BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2019 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE MAY 1, 2019
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 2019 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" 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 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)
Atripla[1]	HIV infection	Symfi, Symfi Lo
Bensal HP[2]	Skin irritation and inflammation	generic topical corticosteroids
Neupogen[3]	Neutropenia	Zarxio

1. *Effective 1/1/2020*
2. *Excluded from coverage because it is not FDA approved*
3. *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 moved to the non-formulary tier or removed from the Plus Formulary.

- *These drugs are available at the non-formulary, Tier 3, copayment when prior authorization is approved unless noted otherwise.*

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
Atripla[1]	HIV infection	Prior authorization, Quantity limit	Symfi, Symfi Lo
Bensal HP[2]	Skin irritation and inflammation	Excluded	generic topical corticosteroids

Drug	FDA Indication(s)	Restriction(s)	Alternative(s)
coremino[3]	Acne vulgaris	Prior authorization, Quantity limit	minocycline capsule, doxycycline hyclate immediate-release
fenoprofen[3]	Rheumatoid arthritis, Osteoarthritis, Pain	Prior authorization, Quantity limit	ibuprofen, meloxicam, naproxen immediate-release, diclofenac sodium, nabumetone, sulindac, etodolac
minocycline HCl extended-release[3]	Acne vulgaris	Prior authorization, Quantity limit	minocycline capsule, doxycycline hyclate immediate-release
profeno 600mg capsule[3]	Rheumatoid arthritis, Osteoarthritis, Pain	Prior authorization, Quantity limit	ibuprofen, meloxicam tablet, naproxen immediate-release, diclofenac sodium, nabumetone, sulindac, etodolac

[1]. Effective 1/1/2020
[2]. Excluded from coverage because it is not FDA approved
[3]. Does not apply to Grandfathered plans

NEW GENERICS with RESTRICTIONS

The following drugs are <u>newly available</u> GENERIC drugs that were ADDED to the Plus and Standard Drug Formularies with coverage restrictions (other new generic drugs are covered on formulary without restrictions):

Drug	FDA Indication(s)	Coverage Restriction(s)
pimecrolimus (generic Elidel)	Atopic dermatitis	Step therapy, Age-limit, Quantity limit

The following drugs are <u>newly available</u> GENERIC drugs that were ADDED only to the Plus Formulary with coverage restrictions (other new generic drugs are covered on formulary without restrictions):

Drug	FDA Indication(s)	Coverage Restriction(s)
fenofibrate nanocrystallized (generic Triglide)	High cholesterol, High triglycerides	Step therapy, Quantity limit
miconazole/zinc oxide/petrolatum (generic Vusion)	Diaper candidiasis	Step therapy
silodosin (generic Rapaflo)	Benign prostatic hyperplasia	Step therapy, Quantity limit
vardenafil (generic Levitra, Staxyn)	Erectile dysfunction	Prior authorization, Gender limit, Quantity limit

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

The following drugs were <u>ADDED</u> to the Blue Shield Specialty Tier (Tier 4) for the Plus and Standard formulary:

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

Specialty Drug	Coverage Restriction(s)
abiraterone acetate (generic Zytiga)	Prior authorization, Quantity limit
Granix vial	Prior authorization

The following drugs were ADDED to the Blue Shield Specialty Tier (Tier 4) only for the Standard formulary:

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

Specialty Drug	Coverage Restriction(s)
Zarxio	Prior authorization

The following drugs were ADDED to the Blue Shield Specialty Tier (Tier 4) only for the Plus formulary:

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

Specialty Drug	Coverage Restriction(s)
Abilify Mycite	Prior authorization, Quantity limit
Actemra ACTPen	Prior authorization, Quantity limit
Daurismo	Prior authorization, Quantity limit
Firdapse	Prior authorization, Quantity limit
Lorbrena	Prior authorization, Quantity limit
Nuzyra	Prior authorization, Quantity limit
Oxervate	Prior authorization, Quantity limit
Promacta oral suspension	Prior authorization, Quantity limit
Seysara	Prior authorization, Quantity limit
Tolsura	Prior authorization, Quantity limit
Udenyca	Prior authorization
Vitrakvi	Prior authorization, Quantity limit
Xospata	Prior authorization, Quantity limit
Yupelri	Prior authorization, Quantity limit

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 formulary:

Drug	FDA Indication(s)	Coverage Restriction(s)
Duexis[4]	Rheumatoid arthritis, Osteoarthritis	Prior authorization, Quantity limit
fenortho	Rheumatoid arthritis, Osteoarthritis, Pain	Prior authorization, Quantity limit
Nalfon	Rheumatoid arthritis, Osteoarthritis, Pain	Prior authorization, Quantity limit

[4] *Effective March 1, 2019*

DRUGS MOVED to a DIFFERENT TIER

The following drugs were moved to a higher or lower tier for the Plus Formulary as noted:

Drug	New Tier Status for Plus Formulary
Addyi	Tier 3

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Biktarvy[4]	HIV infection	Quantity limit
Prezcobix[4]	HIV infection	Quantity limit
Symfi, Symfi Lo[4]	HIV infection	Quantity limit

[4] *Effective March 1, 2019*

The following drugs were ADDED only to the Standard Formulary as noted:

Drug	FDA Indication(s)	Coverage Restriction(s)
Xelpros	Glaucoma	Step therapy, Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on March 1, 2019 (unless stated otherwise) and available on the BSC Internet site, and Provider Portal: blueshieldca.com → drop down "Providers" → select "Guidelines and Resources" under Public Links → Authorizations → Clinical Policies and Guidelines → Medication Policy → Medication Policy List.

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

- Adcetris (brentuximab vedotin) - *Update*
- Aveed (testosterone undecanoate) - *Update*
- Beleodaq (belinostat) - *Update*
- Cancidas (caspofungin) - *Update*
- Empliciti (elotuzumab) - *Update*
- Eraxis (anidulafungin) - *Update*
- Gamifant (emapalumab-lzsg) - *New*
- Gazyva (obinutuzumab) - *Update*
- Granix (tbo-filgrastim) - *Update*
- hydroxyprogesterone (17P, Makena) - *Update*
- interferon alfa (Intron A, Alferon N) - *Update*
- IVIG- *Update*
- Keytruda (pembrolizumab) - *Update*
- Khapzory (levoleucovorin sodium) - *New*
- Marqibo (vincristine liposome) - *Update*
- Mycamine (micafungin) - *Update*
- Neupogen (filgrastim) - *Update*
- Nivestym (filgrastim-aafi) - *Update*
- Opdivo (nivoloumab) - *Update*
- Rapivab (peramivir injection) - *Update*
- Revcovi (elapegademase-lvir) - *New*
- Tecentriq (atezolizumab) - *Update*
- Udenyca (pegfilgrastim-cbqv) - *New*
- Ultomiris (ravulizumab-cwvz) - *New*
- Xyosted (testosterone enanthate) - *New*
- Yutiq (fluocinolone acetonide intravitreal implant) - *New*
- Zevalin (ibritumomab) - *Update*

The following policies were retired:

- Sivextro (tedizolid)
- Zyvox (linezolid)