

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
Pharmacy & Therapeutics Committee Meeting – May 20, 2021**

| Effective Dates | Brand Name† | Generic Name | Drug Class | Strength | Dosage Form | Committee Action for CalOptima Medi-Cal | Committee Action for OneCare/ OneCare Connect |
|-----------------|-------------------------------------|--------------------------|-----------------------------------|---|--|---|---|
| 7/1/21 | Asmanex HFA, Asmanex Twisthaler DPI | Mometasone furoate | Inhaled Corticosteroid | 50mcg/actuation, 100mcg/actuation, 200mcg/actuation, 110mcg inhalation, 220mcg/inhalation | Aerosol, Aerosol powder breath activated | No Change: Formulary | Formulary with ST: Must first try Flovent HFA, Flovent Diskus, Arnuity Ellipta, or Qvar |
| 7/1/21 | Pulmicort Flexhaler | Budesonide | Inhaled Corticosteroid | 90mcg/actuation, 180mcg/actuation | Aerosol powder breath activated | No Change: Formulary | Formulary with ST: Must first try Flovent HFA, Flovent Diskus, Arnuity Ellipta, or Qvar |
| 7/1/21 | Ongentys | Opicapone | Anti-Parkinson Agent | 25mg, 50mg | Capsule | PA Required | PA Required QL: 30/30 days |
| 7/1/21 | Xywav | Oxybate salts | Central Nervous System Depressant | 500mg/mL | Solution | PA Required | PA Required |
| 7/1/21 | Orladeyo | Bertralstat | Kallikrein Inhibitor | 110mg, 150mg | Capsule | PA Required | PA Required |
| 7/1/21 | Licart | Diclofenac | Analgesic | 1.3% | Patch | PA Required | Non-Formulary |
| 7/1/21 | Cystadrops | Cysteamine hydrochloride | Anticystine Agent | 0.37% | Solution | PA Required | Non-Formulary |
| 7/1/21 | Alkindi Sprinkle | Hydrocortisone | Systemic Corticosteroid | 0.5mg, 1mg, 2mg, 5mg | Capsule Sprinkle | PA Required | Non-Formulary |
| 7/1/21 | Eysuvis | Loteprednol etabonate | Ophthalmic Corticosteroid | 0.25% | Suspension | PA Required | PA Required |

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| 7/1/21 | Rozerem | Ramelteon | Hypnotic | 8mg | Tablet | Formulary QL: 30/30 days | Formulary QL: 30/30 days |
| 7/1/21 | Ambien CR | Zolpidem ER | Hypnotic | 6.25mg, 12.5mg | Tablet | Formulary (age ≤64) QL: 30/30 days | PA Required (Age >65) QL: 30/30 days |
| 7/1/21 | Fotivda | Tivozanib | Antineoplastic | 0.89mg, 1.34mg | Capsule | PA Required | PA Required NSO QL: 30/30 days |
| 7/1/21 | Margenza | Margetuximab-cmkb | Antineoplastic | 25mg/mL | Solution | PA Required | PA Required NSO |
| 7/1/21 | Tepmetko | Tepotinib | Antineoplastic | 225mg | Tablet | PA Required | PA Required NSO QL: 60/30 days |
| 7/1/21 | Thyquidity | Levothyroxine sodium | Thyroid Product | 20mcg/mL | Solution | Formulary | Formulary |
| 7/1/21 | Ukoniq | Umbralisib tosylate | Antineoplastic | 200mg | Tablet | PA Required | PA Required NSO QL: 120/30 days |

NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, ST=Step Therapy, CR=Controlled Release, ER=Extended Release