

**BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2022 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE MARCH 2, 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 first 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”, 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 4 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
Udenyca ¹	Chemotherapy-induced neutropenia	Fulphila, Ziextenzo, Neulasta

1. effective 4/2022

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)
adapalene 0.3%/benzoyl peroxide 2.5% gel (Epiduo Forte)	Acne vulgaris	Step therapy
dexlansoprazole (Dexilant)	Erosive esophagitis, GERD	Step therapy
Lofena ²	Dysmenorrhea, Mild to moderate pain, Osteoarthritis, Rheumatoid arthritis	Prior authorization
oxycodone 7.5mg / acetaminophen 300mg tablet ²	Pain	Prior authorization

2. 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)
Besremi	Polycythemia vera	Prior authorization
carglumic acid (Carbaglu)	Hyperammonemia	Prior authorization
Elyxyb ³	Migraine	Prior authorization
Epclusa pellet packets	Hepatitis C	Prior authorization
Mavyret pellet packets		
Eulexin	Prostate cancer	
Livtencity	CMV infection	Prior authorization
Lofena ³	Dysmenorrhea, Mild to moderate pain, Osteoarthritis, Rheumatoid arthritis	Prior authorization
Oxbryta	Sickle cell disease	Prior authorization
oxycodone 7.5mg / acetaminophen 300mg tablet ³	Pain	Prior authorization
Scemblix	Chronic myeloid leukemia	Prior authorization
Skytrofa	Growth failure	Prior authorization
Tarpeyo	Immunoglobulin A nephropathy	Prior authorization
Tavneos	Anti-neutrophil cytoplasmic autoantibody-associated vasculitis	Prior authorization
ursodiol 200mg, 400mg capsule ^{3,4}	Gallstones	Prior authorization
Voxzogo	Achondroplasia	Prior authorization

3. Does not apply to Grandfathered plans; 4. Effective 12/2021

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 formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Arazlo ⁵	Acne vulgaris	Prior authorization
Fabior ⁵		

5. effective 5/2022

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
Azasan ^{2,6}	Rheumatoid arthritis, Renal transplant	Tier 1
zolmitriptan 5mg/actuation nasal spray (Zomig) ^{2,7}	Migraine	Tier 1 with Step therapy

2. Applies to Grandfathered plans; 6. Effective 11/2021; 7. Effective 10/2021

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)
hydroxychloroquine 100mg, 300mg, 400mg tablet ⁶	Malaria, Lupus erythematosus, Rheumatoid arthritis	
naloxone nasal spray (Narcan)	Opioid overdose	

6. effective 11/2021

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

Drug	FDA Indication(s)	Coverage Restriction(s)
carglumic acid (Carbaglu)	Hyperammonemia	Prior authorization
Epclusa pellet packets	Hepatitis C	Prior authorization
Fulphila ¹	Chemotherapy-induced neutropenia	Prior authorization
Ziextenzo ¹		

1. effective 4/2022

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

Drug	FDA Indication(s)	Coverage Restriction(s)
azathioprine 75mg, 100mg tablet ²	Rheumatoid arthritis, Renal transplant	

2. 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 March 2, 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

<i>New Policies</i>
<ul style="list-style-type: none">• Fyarro (albumin-bound sirolimus)• Leqvio (inclisiran)• Ryplazim (plasminogen, human-tvmh)• Susvimo (ranibizumab)• Vyvgart (efgartigimod alfa-fcab)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Abecma (idecabtagene vicleucel)• Abraxane (albumin-bound paclitaxel)• Avastin (bevacizumab)• Belrapzo (bendamustine)• Bendeka (bendamustine)• Breyanzi (lisocabtagene maraleucel)• Folutyn (pralatrexate)• Gazyva (obinutuzumab)• Keytruda (pembrolizumab)• Kymriah (tisagenlecleucel)• Kyprolis (carfilzomib)• Mvasi (bevacizumab-awwb)• Opdivo (nivolumab)• Orencia (abatacept)• Poteligeo (mogamulizumab-kpkc)• Prolia (denosumab)• Rituxan Hycela (rituximab and hyaluronidase, human)• Sarclisa (isatuximab-irfc)• Soliris (eculizumab)• Tecartus (brexucabtagene autoleucel)• Tecentriq (atezolizumab)• Tivdak (tisotumab vedotin-tftv)• Treanda (bendamustine)• Velcade (bortezomib)• Xolair (omalizumab)• Yescarta (axicabtagene ciloleucel)• Zirabev (bevacizumab-bvzr)• Zynlonta (loncastuximab tesirine-lpyl)
<i>Removed Policies</i>
<ul style="list-style-type: none">• Arzerra (ofatumumab)• Bicillin C-R (penicillin G benzathine & penicillin G procaine)• Bicillin L-A (penicillin G benzathine)• Claforan (cefotaxime)• Levaquin (levofloxacin)• Pfizerpen (penicillin G potassium)• Rocephin (ceftriaxone)• Zithromax (azithromycin)

PHARMACY BENEFIT MEDICATION POLICIES:

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Refer to medication policy for complete details.

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<i>New Policies</i>
<ul style="list-style-type: none">• Besremi (ropeginterferon alfa-2b-njft)• Caplyta (lumateperone)• Elyxyb (celecoxib)• Eprontia (topiramate)• Livtencity (maribavir)• Scemblix (asciminib)• Tarpeyo (budesonide)• Tavneos (avacopan)• Tyrvaya (varenicline)• Voxzogo (vosoritide)• Vuity (pilocarpine)• Zalvit (prenatal vitamin with ferrous gluconate-folic acid)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Ayvakit (avapritinib)• Brukinsa (zanubrutinib)• Cabometyx (cabozantinib)• Calquence (acalabrutinib)• Copiktra (duvelisib)• Cosentyx (secukinumab)• Forteo (teriparatide)• Gleevec (imatinib)• Hemady (dexamethasone)• Imbruvica (ibrutinib)• Kineret (anakinra)• Nexavar (sorafenib)• Ninlaro (ixazomib)• Pegasys (peginterferon alfa 2a)• Promacta (eltrombopag)• Qinlock (ripretinib)• Retevmo (selpercatinib)• Revlimid (lenalidomide)• Rinvoq (upadacitinib)• Rozlytrek (entrectinib)• Skyrizi (risankizumab-rzaa)• Sprycel (dasatinib)• Stivarga (regorafenib)• Sutent (sunitinib)• Tabrecta (capmatinib)• Tassigna (nilotinib)• Tymlos (abaloparatide)• Verzenio (abemaciclib)• Vitrakvi (larotrectinib)

- | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Xalkori (crizotinib)• Xeljanz, Xeljanz XR (tofacitinib)• Xpovio (selinexor) |
| Removed Policies |
| <ul style="list-style-type: none">• Farydak (panobinostat)• Zorbtive (somatropin) |

**BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2022 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE JUNE 1, 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 second 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) were **excluded from the Plus and Standard/Value/Prime Drug Formularies**.

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

Drug	Indication
Gordons 22% ointment ¹	Hyperkeratotic conditions
Hydro 35% foam ¹ , Urea Hydrating 35% foam ¹	
Urea 39% cream ¹ , Uredab 39% cream ¹ , Xurea 39% cream ¹	
Hydro 40% foam ¹ , Umecta Mousse 40% foam ¹	
Urea 41% cream ¹ , Utopic 41% cream ¹	
Urea 45% cream ¹	
Uramaxin 45% gel ¹ , Urea Nail 45% gel ¹	
Urea 45% lotion ¹	
Cem-urea 45% solution ¹	
Urea 47% cream ¹	
Urea 50% cream ¹	
Urea Nail 50% stick ¹	

¹. effective 1/2022

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)
diclofenac potassium capsule (Zipsor) ²	Pain	Prior authorization

Drug	FDA Indication(s)	Coverage Restriction(s)
glycopyrrolate (Cuvposa) ²	Chronic severe drooling	Prior authorization

2. 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)
Adbry	Atopic dermatitis	Prior authorization
Cibinqo		
baclofen (Ozobax) ³	Spasticity	Prior authorization
Fleqsuvy ³		
apomorphine (Apokyn)	Parkinson's disease	Prior authorization
betaine (Cystadane)	Homocystinuria	
Cortrophin	Rheumatic disorders, Collagen diseases, Dermatologic diseases, Allergic states, Ophthalmic diseases, Respiratory disease, Edematous states, Nervous systems	Prior authorization
diclofenac potassium capsule (Zipsor) ³	Pain	Prior authorization
Ibsrela ³	IBS with constipation	Prior authorization
lenalidomide (Revlimid)	Multiple myeloma, Myelodysplastic syndromes, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	Prior authorization
Multi-Mac ³	Prenatal vitamin	Prior authorization
Pyrukynd	Hemolytic anemia associated with pyruvate kinase deficiency	Prior authorization
Recorlev	Cushing's syndrome	Prior authorization
Releuko	Neutropenia associated with myelosuppressive chemotherapy, Congenital neutropenia, Cyclic neutropenia, Idiopathic neutropenia	Prior authorization
Verkazia ³	Vernal keratoconjunctivitis	Prior authorization
Vonjo	Myelofibrosis	Prior authorization

3. 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** formularies:

Drug	FDA Indication(s)	Coverage Restriction(s)
sulfacetamide sodium-sulfur 8%-4% topical suspension	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	
sulfacleanse 8%-4% topical suspension		
sulfacetamide sodium-sulfur 9.8%-4.8% liquid cleanser, cream, lotion (Plexion)		Step therapy
tretinoin 0.05% gel (Atralin)	Acne vulgaris	Prior authorization

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)
clindamycin-tretinoin 1.2%-0.025% gel ⁴	Acne vulgaris	Step therapy
Veltin ⁴		
Ziana ⁴		
dapsone 5% gel (Aczone)		
dapsone 7.5% gel (Aczone) ³		Age-limit
Aczone		
Altreno		
Atralin		
Avar 9.5%-5% pad	Acne vulgaris, Acne rosacea, Seborrheic dermatitis	Step therapy
Avar LS 10%-2% pad		
Plexion 9.8%-4.8% cleanser, cream, lotion		
sulfacetamide sodium-sulfur 9.8%-4.8% pad (Plexion)		
Plexion 9.8%-4.8% pad		
sulfacetamide sodium 10% gel (Ovace Plus Wash)		
Ovace Plus Wash 10% gel		
ranolazine (Ranexa)		
Ranexa		
silodosin (Rapaflo)	Benign prostatic hyperplasia	
Rapaflo		
Vimpat tablet	Seizures	

3. Does not apply to Grandfathered plans; 4. effective 3/2022

DRUGS MOVED to a DIFFERENT TIER

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

Drug	FDA Indication(s)	New Tier Status
Genvoya	HIV-1 infection	Tier 2

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
carvedilol er capsule (Coreg CR) ^{1,3}	Heart Failure, Hypertension, Left ventricular dysfunction	Tier 1 with Step therapy
dapsone 7.5% gel (Aczone) ^{2,4}	Acne vulgaris	Tier 1 with Step therapy
diflorasone diacetate 0.05% cream ^{2,4}	Steroid responsive dermatoses	Tier 1 with Step therapy
Euthyrox	Hypothyroidism	Tier 1
insulin lispro junior kwikpen ¹	Diabetes	Tier 1

1. Effective 1/2022; 2. Applies only to Grandfathered plans; 3. Does not apply to Grandfathered plans; 4. Effective 3/2022;

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)
Dodex	Vitamin B12 deficiency	
lacosamide tablet (Vimpat)	Seizures	
maraviroc (Selzentry)	HIV infection	
Xarelto oral suspension	Thromboembolism	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
apomorphine (Apokyn)	Parkinson's disease	Prior authorization
Dupixent	Atopic dermatitis, Asthma, Rhinosinusitis with nasal polyposis	Prior authorization
Euthyrox	Hypothyroidism	
lenalidomide (Revlimid)	Multiple myeloma, Myelodysplastic syndromes, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	Prior authorization
ranolazine (Ranexa)	Chronic angina	
silodosin (Rapaflo)	Benign prostatic hyperplasia	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
insulin lispro junior kwikpen ¹	Diabetes	
Opsumit	Pulmonary arterial hypertension	Prior authorization
Rinvoq	Rheumatoid arthritis, Atopic dermatitis, Ulcerative colitis	Prior authorization
Xifaxan	Travelers' diarrhea, Hepatic encephalopathy, IBS w/diarrhea	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)
brimonidine-timolol 0.2%-0.5% ophthalmic drops (Combigan)	Glaucoma	

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 1, 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

<u>New Policies</u>
<ul style="list-style-type: none"> • Camcevi (leuprolide mesylate) • Carvykti (ciltacabtagene autoleucel) • Enjaymo (sutimlimab-jome) • Kimmtrak (tebentafusp-tebn) • Korsuva (difelikefalin acetate) • Opdualag (nivolumab and relatlimab-rmbw) • Pemfexy (pemetrexed) • Pluvicto (lutetium Lu 177 vipivotide tetraxetan) • Tezspire (tezepelumab-ekko) • Vabysmo (faricimab-svog)
<u>Updated Policies</u>
<ul style="list-style-type: none"> • Abraxane (paclitaxel, albumin bound)

<ul style="list-style-type: none"> • Adcetris (brentuximab vedotin) • Alimta (pemetrexed) • bendamustine (Bendeka, Belrapzo, Treanda) • Besponsa (inotuzumab ozogamicin) • bevacizumab (Avastin, Mvasi, Zirabev) • Cabenuva (cabotegravir/rilpivirine) • Cerezyme (imiglucerase) • Cinqair (reslizumab) • Cinryze (C1 Inhibitor) • Cyramza (ramucirumab) • Erwinaze (asparaginase Erwinia chrysanthemi) • Fusilev (levoleucovorin) • IVIG (immune globulin) • Jemperli (dostarlimab-gxly) • Keytruda (pembrolizumab) • Khapzory (levoleucovorin) • Opdivo (nivolumab) • rituximab (Rituxan, Truxima, Riabni, Ruxience) • SC1g (immune globulin) • Tecentriq (atezolizumab) • Velcade (bortezomib) • Yervoy (ipilimumab) • Yescarta (axicabtagene ciloleucel) • Yondelis (trabectedin)
<p>Removed Policies</p> <ul style="list-style-type: none"> • Dalvance (dalbavancin) • Orbactiv (oritavancin) • Zinplava (bezlotoxumab)

PHARMACY BENEFIT MEDICATION POLICIES:

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Refer to medication policy for complete details.

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

<p>New Policies</p> <ul style="list-style-type: none"> • Adbry (tralokinumab-ldrm) • Atralin (tretinoin 0.05% gel) • Auryxia (ferric citrate) • Cibinqo (abrocitinib) • citalopram 30 mg capsule • Cortrophin (repository corticotrophin) • Dartisla ODT (glycopyrrolate) • Evoclin (clindamycin phosphate 1% foam) • Fleqsuvy (baclofen) • Ibsrela (tenapanor) • Ilevro (nepafenac 0.3%) • Indocin suppository (indomethacin) • prenatal vitamins (Jenliva Prenatal/Postnatal, DermacinRx Pretrate, Prenatrix, PNV Tabs, PreGenna, MULTI-MAC TAB) • Prolensa (bromfenac 0.07%)

- Pyrukynd (mitapivat)
- Recorlev (levoketoconazole)
- Seglantis (celecoxib 56 mg/tramadol HCl 44 mg)
- Soozan (torsemide)
- Tlando (testosterone undecanoate)
- Twyneo (tretinoin-benzoyl peroxide)
- Velphoro (sucroferric oxyhydroxide)
- Verkazia (cyclosporine 0.1%)
- Vonjo (pacritinib)
- Zimhi (naloxone)

Updated Policies

- Aczone (dapsone gel)
- Aemcolo (rifamycin sodium)
- Aklief (trifarotene cream)
- Amzeeq (minocycline 4% foam)
- Aubagio (teriflunomide)
- Avonex ((interferon beta-1a)
- Bafiertam (monomethyl fumarate)
- Baxdela (delafloxacin meglumine)
- Betaseron (interferon beta-1b)
- Braftovi (encorafenib)
- Cabometyx (cabozantinib)
- Caprelsa (vandetanib)
- Cardura XL (doxazosin mesylate)
- Cometriq (cabozantinib)
- Copiktra (duvelisib)
- Cotellic (cobimetinib)
- Diacomit (stiripentol)
- Dupixent (dupilumab)
- Emgality (galcanezumab-gnlm)
- Epidiolex (cannabidiol)
- Fasenra (benralizumab)
- Fintepla (fenfluramine)
- Firdapse (amifampridine phosphate)
- Gimoti (metoclopramide)
- Gleevec (imatinib)
- Imbruvica (ibrutinib)
- Jakafi (ruxolitinib)
- Jalyn (dutasteride-tamsulosin hcl)
- Jardiance (empagliflozin)
- Kesimpta (ofatumumab)
- Lynparza (olaparib)
- Mavenclad (cladribine)
- Mayzent (siponimod fumarate)
- Mekinist (trametinib)
- Mektovi (binimetinib)
- Metozolv ODT (metoclopramide)
- Nexavar (sorafenib)
- Nucala (mepolizumab)
- Nuzyra (omadacycline tosylate)
- Onureg (azacitidine)
- Opsumit (macitentan)
- Oracea (doxycycline)
- Otezla (apremilast)
- Ozobax (baclofen)

- Plegridy (peginterferon beta-1a)
- Ponvory (ponesimod)
- Pomalyst (pomalidomide)
- Rebif /Rebif Rebidose (interferon beta-1a)
- Revlimid (lenalidomide)
- Rhofade (oxymetazoline)
- Rinvoq (upadacitinib)
- Soolantra (ivermectin 1%)
- Sutent (sunitinib)
- Tafinlar (dabrafenib)
- Tibsovo (ivosidenib)
- Venclexta (venetoclax)
- Vimpat (lacosamide) *Prime only*
- Vumerity (diroximel fumarate)
- Winlevi (clascoterone cream)
- Xenleta (lefamulin acetate)
- Xigduo XR (dapagliflozin-metformin hcl)
- Xolair (omalizumab)
- Zelboraf (vemurafenib)
- Zeposia (ozanimod)
- Zilxi (minocycline 1.5%)
- Zydelig (idelalisib)

Removed Policies

- Ruzurgi (amifampridine)
- Ukoniq (umbralisib)

**BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2022 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE JANUARY 1, 2023

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 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:

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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.

Drug	FDA Indication(s)	Alternative(s)
Cadeau DHA	Prenatal vitamin	PNV-DHA capsule, Zatean-PN DHA capsule, Taron-C DHA capsule

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

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

Drug	Indication(s)
Gordons Urea 40% cream, Uremez-40, Real-Lo 40, Urea 40% cream	Hyperkeratotic conditions
Ceroval 40% lotion, Urea 40% lotion	

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.

Drug	FDA Indication(s)	Alternative(s)
Vandazole	Bacterial vaginosis	metronidazole 0.75% vaginal gel
Neonatal Complete	Prenatal vitamin	Prenatal Plus Iron 29-1mg, Pretab 29-1mg
Vitafol OB		
Prenatrix ⁵		Prenatal Low Iron 27-1mg, PNV Prenatal Plus Multivitamin 27-1mg
Prenatryl ⁵		

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)
PNV Tabs ³	Prenatal vitamin	Prior authorization
Pregenna ³		
Prenara ³		

3. 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 formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
ezetimibe-simvastatin (Vytorin)	Hyperlipidemia, Homozygous familial hypercholesterolemia	

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)
Cardura XL	Benign prostatic hyperplasia	Prior authorization
clindamycin 1% foam (Evoclin) ²	Acne vulgaris	Prior authorization
Evoclin		
diclofenac 1.5% topical solution, Klofenaid II	Osteoarthritis of the knee	
Indocin 50mg suppository ²	Rheumatoid arthritis, Ankylosing spondylitis, Osteoarthritis, Bursitis/tendinitis, Gouty arthritis	Prior authorization
ezetimibe-rosuvastatin (Roszet)	Hyperlipidemia, Homozygous familial hypercholesterolemia	
Roszet		
Vytorin		
GoNitro	Angina	
Ilevro	Cataract surgery	Prior authorization
Prolensa		
Karbinal ER suspension	Allergic rhinitis, Vasomotor rhinitis, Allergic conjunctivitis, Urticaria, Angioedema, Dermatographism, Allergic reactions	
Migergot suppository	Migraine	
pioglitazone-metformin (ActoPlus Met)	Diabetes	
ActoPlus Met		
Auryxia	Hyperphosphatemia	Prior authorization
Velphoro		
Zontivity	MI, stroke, and thrombosis prophylaxis	
DermacinRx Pretrate ²	Prenatal vitamin	Prior authorization
Jenliva Prenatal/Postnatal ²		

2. Applies only to Grandfathered plans

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:

Drug	FDA Indication(s)	New Tier Status for Standard/Prime Formularies
pioglitazone-metformin (ActoPlus Met)	Diabetes	Tier 1
Neonatal Plus	Prenatal vitamin	Tier 2
PNV Select		
Relnate DHA		

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
Afrezza ³	Diabetes	Tier 4 with Prior authorization
alogliptin benzoate (Nesina)		Tier 3 with Prior authorization
alogliptin-metformin (Kazano)		
alogliptin-pioglitazone (Oseni)		
Briviact ³	Seizures	Tier 4 with Prior authorization
Cystadane	Homocystinuria	Tier 4
Derma-Smoothe/FS Scalp	Scalp psoriasis	Tier 2
Taclonex ointment ³	Plaque psoriasis	Tier 4 with Prior authorization
dihydroergotamine 4mg/ml nasal spray (Migranal) ³	Migraine	Tier 4 with Prior authorization
dihydroergotamine 1mg/ml for injection (D.H.E.) ³		
doxycycline hyclate 150mg tablet ³	Bacterial infection	Tier 2 with Prior authorization
doxycycline hyclate 50mg, 75mg, 100mg, 150mg, 200mg dr tablet ³		
Ertaczo ³	Tinea pedis	Tier 4 with Step therapy
Jublia ³	Onychomycosis	Tier 4 with Prior authorization
Oxistat ³	Tinea pedis, Tinea cruris, Tinea corporis	Tier 4 with Step therapy
Xologel ³	Seborrheic dermatitis	Tier 4 with Step therapy
Indocin 50mg suppository ³	Rheumatoid arthritis, Ankylosing spondylitis, Osteoarthritis, Brusitis/tendinitis, Gouty arthritis	Tier 4 with Prior authorization
Mytesi	Diarrhea	Tier 4 with Prior authorization
nisoldipine ³	Hypertension	Tier 2
Hemmorex-HC	Hemorrhoids, Proctitis, Ulcerative colitis, Cryptitis	Tier 3
nizatidine ³	Duodenal ulcer, Gastric ulcer, Esophagitis, GERD	Tier 2
clindamycin 1% foam (Evoclin) ³	Acne vulgaris	Tier 2 with Prior authorization
tretinoin 0.05% gel (Atralin) ³		
tretinoin microsphere 0.04%, 0.1% gel (Retin-A Micro)		Tier 3 with Step therapy, Age-limit
Vandazole	Bacterial vaginosis	Tier 3
DermacinRx Pretrate ³	Prenatal vitamin	Tier 4 with Prior authorization
Jenliva Prenatal/Postnatal ³		
Prenatrix		

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
Prenatryl		Tier 3 with Prior authorization ²
Neonatal Complete		Tier 3
Vitafol OB		Tier 2
Neonatal Plus		
Nestabs		
PNV Select		
Prenal Pearl		
Prenate Enhance		
Prenavite Plus		
ReInate DHA		
Select OB 29-1mg		Tier 1
Vitafol Strips		
VP-PNV-DHA		

2. Applies only to Grandfathered plans; 3. Does not apply to Grandfathered plans

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)
Atabex OB	Prenatal vitamin	
Concept DHA		
Concept OB		
Prenatal 19		
Provida OB		
Se-natal 19		
Vinate II		
WesCap-C DHA		

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Derma-Smoother/FS Scalp	Scalp psoriasis	
diclofenac 1.5% topical solution	Osteoarthritis of the knee	
doxycycline monohydrate 50mg, 100mg capsule	Bacterial infection	

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

EFFECTIVE OCTOBER 26, 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 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.

Drug	FDA Indication(s)	Alternative(s)
Astepro 0.15% nasal spray ¹	Allergic rhinitis	azelastine 0.1% nasal spray
azelastine 0.15% nasal spray ¹		

^{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.

Drug	Indication
SSKI ²	Expectorant

^{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.

Drug	FDA Indication(s)	Alternative(s)
Chantix Starting Month Box ³	Smoking cessation	varenicline starting month box

^{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.

Drug	FDA Indication(s)	Alternative(s)
Esbriet tablet ⁴	Idiopathic pulmonary fibrosis	pirfenidone tablet
Nexavar ⁴	Hepatocellular carcinoma, Renal cell carcinoma, Thyroid carcinoma	sorafenib

4. 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 removed from the Prime 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)
Crinone 8% vaginal gel ⁵	Part of ART treatment, Secondary amenorrhea	Endometrin, progesterone, medroxyprogesterone
Vimpat oral solution ⁶	Seizures	lacosamide oral solution

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.

Drug	FDA Indication(s)	Alternative(s)
Nexavar ⁷	Hepatocellular carcinoma, Renal cell carcinoma, Thyroid carcinoma	sorafenib
Targretin 1% topical gel ⁷	Cutaneous T-cell lymphoma cutaneous lesion	bexarotene 1% topical gel

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:**

Drug	FDA Indication(s)	Coverage Restriction(s)
diclofenac 2% topical solution (Pennsaid) ⁷	Osteoarthritis of the knee	Prior authorization
mesalamine 500mg er capsule (Pentasa)	Ulcerative colitis	Step-therapy
metformin 625mg tablet ⁷	Diabetes	Prior authorization
methylphenidate patch (Daytrana) ⁷	ADHD	Step-therapy, Age-limit
norgesic 25-385-30mg tablet ⁷	Painful musculoskeletal conditions	Prior authorization
orphenadrine-aspirin-caffeine 25-385-30mg tablet ⁷		
valsartan 4mg/ml oral solution ⁷	HTN, Heart failure, Left ventricular failure, Left ventricular dysfunction	Prior authorization
vilazodone (Viibryd) ⁷	Depression	Step-therapy

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.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
pirfenidone (Esbriet)	Idiopathic pulmonary fibrosis	Prior authorization
sorafenib (Nexavar)	Hepatocellular carcinoma,	Prior authorization

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
	Renal cell carcinoma, Thyroid carcinoma	

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)
bexarotene 1% topical gel (Targretin)	Cutaneous T-cell lymphoma cutaneous lesions	Prior authorization
Camzyos	Obstructive hypertrophic cardiomyopathy	Prior authorization
diclofenac 2% topical solution (Pennsaid) ⁸	Osteoarthritis of the knee	Prior authorization
Lyvispah ⁸	Spasticity associated with multiple sclerosis and spinal cord injuries/diseases	Prior authorization
meloxicam 7.5mg/5ml oral solution ⁸	OA, RA, juvenile RA	Prior authorization
metformin 625mg tablet ⁸	Diabetes	Prior authorization
norgesic 25-385-30mg tablet ⁸	Painful musculoskeletal conditions	Prior authorization
orphenadrine-aspirin-caffeine 25-385-30mg tablet ⁸		
Radicava ORS	Amyotrophic lateral sclerosis	Prior authorization
Tyvaso DPI	Pulmonary arterial hypertension, Interstitial lung disease	Prior authorization
valsartan 4mg/ml oral solution ⁸	HTN, Heart failure, Left ventricular failure, Left ventricular dysfunction	Prior authorization
Vijoice	PIK3CA-related overgrowth spectrum	Prior authorization
Vtama ⁸	Psoriasis, Atopic dermatitis	Prior authorization
Ziphex ⁸	Prenatal vitamin	Prior authorization
Ztalmu	Seizures associated with CDKL5 deficiency disorder	Prior authorization

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)
oxandrolone 2.5mg, 10mg tablet ⁵	Cachexia associated with prolonged corticosteroid use, Bone pain associated with osteoporosis	

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)
olopatadine 0.6% nasal spray ¹	Allergic rhinitis	
Patanase 0.6% nasal spray ¹		
Qelbree ⁹	ADHD	Prior authorization

Drug	FDA Indication(s)	Coverage Restriction(s)
Toviaz ⁵	OAB, Pediatric neurogenic detrusor overactivity	
Vimpat oral solution ⁶	Seizures	
Annovera ⁵	Contraceptive	
Balcofra ⁵		
Nextstellis ⁵		
Phexxi ⁵		
Slynd ⁵		

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:

Drug	FDA Indication(s)	New Tier Status
varenicline tartrate (Chantix) ⁵	Smoking cessation	Tier 1

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:

Drug	FDA Indication(s)	New Tier Status
Restasis single-use vial ⁵	Keratoconjunctivitis sicca	Tier 1

5. effective 7/2022

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
Fexmid ⁵	Muscle spasms	Tier 1 with Step therapy, Age-limit

5. effective 7/2022

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)
Dexcom G5, G6 continuous blood glucose system, sensor, receiver, transmitter ¹⁰	Diabetes	Prior authorization
fesoterodine fumarate (Toviaz)	OAB, Pediatric neurogenic detrusor overactivity	
lacosamide oral solution (Vimpat)	Seizures	
varenicline starting month pack (Chantix)	Smoking cessation	

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

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Annovera ⁵	Contraceptive	
Balcofra ⁵		
gemmily ⁵		
merzee ⁵		
Natazia ⁵		
Nextstellis ⁵		
norethindrone acetate-ethinyl estradiol-ferrous fumarate 1mg-20mg		

Drug	FDA Indication(s)	Coverage Restriction(s)
(24)-75mg (4) tablet ⁵		
Phexxi ⁵		
Slynd ⁵		
taysofy ⁵		
Twirla ⁵		
Tyblume ⁵		

5. Effective 7/2022

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

Drug	FDA Indication(s)	Coverage Restriction(s)
isosorbide dinitrate-hydralazine hcl (Bidil)	Heart failure	

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: 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

<u>New Policies</u>
<ul style="list-style-type: none"> • Amvuttra* • Byooviz
<u>Updated Policies</u>
<ul style="list-style-type: none"> • Acthar • Aldurazyme • Bavencio • Beovu • Botox • Breyanzi • Cinqair • Dysport • Elaprase • Eleyso* • Enhertu • Entyvio • Fasenra* • Herceptin • Herzuma • Imfinzi • Kanjinti • Keytruda • Krystexxa • Kymriah • Lucentis • Lutathera • Mepsevii • Myobloc • Naglazyme • Nucala* • Ogiviri

<ul style="list-style-type: none"> • Onivyde • Ontruzant • Perjeta • Radicava • Simponi Aria* • Skyrizi* • Skyrizi* (Prime only) • Synagis • Tezspire • Torisel • Trazimera • Tysabri • Tyvaso • Ultomiris • Vidaza • VPRIV • Xeomin
Retired Policies
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Adlarity (donepezil) • Aspruzo 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 (tirzepatide) • Norliqva (amlodipine besylate) • Quviviq (daridorexant) • Radicava ORS (endaravone) • Tyvaso DPI (treprostinil) • valsartan, oral solution • Vjoice (alpelisib) • Vtama (tapinarof) • Ztalmly (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)
- Egriffta SV (tesamorelin)
- Enablex (darifenacin)
- Fasenra (benralizumab)
- Fotivda (tivozanib)
- Gelnique (oxybutynin)
- Gemtesa (vibegron)
- Hetlioz (tasimelteon)
- Imcivree (setmelanotide)
- Inlyta (axitinib)
- Iressa (gefitinib)
- Koselugo (selumetinib)
- Lonsurf (trifluridine/tipiracil)
- Lorbreca (lorlatinib)
- Lotronex (alosetron)
- Lynparza (olaparib)
- Mekinist (trametinib)
- Mektovi (binimetinib)
- Mozobil (plerixafor)
- Mybetriq (mirabegron)
- Nucala (mepolizumab)
- Nuvigil (armodafinil)
- Olumiant (baricitinib)
- Oxytrol (oxybutynin)
- Ozempic (semaglutide)
- Qelbree (viloxazine)
- Qsymia (phentermine/topiramate)
- Retevmo (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 (drospirinone-estetrol)
- oxandrolone
- Phexxi (lactic acid-citric acid-potassium bitartate)
- repaglinide/metformin
- Slynd (drospirenone)
- sucralfate
- Zelnorm (tegaserod)

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. 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.

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

¹ 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 ¹	Hereditary tyrosinemia type 1	nitisinone capsule

¹ 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 ²	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 ²	Musculoskeletal pain	
Pheburane	Urea cycle disorders	
Relyvrio	Amyotrophic lateral sclerosis (ALS)	
Sotyktu	Plaque psoriasis	
Tadliq	PAH	
Tascenso ODT	Multiple sclerosis	
Vivjoa ²	Recurrent vulvovaginal candidiasis	

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/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 ¹	Migraine	Tier 2
Ubrelvy ¹		
Dovato	HIV infection	Tier 2
Genvoya		
Symtuza		
Triumeq, Triumeq PD		
Qsymia ¹	Weight management	Tier 2 w Prior authorization

¹ 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) ¹	Pregnancy termination	
phospho-trin K-500	Acidify urine	
Revlimid ³	Multiple myeloma, Myelodysplastic syndromes, Mantle cell lymphoma, Follicular lymphoma, Marginal zone lymphoma	Prior authorization
sodium sulfate/potassium sulfate/magnesium sulfate (Suprep)	Bowel prep	

¹ effective 1/1/2023; ³ 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 ¹	Nephropathic cystinosis	

¹ 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) ¹	Hereditary tyrosinemia type 1	Prior authorization
Qsymia ¹	Weight management	Prior authorization
Ubrelvy ¹	Migraine	Prior authorization

¹ 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

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

*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 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 → Outpatient drug policies for Commercial plans.

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

- 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)