

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® App¹ 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 HealthcareSM ID card. We're here 24/7/365.

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

About this drug list

This is a list of the prescription medications covered on the Cigna Plus Georgia 5-Tier Prescription Drug List as of January 1, 2024.^{2,3} 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.

Tier 1 – Preferred Generic Medications. 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 \$
Tier 2 – Generic Medications. This tier typically includes most generic medications and some low-cost brand-name medications. Generic medications have the same strength and active ingredients as brand-name medications, but often cost much less.	Lower-cost medication \$\$
Tier 3 – Preferred Brand Medications. This tier typically includes preferred brand-name medications and some high-cost generic medications.	Medium-cost medication \$\$\$
Tier 4 – Non-Preferred Medications. This tier typically includes non-preferred brand-name medications and some high-cost generic medications.	Higher-cost medication \$\$\$\$
Tier 5 – Specialty and Other High-Cost Medications. 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.

PA	Prior Authorization – Certain medications need approval from Cigna Healthcare before your plan will cover them. These medications have PA next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna Healthcare.
QL	Quantity Limits – 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 QL next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna Healthcare.
ST	Step Therapy – 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 ST 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.)

AGE	Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have AGE 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.
SRX	Specialty Medications – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have SRX next to them. Your plan limits specialty medications to a 30-day supply.
LDD	Limited Distribution Drugs – 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 LDD 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		ADAPALENE 0.1% CREAM	2	PA_AGE
ABOUTIME PEN NEEDLE 31G X 5MM	3		ADAPALENE 0.1% GEL	2	PA_AGE
ABOUTIME PEN NEEDLE 31G X 8MM	3		ADAPALENE 0.1% LOTION	2	PA_AGE
ABOUTIME PEN NEEDLE 32G X 4MM	3		ADAPALENE 0.1% SOLUTION	2	PA_AGE
ACAMPROSATE CALC DR 333 MG TAB	3		ADAPALENE 0.3% GEL	2	PA_AGE
ACARBOSE 100 MG TABLET	2		ADAPALENE 0.3% GEL PUMP	2	PA_AGE
ACARBOSE 25 MG TABLET	2		ADEFOVIR DIPIVOXIL 10 MG TAB	5	SRX
ACARBOSE 50 MG TABLET	2		ADEMPAS 0.5 MG TABLET	5	PA, LDD, SRX
ACCU-CHEK AVIVA SOLUTION	3		ADEMPAS 1 MG TABLET	5	PA, LDD, SRX
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3		ADEMPAS 1.5 MG TABLET	5	PA, LDD, SRX
ACCU-CHEK SMARTVIEW CONTRL SOL	3		ADEMPAS 2 MG TABLET	5	PA, LDD, SRX
ACUTANE 10 MG CAPSULE	4		ADEMPAS 2.5 MG TABLET	5	PA, LDD, SRX
ACUTANE 20 MG CAPSULE	4		ADVOCATE CONTROL SOLUTION HIGH	3	
ACUTANE 30 MG CAPSULE	4		ADVOCATE CONTROL SOLUTION LOW	3	
ACUTANE 40 MG CAPSULE	4		ADVOCATE INS 0.3 ML 30GX5/16"	3	
ACCUTREND GLUCOSE CONTROL	3		ADVOCATE INS 0.3 ML 31GX5/16"	3	
ACE AEROSOL CLOUD ENHANCER	3	QL	ADVOCATE INS 0.5 ML 30GX5/16"	3	
ACEBUTOLOL 200 MG CAPSULE	2		ADVOCATE INS 0.5 ML 31GX5/16"	3	
ACEBUTOLOL 400 MG CAPSULE	2		ADVOCATE INS 1 ML 31GX5/16"	3	
ACETAMN-CAF-DIHYDRCODEIN 320.5	2	PA	ADVOCATE INS SYR 0.3ML 29GX1/2	3	
ACETAMIN-CODEIN 300-30 MG/12.5	2		ADVOCATE INS SYR 0.5ML 29GX1/2	3	
ACETAMINOP-CODEINE 120-12 MG/5	2		ADVOCATE INS SYR 1 ML 29GX1/2"	3	
ACETAMINOPHEN-COD #2 TABLET	2	PA	ADVOCATE INS SYR 1 ML 30GX5/16	3	
ACETAMINOPHEN-COD #3 TABLET	2	PA	ADVOCATE PEN NDL 12.7MM 29G	3	
ACETAMINOPHEN-COD #4 TABLET	2	PA	ADVOCATE PEN NEEDLE	3	
ACETAZOLAMIDE 125 MG TABLET	2		ADVOCATE PEN NEEDLES 5MM 31G	3	
ACETAZOLAMIDE 250 MG TABLET	2		ADVOCATE PEN NEEDLES 8MM 31G	3	
ACETAZOLAMIDE ER 500 MG CAP	2		ADVOCATE REDI-CODE+ CTRL SOLN	3	
ACETIC ACID 0.25% IRRIG SOLN	2		AEROCHAMBER MINI	3	QL
ACETIC ACID 2% EAR SOLUTION	2		AEROCHAMBER MV	3	QL
ACETYLCYSTEINE 10% VIAL	2		AEROCHAMBER PLUS FLOW-VU	3	QL

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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	ALOCRIAL	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	
AKYZEO 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 25 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 160 MCG INHALER	4	ST
ALBUTEROL SULFATE ER 8 MG TAB	2		ALVESCO 80 MCG INHALER	4	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		AMBRISENTAN 10 MG TABLET	5	PA, LDD, SRX
ALENDRONATE SODIUM 5 MG TABLET	1		AMBRISENTAN 5 MG TABLET	5	PA, LDD, SRX
ALENDRONATE SODIUM 70 MG TAB	2		AMCINONIDE 0.1% CREAM	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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		APRACLONIDINE HCL 0.5% DROPS	2	
AMLOD-VALSA-HCTZ 10-160-12.5MG	2		APREPITANT 125 MG CAPSULE	2	QL
AMLOD-VALSA-HCTZ 10-160-25 MG	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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 PA
APTIVUS	3			ASCOMP WITH CODEINE CAPSULE	2 PA
AQ INSULIN SYR 0.5 ML 30G 8MM	3			ASENAPINE 10 MG TABLET SL	4 QL
AQ INSULIN SYR 1 ML 31G 8MM	3			ASENAPINE 2.5 MG TABLET SL	4 QL
AQ INSULIN SYRIN 1 ML 29G 12MM	3			ASENAPINE 5 MG TABLET SL	4 QL
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 QL, ST
ARANELLE 28 TABLET	1			ASMANEX HFA 200 MCG INHALER	4 QL, ST
ARANESP 10 MCG/0.4 ML SYRINGE	5	PA, SRX		ASMANEX HFA 50 MCG INHALER	4 QL, ST
ARANESP 100 MCG/0.5 ML SYRINGE	5	PA, SRX		ASMANEX TWISTHALER 110 MCG #30	4 QL, ST
ARANESP 100 MCG/ML VIAL	5	PA, SRX		ASMANEX TWISTHALER 220 MCG #14	4 ST
ARANESP 150 MCG/0.3 ML SYRINGE	5	PA, SRX		ASMANEX TWISTHALER 220 MCG #30	4 QL, ST
ARANESP 200 MCG/0.4 ML SYRINGE	5	PA, SRX		ASMANEX TWISTHALER 220 MCG #60	4 QL, ST
ARANESP 200 MCG/ML VIAL	5	PA, SRX		ASMANEX TWISTHALR 220 MCG #120	4 QL, ST
ARANESP 25 MCG/0.42 ML SYRINGE	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 SRX
ARIPIPRAZOLE 15 MG TABLET	2			ASTAGRAF XL 1 MG CAPSULE	5 SRX
ARIPIPRAZOLE 2 MG TABLET	2			ASTAGRAF XL 5 MG CAPSULE	5 SRX
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-CHLORTHALIDONE 100-25	2
ARMOUR THYROID 120 MG TABLET	3			ATENOLOL-CHLORTHALIDONE 50-25	2
ARMOUR THYROID 15 MG TABLET	3			ATOMOXETINE HCL 10 MG CAPSULE	2 QL
ARMOUR THYROID 180 MG TABLET	3			ATOMOXETINE HCL 100 MG CAPSULE	2 QL
ARMOUR THYROID 240 MG TABLET	3			ATOMOXETINE HCL 18 MG CAPSULE	2 QL

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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	QL
AUROVELA 1 MG-20 MCG TABLET	1		BAQSIMI 3 MG SPRAY TWO PACK	3	QL
AUROVELA 21 1.5-30 TABLET	1		BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
AUROVELA 24 FE 1 MG-20 MCG TAB	1		BASAGLAR 100 UNIT/ML KWIKPEN	3	QL
AUROVELA FE 1.5 MG-30 MCG TAB	1		BASAGLAR TEMPO PEN 100 UNIT/ML	3	QL
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 ND 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		BD INS SYR U-500 1/2ML 6MMX31G	3	
AZITHROMYCIN 1 GM PWD PACKET	2		BD INS SYR UF 0.3ML 12.7MMX30G	3	
AZITHROMYCIN 100 MG/5 ML SUSP	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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" ND	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 ND	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 ND	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	
BD NEEDLES 21GX1.5"	3		BD VEO INS SYRN 0.5 ML 6MMX31G	3	
BD NEEDLES 21GX2"	3		BECONASE AQ	4	ST

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

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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 FILM	2			CALCITRIOL 0.25 MCG CAPSULE	2
BUPRENORPHINE-NALOX 8-2 MG TAB	2			CALCITRIOL 0.5 MCG CAPSULE	2
BUPRENORPHINE-NALOX 8-2MG FILM	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
CA INS SYR 0.5 ML 30GX5/16"	3			CARBAMAZEPINE 100 MG/5 ML SUSP	2
CA INS SYR 0.5 ML 31GX5/16"	3			CARBAMAZEPINE 200 MG TABLET	2

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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 PNTP 12MM 29G	3		CARTEOLOL HCL 1% EYE DROPS	2	
CAREONE UNIFINE PNTP 31GX3/16"	3		CARTIA XT 120 MG CAPSULE	2	
CAREONE UNIFINE PNTP 31GX5/16"	3		CARTIA XT 180 MG CAPSULE	2	
CAREONE UNIFINE PNTP 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		CARVEDILOL 12.5 MG TABLET	1	
CAREPOINT LL SYR 3 ML 22G 1"	3		CARVEDILOL 25 MG TABLET	1	
CAREPOINT LL SYR 3 ML 22G 38MM	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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
CAZANT 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
CEFUROXIME AXETIL 250 MG TAB	2			CHOLESTYRAMINE LIGHT PACKET	2
CEFUROXIME 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
CHARLOTTE 24 FE CHEWABLE TAB	1			CIMETIDINE 300 MG TABLET	2
CHATEAL EQ-28 TABLET	1			CIMETIDINE 300 MG/5 ML SOLN	2

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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
CITALOPRAM HBR 10 MG TABLET	1	QL		CLOBAZAM 2.5 MG/ML SUSPENSION	4
CITALOPRAM HBR 10 MG/5 ML SOLN	2	QL		CLOBAZAM 20 MG TABLET	4
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 0.5 MG TABLET	2
CLICKFINE 31G X 5/16" NEEDLES	3			CLONAZEPAM 1 MG DIS TABLET	2
CLICKFINE PEN NEEDLE 32GX5/32"	3			CLONAZEPAM 1 MG ODT	2
CLICKFINE UNIVERSAL 31G X 1/4"	3			CLONAZEPAM 1 MG TABLET	2
CLIND PH-BENZOYL PEROX 1.2-5%	2			CLONAZEPAM 2 MG ODT	2
				CLONAZEPAM 2 MG TABLET	2

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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		COMPACT SPACE CHAMBER-LRG MASK	3	QL
COMFORT EZ INSULIN SYR 0.3 ML	3		COMPACT SPACE CHAMBER-MED MASK	3	QL
COMFORT EZ INSULIN SYR 0.5 ML	3				

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
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		DELTEC COZMO CLEO INFUSION SET	3
CYCLOSPORINE 0.05% EYE EMULS	4		DEMECLOCYCLINE 150 MG TABLET	2
CYCLOSPORINE 100 MG CAPSULE	2			

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

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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			DOLISHALE 90-20 MCG TABLET	1
DILTIAZEM 24H ER(LA) 240 MG TB	2			DONEPEZIL HCL 10 MG TABLET	2
DILTIAZEM 24H ER(LA) 300 MG TB	2				

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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 0.5ML 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				
DULOXETINE HCL DR 20 MG CAP	2	QL			
DULOXETINE HCL DR 30 MG CAP	2	QL			

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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		EASY TOUCH HYPODERMIC 23GX1"	3	
EASY TOUCH 0.5 ML SYR 29GX1/2"	3		EASY TOUCH HYPODERMIC 23GX1.25	3	
EASY TOUCH 0.5 ML SYR 30GX1/2"	3		EASY TOUCH HYPODERMIC 23GX1.5"	3	
EASY TOUCH 0.5 ML SYR 30GX5/16	3		EASY TOUCH HYPODERMIC 23GX3/4"	3	
EASY TOUCH 1 ML SYR 27GX1/2"	3		EASY TOUCH HYPODERMIC 24GX1"	3	
EASY TOUCH 1 ML SYR 29GX1/2"	3				

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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 ND 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 ND 29G 5MM	3		EEMT HS 0.625-1.25 MG TABLET	2	
EASY TOUCH SAF PEN ND 29G 8MM	3		EFAVIR-EMTRI-TENOF 600-200-300	2	QL
EASY TOUCH SAF PEN ND 30G 5MM	3		EFAVIRENZ 200 MG CAPSULE	2	
EASY TOUCH SAF PEN ND 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	
EASY TOUCH SYR 3 ML 22GX1-1/2"	3		ELEMENT CONTROL SOLN NORMAL	3	
EASY TOUCH SYR 3 ML 25GX5/8"	3		ELEMENT CONTROL SOLUTION HIGH	3	
EASY TOUCH SYRINGE 3 ML 20GX1"	3		ELEMENT CONTROL SOLUTION LOW	3	
EASY TOUCH SYRINGE 3 ML 21GX1"	3		ELETRIPTAN HBR 20 MG TABLET	2	QL
EASY TOUCH SYRINGE 3 ML 22GX1"	3		ELETRIPTAN HBR 40 MG TABLET	2	QL

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ELINEST-28 TABLET	1			ENGERIX-B 20 MCG/ML VIAL	3
ELIQUIS 2.5 MG TABLET	3	PA, QL		ENGERIX-B PEDI 10 MCG/0.5 SYRN	3
ELIQUIS 5 MG TABLET	3	PA, QL		ENLITE SERTER	3
ELIQUIS DVT-PE TREAT START 5MG	3	PA, QL		ENLYTE SOFTGEL	4
ELITE-OB CAPLET	1			ENOXAPARIN 100 MG/ML SYRINGE	5
ELLA 30 MG TABLET	4			ENOXAPARIN 120 MG/0.8 ML SYR	5
ELMIRON 100 MG CAPSULE	4			ENOXAPARIN 150 MG/ML SYRINGE	5
ELURYNG VAGINAL RING	2			ENOXAPARIN 30 MG/0.3 ML SYR	5
EMBRACE GLUC CONTROL SOLN HIGH	3			ENOXAPARIN 300 MG/3 ML VIAL	5
EMBRACE EVO LEVEL 1 CTRL SOLN	3			ENOXAPARIN 40 MG/0.4 ML SYR	5
EMBRACE GLUC CONTROL SOLN LOW	3			ENOXAPARIN 60 MG/0.6 ML SYR	5
EMBRACE PEN NEEDLE 29G 12MM	3			ENOXAPARIN 80 MG/0.8 ML SYR	5
EMBRACE PEN NEEDLE 30G 5MM	3			ENPRESSE-28 TABLET	1
EMBRACE PEN NEEDLE 30G 8MM	3			ENSKYCE 28 TABLET	1
EMBRACE PEN NEEDLE 31G 5MM	3			ENTACAPONE 200 MG TABLET	2
EMBRACE PEN NEEDLE 31G 6MM	3			ENTECAVIR 0.5 MG TABLET	5
EMBRACE PEN NEEDLE 31G 8MM	3			ENTECAVIR 1 MG TABLET	5
EMBRACE PEN NEEDLE 32G 4MM	3			ENTRESTO 24 MG-26 MG TABLET	3
EMBRACE PRO CONTROL SOLUTION	3			ENTRESTO 49 MG-51 MG TABLET	3
EMBRACE TALK CTRL SOL-HIGH(L2)	3			ENTRESTO 97 MG-103 MG TABLET	3
EMBRACE TALK CTRL SOLN-LOW(L1)	3			ENULOSE 10 GM/15 ML SOLUTION	2
EMCYT 140 MG CAPSULE	5	SRX		EPCLUSA 150-37.5 MG PELLETT PKT	5
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX		EPCLUSA 200 MG-50 MG TABLET	5
EMOQUETTE 28 DAY TABLET	1			EPCLUSA 200-50 MG PELLETT PACK	5
EMTRICITABINE 200 MG CAPSULE	2			EPCLUSA 400 MG-100 MG TABLET	5
EMTRICITABINE-TENOFV 100-150MG	2			EPIDIOLEX 100 MG/ML SOLN PACK	4
EMTRICITABINE-TENOFV 133-200MG	2			EPIDIOLEX 100 MG/ML SOLUTION	4
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
EMVERM 100 MG TABLET CHEW	4			EPINEPHRINE 0.3 MG AUTO-INJECT	2
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
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			EQL INS SYR 1 ML 29GX1/2"	3
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX		EQL INSUL SYR 0.3 ML 31GX5/16"	3
ENBREL 25 MG/0.5 ML VIAL	5	PA, QL, SRX		EQL INSUL SYR 0.5 ML 31GX5/16"	3
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, QL, SRX		EQL INSULIN 0.3 ML SYRINGE	3
ENBREL 50 MG/ML SURECLICK	5	PA, QL, SRX		EQL INSULIN 0.5 ML SYRINGE	3
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX		EQL INSULIN 1 ML SYRINGE	3
ENDOCET 10-325 MG TABLET	2	PA		EQL INSULIN SYR 1 ML 31GX5/16"	3
ENDOCET 2.5-325 MG TABLET	2	PA		EQL PEN 8MM 31G X 5/16" NEEDLE	3
ENDOCET 5-325 MG TABLET	2	PA		ERGOLOID MESYLATES 1 MG TAB	1
ENDOCET 7.5-325 MG TABLET	2	PA		ERIVEDGE 150 MG CAPSULE	5
ENDOMETRIN 100 MG VAG INSERT	4	PA		ERLOTINIB HCL 100 MG TABLET	5
ENGERIX-B 20 MCG/ML SYRN	3			ERLOTINIB HCL 150 MG TABLET	5

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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	
ESTRADIOL 0.075 MG PATCH(1/WK)	2	QL	EVEROLIMUS 0.25 MG TABLET	5	SRX
ESTRADIOL 0.075 MG PATCH(2/WK)	2	QL	EVEROLIMUS 0.5 MG TABLET	5	SRX
ESTRADIOL 0.1 MG PATCH (1/WK)	2	QL	EVEROLIMUS 0.75 MG TABLET	5	SRX
ESTRADIOL 0.1 MG PATCH (2/WK)	2	QL	EVEROLIMUS 1 MG TABLET	5	SRX
ESTRADIOL 0.5 MG TABLET	1		EVEROLIMUS 10 MG TABLET	5	PA, QL, SRX
ESTRADIOL 1 MG TABLET	1		EVEROLIMUS 2 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL 10 MCG VAGINAL INSRT	2	QL	EVEROLIMUS 2.5 MG TABLET	5	PA, QL, SRX
ESTRADIOL 2 MG TABLET	1		EVEROLIMUS 3 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL-NORETH 0.5-0.1 MG TB	2		EVEROLIMUS 5 MG TAB FOR SUSP	5	PA, QL, SRX
ESTRADIOL-NORETH 1-0.5 MG TAB	2		EVEROLIMUS 5 MG TABLET	5	PA, QL, SRX
ESTROGEN-METHYLTESTOS.F.S. TAB	2		EVEROLIMUS 7.5 MG TABLET	5	PA, QL, SRX
ESTROGEN-METHYLTESTOS H.S. TAB	2		EVOLUTION CONTROL SOLN NORMAL	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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		FEMYNOR 28 TABLET	1	
EXEL SYRINGE 21GX1-1/2" 3 ML	3		FENOFIBRATE 120 MG TABLET	2	
EXEL SYRINGE 22GX1" 3 ML	3		FENOFIBRATE 130 MG CAPSULE	2	
EXEL SYRINGE 22GX1-1/2" 3 ML	3		FENOFIBRATE 134 MG CAPSULE	2	
EXEL SYRINGE 22GX3/4" 3 ML	3		FENOFIBRATE 145 MG TABLET	2	
EXEL SYRINGE 23GX1" 3 ML	3		FENOFIBRATE 150 MG CAPSULE	2	
EXEL SYRINGE 25GX1" 3 ML	3		FENOFIBRATE 160 MG TABLET	2	
EXEL U100 0.3 ML 29GX1/2"	3		FENOFIBRATE 200 MG CAPSULE	2	
EXEL U100 0.3 ML 30GX5/16"	3		FENOFIBRATE 40 MG TABLET	2	
EXEL U100 0.5 ML 28GX1/2"	3		FENOFIBRATE 43 MG CAPSULE	2	
EXEL U100 0.5 ML 29GX1/2"	3		FENOFIBRATE 48 MG TABLET	2	
EXEL U100 0.5 ML 30GX5/16"	3		FENOFIBRATE 50 MG CAPSULE	2	
EXEL U100 1 ML 30GX5/16"	3				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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		FLUOCINOLONE 0.025% OINTMENT	2	
FIFTY50 PEN NEEDLE 32G X 5/32"	3		FLUOCINOLONE OIL 0.01% EAR DRP	2	
FILTER ASPIRATOR NEEDLE	3		FLUOCINONIDE 0.05% CREAM	2	
FILTER NEEDLE	3		FLUOCINONIDE 0.05% GEL	2	
FILTER NEEDLE 19GX1-1/2"	3		FLUOCINONIDE 0.05% OINTMENT	2	
FILTER NEEDLE 5 MICRON	3		FLUOCINONIDE 0.05% SOLUTION	2	
FINASTERIDE 5 MG TABLET	2		FLUOCINONIDE 0.1% CREAM	2	
FINGOLIMOD 0.5 MG CAPSULE	5	PA, QL, SRX	FLUOCINONIDE-E 0.05% CREAM	2	
FINZALA 1-0.02(24)-75 CHEW TAB	1		FLUORIDEX DAILY DEFENSE	2	
FIRVANQ 25 MG/ML SOLUTION	3	QL	FLUORIDEX SENSITIV RLF PASTE	2	
FIRVANQ 50 MG/ML SOLUTION	3	QL	FLUOROMETHOLONE 0.1% DROPS	2	
FLAC OTIC OIL 0.01% EAR DROP	2		FLUOROURACIL 0.5% CREAM	4	
FLAVOXATE HCL 100 MG TABLET	2				

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

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
FYCOMPA 2 MG TABLET	4	PA, QL	GENOTROPIN MINIQUICK 2 MG	5 PA, SRX
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 QL
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 PA, QL, LDD, SRX
GABAPENTIN 400 MG CAPSULE	2		GILOTRIF 30 MG TABLET	5 PA, QL, LDD, SRX
GABAPENTIN 600 MG TABLET	2		GILOTRIF 40 MG TABLET	5 PA, QL, LDD, SRX
GABAPENTIN 800 MG TABLET	2		GLATIRAMER 20 MG/ML SYRINGE	5 PA, SRX
GALANTAMINE ER 16 MG CAPSULE	2	QL	GLATIRAMER 40 MG/ML SYRINGE	5 PA, SRX
GALANTAMINE ER 24 MG CAPSULE	2	QL	GLATOPA 20 MG/ML SYRINGE	5 PA, SRX
GALANTAMINE ER 8 MG CAPSULE	2	QL	GLATOPA 40 MG/ML SYRINGE	5 PA, SRX
GALANTAMINE HBR 12 MG TABLET	2		GLEOSTINE 10 MG CAPSULE	4 PA
GALANTAMINE HBR 4 MG TABLET	2		GLEOSTINE 100 MG CAPSULE	4 PA
GALANTAMINE HBR 8 MG TABLET	2		GLEOSTINE 40 MG CAPSULE	4 PA
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 QL
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
GENGRAF 25 MG CAPSULE	2		GLUCOCOM CONTROL SOLUTION	3
GENOTROPIN 12 MG CARTRIDGE	5	PA, SRX	GLUCOSE CONTROL SOLN NORMAL	3
GENOTROPIN 5 MG CARTRIDGE	5	PA, SRX	GLUCOSE CONTROL SOLUTION	3
GENOTROPIN MINIQUICK 0.2 MG	5	PA, SRX	GLYBURIDE 1.25 MG TABLET	1
GENOTROPIN MINIQUICK 0.4 MG	5	PA, SRX	GLYBURIDE 2.5 MG TABLET	1
GENOTROPIN MINIQUICK 0.6 MG	5	PA, SRX	GLYBURIDE 5 MG TABLET	1
GENOTROPIN MINIQUICK 0.8 MG	5	PA, SRX	GLYBURIDE MICRO 1.5 MG TAB	1
GENOTROPIN MINIQUICK 1 MG	5	PA, SRX	GLYBURIDE MICRO 3 MG TABLET	1
GENOTROPIN MINIQUICK 1.2 MG	5	PA, SRX	GLYBURIDE MICRO 6 MG TABLET	1
GENOTROPIN MINIQUICK 1.4 MG	5	PA, SRX	GLYBURIDE-METFORMIN 2.5-500 MG	2
GENOTROPIN MINIQUICK 1.6 MG	5	PA, SRX	GLYBURIDE-METFORMIN 5-500 MG	2
GENOTROPIN MINIQUICK 1.8 MG	5	PA, SRX	GLYBURID-METFORMIN 1.25-250 MG	2

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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		HADLIMA	5	PA, QL, SRX
GNP INSULIN SYR 1 ML 31GX5/16"	3		HAILEY 21 1.5 MG-30 MCG TAB	1	
GNP ULT C 0.3ML 29GX1/2" (1/2)	3		HAILEY 24 FE 1 MG-20 MCG TAB	1	
GNP ULT CMFRT 0.5 ML 29GX1/2"	3		HAILEY FE 1.5-30 TABLET	1	
GNP ULTICARE PEN ND	3		HAILEY FE 1-20 TABLET	1	
GNP ULTICARE PEN ND	3		HALCINONIDE 0.1% CREAM	4	
GNP ULTICARE PEN ND	3		HALOBETASOL PROP 0.05% CREAM	2	
GNP ULTICARE PEN ND	3		HALOBETASOL PROP 0.05% OINTMNT	2	
GNP ULTIGUARD SAFEPACK 31G 5MM	3		HALOETTE VAGINAL RING	2	
GNP ULTIGUARD SAFEPACK 31G 8MM	3		HALOPERIDOL 0.5 MG TABLET	2	
GNP ULTIGUARD SAFEPACK 32G 4MM	3		HALOPERIDOL 1 MG TABLET	2	
GNP ULTIGUARD SAFEPACK 32G 6MM	3		HALOPERIDOL 10 MG TABLET	2	
GNP ULTR CMFRT 0.5 ML 28GX1/2"	3		HALOPERIDOL 2 MG TABLET	2	
GNP ULTR CMFRT 0.5 ML 30GX5/16	3		HALOPERIDOL 20 MG TABLET	2	
GNP ULTR COMFORT 1 ML 29GX1/2"	3		HALOPERIDOL 5 MG TABLET	2	
GNP ULTRA COMFORT 0.5 ML SYR	3		HALOPERIDOL LAC 10 MG/5 ML CUP	2	
GNP ULTRA COMFORT 1 ML SYRINGE	3		HALOPERIDOL LAC 2 MG/ML CONC	2	
GNP ULTRA COMFORT 3/10 ML SYR	3		HARVONI 33.75-150 MG PELLETT PK	5	PA, QL, SRX
GNP ULTRA COMFRT 1 ML 28GX1/2"	3		HARVONI 45-200 MG PELLETT PACKT	5	PA, QL, SRX
GOJJI GLUCOSE CONTROL SOLUTION	3		HARVONI 45-200 MG TABLET	5	PA, QL, SRX
GOJJI KETONE CONTROL SOLUTION	3		HARVONI 90-400 MG TABLET	5	PA, QL, SRX
GRANISETRON HCL 0.1 MG/ML VIAL	4		HAVRIX 1,440 UNIT/ML SYRINGE	3	
GRANISETRON HCL 1 MG TABLET	4		HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
GRANISETRON HCL 1 MG/ML VIAL	4		HEALTHPRO GLUCOSE CONTROL SOLN	3	
GRANISETRON HCL 4 MG/4 ML VIAL	4		HEALTHWISE INS 0.3ML 30GX5/16"	3	
GRISEOFULVIN 125 MG/5 ML SUSP	2		HEALTHWISE INS 0.3ML 31GX5/16"	3	
GRISEOFULVIN MICRO 500 MG TAB	2		HEALTHWISE INS 0.5ML 30GX5/16"	3	
GRISEOFULVIN ULTRA 125 MG TAB	2		HEALTHWISE INS 0.5ML 31GX5/16"	3	
GRISEOFULVIN ULTRA 250 MG TAB	2		HEALTHWISE INS 1 ML 30GX5/16"	3	
GS PEN NEEDLE 31G X 5/16"	3		HEALTHWISE INS 1 ML 31GX5/16"	3	
GS PEN NEEDLE 31G X 5MM	3		HEALTHWISE PEN NEEDLE 31G 5MM	3	
GS PEN NEEDLE 31G X 6MM	3		HEALTHWISE PEN NEEDLE 31G 8MM	3	
GS PEN NEEDLE 31G X 8MM	3		HEALTHWISE PEN NEEDLE 32G 4MM	3	
GS PEN NEEDLE 32G X 4MM	3		HEALTHY ACCENTS PENTIP 4MM 32G	3	
GS PEN NEEDLE 32G X 6MM	3		HEALTHY ACCENTS PENTIP 5MM 31G	3	
GUANFACINE 1 MG TABLET	2		HEALTHY ACCENTS PENTIP 6MM 31G	3	
GUANFACINE 2 MG TABLET	2		HEALTHY ACCENTS PENTIP 8MM 31G	3	

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
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		HYCANTIN 0.25 MG CAPSULE	5 PA, SRX
HEMMOREX-HC 30 MG SUPPOSITORY	2		HYCANTIN 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-ACETAMIN 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	HYDROCODONE-IBUPROFEN 7.5-200	2 PA
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL, SRX	HYDROCORTISON-ACETIC ACID SOLN	2
HUMIRA(CF) PEDI CROHN 80-40 MG	5	PA, QL, LDD, SRX	HYDROCORTISONE 1% CREAM	2
HUMIRA(CF) PEDI CROHN 80MG/0.8	5	PA, QL, LDD, SRX	HYDROCORTISONE 1% OINTMENT	2
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX	HYDROCORTISONE 10 MG TABLET	2
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX	HYDROCORTISONE 100 MG/60 ML	2
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, QL, SRX	HYDROCORTISONE 2.5% CREAM	2
HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, QL, LDD, SRX	HYDROCORTISONE 2.5% LOTION	2
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, QL, SRX	HYDROCORTISONE 2.5% OINTMENT	2
HUMULIN 70/30 KWIKPEN	3	QL	HYDROCORTISONE 20 MG TABLET	2
HUMULIN 70-30 VIAL	3	QL	HYDROCORTISONE 5 MG TABLET	2
HUMULIN N 100 UNIT/ML KWIKPEN	3	QL		

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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
HYOSYNE 125 MCG/5 ML ELIXIR	2			INCONTROL PEN NEEDLE 12MM 29G	3
HYPONEDDLE,POLYPROPYL HUB	3			INCONTROL PEN NEEDLE 4MM 32G	3
HYPODERMIC NEEDLE,ALUM HUB	3			INCONTROL PEN NEEDLE 5MM 31G	3
HYRIMOZ	5	PA, QL, SRX		INCONTROL PEN NEEDLE 6MM 31G	3
IBANDRONATE SODIUM 150 MG TAB	2			INCONTROL PEN NEEDLE 8MM 31G	3
IBRANCE 100 MG CAPSULE	5	PA, QL, LDD, SRX		INCONTROL ULTICARE ND 31G 6MM	3
IBRANCE 100 MG TABLET	5	PA, QL, LDD, SRX		INCONTROL ULTICARE ND 31G 8MM	3
IBRANCE 125 MG CAPSULE	5	PA, QL, LDD, SRX		INCONTROL ULTICARE ND 32G 4MM	3
IBRANCE 125 MG TABLET	5	PA, QL, LDD, SRX		INCRELEX 40 MG/4 ML VIAL	5 PA, LDD, SRX
IBRANCE 75 MG CAPSULE	5	PA, QL, LDD, SRX		INCRUSE ELLIPTA 62.5 MCG INH	3
IBRANCE 75 MG TABLET	5	PA, QL, LDD, SRX		INDAPAMIDE 1.25 MG TABLET	1

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
INDAPAMIDE 2.5 MG TABLET	1		INSULIN SYRIN 0.3 ML 31GX5/16"	3	
INDOMETHACIN 25 MG CAPSULE	2		INSULIN SYRIN 0.5 ML 28G 1/2"	3	
INDOMETHACIN 50 MG CAPSULE	2		INSULIN SYRIN 0.5 ML 28GX1/2"	3	
INDOMETHACIN ER 75 MG CAPSULE	2		INSULIN SYRIN 0.5 ML 29GX1/2"	3	
INFANRIX DTAP SYRINGE	3		INSULIN SYRIN 0.5 ML 30G 1/2"	3	
INFANRIX DTAP VIAL	3		INSULIN SYRIN 0.5 ML 30G 5/16"	3	
INFINITY CONTROL SOLN HIGH	3		INSULIN SYRIN 0.5 ML 30GX1/2"	3	
INFINITY CONTROL SOLN LOW	3		INSULIN SYRIN 0.5 ML 30GX5/16"	3	
INFINITY CONTROL SOLN NORMAL	3		INSULIN SYRIN 0.5 ML 31G 5/16"	3	
INFINITY VOICE CTRL SOLN-LVL 2	3		INSULIN SYRIN 0.5 ML 31GX5/16"	3	
INFUSION SET 23"	3		INSULIN SYRIN 1 ML 29GX1/2"	3	
INFUSION SET 23" 6MM	3		INSULIN SYRING 0.5 ML 27G 1/2"	3	
INFUSION SET 23" 9MM	3		INSULIN SYRING 0.5 ML 27G 13MM	3	
INFUSION SET 43"	3		INSULIN SYRING 0.5 ML 27GX1/2"	3	
INFUSION SET 43" 6MM	3		INSULIN SYRING 0.5 ML 28G 1/2"	3	
INFUSION SET 43" 9MM	3		INSULIN SYRING 0.5 ML 29G 1/2"	3	
INJECT-EASE SYR NDL INTRODUCER	3		INSULIN SYRING 0.5 ML 29GX1/2"	3	
INLYTA 1 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRINGE 0.3 ML	3	
INLYTA 5 MG TABLET	5	PA, QL, LDD, SRX	INSULIN SYRINGE 0.3 ML 31GX1/4	3	
INPEN (FOR HUMALOG) BLUE	3		INSULIN SYRINGE 0.5 ML	3	
INPEN (FOR HUMALOG) GREY	3		INSULIN SYRINGE 0.5 ML 31GX1/4	3	
INPEN (FOR HUMALOG) PINK	3		INSULIN SYRINGE 1 ML	3	
INPEN (NOVOLOG OR FIASP) BLUE	3		INSULIN SYRINGE 1 ML 27G 1/2"	3	
INPEN (NOVOLOG OR FIASP) GREY	3		INSULIN SYRINGE 1 ML 27G 13MM	3	
INPEN (NOVOLOG OR FIASP) PINK	3		INSULIN SYRINGE 1 ML 27GX1/2"	3	
INSET 30 INFUSION SET 23"	3		INSULIN SYRINGE 1 ML 28G 1/2"	3	
INSET INFUSION SET 23" 6MM	3		INSULIN SYRINGE 1 ML 28G 13MM	3	
INSET INFUSION SET 23" 9MM	3		INSULIN SYRINGE 1 ML 28GX1/2"	3	
INSPIRACHAMBER	3	QL	INSULIN SYRINGE 1 ML 29G 1/2"	3	
INSPIRACHAMBER WITH MASK-LARGE	3	QL	INSULIN SYRINGE 1 ML 29GX1/2"	3	
INSPIRACHAMBER WITH MASK-MED	3	QL	INSULIN SYRINGE 1 ML 30G 1/2"	3	
INSPIRACHAMBER WITH MASK-SMALL	3	QL	INSULIN SYRINGE 1 ML 30G 5/16"	3	
INSUL-CAP INSULIN HOLDER	3		INSULIN SYRINGE 1 ML 30GX1/2"	3	
INSUL-EZE SYRINGE MAGNIFIER	3		INSULIN SYRINGE 1 ML 30GX5/16"	3	
INSULIN 1 ML SYRINGE	3		INSULIN SYRINGE 1 ML 31G 5/16"	3	
INSULIN 1/2 ML SYRINGE	3		INSULIN SYRINGE 1 ML 31GX1/4"	3	
INSULIN 3/10 ML SYRINGE	3		INSULIN SYRINGE 1 ML 31GX5/16"	3	
INSULIN ASPART 100 UNIT/ML VL	4	QL, ST	INSUPEN 30G ULTRAFIN NEEDLE	3	
INSULIN ASPART 100 UNIT/ML CRT	4	QL, ST	INSUPEN 31G ULTRAFIN NEEDLE	3	
INSULIN ASPART 100 UNIT/ML PEN	4	QL, ST	INSUPEN 32G 6MM PEN NEEDLE	3	
INSULIN ASPART PRO MIX70-30 PN	4	QL, ST	INSUPEN 32G 8MM PEN NEEDLE	3	
INSULIN ASPART PRO MIX70-30 VL	4	QL, ST	INSUPEN PEN NEEDLE 29GX1/2"	3	
INSULIN CARTRIDGE 3 ML	3		INSUPEN PEN NEEDLE 29GX12MM	3	
INSULIN SYR 0.3 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 30GX8MM	3	
INSULIN SYR 0.3ML 31GX1/4(1/2)	3		INSUPEN PEN NEEDLE 31G 5MM	3	
INSULIN SYRIN 0.3 ML 29GX1/2"	3		INSUPEN PEN NEEDLE 31G 8MM	3	
INSULIN SYRIN 0.3 ML 30GX1/2"	3		INSUPEN PEN NEEDLE 31GX3/16"	3	
INSULIN SYRIN 0.3 ML 30GX5/16"	3		INSUPEN PEN NEEDLE 31GX5/16"	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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		KETOCONAZOLE 2% CREAM	2	
ISOSORBIDE MONONIT ER 60 MG TB	1		KETOCONAZOLE 2% SHAMPOO	2	
ISOTRETINOIN 10 MG CAPSULE	4		KETOCONAZOLE 200 MG TABLET	2	
ISOTRETINOIN 20 MG CAPSULE	4		KETO-DIASTIX REAGENT STRIPS	3	
ISOTRETINOIN 30 MG CAPSULE	4		CVS KETONE CARE TEST STRIP	3	
ISOTRETINOIN 40 MG CAPSULE	4		KETONE TEST STRIP	3	
ISOXSUPRINE 10 MG TABLET	2		KETOPROFEN 50 MG CAPSULE	2	
ISOXSUPRINE 20 MG TABLET	2		KETOPROFEN 75 MG CAPSULE	2	
ISRADIPINE 2.5 MG CAPSULE	2		KETOPROFEN ER 200 MG CAPSULE	2	
ISRADIPINE 5 MG CAPSULE	2		KETOROLAC 0.4% OPHTH SOLUTION	2	
ITRACONAZOLE 10 MG/ML SOLUTION	3		KETOROLAC 0.5% OPHTH SOLUTION	2	
ITRACONAZOLE 100 MG CAPSULE	3	QL			

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
KETOROLAC 10 MG TABLET	2	QL	LACOSAMIDE 150 MG TABLET	3 QL
KETOSTIX REAGENT STRIP	3		LACOSAMIDE 200 MG TABLET	3 QL
KINERET 100 MG/0.67 ML SYRINGE	5	PA, QL, LDD, SRX	LACOSAMIDE 50 MG TABLET	3 QL
KINRAY INS SYR 1 ML 31GX5/16"	3		LACRISERT 5 MG EYE INSERT	4
KINRAY SYRING 0.3 ML 31GX5/16"	3		LACTATED RINGERS IRRIGATION	2
KINRAY SYRING 0.5 ML 31GX5/16"	3		LACTULOSE 10 GM/15 ML SOLUTION	2
KINRIX TIP-LOK SYRINGE	3		LACTULOSE 20 GM/30 ML SOLUTION	2
KINRIX VIAL	3		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
KROGER SYR 0.5 ML 30GX5/16"	3		LANSOPRAZOL-AMOXICIL-CLARITHRO	2
KROGER SYRING 0.3 ML 31GX5/16"	3		LANSOPRAZOLE DR 15 MG CAPSULE	2 QL
KURVELO-28 TABLET	1		LANSOPRAZOLE DR 30 MG CAPSULE	2 QL
KYNMOBI 10 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 1,000 MG TB CHW	4
KYNMOBI 15 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 500 MG TAB CHEW	4
KYNMOBI 20 MG SL FILM	5	PA, QL, SRX	LANTHANUM CARB 750 MG TAB CHEW	4
KYNMOBI 25 MG SL FILM	5	PA, QL, SRX	LAPATINIB 250 MG TABLET	5 PA, QL, SRX
KYNMOBI 30 MG SL FILM	5	PA, QL, SRX	LARIN 1.5 MG-30 MCG TABLET	1
LABETALOL HCL 100 MG TABLET	2		LARIN 21 1-20 TABLET	1
LABETALOL HCL 200 MG TABLET	2		LARIN 24 FE 1 MG-20 MCG TABLET	1
LABETALOL HCL 300 MG TABLET	2		LARIN FE 1.5-30 TABLET	1
LABSTIX REAGENT STRIPS	3		LARIN FE 1-20 TABLET	1
LACOSAMIDE 10 MG/ML SOLUTION	3	QL	LARISSIA-28 TABLET	1
LACOSAMIDE 100 MG TABLET	3	QL	LATANOPROST 0.005% EYE DROPS	2

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
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
LEUCOVORIN CALCIUM 15 MG TAB	2		LEVO-T 100 MCG TABLET	1
LEUCOVORIN CALCIUM 25 MG TAB	2		LEVO-T 112 MCG TABLET	1
LEUCOVORIN CALCIUM 5 MG TAB	2		LEVO-T 125 MCG TABLET	1
LEUKERAN 2 MG TABLET	4		LEVO-T 137 MCG TABLET	1
LEUKINE 250 MCG VIAL	5	SRX	LEVO-T 150 MCG TABLET	1
LEUPROLIDE 2WK 14 MG/2.8 ML KT	5	PA, SRX	LEVO-T 175 MCG TABLET	1
LEVALBUTEROL 0.31 MG/3 ML SOL	2		LEVO-T 200 MCG TABLET	1
LEVALBUTEROL 0.63 MG/3 ML SOL	2		LEVO-T 25 MCG TABLET	1
LEVALBUTEROL 1.25 MG/3 ML SOL	2		LEVO-T 300 MCG TABLET	1
LEVALBUTEROL CONC 1.25 MG/0.5	2		LEVO-T 50 MCG TABLET	1
LEVALBUTEROL TAR HFA 45MCG INH	2	QL	LEVO-T 75 MCG TABLET	1
LEVEMIR 100 UNIT/ML VIAL	4	QL, ST	LEVO-T 88 MCG TABLET	1
LEVEMIR FLEXPEN 100 UNIT/ML	4	QL, ST	LEVOTHYROXINE 100 MCG TABLET	1
LEVEMIR FLEXTOUCH 100 UNIT/ML	4	QL, ST	LEVOTHYROXINE 112 MCG TABLET	1

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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 HCL 2% JEL UROJET AC	2		LITHIUM CARBONATE 150 MG CAP	1	
LIDOCAINE HCL 2% JELLY	2		LITHIUM CARBONATE 300 MG CAP	1	
LIDOCAINE HCL 2% JELLY URO-JET	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	
LINEZOLID 100 MG/5 ML SUSP	4	PA	LOJAIMIESS 0.1-0.02-0.01 TAB	1	
LINEZOLID 600 MG TABLET	2	PA	LOKELMA 10 GRAM POWDER PACKET	4	
LINZESS 145 MCG CAPSULE	4	QL	LOKELMA 5 GRAM POWDER PACKET	4	
LINZESS 290 MCG CAPSULE	4	QL	LOPERAMIDE 2 MG CAPSULE	2	
LINZESS 72 MCG CAPSULE	4	QL	LOPINAVIR-RITONAVIR 80-20MG/ML	2	
LIOTHYRONINE SOD 25 MCG TAB	2		LOPINAVIR-RITONAVR 100-25MG TB	2	
LIOTHYRONINE SOD 5 MCG TAB	2		LOPINAVIR-RITONAVR 200-50MG TB	2	
LIOTHYRONINE SOD 50 MCG TAB	2		LORAZEPAM 0.5 MG TABLET	2	
LISINOPRIL 10 MG TABLET	1		LORAZEPAM 1 MG TABLET	2	
LISINOPRIL 2.5 MG TABLET	1		LORAZEPAM 2 MG TABLET	2	
LISINOPRIL 20 MG TABLET	1		LORAZEPAM 2 MG/ML ORAL CONCENT	2	
LISINOPRIL 30 MG TABLET	1		LORAZEPAM INTENSOL 2 MG/ML	2	
LISINOPRIL 40 MG TABLET	1		LORCET 5-325 MG TABLET	2	PA
LISINOPRIL 5 MG TABLET	1		LORCET HD 10-325 MG TABLET	2	PA

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LORCET PLUS 7.5-325 MG TABLET	2	PA			
LORTAB 10 MG-300 MG/15 ML ELXR	2	PA			
LORYNA 3 MG-0.02 MG TABLET	1				
LOSARTAN POTASSIUM 100 MG TAB	1				
LOSARTAN POTASSIUM 25 MG TAB	1				
LOSARTAN POTASSIUM 50 MG TAB	1				
LOSARTAN-HCTZ 100-12.5 MG TAB	1				
LOSARTAN-HCTZ 100-25 MG TAB	1				
LOSARTAN-HCTZ 50-12.5 MG TAB	1				
LOTEPREDNOL 0.5% OPHTHALMC GEL	3				
LOTEPREDNOL ETABONATE 0.5% DRP	3				
LOVASTATIN 10 MG TABLET	1				
LOVASTATIN 20 MG TABLET	1				
LOVASTATIN 40 MG TABLET	1				
LOW-OGESTREL-28 TABLET	1				
LOXAPINE 10 MG CAPSULE	2				
LOXAPINE 25 MG CAPSULE	2				
LOXAPINE 5 MG CAPSULE	2				
LOXAPINE 50 MG CAPSULE	2				
LO-ZUMANDIMINE 3 MG-0.02 MG TB	1				
LUBIPROSTONE 24 MCG CAPSULE	4				
LUBIPROSTONE 8 MCG CAPSULE	4				
LURASIDONE HCL 120 MG TABLET	4	QL			
LURASIDONE HCL 20 MG TABLET	4	QL			
LURASIDONE HCL 40 MG TABLET	4	QL			
LURASIDONE HCL 60 MG TABLET	4	QL			
LURASIDONE HCL 80 MG TABLET	4	QL			
LUTERA-28 TABLET	1				
LYLEQ 0.35 MG TABLET	1				
LYLLANA 0.025 MG PATCH	2	QL			
LYLLANA 0.0375 MG PATCH	2	QL			
LYLLANA 0.05 MG PATCH	2	QL			
LYLLANA 0.075 MG PATCH	2	QL			
LYLLANA 0.1 MG PATCH	2	QL			
LYNPARZA 100 MG TABLET	5	PA, QL, LDD, SRX			
LYNPARZA 150 MG TABLET	5	PA, QL, LDD, SRX			
LYSODREN 500 MG TABLET	4	LDD			
LYZA 0.35 MG TABLET	1				
MAGELLAN INSUL SYRINGE 0.3 ML	3				
MAGELLAN INSUL SYRINGE 0.5 ML	3				
MAGELLAN INSULIN SYR 0.3 ML	3				
MAGELLAN INSULIN SYR 0.5 ML	3				
MAGELLAN INSULIN SYRINGE 1 ML	3				
MALATHION 0.5% LOTION	2				
MAPROTILINE 25 MG TABLET	2				
MAPROTILINE 75 MG TABLET	2				
MARLISSA-28 TABLET	1				
MARPLAN 10 MG TABLET	4				
MATZIM LA 180 MG TABLET	2				
MATZIM LA 240 MG TABLET	2				
MATZIM LA 300 MG TABLET	2				
MATZIM LA 360 MG TABLET	2				
MATZIM LA 420 MG TABLET	2				
MAXICOMFORT II PEN NDL 31GX6MM	3				
MAXI-COMFORT INS 0.5 ML 28G	3				
MAXICOMFORT INS 0.5ML 27GX1/2"	3				
MAXICOMFORT INS 1 ML 27GX1/2"	3				
MAXI-COMFORT INS 1 ML 28GX1/2"	3				
MAXICOMFORT PEN NDL 29G X 5MM	3				
MAXICOMFORT PEN NDL 29G X 8MM	3				
MECLIZINE 12.5 MG TABLET	2				
MECLIZINE 25 MG TABLET	2				
MECLOFENAMATE 100 MG CAPSULE	2				
MECLOFENAMATE 50 MG CAPSULE	2				
MEDISENSE GLUC-KET CONT SOL	3				
MEDISENSE H-L CONTROL SOLUTION	3				
MEDISENSE H-M-L CONTROL SOLN	3				
MEDISENSE MID CONTROL SOLUTION	3				
MEDPOINT CONTROL SOLUTION	3				
MEDROL 2 MG TABLET	4				
MEDROXYPROGESTERONE 10 MG TAB	1				
MEDROXYPROGESTERONE 150 MG/ML	1				
MEDROXYPROGESTERONE 2.5 MG TAB	1				
MEDROXYPROGESTERONE 5 MG TAB	1				
MEDTRONIC EXT INF SET 23" 6MM	3				
MEDTRONIC EXT INF SET 23" 9MM	3				
MEDTRONIC EXT INF SET 32" 9MM	3				
MEDTRONIC REMOTE CONTROL	3				
MEFENAMIC ACID 250 MG CAPSULE	2				
MEFLOQUINE HCL 250 MG TABLET	2		QL		
MEGESTROL 20 MG TABLET	2				
MEGESTROL 40 MG TABLET	2				
MEGESTROL 625 MG/5 ML SUSP	4				
MEGESTROL ACET 40 MG/ML SUSP	2				
MEGESTROL ACET 400 MG/10 ML	2				
MEKINIST 0.05 MG/ML SOLUTION	5			PA, QL, SRX	
MEKINIST 0.5 MG TABLET	5			PA, QL, SRX	
MEKINIST 2 MG TABLET	5			PA, QL, SRX	
MELODETTA 24 FE CHEWABLE TAB	1				
MELOXICAM 15 MG TABLET	1				
MELOXICAM 7.5 MG TABLET	1				
MELPHALAN 2 MG TABLET	2				
MEMANTINE 5-10 MG TITRATION PK	2				
MEMANTINE HCL 10 MG TABLET	2				
MEMANTINE HCL 2 MG/ML SOLUTION	2				
MEMANTINE HCL 5 MG TABLET	2				

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
MENACTRA VIAL	3		METHOXSALEN 10 MG SOFTGEL	4
MENEST 0.3 MG TABLET	4		METHSCOPOLAMINE BROM 2.5 MG TB	2
MENEST 0.625 MG TABLET	4		METHSCOPOLAMINE BROM 5 MG TAB	2
MENEST 1.25 MG TABLET	4		METHSUXIMIDE 300 MG CAPSULE	4
MENEST 2.5 MG TABLET	4		METHYLDOPA 250 MG TABLET	2
MENQUADFI VIAL	3		METHYLDOPA 500 MG TABLET	2
MENTAX 1% CREAM	4		METHYLDOPA-HCTZ 250-15 MG TAB	2
MENVEO 1 VIAL-A-C-Y-W-135-DIP	3		METHYLDOPA-HCTZ 250-25 MG TAB	2
MENVEO A-C-Y-W KIT (2 VIALS)	3		METHYLERGONOVINE 0.2 MG TABLET	4
MEPERIDINE 50 MG TABLET	2	PA	METHYLPHENIDATE 10 MG CHEW TAB	2
MEPERIDINE 50 MG/5 ML SOLUTION	2	PA	METHYLPHENIDATE 10 MG TABLET	2
MEPROBAMATE 200 MG TABLET	2		METHYLPHENIDATE 10 MG/5 ML SOL	2
MEPROBAMATE 400 MG TABLET	2		METHYLPHENIDATE 2.5 MG CHEW TB	2
MERCAPTOPYRINE 50 MG TABLET	2		METHYLPHENIDATE 20 MG TABLET	2
MERZEE 1 MG-20 MCG CAPSULE	1		METHYLPHENIDATE 5 MG CHEW TAB	2
MESALAMINE 4 GM/60 ML ENEMA	4		METHYLPHENIDATE 5 MG TABLET	2
MESALAMINE 4 GM/60 ML KIT	4		METHYLPHENIDATE 5 MG/5 ML SOLN	2
MESALAMINE 800 MG DR TABLET	4		METHYLPHENIDATE CD 10 MG CAP	2
MESALAMINE ER 0.375 GRAM CAP	3		METHYLPHENIDATE CD 20 MG CAP	2
MESALAMINE ER 500 MG CAPSULE	4		METHYLPHENIDATE CD 30 MG CAP	2
MESNEX 400 MG TABLET	5	SRX	METHYLPHENIDATE CD 40 MG CAP	2
METAXALL 800 MG TABLET	4		METHYLPHENIDATE CD 50 MG CAP	2
METAXALONE 400 MG TABLET	4		METHYLPHENIDATE CD 60 MG CAP	2
METAXALONE 800 MG TABLET	4		METHYLPHENIDATE ER 10 MG TAB	2
METFORMIN HCL 1,000 MG TABLET	1		METHYLPHENIDATE ER 18 MG TAB	2
METFORMIN HCL 500 MG TABLET	1		METHYLPHENIDATE ER 20 MG TAB	2
METFORMIN HCL 850 MG TABLET	1		METHYLPHENIDATE ER 27 MG TAB	2
METFORMIN HCL ER 500 MG TABLET	2		METHYLPHENIDATE ER 36 MG TAB	2
METFORMIN HCL ER 750 MG TABLET	2		METHYLPHENIDATE ER 54 MG TAB	2
METHADONE 10 MG/5 ML SOLUTION	2	PA	METHYLPHENIDATE ER(CD) 10MG CP	2
METHADONE 10 MG/ML ORAL CONC	2	PA	METHYLPHENIDATE ER(CD) 20MG CP	2
METHADONE 5 MG/5 ML SOLUTION	2	PA	METHYLPHENIDATE ER(CD) 30MG CP	2
METHADONE HCL 10 MG TABLET	2	PA	METHYLPHENIDATE ER(CD) 40MG CP	2
METHADONE HCL 5 MG TABLET	2	PA	METHYLPHENIDATE ER(CD) 50MG CP	2
METHADONE INTENSOL 10 MG/ML	2	PA	METHYLPHENIDATE ER(CD) 60MG CP	2
METHAMPHETAMINE 5 MG TABLET	4	QL	METHYLPHENIDATE ER(LA) 10MG CP	2
METHAZOLAMIDE 25 MG TABLET	2		METHYLPHENIDATE ER(LA) 20MG CP	2
METHAZOLAMIDE 50 MG TABLET	2		METHYLPHENIDATE ER(LA) 30MG CP	2
METHENAMINE HIPPI 1 GM TABLET	2		METHYLPHENIDATE ER(LA) 40MG CP	2
METHENAMINE MAND 1 GM TABLET	2		METHYLPHENIDATE LA 10 MG CAP	2
METHENAMINE MAND 500 MG TABLET	2		METHYLPHENIDATE LA 20 MG CAP	2
METHERGINE 0.2 MG TABLET	4		METHYLPHENIDATE LA 30 MG CAP	2
METHIMAZOLE 10 MG TABLET	2		METHYLPHENIDATE LA 40 MG CAP	2
METHIMAZOLE 5 MG TABLET	2		METHYLPHENIDATE LA 60 MG CAP	2
METHITEST 10 MG TABLET	5	SRX	METHYLPREDNISOLONE 16 MG TAB	2
METHOCARBAMOL 500 MG TABLET	2		METHYLPREDNISOLONE 32 MG TAB	2
METHOCARBAMOL 750 MG TABLET	2		METHYLPREDNISOLONE 4 MG DOSEPK	2
METHOTREXATE 2.5 MG TABLET	2		METHYLPREDNISOLONE 4 MG TABLET	2

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		(PA, ST, QL, AGE, SRX, LDD)		(PA, ST, QL, AGE, SRX, LDD)
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 SYRUP	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
MEXILETINE 250 MG CAPSULE	2		MINIMED QUICK SET INF 23" 6MM	3
MIBELAS 24 FE CHEWABLE TABLET	1		MINIMED QUICK SET INF 23" 9MM	3
MICONAZOLE 3 200 MG VAG SUPP	2		MINIMED QUICK SET INF 32" 6MM	3
MICROCHAMBER	3	QL	MINIMED QUICK SET INF 32" 9MM	3
MICRODOT HIGH-LOW CONTROL SOL	3		MINIMED QUICK SET INF 43" 6MM	3
MICRODOT NORMAL CONTROL SOLUT	3		MINIMED QUICK SET INF 43" 9MM	3
MICRODOT PEN NEEDLE 31GX6MM	3		MINIMED QUICK-SERTER	3
MICRODOT PEN NEEDLE 32GX4MM	3		MINIMED RESERVOIR 1.8 ML	3
MICRODOT PEN NEEDLE 33GX4MM	3		MINIMED RESERVOIR 3 ML	3
MICROGESTIN 21 1.5-30 TAB	1		MINIMED SILHOUETTE INF SET 18"	3
MICROGESTIN 21 1-20 TABLET	1		MINIMED SILHOUETTE INF SET 23"	3
MICROGESTIN 24 FE 1 MG-20 MCG	1		MINIMED SILHOUETTE INF SET 32"	3
MICROGESTIN FE 1.5-30 TAB	1		MINIMED SILHOUETTE INF SET 43"	3
MICROGESTIN FE 1-20 TABLET	1		MINIMED SURE T INF SET 18" 6MM	3
MICROLIFE PEAK FLOW METER	3		MINIMED SURE T INF SET 23" 6MM	3

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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
MODAFINIL 200 MG TABLET	4	PA	MONOJECT HYPO NEEDLE 19X1-1/2	3
MODERNA COVID (12Y UP)VAC(EUA)	3		MONOJECT HYPO NEEDLE 20X1	3
MODERNA COVID BIVAL(6MO UP)EUA	3		MONOJECT HYPO NEEDLE 20X1-1/2	3
MODERNA COVID BIVAL(6MO-5Y)EUA	3		MONOJECT HYPO NEEDLE 21X1	3
MODERNA COVID(6-11Y) VACC(EUA)	3		MONOJECT HYPO NEEDLE 21X1-1/2	3
MODERNA COVID(6M-5Y) VACC(EUA)	3		MONOJECT HYPO NEEDLE 22X1	3
MODERNA COVID-19 BOOSTER (EUA)	3		MONOJECT HYPO NEEDLE 22X1.5	3
MOEXIPRIL HCL 15 MG TABLET	2		MONOJECT HYPO NEEDLE 23X1	3
MOEXIPRIL HCL 7.5 MG TABLET	2		MONOJECT HYPO NEEDLE 25X1	3
MOLINDONE HCL 10 MG TABLET	2		MONOJECT HYPO NEEDLE 25X1.5	3
MOLINDONE HCL 25 MG TABLET	2		MONOJECT HYPO NEEDLE 25X5/8	3
MOLINDONE HCL 5 MG TABLET	2		MONOJECT HYPO NEEDLE 26X1.5	3
MOMETASONE FUROATE 0.1% CREAM	2		MONOJECT HYPO NEEDLE 27X0.5	3
MOMETASONE FUROATE 0.1% OINT	2		MONOJECT HYPO NEEDLE 30X3/4	3
MOMETASONE FUROATE 0.1% SOLN	2		MONOJECT HYPODERMIC NEEDLE	3

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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		PEDIATRIC MOUTHPIECE	3	QL
MONOJECT INSULIN SAFETY SYRNG	3		MOXIFLOXACIN 0.5% EYE DROPS	2	
MONOJECT INSULIN SYR 0.3 ML	3		MOXIFLOXACIN 0.5% EYE DRP-VISC	2	
MONOJECT INSULIN SYR 0.5 ML	3		MOXIFLOXACIN HCL 400 MG TABLET	2	
MONOJECT INSULIN SYR 1 ML	3		MS INS SYR 0.5 ML 29GX1/2"	3	
MONOJECT INSULIN SYR U-100	3		MS INS SYR 1 ML 29GX1/2"	3	
MONOJECT INSULIN SYRN 3/10 ML	3		MS INS SYRINGE 1 ML 30GX1/2"	3	
MONOJECT SYRINGE 0.3 ML	3		MS INSUL SYR 0.3 ML 31GX5/16"	3	
MONOJECT SYRINGE 0.5 ML	3		MS INSUL SYR 0.5 ML 30GX1/2"	3	
MONOJECT SYRINGE 1 ML	3		MS INSUL SYR 0.5 ML 31GX5/16"	3	
MONOJECT SYRINGE 3 ML 20GX1	3		MS INSULIN SYR 0.3 ML 29GX1/2"	3	
MONOJECT SYRINGE 3 ML 22GX1"	3		MS INSULIN SYR 1 ML 31GX5/16"	3	
MONOJECT SYRN 3 ML 20GX1-1/2"	3		MS INSULIN SYRINGE 0.3 ML	3	
MONOJECT SYRN 3 ML 20GX3/4"	3		MS PEN NEEDLE 6MM 31G	3	
MONOJECT SYRNG 20GX1" 3 ML	3		MULTISTIX REAGENT STRIPS	3	
MONO-LINYAH 28 TABLET	1		MULTISTIX 10 SG REAGENT STRIPS	3	
MONTELUKAST SOD 10 MG TABLET	2		MULTISTIX 5 STRIPS	3	
MONTELUKAST SOD 4 MG GRANULES	2		MULTISTIX 7 REAGENT STRIPS	3	
MONTELUKAST SOD 4 MG TAB CHEW	2		MULTISTIX 8 SG REAGENT STRIPS	3	
MONTELUKAST SOD 5 MG TAB CHEW	2		MULTISTIX 9 REAGENT STRIPS	3	
MORGIDOX 100 MG CAPSULE	1		MULTISTIX 9 SG REAGENT STRIPS	3	
MORGIDOX 50 MG CAPSULE	1		MULTIVIT-FLUOR 0.25 MG TAB CHW	2	
MORPHINE SULF 10 MG SUPPOS	2	PA	MULTIVIT-FLUOR 0.25 MG/ML DROP	2	
MORPHINE SULF 10 MG/5 ML SOLN	2	PA	MULTIVIT-FLUOR 0.5 MG TAB CHEW	2	
MORPHINE SULF 100 MG/5 ML CONC	2	PA	MULTIVIT-FLUORIDE 1 MG TAB CHW	2	
MORPHINE SULF 20 MG SUPPOS	2	PA	MUPIROCIN 2% CREAM	2	
MORPHINE SULF 20 MG/5 ML SOLN	2	PA	MUPIROCIN 2% OINTMENT	2	
MORPHINE SULF 30 MG SUPPOS	2	PA	MY CHOICE 1.5 MG TABLET	1	
MORPHINE SULF 5 MG SUPPOS	2	PA	MY WAY 1.5 MG TABLET	1	
MORPHINE SULF ER 100 MG TABLET	2	PA	MYCOPHENOLATE 200 MG/ML SUSP	2	
MORPHINE SULF ER 15 MG TABLET	2	PA	MYCOPHENOLATE 250 MG CAPSULE	2	
MORPHINE SULF ER 200 MG TABLET	2	PA	MYCOPHENOLATE 500 MG TABLET	2	
MORPHINE SULF ER 30 MG TABLET	2	PA	MYCOPHENOLIC ACID DR 180 MG TB	2	
MORPHINE SULF ER 60 MG TABLET	2	PA	MYCOPHENOLIC ACID DR 360 MG TB	2	
MORPHINE SULFATE ER 10 MG CAP	2	PA	MYGLUCOHEALTH CONTROL SOLN PAK	3	
MORPHINE SULFATE ER 100 MG CAP	2	PA	MYLERAN 2 MG TABLET	4	
MORPHINE SULFATE ER 120 MG CAP	2	PA	MYNATAL CAPSULE	1	
MORPHINE SULFATE ER 20 MG CAP	2	PA	MYNATAL PLUS CAPTAB	1	
MORPHINE SULFATE ER 30 MG CAP	2	PA	MYNATAL ULTRACAPLET	1	
MORPHINE SULFATE ER 45 MG CAP	2	PA	MYNATAL-Z CAPTAB	1	
MORPHINE SULFATE ER 50 MG CAP	2	PA	MYORISAN 10 MG CAPSULE	4	
MORPHINE SULFATE ER 60 MG CAP	2	PA	MYORISAN 20 MG CAPSULE	4	
MORPHINE SULFATE ER 75 MG CAP	2	PA	MYORISAN 30 MG CAPSULE	4	
MORPHINE SULFATE ER 80 MG CAP	2	PA	MYORISAN 40 MG CAPSULE	4	
MORPHINE SULFATE ER 90 MG CAP	2	PA	MYRBETRIQ ER 25 MG TABLET	4	QL, ST

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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-POLY MIX 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-POLYCYCIN EYE OINTMENT	2
NAPROXEN 375 MG TABLET	1			NEO-POLYCYCIN 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
NATURE-THROID 16.25 MG TABLET	1			NIFEDIPINE 10 MG CAPSULE	2
NATURE-THROID 162.5 MG TABLET	1			NIFEDIPINE 20 MG CAPSULE	2
NATURE-THROID 195 MG TABLET	1			NIFEDIPINE ER 30 MG TABLET	2
NATURE-THROID 260 MG TABLET	1			NIFEDIPINE ER 60 MG TABLET	2
NATURE-THROID 32.5 MG TABLET	1			NIFEDIPINE ER 90 MG TABLET	2
NATURE-THROID 325 MG TABLET	1			NIKKI 3 MG-0.02 MG TABLET	1
NATURE-THROID 48.75 MG TABLET	1			NILUTAMIDE 150 MG TABLET	5
NATURE-THROID 65 MG TABLET	1			NIMODIPINE 30 MG CAPSULE	4
NATURE-THROID 81.25 MG TABLET	1			NINLARO 2.3 MG CAPSULE	5
NATURE-THROID 97.5 MG TABLET	1			NINLARO 3 MG CAPSULE	5
NAYZILAM 5 MG NASAL SPRAY	5	PA, QL, SRX		NINLARO 4 MG CAPSULE	5
NEBUSAL 3% VIAL	2			NISOLDIPINE ER 17 MG TABLET	2
NECON 0.5-35-28 TABLET	1			NISOLDIPINE ER 20 MG TABLET	2
NEFAZODONE HCL 100 MG TABLET	2			NISOLDIPINE ER 25.5 MG TABLET	2

2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
NISOLDIPINE ER 30 MG TABLET	2	QL		NORETHIN-ETH ESTRAD 1 MG-5 MCG	2
NISOLDIPINE ER 34 MG TABLET	2	QL		NORG-EE 0.18-0.215-0.25/0.025	1
NISOLDIPINE ER 40 MG TABLET	2	QL		NORG-EE 0.18-0.215-0.25/0.035	1
NISOLDIPINE ER 8.5 MG TABLET	2	QL		NORGESTIMATE-EE 0.25-0.035 MG	1
NITAZOXANIDE 500 MG TABLET	4	PA		NORG-ETHIN ESTRA 0.25-0.035 MG	1
NITRO-BID 2% OINTMENT	2			NORLYDA 0.35 MG TABLET	1
NITROFURANTOIN 25 MG/5 ML SUSP	4			NORPACE CR 100 MG CAPSULE	4
NITROFURANTOIN MCR 100 MG CAP	1			NORPACE CR 150 MG CAPSULE	4
NITROFURANTOIN MCR 25 MG CAP	2			NORTREL 0.5-35-28 TABLET	1
NITROFURANTOIN MCR 50 MG CAP	1			NORTREL 1-35 21 TABLET	1
NITROFURANTOIN MONO-MCR 100 MG	1			NORTREL 1-35 28 TABLET	1
NITROGLYCERIN 0.1 MG/HR PATCH	2			NORTREL 7-7-7-28 TABLET	1
NITROGLYCERIN 0.2 MG/HR PATCH	2			NORTRIPTYLINE 10 MG/5 ML SOLN	2
NITROGLYCERIN 0.3 MG TABLET SL	2			NORTRIPTYLINE HCL 10 MG CAP	1
NITROGLYCERIN 0.4 MG TABLET SL	2			NORTRIPTYLINE HCL 25 MG CAP	1
NITROGLYCERIN 0.4 MG/HR PATCH	2			NORTRIPTYLINE HCL 50 MG CAP	1
NITROGLYCERIN 0.6 MG TABLET SL	2			NORTRIPTYLINE HCL 75 MG CAP	1
NITROGLYCERIN 0.6 MG/HR PATCH	2			NORVIR 100 MG POWDER PACKET	3
NITROGLYCERIN 400 MCG SPRAY	2			NOVA MAX GLUCOSE CONTROL SOLN	3
NITRO-TIME ER 2.5 MG CAPSULE	2			NOVAVAX COVID-19 VACC,ADJ(EUA)	3
NITRO-TIME ER 6.5 MG CAPSULE	2			NOVOFINE 32G NEEDLES	3
NITRO-TIME ER 9 MG CAPSULE	2			NOVOFINE AUTOCOVER 30G NEEDLE	3
NIVA-PLUS TABLET	1			NOVOFINE PLUS PEN NDL 32GX1/6"	3
NIVESTYM 300 MCG/0.5 ML SYRING	5	SRX		NOVOLOG 100 UNIT/ML FLEXPEN	4
NIVESTYM 300 MCG/ML VIAL	5	SRX		NOVOLOG 100 UNIT/ML VIAL	4
NIVESTYM 480 MCG/0.8 ML SYRING	5	SRX		NOVOLOG MIX 70-30 FLEXPEN	4
NIVESTYM 480 MCG/1.6 ML VIAL	5	SRX		NOVOLOG MIX 70-30 VIAL	4
NIZATIDINE 150 MG CAPSULE	2			NOVOLOG MIX 70-30 VIAL	4
NIZATIDINE 300 MG CAPSULE	2			NOVOLOG PENFILL 100 UNIT/ML	4
NOLIX 0.05% CREAM	4			NOVOPEN 3 INSULIN DEVICE	3
NOLIX 0.05% LOTION	4			NOVOPEN ECHO INSULIN DEVICE	3
NORA-BE TABLET	1			NOVOTWIST NEEDLE 32G 5MM	3
NORDITROPIN FLEXPEN 10 MG/1.5	5	PA, SRX		NOXAFIL 40 MG/ML SUSPENSION	4
NORDITROPIN FLEXPEN 15 MG/1.5	5	PA, SRX		NP THYROID 120 MG TABLET	1
NORDITROPIN FLEXPEN 30 MG/3 ML	5	PA, SRX		NP THYROID 15 MG TABLET	1
NORDITROPIN FLEXPEN 5 MG/1.5	5	PA, SRX		NP THYROID 30 MG TABLET	1
NORET-ESTR-FE 0.4-0.035(21)-75	1			NP THYROID 60 MG TABLET	1
NORETH-EE-FE 1 MG/20-30-35 MCG	1			NP THYROID 90 MG TABLET	1
NORETH-EE-FE 1.5-0.03MG(21)-75	1			NUCYNTA 100 MG TABLET	4
NORETH-EE-FE 1-0.02(21)-75 TAB	1			NUCYNTA 50 MG TABLET	4
NORETH-EE-FE 1-0.02(24)-75 CAP	1			NUCYNTA 75 MG TABLET	4
NORETH-EE-FE 1-0.02(24)-75 CHW	1			NUCYNTA ER 100 MG TABLET	4
NORETHIND-ETH ESTRAD 0.5-2.5	2			NUCYNTA ER 150 MG TABLET	4
NORETHIND-ETH ESTRAD 1-0.02 MG	1			NUCYNTA ER 200 MG TABLET	4
NORETHINDRONE 0.35 MG TABLET	1			NUCYNTA ER 250 MG TABLET	4
NORETHINDRONE 5 MG TABLET	2			NUCYNTA ER 50 MG TABLET	4
NORETHIN-EE 1.5-0.03 MG(21) TB	1			NUEDEXTA 20-10 MG CAPSULE	4
NORETHIN-ESTRA-FE 0.8-0.025 MG	1			NYAMYC 100,000 UNIT/GM POWDER	2
				NYLIA 1-35 28 TABLET	1

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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			
OCTREOTIDE ACET 100 MCG/ML SYR	2	PA			
OCTREOTIDE ACET 100 MCG/ML VL	2	PA			
OCTREOTIDE ACET 200 MCG/ML VL	2	PA			
OCTREOTIDE ACET 50 MCG/ML AMP	2	PA			
OCTREOTIDE ACET 50 MCG/ML SYR	2	PA			
OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA			
OCTREOTIDE ACET 500 MCG/ML AMP	2	PA			
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) 5PK	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				
OMNIPOD GO 40 UNIT/DAY PODS	3				
ON CALL EXPRESS CTRL SOLN PAK	3				
ON CALL PLUS CONTROL SOLUTION	3				
ON CALL VIVID CONTROL SOLUTION	3				
ONDANSETRON 4 MG/5 ML SOLUTION	2				
ONDANSETRON HCL 4 MG TABLET	2				
ONDANSETRON HCL 8 MG TABLET	2				
ONDANSETRON ODT 4 MG TABLET	2				
ONDANSETRON ODT 8 MG TABLET	2				
ONE WAY VALVED MOUTHPIECE	3				QL
ONETOUCH DELICA PLUS 30G LANCT	3				
ONETOUCH DELICA PLUS 33G LANCT	3				
ONETOUCH DELICA PLUS LANC DEV	3				
ONETOUCH DELICA SAF 30G LANCET	3				

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ONETOUCH ULTRASOFT LANCETS	3				
ONETOUCH SOLUTIONS STARTER KIT	1				
ONETOUCH SURESOFT 18G LANC DEV	3				
ONETOUCH SURESOFT 21G LANC DEV	3				
ONETOUCH SURESOFT 28G LANC DEV	3				
ONETOUCH ULTRA CONTROL SOLN	3				
ONETOUCH ULTRA TEST STRIP	3				
ONETOUCH ULTRA2 GLUCOSE SYST	1				
ONETOUCH ULTRASOFT2 30G LANCET	3				
ONETOUCH VERIO FLEX METER	1				
ONETOUCH VERIO HIGH CNTRL SOLN	3				
ONETOUCH VERIO METER	1				
ONETOUCH VERIO MID CNTRL SOLN	3				
ONETOUCH VERIO REFLECT METER	1				
ONETOUCH VERIO TEST STRIP	3				
ONGLYZA 2.5 MG TABLET	3	QL			
ONGLYZA 5 MG TABLET	3	QL			
OPCICON ONE-STEP 1.5 MG TABLET	1				
OPIUM TINCTURE 10 MG/ML	2	PA			
OPTICHAMBER ADULT MASK-LARGE	3	QL			
OPTICHAMBER DIAMOND VHC	3	QL			
OPTICHAMBER DIAMOND W-LRG MASK	3	QL			
OPTICHAMBER DIAMOND W-MED MASK	3	QL			
OPTICHAMBER DIAMOND W-SML MASK	3	QL			
OPTION 2 1.5 MG TABLET	1				
OPTUMRX GLUCOSE CONTROL SOLN	3				
ORACIT ORAL SOLUTION	4				
ORALONE 0.1% PASTE	2				
ORPHENADRINE ER 100 MG TABLET	2				
OSCIMIN 0.125 MG TABLET	2				
OSCIMIN SL 0.125 MG TABLET	2				
OSCIMIN SR 0.375 MG TABLET	2				
OSELTAMIVIR 6 MG/ML SUSPENSION	2	QL			
OSELTAMIVIR PHOS 30 MG CAPSULE	2	QL			
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				
PALIPERIDONE ER 3 MG TABLET	4				
PALIPERIDONE ER 6 MG TABLET	4				
PALIPERIDONE ER 9 MG TABLET	4				
PANCREAZE DR 10,500 UNIT CAP	3				
PANCREAZE DR 16,800 UNIT CAP	3				
PANCREAZE DR 2,600 UNIT CAP	3				
PANCREAZE DR 21,000 UNIT CAP	3				
PANCREAZE DR 37,000 UNIT CAP	3				
PANCREAZE DR 4,200 UNIT CAP	3				
PANDA MASK LARGE	3				QL
PANDA MASK MEDIUM	3				QL
PANDA MASK SMALL	3				QL
PANRETIN 0.1% GEL	5				SRX
PANTOPRAZOLE SOD DR 20 MG TAB	2				QL

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PANTOPRAZOLE SOD DR 40 MG TAB	2	QL	PEN NEEDLES 5MM 31G	3	
PARADIGM REMOTE CONTROL	3		PEN NEEDLES 6MM 31G	3	
PARADIGM RESERVOIR 1.8 ML	3		PEN NEEDLES 8MM 31G	3	
PARADIGM RESERVOIR 3 ML	3		PENCICLOVIR 1% CREAM	4	PA, QL
PAREGORIC LIQUID	2		PENICILLAMINE 250 MG TABLET	5	PA, QL, SRX
PARICALCITOL 1 MCG CAPSULE	2		PENICILLIN VK 125 MG/5 ML SOLN	2	
PARICALCITOL 2 MCG CAPSULE	2		PENICILLIN VK 250 MG TABLET	2	
PARICALCITOL 4 MCG CAPSULE	2		PENICILLIN VK 250 MG/5 ML SOLN	2	
PAROEX 0.12% ORAL RINSE	2		PENICILLIN VK 500 MG TABLET	2	
PAROMOMYCIN 250 MG CAPSULE	2		PENTACEL VIAL KIT	3	
PAROXETINE HCL 10 MG TABLET	1	QL	PENTAMIDINE 300 MG INHAL POWDR	3	
PAROXETINE HCL 20 MG TABLET	1	QL	PENTAZOCINE-NALOXONE TABLET	2	PA
PAROXETINE HCL 30 MG TABLET	1	QL	PENTIPS PEN NEEDLE 29G 12MM	3	
PAROXETINE HCL 40 MG TABLET	1	QL	PENTIPS PEN NEEDLE 29GX1/2"	3	
PASER GRANULES 4 GM PACKET	4		PENTIPS PEN NEEDLE 31G 5MM	3	
PC UNIFINE PENTIPS 12MM NEEDLE	3		PENTIPS PEN NEEDLE 31G 6MM	3	
PC UNIFINE PENTIPS 6MM NEEDLE	3		PENTIPS PEN NEEDLE 31G 8MM	3	
PC UNIFINE PENTIPS 8MM NEEDLE	3		PENTIPS PEN NEEDLE 31GX1/4"	3	
PEAK-AIR PEAK FLOW METER	3		PENTIPS PEN NEEDLE 31GX3/16"	3	
PEDIARIX 0.5 ML SYRINGE	3		PENTIPS PEN NEEDLE 31GX5/16"	3	
PEDIATRIC MEDIUM MASK	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	
PEN NEEDLE 30G X 5/16"	3		PERPHEN-AMITRIP 4 MG-25 MG TAB	2	
PEN NEEDLE 31G 5MM	3		PERPHEN-AMITRIP 4 MG-50 MG TAB	2	
PEN NEEDLE 31G 6MM	3		PERPHENAZINE 16 MG TABLET	2	
PEN NEEDLE 31G 8MM	3		PERPHENAZINE 2 MG TABLET	2	
PEN NEEDLE 31G X 1/4"	3		PERPHENAZINE 4 MG TABLET	2	
PEN NEEDLE 31G X 3/16"	3		PERPHENAZINE 8 MG TABLET	2	
PEN NEEDLE 31G X 5/16"	3		PERSONAL BEST PEAK FLOW MTR	3	
PEN NEEDLE 32G 4MM	3		PFIZER COVID (12Y UP) VAC-GRAY	3	
PEN NEEDLE 32G X 1/4"	3		PFIZER COVID (5-11Y) VAC-ORANG	3	
PEN NEEDLE 32G X 3/16"	3		PFIZER COVID (6M-4Y) VAC-MAROON	3	
PEN NEEDLE 32G X 5/32"	3		PFIZER COVID BIVAL (12Y UP)EUA	3	
PEN NEEDLE 33G 4MM	3		PFIZER COVID BIVAL (5-11YR)EUA	3	
PEN NEEDLE 6MM 31G	3		PFIZER COVID BIVAL (6MO-4Y)EUA	3	
PEN NEEDLES 12MM 29G	3		PFIZER COVID-19 VACCINE-PURPLE	3	
PEN NEEDLES 4MM 32G	3		PHASEAL PROTECTOR 14	3	

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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	
PHOSPHOLINE IODIDE 0.125% DROP	4	LDD	POLY HUB NEEDLE 22GX1"	3	
PHYSIOSOL IRRIGATION SOLN	4		POLY HUB NEEDLE 22GX1-1/2"	3	
PHYTONADIONE 5 MG TABLET	4		POLY HUB NEEDLE 23GX1"	3	
PIKO 1 FLOW METER	3		POLY HUB NEEDLE 23GX1-1/2"	3	
PILOCARPINE 1% EYE DROPS	2		POLY HUB NEEDLE 25GX1"	3	
PILOCARPINE 2% EYE DROPS	2		POLY HUB NEEDLE 25GX1-1/2"	3	
PILOCARPINE 4% EYE DROPS	2		POLY HUB NEEDLE 25GX5/8"	3	
PILOCARPINE HCL 5 MG TABLET	2		POLY HUB NEEDLE 27GX1/2"	3	
PILOCARPINE HCL 7.5 MG TABLET	2		POLY HUB NEEDLE 27GX1-1/4"	3	
PIMECROLIMUS 1% CREAM	4		POLY HUB NEEDLE 30GX1/2"	3	
PIMOZIDE 1 MG TABLET	2		POLYCIN EYE OINTMENT	2	
PIMOZIDE 2 MG TABLET	2		POLYMYXIN B-TMP EYE DROPS	2	
PIMTREA 28 DAY TABLET	1		POMALYST 1 MG CAPSULE	5	PA, QL, LDD, SRX
PINDOLOL 10 MG TABLET	2		POMALYST 2 MG CAPSULE	5	PA, QL, LDD, SRX
PINDOLOL 5 MG TABLET	2		POMALYST 3 MG CAPSULE	5	PA, QL, LDD, SRX

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
POMALYST 4 MG CAPSULE	5	PA, QL, LDD, SRX			
PORTIA-28 TABLET	1				
POSACONAZOLE 200 MG/5 ML SUSP	4				
POSACONAZOLE DR 100 MG TABLET	4	QL			
POTASSIUM CITRATE ER 10 MEQ TB	2				
POTASSIUM CITRATE ER 15 MEQ TB	2				
POTASSIUM CITRATE ER 5 MEQ TAB	2				
POTASSIUM CL 10% (20 MEQ/15ML)	2				
POTASSIUM CL 10% (40 MEQ/30ML)	2				
POTASSIUM CL 20 MEQ PACKET	2				
POTASSIUM CL 20% (40 MEQ/15ML)	2				
POTASSIUM CL ER 10 MEQ CAPSULE	2				
POTASSIUM CL ER 10 MEQ TABLET	2				
POTASSIUM CL ER 15 MEQ TABLET	2				
POTASSIUM CL ER 20 MEQ TABLET	2				
POTASSIUM CL ER 8 MEQ CAPSULE	2				
POTASSIUM CL ER 8 MEQ TABLET	2				
POTASSIUM IODIDE 1 GM/ML SOL	4				
PR NATAL 400 COMBO PACK	1				
PR NATAL 400 EC COMBO PACK	1				
PR NATAL 430 COMBO PACK	1				
PR NATAL 430 EC COMBO PACK	1				
PRADAXA 110 MG CAPSULE	4	PA, QL			
PRAMIPEXOLE 0.125 MG TABLET	2				
PRAMIPEXOLE 0.25 MG TABLET	2				
PRAMIPEXOLE 0.5 MG TABLET	2				
PRAMIPEXOLE 0.75 MG TABLET	2				
PRAMIPEXOLE 1 MG TABLET	2				
PRAMIPEXOLE 1.5 MG TABLET	2				
PRAMIPEXOLE ER 0.375 MG TABLET	2				
PRAMIPEXOLE ER 0.75 MG TABLET	2				
PRAMIPEXOLE ER 1.5 MG TABLET	2				
PRAMIPEXOLE ER 2.25 MG TABLET	2				
PRAMIPEXOLE ER 3 MG TABLET	2				
PRAMIPEXOLE ER 3.75 MG TABLET	2				
PRAMIPEXOLE ER 4.5 MG TABLET	2				
PRAMOSONE 1% LOTION	4				
PRAMOSONE 1%-1% OINTMENT	4				
PRAMOSONE 2.5%-1% LOTION	4				
PRAMOSONE 2.5%-1% OINTMENT	4				
PRASUGREL 10 MG TABLET	2				
PRASUGREL 5 MG TABLET	2				
PRAVASTATIN SODIUM 10 MG TAB	2				
PRAVASTATIN SODIUM 20 MG TAB	2				
PRAVASTATIN SODIUM 40 MG TAB	2				
PRAVASTATIN SODIUM 80 MG TAB	2				
PRAZIQUANTEL 600 MG TABLET	2				
PRAZOSIN 1 MG CAPSULE	2				
PRAZOSIN 2 MG CAPSULE	2				
PRAZOSIN 5 MG CAPSULE	2				
PREDNICARBATE 0.1% CREAM	2				
PREDNICARBATE 0.1% OINTMENT	2				
PREDNISOLONE 15 MG/5 ML SOLN	2				
PREDNISOLONE 5 MG/5 ML SOLN	2				
PREDNISOLONE AC 1% EYE DROP	2				
PREDNISOLONE ODT 10 MG TABLET	2				
PREDNISOLONE ODT 15 MG TABLET	2				
PREDNISOLONE ODT 30 MG TABLET	2				
PREDNISOLONE SOD 1% EYE DROP	2				
PREDNISOLONE SOD PH 25 MG/5 ML	2				
PREDNISON 1 MG TABLET	2				
PREDNISON 10 MG TAB DOSE PACK	2				
PREDNISON 10 MG TABLET	2				
PREDNISON 2.5 MG TABLET	2				
PREDNISON 20 MG TABLET	2				
PREDNISON 5 MG TAB DOSE PACK	2				
PREDNISON 5 MG TABLET	2				
PREDNISON 5 MG/5 ML SOLUTION	2				
PREDNISON 50 MG TABLET	2				
PREDNISON INTENSOL 5 MG/ML	2				
PREF PLUS INS 0.3 ML 29GX1/2"	3				
PREF PLUS SYR 0.5 ML 30GX5/16"	3				
PREF PLUS SYRINGE 1 ML 29GX1/2"	3				
PREFERRED PLUS 0.3 ML 30GX5/16	3				
PREFERRED PLUS 0.5 ML 29GX1/2"	3				
PREFERRED PLUS SYRINGE 0.5 ML	3				
PREFERRED PLUS SYRINGE 1 ML	3				
PREFEST TABLET	2				
PREFPLS INS SYR 1 ML 30GX5/16"	3				
PREGABALIN 100 MG CAPSULE	2		QL		
PREGABALIN 150 MG CAPSULE	2		QL		
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				
PRENA1 TRUE COMBO PACK	1				
PRENAISSANCE CAPSULE	1				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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				
PREVMIS 240 MG TABLET	4	PA, QL			
PREVMIS 480 MG TABLET	4	PA, QL			
PREZCOBIX 800 MG-150 MG TABLET	3				
PREZISTA 100 MG/ML SUSPENSION	3				
PREZISTA 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 ND 31GX5/16"	3				
PRO COMFORT PEN ND 32G X 1/4"	3				
PRO COMFORT PEN ND 4MM 32G	3				
PRO COMFORT PEN ND 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				
PROMETHAZINE VC-CODEINE SOLN	2	QL			
PROMETHAZINE-CODEINE SOLUTION	2	QL			
PROMETHAZINE-CODEINE SYRUP	2	QL			
PROMETHAZINE-DM 6.25-15 MG/5ML	2				
PROMETHAZINE-PE-CODEINE SYRUP	2	QL			
PROMETHAZINE-PHENYLEPHRINE SYR	2				
PROMETHEGAN 12.5 MG SUPPOS	2				
PROMETHEGAN 25 MG SUPPOSITORY	2				
PROMETHEGAN 50 MG SUPPOSITORY	2				
PROPAFENONE HCL 150 MG TABLET	2				
PROPAFENONE HCL 225 MG TAB	2				
PROPAFENONE HCL 300 MG TAB	2				
PROPAFENONE HCL ER 225 MG CAP	2				
PROPAFENONE HCL ER 325 MG CAP	2				
PROPAFENONE HCL ER 425 MG CAP	2				

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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 PNTPLUS 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	
PURE COMFORT PEN ND 32G 4MM	3		QUININE SULFATE 324 MG CAPSULE	2	
PURE COMFORT PEN ND 32G 5MM	3		QUTENZA 8% KIT (1 PATCH)	4	
PURE COMFORT PEN ND 32G 6MM	3		QUTENZA 8% KIT (2 PATCH)	4	
PURE COMFORT PEN ND 32G 8MM	3		QUTENZA 8% KIT (4 PATCH)	4	
PURE COMFORT SPACER-ADULT MASK	3	QL	QVAR REDHALER 40 MCG	4	ST
PURECOMFORT PEAK FLOW MTR ADLT	3		QVAR REDHALER 80 MCG	4	ST
PURECOMFORT PEAK FLOW MTR CHLD	3		RA ALCOHOL SWABS	3	
PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX	RA INS SYR 0.5 ML 29GX1/2"	3	
PV UNIFINE PENTIP PLUS 31GX5MM	3		RA INS SYR 0.5 ML 30GX5/16"	3	
PV UNIFINE PENTIP PLUS 31GX6MM	3		RA INS SYR 1 ML 29GX1/2"	3	
PV UNIFINE PENTIP PLUS 31GX8MM	3		RA INS SYRINGE 1 ML 30GX5/16"	3	
PV UNIFINE PENTIP PLUS 32GX4MM	3		RA PEN NEEDLE 31GX3/16"	3	
PV UNIFINE PENTIP PLUS 33GX4MM	3		RA PEN NEEDLE 31GX5/16"	3	
PYRAZINAMIDE 500 MG TABLET	2		RABEPRAZOLE SOD DR 20 MG TAB	2	QL
PYRIDOSTIGMINE 60 MG/5 ML SOLN	5	PA, SRX	RALOXIFENE HCL 60 MG TABLET	2	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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
RELION INS SYR 0.5 ML 29GX1/2"	3			RIBAVIRIN 200 MG CAPSULE	4
RELION INS SYR 0.5 ML 31GX6MM	3			RIBAVIRIN 200 MG TABLET	4
RELION INS SYR 1 ML 29GX1/2"	3			RIFABUTIN 150 MG CAPSULE	3
RELION INS SYR 1 ML 30GX5/16"	3			RIFAMATE CAPSULE	4
RELION INS SYR 1 ML 31GX15/64"	3			RIFAMPIN 150 MG CAPSULE	2
RELION INS SYR 1 ML 31GX5/16"	3			RIFAMPIN 300 MG CAPSULE	2
RELION INSULIN SYR 0.5 ML	3			RIFATER TABLET	4
RELION KETONE TEST STRIP	3			RIGHTEST CONTROL SOLN NORMAL	3
RELION MINI PEN 31G X 1/4" NDL	3			RIGHTEST CONTROL SOLUTION HIGH	3
RELION NOVOLOG 100 UNIT/ML VL	4	QL, ST		RILUZOLE 50 MG TABLET	5
RELION NOVOLOG MIX 70-30 FLXPEN	4	QL, ST		RIMANTADINE HCL 100 MG TABLET	2
RELION NOVOLOG MIX 70-30 VIAL	4	QL, ST		RINGERS IRRIGATION SOLUTION	4
RELION NOVOLOG U-100 FLEXPEN	4	QL, ST		RINVOQ ER 15 MG TABLET	5
RELION PEN 29G NEEDLE	3			RINVOQ ER 30 MG TABLET	5
RELION PEN 31G NEEDLE	3			RINVOQ ER 45 MG TABLET	5

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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
RISPERIDONE 2 MG ODT	2			RUFINAMIDE 40 MG/ML SUSPENSION	4
RISPERIDONE 2 MG TABLET	1			RUFINAMIDE 400 MG TABLET	4
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
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
RIVASTIGMINE 6 MG CAPSULE	2			SAPROPTERIN 100 MG POWDER PKT	5
RIVASTIGMINE 9.5 MG/24HR PATCH	2			SAPROPTERIN 100 MG TABLET	5
RIVELSA TABLET	1			SAPROPTERIN 500 MG POWDER PKT	5
RIZATRIPTAN 10 MG ODT	2	QL		SAVAYSA 15 MG TABLET	4
RIZATRIPTAN 10 MG TABLET	2	QL		SAVAYSA 30 MG TABLET	4
RIZATRIPTAN 5 MG ODT	2	QL		SAVAYSA 60 MG TABLET	4
RIZATRIPTAN 5 MG TABLET	2	QL		SAVELLA 100 MG TABLET	4
R-NATAL OB SOFTGEL	1			SAVELLA 12.5 MG TABLET	4
ROFLUMILAST 250 MCG TABLET	4	QL		SAVELLA 25 MG TABLET	4
ROFLUMILAST 500 MCG TABLET	4	QL		SAVELLA 50 MG TABLET	4
ROPINIROLE HCL 0.25 MG TABLET	2			SAVELLA TITRATION PACK	4
ROPINIROLE HCL 0.5 MG TABLET	2			SCOPOLAMINE 1 MG/3 DAY PATCH	2
ROPINIROLE HCL 1 MG TABLET	2			SECONAL SODIUM 100 MG CAPSULE	4
ROPINIROLE HCL 2 MG TABLET	2			SECURESAFE PEN ND. 30GX5/16"	3
ROPINIROLE HCL 3 MG TABLET	2			SECURESAFE SYR 0.5 ML 29G 1/2"	3
ROPINIROLE HCL 4 MG TABLET	2			SECURESAFE SYRNG 1 ML 29G 1/2"	3
ROPINIROLE HCL 5 MG TABLET	2			SELEGILINE HCL 5 MG CAPSULE	2
ROPINIROLE HCL ER 12 MG TABLET	2			SELEGILINE HCL 5 MG TABLET	2
ROPINIROLE HCL ER 2 MG TABLET	2			SELENIUM SULFIDE 2.25% SHAMPOO	2
ROPINIROLE HCL ER 4 MG TABLET	2			SELENIUM SULFIDE 2.5% LOTION	2
ROPINIROLE HCL ER 6 MG TABLET	2			SE-NATAL-19 TABLET	1
ROPINIROLE HCL ER 8 MG TABLET	2			SE-NATAL 19 CHEWABLE TABLET	1
ROSADAN 0.75% CREAM	2			SEN-SERTER	3

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
SEREVENT DISKUS 50 MCG	3	QL	SKYRIZI 150 MG/ML SYRINGE	5	PA, QL, SRX
SERTRALINE 20 MG/ML ORAL CONC	2	QL	SKYRIZI 180 MG/1.2 ML ON-BODY	5	PA, QL, SRX
SERTRALINE HCL 100 MG TABLET	1	QL	SKYRIZI 360 MG/2.4 ML ON-BODY	5	PA, QL, SRX
SERTRALINE HCL 25 MG TABLET	1	QL	SKYRIZI 150 MG/ML PEN	5	PA, QL, SRX
SERTRALINE HCL 50 MG TABLET	1	QL	SLYND 4 MG TABLET	4	
SETLAKIN 0.15 MG-0.03 MG TAB	1		SM INS SYR 0.5 ML 29GX1/2"	3	
SEVELAMER CARBONATE 800 MG TAB	4		SM INS SYR 0.5 ML 30GX5/16"	3	
SF 1.1% GEL	2		SM INS SYR 1 ML 29GX1/2"	3	
SF 5000 PLUS CREAM	2		SM INS SYRING 0.3 ML 30GX5/16"	3	
SHAROBEL 0.35 MG TABLET	1		SM INS SYRINGE 1 ML 28GX1/2"	3	
SHINGRIX VIAL KIT	3	QL	SM INS SYRINGE 1 ML 30GX5/16"	3	
SHOPKO UNIFINE PENTIPS 4MM 32G	3		SM INSUL SYR 0.3 ML 31GX5/16"	3	
SHOPKO UNIFINE PENTIPS 5MM 31G	3		SM INSUL SYR 0.5 ML 31GX5/16"	3	
SHOPKO UNIFINE PENTIPS 8MM 31G	3		SM INSULIN SYR 0.3 ML 29GX1/2"	3	
SHOPKO UNIFINE PNTIPS 12MM 29G	3		SM INSULIN SYR 0.5 ML 28GX1/2"	3	
SIDESTREAM PEDIATRIC FACE MASK	3	QL	SM INSULIN SYR 1 ML 31GX5/16"	3	
SIGNIFOR 0.3 MG/ML AMPULE	5	PA, LDD, SRX	SMARTEST CONTROL SOLUTION	3	
SIGNIFOR 0.6 MG/ML AMPULE	5	PA, LDD, SRX	SOD POLYSTYREN SULF 15 G/60 ML	2	
SIGNIFOR 0.9 MG/ML AMPULE	5	PA, LDD, SRX	SOD SUL-POTASS SUL-MAG SUL SOL	4	
SILDENAFIL 20 MG TABLET	5	PA, SRX	SODIUM CHLORIDE 0.9% INHAL VL	2	
SILHOUETTE INFUSION SET 23"	3		SODIUM CHLORIDE 0.9% IRRIG	2	
SILHOUETTE INFUSION SET 43"	3		SODIUM CHLORIDE 0.9% IRRIG.	2	
SILICONE MASK-INFANT	3	QL	SODIUM CHLORIDE 0.9% PRCSS SOL	2	
SILICONE MASK-PEDIATRIC	3	QL	SODIUM CHLORIDE 10% VIAL	2	
SILODOSIN 4 MG CAPSULE	2	QL	SODIUM CHLORIDE 3% VIAL	2	
SILODOSIN 8 MG CAPSULE	2	QL	SODIUM CHLORIDE 7% VIAL	2	
SIL-SERTER INFUSION SET	3		SODIUM FLUORIDE 0.2% RINSE	2	
SILVER NITRATE 0.5% SOLN	2		SODIUM FLUORIDE 1.1% CREAM	2	
SILVER NITRATE 10% SOLUTION	2		SODIUM FLUORIDE 1.1% GEL	2	
SILVER NITRATE 25% SOLUTION	2		SODIUM FLUORIDE 5000 DRY MOUTH	2	
SILVER NITRATE 50% SOLUTION	2		SODIUM FLUORIDE 5000 PLUS CRM	2	
SILVER SULFADIAZINE 1% CREAM	2		SODIUM FLUORIDE 5000 PPM CREAM	2	
SIMBRINZA 1%-0.2% EYE DROP	3		SODIUM FLUORIDE 5000 PPM PASTE	2	
SIMLIYA 28 DAY TABLET	1		SOD FLUORIDE ENAM PROT 5000PPM	2	
SIMPESSE 0.15-0.03-0.01 MGTAB	1		SODIUM FLUORIDE SENSTV 5000PPM	2	
SIMVASTATIN 10 MG TABLET	1		SODIUM PHENYL BUTYRATE 500MG TB	5	SRX
SIMVASTATIN 20 MG TABLET	1		SODIUM PHENYL BUTYRATE POWDER	5	SRX
SIMVASTATIN 40 MG TABLET	1		SODIUM POLYSTYRENE SULF POWDER	2	
SIMVASTATIN 5 MG TABLET	1		SODIUM SULFACETAMIDE 10% LOTN	2	
SIMVASTATIN 80 MG TABLET	1	QL	SOFOSBUVIR-VELPATASVIR 400-100	5	PA, QL, SRX
SIROLIMUS 0.5 MG TABLET	2		SOF-SERTER INSERTION DEVICE	3	
SIROLIMUS 1 MG TABLET	2		SOF-SET MICRO INFUSION SET	3	
SIROLIMUS 1 MG/ML SOLUTION	5	SRX	SOF-SET ULTIMATE QR SET	3	
SIROLIMUS 2 MG TABLET	2		SOLIFENACIN 10 MG TABLET	3	QL
SIRTURO 100 MG TABLET	4	PA, LDD	SOLIFENACIN 5 MG TABLET	3	QL
SIRTURO 20 MG TABLET	4	PA, LDD	SOLUS V2 CONTROL SOLUTION HIGH	3	
SKY SAFETY PEN NEEDLE 30G 5MM	3		SOLUS V2 CONTROL SOLUTION LOW	3	
SKY SAFETY PEN NEEDLE 30G 8MM	3		SOMAVERT 10 MG VIAL	5	PA, LDD, SRX

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
SOMAVERT 15 MG VIAL	5	PA, LDD, SRX		SUBVENITE 100 MG TABLET	2
SOMAVERT 20 MG VIAL	5	PA, LDD, SRX		SUBVENITE 150 MG TABLET	2
SOMAVERT 25 MG VIAL	5	PA, LDD, SRX		SUBVENITE 200 MG TABLET	2
SOMAVERT 30 MG VIAL	5	PA, LDD, SRX		SUBVENITE 25 MG TABLET	2
SORAFENIB 200 MG TABLET	5	PA, QL, SRX		SUCRAID 17,000 UNIT/2 ML SOLN	5 LDD, SRX
SOTALOL 120 MG TABLET	2			SUCRAID 8,500 UNIT/ML SOLN	5 LDD, SRX
SOTALOL 160 MG TABLET	2			SUCRALFATE 1 GM TABLET	2
SOTALOL 240 MG TABLET	2			SULFACETAMIDE 10% EYE DROPS	2
SOTALOL 80 MG TABLET	2			SULFACETAMIDE 10% EYE OINTMENT	2
SOTALOL AF 120 MG TABLET	2			SULFACETAMIDE SOD 10% TOP SUSP	2
SOTALOL AF 160 MG TABLET	2			SULF-PRED 10-0.23% EYE DROPS	2
SOTALOL AF 80 MG TABLET	2			SULFADIAZINE 500 MG TABLET	2
SOTYLIZE 5 MG/ML ORAL SOLUTION	4	PA		SULFAMETHOXAZOLE-TMP DS TABLET	1
SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX		SULFAMETHOXAZOLE-TMP SS TABLET	1
SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX		SULFAMETHOXAZOLE-TMP SUSP	2
SOVALDI 200 MG TABLET	5	PA, QL, SRX		SULFAMYLON 8.5% CREAM	4
SOVALDI 400 MG TABLET	5	PA, QL, SRX		SULFASALAZINE 500 MG TABLET	2
EQ SPACE CHAMBER	3	QL		SULFASALAZINE DR 500 MG TAB	2
EQ SPACE CHAMBER-LARGE MASK	3	QL		SULINDAC 150 MG TABLET	2
EQ SPACE CHAMBER-MEDIUM MASK	3	QL		SULINDAC 200 MG TABLET	2
EQ SPACE CHAMBER-SMALL MASK	3	QL		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
SRONYX 0.10-0.02 MG TABLET	1			SUPRAX 200 MG TABLET CHEWABLE	4
SSKI 1 GM/ML SOLUTION	4			SUPRAX 500 MG/5 ML SUSPENSION	4
STAVUDINE 40 MG CAPSULE	2			SURE CMFT SFTY PEN ND 31G 6MM	3
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX		SURE CMFT SFTY PEN ND 32G 4MM	3
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX		SURE COMFORT 0.3 ML SYRINGE	3
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX		SURE COMFORT 0.5 ML SYRINGE	3
STERILE WATER FOR IRRIGATION	2			SURE COMFORT 1 ML SYRINGE	3
STIVARGA 40 MG TABLET	5	PA, QL, LDD, SRX		SURE COMFORT 3/10 ML SYRINGE	3
STRIBILD TABLET	3	QL		SURE COMFORT 30G PEN NEEDLE	3
SUBVENITE TAB START KIT (BLUE)	2			SURE COMFORT INS 0.3ML 31GX1/4	3
SUBVENITE TAB START KIT (GREEN)	2			SURE COMFORT INS 0.5ML 31GX1/4	3
SUBVENITE TAB START KT (ORANGE)	2			SURE COMFORT INS 1 ML 31GX1/4"	3

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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	PA
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	PA, QL
SURE-JECT INS 0.3 ML 31GX5/16"	3		TADALAFIL 20 MG TABLET	5	PA, SRX
SURE-JECT INS 0.5 ML 31GX5/16"	3		TADALAFIL 5 MG TABLET	2	PA, QL
SURE-JECT INSU SYR U100 0.3 ML	3		TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL, SRX
SURE-JECT INSU SYR U100 0.5 ML	3		TAFINLAR 50 MG CAPSULE	5	PA, QL, LDD, SRX
SURE-JECT INSU SYR U100 1 ML	3		TAFINLAR 75 MG CAPSULE	5	PA, QL, LDD, SRX
SURE-JECT INSUL SYR U100 1 ML	3		TAFLUPROST 0.0015% EYE DROP	4	QL
SURE-JECT INSULIN SYRINGE 1 ML	3		TAGRISSO 40 MG TABLET	5	PA, QL, LDD, SRX
SURE-T PARADIGM 18" SET	3		TAGRISSO 80 MG TABLET	5	PA, QL, LDD, SRX
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	PA, QL, SRX
SYNAREL 2 MG/ML NASAL SPRAY	5	PA, SRX	TASIGNA 200 MG CAPSULE	5	PA, QL, SRX
SYNERA PATCH	4		TASIGNA 50 MG CAPSULE	5	PA, QL, SRX
SYNTHROID 100 MCG TABLET	4		TAYSOFY 1 MG-20 MCG CAPSULE	1	
SYNTHROID 112 MCG TABLET	4		TAZAROTENE 0.05% 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	
SYNTHROID 300 MCG TABLET	4		TAZTIA XT 300 MG CAPSULE	2	
SYNTHROID 50 MCG TABLET	4		TAZTIA XT 360 MG CAPSULE	2	
SYNTHROID 75 MCG TABLET	4		TDVAX VIAL	3	
SYNTHROID 88 MCG TABLET	4		TECHLITE 0.3 ML 29GX12MM (1/2)	3	
T:30 INFUSION SET 23" 13MM	3		TECHLITE 0.3 ML 30GX12MM (1/2)	3	
T:30 INFUSION SET 43" 13MM	3		TECHLITE 0.3 ML 30GX8MM (1/2)	3	
T:90 INFUSION SET 23" 6MM	3		TECHLITE 0.3 ML 31GX6MM (1/2)	3	
T:90 INFUSION SET 23" 9MM	3		TECHLITE 0.3 ML 31GX8MM (1/2)	3	
T:90 INFUSION SET 43" 9MM	3		TECHLITE 0.5 ML 29GX12MM (1/2)	3	
T:FLEX 4.8 ML CARTRIDGE	3		TECHLITE 0.5 ML 30GX12MM (1/2)	3	
T:SLIM 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 30GX8MM (1/2)	3	
T:SLIM G4 3 ML CARTRIDGE	3		TECHLITE 0.5 ML 31GX6MM (1/2)	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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
TENIVAC SYRINGE	3		TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL
TENIVAC VIAL	3		TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TENOFOVIR DISOP FUM 300 MG TB	2		TESTOSTERONE 50 MG/5 GRAM PKT	2	QL
TERAZOSIN 1 MG CAPSULE	1		TESTOSTERONE CYP 1,000 MG/10ML	2	
TERAZOSIN 10 MG CAPSULE	1		TESTOSTERONE CYP 1,000 MG/5 ML	2	
TERAZOSIN 2 MG CAPSULE	1		TESTOSTERONE CYP 200 MG/ML	2	
TERAZOSIN 5 MG CAPSULE	1		TESTOSTERONE CYP 500 MG/2.5 ML	2	
TERBINAFINE HCL 250 MG TABLET	1		TESTOSTERONE CYP 6,000 MG/30ML	2	
TERBUTALINE SULFATE 2.5 MG TAB	2		TESTOSTERONE ENAN 200 MG/ML	2	
TERBUTALINE SULFATE 5 MG TAB	2		TETCAINE 0.5% EYE DROP	2	
TERCONAZOLE 0.4% CREAM	2		TETRABENAZINE 12.5 MG TABLET	5	PA, QL, SRX
TERCONAZOLE 0.8% CREAM	2		TETRABENAZINE 25 MG TABLET	5	PA, QL, SRX

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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	SRX
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	PA, QL, SRX
THINPRO INS SYRIN U100-0.3 ML	3		TOBRAMYCIN PAK 300 MG/5 ML	5	PA, QL, SRX
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	SRX
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	PA, SRX
THYROID 120 MG TABLET	1		TOLVAPTAN 30 MG TABLET	5	PA, SRX
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	
TIADYL ER 120 MG CAPSULE	2		TOPIRAMATE 15 MG SPRINKLE CAP	2	
TIADYL ER 180 MG CAPSULE	2		TOPIRAMATE 200 MG TABLET	2	
TIADYL ER 240 MG CAPSULE	2		TOPIRAMATE 25 MG SPRINKLE CAP	2	
TIADYL ER 300 MG CAPSULE	2		TOPIRAMATE 25 MG TABLET	2	
TIADYL ER 360 MG CAPSULE	2		TOPIRAMATE 50 MG TABLET	2	
TIADYL ER 420 MG CAPSULE	2		TOPIRAMATE ER 100 MG CAPSULE	2	
TIAGABINE HCL 12 MG TABLET	2		TOPIRAMATE ER 150 MG CAPSULE	2	
TIAGABINE HCL 16 MG TABLET	2		TOPIRAMATE ER 200 MG CAPSULE	2	
TIAGABINE HCL 2 MG TABLET	2		TOPIRAMATE ER 25 MG CAPSULE	2	
TIAGABINE HCL 4 MG TABLET	2		TOPIRAMATE ER 50 MG CAPSULE	2	
TILIA FE 28 TABLET	1		TOREMIFENE CITRATE 60 MG TAB	4	
TIMOLOL 0.25% GEL-SOLUTION	2		TORSEMIDE 10 MG TABLET	2	

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

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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 MG TAB 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	
TROSPIDIUM CHLORIDE 20 MG TABLET	2		TRUEPLUS SYR 1ML 29GX1/2"	3	
TROSPIDIUM 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	PA, QL
TRUE CMFRT PRO 0.5ML 32G 5/16"	3		TRULICITY 1.5 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN NDL 31G 5MM	3		TRULICITY 3 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN NDL 31G 6MM	3		TRULICITY 4.5 MG/0.5 ML PEN	3	PA, QL
TRUE CMFT SFTY PEN NDL 32G 4MM	3		TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TRUE COMFORT 0.5 ML 31GX5/16"	3		TRUST NATAL DHA	1	
TRUE COMFORT 1 ML 31GX5/16"	3		TRUSTEEL INFUSION SET 23" 6MM	3	
TRUE COMFORT PEN NDL 31G 5MM	3		TRUSTEEL INFUSION SET 23" 8MM	3	
TRUE COMFORT PEN NDL 31G 6MM	3		TRUSTEEL INFUSION SET 32" 6MM	3	
TRUE COMFORT PEN NDL 31G 8MM	3		TRUSTEEL INFUSION SET 32" 8MM	3	
TRUE COMFORT PEN NDL 31GX5MM	3		TRUZONE PEAK FLOW METER	3	
TRUE COMFORT PEN NDL 31GX6MM	3		TULANA 0.35 MG TABLET	1	
TRUE COMFORT PEN NDL 32G 4MM	3		TWINRIX VACCINE SYRINGE	3	
TRUE COMFORT PEN NDL 32G 5MM	3		TYBOST 150 MG TABLET	3	
TRUE COMFORT PEN NDL 32G 6MM	3		TYDEMY 3-0.03-0.451 MG TABLET	1	
TRUE COMFORT PEN NDL 32GX4MM	3		TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, QL, SRX
TRUE COMFORT PEN NDL 33G 4MM	3		TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LDD, SRX
TRUE COMFORT PEN NDL 33G 5MM	3		TYVASO INSTITUTIONAL START KIT	5	PA, LDD, SRX
TRUE COMFORT PEN NDL 33G 6MM	3		TYVASO REFILL KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1 ML 30G 1/2"	3		TYVASO STARTER KIT	5	PA, LDD, SRX
TRUE COMFORT PRO 1ML 30G 5/16"	3		UDENYCA 6 MG/0.6 ML SYRINGE	5	PA, SRX
TRUE COMFORT PRO 1ML 31G 5/16"	3		UDENYCA 6 MG/0.6 ML AUTOINJECT	5	PA, SRX
TRUE COMFORT PRO 1ML 32G 5/16"	3		ULESFIA 5% LOTION	4	
TRUE COMFRT PRO 0.5ML 30G 1/2"	3		ULT CFT 0.3 ML 29GX1/2" (1/2)	3	
TRUE METRIX LEVEL 1 CTRL SOLN	3		ULT CFT 0.3 ML 31GX5/16" (1/2)	3	
TRUE METRIX LEVEL 2 CTRL SOLN	3		ULTCARE INS SYR 1 ML 31GX5/16"	3	
TRUE METRIX LEVEL 3 CTRL SOLN	3		ULTICAR INS 0.3ML 31GX1/4(1/2)	3	
TRUECONTROL GLUCOSE SOLUTION	3		ULTICARE INS 0.3 ML 30GX1/2"	3	
TRUEPLUS KETONE TEST STRIP	3		ULTICARE INS 0.3 ML 31GX1/4"	3	
TRUEPLUS PEN NEEDLE 29G 12MM	3		ULTICARE INS 0.5 ML 30GX1/2"	3	
TRUEPLUS PEN NEEDLE 29GX1/2"	3		ULTICARE INS 0.5 ML 31GX1/4"	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
ULTICARE INS 1 ML 31GX1/4"	3		ULTILET PEN NEEDLE	3	
ULTICARE INS SAFETY 1ML 29X1/2	3		ULTILET PEN NEEDLE 4MM 32G	3	
ULTICARE INS SYR 1 ML 28GX1/2"	3		ULTRA COMFORT 0.3 ML 29GX1/2"	3	
ULTICARE INS SYR 1 ML 29GX1/2"	3		ULTRA COMFORT 0.3 ML SYRINGE	3	
ULTICARE INS SYR 1 ML 30GX1/2"	3		ULTRA COMFORT 0.5 ML 28GX1/2"	3	
ULTICARE LDS SYR 3 ML 22GX1.5"	3		ULTRA COMFORT 0.5 ML 29GX1/2"	3	
ULTICARE PEN ND 12.7 MM 29G	3		ULTRA COMFORT 0.5 ML 31GX5/16"	3	
ULTICARE PEN NEEDLE 31GX3/16"	3		ULTRA COMFORT 0.5 ML SYRINGE	3	
ULTICARE PEN NEEDLE 4MM 32G	3		ULTRA COMFORT 1 ML 28GX1/2"	3	
ULTICARE PEN NEEDLE 6MM 31G	3		ULTRA COMFORT 1 ML 29GX1/2"	3	
ULTICARE PEN NEEDLE 8 MM 31G	3		ULTRA COMFORT 1 ML 30GX5/16"	3	
ULTICARE PEN NEEDLE 8MM 31G	3		ULTRA COMFORT 1 ML 31GX5/16"	3	
ULTICARE PEN NEEDLES 12MM 29G	3		ULTRA COMFORT 1 ML SYRINGE	3	
ULTICARE PEN NEEDLES 4MM 32G	3		ULTRA FLO 0.3ML 30G 1/2" (1/2)	3	
ULTICARE PEN NEEDLES 6MM 31G	3		ULTRA FLO 0.3ML 30G 5/16"(1/2)	3	
ULTICARE PEN NEEDLES 6MM 32G	3		ULTRA FLO 0.3ML 31G 5/16"(1/2)	3	
ULTICARE PEN NEEDLES 8MM 31G	3		ULTRA FLO PEN NEEDLE 31G 5MM	3	
ULTICARE SAFE PEN ND 30G 8MM	3		ULTRA FLO PEN NEEDLE 31G 8MM	3	
ULTICARE SAFE PEN ND 5MM 30G	3		ULTRA FLO PEN NEEDLE 32G 4MM	3	
ULTICARE SAFETY 0.5 ML 29GX1/2	3		ULTRA FLO PEN NEEDLE 33G 4MM	3	
ULTICARE SYR 0.3 ML 30GX1/2"	3		ULTRA FLO PEN NEEDLES 12MM 29G	3	
ULTICARE SYR 0.3 ML 30GX5/16"	3		ULTRA FLO SYR 0.3 ML 29GX1/2"	3	
ULTICARE SYR 0.3 ML 31GX5/16"	3		ULTRA FLO SYR 0.3 ML 30G 5/16"	3	
ULTICARE SYR 0.5 ML 29GX1/2"	3		ULTRA FLO SYR 0.3 ML 31G 5/16"	3	
ULTICARE SYR 0.5 ML 30GX1/2"	3		ULTRA FLO SYR 0.5 ML 29G 1/2"	3	
ULTICARE SYR 0.5 ML 30GX5/16"	3		ULTRA THIN PEN ND 32G X 4MM	3	
ULTICARE SYR 0.5 ML 31GX5/16"	3		ULTRACARE INS 0.3 ML 30GX5/16"	3	
ULTICARE SYR 1 ML 30GX5/16"	3		ULTRACARE INS 0.3 ML 31GX5/16"	3	
ULTICARE SYR 1 ML 31GX5/16"	3		ULTRACARE INS 0.5 ML 30GX1/2"	3	
ULTICARE SYRIN 0.3 ML 29GX1/2"	3		ULTRACARE INS 0.5 ML 30GX5/16"	3	
ULTICARE SYRIN 0.5 ML 28GX1/2"	3		ULTRACARE INS 0.5 ML 31GX5/16"	3	
ULTICARE SYRINGE 1 ML 30GX1/2"	3		ULTRACARE INS 1 ML 30G X 5/16"	3	
ULTIGUARD SAFE 1ML 30G 12.7MM	3		ULTRACARE INS 1 ML 30GX1/2"	3	
ULTIGUARD SAFE PACK 29G 12.7MM	3		ULTRACARE INS 1 ML 31G X 5/16"	3	
ULTIGUARD SAFE PACK 32G 4MM	3		ULTRACARE PEN NEEDLE 31GX1/4"	3	
ULTIGUARD SAFE0.3ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX3/16"	3	
ULTIGUARD SAFE0.5ML 30G 12.7MM	3		ULTRACARE PEN NEEDLE 31GX5/16"	3	
ULTIGUARD SAFEPACK 1ML 31G 8MM	3		ULTRACARE PEN NEEDLE 32GX1/4"	3	
ULTIGUARD SAFEPACK 31G 5MM	3		ULTRACARE PEN NEEDLE 32GX3/16"	3	
ULTIGUARD SAFEPACK 31G 6MM	3		ULTRACARE PEN NEEDLE 32GX5/32"	3	
ULTIGUARD SAFEPACK 31G 8MM	3		ULTRACARE PEN NEEDLE 33GX5/32"	3	
ULTIGUARD SAFEPACK 32G 4MM	3		ULTRA-FINE MICRO PEN NEEDLE	3	
ULTIGUARD SAFEPACK 32G 6MM	3		ULTRA-THIN II 1 ML 31GX5/16"	3	
ULTIGUARD SAFEPK 0.3ML 31G 8MM	3		ULTRA-THIN II INS 0.3 ML 30G	3	
ULTIGUARD SAFEPK 0.5ML 31G 8MM	3		ULTRA-THIN II INS 0.3 ML 31G	3	
ULTILET INSULIN SYRINGE 0.3 ML	3		ULTRA-THIN II INS 0.5 ML 29G	3	
ULTILET INSULIN SYRINGE 0.5 ML	3		ULTRA-THIN II INS 0.5 ML 30G	3	
ULTILET INSULIN SYRINGE 1 ML	3		ULTRA-THIN II INS 0.5 ML 31G	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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 NDJ 29GX1/2"	3		UNITHROID 50 MCG TABLET	1	
ULTRA-THIN II PEN NDJ 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 MGTAB	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 MGTAB	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		VANDAZOLE VAGINAL 0.75% GEL	2	
UNIFINE SAFECONTROL 30GX5/16"	3		VANISHPOINT 0.5 ML 30GX1/2" SYR	3	
UNIFINE SAFECONTROL 32G 4MM	3		VANISHPOINT 20GX1" 3 ML SYRING	3	
UNIFINE ULTRA PEN NDJ 31G 5MM	3		VANISHPOINT 21GX1.5" 3 ML SYR	3	
UNIFINE ULTRA PEN NDJ 31G 6MM	3		VANISHPOINT 22GX1" 3 ML SYR	3	
UNIFINE ULTRA PEN NDJ 31G 8MM	3		VANISHPOINT 23GX1" 3 ML SYRING	3	
UNIFINE ULTRA PEN NDJ 32G 4MM	3		VANISHPOINT 23GX1-1/2 3 ML SYR	3	
UNISTRIP CONTROL SOLUTION HIGH	3		VANISHPOINT 25GX1" 3 ML SYRING	3	
UNISTRIP CONTROL SOLUTION LOW	3		VANISHPOINT 25GX5/8" 3 ML SYR	3	
UNITHROID 100 MCG TABLET	1		VANISHPOINT 3 ML 21GX1" SYRING	3	
UNITHROID 112 MCG TABLET	1		VANISHPOINT 3 ML 22GX1.5" SYRG	3	
UNITHROID 125 MCG TABLET	1		VANISHPOINT INS 1 ML 30GX3/16"	3	
UNITHROID 137 MCG TABLET	1		VANISHPOINT U-100 29X1/2 SYR	3	
UNITHROID 150 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML SYRINGE	3	
UNITHROID 175 MCG TABLET	1		VAQTA 25 UNITS/0.5 ML VIAL	3	
UNITHROID 200 MCG TABLET	1		VAQTA 50 UNITS/ML SYRINGE	3	

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		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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 PACKT	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
VERAPAMIL 80 MG TABLET	2			VIT A,C,D-FLUORIDE 0.25 MG/ML	2
VERAPAMIL ER 120 MG CAPSULE	2			VITAFOL-OB CAPLET	1
VERAPAMIL ER 120 MG TABLET	2			VITAMIN D2 1.25MG(50,000 UNIT)	2
VERAPAMIL ER 180 MG CAPSULE	2			VIVAGUARD INO CTRL SOLN-L1,2,3	3
VERAPAMIL ER 180 MG TABLET	2			VIVAGUARD INO CTRL SOLN-L2	3
VERAPAMIL ER 240 MG CAPSULE	2			VOLNEA 0.15-0.02-0.01 MG TAB	1
VERAPAMIL ER 240 MG TABLET	2			VORICONAZOLE 200 MG TABLET	4
VERAPAMIL ER PM 100 MG CAPSULE	2			VORICONAZOLE 40 MG/ML SUSP	4
VERAPAMIL ER PM 200 MG CAPSULE	2			VORICONAZOLE 50 MG TABLET	4
VERAPAMIL ER PM 300 MG CAPSULE	2			VORTEX ADULT MASK	3
VERAPAMIL SR 120 MG CAPSULE	2			VORTEX HOLDING CHAMBER	3
VERAPAMIL SR 180 MG CAPSULE	2			VORTEX HOLDING CHAMBER-CHILD	3
VERAPAMIL SR 240 MG CAPSULE	2			VORTEX HOLDING CHAMBER-TODDLER	3
VERAPAMIL SR 360 MG CAPSULE	2			VORTEX VHC FROG CHILD MASK	3

2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)			(PA, ST, QL, AGE, SRX, LDD)
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	
WP THYROID 113.75 MG TABLET	3		ZAFIRLUKAST 20 MG TABLET	2	
WP THYROID 130 MG TABLET	3		ZALEPLON 10 MG CAPSULE	2	
WP THYROID 16.25 MG TABLET	3		ZALEPLON 5 MG CAPSULE	2	
WP THYROID 32.5 MG TABLET	3		ZARAH TABLET	1	
WP THYROID 48.75 MG TABLET	3		ZARXIO 300 MCG/0.5 ML SYRINGE	5	SRX
WP THYROID 65 MG TABLET	3		ZARXIO 480 MCG/0.8 ML SYRINGE	5	SRX
WP THYROID 81.25 MG TABLET	3		ZATEAN-PN DHA CAPSULE	1	
WP THYROID 97.5 MG TABLET	3		ZATEAN-PN PLUS SOFTGEL	1	
WYMZYA FE 0.4-0.035 MG CHEW TB	1		ZELBORAF 240 MG TABLET	5	PA, QL, LDD, SRX
XALKORI 200 MG CAPSULE	5	PA, QL, LDD, SRX	ZENATANE 10 MG CAPSULE	4	
XALKORI 250 MG CAPSULE	5	PA, QL, LDD, SRX	ZENATANE 20 MG CAPSULE	4	
XARELTO 1 MG/ML SUSPENSION	3	PA, QL	ZENATANE 30 MG CAPSULE	4	
XARELTO 10 MG TABLET	3	PA, QL	ZENATANE 40 MG CAPSULE	4	
XARELTO 15 MG TABLET	3	PA, QL	ZENZEDI 10 MG TABLET	2	QL

2024 Cigna Plus Georgia 5-Tier Prescription Drug List

		(PA, ST, QL, AGE, SRX, LDD)
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.^{2,3} 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.

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.⁴

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.⁵ 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.⁵ 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.⁶

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 cost⁷
- Refill reminders⁸
- Fill up to a 90-day supply at one time⁹
- 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)⁸ 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).¹⁰ 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 cost⁷
- 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 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. 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 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).