

Blue Shield of California Promise Health Plan Medicare and Cal MediConnect Formulary Changes - Second 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.

Analgescics, Narcotic							
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
tramadol	tramadol	100mg	tablet	Formulary	Add to the Medicare formulary Generic Tier with a quantity limit of 4 tablets per day. Add to the CMC Generic Tier with a quantity limit of 4 tablets per day.	Yes	Yes

Anticancer Agents							
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Ibrance	palbociclib	75mg, 100mg, 125mg	tablet	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 21 tablets per 28 days. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 21 tablets per 28 days.	Yes	Yes
Pemazyre	pemigatinib	4.5mg, 9mg, 13.5mg	tablet	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 14 tablets per 21 days. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 14 tablets per 21 days.	Yes	Yes

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Anticancer Agents (continued)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Koselugo	selumetinib sulfate/vitamin e tpgs	10mg, 25mg	capsule	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 8 tablets per day for 10mg and 4 tablets per day for 25mg. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 8 tablets per day for 10mg and 4 tablets per day for 25mg.	Yes	Yes
Tukysa	tucatinib	50mg, 150mg	tablet	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 4 tablets per day. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 4 tablets per day.	Yes	Yes

Anticonvulsants

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Xcopri	cenobamate	50mg, 100mg, 150mg, 200mg; 250mg/day, 350mg/day daily dose pack; 50mg(14)-100mg(14), 150mg(14)-200mg(14) titration pack	tablet	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 28 tablets per 28 days. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 28 tablets per 28 days.	Yes	Yes

Antiparasite Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
pyrimethamine	pyrimethamine	25mg	tablet	Formulary	Add to the Medicare formulary Preferred Brand Tier. Add to the CMC Generic Tier.	Yes	Yes
Daraprim	pyrimethamine	25mg	tablet	Non-Formulary	Remove brand from the formulary. (Generic version has been added to the formulary.)	Yes	Yes

Antipsychotic Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Caplyta	lumateperone tosylate	42mg	capsule	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 1 tablet per day. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 1 tablet per day.	Yes	Yes
ziprasidone	ziprasidone mesylate	20mg/ml	vial	Formulary	Add to the Medicare formulary Preferred Brand Tier. Add to the CMC Generic Tier.	Yes	Yes
Geodon	ziprasidone mesylate	20mg/ml	vial	Non-formulary	Remove brand from the formulary. (Generic version has been added to the formulary.)	Yes	Yes

Blood Formation Modifiers

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Promacta	eltrombopag olamine	25mg	suspension packet	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 6 packets per day. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 6 packets per day.	Yes	Yes

Bronchodilators

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
albuterol HFA (generic for Proventil)	albuterol sulfate	90mcg	HFA inhaler	Formulary	Add to the Medicare formulary Generic Tier with a quantity limit of 2 inhalers (13.4gm) per month. Add to the CMC Generic Tier with a quantity limit of 2 inhalers (13.4gm) per month.	Yes	Yes
levalbuterol tartrate HFA	levalbuterol tartrate	45mcg	HFA inhaler	Formulary	Add to the Medicare formulary Preferred Brand Tier with a quantity limit of 2 inhalers (30gm) per month. Add to the CMC Generic Tier with a quantity limit of 2 inhalers (30gm) per month.	Yes	Yes

Calcium Channel Blocking Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Tiadyt ER	diltiazem HCl	120mg, 180mg, 240mg, 300mg, 420mg	ER capsule	Formulary	Add to the Medicare formulary Generic Tier. Add to the CMC Generic Tier.	Yes	Yes

Contraceptives

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Volnea	desogestrel/ethinyl estradiol - ethinyl estradiol	150-20mcg (21 tabs), 10mcg (5 tabs), 2 inert; 28 pills	tablets	Formulary	Add to the Medicare formulary Generic Tier. Add to the CMC Generic Tier.	Yes	Yes

Electrolytes

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
sodium polystyrene sulfonate	sodium polysytrene sulfonate	15gm/60ml	suspension	Formulary	Add to the Medicare formulary Generic Tier. Add to the CMC Generic Tier.	Yes	Yes
Kionex	sodium polysytrene sulfonate/sorbitol	15gm/60ml	suspension	Formulary	Add to the Medicare formulary Generic Tier. Add to the CMC Generic Tier.	Yes	Yes

Gastrointestinal Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Amitiza	lubiprostone	8mcg, 24mcg	capsule	Formulary	Remove prior authorization requirement for both Medicare and CMC.	Yes	Yes

Glycemic Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
diazoxide	diazoxide	50mg/ml	oral suspension	Formulary	Add to the Medicare formulary Generic Tier. Add to the CMC Generic Tier.	Yes	Yes
Proglycem	diazoxide	50mg/ml	oral suspension	Non-formulary	Remove brand from the formulary. (Generic version has been added to the formulary.)	Yes	Yes

Glycemic Agents (continued)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
glucagon emergency kit	glucagon HCl	1mg	vial	Formulary	Add to Medicare formulary Preferred Brand Tier. Add to CMC Generic Tier.	Yes	Yes

Immunological Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Taltz	ixekizumab	80mg/ml	autoinjector, prefilled syringe	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 1 syringe per 28 days. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 1 syringe per 28 days.	Yes	Yes
Xeljanz XR	tofacitinib citrate	11mg, 22mg	tablet	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 1 tablet per day. Add to the CMC Brand Tier with prior authorization required and a quantity limit of 1 tablet per day.	Yes	Yes

Immunosuppressives

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
everolimus	everolimus	0.25mg, 0.5mg, 0.75mg	tablet	Formulary with prior authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and BvD. Add to the CMC Generic Tier with prior authorization required and BvD.	Yes	Yes
Zortress	everolimus	0.25mg, 0.5mg, 0.75mg	tablet	Non-formulary	Remove brand from the formulary. (Generic version has been added to the formulary.)	Yes	Yes

Inflammatory Bowel Disease Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
mesalamine (generic for Apriso)	mesalamine	0.375gm ER	capsule	Formulary	Add to the Medicare formulary Preferred Brand Tier. Add to the CMC Generic Tier.	Yes	Yes

Vaccines

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Pentacel (PF)	diphT,pert(a),tetp olio/hib/pf	15 Lf-48 mcg-62 DU-10 mcg/0.5 mL	IM kit	Formulary	Add to the Medicare formulary Preferred Brand Tier. Add to the CMC Brand Tier.	Yes	Yes
Pentacel DTaP- IPV Component (PF)	DTaP-IPV component 1 of 2/pf	5 Lf-48 mcg-62 DU/0.5 mL	IM suspension	Formulary	Add to the Medicare formulary Preferred Brand Tier. Add to the CMC Brand Tier.	Yes	Yes