

Blue Shield of California Promise Health Plan Medi-Cal Formulary Changes - Second Quarter - 2019

This report provides formulary changes approved by 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.

| Antiasthmatics, Adren | ergic Stimulants, Inhale | ers | | | |
|----------------------------|---|---------------------------------------|---------------------|---|----------|
| Drug Name | Label Name | Drug Strength | Formulation | Formulary Comments | Medi-Cal |
| Albuterol sulfate HFA | Albuterol sulfate HFA (generic ProAir, Ventolin, Proventil) | 90 mcg | Inhaler | Add to Medi-Cal formulary with quantity limit of #2 packages per 30 days. | Yes |
| Fluticasone- salmeterol | Wixela | 100-50mcg, 250-50mcg, 500-50mcg | Inhaler | Add to Medi-Cal formulary with quantity limit of 60 grams per 30 days. | Yes |
| Ipratropium-albuterol | Ipratropium-albuterol | 0.5-3(2.5) mg/3 ml | Inhalation Solution | Add to Medi-Cal formulary with quantity limit of #540 ml per 30 days. | Yes |
| Laxatives and Cathar | tics | | | | |
| Drug Name | Label Name | Drug Strength | Formulation | Formulary Comments | Medi-Cal |
| PEG-3350 elecrolyte | PEG-3350 electrolyte, Gavilyte-N, Trilyte | | Solution | Add to Medi-Cal formulary | Yes |

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| Lipotropics | | | | | |
|--------------------------|-----------------------|-----------------|-------------|---|----------|
| Drug Name | Label Name | Drug Strength | Formulation | Formulary Comments | Medi-Cal |
| Rosuvastatin | Rosuvastatin | 5, 10, 20, 40mg | Tablet | Add to MediCal formulary with step therapy requiring lovastatin, simvastatin, or atorvastatin for 30 days within the last 90 days and quantiy limit of #30 per 30 days. | Yes |
| Phosphate Binders | | | | | |
| Drug Name | Label Name | Drug Strength | Formulation | Formulary Comments | Medi-Cal |
| Sevelamer carbonate | e Savelamer carbonate | e 800mg | Tablet | Add to Medi-Cal formulary with prior authorization. | Yes |

| Skeletal Muscle Relaxants | | | | | | | |
|---------------------------|-----------------|---------------|-------------|---|----------|--|--|
| Drug Name | Label Name | Drug Strength | Formulation | Formulary Comments | Medi-Cal | | |
| Cyclobenzaprine | Cyclobenzaprine | 5mg | Tablet | Add to Medi-Cal formulary with quantity limit of #90 per 30 days. | Yes | | |