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

April 2021

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, 4/21/2021. Effective date for all changes is **Thursday**, 5**/20/2021**.

SFHP formulary and prior authorization (PA) 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.

## Contents

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## Cardiology: Anticoagulants

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

## Endocrinology: Thyroid Disorders

**Formulary Update:** Medi-Cal, 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

## Hematology: White Blood Cell Stimulators

**Formulary Update:** Medi-Cal and Healthy Workers HMO

- Listed Nyvepria™ (pegfilgrastim-apgf) non-formulary tier 5 to link relevant criteria

**Prior Authorization Criteria Update:**

- No PA changes made (criteria already incorporate Nyvepria™ as non-preferred in an interim update)

**Drug Utilization Review Update:**

- No DUR changes made

## Ophthalmology: Glaucoma

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

- Added acetazolamide ER 500 mg capsule to formulary tier 1 due to comparable cost-effectiveness to the tablet formulation

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

*Drug Class Reviews*

## Cardiology: Zokinvy™ (lonafarnib)

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

- Maintained Zokinvy™ as non-formulary at this time

**Prior Authorization Criteria Update:**

- None; use general Non-Formulary Medications criteria for any requests to ensure appropriate diagnosis

**Drug Utilization Review Update:**

- No DUR changes made

## Genitourinary: Genitourinary Miscellaneous Medications

**Formulary Update:** Medi-Cal and Healthy Workers HMO

- List Gemtesa® (vibegron) and Vesicare® LS tier 5 non-formulary to link relevant criteria

**Prior Authorization Criteria Update:**

- Updated Genitourinary Antispasmodics and Anticholinergics criteria to include non-formulary drugs above, requiring oxybutynin and one other preferred anticholinergic for approval

**Drug Utilization Review Update:**

- No DUR changes made

## Immunology: Hereditary Angioedema

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

- Added Orladeyo™ (berotralstat) to formulary tier 4 and require PA to ensure appropriate use for prevention of hereditary angioedema attacks

**Prior Authorization Criteria Update:**

- Updated Hereditary Angioedema criteria to include Orladeyo™ as preferred alongside Takhzyro® (lanadelumab) for prophylaxis and allow six months for initial approval, based on most pivotal trials

**Drug Utilization Review Update:**

- No DUR changes made

## Immunology: Immunosuppressants

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

- Listed Lupkynis™ (voclosporin) non-formulary tier 5 to link newly proposed drug-specific criteria
- Removed tier 5 listing for Sandimmune® (cyclosporine) oral solution due to lack of use or relevant criteria
- For Healthy Workers HMO and Healthy San Francisco only, removed cyclosporine modified and sirolimus oral solution from formulary as these benefits do not include children

**Prior Authorization Criteria Update:**

- Implemented new Lupkynis™ criteria requiring documentation of diagnosis with evidence of active nephritis, baseline renal function, and background immunosuppression based on pivotal study

**Drug Utilization Review Update:**

- No DUR changes made

## Infectious Disease: Hepatitis C

**Formulary Update:** Medi-Cal and Healthy Workers HMO

- Added Epclusa® (sofosbuvir-velpatasvir) 200-40mg tablet to formulary tier 4 to align with other dosage forms and allow preferred use in pediatric patients
- Removed Sovaldi® (sofosbuvir) from formulary as it is no longer preferred for pediatric patients
- Removed tier 5 non-formulary listings for obsolete products Daklinza® and Technivie®

**Prior Authorization Criteria Update:**

- Updated Hepatitis C criteria to reflect simplified recommendations for treatment-experienced, renally impaired, and pediatric patients and new treatment options for those with liver or kidney transplant

**Drug Utilization Review Update:**

- No DUR changes made

## Neurology: Migraine

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

- No formulary changes made

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- Reviewed separate analysis of prophylactic medication use in members utilizing triptans, stratified by demographics and triptan volume and evaluating prophylaxis medication choice and duration
- Recommended development of education materials for members and providers with information on prophylaxis options and indications, acute treatment options, medication overuse headache and other safety concerns (e.g., cardiovascular risks with triptans)

## Neurology: Xywav® (calcium-magnesium-potassium-sodium oxybates)

**Formulary Update:** Medi-Cal and Healthy Workers HMO

- Listed Xywav® non-formulary tier 5 to link drug-specific PA criteria

**Prior Authorization Criteria Update:**

- Updated Xyrem® (sodium oxybates) criteria to include Xywav®, allowing approval of either agent with documentation of diagnosis and trial/failure of stimulants or antidepressants as appropriate

**Drug Utilization Review Update:**

- No DUR changes made

## Oncology: Antineoplastics

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

- Removed quantity limit from anastrozole tablet and remove PA requirement from exemestane tablet and maintain formulary tier 1 due to low risk of misuse and cost-effectiveness
- Removed Hexalen® capsule from formulary tier 3 as it is obsolete and no longer marketed
- For Medi-Cal only, moved Keytruda® to tier 5 non-formulary as it is used under the medical benefit

**Prior Authorization Criteria Update:**

- No PA criteria changes made

**Drug Utilization Review Update:**

- No DUR changes made

## Pulmonology: Asthma and COPD

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

- Added Trelegy® Ellipta® (fluticasone-umeclidinium-vilanterol) 200-62.5-25mcg/inh DPI to formulary tier 3 with step requirement (ICS, LABA and LAMA) to align with lower strength
- Added Asmanex® HFA (mometasone) 50mcg/act MDI to formulary tier 2 (Medi-Cal only) to align with other strengths and allow pediatric dosing, with quantity limit 26 grams (two inhalers) per month
- Removed step requirement for LAMA-LABA Bevespi® Aerosphere® (glycopyrrolate-formoterol) and move to formulary preferred tier 2 due to comparative cost-effectiveness
- Removed Anoro® Ellipta® (umeclidinium-vilanterol) from formulary tier 3 (step) due to limited use (authorize continuity for current utilizing members) and alternative LAMA-LABAs on formulary
- Due to cost-effective generic alternatives within the class and comparatively lower utilization (authorize continuity), removed the following ICS-LABA from formulary:
    - Dulera® HFA from tier 2
    - Advair® HFA and Breo Ellipta from tier 3 (PA required)
- Removed Tudorza® Pressair® (aclidinium) from Healthy Workers HMO formulary due to minimal use (authorize continuity) and alternative LAMAs on formulary (and align with Medi-Cal)
- Removed LABAs Serevent® Diskus® (salmeterol) and Brovana® (arformoterol) from formulary tier 3 (PA required) due to minimal utilization (authorize continuity) and cost-effective alternatives within the class
- Removed tier 5 non-formulary listing for Perforomist® (formoterol) due to retirement of criteria
- Removed the following medications from formulary for Healthy Workers HMO only due to lack of utilization and limited place in therapy/alternatives available:
    - montelukast (Singulair®) chewable tablet (authorize continuity), granules packet
    - albuterol 2mg/5mL oral syrup, ER tablet
    - theophylline 80mg/15mL oral elixir

**Prior Authorization Criteria Update:**

- Retired ICS-LABA criteria based on formulary changes above
- Retired LABA criteria based on formulary changes above

**Drug Utilization Review Update:**

- Reviewed separate analysis of adherence via proportion of days covered (PDC) and single-fill reporting
- Recommended development of education materials for members and providers on the importance of inhaler adherence and proper technique
- Recommended future DUR evaluation of prescribed regimens, such as single bronchodilator for COPD and/or ICS versus SABA use in pediatric patients

# Interim Prior Authorization Criteria Changes (1/10/21 – 4/10/21)

The following is a summary of changes to SFHP prior authorization (PA) criteria including new criteria and revisions to existing criteria. Current prior authorization criteria can be found at SFHP website at https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/.

## New Criteria

In the interim since January 2021 P&T, SFHP reactivated archived criteria for Entresto® (sacubitril-valsartan) based on expanded indication approved by the FDA in February 2021.

**ENTRESTO® (SACUBITRIL/VALSARTAN)**

**Standard/Specific Therapeutic Class:** *Other Cardiovascular Preps, Angiotensin Receptor-Neprilysin Inhibitor (ARNI)*
**Formulary Status:** Formulary, Step Therapy

**Coverage Duration:** Indefinite

**Diagnosis Considered for Coverage:**
- NYHA class II-IV heart failure (preserved or reduced ejection fraction)
- Off-label uses: medically accepted indications are defined using the following sources: American Hospital Formulary Service-Drug Information (AHFS-DI), Truven Health Analytics Micromedex DrugDEX (DrugDEX), National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium, Wolters Kluwer Lexi-Drugs, and Elsevier/Gold Standard Clinical Pharmacology and/or positive results from two peer-reviewed published studies

**Prescribing Restriction:**
- Quantity Limit*: #180 per 90 days

**Requests for quantities above indicated Quantity Limits will be reviewed on a case by case basis*

**Clinical Information Required for Review:**
- Prior therapy
- Dose

**Coverage Criteria:**

**I. Initiation of Therapy:**
- There is documentation of trial and failure, intolerance, contraindication, or inability (i.e., drug interaction, allergy, adverse reaction, etc.) to use **ACEIs or ARBs** OR
- For patients with preserved ejection fraction (≥45%), approve for reduced risk of heart failure hospitalization
- For off-label indications or dosing, approve if:
  - No other formulary medication has a medically accepted use for the patient's specific diagnosis as referenced in the medical compendia AND
  - Medication is being requested for an accepted off-label use and is listed in the standard clinical decision support resources (as noted in Diagnosis section above) OR
  - Requested use can be supported by at least two published peer reviewed clinical studies

**II. Continuation of Therapy for NEW Members** (within the last 6 months):
- Prescriber attests that member has been on this medication continuously before joining SFHP AND
- Request is for generic or single source brand AND
- The diagnosis and dosage provided meets FDA labeling and/or drug-specific criteria or off-label criteria

**References:**

- Entresto (sacubitril/valsartan) [prescribing information]. East Hanover, NJ: Novartis; revised 2/2021.
- Yancy CW, Jessup M, Bozkurt B, et al. 2017 ACC/AHA/HFSA Focused update of the 2013 ACCF/AHA guideline for the management of heart failure. J Am Col Cardiol. 2017; 70(6): 776-83.


Last review/revision date: 3/2021

## 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 below with effective date May 20th, 2021.

| Title | Date Effective | Revision Summary |
|---|---|---|
| ENTERAL NUTRITION PRODUCTS | 04/05/2021 | Updated for pediatric patients to allow approval based on weight or BMI (previously just weight), based on case experience and appeals:<br>○ OR, for members < 21 years of age:<br>▪ Diagnosis of failure to thrive AND<br>▪ For children 12-24 months:<br>• Weight or BMI ≤ 3rd percentile OR<br>• Weight or BMI ≤ 5th percentile AND one of the following:<br>– Product is recommended by GI specialist or nutrition specialist OR<br>– Patient has a physiological or behavioral disorder responsible for low weight<br>▪ For children and adolescents 2-20 years of age:<br>• Weight or BMI ≤ 5th percentile |
| BLOOD GLUCOSE TEST STRIPS | 05/20/2021 | Updated requirements for FreeStyle Libre to clarify patient should be on multiple daily doses of insulin:<br>• For **FreeStyle Libre** reader/sensor system, approve if:<br>○ Patient has type I or II diabetes and is on basal + bolus insulin therapy (multiple injections per day) AND<br>○ There is documentation of medical need for glucose monitoring more frequent than 4 times daily (e.g., frequent hospitalizations, hypoglycemia, DKA, etc.) OR<br>○ There is documented contraindication/inability to use finger stick testing (e.g., fear of needles) |
| GLP-1 AGONISTS | 05/20/2021 | Updated to remove references to Bydureon® (exenatide) pen due to market removal per the manufacturer. |
| LONG-ACTING (BASAL) INSULINS | 05/20/2021 | Updated to incorporate Semglee® (insulin glargine) biosimilar as nonpreferred alongside Lantus®, requiring trial and failure of Basaglar®. |
| AZOLE ANTIFUNGALS | 05/20/2021 | Updated to remove references to Onmel® (itraconazole) tablet due to market removal per the manufacturer. |
| ONYCHOMYCHOSIS | 05/20/2021 | Updated to remove references to Onmel® (itraconazole) tablet due to market removal per the manufacturer. |

# Interim Formulary Changes (1/10/21 – 4/10/21)

## Pharmacy Benefit Medications

| Date | Therapeutic class | Medication | Formulary Status | Comment |
|---|---|---|---|---|
| 01/25/2021 | Antineoplastic Systemic Enzyme Inhibitors | Iclusic (ponatinib) 30 mg tablet | Medi-Cal, HW: T3-F/PA<br>HSF, C-Wrap: X | New strength |
| 01/27/2021 | Histamine H2-Receptor Inhibitors | ranitidine 75, 150, 300 mg tablet | Medi-Cal, HW, HSF, C-Wrap: T1-F → NF-NL | Market removal |
| 01/27/2021 | Histamine H2-Receptor Inhibitors | ranitidine 150, 300 mg capsule | HSF: T1-F → NF-NL<br>C-Wrap: T5-NF → NF-NL<br>Medi-Cal, HW: X (no change) | Market removal |
| 01/27/2021 | Histamine H2-Receptor Inhibitors | ranitidine 15 mg/mL oral syrup | Medi-Cal, HW, HSF: T1-F → NF-NL<br>C-Wrap: T5-NF → NF-NL | Market removal |
| 01/27/2021 | Histamine H2-Receptor Inhibitors | ranitidine 25 mg/mL injection solution | Medi-Cal, HW, HSF: X (no change)<br>C-Wrap: T5-NF → NF-NL | Market removal |
| 02/01/2021 | Prenatal Vitamin Preparations | DermacinRx Prenatrix (prenatal vit #170-iron-folic) 27 mg iron-1 mg tablet | Medi-Cal, HW, HSF: T2-F<br>C-Wrap: X | Covered as a class |
| 02/01/2021 | Antineoplastic Systemic Enzyme Inhibitors | Iclusig 10 mg tablet | Medi-Cal, HW: T3-F/PA<br>HSF, C-Wrap: X | New strength |
| 02/08/2021 | Antineoplastic Systemic Enzyme Inhibitors | Tepmetko (tepotinib hcl) 225 mg tablet | Medi-Cal, HW: T3-F/PA<br>HSF, C-Wrap: X | New entity |
| 02/08/2021 | Antivirals, HIV-1 Integrase Strand Transfer Inhibtr | Vocabria (cabotegravir sodium) 30 mg tablet | Medi-Cal: T5-NF<br>HW, HSF, C-Wrap: X | Carve out |
| 02/15/2021 | Janus Kinase (JAK) Inhibitors | Xeljanz (tofacitinib) 1 mg/mL oral solution | Medi-Cal: T4-F/PA, HW: T3-F/PA<br>HSF, C-Wrap: X | New dosage form |
| 02/15/2021 | Antineoplastic Systemic Enzyme Inhibitors | Ukoniq (umbraslisib) 200 mg tablet | Medi-Cal: T4-F/PA, HW: T3-F/PA<br>HSF, C-Wrap: X | New entity |
| 03/01/2021 | Antihypergly, Incretin Mimetic (GLP-1 Recep. Agonist) | Ozempic (semaglutide) 1 mg/dose (4 mg/3 mL) SC pen injector | Medi-Cal, HW, HSF: T3-F/ST (metformin) QL #9 mL/84 days, C-Wrap: X | New package size |
| 03/01/2021 | COVID-19 Vaccines | Janssen COVID-19 Vaccine (EUA) | Medi-Cal: T5-NF (CO); HW: T2-F QL #1/yr<br>HSF, C-Wrap: X | New entity |
| 03/08/2021 | Antineoplastic - Antiandrogenic Agents | Xtandi (enzalutamide) 40, 80 mg tablet | Medi-Cal: T4-F/PA, HW: T3-F/PA<br>HSF, C-Wrap: X | New strength |
| 03/08/2021 | Hypnotics, Melatonin MT1/MT2 Receptor Agonists | Hetlioz (tasimelteon) LQ 4 mg/mL oral suspension | Medi-Cal, HW: T5-NF<br>HSF, C-Wrap: X | New dosage form |
| 03/08/2021 | Agents to Treat Multiple Sclerosis | Plegridy 125 mcg/0.5 mL IM syringe | Medi-Cal, HW: T5-NF<br>HSF, C-Wrap: X | New dosage form |
| 03/22/2021 | Contraceptives, Oral | Tyblume (levonorgestrel-ethinyl estradiol) 0.1 mg-20 mcg chewable tablet | Medi-Cal, HW, HSF: T2-F<br>C-Wrap: X | Covered as a class |
| 03/29/2021 | Antineoplastic Systemic Enzyme Inhibitors | Fotivda (tivozanib hcl) 0.89, 1.34 mg capsule | Medi-Cal: T4-F/PA, HW: T3-F/PA<br>HSF, C-Wrap: X | New entity |

| Date | Therapeutic class | Medication | Formulary Status | Comment |
|---|---|---|---|---|
| 03/29/2021 | Antipsychotics, Atyp, D2 Partial Agonist/5HT Mixed | Abilify MyCite 2, 5, 10, 15, 20, 30 mg Starter, Maintenance kit (oral tablet, sensor, strip, pod) | Medi-Cal: T5-NF<br>HW, HSF, C-Wrap: X | Carve out |
| 04/05/2021 | Opioid Analgesics | methadone 5 mg/0.5 mL oral syringe (FOR ORAL USE ONLY) | Medi-Cal, HW: T5-NF<br>HW, HSF, C-Wrap: X | New dosage form |

| | 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. |
| T5 | 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 Workers HMO, and Healthy San Francisco formularies unless otherwise indicated.

*Applies to Medi-Cal formulary only. FFS Carve Out=CO Excluded= X All Rx-only products are excluded for Medicare/Medi-Cal. T3 & 4 products are NF for HSF

The following new products are not listed in above table:

- Newly generic formulary products moved to tier 1 from tier 2
- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical 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 |
|---|---|---|---|
| 01/25/2021 | Anti-Arthritic, Folate Antagonist Agents | RediTrex (PF) 7.5 mg/0.3 mL, 10 mg/0.4 mL, 12.5 mg/0.5 mL, 15 mg/0.6 mL, 17.5 mg/0.7 mL, 20 mg/0.8 mL, 22.5 mg/0.9 mL, 25 mg/mL SC syringe | New dosage form |
| 01/25/2021 | Antiparkinsonism Drugs, Other | Ongentys (opicapone) 25 mg capsule | New strength |
| 01/25/2021 | Topical Antineoplastic Premalignant Lesion Agents | Klisyri (tirbanibulin) 1% topical ointment in packet | New entity |
| 02/01/2021 | Soluble Guanylate Cyclase (SGC) Stimulator | Verquvo (vericiguat) 2.5, 5, 10 mg tablet | New entity* |
| 02/08/2021 | Bile Salts | Reltone (ursodiol) 200, 400 mg capsule | New strength |
| 02/08/2021 | Cystic Fibrosis - Inhaled Osmotic Agents | Bronchitol (mannitol) 40 mg capsule with inhalation device | New dosage form |
| 03/15/2021 | Opioid Analgesic and Non-Salicylate Analgesics | Prolate (oxycodone hcl-acetaminophen) 10 mg-300 mg/5 mL oral solution | New strength |
| 03/29/2021 | Anticonvulsants | Elepsia XR (levetiracetam) 1,000, 1,500 mg ER tablet | New dosage form |
| 03/29/2021 | Agents to Treat Multiple Sclerosis | Ponvory (ponesimod) 14-Day Starter Pack 2-3-4-5-6-7-8-9-10 mg tablets, 20 mg tablet | New entity* |

*Scheduled for review at upcoming P&T

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 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 |
|---|---|
| Belladonna Alkaloids | atropine 0.4 mg/mL, 1 mg/mL IV solution |
| Antiretroviral-Integrase Inhibitor and NNRTI Comb. | Cabenuva (cabotegravir-rilpivirine) 400 mg/2 mL-600 mg/2 mL, 600 mg/2 mL-900 mg/2 mL IM ER susp |
| Anticholinergics, Quaternary Ammonium | Glyrx-PF (glycopyrrolate PF) 1 mg/5 mL (0.2 mg/mL) injection syringe |
| Antineoplastic-CD19 Dir. CAR-T Cell Immunotherapy | Breyanzi (lisocabtagene maraleucel) 1.5x to 70x10exp6 cell/mL IV suspension |
| Antihyperlipidemic - Angiopoietin-Like 3 Inhibitor | Evkeeza (evinacumab-dgnb) 345 mg/2.3 mL, 1,200 mg/8 mL (150 mg/mL) IV solution |
| Antineoplastic Systemic Enzyme Inhibitors | Cosela (Trilaciclib dihydrochloride) 300 mg IV solution |
| Immunosuppressant-Interferon Gamma Inhibitor, MAB | Gamifant (emapalumab-lzsg) 5 mg/mL IV solution |
| Antineoplastic EGF Receptor Blocker Mclon Antibody | Margenza (margetuximab-cmkb) 25 mg/mL IV solution |
| Analgesic/Antipyretics, Non-Salicylate | acetaminophen 500 mg/50 mL (10 mg/mL) IV solution |
| Antineoplastic EGF Receptor Blocker Mclon Antibody | Trazimera (trastuzumab-qyyp) 150 mg IV solution |
| Genetic D/O Tx-Exon Skipping Antisense Oligonucleo | Amondys-45 (casimersen) 50 mg/mL IV solution |
| Antineoplastic - Alkylating Agents | Pepaxto (melphalan flufenamide) 20 mg IV solution |
| Metabolic Disease Enzyme Replacement, MOCD | Nulibry (fosdenopterin) 9.5 mg IV solution |
| Antivirals, General | Foscavir (foscarnet sodium) 24 mg/mL IV solution |
| Anticholinergics, Quaternary Ammonium | Glyrx-PF (glycopyrrolate PF) 0.6 mg/3 mL (0.2 mg/mL) injection syringe |
| Eye Local Anesthetics | fluorescein 0.3 %-benoxinate 0.4 % eye drops |
| Antiemetic/Antivertigo Agents | Barhemsys (amisulpride) 10 mg/4 mL (2.5 mg/mL) IV solution |
| Antineoplastic-CD19 Dir. CAR-T Cell Immunotherapy | Abecma (idecabtagene vicleucel) 300x10exp6 to 460x10exp6 cell IV suspension |

The following products are not listed in the above table:

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