

**BLUE SHIELD OF CALIFORNIA**  
**FEBRUARY 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 February 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)
Elixophyllin 80mg/15ml elixir	Asthma, COPD	
estradiol transdermal gel (Divigel)	Vasomotor symptoms	Quantity limit
diclofenac powder packet (Cambia) <sup>1</sup>	Acute migraine	Prior authorization, Quantity limit
fingolimod (Gilenya) <sup>1</sup>	Multiple sclerosis	Quantity limit
levofloxacin 1.5% eye drops	Corneal ulcer	
naproxen sodium 750mg er tablet <sup>1</sup>	RA, OA, AS, Tendinitis, Brusitis, Acute gout, Dysmenorrhea, Mild to moderate pain	Prior authorization, Quantity limit
penciclovir (Denavir)	Cold sores	Prior authorization, Quantity limit
roflumilast (Daliresp)	COPD	Prior authorization, Quantity limit
tafluprost eye drops (Zioptan)	Glaucoma	Step therapy, 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
aprepitant capsule (Emend)	Chemotherapy-induced nausea and vomiting	Remove Prior authorization	Remains Tier 1
dexlansoprazole 60mg capsule (Dexilant) <sup>1</sup>	Erosive esophagitis, GERD	Step therapy	Tier 1
doxylamine-pyridoxine (Diclegis)	Nausea and vomiting of pregnancy	Remove Prior authorization	Remains Tier 1

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
Taperdex 12-day <sup>2</sup>	Corticosteroid responsive conditions	Prior authorization	Tier 3

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 status but have new coverage restriction(s) as noted:

Drug	FDA Indication(s)	New Restriction(s)	Alternative(s)
Diclegis	Nausea and vomiting of pregnancy	Remove Prior authorization	doxylamine-pyridoxine
Emend capsule	Chemotherapy-induced nausea and vomiting	Remove Prior authorization	aprepitant capsule
fingolimod (Gilenya) <sup>2</sup>	Multiple sclerosis	Remove Prior authorization	
Zioptan	Glaucoma	Remove Prior authorization, Add Step therapy	latanoprost 0.005% eye drops

2. Does not apply to Grandfathered plans

### 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)
Allopurinol 200mg tablet <sup>2</sup>	Gout, Hyperuricemia	Prior authorization, Quantity limit
cetorelix (Cetrotide)	Infertility	Prior authorization
Furoscix	Congestive heart failure	Prior authorization, Quantity limit
Gilenya	Multiple sclerosis	Quantity limit
Krazati	Non-small cell lung cancer	Prior authorization, Quantity limit
Lytgobi	Intrahepatic cholangiocarcinoma	Prior authorization, Quantity limit
Rezlidhia	Acute myeloid leukemia	Prior authorization, Quantity limit
Stimufend	Chemotherapy-induced neutropenia	Prior authorization
Sunlenca tablet	Multi-drug resistant HIV-1 infection	Prior authorization, Quantity limit

2. Does not apply to Grandfathered plans

### 5. DRUGS REMOVED FROM COVERAGE

The following drugs were excluded from coverage because it is available without a prescription, effective January 1, 2023:

Drug	
Ivermectin 0.5% lotion	Sklice 0.5% lotion