

**BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2010 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE MARCH 25TH, 2010

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 2010 P&T Committee decisions on formulary changes, which apply to all members with an outpatient drug benefit, and medication policy changes are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please consult the Blue Shield of California Drug Database and Formulary search tool for the following information (available at blueshieldca.com → select “pharmacy” hyperlink):

- *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 drugs and generic drugs that do not require prior authorization or step-edit*

For Medicare beneficiaries who are enrolled in an employer group Medicare Part D plan, the commercial formulary status applies unless otherwise stated.

DRUGS of INTEREST NOT ADDED to FORMULARY

The following drugs of interest were **NOT** added to the Formulary

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

Drug	Indication	Coverage Restriction	Medicare status (if differs)	Rationale for Decision	Formulary Alternatives (generics in lower case)
Fanapt	Acute schizophrenia		Non-preferred brand	Lack of clinical advantage over formulary alternatives.	risperidone, Zyprexa
Sabril	Infantile spasms Refractory Complex Partial Seizures	Age edit PA required if > 2 years old	Specialty tier with PA	Safety warning: risk of vision loss Lack of clinical advantage over formulary alternatives.	Generic antiepileptics
Victoza	Type 2 diabetes	Prior authorization required		Lack of clinical advantage over formulary alternatives.	Byetta, Januvia, Janumet
Votrient	Renal cell carcinoma	Prior authorization required	Specialty tier with PA	Lack of clinical advantage over formulary alternatives.	Afinitor, Nexavar, Sutent

NON-FORMULARY WITH RESTRICTIONS

The following drugs were **NOT** added to the Formulary and have additional coverage restrictions as noted.

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

Drug	Coverage Restriction	Medicare status (if differs)	Formulary Alternatives (generics in lower case)
Metozolv ODT	Prior authorization required		metoclopramide

GENERICS WITH RESTRICTIONS

The following drugs are newly available **GENERIC** drugs that were **ADDED to the Formulary with coverage restrictions** (generic drugs are otherwise covered on formulary):

Drug with available generic	Coverage Restriction	Medicare status (if differs)
Analpram E Cream Kit	Prior authorization required	Statutory exclusion
CNL 8 kit	Prior authorization required	Statutory exclusion

ADDED TO FORMULARY

The following drugs were **ADDED** to the Formulary:

Drug	Coverage Restriction	Medicare status (if differs)
Adcirca	Prior authorization required	
Adrenaclick		
Byetta	Prior authorization required	Remains Injectable Tier with PA
Humalog 50/50 vials		
Oforta		Part B
Trilipix		
Zemplar		

Note: Medicare "Statutory exclusion" = drugs excluded for Medicare Part D under the Social Security Act section 1927(d)(2); those that have not been approved by the FDA; and those that do not meet the definition of a Part D drug as described by the Social Security Act section 1927(k).

INJECTABLE/OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on December 17, 2009 (unless stated otherwise) and available on the BSC Internet site, and Provider Portal: blueshieldca.com → Provider Portal → Guidelines → Eligibility & Benefits Resources → select “ Blue_Shield_Medication_Policies_Injectable,_Implantable,_w/DME” .

Refer to medication policy for complete details. For description of change, refer to top of medication policy.

- Actemra - *NEW*
- Alimta - *Updated*
- Arzerra - *NEW*
- Avastin - *Updated*
- Berinert - *NEW*
- Botox - *Updated*
- Dysport - *Updated*
- Myobloc - *Updated*
- Herceptin - *Updated*
- Invega Sustenna - *Updated*
- Kalbitor - *NEW*
- Orenia - *Updated*
- Remicade - *Updated*
- Risperdal Consta - *Updated*
- Stelara - *Updated*
- Sumavel DosePro - *NEW*
- Vantas - *Updated*
- Velcade - *Updated*
- Zyprexa Relprevv - *NEW*

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

BLUE SHIELD OF CALIFORNIA
REVISED SECOND QUARTER 2010 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE JUNE 24, 2010

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 2010 P&T Committee decisions on formulary changes, which apply to all members with an outpatient drug benefit, and medication policy changes are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please consult the Blue Shield of California Drug Database and Formulary search tool for the following information (available at blueshieldca.com → select "pharmacy" hyperlink):

- *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 drugs and generic drugs that do not require prior authorization or step therapy requirement*

For Medicare beneficiaries who are enrolled in an employer group Medicare Part D plan, the commercial formulary status applies unless otherwise stated.

NON-FORMULARY WITH RESTRICTIONS

The following drugs were **NOT added to the Formulary and have additional coverage restrictions as noted.**

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

Drug	Coverage Restriction	Medicare status (if differs)	Formulary Alternatives (generics in lower case)
Fexmid	Step therapy requirement	Non-formulary	cyclobenzaprine
Omnaris	Step therapy requirement	Non-preferred brand	fluticasone, flunisolide, Nasonex
Pennsaid	Prior authorization required	Non-formulary	diclofenac, diclofenac extended release, diclofenac delayed release

DRUGS ADDED TO THE BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** to the Blue Shield Specialty Tier

- *Refer to member benefit summary for applicable member share of cost.*
- *These drugs are obtained through the BSC specialty pharmacy network (excluding Medicare plans).*

Specialty Drug	Coverage Restriction	Medicare status (if differs)
Ampyra	Prior authorization required	
Cayston	Prior authorization required	
Votrient	Prior authorization required	Specialty tier with prior authorization

GENERICS WITH RESTRICTIONS

The following drugs are newly available **GENERIC** drugs that were **ADDED to the Formulary with coverage restrictions** (generic drugs are otherwise covered on formulary):

Drug with available generic	Coverage Restriction	Medicare status (if differs)
Cozaar	Step therapy requirement	
Flomax	Step therapy requirement	
Hyzaar	Step therapy requirement	

ADDED TO FORMULARY

The following drugs were **ADDED** to the Formulary:

Drug	Coverage Restriction	Medicare status (if differs)
Relenza		
Renvela		
Seroquel		
Seroquel XR		
Vesicare	Step therapy requirement	

Note: Medicare "Statutory exclusion" = drugs excluded for Medicare Part D under the Social Security Act section 1927(d)(2); those that have not been approved by the FDA; and those that do not meet the definition of a Part D drug as described by the Social Security Act section 1927(k).

INJECTABLE/OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on June 24, 2010 (unless stated otherwise) and available on the BSC Internet site, and Provider Portal: blueshieldca.com → Provider Portal → Guidelines → Eligibility & Benefits Resources → select "Blue_Shield_Medication_Policies_Injectable,_Implantable,_w/DME".

Refer to medication policy for complete details. For description of change, refer to top of medication policy.

- [Abraxane - Updated](#)
- [Alimta - Updated](#)
- [Avastin - Updated](#)
- [Amevive - Updated](#)
- [Botox - Updated](#)
- [Dysport - Updated](#)
- [Myobloc - Updated](#)
- [Cimzia - Updated](#)
- [Simponi - Updated](#)
- [Erbitux - Updated](#)
- [Vectibix - Updated](#)

- Hizentra – *NEW*
- Irinotecan - *Updated*
- Temodar - *Updated*
- Istodax – *NEW*
- Neulasta - *Updated*
- Orencia - *Updated*
- Qutenza - *NEW*
- Revatio - *NEW*
- Rituxan – *Updated*
- Velcade – *Updated*
- Vivitrol – *Updated*
- VPRIV – *NEW*
- Xiaflex – *NEW*
- Hyalgan - *Updated*
- Supartz – *Updated*
- Orthovisc – *Updated*
- Euflexxa – *Updated*
- Synvisc – *Updated*
- Synvisc One - *Updated*

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

**BLUE SHIELD OF CALIFORNIA
THIRD QUARTER 2010 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE SEPTEMBER 16TH, 2010

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 Third Quarter 2010 P&T Committee decisions on formulary changes, which apply to all members with an outpatient drug benefit, and medication policy changes are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please consult the Blue Shield of California Drug Database and Formulary search tool for the following information (available at blueshieldca.com → select “pharmacy” hyperlink):

- *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 drugs and generic drugs that do not require prior authorization or step-edit*
- *Brand-name medications that are now non-formulary because these medications have newly available generic equivalents covered on the formulary.*

For Medicare beneficiaries who are enrolled in an employer group Medicare Part D plan, the commercial formulary status applies unless otherwise stated.

REMOVED FROM FORMULARY

The following drugs were **REMOVED from** the Formulary.

- *These drugs are available at the non-formulary brand copayment except for members with a closed formulary benefit, where prior authorization is required for coverage.*

Non-formulary Drug	Coverage Restriction	Medicare status (if differs)	Rationale for Decision	Formulary Alternatives
Aciphex <i>Effective 1/1/ 2011</i>	Step therapy requirement	Non-formulary	More cost-effective therapeutic alternatives available	omeprazole, lansoprazole, pantoprazole, Dexilant
Elestat <i>Effective 12/1/ 2010</i>	Step therapy requirement	Non-formulary	More cost-effective therapeutic alternatives available	azelastine, Patanol, Pataday
Provigil <i>Effective 12/1/ 2010</i>	Prior authorization required	Non-preferred brand with prior authorization requirement	Nuvigil is a more cost-effective therapeutic alternative	Nuvigil (prior authorization required)

DRUGS of INTEREST NOT ADDED to FORMULARY

The following drugs of interest were **NOT added** to the Formulary.

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

Non-formulary Drug	Indication	Medicare status (if differs)	Rationale for Decision	Formulary Alternatives (generics in lower case)
Dulera	Asthma		Lack of clinical advantage over formulary alternatives.	Asmanex, Foradil, Advair, Symbicort
Natazia	Oral contraceptive		Lack of clinical advantage over formulary alternatives.	Generic oral contraceptives
Zymaxid	Bacterial conjunctivitis		Lack of clinical advantage over formulary alternatives.	ciprofloxacin, Vigamox

NON-FORMULARY WITH RESTRICTIONS

The following drugs were **NOT added to the Formulary and have additional coverage restrictions as noted.**

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

Non-formulary Drug	Coverage Restriction	Medicare status (if differs)	Formulary Alternatives (generics in lower case)
Bepreve	Step therapy requirement	Non-formulary	azelastine, Patanol, Pataday
Emadine	Step therapy requirement	Non-formulary	azelastine, Patanol, Pataday
Jalyn	Prior authorization required		tamsulosin, finasteride
Livalo	Prior authorization required		simvastatin
Lysteda	Prior authorization required		contraceptives, NSAIDs

DRUGS ADDED TO THE BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** to the Blue Shield Specialty Tier

- Refer to member benefit summary for applicable member share of cost.
- These drugs are obtained through the BSC specialty pharmacy network (excluding Medicare plans).

Specialty Drug	Coverage Restriction	Medicare status (if differs)
Iprivask	Prior authorization required	
enoxaparin (generic version of Lovenox)		

GENERIC WITH RESTRICTIONS

The following drugs are newly available **GENERIC** drugs that were **ADDED to the Formulary with coverage restrictions** (generic drugs are otherwise covered on formulary).

- The brand-name equivalents of the generic drugs listed below are *non-formulary*.

Newly available Generic	Coverage Restriction	Medicare status (if differs)
anastrozole (Brand-name: Arimidex)	Prior authorization required if male, or if female is less than or equal to 45 years of age.	Generic tier
adapalene 0.1% gel and 0.1% cream (Brand-name: Differin)	Prior authorization required if greater than 40 years of age	
urea 35% (Brand-name: Hydro 35)	Prior authorization required	Statutory exclusion
benzoyl peroxide cleanser and cream (Brand-name: Neobenz Micro Wash Plus Pack)	Prior authorization required	Statutory exclusion
benzoyl peroxide towlettes (Brand-name: Triaz)	Prior authorization required	Statutory exclusion
urea and hyaluronate kit (Brand-name: Umecta)	Prior authorization required	Statutory exclusion
omeprazole and sodium bicarbonate 40mg capsule (Brand-name: Zegerid)	Step therapy requirement	Non-formulary

ADDED TO FORMULARY

The following drugs were **ADDED** to the Formulary:

Formulary Drug	Coverage Restriction	Medicare status (if differs)
Cymbalta		
Dexilant	Effective 1/1/ 2011: Step therapy requirement	Formulary brand
Pataday		
Uloric	Step therapy requirement	

Note: Medicare "Statutory exclusion" = drugs excluded for Medicare Part D under the Social Security Act section 1927(d)(2); those that have not been approved by the FDA; and those that do not meet the definition of a Part D drug as described by the Social Security Act section 1927(k).

INJECTABLE/OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on September 16, 2010 (unless stated otherwise) and available on the BSC Internet site, and Provider Portal: blueshieldca.com → Provider Portal → Guidelines → Eligibility & Benefits Resources → select "Blue_Shield_Medication_Policies_Injectable,_Implantable,_w/DME" .

Refer to medication policy for complete details. For description of change, refer to top of medication policy.

- *Avastin - Updated*

- Jevtana - *NEW*
- Lucentis - *Updated*
- Lumizyme – *NEW*
- Mylotarg - *Updated*
- Myozyme - *Updated*
- Prolia - *NEW*
- Treanda - *Updated*
- Xolair - *Updated*

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

**BLUE SHIELD OF CALIFORNIA
FOURTH QUARTER 2010 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE DECEMBER 16, 2010

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 2010 P&T Committee decisions on formulary changes, which apply to all members with an outpatient drug benefit, and medication policy changes are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please consult the Blue Shield of California Drug Database and Formulary search tool for the following information (available at blueshieldca.com → select "pharmacy" hyperlink):

- *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 drugs and generic drugs that do not require prior authorization or step-edit*
- *Brand-name medications that are now non-formulary because these medications have newly available generic equivalents covered on the formulary*

For Medicare beneficiaries who are enrolled in an employer group Medicare Part D plan, the commercial formulary status applies unless otherwise stated.

REMOVED FROM FORMULARY

The following drugs were **REMOVED from the Formulary**

- *These drugs are available at the non-formulary brand copayment except for members with a closed formulary benefit, where prior authorization is required for coverage.*

Non-formulary Drug	Coverage Restriction	Medicare status (if differs)	Rationale for Decision	Formulary Alternatives
Avandia <i>Effective 03/01/2011</i>	Step therapy requirement	Formulary with step therapy requirement (for 2011)	Cardiovascular safety concerns	metformin, sulfonylureas, Actos
Avandamet <i>Effective 03/01/2011</i>	Step therapy requirement	Formulary with step therapy requirement (for 2011)	Cardiovascular safety concerns	metformin, sulfonylureas, Actos

DRUGS of INTEREST NOT ADDED to FORMULARY

The following drugs were **NOT added to the Formulary and have additional coverage restrictions as noted.**

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

Drug	Indication	Coverage Restriction	Medicare status (if differs)	Rationale for Decision	Formulary Alternatives
Silenor	Sleep maintenance insomnia		Non-Preferred brand tier	No advantage over formulary alternatives	Ambien CR, zolpidem extended release

NON-FORMULARY WITH RESTRICTIONS

The following drugs were **NOT added to the Formulary and have additional coverage restrictions as noted.**

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

Drug	Coverage Restriction	Medicare status (if differs)	Formulary Alternatives
Pacnex HP, Pacnex LP	Prior authorization required	Statutory exclusion	benzoyl peroxide medicated pad
Rosula foam	Prior authorization required	Statutory exclusion	sulfacetamide/sulfur cleanser
Sumaxin TS	Prior authorization required	Statutory exclusion	sufacetamide/sufur cleanser
Tekamlo	Step therapy requirement	Non-formulary	generic ACE Inhibitors, amlodipine
Uramaxin GT	Prior authorization required	Statutory exclusion	urea gel

GENERICS WITH RESTRICTIONS

The following drugs are newly available **GENERIC** drugs that were **ADDED to the Formulary with coverage restrictions** (generic drugs are otherwise covered on formulary):

Newly available generic	Coverage Restriction	Medicare status (if differs)
benzoyl peroxide 4.25% cleanser (brand name Pacnex MX)	Prior authorization required	Statutory exclusion
granisetron 1mg/5ml oral solution (brand name Kytril)		Prior authorization required
lansoprazole (brand name Prevacid Solutab)	Step therapy requirement	Generic Tier
oxymorphone (brand name Opana)	Prior authorization required	
tropium 200mg tablet (brand name Sanctura)	Step therapy requirement	
zolpidem extended release tablet 6.25mg (brand name Ambien CR)	Step therapy requirement	

DRUGS ADDED TO THE BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** to the Blue Shield Specialty Tier

- Refer to member benefit summary for applicable member share of cost.
- These drugs are obtained through the BSC specialty pharmacy network (excluding Medicare plans).

Specialty Drug	Coverage Restriction	Medicare status
lprivask injectable	Quantity Limit for up to 12 days of therapy	Quantity Limit for up to 12 days of therapy
Gilenya oral capsule	Prior Authorization Required (For plans without a specialty benefit, Gilenya is Non-formulary with Prior Authorization required)	Prior Authorization Required (For Group Medicare plans without a specialty benefit, Gilenya is Non-Preferred brand with Prior Authorization required)

ADDED TO FORMULARY

The following drugs were **ADDED** to the Formulary:

Drug	Coverage Restriction	Medicare status (if differs)
Exelon Patch		
Exelon Oral Solution		
Vyvanse		

Note: Medicare "Statutory exclusion" = drugs excluded for Medicare Part D under the Social Security Act section 1927(d)(2); those that have not been approved by the FDA; and those that do not meet the definition of a Part D drug as described by the Social Security Act section 1927(k).

INJECTABLE/OFFICE-ADMINISTERED

MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on December 16, 2010 (unless stated otherwise) and available on the BSC Internet site, and Provider Portal: blueshieldca.com → Provider Portal → Guidelines → Eligibility & Benefits Resources → select "Blue_Shield_Medication_Policies_Injectable,_Implantable,_w/DME" .

Refer to medication policy for complete details. For description of change, refer to top of medication policy.

- *Achthar H.P. Gel - Updated*
- *Avastin - Updated*
- *Avonex - Updated*
- *Betaseron - Updated*
- *Bexxar - Updated*
- *Boniva - Updated*
- *Botox - Updated*
- *Clolar - Updated*
- *Dacogen - Updated*
- *Enbrel - Updated*
- *Extavia - Updated*
- *Forteo - Updated*
- *Iprivask - NEW*
- *Irinotecan - Updated*
- *Novantrone - Updated*
- *Octagam - Updated*
- *Oxaliplatin - Updated*
- *Prolia - Updated*
- *Reclast - Updated*
- *Rituxan - Updated*
- *Torisel - Updated*

- Treanda - *Updated*
- Tysabri - *Updated*
- Vidaza - *Updated*
- Vivitrol - *Updated*
- Xeomin - *NEW*
- Zevalin - *Updated*

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