

Blue Shield of California Promise Health Plan Cal MediConnect Formulary Changes - Third Quarter of 2022

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	CMC
Chantix Starting Month Pak	varenicline tartrate	0.5mg x 11 & 1mg x 42	tablet	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes
varenicline tartrate	varenicline tartrate	0.5mg x 11 & 1mg x 42	tablet	Formulary	Add to the formulary in the Generic Tier, with a quantity limit of 60 tablets per 30 days.	Yes

Antibacterials						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
cefepime hcl	cefepime hcl	2gm	recon solution	Formulary	Add to the formulary in the Generic Tier.	Yes

Anticonvulsants						
Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Ztalmly	ganaxolone	50mg/ml	suspension	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and a quantity limit of 36 ml per day.	Yes
lacosamide	lacosamide	10mg/ml	solution	Formulary	Add to the formulary in the Generic Tier, with a quantity limit of 40 ml per day.	Yes

Antibacterials (continued)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Vimpat	lacosamide	10mg/ml	solution	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes
lacosamide	lacosamide	200mg/20ml	solution	Formulary with BvD determination	Add to the formulary in the Generic Tier with Part B versus Part D determination required.	Yes
Vimpat	lacosamide	200mg/20ml	solution	Non-Formulary	Remove from the formulary.	Yes

Antidepressants

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Viibryd	vilazodone hcl	10mg, 20mg, 40mg	tablet	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes
vilazodone hcl	vilazodone hcl	10mg, 20mg, 40mg	tablet	Formulary with step therapy	Add to the formulary in the Generic Tier, with step therapy required and a quantity limit of 1 tablet per day.	Yes

Antineoplastics

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Nexavar	sorafenib tosylate	200mg	tablet	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes

Antineoplastics (continued)

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
sorafenib tosylate	sorafenib tosylate	200mg	tablet	Formulary with prior authorization	Add to the formulary in the Generic Tier, with prior authorization required and a quantity limit of 4 tablets per day.	Yes
bexarotene	bexarotene	1%	gel	Formulary with prior authorization	Add to the formulary in the Generic Tier, with prior authorization required and a quantity limit of 60 grams per 30 days.	Yes
Targretin	bexarotene	1%	gel	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes

Gastrointestinal Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Skyrizi	risankizumab-rzaa	600mg/10ml	solution	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required.	Yes
Skyrizi	risankizumab-rzaa	360mg/2.4ml	solution cartridge	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required.	Yes
Stelara	ustekinumab	130mg/26ml	solution	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required.	Yes

Hormonal Agents - Anabolic Steroids

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
oxandrolone	oxandrolone	2.5mg, 10mg	tablet	Formulary	Remove prior authorization requirement.	Yes

Immunological Agents - Vaccines

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Priorix	measles, mumps & rubella virus vaccines		recon suspension	Formulary	Add to the formulary in the Brand Tier.	Yes
Ticovac	tick-borne encephalitis virus vaccine, inactivated	1.2mcg/0.25ml	suspension	Formulary	Add to the formulary in the Brand Tier.	Yes

Respiratory Tract/Pulmonary Agents

Drug Name	Generic Name	Drug Strength	Formulation	Formulary Status	Formulary Comments	CMC
Esbriet	pirfenidone	267mg, 801mg	tablet	Non-Formulary	Remove from the formulary. (A generic version is now available.)	Yes
pirfenidone	pirfenidone	267mg, 801mg	tablet	Formulary with prior authorization	Add to the formulary in the Generic Tier, with prior authorization required and quantity limits of 9 tablets per day for 267mg and 3 tablets per day for 801mg.	Yes
Nucala	mepolizumab	40mg/0.4ml	solution	Formulary with prior authorization	Add to the formulary in the Brand Tier, with prior authorization required and a quantity limit of 1 syringe-0.4ml per 28 days.	Yes