

**Changes to the CalOptima Approved Drug List, OneCare Formulary and OneCare Connect Formulary  
Pharmacy & Therapeutics Committee Meeting – August 19, 2021**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal	Committee Action for OneCare/ OneCare Connect
10/1/21	Finacea	Azelaic Acid	Topical Skin Product	15%	Gel	No Change: PA Required	Formulary
10/1/21	Zilxi	Minocycline	Antibiotic	1.5%	Foam	PA Required	Non-Formulary
10/1/21	Klisyri	Tirbanibulin	Topical Skin Product	1%	Ointment	PA Required	Non-Formulary
10/1/21	Enablex	Darifenacin ER	Anticholinergic Agent	7.5 mg, 15 mg	Tablet	Formulary with ST: Must try oxybutynin, oxybutynin ER, tolterodine, tolterodine ER	No Change: Formulary.
10/1/21	Gelnique	Oxybutynin	Anticholinergic Agent	10%	Gel	PA Required	No Change: Formulary with ST
10/1/21	Sanctura	Tropium	Anticholinergic Agent	20 mg	Tablet	Formulary	No Change: Formulary
10/1/21	Sanctura XR	Tropium ER	Anticholinergic Agent	60 mg	Capsule	Change ST: Must try oxybutynin tablet/syrup, oxybutynin ER, or tolterodine/tolterodine ER	No Change: Formulary
10/1/21	Gemtesa	Vibegron	Beta <sub>3</sub> Agonist	75 mg	Tablet	PA Required	Non-Formulary
10/1/21	Verquvo	Vericiguat	Soluble Guanylate Cyclase Stimulator	2.5 mg, 5 mg, 10 mg	Tablet	PA Required	Non-Formulary
10/1/21	Lupkynis	Voclosporin	Immunosuppressant Agent	7.9 mg	Capsule	PA Required	PA Required
10/1/21	Bronchitol	Mannitol	Mucolytic Agent	40 mg	Capsule	PA Required	PA Required
10/1/21	Hetlioz	Tasimelteon	Melatonin Receptor Agonist	20 mg	Capsule	No Change: PA Required	PA Required

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10/1/21	Hetlioz LQ	Tasimelteon	Melatonin Receptor Agonist	4 mg/mL	Suspension	PA Required	Non-Formulary
10/1/21	Entocort EC	Budesonide	Systemic Corticosteroid	3 mg	Capsule	Formulary	No Change: Formulary
10/1/21	Dipentum	Olsalazine	5-Aminosalicylic Acid Derivative	250 mg	Capsule	No Change: PA Required	Non-Formulary
10/1/21	Rowasa	mesalamine	5-Aminosalicylic Acid Derivative	4 g	Enema	PA Required for age ≥21	No Change: Formulary
10/1/21	Rowasa	mesalamine	5-Aminosalicylic Acid Derivative	4 g	Kit	PA Required for age ≥21	No Change: Formulary
10/1/21	Abecma	Idecabtagene vicleucel	Antineoplastic		Suspension	PA Required	PA Required (Part B)
10/1/21	Jemperli	Dostarlimab	Antineoplastic	400 mg/10 mL	Solution	PA Required	PA Required (Part B)
10/1/21	Lumakras	Sotorasib	Antineoplastic	120 mg	Tablet	PA Required	PA Required NSO QL: 240/30 days
10/1/21	Rybrevant	Amivantamab	Antineoplastic	350 mg/7 mL	Solution	PA Required	PA Required (Part B)
10/1/21	Truseltiq	Infigratinib	Antineoplastic	25 mg, 100 mg	Tablet	PA Required	PA Required NSO QL: 42/28 days
10/1/21	Zynlonta	Loncastuximab tesirine	Antineoplastic	10 mg	Solution	PA Required	PA Required (Part B)
10/1/21	Perseris	Risperidone	Antipsychotic	90 mg, 120 mg	Prefilled Syringe	Carveout	PA Required NSO QL: 1/28 days

NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, ST=Step Therapy, ER=Extended Release