



Blue Shield Rx Enhanced (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.

Blue Shield of California

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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 02/2026		
Drug Name	Description of Change	Alternative
DIFICID 200 MG TAB <i>fidaxomicin</i>	- Formulary Removal	<i>fidaxomicin 200 mg tab</i>
GLEOSTINE 10 MG CAP <i>lomustine</i>	- Formulary Removal	<i>lomustine 10 mg cap</i>
GLEOSTINE 100 MG CAP <i>lomustine</i>	- Formulary Removal	<i>lomustine 100 mg cap</i>
GLEOSTINE 40 MG CAP <i>lomustine</i>	- Formulary Removal	<i>lomustine 40 mg cap</i>
PREMARIN 0.3 MG TAB <i>estrogens, conjugated</i>	- Formulary Removal	<i>estrogens conjugated 0.3 mg tab</i>
PREMARIN 0.45 MG TAB <i>estrogens, conjugated</i>	- Formulary Removal	<i>estrogens conjugated 0.45 mg tab</i>
PREMARIN 0.625 MG TAB <i>estrogens, conjugated</i>	- Formulary Removal	<i>estrogens conjugated 0.625 mg tab</i>
PREMARIN 0.9 MG TAB <i>estrogens, conjugated</i>	- Formulary Removal	<i>estrogens conjugated 0.9 mg tab</i>
PREMARIN 1.25 MG TAB <i>estrogens, conjugated</i>	- Formulary Removal	<i>estrogens conjugated 1.25 mg tab</i>

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