

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.

Drug Tier Key
Tier 1: Preferred Generic Drugs
Tier 2: Generic Drugs
Tier 3: Preferred Brand Drugs
Tier 4: Non-Preferred Brand Drugs
Tier 5: Specialty Tier Drugs

EFFECTIVE 02/2021

Drug Name	Description of Change	Alternative
ATRIPLA 600-200-300 MG TAB <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>efavirenz-emtricitab-tenofovir 600-200-300 mg tab</i>
BETHKIS 300 MG/4ML NEBU SOLN <i>tobramycin</i>	- Formulary Removal	<i>tobramycin 300 mg/4ml nebu soln</i>
CABENUVA 400 & 600 MG/2ML SUSP <i>cabotegravir & rilpivirine</i>	- QL Added: 4 / 30 OVER TIME - PA Added	
CABENUVA 600 & 900 MG/3ML SUSP <i>cabotegravir & rilpivirine</i>	- QL Added: 6 / 30 OVER TIME - PA Added	
CAREONE UNIFINE PENTIPS PLUS 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	- Added to Tier 4 - PA Added	
<i>dimethyl fumarate capsule delayed release 120 mg</i>	- LA Removed	
<i>dimethyl fumarate capsule delayed release 240 mg</i>	- LA Removed	
<i>doxercalciferol cap 0.5 mcg</i>	- Added to Tier 4	
<i>doxercalciferol cap 1 mcg</i>	- Added to Tier 4	

EFFECTIVE 02/2021		
Drug Name	Description of Change	Alternative
DEMSEER 250 MG CAP <i>metyrosine</i>	- Formulary Removal	<i>metyrosine 250 mg cap</i>
DIACOMIT 250 MG CAP <i>stiripentol</i>	- Added to Tier 5 - QL Added: 3 / 1 DAYS - PA Added - LA Added	
DIACOMIT 250 MG PACKET <i>stiripentol</i>	- Added to Tier 5 - QL Added: 3 / 1 DAYS - PA Added - LA Added	
DIACOMIT 500 MG CAP <i>stiripentol</i>	- Added to Tier 5 - QL Added: 6 / 1 DAYS - PA Added - LA Added	
DIACOMIT 500 MG PACKET <i>stiripentol</i>	- Added to Tier 5 - QL Added: 6 / 1 DAYS - PA Added - LA Added	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS	
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS	
EMTRIVA 200 MG CAP <i>emtricitabine</i>	- Formulary Removal	<i>emtricitabine 200 mg cap</i>

EFFECTIVE 02/2021		
Drug Name	Description of Change	Alternative
<i>fluphenazine hcl tab 10 mg</i>	- Added to Tier 2	
<i>fluphenazine hcl tab 2.5 mg</i>	- Added to Tier 2	
<i>fluphenazine hcl tab 5 mg</i>	- Added to Tier 2	
FERRIPROX 500 MG TAB <i>deferiprone</i>	- Formulary Removal	<i>deferiprone 500 mg tab</i>
HECTOROL 0.5 MCG CAP <i>doxercalciferol</i>	- Added to Tier 4	
HECTOROL 1 MCG CAP <i>doxercalciferol</i>	- Added to Tier 4	
HECTOROL 2.5 MCG CAP <i>doxercalciferol</i>	- Added to Tier 4	
HEMADY 20 MG TAB <i>dexamethasone</i>	- Added to Tier 4 - PA Added	
ICLUSIG 10 MG TAB <i>ponatinib hcl</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added - LA Added	
ICLUSIG 30 MG TAB <i>ponatinib hcl</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added - LA Added	

EFFECTIVE 02/2021		
Drug Name	Description of Change	Alternative
KUVAN 100 MG PACKET <i>sapropterin dihydrochloride</i>	- Formulary Removal	<i>sapropterin dihydrochloride 100 mg packet</i>
KUVAN 100 MG TAB <i>sapropterin dihydrochloride</i>	- Formulary Removal	<i>sapropterin dihydrochloride 100 mg tab</i>
KUVAN 500 MG PACKET <i>sapropterin dihydrochloride</i>	- Formulary Removal	<i>sapropterin dihydrochloride 500 mg packet</i>
MONUROL 3 GM PACKET <i>fosfomicin tromethamine</i>	- Formulary Removal	<i>fosfomicin tromethamine 3 gm packet</i>
<i>norethindrone tab 0.35 mg</i>	- Added to Tier 2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	- Added to Tier 2	
ONUREG 200 MG TAB <i>azacitidine</i>	- Added to Tier 5 - PA Added	
ONUREG 300 MG TAB <i>azacitidine</i>	- Added to Tier 5 - PA Added	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	- LA Removed	

EFFECTIVE 02/2021		
Drug Name	Description of Change	Alternative
<i>sapropterin dihydrochloride powder packet 500 mg</i>	- LA Removed	
<i>sapropterin dihydrochloride tab 100 mg</i>	- LA Removed	
SYMFI 600-300-300 MG TAB <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>efavirenz-lamivudine-tenofovir 600-300-300 mg tab</i>
SYMFI LO 400-300-300 MG TAB <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>efavirenz-lamivudine-tenofovir 400-300-300 mg tab</i>
<i>tobramycin nebu soln 300 mg/4ml</i>	- LA Removed	
TECFIDERA 120 MG CAP DR <i>dimethyl fumarate</i>	- Formulary Removal	<i>dimethyl fumarate 120 mg cap dr</i>
TECFIDERA 240 MG CAP DR <i>dimethyl fumarate</i>	- Formulary Removal	<i>dimethyl fumarate 240 mg cap dr</i>
TIMOPTIC OCUDOSE 0.5 % SOLUTION <i>timolol maleate (ophth)</i>	- Formulary Removal	<i>timolol maleate pf 0.5 % solution, timolol maleate ocudose 0.5 % solution</i>
TRUVADA 200-300 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitabine-tenofovir df 200-300 mg tab</i>

EFFECTIVE 02/2021

Drug Name	Description of Change	Alternative
TYKERB 250 MG TAB <i>lapatinib ditosylate</i>	- Formulary Removal	<i>lapatinib ditosylate 250 mg tab</i>

EFFECTIVE 03/2021		
Drug Name	Description of Change	Alternative
<i>abiraterone acetate tab 500 mg</i>	- LA Removed	
BANZEL 40 MG/ML SUSPENSION <i>rufinamide</i>	- Formulary Removal	<i>rufinamide 40 mg/ml suspension</i>
<i>cimetidine hcl soln 300 mg/5ml</i>	- Added to Tier 2	
CABENUVA 400 & 600 MG/2ML SUSP <i>cabotegravir & rilpivirine</i>	- Added to Tier 5	
CABENUVA 600 & 900 MG/3ML SUSP <i>cabotegravir & rilpivirine</i>	- Added to Tier 5	
COMFORT TOUCH ALCOHOL PREP 70 % PAD <i>alcohol swabs</i>	- Added to Tier 2	
DAPTOMYCIN 350 MG RECON SOLN <i>daptomycin</i>	- Added to Tier 5	
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	- LA Removed	
<i>doxercalciferol cap 0.5 mcg</i>	- Added to Tier 4 - PA Added	
<i>doxercalciferol cap 1 mcg</i>	- Added to Tier 4 - PA Added	
<i>doxercalciferol cap 2.5 mcg</i>	- Added to Tier 4 - PA Added	

EFFECTIVE 03/2021

Drug Name	Description of Change	Alternative
<i>droxidopa cap 100 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 252 / 90 OVER TIME - PA Added 	
<i>droxidopa cap 200 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 120 / 30 OVER TIME - PA Added 	
<i>droxidopa cap 300 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 84 / 90 OVER TIME - PA Added 	
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	<ul style="list-style-type: none"> - Added to Tier 3 	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	<ul style="list-style-type: none"> - Added to Tier 3 	
HECTOROL 0.5 MCG CAP <i>doxercalciferol</i>	<ul style="list-style-type: none"> - Added to Tier 4 	
HECTOROL 1 MCG CAP <i>doxercalciferol</i>	<ul style="list-style-type: none"> - Added to Tier 4 	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	<ul style="list-style-type: none"> - Added to Tier 2 	
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN <i>semaglutide</i>	<ul style="list-style-type: none"> - Added to Tier 3 - QL Added: 3 / 28 OVER TIME 	
<i>propranolol hcl cap er 24hr 120 mg</i>	<ul style="list-style-type: none"> - Added to Tier 2 	

EFFECTIVE 03/2021		
Drug Name	Description of Change	Alternative
<i>propranolol hcl cap er 24hr 160 mg</i>	- Added to Tier 2	
<i>propranolol hcl cap er 24hr 60 mg</i>	- Added to Tier 2	
<i>propranolol hcl cap er 24hr 80 mg</i>	- Added to Tier 2	
SAPHRIS 10 MG SL TAB <i>asenapine maleate</i>	- Formulary Removal	<i>asenapine maleate 10 mg sl tab</i>
SAPHRIS 2.5 MG SL TAB <i>asenapine maleate</i>	- Formulary Removal	<i>asenapine maleate 2.5 mg sl tab</i>
SAPHRIS 5 MG SL TAB <i>asenapine maleate</i>	- Formulary Removal	<i>asenapine maleate 5 mg sl tab</i>
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
<i>topiramate cap er 24hr sprinkle 100 mg</i>	- Added to Tier 4 - PA Added	
<i>topiramate cap er 24hr sprinkle 150 mg</i>	- Added to Tier 4 - PA Added	
<i>topiramate cap er 24hr sprinkle 200 mg</i>	- Added to Tier 4 - PA Added	
<i>topiramate cap er 24hr sprinkle 25 mg</i>	- Added to Tier 4 - PA Added	

EFFECTIVE 03/2021

Drug Name	Description of Change	Alternative
<i>topiramate cap er 24hr sprinkle 50 mg</i>	- Added to Tier 4 - PA Added	
TECFIDERA 120 & 240 MG MISC <i>dimethyl fumarate</i>	- Formulary Removal	<i>dimethyl fumarate starter pack 120 & 240 mg misc</i>
TEPMETKO 225 MG TAB <i>tepotinib hcl</i>	- LA Added - QL Added: 2 / 1 DAYS	
TRUE COMFORT PRO ALCOHOL PREP 70 % PAD <i>alcohol swabs</i>	- Added to Tier 2	
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
UKONIQ 200 MG TAB <i>umbralisib tosylate</i>	- QL Added: 4 / 1 DAYS - LA Added	

EFFECTIVE 03/2021		
Drug Name	Description of Change	Alternative
ULTICARE MINI PEN NEEDLES 30G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTICARE SHORT PEN NEEDLES 30G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
VASCEPA 1 GM CAP <i>icosapent ethyl</i>	- Formulary Removal	<i>icosapent ethyl 1 gm cap</i>
VELTASSA 16.8 GM PACKET <i>patiromer sorbitex calcium</i>	- LA Removed	
VELTASSA 25.2 GM PACKET <i>patiromer sorbitex calcium</i>	- LA Removed	
VELTASSA 8.4 GM PACKET <i>patiromer sorbitex calcium</i>	- LA Removed	
XELJANZ 1 MG/ML SOLUTION <i>tofacitinib citrate</i>	- Added to Tier 5 - QL Added: 10 / 1 DAYS - PA Added	
ZYTIGA 500 MG TAB <i>abiraterone acetate</i>	- Formulary Removal	<i>abiraterone acetate 500 mg tab</i>

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	- QL Change: 17 / 30 OVER TIME to 13.4 / 30 OVER TIME	
ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN <i>albuterol sulfate</i>	- QL Added: 36 / 30 OVER TIME	
ALINIA 500 MG TAB <i>nitazoxanide</i>	- Formulary Removal	<i>nitazoxanide 500 mg tab</i>
AMINOSYN 10 % SOLUTION <i>amino acid infusion</i>	- Added to Tier 4	
AMINOSYN 8.5 % SOLUTION <i>amino acid infusion</i>	- Added to Tier 4	
CYCLOPHOSPHAMIDE 25 MG TAB <i>cyclophosphamide</i>	- Added to Tier 3 - PA Added	
CYCLOPHOSPHAMIDE 50 MG TAB <i>cyclophosphamide</i>	- Added to Tier 3 - PA Added	
<i>dextrose 5% in lactated ringers</i>	- Added to Tier 4	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	- Added to Tier 4	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	- Added to Tier 4	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	- Added to Tier 2	
DEXTROSE-NAACL 5-0.3 % SOLUTION <i>dextrose w/ sodium chloride</i>	- Added to Tier 4	

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
DEXTROSE-SODIUM CHLORIDE 5-0.225 % SOLUTION <i>dextrose w/ sodium chloride</i>	- Added to Tier 4	
DEXTROSE-SODIUM CHLORIDE 5-0.3 % SOLUTION <i>dextrose w/ sodium chloride</i>	- Added to Tier 4	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>fluocinonide cream 0.05%</i>	- ST Removed	
FENOFIBRIC ACID 105 MG TAB <i>fenofibric acid</i>	- Added to Tier 2	
FENOFIBRIC ACID 35 MG TAB <i>fenofibric acid</i>	- Added to Tier 2	
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8ML PEN KIT <i>adalimumab</i>	- Added to Tier 5 - PA Added	
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	- Added to Tier 4	
KCL IN DEXTROSE-NACL 40-5-0.9 MEQ/L-%-% SOLUTION <i>potassium chloride in dextrose & sodium chloride</i>	- Added to Tier 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION <i>potassium chloride in d5w lactated ringers</i>	- Added to Tier 4	
<i>lactated ringer's for irrigation</i>	- Added to Tier 2	
<i>lactated ringer's solution</i>	- Added to Tier 4	
<i>metronidazole gel 0.75%</i>	- Added to Tier 2	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	- Added to Tier 4 - PA Added	
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Formulary Removal	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Formulary Removal	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Formulary Removal	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	- Added to Tier 4	
NEONATAL COMPLETE 29-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
ORGOVYX 120 MG TAB <i>relugolix</i>	- Added to Tier 5 - PA Added	

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
<i>paricalcitol iv soln 2 mcg/ml</i>	- Added to Tier 4	
PRENATRIX 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
PRENATRYL 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
<i>ringer's solution</i>	- Added to Tier 4	
THERANATAL CORE NUTRITION 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 04/2021

Drug Name	Description of Change	Alternative
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>water for irrigation, sterile irrigation soln</i>	- Added to Tier 2	
WESTAB PLUS 27-1 MG TAB <i>prenatal vit w/ ferrous fumarate-folic acid</i>	- Added to Tier 3	
XELJANZ 1 MG/ML SOLUTION <i>tofacitinib citrate</i>	- PA Removed	
XTANDI 40 MG TAB <i>enzalutamide</i>	<ul style="list-style-type: none"> - Added to Tier 5 - QL Added: 4 / 1 DAYS - PA Added - LA Added 	
XTANDI 80 MG TAB <i>enzalutamide</i>	<ul style="list-style-type: none"> - Added to Tier 5 - PA Added - LA Added - QL Added: 2 / 1 DAYS 	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	- QL Added: 13.4 / 30 OVER TIME	
ALCOH-WIPE SHEET <i>alcohol sheets</i>	- Added to Tier 2	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>bimatoprost soln 0.03%</i>	- Added to Tier 3 - QL Added: 5 / 30 DAYS - ST Added	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	- Added to Tier 4	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	- Added to Tier 4	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	- Added to Tier 4	
<i>diazepam oral soln 1 mg/ml</i>	- Added to Tier 2 - QL Added: 60 / 1 DAYS	
DEXTROSE-SODIUM CHLORIDE 5-0.3 % SOLUTION <i>dextrose w/ sodium chloride</i>	- Added to Tier 4	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added	
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 3 / 1 DAYS - LA Removed - PA Added	
<i>erythromycin pads 2%</i>	- Added to Tier 2	
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
FENOFIBRIC ACID 105 MG TAB <i>fenofibric acid</i>	- Added to Tier 2	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
FENOFIBRIC ACID 35 MG TAB <i>fenofibric acid</i>	- Added to Tier 2	
FOTIVDA 0.89 MG CAP <i>tivozanib hcl</i>	- QL Added: 21 / 28 OVER TIME - LA Added	
FOTIVDA 1.34 MG CAP <i>tivozanib hcl</i>	- QL Added: 21 / 28 OVER TIME - LA Added	
GAVRETO 100 MG CAP <i>pralsetinib</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS - PA Added - LA Added	
GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	- Added to Tier 5 - QL Added: 8 / 1 DAYS - PA Added	
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	- Added to Tier 5 - PA Added - QL Added: 2 / 1 DAYS	
INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	- Added to Tier 2	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>naproxen tab ec 375 mg</i>	- Added to Tier 2	
<i>naproxen tab ec 500 mg</i>	- Added to Tier 2	
NERLYNX 40 MG TAB <i>neratinib maleate</i>	- Added to Tier 5 - QL Added: 6 / 1 DAYS - PA Added - LA Added	
<i>progesterone cap 100 mg</i>	- Added to Tier 2	
<i>progesterone cap 200 mg</i>	- Added to Tier 2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>timolol maleate preservative free ophth soln 0.5%</i>	- Added to Tier 3	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
TECHLITE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TEPMETKO 225 MG TAB <i>tepotinib hcl</i>	- Added to Tier 5 - PA Added	
TRUVADA 100-150 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitabine-tenofovir df 100-150 mg tab</i>
TRUVADA 133-200 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitabine-tenofovir df 133-200 mg tab</i>
TRUVADA 167-250 MG TAB <i>emtricitabine-tenofovir disoproxil fumarate</i>	- Formulary Removal	<i>emtricitabine-tenofovir df 167-250 mg tab</i>
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK <i>selinexor</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - PA Added - LA Added	
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK <i>selinexor</i>	- Added to Tier 5 - QL Added: 4 / 28 OVER TIME - PA Added - LA Added	
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK <i>selinexor</i>	- Added to Tier 5 - QL Added: 8 / 28 DAYS - PA Added - LA Added	

EFFECTIVE 05/2021

Drug Name	Description of Change	Alternative
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK <i>selinexor</i>	- Added to Tier 5 - QL Added: 4 / 28 OVER TIME - PA Added - LA Added	
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK <i>selinexor</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - PA Added - LA Added	

EFFECTIVE 06/2021

Drug Name	Description of Change	Alternative
<i>dextrose 5% w/ sodium chloride 0.3%</i>	- Added to Tier 4	
<i>diclofenac potassium tab 50 mg</i>	- Added to Tier 2	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
<i>isotretinoin cap 10 mg</i>	- Added to Tier 4	
<i>isotretinoin cap 20 mg</i>	- Added to Tier 4	
<i>isotretinoin cap 30 mg</i>	- Added to Tier 4	
<i>isotretinoin cap 40 mg</i>	- Added to Tier 4	
NORTHERA 100 MG CAP <i>droxidopa</i>	- Formulary Removal	<i>droxidopa 100 mg cap</i>
NORTHERA 200 MG CAP <i>droxidopa</i>	- Formulary Removal	<i>droxidopa 200 mg cap</i>
NORTHERA 300 MG CAP <i>droxidopa</i>	- Formulary Removal	<i>droxidopa 300 mg cap</i>
SECUADO 3.8 MG/24HR PATCH 24HR <i>asenapine</i>	- Added to Tier 5 - PA Added	
SECUADO 5.7 MG/24HR PATCH 24HR <i>asenapine</i>	- Added to Tier 5 - PA Added	
SECUADO 7.6 MG/24HR PATCH 24HR <i>asenapine</i>	- Added to Tier 5 - PA Added	

EFFECTIVE 06/2021

Drug Name	Description of Change	Alternative
<i>tiopronin tab 100 mg</i>	- Added to Tier 5 - PA Added - LA Added	
UKONIQ 200 MG TAB <i>umbralisib tosylate</i>	- Added to Tier 5 - PA Added	
UNIFINE PEN NEEDLES 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK <i>cenobamate</i>	- Added to Tier 5 - PA Added - QL Added: 2 / 1 DAYS	

EFFECTIVE 07/2021

Drug Name	Description of Change	Alternative
AYVAKIT 25 MG TAB <i>avapritinib</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added - LA Added	
AYVAKIT 50 MG TAB <i>avapritinib</i>	- Added to Tier 5 - QL Added: 1 / 1 DAYS - PA Added - LA Added	
<i>bepotastine besilate ophth soln 1.5%</i>	- Added to Tier 4	
<i>diclofenac sodium gel 1%</i>	- Added to Tier 3	
<i>etravirine tab 100 mg</i>	- Added to Tier 5 - QL Added: 4 / 1 DAYS	
<i>etravirine tab 200 mg</i>	- Added to Tier 5 - QL Added: 2 / 1 DAYS	
FOTIVDA 0.89 MG CAP <i>tivozanib hcl</i>	- Added to Tier 5 - PA Added	
FOTIVDA 1.34 MG CAP <i>tivozanib hcl</i>	- Added to Tier 5 - PA Added	
INTRON A 10000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	- PA Removed	
INTRON A 10000000 UNIT/ML SOLUTION <i>interferon alfa-2b</i>	- PA Removed	
INTRON A 18000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	- PA Removed	

EFFECTIVE 07/2021

Drug Name	Description of Change	Alternative
INTRON A 50000000 UNIT RECON SOLN <i>interferon alfa-2b</i>	- PA Removed	
INTRON A 6000000 UNIT/ML SOLUTION <i>interferon alfa-2b</i>	- PA Removed	
<i>lopinavir-ritonavir tab 100-25 mg</i>	- Added to Tier 4 - QL Added: 10 / 1 DAYS	
<i>lopinavir-ritonavir tab 200-50 mg</i>	- Added to Tier 4 - QL Added: 4 / 1 DAYS	
LUMAKRAS 120 MG TAB <i>sotorasib</i>	- QL Added: 8 / 1 DAYS	
<i>potassium chloride inj 40 meq/100ml</i>	- Added to Tier 4	
PEG-INTRON 50 MCG/0.5ML KIT <i>peginterferon alfa-2b</i>	- PA Removed	
PEG-INTRON REDIPEN 50 MCG/0.5ML KIT <i>peginterferon alfa-2b</i>	- PA Removed	
PEGINTRON 50 MCG/0.5ML KIT <i>peginterferon alfa-2b</i>	- PA Removed	
<i>rufinamide tab 200 mg</i>	- Added to Tier 4 - QL Added: 16 / 1 DAYS - ST Added	
<i>rufinamide tab 400 mg</i>	- Added to Tier 4 - QL Added: 8 / 1 DAYS - ST Added	

EFFECTIVE 07/2021

Drug Name	Description of Change	Alternative
SYLATRON 200 MCG KIT <i>peginterferon alfa-2b (antineoplastic)</i>	- PA Removed	
SYLATRON 300 MCG KIT <i>peginterferon alfa-2b (antineoplastic)</i>	- PA Removed	
SYLATRON 600 MCG KIT <i>peginterferon alfa-2b (antineoplastic)</i>	- PA Removed	
TRIKAFTA 50-25-37.5 & 75 MG TAB THPK <i>elxacaftor-tezacaftor-ivacaftor</i>	- Added to Tier 5 - QL Added: 3 / 1 DAYS - PA Added - LA Added	
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK <i>infigratinib phosphate</i>	- QL Added: 21 / 28 OVER TIME - LA Added	
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK <i>infigratinib phosphate</i>	- QL Added: 42 / 28 OVER TIME - LA Added	
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	- QL Added: 42 / 28 OVER TIME - LA Added	
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK <i>infigratinib phosphate</i>	- QL Added: 63 / 28 OVER TIME - LA Added	
VANCOMYCIN HCL 1.5 GM RECON SOLN <i>vancomycin hcl</i>	- Added to Tier 4	
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK <i>selinexor</i>	- QL Change: 8 / 28 DAYS to 8 / 28 OVER TIME	

EFFECTIVE 08/2021

Drug Name	Description of Change	Alternative
<i>clobazam tab 10 mg</i>	- QL Change: 2 / 1 DAYS to 4 / 1 DAYS	
<i>desmopressin acetate inj 4 mcg/ml</i>	- Formulary Removal	<i>desmopressin acetate pf 4 mcg/ml solution</i>
<i>desmopressin acetate tab 0.1 mg</i>	- Formulary Removal	
<i>desmopressin acetate tab 0.2 mg</i>	- Formulary Removal	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	- Added to Tier 2	
<i>tiopronin tab 100 mg</i>	- LA Removed	
THIOLA 100 MG TAB <i>tiopronin</i>	- Formulary Removal	<i>tiopronin 100 mg tab</i>
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 3	

EFFECTIVE 08/2021

Drug Name	Description of Change	Alternative
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK <i>baloxavir marboxil</i>	- Added to Tier 4 - QL Added: 1 / 30 OVER TIME	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK <i>baloxavir marboxil</i>	- Added to Tier 4 - QL Added: 1 / 30 OVER TIME	
ZEV RX STERILE ALCOHOL PREP PAD 70 % PAD <i>alcohol swabs</i>	- Added to Tier 2	

EFFECTIVE 09/2021

Drug Name	Description of Change	Alternative
BANZEL 200 MG TAB <i>rufinamide</i>	- Formulary Removal	<i>rufinamide 200 mg tab</i>
BANZEL 400 MG TAB <i>rufinamide</i>	- Formulary Removal	<i>rufinamide 400 mg tab</i>
BEPREVE 1.5 % SOLUTION <i>bepotastine besilate</i>	- Formulary Removal	<i>bepotastine besilate 1.5 % solution</i>
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM MISC <i>insulin pen needle</i>	- Added to Tier 3	
<i>fluorouracil cream 5%</i>	- Formulary Removal	

EFFECTIVE 09/2021

Drug Name	Description of Change	Alternative
FLUOROURACIL 2 % SOLUTION <i>fluorouracil (topical)</i>	- Formulary Removal	
FLUOROURACIL 5 % SOLUTION <i>fluorouracil (topical)</i>	- Formulary Removal	
CHLORPROMAZINE HCL 100 MG/ML CONC <i>chlorpromazine hcl</i>	- Added to Tier 4	
CHLORPROMAZINE HCL 30 MG/ML CONC <i>chlorpromazine hcl</i>	- Added to Tier 4	

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