

BLUE SHIELD OF CALIFORNIA
FIRST QUARTER 2023 FORMULARY AND MEDICATION POLICY UPDATES

EFFECTIVE MARCH 1, 2023
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 first 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. Select the appropriate drug formulary – “Standard Drug Formulary”, “Value Drug Formulary”, “Prime 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) are **no longer covered on the Plus and Standard/Value/Prime Drug Formularies** because it is available without a prescription.

Drug	FDA Indication(s)	Alternative(s)
ivermectin 0.5% lotion (Sklice) ¹	Lice treatment	malathion 0.5% lotion, spinosad 0.9% suspension
Sklice ¹		

¹ effective 1/1/2023

The following drug(s) were **removed from the Standard/Value/Prime 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)
Daliresp ²	COPD	roflumilast
Gilenya ^{2,3}	Multiple sclerosis	fingolimod 0.5mg capsule

² effective 5/2023; ³ 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 Prime 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)
Cetrotide ³	Infertility	cetorelix

³ Non-formulary drugs that meet the Tier 4 description require a medical necessity exception to be covered at the Tier 4 share of cost

NEW GENERICS with RESTRICTIONS

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

Drug	FDA Indication(s)	Coverage Restriction(s)
roflumilast (Daliresp)	COPD	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)
diclofenac 50mg powder packet (Cambia) ⁴	Acute migraine	Prior authorization
penciclovir 1% cream (Denavir)	Herpes labialis	Prior authorization
tafluprost 0.0015% pf ophthalmic drops (Zioptan)	Glaucoma	Step therapy

⁴ 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) **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)
Allopurinol 200mg tablet ⁵	Gout, Hyperuricemia	Prior authorization
cetrorelix (Cetrotide)	Infertility	Prior authorization
Furoscix	Heart Failure	Prior authorization
Krazati	NSCLC	Prior authorization
Lytgobi	Intrahepatic cholangiocarcinoma	Prior authorization
Rezlidhia	Acute myeloid leukemia	Prior authorization
Stimufend	Chemotherapy-induced neutropenia	Prior authorization
Sunlenc tablet	Multi-drug resistant HIV-1 infection	Prior authorization

⁵ 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/Prime Drug Formularies**:

Drug	FDA Indication(s)	Coverage Restriction(s)
aprepitant (Emend) capsule	Prevent chemotherapy induced nausea and vomiting, Prevent post-operative nausea and vomiting	

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)
doxylamine 10mg-pyridoxine 10mg (Diclegis)	Nausea and vomiting of pregnancy	
Diclegis		
Emend capsule	Prevent chemotherapy induced nausea and vomiting, Prevent	

Drug	FDA Indication(s)	Coverage Restriction(s)
	post-operative nausea and vomiting	
fingolimod 0.5mg capsule (Gilenya) ^{5,6}	Multiple sclerosis	
Zioptan	Glaucoma	Step therapy

5. Does not apply to Grandfathered plans; 6. effective 12/2022

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
dexlansoprazole 60mg dr capsule (Dexilant) ^{4,6}	Erosive esophagitis, GERD	Tier 1 with Step therapy
elixophyllin 80mg/15ml elixir ⁷	Asthma, COPD	Tier 1
fingolimod 0.5mg capsule (Gilenya) ^{4,6}	Multiple sclerosis	Tier 1
Gilenya ²		Tier 4
naproxen sodium 750mg er tablet ^{4,6}	RA, OA, AS, Tendinitis, Brusitis, Acute gout, Primary dysmenorrhea, Mild to moderate pain	Tier 1 with Prior authorization
sucralfate 1gm/10ml oral solution, unit-dose	Duodenal ulcer	Tier 2 ⁵ Tier 1 ⁴
Taperdex 12-day ^{1,5}	Corticosteroid responsive conditions	Tier 3 with Prior authorization

1. effective 1/2023; 2. effective 5/2023; 4. Applies to Grandfathered plans; 5. Does not apply to Grandfathered plans; 6. effective 12/2022; 7. effective 10/2022

DRUGS ADDED to FORMULARY

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

Drug	FDA Indication(s)	Coverage Restriction(s)
levofloxacin 1.5% ophthalmic solution	Corneal ulcer	

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

Drug	FDA Indication(s)	Coverage Restriction(s)
elixophyllin 80mg/15ml elixir ⁷	Asthma, COPD	
fingolimod 0.5mg capsule (Gilenya) ⁶	Multiple sclerosis	
sucralfate 1gm/10ml oral solution, unit-dose	Duodenal ulcer	

6. effective 12/2022; 7. effective 10/2022

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

Drug	FDA Indication(s)	Coverage Restriction(s)
cetorelix (Cetrotide)	Infertility	Prior authorization

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

Drug	FDA Indication(s)	Coverage Restriction(s)
estradiol transdermal gel (Divigel)	Vasomotor symptoms due to menopause	

MEDICAL BENEFIT MEDICATION POLICIES:

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

<i>New Policies</i>
<ul style="list-style-type: none">• Elahere (mirvetuximab soravtansine-gynx)• Hemgenix (etranacogene dezaparvovec-drlb)• Imjudo (tremelimumab-actl)• ketamine (Ketalar)• Leqembi (lecanemab)• Lunsumio (mosunetuzumab-axgb)• Rebyota (fecal microbiota-jslm)• Roctavian (valoctocogne roxaparvovec)• Stimufend (pegfilgrastim-fpgk)• Sunlenca (lenacapavir)• Tecvayli (teclistamab-cqyv)• Tzield (teplizumab-mzwv)
<i>Updated Policies</i>
<ul style="list-style-type: none">• Actemra (tocilizumab)• Adcetris (brentuximab vedotin)• Beovu (brolucizumab-dbll)• Byooviz (ranibizumab-nuna)• Folotyn (pralatrexate)• Gazyva (obinutuzumab)• Imfinzi (durvalumab)• Istodax (romidepsin)• Libtayo (cemiplimab-rwlc)• Lucentis (ranibizumab)• Monjuvi (tafasitamab-cxix)• Opdivo (nivolumab)• pemetrexed (Alimta, Pempfexy)• Polivy (polatuzumab vedotin-piiq)• Qutenza (capsaicin, patch)• Rituxan Hycela (rituximab hyaluronidase human)• Susvimo (ranibizumab)• Tecartus (brexucabtagene autoleucl)• Tecentriq (atezolizumab)• trastuzumab• Trodelvy (sacituzumab govitecan-hziy)• Vabysmo (faricimab-svoa)• Zynlonta (loncastuximab tesirine-lpyl)

Retired Policies

- Blenrep (belantamab mafodotin-blmf)
- Lartruvo (olatumumab)
- Macugen (pegaptanib)
- Pepaxto (melphalan flufenamide)

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Refer to medication policy for complete details.

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New Policies

- Krazati (adagrasib)
- Rezlidhia (olutasidenib)
- Stimufend (pegfilgrastim-fpgk)

Updated Policies

- Afinitor (everolimus)
- Ayvakit (avapritinib)
- Brukinsa (zanubrutinib)
- Gleevec (imatinib)
- Imbruvica (ibrutinib)
- Lumakras (sotorasib)
- Qinlock (ripretinib)
- Rozlytrek (entrectinib)
- Sprycel (dasatinib)
- Stivarga (regorarenib)
- Sutent (sunitinib)
- Tassigna (nilotinib)
- Tukysa (tucatinib)
- Turalio (pexidartinib)
- Venclexta (venetoclax)
- Votrient (pazopanib)
- Zejula (niraparib)
- Zelboraf (vemurafenib)