



2025 Value-Based Drug Plan (VBD) Medication Guide

Plan participants actively participating in the Care Coordination Program for asthma, chronic obstructive pulmonary disease (COPD), diabetes and/or heart disease (coronary artery disease or heart failure) are eligible for VBD. The copay for certain generic drugs taken for the chronic condition(s) will be waived and the member cost share for certain formulary brand drugs taken for the chronic condition(s) will be reduced by 50 percent. **VBD discounts only apply if the plan participant uses a preferred pharmacy.** Plan participants using preferred pharmacies can also benefit from the Diabetes Patient Assurance Program for insulins.

This guide provides examples of qualifying generic and formulary brand drugs for each of the major categories of covered medications. **This does not represent a complete list and is subject to change with or without notice.** The VBD guide does not dictate or control decisions regarding appropriate care. As always, you and your health care provider make the final decision on which medication(s) is/are right for you.

Asthma / Chronic Obstructive Pulmonary Disease (COPD)		
	Generic Drugs	Formulary Brand Drugs
Bronchodilators *	albuterol nebulization solution, albuterol sulfate HFA (by AHP, Cipla, Civica, Exelan, Lupin, Perrigo, Sandoz, Teva, West-Ward), arformoterol nebulization solution, formoterol nebulization solution, levalbuterol nebulization solution, metaproterenol, terbutaline	Incruse Ellipta, Striverdi Respimat
Oral Corticosteroids	dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone	
Inhaled Corticosteroids	budesonide nebulization suspension	Arnuity Ellipta, Asmanex HFA/Twisthaler, Qvar Redihaler
Combination Products	budesonide/formoterol, fluticasone/salmeterol (by Hikma, Prasco, Proficient Rx), ipratropium/albuterol solution	Advair HFA, Anoro Ellipta, Breo Ellipta, Breztri Aerosphere, Combivent Respimat, Dulera, Stiolto Respimat, Trelegy Ellipta
Other Covered Medications	cromolyn solution, ipratropium solution, montelukast, theophylline/ER, tiotropium bromide, zafirlukast	Spiriva Respimat
Diabetes / Heart Disease (Coronary Artery Disease and Heart Failure)		
	Generics	Formulary Brand Drugs
ACE Inhibitors	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril	
Angiotensin II Receptor Antagonists	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan	
Beta Blockers	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol/ER, labetalol, metoprolol/ER, nadolol, pindolol, propranolol/ER	
Diuretics	amiloride, bumetanide, chlorothiazide, chlorthalidone, eplerenone, furosemide, hydrochlorothiazide (HCTZ), indapamide, metolazone, spironolactone, torsemide, triamterene/HCTZ	
Lipid-Lowering Agents	atorvastatin, cholestyramine, colesevelam, colestipol, ezetimibe, fenofibrate/fenofibric acid, fluvastatin, gemfibrozil, lovastatin, niacin ER, pitavastatin, pravastatin, rosuvastatin, simvastatin	
Other Covered Medications	clopidogrel, digoxin, diltiazem, hydralazine, isosorbide, nitroglycerin, prasugrel, ranolazine ER, verapamil	Brilinta
Diabetes Products		Dexcom, disposable pump supplies [‡] , FreeStyle (Insulin, Libre, Lite, Precision Neo), OneTouch (Ultra, Verio), Precision
Diabetes Medications*	acarbose, glimepiride, glipizide, glucagon emergency kit (by Amphastar), glyburide, metformin, miglitol, nateglinide, pioglitazone, repaglinide	Glucagon Emergency Kit (by Eli Lilly), Humalog (cartridge, Kwikpen, Junior Kwikpen, Tempo), Humulin, insulin glargine-yfgn, insulin lispro, Lyumjev, Semglee (YFGN), Toujeo, Tresiba

*Preferred medications can change as alternatives become available. For questions, please contact OSU Health Plan at 800-678-6269.

[‡]Coverage is restricted to prescription-only products, including certain disposable cartridges, infusion sets, and reservoirs.