BLUE SHIELD OF CALIFORNIA
AUGUST 2022 PLUS DRUG FORMULARY CHANGES

Blue Shield is committed to covering safe, effective and affordable medications, so we regularly review and update our drug formularies. Our Pharmacy and Therapeutics (P&T) Committee is made up of a group of practicing physicians and pharmacists who meet quarterly to recommend changes to our formulary based on the latest medical literature, new clinical guidelines, new information from key physician experts, and new information from the Food and Drug Administration.

Changes to the Plus Drug Formulary from the August 2022 P&T Committee meeting are outlined below. To view a copy of the Plus Drug Formulary, please download a copy.

The drugs listed below are to be used for FDA-approved indications but may also be used for other conditions.

1. DRUGS ADDED TO FORMULARY

The following drugs were added to the formulary:

Drug	FDA Indication(s)	Coverage Restriction(s)
Dexcom G5, G6 continuous blood glucose system, sensor, receiver, transmitter[1]	Diabetes	Prior authorization, Quantity limit
diclofenac 2% topical solution (Pennsaid)[2]	Osteoarthritis of the knee	Prior authorization, Quantity limit
fesoterodine (Toviaz)	OAB, Pediatric neurogenic detrusor overactivity	Quantity limit
isosorbide dinitrate-hydralazine hcl (Bidil)	Heart failure	Quantity limit
lacosamide oral solution (Vimpat)	Seizures	Quantity limit
mesalamine 500mg er capsule (Pentasa)	Ulcerative colitis	Step therapy, Quantity limit
metformin 625mg tablet[2]	Diabetes	Prior authorization, Quantity limit
methylphenidate patch (Daytrana)[2]	ADHD	Step therapy, Age-limit, Quantity limit
orphenadrine-aspirin-caffeine 25-385-30mg tablet (norgesic)[2]	Painful musculoskeletal conditions	Prior authorization, Quantity limit
valsartan 4mg/ml oral solution[2]	HTN, Heart failure, Left ventricular failure, Left ventricular dysfunction	Prior authorization, Quantity limit
varenicline tablet (Chantix)	Smoking cessation	Quantity limit
vilazodone (Viibryd)[2]	Depression	Step therapy, Quantity limit

1. Effective 1/1/2023, does not apply to CalPERS; 2. Applies only to Grandfathered plans

2. FORMULARY DRUGS WITH CHANGES TO TIER AND/OR COVERAGE RESTRICTION

The following drugs have coverage restriction(s) added or removed, and/or change of tier status as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)	New Tier Status
Fexmid	Muscle spasms	Step therapy, Age-limit, Quantity limit	Tier 1
olopatadine 0.6% nasal spray (Patanase)[3]	Allergic rhinitis	Quantity limit	Remains Tier 1
oxandrolone	Cachexia, Bone pain due to osteoporosis	Remove Prior authorization	Remains Tier 1
Restasis single-use vial	Dry eye disease	Quantity limit	Tier 1

3. Effective 10/1/2022

3. DRUGS REMOVED FROM THE FORMULARY

The following brand-name drugs were removed from the formulary because generic is now available and was added to the formulary. Drug removal is effective October 26, 2022.

Brand-name Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Chantix Starting Month Box	Smoking cessation	Quantity limit	varenicline starting month box
Nexavar[2]	Hepatocellular carcinoma, Renal cell carcinoma, Thyroid carcinoma	Prior authorization, Quantity limit	sorafenib
Targretin 1% topical gel[2]	Cutaneous T-cell lymphoma cutaneous lesions	Prior authorization, Quantity limit	bexarotene

2. Applies only to Grandfathered plans

4. NON-FORMULARY/NON-PREFERRED DRUGS WITH CHANGES TO RESTRICTIONS

The following drugs <u>remain at their current formulary status</u> but have <u>new coverage restriction(s)</u> as noted:

Drug	FDA Indication(s)	New Restriction(s)	Alternative(s)
Altabax	Impetigo	Quantity limit	mupirocin 2% ointment
Patanase[3]	Allergic rhinitis	Quantity limit	olopatadine 0.6% nasal spray, azelastine 0.1% nasal spray
Qelbree	ADHD	Prior authorization, Quantity limit, Remove Age-limit	atomoxetine, guanfacine er tablet, dextroamphetamine/amphetamine er capsule
Toviaz	OAB, Pediatric neurogenic detrusor overactivity	Quantity limit, Remove Step therapy,	fesoterodine

Drug	FDA Indication(s)	New Restriction(s)	Alternative(s)
Vimpat oral solution	Seizures	Quantity limit, Remove Step therapy,	lacosamide
Annovera	Contraceptive	Quantity limit	
Balcoltra	Contraceptive	Quantity limit	
Nextstellis	Contraceptive		
Phexxi	Contraceptive	Quantity limit	
Slynd	Contraceptive		

3. Effective 10/1/2022

5. DRUGS ADDED TO THE SPECIALTY TIER

The following drugs were added to the Blue Shield specialty tier (Tier 4):

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
bexarotene 1% topical gel (Targretin)	Cutaneous T-cell lymphoma cutaneous lesions	Prior authorization, Quantity limit
Camzyos	Obstructive hypertrophic cardiomyopathy	Prior authorization, Quantity limit
diclofenac 2% topical solution (Pennsaid)[3]	Osteoarthritis of the knee	Prior authorization, Quantity limit
Lyvispah[4]	Spasticity associated with multiple sclerosis and spinal cord injuries/diseases	Prior authorization, Quantity limit
meloxicam 7.5mg/5ml oral suspension[4]	OA, RA, juvenile RA	Prior authorization, Quantity limit
metformin 625mg tablet[4]	Diabetes	Prior authorization, Quantity limit
Nucala 40mg/0.4ml syringe	Asthma	Prior authorization, Quantity limit
Olumiant 4mg tablet	Alopecia areata	Prior authorization, Quantity limit
orphenadrine-aspirin-caffeine 25-385-30mg tablet (norgesic)[4]	Painful musculoskeletal conditions	Prior authorization, Quantity limit
pirfenidone (Esbriet)	Idiopathic pulmonary fibrosis	Prior authorization, Quantity limit
Radicava ORS[4]	Amyotrophic lateral sclerosis	Prior authorization, Quantity limit
Skyrizi 360mg/2.4ml cartridge	Crohn's disease	Prior authorization, Quantity limit

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
sorafenib (Nexavar)	Hepatocellular carcinoma, Renal cell carcinoma, Thyroid carcinoma	Prior authorization, Quantity limit
Tyvaso DPI	Pulmonary arterial hypertension, Interstitial lung disease	Prior authorization, Quantity limit
valsartan 4mg/ml oral solution[4]	HTN, Heart failure, Left ventricular failure, Left ventricular dysfunction	Prior authorization, Quantity limit
Vijoice	Psoriasis, Atopic dermatitis	Prior authorization, Quantity limit
Vtama[4]	Psoriasis, Atopic dermatitis	Prior authorization, Quantity limit
Ziphex[4]	Prenatal vitamin	Prior authorization, Quantity limit
Ztalmy	CDKL5 deficiency disorder	Prior authorization, Quantity limit

4. Does not apply to Grandfathered plans

6. DRUGS REMOVED FROM COVERAGE

The following drugs were excluded from coverage because they are not approved by the Food and Drug Administration (FDA), effective January 1, 2023:

Drug
SSKI

The following drugs were excluded from coverage because it is available without a prescription, effective October 1,2022:

Drug	
Astepro 0.15% nasal spray	azelastine 0.15% nasal spray