To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: December 2, 2022

Subject: November 2022 Pharmacy & Therapeutics Update

November 2022 Pharmacy & Therapeutics Subcommittee Update

The following tables detail changes that were approved by the Pharmacy and Therapeutics (P&T) Subcommittee in November 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.

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 November 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 Pharmacy Benefit Formulary Updates		
Drug Name	**Strength & Dosage Form**	**Status Change***
Amvuttra (vutrisiran)	25 mg/0.5 mL subcutaneous syringe	• AF • PA
Benlysta (belimumab)	120 mg vial 200 mg/mL auto inject 200 mg/mL syringe 400 mg vial	• AF • PA
bexarotene	1% topical gel	• AF • PA (New Starts) • Effective 09/01/2022
bortezomib	3.5 mg/1.4 mL injection	• Part B
Breyanzi (lisocabtagene maraleucel)	suspension for infusion	• AF • PA
Calquence (acalabrutinib)	100 mg tablets 100 mg capsules	• AF • PA
Caplyta (lumateperone)	10.5 mg capsules 21 mg capsules 42 mg capsules	• AF • PA QL
carmustine	50 mg for injection 300 mg lyophilized powder in single-dose vials	• AF • PA
chlorpromazine	30 mg/mL oral concentrate 100 mg/mL oral concentrate	• AF • Effective 09/01/2022
Cimerli (ranibizumab-eqrn)	0.3 mg/0.05 mL vials 0.5 mg/0.05 mL vials	• Part B
Copiktra (duvelisib)	15 mg capsule 25 mg capsule	• AF • PA (New Starts)

		• QL: 2/1 ds • Effective 09/01/2022
Engerix-B (PF) (hepatitis B vaccine)	20 mcg/mL intramuscular suspension	• AF • PA (B vs D) • Effective 11/01/2022
Enhertu (fam-trastuzumab deruxtecan-nxki)	100 mg lyophilized powder in a single-dose vial for injection	• AF • PA
Entresto (sacubitril/valsartan)	24 mg-26 mg tablet 49 mg-51 mg tablet 97 mg-103 mg tablet	• R-PA • Effective 10/01/2022
everolimus (antineoplastic)	2 mg tablet for oral suspension	• AF • PA (New Starts) • Effective 09/01/2022
Felbatol (felbamate)	600 mg/5 mL oral suspension	• AF • Effective 09/01/2022
Imbruvica (ibrutinib)	70 mg capsules 140 mg capsules 140 mg tablet 280 mg tablet 420 mg tablet 560 mg tablet 70 mg/mL oral suspension	• FM • PA (New Starts) • QL
Imfinzi (durvalumab)	120 mg/2.4 mL single-dose vial for injection 500 mg/10 mL single-dose vial for injection	• AF • PA
Lytgobi (futibatinib)	NA	• AF • PA (New Start)
metformin	625 mg tablet	• AF • Effective 09/01/2022
methylphenidate	10 mg/9 hr daily transdermal patch 15 mg/9 hr daily transdermal patch 20 mg/9 hr daily transdermal patch 30 mg/9 hr daily transdermal patch	• AF • Effective 10/01/2022
Nucala (mepolizumab)	40 mg/0.4 mL subcutaneous syringe	• AF • PA • Effective 10/01/2022
Orkambi (lumacaftor and ivacaftor)	100 mg/125 mg tablet 200 mg/125 mg tablet 75 mg/94 mg oral granules 100 mg/125 mg oral granules 150 mg/188 mg oral granules	• AF • PA (New Start) • QL
Pentacel (PF) (DTaP, IPV, Haemophilus b Conjugate (tetanus toxoid conjugate) vaccine)	15 Lf unit-20 mcg-5Lf/0.5 mL intramuscular kit	• AF • Effective 11/01/2022
pirfenidone	534 mg tablet	• AF • PA • QL
Priorix (PF) (measles, mumps, and rubella vaccine, live)	10exp3.4-4.2-3.3 CCID50/0.5mL subcutaneous suspension	• AF • Effective 10/01/2022
Quadracel (PF) (diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine)	15 Lf-48 mcg-5Lf unit/0.5 mL intramuscular syringe	• AF • Effective 11/01/2022

quetiapine fumarate	150 mg tablet	• AF • QL
Recombivax HB (PF) (hepatitis B vaccine, recombinant)	5 mcg/0.5 mL intramuscular suspension	• AF • PA (B vs D) • Effective 11/01/2022
Relyvrio (sodium phenylbutyrate; sodium taurursodiol)	3 g sodium phenylbutyrate and 1 g taurursodiol in single dose packets for oral suspension	• AF • PA
sertraline	150 mg capsule 200 mg capsule	• AF • Effective 09/01/2022
sorafenib	200 mg tablet	• AF • PA (New Starts) • QL: 4/1 ds • Effective 09/01/2022
sodium, potassium, mag sulfates	17.5 gram-3.13 gram-1.6-gram oral solution	• AF • Effective 10/01/2022
Tenivac (PF) (diphtheria/tetanus toxoids)	5 Lf unit-2 Lf unit/0.5 mL intramuscular suspension	• AF • Effective 11/01/2022
Ticovac (tick-borne encephalitis vaccine)	1.2 mcg/0.25 mL intramuscular syringe	• AF • Effective 10/01/2022
vancomycin	125 mg capsule 250 mg capsule	• Increase QL • QL: 16/1 ds (125 mg) • QL: 8/1 ds (250 mg) • Effective 10/01/2022
varenicline	0.5 mg tablet 1 mg tablet	• AF • Effective 09/01/2022
vilazodone	10 mg tablet 20 mg tablet 40 mg tablet	• AF • PA (New Starts) • QL: 1/1 ds • Effective 09/01/2022
Vonjo (pacritinib)	100 mg capsule	• Remove QL • Effective 10/01/2022
Xalkori (crizotinib)	200 mg capsule 250 mg capsule	• Remove QL • Effective 10/01/2022
Xgeva (denosumab)	120 mg/1.7 mL (70 mg/mL) subcutaneous solution	• Increase QL • QL: 0.19/1 ds • Effective 10/01/2022
YF-Vax (PF) (Yellow Fever Vaccine)	10 exp4.74 unit/0.5 mL subcutaneous suspension	• AF • Effective 11/01/2022

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 November 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**

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R-QL = Remove Quantity Limit	**R-C1 =** Remove Code 1 restriction **RSOC =** Remove Site of Care

IEHP Medi-Cal Medical Drug Benefit (RxUM) Formulary Updates Effective 12/01/2022			
Code	**Drug Name**	**Strength & Dosage Form**	**Status Change***
J0640	leucovorin calcium	per 50 mg, injection	• Add PA (Antineoplastic)
J2710	neostigmine methylsulfate	up to 0.5 mg injection	• AF
J7320	**GenVisc 850** (hyaluronan or derivative)	1 mg for intra-articular injection	• AF • PA (Hyaluronan)
J9035	bevacizumab	injection	• Update PA
J9040	bleomycin sulfate	15 units for injection	• AF • PA (Antineoplastic)
J9208	ifosfamide	1 g for injection	• AF • PA (Antineoplastic)
J9209	mesna	200 mg for injection	• PA (Antineoplastic)
J9395	fulvestrant	25 mg for injection	• R-PA • Restrict to Hem/Onc
Q0138	ferumoxytol (non-ESRD use)	1 mg injection for treatment of iron deficiency anemia	• R-PA
Q0163	diphenhydramine HCl, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at time of chemo treatment	50 mg oral, not to exceed a 48-hour dosage regimen	• AF

Code	Drug Name	Strength & Dosage Form	Status Change*
S0020	bupivacaine hydrochloride	30 mL, injection	• AF
S0028	famotidine	20 mg injection	• AF

Medicare Indication, Formulation, and Molecular Entity Updates by Drug	
Drug Name	**Updated Information**
Amvuttra (vutrisiran)	**NEW MOLECULAR ENTITY** • Amvuttra is indicated to treat polyneuropathy of hereditary transthyretin-mediated amyloidosis
Benlysta (belimumab)	**NEW PATIENT POPULATION** • Intravenous injection for the treatment of patients 5 years and older with active lupus nephritis who are receiving standard therpay
bortezomib	**NEW DOSAGE FORM** • Bortezomib injection is a proteasome inhibitor indicated for (1) treatment of adult patients with multiple myeloma (2) treatment of adult patients with mantle cell lymphoma.

Breyanzi (lisocabtagene maraleucel)	**NEW INDICATION**
	• Breyanzi is indicated for treatment of adult patients with large B-cell lymphoma (LBCL), 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, who have:
	  • refractory disease to first line chemoimmunotherapy or relapse within 12 months of first line chemoimmunotherapy; or
	  • refractory disease to first line chemoimmunotherapy or relapse after first line chemoimmunotherapy and are not eligible for hematopoietic stem cell transplantation (HSCT) due to comorbidities or age.

Calquence (acalabrutinib)	**NEW DOSAGE FORM** • Calquence is a kinase inhibitor indicated for the treatment of adult patients with (1) Mantle cell lymphoma who have received at least one prior therapy (2) Chronic lymphocytic leukemia or small lymphocytic lymphoma.
Caplyta (lumateperone)	**NEW STRENGTHS** • Caplyta is an atypical antipsychotic indicated for the treatment of (1) Schizophrenia in adults (2) Depressive episodes associated with bipolar I or II disorder (bipolar depression) in adults, as monotherapy and as adjunctive therapy with lithium or valproate.
carmustine	**NEW DOSAGE FORM AND STRENGTHS** • Carmustine for injection is a nitrosourea indicated as palliative therapy as a single agent or in established combination therapy with other approved chemotherapeutic agents in the following: (1) Brain tumors glioblastoma, brainstem glioma, medulloblastoma, astrocytoma, ependymoma, and metastatic brain tumors (2) Multiple myeloma-in combination with prednisone (3) Relapsed or refractory Hodgkin's lymphoma in combination with other approved drugs (4) Relapsed or refractory non-Hodgkin's lymphomas in combination with other approved drugs.
Cimerli (ranibizumab-eqrn)	**NEW BIOSIMILAR (LUCENTIS)** • Cimerli, a vascular endothelial growth factor inhibitor, in indicated for the treatment of patients with (1) Neovascular (Wet) Age-Related Macular Degeneration (AMD) (2) Macular Edema Following Retinal Vein Occlusion (3) Diabetic Macular Edema (4) Diabetic Retinopathy (5) Myopic Choroidal Neovascularization.

Comirnaty (COVID-19 Vaccine, mRNA)	**NEW PATIENT POPULATION** • Comirnaty is a vaccine indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 12 years of age and older.
Cytalux (pafolacianine)	**NEW MOLECULAR ENTITY** • Cytalux is an optical imaging agent indicated in adult patients with ovarian cancer as an adjunct for inoperative identification of malignant lesions.
Daptacel (diphtheria and tetanus toxoids and acellular pertussis vaccine adsorbed)	**UPDATED PACKAGE INSERT** • Daptacel is indicated for active immunization against diphtheria, tetanus, and pertussis as a five-dose series in infants and children 6 weeks through 6 years of age (prior to 7th birthday).
Doryx MPC (doxycycline hyclate)	**NEW STRENGTH** • Doryx MPC is a tetracycline class drug indicated for (1) Rickettsial infections (2) Sexually transmitted infections (3) Respiratory tract infections (4) Specific bacterial infections (5) Ophthalmic infections (6) Anthrax, including inhalational anthrax (post-exposure) (7) Alternative treatment for selected infections when penicillin is contraindicated (8) Adjunctive therapy in acute intestinal amebiasis and severe acne (9) Prophylaxis of malaria.
Enhertu (fam-trastuzumab deruxtecan-nxki)	**NEW INDICATION** • Enhertu is a HER2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with unresectable or metastatic non-small cell lung cancer whose tumors have activating HER2 mutations, as detected by an FDA-approved test, and who have received a prior systemic therapy.
Entadfi (finasteride and tadalafil)	**NEW COMBINATION** • Entadfi is a combination of finasteride, a 5α-reductase inhibitor, and tadalafil, a phosphodiesterase 5 inhibitor, and, indicated to initiate treatment of the signs and symptoms of benign prostatic hyperplasia in men with an enlarged prostate for up to 26 weeks.
Imbruvica (ibrutinib)	**NEW PATIENT POPULATION** • Imbruvica is a kinase inhibitor indicated for the treatment of adult and pediatric patients aged 1 year and older with chronic graft versus host disease after failure of one or more lines of systemic therapy.
Imfinzi (durvalumab)	**NEW INDICATION** • Imfinzi is a programmed death ligand 1 blocking antibody indicated in combination with gemcitabine and cisplatin, as treatment of adult patients with locally advanced or metastatic biliary tract cancer.
Lynparza (olaparib)	**WITHDRAWAL OF INDICATION** • Lynparza is a poly (ADP-ribose) polymerase (PARP) inhibitor indicated for the treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) advanced ovarian cancer who have been treated with three or more prior lines of chemotherapy.
Lytgobi (futibatinib)	**NEW MOLECULAR ENTITY** • Lytgobi is indicated to treat intrahepatic cholangiocarcinoma harboring fibroblast growth factor receptor 2 (FGFR2) gene fusions or other rearrangements.
Mirena (levonorgestrel-releasing intrauterine system)	**NEW DURATION OF USE** • Mirena is a progestin-containing intrauterine system indicated for prevention of pregnancy up to 8 years.

Myfembree (relugolix, estradiol, and norethindrone acetate)	**NEW INDICATION** • Myfembree is a combination of relugolix, a gonadotropin-releasing hormone receptor antagonist, estradiol, an estrogen, and norethindrone acetate, a progestin, indicated in premenopausal women for the management of moderate to severe pain associated with endometriosis.
Nubeqa (darolutamide)	**NEW INDICATION** • Nubeqa is an androgen receptor inhibitor indicated for the treatment of adult patients with metastatic hormone-sensitive prostate cancer in combination with docetaxel.
Omlonti (omidenepag isopropyl)	**NEW MOLECULAR ENTITY** • Omlonti is indicated to reduce elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.
Opzelura (ruxolitinib)	**NEW INDICATION** • Opzelura is a Janus kinase inhibitor indicated for the topical treatment of nonsegmental vitiligo in adult and pediatric patients 12 years of age and older.
Orkambi (lumacaftor and ivacaftor)	**NEW PATIENT POPULATION** • Orkambi is a combination of ivacaftor, a cystic fibrosis transmembrane conductance regulator (CFTR) potentiator, and lumacaftor, indicated for the treatment of cystic fibrosis in patients aged 1 year and older who are homozygous for the F508del mutation in the CFTR gene.
Pemazyre (pemigatinib)	**NEW INDICATION** • Pemazyre is a kinase inhibitor indicated for the treatment of adults with relapsed or refractory myeloid/lymphoid neoplasms with FGFR1 rearrangement.
Pentacel (diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, and haemophilius b conjugate (tetanus toxoid conjugate) vaccine	**UPDATED PACKAGE INSERT** • Pentacel is indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis, and invasive disease due to Haemophilus influenzae type b. Pentacel is approved for use as a four-dose series in children 6 weeks through 4 years of age (prior to 5th birthday).
Pheburane (sodium phenylbutyrate)	**NEW DOSAGE FORM** • Pheburane is a nitrogen-binding agent indicated as adjunctive therapy to standard of care, which includes dietary management, for the chronic management of adult and pediatric patients with urea cycle disorders, involving deficiencies of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinic acid synthetase.
pirfenidone	**NEW STRENGTH** • Pirfenidone is a pyridone indicated for the treatment of idiopathic pulmonary fibrosis.
Priorix (measles, mumps, and rubella vaccine, live)	**NEW FORMULATION** • Priorix is indicated for active immunization for the prevention of measles, mumps, and rubella in individuals 12 months of age and older
Quadracel (diphtheria and tetanus toxoids and acellular pertussis adsorbed and inactivated poliovirus vaccine)	**UPDATED PACKAGE INSERT** • Quadracel is indicated for active immunization against diphtheria, tetanus, pertussis, and poliomyelitis. A single dose of Quadracel is approved as a fifth dose in the diphtheria, tetanus, pertussis (DTaP) vaccination series, and as a fourth or fifth dose in the inactivated poliovirus (IPV) vaccination series in children 4 through 6 years of age who's previous DTaP vaccine doses have been with Pentacel, DAPTACEL, and/or VAXELIS.

quetiapine fumarate	**NEW STRENGTH** • Quetiapine tablets are an atypical antipsychotic indicated for the treatment of (1) Schizophrenia (2) Bipolar I disorder manic episodes (3) Bipolar disorder, depressive episodes.
QWO (collagenase clostridium histolyticum-aaes)	**NEW MOLECULAR ENTITY** • QWO is a combination of bacterial collagenases indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.
Rebinyn (coagulation factor ix (recombinant) glycopegylated)	**NEW MOLECULAR ENTITY** • Rebinyn is indicated to expand the indication to include routine prophylaxis to reduce the frequency of bleeding episodes in adults and children with hemophilia B.
Relyvrio (sodium phenylbutyrate; sodium taurursodiol)	**NEW MOLECULAR ENTITY** • Relyvrio is indicated to treat amyotrophic lateral sclerosis (ALS).
Ryaltris (olopatadine hydrochloride and mometasone furoate monohydrate)	**NEW DRUG COMBINATION** • Ryaltris is a combination of olopatadine, a histamine-1 receptor inhibitor, and mometasone furoate, a corticosteroid, indicated for the treatment of symptoms of seasonal allergic rhinitis in adult and pediatric patients 12 years and older.
Skysona (elivaldogene autotemcel)	**NEW MOLECULAR ENTITY** • Skysona is indicated to slow the progression of neurologic dysfunction in boys 4-17 years of age with early, active cerebral adrenoleukodystrophy (CALD). Early, active CALD refers to asymptomatic or mildly symptomatic (neurologic function score, NFS ≤ 1) boys who have gadolinium enhancement on brain magnetic resonance imaging and Loes scores of 0.5-9.
Sotyktu (deucravacitinib)	**NEW MOLECULAR ENTITY** • Sotyktu is a tyrosine kinase 2 inhibitor indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.
Spevigo (spesolimab-sbzo)	**NEW MOLECULAR ENTITY** • Spevigo is an interleukin-36 receptor antagonist indicated for the treatment of generalized pustular psoriasis flares in adults.
Stelara (ustekinumab)	**NEW PATIENT POPULATION** • Stelara is a human interleukin-12 and -23 antagonist indicted for the treatment of pediatric patients 6 years and older with active psoriatic arthritis.
Tadliq (tadalafil)	**NEW DOSAGE FORM** • Tadliq is a phosphodiesterase 5 inhibitor indicated for the treatment of pulmonary arterial hypertension (WHO Group 1) to improved exercise ability.
Tascenso ODT (fingolimod)	**NEW DOSAGE FORM AND NEW STRENGTH** • Tascenso ODT 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 pediatric patients 10 years of age and older and weighing less than or equal to 40 kg.
Tembexa (brincidofovir)	**NEW MOLECULAR ENTITY** • Tembexa is an orthopoxvirus nucleotide analog DNA polymerase inhibitor and is indicated for the treatment of human smallpox disease in adult and pediatric patients, including neonates.

Terlivaz (terlipressin acetate)	**NEW MOLECULAR ENTITY** • Terlivaz is indicated to improve kidney function in adults with hepatorenal syndrome with rapid reduction in kidney function.
Tpoxx (tecovirimat)	**NEW ROUTE OF ADMINISTRATION AND DOSAGE FORM** • Tpoxx is an inhibitor of orthopoxvirus VP37 envelope wrapping protein and is indicated for the treatment of human smallpox disease in adults and pediatric patients weighing at least 3 kg.
Vaxneuvance (pneumococcal 15-valent conjugate vaccine)	**NEW RESULTS FROM CLINICAL STUDIES** • Vaxneuvance is indicated for active immunization for the prevention of invasive disease caused by *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 22F, 23F and 33F in individuals 6 weeks of age and older.
venlafaxine besylate, extended release	**NEW MOLECULAR ENTITY** • Venlafaxine extended-release tablets are a serotonin and norepinephrine reuptake inhibitor indicated in adults for the treatment of (1) major depressive disorder (2) generalized anxiety disorder.
Xaciato (clindamycin phosphate)	**NEW DOSAGE FORM** • Xaciato is a lincosamide antibacterial indicated for the treatment of bacterial vaginosis in female patients 12 years of age and older.
Xenpozyme (olipudase alfa-rpcp)	**NEW MOLECULAR ENTITY** • Xenpozyme is a hydrolytic lysosomal sphingomyelin-specific enzyme indicated for treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency in adult and pediatric patients.
Xofluza (baloxavir marboxil)	**NEW PATIENT POPULATION** • Xofluza is an influenza virus polymerase acidic endonuclease inhibitor indicated for (1) treatment of acute uncomplicated influenza in patients 5 years of age and older who have been symptomatic for no more than 48 hours and who are otherwise healthy (2) post-exposure prophylaxis of influenza in patients 5 years of age and older following contact with an individual who has influenza
Zonisade (zonisamide)	**NEW DOSAGE FORM** • Zonisade is indicated as adjunctive therapy for the treatment of partial-onset seizures in adults and pediatric patients 16 years of age and older.
Zoryve (roflumilast)	**NEW ROUTE OF ADMINISTRATION AND DOSAGE FORM** • Zoryve is a phosphodiesterase 4 inhibitor indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older.
Zynteglo (betibeglogene autotemcel)	**NEW MOLECULAR ENTITY** • Zynteglo is an autologous hematopoietic stem cell-based gene therapy indicated for the treatment of adult and pediatric patients with β-thalassemia who require regular red blood cell transfusions.

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

IEHP Pharmacy Policies, Prior Authorization Criteria, and Drug Class Criteria	
Document	**Subcommittee Action**
Pharmacy Prior Authorization Criteria	
HP Acthar	• Update • Addition of References
Pharmacy Policy	
Drug Trial and Failure	• Update • Addition of References
High Daily Morphine Milligram Equivalent	• Update • Changed line of Business to Medicare only • Updated guidelines for tapering opioid use • Updated guidelines for titrating opioid use • Addition of References
IEHP Drug Prior Authorization Policy	• Update • Added drug compendia approved for reference by CMS • Addition of References
Non-Formulary Drug Policy	• Update • Changed line of Business to Medicare only • Addition of References
Non-Sterile Compounded Medication	• Update • Removed DHSC Regulations
Pharmacy Drug Management Program for Pain	• Update • Included 2022 CMS requirement for all Part D Sponsors to have a Drug Management Program (DMP) in background • Addition of References
Quantity Limit	• Update • Added Emergency Fill Quantity Limit policy per DHCS • Addition of Refences