



To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: August 29, 2024

Subject: Additional July 2024 IEHP Covered Pharmacy & Therapeutics Update

Additional July 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	
TANDEM MOBI CARTRIDGE	10/1/2024
Add to formulary with Prior Authorization	
SIMLANDI(CF) AUTOINJECTOR 40MG/0.4ML AUTOINJKIT	10/1/2024
Change in Prior Authorization Criteria	
ALVAIZ 18 MG TABLET	10/1/2024
ALVAIZ 36 MG TABLET	10/1/2024
ALVAIZ 54 MG TABLET	10/1/2024
ALVAIZ 9 MG TABLET	10/1/2024
DOPTELET 20 MG TABLET	10/1/2024
NPLATE 125 MCG VIAL	10/1/2024
NPLATE 250 MCG VIAL	10/1/2024
NPLATE 500 MCG VIAL	10/1/2024
OTEZLA 10 MG-20MG TAB DS PK	10/1/2024
OTEZLA 10-20-30MG TAB DS PK	10/1/2024
OTEZLA 20 MG TABLET	10/1/2024
OTEZLA 30 MG TABLET	10/1/2024
PROMACTA 12.5 MG POWD PACK	10/1/2024
PROMACTA 12.5 MG TABLET	10/1/2024
PROMACTA 25 MG POWD PACK	10/1/2024

PROMACTA 25 MG TABLET	10/1/2024
PROMACTA 50 MG TABLET	10/1/2024
PROMACTA 75 MG TABLET	10/1/2024
SOTYKTU 6 MG TABLET	10/1/2024
TAVALISSE 100 MG TABLET	10/1/2024
TAVALISSE 150 MG TABLET	10/1/2024
Remove Step Therapy	
XCOPRI 25 MG TABLET	10/1/2024
Change in Prior Authorization Criteria	
HUMIRA 10MG/0.2ML SYRINGEKIT	1/1/2025
HUMIRA 20MG/0.4ML SYRINGEKIT	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) PEDIATRIC CROHN'S 80 MG-40MG SYRINGEKIT	1/1/2025
HUMIRA(CF) PEDIATRIC CROHN'S 80MG/0.8ML 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
IBSRELA 50 MG TABLET	1/1/2025
NEULASTA 6 MG/0.6ML SYRINGE	1/1/2025
NEULASTA ONPRO 6 MG/0.6ML SYR W/ INJ	1/1/2025
NYVEPRIA 6 MG/0.6ML SYRINGE	1/1/2025
RELISTOR 12MG/0.6ML SYRINGE	1/1/2025
RELISTOR 12MG/0.6ML VIAL	1/1/2025
RELISTOR 150 MG TABLET	1/1/2025
RELISTOR 8 MG/0.4ML SYRINGE	1/1/2025
STIMUFEND 6 MG/0.6ML SYRINGE	1/1/2025
UDENYCA 6 MG/0.6ML SYRINGE	1/1/2025

UDENYCA AUTOINJECTOR 6 MG/0.6ML AUTO INJCT	1/1/2025
UDENYCA ONBODY 6 MG/0.6ML SYR W/ INJ	1/1/2025
XIFAXAN 550 MG TABLET	1/1/2025
ZIEXTENZO 6 MG/0.6ML SYRINGE	1/1/2025
Change in Step Therapy Criteria	
MOTEGRITY 1 MG TABLET	1/1/2025
MOTEGRITY 2 MG TABLET	1/1/2025
ZELNORM 6 MG TABLET	1/1/2025
Change to lower tier	
CRINONE 4 % GEL/PF APP	1/1/2025
Change to lower tier and remove Prior Authorization Criteria	
VIBERZI 100 MG TABLET	1/1/2025
VIBERZI 75 MG TABLET	1/1/2025
Change to lower tier and remove Step Therapy	
CRINONE 8% GEL/PF APP	1/1/2025
SYMPROIC 0.2 MG TABLET	1/1/2025
TRULANCE 3 MG TABLET	1/1/2025
Remove from formulary	
AMJEVITA(CF) 10MG/0.2ML SYRINGE	1/1/2025
AMJEVITA(CF) 20MG/0.4ML SYRINGE	1/1/2025
AMJEVITA(CF) 40MG/0.8ML SYRINGE	1/1/2025
AMJEVITA(CF) AUTOINJECTOR 40MG/0.8ML AUTO INJCT	1/1/2025
CYLTEZO(CF) 10MG/0.2ML SYRINGEKIT	1/1/2025
CYLTEZO(CF) 20MG/0.4ML SYRINGEKIT	1/1/2025
CYLTEZO(CF) 40MG/0.4ML SYRINGEKIT	1/1/2025
CYLTEZO(CF) 40MG/0.8ML SYRINGEKIT	1/1/2025
CYLTEZO(CF) PEN CROHN'S-UC-HS 40MG/0.8ML PEN IJ KIT	1/1/2025
CYLTEZO(CF) PEN PSORIASIS-UV 40MG/0.4ML PEN IJ KIT	1/1/2025
HYRIMOZ(CF) 10MG/0.1ML SYRINGE	1/1/2025
HYRIMOZ(CF) 20MG/0.2ML SYRINGE	1/1/2025
HYRIMOZ(CF) 40MG/0.4ML SYRINGE	1/1/2025
HYRIMOZ(CF) PEDIATRIC CROHN'S 80 MG-40MG SYRINGE	1/1/2025
HYRIMOZ(CF) PEDIATRIC CROHN'S 80MG/0.8ML SYRINGE	1/1/2025
HYRIMOZ(CF) PEN 40MG/0.4ML PEN INJCTR	1/1/2025
HYRIMOZ(CF) PEN 80MG/0.8ML PEN INJCTR	1/1/2025
HYRIMOZ(CF) PEN CROHN-UC START 80MG/0.8ML PEN INJCTR	1/1/2025

HYRIMOZ(CF) PEN PSORIASIS 80 MG-40MG PEN INJCTR	1/1/2025
Remove Step Therapy	
Fyremadel 250mcg/0.5 subcutane.	1/1/2025

For the updated IEHP Covered Formulary, please visit <https://www.iehp.org/content/dam/iehp-org/en/documents/coveredcalifornia/Formulary.pdf>