

**BLUE SHIELD OF CALIFORNIA  
FIRST QUARTER 2022 FORMULARY AND MEDICATION POLICY UPDATES**

**EFFECTIVE MARCH 2, 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 first quarter 2022 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](http://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](http://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 4 unless noted otherwise.

| Drug                 | FDA Indication(s)                | Alternative(s)                |
|----------------------|----------------------------------|-------------------------------|
| Udenyca <sup>1</sup> | Chemotherapy-induced neutropenia | Fulphila, Ziextenzo, Neulasta |

<sup>1</sup>. effective 4/2022

**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) |
|---|---|-------------------------|
| adapalene 0.3%/benzoyl peroxide 2.5% gel (Epiduo Forte)   | Acne vulgaris   | Step therapy            |
| dexlansoprazole (Dexilant)                                | Erosive esophagitis, GERD   | Step therapy            |
| Lofena <sup>2</sup>                                       | Dysmenorrhea, Mild to moderate pain, Osteoarthritis, Rheumatoid arthritis | Prior authorization     |
| oxycodone 7.5mg / acetaminophen 300mg tablet <sup>2</sup> | Pain  | Prior authorization     |

<sup>2</sup>. 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) |
|---|---|-------------------------|
| Besremi   | Polycythemia vera   | Prior authorization     |
| carglumic acid (Carbaglu)                                 | Hyperammonemia  | Prior authorization     |
| Elyxyb <sup>3</sup>                                       | Migraine  | Prior authorization     |
| Epclusa pellet packets                                    | Hepatitis C   | Prior authorization     |
| Mavyret pellet packets                                    |   |                         |
| Eulexin   | Prostate cancer   |                         |
| Livtencity  | CMV infection   | Prior authorization     |
| Lofena <sup>3</sup>                                       | Dysmenorrhea, Mild to moderate pain, Osteoarthritis, Rheumatoid arthritis | Prior authorization     |
| Oxbryta   | Sickle cell disease   | Prior authorization     |
| oxycodone 7.5mg / acetaminophen 300mg tablet <sup>3</sup> | Pain  | Prior authorization     |
| Scemblix  | Chronic myeloid leukemia  | Prior authorization     |
| Skytrofa  | Growth failure  | Prior authorization     |
| Tarpeyo   | Immunoglobulin A nephropathy  | Prior authorization     |
| Tavneos   | Anti-neutrophil cytoplasmic autoantibody-associated vasculitis            | Prior authorization     |
| ursodiol 200mg, 400mg capsule <sup>3,4</sup>              | Gallstones  | Prior authorization     |
| Voxzogo   | Achondroplasia  | Prior authorization     |

3. Does not apply to Grandfathered plans; 4. Effective 12/2021

## 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 formulary**:

| Drug                | FDA Indication(s) | Coverage Restriction(s) |
|---------------------|-------------------|-------------------------|
| Arazlo <sup>5</sup> | Acne vulgaris     | Prior authorization     |
| Fabior <sup>5</sup> |                   |                         |

5. effective 5/2022

**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          |
|---|--|--------------------------|
| Azasan <sup>2,6</sup>   | Rheumatoid arthritis, Renal transplant | Tier 1                   |
| zolmitriptan 5mg/actuation nasal spray (Zomig) <sup>2,7</sup> | Migraine                               | Tier 1 with Step therapy |

2. Applies to Grandfathered plans; 6. Effective 11/2021; 7. Effective 10/2021

**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) |
|--|--|-------------------------|
| hydroxychloroquine 100mg, 300mg, 400mg tablet <sup>6</sup> | Malaria, Lupus erythematosus, Rheumatoid arthritis |                         |
| naloxone nasal spray (Narcan)                              | Opioid overdose                                    |                         |

6. effective 11/2021

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

| Drug                      | FDA Indication(s)                | Coverage Restriction(s) |
|---------------------------|----------------------------------|-------------------------|
| carglumic acid (Carbaglu) | Hyperammonemia                   | Prior authorization     |
| Epclusa pellet packets    | Hepatitis C                      | Prior authorization     |
| Fulphila <sup>1</sup>     | Chemotherapy-induced neutropenia | Prior authorization     |
| Ziextenzo <sup>1</sup>    |                                  |                         |

1. effective 4/2022

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

| Drug   | FDA Indication(s)                      | Coverage Restriction(s) |
|--|--|-------------------------|
| azathioprine 75mg, 100mg tablet <sup>2</sup> | Rheumatoid arthritis, Renal transplant |                         |

2. Applies only to Grandfathered plans

## **MEDICAL BENEFIT MEDICATION POLICIES:**

The following coverage policies were updated (or created if specified "NEW") and changes are effective on March 2, 2022, 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

| <b><i>New Policies</i></b>   |
|--|
| <ul style="list-style-type: none"><li>• Fyarro (albumin-bound sirolimus)</li><li>• Leqvio (inclisiran)</li><li>• Ryplazim (plasminogen, human-tvmh)</li><li>• Susvimo (ranibizumab)</li><li>• Vyvgart (efgartigimod alfa-fcab)</li></ul>   |
| <b><i>Updated Policies</i></b>   |
| <ul style="list-style-type: none"><li>• Abecma (idecabtagene vicleucel)</li><li>• Abraxane (albumin-bound paclitaxel)</li><li>• Avastin (bevacizumab)</li><li>• Belrapzo (bendamustine)</li><li>• Bendeka (bendamustine)</li><li>• Breyanzi (lisocabtagene maraleucel)</li><li>• Folutyn (pralatrexate)</li><li>• Gazyva (obinutuzumab)</li><li>• Keytruda (pembrolizumab)</li><li>• Kymriah (tisagenlecleucel)</li><li>• Kyprolis (carfilzomib)</li><li>• Mvasi (bevacizumab-awwb)</li><li>• Opdivo (nivolumab)</li><li>• Orenicia (abatacept)</li><li>• Poteligeo (mogamulizumab-kpkc)</li><li>• Prolia (denosumab)</li><li>• Rituxan Hycela (rituximab and hyaluronidase, human)</li><li>• Sarclisa (isatuximab-irfc)</li><li>• Soliris (eculizumab)</li><li>• Tecartus (brexucabtagene autoleucel)</li><li>• Tecentriq (atezolizumab)</li><li>• Tivdak (tisotumab vedotin-tftv)</li><li>• Treanda (bendamustine)</li><li>• Velcade (bortezomib)</li><li>• Xolair (omalizumab)</li><li>• Yescarta (axicabtagene ciloleucel)</li><li>• Zirabev (bevacizumab-bvzr)</li><li>• Zynlonta (loncastuximab tesirine-lpyl)</li></ul> |
| <b><i>Removed Policies</i></b>   |
| <ul style="list-style-type: none"><li>• Arzerra (ofatumumab)</li><li>• Bicillin C-R (penicillin G benzathine &amp; penicillin G procaine)</li><li>• Bicillin L-A (penicillin G benzathine)</li><li>• Claforan (cefotaxime)</li><li>• Levaquin (levofloxacin)</li><li>• Pfizerpen (penicillin G potassium)</li><li>• Rocephin (ceftriaxone)</li><li>• Zithromax (azithromycin)</li></ul>  |

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Refer to medication policy for complete details.

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

| <b><i>New Policies</i></b>   |
|--|
| <ul style="list-style-type: none"><li>• Besremi (ropeginterferon alfa-2b-njft)</li><li>• Caplyta (lumateperone)</li><li>• Elyxyb (celecoxib)</li><li>• Eprontia (topiramate)</li><li>• Livtencity (maribavir)</li><li>• Scemblix (asciminib)</li><li>• Tarpeyo (budesonide)</li><li>• Tavneos (avacopan)</li><li>• Tyrvaya (varenicline)</li><li>• Voxzogo (vosoritide)</li><li>• Vuity (pilocarpine)</li><li>• Zalvit (prenatal vitamin with ferrous gluconate-folic acid)</li></ul>  |
| <b><i>Updated Policies</i></b>   |
| <ul style="list-style-type: none"><li>• Ayvakit (avapritinib)</li><li>• Brukinsa (zanubrutinib)</li><li>• Cabometyx (cabozantinib)</li><li>• Calquence (acalabrutinib)</li><li>• Copiktra (duvelisib)</li><li>• Cosentyx (secukinumab)</li><li>• Forteo (teriparatide)</li><li>• Gleevec (imatinib)</li><li>• Hemady (dexamethasone)</li><li>• Imbruvica (ibrutinib)</li><li>• Kineret (anakinra)</li><li>• Nexavar (sorafenib)</li><li>• Ninlaro (ixazomib)</li><li>• Pegasys (peginterferon alfa 2a)</li><li>• Promacta (eltrombopag)</li><li>• Qinlock (ripretinib)</li><li>• Retevmo (selpercatinib)</li><li>• Revlimid (lenalidomide)</li><li>• Rinvoq (upadacitinib)</li><li>• Rozlytrek (entrectinib)</li><li>• Skyrizi (risankizumab-rzaa)</li><li>• Sprycel (dasatinib)</li><li>• Stivarga (regorafenib)</li><li>• Sutent (sunitinib)</li><li>• Tabrecta (capmatinib)</li><li>• Tassigna (nilotinib)</li><li>• Tymlos (abaloparatide)</li><li>• Verzenio (abemaciclib)</li><li>• Vitrakvi (larotrectinib)</li></ul> |

- |   |
|---|
| <ul style="list-style-type: none"><li>• Xalkori (crizotinib)</li><li>• Xeljanz, Xeljanz XR (tofacitinib)</li><li>• Xpovio (selinexor)</li></ul> |
| <b>Removed Policies</b>   |
| <ul style="list-style-type: none"><li>• Farydak (panobinostat)</li><li>• Zorbtive (somatropin)</li></ul>  |