



## Blue Shield 65 Plus Choice Plan (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.  |

Blue Shield of California

60112th Street, Oakland, CA 94607-3613

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|            |                 |  |
|------------|-----------------|--|
| <b>INS</b> | 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. |
|------------|-----------------|--|

|  |
|--|
| <b>Drug Tier Key</b>                   |
| <b>Tier 1:</b> Preferred Generic Drugs |
| <b>Tier 2:</b> Generic Drugs           |
| <b>Tier 3:</b> Preferred Brand Drugs   |
| <b>Tier 4:</b> Non-Preferred Drugs     |
| <b>Tier 5:</b> Specialty Tier Drugs    |

| EFFECTIVE 02/2025   |                              |             |
|---|------------------------------|-------------|
| Drug Name   | Description of Change        | Alternative |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i>            | - Formulary Removal          |             |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i>            | - Formulary Removal          |             |
| <i>fentanyl citrate lozenge on a handle 200 mcg</i>             | - Formulary Removal          |             |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i>             | - Formulary Removal          |             |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i>             | - Formulary Removal          |             |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i>             | - Formulary Removal          |             |
| FENTANYL CITRATE 1200 MCG LOZ HANDLE<br><i>fentanyl citrate</i> | - Formulary Removal          |             |
| FENTANYL CITRATE 1600 MCG LOZ HANDLE<br><i>fentanyl citrate</i> | - Formulary Removal          |             |
| FENTANYL CITRATE 200 MCG LOZ HANDLE<br><i>fentanyl citrate</i>  | - Formulary Removal          |             |
| FENTANYL CITRATE 400 MCG LOZ HANDLE<br><i>fentanyl citrate</i>  | - Formulary Removal          |             |
| FENTANYL CITRATE 600 MCG LOZ HANDLE<br><i>fentanyl citrate</i>  | - Formulary Removal          |             |
| FENTANYL CITRATE 800 MCG LOZ HANDLE<br><i>fentanyl citrate</i>  | - Formulary Removal          |             |
| ITOVEBI 3 MG TAB<br><i>inavolisib</i>                           | - Added to Tier 5<br>- Added |             |

| EFFECTIVE 02/2025   |   |                             |
|---|---|-----------------------------|
| Drug Name   | Description of Change                       | Alternative                 |
| ITOVEBI 9 MG TAB<br><i>inavolisib</i>                                 | - Added to Tier 5<br>- Added                |                             |
| <i>mesna tab 400 mg</i>   | - Added to Tier 4                           |                             |
| <i>mexiletine hcl cap 150 mg</i>                                      | - Added to Tier 2                           |                             |
| <i>mexiletine hcl cap 200 mg</i>                                      | - Added to Tier 2                           |                             |
| <i>mexiletine hcl cap 250 mg</i>                                      | - Added to Tier 2                           |                             |
| <i>norethindrone acetate tab 5 mg</i>                                 | - Added to Tier 2                           |                             |
| NYVEPRIA 6 MG/0.6ML SOLN PRSYR<br><i>pegfilgrastim-apgf</i>           | - Added to Tier 5<br>- Added                |                             |
| PREVYMIS 120 MG PACKET<br><i>letermovir</i>                           | - Added to Tier 5<br>- QL Added: 4 / 1 DAYS |                             |
| PREVYMIS 20 MG PACKET<br><i>letermovir</i>                            | - Added to Tier 5<br>- QL Added: 4 / 1 DAYS |                             |
| SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT<br><i>adalimumab-ryvk</i>     | - Added                                     |                             |
| SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT<br><i>adalimumab-ryvk</i>     | - Added                                     |                             |
| SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT<br><i>adalimumab-ryvk</i> | - Added                                     |                             |
| SPRYCEL 100 MG TAB<br><i>dasatinib</i>                                | - Formulary Removal                         | <i>dasatinib 100 mg tab</i> |

| EFFECTIVE 02/2025  |                              |   |
|--|------------------------------|---|
| Drug Name  | Description of Change        | Alternative   |
| SPRYCEL 140 MG TAB<br><i>dasatinib</i>                     | - Formulary Removal          | <i>dasatinib 140 mg tab</i>                               |
| SPRYCEL 20 MG TAB<br><i>dasatinib</i>                      | - Formulary Removal          | <i>dasatinib 20 mg tab</i>                                |
| SPRYCEL 50 MG TAB<br><i>dasatinib</i>                      | - Formulary Removal          | <i>dasatinib 50 mg tab</i>                                |
| SPRYCEL 70 MG TAB<br><i>dasatinib</i>                      | - Formulary Removal          | <i>dasatinib 70 mg tab</i>                                |
| SPRYCEL 80 MG TAB<br><i>dasatinib</i>                      | - Formulary Removal          | <i>dasatinib 80 mg tab</i>                                |
| TAZORAC 0.05 % CREAM<br><i>tazarotene</i>                  | - Formulary Removal          | <i>tazarotene 0.05 % cream,<br/>tazarotene 0.05 % gel</i> |
| TOPIRAMATE 50 MG CAP SPRINK<br><i>topiramate</i>           | - QL Added: 8 / 1 DAYS       |   |
| UDENYCA 6 MG/0.6ML SOLN A-INJ<br><i>pegfilgrastim-cbqv</i> | - Added to Tier 5<br>- Added |   |
| UDENYCA 6 MG/0.6ML SOLN PRSYR<br><i>pegfilgrastim-cbqv</i> | - Added to Tier 5<br>- Added |   |

| EFFECTIVE 03/2025  |                           |             |
|--|---------------------------|-------------|
| Drug Name  | Description of Change     | Alternative |
| DEXTROSE-NACL 5-0.9 % SOLUTION<br><i>dextrose w/ sodium chloride</i>                       | - Added to Tier 4         |             |
| DOVATO 50-300 MG TAB<br><i>dolutegravir sodium-lamivudine</i>                              | - Added                   |             |
| <i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>                        | - Added to Tier 3         |             |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>                           | - QL Removed: 1 / 28 DAYS |             |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>                          | - QL Removed: 1 / 28 DAYS |             |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC<br><i>insulin pen needle</i>                        | - Added to Tier 3         |             |
| EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC<br><i>insulin syringe/needle u-100</i>  | - Added to Tier 3         |             |
| EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML MISC<br><i>insulin syringe/needle u-100</i>  | - Added to Tier 3         |             |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML MISC<br><i>insulin syringe/needle u-100</i> | - Added to Tier 3         |             |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC<br><i>insulin pen needle</i>                 | - Added to Tier 3         |             |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC<br><i>insulin pen needle</i>                       | - Added to Tier 3         |             |
| EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC<br><i>insulin pen needle</i>                      | - Added to Tier 3         |             |

## EFFECTIVE 03/2025

| Drug Name   | Description of Change        | Alternative |
|---|------------------------------|-------------|
| EMBECTA PEN NEEDLE U/F 31G X 5 MM MISC<br><i>insulin pen needle</i>                 | - Added to Tier 3            |             |
| EMBECTA PEN NEEDLE U/F 31G X 8 MM MISC<br><i>insulin pen needle</i>                 | - Added to Tier 3            |             |
| EMBECTA PEN NEEDLE U/F 32G X 6 MM MISC<br><i>insulin pen needle</i>                 | - Added to Tier 3            |             |
| GNP PEN NEEDLES 31G X 5 MM MISC<br><i>insulin pen needle</i>                        | - Added to Tier 3            |             |
| GNP PEN NEEDLES 31G X 8 MM MISC<br><i>insulin pen needle</i>                        | - Added to Tier 3            |             |
| GNP PEN NEEDLES 32G X 4 MM MISC<br><i>insulin pen needle</i>                        | - Added to Tier 3            |             |
| GNP PEN NEEDLES 32G X 6 MM MISC<br><i>insulin pen needle</i>                        | - Added to Tier 3            |             |
| IMKELDI 80 MG/ML SOLUTION<br><i>imatinib mesylate</i>                               | - Added to Tier 5<br>- Added |             |
| JULUCA 50-25 MG TAB<br><i>dolutegravir sodium-ripirovirine hcl</i>                  | - Added                      |             |
| <i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>               | - Added to Tier 3            |             |
| PEN NEEDLE/5-BEVEL TIP 32G X 4 MM MISC<br><i>insulin pen needle</i>                 | - Added to Tier 3            |             |
| PREHEVBRIO 10 MCG/ML SUSPENSION<br><i>hepatitis b vaccine 3-antigen recombinant</i> | - Formulary Removal          |             |

## EFFECTIVE 03/2025

| Drug Name   | Description of Change        | Alternative |
|---|------------------------------|-------------|
| QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3            |             |
| REVUFORJ 110 MG TAB<br><i>revumenib citrate</i>                             | - Added to Tier 5<br>- Added |             |
| REVUFORJ 160 MG TAB<br><i>revumenib citrate</i>                             | - Added to Tier 5<br>- Added |             |



## EFFECTIVE 03/2025

| Drug Name   | Description of Change                                   | Alternative |
|---|---|-------------|
| SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT<br><i>adalimumab-ryvk</i>       | - Added to Tier 5<br>- Added<br>- QL Added: 2 / 28 DAYS |             |
| SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT<br><i>adalimumab-ryvk</i>       | - Added to Tier 5<br>- Added<br>- QL Added: 2 / 28 DAYS |             |
| TRIUMEQ 600-50-300 MG TAB<br><i>abacavir-dolutegravir-lamivudine</i>        | - Added   |             |
| TRIUMEQ PD 60-5-30 MG TAB SOL<br><i>abacavir-dolutegravir-lamivudine</i>    | - Added   |             |
| TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3                                       |             |
| TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3                                       |             |
| UKONIQ 200 MG TAB<br><i>umbralisib tosylate</i>                             | - Formulary Removal                                     |             |

## EFFECTIVE 04/2025

| Drug Name  | Description of Change | Alternative |
|--|-----------------------|-------------|
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC<br><i>insulin syringe/needle u-100</i>   | - Added to Tier 3     |             |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML MISC<br><i>insulin syringe/needle u-100</i>   | - Added to Tier 3     |             |
| COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML MISC<br><i>insulin syringe/needle u-100</i>     | - Added to Tier 3     |             |
| E.E.S. 400 400 MG TAB<br><i>erythromycin ethylsuccinate</i>                                  | - Added to Tier 4     |             |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC<br><i>insulin syringe/needle u-100</i> | - Added to Tier 3     |             |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML MISC<br><i>insulin syringe/needle u-100</i>  | - Added to Tier 3     |             |
| EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML MISC<br><i>insulin syringe/needle u-100</i>    | - Added to Tier 3     |             |
| EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML MISC<br><i>insulin syringe/needle u-100</i>    | - Added to Tier 3     |             |
| EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML MISC<br><i>insulin syringe/needle u-100</i>      | - Added to Tier 3     |             |
| EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC<br><i>insulin syringe/needle u-100</i>  | - Added to Tier 3     |             |
| EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC<br><i>insulin syringe/needle u-100</i>  | - Added to Tier 3     |             |
| EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC<br><i>insulin syringe/needle u-100</i>    | - Added to Tier 3     |             |

| EFFECTIVE 04/2025  |                                    |                         |
|--|------------------------------------|-------------------------|
| Drug Name  | Description of Change              | Alternative             |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML MISC<br><i>insulin syringe/needle u-100</i> | - Added to Tier 3                  |                         |
| EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC<br><i>insulin syringe/needle u-100</i>   | - Added to Tier 3                  |                         |
| <i>galantamine hydrobromide cap er 24hr 16 mg</i>  | - Tier Decreased: Tier 4 to Tier 2 |                         |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i>  | - Tier Decreased: Tier 4 to Tier 2 |                         |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i>   | - Tier Decreased: Tier 4 to Tier 2 |                         |
| <i>glucagon (rdna) for inj kit 1 mg</i>  | - Added                            |                         |
| <i>hydrocortisone butyrate oint 0.1%</i>   | - ST Removed                       |                         |
| HYDROCORTISONE BUTYRATE 0.1 % OINTMENT<br><i>hydrocortisone butyrate</i>                   | - ST Removed                       |                         |
| <i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>                          | - Added to Tier 3                  |                         |
| <i>mercaptapurine susp 2000 mg/100ml (20 mg/ml)</i>  | - Added to Tier 5<br>- Added       |                         |
| MESNEX 400 MG TAB<br><i>mesna</i>  | - Formulary Removal                | <i>mesna 400 mg tab</i> |
| OPIPZA 10 MG FILM<br><i>aripiprazole</i>   | - Added to Tier 5<br>- Added       |                         |

## EFFECTIVE 04/2025

| Drug Name  | Description of Change                                  | Alternative |
|--|--|-------------|
| OPIPZA 2 MG FILM<br><i>aripiprazole</i>          | - Added to Tier 5<br>- Added                           |             |
| OPIPZA 5 MG FILM<br><i>aripiprazole</i>          | - Added to Tier 5<br>- Added                           |             |
| RYBELSUS 1.5 MG TAB<br><i>semaglutide</i>        | - Added to Tier 3<br>- Added<br>- QL Added: 1 / 1 DAYS |             |
| RYBELSUS 4 MG TAB<br><i>semaglutide</i>          | - Added to Tier 3<br>- Added<br>- QL Added: 1 / 1 DAYS |             |
| RYBELSUS 9 MG TAB<br><i>semaglutide</i>          | - Added to Tier 3<br>- Added<br>- QL Added: 1 / 1 DAYS |             |
| <i>thioridazine hcl tab 10 mg</i>                | - Added to Tier 3<br>- Added                           |             |
| <i>thioridazine hcl tab 100 mg</i>               | - Added to Tier 3<br>- Added                           |             |
| <i>thioridazine hcl tab 25 mg</i>                | - Added to Tier 3<br>- Added                           |             |
| <i>thioridazine hcl tab 50 mg</i>                | - Added to Tier 3<br>- Added                           |             |
| TOPIRAMATE 50 MG CAP SPRINK<br><i>topiramate</i> | - Added to Tier 2                                      |             |

**EFFECTIVE 04/2025**

| <b>Drug Name</b>   | <b>Description of Change</b> | <b>Alternative</b> |
|--|------------------------------|--------------------|
| UNIFINE OTC PEN NEEDLES 32G X 4 MM MISC<br><i>insulin pen needle</i>                 | - Added to Tier 3            |                    |
| VIMKUNYA 40 MCG/0.8ML SUSP PRSYR<br><i>chikungunya virus vaccine recombinant vlp</i> | - Added to Tier 4            |                    |
| XARELTO 2.5 MG TAB<br><i>rivaroxaban</i>   | - Added                      |                    |

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