

BLUE SHIELD OF CALIFORNIA
NOVEMBER 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 November 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
Cystagon	Nephropathic cystinosis	Quantity limit	Tier 3
mifepristone (Mifeprex) ¹	Pregnancy termination	Quantity limit	Tier 1
phospho-trin K-500	Acidify urine		Tier 1
Ubrelvy ¹	Migraine	Prior authorization, Quantity limit	Tier 2
clobetasol 0.05% shampoo	Scalp psoriasis		Tier 1
Clodan 0.05% shampoo			
nitisinone (Orfadin) ¹	Hereditary tyrosinemia type 1	Prior authorization, Quantity limit	Tier 4
Qsymia ¹	Weight management	Prior authorization, Quantity limit	Tier 2
lenalidomide (Revlimid)	Multiple myeloma, Myelodysplastic syndromes, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	Prior authorization, Quantity limit	Tier 4
Revlimid			
sodium sulfate/potassium sulfate/magnesium sulfate (Suprep)	Bowel prep for colonoscopy		Tier 1

¹. effective 1/2023

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
atomoxetine (Strattera)	ADHD	Quantity limit,	Remains Tier 2

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
guanfacine er (Intuniv)		Remove Age-limit	Remains Tier 1
pimecrolimus (Elidel)	Atopic dermatitis	Quantity limit, Remove Step-therapy	Remains Tier 2
tacrolimus 0.03% ointment (Protopic)		Quantity limit, Remove Step-therapy & Age-limit	
tacrolimus 0.1% ointment (Protopic)		Age-limit, Quantity limit, Remove Step-therapy	

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 January 1, 2023.

Brand-name Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Suprep	Bowel prep for colonoscopy		sodium sulfate/ potassium sulfate/ magnesium sulfate

The following drugs were removed from the formulary. Non-formulary drugs require a formulary exception based on medical necessity for coverage.

Drug	FDA Indication(s)	Alternative(s)
Nityr ¹	Hereditary tyrosinemia type 1	nitisinone capsule

1. effective 1/2023

4. DRUGS REMOVED FROM COVERAGE

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

Drug		
mometasone nasal spray (Nasonex)	Nasonex	Lastacaft