

**BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2015 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE MARCH 19, 2015

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 2015 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 **EXCLUDED from the Plus or Standard Drug formulary, as noted:**

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Rationale for Decision	Plus Formulary Alternatives
fluticasone nasal spray	Excluded		Generic	OTC equivalent available (Flonase® Allergy Relief)	flunisolide, Nasonex

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
Afrezza	Diabetes (insulin)	Prior authorization required			Humulin R, Humalog

Drug	Indication	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Plus Formulary Alternatives
Belsomra	Insomnia	<ul style="list-style-type: none"> Step therapy required Prior authorization required if ≥ 65 years and >90 day limit 		Prior authorization required	generic sleep agents: Ambien, Ambien CR, Lunesta, Sonata
Embeda	Severe pain	Prior authorization required			morphine ER, transdermal fentanyl, oxycontin
Evekeo	Narcolepsy, ADHD	Step therapy required		Prior authorization required	generic amphetamines; Adderall XR, Vyvanse
Glyxambi	Type 2 diabetes	Prior authorization required			1 st line antidiabetic agent, then: <ul style="list-style-type: none"> Invokana, or Invokamet, and Januvia, or Janumet/ Janumet XR, and Nesina or Kazano or Oseni
Hysingla 20, 30, 40, 60mg	Severe pain	Prior authorization required			morphine ER, fentanyl transdermal, Oxycontin
Movantik	Opioid induced constipation	Prior authorization required			Amitiza (step therapy required)
Obredon	Cough	Step therapy required		Statutory exclusion	guaifenesin/ codeine
Onexton	Acne vulgaris	Step therapy required		Prior authorization required	Topical clindamycin/ benzoyl peroxide (Duac, Benzaclin)
Rytary	Parkinson's	Step therapy required		Prior authorization required	carbidopa/ levodopa CR (Sinemet CR)
Savaysa	Atrial Fibrillation, DVT, PE (anticoagulant)	Prior authorization required			Eliquis, Xarelto
Trezix	Mod-severe pain	Prior authorization required			ASA/ dihydro-codeine; APAP/ codeine

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 (if differs)
amlodipine/valsartan/hctz (brand name: Exforge HCT)	Step therapy required		Medicare Basic: Non formulary
celecoxib (brand name: Celebrex)	Prior authorization required		Medicare Basic: Non formulary
clobetasol propionate spray (brand name: Clobex spray)	Step therapy required		Non formulary
estradiol/norethindrone (generic Activella)	Prior authorization required if age ≥ 65		
estradiol transdermal patch (brand name: Vivelle-Dot)	Prior authorization required if age ≥ 65		
guanfacine (brand name: Intuniv)	Step therapy required		
lamotrigine (brand name: Lamictal ODT)	Prior authorization required		
sulfacetamide sodium/sulfur (brand name: Plexion)	Prior authorization required		Statutory exclusion
tacrolimus (brand name: Protopic ointment)	Step therapy required, Prior authorization required 0.03%: if age >12 0.1%: if age <16		Medicare Basic: Non formulary
testosterone 1% gel (brand name: Androgel 1%)	Prior authorization required		
urea (brand name: Keralac cream)	Step therapy 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	Coverage Restriction	Standard Formulary (if differs)	Medicare Status (if differs)
Cosentyx	Prior authorization required		
Granix	Prior authorization required		Prior authorization required and B vs. D
Hysingla 80, 100, 120mg	Prior authorization required		Non Formulary

Specialty Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare Status (if differs)
Ibrance	Prior authorization required		
Kitabis Pak	Prior authorization required		Prior authorization required and B vs. D
Lenvima	Prior authorization required		
Lynparza	Prior authorization required		
Mircera	Prior authorization required		Prior authorization required and B vs. D
Viekira Pak	Prior authorization required		

EXISTING DRUGS with NEW RESTRICTIONS

The following drugs have **no change in formulary status**, but have **NEW restrictions**

Drug	Current Plus Formulary Status	New Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Clobex Spray	Non formulary	Step therapy required		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)
Arnuity Ellipta		Non preferred brand	
Asmanex HFA		Non preferred brand	
Renvela			
Myrbetriq	Step therapy required	Non preferred brand, Step therapy required	
NP Thyroid	Prior authorization required if age ≥ 65	Non preferred brand, Prior authorization required if age ≥ 65	Statutory exclusion

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **March 19, 2015** (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.

- Blincyto- *New*
- Botulinum toxins (Botox, Dysport, Myobloc, Xeomin) – *Updated*
- Cosentyx - *New*

- *Cyramza - Updated*
- *Erbitux - Updated*
- *Granix – Updated*
- *Hizentra – Updated*
- *Invega Sustenna - Updated*
- *Keytruda – Updated*
- *Lemtrada -- New*
- *Lucentis - Updated*
- *Mircera - New*
- *Neupogen - Updated*
- *Opdivo - New*
- *Rapivab – New*
- *Rituxan – Updated*
- *Somatuline Depot – Updated*
- *Vectibix - Updated*
- *Xgeva - Updated*

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

**BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2015 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE JUNE 18, 2015

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 2015 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, effective 9/3/2015 or as noted:**

- 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
Asmanex HFA, Twisthaler <i>(effective 10/1/2015)</i>	Step therapy required		Preferred brand through 2015	Cost effective alternatives available	Arnuity Ellipta, Flovent, Pulmicort Flexhaler, QVAR
Combipatch	Prior authorization required if ≥ 65 yrs of age		Preferred brand, Prior authorization required through 2015	Cost effective alternatives available	Premphase, Prempro (Prior authorization required if ≥ 65 yrs of age)
Gelnique	Step therapy required		Preferred brand, step therapy required through 2015	Cost effective alternatives available	oxybutynin ir/er or trospium ir/er; then Vesicare, or Myrbetriq

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)	Rationale for Decision	Plus Formulary Alternatives
Oxycontin 15mg, 30mg, 60mg <i>(effective 8/6/2015)</i>	Prior authorization required		<u>Employer Group:</u> Preferred brand through 2015 <u>Robust, Premium:</u> Non preferred brand, prior authorization required through 2015	Cost effective alternatives available	morphine er, fentanyl patch
Spiriva Handhaler, Respimat <i>(effective 10/1/2015)</i>	Step therapy required		Preferred brand	Cost effective alternatives available	Incruse Ellipta, Tudorza

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
Corlanor	Heart Failure	Prior authorization required			bisoprolol, carvedilol IR/CR, metoprolol CR/XL
Natesto	Hypogonadism	Step therapy required			Androgel 1.62%
Sotylize	Cardiac arrhythmias	Prior authorization required		Statutory exclusion	sotalol tablet
Zohydro ER <i>(abuse deterrent formulation)</i>	Severe pain	Prior authorization required			morphine sulfate er, fentanyl patch

GENERICS 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)
adapalene lotion <i>(brand name: Differin)</i>	Prior authorization required if > 40 years of age		Non preferred brand Prior authorization required if > 40 years of age Medicare Basic: Non formulary
bimatoprost 0.03% ophthalmic drops <i>(brand name: Lumigan)</i>	Step therapy required		Preferred brand, step therapy required
esomeprazole magnesium 40mg <i>(brand name: Nexium)</i>	Step therapy required		<u>Medicare Basic, Robust:</u> Non formulary <u>Medicare Premium Choice:</u> Preferred brand, step therapy required

Newly available generic	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
metaxalone 400mg (brand name: Skelaxin)	Prior authorization required if ≥ 65 years of age		Non Formulary
naproxen sodium (brand name: Naprelan CR)	Step therapy required		Non formulary
triamcinolone acetonide aerosol (brand name: Kenalog)	Step therapy required		Non preferred brand Medicare Basic: Non formulary

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)
Cholbam	Prior authorization required		Statutory exclusion
Cresemba	Prior authorization required		
Farydak	Prior authorization required		
Jadenu			
Kalydeco oral granules	Prior authorization required		
Natpara	Prior authorization required		
Saxenda	Prior authorization required		Statutory exclusion

EXISTING DRUGS with NEW RESTRICTIONS

The following drugs have **no change in formulary status**, but have **NEW restrictions**

Drug	Current Plus Formulary Status	New Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Blood Glucose Test Strips, (non preferred): Contour, Rellon, B-G Star, Assure, Freestyle, Breeze 2, etc (effective 7/15/2015)	Non formulary	Prior authorization required <u>formulary alternatives:</u> Accu-chek, One Touch		Non formulary

Drug	Current Plus Formulary Status	New Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Bowel Preps, (non preferred): Colyte with Flavor packs, Golytely packet, Moviprep, Osmoprep, Prepopik, Suclear <i>(effective 7/1/2015)</i>	Non formulary	Prior authorization required <u>Formulary alternatives:</u> generic bowel preps and Suprep		Non formulary Golytely packet: Non preferred brand
Inhaled Corticosteroids: Aerospan, Alvesco <i>(effective 10/1/2015)</i>	Non formulary	Step therapy required (Try Arnuity Ellipta Flovent, Pulmicort Flexhaler, or QVAR)		Non formulary
Naprelan CR	Non Formulary	Step therapy required (Try 2 prescription strength NSAIDs)		
Targretin, oral capsule and Targretin gel	Specialty	Prior authorization required		

DRUGS ADDED TO FORMULARY

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

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Crestor		Non preferred brand	Medicare Basic: Non formulary
Duavee	Prior authorization required if ≥ 65 years of age	Non preferred brand, Prior authorization required if ≥ 65 years of age	Non Formulary
Incruse Ellipta		Non preferred brand	
Namzaric	Step therapy required	Non preferred brand, Step therapy required	Non preferred brand, Step therapy required
Pazeo		Non preferred brand	
Proair Respiclick			

For Standard formulary – Advair will be moved to preferred brand tier effective 6/18/15.

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **June 18, 2015** (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.

- Actemra - Updated
- Adcetris - Updated

- Botulinum toxins (Botox, Dysport, Myobloc, Xeomin) – *Updated*
- Cresemba – *New*
- Cyramza – *Updated*
- Entyvio - *Updated*
- Eylea - *Updated*
- G-CSFs, (Granix, Neupogen) - *Updated*
- Herceptin - *Updated*
- IVIG - *Updated*
- Kyprolis – *Updated*
- Natpara – *New*
- Prialt - *Updated*
- Rituxan – *Updated*
- Signifor LAR -- *New*

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

**BLUE SHIELD OF CALIFORNIA
THIRD QUARTER 2015 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE SEPTEMBER 17, 2015

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 2015 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 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
Entresto	Heart Failure	Prior authorization required			generic ACE-Is: (benazepril, captopril, enalapril fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril); OR <u>generic ARBs</u> : (losartan, irbesartan, valsartan)
Prestalia	Hypertension	Step therapy required		Statutory exclusion	perindopril and amlodipine
Stiolto Respimat	COPD	Step therapy required			Anoro Ellipta
Tivorbex	Mild-moderate acute pain [NSAID]	Step therapy required			2 generic Rx-strength oral NSAIDs, one of which is indomethacin

GENERICs 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)
almotriptan (brand name: Axert)	Step therapy required		Non formulary
alosetron (brand name: Lotronex)	Prior authorization required		Specialty, Prior authorization required
flouxymesterone (brand name: Androxy)	Prior authorization required		
ketoconazole (brand name: Extina)	Step therapy required		Non preferred brand through 2015
linezolid (brand name: Zyvox)	Prior authorization required		Specialty, Prior authorization required
naftifine (brand name: Naftin)	Step therapy required		<u>Medicare Basic:</u> Non formulary <u>Medicare Robust, Premium/Premium Choice:</u> Non preferred generic
norethindrone/ethinyl estradiol (brand name: FemHRT)	Prior authorization required if ≥ 65 years of age		<u>Medicare Basic:</u> Non formulary Prior authorization required if ≥ 65 years of age <u>Medicare Robust, Premium/Premium Choice:</u> Non preferred brand Prior authorization required if ≥ 65 years of age
risedronate 5mg, 35mg (brand name: Actonel)	Step therapy required		<u>Medicare Basic, Robust:</u> Non formulary <u>Medicare Premium/Premium Choice:</u> Preferred brand, step therapy required
risedronate 30mg (brand name: Actonel)	Prior authorization required		Preferred brand, prior authorization required
risedronate 30mg delayed release (brand name: Atelvia)	Step therapy required		Non formulary
tramadol ER capsule (brand name: Conzip)	Step therapy required		Non formulary

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)
bexarotene capsule (brand name: Targretin)	Prior authorization required		

Specialty Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare Status (if differs)
Daklinza	Prior authorization required		
Iressa	Prior authorization required		
Orkambi	Prior authorization required		
Praluent	Prior authorization required		
Repatha	Prior authorization required		
Rexulti	Prior authorization required		
Technivie	Prior authorization required		
Zomacton	Prior authorization required		

EXISTING DRUGS with NEW RESTRICTIONS

The following drugs have **no change in formulary status**, but have **NEW restrictions**

Drug	Current Plus Formulary Status	New Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Duexis	Non formulary	Step therapy required (Try: ibuprofen 800mg and famotidine 20mg or 40mg)		Non formulary

DRUGS ADDED to FORMULARY

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

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Combigan		Non Preferred Brand	Non formulary

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **September 17, 2015** (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.

- Gazyva - *Updated*
- Invega Trinza - *New*
- Kynamro -- *Updated*
- Kyprolis - *Updated*

- Opdivo – *Updated*
- Praluent – *New*
- Repatha – *New*
- Sumatriptan – *Updated*
- Unituxin – *New*
- Velcade – *Updated*
- Vivitrol – *Updated*
- Zomacton - *New*

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

**BLUE SHIELD OF CALIFORNIA
FOURTH QUARTER 2015 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE DECEMBER 17, 2015

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 2015 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 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
Durlaza	CAD (aspirin er, 24 hour)	Prior authorization required			OTC aspirin
Envarsus XR	Immuno-suppressant	Step therapy required			tacrolimus (generic Prograf)
Seebri Neohaler	COPD	Step therapy required			Incruse Ellipta, Tudorza
Spiriva Respimat	Asthma, COPD	Step therapy required		Preferred brand	<u>Asthma:</u> Pulmicort Flexhaler, Flovent Diskus, Flovent HFA, Arnuity Ellipta, Qvar; <u>COPD:</u> Tudorza, Incruse Ellipta
Synjardy	Type 2 diabetes	Step therapy required			Try 1 st line antidiabetic agent, then Invokana or Invokamet
Utibron Neohaler	COPD	Step therapy required			Anoro Ellipta

GENERICS 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)
dihydrocodeine/acetaminophen/ caffeine (brand name: Trexix)	Prior authorization required		Non formulary
dutasteride (brand name: Avodart)	Prior authorization required		Medicare Employer Group: Generic, Step therapy required Medicare Individual (all): Preferred brand, Step therapy required
lamotrigine (brand name: Lamictal ODT titration kit)	Prior authorization required		Non Formulary
methyltestosterone (brand name: Testred)	Prior authorization required		Non formulary
metoclopramide disintegrating tablet (brand name: Metozolv ODT)	Prior authorization required	Prior authorization required (effective 2017)	Non formulary
naproxen sodium (brand name: Naprelan)	Step therapy required		Non formulary
nitrofurantoin macrocrystals (brand name: Macrochantin)	Prior authorization required if ≥ 65 years of age		Non formulary
paliperidone (brand name: Invega)	Prior authorization required		Medicare Individual (all): Non preferred brand (1.5mg, 3mg) Specialty (6mg, 9mg)

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)
Addyi	Prior authorization required		Statutory Exclusion
Cotellic	Prior authorization required		
Cuprimine (effective March 2016)	Prior authorization required	Non preferred brand, prior authorization required through 2016	Employer Group: Preferred brand through 2016; Medicare individual (all): Specialty thru 2016
Depen (effective March 2016)	Prior authorization required	Preferred brand, prior authorization required through 2016	Employer Group: Preferred brand thru 2016; Medicare Robust, Premium, Premium Choice: Non preferred brand thru 2016; Medicare Basic: Specialty prior authorization required

Specialty Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare Status (if differs)
Lonsurf	Prior authorization required		
Nilandron (effective March 2016)			Employer Group: Preferred brand thru 2016
Ninlaro	Prior authorization required	Non formulary	
Odomzo	Prior authorization required		
Keveyis	Prior authorization required		Non formulary
Strensiq	Prior authorization required		
Syprine (effective March 2016)	Prior authorization required		
Tagrisso	Prior authorization required	Non formulary	
tetrabenzamine (brand name: Xenazine)	Prior authorization required		
tobramycin inhalation (brand name: Kitabis Pak)	Prior authorization required		Prior authorization required, B vs. D
Zarxio	Prior authorization required		Non formulary
Zecuity	Prior authorization required		Non formulary

EXISTING DRUGS with NEW RESTRICTIONS

The following drugs have **no change in formulary status**, but have **NEW restrictions**

Drug	Current Plus Formulary Status	New Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Alcortin A gel, Aloquin gel	Non formulary	Excluded		
Denavir	Non formulary	Prior authorization required		Medicare Employer Group, Medicare Robust, Premium/Premium Choice: Non preferred brand thru 2016 Medicare Basic: Non formulary
Latuda	Non formulary	Step therapy required (Try risperidone, quetiapine, Seroquel XR, or olanzapine/ fluoxetine)	Preferred brand, Step therapy required (effective 2016)	Medicare Employer Group: Non preferred brand thru 2016 Medicare individual (all): Non preferred brand (20mg, 40mg, 60mg, 80mg); Specialty (120mg) thru 2016
Metozolv ODT	Non formulary	Prior authorization required		
Nucynta	Non formulary	Prior authorization required		Medicare Employer Group, Medicare Robust, Premium/Premium Choice:

Drug	Current Plus Formulary Status	New Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
				Non preferred brand thru 2016
Rayos	Non formulary	Prior authorization required		
Uceris	Non formulary	Prior authorization required		
Zovirax cream	Non formulary	Prior authorization required		Medicare Basic: Non formulary Medicare Employer Group, Robust, Premium/Premium Choice: Non preferred brand thru 2016
Zovirax (acyclovir) ointment <i>(brand and generic)</i>	Non formulary (brand) Generic (generic)	Prior authorization required		Generic: Medicare Employer Group: Generic thru 2016; Medicare individual (all): Non preferred brand thru 2016 Brand: Non formulary

DRUGS ADDED to FORMULARY

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

Drug	Coverage Restriction	Standard Formulary (if differs)	Medicare status (if differs)
Tolak		Non preferred brand	

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were created or updated and changes are effective on **December 17, 2015** (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.

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

- Adcetris – *Updated*
- Abraxane - *Updated*
- Alimta - *Updated*
- Aristada – *New*
- Botulinum toxins (Botox, Dysport, Myobloc, Xeomin) – *Updated*
- Darzalex - *New*
- Empliciti - *New*
- Erbitux - *Updated*
- Folutyn - *Updated*
- Imlygic - *New*
- IV antibiotics for tickborne disease – *Updated*
- Keytruda - *Updated*
- Kyprolis - *Updated*
- Nucala - *New*

- Onivyde - *New*
- Opdivo - *Updated*
- Portrazza - *New*
- Strensiq - *New*
- Treanda - *Updated*
- Vectibix - *Updated*
- Velcade - *Updated*
- Xolair - *Updated*
- Yervoy - *Updated*
- Yondelis - *New*