

**To:** PCPs  
**From:** IEHP Pharmaceutical Services Department  
**Date:** June 11, 2026  
**Subject:** Q2 2026 Pharmacy & Therapeutics Subcommittee Update

### Q2 2026 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, May 29, 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

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Ensacove 100 mg capsule	Add to formulary	PA (New Start)	QL = 60/30 ds	N/A	03/01/2026	01/27/2026	N/A
Ensacove 25 mg capsule	Add to formulary	PA (New Start)	QL = 270/30 ds	N/A	03/01/2026	01/27/2026	N/A
Koselugo 5 mg sprinkle capsule	Add to formulary	PA (New Start)	QL = 600/30 ds	10/17/2025	03/01/2026	10/20/2025	3
Koselugo 7.5 mg sprinkle capsule	Add to formulary	PA (New Start)	QL = 390/30 ds	10/17/2025	03/01/2026	10/20/2025	3
Prezcobix 675 mg-150 mg tablet	Add to formulary			08/22/2025	03/01/2026	08/27/2025	5

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Selarsdi 45 mg/0.5 mL subcutaneous solution	Add to formulary	PA		N/A	03/01/2026	01/27/2026	N/A
Subvenite 10 mg/mL oral suspension	Add to formulary	PA (New Start)		11/21/2025	03/01/2026	01/27/2026	67
metoprolol tartrate 37.5 mg tablet	Add to formulary			N/A	03/01/2026	01/27/2026	N/A
metoprolol tartrate 75 mg tablet	Add to formulary			N/A	03/01/2026	01/27/2026	N/A
ustekinumab-aauz 45 mg/0.5 mL subcutaneous syringe	Add to formulary	PA		11/14/2025	03/01/2026	01/27/2026	74
ustekinumab-aauz 90 mg/mL subcutaneous syringe	Add to formulary	PA		11/14/2025	03/01/2026	01/27/2026	74
ustekinumab 45 mg/0.5 mL subcutaneous solution	Remove from formulary			N/A	03/01/2026	01/27/2026	N/A
Stelara 45 mg/0.5 mL subcutaneous solution	Remove from formulary			N/A	03/01/2026	01/27/2026	N/A
Stelara 45 mg/0.5 mL subcutaneous syringe	Remove from formulary			N/A	03/01/2026	01/27/2026	N/A
Stelara 90 mg/mL subcutaneous syringe	Remove from formulary			N/A	03/01/2026	01/27/2026	N/A

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
ustekinumab 45 mg/0.5 mL subcutaneous syringe	Remove from formulary			N/A	03/01/2026	01/27/2026	N/A
ustekinumab 90 mg/mL subcutaneous syringe	Remove from formulary			N/A	03/01/2026	01/27/2026	N/A
sevelamer carbonate 2.4 gram oral powder packet	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
sevelamer carbonate 0.8 gram oral powder packet	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
sevelamer carbonate 800 mg tablet	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
sevelamer HCl 400 mg tablet	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
sevelamer HCl 800 mg tablet	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
Hailey Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
calcium acetate(phosphate binders) 667 mg tablet	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
Viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
perampanel 0.5 mg/mL oral suspension	Add to formulary	ST	QL = 680/28 ds	12/26/2025	04/01/2026	02/25/2026	61

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
sodium polystyrene sulfonate 15 gram/60 mL oral suspension	Add to formulary			01/02/2026	04/01/2026	02/25/2026	54
Shingrix (PF) 50 mcg/0.5 mL intramuscular syringe	Add to formulary		QL = 2/365 ds	01/16/2026	04/01/2026	02/25/2026	40
Hyrnuo 10 mg tablet	Add to formulary	PA (New Start)	QL = 120/30 ds	12/12/2025	04/01/2026	12/16/2025	4
Vraylar 0.5 mg capsule	Add to formulary	ST	QL = 30/30 ds	01/09/2026	04/01/2026	02/25/2026	47
Vraylar 0.75 mg capsule	Add to formulary	ST	QL = 30/30 ds	01/09/2026	04/01/2026	02/25/2026	47
Exxua 18.2 mg (32 tabs) tablet, ER 24 hr dose pack	Add to formulary	PA (New Start)		N/A	04/01/2026	02/25/2026	N/A
calcium acetate(phosphate binders) 667 mg capsule	Add to formulary			N/A	04/01/2026	02/25/2026	N/A
Fycompa 0.5 mg/mL oral suspension	Remove from formulary			N/A	04/01/2026	02/25/2026	N/A
adalimumab-aaty 20 mg/0.2 mL subcutaneous syringe kit	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A
adalimumab-aaty 40 mg/0.4 mL subcutaneous auto-injector kit	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
adalimumab-aaty 40 mg/0.4 mL subcutaneous syringe kit	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A
adalimumab-aaty 80 mg/0.8 mL subcutaneous auto-injector kit	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A
adalimumab-aaty(CF) autoinj Crohn-UC-HS Start 80 mg/0.8 mL subcut kit	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A
cefixime 400 mg tablet	Add to formulary			12/26/2025	05/01/2026	03/26/2026	90
ceftaroline fosamil 400 mg intravenous solution	Add to formulary			02/20/2026	05/01/2026	03/26/2026	34
ceftaroline fosamil 600 mg intravenous solution	Add to formulary			02/20/2026	05/01/2026	03/26/2026	34
Hadlima 40 mg/0.8 mL subcutaneous syringe	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A
Hadlima PushTouch 40 mg/0.8 mL subcutaneous auto-injector	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A
Hadlima(CF) 40 mg/0.4 mL subcutaneous syringe	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Hadlima(CF) PushTouch 40 mg/0.4 mL subcutaneous auto-injector	Add to formulary	PA		N/A	05/01/2026	03/26/2026	N/A
levetiracetam 250 mg tablet for oral suspension	Add to formulary	ST		01/31/2026	05/01/2026	03/26/2026	54
levetiracetam 500 mg tablet for oral suspension	Add to formulary	ST		02/06/2026	05/01/2026	03/26/2026	48
nilotinib HCl 150 mg capsule	Add to formulary	PA (New Start)	QL = 112/28 ds	N/A	05/01/2026	03/26/2026	N/A
nilotinib HCl 200 mg capsule	Add to formulary	PA (New Start)	QL = 112/28 ds	N/A	05/01/2026	03/26/2026	N/A
nilotinib HCl 50 mg capsule	Add to formulary	PA (New Start)	QL = 120/30 ds	N/A	05/01/2026	03/26/2026	N/A
pomalidomide 1 mg capsule	Add to formulary	PA (New Start)	QL = 21/28 ds	03/06/2026	05/01/2026	03/26/2026	20
pomalidomide 2 mg capsule	Add to formulary	PA (New Start)	QL = 21/28 ds	03/06/2026	05/01/2026	03/26/2026	20
pomalidomide 3 mg capsule	Add to formulary	PA (New Start)	QL = 21/28 ds	03/06/2026	05/01/2026	03/26/2026	20
pomalidomide 4 mg capsule	Add to formulary	PA (New Start)	QL = 21/28 ds	03/06/2026	05/01/2026	03/26/2026	20
tobramycin 0.3 %-lotepred 0.5 % eye drops, suspension	Add to formulary			01/23/2026	05/01/2026	03/26/2026	62

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Xpovio 80 mg/week (80 mg x 1) tablet	Add to formulary	PA (New Start)	QL = 8/28 ds	03/06/2026	05/01/2026	03/26/2026	83
Teflaro 400 mg intravenous solution	Remove from formulary			N/A	05/01/2026	03/26/2026	N/A
Teflaro 600 mg intravenous solution	Remove from formulary			N/A	05/01/2026	03/26/2026	N/A

Highlights from the Medicare D-SNP formulary additions include ustekinumab-aaaz, which has been added to the formulary with an effective date of 03/01/2026. Selarsdi has been added to the formulary with Prior Authorization effective 03/01/2026. Perampanel has been added to the formulary with Step Therapy and a Quantity Limit, effective 04/01/2026. In addition, adalimumab-aaty in both syringe kit and autoinjector has been added to the formulary with Prior Authorization, with an effective date of 05/01/2026. Hadlima in both subcutaneous syringe and PushTouch autoinjector has also been added to the formulary with Prior Authorization effective 05/01/2026.

### CY2026 Formulary Updates for Medicare

This quarter three Prior Authorization criteria's were reviewed with the recommendation to approve.

Formulary Updates	Recommendation
<b>Prior Authorization Updates for effective 03/01/2026, 04/01/2026, and 05/01/2026</b>	Updates and New PA criteria that CMS approved for effective 03/01/2026, 04/01/2026, and 05/01/2026

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
<b>Add Step Therapy</b>	
Zolpidem tartrate 1.75 mg tab subl	7/1/2026
Zolpidem tartrate 3.5 mg tab subl	7/1/2026
<b>Add to formulary with Prior Authorization</b>	
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
<b>Add to formulary with Quantity Limit and Step Therapy</b>	
ACIPHEX SPRINKLE 10 MG CAP DR SPR	7/1/2026
<b>Change in Prior Authorization Criteria</b>	
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
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

DRUG NAME	EFFECTIVE DATE
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 FLEXPRO 10MG/1.5ML PEN INJCTR	7/1/2026
NORDITROPIN FLEXPRO 15MG/1.5ML PEN INJCTR	7/1/2026
NORDITROPIN FLEXPRO 30 MG/3 ML PEN INJCTR	7/1/2026
NORDITROPIN FLEXPRO 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

DRUG NAME	EFFECTIVE DATE
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
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

DRUG NAME	EFFECTIVE DATE
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
XDEMVY 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
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
<b>DRUG NAME</b>	<b>EFFECTIVE DATE</b>
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
Lansoprazole 30 mg tab rap dr	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.

<b>Pharmacy Policy</b>	<b>Recommendation</b>
<b>MA-11A_Formulary Management</b>	Integrated internal policy 07-005 (Formulary Management– Medicare) into the Provider Manual (MA-11A). The internal policy has been formally retired.
<b>MA-11B_Coverage Determination</b>	Integrated internal policy 07-006 (Coverage Determination – Medicare) into the Provider Manual (MA-11B). The internal policy has been formally retired.
<b>MA-11K_Medication Therapy Management Program</b>	Integrated internal policy 07-008 (Medication Therapy Management Program– Medicare) into the Provider Manual (MA-11K). The internal policy has been formally retired.  Added sections: <ul style="list-style-type: none"> <li>• Monitoring and Oversight</li> <li>• Reporting</li> </ul>
<b>25-005_Pharmacy Service Benefit</b>	Integrated internal policy 20-001 (Pharmacy Benefit Service) into the internal policy (25-005_Pharmacy Service Benefit). Internal policy 20-001 has been formally retired.

Current IEHP Pharmacy Policies are publicly available on IEHP website ([IEHP - Pharmacy Policies](#))

**Medical Drug Benefit Management Updates**

This quarter, there were no Medical Drug Benefit Policies presented to the P&T subcommittee.

<b>Pharmacy Policy</b>	<b>Recommendation</b>
<b>No Updates</b>	<b>No Updates this Quarter</b>

Current IEHP Pharmacy Policies are publicly available on IEHP website ([IEHP - Pharmacy Policies](#))

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

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
<b>Vitamins &amp; Metabolic/Electrolytes</b>	(N/A)	No change
<b>Eye, Ear, Nose, Throat (EENT)</b>	AFLIBERCEPT TEPROTUMUMAB	No change
<b>Hematological</b>	INTRAVENOUS IRON LUSPATERCEPT ROMIPLOSTIM	No change

### Update to service code

Code	Drug Description	Change	Effective Date
<b>J3010</b>	Injection, fentanyl citrate, 0.1 mg	PA not needed	08/01/2026
<b>J1627</b>	Injection, granisetron, extended-release, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9486 for OPPS billing)	Added, no PA	08/01/2026
<b>Q9967</b>	Low osmolar contrast material, 300-399 mg/mL iodine concentration, per mL	Deleted	08/01/2026

### 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), both of which are supported by the Star Rating Daily Retrospective Drug Use Evaluation (DUE) program to proactively identify at risk members.

For Medi-Cal, IEHP reviewed the 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. IEHP also conducted a quarterly assessment of opioid overutilization cases across Medicare and Covered California line of business, with no members identified as at risk during this cycle.

**To access the full Q2 2026 Pharmacy & Therapeutics Subcommittee update, please visit:**

[www.providerservices.iehp.org/en/news-and-updates/notices](http://www.providerservices.iehp.org/en/news-and-updates/notices)

**or**

[www.providerservices.iehp.org/en/pharmacy/pharmacy-resources/pharmacy-provider-communications](http://www.providerservices.iehp.org/en/pharmacy/pharmacy-resources/pharmacy-provider-communications)

**The next IEHP P&T Subcommittee Meeting is for Friday, August 28, 2026.**