

**BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2021 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE MARCH 3, 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 first 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 to the Standard/Value and Plus Drug Formulary** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
icosapent ethyl 1 gm capsule (Vascepa)	Hypertriglyceridemia	Prior authorization, Quantity limit
nitazoxanide tablet (Alinia)	Giardiasis, Cryptosporidiosis	Prior authorization, Quantity limit

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)
meloxicam submicronized (Vivlodex) ¹	Osteoarthritis	Prior authorization, Quantity limit
rufinamide (Banzel)	Lennox-Gastaut syndrome	Step therapy, Quantity limit
tavaborole (Kerydin) ¹	Onychomycosis	Prior authorization, Quantity limit

¹.Applies to Grandfather 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 Drug Formulary:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Alkindi Sprinkle ²	Adrenal insufficiency	Prior authorization, Quantity limit
Imcivree	Obesity	Prior authorization, Quantity limit
Nyvepria	Chemotherapy- induced neutropenia	Prior authorization
Orgovyx	Prostate cancer	Prior authorization, Quantity limit
Orladeyo	Hereditary angioedema	Prior authorization, Quantity limit
Qdolo ²	Pain	Prior authorization, Quantity limit
Reditrex	Rheumatoid arthritis, Psoriasis, Juvenile idiopathic arthritis	Prior authorization, Quantity limit
Reltone ²	Gallstones	Prior authorization, Quantity limit
tavaborole (Kerydin) ²	Onychomycosis	Prior authorization, Quantity limit
Trianz ²	Prenatal vitamin	Prior authorization, Quantity limit
Wynzora ²	Plaque psoriasis	Prior authorization, Quantity limit
Zokinvy	Progeria	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 **Standard/Value** and **Plus** formularies:

Drug	FDA Indication(s)	Coverage Restriction(s)
Linzess	IBS-constipation, Chronic idiopathic constipation	Age-limit, Quantity limit
Movantik	Opioid-induced constipation	Age-limit, Quantity limit

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)
Amicar ³	Hemorrhage	
aminocaproic acid (Amicar) ³	Hemorrhage	

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Iclevia	Prevent pregnancy	
Lyllana	Vasomotor symptoms, Post-menopausal osteoporosis	Quantity limit
Microgestin 24 Fe	Prevent pregnancy	
Nymyo	Prevent pregnancy	
Zovia 1-35	Prevent pregnancy	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
asenapine (Saphris)	Schizophrenia, Bipolar disorder	Quantity limit
Gemmily	Prevent pregnancy	
ivemectin (Sklice)	Head lice	
Merzee	Prevent pregnancy	
timolol maleate/pf (Timoptic Ocudose)	Glaucoma	
tolvaptan 15mg tablet (Samsca)	Hyponatremia	Prior authorization, Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on March 3, 2021 (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

New Policies
<ul style="list-style-type: none"> Danyelza (naxitamab-gqgk) Incivree (setmelanotide) Oxlumo (lumosiran)
Updated Policies
<ul style="list-style-type: none"> Actemra (tocilizumab) Abilify Maintena (aripiprazole) Alimta (pemetrexed) Arcalyst (rilonacept)

- Aristada (aripiprazole)
- Aristada Initio (aripiprazole lauroxil)
- Belrapzo (bendamustine)
- Bendeka (bendamustine)
- Benlysta (belimumab)
- Cinryze (C-1 esterase Inhibitor, human)
- Darzalex (daratumumab)
- Darzalex Faspro (daratumumab and hyaluronidase-fihj)
- Difitelio (defibrotide)
- Dupixent (dupilumab)
- Enbrel (etanercept)
- Forteo (teriparatide)
- Gazyva (obinutuzumab)
- Genotropin (somatropin)
- Haegarda (C-1 esterase Inhibitor, human)
- Herceptin (trastuzumab) *
- Humatrope (somatropin)
- Imfinzi (durvalumab)
- Invega Sustenna (paliperidone)
- Invega Trinza (paliperidone)
- Kadcyła (ado-trastuzumab)
- Keytruda (pembrolizumab)
- Kineret (anakinra)
- Norditropin (somatropin)
- NutropinAQ (somatropin)
- Omnitrope (somatropin)
- Opdivo (nivolumab)
- Orenzia (abatacept)
- Perjeta (pertuzumab)
- Perseris (risperidone)
- Proleukin (aldesleukin)
- Reblozyl (luspatercept-aamt)
- Remicade (influximab)*
- Risperdal Consta (risperidone)
- Rituxan (rituximab)*
- Saizen (somatropin)
- Takhzyro (lanadelumab-flyo)
- Treanda (bendamustine)
- Unituxin (dinutuximab)
- Xolair (omalizumab)
- Yervoy (ipilimumab)
- Yondelis (trabectedin)
- Zomacton (somatropin)
- Zyprexa Relprevv (olanzapine)

*Includes biosimilars

PHARMACY BENEFIT MEDICATION POLICIES:

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Refer to medication policy for complete details.

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New Policies

- Alkindi (hydrocortisone)
- Eysuvis (loteprednol)
- Impeklo (clobetasol)
- Orgovyx (relugolix)
- Orladeyo (berotralstat)
- Qdolo (tramadol)
- RediTrex (methotrexate)
- Reltone (ursodiol)
- Sutab (sodium sulfate/magnesium sulfate/potassium chloride)
- Trinaz (PNV #162/Fe/Folate)
- Winlevi (clascoterone)
- Wyzora (calcipotriene/betamethasone)
- Zokinvy (lonafarnib)

Updated Policies

- Adlyxin (lixisenatide)
- Amitiza (lubiprostone)
- Ampyra (dalfampridine)
- Bydureon (exenatide)
- Byetta (exenatide)
- Calquence (acalabrutinib)
- Caplyta (lumateperone)
- Caprelsa (vandetanib)
- Elidel (pimecrolimus)
- Entocort EC (budesonide)
- Gavreto (pralsetinib)
- Gleevac (imatinib)
- Fanapt (iloperidone)
- Hetlioz (tasimelteon)
- Imbruvica (ibrutinib)
- Jakafi (ruxolitinib)
- Janumet (sitagliptin/metformin)
- Janumet XR (sitagliptin/metformin ER)
- Januvia (sitagliptin)
- Jentadueto (linagliptin/metformin)
- Jentadueto XR (linagliptin/metformin ER)
- Kazano (alogliptin/metformin)
- Kombiglyze XR (saxagliptin/metformin)
- Latuda (lurasidone)
- Lenvima (lenvatinib)
- Migranal NS (dihydroergotamine)
- Nerlynx (neratinib)
- Nesina (alogliptin)
- Ofev (nintedanib)
- Onglyza (saxagliptin)
- Oseni (alogliptin/pioglitazone)
- Ortikos (budesonide)
- Ozempic (semaglutide)
- Protopic (tacrolimus)
- Qtern (dapagliflozin/saxagliptin)
- Regranex (becaplermin)
- Rexulti (brexpiprazole)
- Rybelsus (semaglutide)
- Rydapt (midostaurin)
- Saphris (asenapine)
- Saxenda (liraglutide)

- Secuado (asenapine)
- Soliqua (lixisenatide/glargine)
- Steglujan (ertugliflozin/sitagliptin)
- Sutent (sunitinib)
- Tagrisso (osimertinib)
- Tanzeum (albiglutide)
- Tradjenta (linagliptin)
- Trikafta (elexacaftor/tezacaftor/ivacaftor)
- Trulicity (dulaglutide)
- Uceris (budesonide)
- Venclexta (venetoclax)
- Victoza (liraglutide)
- Vimpat (lacosamide)
- Vraylar (cariprazine)
- Xalkori (crizotinib)
- Xifaxan (rifaximin)
- Xiidra (lifitegrast)
- Xultophy (liraglutide/degludec)
- Zytiga (abiraterone)

Retired Policies

- Daklinza (daclatasvir)^a

^a Product discontinued