

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
May 17, 2018 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
7/1/2018	Fasenra	Benralizumab	Asthma	30 mg/mL	Injection	PA Required	PA Required
7/1/2018	Prevymis	Letermovir	Antiviral Agent	240 mg/12 mL, 480 mg/24 mL, 240 mg, 480 mg	Injection, Tablet	PA Required	PA Required. QL: Tablet: 30/30, Injection: 720 mL/ 30
7/1/2018	Baxdela	Delafloxacin	Antibiotic	300 mg, 450 mg	Injection, Tablet	PA Required	PA Required
8/1/2018	Levaquin	Levofloxacin	Antibiotic	25 mg/mL	Oral Solution	Remove. PA Required	No Change. Remains Formulary
7/1/2018	Vabomere	Meropenem- vaborbactam	Antibiotic	2000 mg	Injection	PA Required	PA Required
8/1/2018	Doribax	Doripenem	Antibiotic	250 mg, 500mg	Injection	Remove. PA Required	No Change. Remains Non- Formulary
7/1/2018	Zerbaxa	Ceftolozane- tazobactam	Antibiotic	1,500 mg	Injection	No Change. Remains PA	Change to PA Required
7/1/2018	Symploc	Naldemedine	Opioid Induced Constipation	0.2 mg	Tablet	PA Required	Non-Formulary
7/1/2018	Vyzulta	Latanoprostene bunod	Ophthalmic Prostaglandin	0.024%	Ophthalmic Solution	PA Required	Non-Formulary
8/1/2018	Lumigan	Bimatoprost	Ophthalmic Prostaglandin	0.01%, 0.03%	Ophthalmic Solution	Remove. PA Required	Remains Formulary
8/1/2018	Travatan Z	Travoprost	Ophthalmic Prostaglandin	0.004%	Ophthalmic Solution	Remove. PA Required	Remains Formulary

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7/1/2018	Trelegy Ellipta	Fluticasone-umeclidinium-vilanterol	COPD	100 mcg-62.5 mcg-25 mcg	Inhalation Aerosol	PA Required	Change to ST. Must first try Breo Ellipta. QL 60/30
8/1/2018	Anoro Ellipta	Umeclidinium-vilanterol	COPD	62.5 mcg-25 mcg	Inhalation Aerosol	Change to ST. Must try Incruse Ellipta or Tudorza	Remains ST
8/1/2018	Bevespi	Glycopyrrolate-formoterol	COPD	9 mcg-4.8 mcg	Inhalation Aerosol	Change to ST. Must try Incruse Ellipta or Tudorza	Remains Non Formulary
8/1/2018	Stiolto Respimat	Tiotropium-olodaterol	COPD	2.5 mcg-2.5 mcg	Inhalation Aerosol	Change to ST. Must try Incruse Ellipta or Tudorza	Remains ST
8/1/2018	Utibron Neohaler	Indacaterol-glycopyrrolate	COPD	27.5 mcg-15.6 mcg	Inhalation Capsule	Change to ST. Must try Incruse Ellipta or Tudorza	Remains Non Formulary
7/1/2018	Incruse Ellipta	Umeclidinium	COPD	62.5 mcg	Inhalation Aerosol	Remains Formulary	Add. QL: 30/30
7/1/2018	Adlyxin	Lixisenatide	Diabetes	20 mcg/0.2 mL	Pen Injection	Add with ST. Must try Metformin or sulfonylurea	Remains Non Formulary
7/1/2018	Trulicity	Dulaglutide	Diabetes	0.75 mg/0.5 mL, 1.5 mg/0.5 mL	Pen Injection	Add with ST. Must try Metformin or sulfonylurea	Remains Non Formulary
1/1/2019	Victoza	Liraglutide	Diabetes	18 mg/3 mL	Pen Injection	Remains PA	Change to Non Formulary

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7/1/2018	Xultophy	Insulin degludec-liraglutide	Diabetes	100 units-3.6 mg/mL	Pen Injection	PA Required	Remain Non Formulary
7/1/2018	Qtern	Dapagliflozin-saxagliptin	Diabetes	10 mg-5 mg	Tablet	PA Required	Non-Formulary
1/1/2019	Onglyza	Saxagliptin	Diabetes	2.5 mg, 5 mg	Tablet	Remains PA	Change to Non-Formulary
8/1/2018 (1/1/2019 for OC/OCC)	Avandia	Rosiglitazone	Diabetes	2 mg, 4 mg, 8 mg	Tablet	Remove. PA Required	Change to Non-Formulary
8/1/2018 (1/1/2019 for OC/OCC)	Glyset	Miglitol	Diabetes	25 mg, 50 mg, 100 mg	Tablet	Remove. PA Required	Change to Non-Formulary
8/1/2018	Esgic	Butalbital-acetaminophen-caffeine	Analgesic	50 mg-325 mg-40 mg	Tablet	Remains Formulary. QL 60/30. Annual limit: 360	Remains PA. QL 60/30
8/1/2018	Fiorinal	Butalbital-aspirin-caffeine	Analgesic	50 mg-325 mg-40 mg	Capsule	Remains Formulary. QL 60/30. Annual limit: 360	Remains Non-Formulary
1/1/2019	Atacand	Candesartan	Hypertension	4 mg, 8 mg, 16 mg, 32 mg	Tablet	Remains PA	Remove
1/1/2019	Atacand-HCT	Candesartan-hctz	Hypertension	16 mg-12.5 mg, 32 mg-12.5 mg, 32 mg-25 mg	Tablet	Remains PA	Remove
8/1/2018	Captopril	Captopril	Hypertension	12.5 mg, 25 mg, 50 mg, 100 mg	Tablet	Remove. PA Required	Remove

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8/1/2018	Fosinopril-hctz	Fosinopril-hctz	Hypertension	10 mg-12.5 mg, 20 mg-12.5 mg	Tablet	Remove. PA Required	Remains Formulary
7/1/2018	Uniretric	Moexipril-hctz	Hypertension	7.5 mg-12.5 mg, 15 mg-12.5 mg, 15 mg-25 mg	Tablet	Add. QL 30/30	Remains Formulary
1/1/2019	Benicar	Olmesartan	Hypertension	5 mg, 20 mg, 40 mg	Tablet	Remains PA	Remove
1/1/2019	Micardis	Telmisartan	Hypertension	20 mg, 40 mg, 80 mg	Tablet	Remains Formulary	Remove
8/1/2018	Corgard	Nadolol	Hypertension	20 mg, 40 mg, 80 mg	Tablet	Change to ST. Must try propranolol. QL 30/30	Remains Formulary
8/1/2018	Bystolic	Nebivolol	Hypertension	2.5 mg, 5 mg, 10 mg, 20 mg	Tablet	Remove. PA Required	Remains Non Formulary
8/1/2018	InnoPran XL	Propranolol	Hypertension	80 mg, 120 mg	Capsule	Remove. PA Required	Remains Non Formulary
8/1/2018	Visken	Pindolol	Hypertension	5 mg, 10 mg	Tablet	Change to ST. Must try acebutolol. QL 60/30 for 5mg and 180/30 for 10mg	Remains Formulary
8/1/2018	Flector	Diclofenac	Analgesic	1.3%	Patch	Remains PA	Change to PA Required
8/1/2018	Pennsaid	Diclofenac	Analgesic	2%	Solution	Remains PA	Change to PA Required
7/1/2018	Carospir	Spironolactone	Diuretic	25 mg/5 mL	Oral Suspension	PA Required	PA Required

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7/1/2018	Erleada	Apalutamide	Antineoplastic	60 mg	Tablet	PA Required	PA Required NSO. QL: 120/30
7/1/2018	Symfi, Symfi Lo	Efavirenz-lamivudine-tenofovir	Antiretroviral	600 mg-300 mg-300 mg, 400 mg-300 mg-300 mg	Tablet	Add with ST. Must have history of another antiretroviral agent	Add. QL 30/30
7/1/2018	Trogarzo	Ibalizumab-uiyk	Antiretroviral	150 mg/mL	Injection	PA Required	Add
7/1/2018	Biktarvy	Bictegravir-emtricitabine-tenofovir	Antiretroviral	50 mg-200 mg-25 mg	Tablet	PA Required	Add. QL: 30/30

* NSO=New Start Only . COC=Continuation of Care. CT=Contingent Therapy. ST=Step Therapy.