**Blue Shield AdvantageOptimum Plan (HMO) and Blue Shield AdvantageOptimum Plan 1 (HMO)**

**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. |

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| 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 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| E.E.S. 400 400 MG TAB | Added to formulary (drug list)-Tier 4 | |
| Tobi Podhaler 28 MG CAP | Added to formulary (drug list)-Tier 5 | |
| Tobramycin 300 MG/5ML Nebu Soln | Moved to a lower tier-Tier 4 | |
| Tobramycin 300 MG/4ML Nebu Soln | Moved to a lower tier-Tier 4 | |
| Pretomanid 200 MG TAB | Added to formulary (drug list)-Tier 4 | |
| Posaconazole 100 MG TAB DR | Moved to a lower tier-Tier 4 | |
| Darunavir 800 MG TAB | Moved to a lower tier-Tier 4 | |
| Etravirine 100 MG TAB | Moved to a lower tier-Tier 4 | |
| Xifaxan 200 MG TAB | Moved to a lower tier-Tier 3 | |
| Xifaxan 550 MG TAB | Moved to a lower tier-Tier 3 | |
| Daptomycin 350 MG Recon Soln | Moved to a lower tier-Tier 4 | |
| Daptomycin 500 MG Recon Soln | Moved to a lower tier-Tier 4 | |
| Erlotinib Hcl 25 MG TAB | Moved to a lower tier-Tier 3 | |
| Erlotinib Hcl 100 MG TAB | Moved to a lower tier-Tier 3 | |
| Erlotinib Hcl 150 MG TAB | Moved to a lower tier-Tier 3 | |

| EFFECTIVE 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| Abiraterone Acetate 250 MG TAB | Moved to a lower tier-Tier 4 | |
| Pomalyst 1 MG CAP | Added to formulary (drug list)-Tier 5 | |
| Pomalyst 2 MG CAP | Added to formulary (drug list)-Tier 5 | |
| Pomalyst 3 MG CAP | Added to formulary (drug list)-Tier 5 | |
| Pomalyst 4 MG CAP | Added to formulary (drug list)-Tier 5 | |
| Venclexta 50 MG TAB | Moved to a lower tier-Tier 4 | |
| Imatinib Mesylate 100 MG TAB | Moved to a lower tier-Tier 3 | |
| Imatinib Mesylate 400 MG TAB | Moved to a lower tier-Tier 3 | |
| Cavhanza 60 MG TAB Disp | Added to formulary (drug list)-Tier 5 | |
| Cavhanza 80 MG TAB Disp | Added to formulary (drug list)-Tier 5 | |
| Everolimus 2.5 MG TAB | Moved to a lower tier-Tier 4 | |
| Everolimus 5 MG TAB | Moved to a lower tier-Tier 4 | |
| Bexarotene 75 MG CAP | Moved to a lower tier-Tier 3 | |
| Tarpeyo 4 MG CAP DR | Added to formulary (drug list)-Tier 5 | |
| Solia 0.15-30 MG-MCG TAB | Added to formulary (drug list)-Tier 3 | |
| Necon 1/35 (28) 1-35 MG-MCG TAB | Moved to a higher tier-Tier 3 | Nora-Be, Norethindrone, Tri-Sprintec |
| Novolog Relion 100 Unit/ML Solution | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Novolog 100 Unit/ML Solution | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Insulin Aspart 100 Unit/ML Solution | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Novolog Flexpen Relion 100 Unit/ML Soln Pen | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Novolog Flexpen 100 Unit/ML Soln Pen | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |

| EFFECTIVE 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| Insulin Aspart Flexpen 100 Unit/ML Soln Pen | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Novolog Penfill 100 Unit/ML Soln Cart | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Insulin Aspart Penfill 100 Unit/ML Soln Cart | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Fiasp 100 Unit/ML Solution | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Fiasp Flextouch 100 Unit/ML Soln Pen | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Fiasp Penfill 100 Unit/ML Soln Cart | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Fiasp Pumpcart 100 Unit/ML Soln Cart | Removed from formulary (drug list) | Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart |
| Ozempic (0.25 Or 0.5 MG/Dose) 2 MG/1.5ML Soln Pen | Added to formulary (drug list)-Tier 3 | |
| Januvia 25 MG TAB | Removed from formulary (drug list) | Sitagliptan Phosphate (Generic Januvia) |
| Sitagliptin Phosphate 25 MG TAB | Added to formulary (drug list)-Tier 2 | |
| Januvia 50 MG TAB | Removed from formulary (drug list) | Sitagliptan Phosphate (Generic Januvia) |
| Sitagliptin Phosphate 50 MG TAB | Added to formulary (drug list)-Tier 2 | |
| Januvia 100 MG TAB | Removed from formulary (drug list) | Sitagliptan Phosphate (Generic Januvia) |
| Sitagliptin Phosphate 100 MG TAB | Added to formulary (drug list)-Tier 2 | |
| Xtrenbo 120 MG/1.7ML Solution | Added to formulary (drug list)-Tier 4 | |
| Enoby 60 MG/ML Soln Prsyr | Added to formulary (drug list)-Tier 4 | |
| Furosemide 10 MG/ML Solution | Added to formulary (drug list)-Tier 4 | |
| Droxidopa 200 MG CAP | Moved to a lower tier-Tier 4 | |
| Droxidopa 300 MG CAP | Moved to a lower tier-Tier 4 | |

| EFFECTIVE 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| Alyq 20 MG TAB | Moved to a lower tier-Tier 4 | |
| Ambrisentan 5 MG TAB | Moved to a lower tier-Tier 4 | |
| Ambrisentan 10 MG TAB | Moved to a lower tier-Tier 4 | |
| Entresto 6-6 MG CAP Sprink | Removed from formulary (drug list) | Sacubitril-Valsartan TAB |
| Entresto 15-16 MG CAP Sprink | Removed from formulary (drug list) | Sacubitril-Valsartan TAB |
| Atrovent HFA 17 MCG/ACT Aero Soln | Removed from formulary (drug list) | Ipratropium Bromide HFA (Generic Atrovent) |
| Ipratropium Bromide HFA 17 MCG/ACT Aero Soln | Added to formulary (drug list)-Tier 4 | |
| Fluticasone Furoate-Vilanterol 100-25 MCG/ACT Aer Pow Ba | Added to formulary (drug list)-Tier 3 | |
| Fluticasone Furoate-Vilanterol 200-25 MCG/ACT Aer Pow Ba | Added to formulary (drug list)-Tier 3 | |
| Xolair 75 MG/0.5ML Soln A-Inj | Moved to a lower tier-Tier 4 | |
| Nucala 100 MG Recon Soln | Added to formulary (drug list)-Tier 5 | |
| Nucala 100 MG/ML Soln A-Inj | Added to formulary (drug list)-Tier 5 | |
| Nucala 40 MG/0.4ML Soln Prsyr | Added to formulary (drug list)-Tier 5 | |
| Nucala 100 MG/ML Soln Prsyr | Added to formulary (drug list)-Tier 5 | |
| Pirfenidone 267 MG CAP | Moved to a lower tier-Tier 3 | |
| Pirfenidone 267 MG TAB | Moved to a lower tier-Tier 3 | |
| Pirfenidone 801 MG TAB | Moved to a lower tier-Tier 3 | |
| Ofev 100 MG CAP | Added to formulary (drug list)-Tier 5 | |
| Ofev 150 MG CAP | Added to formulary (drug list)-Tier 5 | |
| Bismuth/Metronidaz/Tetracyclin 140-125-125 MG CAP | Added to formulary (drug list)-Tier 4 | |
| Bis Subcit-Metronid-Tetracyc 140-125-125 MG CAP | Added to formulary (drug list)-Tier 4 | |

| EFFECTIVE 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| Voquezna Dual Pak 500-20 MG Ther Pack | Added to formulary (drug list)-Tier 4 | |
| Voquezna Triple Pak 500-500-20 MG Ther Pack | Added to formulary (drug list)-Tier 4 | |
| Entyvio Pen 108 MG/0.68ML Soln A-Inj | Added to formulary (drug list)-Tier 5 | |
| Tremfya 200 MG/20ML Solution | Added to formulary (drug list)-Tier 5 | |
| Tremfya Pen 200 MG/2ML Soln A-Inj | Added to formulary (drug list)-Tier 5 | |
| Tremfya-Cd/Uc Induction 200 MG/2ML Soln A-Inj | Added to formulary (drug list)-Tier 5 | |
| Tremfya 200 MG/2ML Soln Prsyr | Added to formulary (drug list)-Tier 5 | |
| Velsipity 2 MG TAB | Added to formulary (drug list)-Tier 5 | |
| Zymfentra (1 Pen) 120 MG/ML Aut-Ij Kit | Added to formulary (drug list)-Tier 5 | |
| Zymfentra (2 Pen) 120 MG/ML Aut-Ij Kit | Added to formulary (drug list)-Tier 5 | |
| Zymfentra (2 Syringe) 120 MG/ML Pref Sy Kt | Added to formulary (drug list)-Tier 5 | |
| Filspari 200 MG TAB | Added to formulary (drug list)-Tier 5 | |
| Filspari 400 MG TAB | Added to formulary (drug list)-Tier 5 | |
| Auvelity 45-105 MG TAB ER | Moved to a higher tier-Tier 5 | Bupropion Sr/Xl, Venlafaxine ER, Duloxetine |
| Vraylar 0.5 MG CAP | Moved to a lower tier-Tier 3 | |
| Vraylar 0.75 MG CAP | Moved to a lower tier-Tier 3 | |
| Vraylar 1.5 MG CAP | Moved to a lower tier-Tier 3 | |
| Vraylar 3 MG CAP | Moved to a lower tier-Tier 3 | |
| Vraylar 4.5 MG CAP | Moved to a lower tier-Tier 3 | |
| Vraylar 6 MG CAP | Moved to a lower tier-Tier 3 | |
| Wegovy 1.5 MG TAB | Added to formulary (drug list)-Tier 3 | |
| Wegovy 4 MG TAB | Added to formulary (drug list)-Tier 3 | |
| Wegovy 9 MG TAB | Added to formulary (drug list)-Tier 3 | |

| EFFECTIVE 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| Wegovy 25 MG TAB | Added to formulary (drug list)-Tier 3 | |
| Wegovy 0.25 MG/0.5ML Soln A-Inj | Added to formulary (drug list)-Tier 3 | |
| Wegovy 0.5 MG/0.5ML Soln A-Inj | Added to formulary (drug list)-Tier 3 | |
| Wegovy 1 MG/0.5ML Soln A-Inj | Added to formulary (drug list)-Tier 3 | |
| Wegovy 1.7 MG/0.75ML Soln A-Inj | Added to formulary (drug list)-Tier 3 | |
| Wegovy 2.4 MG/0.75ML Soln A-Inj | Added to formulary (drug list)-Tier 3 | |
| Leqembi Iqlik (500 MG Dose) 2 X 250 MG/1.25ML Soln A-Inj | Added to formulary (drug list)-Tier 5 | |
| Leqembi Iqlik 360 MG/1.8ML Soln A-Inj | Added to formulary (drug list)-Tier 5 | |
| Austedo 6 MG TAB | Added to formulary (drug list)-Tier 5 | |
| Austedo 9 MG TAB | Added to formulary (drug list)-Tier 5 | |
| Austedo 12 MG TAB | Added to formulary (drug list)-Tier 5 | |
| Austedo XR 6 MG TAB ER 24H | Added to formulary (drug list)-Tier 5 | |
| Austedo XR 12 MG TAB ER 24H | Added to formulary (drug list)-Tier 5 | |
| Austedo XR 18 MG TAB ER 24H | Added to formulary (drug list)-Tier 5 | |
| Austedo XR 24 MG TAB ER 24H | Added to formulary (drug list)-Tier 5 | |
| Austedo XR 30 MG TAB ER 24H | Added to formulary (drug list)-Tier 5 | |
| Austedo XR 36 MG TAB ER 24H | Added to formulary (drug list)-Tier 5 | |
| Austedo XR 42 MG TAB ER 24H | Added to formulary (drug list)-Tier 5 | |
| Austedo XR 48 MG TAB ER 24H | Added to formulary (drug list)-Tier 5 | |
| Austedo XR Patient Titration 6 & 12 & 24 MG Tber Thpk | Added to formulary (drug list)-Tier 5 | |
| Austedo XR Patient Titration 12 & 18 & 24 & 30 MG Tber Thpk | Added to formulary (drug list)-Tier 5 | |
| Glatiramer Acetate 20 MG/ML Soln Prsyr | Moved to a lower tier-Tier 4 | |
| Glatopa 20 MG/ML Soln Prsyr | Moved to a lower tier-Tier 4 | |

| EFFECTIVE 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| Glatiramer Acetate 40 MG/ML Soln Prsyr | Moved to a lower tier-Tier 4 | |
| Glatopa 40 MG/ML Soln Prsyr | Moved to a lower tier-Tier 4 | |
| Dimethyl Fumarate 240 MG CAP DR | Moved to a lower tier-Tier 4 | |
| Kineret 100 MG/0.67ML Soln Prsyr | Added to formulary (drug list)-Tier 5 | |
| Hadlima Pushtouch 40 MG/0.4ML Soln A-Inj | Moved to a lower tier-Tier 4 | |
| Hadlima Pushtouch 40 MG/0.8ML Soln A-Inj | Moved to a lower tier-Tier 4 | |
| Hadlima 40 MG/0.4ML Soln Prsyr | Moved to a lower tier-Tier 4 | |
| Hadlima 40 MG/0.8ML Soln Prsyr | Moved to a lower tier-Tier 3 | |
| Simlandi (2 Pen) 40 MG/0.4ML Aut-Ij Kit | Moved to a lower tier-Tier 4 | |
| Simlandi (1 Pen) 40 MG/0.4ML Aut-Ij Kit | Moved to a lower tier-Tier 4 | |
| Simlandi (1 Pen) 80 MG/0.8ML Aut-Ij Kit | Moved to a lower tier-Tier 4 | |
| Simlandi (2 Syringe) 20 MG/0.2ML Pref Sy Kt | Moved to a lower tier-Tier 4 | |
| Simlandi (2 Syringe) 40 MG/0.4ML Pref Sy Kt | Moved to a lower tier-Tier 4 | |
| Simlandi (1 Syringe) 80 MG/0.8ML Pref Sy Kt | Moved to a lower tier-Tier 4 | |
| Tofacitinib Citrate 5 MG TAB | Removed from formulary (drug list) | Rinvoq TAB |
| Tofacitinib Citrate 10 MG TAB | Removed from formulary (drug list) | Rinvoq TAB |
| Tofacitinib Citrate 1 MG/ML Solution | Removed from formulary (drug list) | Rinvoq TAB |
| Tofacitinib Citrate ER 11 MG TAB ER 24H | Removed from formulary (drug list) | Rinvoq TAB |
| Tofacitinib Citrate ER 22 MG TAB ER 24H | Removed from formulary (drug list) | Rinvoq TAB |
| Dihydroergotamine Mesylate 4 MG/ML Solution | Moved to a lower tier-Tier 4 | |
| Sympazan 5 MG Film | Moved to a lower tier-Tier 4 | |
| Aranesp (Albumin Free) 100 MCG/ML Solution | Moved to a higher tier-Tier 5 | Aranesp 10 MCG, 25 MCG, 40 MCG, 60 MCG, 300 MCG |
| Aranesp (Albumin Free) 60 MCG/0.3ML Soln Prsyr | Moved to a lower tier-Tier 4 | |

| EFFECTIVE 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| Aranesp (Albumin Free) 300 MCG/0.6ML Soln Prsyr | Moved to a lower tier-Tier 4 | |
| Leukine 250 MCG Recon Soln | Added to formulary (drug list)-Tier 5 | |
| Fondaparinux Sodium 7.5 MG/0.6ML Solution | Moved to a lower tier-Tier 4 | |
| Xarelto 2.5 MG TAB | Removed from formulary (drug list) | Rivaroxaban 2.5 MG TAB (Generic Xarelto) |
| Xarelto 1 MG/ML Recon Susp | Removed from formulary (drug list) | Rivaroxaban 1 MG/ML Recon Susp (Generic Xarelto) |
| Lumigan 0.01 % Solution | Removed from formulary (drug list) | Bimatoprost 0.03% Soln |
| Bimatoprost 0.03 % Solution | Moved to a lower tier-Tier 3 | |
| Travoprost (Bak Free) 0.004 % Solution | Moved to a lower tier-Tier 2 | |
| Rocklatan 0.02-0.005 % Solution | Moved to a lower tier-Tier 3 | |
| Nystatin 500000 Unit/5ML Suspension | Added to formulary (drug list)-Tier 2 | |
| Tretinoin 0.025 % Cream | Moved to a lower tier-Tier 3 | |
| Tremfya One-Press 100 MG/ML Soln Pen | Added to formulary (drug list)-Tier 5 | |
| Tremfya Pen 100 MG/ML Soln A-Inj | Added to formulary (drug list)-Tier 5 | |
| Tremfya 100 MG/ML Soln Prsyr | Added to formulary (drug list)-Tier 5 | |
| Stelara 45 MG/0.5ML Solution | Removed from formulary (drug list) | Yesintek 45 MG/0.5ML Solution |
| Ustekinumab 45 MG/0.5ML Solution | Removed from formulary (drug list) | Yesintek 45 MG/0.5ML Solution |
| Ustekinumab-Aekn 45 MG/0.5ML Soln Prsyr | Removed from formulary (drug list) | Yesintek 45 MG/0.5ML Soln Prsyr |
| Ustekinumab-Aekn 90 MG/ML Soln Prsyr | Removed from formulary (drug list) | Yesintek 90 MG/ML Soln Prsyr |
| Yesintek 45 MG/0.5ML Soln Prsyr | Moved to a lower tier-Tier 3 | |
| Everolimus 0.5 MG TAB | Moved to a lower tier-Tier 4 | |
| Everolimus 0.75 MG TAB | Moved to a lower tier-Tier 4 | |
| Envarsus XR 4 MG TAB ER 24H | Moved to a higher tier-Tier 5 | Envarsus 0.75 MG, 1 MG |
| Twinrix 720-20 Elu-MCG/ML Susp Prsyr | Remove prior authorization | |

| EFFECTIVE 1/1/2027 | | |
|---|---|---|
| **Drug Name** | **Description of Change** | **Alternative** |
| Xalkori 20 MG CAP Sprink | Updated quantity limit | |
| Victoza 18 MG/3ML Soln Pen | Updated quantity limit | |
| Farxiga 5 MG TAB | Added step therapy | |
| Farxiga 10 MG TAB | Added step therapy | |
| Jardiance 10 MG TAB | Added step therapy | |
| Jardiance 25 MG TAB | Added step therapy | |
| Entresto 24-26 MG TAB | Updated quantity limit | |
| Sacubitril-Valsartan 24-26 MG TAB | Updated quantity limit | |
| Ventolin HFA 108 (90 Base) MCG/ACT Aero Soln | Updated quantity limit | |
| Talicia 250-12.5-10 MG CAP DR | Updated quantity limit | |
| Doptelet 20 MG TAB | Updated quantity limit | |
| Cequr Simplicity 2U Device | Updated quantity limit | |
| Cequr Simplicity 2U Extnd Wear Device | Updated quantity limit | |

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