A Public Entity

Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

June 18, 2021

IEHP FORMULARY CHANGES: May 2021 P&T Update

We would like to inform you of the following changes to the 2021 IEHP Formulary that were approved by the Pharmacy and Therapeutics Subcommittee in May 2021.

AF = Add to Formulary
BOLD = Brand Name

DS = Days Supply
QL = Quantity Limit
ST = Step Therapy
R-QL = Remove Quantity Limit

AR = Age Restriction
C1 = Code 1 drugs are restricted to certain medical conditions or specific circumstances
PA = Prior Authorization
RF = Remove from Formulary
R-PA = Remove Prior Authorization
R-C1 = Remove Code 1 restriction

NOTE: IEHP is a generic mandated health plan. Brand name drugs are not covered unless indicated or if generic is not available. The FDA recommended maximum dosage limit is applied.

IEHP MEDI-CAL FORMULARY UPDATES Effective June 18, 2021		
Drug Name	**Strength & Dosage Form**	Status Change
Amitiza (lubiprostone)	Oral capsule: 8 mcg, 24 mcg	• AF • PA
Complete Multivitamin	Tablet	• NF
Corticosporin	Topical ointment, 1%	• NF
Depo-Provera (medroxyprogesterone acetate)	Intramuscular suspension, 400 mg/ml	• NF
diphenhydramine	Oral syrup, 12.5 mg / 5 ml	• NF
Flura-Drops (sodium fluoride)	Drop, 0.25 mg (0.55 mg sod. fluor) / drop	• NF
Gery-hydrolac	Lotion, 12%	• NF

Humira (adalimumab)	Subcutaneous syringe kit: 10 mg / 0.2 mL, 20 mg / 0.4 mL	• NF
Poly-vi-sol with Iron drops	drops	• AF • AR: Max 5 years
Rifamate (rifampin and isoniazid)	Capsule, 300 mg-150 mg	• NF
Sylatron (peginterferon alfa-2b)	Subcutaneous syringe kit, 200 mcg, 300 mcg	• NF
Theophylline ER	Extended release (ER) tablet: 100 mg 200 mg	• NF
Therems-M	27mg-0.4 mg tablet	• NF
Triple Paste	Topical ointment, 12.8%	• NF

IEHP MEDICARE FORMULARY UPDATES		
Drug Name	**Strength & Dosage Form**	**Status Change**
abiraterone	500 mg tablet	• AF • PA (New Start) • QL (2 unit/day)
Alinia (nitazoxanide)	500 mg tablet	• RF
armodafinil 150 mg tablet	50 mg tablet 150 mg tablet 200 mg tablet 250 mg tablet	• PA • QL (1 unit/day)
asenapine	2.5 mg sublingual tablet 5 mg sublingual tablet 10 mg sublingual tablet	• PA (New Start) • QL (2 unit/day)
Banzel (rufinamide)	40 mg/mL oral suspension	• RF
chlordiazepoxide-clinidium	5 mg-2.5 mg capsule	• AF • QL (8 unit/day)
dimethyl fumarate	120 mg (14)-240 mg (46) capsule, delayed release	• AF • PA
disulfiram	500 mg tablet	• AF
emtricitabine-tenofovir disoproxil fumarate	100 mg-150 mg tablet 133 mg-200 mg tablet 167mg -250 mg tablet	• AF • AL (1 unit/day)
Humira (CF) (adalimumab)	Pen 80 mg/0.8 mL subcutaneous kit	• AF • PA
Iclusig (ponatinib)	10 mg tablet 30 mg tablet	• AF • PA (New Starts) • QL (1 unit/day)

icosapent ethyl	1 gram capsule	• AF • PA • QL (4 unit/day)
lubiprostone	8 mcg capsule 24 mcg capsule	• AF • QL (2 unit/day)
nitazoxanide	500 mg tablet	• AF
Onureg (azacitadine)	200 mg tablet 300 mg tablet	• AF • PA (New Start) • QL (1 unit/day)
Orgovyx (relugolix)	120 mg tablet	• AF • PA (New Start) • QL (3 unit/day)
Retacrit (epoetin alfa-epbx)	20,000 unit/mL injection solution	• AF • PA
rufinamide	40 mg/mL oral suspension	• AF • PA (New Start) • QL (80 unit/day)
Saphris (asenapine)	2.5 mg sublingual tablet 5 mg sublingual tablet 10 mg sublingual tablet	• RF
Tecfidera (dimethyl fumarate)	120 mg (14)-240 mg (46) capsule, delayed release	• RF
Temixys (lamivudine, tenofivir disoproxil fumarate)	300 mg-300 mg tablet	• AF • AL (1 unit/day)
Tepmetko (capmatinib)	225 mg tablet	• AF • PA (New Start) • QL (1 unit/day)
Truvada (emtricitabine-tenofovir)	100 mg-150 mg tablet 133 mg-200 mg tablet 167 mg-250 mg tablet	• RF
Vascepa (icosapent ethyl)	1 gram capsule	• RF
Xeljanz (tofacitinib)	1 mg/mL oral solution	• AF • PA • QL (10 unit/day)
Zytiga (abiraterone)	500 mg tablet	• RF

*NOTE: Listed below are **ONLY** revisions that were approved. For criteria details please reference the Prior Authorization Table.*

IEHP PRIOR AUTHORIZATION REVISED CRITERIA	
Drug Name/Drug Class	**Medi-Cal PA Criteria Revision**
Actemra (tocilizumab)	**NEW DRUG INDICATION** • Actemra (tocilizumab) is an interleukin-6 (IL-6) receptor antagonist indicated for treatment of slowing the rate of decline in pulmonary function in adult patients with systemic sclerosis-associated interstitial lung disease.

Amitiza (lubiprostone)	**GENERIC AVAILABLE** • Generic lubiprostone now available
Amondys 45 (casimersen)	**NEW MOLECULAR ENTITY** • Amondys 45 is an antisense oligonucleotide indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 45 skipping.
Arcalyst (rilonacept)	**NEW DRUG INDICATION** • Arcalyst is an interleukin-1 blocker indicated for treatment of recurrent pericarditis (RP) and reduction in risk of recurrence in adults and children 12 years and older.
Blincyto (blinatumomab)	**NEW DRUG INDICATION** • Blincyto is a bispecific CD19-directed CD3 T-cell engager indicated for the treatment of adults and children with (1) CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1% (2) Relapsed or refractory CD19-positive B-cell precursor acute lymphoblastic leukemia.
Botox (onabotulinumtoxinA)	**NEW DRUG INDICATION** • Botox is an acetylcholine release inhibitor and a neuromuscular blocking agent indicated for treatment of neurogenic detrusor overactivity in pediatric patients 5 years of age and older who have an inadequate response to or are intolerant of anticholinergic medication.
Breyanzi (lisocabtagene maraleucel)	**NEW MOLECULAR ENTITY** • Breyanzi is a CD 19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B.
Bronchitol (mannitol)	**NEW DOSAGE FORM** • inhalation powder, 40 mg per capsule
Cabenuva (cabotegravir extended-release injectable suspension; rilpivirine extended-release injectable suspension)	**NEW MOLECULAR ENTITY** • Cabenuva, a 2-drug co-packaged product of cabotegravir, a human immunodeficiency virus type-1 (HIV-1) integrase strand transfer inhibitor, and rilpivirine, an HIV-1 non-nucleoside reverse transcriptase inhibitor, is indicated as a complete regimen for the treatment of HIV-1 infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.
Cabometyx (cabozantinib)	**NEW DRUG INDICATION** • Cabometyx is a kinase inhibitor indicated for the treatment of patients with advanced renal cell carcinoma, as a first-line treatment in combination with nivolumab

Carbaglu (carglumic acid)	**NEW DRUG INDICATION** • Carbaglu is a carbamoyl phosphate synthetase 1 activator indicated in pediatric and adult patients as adjunctive therapy to standard of care for the treatment of acute hyperammonemia due to propionic acidemia (PA)or methylmalonic acidemia (MMA).
Complete Multivitamin	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
Corticosporin	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
Depo-Provera (medroxyprogesterone acetate)	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
diphenhydramine	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
Endurant (rilpivirine)	**NEW DRUG INDICATION** • Endurant is a human immunodeficiency virus type 1 specific, non-nucleoside reverse transcriptase inhibitor indicated in combination with Vocabria (cabotegravir) for short-term treatment of HIV-1 infection in adults who are virologically suppressed (HIV-1 RNA less than 50 copies/mL) on a stable regimen with no history failure and with no known or suspected resistance to either cabotegravir or rilpivirine.
Elepsia XR (levetiracetam)	**NEW DOSAGE FORM** • extended-release tablets, 1000 mg, 1500 mg
Exparel (bupivacaine liposome)	**NEW DRUG INDICATION** • Exparel is indicated in patients 6 years of age and older for single-dose infiltration to produce postsurgical regional analgesic.
Fibryga (fibrinogen (human))	**NEW DRUG INDICATION** • Fibryga is a human fibrinogen concentrate indicated for the treatment of acute bleeding episodes in adults and children with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.
Fotivda (tivozanib)	**NEW MOLECULAR ENTITY** • Fotivda is a kinase inhibitor indicated for the treatment of adult patients with relapsed or refractory advanced renal cell carcinoma following two or more prior systemic therapies.
Flucelvax Quadrivalent (influenza vaccine)	**NEW DRUG INDICATION** • Flucelvax Quadrivalent is an inactivated vaccine indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine.
Flura-Drops (sodium fluoride)	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
Geri-hydrolac	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use

Gocovri (amantadine)	**NEW DRUG INDICATION** • Gocovri is indicated as adjunctive treatment to levodopa/carbidopa in patients with Parkinson's disease experiencing "off" episodes.
Hetlioz LQ (tasimelteon)	**NEW DOSAGE FORM** • suspension, 4 mg/mL
Humira (adalimumab)	**NEW DRUG INDICATION** • Humira is a tumor necrosis factor (TNF) blocker indicated for treatment of moderately to severely active ulcerative colitis in adults and pediatric patients 5 years of age and older. **GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use.
Keytruda (pembrolizumab)	**NEW DRUG INDICATION** • Keytruda is a programmed death receptor-1 (PD-1) blocking antibody indicated for the treatment of patients with locally advanced or metastatic esophageal or gastroesophageal junction carcinoma that is not amenable to surgical resection or definitive chemoradiation in combination with platinum- and fluoropyrimidine-based chemotherapy.
Klisyri (tirbanibulin)	**NEW MOLECULAR ENTITY** • Klisyri is a microtubule inhibitor indicated for the topical treatment of actinic keratosis of the face or scalp.
Libtayo (cemiplimab-rwlc)	**NEW DRUG INDICATION** • Libtayo is a programmed death receptor-1 blocking antibody indicated for (1) the treatment of patients with locally advanced Basal Cell Carcinoma (laBCC) previously treated with a hedgehog pathway inhibitor or for whom a hedgehog pathway inhibitor is not appropriate. (2) for the treatment of patients with metastatic BCC (mBCC) previously treated with a hedgehog pathway inhibitor is not appropriate. • Libtayo is a programmed death receptor-1 blocking antibody indicated for the first-line treatment of patients with non-small cell lung cancer (NSCLC) whose tumors have high PD-L1 expression [Tumor Proportion Score equal to or greater than 50%] as determined by an FDA-approved test, with no EGFR, ALK or ROS1 aberrations, and is (1) locally advanced where patients are not candidates for surgical resection or definitive chemoradiation or (2) metastatic.
Lorbrena (loratinib)	**NEW DRUG INDICATION** • Lorbrena is a kinase inhibitor indicated for the treatment of adult patients with metastatic non-small cell lung cancer whose tumors are anaplastic lymphoma kinase-positive as detected by an FDA-approved test.
Lupkynis (voclosporin)	**NEW MOLECULAR ENTITY** • Lupkynis is a calcineurin-inhibitor immunosuppressant indicated in combination with a background immunosuppressive therapy regimen for the treatment of adult patients with active lupus nephritis.
Margenza (margetuximab-cmkb)	**NEW MOLECULAR ENTITY**

	• Margenza is a HER2/neu receptor antagonist indicated, in combination with chemotherapy, for the treatment of adult patients with metastatic HER2-positive breast cancer who have received two or more prior anti-HER2 regimens, at least one of which was for metastatic disease.
Nplate (romiplostim)	**NEW DRUG INDICATION** • Nplate is indicated to increase survival in adults and in pediatric patients (including term neonates) acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome).
Nulibry (fosdenopterin)	**NEW MOLECULAR ENTITY** • Nulibry is a cyclic pyranopterin monophosphate indicated to reduce the risk of mortality in patients with molybdenum cofactor deficiency.
Opdivo (nivolumab)	**REMOVAL OF INDICATION** • Opdivo is a programmed death receptor-1 blocking antibody indicated for the treatment of small cell lung cancer with progression after platinum-based chemotherapy and at least one other line of therapy. **NEW DRUG INDICATION** • Opdivo is a programmed death receptor-1 blocking antibody indicated for the treatment of patients with intermediate or poor risk advanced renal cell carcinoma, as a first-line treatment in combination with ipilimumab (revised indication); patients with advanced renal cell carcinoma, as a first-line treatment in combination with cabozantinib (new indication).
Panzyga (immune globulin intravenous, human-ifas)	**NEW DRUG INDICATION** • Panzyga is an immune globulin intravenous (human) - ifas 10% liquid preparation indicated for the treatment of chronic inflammatory demyelinating polyneuropathy (CIPD) in adults.
Pepaxto (melphalan flufenamide)	**NEW MOLECULAR ENTITY** • Pepaxto is an alkylating drug indicated in combination with dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and one CD38-directed monoclonal antibody.
Plegridy (peginterferon beta-1a)	**NEW DOSAGE FORM** • injection, 125 mcg/0.5 mL in a single-dose prefilled syringe
Ponvory (ponesimod)	**NEW MOLECULAR ENTITY** • Ponvory is a sphingosine 1-phosphate receptor modulator indicated for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.
Poly-vi-sol	**AGE RESTRICTION** • Added age restriction of 5 years old max
ProHance (gadoteridol)	**NEW DRUG INDICATION** • ProHance is a gadolinium-based contrast agent indicated for magnetic resonance imaging (MRI) to visualize lesions with disrupted blood brain barrier and/or abnormal vascularity in the brain (intracranial

	lesions), spine and associated tissues in adults and pediatric patients, including term neonates.
Prolate (oxycodone hcl and acetaminophen)	**NEW DOSAGE FORM** • oral solution, 10 mg/300 mg per 5 mL
Rapivab (peramirvir)	**NEW DRUG INDICATION** • Rapivab is an influenza virus neuraminidase inhibitor indicated for the treatment of acute uncomplicated influenza in patients 6 months and older who have been symptomatic for no more than 2 days.
RediTrex (methotrexate)	**NEW DOSAGE FORM** • RediTrex is a folate analog metabolic inhibitor indicated for the (1) Management of patients with severe, active rheumatoid arthritis (RA) and polyarticular juvenile idiopathic arthritis, who are intolerant of or had an inadequate response to first-line therapy (2) Symptomatic control of severe, recalcitrant, disabling psoriasis in adults who are not adequately responsive to other forms of therapy.
Rifamate (rifampin and isoniazid)	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
Spritam (levetiracetam)	**NEW DRUG INDICATION** • Spritam is indicated for the treatment of partial-onset seizures in patients 4 years of age and older weighing more than 20 kg.
Sylatron (peginterferon alfa-2b)	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
Tepmetko (tepotinib)	**NEW MOLECULAR ENTITY** • Tepmetko is a kinase inhibitor indicated for the treatment of adult patients with metastatic non-small cell lung cancer harboring mesenchymal-epithelial transition exon 14 skipping alternations.
Theophylline ER	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
Therems-M	**GENERIC CODE NUMBER (GCN) OBSOLETE** Generic code number for the specific drug name is no longer in use
Thyquidity (levothyroxine sodium)	**NEW DOSAGE FORM** • oral solution, 100 mcg/5 mL
Triple Paste	**GENERIC CODE NUMBER (GCN) OBSOLETE** • Generic code number for the specific drug name is no longer in use
Ukoniq (umbralisib)	**NEW MOLECULAR ENTITY** • Ukoniq is a kinase inhibitor indicated for the treatment of adult patients with (1) relapsed or refractory marginal zone lymphoma who have received at least one prior anti-CD20-based regimen (2) relapsed or refractory follicular lymphoma who have received at least three prior lines of systemic therapy.
Verquvo (vericiguat)	**NEW MOLECULAR ENTITY** • Verquvo is a soluble guanylate cyclase stimulator, indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.

Vesicare LS (solifenacin succinate)	**NEW DOSAGE FORM** • oral suspension, 5 mg/5 mL
Vocabria (cabotegravir)	**NEW MOLECULAR ENTITY** • Vocabria is a human immunodeficiency virus type-1 (HIV-1) integrase strand transfer inhibitor indicated in combination with Endurant (rilpivirine) for short-term treatment of HIV-1 infection in adults who are virologically suppressed (HIV-1 RNA less than 50 copies/mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine, for use as (1) oral lead-in to assess the tolerability of cabotegravir prior to administration of Cabenuva extended-release injectable suspensions (2) oral therapy for patients who will miss panned injection dosing with Cabenuva.
Xtandi (enzalutamide)	**NEW DOSAGE FORM** • tablets, 80 mg
Xeljanz (tofacitinib)	**NEW DOSAGE FORM** • oral solution, 1 mg/mL
Yescarta (axicabtagene-ciloleucel)	**NEW DRUG INDICATION** • Yescarta is a CD-19 directed genetically modified autologous T cell immunotherapy indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.

Prior Authorization table available at: www.iehp.org > For Providers > Pharmacy Services > Clinical Information > Prior Authorization Drug Treatment Criteria

IEHP PHARMACY POLICIES	
Policy	**Medicaid Policy**
Biosimilar Policy	• **Updated**
Discharge Policy	• **New policy**
Drug Trial and Failure Policy	• **Renewed with no changes**
Growth Hormones Policy	• **Renewed with no changes**
IEHP Drug Prior Authorization Policy	• **Renewed with no changes**
Intradialytic Parenteral Nutrition (IDPN) Policy	• **New Policy**

Intrauterine and Subdermal Contraceptive Devices	• **Renewed with no changes**
Non-Formulary Drug Policy	• **Renewed with no changes**
Non-Sterile Compounded Medication Policy	• **Renewed with no changes**
Nucala	• **Renewed with no changes**
Off-Label Indications	• **Renewed with no changes**
Proprotien Converstase SubtilisinKexin Type 9 (PCSK9) Inhibitor	• **Renewed with no changes**
Pharmacy Drug Management Program for Pain	• **Renewed with no changes**
Testosterone Hormone Replacement Policy	• **Renewed with no changes**

For any questions, suggestions, or if you would like a printed copy of the IEHP Formulary Book or Clinical Practice Guideline, please call us at (909) 890-2049. As a reminder, the updated formulary information and Clinical Practice Guidelines are available at www.iehp.org.

Sincerely,
IEHP Pharmaceutical Services