

BLUE SHIELD OF CALIFORNIA
FEBRUARY 2024 PLUS DRUG FORMULARY CHANGES

Blue Shield is committed to covering safe, effective and affordable medications, so we regularly review and update our drug formularies. Our Pharmacy and Therapeutics (P&T) Committee is made up of a group of practicing physicians and pharmacists who meet quarterly to recommend changes to our formulary based on the latest medical literature, new clinical guidelines, new information from key physician experts, and new information from the Food and Drug Administration.

Changes to the Plus Drug Formulary from the February 2024 P&T Committee meeting are outlined below. To view a copy of the Plus Drug Formulary, please [download a copy](#).

The drugs listed below are to be used for FDA-approved indications but may also be used for other conditions.

1. DRUGS ADDED TO FORMULARY

The following drugs were added to the formulary:

Drug	FDA Indication(s)	Coverage Restriction(s)
amphetamine-dextroamphetamine (Mydayis)	ADHD	Prior authorization, Age-limit, Quantity limit
clindamycin 1.2%-benzoyl peroxide 3.75% gel (Onexton)	Acne vulgaris	Step therapy, Quantity limit
cyanocobalamin (Nascobal)	Pernicious anemia, Vitamin B12 deficiency	Quantity limit
Paxlovid	Covid-19	
pitavastatin (Livalo)	Hyperlipidemia, Heterozygous familial hypercholesterolemia	Step therapy, Quantity limit
podofilox 0.5% gel (Condylox) ¹	Anogenital warts	Step therapy
spironolactone oral suspension (Carospir)	Heart failure, Hypertension, Edema	Prior authorization, Quantity limit
tramadol 25mg tablet	Pain	Prior authorization, Quantity limit

1. Applies to Grandfathered plans

2. FORMULARY DRUGS WITH CHANGES TO TIER AND/OR COVERAGE RESTRICTION

The following drugs have coverage restriction(s) added or removed, and/or change of tier status as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
calcitriol ointment (Vectical)	Plaque psoriasis	Add Quantity limit	Remain Tier 1
calcipotriene-betamethasone dipropionate 0.005%-0.064%		Prior authorization, Add Quantity limit	Remain Tier 3 ³ , Remain Tier 1 ¹

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
topical suspension (Taclonex)			
Taclonex 0.005%-0.064% topical suspension		Prior authorization, Add Quantity limit	Remain T4 ² , Remain T3 ¹
halobetasol propionate 0.05% foam (Lexette) ¹		Prior authorization, Quantity limit	Tier 1
Ultravate ^{2,3}		Step therapy, Quantity limit	Tier 4
Zoryve cream ^{2,3}		Prior authorization, Quantity limit	Tier 4
tazarotene gel (Tazorac)	Plaque psoriasis, Acne vulgaris	Remove Prior authorization	Tier 1
lubiprostone (Amitiza)	Chronic idiopathic constipation, Opioid induced constipation, IBS-constipation	Age-limit, Quantity limit, Remove Prior authorization	Tier 1 ² , Remain Tier 1 ¹
Phenytek	Seizures		Tier 1
Voquezna Dual Pak, Triple Pak	H. Pylori	Quantity limit, Add Prior authorization	Tier 4 ² , Remain Tier 3 ¹
Zenedi	ADHD	Step therapy, Age-limit, Quantity limit	Tier 1

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans; 3. Effective 1/2025

3. DRUGS REMOVED FROM THE FORMULARY

The following brand-name drugs were removed from the formulary because generic is now available and was added to the formulary. Drug removal is effective May 2024.

Brand-name Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Votrient ¹	Renal cell carcinoma, Soft tissue sarcoma	Prior authorization, Quantity limit	pazopanib

1. Applies only to Grandfathered plans

4. NON-FORMULARY/NON-PREFERRED DRUGS WITH CHANGES TO RESTRICTIONS

The following drugs remain at their current formulary tier status but have new coverage restriction(s) as noted:

Drug	FDA Indication(s)	New Restriction(s)	Alternative(s)
Amitiza	Chronic idiopathic constipation, Opioid induced constipation, IBS-constipation	Age-limit, Quantity limit, Remove Prior authorization	lubiprostone
Vectical	Plaque psoriasis	Add Quantity limit	calcipotriene 0.005%

Drug	FDA Indication(s)	New Restriction(s)	Alternative(s)
			cream, ointment, topical solution

5. DRUGS ADDED TO THE SPECIALTY TIER

The following drugs were added to the Blue Shield specialty tier (Tier 4):

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Abrilada	RA, pJIA, Psoriatic arthritis, AS, Psoriasis, CD, UC, Hidradenitis suppurativa, Uveitis	Prior authorization, Quantity limit
adalimumab-aacf (Idacio)		
adalimumab-adbm (Cyltezo)		
baclofen 10mg/5ml oral solution (Ozobax DS) ²	Spasticity	Prior authorization, Quantity limit
Ozobax DS ²		
Entyvio prefilled pen	Ulcerative colitis	Prior authorization, Quantity limit
Omvo auto-injector		
Velsipity		
oxaprozin (Coxanto) ²	OA, RA, JRA	Prior authorization, Quantity limit
Coxanto ²		
Augtyro	NSCLC	Prior authorization, Quantity limit
Bimzelx	Plaque psoriasis	Prior authorization, Quantity limit
Cabtreo ²	Acne vulgaris	Prior authorization, Quantity limit
Fabhalta	Paroxysmal nocturnal hemoglobinuria	Prior authorization, Quantity limit
Fruzaqla	Colorectal cancer	Prior authorization, Quantity limit
lwlfin	Neuroblastoma	Prior authorization, Quantity limit
Jylamvo ²	ALL, Mycosis fungoides, NHL, RA, Psoriasis	Prior authorization, Quantity limit
Ogsiveo	Desmoid tumor	Prior authorization, Quantity limit
Opfolda	Pompe disease	Prior authorization, Quantity limit
pazopanib (Votrient)	Renal cell carcinoma, Soft tissue sarcoma	Prior authorization, Quantity limit
Rozlytrek pellet pack	NSCLC, NTRK gene-fusion solid tumors	Prior authorization, Quantity limit
teriparatide (Forteo)	Osteoporosis	Prior authorization, Quantity limit
Truqap	Breast cancer	Prior authorization, Quantity limit
Veveye ²	Dry eye disease	Prior authorization, Quantity limit
Voquezna ²	Erosive esophagitis, H. Pylori	Prior authorization, Quantity limit

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Wainua	Amyloidosis-associated polyneuropathy	Prior authorization, Quantity limit
Xalkori pellet capsule	NSCLC, Anaplastic large cell lymphoma, Inflammatory myofibroblastic tumor	Prior authorization, Quantity limit
Xphozah	Hyperphosphatemia	Prior authorization, Quantity limit
Zepbound	Chronic weight management	Prior authorization, Quantity limit
Zilbrysq	Generalized myasthenia gravis	Prior authorization, Quantity limit
Zoryve foam ²	Seborrheic dermatitis	Prior authorization, Quantity limit
Zurzuvae ²	Postpartum depression	Prior authorization, Quantity limit

2. Does not apply to Grandfathered plans