

## San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update October 2019

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on Wednesday, 10/16/2019. Effective date for all changes is **Wednesday, 11/20/2019**.

SFHP formulary and prior authorization criteria can be accessed at <http://www.sfhp.org/providers/formulary/>. Generic criteria are linked in the searchable formulary preamble for each line of business, and drug- and drug-class specific criteria are linked to the formulary listing for each relevant drug.

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## Formulary Maintenance Items

### Cardiology: Anticoagulants

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed prior authorization requirement from Savaysa<sup>®</sup> based on guideline recommendations and comparative cost-effectiveness
- Removed unutilized heparin products from formulary and removed non-formulary listing for remaining heparin products due to lack of place in therapy in the pharmacy benefit and alternatives available

**Prior Authorization Criteria Update:**

- Updated Direct Factor Xa and Thrombin Inhibitors criteria based on formulary change above

**Drug Utilization Review Update:**

- No DUR changes made

### Cardiology: Antiplatelets

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed step therapy requirement from prasugrel due to cost-effectiveness and similar place in therapy to Brilinta<sup>®</sup> and maintained formulary tier 1 with quantity limit
- Removed Zontivity<sup>®</sup> tier 5 listing due to lack of utilization and very limited place in therapy
- Removed isoxsuprine from formulary due to lack of utilization and very limited place in therapy

**Prior Authorization Criteria Update:**

- Retired Platelet Aggregation criteria

**Drug Utilization Review Update:**

- No DUR changes made

### Gastroenterology: Antispasmodics

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed tier 5 listings for glycopyrrolate IV solution, atropine syringe, and atropine vial due to lack of utilization and available alternatives

**Prior Authorization Criteria Update:**

- Removed chlordiazepoxide-clidinium as a required formulary alternative from Phenobarbital-Hyoscyamine-Atropine-Scopolamine prior authorization criteria due to non-formulary status

**Drug Utilization Review Update:**

- No DUR changes made

### Gastroenterology: Bile Salts

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed Cholbam<sup>®</sup> from formulary and remove prior authorization due to lack of utilization

**Prior Authorization Criteria Update:**

- Retired Cholbam<sup>®</sup> criteria; utilize blanket Non-formulary Medications criteria for any future requests

**Drug Utilization Review Update:**

- No DUR changes made

## Gastroenterology: Ulcerative Colitis and Crohn's Disease

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed quantity limit from balsalazide due to lack of safety concerns/abuse potential
- Added step therapy requirement to mesalamine DR 800 mg tablet and moved to tier 3 (requiring mesalamine DR 1.2g tablet) based on comparative cost-effectiveness
- Removed Pentasa<sup>®</sup> capsules and Cortifoam<sup>®</sup> 10% rectal foam from formulary due to minimal utilization and cost-effective alternatives available

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

## Gastroenterology: Pancreatic Enzymes

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

## Genitourinary: Benign Prostatic Hyperplasia

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed silodosin from formulary and removed prior authorization due to minimal utilization and multiple cost-effective alternatives available

**Prior Authorization Criteria Update:**

- Retired Alpha Blockers for BPH criteria; utilize blanket Non-formulary Medications criteria for any future requests

**Drug Utilization Review Update:**

- No DUR changes made

## Pain: Muscle Relaxants

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed listing for non-formulary carisoprodol 350mg tablet, orphenadrine ER tablet, and dantrolene capsule

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- Considered ad hoc report to evaluate duration of SMR use among SFHP members

## Psychiatry: Anxiolytics

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Removed oxazepam from formulary due to minimal utilization and multiple alternatives available
- Removed tier 5 listing for diazepam injection syringe and solution due to lack of utilization and multiple oral alternatives available on formulary

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- Evaluated concurrent use of benzodiazepines and opioids for potential denial edit at point of dispensing requiring authorization for members newly starting concomitant benzodiazepine and opioid therapy

## Ophthalmology: Glaucoma

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Listed Xelpros<sup>®</sup> as tier 5 non-formulary in order to link relevant criteria
- Removed tier 5 listings for Betoptic<sup>®</sup> S, Betimol<sup>®</sup>, Azopt<sup>®</sup>, methazolamide, and Simbrinza<sup>®</sup> due to limited utilization and no relevant drug-specific criteria
- Removed methazolamide from formulary due to limited utilization and cost-effective alternative available

**Prior Authorization Criteria Update:**

- Updated Ophthalmic Glaucoma Agents criteria to remove listings for non-formulary medications not addressed (i.e., non-prostaglandins), added Xelpros<sup>®</sup> to preservative-free criteria, and added additional criteria for Rhopressa<sup>®</sup>

**Drug Utilization Review Update:**

- No DUR changes made

## Drug Class Reviews

### Cardiology: Pulmonary Hypertension

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO

- Removed Opsumit<sup>®</sup> from formulary due to cost-effective alternative on formulary preferred by current guidelines

**Prior Authorization Criteria Update:**

- Updated Pulmonary Hypertension criteria to reflect formulary change above and to remove preference of sildenafil among PDE-5 inhibitors

**Drug Utilization Review Update:**

- No DUR changes made

### Infectious Disease: Hepatitis C

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO

- Removed Zepatier<sup>®</sup> from formulary due to limited utilization and place in therapy
- Removed the following unutilized ribavirin and interferon alfa-2b products from formulary:
  - Ribavirin 400mg tablet (obsolete) Ribasphere<sup>®</sup> 600mg tablet, and Ribasphere dose pack
  - Pegasys<sup>®</sup> 180mcg/mL vial, syringe and ProClick<sup>®</sup> pen, Pegasys<sup>®</sup> 135mcg/0.5mL pen (obsolete), and Pegintron<sup>®</sup> 50mcg/0.5mL SC kit

**Prior Authorization Criteria Update:**

- Updated Hepatitis C criteria with formulary updates above and to allow 8-week duration of Mavyret<sup>®</sup> for treatment-naïve members with any genotype and compensated cirrhosis

**Drug Utilization Review Update:**

- No DUR changes made

## Genitourinary: Miscellaneous Agents

**Formulary Update:** Medi-Cal and Healthy San Francisco

- Added Oxytrol for Women<sup>®</sup> (oxybutynin) 3.9mg/24h transdermal patch to formulary tier 3 with step therapy (prior trial of oral oxybutynin) and quantity limit (8 patches/month) based on comparative cost effectiveness
- Added citric acid-Na citrate 334-500mg/5mL oral solution to formulary tier 1 with quantity limit (120mL per day) based on cost-effectiveness

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added pilocarpine (Salagen<sup>®</sup>) 7.5mg tablet to formulary tier 1 with quantity limit to align with the 5mg strength
- Removed Gelnique<sup>®</sup> (oxybutynin) 100mg/g gel from formulary based on lack of utilization and formulary alternatives available

**Prior Authorization Criteria Update:**

- Updated Genitourinary Antispasmodics and Anticholinergics criteria to reflect formulary changes above

**Drug Utilization Review Update:**

- No DUR changes made

## Nephrology: Veltassa<sup>®</sup>

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added Veltassa<sup>®</sup> to formulary tier 3 with step therapy (Lokelma<sup>®</sup>) required

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria); utilize blanket Step Therapy criteria to approve requests for members who have tried and failed or have contraindication/inability to use Lokelma<sup>®</sup>

**Drug Utilization Review Update:**

- No DUR changes made

## Ophthalmology: Oxervate<sup>®</sup>

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Maintained non-formulary at this time due to limited efficacy data and lack of requests/utilization

**Prior Authorization Criteria Update:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

## Pain: Opioids and Combinations

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added quantity limit (360mL per 30 days) to oral solutions and concentrate on formulary due to safety concerns and abuse potential (only 6 members filled above this amount during the review period)
- Added quantity limit (#90 per 30 days) to morphine sulfate ER due to safety concerns and abuse potential (only 25 members filled above this amount during the review period)
- Removed Capital with Codeine<sup>®</sup> 120-12mg/5mL oral suspension, oxycodone/aspirin 4.8355-325mg tablet, morphine IR suppository, and oxycodone-acetaminophen 5-325mg/5mL solution from formulary due to lack of utilization and alternatives available
- Removed brand Kadian<sup>®</sup> 200 mg ER capsule from formulary due to lack of utilization and alternatives available
- Removed tier 5 non-formulary listing for levorphanol tablet and meperidine oral solution due to lack of utilization and alternatives available
- Removed tier 5 non-formulary listing for parenteral opioids due to lack of utilization and place in therapy in the pharmacy benefit (covered and utilized in the medical benefit)

**Prior Authorization Criteria Update:**

- Updated Short-Acting Opioids and Long-Acting Opioids criteria to reflect formulary changes above
- Expanded Short-Acting Opioids criteria for non-formulary medications to account for all dosage forms
- Updated both criteria to include requirements for use of regimens > 500 total morphine milligram equivalents per day as required by Department of Health Care Services all-plan letter 19-012

**Drug Utilization Review Update:**

- Reviewed concomitant opioid and benzodiazepine utilization

## Psychiatry: Insomnia

**Formulary Update:** Medi-Cal, Healthy Kids HMO, Healthy Workers HMO, and Healthy San Francisco

- Added age limit (minimum 16 years) to formulary drugs eszopiclone and temazepam to ensure appropriate use and align with other sedative hypnotics
- Added step requirement to eszopiclone 2 and 3 mg strengths requiring initial dose of 1 mg for new starts (maintain formulary tier 3) based on FDA-approved labeling
- Added step requirement to zolpidem 10 mg strength requiring initial dose of 5 mg for new starts for members with a female gender marker based on FDA-approved labeling

**Prior Authorization Criteria Update:**

- Updated Insomnia Medications criteria to reflect formulary changes above

**Drug Utilization Review Update:**

- Evaluated sedative hypnotic starting dose and duration to assess prescribing appropriateness and patient safety concerns

## Interim Prior Authorization Criteria Updates (7/8/19 – 10/6/19)

### New Criteria

No new criteria were implemented in the interim since July 2019 P&T.

### Revisions to Existing Criteria

In accordance with the National Committee for Quality Assurance (NCQA) health plan accreditation requirements, all criteria not yet evaluated by P&T within the last year were reviewed. Criteria were evaluated to check formulary status, review for clinical appropriateness and applicability as well as review for formatting and reference check. Criteria with recommended updates are included in the table above with effective date November 20<sup>th</sup>, 2019.

Title	Date Effective	Revision Summary
LYRICA (PREGABALIN)	8/20/2019	Retired criteria due to removal of step requirement
THERAPEUTIC ALLERGENIC EXTRACTS	11/20/2019	Updated to include pollens cross-reactive with Timothy Grass in relevant perennial aeroallergens for Grastek <sup>®</sup> approval
ANTI-MIGRAINE PREPARATIONS	11/20/2019	<ul style="list-style-type: none"> <li>• Changed title to “Anti-Headache Preparations”</li> <li>• Included tension headache in approvable diagnoses; multiple formulary alternatives (simple analgesics, with and without caffeine) required for approval.</li> </ul>
WHITE BLOOD CELL STIMULATORS	11/20/2019	<ul style="list-style-type: none"> <li>• Updated to include new pegfilgrastim biosimilar Udenyca<sup>®</sup></li> <li>• Updated suggested medical reasons for not using preferred agents based on labeled indications</li> </ul>
ERYTHROPOIETIN STIMULATING AGENTS (ESAs)	11/20/2019	<ul style="list-style-type: none"> <li>• Updated diagnoses for coverage based on labeled indications</li> <li>• Removed anemia due to hepatitis C treatment from diagnoses/criteria based on drug labeling (interferon no longer used)</li> </ul>
SIRTURO <sup>®</sup> (BEDAQUILINE)	11/20/2019	<ul style="list-style-type: none"> <li>• Updated to reflect World Health Organization guidelines that recommend first-line use in newly FDA-approved regimen: <ul style="list-style-type: none"> <li>○ Levofloxacin 750mg for weight &lt; 45 kg, 1000mg for weight &gt; 45 kg PO q24h; OR Moxifloxacin 400 mg po q24h +</li> <li>○ Bedaquiline 400 mg po 3 times a week for 2 weeks then 200 mg PO 3x/week for 22 weeks +</li> <li>○ Linezolid 600mg once daily</li> </ul> </li> </ul>
SPECIALTY INFANT/TODDLER ENTERAL PRODUCTS	11/20/2019	<ul style="list-style-type: none"> <li>• Updated to include DHCS-specified criteria for specialized products including hydrolyzed versus amino-acid based products for cow's milk allergy, renal products, and LCHAD deficiency products</li> </ul>

## Interim Formulary Changes (7/8/19 – 10/6/19)

### Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
07/15/2019	Contraceptives, Oral	Slynd (drospirenone) 4 mg (28) tablet	Medi-Cal, HK, HW, HSF: T2-F C-Wrap: X	New entity
07/15/2019	Antineoplastic-Select Inhib of Nuclear Exp (SINE)	Xpovio (selinexor) 60 mg/week (20 mg x 3), 80 mg/week (20 mg x 4), 100 mg/week (20 mg x 5), 160 mg/week (20 mg x 8) tablet	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
07/22/2019	Contraceptives, Intravaginal, Systemic	Annovera (segesterone ac/ethin estradiol) 0.15 mg-0.013 mg/24 hr vaginal ring	Medi-Cal, HK, HW, HSF: T2-F C-Wrap: X	New entity
07/26/2019	Anticonvulsants	pregabalin (Lyrica) 25, 50, 75, 100, 150, 200, 225, 300 mg capsule	Medi-Cal, HK, HW, HSF: T3-F/ST → T1-F QL #2/day C-Wrap: X	New generic
07/29/2019	Influenza Virus Vaccines	Flulaval Quad 2019-2020 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp. - 6 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Afluria Quad 2019-2020 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp. - 6 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Fluarix Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe - 6 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Fluarix Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe - 6 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Flulaval Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe - 6 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Fluzone Quad 2019-2020 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp. - 6 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Afluria Qd 2019-20 (36 mos up)(PF)60 mcg (15 mcg x4)/0.5 mL IM syringe - 36 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Afluria Qd 2019-20 (6-35 mos)(PF) 30 mcg(7.5 mcgx4)/0.25 mL IM syringe - 6 to 35 mos	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Fluzone Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension - 6 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Fluzone Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe - 6 mos up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Fluzone Quad Pedi 2019-20 (PF) 30 mcg (7.5 mcg x 4)/0.25 mL IM syringe - 6 to 35 mos	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Flucelvax Quad 2019-2020 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp - 4 yr up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Flucelvax Quad 2019-2020 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe - 4 yr up	Medi-Cal: T2 AL≥19yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity



Date	Therapeutic class	Medication	Formulary Status	Comment
07/29/2019	Influenza Virus Vaccines	Fluzone High-Dose 2019-20 (PF) 180 mcg/0.5 mL intramuscular syringe - 65 up	Medi-Cal: T2 AL≥65yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
07/29/2019	Influenza Virus Vaccines	Fluad 2019-20 65yr up(PF)45 mcg(15 mcgx3)/0.5 mL intramuscular syringe - 65 yr up	Medi-Cal: T2 AL≥65yo, QL #1/270d HK, HW, HSF, C-Wrap: X	New entity
08/05/2019	Antineoplastic	Nubeqa (darolutamide) 300 mg tablet	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
08/12/2019	Antineoplastic	Turalio (pexidartinib HCl) 200 mg capsule	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
08/26/2019	Antineoplastic	Rozlytrek (entrectinib) 100, 200 mg capsule	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
08/26/2019	Antineoplastic	Inrebic (febratinib dihydrochloride) 100 mg capsule	Medi-Cal, HK: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity

Status	Definition
T1	Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal) Drug is a generic and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).
T2	Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions) Drug is a brand and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).
T3	Formulary Drug, Step Therapy or Prior Authorization required Drug is a brand or generic and is covered through Prior Authorization process or at point of sale if step therapy criteria are met.
T4	Formulary Specialty Drug, Prior Authorization required Drug requires distribution through a specialty pharmacy or is a limited distribution drug (LDD). Prior authorization process is required.
T/5	Non-Formulary Drug Drug is non-formulary, provided through a Medi-Cal benefit or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs (e.g. FFS Medi-Cal) are not covered.

All changes apply to Medi-Cal, Healthy Kids, Healthy Workers and Healthy San Francisco formularies unless otherwise indicated.

\*Applies to Medi-Cal formulary only. FFS Carve Out=CO Excluded=X

All products are excluded for Medicare/Medi-Cal. T3 & 4 products are NF for HSF

The following new products are not listed in above table:

- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical anti-inflammatory/analgesic combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)
- Local anesthetics ( NF if formulary agents are available)

## New Drugs to Market, Unlisted

Date	Therapeutic class	Medication	Comment
07/08/2019	Fluoride Preparations	Fluoridex Sensitivity Relief (sodium fluoride/potassium nit) 1.1 %-5 % dental paste	New dosage form
07/08/2019	Narcolepsy and Sleep Disorder Therapy Agents	Sunosi (solriamfetol hcl) 75, 150 mg tablet	New entity*
07/08/2019	Adrenergics, Aromatic, Non-Catecholamine	Evekeo (amphetamine sulfate) ODT 5, 10, 15, 20 mg disintegrating tablet	Line extension
07/15/2019	Anaphylaxis Therapy Agents	Symjepi (epinephrine) 0.15 mg/0.3 mL injection syringe (for 33 lb to 66 lb patients)	New strength
07/26/2019	Calcium Channel Blocking Agents	Katerzia (amlodipine) 1 mg/mL oral suspension	New dosage form
08/02/2019	Agents To Treat Hypoglycemia (Hyperglycemics)	Baqsimi (glucagon) 3 mg/actuation nasal spray	New dosage form
08/12/2019	Hypoactive Sexual Desire Disorder TX Agents	Vyleesi (bremelanotide acetate) 1.75 mg/0.3 mL SC auto-injector	New entity
8/19/2019	Heart Rate Reducing, Selective I(F) Inhibitor	Corlanor (ivabradine hcl) 5 mg/5 mL oral solution	New dosage form
8/19/2019	Metallic Poison, Agents to Treat	Ferriprox (deferiprone) 1000 mg tablet	New strength
08/26/2019	Janus Kinase (JAK) Inhibitors	Rinvoq (upadactinib) ER 15 mg tablet ER	New entity*
08/26/2019	Pleuromutilin Derivatives	Xenleta (lefamulin acetate) 600 mg tablet	New entity*
09/02/2019	Protein Stabilizers	Vyndamax (tafamidis) 61 mg capsule	New entity
09/16/2019	Anticonvulsant - Benzodiazepine Type	Nayzilam (midazolam) 5 mg/spray (0.1 mL) nasal spray	New dosage form
09/16/2019	Agents To Treat Hypoglycemia (Hyperglycemics)	Gvoke (glucagon) 0.5 mg/0.1 mL, 1 mg/0.2 mL SC syringe, autoinjector	New dosage form
09/23/2019	Antimigraine Preparations	Tosymra (sumatriptan) 10 mg/actuation nasal spray	New strength
10/02/2019	Beta-Adrenergic and Anticholinergic Combo, Inhaled	Duaklir Pressair 400 mcg-12 mcg/actuation breath activated	New combination
10/02/2019	Insulins	Fiasp Penfill U-100 Insulin 100 unit/mL (3 mL) subcutaneous cartridge	New dosage form
10/02/2019	Antihypergly, Incretin Mimetic (GLP-1 Recep. Agonist)	Rybelsus (semaglutide) 3, 7, 14 mg tablet	New dosage form*
10/02/2019	Narcolepsy Tx-H3-Recept. Antagonist/Inverse Agonist	Wakix (pitolisant hcl) 4.45, 17.8 mg tablet	New entity*
10/02/2019	Antiparkinsonism Drugs, Other	Nourianz (istradefylline) 20, 40 mg tablet	New entity

The following new products are not listed in above table:

- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical anti-inflammatory/analgesic combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)
- Local anesthetics ( NF if formulary agents are available)

## New Drugs to Market, Medical Benefit

Therapeutic Class	Drug Name, Strengths, and Dosage Form
Calcium Replacement	calcium gluconate 2 gram/100 mL in sodium chloride,iso-osm IV solution
Oxytocics	carboprost tromethamine 250 mcg/mL intramuscular solution
Ophthalmic Antibiotics	moxifloxacin (PF) 1 mg/mL in sodium chloride,iso-osm intraocular soln
Antineoplastic EGF Receptor Blocker Mclon Antibody	Kanjinti (trastuzumab-anns) 420 mg intravenous solution
Antineoplast Hum VEGF Inhibitor Recomb Mc Antibody	Mvasi (bevacizumab-awwb) 25 mg/mL intravenous solution
Vancomycin Antibiotics and Derivatives	vancomycin 2 gram/400 mL in water for injection(PEG,NADA) IV piggyback
Local Anesthetics	ropivacaine (PF) 0.2%-0.9% NaCl pump
Local Anesthetics	Ropivacaine (PF) 5mg/ml (0.5%) injection solution
Antifibrinolytic Agents	tranexamic acid 1000mcg/100ml (10mg/ml) in sodium chloride, iso IV piggyback
Ophth. VEGF-A Receptor Antagonist RCMB Antibody	bevacizumab 3.25 mg/0.13 mL intravitreal syringe
Antisera	Cuvitru (immune globulin G/gly/IGA ov50) 10 gram/50 mL (20 %) subcutaneous solution
Pleuromutilin Derivatives	Xenleta (Iefamulin acetate) 150mg/15ml intravenous solution
Insulins	Myxredlin (insulin regular in 0.9% NaCl) 100 unit/100 mL (1 unit/mL) intravenous solution
Opioid Analgesics	hydromorphone (PF) 30 mg/30 mL (1 mg/mL)-water intravenous PCA syringe
Heparin and Related Preparations	heparin, porcine (PF) 5,000 unit/mL injection syringe

The following products are not listed in the above table:

- Allergenic extracts
- Diagnostic preparations
- Parenteral amino acid solutions and combinations
- IV fat emulsions