



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and
OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
August 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
10/1/24	Rezdiffra	resmetirom	NASH	60 mg, 80 mg, 100 mg	Tablet	N/A	PA Required
10/1/24	Opsynvi	macitentan/tadalafil	PAH	10/20 mg, 10/40 mg	Tablet	N/A	PA Required
10/1/24	bosentan	bosentan	PAH	62.5 mg, 125 mg	Tablet	N/A	PA Required
10/1/24	Tracleer	bosentan	PAH	62.5 mg, 125 mg	Tablet	N/A	Remove. Non-Formulary
10/1/24	Joenja	leniolisib	APDS	70 mg	Tablet	N/A	PA Required. QL: 60/30 days
10/1/24	Filsuvez	birch triterpenes	EB	23.4 g	Gel	N/A	PA Required
10/1/24	Rivfloza	nedosiran	PH1	80/0.5 mg/mL, 128/0.8 mg/mL, 160 mg	Solution, prefilled syringe and pen	PA Required	PA Required
10/1/24	Zilbrysq	zilucoplan sodium	MG	16.6/0.416 mg/mL, 23/0.574 mg/mL, 32.4/0.81 mg/mL	Solution, prefilled syringe	PA Required	PA Required
10/1/24	Vyvgart	efgartigimod alfa-fcab	MG	20 mg/mL	Solution	PA Required	PA Required

NASH=Nonalcoholic steatohepatitis, PAH=Pulmonary arterial hypertension, APDS=Activated phosphoinositide-3-kinase delta syndrome, EB= Epidermolysis bullosa, MG=Myasthenia gravis, N/A=Not Applicable, PA = Prior Authorization, QL = Quantity Limit