

BLUE SHIELD OF CALIFORNIA
NOVEMBER 2024 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 Value Drug Formulary from the November 2024 P&T Committee meeting are outlined below. To view a copy of the 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
carbinoxamine 4mg tablet ¹	Allergic rhinitis, Vasomotor rhinitis, Allergic conjunctivitis, Urticaria, Angioedema, Dermatographism, Allergic reactions		Tier 1
nitrofurantoin 25mg/5ml oral suspension ¹	UTI		Tier 1
oxaprozin 600mg tablet ¹	OA, RA, jRA		Tier 1
oxycodone-acetaminophen 5-325mg/5ml oral solution ¹	Pain		Tier 1
potassium chloride 15meq tablet	Hypokalemia		Tier 1
adalimumab-aacf	RA, pJIA, PsA, AS, Ps, CD, UC, HS, Uveitis	Prior authorization	Tier 4
Nyvepria ²	Decrease incidence of infection due to myelosuppressive chemotherapy	Prior authorization	Tier 4
Zeposia, Zeposia Starter ¹	Multiple sclerosis, Ulcerative colitis	Prior authorization	Tier 4
Tyenne	Giant cell arteritis, pJIA, sJIA, RA	Prior authorization	Tier 4
dasatinib (Sprycel)	Ph+ CML, Ph+ ALL	Prior authorization	Tier 4

1. Effective: 1/1/2025; 2. Effective 2/1/2025

2. 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 February 1, 2025.

Drug	FDA Indication(s)	Alternative(s)
Sprycel ³	Ph+ CML, Ph+ ALL	dasatinib

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

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 1, 2025.

Drug	FDA Indication(s)	Alternative(s)
Actemra ¹ , Actemra ACTPen ¹	Giant cell arteritis, pJIA, sJIA, RA, Sclerosis-associated interstitial lung disease	Tyenne
Neulasta ^{2,3}	Decrease incidence of infection due to myelosuppressive chemotherapy or radiation	Nyvepria, Udenyca
Hadlima ¹	RA, pJIA, PsA, AS, Ps, CD, UC, HS, Uveitis	adalimumab-aacf
Humira ¹		
Poly-vi-flor 0.25mg chewable ⁵	Dietary supplement	multivitamin w/fluoride 0.25mg chewable tablet
Qulfora Pediatric 0.25mg chewable ⁵		
Entresto sprinkle	Heart failure	Entresto tablet
erythromycin 250mg dr particles capsule ⁴	Bacterial infection	erythromycin base 250mg dr tab, erythromycin base 250mg tab

1. Effective 1/1/2025; 2. Effective 2/1/2025; 3. Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost; 4. Effective 10/2024; 5. Effective 8/2024