

BLUE SHIELD OF CALIFORNIA
FEBRUARY 2024 VALUE 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 Value Drug Formulary from the February 2024 P&T Committee meeting are outlined below. To view a copy of the Value 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)	Tier Status
estradiol valerate (Delestrogen)	Menopause, Hypoestrogenism, Prostate cancer		Tier 1
lubiprostone (Amitiza)	Chronic idiopathic constipation, Opioid induced constipation, IBS-constipation	Age-limit, Quantity limit	Tier 1
Nivestym	Chemotherapy induced neutropenia, Neutropenia, Peripheral blood stem cell mobilization	Prior authorization	Tier 4
Omnitrope	GH deficiency, Prader-Willi Syndrome, SGA, Turner syndrome, ISS	Prior authorization	Tier 4
Paxlovid	Covid-19		Tier 2
pazopanib (Votrient)	Renal cell carcinoma, Soft tissue sarcoma	Prior authorization, Quantity limit	Tier 4
Phenytek	Seizures		Tier 1
Udenyca	Chemotherapy induced neutropenia, Radiation exposure	Prior authorization	Tier 4
Xalkori pellet capsule	NSCLC, Anaplastic large cell lymphoma, Inflammatory myofibroblastic tumor	Prior authorization, Quantity limit	Tier 4
Zenzedi	ADHD	Step therapy, Age-limit, Quantity limit	Tier 1
Zurzuvae	Postpartum depression	Prior authorization, Quantity limit	Tier 4

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 2

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	Renal cell carcinoma, Soft tissue sarcoma	Quantity limit	pazopanib

The following drugs were removed from the formulary. Non-formulary drugs require a formulary exception based on medical necessity for coverage. Drug removal is effective May 2024.

Drug	FDA Indication(s)	Alternative(s)
Ziextenzo ¹	Chemotherapy induced neutropenia	Udenyca, Neulasta

1. Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost