

To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: 12/17/2024

Subject: November 2024 Pharmacy & Therapeutics Update

November 2024 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, November 1, 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
Acthar Gel Selfject	40 unit/0.5 ml subcutaneous pen injector 80 unit/ml subcutaneous pen injector	Add to Formulary, PA	10/01/2024
Drizalma sprinkle (duloxetine delayed-release capsules)	20 mg capsule, delayed release 30 mg capsule, delayed release 40 mg capsule, delayed release 60 mg capsule, delayed release	Add to Formulary, PA for New Start, Quantity Limit	10/01/2024
Entresto sprinkle (sacubitril and valsartan)	15mg-16mg oral pellet, 6mg-6mg oral pellet	Add to Formulary, Quantity Limit	10/01/2024
Gavilyte-N	420 gram oral solution	Add to Formulary	11/01/2024
glutamine (sickle cell)	5 gram oral powder packet	Add to Formulary, PA, Quantity Limit	10/01/2024
ivabradine	5 mg tablet, 7.5 mg tablet	Add to Formulary, PA, Quantity Limit	10/01/2024
mResvia (PF)	50 mcg/0.5 ml intramuscular syringe	Add to Formulary	11/01/2024
naloxone	0.4 mg/ml injection syringe (prefilled syringe)	Add to Formulary	10/01/2024
Ogsiveo (nirogacestat)	100 mg tablet, 150 mg tablet	Add to Formulary, PA for New Start, Quantity Limit	09/01/2024
Ojemda (tovorafenib)	25 mg/ml oral suspension, 500 mg/week (100 mg x 5) tablet	Add to Formulary, PA for New Start, Quantity Limit	09/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
Ojemba (tovorafenib)	400 mg/week (100 mg x 4) tablet 600 mg/week (100 mg x 6) tablet	Add to Formulary, PA for New Start, Quantity Limit	11/01/2024
Otezla (apremilast)	20 mg tablet Starter 10 mg (4)-20mg (51) tablets in a dose pack	Add to Formulary, PA	11/01/2024
Retevmo (selpercatinib)	120 mg tablet, 160 mg tablet, 40 mg tablet, 80 mg tablet	Add to Formulary, PA for New Start, Quantity Limit	11/01/2024
Sancuso (granisetron transdermal system)	3.1 mg/24 hour transdermal patch	Add to Formulary	11/01/2024
Scemblix (asciminib)	100 mg tablet	Add to Formulary, PA for New Start, Quantity Limit	09/01/2024
Taltz (ixekizumab)	Syringe 20 mg/0.25 ml subcutaneous syringe Syringe 40 mg/0.5 ml subcutaneous syringe	Add to Formulary, PA	11/01/2024
Torpenz (everolimus)	10 mg tablet, 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet	Add to Formulary, PA for New Start, Quantity Limit	10/01/2024
Tridacaine II (lidocaine)	5% topical patch	Add to Formulary, PA, Quantity Limit	10/01/2024
Vaxchora (live vaccine)	4X10EXP8 to 2X10EXP9 CF unit oral suspension	Add to Formulary	11/01/2024
Vigafyde (vigabatrin)	100 mg/ml oral solution	Add to Formulary	11/01/2024

Highlights from the Medicare D-SNP formulary additions include Scemblix (asciminib) and ivabradine. Scemblix is a new 100 mg tablet strength to accommodate higher dosing and reduce pill burden. All strengths of Scemblix are on formulary effective on 9/1/2024. Ivabradine, the generic for Corlanor, is added to the formulary for treatment of heart failure in adult patients effective on 10/1/2024.

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)	162 mg/0.9 syringe, 200 mg/10ml vial, 400 mg/20ml vial, 80 mg/4 ml vial, Actpen 162 mg/0.9 pen injctr	Change in Prior Authorization Criteria	01/01/2025
Adbry (tralokinumab-ldrm)	150 mg/ml syringe	Change in Prior Authorization Criteria	10/01/2024
Alvaiz (eltrombopag tablets)	18 mg tablet, 36 mg tablet, 54 mg tablet, 9 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Amjevita (adalimumab-atto)	(CF) 10 mg/0.2 ml syringe, (CF) 20mg/0.4 ml syringe, (CF) 40mg/0.8 ml syringe, (CF) Autoinjector 40 mg/ 0.8 ml auto injct	Remove from Formulary	01/01/2025
Aptiom (eslicarbazepine acetate)	200 mg tablet, 400 mg tablet, 600 mg tablet, 800 mg tablet	Remove Step Therapy	10/01/2024
Austedo (deutetrabenazine)	XR 12 mg tab ER 24h, XR 24 mg tab ER 24h, XR 6 mg tab ER 24h	Change in Prior Authorization Criteria	10/01/2024
Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride)	45 mg – 105 mg tab IR ER	Remove Prior Authorization and Add Step Therapy	10/01/2024
Bijuva (estradiol and progesterone)	0.5 – 100 mg capsule 1 mg – 100 mg capsule	Change to lower tier and Remove Step Therapy	10/01/2024
BP 10-1 (sodium sulfacetamide)	10% - 1% cleanser	Remove from Formulary	01/01/2025
Cibinqo (abrocitinib)	100 mg tablet, 200 mg tablet, 50 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Cinryze (C1 esterase inhibitor)	500 (5 ml) vial	Change in Prior Authorization Criteria	10/01/2024
Climara Pro (estradiol/levonorgestrel Transdermal System)	45 – 15 / 24h patch	Add Step Therapy	01/01/2025
Crinone (progesterone gel)	4% gel/pf app	Change to lower tier	01/01/2025
Crinone (progesterone gel)	8% gel/pf app	Change to lower tier and Remove Step Therapy	01/01/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Cyltezo (adalimumab-adbm)	(CF) 10 mg / 0.2 ml syringe kit, (CF) 20 mg / 0.4 ml syringe kit, (CF) 40 mg / 0.4 ml syringe kit, (CF) 40 mg / 0.8 ml syringe kit (CF) Pen Crohn's-UC-HS 40 mg/0.8ml pen IJ kit (CF) Pen Psoriasis-UV 40 mg/ 0.4 ml pen IJ kit	Remove from Formulary	01/01/2025
Doptelet (avatrombopag)	20 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Dupixent (dupilumab)	Pen 200 mg/1.14 pen injctr Pen 300 mg/2 ml pen injctr Syringe 100 mg/0.67 syringe Syringe 200 mg/1.14 syringe Syringe 300 mg/2ml syringe	Change in Prior Authorization Criteria	10/01/2024
Empaveli (pegcetacoplan)	1080 mg/20 vial	Change in Prior Authorization Criteria	10/01/2024
estradiol	0.25 / 0.25g gel packet, 0.5 mg / 0.5g gel packet, 0.75 / 0.75g gel packet, 1 mg/gram gel packet, 1.25 / 1.25g gel packet	Add Step Therapy	01/01/2025
Estrogel (estradiol gel)	1.25 g gel MD PMP	Change in Step Therapy Criteria	01/01/2025
Eucrisa (crisaborole)	2% oint. (G)	Change in Step Therapy Criteria	10/01/2024
Fetzima (levomilnacipran)	120 mg Cap SA 24h, 20 mg Cap SA 24h, 20 mg - 40 mg Cap 24h DSPK 40 mg Cap SA 24h, 80 mg Cap SA 24h	Remove Step Therapy	10/01/2024
Fabhalta (iptacopan)	200 mg capsule	Change in Prior Authorization Criteria	10/01/2024
Fycompa (perampanel)	10 mg tablet, 12 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet, 8 mg tablet	Change to lower tier and Remove Step Therapy	10/01/2024
Fyremadel (ganirelix acetate)	250mcg / 0.5 subcutane	Remove Step Therapy	01/01/2025
Gattex (teduglutide)	5 mg kit	Change in Prior Authorization Criteria	10/01/2024
Haegarda (C1 esterase inhibitor subcutaneous [Huma])	2000 unit vial, 3000 unit vial	Change in Prior Authorization Criteria	10/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Humira (adalimumab)	10mg/0.2 ml syringe kit 20 mg/0.4 ml syringe kit 40 mg/0.8 ml syringe kit Pediatric Crohn's 40 mg/0.8ml syringe kit Pen 40 mg/0.8 ml pen IJ kit, Pen Crohn's-UC-HS 40 mg/0.8 ml pen IJ kit Pen Psor-Uveits-Adol HS 40 mg/0.8 ml pen IJ kit (CF) 10 mg/ 0.1 ml syringe kit (CF) 20 mg/0.2 ml syringe kit (CF) Pediatric Crohn's 80 mg - 40mg syringe kit (CF) Pediatric Crohn's 80 mg/0.8 ml syringe kit (CF) Pen 40 mg/0.4 ml pen IJ kit (CF) Pen 80 mg/ 0.8 l pen IJ kit (CF) Pen Crohn's-UC-HS-80 mg / 0.8 ml pen IJ Kit (CF) Pen Pediatric UC 80 mg / 0.8 ml pen IJ kit (CF) Pen Psor-Uv-Adol HS 80 mg- 40 mg pen IJ kit	Change in Prior Authorization Criteria	01/01/2025
Hyrimoz (adalimumab-adaz)	(CF) 10 mg/0.1 ml syringe, (CF) 20 mg/0.2 ml syringe, (CF) 40 mg/0.4 ml syringe, (CF) Pediatric Crohn's 80mg-40mg syringe (CF) Pediatric Crohn's 80mg/0.8ml syringe (CF) Pen 40 mg / 0.4 ml pen injctr (CF) Pen 80 mg/ 0.8 ml pen injctr (CF) Pen Crohn-UC Start 80mg/0.8ml pen injctr (CF) Pen Psoriasis 80 mg-40mg pen injctr	Remove from Formulary	01/01/2025
Ibsrela (tenapanor)	50 mg tablet	Change in Prior Authorization Criteria	01/01/2025
Imbruvica (ibrutinib)	140 mg capsule, 140 mg tablet, 280 mg tablet, 420 mg tablet, 70 mg capsule, 70 mg/ml oral susp	Change in Prior Authorization Criteria	10/01/2024
Inpen (for Humalog (insulin lispro))	Insulin pen	Change to lower tier	10/01/2024
Inpen (for Novolog or Fiasp (insulin aspart injection))	Insulin pen	Change to lower tier	10/01/2024
Jakafi (ruxolitinib)	10 mg tablet, 15 mg tablet, 20 mg tablet, 25 mg tablet, 5 mg tablet	Change in Prior Authorization Criteria	10/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Kevzara (sarilumab)	150 mg/1.14 pen injctr, 150 mg/1.14 syringe, 200 mg/1.14 pen injctr, 200 mg/1.14 syringe	Change in Prior Authorization Criteria	10/01/2024
Miebo (perfluorohexyloctane ophthalmic solution)	100% drops	Change to lower tier and Remove Prior Authorization Criteria	10/01/2024
Motegrity (prucalopride)	1 mg tablet, 2 mg tablet	Change in Step Therapy Criteria	01/01/2025
Neulasta (pegfilgrastim)	6 mg / 0.6 ml syringe Onpro 6 mg/ 0.6 ml syr w/inj	Change in Prior Authorization Criteria	01/01/2025
Non-Preferred Test Strips	Test Strip	Change in Step Therapy Criteria	10/01/2024
Nplate (romiplostim)	125 mcg vial, 250 mcg vial, 500 mcg vial	Change in Prior Authorization Criteria	10/01/2024
Nyvepria (pegfilgrastim-apgf)	6 mg / 0.6 ml siringe	Change in Prior Authorization Criteria	01/01/2025
OneTouch Ultra Test Strip	Test Strip	Change to lower tier and Remove Step Therapy	10/01/2024
Opzelura (ruxolitinib)	1.50% Cream (G)	Change in Prior Authorization Criteria	10/01/2024
Orladeyo (berotralstat)	110 mg capsule, 150 mg capsule	Change in Prior Authorization Criteria	10/01/2024
orlistat	120 mg capsule	Change in Prior Authorization Criteria	10/01/2024
Otezla (apremilast)	10 mg-20mg tab DS Pk, 10-20-30mg tab DS Pk, 20 mg tablet, 30 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Phospholine Iodide (echothiophate iodide)	0.13% drops	Change in higher tier	01/01/2025
Praluent Pen (alirocumab)	150 mg ml pen injctr, 75 mg / ml pen injctr	Change in higher tier	01/01/2025
Promacta (eltrombopag)	12.5 mg powd pack, 12.5 mg tablet, 25 mg powd pack, 25 mg tablet, 50 mg tablet, 75 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Qsymia (phentermine and topiramate extended-release capsules)	11.25 - 69 mg CPMP 24hr, 15 mg - 92 mg CPMP 24hr, 3.75 - 23 mg CPMP 24hr, 7.5 mg - 46mg CPMP 24hr	Change in Prior Authorization Criteria	10/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Relistor (methylnaltrexone bromide)	12 mg / 0.6 ml syringe, 12 mg / 0.6 ml vial, 150 mg tablet, 8 mg / 0.4 ml syringe	Change in Prior Authorization Criteria	01/01/2025
Rezurock (belumosudil)	200 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Rosula (sodium sulfacetamide)	10% - 5% med. Pad	Remove from Formulary	01/01/2025
Rytary (carbidopa and levodopa)	23.75 - 95 mg capsule ER, 36.25 - 145 capsule ER, 48.75 - 195 capsule ER, 61.25 - 245 capsule ER	Change in Step Therapy Criteria	10/01/2024
Saxenda (liraglutide)	3 mg/0.5 ml pen injctr	Change in Prior Authorization Criteria	10/01/2024
Scemblix (asciminib)	20 mg tablet, 40 mg tablet	Change in Prior Authorization Criteria	10/01/2024
sertraline hcl	150 mg capsule, 200 mg capsule	Change in higher tier	01/01/2025
Simlandi (CF) Autoinjector (adalimumab-ryvk)	50 mg / 0.4 ml autoinjector kit	Add to Formulary with Prior Authorization	10/01/2024
Sivextro (tedizolid phosphate)	200 mg tablet	Add Prior Authorization, Remove Quantity Limit, and Remove Step Therapy	01/01/2025
sodium sulfacetamide-sulfur	9% - 4.5% cleanser	Add to Formulary	10/01/2024
sodium sulfacetamide-sulfur	10% - 2% cream (g), 10% - 4% med. Pad, 10-5% (w/v) lotion, 10-5% (w/w) lotion, 10-5% (w/w) suspension, 9.8% - 4.8% cream (g), 9.8%-4.8% loti+p5+q32	Remove from Formulary	01/01/2025
Soliris (eculizumab)	300 mg / 30 ml vial	Change in Prior Authorization Criteria	10/01/2024
Sotyktu (deucravacitinib)	6 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Spevigo (spesolimab-sbzo)	150 mg/ml syringe	Change in Prior Authorization Criteria	10/01/2024
SSS 10-5 (sodium sulfacetamide)	10% - 5% foam, 10-5% (w/w) cream (g)	Remove from Formulary	01/01/2025
Stimufend (pegfilgrastim-fpgk)	6 mg / 0.6 ml syringe	Change in Prior Authorization Criteria	01/01/2025
sulfacetamide sodium-sulfur	8% - 4 % cleanser	Add to Formulary	10/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Symproic (naldemedine)	0.2 mg tablet	Change to lower tier and Remove Step Therapy	01/01/2025
Takhzyro (lanadelumab-flyo)	150 mg/ml syringe, 300 mg/2ml syringe, 300 mg/2 ml vial	Change in Prior Authorization Criteria	10/01/2024
Tandem Mobi Cartridge		Add to Formulary	10/01/2024
Tandem Mobi System Each		Add to Formulary with Prior Authorization	10/01/2024
Tavalisse (fostamatinib disodium hexahydrate)	100 mg tablet, 150 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Trintellix (vortioxetine)	10 mg tablet, 20 mg tablet, 5 mg tablet	Remove Step Therapy	10/01/2024
Trulance (plecanatide)	3 mg tablet	Change to lower tier and Remove Step Therapy	01/01/2025
Tyenne (tocilizumab-aazg)	162 mg/0.9 syringe 200 mg/10 ml vial 400 mg/20 ml vial 80 mg/4 ml vial Autoinjector 162 mg/0.9 pen injector	Add to Formulary with Prior Authorization	10/01/2024
Tyrvaya (varenicline solution)	0.03/spray spray metr	Change to lower tier and Change in Prior Authorization Criteria	10/01/2024
Udenyca (pegfilgrastim-cbqv)	6 mg / 0.6 ml syringe, auto injector 6 mg / 0.6 ml auto injct onbody 6 mg / 0.6 ml syr w/inj	Change in Prior Authorization Criteria	01/01/2025
Ultomiris (ravulizumab-cwvz)	1100 mg/11 vial, 300 mg/3 ml vial	Change in Prior Authorization Criteria	10/01/2024
Veozah (fezolinetant)	45 mg Tablet	Remove Prior Authorization	10/01/2024
Viberzi (eluxadoline)	100 mg Tablet, 75 mg Tablet	Change to lower tier and Remove Prior Authorization Criteria	01/01/2025
Voydeya (danicopan)	100 mg tablet, 150 mg tablet	Change in Prior Authorization Criteria	10/01/2024
Xcopri (cenobamate tablets)	100 mg tablet, 12.5 – 25 mg tab DS pk 150 mg tablet, 150 – 200 mg tab DS pk, 200 mg tablet, 25 mg tablet, 250 mg/day tablet, 350 mg/day tablet, 50 mg tablet, 50 mg – 100 mg tab DS pk	Remove Step Therapy	10/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Xifaxan (rifaximin)	550 mg tablet	Change in Prior Authorization Criteria	01/01/2025
Zelnorm (tegaserod)	6 mg tablet	Change in Step Therapy Criteria	01/01/2025
Ziextenzo (pegfilgrastim-bmez)	6 mg / 0.6 ml syringe	Change in Prior Authorization Criteria	01/01/2025
Zurzuvae (zuranolone)	20 mg capsule, 25 mg capsule, 30 mg capsule	Change in higher tier	01/01/2025

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

This quarter, seven IEHP Pharmacy Policies were presented to the P&T subcommittee for their approval. The policies were submitted with the recommendation to update with the exception of one to retire.

Pharmacy Policy	Recommendation	P&T Date	Clarification
Drug Trial and Failure	Update	November 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
High Daily Morphine Milligram Equivalent	Update	November 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
IEHP Drug Prior Authorization	Update	November 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Non-Formulary Drug	Update	November 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Non-Sterile Compounded Medication	Update	November 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)
Pharmacy Drug Management Program for Pain	Retire	November 2024	Retired policy as duplicative with Provider Manual Policy MA_11_0.
Quantity Limit	Update	November 2024	Updated to All Lines of Business (Medi-Cal, Medicare, Covered California)

Four 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 no recommended changes.

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
Anti-infectives	(No PA Group)	(N/A)
Dermatological	(No PA Group)	(N/A)
Gastrointestinal	HP Acthar	No Change
Misc.	Nusinersen	No Change

Update to service code

Code	Drug Description	Change	Effective Date
J2003	Injection, lidocaine hydrochloride, 1 mg	Add	12/01/2024
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg (code deleted effected 9/30/2024)	Remove	12/01/2024
J2371	Injection, phenylephrine hydrochloride, 20 micrograms	Add	12/01/2024
J2370	Injection, phenylephrine HCl, up to 1 mL (Code Price is er 1 mL) (Code deleted effective 6/30/2023)	Remove	12/01/2024
J9250	Methotrexate sodium, 5 mg (Code deleted effective 3/31/2024)	Remove	12/01/2024

Drug Utilization Review (DUR) Updates

IEHP reviewed two DUR reports which include Psychiatric Medications in Children Report and Opioid Utilization Report. 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, February 7, 2025.