



PHARMACY TIMES
BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT
June 22, 2022

May 2022 P&T Update

The following tables detail changes that were approved by the Pharmacy and Therapeutics Subcommittee in May 2022.

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

*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.*

Topic	Page(s)
IEHP Medicare Pharmacy Benefit Formulary Updates	2-3
Indication, Formulation, and Molecular Entity Updates by Drug	4-8
IEHP Medi-Cal Medical Drug Benefit (RxUM) Formulary Updates	9-18



Inland Empire Health Plan

IEHP Medicare Pharmacy Benefit Formulary Updates

We would like to inform you of the following changes to the **2022 IEHP Medicare Formulary** that were approved by the Pharmacy and Therapeutics Subcommittee in August 2022.

As a reminder, all **Medi-Cal** formulary decisions are no longer made by IEHP and should be addressed with **Medi-Cal Rx** directly.

*Legend for Status Change column

AF = Add to Formulary	AR = Age Restriction
BOLD = Brand Name	C1 = Code 1 drugs are restricted to certain medical conditions or specific circumstances
DS = Days' Supply	PA = Prior Authorization
QL = Quantity Limit	RF = Remove from Formulary
ST = Step Therapy	R-PA = Remove Prior Authorization
R-QL = Remove Quantity Limit	R-C1 = Remove Code 1 restriction
	RSOC = Remove Site of Care

IEHP MEDICARE FORMULARY UPDATES Effective 02/01/2022		
Drug Name	Strength & Dosage Form	Status Change*
Besremi (ropeginterferon-alfa-2b-njft)	500 mcg/mL subcutaneous syringe	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL=2/28-day supply
Biktarvy (bictegravir, emtricitabine, tenofovir alafenamide)	30 mg-120 mg-15 mg tablet	<ul style="list-style-type: none"> • AF • QL=1/1-day supply
cefuroxime sodium	7.5-gram intravenous solution	<ul style="list-style-type: none"> • RF
citalopram	30 mg capsule	<ul style="list-style-type: none"> • AF • QL=1/1-day supply
digoxin	62.5 mcg (0.0625 mg) tablet	<ul style="list-style-type: none"> • AF
Eprontia (topiramate)	25 mg/mL oral solution	<ul style="list-style-type: none"> • AF
everolimus (immunosuppressive)	1 mg tablet	<ul style="list-style-type: none"> • AF • PA (BvD)
Exkivity (mobocertinib)	40 mg capsule	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL=4/1-day supply
hydroxychloroquine	100 mg tablet 300 mg tablet 400 mg tablet	<ul style="list-style-type: none"> • AF
Intron A (interferon alfa-2b)	10 million unit/mL injection solution	<ul style="list-style-type: none"> • RF
isosorbide dinitrate	40 mg tablet	<ul style="list-style-type: none"> • AF



Inland Empire Health Plan

Lanoxin (digoxin)	62.5 mcg (0.0625 mg) tablet	<ul style="list-style-type: none"> • RF
maraviroc	150 mg tablet	<ul style="list-style-type: none"> • AF • QL=2/1-day supply
naloxone	4 mg/actuation nasal spray	<ul style="list-style-type: none"> • AF
Oxbryta (voxelotor)	300 mg tablet for oral suspension	<ul style="list-style-type: none"> • AF • PA • QL=5/1-day supply
Restasis (cyclosporine)	MultiDose 0.05% eye drops	<ul style="list-style-type: none"> • AF • PA
Rinvoq (upadacitinib)	30 mg tablet, extended release	<ul style="list-style-type: none"> • AF • PA • QL=1/1-day supply
Scemblix (asciminib)	20 mg tablet 40 mg tablet	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL=20/1-day supply (20 mg) • QL=10/1-day supply (40 mg)
Selzentry (maraviroc)	150 mg tablet	<ul style="list-style-type: none"> • RF
Talzenna (talazoparib)	0.5 mg capsule 0.75 mg capsule	<ul style="list-style-type: none"> • AF • PA (New Starts) • QL=2/1-day supply
Ticovac (Tick-Borne Encephalitis Vaccine)	2.4 mcg/0.5 mL intramuscular syringe	<ul style="list-style-type: none"> • AF
Tri-Previfem (28) (ethinyl estradiol, norgestimate)	0.18 mg (7)/0.215 mg(7)/0.25 mg (7)-35 mcg tablet	<ul style="list-style-type: none"> • RF
Vancomycin (vancocin)	250 mg injection	<ul style="list-style-type: none"> • RF
Varizig (varicella zoster immune globulin (human))	125 unit/1.2 mL intramuscular solution	<ul style="list-style-type: none"> • RF
Zortress (everolimus)	1 mg tablet	<ul style="list-style-type: none"> • RF



Indication, Formulation, and Molecular Entity Updates by Drug	
Drug Name	Updated Information
Cabenuva (cabotegravir/rilpivirine) injection 400mg/600 mg kit; 600 mg/900 mg kit)	NEW PATIENT POPULATION <ul style="list-style-type: none"> 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 and adolescents 12 years of age and older and weighing at least 35 kg 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.
Carvykti (ciltacabtagene autoleucl) cell suspension of 0.5-1.0X10 ⁶ CAR-positive viable T cells per kg body weight in one infusion bag	NEW ENTITY <ul style="list-style-type: none"> Carvykti is a B-cell maturation antigen (BCMA)- directed genetically modified autologous T cell immunotherapy indicated for the treatment of adult patients with relapsed or refractory multiple myeloma after four or more prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody.
Cibinqo (abrocitinib) tablets, 50 mg; 100 mg; 200 mg	NEW MOLECULAR ENTITY <ul style="list-style-type: none"> Cibinqo is a Janus kinase inhibitor indicated for the treatment of adults with refractory, moderate-to severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable.
citalopram 30 mg capsules	NEW DOSAGE FORM AND STRENGTH <ul style="list-style-type: none"> Citalopram capsules is a selective serotonin reuptake inhibitor indicated for treatment of Major Depressive Disorder in adults
Delstrigo (doravirine/lamivudine/tenofovir disoproxil fumarate) 100 mg/300 mg/300 mg tablet	NEW PATIENT POPULATION <ul style="list-style-type: none"> Delstrigo is a three-drug combination of doravirine, a non-nucleoside reverse transcriptase inhibitor, lamivudine, and tenofovir disoproxil fumarate (both nucleoside analogue reverse transcriptase inhibitors) and is indicated as a complete regimen for the treatment of HIV-1 infection in adults and pediatric patients weighing at least 35 kg (1) with no antiretroviral treatment history, or (2) to replace the current antiretroviral regimen in those who are virologically suppressed on a stable antiretroviral regimen with no history of treatment failure and no known substitutions associated with resistance to the individual components of Delstrigo.
Descovy (emtricitabine/tenofovir alafenamide) 120 mg-15 mg tablets, 200 mg-25 mg tablets	NEW PATIENT POPULATION <ul style="list-style-type: none"> Descovy is a two-drug combination of emtricitabine and tenofovir alafenamide, both HIV nucleoside analog reverse transcriptase inhibitors and is indicated for the treatment of HIV-1 infection in pediatric patients at least 2 years of age and weighing at least 14 kg.
Edurant (rilpivirine) 25 mg tablets	NEW PATIENT POPULATION <ul style="list-style-type: none"> Edurant is indicated in combination with Vocabria (cabotegravir), for short-term treatment of HIV-1 infection in adults and adolescents 12 years and older and weighing at least 35 kg who are virologically suppressed (HIV-1 RNA less than 50 copies/mL) on a stable regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.
Fleqsuvy (baclofen) 25 mg/5mL oral suspension	NEW DOSAGE FORM <ul style="list-style-type: none"> Fleqsuvy is a gamma-aminobutyric acid agonist indicated for the treatment of spasticity resulting from multiple sclerosis, particularly for the relief of flexor spasms and concomitant pain, clonus, and muscular rigidity. Fleqsuvy may also be of some value in patients with spinal cord injuries and other spinal cord diseases.



Inland Empire Health Plan

<p>Fintepla (fenfluramine) 2.2 mg/mL oral solution</p>	<p>NEW DRUG INDICATION</p> <ul style="list-style-type: none"> Fintepla is indicated for the treatment of seizures associated with Dravet syndrome and Lennox-Gastaut syndrome in patients 2 years of age and older
<p>Jardiance (empagliflozin) 5mg, 30 mg and 50 mg tablets</p>	<p>NEW DRUG INDICATION</p> <ul style="list-style-type: none"> Jardiance is a sodium-glucose co-transporter 2 inhibitor indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure
<p>Keytruda (pembrolizumab) injection, 100 mg/4 mL solution in a single dose vial</p>	<p>WITHDRAWAL OF INDICATION</p> <ul style="list-style-type: none"> Keytruda is a programmed death receptor-1-blocking antibody indicated for gastric cancer as a single agent for the treatment of patients with recurrent locally advanced or metastatic gastric or GEJ adenocarcinoma whose tumors express PD-L1 as determined by an FDA-approved test, with disease progression on or after 2 or more prior lines of therapy including fluoropyrimidine- and platinum-containing chemotherapy and if appropriate, HER2/neu-targeted therapy. <p>NEW INDICATION</p> <ul style="list-style-type: none"> Keytruda is a programmed death receptor-1 blocking antibody indicated as a single agent, for the treatment of patients with advanced endometrial carcinoma that is MSI-H or dMMR, as determined by an FDA-approved test, who have disease progression following prior systemic therapy in any setting and are not candidates for curative surgery or radiation.
<p>Kimmtrak (tebentafusp-tebn) injection 100 mcg/0.5 mL solution in a single-dose vial</p>	<p>NEW MOLECULAR ENTITY</p> <ul style="list-style-type: none"> Kimmtrak is a bispecific gp100 peptide-HLA directed CD3 T cell engager indicated for the treatment of HLA-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma.
<p>Korsuva (difelikefalin) injection, 65 mcg/1.3 mL</p>	<p>NEW MOLECULAR ENTITY</p> <ul style="list-style-type: none"> Korsuva is a kappa opioid receptor agonist indicated for the treatment of moderate-to-severe pruritus associated with chronic kidney disease in adults undergoing hemodialysis.
<p>Loreev XR (lorazepam) capsules, extended release, 1.5mg</p>	<p>NEW AVAILABLE STRENGTH</p> <ul style="list-style-type: none"> Loreev XR is indicated for the treatment of anxiety disorders in adults who are receiving stable, evenly divided, three times daily dosing with lorazepam tablets.
<p>Lupron Depot (leuprolide acetate for depot suspension)</p>	<p>NEW INDICATION (previously palliative treatment)</p> <ul style="list-style-type: none"> Lupron Depot is a gonadotropin releasing hormone agonist indicated for treatment of advanced prostatic cancer.
<p>Lynparza (Olaparib) 100 mg and 150 mg tablets</p>	<p>NEW DRUG INDICATION</p> <ul style="list-style-type: none"> Lynparza is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated for breast cancer for the adjuvant treatment of adult patients with deleterious or suspected deleterious gBRCAm human epidermal growth factor receptor 2 (HER2)- negative high risk early breast cancer who have been treated with neoadjuvant or adjuvant chemotherapy. Select patients for therapy based on an FDA-approved companion diagnostic for Lynparza.
<p>Mayzent (siponimod) 1 mg tablets</p>	<p>NEW PATIENT POPULATION</p> <ul style="list-style-type: none"> Mayzent 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.
<p>Nuwiq (antihemophilic factor (recombinant)) injection, single use vial containing nominally 1500 IU Factor VIII potency</p>	<p>NEW AVAILABLE STRENGTH</p> <ul style="list-style-type: none"> Nuwiq is a recombinant antihemophilic factor [blood coagulation factor VIII (Factor VIII)] indicated in adults and children with Hemophilia A for: (1) On-demand treatment and control of bleeding episodes (2) Perioperative management of bleeding (3) Routine prophylaxis to reduce the frequency of bleeding episodes.
<p>Opdivo (nivolumab) 40 mg/4 mL, 100 mg/10 mL, 120 mg/12 mL, 240 mg/24 mL injection</p>	<p>NEW DRUG INDICATION</p> <ul style="list-style-type: none"> Opdivo is a programmed death receptor-1-blocking antibody indicated for the treatment of adult patients with resectable (tumors ≥ 4 cm or node positive) non-small cell lung cancer in the neoadjuvant setting, in combination with platinum-doublet chemotherapy.



Inland Empire Health Plan

<p>Opdualag (nivolumab, relatlimab) 240 mg nivolumab and 80 mg of relatlimab per 20 mL, injection</p>	<p>NEW MOLECULAR ENTITY & NEW COMBINATION</p> <ul style="list-style-type: none"> Opdualag is a combination of nivolumab, a programmed death receptor-1 blocking antibody, and relatlimab, a lymphocyte activation gene-3 blocking antibody, indicated for the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma.
<p>Ozempic (semaglutide) 2 mg/1.5 mL single dose pens that delivers 0.25 mg or 0.5 mg, 1 mg, or 2 mg per injection</p>	<p>NEW DOSING REGIMEN (2 mg/week) and PEN Strength (8 mg/3mL)</p> <ul style="list-style-type: none"> Ozempic is a glucagon-like peptide receptor agonist indicated as (1) an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus (2) to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease.
<p>Pemfexy (pemetrexed injection) 500 mg/20 ml injection in a single dose vial</p>	<p>NEW FORMULATION</p> <ul style="list-style-type: none"> Pemfexy is a folate analog metabolic inhibitor indicated for (1) in combination with cisplatin for the initial treatment of patients with locally advanced for metastatic non-squamous, non-small cell lung cancer (NSCLC) (2) as a single agent for the maintenance treatment of patients with locally advanced or metastatic non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy (3) as a single agent for the treatment of patients with recurrent, metastatic non-squamous NSCLC after prior chemotherapy (4) in combination with cisplatin for the initial treatment, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.
<p>Pifeltro (doravirine) 100 mg tablets</p>	<p>NEW PATIENT POPULATION</p> <ul style="list-style-type: none"> Pifeltro, a non-nucleoside reverse transcriptase inhibitor, is indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults and pediatric patients weighing at least 35 kg (1) with no prior antiretroviral treatment history, or (2) to replace the current antiretroviral regimen in those who are virologically suppressed on a stable antiretroviral regimen with no history of treatment failure and no known substitutions associated with resistance to doravirine.
<p>Pluvicto (lutetium LU 177 vipivotide tetraxetan)</p>	<p>NEW MOLECULAR ENTITY</p> <ul style="list-style-type: none"> Pluvicto is a radioligand therapeutic agent indicated for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor (AR) pathway inhibition and taxane-based chemotherapy.
<p>Prehevbrio (hepatitis B vaccine (recombinant)) 10 mcg/mL injectable suspension</p>	<p>NEW FORMULATION</p> <ul style="list-style-type: none"> Prehevbrio is indicated for the prevention of infection caused by all known subtypes of hepatitis B virus. Prehevbrio is approved for use in adults 18 years of age and older.
<p>Pyrukynd (mitapivat) 5 mg, 30 mg, 50 mg tablets</p>	<p>NEW MOLECULAR ENTITY</p> <ul style="list-style-type: none"> Pyrukynd is a pyruvate kinase activator indicated for the treatment of hemolytic anemia in adults with pyruvate kinase deficiency.
<p>Quadracel (diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine) 0.5 ml single-dose vial and single-dose prefilled syringe for injection</p>	<p>NEW DOSAGE FORM and NEW STRENGTH</p> <ul style="list-style-type: none"> Quadracel is a vaccine indicated for the active immunization against diphtheria, tetanus, pertussis, and poliomyelitis. A single dose of Quadracel is approved for use in children 4 through 6 years of age as a fifth dose in the diphtheria, tetanus, pertussis vaccination (DTaP) series, and as a fourth or fifth dose in the inactivated poliovirus vaccination (IPV) series, in children who have received 4 doses of Pentacel and/or Daptacel vaccine.
<p>Quviviq (daridorexant) 25 mg and 50 mg tablets</p>	<p>NEW MOLECULAR ENTITY</p> <ul style="list-style-type: none"> Quviviq is an orexin receptor antagonist indicated for the treatment of adult patients with insomnia characterized by difficulties with sleep onset and/or sleep maintenance.
<p>Releuko (filgrastim-ayow) 300 mcg/mL and 480 mcg/1.6 mL single-dose vials and 300 mcg/0.5 mL and 480 mcg/0.8 mL in single-dose prefilled syringes</p>	<p>NEW BIOSIMILAR TO NEUPOGEN</p> <ul style="list-style-type: none"> Releuko is a leukocyte growth factor indicated to (1) Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever. (2) Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia. (3) Reduce the duration of neutropenia and neutropenia-related clinical



Inland Empire Health Plan

	<p>sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation. (4) Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.</p>
<p>Rinvoq (upadacitinib) 45 mg tablet</p>	<p>NEW STRENGTH</p> <ul style="list-style-type: none"> Rinvoq is a Janus kinase inhibitor indicated for the treatment of adults with active psoriatic arthritis who have had an inadequate response or intolerance to one or more TNF blockers.
<p>Seglentis (celecoxib, tramadol HCl) 56 mg-44mg tablets</p>	<p>NEW DRUG COMBINATION</p> <ul style="list-style-type: none"> Seglentis contains tramadol hydrochloride, an opioid agonist, and celecoxib, a nonsteroidal anti-inflammatory drug, and is indicated for the management of acute pain in adults that is severe enough to require an opioid analgesic and for which alternative treatments are
<p>Skyrizi (risankizumab-rzaa) 75 mg/0.83 mL syringe and 150 mg/mL syringe for injection</p>	<p>NEW DRUG INDICATION</p> <ul style="list-style-type: none"> Skyrizi is an interleukin-23 antagonist indicated for the treatment of active psoriatic arthritis in adults.
<p>Smoflipid (lipid emulsion) lipid injectable emulsion with a lipid content of 0.2 g/mL in 100 mL, 250 mg, 500 mL flexible containers and 1000 mL pharmacy bulk package</p>	<p>NEW PATIENT POPULATION</p> <ul style="list-style-type: none"> Smoflipid is indicated in adult and pediatric patients, including term and preterm neonates, as a source of calories and essential fatty acids for parenteral nutrition when oral or enteral nutrition is not possible, insufficient, or contraindicated.
<p>Soaanz (torsemide) 40 mg, 60 mg tablets</p>	<p>NEW STRENGTH</p> <ul style="list-style-type: none"> Soaanz is a loop diuretic indicated in adults for the treatment of edema associated with heart failure or renal disease.
<p>Takhzyro (lanadelumab-flyo) injection, 300mg/2mL in a syringe</p>	<p>NEW DOSAGE FORM</p> <ul style="list-style-type: none"> Takhzyro is a plasma kallikrein inhibitor (monoclonal antibody) indicated for prophylaxis to prevent attacks of hereditary angioedema in patients 12 years and older.
<p>Talzenna (talazoparib) 0.5 mg, 0.75 mg capsules</p>	<p>NEW STRENGTH</p> <ul style="list-style-type: none"> Talzenna is a poly (ADP-ribose) polymerase inhibitor indicated for the treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated HER2-negative locally advanced or metastatic breast cancer. Select patient for therapy based on an FDA-approved companion diagnostic test.
<p>Tlando (testosterone)</p>	<p>NEW DOSAGE FORM AND STRENGTH</p> <ul style="list-style-type: none"> Tlando is an androgen indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone.
<p>Triumeq, Triumeq PD (abacavir, dolutegravir, lamivudine)</p>	<p>NEW PATIENT POPULATION and NEW DOSAGE FORM</p> <ul style="list-style-type: none"> Triumeq and Triumeq PD are a combination of dolutegravir (integrase strand transfer inhibitor), abacavir, and lamivudine (both nucleoside analogue reverse transcriptase inhibitors) indicated for the treatment of HIV-1 infection in adults and in pediatric patients weighing at least 10 kg.
<p>Twynéo (tretinoin, benzoyl peroxide)</p>	<p>NEW DRUG COMBINATION</p> <ul style="list-style-type: none"> Twynéo is a combination of tretinoin, a retinoid, and benzoyl peroxide indicated for the topical treatment of acne vulgaris in adults and pediatric patients 9 years of age and older.
<p>Vabysmo (faricimab-svoa)</p>	<p>NEW MOLECULAR ENTITY</p> <ul style="list-style-type: none"> Vabysmo is a vascular endothelial growth factor and angiopoietin-2 inhibitor indicated for the treatment of patients with (1) Neovascular (Wet) age-related macular degeneration (2) Diabetic macular edema.
<p>Veklury (remdesivir)</p>	<p>NEW INDICATION</p> <ul style="list-style-type: none"> Veklury is a SARS-CoV-2 nucleotide analog RNA polymerase inhibitor indicated for the treatment of coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older and weighing at least 40 kg) with positive results of direct severe acute respiratory syndrome coronavirus 2 viral testing who are not hospitalized and have



Inland Empire Health Plan

	mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death.
Verkazia (cyclosporine)	NEW STRENGTH <ul style="list-style-type: none"> Verkazia ophthalmic emulsion is a calcineurin inhibitor immunosuppressant indicated for the treatment of vernal keratoconjunctivitis in children and adults.
Vijoice (alpelisib)	NEW BRAND NAME, NEW INDICATION, and NEW STRENGTHS <ul style="list-style-type: none"> Vijoice is a kinase inhibitor indicated for the treatment of adult and pediatric patients 2 years of age and older with severe manifestations of PIK3CA-Related Overgrowth Spectrum who require systemic therapy.
Vocabria (cabotegravir)	NEW PATIENT POPULATION (previously adults only) <ul style="list-style-type: none"> Vocabria is an HIV-1 integrase strand transfer inhibitor indicated in combination with Edurant (rilpivirine) for short-term treatment of HIV-1 infection in adults and adolescents 12 years of age and older and weighing at least 35 kg who are virologically suppressed (HIV-1 RNA < 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.
Vonjo (pacritinib)	NEW MOLECULAR ENTITY <ul style="list-style-type: none"> Vonjo is a kinase inhibitor indicated for the treatment of adults with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis with a platelet count below 50 x 10⁹/L.
Vonvendi (von Willebrand factor (recombinant))	NEW INDICATION <ul style="list-style-type: none"> Vonvendi [von Willebrand factor (recombinant)] indicated for use in adults (age 18 and older) diagnosed with von Willebrand disease for routine prophylaxis to reduce the frequency of bleeding episodes in patients with severe Type 3 von Willebrand disease receiving on-demand therapy.
Xigduo XR (dapagliflozin, extended-release metformin)	NEW INDICATION <ul style="list-style-type: none"> Xigduo XR is a combination of dapagliflozin, a sodium-glucose cotransporter 2 inhibitor, and metformin, a biguanide, indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Dapagliflozin is indicated to reduce the risk of sustained estimated glomerular filtration rate decline, end stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression.
Yescarta (axicabtagene ciloleucel)	NEW INDICATION <ul style="list-style-type: none"> Yescarta is a CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of adult patients with large B-cell lymphoma that is refractory to first line chemoimmunotherapy or that relapses within 12 months of first line chemoimmunotherapy
Zimhi (naloxone HCl)	NEW STRENGTH <ul style="list-style-type: none"> Zimhi is an opioid antagonist indicated in adult and pediatric patients for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.

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



IEHP Medi-Cal Medical Drug Benefit (RxUM) Formulary Updates

We would like to inform you of the following changes to the **2022 IEHP Medi-Cal Medical Drug Benefit (RxUM) Formulary** that were approved by the Pharmacy and Therapeutics Subcommittee in August 2022.

As a reminder, all **Medi-Cal** Pharmacy Benefit formulary decisions are no longer made by IEHP and should be addressed with **Medi-Cal Rx** directly.

*Legend for Status Change column

AF = Add to Formulary	AR = Age Restriction
BOLD = Brand Name	C1 = Code 1 drugs are restricted to certain medical conditions or specific circumstances
DS = Days' Supply	PA = Prior Authorization
QL = Quantity Limit	RF = Remove from Formulary
ST = Step Therapy	R-PA = Remove Prior Authorization
R-QL = Remove Quantity Limit	R-C1 = Remove Code 1 restriction RSOC = Remove Site of Care

IEHP Pharmacy Utilization Management (RxUM) Formulary				
Code	Code Description	Drug Name	Status	Drug Edits
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	ABECMA	Tier 1	PA; Site of Care
J2997	Injection, alteplase recombinant, 1 mg	ACTIVASE	Tier 1	QL (2 Units)
J9042	Injection, brentuximab vedotin, 1 mg (For billing prior to 1/1/13 use C9287 or J9999)	ADCETRIS	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	<i>adenosine</i>	Tier 1	Diagnostic Drugs
J0171	Injection, adrenalin, epinephrine, 0.1 mg	ADRENALIN	Tier 1	



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
J9000	Injection, doxorubicin hydrochloride, 10 mg	ADRIAMYCIN	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9190	Injection, fluorouracil, 500 mg	ADRUCIL	Tier 1	PA; Hematology/Oncology - Chemotherapy
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	AKYNZEO (FOSNETUPITANT)	Tier 1	Hematology/Oncology - Chemotherapy; QL (130 Units)
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg (Code reinstated effective 4/1/2008)	<i>albuterol 0.083% inhal soln 25's, u-d</i>	Tier 1	QL (2 Units)
J7609	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg (Code Price is for active ingredient only and does not include compounding cost)	<i>albuterol 100 mg/20 ml solution (cmpd-rx)</i>	Tier 1	
J2469	Injection, palonosetron HCl, 25 mcg	ALOXI	Tier 1	Hematology/Oncology - Chemotherapy; QL (10 Units)
J0290	Injection, ampicillin sodium, 500 mg	<i>ampicillin sodium</i>	Tier 1	
J2060	Injection, lorazepam, 2 mg	ATIVAN	Tier 1	Nephrology; QL (1 Units)
J0461	Injection, atropine sulfate, 0.01 mg	<i>atropine</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (300 Units)
J9035	Injection, bevacizumab, 10 mg	AVASTIN	Tier 1	PA; Site of Care
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	AVSOLA	Tier 1	PA
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg (Code price is per 1 mL)	BETA-1	Tier 1	
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	BICILLIN C-R	Tier 1	
J0561	Injection, penicillin G benzathine, 100,000 units	BICILLIN L-A	Tier 1	
J0585	Injection, onabotulinumtoxinA, 1 unit	BOTOX	Tier 1	PA; Neurology, Pain Management, Psychiatry; QL (400 Units)
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car- positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	BREYANZI	Tier 1	PA; Site of Care



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
J9206	Injection, irinotecan, 20 mg	CAMPTOSAR	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9045	Injection, carboplatin, 50 mg	<i>carboplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0690	Injection, cefazolin sodium, 500 mg	<i>cefazolin</i>	Tier 1	
J0698	Cefotaxime sodium, per gram	<i>cefotaxime</i>	Tier 1	
J0713	Injection, ceftazidime, per 500 mg	<i>ceftazidime</i>	Tier 1	
J0696	Injection, ceftriaxone sodium, per 250 mg	<i>ceftriaxone</i>	Tier 1	
J0697	Injection, sterile cefuroxime sodium, per 750 mg	<i>cefuroxime sodium</i>	Tier 1	
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis) (For billing prior to 1/1/18 use J8499)	<i>cinacalcet</i>	Tier 1	Dialysis
J0185	Injection, aprepitant, 1 mg	CINVANTI	Tier 1	Hematology/Oncology - Chemotherapy; QL (13 Units)
J9060	Injection, cisplatin, powder, or solution, per 10 mg	<i>cisplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0834	Injection, cosyntropin, 0.25 mg	CORTROSYN	Tier 1	Diagnostic Drugs
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	<i>cyanocobalamin (vitamin b-12)</i>	Tier 1	
J9070	Cyclophosphamide, 100 mg	<i>cyclophosphamide</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J7042	5% Dextrose/normal saline (500 mL = 1 unit)	<i>d5 % and 0.9 % sodium chloride</i>	Tier 1	
J2597	Injection, desmopressin acetate, per 1 mcg	DDAVP	Tier 1	Diagnostic Drugs
J8540	Dexamethasone, oral, 0.25 mg	DECADRON	Tier 1	
J2175	Injection, meperidine hydrochloride, per 100 mg	DEMEROL	Tier 1	Hematology/Oncology - Chemotherapy; QL (1 Units)
J1020	Injection, methylprednisolone acetate, 20 mg	DEPO-MEDROL	Tier 1	
J1100	Injection, dexamethasone sodium phosphate, 1 mg	<i>dexamethasone sodium phos (pf)</i>	Tier 1	
J7070	Infusion, D5W, 1,000 cc	<i>dextrose 5 % in water (d5w)</i>	Tier 1	



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
J1170	Injection, hydromorphone, up to 4 mg	DILAUDID (PF)	Tier 1	
J1200	Injection, diphenhydramine HCl, up to 50 mg	<i>diphenhydramine hcl</i>	Tier 1	
J1245	Injection, dipyridamole, per 10 mg	<i>dipyridamole</i>	Tier 1	Diagnostic Drugs
J1250	Injection, dobutamine hydrochloride, per 250 mg	<i>dobutamine</i>	Tier 1	Diagnostic Drugs
J9171	Injection, docetaxel, 1 mg	<i>docetaxel</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	DURAMORPH 10 MG/10 ML AMPUL P/F, INNER, SUV	Tier 1	Pain Management; QL (1 Units)
J2270	Injection, morphine sulfate, up to 10 mg (Code Price is per 10 mg)	DURAMORPH 5 MG/10 ML AMPUL P/F, OUTER, SUV	Tier 1	Hematology/Oncology - Chemotherapy; QL (2 Units)
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	DUROLANE	Tier 1	PA; Orthopedics, Pain Management
J0586	Injection, abobotulinumtoxinA, 5 units (For billing prior to 1/1/10 use J3590 or C9399)	DYSPOBT	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (1500 Units)
J2783	Injection, rasburicase, 0.5 mg	ELITEK	Tier 1	PA
J1453	Injection, fosaprepitant, 1 mg	EMEND (FOSAPREPITANT)	Tier 1	Hematology/Oncology - Chemotherapy; QL (150 Units)
J7323	Hyaluronan or derivative, Euflexxa, f or intra-articular injection, per dose (20 mg/2 mL) (Note: Total dose regimen = 3 injections)	EUFLEXXA	Tier 1	PA; Orthopedics, Pain Management
J0178	Injection, aflibercept, 1 mg	EYLEA	Tier 1	PA
J3010	Injection, fentanyl citrate, 0.1 mg	<i>fentanyl citrate (pf)</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (2 Units)
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) (For billing prior to 1/1/10 use J3490 or C9399)	FERAHEME	Tier 1	PA
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	FULPHILA	Tier 1	Hematology/Oncology - Chemotherapy
J1940	Injection, furosemide, up to 20 mg	<i>furosemide</i>	Tier 1	



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	GEL-ONE	Tier 1	PA; Orthopedics, Pain Management
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg	GELSYN-3	Tier 1	PA; Orthopedics, Pain Management
J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg	<i>gemcitabine</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J1580	Injection, garamycin, gentamicin, up to 80 mg	<i>gentamicin</i>	Tier 1	
J1626	Injection, granisetron hydrochloride, 100 mcg	<i>granisetron (pf)</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (10 Units)
J1447	Injection, tbo-filgrastim, 1 microgram	GRANIX	Tier 1	Hematology/Oncology - Chemotherapy
J1644	Injection, heparin sodium, per 1,000 units	<i>heparin (porcine)</i>	Tier 1	
J1642	Injection, heparin sodium (heparin lock flush), per 10 units	<i>heparin lock flush (porcine)</i>	Tier 1	
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	HERZUMA	Tier 1	PA; Site of Care
J7321	Hyaluronan or derivative, Hyalgan, Supartz or visco-3, for intra-articular injection, per dose (Hyalgan dose is 20 mg/2 mL, Supartz and Visco-3 dose is 25 mg/2.5 mL) (Note: Total dose regimen = 3 - 5 injections)	HYALGAN	Tier 1	PA; Orthopedics, Pain Management
J3410	Injection, hydroxyzine HCl, up to 25 mg	<i>hydroxyzine hcl</i>	Tier 1	
J2790	Injection, Rho d immune globulin, human, full dose, 300 micrograms (1500 I.U.) (see also 90384 for CPT billing requirements)	HYPERRHO S/D	Tier 1	
J1750	Injection, iron dextran, 50 mg (Code reinstated effective 1/1/09)	INFED	Tier 1	
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	INFLECTRA	Tier 1	PA
J1439	Injection, ferric carboxymaltose, 1 mg	INJECTAFER	Tier 1	PA
J9354	Injection, ado-trastuzumab emtansine, 1 mg (For billing prior to 1/1/14 use C9131 or J9999)	KADCYLA	Tier 1	PA; Site of Care



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	KANJINTI	Tier 1	PA; Site of Care
J3301	Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg	KENALOG	Tier 1	
J1885	Injection, ketorolac tromethamine, per 15 mg	<i>ketorolac</i>	Tier 1	
J9271	Injection, pembrolizumab, 1 mg (For billing prior to 1/1/16 use C9027 or J9999)	KEYTRUDA	Tier 1	PA
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg (For billing prior to 1/1/18 use Q9984)	KYLEENA	Tier 1	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code was reused by CMS 1/1/2019) (Use NDC level pricing for appropriate reimbursement based on NDC submitted)	KYMRIAH	Tier 1	PA; Site of Care
J7120	Ringer's lactate infusion, up to 1,000 cc	<i>lactated ringers</i>	Tier 1	
J0640	Injection, leucovorin calcium, per 50 mg	<i>leucovorin calcium</i>	Tier 1	PA
J2820	Injection, sargramostim (GM-CSF), 50 mcg	LEUKINE	Tier 1	Hematology/Oncology - Chemotherapy
J2785	Injection, regadenoson, 0.1 mg	LEXISCAN	Tier 1	Diagnostic Drugs
J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg	<i>lidocaine in 5 % dextrose (pf)</i>	Tier 1	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	LILETTA	Tier 1	
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg (For billing prior to 1/1/12 use J3590 or C9277)	LUMIZYME	Tier 1	PA; Site of Care
J3475	Injection, magnesium sulfate, per 500 mg	<i>magnesium sulfate</i>	Tier 1	
J2150	Injection, mannitol, 25% in 50 mL	<i>mannitol 25 %</i>	Tier 1	



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
J9250	Methotrexate sodium, 5 mg	<i>methotrexate sodium</i>	Tier 1	
J9260	Methotrexate sodium, 50 mg	<i>methotrexate sodium (pf)</i>	Tier 1	
J1030	Injection, methylprednisolone acetate, 40 mg	<i>methylprednisolone acetate</i>	Tier 1	
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	<i>methylprednisolone sodium succ</i>	Tier 1	
J2765	Injection, metoclopramide HCl, up to 10 mg	<i>metoclopramide hcl</i>	Tier 1	
J2788	Injection, Rho d immune globulin, human, minidose, 50 micrograms (250 I.U.) (see also 90385 for CPT billing requirements)	MICRHOGAM ULTRA-FILTERED PLUS	Tier 1	
J2250	Injection, midazolam hydrochloride, per 1 mg	<i>midazolam</i>	Tier 1	QL (2 Units)
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	MIRENA	Tier 1	
J7327	Hyaluronan or derivative, Monovisc injection, per dose (For billing prior to 1/1/15 use C9399 or J3490) (Dose 88 mg/4 mL) (Note: Total dose regimen = 1 dose)	MONOVISC	Tier 1	PA; Orthopedics, Pain Management
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	MVASI	Tier 1	PA; Hematology/Oncology - Chemotherapy
J0587	Injection, rimabotulinumtoxin B, 100 units	MYOBLOC	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (5000 Units)
J2795	Injection, ropivacaine hydrochloride, 1 mg	NAROPIN (PF)	Tier 1	Pain Management; QL (100 Units)
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Code Price is per 1 implant system)	NEXPLANON	Tier 1	
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	NIVESTYM	Tier 1	Hematology/Oncology - Chemotherapy
J2796	Injection, romiplostim, 10 micrograms (For billing prior to 1/1/10 use J3590 or C9245)	NPLATE	Tier 1	PA



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
J2182	Injection, mepolizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9473 for OPPS billing)	NUCALA	Tier 1	PA
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (Nyvepria), 0.5 mg	NYVEPRIA	Tier 1	Hematology/Oncology - Chemotherapy
J2350	Injection, ocrelizumab, 1 mg (For billing prior to 1/1/18 use J3590 or C9494 for OPPS billing) (Code re-used by CMS 1/1/18)	OCREVUS	Tier 1	PA
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	OGIVRI	Tier 1	PA; Site of Care
J2405	Injection, ondansetron hydrochloride, per 1 mg	<i>ondansetron hcl</i>	Tier 1	Hematology/Oncology - Chemotherapy; QL (16 Units)
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	ONTRUZANT	Tier 1	PA
J9299	Injection, nivolumab, 1 mg (For billing prior to 1/1/16 use C9453 or J9999)	OPDIVO	Tier 1	PA
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL) (Note: Total dose regimen = 3 - 4 injections)	ORTHOVISC	Tier 1	PA; Orthopedics, Pain Management
J9263	Injection, oxaliplatin, 0.5 mg	<i>oxaliplatin</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J9267	Injection, paclitaxel, 1 mg	<i>paclitaxel</i>	Tier 1	PA; Hematology/Oncology - Chemotherapy
J7300	Intrauterine copper contraceptive	PARAGARD T 380A	Tier 1	
J0606	Injection, etelcalcetide, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9399 for OPPS billing)	PARSABIV	Tier 1	Dialysis
J9306	Injection, pertuzumab, 1 mg (For billing prior to 1/1/14 use C9292 or J9999)	PERJETA	Tier 1	PA; Hematology/Oncology - Chemotherapy
J2550	Injection, promethazine HCl, up to 50 mg	PHENERGAN	Tier 1	
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	POLIVY	Tier 1	PA; Hematology/Oncology - Chemotherapy
J3480	Injection, potassium chloride, per 2 mEq	<i>potassium chlorid-d5-0.45%nacl</i>	Tier 1	Hematology/Oncology - Chemotherapy
J0780	Injection, prochlorperazine, up to 10 mg	<i>prochlorperazine edisylate</i>	Tier 1	



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
J0897	Injection, denosumab, 1 mg (For billing prior to 1/1/12 use J3590 or C9272)	PROLIA	Tier 1	PA
J0896	Injection, luspatercept-aamt, 0.25 mg	REBLOZYL	Tier 1	PA
J3489	Injection, zoledronic acid, 1 mg	RECLAST	Tier 1	PA
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	RENFLEXIS	Tier 1	PA
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	RETACRIT	Tier 1	Hematology/Oncology - Chemotherapy
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	RIABNI	Tier 1	PA
Q5119	Injection, rituximab-pwr, biosimilar, (Ruxience), 10 mg	RUXIENCE	Tier 1	PA
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	SKYLA	Tier 1	
J7131	Hypertonic saline solution, 1 mL	<i>sodium chloride</i>	Tier 1	
J7030	Infusion, normal saline solution, 1,000 cc	<i>sodium chloride 0.9 %</i>	Tier 1	
J1300	Injection, eculizumab, 10 mg	SOLIRIS	Tier 1	PA
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	SOLU-CORTEF	Tier 1	
J2326	Injection, nusinersen, 0.1 mg (For billing prior to 1/1/18 use J3490 or C9489 for OPPS billing)	SPINRAZA (PF)	Tier 1	PA; Site of Care
J7331	Hyaluronan or derivative, SynoJoynt, for intra-articular injection, 1 mg	SYNOJOYNT	Tier 1	PA; Orthopedics, Pain Management
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (Code Price is for drug only)	TECARTUS	Tier 1	PA; Site of Care
J3241	Injection, teprotumumab-trbw, 10 mg	TEPEZZA	Tier 1	PA; Site of Care
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	TRAZIMERA	Tier 1	PA
J3300	Injection, triamcinolone acetonide, preservative-free, 1 mg	TRIESENCE (PF)	Tier 1	



Inland Empire Health Plan

Code	Code Description	Drug Name	Status	Drug Edits
J7332	Hyaluronan or derivative, triluron, f or intra-articular injection, 1 mg	TRILURON	Tier 1	PA; Orthopedics, Pain Management
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	TRUXIMA	Tier 1	PA
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	UDENYCA	Tier 1	Hematology/Oncology - Chemotherapy
J1756	Injection, iron sucrose, 1 mg	VENOFER	Tier 1	
J0588	Injection, incobotulinumtoxinA, 1 unit	XEOMIN	Tier 1	PA; Neurology, Pain Management, Physiatry; QL (400 Units)
J2357	Injection, omalizumab, 5 mg	XOLAIR	Tier 1	PA
J9228	Injection, ipilimumab, 1 mg (For billing prior to 1/1/12 use J9999 or C9284)	YERVOY	Tier 1	PA
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose (For billing prior to 4/1/18 use J9999 or C9399 for OPPS billing) (Code Price is for drug ONLY) (Code re-used by CMS)	YESCARTA	Tier 1	PA; Site of Care
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	ZARXIO	Tier 1	Hematology/Oncology - Chemotherapy
J9223	Injection, lurbinectedin, 0.1 mg	ZEPZELCA	Tier 1	PA
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg	ZIEXTENZO	Tier 1	
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	ZIRABEV	Tier 1	PA
J2941	Injection, somatropin, 1 mg	ZORBTIVE	Tier 1	PA