

BLUE SHIELD OF CALIFORNIA  
FOURTH QUARTER 2022 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE NOVEMBER 30, 2022  
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 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](https://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](https://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.

Drug	FDA Indication(s)	Alternative(s)
mometasone furoate (Nasonex) <sup>1</sup> Nasonex <sup>1</sup>	Allergic rhinitis	fluticasone nasal, flunisolide nasal
Lastacaft <sup>1</sup>	Allergic conjunctivitis	epinastine eye drops, azelastine eye drops

<sup>1</sup> effective 1/1/2023

The following drug(s) were **removed from the Standard/Value 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)
Nityr <sup>1</sup>	Hereditary tyrosinemia type 1	nitisinone capsule

<sup>1</sup> effective 1/1/2023

**NEW GENERICS with RESTRICTIONS**

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)
dabigatran (Pradaxa)	Atrial fibrillation, DVT, PE, VTE	Prior authorization

Drug	FDA Indication(s)	Coverage Restriction(s)
fingolimod (Gilenya)	Multiple sclerosis	Prior authorization
timolol eye drops, single-use vial (Timoptic Ocudose)	Glaucoma	Step-therapy

#### 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)
Auvelity <sup>2</sup>	Depression	Prior authorization
Calquence tablet	Mantel cell lymphoma, Chronic lymphocytic leukemia, Small lymphocytic lymphoma	
Fylnetra	Chemotherapy induced neutropenia	
Hyftor	Facial angiofibroma associated with tuberous sclerosis	
Imbruvica oral suspension	Mantel cell lymphoma, Chronic lymphocytic leukemia, Small lymphocytic lymphoma, Waldenstrom macroglobulinemia, Marginal zone lymphoma	
Javygtor	PKU	
Methocarbamol 1gm tablet <sup>2</sup>	Musculoskeletal pain	
Pheburane	Urea cycle disorders	
Relyvrio	Amyotrophic lateral sclerosis (ALS)	
Sotyktu	Plaque psoriasis	
Tadliq	PAH	
Tascenso ODT	Multiple sclerosis	
Vivjoa <sup>2</sup>	Recurrent vulvovaginal candidiasis	

<sup>2</sup> 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)
atomoxetine (Strattera)	ADHD	
Strattera		
clonidine er tablet (Kapvay)		
Kapvay		
guanfacine er tablet (Intuniv)		
Intuniv	Atopic dermatitis	
tacrolimus 0.03% ointment (Protopic)		
Protopic 0.03% ointment		

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

Drug	FDA Indication(s)	Coverage Restriction(s)
pimecrolimus (Elidel)	Atopic dermatitis	
tacrolimus 0.1% ointment		Age-limit

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

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)
clobetasol 0.05% lotion (Clobex)	Corticosteroid responsive dermatoses	
Clobex 0.05% lotion		
clobetasol 0.05% shampoo (Clobex)	Scalp psoriasis	
Clodan 0.05% shampoo		
Clobex 0.05% shampoo		
clobetasol 0.05% spray (Clobex)	Plaque psoriasis	Prior authorization
Clobex 0.05% spray		
azelastine/fluticasone nasal spray (Dymista)	Allergic rhinitis	
Dymista		
Elidel	Atopic dermatitis	Age-limit
Protopic 0.1% ointment		
Timoptic Ocudose	Glaucoma	Step-therapy

#### 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
Cystagon	Nephropathic cystinosis	Tier 3
Nurtec <sup>1</sup>	Migraine	Tier 2
Ubrelvy <sup>1</sup>		
Dovato	HIV infection	Tier 2
Genvoya		
Symtuza		
Triumeq, Triumeq PD		
Qsymia <sup>1</sup>	Weight management	Tier 2 w Prior authorization

<sup>1</sup> effective 1/1/2023

#### DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
mifepristone (Mifeprex) <sup>1</sup>	Pregnancy termination	
phospho-trin K-500	Acidify urine	
Revlimid <sup>3</sup>	Multiple myeloma, Myelodysplastic syndromes, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	Prior authorization
sodium sulfate/potassium sulfate/magnesium sulfate (Suprep)	Bowel prep	

<sup>1</sup> effective 1/1/2023; <sup>3</sup> Effective 8/2022 for Plus, 10/2022 for Standard/Value/Prime

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

Drug	FDA Indication(s)	Coverage Restriction(s)
clobetasol 0.05% shampoo (Clobex)	Scalp psoriasis	
Clodan 0.05% shampoo		
Cystagon <sup>1</sup>	Nephropathic cystinosis	

<sup>1</sup> effective 1/1/2023

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

Drug	FDA Indication(s)	Coverage Restriction(s)
nitisinone (Orfadin) <sup>1</sup>	Hereditary tyrosinemia type 1	Prior authorization
Qsymia <sup>1</sup>	Weight management	Prior authorization
Ubrelvy <sup>1</sup>	Migraine	Prior authorization

<sup>1</sup> effective 1/1/2023

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

The following coverage policies were updated (or created if specified "NEW") and changes are effective on November 30, 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 → 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

<b><i>New Policies</i></b>
<ul style="list-style-type: none"> <li>• Cimerli (ranibizumab-egrn, intravitreal)</li> <li>• Pedmark (sodium thiosulfate)</li> <li>• Rolvedon (eflapegrastim-xnst)</li> <li>• Skysona (elivaldogene autotemcel)</li> <li>• Spevigo (spesolimab-sbzo)</li> <li>• Xenpozyme (olipudase alfa)*</li> <li>• Zynteglo (betibeglogene autotemcel)</li> </ul>
<b><i>Updated Policies</i></b>
<ul style="list-style-type: none"> <li>• Beleodaq (belinostat)</li> <li>• Enhertu (fam-trastuzumab-deruxtecan-nxki)</li> <li>• Erbitux (cetuximab)</li> <li>• Imfinzi (durvalumab)</li> <li>• Keytruda (pembrolizumab)</li> <li>• Kyprolis (carfilzomib)</li> <li>• Lemtrada (alemtuzumab)</li> <li>• Lucentis (ranibizumab) – <i>For Medi-Cal only</i></li> <li>• Reblozyl (luspatercept-aamt)</li> <li>• Sandostatin LAR (octreotide)</li> <li>• Somatuline (lanreotide)</li> <li>• Spravato (esketamine, intranasal)</li> <li>• Vyepti (eptinezumab)</li> </ul>

\*Added to site of care program

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→ 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

<b><i>New Policies</i></b>
<ul style="list-style-type: none"><li>• Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride)</li><li>• dabigatran etexilate mesylate</li><li>• Entadfi (finasteride/tadalafil)</li><li>• fingolimod</li><li>• Fylnetra (pegfilgrastim-pbbk)</li><li>• Hyftor (sirolimus)</li><li>• Lytgobi (futibatinib)</li><li>• methocarbamol 1000 mg tablet</li><li>• Pheburane (sodium phenylbutyrate)</li><li>• Relyvrio (sodium phenylbutyrate/ taurursodiol)</li><li>• Ryaltris (olopatadine-mometasone furoate)</li><li>• Sotyktu (deucravacitinib)</li><li>• Tadalafil (tadalafil)</li><li>• Tascenso ODT (fingolimod)</li><li>• tazarotene topical gel</li><li>• Timoptic Ocudose 0.25% (timolol maleate preservative-free)</li><li>• Vivjoa (oteseconazole)</li><li>• Zoryve (roflumilast)</li></ul>
<b><i>Updated Policies</i></b>
<ul style="list-style-type: none"><li>• Adlyxin (lixisenatide)</li><li>• Aimovig (erenumab)</li><li>• Ajoovy (fremanezumab)</li><li>• benzphetamine</li><li>• Bydureon (exenatide, ER)</li><li>• Byetta (exenatide)</li><li>• Bynfezia (octreotide)</li><li>• Cerdelga (eliglustat)</li><li>• Continuous Glucose Monitoring (now includes Guardian) – effective 1/1/2023</li><li>• Contrave (naltrexone and bupropion)</li><li>• diethylpropion</li><li>• Dupixent (dupilumab)</li><li>• Emgality (galcanezumab)</li><li>• Erysdi (risdiplam)</li><li>• Kuvan (sapropterin)</li><li>• Lynparza (olaparib)</li><li>• Mounjaro (tirzepatide)</li><li>• Myfembree (relugolix-estradiol-norethindrone acetate)</li><li>• Ninlaro (ixazomib)</li><li>• Nubeqa (darolutamide)</li><li>• Nurtec (rimegepant sulfate)</li><li>• Onureg (azacitidine)</li><li>• Opzelura (ruxolitinib)</li><li>• Orgovyx (relugolix)</li></ul>

- Orilissa (elagolix)
- Ozempic (semaglutide)
- phendimetrazine
- phentermine
- Procysbi (cysteamine)
- Qsymia (phentermine and topiramate)
- Qulipta (atogepant)
- Retevmo (selpercatinib)
- Reyvow (lasmiditan)
- Rybelsus (semaglutide)
- Sandostatin (octreotide)
- Saxenda (liraglutide)
- Soliqua (lixisenatide/glargine)
- Stivarga (regorafenib)
- Tazverik (tazemetostat)
- Trulicity (dulaglutide)
- Turalio (pexidartinib)
- Ubrelvy (ubrogepant)
- Victoza (liraglutide)
- Vtama (tapinarof)
- Wegovy (semaglutide)
- Welireg (belzutifan)
- Xenical (orlistat)
- Xpovio (selinexor)
- Xultophy (liraglutide/degludec)
- Zavesca (miglustat)
- Zejula (niraparib)

*Retired Policies*

- Actoplus Met (pioglitazone hcl-metformin hcl)
- Cystagon (cysteamine bitartrate)
- Dymista (azelastine hcl-fluticasone propionate)
- Elidel (pimecrolimus topical)
- GoNitro (nitroglycerin)
- Intuniv (guanfacine extended-release)
- Kapvay (clonidine extended-release)
- Karbinal ER (carbinoxamine maleate)
- Migergot (ergotamine w/ caffeine)
- Nasonex (mometasone furoate nasal)
- Patanase (olopatadine nasal)
- Protopic (tacrolimus topical)
- Roszet (ezetimibe-rosuvastatin calcium)
- Strattera (atomoxetine)
- Vytorin (ezetimibe-simvastatin)
- Zontivity (vorapaxar sulfate)