

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
 August 17, 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
10/17/2017	Xermelo	Telotristat	Carcinoid Syndrome Diarrhea	250 mg	Tablet	PA Required	Add with PA Required; 90/30
10/17/2017	Radicava	Edaravone	ALS	30 mg/100 mL	Injection	PA Required	Add with PA Required; 2,800/28
10/17/2017	Tymlos	Abaloparatide	Osteoporosis	80 mcg	Injection	PA Required	Add with PA Required; 1/30
10/17/2017	Ingrezza	Valbenazine	VMAT2 Inhibitor (Tardive Dyskinesia)	40 mg	Capsule	PA Required	Add with PA Required; 60/30
10/17/2017	Austedo	Deutetrabenazine	VMAT2 Inhibitor (Huntington's Disease Chorea)	6 mg, 9 mg, 12 mg	Tablet	PA Required	Remains Non Formulary
10/17/2017	Dupixent	Dupilumab	Atopic Dermatitis	300 mg/2 mL	Injection	PA Required	Add with PA Required; 3/28
10/17/2017	Imfinzi	Durvalumab	Antineoplastic	120 mg/2.4 mL, 500 mg/10 mL	Injection	PA Required	Add with PA Required - NSO
10/17/2017	Rydapt	Midostaurin	Antineoplastic	25 mg	Capsule	PA Required	Add with PA Required – NSO; 240/30

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10/17/2017	Zejula	Niraparib	Antineoplastic	100 mg	Capsule	PA Required	Add with PA Required-NSO; 90/30
10/17/2017	Alunbrig	Brigatinib	Antineoplastic	30 mg	Tablet	PA Required	Add with PA Required-NSO; 180/30 days
10/17/2017	Rituxan Hycela	Rituximab hyaluronidase	Antineoplastic	1,400 mg–23,400 unit/11.7mL 1600 mg–26,800 unit/13.4 mL	Injection	PA Required	Add with PA Required - NSO
10/17/2017	Nerlynx	Neratinib	Antineoplastic	40 mg	Tablet	PA Required	Add with PA Required – NSO; 180/30
10/17/2017	Kisqali-Femara	Ribociclib-letrozole	Antineoplastic	200 mg–2.5 mg	Tablet	PA Required	Add with PA Required-NSO; 200 mg: 49/28, 400 mg: 70/28, 500 mg: 91/28
10/17/2017	Xatmep	Methotrexate	Antineoplastic	2.5 mg/mL	Oral Solution	PA Required	Remains Non Formulary
10/17/2017	Narcan	Naloxone	Opioid Antagonist	4 mg/0.1 mL	Nasal Spray	Carve Out	Add to Formulary; 2/30
10/17/2017	Cosentyx	Secukinumab	Monoclonal Antibody	150 mg/mL	Injection	Remain PA Required	Remain PA Required

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10/17/2017	Zetia	Ezetimibe	Antihyperlipidemic	10 mg	Tablet	Add with ST: Must try rosuvastatin 20 mg and atorvastatin 40 mg; 30/30	Remain PA Required
11/17/2017	Pennsaid	Diclofenac	NSAID	1.5%	Transdermal Solution	Remove; PA Required	Remain Non Formulary
11/17/2017	Invokana	Canagliflozin	Diabetes	100 mg, 300 mg	Tablet	Change in ST: Must try Jardiance	Remain Formulary
11/17/2017	Invokamet	Canagliflozin-metformin	Diabetes	50 mg–500 mg 50 mg–1,000 mg, 150 mg–500 mg, 150 mg–1,000 mg	Tablet	Change in ST: Must try Jardiance	Update ST criteria: Must first try metformin, Invokana, or Jardiance
11/17/2017	Invokamet XR	Canagliflozin-metformin	Diabetes	50 mg–500 mg 50 mg–1,000 mg, 150 mg–500 mg, 150 mg–1,000 mg	Tablet	Change in ST: Must try Jardiance	Update ST criteria: Must first try metformin, Invokana, or Jardiance

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10/17/2017	Jardiance	Empagliflozin	Diabetes	10 mg, 25 mg	Tablet	Add with ST: Must try metformin; 30/30	Add with QL: 30/30
10/17/2017	Synjardy	Empagliflozin-metformin	Diabetes	5 mg–500 mg, 5 mg–1,000 mg, 12.5 mg–500 mg, 12.5 mg–1,000 mg	Tablet	Add with ST: Must try metformin; 60/30	Add with ST: Must try metformin; 60/30
10/17/2017	Synjardy XR	Empagliflozin-metformin	Diabetes	5 mg–1,000 mg, 10 mg–1,000 mg, 12.5–1,000 mg, 25–1,000 mg	Tablet	Add with ST: Must try metformin; 30/30	Add with ST: Must try metformin; 30/30
10/17/2017	Xiidra	Lifitegrast	Dry Eye Disease	5%	Ophthalmic Solution	Remain PA Required	Add with PA Required; 60/30
10/17/2017	Kenalog	Triamcinolone acetonide	Systemic Corticosteroid	10 mg/mL, 40 mg/mL	Injection	Add to the Approved Drug List; 20mL/30	Add to the Formulary; 20 mL/30
10/17/2017	Egrifta	Tesamorelin	Growth Hormone Releasing Factor	1 mg, 2 mg	Injection	Remain PA Required	Add with PA Required; 30/30
10/17/2017 OC/OCC: 4/1/2018	Pristiq	Desvenlafaxine succinate ER	Antidepressant	25 mg, 50 mg, 100 mg	Tablet	Add with ST: Must try	Add to the Formulary

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						venlafaxine; 30/30	
10/17/2017	Lunesta	eszopiclone	Insomnia	1 mg, 2 mg, 3 mg	Tablet	Remove ST; Formulary with CT: Limited to age <65; 30/30	Remain PA Required for age ≥65
11/17/2017	Merrem	meropenem	Antibiotic	500 mg, 1g	Injection	Change to PA Required	Remain PA Required

* NSO=New Start Only