



To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: November 7, 2024

Subject: October 2024 IEHP Covered Pharmacy & Therapeutics Update

October 2024 IEHP Covered Pharmacy & Therapeutics Committee Update

Please see below for Pharmacy and Therapeutics (P&T) Committee approved changes for IEHP Covered formulary.

| DRUG NAME | EFFECTIVE DATE |
|---|----------------|
| Add to formulary with Prior Authorization | |
| ILET INFUSION KIT-INSET COMBO. PKG | 1/1/2025 |
| ILET INFUSION-CONTACT DETACH COMBO. PKG | 1/1/2025 |
| ILET INFUSION-CONTACT DETACH KIT | 1/1/2025 |
| ILET INSULIN PUMP EACH | 1/1/2025 |
| ILET STARTER KIT-INSET KIT | 1/1/2025 |
| Add to formulary with Step Therapy, Quantity Limit, and Age Restriction | |
| DOXYCYCLINE IR-DR 40 MG CAP IR DR | 1/1/2025 |
| Change in Prior Authorization Criteria | |
| ACTEMRA 162 MG/0.9 SYRINGE | 1/1/2025 |
| ACTEMRA 200MG/10ML VIAL | 1/1/2025 |
| ACTEMRA 400MG/20ML VIAL | 1/1/2025 |
| ACTEMRA 80 MG/4 ML VIAL | 1/1/2025 |
| ACTEMRA ACTPEN 162 MG/0.9 PEN INJCTR | 1/1/2025 |
| ACTIMMUNE 100MCG/0.5 VIAL | 1/1/2025 |
| ADBRY 150 MG/ML SYRINGE | 1/1/2025 |
| ADBRY AUTOINJECTOR 300 MG/2ML AUTO INJCT | 1/1/2025 |
| ARCALYST 220 MG VIAL | 1/1/2025 |
| AVSOLA 100 MG VIAL | 1/1/2025 |
| BENLYSTA 120 MG VIAL | 1/1/2025 |
| BENLYSTA 200 MG/ML AUTO INJCT | 1/1/2025 |

| DRUG NAME | EFFECTIVE DATE |
|--|----------------|
| BENLYSTA 200 MG/ML SYRINGE | 1/1/2025 |
| BENLYSTA 400 MG VIAL | 1/1/2025 |
| CIBINQO 100 MG TABLET | 1/1/2025 |
| CIBINQO 200 MG TABLET | 1/1/2025 |
| CIBINQO 50 MG TABLET | 1/1/2025 |
| CINQAIR 10 MG/ML VIAL | 1/1/2025 |
| COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE | 1/1/2025 |
| COSENTYX 125 MG/5ML VIAL | 1/1/2025 |
| COSENTYX SENSOREADY (2 PENS) 150 MG/ML PEN INJCTR | 1/1/2025 |
| COSENTYX SYRINGE 75MG/0.5ML SYRINGE | 1/1/2025 |
| COSENTYX UNOREADY PEN 300 MG/2ML PEN INJCTR | 1/1/2025 |
| EBGLYSS PEN 250 MG/2ML PEN INJCTR | 1/1/2025 |
| ENBREL 25MG/0.5ML SYRINGE | 1/1/2025 |
| ENBREL 25MG/0.5ML VIAL | 1/1/2025 |
| ENBREL MINI 50MG/ML (1) CARTRIDGE | 1/1/2025 |
| ENBREL SURECLICK 50MG/ML (1) PEN INJCTR | 1/1/2025 |
| ENTYVIO 300 MG VIAL | 1/1/2025 |
| ENTYVIO PEN 108MG/0.68 PEN INJCTR | 1/1/2025 |
| FABHALTA 200 MG CAPSULE | 1/1/2025 |
| FILSPARI 200 MG TABLET | 1/1/2025 |
| FILSPARI 400 MG TABLET | 1/1/2025 |
| HUMIRA 40MG/0.8ML SYRINGEKIT | 1/1/2025 |
| HUMIRA PEDIATRIC CROHN'S 40MG/0.8ML SYRINGEKIT | 1/1/2025 |
| HUMIRA PEN 40MG/0.8ML PEN IJ KIT | 1/1/2025 |
| HUMIRA PEN CROHN'S-UC-HS 40MG/0.8ML PEN IJ KIT | 1/1/2025 |
| HUMIRA PEN PSOR-UVEITS-ADOL HS 40MG/0.8ML PEN IJ KIT | 1/1/2025 |
| HUMIRA(CF) 10MG/0.1ML SYRINGEKIT | 1/1/2025 |
| HUMIRA(CF) 20MG/0.2ML SYRINGEKIT | 1/1/2025 |
| HUMIRA(CF) 40MG/0.4ML SYRINGEKIT | 1/1/2025 |
| HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT | 1/1/2025 |
| HUMIRA(CF) PEN 80MG/0.8ML PEN IJ KIT | 1/1/2025 |
| HUMIRA(CF) PEN CROHN'S-UC-HS 80MG/0.8ML PEN IJ KIT | 1/1/2025 |
| HUMIRA(CF) PEN PEDIATRIC UC 80MG/0.8ML PEN IJ KIT | 1/1/2025 |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG-40MG PEN IJ KIT | 1/1/2025 |
| ILARIS 150 MG/ML VIAL | 1/1/2025 |

| DRUG NAME | EFFECTIVE DATE |
|--|----------------|
| ILUMYA 100 MG/ML SYRINGE | 1/1/2025 |
| INFLECTRA 100 MG VIAL | 1/1/2025 |
| INFLIXIMAB 100 MG VIAL | 1/1/2025 |
| KERENDIA 10 MG TABLET | 1/1/2025 |
| KERENDIA 20 MG TABLET | 1/1/2025 |
| KEVZARA 150MG/1.14 PEN INJCTR | 1/1/2025 |
| KEVZARA 150MG/1.14 SYRINGE | 1/1/2025 |
| KEVZARA 200MG/1.14 PEN INJCTR | 1/1/2025 |
| KEVZARA 200MG/1.14 SYRINGE | 1/1/2025 |
| KINERET 100MG/0.67 SYRINGE | 1/1/2025 |
| LITFULO 50 MG CAPSULE | 1/1/2025 |
| NEMLUVIO 30 MG PEN INJCTR | 1/1/2025 |
| NUCALA 100 MG VIAL | 1/1/2025 |
| NUCALA 100 MG/ML AUTO INJCT | 1/1/2025 |
| NUCALA 100 MG/ML SYRINGE | 1/1/2025 |
| NUCALA 40MG/0.4ML SYRINGE | 1/1/2025 |
| OLUMIANT 1 MG TABLET | 1/1/2025 |
| OLUMIANT 2 MG TABLET | 1/1/2025 |
| OLUMIANT 4 MG TABLET | 1/1/2025 |
| OMVOH 100 MG/ML SYRINGE | 1/1/2025 |
| OMVOH 300MG/15ML VIAL | 1/1/2025 |
| OMVOH PEN 100 MG/ML PEN INJCTR | 1/1/2025 |
| ORENCIA 125 MG/ML SYRINGE | 1/1/2025 |
| ORENCIA 250 MG VIAL | 1/1/2025 |
| ORENCIA 50MG/0.4ML SYRINGE | 1/1/2025 |
| ORENCIA 87.5MG/0.7 SYRINGE | 1/1/2025 |
| ORENCIA CLICKJECT 125 MG/ML AUTO INJCT | 1/1/2025 |
| OTEZLA 10 MG-20MG TAB DS PK | 1/1/2025 |
| OTEZLA 10-20-30MG TAB DS PK | 1/1/2025 |
| OTEZLA 20 MG TABLET | 1/1/2025 |
| OTEZLA 30 MG TABLET | 1/1/2025 |
| RENFLEXIS 100 MG VIAL | 1/1/2025 |
| RETEVMO 120 MG TABLET | 1/1/2025 |
| RETEVMO 160 MG TABLET | 1/1/2025 |
| RETEVMO 40 MG CAPSULE | 1/1/2025 |

| DRUG NAME | EFFECTIVE DATE |
|---|----------------|
| RETEVMO 40 MG TABLET | 1/1/2025 |
| RETEVMO 80 MG CAPSULE | 1/1/2025 |
| RETEVMO 80 MG TABLET | 1/1/2025 |
| RIABNI 10 MG/ML VIAL | 1/1/2025 |
| RINVOQ 15 MG TAB ER 24H | 1/1/2025 |
| RINVOQ 30 MG TAB ER 24H | 1/1/2025 |
| RINVOQ 45 MG TAB ER 24H | 1/1/2025 |
| RINVOQ LQ 1 MG/ML SOLUTION | 1/1/2025 |
| RITUXAN 10 MG/ML VIAL | 1/1/2025 |
| RITUXAN HYCELA 1400/11.7 VIAL | 1/1/2025 |
| RITUXAN HYCELA 1600/13.4 VIAL | 1/1/2025 |
| RUXIENCE 10 MG/ML VIAL | 1/1/2025 |
| SAPHNELO 300 MG/2ML VIAL | 1/1/2025 |
| SILIQ 210 MG/1.5 SYRINGE | 1/1/2025 |
| SIMLANDI(CF) AUTOINJECTOR 40MG/0.4ML AUTOINJKIT | 1/1/2025 |
| SIMPONI 100 MG/ML PEN INJCTR | 1/1/2025 |
| SIMPONI 100 MG/ML SYRINGE | 1/1/2025 |
| SIMPONI 50MG/0.5ML PEN INJCTR | 1/1/2025 |
| SIMPONI 50MG/0.5ML SYRINGE | 1/1/2025 |
| SIMPONI ARIA 50 MG/4 ML VIAL | 1/1/2025 |
| SKYRIZI 150 MG/ML SYRINGE | 1/1/2025 |
| SKYRIZI 600MG/10ML VIAL | 1/1/2025 |
| SKYRIZI ON-BODY 180 MG/1.2 WEAR INJCT | 1/1/2025 |
| SKYRIZI ON-BODY 360 MG/2.4 WEAR INJCT | 1/1/2025 |
| SKYRIZI PEN 150 MG/ML PEN INJCTR | 1/1/2025 |
| SOTYKTU 6 MG TABLET | 1/1/2025 |
| SPEVIGO 150 MG/ML SYRINGE | 1/1/2025 |
| SPEVIGO 450 MG/7.5 VIAL | 1/1/2025 |
| STELARA 130MG/26ML VIAL | 1/1/2025 |
| STELARA 45MG/0.5ML SYRINGE | 1/1/2025 |
| STELARA 45MG/0.5ML VIAL | 1/1/2025 |
| STELARA 90 MG/ML SYRINGE | 1/1/2025 |
| TALTZ AUTOINJECTOR 80 MG/ML AUTO INJCT | 1/1/2025 |
| TALTZ SYRINGE 20 MG/0.25 SYRINGE | 1/1/2025 |
| TALTZ SYRINGE 40MG/0.5ML SYRINGE | 1/1/2025 |

| DRUG NAME | EFFECTIVE DATE |
|---|----------------|
| TALTZ SYRINGE 80 MG/ML SYRINGE | 1/1/2025 |
| TARPEYO 4 MG CAPSULE DR | 1/1/2025 |
| TEZSPIRE 210MG/1.91 PEN INJCTR | 1/1/2025 |
| TEZSPIRE 210MG/1.91 SYRINGE | 1/1/2025 |
| TREMFYA 100 MG/ML AUTO INJCT | 1/1/2025 |
| TREMFYA 100 MG/ML SYRINGE | 1/1/2025 |
| TREMFYA 200 MG/2ML PEN INJCTR | 1/1/2025 |
| TREMFYA 200 MG/2ML SYRINGE | 1/1/2025 |
| TREMFYA 200MG/20ML VIAL | 1/1/2025 |
| TRUXIMA 10 MG/ML VIAL | 1/1/2025 |
| TYENNE 162 MG/0.9 SYRINGE | 1/1/2025 |
| TYENNE 200MG/10ML VIAL | 1/1/2025 |
| TYENNE 400MG/20ML VIAL | 1/1/2025 |
| TYENNE 80 MG/4 ML VIAL | 1/1/2025 |
| TYENNE AUTOINJECTOR 162 MG/0.9 PEN INJCTR | 1/1/2025 |
| TYSABRI 300MG/15ML VIAL | 1/1/2025 |
| VELSIPITY 2 MG TABLET | 1/1/2025 |
| VYNDAMAX 61 MG CAPSULE | 1/1/2025 |
| VYNDAQEL 20 MG CAPSULE | 1/1/2025 |
| XELJANZ 1 MG/ML SOLUTION | 1/1/2025 |
| XELJANZ 10 MG TABLET | 1/1/2025 |
| XELJANZ 5 MG TABLET | 1/1/2025 |
| XELJANZ XR 11 MG TAB ER 24H | 1/1/2025 |
| XELJANZ XR 22 MG TAB ER 24H | 1/1/2025 |
| XOLAIR 150 MG VIAL | 1/1/2025 |
| XOLAIR 150 MG/ML AUTO INJCT | 1/1/2025 |
| XOLAIR 150 MG/ML SYRINGE | 1/1/2025 |
| XOLAIR 300 MG/2ML AUTO INJCT | 1/1/2025 |
| XOLAIR 300 MG/2ML SYRINGE | 1/1/2025 |
| XOLAIR 75MG/0.5ML AUTO INJCT | 1/1/2025 |
| XOLAIR 75MG/0.5ML SYRINGE | 1/1/2025 |
| ZEPOSIA 0.23-0.46 CAP DS PK | 1/1/2025 |
| ZEPOSIA 0.46-0.92 CAP DS PK | 1/1/2025 |
| ZEPOSIA 0.92 MG CAPSULE | 1/1/2025 |
| ZYMFENTRA 120 MG/ML PEN IJ KIT | 1/1/2025 |

| DRUG NAME | EFFECTIVE DATE |
|--|----------------|
| ZYMFENTRA 120 MG/ML SYRINGEKIT | 1/1/2025 |
| Change in Step Therapy Criteria | |
| ADZENYS XR-ODT 12.5 MG TAB RAP BP | 1/1/2025 |
| ADZENYS XR-ODT 15.7 MG TAB RAP BP | 1/1/2025 |
| ADZENYS XR-ODT 18.8 MG TAB RAP BP | 1/1/2025 |
| ADZENYS XR-ODT 3.1 MG TAB RAP BP | 1/1/2025 |
| ADZENYS XR-ODT 6.3 MG TAB RAP BP | 1/1/2025 |
| ADZENYS XR-ODT 9.4 MG TAB RAP BP | 1/1/2025 |
| COTEMPLA XR-ODT 17.3 MG TAB RAP BP | 1/1/2025 |
| COTEMPLA XR-ODT 25.9 MG TAB RAP BP | 1/1/2025 |
| COTEMPLA XR-ODT 8.6 MG TAB RAP BP | 1/1/2025 |
| DYANAVEL XR 10 MG TAB BP 24H | 1/1/2025 |
| DYANAVEL XR 15 MG TAB BP 24H | 1/1/2025 |
| DYANAVEL XR 2.5 MG/ML SUS BP 24H | 1/1/2025 |
| DYANAVEL XR 20 MG TAB BP 24H | 1/1/2025 |
| DYANAVEL XR 5 MG TAB BP 24H | 1/1/2025 |
| QUILLICHEW ER 20 MG TAB CBP24H | 1/1/2025 |
| QUILLICHEW ER 30 MG TAB CBP24H | 1/1/2025 |
| QUILLICHEW ER 40 MG TAB CBP24H | 1/1/2025 |
| QUILLIVANT XR 5 MG/ML SU ER RC24 | 1/1/2025 |
| XELSTRYM 13.5MG/9HR PATCH TD24 | 1/1/2025 |
| XELSTRYM 18 MG/9 HR PATCH TD24 | 1/1/2025 |
| XELSTRYM 4.5 MG/9HR PATCH TD24 | 1/1/2025 |
| XELSTRYM 9 MG/9 HR PATCH TD24 | 1/1/2025 |
| Change to lower tier and change in Step Therapy Criteria | |
| AZSTARYS 26.1-5.2MG CAPSULE | 1/1/2025 |
| AZSTARYS 39.2-7.8MG CAPSULE | 1/1/2025 |
| AZSTARYS 52.3-10.4 CAPSULE | 1/1/2025 |
| JORNAY PM 100 MG CPDR ER SP | 1/1/2025 |
| JORNAY PM 20 MG CPDR ER SP | 1/1/2025 |
| JORNAY PM 40 MG CPDR ER SP | 1/1/2025 |
| JORNAY PM 60 MG CPDR ER SP | 1/1/2025 |
| JORNAY PM 80 MG CPDR ER SP | 1/1/2025 |



Pharmacy Times

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

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