

To: IEHP PCPs
From: IEHP Pharmaceutical Services
Date: June 4, 2025
Subject: **May 2025 Pharmacy & Therapeutics Update**

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, May 2, 2025. 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

Highlights from the Medicare D-SNP formulary additions include Imkeldi, Revuforj, carbamazepine, and Austedo XR. Imkeldi and Revuforj are now available on the formulary with prior authorization and quantity limit.

New strength of carbamazepine 200 mg chewable tablet has been added to the formulary effective April 1, 2025. As a result, all strengths of carbamazepine 100 mg and 200 mg chewable tablets are on formulary. Additionally, all strengths of Austedo XR extended-release tablets have been added to formulary with prior authorization and quantity limit.

Pharmacy Utilization Management Updates

This quarter, there were no IEHP Pharmacy Policies presented to the P&T subcommittee. One Prior Authorization Criteria was presented to the P&T Subcommittee Members with recommendation to retire.

Four Medi-Cal Medical Drug Benefit Drug Classes have been reviewed along with corresponding Prior Authorization Criteria.

Drug Utilization Review (DUR) Updates

IEHP reviewed four DUR reports which included Blood Pressure Control for Patients with Diabetes (BPD) and Asthma Medication Ration (AMR) for Medi-Cal, Controlling High Blood Pressure (CBP) for Medicare, and Naloxone Drug Use Evaluation for both Medicare and Covered CA. We will continue to work on quality measures throughout the remainder of the year and collaborate with providers to optimize better outcomes.

Formularies

All formularies can be found on the IEHP website: [Providerservices.iehp.org](https://providerservices.iehp.org) > Pharmacy > Formulary

The next IEHP P&T Subcommittee Meeting is Friday, August 1, 2025. **To access the full May 2025 Pharmacy & Therapeutics Subcommittee update, please visit:**

[Providerservices.iehp.org](https://providerservices.iehp.org) > News & Updates > Notices

Or

[Providerservices.iehp.org](https://providerservices.iehp.org) > Pharmacy > Pharmacy Resources > Pharmacy Provider Notices

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

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Medicare Formulary Updates

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
Austedo XR (deutetrabenazine)	12 mg tablet, extended release 18 mg tablet, extended release 24 mg tablet, extended release 30 mg tablet, extended release 36 mg tablet, extended release 42 mg tablet, extended release 48 mg tablet, extended release 6 mg tablet, extended release	Add to Formulary, PA, Quantity Limit	05/01/2025
Austedo XR Titration (deutetrabenazine)	(week 1-4) 12-18-24-30 mg tablet, ER 24hr dose pk	Add to Formulary, PA	05/01/2025
Austedo XR Titration Kit (deutetrabenazine)	(week 1-4) 6 mg-12 mg-24 mg tablet, ER dosepack	Add to Formulary, PA	05/01/2025
carbamazepine	200 mg chewable tablet	Add to Formulary	04/01/2025
Danziten (nilotinib)	71 mg tablet, 95 mg tablet	Add to Formulary, PA for New Start, Quantity Limit	03/01/2025
fluoxetine	40 mg capsule	Increase quantity, Quantity Limit	05/01/2025
Imkeldi (imatinib)	80 mg/ml oral solution	Add to Formulary, PA for New Start, Quality Limit	03/01/2025
isosorbide mononitrate	10 mg tablet, 20 mg tablet	Add to Formulary	05/01/2025

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
mesna	400 mg tablet	Add to Formulary	04/01/2025
Revuforj (revumenib)	110 mg tablet, 160 mg tablet	Add to Formulary, PA for New Start, Quality Limit	03/01/2025
Phenytek (extended phenytoin sodium capsules, USP)	200 mg capsule, 300 mg capsule	Add to Formulary	03/01/2025
timolol	0.5% eye drops	Add to Formulary	04/01/2025
topiramate	50 mg sprinkle capsule	Add to Formulary	04/01/2025
Veltassa (patiromer)	1 gram oral powder packet	Add to Formulary	05/01/2025
Vivotif (Live Typhoid Vaccine)	2 billion unit capsule, extended release	Add to Formulary, PA, Quantity Limit	05/01/2025

Highlights from the Medicare D-SNP formulary additions include Imkeldi, Revuforj, carbamazepine, and Austedo XR. Imkeldi and Revuforj are now available on the formulary with prior authorization and quantity limit. New strength of carbamazepine 200 mg chewable tablet has been added to the formulary effective 04/01/2025. As a result, all strengths of carbamazepine 100 mg and 200 mg chewable tablets are on formulary. Additionally, all strengths of Austedo XR extended release tablets have been added to formulary with prior authorization and quantity limit.

The full Medicare formulary may be found on the [IEHP website](#)

Covered California Formulary Updates

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
adalimumab-adaz	(cf) 20 mg / 0.2 ml syringe (cf) 40 mg / 0.4 ml syringe (cf) Pen 40 mg /0.4 ml pen injctr	Change in Prior Authorization Criteria	04/01/2025
Avsola (infliximab-axxq)	100 mg vial	Change in Prior Authorization Criteria	04/01/2025
Bimzelx (bimekizumab-bkzx)	160 mg / ml syringe 320 mg / 2 ml syringe Auto Injector 160 mg / ml auto injct Auto Injector 320 mg / 2 ml auto injct	Change in Prior Authorization Criteria	04/01/2025
Bydureon BCise (exenatide extended-release)	2 mg / 0.85 ml auto injct	Change to higher tier	07/01/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Byetta (exenatide)	10 mcg / 0.04 pen injctr 5 mcg / 0.02 pen injctr	Change to higher tier	07/01/2025
Cimzia (certolizumab pegol)	200 mg / ml syringe kit 400 mg kit 400 mg / 2 ml syringe kit	Change in Prior Authorization Criteria	04/01/2025
Cosentyx (secukinumab)	125 mg / 5 ml vial Sensoready (2 pens) 150 mg / ml pen injctr Syringe 150 mg / ml syringe Syringe 75 mg / 0.5 ml syringe Unoready pen 300 mg / 2 ml pen injctr	Change in Prior Authorization Criteria	04/01/2025
doxycycline IR-DR	40 mg cap IR DR	Add Prior Authorization, remove Age Limit, remove Quantity Limit, and remove Step Therapy	07/01/2025
Dupixent (dupilumab)	Pen 200 mg / 1.14 pen injctr Pen 300 mg / 2 ml pen injctr Syringe 200 mg / 1/14 syringe Syringe 300 mg / 2 ml syringe	Change in Prior Authorization Criteria	04/01/2025
Enbrel (etanercept)	25 mg vial 25 mg / 0.5 ml syringe 25 mg / 0.5 ml vial 50 mg / ml (1) syringe Mini 50 mg / ml (1) cartridge	Change in Prior Authorization Criteria	04/01/2025
Entyvio (vedolizumab)	300 mg vial Pen 108 mg / 0.68 pen injctr	Change in Prior Authorization Criteria	04/01/2025
Eversense 365 Sensor	Each	Add to Formulary with Prior Authorization	04/01/2025
Eversense 365 Transmitter	Each	Add to Formulary with Prior Authorization	04/01/2025
Eversense E3 Sensor-HLDR	Each	Add Prior Authorization	07/01/2025
Eversense Sensor-Holder	Each	Add Prior Authorization	07/01/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Humira (adalimumab)	20mg/0.4ml syringe kit 40mg/0.8ml syringe kit pen 40mg/0.8ml pen ij kit pen Crohn's-Uc-HS 40mg/0.8ml pen ij kit pen Psor-Uveitis-Adol HS 40mg/0.8ml pen ij kit (cf) 10mg/0.1ml syringe kit (cf) 20mg/0.2ml syringe kit (cf) 40mg/0.4ml syringe kit (cf) pediatric Crohn's 80 mg-40mg syringe kit (cf) pediatric Crohn's 80mg/0.8ml syringe kit (cf) pen 40mg/0.4ml pen ij kit (cf) pen 80mg/0.8ml pen ij kit (cf) pen Crohn's-uc-HS 80mg/0.8ml pen ij kit (cf) pen Pediatric Uc 80mg/0.8ml pen ij kit (cf) pen Psor-UV-Adol HS 80 mg-40mg pen ij kit	Change in Prior Authorization Criteria	04/01/2025
Ilumya (tildrakizumab-asmn)	100 mg / ml syringe	Change in Prior Authorization Criteria	04/01/2025
Inflectra (infliximab-dyyb)	100 mg vial	Change in Prior Authorization Criteria	04/01/2025
infliximab	100 mg vial	Change in Prior Authorization Criteria	04/01/2025
Kalydeco (ivacaftor)	13.4 mg gran pack 150 mg tablet 25 mg gran pack 5.8 mg gran pack 50 mg gran pack 75 mg gran pack	Change in Prior Authorization Criteria	04/01/2025
Nucala (mepolizumab)	100 mg vial 100 mg / ml auto injct. 100 mg / ml syringe 40 mg / 0.4 ml syringe	Change in Prior Authorization Criteria	04/01/2025
Omvoh (mirikizumab-mrkz)	100 mg / ml syringe 300 mg / 15 ml vial pen 100 mg / ml pen injctr	Change in Prior Authorization Criteria	04/01/2025
Orkambi (lumacaftor and ivacaftor)	100 – 125 mg gran pack 100 – 125 mg tablet 150 – 188 mg gran pack 200 – 125 mg tablet 75 mg – 94 mg gran pack	Change in Prior Authorization Criteria	04/01/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Otezla (apremilast)	10 mg – 20 mg tab DS pk 10 – 20 – 30 mg tab DS pk 20 mg tablet 30 mg tablet	Change in Prior Authorization Criteria	04/01/2025
Renflexis (infliximab-abda)	100 mg vial	Change in Prior Authorization Criteria	04/01/2025
Rinvoq (upadacitinib)	15 mg tab ER 24h 30 mg tab ER 24h 45 mg tab ER 24h LQ 1 mg / ml solution	Change in Prior Authorization Criteria	04/01/2025
Siliq (brodalumab)	210 mg / 1.5 syringe	Change in Prior Authorization Criteria	04/01/2025
Simponi (golimumab)	100 mg / ml pen injctr 100 mg / ml syringe 50 mg / 0.5 ml pen injctr 50 mg / 0.5 ml syringe Aria 50 mg / 4 ml vial	Change in Prior Authorization Criteria	04/01/2025
Skyrizi (risankizumab-rzaa)	150 mg / ml syringe 600 mg / 10 ml vial On-body 180 mg / 1.2 wear injct On-body 360 mg / 2.4 wear injct Pen 150 mg / ml pen injctr	Change in Prior Authorization Criteria	04/01/2025
Sotyktu (deucravacitinib)	6 mg tablet	Change in Prior Authorization Criteria	04/01/2025
Stelara (ustekinumab)	130 mg / 26 ml vial 45 mg / 0.5 ml syringe 45 mg / 0.5 ml vial 90 mg / ml syringe	Change in Prior Authorization Criteria	04/01/2025
sumatriptan	20 mg spray	Decrease in Quantity Limit	07/01/2025
Symdeko (tezacaftor/ivacaftor)	100 – 150 mg tablet seq 50 mg – 75 mg tablet seq	Change in Prior Authorization Criteria	04/01/2025
Symlin Pen (pramlintide acetate)	120 2700 / 2.7 ml pen injctr	Change in higher tier	07/01/2025
Taltz (ixekizumab)	Auto injector 80 mg / ml auto injct Syringe 20 mg / 0.25 syringe Syringe 40 mg / 0.5 ml syringe Syringe 80 mg / ml syringe	Change in Prior Authorization Criteria	04/01/2025
Tremfya (guselkumab)	100 mg / ml auto injct 100 mg / ml syringe 200 mg / 2 ml syringe 200 mg / 20 ml vial Pen 200 mg / 2 ml pen injctr	Change in Prior Authorization Criteria	04/01/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Trikafta (elexacaftor, tezacaftor, and ivacaftor tablets; ivacaftor tablets)	100-50-75 gran pk sq 100-50-75 tablet seq 50-25-37.5 tablet seq 80-40-60 mg gran pk sq	Change in Prior Authorization Criteria	04/01/2025
Tysabri (natalizumab)	300 mg / 15 ml vial	Change in Prior Authorization Criteria	04/01/2025
Velsipity (etrasimod)	2 mg tablet	Change in Prior Authorization Criteria	04/01/2025
Vyalev (foscarbidopa and foslevodopa)	12-240 / ml vial	Change in Prior Authorization Criteria	04/01/2025
Vyzulta (latanoprostene bunod ophthalmic solution)	0.024 % drops	Decrease in Quantity Limit	07/01/2025
Xeljanz (tofacitinib)	1 mg / ml solution 10 mg tablet 5 mg tablet XR 11 mg tab ER 24h XR 22 mg tab ER 24h	Change in Prior Authorization Criteria	04/01/2025
Xolair (omalizumab)	150 mg vial 150 mg / ml auto injct 150 mg / ml syringe 300 mg / 2 ml auto injct 300 mg / 2 ml syringe 75 mg / 0.5 ml auto injct 75 mg / 0.5 ml syringe	Change in Prior Authorization Criteria	04/01/2025
Zeposia (ozanimod)	0.23 – 0.46 cap DS pk 0.46 – 0.92 cap DS pk 0.92 mg capsule	Change in Prior Authorization Criteria	04/01/2025
Zymfentra (infliximab-dyyb)	120 mg / ml pen ij kit 120 mg / ml syringe kit	Change in Prior Authorization Criteria	04/01/2025

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Pharmacy Utilization Management Updates

This quarter, there were no IEHP Pharmacy Policies presented to the P&T subcommittee.

One Prior Authorization Criteria was presented to the P&T Subcommittee Members with the recommendation to retire.

Prior Authorization Criteria	Recommendation
Zynteglo	Retire

Four Medi-Cal Medical Drug Benefit Drug Classes have been reviewed along with corresponding Prior Authorization Criteria.

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
Central Nervous System (CNS)	Abobotulinumtoxina, Incobotulinumtoxina, Onabotulinumtoxina, Rimabotulinumtoxinb	Approval duration x 6 months (from x 3 months)
Eye, Ear, Nose, Throat (EENT)	Aflibercept, Teprotumumab	No Change
Hematological	Epoetin, Intravenous Iron, Luspatercept, Romiplostim	No Change
Vitamins & Metabolic / Electrolytes	(No PA group)	(N/A)

Update to service code

Code	Drug Description	Change	Effective Date
J1299	Injection, eculizumab, 2 mg	Add	06/01/2025
J1300	Injection, eculizumab, 10 mg	Remove	03/31/2025
J1938	Injection, furosemide, 1 mg	Add	06/01/2025
J1940	Injection, furosemide, up to 20 mg	Remove	06/01/2025
J1020	Injection, methylprednisolone acetate, 20 mg	Remove	03/31/2024
J1030	Injection, methylprednisolone acetate, 40 mg	Remove	03/31/2024
J1040	Injection, methylprednisolone acetate, 80 mg	Remove	03/31/2024
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	Remove	03/31/2024
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	Remove	03/31/2024
J1308	Injection, famotidine, 0.25 mg	Add	06/01/2025
S0028	Injection, famotidine, 20 mg	Remove	03/31/2025
J2802	Injection, romiplostim, 1 microgram	Add	06/01/2025
J1437	Injection, ferric derisomaltose, 10 mg	Add	06/01/2025

J2796	Injection, romiplostim, 10 micrograms (for billing period to 1/1/10 use J3590 or C9245	Remove	12/31/2024
J9070	Cyclophosphamide, 100 mg	Remove	03/31/2024
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unite dose, 1 mg (code reinstated)	QL Removed	04/01/2008

Drug Utilization Review (DUR) Updates

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