

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary  
August 16, 2018  
Pharmacy & Therapeutics Committee Meeting**

<b>Effective Dates</b>	<b>Brand Name †</b>	<b>Generic Name</b>	<b>Drug Class</b>	<b>Strength</b>	<b>Dosage Form</b>	<b>Committee Action for CalOptima Medi-Cal</b>	<b>Committee Action for OneCare/OneCare Connect</b>
10/1/18 OC/OCC: 1/1/19	Invokana	Canagliflozin	Diabetes	100 mg., 300 mg.	Tablet	Change ST: Must try Jardiance or Steglatro	Change to ST: Must try Jardiance, Segluromet, Steglatro, or Synjardy. QL: 30/30
10/1/18 OC/OCC: 1/1/19	Invokamet, Invokamet XR	Canagliflozin-metformin	Diabetes	50 mg.-1000 mg., 50 mg.-500 mg., 150 mg.-1000 mg., 150 mg.-500 mg.	Tablet	Change ST: Must try Jardiance or Steglatro	Change to ST: Must try Metformin, Jardiance, Segluromet, or Steglatro. QL: 60/30
10/1/18 OC/OCC: 10/1/18 and 1/1/19	Steglatro	Ertugliflozin	Diabetes	5 mg., 15 mg.	Tablet	Add with ST: Must try Metformin	Add. QL 30/30. 2019: Add ST: Must try metformin, metformin-glipizide, metformin-glyburide
OC/OCC: 10/1/18 and 1/1/19	Segluromet	Ertugliflozin-metformin	Diabetes	2.5 mg.-1000 mg., 2.5 mg.-500 mg., 7.5 mg.-1000 mg., 7.5 mg.-500 mg.	Tablet	Add with ST: Must try Metformin	Add. QL 60/30. 2019: Add ST: Must try metformin, metformin-glipizide, metformin-glyburide
10/1/18	Steglujan	Ertugliflozin-sitagliptin	Diabetes	5 mg.-100 mg., 15 mg.-100 mg.	Tablet	Add with ST: Must try Alogliptin	Add with ST: Must try alogliptin, or alogliptin-metformin. QL 30/30
10/1/18 OC/OCC: 1/1/19	Byetta	Exenatide	Diabetes	5 mcg, 10 mcg	Injection	Change ST: Must try Metformin	Change ST: Must try metformin, metformin-glipizide, metformin-glyburide. QL 1.2mL/30 (5mg.), 2.4mL/30 (10mg.)
10/1/18	Ozempic	Semaglutide	Diabetes	2 mg./1.5 mL	Injection	PA Required	Remains Non Formulary

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11/1/18	Trulicity	Dulaglutide	Diabetes	0.75 mg./0.5 mL, 1.5 mg./0.5 mL	Injection	Change to PA Required NSO	Remains Non Formulary
10/1/18	Bydureon	Exenatide	Diabetes	2 mg.	Injection	Change ST: Must try Metformin	Change to ST: Must try metformin, metformin-glipizide, metformin-glyburide.
11/1/18	Adlyxin	Lixisenatide	Diabetes	20 mcg/0.2 mL	Injection	Change to PA Required NSO	Remains Non Formulary
10/1/18	Fiasp	Insulin aspart	Diabetes	100 units/ mL	Injection	Add. QL: 15mL/30 (Pen), 20mL/30 (vial)	Remains Non Formulary
10/1/18	Admelog	Insulin lispro	Diabetes	100 units/ mL	Injection	Add. QL 15mL/30 (pen) 20mL/30 (vial)	Remains Non-Formulary
10/1/18	Trulance	Plecanatide	CIC, IBS-C	3 mg.	Tablet	PA Required	PA Required. QL 30/30
10/1/18	Duzallo	Lesinurad-allopurinol	Gout	200 mg.-200 mg., 200 mg.-300 mg.	Tablet	PA Required	PA Required. QL 30/30
10/1/18	Bonjesta	Doxylamine-pyridoxine	Nausea and vomiting	20 mg.-20 mg.	Tablet	PA Required	Remains Non Formulary
10/1/18	Unisom	Doxylamine	Antihistamine	25 mg.	Tablet	Add with QL 30/30	Excluded
10/1/18	Bevyxxa	Betrixaban	Anticoagulant	40 mg., 80 mg.	Capsule	PA Required	Remains Non Formulary
10/1/18	Solosec	Secnidazole	Antibiotic	2 g	Packet	PA Required	PA Required
10/1/18	Tindamax	Tinidazole	Antibiotic	250 mg., 500 mg.	Tablet	Remains PA Required	Change to PA Required
1/1/19	Striverdi Respimat	Olodaterol	COPD	2.5 mcg/actuation	Inhalation Aerosol	Remains Formulary with ST	Add with QL: 4/30
10/1/18	Anoro Ellipta	Umeclidinium-vilanterol	COPD	62.5 mcg-2.5 mcg/ inhalation	Inhalation Aerosol	Remains Formulary with ST	Remove ST: Formulary. 60/30

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1/1/19	Stiolto Respimat	Tiotropium-olodaterol	COPD	2.5 mcg-2.5 mcg/ actuation	Inhalation Aerosol	Remains Formulary ST	Remove ST: Formulary. QL 4/30.
1/1/19	Trelegy Ellipta	Fluticasone-umeclidinium-vilanterol	COPD	100 mcg-62.5 mcg-25 mcg	Inhalation Aerosol	Remains PA Required	Change ST: Must First try Advair HFA, Advair Diskus, Airduo, Breo Ellipta, or Symbicort
11/1/18	Hydromet	Hydrocodone-homatropine	Cough and Cold	5 mg.-1.5 mg./5 mL	Syrup	Change CT: Limited to age ≥18.	Excluded
11/1/18	Promethazine-Codeine	Promethazine-Codeine	Cough and Cold	6.25 mg.-10 mg./5 mL	Syrup	Change CT: Limited to Age 18-64	Excluded
11/1/18	Cheratussin AC	Guaifenesin-Codeine	Cough and Cold	100 mg.-10 mg./5 mL	Syrup	Change CT: Limited to Age 18-64	Excluded
11/1/18	Z-Tuss AC	Chlorpheniramine-Codeine	Cough and Cold	2 mg.-9 mg./5 mL	Solution	Change CT: Limited to Age 18-64	Excluded
11/1/18	Virtussin DAC	Guaifenesin-Pseudoephedrine-Codeine	Cough and Cold	100 mg.-30 mg.-10 mg./5 mL	Solution	Change CT: Limited to Age 18-64	Excluded
10/1/18	Benzidazole	Benzidazole	Antiprotozoal	12.5 mg., 100 mg.	Tablet	PA Required	PA Required. QL: 240/365
10/1/18	Symdeko	Tezacaftor-ivacaftor	Cystic Fibrosis	100 mg.-150 mg. (tezacaftor-ivacaftor); and 150 mg. (ivacaftor)	Tablet	PA Required	PA Required
10/1/18	Intrarosa	Prasterone	Dyspareunia	6.5 mg.	Vaginal Insert	PA Required	PA Required
10/1/18 OC/OCC: 3/1/19	Lumigan	Bimatoprost	Elevated intraocular pressure	0.03%	Ophthalmic Solution	Add with ST: Must try Latanoprost	Add with ST: Must try latanoprost.

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3/1/19	Lumigan	Bimatoprost	Elevated intraocular pressure	0.1%	Ophthalmic Solution	Remains PA Required	Add ST: Must Try latanoprost
3/1/19	Travatan Z	Travoprost	Elevated intraocular pressure	0.004%	Ophthalmic Solution	Remains PA Required	Add ST: Must Try latanoprost
10/1/18	Rhopressa	Netarsudil	Elevated intraocular pressure	0.02%	Ophthalmic Solution	PA Required	Remains Non Formulary
10/1/18	Haegarda	C1 esterase inhibitor, human	Hereditary Angioedema	2000 units, 3000 units	Injection	PA Required	PA Required
10/1/18	Aimovig	Erenumab-aooe	Migraine	70 mg./ mL	Injection	PA Required	PA Required. QL: 2/28
10/1/18	DDAVP	Desmopressin	Vasopressin Analog	0.1 mg., 0.2 mg.	Tablet	Add with QL: 30/30	Remains Formulary
10/1/18	Noctiva	Desmopressin	Vasopressin Analog	0.83 mcg/0.1 mL, 1.66 mcg/0.1 mL	Nasal Emulsion	PA Required	PA Required
10/1/18	Droxia	Hydroxyurea	Antineoplastic	200 mg., 300 mg., 400 mg.	Capsule	Add with QL: 30/30	Remains Formulary
10/1/18	Endari	L-glutamine	Nutritional therapy	5 g	Oral Powder Packet	PA Required	PA Required
10/1/18	Jynarque	Tolvaptan	Vasopressin Antagonist	45 mg. and 15 mg., 60 mg. and 30 mg., 90 mg. and 30 mg.	Tablet Therapy Pack	PA Required	Non Formulary
10/1/18	Nplate	Romiplostim	Thrombopoietic Agent	250 mcg, 500 mcg	Injection	Remains PA Required	Change to PA Required
10/1/18	Rhophylac	Rh <sub>0</sub> (D) Immune Globulin	Immune Globulin	1,500 unit	Injection	Remains PA Required	Change to PA Required
10/1/18	Tavalisse	Fostamatinib	Tyrosine Kinase Inhibitor	100 mg., 150 mg.	Tablet	PA Required	PA Required
10/1/18	Retacrit	Epoetin alfa-epabx	Hematopoietic Agent	2000 units/ mL, 3000 units/ mL, 4000 units/ mL, 10,000 units/ mL	Injection	PA Required	PA Required

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10/1/18	Mektovi	Binimetinib	Antineoplastic	15 mg.	Tablet	PA Required	PA Required NSO: QL 180/30
10/1/18	Braftovi	Encorafenib	Antineoplastic	50 mg., 75 mg.	Tablet	PA Required	PA Required NSO: QL 120/30 (50mg.), 180/30 (75mg.)
10/1/18	Yonsa	Abiraterone	Antineoplastic	125 mg.	Tablet	PA Required	PA Required NSO: QL 120/30
10/1/18	Cimduo	Lamivudine-tenofovir disoproxil fumarate	Antiretroviral	300 mg.-300 mg.	Tablet	Add with CT: Must try another antiretroviral	Add. QL 30/30
10/1/18	Subutex	Buprenorphine	Opioid Dependence	2 mg., 8 mg.	Tablet	Carve Out	Add with QL: 60/30
10/1/18	Suboxone	Buprenorphine-naloxone	Opioid Dependence	2 mg.-0.5 mg., 8 mg.-2 mg.	Tablet	Carve Out	Add with QL: 60/30 (2-0.5mg.), 90/30 (8-2mg.)

\* NSO=New Start Only, COC=Continuation of Care, CT=Contingent Therapy, ST=Step Therapy, CIC: Chronic Idiopathic Constipation, IBS-C: Irritable Bowel Syndrome with Constipation