

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
February 15, 2018 Pharmacy & Therapeutics Committee Meeting**

Effective Dates	Brand Name †	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for Medi-Cal	Committee Action for OneCare/OneCare Connect
5/1/18	Esgic	Butalbital-acetaminophen-caffeine	Analgesic	50 mg.-325 mg.-40 mg.	Tablet	Remains Formulary. Change QL to 60/30.	Remains PA Required. Change QL to 60/30.
5/1/18	Fiorinal	Butalbital-aspirin-caffeine	Analgesic	50 mg.-325 mg.-40 mg.	Capsule	Remains Formulary. Change QL to 60/30.	Remains Non-Formulary
8/1/18	Tylenol #2	Acetaminophen-codeine	Analgesic	300 mg.-15 mg.	Tablet	Remains Formulary. NSO: Change QL to 30/30. NSO Dentist: Change QL to 20/30.	Remains Formulary. COC: Change QL to 120/30.
8/1/18	Tylenol #3	Acetaminophen-codeine	Analgesic	300 mg.-30 mg.	Tablet	Remains Formulary. NSO: Change QL to 30/30. NSO Dentist: Change QL to 20/30.	Remains Formulary. COC: Change QL to 120/30.
8/1/18	Tylenol #4	Acetaminophen-codeine	Analgesic	300 mg.-60 mg.	Tablet	Remains Formulary. NSO: Change QL to 30/30. Dentist: Change QL to 20/30.	Remains Formulary. COC: Change QL to 120/30.
4/1/18	Norco	Hydrocodone-acetaminophen	Analgesic	5 mg.-325 mg.	Tablet	Remains Formulary. NSO: Change QL to 60/30.	Remains Formulary

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8/1/18	Norco	Hydrocodone-acetaminophen	Analgesic	5 mg.-325 mg.	Tablet	Remains Formulary. NSO: Change QL to 30/30. NSO Dentist: Change QL to 20/30.	Remains Formulary. COC. Change QL to 120/30.
4/1/18	Norco	Hydrocodone-acetaminophen	Analgesic	7.5 mg.-325 mg.	Tablet	Remains Formulary. NSO: Change QL to 60/30.	Remains Formulary
8/1/18	Norco	Hydrocodone-acetaminophen	Analgesic	7.5 mg.-325 mg.	Tablet	Remains Formulary. NSO: Change QL to 30/30. NSO Dentist: Change QL to 20/30.	Remains Formulary. COC. Change QL to 120/30.
4/1/18	Norco	Hydrocodone-acetaminophen	Analgesic	10 mg.-325 mg.	Tablet	Remains Formulary. NSO: Change QL to 60/30.	Remains Formulary
8/1/18	Norco	Hydrocodone-acetaminophen	Analgesic	10 mg.-325 mg.	Tablet	Remains Formulary. NSO: Change QL to 30/30. NSO Dentist: Change QL to 20/30.	Remains Formulary. COC. Change QL to 120/30.
8/1/18	Percocet	Oxycodone-acetaminophen	Analgesic	5 mg.-325 mg.	Tablet	Remains Formulary. NSO: Change QL to 30/30. NSO Dentist: Change QL to 20/30.	Remains Formulary. COC: Change QL to 120/30.
8/1/18	Percocet	Oxycodone-acetaminophen	Analgesic	7.5 mg.-325 mg.	Tablet	Remains PA	Add to the Formulary. QL: 120/30.
8/1/18	Percocet	Oxycodone-acetaminophen	Analgesic	10 mg.-325 mg.	Tablet	Remains PA	Add to the Formulary. QL: 120/30
5/1/18	Creon	Lipase-Protease-Amylase	Pancreatic Enzyme	6,000-19,000-30,000 units	Capsule	Add ST: Must be receiving Ivacaftor.	Remains Formulary

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5/1/18	Pancreaze	Lipase-Protease-Amylase	Pancreatic Enzyme	4,200-14,200-24,600 units	Capsule	Add ST: Must be receiving Ivacaftor.	Remains Formulary
5/1/18	Pancrelipase/Zenpep	Lipase-Protease-Amylase	Pancreatic Enzyme	5,000-17,000-27,000 units	Capsule	Add ST: Must be receiving Ivacaftor.	Remains Formulary
5/1/18	Pertyze	Lipase-Protease-Amylase	Pancreatic Enzyme	8,000-28,750-30,250 units	Capsule	Add to the Formulary with ST: Must be receiving Ivacaftor.	Remains Formulary
5/1/18	Viokace	Lipase-Protease-Amylase	Pancreatic Enzyme	10,440-39,150-39,150 units	Tablet	Add to the Formulary with ST: Must be receiving Ivacaftor.	Remains Formulary
4/1/18	Various	Generic OTC Fish Oil	Antihyperlipidemic	Various	Capsule	Add with ST: Try atorvastatin, lovastatin, pravastatin, rosuvastatin or simvastatin. QL: 120/30	Excluded
4/1/18	Lovaza	Omega-3 acid ethyl esters	Antihyperlipidemic	1 g	Capsule	Add with ST: Try generic OTC fish oil. QL: 120/30	Remains PA NSO
5/1/18	Fanapt	Iloperidone	Atypical Antipsychotic	1 mg., 2 mg., 4 mg., 6 mg., 8 mg., 10 mg., 12 mg.	Tablet	Carve Out.	Change to PA NSO. QL 60/30
5/1/18	Latuda	Lurasidone	Atypical Antipsychotic	20 mg., 40 mg., 60 mg., 80 mg., 120 mg.	Tablet	Carve Out.	Change to PA NSO. QL 20, 40,60 mg.: 30/30, 80 mg.: 60/30
5/1/18	Rexulti	Brexipiprazole	Atypical Antipsychotic	0.25 mg., 0.5 mg., 1 mg., 2 mg., 3 mg., 4 mg.	Tablet	Carve Out.	Change to PA NSO. QL 30/30
5/1/18	Saphris	Asenapine	Atypical Antipsychotic	2.5 mg., 5 mg., 10 mg.	Tablet	Carve Out.	Change to PA NSO. QL 60/30
5/1/18	Proscar	Finasteride	5 Alpha Reductase Inhibitor	5 mg.	Tablet	Add ST for NSO. Try alfuzosin, doxazosin,	Remains Formulary

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						tamsulosin or terazosin.	
5/1/18	Minipress	Prazosin	Alpha 1 Blocker	1 mg., 2 mg., 5 mg.	Capsule	Change to PA NSO.	Remains Formulary
5/1/18	Rapaflo	Sildenafil	Alpha 1 Blocker	4 mg., 8 mg.	Capsule	Remains PA	Change to Non-Formulary.
5/1/18	Kristalose	Lactulose	Laxative	10 g, 20 g	Packet	Change to PA.	Change to PA.
4/1/18	Voltaren XR	Diclofenac sodium	Analgesic	25 mg., 50 mg., 75 mg., 100 mg.	Tablet	Change to Formulary. QL: 60/30	Remains Formulary
4/1/18	Calquence	Acalabrutinib	Antineoplastic	100 mg.	Capsule	PA. QL: 60/30	PA NSO. QL: 60/30
4/1/18	Mylotarg	Gemtuzumab ozogamicin	Antineoplastic	4.5 mg.	Injection	PA	PA NSO
4/1/18	Juluca	Dolutegravir- rilpivirine	Antiretroviral	50 mg.-25 mg.	Tablet	Add with ST: History of other antiretroviral agent.	Add to the Formulary. QL: 30/30
4/1/18	Savella	Milnacipran	Fibromyalgia	12.5 mg., 25 mg., 50 mg., 100 mg.	Tablet	Add with ST: Try duloxetine. QL: 60/30	Remains PA NSO
4/1/18	Methergine	Methylergonovine	Ergot Derivative	0.2 mg.	Tablet	Add with CT: Females age 12-44. QL: 12/30	Remains Non-Formulary

PA=Prior Authorization. QL=Quantity Limit. NSO=New Start Only. COC=Continuation of Care. CT=Contingent Therapy. ST=Step Therapy.