

BLUE SHIELD OF CALIFORNIA
FOURTH QUARTER 2021 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE DECEMBER 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 fourth quarter 2021 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)
Cosentyx ¹	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis, Spondyloarthritis	Taltz

¹. effective 1/2022

The following drug(s) were **removed from the Plus Drug Formulary.**

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

Drug	FDA Indication(s)	Alternative(s)
doxycycline hyclate 50mg tablet ^{1,2}	Bacterial infection	doxycycline hyclate 50mg capsule, doxycycline monohydrate 50mg tablet

¹. effective 1/2022; ². Does not apply to Grandfathered plans

NEW GENERICS with RESTRICTIONS

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

Drug	FDA Indication(s)	Coverage Restriction(s)
everolimus 10mg (Afinitor)	Breast cancer, Neuroendocrine tumor, Renal cell carcinoma, Tuberous sclerosis complex (TSC) -associated renal angiomyolipoma, TSC associated SEGA	Prior authorization
everolimus tablet for oral suspension (Afinitor Disperz)	Tuberous sclerosis complex (TSC) - associated SEGA, TSC-associated partial-onset seizures	Prior authorization
sunitinib (Sutent)	Renal cell cancer, GIST, pNET	Prior authorization

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)
buprenorphine buccal film (Belbuca)	Pain	Prior authorization
ibuprofen-famotidine (Duexis) ³	OA, RA and increased risk of upper GI ulcers	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) 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)
Bylvay	Pruritis associated with intrahepatic cholestasis	Prior authorization
chlorpromazine concentrated oral solution ²	Schizophrenia, Nausea/vomiting, Porphyria, Hiccups, Opposition defiant disorder	Prior authorization
diclofenac potassium 25mg tablet ²	Dysmenorrhea, OA, RA, Mild to moderate pain	Prior authorization
everolimus 10mg (Afinitor)	Breast cancer, Neuroendocrine tumor, Renal cell carcinoma, Tuberous sclerosis complex (TSC) -associated renal angiomyolipoma, TSC associated SEGA	Prior authorization
everolimus tablet for oral suspension (Afinitor Disperz)	Tuberous sclerosis complex (TSC) - associated SEGA, TSC-associated partial-onset seizures	Prior authorization
Exkivity	Non-small cell lung cancer	Prior authorization
Livmarli	Cholestatic pruritis associated with Alagille syndrome	Prior authorization
Lybalvi ²	Schizophrenia, Bipolar disorder	Prior authorization
Opzelura ²	Atopic dermatitis	Prior authorization
Qulipta ²	Migraine	Prior authorization
Trudhesa ²		

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Rezurock	Chronic graft vs host	Prior authorization
sunitinib (Sutent)	Renal cell cancer, GIST, pNET	Prior authorization
Welireg	von Hippel-Lindau disease	Prior authorization

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)
modafinil (Provigil)	Narcolepsy, Obstructive sleep apnea, Shift work disorder	
risedronate 5mg, 35mg, 150mg tablet (Actonel)	Osteoporosis	
risedronate 35mg dr tablet (Atelvia)		

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)
Actonel 5mg, 35mg, 150mg tablet	Osteoporosis	
Atelvia		
Fanapt ¹	Schizophrenia	Step therapy
Saphris ¹	Schizophrenia, Bipolar disorder	
Versacloz ¹	Schizophrenia, Schizoaffective disorder	
flac otic oil	Eczematous external otitis	
fluocinolone acetonide otic oil		
Provigil	Narcolepsy, Obstructive sleep apnea, Shift work disorder	

1. effective 1/2022

DRUGS MOVED to a DIFFERENT TIER

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

Drug	FDA Indication(s)	New Tier Status for Standard/Value Formulary
Suprep	Bowel cleanser for colonoscopy	Tier 2

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)
Klor-con M15	Hypokalemia	
nebivolol (Bystolic)	Hypertension	
SSD	Wound care	
varenicline (Chantix)	Smoking cessation	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Latuda	Schizophrenia, Bipolar disorder	Step therapy
Taltz ¹	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis, Spondyloarthritis	Prior authorization
Verzenio	Breast cancer	Prior authorization

1. effective 1/2022

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

Drug	FDA Indication(s)	Coverage Restriction(s)
difluprednate (Durezol)	Pain and inflammation	
enalapril oral solution (Epaned)	Hypertension, Heart failure	
paroxetine oral suspension (Paxil)	MDD, OCD, PD, SAD, GAD, PTSD	
Targadox ³	Bacterial infection	Prior authorization
Zenzedi ³	ADHD, Narcolepsy	Step therapy, Age-limit

3. Applies only to Grandfathered plans

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 1, 2021, 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">• Nexviazyme (avalglucosidase alfa-ngpt)• Rylaze (asparaginase erwinia chrysanthemi [recombinant]-rywn)• Saphnelo (anifrolumab-fnia)• Tivdak (tisotumab vedotin-tftv)• Upravi (selexipag)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Actemra (tocilizumab)• Avsola (infliximab-axxq)• Benlysta (belimumab)• Darzalex (daratumumab)• Darzalex Faspro (daratumumab; hyaluronidase-fihj)• Entyvio (vedolizumab)• Erbitux (cetuximab)• Ilumya (fildrakizumab-asmn)• Inflectra (infliximab-dyyb)• IVIG• Jemperli (dostarlimab-gxly)• Kevzara (sarilumab)• Keytruda (pembrolizumab)• Kyprolis (carfilzomib)• Nplate (romiplostim)• Opdivo (nivolumab)• Orenzia (abatacept)• Polivy (polatuzumab vedotin-piiq)• Remicade (infliximab)• Renflexis (infliximab-abda)• Revatio (sildenafil)• Riabni (rituximab-arrx)• Rituxan (rituximab)• Ruxience (rituximab-pvvr)• Rybrevant (amivantamab-vmjw)• Simponi Aria (golimumab)• Stelara (ustekinumab)• Sylvant (siltuximab)• Tecartus (brexucabtagene autoleucel)• Tecentriq (atezolizumab)• Torisel (temsirrolimus)• Truxima (rituximab-abbs)• Tysabri (natalizumab)• Velcade (bortezomib)• Yervoy (ipilimumab)

PHARMACY BENEFIT MEDICATION POLICIES:

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Refer to medication policy for complete details.

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

<i>New Policies</i>
<ul style="list-style-type: none">• Bylvay (odevixibat)• chlorpromazine• Diclofenac potassium• Exkivity (mobocertinib)• Fanapt (iloperidone)• Kerendia (finerenone)• Livmarli (maralixibat)• Loreev XR (lorazepam extended-release)• Myrbetriq granules (mirabegron)• Opzelura (ruxolitinib phosphate)• Qulipta (atogepant)• Rezero (belumosudil mesylate)• Saphris (asenapine)• Thalitone (chlorthalidone)• Trudhesa (dihydroergotamine mesylate)• Versacloz (clozapine)• Welireg (belzutifan)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Actemra (tocilizumab)• Apokyn (apomorphine)• Balversa (erdafitinib)• Braftovi (encorafenib)• Brukinsa (zanubrutinib)• Cabometyx (cabozantinib)• Cimzia (certolizumab pegol)• Cometriq (cabozantinib)• Cosentyx (secukinumab)• Cotellic (cobimetinib)• Doptelet (avatrombopag)• Dupixent (dupilumab)• Enbrel (etanercept)• Gocovri (amantadine)• Hetlioz (tasimelteon)• Humira (adalimumab)• Inbrija (levodopa)• Jardiance (empagliflozin)• Kevzara (sarilumab)• Kineret (anakinra)• Kynmobi (apomorphine)• Lenvima (lenvatinib)• Lynparza (olaparib)• Mekinist (trametinib)• Mektovi (binimetinib)• Nexavar (sorafenib)

- Nourianz (istradefylline)
- Nucala (mepolizumab)
- Olumiant (baricitinib)
- Ongentys (opicapone)
- Orencia (abatacept)
- Osmolex ER (amantadine)
- Otezla (apremilast)
- Pomalyst (pomalidomide)
- Promacta (eltrombopag)
- Revlimid (lenalidomide)
- Rinvoq ER (upadacitinib)
- Sabril (vigabatrin)
- Siliq (brodalumab)
- Simponi (golimumab)
- Skyrizi (risankizumab-rzaa)
- Stelara (ustekinumab)
- Tafinlar (dabrafenib)
- Taltz (ixekizumab)
- Tavalisse (fostamatinib)
- Tremfya (guselkumab)
- Turalio (pexidartinib)
- Xeljanz, Xeljanz XR (tofacitinib)
- Xpovio (selinexor)
- Xywav (calcium/magnesium/potassium/sodium oxybate)
- Zelboraf (vemurafenib)
- Zeposia (ozanimod)