

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
Pharmacy & Therapeutics Committee Meeting – February 20, 2020**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
4/1/20	Nourianz	Istradefylline	Parkinson's Disease	20mg,40mg	Tablet	PA Required	Non Formulary
4/1/20	Xadago	Safinamide	Parkinson's Disease	50mg,100mg	Tablet	PA Required	PA Required NSO
5/1/20	Zelapar	Selegiline	Parkinson's Disease	1.25mg	Tablet Dis	PA Required	Non Formulary
4/1/20	Vumerity	Diroximel fumarate	Multiple Sclerosis	231mg	Capsule DR	PA Required	Non Formulary
4/1/20	Reblozyl	Luspatercept-aamt	Anemia	25mg,75mg	Solution	PA Required	PA Required
4/1/20	Duaklir Pressair	Aclidinium bromide-formoterol fumarate	COPD	400mcg-12mcg	Aerosol powder	PA Required	Non Formulary
4/1/20	Trikafta	Elexacaftor-tezacaftor-ivacaftor	Cystic Fibrosis	100mg-50mg-75mg plus 150mg	Tablet	PA Required	PA Required
4/1/20	Gamifant	Emapalumab-lzsg	Monoclonal Antibody	10mg/2mL, 50mg/10mL	Solution	PA Required	PA Required
4/1/20	Ozobax	Baclofen	Muscle Relaxant	5mg/5mL	Solution	PA Required	Non Formulary
4/1/20	Wakix	Pitolisant	EDS	4.45mg,17.8mg	Tablet	PA Required	Non Formulary
3/1/20	Trulicity	Dulaglutide	GLP1 agonist	0.75mg/0.5mL, 1.5mg/0.5mL	Solution, Pen Injector	Formulary with ST: Must try metformin. QL: 4/28 days	Formulary (ST/QL): Must try metformin, metformin/glipizide, or metformin/glyburide. QL: 4/28 days
4/1/20	Rybelsus	Semaglutide	GLP1 agonist	3mg,7mg,14mg	Tablet	PA Required	Formulary (ST/QL): Must try metformin, metformin/glipizide, or metformin/glyburide. QL: 30/30 days
4/1/20	Aklief	Trifarotene	Acne Vulgaris	0.005%	Cream	PA Required	Non Formulary

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3/1/20	Pristiq	Desvenlafaxine	MDD	25mg,50mg, 100mg	Tablet ER 24 hour	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days
4/1/20	Nayzilam	Midazolam	Anticonvulsant	5mg/0.1mL	Nasal Spray	PA Required	PA Required NSO
4/1/20	Asparlas	Calaspargase pegol	Antineoplastic	3,750 units/5mL	Solution	PA Required	PA Required NSO
4/1/20	Brukinsa	Zanubrutinib	Antineoplastic	80mg	Capsule	PA Required	PA Required NSO
4/1/20	Ogivri	Trastuzumab	Antineoplastic	420mg	Solution	PA Required	PA Required NSO
3/1/20	Temixys	Lamivudine-tenofovir	Antiretroviral	300mg-300mg	Tablet	Formulary, QL: 30/30 days	Formulary, QL: 30/30 days

NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, DR= Delayed Release, Dis=Disintegrating, ER=Extended Release, COPD=Chronic Obstructive Pulmonary Disease, EDS=Excessive Daytime Sleepiness, GLP1=Glucagon-like peptide-1 receptor, ST=Step Therapy, MDD=Major Depressive Disorder