SAFECONTROL NEEDLE 30G 5MM	3		VALACYCLOVIR 1 GRAM TABLET	2	
UNIFINE SAFECONTROL NEEDLE 30G 8MM	3		VALGANCICLOVIR 50 MG/ML ORAL SOLUTION	4	
UNIFINE SAFECONTROL NEEDLE 31G 5MM	3		VALGANCICLOVIR 450 MG TABLET	4	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VALPROIC ACID 250 MG CAPSULE	2		VARIVAX VACCINE VIAL	3	
VALPROIC ACID 250 MG/5 ML ORAL SOLUTION	2		VARIVAX VACCINE WITH DILUENT	3	
VALPROIC ACID 500 MG/10 ML ORAL SOLUTION	2		VAXELIS VACCINE SYRINGE	3	
VALSARTAN 40 MG TABLET	2		VAXELIS VACCINE VIAL	3	
VALSARTAN 80 MG TABLET	2		VAXNEUVANCE 0.5 ML SYRINGE	3	
VALSARTAN 160 MG TABLET	2		VELIVET 28 DAY TABLET	1	
VALSARTAN 320 MG TABLET	2		VELPHORO 500 MG CHEWABLE TABLET	4	
VALSARTAN-HCTZ 80-12.5 MG TABLET	2		VELMIDY 25 MG TABLET	5	PA, SRX
VALSARTAN-HCTZ 160-12.5 MG TABLET	2		VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX
VALSARTAN-HCTZ 160-25 MG TABLET	2		VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-12.5 MG TABLET	2		VENCLEXTA 10 MG TABLET (10 MG X 2)	5	PA, QL, LDD, SRX
VALSARTAN-HCTZ 320-25 MG TABLET	2		VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX
VALTYA 1 MG-50 MCG TABLET	1		VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX
VANADOM 350 MG TABLET	2		VENLAFAXINE 25 MG TABLET	2	QL
VANCOMYCIN 125 MG CAPSULE	4	QL	VENLAFAXINE 37.5 MG TABLET	2	QL
VANCOMYCIN 250 MG CAPSULE	4	QL	VENLAFAXINE 50 MG TABLET	2	QL
VANCOMYCIN 25 MG/ML ORAL SOLUTION	2	QL	VENLAFAXINE 75 MG TABLET	2	QL
VANDAZOLE VAGINAL 0.75% GEL	2		VENLAFAXINE 100 MG TABLET	2	QL
VANISHPOINT INSULIN SYRINGE 1 ML 30G 3/16"	3		VENLAFAXINE ER 150 MG CAPSULE	2	QL
VANISHPOINT SYRINGE 0.5 ML 30G 1/2"	3		VENLAFAXINE ER 37.5 MG CAPSULE	2	QL
VANISHPOINT SYRINGE 3 ML 20G 1"	3		VENLAFAXINE ER 75 MG CAPSULE	2	QL
VANISHPOINT SYRINGE 3 ML 21G 1"	3		VENTAVIS 10 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX
VANISHPOINT SYRINGE 3 ML 21G 1.5"	3		VENTAVIS 20 MCG/1 ML INHALATION SOLUTION	5	PA, LDD, SRX
VANISHPOINT SYRINGE 3 ML 22G 1"	3		VERAPAMIL 40 MG TABLET	2	
VANISHPOINT SYRINGE 3 ML 22G 1.5"	3		VERAPAMIL 80 MG TABLET	2	
VANISHPOINT SYRINGE 3 ML 23G 1"	3		VERAPAMIL 120 MG TABLET	2	
VANISHPOINT SYRINGE 3 ML 23G 1.5"	3		VERAPAMIL ER 120 MG CAPSULE	2	
VANISHPOINT SYRINGE 3 ML 25G 1"	3		VERAPAMIL ER 180 MG CAPSULE	2	
VANISHPOINT SYRINGE 3 ML 25G 5/8"	3		VERAPAMIL ER 240 MG CAPSULE	2	
VANISHPOINT SYRINGE U-100 29G 1/2"	3		VERAPAMIL ER 120 MG TABLET	2	
VAQTA 25 UNITS/0.5 ML SYRINGE	3		VERAPAMIL ER 180 MG TABLET	2	
VAQTA 50 UNITS/ML SYRINGE	3		VERAPAMIL ER 240 MG TABLET	2	
VAQTA 25 UNITS/0.5 ML VIAL	3		VERAPAMIL ER PM 100 MG CAPSULE	3	
VAQTA 50 UNITS/ML VIAL	3		VERAPAMIL ER PM 200 MG CAPSULE	3	
VARENICLINE 1 MG CONTINUING MONTH BOX	3		VERAPAMIL ER PM 300 MG CAPSULE	3	
VARENICLINE STARTING MONTH BOX	3		VERAPAMIL SR 120 MG CAPSULE	2	
VARENICLINE 0.5 MG TABLET	3		VERAPAMIL SR 180 MG CAPSULE	2	
VARENICLINE 1 MG TABLET	3		VERAPAMIL SR 240 MG CAPSULE	2	
VARISOFT INFUSION SET 23" 13MM	3		VERAPAMIL SR 360 MG CAPSULE	2	
VARISOFT INFUSION SET 23" 17MM	3		VEREGEN 15% OINTMENT	4	
VARISOFT INFUSION SET 32" 13MM	3		VERIFINE INSULIN SYRINGE 0.3 ML 31G 8MM	3	
VARISOFT INFUSION SET 43" 17MM	3		VERIFINE INSULIN SYRINGE 0.5 ML 29G 12MM	3	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
VERIFINE INSULIN SYRINGE 0.5 ML 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 ORAL 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 HOLDING CHAMBER	3	QL
VERIFINE PEN NEEDLE 31G 5MM	3		VORTEX ADULT MASK	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		VORTEX VHC PEDIATRIC MED MASK	3	QL
VERIFINE PLUS PEN NEEDLE 31G 5MM	3		VRAYLAR 1.5 MG CAPSULE	4	QL, ST
VERIFINE PLUS PEN NEEDLE 31G 8MM	3		VRAYLAR 3 MG CAPSULE	4	QL, ST
VERIFINE PLUS PEN NEEDLE 32G 4MM	3		VRAYLAR 4.5 MG CAPSULE	4	QL, ST
VERIFINE PLUS PEN NEEDLE 32G 4MM	3		VRAYLAR 6 MG CAPSULE	4	QL, ST
VERIFINE SYRINGE 0.3 ML 31G 5/16"	3		VYFEMLA 0.4 MG-0.035 MG TABLET	1	
VERIFINE SYRINGE 0.5 ML 29G 1/2"	3		VYLIBRA 28 TABLET	1	
VERIFINE SYRINGE 0.5 ML 31G 5/16"	3		VYNDAMAX 61 MG CAPSULE	5	PA, QL, LDD, SRX
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	1	
VIGABATRIN 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN 2 MG TABLET	1	
VIGABATRIN 500 MG TABLET	5	PA, QL, LDD, SRX	WARFARIN 2.5 MG TABLET	1	
VIGADRONE 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN 3 MG TABLET	1	
VIGADRONE 500 MG TABLET	5	PA, QL, LDD, SRX	WARFARIN 4 MG TABLET	1	
VIGODER 500 MG POWDER PACKET	5	PA, QL, LDD, SRX	WARFARIN 5 MG TABLET	1	
VILAZODONE 10 MG TABLET	4	QL	WARFARIN 6 MG TABLET	1	
VILAZODONE 20 MG TABLET	4	QL	WARFARIN 7.5 MG TABLET	1	
VILAZODONE 40 MG TABLET	4	QL	WARFARIN 10 MG TABLET	1	
VIOKACE 10,440-39,150 UNITS TABLET	4		WERA 0.5/0.035 MG 28 TABLET	1	
VIOKACE 20,880-78,300 UNITS TABLET	4		WESCAP-PN DHA CAPSULE	1	
VIORELE 28 DAY TABLET	1		WESNATAL DHA COMPLETE	1	
VIREAD 150 MG TABLET	3	SRX	WESNATE DHA SOFTGEL	1	
VIREAD 200 MG TABLET	3	SRX	WESTAB PLUS TABLET	1	
VIREAD 250 MG TABLET	3	SRX	WIXELA 100-50 INHUB	2	QL
VIREAD POWDER	3	SRX	WIXELA 250-50 INHUB	2	QL
VIRT-C DHA SOFTGEL	1		WIXELA 500-50 INHUB	2	QL
VISTOGARD 10 GRAM PACKET	5	LDD, SRX	WM UNIFINE PENTIP PLUS 31G 5MM	3	
VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS	2		WM UNIFINE PENTIP PLUS 31G 6MM	3	
VITAFOL-OB CAPLET	1		WM UNIFINE PENTIP PLUS 31G 8MM	3	
VITAMIN D2 1.25 MG (50,000 UNIT) CAPSULE	2		WM UNIFINE PENTIP PLUS 32G 4MM	3	
VIVAGUARD INO L1, L3 CONTROL SOLUTION	3		WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET	1	
VIVAGUARD INO L1,2,3 CONTROL SOLUTION	3		XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX
VIVAGUARD INO L2 CONTROL SOLUTION	3		XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes	Medication Name	Tier	Notes
XALKORI 20 MG PELLET	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 4MM 32G	3	
XALKORI 50 MG PELLET	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 6MM 31G	3	
XALKORI 150 MG PELLET	5	PA, QL, LDD, SRX	YOURX ULTICARE PEN NEEDLE 8MM 31G	3	
XARAH FE 1 MG/20-30-35 MCG TABLET	1		YUVAFEM 10 MCG VAGINAL INSERT	3	QL
XARELTO 10 MG TABLET	3	QL	ZAFEMY 150-35 MCG/DAY PATCH	1	
XARELTO 15 MG TABLET	3	QL	ZAFIRLUKAST 10 MG TABLET	2	
XARELTO 20 MG TABLET	3	QL	ZAFIRLUKAST 20 MG TABLET	2	
XARELTO DVT-PE STARTER PACK	3	QL	ZALEPLON 5 MG CAPSULE	2	
XDEMYVY 0.25% EYE DROPS	5	PA, QL, LDD, SRX	ZALEPLON 10 MG CAPSULE	2	
XELJANZ 1 MG/ML ORAL SOLUTION	5	PA, QL, SRX	ZARAH TABLET	1	
XELJANZ 5 MG TABLET	5	PA, QL, SRX	ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
XELJANZ 10 MG TABLET	5	PA, QL, SRX	ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
XELJANZ XR 11 MG TABLET	5	PA, QL, SRX	ZATEAN-PN DHA CAPSULE	1	
XELJANZ XR 22 MG TABLET	5	PA, QL, SRX	ZATEAN-PN PLUS SOFTGEL	1	
XIFAXAN 200 MG TABLET	4	PA, QL	ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
XIFAXAN 550 MG TABLET	4	PA, QL	ZENATANE 10 MG CAPSULE	4	
XIGDUO XR 2.5 MG-1,000 MG TABLET	3	QL	ZENATANE 20 MG CAPSULE	4	
XIGDUO XR 5 MG-500 MG TABLET	3	QL	ZENATANE 30 MG CAPSULE	4	
XIGDUO XR 5 MG-1,000 MG TABLET	3	QL	ZENATANE 40 MG CAPSULE	4	
XIGDUO XR 10 MG-500 MG TABLET	3	QL	ZENPEP DR 3,000 UNIT CAPSULE	3	
XIGDUO XR 10 MG-1,000 MG TABLET	3	QL	ZENPEP DR 40,000 UNIT CAPSULE	3	
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR	5	PA, LDD, SRX	ZENPEP DR 5,000 UNIT CAPSULE	3	
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX	ZENPEP DR 10,000 UNIT CAPSULE	3	
XOLAIR 150 MG/ML AUTO-INJECTOR	5	PA, LDD, SRX	ZENPEP DR 15,000 UNIT CAPSULE	3	
XOLAIR 150 MG/1.2 ML POWDER VIAL	5	PA, LDD, SRX	ZENPEP DR 20,000 UNIT CAPSULE	3	
XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX	ZENPEP DR 25,000 UNIT CAPSULE	3	
XOLAIR 300 MG/2 ML AUTO-INJECTOR	5	PA, LDD, SRX	ZENPEP DR 60,000 UNIT CAPSULE	3	
XOLAIR 300 MG/2 ML SYRINGE	5	PA, LDD, SRX	ZENZEDI 5 MG TABLET	2	QL
XTAMPZA ER 9 MG CAPSULE	3	PA	ZENZEDI 10 MG TABLET	2	QL
XTAMPZA ER 13.5 MG CAPSULE	3	PA	ZEPOSIA 0.92 MG CAPSULE	5	PA, QL, LDD, SRX
XTAMPZA ER 18 MG CAPSULE	3	PA	ZEPOSIA STARTER KIT (7-DAY)	5	PA, QL, LDD, SRX
XTAMPZA ER 27 MG CAPSULE	3	PA	ZEPOSIA STARTER PACK (28-DAY)	5	PA, QL, LDD, SRX
XTAMPZA ER 36 MG CAPSULE	3	PA	ZETONNA 37 MCG NASAL SPRAY	4	ST
XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX	ZIDOVUDINE 100 MG CAPSULE	2	SRX
XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX	ZIDOVUDINE 50 MG/5 ML SYRUP	2	SRX
XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX	ZIDOVUDINE 300 MG TABLET	2	SRX
XULANE 150-35 MCG/DAY PATCH	1		ZILEUTON ER 600 MG TABLET	5	
YALE NEEDLE 21G 1.25"	3		ZIPRASIDONE 20 MG CAPSULE	2	
YARGESA 100 MG CAPSULE	5	PA, LDD, SRX	ZIPRASIDONE 40 MG CAPSULE	2	
YESINTEK 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX	ZIPRASIDONE 60 MG CAPSULE	2	
YESINTEK 45 MG/0.5 ML VIAL	5	PA, QL, SRX	ZIPRASIDONE 80 MG CAPSULE	2	
YESINTEK 90 MG/ML SYRINGE	5	PA, QL, SRX	ZIRGAN 0.15% EYE GEL	4	

2026 Cigna Healthcare Premiere Virginia 5-Tier Prescription Drug List

Medication Name	Tier	Notes
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 TABLET	3	QL
ZOLMITRIPTAN 5 MG TABLET	3	QL
ZOLMITRIPTAN 2.5 MG ODT TABLET	3	QL
ZOLMITRIPTAN 5 MG ODT 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 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZONTIVITY 2.08 MG TABLET	4	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TABLET	1	
ZURZUVAE 20 MG CAPSULE	5	PA, QL, LDD, SRX
ZURZUVAE 25 MG CAPSULE	5	PA, QL, LDD, SRX
ZURZUVAE 30 MG CAPSULE	5	PA, QL, LDD, SRX
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX
ZYLET EYE DROPS	4	PA

Frequently Asked Questions (FAQs)

Here are answers to questions you may have about your drug list and prescription medication coverage.

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

A. We review and update the drug list on a regular basis to make sure you have coverage for low-cost, safe and effective medications. We make changes for many reasons; for example, when a new medication comes out or is no longer available, or when a medication's price changes. 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 rules (requirements) to a medication.

When we make a change that affects your medication (for example, it'll cost more, won't be covered, and/or has an extra coverage requirement), 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 can treat the same condition. If your medication isn't covered and your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover it through our review process.

There are also some medications and products that your plan won't cover for any reason because they're a "plan (or benefit) exclusion." This means the medication or product isn't on your drug list, and there's no option to ask us to cover it through our medication review process. For example, your plan doesn't cover (or "excludes") medications that the FDA hasn't approved.

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 make sure you're getting coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if a medication needs approval?

A. Check your drug list or log in to the myCigna App or **myCigna.com** and use the Price a Medication tool. If the medication has:

- **PA** (Prior Authorization) or **ST** (Step Therapy) next to it, it needs approval before your plan will cover it.

Frequently Asked Questions (FAQs) (cont.)

- **QL** (Quantity Limit) next to it, you may need approval depending on how much you're filling at one time.
- **AGE** (Age Requirement) next to it, you may need approval depending on your age.

Q. What types of medications typically need approval?

A. Medications that:

- May not be safe when you take them with other medications.
- Have lower-cost alternatives that work just as well at treating the same condition.
- Should only be used for certain health conditions.
- Are often used in the wrong way or are abused (taken more often than you should).

Q. What types of medications typically have quantity limits?

A. Medications that are often:

- Taken in a greater amount or used for a longer time than they should be.
- Used in the wrong way or are abused (taken more often than you should).

Q. What medications are part of Step Therapy?

A. They're typically high-cost medications that treat conditions such as:

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

Q. Why does my medication have an age requirement?

A. Not all medications are right for all ages. Some medications work best for people of a certain age or within a certain age range. As you get older, body changes can decrease the body's ability to break down or get rid of certain medications. This means

that the medication may stay in your body longer. So, an older adult may need a lower dose of the medication or a different medication that's safer.

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

A. Ask your doctor's office to contact us 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 our provider portal at cignaforhcp.com.

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) 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 we've made a decision. Or, you can log in to the myCigna App or myCigna.com to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, 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 us a request, in writing, that explains why we should cover the medication.

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

A. When your pharmacist tries to fill your prescription, they'll see that the medication needs our approval before it can be covered. Because you didn't get approval ahead of time, your plan won't cover its cost.

You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.

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

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

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office can ask us to cover it through our review process.

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). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. It can take up to six months from the date the FDA approved them for us to make a decision.

If your doctor wants you to use a recently approved medication, your doctor's office can ask us to cover it through our review process.

Q. What are preventive medications?

A. Preventive medications can help keep you from getting certain long-term health conditions such as asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke. They improve your chances of staying well and living longer.

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

A. The Patient Protection and Affordable Care Act (PPACA), known as health care reform, helps make health care and preventive care more affordable. PPACA requires health plans to cover the full cost of certain preventive medications and over-the-counter (OTC) products. This means you don't have to pay anything – not even a copay, coinsurance or deductible for these products.

To see a list of \$0 medications, go to **Cigna.com/PDL** and click on the link for the IFP PPACA No Cost-Share Preventive Drug List.

Q. How can I find out how much my medication will cost me?

A. When you and your doctor are thinking about the right medication for your treatment, knowing how much it costs, what lower-cost options are available, and which pharmacies have 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.³

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. You should think about using a medication that's covered on a lower tier, such as a generic or preferred brand medication, or by filling a 90-day supply (if your plan allows). Ask your doctor if one of these options may work for you.

Q. What's a generic medication?

A. A generic is the same as its brand-name version. It has the same active ingredient, strength and dosage form, treats the same condition(s), and works in the same way – and typically costs less.² Generics are typically sold under their chemical or scientific name, instead of the 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 the brand-name medication.²

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

A. The generic and brand-name medication may:²

- Look different. For example, generics may have a different shape, size or color than their brand-name versions.

Frequently Asked Questions (FAQs) (cont.)

- Have a different flavor and/or different preservatives, come in different packaging and/or with different labeling and may expire at different times.

It's important to know that these differences don't affect how well the generic works.

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. This means you'll have to use an in-network pharmacy for your medication to be covered.

Q. Can I fill my prescriptions by mail?

A. Yes.⁴

Fill maintenance medications through Express Scripts® Pharmacy.

Home delivery 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. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online.
- Get standard shipping at no extra cost.⁵
- Fill up to a 90-day supply at one time.⁶
- Talk with a pharmacist, 24/7.
- Sign up for refill reminders so you don't miss a dose.⁷

Here are two easy ways to get started:

- 1. Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or
- 2. By phone.**
 - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or

- Call Express Scripts Pharmacy at **800.835.3784**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

Fill specialty medications through Accredo® Specialty Pharmacy

If you're using a specialty medication, Accredo's team can help you manage your rare and/or complex medical condition. They'll also fill and ship your medication to you, so you don't have to stand in line at the pharmacy.

- Talk with specially-trained pharmacists and nurses, 24/7.
- Get fast shipping at no extra cost.⁵
- Sign up for refills and reminders. Some refills can be done by text.⁸
- Get help paying for your medication (if you need it).
- Manage and track your medications online.

To learn more, go to **Cigna.com/specialty**. To get started with Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–8:00 pm CST or Saturdays, 7:00 am–4:00 pm CST.

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, see your pharmacy claims and coverage details and more. You can also manage your home delivery 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 (a) Emergency Services; (b) non-Emergency Services provided to an Insured Person at a Participating Facility if the non-Emergency Services involve surgical or ancillary services provided by a Non-Participating Provider; (c) services for an Urgent Health Problem in an office, Urgent Care facility, or another outpatient facility and the related Physician and other related Provider services; (d) Medically Necessary services that are not available from a Participating Provider.
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 in the sections titled "Comprehensive Benefits: What the Policy Pays For," "Prescription Drug Benefits," "Pediatric Vision Care," and the benefit schedule.
4. Services or supplies that are **not Medically Necessary**, except for preventive care services as provided in this Policy.
5. Services or supplies that are considered to be for **Experimental Procedures or Investigational Procedures or Unproven Procedures**, except as otherwise stated in this Policy under "Clinical Trials."
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 a health plan or insurance coverage.
9. Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, **under any workers' compensation, employer's liability law or occupational disease law**, except coverage for any medical condition pursuant to such exclusion if (i) an award of the Workers' Compensation Commission denies compensation benefits relating to such medical condition and no request for review of such award is made pursuant to and within the time prescribed by applicable law; or (ii) an award of the Workers' Compensation Commission, after review by the full Commission, denies compensation benefits relating to such medical condition. Following the entry of a workers' compensation award pursuant to clause (i) or (ii) having the effect of prohibiting the application of any such exclusion, Cigna Healthcare shall immediately provide coverage for such medical condition to the extent otherwise covered under the contract, subscription contract or health services plan. If, upon appeal to the Court of Appeals or the Supreme Court, such medical condition is held to be compensable under the Virginia Workers' Compensation Act (Title 65.2), Cigna Healthcare may recover from the applicable employer or workers' compensation insurance carrier the costs of coverage for medical conditions found to be compensable under the Act.
10. Conditions caused by: (a) an **act of war (declared or undeclared)**; (b) the **inadvertent release of nuclear energy** when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; however, benefits may not be able to be provided or may be delayed in the event of a major disaster; (c) an Insured Person **participating in the military service of any country** (note: for information about an Insured Person who becomes an active duty member of the military, please see "Cancellation by You" under "Terms of the Policy" in the "General Provisions" section); (d) an Insured Person **participating in an insurrection, rebellion, or riot**.
- II. Any **services provided by a local, state or federal government agency** (except Medicaid), 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). Veterans Administration Hospitals and military treatment facilities, except for services rendered on an emergency basis where a legal liability exists for charges made to the Insured Person for such services.
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 Medically Necessary.
16. **Professional services** performed by a member of the Insured Person's immediate family and services for which no charge is normally made in the absence of insurance.

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

17. **Supplies received or purchased directly or on your behalf** from any of the following:
 - Yourself, or a company under your complete ownership;
 - A person who is your spouse, Domestic Partner, child, stepchild, parent, brother or sister; or
 - A health care professional that provides remuneration directly to you.
18. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.** This exclusion does not apply to Hospice Care Services, or Occupational Therapy to restore activities such as walking, eating, drinking, dressing, toileting, transferring from wheelchair to bed, bathing, and job related activities.
19. **Private duty nursing**, except when provided as part of the home health care services or Hospice Care Services benefit in this Policy.
20. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
21. **Complementary and alternative medicine services**, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy, except as stated in this Policy under "Sleep Testing and Treatment"; 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 "Habilitative and Rehabilitative Services" are not subject to this exclusion.
22. Any services or supplies **provided by or at a place used mainly for care of the aged, nursing care, rest care, convalescent care, educational care, or subacute care.** Services specifically listed as covered under "Hospice Care Services" and "Skilled Nursing Facilities and Other Health Care Facilities" are not subject to this exclusion.
23. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care; home care services that are not rendered under an approved arrangement with a home health care provider; self-care activities or homemaker services; and services primarily for rest, domiciliary or convalescent care, except when provided as part of the Hospice Care Services benefit in this Policy.
24. **Services performed by unlicensed practitioners** or services which do not require licensure to perform; for example, meditation, breathing exercises, guided visualization.
25. 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, except for tests performed for Emergency Services as defined in this Policy.
26. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
27. **Dental treatment**, preventive dental care and fluoride treatments; dental x-rays, supplies, appliances, and all associated costs; and diagnosis and treatment for the teeth, jaw or gums such as: removing, restoring, or replacing teeth; medical care or surgery for dental problems; and services to help dental clinical outcomes. Also excluded are 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 under "Oral Surgery" and "Dental Care."
28. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except for services as stated in this Policy under "Congenital Defects and Birth Abnormalities for Newborns" and "Treatment for Temporomandibular Joint Dysfunction (TMJ) and Craniomandibular Disorders."
29. **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.
30. 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.
31. **Hearing aids** including but not limited to semi-implantable hearing devices, audient bone conductors and Bone Anchored Hearing Aids (BAHAs). For the purposes of this exclusion, a hearing aid is any device that amplifies sound. This exclusion does not apply to cochlear implants or hearing aids for children 18 years of age or younger, as stated in this Policy under "Hearing Aids."
32. **Routine hearing tests** for adults.

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

33. **Genetic screening**, except as stated in this Policy under "Pregnancy and Maternity Care" and "Women's Preventive Care," 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.
34. **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" and "Vision Correction after Surgery or Accident."
35. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
36. **Cosmetic surgery, therapy** or other services for beautification or to improve or alter appearance or self-esteem. This exclusion shall not include Reconstructive Surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process; surgery or procedures to correct congenital abnormalities that cause functional impairment; surgery or procedures on Newborn children to correct congenital abnormalities; or Medically Necessary benefits determined according to nondiscriminatory criteria that are consistent with current medical standards.
37. **Aids or devices that assist with nonverbal communication**, except as otherwise stated in this Policy under "Autism Spectrum Disorders" and "Habilitative and Rehabilitative Services." Excluded aids and devices include but are not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books, except for assistive technology services and devices provided under the "Early Intervention Program Services" section of this Policy.
38. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, except when provided as part of Applied Behavior Analysis or as stated in this Policy under "Early Intervention Program Services" and "Habilitative and Rehabilitative Services."
39. 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, and blepharoplasty.
40. Any treatment, Prescription Drug, service or supply to treat **sexual dysfunction**, enhance sexual performance or increase sexual desire.
41. All services related to **the treatment of fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including reversals of elective sterilization and in vitro fertilization, gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy under "Treatment of Infertility."
42. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
43. 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.
44. Blood administration **for the purpose of general improvement in physical condition**.
45. **Orthopedic shoes** (except when joined to Braces), shoe inserts, or foot Orthotic Devices, unless Medically Necessary.
46. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
47. **Prefabricated foot Orthoses**, unless Medically Necessary.
48. **Cranial banding/cranial Orthoses/other similar devices**, except when clinically appropriate and Medically Necessary for a covered condition.
49. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers, unless Medically Necessary.
50. **Orthoses** primarily used for cosmetic rather than functional reasons.

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

51. **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.
52. 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. This exclusion does not apply to obesity counseling as a preventive service for infants, children, and adults.
53. **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 under "Preventive Care Services."
54. 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. This does not apply to preventive care services, rehabilitative or Habilitative Services as stated in this Policy.
55. **Educational services** except as otherwise stated in this Policy under "Autism Spectrum Disorders," "Diabetes," "Preventive Care Services," "Mastectomy Notice" regarding lymphedema under "Reconstructive Surgery," and "Inpatient Services" under "Mental Health and Substance Use Disorder Services," or as specifically provided or arranged by Cigna Healthcare.
56. **Nutritional counseling** except when provided as part of home health care, treatment of an eating disorder, or "Diabetic Self-Management Training" or "Preventive Care Services" subsections; or food supplements except as described in the "Nutritional Formulas" section of this Policy.
57. **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the "Comprehensive Benefits: What the Policy Pays For" 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 (except wigs needed after cancer treatment), 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 under the "Prescription Drug Benefits" section.
58. **Foreign Country Provider charges** except as specifically stated under "Foreign Country Providers" in the section of this Policy titled "Comprehensive Benefits: What the Policy Pays For."
59. **Routine foot care** unless Medically Necessary. This exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including but not limited to:
- Cleaning and soaking the feet.
 - Applying skin creams to care for skin tone.
 - Other services that are given when there is not an illness, injury or symptom involving the foot.
- This exclusion does not apply to the treatment of corns, calluses, and care of toenails when these services are Medically Necessary.
60. Charges for the **services of a standby Physician**.
61. Charges for **animal to human organ transplants**.
62. **Claims received by Cigna Healthcare after 90 days** from the date service was rendered, except (a) in the event of a legal incapacity or (b) if the claim is received by Cigna Healthcare later than 90 days but as soon as reasonably possible.
63. Services obtained from a **Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. [fda.gov/drugs/generic-drugs/generic-drug-facts](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts).
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. Cigna Healthcare, Express Scripts and Accredo are all part of The Cigna Group. This means we have 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 (as your plan allows).
5. Standard shipping costs are included as part of your prescription plan.
6. Not all medications come in a 90-day supply. For example, oral contraceptives come in a 3-pack, which is an 84-day supply. It's important to know that even though it's not a full "90-day supply," we still think of it as a 90-day prescription. **Tier 5 medications are limited to a 30-day supply.**
7. 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.
8. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.

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.

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

Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids 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 assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages



Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Cigna Dental Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., and Cigna HealthCare of Texas, Inc. In Texas, the Dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO Advantage network. ATTENTION: If you speak languages other than English, language assistance service, free of charge are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

824707b 5/25 © 2025 Cigna Healthcare.

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

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, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422,
877.822.6561 (TTY: Dial 711)

ACAGrievance@CignaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

Chinese – 注意: 如果您讲中文，我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供，以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供者联系。

Vietnamese – XIN LƯU Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

Korean – 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

Tagalog – PAUNAWA: Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

Russian – ВНИМАНИЕ: Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

Arabic - تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: 711 اطلب) أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711).

French Creole – ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

French – ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

Portuguese – ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

Polish – UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

Japanese – 注意: 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

Italian – ATTENZIONE: Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

German – Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi) - همچنین، وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنید، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید