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Written by: Ashley Merritt PharmD

Formulary Update

Formulary Additions

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- Sacubitril-valsartan 24-26 mg tablet (generic Entresto)

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- Hympavzi (marstacimab-hncq)
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- Qfitlia (fitusiran)
- Tryngolza (olezarsen)
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A PUBLICATION OF THE GEORGIA PHARMACY AND THERAPEUTICS (P&T) COMMITTEE. The Formulary Update contains information regarding formulary additions, deletions, exclusions, brief descriptions of products, and current drug related news. It also lists items to be discussed at upcoming P&T meetings. Please refer to the web pages: KP Georgia Formulary and Drug List OR Drug Formulary for Practitioners for all KPGA Drug Formularies.

Upcoming Formulary Items:

An important aspect of the formulary process is the involvement of all clinicians. Please contact your P&T Committee representative or your clinical department chief by September 23 if you wish to comment on any of the medications, class reviews, or other agenda items under consideration. To make formulary addition requests, you must submit a Formulary Additions/Deletions Form and Conflict of Interest Form to Drug Information Services via email at KPGA-DrugInformation@kp.org.

Medication Class Review
October 2025

- Analgesics – Anti-Inflammatory
- Analgesics – Non-Narcotic
- Analgesics - Opioids
- Anticoagulants
- Antiseptics & Disinfectants
- Diagnostic Products
- Endocrine and Metabolic Agents - Misc
- Hematopoietic Agents
- Hemostatics
- Minerals & Electrolytes
- Mouth / Throat / Dental
- Multi-Vitamins
- Musculoskeletal Therapy Agents
- Otic
- Vitamins

Commercial HMO/Closed Formulary Additions

The following medications will be ADDED to the Commercial Formulary effective September 10, 2025:

Note: Commercial Formulary additions may result in tier changes on the QHP (ACA)/Open Formulary.

Fluoxetine 60 mg tablet	Indicated to treat depression, obsessive-compulsive disorder (OCD), bulimia nervosa, premenstrual dysphoric disorder (PMDD), and panic disorder.
Rilpivirine/emtricitabine/ tenofovir DF 25-200-300 mg tablet (generic Complera)	Indicated for the treatment of HIV-1 infection in adult and pediatric patients >35 kg as initial therapy in antiretroviral treatment-naive patients, and in certain virologically suppressed patients on a stable antiretroviral regimen for ≥6 months.

The following medication will be ADDED to the Commercial Formulary effective August 20, 2025:

Note: Commercial Formulary additions may result in tier changes on the QHP (ACA)/Open Formulary.

Sacubitril-valsartan 24-26 mg tablet (generic Entresto)	Indicated to reduce the risk of cardiovascular death and hospitalization for heart failure (HF) in adult patients with chronic HF and for the treatment of symptomatic HF with systemic left ventricular systolic dysfunction in pediatric patients ≥1 year of age.

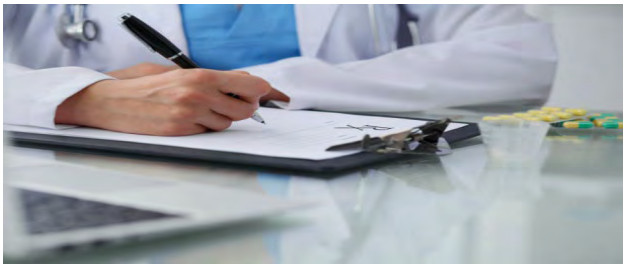
QHP-ACA/Open Formulary Tier Changes

The following medications will have a tier change effective September 10, 2025:

Drug	Previous Tier	New Tier
Fluoxetine 60 mg tablet	Non-Preferred Tier 4	Generic Tier 2
Rilpivirine/emtricitabine/ tenofovir DF 25-200-300 mg tablet (generic Complera)	Specialty Tier 5 with Step Therapy	Generic Tier 2

The following medications will have a tier change effective August 20, 2025:

Drug	Previous Tier	New Tier
Sacubitril-valsartan 24-26 mg tablet (generic Entresto)	Non-Preferred Tier 4 with Step Therapy	Generic Tier 2
Entresto 49-51 mg and 97-103 mg tablet	Preferred Brand Tier 3	Non-Preferred Tier 4 with Step Therapy



Approved Floor Stock List Changes

Medication	Department
Approved Floor Stock List Additions	
Fasenra 30 mg/mL prefilled syringe	Complex Nurse Clinic (CNC)
Nucala 100 mg/mL prefilled syringe	Complex Nurse Clinic (CNC)
Subcutaneous Immune Globulin (SCIG) Products	Complex Nurse Clinic (CNC)
Xolair 150 mg and 300 mg prefilled syringe	Complex Nurse Clinic (CNC)
Daxxify 100 U powder for solution	Neurology
Botox 100 U/vial and 200 U/vial	Ophthalmology
Daxxify 100 U powder for solution	Ophthalmology
Dexamethasone 4 mg and 10 Inj	Physical Therapy
Ketorolac 15 mg and 30 mg Inj	Physical Therapy
Solu-Medrol PF 125 mg/2 mL Inj	Physical Therapy
Solu-Medrol PF 40 mg/ mL Inj	Physical Therapy
Epinephrine autoinjector (Auvi-Q)	Radiology
Approved Floor Stock List Removals	
Cortrosyn 0.25 mg vl 10/bx	Endocrinology
Sandostatin LAR Depot 10 mg kit	Endocrinology
Epinephrine autoinjector (Epi-Pen)	Radiology

Approved Compounds List Changes

Medication	Approved Change
Approved Outpatient Compounds	
Metronidazole 50 mg/ mL oral suspension	Reactivating metronidazole 50 mg/ mL oral suspension compound due to discontinuation of metronidazole 500 mg/ 5 mL oral suspension (Likmez) by its manufacturer, Kesin

Interregional Practice Recommendations

The Emerging Therapeutics Strategy Program (ETSP) is a centralized effort that applies our evidence-based model to develop interregional practice recommendations with KP physician specialists, coordinates KP HealthConnect clinical content for decision support, and monitors outcomes to measure uptake of the clinical and strategy recommendations. Through the collaboration of Pharmacy, Permanente physicians, and Federation partners, the ETSP offers a unified approach in the provision and management of specialty drugs to help ensure that our members derive the greatest value from these products.

The following IR Practice Recommendation UPDATES were recently approved:

Elevidys (delandistrogene moxeparvovec)	Updated to reflect label changes which will now include a boxed warning for the risk of acute liver failure and acute liver injury.
Encelto (revakinagene taroretcel)	Updated to reflect recommendation to not use Encelto at this time based on the lack of evidence to show meaningful clinical benefit, its unknown duration of benefit, and safety concerns.

ETSP recommendations as well as pipeline candidates can be found here: ETSP Home Page
Please note: Newly marketed medications requiring ETSP review will also receive prior authorization (PA) review. These medications will not be eligible for consideration of drug benefit coverage until completion of drug specific ETSP and PA criteria review processes.

Quantity Limit Additions
The following medications will have 30-day supply restrictions effective September 10, 2025:
Crenessity (crinecerfont) capsule - 60 capsules per 30 days
Crenessity (crinecerfont) solution - 60 mL per 30 days
Tryvio (aprocitentan) tablet - 30 tablets per 30 days
Voquezna (vonoprazan) Dual Pak - One Pak per 30 days
Voquezna (vonoprazan) Triple Pak - One Pak per 30 days

Information Concerning Coverage Determinations

Medicare Part D: Medicare Part D Plan Non-Formulary and Prior Authorization criteria and coverage determination are made externally by the Pharmacy Benefit Manager Optum Rx.

Prescriber completes the .NFRequestForm when entering drug order. Your documentation is used by OptumRx to determine whether the prescribed drug is eligible for drug benefit coverage. No documentation = No coverage.

The KP Pharmacy Consult Service will send your documentation to OptumRx for their coverage determination decision within the labeled time frame (standard: 72 hours; urgent: 24 hours). If not received by the deadline, the PBM will deny the request. If OptumRx has further questions, you will be contacted for responses. You may phone OptumRx at 1-888-791-7255 to address any patient / drug coverage specific questions. To see the MPD Formulary, please visit: Medicare Part D Formulary.

Dual Choice: Dual Choice Plan Non-Formulary and Prior Authorization criteria and coverage determination are made externally by the Pharmacy Benefit Manager MedImpact.

Prescriber completes the .NFRequestForm when entering drug order. Your documentation is used by MedImpact to determine whether the prescribed drug is eligible for drug benefit coverage. No documentation = No coverage.

The KP Pharmacy Consult Service will send your documentation to MedImpact for their coverage determination decision within the labeled time frame (standard: 72 hours; urgent: 24 hours). If not received by the deadline, the PBM will deny the request. If MedImpact has further questions, you will be contacted to provide responses. You may phone MedImpact at 1-888-336-2676 to address any patient / drug coverage specific questions. The Dual Choice formulary differs from the KPHC formulary (i.e. DOACs, ADHD, asthma). Please visit: Choice Formulary.

Additions to the QRM Prior Authorization Review List of Medications for the Commercial/HMO Closed Formularies & QHP-ACA/Open Formularies

Note: The updates below DO NOT APPLY to Medicare Part D or Dual Choice Prescription Benefit Plans. Optum and MedImpact are the external PBMs for each of these plans, respectively, externally administering all non-formulary or prior authorization criteria and coverage review.

The following medications will be ADDED to the QRM PA Review List effective September 10, 2025:

Alhemo (concizumab)	Indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with hemophilia A (congenital factor VIII deficiency) with FVIII inhibitors and hemophilia B (congenital factor IX deficiency) with FIX inhibitors.
Hympavzi (marstacimab-hncq)	Indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with hemophilia A (congenital factor VIII deficiency) without factor VIII inhibitors and hemophilia B (congenital factor IX deficiency) without factor IX inhibitors.
Lazcluze (lazertinib)	Indicated for the first-line treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test in combination with amivantamab.
Qfitlia (fitusiran)	Indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients aged 12 years and older with hemophilia A or B with or without factor VIII or IX inhibitors.
Tryngolza (olezarsen)	Indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).
Voquezna (vonoprazan) Dual and Triple Paks	Indicated for treatment of H. pylori infection in adults.
Vyloy (zolbetuximab)	Indicated for the first-line treatment of adults with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastroesophageal junction (G/GEJ) adenocarcinoma whose tumors are claudin (CLDN) 18.2 positive in combination with fluoropyrimidine- and platinum-containing chemotherapy.

QRM Prior Authorization Review Criteria Updates

Note: The updates below DO NOT APPLY to Medicare Part D or Dual Choice Prescription Benefit Plans. Optum and MedImpact are the external PBMs for each of these plans, respectively, externally administering all non-formulary or prior authorization criteria and coverage review.

- **ATTR-CM Agents:** Criteria updated to 1) denote Vyndaqel and Vyndamax are preferred for treatment of Transthyretin Amyloid Cardiomyopathy (ATTR-CM), 2) reflect that Amvuttra is the only approved option for treatment of Transthyretin Amyloid Polyneuropathy (ATTR-CM + PN) and 3) update continued approval coverage period from 24 months to 12 months.
- **Botulinum Toxins:** Criteria updated to 1) reflect that Botox and Daxxify are now co-preferred for all indications except migraine and 2) provide administrative edits for clarity of criteria.
- **Complex Nurse Clinic (CNC) Medications*:** Criteria updated to 1) add language to allow for administration in a monitored setting (i.e., KP Complex Nurse Clinic, back office) to monitor effectiveness and safety, 2) remove hypersensitivity reactions from continuation criteria for Fasenra, and 3) allow for back-office administration of Xolair within allergy indication criteria.
- **DPP-4 Inhibitors:** Criteria updated to 1) clarify language to ensure use of preferred agents and 2) remove sulfonylurea requirement from criteria.
- **Dupixent (dupilumab):** Criteria updated to 1) include recent FDA approved indication Chronic Spontaneous Urticaria (CSU) and 2) reflect documented failure of Nucala (mepolizumab) is required prior to Dupixent.
- **Entyvio (vedolizumab):** Criteria updated to include Yesintek as preferred agent in the pediatric Inflammatory Bowel Disease (IBD) section.
- **GLP-1 RAs (semaglutide):** Criteria updated for diabetes disease indication to 1) denote new member criteria for new members with diabetes mellitus (DM) + atherosclerotic cardiovascular disease (ASCVD), 2) reflect removal of Bydureon as it has been discontinued, 3) change Byetta to the generic formulation as brand Byetta has been discontinued, and 4) clarify Ozempic trial criteria in Mounjaro for weight loss.
- **Hyaluronic Acid Injection:** Criteria updated to allow coverage for three injections only for initial approval coverage period.
- **Ibsrela (tenapanor):** Criteria updated to require trial of prucalopride (generic Motegrity) after lubiprostone (generic Amitiza), in preparation for pending generic launch.
- **Imcivree (setmelanotide):** Criteria updated to reflect expanded approval age to children aged 2 years and older.
- **Jynarque (tolvaptan):** Criteria updated to reflect availability of generic formulation and 2) add language to clarify generic is preferred agent.
- **Lemtrada (alemtuzumab):** Criteria updated to 1) update approval coverage period from 18 months to 12 months, 2) provide clarity for patients on Lemtrada prior to KP or who were previously approved for Lemtrada.
- **Nucala (mepolizumab):** Criteria updated to include recent FDA approved indication for Chronic Obstructive Pulmonary Disease (COPD) with an eosinophilic phenotype.
- **Opsumit (macitentan)*:** Criteria updated to require trial of macitentan (generic Opsumit), in preparation for pending generic launch.
- **Opsynvi (macitentan and tadalafil)*:** Criteria updated to require trial of macitentan (generic Opsumit), in preparation for pending generic launch.
- **Orserdu (elacestrant):** Criteria updated to require treatment with CDK4/6 inhibitor based on updates to oncology pathways.
- **Parathyroid Hormone Analogs:** Criteria updated to include a pathway for Forteo for chronic hypoparathyroidism indication.
- **PCSK-9 Inhibitors:** Criteria updated to 1) remove pathway to allow coverage with only elevated LDL and 2) streamline information and update continued coverage period to allow for indefinite approvals.
- **Rezdiffra (resmetirom):** Criteria updated to 1) reflect that both diagnostic criteria are needed, 2) remove Reasons for Non-Coverage and add to initial criteria, 3) remove requirement for weight loss trial if BMI <25, 4) to reflect NAS/NAFLD score is only required if a liver biopsy has been completed and is no longer required in addition to fibrosis stage F2 and F3.
- **Simponi and Simponi Aria (golimumab):** Criteria updated in pediatric section to 1) remove Crohn's Disease (CD) indication and 2) include Yesintek trial as preferred agent.
- **Tremfya (guselkumab):** Criteria updated to 1) clarify diagnosis of Ulcerative Colitis (UC) or Crohn's Disease (CD), 2) list trial of medications in order of preference, and 3) add pediatric Inflammatory Bowel Disease (IBD) section.
- **Tasigna (nilotinib):** Criteria updated to reflect the availability of the generic formulation.
- **Verzenio (abemaciclib):** Criteria updated to clarify continuation of coverage when used to prevent risk of recurrence in early stages disease (I-III).
- **Voquezna (vonoprazan):** Criteria updated to require fewer proton pump inhibitors (PPIs) prior to approval of Voquezna.

**effective date TBD*

Medicare Part D Formulary Removal of Brand Drugs

During the year, Kaiser Permanente may make changes to our Medicare Part D Formulary (Drug List). The list below is intended to inform you of these changes. The following table lists all products recently removed from the Medicare Part D Formulary to be replaced with the generic.

Brand Medication	Brand Drug Current Tier	Generic Alternative	Generic Drug Tier	Effective Date
COMPLERA TABS 200-25-300 MG	3	EMTRICITAB-RILPIVIR-TENOFOV DF TABS 200-25-300 MG	2	9/1/2025
PROMACTA TABS 12.5 MG	5	ELTROMBOPAG OLAMINE TABS 12.5 MG	5	9/1/2025
PROMACTA TABS 25 MG	5	ELTROMBOPAG OLAMINE TABS 25 MG	5	9/1/2025
PROMACTA TABS 50 MG	5	ELTROMBOPAG OLAMINE TABS 50 MG	5	9/1/2025
PROMACTA TABS 75 MG	5	ELTROMBOPAG OLAMINE TABS 75 MG	5	9/1/2025
PROMACTA PACK 12.5 MG	5	ELTROMBOPAG OLAMINE PACK 12.5 MG	5	9/1/2025
PROMACTA PACK 25 MG	5	ELTROMBOPAG OLAMINE PACK 25 MG	5	9/1/2025
XGEVA SOLN 120 MG/1.7ML	5	WYOST SOLN 120 MG/1.7ML	5	9/1/2025
TASIGNA CAPS 50 MG	5	NILOTINIB HCL CAPS 50 MG	5	9/1/2025
TASIGNA CAPS 150 MG	5	NILOTINIB HCL CAPS 150 MG	5	9/1/2025
TASIGNA CAPS 200 MG	5	NILOTINIB HCL CAPS 200 MG	5	9/1/2025

Medicare Part D Formulary Changes

Kaiser Permanente has a National Medicare Part D (MPD) Formulary. Each regional P&T Committee reviews drugs and decides on tier status. The National Medicare Part D Pharmacy and Therapeutics Committee is charged with reconciling regional differences in MPD Formulary recommendations through consensus building in order to maintain one National MPD Formulary for Kaiser Permanente.

Medicare Part D Initial Tier Placement

Initial tier placements for recently launched and approved medications

#	Drug Name	Tier Status	Implementation Date
1	tesamorelin acetate 11.6 mg injection kit (Egrifta WR)	Specialty Tier 5	7/22/2025
2	gemcitabine 1 g/26.3 mL, 2 g/52.6 mL injection (Avgemsi)	Specialty Tier 5	7/22/2025
3	dicyclomine 40 mg tablets (generic)	Specialty Tier 5	7/18/2025
4	sulopenem etzadroxil-probenecid 500-500 mg tablets (Orlynvah)	Specialty Tier 5	7/15/2025
5	fidaxomicin 200 mg tablets (generic)	Specialty Tier 5	7/15/2025
6	sebetralstat 300 mg tablets (Ekterly)	Specialty Tier 5	7/10/2025
7	linvoseltamab-gcpt 5 mg/2.5 mL (2 mg/mL), 200 mg/10 mL (20 mg/mL) injection (Lynozyfic)	Specialty Tier 5	7/7/2025
8	nitisinone (aku) 2 mg tablets (Harliku)	Specialty Tier 5	7/7/2025
9	rivaroxaban 1 mg/mL oral suspension (generic)	Specialty Tier 5	7/2/2025
10	denosumab-bnht 120 mg/1.7 mL injection (Bomyntra)	Specialty Tier 5	7/2/2025
11	garadacimab-gxii 200 mg/1.2 mL injection (Andembry)	Specialty Tier 5	6/19/2025
12	nilotinib d-tartrate 50 mg, 150 mg, 200 mg capsules (generic)	Specialty Tier 5	6/19/2025
13	crinecerfont 25 mg capsules (Crenessity)	Specialty Tier 5	6/13/2025
14	taletrectinib adipate 200 mg capsules (Ibtrozi)	Specialty Tier 5	6/13/2025
15	berdazimer sodium 10.3% gel (Zelsuvmi)	Specialty Tier 5	6/4/2025
16	denosumab-bmwo 120 mg/1.7 mL injection (Osenvelt)	Specialty Tier 5	6/4/2025
17	deuruxolitinib phosphate 8 mg tablets (Leqselvi)	Specialty Tier 5	6/3/2025
18	ensartinib HCl 25 mg, 100 mg capsules (Ensacove)	Specialty Tier 5	6/3/2025
19	perampanel 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablets (generic)	Specialty Tier 5	5/30/2025
20	treprostinil sodium 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg inhalation capsules (Yutrepia)	Specialty Tier 5	5/28/2025
21	aztreonam/avibactam sodium 1.5 g/0.5 g injection (Emblaveo)	Specialty Tier 5	5/28/2025
22	nilotinib HCl 50 mg, 150 mg, 200 mg capsules (generic)	Specialty Tier 5	5/23/2025
23	telisotuzumab vedotin-tllv 20 mg, 100 mg injection (Emrelis)	Specialty Tier 5	5/21/2025
24	buspirone 7.5 mg, 10 mg, 15 mg	Specialty Tier 5	5/19/2025

Questions and Concerns?

If you have any questions or concerns, please contact any of the following P&T Committee members and designated alternates:

P&T Committee Voting Members:

Debbi Baker, PharmD, BCPS
Clinical Pharmacy

Hector Clarke, PharmD, BCOP
Ambulatory Pharmacy

Halima Daboiko, MD
Obstetrics and Gynecology

Carole Gardner, MD
P&T Chair/Geriatrics

Pierson Gladney, MD
Hematology/Oncology

Ramin Haddad, MD
Adult Hospitalist

Larry Kang, MD
Adult Primary Care

Craig Kaplan, MD
Adult Primary Care

Christine Kofman, MD
Pediatrics

Amy Levine, MD
Pediatrics

Sophie Lukashok, MD
Infectious Disease

Chad Madill, PharmD, MBA
Executive Director of Pharmacy Operations

Stanley Allen, III MD
Emergency Medicine/ ACC

Felecia Martin, PharmD
Pharmacy/Geriatrics

Shayne Mixon, PharmD
Pharmacy Operations

Jennifer Rodriguez, MD
Behavioral Health

P&T Committee Non-Voting Physician Members

Elizabeth Greco, MD
Physician Lead, Pharmacy Safety and Systems

Daniel Robitshek, MD
CDU/Hospital Services

Designated Alternates:

Jacqueline Anglade, MD
Obstetrics and Gynecology

Lesia Jackson, RN
Clinical Services

Satya Jayanthi, MD
Hospitalist

Ad Hoc Member:

Mary Kangoma, RN, MSN
Employee Health Services

Medications Reviewed But Not Accepted to the Commercial HMO Formulary

Note: Medications that can be dispensed via the outpatient pharmacy benefit but are not accepted to the closed Commercial HMO formulary, will be placed on a tier for the QHP-ACA/ Open formularies.

Medication	Commercial HMO/Closed Formulary Status	QHP-ACA/ Open Formulary Status
Alhemo (concizumab)	• Non-Formulary • Require QRM PA review	• Non-Preferred Tier 4 • Require QRM PA review
Crexont (carbidopa-levodopa extended-release)	• Non-Formulary	• Non-Preferred Tier 4 with Step Therapy
Hympavzi (marstacimab-hncq)	• Non-Formulary • Require QRM PA review	• Specialty Tier 5 • Require QRM PA review
Lazcluze (lazertinib)	• Non-Formulary • Require QRM PA review	• Specialty Tier 5 • Require QRM PA review
Qfitlia (fitusiran)	• Non-Formulary • Require QRM PA review	• Specialty Tier 5 • Require QRM PA review
Tryngolza (olezarsen)	• Non-Formulary • Require QRM PA review	• Specialty Tier 5 • Require QRM PA review
Voquezna (vonoprazan) Dual and Triple Paks	• Non-Formulary • Require QRM PA review	• Non-Preferred Tier 4 • Require QRM PA review
Vyloy (zolbetuximab)	• Not accepted – clinic administered medication • Approve for clinic administration under medical benefit coverage	

In the News....

American Academy of Pediatrics releases 2025-2026 flu vaccine recommendations; efforts to increase vaccination 'urgently needed'

The American Academy of Pediatrics (AAP) has released its influenza vaccine recommendations for the upcoming flu season, which remain largely the same as last year. The AAP continues to recommend everyone 6 months and older without medical contradictions get vaccinated with any vaccine appropriate for age and health status. Vaccination can begin as soon as possible in the season, without preference for one product or formulation.

"Flu season is right around the corner," said Kristina A. Bryant, M.D., FAAP, a member of COID. "It is not too soon to begin sharing information about flu vaccine with families and planning for a fall immunization campaign." Policy authors note that "continued efforts to increase influenza vaccination, including strategies to decrease disparities in vaccine access and delivery, and to counter vaccine hesitancy, are urgently needed." Last season, 49.2% of children ages 6 months through 17 years received the flu vaccine, according to the Centers for Disease Control and Prevention (CDC). That represents a 14.5 percentage point decrease from the end of 2020.

As of July 19, the CDC reported 266 influenza-associated pediatric deaths during the 2024-25 season. It is the highest number of pediatric deaths reported in any non-pandemic influenza season since the condition became reportable in 2004. In addition, the 2024-25 influenza season was a "high-severity season" for people of all ages in terms of outpatient medical visits, hospitalizations and death. It was the first high-severity season since 2017-18. "Last year, less than 50% of eligible children in the United States received a vaccine to protect them against flu, and we saw increases in influenza-related ambulatory care visits, hospitalizations and influenza-related deaths," said Dr. Bryant, professor of pediatrics at the University of Louisville and Norton Children's. "Multiple school districts experienced flu outbreaks that closed school and disrupted learning. Parents need to know that flu vaccination for all children 6 months and older is a proactive step they can take to keep their child healthy during the winter."

All licensed influenza vaccines in the U.S. will be trivalent this season. The influenza A (H3N2) component has been updated, while the influenza A (H1N1) and influenza B Victoria lineage components are unchanged. The U.S. Department of Health and Human Services (HHS) recently adopted a recommendation from vaccine advisers to remove thimerosal from all influenza vaccines in the U.S., despite studies that show the preservative is safe. The AAP continues to support World Health Organization recommendations for use of thimerosal as a preservative in multiuse vials in the global vaccine supply. Manufacturers said the removal of thimerosal should not affect their ability to provide vaccines this year. HHS also said manufacturers have confirmed they have capacity to ensure supplies for the Vaccines for Children program and adults remain uninterrupted.

References:

1. AAP News™. AAP Publications. *AAP releases 2025-'26 flu vaccine recommendations; efforts to increase vaccination 'urgently needed'. Accessed August 23, 2025.* AAP releases 2025-'26 flu vaccine recommendations; efforts to increase vaccination 'urgently needed' | AAP News | American Academy of Pediatrics.
2. Information on flu from AAP *Red Book*. Information on flu from AAP *Red Book*.
3. Centers for Disease Control and Prevention. ACIP Recommendations. CDC. Accessed August 23, 2025. Influenza (Flu) | Influenza (Flu) | CDC.