

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary  
Pharmacy & Therapeutics Committee Meeting – November 19, 2020**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
1/1/21	Zeposia	Ozanimod hydrochloride	Multiple Sclerosis	0.23mg, 0.46mg, 0.92mg	Capsule	PA Required	Non-Formulary
1/1/21	Bafiertam	Monomethyl fumarate	Multiple Sclerosis	95mg	Capsule DR	PA Required	Non-Formulary
1/1/21	Kesimpta	Ofatumumab	Multiple Sclerosis	20mg/0.4mL	Solution Auto Injector	PA Required	Non-Formulary
1/1/21	Mycapssa	Octreotide acetate	Acromegaly	20mg	Capsule DR	PA Required	Non-Formulary
1/1/21	Enspryng	Satralizumab-mwge	Monoclonal Antibody	120mg/mL	Solution Prefilled Syringe	PA Required	PA Required (Part D)
1/1/21	Soliris	Eculizumab	Monoclonal Antibody	300mg/30mL	Solution	PA Required (no change)	PA Required (Part B)
1/1/21	Monoferric	Ferric derisomaltose	Iron Deficiency Anemia	100mg/mL	Solution	PA Required	Non-Formulary
1/1/21	Ferrlecit	Sodium ferric gluconate	Iron Deficiency Anemia	12.5mg/mL	Solution	PA Required (no change)	PA Required
1/1/21	Oriahnn	Elagolix-estradiol-norethindrone	Uterine Leiomyomas	300mg-1mg-0.5mg	Capsule	PA Required	PA Required
1/1/21	Viltepso	Viltolarsen	Duchenne Muscular Dystrophy	250mg/5mL	Solution	PA Required	PA Required (Part B)
1/1/21	Ortikos	Budesonide ER	Crohn's Disease	6mg, 9mg	Capsule	PA Required	Non-Formulary
1/1/21	Kynmobi	Apomorphine	Parkinson's Disease	10mg, 15mg, 20mg, 25mg, 30mg	Sublingual film	PA Required	PA Required
1/1/21	Apokyn	Apomorphine	Parkinson's Disease	30mg/3mL	Solution Cartridge	PA Required (no change)	Non-Formulary

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary  
Pharmacy & Therapeutics Committee Meeting – November 19, 2020**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
1/1/21	Dojolvi	Triheptanoin	Nutritional Supplement	100%	Liquid	PA Required	PA Required
1/1/21	Breztri	Budesonide-glycopyrrolate-formoterol	COPD	160-9-4.8mcg	Aerosol	PA Required	Non-Formulary
1/1/21	Trelegy Ellipta	Fluticasone-umeclidinium-vilanterol	Asthma, COPD	100-62.5-25mcg, 200-62.5-25mcg	Aerosol Powder Breath Activated	PA Required (no change)	Change in ST: Must first try budesonide/formoterol, fluticasone/salmeterol or Breo Ellipta
1/1/21	Symbicort	Budesonide-formoterol	Asthma, COPD	80-4.5mcg, 160-4.5mcg	Aerosol	Formulary (no change)	Formulary QL: 11/30 days
1/1/21	Blenrep	Belantamab	Antineoplastic	100mg	Solution	PA Required	PA Required (Part B)
1/1/21	Gavreto	Pralsetinib	Antineoplastic	100mg	Capsule	PA Required	PA Required NSO QL: 120/30 days
1/1/21	Hemady	Dexamethasone	Antineoplastic	20mg	Tablet	PA Required	PA Required NSO
1/1/21	Inqovi	Decitabine-cedazuridine	Antineoplastic	100-35mg	Tablet	PA Required	PA Required NSO QL: 5/28 days
1/1/21	Monjuvi	Tafasitamab-cxix	Antineoplastic	200mg	Solution	PA Required	PA Required NSO (Part B)
1/1/21	Onureg	Azacitidine	Antineoplastic	200mg, 300mg	Tablet	PA Required	PA Required NSO
1/1/21	Tecartus	Brexucabtagene autoleucel	Antineoplastic	N/A	Suspension	PA Required	PA Required NSO (Part B)

N/A=Not Applicable, NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, ST=Step Therapy, DR=Delayed Release, ER=Extended Release