

**BLUE SHIELD OF CALIFORNIA  
MAY 2023 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 May 2023 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)
bismuth subcitrate potassium-metronidazole-tetracycline (Pylera)	H. pylori	Quantity limit
diclofenac 50mg powder packet <sup>1</sup>	Migraine	Prior authorization, Quantity limit
lurasidone (Latuda)	Schizophrenia, Bipolar disorder	Quantity limit
oxybutynin 2.5mg tablet <sup>1</sup> , oxybutynin 5mg/5ml oral solution <sup>1</sup>	Overactive bladder	Prior authorization, Quantity limit
posaconazole 40mg/ml oral suspension (Noxafil)	Aspergillosis, Candidiasis	Prior authorization
prednisolone 5mg tablet <sup>1</sup>	Corticosteroid responsive conditions	Prior authorization
topiramate er capsule (Trokendi XR)	Seizures, Lennox-Gastaut syndrome, Migraine	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
Allzital	Tension headache	Prior authorization, Quantity limit	Tier 3 <sup>2</sup> , Tier 1 <sup>1</sup>
bupropion hcl er (Forfivo XL)	Depression	Quantity limit, Remove Step therapy, Add Prior authorization	Remains Tier 1

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
clindamycin 1%-benzoyl peroxide 5% gel in pump	Acne vulgaris	Remove Step therapy	Remains Tier 1
dexlansoprazole (Dexilant) <sup>2</sup>	Erosive esophagitis, GERD	Quantity limit, Remove Step therapy, Add Prior authorization	Remains Tier 2
dexlansoprazole 30mg (Dexilant) <sup>1</sup>			Tier 1
dexlansoprazole 60mg (Dexilant) <sup>1</sup>			Remains Tier 1
lubiprostone (Amitiza)	Chronic idiopathic constipation, Opioid-induced constipation, IBS with constipation	Prior authorization, Quantity limit	Tier 2 <sup>2</sup> , Tier 1 <sup>1</sup>
Millipred <sup>1</sup>	Corticosteroid responsive conditions	Prior authorization	Tier 1
Rybelsus	Diabetes	Quantity limit, Remove Step therapy, Add Prior authorization	Remains Tier 2
Ozempic	Diabetes, Cardiovascular events		
Trulicity			
Victoza			

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans

### 3. 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)
Dexilant	Erosive esophagitis, GERD	Prior authorization	dexlansoprazole
Forfivo XL	Depression	Prior authorization	bupropion hcl er
Latuda	Schizophrenia, Bipolar disorder	Remove Step therapy	lurasidone

### 4. 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)
Amjevita	Rheumatoid arthritis, Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Ankylosing spondylitis, Psoriasis, Crohn's disease, Ulcerative colitis	Prior authorization, Quantity limit
Atorvaliq <sup>2</sup>	Hypercholesterolemia, Cardiovascular events	Prior authorization, Quantity limit

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Daybue	Rett syndrome	Prior authorization, Quantity limit
dichlorphenamide (Keveyis)	Primary hyperkalemic periodic paralysis, Primary hypokalemic periodic paralysis	Prior authorization, Quantity limit
Filspari	Primary immunoglobulin A nephropathy	Prior authorization, Quantity limit
Jaypirca	Mantle cell lymphoma	Prior authorization, Quantity limit
Joenja	Activated phosphoinositide 3-kinase delta syndrome	Prior authorization, Quantity limit
Konvomep <sup>2</sup>	Gastric ulcer, GI bleed	Prior authorization, Quantity limit
Orserdu	Breast cancer	Prior authorization, Quantity limit
oxybutynin 5mg/5ml oral solution <sup>2</sup>	Overactive bladder	Prior authorization, Quantity limit
pirfenidone 267mg capsule (Esbriet)	Idiopathic pulmonary fibrosis	Prior authorization, Quantity limit
Pradaxa oral pellets <sup>2</sup>	Venous thromboembolism	Prior authorization, Quantity limit
Sirturo	Multi-drug resistant tuberculosis	Prior authorization, Quantity limit
Skyclarys	Friedreich's ataxia	Prior authorization, Quantity limit
sodium oxybate (Xyrem)	Narcolepsy	Prior authorization, Quantity limit
tasimelteon (Hetlioz)	Non-24hr sleep-wake disorder, Smith-Magenis syndrome	Prior authorization, Quantity limit
teriflunomide (Aubagio)	Multiple sclerosis	Prior authorization, Quantity limit
Tezspire auto-injector	Severe asthma	Prior authorization, Quantity limit

*2. Does not apply to Grandfathered plans*