

**BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2020 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE MAY 1, 2020

for Large Group, Small Group, and Individual & Family Plans

The Blue Shield of California (BSC) Pharmacy and Therapeutics (P&T) Committee, consisting of network physicians and pharmacists, regularly evaluates drugs for formulary inclusion and medication policy coverage criteria. The first quarter 2020 P&T Committee decisions on formulary changes and medication policy changes, which apply to Commercial members with an outpatient drug benefit, are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please refer to the appropriate drug formulary posted on our website for the following information:

- Quantity limits, if applicable, for specific drugs
- Formulary status of newly available strengths of existing drugs. *Note:* The formulary status of newly available strengths of existing drugs will have the same formulary status as the existing strengths unless otherwise noted.
- Non-formulary and non-preferred generic drugs that do not require prior authorization or step therapy
- Brand-name medications that are now non-formulary or non-preferred because these medications have newly available generic equivalents covered on the formulary

Formularies are available at blueshieldca.com/pharmacy. Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, or “Plus Drug Formulary”.

Summary of changes to the Medicare formularies are available at blueshieldca.com/pharmacy. Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

DRUGS REMOVED from FORMULARY

The following drug(s) were **removed from the Standard/Value Drug Formularies**.

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
Uredeb ¹	Hyperkeratotic skin conditions	urea 40% cream, urea 40% lotion

¹. Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost.

The following drug(s) were **moved to the non-formulary tier or removed from the Plus Formulary**.

- These drugs are available at the non-formulary, Tier 3, copayment when prior authorization is approved unless noted otherwise.

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Crinone vaginal gel	Progesterone replacement as part of ART, Secondary amenorrhea	Prior authorization	Endometrin (for ART), medroxyprogesterone, micronized progesterone
Crotan 10% lotion ²	Scabies, Pruritis		permethrin 5% cream (for scabies)
Eurax 10% cream ²	Scabies, Pruritis		permethrin 5% cream (for scabies)

². Effective 10/2019

NEW GENERICS with RESTRICTIONS

The following drugs are **newly available** **GENERIC** drugs that were **ADDED to the Plus and Standard/Value Drug Formularies** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
travoprost 0.004% eye drops (Travatan Z)	Glaucoma	Step therapy, Quantity limit

The following drugs are **newly available** **GENERIC** drugs that were **ADDED only to the Plus Drug Formulary** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
Xurea ³	Hyperkeratotic skin conditions	Prior authorization

3. Applies only to Grandfathered plans

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) for the **Plus and Standard/Value Drug Formularies**:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
everolimus (Afinitor)	Breast cancer, Neuroendocrine tumor, Renal cell carcinoma, Renal angiomyolipoma, Tuberous sclerosis complex	Prior authorization, Quantity limit
penicillamine (Depen)	Wilson's disease, Cystinuria, Rheumatoid arthritis	Prior authorization, Quantity limit

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) **only for the Plus Drug Formulary**:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Absorica LD ⁴	Acne vulgaris	Prior authorization
Azesco	Prenatal vitamin	Prior authorization, Quantity limit
Brukinsa	Mantle cell lymphoma	Prior authorization, Quantity limit
Consensi ⁴	Hypertension and Osteoarthritis	Prior authorization, Quantity limit
Clovique	Wilson's disease	Prior authorization, Quantity limit
deferasirox (Jadenu)	Transfusional iron overload	
Fasenra	Asthma	Prior authorization, Quantity limit

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Gloperba ⁴	Gout	Prior authorization, Quantity limit
Oxbryta	Sickle cell anemia	Prior authorization, Quantity limit
Secuado ⁴	Schizophrenia	Prior authorization, Quantity limit
Tazverik	Epithelioid sarcoma	Prior authorization, Quantity limit
Trikafta	Cystic fibrosis	Prior authorization, Quantity limit
Vumerity	Multiple sclerosis	Prior authorization, Quantity limit
Xurea ⁴	Hyperkeratotic skin conditions	Prior authorization
Zalvit ⁴	Prenatal vitamin	Prior authorization, Quantity limit
Ziextenzo	Chemotherapy induced neutropenia	Prior authorization

4. Does not apply to Grandfathered plans.

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **restrictions removed** as noted for the **Plus and Standard/Value formularies**:

Drug	FDA Indication(s)	Restriction removed
Serophene ⁵	Ovulatory dysfunction	Prior authorization

5. Effective 1/1/2020

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus and Standard/Value formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Synarel	Endometriosis, Precocious puberty	Prior authorization, Quantity limit

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Uredeb ⁶	Hyperkeratotic skin conditions	Prior authorization

6. Applies only to Grandfathered plans

DRUGS MOVED to a DIFFERENT TIER

The following drugs were **moved to a higher or lower tier** for the **Plus and Standard/Value Drug Formularies** as noted:

Drug	FDA Indication(s)	New Tier Status for Standard Formulary
Praluent	Prevent cardiovascular events, Hyperlipidemia	Tier 3 with Prior authorization
Repatha, Repatha Sureclick, Repatha Pushtronix	Prevent cardiovascular events, Hyperlipidemia, Homozygous familial hypercholesterolemia	Tier 3 with Prior authorization

The following drugs were **moved to a higher or lower tier for the Plus Drug Formulary** as noted:

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
Uredeb ⁴	Hyperkeratotic skin conditions	Tier 4 with Prior authorization

4. Does not apply to Grandfathered plans

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
eluryng (Nuvaring)	Prevent pregnancy	Quantity limit
Endometrin	Part of ART	Prior authorization
sucralfate oral suspension (Carafate)	Duodenal ulcer	
tiadyt er	Hypertension, Angina	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
ciprofloxacin/fluocinolone otic solution (Otovel)	Otitis media	Quantity limit
ivermectin 1% topical cream (Soolantra)	Acne rosacea	Quantity limit
levocarnitine oral solution (Carnitor)	Carnitine deficiency	Quantity limit
mesalamine (Apriso)	Ulcerative colitis	Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on March 4, 2020 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Medical drug policies for Commercial plans.

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

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

- Abraxane (paclitaxel protein-bound) – *Update*
- Adakveo (crizanlizumab-tmca) – *New*
- Alimta (pemetrexed) – *Update*
- Asceniv (immune globulin intravenous, human-slra) – *New*
- Avastin (bevacizumab) – *Update*
- Beovu (brolucizumab-dbl) – *New*
- Cancidas (caspofungin) – *Update*
- Cyramza (ramucirumab) – *Update*
- Enhertu (fam-trastuzumab deruxtecan-nxki) – *New*
- Exondys 51 (eteplirsen) – *Update*
- Fulphila (pegfilgrastim-jmdb) – *Update*
- Givlaari (givosiran) – *New*
- Herceptin (trastuzumab) – *Update*
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) – *Update*
- Imfinzi (durvalumab) – *Update*
- Intron A (interferon alfa) – *Update*
- Kanjinti (trastuzumab-anns) – *Update*
- Keytruda (pembrolizumab) – *Update*
- Mvasi (bevacizumab-awwb) – *Update*
- Mycamine (micafungin) – *Update*
- Nplate (romiplostim) – *Update*
- Ogivri (trastuzumab-dkst) – *New*
- Opdivo (nivolumab) – *Update*
- Padcev (enfortumab vedotin-ejfv) – *New*
- Perjeta (pertuzumab) – *Update*
- Praluent (alirocumab) – *Update*
- Reblozyl (luspatercept-aamt) – *New*
- Repatha (evolocumab) – *Update*
- Rituxan (rituximab) – *Update*
- Rituxan Hycela (rituximab/hyaluronidase human) – *Update*
- Ruxience (rituximab-pvvr) – *New*
- Tecentriq (atezolizumab) – *Update*
- Trazimera (trastuzumab-qyyp) – *New*
- Truxima (rituximab-abbs) – *New*
- Udenyca (pegfilgrastim-cbqz) – *Update*
- Ultomiris (ravulizumab-cwvz) – *Update*
- Vyondys 53 (golodirsen) – *New*
- Xembify (immune globulin subcutaneous, human-klhw) – *New*
- Yervoy (ipilimumab) – *Update*
- Ziextenzo (pegfilgrastim-bmez) – *New*
- Zirabev (bevacizumab-bvzr) – *New*

PHARMACY BENEFIT MEDICATION POLICIES:

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

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- Aklief (trifarotene, topical) - *New*
- Amzeeq (minocycline, topical) - *New*
- Ayvakit (avapritinib, oral) - *New*
- Baxdela (delafloxacin, oral) - *Update*
- Brukinsa (zanubrutinib, oral) - *New*
- budesonide/formoterol, inhaler (Symbicort) - *New*
- Calquence (acalabrutinib, oral) - *Update*
- Caprelsa (vandetanib, oral) - *Update*
- cinacalcet, oral (Sensipar) - *Update*
- Consensi (amlodipine/celecoxib, oral) - *New*
- Crinone 8% (progesterone vaginal gel) - *Update*
- Endometrin (progesterone, micronized vaginal insert) - *Update*
- Farxiga (dapagliflozin, oral) - *Update*
- Gilotrif (afatinib, oral) - *Update*
- Gloperba (colchicine, oral solution) - *New*
- Ibrance (palbociclib, oral) - *Update*
- Invokana (canagliflozin, oral) - *Update*
- Jatenzo (testosterone undecanoate, oral) - *New*
- Kalydeco (ivacaftor, oral) - *Update*
- Kisqali (ribociclib, oral) - *Update*
- linezolid, oral (Zyvox) - *Update*
- Lorbrena (lorlatinib, oral) - *Update*
- Lynparza (olaparib, oral) - *Update*
- Nexavar (sorafenib, oral) - *Update*
- Oravig (miconazole buccal tablet) - *Update*
- Orkambi (lumacaftor/ivacaftor, oral) - *Update*
- Oxbryta (voxelotor, oral) - *New*
- Pomalyst (pomalidomide, oral) - *Update*
- Proair Digihaler (albuterol aerosol powder) - *New*
- Purixan (mercaptopurine, oral) - *Update*
- Revlimid (lenalidomide, oral) - *Update*
- Rhopressa (netarsudil, eye drop) - *Update*
- Rocklatan (netarsudil/latanoprost 0.005%, eye drop) - *Update*
- Rozlytrek (entrectinib, oral) - *Update*
- Secuado (asenapine, transdermal) - *New*
- Sprycel (dasatinib, oral) - *Update*
- Sucraid (sacrosidase, oral) - *Update*
- Sutent (sunitinib, oral) - *Update*
- Symdeko (tezacaftor/ivacaftor, oral) - *Update*
- Synarel (nafarelin, nasal) - *New*
- Tassigna (nilotinib, oral) - *Update*
- Tazverik (tazemetostat, oral) - *New*
- Thalomid (thalidomide, oral) - *Update*
- Trikafta (elexacaftor/tezacaftor/ivacaftor, oral) - *New*
- Tolsura (itraconazole, oral solid dispersion capsule) - *Update*

- Tykerb (lapatinib, oral) - *Update*
- Valchlor (mechlorethamine, topical) - *Update*
- Vascepa (icosapent ethyl, oral) - *Update*
- Verzenio (abemaciclib, oral) - *Update*
- Vumerity (diroximel fumarate, oral) – *New*
- Vyzulta (latanoprostene, eye drop) - *Update*
- Xalkori (crizotinib, oral) - *Update*
- Xeljanz XR (tofacitinib extended-release, oral) - *Update*
- Xifaxan (rifaximin, oral) - *Update*
- Xigduo (dapagliflozin/metformin, oral) - *Update*
- Zejula (niraparib, oral) - *Update*
- Zelboraf (vemurafenib, oral) - *Update*
- Zioptan (tafluprost, eye drop) – *Update*
- Zydelig (idelalisib, oral) – *Update*
- Zykadia (ceritinib, oral) - *Update*

**BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2020 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE AUGUST 5, 2020

for Large Group, Small Group, and Individual & Family Plans

The Blue Shield of California (BSC) Pharmacy and Therapeutics (P&T) Committee, consisting of network physicians and pharmacists, regularly evaluates drugs for formulary inclusion and medication policy coverage criteria. The second quarter 2020 P&T Committee decisions on formulary changes and medication policy changes, which apply to Commercial members with an outpatient drug benefit, are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please refer to the appropriate drug formulary posted on our website for the following information:

- Quantity limits, if applicable, for specific drugs
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- Non-formulary and non-preferred generic drugs that do not require prior authorization or step therapy
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Formularies are available at blueshieldca.com/pharmacy. Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, or “Plus Drug Formulary”.

Summary of changes to the Medicare formularies are available at blueshieldca.com/pharmacy. Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

DRUGS REMOVED from FORMULARY

The following drug(s) were **removed from the Standard/Value Drug Formularies**.

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
Daraprim ¹	Toxoplasmosis	pyrimethamine

1. Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost.

The following drug(s) were **moved to the non-formulary tier or removed from the Plus Formulary**.

- These drugs are available at the non-formulary, Tier 3, copayment when prior authorization is approved unless noted otherwise.

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
mupirocin 2% cream (Bactroban) ²	Secondarily infected traumatic skin lesions	Prior authorization	gentamicin 0.1% ointment or cream, amoxicillin clavulanic acid, cephalexin
Novopen Echo ³	Diabetes	Prior authorization, Quantity limit	Humapen Luxura HD

2. Does not apply to Grandfathered plans; 3. Effective 4/2020

The following drug(s) are **no longer covered on the Plus and Standard/Value Drug Formularies** because it is available without a prescription.

Drug	FDA Indication(s)	Alternative(s)
olopatadine 0.2% eye drops (Patanol) ⁴	Allergic conjunctivitis	azelastine 0.05% eye drops cromolyn 4% eye drops, epinastine 0.05% eye drops
olopatadine 0.1% eye drops (Patanol) ⁴		

4. effective 3/2020

NEW GENERICS with RESTRICTIONS

The following drugs are **newly available GENERIC** drugs that were **ADDED only to the Plus Drug Formulary** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
butalbital 25mg / acetaminophen 325mg (Allzital) ⁵	Tension headache	Prior authorization, Quantity limit
Vtol LQ ⁵		
azelastine/fluticasone nasal spray (Dymista)	Allergic rhinitis	Step therapy, Quantity limit
Dexabliss ⁵	Steroid responsive conditions	Prior authorization
esomeprazole magnesium 10mg, 20mg, 40mg granules for suspension (Nexium)	GERD, Ulcer, Hypersecretory conditions	Step therapy, Quantity limit
naloxone 2mg/0.4ml autoinjector (Evzio)	Opioid overdose	Prior authorization, Quantity limit
naproxen/esomeprazole magnesium (Vimovo) ⁵	OA, RA, AS and to reduce the risk of gastric ulcer	Prior authorization, Quantity limit
oxycodone 2.5mg /acetaminophen 300mg tablet ⁵	Pain	Prior authorization, Quantity limit
Prolate ⁵		

5. Applies only to Grandfathered plans

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) **only for the Plus Drug Formulary**:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
butalbital 25mg / acetaminophen 325mg (Allzital) ²	Tension headache	Prior authorization, Quantity limit
Vtol LQ ²		
Caplyta ²	Schizophrenia	

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
ketorolac nasal spray (Sprix) ²	Pain	
Koselugo	Plexiform neurofibromas	Prior authorization, Quantity limit
Ibrance tablet	Breast cancer	
Tukysa		
naproxen/esomeprazole magnesium (Vimovo) ²	OA, RA, AS and to reduce the risk of gastric ulcer	
Nurtec ODT ²	Migraine	
Reyvow ²		
Ubrelvy ²		
oxycodone 2.5mg /acetaminophen 300mg tablet ²	Pain	
Prolate ²		
Palforzia	Peanut allergy	
Pemazyre	Cholangiocarcinoma	
Procysbi granules	Nephropathic cystinosis	
pyrimethamine (Daraprim)	Toxoplasmosis	
Teriparatide	Osteoporosis	Prior authorization, Quantity limit
Xcopri ²	Seizures	

2. Does not apply to Grandfathered plans.

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus and Standard/Value formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Cycloset ³	Diabetes	Prior authorization, Quantity limit
Tivorbex ⁶	Pain	

3. effective 4/2020; 6. Effective 2/2020;

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Allzital ^{5,6}	Tension headache	Prior authorization, Quantity limit
mupirocin 2% cream (Bactroban) ⁵	Secondarily infected traumatic skin lesions	Prior authorization
Primlev ^{5,7}	Pain	Prior authorization, Quantity limit

5. Applies only to Grandfathered plans; 6. Effective 2/2020; 7. Effective 6/2020

DRUGS MOVED to a DIFFERENT TIER

The following drugs were **moved to a higher or lower tier** for the **Plus Drug Formulary** as noted:

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
Allzital ^{2,6}	Tension headache	Tier 4 with Prior authorization, Quantity limit
Daraprim ⁴	Toxoplasmosis	Tier 4 with Prior authorization
Primlev ^{2,7}	Pain	Tier 4 with Prior authorization

2. Does not apply to Grandfathered plans; 4. effective 3/2020; 6. effective 2/2020; 7. Effective 6/2020

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
mesalamine 0.375gm er capsule (Apriso) ⁷	Ulcerative colitis	Quantity limit

7. effective 6/2020

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Jaimiess	Prevent pregnancy	
LoJaimiess		
Volnea		
moxifloxacin 0.5% eye drops (Moxeza)	Bacterial conjunctivitis	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
diazoxide (Proglycam)	Hypoglycemia	
everolimus (Zortress)	Prevent organ rejection	Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 3, 2020 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Medical drug policies for Commercial plans.

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

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

- Actemra (tocilizumab) - Update
- Asparlas (calaspargase pegol-mknl) - Update
- Besponsa (inotuzumab ozogamicin) - Update
- Botox (onabotulinumtoxinA) - Update
- botulinum toxins (Botox, Dysport, Myobloc, Xeomin) - Update
- Cinryze (C1 esterase inhibitor, human) - Update
- Dacogen (decitabine) - Update
- Darzalex (daratumumab) - Update
- Entyvio (vedolizumab) - Update

- Erbitux (cetuximab) - *Update*
- Herxuma (trastuzumab-pkrb) - *New*
- Inflectra (infliximab-dyyb) - *Update*
- IVIG - *Update*
- Kanjinti (trastuzumab-anns) - *Update*
- Keytruda (pembrolizumab) - *Update*
- Lutathera (lutetium Lu 177 dotatate) - *Update*
- Mvasi (bevacizumab-awwb) - *Update*
- Ogivri (trastuzumab-dkst) - *Update*
- Ontruzant (trastuzumab-dttb) - *New*
- Opdivo (nivolumab) - *Update*
- Orenzia (abatacept) - *Update*
- Palforzia (peanut (*Arachis hypogaea*) allergen powder-dnfp) - *New*
- Perjeta (pertuzumab) - *Update*
- Reblozyl (luspatercept-aamt) - *Update*
- Remicade (infliximab) - *Update*
- Renflexis (infliximab-abda) - *Update*
- Rituxan (rituximab) - *Update*
- Sarclisa (isatuximab-irfc) - *New*
- Scenesse (afamelanotide) - *New*
- Simponi (golimumab) - *Update*
- Synribo (omacetaxine mepesuccinate) - *Update*
- Tepezza (teprotumumab-trbw) - *New*
- Trazimera (trastuzumab-qyyp) - *Update*
- Trodelvy (sacituzumab govitecan-hziy) - *New*
- Vectibix (panitumumab) - *Update*
- Velcade (bortezomib) - *Update*
- Vidaza (azacitidine) - *Update*
- Vyepi (eptinezumab-ijmr) - *New*
- Yervoy (ipilimumab) - *Update*
- Zirabev (bevacizumab-bvzr) - *Update*

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 3, 2020 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details.

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

- Actemra (tocilizumab) - *Update*
- Aimovig (erenumab-aooe) - *Update*
- Ajoyv (fremanezumab-vfrm) - *Update*
- Aranesp (darbepoetin) - *Update*
- Arazlo (tazarotene 0.045% lotion) - *New*
- atovaquone, oral (Mepron) - *Update*
- Belsomra (suvorexant, oral) - *Update*
- bromocriptine, oral (Cycloset) - *Update*
- budesonide delayed-release, oral (Uceris) - *Update*
- buprenorphine patch (Butrans) - *Update*
- butalbital/APAP agents - *Update*
- butalbital/APAP/caffeine agents - *Update*
- Caplyta (lumateperone, oral) - *New*
- Cimzia (certolizumab pegol) - *Update*

- Difucid (fidaxomicin, oral) – Update
- Dipentum (osalazine 250 mg) - Update
- doxycycline hyclate, oral (Acticlate, Targadox) – Update
- Emgality (galcanezumab-gnlm) - Update
- Enbrel (etanercept) - Update
- esomeprazole suspension powder (Nexium Powder) – Update
- Eucrisa (crisaborole, topical) – Update
- Fabior (tazarotene 0.1%, foam) – Update
- Farxiga (dapagliflozin, SQ) – Update
- fluvoxamine extended release, oral (Luvox CR) – Update
- Haegarda (C1 esterase inhibitor human) - Update
- Kevzara (sarilumab) - Update
- Kineret (anakinra) - Update
- lansoprazole odt (Prevacid Solutab) – Update
- Lokelma (zirconium cyclosilicate, oral) – Update
- mesalamine 400 mg (Delzicol) – Update
- metoclopramide, oral disintegrating tablet (Metozolv ODT) – Update
- mupirocin, cream (Bactroban) – New (8/1/2020)
- naproxen extended-release, oral (Naprelan CR) – Update
- Nexletol (bempedoic acid, oral) – New
- Nexlizet (bempedoic acid/ ezetimibe, oral) – New
- Nurtec ODT (rimegepant, oral) – New
- Ofev (nintedanib, oral) – Update
- omeprazole/sodium bicarbonate suspension powder (Zegerid Powder) - Update
- Orenzia (abatacept) - Update
- oxandrolone, oral (Oxandrin) – Update
- Ozempic (semaglutide, SQ) – Update
- Palforzia (peanut (*Arachis hypogaea*) allergen powder-dnfp) - New
- Pazeo (olopatadine 0.7%, eye drop) – Update
- Pemazyre (pemigatinib) - New
- Pentasa (mesalamine 250 mg, 500 mg) – Update
- Phosphodiesterase type 5 (PDE5) inhibitors – Update
- Prilosec Granules (omeprazole granules for suspension) – Update
- Primlev (oxycodone/APAP 300 mg, oral) – New (6/2020)
- Protonix Granules (pantoprazole granules for suspension) – Update
- rabeprazole sprinkle (Aciphex Sprinkle) – Update
- Reyvow (lasmiditan, oral) - New
- Rinvoq ER (upadacitinib, oral) – Update
- Riomet ER (metformin extended-release, suspension) – New
- Simponi (golimumab) - Update
- sofosbuvir/velpatasvir, oral (Epclusa) – Update
- sumatriptan injection (Ilimitrex, Sumavel DosePro, Zembrace SymTouch) - Update
- Takhzyro (lanadelumab) - Update
- Taltz (ixekizumab) – Update
- Tivorbex (micronized indomethacin, oral) – Update
- Trijardy (empagliflozin/linagliptin/metformin, oral) – New
- Trulicity (dulaglutide, SQ) – Update
- Tukysa (tucatinib) - New
- Ubrelyvy (ubrogepant, oral) – New
- Veltassa (patiromer, oral) – Update
- vigabatrin, oral (Sabril) – Update
- Xcopri (cenobamate, oral) – New
- Xhance (fluticasone, nasal) – Update
- Zipsor (diclofenac, oral) – Update
- Zerviate (cetirizine, eye drops) – New
- Zorvolex (micronized diclofenac, oral) – Update

BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2020 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE JANUARY 1, 2021

for Large Group, Small Group, and Individual & Family Plans

The Blue Shield of California (BSC) Pharmacy and Therapeutics (P&T) Committee, consisting of network physicians and pharmacists, regularly evaluates drugs for formulary inclusion and medication policy coverage criteria. The second quarter 2020 P&T Committee decisions on formulary changes and medication policy changes, which apply to Commercial members with an outpatient drug benefit, are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please refer to the appropriate drug formulary posted on our website for the following information:

- Quantity limits, if applicable, for specific drugs
- Formulary status of newly available strengths of existing drugs. *Note:* The formulary status of newly available strengths of existing drugs will have the same formulary status as the existing strengths unless otherwise noted.
- Non-formulary and non-preferred generic drugs that do not require prior authorization or step therapy
- Brand-name medications that are now non-formulary or non-preferred because these medications have newly available generic equivalents covered on the formulary

Formularies are available at blueshieldca.com/pharmacy. Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, or “Plus Drug Formulary”.

Summary of changes to the Medicare formularies are available at blueshieldca.com/pharmacy. Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

DRUGS REMOVED from FORMULARY

The following drug(s) were **removed from the Standard/Value Drug Formularies**.

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
butalbital 50mg- acetaminophen 300mg- caffeine 40mg capsule	Tension headache	ibuprofen, naproxen, butalbital 50mg-acetaminophen 325mg- caffeine 40mg tablet
butalbital 50mg- acetaminophen 325mg- caffeine 40mg capsule		
Fioricet		

The following drug(s) were **moved to the non-formulary tier or removed from the Plus Formulary**.

- These drugs are available at the non-formulary, Tier 3, copayment when prior authorization is approved unless noted otherwise.

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Bupap ²	Tension headache	Prior authorization, Quantity limit	ibuprofen, naproxen, butalbital 50mg-

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
			acetaminophen 325mg tablet
butalbital 50mg-acetaminophen 300mg tablet ²	Tension headache	Prior authorization, Quantity limit	ibuprofen, naproxen, butalbital 50mg-acetaminophen 325mg tablet
butalbital 50mg-acetaminophen 300mg-caffeine 40mg capsule ²			ibuprofen, naproxen, butalbital 50mg-acetaminophen 325mg-caffeine 40mg tablet
butalbital 50mg-acetaminophen 325mg-caffeine 40mg capsule ²			
Fioricet ²			
metformin 500mg/5ml oral solution	Diabetes	Prior authorization, Quantity limit	metformin er tablet

2. Does not apply to Grandfathered plans;

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus and Standard/Value formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Riomet	Diabetes	Prior authorization, Quantity limit

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Bupap ⁵	Tension headache	Prior authorization, Quantity limit
butalbital 50mg-acetaminophen 300mg tablet ⁵		
butalbital 50mg-acetaminophen 300mg-caffeine 40mg capsule ⁵		
butalbital 50mg-acetaminophen 325mg-caffeine 40mg capsule ⁵		
Esgic		
Fioricet ⁵		
Zebutal		

5. Applies only to Grandfathered plans;

DRUGS MOVED to a DIFFERENT TIER

The following drugs were **moved to a higher or lower tier** for the **Standard/Value Drug Formularies** as noted:

Drug	FDA Indication(s)	New Tier Status for Standard Formulary
mupirocin 2% cream (Bactroban)	Secondarily infected traumatic skin lesions	Tier 3 with Prior authorization

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on January 1, 2021 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details.

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

- aminocaproic acid, oral (Amicar) – New
- chlorzoxazone, oral (Lorzone, Parafon DSC) – New
- doxepin topical (Prudoxin, Zonalon) – New
- doxycycline monohydrate capsule (Mondoxine, Monodox, Okebo) – New
- erythromycin agents – New
- fenoprofen, oral – New
- hydrocodone/APAP agents – New
- hydrocortisone 25 mg, suppository (Anusol-HC) – New
- ketoprofen, oral – New
- mefenamic acid (Ponstel) – New
- naproxen oral suspension (Naprosyn Suspension) – New
- potassium oral solution – New
- prednisolone (Millipred) – New
- Prolate (oxycodone/APAP 300 mg, oral) – New
- Riomet (metformin, solution) – New
- tolmetin, oral – New

**BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2020 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE AUGUST 5, 2020

for Large Group, Small Group, and Individual & Family Plans

The Blue Shield of California (BSC) Pharmacy and Therapeutics (P&T) Committee, consisting of network physicians and pharmacists, regularly evaluates drugs for formulary inclusion and medication policy coverage criteria. The second quarter 2020 P&T Committee decisions on formulary changes and medication policy changes, which apply to Commercial members with an outpatient drug benefit, are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please refer to the appropriate drug formulary posted on our website for the following information:

- Quantity limits, if applicable, for specific drugs
- Formulary status of newly available strengths of existing drugs. *Note:* The formulary status of newly available strengths of existing drugs will have the same formulary status as the existing strengths unless otherwise noted.
- Non-formulary and non-preferred generic drugs that do not require prior authorization or step therapy
- Brand-name medications that are now non-formulary or non-preferred because these medications have newly available generic equivalents covered on the formulary

Formularies are available at blueshieldca.com/pharmacy. Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, or “Plus Drug Formulary”.

Summary of changes to the Medicare formularies are available at blueshieldca.com/pharmacy. Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

DRUGS REMOVED from FORMULARY

The following drug(s) were **removed from the Standard/Value Drug Formularies**.

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
Daraprim ¹	Toxoplasmosis	pyrimethamine

1. Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost.

The following drug(s) were **moved to the non-formulary tier or removed from the Plus Formulary**.

- These drugs are available at the non-formulary, Tier 3, copayment when prior authorization is approved unless noted otherwise.

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
mupirocin 2% cream (Bactroban) ²	Secondarily infected traumatic skin lesions	Prior authorization	gentamicin 0.1% ointment or cream, amoxicillin clavulanic acid, cephalexin
Novopen Echo ³	Diabetes	Prior authorization, Quantity limit	Humapen Luxura HD

2. Does not apply to Grandfathered plans; 3. Effective 4/2020

The following drug(s) are **no longer covered on the Plus and Standard/Value Drug Formularies** because it is available without a prescription.

Drug	FDA Indication(s)	Alternative(s)
olopatadine 0.2% eye drops (Pataday) ⁴	Allergic conjunctivitis	azelastine 0.05% eye drops cromolyn 4% eye drops, epinastine 0.05% eye drops
olopatadine 0.1% eye drops (Patanol) ⁴		

4. effective 3/2020

NEW GENERICS with RESTRICTIONS

The following drugs are **newly available GENERIC** drugs that were **ADDED only to the Plus Drug Formulary** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
butalbital 25mg / acetaminophen 325mg (Allzital) ⁵	Tension headache	Prior authorization, Quantity limit
Vtol LQ ⁵		
azelastine/fluticasone nasal spray (Dymista)	Allergic rhinitis	Step therapy, Quantity limit
Dexabliss ⁵	Steroid responsive conditions	Prior authorization
esomeprazole magnesium 10mg, 20mg, 40mg granules for suspension (Nexium)	GERD, Ulcer, Hypersecretory conditions	Step therapy, Quantity limit
naloxone 2mg/0.4ml autoinjector (Evzio)	Opioid overdose	Prior authorization, Quantity limit
naproxen/esomeprazole magnesium (Vimovo) ⁵	OA, RA, AS and to reduce the risk of gastric ulcer	Prior authorization, Quantity limit
oxycodone 2.5mg /acetaminophen 300mg tablet ⁵	Pain	Prior authorization, Quantity limit
Prolate ⁵		

5. Applies only to Grandfathered plans

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) **only for the Plus Drug Formulary**:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
butalbital 25mg / acetaminophen 325mg (Allzital) ²	Tension headache	Prior authorization, Quantity limit
Vtol LQ ²		
Caplyta ²	Schizophrenia	

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
ketorolac nasal spray (Sprix) ²	Pain	
Koselugo	Plexiform neurofibromas	Prior authorization, Quantity limit
Ibrance tablet	Breast cancer	
Tukysa		
naproxen/esomeprazole magnesium (Vimovo) ²	OA, RA, AS and to reduce the risk of gastric ulcer	
Nurtec ODT ²	Migraine	
Reyvow ²		
Ubrelvy ²		
oxycodone 2.5mg /acetaminophen 300mg tablet ²	Pain	
Prolate ²		
Palforzia	Peanut allergy	
Pemazyre	Cholangiocarcinoma	
Procysbi granules	Nephropathic cystinosis	
pyrimethamine (Daraprim)	Toxoplasmosis	
Teriparatide	Osteoporosis	Prior authorization, Quantity limit
Xcopri ²	Seizures	

2. Does not apply to Grandfathered plans.

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus and Standard/Value formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Cycloset ³	Diabetes	Prior authorization, Quantity limit
Tivorbex ⁶	Pain	

3. effective 4/2020; 6. Effective 2/2020;

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Allzital ^{5,6}	Tension headache	Prior authorization, Quantity limit
mupirocin 2% cream (Bactroban) ⁵	Secondarily infected traumatic skin lesions	Prior authorization
Primlev ^{5,7}	Pain	Prior authorization, Quantity limit

5. Applies only to Grandfathered plans; 6. Effective 2/2020; 7. Effective 6/2020

DRUGS MOVED to a DIFFERENT TIER

The following drugs were **moved to a higher or lower tier** for the **Plus Drug Formulary** as noted:

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
Allzital ^{2,6}	Tension headache	Tier 4 with Prior authorization, Quantity limit
Daraprim ⁴	Toxoplasmosis	Tier 4 with Prior authorization
Primlev ^{2,7}	Pain	Tier 4 with Prior authorization

2. Does not apply to Grandfathered plans; 4. effective 3/2020; 6. effective 2/2020; 7. Effective 6/2020

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
mesalamine 0.375gm er capsule (Apriso) ⁷	Ulcerative colitis	Quantity limit

7. effective 6/2020

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Jaimiess	Prevent pregnancy	
LoJaimiess		
Volnea		
moxifloxacin 0.5% eye drops (Moxeza)	Bacterial conjunctivitis	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
diazoxide (Proglycam)	Hypoglycemia	
everolimus (Zortress)	Prevent organ rejection	Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 3, 2020 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Medical drug policies for Commercial plans.

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

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

- Actemra (tocilizumab) - Update
- Asparlas (calaspargase pegol-mknl) - Update
- Besponsa (inotuzumab ozogamicin) - Update
- Botox (onabotulinumtoxinA) - Update
- botulinum toxins (Botox, Dysport, Myobloc, Xeomin) - Update
- Cinryze (C1 esterase inhibitor, human) - Update
- Dacogen (decitabine) - Update
- Darzalex (daratumumab) - Update
- Entyvio (vedolizumab) - Update

- Erbitux (cetuximab) - *Update*
- Herxuma (trastuzumab-pkrb) - *New*
- Inflectra (infliximab-dyyb) - *Update*
- IVIG - *Update*
- Kanjinti (trastuzumab-anns) - *Update*
- Keytruda (pembrolizumab) - *Update*
- Lutathera (lutetium Lu 177 dotatate) - *Update*
- Mvasi (bevacizumab-awwb) - *Update*
- Ogivri (trastuzumab-dkst) - *Update*
- Ontruzant (trastuzumab-dttb) - *New*
- Opdivo (nivolumab) - *Update*
- Orenzia (abatacept) - *Update*
- Palforzia (peanut (*Arachis hypogaea*) allergen powder-dnfp) - *New*
- Perjeta (pertuzumab) - *Update*
- Reblozyl (luspatercept-aamt) - *Update*
- Remicade (infliximab) - *Update*
- Renflexis (infliximab-abda) - *Update*
- Rituxan (rituximab) - *Update*
- Sarclisa (isatuximab-irfc) - *New*
- Scenese (afamelanotide) - *New*
- Simponi (golimumab) - *Update*
- Synribo (omacetaxine mepesuccinate) - *Update*
- Tepezza (teprotumumab-trbw) - *New*
- Trazimera (trastuzumab-qyyp) - *Update*
- Trodelvy (sacituzumab govitecan-hziy) - *New*
- Vectibix (panitumumab) - *Update*
- Velcade (bortezomib) - *Update*
- Vidaza (azacitidine) - *Update*
- Vyepi (eptinezumab-ijmr) - *New*
- Yervoy (ipilimumab) - *Update*
- Zirabev (bevacizumab-bvzr) - *Update*

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 3, 2020 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details.

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

- Actemra (tocilizumab) - *Update*
- Aimovig (erenumab-aooe) - *Update*
- Ajoyv (fremanezumab-vfrm) - *Update*
- Aranesp (darbepoetin) - *Update*
- Arazlo (tazarotene 0.045% lotion) - *New*
- atovaquone, oral (Mepron) - *Update*
- Belsomra (suvorexant, oral) - *Update*
- bromocriptine, oral (Cycloset) - *Update*
- budesonide delayed-release, oral (Uceris) - *Update*
- buprenorphine patch (Butrans) - *Update*
- butalbital/APAP agents - *Update*
- butalbital/APAP/caffeine agents - *Update*
- Caplyta (lumateperone, oral) - *New*
- Cimzia (certolizumab pegol) - *Update*

- Difucid (fidaxomicin, oral) – Update
- Dipentum (osalazine 250 mg) - Update
- doxycycline hyclate, oral (Acticlate, Targadox) – Update
- Emgality (galcanezumab-gnlm) - Update
- Enbrel (etanercept) - Update
- esomeprazole suspension powder (Nexium Powder) – Update
- Eucrisa (crisaborole, topical) – Update
- Fabior (tazarotene 0.1%, foam) – Update
- Farxiga (dapagliflozin, SQ) – Update
- fluvoxamine extended release, oral (Luvox CR) – Update
- Haegarda (C1 esterase inhibitor human) - Update
- Kevzara (sarilumab) - Update
- Kineret (anakinra) - Update
- lansoprazole odt (Prevacid Solutab) – Update
- Lokelma (zirconium cyclosilicate, oral) – Update
- mesalamine 400 mg (Delzicol) – Update
- metoclopramide, oral disintegrating tablet (Metozolv ODT) – Update
- mupirocin, cream (Bactroban) – New (8/1/2020)
- naproxen extended-release, oral (Naprelan CR) – Update
- Nexletol (bempedoic acid, oral) – New
- Nexlizet (bempedoic acid/ ezetimibe, oral) – New
- Nurtec ODT (rimegepant, oral) – New
- Ofev (nintedanib, oral) – Update
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- Xcopri (cenobamate, oral) – New
- Xhance (fluticasone, nasal) – Update
- Zipsor (diclofenac, oral) – Update
- Zerviate (cetirizine, eye drops) – New
- Zorvolex (micronized diclofenac, oral) – Update

**BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2020 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE JANUARY 1, 2021

for Large Group, Small Group, and Individual & Family Plans

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DRUGS REMOVED from FORMULARY

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- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
butalbital 50mg- acetaminophen 300mg- caffeine 40mg capsule	Tension headache	ibuprofen, naproxen, butalbital 50mg-acetaminophen 325mg- caffeine 40mg tablet
butalbital 50mg- acetaminophen 325mg- caffeine 40mg capsule		
Fioricet		

The following drug(s) were **moved to the non-formulary tier or removed from the Plus Formulary**.

- These drugs are available at the non-formulary, Tier 3, copayment when prior authorization is approved unless noted otherwise.

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Bupap ²	Tension headache	Prior authorization, Quantity limit	ibuprofen, naproxen, butalbital 50mg-

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
			acetaminophen 325mg tablet
butalbital 50mg-acetaminophen 300mg tablet ²	Tension headache	Prior authorization, Quantity limit	ibuprofen, naproxen, butalbital 50mg-acetaminophen 325mg tablet
butalbital 50mg-acetaminophen 300mg-caffeine 40mg capsule ²			ibuprofen, naproxen, butalbital 50mg-acetaminophen 325mg-caffeine 40mg tablet
butalbital 50mg-acetaminophen 325mg-caffeine 40mg capsule ²			
Fioricet ²			
metformin 500mg/5ml oral solution	Diabetes	Prior authorization, Quantity limit	metformin er tablet

2. Does not apply to Grandfathered plans;

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus and Standard/Value formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Riomet	Diabetes	Prior authorization, Quantity limit

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Bupap ⁵	Tension headache	Prior authorization, Quantity limit
butalbital 50mg-acetaminophen 300mg tablet ⁵		
butalbital 50mg-acetaminophen 300mg-caffeine 40mg capsule ⁵		
butalbital 50mg-acetaminophen 325mg-caffeine 40mg capsule ⁵		
Esgic		
Fioricet ⁵		
Zebutal		

5. Applies only to Grandfathered plans;

DRUGS MOVED to a DIFFERENT TIER

The following drugs were moved to a higher or lower tier for the Standard/Value Drug Formularies as noted:

Drug	FDA Indication(s)	New Tier Status for Standard Formulary
mupirocin 2% cream (Bactroban)	Secondarily infected traumatic skin lesions	Tier 3 with Prior authorization

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on January 1, 2021 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details.

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

- aminocaproic acid, oral (Amicar) – New
- chlorzoxazone, oral (Lorzone, Parafon DSC) – New
- doxepin topical (Prudoxin, Zonalon) – New
- doxycycline monohydrate capsule (Mondoxine, Monodox, Okebo) – New
- erythromycin agents – New
- fenoprofen, oral – New
- hydrocodone/APAP agents – New
- hydrocortisone 25 mg, suppository (Anusol-HC) – New
- ketoprofen, oral – New
- mefenamic acid (Ponstel) – New
- naproxen oral suspension (Naprosyn Suspension) – New
- potassium oral solution – New
- prednisolone (Millipred) – New
- Prolate (oxycodone/APAP 300 mg, oral) – New
- Riomet (metformin, solution) – New
- tolmetin, oral – New

**BLUE SHIELD OF CALIFORNIA
FOURTH QUARTER 2020 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE DECEMBER 1, 2020

for Large Group, Small Group, and Individual & Family Plans

The Blue Shield of California (BSC) Pharmacy and Therapeutics (P&T) Committee, consisting of network physicians and pharmacists, regularly evaluates drugs for formulary inclusion and medication policy coverage criteria. The fourth quarter 2020 P&T Committee decisions on formulary changes and medication policy changes, which apply to Commercial members with an outpatient drug benefit, are summarized below:

PHARMACY BENEFIT FORMULARY UPDATE:

Please refer to the appropriate drug formulary posted on our website for the following information:

- Quantity limits, if applicable, for specific drugs
- Formulary status of newly available strengths of existing drugs. *Note:* The formulary status of newly available strengths of existing drugs will have the same formulary status as the existing strengths unless otherwise noted.
- Non-formulary and non-preferred generic drugs that do not require prior authorization or step therapy
- Brand-name medications that are now non-formulary or non-preferred because these medications have newly available generic equivalents covered on the formulary

Formularies are available at blueshieldca.com/pharmacy. Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, or “Plus Drug Formulary”.

Summary of changes to the Medicare formularies are available at blueshieldca.com/pharmacy. Select “Medicare Drug Formulary”, then select the appropriate plan, and the corresponding “Summary of Changes” PDF.

NEW GENERICS with RESTRICTIONS

The following drugs are **newly available** **GENERIC** drugs that were **ADDED to the Plus Drug Formulary** with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
efavirenz/emtricitabine/tenofovir disoproxil fumarate (Atripla)	HIV infection	Prior authorization, Quantity limit
peg3350/sodium sulfate/nacl/kcl/sodium ascorbate/ascorbic acid (Moviprep)	Bowel prep	Prior authorization

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) for the Plus Drug Formulary:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Bafiertam	Multiple sclerosis	Prior authorization, Quantity limit
dimethyl fumarate (Tecfidera)		
Kesimpta		

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Cystadrops	Corneal cystine crystal deposits	Prior authorization, Quantity limit
deferasirox granules (Jadenu Sprinkle)	Chronic iron overload	Prior authorization
deferiprone 500mg tablet (Ferriprox)	Transfusional iron overload	Prior authorization, Quantity limit
Dojolvi	Long-chain fatty acid oxidation disorder	Prior authorization, Quantity limit
Enspryng	Neuromyelitis optica spectrum disorder	Prior authorization, Quantity limit
Evrysdi	Spinal muscular atrophy	Prior authorization, Quantity limit
Gavreto	Non-small cell lung cancer	Prior authorization, Quantity limit
Gimoti ¹	Diabetic gastroparesis	Prior authorization, Quantity limit
Inqovi	Myelodysplastic syndromes	Prior authorization, Quantity limit
ketorolac nasal spray (Sprix) ¹	Pain	Prior authorization, Quantity limit
lapatinib ditosylate (Tykerb)	Breast cancer	Prior authorization, Quantity limit
metyrosine (Demser) ¹	Pheochromocytoma	Quantity limit
Mycapssa	Acromegaly	Prior authorization, Quantity limit
Onureg	Acute myeloid leukemia	Prior authorization, Quantity limit
Ortikos ¹	Crohn's disease	Prior authorization, Quantity limit
sapropterin (Kuvan)	PKU	Prior authorization, Quantity limit
tobramycin nebulizer solution (Bethkis)	Cystic fibrosis	Prior authorization, Quantity limit
Xywav	Narcolepsy	Prior authorization, Quantity limit

¹. Does not apply to Grandfathered plans.

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Standard/Value and Plus formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Selzentry	HIV infection	Quantity limit

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
fluvastatin (Lescol)	Hypercholesterolemia, Mixed	Quantity limit

Drug	FDA Indication(s)	Coverage Restriction(s)
Lescol	dyslipidemia, Cardiovascular disease	
Golytely	Bowel prep	

DRUGS MOVED to a DIFFERENT TIER

The following drugs were **moved to a higher or lower tier** for the **Plus Drug Formulary** as noted:

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
Demser ^{1,2}	Pheochromocytoma	Tier 4 with Quantity limit
Lokelma	Hyperkalemia	Tier 3 with Quantity limit

1. Does not apply to Grandfathered plans; 2.effective 8/2020

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Charlotte 24 Fe	Prevent pregnancy	
ciprofloxacin/dexamethasone otic suspension (Ciprodex)	Acute otitis media and externa	
efavirenz/lamivudine/tenofovir disoproxil fumarate (Symfi, Symfi Lo)	HIV infection	Quantity limit
emtricitabine (Emtriva)		
emtricitabine/tenofovir disoproxil fumarate 200mg-300mg (Truvada)		
fosfomycin (Monurol)	UTI	Quantity limit
fluvastatin (Lescol)	Hypercholesterolemia, Mixed dyslipidemia, Cardiovascular disease	Quantity limit
Golytely	Bowel prep	
lapatinib (Tykerb)	Breast cancer	Prior authorization, Quantity limit
Lokelma	Hyperkalemia	Quantity limit
Symbicort	Asthma, COPD	Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 2, 2020 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Medical drug policies for Commercial plans.

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

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

<i>New Policies</i>
<ul style="list-style-type: none">• Blenrep (belantamab mafodotin-blmf)• Monjuvi (tafasitamab-cxix)• Tecartus (brexucabtagene autoelucel)• Viltipso (viltolarsen)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Actemra (tocilizumab)• Besponsa (inotuzumab ozogamicin)• Cinqair (reslizumab)• Cyramza (ramucirumab)• Darzalex (daratumumab)• Darzalex Faspro (daratumumab hyaluronidase-fihj)• Dupixent (dupilumab)• Empliciti (elotuzumab)• Evenity (romosozumab-aqqg)• Fasenra (benralizumab)• Forteo (teriparatide)• Imlygic (talimogene laherparepvec)• Keytruda (Pembrolizumab)• Kymriah (tisagenlecleucel)• Nucala (mepolizumab)• Octreotide, SC/IV• Opdivo (nivolumab)• Orenia (Abatacept)• Polivy (polatuzumab vedotin-piiq)• Prolia (denosumab)• Qutenza (capsaicin topical patch)• Rituxan (rituximab)• Ruxience (rituximab-pvvr)• Sandostatin LAR Depot (octreotide, IM)• Simponi Aria (golimumab)• Soliris (eculizumab)• Somatuline Depot (lanreotide)• Spinraza (nusinersen)• Spravato (esketamine)• Stelara (ustekinumab)• Tecentriq (atezolizumab)• Torisel (atezolizumab)• Truxima (rituximab-abbs)• Tymlos (abaloparatide)• Uplinza (inebilizumab-cdon)• Yervoy (ipilimumab)• Yescarta (axicabtagene ciloleucel)• Yondelis (trabectedin)• Zolgensma (onasemnogene abeparvovec-xioi)

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 1, 2020 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

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New Policies
<ul style="list-style-type: none">• Airduo Digihaler (fluticasone propionate/salmeterol)• Armonair Digihaler (fluticasone propionate)• Bafiertam (monomethyl fumarate)• Baqsimi (glucagon, SQ)• Breztri (budesonide/glycopyrrolate/formoterol fumarate)• Conjupri (levamlodipine)• Cystadrops (cysteamine hcl)• Dojolvi (triheptanoin)• Enspryng (satralizumab-mwge)• Evrysdi (risdiplam)• Gavreto (pralsetinib)• Gimoti (metoclopramide hcl)• Gvoke (glucagon, SQ)• Inqovi (decitabine and cedazuridine)• Hemady(dexamethasone tablets)• Kesimpta (ofatumumab)• Mycapssa (octreotide)• Ongentys (opicapone)• Onureg (azacitidine)• Ortikos (budesonide)• Semglee (insulin glargine)• Upneeq (oxymetazoline hcl)• Xyway (calcium oxybate/magnesium oxybate/potassium oxybate/sodium oxybate)
Updated Policies
<ul style="list-style-type: none">• Addyi (fibanserin)• Alinia (nitazoxanide)• Baciguent (bacitracin)• Braftovi (encorafenib)• Corlanor (ivabradine)• Cotellic (cobimetinib)• Daraprim (pyrimethamine)• Entocort EC (budesonide)• Entresto (sacubitril/valsartan)• Epidiolex (cannabidiol)• Farxiga (dapagliflozin)• Gleevac (Imatinib)• Juxtapid (lomitapide)• Mekinist (trametinib)• Mektovi (binimetinib)• Movieprep (peg3350 with electrolytes & ascorbate)• Palynziq (pegvaliase)• Pomalyst (pomalidomide)• Stivarga (regorafenib)

- Tafinlar (dabrafenib)
- Veltassa (patiomer)
- Venclexta (Venetoclax)
- Vyleesi (bremelanotide)
- Xeljanz (tofacitinib)
- Yonsa (abiraterone)
- Zelboraf (vemurafenib)

The following polices were retired:

- Khedezla (desvelafaxine ER)
- Mirvaso (brimonidine)
- Oleptro ER (Trazodone ER)

**BLUE SHIELD OF CALIFORNIA
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EFFECTIVE JANUARY 1, 2021

for Large Group, Small Group, and Individual & Family Plans

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DRUGS REMOVED from FORMULARY

The following drug(s) were **removed from the Standard/Value Drug Formularies.**

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
fenofibric acid (Fibricor)	Hypertriglyceridemia, Hypercholesterolemia, Mixed dyslipidemia	fenofibric acid capsule (Trilipix)
moxifloxacin eye drops (Moxeza)	Bacterial conjunctivitis	ciprofloxacin eye drops, levofloxacin eye drops
Prenal Pearl	Prenatal vitamin	generic prenatal vitamin with dha
R-Natal OB		

The following drug(s) were **moved to the non-formulary tier or removed from the Plus Drug Formulary.**

These drugs are available at the non-formulary, Tier 3, copayment when prior authorization is approved unless noted otherwise

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
fenofibric acid (Fibricor)	Hypertriglyceridemia, Hypercholesterolemia, Mixed dyslipidemia	Quantity limit	fenofibric acid capsule (Trilipix)
Dexabliss ³	Steroid responsive conditions	Prior authorization	dexamethasone 1.5mg tablet
Locort		Prior authorization Quantity limit	
Prena1 Pearl	Prenatal vitamin		generic prenatal vitamin with dha
R-Natal OB ³			

3.Applies to Grandfather plans

EXISTING DRUGS with CHANGES TO RESTRICTIONS

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus** and **Standard/Value Drug Formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Baqsimi	Hypoglycemia	Prior authorization, Quantity limit
pimecrolimus (Elidel)	Atopic dermatitis	Step therapy, Quantity limit
urea 39% cream	Hyperkeratotic conditions	Prior authorization

The following drugs have **no change in formulary status**, but have **modification to restrictions** as noted for the **Plus Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Apidra, Apidra Solostar	Diabetes	Prior authorization
Elidel	Atopic dermatitis	Step therapy, Quantity limit
Gvoke	Hypoglycemia	Prior authorization, Quantity limit
ramelteon (Rozerem)	Insomnia	Step therapy, Quantity limit
Rozerem		
Tazorac cream	Plaque psoriasis, Acne vulgaris	

DRUGS MOVED to a DIFFERENT TIER

The following drugs were **moved to a higher or lower tier** for the **Plus Drug Formulary** as noted:

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
Tecfidera	Multiple sclerosis	Tier 4 with Quantity limit
E.E.S. 400 Filmtab	Bacterial infection	Tier 2 with Prior authorization
erythromycin ethylsuccinate 400mg tablet ³		

3. Applies to Grandfather plans

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Layolis	Prevent pregnancy	
Lo Loestrin Fe		
Trinate	Prenatal vitamin	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Lynparza	Ovarian cancer, Breast cancer, Pancreatic cancer, Prostate cancer	Prior authorization, Quantity limit
testosterone (Testim, Vogelxo)	Hypogonadism	Prior authorization, Quantity limit
Tydemy	Prevent pregnancy	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Advair Diskus	Asthma, COPD	Quantity limit