

Blue Shield of California  
Fourth 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 fourth 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”, “ASO 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 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)
Humalog 100 unit/ml Kwikpen, Humalog 100 unit/ml Jr Kwikpen	Diabetes	insulin lispro vial, kwikpen, jr kwikpen
Taltz <sup>1</sup>	AS, Non-radiographic axial spondyloarthritis, PsO, PsA	Cosentyx, Enbrel, Hadlima, Humira, Rinvoq, Xeljanz, Xeljanz XR, Cimzia, Otezla, Skyrizi, Stelara, Tremfya,
fluticasone-salmeterol aerosol (Advair HFA)	Asthma	Advair HFA
fluticasone propionate aerosol (Flovent HFA)		Qvar, Arnuity Ellipta

<sup>1</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

The following drug(s) were **removed from the Standard/Value/ASO 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)
Ergomar <sup>1</sup>	Acute migraine	sumatriptan, naratriptan, rizatriptan
potassium chloride 10% and 20% oral solution <sup>2</sup>	Hypokalemia	potassium chloride er capsule, potassium chloride 20meq powder for solution

<sup>1</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; <sup>2</sup> Effective 1/1/2025

## NEW GENERICS with RESTRICTIONS

The following drugs are newly available **GENERIC** drugs that were **ADDED** to the **Plus** and **Standard/Value/ASO Drug Formulary**s with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
lisdexamfetamine dimesylate (Vyvanse)	ADHD, Severe binge eating disorder	Prior authorization

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)
indomethacin 50mg suppository <sup>3</sup>	RA, AS, OA, Acute bursitis/tendonitis, Acute gouty arthritis	Prior authorization
saxagliptan (Onglyza) <sup>3</sup>	Type 2 diabetes	Prior authorization
saxagliptan-metformin (Kombiglyze) <sup>3</sup>		
tretinoin microsphere 0.08% gel (Retin-A Micro Pump) <sup>3</sup>	Acne vulgaris	Step-therapy, Age-limit

<sup>3</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 **Standard/Value Drug Formulary**s:

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Kisqali, Kisqali Femara Co-Pack <sup>4</sup>	Breast cancer	Prior authorization
Actemra, Actemra ACTPen	Giant cell arteritis, Juvenile idiopathic arthritis, RA, Sclerosis-associated interstitial lung disease	
Cimzia, Cimzia Starter Kit	AS, CD, Non-radiographic axial spondyloarthritis, PsO, PsA, RA	
Cosentyx, Cosentyx Sensoready, Cosentyx Unoready	AS, Non-radiographic axial spondyloarthritis, Enthesitis-related arthritis, PsO, PsA	
Enbrel Mini	AS, pJIA, PsO, PsA, RA	
Kezara	Polymyalgia rheumatica, RA	
Olumiant	Alopecia areata, Covid-19, RA	
Orencia, Orencia Clickject	pJIA, PsA, RA	
Simponi 100mg/1ml prefilled syringe and auto-injector	Ulcerative colitis	
Hadlima, Hadlima PushTouch	RA, pJIA, PsA, AS, PsO, CD, UC, HS	

<sup>4</sup> Effective 11/2023

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Akeega	Prostate cancer	Prior authorization
indomethacin 50mg suppository <sup>5</sup>	RA, AS, OA, Acute bursitis/tendonitis, Acute gouty arthritis	

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Litfulo	Alopecia areata	Prior authorization
Ngenla	Pediatric growth failure	
Nitrofurantoin 50mg/5ml oral suspension <sup>5</sup>	Urinary tract infection	
Ojjaara	Myelofibrosis with anemia	
plerixafor (Mozobil)	Peripheral blood stem cell mobilization	
Pokonza <sup>5</sup>	Hypokalemia	
Rolvedon <sup>6</sup>	Chemotherapy-induced neutropenia	
Sohonos	Fibrodysplasia ossificans progressiva	
Xdemvy <sup>5</sup>	Demodex blepharitis	

5. Does not apply to Grandfathered plans; 6. Effective 10/2023

#### 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 Drug Formulary**:

Drug	FDA Indication(s)	Coverage Restriction(s)
desvenlafaxine er tablet (Khedezla) <sup>4</sup>	Depression	Prior authorization

4. Effective 11/2023

#### DRUGS MOVED to a DIFFERENT TIER

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

Drug	FDA Indication(s)	New Tier Status
dimethyl fumarate (Tecfidera)	Multiple sclerosis	Tier 1

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

Drug	FDA Indication(s)	New Tier Status
Avonex Pen, Avonex Prefilled	Multiple sclerosis	Tier 4

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

Drug	FDA Indication(s)	New Tier Status
emtricitabine-tenofovir disoproxil fumarate 200mg-300mg (Truvada) <sup>7</sup>	HIV-infection	Tier 1

7. Effective 9/2023

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
Repatha, Repatha Pushtronex, Repatha SureClick	Hyperlipidemia, Heterozygous familial hypercholesterolemia, Homozygous familial hypercholesterolemia	Tier 2 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
Advair Diskus	Asthma	Tier 3
Flovent HFA, Flovent Diskus		Tier 3 with Prior authorization
budesonide-formoterol fumarate dihydrate (Symbicort)	Asthma, COPD	Tier 2 <sup>5</sup>
Symbicort		Tier 1 <sup>3</sup>
baclofen 25mg/5ml powder for oral suspension (Fleqsuvy) <sup>3,8</sup>	Spasticity from Multiple sclerosis	Tier 1 with Prior authorization
Humalog 100 unit/ml Kwikpen, Humalog 100 unit/ml Jr Kwikpen	Diabetes	Tier 3 with Prior authorization
Humalog 100 unit/ml vial		
Levemir, Levemir Flexpen		
insulin glargine, insulin glargine solostar		Tier 2
potassium chloride 20meq powder for solution <sup>4,5</sup>	Hypokalemia	Tier 1
vancomycin 25mg/ml powder for oral suspension (Firvanq) <sup>8</sup>	Clostridium difficile-associated diarrhea, Entercolitis	Tier 1 with Prior authorization

3. Applies to Grandfathered plans; 4. Effective 11/2023; 5. Does not apply to Grandfathered plans; 8. Effective 8/2023

#### DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
insulin glargine, insulin glargine solostar	Diabetes	
Lyumjev, Lyumjev Kwikpen		
Advair HFA	Asthma	
Arnuity Ellipta		

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

Drug	FDA Indication(s)	Coverage Restriction(s)
potassium chloride 20meq powder for solution <sup>4</sup>	Hypokalemia	

4. Effective 11/2023

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

Drug	FDA Indication(s)	Coverage Restriction(s)
brimonidine 0.1% ophthalmic solution (Alphagan P)	Glaucoma, Ocular hypertension	
Ibrance <sup>3,4</sup>	Breast cancer	Prior authorization
Kisqali, Kisqali Femara Co-Pack <sup>3,4</sup>		
Verzenio <sup>3,4</sup>		
Olumiant <sup>3</sup>	Alopecia areata, Covid-19, RA	Prior authorization

3. Applies to Grandfathered plans; 4. Effective 11/2023

## MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on November 29, 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

<b><i>New Policies</i></b>
<ul style="list-style-type: none"><li>• Aphexda (motixafortide)</li><li>• Daxxify (daxibotulinumtoxin A-lanm)</li><li>• Elrexfio (elranatamab-bcmm)</li><li>• Eylea HD (aflibercept, intravitreal)</li><li>• Izervay (avacincaptad pegol, intravitreal)</li><li>• Rystiggo (rozanolixizumab-noli)*</li><li>• Talvey (talquetamab-tgvs)</li><li>• Veopoz (pozelimab-bbfg)</li></ul>
<b><i>Updated Policies</i></b>
<ul style="list-style-type: none"><li>• Beovu (brolocizumab-dbll, intravitreal)</li><li>• Byooviz (ranibizumab-nuna, intravitreal)</li><li>• Cimzia vials (certolizumab pegol)</li><li>• Darzalex (daratumumab)</li><li>• Evenity (romosozumab-aqqg)</li><li>• Gazyva (obinutuzumab)</li><li>• Hemgenix (etranacogene dezaparvovec-drlb)</li><li>• Ilaris (canakinumab)</li><li>• Infliximab</li><li>• Keytruda (pembrolizumab)</li><li>• Leqembi (lecanemab)</li><li>• Leqvio (inclisiran)</li><li>• Libtayo (cemiplimab-rwlc)</li><li>• Lucentis (ranibizumab, intravitreal)</li><li>• Reblozyl (luspatercept)</li><li>• Rituximab</li><li>• Simponi Aria (golimumab)</li><li>• Skysona (elivaldogene autotemcel)</li><li>• Soliris (eculizumab)</li><li>• Susvimo (ranibizumab, implant)</li><li>• Uplinza (inebilizumab-cdon)</li><li>• Vabysmo (faricimab-svoa, intravitreal)</li></ul>

\*Added to site of care program

## PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on November 29, 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>• Airsupra (albuterol and budesonide)</li><li>• Akeega (niraparib and abiraterone acetate)</li><li>• Brenzavvy (bexagliflozin)</li><li>• Flovent Diskus/Flovent HFA (fluticasone propionate inhalation aerosol)</li><li>• Humalog Kwikpen (insulin lispro)</li><li>• Humalog vial (insulin lispro)</li><li>• Iyuzeh (latanoprost)</li><li>• Levemir (insulin detemir)</li><li>• Litfulo (ritlecitinib)</li><li>• Lodoco (colchicine)</li><li>• Nitrofurantoin 50mg/5mL oral suspension</li><li>• Ojjaara (mometotinib)</li><li>• Pokonza (potassium chloride 10mEq powder packet)</li><li>• Sohonos (palovarotene)</li><li>• Tiotropium bromide monohydrate handihaler</li><li>• Xdemvy (lotilaner)</li><li>• Zurzuvae (zuranolone)</li></ul>
<i>Updated Policies</i>
<ul style="list-style-type: none"><li>• Actemra (tocilizumab)</li><li>• Cimzia (certolizumab pegol)</li><li>• Cosentyx (secukinumab)</li><li>• Enbrel (etanercept)</li><li>• Enbrel Mini (etancercept)</li><li>• Enspryng (satralizumab-mwge)</li><li>• Forteo (teriparatide)/teriparatide</li><li>• Humalog Tempo pen (insulin lispro)</li><li>• Ibrance (abemaciclib)</li><li>• Ingrezza (valbenazine)</li><li>• Inpefa (sotagliflozin)</li><li>• Invokana (canagliflozin)</li><li>• Jardiance (empagliflozin)</li><li>• Kisqali (ribociclib)</li><li>• Kisqali Femara Copack (ribociclib/letrozole)</li><li>• Lenvima (lenvatinib)</li><li>• Lytgobi (futibatini)</li><li>• Nexletol (bempedoic acid)/Nexlizet (bempedoic acid/ezetimibe)</li><li>• Ninlaro (ixazomib)</li></ul>

- Non-preferred glargine insulin
  - Basaglar KwikPen
  - Basaglar tempo pen
  - Insulin glargine (YFGN)
  - Rezvoglar Kwikpen (insulin glargine-aglr)
  - Semglee (YFGN)
- Non-preferred rapid-acting insulin
  - Admelog vial and Solostar (insulin lispro)
  - Apidra vial and Solostar (insulin glulisine)
  - Fiasp pen, vial and Flextouch (insulin aspart)
  - Novolog vial, Relion vial, Flexpen, Flexpen Relion (insulin aspart)
  - insulin aspart Flexpen, penfill
- Off-label requests for all Commercial plans
- Orenia (abatcept)
- Pegasys (peginterferon alfa-2a)
- Praluent (alirocumab)
- Preferred adalimumab products and non-preferred adalimumab products
- Promacta (eltrombopag)
- Repatha (evolocumab)
- Rinvoq (upadacitinib)
- Serostim (somatropin)
- Simponi (golimumab)
- Taltz (ixekizumab)
- Targretin (bexarotene, topical)
- Vyzulta (latanoprostene)
- Xeljanz, Xeljanz XR (tofacitinib)

***Retired Policies***

- Bevyxxa (betrixaban)
- Drizalma sprinkle (duloxetine delayed-release)
- Exkivity (mobocertinib)
- Zuplenz (ondansetron)