

BLUE SHIELD OF CALIFORNIA  
SECOND QUARTER 2023 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE MAY 31, 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 2023 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.

**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 50mg powder packet <sup>1</sup>	Acute migraine	Prior authorization
oxybutynin 5mg/5ml oral solution <sup>1</sup>	Overactive bladder	
oxybutynin 2.5mg tablet <sup>1</sup>		
posaconazole oral suspension (Noxafil)	Aspergillosis, Candidiasis	
prednisolone 5mg tablet <sup>1</sup>	Corticosteroid responsive conditions	
topiramate er capsule (Trokendi XR)	Seizures, Lennox-Gastaut syndrome, Migraine	

<sup>1</sup> Applies to Grandfathered plans

**DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER**

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) to 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
teriflunomide (Aubagio)	Multiple sclerosis	

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) to the **Standard/Value/Prime Drug Formulary**s:

- Refer to member benefit summary for applicable member share of cost.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Gilenya 0.25mg capsule	Multiple sclerosis	

The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) **only** to the **Plus Drug Formulary**:

- Refer to member benefit summary for applicable member share of cost.

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Amjevita	Rheumatoid arthritis, Polyarticular juvenile idiopathic arthritis, Psoriatic arthritis, Ankylosing spondylitis, Psoriasis, Crohn's disease, Ulcerative colitis	Prior authorization
Atorvaliq <sup>2</sup>	Hypercholesterolemia, Cardiovascular events	
Daybue	Rett syndrome	
dichlorphenamide (Keveyis)	Primary hyperkalemic periodic paralysis, Primary hypokalemic periodic paralysis	
Filspari	Primary immunoglobulin A nephropathy	
Jaypirca	Mantle cell lymphoma	
Joenja	Activated phosphoinositide 3-kinase delta syndrome	
Konvomep <sup>2</sup>	Gastric ulcer, GI bleed	
Orserdu	Breast cancer	
oxybutynin 5mg/5ml oral solution <sup>2</sup>	Overactive bladder	
Pradaxa oral pellets <sup>2</sup>	Venous thromboembolism	
Sirturo	Multi-drug resistant tuberculosis	
Skyclarys	Friedreich's ataxia	
sodium oxybate (Xyrem)	Narcolepsy	
tasimelteon (Hetlioz)	Non-24hr sleep-wake disorder, Smith-Magenis syndrome	
Tezspire 210mg/1.91ml auto-injector pen	Severe asthma	

<sup>2</sup> Does not apply to Grandfathered plans

#### EXISTING DRUGS with CHANGES TO RESTRICTIONS

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Rybelsus <sup>3</sup>	Type 2 diabetes	Prior authorization
Ozempic <sup>3</sup>	Type 2 diabetes, Cardiovascular events	
Trulicity <sup>3</sup>		
Victoza <sup>3</sup>		

<sup>3</sup> effective 5/3/2023

The following drugs have **no change in formulary tier status**, but have **modification to restrictions** as noted for the **Plus Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
bupropion hcl er (Forfivo XL) Forfivo XL	Depression	Prior authorization
clindamycin 1%-benzoyl peroxide 5% gel in pump <sup>3</sup>	Acne vulgaris	
dexlansoprazole 30mg dr capsule (Dexilant) <sup>2</sup> dexlansoprazole 60mg dr capsule (Dexilant) Dexilant	Erosive esophagitis, GERD	Prior authorization
Latuda	Schizophrenia, Bipolar depression	

2. Does not apply to Grandfathered plans; 3. effective 5/3/2023;

#### 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
Allzital	Tension headache	Tier 3 with Prior authorization <sup>2</sup> , Tier 1 with Prior authorization <sup>1</sup>
dexlansoprazole 30mg dr capsule (Dexilant) <sup>1, 4</sup>	Erosive esophagitis, GERD	Tier 1 with Prior authorization
lubiprostone (Amitiza)	Chronic idiopathic constipation, Opioid-induced constipation, IBS with constipation	Tier 2 with Prior authorization <sup>2</sup> , Tier 1 with Prior authorization <sup>1</sup>
Millipred <sup>1,5</sup>	Corticosteroid-responsive conditions	Tier 1 w Prior authorization

1. Applies to Grandfathered plans; 2. Does not apply to Grandfathered plans; 4. effective 2/2023; 5. effective 4/2023

#### 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)
lurasidone (Latuda)	Schizophrenia, Bipolar depression	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
clindamycin 1%-benzoyl peroxide 5% gel in pump <sup>3</sup>	Acne vulgaris	
clobazam (Onfi)	Lennox-Gastaut syndrome	Step therapy

3. effective 5/3/2023

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

Drug	FDA Indication(s)	Coverage Restriction(s)
bismuth subcitrate potassium-metronidazole-tetracycline (Pylera)	H. pylori eradication	

#### MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on May 31, 2023, 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

<p><b><i>New Policies</i></b></p> <ul style="list-style-type: none"> <li>• Adstiladrin (nadofaragene firadenovec-vncg, intravesical)</li> <li>• bendamustine</li> <li>• Briumvi (ublituximab-xiyy)</li> <li>• Lamzede (velmanase alfa-tycv)</li> <li>• Syfovre (pegcetacoplan, Intravitreal)</li> <li>• Vegzelma (bevacizumab-adcd)</li> <li>• Vivimusta (bendamustine)</li> <li>• Zynyz (retifanlimab-dlwr)</li> </ul>
<p><b><i>Updated Policies</i></b></p> <ul style="list-style-type: none"> <li>• Abraxane (paclitaxel-protein bound)</li> <li>• Adcetris (brentuximab vedotin)</li> <li>• Avastin (bevacizumab)</li> <li>• Belrapzo (bendamustine)</li> <li>• Bendeka (bendamustine)</li> <li>• Blincyto (blinatumomab)</li> <li>• Cyramza (ramucirumab)</li> <li>• Darzalex (daratumumab)</li> <li>• Darzalex Faspro (daratumumab and hyaluronidase-fihj)</li> <li>• Enjaymo (sutimlimab-jome)</li> <li>• Erbitux (cetuximab)</li> <li>• Eylea (aflibercept)</li> <li>• Fusilev (levoleuovorin)</li> <li>• Imfinzi (durvalumab)</li> <li>• Jemperli (dostarlimab-gxly)</li> <li>• Keytruda (pembrolizumab)</li> <li>• Khapzory (levoleuovorin)</li> <li>• Opdivo (nivolumab)</li> <li>• Padcev (enfortumab vedotin-ejfv)</li> <li>• Rylaze (asparaginase <i>Erwinia chrysanthemi</i> [recombinant]-rywn)</li> <li>• Tecentriq (atezolizumab)</li> <li>• Treanda (bendamustine)</li> <li>• Trodelvy (sacituzumab govitecan-hziy)</li> <li>• Velcade (bortezomib)</li> <li>• Yervoy (ipilimumab)</li> <li>• Yondelis (trabectedin)</li> </ul>
<p><b><i>Retired Policies</i></b></p> <ul style="list-style-type: none"> <li>• Erwinaze (asparaginase <i>erwinia chrysanthemi</i>)</li> <li>• Makena (hydroxyprogesterone caproate)</li> <li>• Vantas (histrelin)</li> </ul>

## PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on May 31, 2023, 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"><li>• Amjevita (adalimumab-atto)</li><li>• Atorvaliq (atorvastatin suspension)</li><li>• brimonidine tartrate 0.33%</li><li>• Daybue (trofinetide)</li><li>• Filspari (sparsentan)</li><li>• fluticasone-salmeterol aerosol inhalation</li><li>• Jaypirca (pirtobrutinib)</li><li>• Joenja (leniolisib phosphate)</li><li>• Konvomep powder for recon suspension (omeprazole-sodium bicarbonate)</li><li>• Orserdu (elacestrant)</li><li>• oxybutynin chloride 2.5 mg</li><li>• oxybutynin chloride solution</li><li>• Prilosec packet for suspension (omeprazole)</li><li>• Rezvoglar Kwikpen (insulin glargine-aglr)</li><li>• Sirturo (bedaquiline)</li><li>• Skyclarys (omaveloxolone)</li><li>• sodium oxybate solution</li></ul>
<i>Updated Policies</i>
<ul style="list-style-type: none"><li>• Actemra (tocilizumab)</li><li>• Dexilant (dexlansoprazole)</li><li>• Diacomit (stiripentol)</li><li>• Epidiolex (cannabidiol)</li><li>• Fintepla (fenfluramine)</li><li>• Forfivo XL (bupropion hcl extended-release)</li><li>• Kevzara (sarilumab)</li><li>• Lenvima (lenvatinib)</li><li>• Nuvigil (armodafinil)</li><li>• Ofev (nintedanib)</li><li>• Onexton (clindamycin-benzoyl peroxide gel 1.2-3.75 %)</li><li>• Panretin (alitretinoin)</li><li>• Pomalyst (pomalidomide)</li><li>• Qulipta (atogepant)</li><li>• Revlimid (lenolidamide)</li><li>• Tarpeyo (budesonide)</li><li>• Venclexta (venetoclax)</li><li>• Verzenio (abemaciclib)</li><li>• Vonjo (pacritinib)</li></ul>

*Retired Policies*

- Adlyxin (lixisenatide)
- itraconazole
- lurasidone
- Makena (hydroxyprogesterone caproate)
- Truseltiq (infigratinib)

BLUE SHIELD OF CALIFORNIA  
SECOND QUARTER 2023 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE JANUARY 1, 2024  
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 2023 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) 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)
apomorphine (Apokyn)	Parkinson’s disease	entacapone, rasagiline, pramipexole, ropinirole
clindamycin 1%-benzoyl peroxide 5% gel in jar	Acne vulgaris	clindamycin 1%-benzoyl peroxide 5% gel in pump
isotretinoin 25mg, 35mg capsule (Absorica) <sup>6</sup>		isotretinoin 10mg, 20mg, 30mg, 40mg capsule

<sup>6</sup> Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost.

**EXISTING DRUGS with CHANGES TO RESTRICTIONS**

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

Drug	FDA Indication(s)	Coverage Restriction(s)
itraconazole 100mg capsule (Sporanox)	Blastomycosis, Histoplasmosis, Aspergillosis	

The following drugs have **no change in formulary tier status**, but have **modification to restrictions** as noted for the **Plus formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
clindamycin 1%-benzoyl peroxide 5% gel in jar	Acne vulgaris	Step therapy
Prilosec granules for suspension <sup>1</sup>	Duodenal ulcer, Gastric ulcer, H. pylori, GERD, Erosive esophagitis, Hypersecretory conditions	Prior authorization
Sporanox 100mg capsule	Blastomycosis, Histoplasmosis, Aspergillosis	

1. Applies only to Grandfathered plans

#### DRUGS MOVED to a DIFFERENT TIER

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

Drug	FDA Indication(s)	New Tier Status
colchicine 0.6mg capsule <sup>2</sup>	Gout	Tier 2
diltiazem 60mg, 90mg, 120mg er capsule 12 hr <sup>2</sup>	Hypertension	Tier 2
fluoxetine hcl 10mg, 20mg tablet <sup>2</sup>	Depression, OCD, Bulimia nervosa, Panic disorder	Tier 2
Gleostine	Brain tumors, Hodgkin's lymphoma	Tier 4
tretinoin 10mg capsule <sup>2</sup>	Acute promyelocytic leukemia	Tier 4

2. Does not apply to Grandfathered plans

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
ezetimibe (Zetia)	Hyperlipidemia, HoFH, Sitosterolemia	Tier 1
gabapentin 250mg/5ml oral solution	Postherpetic neuralgia, Seizures	Tier 1
Gilotrif	NSCLC	Tier 4 with Prior authorization

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
Impoiz <sup>2</sup>	Plaque psoriasis	Tier 4 with Prior authorization
isotretinoin 25mg, 35mg capsule (Absorica) <sup>2</sup>	Acne vulgaris	Tier 4
ketoprofen capsule <sup>2</sup>	RA, OA, Pain, Dysmenorrhea	Tier 4 with Prior authorization
Lidoderm <sup>2</sup>	Postherpetic neuralgia	Tier 4
nisoldipine 8.5mg, 17mg er tablet 24hr <sup>2</sup>	Hypertension	Tier 2
omeprazole-sodium bicarbonate 40mg-1100mg capsule (Zegerid) <sup>2</sup>	Duodenal ulcer, Gastric ulcer, GERD, Erosive esophagitis, GI bleed	Tier 2 with Prior authorization
Prevymis <sup>2</sup>	CMV	Tier 4 with Prior authorization



Drug	FDA Indication(s)	New Tier Status
Prilosec granules for suspension <sup>2</sup>	Duodenal ulcer, Gastric ulcer, H. pylori, GERD, Erosive esophagitis, Hypersecretory conditions	Tier 4 with Prior authorization
promethegan 50mg suppository <sup>2</sup>	Sedation	Tier 2
vancomycin 50mg/ml powder for oral solution <sup>2</sup>	Clostridium difficile-associated diarrhea, Staphylococcal enterocolitis	Tier 3 with Prior authorization
Verdeso <sup>2</sup>	Atopic dermatitis	Tier 4 with Prior authorization

<sup>2</sup>. Does not apply to Grandfathered plans

**DRUGS ADDED to FORMULARY**

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Neupro	Parkinson's disease, Restless leg syndrome	