

**BLUE SHIELD OF CALIFORNIA
NOVEMBER 2024 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 2024 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)
ivabradine (Corlanor)	Heart failure	Prior authorization
lofexidine (Lucemyra)	Opioid withdrawal symptoms to facilitate abrupt discontinuation	Prior authorization
methocarbamol 1gm tablet ¹	Musculoskeletal pain	Prior authorization
oxcarbazepine er tablet (Oxtellar XR)	Partial onset seizures	Step therapy
potassium chloride 15meq tablet	Hypokalemia	
tazarotene 0.05% cream (Tazorac)	Plaque psoriasis, Acne vulgaris	

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
adapalene 0.1% pad ^{2,8}	Acne vulgaris	Prior authorization	Tier 4
allopurinol 200mg tablet ^{1,8}	Gout, Elevated serum and urinary uric acid levels, Recurrent calcium oxalate calculi	Prior authorization	Tier 1
diclofenac 35mg capsule ^{2,8}	Pain, OA	Prior authorization	Tier 4
Entresto Sprinkle ³	Heart failure	Prior authorization	Tier 3
erythromycin 250mg dr particles capsule ⁴	Bacterial infection	Prior authorization	Tier 3

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
fentanyl citrate buccal tablet ⁵	Pain	Prior authorization	Tier 4 ² Tier 3 ¹
Nalocet ^{2,8}	Pain	Prior authorization	Tier 4
Poly-vi-flor 0.25mg chewable ⁶	Dietary supplement		Tier 3
Qufloa Pediatric 0.25mg chewable ⁶	Dietary supplement		Tier 3
Ryvent ^{2,8}	Allergic rhinitis, Vasomotor rhinitis, Allergic conjunctivitis, Urticaria, Angioedema, Dermatographism, Allergic reactions	Prior authorization	Tier 4

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans; 3. Effective 7/2024; 4. Effective 10/2024; 5. Effective 9/2024; 6. Effective 8/2024; 7. Effective 2/1/2025; 8. Effective 1/2025

3. 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)
Aqneursa	Niemann-Pick	Prior authorization
Miplyffa	Niemann-Pick	Prior authorization
Ebglyss	Atopic dermatitis	Prior authorization
Zoryve 0.15% cream ²	Atopic dermatitis	Prior authorization
dasatinib (Sprycel)	Ph+ CML, Ph+ ALL	Prior authorization
Lazcluze	NSCLC	Prior authorization
Retevmo	NSCLC, Thyroid cancer, Solid tumors with RET gene fusion	Prior authorization
Torpenz	Breast cancer, Renal angiomyolipoma and tuberous sclerosis complex (TSC), TSC with SEGA	Prior authorization
Truqap	Breast cancer	Prior authorization
Voranigo	Astrocytoma, Oligodendroglioma	Prior authorization
Cobenfy	Schizophrenia	Prior authorization
deflazacort oral suspension (Emflaza)	Duchenne muscular dystrophy	Prior authorization
glimepiride 3mg tablet ²	Diabetes	Prior authorization
l-glutamine (Endari)	Sickle cell disease	Prior authorization

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Livdelzi	Primary biliary cholangitis	Prior authorization
methocarbamol 1gm tablet (Tanlor) ²	Musculoskeletal pain	Prior authorization
Neffy ²	Anaphylaxis	Prior authorization
Nemluvio	Prurigo nodularis	Prior authorization
Onyda ²	Pediatric ADHD	Prior authorization
Tryvio ²	Hypertension	Prior authorization
Undecatrex ²	Hypogonadism	Prior authorization
Vigafyde	Infantile spasms	Prior authorization
Yorvipath	Hypoparathyroidism	Prior authorization

2. Does not apply to Grandfathered plans