

**BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2011 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE MARCH 24, 2011

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 2011 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.

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).*

*For commercial drugs, “**Exception request required**” = drugs which are non-formulary and require a prior authorization.*

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
Flarex (effective 6/1/2011)		Non preferred brand tier	More cost effective alternatives available	fluorometholone, prednisolone acetate, Lotemax
FML Forte (effective 6/1/2011)		Formulary brand	More cost effective alternatives available	fluorometholone, prednisolone acetate, Lotemax
Maxidex (effective 6/1/2011)		Formulary brand	More cost effective alternatives available	fluorometholone, prednisolone acetate, Lotemax
Menest (effective 7/1/2011)		Formulary brand	More cost effective alternatives available	estradiol, estropipate, Enjuvia

Non-formulary Drug	Coverage Restriction	Medicare status (if differs)	Rationale for Decision	Formulary Alternatives
Pred Mild (effective 6/1/2011)		Non preferred brand tier	More cost effective alternatives available	fluorometholone, prednisolone acetate, Lotemax
Premarin (effective 7/1/2011)		Formulary brand	More cost effective alternatives available	estradiol, estropipate, Enjuvia

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
Cycloset	Type II Diabetes	Step therapy required		No advantage over formulary alternatives	metformin, glipizide, glyburide, Actos, Januvia
Latuda	Acute schizophrenia		Non preferred brand tier	No advantage over formulary alternatives	risperidone, Seroquel/ Seroquel XR, Zyprexa
Pradaxa	Stroke and systemic embolism prevention in non-valvular atrial fibrillation	Exception request required		Alternative to warfarin per ACC/AHA guidelines	warfarin

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
Abstral	Exception request required		fentanyl citrate
Acanya	Exception request required		clindamycin 1% gel, clincamycin 1%/benzoyl peroxide 5%
Amturnide	Step therapy required	Non preferred brand w/ step therapy required	generic ACE inhibitors, benazepril/amlodipine, losartan/hctz
Atelvia	Step therapy required	Non preferred brand w/ step therapy required	alendronate 70mg tablet
Benzefoam Ultra	Exception request required	Statutory exclusion	benzoyl peroxide 9% cleanser, medicated pad

Drug	Coverage Restriction	Medicare status (if differs)	Formulary Alternatives
Butrans patch	Exception request required		oxycodone/apap, hydrocodone/apap
Cuvposa	Exception request required		glycopyrrolate tablet
Delos Cleanser	Exception request required	Statutory exclusion	benzoyl peroxide 3% and 4% cleanser
Delos Lotion	Exception request required	Statutory exclusion	benzoyl peroxide 5% lotion (OTC)
Kapvay	Exception request required		ADHD formulary stimulants, generic clonidine
Kombiglyze XR	Step therapy required		Janumet
Lastacraft	Step therapy required		azelastine, Pataday, Patanol
Nuedexta	Exception request required		n/a (submit exception request for unique indication)
Nexiclon XR	Exception request required		clonidine patch
Zolpimist	Exception request required		zolpidem tablet

GENERIC DRUGS 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 7% cleanser (<i>microspheres</i>)	Prior authorization required	Statutory exclusion
levocetirizine (<i>brand name Xyzal</i>)	Prior authorization required	
zolpidem 12.5mg extended release (<i>brand name: Ambien CR 12.5mg</i>)	Step therapy required	

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
Carbaglu tablets (<i>for oral administration</i>)	Prior authorization required (For plans without a specialty benefit, Carbaglu is non-formulary with prior authorization required)	Prior authorization required (For Group Medicare plans without a specialty benefit, Carbaglu is non-preferred brand with prior authorization required)

Specialty Drug	Coverage Restriction	Medicare status
Egrifita injection	Prior authorization required	Prior authorization required
Xgeva injection	Prior authorization required	Prior authorization required

ADDED TO FORMULARY

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

Drug	Coverage Restriction	Medicare status (if differs)
Enjuvia (effective 7/1/2011)		
Colcrys		

OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **March 24, 2011** (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.

- *Alimta - Updated*
- *Anzemet - New*
- *Arixtra - Updated*
- *Botulinum Toxins - Updated*
- *Cancidas - Updated*
- *Egrifita - New*
- *Enbrel - Updated*
- *Emend - Updated*
- *Eraxis - Updated*
- *Fragmin - Updated*
- *Gammunex-C - Updated*
- *Halaven - New*
- *Innohep - Updated*
- *Invega Sustenna - Updated*
- *Krystexxa - New*
- *Leukine - Updated*
- *Lovenox - Updated*
- *Mycamine - Updated*
- *Neupogen - Updated*
- *Prolia - Updated*
- *Risperdal Consta - Updated*
- *Rituxan - Updated*
- *Xgeva - New*
- *Zometa - Updated*
- *Zyprexa Relprevv - Updated*

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

**BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2011 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE JUNE 16, 2011

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 2011 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.

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).*

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
Acanya	Step therapy required		clindamycin 1%/benzoyl peroxide 5%
Doryx 150 mg <i>(effective 9/1/2011)</i>	Prior authorization required		doxycycline; doxycycline delayed release tablet
Edarbi	Step therapy required		Diovan/Diovan HCT, Avapro/Avalide
Horizant	Prior authorization required		pramipexole, ropinirole
Lantus Solostar	Step therapy required		Lantus vial
Luvox CR	Step therapy required		fluvoxamine

Drug	Coverage Restriction	Medicare status (if differs)	Formulary Alternatives
Staxyn	Prior authorization required*	Statutory exclusion	Levitra*
Viibryd	Prior authorization required		citalopram, fluoxetine, paroxetine, sertraline

*Unless erectile dysfunction is a benefit exclusion

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 5.3% foam (brand name: Benzefoam)	Prior authorization required	Statutory exclusion
sulfacetamide sodium/sulfur 8-4% (brand name: Sumaxin TS)	Prior authorization required	Statutory exclusion
voriconazole (brand name: Vfend)	Prior authorization required	

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
Buphenyl (for oral administration)	Prior authorization required**	2011: Non preferred brand 2012: Specialty tier w/ PA**
Sylatron injection (home self injectable)	Prior authorization required	Prior authorization required‡
vandetanib (for oral administration)	Prior authorization required**	Prior authorization required**
Zytiga (for oral administration)	Prior authorization required**	Prior authorization required**

**Non-formulary w/ PA for Commercial & non preferred brand w/ PA for Group Medicare plans without a specialty benefit

‡ Formulary Injectable tier w/ PA & B vs D for Group Medicare plans without a specialty benefit

ADDED TO FORMULARY

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

Drug	Coverage Restriction	Medicare status (if differs)
Banzel oral suspension	Prior authorization required	
Nuedexta		
Strattera		

Drug	Coverage Restriction	Medicare status (if differs)
Viramune XR		
Zyclara		

OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **June 16, 2011** (unless stated otherwise within the policy) 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 - Updated*
- *Alferon N - Updated*
- *Benlysta - New*
- *Fabrazyme - Updated*
- *Fusilev - Updated*
- *Infergen - Updated*
- *Intron A - Updated*
- *Lucentis - Updated*
- *Makena - New*
- *Oxaliplatin - Updated*
- *Rituxan - Updated*
- *Sylatron - New*
- *Tysabri - Updated*
- *Yervoy - New*

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

**BLUE SHIELD OF CALIFORNIA
THIRD QUARTER 2011 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE SEPTEMBER 15, 2011

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 2011 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.

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).

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.*

Drug	Coverage Restriction	Medicare status (if differs)	Rationale for Decision	Formulary Alternatives
Dipentum	Step therapy required	Preferred brand	More cost effective alternatives	Apriso, Asacol, or Asacol HD
Pentasa	Step therapy required	Preferred brand	More cost effective alternatives	Apriso, Asacol, or Asacol HD

BRAND DRUGS of INTEREST with generics REMOVED from FORMULARY

The following brand drugs of interest were **REMOVED** from the Formulary because a generic version of the drug is available on the market. **When generic drugs are available, brand versions are removed from the Formulary.**

- *Refer to member benefit summary for applicable member share of cost. Most members will pay a difference in cost between the brand and the generic, plus the generic co-pay.*

Activella	Coumadin	Medrol	Toprol XL	Xanax
Ambien	Cytomel	Prograf	Valtrex	Yasmin 28
Climara	Imitrex	Synthroid	Vicodin & Vicodin ES	Zithromax
Concerta	Lamictal	Topamax	Wellbutrin XL & SR	Zoloft

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
Arcapta	COPD	Prior authorization required		Unclear advantage	Foradil, Serevent
Brilinta	Platelet aggregation inhibitor for ACS	Prior authorization required		Unclear advantage	Plavix
Daliresp	Severe COPD	Prior authorization required		Unclear advantage	
Dificid	C. difficile associated diarrhea (CDAD)	Prior authorization required		Unclear advantage	Vancocin
Xarelto	Prevention of DVT	Prior authorization required		Unclear advantage	

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
Androderm	Step therapy required		Androgel
Axiron	Step therapy required		Androgel
Epiduo	Restricted to age < 40 and Step therapy required		adapalene, benzoyl peroxide
Fortesta	Step therapy required		Androgel
Lialda	Step therapy required		Apriso, Asacol, Asacol HD
Sprix nasal spray	Prior authorization required		ketoralac
Tradjenta	Step therapy required		metformin, Januvia*, Janumet*
Viibryd	Prior authorization required		citalopram, fluoxetine, paroxetine, sertraline
Ziana	Restricted to age < 40 and Step therapy required		topical clindamycin, topical tretinoin

*step therapy with metformin required

GENERIC DRUGS 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)
alfuzosin (brand name: Uroxatral)	Step therapy required	
cyclobenzaprine (brand name: Amrix)	Step therapy required	
epinastine ophthalmic drops 0.05% (brand name: Elestat)	Step therapy required	
sulfacetamide sodium/sulfur foam (brand name: SSS 10-4)	Prior authorization required	
urea (brand name: Uramaxin GT)	Prior authorization required	Statutory exclusion

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	Commerical Coverage Restriction	Medicare status
fondaparinux 2.5mg syringe		Formulary Injectable
fondaparinux 5mg, 7.5mg, 10mg syringe		Specialty tier†
Incivek (for oral administration)	Prior authorization required**	Specialty tier w/ PA**
Victralis (for oral administration)	Prior authorization required**	Specialty tier w/ PA**

For Commercial and Group Medicare plans *without a specialty benefit*: drug is

**Non-formulary w/ PA for Commercial & Non-preferred brand w/ PA for Group Medicare

† Formulary Injectable tier for Group Medicare plans

ADDED TO FORMULARY

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

Drug	Coverage Restriction	Medicare status (if differs)
Apriso		
Complera		
Edurant		
Lantus Solostar		

OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **September 15, 2011** (unless stated otherwise within the policy) 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*
- *Aranesp - Updated*
- *Avastin - Updated*
- *Campath - Updated*
- *Epogen - Updated*
- *Fotolyn - Updated*
- *Gammgard liquid - Updated*
- *Istodax - Updated*
- *Nulojix - New*
- *Octreotide - Updated*
- *Procrit - Updated*
- *Rituxan - Updated*
- *Sandostatin LAR - Updated*
- *Velcade - Updated*

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

**BLUE SHIELD OF CALIFORNIA
FOURTH QUARTER 2011 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE DECEMBER 15, 2011

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 2011 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.

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).

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.*

Drug	Coverage Restriction	Medicare status (if differs)	Rationale for Decision	Formulary Alternatives
Renagel		Preferred brand	More cost effective alternatives	Renvela
Retin-A Micro	Restricted to age ≤ 40 and Step therapy required	Preferred brand	More cost effective alternatives	adapalene, tretinoin, Differin

DRUGS NOT ADDED to FORMULARY

The following drugs were **NOT added to the Formulary as they have an unclear advantage over formulary products. These drugs may 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)	Formulary Alternatives
Arcapta	Chronic Obstructive Pulmonary Disease (COPD)	Prior authorization required		Foradil, Serevent, Spiriva

Drug	Indication	Coverage Restriction	Medicare status (if differs)	Formulary Alternatives
Brilinta	Acute Coronary Syndrome (ACS)	Prior authorization required		Plavix
Conzip	Chronic pain	Prior authorization required	Statutory exclusion	tramadol, tramadol ER
Effient	Acute Coronary Syndrome (ACS)	Prior authorization required	Medicare Robust: Non preferred brand	Plavix
Gralise	Post-herpetic neuralgia	Prior authorization required		amitriptyline, bupropion, carbamazepine, desipramine, gabapentin, nortriptyline
Lazanda	Breakthrough cancer pain	Prior authorization required	Statutory exclusion	fentanyl lozenge
Xarelto	1. Stroke and systemic embolism prevention in non-valvular atrial fibrillation (NVAF) , and 2. Prevention of DVT or PE after knee or hip surgery	Prior authorization required		warfarin (NVAF), enoxaparin**, fondaparinux**

**Self injectables for hip or knee surgery may be covered under specialty tier for most commercial and Medicare members

GENERIC DRUGS 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 9.8% foam (brand name: BenzEfoam Ultra)	Prior authorization required	Statutory exclusion
cyclobenzaprine 7.5mg tablet (brand name: Fexmid)	Step therapy required	

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
Firazyr injection	Prior authorization required	Prior authorization required

Specialty Drug	Coverage Restriction	Medicare status
Orencia SC injection	Prior authorization required	Prior authorization required
Xalkori capsule	Prior authorization required†	Prior authorization required†
Zelboraf tablet	Prior authorization required†	Prior authorization required†

†For plans without a specialty benefit, drug is non-formulary with prior authorization required for commercial and non-preferred brand with prior authorization for group Medicare plans

ADDED TO FORMULARY

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

Drug	Coverage Restriction	Medicare status (if differs)
Juvisync	Step therapy required	
Humalog, Humalog Mix (cartridge and KwikPen)		

OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **December 15, 2011** (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*
- *Adcetris - New*
- *Alimta - Updated*
- *Botox - Updated*
- *Campath - Updated*
- *Cimzia - Updated*
- *Dysport - Updated*
- *Firazyr - New*
- *Gammaked - New*
- *Myobloc - Updated*
- *Orencia - Updated*
- *Prolia - Updated*
- *Remicade - Updated*
- *Soliris - Updated*
- *Treanda - Updated*
- *Xeomin - Updated*
- *Zometa - Updated*

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