

BLUE SHIELD OF CALIFORNIA
AUGUST 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 August 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
Humalog 100 unit/ml Kwikpen , Kwikpen Jr.	Diabetes		Tier 2
methylphenidate 10mg, 20mg er tablet	ADHD	Age-limit, Quantity limit	Tier 1
methylphenidate er capsule (Aptensio XR)			
Kesimpta ¹	Multiple sclerosis	Prior authorization, Quantity limit	Tier 4
Asmanex HFA, Asmanex Twisthaler	Asthma	Quantity limit	Tier 2
Entresto sprinkle	Heart failure	Quantity limit	Tier 2
Rinvoq LQ	pJIA, Psoriatic arthritis	Prior authorization, Quantity limit	Tier 4
Sajazir	Hereditary angioedema	Prior authorization, Quantity limit	Tier 4

1. Effective 1/1/2025

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
dexmethylphenidate er capsule (Focalin XR)	ADHD	Age-limit, Quantity limit, Remove Step therapy	Tier 1

dimethyl fumarate (Tecfidera) ¹	Multiple sclerosis	Quantity limit	Tier 1
Avonex ¹		Quantity limit, Add Prior authorization	Remain Tier 4
Gilenya 0.25mg capsule ¹			

1. Effective 1/1/2025

3. DRUGS REMOVED FROM THE FORMULARY

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)
Victoza	Type 2 diabetes, Cardiovascular events	Ozempic, Rybelsus, Trulicity, Mounjaro

4. DRUGS REMOVED FROM COVERAGE

The following drugs were excluded from coverage because it is available without a prescription, effective January 1, 2025:

Drug	
hydrocortisone 1% cream	Protocort 1% cream