



Blue Shield Rx Plus (PDP)

Formulary Updates:

The enclosed table lists the changes made to your formulary such as removing or adding: a drug, prior authorization, quantity limits or step therapy as well as any changes to a cost sharing tier. The table also includes alternative drug(s) if applicable.

Abbreviation Key:

Symbol	Name	Description
LA	Limited Access	This prescription may be available only at certain pharmacies.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
VAC	IRA Vaccine \$0	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.
INS	Covered Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Drug Tier Key
Tier 1: Preferred Generic Drugs
Tier 2: Generic Drugs
Tier 3: Preferred Brand Drugs
Tier 4: Non-Preferred Drugs
Tier 5: Specialty Tier Drugs

EFFECTIVE 02/2025		
Drug Name	Description of Change	Alternative
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	- Formulary Removal	
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	- Formulary Removal	
FENTANYL CITRATE 1200 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 1600 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 200 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 400 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 600 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 800 MCG LOZ HANDLE <i>fentanyl citrate</i>	- Formulary Removal	
ITOVEBI 3 MG TAB <i>inavolisib</i>	- Added to Tier 5 - Added	

EFFECTIVE 02/2025		
Drug Name	Description of Change	Alternative
ITOVEBI 9 MG TAB <i>inavolisib</i>	- Added to Tier 5 - Added	
<i>mesna tab 400 mg</i>	- Added to Tier 4	
<i>mexiletine hcl cap 150 mg</i>	- Added to Tier 3	
<i>mexiletine hcl cap 200 mg</i>	- Added to Tier 3	
<i>mexiletine hcl cap 250 mg</i>	- Added to Tier 3	
<i>norethindrone acetate tab 5 mg</i>	- Added to Tier 2	
PREVYMIS 120 MG PACKET <i>letermovir</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS	
PREVYMIS 20 MG PACKET <i>letermovir</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS	
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT <i>adalimumab-ryvk</i>	- Added	
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT <i>adalimumab-ryvk</i>	- Added	
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT <i>adalimumab-ryvk</i>	- Added	
SPRYCEL 100 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 100 mg tab</i>
SPRYCEL 140 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 140 mg tab</i>

EFFECTIVE 02/2025		
Drug Name	Description of Change	Alternative
SPRYCEL 20 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 20 mg tab</i>
SPRYCEL 50 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 50 mg tab</i>
SPRYCEL 70 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 70 mg tab</i>
SPRYCEL 80 MG TAB <i>dasatinib</i>	- Formulary Removal	<i>dasatinib 80 mg tab</i>
TAZORAC 0.05 % CREAM <i>tazarotene</i>	- Formulary Removal	<i>tazarotene 0.05 % cream, tazarotene 0.05 % gel</i>
TOPIRAMATE 50 MG CAP SPRINK <i>topiramate</i>	- QL Added: 8 / 1 DAYS	

EFFECTIVE 03/2025		
Drug Name	Description of Change	Alternative
DEXTROSE-NACL 5-0.9 % SOLUTION <i>dextrose w/ sodium chloride</i>	- Added to Tier 4	
DOVATO 50-300 MG TAB <i>dolutegravir sodium-lamivudine</i>	- Added	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	- Added to Tier 4	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	- QL Removed: 1 / 28 DAYS	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	- QL Removed: 1 / 28 DAYS	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC <i>insulin pen needle</i>	- Added to Tier 3	

EFFECTIVE 03/2025		
Drug Name	Description of Change	Alternative
EMBECTA PEN NEEDLE U/F 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE U/F 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
EMBECTA PEN NEEDLE U/F 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GNP PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GNP PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GNP PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
GNP PEN NEEDLES 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
IMKELDI 80 MG/ML SOLUTION <i>imatinib mesylate</i>	- Added to Tier 5 - Added	
JULUCA 50-25 MG TAB <i>dolutegravir sodium-ripirovirine hcl</i>	- Added	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	- Added to Tier 4	
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
PREHEVBRIO 10 MCG/ML SUSPENSION <i>hepatitis b vaccine 3-antigen recombinant</i>	- Formulary Removal	

EFFECTIVE 03/2025

Drug Name	Description of Change	Alternative
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
REVUFORJ 110 MG TAB <i>revumenib citrate</i>	- Added to Tier 5 - Added	
REVUFORJ 160 MG TAB <i>revumenib citrate</i>	- Added to Tier 5 - Added	

EFFECTIVE 03/2025

Drug Name	Description of Change	Alternative
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT <i>adalimumab-ryvk</i>	- Added to Tier 5 - Added - QL Added: 2 / 28 DAYS	
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT <i>adalimumab-ryvk</i>	- Added to Tier 5 - Added - QL Added: 2 / 28 DAYS	
TRIUMEQ 600-50-300 MG TAB <i>abacavir-dolutegravir-lamivudine</i>	- Added	
TRIUMEQ PD 60-5-30 MG TAB SOL <i>abacavir-dolutegravir-lamivudine</i>	- Added	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
UKONIQ 200 MG TAB <i>umbralisib tosylate</i>	- Formulary Removal	

EFFECTIVE 04/2025

Drug Name	Description of Change	Alternative
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
E.E.S. 400 400 MG TAB <i>erythromycin ethylsuccinate</i>	- Added to Tier 4	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>glucagon (rdna) for inj kit 1 mg</i>	- Added	
<i>hydrocortisone butyrate oint 0.1%</i>	- ST Removed	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT <i>hydrocortisone butyrate</i>	- ST Removed	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	- Added to Tier 4	
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	- Added to Tier 5 - Added	
MESNEX 400 MG TAB <i>mesna</i>	- Formulary Removal	<i>mesna 400 mg tab</i>
OPIPZA 10 MG FILM <i>aripiprazole</i>	- Added to Tier 5 - Added	
OPIPZA 2 MG FILM <i>aripiprazole</i>	- Added to Tier 5 - Added	
OPIPZA 5 MG FILM <i>aripiprazole</i>	- Added to Tier 5 - Added	
RYBELSUS 1.5 MG TAB <i>semaglutide</i>	- Added to Tier 3 - Added - QL Added: 1 / 1 DAYS	

EFFECTIVE 04/2025

Drug Name	Description of Change	Alternative
RYBELSUS 4 MG TAB <i>semaglutide</i>	- Added to Tier 3 - Added - QL Added: 1 / 1 DAYS	
RYBELSUS 9 MG TAB <i>semaglutide</i>	- Added to Tier 3 - Added - QL Added: 1 / 1 DAYS	
<i>thioridazine hcl tab 10 mg</i>	- Added to Tier 4 - Added	
<i>thioridazine hcl tab 100 mg</i>	- Added to Tier 4 - Added	
<i>thioridazine hcl tab 25 mg</i>	- Added to Tier 4 - Added	
<i>thioridazine hcl tab 50 mg</i>	- Added to Tier 4 - Added	
TOPIRAMATE 50 MG CAP SPRINK <i>topiramate</i>	- Added to Tier 3	
UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR <i>chikungunya virus vaccine recombinant vlp</i>	- Added to Tier 4	
XARELTO 2.5 MG TAB <i>rivaroxaban</i>	- Added	

For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost.

Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio.

如欲免費獲取中文協助，請撥打您ID卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。