

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary  
Pharmacy & Therapeutics Committee Meeting – August 15, 2019**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
10/1/19	Mayzent	Siponimod	Immune modulator	0.25mg, 2mg	Tablet	PA Required	PA Required, QL: 30/30 days, (120/30 days for 0.25mg tab)
10/1/19	Mavenclad	Cladribine	Antineoplastic Agent	10mg	Tablet	PA Required	PA Required, QL: 2 packs /year
10/1/19	Zolgensma	Onasemnogene abeparvovec-xioi	Gene therapy, Adeno-Associated Virus	2.0 × 10 <sup>13</sup> vector genomes/mL; 5.5mL or 8.3mL	IV suspension Kit	PA Required	Excluded
10/1/19	Skyrizi	Risankizumab-rzaa	Antipsoriatic Agent	75mg/0.83mL	Pre-filled syringe	PA Required	PA Required
10/1/19	Bijuva	Estradiol/Progesterone	Estrogen	1mg-100mg	Capsule	PA Required	No Change (Non-Formulary)
10/1/19	Motegrity	Prucalopride	Gastrointestinal Agent	1mg, 2mg	Tablet	PA Required	No Change (Non-Formulary)
10/1/19	Trulance	Plecantide	Gastrointestinal Agent	3mg	Capsules	PA Required	No Change (PA Required)
10/1/19	Evenity	Romosozumab-aqqg	Calcium Regulator; Sclerostin Inhibitor	105mg/1.17mL	Pre-filled syringe	PA Required	No Change (Non-Formulary)
10/1/19	Vyndaqel	Tafamidis	Cardiovascular Agent	20mg	Capsule	PA Required	PA Required
10/1/19	Seysara	Sarecycline	Antiacne	60mg, 100mg, 150mg	Tablet	PA Required	No Change (Non-Formulary)
10/1/19	Tetracon	Tetracycline	Anti-Intective Agent	500mg	Capsule	PA Required	Non-Formulary
10/1/19	Aemcolo	Rifamycin	Anti-Infective Agent	194mg	Tablet DR	PA Required	PA required, QL:12/3 days

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10/1/19	Duobrii	Halobetasol/Tazarotene	Anti-Inflammatory	0.01%-0.045%	Lotion	PA Required	No Change (Non-Formulary)
10/1/19	Ultravate	Halobetasol	Anti-Inflammatory	0.05% (15g, 50g)	Ointment	Formulary, QL: 15g/30 days	No Change (Formulary)
10/1/19	Aldara	Imiquimod	Antiviral	5%	Cream Pack	Formulary, QL: 12g/28 days	No Change (Formulary, QL: 12/30 days)
10/1/19	Detrol LA	Tolterodine ER	Genito-urinary Agent	2mg, 4mg	Capsule	Formulary, QL: 30/30 days	No Change (Formulary, QL: 30/30 days)
10/1/19	Detrol	Tolterodine	Genito-urinary Agent	1mg, 2mg	Tablet	Formulary, QL: 60/30 days	No Change (Formulary, QL: 60/30 days)
10/1/19	Gelnique	Oxybutynin	Genito-urinary Agent	100mg/1gm	Gel	No Change (Formulary)	Step Therapy
10/1/19	Myrbetriq	Mirabegron	Genito-urinary Agent	25mg, 50mg	Tablet	No Change (PA Required)	Step Therapy
10/1/19	Oxytrol	Oxybutynin	Genito-urinary Agent	3.9mg/24hr	Patch	No Change (PA Required)	Step Therapy
10/1/19	Vesicare	Solifenacin	Genito-urinary Agent	5mg, 10mg	Tablet	No Change (PA Required)	Step Therapy
10/1/19	Toviaz	Fesoterodine ER	Genito-urinary Agent	4mg, 8mg	Tablet	No Change (PA Required)	Step Therapy
10/1/19	Spectazole	Econazole	Antifungal	1%	Cream	Formulary, QL: 15g/30 days	No Change (Formulary)
10/1/19	Cicloderm	Ciclopirox	Antifungal	0.77%	Cream	Formulary, QL: 15g/30 days	No Change (Formulary)
10/1/19	Lotrisone	Clotrimazole-betamethasone	Antifungal-Topical Corticosteroid	1%-0.05%	Lotion	PA Required	Non-Formulary
10/1/19	Naftin	Naftifine	Antifungal	1%, 2%	Cream	PA Required	Non-Formulary
10/1/19	Oxistat	Oxiconazole	Antifungal	1%	Cream	PA Required	Non-Formulary
10/1/19	Oxistat	Oxiconazole	Antifungal	1%	Lotion	PA Required	Non-Formulary

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10/1/19	Micardis	Telmisartan	ARB	20mg, 40mg, 80mg	Tablet	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days
10/1/19	Benicar	Olmesartan	ARB	5mg, 20mg, 40mg	Tablet	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days
10/1/19	Benicar HCT	Olmesartan-hydrochlorothiazide	ARB-Thiazide	12.5mg-20mg, 12.5mg-40mg, 25mg-40mg	Tablet	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days
10/1/19	Azor	Amlodipine-olmesartan	CCB-ARB	5mg-40mg, 10mg-20mg, 10mg-40mg, 5mg-20mg	Tablet	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days
10/1/19	Exforge	Amlodipine-valsartan	CCB-ARB	10mg-160mg, 10mg-320mg, 5mg-160mg, 5mg-320mg	Tablet	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days
10/1/19	Exforge HCT	Amlodipine-valsartan-hydrochlorothiazide	CCB-ARB-Thiazide	10mg-160mg-12.5mg, 10mg-320mg-25mg, 5mg-160mg-12.5mg, 5mg-160mg-25mg	Tablet	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days
10/1/19	Piqray	Alpelisib	Antineoplastic Agent	200mg, 300mg	Tablet	PA Required	PA NSO
10/1/19	Polivy	Polatuzumab aedotin-piiq	Antineoplastic Agent	140mg	IV powder for solution	PA Required	Part B with PA Required

NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, ARB = Angiotensin II Receptor Blocker, CCB = Calcium Channel Blocker, ST = Step Therapy