

**BLUE SHIELD OF CALIFORNIA**  
**FOURTH QUARTER 2021 FORMULARY AND MEDICATION POLICY UPDATES**

**EFFECTIVE DECEMBER 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 fourth 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](https://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](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)
Cosentyx <sup>1,2</sup>	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis, Spondyloarthritis	Taltz

1. effective 1/2022; 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 Plus Drug Formulary.**

- These drugs require a formulary exception based on medical necessity for coverage at Tier 3 unless noted otherwise.

Drug	FDA Indication(s)	Alternative(s)
doxycycline hyclate 50mg tablet <sup>1,3</sup>	Bacterial infection	doxycycline hyclate 50mg capsule, doxycycline monohydrate 50mg tablet

1. effective 1/2022; 3. Does not apply to Grandfathered plans

**NEW GENERICS with RESTRICTIONS**

The following drugs are **newly available** **GENERIC** drugs that were **ADDED to the Standard/Value Drug**

**Formulary with coverage restrictions:**

Drug	FDA Indication(s)	Coverage Restriction(s)
everolimus 10mg (Afinitor)	Breast cancer, Neuroendocrine tumor, Renal cell carcinoma, Tuberous sclerosis complex (TSC) -associated renal angiomyolipoma, TSC associated SEGA	Prior authorization
everolimus tablet for oral suspension (Afinitor Disperz)	Tuberous sclerosis complex (TSC) - associated SEGA, TSC-associated partial-onset seizures	Prior authorization
sunitinib (Sutent)	Renal cell cancer, GIST, pNET	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)
buprenorphine buccal film (Belbuca)	Pain	Prior authorization
ibuprofen-famotidine (Duexis) <sup>4</sup>	OA, RA and increased risk of upper GI ulcers	Prior authorization

*4. 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)
Bylvay	Pruritis associated with intrahepatic cholestasis	Prior authorization
chlorpromazine concentrated oral solution <sup>3</sup>	Schizophrenia, Nausea/vomiting, Porphyria, Hiccups, Opposition defiant disorder	Prior authorization
diclofenac potassium 25mg tablet <sup>3</sup>	Dysmenorrhea, OA, RA, Mild to moderate pain	Prior authorization
everolimus 10mg (Afinitor)	Breast cancer, Neuroendocrine tumor, Renal cell carcinoma, Tuberous sclerosis complex (TSC) -associated renal angiomyolipoma, TSC associated SEGA	Prior authorization
everolimus tablet for oral suspension (Afinitor Disperz)	Tuberous sclerosis complex (TSC) - associated SEGA, TSC-associated partial-onset seizures	Prior authorization
Exkivity	Non-small cell lung cancer	Prior authorization
Livmarli	Cholestatic pruritis associated with Alagille syndrome	Prior authorization
Lybalvi <sup>3</sup>	Schizophrenia, Bipolar disorder	Prior authorization
Opzelura <sup>3</sup>	Atopic dermatitis	Prior authorization
Qulipta <sup>3</sup>	Migraine	Prior authorization

Specialty Drug	FDA Indication(s)	Coverage Restriction(s)
Trudhesa <sup>3</sup>		
Rezurock	Chronic graft vs host	Prior authorization
sunitinib (Sutent)	Renal cell cancer, GIST, pNET	Prior authorization
Welireg	von Hippel-Lindau disease	Prior authorization

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)
modafinil (Provigil)	Narcolepsy, Obstructive sleep apnea, Shift work disorder	
risedronate 5mg, 35mg, 150mg tablet (Actonel)	Osteoporosis	
risedronate 35mg dr tablet (Atelvia)		

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)
Actonel 5mg, 35mg, 150mg tablet	Osteoporosis	
Atelvia		
Fanapt <sup>1</sup>	Schizophrenia	Step therapy
Saphris <sup>1</sup>	Schizophrenia, Bipolar disorder	
Versacloz <sup>1</sup>	Schizophrenia, Schizoaffective disorder	
flac otic oil	Eczematous external otitis	
fluocinolone acetonide otic oil		
Provigil	Narcolepsy, Obstructive sleep apnea, Shift work disorder	

1. effective 1/2022

#### 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 Standard/Value Formulary
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Suprep	Bowel cleanser for colonoscopy	Tier 2
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**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)
Klor-con M15	Hypokalemia	
nebivolol (Bystolic)	Hypertension	
SSD	Wound care	
varenicline (Chantix)	Smoking cessation	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
Latuda	Schizophrenia, Bipolar disorder	Step therapy
Taltz <sup>1</sup>	Plaque psoriasis, Psoriatic arthritis, Ankylosing spondylitis, Spondyloarthritis	Prior authorization
Verzenio	Breast cancer	Prior authorization

1. effective 1/2022

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

Drug	FDA Indication(s)	Coverage Restriction(s)
difluprednate (Durezol)	Pain and inflammation	
enalapril oral solution (Epaned)	Hypertension, Heart failure	
paroxetine oral suspension (Paxil)	MDD, OCD, PD, SAD, GAD, PTSD	
Targadox <sup>4</sup>	Bacterial infection	Prior authorization
Zenzedi <sup>4</sup>	ADHD, Narcolepsy	Step therapy, Age-limit

4. Applies only to Grandfathered plans

## **MEDICAL BENEFIT MEDICATION POLICIES:**

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

<b><i>New Policies</i></b>
<ul style="list-style-type: none"><li>• Nexviazyme (avalglucosidase alfa-ngpt)</li><li>• Rylaze (asparaginase erwinia chrysanthemi [recombinant]-rywn)</li><li>• Saphnelo (anifrolumab-fniq)</li><li>• Tivdak (tisotumab vedotin-tftv)</li><li>• Upravi (selexipag)</li></ul>
<b><i>Updated Policies</i></b>
<ul style="list-style-type: none"><li>• Actemra (tocilizumab)</li><li>• Avsola (infliximab-axxq)</li><li>• Benlysta (belimumab)</li><li>• Darzalex (daratumumab)</li><li>• Darzalex Faspro (daratumumab; hyaluronidase-fihj)</li><li>• Entyvio (vedolizumab)</li><li>• Erbitux (cetuximab)</li><li>• Ilumya (fildrakizumab-asmn)</li><li>• Inflectra (infliximab-dyyb)</li><li>• IVIG</li><li>• Jemperli (dostarlimab-gxly)</li><li>• Kevzara (sarilumab)</li><li>• Keytruda (pembrolizumab)</li><li>• Kyprolis (carfilzomib)</li><li>• Nplate (romiplostim)</li><li>• Opdivo (nivolumab)</li><li>• Orencia (abatacept)</li><li>• Polivy (polatuzumab vedotin-piiq)</li><li>• Remicade (infliximab)</li><li>• Renflexis (infliximab-abda)</li><li>• Revatio (sildenafil)</li><li>• Riabni (rituximab-arrx)</li><li>• Rituxan (rituximab)</li><li>• Ruxience (rituximab-pvvr)</li><li>• Rybrevant (amivantamab-vmjw)</li><li>• Simponi Aria (golimumab)</li><li>• Stelara (ustekinumab)</li><li>• Sylvant (siltuximab)</li><li>• Tecartus (brexucabtagene autoleucel)</li><li>• Tecentriq (atezolizumab)</li><li>• Torisel (temsirolimus)</li><li>• Truxima (rituximab-abbs)</li><li>• Tysabri (natalizumab)</li><li>• Velcade (bortezomib)</li><li>• Yervoy (ipilimumab)</li></ul>

## **PHARMACY BENEFIT MEDICATION POLICIES:**

The following coverage policies were updated (or created if specified "NEW") and changes are effective on December 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 → Outpatient drug policies for Commercial plans.

Refer to medication policy for complete details.

For additional information, please call 1-800-535-9481

<b><i>New Policies</i></b>
<ul style="list-style-type: none"><li>• Bylvay (odevixibat)</li><li>• chlorpromazine</li><li>• Diclofenac potassium</li><li>• Exkivity (mobocertinib)</li><li>• Fanapt (iloperidone)</li><li>• Kerendia (finerenone)</li><li>• Livmarli (maralixibat)</li><li>• Loreev XR (lorazepam extended-release)</li><li>• Myrbetriq granules (mirabegron)</li><li>• Opzelura (ruxolitinib phosphate)</li><li>• Qulipta (atogepant)</li><li>• Rezero (belumosudil mesylate)</li><li>• Saphris (asenapine)</li><li>• Thalitone (chlorthalidone)</li><li>• Trudhesa (dihydroergotamine mesylate)</li><li>• Versacloz (clozapine)</li><li>• Welireg (belzutifan)</li></ul>
<b><i>Updated Policies</i></b>
<ul style="list-style-type: none"><li>• Actemra (tocilizumab)</li><li>• Apokyn (apomorphine)</li><li>• Balversa (erdafitinib)</li><li>• Braftovi (encorafenib)</li><li>• Brukinsa (zanubrutinib)</li><li>• Cabometyx (cabozantinib)</li><li>• Cimzia (certolizumab pegol)</li><li>• Cometriq (cabozantinib)</li><li>• Cosentyx (secukinumab)</li><li>• Cotellic (cobimetinib)</li><li>• Doptelet (avatrombopag)</li><li>• Dupixent (dupilumab)</li><li>• Enbrel (etanercept)</li><li>• Gocovri (amantadine)</li><li>• Hettlioz (tasimelteon)</li><li>• Humira (adalimumab)</li><li>• Inbrija (levodopa)</li><li>• Jardiance (empagliflozin)</li><li>• Kevzara (sarilumab)</li><li>• Kineret (anakinra)</li><li>• Kynmobi (apomorphine)</li><li>• Lenvima (lenvatinib)</li></ul>

- Lynparza (olaparib)
- Mekinist (trametinib)
- Mektovi (binimetinib)
- Nexavar (sorafenib)
- Nourianz (istradefylline)
- Nucala (mepolizumab)
- Olumiant (baricitinib)
- Ongentys (opicapone)
- Orencia (abatacept)
- Osmolex ER (amantadine)
- Otezla (apremilast)
- Pomalyst (pomalidomide)
- Promacta (eltrombopag)
- Revlimid (lenalidomide)
- Rinvoq ER (upadacitinib)
- Sabril (vigabatrin)
- Siliq (brodalumab)
- Simponi (golimumab)
- Skyrizi (risankizumab-rzaa)
- Stelara (ustekinumab)
- Tafinlar (dabrafenib)
- Taltz (ixekizumab)
- Tavalisse (fostamatinib)
- Tremfya (guselkumab)
- Turalio (pexidartinib)
- Xeljanz, Xeljanz XR (tofacitinib)
- Xpovio (selinexor)
- Xywav (calcium/magnesium/potassium/sodium oxybate)
- Zelboraf (vemurafenib)
- Zeposia (ozanimod)