

**BLUE SHIELD OF CALIFORNIA**  
**FEBRUARY 2025 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 2025 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)
avanafil (Stendra)	Erectile dysfunction	Prior authorization, Quantity limit
carbamazepine 200mg chewable tablet	Seizures, Trigeminal neuralgia	Prior authorization
esomeprazole 2.5mg, 5mg dr oral suspension (Nexium)	Erosive esophagitis, GERD, NSAID-associated gastric ulcer, H. Pylori, Hypersecretory conditions	Prior authorization, Quantity limit
Gallifrey	Secondary amenorrhea, Endometriosis, Uterine bleeding	
memantine hcl-donepezil hcl 14-10mg, 28-10mg er capsule (Namzaric)	Alzheimer's dementia	Quantity limit
mesna (Mesnex)	Hemorrhagic cystitis prophylaxis	
prucalopride (Motegrity) <sup>1</sup>	Chronic idiopathic constipation	Prior authorization, Quantity limit

<sup>1</sup> 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
Juluca	HIV-1 infection	Quantity limit	Tier 2
Lagevrio	EUA for Covid-19	Age-limit, Quantity limit	Tier 2
liraglutide (Victoza) <sup>1</sup>	Diabetes, Cardiovascular events	Prior authorization, Quantity limit	Tier 1

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
Mesnex 400mg tablet <sup>3</sup>	Hemorrhagic cystitis prophylaxis		Tier 3
Methitest <sup>1</sup>	Hypogonadism, Breast cancer	Prior authorization	Tier 1
methylphenidate hcl 72mg er osmotic release tablet	ADHD	Prior authorization, Age-limit, Quantity limit	Tier 2 <sup>2</sup> Tier 1 <sup>1</sup>
Namzaric 14-10mg, 28-10mg er capsule <sup>3</sup>	Alzheimer's dementia	Quantity limit	Tier 3

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans; 3. Effective 5/2025

### 3. 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)
Alyftrek	Cystic fibrosis	Prior authorization, Quantity limit
Attruby	Transthyretin amyloid cardiomyopathy	Prior authorization, Quantity limit
Crenessity	Congenital adrenal hyperplasia	Prior authorization, Quantity limit
Danziten	Ph+ CML	Prior authorization, Quantity limit
Imkeldi	Ph+ CML, Ph+ ALL, MDS/MPD, Mastocytosis, HES and/or CEL, Dermatofibrosarcoma protuberans, GIST	Prior authorization, Quantity limit
Itovebi	Breast cancer	Prior authorization, Quantity limit
Jylamvo <sup>2</sup>	ALL, Mycosis fungoides, Non-Hodgkin's lymphoma, RA, Psoriasis, pJIA	Prior authorization, Quantity limit
Nypozi	Neutropenia, Chemotherapy-induced neutropenia, Peripheral blood stem cell mobilization, Hematopoietic syndrome of acute radiation syndrome	Prior authorization
Opipza <sup>2</sup>	Schizophrenia, Major depressive disorder, Irritability associated with autistic disorder, Tourette's disorder	Prior authorization, Quantity limit
Revuforj	Acute leukemia	Prior authorization, Quantity limit
Tryngolza	Familial chylomicronemia syndrome	Prior authorization, Quantity limit

2. Does not apply to Grandfathered plans