



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List,
OneCare/OneCare Connect Formularies
Pharmacy & Therapeutics Committee Meeting
August 18, 2022**

Effective Dates	Brand Name †	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for CalOptima Medi-Cal PAD PA List	Committee Action for OneCare/OneCare Connect
10/1/22	Byetta	Exenatide	Diabetes	2 mg/0.85 mL, 5 mcg/0.02 mL, 10 mcg/0.04 mL	Auto Injector, Solution Pen-Injector	N/A	Remove: Non-Formulary
10/1/22	Mounjaro	Tirzepatide	Diabetes	2.5 mg/ 0.5 mL, 5 mg/ 0.5 mL, 7.5 mg/0.5mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL	Solution Pen Injector	N/A	Remains Non-Formulary
10/1/22	Pyrukynd	Mitapivat	Hemolytic Anemia	5 mg, 20 mg, 50 mg	Tablet	N/A	PA Required QL: 60/30 days
10/1/22	Recorlev	Levoketoconazole	Hypercortisolemia	150 mg	Tablet	N/A	PA Required
10/1/22	Zegalogue	Dasiglucagon	Hypoglycemia	0.6 mg/0.6 mL	Solution Auto Injector and Prefilled Syringe	N/A	Add to Formulary QL: 4/28 days
10/1/22	Gvoke	Glucagon	Hypoglycemia	0.5 mg/0.1 mL, 1 mg/0.2 mL	Solution Auto Injector and Prefilled Syringe	N/A	Add to Formulary
10/1/22	Cibinqo	Abrocitinib	Atopic Dermatitis	50 mg, 100 mg, 200 mg	Tablet	N/A	Remains Non-Formulary
10/1/22	Ibsrela	Tenapanor	Irritable Bowel Syndrome	50 mg	Tablet	N/A	Remains Non-Formulary
10/1/22	Elyxyb	Celecoxib	Migraine	120 mg/4.8 mL	Solution	N/A	PA Required QL: 28.8 mL/30 days



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10/1/22	Phexxi	Lactic acid/citric acid/potassium	Contraception	1.8 %/1 %/0.4 %	Gel	N/A	Remains Non-Formulary
10/1/22	Today Contraceptive Sponge	Nonoxynol-9	Contraception	1 g	Sponge	N/A	Add to Formulary QL: 6/30 days
10/1/22	VCF Contraceptive Gel	Nonoxynol-9	Contraception	4 %	Gel	N/A	Add to Formulary QL: 25.5/30 days
10/1/22	Cemcevi	Leuprolide	Antineoplastic	42 mg	Prefilled Syringe	PA Required	PA Required NSO
10/1/22	Igalmi	Dexmedetomidine	Antipsychotic	120 mcg, 180 mcg	Sublingual Film	N/A	PA Required NSO
10/1/22	Opdualag	Nivolumab-relatlimab-rmbw	Antineoplastic	240 mg-80 mg/20 mL	Injection	PA Required	PA Required NSO
10/1/22	Pluvicto	Lutetium Lu 177 vipivotide tetraxetan	Antineoplastic	1000 MBq/mL	Injection	PA Required	PA Required NSO

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