

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update October 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, 10/21/2020. Effective date for all changes is **Friday, 11/20/2020**.

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.

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Formulary Maintenance Items

Cardiology: Heart Failure, Angina, and Coronary Artery Disease

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

- Removed isosorbide dinitrate 40 mg ER tablet from formulary due to lack of utilization and alternatives available

Prior Authorization Criteria Update:

- Retired Ranolazine and Entresto[®] criteria as both require step therapy and can be managed via Step Therapy Exception blanket criteria

Drug Utilization Review Update:

- No DUR changes made

Dermatology: Atopic Dermatitis

Formulary Update: Medi-Cal and Healthy Workers HMO

- Corrected age limits on tacrolimus ointments to reflect labeling ($\geq 2y$ for 0.03%, $\geq 16y$ for 0.1%)

Prior Authorization Criteria Update:

- Updated Atopic Dermatitis criteria to reflect updated labeling for patient age across the class

Drug Utilization Review Update:

- No DUR changes made

Endocrinology: Somatostatics

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added new octreotide formulations Bynfezia Pen[™] and Mycapssa[®] capsule to formulary tier 3 with PA required to ensure appropriate diagnosis

Prior Authorization Criteria Update:

- Updated Somatostatic Agents criteria to include Bynfezia Pen[™] and Mycapssa[®] and prefer generic octreotide

Drug Utilization Review Update:

- No DUR changes made

Gastroenterology: Constipation and Irritable Bowel Syndrome

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added Viberzi[®] (eluxadoline) to formulary tier 3 with PA required due to limited alternatives
- Listed Trulance[®] (plecanatide) and Motegrity[®] (prucalopride) tier 5 nonformulary in order to incorporate in existing criteria

Prior Authorization Criteria Update:

- Updated Constipation Agents criteria to include Trulance[®] (IBS-C and CIC) and Motegrity[®] (CIC) and require trial of appropriate bowel regimen and preferred medications in the class
- Updated Alosetron (Lotrenox[®]) criteria to include Viberzi[®] for IBS-D

Drug Utilization Review Update:

- No DUR changes made

Neurology: Alzheimer's and Dementia

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

Neurology: Parkinson's Disease

Formulary Update: Medi-Cal and Healthy Workers HMO

- Removed tolcapone from formulary tier 3 PA required due to lack of utilization and available alternative
- Removed tier 5 non-formulary listings for pramipexole ER tablet (all strengths) due to alternatives available

Prior Authorization Criteria Update:

- Retired Tolcapone (Tasmar[®]) criteria due to formulary removal

Drug Utilization Review Update:

- No DUR changes made

Pulmonology: Cystic Fibrosis

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

- Removed quantity limit from acetylcysteine 100mg/mL vial for inhalation to align with other dosage forms

Prior Authorization Criteria Update:

- Updated Cystic Fibrosis criteria to include documentation of weight for use of any product in pediatric patients to align with labeling changes

Drug Utilization Review Update:

- No DUR changes made

Drug Class Reviews

Cardiology: Dyslipidemia

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

- Removed the following medications from formulary due to no utilization and available alternatives:
 - fibrate: choline fenofibrate (Trilipix[®]) DR capsule
 - bile acid sequestrants: colestipol (Colestid[®]) 1g granule packet and 5g granules, colesevelam (Welchol[®]) powder packet and tablet
- Removed tier 5 listings for fish oil DHA/EPA 120-180mg capsule, Antara[®] (fenofibrate, micronized) capsule, and niacin ER (Niaspan[®]) tablet due to alternatives available and lack of utilization

Prior Authorization Criteria Update:

- Retired Bile Acid Sequestrants criteria due to lack of utilization and formulary removal of tier 3 products
- Updated PCSK9 Inhibitors criteria to prefer Repatha[®] over Praluent[®] based on cost-effectiveness

Drug Utilization Review Update:

- No DUR changes made

Emergency: Epinephrine for Anaphylaxis

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

Endocrinology: Isturisa® (osilodrostat)

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added Isturisa® to formulary tier 4 due to lack of indicated alternatives with PA required to ensure appropriate use

Prior Authorization Criteria Update:

- Implemented new PA criteria requiring patient characteristics, lab values, surgical history and confirmed diagnosis based on pivotal study leading to approval

Drug Utilization Review Update:

- No DUR changes made

Endocrinology: Osteoporosis and Bone Disease

Formulary Update: Medi-Cal and Healthy Workers HMO

- Removed non-formulary tier 5 listings for alendronate 40 mg and etidronate 400 mg due to market removal
- Removed non-formulary tier 5 listings for injectable pamidronate and Miacalcin® (calcitonin) due to alternatives available

Prior Authorization Criteria Update:

- Updated Bisphosphonates criteria to reflect formulary changes above and include specific wording for risedronate immediate-release tablet requiring trial and failure of or inability to use alendronate only prior to approval, based on guideline recommendations and limitations of ibandronate efficacy
- Updated Parathyroid Hormone criteria to include generic teriparatide but maintain preference of Tymlos® (abaloparatide)

Drug Utilization Review Update:

- No DUR changes made

Nephrology: Chronic Kidney Disease (CKD)- Mineral Bone Disorder

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added sevelamer HCl to formulary tier 3 with PA required to prefer over brand phosphate binders based on cost-effectiveness due to generic competition
- Removed Velphoro® (sucroferric oxyhydroxide) and Auryxia® (ferric citrate) from formulary due to available alternatives and list tier 5 non-formulary to link relevant criteria
- Listed Fosrenol® (lanthanum) powder packets tier 5 non-formulary to link relevant criteria

Prior Authorization Criteria Update:

- Updated Phosphate Binders criteria to reflect above formulary changes and require tiered use of preferred formulations before non-formulary medications
- Updated Cinacalcet (Sensipar®) criteria to reflect generic status

Drug Utilization Review Update:

- No DUR changes made

Neurology: Evrysdi™ (risdiplam)

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added Evrysdi™ to formulary tier 4 due to limited alternatives with PA required to ensure appropriate use

Prior Authorization Criteria Update:

- Implemented new prior authorization criteria requiring patient characteristics, confirmed diagnosis and genetic testing

Drug Utilization Review Update:

- No DUR changes made

Neurology: Multiple Sclerosis

Formulary Update: Medi-Cal and Healthy Workers HMO

- Listed Vumerity® (diroximel fumarate), Bafiertam™ (monomethyl fumarate), Kesimpta® (ofatumumab), and Zeposia® (ozanimod) tier 5 non-formulary to link relevant criteria

Prior Authorization Criteria Update:

- Updated Multiple Sclerosis criteria to:
 - include generic dimethyl fumarate availability and formulary updates above
 - clarify preferred products and combine criteria for non-preferred medications

Drug Utilization Review Update:

- No DUR changes made

Obstetrics/Gynecology: Oriahnn® (elagolix-estradiol-norethindrone)

Formulary Update: Medi-Cal and Healthy Workers HMO

- Added Oriahnn® to formulary tier 3 with PA required to ensure appropriate use

Prior Authorization Criteria Update:

- Implemented new criteria to ensure appropriate diagnosis and patient characteristics and prior use of first-line medications

Drug Utilization Review Update:

- No DUR changes made

Otorhinolaryngology: Allergy, Cough and Cold

Formulary Update: Medi-Cal and Healthy Workers HMO

- Removed azelastine 0.15% nasal spray tier 5 non-formulary listing due to lack of criteria for use and alternatives available

Prior Authorization Criteria Update:

- Removed duplicate listing of prescriber restriction from Therapeutic Allergenic Extracts Criteria

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Dayvigo™ (lemborexant)

Formulary Update: Medi-Cal and Healthy Workers HMO

- Listed Dayvigo™ tier 5 non-formulary in order to link criteria

Prior Authorization Criteria Update:

- Updated Insomnia Medications criteria to include Dayvigo™ as non-formulary, aligned with Belsomra® (suvorexant)

Drug Utilization Review Update:

- No DUR changes made

Supplements: Electrolytes, Vitamins, and Minerals

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

- Added riboflavin (B2) 100mg tablet (OTC) to formulary based on utilization and to align with FFS CDL
- Removed quantity limit from cyanocobalamin (B12) 100mcg tablet to align with other strengths
- Added age limit ≤12 years to cholecalciferol 10mcg/mL oral drops (OTC) to align with other liquids
- Removed the following medications from formulary due to lack of utilization and alternatives available:
 - cholecalciferol 1250mcg capsule, calcitriol 1mcg/mL oral solution
 - calcium citrate-vitamin D3 200mg-125unit tablet
 - amino acids-MVI-minerals-iron (Biotect Plus) oral liquid, Strovite Forte 10-1mg tablet, multivitamin-minerals-iron tablet (Thera-M), multivitamin (My Favorite Multiple) oral liquid, One Daily 4.5mg tablet, multivitamin (One Daily Men 50+) tablet, Purefe OB Plus capsule, multivitamin #74-iron-folic acid (Folivane OB) capsule
 - multivitamin with fluoride (Tri-Vite +fluoride) 0.25mg/mL drops, MVI #17+ fluoride chew tablet, Children's Chewable (MVI #144) tablet
 - multivitamin-lutein (Complete Senior) tablet
 - folic acid 0.8mg tablet, folic acid-B6-calcium phosphate-ginger (Zingiber) tablet, levomefolate 7.5mg tablet
 - Dialyvite 800-Ultra D tablet and folic acid-b complex-vit C (Super B Complex) tablet (OTC) [grandfather single user]
 - niacin 250, 500mg ER capsule
 - Klor-Con (potassium chloride) 15mEq ER tablet
 - sodium fluoride (Ludent) chewable tablet, (Clinpro 5000) dental paste, (Flura-drops) 0.25mg/drop
 - vitamin E 100unit/0.25 mL oral drops
- Removed non-formulary listings for pyridoxine (B6) 100mg/mL vial and phytonadione (vitamin K) 10mg/mL ampule for injection due to lack of criteria and oral alternative available

Prior Authorization Criteria Update:

- No PA criteria changes made; no active criteria

Drug Utilization Review Update:

- DUR analysis of vitamin D utilization was reviewed separately

Interim Prior Authorization Criteria Changes (7/6/20 – 10/12/20)

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 July 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. No clinically significant updates to these were made.

Title	Date Effective	Revision Summary
BLOOD PRESSURE MONITORS	7/16/2020	Updated to reflect NDC changes for select Omron monitors
ANTITUBERCULAR ANTIBIOTICS	8/20/2020	Added provision for Sirturo® 20 mg formulation (dispersible) to require inability to swallow intact tablets for approval
DEFERASIROX (EXJADE®, JADENU®)	8/20/2020	Update to prefer deferasirox generic for Jadenu® tablet (over packet and generic for Exjade®) based on cost-effectiveness among formulations
TESTOSTERONE REPLACEMENT	8/21/2020	Add wording to clarify testosterone levels are not required for patients post bilateral orchiectomy, based on feedback from Appeals & Grievances process

Interim Formulary Changes (7/6/20 – 10/12/20)

Pharmacy Benefit Medications

Therapeutic class	Medication	Formulary Status	Comment
Contraceptives, Transdermal	Twirla (levonorgestrel-ethinyl estradiol)120 mcg-30 mcg/24 hr TD patch	Medi-Cal, HW, HSF: T2-F C-Wrap: X	Covered as a class
Interleukin-4(IL-4) Receptor Alpha Antagonist, MAB	Dupilxent (dupilumab) 300 mg/2 mL SC pen injector	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New dosage form
Antivirals, HIV-Specific, CD4 Attachment Inhibitor	Rukobia (fostemsavir tromethamine) 600 mg 12h ER tablet	Medi-Cal: T5-NF HW, HSF, C-Wrap: X	New entity
Antitubercular Antibiotics	Sirturo (bedaquiline fumarate) 20 mg tablet	Medi-Cal, HW: T3-F/PA HSF, C-Wrap: X	New strength
Keratolytics	benzoyl peroxide (Panoxyl) 4% topical cleanser (OTC)	HW: T1-F → NF-NL Medi-Cal, HSF, C-Wrap: T1-F (no change)	Excluded OTC
Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Enbrel (etanercept) 25 mg/0.5 mL SC solution	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New dosage form
Antineoplastic - Antimetabolites	Inqovi (decitabine-cedazuridine) 35 mg-100 mg tablet	Medi-Cal: T4-F/PA, HW: T3-F/PA HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluarix Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flulaval Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluad Quad 2020-2021(65yr up)(PF) 60 mcg (15 mcg x 4)/0.5mL IM syringe	Medi-Cal: T2-F AL ≥65y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flublok Quad 2020-2021 (PF) 180 mcg (45 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL IM susp	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone High-Dose Quad 2020-21 (PF) 240 mcg/0.7 mL IM syringe	Medi-Cal: T2-F AL ≥65y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Fluzone Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM suspension	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flumist Quad 2020-2021 10exp6.5-7.5 FF unit/0.2 mL nasal spray syringe	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp.	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Afluria Qd 2020-21 (36 mos up)(PF)60 mcg (15 mcg x4)/0.5 mL IM syringe	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity

Therapeutic class	Medication	Formulary Status	Comment
Influenza Virus Vaccines	Afluria Qd 2020-21 (6-35 mos)(PF) 30 mcg(7.5 mcgx4)/0.25 mL IM syringe	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flucelvax Quad 2020-2021 60 mcg (15 mcg x 4)/0.5 mL intramuscular susp	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Influenza Virus Vaccines	Flucelvax Quad 2020-2021 (PF) 60 mcg (15 mcg x 4)/0.5 mL IM syringe	Medi-Cal: T2-F AL ≥19y QL #1 Rx/270 HW, HSF, C-Wrap: X	New entity
Antineoplastic - Antimetabolites	Onureg (azacytidine) 300, 200 mg tablet	Medi-Cal, HW: T3-F/PA HSF, C-Wrap: X	New dosage form
Antihypergly, Incretin Mimetic (GLP-1 Recep. Agonist)	Trulicity (dulaglutide) 3 mg/0.5 mL, 4.5 mg/0.5 mL SC pen injector	Medi-Cal, HW: T5-NF HSF, C-Wrap: X	New strength
Platelet Aggregation Inhibitors	aspirin 81 mg chewable tablet, EC tablet	Medi-Cal, HSF, C-Wrap: T1-F (no change) HW: NF-NL → T1-F	Align with ACA requirements
Fluoride Preparations	sodium fluoride (Flura-Drops) 0.25, 0.5 mg/mL drops (OTC) Fluor-a-Day 2.5 mg/mL drops (OTC) sodium fluoride (Ludent) 0.25, 0.5, 1 mg chew tablet (OTC)	Medi-Cal, HSF, C-Wrap: T1-F (no change) HW: T1-F → NF-NL	No pediatric eligibility under HW
Pediatric Vitamin Preparations	multivitamin-fluoride 0.5, 1 mg tablet (OTC) vitamins A, C, D and fluoride 0.25 mg/mL drops (OTC)	Medi-Cal, HSF, C-Wrap: T1-F (no change) HW: T1-F → NF-NL	No pediatric eligibility under HW
Fluoride Preparations	Fluoridex daily defense 1.1% toothpaste (OTC) sodium fluoride 5000 PPM (1.1%) dental paste	Medi-Cal, HSF, C-Wrap: T1-F (no change) HW: T1-F → NF-NL	No pediatric eligibility under HW

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

Therapeutic class	Medication	Comment
Anticonvulsants	Fintepla (fenfluramine hcl) 2.2 mg/mL PO solution	New entity
Oral Lipid Supplements	Dojolvi (triheptanoin) 8.3 kcal/mL PO liquid	New entity
Glucocorticoids	Ortikos (budesonide) 6, 9 mg ER capsule	New dosage form
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled	Breztri Aerosphere (budesonide-glycopyrrolate-formoterol) 160 mcg-9mcg-4.8mcg/actuation HFA aerosol inhaler	New combination*
Eye Vasoconstrictors	Upneeq (oxymetazoline hcl/PF) 0.1 % eye drops in a dropperette	New dosage form
Glucocorticoids	ZCort (dexamethasone) 1.5 mg PO tablet (25 tablet pack)	New dose pack
Interleukin-6 (IL-6) Receptor Inhibitors	Enspryng (satralizumab-mwge) 120 mg/mL SC syringe	New entity*
Beta-Adrenergic and Glucocorticoid Combo, Inhaled	AirDuo Digihaler (fluticasone prop-salmeterol) 55 mcg-14 mcg, 113 mcg-14 mcg, 232 mcg-14 mcg/actuation breath act, powder sensor	New dosage form
Glucocorticoids	Hemady (dexamethasone) 20 mg tablet	New strength
Insulins	Semglee (insulin glargine) U-100 Insulin 100 unit/mL SC solution and pen	New dosage form
Antiprotozoal Drugs, Miscellaneous	Lampit (nifurtimox) 30, 120 mg tablet	New entity
Glucocorticoids, Orally Inhaled	ArmonAir Digihaler (fluticasone propionate) 55, 113, 232 mcg/actuation aerosol powder breath act, sensor	New dosage form
Calcium Channel Blocking Agents	Conjupri (levamlodipine) 2.5, 5 mg tablet	New entity
Anti-Narcolepsy, Anti-Cataplexy, Sedative-Type Agent	Xywav (sodium, calcium, magnesium, potassium oxybate) 0.5 gram/mL PO solution	New formulation

*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
Antineoplastic EGF Receptor Blocker Mclon Antibody	Phesgo (pertuzumab-trastuzumab-hy-zzxf) 600 mg-600 mg-20,000 unit/10 mL, 1,200 mg-600 mg-30,000 unit/15 mL SC solution
Antineoplastic - Topoisomerase I Inhibitors	topotecan 1 mg/mL (1 mL) IV solution
Ophthalmic Surgical Aids	TissueBlue (C.I. acid blue 90) 0.025 % intraocular syringe
Antineoplastic-CD19 Dir. CAR-T Cell Immunotherapy	Tecartus (brexucabtagene autoleucel) 2x10exp6 to 2x10exp8 cell IV suspension
Antiemetic/Antivertigo Agents	Barhemsys (amisulpride) 5 mg/2 mL (2.5 mg/mL) IV solution
Antineoplastic - Alkylating Agents	cyclophosphamide 200 mg/mL IV solution
Anti-CD19 (B Lymphocyte) Monoclonal Antibody	Monjuvi (tafasitamab-cxix) 200 mg IV solution
Antineoplastics Antibody/Antibody-Drug Complexes	Blenrep (belantamab mafodotin-blmf) 100 mg IV solution
Vancomycin Antibiotics and Derivatives	vancomycin 750 mg/150 mL, 1.25 g/250 mL, 1.75 g/ 350 mL in water for injection IV piggyback
Genetic D/O Tx – Exon Skipping Antisense Oligonucleo	Viltespo (viltolarsen) 250 mg/5 mL (50 mg/mL) IV solution
Iron Replacement	Monoferric (ferric derisomaltose) 100 mg iron/mL IV solution
Mineral Replacement, Miscellaneous	Tralement (zinc-copper-manganese-selenium) 3 mg-0.3 mg-55 mcg-60 mcg/mL IV solution
Antiemetic/Antivertigo Agents	Akynzeo (fosnetupitant-palonosetron) 235 mg-0.25 mg/20 mL IV solution
Antineoplastic - CD19 (B Lymphocyte) MC Antibody	Monjuvi (tafasitamab-cxix) 200 mg IV solution
Antihemophilic Factors	SevenFact (coagulation VIIa, recomb-jncw) 1 mg, 5 mg IV solution
Local Anesthetics	tetracaine HCl (PF) 1 % (10 mg/mL) injection solution
Sedative-Hypnotics, Non-Barbiturate	Precedex (dexmedetomidine) 1,000 mcg/250 mL (4 mcg/mL) in 0.9% sodium chloride IV soln
Antineoplastics Antibody/Antibody-Drug Complexes	Polivy (polatuzumab vedotin-piiq) 30 mg IV solution
Topical Hemostatics	VistaSeal-Fibrin Sealant (thrombin, human-fibrinogen-calcium) 500 unit-80 mg/mL (2 mL) topical syringe
Tetracycline Antibiotics	Xerava (eravacycline) 100 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