

## Blue Shield of California Promise Health Plan Medicare and Cal MediConnect Formulary Changes - Third 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](http://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	Medicare	CMC
Fintepla	fenfluramine hcl	2.2mg/ml	oral solution	Formulary with Prior Authorization	<p>Add to the Medicare Formulary Specialty Tier with prior authorization required and a quantity limit of 12 ml per day.</p> <p>Add to the CMC Formulary Brand Tier with prior authorization required and a quantity limit of 12 ml per day.</p>	Yes	Yes
Antineoplastics							
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Retevmo	selpercatinib	40mg, 80mg	capsule	Formulary with Prior Authorization	<p>Add to the Medicare Formulary Specialty Tier with prior authorization required and a quantity limit of 4 capsules per day for 80 mg and 6 capsules per day for 40 mg.</p> <p>Add to the CMC Formulary Brand Tier with prior authorization required and a quantity limit of 4 capsules per day for 80 mg and 6 capsules per day for 40 mg.</p>	Yes	Yes
Tabrecta	capmatinib hydrochloride	150mg, 200mg	tablet	Formulary with Prior Authorization	<p>Add to the Medicare Formulary Specialty Tier with prior authorization required and a quantity limit of 4 tablets per day.</p> <p>Add to the CMC Formulary Brand Tier with prior authorization required and a quantity limit of 4 tablets per day.</p>	Yes	Yes

**Antineoplastics (cont.)**

<b>Drug Name</b>	<b>Generic Name</b>	<b>Drug Strength</b>	<b>Formulation</b>	<b>Formulary Status</b>	<b>Formulary Comments</b>	<b>Medicare</b>	<b>CMC</b>
Xpovio	selinexor	40mg/week (20mg x 2 tab), 40mg twice weekly (20mg x 4 tab), 60mg twice weekly (20mg x 6 tab)	tablet	Formulary with Prior Authorization	Add to the Medicare Formulary Specialty Tier with prior authorization required and a quantity limit of 8 tablets per 28 days for 40mg/week, 24 tablets per 28 days for 60 mg twice/week, and 16 tablets per 28 days for 40 mg twice/week.  Add to the CMC Formulary Brand Tier with prior authorization required and a quantity limit of 8 tablets per 28 days for 40mg/week, 24 tablets per 28 days for 60 mg twice/week, and 16 tablets per 28 days for 40 mg twice/week.	Yes	Yes
Qinlock	ripretinib	50mg	tablet	Formulary with Prior Authorization	Add to the Medicare Formulary Specialty Tier with prior authorization required and quantity limit of 3 tablets per day.  Add to the CMC Formulary Brand Tier with prior authorization required and a quantity limit of 3 tablets per day.	Yes	Yes

**Hepatitis C Agents**

<b>Drug Name</b>	<b>Generic Name</b>	<b>Drug Strength</b>	<b>Formulation</b>	<b>Formulary Status</b>	<b>Formulary Comments</b>	<b>Medicare</b>	<b>CMC</b>
Harvoni	ledipasvir/ sofosbuvir	33.75-150mg, 45- 200mg	oral pellet	Formulary with Prior Authorization	Add to the Medicare Formulary Specialty Tier with prior authorization required and quantity limit of 1 packet per day for 33.75-150mg and 2 packets per day for 45-200mg.  Add to the CMC Formulary Brand Tier with prior authorization required and a quantity limit of 1 packet per day for 33.75-150mg and 2 packets per day for 45-200mg.	Yes	Yes

**HIV Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Tivicay PD	dolutegravir sodium	5mg	tablet for suspension	Formulary	Add to the Medicare Formulary Preferred Brand Tier with a quantity limit of 5 tablets per day.  Add to the CMC Formulary Brand Tier with a quantity limit of 5 tablets per day.	Yes	Yes
Rukobia	fostemsavir tromethamine	600mg ER	tablet	Formulary	Add to the Medicare Formulary Specialty Tier with a quantity limit of 2 tablets per day.  Add to the CMC Formulary Brand Tier with a quantity limit of 2 tablets per day.	Yes	Yes

**Oral Contraceptives**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Hailey Fe	norethindrone-ethinyl estradiol-ferrous fumerate	1mg-20mcg (21), 75mg (7) tablets; 1.5mg-30mcg (21), 75mg (7) tablets, 28 tablet pack	tablet	Formulary	Add to the Medicare Formulary Generic Tier.  Add to the CMC Formulary Generic Tier.	Yes	Yes

**Skeletal Muscle Relaxants**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Vanadom	carisoprodol	350mg	tablet	Formulary with Prior Authorization	Add to the Medicare Formulary Generic Tier with High Risk Medication prior authorization required and a quantity limit of 3 tablets per day.  Add to the CMC Formulary Generic Tier with High Risk Medication prior authorization required and a quantity limit of 3 tablets per day.	Yes	Yes