

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
February 21, 2019, Pharmacy & Therapeutics Committee Meeting**

Effective Dates	Brand Name †	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
4/1/19	Ilumya	Tildrakizumab-asmn	Antipsoriatic Agent	100 mg./mL	Prefilled syringe	PA Required	PA Required
4/1/19	Lokelma	Sodium Zirconium Cyclosilicate	Potassium Binder	5 g, 10 g	Packet	PA Required	Non-Formulary
4/1/19	Mulpleta	Lusutrombopag	Thrombopoietic Agent	3 mg.	Tablet	PA Required	Non-Formulary
4/1/19	Orilissa	Elagolix	GNRH Antagonist	150 mg., 200 mg.	Tablet	PA Required	Non-Formulary
4/1/19	Epidiolex	Cannabidiol	Anticonvulsant	100 mg./mL	Oral Solution	PA Required	PA Required
4/1/19	Nuzyra	Omadacycline	Antibiotic	100 mg., 150 mg.	IV Solution, Tablet	PA Required	Non-Formulary
4/1/19	Xerava	Eravacycline	Antibiotic	50 mg.	IV Solution	PA Required	Non-Formulary
4/1/19	Arikayce	Amikacin	Antibiotic	590 mg./ 8.4 mL	Inhalation Suspension	PA Required	PA Required QL: 252/30 days
4/1/19	Ajovy	Fremanezumab-vfrm	CGRP Receptor Antagonist	225 mg./1.5 mL	Prefilled Syringe	PA Required	PA Required. QL: 1/28 days
4/1/19	Emgality	Galcanezumab-gnlm	CGRP Receptor Antagonist	120 mg./mL	Prefilled Syringe/Pen	PA Required	PA Required QL: 2/28 days
4/1/19	Arakoda	Tafenoquine	Antimalarial Agent	100 mg.	Tablet	PA Required	Non-Formulary
4/1/19	Krintafel	Tafenoquine	Antimalarial Agent	150 mg.	Tablet	PA Required	PA Required QL: 2/30 days
4/1/19	Oxervate	Cenegermin-bkbj	Recombinant Human Nerve Growth Factor	0.002%	Ophthalmic Solution	PA Required	PA Required
4/1/19	Xepi	Ozenoxacin	Antibiotic	1%	Cream	PA Required	Non-Formulary
4/1/19	Tegsedi	Inotersen	Anti TTR Agent	284 mg./ 1.5 mL	Prefilled Syringe	PA Required	PA Required
4/1/19	Galafold	Migalastat	Fabry Disease	123 mg.	Capsule	PA Required	PA Required QL: 14/28 days

* NSO=New Start Only; ST=Step Therapy; Gonadotropin Releasing Hormone=GNRH; Calcitonin Gene Related Peptide=CGRP; Tetramer Transthyretin=TTR

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4/1/19	Qbrexza	Glycopyrronium	Anticholinergic Agent	2.4%	Pad	PA Required	PA Required
4/1/19	Nivestym	Filgrastim-aafi	Colony Stimulating Factor	300 mcg/0.5 mL, 480 mcg/0.8 mL	Prefilled Syringe	PA Required	PA Required
4/1/19	Daurismo	Glasdegib	Antineoplastic	25 mg., 100 mg.	Tablet	PA Required	PA Required-NSO. QL: 30/30 days (100 mg.), 60/30 days (25 mg.)
4/1/19	Lorbrena	Lorlatinib	Antineoplastic	25 mg., 100 mg.	Tablet	PA Required	PA Required-NSO. QL: 30/30 days (100 mg.), 90/30 days (25 mg.)
4/1/19	Vittrakvi	Larotectinib	Antineoplastic	25 mg., 100 mg.	Tablet	PA Required	PA Required-NSO. QL: 60/30 days (100 mg.), 180/30 days (25 mg.)
4/1/19	Xospata	Gilteritinib	Antinoeplastic	40 mg.	Tablet	PA Required	PA Required-NSO. QL: 90/30 days

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