

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](https://blueshieldca.com/promise). You may also call Blue Shield Promise at (800) 468-9935.

<b>Antineoplastics</b>						
<b>Drug Name</b>	<b>Generic Name</b>	<b>Drug Strength</b>	<b>Formulation</b>	<b>Formulary Status</b>	<b>Formulary Comments</b>	<b>Medi-Cal</b>
cyclophosphamide	cyclophosphamide	25mg, 50mg	tablet	Formulary with prior authorization	Add to the formulary with prior authorization required.	Yes

<b>Antipsychotics</b>						
<b>Drug Name</b>	<b>Generic Name</b>	<b>Drug Strength</b>	<b>Formulation</b>	<b>Formulary Status</b>	<b>Formulary Comments</b>	<b>Medi-Cal</b>
Abilify Mycite	aripiprazole	2mg, 5mg, 10mg, 15mg, 20mg, 30mg	tablet with 2 component patch; starter pack and maintenance pack	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

<b>Antivirals</b>						
<b>Drug Name</b>	<b>Generic Name</b>	<b>Drug Strength</b>	<b>Formulation</b>	<b>Formulary Status</b>	<b>Formulary Comments</b>	<b>Medi-Cal</b>
entricitabine-tenofovir disoproxil fumarate	entricitabine-tenofovir disoproxil fumarate	100-150mg, 133-200mg, 167-250mg	tablet	Carve-Out	Add to Medi-Cal Carve-Out list.	Yes

<b>Central nervous system agents</b>						
<b>Drug Name</b>	<b>Generic Name</b>	<b>Drug Strength</b>	<b>Formulation</b>	<b>Formulary Status</b>	<b>Formulary Comments</b>	<b>Medi-Cal</b>
Plegridy	peginterferon beta-1a	125mcg/0.5ml	syringe	Formulary with prior authorization	Add to the formulary with prior authorization required.	Yes

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**Hormonal agents, Stimulant/Replacement/Modifying (Pituitary)**

<b>Drug Name</b>	<b>Generic Name</b>	<b>Drug Strength</b>	<b>Formulation</b>	<b>Formulary Status</b>	<b>Formulary Comments</b>	<b>Medi-Cal</b>
desmopressin acetate PF	desmopressin acetate	4mcg/1ml	vial	Formulary with prior authorization	Add to the formulary with prior authorization required.	Yes

**Hormonal agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)**

<b>Drug Name</b>	<b>Generic Name</b>	<b>Drug Strength</b>	<b>Formulation</b>	<b>Formulary Status</b>	<b>Formulary Comments</b>	<b>Medi-Cal</b>
Zafemy	norelgestromin-ethinyl estradiol	150-35mcg	patch	Formulary	Add to formulary with a quantity limit of 3 patches per 28 days.	Yes

**Immunological 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>Medi-Cal</b>
Intron A	interferon alfa-2b	10mu, 18mu, 25mu, 50mu	vial	Formulary	Remove prior authorization requirement.	Yes