



Blue Shield Inspire (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.
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	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 02/2026

Drug Name	Description of Change	Alternative
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	- Added to Tier 2	
BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT <i>bacitracin-poly-neomycin-hc</i>	- Added to Tier 2	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT <i>bacitracin-polymyxin b (ophth)</i>	- Added to Tier 2	
BESIVANCE 0.6 % SUSPENSION <i>besifloxacin hcl</i>	- Added to Tier 3 - Added	
BOSULIF 100 MG CAP <i>bosutinib</i>	- Change	
BOSULIF 100 MG TAB <i>bosutinib</i>	- Change	
BOSULIF 400 MG TAB <i>bosutinib</i>	- Change	
BOSULIF 50 MG CAP <i>bosutinib</i>	- Change	
BOSULIF 500 MG TAB <i>bosutinib</i>	- Change	
<i>clobetasol propionate emollient base cream 0.05%</i>	- Added to Tier 4	
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 02/2026

Drug Name	Description of Change	Alternative
DIFICID 200 MG TAB <i>fidaxomicin</i>	- Formulary Removal	<i>fidaxomicin 200 mg tab</i>
DROPSAFE AUTOPROTECT DUO 31G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
DROPSAFE AUTOPROTECT DUO 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
DROPSAFE AUTOPROTECT DUO 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
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>
JANUVIA 100 MG TAB <i>sitagliptin phosphate</i>	- Added	
<i>leucovorin calcium tab 5 mg</i>	- Added to Tier 2	
<i>lidocaine oint 5%</i>	- Added to Tier 4 - QL Added: 50 / 30 DAYS	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	- Added to Tier 4	
LEDERLE LEUCOVORIN 5 MG TAB <i>leucovorin calcium</i>	- Added to Tier 2	

EFFECTIVE 02/2026		
Drug Name	Description of Change	Alternative
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	- Added to Tier 2	
PAZOPANIB HCL 400 MG TAB <i>pazopanib hcl</i>	- Added	
<i>phenobarbital elixir 20 mg/5ml</i>	- Added to Tier 2 - Added	
<i>phenobarbital tab 100 mg</i>	- Added to Tier 2 - Added	
<i>phenobarbital tab 15 mg</i>	- Added to Tier 2 - Added	
<i>phenobarbital tab 16.2 mg</i>	- Added to Tier 2 - Added	
<i>phenobarbital tab 30 mg</i>	- Added to Tier 2 - Added	
<i>phenobarbital tab 32.4 mg</i>	- Added to Tier 2 - Added	
<i>phenobarbital tab 60 mg</i>	- Added to Tier 2 - Added	
<i>phenobarbital tab 64.8 mg</i>	- Added to Tier 2 - Added	

EFFECTIVE 02/2026

Drug Name	Description of Change	Alternative
<i>phenobarbital tab 97.2 mg</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 100 MG TAB <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 15 MG TAB <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 16.2 MG TAB <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 20 MG/5ML ELIXIR <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 30 MG TAB <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 30 MG/7.5ML ELIXIR <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 32.4 MG TAB <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 60 MG TAB <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 60 MG/15ML ELIXIR <i>phenobarbital</i>	- Added to Tier 2 - Added	

EFFECTIVE 02/2026		
Drug Name	Description of Change	Alternative
PHENOBARBITAL 64.8 MG TAB <i>phenobarbital</i>	- Added to Tier 2 - Added	
PHENOBARBITAL 97.2 MG TAB <i>phenobarbital</i>	- Added to Tier 2 - Added	
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>
SHINGRIX 50 MCG/0.5ML SUSP PRSYR <i>zoster vaccine recombinant adjuvanted</i>	- Added to Tier 3 - QL Added: 1 ML / 365 DAYS	
SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB <i>sodium fluoride</i>	- Added to Tier 2	
SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB <i>sodium fluoride</i>	- Added to Tier 2	

EFFECTIVE 02/2026

Drug Name	Description of Change	Alternative
SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB <i>sodium fluoride</i>	- Added to Tier 2	
TRACLEER 32 MG TAB SOL <i>bosentan</i>	- Formulary Removal	<i>bosentan 32 mg tab sol</i>

EFFECTIVE 03/2026

Drug Name	Description of Change	Alternative
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	- Added to Tier 2 - Added	
<i>ceftaroline fosamil for iv soln 400 mg</i>	- Added to Tier 5	
<i>ceftaroline fosamil for iv soln 600 mg</i>	- Added to Tier 5	
DAPTOMYCIN 500 MG RECON SOLN <i>daptomycin</i>	- Added to Tier 5	
<i>diazepam rectal gel delivery system 2.5 mg</i>	- Added to Tier 4 - QL Added: 5 / 30 DAYS	
HYRNUO 10 MG TAB <i>sevabertinib</i>	- Added to Tier 5 - Added	
JYNARQUE 15 MG TAB THPK <i>tolvaptan</i>	- Formulary Removal	<i>tolvaptan 15 mg tab thpk</i>
JYNARQUE 15 MG TAB <i>tolvaptan</i>	- Formulary Removal	<i>tolvaptan 15 mg tab</i>
JYNARQUE 30 & 15 MG TAB THPK <i>tolvaptan</i>	- Formulary Removal	<i>tolvaptan 30 & 15 mg tab thpk</i>
JYNARQUE 30 MG TAB <i>tolvaptan</i>	- Formulary Removal	<i>tolvaptan 30 mg tab</i>
JYNARQUE 45 & 15 MG TAB THPK <i>tolvaptan</i>	- Formulary Removal	<i>tolvaptan 45 & 15 mg tab thpk</i>

EFFECTIVE 03/2026

Drug Name	Description of Change	Alternative
JYNARQUE 60 & 30 MG TAB THPK <i>tolvaptan</i>	- Formulary Removal	<i>tolvaptan 60 & 30 mg tab thpk</i>
JYNARQUE 90 & 30 MG TAB THPK <i>tolvaptan</i>	- Formulary Removal	<i>tolvaptan 90 & 30 mg tab thpk</i>
KOMZIFTI 200 MG CAP <i>ziftomenib</i>	- Added to Tier 5 - Added	
KOSELUGO 5 MG CAP SPRINK <i>selumetinib sulfate</i>	- LA Removed	
KOSELUGO 7.5 MG CAP SPRINK <i>selumetinib sulfate</i>	- LA Removed	
LAGEVRIO 200 MG CAP <i>molnupiravir</i>	- Added to Tier 5	
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i>	- Added to Tier 2 - QL Added: 11 / 30 OVER TIME	
PULMICORT FLEXHALER 180 MCG/ACT AER POW BA <i>budesonide (inhalation)</i>	- Formulary Removal	
<i>sevelamer carbonate tab 800 mg</i>	- Added to Tier 3 - Added	

EFFECTIVE 03/2026

Drug Name	Description of Change	Alternative
<i>sodium oxybate oral solution 500 mg/ml</i>	<ul style="list-style-type: none">- Added to Tier 5- Added- QL Added: 540 / 30 DAYS- LA Added	
SUBVENITE 10 MG/ML SUSPENSION <i>lamotrigine</i>	<ul style="list-style-type: none">- Added to Tier 5- Added	
<i>tolvaptan tab 15 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- Added	
<i>tolvaptan tab 30 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- Added	
<i>tolvaptan tab therapy pack 15 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- Added	
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- Added	
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- Added	
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- Added	
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	<ul style="list-style-type: none">- Added to Tier 5- Added	

EFFECTIVE 04/2026

Drug Name	Description of Change	Alternative
ATROVENT HFA 17 MCG/ACT AERO SOLN <i>ipratropium bromide hfa</i>	- QL Change: 25.8 / 30 DAYS to 25.8 GM / 30 DAYS	
<i>brivaracetam oral soln 10 mg/ml</i>	- Added to Tier 5 - ST Added - QL Added: 20 ML / 1 DAYS	
<i>brivaracetam tab 10 mg</i>	- Added to Tier 5 - ST Added - QL Added: 2 / 1 DAYS	
<i>brivaracetam tab 100 mg</i>	- Added to Tier 5 - ST Added - QL Added: 2 / 1 DAYS	
<i>brivaracetam tab 25 mg</i>	- Added to Tier 5 - ST Added - QL Added: 2 / 1 DAYS	
<i>brivaracetam tab 50 mg</i>	- Added to Tier 5 - ST Added - QL Added: 2 / 1 DAYS	
<i>brivaracetam tab 75 mg</i>	- Added to Tier 5 - ST Added - QL Added: 2 / 1 DAYS	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	- Added to Tier 2 - Added	

EFFECTIVE 04/2026		
Drug Name	Description of Change	Alternative
FYCOMPA 0.5 MG/ML SUSPENSION <i>perampanel</i>	- Formulary Removal	<i>perampanel 0.5 mg/ml suspension</i>
HYRNUO 10 MG TAB <i>sevabertinib</i>	- LA Removed	
LACOSAMIDE 10 MG/ML SOLUTION <i>lacosamide</i>	- Added to Tier 4 - QL Added: 40 / 1 DAYS	
LAGEVRIO 200 MG CAP <i>molnupiravir</i>	- Added to Tier 5	
<i>pomalidomide cap 1 mg</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	
<i>pomalidomide cap 2 mg</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	
<i>pomalidomide cap 3 mg</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	
<i>pomalidomide cap 4 mg</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 2 / 1 DAYS	

EFFECTIVE 04/2026

Drug Name	Description of Change	Alternative
<i>sevelamer carbonate tab 800 mg</i>	- Added to Tier 3 - Added	
TOBRAMYCIN SULFATE 1.2 GM RECON SOLN <i>tobramycin sulfate</i>	- Added to Tier 4	

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