Blue Shield Medicare + Medi-Cal Plan (HMO D-SNP)

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
601 12th Street, Oakland, CA 94607-3613
Blue Shield of California is an independent member of the Blue Shield Association
blueshieldca.com
Y0118_26_206A_PHA_C 07312026 H2819_26_206A_PHA_C 07312026
A57899MADD-IND_0726

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 1/1/2027

Drug Name	Description of Change	Alternative
E.E.S. 400 400 MG TAB	Added to formulary (drug list)-Tier 4	
Tobi Podhaler 28 MG CAP	Added to formulary (drug list)-Tier 5	
Tobramycin 300 MG/5ML Nebu Soln	Moved to a lower tier-Tier 4	
Tobramycin 300 MG/4ML Nebu Soln	Moved to a lower tier-Tier 4	
Pretomanid 200 MG TAB	Added to formulary (drug list)-Tier 4	
Posaconazole 100 MG TAB DR	Moved to a lower tier-Tier 4	
Darunavir 800 MG TAB	Moved to a lower tier-Tier 4	
Etravirine 100 MG TAB	Moved to a lower tier-Tier 4	
Xifaxan 200 MG TAB	Moved to a lower tier-Tier 3	
Xifaxan 550 MG TAB	Moved to a lower tier-Tier 3	
Daptomycin 350 MG Recon Soln	Moved to a lower tier-Tier 4	
Daptomycin 500 MG Recon Soln	Moved to a lower tier-Tier 4	
Erlotinib Hcl 25 MG TAB	Moved to a lower tier-Tier 3	
Erlotinib Hcl 100 MG TAB	Moved to a lower tier-Tier 3	
Erlotinib Hcl 150 MG TAB	Moved to a lower tier-Tier 3	
Abiraterone Acetate 250 MG TAB	Moved to a lower tier-Tier 4	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Pomalyst 1 MG CAP	Added to formulary (drug list)-Tier 5	
Pomalyst 2 MG CAP	Added to formulary (drug list)-Tier 5	
Pomalyst 3 MG CAP	Added to formulary (drug list)-Tier 5	
Pomalyst 4 MG CAP	Added to formulary (drug list)-Tier 5	
Venclexta 50 MG TAB	Moved to a lower tier-Tier 4	
Imatinib Mesylate 100 MG TAB	Moved to a lower tier-Tier 3	
Imatinib Mesylate 400 MG TAB	Moved to a lower tier-Tier 3	
Cavhanza 60 MG TAB Disp	Added to formulary (drug list)-Tier 5	
Cavhanza 80 MG TAB Disp	Added to formulary (drug list)-Tier 5	
Everolimus 2.5 MG TAB	Moved to a lower tier-Tier 4	
Everolimus 5 MG TAB	Moved to a lower tier-Tier 4	
Bexarotene 75 MG CAP	Moved to a lower tier-Tier 3	
Tarpeyo 4 MG CAP DR	Added to formulary (drug list)-Tier 5	
Solia 0.15-30 MG-MCG TAB	Added to formulary (drug list)-Tier 3	
Necon 1/35 (28) 1-35 MG-MCG TAB	Moved to a higher tier-Tier 3	Nora-Be, Norethindrone, Tri-Sprintec
Novolog Relion 100 Unit/ML Solution	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Novolog 100 Unit/ML Solution	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Insulin Aspart 100 Unit/ML Solution	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Novolog Flexpen Relion 100 Unit/ML Soln Pen	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Novolog Flexpen 100 Unit/ML Soln Pen	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Insulin Aspart Flexpen 100 Unit/ML Soln Pen	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Novolog Penfill 100 Unit/ML Soln Cart	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Insulin Aspart Penfill 100 Unit/ML Soln Cart	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Fiasp 100 Unit/ML Solution	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Fiasp Flextouch 100 Unit/ML Soln Pen	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Fiasp Penfill 100 Unit/ML Soln Cart	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Fiasp Pumpcart 100 Unit/ML Soln Cart	Removed from formulary (drug list)	Insulin Lispro Vial, Pen, Jr. Kwikpen; Humalog Kwikpen, Soln Cart
Ozempic (0.25 Or 0.5 MG/Dose) 2 MG/1.5ML Soln Pen	Added to formulary (drug list)-Tier 3	
Januvia 25 MG TAB	Removed from formulary (drug list)	Sitagliptan Phosphate (Generic Januvia)
Sitagliptin Phosphate 25 MG TAB	Added to formulary (drug list)-Tier 2	
Januvia 50 MG TAB	Removed from formulary (drug list)	Sitagliptan Phosphate (Generic Januvia)
Sitagliptin Phosphate 50 MG TAB	Added to formulary (drug list)-Tier 2	
Januvia 100 MG TAB	Removed from formulary (drug list)	Sitagliptan Phosphate (Generic Januvia)
Sitagliptin Phosphate 100 MG TAB	Added to formulary (drug list)-Tier 2	
Xtrenbo 120 MG/1.7ML Solution	Added to formulary (drug list)-Tier 4	
Enoby 60 MG/ML Soln Prsyr	Added to formulary (drug list)-Tier 4	
Furosemide 10 MG/ML Solution	Added to formulary (drug list)-Tier 4	
Droxidopa 200 MG CAP	Moved to a lower tier-Tier 4	
Droxidopa 300 MG CAP	Moved to a lower tier-Tier 4	
Alyq 20 MG TAB	Moved to a lower tier-Tier 4	
Ambrisentan 5 MG TAB	Moved to a lower tier-Tier 4	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Ambrisentan 10 MG TAB	Moved to a lower tier-Tier 4	
Entresto 6-6 MG CAP Sprink	Removed from formulary (drug list)	Sacubitril-Valsartan TAB
Entresto 15-16 MG CAP Sprink	Removed from formulary (drug list)	Sacubitril-Valsartan TAB
Atrovent HFA 17 MCG/ACT Aero Soln	Removed from formulary (drug list)	Ipratropium Bromide HFA (Generic Atrovent)
Ipratropium Bromide HFA 17 MCG/ACT Aero Soln	Added to formulary (drug list)-Tier 4	
Fluticasone Furoate-Vilanterol 100-25 MCG/ACT Aer Pow Ba	Added to formulary (drug list)-Tier 3	
Fluticasone Furoate-Vilanterol 200-25 MCG/ACT Aer Pow Ba	Added to formulary (drug list)-Tier 3	
Xolair 75 MG/0.5ML Soln A-Inj	Moved to a lower tier-Tier 4	
Nucala 100 MG Recon Soln	Added to formulary (drug list)-Tier 5	
Nucala 100 MG/ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Nucala 40 MG/0.4ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Nucala 100 MG/ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Pirfenidone 267 MG CAP	Moved to a lower tier-Tier 3	
Pirfenidone 267 MG TAB	Moved to a lower tier-Tier 3	
Pirfenidone 801 MG TAB	Moved to a lower tier-Tier 3	
Ofev 100 MG CAP	Added to formulary (drug list)-Tier 5	
Ofev 150 MG CAP	Added to formulary (drug list)-Tier 5	
Bismuth/Metronidaz/Tetracyclin 140-125-125 MG CAP	Added to formulary (drug list)-Tier 4	
Bis Subcit-Metronid-Tetracyc 140-125-125 MG CAP	Added to formulary (drug list)-Tier 4	
Voquezna Dual Pak 500-20 MG Ther Pack	Added to formulary (drug list)-Tier 4	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Voquezna Triple Pak 500-500-20 MG Ther Pack	Added to formulary (drug list)-Tier 4	
Entyvio Pen 108 MG/0.68ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Tremfya 200 MG/20ML Solution	Added to formulary (drug list)-Tier 5	
Tremfya Pen 200 MG/2ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Tremfya-Cd/Uc Induction 200 MG/2ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Tremfya 200 MG/2ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Velsipity 2 MG TAB	Added to formulary (drug list)-Tier 5	
Zymfentra (1 Pen) 120 MG/ML Aut-Ij Kit	Added to formulary (drug list)-Tier 5	
Zymfentra (2 Pen) 120 MG/ML Aut-Ij Kit	Added to formulary (drug list)-Tier 5	
Zymfentra (2 Syringe) 120 MG/ML Pref Sy Kt	Added to formulary (drug list)-Tier 5	
Filspari 200 MG TAB	Added to formulary (drug list)-Tier 5	
Filspari 400 MG TAB	Added to formulary (drug list)-Tier 5	
Auvelity 45-105 MG TAB ER	Moved to a higher tier-Tier 5	Bupropion Sr/Xl, Venlafaxine ER, Duloxetine
Vraylar 0.5 MG CAP	Moved to a lower tier-Tier 3	
Vraylar 0.75 MG CAP	Moved to a lower tier-Tier 3	
Vraylar 1.5 MG CAP	Moved to a lower tier-Tier 3	
Vraylar 3 MG CAP	Moved to a lower tier-Tier 3	
Vraylar 4.5 MG CAP	Moved to a lower tier-Tier 3	
Vraylar 6 MG CAP	Moved to a lower tier-Tier 3	
Wegovy 1.5 MG TAB	Added to formulary (drug list)-Tier 3	
Wegovy 4 MG TAB	Added to formulary (drug list)-Tier 3	
Wegovy 9 MG TAB	Added to formulary (drug list)-Tier 3	
Wegovy 25 MG TAB	Added to formulary (drug list)-Tier 3	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Wegovy 0.25 MG/0.5ML Soln A-Inj	Added to formulary (drug list)-Tier 3	
Wegovy 0.5 MG/0.5ML Soln A-Inj	Added to formulary (drug list)-Tier 3	
Wegovy 1 MG/0.5ML Soln A-Inj	Added to formulary (drug list)-Tier 3	
Wegovy 1.7 MG/0.75ML Soln A-Inj	Added to formulary (drug list)-Tier 3	
Wegovy 2.4 MG/0.75ML Soln A-Inj	Added to formulary (drug list)-Tier 3	
Leqembi Iqlik (500 MG Dose) 2 X 250 MG/1.25ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Leqembi Iqlik 360 MG/1.8ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Austedo 6 MG TAB	Added to formulary (drug list)-Tier 5	
Austedo 9 MG TAB	Added to formulary (drug list)-Tier 5	
Austedo 12 MG TAB	Added to formulary (drug list)-Tier 5	
Austedo XR 6 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 12 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 18 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 24 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 30 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 36 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 42 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR 48 MG TAB ER 24H	Added to formulary (drug list)-Tier 5	
Austedo XR Patient Titration 6 & 12 & 24 MG Tber Thpk	Added to formulary (drug list)-Tier 5	
Austedo XR Patient Titration 12 & 18 & 24 & 30 MG Tber Thpk	Added to formulary (drug list)-Tier 5	
Glatiramer Acetate 20 MG/ML Soln Prsyr	Moved to a lower tier-Tier 4	
Glatopa 20 MG/ML Soln Prsyr	Moved to a lower tier-Tier 4	
Glatiramer Acetate 40 MG/ML Soln Prsyr	Moved to a lower tier-Tier 4	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Glatopa 40 MG/ML Soln Prsyr	Moved to a lower tier-Tier 4	
Dimethyl Fumarate 240 MG CAP DR	Moved to a lower tier-Tier 4	
Kineret 100 MG/0.67ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Hadlima Pushtouch 40 MG/0.4ML Soln A-Inj	Moved to a lower tier-Tier 4	
Hadlima Pushtouch 40 MG/0.8ML Soln A-Inj	Moved to a lower tier-Tier 4	
Hadlima 40 MG/0.4ML Soln Prsyr	Moved to a lower tier-Tier 4	
Hadlima 40 MG/0.8ML Soln Prsyr	Moved to a lower tier-Tier 3	
Simlandi (2 Pen) 40 MG/0.4ML Aut-Ij Kit	Moved to a lower tier-Tier 4	
Simlandi (1 Pen) 40 MG/0.4ML Aut-Ij Kit	Moved to a lower tier-Tier 4	
Simlandi (1 Pen) 80 MG/0.8ML Aut-Ij Kit	Moved to a lower tier-Tier 4	
Simlandi (2 Syringe) 20 MG/0.2ML Pref Sy Kt	Moved to a lower tier-Tier 4	
Simlandi (2 Syringe) 40 MG/0.4ML Pref Sy Kt	Moved to a lower tier-Tier 4	
Simlandi (1 Syringe) 80 MG/0.8ML Pref Sy Kt	Moved to a lower tier-Tier 4	
Tofacitinib Citrate 5 MG TAB	Removed from formulary (drug list)	Rinvoq TAB
Tofacitinib Citrate 10 MG TAB	Removed from formulary (drug list)	Rinvoq TAB
Tofacitinib Citrate 1 MG/ML Solution	Removed from formulary (drug list)	Rinvoq TAB
Tofacitinib Citrate ER 11 MG TAB ER 24H	Removed from formulary (drug list)	Rinvoq TAB
Tofacitinib Citrate ER 22 MG TAB ER 24H	Removed from formulary (drug list)	Rinvoq TAB
Dihydroergotamine Mesylate 4 MG/ML Solution	Moved to a lower tier-Tier 4	
Sympazan 5 MG Film	Moved to a lower tier-Tier 4	
Aranesp (Albumin Free) 100 MCG/ML Solution	Moved to a higher tier-Tier 5	Aranesp 10 MCG, 25 MCG, 40 MCG, 60 MCG, 300 MCG
Aranesp (Albumin Free) 60 MCG/0.3ML Soln Prsyr	Moved to a lower tier-Tier 4	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Aranesp (Albumin Free) 300 MCG/0.6ML Soln Prsyr	Moved to a lower tier-Tier 4	
Leukine 250 MCG Recon Soln	Added to formulary (drug list)-Tier 5	
Fondaparinux Sodium 7.5 MG/0.6ML Solution	Moved to a lower tier-Tier 4	
Xarelto 2.5 MG TAB	Removed from formulary (drug list)	Rivaroxaban 2.5 MG TAB (Generic Xarelto)
Xarelto 1 MG/ML Recon Susp	Removed from formulary (drug list)	Rivaroxaban 1 MG/ML Recon Susp (Generic Xarelto)
Lumigan 0.01 % Solution	Removed from formulary (drug list)	Bimatoprost 0.03% Soln
Bimatoprost 0.03 % Solution	Moved to a lower tier-Tier 3	
Travoprost (Bak Free) 0.004 % Solution	Moved to a lower tier-Tier 2	
Rocklatan 0.02-0.005 % Solution	Moved to a lower tier-Tier 3	
Nystatin 500000 Unit/5ML Suspension	Added to formulary (drug list)-Tier 2	
Tretinoin 0.025 % Cream	Moved to a lower tier-Tier 3	
Tremfya One-Press 100 MG/ML Soln Pen	Added to formulary (drug list)-Tier 5	
Tremfya Pen 100 MG/ML Soln A-Inj	Added to formulary (drug list)-Tier 5	
Tremfya 100 MG/ML Soln Prsyr	Added to formulary (drug list)-Tier 5	
Stelara 45 MG/0.5ML Solution	Removed from formulary (drug list)	Yesintek 45 MG/0.5ML Solution
Ustekinumab 45 MG/0.5ML Solution	Removed from formulary (drug list)	Yesintek 45 MG/0.5ML Solution
Ustekinumab-Aekn 45 MG/0.5ML Soln Prsyr	Removed from formulary (drug list)	Yesintek 45 MG/0.5ML Soln Prsyr
Ustekinumab-Aekn 90 MG/ML Soln Prsyr	Removed from formulary (drug list)	Yesintek 90 MG/ML Soln Prsyr
Yesintek 45 MG/0.5ML Soln Prsyr	Moved to a lower tier-Tier 3	
Everolimus 0.5 MG TAB	Moved to a lower tier-Tier 4	
Everolimus 0.75 MG TAB	Moved to a lower tier-Tier 4	
Envarsus XR 4 MG TAB ER 24H	Moved to a higher tier-Tier 5	Envarsus 0.75 MG, 1 MG
Twinrix 720-20 Elu-MCG/ML Susp Prsyr	Remove prior authorization	

EFFECTIVE 1/1/2027		
Drug Name	**Description of Change**	**Alternative**
Xalkori 20 MG CAP Sprink	Updated quantity limit	
Victoza 18 MG/3ML Soln Pen	Updated quantity limit	
Farxiga 5 MG TAB	Added step therapy	
Farxiga 10 MG TAB	Added step therapy	
Jardiance 10 MG TAB	Added step therapy	
Jardiance 25 MG TAB	Added step therapy	
Entresto 24-26 MG TAB	Updated quantity limit	
Sacubitril-Valsartan 24-26 MG TAB	Updated quantity limit	
Ventolin HFA 108 (90 Base) MCG/ACT Aero Soln	Updated quantity limit	
Talicia 250-12.5-10 MG CAP DR	Updated quantity limit	
Doptelet 20 MG TAB	Updated quantity limit	
Cequr Simplicity 2U Device	Updated quantity limit	
Cequr Simplicity 2U Extnd Wear Device	Updated quantity limit	

For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost.
Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio.
如欲免費獲取中文協助，請撥打您ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

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。**