blue california
Promise Health Plan

Blue Shield Promise Cal Mediconnect Plan

Formulary Updates:

The enclosed table lists the changes made to your formulary such as removing or adding: a drug, prior authorization, quantity limits or step therapy as well as any changes to a cost sharing tier. The table also includes alternative drug(s) if applicable.

Abbreviation Key:

Symbol	Name	Description
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information, call Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan) Customer Care.
PA	Prior Authorization	You (or your physician) are required to get prior authorization from Blue Shield Promise Cal MediConnect Plan before you fill your prescription for this drug. Without prior approval Blue Shield Promise Cal MediConnect Plan may not cover this drug.
QL	Quantity Limit	Blue Shield Promise Cal MediConnect Plan limits the quantity to be covered within a specific time frame for this drug.
ST	Step Therapy	Before Blue Shield Promise Cal MediConnect Plan will provide coverage for this drug, you must first try another drug(s) on the formulary to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
BvD	Part B vs Part D	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from Blue Shield Promise Cal MediConnect Plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Blue Shield Promise Cal MediConnect Plan may not cover this drug.
NPD	Non-Part D Drug	This drug is covered by Medi-Cal and is not a "Part D drug." If you have questions, call Blue Shield Promise Cal MediConnect Plan Customer Care.

Drug Tier Key
Tier 1: Preferred Generic
Tier 2: Generic
Tier 3: Brand
Tier 4: Non-Medicare Rx/OTC Drugs

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Adapalene 0.1 % GEL	Added prior authorization	-
Amabelz 0.5-0.1 MG TAB	Removed from drug list	estradiol tablet, estradiol vaginal tablet, Yuvafem, estradiol cream - Tier 2
Amabelz 1-0.5 MG TAB	Removed from drug list	estradiol tablet, estradiol vaginal tablet, Yuvafem, estradiol cream - Tier 2
Aptiom 200 MG TAB	Step therapy removed	-
Aptiom 400 MG TAB	Step therapy removed	-
Aptiom 600 MG TAB	Step therapy removed	-
Aptiom 800 MG TAB	Step therapy removed	-
Austedo 12 MG TAB	Added to Tier 3 with prior authorization	-
Austedo 6 MG TAB	Added to Tier 3 with prior authorization	-
Austedo 9 MG TAB	Added to Tier 3 with prior authorization	-
Banzel 200 MG TAB	Removed from drug list	rufinamide tablet - Tier 2
Banzel 400 MG TAB	Removed from drug list	rufinamide tablet - Tier 2
Bimatoprost 0.03 % SOLUTION	Added to Tier 2 with step therapy	-
Carbidopa-Levodopa 10-100 MG TAB DISP	Added to Tier 2	-
Carbidopa-Levodopa 25-100 MG TAB DISP	Added to Tier 2	-

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Carbidopa-Levodopa 25-250 MG TAB DISP	Added to Tier 2	-
CombiPatch 0.05-0.14 MG/DAY PATCH TW	Removed from drug list	estradiol tablet, patches - Tier 2
CombiPatch 0.05-0.25 MG/DAY PATCH TW	Removed from drug list	estradiol tablet, patches - Tier 2
Cormax Scalp Application 0.05 % SOLUTION	Added to Tier 2	-
Desonide 0.05 % CREAM	Step therapy removed	-
Desonide 0.05 % OINTMENT	Step therapy removed	-
Desvenlafaxine ER 100 MG TAB ER 24H	Removed from drug list	desvenlafaxine succinate ER 25mg, 50mg, 100mg tablet - Tier 2
Desvenlafaxine ER 50 MG TAB ER 24H	Removed from drug list	desvenlafaxine succinate ER 25mg, 50mg, 100mg tablet - Tier 2
Duobrii 0.01-0.045 % LOTION	Removed from drug list	halobetasol, tazarotene - Tier 2
Ergoloid Mesylates 1 MG TAB	Added prior authorization	-
Erythromycin 2 % PAD	Removed from drug list	erythromycin gel 2% - Tier 2
Estradiol-Norethindrone Acet 0.5-0.1 MG TAB	Removed from drug list	estradiol tablet, esttradiol vaginal tablet, Yuvafem, estradiol cream - Tier 2
Estradiol-Norethindrone Acet 1-0.5 MG TAB	Removed from drug list	estradiol tablet, esttradiol vaginal tablet, Yuvafem, estradiol cream - Tier 2
Eszopiclone 1 MG TAB	Added to Tier 2	-
Eszopiclone 2 MG TAB	Added to Tier 2	-

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Eszopiclone 3 MG TAB	Added to Tier 2	-
Farxiga 10 MG TAB	Added to Tier 3	-
Farxiga 5 MG TAB	Added to Tier 3	-
Fenofibrate 120 MG TAB	Removed from drug list	fenofibrate 48mg, 54mg, 145mg, 160mg tablet, 43mg, 67mg, 130mg, 134mg, 200mg capsule, fenofibric acid 45mg, 135mg capsule - Tier 2
Fenofibrate 40 MG TAB	Removed from drug list	fenofibrate 48mg, 54mg, 145mg, 160mg tablet, 43mg, 67mg, 130mg, 134mg, 200mg capsule, fenofibric acid 45mg, 135mg capsule - Tier 2
Fenofibrate Micronized 130 MG CAP	Added to Tier 2	-
Fenofibrate Micronized 43 MG CAP	Added to Tier 2	-
Fenofibric Acid 135 MG CAP DR	Added to Tier 2	-
Fenofibric Acid 45 MG CAP DR	Added to Tier 2	-
Forteo 620 MCG/2.48ML SOLN PEN	Added to Tier 3 with prior authorization	-
Fycompa 0.5 MG/ML SUSPENSION	Step therapy removed	-
Fycompa 10 MG TAB	Step therapy removed	-
Fycompa 12 MG TAB	Step therapy removed	-
Fycompa 2 MG TAB	Step therapy removed	-

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Fycompa 4 MG TAB	Step therapy removed	-
Fycompa 6 MG TAB	Step therapy removed	-
Fycompa 8 MG TAB	Step therapy removed	-
HumaLOG Junior KwikPen 100 UNIT/ML SOLN PEN	Added to Tier 3	-
HumuLIN R U-500 KwikPen 500 UNIT/ML SOLN PEN	Added to Tier 3	-
Ingrezza 40 & 80 MG CAP THPK	Added to Tier 3 with prior authorization	-
Ingrezza 40 MG CAP	Added to Tier 3 with prior authorization	-
Ingrezza 60 MG CAP	Added to Tier 3 with prior authorization	-
Ingrezza 80 MG CAP	Added to Tier 3 with prior authorization	-
Insulin Lispro (1 Unit Dial) 100 UNIT/ML SOLN PEN	Added to Tier 3	-
Insulin Lispro 100 UNIT/ML SOLUTION	Added to Tier 3	-
Insulin Lispro Junior KwikPen 100 UNIT/ML SOLN PEN	Added to Tier 3	-
Insulin Lispro Prot & Lispro (75-25) 100 UNIT/ML SUSP PEN	Added to Tier 3	-
INTELENCE 100 MG TAB	Removed from drug list	etravirine 100mg tablet – Tier 2
INTELENCE 200 MG TAB	Removed from drug list	etravirine 200mg tablet – Tier 2
Invokamet 150-1000 MG TAB	Removed from drug list	Xigduo XR, Synjardy - Tier 3
Invokamet 150-500 MG TAB	Removed from drug list	Xigduo XR, Synjardy - Tier 3
Invokamet 50-1000 MG TAB	Removed from drug list	Xigduo XR, Synjardy - Tier 3

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Invokamet 50-500 MG TAB	Removed from drug list	Xigduo XR, Synjardy - Tier 3
Invokamet XR 150-1000 MG TAB ER 24H	Removed from drug list	Xigduo XR, Synjardy XR - Tier 3
Invokamet XR 150-500 MG TAB ER 24H	Removed from drug list	Xigduo XR, Synjardy XR - Tier 3
Invokamet XR 50-1000 MG TAB ER 24H	Removed from drug list	Xigduo XR, Synjardy XR - Tier 3
Invokamet XR 50-500 MG TAB ER 24H	Removed from drug list	Xigduo XR, Synjardy XR - Tier 3
Invokana 100 MG TAB	Removed from drug list	Farxiga, Jardiance - Tier 3
Invokana 300 MG TAB	Removed from drug list	Farxiga, Jardiance - Tier 3
Isosorbide Dinitrate 40 MG TAB	Removed from drug list	isosorbide dinitrate 5mg, 10mg, 20mg, 30mg tablet - Tier 2
KALETRA 100-25 MG	Removed from drug list	T2/G -
KALETRA 200-50 MG	Removed from drug list	T2/G -
Ketoprofen 25 MG CAP	Removed from drug list	ibuprofen 400mg, 600mg, 800mg tablet, meloxicam 7.5mg, 15mg tablet, diclofenac sodium 25mg, 75mg, 50mg tablet, 100mg ER tablet, naproxen 250mg, 375mg, 500mg tablet, celecoxib 50mg, 100mg, 200mg, 400mg capsuel - Tier 2
Ketoprofen 50 MG CAP	Removed from drug list	ibuprofen 400mg, 600mg, 800mg tablet, meloxicam 7.5mg, 15mg tablet, diclofenac sodium 25mg, 75mg, 50mg tablet, 100mg ER

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
		tablet, naproxen 250mg, 375mg, 500mg tablet, celecoxib 50mg, 100mg, 200mg, 400mg capsuel - Tier 2
Ketoprofen 75 MG CAP	Removed from drug list	ibuprofen 400mg, 600mg, 800mg tablet, meloxicam 7.5mg, 15mg tablet, diclofenac sodium 25mg, 75mg, 50mg tablet, 100mg ER tablet, naproxen 250mg, 375mg, 500mg tablet, celecoxib 50mg, 100mg, 200mg, 400mg capsuel - Tier 2
Krintafel 150 MG TAB	Removed from drug list	chloroquine 250mg, 500mg tablet, mefloquine 250mg tablet, hydroxychloroquine 200mg tablet - Tier 2
Leukine 250 MCG RECON SOLN	Removed from drug list	Zarxio - Tier 3
LEVOleucovorin Calcium 50 MG RECON SOLN	Removed from drug list	-
LEVOleucovorin Calcium PF 175 MG/17.5ML SOLUTION	Removed from drug list	-
LEVOleucovorin Calcium PF 250 MG/25ML SOLUTION	Removed from drug list	-
Lodine 400 MG TAB	Removed from drug list	etodolac 400mg tablet - Tier 2
Lopreeza 0.5-0.1 MG TAB	Removed from drug list	estradiol tablet, esttradiol vaginal tablet, Yuvafem, estradiol cream - Tier 2

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Lopreeza 1-0.5 MG TAB	Removed from drug list	estradiol tablet, esttradiol vaginal tablet, Yuvafem, estradiol cream - Tier 2
LORazepam 2 MG/ML CONC	Added to Tier 2	-
LORazepam Intensol 2 MG/ML CONC	Added to Tier 2	-
Lubiprostone 24 MCG CAP	Added to Tier 3	-
Lubiprostone 8 MCG CAP	Added to Tier 3	-
Lyumjev 100 UNIT/ML SOLUTION	Added to Tier 3	-
Lyumjev KwikPen 100 UNIT/ML SOLN PEN	Added to Tier 3	-
Lyumjev KwikPen 200 UNIT/ML SOLN PEN	Added to Tier 3	-
Mesnex 100 MG/ML SOLUTION	Removed from drug list	mesna 100mg/ml solution - Tier 2
Metoprolol Tartrate 37.5 MG TAB	Removed from drug list	metoprolol tartrate 25mg, 50mg, 100mg tablet - Tier 1
Metoprolol Tartrate 75 MG TAB	Removed from drug list	metoprolol tartrate 25mg, 50mg, 100mg tablet - Tier 1
Mimvey 1-0.5 MG TAB	Removed from drug list	estradiol tablet, esttradiol vaginal tablet, Yuvafem, estradiol cream - Tier 2
Mimvey Lo 0.5-0.1 MG TAB	Removed from drug list	estradiol tablet, esttradiol vaginal tablet, Yuvafem, estradiol cream - Tier 2

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Nadolol 20 MG TAB	Moved to higher tier - Tier 2	metoprolol tartrate 25mg, 50mg, 100mg tablet - Tier 1
Nadolol 40 MG TAB	Moved to higher tier - Tier 2	metoprolol tartrate 25mg, 50mg, 100mg tablet - Tier 1
Nadolol 80 MG TAB	Moved to higher tier - Tier 2	metoprolol tartrate 25mg, 50mg, 100mg tablet - Tier 1
Neulasta 6 MG/0.6ML SOLN PRSYR	Removed from drug list	Zarxio - Tier 3
Neulasta Onpro 6 MG/0.6ML PREF SY KT	Removed from drug list	Zarxio - Tier 3
NovoLOG 100 UNIT/ML SOLUTION	Removed from drug list	Humalog, Humalog Mix, insulin lispro, insulin lispro mix, Lyumjev - Tier 3
NovoLOG FlexPen 100 UNIT/ML SOLN PEN	Removed from drug list	Humalog, Humalog Mix, insulin lispro, insulin lispro mix, Lyumjev - Tier 3
NovoLOG Mix 70/30 (70-30) 100 UNIT/ML SUSPENSION	Removed from drug list	Humalog, Humalog Mix, insulin lispro, insulin lispro mix, Lyumjev - Tier 3
NovoLOG Mix 70/30 FlexPen (70-30) 100 UNIT/ML SUSP PEN	Removed from drug list	Humalog, Humalog Mix, insulin lispro, insulin lispro mix, Lyumjev - Tier 3
NovoLOG PenFill 100 UNIT/ML SOLN CART	Removed from drug list	Humalog, Humalog Mix, insulin lispro, insulin lispro mix, Lyumjev - Tier 3
Noxafil 40 MG/ML SUSPENSION	Added to Tier 3 with prior authorization	-

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Otezla 10 & 20 & 30 MG TAB THPK	Added to Tier 3 with prior authorization	-
Otezla 30 MG TAB	Added to Tier 3 with prior authorization	-
OxyCODONE HCl ER 10 MG TB12 DETER	Removed from drug list	morphine ER tablet - Tier 2
OxyCODONE HCl ER 15 MG TB12 DETER	Removed from drug list	morphine ER tablet - Tier 2
OxyCODONE HCl ER 20 MG TB12 DETER	Removed from drug list	morphine ER tablet - Tier 2
OxyCODONE HCl ER 30 MG TB12 DETER	Removed from drug list	morphine ER tablet - Tier 2
OxyCODONE HCl ER 40 MG TB12 DETER	Removed from drug list	morphine ER tablet - Tier 2
OxyCONTIN 10 MG TB12 DETER	Removed from drug list	morphine ER tablet - Tier 2
OxyCONTIN 20 MG TB12 DETER	Removed from drug list	morphine ER tablet - Tier 2
OxyCONTIN 40 MG TB12 DETER	Removed from drug list	morphine ER tablet - Tier 2
PegIntron 50 MCG/0.5ML KIT	Removed from drug list	-
Pindolol 10 MG TAB	Moved to higher tier - Tier 2	metoprolol tartrate 25mg, 50mg, 100mg tablet - Tier 1
Pindolol 5 MG TAB	Moved to higher tier - Tier 2	metoprolol tartrate 25mg, 50mg, 100mg tablet - Tier 1
Prasugrel HCl 10 MG TAB	Added to Tier 2	-
Prasugrel HCl 5 MG TAB	Added to Tier 2	-
Prevymis 240 MG TAB	Added to Tier 3	-
Prevymis 480 MG TAB	Added to Tier 3	-
Prochlorperazine Edisylate 10 MG/2ML SOLUTION	Removed from drug list	-

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Propranolol HCl 20 MG/5ML SOLUTION	Added to Tier 2	-
Propranolol HCl 40 MG/5ML SOLUTION	Added to Tier 2	-
QuiNIDine Gluconate ER 324 MG TAB ER	Removed from drug list	quinidine sulfate 200mg, 300mg tablet, amiodarone 200mg tablet, flecainide 50mg, 100mg, 150mg tablet, mexiletine 150mg, 200mg, 250mg capsule, propafenone 150mg, 225mg, 300mg tablet, sotalol 80mg, 120mg, 160mg, 240 mg tablet - Tier 2
REZUROCK 200 MG ORAL TABLET	Added to Tier 3 with prior authorization	-
Rhopressa 0.02 % SOLUTION	Added to Tier 3	-
Rinvoq 15 MG TAB ER 24H	Added to Tier 3 with prior authorization	-
Risedronate Sodium 35 MG TAB DR	Removed from drug list	alendronate 5mg, 10mg, 35mg, 40mg, 70mg tablet - Tier 1
Rocklatan 0.02-0.005 % SOLUTION	Added to Tier 3	-
Skyrizi (150 MG Dose) 75 MG/0.83ML PREF SY KT	Added to Tier 3 with prior authorization	-
Skyrizi 150 MG/ML SOLN A-INJ	Added to Tier 3 with prior authorization	-
Skyrizi 150 MG/ML SOLN PRSYR	Added to Tier 3 with prior authorization	-

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
SUTENT 12.5 MG CAP	Removed from drug list	sunitinib malate 12.5mg capsule - Tier 2
SUTENT 25 MG CAP	Removed from drug list	sunitinib malate 25mg capsule - Tier 2
SUTENT 37.5 MG CAP	Removed from drug list	sunitinib malate 37.5 mg capsule - Tier 2
SUTENT 50 MG CAP	Removed from drug list	sunitinib malate 50 mg capsule - Tier 2
SymlinPen 120 2700 MCG/2.7ML SOLN PEN	Removed from drug list	Humalog, insulin lispro, Victoza, Trulicity, Ozempic - Tier 3
SymlinPen 60 1500 MCG/1.5ML SOLN PEN	Removed from drug list	Humalog, insulin lispro, Victoza, Trulicity, Ozempic - Tier 3
Terbutaline Sulfate 1 MG/ML SOLUTION	Removed from drug list	albuterol sulfate HFA, albuterol sulfate nebulized solution - Tier 2
Terbutaline Sulfate 2.5 MG TAB	Removed from drug list	albuterol sulfate HFA, albuterol sulfate nebulized solution - Tier 2
Terbutaline Sulfate 5 MG TAB	Removed from drug list	albuterol sulfate HFA, albuterol sulfate nebulized solution - Tier 2
Thiotepa 100 MG RECON SOLN	Added to Tier 2 with prior authorization	-
Thiotepa 15 MG RECON SOLN	Added to Tier 2 with prior authorization	-

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Topiramate ER 100 MG CP24 SPRNK	Removed from drug list	topiramate 25mg, 50mg, 100mg, 200mg tablet, 15mg, 25mg capsule sprinkle - Tier 2
Topiramate ER 150 MG CP24 SPRNK	Removed from drug list	topiramate 25mg, 50mg, 100mg, 200mg tablet, 15mg, 25mg capsule sprinkle - Tier 2
Topiramate ER 200 MG CP24 SPRNK	Removed from drug list	topiramate 25mg, 50mg, 100mg, 200mg tablet, 15mg, 25mg capsule sprinkle - Tier 2
Topiramate ER 25 MG CP24 SPRNK	Removed from drug list	topiramate 25mg, 50mg, 100mg, 200mg tablet, 15mg, 25mg capsule sprinkle - Tier 2
Topiramate ER 50 MG CP24 SPRNK	Removed from drug list	topiramate 25mg, 50mg, 100mg, 200mg tablet, 15mg, 25mg capsule sprinkle - Tier 2
traMADol HCl 100 MG TAB	Removed from drug list	tramadol 50mg tablet - Tier 2
Trelstar Mixject 11.25 MG RECON SUSP	Added to Tier 3 with prior authorization	-
Trelstar Mixject 22.5 MG RECON SUSP	Added to Tier 3 with prior authorization	-
Trelstar Mixject 3.75 MG RECON SUSP	Added to Tier 3 with prior authorization	-
Ubrelvy 100 MG TAB	Added to Tier 3 with prior authorization	-
Ubrelvy 50 MG TAB	Added to Tier 3 with prior authorization	-

EFFECTIVE 1/1/2022		
Drug Name	**Description of Change**	**Alternative**
Vancomycin HCl 100 GM RECON SOLN	Added to Tier 2	-
Vimpat 10 MG/ML SOLUTION	Step therapy removed	-
Vimpat 100 MG TAB	Step therapy removed	-
Vimpat 150 MG TAB	Step therapy removed	-
Vimpat 200 MG TAB	Step therapy removed	-
Vimpat 50 MG TAB	Step therapy removed	-
Voriconazole 200 MG RECON SOLN	Added BvD prior authorization	-
Xermelo 250 MG TAB	Added to Tier 3 with prior authorization	-
Xigduo XR 10-1000 MG TAB ER 24H	Added to Tier 3	-
Xigduo XR 10-500 MG TAB ER 24H	Added to Tier 3	-
Xigduo XR 2.5-1000 MG TAB ER 24H	Added to Tier 3	-
Xigduo XR 5-1000 MG TAB ER 24H	Added to Tier 3	-
Xigduo XR 5-500 MG TAB ER 24H	Added to Tier 3	-
Zykadia 150 MG CAP	Added to Tier 3 with prior authorization	-

Blue Shield of California Promise Health Plan complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people or treat them differently, on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability or physical disability.

Blue Shield of California Promise Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees

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