

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
varenicline tartrate	varenicline tartrate	0.5mg, 1mg	tablet, dose pack	Formulary with prior authorization	Add to formulary with prior authorization required and a quantity limit of 2 tablets per day.	Yes

ANTIDEPRESSANTS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Lybalvi	olanzapine-samidorpham l-malate	5-10mg, 10-10mg, 15-10mg, 20-10mg	tablet	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
chlorpromazine hcl	chlorpromazine hcl	30mg/ml, 100mg/ml	concentrate	Carve-out	Add to the Medi-Cal Carve-out list.	Yes

ANTIDIABETIC AGENTS

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Adlyxin	lixisenatide	10mcg/0.2ml, 20mcg/0.2ml	pen-injector	Formulary with step therapy	Change prior authorization requirement to step therapy requiring metformin.	Yes
Trulicity	dulaglutide	0.75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	pen-injector	Formulary with step therapy	Change prior authorization requirement to step therapy requiring metformin.	Yes
Victoza	liraglutide	18mg/3ml	pen-injector	Formulary with step therapy	Change prior authorization requirement to step therapy requiring metformin.	Yes

ANTIDIABETIC AGENTS (cont'd)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Jardiance	empagliflozin	10mg, 25mg	tablet	Formulary	Remove prior authorization requirement.	Yes
Synjardy	empagliflozin / metformin	5-500mg, 5-1000mg, 12.5-500mg, 12.5-1000mg	tablet	Formulary	Remove prior authorization requirement.	Yes
Synjardy XR	empagliflozin / metformin	5-500mg, 5-1000mg, 12.5-500mg, 12.5-1000mg extended-release	tablet	Formulary	Remove prior authorization requirement.	Yes
Admelog Solostar	insulin lispro	100unit/ml	vial, pen-injector	Formulary	Remove prior authorization requirement.	Yes
Humalog	insulin lispro	100unit/ml	cartridge	Formulary	Remove prior authorization requirement.	Yes
insulin lispro	insulin lispro	100unit/ml	vial, pen-injector	Formulary	Remove prior authorization requirement.	Yes
insulin lispro protamine & lispro	insulin lispro protamine & lispro	75-25 100unit/ml	pen-injector	Formulary	Add to the formulary.	Yes
Humulin 70/30	insulin NPH & regular	70-30 100unit/ml	vial, pen-injector	Formulary	Remove prior authorization requirement.	Yes

Vaccines						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medi-Cal
Pevnar 20	pneumococcal 20-valent conjugate vaccine	20-0.5ml	pre-filled syringe	Formulary	Add to the formulary with an age limit of 19 years of age and older and a quantity limit of 1 syringe per lifetime.	Yes
Vaxneuvance	pneumococcal 15-valent conjugate vaccine	15-0.5ml	pre-filled syringe	Formulary	Add to the formulary with an age limit of 19 years of age and older and a quantity limit of 1 syringe per lifetime.	Yes