

Blue Shield of California Promise Health Plan Medi-Cal 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. You may also call Blue Shield Promise at (800) 468-9935.

Antiparkinson Agents						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Osmolex ER	amantadine HCl	322mg/day extended-release tablet; (kit contains 129mg & 193mg tablet)	tablet	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

HIV Agents						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Tivicay PD	dolutegravir sodium	5mg	tablet for suspension	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes
Rukobia	fostemsavir tromethamine	600mg ER	tablet	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

Corticosteroids						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Med-Cal
hydrocortisone valerate	hydrocortisone valerate	0.2%	cream, ointment	Non-Formulary	Remove from the Medi-Cal formulary.	Yes
prednicarbate	prednicarbate	0.1%	cream, ointment	Non-Formulary	Remove from the Medi-Cal formulary.	Yes

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.

Oral Contraceptives

Drug Name	Generic Name	Drug Strength	Formulation	Formulation Status	Formulary Comments	Medi-Cal
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 Medi-Cal formulary.	Yes

Skeletal Muscle Relaxants

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Vanadom	carisoprodol	350mg	tablet	Formulary	Add to the Medi-Cal formulary with a quantity limit of 3 tablets per day.	Yes

Vaccines

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Afluria Quad (6 months and up)	flu vaccine qs 2020-2021 (6 months and up)	60mcg/0.5ml	vial	Formulary	Add to the Medi-Cal formulary, with an age limit of 19 years of age and older.	Yes
Afluria Quad (3 years and up)	flu vaccine qs 2020-2021 (36 months and up)/pf	60mcg/0.5ml	syringe	Formulary	Add to the Medi-Cal formulary, with an age limit of 19 years of age and older.	Yes
Fluad Quad	flu vaccine qs 2020-2021 (65 years and up)/mf59c/pf	60mcg/0.5ml	syringe	Formulary	Add to the Medi-Cal formulary, with an age limit of 65 years of age and older.	Yes
Fluarix Quad	flu vaccine qs 2020-2021 (6 months and up)/pf	60mcg/0.5ml	syringe	Formulary	Add to the Medi-Cal formulary, with an age limit of 19 years of age and older.	Yes
Flublok Quad	flu vaccine qv 2020-2021 (18 years and up) rcm/pf	180mcg/0.5ml	syringe	Formulary	Add to the Medi-Cal formulary, with an age limit of 19 years of age and older.	Yes

Vaccines - continued

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Flucelvax Quad	flu vaccine qs 2020-2021 (4 years and up) cell	60mcg/0.5ml	vial	Formulary	Add to the Medi-Cal formulary, with an age limit of 19 years of age and older.	Yes
Flucelvax Quad	flu vaccine qs 2020-2021 (4 years and up) cell/pf	60mcg/0.5ml	syringe	Formulary	Add to the Medi-Cal formulary, with an age limit of 19 years of age and older.	Yes
Flulaval Quad	flu vaccine qs 2020-2021 (6 months and up)/pf	60mcg/0.5ml	syringe	Formulary	Add to the Medi-Cal formulary, with an age limit of 19 years of age and older.	Yes
Fluzone High-Dose Quad	flu vaccine qv 2020-2021 (65 years and up)/pf	240mcg/0.7ml	syringe	Formulary	Add to the Medi-Cal formulary, with an age limit of 65 years of age and older.	Yes
Fluzone Quad	flu vaccine qs 2020-2021 (6 months and up)/pf	60mcg/0.5ml	syringe, vial	Formulary	Add to the Medi-Cal formulary, with an age limit of 19 years of age and older.	Yes