This list illustrates the tiers and copays for the most commonly dispensed brand name drugs under the Value Rx plan.

Generic drugs are not shown on this chart. The Value Rx plan has five drug tiers:

Tier 1 & 2 = Preferred Generics/Generics \* Tier 3 = Preferred Brands \* Tier 4 = Non-Preferred Drugs \* Tier 5 = Specialty Drugs

Drug Name	2024 Drug Tier	31 Day Retail Copay at Preferred Pharmacies	31 Day Retail Copay at Standard Pharmacies	90 Day Home Delivery Copay	Prior Authorizations, Step Therapy or Quantity Limits
Advair Diskus	Tier 4	40%	45%	40%	QL - 60 per 30 days
Advair HFA	Tier 3	\$40	\$50	\$110	QL - 12 per 30 days
Albuterol Sulfate HFA	Tier 4	40%	45%	40%	QL - 36 per 30 days
Alphagan P	Tier 4	40%	45%	40%	
Amitiza	Tier 4	40%	45%	40%	QL - 60 per 30 days
Anoro Ellipta	Tier 4	40%	45%	40%	ST; QL - 60 per 30 days
Arnuity Ellipta	Tier 4	40%	45%	40%	QL - 30 per 30 days
Asmanex	Tier 3	\$40	\$50	\$110	QL - varies by dosage
Basaglar Kwikpen U-100	Tier 4	\$35	\$35	\$105	ST
Belbuca	Tier 3	\$40	\$50	\$110	PA; QL - 60 per 30 days
Betimol	Tier 4	40%	45%	40%	
Boostrix TDAP	Tier 1	\$0	\$0	N/A	
Breo Ellipta	Tier 3	\$40	\$50	\$110	QL - 60 per 30 days
Breztri	Tier 3	\$40	\$50	\$110	QL - 10.7 per 30 days
Brilinta	Tier 3	\$40	\$50	\$110	
Budesonide-Formoterol Fumarate	Tier 4	40%	45%	40%	ST; QL - 10.2 per 30 days
Bydureon Bcise	Tier 3	\$40	\$50	\$110	PA; QL - 4 per 28 days
Bystolic	Tier 4	40%	45%	40%	
Carafate	Tier 4	40%	45%	40%	
Celebrex	Tier 4	40%	45%	40%	
Ciprodex	Tier 4	40%	45%	40%	QL - 7.5 per 7 days
Colchicine	Tier 4	40%	45%	40%	ST
Colcrys	Tier 4	40%	45%	40%	ST

Drug Name	2024 Drug Tier	31 Day Retail Copay at Preferred Pharmacies	31 Day Retail Copay at Standard Pharmacies	90 Day Home Delivery Copay	Prior Authorizations, Step Therapy or Quantity Limits
Combigan	Tier 4	40%	45%	40%	
Combivent Respimat	Tier 3	\$40	\$50	\$110	QL - 8 per 30 days
Copaxone	Tier 5	30%	33%	30%*	PA; QL - varies by dosage
Creon	Tier 3	\$40	\$50	\$110	
Cresemba	Tier 5	30%	33%	30%*	РА
Daliresp	Tier 4	40%	45%	40%	PA; QL - 30 per 30 days
Dexilant	Tier 4	40%	45%	40%	QL - 60 per 30 days
Dulera	Tier 3	\$40	\$50	\$110	QL - 13 per 30 days
Durezol	Tier 4	40%	45%	40%	
Dymista	Tier 4	40%	45%	40%	QL - 23 per 30 days
Eliquis	Tier 3	\$40	\$50	\$110	
Entresto	Tier 3	\$40	\$50	\$110	QL - 60 per 30 days
Epinephrine	Tier 4	40%	45%	40%	QL- 2 per 30 days
Estring	Tier 4	40%	45%	40%	
Farxiga	Tier 3	\$40	\$50	\$110	QL - varies by dosage
Flovent HFA	Tier 4	40%	45%	40%	QL - varies by dosage
Gemtesa	Tier 4	40%	45%	40%	ST
Humalog	Tier 3	\$35	\$35	\$105	
Humalog Kwikpen	Tier 3	\$35	\$35	\$105	
Humalog Mix 75-25	Tier 3	\$35	\$35	\$105	
Humalog Mix 75-25 Kwikpen	Tier 3	\$35	\$35	\$105	
Humulin N	Tier 3	\$35	\$35	\$105	
Ibrance	Tier 5	30%	33%	30%*	PA; QL - 21 per 28 days
Ilevro	Tier 4	40%	45%	40%	ST
Imbruvica	Tier 5	30%	33%	30%*	PA; QL varies by dosage
Incruse Ellipta	Tier 4	40%	45%	40%	ST; QL - 30 per 30 days
Insulin Glargine	Tier 3	\$35	\$35	\$105	

Drug Name	2024 Drug Tier	31 Day Retail Copay at Preferred Pharmacies	31 Day Retail Copay at Standard Pharmacies	90 Day Home Delivery Copay	Prior Authorizations, Step Therapy or Quantity Limits
Insulin Glargine-YFGN	Tier 4	\$35	\$35	\$105	ST
Insulin Lispro	Tier 4	\$35	\$35	\$105	ST
Insulin Syringe	Tier 3	\$35	\$35	\$105	
Invokana	Tier 4	40%	45%	40%	ST; QL - 30 per 30 days
Jakafi	Tier 5	30%	33%	30%*	PA; QL - 60 per 30 days
Janumet	Tier 3	\$40	\$50	\$110	QL - 60 per 30 days
Janumet XR	Tier 3	\$40	\$50	\$110	QL - varies by dosage
Januvia	Tier 3	\$40	\$50	\$110	QL - 30 per 30 days
Jardiance	Tier 3	\$40	\$50	\$110	QL - 30 per 30 days
Jublia	Tier 4	40%	45%	40%	QL - 8 per 30 days
Keppra	Tier 4	40%	45%	40%	
Lantus	Tier 3	\$35	\$35	\$105	
Lantus Solostar	Tier 3	\$35	\$35	\$105	
Latuda	Tier 5	30%	33%	30%*	QL - varies by dosage
Lidocaine Pain Relief	Tier 2	\$10	\$15	\$0	QL - varies by dosage
Linzess	Tier 3	\$40	\$50	\$110	QL - 30 per 30 days
Livalo	Tier 4	40%	45%	40%	ST; QL - 30 per 30 days
Lokelma	Tier 3	\$40	\$50	\$110	
Lokelma SM	Tier 3	\$40	\$50	\$110	
Lotemax	Tier 4	40%	45%	40%	
Lotemax SM	Tier 4	40%	45%	40%	
Luer-Lok Syringe-Needle	Tier 3	\$40	\$50	\$110	
Lumigan	Tier 3	\$40	\$50	\$110	
Lyrica	Tier 4	40%	45%	40%	PA; QL - varies by dosage
Mitigare	Tier 4	40%	45%	40%	ST
Motegrity	Tier 4	40%	45%	40%	ST; QL - 30 per 30 days
Mounjaro	Tier 3	\$40	\$50	\$110	PA; QL - 2 per 28 days

Drug Name	2024 Drug Tier	31 Day Retail Copay at Preferred Pharmacies	31 Day Retail Copay at Standard Pharmacies	90 Day Home Delivery Copay	Prior Authorizations, Step Therapy or Quantity Limits
Movantik	Tier 3	\$40	\$50	\$110	QL - 30 per 30 days
Multaq	Tier 4	40%	45%	40%	
Myrbetriq	Tier 3	\$40	\$50	\$110	
Namzaric	Tier 3	\$40	\$50	\$110	РА
Nano 2nd Gen Pen Needle	Tier 3	\$40	\$50	\$110	
Narcan	Tier 4	40%	45%	40%	
Neupro	Tier 4	40%	45%	40%	
Nexium	Tier 4	40%	45%	40%	QL - varies by dosage
Nourianz	Tier 5	30%	33%	30%*	PA; LA; QL - 30 per 30 days
Novolog Flexpen	Tier 4	\$35	\$35	\$105	ST
Nu-Mag	Tier 4	40%	45%	40%	
Nuplazid	Tier 4	40%	45%	40%	PA; QL - 30 per 30 days
Onglyza	Tier 4	40%	45%	40%	ST; QL - 30 per 30 days
Oxycontin	Tier 3	\$40	\$50	\$110	PA; QL - 90 per 30 days
Ozempic	Tier 3	\$40	\$50	\$110	PA; QL -3 per 28 days
Paxlovid (EUA)	Tier 4	40%	45%	40%	
Pen Needle	Tier 4	40%	45%	40%	ST
Plenvu	Tier 4	40%	45%	40%	ST
Pradaxa	Tier 4	40%	45%	40%	РА
Premarin (Oral or Vaginal)	Tier 3	\$40	\$50	\$110	
Prevident	Tier 4	40%	45%	40%	
Proair HFA	Tier 4	40%	45%	40%	ST; QL - 2 per 30 days
Proair Respiclick	Tier 4	40%	45%	40%	ST; QL - 2 per 30 days
Prolensa	Tier 3	\$40	\$50	\$110	
Prolia	Tier 4	40%	45%	40%	PA; QL - 1 per 180 days
Pulmicort Flexhaler	Tier 3	\$40	\$50	\$110	QL - varies by dosage
Qulipta	Tier 3	\$40	\$50	\$110	PA; QL - 30 per 30 days

Drug Name	2024 Drug Tier	31 Day Retail Copay at Preferred Pharmacies	31 Day Retail Copay at Standard Pharmacies	90 Day Home Delivery Copay	Prior Authorizations, Step Therapy or Quantity Limits
Qvar Redihaler	Tier 3	\$40	\$50	\$110	QL - varies by dosage
Rapaflo	Tier 4	40%	45%	40%	ST
Repatha Sureclick	Tier 3	\$40	\$50	\$110	PA; QL - 6 per 28 days
Restasis	Tier 4	40%	45%	40%	QL - 60 per 30 days
Revlimid	Tier 5	30%	33%	30%*	PA; LA; QL - 28 per 28 days
Rocklatan	Tier 3	\$40	\$50	\$110	
Rybelsus	Tier 3	\$40	\$50	\$110	PA; QL - 30 per 30 days
Rytary	Tier 4	40%	45%	40%	
Shingrix	Tier 1	\$0	\$0	N/A	QL - 2 per 720 days
Simbrinza	Tier 3	\$40	\$50	\$110	
Spiriva Handihaler	Tier 3	\$40	\$50	\$110	QL - 90 per 90 days
Spiriva Respimat	Tier 3	\$40	\$50	\$110	QL - 4 per 30 days
Stiolto Respimat	Tier 3	\$40	\$50	\$110	QL - 4 per 30 days
Symbicort	Tier 4	40%	45%	40%	ST; QL - 10.2 per 30 days
Synthroid	Tier 4	40%	45%	40%	ST
Toujeo Max Solostar	Tier 3	\$35	\$35	\$105	
Toujeo Solostar	Tier 3	\$35	\$35	\$105	
Toviaz	Tier 4	40%	45%	40%	
Tradjenta	Tier 3	\$40	\$50	\$110	QL - 30 per 30 days
Travatan Z	Tier 4	40%	45%	40%	ST
Trelegy Ellipta	Tier 3	\$40	\$50	\$110	QL - 60 per 30 days
Tresiba Flextouch	Tier 4	\$35	\$35	\$105	ST
Trintellix	Tier 3	\$40	\$50	\$110	QL - 30 per 30 days
Triumeq	Tier 5	30%	33%	30%*	
Trulance	Tier 3	\$40	\$50	\$110	QL - 30 per 30 days
Trulicity	Tier 3	\$40	\$50	\$110	PA; QL 2 per 28 days
Ultra- Fine Mini Pen Needle	Tier 3	\$40	\$50	\$110	

Drug Name	2024 Drug Tier	31 Day Retail Copay at Preferred Pharmacies	31 Day Retail Copay at Standard Pharmacies	90 Day Home Delivery Copay	Prior Authorizations, Step Therapy or Quantity Limits
Ultra- Fine Nano Pen Needle	Tier 3	\$40	\$50	\$110	
Ultra- Fine Short Pen Needle	Tier 3	\$40	\$50	\$110	
Ventolin HFA	Tier 4	40%	40%	40%	ST; QL 36 per 30 days
Vraylar	Tier 4	40%	40%	40%	QL - varies by dosage
Vyvanse	Tier 4	40%	40%	40%	ST
Xarelto	Tier 3	\$40	\$50	\$110	
Xifaxan	Tier 5	30%	33%	30%*	QL - varies by dosage
Xiidra	Tier 3	\$40	\$50	\$110	ST; QL - 60 per 30 days
Xtandi	Tier 5	30%	33%	30%*	PA; QL - varies by dosage
Zytiga	Tier 5	30%	33%	30%*	PA; QL - varies by dosage

- Insulins covered at a maximum copay of \$35 for a 30 day supply and \$105 for a 90 day supply due to the Inflation Reduction Act regardless of coverage tier and preferred vs. standard pharmacy.
- ✤ Most Medicare Part D vaccinations are covered at \$0 cost due to Inflation Reduction Act.
- ✤ \$200 calendar year deductible applies to tier 3, 4 & 5 brand name drugs only.
- Brand name drug copays and cost shares will apply after deductible has been satisfied. Copays and cost shares shown in chart are for the Initial Coverage Stage only.
- ✤ All brand name drugs are covered at 25% while in the Coverage Gap.
- ✤ Member pays \$0 while in the Catastrophic Stage.
- ✤ Most Specialty Medications can only be dispensed up to a 31 day supply.