

**BLUE SHIELD OF CALIFORNIA
SECOND QUARTER 2019 FORMULARY AND MEDICATION POLICY UPDATES**

EFFECTIVE AUGUST 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 second 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.

NEW GENERICS with RESTRICTIONS

The following drugs are **newly available 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) |
|-------------------------------|---------------------------------------|-------------------------|
| cinacalcet (generic Sensipar) | Hyperparathyroidism, Hypercalcemia | Prior authorization |

The following drugs are **newly available 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) |
|--|--|---|
| acyclovir 5% cream (generic Zovirax) | Herpes labialis | Prior authorization, Quantity limit |
| aliskiren hemifumarate (generic Tekturna) | Hypertension | Step therapy, Quantity limit |
| cyclobenzaprine er capsule (generic Amrix) | Muscle spasm | Step therapy, Age limit, Quantity limit |
| diclofenac epolamine patch (generic Flector) | Acute pain from minor sprains, strains, contusions | Prior authorization, Quantity limit |
| fenofibrate 160mg tablet (generic Triglide) | Hypercholesterolemia, Hypertriglyceridemia | Step therapy, Quantity limit |

| Drug | FDA Indication(s) | Coverage Restriction(s) |
|-----------------------------|-------------------|-------------------------------------|
| ranolazine (generic Ranexa) | Chronic angina | Prior authorization, Quantity limit |

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

The following drugs were **ADDED** 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) |
|--------------------------------|-------------------------------------|
| Alyq | Prior authorization, Quantity limit |
| ambrisentan (generic Letairis) | Prior authorization, Quantity limit |
| Cablivi | Prior authorization, Quantity limit |

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) |
|---------------------------------------|-------------------------|
| toremifene citrate (generic Fareston) | |

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) |
|--|-------------------------------------|
| Balversa | Prior authorization, Quantity limit |
| deferasirox (generic Exjade) | |
| Diacomit | Prior authorization, Quantity limit |
| D-penaminate | Prior authorization, Quantity limit |
| Inbrija | Prior authorization, Quantity limit |
| levorphanol 3mg tablet ^{1,2} | Prior authorization, Quantity limit |
| Mavenclad | Prior authorization, Quantity limit |
| Mayzent | Prior authorization, Quantity limit |
| vigabatrin 500mg tablet (generic Sabril) | Prior authorization, Quantity limit |

1. Does not apply to Grandfathered plans

2. Effective 1/1/2020

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 |
|---------------------------------------|------------------------------------|
| Aimovig | Tier 2 |
| Ajovy | Tier 3 |
| Emgality | Tier 2 |
| levorphanol 2mg tablet ^{1,2} | Tier 4 |
| Regranex ^{1,2} | Tier 4 |

1. Does not apply to Grandfathered plans

2. Effective 1/1/2020

DRUGS ADDED to FORMULARY

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

| Drug | FDA Indication(s) | Coverage Restriction(s) |
|--|--------------------|-------------------------------------|
| Aimovig ³ | Prevent migraine | Prior authorization, Quantity limit |
| Emgality ³ | Prevent migraine | Prior authorization, Quantity limit |
| testosterone 1.62% gel (generic Androgel) ⁴ | Low testosterone | Prior authorization, Quantity limit |
| Vascepa ³ | High triglycerides | Prior authorization, Quantity limit |

3. Effective 6/5/2019

4. Effective 2/1/2019

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on June 5, 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

- Abraxane (paclitaxel protein-bound suspension) - *Update*
- Aimovig (erenumab-aooe) - *Update*
- Ajoyv (fremanezumab-vfrm) - *Update*
- Cablivi (caplacizumab-yhdp) - *New*
- Cancidas (caspofungin) - *Update*
- Cimzia (certolizumab) - *Update*
- Cosentyx (secukinumab) - *Update*
- Cyramza (ramucirumab) - *Update*
- Dupixent (dupliumab) - *Update*
- Elzonris (tagraxofusp-erzs) - *New*
- Emgality (galcanezumab-gnlm) - *Update*
- Enbrel (etanercept) - *Update*
- Eraxis (anidulafungin) - *Update*
- Erbitux (cetuximab) - *Update*
- Evenity (romosozumab-aqqg) - *New*
- Forteo (teriparatide) - *Update*
- Gazyva (obinutuzumab) - *Update*
- Granix (tbo-filgrastim) - *Update*
- Herceptin (trastuzumab) - *Update*
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk) - *New*
- Humira (adalimumab) - *Update*
- Immune globulin, IV - *Update*
- Immune globulin, SQ - *Update*
- Kadcyra (ado-trastuzumab) - *Update*
- Keytruda (pembrolizumab) - *Update*
- Kineret (anakinra) - *Update*
- Lartruvo (olaratumab) - *Update*
- Lemtrada (alemtuzumab) - *Update*
- Mycamine (micafungin) - *Update*
- Opdivo (nivolumab) - *Update*
- Perjeta (pertuzumab) - *Update*
- Prolia (denosumab) - *Update*
- Remicade (infliximab) - *Update*
- Revatio (sildenafil) - *Update*
- Rituxan (rituximab) - *Update*
- Sandostatin (octreotide) - *Update*
- Simponi/Simponi Aria (golimumab) - *Update*
- Somatuline (lanreotide) - *Update*
- Spinraza (nusinersen) - *Update*
- Spravato (esketamine) - *New*
- Synagis (palivizumab) - *Update*
- Tecentriq (atezolizumab) - *Update*
- Testopel (testosterone pellets) - *New*
- Tymlos (abaloparatide) - *Update*
- Vectibix (panitumumab) - *Update*
- Xolair (omalizumab) - *Update*

The following policies were retired:

- Iprivask (desirudin)