



To: IEHP Provider Network
From: IEHP Pharmaceutical Services
Date: February 6, 2025
Subject: **January 2025: IEHP Covered (CCA) Pharmacy & Therapeutics 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	
EVERSENSE 365 SENSOR EACH	4/1/2025
EVERSENSE 365 TRANSMITTER EACH	4/1/2025
Change in Prior Authorization Criteria	
ADALIMUMAB-ADAZ(CF) 20MG/0.2ML SYRINGE	4/1/2025
ADALIMUMAB-ADAZ(CF) 40MG/0.4ML SYRINGE	4/1/2025
ADALIMUMAB-ADAZ(CF) PEN 40MG/0.4ML PEN INJCTR	4/1/2025
AVSOLA 100 MG VIAL	4/1/2025
BIMZELX 160 MG/ML SYRINGE	4/1/2025
BIMZELX 320 MG/2ML SYRINGE	4/1/2025
BIMZELX AUTOINJECTOR 160 MG/ML AUTO INJCT	4/1/2025
BIMZELX AUTOINJECTOR 320 MG/2ML AUTO INJCT	4/1/2025
CIMZIA 200 MG/ML SYRINGEKIT	4/1/2025
CIMZIA 400 MG KIT	4/1/2025
CIMZIA 400 MG/2ML SYRINGEKIT	4/1/2025
COSENTYX 125 MG/5ML VIAL	4/1/2025
COSENTYX SENSOREADY (2 PENS) 150 MG/ML PEN INJCTR	4/1/2025
COSENTYX SYRINGE 150 MG/ML SYRINGE	4/1/2025
COSENTYX SYRINGE 75MG/0.5ML SYRINGE	4/1/2025
COSENTYX UNOREADY PEN 300 MG/2ML PEN INJCTR	4/1/2025
DUPIXENT PEN 200MG/1.14 PEN INJCTR	4/1/2025
DUPIXENT PEN 300 MG/2ML PEN INJCTR	4/1/2025
DUPIXENT SYRINGE 200MG/1.14 SYRINGE	4/1/2025
DUPIXENT SYRINGE 300 MG/2ML SYRINGE	4/1/2025
ENBREL 25 MG VIAL	4/1/2025
ENBREL 25MG/0.5ML SYRINGE	4/1/2025
ENBREL 25MG/0.5ML VIAL	4/1/2025
ENBREL 50MG/ML (1) SYRINGE	4/1/2025

DRUG NAME	EFFECTIVE DATE
ENBREL MINI 50MG/ML (1) CARTRIDGE	4/1/2025
ENTYVIO 300 MG VIAL	4/1/2025
ENTYVIO PEN 108MG/0.68 PEN INJCTR	4/1/2025
HUMIRA 20MG/0.4ML SYRINGEKIT	4/1/2025
HUMIRA 40MG/0.8ML SYRINGEKIT	4/1/2025
HUMIRA PEN 40MG/0.8ML PEN IJ KIT	4/1/2025
HUMIRA PEN CROHN'S-UC-HS 40MG/0.8ML PEN IJ KIT	4/1/2025
HUMIRA PEN PSOR-UVEITS-ADOL HS 40MG/0.8ML PEN IJ KIT	4/1/2025
HUMIRA(CF) 10MG/0.1ML SYRINGEKIT	4/1/2025
HUMIRA(CF) 20MG/0.2ML SYRINGEKIT	4/1/2025
HUMIRA(CF) 40MG/0.4ML SYRINGEKIT	4/1/2025
HUMIRA(CF) PEDIATRIC CROHN'S 80 MG-40MG SYRINGEKIT	4/1/2025
HUMIRA(CF) PEDIATRIC CROHN'S 80MG/0.8ML SYRINGEKIT	4/1/2025
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	4/1/2025
HUMIRA(CF) PEN 80MG/0.8ML PEN IJ KIT	4/1/2025
HUMIRA(CF) PEN CROHN'S-UC-HS 80MG/0.8ML PEN IJ KIT	4/1/2025
HUMIRA(CF) PEN PEDIATRIC UC 80MG/0.8ML PEN IJ KIT	4/1/2025
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG-40MG PEN IJ KIT	4/1/2025
ILUMYA 100 MG/ML SYRINGE	4/1/2025
INFLECTRA 100 MG VIAL	4/1/2025
Infliximab 100 mg vial	4/1/2025
KALYDECO 13.4 MG GRAN PACK	4/1/2025
KALYDECO 150 MG TABLET	4/1/2025
KALYDECO 25 MG GRAN PACK	4/1/2025
KALYDECO 5.8 MG GRAN PACK	4/1/2025
KALYDECO 50 MG GRAN PACK	4/1/2025
KALYDECO 75 MG GRAN PACK	4/1/2025
NUCALA 100 MG VIAL	4/1/2025
NUCALA 100 MG/ML AUTO INJCT	4/1/2025
NUCALA 100 MG/ML SYRINGE	4/1/2025
NUCALA 40MG/0.4ML SYRINGE	4/1/2025
OMVOH 100 MG/ML SYRINGE	4/1/2025
OMVOH 300MG/15ML VIAL	4/1/2025
OMVOH PEN 100 MG/ML PEN INJCTR	4/1/2025
ORKAMBI 100-125 MG GRAN PACK	4/1/2025
ORKAMBI 100-125 MG TABLET	4/1/2025
ORKAMBI 150-188 MG GRAN PACK	4/1/2025
ORKAMBI 200-125MG TABLET	4/1/2025

DRUG NAME	EFFECTIVE DATE
ORKAMBI 75 MG-94MG GRAN PACK	4/1/2025
OTEZLA 10 MG-20MG TAB DS PK	4/1/2025
OTEZLA 10-20-30MG TAB DS PK	4/1/2025
OTEZLA 20 MG TABLET	4/1/2025
OTEZLA 30 MG TABLET	4/1/2025
RENFLEXIS 100 MG VIAL	4/1/2025
RINVOQ 15 MG TAB ER 24H	4/1/2025
RINVOQ 30 MG TAB ER 24H	4/1/2025
RINVOQ 45 MG TAB ER 24H	4/1/2025
RINVOQ LQ 1 MG/ML SOLUTION	4/1/2025
SILIQ 210 MG/1.5 SYRINGE	4/1/2025
SIMPONI 100 MG/ML PEN INJCTR	4/1/2025
SIMPONI 100 MG/ML SYRINGE	4/1/2025
SIMPONI 50MG/0.5ML PEN INJCTR	4/1/2025
SIMPONI 50MG/0.5ML SYRINGE	4/1/2025
SIMPONI ARIA 50 MG/4 ML VIAL	4/1/2025
SKYRIZI 150 MG/ML SYRINGE	4/1/2025
SKYRIZI 600MG/10ML VIAL	4/1/2025
SKYRIZI ON-BODY 180 MG/1.2 WEAR INJCT	4/1/2025
SKYRIZI ON-BODY 360 MG/2.4 WEAR INJCT	4/1/2025
SKYRIZI PEN 150 MG/ML PEN INJCTR	4/1/2025
SOTYKTU 6 MG TABLET	4/1/2025
STELARA 130MG/26ML VIAL	4/1/2025
STELARA 45MG/0.5ML SYRINGE	4/1/2025
STELARA 45MG/0.5ML VIAL	4/1/2025
STELARA 90 MG/ML SYRINGE	4/1/2025
SYMDEKO 100-150 MG TABLET SEQ	4/1/2025
SYMDEKO 50 MG-75MG TABLET SEQ	4/1/2025
TALTZ AUTOINJECTOR 80 MG/ML AUTO INJCT	4/1/2025
TALTZ SYRINGE 20 MG/0.25 SYRINGE	4/1/2025
TALTZ SYRINGE 40MG/0.5ML SYRINGE	4/1/2025
TALTZ SYRINGE 80 MG/ML SYRINGE	4/1/2025
TREMFYA 100 MG/ML AUTO INJCT	4/1/2025
TREMFYA 100 MG/ML SYRINGE	4/1/2025
TREMFYA 200 MG/2ML SYRINGE	4/1/2025
TREMFYA 200MG/20ML VIAL	4/1/2025
TREMFYA PEN 200 MG/2ML PEN INJCTR	4/1/2025
TRIKAFTA 100-50-75 GRAN PK SQ	4/1/2025

DRUG NAME	EFFECTIVE DATE
TRIKAFTA 100-50-75 TABLET SEQ	4/1/2025
TRIKAFTA 50-25-37.5 TABLET SEQ	4/1/2025
TRIKAFTA 80-40-60MG GRAN PK SQ	4/1/2025
TYSABRI 300MG/15ML VIAL	4/1/2025
VELSIPITY 2 MG TABLET	4/1/2025
VYALEV 12-240/ML VIAL	4/1/2025
XELJANZ 1 MG/ML SOLUTION	4/1/2025
XELJANZ 10 MG TABLET	4/1/2025
XELJANZ 5 MG TABLET	4/1/2025
XELJANZ XR 11 MG TAB ER 24H	4/1/2025
XELJANZ XR 22 MG TAB ER 24H	4/1/2025
XOLAIR 150 MG VIAL	4/1/2025
XOLAIR 150 MG/ML AUTO INJCT	4/1/2025
XOLAIR 150 MG/ML SYRINGE	4/1/2025
XOLAIR 300 MG/2ML AUTO INJCT	4/1/2025
XOLAIR 300 MG/2ML SYRINGE	4/1/2025
XOLAIR 75MG/0.5ML AUTO INJCT	4/1/2025
XOLAIR 75MG/0.5ML SYRINGE	4/1/2025
ZEPOSIA 0.23-0.46 CAP DS PK	4/1/2025
ZEPOSIA 0.46-0.92 CAP DS PK	4/1/2025
ZEPOSIA 0.92 MG CAPSULE	4/1/2025
ZYMFENTRA 120 MG/ML PEN IJ KIT	4/1/2025
ZYMFENTRA 120 MG/ML SYRINGEKIT	4/1/2025
Add Prior Authorization	
EVERSENSE E3 SENSOR-HLDR EACH	7/1/2025
EVERSENSE SENSOR-HOLDER EACH	7/1/2025
Add Prior Authorization, remove Age Limit, remove Quantity Limit, and remove Step Therapy	
Doxycycline IR-DR 40 mg cap IR DR	7/1/2025
Change to higher tier	
BYDUREON BCISE 2MG/0.85ML AUTO INJCT	7/1/2025
BYETTA 10MCG/0.04 PEN INJCTR	7/1/2025
BYETTA 5MCG/0.02 PEN INJCTR	7/1/2025
SYMLINPEN 120 2700/2.7ML PEN INJCTR	7/1/2025
Decrease in Quantity Limit	
Sumatriptan 20 mg spray	7/1/2025
VYZULTA 0.024 % DROPS	7/1/2025