



## Blue Shield Medicare (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.
EDC	Enhanced Drug Coverage	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.
VAC	IRA Vaccine \$0	This Part D vaccines is at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

#### Blue Shield of California

601 12th Street, Oakland, CA 94607-3613

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

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<b>INS</b>	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.
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<b>Drug Tier Key</b>
<b>gen:</b> Generic Drugs
<b>brd:</b> Preferred Brand Drugs
<b>npd:</b> Non-Preferred Drugs
<b>spec:</b> 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 4 - Added	

## EFFECTIVE 02/2025

Drug Name	Description of Change	Alternative
ITOVEBI 9 MG TAB <i>inavolisib</i>	- Added to Tier 4 - Added	
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	- Added to Tier 1 - QL Added: 1 / 1 DAYS	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	- Added to Tier 1 - QL Added: 1 / 1 DAYS	
<i>mesna tab 400 mg</i>	- Added to Tier 1	
<i>norethindrone acetate tab 5 mg</i>	- Added to Tier 1	
NYVEPRIA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-apgf</i>	- Added to Tier 4 - Added	
OXYCODONE HCL ER 10 MG TB12 DETER <i>oxycodone hcl</i>	- Formulary Removal	
OXYCODONE HCL ER 15 MG TB12 DETER <i>oxycodone hcl</i>	- Formulary Removal	
OXYCODONE HCL ER 20 MG TB12 DETER <i>oxycodone hcl</i>	- Formulary Removal	
OXYCODONE HCL ER 30 MG TB12 DETER <i>oxycodone hcl</i>	- Formulary Removal	
OXYCODONE HCL ER 40 MG TB12 DETER <i>oxycodone hcl</i>	- Formulary Removal	
OXYCODONE HCL ER 60 MG TB12 DETER <i>oxycodone hcl</i>	- Formulary Removal	

EFFECTIVE 02/2025		
Drug Name	Description of Change	Alternative
OXYCODONE HCL ER 80 MG TB12 DETER <i>oxycodone hcl</i>	- Formulary Removal	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	- Added to Tier 1 - Added	
PREVYMIS 120 MG PACKET <i>letermovir</i>	- Added to Tier 4 - QL Added: 4 / 1 DAYS	
PREVYMIS 20 MG PACKET <i>letermovir</i>	- Added to Tier 4 - 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 PEF 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>
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>

EFFECTIVE 02/2025		
Drug Name	Description of Change	Alternative
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,</i> <i>tazarotene 0.05 % gel</i>
TOPIRAMATE 50 MG CAP SPRINK <i>topiramate</i>	- QL Added: 8 / 1 DAYS	
UDENYCA 6 MG/0.6ML SOLN A-INJ <i>pegfilgrastim-cbqv</i>	- Added to Tier 4 - Added	
UDENYCA 6 MG/0.6ML SOLN PRSYR <i>pegfilgrastim-cbqv</i>	- Added to Tier 4 - Added	
FENTANYL CITRATE 200 MCG TAB <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 400 MCG TAB <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 600 MCG TAB <i>fentanyl citrate</i>	- Formulary Removal	
FENTANYL CITRATE 800 MCG TAB <i>fentanyl citrate</i>	- Formulary Removal	

EFFECTIVE 03/2025		
Drug Name	Description of Change	Alternative
DEXTROSE-NACL 5-0.9 % SOLUTION <i>dextrose w/ sodium chloride</i>	- Added to Tier 3	
DOVATO 50-300 MG TAB <i>dolutegravir sodium-lamivudine</i>	- Added	
DROSPIREN-ETH ESTRAD-LEVOMEFOL 3-0.03-0.451 MG TAB <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	- Added to Tier 1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	- Added to Tier 1	
<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 2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	

EFFECTIVE 03/2025		
Drug Name	Description of Change	Alternative
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
EMBECTA PEN NEEDLE U/F 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
EMBECTA PEN NEEDLE U/F 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
EMBECTA PEN NEEDLE U/F 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
GNP PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
GNP PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
GNP PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
GNP PEN NEEDLES 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
IMKELDI 80 MG/ML SOLUTION <i>imatinib mesylate</i>	- Added to Tier 4 - Added	
JULUCA 50-25 MG TAB <i>dolutegravir sodium-ripirovirine hcl</i>	- Added	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	- Added to Tier 1	
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	



## EFFECTIVE 03/2025

Drug Name	Description of Change	Alternative
PREHEVBRIO 10 MCG/ML SUSPENSION <i>hepatitis b vaccine 3-antigen recombinant</i>	- Formulary Removal	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
REVUFORJ 110 MG TAB <i>revumenib citrate</i>	- Added to Tier 4 - Added	
REVUFORJ 160 MG TAB <i>revumenib citrate</i>	- Added to Tier 4 - 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 4 - Added - QL Added: 2 / 28 DAYS	
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT <i>adalimumab-ryvk</i>	- Added to Tier 4 - Added - QL Added: 2 / 28 DAYS	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	- Added to Tier 1	
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 2	
TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
UKONIQ 200 MG TAB <i>umbralisib tosylate</i>	- Formulary Removal	

EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
AURANOFIN 3 MG CAP <i>auranofin</i>	- Added to Tier 2	
BETIMOL 0.5 % SOLUTION <i>timolol</i>	- Formulary Removal	<i>timolol hemihydrate 0.5 % solution</i>
<i>clobetasol propionate foam 0.05%</i>	- Removed	
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
E.E.S. 400 400 MG TAB <i>erythromycin ethylsuccinate</i>	- Added to Tier 1	
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 2	
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 2	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	

## EFFECTIVE 04/2025

Drug Name	Description of Change	Alternative
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
<i>glucagon (rdna) for inj kit 1 mg</i>	- Added	
<i>hydrocortisone butyrate oint 0.1%</i>	- ST Removed	
<i>hydrocortisone butyrate soln 0.1%</i>	- ST Removed	
<i>hydrocortisone valerate cream 0.2%</i>	- ST Removed	
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT <i>hydrocortisone butyrate</i>	- ST Removed	
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION <i>hydrocortisone butyrate</i>	- ST Removed	
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	- Added to Tier 1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	- Added to Tier 1 - QL Added: 1 / 1 DAYS	

EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	- Added to Tier 4 - 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 4 - Added	
OPIPZA 2 MG FILM <i>aripiprazole</i>	- Added to Tier 4 - Added	
OPIPZA 5 MG FILM <i>aripiprazole</i>	- Added to Tier 4 - Added	
RYBELSUS 1.5 MG TAB <i>semaglutide</i>	- Added to Tier 2 - Added - QL Added: 1 / 1 DAYS	
RYBELSUS 4 MG TAB <i>semaglutide</i>	- Added to Tier 2 - Added - QL Added: 1 / 1 DAYS	
RYBELSUS 9 MG TAB <i>semaglutide</i>	- Added to Tier 2 - Added - QL Added: 1 / 1 DAYS	
<i>sildenafil citrate tab 100 mg</i>	- Removed	
<i>sildenafil citrate tab 25 mg</i>	- Removed	
<i>sildenafil citrate tab 50 mg</i>	- Removed	

EFFECTIVE 04/2025		
Drug Name	Description of Change	Alternative
<i>tadalafil tab 10 mg</i>	- Removed	
<i>tadalafil tab 20 mg</i>	- Removed	
<i>thioridazine hcl tab 10 mg</i>	- Added to Tier 1 - Added	
<i>thioridazine hcl tab 100 mg</i>	- Added to Tier 1 - Added	
<i>thioridazine hcl tab 25 mg</i>	- Added to Tier 1 - Added	
<i>thioridazine hcl tab 50 mg</i>	- Added to Tier 1 - Added	
<i>timolol ophth soln 0.5%</i>	- Added to Tier 1	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	- Added to Tier 1 - Added	
TOPIRAMATE 50 MG CAP SPRINK <i>topiramate</i>	- Added to Tier 1	
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN <i>triamcinolone acetonide (topical)</i>	- Added to Tier 1 - Added	
UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 2	
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR <i>chikungunya virus vaccine recombinant vlp</i>	- Added to Tier 3	

EFFECTIVE 04/2025

Drug Name	Description of Change	Alternative
XARELTO 2.5 MG TAB <i>rivaroxaban</i>	- Added	

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