



## Blue Shield Select (PPO)

### 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.
ED	Excluded Part D Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.

Blue Shield of California

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

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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.

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

EFFECTIVE 02/2024		
Drug Name	Description of Change	Alternative
ALPHAGAN P 0.1 % SOLUTION <i>brimonidine tartrate</i>	- Formulary Removal	<i>brimonidine tartrate 0.1 % solution</i>
AUGTYRO 40 MG CAP <i>repotrectinib</i>	- Added to Tier 5 - Added	
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	- Added to Tier 5 - Added - QL Added: 36 / 60 OVER TIME	
IWILFIN 192 MG TAB <i>eflornithine hydrochloride</i>	- QL Added: 8 / 1 DAYS - LA Added	
IXCHIQ RECON SOLN <i>chikungunya virus vaccine live</i>	- Added to Tier 4	
<i>lidocaine patch 5%</i>	- Added to Tier 3 - Added - QL Added: 3 / 1 DAYS	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	- Added to Tier 4	
OGSIVEO 50 MG TAB <i>nirogacestat hydrobromide</i>	- Added to Tier 5 - Added	
PENBRAYA RECON SUSP <i>mening (a,c,y&amp;w) polysacch tetanus conj-mening b (rcmb) vacc</i>	- Added to Tier 3	
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 02/2024		
Drug Name	Description of Change	Alternative
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>vigabatrin powd pack 500 mg</i>	- Added to Tier 5 - Added - QL Added: 6 / 1 DAYS - LA Added	
VANFLYTA 17.7 MG TAB <i>quizartinib dihydrochloride</i>	- LA Added	
VANFLYTA 26.5 MG TAB <i>quizartinib dihydrochloride</i>	- LA Added	
VOTRIENT 200 MG TAB <i>pazopanib hcl</i>	- Formulary Removal	<i>pazopanib hcl 200 mg tab</i>
VYVANSE 10 MG CAP <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 10 mg cap</i>
VYVANSE 20 MG CAP <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 20 mg cap</i>

EFFECTIVE 02/2024		
Drug Name	Description of Change	Alternative
VYVANSE 30 MG CAP <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 30 mg cap</i>
VYVANSE 40 MG CAP <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 40 mg cap</i>
VYVANSE 50 MG CAP <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 50 mg cap</i>
VYVANSE 60 MG CAP <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 60 mg cap</i>
VYVANSE 70 MG CAP <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 70 mg cap</i>
ZENPEP 60000-189600 UNIT CP DR PART <i>pancrelipase (lipase-protease-amylase)</i>	- Added to Tier 4	

EFFECTIVE 03/2024		
Drug Name	Description of Change	Alternative
<i>fluocinolone acetonide cream 0.01%</i>	- ST Removed	
FLUOCINOLONE ACETONIDE 0.01 % CREAM <i>fluocinolone acetonide</i>	- ST Removed	
IWILFIN 192 MG TAB <i>eflornithine hydrochloride</i>	- Added to Tier 5 - Added	
<i>mifepristone tab 300 mg</i>	- Added to Tier 5 - Added - QL Added: 4 / 1 DAYS - LA Added	
OMNITROPE 10 MG/1.5ML SOLN CART <i>somatropin</i>	- Added to Tier 5 - Added	
OMNITROPE 5 MG/1.5ML SOLN CART <i>somatropin</i>	- Added to Tier 5 - Added	
OMNITROPE 5.8 MG RECON SOLN <i>somatropin</i>	- Added to Tier 5 - Added	
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i>	- QL Change: 20 / 30 OVER TIME to 40 / 30 OVER TIME	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i>	- QL Change: 30 / 30 OVER TIME to 60 / 30 OVER TIME	
VYVANSE 10 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 10 mg chew tab</i>

EFFECTIVE 03/2024		
Drug Name	Description of Change	Alternative
VYVANSE 20 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 20 mg chew tab</i>
VYVANSE 30 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 30 mg chew tab</i>
VYVANSE 40 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 40 mg chew tab</i>
VYVANSE 50 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 50 mg chew tab</i>
VYVANSE 60 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	- Formulary Removal	<i>lisdexamfetamine dimesylate 60 mg chew tab</i>
CEFAZOLIN SODIUM 3 GM RECON SOLN <i>cefazolin sodium</i>	- Added to Tier 4	

EFFECTIVE 04/2024		
Drug Name	Description of Change	Alternative
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	- Added to Tier 4 - QL Added: 2 / 1 DAYS	
<i>loteprednol etabonate ophth susp 0.2%</i>	- Added to Tier 3	
<i>nitroglycerin oint 0.4%</i>	- Added to Tier 4 - QL Added: 30 / 30 OVER TIME	
XOLAIR 150 MG/ML SOLN A-INJ <i>omalizumab</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - Added	
XOLAIR 300 MG/2ML SOLN A-INJ <i>omalizumab</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - Added	
XOLAIR 300 MG/2ML SOLN PRSYR <i>omalizumab</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - Added	
XOLAIR 75 MG/0.5ML SOLN A-INJ <i>omalizumab</i>	- Added to Tier 5 - QL Added: 2 / 28 OVER TIME - Added	



EFFECTIVE 05/2024		
Drug Name	Description of Change	Alternative
ALREX 0.2 % SUSPENSION <i>loteprednol etabonate</i>	- Formulary Removal	<i>loteprednol etabonate 0.2 % suspension</i>
BACLOFEN 15 MG TAB <i>baclofen</i>	- Added to Tier 2 - QL Added: 6 / 1 DAYS	
<i>fluorouracil soln 5%</i>	- Added to Tier 2	
KORLYM 300 MG TAB <i>mifepristone (hyperglycemia)</i>	- Formulary Removal	<i>mifepristone 300 mg tab</i>
<i>lithium oral solution 8 meq/5ml</i>	- Added to Tier 2	
PRADAXA 110 MG CAP <i>dabigatran etexilate mesylate</i>	- Formulary Removal	<i>dabigatran etexilate mesylate 110 mg cap</i>

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