

Blue Shield of California Promise Health Plan Medi-Cal Formulary Changes - First 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	Medi-Cal
LifeMS Naloxone	naloxone hcl	2mg/2ml	syringe kit	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

Antipsychotics

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
asenapine maleate	asenapine maleate	2.5mg, 5mg, 10mg	SL tablet	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

Antivirals

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Cabenuva	cabotegravir and rilpivirine	400mg/2ml and 600mg/2ml; 600mg/3ml and 900mg/3ml	IM suspension	Carve-Out	Add to the Medi-Cal Carve-Out list.	Yes

Blood glucose regulators

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Glucagon Emergency Kit (generic)	glucagon (rdna)	1mg	injection kit	Formulary	Add to the formulary.	Yes
Glucagon Emergency Kit (brand)	glucagon (rdna)	1mg	injection kit	Non-formulary	Remove brand from the formulary. (A generic version is available.)	Yes

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Blood products and modifiers

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Retacrit	epoetin alfa-epbx	2000unit/ml, 3000unit/ml, 4000unit/ml, 10,000unit/ml, 20,000unit/ml 40,000unit/ml	vial	Formulary with prior authorization	Add to the formulary with prior authorization required.	Yes

Gastrointestinal agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
lubiprostone	lubiprostone	8mcg, 24mcg	capsule	Formulary with prior authorization	Add to the formulary with prior authorization required.	Yes

Hormonal agents (estrogens)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Lyllana	estradiol	0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	twice weekly transdermal patch	Formulary	Add to the formulary with 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.	Yes
Nymyo	norgestimate and ethinyl estradiol	0.25mg-35mcg	tablet	Formulary	Add to the formulary.	Yes