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: May 21, 2025

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

The April 2025 Pharmacy and Therapeutics (P&T) Committee approved changes for the IEHP Covered Formulary and is 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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April 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
Add Prior Authorization	
Metyrosine 250 mg capsule	4/14/2025
Add to formulary with Prior Authorization	
EPYSQLI 300MG/30ML VIAL	7/1/2025
Add to formulary with Prior Authorization and Quantity Limit	
Pregabalin er 165 mg tab er 24h	7/1/2025
Pregabalin er 330 mg tab er 24h	7/1/2025
Pregabalin er 82.5 mg tab er 24h	7/1/2025
Add to formulary with Quantity Limit	
Quetiapine fumarate 150 mg tablet	7/1/2025
Add to formulary with Step Therapy	
Ramelteon 8 mg tablet	7/1/2025
Change in Prior Authorization Criteria	
ACTEMRA 162 MG/0.9 SYRINGE	7/1/2025
ACTEMRA 200MG/10ML VIAL	7/1/2025
ACTEMRA 400MG/20ML VIAL	7/1/2025
ACTEMRA 80 MG/4 ML VIAL	7/1/2025
ACTEMRA ACTPEN 162 MG/0.9 PEN INJCTR	7/1/2025
BERINERT 500(10 ML) VIAL	7/1/2025
BYLVAY 1200 MCG CAPSULE	7/1/2025
BYLVAY 200 MCG PEL DSP CP	7/1/2025
BYLVAY 400 MCG CAPSULE	7/1/2025
BYLVAY 600 MCG PEL DSP CP	7/1/2025
GENOTROPIN 0.2MG/0.25 SYRINGE	7/1/2025

DRUG NAME	EFFECTIVE DATE
GENOTROPIN 0.4MG/0.25 SYRINGE	7/1/2025
GENOTROPIN 0.6MG/0.25 SYRINGE	7/1/2025
GENOTROPIN 0.8MG/0.25 SYRINGE	7/1/2025
GENOTROPIN 1.2MG/0.25 SYRINGE	7/1/2025
GENOTROPIN 1.4MG/0.25 SYRINGE	7/1/2025
GENOTROPIN 1.6MG/0.25 SYRINGE	7/1/2025
GENOTROPIN 1.8MG/0.25 SYRINGE	7/1/2025
GENOTROPIN 12 MG/ML CARTRIDGE	7/1/2025
GENOTROPIN 1MG/0.25ML SYRINGE	7/1/2025
GENOTROPIN 2MG/0.25ML SYRINGE	7/1/2025
GENOTROPIN 5 MG/ML CARTRIDGE	7/1/2025
HUMATROPE 12 MG CARTRIDGE	7/1/2025
HUMATROPE 24 MG CARTRIDGE	7/1/2025
HUMATROPE 5 MG VIAL	7/1/2025
HUMATROPE 6 MG CARTRIDGE	7/1/2025
Icatibant 30 mg/3 ml syringe	7/1/2025
INCRELEX 10 MG/ML VIAL	7/1/2025
JOURNAVX 50 MG TABLET	7/1/2025
KALBITOR 10MG/ML (1) VIAL	7/1/2025
LIVDELZI 10 MG CAPSULE	7/1/2025
LIVMARLI 19 MG/ML SOLUTION	7/1/2025
LIVMARLI 9.5 MG/ML SOLUTION	7/1/2025
NGENLA 24MG/1.2ML PEN INJCTR	7/1/2025
NGENLA 60MG/1.2ML PEN INJCTR	7/1/2025
NORDITROPIN FLEXPRO 10MG/1.5ML PEN INJCTR	7/1/2025
NORDITROPIN FLEXPRO 15MG/1.5ML PEN INJCTR	7/1/2025
NORDITROPIN FLEXPRO 30 MG/3 ML PEN INJCTR	7/1/2025
NORDITROPIN FLEXPRO 5 MG/1.5ML PEN INJCTR	7/1/2025
NUTROPIN AQ NUSPIN 10 MG/2 ML PEN INJCTR	7/1/2025
NUTROPIN AQ NUSPIN 20 MG/2 ML PEN INJCTR	7/1/2025
NUTROPIN AQ NUSPIN 5 MG/2 ML PEN INJCTR	7/1/2025
OMNITROPE 10MG/1.5ML CARTRIDGE	7/1/2025
OMNITROPE 5 MG/1.5ML CARTRIDGE	7/1/2025
OMNITROPE 5.8 MG VIAL	7/1/2025
ORENITRAM ER 0.125 MG TABLET ER	7/1/2025

DRUG NAME	EFFECTIVE DATE
ORENITRAM ER 0.25 MG TABLET ER	7/1/2025
ORENITRAM ER 1 MG TABLET ER	7/1/2025
ORENITRAM ER 2.5 MG TABLET ER	7/1/2025
ORENITRAM ER 5 MG TABLET ER	7/1/2025
ORENITRAM MONTH 1 TITRATION KT 0.125-0.25 TB ER DSPK	7/1/2025
ORENITRAM MONTH 2 TITRATION KT 0.125-.25 TB ER DSPK	7/1/2025
ORENITRAM MONTH 3 TITRATION KT 0.125-1 MG TB ER DSPK	7/1/2025
Phenoxybenzamine hcl 10 mg capsule	7/1/2025
REZDIFFRA 100 MG TABLET	7/1/2025
REZDIFFRA 60 MG TABLET	7/1/2025
REZDIFFRA 80 MG TABLET	7/1/2025
RUCONEST 2100 UNIT VIAL	7/1/2025
RYSTIGGO 280 MG/2ML VIAL	7/1/2025
RYSTIGGO 420 MG/3ML VIAL	7/1/2025
RYSTIGGO 560 MG/4ML VIAL	7/1/2025
RYSTIGGO 840 MG/6ML VIAL	7/1/2025
SAIZEN 5 MG VIAL	7/1/2025
SAIZEN 8.8 MG VIAL	7/1/2025
SAIZEN-SAIZENPREP 8.8MG/1.51 CARTRIDGE	7/1/2025
SEROSTIM 4 MG VIAL	7/1/2025
SEROSTIM 5 MG VIAL	7/1/2025
SEROSTIM 6 MG VIAL	7/1/2025
SKYTROFA 11 MG CARTRIDGE	7/1/2025
SKYTROFA 13.3 MG CARTRIDGE	7/1/2025
SKYTROFA 3 MG CARTRIDGE	7/1/2025
SKYTROFA 3.6 MG CARTRIDGE	7/1/2025
SKYTROFA 4.3 MG CARTRIDGE	7/1/2025
SKYTROFA 5.2 MG CARTRIDGE	7/1/2025
SKYTROFA 6.3 MG CARTRIDGE	7/1/2025
SKYTROFA 7.6 MG CARTRIDGE	7/1/2025
SKYTROFA 9.1 MG CARTRIDGE	7/1/2025
SOGROYA 10MG/1.5ML PEN INJCTR	7/1/2025
SOGROYA 15MG/1.5ML PEN INJCTR	7/1/2025
SOGROYA 5 MG/1.5ML PEN INJCTR	7/1/2025
SOLIRIS 300MG/30ML VIAL	7/1/2025

DRUG NAME	EFFECTIVE DATE
TYENNE 162 MG/0.9 SYRINGE	7/1/2025
TYENNE 200MG/10ML VIAL	7/1/2025
TYENNE 400MG/20ML VIAL	7/1/2025
TYENNE 80 MG/4 ML VIAL	7/1/2025
TYENNE AUTOINJECTOR 162 MG/0.9 PEN INJCTR	7/1/2025
TYVASO 1.74MG/2.9 AMPUL-NEB	7/1/2025
TYVASO DPI 16 MCG CART INHAL	7/1/2025
TYVASO DPI 16-32 MCG CART INHAL	7/1/2025
TYVASO DPI 16-32-48 CART INHAL	7/1/2025
TYVASO DPI 32 MCG CART INHAL	7/1/2025
TYVASO DPI 32-48 MCG CART INHAL	7/1/2025
TYVASO DPI 48 MCG CART INHAL	7/1/2025
TYVASO DPI 64 MCG CART INHAL	7/1/2025
TYVASO REFILL KIT 1.74MG/2.9 AMPUL-NEB	7/1/2025
TYVASO STARTER KIT 1.74MG/2.9 AMPUL-NEB	7/1/2025
ULTOMIRIS 1100 MG/11 VIAL	7/1/2025
ULTOMIRIS 300 MG/3ML VIAL	7/1/2025
ULTOMIRIS 300MG/30ML VIAL	7/1/2025
UPTRAVI 1000 MCG TABLET	7/1/2025
UPTRAVI 1200 MCG TABLET	7/1/2025
UPTRAVI 1400 MCG TABLET	7/1/2025
UPTRAVI 1600 MCG TABLET	7/1/2025
UPTRAVI 1800 MCG VIAL	7/1/2025
UPTRAVI 200 MCG TABLET	7/1/2025
UPTRAVI 200-800MCG TAB DS PK	7/1/2025
UPTRAVI 400 MCG TABLET	7/1/2025
UPTRAVI 600 MCG TABLET	7/1/2025
UPTRAVI 800 MCG TABLET	7/1/2025
VEVYE 0.1 % DROPS	7/1/2025
VTAMA 1 % CREAM (G)	7/1/2025
VYVGART 400MG/20ML VIAL	7/1/2025
VYVGART HYTRULO 1000MG/5ML SYRINGE	7/1/2025
VYVGART HYTRULO 1008MG/5.6 VIAL	7/1/2025
WEGOVY 0.25MG/0.5 PEN INJCTR	7/1/2025
WEGOVY 0.5MG/.5ML PEN INJCTR	7/1/2025

DRUG NAME	EFFECTIVE DATE
WEGOVY 1 MG/0.5ML PEN INJCTR	7/1/2025
WEGOVY 1.7MG/0.75 PEN INJCTR	7/1/2025
WEGOVY 2.4MG/0.75 PEN INJCTR	7/1/2025
ZILBRYSQ 16.6/0.416 SYRINGE	7/1/2025
ZILBRYSQ 23/0.574ML SYRINGE	7/1/2025
ZILBRYSQ 32.4/0.81 SYRINGE	7/1/2025
ZOMACTON 10 MG VIAL	7/1/2025
ZOMACTON 5 MG VIAL	7/1/2025
ZORYVE 0.15% CREAM (G)	7/1/2025
Change in Step Therapy Criteria	
CEQUA 0.09% DROPERETTE	7/1/2025
Change to higher tier	
BYDUREON PEN 2MG/0.65ML PEN INJCTR	7/1/2025
Change to lower tier and remove Step Therapy	
BAQSIMI 3 MG SPRAY	7/1/2025
Remove Step Therapy	
Esomeprazole magnesium 10 mg susp dr pkt	7/1/2025
Esomeprazole magnesium 2.5 mg susp dr pkt	7/1/2025
Esomeprazole magnesium 20 mg susp dr pkt	7/1/2025
Esomeprazole magnesium 40 mg susp dr pkt	7/1/2025
Esomeprazole magnesium 5 mg susp dr pkt	7/1/2025

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