

BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2021 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE JUNE 2, 2021

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 second quarter 2021 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 generic drugs that do not 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.

NEW GENERICS with RESTRICTIONS

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

Drug	FDA Indication(s)	Coverage Restriction(s)
brinzolamide 1% ophthalmic suspension (Azopt)	Glaucoma	Step therapy
hydrocodone bitartrate tablet (Hysingla ER) ¹	Pain	Prior authorization, Quantity limit
imiquimod 3.75% cream packet (Zyclara) ¹	Actinic keratosis, External genital warts	Step therapy, Quantity limit

¹. Applies only to Grandfathered plans

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

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)
Bronchitol	Cystic fibrosis	Prior authorization, Quantity limit
droxidopa (Northera)	Neurogenic orthostatic	Prior authorization, Quantity limit

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
	hypotension	
Elepsia XR ²	Partial seizures	Prior authorization, Quantity limit
Fortivda	Renal cell carcinoma	Prior authorization, Quantity limit
Hetlioz LQ	Smith-Magenis Syndrome	Prior authorization, Quantity limit
hydrocodone bitartrate 80mg, 100mg, 120mg tablet (Hysingla ER) ²	Pain	Prior authorization, Quantity limit
Klisyri ²	Actinic keratosis	Prior authorization, Quantity limit
Lupkynis	Lupus nephritis	Prior authorization, Quantity limit
Ponvory	Multiple sclerosis	Prior authorization, Quantity limit
Tepmetko	Non-small cell lung cancer	Prior authorization, Quantity limit
Ukoniq	Marginal zone lymphoma, Follicular lymphoma	Prior authorization, Quantity limit
Xeljanz oral solution	Polyarticular juvenile idiopathic arthritis	Prior authorization, Quantity limit
Xolair syringe	Asthma, Nasal polyps, Chronic urticaria	Prior authorization, Quantity limit

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 formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Adzenys ER, Adzenys XR-ODT	ADHD	Prior authorization, Age-limit, Quantity limit
amphetamine er 1.25mg/ml suspension		
Mydayis		
Qullivant XR		
Baqsimi	Hypoglycemia	Quantity limit
Estring	Vulvar and vaginal atrophy due to menopause	
solifenacin succinate (Vesicare)	Overactive bladder	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Gvoke Hypopen, Gvoke PFS	Hypoglycemia	Quantity limit
Vesicare	Overactive bladder	

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 for Plus Formulary
calcipotriene-betamethasone propionate topical suspension (Taclonex)	Plaque psoriasis	Tier 1 with Prior authorization ¹ Tier 3 with Prior authorization ²

1. Applies only to Grandfathered plans; 2. Does not apply to Grandfathered plans

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
entricitabine-tenofovir disoproxil fumarate (Truvada)	HIV infection	
Entresto	Heart failure	Quantity limit
Zafemy	Contraceptive	

The following drugs were **ADDED only to the Standard/Value Drug Formulary** as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Repatha, Repatha Sureclick, Repatha Pushtronix	Prevent cardiovascular events, Hyperlipidemia, Homozygous familial hypercholesterolemia	Prior authorization, Quantity limit
Xeljanz oral solution	Polyarticular juvenile idiopathic arthritis	

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 2, 2021 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

New Policies

- Abecma (idecabtagene vicleucel)
- Amondys 45 (casimersen)
- Breyanzi (lisocabtagene maraleucel)
- Cabenuva (cabotegravir ER; rilpivirine ER)
- Cosela (trilaciclib)
- Evkeeza (evinacumab-dgnb)
- Margenza (margetuximab-cmkb)
- Nulibry (fosdenopterin)

- Pepaxto (melphalan flufenamide)

Updated Policies

- Actemra (tocilizumab)
- Arcalyst (rilonacept)
- Cancidas (caspofungin)
- Clolar (clofarabine)
- Cresemba (isavuconazonium)
- Enhertu (fam-trastuzumab deruxtecan-nxki)
- Eraxis (anidulafungin)
- Exondys 51 (eteplirsen)
- Fabrazyme (agalsidase beta)
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)
- Imfinzi (durvalumab)
- Kadcyra (ado-trastuzumab)
- Keytruda (pembrolizumab)
- Kyprolis (carfilzomib)
- Libtayo (cemiplimab-rwlc)
- Mycamine (micafungin)
- Mylotarg (gemtuzumab ozogamicin)
- Opdivo (nivolumab)
- Perjeta (pertuzumab)
- Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)
- Praluent (alirocumab)
- Repatha (evolocumab)
- Sarclisa (isatuximab-irfc)
- Tecentriq (atezolizumab)
- Trastuzumab containing agents (Herceptin, Kanjinti, Ogivri, Ontruzant, Herzuma, Trazimera)
- Trodelvy (sacituzumab govitecan-hziy)
- Tyvaso (treprostinil)
- Yescarta (axicabtagene ciloleucel)

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 2, 2021 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

New Policies

- Bronchitol (mannitol)
- Elepsia XR (levetiracetam)
- Fotivda (tivozanib)
- Gemtesa (vibegron)
- Hetlioz LQ (tasimelteon) suspension
- Klisyri (tirbanibulin)
- Lupkynis (voclosporin)
- Ponvory (ponesimod)
- Pregon DHA (PNV/FE carbonyl/Folate/DHA)
- Tepmetko (tepotinib)
- Ukoniq (umbralisib)
- Verquvo (vericiguat)

- Vesicare LS (solifenacin) suspension
- Xeljanz (tofacitinib) solution

Updated Policies

- Alinia (nitazoxanide)
- Ayvakit (avapritinib)
- Belsomra (suvorexant)
- Bidil (isosorbide dinitrate/ hydralazine)
- Bosulif (bosutinib)
- Carbaglu (carglumic acid)
- Clindamycin agents (Clindagel)
- Cresemba (isavuconazonium)
- Darifenacin Hydrobromide ER (Enablex)
- Daurismo (glasdegib)
- Dayvigo (lemborexant)
- Emverm (mebendazole)
- Erivedge (vismodegib)
- Hepatitis C Virus
- Galafold (migalastat)
- Gelnique (oxybutynin chloride)
- Gocovri (amantadine extended-release)
- Iclusig (ponatinib)
- Icosapentyl ethyl (Vascepa)
- Idhifa (Enasidenib)
- imatinib (Gleevec)
- Insulin delivery devices (Inpen for Humalog)
- Inrebic (fedratinib)
- Jakafi (ruxolitinib)
- Juxtapid (lomitapide)
- Lorbrena (lorlatinib)
- Lynparza (olaparib)
- Mepron (atovaquone suspension)
- metformin containing agents ER (Riomet/Riomet ER)
- Micort-HC (hydrocortisone acetate)
- Myrbetriq (mirabegron ER)
- Nexavar (sorafenib)
- Odomzo (sonidegib)
- Ofev (nintedanib)
- Osmolex ER (amantadine ER)
- Oxytrol patch (oxybutynin)
- Pemazyre (pemigatinib)
- Pomalyst (pomalidomide)
- ramelteon (Rozerem)
- Rhofade (oxymetazoline HCl)
- SGLT-2 inhibitors
- Stendra (avanafil)
- Sutent (sunitinib)
- Rubraca (rucaparib)
- Rydapt (midostaurin)
- Sprycel (dasatinib)
- Stivarga (regorafenib)
- Synarel (nafarelin)
- tolterodine tartrate (Detrol, Detrol LA)
- Toviaz (fesoterodine fumarate ER)
- Taclonex (calcipotriene/betamethasone)
- Tasisna (nilotinib)

- Tibsovo (ivosidenib)
- Vardenafil (Levitra, Staxyn ODT)
- Veregen (sinecatechins)
- Xifaxan (rifaximin)
- Xospata (gilteritinib)
- Zejula (niraparib)
- Zyclara (imiquimod)

Retired Policies

- Entresto (sacubitril/valsartan)

BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2021 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE JANUARY 1, 2022

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 second quarter 2021 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 generic drugs that do not 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)
lansoprazole 15mg ODT (Prevacid Solutab)	Duodenal ulcer, H. Pylori, Gastric ulcer, GERD, Erosive esophagitis, Hypersecretory conditions	omeprazole capsule, lansoprazole 30mg capsule
Prevacid Solutab 15mg ODT		

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)
Granix ³	Neutropenia	Zarxio
Levemir, Levemir Flextouch	Diabetes	Lantus
mupirocin 2% cream	Secondarily infected traumatic skin lesions	mupirocin 2% ointment
Picato	Actinic keratosis	imiquimod 5% cream
Qvar MDI	Asthma	Qvar Redihaler

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.

The following drug(s) were moved to the non-formulary tier or removed from the Plus Formulary.

- These drugs are available at the non-formulary, Tier 3, copayment when prior authorization is approved unless noted otherwise.

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Picato	Actinic keratosis	Quantity limit	imiquimod 5% cream, Tolak
Qvar MDI	Asthma, COPD	Quantity limit	Qvar Redihaler

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 formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Acuvail	Cataract surgery	Quantity limit
desloratadine 5mg tablet (Clarinet)	Allergic rhinitis, Chronic idiopathic urticaria	
ibandronate 150mg tablet (Boniva)	Postmenopausal osteoporosis	Quantity limit
Intron A	Hairy cell leukemia, Malignant melanoma, Follicular Lymphoma, Condylomata acuminata, AIDS-related kaposi's sarcoma, Chronic Hep C, Chronic Hep B	
methylergonovine tablet, Methergine tablet	Postpartum bleeding	Quantity limit
Peg-Intron, Peg-Intron Redipen	Chronic hepatitis C	
tramadol er tablet (Ultram ER)	Pain	Quantity limit
tramadol er tablet, biphasic (Ryzolt)		Prior authorization, Quantity limit

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Altprev ¹	Coronary heart disease, Hyperlipidemia	Prior authorization, Quantity limit
Boniva	Postmenopausal osteoporosis	Quantity limit
Cipro HC	Otitis externa	Step therapy
Clarinet	Allergic rhinitis, Chronic idiopathic urticaria	

Drug	FDA Indication(s)	Coverage Restriction(s)
Conzip	Pain	Prior authorization, Quantity limit
DDAVP Rhinal Tube	Diabetes insipidus	Prior authorization
erythromycin base film coated tablet 250mg, 500mg	Bacterial infection	
erythromycin base, ery-tab delayed release tablet 250mg, 333mg, 500mg		
ethacrynic acid (Edecrin) ¹	Edema	Prior authorization, Quantity limit
Edecrin ¹		
Ezallor Sprinkle	Hypertriglyceridemia, Hyperlipoproteinemia, Hypercholesterolemia	Quantity limit
Migergot rectal suppository ¹	Headache	Prior authorization, Quantity limit
Nayzilam ¹	Seizure clusters	Prior authorization, Quantity limit
Valtoco ¹		
Norgesic Forte ¹ orphenadrine-asa-caffeine ¹ Orphengesic Forte ¹	Musculoskeletal pain	Prior authorization, Quantity limit
Silenor	Insomnia	Step therapy, Quantity limit
Sylatron	Melanoma	
timolol maleate 0.5% ophthalmic solution, pf (Timoptic Ocudose)	Glaucoma	Step therapy
Timoptic Ocudose 0.5%		

1. Applies only to Grandfathered plans

DRUGS MOVED to a DIFFERENT TIER

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

Drug	FDA Indication(s)	New Tier Status for both Formularies
risedronate (Actonel) ²	Postmenopausal osteoporosis, Glucocorticoid-induced osteoporosis, Osteoporosis in men	Tier 2 with Step therapy, Quantity limit
risedronate (Atelvia) ²	Postmenopausal osteoporosis	

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 for Standard Formulary
cromolyn sodium nebulizer solution	Asthma	Tier 3 with Quantity limit

diphenylate-atropine oral liquid	Diarrhea	Tier 2
----------------------------------	----------	--------

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 for Plus Formulary
Abstral ²	Pain	Tier 4 with Prior authorization, Quantity limit
hydrocodone bitartrate 60mg tablet ²		
Hysingla ER 60mg ²		
Lazanda ²		
Subsys ²		
hydromorphone 1mg/ml oral solution ²		Tier 2 with Quantity limit
hydromorphone 1mg/ml rectal suppository ²		
morphine sulfate er capsule (Avinza) ² morphine sulfate er capsule (Kadian) ²		Tier 2 with Prior authorization, Quantity limit
tramadol er capsule (Conzip)		Tier 3 with Prior authorization
diclofenac epolamine 1.3% patch (Flector) ²	Minor strains, sprains, and contusions	Tier 2 with Prior authorization, Quantity limit
meloxicam (Vivlodex) ²	Osteoarthritis	Tier 4 with Prior authorization, Quantity limit
Vivlodex ²		
naproxen 125mg/5ml oral suspension (Naprosyn) ² Naprosyn 125mg/5ml oral suspension ²	RA, OA, Ankylosing spondylitis, pJIA, Tendonitis, Bursitis, Acute gout, Pain, Dysmenorrhea	Tier 4 with Prior authorization
Norgesic Forte ² orphenadrine-asa-caffeine ² Orphengesic Forte ²	Musculoskeletal pain	Tier 4 with Prior authorization, Quantity limit
alosetron (Lotronex) ²	Diarrhea-predominant IBS	Tier 4 with Prior authorization
Lotronex ²		
diphenylate-atropine 2.5mg-0.025mg/5ml oral liquid ²	Diarrhea	Tier 2
amoxicillin-clarithromycin-lansoprazole (Prevpac) ²	H. Pylori	Tier 2 with Quantity limit
lansoprazole 30mg ODT (Prevacid) ²	Duodenal ulcer, H. Pylori, Gastric ulcer, GERD, Erosive esophagitis, Hypersecretory conditions	Tier 2 with Step therapy
Altoprev ²	Coronary heart disease, Hyperlipidemia	Tier 4 with Prior authorization, Quantity limit
aspirin-omeprazole (Yosprala) ² Yosprala ²	Prevent cardiovascular and cerebrovascular events and gastric ulcer	Tier 4 with Prior authorization, Quantity limit

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
carvedilol er capsule (Coreg CR) ²	Heart failure, Hypertension, Left ventricular dysfunction	Tier 2 with Step therapy
Inderal XL, Innopran XL	Hypertension	Tier 3 with Prior authorization ¹ Tier 4 with Prior authorization ²
ethacrynic acid (Edecrin) ²	Edema	Tier 4 with Prior authorization, Quantity limit
Edecrin ²		
cinacalcet (Sensipar) ²	Hyperparathyroidism, Hypercalcemia	Tier 4 with Prior authorization
Sensipar ²		
doxepin 3mg, 6mg tablet (Silenor)	Insomnia	Tier 1 with Step therapy, Quantity limit ¹ Tier 2 with Step therapy, Quantity limit ²
quazepam		Tier 3 with Quantity limit
Alomide	Vernal keratoconjunctivitis	Tier 3
Blephamide S.O.P. ointment	Steroid responsive eye conditions at risk for bacterial infection	Tier 3
FML 0.1% ophthalmic ointment	Steroid responsive eye disorders	Tier 3
halobetasol 0.05% foam ²	Plaque psoriasis	Tier 4 with Prior authorization, Quantity limit
Lexette ²		
Taclonex topical suspension ²		Tier 4 with Prior authorization
Epiduo Forte	Acne vulgaris	Tier 3 with Step therapy, Age-limit
naftifine 1% cream ² , naftifine 1% gel ² , naftifine 2% cream ²	Tinea pedis, Tinea cruris, Tinea corporis	Tier 2 with Step therapy
imiquimod 3.75% cream (Zyclara) ²	Actinic keratosis, External genital warts	Tier 4 with Step therapy, Quantity limit
Zyclara 3.75% cream ²		
Zyclara 2.5% cream ²	Actinic keratosis	Tier 4 with Step therapy, Quantity limit
Veregen ²	Genital and perianal warts	Tier 4 with Step therapy, Quantity limit
Condylox 0.5% gel	Anogenital warts	Tier 3 with Step therapy ¹ Tier 4 with Step therapy ²
Millipred, Millipred DP	Steroid responsive disorders	Tier 3 with Prior authorization
Nayzilam ²	Seizure clusters	Tier 4 with Prior authorization, Quantity limit
Valtoco ²		
Migergot rectal suppository ²	Headache	Tier 3 with Prior authorization, Quantity limit
Onsetra Xsail ²	Migraine	Tier 4 with Prior authorization,

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
Zembrace Symtouch ²		Quantity limit
Inpen ²	Diabetes	Tier 4 with Prior authorization, Quantity limit
pioglitazone-glimepiride (Duetact) ²		Tier 2 with Step therapy, Quantity limit
Sancuso ²	Chemotherapy induced nausea/vomiting	Tier 4 with Prior authorization, Quantity limit
cromolyn sodium nebulizer solution ²	Asthma	Tier 2 with Quantity limit
terbutaline sulfate tablet ²	Asthma, COPD	Tier 2
varafenafil (Levitra) ² varafenafil (Staxyn) ²	Erectile dysfunction	Tier 2 with Prior authorization, Quantity limit
Xerese ²	Herpes labialis (cold sores)	Tier 4 with Prior authorization, Quantity limit

1. Applies only to Grandfathered plans; 2. Does not apply to Grandfathered plans

DRUGS ADDED to FORMULARY

The following drugs were **ADDED** to the **Standard/Value Drug Formulary** as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Carbaglu	Hyperammonemia	Prior authorization, Quantity limit
erythromycin base film coated tablet 250mg, 500mg	Bacterial infection	
erythromycin base, ery-tab delayed release tablet 250mg, 333mg, 500mg		
Imbruvica	Mantle cell lymphoma, Chronic lymphocytic leukemia, Small lymphocytic lymphoma, Waldenstrom's macroglobulinemia, Marginal zone lymphoma, cGVHD	Prior authorization, Quantity limit
Mekinist	Melanoma, NSCLC, Thyroid cancer	Prior authorization, Quantity limit
Odomzo	Basal cell carcinoma	Prior authorization, Quantity limit
Orenitram	Pulmonary arterial hypertension	Prior authorization, Quantity limit
Phospholine iodide	Glaucoma, Estropia	