Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
May 15, 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
7/1/25	Yorvipath	palopegteriparatide	Hypoparathyroidism	168 mcg/0.56 mL	Solution Pen Injector	N/A	PA Required. QL: 2 pens/30 days
7/1/25	Crenessity	crinecerfont	Classic Congenital Adrenal Hyperplasia	50 mg, 100 mg, 50 mg/mL	Capsule, Solution	N/A	PA Required. QL: 60/30 days (capsule), QL: 120/30 days (solution)
7/1/25	Tryngolza	olezarsen sodium	Familial Chylomicronemia Syndrome	80 mg/0.8 mL	Solution Auto-Injector	N/A	PA Required. QL: 1/30 days
7/1/25	Journavx	suzetrigine	Pain Management	50 mg	Tablet	N/A	PA Required. QL: 30/14 days
7/1/25	Attruby	acoramidis	Amyloid Cardiomyopathy	356 mg	Tablet	N/A	PA Required. QL: 120/30 days
7/1/25	Alyftrek	vanzacaftor-tezacaftor-deutivacaftor	Cystic Fibrosis	4-20-50 mg, 10-50-125 mg	Tablet	N/A	PA Required. QL: 60/30 days (90/30 for 4-20-50 mg)
7/1/25	Tryvio	aprocitentan	Hypertension	12.5 mg	Tablet	N/A	Non-Formulary
7/1/25	Miplyffa	arimoclomol citrate	Niemann-Pick Type C	47 mg, 62 mg, 93 mg, 124 mg	Capsule	N/A	PA Required. QL: 90/30 days
7/1/25	Aqneursa	levacetylleucine	Niemann-Pick Type C	1 g	Packet	N/A	PA Required. QL: 120/30 days
7/1/25	Zepbound	tirzepatide	Obesity and Obstructive Sleep Apnea	2.5/0.5 mg/mL, 7.5/0.5 mg/mL, 10/0.5 mg/mL, 5/0.5 mg/mL, 12.5/0.5 mg/mL, 15/0.5 mg/mL	Solution, Solution Auto-Injector	N/A	Non-Formulary
7/1/25	Gemtesa	Vibegron	Overactive Bladder	75 mg	Tablet	N/A	Formulary. QL: 30/30 days
7/1/25	Nourianz	istradefylline	Parkinson Disease	20 mg, 40 mg	Tablet	N/A	Formulary. QL: 30/30 days

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7/1/25	Ryoncil	remestemcel-l-rknd	Graft Versus Host Disease	1, 2, 3, 4, 5, 6, 7, 8 x 3.8 mL	Kit	PA Required	PA Required (Part B)

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

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