Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
November 20, 2025

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for Medi-Cal PAD PA List	Committee Action for OneCare Formulary
1/1/26	Yutrepia	treprostinil sodium	Pulmonary arterial hypertension	26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg	Inhalation powder capsule	N/A	Non-Formulary
1/1/26	Andembry autoinjector	garadacimab-gxii	Hereditary angioedema	200 mg/1.2 mL	Autoinjector, syringe	N/A	PA Required
1/1/26	Ekterly	sebetralstat	Hereditary angioedema	300 mg	Tablet	N/A	Non-Formulary
1/1/26	Brinsupri	brensocatib	Non-cystic fibrosis bronchiectasis	10 mg, 25 mg	Tablet	N/A	PA Required. QL: 30/30 days
1/1/26	Tryptyr	acoltremon	Dry eye disease	0.003%	Ophthalmic solution	N/A	Non-Formulary
1/1/26	Zevtera	ceftobiprole medocaril	Antibiotic	667 mg	IV vial	N/A	PA Required
1/1/26	Leqselvi	deuruxolitinib phosphate	Severe alopecia areata	8 mg	Tablet	N/A	PA Required. QL: 60/30 days
1/1/26	Zelsuvmi	berdazimer sodium	Molluscum contagiosum	10.3%	Topical gel	N/A	PA Required
1/1/26	Spevigo	spesolimab-sbzo	Pustular Psoriasis	150 mg/mL, 300 mg/2 mL	SQ syringe	PA Required	PA Required. QL: 2mL/28 days
1/1/26	Anzupgo	delgocitinib	Eczema	2%	Topical cream	N/A	Non-Formulary
1/1/26	Ibtrozi	taletrecitinib adipate	Antineoplastic	200 mg	Capsule	N/A	PA Required NSO. QL: 90/30 days
1/1/26	Hernexeos	zongertinib	Antineoplastic	60 mg	Tablet	N/A	PA Required NSO. QL: 90/30 days
1/1/26	Avmapki-Fakzynja	avutometinib potassium/defacitinib hydrochloride	Antineoplastic	0.8 mg/200 mg	Tablet	N/A	PA Required NSO. QL: 66/28 days

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1/1/26	Modeyso	dordaviprone HCl	Antineoplastic	125 mg	Capsule	N/A	PA Required NSO. QL: 20/28 days

DR = Delayed Release, N/A = Not Applicable, PA = Prior Authorization, QL = Quantity Limit, SQ = Subcutaneous, NSO = New Starts Only

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