



# 2024 Formulary Tier 6 Select Care Drugs

Blue Medicare HMO™  
Blue Medicare PPO™

At Blue Cross and Blue Shield of North Carolina (Blue Cross NC), we work to make sure members get the most out of every health care dollar. That’s why Blue Medicare HMO and Blue Medicare PPO members can take advantage of a \$0 copay at in-network, preferred pharmacies – or a low copay at in-network, standard pharmacies – on a wide range of commonly prescribed drugs. Included are drugs for high blood pressure, high cholesterol, diabetes, osteoporosis and rheumatoid arthritis. Use this list to make sure you get the best value from your pharmacy benefits.

The **generic drug(s)** listed below have a \$0 copay\* at Preferred Retail Pharmacies and the following Mail Order Pharmacies: **AllianceRx Walgreens Pharmacy** and **Express Scripts® Pharmacy**.

To find a Preferred Retail Pharmacy near you, visit: [BlueCrossNC.com/Find-a-Drug-or-Pharmacy](https://www.bluecrossnc.com/Find-a-Drug-or-Pharmacy).

## Drug Class: Angiotensin-Converting Enzyme Inhibitors (ACE-I) Common Use: Blood Pressure

Benazepril	Fosinopril	Quinapril
Benazepril/Amlodipine	Fosinopril/HCTZ	Quinapril/HCTZ
Benazepril/HCTZ	Lisinopril	Ramipril
Captopril	Lisinopril/HCTZ	Trandolapril
Enalapril tablet	Moexipril	Trandolapril/Verapamil ER
Enalapril/HCTZ	Perindopril	

## Drug Class: Angiotensin Receptor Blockers (ARB) Common Use: Blood Pressure

Candesartan	Olmesartan	Telmisartan/HCTZ
Candesartan/HCTZ	Olmesartan/Amlodipine	Valsartan
Irbesartan	Olmesartan/Amlodipine/HCTZ	Valsartan/Amlodipine
Irbesartan/HCTZ	Olmesartan/HCTZ	Valsartan/Amlodipine/HCTZ
Losartan	Telmisartan	Valsartan/HCTZ
Losartan/HCTZ	Telmisartan/Amlodipine	

## Drug Class: Renin Inhibitors Common Use: Blood Pressure

Aliskiren

## Drug Class: Statins Common Use: Cholesterol

Atorvastatin	Lovastatin	Simvastatin
Atorvastatin/Amlodipine	Pravastatin	Simvastatin/Ezetimibe
Fluvastatin (20 mg, 40 mg)	Rosuvastatin	

## Drug Class: Meglitinides Common Use: Diabetes

Nateglinide Repaglinide

\*\$0 copay applies during the deductible, initial coverage and coverage gap phases.

**Drug Class: Biguanides** **Common Use: Diabetes**

Metformin tablet	Metformin/Glipizide	Metformin/Pioglitazone
Metformin ER tablet**	Metformin/Glyburide	

**Drug Class: Sulfonylureas** **Common Use: Diabetes**

Glimepiride	Glipizide ER	Glyburide
Glimepiride/Pioglitazone	Glipizide XL	Glyburide Micronized
Glipizide	Glipizide/Metformin	Glyburide/Metformin

**Drug Class: Thiazolidinediones (TZDs)** **Common Use: Diabetes**

Pioglitazone	Pioglitazone/Glimepiride	Pioglitazone/Metformin
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**Drug Class: Bisphosphonates** **Common Use: Osteoporosis**

Alendronate tablet (10 mg, 35 mg, 70 mg)	Ibandronate
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**Drug Class: Endocrine/Metabolic Agents** **Common Use: Osteoporosis**

Calcitonin nasal spray

**Drug Class: Selective Estrogen Receptor Modulators (SERMs)** **Common Use: Osteoporosis**

Raloxifene

**Drug Class: Disease-Modifying Anti-Rheumatic Drugs** **Common Use: Rheumatoid Arthritis**

Azathioprine 50mg tablet	Methotrexate	Sulfasalazine
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\*\*Metformin ER does not include generic Fortamet (Metformin ER osmotic release tablet) or Glumetza (Metformin ER modified release tablet).

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For Blue Medicare PPO Enhanced<sup>SM</sup>, Blue Medicare Essential<sup>SM</sup> (HMO), Blue Medicare Essential Plus<sup>SM</sup> (HMO), Blue Medicare Enhanced<sup>SM</sup> (HMO) and Blue Medicare Choice<sup>SM</sup> (HMO) products only.

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