

BLUE SHIELD OF CALIFORNIA
AUGUST 2023 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 August 2023 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
Alecensa	NSCLC	Prior authorization, Quantity limit	Tier 4
Tagrisso			
Cabometyx	Renal cancer, Hepatocellular carcinoma, Thyroid cancer	Prior authorization, Quantity limit	Tier 4
Mekinist oral solution	Melanoma, NSCLC, Thyroid cancer, BRAF V600E mutation-positive solid tumor, Glioma	Prior authorization, Quantity limit	Tier 4
Tafinlar tablet for oral suspension			
Avonex	Multiple sclerosis	Quantity limit	Tier 3
darunavir 600mg, 800mg tablet (Prezista)	HIV-1 infection	Quantity limit	Tier 2
Symtuza			
Depo-Testosterone	Hypogonadism	Quantity limit	Tier 1
fluticasone propionate aerosol (Flovent HFA) ¹	Asthma	Quantity limit	Tier 2
fluticasone-salmeterol aerosol (Advair HFA) ¹			
budesonide-formoterol (Symbicort) ¹	Asthma, COPD	Quantity limit	

¹ 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
digoxin oral solution, 125mcg, 250mcg tablet	Atrial fibrillation/flutter, Heart failure	Remove Age-limit	Remain Tier 1
dipyridamole	Prevent postoperative thromboembolic complications		
benzphetamine	Obesity management	Prior authorization, Add Quantity limit	Remain Tier 1
diethylpropion, diethylpropion er			
phendimetrazine			
phentermine			
Lomaira			

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 November 2023.

Brand-name Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Prezista 600mg, 800mg tablet	HIV-1 infection	Quantity limit	darunavir

The following drugs were removed from the formulary. Non-formulary drugs require a formulary exception based on medical necessity for coverage. Drug removal is effective January 2024.

Drug	FDA Indication(s)	Alternative(s)
Fulphila ²	Decrease incidence of infection due to myelosuppressive chemotherapy	Neulasta, Ziextenzo
Humalog vial	Diabetes	insulin lispro 100 unit/ml vial, pen, jr kwikpen
Lyumjev, Lyumjev Kwikpen		
Extavia ²	Multiple sclerosis	Avonex, dimethyl fumarate, fingolimod 0.5mg cap, glatiramer
Advair HFA	Asthma	fluticasone-salmeterol aerosol (Advair HFA)
Flovent HFA		fluticasone propionate aerosol (Flovent HFA)
Flovent Diskus		
Symbicort	Asthma, COPD	budesonide-formoterol (Symbicort)

² Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost