

Medication Trend Updates and Drug List/Formulary Changes – 1st Quarter 2026

Review drug list and medication benefit changes, and medication safety issues

Stay up to date with information about:

- New guidance to expand non-opioid analgesics for chronic pain.
- Changes to the Medi-Cal drug benefits for the first quarter of 2026.

New guidance to expand non-opioid analgesics for chronic pain

The U.S. Food and Drug Administration (FDA) released draft guidance on non-opioid analgesic for treating chronic pain and reducing prescription opioid misuse. The guidance includes regulatory considerations related to:

- Categorization of multiple chronic pain conditions versus individual chronic pain indications.
- Design of clinical trials that ensure safety and efficacy.
- Evaluation of non-opioid drugs to avoid, reduce or eliminate opioid use.
- Inclusion of statistical principles, patient-reported outcomes and use of expedited programs to support non-opioid drug development.

The FDA issued this draft guidance as part of a larger FDA strategy to address the opioid crisis and to help drug developers create safer and more effective non-opioid alternatives for treating chronic pain, a long-standing problem for which physicians need more therapeutic options.

Source: FDA news release at <https://bit.ly/FDA-Opioid-Pain-Med-Labeling>.

Changes to Medi-Cal medication benefits

The Pharmacy Advisory Committee is made up of practicing physicians, pharmacists and other health care professionals. Every quarter, the committee reviews medication benefits for Medi-Cal members. They

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups

PROVIDER SERVICES

CHPIV Medi-Cal (including ECM and CS providers) –
833-236-4141

PROVIDER PORTAL

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decide which medications stay on the same tier and which ones move to a different tier.

A table showing some of the recent changes for **Q1 2026** is available on **pages 2-4**. It includes:

- Medication names.
- Their updated drug list status.
- Drug list alternative options.
- Notes or comments.

You can find complete drug lists/formularies for all products, including for Medi-Cal, on the Pharmacy Information for Providers page at <https://bit.ly/PharmacyInformationforProviders>.

For medical drug benefits, refer to the *Outpatient Pharmaceuticals (Submitted Under Medical Benefit)* section of the Community Health Plan of Imperial Valley Medi-Cal Fee-for-Service **Prior Authorization List** at <https://bit.ly/HealthNetPriorAuthorizations>.

Pharmacy help lines

For more information regarding changes to the Medi-Cal drug list or medication benefits, contact the proper pharmacy phone number listed.

Product	Phone number	Fax number
Pharmacy Benefit (Medi-Cal Rx)	800-977-2273	800-869-4325
Medical Benefit Drugs (Medi-Cal)	800-867-6564, option #2	833-953-3436

Need help? Contact us

If you have questions regarding the information contained in this update, contact Community Health Plan of Imperial Valley at 833-236-4141.

Changes to Medi-Cal medication benefits

Note: The information in the tables is subject to change. For the most current details, please refer to the Prior Authorization List at <https://bit.ly/HealthNetPriorAuthorizations>.

Medication	Status	Formulary alternative(s)	Comments
Oral preparation			
Brinsupri™ (brensocatic) tablet	Carved out to state	Carved out to state	A dipeptidyl peptidase 1 (DPP1) inhibitor indicated for the treatment of non-cystic fibrosis bronchiectasis in adult and pediatric patients ages 12 and older.
Cibinqo® (abrocitinib) tablet	Carved out to state	Carved out to state	A Janus kinase (JAK) inhibitor indicated for the treatment of adults and pediatric patients ages 12 and older 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.
Hernexeos® (zongertinib) tablet	Carved out to state	Carved out to state	A kinase inhibitor indicated for the treatment of adult patients with unresectable or metastatic non-squamous non-small cell lung cancer whose tumors have human epidermal growth factor receptor 2 (also known as ERBB2) tyrosine kinase domain activating mutations, as detected by an FDA-approved test, and who have received prior systemic therapy.
Modeyso™ (dordaviprone) capsule	Carved out to state	Carved out to state	A protease activator indicated for the treatment of adult and pediatric patients ages 1 and older with diffuse midline glioma harboring an H3 K27M mutation with progressive disease following prior therapy.
Wayrilz™ (rilzabrutinib) tablet	Carved out to state	Carved out to state	A kinase inhibitor indicated for the treatment of adult patients with persistent or chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.
Ophthalmic preparation			
Vizz™ (aceclidine ophthalmic solution) 1.44%, topical ophthalmic	Carved out to state	Carved out to state	A cholinergic agonist indicated for the treatment of presbyopia in adults.
Topical preparation			
Anzupgo® (delgocitinib) cream	Carved out to state	Carved out to state	A Janus kinase inhibitor indicated for the topical treatment of moderate to severe chronic hand eczema in adults who have had an inadequate response to, or for whom topical corticosteroids are not advisable.

Changes to Medi-Cal medication benefits, *continued*

Medication	Status	Formulary alternative(s)	Comments
Injectable preparation			
Adbry® (tralokinumab-ldrm) single-dose prefilled syringe/ autoinjector	Medical benefit ¹	Carved out to state	An interleukin-13 antagonist indicated for the treatment of moderate-to-severe atopic dermatitis in adults and pediatric patients ages 12 and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Adbry can be used with or without topical corticosteroids.
Ebglyss™ (lebrikizumab-lbkz), single-dose, prefilled pen/ syringe	Medical benefit ¹	Carved out to state	An interleukin-13 antagonist indicated for the treatment of adults and pediatric patients ages 12 and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Ebglyss can be used with or without topical corticosteroids.
Nemluvio® (nemolizumab-ilto) single-dose prefilled pen	Medical benefit ¹	Carved out to state	An interleukin-31 receptor antagonist indicated for: <ul style="list-style-type: none"> • Prurigo Nodularis: The treatment of adults with prurigo nodularis • Atopic Dermatitis: The treatment of adults and pediatric patients ages 12 and older with moderate-to-severe atopic dermatitis in combination with topical corticosteroids and/or calcineurin inhibitors when the disease is not adequately controlled with topical prescription therapies.

¹Prior authorization is required to verify that the member is eligible and satisfies clinical protocols to ensure appropriate use of the medication.