

**BLUE SHIELD OF CALIFORNIA
NOVEMBER 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 November 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)
baclofen 25mg/5ml powder for oral suspension (Fleqsuvy) ¹	Spasticity in Multiple sclerosis	Prior authorization
brimonidine 0.1% ophthalmic solution (Alphagan P)	Glaucoma, Ocular hypertension	
breyna ²	Asthma, COPD	
lbrance ¹	Breast cancer	Prior authorization
Kisqali, Kisqali Femara Co-Pack ¹		
Verzenio ¹		
indomethacin 50mg suppository ¹	RA, AS, OA, Acute bursitis/tendonitis, Acute gouty arthritis	Prior authorization
levonorgestrel-ethinyl estradiol 0.1mg-20mcg-ferrous bisglycinate 36.5mg tablet	Contraceptive	
lisdexamfetamine dimesylate (Vyvanse)	ADHD, Severe binge eating disorder	Prior authorization
Olumiant ^{1,2}	Alopecia areata, Covid-19, Rheumatoid arthritis	Prior authorization
saxagliptan (Onglyza) ¹	Type 2 diabetes	Prior authorization
saxagliptan-metformin (Kombiglyze) ¹		
tretinoin microsphere 0.08% gel (Retin-A Micro Pump) ¹	Acne vulgaris	Step therapy, Age-limit

Drug	FDA Indication(s)	Coverage Restriction(s)
vancomycin 25mg/ml powder for oral suspension (Firvanq)	Clostridium difficile-associated diarrhea, Entercolitis	Prior authorization

1. Applies to Grandfathered plans; 2. Effective 1/2024

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
Humalog 100 unit/ml vial ² , Humalog 100 unit/ml Kwikpen ² , Humalog 100 unit/ml Jr Kwikpen ²	Diabetes	Prior authorization	Tier 3
Levemir, Levemir FlexPen ²			
insulin glargine, insulin glargine solostar ²			
oxybutynin 5mg/5ml syrup	Neurogenic bladder	Add Quantity limit	Remains Tier 1
potassium 20meq powder for solution ³	Hypokalemia		Tier 1
Repatha ² , Repatha Pushtronex ² , Repatha SureClick ²	Hyperlipidemia, Heterozygous familial hypercholesterolemia, Homozygous familial hypercholesterolemia	Prior authorization	Tier 2
Vyvanse ²	ADHD, Severe binge eating disorder	Age-limit	Tier 3
Advair Diskus ²	Asthma		Tier 3
Flovent HFA ² , Flovent Diskus ²		Prior authorization	
budesonide-formoterol fumarate dihydrate (Symbicort) ²	Asthma, COPD		Tier 2 ³ Tier 1 ¹
Symbicort ²			Tier 3

1. Applies to Grandfathered plans; 2. Effective 1/2024; 3. 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)
desvenlafaxine er tablet (Khedeza)	Depression	Prior authorization	desvenlafaxine succinate er tablet (Pristiq)

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)
Akeega	Prostate cancer	Prior authorization
Cosentyx Unoready	Psoriasis, Psoriatic arthritis, AS, Axial spondyloarthritis, Enthesitis-related arthritis	Prior authorization
indomethacin 50mg suppository ³	RA, AS, OA, Acute bursitis/tendonitis, Acute gouty arthritis	Prior authorization
Litfulo	Alopecia areata	Prior authorization
Ngenla	Pediatric growth failure	Prior authorization
Nitrofurantoin 50mg/5ml oral suspension ³	Urinary tract infection	Prior authorization
Ojjaara	Myelofibrosis with anemia	Prior authorization
plerixafor (Mozobil)	Peripheral blood stem cell mobilization	Prior authorization
Pokonza ³	Hypokalemia	Prior authorization
Rolvedon	Chemotherapy-induced neutropenia	Prior authorization
Sohonos	Fibrodysplasia ossificans progressiva	Prior authorization
Xdemvy ³	Demodex blepharitis	Prior authorization

³. Does not apply to Grandfathered plans