

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
Pharmacy & Therapeutics Committee Meeting – August 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
10/1/20	Talicia	Omeprazole-amoxicillin-rifabutin	Helicobacter pylori Treatment	10mg-250mg-12.5mg	Capsule DR	PA Required	Non Formulary
10/1/20	Prevpac	Lansoprazole-amoxicillin-clarithromycin	Helicobacter pylori Treatment	30mg-500mg-500mg	Capsule-Capsule-Tablet	PA Required	Formulary
10/1/20	Isturisa	Osilodrostat	Cortisol Synthesis Inhibitor	1mg, 5mg, 10mg	Tablet	PA Required	PA Required
10/1/20	Nymalize	Nimodipine	Calcium Channel Blocker	6mg/mL, 30mg/10mL	Solution	PA Required	PA Required
10/1/20	Grastek	Timothy Grass Pollen Allergen Extract	Allergen Specific Immunotherapy	2,800 BAU	Tablet Sublingual	PA Required	PA Required
10/1/20	Odactra	House Dust Mite Allergen Extract	Allergen Specific Immunotherapy	12 SQ-HDM	Tablet	PA Required	PA Required
10/1/20	Oralair	Grass Pollen Allergen Extract (5 Grass)	Allergen Specific Immunotherapy	100 IR, 300 IR	Tablet Sublingual	PA Required	PA Required
10/1/20	Ragwitek	Short Ragweed Pollen Allergen Extract	Allergen Specific Immunotherapy	12 AMB a 1-U	Tablet Sublingual	PA Required	PA Required
10/1/20	Trijardy XR	Empagliflozin-linagliptin-metformin	Diabetes	5mg-2.5mg-1000mg, 10mg-5mg-1000mg, 12.5mg-2.5mg-1000mg, 25mg-5mg-1000mg	Tablet ER 24 hours	PA Required	Formulary with ST: Step 1: metformin, metformin/glipizide, metformin/glyburide. Step 2: alogliptin, alogliptin/metformin, Jardiance, Synjardy. Step 3: Glyxambi, Invokamet, Invokamet XR, Invokana, Tradjenta, Trijardy XR. QL: 30/30 days (10-5-

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							1000mg, 25-5-1000mg), 60/30 days (12.5-2.5-1000mg, 5-2.5-1000mg)
10/1/20	Dayvigo	Lemborexant	Insomnia	5mg, 10mg	Tablet	PA Required	Non Formulary
10/1/20	Phesgo	Pertuzumab-trastuzumab-hyaluronidase-zzxf	Antineoplastic	60mg-60mg-2,000 units/mL, 80mg-40mg-2,000 units/mL	Solution	PA Required	PA Required NSO
10/1/20	Trodelyv	Sacituzumab govitecan-hziy	Antineoplastic	180mg	Powder	PA Required	PA Required NSO
10/1/20	Tukysa	Tucatinib	Antineoplastic	50mg, 150mg	Tablet	PA Required	PA Required NSO. QL: 300/30 days (50mg), 120/30 days (150mg)
10/1/20	Retevmo	Selpercatinib	Antineoplastic	40mg, 80mg	Capsule	PA Required	PA Required NSO. QL: 180/30 days (40mg), 120/30 days (80mg)
10/1/20	Tabrecta	Capmatinib	Antineoplastic	150mg, 200mg	Tablet	PA Required	PA Required NSO. QL: 120/30 days
10/1/20	Zepzelca	Lurbinectedin	Antineoplastic	4mg	Powder	PA Required	PA Required NSO
10/1/20	Jelmyto	Mitomycin	Antineoplastic	40mg	Powder	PA Required	PA Required (Part B)
10/1/20	Pemazyre	Pemigatinib	Antineoplastic	4.5mg, 9mg, 13.5mg	Tablet	PA Required	PA Required NSO. QL: 14/21 days
10/1/20	Qinlock	Ripretinib	Antineoplastic	50mg	Tablet	PA Required	PA Required NSO. QL: 90/30 days
10/1/20	Xpovio	Selinexor	Antineoplastic	20mg	Tablet Therapy Pack	PA Required	PA Required NSO
10/1/20	Koselugo	Selumetinib	Antineoplastic	10mg, 25mg	Capsule	PA Required	PA Required NSO. QL: 240/30 days (10mg), 120/30 days (25mg)
10/1/20	Uplizna	Inebilizumab-cdon	Neurologic Disease	100mg/10mL	Solution	PA Required	PA Required (Part B)
10/1/20	Fintepla	Fenfluramine	Epilepsy	2.2mg/mL	Solution	PA Required	PA Required NSO. QL: 360mL/30 days

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10/1/20	Rukobia	Fostemsavir	Antiretroviral	600mg	Tablet ER	PA Required	Formulary. QL: 60/30 days

NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, ST=Step Therapy, DR=Delayed Release, BAU=Bioequivalent Allergy Unit, HDM=House Dust Mite, AMB a=Ambrosia artemisiifolia, 1-U: 1 unit, IR=Index of Reactivity, ER/XR=Extended Release