

Blue Shield of California Promise Health Plan Medicare and Cal MediConnect Formulary Changes - Fourth Quarter of 2020

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.

Antibacterial Agents							
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
fosfomycin tromethamine	fosfomycin tromethamine	3gm	granules	Formulary	Add to the Medicare formulary Non-Preferred Drug Tier with a quantity limit of 1 satchet per 30 days. Add to the CMC formulary Generic Tier with a quantity limit of 1 satchet per 30 days.	X	X

Antimycobacterial Agents							
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Sirturo	bedaquiline fumarate	20mg	tablet	Formulary	Add to the Medicare formulary Specialty Tier with a quantity limit of 120 tablets per 28 days. Add to the CMC formulary Brand Tier with a quantity limit of 120 tablets per 28 days.	X	X

Antineoplastics							
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Inqovi	decitabine/ cedazuridine	35-100mg	tablet	Formulary with Prior Authorization	Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 5 tablets per 28 days. Add to the CMC formulary Brand Tier with prior authorization required and a quantity limit of 5 tablets per 28 days.	X	X

Antineoplastics (continued)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Onureg	azacitadine	200mg, 300mg	tablet	Formulary with Prior Authorization	<p>Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 14 tablets per 28 days.</p> <p>Add to the CMC formulary Brand Tier with prior authorization required and a quantity limit of 14 tablets per 28 days.</p>	X	X
oxaliplatin	oxaliplatin	200mg/40ml	single-dose vial	Formulary with BvD	<p>Add to the Medicare formulary Non-Preferred Drug Tier with B versus D determination.</p> <p>Add to the CMC formulary Generic Tier with B versus D determination.</p>	X	X
Gavreto	pralsetinib	100mg	capsule	Formulary with Prior Authorization	<p>Add to the Medicare formulary Specialty Tier with prior authorization required and a quantity limit of 4 capsules per day.</p> <p>Add to the CMC formulary Brand Tier with prior authorization required and a quantity limit of 4 capsules per day.</p>	X	X
lapatinib ditosylate	lapatinib ditosylate	250mg	tablet	Formulary with Prior Authorization	<p>Add to the Medicare formulary Specialty Tier with prior authorization required.</p> <p>Add to the CMC formulary Generic Tier with prior authorization required.</p>	X	X
Polivy	polatuzumab vedotin-piiq	30mg	single-dose vial	Formulary with Prior Authorization	<p>Add to the Medicare formulary Specialty Tier with prior authorization required.</p> <p>Add to the CMC formulary Brand Tier with prior authorization required.</p>	X	X

Antivirals - HIV Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
efavirenz/ emtricitabine/ tenofovir disoproxil fumarate	efavirenz/ emtricitabine/ tenofovir disoproxil fumarate	600-200-300mg	tablet	Formulary	Add to the Medicare formulary Specialty Tier. Add to the CMC formulary Generic Tier.	X	X
efavirenz/ lamivudine/ tenofovir disoproxil fumarate	efavirenz/ lamivudine/ tenofovir disoproxil fumarate	600-300-300mg, 400-300-300mg	tablet	Formulary	Add to the Medicare formulary Specialty Tier with a quantity limit of 1 tablet per day. Add to the CMC formulary Generic Tier with a quantity limit of 1 tablet per day.	X	X
emtricitabine	emtricitabine	200mg	capsule	Formulary	Add to the Medicare formulary Preferred Brand Tier. Add to the CMC formulary Generic Tier.	X	X
Emtriva	emtricitabine	200mg	capsule	Non-formulary	Remove brand from the formulary.	X	X
emtricitabine/ tenofovir (tdf)	emtricitabine/ tenofovir (tdf)	200-300mg	tablet	Formulary	Add to the Medicare formulary Specialty Tier. Add to the CMC formulary Generic Tier.	X	X

Antidiabetic Drugs

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Trulicity	dulaglutide	3mg/0.5ml, 4.5mg/0.5ml	pen injector	Formulary	Add to the Medicare formulary Preferred Brand Tier with a quantity limit of 2ml per 28 days. Add to the CMC formulary Brand Tier with a quantity limit of 2ml per 28 days.	X	X

Cardiovascular Drugs

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
metyrosine	metyrosine	250mg	capsule	Formulary	Add to the Medicare formulary Specialty Tier. Add to the CMC formulary Generic Tier.	X	X

Genetic or Enzyme or Protein Disorder Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
sapropterin dihydrochloride	sapropterin dihydrochloride	100mg, 500mg	powder packet, tablet	Formulary with Prior Authorization	Add to the Medicare formulary Specialty Tier with prior authorization required. Add to the CMC formulary Generic Tier with prior authorization required.	X	X

Glucocorticoid Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Hemady	dexamethasone	20mg	tablet	Formulary with Prior Authorization	Add to the Medicare formulary Non-Preferred Drug Tier with prior authorization required and a quantity limit of 2 tablets per day. Add to the CMC formulary Brand Tier with prior authorization required and a quantity limit of 2 tablets per day.	X	X

Immunological Agents - Anti-inflammatory

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Enbrel	etanercept	25mg/0.5ml	single-dose vial	Formulary with Prior Authorization	Add to the Medicare formulary Specialty Tier with prior authorization required. Add to the CMC formulary Brand Tier with prior authorization required.	X	X

Immunological Agents - Vaccines

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Menquadfi	meningococcal vaccine a, c, y, w135, c-tet/pf	10mcg/0.5m	single-dose vial	Formulary	Add to the Medicare formulary Preferred Brand Tier. Add to the CMC formulary Brand Tier.	X	X

Respiratory Tract Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	Medicare	CMC
Trelegy Ellipta	fluticasone/ umeclidinium/ vilanterol	200-6.25- 25mcg/actuation	inhaler	Formulary	Add to the Medicare formulary Preferred Brand Tier with a quantity limit of 60 blisters-1 inhaler per 30 days. Add to the CMC formulary Brand Tier with a quantity limit of 60 blisters-1 inhaler per 30 days.	X	X