

**BLUE SHIELD OF CALIFORNIA  
THIRD QUARTER 2019 FORMULARY AND MEDICATION POLICY UPDATES**

**EFFECTIVE SEPTEMBER 5, 2019**

*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 third quarter 2019 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” 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.

<b>NEW GENERICS with RESTRICTIONS</b>
---------------------------------------

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

Drug	FDA Indication(s)	Coverage Restriction(s)
hydrocodone/acetaminophen 2.5mg-108mg/5ml, 5mg- 217mg/10ml unit-dose oral solution	Pain	Prior authorization, Quantity limit

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

Drug	FDA Indication(s)	Coverage Restriction(s)
doxylamine/vitamin b6 (Diclegis)	Pregnancy induced nausea/vomiting	Prior authorization, Quantity limit
fentanyl buccal tablet (Fentora)	Breakthrough cancer pain	Prior authorization, Quantity limit
mesalamine (Delzicol)	Ulcerative colitis	Step therapy, Quantity limit

Drug	FDA Indication(s)	Coverage Restriction(s)
naftifine 1% gel (Naftin)	Tinea corporis, Tinea cruris, Tinea pedis	Step therapy
solifenacin succinate (Vesicare)	Overactive bladder	Step therapy, Quantity limit

#### 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 Drug Formularies**:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
bosentan (Tracleer)	Pulmonary arterial hypertension	Prior authorization, Quantity limit
erlotinib (Tarceva)	NSCLC, Pancreatic cancer	Prior authorization, Quantity limit
Vyndaqel	Transthyretin amyloid cardiomyopathy	Prior authorization, Quantity limit

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Udenyca	Cancer chemotherapy induced neutropenia	Prior authorization

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)
Duobrii	Plaque psoriasis	Prior authorization, Quantity limit
penicillamine (Cuprimine)	Wilson's disease, Cystinuria, Rheumatoid arthritis	Prior authorization, Quantity limit
Piqray	Breast cancer	Prior authorization, Quantity limit
Ruzurgi	Lambert-Eaton myasthenic syndrome	Prior authorization, Quantity limit
sildenafil citrate suspension (Revatio)	Pulmonary arterial hypertension	Prior authorization, Quantity limit

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Skyrizi	Plaque psoriasis	Prior authorization, Quantity limit
Xpovio	Multiple myeloma	Prior authorization, Quantity limit

#### 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
Absorica <sup>1</sup>	Acne vulgaris	Tier 4
Baxdela <sup>1</sup>	Acute bacterial skin and skin structure infections	Tier 4
Sivextro <sup>1</sup>	Acute bacterial skin and skin structure infections	Tier 4
Ximino <sup>1</sup>	Acne vulgaris	Tier 4

*1. Does not apply to Grandfathered plans. Effective 1/1/2020*

#### DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
afirmelle (Alesse)	Contraceptive	
aurovela 1-20 (Loestrin)	Contraceptive	
aurovela fe 1.5-30 (Loestrin Fe)	Contraceptive	
ayuna (Nordette)	Contraceptive	
dotti (Vivelle-Dot)	Vasomotor symptoms, Vulvar and vaginal atrophy, Hypoestrogenism, Postmenopausal osteoporosis	Quantity limit
lo-zumandimine (Yaz)	Contraceptive	

Drug	FDA Indication(s)	Coverage Restriction(s)
simliya (Mircette)	Contraceptive	
simpresse (Seasonique)	Contraceptive	
tri-lo-mili (Ortho Tri-Cyclen Lo)	Contraceptive	
zumandimine (Yasmin)	Contraceptive	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
loteprednol etabonate 0.5% ophthalmic drops (Lotemax)	Steroid responsive inflammatory eye conditions	

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

The following coverage policies were updated (or created if specified "NEW") and changes are effective on August 21, 2019 (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 (brentuximab vedotin) - Update
- Avastin (bevacizumab) - Update
- Bavencio (avelumab) - Update
- Belrapzo (bendamustine) - New
- Benlysta (belimumab), IV- Update
- Cablivi (caplacizumab-yhdp) - Update
- Cerezyme (imiglucerase) - Update
- Cimzia (certolizumab) - Update
- Cosentyx (secukinumab) - Update
- Cutaquig (Immune Globulin Subcutaneous (Human), 16.5% Liquid) - New
- D.H.E. 45 (dihydroergotamine mesylate injection) - Update
- Darzalex (daratumumab) - Update
- Dupixent (dupilumab) - Update
- Eleyso (taliglucerase) - Update
- Emgality (galcanezumab-gnlm) - Update
- Enbrel (etanercept) - Update
- Exondys (eteplirsen) - Update
- Eylea (aflibercept) - Update
- Fulphila (pegfilgrastim-jmdb) - Update
- Gattex (teduglutide) - Update
- Herceptin (trastuzumab) - Update
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) - Update

- Humira (adalimumab) - *Update*
- Ilumya (tildrakizumab-asmn) - *Update*
- Inflectra (infliximab-dyyb) - *Update*
- Kadcyla (ado-trastuzumab emtansine) - *Update*
- Kanuma (sebelipase alfa) - *Update*
- Keytruda (pembrolizumab) - *Update*
- Lumizyme (alglucosidase alfa) - *Update*
- Luxturna (voretigene neparvovec-rzyl) - *Update*
- Nplate (romiplostim) - *Update*
- Onpattro (patisiran) - *Update*
- Opdivo (nivolumab) - *Update*
- Perjeta (pertuzumab) - *Update*
- Polivy (polatuzumab vedotin-piiq) - *New*
- Remicade (infliximab) - *Update*
- Renflexis (infliximab-abda) - *Update*
- Rituxan (rituximab) - *Update*
- Siliq (brodalumab) - *Update*
- Skyrizi (risankizumab-rzaa) - *New*
- Soliris (eculizumab) - *Update*
- Spinraza (nusinersen) - *Update*
- Stelara (ustekinumab) - *Update*
- Taltz (ixekizumab) - *Update*
- Tegsedi (inotersen) - *Update*
- Tremfya (guselkumab) - *Update*
- VPRIV (velaglucerase alfa) - *Update*
- Yervoy (ipilimumab) - *Update*
- Zolgensma (onasemnogene abeparvovec-xioi) - *New*
- Zulresso (brexanolone) - *New*

The following policies were retired:

- Arixtra (fondaparinux)
- Fragmin (dalteparin)
- Lovenox (enoxaparin)