

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update July 2020

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, 7/15/2020. Effective date for all changes is **Thursday, 8/20/2020**.

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: Antiarrhythmics

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

- Removed Multaq[®] (dronedarone) and pindolol from formulary due to limited use and multiple cost-effective alternatives available (grandfathered current users)

Prior Authorization Criteria Update:

- No PA criteria changes made; no active criteria

Drug Utilization Review Update:

- No DUR changes made

Dermatology: Psoriasis

Formulary Update: Medi-Cal and Healthy Workers HMO

- Listed tazarotene 0.05% topical cream non-formulary tier 5 to link Topical Retinoids criteria

Prior Authorization Criteria Update:

- Updated Topical Retinoids criteria to include requirements for tazarotene in plaque psoriasis

Drug Utilization Review Update:

- No DUR changes made

Hematology: Erythropoietin Stimulating Agents

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added Epogen[®]/Procrit[®] (epoetin alfa) 20,000units/2mL to formulary tier 3 PA required to align with other strengths
- Listed Mircera[®] (methoxy peg-epoetin beta) 50, 75, 100, 200mcg/0.3mL syringe non-formulary tier 5 to link relevant criteria and align with other strengths

Prior Authorization Criteria Update:

- Updated Erythropoietin Stimulating Agents (ESAs) criteria to include requirements for use in reduction of allogeneic red blood cell transfusions in patients undergoing surgery

Drug Utilization Review Update:

- No DUR changes made

Hematology: Thrombocytopenia

Formulary Update: Medi-Cal and Healthy Workers HMO

- Listed Promacta[®] oral powder packet tier 5 to link relevant criteria

Prior Authorization Criteria Update:

- Updated Thrombocytopenia criteria to include requirements for Promacta[®] oral powder packet for pediatric indications only

Drug Utilization Review Update:

- No DUR changes made

Pain: Non-Opioid Management

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

- Removed acetaminophen 100mg/mL oral drops and nortriptyline 10mg/5mL oral solution from formulary due to alternatives available and lack of utilization

Prior Authorization Criteria Update:

- No PA criteria changes made; no active criteria

Drug Utilization Review Update:

- Separate analysis evaluated concurrent opioid and CNS depressant (including gabapentinoid) prescribing

Pain: Systemic and Topical NSAIDs

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

- Listed diclofenac 1.5% topical drops and diclofenac (Diclozor) 1% gel kit non-formulary tier 5 to link relevant criteria
- Removed oxaprozin tablet from formulary due to lack of utilization and available formulary alternatives

Prior Authorization Criteria Update:

- Updated Topical NSAIDs criteria to list non-formulary forms of topical diclofenac above

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Antidepressants

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

- Added age limit ≤ 12 years to citalopram solution to restrict to pediatric use
- Removed nefazodone tablet, clomipramine capsule, and nortriptyline oral solution from formulary due to limited use and multiple cost-effective alternatives available (grandfather current users)
- Removed tier 5 non-formulary listings for protriptyline tablet and perphenazine-amitriptyline tablet due to lack of relevant criteria and alternatives available

Prior Authorization Criteria Update:

- Removed listings of discontinued desvenlafaxine formulations from Antidepressants criteria

Drug Utilization Review Update:

- Recommended analysis of single fills versus continuous use for antidepressants

Psychiatry: Antipsychotics

Formulary Update: Healthy Workers HMO

- Listed Caplyta[®] (lumateperone) non-formulary tier 5 in order to link relevant criteria
- Removed risperidone 1mg/mL oral syringe tier 5 listing as it is a repackaged product with available alternatives

Prior Authorization Criteria Update:

- Updated Oral Typical and Atypical Antipsychotics criteria to include Caplyta[®], Secuado[®] (asenapine), and fluphenazine oral solution

Drug Utilization Review Update:

- No DUR changes made

Drug Class Reviews

Endocrinology: Androgens

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added testosterone (AndroGel[®]) 1.62% gel packets and gel pump to formulary tier 3, PA required to ensure appropriate diagnosis and treatment
- Listed Jatenzo[®] and Striant[®] non-formulary tier 5 to link relevant criteria
- Removed Androderm[®] patch from formulary due to cost-effective alternatives available on formulary
- Removed testosterone (Fortesta[®]) 2% gel pump from formulary due to available alternatives and minimal utilization (grandfathered current users)

Prior Authorization Criteria Update:

- Updated Testosterone Replacement criteria to reflect formulary changes listed above and add preference for both 1% and 1.62% gel products before use of non-formulary products
- Updated diagnosis criteria to include documentation of symptoms associated with low testosterone to align with guideline recommendations

Drug Utilization Review Update:

- Separate DUR analysis evaluated testosterone use prevalence and duration

Infectious Disease: Human Immunodeficiency Virus (HIV)

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

- Removed didanosine 125, 200mg capsule from formulary as obsolete (manufacturer discontinued)

Formulary Update: Healthy Workers HMO only

- Added the following medications to formulary as guideline-recommended alternative single-tablet drug regimens: Symtuza[®], Delstrigo[®], Symfi[®], and Symfi[®] Lo
- Removed stavudine 1 mg/mL oral solution, Norvir[®] 100mg capsule, Invirase[®] 200mg capsule from formulary due to obsolete status (manufacturer discontinued)

Prior Authorization Criteria Update:

- Updated Fuzeon[®] criteria to include preferred/alternative single tablet regimens

Drug Utilization Review Update:

- No DUR changes made

Nephrology: Procybsi[®]/Cystagon[®] (cysteamine)

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

- Maintained non-formulary at this time due to lack of utilization and limited indication for use

Prior Authorization Criteria Update:

- No PA criteria changes made; no active criteria

Drug Utilization Review Update:

- No DUR changes made

Neurology: Anticonvulsants

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

- Added Valtoco[®] (diazepam) and Nayzilam[®] (midazolam) nasal spray to formulary tier 2 with quantity limit #3 prescriptions per year due to limited alternatives available
- Removed age limit from carbamazepine (Tegretol[®]) 200mg tablet to allow adult use as indicated
- Expanded age limit for clobazam (Onfi[®]) 2.5mg/mL oral suspension to ≤16 years to align with other non-solid dosage form anticonvulsants

- Removed tier 5 listings for lamotrigine (Lamictal[®] XR) ER tablet, Peganone[®] (ethotoin) tablet, and phenobarbital 130mg/mL vial due to lack of relevant criteria and alternatives available
- Added age limit ≤16 years to the following to restrict to pediatric use
 - phenytoin (Dilantin-125[®]) 125mg/5mL oral suspension
 - carbamazepine (Tegretol[®]) 100mg/5mL oral suspension
- Removed the following from formulary due to limited or no utilization and alternative dosage forms available (grandfathered current users):
 - phenytoin 100mg/4mL oral suspension (unit dose)
 - levetiracetam (Keppra[®] XR) ER tablet
- Removed the following from formulary due to limited or no utilization, limited place in therapy, and alternatives available (grandfathered current users)
 - Briviact[®] (brivaracetam) tablet
 - Fycompa[®] (perampanel) tablet
 - felbamate (Felbatol[®])
 - tiagabine (Gabitril[®]) tablet

Prior Authorization Criteria Update:

- No PA criteria changes made; no active criteria

Drug Utilization Review Update:

- None

Neurology: Ubrelvy[™] (ubrogepant), Nurtec[™] ODT (rimegepant), Reyvow[®] (lasmiditan)

Formulary Update: Medi-Cal and Healthy Workers HMO

- Listed Ubrelvy[™], Nurtec[™] ODT, and Reyvow[®] non-formulary tier 5 to link new criteria

Prior Authorization Criteria Update:

- Adopted new criteria to address non-triptan medications for acute migraine treatment, requiring trial/failure of or contraindication to formulary alternatives (i.e., triptans)

Drug Utilization Review Update:

- No DUR changes made

Rheumatology: Non-Biologic and Biologic Disease-Modifying Anti-Rheumatic Drugs (DMARDs)

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added Actemra[®] (tocilizumab) pen to formulary tier 4 and require PA to align with other dosage forms
- Listed Rinvoq[™] (upadacitinib) tablet tier 5 to link relevant criteria; maintain non-formulary due to cost-effective alternatives within the JAK inhibitor subclass
- List Ilumya[™] (tildrakizumab-asmn) syringe tier 5 non-formulary to link relevant criteria

Prior Authorization Criteria Update:

- Updated Disease Modifying Biologics criteria to include medications above, and with the following:
 - added criteria for diagnosis of uveitis, nonradiographic axial spondyloarthritis and giant cell arteritis
 - for diagnoses of ankylosing spondylitis, psoriatic arthritis, and plaque psoriasis, clarified language to require trial/failure or contraindication of at least two different preferred biologic DMARDs with different mechanisms of action before using a non-preferred DMARD
 - updated quantity limit section to include all applicable diagnoses

Drug Utilization Review Update:

- No DUR changes made

Topical: Rectal Miscellaneous Preparations

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

Interim Prior Authorization Criteria Changes (4/6/20 – 7/5/20)

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

No new criteria were implemented in the interim since April 2020 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 below with effective date August 20th, 2020.

Title	Date Effective	Revision Summary
HYDROXY-CHLOROQUINE & CHLOROQUINE	5/11/2020	Retired (PA requirement removed)
SHORT-ACTING OPIOIDS	5/20/2020	Corrected quantity limit for tramadol 50 mg tablet to align with formulary (#240 per 30 days)
SGLT-2 INHIBITORS	5/20/2020	Added new criteria for heart failure (in non-diabetics) based on new indication (FDA approved 5/6/2020): <ul style="list-style-type: none"> • For heart failure in non-diabetics (Farxiga[®] only), approve if: <ul style="list-style-type: none"> ○ Treatment is prescribed by or in consultation with a cardiologist ○ Documentation is provided of NYHA class II-IV and ejection fraction ≤40% ○ Current treatment regimen including the following, or documentation of trial/failure, intolerance, and/or contraindication <ul style="list-style-type: none"> ▪ ACE inhibitor, ARB, or angiotensin receptor-neprilysin inhibitor ▪ Beta-blocker
HEPATITIS C	6/10/2020	Update to include weight-based dosing of Harvoni [®] and Sovaldi [®] pellets for children ≥3 years old (FDA approved and added to market 6/1/2020)
METROGEL [®] (METRONIDAZOLE 1% TOPICAL GEL)	8/20/2020	Retire and utilize blanket Step Therapy Exception criteria for any requests

Interim Formulary Changes (4/6/20 – 7/5/20)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
04/06/2020	Antimigraine Preparations	Ajovy (fremanezumab-vfrm) 225 mg/1.5 mL SC auto-injector	Medi-Cal, HW: T5-NF HSF, C-Wrap: X	New dosage form
04/20/2020	Antineoplastic - MEK1 and MEK2 Kinase Inhibitors	Koselugo (selumetinib-vitamin E tpgs) 10, 25 mg capsule	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
04/27/2020	Prenatal Vitamins with Low or No Iron	Azeschew (PNV #165-iron fum-folic acid) 13 mg iron-1 mg tablet	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
04/27/2020	Antineoplastic Systemic Enzyme Inhibitors	Tukysa (tucatinib) 50, 150 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
04/27/2020	Antineoplastic Systemic Enzyme Inhibitors	Pemazyre (pemigatinib) 4.5, 9, 13.5 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
05/11/2020	Antimalarial Drugs	chloroquine 250, 500 mg tablet	Medi-Cal, HW, HSF: T3-F/PA → T1-F C-Wrap: X	No misuse per monitoring
05/11/2020	Antimalarial Drugs	hydroxychloroquine 200 mg tab	Medi-Cal, HW, HSF: T3-F/PA → T1-F C-Wrap: X	No misuse per monitoring
05/14/2020	Electrolyte Depleters	sodium polystyrene sulfonate (sorbitol free) 15 gram/60 mL oral suspension	Medi-Cal, HW, HSF: T1-F QL #240/30d → T1-F	Align with other strengths
05/18/2020	Antineoplastic Systemic Enzyme Inhibitors	Tabrecta (capmatinib) 150, 200 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
05/18/2020	Antineoplastic Systemic Enzyme Inhibitors	Retevmo (selpercatinib) 40, 80 mg capsule	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
05/20/2020	Mydriatics	homatropine 5% Eye Drops	Medi-Cal, HW, HSF: T1-F → NF-NL	Non-FDA approved drug
05/20/2020	Estrogen/Androgen Combinations	estrogen-methyltestosterone (Covaryx, Covaryx H.s.) tablet	Medi-Cal, HW, HSF: T1-F → NF-NL	Non-FDA approved drug
05/20/2020	Iodine Containing Agents	Sski (potassium iodide) 1 Gm/MI Solution	Medi-Cal: T1-F → NF-NL	Non-FDA approved drug
05/20/2020	Topical Hemostatics	Gelfoam Powder	Medi-Cal, HW, HSF: T2-F → NF-NL	Non-FDA approved drug
05/20/2020	Bulk Chemicals	barium sulfate powder	Medi-Cal, HW, HSF: T2-F → NF-NL	Non-FDA approved drug
05/20/2020	Bulk Chemicals	testosterone powder	Medi-Cal, HW, HSF: T1-F → NF-NL	Non-FDA approved drug
05/20/2020	Bulk Chemicals	dantrolene sodium powder	Medi-Cal, HW, HSF: T2-F → NF-NL	Non-FDA approved drug
05/20/2020	Topical Hemostatics	Avitene Flour (microfibrillar collagen)	Medi-Cal, HW, HSF: T2-F → NF-NL	Non-FDA approved drug
05/20/2020	Heparin And Related Preparations	Heparin sodium, porcine/0.9% NaCl (Hep-lock Flush)	Medi-Cal, HW, HSF: T1-F → NF-NL	Non-FDA

Date	Therapeutic class	Medication	Formulary Status	Comment
		100 unit/mL kit		approved drug
05/20/2020	Bulk Chemicals	sodium bicarbonate powder	Medi-Cal, HW, HSF: T2-F → NF-NL	Non-FDA approved drug
05/20/2020	Eye Diagnostic Agents	fluorescein (Bioglo) 1 mg ophthalmic strip	HSF: T2-F → NF-NL	Non-FDA approved drug
05/20/2020	Eye Local Anesthetics	fluorescein-proparacaine drops	HSF: T2-F → NF-NL	
05/25/2020	Antiparkinsonism Drugs, Other	Osmolex ER (amantadine) 322 mg/day (129 mg and 193 mg) ER tablet	Medi-Cal: T5-NF HW, HSF, C-Wrap: X	FFS carve out
05/28/2020	Irrigants	Aqua Care 0.9% NaCl irrigation	HW, HSF: T2-F → NF-NL	Non-FDA approved drug
05/28/2020	Mydriatics	atropine 1% eye ointment	HW, HSF: T1-F → NF-NL	Non-FDA approved drug
05/28/2020	Topical Sulfonamides	sodium sulfacetamide-sulfur (Avar) 10-5% cleanser	HW, HSF: T1-F → NF-NL	Non-FDA approved drug
05/28/2020	Urinary pH Modifiers	K+ citrate-citric acid (Cytra-k) crystals packet	HW, HSF: T1-F → NF-NL	Non-FDA approved drug
05/28/2020	Belladonna Alkaloids	Phenobarbital-hyoscyamine- atropine-scopolamine (Donnatal) 16.2 mg/5 mL elixir	HW, HSF: T2-F → NF-NL	Non-FDA approved drug
05/28/2020	Bulk Chemicals	coal tar 20% solution	HW, HSF: T1-F → NF-NL	Non-FDA approved drug
05/25/2020	Antineoplastic Systemic Enzyme Inhibitors	Qinlock (ripretinib) 50 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
06/01/2020	Hep C Virus, Nucleotide Analog NS5B Polymerase Inh	Sovaldi (sofosbuvir) 150, 200 mg oral pellets in packet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New dosage form/strength
06/01/2020	Hep C Virus-NS5B Polymerase and NS5A Inhib. Combo.	Harvoni (ledipasvir-sofosbuvir) 33.75 mg-150 mg, 45 mg-200 mg oral pellets in packet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New dosage form/strength
06/08/2020	Contraceptives, Intravaginal	Phexxi (lactic acid-citric-potaassium) 1.8 %-1 %-0.4 % vaginal gel	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
06/24/2020	Antineoplastic - Antiandrogenic Agents	Zytiga (abiraterone) 500 mg tablet	Medi-Cal: T4-F/PA → NF-NL HW: T3-F/PA → NF-NL	Use generic 250mg
06/29/2020	Antineoplastic - Select Inhib of Nuclear Exp (Sine)	Xpovio (selinexor) 40 mg/week (20 mg x 2) tablet, 40 mg twice weekly (80 mg/week) (20 mg x 4) tablet, 60 mg twice weekly (120 mg/week) (20 mg x 6) tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New dosage form/strength

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 as defined by Medi-Cal) 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).

	restrictions)	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
04/13/2020	Antisera	Hizentra (immune glob G [IGG]/pro/IGA 0-50) 1 gram/5 mL, 2 gram/10 mL, 4 gram/20 mL (20 %) SC syringe	New dosage form*
04/20/2020	Adrenal Steroid Inhibitors	Isturisa (osilodrostat phosphate) 1, 5, 10 mg tablet	New entity*
05/11/2020	Sedative-Hypnotics, Non-Barbiturate	Dayvigo (lemborexant) 5, 10 mg tablet	New entity*
05/11/2020	Calcium Channel Blocking Agents	Nymalize (nimodipine) 30 mg/5 mL, 60 mg/10 mL oral syringe (FOR ORAL USE ONLY)	New dosage form
05/25/2020	Topical Anti-Inflammatory, NSAIDs	Licart (diclofenac epolamine) 1.3 % transdermal 24 hour patch	New dosage form
05/25/2020	Arginine Vasopressin (AVP) Receptor Antagonists	Jynarque 15 mg (AM)/15 mg (PM), 30 mg (AM)/15 mg (PM) tablets	New combination
06/01/2020	Antihyperlipidemic-Acyl And Choles Absorp Inhib	Nexlizet (bempedoic acid-ezetimibe) 180 mg-10 mg tablet	New combination*
06/01/2020	Agents to Treat Multiple Sclerosis	Zeposia (ozanimod hydrochloride) 0.92 mg capsule, Starter Pack 0.23 mg (4)-0.46 mg (3) capsules in a dose pack, Starter Kit 0.23 mg-0.46 mg-0.92 mg capsules in a dose pack	New entity*
06/08/2020	LHRH (GNRH) Antagonist, Estrogen and Progestin Comb	Oriahnn (elagolix-estradiol-norethindrone acetate) 300-1-0.5 mg(AM)/300 mg(PM) capsules	New entity
06/15/2020	Antiparkinsonism Drugs, Other	Kynmobi (apomorphine hcl) 10, 15, 20, 25, 30 mg sublingual film, 10-15-20-25-30 mg titration pack	New dosage form*
06/15/2020	Topical Antibiotics	Zilxi (minocycline hcl) 1.5 % topical foam	New dosage form
06/22/2020	Insulins	Lyumjev U-100 (insulin lispro-aabc) 100 unit/mL SC solution	New dosage form
06/22/2020	Insulins	Lyumjev (insulin lispro-aabc) U-100 [100 unit/mL], U-200 [200 unit/mL] SC pen	New dosage form
06/29/2020	Somatostatic Agents	Bynfezia (octreotide) 2,500 mcg/mL SC pen injector	New dosage form

*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
Antineoplast Hum VEGF Inhibitor Recomb MC Antibody	Zirabev (bevacizumab-bvzr) 25 mg/mL IV solution
Carbapenem Antibiotics (Thienamycins)	Recarbrio (imipenem-cilastatin-relebactam) 1.25 gram IV solution
Vitamin B12 Preparations	mecobalamin (vitamin B12) 10,000 mcg solution for injection
Antineoplastic EGF Receptor Blocker Mclon Antibody	Ontruzant (trastuzumab-dttb) 150, 420 mg IV solution
Antineoplast, Histone Deacetylase (HDAC) Inhibitors	romidepsin 5 mg/mL IV solution
Antineoplastics Antibody/Antibody-Drug Complexes	Trodely (sacituzumab govitecan-hziy) 180 mg IV solution
Sympathomimetic Agents	Emerphed (ephedrine sulfate) 5 mg/mL IV solution
Antibiotic Antineoplastics	Jelmyto (mitomycin) 40 mg intra-pyelocalyceal kit
Antineoplastic - Anti-CD38 Monoclonal Antibody	Darzalex Faspro (daratumumab-hyaluronidase-fihj) 1,800 mg-30,000 unit/15 mL SC solution
LHRH (GNRH) Agnst Pit. Sup-Central Precocious Puberty	Fensolvi (leuprolide acetate) 45 mg SC syringe
MioticsaAnd Other Intraocular Pressure Reducers	Durysta (bimatoprost) 10 mcg intracameral implant
Opioid Analgesics	Dilaudid (hydromorphone PF) 0.2 mg/mL injection syringe
Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Avsola (infliximab-axxq) 100 mg IV solution
Anti-CD19 (B Lymphocyte) Monoclonal Antibody	Uplizna (inebilizumab-cdon) 10 mg/mL IV solution
Antineoplastic - Alkylating Agents	Zepzelca (lurbinectedin) 4 mg IV solution

The following products are not listed in the above table:

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