

BLUE SHIELD OF CALIFORNIA
MAY 2022 STANDARD/VALUE 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 Standard/Value Drug Formulary from the May 2022 P&T Committee meeting are outlined below. To view a copy of the Standard/Value 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)	Tier Status
apomorphine (Apokyn)	Parkinson's disease	Prior authorization	Tier 4
Dodex	Vitamin B12 deficiency		Tier 1
Dupixent	Atopic dermatitis, Asthma, Rhinosinusitis with nasal polyposis	Prior authorization, Quantity limit	Tier 4
Euthyrox	Hypothyroidism		Tier 1
insulin lispro junior kwikpen ¹	Diabetes		Tier 1
lacosamide tablet (Vimpat)	Seizures	Quantity limit	Tier 1
lenalidomide (Revlimid)	Multiple myeloma, Myelodysplastic syndromes, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	Prior authorization	Tier 4
maraviroc (Selzentry)	HIV infection	Quantity limit	Tier 2
Opsumit	PAH	Prior authorization, Quantity limit	Tier 4
ranolazine (Ranexa)	Chronic angina	Quantity limit	Tier 1
Rinvoq	Rheumatoid arthritis, Atopic dermatitis, Ulcerative colitis	Prior authorization, Quantity limit	Tier 4
silodosin (Rapaflo)	Benign prostatic hyperplasia	Quantity limit	Tier 1
Triumeq PD	HIV infection	Quantity limit	Tier 3
Xarelto oral suspension	Thromboembolism	Quantity limit	Tier 2
Xifaxan	Travelers' diarrhea, Hepatic	Prior authorization, Quantity limit	Tier 3

Drug	FDA Indication(s)	Coverage Restriction(s)	Tier Status
	encephalopathy, IBS w/diarrhea		

1. effective 1/2022

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
Genvoya	HIV infection	Quantity limit	Tier 2
sulfacetamide sodium-sulfur 8%-4% topical suspension	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Remove Prior authorization	
Sulfacleanse 8%-4% topical suspension			
sulfacetamide sodium-sulfur 9.8%-4.8% liquid cleanser, cream, lotion (Plexion)		Remove Prior authorization, Add Step therapy	
tretinoin 0.05% gel (Atralin)	Acne vulgaris	Remove Age limit, Add Prior authorization	

3. DRUGS REMOVED FROM THE FORMULARY

The following brand-name drugs were removed from the formulary because generic is now available and was added to the formulary. Drug removal is effective August 2022.

Brand-name Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Apokyn	Parkinson's disease		apomorphine
Biltricide	Schistosomiasis, Clonorchiasis, Opisthorchiasis		praziquantel
Revlimid	Multiple myeloma, Myelodysplastic syndromes, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	Quantity limit	lenalidomide
Selzentry	HIV infection	Quantity limit	maraviroc

4. DRUGS REMOVED FROM COVERAGE

The following drugs were excluded from coverage because they are not approved by the Food and Drug Administration (FDA):

Drug	Drug

Drug	Drug
Gordons 22% ointment	Urea Hydrating 35% foam
Hydro 35% foam	Urea 39% cream
Uredeb 39% cream	Xurea 39% cream
Hydro 40% foam	Umecta Mousse 40% foam
Urea 41% cream	Utopic 41% cream
Urea 45% cream	Urea 45% Nail gel
Uramaxin 45% gel	Urea 45% lotion
Cem-urea 45% topical solution	Urea 47% cream
Urea 50% cream	Urea 50% Nail stick