Inland Empire Health Plan

Pharmacy Times

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

To: PCPs

From: IEHP Pharmaceutical Services Department

Date: January 8, 2026

Subject: **December 2025 Pharmacy & Therapeutics Subcommittee Update**

December 2025 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, December 5, 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 eltrombopag, ticagrelor, and sacubitril. Eltrombopag had been added to the formulary with Prior Authorization effective 9/1/2025. Ticagrelor has been added to the formulary with a quantity limit effective 10/1/2025. Sacubitril has been added to the formulary with a quantity limit effective 11/1/2025.

The full Medicare formulary may be found on the IEHP website at: https://www.iehp.org/en/browse-plans/dualchoice/prescription-drugs

Selected drug classes were reviewed for Annual Therapeutic Category and Classification Review with formulary recommendations. Please refer to the formulary for full details of all the therapeutic categories and classifications reviewed.

Covered California Formulary Updates

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 Annual Policy Review

IEHP Formulary Management for Medicare and IEHP Pharmacy Benefit Manager (PBM) Oversight Responsibilities CCA were presented to P&T subcommittee for their approval. In addition, several internal MedImpact policies were reviewed and approved to ensure appropriate procedures are in place for proper delegation oversight.

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Pharmacy Utilization Management Updates

This quarter, six IEHP Pharmacy Policies were presented to the P&T subcommittee for their approval. Three policies were recommended for renewal with updates, while the remaining three policies were recommended to retire.

Four Medi-Cal Medical Drug Benefit Drug Classes have been reviewed and approved with no recommended changes.

Drug Utilization Review (DUR) Updates

IEHP reviewed several DUR reports, including Asthma Medication Ratio (AMR) for Medi-Cal, Medication Adherence measures for Cholesterol, Diabetes, Hypertension, Statin Use in Persons with Diabetes (SUPD), and Statin Therapy for Patients with Cardiovascular Disease (SPC) for Medicare. Additional Medicare reviews addressed overutilization through Concurrent Use of Opioids and Benzodiazepines (COB) and Polypharmacy with Anticholinergic medications (Poly-ACH). Naloxone Drug Use Evaluations were conducted for both Medicare and Covered California to improve opioid safety. Additional reports included Fraud, Waste, and Abuse (FWA) monitoring initiatives such as the Drug Management Program for Medicare, Provider Risk Assessment Reports for Medicare and Covered California, and review of the Medi-Cal Rx opioid Dashboard. IEHP will continue implementing targeted interventions and collaborating with providers to enhance adherence, reduce overutilization, and optimize member outcomes.

To access the full December 2025 Pharmacy & Therapeutics Subcommittee update, please visit the IEHP provider website at:

https://www.providerservices.iehp.org/en/news-and-updates/notices

or

https://www.providerservices.iehp.org/en/pharmacy/pharmacy-resources/pharmacy-provider-communications

The next IEHP P&T Subcommittee Meeting is Friday, February 27, 2026.

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Medicare Formulary Updates

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
Avmapki-Fakzynja (avutometinib and defactinib)	0.8 MG-200 mg oral pack	Add to formulary	9/1/2025
bisoprolol fumarate	fumarate 2.5 mg tablet	Add to formulary	10/1/2025
ciprofloxacin	0.2 % ear drops in a dropperette	Add to formulary	9/1/2025
Edurant PED (rilpivirine)	2.5 MG tablet for oral suspension	Add to formulary	10/1/2025
eltrombopag olamine	12.5 mg powder packet for oral suspension	Add to formulary	9/1/2025
eltrombopag olamine	12.5 mg tablet	Add to formulary	9/1/2025
eltrombopag olamine	25 mg oral powder packet	Add to formulary	9/1/2025
eltrombopag olamine	25 mg tablet 50 mg tablet 75 mg tablet	Add to formulary	9/1/2025
emtricitabine/rilpivirine/tenofovir disoproxil	200 mg-25 mg- 300 mg tablet	Add to formulary	9/1/2025
Erzofri (paliperidone palmitate)	117 mg/0.75 ml intramuscular syringe 156 mg/ml intramuscular syringe 234 mg/1.5 ml intramuscular syringe 351 mg/2.25 ml intramuscular syringe 39 mg/0.25 ml intramuscular syringe 78 mg/0.5 ml intramuscular syringe	Add to formulary	9/1/2025
fluorouracil	0.5 % topical cream	Add to formulary	11/1/2025
Glyxambi (empagliflozin and linagliptin)	10 mg-5 mg tablet 25 mg-5 mg tablet	Add to formulary	9/1/2025

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
Hernexeos (zongertinib)	60 mg tablet	Add to formulary	11/1/2025
Ibtrozi (taletrectinib)	200 mg capsule	Add to formulary	10/1/2025
Ixchiq (chikungunya vaccine)(pf)	1000 TCID50/0.5 ml intramuscular solution	Remove from formulary	10/1/2025
Kerendia (finerenone)	40 mg tablet	Add to formulary	11/1/2025
Modeyso (dordaviprone)	125 mg capsule	Add to formulary	11/1/2025
Penmenvy (meningococcal groups a, b, c, w, and y vaccine) (pf)	0.5 ml intramuscular kit	Add to formulary	10/1/2025
perampanel	2 mg tablet 4 mg tablet 6 mg tablet 8 mg tablet 10 mg tablet 12 mg tablet	Add to formulary	10/1/2025
rivaroxaban	2.5 mg tablet	Add to formulary	10/1/2025
Sacubitril/valsartan	24 mg- 26 mg tablet 49 mg- 51 mg tablet 97 mg- 103 mg tablet	Add to formulary	11/1/2025
Stoboclo (denosumab-bmwo)	60 mg/mL subcutaneous syringe	Add to formulary	10/1/2025
ticagrelor	60 mg tablet 90 mg tablet	Add to formulary	10/1/2025
topiramate	25 mg/mL oral solution	Add to formulary	11/1/2025
Trijardy XR (empagliflozin/linagliptin/metformin)	10 mg-5 mg-1,000 mg tablet, extended release 12.5 mg-2.5 mg-1,000 mg tablet, extended release 25 mg-5 mg-1,000 mg tablet, extended release 5 mg-2.5 mg-1,000 mg tablet, extended release	Add to formulary	9/1/2025

Highlights from the Medicare D-SNP formulary additions include eltrombopag, ticagrelor, and sacubitril. Eltrombopag had been added to formulary with Prior Authorization effective 9/1/2025. Ticagrelor has been added to formulary with quantity limit effective 10/1/2025. Sacubitril has been added to formulary with quantity limit effective 11/1/2025.

The full Medicare formulary may be found on the IEHP website at: https://www.iehp.org/en/browse-plans/dualchoice/prescription-drugs

Selected drug classes were reviewed for Annual Therapeutic Category and Classification Review with following formulary recommendations:

Drug Class Reviewed	Available Formulary Drugs	Formulary Recommendation
ANTIDIABETIC AGENTS, MISCELLANEOUS	Mounjaro, Trulicity, Ozempic, Rybelsus	• Add Quantity Limit to the formulary GLP1 receptor agonist
EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS	Xiidra, cyclosporine	• Remove Brand Restasis • Add Eysuvis to formulary with Quantity Limit
ANTICOAGULANTS	Eliquis, Xarelto, dabigatran	• Remove Pradaxa oral Pellet • Add Xarelto oral suspension with Quantity Limit • Decrease Quantity Limit to from 4 capsules per day to 2 capsules per day for dabigatran 75 mg and 110 mg

Please refer to the formulary for full details of all the therapeutic category and classification reviewed.

Covered California Formulary Updates

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Abilify Asimtufii (aripiprazole)	720 mg/2.4 suser syr 960 mg/3.2 suser syr	Change to a lower tier	1/1/2026
Abilify Maintena (aripiprazole)	300 mg suser syr 400 mg suser syr	Change to a lower tier	1/1/2026
Admelog (insulin lispro)	100/ml vial	Change in Step Therapy Criteria	1/1/2026
Admelog Solostar (insulin lispro)	100/ml insulin pen	Change in Step Therapy Criteria	1/1/2026
Adthyza (levothyroxine and liothyronine)	130 mg tablet 16.25 mg tablet 32.5 mg tablet 65 mg tablet 97.5 mg tablet	Add to formulary with Step Therapy	1/1/2026
Aggrastat (tirofiban)	3.75 mg/15 vial 5 mg/100ml vial	Remove from formulary	1/1/2026
Aimovig Autoinjector (erenumab-aooe)	140 mg/ml auto injct 70 mg/ml auto injct	Add Quantity Limit	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
AirDuo Digihaler (fluticasone propionate and salmeterol)	113-14 mcg aer pw bas 232-14 mcg aer pw bas 55-14 mcg aer pw bas	Change in Step Therapy Criteria	1/1/2026
Ajovy Autoinjector (fremanezumab-vfrm)	225 mg/1.5 auto injct	Add Quantity Limit	1/1/2026
Ajovy Syringe (fremanezumab-vfrm)	225 mg/1.5 syringe	Add Quantity Limit	1/1/2026
Alocril (nedocromil sodium)	2 % drops	Change to a higher tier	1/1/2026
Alomide (lodoxamide tromethamine)	0.1 % drops	Change to a higher tier	1/1/2026
Alora (estradiol)	.025mg/24h patch tdsw .075mg/24h patch tdsw 0.05mg/24h patch tdsw 0.1mg/24hr patch tdsw	Change to a higher tier	1/1/2026
Alvaiz (eltrombopag)	18 mg tablet 36 mg tablet 54 mg tablet 9 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Alvesco (ciclesonide)	160 mcg hfa aer ad 80 mcg hfa aer ad	Change in Step Therapy Criteria	1/1/2026
Alyglo (immune globulin intravenous, human-stwk)	10 % vial	Change in Prior Authorization Criteria	1/1/2026
Alyq (tadalafil)	20 mg tablet	Add Quantity Limit	1/1/2026
amphetamine sulfate	10 mg tablet 5 mg tablet	Remove Prior Authorization and add Quantity Limit	1/1/2026
Amzeeq (minocycline)	4 % foam	Add to formulary with Step Therapy	1/1/2026
Androderm (testosterone)	2 mg/24 hr patch td24 4 mg/24 hr patch td24	Add Quantity Limit	1/1/2026
Apidra (insulin glulisine)	100/ml vial	Change in Step Therapy Criteria	1/1/2026
Apidra Solostar (insulin glulisine)	100/ml insulin pen	Change in Step Therapy Criteria	1/1/2026
Aralast NP (Alpha-1-proteinase inhibitor (human))	1000 mg vial 500 mg vial	Add Prior Authorization	1/1/2026
Aranesp (darbepoetin alfa)	100 mcg/ml vial 200 mcg/ml vial 25 mcg/ml vial 60 mcg/ml vial	Change in Prior Authorization Criteria	10/1/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Aranesp (darbepoetin alfa)	100mcg/0.5 syringe 10mcg/0.4 syringe 150mcg/0.3 syringe 200mcg/0.4 syringe 25mcg/0.42 syringe 300mcg/0.6 syringe 40 mcg/0.4 syringe 40 mcg/0.4 syringe 500 mcg/ml syringe 60 mcg/0.3 syringe	Change in Prior Authorization Criteria	10/1/2025
argatroban	100 mg/ml vial	Remove from formulary	1/1/2026
argatroban	0.9% nacl 50 mg/50ml vial	Remove from formulary	1/1/2026
Aristada (aripiprazole lauroxil)	1064mg/3.9 suser syr 441 mg/1.6 suser syr 662 mg/2.4 suser syr 882 mg/3.2 suser syr	Change to a lower tier	1/1/2026
Aristada (Initio aripiprazole lauroxil)	675 mg/2.4 suser syr	Change to a lower tier	1/1/2026
Armonair Digihaler (fluticasone propionate)	113 mcg aer pw bas 232 mcg aer pw bas 55 mcg aer pw bas	Change in Step Therapy Criteria	1/1/2026
Armour Thyroid (thyroid desiccated)	120 mg tablet 15 mg tablet 180 mg tablet 240 mg tablet 30 mg tablet 300 mg tablet 60 mg tablet 90 mg tablet	Change in Step Therapy Criteria	1/1/2026
Asceniv (immune globulin intravenous, human-slra)	10% vial	Change in Prior Authorization Criteria	1/1/2026
Asmanex (mometasone furoate)	110 mcg (30) aer pow ba 220 mcg 120 aer pow ba 220 mcg (30) aer pow ba 220 mcg (60) aer pow ba	Change to a lower tier and remove Step Therapy	1/1/2026
Asmanex Hfa (mometasone furoate)	100 mcg hfa aer ad 200 mcg hfa aer ad 50 mcg hfa aer ad	Change to a lower tier and remove Step Therapy	1/1/2026
Atgam (antithymocyte globulin (equine)	50 mg/ml ampul	Remove from formulary	1/1/2026
Atorvaliq (atorvastatin calcium)	20 mg/5 ml oral susp	Change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
atorvastatin calcium	10 mg tablet 20 mg tablet 40 mg tablet 80 mg tablet	Remove Quantity Limit	1/1/2026
Austedo (deutetrabenazine)	12 mg tablet 6 mg tablet 9 mg tablet	Add Quantity Limit	1/1/2026
Austedo XR (deutetrabenazine)	12 mg tab er 24h 18 mg tab er 24h 24 mg tab er 24h 30 mg tab er 24h 36 mg tab er 24h 42 mg tab er 24h 48 mg tab er 24h 6 mg tab er 24h	Add Quantity Limit	1/1/2026
Auvi-Q (epinephrine)	0.15/0.15 auto injct 0.1mg/.1ml auto injct 0.3mg/0.3 auto injct	Add to formulary with Quantity Limit	10/1/2025
Avsola (infliximab-axxq)	100 mg vial	Change in Prior Authorization Criteria	10/1/2025
Azelastine hcl	137 mcg spray/pump 205.5 mcg spray/pump	Remove Quantity Limit	10/1/2025
Azelex (azelaic acid)	20 % cream (g)	Remove Step Therapy and add Prior Authorization	1/1/2026
baclofen	10 mg tablet 20 mg tablet 5 mg tablet	Remove Quantity Limit	10/1/2025
baclofen	10 mg/5 ml solution 5 mg/5 ml solution	Change in Prior Authorization Criteria	1/1/2026
Bafiertam (monomethyl fumarate)	95 mg capsule dr	Change in Prior Authorization Criteria	1/1/2026
Basaglar Kwikpen (insulin glargine)	u-100 100/ml -3 insulin pen	Change in Step Therapy Criteria	1/1/2026
Baxdela (delafloxacin)	450 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Belbuca (buprenorphine)	150 mcg film 300 mcg film 450 mcg film 600 mcg film 75 mcg film 750 mcg film 900 mcg film	Add to formulary with Step Therapy and Quantity Limit	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Belsomra (suvorexant)	10 mg tablet 15 mg tablet 20 mg tablet 5 mg tablet	Add Step Therapy	10/1/2025
Bimzelx (bimekizumab)	160 mg/ml syringe 320 mg/2ml syringe	Change in Prior Authorization Criteria	10/1/2025
Bimzelx Autoinjector (bimekizumab)	160 mg/ml auto injct 320 mg/2ml auto injct	Change in Prior Authorization Criteria	10/1/2025
bivalirudin	250 mg vial 250mg/50ml vial	Remove from formulary	1/1/2026
bivalirudin	250 mg vial port	Remove from formulary	1/1/2026
bivalirudin	0.9% nacl 250mg/50ml froz.piggy	Remove from formulary	1/1/2026
Bivigam (immune globulin intravenous (Human))	10 % vial	Change in Prior Authorization Criteria	1/1/2026
Botox (onabotulinumtoxinA)	100 unit vial 200 unit vial	Add Quantity Limit	1/1/2026
Briumvi (ublituximab-xiiy)	150 mg/6ml vial	Change in Prior Authorization Criteria	1/1/2026
bupropion xl	450 mg tab er 24h	Add to formulary with Step Therapy and Quantity Limit	1/1/2026
Byooviz (ranibizumab-nuna)	0.5mg/0.05 vial	Change in Prior Authorization Criteria	1/1/2026
Cabtreo (clindamycin phosphate, adapalene, benzoyl peroxide)	0.15%-3.1% gel (gram)	Change in Prior Authorization Criteria	1/1/2026
Camzyos (mavacamten)	10 mg capsule 15 mg capsule 2.5 mg capsule 5 mg capsule	Change in Prior Authorization Criteria	10/1/2025
Caplyta (lumateperone)	10.5 mg capsule 21 mg capsule 42 mg capsule	Change to a lower tier and remove Step Therapy	10/1/2025
carisoprodol	250 mg tablet 350 mg tablet	Remove Quantity Limit	10/1/2025
CeQur Simplicity	2 unit each	Change to a lower tier, remove Prior Authorization and add Quantity Limit	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
CeQur Simplicity	inserter miscell	Change to a lower tier, remove Prior Authorization and add Quantity Limit	1/1/2026
Chenodal (chenodiol)	250 mg tablet	Change in Prior Authorization Criteria	1/1/2026
chlorzoxazone	500 mg tablet	Remove Quantity Limit	10/1/2025
Cholbam (cholic acid)	250 mg capsule 50 mg capsule	Change in Prior Authorization Criteria	1/1/2026
Cimerli (ranibizumab-eqrn)	0.3mg/0.05 vial 0.5mg/0.05 vial	Change in Prior Authorization Criteria	1/1/2026
Cimzia (certolizumab pegol)	(2 pack) 400 mg kit	Change in Prior Authorization Criteria	10/1/2025
Cimzia (certolizumab pegol)	400 mg/2ml syringe kit	Change in Prior Authorization Criteria	10/1/2025
Clarinex-D (desloratadine and pseudoephedrine)	12 hour 2.5-120 mg tbmp 12hr	Remove Quantity Limit	10/1/2025
Cleocin (clindamycin)	100 mg supp.vag	Change in Step Therapy Criteria	1/1/2026
Clindamycin Phosphate (clindamycin phosphate)	1 % gel daily	Add to formulary	1/1/2026
Clindamycin Phos-Tretinoin (clindamycin and tretinoin)	1.2-0.025% gel (gram)	Add to formulary with Step Therapy	1/1/2026
Clindamycin-Benzoyl Peroxide (clindamycin and benzoyl peroxide)	1.2%-3.75% gel w/pump	Add Step Therapy	1/1/2026
Clindesse (clindamycin)	2 % crm er (g)	Change in Step Therapy Criteria	1/1/2026
Contour Next	test strip	Change to a lower tier and remove Step Therapy	10/1/2025
Contour Plus	test strip	Change to a lower tier and remove Step Therapy	10/1/2025
Contour Test	test strip	Change to a lower tier and remove Step Therapy	10/1/2025
Cortifoam (hydrocortisone)	10 % foam/appl	Change to a lower tier	1/1/2026
Cortrophin (repository corticotropin injection)	40/0.5 ml syringe 80 unit/ml syringe	Change in Prior Authorization Criteria	1/1/2026
Cortrophin (repository corticotropin injection)	80 unit/ml vial	Change in Prior Authorization Criteria	1/1/2026
Cosentyx (secukinumab)	(2 syringes) 150 mg/ml syringe syringe 75mg/0.5ml syringe	Change in Prior Authorization Criteria	10/1/2025
Cosentyx (secukinumab)	125 mg/5ml vial	Change in Prior Authorization Criteria	10/1/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Cosentyx Sensoready Pen (secukinumab)	(2 pens) 150 mg/ml pen injctr sensoready pen 300 mg/2ml pen injctr	Change in Prior Authorization Criteria	10/1/2025
Crenessity (crinecerfont)	100 mg capsule 25 mg capsule 50 mg capsule	Change in Prior Authorization Criteria	1/1/2026
Cutaquig (immune globulin subcutaneous (human)-hipp)	16.5 % vial	Change in Prior Authorization Criteria	1/1/2026
Cuvitru (immune globulin subcutaneous (human))	1 g/5 ml vial 10 g/50 ml vial 2 g/10 ml vial 4 g/20 ml vial 8 g/40 ml vial	Change in Prior Authorization Criteria	1/1/2026
cyclobenzaprine hcl	7.5 mg tablet	Add to formulary	10/1/2025
cyclobenzaprine hcl	10 mg tablet 5 mg tablet	Remove Quantity Limit	10/1/2025
dantrolene sodium	100 mg capsule 25 mg capsule 50 mg capsule	Remove Quantity Limit	10/1/2025
Danyelza (naxitamab-gqgk)	40mg/10ml vial	Change in Prior Authorization Criteria	1/1/2026
dapsone	7.5 % gel w/pump	Remove Step Therapy	10/1/2025
dapsone	7.5 % gel (gram)	Add to formulary	1/1/2026
Dayvigo (lemborexant)	10 mg tablet 5 mg tablet	Change to a lower tier and change in Step Therapy Criteria	10/1/2025
desloratadine	2.5 mg tab rapdis 5 mg tab rapdis	Remove Quantity Limit	10/1/2025
desloratadine	5 mg tablet	Remove Quantity Limit	10/1/2025
dextroamphetamine sulfate	10 mg tablet	Decrease in Quantity Limit	1/1/2026
Doptelet (avatrombopag)	250 mg capsule 500 mg capsule	Change in Prior Authorization Criteria	10/1/2025
Doptelet (avatrombopag)	250 mg powd pack 500 mg powd pack	Change in Prior Authorization Criteria	10/1/2025
Doptelet (avatrombopag)	20 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Drizalma Sprinkle (duloxetine)	20 mg cap dr spr 30 mg cap dr spr 40 mg cap dr spr 60 mg cap dr spr	Add to formulary with Step Therapy and Quantity Limit	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Dulera (mometasone and formoterol)	100-5 mcg hfa aer ad 200-5 mcg hfa aer ad 50mcg-5mcg hfa aer ad	Change to a lower tier and remove Step Therapy	1/1/2026
duloxetine hcl	40 mg capsule dr	Add to formulary with Step Therapy and Quantity Limit	1/1/2026
Dupixent Pen (dupilumab)	200mg/1.14 pen injctr 300 mg/2ml pen injctr	Change in Prior Authorization Criteria	1/1/2026
Dupixent Syringe (dupilumab)	200mg/1.14 syringe 300 mg/2ml syringe	Change in Prior Authorization Criteria	1/1/2026
Durolane (hyaluronic acid)	60 mg/3 ml syringe	Add Quantity Limit	1/1/2026
eltrombopag olamine	12.5 mg powd pack 25 mg powd pack	Change in Prior Authorization Criteria	10/1/2025
eltrombopag olamine	12.5 mg tablet 25 mg tablet 50 mg tablet 75 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Elyxyb (celecoxib)	120 mg/4.8 solution	Change in Prior Authorization Criteria	1/1/2026
Emgality Pen (galcanezumab-gnlm)	120 mg/ml pen injctr	Add Quantity Limit	1/1/2026
Emgality Syringe (galcanezumab-gnlm)	120 mg/ml syringe 300 mg/3ml syringe	Add Quantity Limit	1/1/2026
Empaveli (pegcetacoplan)	1080 mg/20 vial	Change in Prior Authorization Criteria	1/1/2026
enalapril Maleate	1 mg/ml solution	Remove Step Therapy, remove Quantity Limit, and add Prior Authorization	1/1/2026
Enbumyst (bumetanide)	0.5mg/spry spray	Add to formulary with Prior Authorization	1/1/2026
enoxaparin sodium	100 mg/ml syringe 120mg/.8ml syringe 150 mg/ml syringe 30mg/0.3ml syringe 40mg/0.4ml syringe 60mg/0.6ml syringe 80mg/0.8ml syringe	Change to a lower tier	1/1/2026
enoxaparin Sodium	300 mg/3ml vial	Change to a lower tier	1/1/2026
Enspryng (satralizumab-mwge)	120 mg/ml syringe	Change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Enstilar (calcipotriene and betamethasone dipropionate)	0.005-.064 foam	Change to a lower tier and remove Step Therapy	10/1/2025
Entadfi (finasteride and tadalafil)	5 mg-5 mg capsule	Remove from formulary	1/1/2026
Entresto Sprinkle (sacubitril and valsartan)	15 mg-16mg pel dsp cp 6 mg-6 mg pel dsp cp	Change to a higher tier	1/1/2026
Epidiolex (cannabidiol)	100 mg/ml solution	Change in Step Therapy Criteria	10/1/2025
Epogen (epoetin alfa)	10000/ml vial 2000/ml vial 20000/ml vial 3000/ml vial 4000/ml vial	Change in Prior Authorization Criteria	10/1/2025
Eptifibatide	75mg/100ml plast. bag	Remove from formulary	1/1/2026
eptifibatide	75mg/100ml vial	Remove from formulary	1/1/2026
Epysqli (eculizumab-aagh (biosimilar to Soliris)	300mg/30ml vial	Change in Prior Authorization Criteria	1/1/2026
Erzofri (paliperidone palmitate)	351mg/2.25 syringe	Change to a lower tier	1/1/2026
Erzofri (paliperidone palmitate)	234mg/1.5 syringe	Remove from formulary	1/1/2026
Eucrisa (crisaborole)	2 % oint. (g)	Remove Step Therapy, add Quantity Limit, and add Prior Authorization	1/1/2026
Euflexxa (sodium hyaluronate)	20 mg/2 ml syringe	Change in Prior Authorization Criteria	10/1/2025
Euflexxa (Sodium Hyaluronate)	20 mg/2 ml syringe	Add Quantity Limit	1/1/2026
everolimus	10 mg tablet 2.5 mg tablet 5 mg tablet 7.5 mg tablet	Change in Prior Authorization Criteria	10/1/2025
everolimus	2 mg tab susp 3 mg tab susp 5 mg tab susp	Change in Prior Authorization Criteria	10/1/2025
Evkeeza (evinacumab-dgnb)	1200mg/8ml vial 345 mg/2.3 vial	Change in Prior Authorization Criteria	1/1/2026
Extavia (interferon beta-1b)	0.3 mg kit	Change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Extavia (interferon beta-1b)	0.3 mg vial	Change in Prior Authorization Criteria	1/1/2026
Eylea (aflibercept)	2mg/0.05ml syringe	Change in Prior Authorization Criteria	1/1/2026
Eylea (aflibercept)	2mg/0.05ml vial	Change in Prior Authorization Criteria	1/1/2026
Eylea HD (aflibercept)	8mg/0.07ml vial	Change in Prior Authorization Criteria	1/1/2026
Eysuvis (loteprednol etabonate)	0.25 % drops susp	Change to a lower tier and remove Prior Authorization	1/1/2026
ezetimibe-simvastatin	10 mg-10mg tablet 10 mg-20mg tablet 10 mg-40mg tablet	Remove Quantity Limit	1/1/2026
Fabhalta (iptacopan)	200 mg capsule	Change in Prior Authorization Criteria	10/1/2025
Fabhalta (iptacopan)	200 mg capsule	Change in Prior Authorization Criteria	1/1/2026
felbamate	400 mg tablet 600 mg tablet	Remove Quantity Limit	10/1/2025
felbamate	600 mg/5ml oral susp	Remove Quantity Limit	10/1/2025
Fiasp (insulin aspart)	100/ml vial	Change to a lower tier and remove Step Therapy	1/1/2026
Fiasp flextouch (insulin aspart)	100/ml -3 insulin pen	Change to a lower tier and remove Step Therapy	1/1/2026
Fiasp (insulin aspart)	penfill 100/ml -3 cartridge pumpcart 100/ml cartridge	Change to a lower tier and remove Step Therapy	1/1/2026
Filspari (sparsentan)	200 mg tablet 400 mg tablet	Change in Prior Authorization Criteria	1/1/2026
Fintepla (fenfluramine)	2.2 mg/ml solution	Change in Prior Authorization Criteria	10/1/2025
Flebogamma Dif (Immune Globulin [Human])	10 % vial 5 % vial	Change in Prior Authorization Criteria	1/1/2026
FloLipid (Simvastatin)	20 mg/5 ml oral susp 40mg/5ml oral susp	Change in Prior Authorization Criteria	1/1/2026
fluticasone propionate	50 mcg spray susp	Remove Quantity Limit	10/1/2025
fluticasone-salmeterol	113-14 mcg aer pow ba 232-14 mcg aer pow ba 55-14 mcg aer pow ba	Change to a lower tier and remove Step Therapy	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
fondaparinux sodium	10mg/0.8ml syringe 2.5 mg/0.5 syringe 5mg/0.4ml syringe 7.5 mg/0.6 syringe	Change to a lower tier	1/1/2026
Fragmin (dalteparin sodium)	10000/4 ml vial 25000/ml vial	Change to a lower tier	1/1/2026
Fragmin (dalteparin sodium)	10000/ml syringe 12500/0.5 syringe 15000/0.6 syringe 18000/0.72 syringe 2500/0.2ml syringe 5000/0.2ml syringe 7500/0.3ml syringe	Change to a lower tier	1/1/2026
Furoscix (furosemide)	80 mg/10ml kit	Add Prior Authorization	1/1/2026
Gammagard Liquid (Immune Globulin [Human])	10 % vial	Change in Prior Authorization Criteria	1/1/2026
Gammagard S-D (Immune Globulin [Human])	10 g vial 5 g vial	Change in Prior Authorization Criteria	1/1/2026
Gammaked (Immune Globulin [Human])	1 g/10 ml vial 10 g/100ml vial 20 g/200ml vial 5 g/50 ml vial	Change in Prior Authorization Criteria	1/1/2026
Gamunex-C (Immune Globulin [Human])	1 g/10 ml vial 10 g/100ml vial 2.5g/25ml vial 20 g/200ml vial 40 g/400ml vial 5 g/50 ml vial	Change in Prior Authorization Criteria	10/1/2025
Gamunex-c (Immune Globulin [Human])	1 g/10 ml vial 10 g/100ml vial 2.5g/25ml vial 20 g/200ml vial 40 g/400ml vial 5 g/50 ml vial	Change in Prior Authorization Criteria	1/1/2026
Gel-one (sodium hyaluronate)	30 mg/3 ml syringe	Change in Prior Authorization Criteria	10/1/2025
Gel-one (sodium hyaluronate)	30 mg/3 ml syringe	Add Quantity Limit	1/1/2026
Gelsyn-3 (sodium hyaluronate)	16.8mg/2ml syringe	Change in Prior Authorization Criteria	10/1/2025
Gelsyn-3 (sodium hyaluronate)	16.8mg/2ml syringe	Add Quantity Limit	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Genvisc (sodium hyaluronate)	850 10 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Genvisc (sodium hyaluronate)	850 10 mg/ml syringe	Add Quantity Limit	1/1/2026
Glassia (Alpha-1 Proteinase Inhibitor [Human])	1 g/50 ml vial	Add Prior Authorization	1/1/2026
Glucagon emergency (Glucagon)	1 mg vial	Add Step Therapy	1/1/2026
Glucagon emergency (Glucagon)	1 mg vial	Change to a higher tier and add Step Therapy	1/1/2026
Hizentra (Immune Globulin [Human])	1 g/5 ml syringe 10 g/50 ml syringe 2 g/10 ml syringe 4 g/20 ml syringe	Change in Prior Authorization Criteria	1/1/2026
Hizentra (Immune Globulin [Human])	1 g/5 ml vial 10 g/50 ml vial 2 g/10 ml vial 4 g/20 ml vial	Change in Prior Authorization Criteria	1/1/2026
Hyalgan (sodium hyaluronate)	10 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Hyalgan (sodium hyaluronate)	10 mg/ml vial	Change in Prior Authorization Criteria	10/1/2025
Hyalgan (sodium hyaluronate)	10 mg/ml syringe	Add Quantity Limit	1/1/2026
Hyalgan (sodium hyaluronate)	10 mg/ml vial	Add Quantity Limit	1/1/2026
Hymovis (High Molecular Weight Viscoelastic Hyaluronan)	24 mg/3 ml syringe	Add Quantity Limit	1/1/2026
Hyqvia (Immune Globulin [Human] and Recombinant Human Hyaluronidase)	10 g/100ml vial 2.5g/25ml vial 20 g/200ml vial 30 g/300ml vial 5 g/50 ml vial	Change in Prior Authorization Criteria	1/1/2026
Ilumya (tildrakizumab-asmn)	100 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Increlex (mecasermin)	10 mg/ml vial	Change in Prior Authorization Criteria	10/1/2025
Incruse Ellipta (umeclidinium)	62.5 mcg blst w/dev	Change to a lower tier and remove Step Therapy	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
infliximab	100 mg vial	Change in Prior Authorization Criteria	10/1/2025
Ingrezza (valbenazine)	40 mg capsule 60 mg capsule 80 mg capsule	Add Quantity Limit	1/1/2026
Ingrezza (valbenazine)	Initiation pk(tardiv) 40 mg-80mg cap ds pk	Add Quantity Limit	1/1/2026
Ingrezza Sprinkle (valbenazine)	40 mg cap sprink 60 mg cap sprink 80 mg cap sprink	Add Quantity Limit	1/1/2026
Inrebic (fedratinib)	100 mg capsule	Add Quantity Limit	1/1/2026
insulin glargine-yfgn	100/ml -3 insulin pen	Add to formulary with Quantity Limit	1/1/2026
insulin glargine-yfgn	100/ml vial	Add to formulary with Quantity Limit	1/1/2026
insulin aspart	100/ml vial	Change in Step Therapy Criteria	1/1/2026
insulin aspart	flexpen 100/ml -3 insulin pen	Change in Step Therapy Criteria	1/1/2026
insulin aspart	penfill 100/ml cartridge	Change in Step Therapy Criteria	1/1/2026
Invega Hafyera (paliperidone palmitate)	1092mg/3.5 syringe 1560mg/5ml syringe	Change to a lower tier	1/1/2026
Invega Sustenna (paliperidone palmitate)	117mg/0.75 syringe 156 mg/ml syringe 234mg/1.5 syringe 39mg/0.25 syringe 78mg/0.5ml syringe	Change to a lower tier	1/1/2026
Invega Trinza (paliperidone palmitate)	273mg/0.88 syringe 410mg/1.32 syringe 546mg/1.75 syringe 819mg/2.63 syringe	Change to a lower tier	1/1/2026
Iqirvo (resmetirom)	80 mg tablet	Change in Prior Authorization Criteria	1/1/2026
Jakafi (ruxolitinib)	10 mg tablet 15 mg tablet 20 mg tablet 25 mg tablet	Add Quantity Limit	1/1/2026
Jatenzo (testosterone undecanoate)	158 mg capsule 198 mg capsule 237 mg capsule	Add Quantity Limit	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Jesduvroq (daprodustat)	1 mg tablet 2 mg tablet 4 mg tablet 6 mg tablet 8 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Juxtapid (lomitapide)	10 mg capsule 20 mg capsule 30 mg capsule 5 mg capsule	Change in Prior Authorization Criteria	1/1/2026
Kirsty (insulin aspart-xjhz)	100/ml vial	Change in Step Therapy Criteria	1/1/2026
Kirsty pen (insulin aspart-xjhz)	100/ml -3 insulin pen	Change in Step Therapy Criteria	1/1/2026
Klisyri (tirbanibulin)	1 % oint pack	Change to a higher tier	1/1/2026
Konvomep (omeprazole and sodium bicarbonate)	2-84 mg/ml susp recon	Add to formulary with Prior Authorization	1/1/2026
Kyzatrex (testosterone undecanoate)	100 mg capsule 150 mg capsule	Add Quantity Limit	1/1/2026
lacosamide	10 mg/ml solution	Remove Quantity Limit	10/1/2025
lacosamide	100 mg tablet 150 mg tablet 200 mg tablet 50 mg tablet	Remove Quantity Limit	10/1/2025
Lamictal XR (lamotrigine)	(blue) 25(21)-50 tb er dspk (green) 50-100-200 tb er dspk (orange) 25-50-100 tb er dspk	Remove Step Therapy	10/1/2025
lamotrigine ER	100 mg tab er 24 200 mg tab er 24 25 mg tab er 24 250 mg tab er 24 300 mg tab er 24 50 mg tab er 24	Remove Quantity Limit and remove Step Therapy	10/1/2025
lamotrigine ODT	100 mg tab rapdis 200 mg tab rapdis 25 mg tab rapdis 50 mg tab rapdis	Remove Quantity Limit and remove Step Therapy	10/1/2025
lamotrigine ODT	(blue) 25(21)-50 tb rd dspk (green) 50(42)-100 tb rd dspk (orange) 25-50-100 tb rd dspk	Remove Step Therapy	10/1/2025
lanreotide acetate	120mg/0.5 syringe	Change in Prior Authorization Criteria	1/1/2026
Lemtrada (aletuzumab)	12mg/1.2ml vial	Change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Levemir (insulin detemir)	100/ml vial	Change in Step Therapy Criteria	1/1/2026
Levemir flexpen (insulin detemir)	100/ml -3 insulin pen	Change in Step Therapy Criteria	1/1/2026
levocetirizine dihydrochloride	2.5 mg/5ml solution	Remove Quantity Limit	10/1/2025
Likmez (metronidazole)	500 mg/5ml oral susp	Change in Prior Authorization Criteria	1/1/2026
liraglutide	3 mg/0.5ml pen injctr	Add Quantity Limit	1/1/2026
Livtencity (maribavir)	200 mg tablet	Change in Prior Authorization Criteria	1/1/2026
lovastatin	10 mg tablet 20 mg tablet 40 mg tablet	Remove Quantity Limit	1/1/2026
Lucentis (ranibizumab)	0.3mg/0.05 syringe 0.5mg/0.05 syringe	Change in Prior Authorization Criteria	1/1/2026
Lucentis (ranibizumab)	0.3mg/0.05 vial 0.5mg/0.05 vial	Change in Prior Authorization Criteria	1/1/2026
Lybalvi (olanzapine and samidorphan)	10 mg-10mg tablet 15 mg-10mg tablet 20 mg-10mg tablet 5 mg-10 mg tablet	Remove Prior Authorization, add Quantity Limit, and add Step Therapy	1/1/2026
Lyumjev tempo pen (insulin lispro-aabc)	U-100 100/ml insulin pen	Add to formulary with Step Therapy and Quantity Limit	1/1/2026
Mayzent (siponimod)	0.25 mg tablet 1 mg tablet	Change in Prior Authorization Criteria	1/1/2026
Mayzent (siponimod)	0.25 mg(7) tab ds pk 0.25mg(12) tab ds pk	Change in Prior Authorization Criteria	1/1/2026
Merilog (insulin aspart-szjj)	100/ml vial	Change in Step Therapy Criteria	1/1/2026
Merilog Solostar (insulin aspart-szjj)	100/ml -3 insulin pen	Change in Step Therapy Criteria	1/1/2026
Metaxall (metaxalone)	800 mg tablet	Remove Quantity Limit	10/1/2025
metaxalone	400 mg tablet	Remove Quantity Limit	10/1/2025
methocarbamol	500 mg tablet 750 mg tablet	Remove Quantity Limit	10/1/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Mircera (methoxy polyethylene glycol-epoetin beta)	100mcg/0.3 syringe 120mcg/0.3 syringe 150mcg/0.3 syringe 200mcg/0.3 syringe 30 mcg/0.3 syringe 50 mcg/0.3 syringe 75 mcg/0.3 syringe	Change in Prior Authorization Criteria	10/1/2025
Modd1	patient welcome kit	Add to formulary with Prior Authorization	1/1/2026
Modd1	supply kit combo. pkg	Add to formulary with Prior Authorization	1/1/2026
mometasone furoate	50 mcg spray/pump	Remove Quantity Limit	10/1/2025
Monovisc (sodium hyaluronate)	88 mg/4 ml syringe	Change in Prior Authorization Criteria	10/1/2025
Monovisc (sodium hyaluronate)	88 mg/4 ml syringe	Add Quantity Limit	1/1/2026
Motpoly XR (lacosamide)	100 mg cap er 24h 150 mg cap er 24h 200 mg cap er 24h	Change in Prior Authorization Criteria	10/1/2025
Myalept fnl (metreleptin)	5mg/ml vial	Remove Quantity Limit and add Prior Authorization	1/1/2026
Mycapssa (octreotide)	20 mg capsule dr	Change in Prior Authorization Criteria	1/1/2026
Natesto (testosterone)	5.5/0.122 gel md pmp	Add Quantity Limit	1/1/2026
Non-preferred strips	strips	Change in Step Therapy Criteria	10/1/2025
Norliqva (amlodipine)	1 mg/ml solution	Add to formulary with Prior Authorization	10/1/2025
Novolin (insulin human)	70-30 70-30/ml vial	Change to a lower tier and remove Step Therapy	1/1/2026
Novolin flexpen (insulin human)	70-30/ml insulin pen	Change to a lower tier and remove Step Therapy	1/1/2026
Novolin n (insulin isophane)	100/ml vial	Change to a lower tier and remove Step Therapy	1/1/2026
Novolin n flexpen (insulin isophane)	100/ml -3 insulin pen	Change to a lower tier and remove Step Therapy	1/1/2026
Novolin r (insulin regular)	100/ml vial	Change to a lower tier and remove Step Therapy	1/1/2026
Novolin r flexpen (insulin regular)	100/ml -3 insulin pen	Change to a lower tier and remove Step Therapy	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Novolog (insulin aspart)	100/ml vial	Add to formulary with Quantity Limit	1/1/2026
Novolog flexpen (insulin aspart)	100/ml -3 insulin pen	Add to formulary with Quantity Limit	1/1/2026
Novolog mix (insulin aspart protamine and insulin aspart)	70-30 70-30/ml vial	Add to formulary with Quantity Limit	1/1/2026
Novolog mix flexpen (insulin aspart protamine and insulin aspart)	70-30/ml insulin pen	Add to formulary with Quantity Limit	1/1/2026
Novolog penfill (insulin aspart)	100/ml cartridge	Add to formulary with Quantity Limit	1/1/2026
Np thyroid (thyroid desiccated)	120 mg tablet 15 mg tablet 30 mg tablet 60 mg tablet 90 mg tablet	Add Step Therapy	1/1/2026
Nplate (romiplostim)	125 mcg vial 250 mcg vial 500 mcg vial	Change in Prior Authorization Criteria	10/1/2025
Nucynta Er (tapentadol extended release)	100 mg tab er 12h 150 mg tab er 12h 200 mg tab er 12h 250 mg tab er 12h 50 mg tab er 12h	Change to a lower tier	1/1/2026
Nulojix (belatacept)	250 mg vial	Remove from formulary	1/1/2026
Nurtec ODT (rimegepant)	75 mg tab rapdis	Add Quantity Limit	1/1/2026
Nuvessa (metronidazole)	1.3 % gel w/appl	Add Step Therapy	1/1/2026
Nuzyra (omadacycline)	150 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Nymalize (nimodipine)	30 mg/5 ml syringe 60 mg/10ml syringe	Change to a lower tier	1/1/2026
Nymalize (nimodipine)	60 mg/10ml solution	Change to a lower tier	1/1/2026
Ocrevus (ocrelizumab)	300mg/10ml vial	Change in Prior Authorization Criteria	1/1/2026
Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq)	920-23000 vial	Change in Prior Authorization Criteria	1/1/2026
Octagam (immune globulin intravenous [human])	10 % vial 5 % vial	Change in Prior Authorization Criteria	1/1/2026
Octreotide Acetate Er (octreotide)	20 mg vial 30 mg vial	Change in Prior Authorization Criteria	1/1/2026
Ofev (nintedanib)	100 mg capsule 150 mg capsule	Change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Ohtuvayre (ensifentrine)	3 mg/2.5ml ampul-neb	Change to a higher tier	1/1/2026
olopatadine hcl	0.6 % spray/pump	Remove Quantity Limit	10/1/2025
omeprazole-sodium bicarbonate	20-1680mg packet 40-1680mg packet	Add to formulary with Prior Authorization	1/1/2026
Onetouch ultra	test strip	Change to a higher tier and add Step Therapy	1/1/2026
Onetouch verio	test strip	Change to a higher tier and add Step Therapy	1/1/2026
Onyda xr (methylphenidate hydrochloride extended-release)	0.1 mg/ml sus er 24h	Remove Age Limit	10/1/2025
Opzelura (ruxolitinib)	1.5 % cream (g)	Change in Prior Authorization Criteria	10/1/2025
Opzelura (ruxolitinib)	1.5 % cream (g)	Add Quantity Limit and change in Prior Authorization Criteria	1/1/2026
Orencia (abatacept)	125 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Orencia (abatacept)	250 mg vial	Change in Prior Authorization Criteria	10/1/2025
Orencia 50mg/0.4ml (abatacept)	50mg/0.4ml syringe 87.5mg/0.7 syringe	Change in Prior Authorization Criteria	10/1/2025
Orencia clickject (abatacept)	125 mg/ml auto injct	Change in Prior Authorization Criteria	10/1/2025
orphenadrine citrate ER	100 mg tablet er	Remove Quantity Limit	10/1/2025
orphenadrine-aspirin-caffeine	25-385-30 tablet	Remove from formulary	1/1/2026
Orthovisc (hyaluronan / sodium hyaluronate)	30 mg/2 ml syringe	Change in Prior Authorization Criteria	10/1/2025
Orthovisc (hyaluronan / sodium hyaluronate)	30 mg/2 ml syringe	Add Quantity Limit	1/1/2026
Osenvelt (denosumab-bmwo)	120 mg/1.7 vial	Add to formulary with Prior Authorization	10/1/2025
Oxycontin (oxycodone hydrochloride)	10 mg tab er 12h 15 mg tab er 12h 20 mg tab er 12h 30 mg tab er 12h 40 mg tab er 12h 60 mg tab er 12h 80 mg tab er 12h	Change to a higher tier	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Palynziq (pegvaliase-pqpz)	10mg/0.5ml syringe 2.5 mg/0.5 syringe 20 mg/ml syringe	Change in Prior Authorization Criteria	1/1/2026
Pancreaze (pancrelipase)	10.5-35.5k capsule dr 16.8-56.8k capsule dr 2.6k-8.8k capsule dr 21 k-54.7k capsule dr 37k-97.3k capsule dr 4.2k-14.2k capsule dr	Add Step Therapy	1/1/2026
Pavblu (aflibercept-ayyh)	2mg/0.05ml syringe	Change in Prior Authorization Criteria	1/1/2026
Pavblu (aflibercept-ayyh)	2mg/0.05ml vial	Change in Prior Authorization Criteria	1/1/2026
Pentasa (mesalamine)	250 mg capsule er 500 mg capsule er	Change to a higher tier	1/1/2026
Perseris (risperidone)	120 mg suser syr 90 mg suser syr	Change to a lower tier	1/1/2026
Pertzye (pancrelipase)	16k-57.5k capsule dr 24k-86.25k capsule dr 4000-14375 capsule dr 8k-28.75k capsule dr	Change in Step Therapy Criteria	1/1/2026
pilocarpine hcl	1.25 % drops	Remove Prior Authorization and add Quantity Limit	1/1/2026
pirfenidone	267 mg capsule	Change in Prior Authorization Criteria	1/1/2026
pirfenidone	267 mg tablet 801 mg tablet	Change in Prior Authorization Criteria	1/1/2026
Ponvory (ponesimod)	2 mg-10 mg tab ds pk	Change in Prior Authorization Criteria	1/1/2026
Ponvory (ponesimod)	20 mg tablet	Change in Prior Authorization Criteria	1/1/2026
pravastatin sodium	10 mg tablet 80 mg tablet	Remove Quantity Limit	1/1/2026
Prevymis (letermovir)	120 mg pelet pack 20 mg pelet pack	Change in Prior Authorization Criteria	1/1/2026
Prevymis (letermovir)	240 mg tablet 480 mg tablet	Change in Prior Authorization Criteria	1/1/2026
Privigen (Immune Globulin Intravenous [Human])	10 % VIAL	Change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Procrit (epoetin alfa)	10000/ml vial 2000/ml vial 20000/ml vial 3000/ml vial 4000/ml vial 40000/ml vial	Change in Prior Authorization Criteria	10/1/2025
Prolastin- C (alpha-1 proteinase inhibitor [human])	1000 mg vial 1000 mg/20 vial	Add Prior Authorization	1/1/2026
Prolia (denosumab)	60 mg/ml syringe	Change in Prior Authorization Criteria	1/1/2026
Pulmicort flexhaler (budesonide)	180 mcg aer pow ba 90 mcg aer pow ba	Change in Step Therapy Criteria	1/1/2026
Qbrelis (lisinopril)	1 mg/ml solution	Remove Step Therapy, remove Quantity Limit, and add Prior Authorization	1/1/2026
Qelbree (viloxazine)	100 mg cap er 24h 150 mg cap er 24h 200 mg cap er 24h	Remove Age Limit	10/1/2025
Qlosi (pilocarpine hydrochloride)	0.4 % droperette	Remove Prior Authorization, add Quantity Limit, and add Step Therapy	1/1/2026
Qtern (dapagliflozin and saxagliptin)	10 mg-5 mg tablet 5 mg-5 mg tablet	Change in Step Therapy Criteria	1/1/2026
Qulipta (atogepant)	10 mg tablet 30 mg tablet 60 mg tablet	Add Quantity Limit	1/1/2026
Quviviq (daridorexant)	25 mg tablet 50 mg tablet	Remove Prior Authorization, add Quantity Limit, and add Step Therapy	1/1/2026
Qvar redihaler (beclomethasone dipropionate)	40 mcg hfa aeroba 80 mcg hfa aeroba	Change to a lower tier and remove Step Therapy	1/1/2026
Rebyota (fecal microbiota, live – jslm)	150 ml enema	Change in Prior Authorization Criteria	1/1/2026
Renflexis (infliximab-abda)	100 mg vial	Change in Prior Authorization Criteria	10/1/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Retacrit (epoetin alfa-epbx)	10000/ml vial 2000/ml vial 20000/2ml vial 20000/ml vial 3000/ml vial 4000/ml vial 40000/ml vial	Change in Prior Authorization Criteria	10/1/2025
Reyvow (lasmiditan)	100 mg tablet 50 mg tablet	Add Quantity Limit	1/1/2026
Rezdiffra (resmetirom)	100 mg tablet 60 mg tablet 80 mg tablet	Change in Prior Authorization Criteria	1/1/2026
rimantadine hcl	100 mg tablet	Remove from formulary	1/1/2026
risperidone er	12.5mg/2ml vial 25 mg/2 ml vial 37.5mg/2ml vial 50 mg/2 ml vial	Change to a lower tier	1/1/2026
rosuvastatin calcium	10 mg tablet 20 mg tablet 40 mg tablet 5 mg tablet	Remove Quantity Limit	1/1/2026
rosuvastatin-ezetimibe	10 mg-10mg tablet 10 mg-20mg tablet 10 mg-40mg tablet 10 mg-5 mg tablet	Add to formulary with Quantity Limit	1/1/2026
rufinamide	200 mg tablet	Change in Step Therapy Criteria	10/1/2025
rufinamide	40 mg/ml oral susp	Change in Step Therapy Criteria	10/1/2025
rufinamide	400 mg tablet	Change in Step Therapy Criteria	10/1/2025
Rykindo (risperidone)	25 mg/2 ml vial 37.5mg/2ml vial 50 mg/2 ml vial	Add to formulary with Quantity Limit	1/1/2026
Selarsdi *(ustekinumab-aekn)*	130mg/26ml vial	Remove from formulary	1/1/2026
Selarsdi *(ustekinumab-aekn)*	45mg/0.5ml syringe 90 mg/ml syringe	Remove from formulary	1/1/2026
Semglee *(insulin glargine)*	100/ml vial	Change in Step Therapy Criteria	1/1/2026
Semglee pen *(insulin glargine)*	100/ml -3 insulin pen	Change in Step Therapy Criteria	1/1/2026
Semglee (yfgn) *(insulin glargine)*	100/ml vial	Remove from formulary	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Semglee (yfgn) *(insulin glargine)*	100/ml -3 insulin pen	Remove from formulary	1/1/2026
Sephience (sepiapterin)	1000 mg powd pack 250 mg powd pack	Change in Prior Authorization Criteria	1/1/2026
sertraline hcl	150 mg capsule 200 mg capsule	Add Step Therapy	1/1/2026
Signifor LAR (pasireotide)	10 mg vial 20 mg vial 30 mg vial 40 mg vial 60 mg vial	Change in Prior Authorization Criteria	1/1/2026
Siliq (brodalumab)	210 mg/1.5 syringe	Change in Prior Authorization Criteria	10/1/2025
Simplera sensor (continuous glucose monitoring sensor)	sensor each	Add to formulary with Prior Authorization	10/1/2025
Simplera sync (continuous glucose monitoring sensor)	sensor each	Add to formulary with Prior Authorization	10/1/2025
Simponi (golimumab)	100 mg/ml pen injctr	Change in Prior Authorization Criteria	10/1/2025
Simponi (golimumab)	100 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Simponi (golimumab)	50mg/0.5ml pen injctr	Change in Prior Authorization Criteria	10/1/2025
Simponi (golimumab)	50mg/0.5ml syringe	Change in Prior Authorization Criteria	10/1/2025
Simponi aria (golimumab)	50 mg/4 ml vial	Change in Prior Authorization Criteria	10/1/2025
Simulect (basiliximab)	10 mg vial 20 mg vial	Remove from formulary	1/1/2026
simvastatin	10 mg tablet 20 mg tablet 40 mg tablet 5 mg tablet	Remove Quantity Limit	1/1/2026
Skyclarys (omaveloxolone)	50 mg capsule	Change in Prior Authorization Criteria	10/1/2025
Sodium hyaluronate (hyaluronic acid)	10 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Sodium hyaluronate (hyaluronic acid)	10 mg/ml syringe	Add Quantity Limit	1/1/2026
Sodium sulfacetamide-sulfur	8 -0.04 % suspension	Add to formulary	1/1/2026
Soliris (eculizumab)	300mg/30ml vial	Change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Solosec (secnidazole)	2 g grandr pkt	Change in Step Therapy Criteria	1/1/2026
Somatuline depot (lanreotide)	depot 60mg/0.2ml syringe depot 90mg/0.3ml syringe	Change in Prior Authorization Criteria	1/1/2026
Spiriva handihaler (tiotropium bromide)	handihaler 18 mcg cap w/dev	Remove from formulary	1/1/2026
spironolactone	25 mg/5 ml oral susp	Add to formulary with Prior Authorization	10/1/2025
Spravato (esketamine)	56 mg spray 84 mg spray	Change in Prior Authorization Criteria	1/1/2026
SSS 10-5 (sulfacetamide sodium and sulfur)	10-5%(w/w) cream (g)	Add to formulary	1/1/2026
Steglujan (ertugliflozin and sitagliptin)	15mg-100mg tablet 5 mg-100mg tablet	Change in Step Therapy Criteria	1/1/2026
Stelara (ustekinumab)	130mg/26ml vial 45mg/0.5ml vial	Remove from formulary	1/1/2026
Stelara (ustekinumab)	45mg/0.5ml syringe 90 mg/ml syringe	Remove from formulary	1/1/2026
Steqeyma (risankizumab)	45mg/0.5ml syringe 90 mg/ml syringe	Add to formulary with Prior Authorization	1/1/2026
Stoboclo (denosumab-bmwo)	60 mg/ml syringe	Add to formulary with Prior Authorization	10/1/2025
Sunosi (solriamfetol)	150 mg tablet 75 mg tablet	Change to a lower tier and change in Prior Authorization Criteria	10/1/2025
Supartz fx (sodium hyaluronate)	10 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Supartz fx (sodium hyaluronate)	10 mg/ml syringe	Add Quantity Limit	1/1/2026
Susvimo (ranibizumab)	10mg/0.1ml vial	Change in Prior Authorization Criteria	1/1/2026
Symjepi (epinephrine)	0.15mg/0.3 syringe 0.3mg/0.3 syringe	Change to a higher tier	1/1/2026
Synojoynt (sodium hyaluronate)	10 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Synojoynt (sodium hyaluronate)	10 mg/ml syringe	Add Quantity Limit	1/1/2026
Synvisc (hylan G-F 20)	16mg/2ml syringe	Change in Prior Authorization Criteria	10/1/2025
Synvisc (hylan G-F 20)	16mg/2ml syringe	Add Quantity Limit	1/1/2026
Synvisc-one (hylan G-F 20)	48 mg/6 ml syringe	Change in Prior Authorization Criteria	10/1/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Synvisc-one (hylan G-F 20)	48 mg/6 ml syringe	Add Quantity Limit	1/1/2026
tadalafil	2.5 mg tablet 5 mg tablet	Add Quantity Limit	1/1/2026
Tandem mobi	Mobi system each	Change in Prior Authorization Criteria	1/1/2026
Tascenso ODT (fingolimod)	0.25 mg tab rapdis 0.5 mg tab rapdis	Change in Prior Authorization Criteria	1/1/2026
Tavalisse (fostamatinib)	100 mg tablet 150 mg tablet	Change in Prior Authorization Criteria	10/1/2025
testosterone	1.25g-1.62 gel packet 2.5g-1.62% gel packet 25mg(1%) gel packet	Add Quantity Limit	1/1/2026
testosterone	10 mg -0.02 gel md pmp 12.5/1.25g gel md pmp 20.25/1.25 gel md pmp	Add Quantity Limit	1/1/2026
testosterone	30mg/1.5ml sol md pmp	Add Quantity Limit	1/1/2026
testosterone	50 mg -0.01 gel (gram)	Add Quantity Limit	1/1/2026
testosterone cypionate	100 mg/ml vial 200 mg/ml vial	Add Quantity Limit	1/1/2026
testosterone enanthate	200 mg/ml vial	Add Quantity Limit	1/1/2026
Tezruly (tezepelumab)	1 mg/ml solution	Change in Prior Authorization Criteria	10/1/2025
Thymoglobulin (antithymocyte globulin)	25 mg vial	Remove from formulary	1/1/2026
thyroid	120 mg tablet 15 mg tablet 30 mg tablet 60 mg tablet 90 mg tablet	Add Step Therapy	1/1/2026
Tiotropium bromide (tiotropium)	18 mcg cap w/dev	Add to formulary with Quantity Limit	1/1/2026
tizanidine hcl	2 mg capsule 4 mg capsule 6 mg capsule	Remove Quantity Limit	10/1/2025
tizanidine hcl	2 mg tablet 4 mg tablet	Remove Quantity Limit	10/1/2025
Tlando (testosterone undecanoate)	112.5 mg capsule	Add Quantity Limit	1/1/2026
trifluridine	1 % drops	Add Step Therapy	1/1/2026
Triluron (sodium hyaluronate)	10 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Triluron (sodium hyaluronate)	10 mg/ml syringe	Add Quantity Limit	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
TriVisc (sodium hyaluronate)	10 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
TriVisc (sodium hyaluronate)	10 mg/ml syringe	Add Quantity Limit	1/1/2026
Tryngolza (golimumab)	80mg/0.8ml auto injct	Change in Prior Authorization Criteria	1/1/2026
Tudorza pressair (aclidinium bromide)	400 mcg aer pow ba	Change in Step Therapy Criteria	1/1/2026
TussiCaps (hydrocodone and chlorpheniramine)	10mg-8mg cap er 12h	Remove from formulary	1/1/2026
Twiist refill (csst-ndl-syr)	kit	Add to formulary	1/1/2026
Twiist refill (infus-csst-ndl-syr)	kit	Add to formulary	1/1/2026
Twiist starter	starter kit	Add to formulary with Quantity Limit	1/1/2026
Tysabri (natalizumab)	300mg/15ml vial	Change in Prior Authorization Criteria	1/1/2026
Ubrelvy (ubrogepant)	100 mg tablet 50 mg tablet	Add Quantity Limit	1/1/2026
Ultomiris (ravulizumab)	1100 mg/11 vial 300 mg/3ml vial 300mg/30ml vial	Change in Prior Authorization Criteria	1/1/2026
Uplizna (inebilizumab)	100mg/10ml vial	Change in Prior Authorization Criteria	1/1/2026
Upneeq (oxymetazoline)	0.1 % droperette	Change in Prior Authorization Criteria	10/1/2025
Uzedy (risperidone)	100mg/0.28 suser syr 125mg/0.35 suser syr 150mg/0.42 suser syr 200mg/0.56 suser syr 250 mg/0.7 suser syr 50 mg/0.14 suser syr 75 mg/0.21 suser syr	Change to a lower tier	1/1/2026
Vabysmo (faricimab)	6mg/0.05ml syringe	Change in Prior Authorization Criteria	1/1/2026
Vabysmo (faricimab)	6mg/0.05ml vial	Change in Prior Authorization Criteria	1/1/2026
Vafseo (vadadustat)	150 mg tablet 300 mg tablet	Change in Prior Authorization Criteria	10/1/2025
vancomycin hcl	125 mg capsule	Increase in Quantity Limit	1/1/2026
Vanrafia (atrasentan)	0.75 mg tablet	Change in Prior Authorization Criteria	1/1/2026
Varubi (rolapitant)	90 mg tablet	Change to a lower tier	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Vecamyl (mecamylamine)	2.5 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Veltassa (patiromer)	1 g powd pack	Change in Prior Authorization Criteria	10/1/2025
Veltassa (patiromer)	16.8 gram powd pack 25.2 gram powd pack 8.4 gram powd pack	Change in Prior Authorization Criteria	10/1/2025
venlafaxine besylate	besylate er 112.5 mg tab er 24	Add to formulary with Step Therapy and Quantity Limit	1/1/2026
Verkazia (cyclosporine ophthalmic)	0.1 % droperette	Add to formulary with Prior Authorization	1/1/2026
Verquvo (vericiguat)	10 mg tablet 2.5 mg tablet 5 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Viberzi (eluxadoline)	100 mg tablet 75 mg tablet	Add Quantity Limit	1/1/2026
vigabatrin	500 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Vigadrone (vigabatrin)	500 mg powd pack	Change in Prior Authorization Criteria	10/1/2025
Vigafyde (vigabatrin)	100 mg/ml solution	Change in Prior Authorization Criteria	10/1/2025
Viibryd (vilazodone)	10 mg-20mg tab ds pk	Remove Quantity Limit and remove Step Therapy	1/1/2026
vilazodone hcl	10 mg tablet 20 mg tablet 40 mg tablet	Remove Step Therapy	1/1/2026
Viokace (pancrelipase)	10.4-39.2k tablet 20.9-78.3k tablet	Change in Step Therapy Criteria	1/1/2026
Visco-3 (sodium hyaluronate)	10 mg/ml syringe	Change in Prior Authorization Criteria	10/1/2025
Visco-3 (sodium hyaluronate)	10 mg/ml syringe	Add Quantity Limit	1/1/2026
Vonjo (pacritinib)	100 mg capsule	Add Quantity Limit	1/1/2026
Voquezna (vonoprazan)	10 mg tablet	Add Quantity Limit	1/1/2026
Voquezna (vonoprazan)	20 mg tablet	Add Quantity Limit	1/1/2026
Voquezna Dual Pak (vonoprazan/amoxicillin)	20mg-500mg combo. pkg	Add Quantity Limit	1/1/2026
Voquezna triple pak (vonoprazan/amoxicillin/ clarithromycin)	20-500-500 combo. pkg	Add Quantity Limit	1/1/2026
Vowst (fecal microbiota spores, live-brpk)	capsule	Change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Voxzogo (vosoritide)	0.4 mg vial 0.56 mg vial 1.2 mg vial	Change in Prior Authorization Criteria	1/1/2026
Vtama (tapinarof)	1 % cream (g)	Change in Prior Authorization Criteria	10/1/2025
Vtama (tapinarof)	1 % cream (g)	Change to a lower tier, add Quantity Limit, and change in Prior Authorization Criteria	1/1/2026
Vuity (pilocarpine hydrochloride ophthalmic solution)	1.25 % drops	Remove from formulary	1/1/2026
Vyepti (eptinezumab-jjmr)	100 mg/ml vial	Add Quantity Limit	1/1/2026
Vyleesi (bremelanotide)	1.75mg/0.3 auto injct	Change in Prior Authorization Criteria	10/1/2025
Wegovy (semaglutide)	0.25mg/0.5 pen injctr 0.5mg/.5ml pen injctr 1 mg/0.5ml pen injctr 1.7mg/0.75 pen injctr 2.4mg/0.75 pen injctr	Add Quantity Limit	1/1/2026
Winlevi (clascoterone)	1 % cream (g)	Add Quantity Limit and change in Prior Authorization Criteria	1/1/2026
Xaciato (clindamycin phosphate)	2 % gel w/appl	Add to formulary with Step Therapy	1/1/2026
Xelstrym (dextroamphetamine)	13.5mg/9hr patch td24 18 mg/9 hr patch td24 4.5 mg/9hr patch td24 9 mg/9 hr patch td24	Remove Age Limit	10/1/2025
Xembify (immune globulin subcutaneous, human-klhw)	1 g/5 ml vial 10 g/50 ml vial 2 g/10 ml vial 4 g/20 ml vial	Change in Prior Authorization Criteria	1/1/2026
Xenleta (lefamulin)	600 mg tablet	Change in Prior Authorization Criteria	10/1/2025
Xermelo (telotristat ethyl)	250 mg tablet	Change in Prior Authorization Criteria	1/1/2026
Xgeva (denosumab)	120 mg/1.7 vial	Change in Prior Authorization Criteria	1/1/2026
Xifaxan (rifaximin)	550 mg tablet	Change in Prior Authorization Criteria	10/1/2025

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Xolair (omalizumab)	150 mg/ml auto injct 300 mg/2ml auto injct 75mg/0.5ml auto injct	Change in Prior Authorization Criteria	1/1/2026
Xolair (omalizumab)	150 mg/ml syringe 300 mg/2ml syringe 75mg/0.5ml syringe	Change in Prior Authorization Criteria	1/1/2026
Xtampza ER (oxycodone)	13.5 mg cap spr 12 18 mg cap spr 12 27 mg cap spr 12 36 mg cap spr 12 9 mg cap spr 12	Change to a lower tier	1/1/2026
Xyosted (testosterone enanthate)	100 mg/0.5 auto injct 50mg/0.5ml auto injct 75mg/0.5ml auto injct	Add Quantity Limit	1/1/2026
Ycanth (cantharidin)	0.7 % sol w/appl	Change in Prior Authorization Criteria	10/1/2025
Zavzpret (zavegepant)	10 mg spray	Add Quantity Limit	1/1/2026
Zegalogue autoinjector (dasiglucagon)	0.6 mg/0.6 auto injct	Change to a higher tier and add Step Therapy	1/1/2026
Zegalogue syringe (dasiglucagon)	0.6 mg/0.6 syringe	Change to a higher tier and add Step Therapy	1/1/2026
Zelsuvmi (berdazimer)	0.103 gel (gram)	Change in Prior Authorization Criteria	10/1/2025
Zemaira (alpha-1 proteinase inhibitor)	1000 mg vial 4000 mg vial 5000 mg vial	Add Prior Authorization	1/1/2026
Zepbound (tirzepatide)	10mg/0.5ml pen injctr 12.5mg/0.5 pen injctr 15mg/0.5ml pen injctr 2.5 mg/0.5 pen injctr 5 mg/0.5ml pen injctr 7.5 mg/0.5 pen injctr	Add Quantity Limit	1/1/2026
Zeposia (ozanimod)	0.23-0.46 cap ds pk 0.23-0.92 cap ds pk 0.46-0.92 cap ds pk	Change in Prior Authorization Criteria	1/1/2026
Zeposia (ozanimod)	0.92 mg capsule	Change in Prior Authorization Criteria	1/1/2026
Zonisade (zonisamide)	100 mg/5ml oral susp	Change in Prior Authorization Criteria	10/1/2025
Zoryve (roflumilast)	0.15 % cream (g)	Change in Prior Authorization	10/1/2025
Zoryve (roflumilast)	0.15 % cream (g) 0.3 % cream (g)	Change to a lower tier, add Quantity Limit, and change in Prior Authorization Criteria	1/1/2026

Drug Name	Strength(s) and Dosage Form(s)	Covered California Formulary Action	Effective Date
Zoryve (roflumilast)	0.3 % foam	Change to a lower tier, add Quantity Limit, and change in Prior Authorization Criteria	1/1/2026
Zyprexa relprevv (olanzapine)	210 mg vial 300 mg vial 405 mg vial	Change to a lower tier	1/1/2026

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 Annual Policy Review

IEHP Formulary Management for Medicare and IEHP Pharmacy Benefit Manager (PBM) Oversight Responsibilities CCA were presented to P&T subcommittee for their approval.

Pharmacy Policy	Recommendation	P&T Date	Description
Pharmacy Benefit Manager (PBM) Oversight Responsibilities CCA	Review	December 2025	Policy created specific to Covered California Members to clearly define the responsibilities of IEHP and PBM, including but not limited to, pharmacy network development, membership, P&T Committee oversight, and monitoring and oversight.
Formulary Management – Medicare	Update	December 2025	The policy now allows IEHP Clinical Pharmaceutical Services to make formulary updates throughout the plan year (with CMS approval as needed) after pre-plan approval, enabling faster implementation and improved financial alignment.

In addition to the polices above, several internal MedImpact policies were reviewed and approved to ensure appropriate procedures are in place for proper delegation oversight.

Pharmacy Utilization Management Updates

This quarter, there were six IEHP Pharmacy Policies presented to the P&T subcommittee.

Pharmacy Policy	Recommendation	P&T Date	Description
Drug Trial and Failure	Renew with updates	December 2025	Minor verbiage updates and consolidated sections VII and VIII to clarify the context
High Daily MME Policy	Retire	December 2025	Not Applicable
IEHP Drug and Related Services Prior Authorization Policy	Renew with updates	December 2025	Updated scope to include "related services" and Reference #1 added.
Non-Formulary Drug Policy	Retire	December 2025	Not Applicable
Non-Sterile Compound Medication	Retire	December 2025	Not Applicable
Quantity Limit	Renew with updates	December 2025	Redefined the scope of policy (medical benefit only) and updated verbiages accordingly

Current IEHP Pharmacy Policies are publicly available on IEHP website at:
https://www.providerservices.iehp.org/en/pharmacy/pharmacy-resources/pharmacy-policies

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
Anti-infectives	Not Applicable	NO CHANGE
Dermatological	Not Applicable	NO CHANGE
Gastrointestinal	HP ACTHAR	NO CHANGE
Miscellaneous	NUSINERSEN	NO CHANGE

Update to service code

Code	Drug Description	Change	Effective Date
J1306	Injection, inclisiran, 1 mg	Add to drug list	01/01/2026
Q5129	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Add to drug list	01/01/2026

Drug Utilization Review (DUR) Updates

IEHP reviewed several DUR reports, including Asthma Medication Ratio (AMR) for Medi-Cal, Medication Adherence measures for Cholesterol, Diabetes, Hypertension, Statin Use in Persons with Diabetes (SUPD), and Statin Therapy for Patients with Cardiovascular Disease (SPC) for Medicare. Additional Medicare reviews addressed overutilization through Concurrent Use of Opioids and Benzodiazepines (COB) and Polypharmacy with Anticholinergic medications (Poly-ACH). Naloxone Drug Use Evaluations were conducted for both Medicare and Covered California to improve opioid safety. Additional reports included Fraud, Waste, and Abuse (FWA) monitoring initiatives such as the Drug Management Program for Medicare, Provider Risk Assessment Reports for Medicare and Covered California, and review of the Medi-Cal Rx opioid Dashboard. IEHP will continue implementing targeted interventions and collaborating with providers to enhance adherence, reduce overutilization, and optimize member outcomes.

To access the full December 2025 Pharmacy & Therapeutics Subcommittee update, please visit the IEHP provider website at:

https://www.providerservices.iehp.org/en/news-and-updates/notices

or

https://www.providerservices.iehp.org/en/pharmacy/pharmacy-resources/pharmacy-provider-communications

The next IEHP P&T Subcommittee Meeting is Friday, February 27, 2026.