

**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
<b>LA</b>	Limited Access	This prescription may be available only at certain pharmacies.
<b>PA</b>	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"
<b>QL</b>	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.
<b>ST</b>	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
<b>NDS</b>	Non-Extended Day Supply	Medication is NOT available for long-term supply.
<b>ED</b>	Excluded Part D Drug	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.

Drug Tier Key	
<b>gen:</b>	Generic Drugs
<b>brd:</b>	Preferred Brand Drugs
<b>npd:</b>	Non-Preferred Brand Drugs
<b>inj:</b>	Injectable Drugs
<b>spec:</b>	Specialty Tier Drugs

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
Aemcolo 194 MG TAB DR	Removed from formulary (drug list)	tramadol ER 100mg, 200mg, 300mg 24hr tablet - Gen
Aptiom 200 MG TAB	Step therapy removed	-
Aptiom 400 MG TAB	Step therapy removed	-
Aptiom 600 MG TAB	Step therapy removed	-
Aptiom 800 MG TAB	Step therapy removed	-
Austedo 12 MG TAB	Added to Spec with prior authorization	-
Austedo 6 MG TAB	Added to Spec with prior authorization	-
Austedo 9 MG TAB	Added to Spec with prior authorization	-
Avandia 2 MG TAB	Removed from formulary (drug list)	pioglitazone 15mg, 30mg, 45mg tablet - Gen
Avandia 4 MG TAB	Removed from formulary (drug list)	pioglitazone 15mg, 30mg, 45mg tablet - Gen
Aztreonam 1 GM RECON SOLN	Moved to lower tier - Inj	-
Banzel 200 MG TAB	Removed from formulary (drug list)	rufinamide tablet - Gen
Banzel 400 MG TAB	Removed from formulary (drug list)	rufinamide tablet - Gen
Bepreve 1.5 % SOLUTION	Removed from formulary (drug list)	bepotastine besilate 1.5% solution - Gen

**EFFECTIVE 1/1/2022**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Betamethasone Valerate 0.12 % FOAM	Removed from formulary (drug list)	triamcinolone 0.025%, 0.1%, 0.5% cream, 0.025% lotion, 0.1% lotion, 0.025%, 0.05%, 0.1%, 0.5% ointment, betamethasone valerate 0.1% cream, lotion, ointment, betamethasone dipropionate 0.05% cream, lotion, ointment, betamethasone dipropionate augmented 0.05% cream gel, lotion, ointment - Gen
Blephamide S.O.P. 10-0.2 % OINTMENT	Removed from formulary (drug list)	Blephamide 10-0.2% suspension - Brd
BuPROPion HCl ER (XL) 450 MG TAB ER 24H	Change step therapy to prior authorization	-
Calcipotriene-Betameth Diprop 0.005-0.064 % SUSPENSION	Added to Gen with prior authorization	-
Capacet 50-325-40 MG CAP	Added to Gen with prior authorization	-
Caspofungin Acetate 70 MG RECON SOLN	Moved to lower tier - Inj	-
Condylox 0.5 % GEL	Removed from formulary (drug list)	podofilox 0.5% solution - Gen
Deferasirox 125 MG TAB SOL	Moved to lower tier - Npd	-
Deferasirox 90 MG TAB	Moved to lower tier - Npd	-
Desvenlafaxine ER 100 MG TAB ER 24H	Removed from formulary (drug list)	escitalopram 5mg, 10mg, 20mg tablet, citalopram 10mg,

**EFFECTIVE 1/1/2022**

Drug Name	Description of Change	Alternative
		20mg, 40mg tablet, fluoxetine 10mg, 20mg, 40mg capsule paroxetine 10mg, 20mg, 30mg, 40mg tablet, sertraline 25mg, 50mg, 100mg tablet, venlafaxine 25mg, 37.5mg, 50mg, 75mg, 100mg tablet, 37.5mg, 75mg, 150mg capsule, desvenlafaxine succinate ER 25mg, 50mg, 100mg ER tablet - Gen
Desvenlafaxine ER 50 MG TAB ER 24H	Removed from formulary (drug list)	escitalopram 5mg, 10mg, 20mg tablet, citalopram 10mg, 20mg, 40mg tablet, fluoxetine 10mg, 20mg, 40mg capsule paroxetine 10mg, 20mg, 30mg, 40mg tablet, sertraline 25mg, 50mg, 100mg tablet, venlafaxine 25mg, 37.5mg, 50mg, 75mg, 100mg tablet, 37.5mg, 75mg, 150mg capsule, desvenlafaxine succinate ER 25mg, 50mg, 100mg ER tablet - Gen
Doxy 100 100 MG RECON SOLN	Moved to lower tier - Npd	-
Doxycycline Hyclate 100 MG RECON SOLN	Moved to lower tier - Npd	-
Doxycycline Hyclate 50 MG TAB	Removed from formulary (drug list)	doxycycline hyclate 50mg capsule - Gen

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
Doxycycline Monohydrate 150 MG CAP	Removed from formulary (drug list)	doxycycline monohydrate 150mg tablet - Gen
Doxycycline Monohydrate 75 MG CAP	Removed from formulary (drug list)	doxycycline monohydrate 75mg tablet - Gen
Duobrii 0.01-0.045 % LOTION	Removed from formulary (drug list)	halobetasol, tazarotene - Gen
Epiduo Forte 0.3-2.5 % GEL	Removed from formulary (drug list)	adapalene 0.3% gel, benzoyl peroxide-erythromycin 5-3 % gel, clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-5 % GEL, adapalene-benzoyl peroxide 0.1-2.5% gel - Gen
Eraxis 100 MG RECON SOLN	Removed from formulary (drug list)	-
Eraxis 50 MG RECON SOLN	Removed from formulary (drug list)	-
Ergoloid Mesylates 1 MG TAB	Added prior authorization	-
Farxiga 10 MG TAB	Added to Brd	-
Farxiga 5 MG TAB	Added to Brd	-
Femring 0.05 MG/24HR RING	Removed from formulary (drug list)	estradiol 0.5mg, 1mg, 2mg tablet, estradiol vaginal tablet, Yuvaferm, estradiol cream - Gen
Femring 0.1 MG/24HR RING	Removed from formulary (drug list)	estradiol 0.5mg, 1mg, 2mg tablet, estradiol vaginal

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
		tablet, Yuvaferm, estradiol cream - Gen
Fenofibrate Micronized 130 MG CAP	Step therapy removed	-
Fenofibrate Micronized 43 MG CAP	Step therapy removed	-
Fenofibric Acid 105 MG TAB	Removed from formulary (drug list)	fenofibrate 48mg, 54mg, 145mg, 160mg tablet, 43mg, 67mg, 130mg, 134mg, 200mg capsule, fenofibric acid 45mg, 135mg capsule - Gen
Fenofibric Acid 35 MG TAB	Removed from formulary (drug list)	fenofibrate 48mg, 54mg, 145mg, 160mg tablet, 43mg, 67mg, 130mg, 134mg, 200mg capsule, fenofibric acid 45mg, 135mg capsule - Gen
Fluorouracil 2 % SOLUTION	Added to Gen	-
Fluorouracil 5 % CREAM	Added to Gen	-
Fluorouracil 5 % SOLUTION	Added to Gen	-
FLUoxetine HCl 60 MG TAB	Removed from formulary (drug list)	fluoxetine 10mg, 20mg, 40mg capsule, 10mg, 20mg tablet - Gen
Forteo 620 MCG/2.48ML SOLN PEN	Added to Spec with prior authorization	-
Fycompa 0.5 MG/ML SUSPENSION	Step therapy removed	-
Fycompa 10 MG TAB	Step therapy removed	-

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
Fycompa 12 MG TAB	Step therapy removed	-
Fycompa 2 MG TAB	Step therapy removed	-
Fycompa 4 MG TAB	Step therapy removed	-
Fycompa 6 MG TAB	Step therapy removed	-
Fycompa 8 MG TAB	Step therapy removed	-
Hexalen 50 MG CAP	Removed from formulary (drug list)	-
HumuLIN R U-500 KwikPen 500 UNIT/ML SOLN PEN	Moved to higher tier - Npd	-
Hycodan 5-1.5 MG/5ML SYRUP	Removed from formulary (drug list)	hydrocodone-homatropine 5-1.5mg/5ml syrup, Hydromet 5-1.5mg/5ml syrup - Gen
Ingrezza 40 & 80 MG CAP THPK	Added to Spec with prior authorization	-
Ingrezza 40 MG CAP	Added to Spec with prior authorization	-
Ingrezza 60 MG CAP	Added to Spec with prior authorization	-
Ingrezza 80 MG CAP	Added to Spec with prior authorization	-
Insulin Lispro (1 Unit Dial) 100 UNIT/ML SOLN PEN	Added to Brd	-
Insulin Lispro 100 UNIT/ML SOLUTION	Added to Brd	-
Insulin Lispro Junior KwikPen 100 UNIT/ML SOLN PEN	Added to Brd	-
Insulin Lispro Prot & Lispro (75-25) 100 UNIT/ML SUSP PEN	Added to Brd	-



EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
INTELENCE 100 MG TAB	Removed from formulary (drug list)	etravirine 100mg tablet - Gen
INTELENCE 200 MG TAB	Removed from formulary (drug list)	etravirine 200mg tablet - Gen
Invokamet 150-1000 MG TAB	Removed from formulary (drug list)	Xigduo XR, Synjardy - Brd
Invokamet 150-500 MG TAB	Removed from formulary (drug list)	Xigduo XR, Synjardy - Brd
Invokamet 50-1000 MG TAB	Removed from formulary (drug list)	Xigduo XR, Synjardy - Brd
Invokamet 50-500 MG TAB	Removed from formulary (drug list)	Xigduo XR, Synjardy - Brd
Invokamet XR 150-1000 MG TAB ER 24H	Removed from formulary (drug list)	Xigduo XR, Synjardy XR - Brd
Invokamet XR 150-500 MG TAB ER 24H	Removed from formulary (drug list)	Xigduo XR, Synjardy XR - Brd
Invokamet XR 50-1000 MG TAB ER 24H	Removed from formulary (drug list)	Xigduo XR, Synjardy XR - Brd
Invokamet XR 50-500 MG TAB ER 24H	Removed from formulary (drug list)	Xigduo XR, Synjardy XR - Brd
Invokana 100 MG TAB	Removed from formulary (drug list)	Farxiga, Jardiance - Brd
Invokana 300 MG TAB	Removed from formulary (drug list)	Farxiga, Jardiance - Brd
KALETRA 100-25 MG	Removed from formulary (drug list)	lopinavir-ritonavir 100-25mg tablet - Gen

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
KALETRA 200-50 MG	Removed from formulary (drug list)	lopinavir-ritonavir 200-50mg tablet - Gen
Krintafel 150 MG TAB	Removed from formulary (drug list)	atovaquone-proguanil 62.5-25mg, 250-100mg tablet, chloroquine 250mg, 500mg tablet, mefloquine 250mg tablet, hydroxychloroquine 200mg tablet, primaquine 26.3mg tablet, quinine sulfate 324mg capsule - Gen
Leukine 250 MCG RECON SOLN	Removed from formulary (drug list)	Zarxio - Spec
LEVOleucovorin Calcium 50 MG RECON SOLN	Removed from formulary (drug list)	-
LEVOleucovorin Calcium PF 175 MG/17.5ML SOLUTION	Removed from formulary (drug list)	-
LEVOleucovorin Calcium PF 250 MG/25ML SOLUTION	Removed from formulary (drug list)	-
Linezolid 600 MG/300ML SOLUTION	Moved to lower tier - Inj	-
Lubiprostone 24 MCG CAP	Added to Brd	-
Lubiprostone 8 MCG CAP	Added to Brd	-
Lyumjev 100 UNIT/ML SOLUTION	Added to Brd	-
Lyumjev KwikPen 100 UNIT/ML SOLN PEN	Added to Brd	-
Lyumjev KwikPen 200 UNIT/ML SOLN PEN	Added to Brd	-

**EFFECTIVE 1/1/2022**

<b>Drug Name</b>	<b>Description of Change</b>	<b>Alternative</b>
Marplan 10 MG TAB	Moved to higher tier - Npd	escitalopram 5mg, 10mg, 20mg tablet, citalopram 10mg, 20mg, 40mg tablet, fluoxetine 10mg, 20mg, 40mg capsule paroxetine 10mg, 20mg, 30mg, 40mg tablet, sertraline 25mg, 50mg, 100mg tablet, venlafaxine 25mg, 37.5mg, 50mg, 75mg, 100mg tablet, 37.5mg, 75mg, 150mg capsule - Gen
Meropenem-Sodium Chloride 1 GM/50ML RECON SOLN	Added to Inj	-
Meropenem-Sodium Chloride 500 MG/50ML RECON SOLN	Added to Inj	-
Mesnex 100 MG/ML SOLUTION	Removed from formulary (drug list)	mesna 100mg/ml solution - Inj
Mondoxylene NL 75 MG CAP	Removed from formulary (drug list)	doxycycline monohydrate 75mg tablet - Gen
Naftin 2 % CREAM	Removed from formulary (drug list)	naftifine HCl cream 2% - Gen
Neuac 1.2-5 % GEL	Removed from formulary (drug list)	clindamycin gel, erythromycin gel, sulfacetamide sodium sulfur 10-5% cream, lotion, suspension - Gen
Neulasta 6 MG/0.6ML SOLN PRSYR	Removed from formulary (drug list)	Zarxio - Spec
Neulasta Onpro 6 MG/0.6ML PREF SY KT	Removed from formulary (drug list)	Zarxio - Spec

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
Noxafil 40 MG/ML SUSPENSION	Added to Npd with prior authorization	-
Okebo 75 MG CAP	Removed from formulary (drug list)	doxycycline monohydrate 75mg tablet - Gen
Otezla 10 & 20 & 30 MG TAB THPK	Added to Spec with prior authorization	-
Otezla 30 MG TAB	Added to Spec with prior authorization	-
PEG-3350/Electrolytes/Ascorbat 100 GM RECON SOLN	Removed prior authorization	-
PegIntron 50 MCG/0.5ML KIT	Removed from formulary (drug list)	-
Pepcid 40 MG TAB	Removed from formulary (drug list)	famotidine 40mg tablet - Gen
Picato 0.015 % GEL	Removed from formulary (drug list)	-
Picato 0.05 % GEL	Removed from formulary (drug list)	-
Prevymis 240 MG TAB	Added to Spec	-
Prevymis 480 MG TAB	Added to Spec	-
Prochlorperazine Edisylate 10 MG/2ML SOLUTION	Removed from formulary (drug list)	-
REZUROCK 200 MG ORAL TABLET	Added to Spec with prior authorization	-
Rhopressa 0.02 % SOLUTION	Added to Brd	-
Rinvoq 15 MG TAB ER 24H	Added to Spec with prior authorization	-

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
Rocklatan 0.02-0.005 % SOLUTION	Added to Npd	-
Skyrizi (150 MG Dose) 75 MG/0.83ML PREF SY KT	Added to Spec with prior authorization	-
Skyrizi 150 MG/ML SOLN A-INJ	Added to Spec with prior authorization	-
Skyrizi 150 MG/ML SOLN PRSYR	Added to Spec with prior authorization	-
SUTENT 12.5 MG CAP	Removed from formulary (drug list)	sunitinib malate 12.5mg capsule - Spec
SUTENT 25 MG CAP	Removed from formulary (drug list)	sunitinib malate 25mg capsule - Spec
SUTENT 37.5 MG CAP	Removed from formulary (drug list)	sunitinib malate 37.5 mg capsule - Spec
SUTENT 50 MG CAP	Removed from formulary (drug list)	sunitinib malate 50 mg capsule - Spec
SymlinPen 120 2700 MCG/2.7ML SOLN PEN	Removed from formulary (drug list)	Victoza, Trulicity, Ozempic, Rybelsus, Farxiga, Xigduo XR Jardiance, Synjardy, Synjardy XR Januvia, Tradjenta, Glyxambi, Janumet, Janumet XR, Jentadueto, Jentadueto XR - Brd
SymlinPen 60 1500 MCG/1.5ML SOLN PEN	Removed from formulary (drug list)	Victoza, Trulicity, Ozempic, Rybelsus, Farxiga, Xigduo XR Jardiance, Synjardy, Synjardy XR Januvia, Tradjenta,

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
		Glyxambi, Janumet, Janumet XR, Jentadueto, Jentadueto XR - Brd
Thiotepa 100 MG RECON SOLN	Added to Spec with prior authorization	-
Thiotepa 15 MG RECON SOLN	Added to Spec with prior authorization	-
TraMADol HCl ER 150 MG CAP ER 24H	Added prior authorization	tramadol ER 100mg, 200mg, 300mg 24hr tablet - Gen
Trelstar Mixject 11.25 MG RECON SUSP	Added to Spec with prior authorization	-
Trelstar Mixject 22.5 MG RECON SUSP	Added to Spec with prior authorization	-
Trelstar Mixject 3.75 MG RECON SUSP	Added to Spec with prior authorization	-
Triamcinolone Acetonide 0.147 MG/GM AERO SOLN	Change step therapy to prior authorization	-
Ubrely 100 MG TAB	Added to Spec with prior authorization	-
Ubrely 50 MG TAB	Added to Spec with prior authorization	-
Vancomycin HCl 100 GM RECON SOLN	Added to Inj	-
Vimpat 10 MG/ML SOLUTION	Step therapy removed	-
Vimpat 100 MG TAB	Step therapy removed	-
Vimpat 150 MG TAB	Step therapy removed	-

EFFECTIVE 1/1/2022		
Drug Name	Description of Change	Alternative
Vimpat 200 MG TAB	Step therapy removed	-
Vimpat 50 MG TAB	Step therapy removed	-
Voriconazole 200 MG RECON SOLN	Added BvD prior authorization	-
Xermelo 250 MG TAB	Added to Spec with prior authorization	-
Xigduo XR 10-1000 MG TAB ER 24H	Added to Brd	-
Xigduo XR 10-500 MG TAB ER 24H	Added to Brd	-
Xigduo XR 2.5-1000 MG TAB ER 24H	Added to Brd	-
Xigduo XR 5-1000 MG TAB ER 24H	Added to Brd	-
Xigduo XR 5-500 MG TAB ER 24H	Added to Brd	-

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