

## Blue Shield of California Promise Health Plan Medicare and Cal MediConnect 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](http://blueshieldca.com/promise). You may also call Blue Shield Promise at (800) 468-9935.

### ADHD Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Atomoxetine	atomoxetine	10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	capsule	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes
Guanfacine ER	guanfacine HCl	1mg, 2mg, 3mg, 4mg	tablet ER	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

### Alpha-Adrenergic Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Guanfacine	guanfacine HCl	1mg, 2mg	tablet	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

### Antiarrhythmic Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Dofetilide	dofetilide	125mcg, 250mcg, 500mcg	Capsule	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

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**Antibacterials**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Colistimethate	colistin (as colistimethate sodium)	150mg	vial	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes
Daptomycin	daptomycin	500mg	vial	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes
Linezolid	linezolid	600mg/300ml-D5W, 600mg/300ml-0.9%NaCl	IV piggyback	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Anticancer Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Everolimus	everolimus	2.5mg, 5mg, 7.5mg	tablet	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier, with prior authorization and a quantity limit of 2 tablets/day for 7.5 mg and 1 tablet/day for 2.5mg and 5mg.  Add to the CMC formulary in the Brand Tier, with prior authorization and a quantity limit of 2 tablets/day for 7.5 mg and 1 tablet/day for 2.5mg and 5mg.	Yes	Yes
Afinitor	everolimus	2.5mg, 5mg, 7.5mg	tablet	Non-formulary	Remove brand from the formulary.	Yes	Yes
Amifostine	amifostine	500mg	vial	Formulary	Remove prior authorization requirement and add BvD to the Medicare and CMC formularies.	Yes	Yes
Ayvakit	avapritinib	100mg, 200mg, 300mg	tablet	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier, with prior authorization, limited distribution, and a quantity limit of 1 tablet/day.  Add to the CMC formulary in the Brand Tier, with prior authorization, limited distribution, and a quantity limit of 1 tablet/day.	Yes	Yes

**Anticancer Agents (continued)**

<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>
Blincyto	blinatumomab	35mcg	vial	Formulary	Remove prior authorization requirement and add BvD to the Medicare and CMC formularies.	Yes	Yes
Brukinsa	zanubrutinib	80mg	capsule	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier, with prior authorization required, limited distribution, and a quantity limit of 4 capsules/day.  Add to the CMC formulary in the Brand Tier, with prior authorization required, limited distribution, and a quantity limit of 3 capsules/day.	Yes	Yes
Portrazza	necitumumab	800mg/50ml	vial	Formulary	Remove the prior authorization requirement and add BvD to the Medicare and CMC formularies.	Yes	Yes
Ruxience	rituximab-pvvr	100mg/10ml, 500mg/50ml	vial	Formulary	Add to the Medicare formulary in the Specialty Tier with PA and BvD.  Add to the CMC formulary in the Brand Tier with PA and BvD.	Yes	Yes
Synribo	omacetaxine mepesuccinate	3.5mg/ml	vial	Formulary	Remove the prior authorization requirement and add BvD to the Medicare and CMC formularies.	Yes	Yes
Tazverik	tazemetostat hydrobromide	200mg	tablet	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier, with prior authorization required and a quantity limit of 8 tablets/day.  Add to the CMC formulary Brand Tier with prior authorization required and a quantity limit of 8 tablets/day.	Yes	Yes

**Anticonvulsants**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Levetiracetam	levetiracetam	500mg/5ml	vial	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes
Valtoco	diazepam	5mg/spray, 10mg/spray, 15mg/2 spray, 20mg/2 spray	nasal spray	Formulary	Add to the Medicare formulary in the Specialty Tier, with a quantity limit of 10 sprays/30 days.  Add to the CMC formulary in the Brand Tier, with a quantity limit of 10 sprays/30 days.	Yes	Yes

**Antiemetics**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Aprepitant	aprepitant	80mg, 125mg	capsule	Formulary	Remove the prior authorization requirement and add BvD to the Medicare and CMC formularies.	Yes	Yes

**Antifungals**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Ciclopirox	ciclopirox	8%	Solution	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes
Natacyn	natamycin	5%	eye drops	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Antiglaucoma Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Travoprost	travoprost	0.004%	eye drops	Formulary	Add to the Medicare and CMC formularies in the Generic Tier.	Yes	Yes
Travatan Z	travoprost	0.004%	eye drops	Non-formulary	Remove brand from the formulary.	Yes	Yes

**Antiparkinson Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Entacapone	entacapone	200mg	tablet	Formulary	Remove step therapy from the Medicare and CMC formularies.	Yes	Yes
Rasagiline	rasagiline	0.5mg, 1mg	tablet	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Antiprotozoal Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Pentamidine	pentamidine	300mg	inhalant powder	Formulary	Add to the Medicare formulary in the Non-Preferred Drug Tier with BvD.  Add to the CMC formulary in the Generic Tier with BvD.	Yes	Yes
Nebupent	pentamidine	300mg	inhalant powder	Non-formulary	Remove brand from the formulary.	Yes	Yes

**Antispasmodic Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Myrbetriq	mirabegron	25mg, 50mg ER	tablet	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Hepatitis C Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Harvoni	ledipasvir/sofosbuvir	45mg-200mg	tablet	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier, with prior authorization and a quantity limit of 1 tablet/day.  Add to the CMC formulary Brand Tier with prior authorization and a quantity limit of 1 tablet/day.	Yes	Yes

**Blood Products**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Tranexamic acid	tranexamic acid	650mg	tablet	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Cardiovascular Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Demser	metyrosine	250mg	capsule	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Central Nervous System Agents - ALS**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Riluzole	riluzole	50mg	tablet	Formulary	Remove prior authorization requirement from Medicare and CMC formularies.	Yes	Yes

**Chelating Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Clovique	trientene	250mg	capsule	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier with prior authorization required.  Add to the CMC formulary Brand Tier with prior authorization required.	Yes	Yes
Penicillamine	penicillamine	250mg	tablet	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier with prior authorization required.  Add to the CMC formulary Brand Tier with prior authorization required.	Yes	Yes
Depen	penicillamine	250mg	tablet	Non-formulary	Remove brand from the formulary.	Yes	Yes

### Contraceptives

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Norethindrone-ethinyl estradiol, iron (generic for Loestrin Fe)	norethindrone-ethinyl estradiol, iron	1.5mg-30mcg (21)/ferrous fumarate 75mg (7) tablet, 28 tabs/pack	tablet	Formulary	Add to the Medicare and CMC formulary in the Generic Tier.	Yes	Yes

### Dermatological Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Acitretin	acitretin	10mg, 25mg	capsule	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes
Calcipotriene	calcipotriene	0.005%	cream, solution	Formulary	Remove prior authorization requirement from Medicare and CMC formularies.	Yes	Yes
Calcipotriene	calcipotriene	0.005%	ointment	Formulary	Add to the Medicare formulary in the Preferred Brand Tier.  Add to the CMC formulary in the Generic Tier.	Yes	Yes
Claravis	isotretinoin	10mg, 20mg, 30mg, 40mg	capsule	Formulary	Remove prior authorization requirement from Medicare and CMC formularies.	Yes	Yes
Imiquimod	imiquimod	5%	cream packet	Formulary	Remove prior authorization requirement and change the quantity limit from 12 packets per 30 days to 24 packets per 30 days for the Medicare and CMC formularies.	Yes	Yes
Methoxsalen	methoxsalen	10mg	capsule, softgel	Formulary	Remove prior authorization requirement and add BvD in the Medicare and CMC formularies.	Yes	Yes

**Dyslipidemic Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Niacin	niacin	500mg, 750mg, 1000mg ER	tablet	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Glycemic Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Proglycem	diazoxide	50mg/ml	oral suspension	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Hepatitis B Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Entecavir	entecavir	0.5mg, 1mg	tablet	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Hormonal Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Anadrol-50	oxymetholone	50mg	tablet	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

Synarel	nafarelin	2mg/ml	nasal spray	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes
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**Metabolic Bone Disease Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Calcitonin-salmon	calcitonin-salmon, synthetic	200units	spray	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

Cinacalcet HCl	cinacalcet HCl	30mg, 60mg, 90mg	tablet	Formulary	Remove prior authorization requirement and add BvD to the Medicare and CMC formularies.	Yes	Yes
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**Ophthalmic Dry Eye Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Restasis	cycloporine	0.05%	eye emulsion	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes

**Pulmonary - Cystic Fibrosis Agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Trikafta	elexacaftor/tezacaft or/ivacaftor; ivacaftor	100mg-50mg-75mg (day) / 150mg (night)	tablet	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier, with prior authorization required, limited distribution, and a quantity limit of 3 tablets/day.  Add to the CMC formulary in the Brand Tier, with prior authorization required, limited distribution, and a quantity limit of 3 tablets/day.	Yes	Yes

**Respiratory Drugs**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Zemaira	alpha-1 proteinase inhibitor	1000mg	vial	Formulary	Remove prior authorization requirement and add BvD to the Medicare and CMC formularies.	Yes	Yes

**Respiratory Drugs - Inhalers**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Anoro Ellipta	umeclidinium bromide/vilanterol trifenate	62.5-25mcg	inhaler	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes
Serevent Diskus	salmeterol xinafoate	50mcg	Diskus inhaler	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.		

**Sickle Cell 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>
Oxbryta	voxelotor	500mg	tablet	Formulary with prior authorization	Add to the Medicare formulary in the Specialty Tier, with prior authorization required, limited distribution, and a quantity limit of 3 tablets/day.  Add to the CMC formulary in the Brand Tier, with prior authorization required, limited distribution, and a quantity limit of 3 tablets/day.	Yes	Yes

**Topical Anti-Inflammatory 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>
Diclofenac sodium	diclofenac sodium	1%	gel	Formulary	Remove prior authorization requirement from the Medicare and CMC formularies.	Yes	Yes