



**Blue Shield Rx Plus (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.   |
| 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.  |

| <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 02/2026**

| <b>Drug Name</b>   | <b>Description of Change</b> | <b>Alternative</b> |
|--|------------------------------|--------------------|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>                                      | - Added to Tier 3            |                    |
| BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT<br><i>bacitracin-poly-neomycin-hc</i>           | - Added to Tier 3            |                    |
| BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT<br><i>bacitracin-polymyxin b (ophth)</i> | - Added to Tier 2            |                    |
| BESIVANCE 0.6 % SUSPENSION<br><i>besifloxacin hcl</i>                                      | - Added to Tier 3<br>- Added |                    |
| BOSULIF 100 MG CAP<br><i>bosutinib</i>   | - Change                     |                    |
| BOSULIF 100 MG TAB<br><i>bosutinib</i>   | - Change                     |                    |
| BOSULIF 400 MG TAB<br><i>bosutinib</i>   | - Change                     |                    |
| BOSULIF 50 MG CAP<br><i>bosutinib</i>  | - Change                     |                    |
| BOSULIF 500 MG TAB<br><i>bosutinib</i>   | - Change                     |                    |
| <i>clobetasol propionate emollient base cream 0.05%</i>                                    | - Added to Tier 4            |                    |
| COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML MISC<br><i>insulin syringe/needle u-100</i>     | - Added to Tier 3            |                    |

**EFFECTIVE 02/2026**

| <b>Drug Name</b>  | <b>Description of Change</b>                  | <b>Alternative</b>            |
|---|---|-------------------------------|
| DIFICID 200 MG TAB<br><i>fidaxomicin</i>                              | - Formulary Removal                           | <i>fidaxomicin 200 mg tab</i> |
| DROPSAFE AUTOPROTECT DUO 31G X 4 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3                             |                               |
| DROPSAFE AUTOPROTECT DUO 31G X 5 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3                             |                               |
| DROPSAFE AUTOPROTECT DUO 31G X 8 MM MISC<br><i>insulin pen needle</i> | - Added to Tier 3                             |                               |
| GLEOSTINE 10 MG CAP<br><i>lomustine</i>                               | - Formulary Removal                           | <i>lomustine 10 mg cap</i>    |
| GLEOSTINE 100 MG CAP<br><i>lomustine</i>                              | - Formulary Removal                           | <i>lomustine 100 mg cap</i>   |
| GLEOSTINE 40 MG CAP<br><i>lomustine</i>                               | - Formulary Removal                           | <i>lomustine 40 mg cap</i>    |
| JANUVIA 100 MG TAB<br><i>sitagliptin phosphate</i>                    | - Added                                       |                               |
| <i>leucovorin calcium tab 5 mg</i>                                    | - Added to Tier 2                             |                               |
| <i>lidocaine oint 5%</i>  | - Added to Tier 4<br>- QL Added: 50 / 30 DAYS |                               |
| LEDERLE LEUCOVORIN 5 MG TAB<br><i>leucovorin calcium</i>              | - Added to Tier 2                             |                               |

| <b>EFFECTIVE 02/2026</b>  |                              |                    |
|---|------------------------------|--------------------|
| <b>Drug Name</b>  | <b>Description of Change</b> | <b>Alternative</b> |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt<br/>op oin</i> | - Added to Tier 3            |                    |
| PAZOPANIB HCL 400 MG TAB<br><i>pazopanib hcl</i>                        | - Added                      |                    |
| <i>phenobarbital elixir 20 mg/5ml</i>                                   | - Added to Tier 4<br>- Added |                    |
| <i>phenobarbital tab 100 mg</i>   | - Added to Tier 4<br>- Added |                    |
| <i>phenobarbital tab 15 mg</i>  | - Added to Tier 4<br>- Added |                    |
| <i>phenobarbital tab 16.2 mg</i>  | - Added to Tier 4<br>- Added |                    |
| <i>phenobarbital tab 30 mg</i>  | - Added to Tier 4<br>- Added |                    |
| <i>phenobarbital tab 32.4 mg</i>  | - Added to Tier 4<br>- Added |                    |
| <i>phenobarbital tab 60 mg</i>  | - Added to Tier 4<br>- Added |                    |
| <i>phenobarbital tab 64.8 mg</i>  | - Added to Tier 4<br>- Added |                    |

| <b>EFFECTIVE 02/2026</b>                                 |                              |                    |
|--|------------------------------|--------------------|
| <b>Drug Name</b>   | <b>Description of Change</b> | <b>Alternative</b> |
| <i>phenobarbital tab 97.2 mg</i>                         | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 100 MG TAB<br><i>phenobarbital</i>         | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 15 MG TAB<br><i>phenobarbital</i>          | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 16.2 MG TAB<br><i>phenobarbital</i>        | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 20 MG/5ML ELIXIR<br><i>phenobarbital</i>   | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 30 MG TAB<br><i>phenobarbital</i>          | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 30 MG/7.5ML ELIXIR<br><i>phenobarbital</i> | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 32.4 MG TAB<br><i>phenobarbital</i>        | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 60 MG TAB<br><i>phenobarbital</i>          | - Added to Tier 4<br>- Added |                    |
| PHENOBARBITAL 60 MG/15ML ELIXIR<br><i>phenobarbital</i>  | - Added to Tier 4<br>- Added |                    |

**EFFECTIVE 02/2026**

| <b>Drug Name</b>   | <b>Description of Change</b>                        | <b>Alternative</b> |
|--|---|--------------------|
| PHENOBARBITAL 64.8 MG TAB<br><i>phenobarbital</i>                                | - Added to Tier 4<br>- Added                        |                    |
| PHENOBARBITAL 97.2 MG TAB<br><i>phenobarbital</i>                                | - Added to Tier 4<br>- Added                        |                    |
| SHINGRIX 50 MCG/0.5ML SUSP PRSYR<br><i>zoster vaccine recombinant adjuvanted</i> | - Added to Tier 3<br>- QL Added: 1 ML / 365<br>DAYS |                    |
| SODIUM FLUORIDE 0.55 (0.25 F) MG CHEW TAB<br><i>sodium fluoride</i>              | - Added to Tier 2                                   |                    |
| SODIUM FLUORIDE 1.1 (0.5 F) MG CHEW TAB<br><i>sodium fluoride</i>                | - Added to Tier 2                                   |                    |
| SODIUM FLUORIDE 2.2 (1 F) MG CHEW TAB<br><i>sodium fluoride</i>                  | - Added to Tier 2                                   |                    |

**EFFECTIVE 03/2026**

| <b>Drug Name</b>   | <b>Description of Change</b>                 | <b>Alternative</b>                       |
|--|--|--|
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> | - Added to Tier 2<br>- Added                 |  |
| <i>ceftaroline fosamil for iv soln 400 mg</i>                    | - Added to Tier 5                            |  |
| <i>ceftaroline fosamil for iv soln 600 mg</i>                    | - Added to Tier 5                            |  |
| DAPTOMYCIN 500 MG RECON SOLN<br><i>daptomycin</i>                | - Added to Tier 4                            |  |
| <i>diazepam rectal gel delivery system 2.5 mg</i>                | - Added to Tier 4<br>- QL Added: 5 / 30 DAYS |  |
| HYRNUO 10 MG TAB<br><i>sevabertinib</i>                          | - Added to Tier 5<br>- Added                 |  |
| JYNARQUE 15 MG TAB THPK<br><i>tolvaptan</i>                      | - Formulary Removal                          | <i>tolvaptan 15 mg tab thpk</i>          |
| JYNARQUE 15 MG TAB<br><i>tolvaptan</i>                           | - Formulary Removal                          | <i>tolvaptan 15 mg tab</i>               |
| JYNARQUE 30 & 15 MG TAB THPK<br><i>tolvaptan</i>                 | - Formulary Removal                          | <i>tolvaptan 30 &amp; 15 mg tab thpk</i> |
| JYNARQUE 30 MG TAB<br><i>tolvaptan</i>                           | - Formulary Removal                          | <i>tolvaptan 30 mg tab</i>               |
| JYNARQUE 45 & 15 MG TAB THPK<br><i>tolvaptan</i>                 | - Formulary Removal                          | <i>tolvaptan 45 &amp; 15 mg tab thpk</i> |

**EFFECTIVE 03/2026**

| <b>Drug Name</b>   | <b>Description of Change</b>                          | <b>Alternative</b>                           |
|--|---|--|
| JYNARQUE 60 & 30 MG TAB THPK<br><i>tolvaptan</i>   | - Formulary Removal                                   | <i>tolvaptan 60 &amp; 30 mg tab<br/>thpk</i> |
| JYNARQUE 90 & 30 MG TAB THPK<br><i>tolvaptan</i>   | - Formulary Removal                                   | <i>tolvaptan 90 &amp; 30 mg tab<br/>thpk</i> |
| KOMZIFTI 200 MG CAP<br><i>ziftomenib</i>   | - Added to Tier 5<br>- Added                          |  |
| KOSELUGO 5 MG CAP SPRINK<br><i>selumetinib sulfate</i>   | - LA Removed  |  |
| KOSELUGO 7.5 MG CAP SPRINK<br><i>selumetinib sulfate</i>   | - LA Removed  |  |
| LAGEVRIO 200 MG CAP<br><i>molnupiravir</i>   | - Added to Tier 5                                     |  |
| PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X<br>100MG TAB THPK<br><i>nirmatrelvir-ritonavir</i> | - Added to Tier 2<br>- QL Added: 11 / 30 OVER<br>TIME |  |
| PULMICORT FLEXHALER 180 MCG/ACT AER POW BA<br><i>budesonide (inhalation)</i>                     | - Formulary Removal                                   |  |
| <i>sevelamer carbonate tab 800 mg</i>  | - Added to Tier 4<br>- Added                          |  |

**EFFECTIVE 03/2026**

| <b>Drug Name</b>                                    | <b>Description of Change</b>   | <b>Alternative</b> |
|---|--|--------------------|
| <i>sodium oxybate oral solution 500 mg/ml</i>       | <ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li><li>- QL Added: 540 / 30 DAYS</li><li>- LA Added</li></ul> |                    |
| SUBVENITE 10 MG/ML SUSPENSION<br><i>lamotrigine</i> | <ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li></ul>  |                    |
| <i>tolvaptan tab 15 mg</i>                          | <ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li><li>- QL Change: 1 / 1 DAYS to 8 / 1 DAYS</li></ul>        |                    |
| <i>tolvaptan tab 30 mg</i>                          | <ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li><li>- QL Change: 2 / 1 DAYS to 4 / 1 DAYS</li></ul>        |                    |
| <i>tolvaptan tab therapy pack 15 mg</i>             | <ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li></ul>  |                    |
| <i>tolvaptan tab therapy pack 30 &amp; 15 mg</i>    | <ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li></ul>  |                    |
| <i>tolvaptan tab therapy pack 45 &amp; 15 mg</i>    | <ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li></ul>  |                    |
| <i>tolvaptan tab therapy pack 60 &amp; 30 mg</i>    | <ul style="list-style-type: none"><li>- Added to Tier 5</li><li>- Added</li></ul>  |                    |

**EFFECTIVE 03/2026**

| <b>Drug Name</b>                                 | <b>Description of Change</b> | <b>Alternative</b> |
|--|------------------------------|--------------------|
| <i>tolvaptan tab therapy pack 90 &amp; 30 mg</i> | - Added to Tier 5<br>- Added |                    |

**EFFECTIVE 04/2026**

| <b>Drug Name</b>   | <b>Description of Change</b>                                     | <b>Alternative</b> |
|--|--|--------------------|
| ATROVENT HFA 17 MCG/ACT AERO SOLN<br><i>ipratropium bromide hfa</i>  | - QL Change: 25.8 / 30<br>DAYS to 25.8 GM / 30<br>DAYS           |                    |
| <i>brivaracetam oral soln 10 mg/ml</i>                               | - Added to Tier 4<br>- ST Added<br>- QL Added: 20 ML / 1<br>DAYS |                    |
| <i>brivaracetam tab 10 mg</i>  | - Added to Tier 4<br>- ST Added<br>- QL Added: 2 / 1 DAYS        |                    |
| <i>brivaracetam tab 100 mg</i>                                       | - Added to Tier 4<br>- ST Added<br>- QL Added: 2 / 1 DAYS        |                    |
| <i>brivaracetam tab 25 mg</i>  | - Added to Tier 4<br>- ST Added<br>- QL Added: 2 / 1 DAYS        |                    |
| <i>brivaracetam tab 50 mg</i>  | - Added to Tier 4<br>- ST Added<br>- QL Added: 2 / 1 DAYS        |                    |
| <i>brivaracetam tab 75 mg</i>  | - Added to Tier 4<br>- ST Added<br>- QL Added: 2 / 1 DAYS        |                    |
| <i>calcium acetate (phosphate binder) cap 667 mg (169 mg<br/>ca)</i> | - Added to Tier 2<br>- Added                                     |                    |

**EFFECTIVE 04/2026**

| <b>Drug Name</b>                                   | <b>Description of Change</b>                           | <b>Alternative</b>                     |
|--|--|--|
| FYCOMPA 0.5 MG/ML SUSPENSION<br><i>perampanel</i>  | - Formulary Removal                                    | <i>perampanel 0.5 mg/ml suspension</i> |
| HYRNUO 10 MG TAB<br><i>sevabertinib</i>            | - LA Removed   |  |
| LACOSAMIDE 10 MG/ML SOLUTION<br><i>lacosamide</i>  | - Added to Tier 4<br>- QL Added: 40 / 1 DAYS           |  |
| LAGEVRIO 200 MG CAP<br><i>molnupiravir</i>         | - Added to Tier 5                                      |  |
| <i>pomalidomide cap 1 mg</i>                       | - Added to Tier 5<br>- Added<br>- QL Added: 1 / 1 DAYS |  |
| <i>pomalidomide cap 2 mg</i>                       | - Added to Tier 5<br>- Added<br>- QL Added: 1 / 1 DAYS |  |
| <i>pomalidomide cap 3 mg</i>                       | - Added to Tier 5<br>- Added<br>- QL Added: 1 / 1 DAYS |  |
| <i>pomalidomide cap 4 mg</i>                       | - Added to Tier 5<br>- Added<br>- QL Added: 1 / 1 DAYS |  |
| <i>rilpivirine hcl tab 25 mg (base equivalent)</i> | - Added to Tier 5<br>- QL Added: 2 / 1 DAYS            |  |

**EFFECTIVE 04/2026**

| <b>Drug Name</b>  | <b>Description of Change</b> | <b>Alternative</b> |
|---|------------------------------|--------------------|
| <i>sevelamer carbonate tab 800 mg</i>                             | - Added to Tier 4<br>- Added |                    |
| TOBRAMYCIN SULFATE 1.2 GM RECON SOLN<br><i>tobramycin sulfate</i> | - Added to Tier 4            |                    |

| <b>EFFECTIVE 05/2026</b>                                |  |  |
|---|--|--|
| <b>Drug Name</b>  | <b>Description of Change</b>                       | <b>Alternative</b>                           |
| <i>budesonide delayed release particles cap 3 mg</i>    | - Removed  |  |
| POMALYST 1 MG CAP<br><i>pomalidomide</i>                | - Formulary Removal                                | <i>pomalidomide 1 mg cap</i>                 |
| POMALYST 2 MG CAP<br><i>pomalidomide</i>                | - Formulary Removal                                | <i>pomalidomide 2 mg cap</i>                 |
| POMALYST 3 MG CAP<br><i>pomalidomide</i>                | - Formulary Removal                                | <i>pomalidomide 3 mg cap</i>                 |
| POMALYST 4 MG CAP<br><i>pomalidomide</i>                | - Formulary Removal                                | <i>pomalidomide 4 mg cap</i>                 |
| TEFLARO 400 MG RECON SOLN<br><i>ceftaroline fosamil</i> | - Formulary Removal                                | <i>ceftaroline fosamil 400 mg recon soln</i> |
| TEFLARO 600 MG RECON SOLN<br><i>ceftaroline fosamil</i> | - Formulary Removal                                | <i>ceftaroline fosamil 600 mg recon soln</i> |
| <i>vilazodone hcl tab 10 mg</i>                         | - Tier Decreased: Tier 4 to Tier 2<br>- ST Removed |  |
| <i>vilazodone hcl tab 20 mg</i>                         | - Tier Decreased: Tier 4 to Tier 2<br>- ST Removed |  |
| <i>vilazodone hcl tab 40 mg</i>                         | - Tier Decreased: Tier 4 to Tier 2<br>- ST Removed |  |

**EFFECTIVE 05/2026**

| <b>Drug Name</b>  | <b>Description of Change</b> | <b>Alternative</b> |
|---|------------------------------|--------------------|
| XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK<br><i>selinexor</i> | - LA Removed                 |                    |

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