

BLUE SHIELD OF CALIFORNIA  
FIRST QUARTER 2025 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE MARCH 1, 2025

*for Large Group, Small Group, and Individual & Family Plans*

The Blue Shield of California (BSC) Pharmacy and Therapeutics (P&T) Committee, consisting of network physicians and pharmacists, regularly evaluates drugs for formulary inclusion and medication policy coverage criteria. The first quarter 2025 P&T Committee decisions on formulary changes and medication policy changes, which apply to Commercial members with an outpatient drug benefit, are summarized below:

**PHARMACY BENEFIT FORMULARY UPDATE:**

Please refer to the appropriate drug formulary posted on our website for the following information:

- *Quantity limits, if applicable, for specific drugs*
- *Formulary status of newly available strengths of existing drugs. Note: The formulary status of newly available strengths of existing drugs will have the same formulary status as the existing strengths unless otherwise noted.*
- *Non-formulary and non-preferred drugs that require prior authorization or step therapy.*
- *Brand-name medications that are now non-formulary or non-preferred because these medications have newly available generic equivalents covered on the formulary.*

Formularies are available at [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy). Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, or “Plus Drug Formulary”.

Summary of changes to the Medicare formularies are available at [blueshieldca.com/pharmacy](https://blueshieldca.com/pharmacy). Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

**NEW GENERICS with RESTRICTIONS**

The following drugs are **newly available** **GENERIC** drugs that were **ADDED** to the **Plus** and **Standard/Value Drug Formularies** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
carbamazepine 200mg chewable tablet	Partial seizures, Tonic-clonic mixed seizures, Trigeminal neuralgia	Prior authorization

The following drugs are **newly available** **GENERIC** drugs that were **ADDED** to the **Plus Drug Formulary** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
avanafil (Stendra)	Erectile dysfunction	Prior authorization
esomeprazole 2.5mg, 5mg delayed release oral suspension packet (Nexium)	Erosive esophagitis, GERD, NSAID-associated gastric ulcer, H.Pylori, Hypersecretory conditions	Prior authorization
prucalopride succinate (Motegrity) <sup>1</sup>	Chronic idiopathic constipation	Prior authorization

<sup>1</sup> Applies to Grandfathered plans

**DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER**

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) **only for the Plus Drug Formulary:**

- *Refer to member benefit summary for applicable member share of cost.*

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Alyftrek	Cystic fibrosis	Prior authorization
Attruby	Transthyretin amyloid cardiomyopathy	Prior authorization
Crenessity	Congenital adrenal hyperplasia	Prior authorization
Danziten	Ph+ CML	Prior authorization
Imkeldi	Ph+ CML, Ph+ ALL, MDS/MPD, Mastocytosis, HES and/or CEL, Dermatofibrosarcoma protuberans, GIST	Prior authorization
Itovebi	Breast cancer	Prior authorization
Jylamvo <sup>2</sup>	ALL, Mycosis fungoides, Non-Hodgkin's lymphoma, RA, Psoriasis, pJIA	Prior authorization
Nypozi	Neutropenia, Chemotherapy-induced neutropenia, Peripheral blood stem cell mobilization, Hematopoietic syndrome of acute radiation syndrome	Prior authorization
Opipza <sup>2</sup>	Schizophrenia, Major depressive disorder, Irritability associated with autistic disorder, Tourette's disorder	Prior authorization
Revuforj	Acute leukemia	Prior authorization
Tryngolza	Familial chylomicronemia syndrome	Prior authorization

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

**DRUGS MOVED to a DIFFERENT TIER**

The following drugs were moved to a higher or lower tier for the Plus and Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	New Tier Status
Juluca	HIV-1 infection	Tier 2

The following drugs were moved to a higher or lower tier for the Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	New Tier Status
Triumeq, Triumeq PD	HIV-1 infection	Tier 2

The following drugs were moved to a higher or lower tier for the Plus Drug Formulary as noted:

Drug	FDA Indication(s)	New Tier Status
Lagevrio	EUA for Covid-19	Tier 2 w age-limit

**DRUGS ADDED to FORMULARY**

The following drugs were ADDED to the Plus and Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Gallifrey	Secondary amenorrhea, Endometriosis, Uterine bleeding	
mesna tablet	Hemorrhagic cystitis prophylaxis	
methylphenidate hcl 72mg er osmotic release tablet	ADHD	Prior authorization, Age-limit

The following drugs were **ADDED** to the **Standard/Value Drug Formularies** as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Dovato	HIV-1 infection	
Lagevrio	EUA for Covid-19	Age-limit

The following drugs were **ADDED** to the **Standard Drug Formulary** as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Mounjaro	Type 2 diabetes	Prior authorization

The following drugs were **ADDED** to the **Plus Drug Formulary** as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
memantine hcl-donepezil hcl 14-10mg, 28-10mg er capsule (Namzaric)	Alzheimer's dementia	

**MEDICAL BENEFIT MEDICATION POLICIES:**

The following coverage policies were updated (or created if specified "NEW") and changes are effective on March 1, 2025, and available on the BSC Internet site, and Provider Portal: blueshieldca.com → drop down "Providers" → select "Guidelines and Resources" under Public Links → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Medical drug policies for Commercial plans.

Refer to medication policy for complete details. For description of change, refer to top of medication policy. For additional information, please call 1-800-535-9481

<b><i>New Policies</i></b>
<ul style="list-style-type: none"> <li>• Aucatzyl (obecabtagene autoleucel)</li> <li>• Azmiro (testosterone cypionate)</li> <li>• Bizengri (zenocutuzumab-zbco)</li> <li>• Hympavzi (marstacimab-hncq)</li> <li>• Niktimvo (axatilimab-csfr)</li> <li>• Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)</li> <li>• Pavblu (aflibercept-ayyh)</li> <li>• Ryoncil (remestemcel-L-rknd)</li> <li>• Vyalev (foscarbidopa and foslevodopa)</li> <li>• Vyloy (zolbetuximab-clzb)</li> <li>• Wezlana (ustekinumab-auub)*</li> <li>• Ziihera (zanidatamab-hrii)</li> </ul>
<b><i>Updated Policies</i></b>
<ul style="list-style-type: none"> <li>• Breyanzi (lisocabtagene maraleucel)</li> <li>• Folutyn (pralatrexate)</li> <li>• Istodax (romidepsin)</li> <li>• Monjuvi (tafasitamab-cxix)</li> <li>• Opdivo (nivolumab)</li> <li>• pemetrexed</li> <li>• Polivy (polatuzumab vedotin-piiq)</li> <li>• Tecartus (brexucabtagene autoleucel)</li> <li>• Tecentriq Hybreza (atezolizumab and hyaluronidase-tajs)</li> <li>• Tevimbra (tislelizumab-jsgr)</li> <li>• Tivdak (tisotumab vedotin-tftv)</li> </ul>

**Retired Policies**

- Aduhelm (aducanumab-avwa)
- Zulresso (brexanolone)

\*Added to site of care program

**PHARMACY BENEFIT MEDICATION POLICIES:**

The following coverage policies were updated (or created if specified "NEW") and changes are effective on March 1, 2025, and available on the BSC Internet site, and Provider Portal: blueshieldca.com → drop down "Providers" → select "Guidelines and Resources" under Public Links → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details. For additional information, please call 1-800-535-9481

**New Policies**

- Alyftrek (vanzacaftor, tezacaftor, and deutivacaftor)
- Attruby (acoramidis)
- carbamazepine 200mg chewable
- Crenessity (crinecerfont)
- Danziten (nilotinib)
- Emrosi (minocycline ER)
- hydrocortisone 2.5% solution
- Imkeldi (imatinib, oral solution)
- Itovebi (inavolisib)
- metformin 750mg
- Motegrity (prucalopride)
- Non-preferred tramadol products
  - Qdolo oral solution
  - tramadol 25mg
  - tramadol 75mg
- Opienza (aripiprazole, oral film)
- Qlosi (pilocarpine 0.4% HCl)
- Revuforj (revumenib)
- Tryngolza (olezarsen)
- Wezlana (ustekinumab-auub, subcutaneous)

**Updated Policies**

- Afinitor (everolimus)
- Afinitor Disperz (everolimus)
- Alunbrig (brigatinib)
- Augtyro (repotrectinib)
- Azstarys (serdexmethylphenidate and dexmethylphenidate)
- Besremi (ropeginterferon alfa-2b)
- Bimzelx (bimekizumab-bkzx)
- Bosulif (bosutinib)
- Brukinsa (zanubrutinib)
- Cabometyx (cabozantinib)
- Calquence (acalabrutinib)
- Cambia (diclofenac, powder packets)
- Copiktra (duvelisib)
- Enbrel (etanercept)
- Gleevec (imatinib)

- Ibrance (palbociclib)
- Iclusig (ponatinib)
- Jaypirca (pirtobrutinib)
- Jornay PM (methylphenidate HCl)
- Jylamvo (methotrexate, oral solution)
- Kineret (anakinra)
- Kisqali (ribociclib)
- Kisqali Femara CoPack (ribociclib and letrozole)
- Krazati (adagrasib)
- Lenvima (lenvatinib)
- Lorbrena (lorlatinib)
- Nemluvio (nemolizumab-ilto)
- Nexavar (sorafenib)
- Non-preferred adalimumab
- Otezla (apremilast)
- Piqray (alpelisib)
- QuilliChew ER (methylphenidate HCl)
- Quillivant XR (methylphenidate HCl)
- Scemblix (asciminib)
- Simponi (golimumab)
- Sprycel (dasatinib)
- Stivarga (regorafenib)
- Sutent (sunitinib)
- Tassigna (nilotinib)
- Tazverik (tazemetostat)
- Truqap (capivasertib)
- Verzenio (abemaciclib)
- Votrient (pazopanib)
- Vtama (tapinarof)
- Vyndamax (tafamidis)
- Vyndaqel (tafamidis meglumine)
- Xalkori (crizotinib)
- Xeljanz (tofacitinib)
- Xpovio (selinexor)
- Zepbound (tirzepatide)
- Zydelig (idelalisib)

***Retired Policies***

- Abilify Mycite (aripiprazole)
- D-penammine
- fentanyl, transdermal immediate-release
- Pexeva (paroxetine)
- Tegsedi (inotersen sodium)