

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

EFFECTIVE JANUARY 1, 2025
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 fourth 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) 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)
Actemra ¹ , Actemra ACTPen ¹	Giant cell arteritis, pJIA, sJIA, RA, Sclerosis-associated interstitial lung disease	Tyenne
Neulasta ^{1,2} , Neulasta OnPro ^{1,2}	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
Qufora Pediatric 0.25mg chewable ⁵		
Entresto Sprinkle ⁴	Heart failure	Entresto tablet
erythromycin 250mg dr particles capsule ³	Bacterial infection	erythromycin base 250mg dr tab, erythromycin base 250mg tab
Sprycel ^{1,2}	Ph+ CML, Ph+ ALL	dasatinib

1. Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost; 2. Effective 2/1/2025; 3. Effective 10/2024; 4. Effective 7/2024; 5. Effective 8/2024

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)
glimepiride 3mg tablet ⁶	Diabetes	Prior authorization
ivabradine (Corlanor)	Heart failure	Prior authorization
lofexidine (Lucemyra)	Opioid withdrawal symptoms to facilitate abrupt discontinuation	Prior authorization
oxcarbazepine er tablet (Oxtellar XR)	Partial onset seizures	Step therapy

⁶. Applies to Grandfathered plans

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)
dasatinib (Sprycel)	Ph+ CML, Ph+ ALL	Prior authorization

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
adalimumab-aacf	RA, pJIA, PsA, AS, Ps, CD, UC, HS, Uveitis	Prior authorization
Nyvepria ²	Decrease incidence of infection due to myelosuppressive chemotherapy	
Zeposia, Zeposia Starter	Multiple sclerosis, Ulcerative colitis	
Tyenne	Giant cell arteritis, pJIA, sJIA, RA	

². Effective 2/1/2025

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)
Aqneursa	Niemann-Pick	Prior authorization
Miplyffa		
Ebglyss		
Zoryve 0.15% cream ⁷	Atopic dermatitis	
Lazcluze	NSCLC	
Retevmo	NSCLC, Thyroid cancer, Solid tumors with RET gene fusion	
Torpenz	Breast cancer, Renal angiomyolipoma and tuberous sclerosis complex (TSC), TSC with SEGA	
Truqap	Breast cancer	
Voranigo	Astrocytoma, Oligodendroglioma	
Cobenfy	Schizophrenia	
deflazacort (Emflaza) oral susp	Duchenne muscular dystrophy	
glimepiride 3mg tablet ⁷	Diabetes	
l-glutamine (Endari)	Sickle cell disease	
Livdelzi	Primary biliary cholangitis	

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Neffy ⁷	Anaphylaxis	
Nemluvio	Prurigo nodularis	
Onyda ⁷	Pediatric ADHD	
Tryvio ⁷	Treatment resistant hypertension	
Vigafyde	Infantile spasms	
Yorvipath	Hypoparathyroidism	

⁷. Does not apply to Grandfathered plans

DRUGS MOVED to a DIFFERENT TIER

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
adapalene 0.1% pad ⁷	Acne vulgaris	Tier 4 with Prior authorization
allopurinol 200mg tablet ⁶	Gout, Elevated serum and urinary uric acid levels, Recurrent calcium oxalate calculi	Tier 1 with Prior authorization
diclofenac 35mg capsule ⁷	Pain, OA	Tier 4 with Prior authorization
Entresto Sprinkle ⁴	Heart failure	T3 with Prior authorization
erythromycin 250mg dr particles capsule ³	Bacterial infection	Tier 3 with Prior authorization
fentanyl citrate buccal tablet ⁸	Pain	Tier 4 with Prior authorization ⁷ , Tier 3 with Prior authorization ⁶
Nalocet ⁷		Tier 4 with Prior authorization
Poly-vi-flor 0.25mg chewable ⁵	Dietary supplement	Tier 3
Quflora Pediatric 0.25mg chewable ⁵		
Ryvent ⁷	Allergic rhinitis, Vasomotor rhinitis, Allergic conjunctivitis, Urticaria, Angioedema, Dermatographism, Allergic reactions	Tier 4 with Prior authorization

². Effective 2/1/2025; ³. Effective 10/2024; ⁴. Effective 7/2024; ⁵. Effective 8/2024; ⁶. Applies to Grandfathered plans; ⁷. Does not apply to Grandfathered plans; ⁸. Effective 9/2024

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)
potassium chloride 15meq tablet	Hypokalemia	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
carbinoxamine 4mg tablet	Allergic rhinitis, Vasomotor rhinitis, Allergic conjunctivitis, Urticaria, Angioedema, Dermatographism, Allergic reactions	
nitrofurantoin 25mg/5ml oral susp	UTI	
oxaprozin 600mg tablet	OA, RA, jRA	
oxycodone-acetaminophen 5-325mg/5ml oral solution	Pain	

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 1, 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">• Kisunla (donanemab-azbt)• Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)*• Piasky (crovalimab-akkz, IV/SC)*• Tecelra (afamitresgene autoleucel)• Tecentriq Hybreza (atezolizumab and hyaluronidase-tajs)• Tevimbra (tisnelizumab-jsgr)• Tremfya (guselkumab, IV)*
<i>Updated Policies</i>
<ul style="list-style-type: none">• Actemra (tocilizumab, IV)• Adcetris (brentuximab vedotin)• Beleodaq (belinostat)• bortezomib• Carvykti (ciltacabtagene autoleucel)• Cimzia (certolizumab pegol vials)• Darzalex (daratumumab)• Darzalex Faspro (daratumumab and hyaluronidase-fihj)• Elevidys (delandistrogene moxeparvovec-rokl)• Entyvio (vedolizumab, IV)• Fibryga (fibrinogen [human])• Gazyva (obinutuzumab)• Imfinzi (durvalumab)• IVIG (immune globulin)• Keytruda (pembrolizumab)• Kyprolis (carfilzomib)• Lenmeldy (atidarsagene autotemcel)• Libtayo (cemiplimab-rwlc)• NPlate (romiplostim)• Opdivo (nivolumab)• pemetrexed• Rybrevant (amivantamab-vmjw)• Sarclisa (isatuximab-irfc)• Tofidence (tocilizumab-bavi)• Tyenne (tocilizumab-aazg, IV)• Xolair (omalizumab)• Yervoy (ipilimumab)
<i>Retired Policies</i>
<ul style="list-style-type: none">• Cabenuva (cabotegravir and rilpivirine)• Ventavis (iloprost)

*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">• Aqneursa (levacetylleucine, oral suspension)• chorionic gonadotropin human• clobetasol propionate 0.05%, ophthalmic suspension• Cobenfy (xanomeline and trospium)• Crexont (carbidopa and levodopa ER)• Ebglyss (lebrikizumab-lbkz)• Entresto Sprinkle (sacubitril and valsartan)• Follistim AQ (follitropin beta-recombinant)• glimepiride 3mg• GnRH Antagonists<ul style="list-style-type: none">○ cetrorelix acetate kit○ Cetrotide kit (cetrorelix acetate)○ Fyremadel (ganirelix acetate)○ ganirelix acetate• Gonal-F (follitropin alfa-recombinant)• Kapvay (clonidine ER)• Lazcluze (lazertinib)• Leqselvi (deuruxolitinib)• leuprolide acetate injection kit• Livdelzi (seladelpar)• Menopur (menotropins)• Miplyffa (arimoclomol)• Neffy (epinephrine, nasal spray)• Nemludio (nemolizumab-ilto)• Onyda XR (clonidine hydrochloride, oral suspension)• Ovidrel (chorionic gonadotropin-alfa)• Pregnyl (chorionic gonadotropin-human)• Synarel (nafarelin, nasal spray)• Tryvio (aprocitentan)• Vigafyde (vigabatrin, oral solution)• Voranigo (vorasidenib)• Yorvipath (palopegteriparatide)• Zituvimet XR (sitagliptin and metformin)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Addyi (filbanserin)• Bimzelx (bimekizumab-bkzx)• Cimzia (certolizumab pegol)• Dupixent (dupilumab)• Eucrisa (crisaborole)• Fabhalta (iptacopan)• Fasenra (benralizumab)

- Filspari (sparsentan)
- Furoscix (furosemide [on-body infusor])
- Imbruvica (ibrutinib)
- Inrebic (fedratinib)
- Kisqali (ribociclib)
- Kisqali Femara Copack (ribociclib and letrozole)
- Lenvima (lenvatinib)
- Lytgobi (futibatinib)
- Nayzilam (midazolam, nasal solution)
- Nerlynx (neratinib)
- Ninlaro (ixazomib)
- Ojjaara (momelotinib)
- Otezla (apremilast)
- Pomalyst (pomalidomide)
- Revlimid (lenalidomide)
- Rinvoq (upadacitinib)
- Rinvoq LQ (upadacitinib, oral solution)
- Tarpeyo (budesonide DR)
- Tremfya (guseljumab)
- Valtoco (diazepam, nasal solution)
- Veltassa (patiromer)
- Voquezna (vonoprazan)
- Vyleesi (bremelanotide)
- Wegovy (semaglutide)
- Xdemvy (lotilaner)
- Yargesa (miglustat)
- Zavesca (miglustat)
- Zoryve 0.15% cream (roflumilast)

Retired Policies

- Capex 0.01% shampoo (fluocinolone)
- Cordran 0.025% cream (flurandrenolide)
- Oxbryta (voxelotor)

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

<i>Updated Policies</i>
<ul style="list-style-type: none">• Actemra (tocilizumab)• Contrave (bupropion-naltrexone)• Entyvio (vedolizumab)• Esbriet (pirfenidone)• Ofev (nintedanib)• Qysmia (phentermine-topiramate)• Saxenda (liraglutide)• Sotyktu (deucravacitinib)• Tyenne (tocilizumab-aazg)• Wegovy (semaglutide)• Xenical (orlistat)• Xolair (omalizumab)• Zepbound (tirzepatide)• Zeposia (ozanimod)

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on February 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

<i>New Policies</i>
<ul style="list-style-type: none">• Nyvepria (pegfilgrastim-apgf)• Simlandi (adalimumab-ryvk)• Udenyca (pegfilgrastim-cbqv)