

**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](http://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](http://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 <sup>1</sup>	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) <sup>2</sup>	Secondarily infected traumatic skin lesions	Prior authorization	gentamicin 0.1% ointment or cream, amoxicillin clavulanic acid, cephalexin
Novopen Echo <sup>3</sup>	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) <sup>4</sup>	Allergic conjunctivitis	azelastine 0.05% eye drops cromolyn 4% eye drops, epinastine 0.05% eye drops
olopatadine 0.1% eye drops (Patanol) <sup>4</sup>		

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) <sup>5</sup>	Tension headache	Prior authorization, Quantity limit
Vtol LQ <sup>5</sup>		
azelastine/fluticasone nasal spray (Dymista)	Allergic rhinitis	Step therapy, Quantity limit
Dexabliss <sup>5</sup>	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) <sup>5</sup>	OA, RA, AS and to reduce the risk of gastric ulcer	Prior authorization, Quantity limit
oxycodone 2.5mg /acetaminophen 300mg tablet <sup>5</sup>	Pain	Prior authorization, Quantity limit
Prolate <sup>5</sup>		

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) <sup>2</sup>	Tension headache	Prior authorization, Quantity limit
Vtol LQ <sup>2</sup>		
Caplyta <sup>2</sup>	Schizophrenia	

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
ketorolac nasal spray (Sprix) <sup>2</sup>	Pain	
Koselugo	Plexiform neurofibromas	Prior authorization, Quantity limit
Ibrance tablet	Breast cancer	
Tukysa		
naproxen/esomeprazole magnesium (Vimovo) <sup>2</sup>	OA, RA, AS and to reduce the risk of gastric ulcer	
Nurtec ODT <sup>2</sup>	Migraine	
Reyvow <sup>2</sup>		
Ubrelvy <sup>2</sup>		
oxycodone 2.5mg /acetaminophen 300mg tablet <sup>2</sup>	Pain	
Prolate <sup>2</sup>		
Palforzia	Peanut allergy	
Pemazyre	Cholangiocarcinoma	
Procysbi granules	Nephropathic cystinosis	
pyrimethamine (Daraprim)	Toxoplasmosis	Prior authorization
Teriparatide	Osteoporosis	Prior authorization, Quantity limit
Xcopri <sup>2</sup>	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 <sup>3</sup>	Diabetes	Prior authorization, Quantity limit
Tivorbex <sup>6</sup>	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 <sup>5,6</sup>	Tension headache	Prior authorization, Quantity limit
mupirocin 2% cream (Bactroban) <sup>5</sup>	Secondarily infected traumatic skin lesions	Prior authorization
Primlev <sup>5,7</sup>	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 <sup>2,6</sup>	Tension headache	Tier 4 with Prior authorization, Quantity limit
Daraprim <sup>4</sup>	Toxoplasmosis	Tier 4 with Prior authorization
Primlev <sup>2,7</sup>	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) <sup>7</sup>	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:

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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)
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 <sup>2</sup>	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 <sup>2</sup>	Tension headache	Prior authorization, Quantity limit	ibuprofen, naproxen, butalbital 50mg-acetaminophen 325mg tablet
butalbital 50mg-acetaminophen 300mg-caffeine 40mg capsule <sup>2</sup>			ibuprofen, naproxen, butalbital 50mg-acetaminophen 325mg-caffeine 40mg tablet
butalbital 50mg-acetaminophen 325mg-caffeine 40mg capsule <sup>2</sup>			
Fioricet <sup>2</sup>			
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 <sup>5</sup>	Tension headache	Prior authorization, Quantity limit
butalbital 50mg-acetaminophen 300mg tablet <sup>5</sup>		
butalbital 50mg-acetaminophen 300mg-caffeine 40mg capsule <sup>5</sup>		
butalbital 50mg-acetaminophen 325mg-caffeine 40mg capsule <sup>5</sup>		
Esgic		
Fioricet <sup>5</sup>		
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