



Promise
Health
Plan

Blue Shield of California Promise Health Plan Cal MediConnect Formulary Changes - 4th 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	CMC
varenicline tartrate	varenicline tartrate	0.5mg, 1mg	tablet, dose pack	Formulary with prior authorization	Add to the formulary with a quantity limit of 2 tablets per day.	Yes
Chantix	varenicline tartrate	0.5mg, 1mg	tablet, dose pack	Non-Formulary	Remove from the formulary. (A generic equivalent is available.)	Yes

ANTIDEPRESSANTS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Lybalvi	olanzapine-samidorphan l-malate	5-10mg, 10-10mg, 15-10mg, 20-10mg	tablet	Formulary with prior authorization	Add to the formulary Brand Tier, with prior authorization required and a quantity limit of 1 tablet per day.	Yes
paroxetine hcl	paroxetine hcl	10mg/5ml	suspension	Formulary	Add to the formulary Generic Tier with a quantity limit of 30 ml per day.	Yes

ANTINEOPLASTICS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Exkivity	mobocertinib succinate	40mg	capsule	Formulary with prior authorization	Add to the formulary Brand Tier, with prior authorization required and a quantity limit of 4 capsules per day.	Yes
Welireg	belzutifan	40mg	tablet	Formulary with prior authorization	Add to the formulary Brand Tier, with prior authorization required and a quantity limit of 3 tablets per day.	Yes

ANTINEOPLASTICS cont'd

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Afinitor	everolimus	10mg	tablet	Non-Formulary	Remove from the formulary. A generic equivalent is available.	Yes
Afinitor Disperz	everolimus	2mg, 3mg, 5mg	tablet for oral suspension	Non-Formulary	Remove from the formulary. A generic equivalent is available.	Yes
everolimus	everolimus	10mg	tablet	Formulary with prior authorization	Add to the formulary Generic Tier, with prior authorization required and a quantity limit of 2 tablets per day.	Yes
everolimus	everolimus	2mg, 3mg, 5mg	tablet for oral suspension	Formulary with prior authorization	Add to the formulary Generic Tier with prior authorization required.	Yes
sunitinib malate	sunitinib malate	12.5mg, 25mg, 37.5mg, 50mg	capsule	Formulary with prior authorization	Add to the formulary Generic Tier, with prior authorization required and quantity limits of 7 capsules per day (12.5mg), 3 capsules per day (25mg), and 1 capsule per day (37.5mg, 50mg).	Yes
Sutent	sunitinib malate	12.5mg, 25mg, 37.5mg, 50mg	capsule	Non-Formulary	Remove from the formulary. A generic equivalent is available.	Yes

ANTIPARASITICS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
ivermectin	ivermectin	3mg	tablet	Formulary	Add a quantity limit of 16 tablets per 365 days.	Yes

ANTIPSYCHOTICS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
chlorpromazine	chlorpromazine	30mg/ml, 100mg/ml	concentrate	Formulary	Add to the formulary Generic Tier.	Yes
Invega Hafyera	paliperidone palmitate	1092mg/3.5ml, 1560mg/5ml	pre-filled syringe	Formulary with prior authorization	Add to the formulary Brand Tier, with prior authorization required and quantity limits of 3.5ml per 180 days (1092mg) and 5ml per 180 days (1560mg).	Yes

ANTIVIRALS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Xofluza	baloxavir marboxil	40mg (1 x 40mg), 80mg (1 x 80mg)	tablet	Formulary	Add to the formulary Brand Tier, with quantity limits of 2 tablets per 30 days (40mg) and 1 tablet per 30 days (80mg).	Yes

CARDIOVASCULAR AGENTS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
nebivolol	nebivolol	2.5mg, 5mg, 10mg, 20mg	tablet	Formulary	Add to the formulary Generic Tier.	Yes

CENTRAL NERVOUS SYSTEM AGENTS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
dextroamphetamine sulfate	dextroamphetamine sulfate	15mg, 20mg, 30mg	tablet	Formulary	Add to the formulary Generic Tier with quantity limits of 4 tablets per day (15mg), 3 tablets per day (20mg), and 2 tablets per day (30mg).	Yes
Zenzedi	dextroamphetamine sulfate	15mg, 20mg, 30mg	tablet	Formulary	Add to the formulary Generic Tier with quantity limits of 4 tablets per day (15mg), 3 tablets per day (20mg), and 2 tablets per day (30mg).	Yes

ELECTROLYTES/MINERALS/METALS/VITAMINS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Potassium Chloride Crys ER	potassium chloride microencapsulated crystals er	15meq ER	tablet	Formulary	Add to the formulary Generic Tier.	Yes

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Bylvay	odevixibat	200mcg, 400mcg, 600mcg, 1200mcg	capsule, capsule sprinkle	Formulary with prior authorization	Add to the formulary Brand Tier, with prior authorization required and quantity limits of 30 capsules per day (200mcg), 15 capsules per day (400mcg), 10 capsules per day (600mcg), and 5 capsules per day (1200mcg).	Yes

IMMUNOLOGICAL AGENTS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Rezurock	belumosudil mesylate	200mg	tablet	Formulary with prior authorization	Add to the formulary Brand Tier, with prior authorization required and a quantity limit of 1 tablet per day.	Yes

OPHTHALMIC AGENTS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
brinzolamide	brinzolamide	1%	ophthalmic suspension	Formulary	Add to the formulary Generic Tier.	Yes

SLEEP DISORDER AGENTS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
modafinil	modafinil	100mg, 200mg	tablet	Formulary	Remove prior authorization requirement.	Yes