

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary  
February 16, 2017 Pharmacy & Therapeutics Committee Meeting**

| Effective Dates | Brand Name †     | Generic Name                         | Drug Class                   | Strength                              | Dosage Form     | Committee Action for CalOptima Medi-Cal | Committee Action for OneCare/ OneCare Connect |
|-----------------|------------------|--------------------------------------|------------------------------|---------------------------------------|-----------------|---|---|
| 4/3/2017        | Byvalson         | Nebivolol-Valsartan                  | BB-ARB Combination           | 5mg-80mg                              | Tablet          | PA Required                             | Non Formulary                                 |
| 4/3/2017        | Otovel           | Ciprofloxacin-Fluocinolone acetonide | Abx-Steroid Combination Otic | 0.3%-0.025%                           | Otic Solution   | PA Required                             | Non Formulary                                 |
| 4/3/2017        | Inflectra        | Infliximab-dyyb                      | TNF blocker                  | 100mg                                 | Injection       | PA Required                             | PA Required                                   |
| 4/3/2017        | Basaglar KwikPen | Insulin Glargine                     | Diabetes                     | 100 units/mL                          | SC Pen Injector | Add to Formulary. QL 30ml/30 days       | Add to Formulary. QL 60ml/30 days             |
| 4/3/2017        | Epaned           | Enalapril                            | ACE Inhibitor                | 1mg/mL                                | Oral Solution   | PA Required                             | Non Formulary                                 |
| 4/3/2017        | Qbrelis          | Lisinopril                           | ACE Inhibitor                | 1mg/mL                                | Oral Solution   | PA Required                             | Non Formulary                                 |
| 4/3/2017        | Yosprala         | Aspirin-Omeprazole                   | Salicylate-PPI               | 81mg-40mg, 325mg-40mg                 | DR Tablet       | PA Required                             | Non Formulary                                 |
| 4/3/2017        | Royaldee         | Calcifediol                          | Vitamin D3 analog            | 30mcg                                 | ER Capsule      | PA Required                             | PA Required                                   |
| 4/3/2017        | Cuvitru          | Immune Globulin (Human)              | Immune Globulin              | 1gm/5mL, 2gm/10mL, 4gm/20mL, 8gm/40mL | Injection       | PA Required                             | PA Required                                   |
| 4/3/2017        | Vemlidy          | Tenofovir                            | Hepatitis B                  | 25mg                                  | Tablet          | PA Required                             | PA Required                                   |
| 4/3/2017        | Cinqair          | Reslizumab                           | Asthma                       | 100mg/10mL                            | IV infusion     | PA Required                             | PA Required                                   |
| 4/3/2017        | Rubraca          | Rucaparib                            | Antineoplastics              | 200mg, 300mg                          | Tablet          | PA Required                             | PA Required for new Rx. QL 120/30 days        |
| 4/3/2017        | Defitelio        | Defibrotide                          | Thrombolytic Agent           | 200mg/2.5mL                           | IV infusion     | PA Required                             | PA Required                                   |
| 4/3/2017        | Exondys 51       | Eteplirsen                           | Muscular Dystrophy           | 100mg/2mL, 500mg/10mL                 | IV infusion     | PA Required                             | PA Required                                   |
| 4/3/2017        | Spinraza         | Nusinersen                           | Antisense                    | 12mg/5mL                              | Intrathecal     | PA Required                             | Non Formulary                                 |

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|-----------------|--------------|------------------------------|------------------------------|------------|---------------|--|---|
|                 |              |                              | Oligonucleotides             |            | injection     |  |   |
| 4/3/2017        | Ciprodex     | Ciprofloxacin-Dexamethasone  | Abx-Steroid Combination Otic | 0.3%-0.1%  | Otic Solution | Remove CT to ofloxacin. Limited to Age < 21 years  | No Change                                     |
| 4/3/2017        | Cipro HC     | Ciprofloxacin-Hydrocortisone | Abx-Steroid Combination Otic | 0.2%-1%    | Otic Solution | Remove CT to ofloxacin. Limited to Age < 21 years  | No Change                                     |
| 4/3/2017        | Rhinocort    | Budesonide                   | Nasal Steroids               | 32mcg/act  | Nasal Spray   | Add to Formulary. QL 8.6gm/30 days   | No Change                                     |
| 4/3/2017        | Nasarel      | Flunisolide                  | Nasal Steroids               | 29mcg/act  | Nasal Spray   | Add CT. Must first try budesonide, fluticasone, or triamcinolone; grandfather existing members | No Change                                     |
| 4/3/2017        | Nexium       | Esomeprazole                 | Proton Pump Inhibitors       | 20mg, 40mg | Capsule       | Add to Formulary with CT: Must first try lansoprazole  | No Change                                     |
| 4/3/2017        | Ultravate    | Halobetasol                  | Topical Steroids             | 0.05%      | Cream         | Add to Formulary. QL 50gm/30 days  | No Change                                     |
| 4/3/2017        | Topicort     | Desoximetasone               | Topical Steroids             | 0.25%      | Ointment      | PA Required  | No Change                                     |
| 4/3/2017        | Locoid       | Hydrocortisone butyrate      | Topical Steroids             | 0.1%       | Ointment      | Add CT: Must first try triamcinolone, flucinolone, betamethasone, mometasone. QL 60/30 days    | No Change                                     |
| 4/3/2017        | Westcort     | Hydrocortisone valerate      | Topical Steroids             | 0.2%       | Cream         | Add CT: Must first try triamcinolone, flucinolone, betamethasone, mometasone. QL 60/30 days    | No Change                                     |
|                 |              |                              |                              |            |               |  |   |

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|------------------------|---------------------|-------------------------|-------------------------|-----------------|--------------------|---|--|
| 4/3/2017               | Westcort            | Hydrocortisone valerate | Topical Steroids        | 0.2%            | Ointment           | Add CT: Must first try triamcinolone, flucinolone, betamethasone, mometasone. QL 60/30 days | No Change  |
| 4/3/2017               | Aclovate            | Alclometasone           | Topical Steroids        | 0.05%           | Ointment           | Remove CT. Add to Formulary. QL 60/30 days  | No Change  |
| 4/3/2017               | Aclovate            | Alclometasone           | Topical Steroids        | 0.05%           | Cream              | PA Required   | No Change  |
| 4/3/2017               | Desowen             | Desonide                | Topical Steroids        | 0.05%           | Cream              | PA Required   | No Change  |
| 4/3/2017               | Antabuse            | Disulfiram              | Anti-alcoholic Agents   | 250mg, 500mg    | Tablet             | Add to formulary. QL for 250mg is 60/30 days; QL for 500mg is 30/30 days                    | No Change  |
| 4/3/2017               | HP Acthar           | Corticotropin           | Adrenocortical Steroids | 80 units/mL     | Gel Injection      | No Change   | Prior Authorization                                  |