

## Blue Shield of California Promise Health Plan Medi-Cal Formulary Changes - Fourth 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.

<b>Antiviral Agents - HIV</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>
efavirenz/ emtricitabine/ tenofovir disoproxil fumarate	efavirenz/ emtricitabine/ tenofovir disoproxil fumarate	600-200-300mg	tablet	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes
efavirenz/ lamivudine/ tenofovir disoproxil fumarate	efavirenz/ lamivudine/ tenofovir disoproxil fumarate	600-300-300mg, 400-300-300mg	tablet	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes
emtricitabine	emtricitabine	200mg	capsule	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes
emtricitabine/ tenofovir (tdf)	emtricitabine/ tenofovir (tdf)	200-300mg	tablet	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

<b>Antidiabetic 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>
Trulicity	dulaglutide	3mg/0.5ml, 4.5mg/0.5ml	pen injector	Formulary with prior authorization	Add to the formulary with prior authorization required and a quantity limit of 0.5ml -1 injector per week.	Yes

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

**Blood Products for Hemophilia**

<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>
Sevenfact	coagulation VIIa, recombinant-jncw	1mg, 5mg	single-dose vial	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

**Central Nervous System Agents - Multiple Sclerosis**

<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>
dimethyl fumarate	dimethyl fumarate	120mg, 240mg	capsule, starter pack	Formulary with prior authorization	Add to the formulary with prior authorization required and a quantity limit of 2 capsules per day.	Yes

**Immunological Agents - Anti-inflammatory**

<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>
Enbrel	etanercept	25mg/0.5ml	single-dose vial	Formulary with prior authorization	Add to the formulary with prior authorization required and a quantity limit of 4 ml - 8 vials per 28 days.	Yes

**Immunological Agents - Vaccines**

<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>
Fluad 2020-2021	flu vaccine ts2020 (65 up)/mf59c/pf	45mcg/0.5ml	syringe	Formulary	Add to the formulary with an age limit of 65 years and older.	Yes
Menquadfi	meningococcal vaccine a, c, y, w135, c-tet/pf	10mcg/0.5ml	single-dose vial	Formulary	Add to the formulary with an age limit of 19 years and older.	Yes