



## Blue Shield of California Promise Health Plan Cal MediConnect Formulary Changes - 1st 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](http://blueshieldca.com/promise). You may also call Blue Shield Promise at (800) 468-9935.

### Anticonvulsants

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
rufinamide	rufinamide	40mg/ml	suspension	Formulary	Add to the formulary Generic Tier, with step therapy and a quantity limit of 80 ml per day.	Yes
Banzel	rufinamide	40mg/ml	suspension	Non-formulary	Remove brand from the formulary. (A generic version is available.)	Yes

### Antineoplastics

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
abiraterone acetate	abiraterone acetate	500 mg	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
Zytiga	abiraterone acetate	500 mg	tablet	Non-formulary	Remove brand from the formulary. (A generic version is available.)	Yes

### Antiparasitics

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
nitazoxanide	nitazoxanide	500mg	tablet	Formulary with prior authorization	Add to the formulary Generic Tier with prior authorization required and a quantity limit of 6 tablets per 3 days.	Yes
Alinia	nitazoxanide	500mg	tablet	Non-formulary	Remove brand from the formulary. (A generic version is available.)	Yes

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Antipsychotics						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
asenapine maleate	asenapine maleate	2.5mg, 5mg, 10mg	SL 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
Saphris	asenapine maleate	2.5mg, 5mg, 10mg	SL tablet	Non-formulary	Remove brand from the formulary. (A generic version is available.)	Yes

Antivirals						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Epclusa	sofosbuvir-velpatasvir	200-50mg	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
Cabenuva	cabotegravir and rilpivirine	400mg/2ml and 600mg/2ml; 600mg/3ml and 900mg/3ml	IM suspension	Formulary with BvD	Add to the formulary Brand Tier, with BvD determination and a quantity limit of 4 ml per 30 days for 400mg/2ml and 600mg/2ml; and 6 ml per 30 days for 600mg/3ml and 900mg/3ml.	Yes

Blood glucose regulators						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Glucagon Emergency Kit (generic)	glucagon (rdna)	1mg	injection kit	Formulary	Add to the formulary Generic Tier, with a quantity limit of 2 kits per 2 days.	Yes
Glucagon Emergency Kit (brand)	glucagon (rdna)	1mg	injection kit	Non-formulary	Remove brand from the formulary. (A generic version is available.)	Yes

Blood products and modifiers						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Retacrit	epoetin alfa-epbx	20,000unit/ml	vial	Formulary with prior authorization	Add to the formulary Brand Tier, with prior authorization required.	Yes

**Cardiovascular agents**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
icosapent ethyl	icosapent ethyl	1gm	capsule	Formulary	Add to the formulary Generic Tier, with a quantity limit of 4 capsules per day.	Yes
Vascepa	icosapent ethyl	1gm	capsule	Non-formulary	Remove brand from the formulary. (A generic version is available.)	Yes

**Hormonal agents (estrogens)**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Lyllana	estradiol	0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	twice weekly transdermal patch	Formulary with prior authorization	Add to the formulary Generic Tier, with prior authorization required for high risk medication and a quantity limit of 16 patches per 28 days.	Yes
Zovia 1/35	ethynodiol diacetate and ethinyl estradiol	1mg-35mcg	tablet	Formulary	Add to the formulary Generic Tier.	Yes
Iclevia	levonorgestrel and ethinyl estradiol (91- day)	0.15-0.03mg	tablet	Formulary	Add to the formulary Generic Tier.	Yes
Nymyo	norgestimate and ethinyl estradiol	0.25mg-35mcg	tablet	Formulary	Add to the formulary Generic Tier.	Yes

**Hormonal agents (pituitary)**

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Orgovyx	relugolix	120mg	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