

BLUE SHIELD OF CALIFORNIA
NOVEMBER 2023 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 2023 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
levonorgestrel-ethinyl estradiol 0.1mg-20mcg-ferrous bisglycinate 36.5mg tablet	Contraceptive		Tier 3
lisdexamfetamine dimesylate (Vyvanse)	ADHD, Severe binge eating disorder	Age-limit	Tier 2
Kisqali, Kisqali Femara Co-Pack	Breast cancer	Prior authorization	Tier 4
potassium chloride 20meq powder for solution	Hypokalemia		Tier 1
insulin glargine ¹ , insulin glargine solostar ¹	Diabetes		Tier 2
Lyumjev ¹ , Lyumjex Kwipen ¹			Tier 2
Actemra ¹ , Actemra ACTPen ¹	Giant cell arteritis, Juvenile idiopathic arthritis, Rheumatoid arthritis, Sclerosis-associated interstitial lung disease	Prior authorization	Tier 4
Cimzia ¹ , Cimzia Starter Kit ¹	Ankylosing spondylitis, Crohn's disease, Non-radiographic axial spondyloarthritis, Psoriasis, Psoriatic arthritis, Rheumatoid arthritis	Prior authorization	Tier 4
Cosentyx ¹ , Cosentyx Sensoready ¹ , Cosentyx Unoready ¹	Ankylosing spondylitis, Non-radiographic axial spondyloarthritis, Enthesitis-related arthritis, Psoriasis, Psoriatic arthritis	Prior authorization	Tier 4
Enbrel Mini ¹	Ankylosing spondylitis, Polyarticular juvenile idiopathic arthritis, Psoriasis, Psoriatic arthritis, Rheumatoid arthritis	Prior authorization	Tier 4

Drug	FDA Indication(s)	Coverage Restriction(s)	Tier Status
Hadlima ¹ , Hadlima PushTouch ¹	Ankylosing spondylitis, Crohn's disease, Hidradenitis suppurativa, Psoriasis, Psoriatic arthritis, Polyarticular juvenile idiopathic arthritis, Rheumatoid arthritis, Ulcerative colitis	Prior authorization	Tier 4
Kevzara ¹	Polymyalgia rheumatica, Rheumatoid arthritis	Prior authorization	Tier 4
Olumiant ¹	Alopecia areata, Covid-19, Rheumatoid arthritis	Prior authorization	Tier 4
Orencia ¹ , Orencia Clickject ¹	Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Rheumatoid arthritis	Prior authorization	Tier 4
Simponi 100mg/1ml prefilled syringe and auto-injector ¹	Ulcerative colitis	Prior authorization	Tier 4
Advair HFA ¹	Asthma		Tier 2
Arnuity Ellipta ¹			Tier 2
breynd ¹	Asthma, COPD		Tier 2

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, effective January 1, 2024:

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
Avonex Pen, Avonex Prefilled	Multiple sclerosis		Tier 4
emtricitabine-tenofovir disoproxil fumarate 200mg-300mg tablet (Truvada) ²	Treatment of HIV-infection, Pre-exposure prophylaxis to HIV-1 infection		Tier 1
oxybutynin 5mg/5ml syrup ²	Neurogenic bladder	Add Quantity limit	Remains Tier 1
Repatha, Repatha Pushtronex, Repatha SureClick	Hyperlipidemia, Heterozygous familial hypercholesterolemia, Homozygous familial hypercholesterolemia	Prior authorization	Tier 2

² Effective 9/2023

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 January 2024.

Brand-name Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Balcoltra	Contraceptive		levonorgestrel-ethinyl estradiol 0.1mg-20mcg-ferrous bisglycinate 36.5mg tablet
Vyvanse	ADHD, Severe binge eating disorder	Age-limit	lisdexamfetamine dimesylate

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)
Ergomar ³	Acute migraine	sumatriptan, naratriptan, rizatriptan
Humalog 100 unit/ml Kwikpen, Humalog 100 unit/ml Jr Kwikpen	Diabetes	insulin lispro vial, kwikpen, jr kwikpen
potassium chloride 10%, 20% oral solution ⁴	Hypokalemia	KCl 20meq powder packet, KCl 10meq er capsule sprinkle
Taltz ³	Ankylosing spondylitis, Non-radiographic axial spondyloarthritis, Psoriasis, Psoriatic arthritis	Cimzia, Cosentyx, Rinvoq, Enbrel, Hadlima, Humira, Xeljanz/Xeljanz XR, Otezla, Skyrizi, Stelara, Tremfya
fluticasone-salmeterol aerosol (Advair HFA)	Asthma	Advair HFA
fluticasone propionate aerosol (Flovent HFA)		Qvar, Arnuity Ellipta

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 1/2025