

BLUE SHIELD OF CALIFORNIA
AUGUST 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 August 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)
budesonide foam (Uceris)	Distal ulcerative colitis	Quantity limit
darunavir 600mg, 800mg tablet (Prezista)	HIV-1 infection	Quantity limit
Depo-Testosterone	Hypogonadism	Quantity limit
methsuximide (Celontin)	Seizure	
naftifine 2% topical gel (Naftin)	Tinea pedis	Step-therapy

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
digoxin	Atrial fibrillation/flutter, Heart failure	Quantity limit, Remove Age-limit	Remain Tier 1
dipyridamole	Prevent postoperative thromboembolic complications	Remove Age-limit	Remain Tier 1
fenofibrate 50mg, 150mg capsule ¹	Hypercholesterolemia, Mixed dyslipidemia	Step-therapy, Quantity limit	Tier 3
Prezista 600mg, 800mg tablet ¹	HIV-1 infection	Quantity limit	Tier 3
benzphetamine	Obesity management	Prior authorization, Add Quantity limit	Remain Tier 1
diethylpropion, diethylpropion er			

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
phendimetrazine			
phentermine			
Lomaira			

1. Effective 1/2024

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)
Lanoxin	Atrial fibrillation/flutter, Heart failure	Quantity limit, Remove Age-limit	digoxin
orlistat (Xenical)	Weight management	Prior authorization, Add Quantity limit	phentermine phendimetrazine
Adipex-P	Obesity management		
phendimetrazine er			

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)
Austedo XR	Huntington's Chorea	Prior authorization, Quantity limit
baclofen oral suspension (Fleqsuvy) ²	Spasticity	Prior authorization, Quantity limit
Cuvrior	Wilson's disease	Prior authorization, Quantity limit
gefitinib (Iressa)	NSCLC	Prior authorization, Quantity limit
Liqrev	Pulmonary arterial hypertension	Prior authorization, Quantity limit
Lumryz	Narcolepsy	Prior authorization, Quantity limit
Miebo ²	Dry eye disease	Prior authorization, Quantity limit
Olpruva	Urea cycle disorder	Prior authorization, Quantity limit
Sogroya	Growth hormone deficiency	Prior authorization
Vanflyta	Acute myeloid leukemia	Prior authorization, Quantity limit
Vowst	<i>C. difficile</i> infection prophylaxis	Prior authorization, Quantity limit
Zavzpret ²	Acute migraine	Prior authorization, Quantity limit
Zejula tablet	Epithelial ovarian cancer, Fallopian tube cancer, Peritoneal cancer	Prior authorization, Quantity limit
Mekinist oral solution	Melanoma, NSCLC, Thyroid cancer, BRAF V600E mutation-	Prior authorization, Quantity limit
Tafinlar tablet for oral suspension		

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
	positive solid tumor, Glioma	
Cyltezo	Rheumatoid arthritis, Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Ankylosing spondylitis, Psoriasis, Crohn's disease, Ulcerative colitis, Uveitis, Hidradenitis suppurativa	Prior authorization, Quantity limit
Hadlima, Hadlima PushTouch	Rheumatoid arthritis, Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Ankylosing spondylitis, Psoriasis, Crohn's disease, Ulcerative colitis, Hidradenitis suppurativa	
Yuflyma	Rheumatoid arthritis, Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Ankylosing spondylitis, Psoriasis, Crohn's disease, Ulcerative colitis, Hidradenitis suppurativa	
adalimumab-adaz (Hyrimoz)	Rheumatoid arthritis, Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Ankylosing spondylitis, Psoriasis, Crohn's disease, Ulcerative colitis	
Hyrimoz		
adalimumab-fkjp (Hulio)		
Hulio		
Idacio		
Yusimry		

2. Does not apply to Grandfathered plans