Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
February 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
4/1/25	Nemluvio	nemolizumab	Prurigo Nodularis, Atopic Dermatitis	30 mg	Auto-injector	PA Required	Non-Formulary
4/1/25	Ebglyss	lebrikizumab	Atopic Dermatitis	250 mg/2 mL	Solution Auto-injector and prefilled syringe	PA Required	Non-Formulary
4/1/25	Neffy	epinephrine	Anaphylaxis	2 mg/0.1 mL	Nasal Spray	N/A	Formulary. QL: 2/30 days
4/1/25	Voydeya	danicopan	Extravascular Hemolysis	100 mg	Tablet	N/A	PA Required. QL: 180/30 days
4/1/25	Cobenfy	xanomeline and trospium	Schizophrenia	50 mg/20 mg, 100 mg/20 mg, 125 mg/30 mg	Capsule	N/A	PA Required NSO. QL: 60/30 days
4/1/25	Itovebi	inavolisib	Antineoplastic	3 mg, 9 mg	Tablet	N/A	PA Required NSO. QL: 60/30 days (3 mg), 30/30 days (9 mg)
4/1/25	Danziten	nilotinib	Antineoplastic	71 mg, 95 mg	Tablet	N/A	PA Required NSO. QL: 120/30 days
4/1/25	Revuforj	revumenib	Antineoplastic	110 mg, 160 mg	Tablet	N/A	PA Required NSO. QL: 60/30 days
4/1/25	Imkeldi	imatinib	Antineoplastic	80 mg/mL	Solution	N/A	PA Required NSO. QL: 300/30 days

N/A=Not Applicable, PA = Prior Authorization, QL = Quantity Limit. NSO=New Start Only.

† Representative brand names are for cross-reference purposes only. No proprietary brand product preference or coverage is implied or intended.