

Blue Shield of California Promise Health Plan Cal MediConnect Formulary Changes - Third Quarter of 2021

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
vancomycin HCl	vancomycin HCl	1.5gm	vial, powder for reconstitution	Formulary	Add to the formulary Generic Tier.	Yes
Anticonvulsants						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Xcopri	cenobamate	250mg tablet daily dose pack (100mg & 150mg)	tablet	Formulary with prior authorization	Add to formulary Brand Tier with prior authorization and a quantity limit of 2 tablets per day.	Yes
clobazam	clobazam	10mg	tablet	Formulary	Updated quantity limit from 2 tablets per day to 4 tablets per day.	Yes
Banzel	rufinamide	200mg, 400mg	tablet	Non-formulary	Remove from formulary. (A generic equivalent is available.)	Yes
rufinamide	rufinamide	200mg, 400mg	tablet	Formulary with step therapy	Add to the formulary in the Generic Tier, with step therapy required and quantity limits of 16 tablets per day for 200mg and 8 tablets per day for 400mg.	Yes

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Antineoplastics

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Ayvakit	avapritinib	25mg, 50mg	tablet	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
Lumakras	sotorasib	120mg	tablet	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and a quantity limit of 8 tablets per day.	Yes
Xpovio	selinexor	40mg x 1 tab/blister pk (40mg once weekly), 40mg x 2 tabs/blister pk (40mg twice weekly, 80mg once weekly), 50mg x 2 tabs/blister pk (100mg once weekly), 60mg x 1 tab/blister pk (60mg once weekly), 4 blister pks/carton	tablet	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and the following quantity limits: - 8 tablets per 28 days (40mg twice weekly, 80mg once weekly, 100mg once weekly) - 4 tablets per 28 days (40mg once weekly, 60mg once weekly)	Yes
Truseltiq	infigratinib phosphate	25mg, 100mg capsule, 50mg daily dose (2 x 25mg, 42 caps/pack), 75mg daily dose (3 x 25mg, 63 caps/pack), 100mg daily dose (1 x 100mg, 21 caps/pack), 125mg daily dose (1 x 100mg & 1 x 25mg cap, 42 caps/pack)	capsule	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and the following quantity limits: - 21 capsules per 28 days (100mg/day) - 42 capsules per 28 days (50mg/day, 125mg/day) - 63 capsules per 28 days (75mg/day)	Yes

Antivirals

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
etravirine	etravirine	100mg, 200mg	tablet	Formulary	Add to the formulary in the Generic Tier, with quantity limits of 4 tablets per day (100mg) and 2 tablets per day (200mg).	Yes
Intelence	etravirine	100mg, 200mg	tablet	Non-formulary	Remove from the formulary. (A generic equivalent is available.)	Yes
lopinavir-ritonavir	lopinavir-ritonavir	100-25mg, 200-50mg	tablet	Formulary	Add to the formulary in the Generic Tier, with quantity limits of 10 tablets per day (100-25mg) and 4 tablets per day (200-50mg).	Yes
Kaletra	lopinavir-ritonavir	100-25mg, 200-50mg	tablet	Non-formulary	Remove from the formulary. (A generic equivalent is available.)	Yes

Respiratory Tract/Pulmonary Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Trikafta	elexacaftor- tezacaftor- ivacaftor/ivacaftor	50mg-25mg-37.5mg & 75mg dose pack	tablet	Formulary	Add to the formulary in the Brand Tier, with a quantity limit of 3 tablets per day.	Yes