

**BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2020 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE MAY 1, 2020

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 first quarter 2020 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) 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)
Uredeb ¹	Hyperkeratotic skin conditions	urea 40% cream, urea 40% lotion

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.

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)
Crinone vaginal gel	Progesterone replacement as part of ART, Secondary amenorrhea	Prior authorization	Endometrin (for ART), medroxyprogesterone, micronized progesterone
Crotan 10% lotion ²	Scabies, Pruritis		permethrin 5% cream (for scabies)
Eurax 10% cream ²	Scabies, Pruritis		permethrin 5% cream (for scabies)

². Effective 10/2019

NEW GENERICS with RESTRICTIONS

The following drugs are **newly available** **GENERIC** drugs that were **ADDED to the Plus and Standard/Value Drug Formularies** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
travoprost 0.004% eye drops (Travatan Z)	Glaucoma	Step therapy, Quantity limit

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)
Xurea ³	Hyperkeratotic skin conditions	Prior authorization

3. 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) for 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)
everolimus (Afinitor)	Breast cancer, Neuroendocrine tumor, Renal cell carcinoma, Renal angiomyolipoma, Tuberous sclerosis complex	Prior authorization, Quantity limit
penicillamine (Depen)	Wilson's disease, Cystinuria, Rheumatoid arthritis	Prior authorization, Quantity limit

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)
Absorica LD ⁴	Acne vulgaris	Prior authorization
Azesco	Prenatal vitamin	Prior authorization, Quantity limit
Brukinsa	Mantle cell lymphoma	Prior authorization, Quantity limit
Consensi ⁴	Hypertension and Osteoarthritis	Prior authorization, Quantity limit
Clovique	Wilson's disease	Prior authorization, Quantity limit
deferasirox (Jadenu)	Transfusional iron overload	
Fasenra	Asthma	Prior authorization, Quantity limit

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Gloperba ⁴	Gout	Prior authorization, Quantity limit
Oxbryta	Sickle cell anemia	Prior authorization, Quantity limit
Secuado ⁴	Schizophrenia	Prior authorization, Quantity limit
Tazverik	Epithelioid sarcoma	Prior authorization, Quantity limit
Trikafta	Cystic fibrosis	Prior authorization, Quantity limit
Vumerity	Multiple sclerosis	Prior authorization, Quantity limit
Xurea ⁴	Hyperkeratotic skin conditions	Prior authorization
Zalvit ⁴	Prenatal vitamin	Prior authorization, Quantity limit
Ziextenzo	Chemotherapy induced neutropenia	Prior authorization

4. Does not apply to Grandfathered plans.

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **restrictions removed** as noted for the **Plus and Standard/Value formularies**:

Drug	FDA Indication(s)	Restriction removed
Serophene ⁵	Ovulatory dysfunction	Prior authorization

5. Effective 1/1/2020

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)
Synarel	Endometriosis, Precocious puberty	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)
Uredeb ⁶	Hyperkeratotic skin conditions	Prior authorization

6. 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 Standard Formulary
Praluent	Prevent cardiovascular events, Hyperlipidemia	Tier 3 with Prior authorization
Repatha, Repatha Sureclick, Repatha Pushtronix	Prevent cardiovascular events, Hyperlipidemia, Homozygous familial hypercholesterolemia	Tier 3 with Prior authorization

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
Uredeb ⁴	Hyperkeratotic skin conditions	Tier 4 with Prior authorization

4. 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)
eluryng (Nuvaring)	Prevent pregnancy	Quantity limit
Endometrin	Part of ART	Prior authorization
sucralfate oral suspension (Carafate)	Duodenal ulcer	
tiadyt er	Hypertension, Angina	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
ciprofloxacin/fluocinolone otic solution (Otovel)	Otitis media	Quantity limit
ivermectin 1% topical cream (Soolantra)	Acne rosacea	Quantity limit
levocarnitine oral solution (Carnitor)	Carnitine deficiency	Quantity limit
mesalamine (Apriso)	Ulcerative colitis	Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on March 4, 2020 (unless stated otherwise) 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

- Abraxane (paclitaxel protein-bound) – *Update*
- Adakveo (crizanlizumab-tmca) – *New*
- Alimta (pemetrexed) – *Update*
- Asceniv (immune globulin intravenous, human-slra) – *New*
- Avastin (bevacizumab) – *Update*
- Beovu (brolucizumab-dbl) – *New*
- Cancidas (caspofungin) – *Update*
- Cyramza (ramucirumab) – *Update*
- Enhertu (fam-trastuzumab deruxtecan-nxki) – *New*
- Exondys 51 (eteplirsen) – *Update*
- Fulphila (pegfilgrastim-jmdb) – *Update*
- Givlaari (givosiran) – *New*
- Herceptin (trastuzumab) – *Update*
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) – *Update*
- Imfinzi (durvalumab) – *Update*
- Intron A (interferon alfa) – *Update*
- Kanjinti (trastuzumab-anns) – *Update*
- Keytruda (pembrolizumab) – *Update*
- Mvasi (bevacizumab-awwb) – *Update*
- Mycamine (micafungin) – *Update*
- Nplate (romiplostim) – *Update*
- Ogivri (trastuzumab-dkst) – *New*
- Opdivo (nivolumab) – *Update*
- Padcev (enfortumab vedotin-ejfv) – *New*
- Perjeta (pertuzumab) – *Update*
- Praluent (alirocumab) – *Update*
- Reblozyl (luspatercept-aamt) – *New*
- Repatha (evolocumab) – *Update*
- Rituxan (rituximab) – *Update*
- Rituxan Hycela (rituximab/hyaluronidase human) – *Update*
- Ruxience (rituximab-pvvr) – *New*
- Tecentriq (atezolizumab) – *Update*
- Trazimera (trastuzumab-qyyp) – *New*
- Truxima (rituximab-abbs) – *New*
- Udenyca (pegfilgrastim-cbqz) – *Update*
- Ultomiris (ravulizumab-cwvz) – *Update*
- Vyondys 53 (golodirsen) – *New*
- Xembify (immune globulin subcutaneous, human-klhw) – *New*
- Yervoy (ipilimumab) – *Update*
- Ziextenzo (pegfilgrastim-bmez) – *New*
- Zirabev (bevacizumab-bvzr) – *New*

PHARMACY BENEFIT MEDICATION POLICIES:

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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

- Aklief (trifarotene, topical) - *New*
- Amzeeq (minocycline, topical) - *New*
- Ayvakit (avapritinib, oral) - *New*
- Baxdela (delafloxacin, oral) - *Update*
- Brukinsa (zanubrutinib, oral) - *New*
- budesonide/formoterol, inhaler (Symbicort) - *New*
- Calquence (acalabrutinib, oral) - *Update*
- Caprelsa (vandetanib, oral) - *Update*
- cinacalcet, oral (Sensipar) - *Update*
- Consensi (amlodipine/celecoxib, oral) - *New*
- Crinone 8% (progesterone vaginal gel) - *Update*
- Endometrin (progesterone, micronized vaginal insert) - *Update*
- Farxiga (dapagliflozin, oral) - *Update*
- Gilotrif (afatinib, oral) - *Update*
- Gloperba (colchicine, oral solution) - *New*
- Ibrance (palbociclib, oral) - *Update*
- Invokana (canagliflozin, oral) - *Update*
- Jatenzo (testosterone undecanoate, oral) - *New*
- Kalydeco (ivacaftor, oral) - *Update*
- Kisqali (ribociclib, oral) - *Update*
- linezolid, oral (Zyvox) - *Update*
- Lorbrena (lorlatinib, oral) - *Update*
- Lynparza (olaparib, oral) - *Update*
- Nexavar (sorafenib, oral) - *Update*
- Oravig (miconazole buccal tablet) - *Update*
- Orkambi (lumacaftor/ivacaftor, oral) - *Update*
- Oxbryta (voxelotor, oral) - *New*
- Pomalyst (pomalidomide, oral) - *Update*
- Proair Digihaler (albuterol aerosol powder) - *New*
- Purixan (mercaptopurine, oral) - *Update*
- Revlimid (lenalidomide, oral) - *Update*
- Rhopressa (netarsudil, eye drop) - *Update*
- Rocklatan (netarsudil/latanoprost 0.005%, eye drop) - *Update*
- Rozlytrek (entrectinib, oral) - *Update*
- Secuado (asenapine, transdermal) - *New*
- Sprycel (dasatinib, oral) - *Update*
- Sucraid (sacrosidase, oral) - *Update*
- Sutent (sunitinib, oral) - *Update*
- Symdeko (tezacaftor/ivacaftor, oral) - *Update*
- Synarel (nafarelin, nasal) - *New*
- Tassigna (nilotinib, oral) - *Update*
- Tazverik (tazemetostat, oral) - *New*
- Thalomid (thalidomide, oral) - *Update*
- Trikafta (elexacaftor/tezacaftor/ivacaftor, oral) - *New*
- Tolsura (itraconazole, oral solid dispersion capsule) - *Update*

- Tykerb (lapatinib, oral) - *Update*
- Valchlor (mechlorethamine, topical) - *Update*
- Vascepa (icosapent ethyl, oral) - *Update*
- Verzenio (abemaciclib, oral) - *Update*
- Vumerity (diroximel fumarate, oral) – *New*
- Vyzulta (latanoprostene, eye drop) - *Update*
- Xalkori (crizotinib, oral) - *Update*
- Xeljanz XR (tofacitinib extended-release, oral) - *Update*
- Xifaxan (rifaximin, oral) - *Update*
- Xigduo (dapagliflozin/metformin, oral) - *Update*
- Zejula (niraparib, oral) - *Update*
- Zelboraf (vemurafenib, oral) - *Update*
- Zioptan (tafluprost, eye drop) – *Update*
- Zydelig (idelalisib, oral) – *Update*
- Zykadia (ceritinib, oral) - *Update*