

BLUE SHIELD OF CALIFORNIA
MAY 2024 STANDARD 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 Drug Formulary from the May 2024 P&T Committee meeting are outlined below. To view a copy of the Standard 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
clindamycin-benzoyl peroxide 1%-5% gel, jar (Benzacilin)	Acne vulgaris		Tier 1
dalfampridine (Ampyra) ¹	Multiple sclerosis	Prior authorization, Quantity limit	Tier 4
efavirenz-emtricitabine-tenofovir disoproxil fumarate (Atripla)	HIV infection	Quantity limit	Tier 2
Genotropin, Genotropin Miniquick	GHD, Prader-Willi syndrome, Small for gestational age, Turner syndrome, Idiopathic short stature	Prior authorization	Tier 4
quinidine gluconate er tablet ¹	Arrhythmias		Tier 1
Sotyktu ²	Plaque psoriasis	Prior authorization, Quantity limit	Tier 4
tiopronin dr tablet (Thiola EC)	Cystinuria	Prior authorization	Tier 4

¹ Effective 1/1/2025 ² Effective 7/3/2024

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
acitretin capsule ¹	Psoriasis	Add Quantity limit	Remain Tier 3
alendronate oral solution ¹	Osteoporosis	Quantity limit	Tier 2
azelaic acid 15% gel (Finacea)	Acne rosacea	Quantity limit	Tier 1

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
efavirenz-lamivudine-tenofovir disoproxil fumarate (Symfi, Symfi Lo)	HIV infection	Quantity limit	Tier 1
methadone 5mg & 10mg tablet, oral concentrate, 5mg/5ml & 10mg/5ml oral solution ¹	Pain, Opioid addiction	Prior authorization, Quantity limit	Tier 1
nizatidine tablet ¹	Duodenal ulcer, Esophagitis, Gastric ulcer		Tier 2
Phospholine iodide ophthalmic ¹	Increased intraocular pressure, Strabismus	Add Prior authorization and Quantity limit	Remain Tier 3
timolol gel forming ophthalmic solution ¹	Ocular hypertension, Glaucoma		Tier 2

1. Effective 1/1/2025

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 July 31, 2024.

Brand-name Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Thiola EC	Cystinuria		tiopronin dr tablet

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)
Armour Thyroid	Hypothyroidism, TSH suppressant	levothyroxine, Synthroid
NP Thyroid		
Niva Thyroid		
Thyroid		
Ibrance ³	Breast cancer	Kisqali, Verzenio
methylphenidate 72mg er tablet	ADHD	methylphenidate hcl cap er 24hr (la), methylphenidate hcl er tab
Relexii 72mg er tablet		
Nutropin AQ Nuspin ³	Growth failure, Growth hormone deficiency	Genotropin, Genotropin Miniquick, Omnitrope

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