



To: IEHP Covered (CCA) PCPs & Pharmacy Network
From: IEHP Pharmaceutical Services
Date: May 14, 2026
Subject: **April 2026 IEHP Covered Pharmacy & Therapeutics Update**

The April 2026 Pharmacy and Therapeutics (P&T) Committee approved changes to the IEHP Covered Formulary, and they are now available online.

To access the full document of changes, please visit:

[IEHP - News & Updates : Notices](#)

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

To access the full IEHP Covered Formulary, please visit:

[IEHP - Pharmacy: Formulary](#)

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

Key Changes Include:

DRUG NAME	EFFECTIVE DATE
Remove from formulary	
HUMIRA SYRINGE AND PEN	7/1/2026
HUMIRA(CF) SYRINGE AND PEN	7/1/2026
ADALIMUMAB-ADAZ(CF) SYRINGE AND PEN	7/1/2026
SIMLANDI(CF) SYRINGE AND AUTOINJECTOR	7/1/2026
Add to formulary with Prior Authorization	
ADALIMUMAB-RYVK(CF) SYRINGE AND AUTOINJECTOR	7/1/2026
ADALIMUMAB-AATY(CF) SYRINGE AND AUTOINJECTOR	7/1/2026

Please visit IEHP.org for more details.

Sincerely, IEHP Pharmaceutical Services

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April 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	
Zolpidem tartrate 1.75 mg tab subl	7/1/2026
Zolpidem tartrate 3.5 mg tab subl	7/1/2026
Add to formulary with Prior Authorization	
Adalimumab-aaty(cf) 20mg/0.2ml syringe kit	7/1/2026
Adalimumab-aaty(cf) 40mg/0.4ml syringe kit	7/1/2026
Adalimumab-aaty(cf) ai crohns 80mg/0.8ml autoinj kit	7/1/2026
Adalimumab-aaty(cf) autoinject 40mg/0.4ml autoinj kit	7/1/2026
Adalimumab-aaty(cf) autoinject 80mg/0.8ml autoinj kit	7/1/2026
Add to formulary with Quantity Limit and Step Therapy	
ACIPHEX SPRINKLE 10 MG CAP DR SPR	7/1/2026
Change in Prior Authorization Criteria	
ANDEMBRY AUTOINJECTOR 200 MG/1.2 AUTO INJCT	7/1/2026
BERINERT 500(10 ML) KIT	7/1/2026
CINRYZE 500 (5 ML) VIAL	7/1/2026
CUVRIOR 300 MG TABLET	7/1/2026
DAWNZERA 80MG/0.8ML AUTO INJCT	7/1/2026
EKTERLY 300 MG TABLET	7/1/2026
ELIGARD 22.5 MG SYRINGE	7/1/2026
ELIGARD 30 MG SYRINGE	7/1/2026
ELIGARD 45 MG SYRINGE	7/1/2026

DRUG NAME	EFFECTIVE DATE
ELIGARD 7.5 MG SYRINGE	7/1/2026
FENSOLVI 45 MG SYRINGE	7/1/2026
GAMMAPLEX 5 % VIAL	7/1/2026
GENOTROPIN 0.2MG/0.25 SYRINGE	7/1/2026
GENOTROPIN 0.4MG/0.25 SYRINGE	7/1/2026
GENOTROPIN 0.6MG/0.25 SYRINGE	7/1/2026
GENOTROPIN 0.8MG/0.25 SYRINGE	7/1/2026
GENOTROPIN 1.2MG/0.25 SYRINGE	7/1/2026
GENOTROPIN 1.4MG/0.25 SYRINGE	7/1/2026
GENOTROPIN 1.6MG/0.25 SYRINGE	7/1/2026
GENOTROPIN 1.8MG/0.25 SYRINGE	7/1/2026
GENOTROPIN 12 MG/ML CARTRIDGE	7/1/2026
GENOTROPIN 1MG/0.25ML SYRINGE	7/1/2026
GENOTROPIN 2MG/0.25ML SYRINGE	7/1/2026
GENOTROPIN 5 MG/ML CARTRIDGE	7/1/2026
HAEGARDA 2000 UNIT VIAL	7/1/2026
HAEGARDA 3000 UNIT VIAL	7/1/2026
HUMATROPE 12 MG CARTRIDGE	7/1/2026
HUMATROPE 24 MG CARTRIDGE	7/1/2026
HUMATROPE 6 MG CARTRIDGE	7/1/2026
Icatibant 30 mg/3 ml syringe	7/1/2026
ILARIS 150 MG/ML VIAL	7/1/2026
KALBITOR 10MG/ML(1) VIAL	7/1/2026
KINERET 100MG/0.67 SYRINGE	7/1/2026
Leuprolide acetate 1 mg/0.2ml kit	7/1/2026
LUPRON DEPOT 22.5 MG SYRINGE KIT	7/1/2026
LUPRON DEPOT 3.75 MG SYRINGE KIT	7/1/2026
LUPRON DEPOT 45 MG SYRINGE KIT	7/1/2026
LUPRON DEPOT 7.5 MG SYRINGE KIT	7/1/2026
LUPRON DEPOT-PED 11.25 MG KIT	7/1/2026
LUPRON DEPOT-PED 15 MG KIT	7/1/2026
LUPRON DEPOT-PED 7.5 MG KIT	7/1/2026
MYFEMBREE 40-1-0.5MG TABLET	7/1/2026
NEMLUVIO 30 MG PEN INJCTR	7/1/2026
NORDITROPIN FLEXPPO 10MG/1.5ML PEN INJCTR	7/1/2026

DRUG NAME	EFFECTIVE DATE
NORDITROPIN FLEXPPO 15MG/1.5ML PEN INJCTR	7/1/2026
NORDITROPIN FLEXPPO 30 MG/3 ML PEN INJCTR	7/1/2026
NORDITROPIN FLEXPPO 5 MG/1.5ML PEN INJCTR	7/1/2026
NUTROPIN AQ NUSPIN 10 MG/2 ML PEN INJCTR	7/1/2026
NUTROPIN AQ NUSPIN 20 MG/2 ML PEN INJCTR	7/1/2026
NUTROPIN AQ NUSPIN 5 MG/2 ML PEN INJCTR	7/1/2026
NYMALIZE 30 MG/5 ML SYRINGE	7/1/2026
NYMALIZE 60 MG/10ML SOLUTION	7/1/2026
OMNITROPE 10MG/1.5ML CARTRIDGE	7/1/2026
OMNITROPE 5 MG/1.5ML CARTRIDGE	7/1/2026
OMNITROPE 5.8 MG VIAL	7/1/2026
ORIAHNN 300-1-0.5 CAP SEQ	7/1/2026
ORLADEYO 108 MG PELET PACK	7/1/2026
ORLADEYO 110 MG CAPSULE	7/1/2026
ORLADEYO 132 MG PELET PACK	7/1/2026
ORLADEYO 150 MG CAPSULE	7/1/2026
ORLADEYO 72 MG PELET PACK	7/1/2026
ORLADEYO 96 MG PELET PACK	7/1/2026
Penicillamine 250 mg capsule	7/1/2026
Penicillamine 250 mg tablet	7/1/2026
PRADAXA 110 MG PELET PACK	7/1/2026
PRADAXA 150 MG PELET PACK	7/1/2026
PRADAXA 20 MG PELET PACK	7/1/2026
PRADAXA 30 MG PELET PACK	7/1/2026
PRADAXA 40 MG PELET PACK	7/1/2026
PRADAXA 50 MG PELET PACK	7/1/2026
PYRUKYND 20 MG TABLET	7/1/2026
PYRUKYND 20 MG-5 MG TAB DS PK	7/1/2026
PYRUKYND 5 MG TABLET	7/1/2026
PYRUKYND 50 MG TABLET	7/1/2026
PYRUKYND 50 MG-20MG TAB DS PK	7/1/2026
RADICAVA ORS 105 MG/5ML ORAL SUSP	7/1/2026
REZDIFFRA 100 MG TABLET	7/1/2026
REZDIFFRA 60 MG TABLET	7/1/2026
REZDIFFRA 80 MG TABLET	7/1/2026

DRUG NAME	EFFECTIVE DATE
RUCONEST 2100 UNIT VIAL	7/1/2026
SAIZEN 5 MG VIAL	7/1/2026
SAIZEN-SAIZENPREP 8.8MG/1.51 CARTRIDGE	7/1/2026
SEROSTIM 4 MG VIAL	7/1/2026
SEROSTIM 6 MG VIAL	7/1/2026
SOHONOS 1 MG CAPSULE	7/1/2026
SOHONOS 1.5 MG CAPSULE	7/1/2026
SOHONOS 10 MG CAPSULE	7/1/2026
SOHONOS 2.5 MG CAPSULE	7/1/2026
SOHONOS 5 MG CAPSULE	7/1/2026
SUCRAID 8500/ML SOLUTION	7/1/2026
TAKHZYRO 150 MG/ML SYRINGE	7/1/2026
TAKHZYRO 300 MG/2ML SYRINGE	7/1/2026
TAKHZYRO 300 MG/2ML VIAL	7/1/2026
Tetrabenazine 12.5 mg tablet	7/1/2026
Tetrabenazine 25 mg tablet	7/1/2026
TRELSTAR 11.25 MG VIAL	7/1/2026
TRELSTAR 22.5 MG VIAL	7/1/2026
TRELSTAR 3.75 MG VIAL	7/1/2026
Trientine hcl 250 mg capsule	7/1/2026
Trientine hcl 500 mg capsule	7/1/2026
TRYVIO 12.5 MG TABLET	7/1/2026
VEVYE 0.1 % DROPS	7/1/2026
WAKIX 17.8 MG TABLET	7/1/2026
WAKIX 4.45 MG TABLET	7/1/2026
XDEMZY 0.25 % DROPS	7/1/2026
YUTREPIA 106 MCG CAP W/DEV	7/1/2026
YUTREPIA 26.5 MCG CAP W/DEV	7/1/2026
YUTREPIA 53 MCG CAP W/DEV	7/1/2026
YUTREPIA 79.5 MCG CAP W/DEV	7/1/2026
ZEPBOUND 10MG/0.5ML PEN INJCTR	7/1/2026
ZEPBOUND 12.5MG/0.5 PEN INJCTR	7/1/2026
ZEPBOUND 15MG/0.5ML PEN INJCTR	7/1/2026
ZEPBOUND 2.5 MG/0.5 PEN INJCTR	7/1/2026
ZEPBOUND 5 MG/0.5ML PEN INJCTR	7/1/2026

DRUG NAME	EFFECTIVE DATE
ZEPBOUND 7.5 MG/0.5 PEN INJCTR	7/1/2026
ZOLADEX 10.8 MG IMPLANT	7/1/2026
ZOLADEX 3.6 MG IMPLANT	7/1/2026
ZOMACTON 10 MG VIAL	7/1/2026
Change in Step Therapy Criteria	
ACIPHEX SPRINKLE 5 MG CAP DR SPR	7/1/2026
Pantoprazole sodium 40 mg granpkt dr	7/1/2026
Rabeprazole sodium 10 mg cap dr spr	7/1/2026
Change to a lower tier, remove Prior Authorization, add Quantity Limit	
TRYPTYR 0.003 % DROPERETTE	7/1/2026
Remove Prior Authorization	
YEZTUGO 300 MG TABLET	7/1/2026
YEZTUGO 463.5/1.5 VIAL	7/1/2026
Remove Quantity Limit	
Esomeprazole magnesium 20 mg capsule dr	7/1/2026
Esomeprazole magnesium 40 mg capsule dr	7/1/2026
Lurasidone hcl 120 mg tablet	7/1/2026
Lurasidone hcl 20 mg tablet	7/1/2026
Lurasidone hcl 40 mg tablet	7/1/2026
Lurasidone hcl 60 mg tablet	7/1/2026
Lurasidone hcl 80 mg tablet	7/1/2026
Nitrofurantoin 25 mg capsule	7/1/2026
Prasugrel hcl 10 mg tablet	7/1/2026
Prasugrel hcl 5 mg tablet	7/1/2026
Quetiapine fumarate 150 mg tablet	7/1/2026
Rabeprazole sodium 20 mg tablet dr	7/1/2026
Ticagrelor 90 mg tablet	7/1/2026
Remove Quantity Limit and remove Step Therapy	
Omeprazole-sodium bicarbonate 20mg-1.1g capsule	7/1/2026
Omeprazole-sodium bicarbonate 40mg-1.1g capsule	7/1/2026
Remove Step Therapy	
Dronabinol 10 mg capsule	7/1/2026
Dronabinol 2.5 mg capsule	7/1/2026
Dronabinol 5 mg capsule	7/1/2026
Lansoprazole 15 mg tab rap dr	7/1/2026



Pharmacy Times

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

DRUG NAME	EFFECTIVE DATE
Lansoprazole 30 mg tab rap dr	7/1/2026

For the updated IEHP Covered Formulary, please visit

<https://www.providerservices.iehp.org/en/pharmacy/formulary/iehp-covered-california>