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 2022 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”, “Prime 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) are no longer covered on the Plus and Standard/Value/Prime Drug Formularies because it is available without a prescription.

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Astepro 0.15% nasal spray¹</td>
<td>Allergic rhinitis</td>
<td>azelastine 0.1% nasal spray</td>
</tr>
<tr>
<td>azelastine 0.15% nasal spray¹</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹. effective 10/1/2022

The following drug(s) were excluded from the Plus and Standard/Value/Prime Drug Formularies.

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSKI²</td>
<td>Expectorant</td>
</tr>
</tbody>
</table>

². effective 1/2023 for Plus and Prime, 1/2024 for Standard/Value

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

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chantix Starting Month Box³</td>
<td>Smoking cessation</td>
<td>varenicline starting month box</td>
</tr>
</tbody>
</table>

³. effective 5/2022 for Prime

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

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.
The following drug(s) were **removed from the Prime Drug Formulary**.
- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crinone 8% vaginal gel</td>
<td>Part of ART treatment, Secondary amenorrhea</td>
<td>Endometrin, progesterone, medroxyprogesterone</td>
</tr>
<tr>
<td>Vimpat oral solution</td>
<td>Seizures</td>
<td>lacosamide oral solution</td>
</tr>
</tbody>
</table>

5. effective 7/2022; 6. Effective 6/2022

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.

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Alternative(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nexavar</td>
<td>Hepatocellular carcinoma, Renal cell carcinoma, Thyroid carcinoma</td>
<td>sorafenib</td>
</tr>
<tr>
<td>Targretin 1% topical gel</td>
<td>Cutaneous T-cell lymphoma cutaneous lesion</td>
<td>bexarotene 1% topical gel</td>
</tr>
</tbody>
</table>

7. Applies to Grandfathered plans

### NEW GENERICS with RESTRICTIONS

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac 2% topical solution (Pennsaid)</td>
<td>Osteoarthritis of the knee</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>mesalamine 500mg er capsule (Pentasa)</td>
<td>Ulcerative colitis</td>
<td>Step-therapy</td>
</tr>
<tr>
<td>metformin 625mg tablet</td>
<td>Diabetes</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>methylphenidate patch (Daytrana)</td>
<td>ADHD</td>
<td>Step-therapy, Age-limit</td>
</tr>
<tr>
<td>norgesic 25-385-30mg tablet</td>
<td>Painful musculoskeletal conditions</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>orphenadrine-aspirin-caffeine 25-385-30mg tablet</td>
<td>HTN, Heart failure, Left ventricular failure, Left ventricular dysfunction</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>valsartan 4mg/ml oral solution</td>
<td>Depression</td>
<td>Step-therapy</td>
</tr>
</tbody>
</table>

7. 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/Prime Drug Formularies:
- Refer to member benefit summary for applicable member share of cost.

<table>
<thead>
<tr>
<th>Specialty Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pirfenidone (Esbriet)</td>
<td>Idiopathic pulmonary fibrosis</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>sorafenib (Nexavar)</td>
<td>Hepatocellular carcinoma,</td>
<td>Prior authorization</td>
</tr>
</tbody>
</table>
### Specialty Drug
### FDA Indication(s)
### Coverage Restriction(s)

<table>
<thead>
<tr>
<th>Specialty Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal cell carcinoma, Thyroid carcinoma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Specialty Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>bexarotene 1% topical gel (Targretin)</td>
<td>Cutaneous T-cell lymphoma cutaneous lesions</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>Camzyos</td>
<td>Obstructive hypertrophic cardiomyopathy</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>diclofenac 2% topical solution (Pennsaid)</td>
<td>Osteoarthritis of the knee</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>Lyvispah</td>
<td>Spasticity associated with multiple sclerosis and spinal cord injuries/diseases</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>meloxicam 7.5mg/5ml oral solution</td>
<td>OA, RA, juvenile RA</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>metformin 625mg tablet</td>
<td>Diabetes</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>norgesic 25-385-30mg tablet</td>
<td>Painful musculoskeletal conditions</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>Radicava ORS</td>
<td>Amyotrophic lateral sclerosis</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>Tyvaso DPI</td>
<td>Pulmonary arterial hypertension, Interstitial lung disease</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>valsartan 4mg/ml oral solution</td>
<td>HTN, Heart failure, Left ventricular failure, Left ventricular dysfunction</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>Vijoice</td>
<td>PIK3CA-related overgrowth spectrum</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>Vtama</td>
<td>Psoriasis, Atopic dermatitis</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>ZipheX</td>
<td>Prenatal vitamin</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>Ztalmy</td>
<td>Seizures associated with CDKL5 deficiency disorder</td>
<td>Prior authorization</td>
</tr>
</tbody>
</table>

8. 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/Prime Drug Formularies:

### Drug
### FDA Indication(s)
### Coverage Restriction(s)

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxandrolone 2.5mg, 10mg tablet</td>
<td>Cachexia associated with prolonged corticosteroid use, Bone pain associated with osteoporosis</td>
<td></td>
</tr>
</tbody>
</table>

5. effective 7/2022

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)

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>olopatadine 0.6% nasal spray</td>
<td>Allergic rhinitis</td>
<td></td>
</tr>
<tr>
<td>Patanase 0.6% nasal spray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qelbree</td>
<td>ADHD</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>Drug</td>
<td>FDA Indication(s)</td>
<td>Coverage Restriction(s)</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Toviaz</td>
<td>OAB, Pediatric neurogenic detrusor overactivity</td>
<td></td>
</tr>
<tr>
<td>Vimpat oral solution</td>
<td>Seizures</td>
<td></td>
</tr>
<tr>
<td>Annovera</td>
<td>Contraceptive</td>
<td></td>
</tr>
<tr>
<td>Balcostra</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nextstellis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phexxi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slynd</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. effective 10/1/2022; 5. effective 7/2022; 6. effective 6/2022; 9. effective 5/2022

**DRUGS MOVED to a DIFFERENT TIER**

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>New Tier Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>varenicline tartrate (Chantix)</td>
<td>Smoking cessation</td>
<td>Tier 1</td>
</tr>
</tbody>
</table>

5. Effective 5/2022

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>New Tier Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restasis single-use vial</td>
<td>Keratoconjunctivitis sicca</td>
<td>Tier 1</td>
</tr>
</tbody>
</table>

5. effective 7/2022

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>New Tier Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fexmid</td>
<td>Muscle spasms</td>
<td>Tier 1 with Step therapy, Age-limit</td>
</tr>
</tbody>
</table>

5. effective 7/2022

**DRUGS ADDED to FORMULARY**

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dexcom G5, G6 continuous blood glucose system, sensor, receiver, transmitter</td>
<td>Diabetes</td>
<td>Prior authorization</td>
</tr>
<tr>
<td>fesoterodine fumarate (Toviaz)</td>
<td>OAB, Pediatric neurogenic detrusor overactivity</td>
<td></td>
</tr>
<tr>
<td>lacosamide oral solution (Vimpat)</td>
<td>Seizures</td>
<td></td>
</tr>
<tr>
<td>varenicline starting month pack (Chantix)</td>
<td>Smoking cessation</td>
<td></td>
</tr>
</tbody>
</table>

10. effective 1/1/2023. Does not apply to CalPERS

The following drugs were ADDED to the Standard/Value/Prime Drug Formularies as noted:

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annovera</td>
<td></td>
<td>Contraceptive</td>
</tr>
<tr>
<td>Balcostra</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gemmily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>merzee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natazia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nextstellis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>norethindrone acetate-ethinyl estradiol-ferrous fumarate 1mg-20mg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following drugs were ADDED to the Plus Drug Formulary as noted:

<table>
<thead>
<tr>
<th>Drug</th>
<th>FDA Indication(s)</th>
<th>Coverage Restriction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>isosorbide dinitrate-hydralazine hcl (Bidil)</td>
<td>Heart failure</td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL BENEFIT MEDICATION POLICIES:**
The following coverage policies were updated (or created if specified “NEW”) and changes are effective on August 31, 2022, and available on the BSC Internet site, and Provider Portal: blusheedca.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

**New Policies**
- Amvuttra*
- Byooviz

**Updated Policies**
- Acthar
- Aldurazyme
- Bavencio
- Beovu
- Botox
- Breyanzi
- Cinqair
- Dysport
- Elaprase
- Elelyso*
- Enhertu
- Enfyvio
- Fasenra*
- Herceptin
- Herzuma
- Imfinzi
- Kanjinti
- Keytruda
- Krystexxa
- Kymriah
- Lucentis
- Lufathera
- Mepsevii
- Myobloc
- Naglazyme
- Nucala*
- Ogiviri
Onivyde
Ontruzant
Perjeta
Radicava
Simponi Aria*
Skyrizi*
Skyrizi* (Prime only)
Synagis
Tezspire
Torisel
Trazimera
Tysabri
Tyvaso
Ultomiris
Vidaza
VPRIV
Xeomin

Retired Policies
• Marqibo

*Added to site of care program

**Pharmacy Benefit Medication Policies:**
The following coverage policies were updated (or created if specified “NEW”) and changes are effective on August 31, 2022, 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

New Policies
• Adlarity (donepezil)
• Aspruzyo Sprinkle (ranolazine)
• Camzyos (mavacamten)
• cyclosporine 0.05%, ophthalmic emulsion
• Dexcom G5/G6
• Epsolay (benzoyl peroxide)
• Freestyle Libre 14-Day
• Freestyle Libre 2
• fluticasone propionate, inhalation aerosol
• fluticasone furoate and vilanterol, inhalation powder
• Lyvispah (baclofen)
• meloxicam, oral suspension
• metformin, 625 mg tablet
• Mounjaro (trizepatide)
• Norliqva (amlodipine besylate)
• Quviviq (daridorexant)
• Radicava ORS (endaravone)
• Tyvaso DPI (treprostinil)
• valsartan, oral solution
• Vijoce (alpelisib)
• Vtama (tapinarof)
• Ztalmy (ganaxolone)

Updated Policies
• Adlyxin (lixisenatide)
• Afinitor (everolimus)
• Alecensa (alecitinib)
• Alunbrig (brigatinib)
• Bydureon (exenatide)
• Byetta (exenatide)
• Cimzia (certolizumab pegol)
• Cosentyx (secukinumab)
• Cotellic (cobimetinib)
• Detrol (tolterodine)
• Detrol LA (tolterodine)
• Dupixent (dupilumab)
• Egrifta SV (tesamorelin)
• Enablex (darifenacin)
• Fasenra (benralizumab)
• Fotivda (tivozanib)
• Gelnique (oxybutynin)
• Gemtessa (vibegron)
• Hettloz (tasimelteon)
• Imcivree (setmelanotide)
• Inlyta (axitinib)
• Iressa (gefitinib)
• Koselugo (selumetinib)
• Lonsurf (trifluridine/tipiracil)
• Lorbrena (lorlatinib)
• Lotronex (alosetron)
• Lynparza (olaparib)
• Mekinist (trametinib)
• Mektovi (binimetinib)
• Mozobil (plerixafor)
• Mybetrax (mirabegron)
• Nucala (mepolizumab)
• Nuvigil (armodafinil)
• Olumiant (baricitinib)
• Oxytrol (oxybutynin)
• Ozempic (semaglutide)
• Qelbree (viloxazine)
• Qsymia (phentermine/topiramate)
• Relechem (selpercatinib)
• Rinvoq (upadacitinib)
• Rubraca (rucaparib)
• Rybelsus (semaglutide)
• Simponi (golimumab)
• Skyrizi (risankizumab-rzaa)
• Soliqua (lixisenatide/glargine)
• Somavert (pegvisomant)
• Sunosi (solriamfetol)
• Tabrecta (capmatinib)
• Tafinlar (dabrafenib)
• Tarceva (erlotinib)
• Tibsovo (ivosidenib)
• Trulicity (dulaglutide)
• Viberzi (eluxadoline)
• Victoza (liraglutide)
• Vizimpro (dacomitinib)
• Votrient (pazopanib)
- Wakix (pitolisant)
- Xalkori (crizotinib)
- Xhance (fluticasone)
- Xifaxan (rifaximin)
- Xolair (omalizumab)
- Xultophy (liraglutide/degludec)
- Xyrem (sodium oxybate)
- Xywav (calcium oxybate/magnesium oxybate/potassium oxybate/sodium oxybate)
- Zejula (niraparib)
- Zelboraf (vemurafenib)
- Zykadia (ceritinib)

### Retired Policies

- Annovera (segesterone acetate-ethinyl estradiol)
- Balcoltra (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)
- Nextstellis (drosperinone-estetrol)
- oxandroline
- Phexxi (lactic acid-citric acid-potassium bitartarte)
- repaglinide/metformin
- Slynd (drospirenone)
- sucralfate
- Zelnorm (tegaserod)