

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary  
May 18, 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
8/18/17	Adlyxin	Lixisenatide	Diabetes	10mcg/0.2mL, 20mcg/0.2mL	SC Pen Injection	PA Required	Non Formulary
8/18/17	Tanzeum	Albiglutide	Diabetes	30mg, 50mg	SC Pen Injector	Add to Approved Drug List with ST. Must try metformin or sulfonylurea.	No Change. Remains Non Formulary.
8/18/17 OC/OCC: 7/1/17	Soliqua	Insulin Glargine/ Lixisenatide	Diabetes	100units- 33mcg/mL	SC Pen Injection	PA Required	PA Required
8/18/17	Bevespi	Glycopyrrolate/ Formoterol	COPD	9mcg/4.8mcg	Dry Powder Inhaler	PA Required	Non Formulary
8/18/17	Eucrisa	Cisaborole	Topical PDE-4 Inhibitor	2%	Ointment	PA Required	Non Formulary
8/18/17 OC/OCC: 7/1/17	Zinplava	Bezlotoxumab	Monoclonal Antibody	1000mg/40mL	IV infusion	PA Required	PA Required
8/18/17 OC/OCC: 7/1/17	Emflaza	Deflazacort	Glucocorticoids	6mg, 18mg, 30mg, 36mg; 22.75mg/mL	Tablet/Oral Solution	PA Required	PA Required
8/18/17 OC/OCC: 7/1/17	Kisqali	Ribociclib	Antineoplastics	200mg, 400mg, 600mg	Tablet	PA Required	PA Required for new Rx's.
8/18/17 OC/OCC: 7/1/17	Bavencio	Avelumab	Antineoplastics	200mg/10mL	IV infusion	PA Required	PA Required for new Rx's.
8/18/17	Evzio	Naloxone	Opioid Antagonist	2mg/0.4mL	Auto-	Carve Out	PA Required.

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OC/OCC: 7/1/17					injector		QL 0.8mL/30 days.
8/18/17	Synjardy XR	Empagliflozin/ Metformin	Diabetes	5mg-1000mg, 10mg-1000mg, 12.5mg-1000mg, 25mg-1000mg	Tablet	PA Required	No Change. Remains Non-Formulary.
8/18/17	Invokamet XR	Canagliflozin/ Metformin	Diabetes	50mg-500mg, 50mg-1000mg, 150mg-500mg, 150mg-1000mg	Tablet	No Change. Remains Formulary with ST. Must try metformin or Invokana.	Add to the Formulary with ST. Must try metformin or Invokana.
8/18/17	Fenoglide	Fenofibrate	Fibric Acid	40mg, 120mg	Tablet	Remove from the Approved Drug List. PA Required.	PA Required for new Rxs
8/18/17	Antara	Fenofibrate	Fibric Acid	43mg	Capsule	Remove ST. Formulary with QL 30/30 days.	No Change. Remains Formulary.
8/18/17	Antara	Fenofibrate	Fibric Acid	130mg	Capsule	Remove from the Approved Drug List. PA Required.	No Change. Remains Formulary.
8/18/17	Tricor	Fenofibrate	Fibric Acid	48mg, 145mg	Tablet	Remove ST. Formulary with QL 30/30 days.	No Change. Remains Formulary.
8/18/17	Lipofen	Fenofibrate	Fibric Acid	50mg, 150mg	Capsule	Remove from the Approved Drug List. PA Required.	PA Required for new Rxs
8/18/17	Lofibra	Fenofibrate	Fibric Acid	54mg, 67mg, 134mg, 160mg, 200mg	Tablet/ Capsule	Remove ST. Formulary with QL 30/30 days.	No Change. Remains Formulary.
8/18/17	Fibracor	Fenofibric acid DR	Fibric Acid	35mg, 105mg	Tablet	Remove ST. Formulary with QL 30/30 days.	No Change. Remains Formulary.
8/18/17	Trilipix	Fenofibric acid DR	Fibric Acid	45mg	Capsule	Remove ST. Formulary with QL 30/30 days.	No Change. Remains Formulary.
8/18/17	Trilipix	Fenofibric acid DR	Fibric Acid	135mg	Capsule	Remove from the Approved Drug List. PA Required.	No Change. Remains Formulary.
8/18/17	Welchol	Colesevelam	Bile Acid	3.75g, 625mg	Packet/	Remove from the	No Change. Remains

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			Sequestrant		Tablet	Approved Drug List. PA Required.	Formulary.
8/18/17 OC/OCC: 1/1/18	Zocor	Simvastatin	Statins	80mg	Tablet	Remove from the Approved Drug List. PA Required for New Rxs.	Remove from the Formulary. PA Required for New Rxs.
8/18/17	Crestor	Rosuvastatin	Statins	5mg, 10mg, 20mg, 40mg	Tablet	Add to the Approved Drug List. QL 30/30 days	Add to formulary. QL 30/30 days
8/18/17 OC/OCC: 1/1/18	Niacin IR	Niacin IR	Nicotinic Acid	50mg, 100mg, 250mg, 500mg	Capsule/ Tablet	Remove from the Approved Drug List. PA Required for New Rxs.	Remove from the Formulary. PA Required for New Rxs.
8/18/17 OC/OCC: 1/1/18	Niacin ER	Niacin ER	Nicotinic Acid	250mg, 500mg,750mg, 1000mg	Capsule/ Tablet	Remove from the Approved Drug List. PA Required for New Rxs.	Remove from the Formulary. PA Required for New Rxs.
8/18/17	Celebrex	Celecoxib	NSAIDS	100mg, 200mg	Capsule	No Change. Remains Formulary.	Remove ST. Add to Formulary.
8/18/17	Anaprox	Naproxen sodium	NSAIDS	275mg, 550mg	Tablet	Remove from the Approved Drug List. PA Required.	No Change. Remains Formulary.
8/18/17 OC/OCC: 7/1/17	Krystexxa	Pegloticase	Gout Agent	8mg/mL	IV Solution	No Change. Remains PA Required.	PA Required
8/18/17	Klor-Con	Potassium Chloride	Potassium Replacement	20mEq, 25mEq	Oral Packet	Remove from the Approved Drug List. PA Required.	No Change. Remains Formulary.
8/18/17	K-Sol	Potassium Chloride	Potassium Replacement	20mEq/15mL, 40mEq/15mL	Oral Solution	Remove from the Approved Drug List. PA Required.	No Change. Remains Formulary.
8/18/17 OC/OCC: 1/1/18	Cipro	Ciprofloxacin	Antibiotics	100mg, 250mg, 500mg, 750mg	Tablet	Formulary. Add QL 60/30 days.	Add QL 60/30 days
8/18/17 OC/OCC: 1/1/18	Zanaflex	Tizanidine	Muscle Relaxants	2mg, 4mg	Tablet	No Change. Remains Formulary.	Add QL 90/30 days

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8/18/17 OC/OCC: 1/1/18	Diflucan	Fluconazole	Antifungals	150mg	Tablet	No Change. Remains Formulary.	Add QL 4/30 days
8/18/17 OC/OCC: 1/1/18	Elimite	Permethrin	Antiparasitic Agents	5%	Cream	No Change. Remains Formulary.	Add QL 60/30 days