



**Changes to the CalOptima Health Medi-Cal Physician Administered Drug (PAD) PA List and
OneCare Formulary
Pharmacy & Therapeutics Committee Meeting
August 17, 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
10/1/23	Filspari	sparsentan	Primary IgAN	200 mg, 400 mg	Tablet	N/A	PA Required QL: 30/30 days
10/1/23	Bydureon BCise	exenatide	Diabetes	2 mg/0.85 mL	Injection	N/A	Step Therapy QL: 3.4/28 days
10/1/23	Mounjaro	tirzepatide	Diabetes	2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/ 0.5 mL, 15 mg/ 0.5 mL	Injection	N/A	Step Therapy QL: 2/28 days
10/1/23	Ozempic	semaglutide	Diabetes	2 mg/3 mL, 8 mg/3 mL, 2 mg/1.5 mL, 4 mg/3 mL	Injection	N/A	Step Therapy QL: 3/28 days
10/1/23	Rybelsus	semaglutide	Diabetes	3 mg, 7 mg, 14 mg	Tablet	N/A	Step Therapy QL: 30/30 days
10/1/23	Victoza	liraglutide	Diabetes	18 mg/3 mL	Injection	N/A	Non-Formulary
10/1/23	Trulicity	dulaglutide	Diabetes	0.75 mg/0.5 mL, 1.5mg/0.5 mL, 3 mg/0.5 mL, 4.5 mg/0.5 mL	Injection	N/A	Step Therapy QL: 2/28 days
10/1/23	Actonel	risedronate	Osteoporosis	35 mg, 150 mg	Tablet	N/A	Formulary QL: 4/28 days (35 mg), 1/28 days (150 mg)
10/1/23	Zynyz	retifanimab-dlwr	Antineoplastic	500 mg/20 mL	Injection	PA Required	PA Required
10/1/23	Epkinly	epcoritamab	Antineoplastic	4 mg/0.8 mL, 48 mg/0.8 mL	Injection	PA Required	PA Required
10/1/23	Columvi	glofitamab-gxbm	Antineoplastic	1 mg/mL	Injection	PA Required	PA Required

IgAN= Immunoglobulin A Nephropathy, N/A=Not Applicable, PA = Prior Authorization, QL = Quantity Limit