

**BLUE SHIELD OF CALIFORNIA  
FIRST QUARTER 2014 FORMULARY AND MEDICATION POLICY UPDATES**

**EFFECTIVE MARCH 20, 2014**

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 2014 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 → go to the Pharmacy tab, select Plus Drug Formulary or Standard Drug Formulary):

- 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 or non-preferred 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).

**DRUGS REMOVED FROM FORMULARY**

The following drug(s) were **EXCLUDED** from the Plus Drug formulary as noted:

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Rationale for Decision	Plus Formulary Alternatives
triamcinolone nasal spray (brand name: Nasacort AQ)	Excluded		Non-Formulary (effective 2015)	OTC equivalent available (Nasacort Allergy 24HR)	flunisolide, fluticasone, Nasonex, Omnaris

**DRUGS NOT ADDED to FORMULARY**

The following drugs were **NOT added** to the Plus Drug Formulary as they **do not** have a **clear 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	Standard Formulary (if differs)	Medicare status (if differs)	Plus Formulary Alternatives
Aerospan	Asthma				Flovent, Qvar, Asmanex, Pulmicort Flexhaler
Aptiom	Seizures	Prior authorization required		Formulary	Generic anticonvulsants

Drug	Indication	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Plus Formulary Alternatives
Avar, Avar LS	Acne vulgaris, rosacea, Seborrheic dermatitis	Prior authorization required		Statutory Exclusion	Topical sulfacetamide/sulfur
Duavee	Vasomotor Symptoms	Prior authorization required			Jinteli, Mimvey, Prempro
	Osteoporosis prevention				Evista, bisphosphonates
Ecoza	Tinea pedis	Step therapy required		Statutory Exclusion	Topical ciclopirox, econazole, clotrimazole/betamethasone
Farxiga	Diabetes	Step therapy required			metformin, TZDs, sulfonyleureas, or DPP-4 inhibitor
Fycompa	Seizures	Prior authorization required		Formulary	Generic anticonvulsants
Lanoxin 62.5mcg, 187 mcg	Heart conditions	Prior authorization required if ≥ 65 yrs of age			digoxin
Moderiba Dosepak ( <i>brand name: Ribapak</i> )	Chronic Hepatitis C	Prior authorization required			ribavirin
Stendra	Erectile Dysfunction	Prior authorization required		Statutory Exclusion	Levitra*

\*Prior authorization required

#### GENERIC DRUGS WITH RESTRICTIONS

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

Newly available generic	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
fluocinonide cream ( <i>brand name: Vanos</i> )	Prior authorization required		
lamivudine ( <i>brand name: Epivir HBV</i> )	Prior authorization required		
telmisartan ( <i>brand name: Micardis</i> )	Step therapy required		
telmisartan/amlodipine ( <i>brand name: Twynsta</i> )	Step therapy required		
tolterodine ( <i>brand name: Detrol LA</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 (if differs)
Iclusig	Prior authorization required	
Olysio	Prior authorization required	
Otrexup	Prior authorization required	Statutory Exclusion
Sovaldi	Prior authorization required	
tobramycin nebulizer solution (brand name: Tobl)	Prior authorization required	Prior authorization required, and Part B vs. D review

### OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **March 20, 2014** (unless stated otherwise) and available on the BSC Internet site, and Provider Portal: [blueshieldca.com](http://blueshieldca.com) → For Providers → Authorizations → Clinical Policies and Guidelines → Medication Policy → Medication Policy List.

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

- Cimizia - *Updated*
- IVIG - *Updated*
- Kadcyra - *Updated*
- Remicade - *Updated*
- Tysabri - *Updated*
- Xiaflex - *Updated*

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

**BLUE SHIELD OF CALIFORNIA  
SECOND QUARTER 2014 FORMULARY AND MEDICATION POLICY UPDATES**

**EFFECTIVE JUNE 19, 2014**

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 2014 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 → go to the Pharmacy tab, select Plus Drug Formulary [or Standard Drug Formulary](#)):

- *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 [or non-preferred](#) 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).

**DRUGS REMOVED FROM FORMULARY**

The following drug(s) were **REMOVED from** the Formulary effective **09/04/2014** for commercial plans

- *These drugs are available at the [non-formulary](#) or [non-preferred brand copayment](#) except for members with a closed formulary benefit, or where prior authorization is required for coverage.*

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Rationale for Decision	Plus Formulary Alternatives
Carac	Step therapy required		Effective 2015	Cost effective alternatives available	Picato
Enjuvia	Prior authorization required if ≥ 65 yrs of age		Effective 2015	Cost effective alternatives available	estropipate, estradiol
Zyclara	Step therapy required		Effective 2015	Cost effective alternatives available	Picato

**DRUGS NOT ADDED to FORMULARY**

The following drugs were **NOT added to the Plus or Standard Drug Formulary as they do not have a clear 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	Standard Formulary (if differs)	Medicare status (if differs)	Plus Formulary Alternatives
Desvenlafaxine ER; Desvenlafaxine fumarate ER	Depression (SNRI)	Step therapy required			Pristiq (Step therapy required)
Plexion	Acne vulgaris, acne rosacea, seborrheic dermatitis	Prior authorization required		Statutory exclusion	sulfacetamide /sulfur pad, lotion, cream, cleanser
Xartemis XR	Acute pain (opioid/acetaminophen)	Prior authorization required			oxycodone/acetaminophen (generic Endocet, Roxicet, Percocet)
Zohydro ER	Severe chronic pain (opioid)	Prior authorization required			morphine sulfate (generic MS Contin, Avinza, Kadian); Fentanyl patch, methadone, Oxycontin

#### GENERICS WITH RESTRICTIONS

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

Newly available generic	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
adapalene (brand name: Differin)	Prior authorization required if > 40 yrs of age		
atovaquone (brand name: Mepron)	Prior authorization required		
calcipotriene/betamethasone (brand name: Taclonex)	Prior authorization required		
omega-3 acid ethyl esters (brand name: Lovaza)	Prior authorization required		
telmisartan/hydrochlorothiazide (brand name: Micardis HCT)	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 (if differs)
Grastek	Prior authorization required	Formulary, Prior authorization required
Hetlioz	Prior authorization required	
Myalept	Prior authorization required	

Specialty Drug	Coverage Restriction	Medicare status (if differs)
Oralair	Prior authorization required	Formulary, Prior authorization required
Orenitram ER	Prior authorization required	
Otezla	Prior authorization required	
Ragwitek	Prior authorization required	Formulary, Prior authorization required
Zykadia	Prior authorization required	

#### DRUGS ADDED TO FORMULARY

The following drugs were **ADDED** to the Plus or Standard Drug Formularies:

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Anoro Ellipta		Non-preferred brand	
Picato		Non-preferred brand	

#### OFFICE-ADMINISTERED MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **June 19, 2014** (unless stated otherwise) and available on the BSC Internet site, and Provider Portal: blueshieldca.com → For Providers → Authorizations → Clinical Policies and Guidelines → Medication Policy → Medication Policy List.

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

- *Arzerra - Updated*
- *Avastin - Updated*
- *Aveed - New*
- *Biologics for Psoriatic Arthritis (Cimzia, Enbrel, Humira, Remicade, Simponi, Stelara) - Updated*
- *Cyramza - New*
- *Interferons (Intron A, Alferon N) - Updated*
- *IVIg - Updated*
- *Monovisc - New*
- *Myalept - New*
- *Noxafil - New*
- *Pegylated interferons (Pegasys, Sylatron) - Updated*
- *Torisel - Updated*
- *Vimizim- New*
- *Xolair - Updated*

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

**BLUE SHIELD OF CALIFORNIA  
THIRD QUARTER 2014 FORMULARY AND MEDICATION POLICY UPDATES**

**EFFECTIVE SEPTEMBER 18, 2014**

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 2014 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 refer to the appropriate drug formulary posted on our website for the following information (available at blueshieldca.com → drop down “Members”, select “Pharmacy” under Public Links, and select the appropriate drug formulary – Standard Drug Formulary, Plus Drug Formulary or Medicare Drug Formulary):

- *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 or non-preferred and 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*

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).

**DRUGS REMOVED FROM FORMULARY**

The following drug(s) were **REMOVED** from the Plus or Standard Drug formulary, or are excluded from coverage under the prescription benefit, as noted:

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Rationale for Decision	Plus Formulary Alternatives
Nexium 20mg	Benefit Exclusion		Non Formulary with Step	OTC equivalent available (Nexium 24HR)	omeprazole, pantoprazole, rabeprazole, lansoprazole, Dexilant (step therapy required)

**DRUGS NOT ADDED to FORMULARY**

The following drugs were **NOT added** to the Plus or Standard Drug Formulary as they **do not** have a **clear 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	Standard Formulary (if differs)	Medicare status (if differs)	Plus Formulary Alternatives
Acticlate (doxycycline)	infection (antibiotic)	Prior authorization required		Statutory exclusion	doxycycline

Drug	Indication	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Plus Formulary Alternatives
Bunavail	opioid dependence	Prior authorization required			buprenorphine-naloxone SL tablet
Grastek , Oralair, and Ragwitek  (Sublingual Immunotherapy)	allergic rhinitis	Prior authorization required			formulary nasal steroids: budesonide ( <i>step therapy required</i> ), flunisolide, fluticasone propionate, Nasonex <b>Note:</b> injectable (subcutaneous) immunotherapy should be considered first as the preferred method of treatment
Hemangeol	Infantile hemangioma	Prior authorization required			propranolol
Jardiance	type 2 diabetes	Step therapy required			Invokana ( <i>step therapy required</i> )
Jublia	onychomycosis	Prior authorization required			ciclopirox, itraconazole, terbinafine
Karbinal ER	allergic conditions	Prior authorization required			generic liquid antihistamines and carbinoxamine oral suspension
Neo-Synalar	topical steroid/ antibiotic	Prior authorization required			formulary generic topical med-high potency steroids; topical neomycin
Sitavig	cold sores (antiviral)	Prior authorization required			oral or topical acyclovir; valacyclovir
Sivextro	bacterial infection	Prior authorization required			oral formulary antibiotics, eg clindamycin, doxycycline, minocycline ( <i>depending on type of skin infection</i> )
Tanzeum	type 2 diabetes	Prior authorization required			Bydureon, Bydureon pen ( <i>step therapy required</i> ) <b>Note:</b> Byetta is on Formulary but does not satisfy the step therapy requirement
Zontivity	reduction of CV thrombotic events	Prior authorization required			clopidogrel

#### GENERIC WITH RESTRICTIONS

The following drugs are newly available **GENERIC** drugs that were **ADDED to the Plus or Standard Drug Formularies with coverage restrictions** (other new generic drugs are covered on formulary without restrictions):

Newly available generic	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
budesonide nasal spray (brand name: Rhinocort Aqua)	Step therapy required		
diclofenac sodium (brand name: Pennsaid)	Prior authorization required		



Newly available generic	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
fenofibrate (brand name: Lipofen)	Step therapy required		
hydromorphone (brand name: Exalgo)	Prior authorization required		
Mimvey Lo (brand name: Activella)	Prior authorization required if ≥ 65 yrs of age		
risedronate sodium (brand name: Actonel)	Step therapy required		
testosterone gel (brand names: Testim, Vogelxo)	Prior authorization required		
topiramate (brand name: Qudexy XR)	Prior authorization required		
valsartan (brand name: Diovan)	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 (if differs)
Purixan	Prior authorization required if > 10 years of age	
Zydelig	Prior authorization required	

On Blue Shield's **Standard Formulary**, the following drugs will be **MOVED** to the Specialty Tier, effective **January 1, 2015 (impacts Covered CA members)**:

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

Cellcept	Matulane	Rapamune
Fareston	mycophenolate mofetil	sirolimus
Hycamtin	mycophenolic acid	Sensipar
Leukeran	Myfortic	tretinoin capsule

#### DRUGS ADDED TO FORMULARY

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

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Bydureon Pen	Step therapy required	Non preferred brand Step therapy Required	

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Epiduo	Step therapy required; PA required if > 40 years of age	Non preferred brand Step therapy required; PA required if > 40 years of age	Non formulary
Glucagen Hypokit			
Invokana, Invokamet	Step therapy required	Non preferred brand Step therapy required	
Kazano, Nesina, Oseni	Step therapy required (effective October 2014)	Non preferred brand Step therapy required	

### **MEDICAL BENEFIT MEDICATION POLICIES:**

The following coverage policies were created or updated and changes are effective on **September 18, 2014** (unless stated otherwise) and available on the BSC Internet site, and Provider Portal: [blueshieldca.com](http://blueshieldca.com) → For Providers → Authorizations → Clinical Policies and Guidelines → Medication Policy → Medication Policy List.

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

- Aloxi - *Updated*
- Avastin - *Updated*
- Aveed - *Updated*
- Beleodaq - *New*
- Botulinum Toxins (Botox, Dysport, Myobloc, Xeomin)- *Updated*
- Colony Stimulating Factors (Neulasta, Neupogen, Granix) - *Updated*
- Dalvance - *New*
- Entyvio – *New*
- Eylea - *Updated*
- Firazyr - *Updated*
- Lumizyme - *Updated*
- Perjeta - *Updated*
- Rituxan - *Updated*
- Sivextro – *New*
- Somatuline - *Updated*
- Sublingual Immunotherapies (Grastek, Oralair, Ragwitek) - *Updated*
- Sylvant – *New*
- Synagis - *Updated*
- Treanda - *Updated*
- Xolair - *Updated*

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

**BLUE SHIELD OF CALIFORNIA**  
**FOURTH QUARTER 2014 FORMULARY AND MEDICATION POLICY UPDATES**

**EFFECTIVE DECEMBER 17, 2014**

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 2014 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 refer to the appropriate drug formulary posted on our website for the following information available at blueshieldca.com → drop down “Members”, select “Pharmacy” under Public Links, and select the appropriate drug formulary – Standard Drug Formulary, Plus Drug Formulary or Medicare Drug Formulary:

- *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 or non-preferred and 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*

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).

**DRUGS REMOVED FROM FORMULARY**

The following drug(s) were **REMOVED from the Plus or Standard Drug formulary, as noted (effective 4/01/2015):**

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Rationale for Decision	Plus Formulary Alternatives
Arcapta Neohaler	Step therapy required		Preferred Brand Prior authorization required	More cost effective alternatives available	Serevent, Striverdi
Banzel	Step therapy required	Preferred Brand Step therapy required	Preferred Brand Prior authorization required	More cost effective alternatives available	clonazepam, felbamate, lamotrigine, topiramate

**DRUGS NOT ADDED to FORMULARY**

The following drugs were **NOT added to the Plus or Standard Drug Formulary as they do not have a clear 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	Standard Formulary (if differs)	Medicare status (if differs)	Plus Formulary Alternatives
Contrave ER	Weight management	Prior authorization required		Statutory exclusion	

Drug	Indication	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Plus Formulary Alternatives
Kerydin	Onychomycosis of toenails	Prior authorization required		Statutory exclusion	terbinafine tablet or itraconazole capsule and ciclopirox (generic Penlac)
Mitigare	Gout	Step therapy required			Colcrys
Relyyxs patch	Mild to moderate pain	Step therapy required		Statutory exclusion	lidocaine patch or lidocaine topical ointment
Trulicity	Type 2 diabetes	Prior authorization required			Bydureon (requires step therapy)
Xigduo XR	Type 2 diabetes	Step therapy required			Invokana, Invokamet (requires step therapy)

#### GENERICIS WITH RESTRICTIONS

The following drugs are newly available **GENERIC** drugs that were **ADDED to the Plus or Standard Drug Formularies with coverage restrictions** (other new generic drugs are covered on formulary without restrictions):

Newly available generic	Coverage Restriction	Standard Formulary (if differs)	Medicare status
amlodipine/valsartan (brand name: Exforge)	Step therapy required (Try generic ARB or ARB/hydrochlorothiazide first)		Medicare Basic: Non formulary Step therapy required
testosterone 2% gel (brand name: Fortesta)	Prior authorization required		Non formulary
olopatadine nasal spray (brand name: Patanase)	Step therapy required (Try a generic azelastine nasal first)		Preferred Brand 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	Standard Formulary (if differs)	Medicare status (if differs)
Cerdelga	Prior authorization required		
Esbriet	Prior authorization required		
Harvoni	Prior authorization required		
Northera	Prior authorization required		
Ofev	Prior authorization required		
Plegridy	Prior authorization required		
Rasuvo	Prior authorization required		Statutory exclusion

On Blue Shield's **Plus Formulary**, the following drugs will be **MOVED** to the Specialty Tier, effective **4/01/2015**

- Refer to member benefit summary for applicable member share of cost.
- These drugs are obtained through the BSC specialty pharmacy network.
  - Rapamune 0.5mg 1mg, 2mg tablet
  - Rapamune oral solution 1mg/mL
  - sirolimus 0.5mg, 1mg, 2mg tablet

**EXISTING DRUGS with NEW RESTRICTIONS**

The following drugs **have no change in formulary status, but have NEW restrictions effective 4/01/2015**

Drug	Current Plus Formulary Status	Current Standard Formulary Status (if differs)	New Restriction	Medicare status (2015)
<b>Topical Antifungals:</b>				
Ertaczo, Extina, Luzu	Non Formulary		Step therapy required (Try a generic Rx topical antifungal first)	Non Formulary
Naftin, Oxistat	Non Formulary		Step therapy required (Try a generic Rx topical antifungal first)	Non Preferred Brand (without restriction)
Vusion	Non Formulary		Step therapy required (Try 3 generic Rx topical antifungals first)	Non Formulary
Xolegel	Non Formulary		Step therapy required (Try generic topical ketoconazole first)	Non Formulary
<b>Glaucoma Agents:</b>				
Combigan, Cosopt PF	Non Formulary		Step therapy required (Try Simbrinza first)	Non Formulary
Lumigan, Travatan Z	Formulary Brand		Step therapy required (Try generic latanoprost or travoprost first)	Preferred Brand (without restriction)
Rescula, Zioptan	Non Formulary		Step therapy required (Try a generic and Lumigan or Travatan Z first)	Non Formulary
<b>Triptans:</b>				
Axert, Frova	Non Formulary		Step therapy required (Try 2 generic triptans first)	Non Formulary
Relpax	Non Formulary		Step therapy required (Try 2 generic triptans first)	Non Preferred Brand (without restriction) Medicare Basic: Non Formulary
Zomig Nasal Spray	Non Formulary		Step therapy required (Try generic sumatriptan nasal spray first)	Non Formulary
<b>Miscellaneous Agents:</b>				
Fortesta	Non Formulary Step therapy required		Prior authorization required	Non Formulary
Oxtellar XR	Non Formulary Prior authorization required		Step therapy required (Try generic oxcarbazepine immediate release first)	Non Preferred Brand Prior authorization required
Zavesca	Specialty		Prior authorization required	Specialty (without restriction)

## DRUGS ADDED TO FORMULARY

The following drugs were **ADDED** to the Plus or Standard Drug Formularies:

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status(if differs)
Amitiza	Step therapy required (try lactulose first)		Non Preferred Brand Prior authorization required
Onfi	Step therapy required (Try a generic anticonvulsant first)	Non Preferred Brand Step therapy Required (Try a generic anticonvulsant first)	Non Preferred Brand Prior authorization required
Striverdi Respimat			
Simbrinza		Non Preferred Brand	

### MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **December 17, 2014** (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 → Authorizations → Clinical Policies and Guidelines → Medication Policy → Medication Policy List.

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

- Abraxane - *Updated*
- Antibiotics for acute bacterial infections, IV formulations (Orbactiv, Sivextro) - *New*; (Dalvance) - *Updated*
- Botulinum Toxins (Botox, Dysport, Myobloc, Xeomin) - *Updated*
- Alimta - *Updated*
- Avastin - *Updated*
- Eylea - *Updated*
- Immune Globulin Subcutaneous Therapy (Hizentra, Gammagard, Gamunex C, Gammaked) - *Updated*; HyQvia - *New*
- Intravitreal steroid implants (Iluvien, Ozurdex, Retisert) - *New*
- Herceptin - *Updated*
- Humira - *Updated*
- Istodax - *Updated*
- Ixempra - *Updated*
- Keytruda - *New*
- Kyprolis - *Updated*
- Plegridy - *New*
- Relistor - *Updated*
- Ruconest - *New*
- Torisel - *Updated*
- Velcade - *Updated*
- Xiaflex - *Updated*
- Xolair - *Updated*

The following coverage policy was removed:

- Bexxar

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