

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
Ztalmly	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:

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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)