BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2019 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE MAY 1, 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 first 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. 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. 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 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)
Atripla[1]	HIV infection	Symfi, Symfi Lo
Bensal HP[2]	Skin irritation and inflammation	generic topical corticosteroids
Neupogen[3]	Neutropenia	Zarxio

1. *Effective 1/1/2020*
2. *Excluded from coverage because it is not FDA approved*
3. *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)
Atripla[1]	HIV infection	Prior authorization, Quantity limit	Symfi, Symfi Lo
Bensal HP[2]	Skin irritation and inflammation	Excluded	generic topical corticosteroids

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
coremino[3]	Acne vulgaris	Prior authorization, Quantity limit	minocycline capsule, doxycycline hyclate immediate-release
fenoprofen[3]	Rheumatoid arthritis, Osteoarthritis, Pain	Prior authorization, Quantity limit	ibuprofen, meloxicam, naproxen immediate-release, diclofenac sodium, nabumetone, sulindac, etodolac
minocycline HCl extended-release[3]	Acne vulgaris	Prior authorization, Quantity limit	minocycline capsule, doxycycline hyclate immediate-release
profeno 600mg capsule[3]	Rheumatoid arthritis, Osteoarthritis, Pain	Prior authorization, Quantity limit	ibuprofen, meloxicam tablet, naproxen immediate-release, diclofenac sodium, nabumetone, sulindac, etodolac

[1]. Effective 1/1/2020
[2]. Excluded from coverage because it is not FDA approved
[3]. Does not apply to Grandfathered plans

NEW GENERICS with RESTRICTIONS

The following drugs are <u>newly available</u> 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)
pimecrolimus (generic Elidel)	Atopic dermatitis	Step therapy, Age-limit, Quantity limit

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

Drug	FDA Indication(s)	Coverage Restriction(s)
fenofibrate nanocrystallized (generic Triglide)	High cholesterol, High triglycerides	Step therapy, Quantity limit
miconazole/zinc oxide/petrolatum (generic Vusion)	Diaper candidiasis	Step therapy
silodosin (generic Rapaflo)	Benign prostatic hyperplasia	Step therapy, Quantity limit
vardenafil (generic Levitra, Staxyn)	Erectile dysfunction	Prior authorization, Gender limit, Quantity limit

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

The following drugs were <u>ADDED</u> to the Blue Shield Specialty Tier (Tier 4) for the Plus and Standard formulary:

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

Specialty Drug	Coverage Restriction(s)
abiraterone acetate (generic Zytiga)	Prior authorization, Quantity limit
Granix vial	Prior authorization

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

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

Specialty Drug	Coverage Restriction(s)
Zarxio	Prior authorization

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

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

Specialty Drug	Coverage Restriction(s)
Abilify Mycite	Prior authorization, Quantity limit
Actemra ACTPen	Prior authorization, Quantity limit
Daurismo	Prior authorization, Quantity limit
Firdapse	Prior authorization, Quantity limit
Lorbrena	Prior authorization, Quantity limit
Nuzyra	Prior authorization, Quantity limit
Oxervate	Prior authorization, Quantity limit
Promacta oral suspension	Prior authorization, Quantity limit
Seysara	Prior authorization, Quantity limit
Tolsura	Prior authorization, Quantity limit
Udenyca	Prior authorization
Vitrakvi	Prior authorization, Quantity limit
Xospata	Prior authorization, Quantity limit
Yupelri	Prior authorization, Quantity limit

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 formulary:

Drug	FDA Indication(s)	Coverage Restriction(s)
Duexis[4]	Rheumatoid arthritis, Osteoarthritis	Prior authorization, Quantity limit
fenortho	Rheumatoid arthritis, Osteoarthritis, Pain	Prior authorization, Quantity limit
Nalfon	Rheumatoid arthritis, Osteoarthritis, Pain	Prior authorization, Quantity limit

[4] *Effective March 1, 2019*

DRUGS MOVED to a DIFFERENT TIER

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

Drug	New Tier Status for Plus Formulary
Addyi	Tier 3

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Biktarvy[4]	HIV infection	Quantity limit
Prezcobix[4]	HIV infection	Quantity limit
Symfi, Symfi Lo[4]	HIV infection	Quantity limit

[4] *Effective March 1, 2019*

The following drugs were ADDED only to the Standard Formulary as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Xelpros	Glaucoma	Step therapy, Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on March 1, 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*
- Aveed (testosterone undecanoate) - *Update*
- Beleodaq (belinostat) - *Update*
- Cancidas (caspofungin) - *Update*
- Empliciti (elotuzumab) - *Update*
- Eraxis (anidulafungin) - *Update*
- Gamifant (emapalumab-lzsg) - *New*
- Gazyva (obinutuzumab) - *Update*
- Granix (tbo-filgrastim) - *Update*
- hydroxyprogesterone (17P, Makena) - *Update*
- interferon alfa (Intron A, Alferon N) - *Update*
- IVIG- *Update*
- Keytruda (pembrolizumab) - *Update*
- Khapzory (levoleucovorin sodium) - *New*
- Marqibo (vincristine liposome) - *Update*
- Mycamine (micafungin) - *Update*
- Neupogen (filgrastim) - *Update*
- Nivestym (filgrastim-aafi) - *Update*
- Opdivo (nivoloumab) - *Update*
- Rapivab (peramivir injection) - *Update*
- Revcovi (elapegademase-lvir) - *New*
- Tecentriq (atezolizumab) - *Update*
- Udenyca (pegfilgrastim-cbqv) - *New*
- Ultomiris (ravulizumab-cwvz) - *New*
- Xyosted (testosterone enanthate) - *New*
- Yutiq (fluocinolone acetonide intravitreal implant) - *New*
- Zevalin (ibritumomab) - *Update*

The following policies were retired:

- Sivextro (tedizolid)
- Zyvox (linezolid)

BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2019 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE AUGUST 1, 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 second 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. 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. 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 and Standard Drug Formularies with coverage restrictions (other new generic drugs are covered on formulary without restrictions):

Drug	FDA Indication(s)	Coverage Restriction(s)
cinacalcet (generic Sensipar)	Hyperparathyroidism, Hypercalcemia	Prior authorization

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

Drug	FDA Indication(s)	Coverage Restriction(s)
acyclovir 5% cream (generic Zovirax)	Herpes labialis	Prior authorization, Quantity limit
aliskiren hemifumarate (generic Tekturna)	Hypertension	Step therapy, Quantity limit
cyclobenzaprine er capsule (generic Amrix)	Muscle spasm	Step therapy, Age limit, Quantity limit
diclofenac epolamine patch (generic Flector)	Acute pain from minor sprains, strains, contusions	Prior authorization, Quantity limit
fenofibrate 160mg tablet (generic Triglide)	Hypercholesterolemia, Hypertriglyceridemia	Step therapy, Quantity limit

Drug	FDA Indication(s)	Coverage Restriction(s)
ranolazine (generic Ranexa)	Chronic angina	Prior authorization, 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 formulary:

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

Specialty Drug	Coverage Restriction(s)
Alyq	Prior authorization, Quantity limit
ambrisentan (generic Letairis)	Prior authorization, Quantity limit
Cablivi	Prior authorization, Quantity limit

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

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

Specialty Drug	Coverage Restriction(s)
toremifene citrate (generic Fareston)	

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

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

Specialty Drug	Coverage Restriction(s)
Balversa	Prior authorization, Quantity limit
deferasirox (generic Exjade)	
Diacomit	Prior authorization, Quantity limit
D-penamine	Prior authorization, Quantity limit
Inbrija	Prior authorization, Quantity limit
levorphanol 3mg tablet[1,2]	Prior authorization, Quantity limit
Mavenclad	Prior authorization, Quantity limit
Mayzent	Prior authorization, Quantity limit
vigabatrin 500mg tablet (generic Sabril)	Prior authorization, Quantity limit

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

DRUGS MOVED to a DIFFERENT TIER

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

Drug	New Tier Status for Plus Formulary
Aimovig	Tier 2
Ajovy	Tier 3
Emgality	Tier 2
levorphanol 2mg tablet[1,2]	Tier 4
Regranex[1,2]	Tier 4

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

DRUGS ADDED to FORMULARY

The following drugs were ADDED only to the Standard Formulary as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Aimovig[3]	Prevent migraine	Prior authorization, Quantity limit
Emgality[3]	Prevent migraine	Prior authorization, Quantity limit
testosterone 1.62% gel (generic Androgel)[4]	Low testosterone	Prior authorization, Quantity limit
Vascepa[3]	High triglycerides	Prior authorization, Quantity limit

3. Effective 6/5/2019
4. Effective 2/1/2019

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 5, 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

- Abraxane (paclitaxel protein-bound suspension) - *Update*
- Aimovig (erenumab-aooe) - *Update*
- Ajovy (fremanezumab-vfrm) - *Update*
- Cablivi (caplacizumab-yhdp) - *New*
- Cancidas (caspofungin) - *Update*
- Cimzia (certolizumab) - *Update*
- Cosentyx (secukinumab) - *Update*
- Cyramza (ramucirumab) - *Update*
- Dupixent (dupliumab) - *Update*
- Elzonris (tagraxofusp-erzs) - *New*
- Emgality (galcanezumab-gnlm) - *Update*
- Enbrel (etanercept) - *Update*
- Eraxis (anidulafungin) - *Update*
- Erbitux (cetuximab) - *Update*
- Evenity (romosozumab-aqqg) - *New*
- Forteo (teriparatide) - *Update*
- Gazyva (obinutuzumab) - *Update*
- Granix (tbo-filgrastim) - *Update*
- Herceptin (trastuzumab) - *Update*
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) - *New*
- Humira (adalimumab) - *Update*
- Immune globulin, IV - *Update*
- Immune globulin, SQ - *Update*
- Kadcyla (ado-trastuzumab) - *Update*
- Keytruda (pembrolizumab) - *Update*
- Kineret (anakinra) - *Update*
- Lartruvo (olaratumab) - *Update*
- Lemtrada (alemtuzumab) - *Update*
- Mycamine (micafungin) - *Update*
- Opdivo (nivoloumab) - *Update*
- Perjeta (pertuzumab) - *Update*
- Prolia (denosumab) - *Update*
- Remicade (infliximab) - *Update*
- Revatio (sildenafil) - *Update*
- Rituxan (rituximab) - *Update*
- Sandostatin (octreotide) - *Update*
- Simponi/Simponi Aria (golimumab) - *Update*
- Somatuline (lanreotide) - *Update*
- Spinraza (nusinersen) - *Update*
- Spravato (esketamine) - *New*
- Synagis (palivizumab) - *Update*
- Tecentriq (atezolizumab) - *Update*
- Testopel (testosterone pellets) - *New*
- Tymlos (abaloparatide) - *Update*
- Vectibix (panitumumab) - *Update*
- Xolair (omalizumab) - *Update*

The following policies were retired:

- Iprivask (desirudin)

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. 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. 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 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[1]	Acne vulgaris	Tier 4
Baxdela[1]	Acute bacterial skin and skin structure infections	Tier 4
Sivextro[1]	Acute bacterial skin and skin structure infections	Tier 4
Ximino[1]	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)	Contracpetive	
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*
- Elelyso (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)

BLUE SHIELD OF CALIFORNIA
FOURTH QUARTER 2019 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE JANUARY 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 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*
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DRUGS REMOVED from FORMULARY

The following drug(s) were removed from the Plus and Standard Drug Formularies.

- *These drugs are excluded from coverage because they are not FDA approved.*

Drug	FDA Indication(s)	Alternative(s)
Keralyt	Hyperkeratotic disorder	salicylic acid 6% er cream (Salex), lotion, foam, and shampoo
salicylic acid 6% topical gel	Hyperkeratotic disorder	salicylic acid 6% er cream (Salex), lotion, foam, and shampoo
salicylic acid 6% topical cream	Hyperkeratotic disorder	salicylic acid 6% er cream (Salex), lotion, foam, and shampoo
Salimez	Hyperkeratotic disorder	salicylic acid 6% er cream (Salex), lotion, foam, and shampoo

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)
Novolin-N, Novolin-R[1]	Diabetes	Prior authorization	Humulin-N, Humulin-R
Novolin 70-30 vial[1]	Diabetes	Prior authorization	Humulin 70-30

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Novolog, Novolog Flexpen[1]	Diabetes	Prior authorization	Humalog, Humalog Kwikpen, insulin lispro
Novolog Mix[1]	Diabetes	Prior authorization	Humalog Mix
Noxafil oral suspension	Aspergillosis and candida infection, Oropharyngeal candidiasis	Prior authorization	itraconazole, fluconazole, posaconazole tablet

1. Effective 4/1/2020

NEW GENERICS with RESTRICTIONS

The following drugs are <u>newly available</u> 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)
febuxostat (Uloric)	Gout, Hyperuricemia	Step therapy, Quantity limit
tovet emollient foam (Olux-E)	Steroid responsive dermatoses	Prior authorization
valproic acid 250mg/5ml oral solution, unit-dose	Seizures	Prior authorization

The following drugs are <u>newly available</u> 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)
halcinonide cream (Halog)	Steroid responsive dermatoses	Prior authorization
ketodan foam	Seborrheic dermatitis	Step therapy
oxymorphone er tablet	Pain	Prior authorization, Quantity limit
posaconazole delayed-release tablet (Noxafil)	Aspergillosis and candida infection, Oropharyngeal candidiasis	Prior authorization
ramelteon (Rozerem)	Insomnia	Step therapy, Age limit, Quantity limit
triamterene capsule (Dyrenium)	Edema	Step therapy
vancomycin 50mg/ml powder for oral solution (Vancocin)	Enterocolitis, Pseudomembranous colitis	Prior authorization, 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)
icatibant (Firazyr)	Hereditary angioedema	Prior authorization, Quantity limit
Thiola EC	Cystinuria	Prior authorization

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)
Jakafi[2]	Myelofibrosis, Polycythemia vera, Acute graft-vs-host disease	Prior authorization, Quantity limit
Otezla	Psoriatic arthritis, Plaque psoriasis, Behcet's disease	Prior authorization, Quantity limit
Skyrizi	Plaque psoriasis	Prior authorization, Quantity limit
Stelara	Plaque psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	Prior authorization, Quantity limit
Tremfya	Plaque psoriasis	Prior authorization, Quantity limit
Xeljanz	Rheumatoid arthritis, Psoriatic arthritis, Ulcerative colitis	Prior authorization, Quantity limit
Xeljanz XR	Rheumatoid arthritis, Psoriatic arthritis	Prior authorization, Quantity limit

2. *Effective 12/1/2019*

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)
dexchlorpheniramine 2mg/5ml oral solution[3]	Allergies	Prior authorization, Age limit, Quantity limit
Duaklir Pressair[3]	COPD	Step therapy, Quantity limit
Inrebic	Myelofibrosis	Prior authorization, Quantity limit
nitisinone (Orfadin)	Hereditary tyrosinemia	Prior authorization, Quantity limit
Nourianz	Parkinson's disease	Prior authorization, Quantity limit

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Nubeqa	Prostate cancer	Prior authorization, Quantity limit
Ozobax[3]	Multiple sclerosis	Prior authorization, Quantity limit
phenobarbital-belladonna elixir, 5ml unit-dose[3]	IBS, Enterocolitis	Prior authorization, Quantity limit
Relafen DS[3]	Osteoarthritis, Rheumatoid arthritis	Prior authorization, Quantity limit
Rinvoq ER	Rheumatoid arthritis	Prior authorization, Quantity limit
Rozlytrek	ROS1 positive Non-small cell lung cancer, NTRK positive solid tumor	Prior authorization, Quantity limit
Ryclora[3]	Allergies	Prior authorization, Age limit, Quantity limit
Turalio	Tenosynovial giant cell tumor	Prior authorization, Quantity limit
Vyleesi	Hypoactive sexual desire disorder	Prior authorization, Gender-limit, Quantity limit
Vyndamax	Cardiomyopathy	Prior authorization, Quantity limit
Wakix	Narcolepsy	Prior authorization, Quantity limit
Xenleta[3]	Community-acquired bacterial pneumonia	Prior authorization, Quantity limit

3. *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 formulary:

Drug	FDA Indication(s)	Restriction removed
Lyrica[4]	Diabetic neuropathy, Fibromyalgia, Neuropathic pain, Partial seizures, Postherpetic neuralgia	Prior authorization

4. *Effective 8/2019*

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Donnatal elixir, 118ml to 480ml bottle size[4]	Irritable bowel syndrome, Enterocolitis	Quantity limit
Halog cream[4]	Steroid responsive dermatoses	Prior authorization

Drug	FDA Indication(s)	Coverage Restriction(s)
Menostar[5]	Postmenopausal osteoporosis	Quantity limit
Novolin 70-30 Flexpen[1]	Diabetes	Prior authorization
Phenohytro elixir[4]	Irritable bowel syndrome, Enterocolitis	Quantity limit

1. Effective 4/1/2020; 4. Effective 8/2019; 5, Effective 10/2019

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Donnatal elixir, 5ml unit-dose[4]	Irritable bowel syndrome, Enterocolitis	Prior authorization, Quantity limit
Novolog, Novolog Flexpen, Novolog Mix [1]	Diabetes	Prior authorization
Novolin-N, Novolin-R [1]	Diabetes	Prior authorization
Novolin 70-30 vial[1]	Diabetes	Prior authorization

1. Effective 4/1/2020; 4. Effective 8/2019

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
Donnatal elixir, 5ml unit-dose[3,4]	Irritable bowel syndrome, Enterocolitis	Tier 4 with Prior authorization
Kerydin topical solution[3]	Onychomycosis	Tier 4 w Prior authorization

3. Does not apply to Grandfathered plans; 4. Effective 8/2019

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)
hailey (Loestrin 21)	Contraceptive	
insulin lispro, insulin lispro kwikpen[1]	Diabetes	
kalliga (Desogen, Ortho-cept)	Contraceptive	
Levemir, Levemir Flextouch	Diabetes	Quantity limit
pregabalin (Lyrica)	Diabetic neuropathy, Fibromyalgia, Neuropathic pain, Partial seizures, Postherpetic neuralgia	Quantity limit

Drug	FDA Indication(s)	Coverage Restriction(s)
Rybelsus	Diabetes	Step therapy, Quantity limit
Temixys	HIV infection	Quantity limit
Tresiba, Tresiba Flextouch	Diabetes	Quantity limit

1. Effective 4/1/2020

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 5, 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

- Abraxane (paclitaxel, albumin-bound) – *Update*
- Actemra (tocilizumab) – *Update*
- Adcetris (brentuximab vedotin) – *Update*
- Alimta (pemetrexed) – *Update*
- Aliqopa (copanlisib) – *Update*
- Arzerra (ofatumumab) – *Update*
- Asparlas (calaspargase pegol-mknl) – *New*
- Avastin (bevacizumab) – *Update*
- Belrapzo (bendamustine) – *Update*
- Bendeka (bendamustine) – *Update*
- Besponsa (inotuzumab ozagamicin) – *Update*
- Bivigam (immune globulin intravenous) – *Update*
- Blincyto (blinatumomab) – *Update*
- Cimzia (certolizumab pegol) – *Update*
- Clolar (clofarabine) – *Update*
- Crysvita (burosumab-twza) – *Update*
- Cyramza (ramucirumab) – *Update*
- Cytogam (immune globulin intravenous) – *Update*
- Darzalex (daratumumab) – *Update*
- Entyvio (vedolizumab) – *Update*
- Erbitux (cetuximab) – *Update*
- Erwinaze (asparaginase Erwinia chrysanthemi)
- Faslodex (fulvestrant) – *Update*
- Flebogamma (immune globulin intravenous) – *Update*
- Folotyn (pralatrexate) – *Update*
- Fulphila (pegfilgrastim-jmdb) – *Update*
- Gammagard (immune globulin intravenous) – *Update*
- Gammaked (immune globulin intravenous) – *Update*
- Gammaplex (immune globulin intravenous) – *Update*
- Gamunex-C (immune globulin intravenous) – *Update*
- Granix (tbo-filgrastim) – *Update*
- Herceptin (trastuzumab) – *Update*
- Halaven (eribulin) – *Update*
- Ilumya (tildrakizumab-asmn) – *Update*
- Inflectra (infliximab-dyyb) – *Update*
- Istodax (romidepsin) – *Update*
- Ixempra (ixabepilone) – *Update*

- Kanjinti (trastuzumab-anns) – *New*
- Kevzara (sarilumab) – *Update*
- Keytruda (pembrolizumab) – *Update*
- Kineret (anakinra) – *Update*
- Kyprolis (carfilzomib) – *Update*
- Mvasi (bevacizumab-awwb) – *New*
- Mylotarg (gemtuzumab ozagamicin) – *Update*
- Neupogen (filgrastim) – *Update*
- Nivestym (filgrastim-aafi) – *Update*
- Nucala (mepolizumab) – *Update*
- Octagam (immune globulin intravenous) – *Update*
- Onivyde (irinotecan liposome) – *Update*
- Opdivo (nivolumab) – *Update*
- Orencia (abatacept) – *Update*
- Panzyga (immune globulin intravenous) – *Update*
- Perjeta (pertuzumab) – *Update*
- Privigen (immune globulin intravenous) – *Update*
- Procrit/Epogen (epoetin alfa) – *Update*
- Renflexis (infliximab-abda) – *Update*
- Retacrit (epoetin alfa-epbx) – *Update*
- Rituxan (rituximab) – *Update*
- Rituxan Hycela (rituximab/hyaluronidase) – *Update*
- Sandostatin (octreotide) – *Update*
- Signifor (pasireotide) – *Update*
- Signifor LAR (pasireotide) – *Update*
- Siliq (brodalumab) – *Update*
- Simponi (golimumab) – *Update*
- Skyrizi (risankizumab-rzaa) – *Update*
- Stelara (ustekinumab) – *Update*
- Synojoynt (sodium hyaluronate 1%) – *New*
- Taltz (ixekizumab) – *Update*
- Tecentriq (atezolizumab) – *Update*
- Treanda (bendamustine) – *Update*
- Tremfya (guselkumab) – *Update*
- Triluron (sodium hyaluronate) – *New*
- Tysabri (natalizumab) – *Update*
- Udenyca (pegfilgrastim-cbqv) – *Update*
- Vectibix (panitumumab) – *Update*
- Velcade (bortezomib) – *Update*
- Visco-3 (sodium hyaluronate) – *New*
- Vyleesi (bremelanotide) – *New*
- Vyxeos (daunorubicin/cytarabine) – *Update*
- Yervoy (ipilimumab) – *Update*
- Yescarta (axicabtagene cileucel) – *Update*
- Yondelis (trabectedin) – *Update*
- Zaltrap (ziv-aflibercept) – *Update*
- Zarxio (filgrastim-sndz) – *Update*

The following policies were retired:

- Evomela (melphalan)
- Kynamro (mipomersen)
- Sylatron (peginterferon alfa-2b)