

**Changes to the CalOptima Medi-Cal Physician Administered Drugs, OneCare Formulary and OneCare Connect Formulary
Pharmacy & Therapeutics Committee Meeting – November 18, 2021**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal Physician Administered Drugs	Committee Action for OneCare/ OneCare Connect
1/1/22	Ponvory	Ponesimod	Multiple Sclerosis	2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7 mg, 8 mg, 9 mg, 10 mg, 20 mg	Tablet	N/A	PA Required
1/1/22	Zeposia	Ozanimod	Multiple Sclerosis	0.92 mg	Capsule	N/A	PA Required
1/1/22	Aduhelm	Aducanumab-avwa	Alzheimer's Disease	170 mg/1.7 mL, 300 mg/ 3 mL	Solution	PA Required	PA Required
1/1/22	Myfembree	Relugolix-estradiol-norethindrone	Uterine Leiomyomas	40 mg-1 mg- 0.5 mg	Capsule	N/A	PA Required
1/1/22	Kerendia	Finerenone	Chronic Kidney Disease	10 mg, 20 mg	Tablet	N/A	PA Required QL: 30/30 days
1/1/22	Roszet	Ezetimibe-rosuvastatin	Hyperlipidemia	10 mg-5 mg, 10 mg-10 mg, 10 mg-20 mg, 10 mg-40 mg	Tablet	N/A	Non-Formulary
1/1/22	Alocril	Nedocromil	Allergic Conjunctivitis	2 %	Solution	N/A	Change in ST: Must first try azelastine, cromolyn or olopatadine
1/1/22	Alomide	Lodoxamide	Ocular Disorders	0.1 %	Solution	N/A	Change in ST: Must first try azelastine, cromolyn or olopatadine
1/1/22	Lastacraft	Alcaftadine	Allergic Conjunctivitis	0.25 %	Solution	N/A	Change in ST: Must first try azelastine, cromolyn or olopatadine
1/1/22	Patanol	Olopatadine	Allergic Conjunctivitis	0.1 %	Solution	N/A	Remove ST QL: 5 mL/30 days

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1/1/22	Pataday	Olopatadine	Allergic Conjunctivitis	0.2 %	Solution	N/A	Remove ST QL: 2.5 mL/30 days
1/1/22	Welireg	Belzutifan	Antineoplastic	40 mg	Tablet	N/A	PA Required NSO
1/1/22	Rylaze	Asparaginase erwinia-rywn	Antineoplastic	10 mg/ 0.5 mL	Solution	PA Required	PA Required NSO
1/1/22	Rezurock	Belumosudil	Immunosuppressant	200 mg	Tablet	N/A	PA Required NSO QL: 30/30 days

N/A=Not Applicable, NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, ST=Step Therapy