Cigna Healthcare

Agent

- Asthma/COPD Agents
- Cardiovascular Agents
- Coagulation Agents
- Diabetes Agents
- Hyperlipidemia Agents
- Osteoporosis Agents

Class

- AA (Aldosterone Antagonists)
- ACE-I (Angiotensin Coverting Enzyme Inhibitors)
- ARB (Angiotensin-Receptor Blocker)
- ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)
- BB (Beta Blocker)
- Biguanide
- Bisphosphonates
- CCB (Calcium Channel Blocker)
- Diuretic (Loop)

Information below is based on the H-plan with the majority of membership.

Copays listed are applicable to the initial coverage phase.

Click here to visit the full Cigna formulary

CareAllies.

Diabetic Testing Supplies (Part B)			
Blood Glucose Monitoring Devices (meters, test strips, lancets)	0% coinsurance for preferred brands of test strips, meters, and lancets	CGM Devices	0% coinsurance for preferred brand
Abbott Freestyle®	✓	Abbott Freestyle Libre® 2	✓
Abbott Precision®	✓	Dexcom G6® & G7®	✓
Ascensia Contour®			
Lifescan OneTouch®	✓		
Roche Accu-Chek®			
Trividia True Metrix®			

Cigna Healthcare

Class	Drug	Tier	Preferred Retail 30 Day	Preferred Retail 90 Day	Mail order	Notes
Insulin	Admelog	NF	NF	NF	NF	
SABA (Short Acting Beta2 Agonist)	Albuterol HFA	2	$4	$12	$0	
Bisphosphonates	Alendronate tabs	1	$0	$0	$0	
Other	Amiodarone tabs (100mg)	2	$4	$12	$0	
Other	Amiodarone tabs (200mg)	1	$0	$0	$0	
Other	Amiodarone tabs (400mg)	2	$4	$12	$0	
CCB (Calcium Channel Blocker)	Amlodipine	1	$0	$0	$0	
LABA/LAMA (Long Acting Beta2 Agonist/Long Acting Muscarinic Antagonist)	Anoro Ellipta	3	$45	$135	$135	
ICS-containing (Inhaled Corticosteroid)	Arnuity Ellipta	3	$45	$135	$135	
BB (Beta Blocker)	Atenolol	1	$0	$0	$0	
Statin	Atorvastatin	1	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Benazepril	1	$0	$0	$0	
BB (Beta Blocker)	Bisoprolol	2	$4	$12	$0	
ICS-containing (Inhaled Corticosteroid)	Breo Ellipta	3	$45	$135	$135	
P2Y12-I (P2Y12 Inhibitors)	Brilinta	3	$45	$135	$135	
ICS-containing (Inhaled Corticosteroid)	Budesonide Nebs	3	$45	$135	$135	
Diuretic (Loop)	Bumetanide (0.5 mg)	3	$45	$135	$135	
Diuretic (Loop)	Bumetanide (1 mg)	3	$45	$135	$135	
Diuretic (Loop)	Bumetanide (2 mg)	3	$45	$135	$135	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon	3	$45	$135	$135	Prior Authorization Required
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon Bcise	3	$45	$135	$135	Prior Authorization Required
BB (Beta Blocker)	Bystolic	NF	NF	NF	NF	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Captopril	1	$0	$0	$0	
BB (Beta Blocker)	Carvedilol	1	$0	$0	$0	
BB (Beta Blocker)	Carvedilol ER/CR caps (CP24)	3	$45	$135	$135	
Diuretic (Loop)	Chlorthalidone	2	$4	$12	$0	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (300mg)	4	$95	$285	$285	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (75mg)	1	$0	$0	$0	
DTI (Direct Thrombin Inhibitors)	Dabigatran	4	$95	$285	$285	
Other	Digoxin (125mcg) tabs	2	$4	$12	$0	
Other	Digoxin (250mcg) tabs	2	$4	$12	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$4	$12	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$4	$12	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$4	$12	$0	
Factor Xa-I (Factor Xa Inhibitors)	Eliquis	3	$45	$135	$135	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Enalapril	1	$0	$0	$0	
LMWH (Low Molecular Weight Heparin)	Enoxaparin	3	$45	$135	$135	
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)	Entresto	3	$45	$135	$135	
Other	Evenity	NF	NF	NF	NF	
Other	Ezetimibe	1	$0	$0	$0	
Statin	Ezetimibe/Simvastatin	1	$0	$0	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Farxiga	3	$45	$135	$135	
Insulin	Fiasp	NF	NF	NF	NF	
SABA (Short Acting Beta2 Agonist)	Fluticasone HFA	2	$4	$12	$0	
ICS-containing (Inhaled Corticosteroid)	Fluticasone/Salmeterol Diskus	2	$4	$12	$0	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (10mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (2.5mg)	4	$95	$285	$285	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (5mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (7.5mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Other	Forteo	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization Required
Diuretic (Loop)	Furosemide soln	2	$4	$12	$0	
Diuretic (Loop)	Furosemide tabs	1	$0	$0	$0	
SU (Sulfonylureas)	Glimepiride	1	$0	$0	$0	
SU (Sulfonylureas)	Glipizide IR/ER/XL	1	$0	$0	$0	
Diuretic (Loop)	HCTZ caps/tabs	1	$0	$0	$0	
Insulin	Humalog	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humalog mix	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin mix	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin N	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin R	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin R-500	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Inflation Reduction Act caps copay to $35/month or $105/3-months
Vasodilator	Hydralazine	2	$4	$12	$0	
Bisphosphonates	Ibandronate tabs	2	$4	$12	$0	
LAMA (Long Acting Muscarinic Antagonist)	Incruse Ellipta	3	$45	$135	$135	
Insulin	Insulin Lispro	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Insulin Lispro Protamine-Lispro	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokamet	NF	NF	NF	NF	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokana	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	Irbesartan	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	Irbesartan/HCTZ	1	$0	$0	$0	
Vasodilator	Isosorbide MN ER (120mg)	1	$0	$0	$0	
Vasodilator	Isosorbide MN ER (30mg)	1	$0	$0	$0	
Vasodilator	Isosorbide MN ER (60mg)	1	$0	$0	$0	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Janumet IR/XR	3	$45	$135	$135	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Januvia	3	$45	$135	$135	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Jardiance	3	$45	$135	$135	
MRA's (Mineralocorticoid receptor antagonists)	Kerendia	3	$45	$135	$135	

Insulin	**Lantus**	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Levemir**	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	**Lisinopril**	1	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	**Lisinopril/HCTZ**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Losartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Losartan/HCTZ**	1	$0	$0	$0	
Statin	**Lovastatin**	1	$0	$0	$0	
Biguanide	**Metformin IR/ER (generic Glucophage)**	1	$0	$0	$0	
BB (Beta Blocker)	**Metoprolol succinate**	1	$0	$0	$0	
BB (Beta Blocker)	**Metoprolol tartrate**	1	$0	$0	$0	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Pack**	3	$45	$135	$135	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Tab**	1	$0	$0	$0	
GIP/GLP-1 RA (glucose-dependent insulinotropic polypeptide)/ (Glucagon-like peptide 1 receptor agonists)	**Mounjaro**	3	$45	$135	$135	Prior Authorization Required
BB (Beta Blocker)	**Nadolol**	3	$45	$135	$135	
Vasodilator	**Nitroglycerin Patch**	2	$4	$12	$0	
Vasodilator	**Nitroglycerin Sublingual**	2	$4	$12	$0	
Insulin	**Novolin Mix**	NF	NF	NF	NF	
Insulin	**Novolin N**	NF	NF	NF	NF	
Insulin	**Novolin R**	NF	NF	NF	NF	
Insulin	**Novolog**	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	**Olmesartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Olmesartan/HCTZ**	1	$0	$0	$0	
Other	**Omega-3 ethyl esters**	3	$45	$135	$135	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Ozempic**	3	$45	$135	$135	Prior Authorization Required
TZD (Thiazolidinedione)	**Pioglitazone**	1	$0	$0	$0	
DTI (Direct Thrombin Inhibitors)	**Pradaxa**	NF	NF	NF	NF	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Praluent**	NF	NF	NF	NF	
Statin	**Pravastatin**	1	$0	$0	$0	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Prolia**	4	$95	$285	$285	
BB (Beta Blocker)	**Propranolol ER capsules**	2	$4	$12	$0	
BB (Beta Blocker)	**Propranolol ER tabs**	2	$4	$12	$0	
BB (Beta Blocker)	**Propranolol IR**	1	$0	$0	$0	
BB (Beta Blocker)	**Propranolol IR solution**	1	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	**Ramipril**	1	$0	$0	$0	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Pushtronex)**	3	$45	$135	$135	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Sureclick)**	3	$45	$135	$135	
Bisphosphonates	**Risedronate tabs**	2	$4	$12	$0	
Statin	**Rosuvastatin**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Rybelsus**	3	$45	$135	$135	Prior Authorization Required
Statin	**Simvastatin**	1	$0	$0	$0	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Soliqua**	3	$45	$135	$135	Prior Authorization Required
AA (Aldosterone Antagonists)	**Spironolactone**	1	$0	$0	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Synjardy IR/XR**	3	$45	$135	$135	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan/HCTZ**	1	$0	$0	$0	
Diuretic (Loop)	**Torsemide**	2	$4	$12	$0	
Insulin	**Toujeo**	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	**Tradjenta**	3	$45	$135	$135	
ICS-containing (Inhaled Corticosteroid)	**Trelegy Ellipta**	3	$45	$135	$135	
Insulin	**Tresiba**	3	$45	$135	$135	Inflation Reduction Act caps copay to $35/month or $105/3-months
Diuretic (Loop)	**Triamterene/HCTZ caps (50/25mg)**	1	$0	$0	$0	
Diuretic (Loop)	**Triamterene/HCTZ tabs (37.5/25mg)**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Trulicity**	3	$45	$135	$135	Prior Authorization Required
Other	**Tymlos**	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization Required
ARB (Angiotensin-Receptor Blocker)	**Valsartan**	1	$0	$0	$0	
Other	**Vascepa**	3	$45	$135	$135	
SABA (Short Acting Beta2 Agonist)	**Ventolin HFA**	3	$45	$135	$135	
CCB (Calcium Channel Blocker)	**Verapamil ER caps**	3	$45	$135	$135	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (120mg)**	2	$4	$12	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (180mg)**	2	$4	$12	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (240mg)**	2	$4	$12	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Victoza**	3	$45	$135	$135	Prior Authorization Required
VKA (Vitamin K Antagonists)	**Warfarin**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Wegovy**	3	$45	$135	$135	Prior Authorization Required
ICS-containing (Inhaled Corticosteroid)	**Wixela Inhub**	2	$4	$12	$0	
Factor Xa-I (Factor Xa Inhibitors)	**Xarelto**	3	$45	$135	$135	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Xgeva**	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization Required
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Xigduo XR**	3	$45	$135	$135	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Xultophy**	3	$45	$135	$135	Prior Authorization Required

BCBS

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Class
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ACE-I (Angiotensin Coverting Enzyme Inhibitors)
ARB (Angiotensin-Receptor Blocker)
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)
BB (Beta Blocker)
Biguanide
Bisphosphonates
CCB (Calcium Channel Blocker)
Diuretic (Loop)

Information below is based on the H-plan with the majority of membership.

Copays listed are applicable to the initial coverage phase.

Click here to visit the full BCBS formulary

CareAllies.

Diabetic Testing Supplies (Part B)			
Blood Glucose Monitoring Devices (meters, test strips, lancets)	0% coinsurance for preferred brands of test strips, meters and lancets	CGM Devices	35% coinsurance for preferred brands obtained at the pharmacy
Abbott Freestyle®		Abbott Freestyle Libre® Products	Prior Authorization/Step Therapy Required
Abbott Precision®		Dexcom G6® & G7®	Prior Authorization/Step Therapy Required
Ascensia Contour®			
Lifescan OneTouch®	✓		
Roche Accu-Chek®			
Trividia True Metrix®			

Blue Cross Blue Shield

Class	Drug	Tier	Preferred Retail 30 Day	Preferred Retail 90 Day	Mail order	Notes
Insulin	Admelog	NF	NF	NF	NF	
SABA (Short Acting Beta2 Agonist)	Albuterol HFA	3	$47	$141	$94	
Bisphosphonates	Alendronate tabs	1	$0	$0	$0	
Other	Amiodarone tabs (100mg)	4	$100	$300	$300	
Other	Amiodarone tabs (200mg)	2	$10	$30	$20	
Other	Amiodarone tabs (400mg)	2	$10	$30	$20	
CCB (Calcium Channel Blocker)	Amlodipine	1	$0	$0	$0	
LABA/LAMA (Long Acting Beta2 Agonist/Long Acting Muscarinic Antagonist)	Anoro Ellipta	3	$47	$141	$94	
ICS-containing (Inhaled Corticosteroid)	Arnuity Ellipta	3	$47	$141	$94	
BB (Beta Blocker)	Atenolol	1	$0	$0	$0	
Statin	Atorvastatin	1	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Benazepril	1	$0	$0	$0	
BB (Beta Blocker)	Bisoprolol	2	$10	$30	$20	
ICS-containing (Inhaled Corticosteroid)	Breo Ellipta	3	$47	$141	$94	
P2Y12-I (P2Y12 Inhibitors)	Brilinta	3	$47	$141	$94	
ICS-containing (Inhaled Corticosteroid)	Budesonide Nebs	3	$47	$141	$94	
Diuretic (Loop)	Bumetanide (0.5 mg)	2	$10	$30	$20	
Diuretic (Loop)	Bumetanide (1 mg)	2	$10	$30	$20	
Diuretic (Loop)	Bumetanide (2 mg)	2	$10	$30	$20	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon	NF	NF	NF	NF	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon Bcise	3	$47	$141	$94	Prior Authorization Required
BB (Beta Blocker)	Bystolic	NF	NF	NF	NF	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Captopril	1	$0	$0	$0	
BB (Beta Blocker)	Carvedilol	1	$0	$0	$0	
BB (Beta Blocker)	Carvedilol ER/CR caps (CP24)	NF	NF	NF	NF	
Diuretic (Loop)	Chlorthalidone	2	$10	$30	$20	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (300mg)	NF	NF	NF	NF	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (75mg)	1	$0	$0	$0	
DTI (Direct Thrombin Inhibitors)	Dabigatran	NF	NF	NF	NF	
Other	Digoxin (125mcg) tabs	2	$10	$30	$20	
Other	Digoxin (250mcg) tabs	3	$47	$141	$94	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$10	$30	$20	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$10	$30	$20	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$10	$30	$20	
Factor Xa-I (Factor Xa Inhibitors)	Eliquis	3	$47	$141	$94	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Enalapril	1	$0	$0	$0	
LMWH (Low Molecular Weight Heparin)	Enoxaparin	4	$100	$300	$300	
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)	Entresto	3	$47	$141	$94	
Other	Evenity	NF	NF	NF	NF	
Other	Ezetimibe	NF	NF	NF	NF	
Statin	Ezetimibe/Simvastatin	2	$10	$30	$20	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Farxiga	3	$47	$141	$94	
Insulin	Fiasp	NF	NF	NF	NF	
SABA (Short Acting Beta2 Agonist)	Fluticasone HFA	3	$47	$141	$94	
ICS-containing (Inhaled Corticosteroid)	Fluticasone/Salmeterol Diskus	2	$10	$30	$20	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (10mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (2.5mg)	4	$100	$300	$300	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (5mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (7.5mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Other	Forteo	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
Diuretic (Loop)	Furosemide soln	1	$0	$0	$0	
Diuretic (Loop)	Furosemide tabs	1	$0	$0	$0	
SU (Sulfonylureas)	Glimepiride	1	$0	$0	$0	
SU (Sulfonylureas)	Glipizide IR/ER/XL	1	$0	$0	$0	
Diuretic (Loop)	HCTZ caps/tabs	1	$0	$0	$0	
Insulin	Humalog	3	$47	$141	$94	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humalog mix	3	$47	$141	$94	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin mix	3	$47	$141	$94	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin N	3	$47	$141	$94	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin R	3	$47	$141	$94	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin R-500	3	$47	$141	$94	Inflation Reduction Act caps copay to $35/month or $105/3-months
Vasodilator	Hydralazine	2	$10	$30	$20	
Bisphosphonates	Ibandronate tabs	2	$10	$30	$20	
LAMA (Long Acting Muscarinic Antagonist)	Incruse Ellipta	3	$47	$141	$94	
Insulin	Insulin Lispro	NF	NF	NF	NF	
Insulin	Insulin Lispro Protamine-Lispro	NF	NF	NF	NF	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokamet	NF	NF	NF	NF	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokana	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	Irbesartan	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	Irbesartan/HCTZ	1	$0	$0	$0	
Vasodilator	Isosorbide MN ER (120mg)	2	$10	$30	$20	
Vasodilator	Isosorbide MN ER (30mg)	2	$10	$30	$20	
Vasodilator	Isosorbide MN ER (60mg)	2	$10	$30	$20	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Janumet IR/XR	3	$47	$141	$94	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Januvia	3	$47	$141	$94	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Jardiance	3	$47	$141	$94	
MRA's (Mineralocorticoid receptor antagonists)	Kerendia	3	$47	$141	$94	Prior Authorization/Step Therapy Required
Insulin	Lantus	3	$47	$141	$94	Inflation Reduction Act caps copay to $35/month or $105/3-months

Insulin	**Levemir**	NF	NF	NF	NF	
ACE-I (Angiotensin Covertin Enzyme Inhibitors)	**Lisinopril**	1	$0	$0	$0	
ACE-I (Angiotensin Covertin Enzyme Inhibitors)	**Lisinopril/HCTZ**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Losartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Losartan/HCTZ**	1	$0	$0	$0	
Statin	**Lovastatin**	1	$0	$0	$0	
Biguanide	**Metformin IR/ER (generic Glucophage)**	1	$0	$0	$0	
BB (Beta Blocker)	**Metoprolol succinate**	2	$10	$30	$20	
BB (Beta Blocker)	**Metoprolol tartrate**	1	$0	$0	$0	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Pack**	2	$10	$30	$20	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Tab**	1	$0	$0	$0	
GIP/GLP-1 RA (glucose-dependent insulinotropic polypeptide)/ (Glucagon-like peptide 1 receptor agonists)	**Mounjaro**	3	$47	$141	$94	Prior Authorization Required
BB (Beta Blocker)	**Nadolol**	2	$10	$30	$20	
Vasodilator	**Nitroglycerin Patch**	2	$10	$30	$20	
Vasodilator	**Nitroglycerin Sublingual**	2	$10	$30	$20	
Insulin	**Novolin Mix**	NF	NF	NF	NF	
Insulin	**Novolin N**	NF	NF	NF	NF	
Insulin	**Novolin R**	NF	NF	NF	NF	
Insulin	**Novolog**	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	**Olmesartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Olmesartan/HCTZ**	1	$0	$0	$0	
Other	**Omega-3 ethyl esters**	2	$10	$30	$20	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Ozempic**	3	$47	$141	$94	Prior Authorization Required
TZD (Thiazolidinedione)	**Pioglitazone**	1	$0	$0	$0	
DTI (Direct Thrombin Inhibitors)	**Pradaxa**	4	$100	$300	$300	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Praluent**	NF	NF	NF	NF	
Statin	**Pravastatin**	1	$0	$0	$0	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Prolia**	4	$100	$300	$300	Prior Authorization/Step Therapy Required
BB (Beta Blocker)	**Propranolol ER capsules**	NF	NF	NF	NF	
BB (Beta Blocker)	**Propranolol ER tabs**	2	$10	$30	$20	
BB (Beta Blocker)	**Propranolol IR**	1	$0	$0	$0	
BB (Beta Blocker)	**Propranolol IR solution**	1	$0	$0	$0	
ACE-I (Angiotensin Covertin Enzyme Inhibitors)	**Ramipril**	1	$0	$0	$0	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Pushtronex)**	3	$47	$141	$94	Prior Authorization/Step Therapy Required
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Sureclick)**	3	$47	$141	$94	Prior Authorization/Step Therapy Required
Bisphosphonates	**Risedronate tabs**	2	$10	$30	$20	
Statin	**Rosuvastatin**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Rybelsus**	3	$47	$141	$94	Prior Authorization Required
Statin	**Simvastatin**	1	$0	$0	$0	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Soliqua**	3	$47	$141	$94	Prior Authorization Required
AA (Aldosterone Antagonists)	**Spironolactone**	1	$0	$0	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Synjardy IR/XR**	3	$47	$141	$94	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan/HCTZ**	1	$0	$0	$0	
Diuretic (Loop)	**Torsemide**	1	$0	$0	$0	
Insulin	**Toujeo**	3	$47	$141	$94	Inflation Reduction Act caps copay to $35/month or $105/3-months
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	**Tradjenta**	3	$47	$141	$94	
ICS-containing (Inhaled Corticosteroid)	**Trelegy Ellipta**	3	$47	$141	$94	
Insulin	**Tresiba**	NF	NF	NF	NF	
Diuretic (Loop)	**Triamterene/HCTZ caps (50/25mg)**	NF	NF	NF	NF	
Diuretic (Loop)	**Triamterene/HCTZ tabs (37.5/25mg)**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Trulicity**	3	$47	$141	$94	Prior Authorization Required
Other	**Tymlos**	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
ARB (Angiotensin-Receptor Blocker)	**Valsartan**	1	$0	$0	$0	
Other	**Vascepa**	NF	NF	NF	NF	
SABA (Short Acting Beta2 Agonist)	**Ventolin HFA**	3	$47	$141	$94	
CCB (Calcium Channel Blocker)	**Verapamil ER caps**	2	$10	$30	$20	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (120mg)**	2	$10	$30	$20	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (180mg)**	2	$10	$30	$20	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (240mg)**	2	$10	$30	$20	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Victoza**	3	$47	$141	$94	Prior Authorization Required
VKA (Vitamin K Antagonists)	**Warfarin**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Wegovy**	NF	NF	NF	NF	
ICS-containing (Inhaled Corticosteroid)	**Wixela Inhub**	2	$10	$30	$20	
Factor Xa-I (Factor Xa Inhibitors)	**Xarelto**	3	$47	$141	$94	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Xgeva**	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Xigduo XR**	3	$47	$141	$94	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Xultophy**	3	$47	$141	$94	Prior Authorization Required

Humana

Agent
Asthma/COPD Agents
Cardiovascular Agents
Coagulation Agents
Diabetes Agents
Hyperlipidemia Agents
Osteoporosis Agents

Class
AA (Aldosterone Antagonists)
ACE-I (Angiotensin Coverting Enzyme Inhibitors)
ARB (Angiotensin-Receptor Blocker)
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)
BB (Beta Blocker)
Biguanide
Bisphosphonates
CCB (Calcium Channel Blocker)
Diuretic (Loop)

Information below is based on the H-plan with the majority of membership.
Copays listed are applicable to the initial coverage phase.

Click here to visit the full Humana formulary

CareAllies.

Diabetic Testing Supplies (Part B)			
Blood Glucose Monitoring Devices (meters, test strips, lancets)	0% copay for preferred brands of test strips, meters and lancets	CGM Devices	20% coinsurance (any brand)
Abbott Freestyle®		Abbott Freestyle Libre® 2 & 3	✓
Abbott Precision®		Dexcom G6® & G7®	✓
Ascensia Contour®			
Lifescan OneTouch®			
Roche Accu-Chek®	✓		
Trividia True Metrix®	✓		

Humana

Class	Drug	Tier	Preferred Retail 30 Day	Preferred Retail 90 Day	Mail order	Notes
Insulin	Admelog	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
SABA (Short Acting Beta2 Agonist)	Albuterol HFA	3	$47	$141	$131	
Bisphosphonates	Alendronate tabs	1	$0	$9	$0	
Other	Amiodarone tabs (100mg)	4	$99-100	$297-300	$287-290	
Other	Amiodarone tabs (200mg)	2	$0-5	$30	$0	
Other	Amiodarone tabs (400mg)	4	$99-100	$297-300	$287-290	
CCB (Calcium Channel Blocker)	Amlodipine	1	$0	$9	$0	
LABA/LAMA (Long Acting Beta2 Agonist/Long Acting Muscarinic Antagonist)	Anoro Ellipta	NF	NF	NF	NF	
ICS-containing (Inhaled Corticosteroid)	Arnuity Ellipta	3	$47	$141	$131	
BB (Beta Blocker)	Atenolol	1	$0	$9	$0	
Statin	Atorvastatin	1	$0	$9	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Benazepril	1	$0	$9	$0	
BB (Beta Blocker)	Bisoprolol	2	$0-5	$30	$0	
ICS-containing (Inhaled Corticosteroid)	Breo Ellipta	3	$47	$141	$131	
P2Y12-I (P2Y12 Inhibitors)	Brilinta	3	$47	$141	$131	
ICS-containing (Inhaled Corticosteroid)	Budesonide Nebs	4	$99-100	$297-300	$287-290	
Diuretic (Loop)	Bumetanide (0.5 mg)	2	$0-5	$30	$0	
Diuretic (Loop)	Bumetanide (1 mg)	2	$0-5	$30	$0	
Diuretic (Loop)	Bumetanide (2 mg)	2	$0-5	$30	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon	NF	NF	NF	NF	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon Bcise	3	$47	$141	$131	
BB (Beta Blocker)	Bystolic	NF	NF	NF	NF	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Captopril	3	$47	$141	$131	
BB (Beta Blocker)	Carvedilol	1	$0	$9	$0	
BB (Beta Blocker)	Carvedilol ER/CR caps (CP24)	4	$99-100	$297-300	$287-290	
Diuretic (Loop)	Chlorthalidone	2	$0-5	$30	$0	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (300mg)	4	$99-100	$297-300	$287-290	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (75mg)	1	$0	$9	$0	
DTI (Direct Thrombin Inhibitors)	Dabigatran	4	$99-100	$297-300	$287-290	
Other	Digoxin (125mcg) tabs	2	$0-5	$30	$0	
Other	Digoxin (250mcg) tabs	2	$0-5	$30	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$0-5	$30	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$0-5	$30	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$0-5	$30	$0	
Factor Xa-I (Factor Xa Inhibitors)	Eliquis	3	$47	$141	$131	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Enalapril	1	$0	$9	$0	
LMWH (Low Molecular Weight Heparin)	Enoxaparin	4	$99-100	$297-300	$287-290	
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)	Entresto	3	$47	$141	$131	
Other	Evenity	NF	NF	NF	NF	
Other	Ezetimibe	1	$0	$9	$0	
Statin	Ezetimibe/Simvastatin	2	$0-5	$30	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Farxiga	4	$99-100	$297-300	$287-290	
Insulin	Fiasp	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
SABA (Short Acting Beta2 Agonist)	Fluticasone HFA	2	$0-5	$30	$0	
ICS-containing (Inhaled Corticosteroid)	Fluticasone/Salmeterol Diskus	3	$47	$141	$131	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (10mg)	NF	NF	NF	NF	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (2.5mg)	NF	NF	NF	NF	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (5mg)	NF	NF	NF	NF	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (7.5mg)	NF	NF	NF	NF	
Other	Forteo	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
Diuretic (Loop)	Furosemide soln	2	$0-5	$30	$0	
Diuretic (Loop)	Furosemide tabs	1	$0	$9	$0	
SU (Sulfonylureas)	Glimepiride	1	$0	$9	$0	
SU (Sulfonylureas)	Glipizide IR/ER/XL	1	$0	$9	$0	
Diuretic (Loop)	HCTZ caps/tabs	1	$0	$9	$0	
Insulin	Humalog	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humalog mix	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Humulin mix	NF	NF	NF	NF	
Insulin	Humulin N	NF	NF	NF	NF	
Insulin	Humulin R	NF	NF	NF	NF	
Insulin	Humulin R-500	NF	NF	NF	NF	
Vasodilator	Hydralazine	2	$0-5	$30	$0	
Bisphosphonates	Ibandronate tabs	2	$0-5	$30	$0	
LAMA (Long Acting Muscarinic Antagonist)	Incruse Ellipta	NF	NF	NF	NF	
Insulin	Insulin Lispro	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Insulin Lispro Protamine-Lispro	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokamet	3	$47	$141	$131	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokana	3	$47	$141	$131	
ARB (Angiotensin-Receptor Blocker)	Irbesartan	1	$0	$9	$0	
ARB (Angiotensin-Receptor Blocker)	Irbesartan/HCTZ	1	$0	$9	$0	
Vasodilator	Isosorbide MN ER (120mg)	2	$0-5	$30	$0	
Vasodilator	Isosorbide MN ER (30mg)	1	$0	$9	$0	
Vasodilator	Isosorbide MN ER (60mg)	1	$0	$9	$0	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Janumet IR/XR	3	$47	$141	$131	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Januvia	3	$47	$141	$131	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Jardiance	3	$47	$141	$131	
MRA's (Mineralocorticoid receptor antagonists)	Kerendia	3	$47	$141	$131	Prior Authorization/Step Therapy Required
Insulin	Lantus	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Levemir	NF	NF	NF	NF	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Lisinopril	1	$0	$9	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Lisinopril/HCTZ	1	$0	$9	$0	
ARB (Angiotensin-Receptor Blocker)	Losartan	1	$0	$9	$0	

ARB (Angiotensin-Receptor Blocker)	**Losartan/HCTZ**	1	$0	$9	$0	
Statin	**Lovastatin**	1	$0	$9	$0	
Biguanide	**Metformin IR/ER (generic Glucophage)**	1	$0	$9	$0	
BB (Beta Blocker)	**Metoprolol succinate**	1	$0	$9	$0	
BB (Beta Blocker)	**Metoprolol tartrate**	1	$0	$9	$0	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Pack**	4	$99-100	$297-300	$287-290	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Tab**	1	$0	$9	$0	
GIP/GLP-1 RA (glucose-dependent insulinotropic polypeptide)/ (Glucagon-like peptide 1 receptor agonists)	**Mounjaro**	3	$47	$141	$131	
BB (Beta Blocker)	**Nadolol**	3	$47	$141	$131	
Vasodilator	**Nitroglycerin Patch**	2	$0-5	$30	$0	
Vasodilator	**Nitroglycerin Sublingual**	3	$47	$141	$131	
Insulin	**Novolin Mix**	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolin N**	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolin R**	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolog**	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
ARB (Angiotensin-Receptor Blocker)	**Olmesartan**	1	$0	$9	$0	
ARB (Angiotensin-Receptor Blocker)	**Olmesartan/HCTZ**	2	$0-5	$30	$0	
Other	**Omega-3 ethyl esters**	4	$99-100	$297-300	$287-290	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Ozempic**	3	$47	$141	$131	
TZD (Thiazolidinedione)	**Pioglitazone**	1	$0	$9	$0	
DTI (Direct Thrombin Inhibitors)	**Pradaxa**	4	$99-100	$297-300	$287-290	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Praluent**	NF	NF	NF	NF	
Statin	**Pravastatin**	1	$0	$9	$0	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Prolia**	4	$99-100	$297-300	$287-290	
BB (Beta Blocker)	**Propranolol ER capsules**	3	$47	$141	$131	
BB (Beta Blocker)	**Propranolol ER tabs**	3	$47	$141	$131	
BB (Beta Blocker)	**Propranolol IR**	2	$0-5	$30	$0	
BB (Beta Blocker)	**Propranolol IR solution**	2	$0-5	$30	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	**Ramipril**	1	$0	$9	$0	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Pushtronex)**	3	$47	$141	$131	Prior Authorization/Step Therapy Required
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Sureclick)**	3	$47	$141	$131	Prior Authorization/Step Therapy Required
Bisphosphonates	**Risedronate tabs**	3	$47	$141	$131	
Statin	**Rosuvastatin**	1	$0	$9	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Rybelsus**	3	$47	$141	$131	
Statin	**Simvastatin**	1	$0	$9	$0	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Soliqua**	3	$47	$141	$131	
AA (Aldosterone Antagonists)	**Spironolactone**	1	$0	$9	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Synjardy IR/XR**	3	$47	$141	$131	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan**	2	$0-5	$30	$0	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan/HCTZ**	3	$47	$141	$131	
Diuretic (Loop)	**Torsemide**	2	$0-5	$30	$0	
Insulin	**Toujeo**	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	**Tradjenta**	3	$47	$141	$131	
ICS-containing (Inhaled Corticosteroid)	**Trelegy Ellipta**	3	$47	$141	$131	
Insulin	**Tresiba**	3	$47	$141	$131	Inflation Reduction Act caps copay to $35/month or $105/3-months
Diuretic (Loop)	**Triamterene/HCTZ caps (50/25mg)**	1	$0	$9	$0	
Diuretic (Loop)	**Triamterene/HCTZ tabs (37.5/25mg)**	1	$0	$9	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Trulicity**	3	$47	$141	$131	
Other	**Tymlos**	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
ARB (Angiotensin-Receptor Blocker)	**Valsartan**	1	$0	$9	$0	
Other	**Vascepa**	3	$47	$141	$131	
SABA (Short Acting Beta2 Agonist)	**Ventolin HFA**	3	$47	$141	$131	
CCB (Calcium Channel Blocker)	**Verapamil ER caps**	3	$47	$141	$131	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (120mg)**	2	$0-5	$30	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (180mg)**	2	$0-5	$30	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (240mg)**	2	$0-5	$30	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Victoza**	3	$47	$141	$131	
VKA (Vitamin K Antagonists)	**Warfarin**	1	$0	$9	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Wegovy**	NF	NF	NF	NF	
ICS-containing (Inhaled Corticosteroid)	**Wixela Inhub**	3	$47	$141	$131	
Factor Xa-I (Factor Xa Inhibitors)	**Xarelto**	3	$47	$141	$131	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Xgeva**	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Xigduo XR**	3	$47	$141	$131	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Xultophy**	3	$47	$141	$131	

Aetna

Agent
Asthma/COPD Agents
Cardiovascular Agents
Coagulation Agents
Diabetes Agents
Hyperlipidemia Agents
Osteoporosis Agents

Class
AA (Aldosterone Antagonists)
ACE-I (Angiotensin Coverting Enzyme Inhibitors)
ARB (Angiotensin-Receptor Blocker)
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)
BB (Beta Blocker)
Biguanide
Bisphosphonates
CCB (Calcium Channel Blocker)
Diuretic (Loop)

Information below is based on the H-plan with the majority of membership.
Copays listed are applicable to the initial coverage phase.
Click here to visit the full Aetna formulary

CareAllies.

Diabetic Testing Supplies (Part B)			
Blood Glucose Monitoring Devices (meters, test strips, lancets)	0% coinsurance for preferred brands of test strips, meters and lancets	CGM Devices	20% coinsurance (any brand)
Abbott Freestyle®		Abbott Freestyle Libre® Products	✓
Abbott Precision®		Dexcom G6® & G7®	✓
Ascensia Contour®			
Lifescan OneTouch®	✓		
Roche Accu-Chek®			
Trividia True Metrix®			

Aetna

Class	Drug	Tier	Preferred Retail 30 Day	Preferred Retail 90 Day	Mail order	Notes
Insulin	Admelog	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
SABA (Short Acting Beta2 Agonist)	Albuterol HFA	2	$10	$20	$20	
Bisphosphonates	Alendronate tabs	1	$0	$0	$0	
Other	Amiodarone tabs (100mg)	2	$10	$20	$20	
Other	Amiodarone tabs (200mg)	2	$10	$20	$20	
Other	Amiodarone tabs (400mg)	2	$10	$20	$20	
CCB (Calcium Channel Blocker)	Amlodipine	1	$0	$0	$0	
LABA/LAMA (Long Acting Beta2 Agonist/Long Acting Muscarinic Antagonist)	Anoro Ellipta	3	$47	$141	$141	
ICS-containing (Inhaled Corticosteroid)	Arnuity Ellipta	3	$47	$141	$141	
BB (Beta Blocker)	Atenolol	1	$0	$0	$0	
Statin	Atorvastatin	1	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Benazepril	1	$0	$0	$0	
BB (Beta Blocker)	Bisoprolol	2	$10	$20	$20	
ICS-containing (Inhaled Corticosteroid)	Breo Ellipta	3	$47	$141	$141	
P2Y12-I (P2Y12 Inhibitors)	Brilinta	4	$100	$300	$300	
ICS-containing (Inhaled Corticosteroid)	Budesonide Nebs	4	$100	$300	$300	
Diuretic (Loop)	Bumetanide (0.5 mg)	2	$10	$20	$20	
Diuretic (Loop)	Bumetanide (1 mg)	2	$10	$20	$20	
Diuretic (Loop)	Bumetanide (2 mg)	2	$10	$20	$20	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon	NF	NF	NF	NF	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon Bcise	3	$47	$141	$141	Prior Authorization Required
BB (Beta Blocker)	Bystolic	NF	NF	NF	NF	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Captopril	1	$0	$0	$0	
BB (Beta Blocker)	Carvedilol	1	$0	$0	$0	
BB (Beta Blocker)	Carvedilol ER/CR caps (CP24)	4	$100	$300	$300	
Diuretic (Loop)	Chlorthalidone	2	$10	$20	$20	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (300mg)	2	$10	$20	$20	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (75mg)	1	$0	$0	$0	
DTI (Direct Thrombin Inhibitors)	Dabigatran	4	$100	$300	$300	
Other	Digoxin (125mcg) tabs	2	$10	$20	$20	
Other	Digoxin (250mcg) tabs	2	$10	$20	$20	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$10	$20	$20	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$10	$20	$20	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$10	$20	$20	
Factor Xa-I (Factor Xa Inhibitors)	Eliquis	3	$47	$141	$141	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Enalapril	1	$0	$0	$0	
LMWH (Low Molecular Weight Heparin)	Enoxaparin	4	$100	$300	$300	
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)	Entresto	3	$47	$141	$141	
Other	Evenity	NF	NF	NF	NF	
Other	Ezetimibe	2	$10	$20	$20	
Statin	Ezetimibe/Simvastatin	1	$0	$0	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Farxiga	3	$47	$141	$141	
Insulin	Fiasp	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
SABA (Short Acting Beta2 Agonist)	Fluticasone HFA	2	$10	$20	$20	
ICS-containing (Inhaled Corticosteroid)	Fluticasone/Salmeterol Diskus	3	$47	$141	$141	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (10mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (2.5mg)	4	$100	$300	$300	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (5mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (7.5mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Other	Forteo	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
Diuretic (Loop)	Furosemide soln	1	$0	$0	$0	
Diuretic (Loop)	Furosemide tabs	1	$0	$0	$0	
SU (Sulfonylureas)	Glimepiride	1	$0	$0	$0	
SU (Sulfonylureas)	Glipizide IR/ER/XL	1	$0	$0	$0	
Diuretic (Loop)	HCTZ caps/tabs	1	$0	$0	$0	
Insulin	Humalog	NF	NF	NF	NF	
Insulin	Humalog mix	NF	NF	NF	NF	
Insulin	Humulin mix	NF	NF	NF	NF	
Insulin	Humulin N	NF	NF	NF	NF	
Insulin	Humulin R	NF	NF	NF	NF	
Insulin	Humulin R-500	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Inflation Reduction Act caps copay to $35/month or $105/3-months
Vasodilator	Hydralazine	1	$0	$0	$0	
Bisphosphonates	Ibandronate tabs	2	$10	$20	$20	
LAMA (Long Acting Muscarinic Antagonist)	Incruse Ellipta	3	$47	$141	$141	
Insulin	Insulin Lispro	NF	NF	NF	NF	
Insulin	Insulin Lispro Protamine-Lispro	NF	NF	NF	NF	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokamet	NF	NF	NF	NF	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokana	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	Irbesartan	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	Irbesartan/HCTZ	1	$0	$0	$0	
Vasodilator	Isosorbide MN ER (120mg)	2	$10	$20	$20	
Vasodilator	Isosorbide MN ER (30mg)	2	$10	$20	$20	
Vasodilator	Isosorbide MN ER (60mg)	2	$10	$20	$20	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Janumet IR/XR	3	$47	$141	$141	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Januvia	3	$47	$141	$141	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Jardiance	3	$47	$141	$141	
MRA's (Mineralocorticoid receptor antagonists)	Kerendia	3	$47	$141	$141	
Insulin	Lantus	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	Levemir	NF	NF	NF	NF	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Lisinopril	1	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Lisinopril/HCTZ	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	Losartan	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	Losartan/HCTZ	1	$0	$0	$0	
Statin	Lovastatin	1	$0	$0	$0	
Biguanide	Metformin IR/ER (generic Glucophage)	1	$0	$0	$0	
BB (Beta Blocker)	Metoprolol succinate	1	$0	$0	$0	

BB (Beta Blocker)	**Metoprolol tartrate**	1	$0	$0	$0	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Pack**	2	$10	$20	$20	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Tab**	1	$0	$0	$0	
GIP/GLP-1 RA (glucose-dependent insulinotropic polypeptide)/ (Glucagon-like peptide 1 receptor agonists)	**Mounjaro**	NF	NF	NF	NF	
BB (Beta Blocker)	**Nadolol**	2	$10	$20	$20	
Vasodilator	**Nitroglycerin Patch**	2	$10	$20	$20	
Vasodilator	**Nitroglycerin Sublingual**	2	$10	$20	$20	
Insulin	**Novolin Mix**	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolin N**	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolin R**	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolog**	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
ARB (Angiotensin-Receptor Blocker)	**Olmesartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Olmesartan/HCTZ**	1	$0	$0	$0	
Other	**Omega-3 ethyl esters**	NF	NF	NF	NF	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Ozempic**	3	$47	$141	$141	Prior Authorization Required
TZD (Thiazolidinedione)	**Pioglitazone**	1	$0	$0	$0	
DTI (Direct Thrombin Inhibitors)	**Pradaxa**	NF	NF	NF	NF	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Praluent**	3	$47	$141	$141	Prior Authorization/Step Therapy Required
Statin	**Pravastatin**	1	$0	$0	$0	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Prolia**	4	$100	$300	$300	
BB (Beta Blocker)	**Propranolol ER capsules**	2	$10	$20	$20	
BB (Beta Blocker)	**Propranolol ER tabs**	2	$10	$20	$20	
BB (Beta Blocker)	**Propranolol IR**	2	$10	$20	$20	
BB (Beta Blocker)	**Propranolol IR solution**	4	$100	$300	$300	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	**Ramipril**	1	$0	$0	$0	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Pushtronex)**	NF	NF	NF	NF	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Sureclick)**	NF	NF	NF	NF	
Bisphosphonates	**Risedronate tabs**	2	$10	$20	$20	
Statin	**Rosuvastatin**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Rybelsus**	3	$47	$141	$141	Prior Authorization Required
Statin	**Simvastatin**	1	$0	$0	$0	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Soliqua**	3	$47	$141	$141	Prior Authorization Required
AA (Aldosterone Antagonists)	**Spironolactone**	1	$0	$0	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Synjardy IR/XR**	3	$47	$141	$141	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan/HCTZ**	1	$0	$0	$0	
Diuretic (Loop)	**Torsemide**	2	$10	$20	$20	
Insulin	**Toujeo**	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	**Tradjenta**	3	$47	$141	$141	
ICS-containing (Inhaled Corticosteroid)	**Trelegy Ellipta**	3	$47	$141	$141	
Insulin	**Tresiba**	3	$47	$141	$141	Inflation Reduction Act caps copay to $35/month or $105/3-months
Diuretic (Loop)	**Triamterene/HCTZ caps (50/25mg)**	1	$0	$0	$0	
Diuretic (Loop)	**Triamterene/HCTZ tabs (37.5/25mg)**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Trulicity**	3	$47	$141	$141	Prior Authorization Required
Other	**Tymlos**	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	**Valsartan**	1	$0	$0	$0	
Other	**Vascepa**	4	$100	$300	$300	
SABA (Short Acting Beta2 Agonist)	**Ventolin HFA**	2	$10	$20	$20	
CCB (Calcium Channel Blocker)	**Verapamil ER caps**	1	$0	$0	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (120mg)**	2	$10	$20	$20	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (180mg)**	2	$10	$20	$20	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (240mg)**	2	$10	$20	$20	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Victoza**	NF	NF	NF	NF	
VKA (Vitamin K Antagonists)	**Warfarin**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Wegovy**	NF	NF	NF	NF	
ICS-containing (Inhaled Corticosteroid)	**Wixela Inhub**	3	$47	$141	$141	
Factor Xa-I (Factor Xa Inhibitors)	**Xarelto**	3	$47	$141	$141	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Xgeva**	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Xigduo XR**	3	$47	$141	$141	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Xultophy**	3	$47	$141	$141	Prior Authorization Required

Devoted Health

Agent
Asthma/COPD Agents
Cardiovascular Agents
Coagulation Agents
Diabetes Agents
Hyperlipidemia Agents
Osteoporosis Agents

Class
AA (Aldosterone Antagonists)
ACE-I (Angiotensin Coverting Enzyme Inhibitors)
ARB (Angiotensin-Receptor Blocker)
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)
BB (Beta Blocker)
Biguanide
Bisphosphonates
CCB (Calcium Channel Blocker)
Diuretic (Loop)

Information below is based on the H-plan with the majority of membership.

Copays listed are applicable to the initial coverage phase.

Click here to visit the full Devoted Health formulary

CareAllies.

Diabetic Testing Supplies (Part B)			
Blood Glucose Monitoring Devices (meters, test strips, lancets)	0% copay for preferred brand of test strips, meters and lancets	CGM Devices	$0 copay for preferred brand
Abbott Freestyle®		Abbott Freestyle Libre® Products	✓
Abbott Precision®		Dexcom G6® & G7®	
Ascensia Contour®			
Lifescan OneTouch®	✓		
Roche Accu-Chek®			
Trividia True Metrix®			

Devoted Health

Class	Drug	Tier	Preferred Retail 30 Day	Preferred Retail 90 Day	Mail order	Notes
Insulin	Admelog	3	$40	$120	$100	Inflation Reduction Act caps copay to $35/month or $105/3-months
SABA (Short Acting Beta2 Agonist)	Albuterol HFA	2	$0	$0	$0	
Bisphosphonates	Alendronate tabs	1	$0	$0	$0	
Other	Amiodarone tabs (100mg)	2	$0	$0	$0	
Other	Amiodarone tabs (200mg)	1	$0	$0	$0	
Other	Amiodarone tabs (400mg)	2	$0	$0	$0	
CCB (Calcium Channel Blocker)	Amlodipine	1	$0	$0	$0	
LABA/LAMA (Long Acting Beta2 Agonist/Long Acting Muscarinic Antagonist)	Anoro Ellipta	3	$40	$120	$100	
ICS-containing (Inhaled Corticosteroid)	Arnuity Ellipta	3	$40	$120	$100	
BB (Beta Blocker)	Atenolol	1	$0	$0	$0	
Statin	Atorvastatin	1	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Benazepril	1	$0	$0	$0	
BB (Beta Blocker)	Bisoprolol	1	$0	$0	$0	
ICS-containing (Inhaled Corticosteroid)	Breo Ellipta	3	$40	$120	$100	
P2Y12-I (P2Y12 Inhibitors)	Brilinta	3	$40	$120	$100	
ICS-containing (Inhaled Corticosteroid)	Budesonide Nebs	2	$0	$0	$0	
Diuretic (Loop)	Bumetanide (0.5 mg)	2	$0	$0	$0	
Diuretic (Loop)	Bumetanide (1 mg)	2	$0	$0	$0	
Diuretic (Loop)	Bumetanide (2 mg)	2	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon	NF	NF	NF	NF	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	Bydureon Bcise	3	$40	$120	$100	Prior Authorization Required
BB (Beta Blocker)	Bystolic	NF	NF	NF	NF	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Captopril	1	$0	$0	$0	
BB (Beta Blocker)	Carvedilol	1	$0	$0	$0	
BB (Beta Blocker)	Carvedilol ER/CR caps (CP24)	NF	NF	NF	NF	
Diuretic (Loop)	Chlorthalidone	2	$0	$0	$0	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (300mg)	NF	NF	NF	NF	
P2Y12-I (P2Y12 Inhibitors)	Clopidogrel (75mg)	1	$0	$0	$0	
DTI (Direct Thrombin Inhibitors)	Dabigatran	2	$0	$0	$0	
Other	Digoxin (125mcg) tabs	2	$0	$0	$0	
Other	Digoxin (250mcg) tabs	2	$0	$0	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$0	$0	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$0	$0	$0	
CCB (Calcium Channel Blocker)	Diltiazem (CD)	2	$0	$0	$0	
Factor Xa-I (Factor Xa Inhibitors)	Eliquis	3	$40	$120	$100	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Enalapril	1	$0	$0	$0	
LMWH (Low Molecular Weight Heparin)	Enoxaparin	2	$0	$0	$0	
ARB/NI (Angiotensin-Receptor Blocker/Neprilysin Inhibitor)	Entresto	3	$40	$120	$100	
Other	Evenity	NF	NF	NF	NF	
Other	Ezetimibe	2	$0	$0	$0	
Statin	Ezetimibe/Simvastatin	1	$0	$0	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Farxiga	3	$40	$120	$100	
Insulin	Fiasp	3	$40	$120	$100	Inflation Reduction Act caps copay to $35/month or $105/3-months
SABA (Short Acting Beta2 Agonist)	Fluticasone HFA	2	$0	$0	$0	
ICS-containing (Inhaled Corticosteroid)	Fluticasone/Salmeterol Diskus	NF	NF	NF	NF	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (10mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (2.5mg)	2	$0	$0	$0	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (5mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Factor Xa-I (Factor Xa Inhibitors)	Fondaparinux (7.5mg)	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	
Other	Forteo	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
Diuretic (Loop)	Furosemide soln	1	$0	$0	$0	
Diuretic (Loop)	Furosemide tabs	1	$0	$0	$0	
SU (Sulfonylureas)	Glimepiride	1	$0	$0	$0	
SU (Sulfonylureas)	Glipizide IR/ER/XL	1	$0	$0	$0	
Diuretic (Loop)	HCTZ caps/tabs	1	$0	$0	$0	
Insulin	Humalog	NF	NF	NF	NF	
Insulin	Humalog mix	NF	NF	NF	NF	
Insulin	Humulin mix	NF	NF	NF	NF	
Insulin	Humulin N	NF	NF	NF	NF	
Insulin	Humulin R	NF	NF	NF	NF	
Insulin	Humulin R-500	3	$40	$120	$100	Inflation Reduction Act caps copay to $35/month or $105/3-months
Vasodilator	Hydralazine	2	$0	$0	$0	
Bisphosphonates	Ibandronate tabs	2	$0	$0	$0	
LAMA (Long Acting Muscarinic Antagonist)	Incruse Ellipta	3	$40	$120	$100	
Insulin	Insulin Lispro	NF	NF	NF	NF	
Insulin	Insulin Lispro Protamine-Lispro	NF	NF	NF	NF	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokamet	NF	NF	NF	NF	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Invokana	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	Irbesartan	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	Irbesartan/HCTZ	1	$0	$0	$0	
Vasodilator	Isosorbide MN ER (120mg)	1	$0	$0	$0	
Vasodilator	Isosorbide MN ER (30mg)	1	$0	$0	$0	
Vasodilator	Isosorbide MN ER (60mg)	1	$0	$0	$0	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Janumet IR/XR	3	$40	$120	$100	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	Januvia	3	$40	$120	$100	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	Jardiance	3	$40	$120	$100	
MRA's (Mineralocorticoid receptor antagonists)	Kerendia	3	$40	$120	$100	
Insulin	Lantus	NF	NF	NF	NF	
Insulin	Levemir	NF	NF	NF	NF	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Lisinopril	1	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	Lisinopril/HCTZ	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	Losartan	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	Losartan/HCTZ	1	$0	$0	$0	
Statin	Lovastatin	1	$0	$0	$0	
Biguanide	Metformin IR/ER (generic Glucophage)	1	$0	$0	$0	
BB (Beta Blocker)	Metoprolol succinate	1	$0	$0	$0	
BB (Beta Blocker)	Metoprolol tartrate	1	$0	$0	$0	

LTRA (Leukotriene Receptor Antagonist)	**Montelukast Pack**	2	$0	$0	$0	
LTRA (Leukotriene Receptor Antagonist)	**Montelukast Tab**	1	$0	$0	$0	
GIP/GLP-1 RA (glucose-dependent insulinotropic polypeptide)/ (Glucagon-like peptide 1 receptor agonists)	**Mounjaro**	NF	NF	NF	NF	
BB (Beta Blocker)	**Nadolol**	2	$0	$0	$0	
Vasodilator	**Nitroglycerin Patch**	2	$0	$0	$0	
Vasodilator	**Nitroglycerin Sublingual**	2	$0	$0	$0	
Insulin	**Novolin Mix**	3	$40	$120	$100	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolin N**	3	$40	$120	$100	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolin R**	3	$40	$120	$100	Inflation Reduction Act caps copay to $35/month or $105/3-months
Insulin	**Novolog**	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	**Olmesartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Olmesartan/HCTZ**	1	$0	$0	$0	
Other	**Omega-3 ethyl esters**	2	$0	$0	$0	Prior Authorization/Step Therapy Required
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Ozempic**	3	$40	$120	$100	Prior Authorization Required
TZD (Thiazolidinedione)	**Pioglitazone**	1	$0	$0	$0	
DTI (Direct Thrombin Inhibitors)	**Pradaxa**	NF	NF	NF	NF	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Praluent**	NF	NF	NF	NF	
Statin	**Pravastatin**	1	$0	$0	$0	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Prolia**	4	$80	$240	$240	
BB (Beta Blocker)	**Propranolol ER capsules**	2	$0	$0	$0	
BB (Beta Blocker)	**Propranolol ER tabs**	2	$0	$0	$0	
BB (Beta Blocker)	**Propranolol IR**	2	$0	$0	$0	
BB (Beta Blocker)	**Propranolol IR solution**	2	$0	$0	$0	
ACE-I (Angiotensin Coverting Enzyme Inhibitors)	**Ramipril**	1	$0	$0	$0	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Pushtronex)**	3	$40	$120	$100	
PCSK9-I (Proprotein Convertase Subtilisin Kexin Type 9 Inhibitors)	**Repatha (Sureclick)**	3	$40	$120	$100	
Bisphosphonates	**Risedronate tabs**	2	$0	$0	$0	
Statin	**Rosuvastatin**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Rybelsus**	3	$40	$120	$100	Prior Authorization Required
Statin	**Simvastatin**	1	$0	$0	$0	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Soliqua**	3	$40	$120	$100	Prior Authorization Required
AA (Aldosterone Antagonists)	**Spironolactone**	1	$0	$0	$0	
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Synjardy IR/XR**	3	$40	$120	$100	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan**	1	$0	$0	$0	
ARB (Angiotensin-Receptor Blocker)	**Telmisartan/HCTZ**	1	$0	$0	$0	
Diuretic (Loop)	**Torsemide**	1	$0	$0	$0	
Insulin	**Toujeo**	NF	NF	NF	NF	
DPP4-I (Dipeptidyl peptidase 4 inhibitor)	**Tradjenta**	3	$40	$120	$100	
ICS-containing (Inhaled Corticosteroid)	**Trelegy Ellipta**	3	$40	$120	$100	
Insulin	**Tresiba**	3	$40	$120	$100	Inflation Reduction Act caps copay to $35/month or $105/3-months
Diuretic (Loop)	**Triamterene/HCTZ caps (50/25mg)**	1	$0	$0	$0	
Diuretic (Loop)	**Triamterene/HCTZ tabs (37.5/25mg)**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Trulicity**	3	$40	$120	$100	Prior Authorization Required
Other	**Tymlos**	NF	NF	NF	NF	
ARB (Angiotensin-Receptor Blocker)	**Valsartan**	1	$0	$0	$0	
Other	**Vascepa**	4	$80	$240	$240	
SABA (Short Acting Beta2 Agonist)	**Ventolin HFA**	2	$0	$0	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER caps**	2	$0	$0	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (120mg)**	1	$0	$0	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (180mg)**	1	$0	$0	$0	
CCB (Calcium Channel Blocker)	**Verapamil ER/SR tabs (240mg)**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Victoza**	NF	NF	NF	NF	
VKA (Vitamin K Antagonists)	**Warfarin**	1	$0	$0	$0	
GLP-1 RA (Glucagon-like peptide 1 receptor agonists)	**Wegovy**	NF	NF	NF	NF	
ICS-containing (Inhaled Corticosteroid)	**Wixela Inhub**	NF	NF	NF	NF	
Factor Xa-I (Factor Xa Inhibitors)	**Xarelto**	3	$40	$120	$100	
RANKL-I (Receptor Activator of Nuclear factor Kappa B ligand - Inhibitors)	**Xgeva**	5	Percent co-insurance varies by regional plan	Long-term supply is not available for drugs in Tier 5	Long-term supply is not available for drugs in Tier 5	Prior Authorization/Step Therapy Required
SGLT2-I (Sodium-glucose cotransporter 2 inhibitors)	**Xigduo XR**	3	$40	$120	$100	
GLP-1 RA/Insulin (Glucagon-like peptide 1 receptor agonists)	**Xultophy**	3	$40	$120	$100	Prior Authorization Required

Part D - Benefit Parameters for Defined Standard Benefits

Definitions:

FBDE - Full Benefit Dual Eligible

FPL - Federal Poverty Level

Calendar Year	**2024**
Standard Benefit Design	
Deductible	$545.00
Initial Coverage Limit	$5,030.00
OOP Threshold	$8,000.00
Low Income Cost Sharing	
LICS1 - FBDE Beneficiaries between 100% and 150% FPL; Non-FBDE Beneficiaries QMB/SLMB/QI or SSI At or Below 150%	
Generic/Preferred multi-source drug	$4.50
Other	$11.20
Above OOP Threshold	$0.00
LICS2 - FBDE Beneficiaries Up to or At 100% FPL	
Generic/Preferred multi-source drug	$1.55
Other	$4.60
Above OOP Threshold	$0.00
LICS3 - Institutionalized or Home and Community Based Services	
Copays for Institutionalized Beneficiaries	$0.00
LICS4 - Partial Subsidy - Below 150% FPL - Sunsets effective 1/1/2024	
Deductible	**N/A**
Coinsurance up to OOP Threshold	**N/A**
Above OOP Threshold	**N/A**
GAP Coverage	
Brand	
Member	25%
Plan	5%
Manufacturer Discount	70%
Generic	
Member	25%
Plan	75%
Catastrophic Coverage	
All Part-D Drugs	**$0**