

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

Anticonvulsants						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Zonisade	zonisamide	100 mg/5ml	suspension	Formulary	Add to the formulary in the Brand Tier.	Yes

Antidepressants						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Auvelity	dextromethorphan hydrobromide-bupropion hydrochloride	45-105 mg	tablet ER	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and a quantity limit of 2 tablets per day.	Yes

Antineoplastics						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
lenalidomide	lenalidomide	2.5mg, 20mg	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
Calquence	acalabrutinib maleate	100 mg	tablet	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and a quantity limit of 2 tablets per day.	Yes
Imbruvica	ibrutinib	70 mg/ml	suspension	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and a quantity limit of 8 ml per day.	Yes

Antipsychotics

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Caplyta	lumateperone tosylate	10.5mg, 21 mg	capsule	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and a quantity limit of 1 capsule per day.	Yes
quetiapine fumarate	quetiapine fumarate	150 mg	tablet	Formulary	Add to the formulary in the Generic Tier.	Yes

Blood Products and Modifiers

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
dabigatran etexilate mesylate	dabigatran etexilate mesylate	75mg, 150mg	capsule	Formulary	Add to the formulary in the Generic Tier, with a quantity limit of 2 capsules per day.	Yes

Cardiovascular Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
icosapent ethyl	icosapent ethyl	0.5gm	capsule	Formulary	Add to the formulary in the Generic Tier, with a quantity limit of 8 capsules per day.	Yes

Gastrointestinal Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
sod sulfate-pot sulf-mg sulf	sod sulfate-potsulf-mg sulf	17.5-3.13-1.6 gm/177ml	oral solution	Formulary	Add to the formulary in the Generic Tier.	Yes

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Javygtor	sapropterin dihydrochloride	100 mg	tablet	Formulary with prior authorization	Add to the formulary in the Generic tier, with prior authorization required.	Yes

Respiratory Tract/Pulmonary Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
pirfenidone	pirfenidone	534mg	tablet	Formulary with prior authorization	Add to the formulary in the Generic Tier, with prior authorization required and a quantity limit of 5 tablets per day.	Yes