



Blue Shield Plus Drug Formulary

Value-based tier drugs

Select Blue Shield pharmacy plans have a value-based tier drug benefit.¹

Value-based tier drugs are specific preventive drugs taken when risk factors are present for a disease that has not manifested (or is asymptomatic), or to prevent the occurrence of a disease from which an individual has recovered.

Value-based tier drugs are select generic and brand-name drugs that are FDA-approved for high blood pressure, high cholesterol, diabetes, and asthma. These drugs are covered at no charge, or at an otherwise reduced member cost share.

The following is a list of value-based tier drugs² used to treat these select chronic conditions. This list is current as of the date printed below and is subject to change. To access the *Blue Shield Plus Drug Formulary*, visit blueshieldca.com/pharmacy.

Asthma	theophylline	pravastatin
Anti-asthmatics	theophylline er	prevalte
Advair HFA	Trelegy Ellipta	rosuvastatin
albuterol	wixela inhub	simvastatin
Anoro Ellipta	zafirlukast	
Asthma supplies	Aerochamber	High blood pressure
arformoterol tartrate	OptiChamber	
Arnuity Ellipta		Ace inhibitors
Asmanex/Asmanex HFA	High cholesterol	benazepril
Atrovent HFA	Dyslipidemics	captopril
Breo Ellipta	atorvastatin	enalapril
Breyna	cholestyramine	fosinopril
budesonide	colesevelam	lisinopril
budesonide-formoterol	colestipol	moexipril
Combivent	ezetimibe	perindopril
fluticasone-salmeterol	ezetimibe-simvastatin	quinapril
formoterol fumarate	fenofibrate	ramipril
Incruse Ellipta	fenofibrate-micronized	
ipratropium-albuterol	fenofibric acid capsule	Anti-hypertensives
ipratropium-bromide	fenofibric acid (choline)	aliskiren
levalbuterol	fluvastatin	amlodipine-atorvastatin
montelukast	fluvastatin er	amlodipine-benazepril
Pulmicort-Flexhaler	gemfibrozil	amlodipine-olmesartan
Qvar Redihaler	lovastatin	amlodipine-valsartan
Serevent Diskus	niacin	amlodipine-valsartan-hctz
Spiriva	niacin er	atenolol-chlorthalidone
Striverdi Respimat	omega-3 acid ethyl esters	benazepril-hctz
terbutaline	pitavastatin	bisoprolol-hctz
Theo-24		candesartan
		candesartan-cilexetil
		candesartan-cilexetil-hctz

captopril-hctz	metoprolol tartrate	Farxiga
clonidine	nadolol	glimepiride
doxazosin	nebivolol	glipizide/glipizide er
enalapril-hctz	pindolol	glipizide-metformin
eprosartan	propranolol	glyburide
fosinopril-hctz	timolol maleate (oral)	glyburide-metformin
guanfacine	Calcium channel blockers	Glyxambi
hydralazine	amlodipine	Humalog cartridge, kwikpen 200
irbesartan	Cartia XT	U/ Humalog mix pen and vial
irbesartan-hctz	diltiazem	Humulin vial
lisinopril-hctz	diltiazem er	insulin lispro 100u/ml vial and
losartan	felodipine er	pen
losartan-hctz	isradipine	Janumet/Janumet XR
methyldopa	Matzim LA	Januvia
methyldopa-hctz	nicardipine	Jardiance
metoprolol-hctz	nifedipine	Lantus vial and pen
minoxidil	nifedipine er	Lyumjev
olmesartan	nisoldipine er	metformin, metformin er ³
olmesartan-amlodipine-hctz	Taztia XT	miglitol
olmesartan-hctz	Tiadylt ER	Mounjaro
prazosin	verapamil	nateglinide
propranolol-hctz	verapamil er	Ozempic
quinapril-hctz	Diuretics	pioglitazone
telmisartan	amiloride	pioglitazone-glimepiride
telmisartan-amlodipine	amiloride-hctz	pioglitazone-metformin
telmisartan-hctz	chlorothiazide	repaglinide
terazosin	chlorthalidone	repaglinide-metformin
trandolapril	eplerenone	Rybelsus
trandolapril-verapamil er	hydrochlorothiazide	Synjardy/Synjardy XR
valsartan tablet	indapamide	Toujeo SoloStar
valsartan-hctz	methylclothiazide	tolbutamide
Beta-blockers	metolazone	Tresiba
acebutolol	spironolactone	Trulicity
atenolol	spironolactone-hctz	Xigduo XR
betaxolol	triamterene	Diabetic supplies
bisoprolol	triamterene-hctz	Accu-chek test strips
carvedilol	Diabetes	Insulin syringes and needles
carvedilol er	Anti-diabetic drugs	Lancets
labetalol	acarbose	
metoprolol succinate		

1 Refer to your *Evidence of Coverage* or *Certificate of Insurance* to determine if you have a value-based tier drug benefit.

2 Generic drugs begin with lowercase letters and brand-name drugs begin with capital letters. In addition, this list does not include all the drugs that are included in your outpatient prescription drug benefit. Some strengths or dosage forms may not be covered. Combination products of drugs on this list may also be included.

3 Generic Glucophage XR only.

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