



Blue Shield Inspire (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.

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

EFFECTIVE 02/2024		
Drug Name	Description of Change	Alternative
ALPHAGAN P 0.1 % SOLUTION <i>brimonidine tartrate</i>	- Formulary Removal	<i>brimonidine tartrate 0.1 % solution</i>
AUGTYRO 40 MG CAP <i>repotrectinib</i>	- Added to Tier 5 - Added	
FARXIGA 10 MG TAB <i>dapagliflozin propanediol</i>	- Added to Tier 3 - QL Added: 1 / 1 DAYS	
FARXIGA 5 MG TAB <i>dapagliflozin propanediol</i>	- Added to Tier 3 - QL Added: 1 / 1 DAYS	
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	- Added to Tier 5 - Added - QL Added: 36 / 60 OVER TIME	
IWILFIN 192 MG TAB <i>eflornithine hydrochloride</i>	- QL Added: 8 / 1 DAYS - LA Added	
IXCHIQ RECON SOLN <i>chikungunya virus vaccine live</i>	- Added to Tier 4	
<i>lidocaine patch 5%</i>	- Added to Tier 4 - Added - QL Added: 3 / 1 DAYS	
OGSIVEO 50 MG TAB <i>nirogacestat hydrobromide</i>	- Added to Tier 5 - Added	
PENBRAYA RECON SUSP <i>mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc</i>	- Added to Tier 3	

EFFECTIVE 02/2024

Drug Name	Description of Change	Alternative
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML MISC <i>insulin syringe/needle u-100</i>	- Added to Tier 2	
<i>vigabatrin powd pack 500 mg</i>	<ul style="list-style-type: none"> - Added to Tier 5 - Added - QL Added: 6 / 1 DAYS - LA Added 	
VANFLYTA 17.7 MG TAB <i>quizartinib dihydrochloride</i>	- LA Added	

EFFECTIVE 02/2024

Drug Name	Description of Change	Alternative
VANFLYTA 26.5 MG TAB <i>quizartinib dihydrochloride</i>	- LA Added	
VOTRIENT 200 MG TAB <i>pazopanib hcl</i>	- Formulary Removal	<i>pazopanib hcl 200 mg tab</i>
ZENPEP 60000-189600 UNIT CP DR PART <i>pancrelipase (lipase-protease-amylase)</i>	- Added to Tier 4	

EFFECTIVE 03/2024		
Drug Name	Description of Change	Alternative
<i>fluocinolone acetonide cream 0.01%</i>	- Added to Tier 2	
<i>hydrocortisone butyrate oint 0.1%</i>	- ST Added	
<i>hydrocortisone valerate cream 0.2%</i>	- ST Added	
IWILFIN 192 MG TAB <i>eflornithine hydrochloride</i>	- Added to Tier 5 - Added	
<i>mifepristone tab 300 mg</i>	- Added to Tier 5 - Added - QL Added: 4 / 1 DAYS - LA Added	
<i>morphine sulfate oral soln 10 mg/5ml</i>	- Added to Tier 3 - NDS Added - QL Added: 630 / 30 OVER TIME	
OMNITROPE 10 MG/1.5ML SOLN CART <i>somatropin</i>	- Added to Tier 5 - Added	
OMNITROPE 5 MG/1.5ML SOLN CART <i>somatropin</i>	- Added to Tier 5 - Added	
OMNITROPE 5.8 MG RECON SOLN <i>somatropin</i>	- Added to Tier 5 - Added	
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i>	- QL Change: 20 / 30 OVER TIME to 40 / 30 OVER TIME	
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK <i>nirmatrelvir-ritonavir</i>	- QL Change: 30 / 30 OVER TIME to 60 / 30 OVER TIME	

EFFECTIVE 03/2024

Drug Name	Description of Change	Alternative
CEFAZOLIN SODIUM 3 GM RECON SOLN <i>cefazolin sodium</i>	- Added to Tier 4	

EFFECTIVE 04/2024

Drug Name	Description of Change	Alternative
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	- Added to Tier 4 - QL Added: 2 / 1 DAYS	
<i>loteprednol etabonate ophth susp 0.2%</i>	- Added to Tier 3	
<i>mifepristone tab 300 mg</i>	- Added	
<i>nitroglycerin oint 0.4%</i>	- Added to Tier 4 - QL Added: 30 / 30 OVER TIME	
XOLAIR 150 MG/ML SOLN A-INJ <i>omalizumab</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - Added	
XOLAIR 300 MG/2ML SOLN A-INJ <i>omalizumab</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - Added	
XOLAIR 300 MG/2ML SOLN PRSYR <i>omalizumab</i>	- Added to Tier 5 - QL Added: 8 / 28 OVER TIME - Added	
XOLAIR 75 MG/0.5ML SOLN A-INJ <i>omalizumab</i>	- Added to Tier 5 - QL Added: 2 / 28 OVER TIME - Added	

EFFECTIVE 05/2024

Drug Name	Description of Change	Alternative
ALREX 0.2 % SUSPENSION <i>loteprednol etabonate</i>	- Formulary Removal	<i>loteprednol etabonate 0.2 % suspension</i>
BACLOFEN 15 MG TAB <i>baclofen</i>	- Added to Tier 2 - QL Added: 6 / 1 DAYS	
<i>fluorouracil soln 5%</i>	- Added to Tier 2	
KORLYM 300 MG TAB <i>mifepristone (hyperglycemia)</i>	- Formulary Removal	<i>mifepristone 300 mg tab</i>
<i>lithium oral solution 8 meq/5ml</i>	- Added to Tier 2	
PRADAXA 110 MG CAP <i>dabigatran etexilate mesylate</i>	- Formulary Removal	<i>dabigatran etexilate mesylate 110 mg cap</i>
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	- Added to Tier 4	

EFFECTIVE 06/2024		
Drug Name	Description of Change	Alternative
AMOXICILLIN 400 MG/5ML RECON SUSP <i>amoxicillin</i>	- Added to Tier 2	
HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT <i>adalimumab</i>	- Removed	
OGSIVEO 100 MG TAB <i>nirogacestat hydrobromide</i>	- Added to Tier 5 - Added - QL Added: 3 / 1 DAYS - LA Added	
OGSIVEO 150 MG TAB <i>nirogacestat hydrobromide</i>	- Added to Tier 5 - Added - LA Added - QL Added: 2 / 1 DAYS	
PEMAZYRE 13.5 MG TAB <i>pemigatinib</i>	- QL Change: 14 / 21 OVER TIME to 30 / 30 OVER TIME	
PEMAZYRE 4.5 MG TAB <i>pemigatinib</i>	- QL Change: 14 / 21 OVER TIME to 30 / 30 OVER TIME	
PEMAZYRE 9 MG TAB <i>pemigatinib</i>	- QL Change: 14 / 21 OVER TIME to 30 / 30 OVER TIME	
RECTIV 0.4 % OINTMENT <i>nitroglycerin (intra-anal)</i>	- Formulary Removal	<i>nitroglycerin 0.4 % ointment</i>
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	- Added to Tier 4	
XCOPRI 25 MG TAB <i>cenobamate</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	

EFFECTIVE 07/2024		
Drug Name	Description of Change	Alternative
AUSTEDO XR 30 MG TAB ER 24H <i>deutetrabenazine</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	
AUSTEDO XR 36 MG TAB ER 24H <i>deutetrabenazine</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	
AUSTEDO XR 42 MG TAB ER 24H <i>deutetrabenazine</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	
AUSTEDO XR 48 MG TAB ER 24H <i>deutetrabenazine</i>	- Added to Tier 5 - Added - QL Added: 1 / 1 DAYS	
GAVRETO 100 MG CAP <i>pralsetinib</i>	- Added to Tier 5 - Added - QL Added: 4 / 1 DAYS - LA Added	
MOUNJARO 10 MG/0.5ML SOLN PEN <i>tirzepatide</i>	- Added to Tier 3 - Added	
MOUNJARO 12.5 MG/0.5ML SOLN PEN <i>tirzepatide</i>	- Added to Tier 3 - Added	
MOUNJARO 15 MG/0.5ML SOLN PEN <i>tirzepatide</i>	- Added to Tier 3 - Added	
MOUNJARO 2.5 MG/0.5ML SOLN PEN <i>tirzepatide</i>	- Added to Tier 3 - Added	

EFFECTIVE 07/2024

Drug Name	Description of Change	Alternative
MOUNJARO 5 MG/0.5ML SOLN PEN <i>tirzepatide</i>	- Added to Tier 3 - Added	
MOUNJARO 7.5 MG/0.5ML SOLN PEN <i>tirzepatide</i>	- Added to Tier 3 - Added	

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