
To: PCPs
From: IEHP Pharmaceutical Services Department
Date: March 26, 2026
Subject: Q1 2026 Pharmacy & Therapeutics Subcommittee Update

Q1 2026 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, February 27, 2026. 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 conjugated estrogens and lomustine with an effective date of 2/1/2026. Fidaxomicin has been added to the formulary with Quantity Limit with an effective date of 2/1/2026. Otezla XR has been added to the formulary with Prior Authorization and an effective date of 2/1/2026. Premarin, Difucid, and Gleostine have been removed from the formulary with an effective date of 2/1/2026.

This quarter, two Prior Authorization criteria and one Step Therapy update were reviewed with the recommendation to approve.

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

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 Pharmacy and Therapeutics Subcommittee internal policy was presented to P&T Subcommittee for their approval.

Pharmacy Utilization Management Updates

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

Three Medi-Cal Medical Drug Benefit Drug Classes have been reviewed along with corresponding Prior Authorization Criteria, with no recommended changes.

Drug Utilization Review (DUR) Updates

IEHP reviewed multiple measures across Medicare, Medi-Cal, and Covered California lines of business.

For Medicare, reviews included Medication Adherence for Cholesterol (ADH Statin), Hypertension (ADH RAS), and Diabetes (ADH DM), as well as Statin Use in Persons with Diabetes (SUPD) and Statin Use in Persons with Cardiovascular Disease (SPC), all focused on addressing underutilization. Additional Medicare measures targeted overutilization through the Concurrent Use of Opioids and Benzodiazepines (COB) and Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH).

For Medi-Cal, IEHP reviewed the Asthma Medication Ratio (AMR), which monitors both underutilization of controllers and overutilization of rescue inhalers, along with statin-related measures such as Statins in Patients with Diabetes (SPD) and Statins in Patients with Cardiovascular Disease (SPC), all focused on addressing underutilization

IEHP also reviewed Naloxone Drug Use Evaluation (DUE) reports for Medicare, Medi-Cal, and Covered California, followed by the Medi-Cal Opioid Dashboard Overview, and the Pharmacotherapy for Opioid Use Disorder (POD) measure to improve opioid safety.

IEHP will continue implementing targeted interventions and collaborating with providers to enhance adherence, reduce overutilization, and optimize member outcomes.

Fraud, Waste, and Abuse (FWA)

IEHP reviewed Fraud, Waste, and Abuse (FWA) activities, including quarterly monitoring of members, pharmacies, and prescribers across all lines of business. Reviews covered key elements such as multiple prescribers or pharmacies, inappropriate medication use, claim or payment spikes, and potential prescribing or pharmacy-related concerns.

To access the full Q1 2026 Pharmacy & Therapeutics Subcommittee update, please visit:

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

or

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

The next IEHP P&T Subcommittee Meeting is Friday, May 29, 2026.

All Pharmacy Communications sent by IEHP can be found at: www.providerservices.iehp.org > Pharmacy > Pharmacy Resources > Pharmacy Provider Communications

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Medicare Formulary Updates

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Brukinsa 160 mg tablet	Add to formulary	PA (New Start)	QL = 120/30 ds	08/29/2025	02/01/2026	09/06/2025	8
Cimzia Starter Kit 400 mg/2 mL (200 mg/mL x2) subcutaneous syringe kit	Add to formulary	PA		N/A	02/01/2026	12/29/2025	N/A
conjugated estrogens 0.3 mg tablet	Add to formulary			10/31/2025	02/01/2026	12/29/2025	59
conjugated estrogens 0.45 mg tablet	Add to formulary			10/31/2025	02/01/2026	12/29/2025	59

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
conjugated estrogens 0.625 mg tablet	Add to formulary			10/31/2025	02/01/2026	12/29/2025	59
conjugated estrogens 0.9 mg tablet	Add to formulary			10/31/2025	02/01/2026	12/29/2025	59
conjugated estrogens 1.25 mg tablet	Add to formulary			10/31/2025	02/01/2026	12/29/2025	59
Exxua 18.2 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	10/03/2025	02/01/2026	11/10/2025	38
Exxua 36.3 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	10/03/2025	02/01/2026	11/10/2025	38
Exxua 54.5 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	10/03/2025	02/01/2026	11/10/2025	38
Exxua 72.6 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	10/03/2025	02/01/2026	11/10/2025	38
fidaxomicin 200 mg tablet	Add to formulary		QL = 20/10 ds	07/25/2025	02/01/2026	12/29/2025	157
Inluriyo 200 mg tablet	Add to formulary	PA (New Start)	QL = 90/30 ds	10/10/2025	02/01/2026	10/18/2025	8
lomustine 10 mg capsule	Add to formulary			11/28/2025	02/01/2026	12/29/2025	31
lomustine 100 mg capsule	Add to formulary			11/28/2025	02/01/2026	12/29/2025	31
lomustine 40 mg capsule	Add to formulary			11/28/2025	02/01/2026	12/29/2025	31

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Luizza 1 mg-20 mcg tablet	Add to formulary			09/19/2025	02/01/2026	10/20/2025	31
Luizza 1.5 mg-30 mcg tablet	Add to formulary			09/19/2025	02/01/2026	10/20/2025	31
Otezla XR 75 mg tablet, extended release	Add to formulary	PA		10/03/2025	02/01/2026	10/20/2025	17
Otezla XR Initiation 10 mg-20 mg-30 mg tablet and 75 mg tablet,ER pack	Add to formulary	PA		10/03/2025	02/01/2026	10/20/2025	17
Valtya 1 mg-35 mcg tablet	Add to formulary			10/10/2025	02/01/2026	10/20/2025	10
Tridacaine II 5 % topical patch	Add to formulary	PA	QL = 90/30 ds	N/A	02/01/2026	12/29/2025	N/A
Dificid 200 mg tablet	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A
Gleostine 10 mg capsule	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A
Gleostine 100 mg capsule	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A
Gleostine 40 mg capsule	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A
Premarin 0.3 mg tablet	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A
Premarin 0.45 mg tablet	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A
Premarin 0.625 mg tablet	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Premarin 0.9 mg tablet	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A
Premarin 1.25 mg tablet	Remove from formulary			N/A	02/01/2026	12/29/2025	N/A

Highlights from the Medicare D-SNP formulary additions include conjugated estrogens and lomustine with an effective date of 2/1/2026. Fidaxomicin has been added to the formulary with Quantity Limit with an effective date of 2/1/2026. Otezla XR has been added to the formulary with Prior Authorization and an effective date of 2/1/2026. Premarin, Difacid, and Gleostine have been removed from the formulary with an effective date of 2/1/2026.

CY2026 Formulary Updates for Medicare

This quarter two Prior Authorization criteria’s and one Step Therapy update were reviewed with the recommendation to approve.

Formulary Updates	Recommendation
Prior Authorization Updates from Annual Submission	CMS Final approval from annual review
Step Therapy Updates from Annual Submission	CMS Final approval from annual review
Prior Authorization Updates for effective 02/01/2026	Updates and New PA criteria that CMS approved for effective 02/01/2026

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

Covered California Formulary Updates

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
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
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
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 MGTABLET	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
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
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
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
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
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	
QBREXZA 2.4 % TOWELETTE	7/1/2026
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	
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
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
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
Remove Step Therapy, remove Age Restriction, and add Prior Authorization	
TRUDHESA 0.725/SPRY SPRAY/PUMP	7/1/2026

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 Pharmacy and Therapeutics Subcommittee internal policy was presented to P&T subcommittee for their approval.

Pharmacy Policy	Description
Pharmacy & Therapeutics Subcommittee	Updated to include a new specialist on the committee, revised quorum and conflict-of-interest requirements, delegated Covered California P&T functions to MedImpact under IEHP oversight, and affirmed the P&T Committee’s role as the MCP’s DUR board.

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

Pharmacy Utilization Management Updates

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

Pharmacy Policy	Recommendation
Discharge Policy	Renewed with no changes
Intradialytic Parenteral Nutrition (IDPN) Policy	Renewed with no changes
Off-Label Indication Policy	Renewed with updates to combine policy criteria and delete outdated references

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

Three Medi-Cal Medical Drug Benefit Drug Classes have been reviewed along with corresponding Prior Authorization Criteria.

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
Cardiovascular	Not Applicable	No change
Endocrine & Hormones	HP ACTHAR	No change
Respiratory	MEPOLIZUMAB, OMALIZUMAB	No change

Update to service code

Code	Drug Description	Change	Effective Date
J2151	Injection, mannitol, 250 mg	Add to replace J2150	3/01/2026
J2405	Injection, ondansetron hydrochloride, per 1 mg	Add to floor stock	3/01/2026
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg)	Add to floor stock	3/01/2026
J3480	Injection, potassium chloride, per 2 mEq	Add to floor stock	3/01/2026

Drug Utilization Review (DUR) Updates

IEHP reviewed multiple measures across Medicare, Medi-Cal and Covered California lines of business.

For Medicare, reviews included Medication Adherence for Cholesterol (ADH Statin), Hypertension (ADH RAS), and Diabetes (ADH DM), as well as Statin Use in Persons with Diabetes (SUPD) and Statin Use in Persons with Cardiovascular Disease (SPC), all focused on addressing underutilization. Additional Medicare measures targeted overutilization through the Concurrent Use of Opioids and Benzodiazepines (COB) and Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH).

For Medi-Cal, IEHP reviewed the Asthma Medication Ratio (AMR), which monitors both underutilization of controllers and overutilization of rescue inhalers, along with statin-related measures such as Statins in Patients with Diabetes (SPD) and Statins in Patients with Cardiovascular Disease (SPC), all focused on addressing underutilization.

IEHP also reviewed Naloxone Drug Use Evaluation (DUE) reports for Medicare, Medi-Cal, and Covered California, followed by the Medi-Cal Opioid Dashboard Overview, and the Pharmacotherapy for Opioid Use Disorder (POD) measure to improve opioid safety.

IEHP will continue implementing targeted interventions and collaborating with providers to enhance adherence, reduce overutilization, and optimize member outcomes.

Fraud, Waste, and Abuse (FWA)

IEHP reviewed Fraud, Waste, and Abuse (FWA) activities, including quarterly monitoring of members, pharmacies, and prescribers across all lines of business. Reviews covered key elements such as multiple prescribers or pharmacies, inappropriate medication use, claim or payment spikes, and potential prescribing or pharmacy-related concerns.

To access the full Q1 2026 Pharmacy & Therapeutics Subcommittee update, please visit:

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

or

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

The next IEHP P&T Subcommittee Meeting is Friday, May 29, 2026.

All Pharmacy Communications sent by IEHP can be found at: www.providerservices.iehp.org > Pharmacy > Pharmacy Resources > Pharmacy Provider Communications

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices