

To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: 9/26/2024

Subject: August 2024 Pharmacy & Therapeutics Update

August 2024 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, August 2, 2024. As a reminder, all Medi-Cal prescription formulary decisions are no longer made by IEHP and should be addressed with Medi-Cal Rx directly.

Medicare Formulary Updates

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
baclofen	5 mg tablet, 15 mg tablet	Add to Formulary	07/01/2024
Brukinsa (zanubrutinib)	80 mg capsule	Increase quantity limit, PA for New Start, Quantity Limit	06/01/2024
clindamycin	1% topical gel	Add to Formulary	06/01/2024
Edurant (rilpivirine)	25 mg tablet	Increase quantity limit, Quantity Limit	06/01/2024
Ingrezza (valbenazine)	40 mg capsule, 60 mg capsule, 80 mg capsule	Add to Formulary, PA, Quantity Limit	08/01/2024
Jylamvo (methotrexate)	2 mg/ml oral solution	Add to Formulary, PA for New Start	07/01/2024
Libervant (diazepam)	5 mg buccal film, 7.5 mg buccal film, 10 mg buccal film, 12.5 mg buccal film, 15 mg buccal film	Add to Formulary, PA for New Start	08/01/2024
nitroglycerin	0.4% (w/w) rectal ointment	Add to Formulary	06/01/2024
Oxervate (cenegermin-bkbj)	0.002% eye drops	Increase quantity limit, PA, Quantity Limit	06/01/2024
Relyvrio (sodium phenylbutyrate and taurursodiol)	3 gram-1gram oral powder packet	Remove from Formulary	06/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
theophylline ER	100 mg tablet, extended release, 12 hr. 200 mg tablet, extended release, 12 hr.	Add to Formulary	06/01/2024
varenicline	1 mg tablet (56 pack)	Add to Formulary	08/01/2024
Xcopri (cenobamate)	25 mg tablet	Add to Formulary, Quantity Limit	07/01/2024

Highlights from the Medicare D-SNP formulary additions include Xcopri (cenobamate) and Ingrezza (valbenazine). Xcopri for 25 mg was added to the formulary with quantity limit. All Xcopri strengths are now on the formulary. Ingrezza was added to the formulary with PA and quantity limit. In addition, effective 6/1/2024, Relyvrio was removed from the formulary.

The full Medicare formulary may be found on the IEHP website at:
<https://www.iehp.org/en/browse-plans/dualchoice/prescription-drugs>

Covered California Formulary Updates

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Actemra (tocilizumab)	80 mg/4 ml vial, 200 mg/10 ml vial, 400 mg/20 ml vial, 162 m/0.9 syringe	Change in Prior Authorization Criteria	07/01/2024
Actemra ACTpen (tocilizumab)	162 mg/0.9 pen injctr	Change in Prior Authorization Criteria	07/01/2024
Adbry (tralokinumab-ldrm)	150 mg/ml syringe	Change in Prior Authorization Criteria	07/01/2024
adalimumab-adaz	40 mg/0.4 ml syringe, Pen 40 mg/0.4 ml pen injctr	Change in Prior Authorization Criteria	07/01/2024
Ajovy (fremanezumab)	Autoinjector 225 mg/1.5 auto injct Syringe 225 mg/1.5 syringe	Change in Prior Authorization Criteria	07/01/2024
almotriptan malate	6.25 mg tablet, 12.5 mg tablet	Change in Quantity Limit	07/01/2024
Alvaiz (eltrombopag)	18 mg tablet, 9 mg tablet, 36 mg tablet, 54 mg tablet	Change in Prior Authorization Criteria	07/01/2024
Alyglo (immune globulin intravenous, human-stwk)	10% vial	Change in Prior Authorization Criteria	07/01/2024
Amjevita (adalimumab-atto)	20 mg/0.4 ml syringe, 40 mg/0.8 ml syringe, 10 mg/0.2 ml syringe Autoinjector 40 mg/0.8 ml auto injct	Change in Prior Authorization Criteria	07/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Amvuttra (vutrisiran)	25 mg/0.5 ml syringe	Change in Prior Authorization Criteria	07/01/2024
Avsola (infliximab-axxq)	100 mg vial	Change in Prior Authorization Criteria	07/01/2024
Bivigam (immune Globulin Intravenous (Human))	10% vial	Change in Prior Authorization Criteria	07/01/2024
Brukinsa (Zanubrutinib)	80 mg capsule	Change in Prior Authorization Criteria	07/01/2024
Bylvay (odevixibat)	200 mcg Pel DSP CP, 600 mcg Pel DSP CP, 400 mcg capsule, 1200 mcg capsule	Change in Prior Authorization Criteria	07/01/2024
carvedilol ER	10 mg cpmp 24 hrs., 20 mg cpmp 24 hr. 40 mg cpmp 24 hrs., 80 mg cpmp 24 hr.	Add Quantity Limit	07/01/2024
Cibinqo (abrocitinib)	50 mg tablet, 100 mg tablet, 200 mg tablet	Change in Prior Authorization Criteria	07/01/2024
Cimzia (certolizumab)	400 mg kit 400 mg/2 ml syringe kit	Change in Prior Authorization Criteria	07/01/2024
Cyltezo (adalimumab-adbm)	40 mg/0.8. ml syringe kit, 10 mg/0.2 ml syringe kit, 20 mg/0.4 ml syringe kit Pen 40 mg/0.8 ml pen injctr kit	Change in Prior Authorization Criteria	07/01/2024
Doptelet (avatrombopag)	20 mg tablet	Change in Prior Authorization Criteria	07/01/2024
Dupixent (dupilumab)	300 mg/2 ml pen injctr, 200 mg /1.14 pen injctr	Change in Prior Authorization Criteria	07/01/2024
Dupixent (dupilumab)	300 mg/2 ml syringe, 200 mg/1.14 syringe, 100 mg/0.67 syringe	Change in Prior Authorization Criteria	07/01/2024
eletriptan HBR	20 mg tablet, 40 mg tablet	Change in Quantity Limit	07/01/2024
Enbrel (etanercept)	50 mg/ml (1) syringe, 25 mg/0.5 ml vial, 25 mg vial, 25 mg/0.5 ml syringe, Mini 50 mg/ml (1) cartridge	Change in Prior Authorization Criteria	07/01/2024
fesoterodine fumarate ER	4 mg tab er 24h., 8 mg tab er 24h	Add Quantity Limit	07/01/2024
Flebogamma DIF (immune Globulin Intravenous (Human))	5% vial, 10% vial	Change in Prior Authorization Criteria	07/01/2024
Gammaked (immune Globulin Intravenous (Human))	1 g/10 ml vial, 2.5 g/25 ml vial, 5 g/ 50 ml vial, 10 g/100 ml vial, 20 g/200 ml vial	Change in Prior Authorization Criteria	07/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Gamunex-C (immune Globulin Intravenous (Human))	40 g/400 ml vial	Change in Prior Authorization Criteria	07/01/2024
Gelnique (oxybutynin)	10% gel packet 100 mg/g gel MD PMP	Add Quantity Limit	07/01/2024
Humira (adalimumab)	40 mg/0.8 ml syringe kit, 10 mg/0.2 ml syringe kit, 20 mg/0.4 ml syringe kit Pediatric Crohn's, 40 mg/0.8 ml syringe kit Pen, 40 mg/0.8 ml pen injctr kit Crohn's-UC-HS 40 mg/0.8 ml pen injctr kit PSOR-UVEITS-ADOL HS 40 mg/0.8 ml pen injctr kit	Change in Prior Authorization Criteria	07/01/2024
Humira (CF) (adalimumab)	40 mg/0.4 ml syringe kit, 10 mg/0.1 ml syringe kit, 20 mg/0.2 ml syringe kit Pediatric Crohn's 80 mg/0.8 ml syringe kit Pediatric Crohn's 80 mg-40 mg syringe kit Pen 40 mg/0.4 ml pen injctr kit Pen 80 mg/0.8 ml pen injctr kit Pen Crohn's-UC-HS 80 mg/0.8 ml pen injctr kit Pen Pediatric UC 90 mg/0.8 ml pen injctr kit Pen PSOR-UV-ADOL HS 80 mg-40 mg pen injctr kit	Change in Prior Authorization Criteria	07/01/2024
Hyrimoz (adalimumab-adaz)	20 mg/0.2 ml syringe 40 mg/0.4 ml syringe 10 mg/0.1 ml syringe Pediatric Crohn's 80 mg-40mg syringe Pediatric Crohn's 80 mg/0.8ml syringe Pen 40 mg/0.4 ml pen injctr Pen 80 mg/0.8 ml pen injctr Pen Crohn's-UC Start 80 mg/0.8 ml pen injctr Pen Psoriasis 80 mg-40mg pen injctr	Change in Prior Authorization Criteria	07/01/2024
Ilaris (canakinumab)	150 mg/ml vial	Change in Prior Authorization Criteria	07/01/2024
Inflixtra (infliximab-dyyb)	100 mg vial	Change in Prior Authorization Criteria	07/01/2024
Ingrezza (valbenazine)	40 mg capsule, 80 mg capsule, 60 mg capsule, Initiation Pack 40 mg-80 mg CAP DS pk	Change in Prior Authorization Criteria	07/01/2024
Litfulo (ritlecitinib)	50 mg capsule	Change in Prior Authorization Criteria	07/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Livmarli (maralixibat)	9.5 mg/ml solution	Change in Prior Authorization Criteria	07/01/2024
Myrbetriq (mirabegron extended-release tablets)	25 mg tab ER 24H, 50 mg tab ER 24H	Add Quantity Limit	07/01/2024
Ngenla (somatrogon-ghla)	24 mg/1.2 ml pen injctr, 60 mg/1.2 ml pen injctr	Change in Prior Authorization Criteria	07/01/2024
nitrofurantoin	25 mg / 5 ml oral susp	Add Prior Authorization	07/01/2024
Nplate (romiplostim)	500 mcg vial, 250 mcg vial, 125 mcg vial	Change in Prior Authorization Criteria	07/01/2024
Nucala (mepolizumab)	100 mg vial, 100 mg/ml syringe, 100 mg/ml auto injct, 40 mg/0.4 ml syringe	Change in Prior Authorization Criteria	07/01/2024
Ocaliva (obeticholic acid)	5 mg tablet, 10 mg tablet	Change in Prior Authorization Criteria	07/01/2024
Onpattro (patisiran)	10 mg/5 ml vial	Change in Prior Authorization Criteria	07/01/2024
Otezla (apremilast)	30 mg tablet, 10-20-30 mg tab DS PK	Change in Prior Authorization Criteria	07/01/2024
Onzetra Xsail (sumatriptan)	11 mg AER POW BA	Change in Quantity Limit	07/01/2024
Promacta (eltrombopag)	25 mg tablet, 50 mg tablet, 75 mg tablet, 12.5 mg tablet, 25 mg powd pack, 12.5 mg powd pack	Change in Prior Authorization Criteria	07/01/2024
remicade	100 mg vial	Change in Prior Authorization Criteria	07/01/2024
Renflexis (infliximab-abda)	100 mg vial	Change in Prior Authorization Criteria	07/01/2024
Rexulti (brexpiprazole)	0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 0.5 mg-1mg tab DS Pk, 1mg-2mg tab DS PK	Remove Step Therapy	07/01/2024
Rinvoq (upadacitinib)	15 mg Tab ER 24h., 30 mg Tab ER 24h., 45 mg Tab ER 24h.	Change in Prior Authorization Criteria	07/01/2024
Rhopressa (netarsudil)	0.0002 OPTHALMIC	Change in Quantity Limit	07/01/2024
rizatriptan	5 mg tablet, 10 mg tablet, 5 mg tab rapdis, 10 mg tab rapdis	Change in Quantity Limit	07/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Saxenda (liraglutide [rDNA origin] injection)	3 mg/0.5 ml pen injctr	Change in Prior Authorization Criteria	07/01/2024
Simponi (golimumab)	50 mg/0.5 ml pen injctr, 50 mg/0.5 ml syringe, 100 mg/ml syringe, 100 mg/ ml Pen injctr, Aria 50 mg/4 ml vial	Change in Prior Authorization Criteria	07/01/2024
Skyrizi (risankizumab-rzaa)	75 mg/0.83 syringe, 150 mg/ml syringe, 600 mg/10 ml vial (2 syringes) kit 150 mg/1.66 syringe kit On-Body 360 mg/2.4 wear injct On-Body 180 mg/1.2 wear injct Pen 150 mg/ml pen injctr	Change in Prior Authorization Criteria	07/01/2024
Sogroya (somapacitan-beco)	10 mg/1.5 ml pen injctr, 5 mg/1.5 ml pen injctr, 15 mg/1.5 ml pen injctr	Change in Prior Authorization Criteria	07/01/2024
Sotyktu (deucravacitinib)	6 mg tablet	Change in Prior Authorization Criteria	07/01/2024
Stelara (ustekinumab)	45 mg/0.5 ml vial, 45 mg/0.5 ml syringe, 90mg/ml syringe, 130 mg/26 ml vial	Change in Prior Authorization Criteria	07/01/2024
sumatriptan	5 mg spray, 20 mg spray	Change in Quantity Limit	07/01/2024
sumatriptan succinate	100 mg tablet, 4 mg/0.5ml pen injctr. 4 mg/0.5ml cartridge, 6 mg/0.5ml syringe, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6mg/0.5ml vial	Change in Quantity Limit	07/01/2024
sumatriptan succinate-naproxen sodium	85 mg-500 mg tablet	Change in Quantity Limit	07/01/2024
tadalafil	10 mg oral, 20 mg oral	Add Quantity Limit	07/01/2024
Taltz (ixekizumab)	Autoinjector 80 mg/ml auto injct Syringe 80 mg / ml syringe	Change in Prior Authorization Criteria	07/01/2024
Tavalisse (fostamatinib disodium hexahydrate)	100 mg tablet, 150 mg tablet	Change in Prior Authorization Criteria	07/01/2024
Tegsedi (inotersen)	284 mg/1.5 syringe	Change in Prior Authorization Criteria	07/01/2024
Tosymra (sumatriptan)	10 mg spray	Change in Quantity Limit	07/01/2024
Tremfya (guselkumab)	100 mg/ml syringe, 100 mg/ml auto injct	Change in Prior Authorization Criteria	07/01/2024
Udenyca (pegfilgrastim-cbqv)	6 mg/0.6 ml syr w/inj	Change in Prior Authorization Criteria	07/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Vemlidy (tenofovir alafenamide)	25 mg tablet	Remove Step Therapy	07/01/2024
Voquezna (vonoprazan)	20 mg tablet, 10 mg tablet	Change in Prior Authorization Criteria	07/01/2024
Vyepti (eptinezumab-jjmr)	100 mg/ml vial	Change in Prior Authorization Criteria	07/01/2024
Wainua (eplontersen)	45 mg/0.8 ml auto injct	Change in Prior Authorization Criteria	07/01/2024
Wegovy (semaglutide)	0.25 mg/0.5 pen injctr, 0.5 mg/.5 ml pen injctr, 1 mg/0.5 ml pen injctr, 1.7 mg/0.75 pen injctr, 2.4 mg/0.75 pen injctr	Change in Prior Authorization Criteria	07/01/2024
Xeljanz (tofacitinib)	5mg tablet, 10mg tablet, 1 mg/ml solution, XR 11 mg tab ER 24h, XR 22 mg tab ER 24h	Change in Prior Authorization Criteria	07/01/2024
Xolair (omalizumab)	75 mg/0.5 ml syringe, 150 mg/ml syringe, 75 mg/0.5 ml auto injct, 150 mg/ml auto injct, 300 mg/2 ml syringe, 300 mg/2 ml auto injct, 150 mg vial	Change in Prior Authorization Criteria	07/01/2024
Zembrace SymTouch (sumatriptan succinate)	3 mg/0.5 ml pen injctr	Change in Quantity Limit	07/01/2024
Zepbound (tirzepatide)	15 mg/0.5 ml pen injctr, 12.5 mg/0.5 pen injctr, 10 mg/0.5ml pen injctr, 7.5 mg/0.5 pen injctr, 5 mg/0.5 ml pen injctr, 2.5 mg/0.5 pen injctr	Change in Prior Authorization Criteria	07/01/2024
Zeposia (ozanimod)	0.92 mg capsule, 0.23-0.46 CAP DS PK, 0.23-0.92 CAP DS PK, 0.46-0.92 CAP DS PK	Change in Prior Authorization Criteria	07/01/2024
zolmitriptan	5 mg spray, 2.5 mg spray, 2.5 mg tablet, 5mg tablet	Change in Quantity Limit	07/01/2024
zolmitriptan ODT	5 mg tab rapdis, 2.5 mg tab rapdis	Change in Quantity Limit	07/01/2024
Zulresso (brexanolone)	100 mg / 20 ml vial	Add Prior Authorization	07/01/2024
Zymfentra (infliximab-dyyb)	120 mg/ml syringe kit 120 mg/ml pen injct kit	Change in Prior Authorization Criteria	07/01/2024

The full Covered California formulary may be found on the IEHP website at:
<https://www.iehp.org/en/browse-plans/covered-california/prescription-drugs>

Pharmacy Utilization Management Updates

There were no policies presented for this quarter. However, the policies from previous P&Ts are listed below to provide clarification on the Line of Businesses covered.

Pharmacy Policy	Recommendation	P&T Date	Clarification
IEHP Drug Prior Authorization Policy	Renew	November 2023	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Non-Formulary Drug	Renew	November 2023	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
High Daily Morphine Milligram Equivalent	Renew	November 2023	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Quantity Limit Policy	Renew	November 2023	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Drug Trial and Failure	Update	November 2023	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Pharmacy and Therapeutics Subcommittee	Update	February 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Discharge Policy	Update	February 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Intradialytic Parental Nutrition (IDPN) Policy	Update	February 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Off-Label Indication Policy	Update	February 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)

Nine Medi-Cal Medical Drug Benefit Drug Classes have been reviewed along with corresponding Prior Authorization Criteria. The Prior Authorization Criteria were presented to the P&T Subcommittee Members with the recommendation to retire and to update general verbiage.

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
Biologics & Immunological Agents	RASBURICASE	RETIRE
	ALGLUCOSIDASE ALFA	UPDATE: "Request is to be reviewed following the IEHP UM Hierarchy as applicable, including but not limited to: Medi-Cal Provider Manual (MCPM), National Comprehensive Cancer Network (NCCN) drug and Biologics Compendium, IBM Watson Health Products (Micromedex)."
	DENOSUMAB	
	ECULIZUMAB	
	INFLIXIMAB	
	IVIG	
	OCRELIZUMAB	
	OMALIZUMAB	
	RITUXIMAB	
Central Nervous System (CNS)	ABOBOTULINUMTOXINA	
	INCOBOTULINUMTOXINA	
	ONABOTULINUMTOXINA	
	RIMABOTULINUMTOXINB	
Musculoskeletal & Pain	HYALURONAN	
Oncology	ANTINEOPLASTIC	
	CAR-T	
Endocrine & Hormones	HP ACTHAR	
Eye, Ear, Nose, Throat (EENT)	AFLIBERCEPT	
	TEPROTUMUMAB	
Hematological	EPOETIN	
	INTRAVENOUS IRON	
	LUSPATERCEPT	
	ROMIPLOSTIM	
Respiratory	MEPOLIZUMAB	
Miscellaneous	NUSINERSEN	

Update to service code

Code	Drug Description	Change	Effective Date
J2783	Injection, rasburicase, 0.5 mg	Remove	07/01/2024
J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg	Add	07/01/2024
J1010	Injection, methylprednisolone acetate, 1 mg	Add	07/01/2024
J2919	Injection, methylprednisolone sodium succinate, 5 mg	Add	07/01/2024

Drug Utilization Review (DUR) Updates

IEHP reviewed two DUR reports which include Controlling Blood Pressure (CBP) and Medication Adherence for Diabetes, Hypertension, and Cholesterol. We will continue to work on quality measures throughout the remainder of the year and collaborate with providers to optimize better outcomes.

The next IEHP P&T Subcommittee Meeting is Friday, November 1, 2024.