



To: IEHP Covered (CCA) PCPs & Pharmacy Network
From: IEHP Pharmaceutical Services
Date: February 19, 2026
Subject: January 2026 IEHP Covered Pharmacy & Therapeutics Update

January 2026 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	
DIHYDROERGOTAMINE MESYLATE 1 MG/ML AMPUL	4/1/2026
DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	4/1/2026
DOXYCYCLINE MONOHYDRATE 150 MG TABLET	4/1/2026
ERGOTAMINE-CAFFEINE 1 MG-100MG TABLET	4/1/2026
Add to formulary	
NEUAC 1.2(1)%-5% CMB CR GEL	4/1/2026
Add to formulary with Prior Authorization	
MINIMED INSTINCT SENSOR EACH	4/1/2026
TYVASO DPI 48-64 MCG CART INHAL	4/1/2026
Add to formulary with Quantity Limit and Step Therapy	
DICLOFENAC SODIUM 20MG/G(2%) SOL MD PMP	4/1/2026
MINOCYCLINE HCL ER 105 MG TAB ER 24H	4/1/2026
MINOCYCLINE HCL ER 115MG TAB ER 24H	4/1/2026
MINOCYCLINE HCL ER 135 MG TAB ER 24H	4/1/2026
MINOCYCLINE HCL ER 45 MG TAB ER 24H	4/1/2026
MINOCYCLINE HCL ER 55 MG TAB ER 24H	4/1/2026
MINOCYCLINE HCL ER 65 MG TAB ER 24H	4/1/2026
MINOCYCLINE HCL ER 80 MG TAB ER 24H	4/1/2026
MINOCYCLINE HCL ER 90 MG TAB ER 24H	4/1/2026
Change in Prior Authorization Criteria	
AIMOVIG AUTOINJECTOR 140 MG/ML AUTO INJCT	4/1/2026

DRUG NAME	EFFECTIVE DATE
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO INJCT	4/1/2026
AJOVY AUTOINJECTOR 225 MG/1.5 AUTO INJCT	4/1/2026
AJOVY SYRINGE 225 MG/1.5 SYRINGE	4/1/2026
AKEEGA 100-500 MG TABLET	4/1/2026
AKEEGA 50MG-500MG TABLET	4/1/2026
ANDEMBRY AUTOINJECTOR 200 MG/1.2 AUTO INJCT	4/1/2026
APOMORPHINE HCL 10 MG/ML CARTRIDGE	4/1/2026
ARCALYST 220 MG VIAL	4/1/2026
ARIKAYCE 590 MG/8.4 VIAL-NEB	4/1/2026
CARBAGLU 200 MG TAB DISPER	4/1/2026
CARGLUMIC ACID 200 MG TAB DISPER	4/1/2026
DAWNZERA 80MG/0.8ML AUTO INJCT	4/1/2026
DUOPA 4.63-20/ML INT PMP SP	4/1/2026
EMGALITY PEN 120 MG/ML PEN INJCTR	4/1/2026
EMGALITY SYRINGE 120 MG/ML SYRINGE	4/1/2026
EMGALITY SYRINGE 300 MG/3ML SYRINGE	4/1/2026
ERMEZA 150MCG/5ML SOLUTION	4/1/2026
IMATINIB MESYLATE 100 MG TABLET	4/1/2026
IMATINIB MESYLATE 400 MG TABLET	4/1/2026
IMKELDI 80 MG/ML SOLUTION	4/1/2026
ISTURISA 1 MG TABLET	4/1/2026
ISTURISA 5 MG TABLET	4/1/2026
KISUNLA 350MG/20ML VIAL	4/1/2026
KORLYM 300 MG TABLET	4/1/2026
LEQEMBI 200 MG/2ML VIAL	4/1/2026
LEQEMBI 500 MG/5ML VIAL	4/1/2026
LEQEMBI IQLIK 360 MG/1.8 AUTO INJCT	4/1/2026
LORBRENA 100 MG TABLET	4/1/2026
LORBRENA 25 MG TABLET	4/1/2026
MAVENCLAD 10 MG TABLET	4/1/2026
MIFEPRISTONE 300 MG TABLET	4/1/2026
MODD1 PATIENT WELCOME KIT	4/1/2026
MODD1 SUPPLY KIT COMBO. PKG	4/1/2026
NURTEC ODT 75 MG TAB RAPDIS	4/1/2026
QBREXZA 2.4 % TOWELETTE	4/1/2026

DRUG NAME	EFFECTIVE DATE
QULIPTA 10 MG TABLET	4/1/2026
QULIPTA 30 MG TABLET	4/1/2026
QULIPTA 60 MG TABLET	4/1/2026
TIROSINT-SOL 100 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 112 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 125 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 13 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 137 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 150 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 175 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 200 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 25 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 37.5MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 44 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 50 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 62.5MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 75 MCG/ML SOLUTION	4/1/2026
TIROSINT-SOL 88 MCG/ML SOLUTION	4/1/2026
TYVASO 1.74MG/2.9 AMPUL-NEB	4/1/2026
TYVASO DPI 16 MCG CART INHAL	4/1/2026
TYVASO DPI 16-32 MCG CART INHAL	4/1/2026
TYVASO DPI 16-32-48 CART INHAL	4/1/2026
TYVASO DPI 32 MCG CART INHAL	4/1/2026
TYVASO DPI 32-48 MCG CART INHAL	4/1/2026
TYVASO DPI 32-64 MCG CART INHAL	4/1/2026
TYVASO DPI 48 MCG CART INHAL	4/1/2026
TYVASO DPI 64 MCG CART INHAL	4/1/2026
TYVASO DPI 80 MCG CART INHAL	4/1/2026
TYVASO REFILL KIT 1.74MG/2.9 AMPUL-NEB	4/1/2026
TYVASO STARTER KIT 1.74MG/2.9 AMPUL-NEB	4/1/2026
VERKAZIA 0.1 % DROPERETTE	4/1/2026
VOQUEZNA 10 MG TABLET	4/1/2026
VOQUEZNA 20 MG TABLET	4/1/2026
VOQUEZNA DUAL PAK 20MG-500MG COMBO. PKG	4/1/2026
VOQUEZNA TRIPLE PAK 20-500-500 COMBO. PKG	4/1/2026

DRUG NAME	EFFECTIVE DATE
VYEPTI 100 MG/ML VIAL	4/1/2026
VYVGART HYTRULO 1000MG/5ML SYRINGE	4/1/2026
VYVGART HYTRULO 1008MG/5.6 VIAL	4/1/2026
YEZTUGO 300 MG TABLET	4/1/2026
YEZTUGO 463.5/1.5 VIAL	4/1/2026
Change in Step Therapy Criteria	
SYNDROS 5 MG/ML SOLUTION	4/1/2026
Change to a lower tier	
ACITRETIN 10 MG CAPSULE	4/1/2026
ACITRETIN 17.5 MG CAPSULE	4/1/2026
ACITRETIN 25 MG CAPSULE	4/1/2026
NAYZILAM 5 MG/SPRAY	4/1/2026
VALTOCO 10MG/SPRAY	4/1/2026
VALTOCO 15/2 SPRAY	4/1/2026
VALTOCO 20/2 SPRAY	4/1/2026
VALTOCO 5 MG/SPRAY	4/1/2026
Increase in Quantity Limit	
AKYNZEO 300-0.5 MG CAPSULE	4/1/2026
GRANISETRON HCL 1 MG TABLET	4/1/2026
ISENTRESS 25 MG TAB CHEW	4/1/2026
ONDANSETRON HCL 4 MG/5 ML SOLUTION	4/1/2026
Remove Age Restriction	
BRONCHITOL 40 MG CAP W/DEV	4/1/2026
Remove Quantity Limit	
CHLOROQUINE PHOSPHATE 250 MG TABLET	4/1/2026
CHLOROQUINE PHOSPHATE 500 MG TABLET	4/1/2026
CINACALCET HCL 30 MG TABLET	4/1/2026
CINACALCET HCL 60 MG TABLET	4/1/2026
COLCHICINE 0.6 MG TABLET	4/1/2026
DICLOFENAC SODIUM 3 % GEL (GRAM)	4/1/2026
DOXYCYCLINE HYCLATE 100 MG CAPSULE	4/1/2026
DOXYCYCLINE HYCLATE 150 MG TABLET	4/1/2026
DOXYCYCLINE HYCLATE 50 MG CAPSULE	4/1/2026
DOXYCYCLINE HYCLATE 50 MG TABLET	4/1/2026
DOXYCYCLINE HYCLATE 75 MG TABLET	4/1/2026

DRUG NAME	EFFECTIVE DATE
DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	4/1/2026
IMIQUIMOD 5 % CREAM PACK	4/1/2026
LEVOTHYROXINE SODIUM 100 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 112 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 125 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 137 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 150 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 175 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 200 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 25 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 300 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 50 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 75 MCG TABLET	4/1/2026
LEVOTHYROXINE SODIUM 88 MCG TABLET	4/1/2026
RANOLAZINE ER 1000 MG TAB ER 12H	4/1/2026
RANOLAZINE ER 500 MG TAB ER 12H	4/1/2026
RASAGILINE MESYLATE 1 MG TABLET	4/1/2026
Remove Quantity Limit and remove Step Therapy	
FEBUXOSTAT 40 MG TABLET	4/1/2026
FEBUXOSTAT 80 MG TABLET	4/1/2026
Add Age Restriction	
ALTRENO 0.05 % LOTION	7/1/2026
Add Prior Authorization	
EMEND 125 MG SUSP RECON	7/1/2026
ERGOMAR 2 MG TAB SUBL	7/1/2026
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	7/1/2026
NAYZILAM 5 MG/SPRAY	7/1/2026
SOMAVERT 10 MG VIAL	7/1/2026
SOMAVERT 15 MG VIAL	7/1/2026
SOMAVERT 20 MG VIAL	7/1/2026
SOMAVERT 25 MG VIAL	7/1/2026
SOMAVERT 30 MG VIAL	7/1/2026
VALTOCO 10MG/SPRAY	7/1/2026
VALTOCO 15/2 SPRAY	7/1/2026
VALTOCO 20/2 SPRAY	7/1/2026

DRUG NAME	EFFECTIVE DATE
VALTOCO 5 MG/SPRAY	7/1/2026
Add Prior Authorization and Quantity Limit	
GABAPENTIN 250 MG/5ML SOLUTION	7/1/2026
GABAPENTIN 300 MG/6ML SOLUTION	7/1/2026
METFORMIN HCL 500 MG/5ML SOLUTION	7/1/2026
PREGABALIN 20 MG/ML SOLUTION	7/1/2026
ZOLINZA 100 MG CAPSULE	7/1/2026
Add Quantity Limit	
ALBUTEROL SULFATE HFA 90 MCG HFA AER AD	7/1/2026
CYCLOSET 0.8 MG TABLET	7/1/2026
DICLOFENAC SODIUM 1 % GEL (GRAM)	7/1/2026
DICLOFENAC SODIUM 1.5 % DROPS	7/1/2026
EYSUVIS 0.25 % DROPS SUSP	7/1/2026
FREESTYLE LIBRE 3 PLUS SENSOR EACH	7/1/2026
LOKELMA 10 G POWD PACK	7/1/2026
LOKELMA 5 G POWD PACK	7/1/2026
PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET	7/1/2026
PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET	7/1/2026
PIOGLITAZONE-METFORMIN 15MG-500MG TABLET	7/1/2026
PIOGLITAZONE-METFORMIN 15MG-850MG TABLET	7/1/2026
PRALUENT PEN 150 MG/ML PEN INJCTR	7/1/2026
PRALUENT PEN 75 MG/ML PEN INJCTR	7/1/2026
REPATHA PUSHTRONEX 420 MG/3.5 WEAR INJCT	7/1/2026
REPATHA SURECLICK 140 MG/ML PEN INJCTR	7/1/2026
REPATHA SYRINGE 140 MG/ML SYRINGE	7/1/2026
VOWST CAPSULE	7/1/2026
Add to formulary with Prior Authorization	
ADALIMUMAB-RYVK(CF) 40MG/0.4ML SYRINGE KIT	7/1/2026
ADALIMUMAB-RYVK(CF) AUTOINJECT 40MG/0.4ML AUTO INJ KIT	7/1/2026
ADALIMUMAB-RYVK(CF) AUTOINJECT 80MG/0.8ML AUTO INJ KIT	7/1/2026
Add to formulary with Step Therapy	
CITALOPRAM HBR 30 MG CAPSULE	7/1/2026
Change in Prior Authorization Criteria	
ACTEMRA 162 MG/0.9 SYRINGE	7/1/2026

DRUG NAME	EFFECTIVE DATE
ACTEMRA 200MG/10ML VIAL	7/1/2026
ACTEMRA 400MG/20ML VIAL	7/1/2026
ACTEMRA 80 MG/4 ML VIAL	7/1/2026
ACTEMRA ACTPEN 162 MG/0.9 PEN INJCTR	7/1/2026
AUSTEDO 12 MG TABLET	7/1/2026
AUSTEDO 6 MG TABLET	7/1/2026
AUSTEDO 9 MG TABLET	7/1/2026
AUSTEDO XR 12 MG TAB ER 24H	7/1/2026
AUSTEDO XR 18 MG TAB ER 24H	7/1/2026
AUSTEDO XR 24 MG TAB ER 24H	7/1/2026
AUSTEDO XR 30 MG TAB ER 24H	7/1/2026
AUSTEDO XR 36 MG TAB ER 24H	7/1/2026
AUSTEDO XR 42 MG TAB ER 24H	7/1/2026
AUSTEDO XR 48 MG TAB ER 24H	7/1/2026
AUSTEDO XR 6 MG TAB ER 24H	7/1/2026
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24MG TAB24HDSPK	7/1/2026
AVSOLA 100 MG VIAL	7/1/2026
BYNFEZIA 7000/2.8ML PEN INJCTR	7/1/2026
CIMZIA (2 PACK) 400 MG KIT	7/1/2026
CIMZIA (2 PACK) 400 MG/2ML SYRINGEKIT	7/1/2026
COSENTYX 125 MG/5ML VIAL	7/1/2026
COSENTYX SENSOREADY (2 PENS) 150 MG/ML PEN INJCTR	7/1/2026
COSENTYX SYRINGE 150 MG/ML SYRINGE	7/1/2026
COSENTYX SYRINGE 75MG/0.5ML SYRINGE	7/1/2026
COSENTYX UNOREADY PEN 300 MG/2ML PEN INJCTR	7/1/2026
ENTYVIO 300 MG VIAL	7/1/2026
ENTYVIO PEN 108MG/0.68 PEN INJCTR	7/1/2026
GAMMAPLEX 10 % VIAL	7/1/2026
GAMMAPLEX 5 % VIAL	7/1/2026
ILUMYA 100 MG/ML SYRINGE	7/1/2026
INFLECTRA 100 MG VIAL	7/1/2026
INFLIXIMAB 100 MG VIAL	7/1/2026
INGREZZA 40 MG CAPSULE	7/1/2026
INGREZZA 60 MG CAPSULE	7/1/2026

DRUG NAME	EFFECTIVE DATE
INGREZZA 80 MG CAPSULE	7/1/2026
INGREZZA INITIATION PK(TARDIV) 40 MG-80MG CAP DS PK	7/1/2026
INGREZZA SPRINKLE 40 MG CAP SPRINK	7/1/2026
INGREZZA SPRINKLE 60 MG CAP SPRINK	7/1/2026
INGREZZA SPRINKLE 80 MG CAP SPRINK	7/1/2026
KEVZARA 150MG/1.14 PEN INJCTR	7/1/2026
KEVZARA 150MG/1.14 SYRINGE	7/1/2026
KEVZARA 200MG/1.14 PEN INJCTR	7/1/2026
KEVZARA 200MG/1.14 SYRINGE	7/1/2026
KINERET 100MG/0.67 SYRINGE	7/1/2026
OLUMIANT 1 MG TABLET	7/1/2026
OLUMIANT 2 MG TABLET	7/1/2026
OLUMIANT 4 MG TABLET	7/1/2026
ORENCIA 125 MG/ML SYRINGE	7/1/2026
ORENCIA 250 MG VIAL	7/1/2026
ORENCIA 50MG/0.4ML SYRINGE	7/1/2026
ORENCIA 87.5MG/0.7 SYRINGE	7/1/2026
ORENCIA CLICKJECT 125 MG/ML AUTO INJCT	7/1/2026
PANZYGA 10 % VIAL	7/1/2026
RENFLEXIS 100 MG VIAL	7/1/2026
RIABNI 10 MG/ML VIAL	7/1/2026
RITUXAN 10 MG/ML VIAL	7/1/2026
RUXIENCE 10 MG/ML VIAL	7/1/2026
SILIQ 210 MG/1.5 SYRINGE	7/1/2026
SIMPONI 100 MG/ML PEN INJCTR	7/1/2026
SIMPONI 100 MG/ML SYRINGE	7/1/2026
SIMPONI 50MG/0.5ML PEN INJCTR	7/1/2026
SIMPONI ARIA 50 MG/4 ML VIAL	7/1/2026
STELARA 130MG/26ML VIAL	7/1/2026
STELARA 45MG/0.5ML SYRINGE	7/1/2026
STELARA 45MG/0.5ML VIAL	7/1/2026
STELARA 90 MG/ML SYRINGE	7/1/2026
TRUXIMA 10 MG/ML VIAL	7/1/2026
TRYNGOLZA 80MG/0.8ML AUTO INJCT	7/1/2026
TYENNE 162 MG/0.9 SYRINGE	7/1/2026

DRUG NAME	EFFECTIVE DATE
TYENNE 200MG/10ML VIAL	7/1/2026
TYENNE 400MG/20ML VIAL	7/1/2026
TYENNE 80 MG/4 ML VIAL	7/1/2026
VELSIPITY 2 MG TABLET	7/1/2026
ZYMFENTRA PEN 120 MG/ML PEN IJ KIT	7/1/2026
Change in Step Therapy Criteria	
WYNZORA 0.005-.064 CREAM (G)	7/1/2026
Change to a lower tier	
XALKORI 150 MG PEL DSP CP	7/1/2026
XALKORI 20 MG PEL DSP CP	7/1/2026
XALKORI 200 MG CAPSULE	7/1/2026
XALKORI 250 MG CAPSULE	7/1/2026
XALKORI 50 MG PEL DSP CP	7/1/2026
Change to higher tier	
QBREXZA 2.4 % TOWELETTE	7/1/2026
DEXCOM G6 RECEIVER EACH	7/1/2026
DEXCOM G6 SENSOR EACH	7/1/2026
DEXCOM G6 TRANSMITTER EACH	7/1/2026
DRYSOL 20 % SOLUTION	7/1/2026
NAMZARIC 7 MG-10 MG CAP SPR 24	7/1/2026
NP THYROID 120 MG TABLET	7/1/2026
NP THYROID 15 MG TABLET	7/1/2026
NP THYROID 30 MG TABLET	7/1/2026
NP THYROID 60 MG TABLET	7/1/2026
NP THYROID 90 MG TABLET	7/1/2026
THYROID 120 MG TABLET	7/1/2026
THYROID 15 MG TABLET	7/1/2026
THYROID 30 MG TABLET	7/1/2026
THYROID 60 MG TABLET	7/1/2026
THYROID 90 MG TABLET	7/1/2026
Change to higher tier and add Quantity Limit	
FOSAMAX PLUS D 70 MG-2800 TABLET	7/1/2026
FOSAMAX PLUS D 70 MG-5600 TABLET	7/1/2026
Change to higher tier and add Step Therapy	
RESTASIS MULTIDOSE 0.05 % DROPS	7/1/2026

DRUG NAME	EFFECTIVE DATE
Change to higher tier and change in Prior Authorization Criteria	
ELMIRON 100 MG CAPSULE	7/1/2026
Decrease in Quantity Limit	
ANZEMET 50 MG TABLET	7/1/2026
CORLANOR 5 MG/5 ML SOLUTION	7/1/2026
SANCUSO 3.1MG/24HR PATCH TDWK	7/1/2026
SOLIQUA 100-33 100-33/ML INSULN PEN	7/1/2026
SOTYLIZE 5 MG/ML SOLUTION	7/1/2026
VARUBI 90 MG TABLET	7/1/2026
Increase in Quantity Limit	
AKYNZEO 300-0.5 MG CAPSULE	7/1/2026
Remove from formulary	
ADALIMUMAB-ADAZ(CF) 10MG/0.1ML SYRINGE	7/1/2026
ADALIMUMAB-ADAZ(CF) 20MG/0.2ML SYRINGE	7/1/2026
ADALIMUMAB-ADAZ(CF) 40MG/0.4ML SYRINGE	7/1/2026
ADALIMUMAB-ADAZ(CF) PEN 40MG/0.4ML PEN INJCTR	7/1/2026
ADALIMUMAB-ADAZ(CF) PEN 80MG/0.8ML PEN INJCTR	7/1/2026
BACLOFEN 25 MG/5 ML ORAL SUSP	7/1/2026
ECONAZOLE NITRATE 1 % FOAM	7/1/2026
HUMIRA 40MG/0.8ML SYRINGEKIT	7/1/2026
HUMIRA PEN 40MG/0.8ML PEN IJ KIT	7/1/2026
HUMIRA PEN CROHN'S-UC-HS 40MG/0.8ML PEN IJ KIT	7/1/2026
HUMIRA PEN PSOR-UVEITS-ADOL HS 40MG/0.8ML PEN IJ KIT	7/1/2026
HUMIRA(CF) 10MG/0.1ML SYRINGEKIT	7/1/2026
HUMIRA(CF) 20MG/0.2ML SYRINGEKIT	7/1/2026
HUMIRA(CF) 40MG/0.4ML SYRINGEKIT	7/1/2026
HUMIRA(CF) PEN 40MG/0.4ML PEN IJ KIT	7/1/2026
HUMIRA(CF) PEN 80MG/0.8ML PEN IJ KIT	7/1/2026
HUMIRA(CF) PEN CROHN'S-UC-HS 80MG/0.8ML PEN IJ KIT	7/1/2026
HUMIRA(CF) PEN PEDIATRIC UC 80MG/0.8ML PEN IJ KIT	7/1/2026
KERASTAT CREAM (ML)	7/1/2026
LICART 1.3 % PATCH TD24	7/1/2026
LYUMJEV TEMPO PEN U-100 100/ML INSULN PEN	7/1/2026
MELOXICAM 7.5 MG/5ML ORAL SUSP	7/1/2026

DRUG NAME	EFFECTIVE DATE
NEO-SYNALAR 0.5-0.025% CREAM (G)	7/1/2026
QUTENZA 8 % KIT	7/1/2026
RETIN-A MICRO PUMP 0.06 % GEL W/PUMP	7/1/2026
SIMLANDI(CF) 20MG/0.2ML SYRINGEKIT	7/1/2026
SIMLANDI(CF) 40MG/0.4ML SYRINGEKIT	7/1/2026
SIMLANDI(CF) AUTOINJECTOR 80MG/0.8ML AUTO INJ KIT	7/1/2026
TEMPO REFILL KIT (WITH GAUZE) KIT	7/1/2026
XADAGO 100 MG TABLET	7/1/2026
XADAGO 50 MG TABLET	7/1/2026
Remove Prior Authorization, add Quantity Limit, and add Step Therapy	
LEVOTHYROXINE SODIUM 100 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 112 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 125 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 13 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 137 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 150 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 175 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 200 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 25 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 50 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 75 MCG CAPSULE	7/1/2026
LEVOTHYROXINE SODIUM 88 MCG CAPSULE	7/1/2026
TIROSINT 37.5 MCG CAPSULE	7/1/2026
TIROSINT 44 MCG CAPSULE	7/1/2026
TIROSINT 62.5 MCG CAPSULE	7/1/2026
Remove Step Therapy and add Prior Authorization	
AZELEX 20 % CREAM (G)	7/1/2026
EZALLOR SPRINKLE 10 MG CAP SPRINK	7/1/2026
EZALLOR SPRINKLE 20 MG CAP SPRINK	7/1/2026
EZALLOR SPRINKLE 40 MG CAP SPRINK	7/1/2026
EZALLOR SPRINKLE 5 MG CAP SPRINK	7/1/2026
GLOPERBA 0.6MG/5ML SOLUTION	7/1/2026
THYQUIDITY 100MCG/5ML SOLUTION	7/1/2026
XATMEP 2.5 MG/ML SOLUTION	7/1/2026



Pharmacy Times

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

DRUG NAME	EFFECTIVE DATE
Remove Step Therapy, remove Age Restriction, and add Prior Authorization	
TRUDHESA 0.725/SPRY SPRAY/PUMP	7/1/2026

For the updated IEHP Covered Formulary, please visit <https://www.iehp.org/content/dam/iehp-org/en/documents/coveredcalifornia/Formulary.pdf>