



Blue Shield of California Medicare Rx Plan (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.
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

Y0118_24_467B_C 08212024

H2819_24_467A_C Accepted 10092024

blueshieldca.com

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	
gen:	Generic Drugs
brd:	Preferred Brand Drugs
npd:	Non-Preferred Drugs
inj:	Injectable Drugs
spec:	Specialty Tier Drugs

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	Added quantity limit	
Vemlidy (Oral Tablet)	Removed from formulary (drug list)	Tenofovir Disoproxil 300mg tablet
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	Removed from formulary (drug list)	Gamunex-C
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	Removed from formulary (drug list)	Gamunex-C
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	Removed from formulary (drug list)	Gamunex-C
Gammagard (2.5GM/25ML Injection Solution)	Removed from formulary (drug list)	Gamunex-C
TAGRISSO	Moved to higher tier - Tier 5	
ERLEADA	Moved to higher tier - Tier 5	
Nubeqa (Oral Tablet)	Moved to higher tier - Tier 5	
XTANDI	Moved to higher tier - Tier 5	
VERZENIO	Moved to higher tier - Tier 5	
IBRANCE	Moved to higher tier - Tier 5	
Imbruvica (Oral Capsule)	Moved to higher tier - Tier 5	
Imbruvica 140 MG TAB	Removed from formulary (drug list)	Imbruvica 140mg capsule
Imbruvica 280 MG TAB	Moved to higher tier - Tier 5	
Imbruvica 420 MG TAB	Moved to higher tier - Tier 5	
Imbruvica 560 MG TAB	Removed from formulary (drug list)	
Imbruvica (Oral Suspension)	Moved to higher tier - Tier 5	

Effective 1/1/2025

Drug Name	Description of Change	Alternative
CABOMETYX	Moved to higher tier - Tier 5	
LYNPARZA	Moved to higher tier - Tier 5	
JAKAFI	Moved to higher tier - Tier 5	
Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	Removed from formulary (drug list)	Lantus Solostar, Tresiba Flextouch, Toujeo Solostar
Humalog (Injection Solution)	Removed from formulary (drug list)	Humalog Kwikpen, Insulin Lispro Vial
Levemir (Subcutaneous Solution)	Removed from formulary (drug list)	Lantus Solostar, Tresiba Flextouch, Toujeo Solostar
Levemir FlexPen (Subcutaneous Solution Pen-Injector)	Removed from formulary (drug list)	Lantus Solostar, Tresiba Flextouch, Toujeo Solostar
Humalog Mix 50/50 (Subcutaneous Suspension)	Removed from formulary (drug list)	Humalog 50/50 Mix Kwikpen
Victoza (Subcutaneous Solution Pen-Injector)	Removed from formulary (drug list)	Trulicity, Mounjaro, Ozempic
Metformin HCl (Oral Solution)	Removed from formulary (drug list)	Metformin (Generic Glucophage, Glucophage XR)
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Removed from formulary (drug list)	Metformin (Generic Glucophage, Glucophage XR)
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Removed from formulary (drug list)	Metformin (Generic Glucophage, Glucophage XR)
Forteo (Subcutaneous Solution Pen-Injector)	Removed from formulary (drug list)	Teriparatide (Recombinant) 620 MCG/2.48ML SOLN PEN
Serostim (Subcutaneous Solution Reconstituted)	Removed from formulary (drug list)	Omnitrope

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	Removed from formulary (drug list)	
Samsca (Oral Tablet)	Removed from formulary (drug list)	
Edarbi (Oral Tablet)	Removed from formulary (drug list)	Candesartan, Valsartan, Irbesartan, Losartan, Olmesartan, Telmisartan
Praluent (Subcutaneous Solution Auto-Injector)	Removed from formulary (drug list)	Repatha
Lipitor (Oral Tablet)	Removed from formulary (drug list)	Atorvastatin, Rosuvastatin, Fluvastatin, Lovastatin, Pravastatin
Livalo (Oral Tablet)	Removed from formulary (drug list)	Atorvastatin, Rosuvastatin, Fluvastatin, Lovastatin, Pravastatin
Crestor (Oral Tablet)	Removed from formulary (drug list)	Atorvastatin, Rosuvastatin, Fluvastatin, Lovastatin, Pravastatin
Vascepa (Oral Capsule)	Removed from formulary (drug list)	
Camzyos (Oral Capsule)	Removed from formulary (drug list)	
Vyndamax (Oral Capsule)	Removed from formulary (drug list)	
Spiriva HandiHaler (Inhalation Capsule)	Removed from formulary (drug list)	
Symbicort (Inhalation Aerosol)	Removed from formulary (drug list)	
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	Removed from formulary (drug list)	Fluticasone-Salmeterol 100-50 MCG
Dulera (Inhalation Aerosol)	Removed from formulary (drug list)	Budesonide-Formoterol Fumarate (Generic Symbicort), Fluticasone-Salmeterol (Generic Advair)
QVAR RediHaler (Inhalation Aerosol Breath Activated)	Removed from formulary (drug list)	Arnuity Ellipta, Pulmicort Flexhaler

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Nucala (Subcutaneous Solution Reconstituted)	Removed from formulary (drug list)	
Nucala (Subcutaneous Solution Auto-Injector)	Removed from formulary (drug list)	
Nucala (Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	
Sutab (Oral Tablet)	Removed from formulary (drug list)	Na Sulfate-K Sulfate-Mg Sulf 17.5-3.13-1.6 GM/177ML SOLUTION (Generic Suprep)
Dexlansoprazole (Oral Capsule Delayed Release)	Removed from formulary (drug list)	Esomeprazole, Lansoprazole, Omeprazole, Pantoprazole, Rabeprazole
Zenpep (Oral Capsule Delayed Release Particles)	Removed from formulary (drug list)	Creon
Cimzia (Subcutaneous Kit)	Removed from formulary (drug list)	
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	Removed from formulary (drug list)	
Ocaliva (Oral Tablet)	Removed from formulary (drug list)	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer Carbonate (Oral Packet)	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
Sevelamer HCl (Oral Tablet)	As of 1/1/2025 this drug will be covered as part of your dialysis treatment.	
GEMTESA	Added quantity limit	
Imvexxy Maintenance Pack (Vaginal Insert)	Removed from formulary (drug list)	Estradiol 10 MCG TAB (Generic Vagifem)

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	Removed from formulary (drug list)	BuPROPion HCl ER (SR) 100 MG
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	Removed from formulary (drug list)	Bupropion HCl ER (XL) 150 tablet
DayVigo (Oral Tablet)	Removed from formulary (drug list)	Eszopiclone, Zaleplon, Zolpidem,
Belsomra (Oral Tablet)	Removed from formulary (drug list)	Eszopiclone, Zaleplon, Zolpidem,
Austedo (Oral Tablet)	Removed from formulary (drug list)	Tetrabenazine
Ingrezza (Oral Capsule)	Removed from formulary (drug list)	Tetrabenazine
Ingrezza (Oral Capsule Therapy Pack)	Removed from formulary (drug list)	Tetrabenazine
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	Removed from formulary (drug list)	Betaseron 0.3mg Kit
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	Removed from formulary (drug list)	Betaseron 0.3mg Kit
Rebif (Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	Betaseron 0.3mg Kit
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	Betaseron 0.3mg Kit
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	Removed from formulary (drug list)	Dimethyl Fumarate (Generic Tecfidera)
Mayzent (Oral Tablet)	Removed from formulary (drug list)	Fingolimod (Generic Gilenya)
Mayzent Starter Pack (Oral Tablet Therapy Pack)	Removed from formulary (drug list)	Fingolimod (Generic Gilenya)
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	Removed from formulary (drug list)	OxyCODONE HCl ER (generic Oxycontin)

Effective 1/1/2025

Drug Name	Description of Change	Alternative
OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)	Removed from formulary (drug list)	OxyCODONE HCl ER (generic Oxycontin)
OxyContin (40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	Removed from formulary (drug list)	OxyCODONE HCl ER (generic Oxycontin)
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 600MCG Buccal Film, 75MCG Buccal Film)	Removed from formulary (drug list)	Buprenorphine
Belbuca (750MCG Buccal Film, 900MCG Buccal Film)	Removed from formulary (drug list)	Buprenorphine
Humira Pen (Subcutaneous Pen-Injector Kit)	Removed from formulary (drug list)	Hadlima
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	Removed from formulary (drug list)	Hadlima
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)	Removed from formulary (drug list)	Hadlima
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	Removed from formulary (drug list)	Hadlima
Humira (Subcutaneous Prefilled Syringe Kit)	Removed from formulary (drug list)	Hadlima
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	Removed from formulary (drug list)	Hadlima

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	Removed from formulary (drug list)	Hadlima
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	Removed from formulary (drug list)	Enbrel, Hadlima
Orencia (Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	Enbrel, Hadlima
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	Removed from formulary (drug list)	Enbrel, Hadlima
Actemra (Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	Enbrel, Hadlima
Emgality (Subcutaneous Solution Auto-Injector)	Removed from formulary (drug list)	Aimovig
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	Aimovig
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	Aimovig
Rytary (Oral Capsule Extended Release)	Removed from formulary (drug list)	Carbidopa-Levodopa ER (Generic Sinemet CR)
Radicava ORS Starter Kit (Oral Suspension)	Removed from formulary (drug list)	
Neulasta (Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	Zarxio
Tavalisse (Oral Tablet)	Removed from formulary (drug list)	
Combigan (Ophthalmic Solution)	Removed from formulary (drug list)	Brimonidine Tartrate-Timolol (Generic Combigan)
Tyrvaya (Nasal Solution)	Removed from formulary (drug list)	Restasis
Alphagan P (0.1% Ophthalmic Solution)	Removed from formulary (drug list)	Brimonidine Tartrate (Generic Alphagan)

Effective 1/1/2025

Drug Name	Description of Change	Alternative
Alphagan P (0.15% Ophthalmic Solution)	Removed from formulary (drug list)	Brimonidine Tartrate (Generic Alphagan)
Oxervate (Ophthalmic Solution)	Removed from formulary (drug list)	
Jublia (External Solution)	Removed from formulary (drug list)	Ciclopirox 8 % SOLUTION
Tavaborole (External Solution)	Removed from formulary (drug list)	
Tremfya (Subcutaneous Solution Pen-Injector)	Removed from formulary (drug list)	Stelara, Skyrizi, Cosentyx
Tremfya 100 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Stelara, Skyrizi, Cosentyx
Tremfya 200 MG/2ML SOLN PRSYR	Removed from formulary (drug list)	Stelara, Skyrizi, Cosentyx
Taltz (Subcutaneous Solution Auto-Injector)	Removed from formulary (drug list)	Stelara, Skyrizi, Cosentyx
Taltz (Subcutaneous Solution Prefilled Syringe)	Removed from formulary (drug list)	Stelara, Skyrizi, Cosentyx
Opzelura (External Cream)	Removed from formulary (drug list)	Pimecrolimus Cream
REVLIMID	Moved to higher tier - Tier 5	

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。>