

Blue Shield of California
Third Quarter 2023 Formulary and Medication Policy Updates

Effective August 30, 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 third 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. 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 **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)
Extavia ^{1,2}	Multiple sclerosis	Avonex, dimethyl fumarate, glatiramer, fingolimod 0.5mg
Humalog vial ¹	Diabetes	insulin lispro 100 unit/ml vial, pen, jr kwikpen
Lyumjev ¹ , Lyumjev Kwikpen ¹		
Advair HFA ¹	Asthma	fluticasone-salmeterol aerosol (Advair HFA)
Flovent HFA ¹		fluticasone propionate aerosol (Flovent HFA)
Flovent Diskus ¹		
Symbicort ¹	Asthma, COPD	budesonide-formoterol (Symbicort)

1. effective 1/2024; 2. 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 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)
Fulphila ^{1,2}	Decrease incidence of infection due to myelosuppressive chemotherapy	Neulasta, Ziextenzo

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

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)
naftifine 2% topical gel (Naftin)	Tinea pedis	Step-therapy

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)
Mekinist oral solution	Melanoma, NSCLC, Thyroid cancer, BRAF V600E mutation-positive solid tumor, Glioma	Prior authorization
Tafinlar tablet for oral suspension		

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)
Alecensa	NSCLC	Prior authorization
Tagrisso		
Cabometyx	Renal cancer, Hepatocellular carcinoma, Thyroid cancer	

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)
Austedo XR	Huntington's Chorea	Prior authorization
baclofen oral suspension (Fleqsuvy) ³	Spasticity	
Cuvrior	Wilson's disease	
gefitinib (Iressa)	NSCLC	
Liqrev	PAH	
Lumryz	Narcolepsy	
Miebo ³	Dry eye disease	
Olpruva	Urea cycle disorder	
Sogroya	Growth hormone deficiency	
Vanflyta	Acute myeloid leukemia	
Vowst	<i>C. difficile</i> infection prophylaxis	
Zavzpret ³	Acute migraine	
Zejula tablet	Epithelial ovarian cancer, Fallopian tube cancer, Peritoneal cancer	
Cyltezo	RA, pJIA, PsA, AS, Ps, CD, UC, Uveitis, HS	
Hadlima, Hadlima PushTouch	RA, pJIA, PsA, AS, Ps, CD, UC, HS	
Yuflyma		
adalimumab-adaz (Hyrimoz)	RA, pJIA, PsA, AS, Ps, CD, UC	Prior authorization

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Hyrimoz		
adalimumab-fkjp (Hulio)		
Hulio		
Idacio		
Yusimry		

3. 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 Formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
digoxin (Lanoxin)	Atrial fibrillation/flutter, Heart failure	
dipyridamole	Prevent postoperative thromboembolic complications	
benzphetamine	Obesity management	Quantity limit
diethylpropion, diethylpropion er		
phendimetrazine, phendimetrazine er		
phentermine (Adipex-P)		
Lomaira		
orlistat (Xenical)	Weight management	

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
fenofibrate 50mg, 150mg capsule ¹	Hypercholesterolemia, Mixed dyslipidemia	Tier 3 with Step-therapy

¹ effective 1/1/2024

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)
darunavir 600mg, 800mg tablet (Prezista)	HIV-1 infection	
Depo-Testosterone	Hypogonadism	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Avonex	Multiple sclerosis	
Symtuza	HIV-1 infection	
fluticasone propionate aerosol (Flovent HFA) ¹	Asthma	
fluticasone-salmeterol aerosol (Advair HFA) ¹		
budesonide-formoterol (Symbicort) ¹	Asthma, COPD	

¹ effective 1/1/2024

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

Drug	FDA Indication(s)	Coverage Restriction(s)
budesonide foam (Uceris)	Distal ulcerative colitis	
methsuximide (Celontin)	Seizure	

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on August 30, 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

<i>New Policies</i>
<ul style="list-style-type: none"> • Atgam (antithymocyte globulin [equine/horse]) • Columvi (glofitamab-gxbm) • Elevidys (delandistrogene moxeparvovec-rokl) • Elfabrio (pegunigalsidase alfa-iwxj) • Epkinly (epcoritamab-bysp) • Omisirge (omidubicel-onlv) • Oncaspar (pegaspargase) • Qalsody (tofersen, intrathecal) • Roctavian (valoctocogene roxaparvovec-rvox) • Vyjuvek (beremagene geperpavec-sbdt)
<i>Updated Policies</i>
<ul style="list-style-type: none"> • Alimta (pemetrexed) • Enhertu (fam-trastuzumab deruxtecan-nxki) • Imfinzi (durvalumab) • Ixempra (ixabepilone) • Jemperli (dostarlimab-gxly) • Kadcyca (ado-trastuzumab emtansine) • Keytruda (pembrolizumab) • Krystexxa (pegloticase) • Kyprolis (carfilzomib) • Lutathera (lutetium Lu 177 dotatate) • Opdivo (nivolumab) • Polivy (polatuzumab vedotin-piiq) • Prevymis (letermovir) • Tepezza (teprotumumab-trbw) • Torisel (temsirolimus) • Trodelvy (sacituzumab govitecan-hziy) • Yervoy (ipilimumab)
<i>Retired Policies</i>
<ul style="list-style-type: none"> • Cancidas (caspofungin acetate) • Eraxis (anidulafungin) • Mycamine (micafungin sodium)

PHARMACY BENEFIT MEDICATION POLICIES:

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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">• Abilify Asimtufii (aripiprazole)• Nonpreferred adalimumab products• Clindamycin-benzoyl peroxide gel 1-5%• Cuvrior (trientine tetrahydrochloride)• Inpefa (sotagliflozin)• Liqrev (sildenafil citrate)• Lumryz (sodium oxybate extended release)• Miebo (perfluorohexyloctane)• Olpruva (sodium phenylbutyrate)• Vanflyta (quizartinib dihydrochloride)• Veozah (fezolinetant)• Vowst (fecal mibrobiota spores live-brpk)• Zavzpret (zavegepant)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Aemcolo (rifamycin)• Alecensa (alectinib)• Alunbrig (brigatinib)• Angiotensin receptor blockers (ARBs), nonpreferred<ul style="list-style-type: none">○ Atacand (candesartan)○ Atacand HCT (candesartan/HCTZ)○ Eprosartan mesylate○ Micardis HCT (telmisartan/HCTZ)○ Tribenzor (olmesartan/amlodipine/HCTZ)○ Twynsta (telmisartan/amlodipine)• Aranesp (darbepoetin alfa)• Ayvakit (avapritinib)• Basaglar Kwikpen (insulin glargine)• Basaglar Tempo (insulin glargine)• Bylvay (odevixibat)• Cotellic (cobimetinib)• Epogen, Procrit, (epoetin alfa)• Farxiga (dapagliflozin)• Fotivda (tivozanib)• Koselugo (selumetinib)• Lescol XL (fluvastatin extended release)• Linzess (linaclotide)• Livalo/Zypitamag (pitavastatin)

- Lorbrena (lorlatinib)
- Lumakras (sotorasib)
- Lynparza (olaparib)
- Mekinist (trametinib)
- Nuedexta (dextromethorphan-quinidine)
- Ocaliva (obeticholic acid)
- Prevymis (letermovir)
- Retacrit (epoetin alfa-epbx)
- Retevmo (selpercatinib)
- Rexulti (brexipiprazole)
- Rinvoq (upadacitinb)
- Rubraca (rucaparib)
- Sodium oxybate solution (Xyrem)
- Synarel (nararelin)
- Tafinlar (dabrafenib)
- Talzenna (talazoparib)
- Tarceva (erlotinib)
- Tepmetko (tepotinib)
- Tibsovo (ivosidenib)
- Trudhesa (dihydroergotamine mesylate)
- Tykerb (lapatinib)
- Xalkori (crizotinib)
- Xgeva (denosumab)
- Xywav (calcium oxybate/magnesium oxybate/potassium oxybate/sodium oxybate)
- Zejula (niraparib)
- Zelboraf (vemurafenib)

MEDICAL BENEFIT MEDICATION POLICIES:

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

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<i>New Policies</i>
<ul style="list-style-type: none"> • Plasma-derived Factor VIII products <ul style="list-style-type: none"> ○ Alphanate (antihemophilic factor/von Willebrand factor complex, human) ○ Humate-P (antihemophilic factor/von Willebrand factor complex, human) ○ Wilate (antihemophilic factor/von Willebrand factor complex, human) ○ Hemofil M (antihemophilic factor, human method m, monoclonal purified) ○ Koate (antihemophilic factor, human) • Recombinant-derived Factor VIII products <ul style="list-style-type: none"> ○ Advate (antihemophilic factor, recombinant) ○ Afstyla (antihemophilic factor, recombinant, single chain) ○ Altuvillo (antihemophilic factor, recombinant, Fc-VWF-XTEN fusion protein-ehtl) ○ Kovaltry (antihemophilic factor, recombinant)

- NovoEight (antihemophilic factor, recombinant)
- Nuwiq (antihemophilic factor, recombinant)
- Recombinate (antihemophilic factor, recombinant)
- Xyntha (antihemophilic factor, recombinant)
- Xyntha solofuse (antihemophilic factor, recombinant)
- Extended half-life Factor VIII products
 - Adynovate (antihemophilic factor, recombinant PEGylated)
 - Eloctate (antihemophilic factor, recombinant PEGylated)
 - Esperoct (antihemophilic factor, recombinant, glycopegylated-exel)
 - Jivi (antihemophilic factor, recombinant PEGylated-aucl)
- Hemlibra (emicizumab-kxwh)
- Recombinant coagulation Factor VIIa
 - NovoSeven (factor VIIa, recombinant)
 - SevenFACT (factor VIIa, recombinant-jncw)
- Plasma derived Factor IX products
 - AlphaNine SD (coagulation factor IX, human)
 - Profilnine SD (factor IX complex)
- Recombinant standard half-life Factor IX products
 - BeneFIX (coagulation factor, recombinant)
 - Ixinity (coagulation factor, recombinant)
 - Rixubis (coagulation factor, recombinant)
- Recombinant extended half-life Factor IX products
 - Aporlix (coagulation factor IX, recombinant, Fc fusion protein)
 - Idelvion (coagulation factor IX, recombinant, albumin fusion protein)
 - Rebinyn (coagulation factor IX, recombinant, GlycoPEGylated)