



# 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

Coverage as of January 1, 2025



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

### View your drug list online

- Before January 1, 2025, you can view the drug list at **Cigna.com/small-group-drug-lists**.
- Starting January 1, 2025, log in to **myCigna® App**<sup>1</sup> or **myCigna.com®** and use the Price a Medication tool.

### Questions?

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

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

## About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List as of January 1, 2025. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

## How to read this drug list

Use the chart below to understand how medications are covered.\*

| Medication Name                  | Tier | Notes        |
|----------------------------------|------|--------------|
| ACETAMINOPHEN-COD #4 TABLET      | 2    | PA           |
| ACETAZOLAMIDE 125 MG TABLET      | 2    |              |
| ACETAZOLAMIDE 250 MG TABLET      | 2    |              |
| ACETAZOLAMIDE ER 500 MG CAPSULE  | 2    |              |
| ACETIC ACID 0.25% IRRIG SOLUTION | 2    |              |
| ACETIC ACID 2% EAR SOLUTION      | 2    |              |
| ACETYLCYSTEINE 10% VIAL          | 2    |              |
| ACETYLCYSTEINE 20% VIAL          | 2    |              |
| ACITRETIN 10 MG CAPSULE          | 4    |              |
| ACITRETIN 17.5 MG CAPSULE        | 4    |              |
| ACITRETIN 25 MG CAPSULE          | 4    |              |
| ACTEMRA 162 MG/0.9 ML SYRINGE    | 5    | PA, QL, SRX  |
| ACTEMRA ACTPEN                   | 5    | PA, QL, SRX  |
| ACTHIB VACCINE VIAL              | 3    |              |
| ACTHIB VACCINE WITH DILUENT      | 3    |              |
| ACTIMMUNE 100 MCG/0.5 ML VIAL    | 5    | PA, LDD, SRX |
| ACYCLOVIR 200 MG CAPSULE         | 1    |              |
| ACYCLOVIR 200 MG/5 ML SUSPENSION | 2    |              |
| ACYCLOVIR 400 MG TABLET          | 1    |              |
| ACYCLOVIR 5% OINTMENT            | 4    | PA, QL       |
| ACYCLOVIR 800 MG TABLET          | 1    |              |
| ADACEL TDAP SYRINGE              | 3    |              |
| ADACEL TDAP VIAL                 | 3    |              |
| ADALIMUMAB-ADAZ                  | 5    | PA, QL, SRX  |
| ADALIMUMAB-ADBIM                 | 5    | PA, QL, SRX  |
| ADALIMUMAB-RYVK                  | 5    | PA, QL, SRX  |
| ADAPALENE 0.1% CREAM             | 2    | PA, AGE      |
| ADAPALENE 0.1% GEL               | 2    | PA, AGE      |
| ADAPALENE 0.1% SOLUTION          | 2    | PA, AGE      |
| ADAPALENE 0.3% GEL               | 2    | PA, AGE      |
| ADAPALENE 0.3% GEL PUMP          | 2    | PA, AGE      |

Medications are listed in **alphabetical** order

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

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

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

\* This chart is just a sample. It may not show how these medications are actually covered on the 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List.

## Tiers

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

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

## Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

|            |                                                                                                                                                                                                                                                                                                                                                                                               |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PA</b>  | <b>Prior Authorization</b> – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet coverage requirements for the medication.                                                                                                                                             |
| <b>QL</b>  | <b>Quantity Limit</b> – Your plan will only cover a certain amount of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask Cigna Healthcare to approve more.                                                                                                                                                                  |
| <b>ST</b>  | <b>Step Therapy</b> – This is a prior authorization program. Your plan doesn't cover this high-cost medication until you try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for you. If your doctor feels a different medication isn't right for you, your doctor's office can ask Cigna Healthcare to approve coverage of this medication. |
| <b>AGE</b> | <b>Age Requirement</b> – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to take this medication, your doctor's office can ask Cigna Healthcare to approve coverage.                                                                                                    |
| <b>SRX</b> | This is a <b>specialty medication</b> , which is used to treat a complex medical condition. <b>Your plan limits specialty medications to a 30-day supply.</b>                                                                                                                                                                                                                                 |
| <b>LDD</b> | This is a <b>limited distribution drug</b> . This type of medication is only available at specific pharmacies in the United States. It's used to treat conditions that are very hard to manage and require special handling, patient support and monitoring.                                                                                                                                  |

## Plan exclusions

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

## How to find your medication

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

| Letter* your medication starts with | Page   | Letter* your medication starts with | Page   |
|-------------------------------------|--------|-------------------------------------|--------|
| I                                   | 6      | M                                   | 44-49  |
| 2                                   | 6      | N                                   | 49-52  |
| A                                   | 6-11   | O                                   | 52-54  |
| B                                   | 11-15  | P                                   | 54-59  |
| C                                   | 15-21  | Q                                   | 59, 60 |
| D                                   | 21-25  | R                                   | 60-62  |
| E                                   | 25-30  | S                                   | 62-65  |
| F                                   | 30-33  | T                                   | 65-70  |
| G                                   | 33-35  | U                                   | 70-72  |
| H                                   | 35-37  | V                                   | 72-74  |
| I                                   | 37-39  | W                                   | 74     |
| J                                   | 39, 40 | X                                   | 74, 75 |
| K                                   | 40     | Y                                   | 75     |
| L                                   | 40-44  | Z                                   | 75-76  |

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

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                           | Tier | Notes   |
|-----------------------------------------------------------|------|---------|
| 1ST TIER UNIFINE PENTIP 29G 1/2"                          | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 1/4"                          | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 3/16"                         | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 5/16"                         | 3    |         |
| 1ST TIER UNIFINE PENTIP 32G 5/32"                         | 3    |         |
| 1ST TIER UNIFINE PENTIP 4MM 32G                           | 3    |         |
| 1ST TIER UNIFINE PENTIP 5MM 31G                           | 3    |         |
| 1ST TIER UNIFINE PENTIP 6MM 31G                           | 3    |         |
| 1ST TIER UNIFINE PENTIP 8MM 31G                           | 3    |         |
| 1ST TIER UNIFINE PENTIP 12MM 29G                          | 3    |         |
| 2TEK CONTROL SOLUTION                                     | 3    |         |
| ABACAVIR 20 MG/ML ORAL SOLUTION                           | 2    |         |
| ABACAVIR 300 MG TABLET                                    | 2    |         |
| ABACAVIR-LAMIVUDINE 600-300 MG TABLET                     | 2    |         |
| ABACAVIR-LAMIVUDINE-ZIDOVUDINE TABLET                     | 3    |         |
| ABIRATERONE 250 MG TABLET                                 | 5    | PA, SRX |
| ABIRATERONE 500 MG TABLET                                 | 5    | PA, SRX |
| ABOUTIME PEN NEEDLE 30G 8MM                               | 3    |         |
| ABOUTIME PEN NEEDLE 31G 5MM                               | 3    |         |
| ABOUTIME PEN NEEDLE 31G 8MM                               | 3    |         |
| ABOUTIME PEN NEEDLE 32G 4MM                               | 3    |         |
| ABRYSVO VIAL WITH DILUENT                                 | 3    |         |
| ACAMPROSATE DR 333 MG TABLET                              | 3    |         |
| ACARBOSE 25 MG TABLET                                     | 2    |         |
| ACARBOSE 50 MG TABLET                                     | 2    |         |
| ACARBOSE 100 MG TABLET                                    | 2    |         |
| ACCU-CHEK AVIVA SOLUTION                                  | 3    |         |
| ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION                    | 3    |         |
| ACCU-CHEK SMARTVIEW CONTROL SOLUTION                      | 3    |         |
| ACCUTANE 10 MG CAPSULE                                    | 4    |         |
| ACCUTANE 20 MG CAPSULE                                    | 4    |         |
| ACCUTANE 30 MG CAPSULE                                    | 4    |         |
| ACCUTANE 40 MG CAPSULE                                    | 4    |         |
| ACCUTREND GLUCOSE CONTROL                                 | 3    |         |
| ACE AEROSOL CLOUD ENHANCER                                | 3    | QL      |
| ACEBUTOLOL 200 MG CAPSULE                                 | 2    |         |
| ACEBUTOLOL 400 MG CAPSULE                                 | 2    |         |
| ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5-30 MG CAPSULE | 2    | PA      |
| ACETAMINOPHEN-CODEINE 120-12 MG/5 ML ORAL SOLUTION        | 2    |         |

| Medication Name                                       | Tier | Notes            |
|-------------------------------------------------------|------|------------------|
| ACETAMINOPHEN-CODEINE 300-30 MG/12.5 ML ORAL SOLUTION | 2    |                  |
| ACETAMINOPHEN-CODEINE #2 TABLET                       | 2    | PA               |
| ACETAMINOPHEN-CODEINE #3 TABLET                       | 2    | PA               |
| ACETAMINOPHEN-CODEINE #4 TABLET                       | 2    | PA               |
| ACETAZOLAMIDE 125 MG TABLET                           | 2    |                  |
| ACETAZOLAMIDE 250 MG TABLET                           | 2    |                  |
| ACETAZOLAMIDE ER 500 MG CAPSULE                       | 2    |                  |
| ACETIC ACID 0.25% EAR SOLUTION                        | 2    |                  |
| ACETIC ACID 2% EAR SOLUTION                           | 2    |                  |
| ACETYLCYSTEINE 10% VIAL                               | 2    |                  |
| ACETYLCYSTEINE 20% VIAL                               | 2    |                  |
| ACITRETIN 10 MG CAPSULE                               | 4    |                  |
| ACITRETIN 17.5 MG CAPSULE                             | 4    |                  |
| ACITRETIN 25 MG CAPSULE                               | 4    |                  |
| ACTEMRA 162 MG/0.9 ML SYRINGE                         | 5    | PA, QL, LDD, SRX |
| ACTEMRA ACTPEN 162 MG/0.9 ML                          | 5    | PA, QL, LDD, SRX |
| ACTHIB VACCINE VIAL                                   | 3    |                  |
| ACTHIB VACCINE WITH DILUENT                           | 3    |                  |
| ACTIMMUNE 100 MCG/0.5 ML VIAL                         | 5    | PA, LDD, SRX     |
| ACYCLOVIR 200 MG CAPSULE                              | 1    |                  |
| ACYCLOVIR 200 MG/5 ML SUSPENSION                      | 2    |                  |
| ACYCLOVIR 400 MG TABLET                               | 1    |                  |
| ACYCLOVIR 800 MG TABLET                               | 1    |                  |
| ACYCLOVIR 5% OINTMENT                                 | 4    | PA, QL           |
| ADACEL TDAP VIAL                                      | 3    |                  |
| ADALIMUMAB-ADAZ(CF) 40 MG SYRINGE                     | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADAZ(CF) PEN 40 MG                         | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADB(M)CF 10 MG SYRINGE                     | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADB(M)CF 20 MG SYRINGE                     | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADB(M)CF 40 MG SYRINGE                     | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADB(M)CF PEN 40 MG                         | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADB(M)CF PEN CROHNS 40 MG                  | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADB(M)CF PEN PS-UV 40 MG                   | 5    | PA, QL, SRX      |
| ADALIMUMAB-RYVK(CF) AI 40 MG AUTO-INJECTOR            | 5    | PA, QL, SRX      |
| ADALIMUMAB-RYVK(CF) 40 MG SYRINGE                     | 5    | PA, QL, SRX      |
| ADAPALENE 0.1% CREAM                                  | 3    | PA, AGE          |
| ADAPALENE 0.3% GEL                                    | 3    | PA, AGE          |
| ADAPALENE 0.3% GEL PUMP                               | 3    | PA, AGE          |
| ADAPALENE 0.1% TOPICAL SOLUTION                       | 3    | PA, AGE          |
| ADEFOVIR 10 MG TABLET                                 | 5    | SRX              |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                           | Tier | Notes        | Medication Name                             | Tier | Notes            |
|-------------------------------------------|------|--------------|---------------------------------------------|------|------------------|
| ADEMPAS 0.5 MG TABLET                     | 5    | PA, LDD, SRX | AIRZONE PEAK FLOW METER                     | 3    |                  |
| ADEMPAS 1 MG TABLET                       | 5    | PA, LDD, SRX | AK-POLY-BAC EYE OINTMENT                    | 2    |                  |
| ADEMPAS 1.5 MG TABLET                     | 5    | PA, LDD, SRX | AKYNZEO 300-0.5 MG CAPSULE                  | 5    | PA, QL, SRX      |
| ADEMPAS 2 MG TABLET                       | 5    | PA, LDD, SRX | ALBENDAZOLE 200 MG TABLET                   | 4    | PA               |
| ADEMPAS 2.5 MG TABLET                     | 5    | PA, LDD, SRX | ALBUSTIX REAGENT TEST STRIP                 | 3    |                  |
| ADVOCATE CONTROL SOLUTION HIGH            | 3    |              | ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION  | 2    |                  |
| ADVOCATE CONTROL SOLUTION LOW             | 3    |              | ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION  | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"  | 3    |              | ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16" | 3    |              | ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION   | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16" | 3    |              | ALBUTEROL 5 MG/ML INHALATION SOLUTION       | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.5 ML 29G 1/2"  | 3    |              | ALBUTEROL 15 MG/3 ML INHALATION SOLUTION    | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.5 ML 30G 5/16" | 3    |              | ALBUTEROL 25 MG/5 ML INHALATION SOLUTION    | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16" | 3    |              | ALBUTEROL 75 MG/15 ML INHALATION SOLUTION   | 2    |                  |
| ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"    | 3    |              | ALBUTEROL 100 MG/20 ML INHALATION SOLUTION  | 2    |                  |
| ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"   | 3    |              | ALBUTEROL 2 MG/5 ML SYRUP                   | 2    |                  |
| ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |              | ALBUTEROL 2 MG TABLET                       | 2    |                  |
| ADVOCATE PEN NEEDLE 4MM 33G               | 3    |              | ALBUTEROL 4 MG TABLET                       | 2    |                  |
| ADVOCATE PEN NEEDLE 5MM 31G               | 3    |              | ALBUTEROL ER 4 MG TABLET                    | 2    |                  |
| ADVOCATE PEN NEEDLE 8MM 31G               | 3    |              | ALBUTEROL ER 8 MG TABLET                    | 2    |                  |
| ADVOCATE PEN NEEDLE 12.7MM 29G            | 3    |              | ALBUTEROL HFA 90 MCG INHALER                | 2    | QL               |
| ADVOCATE PEN NEEDLE 32G 4MM               | 3    |              | ALCAINE 0.5% EYE DROPS                      | 2    |                  |
| ADVOCATE REDI-CODE+ CONTROL SOLUTION      | 3    |              | ALCLOMETASONE 0.05% CREAM                   | 2    |                  |
| AEROCHAMBER MINI                          | 3    | QL           | ALCLOMETASONE 0.05% OINTMENT                | 2    |                  |
| AEROCHAMBER MV HOLD CHAMBER               | 3    | QL           | ALCOHOL PREP PAD                            | 3    |                  |
| AEROCHAMBER PLUS FLOW-VU                  | 3    | QL           | ALECENSA 150 MG CAPSULE                     | 5    | PA, QL, LDD, SRX |
| AEROCHAMBER PLUS FLOW-VU LARGE            | 3    | QL           | ALENDRONATE 70 MG/75 ML ORAL SOLUTION       | 2    |                  |
| AEROCHAMBER PLUS FLOW-VU MEDIUM           | 3    | QL           | ALENDRONATE 5 MG TABLET                     | 1    |                  |
| AEROCHAMBER PLUS FLOW-VU SMALL            | 3    | QL           | ALENDRONATE 10 MG TABLET                    | 1    |                  |
| AEROCHAMBER Z-STAT PLUS LARGE             | 3    | QL           | ALENDRONATE 35 MG TABLET                    | 1    |                  |
| AEROCHAMBER Z-STAT PLUS W-FLOW            | 3    | QL           | ALENDRONATE 70 MG TABLET                    | 2    |                  |
| AEROCHAMBER Z-STAT PLUS-MEDIUM            | 3    | QL           | ALFUZOSIN ER 10 MG TABLET                   | 2    |                  |
| AEROCHAMBER Z-STAT PLUS-SMALL             | 3    | QL           | ALINIA 100 MG/5 ML SUSPENSION               | 4    |                  |
| AEROGear ASTHMA ACTION KIT                | 3    |              | ALISKIREN 150 MG TABLET                     | 4    | QL               |
| AEROTRACH HOLDING CHAMBER                 | 3    | QL           | ALISKIREN 300 MG TABLET                     | 4    | QL               |
| AEROVENT PLUS HOLDING CHAMBER             | 3    | QL           | ALLOPURINOL 100 MG TABLET                   | 1    |                  |
| AFIRMELLE-28 TABLET                       | 1    |              | ALLOPURINOL 300 MG TABLET                   | 1    |                  |
| AFLURIA                                   | 3    |              | ALMOTRIPTAN 6.25 MG TABLET                  | 3    | QL               |
| AFTER PILL 1.5 MG TABLET                  | 1    |              | ALMOTRIPTAN 12.5 MG TABLET                  | 3    | QL               |
| AFTERA 1.5 MG TABLET                      | 1    |              | ALOCIL 2% EYE DROPS                         | 4    |                  |
| AGAMATRIX HIGH CONTROL SOLUTION           | 3    |              | ALOMIDE 0.1% EYE DROPS                      | 4    |                  |
| AGAMATRIX NORM-HI CONTROL SOLUTION        | 3    |              | ALOSETRON 0.5 MG TABLET                     | 5    | SRX              |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                              | Tier | Notes        |
|----------------------------------------------|------|--------------|
| ALOSETRON 1 MG TABLET                        | 5    | SRX          |
| ALPRAZOLAM 0.25 MG TABLET                    | 2    |              |
| ALPRAZOLAM 0.5 MG TABLET                     | 2    |              |
| ALPRAZOLAM 1 MG TABLET                       | 2    |              |
| ALPRAZOLAM 2 MG TABLET                       | 2    |              |
| ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE | 2    |              |
| ALPRAZOLAM ER 0.5 MG TABLET                  | 2    |              |
| ALPRAZOLAM ER 1 MG TABLET                    | 2    |              |
| ALPRAZOLAM ER 2 MG TABLET                    | 2    |              |
| ALPRAZOLAM ER 3 MG TABLET                    | 2    |              |
| ALPRAZOLAM ODT 0.25 MG TABLET                | 2    |              |
| ALPRAZOLAM ODT 0.5 MG TABLET                 | 2    |              |
| ALPRAZOLAM ODT 1 MG TABLET                   | 2    |              |
| ALPRAZOLAM ODT 2 MG TABLET                   | 2    |              |
| ALPRAZOLAM XR 0.5 MG TABLET                  | 2    |              |
| ALPRAZOLAM XR 1 MG TABLET                    | 2    |              |
| ALPRAZOLAM XR 2 MG TABLET                    | 2    |              |
| ALPRAZOLAM XR 3 MG TABLET                    | 2    |              |
| ALTABAX 1% OINTMENT                          | 4    |              |
| ALTACAIN 0.5% EYE DROPS                      | 2    |              |
| ALTAVERA-28 TABLET                           | 1    |              |
| ALVESCO 80 MCG INHALER                       | 3    |              |
| ALVESCO 160 MCG INHALER                      | 3    |              |
| ALYACEN 1-35 28 TABLET                       | 1    |              |
| ALYACEN 7-7-7-28 TABLET                      | 1    |              |
| ALYQ 20 MG TABLET                            | 5    | PA, SRX      |
| AMABELZ 0.5 MG-0.1 MG TABLET                 | 2    |              |
| AMABELZ 1 MG-0.5 MG TABLET                   | 2    |              |
| AMANTADINE 100 MG CAPSULE                    | 2    |              |
| AMANTADINE 50 MG/5 ML ORAL SOLUTION          | 2    |              |
| AMANTADINE 100 MG/10 ML ORAL SOLUTION        | 2    |              |
| AMANTADINE 100 MG TABLET                     | 2    |              |
| AMBRISENTAN 5 MG TABLET                      | 5    |              |
| AMBRISENTAN 10 MG TABLET                     | 5    |              |
| AMCINONIDE 0.1% CREAM                        | 2    |              |
| AMCINONIDE 0.1% LOTION                       | 2    | PA, LDD, SRX |
| AMETHIA 0.15-0.03-0.01 MG TABLET             | 1    |              |
| AMETHIA LO TABLET                            | 1    |              |
| AMETHYST 90-20 MCG TABLET                    | 1    |              |
| AMILORIDE 5 MG TABLET                        | 2    |              |
| AMILORIDE-HCTZ 5-50 MG TABLET                | 2    |              |

| Medication Name                              | Tier | Notes   |
|----------------------------------------------|------|---------|
| AMINOCAPROIC ACID 0.25 GRAM/ML ORAL SOLUTION | 5    | PA, SRX |
| AMINOCAPROIC ACID 500 MG TABLET              | 5    |         |
| AMINOCAPROIC ACID 1,000 MG TABLET            | 5    |         |
| AMIODARONE 100 MG TABLET                     | 2    |         |
| AMIODARONE 200 MG TABLET                     | 2    |         |
| AMIODARONE 400 MG TABLET                     | 2    |         |
| AMITRIPTYLINE 10 MG TABLET                   | 1    |         |
| AMITRIPTYLINE 25 MG TABLET                   | 1    |         |
| AMITRIPTYLINE 50 MG TABLET                   | 1    |         |
| AMITRIPTYLINE 75 MG TABLET                   | 1    |         |
| AMITRIPTYLINE 100 MG TABLET                  | 2    |         |
| AMITRIPTYLINE 150 MG TABLET                  | 2    |         |
| AMLODIPINE 2.5 MG TABLET                     | 2    |         |
| AMLODIPINE 5 MG TABLET                       | 2    |         |
| AMLODIPINE 10 MG TABLET                      | 2    |         |
| AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET     | 2    |         |
| AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET     | 2    |         |
| AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET     | 2    |         |
| AMLODIPINE-ATORVASTATIN 5-10 MG TABLET       | 2    |         |
| AMLODIPINE-ATORVASTATIN 5-20 MG TABLET       | 2    |         |
| AMLODIPINE-ATORVASTATIN 5-40 MG TABLET       | 2    |         |
| AMLODIPINE-ATORVASTATIN 5-80 MG TABLET       | 2    |         |
| AMLODIPINE-ATORVASTATIN 10-10 MG TABLET      | 2    |         |
| AMLODIPINE-ATORVASTATIN 10-20 MG TABLET      | 2    |         |
| AMLODIPINE-ATORVASTATIN 10-40 MG TABLET      | 2    |         |
| AMLODIPINE-ATORVASTATIN 10-80 MG TABLET      | 2    |         |
| AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE      | 2    |         |
| AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE        | 2    |         |
| AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE        | 2    |         |
| AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE        | 2    |         |
| AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE       | 2    |         |
| AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE       | 2    |         |
| AMLODIPINE-OLMESARTAN 5-20 MG TABLET         | 2    |         |
| AMLODIPINE-OLMESARTAN 5-40 MG TABLET         | 2    |         |
| AMLODIPINE-OLMESARTAN 10-20 MG TABLET        | 2    |         |
| AMLODIPINE-OLMESARTAN 10-40 MG TABLET        | 2    |         |
| AMLODIPINE-VALSARTAN 5-160 MG TABLET         | 2    |         |
| AMLODIPINE-VALSARTAN 5-320 MG TABLET         | 2    |         |
| AMLODIPINE-VALSARTAN 10-160 MG TABLET        | 2    |         |
| AMLODIPINE-VALSARTAN 10-320 MG TABLET        | 2    |         |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                     | Tier | Notes |
|-----------------------------------------------------|------|-------|
| AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET      | 3    |       |
| AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET        | 3    |       |
| AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5MG TABLET      | 3    |       |
| AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET       | 3    |       |
| AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET       | 3    |       |
| AMMONIUM LACTATE 12% CREAM                          | 2    |       |
| AMMONIUM LACTATE 12% LOTION                         | 2    |       |
| AMNESTEEM 10 MG CAPSULE                             | 4    |       |
| AMNESTEEM 20 MG CAPSULE                             | 4    |       |
| AMNESTEEM 40 MG CAPSULE                             | 4    |       |
| AMOXAPINE 25 MG TABLET                              | 2    |       |
| AMOXAPINE 50 MG TABLET                              | 2    |       |
| AMOXAPINE 100 MG TABLET                             | 2    |       |
| AMOXAPINE 150 MG TABLET                             | 2    |       |
| AMOXICILLIN 250 MG CAPSULE                          | 1    |       |
| AMOXICILLIN 500 MG CAPSULE                          | 1    |       |
| AMOXICILLIN 125 MG CHEWABLE TABLET                  | 1    |       |
| AMOXICILLIN 250 MG CHEWABLE TABLET                  | 2    |       |
| AMOXICILLIN 125 MG/5 ML SUSPENSION                  | 1    |       |
| AMOXICILLIN 200 MG/5 ML SUSPENSION                  | 1    |       |
| AMOXICILLIN 250 MG/5 ML SUSPENSION                  | 1    |       |
| AMOXICILLIN 400 MG/5 ML SUSPENSION                  | 1    |       |
| AMOXICILLIN 500 MG TABLET                           | 1    |       |
| AMOXICILLIN 875 MG TABLET                           | 1    |       |
| AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET | 2    |       |
| AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET   | 2    |       |
| AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION | 2    |       |
| AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION | 2    |       |
| AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION   | 2    |       |
| AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION | 2    |       |
| AMOXICILLIN-CLAVULANATE 250-125 MG TABLET           | 1    |       |
| AMOXICILLIN-CLAVULANATE 500-125 MG TABLET           | 1    |       |
| AMOXICILLIN-CLAVULANATE 875-125 MG TABLET           | 1    |       |

| Medication Name                                 | Tier | Notes       |
|-------------------------------------------------|------|-------------|
| AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET | 2    |             |
| AMPHETAMINE 5 MG TABLET                         | 3    | QL          |
| AMPHETAMINE 10 MG TABLET                        | 3    | QL          |
| AMPICILLIN 500 MG CAPSULE                       | 2    |             |
| ANAGRELIDE 0.5 MG CAPSULE                       | 4    |             |
| ANAGRELIDE 1 MG CAPSULE                         | 4    |             |
| ANALPRAM HC 2.5%-1% LOTION                      | 4    |             |
| ANASTROZOLE 1 MG TABLET                         | 2    |             |
| ANORO ELLIPTA 62.5-25 MCG INHALER               | 3    | QL          |
| ANUCORT-HC 25 MG SUPPOSITORY                    | 2    |             |
| ANZEMET 50 MG TABLET                            | 5    | PA, QL, SRX |
| APEXICON E 0.05% CREAM                          | 4    |             |
| APIDRA 100 UNIT/ML VIAL                         | 4    | QL, ST      |
| APIDRA SOLOSTAR 100 UNIT/ML                     | 4    | QL, ST      |
| APRACLOINIDINE 0.5% DROPS                       | 2    |             |
| APREPITANT 40 MG CAPSULE                        | 3    | QL          |
| APREPITANT 80 MG CAPSULE                        | 3    | QL          |
| APREPITANT 125 MG CAPSULE                       | 3    | QL          |
| APREPITANT 125-80-80 MG PACK                    | 3    | QL          |
| APRI 28 DAY TABLET                              | 1    |             |
| APTIOM 200 MG TABLET                            | 4    | PA, QL      |
| APTIOM 400 MG TABLET                            | 4    | PA, QL      |
| APTIOM 600 MG TABLET                            | 4    | PA, QL      |
| APTIOM 800 MG TABLET                            | 4    | PA, QL      |
| APTIVUS 250 MG CAPSULE                          | 3    |             |
| AQ INSULIN SYRINGE 0.5 ML 30G 8MM               | 3    |             |
| AQ INSULIN SYRINGE 1 ML 29G 12MM                | 3    |             |
| AQ INSULIN SYRINGE 1 ML 31G 8MM                 | 3    |             |
| AQINJECT PEN NEEDLE 31G 5MM                     | 3    |             |
| AQINJECT PEN NEEDLE 32G 4MM                     | 3    |             |
| AQUA CARE 0.9% NACL IRRIGATION                  | 2    |             |
| AQUA CARE STERILE WATER IRRIGATION              | 2    |             |
| ARANELLE 28 TABLET                              | 1    |             |
| ARANESP 10 MCG/0.4 ML SYRINGE                   | 5    | PA, SRX     |
| ARANESP 25 MCG/0.42 ML SYRINGE                  | 5    | PA, SRX     |
| ARANESP 40 MCG/0.4 ML SYRINGE                   | 5    | PA, SRX     |
| ARANESP 60 MCG/0.3 ML SYRINGE                   | 5    | PA, SRX     |
| ARANESP 100 MCG/0.5 ML SYRINGE                  | 5    | PA, SRX     |
| ARANESP 150 MCG/0.3 ML SYRINGE                  | 5    | PA, SRX     |
| ARANESP 200 MCG/0.4 ML SYRINGE                  | 5    | PA, SRX     |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                              | Tier | Notes        |
|----------------------------------------------|------|--------------|
| ARANESP 300 MCG/0.6 ML SYRINGE               | 5    | PA, SRX      |
| ARANESP 500 MCG/1 ML SYRINGE                 | 5    | PA, SRX      |
| ARANESP 25 MCG/ML VIAL                       | 5    | PA, SRX      |
| ARANESP 40 MCG/ML VIAL                       | 5    | PA, SRX      |
| ARANESP 60 MCG/ML VIAL                       | 5    | PA, SRX      |
| ARANESP 100 MCG/ML VIAL                      | 5    | PA, SRX      |
| ARANESP 200 MCG/ML VIAL                      | 5    | PA, SRX      |
| ARCALYST 220 MG VIAL                         | 5    | PA, LDD, SRX |
| AREXVY VIAL KIT                              | 3    |              |
| ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION | 4    | QL           |
| ARIPIRAZOLE 1 MG/ML ORAL SOLUTION            | 3    |              |
| ARIPIRAZOLE 2 MG TABLET                      | 2    |              |
| ARIPIRAZOLE 5 MG TABLET                      | 2    |              |
| ARIPIRAZOLE 10 MG TABLET                     | 2    |              |
| ARIPIRAZOLE 15 MG TABLET                     | 2    |              |
| ARIPIRAZOLE 20 MG TABLET                     | 2    |              |
| ARIPIRAZOLE 30 MG TABLET                     | 2    |              |
| ARIPIRAZOLE ODT 10 MG TABLET                 | 4    |              |
| ARIPIRAZOLE ODT 15 MG TABLET                 | 4    |              |
| ARMODAFINIL 50 MG TABLET                     | 2    | PA           |
| ARMODAFINIL 150 MG TABLET                    | 2    | PA           |
| ARMODAFINIL 200 MG TABLET                    | 2    | PA           |
| ARMODAFINIL 250 MG TABLET                    | 2    | PA           |
| ARMOUR THYROID 15 MG TABLET                  | 3    |              |
| ARMOUR THYROID 30 MG TABLET                  | 3    |              |
| ARMOUR THYROID 60 MG TABLET                  | 3    |              |
| ARMOUR THYROID 90 MG TABLET                  | 3    |              |
| ARMOUR THYROID 120 MG TABLET                 | 3    |              |
| ARMOUR THYROID 180 MG TABLET                 | 3    |              |
| ARMOUR THYROID 240 MG TABLET                 | 3    |              |
| ARMOUR THYROID 300 MG TABLET                 | 3    |              |
| ARNUITY ELLIPTA 50 MCG INHALER               | 3    |              |
| ARNUITY ELLIPTA 100 MCG INHALER              | 3    |              |
| ARNUITY ELLIPTA 200 MCG INHALER              | 3    |              |
| ASCOMP WITH CODEINE CAPSULE                  | 2    | PA           |
| ASENAPINE 2.5 MG SUBLINGUAL TABLET           | 4    | QL           |
| ASENAPINE 5 MG SUBLINGUAL TABLET             | 4    | QL           |
| ASENAPINE 10 MG SUBLINGUAL TABLET            | 4    | QL           |
| ASHLYNA 0.15-0.03-0.01 MG TABLET             | 1    |              |
| ASMANEX HFA 50 MCG INHALER                   | 4    | QL, ST       |
| ASMANEX HFA 100 MCG INHALER                  | 4    | QL, ST       |

| Medication Name                                | Tier | Notes  |
|------------------------------------------------|------|--------|
| ASMANEX HFA 200 MCG INHALER                    | 4    | QL, ST |
| ASMANEX TWISTHALER 110 MCG #30                 | 4    | QL, ST |
| ASMANEX TWISTHALER 220 MCG #14                 | 4    | ST     |
| ASMANEX TWISTHALER 220 MCG #30                 | 4    | QL, ST |
| ASMANEX TWISTHALER 220 MCG #60                 | 4    | QL, ST |
| ASMANEX TWISTHALER 220 MCG #120                | 4    | QL, ST |
| ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE | 2    | PA     |
| ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE      | 2    |        |
| ASSURE 4 CONTROL SOLUTION                      | 3    |        |
| ASSURE DOSE CONTROL SOLUTION                   | 3    |        |
| ASSURE ID DUO PRO NEEDLE 31G 5MM               | 3    |        |
| ASSURE ID PEN NEEDLE 30G 3/16"                 | 3    |        |
| ASSURE ID PEN NEEDLE 30G 5/16"                 | 3    |        |
| ASSURE ID PEN NEEDLE 31G 3/16"                 | 3    |        |
| ASSURE ID PRO PEN NEEDLE 30G 5MM               | 3    |        |
| ASSURE ID SYRINGE 0.5 ML 29G 1/2"              | 3    |        |
| ASSURE ID SYRINGE 0.5 ML 31G 15/64"            | 3    |        |
| ASSURE ID SYRINGE 1 ML 29G 1/2"                | 3    |        |
| ASSURE ID SYRINGE 1 ML 31G 15/64"              | 3    |        |
| ASSURE PRISM CONTROL SOLUTION                  | 3    |        |
| ASTAGRAF XL 0.5 MG CAPSULE                     | 5    | SRX    |
| ASTAGRAF XL 1 MG CAPSULE                       | 5    | SRX    |
| ASTAGRAF XL 5 MG CAPSULE                       | 5    | SRX    |
| ASTHMA CHECK PEAK FLOW METER                   | 3    |        |
| ASTHMAPACK CHILDREN'S CARE KIT                 | 3    |        |
| ATAZANAVIR 150 MG CAPSULE                      | 2    |        |
| ATAZANAVIR 200 MG CAPSULE                      | 2    |        |
| ATAZANAVIR 300 MG CAPSULE                      | 2    |        |
| ATENOLOL 25 MG TABLET                          | 1    |        |
| ATENOLOL 50 MG TABLET                          | 1    |        |
| ATENOLOL 100 MG TABLET                         | 1    |        |
| ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET        | 2    |        |
| ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET       | 2    |        |
| ATOMOXETINE 10 MG CAPSULE                      | 2    | QL     |
| ATOMOXETINE 18 MG CAPSULE                      | 2    | QL     |
| ATOMOXETINE 25 MG CAPSULE                      | 2    | QL     |
| ATOMOXETINE 40 MG CAPSULE                      | 2    | QL     |
| ATOMOXETINE 60 MG CAPSULE                      | 2    | QL     |
| ATOMOXETINE 80 MG CAPSULE                      | 2    | QL     |
| ATOMOXETINE 100 MG CAPSULE                     | 2    | QL     |
| ATORVASTATIN 10 MG TABLET                      | 2    |        |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                              | Tier | Notes   | Medication Name                      | Tier | Notes |
|----------------------------------------------|------|---------|--------------------------------------|------|-------|
| ATORVASTATIN 20 MG TABLET                    | 2    |         | AZITHROMYCIN 1 GM POWDER PACKET      | 2    |       |
| ATORVASTATIN 40 MG TABLET                    | 2    |         | AZITHROMYCIN 100 MG/5 ML SUSPENSION  | 2    |       |
| ATORVASTATIN 80 MG TABLET                    | 2    |         | AZITHROMYCIN 200 MG/5 ML SUSPENSION  | 2    |       |
| ATOVAQUONE 750 MG/5 ML SUSPENSION            | 4    |         | AZITHROMYCIN 250 MG TABLET           | 1    |       |
| ATOVAQUONE-PROGUANIL 62.5-25 TABLET          | 2    |         | AZITHROMYCIN 500 MG TABLET           | 1    |       |
| ATOVAQUONE-PROGUANIL 250-100 TABLET          | 2    |         | AZITHROMYCIN 600 MG TABLET           | 2    |       |
| ATROPINE 1% EYE DROPS                        | 2    |         | AZO TEST TEST STRIP                  | 3    |       |
| ATROPINE 1% EYE OINTMENT                     | 2    |         | AZURETTE 28 DAY TABLET               | 1    |       |
| AUBRA EQ-28 TABLET                           | 1    |         | BACITRACIN 500 UNIT/GM EYE OINTMENT  | 2    |       |
| AUBRA-28 TABLET                              | 1    |         | BACITRACIN-POLYMYXIN EYE OINTMENT    | 2    |       |
| AUROVELA 1 MG-20 MCG TABLET                  | 1    |         | BACLOFEN 5 MG TABLET                 | 2    |       |
| AUROVELA 21 1.5-30 TABLET                    | 1    |         | BACLOFEN 10 MG TABLET                | 2    |       |
| AUROVELA 24 FE 1 MG-20 MCG TABLET            | 1    |         | BACLOFEN 20 MG TABLET                | 2    |       |
| AUROVELA FE 1.5 MG-30 MCG TABLET             | 1    |         | BAL-CARE DHA COMBO PACK              | 1    |       |
| AUROVELA FE 1-20 TABLET                      | 1    |         | BALCOLTRA TABLET                     | 4    |       |
| AUTOJECT 2 INJECTION DEVICE                  | 3    |         | BALSALAZIDE 750 MG CAPSULE           | 2    |       |
| AUTOPEN 1 TO 21 UNITS                        | 3    |         | BALZIVA 28 TABLET                    | 1    |       |
| AUTOPEN 2 TO 42 UNITS                        | 3    |         | BAQSIMI 3 MG NASAL SPRAY ONE PACK    | 3    | QL    |
| AUTOSOFT 30 INFUSION SET 23" 13MM            | 3    |         | BAQSIMI 3 MG NASAL SPRAY TWO PACK    | 3    | QL    |
| AUTOSOFT 30 INFUSION SET 43" 13MM            | 3    |         | BARACLUDE 0.05 MG/ML ORAL SOLUTION   | 5    | SRX   |
| AUTOSOFT 90 INFUSION SET 23" 6MM             | 3    |         | BASAGLAR 100 UNIT/ML KWIKPEN         | 3    | QL    |
| AUTOSOFT 90 INFUSION SET 23" 9MM             | 3    |         | BASAGLAR TEMPO PEN 100 UNIT/ML       | 3    | QL    |
| AUTOSOFT 90 INFUSION SET 43" 6MM             | 3    |         | BD 3 ML SYRINGE 18G 1-1/2"           | 3    |       |
| AUTOSOFT 90 INFUSION SET 43" 9MM             | 3    |         | BD 3 ML SYRINGE 20G 1-1/2"           | 3    |       |
| AUTOSOFT XC INFUSION SET 23" 6MM             | 3    |         | BD 3 ML SYRINGE 25G 1"               | 3    |       |
| AUTOSOFT XC INFUSION SET 23" 9MM             | 3    |         | BD 3 ML SYRINGE 25G 1-1/2"           | 3    |       |
| AUTOSOFT XC INFUSION SET 32" 6MM             | 3    |         | BD 3 ML SYRINGE WITH NEEDLE          | 3    |       |
| AUTOSOFT XC INFUSION SET 43" 6MM             | 3    |         | BD AUTOSHIELD DUO PEN NEEDLE 5MM 30G | 3    |       |
| AUTOSOFT XC INFUSION SET 43" 9MM             | 3    |         | BD BLUNT NEEDLE 18G 1-1/2"           | 3    |       |
| AVIANE-28 TABLET                             | 1    |         | BD ECLIPSE 30G 1/2" SYRINGE          | 3    |       |
| AVONEX PEN 30 MCG/0.5 ML KIT                 | 5    | PA, SRX | BD ECLIPSE LUER-LOK SYRINGE 3 ML     | 3    |       |
| AVONEX PREFILLED SYRINGE 30 MCG KIT          | 5    | PA, SRX | BD ECLIPSE NEEDLE 18G 40MM           | 3    |       |
| AYUNA-28 TABLET                              | 1    |         | BD ECLIPSE NEEDLE 18G 1 1/2"         | 3    |       |
| AZASITE 1% EYE DROPS                         | 4    |         | BD ECLIPSE NEEDLE 21G 1"             | 3    |       |
| AZATHIOPRINE 50 MG TABLET                    | 2    |         | BD ECLIPSE NEEDLE 21G 1.5"           | 3    |       |
| AZELAIC ACID 15% GEL                         | 3    |         | BD ECLIPSE NEEDLE 22G 1"             | 3    |       |
| AZELASTINE 0.05% DROPS                       | 2    |         | BD ECLIPSE NEEDLE 23G 25MM           | 3    |       |
| AZELASTINE 0.1% (137 MCG) NASAL SPRAY        | 2    |         | BD ECLIPSE NEEDLE 23G 1"             | 3    |       |
| AZELASTINE 0.15% NASAL SPRAY                 | 2    |         | BD ECLIPSE NEEDLE 25G 16MM           | 3    |       |
| AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY | 3    |         | BD ECLIPSE NEEDLE 25G 25MM           | 3    |       |
|                                              |      |         | BD ECLIPSE NEEDLE 25G 40MM           | 3    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                               | Tier | Notes |
|-----------------------------------------------|------|-------|
| BD ECLIPSE NEEDLE 25G 1"                      | 3    |       |
| BD ECLIPSE NEEDLE 25G 1.5"                    | 3    |       |
| BD ECLIPSE NEEDLE 25G 5/8"                    | 3    |       |
| BD ECLIPSE NEEDLE 27G 1/2"                    | 3    |       |
| BD ECLIPSE NEEDLE 30G 13MM                    | 3    |       |
| BD ECLIPSE NEEDLE 30G 1/2"                    | 3    |       |
| BD FILTER NEEDLE                              | 3    |       |
| BD INSULIN SYRINGE 0.3 ML 29G 12.7MM          | 3    |       |
| BD INSULIN SYRINGE 0.3 ML 8MM 31G(1/2)        | 3    |       |
| BD INSULIN SYRINGE 0.5 ML 28G 1/2"            | 3    |       |
| BD INSULIN SYRINGE 0.5 ML 29G 1/2"            | 3    |       |
| BD INSULIN SYRINGE 0.5 ML 29G 12.7MM          | 3    |       |
| BD INSULIN SYRINGE 1 ML                       | 3    |       |
| BD INSULIN SYRINGE 1 ML 25G 5/8"              | 3    |       |
| BD INSULIN SYRINGE 1 ML 25G 1"                | 3    |       |
| BD INSULIN SYRINGE 1 ML 26G 1/2"              | 3    |       |
| BD INSULIN SYRINGE 1 ML 27G 12.7MM            | 3    |       |
| BD INSULIN SYRINGE 1 ML 27G 5/8"              | 3    |       |
| BD INSULIN SYRINGE 1 ML 28G 1/2"              | 3    |       |
| BD INSULIN SYRINGE 1 ML 29G 12.7MM            | 3    |       |
| BD INSULIN SYRINGE U-500 1/2ML 6MM 31G        | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 0.3 ML 8MM 31G   | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 0.3ML 12.7MM 30G | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 0.5 ML 8MM 31G   | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 0.5ML 12.7MM 30G | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 1 ML 12.7MM 30G  | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 1 ML 8MM 31G     | 3    |       |
| BD INTEGRA NEEDLE 25G 5/8"                    | 3    |       |
| BD INTEGRA RETRA NEEDLE 23G 1"                | 3    |       |
| BD INTEGRA SYRINGE 3 ML 21G 1-1/2"            | 3    |       |
| BD LUER-LOK SYRINGE 1 ML                      | 3    |       |
| BD LUER-LOK SYRINGE 3 ML 25G 5/8"             | 3    |       |
| BD NANO 2 GEN PEN NEEDLE 32G 4MM              | 3    |       |
| BD NEEDLE 16G 1"                              | 3    |       |
| BD NEEDLE 16G 1.5"                            | 3    |       |
| BD NEEDLE 18G 1"                              | 3    |       |
| BD NEEDLE 18G 1-1/2"                          | 3    |       |
| BD NEEDLE 19G 1"                              | 3    |       |
| BD NEEDLE 19G 1-1/2"                          | 3    |       |
| BD NEEDLE 20G 1"                              | 3    |       |
| BD NEEDLE 20G 1-1/2"                          | 3    |       |

| Medication Name                        | Tier | Notes |
|----------------------------------------|------|-------|
| BD NEEDLE 21G 1"                       | 3    |       |
| BD NEEDLE 21G 1-1/2"                   | 3    |       |
| BD NEEDLE 21G 2"                       | 3    |       |
| BD NEEDLE 22G 1"                       | 3    |       |
| BD NEEDLE 22G 1-1/2"                   | 3    |       |
| BD NEEDLE 22G 3/4"                     | 3    |       |
| BD NEEDLE 23G 0.75"                    | 3    |       |
| BD NEEDLE 23G 1"                       | 3    |       |
| BD NEEDLE 23G 1.25"                    | 3    |       |
| BD NEEDLE 23G 1-1/2"                   | 3    |       |
| BD NEEDLE 25G 0.625"                   | 3    |       |
| BD NEEDLE 25G 0.875"                   | 3    |       |
| BD NEEDLE 25G 1"                       | 3    |       |
| BD NEEDLE 25G 1.5"                     | 3    |       |
| BD NEEDLE 25G 5/8"                     | 3    |       |
| BD NEEDLE 26G 0.375"                   | 3    |       |
| BD NEEDLE 26G 0.5"                     | 3    |       |
| BD NEEDLE 26G 0.625"                   | 3    |       |
| BD NEEDLE 27G 0.5"                     | 3    |       |
| BD NEEDLE 27G 1 1.25"                  | 3    |       |
| BD NEEDLE 30G 0.5"                     | 3    |       |
| BD NEEDLE 30G 1"                       | 3    |       |
| BD NOKOR ADMIX NEEDLE 18G 1.5"         | 3    |       |
| BD NOKOR NEEDLE 16G 1"                 | 3    |       |
| BD NOKOR NEEDLE 18G 1"                 | 3    |       |
| BD PRECISIONGLIDE 27G 1-1/2" NEEDLE    | 3    |       |
| BD PRECISIONGLIDE 3 ML 22G 3/4"        | 3    |       |
| BD PRECISIONGLIDE NEEDLE 25G           | 3    |       |
| BD SAFETYGLIDE 3 ML SYRINGE            | 3    |       |
| BD SAFETYGLIDE INSULIN 0.3 ML 29G 13MM | 3    |       |
| BD SAFETYGLIDE INSULIN 0.3 ML 31G 6MM  | 3    |       |
| BD SAFETYGLIDE INSULIN 0.3 ML 31G 8MM  | 3    |       |
| BD SAFETYGLIDE INSULIN 0.5 ML 29G 13MM | 3    |       |
| BD SAFETYGLIDE INSULIN 0.5 ML 30G 8MM  | 3    |       |
| BD SAFETYGLIDE INSULIN 0.5 ML 31G 6MM  | 3    |       |
| BD SAFETYGLIDE INSULIN 1 ML 29G 13MM   | 3    |       |
| BD SAFETYGLIDE INSULIN 1 ML 6MM 31G    | 3    |       |
| BD SAFETYGLIDE NEEDLE                  | 3    |       |
| BD SAFETYGLIDE NEEDLE 18G 1.5"         | 3    |       |
| BD SAFETYGLIDE NEEDLE 21G 1"           | 3    |       |
| BD SAFETYGLIDE NEEDLE 21G 1.5"         | 3    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                  | Tier | Notes   | Medication Name                                     | Tier | Notes            |
|--------------------------------------------------|------|---------|-----------------------------------------------------|------|------------------|
| BD SAFETYGLIDE NEEDLE 22G 1.5"                   | 3    |         | BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION   | 2    |                  |
| BD SAFETYGLIDE NEEDLE 25G 1"                     | 3    |         | BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT | 2    |                  |
| BD SAFETYGLIDE NEEDLE 27G 5/8"                   | 3    |         | BETAMETHASONE VALERATE 0.1% CREAM                   | 2    |                  |
| BD SAFETYGLIDE SYRINGE 27G 5/8"                  | 3    |         | BETAMETHASONE VALERATE 0.1% LOTION                  | 2    |                  |
| BD SYRINGE-SAFETY GLIDE                          | 3    |         | BETAMETHASONE VALERATE 0.1% OINTMENT                | 2    |                  |
| BD ULTRAFINE MICRO PEN NEEDLE 6MM 32G            | 3    |         | BETAMETHASONE VALERATE 0.12% FOAM                   | 2    |                  |
| BD ULTRAFINE MINI PEN NEEDLE 5MM 31G             | 3    |         | BETAXOLOL 0.5% EYE DROPS                            | 2    |                  |
| BD ULTRAFINE NANO PEN NEEDLE 4MM 32G             | 3    |         | BETAXOLOL 10 MG TABLET                              | 2    |                  |
| BD ULTRAFINE ORIGINAL PEN NEEDLE 12.7MM 29G      | 3    |         | BETAXOLOL 20 MG TABLET                              | 2    |                  |
| BD ULTRAFINE SHORT PEN NEEDLE 8MM 31G            | 3    |         | BETHANECHOL 5 MG TABLET                             | 2    |                  |
| BD VEO INSULIN 0.3ML 6MM 31G (1/2)               | 3    |         | BETHANECHOL 10 MG TABLET                            | 2    |                  |
| BD VEO INSULIN SYRINGE 0.3 ML 6MM 31G            | 3    |         | BETHANECHOL 25 MG TABLET                            | 2    |                  |
| BD VEO INSULIN SYRINGE 0.5 ML 6MM 31G            | 3    |         | BETHANECHOL 50 MG TABLET                            | 2    |                  |
| BD VEO INSULIN SYRINGE 1 ML 6MM 31G              | 3    |         | BEXAROTENE 1% GEL                                   | 5    | PA, SRX          |
| BECONASE AQ 0.042% NASAL SPRAY                   | 4    | ST      | BEXAROTENE 75 MG CAPSULE                            | 5    | PA, SRX          |
| BEKYREE 28 DAY TABLET                            | 1    |         | BEXSERO PREFILLED SYRINGE                           | 3    |                  |
| BELLADONNA-OPIUM 16.2-30 SUPPOSITORY             | 2    | PA      | BEYFORTUS 50 MG/0.5 ML SYRINGE                      | 3    |                  |
| BELLADONNA-OPIUM 16.2-60 SUPPOSITORY             | 2    | PA      | BEYFORTUS 100 MG/ML SYRINGE                         | 3    |                  |
| BENAZEPRIL 5 MG TABLET                           | 1    |         | BICALUTAMIDE 50 MG TABLET                           | 2    |                  |
| BENAZEPRIL 10 MG TABLET                          | 1    |         | BIKTARVY 30-120-15 MG TABLET                        | 4    | QL               |
| BENAZEPRIL 20 MG TABLET                          | 1    |         | BIKTARVY 50-200-25 MG TABLET                        | 4    | QL               |
| BENAZEPRIL 40 MG TABLET                          | 1    |         | BIMATOPROST 0.03% EYE DROPS                         | 2    | QL               |
| BENAZEPRIL-HCTZ 5-6.25 MG TABLET                 | 2    |         | BINOSTO 70 MG EFFERVESCENT TABLET                   | 4    |                  |
| BENAZEPRIL-HCTZ 10-12.5 MG TABLET                | 2    |         | BISOPROLOL 5 MG TABLET                              | 2    |                  |
| BENAZEPRIL-HCTZ 20-12.5 MG TABLET                | 2    |         | BISOPROLOL 10 MG TABLET                             | 2    |                  |
| BENAZEPRIL-HCTZ 20-25 MG TABLET                  | 2    |         | BISOPROLOL-HCTZ 2.5-6.25 MG TABLET                  | 1    |                  |
| BENZONATATE 100 MG CAPSULE                       | 2    |         | BISOPROLOL-HCTZ 5-6.25 MG TABLET                    | 1    |                  |
| BENZONATATE 200 MG CAPSULE                       | 2    |         | BISOPROLOL-HCTZ 10-6.25 MG TABLET                   | 1    |                  |
| BENZTROPINE 0.5 MG TABLET                        | 2    |         | BLISOVI 24 FE TABLET                                | 1    |                  |
| BENZTROPINE 1 MG TABLET                          | 2    |         | BLISOVI FE 1-20 TABLET                              | 1    |                  |
| BENZTROPINE 2 MG TABLET                          | 2    |         | BLISOVI FE 1.5-30 TABLET                            | 1    |                  |
| BEPOTASTINE 1.5% EYE DROPS                       | 4    |         | BLOOD GLUCOSE CONTROL SOLUTION                      | 3    |                  |
| BESER 0.05% LOTION                               | 2    |         | BLUNT NEEDLE                                        | 3    |                  |
| BETADINE 5% EYE SOLUTION                         | 4    |         | BOOSTRIX TDAP                                       | 3    |                  |
| BETAINE 1 GRAM/SCOOP POWDER                      | 5    | PA, SRX | BOSENTAN 62.5 MG TABLET                             | 5    | PA, SRX          |
| BETAMETHASONE DIPROPIONATE 0.05% CREAM           | 2    |         | BOSENTAN 125 MG TABLET                              | 5    | PA, SRX          |
| BETAMETHASONE DIPROPIONATE 0.05% LOTION          | 2    |         | BOSULIF 50 MG CAPSULE                               | 5    | PA, QL, LDD, SRX |
| BETAMETHASONE DIPROPIONATE 0.05% OINTMENT        | 2    |         | BOSULIF 100 MG CAPSULE                              | 5    | PA, QL, LDD, SRX |
| BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM | 2    |         | BOSULIF 100 MG TABLET                               | 5    | PA, QL, LDD, SRX |
| BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL   | 2    |         | BOSULIF 400 MG TABLET                               | 5    | PA, QL, LDD, SRX |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                          | Tier | Notes            |
|----------------------------------------------------------|------|------------------|
| BOSULIF 500 MG TABLET                                    | 5    | PA, QL, LDD, SRX |
| BREATHERITE MDI SPACER                                   | 3    | QL               |
| BREATHERITE SPACER-ADULT MASK                            | 3    | QL               |
| BREATHERITE SPACER-INFANT MASK                           | 3    | QL               |
| BREATHERITE SPACER-LARGE CHILD MASK                      | 3    | QL               |
| BREATHERITE SPACER-NEONATE MASK                          | 3    | QL               |
| BREATHERITE SPACER-SMALL CHILD MASK                      | 3    | QL               |
| BREATHRITE VALVED MDI CHAMBER                            | 3    | QL               |
| BREATHRITE VALVED MDI SPACER                             | 3    | QL               |
| BREEZE 2 SOLUTION                                        | 3    |                  |
| BREO ELLIPTA 50-25 MCG INHALER                           | 3    | QL               |
| BREO ELLIPTA 100-25 MCG INHALER                          | 3    | QL               |
| BREO ELLIPTA 200-25 MCG INHALER                          | 3    | QL               |
| BREYNA 80-4.5 MCG INHALER                                | 4    | QL               |
| BREYNA 160-4.5 MCG INHALER                               | 4    | QL               |
| BRIELLYN TABLET                                          | 1    |                  |
| BRILINTA 60 MG TABLET                                    | 4    |                  |
| BRILINTA 90 MG TABLET                                    | 4    |                  |
| BRIMONIDINE 0.1% DROPS                                   | 2    |                  |
| BRIMONIDINE 0.15% DROPS                                  | 2    |                  |
| BRIMONIDINE 0.2% EYE DROPS                               | 2    |                  |
| BRIMONIDINE-TIMOLOL 0.2%-0.5% EYE DROPS                  | 4    |                  |
| BRINZOLAMIDE 1% EYE DROPS                                | 3    |                  |
| BRIVIACT 10 MG/ML ORAL SOLUTION                          | 4    | PA, QL           |
| BRIVIACT 10 MG TABLET                                    | 4    | PA, QL           |
| BRIVIACT 25 MG TABLET                                    | 4    | PA, QL           |
| BRIVIACT 50 MG TABLET                                    | 4    | PA, QL           |
| BRIVIACT 75 MG TABLET                                    | 4    | PA, QL           |
| BRIVIACT 100 MG TABLET                                   | 4    | PA, QL           |
| BROMFENAC 0.09% EYE DROPS                                | 3    |                  |
| BROMOCRIPTINE 5 MG CAPSULE                               | 2    |                  |
| BROMOCRIPTINE 2.5 MG TABLET                              | 2    |                  |
| BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM 2-30-10 MG/5 ML SYRUP | 2    |                  |
| BROOKS INSULIN 0.3ML SYRINGE                             | 3    |                  |
| BRUKINSA 80 MG CAPSULE                                   | 5    | PA, QL, LDD, SRX |
| BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION            | 4    | QL               |
| BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION             | 4    | QL               |
| BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION               | 4    | QL               |
| BUDESONIDE DR 3 MG CAPSULE                               | 4    |                  |
| BUDESONIDE EC 3 MG CAPSULE                               | 4    |                  |

| Medication Name                                                | Tier | Notes       |
|----------------------------------------------------------------|------|-------------|
| BUDESONIDE ER 9 MG TABLET                                      | 5    | PA, QL, SRX |
| BUDESONIDE-FORMOTEROL 80-4.5 INHALER                           | 4    | QL          |
| BUDESONIDE-FORMOTEROL 160-4.5 INHALER                          | 4    | QL          |
| BUMETANIDE 0.5 MG TABLET                                       | 2    |             |
| BUMETANIDE 1 MG TABLET                                         | 2    |             |
| BUMETANIDE 2 MG TABLET                                         | 2    |             |
| BUPRENORPHINE 5 MCG/HR PATCH                                   | 2    | QL          |
| BUPRENORPHINE 7.5 MCG/HR PATCH                                 | 2    | QL          |
| BUPRENORPHINE 10 MCG/HR PATCH                                  | 2    | QL          |
| BUPRENORPHINE 15 MCG/HR PATCH                                  | 2    | QL          |
| BUPRENORPHINE 20 MCG/HR PATCH                                  | 2    | QL          |
| BUPRENORPHINE 2 MG SUBLINGUAL TABLET                           | 2    |             |
| BUPRENORPHINE 8 MG SUBLINGUAL TABLET                           | 2    |             |
| BUPRENORPHINE-NALOXONE 2-0.5 MG FILM                           | 2    |             |
| BUPRENORPHINE-NALOXONE 4-1 MG FILM                             | 2    |             |
| BUPRENORPHINE-NALOXONE 8-2 MG FILM                             | 2    |             |
| BUPRENORPHINE-NALOXONE 12-3 MG FILM                            | 2    |             |
| BUPRENORPHINE-NALOXONE 2-0.5 MG TABLET                         | 2    |             |
| BUPRENORPHINE-NALOXONE 8-2 MG TABLET                           | 2    |             |
| BUPROPION 75 MG TABLET                                         | 2    | QL          |
| BUPROPION 100 MG TABLET                                        | 2    | QL          |
| BUPROPION SR 100 MG TABLET                                     | 2    | QL          |
| BUPROPION SR 150 MG TABLET                                     | 2    | QL          |
| BUPROPION SR 150 MG TABLET (smoking cessation)                 | 2    |             |
| BUPROPION SR 200 MG TABLET                                     | 2    | QL          |
| BUPROPION XL 150 MG TABLET                                     | 2    | QL          |
| BUPROPION XL 300 MG TABLET                                     | 2    | QL          |
| BUSPIRONE 5 MG TABLET                                          | 1    |             |
| BUSPIRONE 7.5 MG TABLET                                        | 2    |             |
| BUSPIRONE 10 MG TABLET                                         | 1    |             |
| BUSPIRONE 15 MG TABLET                                         | 2    |             |
| BUSPIRONE 30 MG TABLET                                         | 2    |             |
| BUTALBITAL COMPOUND-CODEINE #3 CAPSULE                         | 2    | PA          |
| BUTALBITAL-ACETAMINOPHEN 50-325 MG TABLET                      | 2    |             |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG TABLET          | 2    | QL          |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET          | 2    | QL          |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-30 MG CAPSULE | 2    | PA          |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-30 MG CAPSULE | 2    | PA          |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                           | Tier | Notes            | Medication Name                             | Tier | Notes            |
|-------------------------------------------|------|------------------|---------------------------------------------|------|------------------|
| BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE       | 2    | QL               | CANDESARTAN 4 MG TABLET                     | 2    |                  |
| BUTALBITAL-ASPIRIN-CAFFEINE TABLET        | 2    | QL               | CANDESARTAN 8 MG TABLET                     | 2    |                  |
| BUTORPHANOL 10 MG/ML NASAL SPRAY          | 2    | PA, QL           | CANDESARTAN 16 MG TABLET                    | 2    |                  |
| BYDUREON BCISE 2 MG AUTO-INJECTOR         | 3    | PA, QL           | CANDESARTAN 32 MG TABLET                    | 2    |                  |
| BYETTA 5 MCG DOSE PEN INJECTOR            | 3    | PA, QL           | CANDESARTAN-HCTZ 16-12.5 MG TABLET          | 2    |                  |
| BYETTA 10 MCG DOSE PEN INJECTOR           | 3    | PA, QL           | CANDESARTAN-HCTZ 32-12.5 MG TABLET          | 2    |                  |
| CA INSULIN SYRINGE 0.3 ML 29G 1/2"        | 3    |                  | CANDESARTAN-HCTZ 32-25 MG TABLET            | 2    |                  |
| CA INSULIN SYRINGE 0.3 ML 30G 5/16"       | 3    |                  | CAPECITABINE 150 MG TABLET                  | 5    | PA, SRX          |
| CA INSULIN SYRINGE 0.3 ML 31G 5/16"       | 3    |                  | CAPECITABINE 500 MG TABLET                  | 5    | PA, SRX          |
| CA INSULIN SYRINGE 0.5 ML 29G 1/2"        | 3    |                  | CAPRELSA 100 MG TABLET                      | 5    | PA, QL, LDD, SRX |
| CA INSULIN SYRINGE 0.5 ML 30G 5/16"       | 3    |                  | CAPRELSA 300 MG TABLET                      | 5    | PA, QL, LDD, SRX |
| CA INSULIN SYRINGE 0.5 ML 31G 5/16"       | 3    |                  | CAPTAPRIL 12.5 MG TABLET                    | 2    |                  |
| CA INSULIN SYRINGE 1 ML 29G 1/2"          | 3    |                  | CAPTAPRIL 25 MG TABLET                      | 2    |                  |
| CA INSULIN SYRINGE 1 ML 30G 5/16"         | 3    |                  | CAPTAPRIL 50 MG TABLET                      | 2    |                  |
| CA INSULIN SYRINGE 1 ML 31G 5/16"         | 3    |                  | CAPTAPRIL 100 MG TABLET                     | 2    |                  |
| CABERGOLINE 0.5 MG TABLET                 | 2    | QL               | CAPTAPRIL-HCTZ 25-15 MG TABLET              | 2    | QL               |
| CABOMETYX 20 MG TABLET                    | 5    | PA, QL, LDD, SRX | CAPTAPRIL-HCTZ 25-25 MG TABLET              | 2    | QL               |
| CABOMETYX 40 MG TABLET                    | 5    | PA, QL, LDD, SRX | CAPTAPRIL-HCTZ 50-15 MG TABLET              | 2    | QL               |
| CABOMETYX 60 MG TABLET                    | 5    | PA, QL, LDD, SRX | CAPTAPRIL-HCTZ 50-25 MG TABLET              | 2    | QL               |
| CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION | 2    |                  | CAPVAXIVE 0.5 ML SYRINGE                    | 3    |                  |
| CALCIPOTRIENE 0.005% CREAM                | 3    |                  | CARBAMAZEPINE 100 MG CHEWABLE TABLET        | 2    |                  |
| CALCIPOTRIENE 0.005% OINTMENT             | 3    |                  | CARBAMAZEPINE 100 MG/5 ML SUSPENSION        | 2    |                  |
| CALCIPOTRIENE 0.005% TOPICAL SOLUTION     | 3    |                  | CARBAMAZEPINE 200 MG TABLET                 | 2    |                  |
| CALCIPOTRIENE-BETAMETHASONE OINTMENT      | 4    |                  | CARBAMAZEPINE ER 100 MG CAPSULE             | 2    |                  |
| CALCITONIN-SALMON 200 UNIT NASAL SPRAY    | 2    |                  | CARBAMAZEPINE ER 200 MG CAPSULE             | 2    |                  |
| CALCITRIOL 0.25 MCG CAPSULE               | 2    |                  | CARBAMAZEPINE ER 300 MG CAPSULE             | 2    |                  |
| CALCITRIOL 0.5 MCG CAPSULE                | 2    |                  | CARBAMAZEPINE ER 100 MG TABLET              | 2    |                  |
| CALCITRIOL 1 MCG/ML ORAL SOLUTION         | 2    |                  | CARBAMAZEPINE ER 200 MG TABLET              | 2    |                  |
| CALCITRIOL 3 MCG/G OINTMENT               | 2    | QL               | CARBAMAZEPINE ER 400 MG TABLET              | 2    |                  |
| CALCIUM ACETATE 667 MG CAPSULE            | 2    |                  | CARBIDOPA 25 MG TABLET                      | 4    |                  |
| CALCIUM ACETATE 667 MG GELCAP             | 2    |                  | CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET     | 2    |                  |
| CALCIUM ACETATE 667 MG TABLET             | 2    |                  | CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET     | 2    |                  |
| CALQUENCE 100 MG CAPSULE                  | 5    | PA, QL, SRX      | CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET     | 2    |                  |
| CALQUENCE 100 MG TABLET                   | 5    | PA, QL, LDD, SRX | CARBIDOPA-LEVODOPA 10-100 TABLET            | 2    |                  |
| CAMILA 0.35 MG TABLET                     | 1    |                  | CARBIDOPA-LEVODOPA 25-100 TABLET            | 2    |                  |
| CAMRESE 0.15-0.03-0.01 MG TABLET          | 1    |                  | CARBIDOPA-LEVODOPA 25-250 TABLET            | 2    |                  |
| CAMRESE LO TABLET                         | 1    |                  | CARBIDOPA-LEVODOPA ER 25-100 TABLET         | 2    |                  |
| CAMZYOS 2.5 MG CAPSULE                    | 5    | PA, QL, LDD, SRX | CARBIDOPA-LEVODOPA ER 50-200 TABLET         | 2    |                  |
| CAMZYOS 5 MG CAPSULE                      | 5    | PA, QL, LDD, SRX | CARBIDOPA-LEVODOPA 50 MG-ENTACAPONE TABLET  | 3    |                  |
| CAMZYOS 10 MG CAPSULE                     | 5    | PA, QL, LDD, SRX | CARBIDOPA-LEVODOPA 75 MG-ENTACAPONE TABLET  | 3    |                  |
| CAMZYOS 15 MG CAPSULE                     | 5    | PA, QL, LDD, SRX | CARBIDOPA-LEVODOPA 100 MG-ENTACAPONE TABLET | 3    |                  |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                             | Tier | Notes |
|---------------------------------------------|------|-------|
| CARBIDOPA-LEVODOPA 125 MG-ENTACAPONE TABLET | 3    |       |
| CARBIDOPA-LEVODOPA 150 MG-ENTACAPONE TABLET | 3    |       |
| CARBIDOPA-LEVODOPA 200 MG-ENTACAPONE TABLET | 3    |       |
| CARBINOXAMINE 4 MG/5 ML LIQUID              | 2    |       |
| CARBINOXAMINE 4 MG TABLET                   | 2    |       |
| CAREFINE PEN NEEDLE 4MM 32G                 | 3    |       |
| CAREFINE PEN NEEDLE 5MM 32G                 | 3    |       |
| CAREFINE PEN NEEDLE 6MM 31G                 | 3    |       |
| CAREFINE PEN NEEDLE 6MM 32G                 | 3    |       |
| CAREFINE PEN NEEDLE 8MM 30G                 | 3    |       |
| CAREFINE PEN NEEDLE 8MM 31G                 | 3    |       |
| CAREFINE PEN NEEDLE 12.7MM 29G              | 3    |       |
| CAREONE SYRINGE 0.3 ML 30G 1/2"             | 3    |       |
| CAREONE SYRINGE 0.5 ML 30G 1/2"             | 3    |       |
| CAREONE SYRINGE 1 ML 30G 1/2"               | 3    |       |
| CAREONE UNIFINE PENTIP 29G 1/2"             | 3    |       |
| CAREONE UNIFINE PENTIP 31G 1/4"             | 3    |       |
| CAREONE UNIFINE PENTIP 31G 3/16"            | 3    |       |
| CAREONE UNIFINE PENTIP 31G 5/16"            | 3    |       |
| CAREONE UNIFINE PENTIP 32G 5/32"            | 3    |       |
| CAREONE UNIFINE PENTIP 4MM 32G              | 3    |       |
| CAREONE UNIFINE PENTIP 5MM 31G              | 3    |       |
| CAREONE UNIFINE PENTIP 6MM 31G              | 3    |       |
| CAREONE UNIFINE PENTIP 8MM 31G              | 3    |       |
| CAREONE UNIFINE PENTIP 12MM 29G             | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 20G 1.5"          | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 21G 1"            | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 21G 1.5"          | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 22G 1"            | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 22G 38MM          | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 23G 1"            | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 23G 1.5"          | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 25G 5/8"          | 3    |       |
| CAREPOINT LL SYRINGE 3 ML 25G 1"            | 3    |       |
| CAREPOINT PRECISION NEEDLE 21G 1"           | 3    |       |
| CARESENS CONTROL SOLUTION                   | 3    |       |
| CARETOUCH CONTROL SOLUTION L2-L3            | 3    |       |
| CARETOUCH HYPODERMIC NEEDLE 18G 1.5"        | 3    |       |
| CARETOUCH HYPODERMIC NEEDLE 20G 1"          | 3    |       |

| Medication Name                             | Tier | Notes        |
|---------------------------------------------|------|--------------|
| CARETOUCH HYPODERMIC NEEDLE 22G 1"          | 3    |              |
| CARETOUCH HYPODERMIC NEEDLE 23G 1"          | 3    |              |
| CARETOUCH HYPODERMIC NEEDLE 23G 1.5"        | 3    |              |
| CARETOUCH HYPODERMIC NEEDLE 25G 1"          | 3    |              |
| CARETOUCH HYPODERMIC NEEDLE 25G 1.5"        | 3    |              |
| CARETOUCH HYPODERMIC NEEDLE 25G 5/8"        | 3    |              |
| CARETOUCH HYPODERMIC NEEDLE 26G 1"          | 3    |              |
| CARETOUCH LL SYRINGE 3 ML 22G 1"            | 3    |              |
| CARETOUCH LL SYRINGE 3 ML 22G 1.5"          | 3    |              |
| CARETOUCH LL SYRINGE 3 ML 23G 1"            | 3    |              |
| CARETOUCH LL SYRINGE 3 ML 23G 1.5"          | 3    |              |
| CARETOUCH LL SYRINGE 3 ML 25G 1"            | 3    |              |
| CARETOUCH LL SYRINGE 3 ML 25G 1.5"          | 3    |              |
| CARETOUCH LL SYRINGE 3 ML 25G 5/8"          | 3    |              |
| CARETOUCH PEN NEEDLE 29G 12MM               | 3    |              |
| CARETOUCH PEN NEEDLE 31G 1/4"               | 3    |              |
| CARETOUCH PEN NEEDLE 31G 3/16"              | 3    |              |
| CARETOUCH PEN NEEDLE 31G 5/16"              | 3    |              |
| CARETOUCH PEN NEEDLE 32G 3/16"              | 3    |              |
| CARETOUCH PEN NEEDLE 32G 5/32"              | 3    |              |
| CARETOUCH SYRINGE 0.3 ML 31G 5/16"          | 3    |              |
| CARETOUCH SYRINGE 0.5 ML 30G 5/16"          | 3    |              |
| CARETOUCH SYRINGE 0.5 ML 31G 5/16"          | 3    |              |
| CARETOUCH SYRINGE 1 ML 28G 5/16"            | 3    |              |
| CARETOUCH SYRINGE 1 ML 29G 5/16"            | 3    |              |
| CARETOUCH SYRINGE 1 ML 30G 5/16"            | 3    |              |
| CARETOUCH SYRINGE 1 ML 31G 5/16"            | 3    |              |
| CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION | 5    | PA, LDD, SRX |
| CARISOPRODOL 250 MG TABLET                  | 2    |              |
| CARISOPRODOL 350 MG TABLET                  | 2    |              |
| CARISOPRODOL-ASPIRIN 200-325 MG TABLET      | 2    |              |
| CARISOPRODOL-ASPIRIN-CODEINE TABLET         | 2    | PA           |
| CARTEOLOL 1% EYE DROPS                      | 2    |              |
| CARTIA XT 120 MG CAPSULE                    | 2    |              |
| CARTIA XT 180 MG CAPSULE                    | 2    |              |
| CARTIA XT 240 MG CAPSULE                    | 2    |              |
| CARTIA XT 300 MG CAPSULE                    | 2    |              |
| CARVEDILOL 3.125 MG TABLET                  | 1    |              |
| CARVEDILOL 6.25 MG TABLET                   | 1    |              |
| CARVEDILOL 12.5 MG TABLET                   | 1    |              |
| CARVEDILOL 25 MG TABLET                     | 1    |              |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                    | Tier | Notes            |
|------------------------------------|------|------------------|
| CAYSTON 75 MG INHALATION SOLUTION  | 5    | PA, QL, LDD, SRX |
| CAZANT 28 DAY TABLET               | 1    |                  |
| CEFACLO 250 MG CAPSULE             | 2    |                  |
| CEFACLO 500 MG CAPSULE             | 2    |                  |
| CEFACLO 125 MG/5 ML SUSPENSION     | 2    |                  |
| CEFACLO 250 MG/5 ML SUSPENSION     | 2    |                  |
| CEFACLO 375 MG/5 ML SUSPENSION     | 2    |                  |
| CEFACLO ER 500 MG TABLET           | 3    |                  |
| CEFADROXIL 500 MG CAPSULE          | 2    |                  |
| CEFADROXIL 250 MG/5 ML SUSPENSION  | 2    |                  |
| CEFADROXIL 500 MG/5 ML SUSPENSION  | 2    |                  |
| CEFADROXIL 1 GM TABLET             | 2    |                  |
| CEFDINIR 300 MG CAPSULE            | 2    |                  |
| CEFDINIR 125 MG/5 ML SUSPENSION    | 2    |                  |
| CEFDINIR 250 MG/5 ML SUSPENSION    | 2    |                  |
| CEFDITOREN 400 MG TABLET           | 2    |                  |
| CEFIXIME 400 MG CAPSULE            | 3    |                  |
| CEFIXIME 100 MG/5 ML SUSPENSION    | 2    |                  |
| CEFIXIME 200 MG/5 ML SUSPENSION    | 2    |                  |
| CEFPODOXIME 50 MG/5 ML SUSPENSION  | 2    |                  |
| CEFPODOXIME 100 MG/5 ML SUSPENSION | 2    |                  |
| CEFPODOXIME 100 MG TABLET          | 2    |                  |
| CEFPODOXIME 200 MG TABLET          | 2    |                  |
| CEFPROZIL 125 MG/5 ML SUSPENSION   | 2    |                  |
| CEFPROZIL 250 MG/5 ML SUSPENSION   | 2    |                  |
| CEFPROZIL 250 MG TABLET            | 2    |                  |
| CEFPROZIL 500 MG TABLET            | 2    |                  |
| CEFUROXIME AXETIL 250 MG TABLET    | 2    |                  |
| CEFUROXIME AXETIL 500 MG TABLET    | 2    |                  |
| CELECOXIB 50 MG CAPSULE            | 2    | QL               |
| CELECOXIB 100 MG CAPSULE           | 2    | QL               |
| CELECOXIB 200 MG CAPSULE           | 2    | QL               |
| CELECOXIB 400 MG CAPSULE           | 2    | QL               |
| CEPHALEXIN 250 MG CAPSULE          | 1    |                  |
| CEPHALEXIN 500 MG CAPSULE          | 1    |                  |
| CEPHALEXIN 750 MG CAPSULE          | 2    |                  |
| CEPHALEXIN 125 MG/5 ML SUSPENSION  | 2    |                  |
| CEPHALEXIN 250 MG/5 ML SUSPENSION  | 2    |                  |
| CEQR SIMPLICITY INSERTER           | 3    |                  |
| CETIRIZINE 1 MG/ML ORAL SOLUTION   | 2    |                  |
| CETIRIZINE 1 MG/ML SYRUP           | 2    |                  |

| Medication Name                                 | Tier | Notes |
|-------------------------------------------------|------|-------|
| CEVIMELINE 30 MG CAPSULE                        | 2    |       |
| CHARLOTTE 24 FE CHEWABLE TABLET                 | 1    |       |
| CHATEAL EQ-28 TABLET                            | 1    |       |
| CHATEAL-28 TABLET                               | 1    |       |
| CHEK-STIX TEST STRIP                            | 3    |       |
| CHEMET 100 MG CAPSULE                           | 4    |       |
| CHEMSTRIP 10 MD TEST STRIP                      | 3    |       |
| CHEMSTRIP 10 WITH SG TEST STRIP                 | 3    |       |
| CHEMSTRIP 2 GP TEST STRIP                       | 3    |       |
| CHEMSTRIP 2 LN TEST STRIP                       | 3    |       |
| CHEMSTRIP 50B TEST STRIP                        | 3    |       |
| CHEMSTRIP 7 TEST STRIP                          | 3    |       |
| CHEMSTRIP BG DIARY                              | 3    |       |
| CHEMSTRIP MICRAL TEST STRIP                     | 3    |       |
| CHEMSTRIP-9 TEST STRIP                          | 3    |       |
| CHLORDIAZEPOXIDE 5 MG CAPSULE                   | 2    |       |
| CHLORDIAZEPOXIDE 10 MG CAPSULE                  | 2    |       |
| CHLORDIAZEPOXIDE 25 MG CAPSULE                  | 2    |       |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET | 2    |       |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET  | 2    |       |
| CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE              | 2    |       |
| CHLORHEXIDINE 0.12% ORAL RINSE                  | 2    |       |
| CHLOROQUINE 250 MG TABLET                       | 2    |       |
| CHLOROQUINE 500 MG TABLET                       | 2    |       |
| CHLORPROMAZINE 10 MG TABLET                     | 3    |       |
| CHLORPROMAZINE 25 MG TABLET                     | 3    |       |
| CHLORPROMAZINE 50 MG TABLET                     | 3    |       |
| CHLORPROMAZINE 100 MG TABLET                    | 3    |       |
| CHLORPROMAZINE 200 MG TABLET                    | 3    |       |
| CHLORTHALIDONE 25 MG TABLET                     | 1    |       |
| CHLORTHALIDONE 50 MG TABLET                     | 1    |       |
| CHLORZOXAZONE 500 MG TABLET                     | 2    |       |
| CHOLESTYRAMINE LIGHT PACKET                     | 2    |       |
| CHOLESTYRAMINE LIGHT POWDER                     | 2    |       |
| CHOLESTYRAMINE PACKET                           | 2    |       |
| CHOLESTYRAMINE POWDER                           | 2    |       |
| CHORIONIC GONADOTROPIN 10,000 UNIT VIAL         | 4    | PA    |
| CICLODAN 0.77% CREAM                            | 2    |       |
| CICLODAN 8% TOPICAL SOLUTION                    | 2    |       |
| CICLOPIROX 0.77% CREAM                          | 2    |       |

Go to [Cigna.com/small-group-drug-lists](https://Cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                            | Tier | Notes            | Medication Name                            | Tier | Notes |
|--------------------------------------------|------|------------------|--------------------------------------------|------|-------|
| CICLOPIROX 0.77% GEL                       | 2    |                  | CLEMASTINE 2.68 MG TABLET                  | 2    |       |
| CICLOPIROX 1% SHAMPOO                      | 2    |                  | CLEVER CHOICE CHAMBER-LARGE MASK           | 3    | QL    |
| CICLOPIROX 8% TOPICAL SOLUTION             | 2    |                  | CLEVER CHOICE CHAMBER-MEDIUM MASK          | 3    | QL    |
| CICLOPIROX 0.77% TOPICAL SUSPENSION        | 2    |                  | CLEVER CHOICE CHAMBER-SMALL MASK           | 3    | QL    |
| CILOSTAZOL 50 MG TABLET                    | 2    |                  | CLEVER CHOICE LEVEL 1 CONTROL SOLUTION     | 3    |       |
| CILOSTAZOL 100 MG TABLET                   | 2    |                  | CLEVER CHOICE LEVEL 2 CONTROL SOLUTION     | 3    |       |
| CILOXAN 0.3% OINTMENT                      | 4    |                  | CLEVER CHOICE LEVEL 3 CONTROL SOLUTION     | 3    |       |
| CIMETIDINE 300 MG/5 ML ORAL SOLUTION       | 2    |                  | CLEVER CHOICE PEAK FLOW METER              | 3    |       |
| CIMETIDINE 200 MG TABLET                   | 2    |                  | CLICKFINE 31G 1/4" NEEDLE                  | 3    |       |
| CIMETIDINE 300 MG TABLET                   | 2    |                  | CLICKFINE 31G 5/16" NEEDLE                 | 3    |       |
| CIMETIDINE 400 MG TABLET                   | 2    |                  | CLICKFINE PEN NEEDLE 32G 5/32"             | 3    |       |
| CIMETIDINE 800 MG TABLET                   | 2    |                  | CLICKFINE UNIVERSAL 31G 1/4"               | 3    |       |
| CIMZIA 200 MG VIAL KIT                     | 5    | PA, QL, LDD, SRX | CLINDACIN 1% FOAM                          | 2    |       |
| CIMZIA 2X200 MG/ML (X3) STARTER KIT        | 5    | PA, QL, LDD, SRX | CLINDACIN ETZ 1% PLEDGET                   | 2    |       |
| CIMZIA 2X200 MG/ML SYRINGE KIT             | 5    | PA, QL, LDD, SRX | CLINDACIN P 1% PLEDGET                     | 2    |       |
| CINACALCET 30 MG TABLET                    | 5    | PA, SRX          | CLINDAMYCIN (PEDI) 75 MG/5 ML              | 2    |       |
| CINACALCET 60 MG TABLET                    | 5    | PA, SRX          | CLINDAMYCIN 2% VAGINAL CREAM               | 2    |       |
| CINACALCET 90 MG TABLET                    | 5    | PA, SRX          | CLINDAMYCIN 75 MG CAPSULE                  | 2    |       |
| CIPROFLOXACIN 0.2% EAR SOLUTION            | 2    |                  | CLINDAMYCIN 150 MG CAPSULE                 | 2    |       |
| CIPROFLOXACIN 0.3% EYE DROPS               | 2    |                  | CLINDAMYCIN 300 MG CAPSULE                 | 2    |       |
| CIPROFLOXACIN 250 MG/5 ML SUSPENSION       | 2    |                  | CLINDAMYCIN PHOSPHATE 1% FOAM              | 2    |       |
| CIPROFLOXACIN 500 MG/5 ML SUSPENSION       | 2    |                  | CLINDAMYCIN PHOSPHATE 1% GEL               | 2    |       |
| CIPROFLOXACIN 100 MG TABLET                | 2    |                  | CLINDAMYCIN PHOSPHATE 1% LOTION            | 2    |       |
| CIPROFLOXACIN 250 MG TABLET                | 1    |                  | CLINDAMYCIN PHOSPHATE 1% PLEDGET           | 2    |       |
| CIPROFLOXACIN 500 MG TABLET                | 1    |                  | CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION  | 2    |       |
| CIPROFLOXACIN 750 MG TABLET                | 1    |                  | CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL      | 2    |       |
| CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION | 3    |                  | CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP | 2    |       |
| CIPROFLOXACIN-FLUOCINOLONE 0.3-0.025%      | 3    | PA               | CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL    | 2    |       |
| CITALOPRAM 10 MG/5 ML ORAL SOLUTION        | 2    | QL               | CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL      | 2    |       |
| CITALOPRAM 10 MG TABLET                    | 1    | QL               | CLINDESSE 2% VAGINAL CREAM                 | 4    |       |
| CITALOPRAM 20 MG TABLET                    | 1    | QL               | CLOBAZAM 2.5 MG/ML SUSPENSION              | 4    | PA    |
| CITALOPRAM 40 MG TABLET                    | 1    | QL               | CLOBAZAM 10 MG TABLET                      | 4    | PA    |
| CLARAVIS 10 MG CAPSULE                     | 4    |                  | CLOBAZAM 20 MG TABLET                      | 4    | PA    |
| CLARAVIS 20 MG CAPSULE                     | 4    |                  | CLOBETASOL 0.05% CREAM                     | 2    |       |
| CLARAVIS 30 MG CAPSULE                     | 4    |                  | CLOBETASOL 0.05% GEL                       | 2    |       |
| CLARAVIS 40 MG CAPSULE                     | 4    |                  | CLOBETASOL 0.05% OINTMENT                  | 2    |       |
| CLARITHROMYCIN 125 MG/5 ML SUSPENSION      | 2    |                  | CLOBETASOL 0.05% SHAMPOO                   | 2    |       |
| CLARITHROMYCIN 250 MG/5 ML SUSPENSION      | 2    |                  | CLOBETASOL 0.05% TOPICAL LOTION            | 2    |       |
| CLARITHROMYCIN 250 MG TABLET               | 2    |                  | CLOBETASOL 0.05% TOPICAL SOLUTION          | 2    |       |
| CLARITHROMYCIN 500 MG TABLET               | 2    |                  | CLOBETASOL EMOLLIENT 0.05% CREAM           | 2    |       |
| CLARITHROMYCIN ER 500 MG TABLET            | 2    |                  | CLOBETASOL EMOLLIENT 0.05% FOAM            | 3    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                    | Tier | Notes | Medication Name                            | Tier | Notes            |
|------------------------------------|------|-------|--------------------------------------------|------|------------------|
| CLOBETASOL EMULSION 0.05% FOAM     | 3    |       | CLOZAPINE ODT 150 MG TABLET                | 4    |                  |
| CLOBETASOL PROPIONATE 0.05% FOAM   | 2    |       | CLOZAPINE ODT 200 MG TABLET                | 4    |                  |
| CLOBETASOL PROPIONATE 0.05% SPRAY  | 2    |       | C-NATE DHA SOFTGEL                         | 1    |                  |
| CLOCORTOLONE PIVALATE 0.1% CREAM   | 3    |       | COARTEM TABLET                             | 4    | QL               |
| CLODAN 0.05% SHAMPOO               | 2    |       | CODEINE SULFATE 15 MG TABLET               | 2    | PA               |
| CLOMIPRAMINE 25 MG CAPSULE         | 4    |       | CODEINE SULFATE 30 MG TABLET               | 2    | PA               |
| CLOMIPRAMINE 50 MG CAPSULE         | 4    |       | CODEINE SULFATE 60 MG TABLET               | 2    | PA               |
| CLOMIPRAMINE 75 MG CAPSULE         | 4    |       | COLCHICINE 0.6 MG TABLET                   | 2    |                  |
| CLONAZEPAM 0.125 MG ODT TABLET     | 2    |       | COLESEVELAM 3.75 G PACKET                  | 3    |                  |
| CLONAZEPAM 0.25 MG ODT TABLET      | 2    |       | COLESEVELAM 625 MG TABLET                  | 3    |                  |
| CLONAZEPAM 0.5 MG ODT TABLET       | 2    |       | COLESTIPOL 1 GM TABLET                     | 2    |                  |
| CLONAZEPAM 1 MG ODT TABLET         | 2    |       | COLESTIPOL GRANULES                        | 2    |                  |
| CLONAZEPAM 2 MG ODT TABLET         | 2    |       | COLESTIPOL GRANULES PACKET                 | 2    |                  |
| CLONAZEPAM 0.5 MG TABLET           | 2    |       | COMBISTIX REAGENT TEST STRIP               | 3    |                  |
| CLONAZEPAM 1 MG TABLET             | 2    |       | COMETRIQ 60 MG DAILY-DOSE PACK             | 5    | PA, QL, LDD, SRX |
| CLONAZEPAM 2 MG TABLET             | 2    |       | COMETRIQ 100 MG DAILY-DOSE PACK            | 5    | PA, QL, LDD, SRX |
| CLONIDINE 0.1 MG/DAY PATCH         | 2    |       | COMETRIQ 140 MG DAILY-DOSE PACK            | 5    | PA, QL, LDD, SRX |
| CLONIDINE 0.2 MG/DAY PATCH         | 2    |       | COMFORT EZ INSULIN SYRINGE 0.3 ML          | 3    |                  |
| CLONIDINE 0.3 MG/DAY PATCH         | 2    |       | COMFORT EZ INSULIN SYRINGE 0.3ML 30G 1/2"  | 3    |                  |
| CLONIDINE 0.1 MG TABLET            | 1    |       | COMFORT EZ INSULIN SYRINGE 0.3ML 30G 5/16" | 3    |                  |
| CLONIDINE 0.2 MG TABLET            | 1    |       | COMFORT EZ INSULIN SYRINGE 0.5 ML          | 3    |                  |
| CLONIDINE 0.3 MG TABLET            | 1    |       | COMFORT EZ INSULIN SYRINGE 0.5ML 31G 5/16" | 3    |                  |
| CLONIDINE ER 0.1 MG TABLET         | 2    |       | COMFORT EZ INSULIN SYRINGE 1 ML 31G 5/16"  | 3    |                  |
| CLOPIDOGREL 75 MG TABLET           | 1    |       | COMFORT EZ PEN NEEDLE 4MM 32G              | 3    |                  |
| CLOPIDOGREL 300 MG TABLET          | 2    |       | COMFORT EZ PEN NEEDLE 4MM 33G              | 3    |                  |
| CLORAZEPATE 3.75 MG TABLET         | 2    |       | COMFORT EZ PEN NEEDLE 5MM 31G              | 3    |                  |
| CLORAZEPATE 7.5 MG TABLET          | 2    |       | COMFORT EZ PEN NEEDLE 5MM 32G              | 3    |                  |
| CLORAZEPATE 15 MG TABLET           | 2    |       | COMFORT EZ PEN NEEDLE 5MM 33G              | 3    |                  |
| CLOTTRIMAZOLE 10 MG LOZENGE        | 2    |       | COMFORT EZ PEN NEEDLE 6MM 31G              | 3    |                  |
| CLOTTRIMAZOLE 1% TOPICAL CREAM     | 2    |       | COMFORT EZ PEN NEEDLE 6MM 32G              | 3    |                  |
| CLOTTRIMAZOLE 1% TOPICAL SOLUTION  | 2    |       | COMFORT EZ PEN NEEDLE 6MM 33G              | 3    |                  |
| CLOTTRIMAZOLE 10 MG TROCHE         | 2    |       | COMFORT EZ PEN NEEDLE 8MM 31G              | 3    |                  |
| CLOTTRIMAZOLE-BETAMETHASONE CREAM  | 2    |       | COMFORT EZ PEN NEEDLE 8MM 32G              | 3    |                  |
| CLOTTRIMAZOLE-BETAMETHASONE LOTION | 2    |       | COMFORT EZ PEN NEEDLE 8MM 33G              | 3    |                  |
| CLOZAPINE 25 MG TABLET             | 2    |       | COMFORT EZ PEN NEEDLE 12MM 29G             | 3    |                  |
| CLOZAPINE 50 MG TABLET             | 2    |       | COMFORT EZ PRO PEN NEEDLE 30G 8MM          | 3    |                  |
| CLOZAPINE 100 MG TABLET            | 2    |       | COMFORT EZ PRO PEN NEEDLE 31G 4MM          | 3    |                  |
| CLOZAPINE 200 MG TABLET            | 2    |       | COMFORT EZ PRO PEN NEEDLE 31G 5MM          | 3    |                  |
| CLOZAPINE ODT 12.5 MG TABLET       | 4    |       | COMFORT EZ SYRINGE 0.3 ML 29G 1/2"         | 3    |                  |
| CLOZAPINE ODT 25 MG TABLET         | 4    |       | COMFORT EZ SYRINGE 0.5 ML 28G 1/2"         | 3    |                  |
| CLOZAPINE ODT 100 MG TABLET        | 4    |       | COMFORT EZ SYRINGE 0.5 ML 29G 1/2"         | 3    |                  |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                      | Tier | Notes | Medication Name                         | Tier | Notes            |
|--------------------------------------|------|-------|-----------------------------------------|------|------------------|
| COMFORT EZ SYRINGE 0.5 ML 30G 1/2"   | 3    |       | CONTACT DETACH INFUSION SET 23"         | 3    |                  |
| COMFORT EZ SYRINGE 1 ML 28G 1/2"     | 3    |       | CONTACT DETACH INFUSION SET 32"         | 3    |                  |
| COMFORT EZ SYRINGE 1 ML 29G 1/2"     | 3    |       | CONTOUR NEXT LEVEL 1 CONTROL SOLUTION   | 3    |                  |
| COMFORT EZ SYRINGE 1 ML 30G 1/2"     | 3    |       | CONTOUR NEXT LEVEL 2 CONTROL SOLUTION   | 3    |                  |
| COMFORT EZ SYRINGE 1 ML 30G 5/16"    | 3    |       | CONTOUR SOLUTION                        | 3    |                  |
| COMFORT INFUSION SET 23" 17MM        | 3    |       | COOL CONTROL A SOLUTION                 | 3    |                  |
| COMFORT INFUSION SET 32" 17MM        | 3    |       | COOL CONTROL B SOLUTION                 | 3    |                  |
| COMFORT INFUSION SET 43" 17MM        | 3    |       | CORTISONE 25 MG TABLET                  | 2    |                  |
| COMFORT POINT PEN NEEDLE 29G 1/2"    | 3    |       | CORTISPORIN CREAM                       | 4    |                  |
| COMFORT POINT PEN NEEDLE 31G 1/3"    | 3    |       | CORTISPORIN OINTMENT                    | 4    |                  |
| COMFORT POINT PEN NEEDLE 31G 1/4"    | 3    |       | CORTISPORIN-TC EAR SUSPENSION           | 4    |                  |
| COMFORT POINT PEN NEEDLE 31G 1/6"    | 3    |       | COSENTYX 75 MG/0.5 ML SYRINGE           | 5    | PA, QL, SRX      |
| COMFORT SHORT INFUSION SET 23"       | 3    |       | COSENTYX 150 MG/ML SYRINGE              | 5    | PA, QL, SRX      |
| COMFORT SHORT INFUSION SET 32"       | 3    |       | COSENTYX 300 MG DOSE-2 SYRINGE          | 5    | PA, QL, SRX      |
| COMFORT SHORT INFUSION SET 43"       | 3    |       | COSENTYX SENSOREADY 150 MG PEN          | 5    | PA, QL, SRX      |
| COMFORT TOUCH PEN NEEDLE 31G 4MM     | 3    |       | COSENTYX SENSOREADY 300MG DOSE-2PEN     | 5    | PA, QL, SRX      |
| COMFORT TOUCH PEN NEEDLE 31G 5MM     | 3    |       | COSENTYX UNOREADY 300 MG PEN            | 5    | PA, QL, SRX      |
| COMFORT TOUCH PEN NEEDLE 31G 6MM     | 3    |       | COTELLIC 20 MG TABLET                   | 5    | PA, QL, LDD, SRX |
| COMFORT TOUCH PEN NEEDLE 31G 8MM     | 3    |       | COVARYX H.S. TABLET                     | 2    |                  |
| COMFORT TOUCH PEN NEEDLE 32G 4MM     | 3    |       | COVARYX TABLET                          | 2    |                  |
| COMFORT TOUCH PEN NEEDLE 32G 5MM     | 3    |       | CRESEMBA 74.5 MG CAPSULE                | 4    | PA               |
| COMFORT TOUCH PEN NEEDLE 32G 6MM     | 3    |       | CRESEMBA 186 MG CAPSULE                 | 4    | PA               |
| COMFORT TOUCH PEN NEEDLE 32G 8MM     | 3    |       | CROMOLYN 100 MG/5 ML ORAL CONCENTRATE   | 4    |                  |
| COMFORT TOUCH PEN NEEDLE 33G 4MM     | 3    |       | CROMOLYN 20 MG/2 ML INHALATION SOLUTION | 4    | QL               |
| COMFORT TOUCH PEN NEEDLE 33G 5MM     | 3    |       | CROMOLYN 4% EYE DROPS                   | 2    |                  |
| COMFORT TOUCH PEN NEEDLE 33G 6MM     | 3    |       | CROTAN 10% LOTION                       | 3    |                  |
| COMFORTSEAL LARGE MASK               | 3    | QL    | CRYSELLE-28 TABLET                      | 1    |                  |
| COMFORTSEAL MEDIUM MASK              | 3    | QL    | CVS ALKALINE BATTERIES                  | 3    |                  |
| COMFORTSEAL SMALL MASK               | 3    | QL    | CVS KETONE CARE TEST STRIP              | 3    |                  |
| COMIRNATY 30MCG/0.3ML                | 3    |       | CYANOCOBALAMIN 1,000 MCG/ML VIAL        | 2    |                  |
| COMIRNATY SYRINGE                    | 3    |       | CYANOCOBALAMIN 10,000 MCG/10ML VIAL     | 2    |                  |
| COMIRNATY VIAL                       | 3    |       | CYANOCOBALAMIN 30,000 MCG/30ML VIAL     | 2    |                  |
| COMPACT SPACE CHAMBER                | 3    | QL    | CYCLOBENZAPRINE 5 MG TABLET             | 1    |                  |
| COMPACT SPACE CHAMBER-LARGE MASK     | 3    | QL    | CYCLOBENZAPRINE 10 MG TABLET            | 1    |                  |
| COMPACT SPACE CHAMBER-MEDIUM MASK    | 3    | QL    | CYCLOMYDRIL EYE DROPS                   | 4    |                  |
| COMPACT SPACE CHAMBER-SMALL MASK     | 3    | QL    | CYCLOPENTOLATE 0.5% EYE DROPS           | 2    |                  |
| COMPLERA TABLET                      | 4    | QL    | CYCLOPENTOLATE 1% EYE DROPS             | 2    |                  |
| COMPLETE NATAL DHA                   | 1    |       | CYCLOPENTOLATE 2% DROPS                 | 2    |                  |
| COMPLETENATE CHEWABLE TABLET         | 1    |       | CYCLOPHOSPHAMIDE 25 MG CAPSULE          | 3    |                  |
| COMPRO 25 MG SUPPOSITORY             | 2    |       | CYCLOPHOSPHAMIDE 50 MG CAPSULE          | 3    |                  |
| CONSTULOSE 10 GM/15 ML ORAL SOLUTION | 2    |       | CYCLOSERINE 250 MG CAPSULE              | 2    |                  |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                              | Tier | Notes        | Medication Name                                        | Tier | Notes   |
|----------------------------------------------|------|--------------|--------------------------------------------------------|------|---------|
| CYCLOSET 0.8 MG TABLET                       | 4    |              | DEBLITANE 0.35 MG TABLET                               | 1    |         |
| CYCLOSPORINE 0.05% EYE EMULSION              | 4    |              | DEFERASIROX 90 MG GRANULE PACKET                       | 5    | PA, SRX |
| CYCLOSPORINE 25 MG CAPSULE                   | 2    |              | DEFERASIROX 180 MG GRANULE PACKET                      | 5    | PA, SRX |
| CYCLOSPORINE 100 MG CAPSULE                  | 2    |              | DEFERASIROX 360 MG GRANULE PACKET                      | 5    | PA, SRX |
| CYCLOSPORINE MODIFIED 25 MG CAPSULE          | 2    |              | DEFERASIROX 90 MG TABLET                               | 5    | PA, SRX |
| CYCLOSPORINE MODIFIED 50 MG CAPSULE          | 2    |              | DEFERASIROX 180 MG TABLET                              | 5    | PA, SRX |
| CYCLOSPORINE MODIFIED 100 MG CAPSULE         | 2    |              | DEFERASIROX 360 MG TABLET                              | 5    | PA, SRX |
| CYCLOSPORINE MODIFIED 100MG/ML ORAL SOLUTION | 2    |              | DEFERASIROX 125 MG TABLET FOR SUSPENSION               | 5    | PA, SRX |
| CYLTEZO(CF) 10 MG/0.2 ML SYRINGE             | 5    | PA, QL, SRX  | DEFERASIROX 250 MG TABLET FOR SUSPENSION               | 5    | PA, SRX |
| CYLTEZO(CF) 20 MG/0.4 ML SYRINGE             | 5    | PA, QL, SRX  | DEFERASIROX 500 MG TABLET FOR SUSPENSION               | 5    | PA, SRX |
| CYLTEZO(CF) 40 MG/0.8 ML SYRINGE             | 5    | PA, QL, SRX  | DEFERIPRONE 500 MG TABLET                              | 5    | PA, SRX |
| CYLTEZO(CF) PEN 40 MG/0.8 ML                 | 5    | PA, QL, SRX  | DEFERIPRONE 1,000 MG TABLET (3X/DAY)                   | 5    | PA, SRX |
| CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG          | 5    | PA, QL, SRX  | DELTEC COZMO CLEO INFUSION SET                         | 3    |         |
| CYLTEZO(CF) PEN PSORIASIS-UV 40 MG           | 5    | PA, QL, SRX  | DEMECLOCYCLINE 150 MG TABLET                           | 3    |         |
| CYPROHEPTADINE 2 MG/5 ML SYRUP               | 2    |              | DEMECLOCYCLINE 300 MG TABLET                           | 3    |         |
| CYPROHEPTADINE 4 MG TABLET                   | 2    |              | DENTA 5000 PLUS SENSITIVE PASTE                        | 2    |         |
| CYRED 28 DAY TABLET                          | 1    |              | DENTA 5000 PLUS TOOTHPASTE                             | 2    |         |
| CYRED EQ 28 DAY TABLET                       | 1    |              | DENTAGEL 1.1% GEL                                      | 2    |         |
| CYSTAGON 50 MG CAPSULE                       | 5    | PA, LDD, SRX | DERMACINRX LIDOCAN 5% PATCH                            | 2    |         |
| CYSTAGON 150 MG CAPSULE                      | 5    | PA, LDD, SRX | DESCOVY 120-15 MG TABLET                               | 3    |         |
| CYSTARAN 0.44% EYE DROPS                     | 4    | PA, QL, LDD  | DESCOVY 200-25 MG TABLET                               | 3    |         |
| DABIGATRAN 75 MG CAPSULE                     | 4    | QL           | DESIPRAMINE 10 MG TABLET                               | 2    |         |
| DABIGATRAN 110 MG CAPSULE                    | 4    | QL           | DESIPRAMINE 25 MG TABLET                               | 2    |         |
| DABIGATRAN 150 MG CAPSULE                    | 4    | QL           | DESIPRAMINE 50 MG TABLET                               | 2    |         |
| DALFAMPRIDINE ER 10 MG TABLET                | 5    | PA, QL, SRX  | DESIPRAMINE 75 MG TABLET                               | 2    |         |
| DANAZOL 50 MG CAPSULE                        | 2    |              | DESIPRAMINE 100 MG TABLET                              | 2    |         |
| DANAZOL 100 MG CAPSULE                       | 2    |              | DESIPRAMINE 150 MG TABLET                              | 2    |         |
| DANAZOL 200 MG CAPSULE                       | 2    |              | DESORATADINE 2.5 MG ODT TABLET                         | 2    | QL      |
| DANTROLENE 25 MG CAPSULE                     | 2    |              | DESORATADINE 5 MG ODT TABLET                           | 2    | QL      |
| DANTROLENE 50 MG CAPSULE                     | 2    |              | DESORATADINE 5 MG TABLET                               | 2    | QL      |
| DANTROLENE 100 MG CAPSULE                    | 2    |              | DESMOPRESSIN 0.01% NASAL SPRAY                         | 2    |         |
| DAPSONE 25 MG TABLET                         | 4    |              | DESMOPRESSIN 10 MCG/0.1 ML NASAL SPRAY                 | 2    |         |
| DAPSONE 100 MG TABLET                        | 4    |              | DESMOPRESSIN 0.1 MG TABLET                             | 2    |         |
| DAPTACEL DTAP VACCINE                        | 3    |              | DESMOPRESSIN 0.2 MG TABLET                             | 2    |         |
| DARIFENACIN ER 7.5 MG TABLET                 | 2    |              | DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 MG TABLET      | 1    |         |
| DARIFENACIN ER 15 MG TABLET                  | 2    |              | DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL TABLET | 1    |         |
| DARUNAVIR 600 MG TABLET                      | 2    |              | DESONIDE 0.05% CREAM                                   | 2    |         |
| DARUNAVIR 800 MG TABLET                      | 2    |              | DESONIDE 0.05% LOTION                                  | 2    |         |
| DASETTA 1-35-28 TABLET                       | 1    |              | DESONIDE 0.05% OINTMENT                                | 2    |         |
| DASETTA 7/7/7-28 TABLET                      | 1    |              | DESOXIMETASONE 0.05% CREAM                             | 3    |         |
| DAYSEE 0.15-0.03-0.01 MG TABLET              | 1    |              |                                                        |      |         |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                 | Tier | Notes  |
|-------------------------------------------------|------|--------|
| DESOXIMETASONE 0.25% CREAM                      | 3    |        |
| DESOXIMETASONE 0.05% GEL                        | 3    |        |
| DESOXIMETASONE 0.05% OINTMENT                   | 3    |        |
| DESOXIMETASONE 0.25% OINTMENT                   | 3    |        |
| DESVENLAFAXINE ER 25 MG TABLET                  | 2    | QL     |
| DESVENLAFAXINE ER 50 MG TABLET                  | 2    | QL     |
| DESVENLAFAXINE ER 100MG TABLET                  | 2    | QL     |
| DEXAMETHASONE 0.1% EYE DROPS                    | 2    |        |
| DEXAMETHASONE 0.5 MG/5 ML ELIXIR                | 2    |        |
| DEXAMETHASONE 0.5 MG/5 ML LIQUID                | 2    |        |
| DEXAMETHASONE 0.5 MG TABLET                     | 2    |        |
| DEXAMETHASONE 0.75 MG TABLET                    | 2    |        |
| DEXAMETHASONE 1 MG TABLET                       | 2    |        |
| DEXAMETHASONE 1.5 MG TABLET                     | 2    |        |
| DEXAMETHASONE 2 MG TABLET                       | 2    |        |
| DEXAMETHASONE 4 MG TABLET                       | 2    |        |
| DEXAMETHASONE 6 MG TABLET                       | 2    |        |
| DEXAMETHASONE INTENSOL 1 MG/ML ORAL CONCENTRATE | 2    |        |
| DEXCOM G6 RECEIVER                              | 3    | PA, QL |
| DEXCOM G7 RECEIVER                              | 3    | PA, QL |
| DEXCOM G6 SENSOR                                | 3    | PA, QL |
| DEXCOM G7 SENSOR                                | 3    | PA, QL |
| DEXCOM G6 TRANSMITTER                           | 3    | PA, QL |
| DEXLANSOPRAZOLE DR 30 MG CAPSULE                | 4    | QL     |
| DEXLANSOPRAZOLE DR 60 MG CAPSULE                | 4    | QL     |
| DEXMETHYLPHENIDATE 2.5 MG TABLET                | 2    | QL     |
| DEXMETHYLPHENIDATE 5 MG TABLET                  | 2    | QL     |
| DEXMETHYLPHENIDATE 10 MG TABLET                 | 2    | QL     |
| DEXMETHYLPHENIDATE ER 5 MG CAPSULE              | 3    | QL     |
| DEXMETHYLPHENIDATE ER 10 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 15 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 20 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 25 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 30 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 35 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 40 MG CAPSULE             | 3    | QL     |
| DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION       | 2    | QL     |
| DEXTROAMPHETAMINE 5 MG TABLET                   | 2    | QL     |
| DEXTROAMPHETAMINE 10 MG TABLET                  | 2    | QL     |
| DEXTROAMPHETAMINE ER 5 MG CAPSULE               | 2    | QL     |
| DEXTROAMPHETAMINE ER 10 MG CAPSULE              | 2    | QL     |

| Medication Name                                | Tier | Notes |
|------------------------------------------------|------|-------|
| DEXTROAMPHETAMINE ER 15 MG CAPSULE             | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET      | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET    | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET     | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET   | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET     | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET     | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET     | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE  | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE | 2    | QL    |
| DIASTIX REAGENT TEST STRIP                     | 3    |       |
| DIATRUE LEVEL 1 CONTROL SOLUTION               | 3    |       |
| DIATRUE LEVEL 2 CONTROL SOLUTION               | 3    |       |
| DIATRUE LEVEL 3 CONTROL SOLUTION               | 3    |       |
| DIAZEPAM 5 MG/ML ORAL CONCENTRATE              | 2    |       |
| DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE           | 2    |       |
| DIAZEPAM 5 MG/5 ML ORAL SOLUTION               | 2    |       |
| DIAZEPAM 2.5 MG RECTAL GEL SYSTEM              | 2    |       |
| DIAZEPAM 10 MG RECTAL GEL SYSTEM               | 2    |       |
| DIAZEPAM 20 MG RECTAL GEL SYSTEM               | 2    |       |
| DIAZEPAM 2 MG TABLET                           | 2    |       |
| DIAZEPAM 5 MG TABLET                           | 2    |       |
| DIAZEPAM 10 MG TABLET                          | 2    |       |
| DIAZOXIDE 50 MG/ML ORAL SUSPENSION             | 4    |       |
| DICLOFENAC 0.1% EYE DROPS                      | 2    |       |
| DICLOFENAC 1.5% TOPICAL SOLUTION               | 2    |       |
| DICLOFENAC POTASSIUM 50 MG TABLET              | 2    |       |
| DICLOFENAC SODIUM 1% GEL                       | 2    | QL    |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                   | Tier | Notes | Medication Name                            | Tier | Notes |
|-----------------------------------|------|-------|--------------------------------------------|------|-------|
| DIVALPROEX DR 500 MG TABLET       | 2    |       | DOXYCYCLINE HYCLATE 100 MG CAPSULE         | 1    |       |
| DIVALPROEX ER 250 MG TABLET       | 2    |       | DOXYCYCLINE 25 MG/5 ML SUSPENSION          | 2    |       |
| DIVALPROEX ER 500 MG TABLET       | 2    |       | DOXYCYCLINE HYCLATE 20 MG TABLET           | 2    |       |
| DODEX 1,000 MCG/ML VIAL           | 2    |       | DOXYCYCLINE HYCLATE 100 MG TABLET          | 1    |       |
| DODEX 10,000 MCG/10 ML VIAL       | 2    |       | DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE      | 1    |       |
| DODEX 30,000 MCG/30 ML VIAL       | 2    |       | DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE      | 2    |       |
| DOFETILIDE 125 MCG CAPSULE        | 4    | QL    | DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE     | 1    |       |
| DOFETILIDE 250 MCG CAPSULE        | 4    | QL    | DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE     | 2    |       |
| DOFETILIDE 500 MCG CAPSULE        | 4    | QL    | DOXYCYCLINE MONOHYDRATE 50 MG TABLET       | 1    |       |
| DOLISHALE 90-20 MCG TABLET        | 1    |       | DOXYCYCLINE MONOHYDRATE 75 MG TABLET       | 2    |       |
| DONEPEZIL 5 MG TABLET             | 2    |       | DOXYCYCLINE MONOHYDRATE 100 MG TABLET      | 1    |       |
| DONEPEZIL 10 MG TABLET            | 2    |       | DOXYCYCLINE MONOHYDRATE 150 MG TABLET      | 2    |       |
| DONEPEZIL 23 MG TABLET            | 2    |       | DRONABINOL 2.5 MG CAPSULE                  | 4    |       |
| DONEPEZIL ODT 5 MG TABLET         | 2    |       | DRONABINOL 5 MG CAPSULE                    | 4    |       |
| DONEPEZIL ODT 10 MG TABLET        | 2    |       | DRONABINOL 10 MG CAPSULE                   | 4    |       |
| DORZOLAMIDE 2% EYE DROPS          | 2    |       | DROPLET 0.5 ML 29G 12.5MM(1/2)             | 3    |       |
| DORZOLAMIDE-TIMOLOL EYE DROPS     | 2    |       | DROPLET 0.5 ML 30G 12.5MM(1/2)             | 3    |       |
| DOTTI 0.025 MG PATCH              | 2    | QL    | DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM  | 3    |       |
| DOTTI 0.0375 MG PATCH             | 2    | QL    | DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM     | 3    |       |
| DOTTI 0.05 MG PATCH               | 2    | QL    | DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM     | 3    |       |
| DOTTI 0.075 MG PATCH              | 2    | QL    | DROPLET INSULIN SYRINGE 0.3ML 30G 12.5MM   | 3    |       |
| DOTTI 0.1 MG PATCH                | 2    | QL    | DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM     | 3    |       |
| DOVATO 50-300 MG TABLET           | 4    | QL    | DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM     | 3    |       |
| DOXAZOSIN 1 MG TABLET             | 2    |       | DROPLET INSULIN SYRINGE 0.5ML 30G 6MM(1/2) | 3    |       |
| DOXAZOSIN 2 MG TABLET             | 2    |       | DROPLET INSULIN SYRINGE 0.5ML 30G 8MM(1/2) | 3    |       |
| DOXAZOSIN 4 MG TABLET             | 2    |       | DROPLET INSULIN SYRINGE 0.5ML 31G 6MM(1/2) | 3    |       |
| DOXAZOSIN 8 MG TABLET             | 2    |       | DROPLET INSULIN SYRINGE 0.5ML 31G 8MM(1/2) | 3    |       |
| DOXEPIN 10 MG CAPSULE             | 2    |       | DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM    | 3    |       |
| DOXEPIN 25 MG CAPSULE             | 2    |       | DROPLET INSULIN SYRINGE 1 ML 30G 6MM       | 3    |       |
| DOXEPIN 50 MG CAPSULE             | 2    |       | DROPLET INSULIN SYRINGE 1 ML 30G 8MM       | 3    |       |
| DOXEPIN 75 MG CAPSULE             | 2    |       | DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM    | 3    |       |
| DOXEPIN 100 MG CAPSULE            | 2    |       | DROPLET INSULIN SYRINGE 1 ML 31G 6MM       | 3    |       |
| DOXEPIN 150 MG CAPSULE            | 2    |       | DROPLET INSULIN SYRINGE 1 ML 31G 8MM       | 3    |       |
| DOXEPIN 5% CREAM                  | 4    | QL    | DROPLET MICRON 34G 9/64"                   | 3    |       |
| DOXEPIN 10 MG/ML ORAL CONCENTRATE | 2    |       | DROPLET PEN NEEDLE 29G 1/2"                | 3    |       |
| DOXEPIN 3 MG TABLET               | 3    | QL    | DROPLET PEN NEEDLE 29G 3/8"                | 3    |       |
| DOXEPIN 6 MG TABLET               | 3    | QL    | DROPLET PEN NEEDLE 30G 5/16"               | 3    |       |
| DOXERCALCIFEROL 0.5 MCG CAPSULE   | 2    |       | DROPLET PEN NEEDLE 31G 1/4"                | 3    |       |
| DOXERCALCIFEROL 1 MCG CAPSULE     | 2    |       | DROPLET PEN NEEDLE 31G 3/16"               | 3    |       |
| DOXERCALCIFEROL 2.5 MCG CAPSULE   | 2    |       | DROPLET PEN NEEDLE 31G 5/16"               | 3    |       |
| DOXYCYCLINE HYCLATE 50 MG CAPSULE | 1    |       | DROPLET PEN NEEDLE 32G 1/4"                | 3    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                                 | Tier | Notes   | Medication Name                           | Tier | Notes |
|-----------------------------------------------------------------|------|---------|-------------------------------------------|------|-------|
| DROPLET PEN NEEDLE 32G 3/16"                                    | 3    |         | EASIVENT MASK-MEDIUM                      | 3    | QL    |
| DROPLET PEN NEEDLE 32G 5/16"                                    | 3    |         | EASIVENT MASK-SMALL                       | 3    | QL    |
| DROPLET PEN NEEDLE 32G 5/32"                                    | 3    |         | EASY COMFORT 0.3 ML 31G 1/2" SYRINGE      | 3    |       |
| DROPSAFE INSULIN 1ML 29G 12.5MM                                 | 3    |         | EASY COMFORT 0.3 ML 31G 5/16" SYRINGE     | 3    |       |
| DROPSAFE INSULIN SYRINGE 0.3ML 31G 6MM                          | 3    |         | EASY COMFORT 0.3 ML SYRINGE               | 3    |       |
| DROPSAFE INSULIN SYRINGE 0.3ML 31G 8MM                          | 3    |         | EASY COMFORT 0.5 ML 30G 1/2"              | 3    |       |
| DROPSAFE INSULIN SYRINGE 0.5ML 31G 6MM                          | 3    |         | EASY COMFORT 0.5 ML 31G 5/16"             | 3    |       |
| DROPSAFE INSULIN SYRINGE 0.5ML 31G 8MM                          | 3    |         | EASY COMFORT 0.5 ML 32G 5/16"             | 3    |       |
| DROPSAFE INSULIN SYRINGE 1ML 31G 6MM                            | 3    |         | EASY COMFORT 0.5 ML SYRINGE               | 3    |       |
| DROPSAFE INSULIN SYRINGE 1ML 31G 8MM                            | 3    |         | EASY COMFORT 1 ML 31G 5/16"               | 3    |       |
| DROPSAFE PEN NEEDLE 31G 1/4"                                    | 3    |         | EASY COMFORT 1 ML 32G 5/16"               | 3    |       |
| DROPSAFE PEN NEEDLE 31G 3/16"                                   | 3    |         | EASY COMFORT INSULIN 1 ML SYRINGE         | 3    |       |
| DROPSAFE PEN NEEDLE 31G 5/16"                                   | 3    |         | EASY COMFORT PEN NEEDLE 31G 1/4"          | 3    |       |
| DROPSAFE SICURA NEEDLE 25G 25MM                                 | 3    |         | EASY COMFORT PEN NEEDLE 31G 3/16"         | 3    |       |
| DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET                 | 1    |         | EASY COMFORT PEN NEEDLE 31G 5/16"         | 3    |       |
| DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET                 | 1    |         | EASY COMFORT PEN NEEDLE 32G 5/32"         | 3    |       |
| DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET | 1    |         | EASY COMFORT PEN NEEDLE 33G 4MM           | 3    |       |
| DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET | 1    |         | EASY COMFORT PEN NEEDLE 33G 5MM           | 3    |       |
| DROXIA 200 MG CAPSULE                                           | 4    |         | EASY COMFORT PEN NEEDLE 33G 6MM           | 3    |       |
| DROXIA 300 MG CAPSULE                                           | 4    |         | EASY COMFORT SAFETY PEN NEEDLE 31G 5MM    | 3    |       |
| DROXIA 400 MG CAPSULE                                           | 4    |         | EASY COMFORT SAFETY PEN NEEDLE 31G 6MM    | 3    |       |
| DRUG MART ULTRA COMFORT SYRINGE                                 | 3    |         | EASY COMFORT SAFETY PEN NEEDLE 32G 4MM    | 3    |       |
| DUAVEE 0.45-20 MG TABLET                                        | 4    |         | EASY COMFORT SYRINGE 1 ML 30G 1/2"        | 3    |       |
| DULERA 50 MCG-5 MCG INHALER                                     | 3    | QL      | EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM | 3    |       |
| DULERA 100 MCG-5 MCG INHALER                                    | 3    | QL      | EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM | 3    |       |
| DULERA 200 MCG-5 MCG INHALER                                    | 3    | QL      | EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM   | 3    |       |
| DULOXETINE DR 20 MG CAPSULE                                     | 2    | QL      | EASY GLIDE PEN NEEDLE 4MM 33G             | 3    |       |
| DULOXETINE DR 30 MG CAPSULE                                     | 2    | QL      | EASY PLUS II CONTROL SOLUTION HIGH        | 3    |       |
| DULOXETINE DR 60 MG CAPSULE                                     | 2    | QL      | EASY PLUS II CONTROL SOLUTION LOW         | 3    |       |
| DUPIXENT 200 MG/1.14 ML PEN                                     | 5    | PA, SRX | EASY STEP CONTROL SOLUTION-HIGH           | 3    |       |
| DUPIXENT 300 MG/2 ML PEN                                        | 5    | PA, SRX | EASY STEP CONTROL SOLUTION-LOW            | 3    |       |
| DUPIXENT 100 MG/0.67 ML SYRINGE                                 | 5    | PA, SRX | EASY STEP CONTROL SOLUTION-NORMAL         | 3    |       |
| DUPIXENT 200 MG/1.14 ML SYRINGE                                 | 5    | PA, SRX | EASY TALK CONTROL SOLUTION LOW            | 3    |       |
| DUPIXENT 300 MG/2 ML SYRINGE                                    | 5    | PA, SRX | EASY TALK HIGH CONTROL SOLUTION           | 3    |       |
| DUTASTERIDE 0.5 MG CAPSULE                                      | 2    |         | EASY TALK PLUS II HIGH CONTROL            | 3    |       |
| DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE                       | 2    |         | EASY TALK PLUS II LOW CONTROL SOLUTION    | 3    |       |
| EASIVENT HOLDING CHAMBER                                        | 3    | QL      | EASY TOUCH 0.3 ML SYRINGE 30G 1/2"        | 3    |       |
| EASIVENT MASK-LARGE                                             | 3    | QL      | EASY TOUCH 0.5 ML SYRINGE 27G 1/2"        | 3    |       |
|                                                                 |      |         | EASY TOUCH 0.5 ML SYRINGE 29G 1/2"        | 3    |       |
|                                                                 |      |         | EASY TOUCH 0.5 ML SYRINGE 30G 1/2"        | 3    |       |
|                                                                 |      |         | EASY TOUCH 0.5 ML SYRINGE 30G 5/16"       | 3    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

| Medication Name                          | Tier | Notes |
|------------------------------------------|------|-------|
| EASY TOUCH HYPODERMIC 21G 1.5"           | 3    |       |
| EASY TOUCH HYPODERMIC 22G 1"             | 3    |       |
| EASY TOUCH HYPODERMIC 22G 1.5"           | 3    |       |
| EASY TOUCH HYPODERMIC 23G 1"             | 3    |       |
| EASY TOUCH HYPODERMIC 23G 1.25"          | 3    |       |
| EASY TOUCH HYPODERMIC 23G 1.5"           | 3    |       |
| EASY TOUCH HYPODERMIC 23G 3/4"           | 3    |       |
| EASY TOUCH HYPODERMIC 24G 1"             | 3    |       |
| EASY TOUCH HYPODERMIC 24G 1.25"          | 3    |       |
| EASY TOUCH HYPODERMIC 25G 1"             | 3    |       |
| EASY TOUCH HYPODERMIC 25G 1.5"           | 3    |       |
| EASY TOUCH HYPODERMIC 25G 5/8"           | 3    |       |
| EASY TOUCH HYPODERMIC 26G 1/2"           | 3    |       |
| EASY TOUCH HYPODERMIC 26G 3/8"           | 3    |       |
| EASY TOUCH HYPODERMIC 26G 5/8"           | 3    |       |
| EASY TOUCH HYPODERMIC 27G 1.25"          | 3    |       |
| EASY TOUCH HYPODERMIC 27G 1.5"           | 3    |       |
| EASY TOUCH HYPODERMIC 27G 1/2"           | 3    |       |
| EASY TOUCH HYPODERMIC 30G 1"             | 3    |       |
| EASY TOUCH HYPODERMIC 30G 1/2"           | 3    |       |
| EASY TOUCH HYPODERMIC 31G 5/16"          | 3    |       |
| EASY TOUCH HYPODERMIC 32G 5/16"          | 3    |       |
| EASY TOUCH INSULIN SYRINGE 0.3 ML        | 3    |       |
| EASY TOUCH INSULIN SYRINGE 0.5 ML        | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1 ML          | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1ML 29G 1/2"  | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1ML 30G 1/2"  | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1ML 30G 5/16" | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1ML 31G 5/16" | 3    |       |
| EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML | 3    |       |
| EASY TOUCH PEN NEEDLE 29G 1/2"           | 3    |       |
| EASY TOUCH PEN NEEDLE 30G 5/16"          | 3    |       |
| EASY TOUCH PEN NEEDLE 31G 1/4"           | 3    |       |
| EASY TOUCH PEN NEEDLE 31G 3/16"          | 3    |       |
| EASY TOUCH PEN NEEDLE 31G 5/16"          | 3    |       |
| EASY TOUCH PEN NEEDLE 32G 1/4"           | 3    |       |
| EASY TOUCH PEN NEEDLE 32G 3/16"          | 3    |       |
| EASY TOUCH PEN NEEDLE 32G 5/32"          | 3    |       |
| EASY TOUCH SAFETY PEN NEEDLE 29G 5MM     | 3    |       |
| EASY TOUCH SAFETY PEN NEEDLE 29G 8MM     | 3    |       |
| EASY TOUCH SAFETY PEN NEEDLE 30G 5MM     | 3    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

| Medication Name                                         | Tier | Notes |
|---------------------------------------------------------|------|-------|
| ED-SPAZ 0.125 MG ODT TABLET                             | 2    |       |
| EDURANT 25 MG TABLET                                    | 3    |       |
| EEMT DS 1.25-2.5 MG TABLET                              | 2    |       |
| EEMT HS 0.625-1.25 MG TABLET                            | 2    |       |
| EFAVIRENZ 50 MG CAPSULE                                 | 2    |       |
| EFAVIRENZ 200 MG CAPSULE                                | 2    |       |
| EFAVIRENZ 600 MG TABLET                                 | 2    |       |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET | 4    | QL    |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET    | 3    | QL    |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET    | 3    | QL    |
| EFFER-K 10 MEQ EFFERVESCENT TABLET                      | 4    |       |
| EFFER-K 20 MEQ EFFERVESCENT TABLET                      | 4    |       |
| ELEMENT COMPACT SOLUTION HIGH                           | 3    |       |
| ELEMENT COMPACT SOLUTION NORMAL                         | 3    |       |
| ELEMENT CONTROL SOLUTION HIGH                           | 3    |       |
| ELEMENT CONTROL SOLUTION LOW                            | 3    |       |
| ELEMENT CONTROL SOLUTION NORMAL                         | 3    |       |
| ELETRIPTAN 20 MG TABLET                                 | 3    | QL    |
| ELETRIPTAN 40 MG TABLET                                 | 3    | QL    |
| ELINEST-28 TABLET                                       | 1    |       |
| ELIQUIS 2.5 MG TABLET                                   | 3    | QL    |
| ELIQUIS 5 MG TABLET                                     | 3    | QL    |
| ELIQUIS DVT-PE 5 MG STARTER PACK                        | 3    | QL    |
| ELITE-OB TABLET                                         | 1    |       |
| ELLA 30 MG TABLET                                       | 4    |       |
| ELMIRON 100 MG CAPSULE                                  | 4    |       |
| ELURYNG VAGINAL RING                                    | 2    |       |
| EMBRACE EVO LEVEL 1 CONTROL SOLUTION                    | 3    |       |
| EMBRACE GLUCOSE CONTROL SOLUTION HIGH                   | 3    |       |
| EMBRACE GLUCOSE CONTROL SOLUTION LOW                    | 3    |       |
| EMBRACE PEN NEEDLE 29G 12MM                             | 3    |       |
| EMBRACE PEN NEEDLE 30G 5MM                              | 3    |       |
| EMBRACE PEN NEEDLE 30G 8MM                              | 3    |       |
| EMBRACE PEN NEEDLE 31G 5MM                              | 3    |       |
| EMBRACE PEN NEEDLE 31G 6MM                              | 3    |       |
| EMBRACE PEN NEEDLE 31G 8MM                              | 3    |       |
| EMBRACE PEN NEEDLE 32G 4MM                              | 3    |       |
| EMBRACE PRO CONTROL SOLUTION                            | 3    |       |
| EMBRACE TALK CONTROL SOLUTION-HIGH(L2)                  | 3    |       |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                           | Tier | Notes       | Medication Name                        | Tier | Notes       |
|-------------------------------------------|------|-------------|----------------------------------------|------|-------------|
| EMBRACE TALK CONTROL SOLUTION-LOW(L1)     | 3    |             | ENOXAPARIN 80 MG/0.8 ML SYRINGE        | 5    | QL, SRX     |
| EMCYT 140 MG CAPSULE                      | 5    | SRX         | ENOXAPARIN 100 MG/ML SYRINGE           | 5    | QL, SRX     |
| EMEND 125 MG POWDER PACKET                | 5    | PA, QL, SRX | ENOXAPARIN 120 MG/0.8 ML SYRINGE       | 5    | QL, SRX     |
| EMGALITY 120 MG/ML PEN                    | 3    | PA          | ENOXAPARIN 150 MG/ML SYRINGE           | 5    | QL, SRX     |
| EMGALITY 100 MG/ML SYRINGE(1 OF 3)        | 3    | PA          | ENOXAPARIN 300 MG/3 ML VIAL            | 5    | QL, SRX     |
| EMGALITY 120 MG/ML SYRINGE                | 3    | PA          | ENPRESSE-28 TABLET                     | 1    |             |
| EMGALITY 300 MG (100 MG X3SYRINGE)        | 3    | PA          | ENSKYCE 28 TABLET                      | 1    |             |
| EMOQUETTE 28 DAY TABLET                   | 1    |             | ENTACAPONE 200 MG TABLET               | 2    |             |
| EMTRICITABINE 200 MG CAPSULE              | 2    |             | ENTECAVIR 0.5 MG TABLET                | 5    | SRX         |
| EMTRICITABINE-TENOFOVIR 100-150 MG TABLET | 2    |             | ENTECAVIR 1 MG TABLET                  | 5    | SRX         |
| EMTRICITABINE-TENOFOVIR 133-200 MG TABLET | 2    |             | ENTRESTO 24 MG-26 MG TABLET            | 3    | QL          |
| EMTRICITABINE-TENOFOVIR 167-250 MG TABLET | 2    |             | ENTRESTO 49 MG-51 MG TABLET            | 3    | QL          |
| EMTRICITABINE-TENOFOVIR 200-300 MG TABLET | 2    |             | ENTRESTO 97 MG-103 MG TABLET           | 3    | QL          |
| EMTRIVA 10 MG/ML ORAL SOLUTION            | 3    |             | ENULOSE 10 GM/15 ML ORAL SOLUTION      | 2    |             |
| EMVERM 100 MG CHEWABLE TABLET             | 4    |             | EPCLUSA 150-37.5 MG PELLET PACKET      | 5    | PA, QL, SRX |
| EMZAHH 0.35 MG TABLET                     | 1    |             | EPCLUSA 200-50 MG PELLET PACKET        | 5    | PA, QL, SRX |
| ENALAPRIL 2.5 MG TABLET                   | 1    |             | EPCLUSA 200 MG-50 MG TABLET            | 5    | PA, QL, SRX |
| ENALAPRIL 5 MG TABLET                     | 1    |             | EPCLUSA 400 MG-100 MG TABLET           | 5    | PA, QL, SRX |
| ENALAPRIL 10 MG TABLET                    | 1    |             | EPIDIOLEX 100 MG/ML ORAL SOLUTION      | 4    | PA, LDD     |
| ENALAPRIL 20 MG TABLET                    | 1    |             | EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK | 4    | PA, LDD     |
| ENALAPRIL-HCTZ 5-12.5 MG TABLET           | 1    |             | EPIFOAM FOAM                           | 4    |             |
| ENALAPRIL-HCTZ 10-25 MG TABLET            | 1    |             | EPINASTINE 0.05% EYE DROPS             | 2    |             |
| ENBREL 50 MG/ML MINI CARTRIDGE            | 5    | PA, QL, SRX | EPINEPHRINE 0.15 MG AUTO-INJECTOR      | 2    | QL          |
| ENBREL 50 MG/ML SURECLICK                 | 5    | PA, QL, SRX | EPINEPHRINE 0.3 MG AUTO-INJECTOR       | 2    | QL          |
| ENBREL 25 MG/0.5 ML SYRINGE               | 5    | PA, QL, SRX | EPITOL 200 MG TABLET                   | 2    |             |
| ENBREL 50 MG/ML SYRINGE                   | 5    | PA, QL, SRX | EPLERENONE 25 MG TABLET                | 2    |             |
| ENBREL 25 MG/0.5 ML VIAL                  | 5    | PA, QL, SRX | EPLERENONE 50 MG TABLET                | 2    |             |
| ENDOCET 2.5-325 MG TABLET                 | 2    | PA          | EPROSARTAN 600 MG TABLET               | 2    |             |
| ENDOCET 5-325 MG TABLET                   | 2    | PA          | EQ SPACE CHAMBER                       | 3    | QL          |
| ENDOCET 7.5-325 MG TABLET                 | 2    | PA          | EQ SPACE CHAMBER-LARGE MASK            | 3    | QL          |
| ENDOCET 10-325 MG TABLET                  | 2    | PA          | EQ SPACE CHAMBER-MEDIUM MASK           | 3    | QL          |
| ENDOMETRIN 100 MG VAGINAL INSERT          | 4    | PA          | EQ SPACE CHAMBER-SMALL MASK            | 3    | QL          |
| ENERGIX-B 20 MCG/ML SYRINGE               | 3    |             | EQL INSULIN 0.3 ML SYRINGE             | 3    |             |
| ENERGIX-B 20 MCG/ML VIAL                  | 3    |             | EQL INSULIN 0.5 ML SYRINGE             | 3    |             |
| ENERGIX-B PEDI 10 MCG/0.5 SYRINGE         | 3    |             | EQL INSULIN 1 ML SYRINGE               | 3    |             |
| ENILLORING VAGINAL RING                   | 2    |             | EQL INSULIN SYRINGE 0.3 ML 31G 5/16"   | 3    |             |
| ENLITE SERTER                             | 3    |             | EQL INSULIN SYRINGE 0.5 ML 31G 5/16"   | 3    |             |
| ENLYTE SOFTGEL                            | 4    |             | EQL INSULIN SYRINGE 1 ML 29G 1/2"      | 3    |             |
| ENOXAPARIN 30 MG/0.3 ML SYRINGE           | 5    | QL, SRX     | EQL INSULIN SYRINGE 1 ML 31G 5/16"     | 3    |             |
| ENOXAPARIN 40 MG/0.4 ML SYRINGE           | 5    | QL, SRX     | EQL PEN 8MM 31G 5/16" NEEDLE           | 3    |             |
| ENOXAPARIN 60 MG/0.6 ML SYRINGE           | 5    | QL, SRX     | ERGOLOID MESYLATES 1 MG TABLET         | 1    |             |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                      | Tier | Notes            |
|--------------------------------------|------|------------------|
| ERGOMAR 2 MG SUBLINGUAL TABLET       | 4    | PA               |
| ERIVEDGE 150 MG CAPSULE              | 5    | PA, QL, LDD, SRX |
| ERLOTINIB 25 MG TABLET               | 5    | PA, SRX          |
| ERLOTINIB 100 MG TABLET              | 5    | PA, SRX          |
| ERLOTINIB 150 MG TABLET              | 5    | PA, SRX          |
| ERRIN 0.35 MG TABLET                 | 1    |                  |
| ERTACZO 2% CREAM                     | 4    |                  |
| ERY 2% PADS                          | 2    |                  |
| ERYTHROCIN 250 MG TABLET             | 4    |                  |
| ERYTHROMYCIN 0.5% EYE OINTMENT       | 2    |                  |
| ERYTHROMYCIN 2% GEL                  | 2    |                  |
| ERYTHROMYCIN 2% TOPICAL SOLUTION     | 2    |                  |
| ERYTHROMYCIN 200 MG/5 ML SUSPENSION  | 3    |                  |
| ERYTHROMYCIN 400 MG/5 ML SUSPENSION  | 3    |                  |
| ERYTHROMYCIN 250 MG TABLET           | 2    |                  |
| ERYTHROMYCIN 500 MG TABLET           | 2    |                  |
| ERYTHROMYCIN DR 250 MG CAPSULE       | 2    |                  |
| ERYTHROMYCIN ES 400 MG TABLET        | 3    |                  |
| ERYTHROMYCIN-BENZOYL GEL             | 3    |                  |
| ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION | 2    | QL               |
| ESCITALOPRAM 5 MG TABLET             | 2    | QL               |
| ESCITALOPRAM 10 MG TABLET            | 2    | QL               |
| ESCITALOPRAM 20 MG TABLET            | 2    | QL               |
| ESOMEPRAZOLE DR 20 MG CAPSULE        | 2    | QL               |
| ESOMEPRAZOLE DR 40 MG CAPSULE        | 2    | QL               |
| ESOMEPRAZOLE DR 49.3 MG CAPSULE      | 2    | QL               |
| ESOMEPRAZOLE DR 10 MG PACKET         | 3    | QL               |
| ESOMEPRAZOLE DR 20 MG PACKET         | 3    | QL               |
| ESOMEPRAZOLE DR 40 MG PACKET         | 3    | QL               |
| ESTARYLLA 0.25-0.035 MG TABLET       | 1    |                  |
| ETAZOLAM 1 MG TABLET                 | 2    |                  |
| ETAZOLAM 2 MG TABLET                 | 2    |                  |
| ESTRADIOL 0.01% CREAM                | 2    |                  |
| ESTRADIOL 0.025 MG PATCH (1/WK)      | 2    | QL               |
| ESTRADIOL 0.025 MG PATCH (2/WK)      | 2    | QL               |
| ESTRADIOL 0.0375 MG PATCH (1/WK)     | 2    | QL               |
| ESTRADIOL 0.0375 MG PATCH (2/WK)     | 2    | QL               |
| ESTRADIOL 0.05 MG PATCH (1/WK)       | 2    | QL               |
| ESTRADIOL 0.05 MG PATCH (2/WK)       | 2    | QL               |
| ESTRADIOL 0.06 MG PATCH (1/WK)       | 2    | QL               |
| ESTRADIOL 0.075 MG PATCH (1/WK)      | 2    | QL               |

| Medication Name                                 | Tier | Notes |
|-------------------------------------------------|------|-------|
| ESTRADIOL 0.075 MG PATCH (2/WK)                 | 2    | QL    |
| ESTRADIOL 0.1 MG PATCH (1/WK)                   | 2    | QL    |
| ESTRADIOL 0.1 MG PATCH (2/WK)                   | 2    | QL    |
| ESTRADIOL 0.5 MG TABLET                         | 1    |       |
| ESTRADIOL 1 MG TABLET                           | 1    |       |
| ESTRADIOL 2 MG TABLET                           | 1    |       |
| ESTRADIOL 10 MCG VAGINAL INSERT TABLET          | 2    | QL    |
| ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET       | 2    |       |
| ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET         | 2    |       |
| ESTROGEN-METHYLTESTOSTERONE F.S. TABLET         | 2    |       |
| ESTROGEN-METHYLTESTOSTERONE H.S. TABLET         | 2    |       |
| ESZOPICLONE 1 MG TABLET                         | 2    |       |
| ESZOPICLONE 2 MG TABLET                         | 2    |       |
| ESZOPICLONE 3 MG TABLET                         | 2    |       |
| ETHAMBUTOL 100 MG TABLET                        | 2    |       |
| ETHAMBUTOL 400 MG TABLET                        | 2    |       |
| ETHOSUXIMIDE 250 MG CAPSULE                     | 2    |       |
| ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION          | 2    |       |
| ETHYL CHLORIDE SPRAY                            | 2    |       |
| ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET | 1    |       |
| ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET | 1    |       |
| ETODOLAC 200 MG CAPSULE                         | 2    |       |
| ETODOLAC 300 MG CAPSULE                         | 2    |       |
| ETODOLAC 400 MG TABLET                          | 2    |       |
| ETODOLAC 500 MG TABLET                          | 2    |       |
| ETODOLAC ER 400 MG TABLET                       | 2    |       |
| ETODOLAC ER 500 MG TABLET                       | 2    |       |
| ETODOLAC ER 600 MG TABLET                       | 2    |       |
| ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING     | 2    |       |
| ETOPOSIDE 50 MG CAPSULE                         | 5    | SRX   |
| ETRAVIRINE 100 MG TABLET                        | 2    |       |
| ETRAVIRINE 200 MG TABLET                        | 2    |       |
| EURAX 10% CREAM                                 | 4    |       |
| EUTHYROX 25 MCG TABLET                          | 1    |       |
| EUTHYROX 50 MCG TABLET                          | 1    |       |
| EUTHYROX 75 MCG TABLET                          | 1    |       |
| EUTHYROX 88 MCG TABLET                          | 1    |       |
| EUTHYROX 100 MCG TABLET                         | 1    |       |
| EUTHYROX 112 MCG TABLET                         | 1    |       |
| EUTHYROX 125 MCG TABLET                         | 1    |       |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes       | Medication Name                         | Tier | Notes |
|---------------------------------------|------|-------------|-----------------------------------------|------|-------|
| EUTHYROX 137 MCG TABLET               | 1    |             | EXEL HYPO NEEDLE 26G 0.375"             | 3    |       |
| EUTHYROX 150 MCG TABLET               | 1    |             | EXEL HYPO NEEDLE 26G 0.5"               | 3    |       |
| EUTHYROX 175 MCG TABLET               | 1    |             | EXEL HYPO NEEDLE 26G 0.625"             | 3    |       |
| EUTHYROX 200 MCG TABLET               | 1    |             | EXEL HYPO NEEDLE 26G 1.5"               | 3    |       |
| EVENCARE G2 CONTROL SOLUTION          | 3    |             | EXEL HYPO NEEDLE 27G 0.5"               | 3    |       |
| EVENCARE G3 CONTROL SOLUTION          | 3    |             | EXEL HYPO NEEDLE 30G 0.5"               | 3    |       |
| EVEROLIMUS 0.25 MG TABLET             | 5    | SRX         | EXEL INSULIN SYRINGE U100 1 ML 28G 1/2" | 3    |       |
| EVEROLIMUS 0.5 MG TABLET              | 5    | SRX         | EXEL MTI DRAWING NEEDLE 20G 1"          | 3    |       |
| EVEROLIMUS 0.75 MG TABLET             | 5    | SRX         | EXEL MTI DRAWING NEEDLE 21G 1"          | 3    |       |
| EVEROLIMUS 1 MG TABLET                | 5    | SRX         | EXEL MTI DRAWING NEEDLE 22G 1"          | 3    |       |
| EVEROLIMUS 2.5 MG TABLET              | 5    | PA, QL, SRX | EXEL SYRINGE 20G 1" 3 ML                | 3    |       |
| EVEROLIMUS 5 MG TABLET                | 5    | PA, QL, SRX | EXEL SYRINGE 20G 1-1/2" 3 ML            | 3    |       |
| EVEROLIMUS 7.5 MG TABLET              | 5    | PA, QL, SRX | EXEL SYRINGE 21G 1" 3 ML                | 3    |       |
| EVEROLIMUS 10 MG TABLET               | 5    | PA, QL, SRX | EXEL SYRINGE 21G 1-1/2" 3 ML            | 3    |       |
| EVEROLIMUS 2 MG TABLET FOR SUSPENSION | 5    | PA, QL, SRX | EXEL SYRINGE 22G 1" 3 ML                | 3    |       |
| EVEROLIMUS 3 MG TABLET FOR SUSPENSION | 5    | PA, QL, SRX | EXEL SYRINGE 22G 1-1/2" 3 ML            | 3    |       |
| EVEROLIMUS 5 MG TABLET FOR SUSPENSION | 5    | PA, QL, SRX | EXEL SYRINGE 22G 3/4" 3 ML              | 3    |       |
| EVOLUTION CONTROL SOLUTION NORMAL     | 3    |             | EXEL SYRINGE 23G 1" 3 ML                | 3    |       |
| EVOTAZ 300 MG-150 MG TABLET           | 3    |             | EXEL SYRINGE 25G 1" 3 ML                | 3    |       |
| EXEL 3 ML SYRINGE 27G 1-1/4"          | 3    |             | EXEL U100 0.3 ML 29G 1/2"               | 3    |       |
| EXEL HUBER 22G 3/4" NEEDLE            | 3    |             | EXEL U100 0.3 ML 30G 5/16"              | 3    |       |
| EXEL HUBER NEEDLE 22G 1"              | 3    |             | EXEL U100 0.5 ML 28G 1/2"               | 3    |       |
| EXEL HYPO NEEDLE 16G 1"               | 3    |             | EXEL U100 0.5 ML 29G 1/2"               | 3    |       |
| EXEL HYPO NEEDLE 18G 1"               | 3    |             | EXEL U100 0.5 ML 30G 5/16"              | 3    |       |
| EXEL HYPO NEEDLE 18G 1.5"             | 3    |             | EXEL U100 1 ML 30G 5/16"                | 3    |       |
| EXEL HYPO NEEDLE 19G 1"               | 3    |             | EXEL U100 INSULIN SYRINGE 1 ML 29G 1/2  | 3    |       |
| EXEL HYPO NEEDLE 19G 1.5"             | 3    |             | EXEMESTANE 25 MG TABLET                 | 2    |       |
| EXEL HYPO NEEDLE 20G 0.75"            | 3    |             | EXTENDED RESERVOIR 3 ML                 | 3    |       |
| EXEL HYPO NEEDLE 20G 1"               | 3    |             | EZETIMIBE 10 MG TABLET                  | 2    |       |
| EXEL HYPO NEEDLE 20G 1.5"             | 3    |             | EZETIMIBE-SIMVASTATIN 10-10 MG TABLET   | 2    |       |
| EXEL HYPO NEEDLE 21G 1"               | 3    |             | EZETIMIBE-SIMVASTATIN 10-20 MG TABLET   | 2    |       |
| EXEL HYPO NEEDLE 21G 1.5"             | 3    |             | EZETIMIBE-SIMVASTATIN 10-40 MG TABLET   | 2    |       |
| EXEL HYPO NEEDLE 22G 0.75"            | 3    |             | EZETIMIBE-SIMVASTATIN 10-80 MG TABLET   | 2    |       |
| EXEL HYPO NEEDLE 22G 1"               | 3    |             | FALMINA-28 TABLET                       | 1    |       |
| EXEL HYPO NEEDLE 22G 1.5"             | 3    |             | FAMCICLOVIR 125 MG TABLET               | 2    |       |
| EXEL HYPO NEEDLE 23G 0.75"            | 3    |             | FAMCICLOVIR 250 MG TABLET               | 2    |       |
| EXEL HYPO NEEDLE 23G 1"               | 3    |             | FAMCICLOVIR 500 MG TABLET               | 2    |       |
| EXEL HYPO NEEDLE 25G 0.625"           | 3    |             | FAMOTIDINE 40 MG/5 ML SUSPENSION        | 2    |       |
| EXEL HYPO NEEDLE 25G 0.75"            | 3    |             | FAMOTIDINE 20 MG TABLET                 | 1    |       |
| EXEL HYPO NEEDLE 25G 1"               | 3    |             | FAMOTIDINE 40 MG TABLET                 | 1    |       |
| EXEL HYPO NEEDLE 25G 1.5"             | 3    |             | FARXIGA 5 MG TABLET                     | 3    | QL    |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                         | Tier | Notes |
|-----------------------------------------|------|-------|
| FARXIGA 10 MG TABLET                    | 3    | QL    |
| FEBUXOSTAT 40 MG TABLET                 | 4    | QL    |
| FEBUXOSTAT 80 MG TABLET                 | 4    | QL    |
| FELBAMATE 600 MG/5 ML SUSPENSION        | 4    |       |
| FELBAMATE 400 MG TABLET                 | 4    |       |
| FELBAMATE 600 MG TABLET                 | 4    |       |
| FELODIPINE ER 2.5 MG TABLET             | 2    |       |
| FELODIPINE ER 5 MG TABLET               | 2    |       |
| FELODIPINE ER 10 MG TABLET              | 2    |       |
| FEM PH VAGINAL JELLY                    | 2    |       |
| FENOFIBRATE 43 MG CAPSULE               | 2    |       |
| FENOFIBRATE 50 MG CAPSULE               | 2    |       |
| FENOFIBRATE 67 MG CAPSULE               | 2    |       |
| FENOFIBRATE 130 MG CAPSULE              | 2    |       |
| FENOFIBRATE 134 MG CAPSULE              | 2    |       |
| FENOFIBRATE 150 MG CAPSULE              | 2    |       |
| FENOFIBRATE 200 MG CAPSULE              | 2    |       |
| FENOFIBRATE 40 MG TABLET                | 2    |       |
| FENOFIBRATE 48 MG TABLET                | 2    |       |
| FENOFIBRATE 54 MG TABLET                | 2    |       |
| FENOFIBRATE 120 MG TABLET               | 2    |       |
| FENOFIBRATE 145 MG TABLET               | 2    |       |
| FENOFIBRATE 160 MG TABLET               | 2    |       |
| FENOFIBRIC ACID 35 MG TABLET            | 2    |       |
| FENOFIBRIC ACID 105 MG TABLET           | 2    |       |
| FENOFIBRIC ACID DR 45 MG CAPSULE        | 2    |       |
| FENOFIBRIC ACID DR 135 MG CAPSULE       | 2    |       |
| FENOPROFEN 600 MG TABLET                | 3    |       |
| FENTANYL 12 MCG/HR PATCH                | 3    | PA    |
| FENTANYL 25 MCG/HR PATCH                | 3    | PA    |
| FENTANYL 37.5 MCG/HR PATCH              | 3    | PA    |
| FENTANYL 50 MCG/HR PATCH                | 3    | PA    |
| FENTANYL 62.5 MCG/HR PATCH              | 3    | PA    |
| FENTANYL 75 MCG/HR PATCH                | 3    | PA    |
| FENTANYL 87.5 MCG/HR PATCH              | 3    | PA    |
| FENTANYL 100 MCG/HR PATCH               | 3    | PA    |
| FENTANYL CITRATE OTFC 200 MCG LOZENGE   | 4    | PA    |
| FENTANYL CITRATE OTFC 400 MCG LOZENGE   | 4    | PA    |
| FENTANYL CITRATE OTFC 600 MCG LOZENGE   | 4    | PA    |
| FENTANYL CITRATE OTFC 800 MCG LOZENGE   | 4    | PA    |
| FENTANYL CITRATE OTFC 1,200 MCG LOZENGE | 4    | PA    |

| Medication Name                          | Tier | Notes       |
|------------------------------------------|------|-------------|
| FENTANYL CITRATE OTFC 1,600 MCG LOZENGE  | 4    | PA          |
| FERRIPROX 100 MG/ML ORAL SOLUTION        | 4    | PA, LDD     |
| FESOTERODINE ER 4 MG TABLET              | 4    | QL          |
| FESOTERODINE ER 8 MG TABLET              | 4    | QL          |
| FETZIMA 20-40 MG TITRATION PACK          | 4    | QL, ST      |
| FETZIMA ER 20 MG CAPSULE                 | 4    | QL, ST      |
| FETZIMA ER 40 MG CAPSULE                 | 4    | QL, ST      |
| FETZIMA ER 80 MG CAPSULE                 | 4    | QL, ST      |
| FETZIMA ER 120 MG CAPSULE                | 4    | QL, ST      |
| FIFTY50 GLUCOSE CONTROL SOLUTION         | 3    |             |
| FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16" | 3    |             |
| FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16" | 3    |             |
| FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |             |
| FIFTY50 PEN 31G 3/16" NEEDLE             | 3    |             |
| FIFTY50 PEN 31G 5/16" NEEDLE             | 3    |             |
| FIFTY50 PEN NEEDLE 32G 1/4"              | 3    |             |
| FIFTY50 PEN NEEDLE 32G 5/32"             | 3    |             |
| FILTER ASPIRATOR NEEDLE                  | 3    |             |
| FILTER NEEDLE                            | 3    |             |
| FILTER NEEDLE 19G 1-1/2"                 | 3    |             |
| FILTER NEEDLE 5 MICRON                   | 3    |             |
| FINASTERIDE 5 MG TABLET                  | 2    |             |
| FINGOLIMOD 0.5 MG CAPSULE                | 5    | PA, QL, SRX |
| FINZALA 1-0.02(24)-75 CHEWABLE TABLET    | 1    |             |
| FIRVANQ 25 MG/ML ORAL SOLUTION           | 3    | QL          |
| FIRVANQ 50 MG/ML ORAL SOLUTION           | 3    | QL          |
| FLAC OTIC OIL 0.01% EAR DROPS            | 2    |             |
| FLAVOXATE 100 MG TABLET                  | 2    |             |
| FLECAINIDE 50 MG TABLET                  | 2    |             |
| FLECAINIDE 100 MG TABLET                 | 2    |             |
| FLECAINIDE 150 MG TABLET                 | 2    |             |
| FLEXICHAMBER                             | 3    | QL          |
| FLEXICHAMBER-LARGE CHILD MASK            | 3    | QL          |
| FLEXICHAMBER-SMALL ADULT MASK            | 3    | QL          |
| FLEXICHAMBER-SMALL CHILD MASK            | 3    | QL          |
| FLOW-EZE VENTED NEEDLE                   | 3    |             |
| FLUAD                                    | 3    |             |
| FLUARIX                                  | 3    |             |
| FLUBLOK                                  | 3    |             |
| FLUCELVAX                                | 3    |             |
| FLUCONAZOLE 10 MG/ML SUSPENSION          | 2    |             |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                         | Tier | Notes | Medication Name                            | Tier | Notes   |
|-----------------------------------------|------|-------|--------------------------------------------|------|---------|
| FLUCONAZOLE 40 MG/ML SUSPENSION         | 2    |       | FLUPHENAZINE 5 MG TABLET                   | 2    |         |
| FLUCONAZOLE 50 MG TABLET                | 2    |       | FLUPHENAZINE 10 MG TABLET                  | 2    |         |
| FLUCONAZOLE 100 MG TABLET               | 2    |       | FLURANDRENOLIDE 0.05% CREAM                | 4    |         |
| FLUCONAZOLE 150 MG TABLET               | 2    |       | FLURANDRENOLIDE 0.05% LOTION               | 4    |         |
| FLUCONAZOLE 200 MG TABLET               | 2    |       | FLURANDRENOLIDE 0.05% OINTMENT             | 4    |         |
| FLUCYTOSINE 250 MG CAPSULE              | 4    |       | FLURAZEPAM 15 MG CAPSULE                   | 2    |         |
| FLUCYTOSINE 500 MG CAPSULE              | 4    |       | FLURAZEPAM 30 MG CAPSULE                   | 2    |         |
| FLUDROCORTISONE 0.1 MG TABLET           | 2    |       | FLURBIPROFEN 0.03% EYE DROPS               | 2    |         |
| FLULAVAL                                | 3    |       | FLURBIPROFEN 100 MG TABLET                 | 2    |         |
| FLUMIST                                 | 3    |       | FLUTAMIDE 125 MG CAPSULE                   | 2    |         |
| FLUNISOLIDE 0.025% NASAL SPRAY          | 2    |       | FLUTICASONE 0.05% CREAM                    | 2    |         |
| FLUOCINOLONE 0.01% BODY OIL             | 2    |       | FLUTICASONE 0.05% LOTION                   | 2    |         |
| FLUOCINOLONE 0.01% CREAM                | 2    |       | FLUTICASONE 0.005% OINTMENT                | 2    |         |
| FLUOCINOLONE 0.025% CREAM               | 2    |       | FLUTICASONE 50 MCG NASAL SPRAY             | 2    |         |
| FLUOCINOLONE 0.025% OINTMENT            | 2    |       | FLUTICASONE-SALMETEROL 100-50 INHALER      | 2    | QL      |
| FLUOCINOLONE 0.01% SCALP OIL            | 2    |       | FLUTICASONE-SALMETEROL 250-50 INHALER      | 2    | QL      |
| FLUOCINOLONE 0.01% TOPICAL SOLUTION     | 2    |       | FLUTICASONE-SALMETEROL 500-50 INHALER      | 2    | QL      |
| FLUOCINOLONE OIL 0.01% EAR DROPS        | 2    |       | FLUVASTATIN 20 MG CAPSULE                  | 3    |         |
| FLUOCINONIDE 0.05% CREAM                | 2    |       | FLUVASTATIN 40 MG CAPSULE                  | 3    |         |
| FLUOCINONIDE 0.1% CREAM                 | 2    |       | FLUVASTATIN ER 80 MG TABLET                | 3    |         |
| FLUOCINONIDE 0.05% GEL                  | 2    |       | FLUVOXAMINE 25 MG TABLET                   | 2    | QL      |
| FLUOCINONIDE 0.05% OINTMENT             | 2    |       | FLUVOXAMINE 50 MG TABLET                   | 2    | QL      |
| FLUOCINONIDE 0.05% TOPICAL SOLUTION     | 2    |       | FLUVOXAMINE 100 MG TABLET                  | 2    | QL      |
| FLUOCINONIDE-E 0.05% CREAM              | 2    |       | FLUVOXAMINE ER 100 MG CAPSULE              | 2    | QL      |
| FLUORIDEX DAILY DEFENSE 1.1% TOOTHPASTE | 2    |       | FLUVOXAMINE ER 150 MG CAPSULE              | 2    | QL      |
| FLUORIDEX SENSITIVE RELIEF TOOTHPASTE   | 2    |       | FLUZONE                                    | 3    |         |
| FLUORIMAX 5000 1.1% TOOTHPASTE          | 2    |       | FLUZONE HIGH-DOSE                          | 3    |         |
| FLUOROMETHOLONE 0.1% EYE DROPS          | 2    |       | FOLIC ACID 1 MG TABLET                     | 1    |         |
| FLUOROURACIL 0.5% CREAM                 | 4    |       | FOLIVANE-OB CAPSULE                        | 1    |         |
| FLUOROURACIL 5% CREAM                   | 2    |       | FONDAPARINUX 2.5 MG/0.5 ML SYRINGE         | 5    | QL, SRX |
| FLUOROURACIL 2% TOPICAL SOLUTION        | 2    |       | FONDAPARINUX 5 MG/0.4 ML SYRINGE           | 5    | QL, SRX |
| FLUOROURACIL 5% TOPICAL SOLUTION        | 2    |       | FONDAPARINUX 7.5 MG/0.6 ML SYRINGE         | 5    | QL, SRX |
| FLUOXETINE 10 MG CAPSULE                | 1    | QL    | FONDAPARINUX 10 MG/0.8 ML SYRINGE          | 5    | QL, SRX |
| FLUOXETINE 20 MG CAPSULE                | 1    | QL    | FORA HIGH CONTROL SOLUTION                 | 3    |         |
| FLUOXETINE 40 MG CAPSULE                | 1    | QL    | FORA KETONE CONTROL SOLUTION-L 1           | 3    |         |
| FLUOXETINE 20 MG/5 ML ORAL SOLUTION     | 2    | QL    | FORA LOW CONTROL SOLUTION                  | 3    |         |
| FLUOXETINE DR 90 MG CAPSULE             | 2    | QL    | FORA NORMAL CONTROL SOLUTION               | 3    |         |
| FLUPHENAZINE 2.5 MG/5 ML ELIXIR         | 2    |       | FORACARE GDH HIGH CONTROL SOLUTION         | 3    |         |
| FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE   | 2    |       | FORACARE GDH LOW CONTROL SOLUTION          | 3    |         |
| FLUPHENAZINE 1 MG TABLET                | 2    |       | FORACARE GDH NORMAL CONTROL SOLUTION       | 3    |         |
| FLUPHENAZINE 2.5 MG TABLET              | 2    |       | FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION | 4    | QL      |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                      | Tier | Notes   | Medication Name                      | Tier | Notes        |
|--------------------------------------|------|---------|--------------------------------------|------|--------------|
| FORTISCARE CONTROL SOLUTION HIGH     | 3    |         | FYCOMPA 2 MG TABLET                  | 4    | PA, QL       |
| FORTISCARE CONTROL SOLUTION LOW      | 3    |         | FYCOMPA 4 MG TABLET                  | 4    | PA, QL       |
| FORTISCARE CONTROL SOLUTION NORMAL   | 3    |         | FYCOMPA 6 MG TABLET                  | 4    | PA, QL       |
| FOSAMPRENAVIR 700 MG TABLET          | 2    |         | FYCOMPA 8 MG TABLET                  | 4    | PA, QL       |
| FOSFOMYCIN 3 GM SACHET               | 3    |         | FYCOMPA 10 MG TABLET                 | 4    | PA, QL       |
| FOSINOPRIL 10 MG TABLET              | 1    |         | FYCOMPA 12 MG TABLET                 | 4    | PA, QL       |
| FOSINOPRIL 20 MG TABLET              | 1    |         | GABAPENTIN 100 MG CAPSULE            | 2    |              |
| FOSINOPRIL 40 MG TABLET              | 1    |         | GABAPENTIN 300 MG CAPSULE            | 2    |              |
| FOSINOPRIL-HCTZ 10-12.5 MG TABLET    | 2    |         | GABAPENTIN 400 MG CAPSULE            | 2    |              |
| FOSINOPRIL-HCTZ 20-12.5 MG TABLET    | 2    |         | GABAPENTIN 250 MG/5 ML ORAL SOLUTION | 2    |              |
| FOSRENOL 750 MG POWDER PACKET        | 4    |         | GABAPENTIN 300 MG/6 ML ORAL SOLUTION | 2    |              |
| FOSRENOL 1,000 MG POWDER PACKET      | 4    |         | GABAPENTIN 600 MG TABLET             | 2    |              |
| FRAGMIN 2,500 UNIT/0.2 ML SYRINGE    | 5    | QL, SRX | GABAPENTIN 800 MG TABLET             | 2    |              |
| FRAGMIN 5,000 UNIT/0.2 ML SYRINGE    | 5    | QL, SRX | GALANTAMINE 4 MG/ML ORAL SOLUTION    | 2    |              |
| FRAGMIN 7,500 UNIT/0.3 ML SYRINGE    | 5    | QL, SRX | GALANTAMINE 4 MG TABLET              | 2    |              |
| FRAGMIN 10,000 UNIT/ML SYRINGE       | 5    | QL, SRX | GALANTAMINE 8 MG TABLET              | 2    |              |
| FRAGMIN 12,500 UNIT/0.5 ML SYRINGE   | 5    | QL, SRX | GALANTAMINE 12 MG TABLET             | 2    |              |
| FRAGMIN 15,000 UNIT/0.6 ML SYRINGE   | 5    | QL, SRX | GALANTAMINE ER 8 MG CAPSULE          | 2    | QL           |
| FRAGMIN 18,000 UNIT/0.72 ML SYRINGE  | 5    | QL, SRX | GALANTAMINE ER 16 MG CAPSULE         | 2    | QL           |
| FRAGMIN 10,000 UNIT/4 ML VIAL        | 5    | QL, SRX | GALANTAMINE ER 24 MG CAPSULE         | 2    | QL           |
| FRAGMIN 95,000 UNIT/3.8 ML VIAL      | 5    | QL, SRX | GALZIN 25 MG CAPSULE                 | 4    |              |
| FREESTYLE CONTROL SOLUTION           | 3    |         | GALZIN 50 MG CAPSULE                 | 4    |              |
| FREESTYLE LIBRE 2 READER             | 3    | PA, QL  | GARDASIL 9 SYRINGE                   | 3    |              |
| FREESTYLE LIBRE 3 READER             | 3    | PA, QL  | GARDASIL 9 VIAL                      | 3    |              |
| FREESTYLE LIBRE 14 DAY READER        | 3    | PA, QL  | GATIFLOXACIN 0.5% EYE DROPS          | 3    |              |
| FREESTYLE LIBRE 2 SENSOR             | 3    | PA, QL  | GATTEX 5 MG 30-VIAL KIT              | 5    | PA, LDD, SRX |
| FREESTYLE LIBRE 3 SENSOR             | 3    | PA, QL  | GATTEX 5 MG ONE-VIAL KIT             | 5    | PA, LDD, SRX |
| FREESTYLE LIBRE 14 DAY SENSOR        | 3    | PA, QL  | GATTEX 5 MG VIAL                     | 5    | PA, LDD, SRX |
| FREESTYLE PRECISION 0.5 ML 30G 5/16" | 3    |         | GAVILYTE-C ORAL SOLUTION             | 2    |              |
| FREESTYLE PRECISION 0.5 ML 31G 5/16" | 3    |         | GAVILYTE-G ORAL SOLUTION             | 2    |              |
| FREESTYLE PRECISION 1 ML 30G 5/16"   | 3    |         | GAVILYTE-N ORAL SOLUTION             | 2    |              |
| FREESTYLE PRECISION 1 ML 31G 5/16"   | 3    |         | GE100 CONTROL SOLUTION NORMAL        | 3    |              |
| FROVATRIPTAN 2.5 MG TABLET           | 3    | QL      | GEFITINIB 250 MG TABLET              | 5    | PA, QL, SRX  |
| FUROSEMIDE 10 MG/ML ORAL SOLUTION    | 1    |         | GEMFIBROZIL 600 MG TABLET            | 2    |              |
| FUROSEMIDE 40 MG/5 ML ORAL SOLUTION  | 1    |         | GEMMILY 1 MG-20 MCG CAPSULE          | 1    |              |
| FUROSEMIDE 20 MG TABLET              | 1    |         | GENERLAC 10 GM/15 ML ORAL SOLUTION   | 2    |              |
| FUROSEMIDE 40 MG TABLET              | 1    |         | GENGRAF 25 MG CAPSULE                | 2    |              |
| FUROSEMIDE 80 MG TABLET              | 1    |         | GENGRAF 100 MG CAPSULE               | 2    |              |
| FUZEON 90 MG VIAL                    | 5    | SRX     | GENGRAF 100 MG/ML ORAL SOLUTION      | 2    |              |
| FYAVOLV 0.5 MG-2.5 MCG TABLET        | 2    |         | GENOTROPIN 5 MG CARTRIDGE            | 5    | PA, SRX      |
| FYAVOLV 1 MG-5 MCG TABLET            | 2    |         | GENOTROPIN 12 MG CARTRIDGE           | 5    | PA, SRX      |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes            | Medication Name                        | Tier | Notes |
|---------------------------------------|------|------------------|----------------------------------------|------|-------|
| GENOTROPIN MINIQUICK 0.2 MG SYRINGE   | 5    | PA, SRX          | GLUCOCARD 01 CONTROL SOLUTION          | 3    |       |
| GENOTROPIN MINIQUICK 0.4 MG SYRINGE   | 5    | PA, SRX          | GLUCOCARD EXPRESSION CONTROL SOLUTION  | 3    |       |
| GENOTROPIN MINIQUICK 0.6 MG SYRINGE   | 5    | PA, SRX          | GLUCOCARD SHINE CONTROL SOLUTION       | 3    |       |
| GENOTROPIN MINIQUICK 0.8 MG SYRINGE   | 5    | PA, SRX          | GLUCOCOM AUTOLINK SYSTEM               | 3    |       |
| GENOTROPIN MINIQUICK 1 MG SYRINGE     | 5    | PA, SRX          | GLUCOCOM CONTROL SOLUTION              | 3    |       |
| GENOTROPIN MINIQUICK 1.2 MG SYRINGE   | 5    | PA, SRX          | GLUCOSE CONTROL SOLUTION               | 3    |       |
| GENOTROPIN MINIQUICK 1.4 MG SYRINGE   | 5    | PA, SRX          | GLUCOSE CONTROL SOLUTION NORMAL        | 3    |       |
| GENOTROPIN MINIQUICK 1.6 MG SYRINGE   | 5    | PA, SRX          | GLYBURIDE 1.25 MG TABLET               | 1    |       |
| GENOTROPIN MINIQUICK 1.8 MG SYRINGE   | 5    | PA, SRX          | GLYBURIDE 2.5 MG TABLET                | 1    |       |
| GENOTROPIN MINIQUICK 2 MG SYRINGE     | 5    | PA, SRX          | GLYBURIDE 5 MG TABLET                  | 1    |       |
| GENTAK 0.3 % EYE OINTMENT             | 2    |                  | GLYBURIDE MICRO 1.5 MG TABLET          | 1    |       |
| GENTAMICIN 0.1% CREAM                 | 2    |                  | GLYBURIDE MICRO 3 MG TABLET            | 1    |       |
| GENTAMICIN 0.1% OINTMENT              | 2    |                  | GLYBURIDE MICRO 6 MG TABLET            | 1    |       |
| GENTAMICIN 0.3% EYE DROPS             | 2    |                  | GLYBURIDE-METFORMIN 1.25-250 MG TABLET | 2    |       |
| GENVOYA TABLET                        | 4    | QL               | GLYBURIDE-METFORMIN 2.5-500 MG TABLET  | 2    |       |
| GIANVI 3 MG-0.02 MG TABLET            | 1    |                  | GLYBURIDE-METFORMIN 5-500 MG TABLET    | 2    |       |
| GILOTRIF 20 MG TABLET                 | 5    | PA, QL, LDD, SRX | GLYCINE 1.5% IRRIGATION                | 2    |       |
| GILOTRIF 30 MG TABLET                 | 5    | PA, QL, LDD, SRX | GLYCOPYRROLATE 1 MG TABLET             | 2    |       |
| GILOTRIF 40 MG TABLET                 | 5    | PA, QL, LDD, SRX | GLYCOPYRROLATE 2 MG TABLET             | 2    |       |
| GLATIRAMER 20 MG/ML SYRINGE           | 5    | PA, SRX          | GLYDO 2% JELLY SYRINGE                 | 2    |       |
| GLATIRAMER 40 MG/ML SYRINGE           | 5    | PA, SRX          | GNP CLICKFINE 31G 1/4" NEEDLE          | 3    |       |
| GLATOPA 20 MG/ML SYRINGE              | 5    | PA, SRX          | GNP CLICKFINE 31G 5/16" NEEDLE         | 3    |       |
| GLATOPA 40 MG/ML SYRINGE              | 5    | PA, SRX          | GNP EASY TOUCH HIGH-LOW SOLUTION       | 3    |       |
| GLEOSTINE 10 MG CAPSULE               | 4    | PA               | GNP INSULIN SYRINGE 0.3 ML 29G 1/2"    | 3    |       |
| GLEOSTINE 40 MG CAPSULE               | 4    | PA               | GNP INSULIN SYRINGE 0.3 ML 31G 5/16"   | 3    |       |
| GLEOSTINE 100 MG CAPSULE              | 4    | PA               | GNP INSULIN SYRINGE 0.5 ML 31G 5/16"   | 3    |       |
| GLIMEPIRIDE 1 MG TABLET               | 1    |                  | GNP INSULIN SYRINGE 1 ML 28G 1/2"      | 3    |       |
| GLIMEPIRIDE 2 MG TABLET               | 1    |                  | GNP INSULIN SYRINGE 1 ML 31G 5/16"     | 3    |       |
| GLIMEPIRIDE 4 MG TABLET               | 1    |                  | GNP ULTICARE PEN NEEDLE 31G 5MM        | 3    |       |
| GLIPIZIDE 5 MG TABLET                 | 1    |                  | GNP ULTICARE PEN NEEDLE 31G 8MM        | 3    |       |
| GLIPIZIDE 10 MG TABLET                | 1    |                  | GNP ULTICARE PEN NEEDLE 32G 4MM        | 3    |       |
| GLIPIZIDE ER 2.5 MG TABLET            | 1    |                  | GNP ULTICARE PEN NEEDLE 32G 6MM        | 3    |       |
| GLIPIZIDE ER 5 MG TABLET              | 1    |                  | GNP ULTIGUARD SAFEPAK 31G 5MM          | 3    |       |
| GLIPIZIDE ER 10 MG TABLET             | 1    |                  | GNP ULTIGUARD SAFEPAK 31G 8MM          | 3    |       |
| GLIPIZIDE XL 2.5 MG TABLET            | 1    |                  | GNP ULTIGUARD SAFEPAK 32G 4MM          | 3    |       |
| GLIPIZIDE XL 5 MG TABLET              | 1    |                  | GNP ULTIGUARD SAFEPAK 32G 6MM          | 3    |       |
| GLIPIZIDE XL 10 MG TABLET             | 1    |                  | GNP ULTRA COMFORT 0.3ML 29G 1/2"       | 3    |       |
| GLIPIZIDE-METFORMIN 2.5-250 MG TABLET | 2    |                  | GNP ULTRA COMFORT 0.5 ML 28G 1/2"      | 3    |       |
| GLIPIZIDE-METFORMIN 2.5-500 MG TABLET | 2    |                  | GNP ULTRA COMFORT 0.5 ML 29G 1/2"      | 3    |       |
| GLIPIZIDE-METFORMIN 5-500 MG TABLET   | 2    |                  | GNP ULTRA COMFORT 0.5 ML SYRINGE       | 3    |       |
| GLUCAGON 1 MG EMERGENCY KIT           | 3    | QL               | GNP ULTRA COMFORT 1 ML 28G 1/2"        | 3    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes  | Medication Name                                 | Tier | Notes       |
|---------------------------------------|------|--------|-------------------------------------------------|------|-------------|
| GNP ULTRA COMFORT 1 ML 29G 1/2"       | 3    |        | HALOPERIDOL 1 MG TABLET                         | 2    |             |
| GNP ULTRA COMFORT 3/10 ML SYRINGE     | 3    |        | HALOPERIDOL 2 MG TABLET                         | 2    |             |
| GNP ULTRA COMFORT 1 ML SYRINGE        | 3    |        | HALOPERIDOL 5 MG TABLET                         | 2    |             |
| GOJJI GLUCOSE CONTROL SOLUTION-NORMAL | 3    |        | HALOPERIDOL 10 MG TABLET                        | 2    |             |
| GOJJI KETONE CONTROL SOLUTION-L1      | 3    |        | HALOPERIDOL 20 MG TABLET                        | 2    |             |
| GRANISETRON 1 MG TABLET               | 4    |        | HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE    | 2    |             |
| GRANISETRON 0.1 MG/ML VIAL            | 4    |        | HALOPERIDOL LACTATE 10 MG/5 ML ORAL CONCENTRATE | 2    |             |
| GRANISETRON 1 MG/ML VIAL              | 4    |        | HARVONI 33.75-150 MG PELLETT PACKET             | 5    | PA, QL, SRX |
| GRANISETRON 4 MG/4 ML VIAL            | 4    |        | HARVONI 45-200 MG PELLETT PACKET                | 5    | PA, QL, SRX |
| GRASSTK 2,800 BAU SL TABLET           | 4    | PA, QL | HARVONI 45-200 MG TABLET                        | 5    | PA, QL, SRX |
| GRISEOFULVIN 125 MG/5 ML SUSPENSION   | 3    |        | HARVONI 90-400 MG TABLET                        | 5    | PA, QL, SRX |
| GRISEOFULVIN MICRO 500 MG TABLET      | 3    |        | HAVRIX 720 UNIT/0.5 ML SYRINGE                  | 3    |             |
| GRISEOFULVIN ULTRA 125 MG TABLET      | 3    |        | HAVRIX 1,440 UNIT/ML SYRINGE                    | 3    |             |
| GRISEOFULVIN ULTRA 250 MG TABLET      | 3    |        | HEALTHPRO CONTROL SOLUTION-L1, L3               | 3    |             |
| GS PEN NEEDLE 31G 5/16"               | 3    |        | HEALTHWISE INSULIN SYRINGE 0.3ML 30G 5/16"      | 3    |             |
| GS PEN NEEDLE 31G 5MM                 | 3    |        | HEALTHWISE INSULIN SYRINGE 0.3ML 31G 5/16"      | 3    |             |
| GS PEN NEEDLE 31G 6MM                 | 3    |        | HEALTHWISE INSULIN SYRINGE 0.5ML 30G 5/16"      | 3    |             |
| GS PEN NEEDLE 31G 8MM                 | 3    |        | HEALTHWISE INSULIN SYRINGE 0.5ML 31G 5/16"      | 3    |             |
| GS PEN NEEDLE 32G 4MM                 | 3    |        | HEALTHWISE INSULIN SYRINGE 1 ML 30G 5/16"       | 3    |             |
| GS PEN NEEDLE 32G 6MM                 | 3    |        | HEALTHWISE INSULIN SYRINGE 1 ML 31G 5/16"       | 3    |             |
| GUANFACINE 1 MG TABLET                | 2    |        | HEALTHWISE PEN NEEDLE 31G 5MM                   | 3    |             |
| GUANFACINE 2 MG TABLET                | 2    |        | HEALTHWISE PEN NEEDLE 31G 8MM                   | 3    |             |
| GUANFACINE ER 1 MG TABLET             | 2    | QL     | HEALTHWISE PEN NEEDLE 32G 4MM                   | 3    |             |
| GUANFACINE ER 2 MG TABLET             | 2    | QL     | HEALTHY ACCENTS PENTIP 4MM 32G                  | 3    |             |
| GUANFACINE ER 3 MG TABLET             | 2    | QL     | HEALTHY ACCENTS PENTIP 5MM 31G                  | 3    |             |
| GUANFACINE ER 4 MG TABLET             | 2    | QL     | HEALTHY ACCENTS PENTIP 6MM 31G                  | 3    |             |
| GUARDIAN RT REPLACE CHARGER           | 3    |        | HEALTHY ACCENTS PENTIP 8MM 31G                  | 3    |             |
| GUARDIAN RT REPLACE MONITOR           | 3    |        | HEALTHY ACCENTS PENTIP 12MM 29G                 | 3    |             |
| GUARDIAN RT REPLACE TEST PLUG         | 3    |        | HEATHER 0.35 MG TABLET                          | 1    |             |
| GUARDIAN TEST PLUG                    | 3    |        | HEB UNIFINE PENTIP PLUS 31G 3/17                | 3    |             |
| GUARDIAN TRANSMITTER TAPE             | 3    |        | HEMA-COMBISTIX REAGENT TEST STRIP               | 3    |             |
| GYNAZOLE 1 2% CREAM                   | 3    |        | HEMMOREX-HC 25 MG SUPPOSITORY                   | 2    |             |
| HAILEY 21 1.5 MG-30 MCG TABLET        | 1    |        | HEMMOREX-HC 30 MG SUPPOSITORY                   | 2    |             |
| HAILEY 24 FE 1 MG-20 MCG TABLET       | 1    |        | HEPARIN 5,000 UNIT/0.5 ML INJECTION             | 2    |             |
| HAILEY FE 1-20 TABLET                 | 1    |        | HEPARIN 5,000 UNIT/ML SYRINGE                   | 2    |             |
| HAILEY FE 1.5-30 TABLET               | 1    |        | HEPLISAV-B 20 MCG/0.5 ML SYRINGE                | 3    |             |
| HALCINONIDE 0.1% CREAM                | 4    |        | HER STYLE 1.5 MG TABLET                         | 1    |             |
| HALOBETASOL 0.05% CREAM               | 2    |        | HIBERIX VACCINE VIAL                            | 3    |             |
| HALOBETASOL 0.05% OINTMENT            | 2    |        | HIBERIX VIAL AND DILUENT SYRINGE                | 3    |             |
| HALOETTE VAGINAL RING                 | 2    |        | HIBERIX VIAL WITH DILUENT VIAL                  | 3    |             |
| HALOPERIDOL 0.5 MG TABLET             | 2    |        |                                                 |      |             |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                           | Tier | Notes            | Medication Name                                          | Tier | Notes |
|-------------------------------------------|------|------------------|----------------------------------------------------------|------|-------|
| HM ULTICARE PEN NEEDLE 4MM 32G            | 3    |                  | HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE                      | 1    |       |
| HM ULTICARE PEN NEEDLE 5MM 31G            | 3    |                  | HYDROCHLOROTHIAZIDE 12.5 MG TABLET                       | 1    |       |
| HM ULTICARE PEN NEEDLE 6MM 31G            | 3    |                  | HYDROCHLOROTHIAZIDE 25 MG TABLET                         | 1    |       |
| HM ULTICARE PEN NEEDLE 8MM 31G            | 3    |                  | HYDROCHLOROTHIAZIDE 50 MG TABLET                         | 1    |       |
| HOMATROPAIRE 5% EYE DROPS                 | 2    |                  | HYDROCODONE ER 20 MG TABLET                              | 2    | PA    |
| HUMALOG 100 UNIT/ML CARTRIDGE             | 3    | QL               | HYDROCODONE ER 30 MG TABLET                              | 2    | PA    |
| HUMALOG 100 UNIT/ML KWIKPEN               | 3    | QL               | HYDROCODONE ER 40 MG TABLET                              | 2    | PA    |
| HUMALOG 200 UNIT/ML KWIKPEN               | 3    | QL               | HYDROCODONE ER 60 MG TABLET                              | 2    | PA    |
| HUMALOG JR 100 UNIT/ML KWIKPEN            | 3    | QL               | HYDROCODONE ER 80 MG TABLET                              | 2    | PA    |
| HUMALOG MIX 50-50 KWIKPEN                 | 3    | QL               | HYDROCODONE ER 100 MG TABLET                             | 2    | PA    |
| HUMALOG MIX 75-25 KWIKPEN                 | 3    | QL               | HYDROCODONE ER 120 MG TABLET                             | 2    | PA    |
| HUMALOG MIX 50-50 VIAL                    | 3    | QL               | HYDROCODONE-ACETAMINOPHEN 2.5-108MG/5 ML ORAL SOLUTION   | 2    | PA    |
| HUMALOG MIX 75-25 VIAL                    | 3    | QL               | HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION   | 2    | PA    |
| HUMALOG TEMPO PEN 100 UNIT/ML             | 3    | QL               | HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION | 2    | PA    |
| HUMIRA 40 MG/0.8 ML SYRINGE               | 5    | PA, QL, SRX      | HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION  | 2    | PA    |
| HUMIRA PEN 40 MG/0.8 ML                   | 5    | PA, QL, SRX      | HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET                | 2    | PA    |
| HUMIRA PEN CROHN'S-UC-HS 40 MG            | 5    | PA, QL, SRX      | HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET                | 2    | PA    |
| HUMIRA PEN PSOR-UVEITIS-ADOL HS 40 MG     | 5    | PA, QL, SRX      | HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET              | 2    | PA    |
| HUMIRA(CF) 10 MG/0.1 ML SYRINGE           | 5    | PA, QL, SRX      | HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET              | 2    | PA    |
| HUMIRA(CF) 20 MG/0.2 ML SYRINGE           | 5    | PA, QL, SRX      | HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET               | 2    | PA    |
| HUMIRA(CF) 40 MG/0.4 ML SYRINGE           | 5    | PA, QL, SRX      | HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET               | 2    | PA    |
| HUMIRA(CF) PEDIATRIC CROHN'S 80 MG/0.8    | 5    | PA, QL, LDD, SRX | HYDROCODONE-CHLORPHENIRAMINE ER SUSPENSION               | 2    |       |
| HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG     | 5    | PA, QL, LDD, SRX | HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET               | 2    | QL    |
| HUMIRA(CF) PEN 40 MG/0.4 ML               | 5    | PA, QL, SRX      | HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION               | 2    | QL    |
| HUMIRA(CF) PEN 80 MG/0.8 ML               | 5    | PA, QL, SRX      | HYDROCODONE-HOMATROPINE ORAL SOLUTION                    | 2    | QL    |
| HUMIRA(CF) PEN CROHN'S-UC-HS 80 MG        | 5    | PA, QL, SRX      | HYDROCODONE-IBUPROFEN 5-200 MG TABLET                    | 2    | PA    |
| HUMIRA(CF) PEN PEDIATRIC UC 80 MG         | 5    | PA, QL, LDD, SRX | HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET               | 2    | PA    |
| HUMIRA(CF) PEN PSORIASIS-UV-ADOL HS 80-40 | 5    | PA, QL, SRX      | HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET                | 2    | PA    |
| HUMULIN 70/30 KWIKPEN                     | 3    | QL               | HYDROCORTISONE 1% CREAM                                  | 2    |       |
| HUMULIN N 100 UNIT/ML KWIKPEN             | 3    | QL               | HYDROCORTISONE 2.5% CREAM                                | 2    |       |
| HUMULIN R 500 UNIT/ML KWIKPEN             | 3    | QL               | HYDROCORTISONE 100 MG/60 ML ENEMA                        | 2    |       |
| HUMULIN 70-30 VIAL                        | 3    | QL               | HYDROCORTISONE 2.5% LOTION                               | 2    |       |
| HUMULIN N 100 UNIT/ML VIAL                | 3    | QL               | HYDROCORTISONE 1% OINTMENT                               | 2    |       |
| HUMULIN R 100 UNIT/ML VIAL                | 3    | QL               |                                                          |      |       |
| HUMULIN R 500 UNIT/ML VIAL                | 3    | QL               |                                                          |      |       |
| HYCAMTIN 0.25 MG CAPSULE                  | 5    | PA, SRX          |                                                          |      |       |
| HYCAMTIN 1 MG CAPSULE                     | 5    | PA, SRX          |                                                          |      |       |
| HYDRALAZINE 10 MG TABLET                  | 1    |                  |                                                          |      |       |
| HYDRALAZINE 25 MG TABLET                  | 1    |                  |                                                          |      |       |
| HYDRALAZINE 50 MG TABLET                  | 1    |                  |                                                          |      |       |
| HYDRALAZINE 100 MG TABLET                 | 2    |                  |                                                          |      |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                               | Tier | Notes | Medication Name                     | Tier | Notes            |
|-----------------------------------------------|------|-------|-------------------------------------|------|------------------|
| HYDROCORTISONE 2.5% OINTMENT                  | 2    |       | HYOSCYAMINE SR 0.375 MG TABLET      | 2    |                  |
| HYDROCORTISONE 5 MG TABLET                    | 2    |       | HYOSYNE 0.125 MG/ML ORAL DROPS      | 2    |                  |
| HYDROCORTISONE 10 MG TABLET                   | 2    |       | HYOSYNE 125 MCG/5 ML ELIXIR         | 2    |                  |
| HYDROCORTISONE 20 MG TABLET                   | 2    |       | HYPO NEEDLE,POLYPROPYL HUB          | 3    |                  |
| HYDROCORTISONE AC 25 MG SUPPOSITORY           | 2    |       | HYPODERMIC NEEDLE,ALUM HUB          | 3    |                  |
| HYDROCORTISONE AC 30 MG SUPPOSITORY           | 2    |       | IBANDRONATE 150 MG TABLET           | 2    |                  |
| HYDROCORTISONE BUTYRATE 0.1% CREAM            | 3    |       | IBRANCE 75 MG CAPSULE               | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE BUTYRATE 0.1% OINTMENT         | 3    |       | IBRANCE 100 MG CAPSULE              | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION | 3    |       | IBRANCE 125 MG CAPSULE              | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE VALERATE 0.2% CREAM            | 2    |       | IBRANCE 75 MG TABLET                | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE VALERATE 0.2% OINTMENT         | 2    |       | IBRANCE 100 MG TABLET               | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE-ACETIC ACID EAR SOLUTION       | 2    |       | IBRANCE 125 MG TABLET               | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE-ACETIC EAR DROPS               | 2    |       | IBU 400 MG TABLET                   | 1    |                  |
| HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION       | 2    | QL    | IBU 600 MG TABLET                   | 1    |                  |
| HYDROMORPHONE 1 MG/ML ORAL SOLUTION           | 2    | PA    | IBU 800 MG TABLET                   | 1    |                  |
| HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION         | 2    | PA    | IBUPROFEN 100 MG/5 ML SUSPENSION    | 2    |                  |
| HYDROMORPHONE 3 MG SUPPOSITORY                | 2    | PA    | IBUPROFEN 400 MG TABLET             | 1    |                  |
| HYDROMORPHONE 2 MG TABLET                     | 2    | PA    | IBUPROFEN 600 MG TABLET             | 1    |                  |
| HYDROMORPHONE 4 MG TABLET                     | 2    | PA    | IBUPROFEN 800 MG TABLET             | 1    |                  |
| HYDROMORPHONE 8 MG TABLET                     | 2    | PA    | ICATIBANT 30 MG/3 ML SYRINGE        | 5    | PA, SRX          |
| HYDROMORPHONE ER 8 MG TABLET                  | 2    | PA    | ICLEVIA 0.15 MG-0.03 MG TABLET      | 1    |                  |
| HYDROMORPHONE ER 12 MG TABLET                 | 2    | PA    | ICLUSIG 10 MG TABLET                | 5    | PA, QL, LDD, SRX |
| HYDROMORPHONE ER 16 MG TABLET                 | 2    | PA    | ICLUSIG 15 MG TABLET                | 5    | PA, QL, LDD, SRX |
| HYDROMORPHONE ER 32 MG TABLET                 | 2    | PA    | ICLUSIG 30 MG TABLET                | 5    | PA, QL, LDD, SRX |
| HYDROXYCHLOROQUINE 200 MG TABLET              | 2    |       | ICLUSIG 45 MG TABLET                | 5    | PA, QL, LDD, SRX |
| HYDROXYUREA 500 MG CAPSULE                    | 2    |       | ICOSAPENT ETHYL 0.5 GM CAPSULE      | 4    | PA               |
| HYDROXYZINE 10 MG/5 ML ORAL SOLUTION          | 2    |       | ICOSAPENT ETHYL 1 GRAM CAPSULE      | 4    | PA               |
| HYDROXYZINE 10 MG/5 ML SYRUP                  | 2    |       | ICOSAPENT ETHYL 500 MG CAPSULE      | 4    | PA               |
| HYDROXYZINE 10 MG TABLET                      | 2    |       | ILARIS 150 MG/ML VIAL               | 5    | PA, LDD, SRX     |
| HYDROXYZINE 25 MG TABLET                      | 2    |       | ILET INFUSION KIT-INSET 23" 6 MM    | 3    |                  |
| HYDROXYZINE 50 MG TABLET                      | 2    |       | ILET INFUSION-CONTACT DETACH 23"6MM | 3    |                  |
| HYDROXYZINE PAMOATE 25 MG CAPSULE             | 2    |       | IMATINIB 100 MG TABLET              | 5    | PA, QL, SRX      |
| HYDROXYZINE PAMOATE 50 MG CAPSULE             | 2    |       | IMATINIB 400 MG TABLET              | 5    | PA, QL, SRX      |
| HYDROXYZINE PAMOATE 100 MG CAPSULE            | 2    |       | IMBRUVICA 70 MG CAPSULE             | 5    | PA, QL, LDD, SRX |
| HYOPHEN TABLET                                | 2    |       | IMBRUVICA 140 MG CAPSULE            | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG ODT TABLET               | 2    |       | IMBRUVICA 70 MG/ML SUSPENSION       | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET        | 2    |       | IMBRUVICA 140 MG TABLET             | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG TABLET                   | 2    |       | IMBRUVICA 280 MG TABLET             | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG/5 ML ELIXIR              | 2    |       | IMBRUVICA 420 MG TABLET             | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG/ML ORAL DROPS            | 2    |       | IMBRUVICA 560 MG TABLET             | 5    | PA, QL, SRX      |
| HYOSCYAMINE ER 0.375 MG TABLET                | 2    |       | IMIPRAMINE 10 MG TABLET             | 2    |                  |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                              | Tier | Notes | Medication Name                         | Tier | Notes            |
|--------------------------------------------------------------|------|-------|-----------------------------------------|------|------------------|
| INSUPEN PEN NEEDLE 30G 8MM                                   | 3    |       | ISOTRETINOIN 10 MG CAPSULE              | 4    |                  |
| INSUPEN PEN NEEDLE 31G 5MM                                   | 3    |       | ISOTRETINOIN 20 MG CAPSULE              | 4    |                  |
| INSUPEN PEN NEEDLE 31G 8MM                                   | 3    |       | ISOTRETINOIN 30 MG CAPSULE              | 4    |                  |
| INSUPEN PEN NEEDLE 31G 3/16"                                 | 3    |       | ISOTRETINOIN 40 MG CAPSULE              | 4    |                  |
| INSUPEN PEN NEEDLE 31G 5/16"                                 | 3    |       | ISOXSUPRINE 10 MG TABLET                | 2    |                  |
| INSUPEN PEN NEEDLE 31G 6MM                                   | 3    |       | ISOXSUPRINE 20 MG TABLET                | 2    |                  |
| INSUPEN PEN NEEDLE 31G 8MM                                   | 3    |       | ISRADIPINE 2.5 MG CAPSULE               | 2    |                  |
| INSUPEN PEN NEEDLE 32G 4MM                                   | 3    |       | ISRADIPINE 5 MG CAPSULE                 | 2    |                  |
| INSUPEN PEN NEEDLE 32G 5/32"                                 | 3    |       | ITRACONAZOLE 100 MG CAPSULE             | 3    | QL               |
| INSUPEN PEN NEEDLE 32G 6MM                                   | 3    |       | ITRACONAZOLE 10 MG/ML ORAL SOLUTION     | 3    |                  |
| INSUPEN PEN NEEDLE 32G 8MM                                   | 3    |       | ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION | 3    |                  |
| INSUPEN PEN NEEDLE 33G 4MM                                   | 3    |       | IVERMECTIN 0.5% LOTION                  | 4    |                  |
| INTELENCE 25 MG TABLET                                       | 3    |       | IVERMECTIN 3 MG TABLET                  | 2    | PA               |
| IPOLE VIAL                                                   | 3    |       | JAIMESS 0.15-0.03-0.01 MG TABLET        | 1    |                  |
| IPRATROPIUM 0.02% INHALATION SOLUTION                        | 2    |       | JAKAFI 5 MG TABLET                      | 5    | PA, QL, LDD, SRX |
| IPRATROPIUM 0.03% NASAL SPRAY                                | 2    |       | JAKAFI 10 MG TABLET                     | 5    | PA, QL, LDD, SRX |
| IPRATROPIUM 0.06% NASAL SPRAY                                | 2    |       | JAKAFI 15 MG TABLET                     | 5    | PA, QL, LDD, SRX |
| IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION | 2    |       | JAKAFI 20 MG TABLET                     | 5    | PA, QL, LDD, SRX |
| IRBESARTAN 75 MG TABLET                                      | 1    |       | JAKAFI 25 MG TABLET                     | 5    | PA, QL, LDD, SRX |
| IRBESARTAN 150 MG TABLET                                     | 1    |       | JANSSEN COVID-19 VACCINE (EUA)          | 3    |                  |
| IRBESARTAN 300 MG TABLET                                     | 1    |       | JANTOVEN 1 MG TABLET                    | 1    |                  |
| IRBESARTAN-HCTZ 150-12.5 MG TABLET                           | 1    |       | JANTOVEN 2 MG TABLET                    | 1    |                  |
| IRBESARTAN-HCTZ 300-12.5 MG TABLET                           | 1    |       | JANTOVEN 2.5 MG TABLET                  | 1    |                  |
| ISENTRESS 25 MG CHEWABLE TABLET                              | 3    |       | JANTOVEN 3 MG TABLET                    | 1    |                  |
| ISENTRESS 100 MG CHEWABLE TABLET                             | 3    |       | JANTOVEN 4 MG TABLET                    | 1    |                  |
| ISENTRESS 100 MG POWDER PACKET                               | 3    |       | JANTOVEN 5 MG TABLET                    | 1    |                  |
| ISENTRESS 400 MG TABLET                                      | 3    |       | JANTOVEN 6 MG TABLET                    | 1    |                  |
| ISENTRESS HD 600 MG TABLET                                   | 3    |       | JANTOVEN 7.5 MG TABLET                  | 1    |                  |
| ISIBLOOM 28 DAY TABLET                                       | 1    |       | JANTOVEN 10 MG TABLET                   | 1    |                  |
| ISONIAZID 50 MG/5 ML ORAL SOLUTION                           | 2    |       | JANUMET 50-500 MG TABLET                | 3    | QL               |
| ISONIAZID 100 MG TABLET                                      | 1    |       | JANUMET 50-1,000 MG TABLET              | 3    | QL               |
| ISONIAZID 300 MG TABLET                                      | 1    |       | JANUMET XR 50-500 MG TABLET             | 3    | QL               |
| ISOSORBIDE DINITRATE 5 MG TABLET                             | 2    |       | JANUMET XR 50-1,000 MG TABLET           | 3    | QL               |
| ISOSORBIDE DINITRATE 10 MG TABLET                            | 2    |       | JANUMET XR 100-1,000 MG TABLET          | 3    | QL               |
| ISOSORBIDE DINITRATE 20 MG TABLET                            | 2    |       | JANUVIA 25 MG TABLET                    | 3    | QL               |
| ISOSORBIDE DINITRATE 30 MG TABLET                            | 2    |       | JANUVIA 50 MG TABLET                    | 3    | QL               |
| ISOSORBIDE MONONITRATE 10 MG TABLET                          | 1    |       | JANUVIA 100 MG TABLET                   | 3    | QL               |
| ISOSORBIDE MONONITRATE 20 MG TABLET                          | 1    |       | JARDIANCE 10 MG TABLET                  | 3    | QL               |
| ISOSORBIDE MONONITRATE ER 30 MG TABLET                       | 1    |       | JARDIANCE 25 MG TABLET                  | 3    | QL               |
| ISOSORBIDE MONONITRATE ER 60 MG TABLET                       | 1    |       | JASMIEL 3 MG-0.02 MG TABLET             | 1    |                  |
| ISOSORBIDE MONONITRATE ER 120 MG TABLET                      | 2    |       | JENCYCLA 0.35 MG TABLET                 | 1    |                  |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                        | Tier | Notes            | Medication Name                         | Tier | Notes       |
|----------------------------------------|------|------------------|-----------------------------------------|------|-------------|
| JENTADUETO 2.5 MG-500 MG TABLET        | 3    | QL               | KISQALI 400 MG DAILY DOSE TABLET        | 5    | PA, QL, SRX |
| JENTADUETO 2.5 MG-850 MG TABLET        | 3    | QL               | KISQALI 600 MG DAILY DOSE TABLET        | 5    | PA, QL, SRX |
| JENTADUETO 2.5 MG-1000 MG TABLET       | 3    | QL               | KLAYESTA 100,000 UNIT/GM POWDER         | 2    |             |
| JENTADUETO XR 2.5 MG-1,000 MG TABLET   | 3    | QL               | KLOR-CON 8 MEQ TABLET                   | 2    |             |
| JENTADUETO XR 5 MG-1,000 MG TABLET     | 3    | QL               | KLOR-CON 10 MEQ TABLET                  | 2    |             |
| JINTELI 1 MG-5 MCG TABLET              | 2    |                  | KLOR-CON 20 MEQ PACKET                  | 2    |             |
| JOLESSA 0.15 MG-0.03 MG TABLET         | 1    |                  | KLOR-CON M10 TABLET                     | 2    |             |
| JOYEAX-28 TABLET                       | 1    |                  | KLOR-CON M15 TABLET                     | 4    |             |
| JULEBER 28 DAY TABLET                  | 1    |                  | KLOR-CON M20 TABLET                     | 2    |             |
| JULUCA 50-25 MG TABLET                 | 4    | QL               | KMART VALU PLUS SYRINGE 1/2 ML          | 3    |             |
| JUNEL 1 MG-20 MCG TABLET               | 1    |                  | KOURZEQ 0.1% DENTAL PASTE               | 2    |             |
| JUNEL 1.5 MG-30 MCG TABLET             | 1    |                  | K-PHOS #2 TABLET                        | 4    |             |
| JUNEL FE 1 MG-20 MCG TABLET            | 1    |                  | K-PHOS ORIGINAL TABLET                  | 4    |             |
| JUNEL FE 1.5 MG-30 MCG TABLET          | 1    |                  | KRO INSULIN SYRINGE 0.3 ML 29G 1/2"     | 3    |             |
| JUNEL FE 24 TABLET                     | 1    |                  | KRO INSULIN SYRINGE 0.5 ML 31G 5/16"    | 3    |             |
| KAITLIB FE 0.8-0.025MG CHEWABLE TABLET | 1    |                  | KRO INSULIN SYRINGE 1 ML 30G 5/16"      | 3    |             |
| KALLIGA 28 DAY TABLET                  | 1    |                  | KRO PEN NEEDLE 4MM 32G                  | 3    |             |
| KARIVA 28 DAY TABLET                   | 1    |                  | KRO PEN NEEDLE 4MM 33G                  | 3    |             |
| KELNOR 1-35 28 TABLET                  | 1    |                  | KRO PEN NEEDLE 5MM 31G                  | 3    |             |
| KELNOR 1-50 TABLET                     | 1    |                  | KRO PEN NEEDLE 6MM 31G                  | 3    |             |
| KESIMPTA 20 MG/0.4 ML PEN              | 5    | PA, SRX          | KRO PEN NEEDLE 8MM 31G                  | 3    |             |
| KETOCONAZOLE 2% CREAM                  | 2    |                  | KROGER INSULIN SYRINGE 0.3 ML 30G 5/16" | 3    |             |
| KETOCONAZOLE 2% SHAMPOO                | 2    |                  | KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"  | 3    |             |
| KETOCONAZOLE 200 MG TABLET             | 2    |                  | KROGER INSULIN SYRINGE 1 ML 29G 1/2"    | 3    |             |
| KETO-DIASTIX REAGENT TEST STRIP        | 3    |                  | KROGER INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |             |
| KETONE TEST STRIP                      | 3    |                  | KROGER PEN NEEDLE 31G 5/16"             | 3    |             |
| KETOPROFEN 50 MG CAPSULE               | 3    |                  | KROGER SYRINGE 0.3 ML 31G 5/16"         | 3    |             |
| KETOPROFEN 75 MG CAPSULE               | 3    |                  | KROGER SYRINGE 0.5 ML 30G 5/16"         | 3    |             |
| KETOPROFEN ER 200 MG CAPSULE           | 3    |                  | KURVELO-28 TABLET                       | 1    |             |
| KETOROLAC 0.4% EYE DROPS               | 2    |                  | LABETALOL 100 MG TABLET                 | 2    |             |
| KETOROLAC 0.5% EYE DROPS               | 2    |                  | LABETALOL 200 MG TABLET                 | 2    |             |
| KETOROLAC 10 MG TABLET                 | 2    | QL               | LABETALOL 300 MG TABLET                 | 2    |             |
| KETOSTIX REAGENT TEST STRIP            | 3    |                  | LABSTIX REAGENT TEST STRIP              | 3    |             |
| KINERET 100 MG/0.67 ML SYRINGE         | 5    | PA, QL, LDD, SRX | LACOSAMIDE 10 MG/ML ORAL SOLUTION       | 3    | QL          |
| KINRAY INSULIN SYRINGE 1 ML 31G 5/16"  | 3    |                  | LACOSAMIDE 50 MG/5 ML ORAL SOLUTION     | 3    | QL          |
| KINRAY SYRINGE 0.3 ML 31G 5/16"        | 3    |                  | LACOSAMIDE 100 MG/10 ML ORAL SOLUTION   | 3    | QL          |
| KINRAY SYRINGE 0.5 ML 31G 5/16"        | 3    |                  | LACOSAMIDE 50 MG TABLET                 | 3    | QL          |
| KINRIX TIP-LOK SYRINGE                 | 3    |                  | LACOSAMIDE 100 MG TABLET                | 3    | QL          |
| KINRIX VIAL                            | 3    |                  | LACOSAMIDE 150 MG TABLET                | 3    | QL          |
| KIONEX 15 GM/60 ML SUSPENSION          | 2    |                  | LACOSAMIDE 200 MG TABLET                | 3    | QL          |
| KISQALI 200 MG DAILY DOSE TABLET       | 5    | PA, QL, SRX      | LACRISERT 5 MG EYE INSERT               | 4    |             |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                         | Tier | Notes       | Medication Name                        | Tier | Notes            |
|-----------------------------------------|------|-------------|----------------------------------------|------|------------------|
| LACTATED RINGERS IRRIGATION             | 2    |             | LARIN FE 1.5-30 TABLET                 | 1    |                  |
| LACTULOSE 10 GM/15 ML ORAL SOLUTION     | 2    |             | LATANOPROST 0.005% EYE DROPS           | 2    |                  |
| LACTULOSE 20 GM/30 ML ORAL SOLUTION     | 2    |             | LAYOLIS FE CHEWABLE TABLET             | 4    |                  |
| LAMIVUDINE 10 MG/ML ORAL SOLUTION       | 2    |             | LEADER INSULIN SYRINGE 0.3 ML          | 3    |                  |
| LAMIVUDINE 150 MG TABLET                | 2    |             | LEADER INSULIN SYRINGE 0.3 ML 29G 1/2" | 3    |                  |
| LAMIVUDINE 300 MG TABLET                | 2    |             | LEADER INSULIN SYRINGE 0.5 ML 28G 1/2" | 3    |                  |
| LAMIVUDINE HBV 100 MG TABLET            | 2    |             | LEADER INSULIN SYRINGE 0.5 ML 29G 1/2" | 3    |                  |
| LAMIVUDINE-ZIDOVUDINE TABLET            | 2    |             | LEADER INSULIN SYRINGE 0.5 ML 30G 1/2" | 3    |                  |
| LAMOTRIGINE 5 MG DISPERSIBLE TABLET     | 2    |             | LEADER INSULIN SYRINGE 1 ML 28G 1/2"   | 3    |                  |
| LAMOTRIGINE 25 MG DISPERSIBLE TABLET    | 2    |             | LEADER INSULIN SYRINGE 1 ML 29G 1/2"   | 3    |                  |
| LAMOTRIGINE 25 MG TABLET                | 2    |             | LEADER INSULIN SYRINGE 1 ML 30G 5/16"  | 3    |                  |
| LAMOTRIGINE 100 MG TABLET               | 2    |             | LEADER INSULIN SYRINGE 1 ML 31G 5/16"  | 3    |                  |
| LAMOTRIGINE 150 MG TABLET               | 2    |             | LEADER PEN NEEDLE 12MM 29G             | 3    |                  |
| LAMOTRIGINE 200 MG TABLET               | 2    |             | LEADER SYRINGE 0.3 ML 31G 5/16"        | 3    |                  |
| LAMOTRIGINE ER 25 MG TABLET             | 3    |             | LEADER SYRINGE 0.5 ML 31G 5/16"        | 3    |                  |
| LAMOTRIGINE ER 50 MG TABLET             | 3    |             | LEDIPASVIR-SOFOSBUVIR 90-400MG TABLET  | 5    | PA, QL, SRX      |
| LAMOTRIGINE ER 100 MG TABLET            | 3    |             | LEENA 28 TABLET                        | 1    |                  |
| LAMOTRIGINE ER 200 MG TABLET            | 3    |             | LEFLUNOMIDE 10 MG TABLET               | 2    |                  |
| LAMOTRIGINE ER 250 MG TABLET            | 3    |             | LEFLUNOMIDE 20 MG TABLET               | 2    |                  |
| LAMOTRIGINE ER 300 MG TABLET            | 3    |             | LENALIDOMIDE 2.5 MG CAPSULE            | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 25 MG TABLET            | 3    |             | LENALIDOMIDE 5 MG CAPSULE              | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 50 MG TABLET            | 3    |             | LENALIDOMIDE 10 MG CAPSULE             | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 100 MG TABLET           | 3    |             | LENALIDOMIDE 15 MG CAPSULE             | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT 200 MG TABLET           | 3    |             | LENALIDOMIDE 20 MG CAPSULE             | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT KIT (BLUE)              | 2    |             | LENALIDOMIDE 25 MG CAPSULE             | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT KIT (GREEN)             | 2    |             | LENVIMA 4 MG CAPSULE                   | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ODT KIT (ORANGE)            | 2    |             | LENVIMA 8 MG DAILY DOSE                | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE TABLET STARTER KIT-BLUE     | 2    |             | LENVIMA 10 MG DAILY DOSE               | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE TABLET STARTER KIT-GREEN    | 2    |             | LENVIMA 12 MG DAILY DOSE               | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE TABLET STARTER KIT-ORANGE   | 2    |             | LENVIMA 14 MG DAILY DOSE               | 5    | PA, QL, LDD, SRX |
| LANSOPRAZOLE DR 15 MG CAPSULE           | 2    | QL          | LENVIMA 18 MG DAILY DOSE               | 5    | PA, QL, LDD, SRX |
| LANSOPRAZOLE DR 30 MG CAPSULE           | 2    | QL          | LENVIMA 20 MG DAILY DOSE               | 5    | PA, QL, LDD, SRX |
| LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN | 3    |             | LENVIMA 24 MG DAILY DOSE               | 5    | PA, QL, LDD, SRX |
| LANTHANUM 500 MG CHEWABLE TABLET        | 4    |             | LESSINA-28 TABLET                      | 1    |                  |
| LANTHANUM 750 MG CHEWABLE TABLET        | 4    |             | LETROZOLE 2.5 MG TABLET                | 2    |                  |
| LANTHANUM 1,000 MG CHEWABLE TABLET      | 4    |             | LEUCOVORIN 5 MG TABLET                 | 2    |                  |
| LAPATINIB 250 MG TABLET                 | 5    | PA, QL, SRX | LEUCOVORIN 10 MG TABLET                | 2    |                  |
| LARIN 1.5 MG-30 MCG TABLET              | 1    |             | LEUCOVORIN 15 MG TABLET                | 2    |                  |
| LARIN 21 1-20 TABLET                    | 1    |             | LEUCOVORIN 25 MG TABLET                | 2    |                  |
| LARIN 24 FE 1 MG-20 MCG TABLET          | 1    |             | LEUKERAN 2 MG TABLET                   | 4    |                  |
| LARIN FE 1-20 TABLET                    | 1    |             | LEUKINE 250 MCG VIAL                   | 5    | SRX              |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                        | Tier | Notes  | Medication Name                            | Tier | Notes        |
|----------------------------------------|------|--------|--------------------------------------------|------|--------------|
| LEVOXYL 137 MCG TABLET                 | 2    |        | LISINAPRIL 10 MG TABLET                    | 1    |              |
| LEVOXYL 150 MCG TABLET                 | 2    |        | LISINAPRIL 20 MG TABLET                    | 1    |              |
| LEVOXYL 175 MCG TABLET                 | 2    |        | LISINAPRIL 30 MG TABLET                    | 1    |              |
| LEVOXYL 200 MCG TABLET                 | 2    |        | LISINAPRIL 40 MG TABLET                    | 1    |              |
| LEVULAN KERASTICK 20%                  | 4    |        | LISINAPRIL-HCTZ 10-12.5 MG TABLET          | 1    |              |
| LEXIVA 50 MG/ML SUSPENSION             | 3    |        | LISINAPRIL-HCTZ 20-12.5 MG TABLET          | 1    |              |
| LIDOCAINE 2% JELLY                     | 2    |        | LISINAPRIL-HCTZ 20-25 MG TABLET            | 1    |              |
| LIDOCAINE 2% JELLY URO-JET             | 2    |        | LITE TOUCH 31G 1/4" PEN NEEDLE             | 3    |              |
| LIDOCAINE 2% JELLY URO-JET AC          | 2    |        | LITE TOUCH INSULIN 0.5 ML SYRINGE          | 3    |              |
| LIDOCAINE 5% OINTMENT                  | 2    | QL     | LITE TOUCH INSULIN SYRINGE 0.5 ML          | 3    |              |
| LIDOCAINE 2% VISCOUS ORAL SOLUTION     | 2    |        | LITE TOUCH INSULIN SYRINGE 1 ML            | 3    |              |
| LIDOCAINE 5% PATCH                     | 2    |        | LITE TOUCH PEN NEEDLE 29G                  | 3    |              |
| LIDOCAINE 4% SOLUTION                  | 2    |        | LITE TOUCH PEN NEEDLE 31G                  | 3    |              |
| LIDOCAINE-PRILOCAINE CREAM             | 2    |        | LITEAIRE MDI CHAMBER                       | 3    | QL           |
| LIDOCAN III 5% PATCH                   | 2    |        | LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"  | 3    |              |
| LIDOCAN IV 5% PATCH                    | 2    |        | LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16" | 3    |              |
| LIDOCAN V 5% PATCH                     | 2    |        | LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16" | 3    |              |
| LIFESHIELD BLUNT CANNULA               | 3    |        | LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16" | 3    |              |
| LINDANE 1% SHAMPOO                     | 2    |        | LITETOUCH LARGE MASK                       | 3    | QL           |
| LINEZOLID 100 MG/5 ML SUSPENSION       | 4    | PA     | LITETOUCH MEDIUM MASK                      | 3    | QL           |
| LINEZOLID 600 MG TABLET                | 3    | PA     | LITETOUCH SMALL MASK                       | 3    | QL           |
| LINZESS 72 MCG CAPSULE                 | 4    | QL     | LITETOUCH SYRINGE 0.5 ML 28G 1/2"          | 3    |              |
| LINZESS 145 MCG CAPSULE                | 4    | QL     | LITETOUCH SYRINGE 0.5 ML 29G 1/2"          | 3    |              |
| LINZESS 290 MCG CAPSULE                | 4    | QL     | LITETOUCH SYRINGE 0.5 ML 30G 5/16"         | 3    |              |
| LIOTHYRONINE 5 MCG TABLET              | 2    |        | LITETOUCH SYRINGE 1 ML 28G 1/2"            | 3    |              |
| LIOTHYRONINE 25 MCG TABLET             | 2    |        | LITETOUCH SYRINGE 1 ML 29G 1/2"            | 3    |              |
| LIOTHYRONINE 50 MCG TABLET             | 2    |        | LITETOUCH SYRINGE 1 ML 30G 5/16"           | 3    |              |
| LISDEXAMFETAMINE 10 MG CAPSULE         | 2    | PA, QL | LITHIUM 8 MEQ/5 ML ORAL SOLUTION           | 2    |              |
| LISDEXAMFETAMINE 20 MG CAPSULE         | 2    | PA, QL | LITHIUM CARBONATE 150 MG CAPSULE           | 1    |              |
| LISDEXAMFETAMINE 30 MG CAPSULE         | 2    | PA, QL | LITHIUM CARBONATE 300 MG CAPSULE           | 1    |              |
| LISDEXAMFETAMINE 40 MG CAPSULE         | 2    | PA, QL | LITHIUM CARBONATE 600 MG CAPSULE           | 1    |              |
| LISDEXAMFETAMINE 50 MG CAPSULE         | 2    | PA, QL | LITHIUM CARBONATE 300 MG TABLET            | 1    |              |
| LISDEXAMFETAMINE 60 MG CAPSULE         | 2    | PA, QL | LITHIUM CARBONATE ER 300 MG TABLET         | 2    |              |
| LISDEXAMFETAMINE 70 MG CAPSULE         | 2    | PA, QL | LITHIUM CARBONATE ER 450 MG TABLET         | 2    |              |
| LISDEXAMFETAMINE 10 MG CHEWABLE TABLET | 2    | PA, QL | LITHOSTAT 250 MG TABLET                    | 4    |              |
| LISDEXAMFETAMINE 20 MG CHEWABLE TABLET | 2    | PA, QL | LIVE BETTER PEN NEEDLE 8MM                 | 3    |              |
| LISDEXAMFETAMINE 30 MG CHEWABLE TABLET | 2    | PA, QL | LO LOESTRIN FE 1-10 TABLET                 | 3    |              |
| LISDEXAMFETAMINE 40 MG CHEWABLE TABLET | 2    | PA, QL | LOJAIMIESS 0.1-0.02-0.01 TABLET            | 1    |              |
| LISDEXAMFETAMINE 50 MG CHEWABLE TABLET | 2    | PA, QL | LOKELMA 5 GRAM POWDER PACKET               | 4    |              |
| LISDEXAMFETAMINE 60 MG CHEWABLE TABLET | 2    | PA, QL | LOKELMA 10 GRAM POWDER PACKET              | 4    |              |
| LISINAPRIL 2.5 MG TABLET               | 1    |        | LONSURF 15 MG-6.14 MG TABLET               | 5    | PA, LDD, SRX |
| LISINAPRIL 5 MG TABLET                 | 1    |        | LONSURF 20 MG-8.19 MG TABLET               | 5    | PA, LDD, SRX |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                               | Tier | Notes | Medication Name                           | Tier | Notes            |
|-----------------------------------------------|------|-------|-------------------------------------------|------|------------------|
| LOPERAMIDE 2 MG CAPSULE                       | 2    |       | LYLLANA 0.075 MG PATCH                    | 2    | QL               |
| LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION | 2    |       | LYLLANA 0.1 MG PATCH                      | 2    | QL               |
| LOPINAVIR-RITONAVIR 100-25 MG TABLET          | 2    |       | LYNPARZA 100 MG TABLET                    | 5    | PA, QL, LDD, SRX |
| LOPINAVIR-RITONAVIR 200-50 MG TABLET          | 2    |       | LYNPARZA 150 MG TABLET                    | 5    | PA, QL, LDD, SRX |
| LORAZEPAM 2 MG/ML ORAL CONCENTRATE            | 2    |       | LYSODREN 500 MG TABLET                    | 4    | LDD              |
| LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE   | 2    |       | LYZA 0.35 MG TABLET                       | 1    |                  |
| LORAZEPAM 0.5 MG TABLET                       | 2    |       | MAGELLAN INSULIN SYRINGE 0.3 ML           | 3    |                  |
| LORAZEPAM 1 MG TABLET                         | 2    |       | MAGELLAN INSULIN SYRINGE 0.5 ML           | 3    |                  |
| LORAZEPAM 2 MG TABLET                         | 2    |       | MAGELLAN INSULIN SYRINGE 1 ML             | 3    |                  |
| LORTAB 10 MG-300 MG/15 ML ELIXIR              | 2    | PA    | MALATHION 0.5% LOTION                     | 3    |                  |
| LORYNA 3 MG-0.02 MG TABLET                    | 1    |       | MARLISSA-28 TABLET                        | 1    |                  |
| LOSARTAN 25 MG TABLET                         | 1    |       | MARPLAN 10 MG TABLET                      | 4    |                  |
| LOSARTAN 50 MG TABLET                         | 1    |       | MATZIM LA 180 MG TABLET                   | 2    |                  |
| LOSARTAN 100 MG TABLET                        | 1    |       | MATZIM LA 240 MG TABLET                   | 2    |                  |
| LOSARTAN-HCTZ 50-12.5 MG TABLET               | 1    |       | MATZIM LA 300 MG TABLET                   | 2    |                  |
| LOSARTAN-HCTZ 100-12.5 MG TABLET              | 1    |       | MATZIM LA 360 MG TABLET                   | 2    |                  |
| LOSARTAN-HCTZ 100-25 MG TABLET                | 1    |       | MATZIM LA 420 MG TABLET                   | 2    |                  |
| LOTEPREDNOL 0.5% DROPS                        | 3    |       | MAXICOMFORT INSULIN 0.5ML 27G 1/2"        | 3    |                  |
| LOTEPREDNOL 0.5% EYE GEL                      | 3    |       | MAXICOMFORT INSULIN 1 ML 27G 1/2"         | 3    |                  |
| LOVASTATIN 10 MG TABLET                       | 1    |       | MAXICOMFORT PEN NEEDLE 29G 5MM            | 3    |                  |
| LOVASTATIN 20 MG TABLET                       | 1    |       | MAXICOMFORT PEN NEEDLE 29G 8MM            | 3    |                  |
| LOVASTATIN 40 MG TABLET                       | 1    |       | MAXICOMFORT II PEN NEEDLE 31G 6MM         | 3    |                  |
| LOW-OGESTREL-28 TABLET                        | 1    |       | MAXI-COMFORT INSULIN 0.5 ML 28G           | 3    |                  |
| LOXAPINE 5 MG CAPSULE                         | 2    |       | MAXI-COMFORT INSULIN 1 ML 28G 1/2"        | 3    |                  |
| LOXAPINE 10 MG CAPSULE                        | 2    |       | MECLIZINE 12.5 MG TABLET                  | 2    |                  |
| LOXAPINE 25 MG CAPSULE                        | 2    |       | MECLIZINE 25 MG TABLET                    | 2    |                  |
| LOXAPINE 50 MG CAPSULE                        | 2    |       | MECLOFENAMATE 50 MG CAPSULE               | 2    |                  |
| LO-ZUMANDIMINE 3 MG-0.02 MG TABLET            | 1    |       | MECLOFENAMATE 100 MG CAPSULE              | 2    |                  |
| LUBIPROSTONE 8 MCG CAPSULE                    | 4    |       | MEDICATION TRANSFER NEEDLE                | 3    |                  |
| LUBIPROSTONE 24 MCG CAPSULE                   | 4    |       | MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION | 3    |                  |
| LURASIDONE 20 MG TABLET                       | 4    | QL    | MEDISENSE H-L CONTROL SOLUTION            | 3    |                  |
| LURASIDONE 40 MG TABLET                       | 4    | QL    | MEDISENSE H-M-L CONTROL SOLUTION          | 3    |                  |
| LURASIDONE 60 MG TABLET                       | 4    | QL    | MEDISENSE MID CONTROL SOLUTION            | 3    |                  |
| LURASIDONE 80 MG TABLET                       | 4    | QL    | MEDPOINT CONTROL SOLUTION                 | 3    |                  |
| LURASIDONE 120 MG TABLET                      | 4    | QL    | MEDROL 2 MG TABLET                        | 4    |                  |
| LUTERA-28 TABLET                              | 1    |       | MEDROXYPROGESTERONE 2.5 MG TABLET         | 1    |                  |
| LYLEQ 0.35 MG TABLET                          | 1    |       | MEDROXYPROGESTERONE 5 MG TABLET           | 1    |                  |
| LYLLANA 0.025 MG PATCH                        | 2    | QL    | MEDROXYPROGESTERONE 10 MG TABLET          | 1    |                  |
| LYLLANA 0.0375 MG PATCH                       | 2    | QL    | MEDROXYPROGESTERONE 150 MG/ML             | 1    |                  |
| LYLLANA 0.05 MG PATCH                         | 2    | QL    | MEDTRONIC EXTENDED INFUSION SET 23" 6MM   | 3    |                  |
|                                               |      |       | MEDTRONIC EXTENDED INFUSION SET 23" 9MM   | 3    |                  |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                         | Tier | Notes       |
|-----------------------------------------|------|-------------|
| MEDTRONIC EXTENDED INFUSION SET 32" 9MM | 3    |             |
| MEDTRONIC REMOTE CONTROL                | 3    |             |
| MEFENAMIC ACID 250 MG CAPSULE           | 3    |             |
| MEFLOQUINE 250 MG TABLET                | 2    | QL          |
| MEGESTROL 40 MG/ML SUSPENSION           | 2    |             |
| MEGESTROL 400 MG/10 ML SUSPENSION       | 2    |             |
| MEGESTROL 625 MG/5 ML SUSPENSION        | 4    |             |
| MEGESTROL 20 MG TABLET                  | 2    |             |
| MEGESTROL 40 MG TABLET                  | 2    |             |
| MEKINIST 0.05 MG/ML ORAL SOLUTION       | 5    | PA, QL, SRX |
| MEKINIST 0.5 MG TABLET                  | 5    | PA, QL, SRX |
| MEKINIST 2 MG TABLET                    | 5    | PA, QL, SRX |
| MELODETTA 24 FE CHEWABLE TABLET         | 1    |             |
| MELOXICAM 7.5 MG TABLET                 | 1    |             |
| MELOXICAM 15 MG TABLET                  | 1    |             |
| MEMANTINE 2 MG/ML ORAL SOLUTION         | 2    |             |
| MEMANTINE 5 MG TABLET                   | 2    |             |
| MEMANTINE 10 MG TABLET                  | 2    |             |
| MEMANTINE 5-10 MG TITRATION PACK        | 2    |             |
| MENEST 0.3 MG TABLET                    | 4    |             |
| MENEST 0.625 MG TABLET                  | 4    |             |
| MENEST 1.25 MG TABLET                   | 4    |             |
| MENEST 2.5 MG TABLET                    | 4    |             |
| MENQUADFI VIAL                          | 3    |             |
| MENVEO 1 VIAL-A-C-Y-W-135-DIP           | 3    |             |
| MENVEO A-C-Y-W KIT (2 VIALS)            | 3    |             |
| MEPERIDINE 50 MG/5 ML ORAL SOLUTION     | 3    | PA          |
| MEPERIDINE 50 MG TABLET                 | 3    | PA          |
| MEPROBAMATE 200 MG TABLET               | 3    |             |
| MEPROBAMATE 400 MG TABLET               | 3    |             |
| MERCAPTOPYRINE 50 MG TABLET             | 2    |             |
| MERZEE 1 MG-20 MCG CAPSULE              | 1    |             |
| MESALAMINE 4 GM/60 ML ENEMA             | 4    |             |
| MESALAMINE 4 GM/60 ML ENEMA KIT         | 4    |             |
| MESALAMINE 800 MG DR TABLET             | 4    |             |
| MESALAMINE ER 0.375 GRAM CAPSULE        | 3    |             |
| MESALAMINE ER 500 MG CAPSULE            | 4    |             |
| MESNEX 400 MG TABLET                    | 5    | SRX         |
| METAXALL 800 MG TABLET                  | 4    |             |
| METAXALONE 400 MG TABLET                | 4    |             |
| METAXALONE 800 MG TABLET                | 4    |             |

| Medication Name                              | Tier | Notes |
|----------------------------------------------|------|-------|
| METFORMIN 500 MG TABLET                      | 1    |       |
| METFORMIN 850 MG TABLET                      | 1    |       |
| METFORMIN 1,000 MG TABLET                    | 1    |       |
| METFORMIN ER 500 MG TABLET                   | 2    |       |
| METFORMIN ER 750 MG TABLET                   | 2    |       |
| METHADONE 10 MG/ML ORAL CONCENTRATE          | 2    | PA    |
| METHADONE 5 MG/5 ML ORAL SOLUTION            | 2    | PA    |
| METHADONE 10 MG/5 ML ORAL SOLUTION           | 2    | PA    |
| METHADONE 5 MG TABLET                        | 2    | PA    |
| METHADONE 10 MG TABLET                       | 2    | PA    |
| METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE | 2    | PA    |
| METHAMPHETAMINE 5 MG TABLET                  | 4    | QL    |
| METHAZOLAMIDE 25 MG TABLET                   | 3    |       |
| METHAZOLAMIDE 50 MG TABLET                   | 3    |       |
| METHENAMINE HIPPURATE 1 GM TABLET            | 2    |       |
| METHENAMINE MANDELATE 500 MG TABLET          | 2    |       |
| METHENAMINE MANDELATE 1 GM TABLET            | 2    |       |
| METHERGINE 0.2 MG TABLET                     | 4    |       |
| METHIMAZOLE 5 MG TABLET                      | 2    |       |
| METHIMAZOLE 10 MG TABLET                     | 2    |       |
| METHITEST 10 MG TABLET                       | 5    | SRX   |
| METHOCARBAMOL 500 MG TABLET                  | 2    |       |
| METHOCARBAMOL 750 MG TABLET                  | 2    |       |
| METHOTREXATE 2.5 MG TABLET                   | 2    |       |
| METHOXSALEN 10 MG SOFTGEL                    | 4    |       |
| METHSCOPOLAMINE 2.5 MG TABLET                | 2    |       |
| METHSCOPOLAMINE 5 MG TABLET                  | 2    |       |
| METHSUXIMIDE 300 MG CAPSULE                  | 4    |       |
| METHYLDOPA 250 MG TABLET                     | 2    |       |
| METHYLDOPA 500 MG TABLET                     | 2    |       |
| METHYLDOPA-HCTZ 250-15 MG TABLET             | 2    |       |
| METHYLDOPA-HCTZ 250-25 MG TABLET             | 2    |       |
| METHYLERGONOVINE 0.2 MG TABLET               | 4    |       |
| METHYLPHENIDATE 2.5 MG CHEWABLE TABLET       | 2    | QL    |
| METHYLPHENIDATE 5 MG CHEWABLE TABLET         | 2    | QL    |
| METHYLPHENIDATE 10 MG CHEWABLE TABLET        | 2    | QL    |
| METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION      | 2    | QL    |
| METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION     | 2    | QL    |
| METHYLPHENIDATE 5 MG TABLET                  | 2    | QL    |
| METHYLPHENIDATE 10 MG TABLET                 | 2    | QL    |
| METHYLPHENIDATE 20 MG TABLET                 | 2    | QL    |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                          | Tier | Notes | Medication Name                         | Tier | Notes   |
|------------------------------------------|------|-------|-----------------------------------------|------|---------|
| METHYLPHENIDATE CD 10 MG CAPSULE         | 3    | QL    | METOPROLOL SUCCINATE ER 50 MG TABLET    | 2    |         |
| METHYLPHENIDATE CD 20 MG CAPSULE         | 3    | QL    | METOPROLOL SUCCINATE ER 100 MG TABLET   | 2    |         |
| METHYLPHENIDATE CD 30 MG CAPSULE         | 3    | QL    | METOPROLOL SUCCINATE ER 200 MG TABLET   | 2    |         |
| METHYLPHENIDATE CD 40 MG CAPSULE         | 3    | QL    | METOPROLOL TARTRATE 25 MG TABLET        | 1    |         |
| METHYLPHENIDATE CD 50 MG CAPSULE         | 3    | QL    | METOPROLOL TARTRATE 37.5 MG TABLET      | 2    |         |
| METHYLPHENIDATE CD 60 MG CAPSULE         | 3    | QL    | METOPROLOL TARTRATE 50 MG TABLET        | 1    |         |
| METHYLPHENIDATE ER 10 MG TABLET          | 2    | QL    | METOPROLOL TARTRATE 75 MG TABLET        | 2    |         |
| METHYLPHENIDATE ER 18 MG TABLET          | 2    | QL    | METOPROLOL TARTRATE 100 MG TABLET       | 1    |         |
| METHYLPHENIDATE ER 20 MG TABLET          | 2    | QL    | METOPROLOL-HCTZ 50-25 MG TABLET         | 2    |         |
| METHYLPHENIDATE ER 27 MG TABLET          | 2    | QL    | METOPROLOL-HCTZ 100-25 MG TABLET        | 2    |         |
| METHYLPHENIDATE ER 36 MG TABLET          | 2    | QL    | METOPROLOL-HCTZ 100-50 MG TABLET        | 2    |         |
| METHYLPHENIDATE ER 54 MG TABLET          | 2    | QL    | METRONIDAZOLE 375 MG CAPSULE            | 2    |         |
| METHYLPHENIDATE ER(CD) 10MG CAPSULE      | 3    | QL    | METRONIDAZOLE 0.75% CREAM               | 2    |         |
| METHYLPHENIDATE ER(CD) 20MG CAPSULE      | 3    | QL    | METRONIDAZOLE 0.75% LOTION              | 2    |         |
| METHYLPHENIDATE ER(CD) 30MG CAPSULE      | 3    | QL    | METRONIDAZOLE 250 MG TABLET             | 2    |         |
| METHYLPHENIDATE ER(CD) 40MG CAPSULE      | 3    | QL    | METRONIDAZOLE 500 MG TABLET             | 2    |         |
| METHYLPHENIDATE ER(CD) 50MG CAPSULE      | 3    | QL    | METRONIDAZOLE TOPICAL 0.75% GEL         | 2    |         |
| METHYLPHENIDATE ER(CD) 60MG CAPSULE      | 3    | QL    | METRONIDAZOLE TOPICAL 1% GEL            | 2    |         |
| METHYLPHENIDATE ER(LA) 10MG CAPSULE      | 3    | QL    | METRONIDAZOLE TOPICAL 1% GEL PUMP       | 2    |         |
| METHYLPHENIDATE ER(LA) 20MG CAPSULE      | 3    | QL    | METRONIDAZOLE VAGINAL 0.75% GEL         | 2    |         |
| METHYLPHENIDATE ER(LA) 30MG CAPSULE      | 3    | QL    | METYROSINE 250 MG CAPSULE               | 5    | PA, SRX |
| METHYLPHENIDATE ER(LA) 40MG CAPSULE      | 3    | QL    | MEXILETINE 150 MG CAPSULE               | 2    |         |
| METHYLPHENIDATE LA 10 MG CAPSULE         | 3    | QL    | MEXILETINE 200 MG CAPSULE               | 2    |         |
| METHYLPHENIDATE LA 20 MG CAPSULE         | 3    | QL    | MEXILETINE 250 MG CAPSULE               | 2    |         |
| METHYLPHENIDATE LA 30 MG CAPSULE         | 3    | QL    | MIBELAS 24 FE CHEWABLE TABLET           | 1    |         |
| METHYLPHENIDATE LA 40 MG CAPSULE         | 3    | QL    | MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY | 2    |         |
| METHYLPHENIDATE LA 60 MG CAPSULE         | 3    | QL    | MICROCHAMBER                            | 3    | QL      |
| METHYLPREDNISOLONE 4 MG DOSEPACK         | 2    |       | MICRODOT HIGH-LOW CONTROL SOLUTION      | 3    |         |
| METHYLPREDNISOLONE 4 MG TABLET           | 2    |       | MICRODOT NORMAL CONTROL SOLUTION        | 3    |         |
| METHYLPREDNISOLONE 8 MG TABLET           | 2    |       | MICRODOT PEN NEEDLE 31G 6MM             | 3    |         |
| METHYLPREDNISOLONE 16 MG TABLET          | 2    |       | MICRODOT PEN NEEDLE 32G 4MM             | 3    |         |
| METHYLPREDNISOLONE 32 MG TABLET          | 2    |       | MICRODOT PEN NEEDLE 33G 4MM             | 3    |         |
| METHYLTESTOSTERONE 10 MG CAPSULE         | 5    | SRX   | MICROGESTIN 21 1-20 TABLET              | 1    |         |
| METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION   | 2    |       | MICROGESTIN 21 1.5-30 TABLET            | 1    |         |
| METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION | 2    |       | MICROGESTIN 24 FE 1 MG-20 MCG TABLET    | 1    |         |
| METOCLOPRAMIDE 5 MG TABLET               | 1    |       | MICROGESTIN FE 1-20 TABLET              | 1    |         |
| METOCLOPRAMIDE 10 MG TABLET              | 1    |       | MICROGESTIN FE 1.5-30 TABLET            | 1    |         |
| METOLAZONE 2.5 MG TABLET                 | 2    |       | MICROLIFE PEAK FLOW METER               | 3    |         |
| METOLAZONE 5 MG TABLET                   | 2    |       | MICROSPACER FOR AEROSOL DEVICE          | 3    | QL      |
| METOLAZONE 10 MG TABLET                  | 2    |       | MIDAZOLAM 2 MG/ML SYRUP                 | 2    |         |
| METOPROLOL SUCCINATE ER 25 MG TABLET     | 2    |       | MIDAZOLAM 5 MG/2.5 ML SYRUP             | 2    |         |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                         | Tier | Notes   | Medication Name                      | Tier | Notes |
|-----------------------------------------|------|---------|--------------------------------------|------|-------|
| MIDAZOLAM 10 MG/5 ML SYRUP              | 2    |         | MINIMED SILHOUETTE INFUSION SET 32"  | 3    |       |
| MIDODRINE 2.5 MG TABLET                 | 2    |         | MINIMED SILHOUETTE INFUSION SET 43"  | 3    |       |
| MIDODRINE 5 MG TABLET                   | 2    |         | MINIMED SURE T INFUSION SET 23"      | 3    |       |
| MIDODRINE 10 MG TABLET                  | 2    |         | MINIMED SURE T INFUSION SET 32"      | 3    |       |
| MIGERGOT 2-100 MG SUPPOSITORY           | 4    |         | MINIMED SURE T INFUSION SET 18" 6MM  | 3    |       |
| MIGLITOL 25 MG TABLET                   | 2    |         | MINIMED SURE T INFUSION SET 23" 6MM  | 3    |       |
| MIGLITOL 50 MG TABLET                   | 2    |         | MINIMED SURE T INFUSION SET 23" 8MM  | 3    |       |
| MIGLITOL 100 MG TABLET                  | 2    |         | MINIMED SURE T INFUSION SET 32" 6MM  | 3    |       |
| MIGLUSTAT 100 MG CAPSULE                | 5    | PA, SRX | MINIMED SURE T INFUSION SET 32" 8MM  | 3    |       |
| MILI 0.25-0.035 MG TABLET               | 1    |         | MINITRAN 0.1 MG/HR PATCH             | 2    |       |
| MIMVEY 1-0.5 MG TABLET                  | 2    |         | MINITRAN 0.2 MG/HR PATCH             | 2    |       |
| MINI PEN NEEDLE 32G 4MM                 | 3    |         | MINITRAN 0.4 MG/HR PATCH             | 2    |       |
| MINI PEN NEEDLE 32G 5MM                 | 3    |         | MINITRAN 0.6 MG/HR PATCH             | 2    |       |
| MINI PEN NEEDLE 32G 6MM                 | 3    |         | MINOCYCLINE 50 MG CAPSULE            | 1    |       |
| MINI PEN NEEDLE 32G 8MM                 | 3    |         | MINOCYCLINE 75 MG CAPSULE            | 1    |       |
| MINI PEN NEEDLE 33G 4MM                 | 3    |         | MINOCYCLINE 100 MG CAPSULE           | 1    |       |
| MINI PEN NEEDLE 33G 5MM                 | 3    |         | MINOCYCLINE 50 MG TABLET             | 1    |       |
| MINI PEN NEEDLE 33G 6MM                 | 3    |         | MINOCYCLINE 75 MG TABLET             | 1    |       |
| MINI ULTRA-THIN II PEN NEEDLE 31G       | 3    |         | MINOCYCLINE 100 MG TABLET            | 1    |       |
| MINI WRIGHT PEAK FLOW METER             | 3    |         | MINOXIDIL 2.5 MG TABLET              | 2    |       |
| MINIMED INFUSION SET                    | 3    |         | MINOXIDIL 10 MG TABLET               | 2    |       |
| MINIMED MIO ADVANCE INFUSION SET 23"6MM | 3    |         | MIRABEGRON ER 25 MG TABLET           | 4    | QL    |
| MINIMED MIO ADVANCE INFUSION SET 23"9MM | 3    |         | MIRABEGRON ER 50 MG TABLET           | 4    | QL    |
| MINIMED MIO ADVANCE INFUSION SET 43"6MM | 3    |         | MIRTAZAPINE 15 MG ODT TABLET         | 2    |       |
| MINIMED MIO ADVANCE INFUSION SET 43"9MM | 3    |         | MIRTAZAPINE 30 MG ODT TABLET         | 2    |       |
| MINIMED MIO INFUSION SET 18" 6MM        | 3    |         | MIRTAZAPINE 45 MG ODT TABLET         | 2    |       |
| MINIMED MIO INFUSION SET 23" 6MM        | 3    |         | MIRTAZAPINE 7.5 MG TABLET            | 2    |       |
| MINIMED MIO INFUSION SET 32" 6MM        | 3    |         | MIRTAZAPINE 15 MG TABLET             | 2    |       |
| MINIMED MIO INFUSION SET 32" 9MM        | 3    |         | MIRTAZAPINE 30 MG TABLET             | 2    |       |
| MINIMED QUICK INFUSION SET 18" 6MM      | 3    |         | MIRTAZAPINE 45 MG TABLET             | 2    |       |
| MINIMED QUICK INFUSION SET 23" 6MM      | 3    |         | MISOPROSTOL 100 MCG TABLET           | 2    |       |
| MINIMED QUICK INFUSION SET 23" 9MM      | 3    |         | MISOPROSTOL 200 MCG TABLET           | 2    |       |
| MINIMED QUICK INFUSION SET 32" 6MM      | 3    |         | M-M-R II VACCINE VIAL                | 3    |       |
| MINIMED QUICK INFUSION SET 32" 9MM      | 3    |         | M-NATAL PLUS TABLET                  | 1    |       |
| MINIMED QUICK INFUSION SET 43" 6MM      | 3    |         | MODAFINIL 100 MG TABLET              | 4    | PA    |
| MINIMED QUICK INFUSION SET 43" 9MM      | 3    |         | MODAFINIL 200 MG TABLET              | 4    | PA    |
| MINIMED QUICK-SERTER                    | 3    |         | MODERNA COVID (6M-5Y) VACCINE (EUA)  | 3    |       |
| MINIMED RESERVOIR 1.8 ML                | 3    |         | MODERNA COVID (6-11Y) VACCINE (EUA)  | 3    |       |
| MINIMED RESERVOIR 3 ML                  | 3    |         | MODERNA COVID (12Y UP) VACCINE (EUA) | 3    |       |
| MINIMED SILHOUETTE INFUSION SET 18"     | 3    |         | MODERNA COVID-19 BOOSTER (EUA)       | 3    |       |
| MINIMED SILHOUETTE INFUSION SET 23"     | 3    |         | MODERNA COVID 23-24 (6M-11Y) EUA     | 3    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

| Medication Name                               | Tier | Notes  |
|-----------------------------------------------|------|--------|
| MULTISTIX REAGENT TEST STRIP                  | 3    |        |
| MULTISTIX 5 TEST STRIP                        | 3    |        |
| MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET | 2    |        |
| MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET  | 2    |        |
| MULTIVIT-FLUORIDE 1 MG CHEWABLE TABLET        | 2    |        |
| MULTIVITAMIN-FLUORIDE 0.25 MG/ML ORAL DROPS   | 2    |        |
| MUPIROCIN 2% CREAM                            | 2    |        |
| MUPIROCIN 2% OINTMENT                         | 2    |        |
| MY CHOICE 1.5 MG TABLET                       | 1    |        |
| MY WAY 1.5 MG TABLET                          | 1    |        |
| MYCOPHENOLATE 250 MG CAPSULE                  | 2    |        |
| MYCOPHENOLATE 200 MG/ML SUSPENSION            | 2    |        |
| MYCOPHENOLATE 500 MG TABLET                   | 2    |        |
| MYCOPHENOLIC ACID DR 180 MG TABLET            | 2    |        |
| MYCOPHENOLIC ACID DR 360 MG TABLET            | 2    |        |
| MYGLUCOHEALTH CONTROL SOLUTION PAK            | 3    |        |
| MYLERAN 2 MG TABLET                           | 4    |        |
| MYNATAL CAPSULE                               | 1    |        |
| MYNATAL PLUS CAPTAB                           | 1    |        |
| MYNATAL ULTRACAPLET                           | 1    |        |
| MYNATAL-Z CAPTAB                              | 1    |        |
| MYORISAN 10 MG CAPSULE                        | 4    |        |
| MYORISAN 20 MG CAPSULE                        | 4    |        |
| MYORISAN 30 MG CAPSULE                        | 4    |        |
| MYORISAN 40 MG CAPSULE                        | 4    |        |
| MYRBETRIQ ER 25 MG TABLET                     | 4    | QL, ST |
| MYRBETRIQ ER 50 MG TABLET                     | 4    | QL, ST |
| MYTESI 125 MG DR TABLET                       | 4    | LDD    |
| NABUMETONE 500 MG TABLET                      | 2    |        |
| NABUMETONE 750 MG TABLET                      | 2    |        |
| NADOLOL 20 MG TABLET                          | 2    |        |
| NADOLOL 40 MG TABLET                          | 2    |        |
| NADOLOL 80 MG TABLET                          | 2    |        |
| NAFTIFINE 1% CREAM                            | 3    |        |
| NAFTIFINE 2% CREAM                            | 3    |        |
| NAFTIFINE 2% GEL                              | 3    |        |
| NALOXONE 0.4 MG/ML CARPUJECT                  | 2    |        |
| NALOXONE 4 MG NASAL SPRAY                     | 2    | QL     |
| NALOXONE 0.4 MG/ML SYRINGE                    | 2    |        |
| NALOXONE 2 MG/2 ML SYRINGE                    | 2    |        |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                               | Tier | Notes       | Medication Name                      | Tier | Notes            |
|-----------------------------------------------|------|-------------|--------------------------------------|------|------------------|
| NALTREXONE 50 MG TABLET                       | 2    | QL          | NEUPRO 1 MG/24 HR PATCH              | 4    |                  |
| NAPROXEN 500 MG KIT                           | 1    |             | NEUPRO 2 MG/24 HR PATCH              | 4    |                  |
| NAPROXEN 250 MG TABLET                        | 1    |             | NEUPRO 3 MG/24 HR PATCH              | 4    |                  |
| NAPROXEN 275 MG TABLET                        | 2    |             | NEUPRO 4 MG/24 HR PATCH              | 4    |                  |
| NAPROXEN 375 MG TABLET                        | 1    |             | NEUPRO 6 MG/24 HR PATCH              | 4    |                  |
| NAPROXEN 500 MG TABLET                        | 1    |             | NEUPRO 8 MG/24 HR PATCH              | 4    |                  |
| NAPROXEN 550 MG TABLET                        | 2    |             | NEVANAC 0.1% EYE DROPS               | 4    |                  |
| NAPROXEN DR 375 MG TABLET                     | 2    |             | NEVIRAPINE 50 MG/5 ML SUSPENSION     | 2    |                  |
| NAPROXEN DR 500 MG TABLET                     | 2    |             | NEVIRAPINE 200 MG TABLET             | 2    |                  |
| NARATRIPTAN 1 MG TABLET                       | 2    | QL          | NEVIRAPINE ER 100 MG TABLET          | 2    |                  |
| NARATRIPTAN 2.5 MG TABLET                     | 2    | QL          | NEVIRAPINE ER 400 MG TABLET          | 2    |                  |
| NATACYN 5% EYE DROPS                          | 4    |             | NEW DAY 1.5 MG TABLET                | 1    |                  |
| NATAZIA 28 TABLET                             | 4    |             | NEWGEN TABLET                        | 1    |                  |
| NATEGLINIDE 60 MG TABLET                      | 2    |             | NIACIN ER 500 MG TABLET              | 2    |                  |
| NATEGLINIDE 120 MG TABLET                     | 2    |             | NIACIN ER 750 MG TABLET              | 2    |                  |
| NAYZILAM 5 MG NASAL SPRAY                     | 5    | PA, QL, SRX | NIACIN ER 1,000 MG TABLET            | 2    |                  |
| NEBUSAL 3% VIAL                               | 2    |             | NICARDIPINE 20 MG CAPSULE            | 3    |                  |
| NECON 0.5-35-28 TABLET                        | 1    |             | NICARDIPINE 30 MG CAPSULE            | 3    |                  |
| NEFAZODONE 50 MG TABLET                       | 2    |             | NICOTROL CARTRIDGE INHALER           | 4    |                  |
| NEFAZODONE 100 MG TABLET                      | 2    |             | NICOTROL NS 10 MG/ML SPRAY           | 4    |                  |
| NEFAZODONE 150 MG TABLET                      | 2    |             | NIFEDIPINE 10 MG CAPSULE             | 2    |                  |
| NEFAZODONE 200 MG TABLET                      | 2    |             | NIFEDIPINE 20 MG CAPSULE             | 2    |                  |
| NEFAZODONE 250 MG TABLET                      | 2    |             | NIFEDIPINE ER 30 MG TABLET           | 2    |                  |
| NEOMYCIN 500 MG TABLET                        | 2    |             | NIFEDIPINE ER 60 MG TABLET           | 2    |                  |
| NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT    | 2    |             | NIFEDIPINE ER 90 MG TABLET           | 2    |                  |
| NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT | 2    |             | NIKKI 3 MG-0.02 MG TABLET            | 1    |                  |
| NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE          | 2    |             | NILUTAMIDE 150 MG TABLET             | 5    | SRX              |
| NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL            | 2    |             | NIMODIPINE 30 MG CAPSULE             | 4    |                  |
| NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS    | 2    |             | NINLARO 2.3 MG CAPSULE               | 5    | PA, QL, LDD, SRX |
| NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT | 2    |             | NINLARO 3 MG CAPSULE                 | 5    | PA, QL, LDD, SRX |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS       | 2    |             | NINLARO 4 MG CAPSULE                 | 5    | PA, QL, LDD, SRX |
| NEOMYCIN-POLYMYXIN-HC EAR SOLUTION            | 2    |             | NISOLDIPINE ER 8.5 MG TABLET         | 2    | QL               |
| NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION          | 2    |             | NISOLDIPINE ER 17 MG TABLET          | 2    | QL               |
| NEOMYCIN-POLYMYXIN-HC EYE DROPS               | 2    |             | NISOLDIPINE ER 20 MG TABLET          | 2    | QL               |
| NEO-POLYCIN EYE OINTMENT                      | 2    |             | NISOLDIPINE ER 25.5 MG TABLET        | 2    | QL               |
| NEO-POLYCIN HC EYE OINTMENT                   | 2    |             | NISOLDIPINE ER 30 MG TABLET          | 2    | QL               |
| NEUAC GEL                                     | 2    |             | NISOLDIPINE ER 34 MG TABLET          | 2    | QL               |
| NEULASTA 6 MG/0.6 ML SYRINGE                  | 5    | PA, SRX     | NISOLDIPINE ER 40 MG TABLET          | 2    | QL               |
| NEULASTA ONPRO 6 MG/0.6 ML KIT                | 5    | PA, SRX     | NITAZOXANIDE 500 MG TABLET           | 4    | PA               |
|                                               |      |             | NITRO-BID 2% OINTMENT                | 2    |                  |
|                                               |      |             | NITROFURANTOIN 25 MG/5 ML SUSPENSION | 4    |                  |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                             | Tier | Notes |
|-------------------------------------------------------------|------|-------|
| NITROFURANTOIN MACRO 25 MG CAPSULE                          | 2    |       |
| NITROFURANTOIN MACRO 50 MG CAPSULE                          | 1    |       |
| NITROFURANTOIN MACRO 100 MG CAPSULE                         | 1    |       |
| NITROFURANTOIN MONO-MACRO 100 MG CAPSULE                    | 1    |       |
| NITROGLYCERIN 0.4% OINTMENT                                 | 4    |       |
| NITROGLYCERIN 0.1 MG/HR PATCH                               | 2    |       |
| NITROGLYCERIN 0.2 MG/HR PATCH                               | 2    |       |
| NITROGLYCERIN 0.4 MG/HR PATCH                               | 2    |       |
| NITROGLYCERIN 0.6 MG/HR PATCH                               | 2    |       |
| NITROGLYCERIN 400 MCG SPRAY                                 | 2    |       |
| NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET                      | 2    |       |
| NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET                      | 2    |       |
| NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET                      | 2    |       |
| NITRO-TIME ER 2.5 MG CAPSULE                                | 2    |       |
| NITRO-TIME ER 6.5 MG CAPSULE                                | 2    |       |
| NITRO-TIME ER 9 MG CAPSULE                                  | 2    |       |
| NIVA THYROID 15 MG TABLET                                   | 2    |       |
| NIVA THYROID 30 MG TABLET                                   | 2    |       |
| NIVA THYROID 60 MG TABLET                                   | 2    |       |
| NIVA THYROID 90 MG TABLET                                   | 2    |       |
| NIVA THYROID 120 MG TABLET                                  | 2    |       |
| NIVA-PLUS TABLET                                            | 1    |       |
| NIVESTYM 300 MCG/0.5 ML SYRINGE                             | 5    | SRX   |
| NIVESTYM 480 MCG/0.8 ML SYRINGE                             | 5    | SRX   |
| NIVESTYM 300 MCG/ML VIAL                                    | 5    | SRX   |
| NIVESTYM 480 MCG/1.6 ML VIAL                                | 5    | SRX   |
| NIZATIDINE 150 MG CAPSULE                                   | 2    |       |
| NIZATIDINE 300 MG CAPSULE                                   | 2    |       |
| NOLIX 0.05% CREAM                                           | 4    |       |
| NOLIX 0.05% LOTION                                          | 4    |       |
| NORA-BE TABLET                                              | 1    |       |
| NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH       | 1    |       |
| NORETHINDRONE 0.35 MG TABLET                                | 1    |       |
| NORETHINDRONE 5 MG TABLET                                   | 2    |       |
| NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET | 1    |       |
| NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET     | 1    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET              | 2    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET            | 1    |       |

| Medication Name                                                  | Tier | Notes  |
|------------------------------------------------------------------|------|--------|
| NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET                | 2    |        |
| NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET           | 1    |        |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CAPSULE         | 1    |        |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(24)-75 CHEWABLE TABLET | 1    |        |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02(21)-75 TABLET          | 1    |        |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET      | 1    |        |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG(21)-75 TABLET     | 1    |        |
| NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET      | 1    |        |
| NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET      | 1    |        |
| NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET              | 1    |        |
| NORLYDA 0.35 MG TABLET                                           | 1    |        |
| NORPACE CR 100 MG CAPSULE                                        | 4    |        |
| NORPACE CR 150 MG CAPSULE                                        | 4    |        |
| NORTREL 0.5-35-28 TABLET                                         | 1    |        |
| NORTREL 1-35 21 TABLET                                           | 1    |        |
| NORTREL 1-35 28 TABLET                                           | 1    |        |
| NORTREL 7-7-7-28 TABLET                                          | 1    |        |
| NORTRIPTYLINE 10 MG CAPSULE                                      | 1    |        |
| NORTRIPTYLINE 25 MG CAPSULE                                      | 1    |        |
| NORTRIPTYLINE 50 MG CAPSULE                                      | 1    |        |
| NORTRIPTYLINE 75 MG CAPSULE                                      | 1    |        |
| NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION                           | 2    |        |
| NORVIR 100 MG POWDER PACKET                                      | 3    |        |
| NOVAVAX COVID VIAL (EUA)                                         | 3    |        |
| NOVAVAX COVID-19 VACCINE, ADJ(EUA)                               | 3    |        |
| NOVOFINE 32G NEEDLE                                              | 3    |        |
| NOVOFINE AUTOCOVER 30G NEEDLE                                    | 3    |        |
| NOVOFINE PLUS PEN NEEDLE 32G 1/6"                                | 3    |        |
| NOVOLOG 100 UNIT/ML FLEXPEN                                      | 4    | QL, ST |
| NOVOLOG 100 UNIT/ML VIAL                                         | 4    | QL, ST |
| NOVOLOG MIX 70-30 FLEXPEN                                        | 4    | QL, ST |
| NOVOLOG MIX 70-30 VIAL                                           | 4    | QL, ST |
| NOVOLOG PENFILL 100 UNIT/ML                                      | 4    | QL, ST |
| NOVOPEN ECHO INSULIN DEVICE                                      | 3    |        |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes   |
|---------------------------------------|------|---------|
| NOVOTWIST NEEDLE 32G 5MM              | 3    |         |
| NP THYROID 15 MG TABLET               | 2    |         |
| NP THYROID 30 MG TABLET               | 2    |         |
| NP THYROID 60 MG TABLET               | 2    |         |
| NP THYROID 90 MG TABLET               | 2    |         |
| NP THYROID 120 MG TABLET              | 2    |         |
| NUCYNTA 50 MG TABLET                  | 4    | PA      |
| NUCYNTA 75 MG TABLET                  | 4    | PA      |
| NUCYNTA 100 MG TABLET                 | 4    | PA      |
| NUCYNTA ER 50 MG TABLET               | 4    | PA      |
| NUCYNTA ER 100 MG TABLET              | 4    | PA      |
| NUCYNTA ER 150 MG TABLET              | 4    | PA      |
| NUCYNTA ER 200 MG TABLET              | 4    | PA      |
| NUCYNTA ER 250 MG TABLET              | 4    | PA      |
| NUEDEXTA 20-10 MG CAPSULE             | 4    | PA, QL  |
| NYAMYC 100,000 UNIT/GM POWDER         | 2    |         |
| NYLIA 1-35 28 TABLET                  | 1    |         |
| NYLIA 7-7-7-28 TABLET                 | 1    |         |
| NYMYO 0.25-0.035 MG (28) TABLET       | 1    |         |
| NYSTATIN 100,000 UNIT/GM CREAM        | 2    |         |
| NYSTATIN 100,000 UNIT/GM OINTMENT     | 2    |         |
| NYSTATIN 100,000 UNIT/GM POWDER       | 2    |         |
| NYSTATIN 100,000 UNIT/ML SUSPENSION   | 2    |         |
| NYSTATIN 500,000 UNIT/5 ML SUSPENSION | 2    |         |
| NYSTATIN 500,000 UNIT ORAL TABLET     | 2    |         |
| NYSTATIN-TRIAMCINOLONE CREAM          | 2    |         |
| NYSTATIN-TRIAMCINOLONE OINTMENT       | 2    |         |
| NYSTOP 100,000 UNIT/GM POWDER         | 2    |         |
| NYVEPRIA 6 MG/0.6 ML SYRINGE          | 5    | PA, SRX |
| OCELLA 3 MG-0.03 MG TABLET            | 1    |         |
| OCTREOTIDE 50 MCG/ML AMPULE           | 3    | PA      |
| OCTREOTIDE 100 MCG/ML AMPULE          | 3    | PA      |
| OCTREOTIDE 500 MCG/ML AMPULE          | 3    | PA      |
| OCTREOTIDE 50 MCG/ML SYRINGE          | 3    | PA      |
| OCTREOTIDE 100 MCG/ML SYRINGE         | 3    | PA      |
| OCTREOTIDE 500 MCG/ML SYRINGE         | 3    | PA      |
| OCTREOTIDE 0.05 MG/ML VIAL            | 3    | PA      |
| OCTREOTIDE 50 MCG/ML VIAL             | 3    | PA      |
| OCTREOTIDE 100 MCG/ML VIAL            | 3    | PA      |
| OCTREOTIDE 200 MCG/ML VIAL            | 3    | PA      |
| OCTREOTIDE 500 MCG/ML VIAL            | 3    | PA      |

| Medication Name                                 | Tier | Notes       |
|-------------------------------------------------|------|-------------|
| OCTREOTIDE 1,000 MCG/ML VIAL                    | 3    | PA          |
| OCTREOTIDE 1,000 MCG/5 ML VIAL                  | 3    | PA          |
| OCTREOTIDE 5,000 MCG/5 ML VIAL                  | 3    | PA          |
| ODACTRA 12 SQ-HDM SUBLINGUAL TABLET             | 4    | PA, QL      |
| ODEFSEY TABLET                                  | 4    | QL          |
| ODOMZO 200 MG CAPSULE                           | 5    | PA, QL, SRX |
| OFLOXACIN 0.3% EAR DROPS                        | 2    |             |
| OFLOXACIN 0.3% EYE DROPS                        | 2    |             |
| OFLOXACIN 300 MG TABLET                         | 2    |             |
| OFLOXACIN 400 MG TABLET                         | 2    |             |
| OLANZAPINE 2.5 MG TABLET                        | 2    |             |
| OLANZAPINE 5 MG TABLET                          | 2    |             |
| OLANZAPINE 7.5 MG TABLET                        | 2    |             |
| OLANZAPINE 10 MG TABLET                         | 2    |             |
| OLANZAPINE 15 MG TABLET                         | 2    |             |
| OLANZAPINE 20 MG TABLET                         | 2    |             |
| OLANZAPINE ODT 5 MG TABLET                      | 2    |             |
| OLANZAPINE ODT 10 MG TABLET                     | 2    |             |
| OLANZAPINE ODT 15 MG TABLET                     | 2    |             |
| OLANZAPINE ODT 20 MG TABLET                     | 2    |             |
| OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE           | 2    |             |
| OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE           | 2    |             |
| OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE           | 2    |             |
| OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE          | 2    |             |
| OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE          | 2    |             |
| OLMESARTAN 5 MG TABLET                          | 2    |             |
| OLMESARTAN 20 MG TABLET                         | 2    |             |
| OLMESARTAN 40 MG TABLET                         | 2    |             |
| OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET  | 2    |             |
| OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET  | 2    |             |
| OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET    | 2    |             |
| OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET | 2    |             |
| OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET   | 2    |             |
| OLMESARTAN-HCTZ 20-12.5 MG TABLET               | 2    |             |
| OLMESARTAN-HCTZ 40-12.5 MG TABLET               | 2    |             |
| OLMESARTAN-HCTZ 40-25 MG TABLET                 | 2    |             |
| OLOPATADINE 0.1% EYE DROPS                      | 2    |             |
| OLOPATADINE 0.2% EYE DROPS                      | 2    |             |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                      | Tier | Notes | Medication Name                       | Tier | Notes       |
|--------------------------------------|------|-------|---------------------------------------|------|-------------|
| OLOPATADINE 665 MCG NASAL SPRAY      | 2    |       | ONETOUCH ULTRASOFT2 30G LANCETS       | 3    |             |
| OMEGA-3 ETHYL ESTERS 1 GM CAPSULE    | 2    |       | ONETOUCH VERIO FLEX METER             | 1    |             |
| OMEPRAZOLE DR 10 MG CAPSULE          | 2    | QL    | ONETOUCH VERIO HIGH CONTROL SOLUTION  | 3    |             |
| OMEPRAZOLE DR 20 MG CAPSULE          | 2    | QL    | ONETOUCH VERIO MID CONTROL SOLUTION   | 3    |             |
| OMEPRAZOLE DR 40 MG CAPSULE          | 2    | QL    | ONETOUCH VERIO REFLECT METER          | 1    |             |
| OMNIPOD DASH INTRO KIT (GEN 4)       | 3    | QL    | ONETOUCH VERIO TEST STRIP             | 3    |             |
| OMNIPOD 5 G6 INTRO KIT (GEN 5)       | 3    | QL    | OPCON ONE-STEP 1.5 MG TABLET          | 1    |             |
| OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)    | 3    | QL    | OPILL 0.075 MG TABLET                 | 1    | QL          |
| OMNIPOD CLASSIC PODS (GEN 3) 5 PACK  | 3    | QL    | OPIUM TINCTURE 10 MG/ML               | 3    | PA          |
| OMNIPOD DASH PODS (GEN 4) 5 PACK     | 3    | QL    | OPTICHAMBER ADULT MASK-LARGE          | 3    | QL          |
| OMNIPOD 5 G6 PODS (GEN 5) 5 PACK     | 3    | QL    | OPTICHAMBER DIAMOND VHC               | 3    | QL          |
| OMNIPOD 5 G6-G7 PODS (GEN 5)         | 3    | QL    | OPTICHAMBER DIAMOND W-LARGE MASK      | 3    | QL          |
| OMNIPOD CLASSIC PDM KIT (GEN 3)      | 3    | QL    | OPTICHAMBER DIAMOND W-MEDIUM MASK     | 3    | QL          |
| OMNIPOD GO 10 UNIT/DAY PODS          | 3    | QL    | OPTICHAMBER DIAMOND W-SMALL MASK      | 3    | QL          |
| OMNIPOD GO 15 UNIT/DAY PODS          | 3    | QL    | OPTION 2 1.5 MG TABLET                | 1    |             |
| OMNIPOD GO 20 UNIT/DAY PODS          | 3    | QL    | OPTUMRX GLUCOSE CONTROL SOLUTION      | 3    |             |
| OMNIPOD GO 25 UNIT/DAY PODS          | 3    | QL    | ORACIT ORAL SOLUTION                  | 4    |             |
| OMNIPOD GO 30 UNIT/DAY PODS          | 3    | QL    | ORAL CITRATE SOLUTION                 | 4    |             |
| OMNIPOD GO 35 UNIT/DAY PODS          | 3    | QL    | ORALONE 0.1% DENTAL PASTE             | 2    |             |
| OMNIPOD GO 40 UNIT/DAY PODS          | 3    | QL    | ORENCIA 50 MG/0.4 ML SYRINGE          | 5    | PA, QL, SRX |
| ON CALL EXPRESS CONTROL SOLUTION PAK | 3    |       | ORENCIA 87.5 MG/0.7 ML SYRINGE        | 5    | PA, QL, SRX |
| ON CALL PLUS CONTROL SOLUTION        | 3    |       | ORENCIA 125 MG/ML SYRINGE             | 5    | PA, QL, SRX |
| ON CALL VIVID CONTROL SOLUTION       | 3    |       | ORENCIA CLICKJECT 125 MG/ML           | 5    | PA, QL, SRX |
| ONDANSETRON 4 MG/5 ML ORAL SOLUTION  | 2    |       | ORPHENADRINE ER 100 MG TABLET         | 2    |             |
| ONDANSETRON 4 MG TABLET              | 2    |       | OSCIMIN 0.125 MG TABLET               | 2    |             |
| ONDANSETRON 8 MG TABLET              | 2    |       | OSCIMIN SL 0.125 MG SUBLINGUAL TABLET | 2    |             |
| ONDANSETRON ODT 4 MG TABLET          | 2    |       | OSCIMIN SR 0.375 MG TABLET            | 2    |             |
| ONDANSETRON ODT 8 MG TABLET          | 2    |       | OSELTAMIVIR 30 MG CAPSULE             | 2    | QL          |
| ONE WAY VALVED MOUTHPIECE            | 3    | QL    | OSELTAMIVIR 45 MG CAPSULE             | 2    | QL          |
| ONETOUCH DELICA PLUS 30G LANCET      | 3    |       | OSELTAMIVIR 75 MG CAPSULE             | 2    | QL          |
| ONETOUCH DELICA PLUS 33G LANCET      | 3    |       | OSELTAMIVIR 6 MG/ML SUSPENSION        | 2    | QL          |
| ONETOUCH DELICA PLUS LANCING DEVICE  | 3    |       | OSMOPREP TABLET                       | 4    |             |
| ONETOUCH DELICA SAFETY 30G LANCETS   | 3    |       | OTEZLA 28 DAY STARTER PACK            | 5    | PA, QL, SRX |
| ONETOUCH SOLUTIONS STARTER KIT       | 1    |       | OTEZLA 30 MG TABLET                   | 5    | PA, QL, SRX |
| ONETOUCH SURESOFT 18G LANCING DEVICE | 3    |       | OVAL TAPE                             | 3    |             |
| ONETOUCH SURESOFT 21G LANCING DEVICE | 3    |       | OXANDROLONE 2.5 MG TABLET             | 4    | PA          |
| ONETOUCH SURESOFT 28G LANCING DEVICE | 3    |       | OXANDROLONE 10 MG TABLET              | 4    | PA          |
| ONETOUCH ULTRA CONTROL SOLUTION      | 3    |       | OXAPROZIN 600 MG CAPLET               | 2    |             |
| ONETOUCH ULTRA TEST STRIP            | 3    |       | OXAPROZIN 600 MG TABLET               | 2    |             |
| ONETOUCH ULTRA2 GLUCOSE SYSTEM       | 1    |       | OXAZEPAM 10 MG CAPSULE                | 2    |             |
| ONETOUCH ULTRASOFT LANCETS           | 3    |       | OXAZEPAM 15 MG CAPSULE                | 2    |             |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                           | Tier | Notes  | Medication Name                              | Tier | Notes       |
|-------------------------------------------|------|--------|----------------------------------------------|------|-------------|
| OXAZEPAM 30 MG CAPSULE                    | 2    |        | PALIPERIDONE ER 9 MG TABLET                  | 4    |             |
| OXCARBAZEPINE 300 MG/5 ML SUSPENSION      | 2    |        | PANCREAZE DR 2,600 UNIT CAPSULE              | 3    |             |
| OXCARBAZEPINE 150 MG TABLET               | 2    |        | PANCREAZE DR 4,200 UNIT CAPSULE              | 3    |             |
| OXCARBAZEPINE 300 MG TABLET               | 2    |        | PANCREAZE DR 10,500 UNIT CAPSULE             | 3    |             |
| OXCARBAZEPINE 600 MG TABLET               | 2    |        | PANCREAZE DR 16,800 UNIT CAPSULE             | 3    |             |
| OXICONAZOLE 1% CREAM                      | 3    |        | PANCREAZE DR 21,000 UNIT CAPSULE             | 3    |             |
| OXYBUTYNIN 5 MG/5 ML SOLUTION             | 2    |        | PANCREAZE DR 37,000 UNIT CAPSULE             | 3    |             |
| OXYBUTYNIN 5 MG/5 ML SYRUP                | 2    |        | PANDA MASK LARGE                             | 3    | QL          |
| OXYBUTYNIN 5 MG TABLET                    | 1    |        | PANDA MASK MEDIUM                            | 3    | QL          |
| OXYBUTYNIN ER 5 MG TABLET                 | 2    |        | PANDA MASK SMALL                             | 3    | QL          |
| OXYBUTYNIN ER 10 MG TABLET                | 2    |        | PANRETIN 0.1% GEL                            | 5    | SRX         |
| OXYBUTYNIN ER 15 MG TABLET                | 2    |        | PANTOPRAZOLE DR 20 MG TABLET                 | 2    | QL          |
| OXYCODONE (IR) 5 MG CAPSULE               | 2    | PA     | PANTOPRAZOLE DR 40 MG TABLET                 | 2    | QL          |
| OXYCODONE (IR) 5 MG TABLET                | 2    | PA     | PARADIGM REMOTE CONTROL                      | 3    |             |
| OXYCODONE (IR) 10 MG TABLET               | 2    | PA     | PARADIGM RESERVOIR 1.8 ML                    | 3    |             |
| OXYCODONE (IR) 15 MG TABLET               | 2    | PA     | PARADIGM RESERVOIR 3 ML                      | 3    |             |
| OXYCODONE (IR) 20 MG TABLET               | 2    | PA     | PARICALCITOL 1 MCG CAPSULE                   | 2    |             |
| OXYCODONE (IR) 30 MG TABLET               | 2    | PA     | PARICALCITOL 2 MCG CAPSULE                   | 2    |             |
| OXYCODONE 100 MG/5 ML ORAL CONCENTRATE    | 2    | PA     | PARICALCITOL 4 MCG CAPSULE                   | 2    |             |
| OXYCODONE 5 MG/5 ML ORAL SOLUTION         | 2    | PA     | PAROEX 0.12% ORAL RINSE                      | 2    |             |
| OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET | 2    | PA     | PAROMOMYCIN 250 MG CAPSULE                   | 3    |             |
| OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET   | 2    | PA     | PAROXETINE 10 MG TABLET                      | 1    | QL          |
| OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET | 2    | PA     | PAROXETINE 20 MG TABLET                      | 1    | QL          |
| OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET  | 2    | PA     | PAROXETINE 30 MG TABLET                      | 1    | QL          |
| OXYCODONE-ASPIRIN 4.8355-325 MG TABLET    | 2    | PA     | PAROXETINE 40 MG TABLET                      | 1    | QL          |
| OXYMORPHONE 5 MG TABLET                   | 3    | PA     | PASER GRANULES 4 GM PACKET                   | 4    |             |
| OXYMORPHONE 10 MG TABLET                  | 3    | PA     | PAXLOVID 150-100 MG DOSE PACK                | 4    | QL          |
| OXYMORPHONE ER 5 MG TABLET                | 3    | PA     | PAXLOVID 300-100 MG DOSE PACK                | 4    | QL          |
| OXYMORPHONE ER 7.5 MG TABLET              | 3    | PA     | PAZOPANIB 200 MG TABLET                      | 5    | PA, QL, SRX |
| OXYMORPHONE ER 10 MG TABLET               | 3    | PA     | PC UNIFINE PENTIP 6MM NEEDLE                 | 3    |             |
| OXYMORPHONE ER 15 MG TABLET               | 3    | PA     | PC UNIFINE PENTIP 8MM NEEDLE                 | 3    |             |
| OXYMORPHONE ER 20 MG TABLET               | 3    | PA     | PC UNIFINE PENTIP 12MM NEEDLE                | 3    |             |
| OXYMORPHONE ER 30 MG TABLET               | 3    | PA     | PEAK-AIR PEAK FLOW METER                     | 3    |             |
| OXYMORPHONE ER 40 MG TABLET               | 3    | PA     | PEDIARIX 0.5 ML SYRINGE                      | 3    |             |
| OZEMPIC 0.25-0.5 MG/DOSE PEN              | 3    | PA, QL | PEDIATRIC MEDIUM MASK                        | 3    | QL          |
| OZEMPIC 1 MG/DOSE (4 MG/3 ML)             | 3    | PA, QL | PEDIATRIC PANDA MASK                         | 3    | QL          |
| OZEMPIC 2 MG/DOSE (8 MG/3 ML)             | 3    | PA, QL | PEDIATRIC SMALL MASK                         | 3    | QL          |
| PACERONE 200 MG TABLET                    | 2    |        | PEDIATRIC MOUTHPIECE                         | 3    | QL          |
| PALIPERIDONE ER 1.5 MG TABLET             | 4    |        | PEDVAXHIB VACCINE VIAL                       | 3    |             |
| PALIPERIDONE ER 3 MG TABLET               | 4    |        | PEG 3350-ELECTROLYTE ORAL SOLUTION           | 2    |             |
| PALIPERIDONE ER 6 MG TABLET               | 4    |        | PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET | 2    |             |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                         | Tier | Notes       | Medication Name                              | Tier | Notes |
|-----------------------------------------|------|-------------|----------------------------------------------|------|-------|
| PEG-3350 AND ELECTROLYTES ORAL SOLUTION | 2    |             | PENTIP PEN NEEDLE 32G 4MM                    | 3    |       |
| PEGASYS 180 MCG/0.5 ML SYRINGE          | 5    | PA, SRX     | PENTIP PEN NEEDLE 32G 6MM                    | 3    |       |
| PEGASYS 180 MCG/ML VIAL                 | 5    | PA, SRX     | PENTIP PEN NEEDLE 32G 5/32"                  | 3    |       |
| PEG-PREP KIT                            | 2    |             | PENTOXIFYLLINE ER 400 MG TABLET              | 2    |       |
| PEN NEEDLE 29G 12MM                     | 3    |             | PERINDOPRIL 2 MG TABLET                      | 2    |       |
| PEN NEEDLE 30G 5MM                      | 3    |             | PERINDOPRIL 4 MG TABLET                      | 2    |       |
| PEN NEEDLE 30G 8MM                      | 3    |             | PERINDOPRIL 8 MG TABLET                      | 2    |       |
| PEN NEEDLE 30G 5/16"                    | 3    |             | PERIOGARD 0.12% ORAL RINSE                   | 2    |       |
| PEN NEEDLE 31G 5MM                      | 3    |             | PERMETHRIN 5% CREAM                          | 2    |       |
| PEN NEEDLE 31G 6MM                      | 3    |             | PERPHENAZINE 2 MG TABLET                     | 2    |       |
| PEN NEEDLE 31G 8MM                      | 3    |             | PERPHENAZINE 4 MG TABLET                     | 2    |       |
| PEN NEEDLE 31G 1/4"                     | 3    |             | PERPHENAZINE 8 MG TABLET                     | 2    |       |
| PEN NEEDLE 31G 3/16"                    | 3    |             | PERPHENAZINE 16 MG TABLET                    | 2    |       |
| PEN NEEDLE 31G 5/16"                    | 3    |             | PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET | 2    |       |
| PEN NEEDLE 32G 4MM                      | 3    |             | PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET | 2    |       |
| PEN NEEDLE 32G 1/4"                     | 3    |             | PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET | 2    |       |
| PEN NEEDLE 32G 3/16"                    | 3    |             | PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET | 2    |       |
| PEN NEEDLE 32G 5/32"                    | 3    |             | PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET | 2    |       |
| PEN NEEDLE 33G 4MM                      | 3    |             | PERSONAL BEST PEAK FLOW METER                | 3    |       |
| PEN NEEDLE 4MM 32G                      | 3    |             | PFIZER COVID (6M-4Y)VAC-MAROON               | 3    |       |
| PEN NEEDLE 5MM 31G                      | 3    |             | PFIZER COVID (5-11Y) VAC-ORANGE              | 3    |       |
| PEN NEEDLE 6MM 31G                      | 3    |             | PFIZER COVID (12Y UP) VAC-GRAY               | 3    |       |
| PEN NEEDLE 8MM 31G                      | 3    |             | PFIZER COVID (6M-4Y)EUA                      | 3    |       |
| PENBRAYA KIT                            | 3    |             | PFIZER COVID (5-11Y)EUA                      | 3    |       |
| PENCICLOVIR 1% CREAM                    | 4    | PA, QL      | PFIZER COVID BIVAL (6MO-4Y)EUA               | 3    |       |
| PENICILLAMINE 250 MG TABLET             | 5    | PA, QL, SRX | PFIZER COVID BIVAL (5-11YR)EUA               | 3    |       |
| PENICILLIN VK 125 MG/5 ML ORAL SOLUTION | 2    |             | PFIZER COVID BIVAL (12Y UP)EUA               | 3    |       |
| PENICILLIN VK 250 MG/5 ML ORAL SOLUTION | 2    |             | PFIZER COVID-19 VACCINE-PURPLE               | 3    |       |
| PENICILLIN VK 250 MG TABLET             | 2    |             | PHASEAL PROTECTOR 14                         | 3    |       |
| PENICILLIN VK 500 MG TABLET             | 2    |             | PHASEAL PROTECTOR 21                         | 3    |       |
| PENTACEL VIAL KIT                       | 3    |             | PHASEAL PROTECTOR 28                         | 3    |       |
| PENTAMIDINE 300 MG INHALATION POWDER    | 3    |             | PHASEAL PROTECTOR 50                         | 3    |       |
| PENTAZOCINE-NALOXONE TABLET             | 2    | PA          | PHENAZOPYRIDINE 100 MG TABLET                | 2    |       |
| PENTIP PEN NEEDLE 29G 12MM              | 3    |             | PHENAZOPYRIDINE 200 MG TABLET                | 2    |       |
| PENTIP PEN NEEDLE 29G 1/2"              | 3    |             | PHENELZINE 15 MG TABLET                      | 2    |       |
| PENTIP PEN NEEDLE 31G 5MM               | 3    |             | PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION       | 2    |       |
| PENTIP PEN NEEDLE 31G 6MM               | 3    |             | PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION     | 2    |       |
| PENTIP PEN NEEDLE 31G 8MM               | 3    |             | PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION      | 2    |       |
| PENTIP PEN NEEDLE 31G 1/4"              | 3    |             | PHENOBARBITAL 15 MG TABLET                   | 2    |       |
| PENTIP PEN NEEDLE 31G 3/16"             | 3    |             | PHENOBARBITAL 16.2 MG TABLET                 | 2    |       |
| PENTIP PEN NEEDLE 31G 5/16"             | 3    |             | PHENOBARBITAL 30 MG TABLET                   | 2    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                            | Tier | Notes | Medication Name                       | Tier | Notes            |
|--------------------------------------------|------|-------|---------------------------------------|------|------------------|
| PHENOBARBITAL 32.4 MG TABLET               | 2    | SRX   | PIP PEN NEEDLE 31G 5MM                | 3    | PA, SRX          |
| PHENOBARBITAL 60 MG TABLET                 | 2    |       | PIP PEN NEEDLE 32G 4MM                | 3    |                  |
| PHENOBARBITAL 64.8 MG TABLET               | 2    |       | PIRFENIDONE 267 MG CAPSULE            | 5    |                  |
| PHENOBARBITAL 97.2 MG TABLET               | 2    |       | PIRFENIDONE 267 MG TABLET             | 5    |                  |
| PHENOBARBITAL 100 MG TABLET                | 2    |       | PIRFENIDONE 801 MG TABLET             | 5    |                  |
| PHENOXYBENZAMINE 10 MG CAPSULE             | 5    |       | PIRMELLA 1-35 28 TABLET               | 1    |                  |
| PHENYLEPHRINE 2.5% EYE DROPS               | 2    |       | PIRMELLA 7-7-7-28 TABLET              | 1    |                  |
| PHENYLEPHRINE 10% EYE DROPS                | 2    |       | PIROXICAM 10 MG CAPSULE               | 2    |                  |
| PHENYTOIN 50 MG CHEWABLE TABLET            | 2    |       | PIROXICAM 20 MG CAPSULE               | 2    |                  |
| PHENYTOIN 50 MG INFATAB CHEW               | 2    |       | PLAN B ONE-STEP 1.5 MG TABLET         | 4    |                  |
| PHENYTOIN 100 MG/4 ML ORAL SUSPENSION      | 2    |       | PNEUMOVAX 23 SYRINGE                  | 3    |                  |
| PHENYTOIN 125 MG/5 ML SUSPENSION           | 2    |       | PNEUMOVAX 23 VIAL                     | 3    |                  |
| PHENYTOIN SODIUM EXT 100 MG CAPSULE        | 2    |       | PNV 29-1 TABLET                       | 1    |                  |
| PHENYTOIN SODIUM EXT 200 MG CAPSULE        | 2    |       | PNV PRENATAL PLUS MULTIVITAMIN TABLET | 1    |                  |
| PHENYTOIN SODIUM EXT 300 MG CAPSULE        | 2    |       | PNV-DHA + DOCUSATE SOFTGEL            | 1    |                  |
| PHILITH 0.4-0.035 MG TABLET                | 1    | LDD   | PNV-DHA SOFTGEL                       | 1    | QL               |
| PHOSLYRA 667 MG/5 ML ORAL SOLUTION         | 4    |       | PNV-OMEGA SOFTGEL                     | 1    |                  |
| PHOSPHASAL TABLET                          | 2    |       | PNV-SELECT TABLET                     | 1    |                  |
| PHOSPHOLINE IODIDE 0.125% EYE DROPS        | 4    |       | POCKET CHAMBER                        | 3    |                  |
| PHYSIOSOL IRRIGATION SOLUTION              | 4    |       | POCKET PEAK FLOW METER                | 3    |                  |
| PHYTONADIONE 5 MG TABLET                   | 4    |       | PODOFILOX 0.5% TOPICAL SOLUTION       | 2    |                  |
| PIKO 1 FLOW METER                          | 3    |       | POLY HUB NEEDLE 18G 1"                | 3    |                  |
| PILOCARPINE 1% EYE DROPS                   | 2    |       | POLY HUB NEEDLE 18G 1-1/2"            | 3    |                  |
| PILOCARPINE 2% EYE DROPS                   | 2    |       | POLY HUB NEEDLE 21G 1"                | 3    |                  |
| PILOCARPINE 4% EYE DROPS                   | 2    |       | POLY HUB NEEDLE 21G 1-1/2"            | 3    |                  |
| PILOCARPINE 5 MG TABLET                    | 2    |       | POLY HUB NEEDLE 22G 1"                | 3    |                  |
| PILOCARPINE 7.5 MG TABLET                  | 2    |       | POLY HUB NEEDLE 22G 1-1/2"            | 3    |                  |
| PIMECROLIMUS 1% CREAM                      | 4    |       | POLY HUB NEEDLE 23G 1"                | 3    |                  |
| PIMOZIDE 1 MG TABLET                       | 2    |       | POLY HUB NEEDLE 23G 1-1/2"            | 3    |                  |
| PIMOZIDE 2 MG TABLET                       | 2    |       | POLY HUB NEEDLE 25G 1"                | 3    |                  |
| PIMTREA 28 DAY TABLET                      | 1    |       | POLY HUB NEEDLE 25G 1-1/2"            | 3    |                  |
| PINDOLOL 5 MG TABLET                       | 2    |       | POLY HUB NEEDLE 25G 5/8"              | 3    |                  |
| PINDOLOL 10 MG TABLET                      | 2    |       | POLY HUB NEEDLE 27G 1/2"              | 3    |                  |
| PIOGLITAZONE 15 MG TABLET                  | 2    |       | POLY HUB NEEDLE 27G 1-1/4"            | 3    |                  |
| PIOGLITAZONE 30 MG TABLET                  | 2    |       | POLY HUB NEEDLE 30G 1/2"              | 3    |                  |
| PIOGLITAZONE 45 MG TABLET                  | 2    |       | POLYCYN EYE OINTMENT                  | 2    | PA, QL, LDD, SRX |
| PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET | 2    |       | POLYMYXIN B-TMP EYE DROPS             | 2    |                  |
| PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET | 2    |       | POMALYST 1 MG CAPSULE                 | 5    |                  |
| PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET | 2    |       | POMALYST 2 MG CAPSULE                 | 5    |                  |
| PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET | 2    |       | POMALYST 3 MG CAPSULE                 | 5    |                  |
| PIP GLUCOSE CONTROL SOLUTION L1-L2         | 3    |       | POMALYST 4 MG CAPSULE                 | 5    |                  |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                                     | Tier | Notes  |
|-----------------------------------------------------|------|--------|
| PORTIA-28 TABLET                                    | 1    | QL     |
| POSACONAZOLE 200 MG/5 ML SUSPENSION                 | 4    |        |
| POSACONAZOLE DR 100 MG TABLET                       | 4    |        |
| POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION | 2    |        |
| POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION | 2    |        |
| POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION | 2    |        |
| POTASSIUM CHLORIDE 20 MEQ PACKET                    | 2    |        |
| POTASSIUM CHLORIDE ER 8 MEQ CAPSULE                 | 2    |        |
| POTASSIUM CHLORIDE ER 10 MEQ CAPSULE                | 2    |        |
| POTASSIUM CHLORIDE ER 8 MEQ TABLET                  | 2    |        |
| POTASSIUM CHLORIDE ER 10 MEQ TABLET                 | 2    |        |
| POTASSIUM CHLORIDE ER 15 MEQ TABLET                 | 2    |        |
| POTASSIUM CHLORIDE ER 20 MEQ TABLET                 | 2    |        |
| POTASSIUM CITRATE ER 5 MEQ TABLET                   | 2    |        |
| POTASSIUM CITRATE ER 10 MEQ TABLET                  | 2    |        |
| POTASSIUM CITRATE ER 15 MEQ TABLET                  | 2    |        |
| POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION              | 4    |        |
| PR NATAL 400 COMBO PACK                             | 1    |        |
| PR NATAL 430 COMBO PACK                             | 1    |        |
| PR NATAL 400 EC 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                      | 3    |        |
| PRAMIPEXOLE ER 0.75 MG TABLET                       | 3    |        |
| PRAMIPEXOLE ER 1.5 MG TABLET                        | 3    |        |
| PRAMIPEXOLE ER 2.25 MG TABLET                       | 3    |        |
| PRAMIPEXOLE ER 3 MG TABLET                          | 3    |        |
| PRAMIPEXOLE ER 3.75 MG TABLET                       | 3    |        |
| PRAMIPEXOLE ER 4.5 MG TABLET                        | 3    |        |
| PRAMOSONE 1% LOTION                                 | 4    |        |
| PRAMOSONE 2.5%-1% LOTION                            | 4    |        |
| PRAMOSONE 1%-1% OINTMENT                            | 4    |        |
| PRAMOSONE 2.5%-1% OINTMENT                          | 4    |        |

| Medication Name                             | Tier | Notes |
|---------------------------------------------|------|-------|
| PRASUGREL 5 MG TABLET                       | 2    |       |
| PRASUGREL 10 MG TABLET                      | 2    |       |
| PRAVASTATIN 10 MG TABLET                    | 2    |       |
| PRAVASTATIN 20 MG TABLET                    | 2    |       |
| PRAVASTATIN 40 MG TABLET                    | 2    |       |
| PRAVASTATIN 80 MG TABLET                    | 2    |       |
| PRAZIQUANTEL 600 MG TABLET                  | 4    |       |
| PRAZOSIN 1 MG CAPSULE                       | 2    |       |
| PRAZOSIN 2 MG CAPSULE                       | 2    |       |
| PRAZOSIN 5 MG CAPSULE                       | 2    |       |
| PREDNICARBATE 0.1% CREAM                    | 2    |       |
| PREDNICARBATE 0.1% OINTMENT                 | 2    |       |
| PREDNISOLONE 1% EYE DROPS                   | 2    |       |
| PREDNISOLONE AC 1% EYE DROPS                | 2    |       |
| PREDNISOLONE ODT 10 MG TABLET               | 3    |       |
| PREDNISOLONE ODT 15 MG TABLET               | 3    |       |
| PREDNISOLONE ODT 30 MG TABLET               | 3    |       |
| PREDNISOLONE 5 MG/5 ML ORAL SOLUTION        | 2    |       |
| PREDNISOLONE 15 MG/5 ML ORAL SOLUTION       | 2    |       |
| PREDNISOLONE 25 MG/5 ML ORAL SOLUTION       | 2    |       |
| PREDNISON INTENSOL 5 MG/ML ORAL CONCENTRATE | 3    |       |
| PREDNISON 5 MG/5 ML ORAL SOLUTION           | 2    |       |
| PREDNISON 1 MG TABLET                       | 2    |       |
| PREDNISON 2.5 MG TABLET                     | 2    |       |
| PREDNISON 5 MG TABLET                       | 2    |       |
| PREDNISON 10 MG TABLET                      | 2    |       |
| PREDNISON 20 MG TABLET                      | 2    |       |
| PREDNISON 50 MG TABLET                      | 2    |       |
| PREDNISON 5 MG TABLET DOSE PACK             | 2    |       |
| PREDNISON 10 MG TABLET DOSE PACK            | 2    |       |
| PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"   | 3    |       |
| PREF PLUS SYRINGE 0.5 ML 30G 5/16"          | 3    |       |
| PREF PLUS SYRINGE 1 ML 29G 1/2"             | 3    |       |
| PREFERRED PLUS 0.3 ML 30G 5/16"             | 3    |       |
| PREFERRED PLUS 0.5 ML 29G 1/2"              | 3    |       |
| PREFERRED PLUS SYRINGE 0.5 ML               | 3    |       |
| PREFERRED PLUS SYRINGE 1 ML                 | 3    |       |
| PREFEST TABLET                              | 2    |       |
| PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"      | 3    |       |
| PREGABALIN 25 MG CAPSULE                    | 2    | QL    |
| PREGABALIN 50 MG CAPSULE                    | 2    | QL    |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes  | Medication Name                      | Tier | Notes        |
|---------------------------------------|------|--------|--------------------------------------|------|--------------|
| PREGABALIN 75 MG CAPSULE              | 2    | QL     | PRIMIDONE 250 MG TABLET              | 2    |              |
| PREGABALIN 100 MG CAPSULE             | 2    | QL     | PRIMSOL 50 MG/5 ML ORAL SOLUTION     | 4    |              |
| PREGABALIN 150 MG CAPSULE             | 2    | QL     | PRIORIX VIAL                         | 3    |              |
| PREGABALIN 200 MG CAPSULE             | 2    | QL     | PRO COMFORT 0.5 ML 30G 1/2"          | 3    |              |
| PREGABALIN 225 MG CAPSULE             | 2    | QL     | PRO COMFORT 0.5 ML 30G 5/16"         | 3    |              |
| PREGABALIN 300 MG CAPSULE             | 2    | QL     | PRO COMFORT 0.5 ML 31G 5/16"         | 3    |              |
| PREGABALIN 20 MG/ML ORAL SOLUTION     | 2    | QL     | PRO COMFORT 1 ML 30G 1/2"            | 3    |              |
| PREHEVBRIO 10 MCG/ML VIAL             | 3    |        | PRO COMFORT 1 ML 30G 5/16"           | 3    |              |
| PREMARIN 0.3 MG TABLET                | 4    |        | PRO COMFORT 1 ML 31G 5/16"           | 3    |              |
| PREMARIN 0.45 MG TABLET               | 4    |        | PRO COMFORT PEN NEEDLE 31G 5/16"     | 3    |              |
| PREMARIN 0.625 MG TABLET              | 4    |        | PRO COMFORT PEN NEEDLE 32G 1/4"      | 3    |              |
| PREMARIN 0.9 MG TABLET                | 4    |        | PRO COMFORT PEN NEEDLE 4MM 32G       | 3    |              |
| PREMARIN 1.25 MG TABLET               | 4    |        | PRO COMFORT PEN NEEDLE 5MM 32G       | 3    |              |
| PRENA1 TRUE COMBO PACK                | 1    |        | PRO COMFORT SPACER-ADULT MASK        | 3    | QL           |
| PRENAISSANCE CAPSULE                  | 1    |        | PRO COMFORT SPACER-CHILD MASK        | 3    | QL           |
| PRENAISSANCE PLUS SOFTGEL             | 1    |        | PRO COMFORT SPACER-INFANT MASK       | 3    | QL           |
| PRENATAL 19 CHEWABLE TABLET           | 1    |        | PROBENECID 500 MG TABLET             | 2    |              |
| PRENATAL 19 TABLET                    | 1    |        | PROBENECID-COLCHICINE TABLET         | 2    |              |
| PRENATAL PLUS-DHA COMBO PACK          | 1    |        | PROCARE SPACER WITH ADULT MASK       | 3    | QL           |
| PRENATAL PLUS IRON TABLET             | 1    |        | PROCARE SPACER WITH CHILD MASK       | 3    | QL           |
| PRENATAL PLUS VITAMIN-MINERAL TABLET  | 1    |        | PROCENTRA 5 MG/5 ML ORAL SOLUTION    | 2    | QL           |
| PRENATAL VITAMIN PLUS LOW IRON TABLET | 1    |        | PROCHAMBER HOLDING CHAMBER           | 3    | QL           |
| PRENATAL-U CAPSULE                    | 1    |        | PROCHLORPERAZINE 25 MG SUPPOSITORY   | 2    |              |
| PREPLUS CA-FE 27 MG-FA 1 MG TABLET    | 1    |        | PROCHLORPERAZINE 5 MG TABLET         | 2    |              |
| PRETAB 29 MG-1 MG TABLET              | 1    |        | PROCHLORPERAZINE 10 MG TABLET        | 2    |              |
| PREVALITE PACKET                      | 2    |        | PROCTO-MED HC 2.5% CREAM             | 2    |              |
| PREVALITE POWDER                      | 2    |        | PROCTOSOL-HC 2.5% CREAM              | 2    |              |
| PREVENT PEN NEEDLE 31G 1/4"           | 3    |        | PROCTOZONE-HC 2.5% CREAM             | 2    |              |
| PREVENT PEN NEEDLE 31G 5/16"          | 3    |        | PRODIGY CONTROL SOLUTION             | 3    |              |
| PREVIFEM TABLET                       | 1    |        | PRODIGY CONTROL SOLUTION LOW         | 3    |              |
| PREVNAR 20 SYRINGE                    | 3    |        | PRODIGY INSULIN SYRINGE 1ML 28G 1/2" | 3    |              |
| PREVYMIS 240 MG TABLET                | 4    | PA, QL | PRODIGY SYRINGE 0.3ML 31G 5/16"      | 3    |              |
| PREVYMIS 480 MG TABLET                | 4    | PA, QL | PRODIGY SYRINGE 0.5 ML 31G 5/16"     | 3    |              |
| PREZCOBIX 800 MG-150 MG TABLET        | 3    |        | PROGESTERONE 100 MG CAPSULE          | 2    |              |
| PREZISTA 100 MG/ML SUSPENSION         | 3    |        | PROGESTERONE 200 MG CAPSULE          | 2    |              |
| PREZISTA 75 MG TABLET                 | 3    |        | PROGRAF 0.2 MG GRANULE PACKET        | 4    |              |
| PREZISTA 150 MG TABLET                | 3    |        | PROGRAF 1 MG GRANULE PACKET          | 4    |              |
| PRIFTIN 150 MG TABLET                 | 4    |        | PROMACTA 12.5 MG SUSPENSION PACKET   | 5    | PA, LDD, SRX |
| PRIMAQUINE 26.3 MG TABLET             | 2    |        | PROMACTA 25 MG SUSPENSION PACKET     | 5    | PA, LDD, SRX |
| PRIMEAIRE CHAMBER                     | 3    | QL     | PROMACTA 12.5 MG TABLET              | 5    | PA, LDD, SRX |
| PRIMIDONE 50 MG TABLET                | 2    |        | PROMACTA 25 MG TABLET                | 5    | PA, LDD, SRX |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes        |
|---------------------------------------|------|--------------|
| PROMACTA 50 MG TABLET                 | 5    | PA, LDD, SRX |
| PROMACTA 75 MG TABLET                 | 5    | PA, LDD, SRX |
| PROMETHAZINE 12.5 MG SUPPOSITORY      | 3    |              |
| PROMETHAZINE 25 MG SUPPOSITORY        | 3    |              |
| PROMETHAZINE 6.25 MG/5 ML SYRUP       | 2    |              |
| PROMETHAZINE 12.5 MG TABLET           | 2    |              |
| PROMETHAZINE 25 MG TABLET             | 2    |              |
| PROMETHAZINE 50 MG TABLET             | 2    |              |
| PROMETHAZINE VC SYRUP                 | 2    |              |
| PROMETHAZINE VC-CODEINE SYRUP         | 2    | QL           |
| PROMETHAZINE-CODEINE ORAL SOLUTION    | 2    | QL           |
| PROMETHAZINE-CODEINE SYRUP            | 2    | QL           |
| PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP | 2    |              |
| PROMETHAZINE-PE-CODEINE SYRUP         | 2    | QL           |
| PROMETHAZINE-PHENYLEPHRINE SYRUP      | 2    |              |
| PROMETHEGAN 12.5 MG SUPPOSITORY       | 3    |              |
| PROMETHEGAN 25 MG SUPPOSITORY         | 3    |              |
| PROMETHEGAN 50 MG SUPPOSITORY         | 3    |              |
| PROPAFENONE 150 MG TABLET             | 2    |              |
| PROPAFENONE 225 MG TABLET             | 2    |              |
| PROPAFENONE 300 MG TABLET             | 2    |              |
| PROPAFENONE ER 225 MG CAPSULE         | 2    |              |
| PROPAFENONE ER 325 MG CAPSULE         | 2    |              |
| PROPAFENONE ER 425 MG CAPSULE         | 2    |              |
| PROPARACAIN 0.5% EYE DROPS            | 2    |              |
| PROPRANOLOL 20 MG/5 ML ORAL SOLUTION  | 2    |              |
| PROPRANOLOL 40 MG/5 ML ORAL SOLUTION  | 2    |              |
| PROPRANOLOL 10 MG TABLET              | 2    |              |
| PROPRANOLOL 20 MG TABLET              | 2    |              |
| PROPRANOLOL 40 MG TABLET              | 2    |              |
| PROPRANOLOL 60 MG TABLET              | 2    |              |
| PROPRANOLOL 80 MG TABLET              | 2    |              |
| PROPRANOLOL ER 60 MG CAPSULE          | 2    |              |
| PROPRANOLOL ER 80 MG CAPSULE          | 2    |              |
| PROPRANOLOL ER 120 MG CAPSULE         | 2    |              |
| PROPRANOLOL ER 160 MG CAPSULE         | 2    |              |
| PROPRANOLOL-HCTZ 40-25 MG TABLET      | 2    |              |
| PROPRANOLOL-HCTZ 80-25 MG TABLET      | 2    |              |
| PROPYLTHIOURACIL 50 MG TABLET         | 2    |              |
| PROQUAD VIAL                          | 3    |              |
| PROTRIPTYLINE 5 MG TABLET             | 2    |              |

| Medication Name                         | Tier | Notes        |
|-----------------------------------------|------|--------------|
| PROTRIPTYLINE 10 MG TABLET              | 2    |              |
| PUB INSULIN SYRINGE 0.3 ML 30G 1/2"     | 3    |              |
| PUB INSULIN SYRINGE 0.3 ML 31G 5/16"    | 3    |              |
| PUB INSULIN SYRINGE 0.5 ML 30G 1/2"     | 3    |              |
| PUB INSULIN SYRINGE 0.5 ML 31G 5/16"    | 3    |              |
| PUB INSULIN SYRINGE 1 ML 30G 1/2"       | 3    |              |
| PUB INSULIN SYRINGE 1 ML 31G 5/16"      | 3    |              |
| PUB PEN 8MM 31G NEEDLE                  | 3    |              |
| PUB PEN 12MM 29G NEEDLE                 | 3    |              |
| PUB PEN NEEDLE 6MM 31G                  | 3    |              |
| PUB UNIFINE PENTIP PLUS 31G 3/16        | 3    |              |
| PULMOSAL 7% VIAL                        | 2    |              |
| PULMOZYME 1 MG/ML AMPULE                | 5    | PA, SRX      |
| PURE COMFORT PEN NEEDLE 32G 4MM         | 3    |              |
| PURE COMFORT PEN NEEDLE 32G 5MM         | 3    |              |
| PURE COMFORT PEN NEEDLE 32G 6MM         | 3    |              |
| PURE COMFORT PEN NEEDLE 32G 8MM         | 3    |              |
| PURE COMFORT SAFETY PEN NEEDLE 31G 5MM  | 3    |              |
| PURE COMFORT SAFETY PEN NEEDLE 31G 6MM  | 3    |              |
| PURE COMFORT SAFETY PEN NEEDLE 32G 4MM  | 3    |              |
| PURE COMFORT SPACER-ADULT MASK          | 3    | QL           |
| PURECOMFORT PEAK FLOW METER ADULT       | 3    |              |
| PURECOMFORT PEAK FLOW METER CHILD       | 3    |              |
| PURIXAN 20 MG/ML ORAL SUSPENSION        | 5    | PA, LDD, SRX |
| PV UNIFINE PENTIP PLUS 31G 5MM          | 3    |              |
| PV UNIFINE PENTIP PLUS 31G 6MM          | 3    |              |
| PV UNIFINE PENTIP PLUS 31G 8MM          | 3    |              |
| PV UNIFINE PENTIP PLUS 32G 4MM          | 3    |              |
| PV UNIFINE PENTIP PLUS 33G 4MM          | 3    |              |
| PYRAZINAMIDE 500 MG TABLET              | 2    |              |
| PYRIDOSTIGMINE 60 MG/5 ML ORAL SOLUTION | 5    | PA, SRX      |
| PYRIDOSTIGMINE 60 MG TABLET             | 4    |              |
| PYRIDOSTIGMINE ER 180 MG TABLET         | 4    |              |
| PYRIMETHAMINE 25 MG TABLET              | 5    | PA, LDD, SRX |
| QC UNIFINE PENTIP 32G 5/32"             | 3    |              |
| QC UNIFINE PENTIP 4MM 32G               | 3    |              |
| QUADRACEL DTAP-IPV                      | 3    |              |
| QUAZEPAM 15 MG TABLET                   | 4    | PA           |
| QUETIAPINE 25 MG TABLET                 | 2    |              |
| QUETIAPINE 50 MG TABLET                 | 2    |              |
| QUETIAPINE 100 MG TABLET                | 2    |              |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                      | Tier | Notes | Medication Name                        | Tier | Notes  |
|--------------------------------------|------|-------|----------------------------------------|------|--------|
| QUETIAPINE 200 MG TABLET             | 2    |       | RAYA SURE PEN NEEDLE 29G 12MM          | 3    |        |
| QUETIAPINE 300 MG TABLET             | 2    |       | RAYA SURE PEN NEEDLE 31G 4MM           | 3    |        |
| QUETIAPINE 400 MG TABLET             | 2    |       | RAYA SURE PEN NEEDLE 31G 5MM           | 3    |        |
| QUETIAPINE ER 50 MG TABLET           | 2    |       | RAYA SURE PEN NEEDLE 31G 6MM           | 3    |        |
| QUETIAPINE ER 150 MG TABLET          | 2    |       | RECLIPSEN 28 DAY TABLET                | 1    |        |
| QUETIAPINE ER 200 MG TABLET          | 2    |       | RECOMBIVAX HB 5 MCG/0.5 ML SYRINGE     | 3    |        |
| QUETIAPINE ER 300 MG TABLET          | 2    |       | RECOMBIVAX HB 10 MCG/ML SYRINGE        | 3    |        |
| QUETIAPINE ER 400 MG TABLET          | 2    |       | RECOMBIVAX HB 5 MCG/0.5 ML VIAL        | 3    |        |
| QUINAPRIL 5 MG TABLET                | 1    |       | RECOMBIVAX HB 10 MCG/ML VIAL           | 3    |        |
| QUINAPRIL 10 MG TABLET               | 1    |       | RECOMBIVAX HB 40 MCG/ML VIAL           | 3    |        |
| QUINAPRIL 20 MG TABLET               | 1    |       | RECTIV 0.4% OINTMENT                   | 4    |        |
| QUINAPRIL 40 MG TABLET               | 1    |       | REFUAH PLUS CONTROL SOLUTION           | 3    |        |
| QUINAPRIL-HCTZ 10-12.5 MG TABLET     | 1    |       | REGRANEX 0.01% GEL                     | 4    | PA, QL |
| QUINAPRIL-HCTZ 20-12.5 MG TABLET     | 1    |       | RELENZA 5 MG DISKHALER                 | 4    | QL     |
| QUINAPRIL-HCTZ 20-25 MG TABLET       | 1    |       | RELI ON 31G 1/4" NEEDLE                | 3    |        |
| QUINIDINE GLUCONATE ER 324 MG TABLET | 3    |       | RELION INSULIN SYRINGE 0.3 ML 29G 1/2" | 3    |        |
| QUINIDINE SULFATE 200 MG TABLET      | 2    |       | RELION INSULIN SYRINGE 0.3 ML 31G 6MM  | 3    |        |
| QUINIDINE SULFATE 300 MG TABLET      | 2    |       | RELION INSULIN SYRINGE 0.5 ML          | 3    |        |
| QUININE SULFATE 324 MG CAPSULE       | 2    |       | RELION INSULIN SYRINGE 0.5 ML 29G 1/2" | 3    |        |
| QUTENZA 8% KIT (1 PATCH)             | 4    |       | RELION INSULIN SYRINGE 0.5 ML 31G 6MM  | 3    |        |
| QUTENZA 8% KIT (2 PATCH)             | 4    |       | RELION INSULIN SYRINGE 1 ML 29G 1/2"   | 3    |        |
| QUTENZA 8% KIT (4 PATCH)             | 4    |       | RELION INSULIN SYRINGE 1 ML 31G 5/16"  | 3    |        |
| QVAR REDHALER 40 MCG                 | 3    |       | RELION INSULIN SYRINGE 1 ML 31G 15/64" | 3    |        |
| QVAR REDHALER 80 MCG                 | 3    |       | RELION KETONE TEST STRIP               | 3    |        |
| RA INSULIN SYRINGE 0.5 ML 29G 1/2"   | 3    |       | RELION MINI PEN NEEDLE 31G 1/4"        | 3    |        |
| RA INSULIN SYRINGE 0.5 ML 30G 5/16"  | 3    |       | RELION NOVOLOG U-100 FLEXPEN           | 4    | QL, ST |
| RA INSULIN SYRINGE 1 ML 29G 1/2"     | 3    |       | RELION NOVOLOG MIX 70-30 FLEXPEN       | 4    | QL, ST |
| RA INSULIN SYRINGE 1 ML 30G 5/16"    | 3    |       | RELION NOVOLOG 100 UNIT/ML VIAL        | 4    | QL, ST |
| RA PEN NEEDLE 31G 3/16"              | 3    |       | RELION NOVOLOG MIX 70-30 VIAL          | 4    | QL, ST |
| RA PEN NEEDLE 31G 5/16"              | 3    |       | RELION PEN NEEDLE 29G                  | 3    |        |
| RABEPRAZOLE DR 20 MG TABLET          | 2    | QL    | RELION PEN NEEDLE 29G 1/2"             | 3    |        |
| RALOXIFENE 60 MG TABLET              | 2    |       | RELION PEN NEEDLE 31G                  | 3    |        |
| RAMELTEON 8 MG TABLET                | 3    | QL    | RELION PEN NEEDLE 31G 6MM              | 3    |        |
| RAMIPRIL 1.25 MG CAPSULE             | 2    |       | RELION PEN NEEDLE 31G 1/4"             | 3    |        |
| RAMIPRIL 2.5 MG CAPSULE              | 1    |       | RELION PEN NEEDLE 31G 5/16"            | 3    |        |
| RAMIPRIL 5 MG CAPSULE                | 1    |       | RELION PEN NEEDLE 32G 5/32"            | 3    |        |
| RAMIPRIL 10 MG CAPSULE               | 1    |       | RELION SYRINGE 0.3 ML 31G 5/16"        | 3    |        |
| RANOLAZINE ER 500 MG TABLET          | 4    | QL    | RELION SYRINGE 0.5 ML 31G 5/16"        | 3    |        |
| RANOLAZINE ER 1,000 MG TABLET        | 4    | QL    | RELISTOR 8 MG/0.4 ML SYRINGE           | 4    | PA     |
| RASAGILINE 0.5 MG TABLET             | 2    |       | RELISTOR 12 MG/0.6 ML SYRINGE          | 4    | PA     |
| RASAGILINE 1 MG TABLET               | 2    |       | RELISTOR 12 MG/0.6 ML VIAL             | 4    | PA     |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                   | Tier | Notes            | Medication Name                 | Tier | Notes |
|-----------------------------------|------|------------------|---------------------------------|------|-------|
| RELISTOR 150 MG TABLET            | 4    | PA               | RISPERIDONE 2 MG ODT TABLET     | 2    |       |
| RENACIDIN IRRIGATION SOLUTION     | 4    |                  | RISPERIDONE 3 MG ODT TABLET     | 2    |       |
| REPAGLINIDE 0.5 MG TABLET         | 2    |                  | RISPERIDONE 4 MG ODT TABLET     | 2    |       |
| REPAGLINIDE 1 MG TABLET           | 2    |                  | RISPERIDONE 0.25 MG TABLET      | 1    |       |
| REPAGLINIDE 2 MG TABLET           | 2    |                  | RISPERIDONE 0.5 MG TABLET       | 1    |       |
| REPATHA 140 MG/ML SURECLICK       | 5    | PA, SRX          | RISPERIDONE 1 MG TABLET         | 1    |       |
| REPATHA 140 MG/ML SYRINGE         | 5    | PA, SRX          | RISPERIDONE 2 MG TABLET         | 1    |       |
| REPATHA 420 MG/3.5 ML PUSHTRONEX  | 5    | PA, SRX          | RISPERIDONE 3 MG TABLET         | 1    |       |
| RESPA A.R. TABLET SA              | 4    |                  | RISPERIDONE 4 MG TABLET         | 1    |       |
| REVLIMID 2.5 MG CAPSULE           | 5    | PA, QL, LDD, SRX | RITEFLO SPACER                  | 3    | QL    |
| REVLIMID 5 MG CAPSULE             | 5    | PA, QL, LDD, SRX | RITONAVIR 100 MG TABLET         | 2    |       |
| REVLIMID 10 MG CAPSULE            | 5    | PA, QL, LDD, SRX | RIVASTIGMINE 1.5 MG CAPSULE     | 2    |       |
| REVLIMID 15 MG CAPSULE            | 5    | PA, QL, LDD, SRX | RIVASTIGMINE 3 MG CAPSULE       | 2    |       |
| REVLIMID 20 MG CAPSULE            | 5    | PA, QL, LDD, SRX | RIVASTIGMINE 4.5 MG CAPSULE     | 2    |       |
| REVLIMID 25 MG CAPSULE            | 5    | PA, QL, LDD, SRX | RIVASTIGMINE 6 MG CAPSULE       | 2    |       |
| REYATAZ 50 MG POWDER PACKET       | 3    |                  | RIVASTIGMINE 4.6 MG/24HR PATCH  | 2    |       |
| REZDIFFRA 60 MG TABLET            | 5    | PA, QL, SRX      | RIVASTIGMINE 9.5 MG/24HR PATCH  | 2    |       |
| REZDIFFRA 80 MG TABLET            | 5    | PA, QL, SRX      | RIVASTIGMINE 13.3 MG/24HR PATCH | 2    |       |
| REZDIFFRA 100 MG TABLET           | 5    | PA, QL, SRX      | RIVELSA TABLET                  | 1    |       |
| RIBAVIRIN 200 MG CAPSULE          | 4    |                  | RIZATRIPTAN 5 MG ODT TABLET     | 2    | QL    |
| RIBAVIRIN 200 MG TABLET           | 4    |                  | RIZATRIPTAN 10 MG ODT TABLET    | 2    | QL    |
| RIFABUTIN 150 MG CAPSULE          | 3    |                  | RIZATRIPTAN 5 MG TABLET         | 2    | QL    |
| RIFAMPIN 150 MG CAPSULE           | 2    |                  | RIZATRIPTAN 10 MG TABLET        | 2    | QL    |
| RIFAMPIN 300 MG CAPSULE           | 2    |                  | R-NATAL OB SOFTGEL              | 1    |       |
| RIGHTEST CONTROL SOLUTION HIGH    | 3    |                  | ROFLUMILAST 250 MCG TABLET      | 4    | QL    |
| RIGHTEST CONTROL SOLUTION NORMAL  | 3    |                  | ROFLUMILAST 500 MCG TABLET      | 4    | QL    |
| RILUZOLE 50 MG TABLET             | 5    | SRX              | ROPINIROLE 0.25 MG TABLET       | 2    |       |
| RIMANTADINE 100 MG TABLET         | 2    |                  | ROPINIROLE 0.5 MG TABLET        | 2    |       |
| RINVOQ LQ 1 MG/ML SOLUTION        | 5    | PA, QL, SRX      | ROPINIROLE 1 MG TABLET          | 2    |       |
| RINVOQ ER 15 MG TABLET            | 5    | PA, QL, LDD, SRX | ROPINIROLE 2 MG TABLET          | 2    |       |
| RINVOQ ER 30 MG TABLET            | 5    | PA, QL, LDD, SRX | ROPINIROLE 3 MG TABLET          | 2    |       |
| RINVOQ ER 45 MG TABLET            | 5    | PA, QL, LDD, SRX | ROPINIROLE 4 MG TABLET          | 2    |       |
| RISEDRONATE 5 MG TABLET           | 3    |                  | ROPINIROLE 5 MG TABLET          | 2    |       |
| RISEDRONATE 30 MG TABLET          | 3    |                  | ROPINIROLE ER 2 MG TABLET       | 2    |       |
| RISEDRONATE 35 MG TABLET          | 3    |                  | ROPINIROLE ER 4 MG TABLET       | 2    |       |
| RISEDRONATE 150 MG TABLET         | 3    |                  | ROPINIROLE ER 6 MG TABLET       | 2    |       |
| RISEDRONATE DR 35 MG TABLET       | 3    |                  | ROPINIROLE ER 8 MG TABLET       | 2    |       |
| RISPERIDONE 1 MG/ML ORAL SOLUTION | 2    |                  | ROPINIROLE ER 12 MG TABLET      | 2    |       |
| RISPERIDONE 0.25 MG ODT TABLET    | 2    |                  | ROSADAN 0.75% CREAM             | 2    |       |
| RISPERIDONE 0.5 MG ODT TABLET     | 2    |                  | ROSADAN 0.75% GEL               | 2    |       |
| RISPERIDONE 1 MG ODT TABLET       | 2    |                  | ROSUVASTATIN 5 MG TABLET        | 2    |       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                          | Tier | Notes        | Medication Name                      | Tier | Notes        |
|------------------------------------------|------|--------------|--------------------------------------|------|--------------|
| ROSUVASTATIN 10 MG TABLET                | 2    |              | SCOPOLAMINE 1 MG/3 DAY PATCH         | 2    |              |
| ROSUVASTATIN 20 MG TABLET                | 2    |              | SECONAL 100 MG CAPSULE               | 4    |              |
| ROSUVASTATIN 40 MG TABLET                | 2    |              | SECURESAFE PEN NEEDLE 30G 5/16"      | 3    |              |
| ROTARIX VACCINE ORAL SYRINGE             | 3    |              | SECURESAFE SYRINGE 0.5 ML 29G 1/2"   | 3    |              |
| ROTARIX VACCINE SUSPENSION               | 3    |              | SECURESAFE SYRINGE 1 ML 29G 1/2"     | 3    |              |
| ROTATEQ VACCINE                          | 3    |              | SELEGILINE 5 MG CAPSULE              | 2    |              |
| ROWEEPR 500 MG TABLET                    | 2    |              | SELEGILINE 5 MG TABLET               | 2    |              |
| ROWEEPR 750 MG TABLET                    | 2    |              | SELENIUM SULFIDE 2.25% SHAMPOO       | 2    |              |
| ROWEEPR 1,000 MG TABLET                  | 2    |              | SELENIUM SULFIDE 2.5% LOTION         | 2    |              |
| RUFINAMIDE 40 MG/ML SUSPENSION           | 4    | PA, QL       | SE-NATAL 19 CHEWABLE TABLET          | 1    |              |
| RUFINAMIDE 200 MG TABLET                 | 4    | PA, QL       | SE-NATAL-19 TABLET                   | 1    |              |
| RUFINAMIDE 400 MG TABLET                 | 4    | PA, QL       | SERTRALINE 20 MG/ML ORAL CONCENTRATE | 2    | QL           |
| RYBELSUS 3 MG TABLET                     | 3    | PA, QL       | SERTRALINE 25 MG TABLET              | 1    | QL           |
| RYBELSUS 7 MG TABLET                     | 3    | PA, QL       | SERTRALINE 50 MG TABLET              | 1    | QL           |
| RYBELSUS 14 MG TABLET                    | 3    | PA, QL       | SERTRALINE 100 MG TABLET             | 1    | QL           |
| SAFESNAP INSULIN SYRINGE 0.3 ML          | 3    |              | SETLAKIN 0.15 MG-0.03 MG TABLET      | 1    |              |
| SAFESNAP INSULIN SYRINGE 0.5 ML          | 3    |              | SEVELAMER CARBONATE 800 MG TABLET    | 4    |              |
| SAFESNAP INSULIN SYRINGE 1 ML            | 3    |              | SF 1.1% GEL                          | 2    |              |
| SAFETY PEN NEEDLE 31G 4MM                | 3    |              | SF 5000 PLUS TOOTHPASTE              | 2    |              |
| SAFETY PEN NEEDLE 31G 5MM                | 3    |              | SHAROBE 0.35 MG TABLET               | 1    |              |
| SAJAZIR 30 MG/3 ML SYRINGE               | 5    | PA, LDD, SRX | SHINGRIX VIAL KIT                    | 3    | QL           |
| SALICYLIC ACID 27.5% LIQUID              | 2    |              | SHOPKO UNIFINE PENTIP 4MM 32G        | 3    |              |
| SALSALATE 500 MG TABLET                  | 2    |              | SHOPKO UNIFINE PENTIP 5MM 31G        | 3    |              |
| SALSALATE 750 MG TABLET                  | 2    |              | SHOPKO UNIFINE PENTIP 8MM 31G        | 3    |              |
| SANTYL OINTMENT                          | 4    | PA, QL       | SHOPKO UNIFINE PENTIP 12MM 29G       | 3    |              |
| SAPROTERIN 100 MG POWDER PACKET          | 5    | PA, SRX      | SIDESTREAM PEDIATRIC FACE MASK       | 3    | QL           |
| SAPROTERIN 500 MG POWDER PACKET          | 5    | PA, SRX      | SIGNIFOR 0.3 MG/ML AMPULE            | 5    | PA, LDD, SRX |
| SAPROTERIN 100 MG TABLET                 | 5    | PA, SRX      | SIGNIFOR 0.6 MG/ML AMPULE            | 5    | PA, LDD, SRX |
| SAVAYSA 15 MG TABLET                     | 4    | PA, QL       | SIGNIFOR 0.9 MG/ML AMPULE            | 5    | PA, LDD, SRX |
| SAVAYSA 30 MG TABLET                     | 4    | PA, QL       | SILDENAFIL 20 MG TABLET              | 5    | PA, SRX      |
| SAVAYSA 60 MG TABLET                     | 4    | PA, QL       | SILHOUETTE INFUSION SET 23"          | 3    |              |
| SAVELLA 12.5 MG TABLET                   | 4    |              | SILICONE MASK-INFANT                 | 3    | QL           |
| SAVELLA 25 MG TABLET                     | 4    |              | SILICONE MASK-PEDIATRIC              | 3    | QL           |
| SAVELLA 50 MG TABLET                     | 4    |              | SILODOSIN 4 MG CAPSULE               | 2    | QL           |
| SAVELLA 100 MG TABLET                    | 4    |              | SILODOSIN 8 MG CAPSULE               | 2    | QL           |
| SAVELLA TITRATION PACK                   | 4    |              | SIL-SERTER INFUSION SET              | 3    |              |
| SAXAGLIPTIN 2.5 MG TABLET                | 2    | QL           | SILVER NITRATE 0.5% TOPICAL SOLUTION | 2    |              |
| SAXAGLIPTIN 5 MG TABLET                  | 2    | QL           | SILVER NITRATE 10% TOPICAL SOLUTION  | 2    |              |
| SAXAGLIPTIN-METFORMIN ER 2.5-1000 TABLET | 2    | QL           | SILVER NITRATE 25% TOPICAL SOLUTION  | 2    |              |
| SAXAGLIPTIN-METFORMIN ER 5-500 TABLET    | 2    | QL           | SILVER NITRATE 50% TOPICAL SOLUTION  | 2    |              |
| SAXAGLIPTIN-METFORMIN ER 5-1000 TABLET   | 2    | QL           | SILVER SULFADIAZINE 1% CREAM         | 2    |              |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                            | Tier | Notes       |
|--------------------------------------------|------|-------------|
| SIMBRINZA 1%-0.2% EYE DROPS                | 3    |             |
| SIMLANDI(CF) AI 40 MG/0.4 ML AUTO-INJECTOR | 5    | PA, QL, SRX |
| SIMLIYA 28 DAY TABLET                      | 1    |             |
| SIMPESSE 0.15-0.03-0.01 MG TABLET          | 1    |             |
| SIMVASTATIN 5 MG TABLET                    | 1    |             |
| SIMVASTATIN 10 MG TABLET                   | 1    |             |
| SIMVASTATIN 20 MG TABLET                   | 1    |             |
| SIMVASTATIN 40 MG TABLET                   | 1    |             |
| SIMVASTATIN 80 MG TABLET                   | 1    | QL          |
| SIROLIMUS 1 MG/ML ORAL SOLUTION            | 5    | SRX         |
| SIROLIMUS 0.5 MG TABLET                    | 2    |             |
| SIROLIMUS 1 MG TABLET                      | 2    |             |
| SIROLIMUS 2 MG TABLET                      | 2    |             |
| SIRTURO 20 MG TABLET                       | 4    | PA          |
| SIRTURO 100 MG TABLET                      | 4    | PA          |
| SKY SAFETY PEN NEEDLE 30G 5MM              | 3    |             |
| SKY SAFETY PEN NEEDLE 30G 8MM              | 3    |             |
| SKYRIZI 150 MG/ML PEN                      | 5    | PA, QL, SRX |
| SKYRIZI 150 MG/ML SYRINGE                  | 5    | PA, QL, SRX |
| SKYRIZI 180 MG/1.2 ML ON-BODY              | 5    | PA, QL, SRX |
| SKYRIZI 360 MG/2.4 ML ON-BODY              | 5    | PA, QL, SRX |
| SLYND 4 MG TABLET                          | 4    |             |
| SM INSULIN SYRINGE 0.3 ML 29G 1/2"         | 3    |             |
| SM INSULIN SYRINGE 0.3 ML 30G 5/16"        | 3    |             |
| SM INSULIN SYRINGE 0.3 ML 31G 5/16"        | 3    |             |
| SM INSULIN SYRINGE 0.5 ML 28G 1/2"         | 3    |             |
| SM INSULIN SYRINGE 0.5 ML 29G 1/2"         | 3    |             |
| SM INSULIN SYRINGE 0.5 ML 30G 5/16"        | 3    |             |
| SM INSULIN SYRINGE 0.5 ML 31G 5/16"        | 3    |             |
| SM INSULIN SYRINGE 1 ML 28G 1/2"           | 3    |             |
| SM INSULIN SYRINGE 1 ML 29G 1/2"           | 3    |             |
| SM INSULIN SYRINGE 1 ML 30G 5/16"          | 3    |             |
| SM INSULIN SYRINGE 1 ML 31G 5/16"          | 3    |             |
| SMARTEST CONTROL SOLUTION                  | 3    |             |
| SODIUM CHLORIDE 0.9% INHALATION VIAL       | 2    |             |
| SODIUM CHLORIDE 0.9% IRRIGATION            | 2    |             |
| SODIUM CHLORIDE 0.9% PROCESSING SOLUTION   | 2    |             |
| SODIUM CHLORIDE 3% VIAL                    | 2    |             |
| SODIUM CHLORIDE 7% VIAL                    | 2    |             |
| SODIUM CHLORIDE 10% VIAL                   | 2    |             |
| SODIUM FLUORIDE 1.1% GEL                   | 2    |             |

| Medication Name                                                  | Tier | Notes        |
|------------------------------------------------------------------|------|--------------|
| SODIUM FLUORIDE 0.2% RINSE                                       | 2    |              |
| SODIUM FLUORIDE 1.1% TOOTHPASTE                                  | 2    |              |
| SODIUM FLUORIDE 5000 DRY MOUTH TOOTHPASTE                        | 2    |              |
| SODIUM FLUORIDE 5000 PLUS TOOTHPASTE                             | 2    |              |
| SODIUM FLUORIDE 5000 PPM TOOTHPASTE                              | 2    |              |
| SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE               | 2    |              |
| SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE                    | 2    |              |
| SODIUM FLUORIDE-POTASSIUM NITRATE PASTE                          | 2    |              |
| SODIUM PHENYLBUTYRATE POWDER                                     | 5    | SRX          |
| SODIUM PHENYLBUTYRATE 500MG TABLET                               | 5    | SRX          |
| SODIUM POLYSTYRENE SULFATE POWDER                                | 2    |              |
| SODIUM POLYSTYRENE SULFONATE 15 G/60 ML SUSPENSION               | 2    |              |
| SODIUM SULFACETAMIDE 10% LOTION                                  | 2    |              |
| SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION | 4    |              |
| SOFOSBUVIR-VELPATASVIR 400-100 TABLET                            | 5    | PA, QL, SRX  |
| SOLIFENACIN 5 MG TABLET                                          | 3    | QL           |
| SOLIFENACIN 10 MG TABLET                                         | 3    | QL           |
| SOLUTIONUS V2 CONTROL SOLUTION HIGH                              | 3    |              |
| SOLUTIONUS V2 CONTROL SOLUTION LOW                               | 3    |              |
| SOMAVERT 10 MG VIAL                                              | 5    | PA, LDD, SRX |
| SOMAVERT 15 MG VIAL                                              | 5    | PA, LDD, SRX |
| SOMAVERT 20 MG VIAL                                              | 5    | PA, LDD, SRX |
| SOMAVERT 25 MG VIAL                                              | 5    | PA, LDD, SRX |
| SOMAVERT 30 MG VIAL                                              | 5    | PA, LDD, SRX |
| SORAFENIB 200 MG TABLET                                          | 5    | PA, QL, SRX  |
| SOTALOL 80 MG TABLET                                             | 2    |              |
| SOTALOL 120 MG TABLET                                            | 2    |              |
| SOTALOL 160 MG TABLET                                            | 2    |              |
| SOTALOL 240 MG TABLET                                            | 2    |              |
| SOTALOL AF 80 MG TABLET                                          | 2    |              |
| SOTALOL AF 120 MG TABLET                                         | 2    |              |
| SOTALOL AF 160 MG TABLET                                         | 2    |              |
| SOTYLIZE 5 MG/ML ORAL SOLUTION                                   | 4    | PA           |
| SOTYKTU 6 MG TABLET                                              | 5    | PA, QL, SRX  |
| SOVALDI 150 MG PELLETT PACKET                                    | 4    | PA, QL       |
| SOVALDI 200 MG PELLETT PACKET                                    | 4    | PA, QL       |
| SOVALDI 200 MG TABLET                                            | 4    | PA, QL       |
| SOVALDI 400 MG TABLET                                            | 4    | PA, QL       |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                             | Tier | Notes            | Medication Name                        | Tier | Notes       |
|---------------------------------------------|------|------------------|----------------------------------------|------|-------------|
| SPIKEVAX (12Y UP) SYRINGE                   | 3    |                  | SULFADIAZINE 500 MG TABLET             | 4    |             |
| SPIKEVAX (12Y UP) VIAL                      | 3    |                  | SULFAMETHOXAZOLE-TMP SUSPENSION        | 2    |             |
| SPIKEVAX COVID (18Y UP) VACCINE             | 3    |                  | SULFAMETHOXAZOLE-TMP DS TABLET         | 1    |             |
| SPINOSAD 0.9% TOPICAL SUSPENSION            | 3    |                  | SULFAMETHOXAZOLE-TMP SS TABLET         | 1    |             |
| SPIRONOLACTONE 25 MG TABLET                 | 2    |                  | SULFAMYLON 8.5% CREAM                  | 4    |             |
| SPIRONOLACTONE 50 MG TABLET                 | 2    |                  | SULFASALAZINE 500 MG TABLET            | 2    |             |
| SPIRONOLACTONE 100 MG TABLET                | 2    |                  | SULFASALAZINE DR 500 MG TABLET         | 2    |             |
| SPIRONOLACTONE-HCTZ 25-25 TABLET            | 2    |                  | SULF-PRED 10-0.23% EYE DROPS           | 2    |             |
| SPRINTEC 28 DAY TABLET                      | 1    |                  | SULINDAC 150 MG TABLET                 | 2    |             |
| SPRYCEL 20 MG TABLET                        | 5    | PA, QL, SRX      | SULINDAC 200 MG TABLET                 | 2    |             |
| SPRYCEL 50 MG TABLET                        | 5    | PA, QL, SRX      | SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR  | 2    | QL          |
| SPRYCEL 70 MG TABLET                        | 5    | PA, QL, SRX      | SUMATRIPTAN 4 MG/0.5 ML CARTRIDGE      | 2    | QL          |
| SPRYCEL 80 MG TABLET                        | 5    | PA, QL, SRX      | SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE      | 2    | QL          |
| SPRYCEL 100 MG TABLET                       | 5    | PA, QL, SRX      | SUMATRIPTAN 4 MG/0.5 ML INJECTOR       | 2    | QL          |
| SPRYCEL 140 MG TABLET                       | 5    | PA, QL, SRX      | SUMATRIPTAN 5 MG NASAL SPRAY           | 3    | QL          |
| SPS 15 GM/60 ML SUSPENSION                  | 2    |                  | SUMATRIPTAN 20 MG NASAL SPRAY          | 3    | QL          |
| SPS 30 GM/120 ML ENEMA SUSPENSION           | 2    |                  | SUMATRIPTAN 6 MG/0.5 ML VIAL           | 2    | QL          |
| SRONYX 0.10-0.02 MG TABLET                  | 1    |                  | SUMATRIPTAN SUCCINATE 25 MG TABLET     | 2    | QL          |
| SSKI 1 GM/ML ORAL SOLUTION                  | 4    |                  | SUMATRIPTAN SUCCINATE 50 MG TABLET     | 2    | QL          |
| STAVUDINE 40 MG CAPSULE                     | 2    |                  | SUMATRIPTAN SUCCINATE 100 MG TABLET    | 2    | QL          |
| STELARA 45 MG/0.5 ML SYRINGE                | 5    | PA, QL, SRX      | SUMATRIPTAN-NAPROXEN 85-500 MG TABLET  | 4    | QL          |
| STELARA 90 MG/ML SYRINGE                    | 5    | PA, QL, SRX      | SUNITINIB 12.5 MG CAPSULE              | 5    | PA, QL, SRX |
| STELARA 45 MG/0.5 ML VIAL                   | 5    | PA, QL, SRX      | SUNITINIB 25 MG CAPSULE                | 5    | PA, QL, SRX |
| STERILE WATER FOR IRRIGATION                | 2    |                  | SUNITINIB 37.5 MG CAPSULE              | 5    | PA, QL, SRX |
| STIVARGA 40 MG TABLET                       | 5    | PA, QL, LDD, SRX | SUNITINIB 50 MG CAPSULE                | 5    | PA, QL, SRX |
| STRIBILD TABLET                             | 4    | QL               | SURE COMFORT 0.3 ML SYRINGE            | 3    |             |
| STRIVE PEAK FLOW METER                      | 3    |                  | SURE COMFORT 0.5 ML SYRINGE            | 3    |             |
| STRIVERDI RESPIMAT INHALATION SPRAY         | 3    | QL               | SURE COMFORT 1 ML SYRINGE              | 3    |             |
| SUBVENITE 25 MG TABLET                      | 2    |                  | SURE COMFORT 3/10 ML SYRINGE           | 3    |             |
| SUBVENITE 100 MG TABLET                     | 2    |                  | SURE COMFORT 30G PEN NEEDLE            | 3    |             |
| SUBVENITE 150 MG TABLET                     | 2    |                  | SURE COMFORT INSULIN 0.3ML 31G 1/4"    | 3    |             |
| SUBVENITE 200 MG TABLET                     | 2    |                  | SURE COMFORT INSULIN 0.5ML 31G 1/4"    | 3    |             |
| SUBVENITE TABLET STARTER KIT (BLUE)         | 2    |                  | SURE COMFORT INSULIN 1 ML 31G 1/4"     | 3    |             |
| SUBVENITE TABLET STARTER KIT (GREEN)        | 2    |                  | SURE COMFORT PEN NEEDLE 29G 1/2"       | 3    |             |
| SUBVENITE TABLET STARTER KIT (ORANGE)       | 2    |                  | SURE COMFORT PEN NEEDLE 31G 5MM        | 3    |             |
| SUCRAID 8,500 UNIT/ML ORAL SOLUTION         | 5    | LDD, SRX         | SURE COMFORT PEN NEEDLE 31G 8MM        | 3    |             |
| SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION      | 5    | LDD, SRX         | SURE COMFORT PEN NEEDLE 32G 4MM        | 3    |             |
| SUCRALFATE 1 GM TABLET                      | 2    |                  | SURE COMFORT PEN NEEDLE 32G 6MM        | 3    |             |
| SULFACETAMIDE 10% EYE DROPS                 | 2    |                  | SURE COMFORT SAFETY PEN NEEDLE 31G 6MM | 3    |             |
| SULFACETAMIDE 10% EYE OINTMENT              | 2    |                  | SURE COMFORT SAFETY PEN NEEDLE 32G 4MM | 3    |             |
| SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION | 2    |                  | SURE-FINE PEN NEEDLE 5MM               | 3    |             |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes   | Medication Name                      | Tier | Notes            |
|---------------------------------------|------|---------|--------------------------------------|------|------------------|
| SURE-FINE PEN NEEDLE 8MM              | 3    |         | T:90 INFUSION SET 23" 9MM            | 3    |                  |
| SURE-FINE PEN NEEDLE 12.7MM           | 3    |         | T:90 INFUSION SET 43" 9MM            | 3    |                  |
| SURE-JECT INSULIN 0.3 ML 31G 5/16"    | 3    |         | T:FLEX 4.8 ML CARTRIDGE              | 3    |                  |
| SURE-JECT INSULIN 0.5 ML 31G 5/16"    | 3    |         | T:SLIM 3 ML CARTRIDGE                | 3    |                  |
| SURE-JECT INSULIN SYRINGE 1 ML        | 3    |         | T:SLIM G4 3 ML CARTRIDGE             | 3    |                  |
| SURE-JECT INSULIN SYRINGE U100 0.3 ML | 3    |         | T:SLIM X2 3 ML CARTRIDGE             | 3    |                  |
| SURE-JECT INSULIN SYRINGE U100 0.5 ML | 3    |         | TABLOID 40 MG TABLET                 | 4    | PA               |
| SURE-JECT INSULIN SYRINGE U100 1 ML   | 3    |         | TAMSULOSIN 0.4 MG CAPSULE            | 2    |                  |
| SURE-TEST EASYPLUS MINI SOLUTION      | 3    |         | TACROLIMUS 0.5 MG CAPSULE (IR)       | 2    |                  |
| SYEDA 28 TABLET                       | 1    |         | TACROLIMUS 1 MG CAPSULE (IR)         | 2    |                  |
| SYMAX FASTABS 0.125 MG TABLET         | 2    |         | TACROLIMUS 5 MG CAPSULE (IR)         | 2    |                  |
| SYMAX-SL 0.125 MG SUBLINGUAL TABLET   | 2    |         | TACROLIMUS 0.1% OINTMENT             | 2    |                  |
| SYMAX-SR 0.375 MG TABLET              | 2    |         | TACROLIMUS 0.03% OINTMENT            | 2    |                  |
| SYMLINPEN 60 PEN INJECTOR             | 4    | QL      | TADALAFIL 2.5 MG TABLET              | 2    | PA, QL           |
| SYMLINPEN 120 PEN INJECTOR            | 4    | QL      | TADALAFIL 5 MG TABLET                | 2    | PA, QL           |
| SYMITUZA 800-150-200-10 MG TABLET     | 4    | QL      | TADALAFIL 20 MG TABLET               | 5    | PA, SRX          |
| SYNAREL 2 MG/ML NASAL SPRAY           | 5    | PA, SRX | TAFINLAR 10 MG TABLET FOR SUSPENSION | 5    | PA, QL, SRX      |
| SYNERA PATCH                          | 4    |         | TAFINLAR 50 MG CAPSULE               | 5    | PA, QL, SRX      |
| SYNJARDY 5-500 MG TABLET              | 3    | QL      | TAFINLAR 75 MG CAPSULE               | 5    | PA, QL, SRX      |
| SYNJARDY 5-1,000 MG TABLET            | 3    | QL      | TAFLUPROST 0.0015% EYE DROPS         | 4    | QL               |
| SYNJARDY 12.5-500 MG TABLET           | 3    | QL      | TAGRISSO 40 MG TABLET                | 5    | PA, QL, LDD, SRX |
| SYNJARDY 12.5-1,000 MG TABLET         | 3    | QL      | TAGRISSO 80 MG TABLET                | 5    | PA, QL, LDD, SRX |
| SYNJARDY XR 5-1,000 MG TABLET         | 3    | QL      | TAKE ACTION 1.5 MG TABLET            | 1    |                  |
| SYNJARDY XR 10-1,000 MG TABLET        | 3    | QL      | TAMOXIFEN 10 MG TABLET               | 2    |                  |
| SYNJARDY XR 12.5-1,000 MG TABLET      | 3    | QL      | TAMOXIFEN 20 MG TABLET               | 2    |                  |
| SYNJARDY XR 25-1,000 MG TABLET        | 3    | QL      | TARINA 24 FE 1 MG-20 MCG TABLET      | 1    |                  |
| SYNTHROID 25 MCG TABLET               | 4    |         | TARINA FE 1-20 TABLET                | 1    |                  |
| SYNTHROID 50 MCG TABLET               | 4    |         | TARINA FE 1-20 EQ TABLET             | 1    |                  |
| SYNTHROID 75 MCG TABLET               | 4    |         | TARON-C DHA CAPSULE                  | 1    |                  |
| SYNTHROID 88 MCG TABLET               | 4    |         | TARON-PREX PRENATAL DHA CAPSULE      | 1    |                  |
| SYNTHROID 100 MCG TABLET              | 4    |         | TASIGNA 50 MG CAPSULE                | 5    | PA, QL, SRX      |
| SYNTHROID 112 MCG TABLET              | 4    |         | TASIGNA 150 MG CAPSULE               | 5    | PA, QL, SRX      |
| SYNTHROID 125 MCG TABLET              | 4    |         | TASIGNA 200 MG CAPSULE               | 5    | PA, QL, SRX      |
| SYNTHROID 137 MCG TABLET              | 4    |         | TAYSOFY 1 MG-20 MCG CAPSULE          | 1    |                  |
| SYNTHROID 150 MCG TABLET              | 4    |         | TAZAROTENE 0.1% CREAM                | 3    |                  |
| SYNTHROID 175 MCG TABLET              | 4    |         | TAZAROTENE 0.05% GEL                 | 4    |                  |
| SYNTHROID 200 MCG TABLET              | 4    |         | TAZAROTENE 0.1% GEL                  | 4    |                  |
| SYNTHROID 300 MCG TABLET              | 4    |         | TAZORAC 0.05% CREAM                  | 4    |                  |
| T:30 INFUSION SET 23" 13MM            | 3    |         | TAZTIA XT 120 MG CAPSULE             | 2    |                  |
| T:30 INFUSION SET 43" 13MM            | 3    |         | TAZTIA XT 180 MG CAPSULE             | 2    |                  |
| T:90 INFUSION SET 23" 6MM             | 3    |         | TAZTIA XT 240 MG CAPSULE             | 2    |                  |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                        | Tier | Notes | Medication Name                        | Tier | Notes       |
|----------------------------------------|------|-------|----------------------------------------|------|-------------|
| TAZTIA XT 300 MG CAPSULE               | 2    |       | TEMOZOLOMIDE 5 MG CAPSULE              | 5    | PA, SRX     |
| TAZTIA XT 360 MG CAPSULE               | 2    |       | TEMOZOLOMIDE 20 MG CAPSULE             | 5    | PA, SRX     |
| TDVAX VIAL                             | 3    |       | TEMOZOLOMIDE 100 MG CAPSULE            | 5    | PA, SRX     |
| TECHLITE 0.3 ML 29G 12MM (1/2)         | 3    |       | TEMOZOLOMIDE 140 MG CAPSULE            | 5    | PA, SRX     |
| TECHLITE 0.3 ML 30G 8MM (1/2)          | 3    |       | TEMOZOLOMIDE 180 MG CAPSULE            | 5    | PA, SRX     |
| TECHLITE 0.3 ML 30G 12MM (1/2)         | 3    |       | TEMOZOLOMIDE 250 MG CAPSULE            | 5    | PA, SRX     |
| TECHLITE 0.3 ML 31G 6MM (1/2)          | 3    |       | TENCON 50-325 MG TABLET                | 2    |             |
| TECHLITE 0.3 ML 31G 8MM (1/2)          | 3    |       | TENIVAC SYRINGE                        | 3    |             |
| TECHLITE 0.5 ML 29G 12MM (1/2)         | 3    |       | TENIVAC VIAL                           | 3    |             |
| TECHLITE 0.5 ML 30G 8MM (1/2)          | 3    |       | TENOFOVIR 300 MG TABLET                | 2    |             |
| TECHLITE 0.5 ML 30G 12MM (1/2)         | 3    |       | TERAZOSIN 1 MG CAPSULE                 | 1    |             |
| TECHLITE 0.5 ML 31G 6MM (1/2)          | 3    |       | TERAZOSIN 2 MG CAPSULE                 | 1    |             |
| TECHLITE 0.5 ML 31G 8MM (1/2)          | 3    |       | TERAZOSIN 5 MG CAPSULE                 | 1    |             |
| TECHLITE INSULIN SYRINGE 1 ML 29G 12MM | 3    |       | TERAZOSIN 10 MG CAPSULE                | 1    |             |
| TECHLITE INSULIN SYRINGE 1 ML 30G 8MM  | 3    |       | TERBINAFINE 250 MG TABLET              | 1    |             |
| TECHLITE INSULIN SYRINGE 1 ML 30G 12MM | 3    |       | TERBUTALINE 2.5 MG TABLET              | 2    |             |
| TECHLITE INSULIN SYRINGE 1 ML 31G 6MM  | 3    |       | TERBUTALINE 5 MG TABLET                | 2    |             |
| TECHLITE INSULIN SYRINGE 1 ML 31G 8MM  | 3    |       | TERCONAZOLE 0.4% CREAM                 | 2    |             |
| TECHLITE PEN NEEDLE 29G 1/2"           | 3    |       | TERCONAZOLE 0.8% CREAM                 | 2    |             |
| TECHLITE PEN NEEDLE 29G 3/8"           | 3    |       | TERCONAZOLE 80 MG SUPPOSITORY          | 2    |             |
| TECHLITE PEN NEEDLE 31G 1/4"           | 3    |       | TERIFLUNOMIDE 7 MG TABLET              | 5    | PA, QL, SRX |
| TECHLITE PEN NEEDLE 31G 3/16"          | 3    |       | TERIFLUNOMIDE 14 MG TABLET             | 5    | PA, QL, SRX |
| TECHLITE PEN NEEDLE 31G 5/16"          | 3    |       | TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2" | 3    |             |
| TECHLITE PEN NEEDLE 32G 1/4"           | 3    |       | TERUMO INSULIN SYRINGE U100-1/3 ML     | 3    |             |
| TECHLITE PEN NEEDLE 32G 5/16"          | 3    |       | TERUMO INSULIN SYRINGE U100-1/2 ML     | 3    |             |
| TECHLITE PEN NEEDLE 32G 5/32"          | 3    |       | TERUMO INSULIN SYRINGE U100-1 ML       | 3    |             |
| TELCARE CONTROL SOLUTION               | 3    |       | TERUMO SURGUARD2 NEEDLE 18G 1"         | 3    |             |
| TELMISARTAN 20 MG TABLET               | 2    |       | TERUMO SURGUARD2 NEEDLE 18 1.5"        | 3    |             |
| TELMISARTAN 40 MG TABLET               | 2    |       | TERUMO SURGUARD2 NEEDLE 19G 1"         | 3    |             |
| TELMISARTAN 80 MG TABLET               | 2    |       | TERUMO SURGUARD2 NEEDLE 19 1.5"        | 3    |             |
| TELMISARTAN-AMLODIPINE 40-5 MG TABLET  | 2    |       | TERUMO SURGUARD2 NEEDLE 20G 1"         | 3    |             |
| TELMISARTAN-AMLODIPINE 40-10 MG TABLET | 2    |       | TERUMO SURGUARD2 NEEDLE 20 1.5"        | 3    |             |
| TELMISARTAN-AMLODIPINE 80-5 MG TABLET  | 2    |       | TERUMO SURGUARD2 NEEDLE 21G 1"         | 3    |             |
| TELMISARTAN-AMLODIPINE 80-10 MG TABLET | 2    |       | TERUMO SURGUARD2 NEEDLE 21G 1-1.5"     | 3    |             |
| TELMISARTAN-HCTZ 40-12.5 MG TABLET     | 2    |       | TERUMO SURGUARD2 NEEDLE 22G 1"         | 3    |             |
| TELMISARTAN-HCTZ 80-12.5 MG TABLET     | 2    |       | TERUMO SURGUARD2 NEEDLE 22 1-1/2"      | 3    |             |
| TELMISARTAN-HCTZ 80-25 MG TABLET       | 2    |       | TERUMO SURGUARD2 NEEDLE 23G 1"         | 3    |             |
| TEMAZEPAM 7.5 MG CAPSULE               | 2    |       | TERUMO SURGUARD2 NEEDLE 23 1-1/2"      | 3    |             |
| TEMAZEPAM 15 MG CAPSULE                | 2    |       | TERUMO SURGUARD2 NEEDLE 25G 1"         | 3    |             |
| TEMAZEPAM 22.5 MG CAPSULE              | 2    |       | TERUMO SURGUARD2 NEEDLE 25 1.5"        | 3    |             |
| TEMAZEPAM 30 MG CAPSULE                | 2    |       | TERUMO SURGUARD2 NEEDLE 25 5/8"        | 3    |             |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                            | Tier | Notes            | Medication Name                              | Tier | Notes    |
|--------------------------------------------|------|------------------|----------------------------------------------|------|----------|
| TERUMO SURGUARD2 NEEDLE 26 1/2"            | 3    |                  | THINPRO INSULIN SYRINGE U100-1 ML            | 3    |          |
| TERUMO SURGUARD2 NEEDLE 27 1/2"            | 3    |                  | THIORIDAZINE 10 MG TABLET                    | 2    |          |
| TERUMO SURGUARD2 NEEDLE 30 1/2"            | 3    |                  | THIORIDAZINE 25 MG TABLET                    | 2    |          |
| TERUMO SYRINGE 3 ML                        | 3    |                  | THIORIDAZINE 50 MG TABLET                    | 2    |          |
| TESTOSTERONE 50 MG/5 GRAM GEL              | 3    | QL               | THIORIDAZINE 100 MG TABLET                   | 2    |          |
| TESTOSTERONE 1.62% GEL PUMP                | 3    | QL               | THIOTHIXENE 1 MG CAPSULE                     | 2    |          |
| TESTOSTERONE 10 MG GEL PUMP                | 3    | QL               | THIOTHIXENE 2 MG CAPSULE                     | 2    |          |
| TESTOSTERONE 12.5 MG/1.25 GRAM PUMP        | 3    | QL               | THIOTHIXENE 5 MG CAPSULE                     | 2    |          |
| TESTOSTERONE 1% (25 MG/2.5 G) PACKET       | 3    | QL               | THIOTHIXENE 10 MG CAPSULE                    | 2    |          |
| TESTOSTERONE 1% (50 MG/5 G) PACKET         | 3    | QL               | THRIVITE 19 TABLET                           | 1    |          |
| TESTOSTERONE 1.62% (2.5 G) PACKET          | 3    | QL               | THYROID 15 MG TABLET                         | 2    |          |
| TESTOSTERONE 1.62% (1.25 G) PACKET         | 3    | QL               | THYROID 30 MG TABLET                         | 2    |          |
| TESTOSTERONE 50 MG/5 GRAM PACKET           | 3    | QL               | THYROID 60 MG TABLET                         | 2    |          |
| TESTOSTERONE CYPIONATE 200 MG/ML VIAL      | 2    |                  | THYROID 90 MG TABLET                         | 2    |          |
| TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL  | 2    |                  | THYROID 120 MG TABLET                        | 2    |          |
| TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL  | 2    |                  | TIADYLT ER 120 MG CAPSULE                    | 2    |          |
| TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL | 2    |                  | TIADYLT ER 180 MG CAPSULE                    | 2    |          |
| TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL | 2    |                  | TIADYLT ER 240 MG CAPSULE                    | 2    |          |
| TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL | 2    |                  | TIADYLT ER 300 MG CAPSULE                    | 2    |          |
| TESTOSTERONE ENANTHATE 200 MG/ML VIAL      | 2    |                  | TIADYLT ER 360 MG CAPSULE                    | 2    |          |
| TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL  | 2    |                  | TIADYLT ER 420 MG CAPSULE                    | 2    |          |
| TETRABENAZINE 12.5 MG TABLET               | 5    | PA, QL, SRX      | TIAGABINE 2 MG TABLET                        | 2    |          |
| TETRABENAZINE 25 MG TABLET                 | 5    | PA, QL, SRX      | TIAGABINE 4 MG TABLET                        | 2    |          |
| TETRACAINE 0.5% EYE DROPS                  | 2    |                  | TIAGABINE 12 MG TABLET                       | 2    |          |
| TETRACAINE 0.5% STERI-UNIT EYE SOLUTION    | 2    |                  | TIAGABINE 16 MG TABLET                       | 2    |          |
| TETRACYCLINE 250 MG CAPSULE                | 3    |                  | TILIA FE 28 TABLET                           | 1    |          |
| TETRACYCLINE 500 MG CAPSULE                | 3    |                  | TIMOLOL 0.25% EYE DROPS                      | 2    |          |
| TEXACORT 2.5% TOPICAL SOLUTION             | 4    |                  | TIMOLOL 0.5% EYE DROPS                       | 2    |          |
| THALOMID 50 MG CAPSULE                     | 5    | PA, QL, LDD, SRX | TIMOLOL 0.25% GEL-SOLUTION                   | 2    |          |
| THALOMID 100 MG CAPSULE                    | 5    | PA, QL, LDD, SRX | TIMOLOL 0.5% GEL-SOLUTION                    | 2    |          |
| THALOMID 150 MG CAPSULE                    | 5    | PA, QL, SRX      | TIMOLOL 0.5% GFS GEL-SOLUTION                | 2    |          |
| THALOMID 200 MG CAPSULE                    | 5    | PA, QL, SRX      | TIMOLOL 5 MG TABLET                          | 2    |          |
| THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION     | 2    |                  | TIMOLOL 10 MG TABLET                         | 2    |          |
| THEOPHYLLINE ER 100 MG TABLET              | 2    |                  | TIMOLOL 20 MG TABLET                         | 2    |          |
| THEOPHYLLINE ER 200 MG TABLET              | 2    |                  | TINIDAZOLE 250 MG TABLET                     | 2    |          |
| THEOPHYLLINE ER 300 MG TABLET              | 2    |                  | TINIDAZOLE 500 MG TABLET                     | 2    |          |
| THEOPHYLLINE ER 400 MG TABLET              | 2    |                  | TIOPRONIN 100 MG TABLET                      | 5    | LDD, SRX |
| THEOPHYLLINE ER 450 MG TABLET              | 2    |                  | TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION | 4    |          |
| THEOPHYLLINE ER 600 MG TABLET              | 2    |                  | TIVICAY 10 MG TABLET                         | 3    |          |
| THINPRO INSULIN SYRINGE U100-0.3 ML        | 3    |                  | TIVICAY 25 MG TABLET                         | 3    |          |
| THINPRO INSULIN SYRINGE U100-0.5 ML        | 3    |                  | TIVICAY 50 MG TABLET                         | 3    |          |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes       |
|---------------------------------------|------|-------------|
| TIVICAY PD 5 MG TABLET FOR SUSPENSION | 3    |             |
| TIZANIDINE 2 MG TABLET                | 2    |             |
| TIZANIDINE 4 MG TABLET                | 2    |             |
| TOBRAMYCIN 0.3% EYE DROPS             | 2    |             |
| TOBRAMYCIN 300 MG/5 ML AMPULE         | 5    | PA, QL, SRX |
| TOBRAMYCIN PAK 300 MG/5 ML            | 5    | PA, QL, SRX |
| TOBRAMYCIN-DEXAMETHASONE EYE DROPS    | 2    |             |
| TODAY'S HEALTH PEN NEEDLE 6MM 31G     | 3    |             |
| TOLCAPONE 100 MG TABLET               | 5    | SRX         |
| TOLMETIN 400 MG CAPSULE               | 2    |             |
| TOLMETIN 200 MG TABLET                | 2    |             |
| TOLMETIN 600 MG TABLET                | 2    |             |
| TOLTERODINE 1 MG TABLET               | 2    |             |
| TOLTERODINE 2 MG TABLET               | 2    |             |
| TOLTERODINE ER 2 MG CAPSULE           | 2    |             |
| TOLTERODINE ER 4 MG CAPSULE           | 2    |             |
| TOLVAPTAN 15 MG TABLET                | 5    | PA, SRX     |
| TOLVAPTAN 30 MG TABLET                | 5    | PA, SRX     |
| TOPCARE CLICKFINE 31G 1/4"            | 3    |             |
| TOPCARE CLICKFINE 31G 5/16"           | 3    |             |
| TOPCARE ULTRA COMFORT SYRINGE         | 3    |             |
| TOPIRAMATE 15 MG SPRINKLE CAPSULE     | 2    |             |
| TOPIRAMATE 25 MG SPRINKLE CAPSULE     | 2    |             |
| TOPIRAMATE 25 MG TABLET               | 2    |             |
| TOPIRAMATE 50 MG TABLET               | 2    |             |
| TOPIRAMATE 100 MG TABLET              | 2    |             |
| TOPIRAMATE 200 MG TABLET              | 2    |             |
| TOPIRAMATE ER 25 MG CAPSULE           | 3    |             |
| TOPIRAMATE ER 50 MG CAPSULE           | 3    |             |
| TOPIRAMATE ER 100 MG CAPSULE          | 3    |             |
| TOPIRAMATE ER 150 MG CAPSULE          | 3    |             |
| TOPIRAMATE ER 200 MG CAPSULE          | 3    |             |
| TOREMIFENE 60 MG TABLET               | 4    | QL          |
| TORPENZ 2.5 MG TABLET                 | 5    | PA, QL, SRX |
| TORPENZ 5 MG TABLET                   | 5    | PA, QL, SRX |
| TORPENZ 7.5 MG TABLET                 | 5    | PA, QL, SRX |
| TORPENZ 10 MG TABLET                  | 5    | PA, QL, SRX |
| TORSEMIDE 5 MG TABLET                 | 2    |             |
| TORSEMIDE 10 MG TABLET                | 2    |             |
| TORSEMIDE 20 MG TABLET                | 2    |             |
| TORSEMIDE 100 MG TABLET               | 2    |             |

| Medication Name                           | Tier | Notes       |
|-------------------------------------------|------|-------------|
| TOVET EMOLLIENT 0.05% FOAM                | 3    |             |
| TRADJENTA 5 MG TABLET                     | 3    | QL          |
| TRAMADOL 50 MG TABLET                     | 2    | QL          |
| TRAMADOL ER 100 MG TABLET                 | 2    | PA, QL      |
| TRAMADOL ER 200 MG TABLET                 | 2    | PA, QL      |
| TRAMADOL ER 300 MG TABLET                 | 2    | PA, QL      |
| TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET | 2    | QL          |
| TRANDOLAPRIL 1 MG TABLET                  | 1    |             |
| TRANDOLAPRIL 2 MG TABLET                  | 1    |             |
| TRANDOLAPRIL 4 MG TABLET                  | 1    |             |
| TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET | 2    |             |
| TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET | 2    |             |
| TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET | 2    |             |
| TRANDOLAPRIL-VERAPAMIL ER 4-240 MG        | 2    |             |
| TRANEXAMIC ACID 650 MG TABLET             | 2    |             |
| TRANLYCYPROMINE 10 MG TABLET              | 3    |             |
| TRAVOPROST 0.004% EYE DROPS               | 2    |             |
| TRAZODONE 50 MG TABLET                    | 1    |             |
| TRAZODONE 100 MG TABLET                   | 1    |             |
| TRAZODONE 150 MG TABLET                   | 1    |             |
| TRAZODONE 300 MG TABLET                   | 2    |             |
| TRECTOR 250 MG TABLET                     | 4    |             |
| TRELEGY ELLIPTA 100-62.5-25               | 3    | QL          |
| TRELEGY ELLIPTA 200-62.5-25               | 3    | QL          |
| TREMFYA 100 MG/ML AUTO-INJECTOR           | 5    | PA, QL, SRX |
| TREMFYA 100 MG/ML SYRINGE                 | 5    | PA, QL, SRX |
| TRESIBA 100 UNIT/ML VIAL                  | 3    | QL          |
| TRESIBA FLEXTOUCH 100 UNIT/ML             | 3    | QL          |
| TRESIBA FLEXTOUCH 200 UNIT/ML             | 3    | QL          |
| TRETINOIN 0.025% CREAM                    | 2    | PA, AGE     |
| TRETINOIN 0.05% CREAM                     | 2    | PA, AGE     |
| TRETINOIN 0.1% CREAM                      | 2    | PA, AGE     |
| TRETINOIN 0.01% GEL                       | 2    | PA, AGE     |
| TRETINOIN 0.025% GEL                      | 2    | PA, AGE     |
| TRETINOIN 0.05% GEL                       | 2    | PA, AGE     |
| TRETINOIN 10 MG CAPSULE                   | 4    | PA          |
| TRETINOIN GEL MICRO 0.04% PUMP            | 2    | PA, AGE     |
| TRETINOIN GEL MICRO 0.1% PUMP             | 2    | PA, AGE     |
| TRETINOIN GEL MICRO 0.04% TUBE            | 2    | PA, AGE     |
| TRETINOIN GEL MICRO 0.1% TUBE             | 2    | PA, AGE     |
| TRETIN-X 0.075% CREAM                     | 4    | PA, AGE     |

Go to [Cigna.com/small-group-drug-lists](https://www.cigna.com/small-group-drug-lists) to see the full list of medications your plan covers.

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                          | Tier | Notes            | Medication Name                             | Tier | Notes  |
|------------------------------------------|------|------------------|---------------------------------------------|------|--------|
| TRETIN-X 0.025% CREAM COMBO PACK         | 4    | PA, AGE          | TRI-LO-MILI TABLET                          | 1    |        |
| TRETIN-X 0.05% COMBO PACK                | 4    | PA, AGE          | TRI-LO-SPRINTEC TABLET                      | 1    |        |
| TRETIN-X 0.1% COMBO PACK                 | 4    | PA, AGE          | TRIMETHOBENZAMIDE 300 MG CAPSULE            | 2    |        |
| TRI FEMYNOR 28 TABLET                    | 1    |                  | TRIMETHOPRIM 100 MG TABLET                  | 2    |        |
| TRIAMCINOLONE 0.025% CREAM               | 2    |                  | TRI-MILI 28 TABLET                          | 1    |        |
| TRIAMCINOLONE 0.1% CREAM                 | 2    |                  | TRIMIPRAMINE 25 MG CAPSULE                  | 2    |        |
| TRIAMCINOLONE 0.5% CREAM                 | 2    |                  | TRIMIPRAMINE 50 MG CAPSULE                  | 2    |        |
| TRIAMCINOLONE 0.1% DENTAL PASTE          | 2    |                  | TRIMIPRAMINE 100 MG CAPSULE                 | 2    |        |
| TRIAMCINOLONE 0.025% LOTION              | 2    |                  | TRINATAL RX 1 TABLET                        | 1    |        |
| TRIAMCINOLONE 0.1% LOTION                | 2    |                  | TRINTELLIX 5 MG TABLET                      | 4    | QL, ST |
| TRIAMCINOLONE 0.025% OINTMENT            | 2    |                  | TRINTELLIX 10 MG TABLET                     | 4    | QL, ST |
| TRIAMCINOLONE 0.1% OINTMENT              | 2    |                  | TRINTELLIX 20 MG TABLET                     | 4    | QL, ST |
| TRIAMCINOLONE 0.5% OINTMENT              | 2    |                  | TRI-NYMYO 28 TABLET                         | 1    |        |
| TRIAMTERENE 50 MG CAPSULE                | 4    |                  | TRI-PREVIFEM TABLET                         | 1    |        |
| TRIAMTERENE 100 MG CAPSULE               | 4    |                  | TRI-SPRINTEC TABLET                         | 1    |        |
| TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE      | 2    |                  | TRIUMEQ 600-50-300 MG TABLET                | 4    | QL     |
| TRIAMTERENE-HCTZ 37.5-25 MG TABLET       | 1    |                  | TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION | 4    | QL     |
| TRIAMTERENE-HCTZ 75-50 MG TABLET         | 1    |                  | TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS     | 2    |        |
| TRIAZOLAM 0.125 MG TABLET                | 2    |                  | TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS      | 2    |        |
| TRIAZOLAM 0.25 MG TABLET                 | 2    |                  | TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS         | 2    |        |
| TRIDACAIN II 5% PATCH                    | 2    |                  | TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS          | 2    |        |
| TRIDACAIN III 5% PATCH                   | 2    |                  | TRIVORA-28 TABLET                           | 1    |        |
| TRIDERM 0.1% CREAM                       | 2    |                  | TRI-VYLIBRA 28 TABLET                       | 1    |        |
| TRIDERM 0.5% CREAM                       | 2    |                  | TRI-VYLIBRA LO TABLET                       | 1    |        |
| TRI-ESTARYLLA TABLET                     | 1    |                  | TROPICAMIDE 0.5% EYE DROPS                  | 2    |        |
| TRIFLUOPERAZINE 1 MG TABLET              | 2    |                  | TROPICAMIDE 1% EYE DROPS                    | 2    |        |
| TRIFLUOPERAZINE 2 MG TABLET              | 2    |                  | TROSPIMUM 20 MG TABLET                      | 2    |        |
| TRIFLUOPERAZINE 5 MG TABLET              | 2    |                  | TROSPIMUM ER 60 MG CAPSULE                  | 2    |        |
| TRIFLUOPERAZINE 10 MG TABLET             | 2    |                  | TRUE COMFORT 0.5 ML 31G 5/16"               | 3    |        |
| TRIFLURIDINE 1% EYE DROPS                | 2    |                  | TRUE COMFORT 1 ML 31G 5/16"                 | 3    |        |
| TRIHENXYPHENIDYL 2 MG/5 ML ORAL SOLUTION | 2    |                  | TRUE COMFORT PEN NEEDLE 31G 5MM             | 3    |        |
| TRIHENXYPHENIDYL 2 MG TABLET             | 1    |                  | TRUE COMFORT PEN NEEDLE 31G 6MM             | 3    |        |
| TRIHENXYPHENIDYL 5 MG TABLET             | 2    |                  | TRUE COMFORT PEN NEEDLE 31G 8MM             | 3    |        |
| TRIKAFTA 50-25-37.5 MG/75 MG TABLET      | 5    | PA, QL, LDD, SRX | TRUE COMFORT PEN NEEDLE 32G 4MM             | 3    |        |
| TRIKAFTA 80-40-60 MG/59.5 MG PACKET      | 5    | PA, QL, LDD, SRX | TRUE COMFORT PEN NEEDLE 32G 5MM             | 3    |        |
| TRIKAFTA 100-50-75 MG/75 MG PACKET       | 5    | PA, QL, LDD, SRX | TRUE COMFORT PEN NEEDLE 32G 6MM             | 3    |        |
| TRIKAFTA 100-50-75 MG/150 MG TABLET      | 5    | PA, QL, LDD, SRX | TRUE COMFORT PEN NEEDLE 33G 4MM             | 3    |        |
| TRI-LEGEST FE-28 DAY TABLET              | 1    |                  | TRUE COMFORT PEN NEEDLE 33G 5MM             | 3    |        |
| TRI-LINYAH TABLET                        | 1    |                  | TRUE COMFORT PEN NEEDLE 33G 6MM             | 3    |        |
| TRI-LO-ESTARYLLA TABLET                  | 1    |                  | TRUE COMFORT PRO 0.5ML 30G 1/2"             | 3    |        |
| TRI-LO-MARZIA TABLET                     | 1    |                  | TRUE COMFORT PRO 0.5ML 30G 5/16"            | 3    |        |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

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

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

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                  | Tier | Notes | Medication Name                          | Tier | Notes        |
|----------------------------------|------|-------|------------------------------------------|------|--------------|
| UNIFINE PENTIP 31G 6MM           | 3    |       | UNITHROID 200 MCG TABLET                 | 1    |              |
| UNIFINE PENTIP 31G 8MM           | 3    |       | UNITHROID 300 MCG TABLET                 | 1    |              |
| UNIFINE PENTIP 31G 3/16"         | 3    |       | UPTRAVI 200 MCG TABLET                   | 3    |              |
| UNIFINE PENTIP 32G 4MM           | 3    |       | UPTRAVI 400 MCG TABLET                   | 5    | PA, LDD, SRX |
| UNIFINE PENTIP 32G 6MM           | 3    |       | UPTRAVI 600 MCG TABLET                   | 5    | PA, LDD, SRX |
| UNIFINE PENTIP 32G 1/4"          | 3    |       | UPTRAVI 800 MCG TABLET                   | 5    | PA, LDD, SRX |
| UNIFINE PENTIP 32G 5/32"         | 3    |       | UPTRAVI 1,000 MCG TABLET                 | 5    | PA, LDD, SRX |
| UNIFINE PENTIP 33G 5/32"         | 3    |       | UPTRAVI 1,200 MCG TABLET                 | 5    | PA, LDD, SRX |
| UNIFINE PENTIP 6MM NEEDLE        | 3    |       | UPTRAVI 1,400 MCG TABLET                 | 5    | PA, LDD, SRX |
| UNIFINE PENTIP 8MM NEEDLE        | 3    |       | UPTRAVI 1,600 MCG TABLET                 | 5    | PA, LDD, SRX |
| UNIFINE PENTIP MAX 30G 3/16"     | 3    |       | UPTRAVI 200-800 TITRATION PACK           | 5    | PA, LDD, SRX |
| UNIFINE PENTIP NEEDLE 29G        | 3    |       | URISTIX 4 REAGENT TEST STRIP             | 3    |              |
| UNIFINE PENTIP PLUS 29G 1/2"     | 3    |       | URISTIX REAGENT TEST STRIP               | 3    |              |
| UNIFINE PENTIP PLUS 30G 3/16"    | 3    |       | UROQID-ACID NO.2 500-500 TABLET          | 4    |              |
| UNIFINE PENTIP PLUS 31G 1/4"     | 3    |       | URSODIOL 300 MG CAPSULE                  | 2    |              |
| UNIFINE PENTIP PLUS 31G 3/16"    | 3    |       | URSODIOL 250 MG TABLET                   | 2    |              |
| UNIFINE PENTIP PLUS 31G 5/16"    | 3    |       | URSODIOL 500 MG TABLET                   | 2    |              |
| UNIFINE PENTIP PLUS 32G 5/32"    | 3    |       | USTELL CAPSULE                           | 2    |              |
| UNIFINE PENTIP PLUS 33G 5/32"    | 3    |       | UTIRA-C TABLET                           | 2    |              |
| UNIFINE PROTECT 30G 5MM          | 3    |       | VALACYCLOVIR 500 MG TABLET               | 2    |              |
| UNIFINE PROTECT 30G 8MM          | 3    |       | VALACYCLOVIR 1 GRAM TABLET               | 2    |              |
| UNIFINE PROTECT 32G 4MM          | 3    |       | VALGANCICLOVIR 50 MG/ML ORAL SOLUTION    | 4    |              |
| UNIFINE SAFECONTROL 30G 3/16"    | 3    |       | VALGANCICLOVIR 450 MG TABLET             | 4    |              |
| UNIFINE SAFECONTROL 30G 5/16"    | 3    |       | VALPROIC ACID 250 MG CAPSULE             | 2    |              |
| UNIFINE SAFECONTROL 32G 4MM      | 3    |       | VALPROIC ACID 250 MG/5 ML ORAL SOLUTION  | 2    |              |
| UNIFINE ULTRA PEN NEEDLE 31G 5MM | 3    |       | VALPROIC ACID 500 MG/10 ML ORAL SOLUTION | 2    |              |
| UNIFINE ULTRA PEN NEEDLE 31G 6MM | 3    |       | VALSARTAN 40 MG TABLET                   | 2    |              |
| UNIFINE ULTRA PEN NEEDLE 31G 8MM | 3    |       | VALSARTAN 80 MG TABLET                   | 2    |              |
| UNIFINE ULTRA PEN NEEDLE 32G 4MM | 3    |       | VALSARTAN 160 MG TABLET                  | 2    |              |
| UNISTRIP CONTROL SOLUTION HIGH   | 3    |       | VALSARTAN 320 MG TABLET                  | 2    |              |
| UNISTRIP CONTROL SOLUTION LOW    | 3    |       | VALSARTAN-HCTZ 80-12.5 MG TABLET         | 2    |              |
| UNITHROID 25 MCG TABLET          | 1    |       | VALSARTAN-HCTZ 160-12.5 MG TABLET        | 2    |              |
| UNITHROID 50 MCG TABLET          | 1    |       | VALSARTAN-HCTZ 160-25 MG TABLET          | 2    |              |
| UNITHROID 75 MCG TABLET          | 1    |       | VALSARTAN-HCTZ 320-12.5 MG TABLET        | 2    |              |
| UNITHROID 88 MCG TABLET          | 1    |       | VALSARTAN-HCTZ 320-25 MG TABLET          | 2    |              |
| UNITHROID 100 MCG TABLET         | 1    |       | VANADOM 350 MG TABLET                    | 2    |              |
| UNITHROID 112 MCG TABLET         | 1    |       | VANCOMYCIN 125 MG CAPSULE                | 4    | QL           |
| UNITHROID 125 MCG TABLET         | 1    |       | VANCOMYCIN 250 MG CAPSULE                | 4    | QL           |
| UNITHROID 137 MCG TABLET         | 1    |       | VANCOMYCIN 25 MG/ML ORAL SOLUTION        | 2    | QL           |
| UNITHROID 150 MCG TABLET         | 1    |       | VANDAZOLE VAGINAL 0.75% GEL              | 2    |              |
| UNITHROID 175 MCG TABLET         | 1    |       | VANISHPOINT 0.5 ML 30G 1/2" SYRINGE      | 3    |              |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes            | Medication Name                          | Tier | Notes        |
|---------------------------------------|------|------------------|------------------------------------------|------|--------------|
| VANISHPOINT 3 ML 21G 1" SYRINGE       | 3    |                  | VENLAFAXINE 100 MG TABLET                | 2    | QL           |
| VANISHPOINT 3 ML 22G 1.5" SYRINGE     | 3    |                  | VENLAFAXINE ER 37.5 MG CAPSULE           | 2    | QL           |
| VANISHPOINT 20G 1" 3 ML SYRINGE       | 3    |                  | VENLAFAXINE ER 75 MG CAPSULE             | 2    | QL           |
| VANISHPOINT 21G 1.5" 3 ML SYRINGE     | 3    |                  | VENLAFAXINE ER 150 MG CAPSULE            | 2    | QL           |
| VANISHPOINT 22G 1" 3 ML SYRINGE       | 3    |                  | VENTAVIS 10 MCG/1 ML INHALATION SOLUTION | 5    | PA, LDD, SRX |
| VANISHPOINT 23G 1" 3 ML SYRINGE       | 3    |                  | VENTAVIS 20 MCG/1 ML INHALATION SOLUTION | 5    | PA, LDD, SRX |
| VANISHPOINT 23G 1.5" 3 ML SYRINGE     | 3    |                  | VERAPAMIL 40 MG TABLET                   | 2    |              |
| VANISHPOINT 25G 1" 3 ML SYRINGE       | 3    |                  | VERAPAMIL 80 MG TABLET                   | 2    |              |
| VANISHPOINT 25G 5/8" 3 ML SYRINGE     | 3    |                  | VERAPAMIL 120 MG TABLET                  | 2    |              |
| VANISHPOINT INSULIN 1 ML 30G 3/16"    | 3    |                  | VERAPAMIL ER 120 MG CAPSULE              | 2    |              |
| VANISHPOINT U-100 29 1/2" SYRINGE     | 3    |                  | VERAPAMIL ER 180 MG CAPSULE              | 2    |              |
| VAQTA 25 UNITS/0.5 ML SYRINGE         | 3    |                  | VERAPAMIL ER 240 MG CAPSULE              | 2    |              |
| VAQTA 50 UNITS/ML SYRINGE             | 3    |                  | VERAPAMIL ER 120 MG TABLET               | 2    |              |
| VAQTA 25 UNITS/0.5 ML VIAL            | 3    |                  | VERAPAMIL ER 180 MG TABLET               | 2    |              |
| VAQTA 50 UNITS/ML VIAL                | 3    |                  | VERAPAMIL ER 240 MG TABLET               | 2    |              |
| VARENICLINE 1 MG CONTINUING MONTH BOX | 3    |                  | VERAPAMIL ER PM 100 MG CAPSULE           | 3    |              |
| VARENICLINE STARTING MONTH BOX        | 3    |                  | VERAPAMIL ER PM 200 MG CAPSULE           | 3    |              |
| VARENICLINE 0.5 MG TABLET             | 3    |                  | VERAPAMIL ER PM 300 MG CAPSULE           | 3    |              |
| VARENICLINE 1 MG TABLET               | 3    |                  | VERAPAMIL SR 120 MG CAPSULE              | 2    |              |
| VARISOFT INFUSION SET 23" 13MM        | 3    |                  | VERAPAMIL SR 180 MG CAPSULE              | 2    |              |
| VARISOFT INFUSION SET 23" 17MM        | 3    |                  | VERAPAMIL SR 240 MG CAPSULE              | 2    |              |
| VARISOFT INFUSION SET 32" 13MM        | 3    |                  | VERAPAMIL SR 360 MG CAPSULE              | 2    |              |
| VARISOFT INFUSION SET 32" 17MM        | 3    |                  | VEREGEN 15% OINTMENT                     | 4    |              |
| VARISOFT INFUSION SET 43" 13MM        | 3    |                  | VERIFINE INSULIN SYRINGE 0.3ML 31G 8MM   | 3    |              |
| VARISOFT INFUSION SET 43" 17MM        | 3    |                  | VERIFINE INSULIN SYRINGE 0.5ML 29G 12MM  | 3    |              |
| VARIVAX VACCINE VIAL                  | 3    |                  | VERIFINE INSULIN SYRINGE 0.5ML 31G 8MM   | 3    |              |
| VARIVAX VACCINE WITH DILUENT          | 3    |                  | VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"   | 3    |              |
| VAXELIS VACCINE SYRINGE               | 3    |                  | VERIFINE INSULIN SYRINGE 1 ML 29G 12MM   | 3    |              |
| VAXELIS VACCINE VIAL                  | 3    |                  | VERIFINE INSULIN SYRINGE 1 ML 31G 8MM    | 3    |              |
| VAXNEUVANCE 0.5 ML SYRINGE            | 3    |                  | VERIFINE PEN NEEDLE 29G 12MM             | 3    |              |
| VELIVET 28 DAY TABLET                 | 1    |                  | VERIFINE PEN NEEDLE 31G 5MM              | 3    |              |
| VEMLIDY 25 MG TABLET                  | 5    | PA, SRX          | VERIFINE PEN NEEDLE 31G 8MM              | 3    |              |
| VENCLEXTA STARTING PACK               | 5    | PA, QL, LDD, SRX | VERIFINE PEN NEEDLE 32G 4MM              | 3    |              |
| VENCLEXTA 10 MG TABLET                | 5    | PA, QL, LDD, SRX | VERIFINE PEN NEEDLE 32G 6MM              | 3    |              |
| VENCLEXTA 10 MG TABLET (10MG X 2)     | 5    | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 31G 5MM         | 3    |              |
| VENCLEXTA 50 MG TABLET                | 5    | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 31G 8MM         | 3    |              |
| VENCLEXTA 100 MG TABLET               | 5    | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 32G 4MM         | 3    |              |
| VENLAFAXINE 25 MG TABLET              | 2    | QL               | VERIFINE SYRINGE 0.3ML 31G 5/16"         | 3    |              |
| VENLAFAXINE 37.5 MG TABLET            | 2    | QL               | VERIFINE SYRINGE 0.5ML 29G 1/2"          | 3    |              |
| VENLAFAXINE 50 MG TABLET              | 2    | QL               | VERIFINE SYRINGE 0.5ML 31G 5/16"         | 3    |              |
| VENLAFAXINE 75 MG TABLET              | 2    | QL               | VERIFINE SYRINGE 1 ML 31G 5/16"          | 3    |              |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                          | Tier | Notes            | Medication Name                        | Tier | Notes            |
|------------------------------------------|------|------------------|----------------------------------------|------|------------------|
| VESTURA 3 MG-0.02 MG TABLET              | 1    |                  | VYLIBRA 28 TABLET                      | 1    |                  |
| VIENVA-28 TABLET                         | 1    |                  | VYNDAMAX 61 MG CAPSULE                 | 5    | PA, QL, LDD, SRX |
| VIGABATRIN 500 MG POWDER PACKET          | 5    | PA, QL, LDD, SRX | WAKIX 4.45 MG TABLET                   | 5    | PA, QL, LDD, SRX |
| VIGABATRIN 500 MG TABLET                 | 5    | PA, QL, LDD, SRX | WAKIX 17.8 MG TABLET                   | 5    | PA, QL, LDD, SRX |
| VIGADRONE 500 MG POWDER PACKET           | 5    | PA, QL, LDD, SRX | WARFARIN 1 MG TABLET                   | 1    |                  |
| VIGADRONE 500 MG TABLET                  | 5    | PA, QL, LDD, SRX | WARFARIN 2 MG TABLET                   | 1    |                  |
| VIGPODER 500 MG POWDER PACKET            | 5    | PA, QL, LDD, SRX | WARFARIN 2.5 MG TABLET                 | 1    |                  |
| VILAZODONE 10 MG TABLET                  | 4    | QL               | WARFARIN 3 MG TABLET                   | 1    |                  |
| VILAZODONE 20 MG TABLET                  | 4    | QL               | WARFARIN 4 MG TABLET                   | 1    |                  |
| VILAZODONE 40 MG TABLET                  | 4    | QL               | WARFARIN 5 MG TABLET                   | 1    |                  |
| VIOKACE 10,440-39,150 UNITS TABLET       | 4    |                  | WARFARIN 6 MG TABLET                   | 1    |                  |
| VIOKACE 20,880-78,300 UNITS TABLET       | 4    |                  | WARFARIN 7.5 MG TABLET                 | 1    |                  |
| VIORELE 28 DAY TABLET                    | 1    |                  | WARFARIN 10 MG TABLET                  | 1    |                  |
| VIREAD POWDER                            | 3    |                  | WAVESENSE CONTROL SOLUTION NORMAL      | 3    |                  |
| VIREAD 150 MG TABLET                     | 3    |                  | WERA 0.5/0.035 MG 28 TABLET            | 1    |                  |
| VIREAD 200 MG TABLET                     | 3    |                  | WESCAP-PN DHA CAPSULE                  | 1    |                  |
| VIREAD 250 MG TABLET                     | 3    |                  | WESNATAL DHA COMPLETE                  | 1    |                  |
| VIRT-C DHA SOFTGEL                       | 1    |                  | WESNATE DHA SOFTGEL                    | 1    |                  |
| VIRT-NATE DHA SOFTGEL                    | 1    |                  | WESTAB PLUS TABLET                     | 1    |                  |
| VIRT-PN DHA SOFTGEL                      | 1    |                  | WIXELA 100-50 INHUB                    | 2    | QL               |
| VIRT-PN PLUS SOFTGEL                     | 1    |                  | WIXELA 250-50 INHUB                    | 2    | QL               |
| VISTOGARD 10 GRAM PACKET                 | 5    | LDD, SRX         | WIXELA 500-50 INHUB                    | 2    | QL               |
| VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS | 2    |                  | WM UNIFINE PENTIP PLUS 4MM 32G         | 3    |                  |
| VITAFOL-OB CAPLET                        | 1    |                  | WM UNIFINE PENTIP PLUS 5MM 31G         | 3    |                  |
| VITAMIN D2 1.25 MG (50,000 UNIT)         | 2    |                  | WM UNIFINE PENTIP PLUS 6MM 31G         | 3    |                  |
| VIVAGUARD INO CONTROL SOLUTION-L1,2,3    | 3    |                  | WM UNIFINE PENTIP PLUS 8MM 31G         | 3    |                  |
| VIVAGUARD INO CONTROL SOLUTION-L2        | 3    |                  | WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET | 1    |                  |
| VOLNEA 0.15-0.02-0.01 MG TABLET          | 1    |                  | XALKORI 200 MG CAPSULE                 | 5    | PA, QL, LDD, SRX |
| VORICONAZOLE 40 MG/ML SUSPENSION         | 4    | PA               | XALKORI 250 MG CAPSULE                 | 5    | PA, QL, LDD, SRX |
| VORICONAZOLE 50 MG TABLET                | 4    | PA               | XALKORI 20 MG PELLET                   | 5    | PA, QL, LDD, SRX |
| VORICONAZOLE 200 MG TABLET               | 4    | PA               | XALKORI 50 MG PELLET                   | 5    | PA, QL, LDD, SRX |
| VORTEX ADULT MASK                        | 3    | QL               | XALKORI 150 MG PELLET                  | 5    | PA, QL, LDD, SRX |
| VORTEX HOLDING CHAMBER                   | 3    | QL               | XARELTO 1 MG/ML SUSPENSION             | 3    | QL               |
| VORTEX VHC FROG CHILD MASK               | 3    | QL               | XARELTO 2.5 MG TABLET                  | 3    | QL               |
| VORTEX VHC LADYBUG TODDLER MASK          | 3    | QL               | XARELTO 10 MG TABLET                   | 3    | QL               |
| VRAYLAR 1.5 MG CAPSULE                   | 4    | QL, ST           | XARELTO 15 MG TABLET                   | 3    | QL               |
| VRAYLAR 3 MG CAPSULE                     | 4    | QL, ST           | XARELTO 20 MG TABLET                   | 3    | QL               |
| VRAYLAR 4.5 MG CAPSULE                   | 4    | QL, ST           | XARELTO DVT-PE STARTER PACK            | 3    | QL               |
| VRAYLAR 6 MG CAPSULE                     | 4    | QL, ST           | XDEMZY 0.25% EYE DROPS                 | 5    | PA, QL, LDD, SRX |
| VRAYLAR 1.5 MG-3 MG PACK                 | 4    | QL, ST           | XELJANZ 1 MG/ML ORAL SOLUTION          | 5    | PA, QL, SRX      |
| VYFEMLA 0.4 MG-0.035 MG TABLET           | 1    |                  | XELJANZ 5 MG TABLET                    | 5    | PA, QL, SRX      |

## 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name                   | Tier | Notes            | Medication Name                 | Tier | Notes            |
|-----------------------------------|------|------------------|---------------------------------|------|------------------|
| XELJANZ 10 MG TABLET              | 5    | PA, QL, SRX      | ZATEAN-PN PLUS SOFTGEL          | 1    |                  |
| XELJANZ XR 11 MG TABLET           | 5    | PA, QL, SRX      | ZELBORAF 240 MG TABLET          | 5    | PA, QL, LDD, SRX |
| XELJANZ XR 22 MG TABLET           | 5    | PA, QL, SRX      | ZENATANE 10 MG CAPSULE          | 4    |                  |
| XIFAXAN 200 MG TABLET             | 4    | PA, QL           | ZENATANE 20 MG CAPSULE          | 4    |                  |
| XIFAXAN 550 MG TABLET             | 4    | PA, QL           | ZENATANE 30 MG CAPSULE          | 4    |                  |
| XIGDUO XR 2.5 MG-1,000 MG TABLET  | 3    | QL               | ZENATANE 40 MG CAPSULE          | 4    |                  |
| XIGDUO XR 5 MG-500 MG TABLET      | 3    | QL               | ZENZEDI 5 MG TABLET             | 2    | QL               |
| XIGDUO XR 5 MG-1,000 MG TABLET    | 3    | QL               | ZENZEDI 10 MG TABLET            | 2    | QL               |
| XIGDUO XR 10 MG-500 MG TABLET     | 3    | QL               | ZEPOSIA 0.92 MG CAPSULE         | 5    | PA, QL, LDD, SRX |
| XIGDUO XR 10 MG-1,000 MG TABLET   | 3    | QL               | ZEPOSIA STARTER PACK (7-DAY)    | 5    | PA, QL, LDD, SRX |
| XOLAIR 75 MG/0.5 ML AUTO-INJECTOR | 5    | PA, LDD, SRX     | ZEPOSIA STARTER KIT (28-DAY)    | 5    | PA, QL, LDD, SRX |
| XOLAIR 150 MG/ML AUTO-INJECTOR    | 5    | PA, LDD, SRX     | ZETONNA 37 MCG NASAL SPRAY      | 4    | ST               |
| XOLAIR 300 MG/2 ML AUTO-INJECTOR  | 5    | PA, LDD, SRX     | ZIDOVUDINE 100 MG CAPSULE       | 2    |                  |
| XOLAIR 150 MG/1.2 ML POWDER VIAL  | 5    | PA, LDD, SRX     | ZIDOVUDINE 50 MG/5 ML SYRUP     | 2    |                  |
| XOLAIR 75 MG/0.5 ML SYRINGE       | 5    | PA, LDD, SRX     | ZIDOVUDINE 300 MG TABLET        | 2    |                  |
| XOLAIR 150 MG/ML SYRINGE          | 5    | PA, LDD, SRX     | ZILEUTON ER 600 MG TABLET       | 5    | SRX              |
| XOLAIR 300 MG/2 ML SYRINGE        | 5    | PA, LDD, SRX     | ZIPRASIDONE 20 MG CAPSULE       | 2    |                  |
| XTAMPZA ER 9 MG CAPSULE           | 3    | PA               | ZIPRASIDONE 40 MG CAPSULE       | 2    |                  |
| XTAMPZA ER 13.5 MG CAPSULE        | 3    | PA               | ZIPRASIDONE 60 MG CAPSULE       | 2    |                  |
| XTAMPZA ER 18 MG CAPSULE          | 3    | PA               | ZIPRASIDONE 80 MG CAPSULE       | 2    |                  |
| XTAMPZA ER 27 MG CAPSULE          | 3    | PA               | ZIRGAN 0.15% EYE GEL            | 4    |                  |
| XTAMPZA ER 36 MG CAPSULE          | 3    | PA               | ZOLADEX 3.6 MG IMPLANT SYRINGE  | 5    | PA, SRX          |
| XTANDI 40 MG CAPSULE              | 5    | PA, QL, LDD, SRX | ZOLADEX 10.8 MG IMPLANT SYRINGE | 5    | PA, SRX          |
| XTANDI 40 MG TABLET               | 5    | PA, QL, LDD, SRX | ZOLINZA 100 MG CAPSULE          | 5    | PA, QL, LDD, SRX |
| XTANDI 80 MG TABLET               | 5    | PA, QL, LDD, SRX | ZOLMITRIPTAN 2.5 MG ODT TABLET  | 3    | QL               |
| XULANE 150-35 MCG/DAY PATCH       | 1    |                  | ZOLMITRIPTAN 5 MG ODT TABLET    | 3    | QL               |
| YALE NEEDLE 21G 1.25"             | 3    |                  | ZOLMITRIPTAN 2.5 MG TABLET      | 3    | QL               |
| YARGESA 100 MG CAPSULE            | 5    | PA, LDD, SRX     | ZOLMITRIPTAN 5 MG TABLET        | 3    | QL               |
| YOURX ULTICARE PEN NEEDLE 4MM 32G | 3    |                  | ZOLPIDEM 5 MG TABLET            | 2    |                  |
| YOURX ULTICARE PEN NEEDLE 6MM 31G | 3    |                  | ZOLPIDEM 10 MG TABLET           | 2    |                  |
| YOURX ULTICARE PEN NEEDLE 8MM 31G | 3    |                  | ZOLPIDEM ER 6.25 MG TABLET      | 2    |                  |
| YUVAFEM 10 MCG VAGINAL INSERT     | 2    | QL               | ZOLPIDEM ER 12.5 MG TABLET      | 2    |                  |
| ZAFEMY 150-35 MCG/DAY PATCH       | 1    |                  | ZONISAMIDE 25 MG CAPSULE        | 2    |                  |
| ZAFIRLUKAST 10 MG TABLET          | 2    |                  | ZONISAMIDE 50 MG CAPSULE        | 2    |                  |
| ZAFIRLUKAST 20 MG TABLET          | 2    |                  | ZONISAMIDE 100 MG CAPSULE       | 2    |                  |
| ZALEPLON 5 MG CAPSULE             | 2    |                  | ZOVIA 1-35 TABLET               | 1    |                  |
| ZALEPLON 10 MG CAPSULE            | 2    |                  | ZUMANDIMINE 3 MG-0.03 MG TABLET | 1    |                  |
| ZARAH TABLET                      | 1    |                  | ZURZUVAE 20 MG CAPSULE          | 5    | PA, QL, LDD, SRX |
| ZARXIO 300 MCG/0.5 ML SYRINGE     | 5    | SRX              | ZURZUVAE 25 MG CAPSULE          | 5    | PA, QL, LDD, SRX |
| ZARXIO 480 MCG/0.8 ML SYRINGE     | 5    | SRX              | ZURZUVAE 30 MG CAPSULE          | 5    | PA, QL, LDD, SRX |
| ZATEAN-PN DHA CAPSULE             | 1    |                  | ZYDELIG 100 MG TABLET           | 5    | PA, QL, LDD, SRX |

# 2025 Cigna Healthcare Plus Georgia 5-Tier Prescription Drug List

| Medication Name       | Tier | Notes            |
|-----------------------|------|------------------|
| 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.** We regularly review and update your plan's drug list to make sure you're getting coverage for low-cost, safe, clinically effective medications. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:

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

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

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

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

There are also certain medications and products that can't be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask Cigna Healthcare to consider approving it through the coverage review process. For example, your plan doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

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

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

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

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

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

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

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

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

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

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

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

**A.** Ask your doctor's office to contact Cigna Healthcare to start the coverage review process.

They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from the Cigna Healthcare provider portal at [cignaforhcp.com](https://cignaforhcp.com).

Cigna Healthcare will review information your doctor sends us to make sure you meet coverage requirements for the medication. We'll send you and your doctor a letter with the decision and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna App** or **myCigna.com** to check the status of your approval.

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

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

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

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

**A.** Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will have to contact Cigna Healthcare and ask us to approve a larger amount.

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

**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 the coverage review process.

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

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

**Q. What are preventive medications?**

**A.** Preventive medications are used to keep certain conditions from developing or from coming back. These conditions include, but are not limited to asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

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

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

much it costs, what lower-cost alternatives are available and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna App** or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.<sup>2</sup>

**Q. What's a cost-share?**

**A.** It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

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

**A.** Consider using a medication that's covered on a lower tier and/or by filling a 90-day supply. You should talk with your doctor to see if one of these options may work for you.

**Q. What's a generic medication?**

**A.** A generic medication is the same as its brand-name version in safety, effectiveness, quality, strength and dosage, as well as in the way it's taken and used.<sup>3</sup>

Brand-name medications are protected by patents. Patents keep other manufacturers from selling generic versions of the brand-name medication. Once a patent ends, other companies can make and sell a generic version of the brand-name medication. Generics are typically sold under their chemical or scientific name, instead of the manufacturer's patented brand name.

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

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.

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

**A.** The medications may look different. For example, generics may have a different shape, size or color than their brand-name versions. They may also have

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

a different flavor, have different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than their brand-name versions, but they're just as safe and effective.

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

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

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

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

**A.** Yes.<sup>4</sup>

### **Express Scripts® Pharmacy for maintenance medications**

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost<sup>5</sup>
- Refill reminders at no extra cost<sup>6</sup>
- Fill up to a 90-day supply at one time<sup>7</sup>
- Helpful pharmacists available 24/7

### **Here are three easy ways to get started.**

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

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

### **Accredo® for specialty medications**

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specially-trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>8</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 24/7 access to specially-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost
- Easy refills and reminders
- Easily manage your medications online and track your orders

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

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

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

## Exclusions and Limitations: What isn't covered by this policy

### Exclusions

The following are not covered under this Plan. No payment will be made for the following expenses:

1. Drugs not approved by the Food and Drug Administration;
2. Any drugs that are not on the Prescription Drug List and not otherwise approved for coverage through the non-Prescription Drug List exception process;
3. Drugs, devices and/or supplies available over the counter that do not require a Prescription by federal or state law except as otherwise stated in this Plan, or specifically designated as No Cost Preventive Care and required by the Patient Protection and Affordable Care Act (PPACA);
4. Drugs that do not require a federal legend (a federal designation for drugs requiring supervision of a Physician), other than insulin;
5. Any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
6. A drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
7. Any injectable drugs that require Physician supervision and are not typically considered self-administered drugs are covered under the medical benefits of this Plan and require Prior Authorization. The following are examples of Physician supervised drugs: injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables, and endocrine and metabolic agents;
8. Infertility related drugs, except those required by the Patient Protection and Affordable Care Act (PPACA);
9. Infused immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions are covered under the medical benefits of this Plan;
10. Any drugs used for the treatment of sexual dysfunction, including, but not limited to erectile dysfunction, delayed ejaculation, anorgasm, and decreased libido and/or sexual desire;
11. Any drugs used for weight loss, weight management, metabolic syndrome, and antiobesity agents;
12. Any drugs that are Experimental or Investigational or Unproven as described in this Plan; except as specifically stated in the sections of this Plan titled "Clinical Trials," and any benefit language concerning "Off Label Drugs";
13. Food and Drug Administration FDA-approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (the American Hospital Formulary Service Drug Information or AHFS) or in medical literature. Medical literature means scientific studies published in a peer-reviewed English-language biomedical journals;
14. Prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies, except for those pertaining to Diabetic Supplies and Equipment;
15. Prescription vitamins other than prenatal vitamins, dietary supplements, herbal supplements and fluoride other than supplements specifically designated as preventive under the Patient Protection and Affordable Care Act (PPACA);
16. Drugs used for cosmetic purposes that have no medically acceptable use, such as drugs used to reduce wrinkles, drugs to promote hair growth, drugs used to control perspiration and fade cream products;
17. Medications used for travel prophylaxis, except anti-malarial drugs;
18. Drugs obtained outside the United States;
19. Any fill or refill of Prescription Drugs and Related Supplies to replace those lost, stolen, spilled, spoiled or damaged before the next refill date;
20. Drugs used to enhance athletic performance;
21. Drugs which are to be taken by or administered to the Member while a patient in a licensed Hospital, Skilled Nursing Facility, rest home or similar Institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
22. Any Drugs, medications, or other substances dispensed or administered in any outpatient setting. This includes, but is not limited to, items dispensed by a Physician;
23. Drug convenience kits;
24. Prescriptions more than one year from the original date of issue;
25. Any costs related to the mailing, sending or delivery of Prescription Drugs;
26. Any intentional misuse of this benefit, including Prescription Drugs and Related Supplies purchased for consumption by someone other than the Member

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

### Limitations

Each Prescription Order or refill, unless limited by the drug manufacturer's packaging, shall be limited as follows:

- Up to a 30-day supply, at a retail Participating Pharmacy for drug tiers 1 through 5 drugs, unless limited by the drug manufacturer's packaging (for detailed information about drug tiers please refer to the Schedule of Benefits).
- Up to a 90-day supply, at a 90 Day Retail Pharmacy for drug tiers 1 through 4 and up to a 30-day supply of tier 5 drugs, unless limited by the drug manufacturer's packaging. To locate a 90-Day Retail Pharmacy you can call customer service at the phone number listed on the back of Your ID card or go to [www.cigna.com/small-group-plans](http://www.cigna.com/small-group-plans) (for detailed information about drug tiers please refer to the Schedule of Benefits).
- Up to a 90-day supply at Express Scripts Pharmacy, Cigna Healthcare's home delivery Pharmacy for drug tiers 1 through 4 and up to a 30-day supply of tier 5 drugs, unless limited by the drug manufacturer's packaging (for detailed information about drug tiers please refer to the Schedule of Benefits)
- Tobacco cessation medications that are included on Cigna Healthcare's Prescription Drug List are limited to two 90-day supplies per Plan Year.
- Managed drug limits (MDL) may apply to dose and/or number of days' supply of certain drugs; managed drug limits are based on recommendations of the federal Food and Drug Administration (FDA) and the drug manufacturer.
- To a dosage and/or dispensing limit as determined by the P&T Committee.

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

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



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

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

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group.

# Discrimination is against the law

## Medical coverage

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

### Cigna Healthcare:

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

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



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

### Cigna Healthcare

Nondiscrimination Complaint Coordinator  
P.O. Box 188016 Chattanooga, TN 37422

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

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
**1.800.368.1019, 800.537.7697 (TDD)**

Complaint forms are available at  
**<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>**

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

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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