



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and
OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
February 15, 2024**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for Medi-Cal PAD PA List	Committee Action for OneCare Formulary
4/1/24	Leqembi	lecanemab-irmb	Alzheimer's Disease	100 mg/mL	Solution	PA Required	PA Required
4/1/24	Xdemvy	lotilaner	Demodex Blepharitis	0.25 %	Solution	N/A	PA Required QL: 10 mL/year
6/1/24	oxazepam	oxazepam	Benzodiazepine	10 mg, 15 mg, 30 mg	Capsule	N/A	PA Required NSO for age >65
6/1/24	Restoril	temazepam	Benzodiazepine	15 mg, 22.5 mg, 30 mg	Capsule	N/A	PA Required NSO for age >65
6/1/24	Halcion	triazolam	Sedative Hypnotic	0.125 mg, 0.25 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Lunesta	eszopiclone	Sedative Hypnotic	1 mg, 2 mg, 3 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Sonata	zaleplon	Sedative Hypnotic	5 mg, 10 mg	Capsule	N/A	PA Required NSO for age >65
6/1/24	Ambien	zolpidem	Sedative Hypnotic	5 mg, 10 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Ambien CR	zolpidem er	Sedative Hypnotic	6.25 mg, 12.5 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Elavil	amitriptyline	Antidepressant	10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Anafranil	clomipramine	Antidepressant	25 mg, 50 mg, 75 mg	Capsule	N/A	PA Required NSO for age >65
6/1/24	Norpramin	desipramine	Antidepressant	10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Sinequan	doxepin	Antidepressant	10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg	Capsule	N/A	PA Required NSO for age >65
6/1/24	Tofranil	imipramine	Antidepressant	10 mg, 25 mg, 50 mg	Tablet	N/A	PA Required NSO for age >65



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6/1/24	Pamelor	nortriptyline	Antidepressant	10 mg, 25 mg, 50 mg, 75 mg	Capsule	N/A	PA Required NSO for age >65
6/1/24	Paxil	paroxetine	Antidepressant	10 mg, 20 mg, 30 mg, 40 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Periactin	cyproheptadine	Antihistamine	4 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Atarax	hydroxyzine hcl	Antihistamine	10 mg, 25 mg, 50 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Vistaril	hydroxyzine pam	Antihistamine	25 mg, 50 mg, 100 mg	Capsule	N/A	PA Required NSO for age >65
6/1/24	Antivert	meclizine	Antihistamine	25 mg, 50 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Flexeril	cyclobenzaprine	Skeletal Muscle Relaxant	5 mg, 7.5 mg, 10 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Norflex	orphenadrine er	Skeletal Muscle Relaxant	100 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Tylenol with Codeine	acetaminophen with codeine	Analgesic	300-15 mg, 300-30 mg, 300-60 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Bentyl	dicyclomine	Antispasmodic	10 mg	Capsule	N/A	PA Required NSO for age >65
6/1/24	Transderm-scop	scopolamine	Antispasmodic	1 mg/3 days	Patch	N/A	PA Required NSO for age >65
6/1/24	Phenadoz	promethazine	Antiemetic	12.5 mg, 25 mg, 50 mg	Tablet	N/A	PA Required NSO for age >65
6/1/24	Phnergan	promethazine	Antiemetic	6.25 mg/5 mL	Solution/Syrup	N/A	PA Required NSO for age >65
4/1/24	Zurzuvae	zuranolone	Antidepressant	20 mg, 25 mg, 30 mg	Capsule	N/A	PA Required NSO



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							QL: 28/180 days, 30mg: 14/180 days
4/1/24	Fruzaqla	fruquintinib	Antineoplastic	1 mg, 5 mg	Capsule	N/A	PA Required NSO QL: 84/28 days, 5 mg: 21/28 days
4/1/24	Augtyro	repotrectinib	Antineoplastic	40 mg	Capsule	N/A	PA Required NSO QL: 240/30 days
4/1/24	Loqtorzi	toripalimab	Antineoplastic	240 mg/6 mL	Solution	PA Required	PA Required NSO QL: 6 mL/21 days
4/1/24	Ogsiveo	nirogacestat	Antineoplastic	50 mg	Tablet	N/A	PA Required NSO QL: 180/30 days

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