

Blue Shield of California Promise Health Plan Cal MediConnect Formulary Changes - First Quarter of 2022

This report provides formulary changes approved by our Pharmacy and Therapeutics Committee. For a complete listing, please refer to the Blue Shield Promise website at blueshieldca.com/promise. You may also call Blue Shield Promise at (800) 468-9935.

Anti-Addiction/Substance Abuse Agents

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|--------------|--------------|---------------|-------------|------------------|---|-----|
| naloxone HCl | naloxone HCl | 4mg/0.1ml | nasal spray | Formulary | Add to the Generic Tier with a quantity limit of 2 doses per month. | Yes |

Anticonvulsants

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|-----------|--------------|---------------|---------------|------------------------------------|--|-----|
| Eprontia | topiramate | 25mg/ml | oral solution | Formulary with prior authorization | Add to the Brand Tier with prior authorization required and a quantity limit of 16 ml per day. | Yes |

Antineoplastics

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|-----------|------------------------------|---------------|-------------------|------------------------------------|---|-----|
| Besremi | ropeginterferon alfa-2b-njft | 500mcg/1ml | prefilled syringe | Formulary with prior authorization | Add to the Brand Tier with prior authorization required and a quantity limit of 2 syringes per 28 days. | Yes |
| Scemblix | asciminib | 20mg, 40mg | tablet | Formulary with prior authorization | Add to the Brand Tier with prior authorization required and quantity limits of 20 tablets per day for 20 mg and 10 tablets per day for 40 mg. | Yes |

Antivirals

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|-----------|---|----------------------|-------------|------------------------------------|--|-----|
| Epclusa | sofosbuvir-velpatasvir | 150-37.5mg, 200-50mg | pellet pack | Formulary with prior authorization | Add to the Brand Tier with quantity limits of 2 packets per day for 200-50mg and 1 packet per day for 150-37.5mg. | Yes |
| Mavyret | glecaprevir-pibrentasvir | 50-20mg | pellet pack | Formulary with prior authorization | Add to the Brand Tier with prior authorization required and a quantity limit of 6 packets per day. | Yes |
| Apertude | cabotegravir | 600mg/3ml | vial | Formulary with BvD | Add to the Brand Tier with Part B versus Part D determination required and a quantity limit of 21 ml per 365 days. | Yes |
| Biktarvy | bictegravir-emtricitabine-tenofovir alafenamide | 30-120-50mg | tablet | Formulary | Add to the Brand Tier with a quantity limit of 1 tablet per day. | Yes |

Blood Products and Modifiers

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|-----------|--------------|---------------|----------------------------|------------------------------------|--|-----|
| Oxbryta | voxelotor | 300mg | tablet for oral suspension | Formulary with prior authorization | Add to the Brand Tier with prior authorization required and a quantity limit of 5 tablets per day. | Yes |

Electrolytes/Minerals/Metals/Vitamins

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|----------------|----------------|---------------|----------------------------|------------------------------------|--|-----|
| carglumic acid | carglumic acid | 200mg | tablet for oral suspension | Formulary with prior authorization | Add to the Generic Tier with prior authorization required. | Yes |

Corticosteroids

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|----------------------------|----------------------------|---------------|-------------|------------------|--------------------------|-----|
| methylprednisolone acetate | methylprednisolone acetate | 40mg/ml | vial | Formulary | Add to the Generic Tier. | Yes |

Immunological Agents (immunosuppressants)

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|------------------|---------------------|----------------------|--------------------|--|---|------------|
| everolimus | everolimus | 1 mg | tablet | Formulary with prior authorization and BvD | Add to the Generic Tier with prior authorization and Part B versus Part D determination required. | Yes |

Immunological Agents (vaccines)

| Drug Name | Generic Name | Drug Strength | Formulation | Formulary Status | Formulary Comments | CMC |
|------------------|--|----------------------|--------------------|-------------------------|---------------------------|------------|
| Dengvaxia | dengue virus vaccine, live tetravalent | n/a | vial | Formulary | Add to the Brand Tier. | Yes |
| Ticovac | tick-borne encephalitis virus vaccine | 2.5mcg/0.5ml | prefilled syringe | Formulary | Add to the Brand Tier. | Yes |