



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and
OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
February 19, 2026**

Effective Dates	Brand Name[†]	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for Medi-Cal PAD PA List	Committee Action for OneCare Formulary
4/1/26	Eohilia	budesonide	Eosinophilic esophagitis	2 mg/10 mL	Oral suspension packet	N/A	Non-Formulary
4/1/26	Orlynvah	sulopenem etzadroxil/probenecid	Antibiotic	500 mg/500 mg	Tablet	N/A	PA Required. QL: 10/30 days
4/1/26	Blujepa	gepotidacin mesylate	Antibiotic	750 mg	Tablet	N/A	PA Required. QL: 20/30 days
4/1/26	Dawnzera	donidalorsen sodium	Hereditary angioedema	80 mg/0.8 mL	Single-dose auto-injector	N/A	PA Required
4/1/26	Wayrilz	rilzabrutinib	Immune thrombocytopenia	400 mg	Tablet	N/A	Non-Formulary
4/1/26	Zurnai	nalmefene HCl	Opioid overdose	1.5 mg/0.5 mL	Single-dose auto-injector	N/A	Formulary. QL: 1 mL/30 days
4/1/26	Rhapsido	remibrutinib	Chronic spontaneous urticaria	25 mg	Tablet	N/A	Non-Formulary
4/1/26	Palsonify	paltusotine HCl	Acromegaly	20 mg, 30 mg	Tablet	N/A	Non-Formulary
4/1/26	Jascayd	nerandomilast	Idiopathic pulmonary fibrosis	9 mg, 18 mg	Tablet	N/A	PA Required. QL: 60/30 days
4/1/26	Tonmya	cyclobenzaprine HCl	Fibromyalgia	2.8 mg	SL tablet	N/A	Non-Formulary
4/1/26	Lynkuet	elinzanetant	Menopausal vasomotor symptoms	60 mg	Capsule	N/A	Non-Formulary
4/1/26	Exxua	gepirone	Antidepressant	18.2 mg, 36.3 mg, 54.5 mg, 72.6 mg	Tablet	N/A	OC: PA Required (NSO), QL: 30/30 days
4/1/26	Inluriyo	imlunestrant	Antineoplastic	200 mg	Tablet	N/A	OC: PA Required (NSO), QL: 56/28 days

N/A = Not Applicable, NSO = New Starts Only, PA = Prior Authorization, QL = Quantity Limit, SL = Sublingual, SQ = Subcutaneous