Blue Shield of California Promise Health Plan
Medi-Cal Formulary Changes - First Quarter of 2020

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.

Anticoagulants

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Xarelto	rivaroxaban	10mg, 15mg, 20mg	tablet, starter pack	Formulary	Remove prior authorization requirement and add the quantity limit of 1 tablet per day, 1 starter pack per 6 months.	Yes
Eliquis	apixaban	2.5mg, 5mg	tablet, starter pack	Formulary	Add to the formulary, with a quantity limit of 2 tablets per day, 1 starter pack per 6 months.	Yes

Antifungals

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Med-Cal
Ciclopirox	ciclopirox olamine	0.77%	topical suspension	Formulary	Remove prior authorization requirement and add the quantity limit of 60 ml per 30 days.	Yes
Ciclopirox	ciclopirox	0.77%	gel	Formulary	Remove prior authorization requirement and add the quantity limit of 100 grams per 30 days.	Yes
Ciclopirox	ciclopirox	1%	shampoo	Formulary	Remove prior authorization requirement and add the quantity limit of 20 oz per 30 days.	Yes
Ciclopirox	ciclopirox olamine	0.77%	cream	Formulary	Remove prior authorization requirement and add the quantity limit of 90 grams per 30 days.	Yes

Calcium Channel Blockers

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Tiadylt ER	diltiazem	360mg 24H SA	capsule	Formulary	Add to the formulary.	Yes

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Central Nervous System Agents						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
Pregabalin	pregabalin	25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg 20mg/ml	capsule, solution	Formulary with prior authorization	Add to the formulary with prior authorization requirement and the following quantity limits: 3 tablets per day for 25mg-200mg; 2 tablets per day for 225mg and 300mg; and 30 ml per day for solution.	Yes

Chelating Agents						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulation Status**	**Formulary Comments**	**Medi-Cal**
Penicillamine	penicillamine	250mg	capsule	Formulary	Add the quantity limit of 16 capsules per day.	Yes

Contraceptives						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
Eluryng, etonogestrel/ethinyl estradiol	etonogestrel/ethinyl estradiol	0.12 mg-0.015 mg/24 hr	vaginal ring	Formulary	Add to the formulary with the quantity limit of 1 ring per 28 days.	Yes
Nuvaring	etonogestrel/ethinyl estradiol	0.12 mg-0.015 mg/24 hr	vaginal ring	Non-Formulary	Remove brand from the formulary.	Yes
Norethindrone-ethinyl estradiol, iron (generic for Loestrin Fe)	norethindrone-ethinyl estradiol, iron	1.5mg-30mcg (21)/ ferrous fumarate 75mg (7)	tablet, 28 pack	Formulary	Add to the formulary.	Yes

Dermatological Agents						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
Amnesteem, Claravis, Zenatane, Myorisan, Isotretinoin	isotretinoin	10mg, 20mg, 30mg, 40mg	capsule	Formulary with prior authorization	Add to the formulary with prior authorization requirement.	Yes
Calcipotriene	calcipotriene	0.005%	cream	Formulary with prior authorization	Add to the formulary with prior authorization requirement.	Yes

Dyslipidemic Agents						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
Omega-3 ethyl esters	omega-3 ethyl esters	1mg	capsule	Formulary	Remove prior authorization requirement and add the quantity limit of 4 capsules per day.	Yes

Electrolytes/Minerals/Metals/Vitamins Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Levocarnitine	levocarnitine	100mg/ml	oral solution	Formulary	Add to the formulary.	Yes
Carnitor SF	levocarnitine	100mg/ml	oral solution	Non-Formulary	Remove brand from the formulary.	Yes

Multiple Sclerosis Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Glatiramer, Glatopa	glatiramer	20mg/ml, 40mg/ml	syringe	Formulary with prior authorization	Add to the formulary with prior authorization requirement and the quantity limit of 1 syringe per day for 20mg and 12 syringes per month for 40mg.	Yes
Avonex	interferon beta-1a, interferon beta-1a/albumin human	30mcg	vial/syringe kit	Formulary with prior authorization	Add to the formulary with prior authorization requirement.	Yes
Plegridy	peginterferon beta-1a	125mcg/0.5ml	pen, syringe, starter pack	Formulary with prior authorization	Add to the formulary with prior authorization requirement.	Yes
Tecfidera	dimethyl fumarate	120mg, 240mg DR	capsule, starter pack	Formulary with prior authorization	Add to the formulary with prior authorization requirement.	Yes

Ophthalmic Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Atropine	atropine	1%	eye ointment	Non-Formulary	Remove from the formulary.	Yes

Prenatal Vitamins

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Se-Natal-19	pnv119/iron fumarate/folic acid	29mg-1mg	tablet	Formulary	Add to the formulary.	Yes

Respiratory Agents - Inhalers

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Serevent Diskus	salmeterol xinafoate	50mcg	Diskus inhaler	Formulary	Remove the step therapy requirement and add the quantity limit of 60 inhalations per 30 days.	Yes