



Effective **January 1, 2024**, the following drug will no longer be preferred.

EFFECTIVE DATE	DRUG NAME	PREFERRED ALTERNATIVE
01/01/2024	Canasa Suppository (Brand)	Mesalamine Suppository (Generic for Canasa)

Effective **January 1, 2024**, the following drugs below will need to be billed to the Health Care Authority (HCA). For drugs that currently require prior authorization (PA), please submit PA requests to the HCA on or after January 1, 2024. For more information, please contact the HCA at 800-562-3022.

- Carglumic Acid (Carbaglu®)
- Carglumic Acid (Carglumic Acid)
- Sparsentan (Filspari™)
- Amifampridine Phosphate (Firdapse®)
- Omidubicel-ONLV (Omisirge®)
- Afamitresgene Autoleucel (MAGE-A4 TCR)
- Apadamtase Alfa-Cinaxadamtase Alfa (TAK-755)
- Crovalimab (RG6107)
- Danicopan (Danicopan)
- Debamestrocel (Nurown)
- Eculizumab (ABP 959)
- Eplontersen (AKCEA-TTR-LRX)
- Fidanacogene Elaparvovec (Fidanacogene Elaparvovec)
- Givinostat (Givinostat)
- Iptacopan (Iptacopan)
- Lovotibeglogene Autotemcel (LOVO-CEL)
- Nirogacestat (Nirogacestat)
- Troriluzole (BHV-4157)
- Zilucoplan (RA101495)