Blue Shield of California Promise Health Plan
Medi-Cal 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.

Anti-Addiction/Substance Abuse Treatment Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Kloxxado	naloxone	8mg/0.1ml	nasal spray	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

Antibacterials

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
vancomycin HCl	vancomycin HCl	125mg	capsule	Formulary	Add to the formulary with a quantity limit of 56 capsules per 14 days.	Yes
clarithromycin	clarithromycin	500mg	tablet	Formulary	Remove step therapy requirement and add a quantity limit of 28 tablets per 14 days.	Yes
ciprofloxacin HCl	ciprofloxacin HCl	100mg	tablet	Non-formulary	Remove from the formulary.	Yes
moxifloxacin HCl	moxifloxacin HCl	400mg	tablet	Non-formulary	Remove from the formulary.	Yes

Anticonvulsants

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
divalproex sodium	divalproex sodium	250mg, 500mg extended-release	tablet	Formulary	Add to the formulary	Yes

Antiemetics						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
granisetron HCl	granisetron HCl	1mg	tablet	Non-formulary	Remove from the formulary.	Yes
ondansetron HCl	ondansetron HCl	4mg/5ml	solution	Non-formulary	Remove from the formulary.	Yes

Antivirals						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
etravirine	etravirine	100mg, 200mg	tablet	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes
lopinavir-ritonavir	lopinavir-ritonavir	100-25mg, 200-50mg	tablet	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

Cardiovascular Agents						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
irbesartan	irbesartan	75mg, 150mg, 300mg	tablet	Formulary	Remove step therapy requirement.	Yes
valsartan	valsartan	40mg, 80mg, 160mg, 320mg	tablet	Formulary	Remove step therapy requirement.	Yes
irbesartan-hctz	irbesartan-hctz	150-12.5mg, 300-12.5mg	tablet	Formulary	Remove step therapy requirement.	Yes
valsartan-hctz	valsartan-hctz	80-12.5mg, 160-12.5mg, 160-25mg, 320-12.5mg, 320-25mg	tablet	Formulary	Remove step therapy requirement.	Yes
fenofibrate	fenofibrate	54mg, 160mg	tablet	Formulary	Remove step therapy requirement.	Yes

Cardiovascular Agents						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
fenofibrate micronized	fenofibrate micronized	67mg, 134mg, 200mg	capsule	Formulary	Remove step therapy requirement.	Yes

Gastrointestinal Agents						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
lansoprazole	lansoprazole	30mg	capsule	Formulary	Add a quantity limit of 2 capsules per day.	Yes
omeprazole	omeprazole	40mg delayed release	capsule	Formulary	Change the quantity limit from 1 capsule per day to 2 capsules per day.	Yes
pantoprazole sodium	pantoprazole sodium	40mg delayed release	tablet	Formulary	Add a quantity limit of 2 tablets per day.	Yes

Hormonal Agents, Stimulant/Replacement/Modifying						
Drug Name	**Generic Name**	**Drug Strength**	**Formulation**	**Formulary Status**	**Formulary Comments**	**Medi-Cal**
megestrol acetate	megestrol acetate	40mg/ml, 400mg/10ml	suspension	Formulary	Remove the prior authorization requirement and add a quantity limit of 600 ml per 30 days.	Yes