

BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2024 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE FEBRUARY 28, 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 first quarter 2024 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 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
Ziextenzo ^{1,2}	Chemotherapy induced neutropenia	Udenyca, Neulasta

¹ Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost; ² Effective 5/2024

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)
amphetamine-dextroamphetamine (Mydayis)	ADHD	Prior authorization, Age-limit
clindamycin 1.2%-benzoyl peroxide 3.75% gel (Onexton)	Acne vulgaris	Step therapy
pitavastatin (Livalo)	Hyperlipidemia, Heterozygous familial hypercholesterolemia	Step therapy
podofilox 0.5% gel (Condylox) ³	Anogenital warts	Step therapy
spironolactone oral suspension (Carospir)	Heart failure, Hypertension, Edema	Prior authorization
tramadol 25mg tablet	Pain	Prior authorization

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER
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The following drugs were **ADDED** to the Blue Shield Specialty Tier (Tier 4) to the **Plus** and **Standard/Value Drug Formularies**:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
pazopanib (Votrient)	Renal cell carcinoma, Soft tissue sarcoma	Prior authorization
Xalkori pellet capsule	NSCLC, Anaplastic large cell lymphoma, Inflammatory myofibroblastic tumor	
Zurzuvae ⁴	Postpartum depression	

4. Does not apply to Grandfathered plans

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Nivestym	Chemotherapy induced neutropenia, Neutropenia, Peripheral blood stem cell mobilization	Prior authorization
Udenyca	Chemotherapy induced neutropenia, Radiation exposure	
Omnitrope	GH deficiency, Prader-Willi Syndrome, SGA, Turner syndrome, ISS	

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)
Abrilada	RA, pJIA, Psoriatic arthritis, AS, Psoriasis, CD, UC, Hidradenitis suppurativa, Uveitis	Prior authorization
adalimumab-aacf (Idacio)		
adalimumab-adbm (Cyltezo)		
Entyvio prefilled pen	Ulcerative colitis	Prior authorization
Omvoh auto-injector		
Velsipity		
oxaprozin (Coxanto) ⁴	OA, RA, JRA	Prior authorization
Coxanto ⁴		
Augtyro	NSCLC	Prior authorization
Fruzaqla	Colorectal cancer	
lwlfin	Neuroblastoma	
Jylamvo ⁴	ALL, Mycosis fungoides, NHL, RA, Psoriasis	
Ogsiveo	Desmoid tumor	
Rozlytrek pellet pack	NSCLC, NTRK gene-fusion solid tumors	
Truqap	Breast cancer	
Bimzelx	Plaque psoriasis	
Cabtreo ⁴	Acne vulgaris	
Fabhalta	Paroxysmal nocturnal hemoglobinuria	

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Opfolda	Pompe disease	
teriparatide (Forteo)	Osteoporosis	
Veveye ⁴	Dry eye disease	
Voquezna ⁴	Erosive esophagitis, H. Pylori	
Wainua	Amyloidosis-associated polyneuropathy	
Xphozah	Hyperphosphatemia	
Zepbound	Chronic weight management	
Zilbrysq	Generalized myasthenia gravis	
Zoryve foam ⁴	Seborrheic dermatitis	

4. 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 Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
lubiprostone (Amitiza) ³	Chronic idiopathic constipation, Opioid induced constipation, IBS-constipation	Age-limit
Amitiza		
Voquezna Dual Pak and Triple Pak ³	H. Pylori	Prior authorization

3. Applies to Grandfathered plans

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
calcitriol ointment (Vectical)	Plaque psoriasis	Tier 3 ^{4,5} Tier 2 ^{3,5}
Vectical ^{4,5}		Tier 4
halobetasol foam (Lexette) ³		Tier 1 with Prior authorization
tazarotene gel (Tazorac)		Tier 1
Ultravate ^{4,5}		Tier 4 with Step therapy
Zorvyne cream ^{4,5}		Tier 4 with Prior authorization
lubiprostone (Amitiza) ⁴	Chronic idiopathic constipation, Opioid induced constipation, IBS-constipation	Tier 1 with Age-limit
Phenytek	Seizures	Tier 1
Voquezna Dual Pak and Triple Pak ⁴	H. Pylori	Tier 4 with Prior authorization
Zenzedi	ADHD	Tier 1 with Step therapy, Age-limit

3. Applies to Grandfathered plans; 4. Does not apply to Grandfathered plans; 5. effective 1/2025

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)
Paxlovid	Covid-19	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
estradiol valerate (Delestrogen)	Menopause, Hypoestrogenism, Prostate cancer	
lubiprostone (Amitiza)	Chronic idiopathic constipation, Opioid induced constipation, IBS-constipation	Age-limit
Phenytek	Seizures	
Zenzedi	ADHD	Step therapy, Age-limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on February 28, 2024, 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"> • Adzynma (ADAMTS13, recombinant-krhn)* • Casgevy (exagamglogene autotemcel) • iDose TR (travoprost, intracameral implant) • Loqtorzi (toripalimab-tpzi) • Lyfgenia (lovotibeglogene autotemcel) • Omvoh (mirikizumab-mrkz) • Opfolda (miglustat) • Pombiliti (cipaglucoisidase alfa-atga) • Ycanth (cantharidin)
<i>Updated Policies</i>
<ul style="list-style-type: none"> • Elelyso (taliglucerase alfa) • Erbitux (cetuximab) • Imfinzi (durvalumab) • Imjudo ((tremelimumab-actl) • Jevtana (cabazitaxel) • Keytruda (pembrolizumab) • Nucala (mepolizumab) • Padcev (enfortumab vedotin-ejfv) • Pemetrexed • Reblozyl (luspatercept-aamt) • Rybrevant (amivantamab-vmjw) • Rystiggo (rozanolixizumab-moli, SC) • Sandostatin LAR (octreotide acetate LAR) • Ultomiris (ravulizumab-cwvz) • Vectibix (panitumumab) • VPRIV (velaglucerase alfa)

<ul style="list-style-type: none"> • Vyvgart (efgartigimod alfa-fcab) • Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) • Zynlonta (loncastuximab tesirine-lpyl)
<i>Retired Policies</i>
<ul style="list-style-type: none"> • Aliqopa (copanlisib)

*Added to site of care program

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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"> • Augtyro (repotrectinib) • Bimzelx (bimekizumab-bkzx) • Cabtreo (adapalene-benzoyl peroxide-clindamycin) • Coxanto (oxaprozin) • Entyvio (vedolizumab) • Fabhalta (iptacopan) • Fruzaqla (fruquintinib) • insulin glargine max solostar • insulin glargine solostar • Iwilfin (eflornithine) • Jylamvo (methotrexate solution) • Likmez (metronidazole, oral suspension) • Motpoly XR (lacosamide) • Ogsiveo (nirogacestat) • Omvoh (mirikizumab-mrkz) • Opfolda (miglustat) • tramadol 25mg tablet • Truqap (capivasertib) • Velsipity (etrasimod) • Vevye (cyclosporine 0.1%) • Voquezna (vonoprazan) • Voquezna dual pak (vonoprazan/amoxicillin) • Voquezna triple pak (vonoprazan/amoxicillin/clarithromycin) • Wainua (eplontersen) • Xphozah (tenapanor) • Zilbrysq (zilucoplan) • Zituvio (sitagliptin) • Zoryve (toflumilast, topical foam)
<i>Updated Policies</i>

- Acanya (clindamycin phosphate-benzoyl peroxide 1.2-2.5%)
- acyclovir 5% topical ointment
- Afinitor (everolimus)
- Ayvakit (avapritinib)
- Braftovi (encorafenib)
- Brukinsa (zanubrutinib)
- Cabometyx (cabozantinib)
- Cometriq (cabozantinib)
- Cosentyx (secukinumab)
- dapagliflozin
- dapagliflozin/metformin
- DHE (dihydroergotamine mesylate)
- Emgality (galcanezumab)
- Gleevec (imatinib)
- Ibsrela (tenapanor)
- Iclusig (ponatinib)
- Imbruvica (ibrutinib)
- Jaypirca (pirtobrutinib)
- Krazati (adagrasib)
- Lonsurf (trifluridine and tipiracil)
- lubiprostone
- Lumakras (sotorasib)
- Mektovi (binimetinib)
- Motegrity (prucalopride)
- Nexavar (sorafenib)
- Ngenla (somatrogon)
- Non-preferred short-acting human growth hormone
 - Genotropin (somatropin)
 - Humatrope (somatropin)
 - Norditropin (somatropin)
 - Saizen (somatropin)
 - Zomacton (somatropin)
- Nucala (mepolizumab)
- Otezla (apremilast)
- potassium chloride oral solution
- Qinlock (ripretinib)
- Relistor (methylnaltrexone, oral and subcutaneous)
- Rozlytrek (entrectinib)
- Sandostatin LAR (octreotide acetate LAR)
- Scemblix (asciminib)
- Skytrofa (lonapegsomatropin)
- Sogroya (somapacitan)
- Sorilux (calcipotriene, topical foam)
- Sprycel (dasatinib)
- Stivarga (regorafenib)
- Sutent (sunitinib)
- Symproic (naldemedine)

- Tagrisso (osimertinib)
- Tasisna (nilotinib)
- Tibsovo (ivosidenib)
- Trulance (plecanatide)
- Vitrakvi (larotrectinib)
- Votrient (pazopanib)
- Welireg (belzutifan)
- Xpovio (selinexor)
- Xtandi (enzalutamide)

Retired Policies

- Arcapta (indacaterol)
- DDAVP Rhinal (desmopressin)
- Kynmobi (apomorphine)
- Natpara (parathyroid hormone)
- Tazorac (tazarotene)