IEHP Inland Empire Health Plan

Pharmacy Times

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

To: PCPs

From: IEHP Pharmaceutical Services Department

Date: September 17, 2026

Subject: **Q3 2026 Pharmacy & Therapeutics Subcommittee Update**

Q3 2026 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, August 28, 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
brivaracetam 10 mg tablet	Add to formulary		QL = 60/30 ds	N/A	06/01/2026	04/28/2026	N/A
brivaracetam 10 mg/mL oral solution	Add to formulary		QL = 600/30 ds	N/A	06/01/2026	04/28/2026	N/A
brivaracetam 100 mg tablet	Add to formulary		QL = 60/30 ds	N/A	06/01/2026	04/28/2026	N/A
brivaracetam 25 mg tablet	Add to formulary		QL = 60/30 ds	N/A	06/01/2026	04/28/2026	N/A
brivaracetam 50 mg tablet	Add to formulary		QL = 60/30 ds	N/A	06/01/2026	04/28/2026	N/A
brivaracetam 75 mg tablet	Add to formulary		QL = 60/30 ds	N/A	06/01/2026	04/28/2026	N/A

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
dapagliflozin 10 mg-metformin ER 1,000 mg tablet,ext rel 24hr	Add to formulary		QL = 30/30 ds	N/A	06/01/2026	04/28/2026	N/A
dapagliflozin 5 mg-metformin ER 1,000 mg tablet, ext rel 24hr	Add to formulary		QL = 60/30 ds	N/A	06/01/2026	04/28/2026	N/A
Jascayd 18 mg tablet	Add to formulary	PA	QL = 60/30 ds	N/A	06/01/2026	04/28/2026	N/A
Jascayd 9 mg tablet	Add to formulary	PA	QL = 60/30 ds	N/A	06/01/2026	04/28/2026	N/A
Yutrepia 106 mcg capsule with inhalation device	Add to formulary	PA		N/A	06/01/2026	04/28/2026	N/A
Yutrepia 26.5 mcg capsule with inhalation device	Add to formulary	PA		N/A	06/01/2026	04/28/2026	N/A
Yutrepia 53 mcg capsule with inhalation device	Add to formulary	PA		N/A	06/01/2026	04/28/2026	N/A
Yutrepia 79.5 mcg capsule with inhalation device	Add to formulary	PA		N/A	06/01/2026	04/28/2026	N/A
Briviact 10 mg tablet	Remove from formulary			N/A	06/01/2026	04/28/2026	N/A
Briviact 10 mg/mL oral solution	Remove from formulary			N/A	06/01/2026	04/28/2026	N/A

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Briviact 100 mg tablet	Remove from formulary			N/A	06/01/2026	04/28/2026	N/A
Briviact 25 mg tablet	Remove from formulary			N/A	06/01/2026	04/28/2026	N/A
Briviact 50 mg tablet	Remove from formulary			N/A	06/01/2026	04/28/2026	N/A
Briviact 75 mg tablet	Remove from formulary			N/A	06/01/2026	04/28/2026	N/A
dapagliflozin 10 mg-metformin ER 500 mg tablet, ext rel 24hr	Add to formulary		QL = 30/30 ds	04/17/2026	07/01/2026	05/26/2026	39
dapagliflozin 5 mg-metformin ER 500 mg tablet,ext rel 24hr	Add to formulary		QL = 60/30 ds	04/17/2026	07/01/2026	05/26/2026	39
Komzifti 200 mg capsule	Add to formulary	PA (New Start)	QL = 30/30 ds	11/28/2025	07/01/2026	02/21/2026	85
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet	Add to formulary			N/A	07/01/2026	05/26/2026	N/A
nintedanib 100 mg capsule	Add to formulary	PA	QL = 60/30 ds	04/17/2026	07/01/2026	05/26/2026	39
nintedanib 150 mg capsule	Add to formulary	PA	QL = 60/30 ds	04/17/2026	07/01/2026	05/26/2026	39
Ozempic 1.5 mg tablet	Add to formulary	PA	QL = 30/30 ds	04/24/2026	07/01/2026	05/26/2026	32
Ozempic 4 mg tablet	Add to formulary	PA	QL = 30/30 ds	04/24/2026	07/01/2026	05/26/2026	32

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Ozempic 9 mg tablet	Add to formulary	PA	QL = 30/30 ds	04/24/2026	07/01/2026	05/26/2026	32
Farxiga 10 mg tablet	Remove from formulary			N/A	07/01/2026	05/26/2026	N/A
Farxiga 5 mg tablet	Remove from formulary			N/A	07/01/2026	05/26/2026	N/A
Tazverik 200 mg tablet	Remove from formulary			N/A	05/23/2026	05/26/2026	N/A
cladribine 10 mg (10 pack) oral tablet	Add to formulary	PA		05/08/2026	08/01/2026	06/24/2026	47
cladribine 10 mg (4 pack) oral tablet	Add to formulary	PA		05/08/2026	08/01/2026	06/24/2026	47
cladribine 10 mg (5 pack) oral tablet	Add to formulary	PA		05/08/2026	08/01/2026	06/24/2026	47
cladribine 10 mg (6 pack) oral tablet	Add to formulary	PA		05/08/2026	08/01/2026	06/24/2026	47
cladribine 10 mg (7 pack) oral tablet	Add to formulary	PA		05/08/2026	08/01/2026	06/24/2026	47
cladribine 10 mg (8 pack) oral tablet	Add to formulary	PA		05/08/2026	08/01/2026	06/24/2026	47
cladribine 10 mg (9 pack) oral tablet	Add to formulary	PA		05/08/2026	08/01/2026	06/24/2026	47
Idvynso 100 mg-0.25 mg tablet	Add to formulary		QL = 30/30 ds	05/15/2026	08/01/2026	06/24/2026	40

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
ipratropium bromide 17 mcg/actuation HFA aerosol inhaler	Add to formulary		QL = 25.8 gram/28 ds	03/27/2026	08/01/2026	06/24/2026	89
Jakafi XR 11 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	05/15/2026	08/01/2026	06/24/2026	40
Jakafi XR 22 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	05/15/2026	08/01/2026	06/24/2026	40
Jakafi XR 33 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	05/15/2026	08/01/2026	06/24/2026	40
Jakafi XR 44 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	05/15/2026	08/01/2026	06/24/2026	40
Jakafi XR 55 mg tablet, extended release	Add to formulary	PA (New Start)	QL = 30/30 ds	05/15/2026	08/01/2026	06/24/2026	40
rilpivirine HCl 25 mg tablet	Add to formulary			02/20/2026	08/01/2026	03/07/2026	11
tacrolimus XL 0.5 mg capsule, extended release 24 hr	Add to formulary	PA (BvD)		05/15/2026	08/01/2026	06/24/2026	40
tacrolimus XL 1 mg capsule, extended release 24 hr	Add to formulary	PA (BvD)		05/15/2026	08/01/2026	06/24/2026	40

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
tacrolimus XL 5 mg capsule, extended release 24 hr	Add to formulary	PA (BvD)		05/15/2026	08/01/2026	06/24/2026	40
Astagraf XL 0.5 mg capsule, extended release	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Astagraf XL 1 mg capsule, extended release	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Astagraf XL 5 mg capsule, extended release	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Atrovent HFA 17 mcg/actuation aerosol inhaler	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Edurant 25 mg tablet	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Mavenclad (10 tablet pack) 10 mg tablet	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Mavenclad (4 tablet pack) 10 mg tablet	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Mavenclad (5 tablet pack) 10 mg tablet	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Mavenclad (6 tablet pack) 10 mg tablet	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A

DRUG NAME	FORMULARY CHANGE DETAILS	UM TYPE	QUANTITY LIMIT	FDA APPROVED DATE FOR NEW ENTRY DRUGS	EFFECTIVE DATE	REVIEW DATE	REVIEW TIME
Mavenclad (7 tablet pack) 10 mg tablet	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Mavenclad (8 tablet pack) 10 mg tablet	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Mavenclad (9 tablet pack) 10 mg tablet	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A
Tridacaine II 5 % topical patch	Remove from formulary			N/A	08/01/2026	06/24/2026	N/A

Highlights from the Medicare formulary additions include brivaracetam tablets, which have been added to the formulary with a Quantity Limit, effective 06/01/2026. Brivaracetam oral solution has also been added to the formulary with a Quantity Limit, effective 06/01/2026. Dapagliflozin–metformin ER combination tablets have been added to the formulary with Quantity Limits, effective 07/01/2026. In addition, cladribine tablets have been added to the formulary with Prior Authorization, effective 08/01/2026. Ipratropium bromide HFA aerosol inhaler has also been added to the formulary with a Quantity Limit, effective 08/01/2026.

Medicare Prior Authorization Updates

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

Formulary Updates	Recommendation
Prior Authorization Updates for effective 06/01/2026 and 07/01/2026	Updates and New PA criteria that CMS approved for effective

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 Update

This quarter, the Weight Loss Drug Class was reviewed and approved with below recommendations.

Formulary Updates	Recommendation
Review of GLP-1 agonist medications within the Weight Loss Drug class	• Add Zepbound Kwikpen to formulary with Quantity Limit and Prior Authorization • Remove Zepbound Pen from formulary, notify and move members to Zepbound Kwikpen

Medical Drug Benefit Management Updates

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

Pharmacy Policy	Recommendation
No Updates	No Updates this Quarter

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

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

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
Oncology	ANTINEOPLASTIC CAR-T RITUXIMAB	**NO CHANGE**
Biologics & Immunological Agents	IVIG ALGLUCOSIDASE ALFA ANTINEOPLASTIC DENOSUMAB ECULIZUMAB INFLIXIMAB OCRELIZUMAB OMALIZUMAB	**NO CHANGE**
Central Nervous System (CNS)	ABOBOTULINUMTOXINA INCOBOTULINUMTOXINA ONABOTULINUMTOXINA RIMABOTULINUMTOXINB	**NO CHANGE**
Musculoskeletal & Pain	HYALURONAN	**NO CHANGE**

Update to service code

Code	Drug Description	Change	Effective Date
J9232	Injection, docetaxel (hospira), not therapeutically equivalent to j9171, 1 mg	ADD with PA	011/01/2026

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) 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 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 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 for the Medicare and Covered California line of business, with a goal of promoting safe medication use and to reduce the overutilization of opioids.

Pharmacist Services Report

IEHP reviewed reimbursable pharmacist services for Covered California and Medi-Cal, including furnishing travel medications, naloxone, emergency contraception and self-administered hormonal contraception, HIV PrEP/PEP, and COVID-19 oral therapy, and nicotine replacement therapy (NRT), along with providing nicotine cessation counseling. Pharmacists may also initiate and administer immunizations, order and interpret diagnostic tests while managing drug therapy and support disease management and disease prevention. For Medi-Cal members, additional reimbursable pharmacist services include ordering, performing and interpreting CLIA-waived testing, supervising Community Health Worker (CHW) services, and providing medication therapy management (MTM).

Annual Technology Review

IEHP reviews the MiniMed Flex, a discreet, app-controlled insulin pump that uses SmartGuard with Unique Meal Detection to adjust insulin every five minutes and automatically correct missed or underestimated meals.

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To access the full Q3 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, December 4, 2026.

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