



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and OneCare Formulary  
Pharmacy & Therapeutics Committee Meeting  
February 16, 2023**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for Medi-Cal PAD PA List	Committee Action for OneCare Formulary
4/1/23	Hyftor	sirolimus	Facial Angiofibroma	0.2 %	Gel	N/A	PA Required QL: 30 g/30 days
4/1/23	Tyvaso DPI	treprostinil	PAH	16 mcg, 32 mcg, 48 mcg, 64 mcg	Powder	N/A	PA Required
4/1/23	Vtama	tapinarof	Plaque Psoriasis	1 %	Cream	N/A	PA Required
4/1/23	Adlarity	donepezil	Alzheimer Disease	5 mg/day, 10 mg/day	Patch weekly	N/A	PA Required QL: 4/28 days
4/1/23	Aricept	donepezil	Alzheimer Disease	23 mg	Tablet	N/A	Add to the Formulary. QL: 30/30 days
4/1/23	Auvelity	dextromethorphan-bupropion	Antidepressant	45 mg-105 mg	Tablet ER	N/A	PA Required NSO QL: 60/30 days
4/1/23	Elahere	mirvetuximab	Antineoplastic	100 mg/20 mL	Solution	PA Required	PA Required NSO
4/1/23	Imjudo	tremelimumab	Antineoplastic	25 mg/1.25 mL, 300 mg/15 mL	Solution	PA Required	PA Required NSO
4/1/23	Krazati	adagrasib	Antineoplastic	200 mg	Tablet	N/A	PA Required NSO QL: 180/30 days
4/1/23	Lytgobi	futibatinib	Antineoplastic	4 mg	Tablet Therapy Pack	N/A	PA Required NSO QL: 150/30 days
4/1/23	Rezlidhia	olutasidenib	Antineoplastic	150 mg	Capsule	N/A	PA Required NSO QL: 60/30 days

BPH=Benign Prostatic Hyperplasia, UCD=Urea Cycle Disorders, DPI=Dry Powder Inhaler, PAH=Pulmonary Arterial Hypertension, N/A=Not Applicable, ER=Extended Release, PA = Prior Authorization, QL = Quantity Limit, NSO=New Starts Only