

**Individual & Family Plans**

Cigna HealthCare of Georgia, Inc.



# 2024 Cigna Plus Georgia 5-Tier Prescription Drug List

Coverage as of January 1, 2024

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**myCigna® App<sup>1</sup> or myCigna.com®.** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/ifp-drug-list.** Select **Georgia** from the dropdown menu and choose your search method. Then type in your medication name or view the full list.

### Questions?

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

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

## About this drug list

This is a list of the prescription medications covered on the Cigna Plus Georgia 5-Tier Prescription Drug List as of January 1, 2024.<sup>2,3</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

## How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2024 Cigna Plus Georgia 5-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP	3	
ADAPALENE 0.1% CREAM	2	AGE
ALINIA	4	
ALISKIREN	4	QL
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
AMCINONIDE	2	
AMETHIA	1	
AMETHIA LO	1	
AMETHYST	1	
AMILORIDE	2	
AMILORIDE-HCTZ	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	4	
AMINOCAPROIC ACID 1,000 MG TABLET	4	SRX
AMIODARONE 100 MG TABLET	2	
AMIODARONE 200 MG TABLET	2	
AMIODARONE 400 MG TABLET	2	
AMITIZA	4	
AMITRIPTYLINE	1	

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

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

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

This chart is just a sample. It may not show how these medications are actually covered on the 2024 Cigna Plus Georgia 5-Tier Prescription Drug List.

## Tiers

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

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

## Abbreviations next to medications

In this drug list, some medications have an abbreviation listed next to them in the Notes column. Here's what they mean.

<b>PA</b>	<b>Prior Authorization</b> – Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have <b>PA</b> next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
<b>QL</b>	<b>Quantity Limits</b> – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have <b>QL</b> next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
<b>ST</b>	<b>Step Therapy</b> – This is a prior authorization program. Your plan doesn't cover certain high-cost medications until you try one or more lower-cost alternatives first.* These medications have <b>ST</b> next to them. You have many covered options to choose from, and they're used to treat the same condition.

\* If your doctor feels an alternative isn't right for you, he or she can ask Cigna Healthcare to consider approving coverage of your medication.

(cont.)

<b>AGE</b>	<b>Age Requirements</b> – Certain medications will only be covered if you're within a specific age range. These medications have <b>AGE</b> next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna Healthcare.
<b>SRX</b>	<b>Specialty Medications</b> – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have <b>SRX</b> next to them. <b>Your plan limits specialty medications to a 30-day supply.</b>
<b>LDD</b>	<b>Limited Distribution Drugs</b> – These medications are only available at specific pharmacies in the United States. They're used to treat conditions that are very hard to manage and require special handling, patient support and monitoring. These medications have <b>LDD</b> next to them.

### Plan exclusions

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

### How to find your medication

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

Letter your medication starts with	Page	Letter your medication starts with	Page
I-2	6	M-N	38-45
A-B	6-13	O-P	45-52
C-D	13-22	Q-S	52-57
E-G	22-30	T-U	57-63
H-J	30-35	V-Z	63-66
K-L	35-38		

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
1ST TIER UNIFINE PENTP 5MM 31G	3		ACETYLCYSTEINE 20% VIAL	2	
1ST TIER UNIFINE PNTIP 4MM 32G	3		ACITRETIN 10 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 6MM 31G	3		ACITRETIN 17.5 MG CAPSULE	4	
1ST TIER UNIFINE PNTIP 8MM 31G	3		ACITRETIN 25 MG CAPSULE	4	
1ST TIER UNIFINE PNTP 12MM 29G	3		ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL, SRX
1ST TIER UNIFINE PNTP 29GX1/2"	3		ACTEMRA ACTPEN	5	PA, QL, SRX
1ST TIER UNIFINE PNTP 31GX1/4"	3		ACTHIB VACCINE VIAL	3	
1ST TIER UNIFINE PNTP 31GX3/16	3		ACTHIB VACCINE WITH DILUENT	3	
1ST TIER UNIFINE PNTP 31GX5/16	3		ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA, LDD, SRX
1ST TIER UNIFINE PNTP 32GX5/32	3		ACYCLOVIR 200 MG CAPSULE	1	
2TEK CONTROL SOLUTION	3		ACYCLOVIR 200 MG/5 ML SUSP	2	
ABACAVIR 20 MG/ML SOLUTION	2		ACYCLOVIR 400 MG TABLET	1	
ABACAVIR 300 MG TABLET	2		ACYCLOVIR 5% OINTMENT	4	PA, QL
ABACAVIR-LAMIVUDINE 600-300 MG	2		ACYCLOVIR 800 MG TABLET	1	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2		ADACEL TDAP SYRINGE	3	
ABIRATERONE ACETATE 250 MG TAB	5	PA, LDD, SRX	ADACEL TDAP VIAL	3	
ABIRATERONE ACETATE 500 MG TAB	5	PA, LDD, SRX	ADALIMUMAB-ADAZ	5	PA, QL, SRX
ABOUTIME PEN NEEDLE 30G X 8MM	3		ADALIMUMAB-ADBM	5	PA, QL, SRX
ABOUTIME PEN NEEDLE 31G X 5MM	3		ADALIMUMAB-RYVK	5	PA, QL, SRX
ABOUTIME PEN NEEDLE 31G X 8MM	3		ADAPALENE 0.1% CREAM	2	PA_AGE
ABOUTIME PEN NEEDLE 32G X 4MM	3		ADAPALENE 0.1% GEL	2	PA_AGE
ACAMPROSATE CALC DR 333 MG TAB	3		ADAPALENE 0.1% LOTION	2	PA_AGE
ACARBOSE 100 MG TABLET	2		ADAPALENE 0.1% SOLUTION	2	PA_AGE
ACARBOSE 25 MG TABLET	2		ADAPALENE 0.3% GEL	2	PA_AGE
ACARBOSE 50 MG TABLET	2		ADAPALENE 0.3% GEL PUMP	2	PA_AGE
ACCU-CHEK AVIVA SOLUTION	3		ADEFOVIR DIPIVOXIL 10 MG TAB	5	SRX
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3		ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX
ACCU-CHEK SMARTVIEW CONTRL SOL	3		ADEMPAS 1 MG TABLET	5	PA, LDD, SRX
ACUTANE 10 MG CAPSULE	4		ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX
ACUTANE 20 MG CAPSULE	4		ADEMPAS 2 MG TABLET	5	PA, LDD, SRX
ACUTANE 30 MG CAPSULE	4		ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ACUTANE 40 MG CAPSULE	4		ADVOCATE CONTROL SOLUTION HIGH	3	
ACCUTREND GLUCOSE CONTROL	3		ADVOCATE CONTROL SOLUTION LOW	3	
ACE AEROSOL CLOUD ENHANCER	3	QL	ADVOCATE INS 0.3 ML 30GX5/16"	3	
ACEBUTOLOL 200 MG CAPSULE	2		ADVOCATE INS 0.3 ML 31GX5/16"	3	
ACEBUTOLOL 400 MG CAPSULE	2		ADVOCATE INS 0.5 ML 30GX5/16"	3	
ACETAMN-CAF-DIHYDRCODEIN 320.5	2	PA	ADVOCATE INS 0.5 ML 31GX5/16"	3	
ACETAMIN-CODEIN 300-30 MG/12.5	2		ADVOCATE INS 1 ML 31GX5/16"	3	
ACETAMINOP-CODEINE 120-12 MG/5	2		ADVOCATE INS SYR 0.3ML 29GX1/2	3	
ACETAMINOPHEN-COD #2 TABLET	2	PA	ADVOCATE INS SYR 0.5ML 29GX1/2	3	
ACETAMINOPHEN-COD #3 TABLET	2	PA	ADVOCATE INS SYR 1 ML 29GX1/2"	3	
ACETAMINOPHEN-COD #4 TABLET	2	PA	ADVOCATE INS SYR 1 ML 30GX5/16	3	
ACETAZOLAMIDE 125 MG TABLET	2		ADVOCATE PEN NDL 12.7MM 29G	3	
ACETAZOLAMIDE 250 MG TABLET	2		ADVOCATE PEN NEEDLE	3	
ACETAZOLAMIDE ER 500 MG CAP	2		ADVOCATE PEN NEEDLES 5MM 31G	3	
ACETIC ACID 0.25% IRRIG SOLN	2		ADVOCATE PEN NEEDLES 8MM 31G	3	
ACETIC ACID 2% EAR SOLUTION	2		ADVOCATE REDI-CODE+ CTRL SOLN	3	
ACETYLCYSTEINE 10% VIAL	2		AEROCHAMBER MINI	3	QL

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
AEROCHAMBER MV	3	QL	ALENDRONATE SODIUM 5 MG TABLET	1	
AEROCHAMBER PLUS FLOW-VU	3	QL	ALENDRONATE SODIUM 70 MG TAB	2	
AEROCHAMBER PLUS FLOW-VU LARGE	3	QL	ALFUZOSIN HCL ER 10 MG TABLET	2	
AEROCHAMBER PLUS FLOW-VU MED	3	QL	ALINIA 100 MG/5 ML SUSPENSION	4	
AEROCHAMBER PLUS FLOW-VU SMALL	3	QL	ALISKIREN 150 MG TABLET	4	QL
AEROCHAMBER WITH FLOWSIGNAL	3	QL	ALISKIREN 300 MG TABLET	4	QL
AEROCHAMBER Z-STAT PLUS LARGE	3	QL	ALKALINE BATTERIES	3	
AEROCHAMBER Z-STAT PLUS W-FLOW	3	QL	ALLOPURINOL 100 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-MED	3	QL	ALLOPURINOL 300 MG TABLET	1	
AEROCHAMBER Z-STAT PLUS-SMALL	3	QL	ALMOTRIPTAN MALATE 12.5 MG TAB	2	QL
AEROGEAR ASTHMA ACTION KIT	3		ALMOTRIPTAN MALATE 6.25 MG TAB	2	QL
AEROTRACH HOLDING CHAMBER	3	QL	ALOCRIIL	4	
AEROVENT PLUS	3	QL	ALOMIDE 0.1% EYE DROP	4	
AFIRMELLE-28 TABLET	1		ALOSETRON HCL 0.5 MG TABLET	5	SRX
AFLURIA QUAD	3		ALOSETRON HCL 1 MG TABLET	5	SRX
AFTER PILL	1		ALPRAZOLAM 0.25 MG TABLET	2	
AFTERA 1.5 MG TABLET	1		ALPRAZOLAM 0.5 MG TABLET	2	
AGAMATRIX HIGH CONTROL SOLN	3		ALPRAZOLAM 1 MG TABLET	2	
AGAMATRIX NORM-HI CONTROL SOLN	3		ALPRAZOLAM 2 MG TABLET	2	
AIRZONE PEAK FLOW METER	3		ALPRAZOLAM ER 0.5 MG TABLET	2	
AK-POLY-BAC	2		ALPRAZOLAM ER 1 MG TABLET	2	
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX	ALPRAZOLAM ER 2 MG TABLET	2	
ALBENDAZOLE 200 MG TABLET	4	PA	ALPRAZOLAM ER 3 MG TABLET	2	
ALBUSTIX REAGENT	3		ALPRAZOLAM INTENSOL	2	
ALBUTEROL 100 MG/20 ML SOLN	2		ALPRAZOLAM ODT 0.25 MG TAB	2	
ALBUTEROL 2.5 MG/0.5 ML SOL	2		ALPRAZOLAM ODT 0.5 MG TAB	2	
ALBUTEROL 2.5 MG/5 ML SOLUTION	2		ALPRAZOLAM ODT 1 MG TAB	2	
ALBUTEROL 5 MG/ML SOLUTION	2		ALPRAZOLAM ODT 2 MG TAB	2	
ALBUTEROL HFA 90 MCG INHALER	2	QL	ALPRAZOLAM XR 0.5 MG TABLET	2	
ALBUTEROL SUL 0.63 MG/3 ML SOL	2		ALPRAZOLAM XR 1 MG TABLET	2	
ALBUTEROL SUL 1.25 MG/3 ML SOL	2		ALPRAZOLAM XR 2 MG TABLET	2	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	2		ALPRAZOLAM XR 3 MG TABLET	2	
ALBUTEROL SULF 2 MG/5 ML SYRUP	2		ALTABAX 1% OINTMENT	4	
ALBUTEROL SULFATE 2 MG TAB	2		ALTACAIN	2	
ALBUTEROL SULFATE 4 MG TAB	2		ALTAVERA-28 TABLET	1	
ALBUTEROL SULFATE ER 4 MG TAB	2		ALVESCO 80 MCG INHALER	3	ST
ALBUTEROL SULFATE ER 8 MG TAB	2		ALVESCO 160 MCG INHALER	3	ST
ALCAINE	2		ALYACEN 1-35 28 TABLET	1	
ALCLOMETASONE DIPR 0.05% OINT	2		ALYACEN 7-7-7-28 TABLET	1	
ALCLOMETASONE DIPRO 0.05% CRM	2		ALYQ	5	PA, SRX
ALCOHOL 70% PADS	3		AMABELZ 0.5 MG-0.1 MG TABLET	2	
ALCOHOL 70% SWABS	3		AMABELZ 1 MG-0.5 MG TABLET	2	
ALCOHOL PREP PAD	3		AMANTADINE 100 MG CAPSULE	2	
ALECENSA	5	PA, QL, LDD, SRX	AMANTADINE 100 MG TABLET	2	
ALENDRONATE SOD 70 MG/75 ML	2		AMANTADINE 100 MG/10 ML SOLN	2	
ALENDRONATE SODIUM 10 MG TAB	1		AMANTADINE 50 MG/5 ML SOLUTION	2	
ALENDRONATE SODIUM 35 MG TAB	1		AMBRISANTAN 10 MG TABLET	5	PA, LDD, SRX

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX	AMLOD-VALSA-HCTZ 10-160-12.5MG	2	
AMCINONIDE 0.1% CREAM	2		AMLOD-VALSA-HCTZ 10-160-25 MG	2	
AMCINONIDE 0.1% LOTION	2		AMLOD-VALSA-HCTZ 10-320-25 MG	2	
AMETHIA 0.15-0.03-0.01 MG TAB	1		AMLOD-VALSA-HCTZ 5-160-12.5 MG	2	
AMETHIA LO TABLET	1		AMLOD-VALSA-HCTZ 5-160-25 MG	2	
AMETHYST 90-20 MCG TABLET	1		AMMONIUM LACTATE 12% CREAM	2	
AMILORIDE HCL 5 MG TABLET	2		AMMONIUM LACTATE 12% LOTION	2	
AMILORIDE HCL-HCTZ 5-50 MG TAB	2		AMNESTEEM 10 MG CAPSULE	4	
AMINOCAPROIC ACID 0.25 GRAM/ML	5	PA, SRX	AMNESTEEM 20 MG CAPSULE	4	
AMINOCAPROIC ACID 1,000 MG TAB	5	PA, SRX	AMNESTEEM 40 MG CAPSULE	4	
AMINOCAPROIC ACID 500 MG TAB	5	PA, SRX	AMOXAPINE 100 MG TABLET	2	
AMIODARONE HCL 100 MG TABLET	2		AMOXAPINE 150 MG TABLET	2	
AMIODARONE HCL 200 MG TABLET	2		AMOXAPINE 25 MG TABLET	2	
AMIODARONE HCL 400 MG TABLET	2		AMOXAPINE 50 MG TABLET	2	
AMITRIPTYLINE HCL 10 MG TAB	1		AMOX-CLAV 200-28.5 MG TAB CHEW	2	
AMITRIPTYLINE HCL 100 MG TAB	2		AMOX-CLAV 200-28.5 MG/5 ML SUS	2	
AMITRIPTYLINE HCL 150 MG TAB	2		AMOX-CLAV 250-125 MG TABLET	1	
AMITRIPTYLINE HCL 25 MG TAB	1		AMOX-CLAV 250-62.5 MG/5 ML SUS	2	
AMITRIPTYLINE HCL 50 MG TAB	1		AMOX-CLAV 400-57 MG TAB CHEW	2	
AMITRIPTYLINE HCL 75 MG TAB	1		AMOX-CLAV 400-57 MG/5 ML SUSP	2	
AMLODIPINE BESYLATE 10 MG TAB	2		AMOX-CLAV 500-125 MG TABLET	1	
AMLODIPINE BESYLATE 2.5 MG TAB	2		AMOX-CLAV 600-42.9 MG/5 ML SUS	2	
AMLODIPINE BESYLATE 5 MG TAB	2		AMOX-CLAV 875-125 MG TABLET	1	
AMLODIPINE-ATORVAST 10-10 MG	2		AMOX-CLAV ER 1,000-62.5 MG TAB	2	
AMLODIPINE-ATORVAST 10-20 MG	2		AMOXICILLIN 125 MG TAB CHEW	1	
AMLODIPINE-ATORVAST 10-40 MG	2		AMOXICILLIN 125 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 10-80 MG	2		AMOXICILLIN 200 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 2.5-10 MG	2		AMOXICILLIN 250 MG CAPSULE	1	
AMLODIPINE-ATORVAST 2.5-20 MG	2		AMOXICILLIN 250 MG TAB CHEW	2	
AMLODIPINE-ATORVAST 2.5-40 MG	2		AMOXICILLIN 250 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-10 MG	2		AMOXICILLIN 400 MG/5 ML SUSP	1	
AMLODIPINE-ATORVAST 5-20 MG	2		AMOXICILLIN 500 MG CAPSULE	1	
AMLODIPINE-ATORVAST 5-40 MG	2		AMOXICILLIN 500 MG TABLET	1	
AMLODIPINE-ATORVAST 5-80 MG	2		AMOXICILLIN 875 MG TABLET	1	
AMLODIPINE-BENAZEPRIL 10-20 MG	2		AMPHETAMINE SULFATE 10 MG TAB	2	QL
AMLODIPINE-BENAZEPRIL 10-40 MG	2		AMPHETAMINE SULFATE 5 MG TAB	2	QL
AMLODIPINE-BENAZEPRIL 2.5-10	2		AMPICILLIN 500 MG CAPSULE	2	
AMLODIPINE-BENAZEPRIL 5-10 MG	2		ANAGRELIDE HCL 0.5 MG CAPSULE	4	
AMLODIPINE-BENAZEPRIL 5-20 MG	2		ANAGRELIDE HCL 1 MG CAPSULE	4	
AMLODIPINE-BENAZEPRIL 5-40 MG	2		ANALPRAM HC 2.5%-1% LOTION	4	
AMLODIPINE-OLMESARTAN 10-20 MG	2		ANASTROZOLE 1 MG TABLET	2	
AMLODIPINE-OLMESARTAN 10-40 MG	2		ANORO ELLIPTA 62.5-25 MCG INH	3	QL
AMLODIPINE-OLMESARTAN 5-20 MG	2		ANUCORT-HC 25 MG SUPPOSITORY	2	
AMLODIPINE-OLMESARTAN 5-40 MG	2		ANZEMET	5	PA, QL, SRX
AMLODIPINE-VALSARTAN 10-160 MG	2		APEXICON E 0.05% CREAM	4	
AMLODIPINE-VALSARTAN 10-320 MG	2		APIDRA	4	QL, ST
AMLODIPINE-VALSARTAN 5-160 MG	2		APIDRA SOLOSTAR	4	QL, ST
AMLODIPINE-VALSARTAN 5-320 MG	2				



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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
APRACLONIDINE HCL 0.5% DROPS	2			ARMOUR THYROID 180 MG TABLET	3
APREPITANT 125 MG CAPSULE	2	QL		ARMOUR THYROID 240 MG TABLET	3
APREPITANT 125-80-80 MG PACK	2	QL		ARMOUR THYROID 30 MG TABLET	3
APREPITANT 40 MG CAPSULE	2	QL		ARMOUR THYROID 300 MG TABLET	3
APREPITANT 80 MG CAPSULE	2	QL		ARMOUR THYROID 60 MG TABLET	3
APRI 28 DAY TABLET	1			ARMOUR THYROID 90 MG TABLET	3
APTIOM 200 MG TABLET	4	PA, QL		ARNUITY ELLIPTA 100 MCG INH	3
APTIOM 400 MG TABLET	4	PA, QL		ARNUITY ELLIPTA 200 MCG INH	3
APTIOM 600 MG TABLET	4	PA, QL		ARNUITY ELLIPTA 50 MCG INH	3
APTIOM 800 MG TABLET	4	PA, QL		ASA-BUTALB-CAFF-COD #3 CAPSULE	2
APTIVUS	3			ASCOMP WITH CODEINE CAPSULE	2
AQ INSULIN SYR 0.5 ML 30G 8MM	3			ASENAPINE 10 MG TABLET SL	4
AQ INSULIN SYR 1 ML 31G 8MM	3			ASENAPINE 2.5 MG TABLET SL	4
AQ INSULIN SYRIN 1 ML 29G 12MM	3			ASENAPINE 5 MG TABLET SL	4
AQUA CARE 0.9% NACL IRRIGATION	2			ASHLYNA 0.15-0.03-0.01 MG TAB	1
AQUA CARE STERILE WATER IRRIG	2			ASMANEX HFA 100 MCG INHALER	4
ARANELLE 28 TABLET	1			ASMANEX HFA 200 MCG INHALER	4
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX		ASMANEX HFA 50 MCG INHALER	4
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX		ASMANEX TWISTHALER 110 MCG #30	4
ARANESP 100 MCG/ML VIAL	5	PA, SRX		ASMANEX TWISTHALER 220 MCG #14	4
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX		ASMANEX TWISTHALER 220 MCG #30	4
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX		ASMANEX TWISTHALER 220 MCG #60	4
ARANESP 200 MCG/ML VIAL	5	PA, SRX		ASMANEX TWISTHALR 220 MCG #120	4
ARANESP 25 MCG/0.42 ML SYRING	5	PA, SRX		ASPIRIN-DIPYRIDAM ER 25-200 MG	2
ARANESP 25 MCG/ML VIAL	5	PA, SRX		ASSURE 4 CONTROL SOLUTION	3
ARANESP 300 MCG/0.6 ML SYRINGE	5	PA, SRX		ASSURE DOSE CONTROL SOLUTION	3
ARANESP 40 MCG/0.4 ML SYRINGE	5	PA, SRX		ASSURE ID PEN NEEDLE 30GX3/16"	3
ARANESP 40 MCG/ML VIAL	5	PA, SRX		ASSURE ID PEN NEEDLE 30GX5/16"	3
ARANESP 500 MCG/1 ML SYRINGE	5	PA, SRX		ASSURE ID PEN NEEDLE 31GX3/16"	3
ARANESP 60 MCG/0.3 ML SYRINGE	5	PA, SRX		ASSURE ID SYR 0.5 ML 29GX1/2"	3
ARANESP 60 MCG/ML VIAL	5	PA, SRX		ASSURE ID SYR 0.5ML 31GX15/64"	3
ARCALYST	5	PA, LDD, SRX		ASSURE ID SYR 1 ML 29GX1/2"	3
ARFORMOTEROL 15 MCG/2 ML SOLN	4	QL		ASSURE ID SYR 1 ML 31GX15/64"	3
ARIPIPRAZOLE 1 MG/ML SOLUTION	3			ASSURE PRISM CONTROL SOLUTION	3
ARIPIPRAZOLE 10 MG TABLET	2			ASTAGRAF XL 0.5 MG CAPSULE	5
ARIPIPRAZOLE 15 MG TABLET	2			ASTAGRAF XL 1 MG CAPSULE	5
ARIPIPRAZOLE 2 MG TABLET	2			ASTAGRAF XL 5 MG CAPSULE	5
ARIPIPRAZOLE 20 MG TABLET	2			ASTHMA CHECK	3
ARIPIPRAZOLE 30 MG TABLET	2			ASTHMAPACK CHILDREN'S	3
ARIPIPRAZOLE 5 MG TABLET	2			ATAZANAVIR SULFATE 150 MG CAP	2
ARIPIPRAZOLE ODT 10 MG TABLET	4			ATAZANAVIR SULFATE 200 MG CAP	2
ARIPIPRAZOLE ODT 15 MG TABLET	4			ATAZANAVIR SULFATE 300 MG CAP	2
ARMODAFINIL 150 MG TABLET	2	PA		ATENOLOL 100 MG TABLET	1
ARMODAFINIL 200 MG TABLET	2	PA		ATENOLOL 25 MG TABLET	1
ARMODAFINIL 250 MG TABLET	2	PA		ATENOLOL 50 MG TABLET	1
ARMODAFINIL 50 MG TABLET	2	PA		ATENOLOL-CHLORHALIDONE 100-25	2
ARMOUR THYROID 120 MG TABLET	3			ATENOLOL-CHLORHALIDONE 50-25	2
ARMOUR THYROID 15 MG TABLET	3			ATOMOXETINE HCL 10 MG CAPSULE	2

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
ATOMOXETINE HCL 100 MG CAPSULE	2	QL		AZITHROMYCIN 1 GM PWD PACKET	2
ATOMOXETINE HCL 18 MG CAPSULE	2	QL		AZITHROMYCIN 100 MG/5 ML SUSP	2
ATOMOXETINE HCL 25 MG CAPSULE	2	QL		AZITHROMYCIN 200 MG/5 ML SUSP	2
ATOMOXETINE HCL 40 MG CAPSULE	2	QL		AZITHROMYCIN 250 MG TABLET	1
ATOMOXETINE HCL 60 MG CAPSULE	2	QL		AZITHROMYCIN 500 MG TABLET	1
ATOMOXETINE HCL 80 MG CAPSULE	2	QL		AZITHROMYCIN 600 MG TABLET	2
ATORVASTATIN 10 MG TABLET	2			AZO TEST STRIP	3
ATORVASTATIN 20 MG TABLET	2			AZURETTE 28 DAY TABLET	1
ATORVASTATIN 40 MG TABLET	2			BACITRACIN 500 UNIT/GM OPHTH	2
ATORVASTATIN 80 MG TABLET	2			BACITRACIN-POLYMYXIN	2
ATOVAQUONE 1,500 MG/10 ML SUSP	4			BACLOFEN 10 MG TABLET	2
ATOVAQUONE 750 MG/5 ML SUSP	4			BACLOFEN 20 MG TABLET	2
ATOVAQUONE-PROGUANIL 250-100	2			BACLOFEN 5 MG TABLET	2
ATOVAQUONE-PROGUANIL 62.5-25	2			BAL-CARE DHA COMBO PACK	1
ATROPINE 1% EYE DROPS	2			BALCOLTRA TABLET	4
ATROPINE 1% EYE OINTMENT	2			BALSALAZIDE DISODIUM 750 MG CP	2
AUBRA EQ-28 TABLET	1			BALZIVA 28 TABLET	1
AUBRA-28 TABLET	1			BAQSIMI 3 MG SPRAY ONE PACK	3
AUROVELA 1 MG-20 MCG TABLET	1			BAQSIMI 3 MG SPRAY TWO PACK	3
AUROVELA 21 1.5-30 TABLET	1			BARACLUDE 0.05 MG/ML SOLUTION	5
AUROVELA 24 FE 1 MG-20 MCG TAB	1			BASAGLAR 100 UNIT/ML KWIKPEN	3
AUROVELA FE 1.5 MG-30 MCG TAB	1			BASAGLAR TEMPO PEN 100 UNIT/ML	3
AUROVELA FE 1-20 TABLET	1			BD 3 ML SYRINGE 18GX1-1/2"	3
AUTOJECT 2 INJECTION DEVICE	3			BD 3 ML SYRINGE 20GX1-1/2"	3
AUTOPEN 1 TO 21 UNITS	3			BD 3 ML SYRINGE 25GX1"	3
AUTOPEN 2 TO 42 UNITS	3			BD 3 ML SYRINGE 25GX1-1/2"	3
AUTOSOFT 30 INFUS SET 23" 13MM	3			BD 3 ML SYRINGE WITH NEEDLE	3
AUTOSOFT 30 INFUS SET 43" 13MM	3			BD AUTOSHIELD DUO NDL 5MMX30G	3
AUTOSOFT 90 INFUSN SET 23" 6MM	3			BD BLUNT NEEDLE 18GX1-1/2"	3
AUTOSOFT 90 INFUSN SET 23" 9MM	3			BD ECLIPSE 30GX1/2" SYRINGE	3
AUTOSOFT 90 INFUSN SET 43" 6MM	3			BD ECLIPSE LUER-LOK SYR 3 ML	3
AUTOSOFT 90 INFUSN SET 43" 9MM	3			BD ECLIPSE NEEDLE 18GX1 1/2"	3
AUTOSOFT XC INFUSN SET 23" 6MM	3			BD ECLIPSE NEEDLE 21GX1"	3
AUTOSOFT XC INFUSN SET 23" 9MM	3			BD ECLIPSE NEEDLE 22GX1"	3
AUTOSOFT XC INFUSN SET 32" 6MM	3			BD ECLIPSE NEEDLE 23GX1"	3
AUTOSOFT XC INFUSN SET 43" 6MM	3			BD ECLIPSE NEEDLE 25G 16MM	3
AUTOSOFT XC INFUSN SET 43" 9MM	3			BD ECLIPSE NEEDLE 25G 25MM	3
AVIANE-28 TABLET	1			BD ECLIPSE NEEDLE 25G 40MM	3
AVONEX	5	PA, SRX		BD ECLIPSE NEEDLE 25GX1"	3
AVONEX PEN	5	PA, SRX		BD ECLIPSE NEEDLE 25GX1.5"	3
AYUNA-28 TABLET	1			BD ECLIPSE NEEDLE 25GX5/8"	3
AZASITE 1% EYE DROPS	4			BD ECLIPSE NEEDLE 27GX1/2"	3
AZATHIOPRINE 50 MG TABLET	2			BD ECLIPSE NEEDLE 30G 13MM	3
AZELAIC ACID 15% GEL	2			BD ECLIPSE NEEDLE 30GX1/2"	3
AZELASTINE 0.1% (137 MCG) SPRY	2			BD ECLIPSE NEEDLES 21GX1.5"	3
AZELASTINE 0.15% NASAL SPRAY	2			BD FILTER NEEDLE	3
AZELASTINE HCL 0.05% DROPS	2			BD INS SYR 0.3 ML 8MMX31G(1/2)	3
AZELASTIN-FLUTIC 137-50MCG SPR	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
BD INS SYR U-500 1/2ML 6MMX31G	3		BD NEEDLES 21GX1.5"	3	
BD INS SYR UF 0.3ML 12.7MMX30G	3		BD NEEDLES 21GX2"	3	
BD INS SYR UF 0.5ML 12.7MMX30G	3		BD NEEDLES 22GX1"	3	
BD INS SYRN UF 1 ML 12.7MMX30G	3		BD NEEDLES 22GX1.5"	3	
BD INS SYRNG 0.3 ML 29GX12.7MM	3		BD NEEDLES 23GX0.75"	3	
BD INS SYRNG 0.5 ML 29GX12.7MM	3		BD NEEDLES 23GX1.25"	3	
BD INS SYRNG UF 0.3 ML 8MMX31G	3		BD NEEDLES 25GX0.625"	3	
BD INS SYRNG UF 0.5 ML 8MMX31G	3		BD NEEDLES 25GX0.875"	3	
BD INSULIN SYR 0.5 ML 28GX1/2"	3		BD NEEDLES 25GX1.5"	3	
BD INSULIN SYR 0.5 ML 29GX1/2"	3		BD NEEDLES 26GX0.375"	3	
BD INSULIN SYR 1 ML 25GX1"	3		BD NEEDLES 26GX0.5"	3	
BD INSULIN SYR 1 ML 25GX5/8"	3		BD NEEDLES 27GX0.5"	3	
BD INSULIN SYR 1 ML 26GX1/2"	3		BD NEEDLES 27GX1X1.25"	3	
BD INSULIN SYR 1 ML 27GX12.7MM	3		BD NEEDLES 30GX0.5"	3	
BD INSULIN SYR 1 ML 27GX5/8"	3		BD NEEDLES 30GX1"	3	
BD INSULIN SYR 1 ML 28GX1/2"	3		BD NOKOR ADMIX NEEDLE 18GX1.5"	3	
BD INSULIN SYR 1 ML 29GX1/2"	3		BD NOKOR NEEDLE 16GX1"	3	
BD INSULIN SYR 1 ML 29GX12.7MM	3		BD NOKOR NEEDLE 18GX1"	3	
BD INSULIN SYR UF 1 ML 8MMX31G	3		BD PRECISIONGLI 27GX1-1/2" NDL	3	
BD INSULIN SYRINGE 1 ML	3		BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD INTEGRA RETRA NEEDLE 23G X1"	3		BD PRECISIONGLIDE NEEDLE 25G	3	
BD INTEGRA NEEDLE 25G X 5/8"	3		BD SAFETGLD INS 0.3ML 29G 13MM	3	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3		BD SAFETGLD INS 0.5ML 13MMX29G	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3		BD SAFETYGLD INS 0.3ML 31G 8MM	3	
BD LUER-LOK SYRINGE 1 ML	3		BD SAFETYGLD INS 0.5ML 30G 8MM	3	
BD MAGNI-GUIDE MAGNIFIER	3		BD SAFETYGLD INS 1 ML 29G 13MM	3	
BD NANO 2 GEN PEN NDL 32G 4MM	3		BD SAFETYGLID INS 1 ML 6MMX31G	3	
BD NEEDLE 18GX1 1/2"	3		BD SAFETYGLIDE 3 ML SYRINGE	3	
BD NEEDLE 19GX1 1/2"	3		BD SAFETYGLIDE NEEDLE	3	
BD NEEDLE 20GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD NEEDLE 21GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD NEEDLE 21GX1"	3		BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD NEEDLE 22GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 22GX1.5"	3	
BD NEEDLE 22GX3/4"	3		BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD NEEDLE 23GX1 1/2"	3		BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD NEEDLE 23GX1"	3		BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD NEEDLE 25GX1"	3		BD SAFTYGLD INS 0.3 ML 6MMX31G	3	
BD NEEDLE 25GX5/8"	3		BD SAFTYGLD INS 0.5 ML 6MMX31G	3	
BD NEEDLE 26GX0.625"	3		BD SAFTYGLD INS 0.5ML 29G 13MM	3	
BD NEEDLES 16GX1"	3		BD SYRINGE-SAFETY GLIDE	3	
BD NEEDLES 16GX1.5"	3		BD UF INS SYR 1 ML 30GX1/2"	3	
BD NEEDLES 18GX1"	3		BD UF MINI PEN NEEDLE 5MMX31G	3	
BD NEEDLES 18GX1.5"	3		BD UF NANO PEN NEEDLE 4MMX32G	3	
BD NEEDLES 19GX1"	3		BD UF ORIG PEN NDL 12.7MMX29G	3	
BD NEEDLES 19GX1.5"	3		BD UF SHORT PEN NEEDLE 8MMX31G	3	
BD NEEDLES 20GX1"	3		BD VEO INS 0.3ML 6MMX31G (1/2)	3	
BD NEEDLES 20GX1.5"	3		BD VEO INS SYRING 1 ML 6MMX31G	3	
BD NEEDLES 21GX1"	3		BD VEO INS SYRN 0.3 ML 6MMX31G	3	

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BD VEO INS SYRN 0.5 ML 6MMX31G	3				
BECONASE AQ	4	ST			
BEKYREE 28 DAY TABLET	1				
BELLADONNA-OPIUM 16.2-30 SUPP	2	PA			
BELLADONNA-OPIUM 16.2-60 SUPP	2	PA			
BENAZEPRIL HCL 10 MG TABLET	1				
BENAZEPRIL HCL 20 MG TABLET	1				
BENAZEPRIL HCL 40 MG TABLET	1				
BENAZEPRIL HCL 5 MG TABLET	1				
BENAZEPRIL-HCTZ 10-12.5 MG TAB	2				
BENAZEPRIL-HCTZ 20-12.5 MG TAB	2				
BENAZEPRIL-HCTZ 20-25 MG TAB	2				
BENAZEPRIL-HCTZ 5-6.25 MG TAB	2				
BENZONATATE 100 MG CAPSULE	2				
BENZONATATE 200 MG CAPSULE	2				
BENZTROPINE MES 0.5 MG TAB	2				
BENZTROPINE MES 1 MG TABLET	2				
BENZTROPINE MES 2 MG TABLET	2				
BEPOTASTINE 1.5% EYE DROP	4				
BESER 0.05% LOTION	2				
BETADINE 5% EYE SOLUTION	4				
BETAINE 1 GRAM/SCOOP POWDER	5	PA, LDD, SRX			
BETAMETHASONE DP 0.05% CRM	2				
BETAMETHASONE DP 0.05% LOT	2				
BETAMETHASONE DP 0.05% OINT	2				
BETAMETHASONE DP AUG 0.05% CRM	2				
BETAMETHASONE DP AUG 0.05% GEL	2				
BETAMETHASONE DP AUG 0.05% LOT	2				
BETAMETHASONE DP AUG 0.05% OIN	2				
BETAMETHASONE VA 0.1% CREAM	2				
BETAMETHASONE VA 0.1% LOTION	2				
BETAMETHASONE VALER 0.1% OINTM	2				
BETAMETHASONE VALER 0.12% FOAM	2				
BETAXOLOL 10 MG TABLET	2				
BETAXOLOL 20 MG TABLET	2				
BETAXOLOL HCL 0.5% EYE DROP	2				
BETHANECHOL 10 MG TABLET	2				
BETHANECHOL 25 MG TABLET	2				
BETHANECHOL 5 MG TABLET	2				
BETHANECHOL 50 MG TABLET	2				
BEXAROTENE 1% GEL	5	PA, SRX			
BEXAROTENE 75 MG CAPSULE	5	PA, SRX			
BEXSERO PREFILLED SYRINGE	3				
BICALUTAMIDE 50 MG TABLET	2				
BIKTARVY 30-120-15 MG TABLET	3	QL			
BIKTARVY 50-200-25 MG TABLET	3	QL			
BIMATOPROST 0.03% EYE DROPS	2	QL			
BINOSTO 70 MG EFFERVESCENT TAB	4				
BISOPROLOL FUMARATE 10 MG TAB	2				
BISOPROLOL FUMARATE 5 MG TAB	2				
BISOPROLOL-HCTZ 10-6.25 MG TAB	1				
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1				
BISOPROLOL-HCTZ 5-6.25 MG TAB	1				
BLISOVI 24 FE TABLET	1				
BLISOVI FE 1.5-30 TABLET	1				
BLISOVI FE 1-20 TABLET	1				
BLOOD GLUCOSE CONTROL	3				
BLUNT NEEDLE	3				
BOOSTRIX TDAP VACCINE SYRINGE	3				
BOOSTRIX TDAP VACCINE VIAL	3				
BOSENTAN 125 MG TABLET	5	PA, LDD, SRX			
BOSENTAN 62.5 MG TABLET	5	PA, LDD, SRX			
BOSULIF 100 MG TABLET	5	PA, QL, LDD, SRX			
BOSULIF 400 MG TABLET	5	PA, QL, LDD, SRX			
BOSULIF 500 MG TABLET	5	PA, QL, LDD, SRX			
BREATHERITE MDI SPACER	3	QL			
BREATHERITE SPACER-ADULT MASK	3	QL			
BREATHERITE SPACER-INFANT MASK	3	QL			
BREATHERITE SPACER-LG CHLD MSK	3	QL			
BREATHERITE SPACER-NEONATE MSK	3	QL			
BREATHERITE SPACER-SM CHLD MSK	3	QL			
BREATHRITE VALVED MDI CHAMBER	3	QL			
BREATHRITE VALVED MDI SPACER	3	QL			
BREEZE 2 SOLUTION	3				
BREO ELLIPTA 100-25 MCG INH	3	QL			
BREO ELLIPTA 200-25 MCG INH	3	QL			
BRIELLYN	1				
BRILINTA 60 MG TABLET	4				
BRILINTA 90 MG TABLET	4				
BRIMONIDINE 0.2% EYE DROP	2				
BRIMONIDINE TARTRATE 0.15% DRP	2				
BRIMONIDINE-TIMOLOL 0.2%-0.5%	4				
BRINZOLAMIDE 1% EYE DROPS	3				
BRIVIACT 10 MG TABLET	4	PA, QL			
BRIVIACT 10 MG/ML ORAL SOLN	4	PA, QL			
BRIVIACT 100 MG TABLET	4	PA, QL			
BRIVIACT 25 MG TABLET	4	PA, QL			
BRIVIACT 50 MG TABLET	4	PA, QL			
BRIVIACT 75 MG TABLET	4	PA, QL			
BROMFENAC SODIUM 0.09% EYE DRP	2				
BROMOCRIPTINE 2.5 MG TABLET	2				
BROMOCRIPTINE 5 MG CAPSULE	2				
BROMPHEN-PSE-DM 2-30-10 MG/5ML	2				
BROOKS INSULIN 0.3ML SYRN	3				
BUDESONIDE 0.25 MG/2 ML SUSP	4	QL			
BUDESONIDE 0.5 MG/2 ML SUSP	4	QL			

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BUDESONIDE 1 MG/2 ML INH SUSP	4	QL		CA INS SYR 0.5 ML 30GX5/16"	3
BUDESONIDE DR 3 MG CAPSULE	4			CA INS SYR 0.5 ML 31GX5/16"	3
BUDESONIDE EC 3 MG CAPSULE	4			CA INSULIN SYR 0.3 ML 29GX1/2"	3
BUDESONIDE ER 9 MG TABLET	5	PA, QL, SRX		CA INSULIN SYR 0.5 ML 29GX1/2"	3
BUMETANIDE 0.5 MG TABLET	2			CA INSULIN SYR 1 ML 29GX1/2"	3
BUMETANIDE 1 MG TABLET	2			CA INSULIN SYR 1 ML 30GX5/16"	3
BUMETANIDE 2 MG TABLET	2			CA INSULIN SYR 1 ML 31GX5/16"	3
BUPRENORPHINE 10 MCG/HR PATCH	2	QL		CABERGOLINE 0.5 MG TABLET	2
BUPRENORPHINE 15 MCG/HR PATCH	2	QL		CABOMETYX 20 MG TABLET	5
BUPRENORPHINE 2 MG TABLET SL	2			CABOMETYX 40 MG TABLET	5
BUPRENORPHINE 20 MCG/HR PATCH	2	QL		CABOMETYX 60 MG TABLET	5
BUPRENORPHINE 5 MCG/HR PATCH	2	QL		CAFFEINE CIT 60 MG/3 ML ORAL	2
BUPRENORPHINE 7.5 MCG/HR PATCH	2	QL		CALCIPOTRIENE 0.005% CREAM	2
BUPRENORPHINE 8 MG TABLET SL	2			CALCIPOTRIENE 0.005% OINTMENT	2
BUPRENORPHINE-NALOX 12-3MG FLM	2			CALCIPOTRIENE 0.005% SOLUTION	2
BUPRENORPHINE-NALOX 2-0.5MG FM	2			CALCIPOTRIENE-BETAMETH DP OINT	4
BUPRENORPHINE-NALOX 2-0.5MG TB	2			CALCITONIN-SALMON 200 UNITS SP	2
BUPRENORPHINE-NALOX 4-1MG FLM	2			CALCITRIOL 0.25 MCG CAPSULE	2
BUPRENORPHINE-NALOX 8-2 MG TAB	2			CALCITRIOL 0.5 MCG CAPSULE	2
BUPRENORPHINE-NALOX 8-2MG FLM	2			CALCITRIOL 1 MCG/ML SOLUTION	2
BUPROPION HCL 100 MG TABLET	2	QL		CALCITRIOL 3 MCG/G OINTMENT	2
BUPROPION HCL 75 MG TABLET	2	QL		CALCIUM ACETATE 667 MG CAPSULE	2
BUPROPION HCL SR 100 MG TABLET	2	QL		CALCIUM ACETATE 667 MG GELCAP	2
BUPROPION HCL SR 150 MG TABLET	2	QL		CALCIUM ACETATE 667 MG TABLET	2
"BUPROPION HCL SR 150 MG TABLET (smoking cessation)"	2			CAMILA 0.35 MG TABLET	1
BUPROPION HCL SR 200 MG TABLET	2	QL		CAMRESE 0.15-0.03-0.01 MG TAB	1
BUPROPION HCL XL 150 MG TABLET	2	QL		CAMRESE LO TABLET	1
BUPROPION HCL XL 300 MG TABLET	2	QL		CANDESARTAN CILEXETIL 16 MG TB	2
BUSPIRONE HCL 10 MG TABLET	1			CANDESARTAN CILEXETIL 32 MG TB	2
BUSPIRONE HCL 15 MG TABLET	2			CANDESARTAN CILEXETIL 4 MG TAB	2
BUSPIRONE HCL 30 MG TABLET	2			CANDESARTAN CILEXETIL 8 MG TAB	2
BUSPIRONE HCL 5 MG TABLET	1			CANDESARTAN-HCTZ 16-12.5 MG TB	2
BUSPIRONE HCL 7.5 MG TABLET	2			CANDESARTAN-HCTZ 32-12.5 MG TB	2
BUTALB-ACETAMIN-CAF-COD 50-300	2	PA		CANDESARTAN-HCTZ 32-25 MG TAB	2
BUTALB-ACETAMIN-CAF-COD 50-325	2	PA		CAPECITABINE 150 MG TABLET	5
BUTALB-ACETAMIN-CAFF 50-300-40	2	QL		CAPECITABINE 500 MG TABLET	5
BUTALB-ACETAMIN-CAFF 50-325-40	2	QL		CAPRELSA 100 MG TABLET	5
BUTALBITAL COMP-CODEINE #3 CAP	2	PA		CAPRELSA 300 MG TABLET	5
BUTALBITAL-ACETAMINOPHN 50-325	2			CAPTOPRIL 100 MG TABLET	2
BUTALBITAL-ASPIRIN-CAFFEINE CP	2	QL		CAPTOPRIL 12.5 MG TABLET	2
BUTALBITAL-ASPIRIN-CAFFEINE TB	2	QL		CAPTOPRIL 25 MG TABLET	2
BUTORPHANOL 10 MG/ML SPRAY	2	PA, QL		CAPTOPRIL 50 MG TABLET	2
BYDUREON BCISE 2 MG AUTOINJECT	3	PA, QL		CAPTOPRIL-HCTZ 25-15 MG TABLET	2
BYETTA 10 MCG DOSE PEN INJ	3	PA, QL		CAPTOPRIL-HCTZ 25-25 MG TABLET	2
BYETTA 5 MCG DOSE PEN INJ	3	PA, QL		CAPTOPRIL-HCTZ 50-15 MG TABLET	2
CA INS SYR 0.3 ML 30GX5/16"	3			CAPTOPRIL-HCTZ 50-25 MG TABLET	2
CA INS SYR 0.3 ML 31GX5/16"	3			CARBAMAZEPINE 100 MG TAB CHEW	2

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CARBAMAZEPINE 100 MG/5 ML SUSP	2		CAREPOINT LL SYR 3 ML 22G 1"	3	
CARBAMAZEPINE 200 MG TABLET	2		CAREPOINT LL SYR 3 ML 22G 38MM	3	
CARBAMAZEPINE ER 100 MG CAP	2		CAREPOINT LL SYR 3 ML 23GX1"	3	
CARBAMAZEPINE ER 100 MG TABLET	2		CAREPOINT LL SYR 3 ML 23GX1.5"	3	
CARBAMAZEPINE ER 200 MG CAP	2		CAREPOINT LL SYR 3 ML 25G X 1"	3	
CARBAMAZEPINE ER 200 MG TABLET	2		CAREPOINT LL SYR 3 ML 25GX5/8"	3	
CARBAMAZEPINE ER 300 MG CAP	2		CARESENS CONTROL SOLUTION	3	
CARBAMAZEPINE ER 400 MG TABLET	2		CARETOUCH CONTROL SOLN L2-L3	3	
CARBIDOPA 25 MG TABLET	4		CARETOUCH HYPO NEEDLE 26G 1"	3	
CARBIDOPA-LEVO 10-100 MG ODT	2		CARETOUCH HYPODERMIC 18G 1.5"	3	
CARBIDOPA-LEVO 25-100 MG ODT	2		CARETOUCH HYPODERMIC 20G 1"	3	
CARBIDOPA-LEVO 25-250 MG ODT	2		CARETOUCH HYPODERMIC 22G 1"	3	
CARBIDOPA-LEVO ER 25-100 TAB	2		CARETOUCH HYPODERMIC 23G 1"	3	
CARBIDOPA-LEVO ER 50-200 TAB	2		CARETOUCH HYPODERMIC 23G 1.5"	3	
CARBIDOPA-LEVODOPA 100 MG-ENTA	2		CARETOUCH HYPODERMIC 25G 1"	3	
CARBIDOPA-LEVODOPA 10-100 TAB	2		CARETOUCH HYPODERMIC 25G 1.5"	3	
CARBIDOPA-LEVODOPA 125 MG-ENTA	2		CARETOUCH HYPODERMIC 25G 5/8"	3	
CARBIDOPA-LEVODOPA 150 MG-ENTA	2		CARETOUCH LL SYR 3 ML 22G 1"	3	
CARBIDOPA-LEVODOPA 200 MG-ENTA	2		CARETOUCH LL SYR 3 ML 22G 1.5"	3	
CARBIDOPA-LEVODOPA 25-100 TAB	2		CARETOUCH LL SYR 3 ML 23G 1"	3	
CARBIDOPA-LEVODOPA 25-250 TAB	2		CARETOUCH LL SYR 3 ML 23G 1.5"	3	
CARBIDOPA-LEVODOPA 50 MG-ENTA	2		CARETOUCH LL SYR 3 ML 25G 1"	3	
CARBIDOPA-LEVODOPA 75 MG-ENTA	2		CARETOUCH LL SYR 3 ML 25G 1.5"	3	
CARBINOXAMINE 4 MG/5 ML LIQUID	2		CARETOUCH LL SYR 3 ML 25G 5/8"	3	
CARBINOXAMINE MALEATE 4 MG TAB	2		CARETOUCH PEN NEEDLE 29G 12MM	3	
CAREFINE PEN NEEDLE 12.7MM 29G	3		CARETOUCH PEN NEEDLE 31GX1/4"	3	
CAREFINE PEN NEEDLE 4MM 32G	3		CARETOUCH PEN NEEDLE 31GX3/16"	3	
CAREFINE PEN NEEDLE 5MM 32G	3		CARETOUCH PEN NEEDLE 31GX5/16"	3	
CAREFINE PEN NEEDLE 6MM 31G	3		CARETOUCH PEN NEEDLE 32GX3/16"	3	
CAREFINE PEN NEEDLE 8MM 30G	3		CARETOUCH PEN NEEDLE 32GX5/32"	3	
CAREFINE PEN NEEDLES 6MM 32G	3		CARETOUCH SYR 0.3 ML 31GX5/16"	3	
CAREFINE PEN NEEDLES 8MM 31G	3		CARETOUCH SYR 0.5 ML 30GX5/16"	3	
CAREONE SYR 0.3 ML 30GX1/2"	3		CARETOUCH SYR 0.5 ML 31GX5/16"	3	
CAREONE SYR 0.5 ML 30GX1/2"	3		CARETOUCH SYR 1 ML 28GX5/16"	3	
CAREONE SYR 1 ML 30GX1/2"	3		CARETOUCH SYR 1 ML 29GX5/16"	3	
CAREONE UNIFINE PENTIP 4MM 32G	3		CARETOUCH SYR 1 ML 30GX5/16"	3	
CAREONE UNIFINE PENTIP 5MM 31G	3		CARETOUCH SYR 1 ML 31GX5/16"	3	
CAREONE UNIFINE PENTIP 6MM 31G	3		CARGLUMIC ACID 200 MG TAB SUSP	5	PA, SRX
CAREONE UNIFINE PENTIP 8MM 31G	3		CARISOPRODOL 250 MG TABLET	2	
CAREONE UNIFINE PENTP 29GX1/2"	3		CARISOPRODOL 350 MG TABLET	2	
CAREONE UNIFINE PENTP 31GX1/4"	3		CARISOPRODOL-ASPIRIN-CODEINE	2	PA
CAREONE UNIFINE PNTIP 12MM 29G	3		CARTEOLOL HCL 1% EYE DROPS	2	
CAREONE UNIFINE PNTIP 31GX3/16"	3		CARTIA XT 120 MG CAPSULE	2	
CAREONE UNIFINE PNTIP 31GX5/16"	3		CARTIA XT 180 MG CAPSULE	2	
CAREONE UNIFINE PNTIP 32GX5/32"	3		CARTIA XT 240 MG CAPSULE	2	
CAREPOINT LL SYR 3 ML 20GX1.5"	3		CARTIA XT 300 MG CAPSULE	2	
CAREPOINT LL SYR 3 ML 21GX1"	3		CARTRIDGE STAMPED	3	
CAREPOINT LL SYR 3 ML 21GX1.5"	3				

## 2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
CARVEDILOL 12.5 MG TABLET	1			CHARLOTTE 24 FE CHEWABLE TAB	1
CARVEDILOL 25 MG TABLET	1			CHATEAL EQ-28 TABLET	1
CARVEDILOL 3.125 MG TABLET	1			CHATEAL-28 TABLET	1
CARVEDILOL 6.25 MG TABLET	1			CHEK-STIX	3
CAYSTON	5	PA, QL, LDD, SRX		CHEMET	4
CAZIAN 28 DAY TABLET	1			CHEMSTRIP	3
CEFACLOR 125 MG/5 ML SUSP	2			CHEMSTRIP 10 WITH SG	3
CEFACLOR 250 MG CAPSULE	2			CHEMSTRIP 2 GP	3
CEFACLOR 250 MG/5 ML SUSP	2			CHEMSTRIP 2 LN	3
CEFACLOR 375 MG/5 ML SUSPEN	2			CHEMSTRIP 50B	3
CEFACLOR 500 MG CAPSULE	2			CHEMSTRIP 7	3
CEFACLOR ER	2			CHEMSTRIP 9	3
CEFADROXIL 1 GM TABLET	2			CHEMSTRIP BG DIARY	3
CEFADROXIL 250 MG/5 ML SUSP	2			CHEMSTRIP MICRAL	3
CEFADROXIL 500 MG CAPSULE	2			CHLORDIAZEPO-AMITRIPTYL 5-12.5	2
CEFADROXIL 500 MG/5 ML SUSP	2			CHLORDIAZEPOX-AMITRIPTYL 10-25	2
CEFDINIR 125 MG/5 ML SUSP	2			CHLORDIAZEPOXIDE 10 MG CAPSULE	2
CEFDINIR 250 MG/5 ML SUSP	2			CHLORDIAZEPOXIDE 25 MG CAPSULE	2
CEFDINIR 300 MG CAPSULE	2			CHLORDIAZEPOXIDE 5 MG CAPSULE	2
CEFDITOREN PIVOXIL	2			CHLORDIAZEPOXIDE-CLIDINIUM CAP	2
CEFIXIME 100 MG/5 ML SUSP	2			CHLORHEXIDINE 0.12% RINSE	2
CEFIXIME 200 MG/5 ML SUSP	2			CHLOROQUINE PH 250 MG TABLET	2
CEFIXIME 400 MG CAPSULE	3			CHLOROQUINE PH 500 MG TABLET	2
CEFPODOXIME 100 MG TABLET	2			CHLORPROMAZINE 10 MG TABLET	2
CEFPODOXIME 100 MG/5 ML SUSP	2			CHLORPROMAZINE 100 MG TABLET	2
CEFPODOXIME 200 MG TABLET	2			CHLORPROMAZINE 200 MG TABLET	2
CEFPODOXIME 50 MG/5 ML SUSP	2			CHLORPROMAZINE 25 MG TABLET	2
CEFPROZIL 125 MG/5 ML SUSP	2			CHLORPROMAZINE 50 MG TABLET	2
CEFPROZIL 250 MG TABLET	2			CHLORTHALIDONE 25 MG TABLET	1
CEFPROZIL 250 MG/5 ML SUSP	2			CHLORTHALIDONE 50 MG TABLET	1
CEFPROZIL 500 MG TABLET	2			CHLORZOXAZONE 500 MG TABLET	2
CEFUOXIME AXETIL 250 MG TAB	2			CHOLESTYRAMINE LIGHT PACKET	2
CEFUOXIME AXETIL 500 MG TAB	2			CHOLESTYRAMINE LIGHT POWDER	2
CELECOXIB 100 MG CAPSULE	2	QL		CHOLESTYRAMINE PACKET	2
CELECOXIB 200 MG CAPSULE	2	QL		CHOLESTYRAMINE POWDER	2
CELECOXIB 400 MG CAPSULE	2	QL		CHORIONIC GONAD 10,000 UNIT VL	2
CELECOXIB 50 MG CAPSULE	2	QL		CICLODAN 0.77% CREAM	2
CELONTIN	4			CICLODAN 8% SOLUTION	2
CEPHALEXIN 125 MG/5 ML SUSP	2			CICLOPIROX 0.77% CREAM	2
CEPHALEXIN 250 MG CAPSULE	1			CICLOPIROX 0.77% GEL	2
CEPHALEXIN 250 MG/5 ML SUSP	2			CICLOPIROX 0.77% TOPICAL SUSP	2
CEPHALEXIN 500 MG CAPSULE	1			CICLOPIROX 1% SHAMPOO	2
CEPHALEXIN 750 MG CAPSULE	2			CICLOPIROX 8% SOLUTION	2
CEQR SIMPLICITY INSERTER	3			CILOSTAZOL 100 MG TABLET	2
CETIRIZINE HCL 1 MG/ML SOLN	2			CILOSTAZOL 50 MG TABLET	2
CETIRIZINE HCL 1 MG/ML SYRUP	2			CILOXAN	4
CEVIMELINE HCL 30 MG CAPSULE	2			CIMETIDINE 200 MG TABLET	2

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
CIMETIDINE 300 MG TABLET	2		CLICKFINE UNIVERSAL 31G X 1/4"	3	
CIMETIDINE 300 MG/5 ML SOLN	2		CLIND PH-BENZOYL PEROX 1.2-5%	2	
CIMETIDINE 400 MG TABLET	2		CLINDACIN 1% FOAM	2	
CIMETIDINE 800 MG TABLET	2		CLINDACIN ETZ 1% PLEDGET	2	
CIMZIA 200 MG VIAL KIT	5	PA, QL, SRX	CLINDACIN P 1% PLEDGETS	2	
CIMZIA 2X200 MG/ML SYRINGE KIT	5	PA, QL, SRX	CLINDAMYCIN (PEDI) 75 MG/5 ML	2	
CIMZIA 2X200 MG/ML(X3)START KT	5	PA, QL, SRX	CLINDAMYCIN 2% VAGINAL CREAM	2	
CINACALCET HCL 30 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 150 MG CAPSULE	2	
CINACALCET HCL 60 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 300 MG CAPSULE	2	
CINACALCET HCL 90 MG TABLET	5	PA, SRX	CLINDAMYCIN HCL 75 MG CAPSULE	2	
CIPROFLOXACIN 0.2% OTIC SOLN	2		CLINDAMYCIN PH 1% GEL	2	
CIPROFLOXACIN 0.3% EYE DROP	2		CLINDAMYCIN PH 1% SOLUTION	2	
CIPROFLOXACIN 250 MG/5 ML SUSP	2		CLINDAMYCIN PHOS 1% PLEDGET	2	
CIPROFLOXACIN 500 MG/5 ML SUSP	2		CLINDAMYCIN PHOSP 1% LOTION	2	
CIPROFLOXACIN HCL 100 MG TAB	2		CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CIPROFLOXACIN HCL 250 MG TAB	1		CLINDAMYCIN-BENZOYL PEROX 1-5%	2	
CIPROFLOXACIN HCL 500 MG TAB	1		CLINDAMYCIN-BNZ PEROX 1-5% PMP	2	
CIPROFLOXACIN HCL 750 MG TAB	1		CLINDA-TRETINOIN 1.2%-0.025%	2	
CIPROFLOX-FLUOCINLN 0.3-0.025%	3	PA	CLINDESSE 2% VAGINAL CREAM	4	
CIPROFLOX-DEXAMETH OTIC SUSP	3		CLOBAZAM 10 MG TABLET	4	PA
CITALOPRAM HBR 10 MG TABLET	1	QL	CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL	CLOBAZAM 20 MG TABLET	4	PA
CITALOPRAM HBR 20 MG TABLET	1	QL	CLOBETASOL 0.05% CREAM	2	
CITALOPRAM HBR 40 MG TABLET	1	QL	CLOBETASOL 0.05% GEL	2	
CLARAVIS 10 MG CAPSULE	4		CLOBETASOL 0.05% OINTMENT	2	
CLARAVIS 20 MG CAPSULE	4		CLOBETASOL 0.05% SHAMPOO	2	
CLARAVIS 30 MG CAPSULE	4		CLOBETASOL 0.05% SOLUTION	2	
CLARAVIS 40 MG CAPSULE	4		CLOBETASOL 0.05% TOPICAL LOTN	2	
CLARITHROMYCIN 125 MG/5 ML SUS	2		CLOBETASOL EMOLLIENT 0.05% CRM	2	
CLARITHROMYCIN 250 MG TABLET	2		CLOBETASOL EMOLLNT 0.05% FOAM	2	
CLARITHROMYCIN 250 MG/5 ML SUS	2		CLOBETASOL EMULSION 0.05% FOAM	2	
CLARITHROMYCIN 500 MG TABLET	2		CLOBETASOL PROP 0.05% FOAM	2	
CLARITHROMYCIN ER 500 MG TAB	2		CLOBETASOL PROP 0.05% SPRAY	2	
CLEMASTINE FUMARATE	2		CLOCORTOLONE 0.1% CREAM PUMP	2	
CLEO 90 INFUSION SET 24" 6MM	3		CLOCORTOLONE PIVALATE 0.1% CRM	2	
CLEO 90 INFUSION SET 24" 9MM	3		CLODAN 0.05% SHAMPOO	2	
CLEO 90 INFUSION SET 31" 6MM	3		CLOMIPRAMINE 25 MG CAPSULE	4	
CLEO 90 INFUSION SET 31" 9MM	3		CLOMIPRAMINE 50 MG CAPSULE	4	
CLEVER CHOICE CHAMBER-LRG MASK	3	QL	CLOMIPRAMINE 75 MG CAPSULE	4	
CLEVER CHOICE CHAMBER-MED MASK	3	QL	CLONAZEPAM 0.125 MG DIS TAB	2	
CLEVER CHOICE CHAMBER-SM MASK	3	QL	CLONAZEPAM 0.125 MG ODT	2	
CLEVER CHOICE LVL 1 CONTRL SOL	3		CLONAZEPAM 0.25 MG ODT	2	
CLEVER CHOICE LVL 2 CONTRL SOL	3		CLONAZEPAM 0.5 MG DIS TABLET	2	
CLEVER CHOICE LVL 3 CONTRL SOL	3		CLONAZEPAM 0.5 MG ODT	2	
CLEVER CHOICE PEAK FLOW METER	3		CLONAZEPAM 0.5 MG TABLET	2	
CLICKFINE 31G X 1/4" NEEDLES	3		CLONAZEPAM 1 MG DIS TABLET	2	
CLICKFINE 31G X 5/16" NEEDLES	3		CLONAZEPAM 1 MG ODT	2	
CLICKFINE PEN NEEDLE 32GX5/32"	3		CLONAZEPAM 1 MG TABLET	2	



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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
CLONAZEPAM 2 MG ODT	2		COMFORT EZ INSULIN SYR 0.3 ML	3	
CLONAZEPAM 2 MG TABLET	2		COMFORT EZ INSULIN SYR 0.5 ML	3	
CLONIDINE 0.1 MG/DAY PATCH	2		COMFORT EZ PEN NEEDLE 12MM 29G	3	
CLONIDINE 0.2 MG/DAY PATCH	2		COMFORT EZ PEN NEEDLES 4MM 32G	3	
CLONIDINE 0.3 MG/DAY PATCH	2		COMFORT EZ PEN NEEDLES 4MM 33G	3	
CLONIDINE HCL 0.1 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 31G	3	
CLONIDINE HCL 0.2 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 32G	3	
CLONIDINE HCL 0.3 MG TABLET	1		COMFORT EZ PEN NEEDLES 5MM 33G	3	
CLONIDINE HCL ER 0.1 MG TABLET	2		COMFORT EZ PEN NEEDLES 6MM 31G	3	
CLOPIDOGREL 300 MG TABLET	2		COMFORT EZ PEN NEEDLES 6MM 32G	3	
CLOPIDOGREL 75 MG TABLET	1		COMFORT EZ PEN NEEDLES 6MM 33G	3	
CLORAZEPATE 15 MG TABLET	2		COMFORT EZ PEN NEEDLES 8MM 31G	3	
CLORAZEPATE 3.75 MG TABLET	2		COMFORT EZ PEN NEEDLES 8MM 32G	3	
CLORAZEPATE 7.5 MG TABLET	2		COMFORT EZ PEN NEEDLES 8MM 33G	3	
CLOTRIMAZOLE 1% SOLUTION	2		COMFORT EZ SYR 0.3 ML 29GX1/2"	3	
CLOTRIMAZOLE 1% TOPICAL CREAM	2		COMFORT EZ SYR 0.5 ML 28GX1/2"	3	
CLOTRIMAZOLE 10 MG TROCHE	2		COMFORT EZ SYR 0.5 ML 29GX1/2"	3	
CLOTRIMAZOLE-BETAMETHASONE CRM	2		COMFORT EZ SYR 0.5 ML 30GX1/2"	3	
CLOTRIMAZOLE-BETAMETHASONE LOT	2		COMFORT EZ SYR 1 ML 28GX1/2"	3	
CLOZAPINE 100 MG TABLET	2		COMFORT EZ SYR 1 ML 29GX1/2"	3	
CLOZAPINE 200 MG TABLET	2		COMFORT EZ SYR 1 ML 30GX1/2"	3	
CLOZAPINE 25 MG TABLET	2		COMFORT EZ SYR 1 ML 30GX5/16"	3	
CLOZAPINE 50 MG TABLET	2		COMFORT INFUSION SET 23" 17MM	3	
CLOZAPINE ODT 100 MG TABLET	4		COMFORT INFUSION SET 31" 17MM	3	
CLOZAPINE ODT 12.5 MG TABLET	4		COMFORT INFUSION SET 32" 17MM	3	
CLOZAPINE ODT 150 MG TABLET	4		COMFORT INFUSION SET 43" 17MM	3	
CLOZAPINE ODT 200 MG TABLET	4		COMFORT POINT PEN ND 29GX1/2"	3	
CLOZAPINE ODT 25 MG TABLET	4		COMFORT POINT PEN ND 31GX1/3"	3	
C-NATE DHA SOFTGEL	1		COMFORT POINT PEN ND 31GX1/4"	3	
COARTEM TABLETS	4	QL	COMFORT POINT PEN ND 31GX1/6"	3	
CODEINE SULFATE 15 MG TABLET	2	PA	COMFORT SHORT INFUSION SET 23"	3	
CODEINE SULFATE 30 MG TABLET	2	PA	COMFORT SHORT INFUSION SET 31"	3	
CODEINE SULFATE 60 MG TABLET	2	PA	COMFORT SHORT INFUSION SET 32"	3	
COLCHICINE 0.6 MG TABLET	2		COMFORT SHORT INFUSION SET 43"	3	
COLESEVELAM 625 MG TABLET	2		COMFORT TOUCH PEN ND 31G 4MM	3	
COLESEVELAM HCL 3.75 G PACKET	2		COMFORT TOUCH PEN ND 31G 5MM	3	
COLESTIPOL HCL 1 GM TABLET	2		COMFORT TOUCH PEN ND 31G 6MM	3	
COLESTIPOL HCL GRANULES	2		COMFORT TOUCH PEN ND 31G 8MM	3	
COLESTIPOL HCL GRANULES PACKET	2		COMFORT TOUCH PEN ND 32G 4MM	3	
COLOCORT 100 MG/60 ML ENEMA	2		COMFORT TOUCH PEN ND 32G 5MM	3	
COMBISTIX REAGENT STRIPS	3		COMFORT TOUCH PEN ND 32G 6MM	3	
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX	COMFORT TOUCH PEN ND 32G 8MM	3	
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL, LDD, SRX	COMFORT TOUCH PEN ND 33G 4MM	3	
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL, LDD, SRX	COMFORT TOUCH PEN ND 33G 6MM	3	
COMFORT EZ INS 0.3ML 30GX1/2"	3		COMFORT TOUCH PEN ND 33GX5MM	3	
COMFORT EZ INS 0.3ML 30GX5/16"	3		COMIRNATY 30MCG/0.3ML VAC-GRAY	3	
COMFORT EZ INS 0.5ML 31GX5/16"	3		COMPACT SPACE CHAMBER	3	QL
COMFORT EZ INS 1 ML 31GX5/16"	3				

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
COMPACT SPACE CHAMBER-LRG MASK	3	QL	CYCLOSPORINE 0.05% EYE EMULS	4
COMPACT SPACE CHAMBER-MED MASK	3	QL	CYCLOSPORINE 100 MG CAPSULE	2
COMPACT SPACE CHAMBER-SM MASK	3	QL	CYCLOSPORINE 25 MG CAPSULE	2
COMPLERA	3	QL	CYCLOSPORINE MODIFIED 100 MG	2
COMPLETE NATAL DHA	1		CYCLOSPORINE MODIFIED 100MG/ML	2
COMPLETENATE TABLET CHEW	1		CYCLOSPORINE MODIFIED 25 MG	2
COMPRO 25 MG SUPPOSITORY	2		CYCLOSPORINE MODIFIED 50 MG	2
CONSTULOSE 10 GM/15 ML SOLN	2		CYLTEZO	5
CONTACT DETACH INFUSN SET 23"	3		CYPROHEPTADINE 2 MG/5 ML SOLN	2
CONTACT DETACH INFUSN SET 32"	3		CYPROHEPTADINE 2 MG/5 ML SYRUP	2
CONTACT DETACH INFUSN SET 43"	3		CYPROHEPTADINE 4 MG TABLET	2
CONTOUR NEXT LEV 1 CONTROL SOL	3		CYRED 28 DAY TABLET	1
CONTOUR NEXT LEV 2 CONTROL SOL	3		CYRED EQ 28 DAY TABLET	1
CONTOUR SOLUTION	3		CYSTAGON 150 MG CAPSULE	5
COOL CONTROL A SOLUTION	3		CYSTAGON 50 MG CAPSULE	5
COOL CONTROL B SOLUTION	3		CYSTARAN 0.44% EYE DROPS	4
CORTISONE 25 MG TABLET	2		DABIGATRAN ETEXILATE 150 MG CP	4
CORTISPORIN CREAM	4		DABIGATRAN ETEXILATE 75 CAP	4
CORTISPORIN OINTMENT	4		DALFAMPRIDINE ER 10 MG TABLET	5
CORTISPORIN-TC EAR SUSPENSION	4		DANAZOL 100 MG CAPSULE	2
COSENTYX (2 SYRINGES)	5	PA, QL, LDD, SRX	DANAZOL 200 MG CAPSULE	2
COSENTYX 150 MG/ML SYRINGE	5	PA, QL, LDD, SRX	DANAZOL 50 MG CAPSULE	2
COSENTYX 75 MG/0.5 ML SYRINGE	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 100 MG CAP	2
COSENTYX 150 MG/ML PEN INJECT	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 25 MG CAP	2
COSENTYX 300 MG DOSE-2 PENS	5	PA, QL, LDD, SRX	DANTROLENE SODIUM 50 MG CAP	2
COTELLIC	5	PA, QL, LDD, SRX	DAPSONE 100 MG TABLET	4
COVARYX TABLET	2		DAPSONE 25 MG TABLET	4
COVARYX H.S. TABLET	2		DAPTACEL DTAP VACCINE	3
CRESEMBA 186 MG CAPSULE	4	PA	DARIFENACIN ER 15 MG TABLET	2
CROMOLYN 100 MG/5 ML ORAL CONC	4		DARIFENACIN ER 7.5 MG TABLET	2
CROMOLYN 20 MG/2 ML NEB SOLN	4	QL	DARUNAVIR 600 MG TABLET	2
CROMOLYN 4% EYE DROPS	2		DARUNAVIR 800 MG TABLET	2
CROTAN 10% LOTION	3		DASETTA 1-35-28 TABLET	1
CRYSSELLE-28 TABLET	1		DASETTA 7/7/7-28 TABLET	1
CYANOCOBALAMIN 1,000 MCG/ML VL	2		DAYSEE 0.15-0.03-0.01 MG TAB	1
CYANOCOBALAMIN 10,000 MCG/10ML	2		DEBLITANE 0.35 MG TABLET	1
CYANOCOBALAMIN 30,000 MCG/30ML	2		DEFERASIROX 125 MG TB FOR SUSP	5
CYCLOBENZAPRINE 10 MG TABLET	1		DEFERASIROX 180 MG GRANULE PKT	5
CYCLOBENZAPRINE 5 MG TABLET	1		DEFERASIROX 180 MG TABLET	5
CYCLOMYDRIL EYE DROPS	4		DEFERASIROX 250 MG TB FOR SUSP	5
CYCLOPENTOLATE 0.5% EYE DROPS	2		DEFERASIROX 360 MG GRANULE PKT	5
CYCLOPENTOLATE 1% EYE DROP	2		DEFERASIROX 360 MG TABLET	5
CYCLOPENTOLATE 1% EYE DROPS	2		DEFERASIROX 500 MG TB FOR SUSP	5
CYCLOPENTOLATE HCL 2% DROPS	2		DEFERASIROX 90 MG GRANULE PKT	5
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3		DEFERASIROX 90 MG TABLET	5
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3		DEFERIPRONE 1,000 MG TB(3X/DY)	5
CYCLOSERINE 250 MG CAPSULE	2		DEFERIPRONE 500 MG TABLET	5
CYCLOSET 0.8 MG TABLET	4			

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
DELTEC COZMO CLEO INFUSION SET	3		DEXCOM G7 SENSOR	3 PA, QL
DEMECLOCYCLINE 150 MG TABLET	2		DEXLANSOPRAZOLE DR 30 MG CAP	4 QL
DEMECLOCYCLINE 300 MG TABLET	2		DEXLANSOPRAZOLE DR 60 MG CAP	4 QL
DENTA 5000 PLUS CREAM	2		DEXMETHYLPHENIDATE 10 MG TAB	2 QL
DENTAGEL 1.1% GEL	2		DEXMETHYLPHENIDATE 2.5 MG TAB	2 QL
DESCOVY 120-15 MG TABLET	4	PA	DEXMETHYLPHENIDATE 5 MG TAB	2 QL
DESCOVY 200-25 MG TABLET	4	PA	DEXMETHYLPHENIDATE ER 10 MG CP	2 QL
DESIPRAMINE 10 MG TABLET	2		DEXMETHYLPHENIDATE ER 15 MG CP	2 QL
DESIPRAMINE 100 MG TABLET	2		DEXMETHYLPHENIDATE ER 20 MG CP	2 QL
DESIPRAMINE 150 MG TABLET	2		DEXMETHYLPHENIDATE ER 25 MG CP	2 QL
DESIPRAMINE 25 MG TABLET	2		DEXMETHYLPHENIDATE ER 30 MG CP	2 QL
DESIPRAMINE 50 MG TABLET	2		DEXMETHYLPHENIDATE ER 35 MG CP	2 QL
DESIPRAMINE 75 MG TABLET	2		DEXMETHYLPHENIDATE ER 40 MG CP	2 QL
DESLORATADINE 2.5 MG ODT	2	QL	DEXMETHYLPHENIDATE ER 5 MG CAP	2 QL
DESLORATADINE 5 MG ODT	2	QL	DEXTROAMP-AMPHET ER 10 MG CAP	2 QL
DESLORATADINE 5 MG TABLET	2	QL	DEXTROAMP-AMPHET ER 15 MG CAP	2 QL
DESMOPRESSIN 0.01% SOLUTION	2		DEXTROAMP-AMPHET ER 20 MG CAP	2 QL
DESMOPRESSIN 10 MCG/0.1 ML SPR	2		DEXTROAMP-AMPHET ER 25 MG CAP	2 QL
DESMOPRESSIN ACETATE 0.1 MG TB	2		DEXTROAMP-AMPHET ER 30 MG CAP	2 QL
DESMOPRESSIN ACETATE 0.2 MG TB	2		DEXTROAMP-AMPHET ER 5 MG CAP	2 QL
DESOGESTREL-EE 0.15-0.03 MG TB	1		DEXTROAMP-AMPHETAM 12.5 MG TAB	2 QL
DESOGESTR-ETH ESTRAD ETH ESTRA	1		DEXTROAMP-AMPHETAM 7.5 MG TAB	2 QL
DESONIDE 0.05% CREAM	2		DEXTROAMP-AMPHETAMIN 10 MG TAB	2 QL
DESONIDE 0.05% LOTION	2		DEXTROAMP-AMPHETAMIN 15 MG TAB	2 QL
DESONIDE 0.05% OINTMENT	2		DEXTROAMP-AMPHETAMIN 20 MG TAB	2 QL
DESOXIMETASONE 0.05% CREAM	2		DEXTROAMP-AMPHETAMIN 30 MG TAB	2 QL
DESOXIMETASONE 0.05% GEL	2		DEXTROAMP-AMPHETAMINE 5 MG TAB	2 QL
DESOXIMETASONE 0.05% OINTMENT	2		DEXTROAMPHETAMINE 10 MG TAB	2 QL
DESOXIMETASONE 0.25% CREAM	2		DEXTROAMPHETAMINE 5 MG TAB	2 QL
DESOXIMETASONE 0.25% OINTMENT	2		DEXTROAMPHETAMINE 5 MG/5 ML	2 QL
DESVENLAFAXINE SUCCNT ER 100MG	2	QL	DEXTROAMPHETAMINE ER 10 MG CAP	2 QL
DESVENLAFAXINE SUCCNT ER 25 MG	2	QL	DEXTROAMPHETAMINE ER 15 MG CAP	2 QL
DESVENLAFAXINE SUCCNT ER 50 MG	2	QL	DEXTROAMPHETAMINE ER 5 MG CAP	2 QL
DEXAMETHASONE 0.5 MG TABLET	2		DIASTIX REAGENT STRIPS	3
DEXAMETHASONE 0.5 MG/5 ML ELX	2		DIATRUE LEVEL 1 CONTROL SOLN	3
DEXAMETHASONE 0.5 MG/5 ML LIQ	2		DIATRUE LEVEL 2 CONTROL SOLN	3
DEXAMETHASONE 0.75 MG TABLET	2		DIATRUE LEVEL 3 CONTROL SOLN	3
DEXAMETHASONE 1 MG TABLET	2		DIAZEPAM 10 MG RECTAL GEL SYST	2
DEXAMETHASONE 1.5 MG TABLET	2		DIAZEPAM 10 MG TABLET	2
DEXAMETHASONE 2 MG TABLET	2		DIAZEPAM 2 MG TABLET	2
DEXAMETHASONE 4 MG TABLET	2		DIAZEPAM 2.5 MG RECTAL GEL SYS	2
DEXAMETHASONE 6 MG TABLET	2		DIAZEPAM 20 MG RECTAL GEL SYST	2
DEXAMETHASONE INTENSOL 1 MG/ML	2		DIAZEPAM 25 MG/5 ML ORAL CONC	2
DEXAMETHASONE 0.1% EYE DROP	2		DIAZEPAM 5 MG TABLET	2
DEXCOM G6 RECEIVER	3	PA, QL	DIAZEPAM 5 MG/5 ML ORAL SOLN	2
DEXCOM G6 SENSOR	3	PA, QL	DIAZEPAM 5 MG/5 ML SOLUTION	2
DEXCOM G6 TRANSMITTER	3	PA, QL	DIAZEPAM 5 MG/ML ORAL CONC	2
DEXCOM G7 RECEIVER	3	PA, QL	DIAZOXIDE 50 MG/ML ORAL SUSP	4

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
DICLOFENAC 0.1% EYE DROPS	2			DILTIAZEM 24H ER(LA) 240 MG TB	2
DICLOFENAC 1.5% TOPICAL SOLN	2			DILTIAZEM 24H ER(LA) 300 MG TB	2
DICLOFENAC POT 50 MG TABLET	2			DILTIAZEM 24H ER(LA) 360 MG TB	2
DICLOFENAC SOD DR 25 MG TAB	2			DILTIAZEM 24H ER(LA) 420 MG TB	2
DICLOFENAC SOD DR 50 MG TAB	2			DILTIAZEM 24H ER(XR) 120 MG CP	2
DICLOFENAC SOD DR 75 MG TAB	2			DILTIAZEM 24H ER(XR) 180 MG CP	2
DICLOFENAC SOD EC 25 MG TAB	2			DILTIAZEM 24H ER(XR) 240 MG CP	2
DICLOFENAC SOD EC 50 MG TAB	2			DILTIAZEM 24HR ER 120 MG CAP	2
DICLOFENAC SOD EC 75 MG TAB	2			DILTIAZEM 24HR ER 180 MG CAP	2
DICLOFENAC SOD ER 100 MG TAB	2			DILTIAZEM 24HR ER 240 MG CAP	2
DICLOFENAC SODIUM 1% GEL	2	QL		DILTIAZEM 24HR ER 300 MG CAP	2
DICLOFENAC-MISOPROST 50-0.2 MG	2			DILTIAZEM 24HR ER 360 MG CAP	2
DICLOFENAC-MISOPROST 75-0.2 MG	2			DILTIAZEM 24HR ER 420 MG CAP	2
DICLOXACILLIN 250 MG CAPSULE	2			DILTIAZEM 30 MG TABLET	1
DICLOXACILLIN 500 MG CAPSULE	2			DILTIAZEM 60 MG TABLET	1
DICYCLOMINE 10 MG CAPSULE	2			DILTIAZEM 90 MG TABLET	1
DICYCLOMINE 10 MG/5 ML SOLN	2			DIMETHYL FUMARATE 30D START PK	5
DICYCLOMINE 20 MG TABLET	2			DIMETHYL FUMARATE DR 120 MG CP	5
DIDANOSINE DR 250 MG CAPSULE	2			DIMETHYL FUMARATE DR 240 MG CP	5
DIDANOSINE DR 400 MG CAPSULE	2			DIPENTUM 250 MG CAPSULE	4
DIFICID 200 MG TABLET	4	PA, QL		DIPHEN 12.5 MG/5 ML ELIXIR	4
DIFICID 40 MG/ML SUSPENSION	4	PA, QL		DIPHEN 12.5 MG/5 ML SOLUTION	4
DIFLORASONE 0.05% CREAM	4			DIPHENHYDRAMINE 12.5 MG/5 ML	2
DIFLORASONE 0.05% OINTMENT	4			DIPHENHYDRAMINE 25 MG/10 ML	2
DIFLUNISAL 500 MG TABLET	2			DIPHENOXYLAT-ATROP 2.5-0.025/5	2
DIFLUPREDNATE 0.05% EYE DROP	3			DIPHENOXYLATE-ATROP 2.5-0.025	2
DIGOX 125 MCG TABLET	2			DIPHThERIA-TETANUS TOXOIDS-PED	3
DIGOX 250 MCG TABLET	2			DIPYRIDAMOLE 25 MG TABLET	2
DIGOXIN 0.05 MG/ML SOLUTION	2			DIPYRIDAMOLE 50 MG TABLET	2
DIGOXIN 0.125 MG TABLET	2			DIPYRIDAMOLE 75 MG TABLET	2
DIGOXIN 0.25 MG TABLET	2			DISOPYRAMIDE 100 MG CAPSULE	2
DIGOXIN 125 MCG TABLET	2			DISOPYRAMIDE 150 MG CAPSULE	2
DIGOXIN 250 MCG TABLET	2			DISULFIRAM 250 MG TABLET	2
DIHYDROERGOTAMINE 1 MG/ML AMP	4	QL		DISULFIRAM 500 MG TABLET	2
DILT XR 120 MG CAPSULE	2			DIVALPROEX DR 125 MG CAP SPRNK	2
DILT XR 180 MG CAPSULE	2			DIVALPROEX DR 125 MG CP(SPRNK)	2
DILT XR 240 MG CAPSULE	2			DIVALPROEX SOD DR 125 MG TAB	2
DILTIAZEM 120 MG TABLET	1			DIVALPROEX SOD DR 250 MG TAB	2
DILTIAZEM 12HR ER 120 MG CAP	2			DIVALPROEX SOD DR 500 MG TAB	2
DILTIAZEM 12HR ER 60 MG CAP	2			DIVALPROEX SOD ER 250 MG TAB	2
DILTIAZEM 12HR ER 90 MG CAP	2			DIVALPROEX SOD ER 500 MG TAB	2
DILTIAZEM 24H ER(CD) 120 MG CP	2			DODEX 1,000 MCG/ML VIAL	2
DILTIAZEM 24H ER(CD) 180 MG CP	2			DODEX 10,000 MCG/10 ML VIAL	2
DILTIAZEM 24H ER(CD) 240 MG CP	2			DODEX 30,000 MCG/30 ML VIAL	2
DILTIAZEM 24H ER(CD) 300 MG CP	2			DOFETILIDE 125 MCG CAPSULE	4
DILTIAZEM 24H ER(CD) 360 MG CP	2			DOFETILIDE 250 MCG CAPSULE	4
DILTIAZEM 24H ER(LA) 120 MG TB	2			DOFETILIDE 500 MCG CAPSULE	4
DILTIAZEM 24H ER(LA) 180 MG TB	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
DOLISHALE 90-20 MCG TABLET	1				
DONEPEZIL HCL 10 MG TABLET	2				
DONEPEZIL HCL 23 MG TABLET	2				
DONEPEZIL HCL 5 MG TABLET	2				
DONEPEZIL HCL ODT 10 MG TABLET	2				
DONEPEZIL HCL ODT 5 MG TABLET	2				
DORZOLAMIDE HCL 2% EYE DROPS	2				
DORZOLAMIDE-TIMOLOL EYE DROPS	2				
DOTTI 0.025 MG PATCH	2	QL			
DOTTI 0.0375 MG PATCH	2	QL			
DOTTI 0.05 MG PATCH	2	QL			
DOTTI 0.075 MG PATCH	2	QL			
DOTTI 0.1 MG PATCH	2	QL			
DOVATO	3	QL			
DOXAZOSIN MESYLATE 1 MG TAB	2				
DOXAZOSIN MESYLATE 2 MG TAB	2				
DOXAZOSIN MESYLATE 4 MG TAB	2				
DOXAZOSIN MESYLATE 8 MG TAB	2				
DOXEPIN 10 MG CAPSULE	2				
DOXEPIN 10 MG/ML ORAL CONC	2				
DOXEPIN 100 MG CAPSULE	2				
DOXEPIN 150 MG CAPSULE	2				
DOXEPIN 25 MG CAPSULE	2				
DOXEPIN 5% CREAM	4				
DOXEPIN 50 MG CAPSULE	2				
DOXEPIN 75 MG CAPSULE	2				
DOXEPIN HCL 3 MG TABLET	3	QL			
DOXEPIN HCL 6 MG TABLET	3	QL			
DOXERCALCIFEROL 0.5 MCG CAP	2				
DOXERCALCIFEROL 1 MCG CAPSULE	2				
DOXERCALCIFEROL 2.5 MCG CAP	2				
DOXYCYCLINE 25 MG/5 ML SUSP	2				
DOXYCYCLINE HYCLATE 100 MG CAP	1				
DOXYCYCLINE HYCLATE 100 MG TAB	1				
DOXYCYCLINE HYCLATE 20 MG TAB	2				
DOXYCYCLINE HYCLATE 50 MG CAP	1				
DOXYCYCLINE MONO 100 MG CAP	1				
DOXYCYCLINE MONO 100 MG TABLET	1				
DOXYCYCLINE MONO 150 MG CAP	2				
DOXYCYCLINE MONO 150 MG TABLET	2				
DOXYCYCLINE MONO 50 MG CAP	1				
DOXYCYCLINE MONO 50 MG TABLET	1				
DOXYCYCLINE MONO 75 MG CAPSULE	2				
DOXYCYCLINE MONO 75 MG TABLET	2				
DRONABINOL 10 MG CAPSULE	4				
DRONABINOL 2.5 MG CAPSULE	4				
DRONABINOL 5 MG CAPSULE	4				
DROPLET 0.5 ML 29GX12.5MM(1/2)	3				
DROPLET 0.5 ML 30GX12.5MM(1/2)	3				
DROPLET INS 0.3 ML 29GX12.5MM	3				
DROPLET INS 0.3ML 30GX12.5MM	3				
DROPLET INS 0.5ML 30GX6MM(1/2)	3				
DROPLET INS 0.5ML 30GX8MM(1/2)	3				
DROPLET INS 0.5ML 31GX6MM(1/2)	3				
DROPLET INS 0.5ML 31GX8MM(1/2)	3				
DROPLET INS SYR 0.3 ML 30GX6MM	3				
DROPLET INS SYR 0.3 ML 30GX8MM	3				
DROPLET INS SYR 0.3 ML 31GX6MM	3				
DROPLET INS SYR 0.3 ML 31GX8MM	3				
DROPLET INS SYR 1 ML 30GX6MM	3				
DROPLET INS SYR 1 ML 30GX8MM	3				
DROPLET INS SYR 1 ML 31GX6MM	3				
DROPLET INS SYR 1 ML 31GX8MM	3				
DROPLET INS SYR 1ML 29GX12.5MM	3				
DROPLET INS SYR 1ML 30GX12.5MM	3				
DROPLET MICRON 34G X 9/64"	3				
DROPLET PEN NEEDLE 29GX1/2"	3				
DROPLET PEN NEEDLE 29GX3/8"	3				
DROPLET PEN NEEDLE 30GX5/16"	3				
DROPLET PEN NEEDLE 31GX1/4"	3				
DROPLET PEN NEEDLE 31GX3/16"	3				
DROPLET PEN NEEDLE 31GX5/16"	3				
DROPLET PEN NEEDLE 32GX1/4"	3				
DROPLET PEN NEEDLE 32GX3/16"	3				
DROPLET PEN NEEDLE 32GX5/16"	3				
DROPLET PEN NEEDLE 32GX5/32"	3				
DROPSAFE INS SYR 0.3ML 31G 6MM	3				
DROPSAFE INS SYR 0.3ML 31G 8MM	3				
DROPSAFE INS SYR 0.5ML 31G 6MM	3				
DROPSAFE INS SYR 0.5ML 31G 8MM	3				
DROPSAFE INSUL SYR 1ML 31G 6MM	3				
DROPSAFE INSUL SYR 1ML 31G 8MM	3				
DROPSAFE INSULN 1ML 29G 12.5MM	3				
DROPSAFE PEN NEEDLE 31GX1/4"	3				
DROPSAFE PEN NEEDLE 31GX3/16"	3				
DROPSAFE PEN NEEDLE 31GX5/16"	3				
DROSP-EE-LEVOMEF 3-0.02-0.451	1				
DROSP-EE-LEVOMEF 3-0.03-0.451	1				
DROSPIRENONE-EE 3-0.02 MG TAB	1				
DROSPIRENONE-EE 3-0.03 MG TAB	1				
DROXIA 200 MG CAPSULE	4				
DROXIA 300 MG CAPSULE	4				
DROXIA 400 MG CAPSULE	4				
DRUG MART ULTRA COMFORT SYR	3				
DUAVEE 0.45-20 MG TABLET	4				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
DULERA 50 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 29GX1/2"	3	
DULERA 100 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 30GX1/2"	3	
DULERA 200 MCG-5 MCG INHALER	3	QL	EASY TOUCH 0.5 ML SYR 30GX5/16	3	
DULOXETINE HCL DR 20 MG CAP	2	QL	EASY TOUCH 1 ML SYR 27GX1/2"	3	
DULOXETINE HCL DR 30 MG CAP	2	QL	EASY TOUCH 1 ML SYR 29GX1/2"	3	
DULOXETINE HCL DR 60 MG CAP	2	QL	EASY TOUCH 1 ML SYR 30GX1/2"	3	
DUPIXENT 100 MG/0.67 ML SYRING	5	PA, SRX	EASY TOUCH BLU LINK CTRL SOLN	3	
DUPIXENT 200 MG/1.14 ML PEN	5	PA, SRX	EASY TOUCH FLIPLK NDL 30GX5/16	3	
DUPIXENT 200 MG/1.14 ML SYRING	5	PA, SRX	EASY TOUCH FLIPLK NDL 31GX5/16	3	
DUPIXENT 300 MG/2 ML PEN	5	PA, SRX	EASY TOUCH FLIPLK NDL 18GX1"	3	
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, SRX	EASY TOUCH FLIPLK NDL 19GX1"	3	
DUTASTERIDE 0.5 MG CAPSULE	2		EASY TOUCH FLIPLK NDL 20GX1"	3	
DUTASTERIDE-TAMSULOSIN 0.5-0.4	2		EASY TOUCH FLIPLK NDL 21GX1"	3	
EASIVENT HOLDING CHAMBER	3	QL	EASY TOUCH FLIPLK NDL 22GX1	3	
EASIVENT MASK-LARGE	3	QL	EASY TOUCH FLIPLK NDL 23GX1"	3	
EASIVENT MASK-MEDIUM	3	QL	EASY TOUCH FLIPLK NDL 25GX1"	3	
EASIVENT MASK-SMALL	3	QL	EASY TOUCH FLIPLK NDL 26GX1"	3	
EASY COMFORT 0.3 ML SYRINGE	3		EASY TOUCH FLIPLK NDL 27GX1"	3	
EASY COMFORT 0.5 ML 30GX1/2"	3		EASY TOUCH FLIPLK NDL 18GX1.5	3	
EASY COMFORT 0.5 ML 31GX5/16"	3		EASY TOUCH FLIPLK NDL 19GX1.5	3	
EASY COMFORT 0.5 ML 32GX5/16"	3		EASY TOUCH FLIPLK NDL 20GX1.5	3	
EASY COMFORT 0.5 ML SYRINGE	3		EASY TOUCH FLIPLK NDL 21GX1.5	3	
EASY COMFORT 1 ML 31GX5/16"	3		EASY TOUCH FLIPLK NDL 22GX1.5	3	
EASY COMFORT 1 ML 32GX5/16"	3		EASY TOUCH FLIPLK NDL 22GX3/4	3	
EASY COMFORT INSULIN 1 ML SYR	3		EASY TOUCH FLIPLK NDL 23GX1.5	3	
EASY COMFORT PEN NDL 31GX1/4"	3		EASY TOUCH FLIPLK NDL 23GX5/8	3	
EASY COMFORT PEN NDL 31GX3/16"	3		EASY TOUCH FLIPLK NDL 25GX1.5	3	
EASY COMFORT PEN NDL 31GX5/16"	3		EASY TOUCH FLIPLK NDL 25GX5/8	3	
EASY COMFORT PEN NDL 32GX5/32"	3		EASY TOUCH FLIPLK NDL 26GX1/2	3	
EASY COMFORT PEN NDL 33G 4MM	3		EASY TOUCH FLIPLK NDL 27GX1/2	3	
EASY COMFORT PEN NDL 33G 5MM	3		EASY TOUCH FLIPLK NDL 28GX1/2	3	
EASY COMFORT PEN NDL 33G 6MM	3		EASY TOUCH FLIPLK NDL 29GX1/2	3	
EASY COMFORT SYR 1 ML 30GX1/2"	3		EASY TOUCH FLIPLK NDL 30GX1/2	3	
EASY GLIDE INS 0.3 ML 31GX6MM	3		EASY TOUCH HIGH-LOW CTRL SOLN	3	
EASY GLIDE INS 0.5 ML 31GX6MM	3		EASY TOUCH HYPODERMIC 16GX1"	3	
EASY GLIDE INS 1 ML 31GX6MM	3		EASY TOUCH HYPODERMIC 16GX1.5"	3	
EASY GLIDE PEN NEEDLE 4MM 33G	3		EASY TOUCH HYPODERMIC 18GX1"	3	
EASY PLUS II CONTROL SOLN HIGH	3		EASY TOUCH HYPODERMIC 18GX1.25	3	
EASY PLUS II CONTROL SOLN LOW	3		EASY TOUCH HYPODERMIC 18GX1.5"	3	
EASY STEP CONTRL SOLN-HIGH	3		EASY TOUCH HYPODERMIC 19GX1"	3	
EASY STEP CONTROL SOLN-LOW	3		EASY TOUCH HYPODERMIC 19GX1.5"	3	
EASY STEP CONTROL SOLN-NORMAL	3		EASY TOUCH HYPODERMIC 20GX1"	3	
EASY TALK CONTROL SOLN LOW	3		EASY TOUCH HYPODERMIC 20GX1.5"	3	
EASY TALK HIGH CONTROL SOLN	3		EASY TOUCH HYPODERMIC 21GX1"	3	
EASY TALK PLUS II HIGH CONTROL	3		EASY TOUCH HYPODERMIC 21GX1.5"	3	
EASY TALK PLUS II LOW CTRL SLN	3		EASY TOUCH HYPODERMIC 22GX1"	3	
EASY TOUCH 0.3 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 22GX1.5"	3	
EASY TOUCH 0.5 ML SYR 27GX1/2"	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
EASY TOUCH HYPODERMIC 23GX1"	3		EASY TOUCH SYR 3 ML 22GX1-1/2"	3	
EASY TOUCH HYPODERMIC 23GX1.25	3		EASY TOUCH SYR 3 ML 25GX5/8"	3	
EASY TOUCH HYPODERMIC 23GX1.5"	3		EASY TOUCH SYRINGE 3 ML 20GX1"	3	
EASY TOUCH HYPODERMIC 23GX3/4"	3		EASY TOUCH SYRINGE 3 ML 21GX1"	3	
EASY TOUCH HYPODERMIC 24GX1"	3		EASY TOUCH SYRINGE 3 ML 22GX1"	3	
EASY TOUCH HYPODERMIC 24GX1.25	3		EASY TOUCH SYRINGE 3 ML 23GX1"	3	
EASY TOUCH HYPODERMIC 25GX1"	3		EASY TOUCH SYRINGE 3 ML 25GX1"	3	
EASY TOUCH HYPODERMIC 25GX1.5"	3		EASY TOUCH UNI-SLIP SYR 1 ML	3	
EASY TOUCH HYPODERMIC 25GX5/8"	3		EASY TRAK CONTROL SOLN HIGH	3	
EASY TOUCH HYPODERMIC 26GX1/2"	3		EASY TRAK CONTROL SOLN LOW	3	
EASY TOUCH HYPODERMIC 26GX3/8"	3		EASY TRAK II CTRL SOLN-NORMAL	3	
EASY TOUCH HYPODERMIC 26GX5/8"	3		EASYGLUCO PLUS CTRL SOL NORMAL	3	
EASY TOUCH HYPODERMIC 27GX1.25	3		EASYMAX NORMAL CONTROL SOLN	3	
EASY TOUCH HYPODERMIC 27GX1.5"	3		EASYMAX 15 LEVEL 2 SOLUTION	3	
EASY TOUCH HYPODERMIC 27GX1/2"	3		EASYPOINT NEEDLE 18G X 1"	3	
EASY TOUCH HYPODERMIC 30GX1"	3		EASYPOINT NEEDLE 18G X 1-1/2"	3	
EASY TOUCH HYPODERMIC 30GX1/2"	3		EASYPOINT NEEDLE 20G X 1"	3	
EASY TOUCH HYPODERMIC 31GX5/16	3		EASYPOINT NEEDLE 20G X 1-1/2"	3	
EASY TOUCH HYPODERMIC 32GX5/16	3		EASYPOINT NEEDLE 21G X 1"	3	
EASY TOUCH INSULIN 1ML 29GX1/2	3		EASYPOINT NEEDLE 21G X 1-1/2"	3	
EASY TOUCH INSULIN 1ML 30GX1/2	3		EASYPOINT NEEDLE 22G X 1"	3	
EASY TOUCH INSULIN SYR 0.3 ML	3		EASYPOINT NEEDLE 22G X 1-1/2"	3	
EASY TOUCH INSULIN SYR 0.5 ML	3		EASYPOINT NEEDLE 23G X 1"	3	
EASY TOUCH INSULIN SYR 1 ML	3		EASYPOINT NEEDLE 25G 16MM	3	
EASY TOUCH INSULN 1ML 29GX1/2"	3		EASYPOINT NEEDLE 25G X 1"	3	
EASY TOUCH INSULN 1ML 30GX1/2"	3		EASYPOINT NEEDLE 25G X 5/8"	3	
EASY TOUCH INSULN 1ML 30GX5/16	3		EASYPOINT NEEDLE 25GX1-1/2"	3	
EASY TOUCH INSULN 1ML 31GX5/16	3		EASY TOUCH SYR 1 ML 27G 16MM	3	
EASY TOUCH LUER LOK INSUL 1 ML	3		EASYTOUCH SAF PEN NDL 30G 6MM	3	
EASY TOUCH PEN NEEDLE 29GX1/2"	3		EC-NAPROXEN DR 375 MG TABLET	2	
EASY TOUCH PEN NEEDLE 30GX5/16	3		EC-NAPROXEN DR 500 MG TABLET	2	
EASY TOUCH PEN NEEDLE 31GX1/4"	3		ECONAZOLE NITRATE 1% CREAM	2	
EASY TOUCH PEN NEEDLE 31GX3/16	3		ECONTRA EZ 1.5 MG TABLET	1	
EASY TOUCH PEN NEEDLE 31GX5/16	3		ECONTRA ONE-STEP 1.5 MG TABLET	1	
EASY TOUCH PEN NEEDLE 32GX1/4"	3		ED-SPAZ 0.125 MG ODT	2	
EASY TOUCH PEN NEEDLE 32GX3/16	3		EDURANT 25 MG TABLET	3	
EASY TOUCH PEN NEEDLE 32GX5/32	3		EEMT DS 1.25-2.5 MG TABLET	2	
EASY TOUCH SAF PEN NDL 29G 5MM	3		EEMT HS 0.625-1.25 MG TABLET	2	
EASY TOUCH SAF PEN NDL 29G 8MM	3		EFAVIR-EMTRI-TENOF 600-200-300	2	QL
EASY TOUCH SAF PEN NDL 30G 5MM	3		EFAVIRENZ 200 MG CAPSULE	2	
EASY TOUCH SAF PEN NDL 30G 8MM	3		EFAVIRENZ 50 MG CAPSULE	2	
EASY TOUCH SYR 0.5ML 27G12.7MM	3		EFAVIRENZ 600 MG TABLET	2	
EASY TOUCH SYR 0.5ML 28G12.7MM	3		EFAVIR-LAMIV-TENOF 400-300-300	2	QL
EASY TOUCH SYR 0.5ML 29G12.7MM	3		EFAVIR-LAMIV-TENOF 600-300-300	2	QL
EASY TOUCH SYR 1 ML 27G 12.7MM	3		EFFER-K 10 MEQ TABLET EFF	4	
EASY TOUCH SYR 1 ML 27G 16MM	3		EFFER-K 20 MEQ TABLET EFF	4	
EASY TOUCH SYR 1 ML 28G 12.7MM	3		ELEMENT COMPACT SOLN HIGH	3	
EASY TOUCH SYR 1 ML 29G 12.7MM	3		ELEMENT COMPACT SOLN NORMAL	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
ELEMENT CONTROL SOLN NORMAL	3		ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX
ELEMENT CONTROL SOLUTION HIGH	3		ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX
ELEMENT CONTROL SOLUTION LOW	3		ENDOCET 10-325 MG TABLET	2	PA
ELETRIPTAN HBR 20 MG TABLET	2	QL	ENDOCET 2.5-325 MG TABLET	2	PA
ELETRIPTAN HBR 40 MG TABLET	2	QL	ENDOCET 5-325 MG TABLET	2	PA
ELINEST-28 TABLET	1		ENDOCET 7.5-325 MG TABLET	2	PA
ELIQUIS 2.5 MG TABLET	3	PA, QL	ENDOMETRIN 100 MG VAG INSERT	4	PA
ELIQUIS 5 MG TABLET	3	PA, QL	ENGERIX-B 20 MCG/ML SYRN	3	
ELIQUIS DVT-PE TREAT START 5MG	3	PA, QL	ENGERIX-B 20 MCG/ML VIAL	3	
ELITE-OB CAPLET	1		ENGERIX-B PEDI 10 MCG/0.5 SYRN	3	
ELLA 30 MG TABLET	4		ENLITE SERTER	3	
ELMIRON 100 MG CAPSULE	4		ENLYTE SOFTGEL	4	
ELURYNG VAGINAL RING	2		ENOXAPARIN 100 MG/ML SYRINGE	5	QL, SRX
EMBRACE GLUC CONTROL SOLN HIGH	3		ENOXAPARIN 120 MG/0.8 ML SYR	5	QL, SRX
EMBRACE EVO LEVEL 1 CTRL SOLN	3		ENOXAPARIN 150 MG/ML SYRINGE	5	QL, SRX
EMBRACE GLUC CONTROL SOLN LOW	3		ENOXAPARIN 30 MG/0.3 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 29G 12MM	3		ENOXAPARIN 300 MG/3 ML VIAL	5	QL, SRX
EMBRACE PEN NEEDLE 30G 5MM	3		ENOXAPARIN 40 MG/0.4 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 30G 8MM	3		ENOXAPARIN 60 MG/0.6 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 31G 5MM	3		ENOXAPARIN 80 MG/0.8 ML SYR	5	QL, SRX
EMBRACE PEN NEEDLE 31G 6MM	3		ENPRESSE-28 TABLET	1	
EMBRACE PEN NEEDLE 31G 8MM	3		ENSKYCE 28 TABLET	1	
EMBRACE PEN NEEDLE 32G 4MM	3		ENTACAPONE 200 MG TABLET	2	
EMBRACE PRO CONTROL SOLUTION	3		ENTECAVIR 0.5 MG TABLET	5	SRX
EMBRACE TALK CTRL SOL-HIGH(L2)	3		ENTECAVIR 1 MG TABLET	5	SRX
EMBRACE TALK CTRL SOLN-LOW(L1)	3		ENTRESTO 24 MG-26 MG TABLET	3	QL
EMCYT 140 MG CAPSULE	5	SRX	ENTRESTO 49 MG-51 MG TABLET	3	QL
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX	ENTRESTO 97 MG-103 MG TABLET	3	QL
EMGALITY 120 MG/ML PEN	3	PA	ENULOSE 10 GM/15 ML SOLUTION	2	
EMGALITY 120 MG/ML SYRINGE	3	PA	EPCLUSA 150-37.5 MG PELLETT PKT	5	PA, QL, SRX
EMGALITY 300 MG (100 MG X3SYR)	3	PA	EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX
EMOQUETTE 28 DAY TABLET	1		EPCLUSA 200-50 MG PELLETT PACK	5	PA, QL, SRX
EMTRICITABINE 200 MG CAPSULE	2		EPCLUSA 400 MG-100 MG TABLET	5	PA, QL, SRX
EMTRICITABINE-TENOFV 100-150MG	2		EPIDIOLEX 100 MG/ML SOLN PACK	4	PA, LDD
EMTRICITABINE-TENOFV 133-200MG	2		EPIDIOLEX 100 MG/ML SOLUTION	4	PA, LDD
EMTRICITABINE-TENOFV 167-250MG	2		EPIFOAM FOAM	4	
EMTRICITABINE-TENOFV 200-300MG	2		EPINASTINE HCL 0.05% EYE DROPS	2	
EMTRIVA 10 MG/ML SOLUTION	3		EPINEPHRINE 0.15 MG AUTO-INJCT	2	QL
EMVERM 100 MG TABLET CHEW	4		EPINEPHRINE 0.3 MG AUTO-INJECT	2	QL
ENALAPRIL MALEATE 10 MG TAB	1		EPITOL 200 MG TABLET	2	
ENALAPRIL MALEATE 2.5 MG TAB	1		EPIVIR HBV 25 MG/5 ML SOLN	5	SRX
ENALAPRIL MALEATE 20 MG TAB	1		EPLERENONE 25 MG TABLET	2	
ENALAPRIL MALEATE 5 MG TABLET	1		EPLERENONE 50 MG TABLET	2	
ENALAPRIL-HCTZ 10-25 MG TABLET	1		EPROSARTAN MESYLATE 600 MG TAB	2	
ENALAPRIL-HCTZ 5-12.5 MG TAB	1		EQ SPACE CHAMBER	3	QL
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX	EQ SPACE CHAMBER-LARGE MASK	3	QL
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX	EQ SPACE CHAMBER-MEDIUM MASK	3	QL
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX	EQ SPACE CHAMBER-SMALL MASK	3	QL



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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
EQL INS SYR 1 ML 29GX1/2"	3		ESTRADIOL 0.075 MG PATCH(1/WK)	2 QL
EQL INSUL SYR 0.3 ML 31GX5/16"	3		ESTRADIOL 0.075 MG PATCH(2/WK)	2 QL
EQL INSUL SYR 0.5 ML 31GX5/16"	3		ESTRADIOL 0.1 MG PATCH (1/WK)	2 QL
EQL INSULIN 0.3 ML SYRINGE	3		ESTRADIOL 0.1 MG PATCH (2/WK)	2 QL
EQL INSULIN 0.5 ML SYRINGE	3		ESTRADIOL 0.5 MG TABLET	1
EQL INSULIN 1 ML SYRINGE	3		ESTRADIOL 1 MG TABLET	1
EQL INSULIN SYR 1 ML 31GX5/16"	3		ESTRADIOL 10 MCG VAGINAL INSRT	2 QL
EQL PEN 8MM 31G X 5/16" NEEDLE	3		ESTRADIOL 2 MG TABLET	1
ERGOLOID MESYLATES 1 MG TAB	1		ESTRADIOL-NORETH 0.5-0.1 MG TB	2
ERIVEDGE 150 MG CAPSULE	5	PA, QL, LDD, SRX	ESTRADIOL-NORETH 1-0.5 MG TAB	2
ERLOTINIB HCL 100 MG TABLET	5	PA, LDD, SRX	ESTROGEN-METHYLTESTOS F.S. TAB	2
ERLOTINIB HCL 150 MG TABLET	5	PA, LDD, SRX	ESTROGEN-METHYLTESTOS H.S. TAB	2
ERLOTINIB HCL 25 MG TABLET	5	PA, LDD, SRX	ESZOPICLONE 1 MG TABLET	2
ERRIN 0.35 MG TABLET	1		ESZOPICLONE 2 MG TABLET	2
ERTACZO 2% CREAM	4		ESZOPICLONE 3 MG TABLET	2
ERY 2% PADS	2		ETHAMBUTOL HCL 100 MG TABLET	2
ERYTHROCIN 250 MG TABLET	4		ETHAMBUTOL HCL 400 MG TABLET	2
ERYTHROMYCIN 0.5% EYE OINTMENT	2		ETHOSUXIMIDE 250 MG CAPSULE	2
ERYTHROMYCIN 2% GEL	2		ETHOSUXIMIDE 250 MG/5 ML SOLN	2
ERYTHROMYCIN 2% SOLUTION	2		ETHYL CHLORIDE SPRAY	2
ERYTHROMYCIN 200 MG/5 ML SUSP	2		ETHYNODIOL-ETH ESTRA 1MG-35MCG	1
ERYTHROMYCIN 250 MG TABLET	2		ETHYNODIOL-ETH ESTRA 1MG-50MCG	1
ERYTHROMYCIN 400 MG/5 ML SUSP	2		ETODOLAC 200 MG CAPSULE	2
ERYTHROMYCIN 500 MG TABLET	2		ETODOLAC 300 MG CAPSULE	2
ERYTHROMYCIN DR 250 MG CAP	2		ETODOLAC 400 MG TABLET	2
ERYTHROMYCIN ES 400 MG TAB	2		ETODOLAC 500 MG TABLET	2
ERYTHROMYCIN-BENZOYL GEL	2		ETODOLAC ER 400 MG TABLET	2
ESCITALOPRAM 10 MG TABLET	2	QL	ETODOLAC ER 500 MG TABLET	2
ESCITALOPRAM 20 MG TABLET	2	QL	ETODOLAC ER 600 MG TABLET	2
ESCITALOPRAM 5 MG TABLET	2	QL	ETONOGESTREL-EE VAGINAL RING	2
ESCITALOPRAM OXALATE 5 MG/5 ML	2	QL	ETOPOSIDE 50 MG CAPSULE	5 SRX
ESOMEPRAZOLE DR 10 MG PACKET	3	QL	ETRAVIRINE 100 MG TABLET	2
ESOMEPRAZOLE DR 20 MG PACKET	3	QL	ETRAVIRINE 200 MG TABLET	2
ESOMEPRAZOLE DR 40 MG PACKET	3	QL	EURAX 10% CREAM	4
ESOMEPRAZOLE MAG DR 20 MG CAP	2	QL	EUTHYROX 100 MCG TABLET	1
ESOMEPRAZOLE MAG DR 40 MG CAP	2	QL	EUTHYROX 112 MCG TABLET	1
ESOMEPRAZOLE DR 49.3 MG CAP	2	QL	EUTHYROX 125 MCG TABLET	1
ESTARYLLA 0.25-0.035 MG TABLET	1		EUTHYROX 137 MCG TABLET	1
ESTAZOLAM 1 MG TABLET	2		EUTHYROX 150 MCG TABLET	1
ESTAZOLAM 2 MG TABLET	2		EUTHYROX 175 MCG TABLET	1
ESTRADIOL 0.025 MG PATCH(1/WK)	2	QL	EUTHYROX 200 MCG TABLET	1
ESTRADIOL 0.025 MG PATCH(2/WK)	2	QL	EUTHYROX 25 MCG TABLET	1
ESTRADIOL 0.0375MG PATCH(1/WK)	2	QL	EUTHYROX 50 MCG TABLET	1
ESTRADIOL 0.0375MG PATCH(2/WK)	2	QL	EUTHYROX 75 MCG TABLET	1
ESTRADIOL 0.05 MG PATCH (1/WK)	2	QL	EUTHYROX 88 MCG TABLET	1
ESTRADIOL 0.05 MG PATCH (2/WK)	2	QL	EVENCARE G2 CONTROL SOLUTION	3
ESTRADIOL 0.06 MG PATCH (1/WK)	2	QL	EVENCARE G3 CONTROL SOLUTION	3

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
EVEROLIMUS 0.25 MG TABLET	5	SRX	EXEL SYRINGE 21GX1-1/2" 3 ML	3	
EVEROLIMUS 0.5 MG TABLET	5	SRX	EXEL SYRINGE 22GX1" 3 ML	3	
EVEROLIMUS 0.75 MG TABLET	5	SRX	EXEL SYRINGE 22GX1-1/2" 3 ML	3	
EVEROLIMUS 1 MG TABLET	5	SRX	EXEL SYRINGE 22GX3/4" 3 ML	3	
EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX	EXEL SYRINGE 23GX1" 3 ML	3	
EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX	EXEL SYRINGE 25GX1" 3 ML	3	
EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX	EXEL U100 0.3 ML 29GX1/2"	3	
EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX	EXEL U100 0.3 ML 30GX5/16"	3	
EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX	EXEL U100 0.5 ML 28GX1/2"	3	
EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX	EXEL U100 0.5 ML 29GX1/2"	3	
EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX	EXEL U100 0.5 ML 30GX5/16"	3	
EVOLUTION CONTROL SOLN NORMAL	3		EXEL U100 1 ML 30GX5/16"	3	
EVOTAZ 300 MG-150 MG TABLET	3		EXEL U100 INS SYR 1 ML 29GX1/2	3	
EXEL 3 ML SYRN 27G X 1 1/4"	3		EXEMESTANE 25 MG TABLET	2	
EXEL HUBER 22GX3/4" NEEDLE	3		EXTENDED RESERVOIR 3 ML	3	
EXEL HUBER NEEDLE 22GX1"	3		EZETIMIBE 10 MG TABLET	2	
EXEL HYPO NEEDLE 16GX1"	3		EZETIMIBE-SIMVASTATIN 10-10 MG	2	
EXEL HYPO NEEDLE 18GX1"	3		EZETIMIBE-SIMVASTATIN 10-20 MG	2	
EXEL HYPO NEEDLE 18GX1.5"	3		EZETIMIBE-SIMVASTATIN 10-40 MG	2	
EXEL HYPO NEEDLE 19GX1"	3		EZETIMIBE-SIMVASTATIN 10-80 MG	2	
EXEL HYPO NEEDLE 19GX1.5"	3		EZ-VAC	3	
EXEL HYPO NEEDLE 20GX0.75"	3		FALMINA-28 TABLET	1	
EXEL HYPO NEEDLE 20GX1"	3		FAMCICLOVIR 125 MG TABLET	2	
EXEL HYPO NEEDLE 20GX1.5"	3		FAMCICLOVIR 250 MG TABLET	2	
EXEL HYPO NEEDLE 21GX1"	3		FAMCICLOVIR 500 MG TABLET	2	
EXEL HYPO NEEDLE 21GX1.5"	3		FAMOTIDINE 20 MG TABLET	1	
EXEL HYPO NEEDLE 22GX0.75"	3		FAMOTIDINE 40 MG TABLET	1	
EXEL HYPO NEEDLE 22GX1"	3		FAMOTIDINE 40 MG/5 ML SUSP	2	
EXEL HYPO NEEDLE 22GX1.5"	3		FANAPT 1 MG TABLET	4	QL, ST
EXEL HYPO NEEDLE 23GX0.75"	3		FANAPT 10 MG TABLET	4	QL, ST
EXEL HYPO NEEDLE 23GX1"	3		FANAPT 12 MG TABLET	4	QL, ST
EXEL HYPO NEEDLE 25GX0.625"	3		FANAPT 2 MG TABLET	4	QL, ST
EXEL HYPO NEEDLE 25GX0.75"	3		FANAPT 4 MG TABLET	4	QL, ST
EXEL HYPO NEEDLE 25GX1"	3		FANAPT 6 MG TABLET	4	QL, ST
EXEL HYPO NEEDLE 25GX1.5"	3		FANAPT 8 MG TABLET	4	QL, ST
EXEL HYPO NEEDLE 26GX0.375"	3		FANAPT TITRATION PACK	4	QL, ST
EXEL HYPO NEEDLE 26GX0.5"	3		FARXIGA 10 MG TABLET	3	QL
EXEL HYPO NEEDLE 26GX0.625"	3		FARXIGA 5 MG TABLET	3	QL
EXEL HYPO NEEDLE 26GX1.5"	3		FEBUXOSTAT 40 MG TABLET	4	QL
EXEL HYPO NEEDLE 27GX0.5"	3		FEBUXOSTAT 80 MG TABLET	4	QL
EXEL HYPO NEEDLE 30GX0.5"	3		FELBAMATE 400 MG TABLET	4	
EXEL INS SYR U100 1 ML 28GX1/2	3		FELBAMATE 600 MG TABLET	4	
EXEL MTI DRAWING NDL 20GX1"	3		FELBAMATE 600 MG/5 ML SUSP	4	
EXEL MTI DRAWING NDL 21GX1"	3		FELODIPINE ER 10 MG TABLET	2	
EXEL MTI DRAWING NDL 22GX1"	3		FELODIPINE ER 2.5 MG TABLET	2	
EXEL SYRINGE 20GX1" 3 ML	3		FELODIPINE ER 5 MG TABLET	2	
EXEL SYRINGE 20GX1-1/2" 3 ML	3		FEM PH VAGINAL JELLY	2	
EXEL SYRINGE 21GX1" 3 ML	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
FEMYNOR 28 TABLET	1		FIFTY50 PEN NEEDLE 32G X 5/32"	3	
FENOFIBRATE 120 MG TABLET	2		FILTER ASPIRATOR NEEDLE	3	
FENOFIBRATE 130 MG CAPSULE	2		FILTER NEEDLE	3	
FENOFIBRATE 134 MG CAPSULE	2		FILTER NEEDLE 19GX1-1/2"	3	
FENOFIBRATE 145 MG TABLET	2		FILTER NEEDLE 5 MICRON	3	
FENOFIBRATE 150 MG CAPSULE	2		FINASTERIDE 5 MG TABLET	2	
FENOFIBRATE 160 MG TABLET	2		FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX
FENOFIBRATE 200 MG CAPSULE	2		FINZALA 1-0.02(24)-75 CHEW TAB	1	
FENOFIBRATE 40 MG TABLET	2		FIRVANQ 25 MG/ML SOLUTION	3	QL
FENOFIBRATE 43 MG CAPSULE	2		FIRVANQ 50 MG/ML SOLUTION	3	QL
FENOFIBRATE 48 MG TABLET	2		FLAC OTIC OIL 0.01% EAR DROP	2	
FENOFIBRATE 50 MG CAPSULE	2		FLAVOXATE HCL 100 MG TABLET	2	
FENOFIBRATE 54 MG TABLET	2		FLECAINIDE ACETATE 100 MG TAB	2	
FENOFIBRATE 67 MG CAPSULE	2		FLECAINIDE ACETATE 150 MG TAB	2	
FENOFIBRIC ACID 105 MG TABLET	2		FLECAINIDE ACETATE 50 MG TAB	2	
FENOFIBRIC ACID 35 MG TABLET	2		FLEXICHAMBER	3	QL
FENOFIBRIC ACID DR 135 MG CAP	2		FLEXICHAMBER-LG CHILD MASK	3	QL
FENOFIBRIC ACID DR 45 MG CAP	2		FLEXICHAMBER-SM ADULT MASK	3	QL
FENOPROFEN 600 MG TABLET	2		FLEXICHAMBER-SM CHILD MASK	3	QL
FENTANYL 100 MCG/HR PATCH	2	PA	FLOVENT 100 MCG DISKUS	3	QL
FENTANYL 12 MCG/HR PATCH	2	PA	FLOVENT 250 MCG DISKUS	3	QL
FENTANYL 25 MCG/HR PATCH	2	PA	FLOVENT 50 MCG DISKUS	3	QL
FENTANYL 37.5 MCG/HR PATCH	2	PA	FLOVENT HFA 110 MCG INHALER	3	QL
FENTANYL 50 MCG/HR PATCH	2	PA	FLOVENT HFA 220 MCG INHALER	3	QL
FENTANYL 62.5 MCG/HR PATCH	2	PA	FLOVENT HFA 44 MCG INHALER	3	QL
FENTANYL 75 MCG/HR PATCH	2	PA	FLOW-EZE VENTED NEEDLE	3	
FENTANYL 87.5 MCG/HR PATCH	2	PA	FLUAD QUAD	3	
FENTANYL CIT OTFC 1,200 MCG	4	PA	FLUARIX QUAD	3	
FENTANYL CIT OTFC 1,600 MCG	4	PA	FLUBLOK QUAD	3	
FENTANYL CITRATE OTFC 200 MCG	4	PA	FLUCELVAX QUAD	3	
FENTANYL CITRATE OTFC 400 MCG	4	PA	FLUCONAZOLE 10 MG/ML SUSP	2	
FENTANYL CITRATE OTFC 600 MCG	4	PA	FLUCONAZOLE 100 MG TABLET	2	
FENTANYL CITRATE OTFC 800 MCG	4	PA	FLUCONAZOLE 150 MG TABLET	2	
FERRIPROX 100 MG/ML SOLUTION	4	PA, LDD	FLUCONAZOLE 200 MG TABLET	2	
FESOTERODINE ER 4 MG TABLET	4	QL	FLUCONAZOLE 40 MG/ML SUSP	2	
FESOTERODINE ER 8 MG TABLET	4	QL	FLUCONAZOLE 50 MG TABLET	2	
FETZIMA 20-40 MG TITRATION PAK	4	QL, ST	FLUCYDOSINE 250 MG CAPSULE	4	
FETZIMA ER 120 MG CAPSULE	4	QL, ST	FLUCYDOSINE 500 MG CAPSULE	4	
FETZIMA ER 20 MG CAPSULE	4	QL, ST	FLUDROCORTISONE 0.1 MG TABLET	2	
FETZIMA ER 40 MG CAPSULE	4	QL, ST	FLULAVAL QUAD	3	
FETZIMA ER 80 MG CAPSULE	4	QL, ST	FLUMIST QUAD	3	
FIFTY50 GLUCOSE CONTROL SOLN	3		FLUNISOLIDE 0.025% SPRAY	2	
FIFTY50 INS 0.3 ML 31GX5/16"	3		FLUOCINOLONE 0.01% BODY OIL	2	
FIFTY50 INS 0.5 ML 31GX5/16"	3		FLUOCINOLONE 0.01% CREAM	2	
FIFTY50 INS SYR 1 ML 31GX5/16"	3		FLUOCINOLONE 0.01% SCALP OIL	2	
FIFTY50 PEN 31G X 3/16" NEEDLE	3		FLUOCINOLONE 0.01% SOLUTION	2	
FIFTY50 PEN 31G X 5/16" NEEDLE	3		FLUOCINOLONE 0.025% CREAM	2	
FIFTY50 PEN NEEDLE 32G X 1/4"	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
FLUOCINOLONE 0.025% OINTMENT	2		FLUZONE HIGH-DOSE QUAD	3	
FLUOCINOLONE OIL 0.01% EAR DRP	2		FLUZONE QUAD	3	
FLUOCINONIDE 0.05% CREAM	2		FOLIC ACID 1 MG TABLET	1	
FLUOCINONIDE 0.05% GEL	2		FOLIVANE-OB CAPSULE	1	
FLUOCINONIDE 0.05% OINTMENT	2		FONDAPARINUX 10 MG/0.8 ML SYR	5	QL, SRX
FLUOCINONIDE 0.05% SOLUTION	2		FONDAPARINUX 2.5 MG/0.5 ML SYR	5	QL, SRX
FLUOCINONIDE 0.1% CREAM	2		FONDAPARINUX 5 MG/0.4 ML SYR	5	QL, SRX
FLUOCINONIDE-E 0.05% CREAM	2		FONDAPARINUX 7.5 MG/0.6 ML SYR	5	QL, SRX
FLUORIDEX DAILY DEFENSE	2		FORA HIGH CONTROL SOLUTION	3	
FLUORIDEX SENSITIV RLF PASTE	2		FORA KETONE CONTROL SOLN-L1	3	
FLUOROMETHOLONE 0.1% DROPS	2		FORA LOW CONTROL SOLUTION	3	
FLUOROURACIL 0.5% CREAM	4		FORA NORMAL CONTROL SOLUTION	3	
FLUOROURACIL 2% TOPICAL SOLN	2		FORACARE GDH HIGH CONTROL SOLN	3	
FLUOROURACIL 5% CREAM	2		FORACARE GDH LOW CONTROL SOLN	3	
FLUOROURACIL 5% TOPICAL SOLN	2		FORACARE GDH NORM CONTROL SOLN	3	
FLUOXETINE 20 MG/5 ML SOLUTION	2	QL	FORMOTEROL 20 MCG/2 ML NEB VL	4	QL
FLUOXETINE DR 90 MG CAPSULE	2	QL	FORTISCARE CONTROL SOLN HIGH	3	
FLUOXETINE HCL 10 MG CAPSULE	1	QL	FORTISCARE CONTROL SOLN LOW	3	
FLUOXETINE HCL 20 MG CAPSULE	1	QL	FORTISCARE CONTROL SOLN NORMAL	3	
FLUOXETINE HCL 40 MG CAPSULE	1	QL	FOSAMPRENAVIR 700 MG TABLET	2	
FLUPHENAZINE 1 MG TABLET	2		FOSFOMYCIN 3 GM SACHET	3	
FLUPHENAZINE 10 MG TABLET	2		FOSINOPRIL SODIUM 10 MG TAB	1	
FLUPHENAZINE 2.5 MG TABLET	2		FOSINOPRIL SODIUM 20 MG TAB	1	
FLUPHENAZINE 2.5 MG/5 ML ELIX	2		FOSINOPRIL SODIUM 40 MG TAB	1	
FLUPHENAZINE 5 MG TABLET	2		FOSINOPRIL-HCTZ 10-12.5 MG TAB	2	
FLUPHENAZINE 5 MG/ML CONC	2		FOSINOPRIL-HCTZ 20-12.5 MG TAB	2	
FLURANDRENOLIDE 0.05% CREAM	4		FOSRENOL 1,000 MG POWDER PACK	4	
FLURANDRENOLIDE 0.05% LOTION	4		FOSRENOL 750 MG POWDER PACKET	4	
FLURANDRENOLIDE 0.05% OINTMENT	4		FRAGMIN 10,000 UNIT/4 ML VIAL	5	QL, SRX
FLURBIPROFEN 100 MG TABLET	2		FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL, SRX
FLURBIPROFEN 0.03% EYE DROP	2		FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL, SRX
FLUTAMIDE 125 MG CAPSULE	2		FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL, SRX
FLUTICASON PROP 0.005% OINT	2		FRAGMIN 18,000 UNIT/0.72 ML	5	QL, SRX
FLUTICASON PROP 0.05% CREAM	2		FRAGMIN 2,500 UNIT/0.2 ML SYR	5	QL, SRX
FLUTICASON PROP 0.05% LOTION	2		FRAGMIN 5,000 UNIT/0.2 ML SYR	5	QL, SRX
FLUTICASON PROP 50 MCG SPRAY	2		FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL, SRX
FLUTICASON-SALMETEROL 100-50	2	QL	FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL, SRX
FLUTICASON-SALMETEROL 250-50	2	QL	FREESTYLE CONTROL SOLUTION	3	
FLUTICASON-SALMETEROL 500-50	2	QL	FREESTYLE LIBRE 10 DAY READER	3	PA, QL
FLUVASTATIN ER 80 MG TABLET	2		FREESTYLE LIBRE 10 DAY SENSOR	3	PA, QL
FLUVASTATIN SODIUM 20 MG CAP	2		FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FLUVASTATIN SODIUM 40 MG CAP	2		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FLUVOXAMINE ER 100 MG CAPSULE	2	QL	FREESTYLE LIBRE 2 READER	3	PA, QL
FLUVOXAMINE ER 150 MG CAPSULE	2	QL	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FLUVOXAMINE MALEATE 100 MG TAB	2	QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FLUVOXAMINE MALEATE 25 MG TAB	2	QL	FREESTYLE PREC 0.5 ML 30GX5/16	3	
FLUVOXAMINE MALEATE 50 MG TAB	2	QL	FREESTYLE PREC 0.5 ML 31GX5/16	3	
			FREESTYLE PREC 1 ML 30GX5/16"	3	

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
FREESTYLE PREC 1 ML 31GX5/16"	3		GENGRAF 25 MG CAPSULE	2
FROVATRIPTAN SUCC 2.5 MG TAB	2	QL	GENOTROPIN 12 MG CARTRIDGE	5
FUROSEMIDE 10 MG/ML SOLUTION	1		GENOTROPIN 5 MG CARTRIDGE	5
FUROSEMIDE 20 MG TABLET	1		GENOTROPIN MINIQUICK 0.2 MG	5
FUROSEMIDE 40 MG TABLET	1		GENOTROPIN MINIQUICK 0.4 MG	5
FUROSEMIDE 40 MG/5 ML SOLN	1		GENOTROPIN MINIQUICK 0.6 MG	5
FUROSEMIDE 80 MG TABLET	1		GENOTROPIN MINIQUICK 0.8 MG	5
FUZEON 90 MG VIAL	5	LDD, SRX	GENOTROPIN MINIQUICK 1 MG	5
FYAVOLV 0.5 MG-2.5 MCG TABLET	2		GENOTROPIN MINIQUICK 1.2 MG	5
FYAVOLV 1 MG-5 MCG TABLET	2		GENOTROPIN MINIQUICK 1.4 MG	5
FYCOMPA 10 MG TABLET	4	PA, QL	GENOTROPIN MINIQUICK 1.6 MG	5
FYCOMPA 12 MG TABLET	4	PA, QL	GENOTROPIN MINIQUICK 1.8 MG	5
FYCOMPA 2 MG TABLET	4	PA, QL	GENOTROPIN MINIQUICK 2 MG	5
FYCOMPA 4 MG TABLET	4	PA, QL	GENTAK 0.3 % EYE OINTMENT	2
FYCOMPA 6 MG TABLET	4	PA, QL	GENTAMICIN 0.1% CREAM	2
FYCOMPA 8 MG TABLET	4	PA, QL	GENTAMICIN 0.1% OINTMENT	2
GABAPENTIN 100 MG CAPSULE	2		GENTAMICIN 0.3% EYE DROP	2
GABAPENTIN 250 MG/5 ML SOLN	2		GENVOYA TABLET	3
GABAPENTIN 300 MG CAPSULE	2		GIANVI 3 MG-0.02 MG TABLET	1
GABAPENTIN 300 MG/6 ML SOLN	2		GILOTRIF 20 MG TABLET	5
GABAPENTIN 400 MG CAPSULE	2		GILOTRIF 30 MG TABLET	5
GABAPENTIN 600 MG TABLET	2		GILOTRIF 40 MG TABLET	5
GABAPENTIN 800 MG TABLET	2		GLATIRAMER 20 MG/ML SYRINGE	5
GALANTAMINE ER 16 MG CAPSULE	2	QL	GLATIRAMER 40 MG/ML SYRINGE	5
GALANTAMINE ER 24 MG CAPSULE	2	QL	GLATOPA 20 MG/ML SYRINGE	5
GALANTAMINE ER 8 MG CAPSULE	2	QL	GLATOPA 40 MG/ML SYRINGE	5
GALANTAMINE HBR 12 MG TABLET	2		GLEOSTINE 10 MG CAPSULE	4
GALANTAMINE HBR 4 MG TABLET	2		GLEOSTINE 100 MG CAPSULE	4
GALANTAMINE HBR 8 MG TABLET	2		GLEOSTINE 40 MG CAPSULE	4
GALANTAMINE4MG/ML ORAL SOLN	2		GLIMEPIRIDE 1 MG TABLET	1
GALZIN 25 MG CAPSULE	4		GLIMEPIRIDE 2 MG TABLET	1
GALZIN 50 MG CAPSULE	4		GLIMEPIRIDE 4 MG TABLET	1
GARDASIL 9 SYRINGE	3		GLIPIZIDE 10 MG TABLET	1
GARDASIL 9 VIAL	3		GLIPIZIDE 5 MG TABLET	1
GATIFLOXACIN 0.5% EYE DROPS	2		GLIPIZIDE ER 10 MG TABLET	1
GATTEX 5 MG 30-VIAL KIT	5	PA, LDD, SRX	GLIPIZIDE ER 2.5 MG TABLET	1
GATTEX 5 MG ONE-VIAL KIT	5	PA, LDD, SRX	GLIPIZIDE ER 5 MG TABLET	1
GATTEX 5 MG VIAL	5	PA, LDD, SRX	GLIPIZIDE XL 10 MG TABLET	1
GAVILYTE-C	2		GLIPIZIDE XL 2.5 MG TABLET	1
GAVILYTE-G	2		GLIPIZIDE XL 5 MG TABLET	1
GAVILYTE-N	2		GLIPIZIDE-METFORMIN 2.5-250 MG	2
GE100 CONTROL SOLUTION NORMAL	3		GLIPIZIDE-METFORMIN 2.5-500 MG	2
GEFITINIB 250 MG TABLET	5	PA, QL, SRX	GLIPIZIDE-METFORMIN 5-500 MG	2
GEMFIBROZIL 600 MG TABLET	2		GLUCAGON 1 MG EMERGENCY KIT	3
GEMMILY 1 MG-20 MCG CAPSULE	1		GLUCOCARD 01 CONTROL SOLUTION	3
GENERLAC 10 GM/15 ML SOLUTION	2		GLUCOCARD EXPRESSION	3
GENGRAF 100 MG CAPSULE	2		GLUCOCARD SHINE	3
GENGRAF 100 MG/ML SOLUTION	2		GLUCOCOM AUTOLINK	3

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
GLUCOCOM CONTROL SOLUTION	3		GRISEOFULVIN 125 MG/5 ML SUSP	2	
GLUCOSE CONTROL SOLN NORMAL	3		GRISEOFULVIN MICRO 500 MG TAB	2	
GLUCOSE CONTROL SOLUTION	3		GRISEOFULVIN ULTRA 125 MG TAB	2	
GLYBURIDE 1.25 MG TABLET	1		GRISEOFULVIN ULTRA 250 MG TAB	2	
GLYBURIDE 2.5 MG TABLET	1		GS PEN NEEDLE 31G X 5/16"	3	
GLYBURIDE 5 MG TABLET	1		GS PEN NEEDLE 31G X 5MM	3	
GLYBURIDE MICRO 1.5 MG TAB	1		GS PEN NEEDLE 31G X 6MM	3	
GLYBURIDE MICRO 3 MG TABLET	1		GS PEN NEEDLE 31G X 8MM	3	
GLYBURIDE MICRO 6 MG TABLET	1		GS PEN NEEDLE 32G X 4MM	3	
GLYBURIDE-METFORMIN 2.5-500 MG	2		GS PEN NEEDLE 32G X 6MM	3	
GLYBURIDE-METFORMIN 5-500 MG	2		GUANFACINE 1 MG TABLET	2	
GLYBURID-METFORMIN 1.25-250 MG	2		GUANFACINE 2 MG TABLET	2	
GLYCINE 1.5% IRRIGATION	2		GUANFACINE HCL ER 1 MG TABLET	2	QL
GLYCOPYRROLATE 1 MG TABLET	2		GUANFACINE HCL ER 2 MG TABLET	2	QL
GLYCOPYRROLATE 2 MG TABLET	2		GUANFACINE HCL ER 3 MG TABLET	2	QL
GLYDO 2% JELLY SYRINGE	2		GUANFACINE HCL ER 4 MG TABLET	2	QL
GNP ALCOHOL SWAB	3		GUARDIAN RT CHARGER	3	
GNP CLICKFINE 31G X 1/4" ND	3		GUARDIAN RT REPLACE TEST PLUG	3	
GNP CLICKFINE 31G X 5/16" ND	3		GUARDIAN RT STARTER KIT	3	
GNP EASY TOUCH HIGH-LOW SOLN	3		GUARDIAN RT SYSTEM	3	
GNP INS SYR 0.3 ML 29GX1/2"	3		GUARDIAN TEST PLUG	3	
GNP INS SYRINGE 1 ML 28G 1/2"	3		GUARDIAN TRANSMITTER TAPE	3	
GNP INSUL SYR 0.3 ML 31GX5/16"	3		GYNAZOLE 1	2	
GNP INSUL SYR 0.5 ML 31GX5/16"	3		HAILEY 21 1.5 MG-30 MCG TAB	1	
GNP INSULIN SYR 1 ML 31GX5/16"	3		HAILEY 24 FE 1 MG-20 MCG TAB	1	
GNP ULT C 0.3ML 29GX1/2" (1/2)	3		HAILEY FE 1.5-30 TABLET	1	
GNP ULT CMFRT 0.5 ML 29GX1/2"	3		HAILEY FE 1-20 TABLET	1	
GNP ULTICARE PEN ND 31G 5MM	3		HALCINONIDE 0.1% CREAM	4	
GNP ULTICARE PEN ND 31G 8MM	3		HALOBETASOL PROP 0.05% CREAM	2	
GNP ULTICARE PEN ND 32G 4MM	3		HALOBETASOL PROP 0.05% OINTMNT	2	
GNP ULTICARE PEN ND 32G 6MM	3		HALOETTE VAGINAL RING	2	
GNP ULTIGUARD SAFEPAK 31G 5MM	3		HALOPERIDOL 0.5 MG TABLET	2	
GNP ULTIGUARD SAFEPAK 31G 8MM	3		HALOPERIDOL 1 MG TABLET	2	
GNP ULTIGUARD SAFEPAK 32G 4MM	3		HALOPERIDOL 10 MG TABLET	2	
GNP ULTIGUARD SAFEPAK 32G 6MM	3		HALOPERIDOL 2 MG TABLET	2	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	3		HALOPERIDOL 20 MG TABLET	2	
GNP ULTR CMFRT 0.5 ML 30GX5/16	3		HALOPERIDOL 5 MG TABLET	2	
GNP ULTR COMFORT 1 ML 29GX1/2"	3		HALOPERIDOL LAC 10 MG/5 ML CUP	2	
GNP ULTRA COMFORT 0.5 ML SYR	3		HALOPERIDOL LAC 2 MG/ML CONC	2	
GNP ULTRA COMFORT 1 ML SYRINGE	3		HARVONI 33.75-150 MG PELLETT PK	5	PA, QL, SRX
GNP ULTRA COMFORT 3/10 ML SYR	3		HARVONI 45-200 MG PELLETT PKCT	5	PA, QL, SRX
GNP ULTRA COMFRT 1 ML 28GX1/2"	3		HARVONI 45-200 MG TABLET	5	PA, QL, SRX
GOJJI GLUCOSE CONTROL SOLUTION	3		HARVONI 90-400 MG TABLET	5	PA, QL, SRX
GOJJI KETONE CONTROL SOLUTION	3		HAVRIX 1,440 UNIT/ML SYRINGE	3	
GRANISETRON HCL 0.1 MG/ML VIAL	4		HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
GRANISETRON HCL 1 MG TABLET	4		HEALTHPRO GLUCOSE CONTROL SOLN	3	
GRANISETRON HCL 1 MG/ML VIAL	4		HEALTHWISE INS 0.3ML 30GX5/16"	3	
GRANISETRON HCL 4 MG/4 ML VIAL	4		HEALTHWISE INS 0.3ML 31GX5/16"	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
HEALTHWISE INS 0.5ML 30GX5/16"	3		HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL, SRX
HEALTHWISE INS 0.5ML 31GX5/16"	3		HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL, LDD, SRX
HEALTHWISE INS 1 ML 30GX5/16"	3		HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL, LDD, SRX
HEALTHWISE INS 1 ML 31GX5/16"	3		HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX
HEALTHWISE PEN NEEDLE 31G 5MM	3		HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX
HEALTHWISE PEN NEEDLE 31G 8MM	3		HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, QL, SRX
HEALTHWISE PEN NEEDLE 32G 4MM	3		HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, QL, LDD, SRX
HEALTHY ACCENTS PENTIP 4MM 32G	3		HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, QL, SRX
HEALTHY ACCENTS PENTIP 5MM 31G	3		HUMULIN 70/30 KWIKPEN	3	QL
HEALTHY ACCENTS PENTIP 6MM 31G	3		HUMULIN 70-30 VIAL	3	QL
HEALTHY ACCENTS PENTIP 8MM 31G	3		HUMULIN N 100 UNIT/ML KWIKPEN	3	QL
HEALTHY ACCENTS PENTP 12MM 29G	3		HUMULIN N 100 UNIT/ML VIAL	3	QL
HEATHER 0.35 MG TABLET	1		HUMULIN R 100 UNIT/ML VIAL	3	QL
HEB UNIFINE PNTPLUS 31GX3/16	3		HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HEMA-COMBISTIX	3		HUMULIN R 500 UNIT/ML KWIKPEN	3	QL
HEMMOREX-HC 25 MG SUPPOSITORY	2		HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX
HEMMOREX-HC 30 MG SUPPOSITORY	2		HYCAMTIN 1 MG CAPSULE	5	PA, SRX
HEPARIN SOD 5,000 UNIT/0.5 ML	2		HYDRALAZINE 10 MG TABLET	1	
HEPARIN SOD 5,000 UNIT/ML SYRG	2		HYDRALAZINE 100 MG TABLET	2	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	3		HYDRALAZINE 25 MG TABLET	1	
HER STYLE 1.5 MG TABLET	1		HYDRALAZINE 50 MG TABLET	1	
HIBERIX VACCINE VIAL	3		HYDROCHLOROTHIAZIDE 12.5 MG CP	1	
HIBERIX VACCINE WITH DILUENT	3		HYDROCHLOROTHIAZIDE 12.5 MG TB	1	
HM ULTICARE PEN NEEDLE 4MM 32G	3		HYDROCHLOROTHIAZIDE 25 MG TAB	1	
HM ULTICARE PEN NEEDLE 5MM 31G	3		HYDROCHLOROTHIAZIDE 50 MG TAB	1	
HM ULTICARE PEN NEEDLE 6MM 31G	3		HYDROCODONE ER 100 MG TABLET	2	PA
HM ULTICARE PEN NEEDLE 8MM 31G	3		HYDROCODONE ER 120 MG TABLET	2	PA
HOMATROPAIRE 5% EYE DROPS	2		HYDROCODONE ER 20 MG TABLET	2	PA
HOMATROPINE 5% EYE DROPS	2		HYDROCODONE ER 30 MG TABLET	2	PA
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL	HYDROCODONE ER 40 MG TABLET	2	PA
HUMALOG 100 UNIT/ML KWIKPEN	3	QL	HYDROCODONE ER 60 MG TABLET	2	PA
HUMALOG 100 UNIT/ML VIAL	3	QL	HYDROCODONE ER 80 MG TABLET	2	PA
HUMALOG 200 UNIT/ML KWIKPEN	3	QL	HYDROCODONE-ACETAMIN 10-300 MG	2	PA
HUMALOG JR 100 UNIT/ML KWIKPEN	3	QL	HYDROCODONE-ACETAMIN 10-325 MG	2	PA
HUMALOG MIX 50-50 VIAL	3	QL	HYDROCODONE-ACETAMIN 10-325/15	2	PA
HUMALOG MIX 50-50 KWIKPEN	3	QL	HYDROCODONE-ACETAMIN 2.5-108/5	2	PA
HUMALOG MIX 75-25 VIAL	3	QL	HYDROCODONE-ACETAMIN 5-217/10	2	PA
HUMALOG MIX 75-25 KWIKPEN	3	QL	HYDROCODONE-ACETAMIN 5-300 MG	2	PA
HUMALOG TEMPO PEN 100 UNIT/ML	3	QL	HYDROCODONE-ACETAMIN 5-325 MG	2	PA
HUMATROPE 12 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMIN 7.5-300	2	PA
HUMATROPE 24 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMIN 7.5-325	2	PA
HUMATROPE 6 MG CARTRIDGE	5	PA, SRX	HYDROCODONE-ACETAMN 7.5-325/15	2	PA
HUMIRA	5	PA, QL, SRX	HYDROCODONE-CHLORPHEN ER SUSP	2	
HUMIRA PEN 40 MG/0.8 ML	5	PA, QL, SRX	HYDROCODONE-HOMATROPINE 5-1.5	2	QL
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, QL, SRX	HYDROCODONE-HOMATROPINE SOLN	2	QL
HUMIRA PEN PS-UV-ADOL HS 40 MG	5	PA, QL, SRX	HYDROCODONE-IBUPROFEN 10-200	2	PA
HUMIRA(CF) 10 MG/0.1 ML SYRING	5	PA, QL, SRX	HYDROCODONE-IBUPROFEN 5-200 MG	2	PA
HUMIRA(CF) 20 MG/0.2 ML SYRING	5	PA, QL, SRX			

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
HYDROCODONE-IBUPROFEN 7.5-200	2	PA	HYOSYNE 125 MCG/5 ML ELIXIR	2	
HYDROCORTISON-ACETIC ACID SOLN	2		HYPO NEEDLE,POLYPROPYL HUB	3	
HYDROCORTISONE 1% CREAM	2		HYPODERMIC NEEDLE,ALUM HUB	3	
HYDROCORTISONE 1% OINTMENT	2		HYRIMOZ	5	PA, QL, SRX
HYDROCORTISONE 10 MG TABLET	2		IBANDRONATE SODIUM 150 MG TAB	2	
HYDROCORTISONE 100 MG/60 ML	2		IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE 2.5% CREAM	2		IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE 2.5% LOTION	2		IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE 2.5% OINTMENT	2		IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE 20 MG TABLET	2		IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROCORTISONE 5 MG TABLET	2		IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX
HYDROCORTISONE AC 25 MG SUPP	2		IBU 400 MG TABLET	1	
HYDROCORTISONE AC 30 MG SUPP	2		IBU 600 MG TABLET	1	
HYDROCORTISONE BUTY 0.1% CREAM	2		IBU 800 MG TABLET	1	
HYDROCORTISONE BUTYR 0.1% OINT	2		IBUPROFEN 100 MG/5 ML SUSP	2	
HYDROCORTISONE BUTYR 0.1% SOLN	2		IBUPROFEN 400 MG TABLET	1	
HYDROCORTISONE VAL 0.2% CREAM	2		IBUPROFEN 600 MG TABLET	1	
HYDROCORTISONE VAL 0.2% OINTMT	2		IBUPROFEN 800 MG TABLET	1	
HYDROMET 5 MG-1.5 MG/5 ML SOLN	2	QL	ICATIBANT 30 MG/3 ML SYRINGE	5	PA, LDD, SRX
HYDROMORPHONE 1 MG/ML SOLUTION	2	PA	ICLEVIA 0.15 MG-0.03 MG TABLET	1	
HYDROMORPHONE 2 MG TABLET	2	PA	ICLUSIG 10 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 3 MG SUPPOS	2	PA	ICLUSIG 15 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 4 MG TABLET	2	PA	ICLUSIG 30 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 5 MG/5 ML SOLN	2	PA	ICLUSIG 45 MG TABLET	5	PA, QL, LDD, SRX
HYDROMORPHONE 8 MG TABLET	2	PA	ICOSAPENT ETHYL 0.5 GM CAPSULE	4	PA
HYDROMORPHONE HCL ER 12 MG TAB	2	PA	ICOSAPENT ETHYL 1 GRAM CAPSULE	4	PA
HYDROMORPHONE HCL ER 16 MG TAB	2	PA	ICOSAPENT ETHYL 500 MG CAPSULE	4	PA
HYDROMORPHONE HCL ER 32 MG TAB	2	PA	ILARIS 150 MG/ML VIAL	5	PA, LDD, SRX
HYDROMORPHONE HCL ER 8 MG TAB	2	PA	IMATINIB MESYLATE 100 MG TAB	5	PA, QL, SRX
HYDROXYCHLOROQUINE 200 MG TAB	2		IMATINIB MESYLATE 400 MG TAB	5	PA, QL, SRX
HYDROXYUREA 500 MG CAPSULE	2		IMBRUVICA 140 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML SOLN	2		IMBRUVICA 140 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE 10 MG/5 ML SYRUP	2		IMBRUVICA 280 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 10 MG TABLET	2		IMBRUVICA 420 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 25 MG TABLET	2		IMBRUVICA 560 MG TABLET	5	PA, QL, LDD, SRX
HYDROXYZINE HCL 50 MG TABLET	2		IMBRUVICA 70 MG CAPSULE	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 100 MG CAP	2		IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL, LDD, SRX
HYDROXYZINE PAM 25 MG CAP	2		IMIPRAMINE HCL 10 MG TABLET	2	
HYDROXYZINE PAM 50 MG CAP	2		IMIPRAMINE HCL 25 MG TABLET	2	
HYOPHEN TABLET	2		IMIPRAMINE HCL 50 MG TABLET	2	
HYOSCYAMINE 0.125 MG ODT	2		IMIPRAMINE PAMOATE 100 MG CAP	3	
HYOSCYAMINE 0.125 MG TAB SL	2		IMIPRAMINE PAMOATE 125 MG CAP	3	
HYOSCYAMINE 0.125 MG/5 ML ELIX	2		IMIPRAMINE PAMOATE 150 MG CAP	3	
HYOSCYAMINE 0.125 MG/ML DROP	2		IMIPRAMINE PAMOATE 75 MG CAP	3	
HYOSCYAMINE ER 0.375 MG TAB	2		IMIQUIMOD 5% CREAM PACKET	2	
HYOSCYAMINE SULF 0.125 MG TAB	2		INCASSIA 0.35 MG TABLET	1	
HYOSCYAMINE SR 0.375 MG TAB	2		IN-CHECK NASAL WITH MASK	3	
HYOSYNE 0.125 MG/ML DROP	2		IN-CHECK ORAL FLOW METER	3	



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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
INCONTROL PEN NEEDLE 12MM 29G	3		4	QL, ST
INCONTROL PEN NEEDLE 4MM 32G	3		4	QL, ST
INCONTROL PEN NEEDLE 5MM 31G	3		4	QL, ST
INCONTROL PEN NEEDLE 6MM 31G	3		4	QL, ST
INCONTROL PEN NEEDLE 8MM 31G	3		4	QL, ST
INCONTROL ULTICARE ND 31G 6MM	3		3	
INCONTROL ULTICARE ND 31G 8MM	3		3	
INCONTROL ULTICARE ND 32G 4MM	3		3	
INCRELEX 40 MG/4 ML VIAL	5	PA, LDD, SRX	3	
INCRUSE ELLIPTA 62.5 MCG INH	3		3	
INDAPAMIDE 1.25 MG TABLET	1		3	
INDAPAMIDE 2.5 MG TABLET	1		3	
INDOMETHACIN 25 MG CAPSULE	2		3	
INDOMETHACIN 50 MG CAPSULE	2		3	
INDOMETHACIN ER 75 MG CAPSULE	2		3	
INFANRIX DTAP SYRINGE	3		3	
INFANRIX DTAP VIAL	3		3	
INFINITY CONTROL SOLN HIGH	3		3	
INFINITY CONTROL SOLN LOW	3		3	
INFINITY CONTROL SOLN NORMAL	3		3	
INFINITY VOICE CTRL SOLN-LVL 2	3		3	
INFUSION SET 23"	3		3	
INFUSION SET 23" 6MM	3		3	
INFUSION SET 23" 9MM	3		3	
INFUSION SET 43"	3		3	
INFUSION SET 43" 6MM	3		3	
INFUSION SET 43" 9MM	3		3	
INJECT-EASE SYR ND 1 INTRODUCER	3		3	
INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX	3	
INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX	3	
INPEN (FOR HUMALOG) BLUE	3		3	
INPEN (FOR HUMALOG) GREY	3		3	
INPEN (FOR HUMALOG) PINK	3		3	
INPEN (NOVOLOG OR FIASP) BLUE	3		3	
INPEN (NOVOLOG OR FIASP) GREY	3		3	
INPEN (NOVOLOG OR FIASP) PINK	3		3	
INSET 30 INFUSION SET 23"	3		3	
INSET INFUSION SET 23" 6MM	3		3	
INSET INFUSION SET 23" 9MM	3		3	
INSPIRACHAMBER	3	QL	3	
INSPIRACHAMBER WITH MASK-LARGE	3	QL	3	
INSPIRACHAMBER WITH MASK-MED	3	QL	3	
INSPIRACHAMBER WITH MASK-SMALL	3	QL	3	
INSUL-CAP INSULIN HOLDER	3		3	
INSUL-EZE SYRINGE MAGNIFIER	3		3	
INSULIN 1 ML SYRINGE	3		3	
INSULIN 1/2 ML SYRINGE	3		3	
INSULIN 3/10 ML SYRINGE	3		3	
INSULIN ASPART 100 UNIT/ML VL			4	QL, ST
INSULIN ASPART 100 UNIT/ML CRT			4	QL, ST
INSULIN ASPART 100 UNIT/ML PEN			4	QL, ST
INSULIN ASPART PRO MIX70-30 PN			4	QL, ST
INSULIN ASPART PRO MIX70-30 VL			4	QL, ST
INSULIN CARTRIDGE 3 ML			3	
INSULIN SYR 0.3 ML 30GX5/16"			3	
INSULIN SYR 0.3ML 31GX1/4(1/2)			3	
INSULIN SYRIN 0.3 ML 29GX1/2"			3	
INSULIN SYRIN 0.3 ML 30GX1/2"			3	
INSULIN SYRIN 0.3 ML 30GX5/16"			3	
INSULIN SYRIN 0.3 ML 31GX5/16"			3	
INSULIN SYRIN 0.5 ML 28G 1/2"			3	
INSULIN SYRIN 0.5 ML 28GX1/2"			3	
INSULIN SYRIN 0.5 ML 29GX1/2"			3	
INSULIN SYRIN 0.5 ML 30G 1/2"			3	
INSULIN SYRIN 0.5 ML 30G 5/16"			3	
INSULIN SYRIN 0.5 ML 30GX1/2"			3	
INSULIN SYRIN 0.5 ML 30GX5/16"			3	
INSULIN SYRIN 0.5 ML 31G 5/16"			3	
INSULIN SYRIN 0.5 ML 31GX5/16"			3	
INSULIN SYRIN 1 ML 29GX1/2"			3	
INSULIN SYRINGE 0.5 ML 27G 1/2"			3	
INSULIN SYRINGE 0.5 ML 27G 13MM			3	
INSULIN SYRINGE 0.5 ML 27GX1/2"			3	
INSULIN SYRINGE 0.5 ML 28G 1/2"			3	
INSULIN SYRINGE 0.5 ML 29G 1/2"			3	
INSULIN SYRINGE 0.5 ML 29GX1/2"			3	
INSULIN SYRINGE 0.3 ML			3	
INSULIN SYRINGE 0.3 ML 31GX1/4			3	
INSULIN SYRINGE 0.5 ML			3	
INSULIN SYRINGE 0.5 ML 31GX1/4			3	
INSULIN SYRINGE 1 ML			3	
INSULIN SYRINGE 1 ML 27G 1/2"			3	
INSULIN SYRINGE 1 ML 27G 13MM			3	
INSULIN SYRINGE 1 ML 27GX1/2"			3	
INSULIN SYRINGE 1 ML 28G 1/2"			3	
INSULIN SYRINGE 1 ML 28G 13MM			3	
INSULIN SYRINGE 1 ML 28GX1/2"			3	
INSULIN SYRINGE 1 ML 29G 1/2"			3	
INSULIN SYRINGE 1 ML 29GX1/2"			3	
INSULIN SYRINGE 1 ML 30G 1/2"			3	
INSULIN SYRINGE 1 ML 30G 5/16"			3	
INSULIN SYRINGE 1 ML 30GX1/2"			3	
INSULIN SYRINGE 1 ML 30GX5/16"			3	
INSULIN SYRINGE 1 ML 31G 5/16"			3	
INSULIN SYRINGE 1 ML 31GX1/4"			3	
INSULIN SYRINGE 1 ML 31GX5/16"			3	

## 2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
INSUPEN 30G ULTRAFIN NEEDLE	3		ISOSORBIDE MONONIT ER 60 MG TB	1	
INSUPEN 31G ULTRAFIN NEEDLE	3		ISOTRETINOIN 10 MG CAPSULE	4	
INSUPEN 32G 6MM PEN NEEDLE	3		ISOTRETINOIN 20 MG CAPSULE	4	
INSUPEN 32G 8MM PEN NEEDLE	3		ISOTRETINOIN 30 MG CAPSULE	4	
INSUPEN PEN NEEDLE 29GX1/2"	3		ISOTRETINOIN 40 MG CAPSULE	4	
INSUPEN PEN NEEDLE 29GX12MM	3		ISOXSUPRINE 10 MG TABLET	2	
INSUPEN PEN NEEDLE 30GX8MM	3		ISOXSUPRINE 20 MG TABLET	2	
INSUPEN PEN NEEDLE 31G 5MM	3		ISRADIPINE 2.5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 31G 8MM	3		ISRADIPINE 5 MG CAPSULE	2	
INSUPEN PEN NEEDLE 31GX3/16"	3		ITRACONAZOLE 10 MG/ML SOLUTION	3	
INSUPEN PEN NEEDLE 31GX5/16"	3		ITRACONAZOLE 100 MG CAPSULE	3	QL
INSUPEN PEN NEEDLE 31GX6MM	3		ITRACONAZOLE 100 MG/10 ML CUP	3	
INSUPEN PEN NEEDLE 31GX8MM	3		IV PREP ANTISEPTIC WIPES	3	
INSUPEN PEN NEEDLE 32G 4MM	3		IVERMECTIN 0.5% LOTION	4	
INSUPEN PEN NEEDLE 32GX4MM	3		IVERMECTIN 3 MG TABLET	2	PA
INSUPEN PEN NEEDLE 32GX5/32"	3		JAIMIESS 0.15-0.03-0.01 MG TAB	1	
INSUPEN PEN NEEDLE 32GX6MM	3		JAKAFI 10 MG TABLET	5	PA, QL, LDD, SRX
INSUPEN PEN NEEDLE 32GX8MM	3		JAKAFI 15 MG TABLET	5	PA, QL, LDD, SRX
INSUPEN PEN NEEDLE 33GX4MM	3		JAKAFI 20 MG TABLET	5	PA, QL, LDD, SRX
INTELENCE 25 MG TABLET	3		JAKAFI 25 MG TABLET	5	PA, QL, LDD, SRX
INTROVALE 0.15-0.03 MG TABLET	1		JAKAFI 5 MG TABLET	5	PA, QL, LDD, SRX
IPOL VIAL	3		JANSSEN COVID-19 VACCINE (EUA)	3	
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	2		JANTOVEN 1 MG TABLET	1	
IPRATROPIUM 0.03% SPRAY	2		JANTOVEN 10 MG TABLET	1	
IPRATROPIUM 0.06% SPRAY	2		JANTOVEN 2 MG TABLET	1	
IPRATROPIUM BR 0.02% SOLN	2		JANTOVEN 2.5 MG TABLET	1	
IRBESARTAN 150 MG TABLET	1		JANTOVEN 3 MG TABLET	1	
IRBESARTAN 300 MG TABLET	1		JANTOVEN 4 MG TABLET	1	
IRBESARTAN 75 MG TABLET	1		JANTOVEN 5 MG TABLET	1	
IRBESARTAN-HCTZ 150-12.5 MG TB	1		JANTOVEN 6 MG TABLET	1	
IRBESARTAN-HCTZ 300-12.5 MG TB	1		JANTOVEN 7.5 MG TABLET	1	
ISENTRESS 100 MG POWDER PACKET	3		JASMIEL 3 MG-0.02 MG TABLET	1	
ISENTRESS 100 MG TABLET CHEW	3		JENCYCLA 0.35 MG TABLET	1	
ISENTRESS 25 MG TABLET CHEW	3		JINTELI 1 MG-5 MCG TABLET	2	
ISENTRESS 400 MG TABLET	3		JOLESSA 0.15 MG-0.03 MG TABLET	1	
ISENTRESS HD 600 MG TABLET	3		JULEBER 28 DAY TABLET	1	
ISIBLOOM 28 DAY TABLET	1		JULUCA 50-25 MG TABLET	3	QL
ISONIAZID 100 MG TABLET	1		JUNEL 1 MG-20 MCG TABLET	1	
ISONIAZID 300 MG TABLET	1		JUNEL 1.5 MG-30 MCG TABLET	1	
ISONIAZID 50 MG/5 ML SOLUTION	2		JUNEL FE 1 MG-20 MCG TABLET	1	
ISOSORBIDE DINITRATE 10 MG TAB	2		JUNEL FE 1.5 MG-30 MCG TABLET	1	
ISOSORBIDE DINITRATE 20 MG TAB	2		JUNEL FE 24 TABLET	1	
ISOSORBIDE DINITRATE 30 MG TAB	2		KAITLIB FE 0.8-0.025MG CHEW TB	1	
ISOSORBIDE DINITRATE 5 MG TAB	2		KALLIGA 28 DAY TABLET	1	
ISOSORBIDE MONONIT 10 MG TAB	1		KARIVA 28 DAY TABLET	1	
ISOSORBIDE MONONIT 20 MG TAB	1		KELNOR 1-35 28 TABLET	1	
ISOSORBIDE MONONIT ER 120 MG	2		KELNOR 1-50 TABLET	1	
ISOSORBIDE MONONIT ER 30 MG TB	1				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
KETOCONAZOLE 2% CREAM	2		KROGER SYR 0.5 ML 30GX5/16"	3	
KETOCONAZOLE 2% SHAMPOO	2		KROGER SYRING 0.3 ML 31GX5/16"	3	
KETOCONAZOLE 200 MG TABLET	2		KURVELO-28 TABLET	1	
KETO-DIASTIX REAGENT STRIPS	3		KYNMOBI 10 MG SL FILM	5	PA, QL, SRX
CVS KETONE CARE TEST STRIP	3		KYNMOBI 15 MG SL FILM	5	PA, QL, SRX
KETONE TEST STRIP	3		KYNMOBI 20 MG SL FILM	5	PA, QL, SRX
KETOPROFEN 50 MG CAPSULE	2		KYNMOBI 25 MG SL FILM	5	PA, QL, SRX
KETOPROFEN 75 MG CAPSULE	2		KYNMOBI 30 MG SL FILM	5	PA, QL, SRX
KETOPROFEN ER 200 MG CAPSULE	2		LABETALOL HCL 100 MG TABLET	2	
KETOROLAC 0.4% OPTH SOLUTION	2		LABETALOL HCL 200 MG TABLET	2	
KETOROLAC 0.5% OPTH SOLUTION	2		LABETALOL HCL 300 MG TABLET	2	
KETOROLAC 10 MG TABLET	2	QL	LABSTIX REAGENT STRIPS	3	
KETOSTIX REAGENT STRIP	3		LACOSAMIDE 10 MG/ML SOLUTION	3	QL
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX	LACOSAMIDE 100 MG TABLET	3	QL
KINRAY INS SYR 1 ML 31GX5/16"	3		LACOSAMIDE 150 MG TABLET	3	QL
KINRAY SYRING 0.3 ML 31GX5/16"	3		LACOSAMIDE 200 MG TABLET	3	QL
KINRAY SYRING 0.5 ML 31GX5/16"	3		LACOSAMIDE 50 MG TABLET	3	QL
KINRIX TIP-LOK SYRINGE	3		LACRISERT 5 MG EYE INSERT	4	
KINRIX VIAL	3		LACTATED RINGERS IRRIGATION	2	
KISQALI 200 MG DAILY DOSE	5	PA, QL, SRX	LACTULOSE 10 GM/15 ML SOLUTION	2	
KISQALI 400 MG DAILY DOSE	5	PA, QL, SRX	LACTULOSE 20 GM/30 ML SOLUTION	2	
KISQALI 600 MG DAILY DOSE	5	PA, QL, SRX	LAMIVUDINE 10 MG/ML ORAL SOLN	2	
KIONEX 15 GM/60 ML SUSPENSION	2		LAMIVUDINE 150 MG TABLET	2	
KLOR-CON 10 MEQ TABLET	2		LAMIVUDINE 300 MG TABLET	2	
KLOR-CON 20 MEQ PACKET	2		LAMIVUDINE HBV 100 MG TABLET	2	
KLOR-CON 8 MEQ TABLET	2		LAMIVUDINE-ZIDOVUDINE TABLET	2	
KLOR-CON M10 TABLET	2		LAMOTRIGINE (BLUE)	2	
KLOR-CON M15 TABLET	4		LAMOTRIGINE (GREEN)	2	
KLOR-CON M20 TABLET	2		LAMOTRIGINE (ORANGE)	2	
KMART VALU PLUS SYR 1/2 ML	3		LAMOTRIGINE 100 MG TABLET	2	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL	LAMOTRIGINE 150 MG TABLET	2	
KOMBIGLYZE XR 5-1,000 MG TAB	3	QL	LAMOTRIGINE 200 MG TABLET	2	
KOMBIGLYZE XR 5-500 MG TABLET	3	QL	LAMOTRIGINE 25 MG DISPER TAB	2	
K-PHOS #2 TABLET	4		LAMOTRIGINE 25 MG TABLET	2	
K-PHOS ORIGINAL TABLET	4		LAMOTRIGINE 5 MG DISPER TABLET	2	
KRO INS SYR 0.3 ML 29GX1/2"	3		LAMOTRIGINE ER 100 MG TABLET	2	
KRO INS SYRIN 0.5 ML 31GX5/16"	3		LAMOTRIGINE ER 200 MG TABLET	2	
KRO INSULIN SYR 1 ML 30GX5/16"	3		LAMOTRIGINE ER 25 MG TABLET	2	
KRO PEN NEEDLE 4MM X 32G	3		LAMOTRIGINE ER 250 MG TABLET	2	
KRO PEN NEEDLE 4MM X 33G	3		LAMOTRIGINE ER 300 MG TABLET	2	
KRO PEN NEEDLE 5MM X 31G	3		LAMOTRIGINE ER 50 MG TABLET	2	
KRO PEN NEEDLE 6MM X 31G	3		LAMOTRIGINE ODT (BLUE)	2	
KRO PEN NEEDLE 8MM X 31G	3		LAMOTRIGINE ODT (GREEN)	2	
KROGER INS SYR 0.3 ML 30GX5/16	3		LAMOTRIGINE ODT (ORANGE)	2	
KROGER INS SYR 0.5 ML 29GX1/2"	3		LAMOTRIGINE ODT 100 MG TABLET	2	
KROGER INS SYR 1 ML 29GX1/2"	3		LAMOTRIGINE ODT 200 MG TABLET	2	
KROGER INS SYR 1 ML 31GX5/16"	3		LAMOTRIGINE ODT 25 MG TABLET	2	
KROGER PEN NEEDLES 31G X 5/16"	3		LAMOTRIGINE ODT 50 MG TABLET	2	

## 2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
LANSOPRAZOL-AMOXICIL-CLARITHRO	2			LEUCOVORIN CALCIUM 15 MG TAB	2
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL		LEUCOVORIN CALCIUM 25 MG TAB	2
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL		LEUCOVORIN CALCIUM 5 MG TAB	2
LANTHANUM CARB 1,000 MG TB CHW	4			LEUKERAN 2 MG TABLET	4
LANTHANUM CARB 500 MG TAB CHEW	4			LEUKINE 250 MCG VIAL	5
LANTHANUM CARB 750 MG TAB CHEW	4			LEUPROLIDE 2WK 14 MG/2.8 ML KT	5
LAPATINIB 250 MG TABLET	5	PA, QL, SRX		LEVALBUTEROL 0.31 MG/3 ML SOL	2
LARIN 1.5 MG-30 MCG TABLET	1			LEVALBUTEROL 0.63 MG/3 ML SOL	2
LARIN 21 1-20 TABLET	1			LEVALBUTEROL 1.25 MG/3 ML SOL	2
LARIN 24 FE 1 MG-20 MCG TABLET	1			LEVALBUTEROL CONC 1.25 MG/0.5	2
LARIN FE 1.5-30 TABLET	1			LEVALBUTEROL TAR HFA 45MCG INH	2
LARIN FE 1-20 TABLET	1			LEVEMIR 100 UNIT/ML VIAL	4
LARISSIA-28 TABLET	1			LEVEMIR FLEXPEN 100 UNIT/ML	4
LATANOPROST 0.005% EYE DROPS	2			LEVEMIR FLEXTOUCH 100 UNIT/ML	4
LAYOLIS FE CHEWABLE TABLET	4			LEVETIRACETAM 1,000 MG TABLET	2
LEADER INS SYR 0.3 ML 29GX1/2"	3			LEVETIRACETAM 1,000 MG/10 ML	2
LEADER INS SYR 0.5 ML 28GX1/2"	3			LEVETIRACETAM 100 MG/ML SOLN	2
LEADER INS SYR 0.5 ML 29GX1/2"	3			LEVETIRACETAM 250 MG TABLET	2
LEADER INS SYR 0.5 ML 30GX1/2"	3			LEVETIRACETAM 500 MG TABLET	2
LEADER INS SYR 1 ML 28GX1/2"	3			LEVETIRACETAM 500 MG/5 ML CUP	2
LEADER INS SYR 1 ML 29GX1/2"	3			LEVETIRACETAM 500 MG/5 ML SOLN	2
LEADER INS SYR 1 ML 30GX5/16"	3			LEVETIRACETAM 750 MG TABLET	2
LEADER INS SYR 1 ML 31GX5/16"	3			LEVETIRACETAM ER 500 MG TABLET	2
LEADER INSULIN SYRINGE 0.3 ML	3			LEVETIRACETAM ER 750 MG TABLET	2
LEADER PEN NEEDLES 12MM 29G	3			LEVOBUNOLOL 0.5% EYE DROPS	2
LEADER SYRING 0.3 ML 31GX5/16"	3			LEVOCARNITINE 1 G/10 ML SOLN	2
LEADER SYRING 0.5 ML 31GX5/16"	3			LEVOCARNITINE 330 MG TABLET	2
LEDIPASVIR-SOFOSBUVIR 90-400MG	5	PA, QL, SRX		LEVOCARNITINE SF 1 G/10 ML SOL	2
LEENA 28 TABLET	1			LEVOCETIRIZINE 2.5 MG/5 ML SOL	2
LEFLUNOMIDE 10 MG TABLET	2			LEVOCETIRIZINE 5 MG TABLET	2
LEFLUNOMIDE 20 MG TABLET	2			LEVOFLOXACIN 0.5% EYE DROPS	2
LENALIDOMIDE 10 MG CAPSULE	5	PA, QL, LDD, SRX		LEVOFLOXACIN 1.5% EYE DROPS	2
LENALIDOMIDE 15 MG CAPSULE	5	PA, QL, LDD, SRX		LEVOFLOXACIN 25 MG/ML SOLUTION	2
LENALIDOMIDE 2.5 MG CAPSULE	5	PA, QL, LDD, SRX		LEVOFLOXACIN 250 MG TABLET	2
LENALIDOMIDE 20 MG CAPSULE	5	PA, QL, LDD, SRX		LEVOFLOXACIN 500 MG TABLET	2
LENALIDOMIDE 25 MG CAPSULE	5	PA, QL, LDD, SRX		LEVOFLOXACIN 750 MG TABLET	2
LENALIDOMIDE 5 MG CAPSULE	5	PA, QL, LDD, SRX		LEVONEST-28 TABLET	1
LENVIMA 10 MG DAILY DOSE	5	PA, QL, LDD, SRX		LEVONO-E ESTRAD 0.15-0.03-0.01	1
LENVIMA 12 MG DAILY DOSE	5	PA, QL, LDD, SRX		LEVONOR-E ESTRAD 0.1-0.02-0.01	1
LENVIMA 14 MG DAILY DOSE	5	PA, QL, LDD, SRX		LEVONOR-ETH ESTRA 0.09-0.02 MG	1
LENVIMA 18 MG DAILY DOSE	5	PA, QL, LDD, SRX		LEVONOR-ETH ESTRAD 0.1-0.02 MG	1
LENVIMA 20 MG DAILY DOSE	5	PA, QL, LDD, SRX		LEVONOR-ETH ESTRAD 0.15-0.03	1
LENVIMA 24 MG DAILY DOSE	5	PA, QL, LDD, SRX		LEVONOR-ETH ESTRAD TRIPHASIC	1
LENVIMA 4 MG CAPSULE	5	PA, QL, LDD, SRX		LEVONORG 0.15MG-EE 20-25-30MCG	1
LENVIMA 8 MG DAILY DOSE	5	PA, QL, LDD, SRX		LEVONORGESTREL 1.5 MG TABLET	1
LESSINA-28 TABLET	1			LEVORA-28 TABLET	1
LETROZOLE 2.5 MG TABLET	2			LEVORPHANOL 2 MG TABLET	5
LEUCOVORIN CALCIUM 10 MG TAB	2			LEVORPHANOL 3 MG TABLET	5

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
LEVO-T 100 MCG TABLET	1		LINEZOLID 100 MG/5 ML SUSP	4	PA
LEVO-T 112 MCG TABLET	1		LINEZOLID 600 MG TABLET	2	PA
LEVO-T 125 MCG TABLET	1		LINZESS 145 MCG CAPSULE	4	QL
LEVO-T 137 MCG TABLET	1		LINZESS 290 MCG CAPSULE	4	QL
LEVO-T 150 MCG TABLET	1		LINZESS 72 MCG CAPSULE	4	QL
LEVO-T 175 MCG TABLET	1		LIOTHYRONINE SOD 25 MCG TAB	2	
LEVO-T 200 MCG TABLET	1		LIOTHYRONINE SOD 5 MCG TAB	2	
LEVO-T 25 MCG TABLET	1		LIOTHYRONINE SOD 50 MCG TAB	2	
LEVO-T 300 MCG TABLET	1		LISINOPRIL 10 MG TABLET	1	
LEVO-T 50 MCG TABLET	1		LISINOPRIL 2.5 MG TABLET	1	
LEVO-T 75 MCG TABLET	1		LISINOPRIL 20 MG TABLET	1	
LEVO-T 88 MCG TABLET	1		LISINOPRIL 30 MG TABLET	1	
LEVOTHYROXINE 100 MCG TABLET	1		LISINOPRIL 40 MG TABLET	1	
LEVOTHYROXINE 112 MCG TABLET	1		LISINOPRIL 5 MG TABLET	1	
LEVOTHYROXINE 125 MCG TABLET	1		LISINOPRIL-HCTZ 10-12.5 MG TAB	1	
LEVOTHYROXINE 137 MCG TABLET	1		LISINOPRIL-HCTZ 20-12.5 MG TAB	1	
LEVOTHYROXINE 150 MCG TABLET	1		LISINOPRIL-HCTZ 20-25 MG TAB	1	
LEVOTHYROXINE 175 MCG TABLET	1		LITE TOUCH 31GX1/4" PEN NEEDLE	3	
LEVOTHYROXINE 200 MCG TABLET	1		LITE TOUCH INSULIN 0.5 ML SYR	3	
LEVOTHYROXINE 25 MCG TABLET	1		LITE TOUCH INSULIN 1 ML SYR	3	
LEVOTHYROXINE 300 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.3 ML	3	
LEVOTHYROXINE 50 MCG TABLET	1		LITE TOUCH INSULIN SYR 0.5 ML	3	
LEVOTHYROXINE 75 MCG TABLET	1		LITE TOUCH INSULIN SYR 1 ML	3	
LEVOTHYROXINE 88 MCG TABLET	1		LITE TOUCH PEN NEEDLE 29G	3	
LEVOXYL 100 MCG TABLET	1		LITE TOUCH PEN NEEDLE 31G	3	
LEVOXYL 112 MCG TABLET	1		LITEAIRE MDI CHAMBER	3	QL
LEVOXYL 125 MCG TABLET	1		LITETOUCH INS 0.3 ML 29GX1/2"	3	
LEVOXYL 137 MCG TABLET	1		LITETOUCH INS 0.3 ML 30GX5/16"	3	
LEVOXYL 150 MCG TABLET	1		LITETOUCH INS 0.3 ML 31GX5/16"	3	
LEVOXYL 175 MCG TABLET	1		LITETOUCH INS 0.5 ML 31GX5/16"	3	
LEVOXYL 200 MCG TABLET	1		LITETOUCH LARGE MASK	3	QL
LEVOXYL 25 MCG TABLET	1		LITETOUCH MEDIUM MASK	3	QL
LEVOXYL 50 MCG TABLET	1		LITETOUCH SMALL MASK	3	QL
LEVOXYL 75 MCG TABLET	1		LITETOUCH SYR 0.5 ML 28GX1/2"	3	
LEVOXYL 88 MCG TABLET	1		LITETOUCH SYR 0.5 ML 29GX1/2"	3	
LEVULAN KERASTICK 20%	4	LDD	LITETOUCH SYR 0.5 ML 30GX5/16"	3	
LEXIVA 50 MG/ML SUSPENSION	3		LITETOUCH SYRIN 1 ML 28GX1/2"	3	
LIDOCAINE 2% VISCOUS SOLN	2		LITETOUCH SYRIN 1 ML 29GX1/2"	3	
LIDOCAINE 5% OINTMENT	2	QL	LITETOUCH SYRIN 1 ML 30GX5/16"	3	
LIDOCAINE 5% PATCH	2		LITHIUM CARBONATE 150 MG CAP	1	
LIDOCAINE HCL 2% JEL UROJET AC	2		LITHIUM CARBONATE 300 MG CAP	1	
LIDOCAINE HCL 2% JELLY	2		LITHIUM CARBONATE 300 MG TAB	1	
LIDOCAINE HCL 2% JELLY URO-JET	2		LITHIUM CARBONATE 600 MG CAP	1	
LIDOCAINE HCL 4% SOLUTION	2		LITHIUM CARBONATE ER 300 MG TB	2	
LIDOCAINE-PRILOCAINE CREAM	2		LITHIUM CARBONATE ER 450 MG TB	2	
LIFESHIELD BLUNT CANNULA	3		LITHOSTAT 250 MG TABLET	4	
LILLOW-28 TABLET	1		LIVE BETTER PEN NEEDLES 8MM	3	
LINDANE 1% SHAMPOO	2		LO LOESTRIN FE 1-10 TABLET	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
LOJAIMIESS 0.1-0.02-0.01 TAB	1		LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX
LOKELMA 10 GRAM POWDER PACKET	4		LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX
LOKELMA 5 GRAM POWDER PACKET	4		LYSODREN 500 MG TABLET	4	LDD
LOPERAMIDE 2 MG CAPSULE	2		LYZA 0.35 MG TABLET	1	
LOPINAVIR-RITONAVIR 80-20MG/ML	2		MAGELLAN INSUL SYRINGE 0.3 ML	3	
LOPINAVIR-RITONAVIR 100-25MG TB	2		MAGELLAN INSUL SYRINGE 0.5 ML	3	
LOPINAVIR-RITONAVIR 200-50MG TB	2		MAGELLAN INSULIN SYR 0.3 ML	3	
LORAZEPAM 0.5 MG TABLET	2		MAGELLAN INSULIN SYR 0.5 ML	3	
LORAZEPAM 1 MG TABLET	2		MAGELLAN INSULIN SYRINGE 1 ML	3	
LORAZEPAM 2 MG TABLET	2		MALATHION 0.5% LOTION	2	
LORAZEPAM 2 MG/ML ORAL CONCENT	2		MAPROTILINE 25 MG TABLET	2	
LORAZEPAM INTENSOL 2 MG/ML	2		MAPROTILINE 75 MG TABLET	2	
LORCET 5-325 MG TABLET	2	PA	MARLISSA-28 TABLET	1	
LORCET HD 10-325 MG TABLET	2	PA	MARPLAN 10 MG TABLET	4	
LORCET PLUS 7.5-325 MG TABLET	2	PA	MATZIM LA 180 MG TABLET	2	
LORTAB 10 MG-300 MG/15 ML ELXR	2	PA	MATZIM LA 240 MG TABLET	2	
LORYNA 3 MG-0.02 MG TABLET	1		MATZIM LA 300 MG TABLET	2	
LOSARTAN POTASSIUM 100 MG TAB	1		MATZIM LA 360 MG TABLET	2	
LOSARTAN POTASSIUM 25 MG TAB	1		MATZIM LA 420 MG TABLET	2	
LOSARTAN POTASSIUM 50 MG TAB	1		MAXICOMFORT II PEN ND 31GX6MM	3	
LOSARTAN-HCTZ 100-12.5 MG TAB	1		MAXI-COMFORT INS 0.5 ML 28G	3	
LOSARTAN-HCTZ 100-25 MG TAB	1		MAXICOMFORT INS 0.5ML 27GX1/2"	3	
LOSARTAN-HCTZ 50-12.5 MG TAB	1		MAXICOMFORT INS 1 ML 27GX1/2"	3	
LOTEPREDNOL 0.5% OPHTHALMC GEL	3		MAXI-COMFORT INS 1 ML 28GX1/2"	3	
LOTEPREDNOL ETABONATE 0.5% DRP	3		MAXICOMFORT PEN ND 29G X 5MM	3	
LOVASTATIN 10 MG TABLET	1		MAXICOMFORT PEN ND 29G X 8MM	3	
LOVASTATIN 20 MG TABLET	1		MECLIZINE 12.5 MG TABLET	2	
LOVASTATIN 40 MG TABLET	1		MECLIZINE 25 MG TABLET	2	
LOW-OGESTREL-28 TABLET	1		MECLOFENAMATE 100 MG CAPSULE	2	
LOXAPINE 10 MG CAPSULE	2		MECLOFENAMATE 50 MG CAPSULE	2	
LOXAPINE 25 MG CAPSULE	2		MEDICATION TRANSFER NEEDLE	3	
LOXAPINE 5 MG CAPSULE	2		MEDISENSE GLUC-KET CONT SOL	3	
LOXAPINE 50 MG CAPSULE	2		MEDISENSE H-L CONTROL SOLUTION	3	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1		MEDISENSE H-M-L CONTROL SOLN	3	
LUBIPROSTONE 24 MCG CAPSULE	4		MEDISENSE MID CONTROL SOLUTION	3	
LUBIPROSTONE 8 MCG CAPSULE	4		MEDPOINT CONTROL SOLUTION	3	
LURASIDONE HCL 120 MG TABLET	4	QL	MEDROL 2 MG TABLET	4	
LURASIDONE HCL 20 MG TABLET	4	QL	MEDROXYPROGESTERONE 10 MG TAB	1	
LURASIDONE HCL 40 MG TABLET	4	QL	MEDROXYPROGESTERONE 150 MG/ML	1	
LURASIDONE HCL 60 MG TABLET	4	QL	MEDROXYPROGESTERONE 2.5 MG TAB	1	
LURASIDONE HCL 80 MG TABLET	4	QL	MEDROXYPROGESTERONE 5 MG TAB	1	
LUTERA-28 TABLET	1		MEDTRONIC EXT INF SET 23" 6MM	3	
LYLEQ 0.35 MG TABLET	1		MEDTRONIC EXT INF SET 23" 9MM	3	
LYLLANA 0.025 MG PATCH	2	QL	MEDTRONIC EXT INF SET 32" 9MM	3	
LYLLANA 0.0375 MG PATCH	2	QL	MEDTRONIC REMOTE CONTROL	3	
LYLLANA 0.05 MG PATCH	2	QL	MEFENAMIC ACID 250 MG CAPSULE	2	
LYLLANA 0.075 MG PATCH	2	QL	MEFLOQUINE HCL 250 MG TABLET	2	QL
LYLLANA 0.1 MG PATCH	2	QL	MEGESTROL 20 MG TABLET	2	

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
MEGESTROL 40 MG TABLET	2		2	PA
MEGESTROL 625 MG/5 ML SUSP	4		2	PA
MEGESTROL ACET 40 MG/ML SUSP	2		4	QL
MEGESTROL ACET 400 MG/10 ML	2		2	
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL, SRX	2	
MEKINIST 0.5 MG TABLET	5	PA, QL, SRX	2	
MEKINIST 2 MG TABLET	5	PA, QL, SRX	2	
MELODETTA 24 FE CHEWABLE TAB	1		2	
MELOXICAM 15 MG TABLET	1		2	
MELOXICAM 7.5 MG TABLET	1		4	
MELPHALAN 2 MG TABLET	2		2	
MEMANTINE 5-10 MG TITRATION PK	2		5	SRX
MEMANTINE HCL 10 MG TABLET	2		2	
MEMANTINE HCL 2 MG/ML SOLUTION	2		2	
MEMANTINE HCL 5 MG TABLET	2		2	
MENACTRA VIAL	3		4	
MENEST 0.3 MG TABLET	4		2	
MENEST 0.625 MG TABLET	4		2	
MENEST 1.25 MG TABLET	4		4	
MENEST 2.5 MG TABLET	4		2	
MENQUADFI VIAL	3		2	
MENTAX 1% CREAM	4		2	
MENVEO 1 VIAL-A-C-Y-W-135-DIP	3		2	
MENVEO A-C-Y-W KIT (2 VIALS)	3		4	
MEPERIDINE 50 MG TABLET	2	PA	2	QL
MEPERIDINE 50 MG/5 ML SOLUTION	2	PA	2	QL
MEPROBAMATE 200 MG TABLET	2		2	QL
MEPROBAMATE 400 MG TABLET	2		2	QL
MERCAPTOPURINE 50 MG TABLET	2		2	QL
MERZEE 1 MG-20 MCG CAPSULE	1		2	QL
MESALAMINE 4 GM/60 ML ENEMA	4		2	QL
MESALAMINE 4 GM/60 ML KIT	4		2	QL
MESALAMINE 800 MG DR TABLET	4		2	QL
MESALAMINE ER 0.375 GRAM CAP	3		2	QL
MESALAMINE ER 500 MG CAPSULE	4		2	QL
MESNEX 400 MG TABLET	5	SRX	2	QL
METAXALL 800 MG TABLET	4		2	QL
METAXALONE 400 MG TABLET	4		2	QL
METAXALONE 800 MG TABLET	4		2	QL
METFORMIN HCL 1,000 MG TABLET	1		2	QL
METFORMIN HCL 500 MG TABLET	1		2	QL
METFORMIN HCL 850 MG TABLET	1		2	QL
METFORMIN HCL ER 500 MG TABLET	2		2	QL
METFORMIN HCL ER 750 MG TABLET	2		2	QL
METHADONE 10 MG/5 ML SOLUTION	2	PA	2	QL
METHADONE 10 MG/ML ORAL CONC	2	PA	2	QL
METHADONE 5 MG/5 ML SOLUTION	2	PA	2	QL
METHADONE HCL 10 MG TABLET	2	PA	2	QL
METHADONE HCL 5 MG TABLET	2		2	PA
METHADONE INTENSOL 10 MG/ML	2		2	PA
METHAMPHETAMINE 5 MG TABLET	4		4	QL
METHAZOLAMIDE 25 MG TABLET	2		2	
METHAZOLAMIDE 50 MG TABLET	2		2	
METHENAMINE HIPPI 1 GM TABLET	2		2	
METHENAMINE MAND 1 GM TABLET	2		2	
METHENAMINE MAND 500 MG TABLET	2		2	
METHERGINE 0.2 MG TABLET	4		2	
METHIMAZOLE 10 MG TABLET	2		2	
METHIMAZOLE 5 MG TABLET	2		5	SRX
METHITEST 10 MG TABLET	5		2	
METHOCARBAMOL 500 MG TABLET	2		2	
METHOCARBAMOL 750 MG TABLET	2		2	
METHOTREXATE 2.5 MG TABLET	2		4	
METHOXSALEN 10 MG SOFTGEL	4		2	
METHSCOPOLAMINE BROM 2.5 MG TB	2		2	
METHSCOPOLAMINE BROM 5 MG TAB	2		4	
METHSUXIMIDE 300 MG CAPSULE	4		2	
METHYLDOPA 250 MG TABLET	2		2	
METHYLDOPA 500 MG TABLET	2		2	
METHYLDOPA-HCTZ 250-15 MG TAB	2		2	
METHYLDOPA-HCTZ 250-25 MG TAB	2		4	
METHYLERGONOVINE 0.2 MG TABLET	4		2	QL
METHYLPHENIDATE 10 MG CHEW TAB	2		2	QL
METHYLPHENIDATE 10 MG TABLET	2		2	QL
METHYLPHENIDATE 10 MG/5 ML SOL	2		2	QL
METHYLPHENIDATE 2.5 MG CHEW TB	2		2	QL
METHYLPHENIDATE 20 MG TABLET	2		2	QL
METHYLPHENIDATE 5 MG CHEW TAB	2		2	QL
METHYLPHENIDATE 5 MG TABLET	2		2	QL
METHYLPHENIDATE 5 MG/5 ML SOLN	2		2	QL
METHYLPHENIDATE CD 10 MG CAP	2		2	QL
METHYLPHENIDATE CD 20 MG CAP	2		2	QL
METHYLPHENIDATE CD 30 MG CAP	2		2	QL
METHYLPHENIDATE CD 40 MG CAP	2		2	QL
METHYLPHENIDATE CD 50 MG CAP	2		2	QL
METHYLPHENIDATE CD 60 MG CAP	2		2	QL
METHYLPHENIDATE ER 10 MG TAB	2		2	QL
METHYLPHENIDATE ER 18 MG TAB	2		2	QL
METHYLPHENIDATE ER 20 MG TAB	2		2	QL
METHYLPHENIDATE ER 27 MG TAB	2		2	QL
METHYLPHENIDATE ER 36 MG TAB	2		2	QL
METHYLPHENIDATE ER 54 MG TAB	2		2	QL
METHYLPHENIDATE ER(CD) 10MG CP	2		2	QL
METHYLPHENIDATE ER(CD) 20MG CP	2		2	QL
METHYLPHENIDATE ER(CD) 30MG CP	2		2	QL
METHYLPHENIDATE ER(CD) 40MG CP	2		2	QL

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METHYLPHENIDATE ER(CD) 50MG CP	2	QL	MEXILETINE 250 MG CAPSULE	2	
METHYLPHENIDATE ER(CD) 60MG CP	2	QL	MIBELAS 24 FE CHEWABLE TABLET	1	
METHYLPHENIDATE ER(LA) 10MG CP	2	QL	MICONAZOLE 3 200 MG VAG SUPP	2	
METHYLPHENIDATE ER(LA) 20MG CP	2	QL	MICROCHAMBER	3	QL
METHYLPHENIDATE ER(LA) 30MG CP	2	QL	MICRODOT HIGH-LOW CONTROL SOL	3	
METHYLPHENIDATE ER(LA) 40MG CP	2	QL	MICRODOT NORMAL CONTROL SOLUT	3	
METHYLPHENIDATE LA 10 MG CAP	2	QL	MICRODOT PEN NEEDLE 31GX6MM	3	
METHYLPHENIDATE LA 20 MG CAP	2	QL	MICRODOT PEN NEEDLE 32GX4MM	3	
METHYLPHENIDATE LA 30 MG CAP	2	QL	MICRODOT PEN NEEDLE 33GX4MM	3	
METHYLPHENIDATE LA 40 MG CAP	2	QL	MICROGESTIN 21 1.5-30 TAB	1	
METHYLPHENIDATE LA 60 MG CAP	2	QL	MICROGESTIN 21 1-20 TABLET	1	
METHYLPREDNISOLONE 16 MG TAB	2		MICROGESTIN 24 FE 1 MG-20 MCG	1	
METHYLPREDNISOLONE 32 MG TAB	2		MICROGESTIN FE 1.5-30 TAB	1	
METHYLPREDNISOLONE 4 MG DOSEPK	2		MICROGESTIN FE 1-20 TABLET	1	
METHYLPREDNISOLONE 4 MG TABLET	2		MICROLIFE PEAK FLOW METER	3	
METHYLPREDNISOLONE 8 MG TABLET	2		MICROSPACER FOR AEROSOL DEVICE	3	QL
METHYLTESTOSTERONE 10 MG CAP	5	SRX	MIDAZOLAM HCL 10 MG/5 ML SYRUP	2	
METOCLOPRAMIDE 10 MG TABLET	1		MIDAZOLAM HCL 2 MG/ML SYRUP	2	
METOCLOPRAMIDE 10 MG/10 ML SOL	2		MIDAZOLAM HCL 5 MG/2.5 ML SYRP	2	
METOCLOPRAMIDE 5 MG TABLET	1		MIDODRINE HCL 10 MG TABLET	2	
METOCLOPRAMIDE 5 MG/5 ML SOLN	2		MIDODRINE HCL 2.5 MG TABLET	2	
METOLAZONE 10 MG TABLET	2		MIDODRINE HCL 5 MG TABLET	2	
METOLAZONE 2.5 MG TABLET	2		MIGERGOT 2-100 MG SUPPOSITORY	4	
METOLAZONE 5 MG TABLET	2		MIGLITOL 100 MG TABLET	2	
METOPROLOL SUCC ER 100 MG TAB	2		MIGLITOL 25 MG TABLET	2	
METOPROLOL SUCC ER 200 MG TAB	2		MIGLITOL 50 MG TABLET	2	
METOPROLOL SUCC ER 25 MG TAB	2		MIGLUSTAT 100 MG CAPSULE	5	PA, SRX
METOPROLOL SUCC ER 50 MG TAB	2		MILI 0.25-0.035 MG TABLET	1	
METOPROLOL TARTRATE 100 MG TAB	1		MIMVEY 1-0.5 MG TABLET	2	
METOPROLOL TARTRATE 25 MG TAB	1		MINI PEN NEEDLE 32G 4MM	3	
METOPROLOL TARTRATE 37.5 MG TB	2		MINI PEN NEEDLE 32G 5MM	3	
METOPROLOL TARTRATE 50 MG TAB	1		MINI PEN NEEDLE 32G 6MM	3	
METOPROLOL TARTRATE 75 MG TAB	2		MINI PEN NEEDLE 32G 8MM	3	
METOPROLOL-HCTZ 100-25 MG TAB	2		MINI PEN NEEDLE 33G 4MM	3	
METOPROLOL-HCTZ 100-50 MG TAB	2		MINI PEN NEEDLE 33G 5MM	3	
METOPROLOL-HCTZ 50-25 MG TAB	2		MINI PEN NEEDLE 33G 6MM	3	
METRONIDAZOLE 0.75% CREAM	2		MINI ULTRA-THIN II PEN NDL 31G	3	
METRONIDAZOLE 0.75% LOTION	2		MINI WRIGHT PEAK FLOW METER	3	
METRONIDAZOLE 250 MG TABLET	2		MINIMED INFUSION SET	3	
METRONIDAZOLE 375 MG CAPSULE	2		MINIMED MIO ADV INFUSN 23"6MM	3	
METRONIDAZOLE 500 MG TABLET	2		MINIMED MIO ADV INFUSN 23"9MM	3	
METRONIDAZOLE TOP 1% GEL PUMP	2		MINIMED MIO ADV INFUSN 43"6MM	3	
METRONIDAZOLE TOPICAL 0.75% GL	2		MINIMED MIO ADV INFUSN 43"9MM	3	
METRONIDAZOLE TOPICAL 1% GEL	2		MINIMED MIO INFUSN SET 18" 6MM	3	
METRONIDAZOLE VAGINAL 0.75% GL	2		MINIMED MIO INFUSN SET 23" 6MM	3	
METYROSINE 250 MG CAPSULE	5	PA, SRX	MINIMED MIO INFUSN SET 32" 6MM	3	
MEXILETINE 150 MG CAPSULE	2		MINIMED MIO INFUSN SET 32" 9MM	3	
MEXILETINE 200 MG CAPSULE	2		MINIMED QUICK SET INF 18" 6MM	3	



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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
MINIMED QUICK SET INF 23" 6MM	3		MODAFINIL 200 MG TABLET	4	PA
MINIMED QUICK SET INF 23" 9MM	3		MODERNA COVID (12Y UP)VAC(EUA)	3	
MINIMED QUICK SET INF 32" 6MM	3		MODERNA COVID BIVAL(6MO UP)EUA	3	
MINIMED QUICK SET INF 32" 9MM	3		MODERNA COVID BIVAL(6MO-5Y)EUA	3	
MINIMED QUICK SET INF 43" 6MM	3		MODERNA COVID(6-11Y) VACC(EUA)	3	
MINIMED QUICK SET INF 43" 9MM	3		MODERNA COVID(6M-5Y) VACC(EUA)	3	
MINIMED QUICK-SERTER	3		MODERNA COVID-19 BOOSTER (EUA)	3	
MINIMED RESERVOIR 1.8 ML	3		MOEXIPRIL HCL 15 MG TABLET	2	
MINIMED RESERVOIR 3 ML	3		MOEXIPRIL HCL 7.5 MG TABLET	2	
MINIMED SILHOUETTE INF SET 18"	3		MOLINDONE HCL 10 MG TABLET	2	
MINIMED SILHOUETTE INF SET 23"	3		MOLINDONE HCL 25 MG TABLET	2	
MINIMED SILHOUETTE INF SET 32"	3		MOLINDONE HCL 5 MG TABLET	2	
MINIMED SILHOUETTE INF SET 43"	3		MOMETASONE FUROATE 0.1% CREAM	2	
MINIMED SURE T INF SET 18" 6MM	3		MOMETASONE FUROATE 0.1% OINT	2	
MINIMED SURE T INF SET 23" 6MM	3		MOMETASONE FUROATE 0.1% SOLN	2	
MINIMED SURE T INF SET 23" 8MM	3		MOMETASONE FUROATE 50 MCG SPRY	2	QL
MINIMED SURE T INF SET 32" 6MM	3		MONDOXYNE NL 100 MG CAPSULE	1	
MINIMED SURE T INF SET 32" 8MM	3		MONDOXYNE NL 75 MG CAPSULE	2	
MINIMED SURE T INFUSN SET 23"	3		MONOJECT 0.5 ML SYRN 28GX1/2"	3	
MINIMED SURE T INFUSN SET 32"	3		MONOJECT 1 ML SYRN 27X1/2"	3	
MINITRAN 0.1 MG/HR PATCH	2		MONOJECT 1 ML SYRN 28GX1/2"	3	
MINITRAN 0.2 MG/HR PATCH	2		MONOJECT 3 ML SYRINGE 21GX1"	3	
MINITRAN 0.4 MG/HR PATCH	2		MONOJECT 3 ML SYRINGE 23GX1"	3	
MINITRAN 0.6 MG/HR PATCH	2		MONOJECT 3 ML SYRINGE 25GX1"	3	
MINI-WRIGHT PEAK FLOW METER	3		MONOJECT 3 ML SYRN 21GX1"	3	
MINOCYCLINE 100 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX11/2"	3	
MINOCYCLINE 50 MG CAPSULE	1		MONOJECT 3 ML SYRN 21GX1-1/2"	3	
MINOCYCLINE 75 MG CAPSULE	1		MONOJECT 3 ML SYRN 22GX11/2"	3	
MINOCYCLINE HCL 100 MG TABLET	1		MONOJECT 3 ML SYRN 22GX1-1/2"	3	
MINOCYCLINE HCL 50 MG TABLET	1		MONOJECT 3 ML SYRN 23GX1"	3	
MINOCYCLINE HCL 75 MG TABLET	1		MONOJECT 3 ML SYRN 25GX1"	3	
MINOXIDIL 10 MG TABLET	2		MONOJECT 3 ML SYRN 25GX1.25"	3	
MINOXIDIL 2.5 MG TABLET	2		MONOJECT 3 ML SYRN 25GX5/8"	3	
MIO INFUSION SET 18"	3		MONOJECT 3 ML SYRN 27GX1.25"	3	
MIO INFUSION SET 23"	3		MONOJECT 3 ML SYRN 27GX11/4"	3	
MIO INFUSION SET 32"	3		MONOJECT 6 ML SYRN 20GX11/2"	3	
MIRTAZAPINE 15 MG ODT	2		MONOJECT 6 ML SYRN 21GX1"	3	
MIRTAZAPINE 15 MG TABLET	2		MONOJECT 6 ML SYRN 21GX11/2"	3	
MIRTAZAPINE 30 MG ODT	2		MONOJECT 6 ML SYRN 22GX11/2"	3	
MIRTAZAPINE 30 MG TABLET	2		MONOJECT 6CC SAFETY SYRINGE	3	
MIRTAZAPINE 45 MG ODT	2		MONOJECT BLD COL NEEDL 20GX1.5	3	
MIRTAZAPINE 45 MG TABLET	2		MONOJECT BLD COL NEEDLE 20GX1"	3	
MIRTAZAPINE 7.5 MG TABLET	2		MONOJECT BLD COL NEEDLE 21GX1"	3	
MISOPROSTOL 100 MCG TABLET	2		MONOJECT BLD COL NEEDLE 22GX1"	3	
MISOPROSTOL 200 MCG TABLET	2		MONOJECT FILTR 18GX1.5" NEEDLE	3	
M-M-R II VACCINE VIAL	3		MONOJECT HYPO NDL 27GX1-1/2"	3	
M-NATAL PLUS TABLET	1		MONOJECT HYPO NEEDLE 18X1A	3	
MODAFINIL 100 MG TABLET	4	PA	MONOJECT HYPO NEEDLE 19X1	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
MONOJECT HYPO NEEDLE 19X1-1/2	3		MORPHINE SULF ER 15 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1	3		MORPHINE SULF ER 200 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 20X1-1/2	3		MORPHINE SULF ER 30 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1	3		MORPHINE SULF ER 60 MG TABLET	2	PA
MONOJECT HYPO NEEDLE 21X1-1/2	3		MORPHINE SULFATE ER 10 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1	3		MORPHINE SULFATE ER 100 MG CAP	2	PA
MONOJECT HYPO NEEDLE 22X1.5	3		MORPHINE SULFATE ER 120 MG CAP	2	PA
MONOJECT HYPO NEEDLE 23X1	3		MORPHINE SULFATE ER 20 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1	3		MORPHINE SULFATE ER 30 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X1.5	3		MORPHINE SULFATE ER 45 MG CAP	2	PA
MONOJECT HYPO NEEDLE 25X5/8	3		MORPHINE SULFATE ER 50 MG CAP	2	PA
MONOJECT HYPO NEEDLE 26X1.5	3		MORPHINE SULFATE ER 60 MG CAP	2	PA
MONOJECT HYPO NEEDLE 27X0.5	3		MORPHINE SULFATE ER 75 MG CAP	2	PA
MONOJECT HYPO NEEDLE 30X3/4	3		MORPHINE SULFATE ER 80 MG CAP	2	PA
MONOJECT HYPODERMIC NEEDLE	3		MORPHINE SULFATE ER 90 MG CAP	2	PA
MONOJECT INSUL SYR U100	3		MORPHINE SULFATE IR 15 MG TAB	2	PA
MONOJECT INSUL SYR U100 0.5 ML	3		MORPHINE SULFATE IR 30 MG TAB	2	PA
MONOJECT INSUL SYR U100 1 ML	3		MOXIFLOXACIN 0.5% EYE DROPS	2	
MONOJECT INSULIN SAFETY SYRNG	3		MOXIFLOXACIN 0.5% EYE DRP-VISC	2	
MONOJECT INSULIN SYR 0.3 ML	3		MOXIFLOXACIN HCL 400 MG TABLET	2	
MONOJECT INSULIN SYR 0.5 ML	3		MS INS SYR 0.5 ML 29GX1/2"	3	
MONOJECT INSULIN SYR 1 ML	3		MS INS SYR 1 ML 29GX1/2"	3	
MONOJECT INSULIN SYR U-100	3		MS INS SYRINGE 1 ML 30GX1/2"	3	
MONOJECT INSULIN SYRN 3/10 ML	3		MS INSUL SYR 0.3 ML 31GX5/16"	3	
MONOJECT SYRINGE 0.3 ML	3		MS INSUL SYR 0.5 ML 30GX1/2"	3	
MONOJECT SYRINGE 0.5 ML	3		MS INSUL SYR 0.5 ML 31GX5/16"	3	
MONOJECT SYRINGE 1 ML	3		MS INSULIN SYR 0.3 ML 29GX1/2"	3	
MONOJECT SYRINGE 3 ML 20GX1	3		MS INSULIN SYR 1 ML 31GX5/16"	3	
MONOJECT SYRINGE 3 ML 22GX1"	3		MS INSULIN SYRINGE 0.3 ML	3	
MONOJECT SYRN 3 ML 20GX1-1/2"	3		MS PEN NEEDLE 6MM 31G	3	
MONOJECT SYRN 3 ML 20GX3/4"	3		MULTISTIX REAGENT STRIPS	3	
MONOJECT SYRNG 20GX1" 3 ML	3		MULTISTIX 10 SG REAGENT STRIPS	3	
MONO-LINYAH 28 TABLET	1		MULTISTIX 5 STRIPS	3	
MONTELUKAST SOD 10 MG TABLET	2		MULTISTIX 7 REAGENT STRIPS	3	
MONTELUKAST SOD 4 MG GRANULES	2		MULTISTIX 8 SG REAGENT STRIPS	3	
MONTELUKAST SOD 4 MG TAB CHEW	2		MULTISTIX 9 REAGENT STRIPS	3	
MONTELUKAST SOD 5 MG TAB CHEW	2		MULTISTIX 9 SG REAGENT STRIPS	3	
MORGIDOX 100 MG CAPSULE	1		MULTIVIT-FLUOR 0.25 MG TAB CHW	2	
MORGIDOX 50 MG CAPSULE	1		MULTIVIT-FLUOR 0.25 MG/ML DROP	2	
MORPHINE SULF 10 MG SUPPOS	2	PA	MULTIVIT-FLUOR 0.5 MG TAB CHEW	2	
MORPHINE SULF 10 MG/5 ML SOLN	2	PA	MULTIVIT-FLUORIDE 1 MG TAB CHW	2	
MORPHINE SULF 100 MG/5 ML CONC	2	PA	MUPIROCIN 2% CREAM	2	
MORPHINE SULF 20 MG SUPPOS	2	PA	MUPIROCIN 2% OINTMENT	2	
MORPHINE SULF 20 MG/5 ML SOLN	2	PA	MY CHOICE 1.5 MG TABLET	1	
MORPHINE SULF 30 MG SUPPOS	2	PA	MY WAY 1.5 MG TABLET	1	
MORPHINE SULF 5 MG SUPPOS	2	PA	MYCOPHENOLATE 200 MG/ML SUSP	2	
MORPHINE SULF ER 100 MG TABLET	2	PA	MYCOPHENOLATE 250 MG CAPSULE	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
MYCOPHENOLATE 500 MG TABLET	2			NATURE-THROID 16.25 MG TABLET	1
MYCOPHENOLIC ACID DR 180 MG TB	2			NATURE-THROID 162.5 MG TABLET	1
MYCOPHENOLIC ACID DR 360 MG TB	2			NATURE-THROID 195 MG TABLET	1
MYGLUCOHEALTH CONTROL SOLN PAK	3			NATURE-THROID 260 MG TABLET	1
MYLERAN 2 MG TABLET	4			NATURE-THROID 32.5 MG TABLET	1
MYNATAL CAPSULE	1			NATURE-THROID 325 MG TABLET	1
MYNATAL PLUS CAPTAB	1			NATURE-THROID 48.75 MG TABLET	1
MYNATAL ULTRACAPLET	1			NATURE-THROID 65 MG TABLET	1
MYNATAL-Z CAPTAB	1			NATURE-THROID 81.25 MG TABLET	1
MYORISAN 10 MG CAPSULE	4			NATURE-THROID 97.5 MG TABLET	1
MYORISAN 20 MG CAPSULE	4			NAYZILAM 5 MG NASAL SPRAY	5
MYORISAN 30 MG CAPSULE	4			NEBUSAL 3% VIAL	2
MYORISAN 40 MG CAPSULE	4			NECON 0.5-35-28 TABLET	1
MYRBETRIQ ER 25 MG TABLET	4	QL, ST		NEFAZODONE HCL 100 MG TABLET	2
MYRBETRIQ ER 50 MG TABLET	4	QL, ST		NEFAZODONE HCL 150 MG TABLET	2
MYTESI 125 MG DR TABLET	4	LDD		NEFAZODONE HCL 200 MG TABLET	2
NABUMETONE 500 MG TABLET	2			NEFAZODONE HCL 250 MG TABLET	2
NABUMETONE 750 MG TABLET	2			NEFAZODONE HCL 50 MG TABLET	2
NADOLOL 20 MG TABLET	2			NEO-BACIT-POLY-HC EYE OINTMENT	2
NADOLOL 40 MG TABLET	2			NEOMYC-BACIT-POLYMIX EYE OINT	2
NADOLOL 80 MG TABLET	2			NEOMYCIN 500 MG TABLET	2
NAFTIFINE HCL 1% CREAM	2			NEOMYCIN-POLY-HC EYE DROPS	2
NAFTIFINE HCL 1% GEL	2			NEOMYC-POLYM-GRAMICID EYE DROP	2
NAFTIFINE HCL 2% CREAM	2			NEOMYCIN-POLYMYXIN-HC EAR SOLN	2
NAFTIFINE HCL 2% GEL	2			NEOMYCIN-POLYMYXIN-HC EAR SUSP	2
NALOXONE 0.4 MG/ML CARPUJECT	2			NEOMYC-POLYM-DEXAMET EYE OINTM	2
NALOXONE 2 MG/2 ML SYRINGE	2			NEOMYC-POLYM-DEXAMETH EYE DROP	2
NALOXONE HCL 4 MG NASAL SPRAY	2	QL		NEOMY-POLYMYXIN B 40 MG/ML AMP	2
NALTREXONE 50 MG TABLET	2	QL		NEOMY-POLYMYXIN B 40 MG/ML VL	2
NAPROXEN 250 MG TABLET	1			NEO-POLYCIN EYE OINTMENT	2
NAPROXEN 375 MG TABLET	1			NEO-POLYCIN HC EYE OINTMENT	2
NAPROXEN 500 MG KIT	1			NEUAC GEL	2
NAPROXEN 500 MG TABLET	1			NEULASTA 6 MG/0.6 ML SYRINGE	5
NAPROXEN DR 375 MG TABLET	2			NEULASTA ONPRO 6 MG/0.6 ML KIT	5
NAPROXEN DR 500 MG TABLET	2			NEVANAC 0.1% EYE DROP	4
NAPROXEN SOD CR 375 MG TABLET	2			NEVIRAPINE 200 MG TABLET	2
NAPROXEN SOD ER 375 MG TABLET	2			NEVIRAPINE 50 MG/5 ML SUSP	2
NAPROXEN SODIUM 275 MG TAB	2			NEVIRAPINE ER 100 MG TABLET	2
NAPROXEN SODIUM 550 MG TAB	2			NEVIRAPINE ER 400 MG TABLET	2
NARATRIPTAN HCL 1 MG TABLET	2	QL		NEW DAY 1.5 MG TABLET	1
NARATRIPTAN HCL 2.5 MG TABLET	2	QL		NEWGEN TABLET	1
NATACYN 5% EYE DROPS	4			NIACIN ER 1,000 MG TABLET	2
NATAZIA 28 TABLET	4			NIACIN ER 500 MG TABLET	2
NATEGLINIDE 120 MG TABLET	2			NIACIN ER 750 MG TABLET	2
NATEGLINIDE 60 MG TABLET	2			NICARDIPINE 20 MG CAPSULE	2
NATURE-THROID 113.75 MG TABLET	1			NICARDIPINE 30 MG CAPSULE	2
NATURE-THROID 130 MG TABLET	1			NICOTROL CARTRIDGE INHALER	4
NATURE-THROID 146.25 MG TABLET	1			NICOTROL NS 10 MG/ML SPRAY	4

PA, QL, SRX

PA, SRX

PA, SRX

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
NIFEDIPINE 10 MG CAPSULE	2				
NIFEDIPINE 20 MG CAPSULE	2				
NIFEDIPINE ER 30 MG TABLET	2				
NIFEDIPINE ER 60 MG TABLET	2				
NIFEDIPINE ER 90 MG TABLET	2				
NIKKI 3 MG-0.02 MG TABLET	1				
NILUTAMIDE 150 MG TABLET	5	SRX			
NIMODIPINE 30 MG CAPSULE	4				
NINLARO 2.3 MG CAPSULE	5	PA, QL, LDD, SRX			
NINLARO 3 MG CAPSULE	5	PA, QL, LDD, SRX			
NINLARO 4 MG CAPSULE	5	PA, QL, LDD, SRX			
NISOLDIPINE ER 17 MG TABLET	2	QL			
NISOLDIPINE ER 20 MG TABLET	2	QL			
NISOLDIPINE ER 25.5 MG TABLET	2	QL			
NISOLDIPINE ER 30 MG TABLET	2	QL			
NISOLDIPINE ER 34 MG TABLET	2	QL			
NISOLDIPINE ER 40 MG TABLET	2	QL			
NISOLDIPINE ER 8.5 MG TABLET	2	QL			
NITAZOXANIDE 500 MG TABLET	4	PA			
NITRO-BID 2% OINTMENT	2				
NITROFURANTOIN 25 MG/5 ML SUSP	4				
NITROFURANTOIN MCR 100 MG CAP	1				
NITROFURANTOIN MCR 25 MG CAP	2				
NITROFURANTOIN MCR 50 MG CAP	1				
NITROFURANTOIN MONO-MCR 100 MG	1				
NITROGLYCERIN 0.1 MG/HR PATCH	2				
NITROGLYCERIN 0.2 MG/HR PATCH	2				
NITROGLYCERIN 0.3 MG TABLET SL	2				
NITROGLYCERIN 0.4 MG TABLET SL	2				
NITROGLYCERIN 0.4 MG/HR PATCH	2				
NITROGLYCERIN 0.6 MG TABLET SL	2				
NITROGLYCERIN 0.6 MG/HR PATCH	2				
NITROGLYCERIN 400 MCG SPRAY	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-PLUS TABLET	1				
NIVESTYM 300 MCG/0.5 ML SYRING	5	SRX			
NIVESTYM 300 MCG/ML VIAL	5	SRX			
NIVESTYM 480 MCG/0.8 ML SYRING	5	SRX			
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX			
NIZATIDINE 150 MG CAPSULE	2				
NIZATIDINE 300 MG CAPSULE	2				
NOLIX 0.05% CREAM	4				
NOLIX 0.05% LOTION	4				
NORA-BE TABLET	1				
NORDITROPIN FLEXPRO 10 MG/1.5	5	PA, SRX			
NORDITROPIN FLEXPRO 15 MG/1.5	5	PA, SRX			
NORDITROPIN FLEXPRO 30 MG/3 ML	5				PA, SRX
NORDITROPIN FLEXPRO 5 MG/1.5	5				PA, SRX
NORET-ESTR-FE 0.4-0.035(21)-75	1				
NORETH-EE-FE 1 MG/20-30-35 MCG	1				
NORETH-EE-FE 1.5-0.03MG(21)-75	1				
NORETH-EE-FE 1-0.02(21)-75 TAB	1				
NORETH-EE-FE 1-0.02(24)-75 CAP	1				
NORETH-EE-FE 1-0.02(24)-75 CHW	1				
NORETHIND-ETH ESTRAD 0.5-2.5	2				
NORETHIND-ETH ESTRAD 1-0.02 MG	1				
NORETHINDRONE 0.35 MG TABLET	1				
NORETHINDRONE 5 MG TABLET	2				
NORETHIN-EE 1.5-0.03 MG(21) TB	1				
NORETHIN-ESTRA-FE 0.8-0.025 MG	1				
NORETHIN-ETH ESTRAD 1 MG-5 MCG	2				
NORG-EE 0.18-0.215-0.25/0.025	1				
NORG-EE 0.18-0.215-0.25/0.035	1				
NORGESTIMATE-EE 0.25-0.035 MG	1				
NORG-ETHIN ESTRA 0.25-0.035 MG	1				
NORLYDA 0.35 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/5 ML SOLN	2				
NORTRIPTYLINE HCL 10 MG CAP	1				
NORTRIPTYLINE HCL 25 MG CAP	1				
NORTRIPTYLINE HCL 50 MG CAP	1				
NORTRIPTYLINE HCL 75 MG CAP	1				
NORVIR 100 MG POWDER PACKET	3				
NOVA MAX GLUCOSE CONTROL SOLN	3				
NOVAVAX COVID-19 VACC,ADJ(EUA)	3				
NOVOFINE 32G NEEDLES	3				
NOVOFINE AUTOCOVER 30G NEEDLE	3				
NOVOFINE PLUS PEN NDL 32GX1/6"	3				
NOVOLOG 100 UNIT/ML FLEXPEN	4				QL, ST
NOVOLOG 100 UNIT/ML VIAL	4				QL, ST
NOVOLOG MIX 70-30 FLEXPEN	4				QL, ST
NOVOLOG MIX 70-30 VIAL	4				QL, ST
NOVOLOG PENFILL 100 UNIT/ML	4				QL, ST
NOVOPEN 3 INSULIN DEVICE	3				
NOVOPEN ECHO INSULIN DEVICE	3				
NOVOTWIST NEEDLE 32G 5MM	3				
NOXAFIL 40 MG/ML SUSPENSION	4				
NP THYROID 120 MG TABLET	1				
NP THYROID 15 MG TABLET	1				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
NP THYROID 30 MG TABLET	1				
NP THYROID 60 MG TABLET	1				
NP THYROID 90 MG TABLET	1				
NUCYNTA 100 MG TABLET	4	PA			
NUCYNTA 50 MG TABLET	4	PA			
NUCYNTA 75 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			
NUCYNTA ER 50 MG TABLET	4	PA			
NUEDEXTA 20-10 MG CAPSULE	4	PA			
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) TAB	1				
NYSTATIN 100,000 UNIT/GM CREAM	2				
NYSTATIN 100,000 UNIT/GM OINT	2				
NYSTATIN 100,000 UNIT/GM POWD	2				
NYSTATIN 100,000 UNIT/ML SUSP	2				
NYSTATIN 500,000 UNIT ORAL TAB	2				
NYSTATIN 500,000 UNIT/5 ML CUP	2				
NYSTATIN-TRIAMCINOLONE CREAM	2				
NYSTATIN-TRIAMCINOLONE OINTM	2				
NYSTOP 100,000 UNIT/GM POWDER	2				
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	PA, SRX			
OBSTETRIX DHA COMBO PAK	1				
OBSTETRIX ONE SOFTGEL	1				
OCELLA 3 MG-0.03 MG TABLET	1				
OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA			
OCTREOTIDE 1,000 MCG/ML VIAL	2	PA			
OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA			
OCTREOTIDE ACET 0.05 MG/ML VL	2	PA			
OCTREOTIDE ACET 100 MCG/ML AMP	2	PA			QL
OCTREOTIDE ACET 100 MCG/ML SYR	2	PA			QL
OCTREOTIDE ACET 100 MCG/ML VL	2	PA			QL
OCTREOTIDE ACET 200 MCG/ML VL	2	PA			QL
OCTREOTIDE ACET 50 MCG/ML AMP	2	PA			
OCTREOTIDE ACET 50 MCG/ML SYR	2	PA			QL
OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA			
OCTREOTIDE ACET 500 MCG/ML AMP	2	PA			QL
OCTREOTIDE ACET 500 MCG/ML SYR	2	PA			
OCTREOTIDE ACET 500 MCG/ML VL	2	PA			
ODACTRA 12 SQ-HDM SL TABLET	4	PA, QL			
ODEFSEY TABLET	3	QL			
ODOMZO 200 MG CAPSULE	5	PA, QL, LDD, SRX			
OFLOXACIN 0.3% EAR DROPS	2				
OFLOXACIN 0.3% EYE DROPS	2				
OFLOXACIN 300 MG TABLET	2				
OFLOXACIN 400 MG TABLET	2				
OKEBO 75 MG CAPSULE	2				
OLANZAPINE 10 MG TABLET	2				
OLANZAPINE 15 MG TABLET	2				
OLANZAPINE 2.5 MG TABLET	2				
OLANZAPINE 20 MG TABLET	2				
OLANZAPINE 5 MG TABLET	2				
OLANZAPINE 7.5 MG TABLET	2				
OLANZAPINE ODT 10 MG TABLET	2				
OLANZAPINE ODT 15 MG TABLET	2				
OLANZAPINE ODT 20 MG TABLET	2				
OLANZAPINE ODT 5 MG TABLET	2				
OLANZAPINE-FLUOXETINE 12-25 MG	2				
OLANZAPINE-FLUOXETINE 12-50 MG	2				
OLANZAPINE-FLUOXETINE 3-25 MG	2				
OLANZAPINE-FLUOXETINE 6-25 MG	2				
OLANZAPINE-FLUOXETINE 6-50 MG	2				
OLMESARTAN MEDOXOMIL 20 MG TAB	2				
OLMESARTAN MEDOXOMIL 40 MG TAB	2				
OLMESARTAN MEDOXOMIL 5 MG TAB	2				
OLMESARTAN-HCTZ 20-12.5 MG TAB	2				
OLMESARTAN-HCTZ 40-12.5 MG TAB	2				
OLMESARTAN-HCTZ 40-25 MG TAB	2				
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	2				
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	2				
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	2				
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	2				
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	2				
OLOPATADINE 665 MCG NASAL SPRY	2				
OLOPATADINE HCL 0.1% EYE DROPS	2				
OLOPATADINE HCL 0.2% EYE DROP	2				
OMEGA-3 ETHYL ESTERS 1 GM CAP	2				
OMEPRAZOLE DR 10 MG CAPSULE	2				QL
OMEPRAZOLE DR 20 MG CAPSULE	2				QL
OMEPRAZOLE DR 40 MG CAPSULE	2				QL
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3				QL
OMNIPOD 5 G6 PODS (GEN 5) SPK	3				
OMNIPOD CLASSIC PDM KIT(GEN 3)	3				QL
OMNIPOD CLASSIC PODS(GEN3) 5PK	3				
OMNIPOD DASH INTRO KIT (GEN 4)	3				QL
OMNIPOD DASH PODS (GEN 4) 5PK	3				
OMNIPOD GO 10 UNIT/DAY PODS	3				
OMNIPOD GO 15 UNIT/DAY PODS	3				
OMNIPOD GO 20 UNIT/DAY PODS	3				
OMNIPOD GO 25 UNIT/DAY PODS	3				
OMNIPOD GO 30 UNIT/DAY PODS	3				
OMNIPOD GO 35 UNIT/DAY PODS	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
OMNIPOD GO 40 UNIT/DAY PODS	3			2	QL
ON CALL EXPRESS CTRL SOLN PAK	3			2	QL
ON CALL PLUS CONTROL SOLUTION	3			4	
ON CALL VIVID CONTROL SOLUTION	3			5	PA, QL, SRX
ONDANSETRON 4 MG/5 ML SOLUTION	2			5	PA, QL, SRX
ONDANSETRON HCL 4 MG TABLET	2			3	
ONDANSETRON HCL 8 MG TABLET	2			4	PA
ONDANSETRON ODT 4 MG TABLET	2			4	PA
ONDANSETRON ODT 8 MG TABLET	2			2	
ONE WAY VALVED MOUTHPIECE	3	QL		2	
ONETOUCH DELICA PLUS 30G LANCET	3			2	
ONETOUCH DELICA PLUS 33G LANCET	3			2	
ONETOUCH DELICA PLUS LANC DEV	3			2	
ONETOUCH DELICA SAF 30G LANCET	3			2	
ONETOUCH ULTRASOFT LANCETS	3			2	
ONETOUCH SOLUTIONS STARTER KIT	1			2	
ONETOUCH SURESOFT 18G LANC DEV	3			2	
ONETOUCH SURESOFT 21G LANC DEV	3			3	
ONETOUCH SURESOFT 28G LANC DEV	3			1	
ONETOUCH ULTRA CONTROL SOLN	3			2	
ONETOUCH ULTRA TEST STRIP	3			2	
ONETOUCH ULTRA2 GLUCOSE SYST	1			2	
ONETOUCH ULTRASOFT2 30G LANCET	3			2	
ONETOUCH VERIO FLEX METER	1			2	
ONETOUCH VERIO HIGH CNTRL SOLN	3			2	PA
ONETOUCH VERIO METER	1			2	PA
ONETOUCH VERIO MID CNTRL SOLN	3			2	PA
ONETOUCH VERIO REFLECT METER	1			2	PA
ONETOUCH VERIO TEST STRIP	3			2	PA
ONGLYZA 2.5 MG TABLET	3	QL		2	PA
ONGLYZA 5 MG TABLET	3	QL		2	PA
OPCICON ONE-STEP 1.5 MG TABLET	1			2	PA
OPIUM TINCTURE 10 MG/ML	2	PA		2	PA
OPTICHAMBER ADULT MASK-LARGE	3	QL		2	PA
OPTICHAMBER DIAMOND VHC	3	QL		2	PA
OPTICHAMBER DIAMOND W-LRG MASK	3	QL		2	PA
OPTICHAMBER DIAMOND W-MED MASK	3	QL		2	PA
OPTICHAMBER DIAMOND W-SML MASK	3	QL		2	PA
OPTION 2 1.5 MG TABLET	1			2	PA
OPTUMRX GLUCOSE CONTROL SOLN	3			2	PA
ORACIT ORAL SOLUTION	4			2	PA
ORALONE 0.1% PASTE	2			2	PA
ORPHENADRINE ER 100 MG TABLET	2			2	PA
OSCIMIN 0.125 MG TABLET	2			2	PA
OSCIMIN SL 0.125 MG TABLET	2			2	PA
OSCIMIN SR 0.375 MG TABLET	2			2	PA
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL		2	PA
OSELTAMIVIR PHOS 30 MG CAPSULE	2	QL		2	PA
OSELTAMIVIR PHOS 45 MG CAPSULE				2	QL
OSELTAMIVIR PHOS 75 MG CAPSULE				2	QL
OSMOPREP TABLET				4	
OTEZLA 28 DAY STARTER PACK				5	PA, QL, SRX
OTEZLA 30 MG TABLET				5	PA, QL, SRX
OVAL TAPE				3	
OXANDROLONE 10 MG TABLET				4	PA
OXANDROLONE 2.5 MG TABLET				4	PA
OXAPROZIN 600 MG CAPLET				2	
OXAPROZIN 600 MG TABLET				2	
OXAZEPAM 10 MG CAPSULE				2	
OXAZEPAM 15 MG CAPSULE				2	
OXAZEPAM 30 MG CAPSULE				2	
OXCARBAZEPINE 150 MG TABLET				2	
OXCARBAZEPINE 300 MG TABLET				2	
OXCARBAZEPINE 300 MG/5 ML SUSP				2	
OXCARBAZEPINE 600 MG TABLET				2	
OXICONAZOLE NITRATE 1% CREAM				3	
OXYBUTYNIN 5 MG TABLET				1	
OXYBUTYNIN 5 MG/5 ML SOLUTION				2	
OXYBUTYNIN 5 MG/5 ML SYRUP				2	
OXYBUTYNIN CL ER 10 MG TABLET				2	
OXYBUTYNIN CL ER 15 MG TABLET				2	
OXYBUTYNIN CL ER 5 MG TABLET				2	
OXYCODONE HCL (IR) 10 MG TAB				2	PA
OXYCODONE HCL (IR) 15 MG TAB				2	PA
OXYCODONE HCL (IR) 20 MG TAB				2	PA
OXYCODONE HCL (IR) 30 MG TAB				2	PA
OXYCODONE HCL (IR) 5 MG CAP				2	PA
OXYCODONE HCL (IR) 5 MG TABLET				2	PA
OXYCODONE HCL 100 MG/5 ML CONC				2	PA
OXYCODONE HCL 5 MG/5 ML SOLN				2	PA
OXYCODONE HCL-ASPIRIN				2	PA
OXYCODONE-ACETAMINOPHEN 10-325				2	PA
OXYCODONE-ACETAMINOPHEN 5-325				2	PA
OXYCODONE-ACETAMINOPHN 2.5-325				2	PA
OXYCODONE-ACETAMINOPHN 7.5-325				2	PA
OXYMORPHONE HCL 10 MG TABLET				2	PA
OXYMORPHONE HCL 5 MG TABLET				2	PA
OXYMORPHONE HCL ER 10 MG TAB				2	PA
OXYMORPHONE HCL ER 15 MG TAB				2	PA
OXYMORPHONE HCL ER 20 MG TAB				2	PA
OXYMORPHONE HCL ER 30 MG TAB				2	PA
OXYMORPHONE HCL ER 40 MG TAB				2	PA
OXYMORPHONE HCL ER 5 MG TABLET				2	PA
OXYMORPHONE HCL ER 7.5 MG TAB				2	PA
PACERONE 200 MG TABLET				2	
PALIPERIDONE ER 1.5 MG TABLET				4	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
PALIPERIDONE ER 3 MG TABLET	4		PEN NEEDLE 30G X 5/16"	3	
PALIPERIDONE ER 6 MG TABLET	4		PEN NEEDLE 31G 5MM	3	
PALIPERIDONE ER 9 MG TABLET	4		PEN NEEDLE 31G 6MM	3	
PANCREAZE DR 10,500 UNIT CAP	3		PEN NEEDLE 31G 8MM	3	
PANCREAZE DR 16,800 UNIT CAP	3		PEN NEEDLE 31G X 1/4"	3	
PANCREAZE DR 2,600 UNIT CAP	3		PEN NEEDLE 31G X 3/16"	3	
PANCREAZE DR 21,000 UNIT CAP	3		PEN NEEDLE 31G X 5/16"	3	
PANCREAZE DR 37,000 UNIT CAP	3		PEN NEEDLE 32G 4MM	3	
PANCREAZE DR 4,200 UNIT CAP	3		PEN NEEDLE 32G X 1/4"	3	
PANDA MASK LARGE	3	QL	PEN NEEDLE 32G X 3/16"	3	
PANDA MASK MEDIUM	3	QL	PEN NEEDLE 32G X 5/32"	3	
PANDA MASK SMALL	3	QL	PEN NEEDLE 33G 4MM	3	
PANRETIN 0.1% GEL	5	SRX	PEN NEEDLE 6MM 31G	3	
PANTOPRAZOLE SOD DR 20 MG TAB	2	QL	PEN NEEDLES 12MM 29G	3	
PANTOPRAZOLE SOD DR 40 MG TAB	2	QL	PEN NEEDLES 4MM 32G	3	
PARADIGM REMOTE CONTROL	3		PEN NEEDLES 5MM 31G	3	
PARADIGM RESERVOIR 1.8 ML	3		PEN NEEDLES 6MM 31G	3	
PARADIGM RESERVOIR 3 ML	3		PEN NEEDLES 8MM 31G	3	
PAREGORIC LIQUID	2		PENCICLOVIR 1% CREAM	4	PA, QL
PARICALCITOL 1 MCG CAPSULE	2		PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PARICALCITOL 2 MCG CAPSULE	2		PENICILLIN VK 125 MG/5 ML SOLN	2	
PARICALCITOL 4 MCG CAPSULE	2		PENICILLIN VK 250 MG TABLET	2	
PAROEX 0.12% ORAL RINSE	2		PENICILLIN VK 250 MG/5 ML SOLN	2	
PAROMOMYCIN 250 MG CAPSULE	2		PENICILLIN VK 500 MG TABLET	2	
PAROXETINE HCL 10 MG TABLET	1	QL	PENTACEL VIAL KIT	3	
PAROXETINE HCL 20 MG TABLET	1	QL	PENTAMIDINE 300 MG INHAL POWDR	3	
PAROXETINE HCL 30 MG TABLET	1	QL	PENTAZOCINE-NALOXONE TABLET	2	PA
PAROXETINE HCL 40 MG TABLET	1	QL	PENTIPS PEN NEEDLE 29G 12MM	3	
PASER GRANULES 4 GM PACKET	4		PENTIPS PEN NEEDLE 29GX1/2"	3	
PC UNIFINE PENTIPS 12MM NEEDLE	3		PENTIPS PEN NEEDLE 31G 5MM	3	
PC UNIFINE PENTIPS 6MM NEEDLE	3		PENTIPS PEN NEEDLE 31G 6MM	3	
PC UNIFINE PENTIPS 8MM NEEDLE	3		PENTIPS PEN NEEDLE 31G 8MM	3	
PEAK-AIR PEAK FLOW METER	3		PENTIPS PEN NEEDLE 31GX1/4"	3	
PEDIARIX 0.5 ML SYRINGE	3		PENTIPS PEN NEEDLE 31GX3/16"	3	
PEDIATRIC MEDIUM MASK	3	QL	PENTIPS PEN NEEDLE 31GX5/16"	3	
PEDIATRIC MOUTHPIECE	3	QL	PENTIPS PEN NEEDLE 32G 4MM	3	
PEDIATRIC PANDA MASK	3	QL	PENTIPS PEN NEEDLE 32G 6MM	3	
PEDIATRIC SMALL MASK	3	QL	PENTIPS PEN NEEDLE 32GX5/32"	3	
PEDVAXHIB VACCINE VIAL	3		PENTIPS PEN NEEDLE 6MM 31G	3	
PEG 3350-ELECTROLYTE SOLUTION	2		PENTOXIFYLLINE ER 400 MG TAB	2	
PEG3350 100-7.5-2.691-1.01-5.9	2		PERINDOPRIL ERBUMINE 2 MG TAB	2	
PEG-3350 AND ELECTROLYTES SOLN	2		PERINDOPRIL ERBUMINE 4 MG TAB	2	
PEGASYS 180 MCG/0.5 ML SYRINGE	5	PA, SRX	PERINDOPRIL ERBUMINE 8 MG TAB	2	
PEGASYS 180 MCG/ML VIAL	5	PA, SRX	PERIOGARD 0.12% ORAL RINSE	2	
PEG-PREP KIT	2		PERMETHRIN 5% CREAM	2	
PEN NEEDLE 29G 12MM	3		PERPHEN-AMITRIP 2 MG-10 MG TAB	2	
PEN NEEDLE 30G 5MM	3		PERPHEN-AMITRIP 2 MG-25 MG TAB	2	
PEN NEEDLE 30G 8MM	3		PERPHEN-AMITRIP 4 MG-10 MG TAB	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
PERPHEN-AMITRIP 4 MG-25 MG TAB	2			PHOSPHOLINE IODIDE 0.125% DROP	4 LDD
PERPHEN-AMITRIP 4 MG-50 MG TAB	2			PHYSIOSOL IRRIGATION SOLN	4
PERPHENAZINE 16 MG TABLET	2			PHYTONADIONE 5 MG TABLET	4
PERPHENAZINE 2 MG TABLET	2			PIKO 1 FLOW METER	3
PERPHENAZINE 4 MG TABLET	2			PILOCARPINE 1% EYE DROPS	2
PERPHENAZINE 8 MG TABLET	2			PILOCARPINE 2% EYE DROPS	2
PERSONAL BEST PEAK FLOW MTR	3			PILOCARPINE 4% EYE DROPS	2
PFIZER COVID (12Y UP) VAC-GRAY	3			PILOCARPINE HCL 5 MG TABLET	2
PFIZER COVID (5-11Y) VAC-ORANG	3			PILOCARPINE HCL 7.5 MG TABLET	2
PFIZER COVID (6M-4Y)VAC-MAROON	3			PIMECROLIMUS 1% CREAM	4
PFIZER COVID BIVAL (12Y UP)EUA	3			PIMOZIDE 1 MG TABLET	2
PFIZER COVID BIVAL (5-11YR)EUA	3			PIMOZIDE 2 MG TABLET	2
PFIZER COVID BIVAL (6MO-4Y)EUA	3			PIMTREA 28 DAY TABLET	1
PFIZER COVID-19 VACCINE-PURPLE	3			PINDOLOL 10 MG TABLET	2
PHASEAL PROTECTOR 14	3			PINDOLOL 5 MG TABLET	2
PHASEAL PROTECTOR 21	3			PIOGLITAZONE HCL 15 MG TABLET	2
PHASEAL PROTECTOR 28	3			PIOGLITAZONE HCL 30 MG TABLET	2
PHASEAL PROTECTOR 50	3			PIOGLITAZONE HCL 45 MG TABLET	2
PHENAZOPYRIDINE 100 MG TAB	2			PIOGLITAZONE-GLIMEPIRIDE 30-2	2
PHENAZOPYRIDINE 200 MG TAB	2			PIOGLITAZONE-GLIMEPIRIDE 30-4	2
PHENELZINE SULFATE 15 MG TAB	2			PIOGLITAZONE-METFORMIN 15-500	2
PHENOBARBITAL 100 MG TABLET	2			PIOGLITAZONE-METFORMIN 15-850	2
PHENOBARBITAL 15 MG TABLET	2			PIP GLUCOSE CONTROL SOLN L1-L2	3
PHENOBARBITAL 16.2 MG TABLET	2			PIP PEN NEEDLE 31G X 5MM	3
PHENOBARBITAL 20 MG/5 ML CUP	2			PIP PEN NEEDLE 32G X 4MM	3
PHENOBARBITAL 20 MG/5 ML ELIX	2			PIRFENIDONE 267 MG CAPSULE	5 PA, SRX
PHENOBARBITAL 20 MG/5 ML SOLN	2			PIRFENIDONE 267 MG TABLET	5 PA, SRX
PHENOBARBITAL 30 MG TABLET	2			PIRFENIDONE 801 MG TABLET	5 PA, SRX
PHENOBARBITAL 30 MG/7.5 ML CUP	2			PIRMELLA 1-35 28 TABLET	1
PHENOBARBITAL 32.4 MG TABLET	2			PIRMELLA 7-7-7-28 TABLET	1
PHENOBARBITAL 60 MG TABLET	2			PIROXICAM 10 MG CAPSULE	2
PHENOBARBITAL 60 MG/15 ML CUP	2			PIROXICAM 20 MG CAPSULE	2
PHENOBARBITAL 64.8 MG TABLET	2			PLAN B ONE-STEP 1.5 MG TABLET	4
PHENOBARBITAL 97.2 MG TABLET	2			PNEUMOVAX 23 SYRINGE	3
PHENOXYBENZAMINE HCL 10 MG CAP	5	SRX		PNEUMOVAX 23 VIAL	3
PHENYLEPHRINE 10% EYE DROPS	2			PNV 29-1 TABLET	1
PHENYLEPHRINE 2.5% EYE DROP	2			PNV PRENATAL PLUS MULTIVIT TAB	1
PHENYTOIN 100 MG/4 ML SUSP	2			PNV-DHA SOFTGEL	1
PHENYTOIN 125 MG/5 ML SUSP	2			PNV-DHA + DOCUSATE SOFTGEL	1
PHENYTOIN 50 MG INFATAB CHEW	2			PNV-OMEGA SOFTGEL	1
PHENYTOIN 50 MG TABLET CHEW	2			PNV-SELECT TABLET	1
PHENYTOIN SOD EXT 100 MG CAP	2			POCKET CHAMBER	3 QL
PHENYTOIN SOD EXT 200 MG CAP	2			POCKET PEAK FLOW METER	3
PHENYTOIN SOD EXT 300 MG CAP	2			PODOFILOX 0.5% TOPICAL SOLN	2
PHILITH 0.4-0.035 MG TABLET	1			POLY HUB NEEDLE 18GX1"	3
PHOSLYRA 667 MG/5 ML SOLUTION	4			POLY HUB NEEDLE 18GX1-1/2"	3
PHOSPHASAL TABLET	2			POLY HUB NEEDLE 21GX1"	3
PHOSPHOLINE IODIDE 0.125%	4	LDD		POLY HUB NEEDLE 21GX1-1/2"	3



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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
POLY HUB NEEDLE 22GX1"	3			PRAMIPEXOLE ER 3 MG TABLET	2
POLY HUB NEEDLE 22GX1-1/2"	3			PRAMIPEXOLE ER 3.75 MG TABLET	2
POLY HUB NEEDLE 23GX1"	3			PRAMIPEXOLE ER 4.5 MG TABLET	2
POLY HUB NEEDLE 23GX1-1/2"	3			PRAMOSONE 1% LOTION	4
POLY HUB NEEDLE 25GX1"	3			PRAMOSONE 1%-1% OINTMENT	4
POLY HUB NEEDLE 25GX1-1/2"	3			PRAMOSONE 2.5%-1% LOTION	4
POLY HUB NEEDLE 25GX5/8"	3			PRAMOSONE 2.5%-1% OINTMENT	4
POLY HUB NEEDLE 27GX1/2"	3			PRASUGREL 10 MG TABLET	2
POLY HUB NEEDLE 27GX1-1/4"	3			PRASUGREL 5 MG TABLET	2
POLY HUB NEEDLE 30GX1/2"	3			PRAVASTATIN SODIUM 10 MG TAB	2
POLYCYN EYE OINTMENT	2			PRAVASTATIN SODIUM 20 MG TAB	2
POLYMYXIN B-TMP EYE DROPS	2			PRAVASTATIN SODIUM 40 MG TAB	2
POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX		PRAVASTATIN SODIUM 80 MG TAB	2
POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX		PRAZQUANTEL 600 MG TABLET	2
POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX		PRAZOSIN 1 MG CAPSULE	2
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX		PRAZOSIN 2 MG CAPSULE	2
PORTIA-28 TABLET	1			PRAZOSIN 5 MG CAPSULE	2
POSACONAZOLE 200 MG/5 ML SUSP	4			PREDNICARBATE 0.1% CREAM	2
POSACONAZOLE DR 100 MG TABLET	4	QL		PREDNICARBATE 0.1% OINTMENT	2
POTASSIUM CITRATE ER 10 MEQ TB	2			PREDNISOLONE 15 MG/5 ML SOLN	2
POTASSIUM CITRATE ER 15 MEQ TB	2			PREDNISOLONE 5 MG/5 ML SOLN	2
POTASSIUM CITRATE ER 5 MEQ TAB	2			PREDNISOLONE AC 1% EYE DROP	2
POTASSIUM CL 10% (20 MEQ/15ML)	2			PREDNISOLONE ODT 10 MG TABLET	2
POTASSIUM CL 10% (40 MEQ/30ML)	2			PREDNISOLONE ODT 15 MG TABLET	2
POTASSIUM CL 20 MEQ PACKET	2			PREDNISOLONE ODT 30 MG TABLET	2
POTASSIUM CL 20% (40 MEQ/15ML)	2			PREDNISOLONE SOD 1% EYE DROP	2
POTASSIUM CL ER 10 MEQ CAPSULE	2			PREDNISOLONE SOD PH 25 MG/5 ML	2
POTASSIUM CL ER 10 MEQ TABLET	2			PREDNISON 1 MG TABLET	2
POTASSIUM CL ER 15 MEQ TABLET	2			PREDNISON 10 MG TAB DOSE PACK	2
POTASSIUM CL ER 20 MEQ TABLET	2			PREDNISON 10 MG TABLET	2
POTASSIUM CL ER 8 MEQ CAPSULE	2			PREDNISON 2.5 MG TABLET	2
POTASSIUM CL ER 8 MEQ TABLET	2			PREDNISON 20 MG TABLET	2
POTASSIUM IODIDE 1 GM/ML SOL	4			PREDNISON 5 MG TAB DOSE PACK	2
PR NATAL 400 COMBO PACK	1			PREDNISON 5 MG TABLET	2
PR NATAL 400 EC COMBO PACK	1			PREDNISON 5 MG/5 ML SOLUTION	2
PR NATAL 430 COMBO PACK	1			PREDNISON 50 MG TABLET	2
PR NATAL 430 EC COMBO PACK	1			PREDNISON INTENSOL 5 MG/ML	2
PRADAXA 110 MG CAPSULE	4	PA, QL		PREF PLUS INS 0.3 ML 29GX1/2"	3
PRAMIPEXOLE 0.125 MG TABLET	2			PREF PLUS SYR 0.5 ML 30GX5/16"	3
PRAMIPEXOLE 0.25 MG TABLET	2			PREF PLUS SYRING 1 ML 29GX1/2"	3
PRAMIPEXOLE 0.5 MG TABLET	2			PREFERRED PLUS 0.3 ML 30GX5/16	3
PRAMIPEXOLE 0.75 MG TABLET	2			PREFERRED PLUS 0.5 ML 29GX1/2"	3
PRAMIPEXOLE 1 MG TABLET	2			PREFERRED PLUS SYRINGE 0.5 ML	3
PRAMIPEXOLE 1.5 MG TABLET	2			PREFERRED PLUS SYRINGE 1 ML	3
PRAMIPEXOLE ER 0.375 MG TABLET	2			PREFEST TABLET	2
PRAMIPEXOLE ER 0.75 MG TABLET	2			PREFPLS INS SYR 1 ML 30GX5/16"	3
PRAMIPEXOLE ER 1.5 MG TABLET	2			PREGABALIN 100 MG CAPSULE	2
PRAMIPEXOLE ER 2.25 MG TABLET	2			PREGABALIN 150 MG CAPSULE	2
					QL
					QL

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
PREGABALIN 20 MG/ML SOLUTION	2	QL			
PREGABALIN 200 MG CAPSULE	2	QL			
PREGABALIN 225 MG CAPSULE	2	QL			
PREGABALIN 25 MG CAPSULE	2	QL			
PREGABALIN 300 MG CAPSULE	2	QL			
PREGABALIN 50 MG CAPSULE	2	QL			
PREGABALIN 75 MG CAPSULE	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				
PREMARIN 1.25 MG TABLET	4				
PREN1 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	1				
PRENATAL PLUS-DHA COMBO PACK	1				
PRENATAL VITAMIN PLUS LOW IRON	1				
PRENATAL-U CAPSULE	1				
PREP EASE ALCOHOL PADS	3				
PREPLUS CA-FE 27 MG-FA 1 MG TB	1				
PRETAB 29 MG-1 MG TABLET	1				
PREVALITE PACKET	2				
PREVALITE POWDER	2				
PREVENT PEN NEEDLE 31GX1/4"	3				
PREVENT PEN NEEDLE 31GX5/16"	3				
PREVIFEM TABLET	1				
PREVNAR 13 SYRINGE	3				
PREVNAR 20 SYRINGE	3				
PREVYMIS 240 MG TABLET	4	PA, QL			
PREVYMIS 480 MG TABLET	4	PA, QL			
PREZCOBIX 800 MG-150 MG TABLET	3				
PREZISTA 100 MG/ML SUSPENSION	3				
PREZISTA 150 MG TABLET	3				
PREZISTA 600 MG TABLET	3				
PREZISTA 75 MG TABLET	3				
PREZISTA 800 MG TABLET	3				
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 SOLN	4				
PRIORIX VIAL	3				
PRO COMFORT 0.5 ML 30GX1/2"	3				
PRO COMFORT 0.5 ML 30GX5/16"	3				
PRO COMFORT 0.5 ML 31GX5/16"	3				
PRO COMFORT 1 ML 30GX1/2"	3				
PRO COMFORT 1 ML 30GX5/16"	3				
PRO COMFORT 1 ML 31GX5/16"	3				
PRO COMFORT PEN NDL 31GX5/16"	3				
PRO COMFORT PEN NDL 32G X 1/4"	3				
PRO COMFORT PEN NDL 4MM 32G	3				
PRO COMFORT PEN NDL 5MM 32G	3				
PRO COMFORT SPACER-ADULT MASK	3	QL			
PRO COMFORT SPACER-CHILD MASK	3	QL			
PRO COMFORT SPACER-INFANT MASK	3	QL			
PROBENECID 500 MG TABLET	2				
PROBENECID-COLCHICINE TABLET	2				
PROCARE SPACER WITH ADULT MASK	3	QL			
PROCARE SPACER WITH CHILD MASK	3	QL			
PROCENTRA 5 MG/5 ML SOLUTION	2	QL			
PROCHAMBER HOLDING CHAMBER	3	QL			
PROCHLORPERAZINE 10 MG TAB	2				
PROCHLORPERAZINE 25 MG SUPP	2				
PROCHLORPERAZINE 5 MG TABLET	2				
PROCTO-MED HC 2.5% CREAM	2				
PROCTOSOL-HC 2.5% CREAM	2				
PROCTOZONE-HC 2.5% CREAM	2				
PRODIGY CONTROL SOLUTION	3				
PRODIGY CONTROL SOLUTION LOW	3				
PRODIGY INS SYR 1ML 28GX1/2"	3				
PRODIGY SYRNG 0.5 ML 31GX5/16"	3				
PRODIGY SYRNGE 0.3ML 31GX5/16"	3				
PROGESTERONE 100 MG CAPSULE	2				
PROGESTERONE 200 MG CAPSULE	2				
PROGRAF 0.2 MG GRANULE PACKET	4				
PROGRAF 1 MG GRANULE PACKET	4				
PROMACTA 12.5 MG SUSPEN PACKET	5	PA, LDD, SRX			
PROMACTA 12.5 MG TABLET	5	PA, LDD, SRX			
PROMACTA 25 MG SUSPENSION PCKT	5	PA, LDD, SRX			
PROMACTA 25 MG TABLET	5	PA, LDD, SRX			
PROMACTA 50 MG TABLET	5	PA, LDD, SRX			
PROMACTA 75 MG TABLET	5	PA, LDD, SRX			
PROMETHAZINE 12.5 MG SUPPOS	2				
PROMETHAZINE 12.5 MG TABLET	2				
PROMETHAZINE 25 MG SUPPOSITORY	2				
PROMETHAZINE 25 MG TABLET	2				
PROMETHAZINE 50 MG TABLET	2				
PROMETHAZINE 6.25 MG/5 ML SOLN	2				
PROMETHAZINE 6.25 MG/5 ML SYRP	2				
PROMETHAZINE VC SOLUTION	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
PROMETHAZINE VC-CODEINE SOLN	2	QL	PURE COMFORT PEN ND 32G 4MM	3	
PROMETHAZINE-CODEINE SOLUTION	2	QL	PURE COMFORT PEN ND 32G 5MM	3	
PROMETHAZINE-CODEINE SYRUP	2	QL	PURE COMFORT PEN ND 32G 6MM	3	
PROMETHAZINE-DM 6.25-15 MG/5ML	2		PURE COMFORT PEN ND 32G 8MM	3	
PROMETHAZINE-PE-CODEINE SYRUP	2	QL	PURE COMFORT SPACER-ADULT MASK	3	QL
PROMETHAZINE-PHENYLEPHRINE SYR	2		PURECOMFORT PEAK FLOW MTR ADLT	3	
PROMETHEGAN 12.5 MG SUPPOS	2		PURECOMFORT PEAK FLOW MTR CHLD	3	
PROMETHEGAN 25 MG SUPPOSITORY	2		PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX
PROMETHEGAN 50 MG SUPPOSITORY	2		PV UNIFINE PENTIP PLUS 31GX5MM	3	
PROPAFENONE HCL 150 MG TABLET	2		PV UNIFINE PENTIP PLUS 31GX6MM	3	
PROPAFENONE HCL 225 MG TAB	2		PV UNIFINE PENTIP PLUS 31GX8MM	3	
PROPAFENONE HCL 300 MG TAB	2		PV UNIFINE PENTIP PLUS 32GX4MM	3	
PROPAFENONE HCL ER 225 MG CAP	2		PV UNIFINE PENTIP PLUS 33GX4MM	3	
PROPAFENONE HCL ER 325 MG CAP	2		PYRAZINAMIDE 500 MG TABLET	2	
PROPAFENONE HCL ER 425 MG CAP	2		PYRIDOSTIGMINE 60 MG/5 ML SOLN	5	PA, SRX
PROPARACAINE 0.5% EYE DROPS	2		PYRIDOSTIGMINE BR 60 MG TABLET	4	
PROPRANOLOL 10 MG TABLET	2		PYRIDOSTIGMINE ER 180 MG TAB	4	
PROPRANOLOL 20 MG TABLET	2		PYRIMETHAMINE 25 MG TABLET	5	PA, LDD, SRX
PROPRANOLOL 20 MG/5 ML SOLN	2		QC ALCOHOL 70% SWABS	3	
PROPRANOLOL 40 MG TABLET	2		QC UNIFINE PENTIPS 32GX5/32"	3	
PROPRANOLOL 40 MG/5 ML SOLN	2		QC UNIFINE PENTIPS 4MM 32G	3	
PROPRANOLOL 60 MG TABLET	2		QUADRACEL DTAP-IPV SYRINGE	3	
PROPRANOLOL 80 MG TABLET	2		QUADRACEL DTAP-IPV VIAL	3	
PROPRANOLOL ER 120 MG CAPSULE	2		QUAZEPAM 15 MG TABLET	4	PA
PROPRANOLOL ER 160 MG CAPSULE	2		QUETIAPINE ER 150 MG TABLET	2	
PROPRANOLOL ER 60 MG CAPSULE	2		QUETIAPINE ER 200 MG TABLET	2	
PROPRANOLOL ER 80 MG CAPSULE	2		QUETIAPINE ER 300 MG TABLET	2	
PROPRANOLOL-HCTZ 40-25 MG TAB	2		QUETIAPINE ER 400 MG TABLET	2	
PROPRANOLOL-HCTZ 80-25 MG TAB	2		QUETIAPINE ER 50 MG TABLET	2	
PROPYLTHIOURACIL 50 MG TABLET	2		QUETIAPINE FUMARATE 100 MG TAB	2	
PROQUAD VIAL	3		QUETIAPINE FUMARATE 200 MG TAB	2	
PROTRIPTYLINE HCL 10 MG TABLET	2		QUETIAPINE FUMARATE 25 MG TAB	2	
PROTRIPTYLINE HCL 5 MG TABLET	2		QUETIAPINE FUMARATE 300 MG TAB	2	
PUB INS SYRIN 0.3 ML 30GX1/2"	3		QUETIAPINE FUMARATE 400 MG TAB	2	
PUB INS SYRINGE 1 ML 30GX1/2"	3		QUETIAPINE FUMARATE 50 MG TAB	2	
PUB INSUL SYR 0.3 ML 31GX5/16"	3		QUICK RELEASE TEFLN CANNULA	3	
PUB INSUL SYR 0.5 ML 30GX1/2"	3		QUICK-SET PARADIGM SET 18"	3	
PUB INSUL SYR 0.5 ML 31GX5/16"	3		QUICK-SET PARADIGM SET 32"	3	
PUB INSULIN SYR 1 ML 31GX5/16"	3		QUINAPRIL 10 MG TABLET	1	
PUB PEN 12MM 29G NEEDLES	3		QUINAPRIL 20 MG TABLET	1	
PUB PEN 8MM 31G NEEDLES	3		QUINAPRIL 40 MG TABLET	1	
PUB PEN NEEDLE 6MM 31G	3		QUINAPRIL 5 MG TABLET	1	
PUB UNIFINE PNTIP PLUS 31GX3/16	3		QUINAPRIL-HCTZ 10-12.5 MG TAB	1	
PULMOSAL 7% VIAL	2		QUINAPRIL-HCTZ 20-12.5 MG TAB	1	
PULMOZYME 1 MG/ML AMPUL	5	PA, SRX	QUINAPRIL-HCTZ 20-25 MG TAB	1	
PURE CMFT SFTY PEN ND 31G 5MM	3		QUINIDINE GLUC ER 324 MG TAB	2	
PURE CMFT SFTY PEN ND 31G 6MM	3		QUINIDINE SULFATE 200 MG TAB	2	
PURE CMFT SFTY PEN ND 32G 4MM	3		QUINIDINE SULFATE 300 MG TAB	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
QUININE SULFATE 324 MG CAPSULE	2			RELION INS SYR 0.5 ML 29GX1/2"	3
QUTENZA 8% KIT (1 PATCH)	4			RELION INS SYR 0.5 ML 31GX6MM	3
QUTENZA 8% KIT (2 PATCH)	4			RELION INS SYR 1 ML 29GX1/2"	3
QUTENZA 8% KIT (4 PATCH)	4			RELION INS SYR 1 ML 30GX5/16"	3
QVAR REDHALER 40 MCG	3			RELION INS SYR 1 ML 31GX15/64"	3
QVAR REDHALER 80 MCG	3			RELION INS SYR 1 ML 31GX5/16"	3
RA ALCOHOL SWABS	3			RELION INSULIN SYR 0.5 ML	3
RA INS SYR 0.5 ML 29GX1/2"	3			RELION KETONE TEST STRIP	3
RA INS SYR 0.5 ML 30GX5/16"	3			RELION MINI PEN 31G X 1/4" NDL	3
RA INS SYR 1 ML 29GX1/2"	3			RELION NOVOLOG 100 UNIT/ML VL	4
RA INS SYRINGE 1 ML 30GX5/16"	3			RELION NOVOLOG MIX 70-30 FLXPN	4
RA PEN NEEDLE 31GX3/16"	3			RELION NOVOLOG MIX 70-30 VIAL	4
RA PEN NEEDLE 31GX5/16"	3			RELION NOVOLOG U-100 FLEXPEN	4
RABEPRAZOLE SOD DR 20 MG TAB	2	QL		RELION PEN 29G NEEDLE	3
RALOXIFENE HCL 60 MG TABLET	2			RELION PEN 31G NEEDLE	3
RAMELTEON 8 MG TABLET	3	QL		RELION PEN NEEDLE 29GX1/2"	3
RAMIPRIL 1.25 MG CAPSULE	2			RELION PEN NEEDLE 31G 6MM	3
RAMIPRIL 10 MG CAPSULE	1			RELION PEN NEEDLE 31GX1/4"	3
RAMIPRIL 2.5 MG CAPSULE	1			RELION PEN NEEDLE 31GX5/16"	3
RAMIPRIL 5 MG CAPSULE	1			RELION PEN NEEDLE 32GX5/32"	3
RANITIDINE 15 MG/ML SYRUP	2			RELION PEN NEEDLES 32GX5/32"	3
RANITIDINE 150 MG CAPSULE	1			RELION SYR 0.5 ML 30GX5/16"	3
RANITIDINE 150 MG TABLET	1			RELION SYRING 0.3 ML 31GX5/16"	3
RANITIDINE 150 MG/10 ML SYRUP	2			RELION SYRING 0.5 ML 31GX5/16"	3
RANITIDINE 300 MG CAPSULE	1			RELISTOR 12 MG/0.6 ML SYRINGE	4
RANITIDINE 300 MG TABLET	1			RELISTOR 12 MG/0.6 ML VIAL	4
RANOLAZINE ER 1,000 MG TABLET	4	QL		RELISTOR 150 MG TABLET	4
RANOLAZINE ER 500 MG TABLET	4	QL		RELISTOR 8 MG/0.4 ML SYRINGE	4
RASAGILINE MESYLATE 0.5 MG TAB	2			RENACIDIN IRRIGATION SOLUTION	4
RASAGILINE MESYLATE 1 MG TAB	2			REPAGLINIDE 0.5 MG TABLET	2
RAYA SURE PEN NEEDLE 29G 12MM	3			REPAGLINIDE 1 MG TABLET	2
RAYA SURE PEN NEEDLE 31G 4MM	3			REPAGLINIDE 2 MG TABLET	2
RAYA SURE PEN NEEDLE 31G 5MM	3			REPAGLINIDE-METFORMIN 1-500 MG	2
RAYA SURE PEN NEEDLE 31G 6MM	3			REPAGLINIDE-METFORMIN 2-500 MG	2
RECLIPSEN 28 DAY TABLET	1			REPATHA 140 MG/ML SURECLICK	5
RECOMBIVAX HB 10 MCG/ML SYR	3			REPATHA 420 MG/3.5ML PUSHTRONX	5
RECOMBIVAX HB 10 MCG/ML VIAL	3			REPATHA 140 MG/ML SYRINGE	5
RECOMBIVAX HB 40 MCG/ML VIAL	3			REPLACEMENT PEDIATRIC MONITOR	3
RECOMBIVAX HB 5 MCG/0.5 ML SYR	3			RESPA A.R. TABLET SA	4
RECOMBIVAX HB 5 MCG/0.5 ML VL	3			REVLIMID 10 MG CAPSULE	5
RECTIV 0.4% OINTMENT	4			REVLIMID 15 MG CAPSULE	5
REFUAH PLUS CONTROL SOLUTION	3			REVLIMID 2.5 MG CAPSULE	5
REGGRANEX 0.01% GEL	4	PA, QL		REVLIMID 20 MG CAPSULE	5
RELENZA 5 MG DISKHALER	4	QL		REVLIMID 25 MG CAPSULE	5
RELI ON 31G X 1/4" NEEDLES	3			REVLIMID 5 MG CAPSULE	5
RELION ALCOHOL 70% SWABS	3			REYATAZ 50 MG POWDER PACKET	3
RELION INS SYR 0.3 ML 29GX1/2"	3			RIBASPHERE 200 MG CAPSULE	4
RELION INS SYR 0.3 ML 31GX6MM	3			RIBASPHERE 600 MG TABLET	4

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
RIBAVIRIN 200 MG CAPSULE	4			ROFLUMILAST 250 MCG TABLET	4 QL
RIBAVIRIN 200 MG TABLET	4			ROFLUMILAST 500 MCG TABLET	4 QL
RIFABUTIN 150 MG CAPSULE	3			ROPINIROLE HCL 0.25 MG TABLET	2
RIFAMATE CAPSULE	4			ROPINIROLE HCL 0.5 MG TABLET	2
RIFAMPIN 150 MG CAPSULE	2			ROPINIROLE HCL 1 MG TABLET	2
RIFAMPIN 300 MG CAPSULE	2			ROPINIROLE HCL 2 MG TABLET	2
RIFATER TABLET	4			ROPINIROLE HCL 3 MG TABLET	2
RIGHTEST CONTROL SOLN NORMAL	3			ROPINIROLE HCL 4 MG TABLET	2
RIGHTEST CONTROL SOLUTION HIGH	3			ROPINIROLE HCL 5 MG TABLET	2
RILUZOLE 50 MG TABLET	5	SRX		ROPINIROLE HCL ER 12 MG TABLET	2
RIMANTADINE HCL 100 MG TABLET	2			ROPINIROLE HCL ER 2 MG TABLET	2
RINGERS IRRIGATION SOLUTION	4			ROPINIROLE HCL ER 4 MG TABLET	2
RINVOQ ER 15 MG TABLET	5	PA, QL, LDD, SRX		ROPINIROLE HCL ER 6 MG TABLET	2
RINVOQ ER 30 MG TABLET	5	PA, QL, LDD, SRX		ROPINIROLE HCL ER 8 MG TABLET	2
RINVOQ ER 45 MG TABLET	5	PA, QL, LDD, SRX		ROSADAN 0.75% CREAM	2
RISEDRONATE SOD DR 35 MG TAB	2			ROSADAN 0.75% GEL	2
RISEDRONATE SODIUM 150 MG TAB	2			ROSUVASTATIN CALCIUM 10 MG TAB	2
RISEDRONATE SODIUM 30 MG TAB	2			ROSUVASTATIN CALCIUM 20 MG TAB	2
RISEDRONATE SODIUM 35 MG TAB	2			ROSUVASTATIN CALCIUM 40 MG TAB	2
RISEDRONATE SODIUM 5 MG TABLET	2			ROSUVASTATIN CALCIUM 5 MG TAB	2
RISPERIDONE 0.25 MG ODT	2			ROTARIX VACCINE ORAL SYRINGE	3
RISPERIDONE 0.25 MG TABLET	1			ROTARIX VACCINE SUSPENSION	3
RISPERIDONE 0.5 MG ODT	2			ROTATEQ VACCINE	3
RISPERIDONE 0.5 MG TABLET	1			ROWEEPR 1,000 MG TABLET	2
RISPERIDONE 1 MG ODT	2			ROWEEPR 500 MG TABLET	2
RISPERIDONE 1 MG TABLET	1			ROWEEPR 750 MG TABLET	2
RISPERIDONE 1 MG/ML SOLUTION	2			RUFINAMIDE 200 MG TABLET	4 PA, QL
RISPERIDONE 2 MG ODT	2			RUFINAMIDE 40 MG/ML SUSPENSION	4 PA, QL
RISPERIDONE 2 MG TABLET	1			RUFINAMIDE 400 MG TABLET	4 PA, QL
RISPERIDONE 3 MG ODT	2			SAFESNAP INSUL SYRINGE 0.3 ML	3
RISPERIDONE 3 MG TABLET	1			SAFESNAP INSUL SYRINGE 0.5 ML	3
RISPERIDONE 4 MG ODT	2			SAFESNAP INSULIN SYRINGE 1 ML	3
RISPERIDONE 4 MG TABLET	1			SAFETY PEN NEEDLE 31G 4MM	3
RITEFLO SPACER	3	QL		SAFETY PEN NEEDLE 31G 5MM	3
RITONAVIR 100 MG TABLET	2			SAFETY PEN NEEDLE 5MM X 31G	3
RIVASTIGMINE 1.5 MG CAPSULE	2			SAJAZIR 30 MG/3 ML SYRINGE	5 PA, LDD, SRX
RIVASTIGMINE 13.3 MG/24HR PTCH	2			SALICYLIC ACID 27.5% LIQUID	2
RIVASTIGMINE 3 MG CAPSULE	2			SALSALATE 500 MG TABLET	2
RIVASTIGMINE 4.5 MG CAPSULE	2			SALSALATE 750 MG TABLET	2
RIVASTIGMINE 4.6 MG/24HR PATCH	2			SANTYL OINTMENT	4 PA, QL
RIVASTIGMINE 6 MG CAPSULE	2			SAPROPTERIN 100 MG POWDER PKT	5 PA, SRX
RIVASTIGMINE 9.5 MG/24HR PATCH	2			SAPROPTERIN 100 MG TABLET	5 PA, SRX
RIVELSA TABLET	1			SAPROPTERIN 500 MG POWDER PKT	5 PA, SRX
RIZATRIPTAN 10 MG ODT	2	QL		SAVAYSA 15 MG TABLET	4 PA, QL
RIZATRIPTAN 10 MG TABLET	2	QL		SAVAYSA 30 MG TABLET	4 PA, QL
RIZATRIPTAN 5 MG ODT	2	QL		SAVAYSA 60 MG TABLET	4 PA, QL
RIZATRIPTAN 5 MG TABLET	2	QL		SAVELLA 100 MG TABLET	4
R-NATAL OB SOFTGEL	1			SAVELLA 12.5 MG TABLET	4

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
SAVELLA 25 MG TABLET	4		SIMLANDI	5	PA, QL, SRX
SAVELLA 50 MG TABLET	4		SIMLIYA 28 DAY TABLET	1	
SAVELLA TITRATION PACK	4		SIMPESSE 0.15-0.03-0.01 MG TAB	1	
SCOPOLAMINE 1 MG/3 DAY PATCH	2		SIMVASTATIN 10 MG TABLET	1	
SECONAL SODIUM 100 MG CAPSULE	4		SIMVASTATIN 20 MG TABLET	1	
SECURESAFE PEN NDL 30GX5/16"	3		SIMVASTATIN 40 MG TABLET	1	
SECURESAFE SYR 0.5 ML 29G 1/2"	3		SIMVASTATIN 5 MG TABLET	1	
SECURESAFE SYRNG 1 ML 29G 1/2"	3		SIMVASTATIN 80 MG TABLET	1	QL
SELEGILINE HCL 5 MG CAPSULE	2		SIROLIMUS 0.5 MG TABLET	2	
SELEGILINE HCL 5 MG TABLET	2		SIROLIMUS 1 MG TABLET	2	
SELENIUM SULFIDE 2.25% SHAMPOO	2		SIROLIMUS 1 MG/ML SOLUTION	5	SRX
SELENIUM SULFIDE 2.5% LOTION	2		SIROLIMUS 2 MG TABLET	2	
SE-NATAL-19 TABLET	1		SIRTURO 100 MG TABLET	4	PA, LDD
SE-NATAL 19 CHEWABLE TABLET	1		SIRTURO 20 MG TABLET	4	PA, LDD
SEN-SERTER	3		SKY SAFETY PEN NEEDLE 30G 5MM	3	
SEREVENT DISKUS 50 MCG	3	QL	SKY SAFETY PEN NEEDLE 30G 8MM	3	
SERTRALINE 20 MG/ML ORAL CONC	2	QL	SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX
SERTRALINE HCL 100 MG TABLET	1	QL	SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX
SERTRALINE HCL 25 MG TABLET	1	QL	SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX
SERTRALINE HCL 50 MG TABLET	1	QL	SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX
SETLAKIN 0.15 MG-0.03 MG TAB	1		SLYND 4 MG TABLET	4	
SEVELAMER CARBONATE 800 MG TAB	4		SM INS SYR 0.5 ML 29GX1/2"	3	
SF 1.1% GEL	2		SM INS SYR 0.5 ML 30GX5/16"	3	
SF 5000 PLUS CREAM	2		SM INS SYR 1 ML 29GX1/2"	3	
SHAROBEL 0.35 MG TABLET	1		SM INS SYRINGE 0.3 ML 30GX5/16"	3	
SHINGRIX VIAL KIT	3	QL	SM INS SYRINGE 1 ML 28GX1/2"	3	
SHOPKO UNIFINE PENTIPS 4MM 32G	3		SM INS SYRINGE 1 ML 30GX5/16"	3	
SHOPKO UNIFINE PENTIPS 5MM 31G	3		SM INSUL SYR 0.3 ML 31GX5/16"	3	
SHOPKO UNIFINE PENTIPS 8MM 31G	3		SM INSUL SYR 0.5 ML 31GX5/16"	3	
SHOPKO UNIFINE PNTIPS 12MM 29G	3		SM INSULIN SYR 0.3 ML 29GX1/2"	3	
SIDESTREAM PEDIATRIC FACE MASK	3	QL	SM INSULIN SYR 0.5 ML 28GX1/2"	3	
SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX	SM INSULIN SYR 1 ML 31GX5/16"	3	
SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX	SMARTEST CONTROL SOLUTION	3	
SIGNIFOR 0.9 MG/ML AMPULE	5	PA, LDD, SRX	SOD POLYSTYREN SULF 15 G/60 ML	2	
SILDENAFIL 20 MG TABLET	5	PA, SRX	SOD SUL-POTASS SUL-MAG SUL SOL	4	
SILHOUETTE INFUSION SET 23"	3		SODIUM CHLORIDE 0.9% INHAL VL	2	
SILHOUETTE INFUSION SET 43"	3		SODIUM CHLORIDE 0.9% IRRIG	2	
SILICONE MASK-INFANT	3	QL	SODIUM CHLORIDE 0.9% IRRIG.	2	
SILICONE MASK-PEDIATRIC	3	QL	SODIUM CHLORIDE 0.9% PRCSS SOL	2	
SILODOSIN 4 MG CAPSULE	2	QL	SODIUM CHLORIDE 10% VIAL	2	
SILODOSIN 8 MG CAPSULE	2	QL	SODIUM CHLORIDE 3% VIAL	2	
SIL-SERTER INFUSION SET	3		SODIUM CHLORIDE 7% VIAL	2	
SILVER NITRATE 0.5% SOLN	2		SODIUM FLUORIDE 0.2% RINSE	2	
SILVER NITRATE 10% SOLUTION	2		SODIUM FLUORIDE 1.1% CREAM	2	
SILVER NITRATE 25% SOLUTION	2		SODIUM FLUORIDE 1.1% GEL	2	
SILVER NITRATE 50% SOLUTION	2		SODIUM FLUORIDE 5000 DRY MOUTH	2	
SILVER SULFADIAZINE 1% CREAM	2		SODIUM FLUORIDE 5000 PLUS CRM	2	
SIMBRINZA 1%-0.2% EYE DROP	3		SODIUM FLUORIDE 5000 PPM CREAM	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
SODIUM FLUORIDE 5000 PPM PASTE	2		SRONYX 0.10-0.02 MG TABLET	1	
SOD FLUORIDE ENAM PROT 5000PPM	2		SSKI 1 GM/ML SOLUTION	4	
SODIUM FLUORIDE SENSTV 5000PPM	2		STAVUDINE 40 MG CAPSULE	2	
SODIUM PHENYLBUTYRATE 500MG TB	5	SRX	STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
SODIUM PHENYLBUTYRATE POWDER	5	SRX	STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
SODIUM POLYSTYRENE SULF POWDER	2		STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
SODIUM SULFACETAMIDE 10% LOTN	2		STERILE WATER FOR IRRIGATION	2	
SOFOSBUVIR-VELPATASVIR 400-100	5	PA, QL, SRX	STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX
SOF-SERTER INSERTION DEVICE	3		STRIBILD TABLET	3	QL
SOF-SET MICRO INFUSION SET	3		SUBVENITE TAB START KIT (BLUE)	2	
SOF-SET ULTIMATE QR SET	3		SUBVENITE TAB START KIT(GREEN)	2	
SOLIFENACIN 10 MG TABLET	3	QL	SUBVENITE TAB START KT(ORANGE)	2	
SOLIFENACIN 5 MG TABLET	3	QL	SUBVENITE 100 MG TABLET	2	
SOLUS V2 CONTROL SOLUTION HIGH	3		SUBVENITE 150 MG TABLET	2	
SOLUS V2 CONTROL SOLUTION LOW	3		SUBVENITE 200 MG TABLET	2	
SOMAVERT 10 MG VIAL	5	PA, LDD, SRX	SUBVENITE 25 MG TABLET	2	
SOMAVERT 15 MG VIAL	5	PA, LDD, SRX	SUCRAID 17,000 UNIT/2 ML SOLN	5	LDD, SRX
SOMAVERT 20 MG VIAL	5	PA, LDD, SRX	SUCRAID 8,500 UNIT/ML SOLN	5	LDD, SRX
SOMAVERT 25 MG VIAL	5	PA, LDD, SRX	SUCRALFATE 1 GM TABLET	2	
SOMAVERT 30 MG VIAL	5	PA, LDD, SRX	SULFACETAMIDE 10% EYE DROPS	2	
SORAFENIB 200 MG TABLET	5	PA, QL, SRX	SULFACETAMIDE 10% EYE OINTMENT	2	
SOTALOL 120 MG TABLET	2		SULFACETAMIDE SOD 10% TOP SUSP	2	
SOTALOL 160 MG TABLET	2		SULF-PRED 10-0.23% EYE DROPS	2	
SOTALOL 240 MG TABLET	2		SULFADIAZINE 500 MG TABLET	2	
SOTALOL 80 MG TABLET	2		SULFAMETHOXAZOLE-TMP DS TABLET	1	
SOTALOL AF 120 MG TABLET	2		SULFAMETHOXAZOLE-TMP SS TABLET	1	
SOTALOL AF 160 MG TABLET	2		SULFAMETHOXAZOLE-TMP SUSP	2	
SOTALOL AF 80 MG TABLET	2		SULFAMYLON 8.5% CREAM	4	
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA	SULFASALAZINE 500 MG TABLET	2	
SOVALDI 150 MG PELLET PACKET	5	PA, QL, SRX	SULFASALAZINE DR 500 MG TAB	2	
SOVALDI 200 MG PELLET PACKET	5	PA, QL, SRX	SULINDAC 150 MG TABLET	2	
SOVALDI 200 MG TABLET	5	PA, QL, SRX	SULINDAC 200 MG TABLET	2	
SOVALDI 400 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SPIKEVAX COVID (18Y UP) VACC	3		SUMATRIPTAN 4 MG/0.5 ML CART	2	QL
SPINOSAD 0.9% TOPICAL SUSP	2		SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL
SPIRONOLACTONE 100 MG TABLET	2		SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SPIRONOLACTONE 25 MG TABLET	2		SUMATRIPTAN 6 MG/0.5 ML CART	2	QL
SPIRONOLACTONE 50 MG TABLET	2		SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL
SPIRONOLACTONE-HCTZ 25-25 TAB	2		SUMATRIPTAN 6 MG/0.5ML AUTOINJ	2	QL
SPRINTEC 28 DAY TABLET	1		SUMATRIPTAN SUCC 100 MG TABLET	2	QL
SPRYCEL 100 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN SUCC 25 MG TABLET	2	QL
SPRYCEL 140 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN SUCC 50 MG TABLET	2	QL
SPRYCEL 20 MG TABLET	5	PA, QL, SRX	SUMATRIPTAN-NAPROXEN 85-500 MG	4	QL
SPRYCEL 50 MG TABLET	5	PA, QL, SRX	SUNITINIB MALATE 12.5 MG CAP	5	PA, QL, SRX
SPRYCEL 70 MG TABLET	5	PA, QL, SRX	SUNITINIB MALATE 25 MG CAPSULE	5	PA, QL, SRX
SPRYCEL 80 MG TABLET	5	PA, QL, SRX	SUNITINIB MALATE 37.5 MG CAP	5	PA, QL, SRX
SPS 15 GM/60 ML SUSPENSION	2		SUNITINIB MALATE 50 MG CAPSULE	5	PA, QL, SRX
SPS 30 GM/120 ML ENEMA SUSP	2		SUPRAX 100 MG TABLET CHEWABLE	4	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
SUPRAX 200 MG TABLET CHEWABLE	4			SYNTHROID 300 MCG TABLET	4
SUPRAX 500 MG/5 ML SUSPENSION	4			SYNTHROID 50 MCG TABLET	4
SURE CMFT SFTY PEN NDL 31G 6MM	3			SYNTHROID 75 MCG TABLET	4
SURE CMFT SFTY PEN NDL 32G 4MM	3			SYNTHROID 88 MCG TABLET	4
SURE COMFORT 0.3 ML SYRINGE	3			T:30 INFUSION SET 23" 13MM	3
SURE COMFORT 0.5 ML SYRINGE	3			T:30 INFUSION SET 43" 13MM	3
SURE COMFORT 1 ML SYRINGE	3			T:90 INFUSION SET 23" 6MM	3
SURE COMFORT 3/10 ML SYRINGE	3			T:90 INFUSION SET 23" 9MM	3
SURE COMFORT 30G PEN NEEDLE	3			T:90 INFUSION SET 43" 9MM	3
SURE COMFORT INS 0.3ML 31GX1/4	3			T:FLEX 4.8 ML CARTRIDGE	3
SURE COMFORT INS 0.5ML 31GX1/4	3			T:SLIM 3 ML CARTRIDGE	3
SURE COMFORT INS 1 ML 31GX1/4"	3			T:SLIM G4 3 ML CARTRIDGE	3
SURE COMFORT PEN NDL 29GX1/2"	3			T:SLIM X2 3 ML CARTRIDGE	3
SURE COMFORT PEN NDL 31G 5MM	3			TABLOID 40 MG TABLET	4
SURE COMFORT PEN NDL 31G 8MM	3			TACROLIMUS 0.03% OINTMENT	2
SURE COMFORT PEN NDL 32G 4MM	3			TACROLIMUS 0.1% OINTMENT	2
SURE COMFORT PEN NDL 32G 6MM	3			TACROLIMUS 0.5 MG CAPSULE (IR)	2
SURE-FINE PEN NEEDLES 12.7MM	3			TACROLIMUS 1 MG CAPSULE (IR)	2
SURE-FINE PEN NEEDLES 5MM	3			TACROLIMUS 5 MG CAPSULE (IR)	2
SURE-FINE PEN NEEDLES 8MM	3			TADALAFIL 2.5 MG TABLET	2
SURE-JECT INS 0.3 ML 31GX5/16"	3			TADALAFIL 20 MG TABLET	5
SURE-JECT INS 0.5 ML 31GX5/16"	3			TADALAFIL 5 MG TABLET	2
SURE-JECT INSU SYR U100 0.3 ML	3			TAFINLAR 10 MG TABLET FOR SUSP	5
SURE-JECT INSU SYR U100 0.5 ML	3			TAFINLAR 50 MG CAPSULE	5
SURE-JECT INSU SYR U100 1 ML	3			TAFINLAR 75 MG CAPSULE	5
SURE-JECT INSUL SYR U100 1 ML	3			TAFLUPROST 0.0015% EYE DROP	4
SURE-JECT INSULIN SYRINGE 1 ML	3			TAGRISSO 40 MG TABLET	5
SURE-T PARADIGM 18" SET	3			TAGRISSO 80 MG TABLET	5
SURE-T PARADIGM 23" SET	3			TAKE ACTION 1.5 MG TABLET	1
SURE-T PARADIGM 32" SET	3			TAMOXIFEN 10 MG TABLET	2
SURE-TEST EASYPLUS MINI SOLN	3			TAMOXIFEN 20 MG TABLET	2
SYEDA 28 TABLET	1			TAMSULOSIN HCL 0.4 MG CAPSULE	2
SYMAX FASTABS 0.125 MG TABLET	2			TARINA 24 FE 1 MG-20 MCG TAB	1
SYMAX-SL 0.125 MG TABLET SL	2			TARINA FE 1-20 EQ TABLET	1
SYMAX-SR 0.375 MG TABLET	2			TARINA FE 1-20 TABLET	1
SYMLINPEN 120 PEN INJECTOR	4	QL		TARON-C DHA CAPSULE	1
SYMLINPEN 60 PEN INJECTOR	4	QL		TARON-PREX PRENATAL DHA CAP	1
SYMTUZA 800-150-200-10 MG TAB	3	QL		TASIGNA 150 MG CAPSULE	5
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX		TASIGNA 200 MG CAPSULE	5
SYNERA PATCH	4			TASIGNA 50 MG CAPSULE	5
SYNTHROID 100 MCG TABLET	4			TAYSOFY 1 MG-20 MCG CAPSULE	1
SYNTHROID 112 MCG TABLET	4			TAZAROTENE 0.05% GEL	4
SYNTHROID 125 MCG TABLET	4			TAZAROTENE 0.1% CREAM	2
SYNTHROID 137 MCG TABLET	4			TAZAROTENE 0.1% GEL	4
SYNTHROID 150 MCG TABLET	4			TAZORAC 0.05% CREAM	4
SYNTHROID 175 MCG TABLET	4			TAZTIA XT 120 MG CAPSULE	2
SYNTHROID 200 MCG TABLET	4			TAZTIA XT 180 MG CAPSULE	2
SYNTHROID 25 MCG TABLET	4			TAZTIA XT 240 MG CAPSULE	2



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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TAZTIA XT 300 MG CAPSULE	2		TENIVAC SYRINGE	3	
TAZTIA XT 360 MG CAPSULE	2		TENIVAC VIAL	3	
TDVAX VIAL	3		TENOFOVIR DISOP FUM 300 MG TB	2	
TECHLITE 0.3 ML 29GX12MM (1/2)	3		TERAZOSIN 1 MG CAPSULE	1	
TECHLITE 0.3 ML 30GX12MM (1/2)	3		TERAZOSIN 10 MG CAPSULE	1	
TECHLITE 0.3 ML 30GX8MM (1/2)	3		TERAZOSIN 2 MG CAPSULE	1	
TECHLITE 0.3 ML 31GX6MM (1/2)	3		TERAZOSIN 5 MG CAPSULE	1	
TECHLITE 0.3 ML 31GX8MM (1/2)	3		TERBINAFINE HCL 250 MG TABLET	1	
TECHLITE 0.5 ML 29GX12MM (1/2)	3		TERBUTALINE SULFATE 2.5 MG TAB	2	
TECHLITE 0.5 ML 30GX12MM (1/2)	3		TERBUTALINE SULFATE 5 MG TAB	2	
TECHLITE 0.5 ML 30GX8MM (1/2)	3		TERCONAZOLE 0.4% CREAM	2	
TECHLITE 0.5 ML 31GX6MM (1/2)	3		TERCONAZOLE 0.8% CREAM	2	
TECHLITE 0.5 ML 31GX8MM (1/2)	3		TERCONAZOLE 80 MG SUPPOSITORY	2	
TECHLITE INS SYR 1 ML 29GX12MM	3		TERIFLUNOMIDE 14 MG TABLET	5	PA, QL, SRX
TECHLITE INS SYR 1 ML 30GX12MM	3		TERIFLUNOMIDE 7 MG TABLET	5	PA, QL, SRX
TECHLITE INS SYR 1 ML 30GX8MM	3		TERUMO INS SYR 0.3 ML 29GX1/2"	3	
TECHLITE INS SYR 1 ML 31GX6MM	3		TERUMO INS SYRINGE U100-1 ML	3	
TECHLITE INS SYR 1 ML 31GX8MM	3		TERUMO INS SYRINGE U100-1/2 ML	3	
TECHLITE PEN NEEDLE 29GX1/2"	3		TERUMO INS SYRINGE U100-1/3 ML	3	
TECHLITE PEN NEEDLE 29GX3/8"	3		TERUMO INS SYRNG U100-1/2 ML	3	
TECHLITE PEN NEEDLE 31GX1/4"	3		TERUMO SURGUARD2 NDL 21GX1 1.5	3	
TECHLITE PEN NEEDLE 31GX3/16"	3		TERUMO SURGUARD2 NDL 22X1-1/2"	3	
TECHLITE PEN NEEDLE 31GX5/16"	3		TERUMO SURGUARD2 NDL 23X1-1/2"	3	
TECHLITE PEN NEEDLE 32GX1/4"	3		TERUMO SURGUARD2 NEEDLE 18GX1"	3	
TECHLITE PEN NEEDLE 32GX5/16"	3		TERUMO SURGUARD2 NEEDLE 18X1.5	3	
TECHLITE PEN NEEDLE 32GX5/32"	3		TERUMO SURGUARD2 NEEDLE 19GX1"	3	
TELCARE CONTROL SOLUTION	3		TERUMO SURGUARD2 NEEDLE 19X1.5	3	
TELMISARTAN 20 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 20GX1"	3	
TELMISARTAN 40 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 20X1.5	3	
TELMISARTAN 80 MG TABLET	2		TERUMO SURGUARD2 NEEDLE 21GX1"	3	
TELMISARTAN-AMLODIPINE 40-10	2		TERUMO SURGUARD2 NEEDLE 22GX1"	3	
TELMISARTAN-AMLODIPINE 40-5 MG	2		TERUMO SURGUARD2 NEEDLE 23GX1"	3	
TELMISARTAN-AMLODIPINE 80-10	2		TERUMO SURGUARD2 NEEDLE 25GX1"	3	
TELMISARTAN-AMLODIPINE 80-5 MG	2		TERUMO SURGUARD2 NEEDLE 25X1.5	3	
TELMISARTAN-HCTZ 40-12.5 MG TB	2		TERUMO SURGUARD2 NEEDLE 25X5/8	3	
TELMISARTAN-HCTZ 80-12.5 MG TB	2		TERUMO SURGUARD2 NEEDLE 26X1/2	3	
TELMISARTAN-HCTZ 80-25 MG TAB	2		TERUMO SURGUARD2 NEEDLE 27X1/2	3	
TEMAZEPAM 15 MG CAPSULE	2		TERUMO SURGUARD2 NEEDLE 30X1/2	3	
TEMAZEPAM 22.5 MG CAPSULE	2		TERUMO SYRINGE 3 ML	3	
TEMAZEPAM 30 MG CAPSULE	2		TESTOSTERON CYP 1,000 MG/10 ML	2	
TEMAZEPAM 7.5 MG CAPSULE	2		TESTOSTERON CYP 2,000 MG/10 ML	2	
TEMOZOLOMIDE 100 MG CAPSULE	5	PA, SRX	TESTOSTERON ENAN 1,000 MG/5 ML	2	
TEMOZOLOMIDE 140 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1% (25MG/2.5G) PK	2	QL
TEMOZOLOMIDE 180 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1% (50 MG/5 G) PK	2	QL
TEMOZOLOMIDE 20 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1.62% (2.5 G) PKT	2	QL
TEMOZOLOMIDE 250 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1.62% GEL PUMP	2	QL
TEMOZOLOMIDE 5 MG CAPSULE	5	PA, SRX	TESTOSTERONE 1.62%(1.25 G) PKT	2	QL
TENCON 50-325 MG TABLET	2		TESTOSTERONE 10 MG GEL PUMP	2	QL

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL		TIADYLT ER 120 MG CAPSULE	2
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL		TIADYLT ER 180 MG CAPSULE	2
TESTOSTERONE 50 MG/5 GRAM PKT	2	QL		TIADYLT ER 240 MG CAPSULE	2
TESTOSTERONE CYP 1,000 MG/10ML	2			TIADYLT ER 300 MG CAPSULE	2
TESTOSTERONE CYP 1,000 MG/5 ML	2			TIADYLT ER 360 MG CAPSULE	2
TESTOSTERONE CYP 200 MG/ML	2			TIADYLT ER 420 MG CAPSULE	2
TESTOSTERONE CYP 500 MG/2.5 ML	2			TIAGABINE HCL 12 MG TABLET	2
TESTOSTERONE CYP 6,000 MG/30ML	2			TIAGABINE HCL 16 MG TABLET	2
TESTOSTERONE ENAN 200 MG/ML	2			TIAGABINE HCL 2 MG TABLET	2
TETCAINE 0.5% EYE DROP	2			TIAGABINE HCL 4 MG TABLET	2
TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX		TILIA FE 28 TABLET	1
TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX		TIMOLOL 0.25% GEL-SOLUTION	2
TETRACAINE 0.5% EYE DROP	2			TIMOLOL 0.5% GEL-SOLUTION	2
TETRACAINE 0.5% STERI-UNIT SOL	2			TIMOLOL 0.5% GFS GEL-SOLUTION	2
TETRACYCLINE 250 MG CAPSULE	2			TIMOLOL MALEATE 0.25% EYE DROP	2
TETRACYCLINE 500 MG CAPSULE	2			TIMOLOL MALEATE 0.5% EYE DROPS	2
TEXACORT 2.5% SOLUTION	4			TIMOLOL MALEATE 10 MG TABLET	2
TEXACORT	4			TIMOLOL MALEATE 20 MG TABLET	2
THALOMID 100 MG CAPSULE	5	PA, QL, LDD, SRX		TIMOLOL MALEATE 5 MG TABLET	2
THALOMID 150 MG CAPSULE	5	PA, QL, LDD, SRX		TINIDAZOLE 250 MG TABLET	2
THALOMID 200 MG CAPSULE	5	PA, QL, LDD, SRX		TINIDAZOLE 500 MG TABLET	2
THALOMID 50 MG CAPSULE	5	PA, QL, LDD, SRX		TIOPRONIN 100 MG TABLET	5
THEOPHYLLINE 80 MG/15 ML SOLN	2			TIS-U-SOL PENTALYTE IRRIG SOLN	4
THEOPHYLLINE ER 100 MG TABLET	2			TIVICAY 10 MG TABLET	3
THEOPHYLLINE ER 200 MG TABLET	2			TIVICAY 25 MG TABLET	3
THEOPHYLLINE ER 300 MG TAB	2			TIVICAY 50 MG TABLET	3
THEOPHYLLINE ER 300 MG TABLET	2			TIVICAY PD 5 MG TAB FOR SUSP	3
THEOPHYLLINE ER 400 MG TABLET	2			TIZANIDINE HCL 2 MG TABLET	2
THEOPHYLLINE ER 450 MG TAB	2			TIZANIDINE HCL 4 MG TABLET	2
THEOPHYLLINE ER 450 MG TABLET	2			TOBRAMYCIN 0.3% EYE DROP	2
THEOPHYLLINE ER 600 MG TABLET	2			TOBRAMYCIN 300 MG/5 ML AMPULE	5
THINPRO INS SYRIN U100-0.3 ML	3			TOBRAMYCIN PAK 300 MG/5 ML	5
THINPRO INS SYRIN U100-0.5 ML	3			TOBRAMYCIN-DEXAMETH OPHTH SUSP	2
THINPRO INS SYRIN U100-1 ML	3			TODAY'S HLTH PN NEEDLE 6MM 31G	3
THIORIDAZINE 10 MG TABLET	2			TOLCAPONE 100 MG TABLET	5
THIORIDAZINE 100 MG TABLET	2			TOLMETIN SODIUM 200 MG TAB	2
THIORIDAZINE 25 MG TABLET	2			TOLMETIN SODIUM 400 MG CAP	2
THIORIDAZINE 50 MG TABLET	2			TOLMETIN SODIUM 600 MG TAB	2
THIOTHIXENE 1 MG CAPSULE	2			TOLTERODINE TART ER 2 MG CAP	2
THIOTHIXENE 10 MG CAPSULE	2			TOLTERODINE TART ER 4 MG CAP	2
THIOTHIXENE 2 MG CAPSULE	2			TOLTERODINE TARTRATE 1 MG TAB	2
THIOTHIXENE 5 MG CAPSULE	2			TOLTERODINE TARTRATE 2 MG TAB	2
THRIVITE 19 TABLET	1			TOLVAPTAN 15 MG TABLET	5
THYROID 120 MG TABLET	1			TOLVAPTAN 30 MG TABLET	5
THYROID 15 MG TABLET	1			TOPCARE CLICKFINE 31G X 1/4"	3
THYROID 30 MG TABLET	1			TOPCARE CLICKFINE 31G X 5/16"	3
THYROID 60 MG TABLET	1			TOPCARE ULTRA COMFORT SYRINGE	3
THYROID 90 MG TABLET	1			TOPIRAMATE 100 MG TABLET	2

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)	
TOPIRAMATE 15 MG SPRINKLE CAP	2			TRETINOIN 0.05% CREAM	2	PA, AGE
TOPIRAMATE 200 MG TABLET	2			TRETINOIN 0.05% GEL	2	PA, AGE
TOPIRAMATE 25 MG SPRINKLE CAP	2			TRETINOIN 0.1% CREAM	2	PA, AGE
TOPIRAMATE 25 MG TABLET	2			TRETINOIN 10 MG CAPSULE	4	PA
TOPIRAMATE 50 MG TABLET	2			TRETINOIN GEL MICRO 0.04% PUMP	2	PA, AGE
TOPIRAMATE ER 100 MG CAPSULE	2			TRETINOIN GEL MICRO 0.04% TUBE	2	PA, AGE
TOPIRAMATE ER 150 MG CAPSULE	2			TRETINOIN GEL MICRO 0.1% PUMP	2	PA, AGE
TOPIRAMATE ER 200 MG CAPSULE	2			TRETINOIN GEL MICRO 0.1% TUBE	2	PA, AGE
TOPIRAMATE ER 25 MG CAPSULE	2			TRETIN-X 0.025% CREAM COMB PCK	4	PA, AGE
TOPIRAMATE ER 50 MG CAPSULE	2			TRETIN-X 0.05% COMBO PACK	4	PA, AGE
TOREMIFENE CITRATE 60 MG TAB	4			TRETIN-X 0.075% CREAM	4	PA, AGE
TORSEMIDE 10 MG TABLET	2			TRETIN-X 0.1% COMBO PACK	4	PA, AGE
TORSEMIDE 100 MG TABLET	2			TRI FEMYNOR 28 TABLET	1	
TORSEMIDE 20 MG TABLET	2			TRIAMCINOLONE 0.025% CREAM	2	
TORSEMIDE 5 MG TABLET	2			TRIAMCINOLONE 0.025% LOTION	2	
TOVET EMOLLIENT 0.05% FOAM	2			TRIAMCINOLONE 0.025% OINT	2	
TRAMADOL ER 100 MG TABLET	2	PA, QL		TRIAMCINOLONE 0.1% CREAM	2	
TRAMADOL ER 200 MG TABLET	2	PA, QL		TRIAMCINOLONE 0.1% LOTION	2	
TRAMADOL ER 300 MG TABLET	2	PA, QL		TRIAMCINOLONE 0.1% OINTMENT	2	
TRAMADOL HCL 50 MG TABLET	2	QL		TRIAMCINOLONE 0.1% PASTE	2	
TRAMADOL HCL ER 100 MG TABLET	2	PA, QL		TRIAMCINOLONE 0.5% CREAM	2	
TRAMADOL HCL ER 150 MG CAPSULE	2	PA, QL		TRIAMCINOLONE 0.5% OINTMENT	2	
TRAMADOL HCL ER 200 MG TABLET	2	PA, QL		TRIAMTERENE 100 MG CAPSULE	4	
TRAMADOL HCL ER 300 MG TABLET	2	PA, QL		TRIAMTERENE 50 MG CAPSULE	4	
TRAMADOL-ACETAMINOPHN 37.5-325	2	QL		TRIAMTERENE-HCTZ 37.5-25 MG CP	2	
TRANDOLAPRIL 1 MG TABLET	1			TRIAMTERENE-HCTZ 37.5-25 MG TB	1	
TRANDOLAPRIL 2 MG TABLET	1			TRIAMTERENE-HCTZ 75-50 MG TAB	1	
TRANDOLAPRIL 4 MG TABLET	1			TRIAZOLAM 0.125 MG TABLET	2	
TRANDOLAPR-VERAPAM ER 1-240 MG	2			TRIAZOLAM 0.25 MG TABLET	2	
TRANDOLAPR-VERAPAM ER 2-180 MG	2			TRIDERM 0.1% CREAM	2	
TRANDOLAPR-VERAPAM ER 2-240 MG	2			TRIDERM 0.5% CREAM	2	
TRANDOLAPR-VERAPAM ER 4-240 MG	2			TRI-ESTARYLLA TABLET	1	
TRANEXAMIC ACID 650 MG TABLET	2			TRIFLUOPERAZINE 1 MG TABLET	2	
MEDICATION TRANSFER NEEDLE	3			TRIFLUOPERAZINE 10 MG TABLET	2	
TRANLYCYPROMINE SULF 10 MG TAB	2			TRIFLUOPERAZINE 2 MG TABLET	2	
TRAVOPROST 0.004% EYE DROP	2			TRIFLUOPERAZINE 5 MG TABLET	2	
TRAZODONE 100 MG TABLET	1			TRIFLURIDINE 1% EYE DROPS	2	
TRAZODONE 150 MG TABLET	1			TRIHEXYPHENIDYL 2 MG TABLET	1	
TRAZODONE 300 MG TABLET	2			TRIHEXYPHENIDYL 2 MG/5 ML SOLN	2	
TRAZODONE 50 MG TABLET	1			TRIHEXYPHENIDYL 5 MG TABLET	2	
TRECTOR 250 MG TABLET	4			TRIKAFTA 100-50-75 MG/150 MG	5	PA, QL, LDD, SRX
TRELEGY ELLIPTA 100-62.5-25	3	QL		TRIKAFTA 100-50-75 MG/75MG PKT	5	PA, QL, LDD, SRX
TRELEGY ELLIPTA 200-62.5-25	3	QL		TRIKAFTA 50-25-37.5 MG/75 MG	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML INJECTOR	5	PA, QL, SRX		TRIKAFTA 80-40-60MG/59.5MG PKT	5	PA, QL, LDD, SRX
TREMFYA 100 MG/ML SYRINGE	5	PA, QL, SRX		TRI-LEGEST FE-28 DAY TABLET	1	
TRETINOIN 0.01% GEL	2	PA, AGE		TRI-LINYAH TABLET	1	
TRETINOIN 0.025% CREAM	2	PA, AGE		TRI-LO-ESTARYLLA TABLET	1	
TRETINOIN 0.025% GEL	2	PA, AGE		TRI-LO-MARZIA TABLET	1	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TRI-LO-MILI TABLET	1			TRUE COMFORT PEN NDL 33G 5MM	3
TRI-LO-SPRINTEC TABLET	1			TRUE COMFORT PEN NDL 33G 6MM	3
TRIMETHOBENZAMIDE 300 MG CAP	2			TRUE COMFORT PRO 1 ML 30G 1/2"	3
TRIMETHOPRIM 100 MG TABLET	2			TRUE COMFORT PRO 1ML 30G 5/16"	3
TRI-MILI 28 TABLET	1			TRUE COMFORT PRO 1ML 31G 5/16"	3
TRIMIPRAMINE MALEATE 100 MG CP	2			TRUE COMFORT PRO 1ML 32G 5/16"	3
TRIMIPRAMINE MALEATE 25 MG CAP	2			TRUE COMFORT PRO 0.5ML 30G 1/2"	3
TRIMIPRAMINE MALEATE 50 MG CAP	2			TRUE METRIX LEVEL 1 CTRL SOLN	3
TRINATAL RX 1	1			TRUE METRIX LEVEL 2 CTRL SOLN	3
TRINTELLIX 10 MG TABLET	4	QL, ST		TRUE METRIX LEVEL 3 CTRL SOLN	3
TRINTELLIX 20 MG TABLET	4	QL, ST		TRUECONTROL GLUCOSE SOLUTION	3
TRINTELLIX 5 MG TABLET	4	QL, ST		TRUEPLUS KETONE TEST STRIP	3
TRI-NYMYO 28 TABLET	1			TRUEPLUS PEN NEEDLE 29G 12MM	3
TRI-PREVIFEM TABLET	1			TRUEPLUS PEN NEEDLE 29GX1/2"	3
TRI-SPRINTEC TABLET	1			TRUEPLUS PEN NEEDLE 31G 5MM	3
TRIUMEQ 600-50-300 MG TABLET	3	QL		TRUEPLUS PEN NEEDLE 31G 8MM	3
TRIUMEQ PD 60-5-30 MGTAB SUSP	3	QL		TRUEPLUS PEN NEEDLE 31G X 1/4"	3
TRI-VITE-FLUORIDE 0.25 MG/ML	2			TRUEPLUS PEN NEEDLE 31GX3/16"	3
TRI-VITE-FLUORIDE 0.5 MG/ML	2			TRUEPLUS PEN NEEDLE 31GX5/16"	3
TRI-VIT-FLUOR 0.25 MG/ML DROP	2			TRUEPLUS PEN NEEDLE 32GX5/32"	3
TRI-VIT-FLUOR 0.5 MG/ML DROP	2			TRUEPLUS SYR 0.3ML 29GX1/2"	3
TRIVORA-28 TABLET	1			TRUEPLUS SYR 0.3ML 30GX5/16"	3
TRI-VYLIBRA 28 TABLET	1			TRUEPLUS SYR 0.3ML 31GX5/16"	3
TRI-VYLIBRA LO TABLET	1			TRUEPLUS SYR 0.5ML 28GX1/2"	3
TROPICAMIDE 0.5% EYE DROP	2			TRUEPLUS SYR 0.5ML 29GX1/2"	3
TROPICAMIDE 0.5% EYE DROPS	2			TRUEPLUS SYR 0.5ML 30GX5/16"	3
TROPICAMIDE 1% EYE DROP	2			TRUEPLUS SYR 0.5ML 31GX5/16"	3
TROPICAMIDE 1% EYE DROPS	2			TRUEPLUS SYR 1ML 28GX1/2"	3
TROSPIMUM CHLORIDE 20 MG TABLET	2			TRUEPLUS SYR 1ML 29GX1/2"	3
TROSPIMUM CHLORIDE ER 60 MG CAP	2			TRUEPLUS SYR 1ML 30GX5/16"	3
TRUE CMFRT PRO 0.5ML 30G 5/16"	3			TRUEPLUS SYR 1ML 31GX5/16"	3
TRUE CMFRT PRO 0.5ML 31G 5/16"	3			TRULICITY 0.75 MG/0.5 ML PEN	3
TRUE CMFRT PRO 0.5ML 32G 5/16"	3			TRULICITY 1.5 MG/0.5 ML PEN	3
TRUE CMFT SFTY PEN NDL 31G 5MM	3			TRULICITY 3 MG/0.5 ML PEN	3
TRUE CMFT SFTY PEN NDL 31G 6MM	3			TRULICITY 4.5 MG/0.5 ML PEN	3
TRUE CMFT SFTY PEN NDL 31G 8MM	3			TRUMENBA 120 MCG/0.5 ML VACCIN	3
TRUE CMFT SFTY PEN NDL 32G 4MM	3			TRUST NATAL DHA	1
TRUE COMFORT 0.5 ML 31GX5/16"	3			TRUSTEEL INFUSION SET 23" 6MM	3
TRUE COMFORT 1 ML 31GX5/16"	3			TRUSTEEL INFUSION SET 23" 8MM	3
TRUE COMFORT PEN NDL 31G 5MM	3			TRUSTEEL INFUSION SET 32" 6MM	3
TRUE COMFORT PEN NDL 31G 6MM	3			TRUSTEEL INFUSION SET 32" 8MM	3
TRUE COMFORT PEN NDL 31G 8MM	3			TRUZONE PEAK FLOW METER	3
TRUE COMFORT PEN NDL 31GX5MM	3			TULANA 0.35 MG TABLET	1
TRUE COMFORT PEN NDL 31GX6MM	3			TWINRIX VACCINE SYRINGE	3
TRUE COMFORT PEN NDL 32G 4MM	3			TYBOST 150 MG TABLET	3
TRUE COMFORT PEN NDL 32G 5MM	3			TYDEMY 3-0.03-0.451 MG TABLET	1
TRUE COMFORT PEN NDL 32G 6MM	3			TYMLOS 80 MCG DOSE PEN INJECTR	5
TRUE COMFORT PEN NDL 32GX4MM	3			TYVASO 1.74 MG/2.9 ML SOLUTION	5
TRUE COMFORT PEN NDL 33G 4MM	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
TYVASO INSTITUTIONAL START KIT	5	PA, LDD, SRX			
TYVASO REFILL KIT	5	PA, LDD, SRX			
TYVASO STARTER KIT	5	PA, LDD, SRX			
UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX			
UDENYCA 6 MG/0.6 ML AUTOINJECT	5	PA, SRX			
ULESFIA 5% LOTION	4				
ULT CFT 0.3 ML 29GX1/2" (1/2)	3				
ULT CFT 0.3 ML 31GX5/16" (1/2)	3				
ULTICARE INS SYR 1 ML 31GX5/16"	3				
ULTICARE INS 0.3ML 31GX1/4(1/2)	3				
ULTICARE INS 0.3 ML 30GX1/2"	3				
ULTICARE INS 0.3 ML 31GX1/4"	3				
ULTICARE INS 0.5 ML 30GX1/2"	3				
ULTICARE INS 0.5 ML 31GX1/4"	3				
ULTICARE INS 1 ML 31GX1/4"	3				
ULTICARE INS SAFETY 1ML 29X1/2	3				
ULTICARE INS SYR 1 ML 28GX1/2"	3				
ULTICARE INS SYR 1 ML 29GX1/2"	3				
ULTICARE INS SYR 1 ML 30GX1/2"	3				
ULTICARE LDS SYR 3 ML 22GX1.5"	3				
ULTICARE PEN ND 12.7 MM 29G	3				
ULTICARE PEN NEEDLE 31GX3/16"	3				
ULTICARE PEN NEEDLE 4MM 32G	3				
ULTICARE PEN NEEDLE 6MM 31G	3				
ULTICARE PEN NEEDLE 8 MM 31G	3				
ULTICARE PEN NEEDLE 8MM 31G	3				
ULTICARE PEN NEEDLES 12MM 29G	3				
ULTICARE PEN NEEDLES 4MM 32G	3				
ULTICARE PEN NEEDLES 6MM 31G	3				
ULTICARE PEN NEEDLES 6MM 32G	3				
ULTICARE PEN NEEDLES 8MM 31G	3				
ULTICARE SAFE PEN ND 30G 8MM	3				
ULTICARE SAFE PEN ND 5MM 30G	3				
ULTICARE SAFETY 0.5 ML 29GX1/2	3				
ULTICARE SYR 0.3 ML 30GX1/2"	3				
ULTICARE SYR 0.3 ML 30GX5/16"	3				
ULTICARE SYR 0.3 ML 31GX5/16"	3				
ULTICARE SYR 0.5 ML 29GX1/2"	3				
ULTICARE SYR 0.5 ML 30GX1/2"	3				
ULTICARE SYR 0.5 ML 30GX5/16"	3				
ULTICARE SYR 0.5 ML 31GX5/16"	3				
ULTICARE SYR 1 ML 30GX5/16"	3				
ULTICARE SYR 1 ML 31GX5/16"	3				
ULTICARE SYRIN 0.3 ML 29GX1/2"	3				
ULTICARE SYRIN 0.5 ML 28GX1/2"	3				
ULTICARE SYRINGE 1 ML 30GX1/2"	3				
ULTIGUARD SAFE 1ML 30G 12.7MM	3				
ULTIGUARD SAFE PACK 29G 12.7MM	3				
ULTIGUARD SAFE PACK 32G 4MM	3				
ULTIGUARD SAFE0.3ML 30G 12.7MM	3				
ULTIGUARD SAFE0.5ML 30G 12.7MM	3				
ULTIGUARD SAFEPACK 1ML 31G 8MM	3				
ULTIGUARD SAFEPACK 31G 5MM	3				
ULTIGUARD SAFEPACK 31G 6MM	3				
ULTIGUARD SAFEPACK 31G 8MM	3				
ULTIGUARD SAFEPACK 32G 4MM	3				
ULTIGUARD SAFEPACK 32G 6MM	3				
ULTIGUARD SAFEPK 0.3ML 31G 8MM	3				
ULTIGUARD SAFEPK 0.5ML 31G 8MM	3				
ULTILET INSULIN SYRINGE 0.3 ML	3				
ULTILET INSULIN SYRINGE 0.5 ML	3				
ULTILET INSULIN SYRINGE 1 ML	3				
ULTILET PEN NEEDLE	3				
ULTILET PEN NEEDLE 4MM 32G	3				
ULTRA COMFORT 0.3 ML 29GX1/2"	3				
ULTRA COMFORT 0.3 ML SYRINGE	3				
ULTRA COMFORT 0.5 ML 28GX1/2"	3				
ULTRA COMFORT 0.5 ML 29GX1/2"	3				
ULTRA COMFORT 0.5 ML 31GX5/16"	3				
ULTRA COMFORT 0.5 ML SYRINGE	3				
ULTRA COMFORT 1 ML 28GX1/2"	3				
ULTRA COMFORT 1 ML 29GX1/2"	3				
ULTRA COMFORT 1 ML 30GX5/16"	3				
ULTRA COMFORT 1 ML 31GX5/16"	3				
ULTRA COMFORT 1 ML SYRINGE	3				
ULTRA FLO 0.3ML 30G 1/2" (1/2)	3				
ULTRA FLO 0.3ML 30G 5/16"(1/2)	3				
ULTRA FLO 0.3ML 31G 5/16"(1/2)	3				
ULTRA FLO PEN NEEDLE 31G 5MM	3				
ULTRA FLO PEN NEEDLE 31G 8MM	3				
ULTRA FLO PEN NEEDLE 32G 4MM	3				
ULTRA FLO PEN NEEDLE 33G 4MM	3				
ULTRA FLO PEN NEEDLES 12MM 29G	3				
ULTRA FLO SYR 0.3 ML 29GX1/2"	3				
ULTRA FLO SYR 0.3 ML 30G 5/16"	3				
ULTRA FLO SYR 0.3 ML 31G 5/16"	3				
ULTRA FLO SYR 0.5 ML 29G 1/2"	3				
ULTRA THIN PEN ND 32G X 4MM	3				
ULTRACARE INS 0.3 ML 30GX5/16"	3				
ULTRACARE INS 0.3 ML 31GX5/16"	3				
ULTRACARE INS 0.5 ML 30GX1/2"	3				
ULTRACARE INS 0.5 ML 30GX5/16"	3				
ULTRACARE INS 0.5 ML 31GX5/16"	3				
ULTRACARE INS 1 ML 30G X 5/16"	3				
ULTRACARE INS 1 ML 30GX1/2"	3				
ULTRACARE INS 1 ML 31G X 5/16"	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
ULTRACARE PEN NEEDLE 31GX1/4"	3		UNIFINE SAFECONTROL 32G 4MM	3	
ULTRACARE PEN NEEDLE 31GX3/16"	3		UNIFINE ULTRA PEN ND 31G 5MM	3	
ULTRACARE PEN NEEDLE 31GX5/16"	3		UNIFINE ULTRA PEN ND 31G 6MM	3	
ULTRACARE PEN NEEDLE 32GX1/4"	3		UNIFINE ULTRA PEN ND 31G 8MM	3	
ULTRACARE PEN NEEDLE 32GX3/16"	3		UNIFINE ULTRA PEN ND 32G 4MM	3	
ULTRACARE PEN NEEDLE 32GX5/32"	3		UNISTRIP CONTROL SOLUTION HIGH	3	
ULTRACARE PEN NEEDLE 33GX5/32"	3		UNISTRIP CONTROL SOLUTION LOW	3	
ULTRA-FINE MICRO PEN NEEDLE	3		UNITHROID 100 MCG TABLET	1	
ULTRA-THIN II 1 ML 31GX5/16"	3		UNITHROID 112 MCG TABLET	1	
ULTRA-THIN II INS 0.3 ML 30G	3		UNITHROID 125 MCG TABLET	1	
ULTRA-THIN II INS 0.3 ML 31G	3		UNITHROID 137 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 29G	3		UNITHROID 150 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 30G	3		UNITHROID 175 MCG TABLET	1	
ULTRA-THIN II INS 0.5 ML 31G	3		UNITHROID 200 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 29G	3		UNITHROID 25 MCG TABLET	1	
ULTRA-THIN II INS SYR 1 ML 30G	3		UNITHROID 300 MCG TABLET	1	
ULTRA-THIN II PEN ND 29GX1/2"	3		UNITHROID 50 MCG TABLET	1	
ULTRA-THIN II PEN ND 31GX5/16	3		UNITHROID 75 MCG TABLET	1	
ULTRATRAK CONTROL SOL NORMAL	3		UNITHROID 88 MCG TABLET	1	
ULTRATRAK CONTROL SOLUTION	3		URISTIX 4 REAGENT STRIPS	3	
ULTRATRAK ULTIMATE CNTRL SOLN	3		URISTIX REAGENT STRIPS	3	
UNIFINE PEN NEEDLE 32G 4MM	3		UROQID-ACID NO.2 500-500 TB	4	
UNIFINE PENTIPS 12MM 29G	3		URSODIOL 250 MG TABLET	2	
UNIFINE PENTIPS 29G 12MM	3		URSODIOL 300 MG CAPSULE	2	
UNIFINE PENTIPS 31G 5MM	3		URSODIOL 500 MG TABLET	2	
UNIFINE PENTIPS 31G 6MM	3		USTELL CAPSULE	2	
UNIFINE PENTIPS 31G 8MM	3		UTIRA-C TABLET	2	
UNIFINE PENTIPS 31GX3/16"	3		VALACYCLOVIR HCL 1 GRAM TABLET	2	
UNIFINE PENTIPS 32G 4MM	3		VALACYCLOVIR HCL 500 MG TABLET	2	
UNIFINE PENTIPS 32G 6MM	3		VALGANCICLOVIR 450 MG TABLET	4	
UNIFINE PENTIPS 32GX1/4"	3		VALGANCICLOVIR HCL 50 MG/ML	4	
UNIFINE PENTIPS 32GX5/32"	3		VALPROIC ACID 250 MG CAPSULE	2	
UNIFINE PENTIPS 33GX5/32"	3		VALPROIC ACID 250 MG/5 ML SOLN	2	
UNIFINE PENTIPS 6MM 31G	3		VALPROIC ACID 500 MG/10 ML SOL	2	
UNIFINE PENTIPS 6MM NEEDLE	3		VALSARTAN 160 MG TABLET	2	
UNIFINE PENTIPS 8MM 31G	3		VALSARTAN 320 MG TABLET	2	
UNIFINE PENTIPS 8MM NEEDLE	3		VALSARTAN 40 MG TABLET	2	
UNIFINE PENTIPS MAX 30GX3/16"	3		VALSARTAN 80 MG TABLET	2	
UNIFINE PENTIPS NEEDLES 29G	3		VALSARTAN-HCTZ 160-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 29GX1/2"	3		VALSARTAN-HCTZ 160-25 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX1/4"	3		VALSARTAN-HCTZ 320-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX3/16"	3		VALSARTAN-HCTZ 320-25 MG TAB	2	
UNIFINE PENTIPS PLUS 31GX5/16"	3		VALSARTAN-HCTZ 80-12.5 MG TAB	2	
UNIFINE PENTIPS PLUS 32GX5/32"	3		VANADOM 350 MG TABLET	2	
UNIFINE PENTIPS PLUS 33GX5/32"	3		VANCOMYCIN HCL 125 MG CAPSULE	4	QL
UNIFINE PENTIPS PLUS 30GX3/16"	3		VANCOMYCIN HCL 250 MG CAPSULE	4	QL
UNIFINE SAFECONTROL 30GX3/16"	3		VANAZOLE VAGINAL 0.75% GEL	2	
UNIFINE SAFECONTROL 30GX5/16"	3		VANISHPOINT 0.5 ML 30GX1/2" SY	3	

## 2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
VANISHPOINT 20GX1" 3 ML SYRING	3			VERAPAMIL 80 MG TABLET	2
VANISHPOINT 21GX1.5" 3 ML SYR	3			VERAPAMIL ER 120 MG CAPSULE	2
VANISHPOINT 22GX1" 3 ML SYR	3			VERAPAMIL ER 120 MG TABLET	2
VANISHPOINT 23GX1" 3 ML SYRING	3			VERAPAMIL ER 180 MG CAPSULE	2
VANISHPOINT 23GX1-1/2 3 ML SYR	3			VERAPAMIL ER 180 MG TABLET	2
VANISHPOINT 25GX1" 3 ML SYRING	3			VERAPAMIL ER 240 MG CAPSULE	2
VANISHPOINT 25GX5/8" 3 ML SYR	3			VERAPAMIL ER 240 MG TABLET	2
VANISHPOINT 3 ML 21GX1" SYRING	3			VERAPAMIL ER PM 100 MG CAPSULE	2
VANISHPOINT 3 ML 22GX1.5" SYRG	3			VERAPAMIL ER PM 200 MG CAPSULE	2
VANISHPOINT INS 1 ML 30GX3/16"	3			VERAPAMIL ER PM 300 MG CAPSULE	2
VANISHPOINT U-100 29X1/2 SYR	3			VERAPAMIL SR 120 MG CAPSULE	2
VAQTA 25 UNITS/0.5 ML SYRINGE	3			VERAPAMIL SR 180 MG CAPSULE	2
VAQTA 25 UNITS/0.5 ML VIAL	3			VERAPAMIL SR 240 MG CAPSULE	2
VAQTA 50 UNITS/ML SYRINGE	3			VERAPAMIL SR 360 MG CAPSULE	2
VAQTA 50 UNITS/ML VIAL	3			VERASENS CONTROL SOLN-LEVEL 1	3
VARENICLINE STARTING MONTH BOX	3			VEREGEN 15% OINTMENT	4
VARENICLINE 0.5 MG TABLET	3			VERIFINE INS SYR 1 ML 29G 1/2"	3
VARENICLINE 1 MG TABLET	3			VERIFINE PEN NEEDLE 29G 12MM	3
VARISOFT INFUSION SET 23" 13MM	3			VERIFINE PEN NEEDLE 31G 5MM	3
VARISOFT INFUSION SET 23" 17MM	3			VERIFINE PEN NEEDLE 31G 8MM	3
VARISOFT INFUSION SET 32" 13MM	3			VERIFINE PEN NEEDLE 32G 4MM	3
VARISOFT INFUSION SET 32" 17MM	3			VERIFINE PEN NEEDLE 32G 6MM	3
VARISOFT INFUSION SET 43" 13MM	3			VERIFINE SYRING 0.5ML 29G 1/2"	3
VARISOFT INFUSION SET 43" 17MM	3			VERIFINE SYRING 1 ML 31G 5/16"	3
VARIVAX VACCINE VIAL	3			VERIFINE SYRNG 0.3ML 31G 5/16"	3
VARIVAX VACCINE WITH DILUENT	3			VERIFINE SYRNG 0.5ML 31G 5/16"	3
VAXELIS VACCINE SYRINGE	3			VESTURA 3 MG-0.02 MG TABLET	1
VAXELIS VACCINE VIAL	3			VIENVA-28 TABLET	1
VAXNEUVANCE 0.5 ML SYRINGE	3			VIGABATRIN 500 MG POWDER PACKET	5
VELIVET 28 DAY TABLET	1			VIGABATRIN 500 MG TABLET	5
VEMLIDY 25 MG TABLET	5	PA, SRX		VIGADRONE 500 MG POWDER PACKET	5
VENCLEXTA 10 MG TAB (10MG X 2)	5	PA, QL, LDD, SRX		VILAZODONE HCL 10 MG TABLET	4
VENCLEXTA 10 MG TABLET	5	PA, QL, LDD, SRX		VILAZODONE HCL 20 MG TABLET	4
VENCLEXTA 100 MG TABLET	5	PA, QL, LDD, SRX		VILAZODONE HCL 40 MG TABLET	4
VENCLEXTA 50 MG TABLET	5	PA, QL, LDD, SRX		VINATE ONE TABLET	1
VENCLEXTA STARTING PACK	5	PA, QL, LDD, SRX		VIOKACE 10,440-39,150 UNIT TAB	4
VENLAFAXINE HCL 100 MG TABLET	2	QL		VIOKACE 10,440-39,150 UNITS TB	4
VENLAFAXINE HCL 25 MG TABLET	2	QL		VIOKACE 20,880-78,300 UNITS TB	4
VENLAFAXINE HCL 37.5 MG TABLET	2	QL		VIORELE 28 DAY TABLET	1
VENLAFAXINE HCL 50 MG TABLET	2	QL		VIREAD 150 MG TABLET	3
VENLAFAXINE HCL 75 MG TABLET	2	QL		VIREAD 200 MG TABLET	3
VENLAFAXINE HCL ER 150 MG CAP	2	QL		VIREAD 250 MG TABLET	3
VENLAFAXINE HCL ER 37.5 MG CAP	2	QL		VIREAD POWDER	3
VENLAFAXINE HCL ER 75 MG CAP	2	QL		VIRT-C DHA SOFTGEL	1
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, LDD, SRX		VIRT-NATE DHA SOFTGEL	1
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, LDD, SRX		VIRT-PN DHA SOFTGEL	1
VERAPAMIL 120 MG TABLET	2			VIRT-PN PLUS SOFTGEL	1
VERAPAMIL 40 MG TABLET	2			VISTOGARD 10 GRAM PACKET	5

## 2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
VIT A,C,D-FLUORIDE 0.25 MG/ML	2		WP THYROID 113.75 MG TABLET	3	
VITAFOL-OB CAPLET	1		WP THYROID 130 MG TABLET	3	
VITAMIN D2 1.25MG(50,000 UNIT)	2		WP THYROID 16.25 MG TABLET	3	
VIVAGUARD INO CTRL SOLN-L1,2,3	3		WP THYROID 32.5 MG TABLET	3	
VIVAGUARD INO CTRL SOLN-L2	3		WP THYROID 48.75 MG TABLET	3	
VOLNEA 0.15-0.02-0.01 MG TAB	1		WP THYROID 65 MG TABLET	3	
VORICONAZOLE 200 MG TABLET	4	PA	WP THYROID 81.25 MG TABLET	3	
VORICONAZOLE 40 MG/ML SUSP	4	PA	WP THYROID 97.5 MG TABLET	3	
VORICONAZOLE 50 MG TABLET	4	PA	WYMZYA FE 0.4-0.035 MG CHEW TB	1	
VORTEX ADULT MASK	3	QL	XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX
VORTEX HOLDING CHAMBER	3	QL	XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX
VORTEX HOLDING CHAMBER-CHILD	3	QL	XARELTO 1 MG/ML SUSPENSION	3	PA, QL
VORTEX HOLDING CHAMBER-TODDLER	3	QL	XARELTO 10 MG TABLET	3	PA, QL
VORTEX VHC FROG CHILD MASK	3	QL	XARELTO 15 MG TABLET	3	PA, QL
VORTEX VHC LADYBUG TODDLER MSK	3	QL	XARELTO 2.5 MG TABLET	3	PA, QL
VOTRIENT 200 MG TABLET	5	PA, QL, SRX	XARELTO 20 MG TABLET	3	PA, QL
VRAYLAR 1.5 MG CAPSULE	4	QL, ST	XARELTO DVT-PE TREAT START 30D	3	PA, QL
VRAYLAR 1.5 MG-3 MG PACK	4	QL, ST	XELJANZ 1 MG/ML SOLUTION	5	PA, QL, SRX
VRAYLAR 3 MG CAPSULE	4	QL, ST	XELJANZ 10 MG TABLET	5	PA, QL, SRX
VRAYLAR 4.5 MG CAPSULE	4	QL, ST	XELJANZ 5 MG TABLET	5	PA, QL, SRX
VRAYLAR 6 MG CAPSULE	4	QL, ST	XELJANZ XR 11 MG TABLET	5	PA, QL, SRX
VYFEMLA 0.4 MG-0.035 MG TABLET	1		XELJANZ XR 22 MG TABLET	5	PA, QL, SRX
VYLIBRA 28 TABLET	1		XIFAXAN 200 MG TABLET	4	PA, QL
WAKIX 17.8 MG TABLET	5	PA, QL, LDD, SRX	XIFAXAN 550 MG TABLET	4	PA, QL
WAKIX 4.45 MG TABLET	5	PA, QL, LDD, SRX	XIGDUO XR 10 MG-1,000 MG TAB	3	QL
WARFARIN SODIUM 1 MG TABLET	1		XIGDUO XR 10 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 10 MG TABLET	1		XIGDUO XR 2.5 MG-1,000 MG TAB	3	QL
WARFARIN SODIUM 2 MG TABLET	1		XIGDUO XR 5 MG-1,000 MG TABLET	3	QL
WARFARIN SODIUM 2.5 MG TABLET	1		XIGDUO XR 5 MG-500 MG TABLET	3	QL
WARFARIN SODIUM 3 MG TABLET	1		XOLAIR 150 MG/1.2 ML POWDER VL	5	PA, LDD, SRX
WARFARIN SODIUM 4 MG TABLET	1		XOLAIR 150 MG/ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 5 MG TABLET	1		XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LDD, SRX
WARFARIN SODIUM 6 MG TABLET	1		XTAMPZA ER 13.5 MG CAPSULE	3	PA
WARFARIN SODIUM 7.5 MG TABLET	1		XTAMPZA ER 18 MG CAPSULE	3	PA
WAVESENSE CONTROL SOLN NORMAL	3		XTAMPZA ER 27 MG CAPSULE	3	PA
WERA 0.5/0.035 MG 28 TABLET	1		XTAMPZA ER 36 MG CAPSULE	3	PA
WESCAP-PN DHA CAPSULE	1		XTAMPZA ER 9 MG CAPSULE	3	PA
WESNATE DHA SOFTGEL	1		XTANDI 40 MG CAPSULE	5	PA, QL, LDD, SRX
WESTAB PLUS TABLET	1		XTANDI 40 MG TABLET	5	PA, QL, LDD, SRX
WESTHROID 32.5 MG TABLET	1		XTANDI 80 MG TABLET	5	PA, QL, LDD, SRX
WESTHROID 65 MG TABLET	1		XULANE 150-35 MCG/DAY PATCH	1	
WIXELA 100-50 INHUB	2	QL	YALE NEEDLES 21GX1.25"	3	
WIXELA 250-50 INHUB	2	QL	YOURX ULTICARE PEN ND 4MM 32G	3	
WIXELA 500-50 INHUB	2	QL	YOURX ULTICARE PEN ND 6MM 31G	3	
WM UNIFINE PENTIP PLUS 4MM 32G	3		YOURX ULTICARE PEN ND 8MM 31G	3	
WM UNIFINE PENTIP PLUS 5MM 31G	3		YUVAFEM 10 MCG VAGINAL INSERT	2	QL
WM UNIFINE PENTIP PLUS 6MM 31G	3		ZAFEMY 150-35 MCG/DAY PATCH	1	
WM UNIFINE PENTIP PLUS 8MM 31G	3		ZAFIRLUKAST 10 MG TABLET	2	



## 2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)
ZAFIRLUKAST 20 MG TABLET	2	
ZALEPLON 10 MG CAPSULE	2	
ZALEPLON 5 MG CAPSULE	2	
ZARAH TABLET	1	
ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
ZATEAN-PN DHA CAPSULE	1	
ZATEAN-PN PLUS SOFTGEL	1	
ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
ZENATANE 10 MG CAPSULE	4	
ZENATANE 20 MG CAPSULE	4	
ZENATANE 30 MG CAPSULE	4	
ZENATANE 40 MG CAPSULE	4	
ZENZEDI 10 MG TABLET	2	QL
ZENZEDI 5 MG TABLET	2	QL
ZETONNA 37 MCG NASAL SPRAY	4	ST
ZIDOVUDINE 100 MG CAPSULE	2	
ZIDOVUDINE 300 MG TABLET	2	
ZIDOVUDINE 50 MG/5 ML SYRUP	2	
ZILEUTON ER 600 MG TABLET	5	SRX
ZIOPATAN 0.0015% EYE DROP	4	QL
ZIOPATAN 0.0015% EYE DROPS	4	QL
ZIPRASIDONE HCL 20 MG CAPSULE	2	
ZIPRASIDONE HCL 40 MG CAPSULE	2	
ZIPRASIDONE HCL 60 MG CAPSULE	2	
ZIPRASIDONE HCL 80 MG CAPSULE	2	
ZIRGAN 0.15% OPHTHALMIC GEL	4	
ZOLADEX 10.8 MG IMPLANT SYRN	5	PA, SRX
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, SRX
ZOLINZA 100 MG CAPSULE	5	PA, QL, SRX
ZOLMITRIPTAN 2.5 MG ODT	2	QL
ZOLMITRIPTAN 2.5 MG TABLET	2	QL
ZOLMITRIPTAN 5 MG ODT	2	QL
ZOLMITRIPTAN 5 MG TABLET	2	QL
ZOLPIDEM TART ER 12.5 MG TAB	2	
ZOLPIDEM TART ER 6.25 MG TAB	2	
ZOLPIDEM TARTRATE 10 MG TABLET	2	
ZOLPIDEM TARTRATE 5 MG TABLET	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZOSTAVAX VIAL	3	
ZOVIA 1-35 TABLET	1	
ZUMANDIMINE 3 MG-0.03 MG TAB	1	
ZYDELIG 100 MG TABLET	5	PA, QL, LDD, SRX
ZYDELIG 150 MG TABLET	5	PA, QL, LDD, SRX
ZYKADIA 150 MG TABLET	5	PA, QL, SRX
ZYLET EYE DROPS	4	PA

## Frequently Asked Questions (FAQs)

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

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

**A.** To help make sure you have access to coverage for safe, clinically effective and low-cost medications, Cigna Healthcare regularly reviews and updates the prescription drug list.<sup>2,3</sup> We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

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

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

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

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

There are also certain medications and products that cannot be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through their coverage review process. For example, your plan

doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

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

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

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

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

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

**A.** Log in to the **myCigna App** or **myCigna.com**, or

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

check your plan materials, to learn more about how your plan covers your medications. If your medication has a **PA** or **ST** next to it, your medication needs approval before your plan will cover it. If it has a **QL** next to it, you may need approval depending on the amount you're filling. If it has **AGE** next to it, you may need approval depending on the covered age range for the medication.

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

A. Medications that:

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

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

A. Medications that are often:

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

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

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

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

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

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

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

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

Cigna Healthcare will review information your doctor sends us to make sure your medication meets coverage requirements. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna** App or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

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

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

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

## 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 will need to contact Cigna Healthcare to request approval for the larger amount.

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

**A.** Yes.

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

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

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

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

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

**A.** When you and your doctor are considering the right medication for your treatment, knowing how

much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.<sup>4</sup>

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

**A.** Consider taking 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. You should talk with your doctor to see if one of these options may work for you.

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

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.<sup>5</sup> Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality, and safety.

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

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

Generics typically cost much less than brand-name medications – in some cases, up to 85% less.<sup>5</sup> Just because generics cost less, it doesn't mean they're a lower-quality.

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

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

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

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

A. Yes.<sup>6</sup>

#### Express Scripts® Pharmacy for maintenance medications

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost<sup>7</sup>
- Refill reminders<sup>8</sup>
- Fill up to a 90-day supply at one time<sup>9</sup>
- Helpful pharmacists available 24/7

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills)<sup>8</sup> electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

#### Accredo® for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of

specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>10</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost<sup>7</sup>
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help with applying for third-party copay assistance programs

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

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

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

## Exclusions and Limitations: What is not covered by this policy

### Excluded Services

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

1. **Services obtained from a Non-Participating/ Out-of-Network Provider**, except for treatment of an Emergency Medical Condition.
2. Any **amounts in excess of maximum benefit limitations of Covered Expenses** stated in this EOC.
3. Services **not specifically listed as Covered Services** in this EOC.
4. Services or supplies that are **not Medically Necessary**.
5. Services or supplies that are considered to be for **Experimental Procedures or Investigational Procedures or Unproven Procedures**.
6. Services **received before the Effective Date of coverage**.
7. Services **received after coverage under this EOC ends**.
8. Services **for which you have no legal obligation to pay** or for which no charge would be made if you did not have a health plan or insurance coverage.
9. Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, **under any workers' compensation, employer's liability law or occupational disease law**, even if the Member does not claim those benefits.
10. Conditions caused by: (a) an **act of war (declared or undeclared)**; (b) the **inadvertent release of nuclear energy** when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) a Member **participating in the military service of any country**; (d) a Member **participating in an insurrection, rebellion, or riot**; (e) services received as a direct result of a Member's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Member being engaged in an illegal occupation**; (f) a Member **being intoxicated**, as defined by applicable state law in the state where the Illness occurred **or under the influence of illegal narcotics or non-prescribed controlled substances** unless administered or prescribed by Physician.
11. Any **services provided by a local, state or federal government agency**, except when payment under this EOC is expressly required by federal or state law.
12. Any **services required by state or federal law to be supplied by a public school system** or school district.
13. Any **services for which payment may be obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
14. **If the Member is eligible for Medicare** Part A, B, C or D, Cigna will provide claim payment according to this EOC minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
15. **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this EOC.
16. Professional **services or supplies received or purchased directly or on your behalf by anyone, including a Physician**, from any of the following:
  - Yourself or your employer;
  - A person who lives in the Member's home, or that person's employer;
  - A person who is related to the Member by blood, marriage or adoption, or that person's employer; or.
  - A facility or health care professional that provides remuneration to you, directly or indirectly, or to an organization from which you receive, directly or indirectly, remuneration.
17. Services of a Hospital emergency room **for any condition that is not an Emergency Medical Condition** as defined in this EOC.
18. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.**
19. **Private duty nursing** except when provided as part of the home health care services or Hospice

## Exclusions and Limitations: What is not covered by this policy (cont.)

Care Services benefit in this EOC.

20. Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or Physical Therapy.**
21. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
22. **Complementary and alternative medicine services, including but not limited to:** massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; Acupuncture (this exclusion does not apply to the Cigna Connect +Acupuncture plans); acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
  - Has not been actively involved in your medical care prior to ordering the service, or
  - Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction. This exclusion does not apply to orthodontic treatment for a congenital anomaly related to or developed as a result of cleft palate, with or without cleft lip.
31. **Dental implants:** dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Hearing aids** including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this EOC, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound. This exclusion does not apply to cochlear implants.
34. **Routine hearing tests** except as provided under Preventive Care.
35. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked

## Exclusions and Limitations: What is not covered by this policy (cont.)

inheritable disease.

- 36. Gene Therapy** including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
- 37. Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric Vision Care.
- 38. An eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- 39. Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
- 40. Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
- 41. Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.
- 42. Services and procedures for redundant skin surgery** including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries **regardless of clinical indications**.
- 43. Procedures, surgery or treatments to change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
- 44. Any treatment, Prescription Drug, service or supply to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
- 45. Surgical services related to treatment of fertility and/or Infertility** and any artificial means of conception, including, but not limited to, surgical procedures, artificial insemination, in-vitro fertilization (IVF), ovum or embryo placement, intracytoplasmic sperm injection (ICSI), and gamete intrafallopian transfer (GIFT) and associated services.
- 46. Treatment for Infertility or reduced fertility** that results from a prior sterilization procedure or a normal physiological change such as menopause.
- 47. Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
- 48. 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.
- 49. Blood administration for the purpose of general improvement in physical condition**.
- 50. Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
- 51. External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
- 52. Myoelectric Protheses** peripheral nerve stimulators.
- 53. Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.



## Exclusions and Limitations: What is not covered by this policy (cont.)

- 54. Prefabricated foot Orthoses.**
- 55. Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
- 56. Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
- 57. Orthoses primarily used for cosmetic** rather than functional reasons.
- 58. 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.
- 59. 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 Member has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction, except as otherwise stated in this EOC.
- 60. Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
- 61. 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.
- 62. Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna.
- 63. Nutritional counseling or food supplements**, except as stated in this EOC.
- 64. Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the “Comprehensive Benefits: What the EOC Pays For” section of this EOC. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this EOC.
- 65. Physical, and/or Occupational Therapy/ Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under “Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)” in the section of this EOC titled “Comprehensive Benefits: What the EOC Pays For”.
- 66. Foreign Country Provider charges** except as specifically stated under “Foreign Country Providers” in the section of this EOC titled “Comprehensive Benefits: What the EOC Pays For.”
- 67. Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, a systemic condition, Injury or symptoms involving the feet except as otherwise stated in this EOC.
- 68. Charges for which We are unable to determine Our liability** because the Member failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us

## Exclusions and Limitations: What is not covered by this policy (cont.)

with information We requested regarding the circumstances of the claim or other insurance coverage.

69. Charges for the **services of a standby Physician**.
70. Charges for **animal to human organ transplants**.
71. **Claims received by Cigna after 15 months from the date service was rendered**, except in the event of a legal incapacity.
72. Elective, non-medical emergency **abortions** as defined in § 3I-9A-2.
73. Enteral feeding (Unless it is documented as a sole source of nutrition).
74. Services obtained from a **Dedicated Virtual Primary Care Physician** such as Emergency Medical Conditions, lab or diagnostic imaging to determine a final diagnosis, psychiatric conditions and select medications.

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://www.myCigna.com).
2. Prices shown on [myCigna](https://www.myCigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://www.myCigna.com) for more information.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
4. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
5. Standard shipping costs are included as part of your prescription plan.
6. You can sign up to get emails and/or texts from Express Scripts® Pharmacy. To get text messages, you'll have to sign up for Express Scripts' texting service. You can do this online or when you call 800.835.3784 to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
7. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription. **Tier 5 medications are limited to a 30-day supply.**
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

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

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

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). 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).

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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