

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary
November 15, 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
1/1/19	Doptelet	Avatrombopag	Hematopoietic Agent	20 mg	Tablet	PA Required	PA Required QL: 15/5 days
1/1/19	Olumiant	Baricitinib	Janus Associated Kinase Inhibitor	2 mg	Tablet	PA Required	PA Required QL: 30/30 days
1/1/19	Palyngiq	Pegvaliase-pqpz	Phenylalanine Ammonia Lyase Enzyme	2.5 mg/ 0.5mL, 10 mg/ 0.5mL, 20 mg/mL	Prefilled Syringe	PA Required	PA Required
1/1/19	Entresto	Sacubitril-valsartan	Nepriylsin Inhibitor-ARB	24 mg-26 mg, 49 mg-51 mg, 97 mg-103 mg	Tablet	PA Required	PA Required QL: 60/30 days
1/1/19	Fulphila	Pegfilgrastim-jmdb	Colony Stimulating Factor	6 mg/0.6 mL	Prefilled Syringe	PA Required	PA Required
1/1/19	Adderall XR	Dextroamphetamine-amphetamine	CNS Stimulant	5 mg, 10 mg, 15 mg, 20 mg, 30 mg	Capsule	No Change	PA Required QL 30/30 days
1/1/19	Metadate ER	Methylphenidate	CNS Stimulant	10 mg, 20 mg	Tablet	No Change	PA Required QL 90/30 days
2/1/19	Vyvanse	Lisdexamfetamine	CNS Stimulant	10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Capsule and Chewable Tablet	Formulary with ST: Must try a Stimulant	No Change
1/1/19	Lucemyra	Lofexidine	Alpha ₂ Adrenergic Agonist	0.18 mg	Tablet	Carve Out	PA Required

* NSO=New Start Only; ST=Step Therapy; ER: Extended Release; ARB: Angiotensin II; Receptor Blocker IV=Intravenous; CNS=Central nervous system

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1/1/19	Imvexxy	Estradiol	Estrogen Derivative	4 mcg, 10 mcg	Vaginal Insert	Add with QL: 18/28 days	Add with QL: 18/28 days
1/1/19	Trental	Pentoxifylline	Blood Viscosity Reducer Agent	400 mg	ER Tablet	Formulary with ST: Must try cilostazol QL: 90/30 days	No Change
1/1/19	Xofluza	Baloxavir marboxil	Antiviral Agent	20 mg, 40 mg	Tablet	Add with QL: 2/30 days	Add with QL: 2/30 days
1/1/19	Lac-Hydrin	Ammonium lactate	Emollient	12%	Topical cream, lotion	PA Required	PA Required
1/1/19	Kaspargo Sprinkle	Metoprolol	Beta Blocker	25 mg, 50 mg, 100 mg, 200 mg	ER Capsule	PA Required	Non Formulary
1/1/19	Takhzyro	Lanadelumab-flyo	Monoclonal Antibody	300 mg/2mL	Subcutaneous Solution	PA Required	PA Required
1/1/19	Delstrigo	Doravirine-lamivudine-tenofovir	Antiretroviral	100 mg-300 mg-300 mg	Tablet	PA Required	Formulary QL: 30/30 days
1/1/19	Pifeltro	Doravirine	Antiretroviral	100 mg	Tablet	PA Required	Formulary QL: 30/30 days
1/1/19	Symtuza	Darunavir-cobicistat- emtricitabine-tenofovir	Antiretroviral	800 mg-150 mg- 200 mg-10 mg	Tablet	ST: Must try other anti-retroviral agent QL: 180/30 days	Formulary QL: 180/30 days
1/1/19	Tibsovo	Ivosidenib	Antineoplastic	250 mg	Tablet	PA Required	PA Required NSO QL: 60/30 days
1/1/19	Poteligeo	Mogamulizumab-kpkc	Antineoplastic	20 mg/5mL	IV Solution	PA Required	PA Required NSO Part B

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1/1/19	Copiktra	Duvelisib	Antineoplastic	15 mg, 25 mg	Tablet	PA Required	PA Required NSO QL: 60/30 days
1/1/19	Libtayo	Cemiplimab	Antineoplastic	350 mg/7 mL	IV solution	PA Required	PA Required NSO QL: 7mL/21 days
1/1/19	Vizimpro	Dacomitinib	Antineoplastic	15 mg, 30 mg, 45 mg	Tablet	PA Required	PA Required NSO QL: 30/30 days
1/1/19	Talzenna	Talazoparib	Antineoplastic	0.25 mg, 1 mg	Capsule	PA Required	PA Required NSO QL: 30/30 days (1 mg), 90/30 days (0.25 mg)
1/1/19	Lumoxiti	Moxetumomab Pasudotox-tdfk	Antineoplastic	1 mg	Reconstituted Solution	PA Required	PA Required. NSO Part B
1/1/19	Aristada Initio	Aripiprazole	Atypical Antipsychotic	675 mg/2.4mL	IM Prefilled Syringe	Carve Out	Formulary QL: 1/28 days
2/1/19	Tylenol #2, 3, 4	Codeine-acetaminophen	Analgesic	300 mg-15 mg, 300-30 mg, 300 mg-60 mg	Tablet	Change QL for COC QL: 90/30 days	No Change
2/1/19	Norco	Hydrocodone- acetaminophen	Analgesic	5 mg-325 mg, 7.5 mg-325 mg, 10 mg-325 mg	Tablet	Change QL for NSO QL: 60/30 days	No Change
2/1/19	Percocet	Oxycodone- acetaminophen	Analgesic	5 mg-325 mg, 7.5 mg-325 mg, 10 mg-325 mg	Tablet	Change QL for COC QL: 90/30 days	No Change

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