



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. |
| 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 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 & methyltestosterone</i> | - Change | |
| COVARYX HS 0.625-1.25 MG TAB <i>esterified estrogens & 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 & methyltestosterone</i> | - Change | |
| EEMT HS 0.625-1.25 MG TAB <i>esterified estrogens & methyltestosterone</i> | - Change | |
| <i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> | - Change | |
| <i>esterified estrogens & 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 & 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 & methyltestosterone</i> | - Change | |
| EST ESTROGENS-METHYLTEST HS 0.625-1.25 MG TAB <i>esterified estrogens & methyltestosterone</i> | - Change | |
| ESTRATEST H.S. 0.625-1.25 MG TAB <i>esterified estrogens & 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> |
| hydrocortisone acetate suppos 25 mg | - Change | |
| hyoscyamine sulfate elixir 0.125 mg/5ml | - Change | |
| hyoscyamine sulfate sl tab 0.125 mg | - Change | |
| hyoscyamine sulfate soln 0.125 mg/ml | - Change | |
| hyoscyamine sulfate tab 0.125 mg | - Change | |
| hyoscyamine sulfate tab disint 0.125 mg | - Change | |
| hyoscyamine sulfate tab er 12hr 0.375 mg | - 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 & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> | - Change | |
| <i>potassium citrate & 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 & 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 & citric acid</i> | - Change | |
| SOD CITRATE-CITRIC ACID 3-2 GM/30ML SOLUTION <i>sodium citrate & citric acid</i> | - Change | |
| SOD CITRATE-CITRIC ACID 500-334 MG/5ML SOLUTION <i>sodium citrate & 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 & citric acid</i> | - Change | |
| SODIUM CITRATE-CITRIC ACID 3000-2004 MG/30ML SOLUTION <i>sodium citrate & 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 & sod citrates w/citric ac</i> | - Change | |

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