

Blue Shield of California Promise Health Plan Cal MediConnect Formulary Changes - Second 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.

Antibacterials						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
cefazolin sodium	cefazolin sodium	2gm	vial	Formulary	Add to the formulary in the Generic Tier.	Yes

Anticonvulsants						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
lacosamide	lacosamide	50mg, 100mg, 150mg, tablet 200mg		Formulary	Add to the formulary in the Generic Tier, with a quantity limit of 2 tablets per day.	Yes
Vimpat	lacosamide	50mg, 100mg, 150mg, tablet 200mg		Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes

Antifungals						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Ambisome	amphotericin b liposome	50mg	vial	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes
amphotericin b liposome	amphotericin b liposome	50mg	vial	Formulary with BvD determination	Add to the formulary in the Generic Tier, with Part B versus Part D determination required.	Yes

Antineoplastics

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
lenalidomide	lenalidomide	5mg, 10mg, 15mg, 25mg	capsule	Formulary with prior authorization	Add to the formulary in the Generic Tier, with prior authorization required and a quantity limit of 1 capsule per day.	Yes
Revlimid	lenalidomide	5mg, 10mg, 15mg, 25mg	capsule	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes
Talzenna	talazoparib tosylate	0.5mg, 0.75mg	capsule	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and a quantity limit of 1 tablet per day.	Yes

Antiparkinson agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Apokyn	apomorphine	30mg/3ml	cartridge	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes
apomorphine	apomorphine	30mg/3ml	cartridge	Formulary with prior authorization	Add to the formulary in the Generic Tier, with prior authorization required.	Yes

Antivirals

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Descovy	emtricitabine-tenofovir alafenamide fumarate	120-15mg	tablet	Formulary	Add to the formulary in the Brand Tier, with a quantity limit of 1 tablet per day.	Yes
Triumeq PD	abacavir-dolutegravir-lamivudine	60-5-30mg	tablet for oral suspension	Formulary	Add to the formulary in the Brand Tier, with a quantity limit of 6 tablets per day.	Yes

Antivirals (cont.)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
maraviroc	maraviroc	150mg, 300mg	tablet	Formulary	Add to the formulary in the Generic Tier, with quantity limits of 2 tablets per day for 150mg and 4 tablets per day for 300mg.	Yes
Selzentry	maraviroc	150mg, 300mg	tablet	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes

Antidiabetic agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Ozempic	semaglutide	8mg/3ml (2mg dose)	pen-injector	Formulary	Add to the formulary in the Brand Tier, with a quantity limit of 3 ml per 28 days.	Yes

Anticoagulants

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Xarelto	rivaroxaban	1mg/ml	oral suspension, granules	Formulary	Add to the formulary in the Brand Tier, with a quantity limit of 20 ml per day.	Yes

Cardiovascular agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
ranolazine	ranolazine	500mg, 1gm extended release	tablet	Formulary	Remove prior authorization requirement.	Yes
Rectiv	nitroglycerin	4%	ointment	Formulary	Remove prior authorization requirement.	Yes

Electrolyte/Mineral/Metal Modifiers

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
deferiprone	deferiprone	1000mg	tablet	Formulary with prior authorization	Add to formulary in the Generic Tier, with prior authorization required.	Yes
Ferriprox	deferiprone	1000mg	tablet	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes

Genetic or enzyme or protein disorder: replacement, modifiers, treatment

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
betaine	betaine		powder for oral solution	Formulary	Add to the formulary in the Generic Tier.	Yes
Cystadane	betaine		powder for oral solution	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes

Genitourinary agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
silodosin	silodosin	4mg, 8mg	capsule	Formulary	Add to the formulary in the Generic Tier, with a quantity limit of 1 capsule per day.	Yes

Hormonal agents, stimulant/replacement/modifying (adrenal)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Cortrophin	corticotropin	80 units/ml	vial	Formulary with prior authorization	Add to formulary in the Brand Tier, with prior authorization required.	Yes

Hormonal agents, stimulant/replacement/modifying (thyroid)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Euthyrox	levothyroxine sodium	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	tablet	Formulary	Add to the formulary in the Generic Tier.	Yes

Hormonal agents, suppressant (pituitary)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
lanreotide acetate	lanreotide acetate	120mg/0.5ml	syringe	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required.	Yes

Immunological agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Rinvoq	upadacitinib	30mg, 45mg extended-release	tablet	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and quantity limits of 1 tablet per day for 30 mg and 56 tablets per 365 days for 45 mg.	Yes

Immunological agents - vaccines

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Prehevbrio	hepatitis B vaccine 3-antigen recombinant	10mcg/1ml	vial	Formulary with BvD determination	Add to the formulary in the Brand Tier, with Part B versus Part D determination required.	Yes

Ophthalmic agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
brimonidine-timolol	brimonidine-timolol	0.2%-0.5%	ophthalmic solution	Formulary	Add to formulary Generic Tier	Yes
Combigan	brimonidine-timolol	0.2%-0.5%	ophthalmic solution	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes