

## San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update October 2023

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, October 18<sup>th</sup>, 2023. Effective date for all changes is **November 20<sup>th</sup>, 2023**.

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

#### *Drug Class Reviews (consent calendar)*

Endocrinology: Somatostatics .....	2
Neurology: Daybue™ (trofinetide) .....	2
Pain: Non-Opioid Pain Management.....	2
Psychiatry: Attention Deficit Hyperactivity Disorder .....	2

#### *Drug Class Reviews*

Cardiology: Anticoagulants.....	3
Cardiology: Heart Failure, Stable Angina/Coronary Artery Disease .....	3
Neurology: Sleep Disorders/Narcolepsy .....	3
Neurology: Skyclarys™ (omaveloxolone).....	4
Ophthalmology: Glaucoma.....	4
Otorhinolaryngology: Allergy, Cough & Cold Medications .....	4
Psychiatry: Antidepressants .....	5
Rheumatology: Non-Biologic and Biologic Disease-Modifying Anti-Rheumatic Drugs (DMARDs).....	5
Interim Prior Authorization Criteria Changes (7/4/23 – 10/3/23) .....	6
New Criteria .....	6
Revisions to Existing Criteria.....	6
Interim Formulary Changes (7/1/23 –10/3/23).....	7
<i>Pharmacy Benefit Medications</i> .....	7
<i>New Drugs to Market, Nonformulary</i> .....	8
<i>New Drugs to Market, Medical Benefit</i> .....	9

## *Drug Class Reviews (Consent Calendar)*

### **Endocrinology: Somatostatics**

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

**Prior Authorization Criteria Recommendations:**

- No prior authorization (PA) criteria changes made

**Drug Utilization Review Recommendations:**

- No Drug Utilization Review (DUR) changes made

### **Neurology: Daybue™ (trofinetide)**

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary at this time due to the rarity of the indicated disease state and early age of onset and lack of pediatric membership

**Prior Authorization Criteria Recommendations:**

- No PA criteria changes made; leverage Non-Formulary Medications criteria for any requests

**Drug Utilization Review Update:**

- No DUR changes made

### **Pain: Non-Opioid Pain Management**

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Removed OTC lidocaine (LMX® 4) 4% cream from formulary

**Prior Authorization Criteria Recommendations:**

- No PA criteria changes made (no active criteria)

**Drug Utilization Review Update:**

- No DUR changes made

### **Psychiatry: Attention Deficit Hyperactivity Disorder**

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Maintained lisdexamphetamine (Vyvanse®) capsule, Azstarys® (serdexmethylphenidate-dexamethylphenidate) capsule, Xelstrym® (dextroamphetamine) patch, and Dyanavel® XR (amphetamine) tablet as non-formulary due to cost-effective alternatives available
- Removed all age limits due to lack of pediatric membership

**Prior Authorization Criteria Recommendations:**

- Updated ADHD Criteria to reflect removal of age limits above

**Drug Utilization Review Recommendations:**

- No DUR changes made

## Drug Class Reviews

### Cardiology: Anticoagulants

#### Formulary Update:

##### Healthy Workers HMO only

- Added Pradaxa<sup>®</sup> (dabigatran) 110 mg to formulary tier 3 with quantity limit and PA required to align with other strengths

##### Healthy Workers HMO and Healthy San Francisco

- Removed Savaysa<sup>®</sup> (edoxaban) from formulary due to lack of utilization and cost-effective alternatives available

#### Prior Authorization Criteria Recommendations:

- Updated Direct Factor Xa Inhibitors criteria to reflect formulary changes above and rename Direct Oral Anticoagulants criteria

#### Drug Utilization Review Recommendations:

- No DUR changes made

### Cardiology: Heart Failure, Stable Angina/Coronary Artery Disease

#### Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Updated step logic for formulary sodium-glucose co-transport 2 (SGLT2) inhibitors Jardiance<sup>®</sup> (empagliflozin) and Farxiga<sup>®</sup> (dapagliflozin) to allow claims to pay for patients with prior optimal therapy: beta blocker, and angiotensin receptor-nepriylsin inhibitor (ARNI), angiotensin converting enzyme (ACE) inhibitor, or angiotensin receptor blocker (ARB)
- Maintained Inpefa<sup>®</sup> (sotagliflozin) and Aspruzyo Sprinkle<sup>™</sup> (ranolazine) as non-formulary due to cost-effective alternatives available

#### Prior Authorization Criteria Recommendations:

- Removed ejection fraction requirement for Farxiga<sup>®</sup> from SGLT-2 Inhibitors criteria to reflect FDA approved indication for heart failure with preserved ejection fraction

#### Drug Utilization Review Recommendations:

- No DUR changes made

### Neurology: Sleep Disorders/Narcolepsy

#### Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Xywav<sup>®</sup> (calcium, magnesium, potassium, and sodium oxybates) oral solution and Lumryz<sup>™</sup> (sodium oxybate) extended release oral suspension as non-formulary due to cost-effective alternatives available and lack of utilization

#### Prior Authorization Criteria Recommendations:

- Updated Sleep Disorder Medications criteria to reflect the following updated clinical guidelines:
  - Added coverage criteria to allow approval of modafinil in idiopathic hypersomnia
  - Removed coverage criteria for modafinil in depression augmentation (no longer recommended)
- Updated Sodium Oxybate criteria to include coverage requirements for Lumryz<sup>™</sup> and for Xywav<sup>®</sup> in idiopathic hypersomnia

#### Drug Utilization Review Recommendations:

- No DUR changes made

## Neurology: Skyclarys™ (omaveloxolone)

**Formulary Update:** Healthy Workers HMO only

- Added Skyclarys™ to formulary tier 3 with PA required and quantity limit of #90 tablets per 30 days

**Prior Authorization Criteria Recommendations:**

- Implemented new PA criteria requiring documentation of diagnosis and baseline cardiac and hepatic laboratory data

**Drug Utilization Review Recommendations:**

- No DUR changes made

## Ophthalmology: Glaucoma

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Removed age limit from latanoprost (Xalatan®) 0.005% ophthalmic drops due to lack of such restriction in the labeling
- Added travoprost (Travatan Z®) 0.004% PF ophthalmic drops to formulary tier 1 based on comparative cost-effectiveness

**Prior Authorization Criteria Update:**

- Updated Ophthalmic Glaucoma Agents criteria to reflect formulary changes above

**Drug Utilization Review Update:**

- No DUR changes made

## Otorhinolaryngology: Allergy, Cough & Cold Medications

**Formulary Update:** Healthy Workers HMO and Healthy San Francisco

- Maintained Ryaltris™ (olopatadine-mometasone) nasal spray as non-formulary due to lack of utilization and alternatives available
- Removed quantity limit from levocetirizine tablet based on lack of misuse risk and to align with other oral antihistamines
- Removed minimum age limits from the following products due to lack of pediatric population: promethazine tablet, promethazine-dextromethorphan syrup, and promethazine-codeine syrup
- Removed the following oral liquid dosage forms from formulary due to minimal utilization and cost-effective alternatives available: hydroxyzine oral solution, promethazine syrup, cyproheptadine syrup, promethazine-phenylephrine syrup
- Removed fluticasone propionate 50 mcg nasal spray (OTC) from formulary to align with the Evidence of Coverage and based on minimal utilization and available alternatives

Healthy San Francisco only

- Removed all OTC products due to lack of utilization and to align with Healthy Workers HMO, except cetirizine (Zyrtec®) tablet, fexofenadine (Allegra®) tablet, and loratadine (Claritin®) tablet

**Prior Authorization Criteria Recommendations:**

- Updated Therapeutic Allergenic Extracts criteria to reflect new age labeling for Odactra® and to clarify wording on preferred alternatives

**Drug Utilization Review Recommendations:**

- No DUR changes made

## Psychiatry: Antidepressants

### Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Auvelity® (bupropion-dextromethorphan) tablet as non-formulary due to cost-effective alternatives available
- Removed doxepin and nortriptyline syrup from formulary due to lack of utilization and lack of pediatric population

### Prior Authorization Criteria Update:

- Updated Antidepressants criteria to add Auvelity® to the list of non-formulary drugs

### Drug Utilization Review Update:

- Reviewed separate DUR analysis of antidepressant adherence and prescribed regimens

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

### Formulary Update:

#### Healthy Workers HMO only

- Added adalimumab biosimilars Cyltezo® (adalimumab-adbm) and Amjevita™ (adalimumab-atto) to formulary tier 3 with PA required, on par with Humira® (adalimumab)
- Added Xeljanz®/XR (tofacitinib) to formulary tier 3 with PA required and allow approval following step through formulary TNFi per the labeling, based on utilization and to expand formulary coverage for labeled indications (*effective January 1, 2024*)
- Removed Taltz® (ixekizumab) from formulary due to cost-effective alternatives available and authorize continuity for any current utilizers (*effective January 1, 2024*)

#### Healthy San Francisco only

- Added cyclosporine, modified capsule to formulary tier 1 to align with Healthy Workers HMO

### Prior Authorization Criteria Update:

- Updated Disease Modifying Drugs and Biologics criteria with formulary changes above and to reflect the following clinical updates:
  - New indications polymyalgia rheumatica for Kevzara® and CD for Rinvoq® (upadacitinib)
  - Cosentyx® (secukinumab) dosing up to 300mg every four weeks for most indications per labeling
  - Incorporated Litfulo™ (ritlectinib) into criteria for alopecia areata requiring use of Olumiant® (baricitinib)

### Drug Utilization Review Update:

- No DUR changes made

## Interim Prior Authorization Criteria Changes (7/4/23 – 10/3/23)

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 July 2023 P&T, no new criteria were implemented.

### 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 November 20<sup>th</sup>, 2023.

Title	Date Effective	Revision Summary
OXANDROLONE	7/27/2023	Changed drug to non-formulary and retired criteria due to FDA drug withdrawal from market
NARCOTIC WITHDRAWAL THERAPY AGENTS	11/20/2023	Removed prescriber restriction language to reflect removal of X-waiver license requirements
QUANTITY LIMIT EXCEPTION	11/20/2023	Added wording for coverage duration exceptions during drug shortages (allowing short-term approval)
SHORT-ACTING OPIOIDS	11/20/2023	Removed age minimum limits from formulary medications due to lack of pediatric membership
LONG-ACTING OPIOIDS	11/20/2023	Removed discontinued drugs from non-formulary list
CONSTIPATION AGENTS	11/20/2023	Removed OTC drugs from formulary list (previously applied to Medi-Cal only)
DRUGS FOR MOVEMENT DISORDERS	11/20/2023	Added new FDA approved indication for Ingrezza <sup>®</sup> : chorea associated with Huntington's Disease, with criteria allowing approval with documentation of baseline assessment and trial/failure, intolerance, or inability to use tetrabenazine (on par with Austedo <sup>®</sup> )
ATOPIC DERMATITIS-TOPICAL MEDICATION	11/20/2023	Added vitiligo to the diagnosis considered for coverage and updated the tacrolimus and Opzelura <sup>®</sup> sections to include coverage criteria for vitiligo. Removed age minimum limits due to lack of pediatric membership
TOPICAL STEROIDS	11/20/2023	Added vitiligo to the diagnosis considered for coverage

## Interim Formulary Changes (7/1/23 -10/3/23)

### Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
7/29/2023	Antineoplastic Systemic Enzyme Inhibitors	Vanflyta 17.7, 26.5mg tablet	HW: T3-F HSF: NF	New Entity
8/5/2023	Thyroid Hormones	Niva thyroid (thyroid,pork) 15, 30, 60, 90, 120 mg tablet	HW: T2-F HSF: T2-F	New Entity
8/5/2023	Beta-Adrenergic And Glucocorticoid Combo, Inhaled	Breyna (budesonide/formoterol fumarate) 160-4.5, 80-4.5 mcg inhaler	HW: T1-F HSF: T1-F	New Entity
8/5/2023	Antipsoriatic Agents, Systemic	Cosentyx (secukinumab) Unoready 300 mg pen	HW: T3-F HSF: NF	New dosage form
8/16/2023	Opioid Antagonists	Opvee (nalmefene HCL) 2.7 mg nasal spray	HW: T2-F HSF: T2-F	New Entity
8/16/2023	Antineoplastic-Enzyme Inhibitor, Antiandrogen Combination	Akeega (niraparib tosylate/abiraterone acetate) 50-500mg, 100-500 mg tablet	HW: T3-F HSF: NF	New Entity
9/16/2023	COVID-19 Vaccines	Comimaty COVID vaccine 2023-24 (12 YR AND UP) XBB.1.5 (raxtozinameran)/PF vial	HW: T2-F HSF: NF	New Entity
9/16/2023	COVID-19 Vaccines	Comimaty COVID vaccine 2023-24 (12 YR AND UP) XBB.1.5 (raxtozinameran)/PF syringe	HW: T2-F HSF: NF	New Entity
9/16/2023	COVID-19 Vaccines	Spikevax COVID vaccine 2023-24 (12 YRS AND UP) XBB.1.5 (andusomeran)/PF syringe	HW: T2-F HSF: NF	New Entity
9/16/2023	COVID-19 Vaccines	Spikevax COVID vaccine 2023-24 (12 YRS AND UP) XBB.1.5 (andusomeran)/PF vial	HW: T2-F HSF: NF	New Entity
9/23/2023	Antineoplastic Systemic Enzyme Inhibitors	Ojjaara (momelotinib dihydrochloride) 100 mg tablet	HW: T3-F HSF: NF	New Entity
11/20/2023	Opioid Analgesics	codeine sulfate 15, 30, 60mg tablet	HW: T1-F (AL 12) → T1-F HSF: T1-F (AL 12) → T1-F	Remove min age limit
11/20/2023	Opioid Analgesics	tramadol 50 mg tablet	HW: T1-F (AL 18) → T1-F HSF: T1-F (AL 18) → T1-F	Remove min age limit
11/20/2023	Opioid Analgesics	codeine phosphate-acetaminophen (Tylenol with codeine) 300-30, 300-60, 300-15mg tablet	HW: T1-F (AL 12) → T1-F HSF: T1-F (AL 12) → T1-F	Remove min age limit
11/20/2023	Opioid Analgesics	tramadol-acetaminophen (Ultracet) 37.5-325mg tablet	HW: T1-F (AL 18) → T1-F HSF: T1-F (AL 18) → T1-F	Remove min age limit

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.
NF	Non-Formulary Drug	Drug is non-formulary or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs are not covered.

All changes apply to Healthy Workers HMO, and Healthy San Francisco formularies unless otherwise indicated. T3 products are NF for HSF. Excluded= X

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)

## New Drugs to Market, Nonformulary

Date	Therapeutic class	Medication	Comment
7/8/2023	Laxatives And Cathartics	Suflave (peg 3350/sodium sulfate, chloride/ potassium chlor/magnesium) powder	New Entity
7/8/2023	Hypertrichotic Agents, Systemic Combinations	Litfulo (ritlecitinib tosylate) 50 mg capsule	New Entity
7/15/2023	Drugs To Treat Movement Disorders	Austedo (deutetrabenazine) XR titration kt(wk1-4)	New Entity
7/29/2023	Ophthalmic (Eye) Antiparasitics	Xdemvy (lotilaner) 0.25% drop	New Entity
8/5/2023	Growth Hormones	Ngenla (somatrogon-GHLA) pen 24 mg/1.2 mL, 60mg/1.2mL pen	New Entity
8/12/2023	Antihyperglycemic-Sod/Glucose Cotransport 2 Inhibitor	Brenzavvy (bexagliflozin) 20 mg tablet	New Entity
8/12/2023	Miotics And Other Intraocular Pressure Reducers	Iyuzeh (latanoprost/PF) 0.005% eye drop	New Entity
8/26/2023	Beta-Adrenergic And Glucocorticoid Combo, Inhaled	Airsupra (albuterol sulfate/budesonide) 90-80 mcg inhaler	New Entity
9/2/2023	Anti-Inflammatory - Antimitotics	Lodoco (colchicine) 0.5 mg tablet	New Entity
9/2/2023	Retinoic Acid Receptor (RAR) Agonists	Sohonos (palovarotene) 1 mg capsule	New Entity
9/16/2023	Anti-fungal agents	Cresemba (isavuconazonium sulfate) 74.5mg capsule	New Dosage Form
9/23/2023	Potassium Replacement	Pokonza (potassium chloride) 10 meq packet	New Entity
9/23/2023	Beta-Adrenergic And Glucocorticoid Combo, Inhaled	Breo Ellipta (fluticasone furoate/vilanterol trifenate) 50-25 mcg inhaler	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)



## New Drugs to Market, Medical Benefit

Date	Therapeutic Class	Drug Name, Strengths, and Dosage Form
7/1/2023	Antifungal Antibiotics	Rezzayo (rezafungin acetate) 200 mg vial
7/1/2023	Gene Therapy Agents - Protein Deficiency	Elevidys (delandistrogene moxeparvovec-ROKL)
7/1/2023	Neonatal FC Receptor (FCRN) Inhibitors	Rystiggo (rozanolixizumab-NOLI) 280 mg/2 mL vial
7/8/2023	Influenza Virus Vaccines	Flucelvax quad (flu vaccine quad 6 month and older) 2023-2024 IM syringe
7/8/2023	Influenza Virus Vaccines	Flucelvax quad (flu vaccine quad 6 month and older) 2023-2024 IM vial
7/8/2023	Influenza Virus Vaccines	Fluad quad 2023-2024 (flu vaccine quad 65 years and up) IM syringe
7/8/2023	Influenza Virus Vaccines	Fluarix quad (flu vaccine quad 6 month and older) 2023-2024 IM syringe
7/8/2023	Influenza Virus Vaccines	Flulaval quad (flu vaccine quad 6 month and older) 2023-2024 IM syringe
7/8/2023	Influenza Virus Vaccines	Fluzone quad (flu vaccine quad 6 month and older) 2023-2024 IM syringe
7/8/2023	Influenza Virus Vaccines	Fluzone high-dose quad (flu vaccine quad 65 years and up) 2023-24 IM vial
7/8/2023	Influenza Virus Vaccines	Afluria quad (flu vaccine quad 36 month and older) 2023-24 (3yr up) IM vial
7/8/2023	Influenza Virus Vaccines	Afluria quad (flu vaccine quad 6 month and older) 2023-2024 IM vial
7/8/2023	Influenza Virus Vaccines	Fluzone quad (flu vaccine quad 6 month and older) 2023-2024 IM vial
7/8/2023	Influenza Virus Vaccines	Flublok quad (flu vaccine quad 18 years and up) 2023-2024 IM syringe
7/15/2023	Influenza Virus Vaccines	Flumist quad (flu vaccine quad 2 to 49 years) 2023-2024 nasal spray
7/15/2023	Viral/Tumorigenic Vaccines	Abrysvo (respiratory syncytial virus vaccine) vial
7/15/2023	Viral/Tumorigenic Vaccines	Abrysvo (respiratory syncytial virus vaccine) vial with diluent
7/21/2023	Toxin-Producing Bacilli Vaccines/Toxoids	Vaxchora (cholera vaccine, live) vaccine
7/21/2023	Viral/Tumorigenic Vaccines	Arexvy (respiratory syncytial virus antigen/AS01E adjuvant/PF) vaccine vial kit
7/21/2023	Viral/Tumorigenic Vaccines	Arexvy antigen (respiratory syncytial virus vaccine, antigen 2 of 2) component
7/21/2023	Viral/Tumorigenic Vaccines	Arexvy adjuvant (vaccine adjuvant system, as01e/pf, component vial 1 of 2) component
7/21/2023	Antineoplastic - Gene Therapy Agents	Adstiladrin (nadofarogene firadenovec-vncg) vial
7/21/2023	Gene Therapy Agents - Factor Deficiency	Roctavian (valoctocogene roxaparvovec-RVOX) 16 X 10E13 VG/8 mL
7/29/2023	Irritants/Counter-Irritants	Ycanth (cantharidin) 0.7% solution
7/29/2023	Metabolic Disease Enzyme Replacement, ASMD	Xenpozyme (olipudase alfa-rpcp) 4 mg vial
8/12/2023	Antiviral monoclonal antibodies	Beyfortus (Nirsevimab-ALIP) 100 mg/mL syringe
8/12/2023	Ophthalmic Complement Inhibitors	Izervay (avacincaptad pegol sodium/PF) 2 mg/0.1 mL vial
8/12/2023	Betalactams	Xacduro (sulbactam sodium/durlobactam sodium) 1 gm-1 gm vial dose pack
8/19/2023	Antineoplastics Antibody/Antibody-Drug Complexes	Elirexio 44 MG/1.1mL, 76mg/1.9mL vial
8/19/2023	Antineoplastics Antibody/Antibody-Drug Complexes	Talvey (talquetamab-TGVS) 3 mg/1.5 mL, 40mg/mL vial
8/26/2023	Ophthalmic Vascular Endothelial Growth Factor Antagonists	Eylea HD (aflibercept) 8 MG/0.07 ml vial
8/26/2023	Complement Inhibitors	Veopoz (pozelimab-BBFG) 400 MG/2 ml vial
9/2/2023	Human Prothrombin Complex Concentrate (PCC)	Balfaxar 500, 1000 unit vial
9/2/2023	Antipsychotic, Atypical, Dopamine, Serotonin Antagonist	Rykindo ER (risperidone microspheres) 25, 37.5, 50mg mg vial, vial kit
9/16/2023	Disease Modifying Agents For Type 1 Diabetes	Lantidra (Donislecel-JUJN) infusion bag
9/23/2023	Cxcr4 Chemokine Receptor Antagonist	Aphexda (motixafortide acetate) 62 mg vial

The following products are not listed in the above table:

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