



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
Anti-asthmatics
Advair HFA
albuterol
Anoro Ellipta
arformoterol tartrate
Arnuity Ellipta
Asmanex/Asmanex HFA
Atrovent HFA
Breo Ellipta
Breyna
budesonide
budesonide-formoterol
Combivent
fluticasone-salmeterol
formoterol fumarate
Incruse Ellipta
ipratropium-albuterol
ipratropium-bromide
levalbuterol
montelukast
Pulmicort-Flexhaler
Qvar Redihaler
Serevent Diskus
Spiriva Respimat
Striverdi Respimat
terbutaline
Theo-24
theophylline

theophylline er
Trelegy Ellipta
wixela inhub
zafirlukast
Asthma supplies
Aerochamber
OptiChamber
High cholesterol
Dyslipidemics
atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibrate-micronized
fenofibric acid capsule
fenofibric acid (choline)
fluvastatin
fluvastatin er
gemfibrozil
lovastatin
niacin
niacin er
omega-3 acid ethyl esters
pitavastatin
pravastatin

prevalite
rosuvastatin
simvastatin
High blood pressure
Ace inhibitors
benazepril
captopril
enalapril
fosinopril
isradipine
lisinopril
moexipril
perindopril
quinapril
ramipril
Anti-hypertensives
aliskiren
amlodipine-atorvastatin
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-valsartan-hctz
atenolol-chlorthalidone
benazepril-hctz
bisoprolol-hctz
candesartan
candesartan-cilexetil
candesartan-cilexetil-hctz

captopril-hctz
clonidine
doxazosin
enalapril-hctz
eprosartan
fosinopril-hctz
guanfacine
hydralazine
irbesartan
irbesartan-hctz
lisinopril-hctz
losartan
losartan-hctz
methyldopa
methyldopa-hctz
metoprolol-hctz
minoxidil
olmesartan
olmesartan-amlodipine-hctz
olmesartan-hctz
prazosin
propranolol-hctz
quinapril-hctz
telmisartan
telmisartan-amlodipine
telmisartan-hctz
terazosin
trandolapril
trandolapril-verapamil er
valsartan tablet
valsartan-hctz
Beta-blockers
acebutolol
atenolol
betaxolol
bisoprolol
carvedilol
carvedilol er
labetalol
metoprolol succinate

metoprolol tartrate
nadolol
nebivolol
pindolol
propranolol
timolol maleate (oral)
Calcium channel blockers
amlodipine
Cartia XT
diltiazem
diltiazem er
felodipine er
isradipine
Matzim LA
nicardipine
nifedipine
nifedipine er
nisoldipine er
Taztia XT
Tiadyt ER
verapamil
verapamil er
Diuretics
amiloride
amiloride-hctz
chlorothiazide
chlorthalidone
eplerenone
hydrochlorothiazide
indapamide
methylclothiazide
metolazone
spironolactone
spironolactone-hctz
triamterene
triamterene-hctz
Diabetes
Anti-diabetic drugs
acarbose

Farxiga
glimepiride
glipizide/glipizide er
glipizide-metformin
glyburide
glyburide-metformin
Glyxambi
Humalog cartridge, kwikpen 200 U/ Humalog mix pen and vial
Humulin vial
insulin glargine-yfgn (Civia NDC only)
insulin lispro 100u/ml vial and pen
Janumet/Janumet XR
Januvia
Jardiance
Lantus vial and pen
Lyumjev
metformin, metformin er ³
miglitol
Mounjaro
nateglinide
Ozempic
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
repaglinide-metformin
Rybelsus
Synjardy/Synjardy XR
Toujeo Solostar
tolbutamide
Tresiba
Trulicity
Xigduo XR
Diabetic supplies
Accu-chek test strips
Insulin syringes and needles
Lancets

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.

[blueshieldca.com](https://www.blueshieldca.com)

Last updated January 2026

Blue Shield of California is an independent member of the Blue Shield Association

A53891PRX-PL_1125

