



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
November 17, 2022**

Effective Dates	Brand Name†	Generic Name	Drug Class	Strength	Dosage Form	Committee Action for Medi-Cal PAD PA List	Committee Action for OneCare Formulary
1/1/23	Camzyos	mavacamten	Obstructive HCM	2.5 mg, 5 mg, 10 mg, 15 mg	Capsule	N/A	PA Required QL: 30/30 days
1/1/23	Radicava ORS	edaravone	ALS	105 mg/5 mL	Suspension	N/A	PA Required QL: 70 mL/14 days
1/1/23	Tiglutik	riluzole	ALS	50 mg/10 mL	Suspension	N/A	PA Required QL: 600 mL/30 days
1/1/23	Quviviq	daridorexant	Insomnia	25 mg, 50 mg	Tablet	N/A	Remains Non-Formulary
1/1/23	Verkazia	cyclosporine	VKC	0.1 %	Emulsion	N/A	Remains Non-Formulary
1/1/23	Subutex	buprenorphine	Analgesic	2 mg, 8 mg	Tablet Sublingual	N/A	Increase QL to 90/30 days
1/1/23	Suboxone	Buprenorphine-naloxone	Analgesic	2 mg-0.5 mg, 4 mg-1 mg, 8 mg-2 mg, 12 mg-3 mg	Film	N/A	Formulary QL: 90/30 days
1/1/23	Sublocade	Buprenorphine ER	Analgesic	100 mg-300 mg	Injection	N/A	Remains PA Required Add QL: 1.5 mL/30 days
1/1/23	Vivitrol	Naltrexone	Opioid Antagonist	380 mg	Suspension Reconstituted	N/A	PA Required QL: 1 vial/30 days
1/1/23	Apretude	Cabotegravir	Antiretroviral	600 mg/3 mL	Injection	PA Required	Formulary QL: 1 injection (3 mL)/30 days
1/1/23	Vonjo	Pacritinib	Antineoplastic	100 mg	Capsule	N/A	PA Required QL: 120/30 days
1/1/23	Vijoice	Alpelisib	Antineoplastic	50 mg, 125 mg, 200 mg	Tablet	N/A	PA Required QL: 28/28 days (56/28 days for 250 mg)
1/1/23	Ztalmy	Ganaxolone	Anticonvulsant	50 mg/mL	Suspension	N/A	PA Required QL: 1,100 mL/30 days



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HCM=Hypertrophic Cardiomyopathy, ALS=Amyotrophic Lateral Sclerosis, VKC=Vernal Kerato Conjunctivitis, N/A=Not Applicable, ER=Extended Release, PA =
Prior Authorization, QL = Quantity Limit