Inland Empire Health Plan

Pharmacy Times

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

To: All IEHP Covered (CCA) PCPs & IEHP Pharmacy Network

From: IEHP Pharmaceutical Services

Date: June 5, 2025

Subject: **Additional 2025 IEHP Covered (CCA) Pharmacy & Therapeutics Update**

The additional 2025 Pharmacy and Therapeutics (P&T) Committee approved changes for the IEHP Covered Formulary are now available online.

To access the full document of changes, please visit:

IEHP - News & Updates : Notices

www.ProviderServices.iehp.org > News & Updates > Notices

To access the full IEHP Covered Formulary, please visit:

IEHP - Pharmacy: Formulary

www.ProviderServices.iehp.org > Pharmacy > Formulary > IEHP Covered California > IEHP Covered Formulary Book (PDF)

Sincerely,

IEHP Pharmaceutical Services

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Additional 2025 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
Change in Prior Authorization Criteria	
AVSOLA 100 MG VIAL	7/1/2025
CIBINQO 100 MG TABLET	7/1/2025
CIBINQO 200 MG TABLET	7/1/2025
CIBINQO 50 MG TABLET	7/1/2025
CIMZIA (2 PACK) 400 MG KIT	7/1/2025
CIMZIA 200 MG/ML SYRINGEKIT	7/1/2025
CIMZIA 400 MG/2ML SYRINGEKIT	7/1/2025
EBGLYSS PEN 250 MG/2ML PEN INJCTR	7/1/2025
EBGLYSS SYRINGE 250 MG/2ML SYRINGE	7/1/2025
ENTYVIO 300 MG VIAL	7/1/2025
ENTYVIO PEN 108MG/0.68 PEN INJCTR	7/1/2025
INFLECTRA 100 MG VIAL	7/1/2025
INFLIXIMAB 100 MG VIAL	7/1/2025
NEMLUVIO 30 MG PEN INJCTR	7/1/2025
OMVOH 100 MG/ML SYRINGE	7/1/2025
OMVOH 200 MG/2ML SYRINGE	7/1/2025
OMVOH 300 MG/3ML SYRINGE	7/1/2025
OMVOH 300MG/15ML VIAL	7/1/2025
OMVOH PEN 100 MG/ML PEN INJCTR	7/1/2025
OMVOH PEN 200 MG/2ML PEN INJCTR	7/1/2025
OMVOH PEN 300 MG/3ML PEN INJCTR	7/1/2025
RENFLEXIS 100 MG VIAL	7/1/2025
SIMPONI 100 MG/ML PEN INJCTR	7/1/2025
SIMPONI 100 MG/ML SYRINGE	7/1/2025

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DRUG NAME	EFFECTIVE DATE
TYSABRI 300MG/15ML VIAL	7/1/2025
VELSIPITY 2 MG TABLET	7/1/2025
ZEPOSIA 0.23-0.46 CAP DS PK	7/1/2025
ZEPOSIA 0.23-0.92 CAP DS PK	7/1/2025
ZEPOSIA 0.46-0.92 CAP DS PK	7/1/2025
ZEPOSIA 0.92 MG CAPSULE	7/1/2025
ZYMFENTRA (2 PACK) 120 MG/ML SYRINGEKIT	7/1/2025
ZYMFENTRA 120 MG/ML PEN IJ KIT	7/1/2025
ZYMFENTRA PEN (2 PACK) 120 MG/ML PEN IJ KIT	7/1/2025

For the updated IEHP Covered Formulary, please go to www. ProviderServices.iehp.org > Pharmacy > Formulary > IEHP Covered or visit.