

**BLUE SHIELD OF CALIFORNIA  
MAY 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 May 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)
bromfenac 0.07% ophthalmic drops (Prolensa)	Cataract surgery	Prior authorization, Quantity limit
bromfenac 0.075% ophthalmic drops (Bromsite)		
gabapentin (Gralise)	Postherpetic neuralgia	Prior authorization, Quantity limit
kiprofen <sup>1</sup>	RA, OA, Pain, Dysmenorrhea	Prior authorization, Quantity limit
loteprednol 0.2% ophthalmic suspension (Alrex)	Seasonal allergic conjunctivitis	
nitroglycerin 0.4% ointment (Rectiv)	Chronic anal fissures	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
Adthyza	Hypothyroidism, TSH suppressant		Tier 2
Auryxia <sup>2,3</sup>	Hyperphosphatemia, Iron deficiency	Prior authorization	Tier 4
Velphoro <sup>2,3</sup>	Hyperphosphatemia		
Avonex	Multiple sclerosis	Quantity limit, Remove Prior authorization	Remain Tier 4
Betaseron			

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
Extavia <sup>3</sup>			Tier 4
acitretin capsule <sup>3</sup>	Psoriasis	Add Quantity limit	Tier 1
calcitriol ointment (Vectical) <sup>3</sup>	Plaque psoriasis	Quantity limit	Tier 3 <sup>2</sup> Tier 2 <sup>1</sup>
Vectical <sup>3</sup>			Tier 4 <sup>2</sup>
alendronate oral solution <sup>2,3</sup>	Osteoporosis	Quantity limit	Tier 2
clindamycin-benzoyl peroxide 1%-5% gel, jar	Acne vulgaris	Remove Step-therapy	Tier 1
Onexton <sup>2,3</sup>		Step-therapy, Quantity limit	Tier 4
Croton <sup>3</sup>	Scabies, Pruritic skin	Add Prior authorization and Quantity limit	Tier 4 <sup>2</sup> Remain Tier 1 <sup>1</sup>
efavirenz-emtricitabine-tenofovir disoproxil fumarate (Atripla)	HIV infection	Quantity limit, Remove Prior authorization	Remain Tier 1
Ergomar <sup>2,3</sup>	Vascular headache	Prior authorization, Quantity limit	Tier 4
flurandrenolide 0.05% cream <sup>1</sup>	Steroid-responsive dermatoses	Prior authorization	Tier 3
Humatin <sup>3</sup>	Intestinal amebiasis, Hepatic coma	Add Prior authorization	Remain Tier 3
indomethacin 25mg/5ml oral suspension <sup>3</sup>	RA, AS, OA, Bursitis/tendonitis, Gouty arthritis	Add Prior authorization	Tier 4 <sup>2</sup> Remain Tier 1 <sup>1</sup>
Indocin 25mg/5ml oral suspension <sup>2,3</sup>			Tier 4
naproxen 125mg/5ml oral suspension <sup>2,3</sup>	RA, OA, AS, pJIA, Tendonitis, Bursitis, Gout, Pain, Dysmenorrhea	Prior authorization	Tier 3
Naprosyn 125mg/5ml oral suspension <sup>2,3</sup>			
Lyvispah <sup>2</sup>	Spasticity	Prior authorization, Quantity limit	Tier 3
megestrol acetate 625mg/5ml oral suspension <sup>2,3</sup>	Anorexia, cachexia, or unexplained weight loss in those with AIDS		Tier 2
metformin er 24hr modified release tablet <sup>2</sup>	Diabetes	Prior authorization, Quantity limit	Tier 3
Mounjaro			Tier 2
methadone 5mg & 10mg tablet, oral concentrate, 5mg/5ml & 10mg/5ml oral solution <sup>2,3</sup>	Pain, Opioid addiction	Prior authorization, Quantity limit	Tier 1

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
methylphenidate hcl 72mg er tablet <sup>3</sup>	ADHD	Prior authorization, Age-limit, Quantity limit	Tier 3
Relexxii 72mg er tablet <sup>3</sup>			
nizatidine capsule <sup>2,3</sup>	Duodenal ulcer, Esophagitis, Gastric ulcer		Tier 2
tadalafil (Cialis) <sup>2,3</sup>	ED, BPH	Prior authorization, Quantity limit	Tier 2
timolol gel forming ophthalmic solution <sup>2,3</sup>	Ocular hypertension, Glaucoma		Tier 2
vancomycin powder for oral solution (Firvanq) <sup>2,3</sup>	Clostridium difficile-associated diarrhea, Enterocolitis	Prior authorization, Quantity limit	Tier 2
Qsymia <sup>4</sup>	Chronic weight management	Prior authorization, Quantity limit	Tier 3
Saxenda <sup>4</sup>			
Zepbound <sup>4</sup>			
Wegovy <sup>4</sup>			

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans; 3. Effective 1/2025; 4. Effective 7/31/2024

### 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)
Atripla	HIV infection	Quantity limit, Remove Prior authorization	efavirenz-emtricitabine-tenofovir disoproxil fumarate
Indocin 25mg/5ml oral suspension <sup>1,3</sup>	RA, AS, OA, Brusitis/tendonitis, Gouty arthritis	Add Prior authorization	indomethacin capsule
Phospholine iodide <sup>3</sup>	Increased intraocular pressure, Strabismus	Add Prior authorization and Quantity limit	

1. Applies to Grandfathered plans; 3. Effective 1/2025

#### 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)
Agamree deflazacort (Emflaza)	Duchenne muscular dystrophy	Prior authorization, Quantity limit
Alvaiz	Thrombocytopenia, Aplastic anemia	Prior authorization, Quantity limit
Eohilia <sup>2</sup>	Eosinophilic esophagitis	Prior authorization, Quantity limit
Filsuvez	Dystrophic and junctional epidermolysis bullosa	Prior authorization, Quantity limit
kiprofen <sup>2</sup>	RA, OA, Pain, Dysmenorrhea	Prior authorization, Quantity limit
mifepristone (Korlym)	Cushing's syndrome	Prior authorization, Quantity limit
Rezdiffra	Noncirrhotic nonalcoholic steatohepatitis	Prior authorization, Quantity limit
Rivfloza	Primary hyperoxaluria	Prior authorization, Quantity limit
Simlandi	RA, pJIA, PsA, AS, Ps, CD, UC, HS Uveitis	Prior authorization, Quantity limit
Sovuna <sup>2</sup>	Malaria, RA, SLE, Discoid lupus erythematosus	Prior authorization, Quantity limit
Spevigo	Generalized pustular psoriasis	Prior authorization, Quantity limit
tiopronin (Thiola EC)	Cystinuria	Prior authorization
Voydeya	Paroxysmal nocturnal hemoglobinuria	Prior authorization, Quantity limit
Winrevair	Pulmonary arterial hypertension	Prior authorization, Quantity limit

<sup>2</sup> Does not apply to Grandfathered plans