

**To: IEHP Provider Network**

**From: IEHP Pharmaceutical Services**

**Date: May 7, 2024**

**Subject: April 2024 IEHP Covered Pharmacy & Therapeutics Update**

## April 2024 IEHP Covered Pharmacy & Therapeutics Committee Update

Please see below for Pharmacy and Therapeutics (P&T) Committee approved changes for IEHP Covered formulary effective on **May 1, 2024**.

### IEHP Covered Formulary Updates

Drug List	Drug Name	IEHP Covered Formulary Action
Meningococcal vaccines	<b>Penbraya</b> (MenACWY- TT/MenB-FHbp)	<ul style="list-style-type: none"> <li>• <b>REVISE Age:</b> 10-25 years</li> <li>• <b>MAINTAIN</b> all other criteria</li> </ul>
	<b>Trumenba</b> (MenB-FHbp)	<ul style="list-style-type: none"> <li>• <b>ADD</b> to EHB* list</li> <li>• <b>ADD Age:</b> 10-25 years</li> <li>• <b>ADD Quantity Limit:</b> 0.5 mL per dose</li> <li>• <b>ADD Fill Limit:</b> 3 fills per 365 days</li> </ul>
	<b>Bexsero</b> (MenB-4C)	<ul style="list-style-type: none"> <li>• <b>ADD</b> to EHB* list</li> <li>• <b>ADD Age:</b> 10-25 years</li> <li>• <b>ADD Quantity Limit:</b> 0.5 mL per dose</li> <li>• <b>ADD Fill Limit:</b> 2 fills per 365 days</li> </ul>
Pneumococcal vaccines	<b>Prennar 20</b> (PCV20)	<ul style="list-style-type: none"> <li>• <b>ADD</b> to EHB* list</li> <li>• <b>ADD Age:</b> 6 weeks to 18 years</li> <li>• <b>ADD Quantity Limit:</b> 0.5 mL per dose</li> <li>• <b>ADD Fill Limit:</b> 4 fills per 365 days</li> </ul>
	<b>Pneumovax 23</b> (PPSV23)	<ul style="list-style-type: none"> <li>• <b>ADD</b> to EHB* list</li> <li>• <b>ADD Age:</b> 2-18 years</li> <li>• <b>ADD Quantity Limit:</b> 0.5 mL per dose</li> <li>• <b>ADD Fill Limit:</b> 4 fills per 365 days</li> </ul>
	<b>Prennar 13</b> (PCV13)	<ul style="list-style-type: none"> <li>• <b>REMOVE</b> from EHB* list</li> </ul>
Contraceptives	<b>Opill</b> (norgestrel)	<ul style="list-style-type: none"> <li>• <b>ADD</b> to EHB* list</li> <li>• <b>ADD Quantity Limit:</b> 1 tab per day</li> </ul>

\*Essential health benefits (EHB) A set of 10 categories of services health insurance plans must cover under the Affordable Care Act

For the updated IEHP Covered Formulary, please visit <https://www.iehp.org/content/dam/iehp-org/en/documents/coveredcalifornia/Formulary.pdf>