



## 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 vaccine is 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.

Drug Tier Key	
<b>gen:</b>	Generic Drugs
<b>brd:</b>	Preferred Brand Drugs
<b>npd:</b>	Non-Preferred Drugs
<b>inj:</b>	Injectable Drugs
<b>spec:</b>	Specialty Tier Drugs

EFFECTIVE 02/2026		
Drug Name	Description of Change	Alternative
ANUCORT-HC 25 MG SUPPOS <i>hydrocortisone acetate (rectal)</i>	- Change	
ANUSOL-HC 25 MG SUPPOS <i>hydrocortisone acetate (rectal)</i>	- Change	
AVAR-E EMOLLIENT 10-5 % CREAM <i>sulfacetamide sodium w/ sulfur</i>	- Change	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT <i>bacitracin-polymyxin b (ophth)</i>	- Added to Tier 1	
COVARYX 1.25-2.5 MG TAB <i>esterified estrogens &amp; methyltestosterone</i>	- Change	
COVARYX HS 0.625-1.25 MG TAB <i>esterified estrogens &amp; methyltestosterone</i>	- Change	
DIFICID 200 MG TAB <i>fidaxomicin</i>	- Formulary Removal	<i>fidaxomicin 200 mg tab</i>
EEMT 1.25-2.5 MG TAB <i>esterified estrogens &amp; methyltestosterone</i>	- Change	
EEMT HS 0.625-1.25 MG TAB <i>esterified estrogens &amp; methyltestosterone</i>	- Change	
<i>esterified estrogens &amp; methyltestosterone tab 0.625-1.25 mg</i>	- Change	
<i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>	- Added to Tier 1 - Added	
EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB <i>esterified estrogens &amp; methyltestosterone</i>	- Change	

EFFECTIVE 02/2026		
Drug Name	Description of Change	Alternative
EST ESTROGENS-METHYLTEST DS 1.25-2.5 MG TAB <i>esterified estrogens &amp; methyltestosterone</i>	- Change	
EST ESTROGENS-METHYLTEST HS 0.625-1.25 MG TAB <i>esterified estrogens &amp; methyltestosterone</i>	- Change	
ESTRATEST H.S. 0.625-1.25 MG TAB <i>esterified estrogens &amp; methyltestosterone</i>	- Added to Tier 1 - Added	
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>
<i>hydrocortisone acetate suppos 25 mg</i>	- Change	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	- Change	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	- Change	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	- Change	
<i>hyoscyamine sulfate tab 0.125 mg</i>	- Change	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	- Change	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	- Change	

**EFFECTIVE 02/2026**

Drug Name	Description of Change	Alternative
HEMMOREX-HC 25 MG SUPPOS <i>hydrocortisone acetate (rectal)</i>	- Change	
HYDROCORTISONE ACETATE 25 MG SUPPOS <i>hydrocortisone acetate (rectal)</i>	- Change	
HYOSCYAMINE SULFATE 0.125 MG SL TAB <i>hyoscyamine sulfate</i>	- Change	
HYOSCYAMINE SULFATE 0.125 MG TAB DISP <i>hyoscyamine sulfate</i>	- Change	
HYOSCYAMINE SULFATE 0.125 MG TAB <i>hyoscyamine sulfate</i>	- Change	
HYOSCYAMINE SULFATE 0.125 MG/5ML ELIXIR <i>hyoscyamine sulfate</i>	- Change	
HYOSCYAMINE SULFATE 0.125 MG/ML SOLUTION <i>hyoscyamine sulfate</i>	- Change	
HYOSCYAMINE SULFATE ER 0.375 MG TAB ER 12H <i>hyoscyamine sulfate</i>	- Change	
HYOSCYAMINE SULFATE SL 0.125 MG SL TAB <i>hyoscyamine sulfate</i>	- Change	
HYOSYNE 0.125 MG/5ML ELIXIR <i>hyoscyamine sulfate</i>	- Change	
HYOSYNE 0.125 MG/ML SOLUTION <i>hyoscyamine sulfate</i>	- Change	
LEDERLE LEUCOVORIN 5 MG TAB <i>leucovorin calcium</i>	- Added to Tier 1	

EFFECTIVE 02/2026		
Drug Name	Description of Change	Alternative
NULEV 0.125 MG TAB DISP <i>hyoscyamine sulfate</i>	- Change	
OSCIMIN 0.125 MG SL TAB <i>hyoscyamine sulfate</i>	- Change	
OSCIMIN 0.125 MG TAB <i>hyoscyamine sulfate</i>	- Change	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	- Change	
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG TAB <i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	- Change	
PB-HYOSCY-ATROPINE-SCOPOLAMINE 16.2 MG/5ML ELIXIR <i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	- Change	
<i>phenazopyridine hcl tab 100 mg</i>	- Change	
<i>phenazopyridine hcl tab 200 mg</i>	- Change	
PHENOBARBITAL 20 MG/5ML ELIXIR <i>phenobarbital</i>	- Added to Tier 1 - Added	
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	- Change	
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	- Change	
PHENAZOPYRIDINE HCL 100 MG TAB <i>phenazopyridine hcl</i>	- Change	
PHENAZOPYRIDINE HCL 200 MG TAB <i>phenazopyridine hcl</i>	- Change	

EFFECTIVE 02/2026		
Drug Name	Description of Change	Alternative
PHENOHYTRO 16.2 MG TAB <i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	- Change	
PHENOHYTRO 16.2 MG/5ML ELIXIR <i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	- Change	
PHOSPHO-TRIN K500 500 MG TAB <i>potassium phosphate monobasic</i>	- Change	
POT & SOD CIT-CIT AC 550-500-334 MG/5ML SOLUTION <i>pot &amp; sod citrates w/citric ac</i>	- Change	
POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION <i>potassium citrate-citric acid</i>	- Change	
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>

## EFFECTIVE 02/2026

Drug Name	Description of Change	Alternative
PULMOSAL 7 % NEBU SOLN <i>sodium chloride (inhalant)</i>	- Change	
SSS 10-5 10-5 % CREAM <i>sulfacetamide sodium w/ sulfur</i>	- Change	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	- Change	
SOD CITRATE-CITRIC ACID 1.5-1 GM/15ML SOLUTION <i>sodium citrate &amp; citric acid</i>	- Change	
SOD CITRATE-CITRIC ACID 3-2 GM/30ML SOLUTION <i>sodium citrate &amp; citric acid</i>	- Change	
SOD CITRATE-CITRIC ACID 500-334 MG/5ML SOLUTION <i>sodium citrate &amp; citric acid</i>	- Change	
SODIUM CHLORIDE 10 % NEBU SOLN <i>sodium chloride (inhalant)</i>	- Change	
SODIUM CHLORIDE 7 % NEBU SOLN <i>sodium chloride (inhalant)</i>	- Change	
SODIUM CITRATE-CITRIC ACID 1500-1002 MG/15ML SOLUTION <i>sodium citrate &amp; citric acid</i>	- Change	
SODIUM CITRATE-CITRIC ACID 3000-2004 MG/30ML SOLUTION <i>sodium citrate &amp; citric acid</i>	- Change	
SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM <i>sulfacetamide sodium w/ sulfur</i>	- Change	



EFFECTIVE 02/2026		
Drug Name	Description of Change	Alternative
SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION <i>sulfacetamide sodium w/ sulfur</i>	- Change	
SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION <i>sulfacetamide sodium w/ sulfur</i>	- Change	
TRACLEER 32 MG TAB SOL <i>bosentan</i>	- Formulary Removal	<i>bosentan 32 mg tab sol</i>
TRICITRATES 550-500-334 MG/5ML SOLUTION <i>pot &amp; sod citrates w/citric ac</i>	- Change	

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