

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

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
1/1/20	Rinvoq	Upadacitinib	Rheumatoid Arthritis	15mg	Tablet ER	PA Required	No Change (Non-Formulary)
1/1/20	Zelnorm	Tegaserod	IBS with constipation	6mg	Tablet	PA Required	PA Required. QL: 60/30 days
1/1/20	Sunosi	Solriamfetol	EDS	75mg,150mg	Tablet	PA Required	No Change (Non-Formulary)
1/1/20	Nuvigil	Armodafinil	EDS	50mg,150mg, 200mg,250mg	Tablet	No Change (PA Required)	PA Required
1/1/20	Thiola	Tiopronin	Cystinuria	100mg	Tablet DR	No Change (PA Required)	PA Required
1/1/20	Thiola EC	Tiopronin	Cystinuria	100mg,300mg	Tablet DR	PA Required	PA Required
1/1/20	Xenleta	Lefamulin	Antibiotic	150mg/15mL, 600mg	Solution, Tablet	PA Required	No Change (Non-Formulary)
1/1/20	Quinixil	Mometasone furoate-dimethicone	Dermatitis	0.1%-5%	Topical Cream	PA Required	No Change (Non-Formulary)
1/1/20	Ezallor	Rosuvastatin	Hyperlipidemia	5mg,10mg,20mg 40mg	Capsule Sprinkle	PA Required	No Change (Non-Formulary)
1/1/20	Zetia	Ezetimibe	Hyperlipidemia	10mg	Tablet	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days
11/30/19 (Medi-Cal) 1/1/20 (OC/OCC)	Lyrica	Pregabalin	Anticonvulsant	25mg,50mg, 75mg,100mg, 150mg,200mg, 225mg,300mg	Capsule	Formulary, QL: 90/30 days (25mg,50mg,75mg, 100mg); 60/30 days (150mg, 200mg, 225mg, 300mg)	Formulary
1/1/20	Inrebic	Fedratinib	Antineoplastic	100mg	Capsule	PA Required	PA Required NSO, QL:120/30 days
1/1/20	Lutathera	Lutetium Lu 177 dotatate	Radio pharmaceutical	370MBq/mL	Solution	PA Required	Part B with PA Required

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1/1/20	Nubeqa	Darolutamide	Antineoplastic	300mg	Tablet	PA Required	PA Required NSO, QL:120/30 days
1/1/20	Rozlytrek	Entrectinib	Antineoplastic	100mg,200mg	Capsule	PA Required	PA Required NSO, QL:150/30 days (100mg); 90/30 days (200mg)
1/1/20	Turalio	Pexidartinib	Antineoplastic	200mg	Capsule	PA Required	PA Required NSO, QL:120/30 days
1/1/20	Xpovio	Selinexor	Antineoplastic	20mg	Tablet Therapy Pack	PA Required	PA Required NSO
1/1/20	Zulresso	Brexanolone	Antidepressant	100mg/20mL	Solution	PA Required	Part B with PA Required

NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, EC=Enteric Coated, DR= Delayed Release, ER=Extended Release, IBS=Irritable Bowel Syndrome, EDS=Excessive Daytime Sleepiness, OC=OneCare, OCC=OneCare Connect