



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and
OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
November 21, 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
1/1/25	Winrevair	sotatercept-csrk	PAH	45 mg, 60 mg	Kit	PA Required	PA Required
1/1/25	Veletri	epoprostenol	PAH	0.5 mg, 1.5 mg	Solution	No Change (PA Required)	PA Required
1/1/25	Remodulin	treprostinil	PAH	20/20 mg/mL, 50/20 mg/mL, 100/20 mg/mL, 200/20 mg/mL	Solution	No Change (PA Required)	PA Required
1/1/25	Xolremdi	mavoxifafor	WHIM Syndrome	100 mg	Capsule	N/A	PA Required
1/1/25	Iqirvo	elafibranor	PBC	80 mg	Tablet	N/A	PA Required
1/1/25	Duvyzat	givinostat	DMD	8.86 mg/mL	Suspension	N/A	PA Required. QL: 420 mL/30 days
1/1/25	Ojemda	tovorafenib	Antineoplastic	100 mg, 25 mg/mL	Tablet, Suspension	N/A	PA Required NSO
1/1/25	Libervant	diazepam	Anticonvulsant	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg	Film	N/A	PA Required NSO. QL: 30/30 days
1/1/25	Voranigo	vorasidenib	Antineoplastic	10 mg, 40 mg	Tablet	N/A	PA Required NSO. QL: 30/30 days
1/1/25	Lazcluze	lazertinib	Antineoplastic	80 mg, 240 mg	Tablet	N/A	PA Required NSO. QL: 30/30 days
1/1/25	Torpenz	everolimus	Antineoplastic	2.5 mg, 5 mg, 7.5 mg, 10 mg	Tablet	N/A	PA Required NSO
1/1/25	Amtagvi	lifileucel	Antineoplastic	7.5 x 10 ⁹ to 72 x 10 ⁹ viable cells	Suspension	PA Required	PA Required
1/1/25	Tecelra	afamitresgene	Antineoplastic	10 x 10 ⁹ cells	Suspension	PA Required	PA Required
1/1/25	Tevimbra	tislelizumab-jsgr	Antineoplastic	10 mg/mL	Solution	PA Required	PA Required NSO

PAH=Pulmonary arterial hypertension, WHIM=Warts, Hypogammaglobulinemia, Infections, Myelokathexis. PBC=Primary Biliary Cholangitis, DMD=Duchenne Muscular Dystrophy, N/A=Not Applicable, PA = Prior Authorization, QL = Quantity Limit. NSO=New Start Only.