Inland Empire Health Plan

Pharmacy Times

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

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

From: IEHP Pharmaceutical Services

Date: September 4, 2025

Subject: July 2025 IEHP Covered Pharmacy & Therapeutics Update

July 2025 Pharmacy and Therapeutics (P&T) Committee approved changes for IEHP Covered formulary are now available online.

To access the full document of changes, please visit:

IEHP - News & Updates : Notices

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

To access the full IEHP Covered Formulary, please visit:

IEHP - Pharmacy: Formulary

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

Key Changes Include:

DRUG NAME	EFFECTIVE DATE
Change to a lower tier and remove Step Therapy	
CONTOUR NEXT TEST STRIP **-PREFERRED**	10/1/2025
CONTOUR PLUS TEST STRIP**-PREFERRED**	10/1/2025
CONTOUR TEST STRIP**-PREFERRED**	10/1/2025
Change to higher tier and add Step Therapy	
ONETOUCH ULTRA TEST STRIP**-NON-PREFERRED**	1/1/2026
ONETOUCH VERIO TEST STRIP**-NON-PREFERRED**	1/1/2026

- **Please start transitioning Members using OneTouch products to Freestyle or Contour products on 10/1/2025**

Please visit IEHP.org for more details.

Sincerely,

IEHP Pharmaceutical Services

IEHP
Inland Empire Health Plan

Pharmacy Times
BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: September 4, 2025

Subject: July 2025 IEHP Covered Pharmacy & Therapeutics Update

July 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 Step Therapy	
BELSOMRA 10 MG TABLET	10/1/2025
BELSOMRA 15 MG TABLET	10/1/2025
BELSOMRA 20 MG TABLET	10/1/2025
BELSOMRA 5 MG TABLET	10/1/2025
Add to formulary	
CYCLOBENZAPRINE HCL 7.5 MG TABLET	10/1/2025
Add to formulary with Prior Authorization	
NORLIQVA 1 MG/ML SOLUTION	10/1/2025
OSENVELT 120 MG/1.7 VIAL	10/1/2025
SIMPLERA SENSOR EACH	10/1/2025
SIMPLERA SYNC SENSOR EACH	10/1/2025
SPIRONOLACTONE 25 MG/5 ML ORAL SUSP	10/1/2025
STOBOCLO 60 MG/ML SYRINGE	10/1/2025
Add to formulary with Quantity Limit	
AUVI-Q 0.15/0.15 AUTO INJCT	10/1/2025
AUVI-Q 0.1MG/.1ML AUTO INJCT	10/1/2025
AUVI-Q 0.3MG/0.3 AUTO INJCT	10/1/2025
Change in Prior Authorization Criteria	
ALVAIZ 18 MG TABLET	10/1/2025
ALVAIZ 36 MG TABLET	10/1/2025

DRUG NAME	EFFECTIVE DATE
ALVAIZ 54 MG TABLET	10/1/2025
ALVAIZ 9 MG TABLET	10/1/2025
ARANESP 100 MCG/ML VIAL	10/1/2025
ARANESP 100MCG/0.5 SYRINGE	10/1/2025
ARANESP 10MCG/0.4 SYRINGE	10/1/2025
ARANESP 150MCG/0.3 SYRINGE	10/1/2025
ARANESP 200 MCG/ML VIAL	10/1/2025
ARANESP 200MCG/0.4 SYRINGE	10/1/2025
ARANESP 25 MCG/ML VIAL	10/1/2025
ARANESP 25MCG/0.42 SYRINGE	10/1/2025
ARANESP 300MCG/0.6 SYRINGE	10/1/2025
ARANESP 40 MCG/0.4 SYRINGE	10/1/2025
ARANESP 40 MCG/ML VIAL	10/1/2025
ARANESP 500 MCG/ML SYRINGE	10/1/2025
ARANESP 60 MCG/0.3 SYRINGE	10/1/2025
ARANESP 60 MCG/ML VIAL	10/1/2025
AVSOLA 100 MG VIAL	10/1/2025
BAXDELA 450 MG TABLET	10/1/2025
BIMZELX 160 MG/ML SYRINGE	10/1/2025
BIMZELX 320 MG/2ML SYRINGE	10/1/2025
BIMZELX AUTOINJECTOR 160 MG/ML AUTO INJCT	10/1/2025
BIMZELX AUTOINJECTOR 320 MG/2ML AUTO INJCT	10/1/2025
CAMZYOS 10 MG CAPSULE	10/1/2025
CAMZYOS 15 MG CAPSULE	10/1/2025
CAMZYOS 2.5 MG CAPSULE	10/1/2025
CAMZYOS 5 MG CAPSULE	10/1/2025
CIMZIA (2 PACK) 400 MG KIT	10/1/2025
CIMZIA 400 MG/2ML SYRINGEKIT	10/1/2025
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE	10/1/2025
COSENTYX 125 MG/5ML VIAL	10/1/2025
COSENTYX SENSOREADY (2 PENS) 150 MG/ML PEN INJCTR	10/1/2025
COSENTYX SYRINGE 75MG/0.5ML SYRINGE	10/1/2025
COSENTYX UNOREADY PEN 300 MG/2ML PEN INJCTR	10/1/2025
DIACOMIT 250 MG CAPSULE	10/1/2025
DIACOMIT 250 MG POWD PACK	10/1/2025

DRUG NAME	EFFECTIVE DATE
DIACOMIT 500 MG CAPSULE	10/1/2025
DIACOMIT 500 MG POWD PACK	10/1/2025
DOPTELET 20 MG TABLET	10/1/2025
DUROLANE 60 MG/3 ML SYRINGE	10/1/2025
ELTROMBOPAG OLAMINE 12.5 MG POWD PACK	10/1/2025
ELTROMBOPAG OLAMINE 12.5 MG TABLET	10/1/2025
ELTROMBOPAG OLAMINE 25 MG POWD PACK	10/1/2025
ELTROMBOPAG OLAMINE 25 MG TABLET	10/1/2025
ELTROMBOPAG OLAMINE 50 MG TABLET	10/1/2025
ELTROMBOPAG OLAMINE 75 MG TABLET	10/1/2025
EPOGEN 10000/ML VIAL	10/1/2025
EPOGEN 2000/ML VIAL	10/1/2025
EPOGEN 20000/ML VIAL	10/1/2025
EPOGEN 3000/ML VIAL	10/1/2025
EPOGEN 4000/ML VIAL	10/1/2025
EUFLEXXA 20 MG/2 ML SYRINGE	10/1/2025
EVEROLIMUS 10 MG TABLET	10/1/2025
EVEROLIMUS 2 MG TAB SUSP	10/1/2025
EVEROLIMUS 2.5 MG TABLET	10/1/2025
EVEROLIMUS 3 MG TAB SUSP	10/1/2025
EVEROLIMUS 5 MG TAB SUSP	10/1/2025
EVEROLIMUS 5 MG TABLET	10/1/2025
EVEROLIMUS 7.5 MG TABLET	10/1/2025
FABHALTA 200 MG CAPSULE	10/1/2025
FINTEPLA 2.2 MG/ML SOLUTION	10/1/2025
GAMUNEX-C 1 G/10 ML VIAL	10/1/2025
GAMUNEX-C 10 G/100ML VIAL	10/1/2025
GAMUNEX-C 2.5G/25ML VIAL	10/1/2025
GAMUNEX-C 20 G/200ML VIAL	10/1/2025
GAMUNEX-C 40 G/400ML VIAL	10/1/2025
GAMUNEX-C 5 G/50 ML VIAL	10/1/2025
GEL-ONE 30 MG/3 ML SYRINGE	10/1/2025
GELSYN-3 16.8MG/2ML SYRINGE	10/1/2025
GENVISC 850 10 MG/ML SYRINGE	10/1/2025
HYALGAN 10 MG/ML SYRINGE	10/1/2025

DRUG NAME	EFFECTIVE DATE
HYALGAN 10 MG/ML VIAL	10/1/2025
ILUMYA 100 MG/ML SYRINGE	10/1/2025
INCRELEX 10 MG/ML VIAL	10/1/2025
INFLIXIMAB 100 MG VIAL	10/1/2025
JESDUVROQ 1 MG TABLET	10/1/2025
JESDUVROQ 2 MG TABLET	10/1/2025
JESDUVROQ 4 MG TABLET	10/1/2025
JESDUVROQ 6 MG TABLET	10/1/2025
JESDUVROQ 8 MG TABLET	10/1/2025
MIRCERA 100MCG/0.3 SYRINGE	10/1/2025
MIRCERA 120MCG/0.3 SYRINGE	10/1/2025
MIRCERA 150MCG/0.3 SYRINGE	10/1/2025
MIRCERA 200MCG/0.3 SYRINGE	10/1/2025
MIRCERA 30 MCG/0.3 SYRINGE	10/1/2025
MIRCERA 50 MCG/0.3 SYRINGE	10/1/2025
MIRCERA 75 MCG/0.3 SYRINGE	10/1/2025
MONOVISC 88 MG/4 ML SYRINGE	10/1/2025
MOTPOLY XR 100 MG CAP ER 24H	10/1/2025
MOTPOLY XR 150 MG CAP ER 24H	10/1/2025
MOTPOLY XR 200 MG CAP ER 24H	10/1/2025
NPLATE 125 MCG VIAL	10/1/2025
NPLATE 250 MCG VIAL	10/1/2025
NPLATE 500 MCG VIAL	10/1/2025
NUZYRA 150 MG TABLET	10/1/2025
OPZELURA 1.5 % CREAM (G)	10/1/2025
ORENCIA 125 MG/ML SYRINGE	10/1/2025
ORENCIA 250 MG VIAL	10/1/2025
ORENCIA 50MG/0.4ML SYRINGE	10/1/2025
ORENCIA 87.5MG/0.7 SYRINGE	10/1/2025
ORENCIA CLICKJECT 125 MG/ML AUTO INJCT	10/1/2025
ORTHOVISC 30 MG/2 ML SYRINGE	10/1/2025
PROCRIT 10000/ML VIAL	10/1/2025
PROCRIT 2000/ML VIAL	10/1/2025
PROCRIT 20000/ML VIAL	10/1/2025
PROCRIT 3000/ML VIAL	10/1/2025

DRUG NAME	EFFECTIVE DATE
PROCRIT 4000/ML VIAL	10/1/2025
PROCRIT 40000/ML VIAL	10/1/2025
RENFLEXIS 100 MG VIAL	10/1/2025
RETACRIT 10000/ML VIAL	10/1/2025
RETACRIT 2000/ML VIAL	10/1/2025
RETACRIT 20000/2ML VIAL	10/1/2025
RETACRIT 20000/ML VIAL	10/1/2025
RETACRIT 3000/ML VIAL	10/1/2025
RETACRIT 4000/ML VIAL	10/1/2025
RETACRIT 40000/ML VIAL	10/1/2025
SILIQ 210 MG/1.5 SYRINGE	10/1/2025
SIMPONI 100 MG/ML PEN INJCTR	10/1/2025
SIMPONI 100 MG/ML SYRINGE	10/1/2025
SIMPONI 50MG/0.5ML PEN INJCTR	10/1/2025
SIMPONI 50MG/0.5ML SYRINGE	10/1/2025
SIMPONI ARIA 50 MG/4 ML VIAL	10/1/2025
SKYCLARYS 50 MG CAPSULE	10/1/2025
SODIUM HYALURONATE 10 MG/ML SYRINGE	10/1/2025
SUPARTZ FX 10 MG/ML SYRINGE	10/1/2025
SYNOJOYNT 10 MG/ML SYRINGE	10/1/2025
SYNVISC 16MG/2ML SYRINGE	10/1/2025
SYNVISC-ONE 48 MG/6 ML SYRINGE	10/1/2025
TAVALISSE 100 MG TABLET	10/1/2025
TAVALISSE 150 MG TABLET	10/1/2025
TEZRULY 1 MG/ML SOLUTION	10/1/2025
TRILURON 10 MG/ML SYRINGE	10/1/2025
TRIVISC 10 MG/ML SYRINGE	10/1/2025
UPNEEQ 0.1 % DROPERETTE	10/1/2025
VAFSEO 150 MG TABLET	10/1/2025
VAFSEO 300 MG TABLET	10/1/2025
VECAMYL 2.5 MG TABLET	10/1/2025
VELTASSA 1 G POWD PACK	10/1/2025
VELTASSA 16.8 GRAM POWD PACK	10/1/2025
VELTASSA 25.2 GRAM POWD PACK	10/1/2025
VELTASSA 8.4 GRAM POWD PACK	10/1/2025

DRUG NAME	EFFECTIVE DATE
VERQUVO 10 MG TABLET	10/1/2025
VERQUVO 2.5 MG TABLET	10/1/2025
VERQUVO 5 MG TABLET	10/1/2025
VIGABATRIN 500 MG TABLET	10/1/2025
VIGADRONE 500 MG POWD PACK	10/1/2025
VIGAFYDE 100 MG/ML SOLUTION	10/1/2025
VISCO-3 10 MG/ML SYRINGE	10/1/2025
VTAMA 1 % CREAM (G)	10/1/2025
VYLEESI 1.75MG/0.3 AUTO INJCT	10/1/2025
XENLETA 600 MG TABLET	10/1/2025
XIFAXAN 550 MG TABLET	10/1/2025
YCANTH 0.7 % SOL W/APPL	10/1/2025
ZELSUVMI 10.3% GEL (GRAM)	10/1/2025
ZONISADE 100 MG/5ML ORAL SUSP	10/1/2025
ZORYVE 0.15 % CREAM (G)	10/1/2025
Change in Step Therapy Criteria	
EPIDIOLEX 100 MG/ML SOLUTION	10/1/2025
NON-PREFERRED STRIPS STRIP	10/1/2025
RUFINAMIDE 200 MG TABLET	10/1/2025
RUFINAMIDE 40 MG/ML ORAL SUSP	10/1/2025
RUFINAMIDE 400 MG TABLET	10/1/2025
Change to a lower tier and change in Prior Authorization Criteria	
SUNOSI 150 MG TABLET	10/1/2025
SUNOSI 75 MG TABLET	10/1/2025
Change to a lower tier and change in Step Therapy Criteria	
DAYVIGO 10 MG TABLET	10/1/2025
DAYVIGO 5 MG TABLET	10/1/2025
Change to a lower tier and remove Step Therapy	
CAPLYTA 10.5 MG CAPSULE	10/1/2025
CAPLYTA 21 MG CAPSULE	10/1/2025
CAPLYTA 42 MG CAPSULE	10/1/2025
CONTOUR NEXT TEST STRIP	10/1/2025
CONTOUR PLUS TEST STRIP	10/1/2025
CONTOUR TEST STRIP	10/1/2025
ENSTILAR 0.005-.064 FOAM	10/1/2025

DRUG NAME	EFFECTIVE DATE
Remove Age Limit	
ONYDA XR 0.1 MG/ML SUS ER 24H	10/1/2025
QELBREE 100 MG CAP ER 24H	10/1/2025
QELBREE 150 MG CAP ER 24H	10/1/2025
QELBREE 200 MG CAP ER 24H	10/1/2025
XELSTRYM 13.5MG/9HR PATCH TD24	10/1/2025
XELSTRYM 18 MG/9 HR PATCH TD24	10/1/2025
XELSTRYM 4.5 MG/9HR PATCH TD24	10/1/2025
XELSTRYM 9 MG/9 HR PATCH TD24	10/1/2025
Remove Quantity Limit	
AZELASTINE HCL 137 MCG SPRAY/PUMP	10/1/2025
AZELASTINE HCL 205.5 MCG SPRAY/PUMP	10/1/2025
BACLOFEN 10 MG TABLET	10/1/2025
BACLOFEN 20 MG TABLET	10/1/2025
BACLOFEN 5 MG TABLET	10/1/2025
CARISOPRODOL 250 MG TABLET	10/1/2025
CARISOPRODOL 350 MG TABLET	10/1/2025
CHLORZOXAZONE 500 MG TABLET	10/1/2025
CLARINEX-D 12 HOUR 2.5-120 MG TBMP 12HR	10/1/2025
CYCLOBENZAPRINE HCL 10 MG TABLET	10/1/2025
CYCLOBENZAPRINE HCL 5 MG TABLET	10/1/2025
DANTROLENE SODIUM 100 MG CAPSULE	10/1/2025
DANTROLENE SODIUM 25 MG CAPSULE	10/1/2025
DANTROLENE SODIUM 50 MG CAPSULE	10/1/2025
DESLORATADINE 2.5 MG TAB RAPDIS	10/1/2025
DESLORATADINE 5 MG TAB RAPDIS	10/1/2025
DESLORATADINE 5 MG TABLET	10/1/2025
FELBAMATE 400 MG TABLET	10/1/2025
FELBAMATE 600 MG TABLET	10/1/2025
FELBAMATE 600 MG/5ML ORAL SUSP	10/1/2025
FLUTICASONE PROPIONATE 50 MCG SPRAY SUSP	10/1/2025
LACOSAMIDE 10 MG/ML SOLUTION	10/1/2025
LACOSAMIDE 100 MG TABLET	10/1/2025
LACOSAMIDE 150 MG TABLET	10/1/2025
LACOSAMIDE 200 MG TABLET	10/1/2025

DRUG NAME	EFFECTIVE DATE
LACOSAMIDE 50 MG TABLET	10/1/2025
LEVOCETIRIZINE DIHYDROCHLORIDE 2.5 MG/5ML SOLUTION	10/1/2025
METAXALL 800 MG TABLET	10/1/2025
METAXALONE 400 MG TABLET	10/1/2025
METHOCARBAMOL 500 MG TABLET	10/1/2025
METHOCARBAMOL 750 MG TABLET	10/1/2025
MOMETASONE FUROATE 50 MCG SPRAY/PUMP	10/1/2025
OLOPATADINE HCL 0.6 % SPRAY/PUMP	10/1/2025
ORPHENADRINE CITRATE ER 100 MG TABLET ER	10/1/2025
TIZANIDINE HCL 2 MG CAPSULE	10/1/2025
TIZANIDINE HCL 2 MG TABLET	10/1/2025
TIZANIDINE HCL 4 MG CAPSULE	10/1/2025
TIZANIDINE HCL 4 MG TABLET	10/1/2025
TIZANIDINE HCL 6 MG CAPSULE	10/1/2025
Remove Quantity Limit and remove Step Therapy	
LAMOTRIGINE ER 100 MG TAB ER 24	10/1/2025
LAMOTRIGINE ER 200 MG TAB ER 24	10/1/2025
LAMOTRIGINE ER 25 MG TAB ER 24	10/1/2025
LAMOTRIGINE ER 250 MG TAB ER 24	10/1/2025
LAMOTRIGINE ER 300 MG TAB ER 24	10/1/2025
LAMOTRIGINE ER 50 MG TAB ER 24	10/1/2025
LAMOTRIGINE ODT 100 MG TAB RAPDIS	10/1/2025
LAMOTRIGINE ODT 200 MG TAB RAPDIS	10/1/2025
LAMOTRIGINE ODT 25 MG TAB RAPDIS	10/1/2025
LAMOTRIGINE ODT 50 MG TAB RAPDIS	10/1/2025
Remove Step Therapy	
DAPSONE 7.5 % GEL W/PUMP	10/1/2025
LAMICTAL XR (BLUE) 25(21)-50 TB ER DSPK	10/1/2025
LAMICTAL XR (GREEN) 50-100-200 TB ER DSPK	10/1/2025
LAMICTAL XR (ORANGE) 25-50-100 TB ER DSPK	10/1/2025
LAMOTRIGINE ODT (BLUE) 25(21)-50 TB RD DSPK	10/1/2025
LAMOTRIGINE ODT (GREEN) 50(42)-100 TB RD DSPK	10/1/2025
LAMOTRIGINE ODT (ORANGE) 25-50-100 TB RD DSPK	10/1/2025
Add Prior Authorization	
ARALAST NP 1000 MG VIAL	1/1/2026

DRUG NAME	EFFECTIVE DATE
ARALAST NP 500 MG VIAL	1/1/2026
FUROSCIX 80 MG/10ML KIT	1/1/2026
GLASSIA 1 G/50 ML VIAL	1/1/2026
PROLASTIN C 1000 MG VIAL	1/1/2026
PROLASTIN C 1000 MG/20 VIAL	1/1/2026
ZEMAIRA 1000 MG VIAL	1/1/2026
ZEMAIRA 4000 MG VIAL	1/1/2026
ZEMAIRA 5000 MG VIAL	1/1/2026
Add Quantity Limit	
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	1/1/2026
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	1/1/2026
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT	1/1/2026
AJOVY SYRINGE 225 MG/1.5 SYRINGE	1/1/2026
ALYQ 20 MG TABLET	1/1/2026
ANDRODERM 2 MG/24 HR PATCH TD24	1/1/2026
ANDRODERM 4 MG/24 HR PATCH TD24	1/1/2026
AUSTEDO 12 MG TABLET	1/1/2026
AUSTEDO 6 MG TABLET	1/1/2026
AUSTEDO 9 MG TABLET	1/1/2026
AUSTEDO XR 12 MG TAB ER 24H	1/1/2026
AUSTEDO XR 18 MG TAB ER 24H	1/1/2026
AUSTEDO XR 24 MG TAB ER 24H	1/1/2026
AUSTEDO XR 30 MG TAB ER 24H	1/1/2026
AUSTEDO XR 36 MG TAB ER 24H	1/1/2026
AUSTEDO XR 42 MG TAB ER 24H	1/1/2026
AUSTEDO XR 48 MG TAB ER 24H	1/1/2026
AUSTEDO XR 6 MG TAB ER 24H	1/1/2026
BOTOX 100 UNIT VIAL	1/1/2026
BOTOX 200 UNIT VIAL	1/1/2026
DUROLANE 60 MG/3 ML SYRINGE	1/1/2026
EMGALITY PEN 120 MG/ML PEN INJCTR	1/1/2026
EMGALITY SYRINGE 120 MG/ML SYRINGE	1/1/2026
EMGALITY SYRINGE 300 MG/3ML SYRINGE	1/1/2026
EUFLEXXA 20 MG/2 ML SYRINGE	1/1/2026
GEL-ONE 30 MG/3 ML SYRINGE	1/1/2026

DRUG NAME	EFFECTIVE DATE
GELSYN-3 16.8MG/2ML SYRINGE	1/1/2026
GENVISC 850 10 MG/ML SYRINGE	1/1/2026
HYALGAN 10 MG/ML SYRINGE	1/1/2026
HYALGAN 10 MG/ML VIAL	1/1/2026
HYMOVIS 24 MG/3 ML SYRINGE	1/1/2026
INGREZZA 40 MG CAPSULE	1/1/2026
INGREZZA 60 MG CAPSULE	1/1/2026
INGREZZA 80 MG CAPSULE	1/1/2026
INGREZZA INITIATION PK(TARDIV) 40 MG-80MG CAP DS PK	1/1/2026
INGREZZA SPRINKLE 40 MG CAP SPRINK	1/1/2026
INGREZZA SPRINKLE 60 MG CAP SPRINK	1/1/2026
INGREZZA SPRINKLE 80 MG CAP SPRINK	1/1/2026
INREBIC 100 MG CAPSULE	1/1/2026
JAKAFI 10 MG TABLET	1/1/2026
JAKAFI 15 MG TABLET	1/1/2026
JAKAFI 20 MG TABLET	1/1/2026
JAKAFI 25 MG TABLET	1/1/2026
JAKAFI 5 MG TABLET	1/1/2026
JATENZO 158 MG CAPSULE	1/1/2026
JATENZO 198 MG CAPSULE	1/1/2026
JATENZO 237 MG CAPSULE	1/1/2026
KYZATREX 100 MG CAPSULE	1/1/2026
KYZATREX 150 MG CAPSULE	1/1/2026
MONOVISC 88 MG/4 ML SYRINGE	1/1/2026
NATESTO 5.5/0.122 GEL MD PMP	1/1/2026
NURTEC ODT 75 MG TAB RAPDIS	1/1/2026
ORTHOVISC 30 MG/2 ML SYRINGE	1/1/2026
QULIPTA 10 MG TABLET	1/1/2026
QULIPTA 30 MG TABLET	1/1/2026
QULIPTA 60 MG TABLET	1/1/2026
REYVOW 100 MG TABLET	1/1/2026
REYVOW 50 MG TABLET	1/1/2026
SAXENDA 3 MG/0.5ML PEN INJCTR	1/1/2026
SODIUM HYALURONATE 10 MG/ML SYRINGE	1/1/2026
SUPARTZ FX 10 MG/ML SYRINGE	1/1/2026

DRUG NAME	EFFECTIVE DATE
SYNOJOYNT 10 MG/ML SYRINGE	1/1/2026
SYNVISC 16MG/2ML SYRINGE	1/1/2026
SYNVISC-ONE 48 MG/6 ML SYRINGE	1/1/2026
TADALAFIL 2.5 MG TABLET	1/1/2026
TADALAFIL 20 MG TABLET	1/1/2026
TADALAFIL 5 MG TABLET	1/1/2026
TESTOSTERONE 1.25G-1.62 GEL PACKET	1/1/2026
TESTOSTERONE 10 MG (2%) GEL MD PMP	1/1/2026
TESTOSTERONE 12.5/1.25G GEL MD PMP	1/1/2026
TESTOSTERONE 2.5G-1.62% GEL PACKET	1/1/2026
TESTOSTERONE 20.25/1.25 GEL MD PMP	1/1/2026
TESTOSTERONE 25MG(1%) GEL PACKET	1/1/2026
TESTOSTERONE 30MG/1.5ML SOL MD PMP	1/1/2026
TESTOSTERONE 50 MG (1%) GEL (GRAM)	1/1/2026
TESTOSTERONE CYPIONATE 100 MG/ML VIAL	1/1/2026
TESTOSTERONE CYPIONATE 200 MG/ML VIAL	1/1/2026
TESTOSTERONE ENANTHATE 200 MG/ML VIAL	1/1/2026
TLANDO 112.5 MG CAPSULE	1/1/2026
TRILURON 10 MG/ML SYRINGE	1/1/2026
TRIVISC 10 MG/ML SYRINGE	1/1/2026
UBRELVY 100 MG TABLET	1/1/2026
UBRELVY 50 MG TABLET	1/1/2026
VIBERZI 100 MG TABLET	1/1/2026
VIBERZI 75 MG TABLET	1/1/2026
VISCO-3 10 MG/ML SYRINGE	1/1/2026
VONJO 100 MG CAPSULE	1/1/2026
VOQUEZNA 10 MG TABLET	1/1/2026
VOQUEZNA 20 MG TABLET	1/1/2026
VOQUEZNA DUAL PAK 20MG-500MG COMBO. PKG	1/1/2026
VOQUEZNA TRIPLE PAK 20-500-500 COMBO. PKG	1/1/2026
VYEPTI 100 MG/ML VIAL	1/1/2026
WEGOVY 0.25MG/0.5 PEN INJCTR	1/1/2026
WEGOVY 0.5MG/.5ML PEN INJCTR	1/1/2026
WEGOVY 1 MG/0.5ML PEN INJCTR	1/1/2026
WEGOVY 1.7MG/0.75 PEN INJCTR	1/1/2026

DRUG NAME	EFFECTIVE DATE
WEGOVY 2.4MG/0.75 PEN INJCTR	1/1/2026
WINLEVI 1 % CREAM (G)	1/1/2026
XYOSTED 100 MG/0.5 AUTO INJCT	1/1/2026
XYOSTED 50MG/0.5ML AUTO INJCT	1/1/2026
XYOSTED 75MG/0.5ML AUTO INJCT	1/1/2026
ZAVZPRET 10 MG SPRAY	1/1/2026
ZEPBOUND 10MG/0.5ML PEN INJCTR	1/1/2026
ZEPBOUND 12.5MG/0.5 PEN INJCTR	1/1/2026
ZEPBOUND 15MG/0.5ML PEN INJCTR	1/1/2026
ZEPBOUND 2.5 MG/0.5 PEN INJCTR	1/1/2026
ZEPBOUND 5 MG/0.5ML PEN INJCTR	1/1/2026
ZEPBOUND 7.5 MG/0.5 PEN INJCTR	1/1/2026
Add Quantity Limit and change in Prior Authorization Criteria	
OPZELURA 1.5 % CREAM (G)	1/1/2026
Add Step Therapy	
GLUCAGON EMERGENCY KIT 1 MG VIAL	1/1/2026
PERTZYE 16K-57.5K CAPSULE DR	1/1/2026
PERTZYE 24K-86.25K CAPSULE DR	1/1/2026
PERTZYE 4000-14375 CAPSULE DR	1/1/2026
PERTZYE 8K-28.75K CAPSULE DR	1/1/2026
VIOKACE 10.4-39.2K TABLET	1/1/2026
VIOKACE 20.9-78.3K TABLET	1/1/2026
Add to formulary with Prior Authorization	
KONVOMEP 2-84 MG/ML SUSP RECON	1/1/2026
OMEPRAZOLE-SODIUM BICARBONATE 20-1680MG PACKET	1/1/2026
OMEPRAZOLE-SODIUM BICARBONATE 40-1680MG PACKET	1/1/2026
STEQEYMA 45MG/0.5ML SYRINGE	1/1/2026
STEQEYMA 90 MG/ML SYRINGE	1/1/2026
VERKAZIA 0.1 % DROPERETTE	1/1/2026
Add to formulary with Quantity Limit	
INSULIN GLARGINE-YFGN 100/ML (3) INSULN PEN	1/1/2026
INSULIN GLARGINE-YFGN 100/ML VIAL	1/1/2026
NOVOLOG 100/ML VIAL	1/1/2026
NOVOLOG FLEXPEN 100/ML (3) INSULN PEN	1/1/2026
NOVOLOG MIX 70-30 70-30/ML VIAL	1/1/2026

DRUG NAME	EFFECTIVE DATE
NOVOLOG MIX 70-30 FLEXPEN 70-30/ML INSULN PEN	1/1/2026
NOVOLOG PENFILL 100/ML CARTRIDGE	1/1/2026
TIOTROPIUM BROMIDE 18 MCG CAP W/DEV	1/1/2026
Add to formulary with Step Therapy and Quantity Limit	
BELBUCA 150 MCG FILM	1/1/2026
BELBUCA 300 MCG FILM	1/1/2026
BELBUCA 450 MCG FILM	1/1/2026
BELBUCA 600 MCG FILM	1/1/2026
BELBUCA 75 MCG FILM	1/1/2026
BELBUCA 750 MCG FILM	1/1/2026
BELBUCA 900 MCG FILM	1/1/2026
LYUMJEV TEMPO PEN U-100 100/ML INSULN PEN	1/1/2026
Change in Prior Authorization Criteria	
PROLIA 60 MG/ML SYRINGE	1/1/2026
XGEVA 120 MG/1.7 VIAL	1/1/2026
Change in Step Therapy Criteria	
ADMELOG 100/ML VIAL	1/1/2026
ADMELOG SOLOSTAR 100/ML INSULN PEN	1/1/2026
AIRDUO DIGIHALER 113-14 MCG AER PW BAS	1/1/2026
AIRDUO DIGIHALER 232-14 MCG AER PW BAS	1/1/2026
AIRDUO DIGIHALER 55-14 MCG AER PW BAS	1/1/2026
ALVESCO 160 MCG HFA AER AD	1/1/2026
ALVESCO 80 MCG HFA AER AD	1/1/2026
APIDRA 100/ML VIAL	1/1/2026
APIDRA SOLOSTAR 100/ML INSULN PEN	1/1/2026
ARMONAIR DIGIHALER 113 MCG AER PW BAS	1/1/2026
ARMONAIR DIGIHALER 232 MCG AER PW BAS	1/1/2026
ARMONAIR DIGIHALER 55 MCG AER PW BAS	1/1/2026
BASAGLAR KWIKPEN U-100 100/ML (3) INSULN PEN	1/1/2026
INSULIN ASPART 100/ML VIAL	1/1/2026
INSULIN ASPART FLEXPEN 100/ML (3) INSULN PEN	1/1/2026
INSULIN ASPART PENFILL 100/ML CARTRIDGE	1/1/2026
LEVEMIR 100/ML VIAL	1/1/2026
LEVEMIR FLEXPEN 100/ML (3) INSULN PEN	1/1/2026
MERILOG 100/ML VIAL	1/1/2026

DRUG NAME	EFFECTIVE DATE
MERILOG SOLOSTAR 100/ML (3) INSULN PEN	1/1/2026
PULMICORT FLEXHALER 180 MCG AER POW BA	1/1/2026
PULMICORT FLEXHALER 90 MCG AER POW BA	1/1/2026
SEMGLEE 100/ML VIAL	1/1/2026
SEMGLEE PEN 100/ML (3) INSULN PEN	1/1/2026
TUDORZA PRESSAIR 400 MCG AER POW BA	1/1/2026
Change to a lower tier	
ENOXAPARIN SODIUM 100 MG/ML SYRINGE	1/1/2026
ENOXAPARIN SODIUM 120MG/.8ML SYRINGE	1/1/2026
ENOXAPARIN SODIUM 150 MG/ML SYRINGE	1/1/2026
ENOXAPARIN SODIUM 300 MG/3ML VIAL	1/1/2026
ENOXAPARIN SODIUM 30MG/0.3ML SYRINGE	1/1/2026
ENOXAPARIN SODIUM 40MG/0.4ML SYRINGE	1/1/2026
ENOXAPARIN SODIUM 60MG/0.6ML SYRINGE	1/1/2026
ENOXAPARIN SODIUM 80MG/0.8ML SYRINGE	1/1/2026
FONDAPARINUX SODIUM 10MG/0.8ML SYRINGE	1/1/2026
FONDAPARINUX SODIUM 2.5 MG/0.5 SYRINGE	1/1/2026
FONDAPARINUX SODIUM 5MG/0.4ML SYRINGE	1/1/2026
FONDAPARINUX SODIUM 7.5 MG/0.6 SYRINGE	1/1/2026
FRAGMIN 10000/4 ML VIAL	1/1/2026
FRAGMIN 10000/ML SYRINGE	1/1/2026
FRAGMIN 12500/0.5 SYRINGE	1/1/2026
FRAGMIN 15000/0.6 SYRINGE	1/1/2026
FRAGMIN 18000/0.72 SYRINGE	1/1/2026
FRAGMIN 2500/0.2ML SYRINGE	1/1/2026
FRAGMIN 25000/ML VIAL	1/1/2026
FRAGMIN 5000/0.2ML SYRINGE	1/1/2026
FRAGMIN 7500/0.3ML SYRINGE	1/1/2026
NUCYNTA ER 100 MG TAB ER 12H	1/1/2026
NUCYNTA ER 150 MG TAB ER 12H	1/1/2026
NUCYNTA ER 200 MG TAB ER 12H	1/1/2026
NUCYNTA ER 250 MG TAB ER 12H	1/1/2026
NUCYNTA ER 50 MG TAB ER 12H	1/1/2026
NYMALIZE 30 MG/5 ML SYRINGE	1/1/2026
NYMALIZE 60 MG/10ML SOLUTION	1/1/2026

DRUG NAME	EFFECTIVE DATE
NYMALIZE 60 MG/10ML SYRINGE	1/1/2026
XTAMPZA ER 13.5 MG CAP SPR 12	1/1/2026
XTAMPZA ER 18 MG CAP SPR 12	1/1/2026
XTAMPZA ER 27 MG CAP SPR 12	1/1/2026
XTAMPZA ER 36 MG CAP SPR 12	1/1/2026
XTAMPZA ER 9 MG CAP SPR 12	1/1/2026
Change to a lower tier and remove Step Therapy	
ASMANEX 110MCG(30) AER POW BA	1/1/2026
ASMANEX 220MCG 120 AER POW BA	1/1/2026
ASMANEX 220MCG(30) AER POW BA	1/1/2026
ASMANEX 220MCG(60) AER POW BA	1/1/2026
ASMANEX HFA 100 MCG HFA AER AD	1/1/2026
ASMANEX HFA 200 MCG HFA AER AD	1/1/2026
ASMANEX HFA 50 MCG HFA AER AD	1/1/2026
DULERA 100-5 MCG HFA AER AD	1/1/2026
DULERA 200-5 MCG HFA AER AD	1/1/2026
DULERA 50MCG-5MCG HFA AER AD	1/1/2026
FIASP 100/ML VIAL	1/1/2026
FIASP FLEXTOUCH 100/ML (3) INSULN PEN	1/1/2026
FIASP PENFILL 100/ML (3) CARTRIDGE	1/1/2026
FIASP PUMPCART 100/ML CARTRIDGE	1/1/2026
FLUTICASONE-SALMETEROL 113-14 MCG AER POW BA	1/1/2026
FLUTICASONE-SALMETEROL 232-14 MCG AER POW BA	1/1/2026
FLUTICASONE-SALMETEROL 55-14 MCG AER POW BA	1/1/2026
INCRUSE ELLIPTA 62.5 MCG BLST W/DEV	1/1/2026
NOVOLIN 70-30 70-30/ML VIAL	1/1/2026
NOVOLIN 70-30 FLEXPEN 70-30/ML INSULN PEN	1/1/2026
NOVOLIN N 100/ML VIAL	1/1/2026
NOVOLIN N FLEXPEN 100/ML (3) INSULN PEN	1/1/2026
NOVOLIN R 100/ML VIAL	1/1/2026
NOVOLIN R FLEXPEN 100/ML (3) INSULN PEN	1/1/2026
QVAR REDIHALER 40 MCG HFA AEROBA	1/1/2026
QVAR REDIHALER 80 MCG HFA AEROBA	1/1/2026
Change to a lower tier, add Quantity Limit, and change in Prior Authorization Criteria	
VTAMA 1 % CREAM (G)	1/1/2026

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DRUG NAME	EFFECTIVE DATE
ZORYVE 0.15 % CREAM (G)	1/1/2026
ZORYVE 0.3 % CREAM (G)	1/1/2026
ZORYVE 0.3 % FOAM	1/1/2026
Change to a lower tier, remove Prior Authorization and add Quantity Limit	
CEQUR SIMPLICITY 2 UNIT EACH	1/1/2026
CEQUR SIMPLICITY INSERTER MISCELL	1/1/2026
Change to higher tier	
ALOCRIL 2 % DROPS	1/1/2026
ALOMIDE 0.1 % DROPS	1/1/2026
ALORA .025MG/24H PATCH TDSW	1/1/2026
ALORA .075MG/24H PATCH TDSW	1/1/2026
ALORA 0.05MG/24H PATCH TDSW	1/1/2026
ALORA 0.1MG/24HR PATCH TDSW	1/1/2026
ENTRESTO SPRINKLE 15 MG-16MG PEL DSP CP	1/1/2026
ENTRESTO SPRINKLE 6 MG-6 MG PEL DSP CP	1/1/2026
KLISYRI 1 % OINT PACK	1/1/2026
OXYCONTIN 10 MG TAB ER 12H	1/1/2026
OXYCONTIN 15 MG TAB ER 12H	1/1/2026
OXYCONTIN 20 MG TAB ER 12H	1/1/2026
OXYCONTIN 30 MG TAB ER 12H	1/1/2026
OXYCONTIN 40 MG TAB ER 12H	1/1/2026
OXYCONTIN 60 MG TAB ER 12H	1/1/2026
OXYCONTIN 80 MG TAB ER 12H	1/1/2026
PENTASA 250 MG CAPSULE ER	1/1/2026
PENTASA 500 MG CAPSULE ER	1/1/2026
SYMJEPI 0.15MG/0.3 SYRINGE	1/1/2026
SYMJEPI 0.3MG/0.3 SYRINGE	1/1/2026
Change to higher tier and add Step Therapy	
GLUCAGON EMERGENCY KIT 1 MG VIAL	1/1/2026
ONETOUCH ULTRA TEST STRIP	1/1/2026
ONETOUCH VERIO TEST STRIP	1/1/2026
SEMGLEE (YFGN) 100/ML VIAL	1/1/2026
SEMGLEE (YFGN) PEN 100/ML (3) INSULN PEN	1/1/2026
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 AUTO INJCT	1/1/2026
ZEGALOGUE SYRINGE 0.6 MG/0.6 SYRINGE	1/1/2026

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DRUG NAME	EFFECTIVE DATE
Decrease in Quantity Limit	
DEXTROAMPHETAMINE SULFATE 10 MG TABLET	1/1/2026
Remove Step Therapy, add Quantity Limit, and add Prior Authorization	
EUCRISA 2 % OINT. (G)	1/1/2026
Remove from formulary	
ABILIFY ASIMTUFII 720 MG/2.4 SUSER SYR	1/1/2026
ABILIFY ASIMTUFII 960 MG/3.2 SUSER SYR	1/1/2026
AGGRASTAT 3.75 MG/15 VIAL	1/1/2026
AGGRASTAT 5 MG/100ML VIAL	1/1/2026
ARGATROBAN 100 MG/ML VIAL	1/1/2026
ARGATROBAN-0.9% NACL 50 MG/50ML VIAL	1/1/2026
ARISTADA 1064MG/3.9 SUSER SYR	1/1/2026
ARISTADA 441 MG/1.6 SUSER SYR	1/1/2026
ARISTADA 662 MG/2.4 SUSER SYR	1/1/2026
ARISTADA 882 MG/3.2 SUSER SYR	1/1/2026
ARISTADA INITIO 675 MG/2.4 SUSER SYR	1/1/2026
ATGAM 50 MG/ML AMPUL	1/1/2026
BIVALIRUDIN 250 MG VIAL	1/1/2026
BIVALIRUDIN 250 MG VIAL PORT	1/1/2026
BIVALIRUDIN 250MG/50ML VIAL	1/1/2026
BIVALIRUDIN-0.9% NACL 250MG/50ML FROZ.PIGGY	1/1/2026
ENTADFI 5 MG-5 MG CAPSULE	1/1/2026
EPTIFIBATIDE 2 MG/ML VIAL	1/1/2026
EPTIFIBATIDE 75MG/100ML PLAST. BAG	1/1/2026
EPTIFIBATIDE 75MG/100ML Vial	1/1/2026
ERZOFRI 234MG/1.5 SYRINGE	1/1/2026
ERZOFRI 351MG/2.25 SYRINGE	1/1/2026
INVEGA HAFYERA 1092MG/3.5 SYRINGE	1/1/2026
INVEGA HAFYERA 1560MG/5ML SYRINGE	1/1/2026
INVEGA SUSTENNA 117MG/0.75 SYRINGE	1/1/2026
INVEGA SUSTENNA 156 MG/ML SYRINGE	1/1/2026
INVEGA SUSTENNA 234MG/1.5 SYRINGE	1/1/2026
INVEGA SUSTENNA 39MG/0.25 SYRINGE	1/1/2026
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	1/1/2026
INVEGA TRINZA 273MG/0.88 SYRINGE	1/1/2026

DRUG NAME	EFFECTIVE DATE
INVEGA TRINZA 410MG/1.32 SYRINGE	1/1/2026
INVEGA TRINZA 546MG/1.75 SYRINGE	1/1/2026
INVEGA TRINZA 819MG/2.63 SYRINGE	1/1/2026
ORPHENADRINE-ASPIRIN-CAFFEINE 25-385-30 TABLET	1/1/2026
PERSERIS 120 MG SUSER SYR	1/1/2026
PERSERIS 90 MG SUSER SYR	1/1/2026
RIMANTADINE HCL 100 MG TABLET	1/1/2026
RISPERIDONE ER 12.5MG/2ML VIAL	1/1/2026
RISPERIDONE ER 25 MG/2 ML VIAL	1/1/2026
RISPERIDONE ER 37.5MG/2ML VIAL	1/1/2026
RISPERIDONE ER 50 MG/2 ML VIAL	1/1/2026
SELARSDI 130MG/26ML VIAL	1/1/2026
SELARSDI 45MG/0.5ML SYRINGE	1/1/2026
SELARSDI 90 MG/ML SYRINGE	1/1/2026
SIMULECT 10 MG VIAL	1/1/2026
SIMULECT 20 MG VIAL	1/1/2026
SPIRIVA HANDIHALER 18 MCG CAP W/DEV	1/1/2026
STELARA 130MG/26ML VIAL	1/1/2026
STELARA 45MG/0.5ML SYRINGE	1/1/2026
STELARA 45MG/0.5ML VIAL	1/1/2026
STELARA 90 MG/ML SYRINGE	1/1/2026
THYMOGLOBULIN 25 MG VIAL	1/1/2026
TUSSICAPS 10MG-8MG CAP ER 12H	1/1/2026
UZEDY 100MG/0.28 SUSER SYR	1/1/2026
UZEDY 125MG/0.35 SUSER SYR	1/1/2026
UZEDY 150MG/0.42 SUSER SYR	1/1/2026
UZEDY 200MG/0.56 SUSER SYR	1/1/2026
UZEDY 250 MG/0.7 SUSER SYR	1/1/2026
UZEDY 50 MG/0.14 SUSER SYR	1/1/2026
UZEDY 75 MG/0.21 SUSER SYR	1/1/2026
ZYPREXA RELPREVV 210 MG VIAL	1/1/2026
ZYPREXA RELPREVV 300 MG VIAL	1/1/2026
ZYPREXA RELPREVV 405 MG VIAL	1/1/2026
Remove Prior Authorization and add Quantity Limit	
AMPHETAMINE SULFATE 10 MG TABLET	1/1/2026

DRUG NAME	EFFECTIVE DATE
AMPHETAMINE SULFATE 5 MG TABLET	1/1/2026
PILOCARPINE HCL 1.25 % DROPS	1/1/2026
VUITY 1.25 % DROPS	1/1/2026
Remove Prior Authorization, add Quantity Limit, and add Step Therapy	
LYBALVI 10 MG-10MG TABLET	1/1/2026
LYBALVI 15 MG-10MG TABLET	1/1/2026
LYBALVI 20 MG-10MG TABLET	1/1/2026
LYBALVI 5 MG-10 MG TABLET	1/1/2026
QLOSI 0.4 % DROPERETTE	1/1/2026
QUVIVIQ 25 MG TABLET	1/1/2026
QUVIVIQ 50 MG TABLET	1/1/2026
Remove Quantity Limit and add Prior Authorization	
MYALEPT FNL 5MG/ML VIAL	1/1/2026
Remove Step Therapy, remove Quantity Limit, and add Prior Authorization	
ENALAPRIL MALEATE 1 MG/ML SOLUTION	1/1/2026
QBRELIS 1 MG/ML SOLUTION	1/1/2026

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