

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
Pharmacy & Therapeutics Committee Meeting — May 16, 2019**

Effective Dates	Brand Name †	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/OneCare Connect
7/1/19	Revcovi	Avatrombopag	Enzyme Replacement/ Modifiers	2.4 mg./ 1.5mL	Vial	PA Required	PA Required
7/1/19	Firdapse	Amifampridine Phosphate	Cholinergic Agent	10mg	Tablets	PA Required	Non-Formulary
7/1/19	Balversa	Erdaftinib	Antineoplastic	3 mg., 4 mg., 5 mg.	Tablets	PA Required	PA Required NSO, 3 mg.: QL=90 tablets/30 days 4 mg.: QL=60 tablets/30 days 5 mg.: 30 tablets/30 days
7/1/19	Cablivi	Caplacizumab-YHDP	Antineoplastic	11 mg.	Vial	PA Required	PA Required, QL=30 vials/30 days
7/1/19	Elzonris	Tagraxofusp-erzs	Antineoplastic	1000 mcg/mL	Vial	PA Required	PA Required NSO
7/1/19	Herceptin Hylecta	Trastuzumab-hyaluronidase-OYSK	Antineoplastic	600–10000 mg.-unit/5 mL	Syringe	PA Required	PA Required NSO, QL=1 syringe (5 mL)/21 days
7/1/19	Dovato	Dolutegravir sodium/lamivudine	Antiretroviral	50–300 mg.	Tablets	PA Required	Formulary with QL=30 tablets/30 days
7/1/19	Diacomit	Stiripentol	Anticonvulsant	250 mg., 500 mg.	Capsules, Powder Packets	PA Required	PA Required
7/1/19	Spravato	Esketamine	Antidepressant	56 mg., 84 mg.	Nasal Spray Devices	PA Required	PA Required NSO, QL=47 devices/84 days

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7/1/19	Amaryl	Glimepiride	Antidiabetic	1 mg., 2 mg., 4 mg.	Tablets	Formulary with CT: age ≤ 64 years for NSO, 1 mg., 2 mg.: QL=30 tablets/30 days 4 mg.: QL=60 tablets/30 days	Formulary with CT: age ≤ 64 years for NSO, 1 mg., 2 mg.: QL=30 tablets/30 days 4 mg.: QL=60 tablets/30 days
7/1/19	Dramamine, Driminate	Dimenhydrinate	Antinausea	50 mg.	Tablets, Chewable Tablets	Formulary with CT: age ≤ 64 years, QL=100 tablets/30 days	Formulary with CT: age ≤ 64 years, QL=24 tablets/30 days; [No Change]

NSO=New Starts Only, PA = Prior Authorization, QL=Quantity Limit