

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

Antineoplastics						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
cyclophosphamide	cyclophosphamide	25mg, 50mg	tablet	Formulary with BvD	Add to the formulary Brand Tier with BvD determination.	Yes
Xtandi	enzalutamide	40mg, 80mg	tablet	Formulary with prior authorization	Add to the formulary Brand Tier with prior authorization required and a quantity limit of 4 tablets per day for 40mg and 2 tablets per day for 80mg.	Yes
Fotivda	tivozanib	0.89mg, 1.34mg	capsule	Formulary with prior authorization	Add to the formulary Brand Tier with prior authorization required and a quantity limit of 21 capsules per 28 days.	Yes
Iclusig	ponatinib hcl	10mg, 30mg	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
Tepmetko	tepotinib	225mg	tablet	Formulary with prior authorization	Add to the formulary Brand Tier with prior authorization required and a quantity limit of 2 tablets per day.	Yes
Ukoniq	umbralisib tosylate	200mg	tablet	Formulary with prior authorization	Add to the formulary Brand Tier with prior authorization required and a quantity limit of 4 tablets per day.	Yes

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

Antivirals						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Peg-Intron	peginterferon alfa-2b	50mcg/0.5ml, 80mcg/0.5ml, 120mcg/0.5ml, 150mcg/0.5ml	vial, redipen	Formulary	Remove prior authorization requirement. Effective 7/1/2021.	Yes
entricitabine-tenofovir disoproxil fumarate	entricitabine-tenofovir disoproxil fumarate	100-150mg, 133-200mg, 167-250mg	tablet	Formulary	Add to the formulary Generic Tier with a quantity limit of 1 tablet per day.	Yes
Truvada	entricitabine-tenofovir disoproxil fumarate	100-150mg, 133-200mg, 167-250mg	tablet	Non-Formulary	Remove brand from the formulary. (A generic equivalent is available.)	Yes

Antidiabetic agents						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Ozempic	semaglutide	4mg/3ml (1mg/dose)	pen	Formulary	Add to the formulary Brand Tier with a quantity limit of 3ml per 28 days.	Yes

Cardiovascular agents						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
droxidopa	droxidopa	100mg, 200mg, 300mg	capsule	Formulary with prior authorization	Add to the formulary Generic Tier with prior authorization required and a quantity limit of 252 capsules per 90 days for 100mg, 120 capsules per 30 days for 200mg, 84 capsules per 90 days for 300mg.	Yes
Northera	droxidopa	100mg, 200mg, 300mg	capsule	Non-Formulary	Remove brand from the formulary. (There is a generic equivalent available.)	Yes

Central Nervous System Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Plegridy	peginterferon beta-1a	125mcg/0.5ml	syringe	Formulary with prior authorization	Add to the formulary Brand Tier with prior authorization required.	Yes

Hormonal agents, Stimulant/Replacement/Modifying (Pituitary)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
desmopressin acetate PF	desmopressin acetate	4mcg/1ml	vial	Formulary	Add to the formulary Generic Tier.	Yes

Immunological agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Intron A	interferon alfa-2b	10mu, 18mu, 25mu, 50mu	vial	Formulary	Remove prior authorization requirement. Effective 7/1/2021.	Yes
Sylatron	peg-interferon alfa-2b	200mcg, 300mcg, 600mcg	kit	Formulary	Remove prior authorization requirement. Effective 7/1/2021.	Yes
Xeljanz	tofacitinib citrate	1mg/ml	oral solution	Formulary with prior authorization	Add to the formulary Brand Tier with prior authorization required and a quantity limit of 10ml per day.	Yes