BLUE SHIELD OF CALIFORNIA
THIRD QUARTER 2021 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE SEPTEMBER 1, 2021
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 2021 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 Plus and 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)
Ribasphere[1]	Hepatitis C	ribavirin tablet, capsule

1. effective 5/2021

NEW GENERICS with RESTRICTIONS

The following drugs are newly available GENERIC drugs that were ADDED only to the Plus Drug Formulary with coverage restrictions:

Drug	FDA Indication(s)	Coverage Restriction(s)
clemastine 0.67mg/5ml syrup[2]	Allergic rhinitis, Urticaria, Angioedema	Prior authorization, Quantity limit
pregabalin er tablet (Lyrica CR)	Diabetic peripheral neuropathy, Postherpetic neuralgia	Prior authorization, Quantity limit
rufinamide (Banzel)	Lennox-Gastaut Syndrome	Step therapy, Quantity limit

2. Applies only to Grandfathered plans

DRUGS ADDED to the BLUE SHIELD SPECIALTY TIER

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)
calcitonin inj (Miacalcin)[3]	Paget's disease, Hypercalcemia, Postmenopausal osteoporosis	
clemastine 0.67mg/5ml syrup[3]	Allergic rhinitis, Urticaria, Angioedema	Prior authorization, Quantity limit
Empaveli	Paroxysmal nocturnal hemoglobinuria	Prior authorization, Quantity limit
Exervan	Amyotrophic lateral sclerosis	Prior authorization, Quantity limit
Lumakras	Non-small cell lung cancer	Prior authorization, Quantity limit
Myfembree[3]	Fibroids	Prior authorization, Quantity limit
tiopronin (Thiola)	Cystinuria	Prior authorization
Truseltiq	Choliangiocarcinoma	Prior authorization, Quantity limit
Wegovy	Chronic weight management	Prior authorization, Quantity limit

3. 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 and Standard/Value formularies:

Drug	FDA Indication(s)	Coverage Restriction(s)
Clindagel[1]	Acne vulgaris	
prednisolone sodium phosphate 15mg/5ml oral solution	Steroid responsive conditions	

1. effective 5/2021

The following drugs have no change in formulary status, but have modification to restrictions as noted for the Standard/Value formularies:

Drug	FDA Indication(s)	Coverage Restriction(s)
Altreno	Acne vulgaris	Age-limit

The following drugs have no change in formulary status, but have modification to restrictions as noted for the Plus formulary:

Drug	FDA Indication(s)	Coverage Restriction(s)
Absorica[1]	Acne vulgaris	
Altreno		Prior authorization, Age-limit
clindamycin 1% gel (Clindagel)[1,2]		

2. Applies only to Grandfathered plans

DRUGS MOVED to a DIFFERENT TIER

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

Drug	FDA Indication(s)	New Tier Status for Plus Formulary
aripiprazole tablet	Schizophrenia	Tier 1 with Quantity limit

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)
albuterol hfa (Ventolin HFA)[4]	Asthma	Quantity limit
clindamycin 1% gel (Clindagel)[3]	Acne vulgaris	
Lyumjev, Lyumjev Kwikpen	Diabetes	

3. Does not apply to Grandfathered plans; 4. Effective 7/2021

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

Drug	FDA Indication(s)	Coverage Restriction(s)
etravirine (Intelence)	HIV-infection	Quantity limit
lopinavir-ritonavir (Kaletra)		
tiopronin (Thiola)	Cystinuria	Prior authorization

MEDICAL BENEFIT MEDICATION POLICIES:

The following coverage policies were updated (or created if specified "NEW") and changes are effective on September 1, 2021 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

New Policies
• Aduhelm (aducanumab-avwa) • Jemperli (dostarlimab -gxly) • Rybrevant (amivantamab-vmjw) • Zynlonta (loncvinastuximab tesirine-lpyl)
Updated Policies
• Abraxane (paclitaxel protein bound) • Aranesp (darbepoetin) • Azedra (iobenguane I-131) • Bevacizumab (Avastin, Myvasi, Zirabev) • Brineura (cerliponase alfa) • Crysvita (burosumab-twza) • Cyramza (ramucinumab) • Epoetin Alfa (Epogen, Procrit, Retacrit) • Faslodex (fulvestrant) • Filgrastim- containing agents (Neupogen, Nivestym, Zarxio) • Halaven (eribulin) • Ixempra (ixabepilone) • Keytruda (pembrolizumab) • Fusilev (levoleucovorin) • Granix (Tbo-filgrastim) • Khapzory (levoleucovorin) • Krystexxa (pegloticase) • Libtayo (cemiplimab-rwlc) • Mircera (methoxy polyethylene glycolepoetin beta) • Nplate (romiplostim) • Onpattro (patisiran) • Opdivo (nivolumab) • Padcev (enfortumab vedotin-ejfv) • Rituximab (Riabni, Rituxan, Ruxience, Truxima) • Rituxan Hycela (rituximab hyaluronidase) • Strensiq (asfotase alfa) • Synribo (omacetaxine) • Tazverik (tazemetostat) • Tecentriq (atezolizumab) • Tegsedi (inotersen) • Torisel (temsirolius) • Trodelvy (sacituzimab govitecan-hziy) • Vectibix (panitumumab) • Vyepti (eptinezumab-jmr) • Yervoy (ipilimumab) • Zevalin (ibritumomab)

PHARMACY BENEFIT MEDICATION POLICIES:

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Refer to medication policy for complete details.

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New Policies
• Accrufer (ferric maltol) • Azstarys (serdexmethylphenidate-dexmethylphenidate) • Brexafemme (ibrexafungerp citrate) • Clemastine fumarate • Empaveli (pegcetacoplan) • Exservan (riluzole) • Kloxxado (naloxone) • Lumakras (sotorasib) • Lybalvi (olanzapine/samidorphan) • Myfembree (relugolix-estradiol-norethindrone acetate) • Nextstellis (drospirenone and estetrol) • Qelbree ER (viloxazine ER) • Roszet (rosuvastatin-ezetimibe) • Truseltiq (infigratinib) • Wegovy (semaglutide) • Zegalogue (deasilucagon)
Updated Policies
• Adcirca (Tadalafil) • Adempas (riociguat) • Afinitor, Afinitor Disperz (everolimus) • Aimovig (erenumab-aooe) • Ajovy (fremanezumab-vfrm) • Allergen Extract Agents (Ragwitek) • Alyq (tadalafil) • Avyakit (avapritinib) • benzphetamine (Didrex) • Cabometyx (cabozantinib) • Cialis (tadalafil) • Contrave ER (bupropion/ naltrexone) • Cosentyx (secukinumab) • Daliresp (roflumilast) • diethylpropion (Tenuate, Tenuate Dospan) • Emgality (galcanezumab-gnlm) • Emend (aprepitant) • Epclusa (sofosbuvir/velpatasvir) • Erivedge (vismodegib) • Farxiga (dapagliflozin) • Hetlioz (tasimelteon) • Ibrance (palbociclib) • Inlyta (axitinib) • Invokamet/Invokamet tXR (canagliflozing/metformin) • Invokana (canagliflozin) • itraconazole

- Kisqali (ribociclib)
- Koselugo (selumetinib)
- Lenvima (lenvatinib)
- Letairis (ambrisentan)
- Levitra (vardenafil)
- Lonsurf (trifluridine-tipiracil)
- Nerlynx (neratinib)
- Nexavar (sorafenib)
- Noxafil (posaconazole)
- Nurtec (Rimegepant)
- Pemazyre (pemigatinib)
- phendimetrazine (Bontril, Bontril PDM)
- phentermine (Adipex-P, Fastin, Lomaira)
- Piqray (alpelisib)
- Qsymia (phentermine/ topiramate)
- Opsumit (macitentan)
- Orenitram (treprostinil)
- Ortikos (budesonide ER)
- Revatio (sildenafil)
- Reyvow (Lasmiditan)
- Saxenda (liraglutide)
- Solosec (secnidazole)
- Staxyn (vardenafil)
- Stendra (avanafil)
- Sutent (sunitinib)
- Tafinlar (dabrafenib)
- Targretin (bexarotene)
- Tavalisse (fostamatinib)
- Tiglutik (riluzole)
- Tolsura (itraconazole)
- Tracleer (bosentan)
- Trikafta (elexacaftor/tezacaftor/ivacaftor)
- Tykerb (lapatinib)
- Ubrelvy (ubrogepant)
- Uptravi (selexipag)
- Voriconazole
- Votrient (pazopanib)
- Vyndaqel, Vyndamax (tafamidis)
- Xenical (orlistat)
- Xigduo XR (dapagliflozing/metformin)
- Zelboraf (vemurafenib)
- Zeposia (ozanimod)

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DRUGS REMOVED from FORMULARY

The following drug(s) are no longer covered on the Plus and Standard/Value Drug Formularies because it is available without a prescription.

Drug	FDA Indication(s)	Alternative(s)
hydrocortisone 1% ointment, in absorbase	Steroid responsive dermatoses	hydrocortisone 2.5% cream, lotion

The following drug(s) were removed from the Plus and 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)
phendimetrazine 105mg er capsule	Weight management	phendimetrazine tablet, phentermine capsule & tablet
Ventolin HFA	Asthma	albuterol hfa (Proair HFA, Proventil HFA, Ventolin HFA)

The following drug(s) were moved to the non-formulary tier or removed from the Plus 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)
Lortab10-300mg/15ml oral solution	Pain	Quantity limit	hydrocodone-acetaminophen 10mg-325mg tablet, hydrocodone-acetaminophen 7.5mg-325mg/ 15ml oral solution

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
alogliptin (Nesina)	Diabetes	Tier 2 with Prior authorization, Quantity limit
alogliptin-metformin (Kazano)		
alogliptin-pioglitazone (Oseni)		
ivermectin 1% cream[3]	Acne rosacea	Tier 2 with Prior authorization, Quantity limit

3. Does not apply to Grandfathered plans