

BLUE SHIELD OF CALIFORNIA
THIRD QUARTER 2024 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE SEPTEMBER 4, 2024

for Large Group, Small Group, and Individual & Family Plans

The Blue Shield of California (BSC) Pharmacy and Therapeutics (P&T) Committee, consisting of network physicians and pharmacists, regularly evaluates drugs for formulary inclusion and medication policy coverage criteria. The third quarter 2024 P&T Committee decisions on formulary changes and medication policy changes, which apply to Commercial members with an outpatient drug benefit, are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please refer to the appropriate drug formulary posted on our website for the following information:

- *Quantity limits, if applicable, for specific drugs*
- *Formulary status of newly available strengths of existing drugs. Note: The formulary status of newly available strengths of existing drugs will have the same formulary status as the existing strengths unless otherwise noted.*
- *Non-formulary and non-preferred drugs that require prior authorization or step therapy.*
- *Brand-name medications that are now non-formulary or non-preferred because these medications have newly available generic equivalents covered on the formulary.*

Formularies are available at blueshieldca.com/pharmacy. Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, or “Plus Drug Formulary”.

Summary of changes to the Medicare formularies are available at blueshieldca.com/pharmacy. Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

DRUGS REMOVED from FORMULARY

The following drug(s) are **no longer covered on the Plus and Standard/Value Drug Formularies** because it is available without a prescription.

Drug	FDA Indication(s)	Alternative(s)
hydrocortisone 1% cream ¹	Corticosteroid responsive dermatoses	hydrocortisone 2.5% cream, lotion
Proctocort 1% cream ¹		

1. Effective 1/1/2025

The following drug(s) were **removed from the Standard/Value Drug Formularies**.

- *These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.*

Drug	FDA Indication(s)	Alternative(s)
Victoza ¹	Type 2 diabetes, Cardiovascular events	Ozempic, Rybelsus, Trulicity, Mounjaro

1. Effective 1/1/2025

NEW GENERICS with RESTRICTIONS

The following drugs are **newly available GENERIC** drugs that were **ADDED** to the **Plus Drug Formulary** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
ondansetron 16mg odt	Prevent post-op nausea/vomiting	Prior authorization
mirabegron (Myrbetriq)	OAB, Neurogenic detrusor overactivity	Prior authorization
liraglutide (Victoza)	Type 2 diabetes, Cardiovascular events	Prior authorization

Drug	FDA Indication(s)	Coverage Restriction(s)
sitagliptin (Zituvio)	Type 2 diabetes	Prior authorization
sitagliptin-metformin		

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) to the **Plus** and **Standard/Value Drug Formularies**:

- Refer to member benefit summary for applicable member share of cost.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Rinvoq LQ	pJIA, Psoriatic arthritis	Prior authorization
sajazir	Hereditary angioedema	

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) to the **Value Drug Formulary**:

- Refer to member benefit summary for applicable member share of cost.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Kesimpta ¹	Multiple sclerosis	Prior authorization

¹ Effective 1/1/2025

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) **only for the Plus Drug Formulary**:

- Refer to member benefit summary for applicable member share of cost.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
adalimumab-aaty (Yuflyma)	RA, pJIA, Psoriatic arthritis, AS, Psoriasis, CD, UC, Hidradenitis suppurativa	Prior authorization
adalimumab-ryvk (Simlandi)	RA, pJIA, Psoriatic arthritis, AS, Psoriasis, CD, UC, Hidradenitis suppurativa, Uveitis	
Tyenne 162mg/0.9ml auto-injector, and prefilled syringe	RA, pJIA, sJIA, Giant cell arteritis	
Zymfentra	Crohn's disease, Ulcerative colitis	
Duvyzat	Duchenne muscular dystrophy	
Ingrezza sprinkle	Huntington's disease, Tardive dyskinesia	
Iqirvo	Primary biliary cholangitis	
Libervant ²	Seizure clusters	
Ohtuvayre	COPD	
Ojemda	Pediatric low-grade glioma	
Opsynvi	PAH	
Prenatol-M ²	Dietary supplement	
Sofdra ²	Primary axillary hyperhidrosis	
Xolremdi	WHIM syndrome	
yargesa	Type 1 Gaucher disease	

² Does not apply to Grandfathered plans

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus** and **Standard/Value Drug Formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Avonex ¹	Multiple sclerosis	Prior authorization

¹ Effective 1/1/2025

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Standard/Value Drug Formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Gilenya 0.25mg capsule ¹	Multiple sclerosis	Prior authorization

1. Effective 1/1/2025

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
bexagliflozin (Brenzavvy) ⁴	Type 2 diabetes	Step therapy
Brenzavvy ⁴		
Invokamet, Invokamet XR ⁴		
Segluromet ⁴		
Steglatro ⁴		
Invokana ⁴	Type 2 diabetes, Cardiovascular events, End-stage kidney disease	Step therapy
alogliptin benzoate (Nesina) ⁴	Type 2 diabetes	Step therapy
Nesina ⁴		
alogliptin-metformin (Kazano) ⁴		
Kazano ⁴		
alogliptin-pioglitazone (Oseni) ⁴		
Oseni ⁴		
Tradjenta ⁴		
Jentadueto, Jentadueto XR		
saxagliptin (Onglyza) ⁴		
Onglyza ⁴		
saxagliptin-metformin (Kombiglyze XR) ⁴		
Kombiglyze XR ⁴		
dexmethylphenidate er capsule (Focalin XR)		
Focalin XR		
methylphenidate 10mg er tablet ³		
methylphenidate 20mg er tablet		
methylphenidate er capsule (Aptensio XR) ³		
Aptensio XR		
Betaseron ¹	Multiple sclerosis	Prior authorization
Copaxone ¹		
Tecfidera ¹		
Gilenya 0.5mg capsule ¹		

1. Effective 1/1/2025; 3. Applies to Grandfathered plans; 4. Effective 6/2024

DRUGS MOVED to a DIFFERENT TIER

The following drugs were **moved to a higher or lower tier** for the **Plus and Value Drug Formularies** as noted:

Drug	FDA Indication(s)	New Tier Status
dimethyl fumarate (Tecfidera) ^{1,2}	Multiple sclerosis	Tier 1

1. Effective 1/1/2025; 2. Does not apply to Grandfathered plans

The following drugs were moved to a higher or lower tier for the Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	New Tier Status
dexamethylphenidate er capsule (Focalin XR)	ADHD	Tier 1 with Age-limit

The following drugs were moved to a higher or lower tier for the Standard Formulary as noted:

Drug	FDA Indication(s)	New Tier Status
methylphenidate osmotic release er tablet (Concerta)	ADHD	Tier 2 with Age-limit

The following drugs were moved to a higher or lower tier for the Plus Drug Formulary as noted:

Drug	FDA Indication(s)	New Tier Status
Humalog 100 unit/ml Kwikpen, Humalog 100 unit/ml Jr Kwikpen	Diabetes	Tier 2
Victoza ¹	Type 2 diabetes, Cardiovascular events	Tier 3 with Prior authorization
methylphenidate 10mg er tablet ²	ADHD	Tier 1 with Age-limit
methylphenidate er capsule (Aptensio XR) ²		
Extavia ¹	Multiple sclerosis	Tier 4 with Prior authorization
Gilenya 0.25mg capsule ¹		
Asmanex HFA, Asmanex Twisthaler	Asthma	Tier 2
Ryvent ³	Allergic rhinitis, Vasomotor rhinitis, Allergic conjunctivitis, Allergic skin manifestations	Tier 1 with Prior authorization

1. Effective 1/1/2025; 2. Does not apply to Grandfathered plans; 3. Applies to Grandfathered plans

DRUGS ADDED to FORMULARY

The following drugs were ADDED to the Plus and Standard/Value Formularies as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Entresto sprinkle	Heart failure	

The following drugs were ADDED to the Standard/Value Formularies as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Asmanex HFA, Asmanex Twisthaler	Asthma	
Humalog 100 unit/ml Kwikpen, Humalog 100 unit/ml Jr Kwikpen	Diabetes	
methylphenidate 10mg, 20mg er tablet	ADHD	Age-limit
methylphenidate er capsule (Aptensio XR)		

The following drugs were ADDED to the Plus Drug Formulary as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
estradiol 0.06% gel (EstroGel)	Vasomotor symptoms	

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on September 4, 2024, and available on the BSC Internet site, and Provider Portal: blueshieldca.com → drop down "Providers" → select "Guidelines and Resources" under Public Links → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Medical drug policies for Commercial plans.

Refer to medication policy for complete details. For description of change, refer to top of medication policy. For additional information, please call 1-800-535-9481

<i>New Policies</i>
<ul style="list-style-type: none">• Anktiva (nogapendekin alfa inbakicept-pmln)• Beqvez (fidanacogene elaparvovec-dzkt)• Hepzato (melphalan)• Imdelltra (tarlatamab-dlle)• Intravenous (IV) iron products<ul style="list-style-type: none">○ INFeD (iron dextran)○ Injectafer (ferric carboxymaltose)○ Monoferric (ferric derisomaltose)• Rytelo (imetelstat)• Tofidence (tocilizumab-bavi, IV)*• Tyenne (tocilizumab-aazg, IV)*
<i>Updated Policies</i>
<ul style="list-style-type: none">• Abecma (idecabtagene vicleucel)• Actemra (tocilizumab)• Adstiladrin (nadofaragene firadenovec-vncg)• Amvuttra (vutrisiran)• Atgam (lymphocyte immune globulin, anti-thymocyte globulin [equine])• Bavencio (avelumab)• bevacizumab products<ul style="list-style-type: none">○ Alymys (bevacizumab-maly)○ Avastin (bevacizumab)○ Mvasi (bevacizumab-awwb)○ Vegzelma (bevacizumab-adcd)○ Zirabev (bevacizumab-bvzr)• Breyanzi (lisocabtagene maraleucel)• Carvykti (ciltacabtagene autoleucel)• Darzalex (daratumumab)• Elevidys (delandistrogene moxeparvovec-rokl)• Enhertu (fam-trastuzumab deruxtecan-nxki)• Epklinly (epcoritamab-bysp)• Erbitux (cetuximab)• Faslodex (fulvestrant)• Halaven (eribulin)• Imfinzi (durvalumab)• Kadcylla (ado-trastuzumab emtansine)• Keytruda (pembrolizumab)• Kyprolis (carfilzomib)• Margenza (margetuximab-cmkb)• Onpattro (patisiran)• Opdivo (nivolumab)• pemetrexed

<ul style="list-style-type: none"> • Perjeta (pertuzumab) • Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf) • Reblozyl (luspatercept-aamt) • Rituximab products <ul style="list-style-type: none"> ○ Riabni (rituximab-arrx) ○ Rituxan (rituximab) ○ Ruxience (rituximab-pvvr) ○ Truxima (rituximab-abbs) • Rystiggo (rozanolixizumab-noli) <i>(effective 1/1/2025)</i> • Skyrizi (risankizumab-rzaa, IV) • Spinraza (nusinersen) • Tecentriq (atezolizumab) • trastuzumab products <ul style="list-style-type: none"> ○ Herceptin (trastuzumab) ○ Herzuma (trastuzumab-pkrb) ○ Kanjinti (trastuzumab-anns) ○ Ogivri (trastuzumab-dkst) ○ Ontruzant (trastuzumab-dttb) ○ Trazimera (trastuzumab-qyyp) • Trodelvy (sacituzumab govitecan-hziy) • Vidaza (azacitidine) • Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) • Xofigo (radium Ra 223 dichloride) • Yervoy (ipilimumab) • Zaltrap (ziv-aflibercept) • Zolgensma (onasemnogene abeparovvec-xioi)
<i>Retired Policies</i>
<ul style="list-style-type: none"> • Azedra (iobenguane I-131)

*Added to site of care program

PHARMACY BENEFIT MEDICATION POLICIES:

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Refer to medication policy for complete details. For additional information, please call 1-800-535-9481

<i>New Policies</i>
<ul style="list-style-type: none"> • Duvyzat (givinostat) • Iqirvo (elafibranor) • Libervant (diazepam, buccal film) • liraglutide • Myhibbin (mycophenolate mofetil, oral suspension) • Myrbetriq (mirabegron, ER tablets) • Ohtuvayre (ensifentrine) • Omjeda (tovorafenib) • ondansetron 16mg oral disintegrating tablet • Opsyngvi (macitentan-tadalafil) • Rinvoq LQ (upadacitinib, oral solution) • sitagliptin-metformin

- Sofdra (sofipironium bromide)
- Tyenne (tocilizumab-aazg, subcutaneous)
- Xolremdi (mavorixafor)
- Zymfentra (infliximab-dyyb)

Updated Policies

- Adhansia XR (methylphenidate HCl)
- Adzenys ER (amphetamine)
- Adzenys XR-ODT (amphetamine)
- Alecensa (alectinib)
- Alunbrig (brigatinib)
- Augtyro (repotrectinib)
- Azstarys (serdexmethylphenidate and dexmethylphenidate)
- benzphetamine
- Braftovi (encorafenib)
- Contrave (bupropion and naltrexone)
- Cotellic (cobimetinib)
- Cotempla XR-ODT (methylphenidate ER)
- Daytrana (methylphenidate, topical patch)
- Dexedrine (dextroamphetamine sulfate)
- diethylpropion
- Dyanavel XR (amphetamine)
- Entyvio (vedolizumab)
- Erivedge (vismodegib)
- Erleada (apalutamide)
- Gavreto (pralsetinib)
- Iressa (gefitinib)
- Jornay PM (methylphenidate HCl)
- Kevzara (sarilumab)
- Lorbrena (lorlatinib)
- Lumakras (sotorasib)
- Lynparza (olaparib)
- Mekinist (trametinib)
- Mektovi (binimetinib)
- Metadate CD (methylphenidate HCl)
- Nubeqa (darolutamide)
- Ocaliva (obeticholic acid)
- Odomzo (sonidegib)
- Orgovyx (relugolix)
- phendimetrazine
- phentermine
- Qsymia (phentermine and topiramate)
- QuilliChew ER (methylphenidate HCl)
- Quillivant XR (methylphenidate HCl)
- Relexxii ER (methylphenidate HCl)
- Rinvoq (upadacitinib)
- Saxenda (liraglutide)
- Skyrizi (risankizumab-rzaa)
- Tafinlar (dabrafenib)
- Talzenna (talazoparib)
- Tarceva (erlotinib)

<ul style="list-style-type: none"> • Tegsedi (inotersen) • Tibsovo (ivosidenib) • Tukysa (tucatinib) • Tykerb (lapatinib) • Vanflyta (quizartinib) • Vizimpro (dacomitinib) • Wegovy (semaglutide) • Xelstrym (dextroamphetamine, topical patch) • Xenical (orlistat) • Xtandi (enzalutamide) • Yonsa (abiraterone) • Zejula (niraparib) • Zelboraf (vemurafenib) • Zepbound (tirzepatide) • Zykadia (ceritinib) • Zytiga (abiraterone)
<p><i>Retired Policies</i></p> <ul style="list-style-type: none"> • Aptensio XR (methylphenidate HCl ER) • Asmanex Twisthaler/Asmanex HFA (mometasone furoate) • Focalin XR (dexmethylphenidate HCl) • Humalog Jr Kwikpen 100U (insulin lispro) • Metadate ER (methylphenidate HCl ER) • Oxybutynin 5mg/5mL solution • Relyvrio (sodium phenylbutyrate) • Synera (lidocaine and tetracaine, patch) • Synribo (omacetaxine) • Zolpimist (zolpidem tartrate, spray)

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on January 1, 2025, and available on the BSC Internet site, and Provider Portal: blueshieldca.com → drop down "Providers" → select "Guidelines and Resources" under Public Links → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details.

For additional information, please call 1-800-535-9481

<p><i>New Policies</i></p> <ul style="list-style-type: none"> • Avonex (interferon beta-1a) • Betaseron (interferon beta-1b) • Copaxone (glatiramer acetate) • Gilenya (fingolimod) • Tecfidera (dimethyl fumarate)
<p><i>Updated Policies</i></p> <ul style="list-style-type: none"> • Aubagio (teriflunomide) • Bafiertam (monomethyl fumarate) • Extavia (interferon beta-1b) • Kesimpta (ofatumumab) • Mavenclad (cladribine)

- Mayzent (siponimod)
- Plegridy (peginterferon beta-1a)
- Ponvory (ponesimod)
- Rebif (interferon beta-1a)
- Tascenso (fingolimod)
- teriflunomide
- Victoza (liraglutide)
- Vumerity (diroximel fumarate)
- Zeposia (ozanimod)