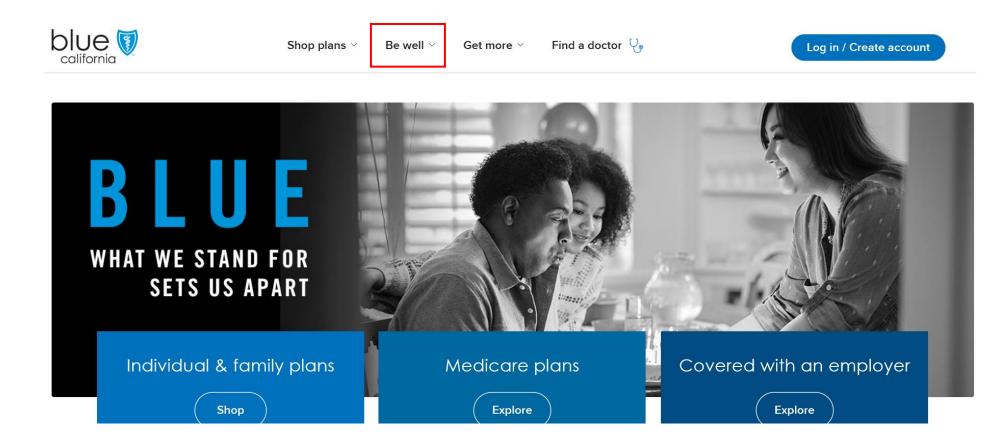
How to pull the Blue Shield Drug Formulary

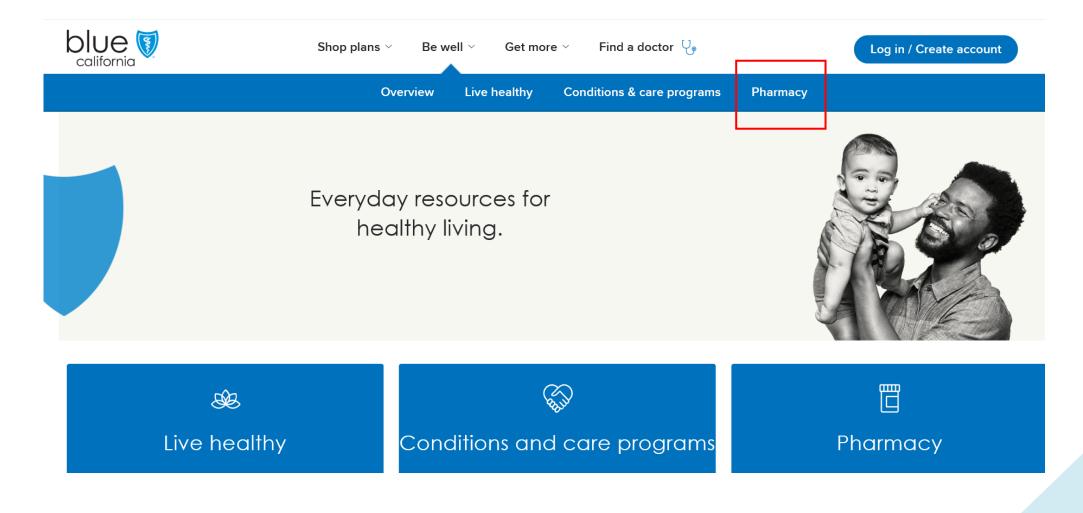


www.blueshieldca.com

From the Blue Shield Home Page, select 'Be well'



From 'Be Well' menu select 'Pharmacy'



Select 'Large Group plans 101+ employee group'

Drug formularies



Pharmacy

Member resources

Pharmacy networks



Learn about prescription drug coverage including formulary status and preferred generic and brandname medications covered under your outpatient prescription drug benefit.

Our prescription drug formularies are updated monthly. Formulary change announcements are updated quarterly, read about the <u>recent changes</u>.

Have questions? Check out drug formulary FAQs.



Pharmacy FAQs

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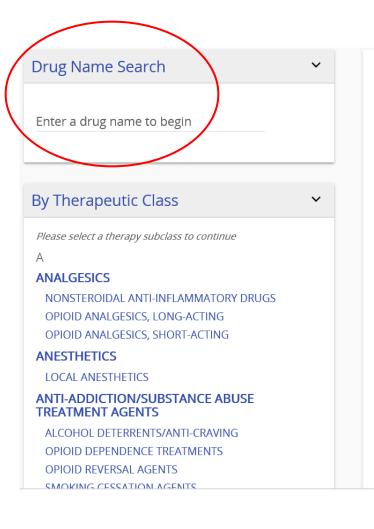
To obtain a formulary list, select '2019 Plus drug formulary (PDF, 12.1MB)'

To search by drug name, select '2019 Plus drug formulary search'

2019 Plus Drug Formulary for the following Department of Managed Health Care (DMHC) plans: Shield Spectrum PPOSM, Full PPO, Full PPO Savings, Access+ HMO[®], Added Advantage POSSM, Local Access+ HMO[®], Tandem PPO, Trio HMO

- 2019 Plus drug formulary (PDF, 12.1MB)
- 2019 Plus drug formulary search
- Specialty Drug List (PDF, 69KB)
- Preventive drug list (PDF, 40KB)
- Contraceptive drug list (PDF, 56KB)
- Vaccine list(PDF, 348KB)
- Value-Based Tier Drug list (PDF, 125KB)

Enter a drug name to begin



Large Groups (101+ employees) – PLUS Drug Formulary

Welcome

We cover both brand name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.

What is a Formulary?

A formulary is a list of covered drugs which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Printable Files

The following files require Adobe Acrobat. Download Adobe Acrobat

Printable Formulary
Prior Authorization
Step Therapy
Formulary Change History

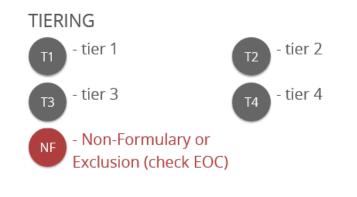
Legend

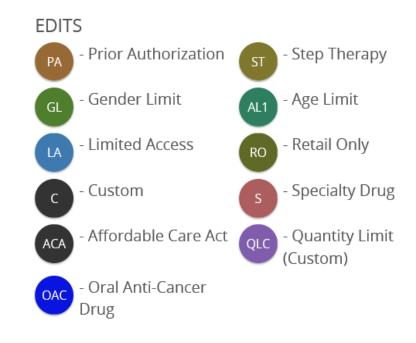
As an example, we entered Atorvastatin (generic for Lipitor).

- Search for the dosage of your prescription (i.e., 10mg, 20mg, etc.)
- Select Legend to define the requirements and limits

Drug Name Search	~	Drug Details			STAF	RT OVER
Enter a drug name to begin atorvastatin calcium		CARDIOVASCULAR AGENTS > DY	SLIPIDEMI	cs. HMG coa re		DRS
By Therapeutic Class	~	PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS	OTHER DRUGS IN CLASS	DETAILS
Please select a therapy subclass to continue A ANALGESICS NONSTEROIDAL ANTI-INFLAMMATORY DRUGS OPIOID ANALGESICS, LONG-ACTING		atorvastatin 10 mg tablet	71	ACA Preventive Health QLC 1 tab/day	Other Drugs In Class	٩
OPIOID ANALGESICS, EONGACTING OPIOID ANALGESICS, SHORT-ACTING ANESTHETICS LOCAL ANESTHETICS ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		atorvastatin 20 mg tablet	TI	ACA Preventive Health QLC	Other Drugs In Class	٩
ALCOHOL DETERRENTS/ANTI-CRAVING OPIOID DEPENDENCE TREATMENTS OPIOID REVERSAL AGENTS		atorvastatin 40 mg tablet	T1	1 tab/day	Legend te: Jul 18, 2019 Last U	pdated: Oct 1,

Legend





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You may also view:

- Specialty drug list
- Preventive drug list
- Contraceptive drug list
- Vaccine drug list
- Maintenance drug list

Specialty drug list: Refer to this specialty drug list for specialty drugs that are only available through a Blue Shield Network Specialty Pharmacy. Select drugs may not be available for distribution through the Network Specialty Pharmacy in which case it may be obtained through a non-network specialty pharmacy.

Preventive drug list: Refer to this preventive drug list to see drugs for which health reform requires coverage at \$0 member share of cost.

Contraceptive drug list: Refer to this contraceptive drugs list to see drugs and devices covered at \$0 member share of cost.

Vaccine drug list: For eligible non-grandfathered plans, refer to this vaccine list for vaccines covered at participating retail pharmacies and to locate pharmacies available for vaccine administration.

Value-Based Tier Drug List: For select Blue Shield plans with the Value-Based Tier Drug (VBTD) benefit, refer to this list for drugs that are covered at no charge, or at an otherwise reduced cost-share. Refer to your Evidence of Coverage or Certificate of Insurance to determine if you have this benefit.

<u>Maintenance drug list</u> (PDF, 227KB): For members with a mandatory mail service or maintenance drug benefit, refer to this maintenance list for drugs that you should fill at the mail service pharmacy. Blue Shield's mail service pharmacy may also fill other maintenance drugs not listed.