

**BLUE SHIELD OF CALIFORNIA
FOURTH QUARTER 2020 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE DECEMBER 1, 2020

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 2020 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.

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)
efavirenz/emtricitabine/tenofovir disoproxil fumarate (Atripla)	HIV infection	Prior authorization, Quantity limit
peg3350/sodium sulfate/nacl/kcl/sodium ascorbate/ascorbic acid (Moviprep)	Bowel prep	Prior authorization

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

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

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

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Bafiertam	Multiple sclerosis	Prior authorization, Quantity limit
dimethyl fumarate (Tecfidera)		
Kesimpta		

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Cystadrops	Corneal cystine crystal deposits	Prior authorization, Quantity limit
deferasirox granules (Jadenu Sprinkle)	Chronic iron overload	Prior authorization
deferiprone 500mg tablet (Ferriprox)	Transfusional iron overload	Prior authorization, Quantity limit
Dojolvi	Long-chain fatty acid oxidation disorder	Prior authorization, Quantity limit
Enspryng	Neuromyelitis optica spectrum disorder	Prior authorization, Quantity limit
Evrysdi	Spinal muscular atrophy	Prior authorization, Quantity limit
Gavreto	Non-small cell lung cancer	Prior authorization, Quantity limit
Gimoti ¹	Diabetic gastroparesis	Prior authorization, Quantity limit
Inqovi	Myelodysplastic syndromes	Prior authorization, Quantity limit
ketorolac nasal spray (Sprix) ¹	Pain	Prior authorization, Quantity limit
lapatinib ditosylate (Tykerb)	Breast cancer	Prior authorization, Quantity limit
metyrosine (Demser) ¹	Pheochromocytoma	Quantity limit
Mycapssa	Acromegaly	Prior authorization, Quantity limit
Onureg	Acute myeloid leukemia	Prior authorization, Quantity limit
Ortikos ¹	Crohn's disease	Prior authorization, Quantity limit
sapropterin (Kuvan)	PKU	Prior authorization, Quantity limit
tobramycin nebulizer solution (Bethkis)	Cystic fibrosis	Prior authorization, Quantity limit
Xywav	Narcolepsy	Prior authorization, Quantity limit

¹. 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 **Standard/Value and Plus formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Selzentry	HIV infection	Quantity limit

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)
fluvastatin (Lescol)	Hypercholesterolemia, Mixed	Quantity limit

Drug	FDA Indication(s)	Coverage Restriction(s)
Lescol	dyslipidemia, Cardiovascular disease	
Golytely	Bowel prep	

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 for Plus Formulary
Demser ^{1,2}	Pheochromocytoma	Tier 4 with Quantity limit
Lokelma	Hyperkalemia	Tier 3 with Quantity limit

1. Does not apply to Grandfathered plans; 2.effective 8/2020

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Charlotte 24 Fe	Prevent pregnancy	
ciprofloxacin/dexamethasone otic suspension (Ciprodex)	Acute otitis media and externa	
efavirenz/lamivudine/tenofovir disoproxil fumarate (Symfi, Symfi Lo)	HIV infection	Quantity limit
emtricitabine (Emtriva)		
emtricitabine/tenofovir disoproxil fumarate 200mg-300mg (Truvada)		
fosfomycin (Monurol)	UTI	Quantity limit
fluvastatin (Lescol)	Hypercholesterolemia, Mixed dyslipidemia, Cardiovascular disease	Quantity limit
Golytely	Bowel prep	
lapatinib (Tykerb)	Breast cancer	Prior authorization, Quantity limit
Lokelma	Hyperkalemia	Quantity limit
Symbicort	Asthma, COPD	Quantity limit

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 2, 2020 (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 → 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">• Blenrep (belantamab mafodotin-blmf)• Monjuvi (tafasitamab-cxix)• Tecartus (brexucabtagene autoelucel)• Vilterso (viltolarsen)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Actemra (tocilizumab)• Besponsa (inotuzumab ozogamicin)• Cinqair (reslizumab)• Cyramza (ramucirumab)• Darzalex (daratumumab)• Darzalex Faspro (daratumumab hyaluronidase-fihj)• Dupixent (dupilumab)• Empliciti (elotuzumab)• Evenity (romosozumab-aqqg)• Fasenra (benralizumab)• Forteo (teriparatide)• Imlygic (talimogene laherparepvec)• Keytruda (Pembrolizumab)• Kymriah (tisagenlecleucel)• Nucala (mepolizumab)• Octreotide, SC/IV• Opdivo (nivolumab)• Orencia (Abatacept)• Polivy (polatuzumab vedotin-piiq)• Prolia (denosumab)• Qutenza (capsaicin topical patch)• Rituxan (rituximab)• Ruxience (rituximab-pvvr)• Sandostatin LAR Depot (octreotide, IM)• Simponi Aria (golimumab)• Soliris (eculizumab)• Somatuline Depot (lanreotide)• Spinraza (nusinersen)• Spravato (esketamine)• Stelara (ustekinumab)• Tecentriq (atezolizumab)• Torisel (atezolizumab)• Truxima (rituximab-abbs)• Tymlos (abaloparatide)• Uplinza (inebilizumab-cdon)• Yervoy (ipilimumab)• Yescarta (axicabtagene ciloleucel)• Yondelis (trabectedin)• Zolgensma (onasemnogene abeparvovec-xioi)

PHARMACY BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 1, 2020 (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 → Guidelines & standards → Policy and standards → Medication Policies → Medication Policy List → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details.

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New Policies
<ul style="list-style-type: none">• Airduo Digihaler (fluticasone propionate/salmeterol)• Armonair Digihaler (fluticasone propionate)• Bafiertam (monomethyl fumarate)• Baqsimi (glucagon, SQ)• Breztri (budesonide/glycopyrrolate/formoterol fumarate)• Conjupri (levamlodipine)• Cystadrops (cysteamine hcl)• Dojolvi (triheptanoin)• Enspryng (satralizumab-mwge)• Evrysdi (risdiplam)• Gavreto (pralsetinib)• Gimoti (metoclopramide hcl)• Gvoke (glucagon, SQ)• Inqovi (decitabine and cedazuridine)• Hemady(dexamethasone tablets)• Kesimpta (ofatumumab)• Mycapssa (octreotide)• Ongentys (opicapone)• Onureg (azacitidine)• Ortikos (budesonide)• Semglee (insulin glargine)• Upneeq (oxymetazoline hcl)• Xyway (calcium oxybate/magnesium oxybate/potassium oxybate/sodium oxybate)
Updated Policies
<ul style="list-style-type: none">• Addyi (fibanserin)• Alinia (nitazoxanide)• Baciguent (bacitracin)• Braftovi (encorafenib)• Corlanor (ivabradine)• Cotellic (cobimetinib)• Daraprim (pyrimethamine)• Entocort EC (budesonide)• Entresto (sacubitril/valsartan)• Epidiolex (cannabidiol)• Farxiga (dapagliflozin)• Gleevac (Imatinib)• Juxtapid (lomitapide)• Mekinist (trametinib)• Mektovi (binimetinib)• Movieprep (peg3350 with electrolytes & ascorbate)• Palynziq (pegvaliase)• Pomalyst (pomalidomide)• Stivarga (regorafenib)

- Tafinlar (dabrafenib)
- Veltassa (patiomer)
- Venclexta (Venetoclax)
- Vyleesi (bremelanotide)
- Xeljanz (tofacitinib)
- Yonsa (abiraterone)
- Zelboraf (vemurafenib)

The following polices were retired:

- Khedezla (desvelafaxine ER)
- Mirvaso (brimonidine)
- Oleptro ER (Trazodone ER)

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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)
fenofibric acid (Fibricor)	Hypertriglyceridemia, Hypercholesterolemia, Mixed dyslipidemia	fenofibric acid capsule (Trilipix)
moxifloxacin eye drops (Moxeza)	Bacterial conjunctivitis	ciprofloxacin eye drops, levofloxacin eye drops
Prenal Pearl	Prenatal vitamin	generic prenatal vitamin with dha
R-Natal OB		

The following drug(s) were **moved to the non-formulary tier or removed from the Plus Drug 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)
fenofibric acid (Fibricor)	Hypertriglyceridemia, Hypercholesterolemia, Mixed dyslipidemia	Quantity limit	fenofibric acid capsule (Trilipix)
Dexabliss ³	Steroid responsive conditions	Prior authorization	dexamethasone 1.5mg tablet
Locort		Prior authorization Quantity limit	
Prena1 Pearl	Prenatal vitamin		generic prenatal vitamin with dha
R-Natal OB ³			

3.Applies to Grandfather 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** and **Standard/Value Drug Formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
Baqsimi	Hypoglycemia	Prior authorization, Quantity limit
pimecrolimus (Elidel)	Atopic dermatitis	Step therapy, Quantity limit
urea 39% cream	Hyperkeratotic conditions	Prior authorization

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)
Apidra, Apidra Solostar	Diabetes	Prior authorization
Elidel	Atopic dermatitis	Step therapy, Quantity limit
Gvoke	Hypoglycemia	Prior authorization, Quantity limit
ramelteon (Rozerem)	Insomnia	Step therapy, Quantity limit
Rozerem		
Tazorac cream	Plaque psoriasis, Acne vulgaris	

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 for Plus Formulary
Tecfidera	Multiple sclerosis	Tier 4 with Quantity limit
E.E.S. 400 Filmtab	Bacterial infection	Tier 2 with Prior authorization
erythromycin ethylsuccinate 400mg tablet ³		

3. Applies to Grandfather plans

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Layolis	Prevent pregnancy	
Lo Loestrin Fe		
Trinate	Prenatal vitamin	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Lynparza	Ovarian cancer, Breast cancer, Pancreatic cancer, Prostate cancer	Prior authorization, Quantity limit
testosterone (Testim, Vogelxo)	Hypogonadism	Prior authorization, Quantity limit
Tydemy	Prevent pregnancy	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Advair Diskus	Asthma, COPD	Quantity limit