

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
Pharmacy & Therapeutics Committee Meeting – May 21, 2020**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
7/1/20	Palforzia	Peanut Allergen Powder	Peanut Allergy	0.5mg, 1mg, 10mg, 20mg, 100mg, 300mg	Capsule, Sachet	PA Required	Non Formulary
7/1/20	Oxbryta	Voxelotor	Sickle Cell Disease	500mg	Tablet	PA Required	PA Required
7/1/20	Ubrelvy	Ubrogepant	Migraine Treatment	50mg, 100mg	Tablet	PA Required	Non Formulary
7/1/20	Nurtec ODT	Rimegepant	Migraine Treatment	75mg	Tablet Dis	PA Required	Non Formulary
7/1/20	Reyvow	Lasmiditan	Migraine Treatment	50mg, 100mg	Tablet	PA Required	Non Formulary
7/1/20	Relpax	Eletriptan	Migraine Treatment	20mg, 40mg	Tablet	Formulary with ST: Must try sumatriptan, naratriptan, rizatriptan	Non Formulary
7/1/20	Vyepti	Eptinezumab-jjmr	Migraine Prophylaxis	100mg/mL	Solution	PA Required	Non Formulary
7/1/20	Vyondys 53	Golodirsen	Duchenne Muscular Dystrophy	100mg/2mL	Solution	PA Required	PA Required(Part B)
7/1/20	Jatenzo	Testosterone Undecanoate	Hypogonadism	158mg, 198mg, 237mg	Capsule	PA Required	Non Formulary
8/1/20	Androgel	Testosterone	Hypogonadism	1.25g-1.62, 12.5/1.25g, 2.5g-1.62%, 20.25/1.25, 25mg (1%), 50mg (1%)	Transderm Gel	PA Required	Non Formulary
7/1/20	Nexletol	Bempedoic acid	Hyperlipidemia	180mg	Tablet	PA Required	PA Required, QL: 30/30 days

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7/1/20	Givlaari	Givosiram	Acute Hepatic Porphyria	189mg/mL	Vial	PA Required	PA required
7/1/20	Caplyta	Lumateperone	Antipsychotic	42mg	Capsule	Carve-Out	PA Required NSO, QL: 30/30 days
7/1/20	Sarclisa	Isatuximab-irfc	Antineoplastic	100mg/5mL, 500mg/25mL	Vial	PA Required	PA Required NSO
7/1/20	Tazverik	Tazemetostat	Antineoplastic	200mg	Capsule	PA Required	PA Required NSO. QL: 240/30 days
7/1/20	Secuado	Asenapine	Antipsychotic	3.8mg/24h, 5.7mg/24h, 7.6mg/24h	Patch	Carve-Out	PA Required NSO, QL: 30/30 days
7/1/20	Padcev	Enfortumab vedotin-ejfv	Antineoplastic	20mg, 30mg	Vial	PA Required	PA Required NSO
7/1/20	Ayvakit	Avapritinib	Antineoplastic	100mg, 200mg, 300mg	Tablet	PA Required	PA Required NSO, QL: 30/30 days
7/1/20	Valtoco	Diazepam	Anticonvulsant	5mg, 10mg, 15mg, 20mg	Nasal Spray	PA Required	PA Required NSO, QL: 10/28 days
7/1/20	Xcopri	Cenobamate	Anticonvulsant	50mg, 100mg, 150mg, 200mg	Tablet	PA Required	PA Required NSO, QL: 60/30 days (150mg, 200mg), 30/30 days (50mg, 100mg)

NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, Dis=Disintegrating, ST=Step Therapy