



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and
OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
August 21, 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
10/1/25	Zunveyl	benzgalantamine	Alzheimer's Dementia	5 mg, 10 mg, 15 mg	DR Tablet	N/A	Non-Formulary
10/1/25	Vykat XR	diazoxide choline	Hyperphagia in Prader-Willi Syndrome	25 mg, 75 mg, 150 mg	Tablet	N/A	PA Required, QL: 120/30 days (25 mg), 210/30 days (75 mg), 90/30 days (150 mg).
10/1/25	Vanrafia	atrasentan	Primary IgA Nephropathy	0.75 mg	Tablet	N/A	PA Required, QL: 30/30 days
10/1/25	Empaveli	pegcetacoplan	Paroxysmal Nocturnal Hemoglobinuria	1,080 mg/20 mL	SQ Injection (on-body injector)	N/A	PA Required, QL: 160 mL/28 days
10/1/25	Onapgo	apomorphine HCl	Parkinson's Disease	98 mg/20 mL	SQ cartridge	N/A	PA Required, QL: 600 mL/30 days
10/1/25	Xromi	hydroxyurea	Sickle Cell Anemia	100 mg/mL	Solution	N/A	PA Required
10/1/25	Symbravo	meloxicam-rizatriptan	Migraine	20 mg-10 mg	Tablet	N/A	Non-Formulary
10/1/25	Paxlovid	nirmatrelvir-ritonavir	COVID-19	300 mg-100 mg, 150 mg-100 mg, 300mg/150 mg-100 mg	Tablets (co-packaged)	N/A	Formulary QL: 30/5 days (300 mg-100 mg), 20/5 days (150 mg-100 mg), 11/5 days (300 mg/150 mg-100 mg)
10/1/25	Ctexli	chenodiol	Cerebrotendinous Xanthomatosis	250 mg	Tablet	N/A	PA Required, QL: 90/30 days
10/1/25	Gomekli	mirdametinib	Antineoplastic	1 mg, 2 mg capsule 1 mg tablet	Capsule, Tablet for oral suspension	N/A	PA Required NSO, QL: 126/28 days (1 mg capsule), 84/28 days (2 mg capsule), 168/28 days (1 mg tablet for suspension)
10/1/25	Romvimza	vimseltinib	Antineoplastic	14 mg, 20 mg, 30 mg	Capsule	N/A	PA Required NSO, QL: 8/28 days

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