



**Gold Coast
Health Plan**SM
A Public Entity

Pharmacy Newsletter

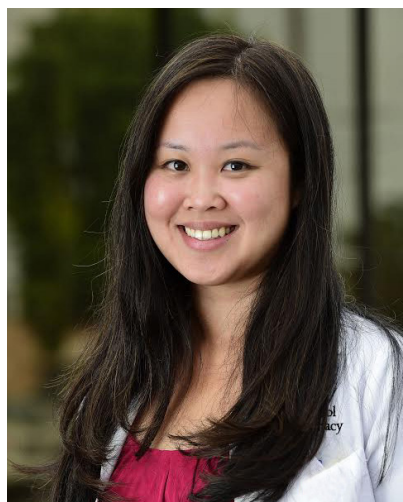
Q3 2026

SEPTEMBER 2026

Table of Contents

SECTION 1.	A Message from the Gold Coast Health Plan (GCHP) Director of Pharmacy.....	3
SECTION 2.	Safe Disposal of Unused Medications.....	4
SECTION 3.	Gold Coast Health Plan Total Care Advantage (HMO D-SNP) Updates	5
SECTION 4.	Medi-Cal Rx Updates	7
SECTION 5.	Medi-Cal Physician-Administered Drugs (PAD) and Prior Authorization (PA) Requests	8
SECTION 6.	Key updates from 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/ AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia.....	9
SECTION 7.	FDA Drug Recalls and Voluntary Withdrawals posted on GCHP Pharmacy Services website	14
SECTION 8.	Alerts from the U.S. Food and Drug Administration: New Drug Approvals, Drug Safety Labeling Changes, Drug Shortages, Drug Safety Communications, Drug Recalls	15

A Message from the Gold Coast Health Plan Director of Pharmacy



Lily Yip, Pharm.D., MBA, APh,
CDCES, BCACP, CPHQ

Gold Coast Health Plan's (GCHP) Pharmacy Newsletter is designed to help providers stay current on updates related to the use of medications and pharmacy services and benefits for GCHP members. The newsletter includes information and updates regarding the pharmacy benefit for our Medicare Advantage plan, Total Care Advantage (HMO D-SNP), for our GCHP members who are eligible for both Medicare and Medi-Cal, as well as information about the Medi-Cal pharmacy benefit, which is managed by Medi-Cal Rx for Medi-Cal members.

Our goal is to equip providers with the information necessary to safely prescribe medications and to ensure members have access to all necessary pharmacy benefits and services through Medi-Cal Rx or Total Care Advantage (HMO D-SNP). We are available to help members or providers as needed.

At GCHP, we know that our providers are interested in providing the best care possible for their patients and our members. We value the role you play in the well-being of our community.

If you have any questions, please feel free to contact me.

Sincerely,

Lily Yip, Pharm.D., MBA, APh, CDCES, BCACP, CPHQ
Director of Pharmacy

Gold Coast Health Plan Total Care Advantage (HMO D-SNP) Updates

Gold Coast Health Plan (GCHP) Total Care Advantage (HMO D-SNP) is a Medicare Advantage Special Needs Plan for low-income seniors and people with disabilities who qualify for both Medicare and Medi-Cal.

Part B Physician-Administered Drugs (PADs) - Medical Benefit (managed by Gold Coast Health Plan)

Part B medications are covered under the medical benefit and certain Part B drugs require prior authorization to determine medical necessity. For more information on Part B Drugs that require prior authorization, applicable clinical guidelines, and instructions for submitting a prior authorization request, please visit [GCHP Medicare Part B Drugs](#).

***NOTE:** Prior authorization requests are subject to CMS-mandated turnaround times (TATs). Standard requests will be reviewed within **72 hours** from receipt of request. Expedited requests will be reviewed within **24 hours** from receipt of request; however, a request should **ONLY** be deemed expedited if waiting the standard 72-hour TAT could jeopardize the member's life, health, or ability to regain maximum function. A delay in provider submission of an authorization request does not constitute grounds for expedited review.

Total Care Advantage – Pharmacy Benefit (Part D)

Medicare Part D covers outpatient prescription drugs that are typically self-administered, including oral medications, inhalers, self-administered injectables and maintenance medications for chronic conditions. All adult vaccines recommended by ACIP are also covered under Part D. For more information on Total Care Advantage Pharmacy Benefit, please go to GCHP Total Care Advantage (HMO D-SNP) Pharmacy Services.

Over-the-counter medications are NOT covered under Part D; however, certain OTC products may be covered under Medi-Cal Rx. For list of covered Part D medications, refer to the [Total Care Advantage 2026 Formulary](#) or [myPrime](#) website (online searchable formulary).

Total Care Advantage Vaccine Coverage

Medicare Part B vs D Vaccines and Immunizations

Part B	Part D – most commercially available vaccines including below:
Influenza – both seasonal & H1N1 (swine)	Shingles
Pneumococcal	RSV
Hepatitis B for high to intermediate risk	Tdap
COVID-19	Hepatitis A
Vaccines after exposure to a dangerous virus or disease	Meningococcal

Part B vaccines may be administered and billed by either a provider's office/clinic or a contracted pharmacy. **Part D vaccines**, however, must be obtained from and billed through a contracted pharmacy. Most vaccines do not require prior authorization and are available with no copay.

Please note that similar coverage and billing requirements also apply to other Medi-Medi members enrolled in other Medicare Advantage plans.

Total Care Advantage: Common adult vaccines that can be obtained at contracted pharmacy

Available without Prior Authorization		Prior Authorization Required
Abrysvo	Ervebo	Heplisav-B
Arexvy	Vaqta	Engerix-B
Capvaxive	Havrix	Recombivax HB
Comirnaty	Gardasil 9	RabAvert
Flucelvax	Ixiaro	Imovax Rabies
Fluzone	M-M-R II	Jynneos
Fluzone High-Dose	Priorix	
mNexspike	ProQuad	
COVID-19	Ipol	
Pprevnar 20	RotaTeq	
Shingrix	Rotarix	
Twinrix	MResvia	
Vimkunya	Ticovac	
Dengvaxia	YF-VAX	

To find a Total Care Advantage contracted pharmacy, go to [Find A Pharmacy](#).

Medi-Cal Rx Updates

The state Department of Health Care Services (DHCS) carved out all prescription benefits from Managed Care Plans under a program called Medi-Cal Rx. All pharmacy claims should be submitted directly to the state via its pharmacy benefit manager (PBM), Prime Therapeutics, Inc. For more information, please go to [Medi-Cal Rx](#) or [GCHP Pharmacy Services for Providers](#).

Provider Enrollment Requirement for Medi-Cal

In order for pharmacy claims to be processed and paid, the **individual prescriber** on the claim (such as doctors, nurse practitioners, or physician assistants) must be enrolled in Medi-Cal using their **individual (Type 1) National Provider Identifier (NPI)**. For more information, go to Provider Enrollment Requirement section on [Medi-Cal Rx Education & Outreach](#).

Effective Nov. 1, 2026, Basaglar (insulin glargine) will be removed from the [Medi-Cal Rx Contract Drugs List](#). Prescribers should consider alternate covered therapies that are listed on the CDL such as Lantus® [insulin glargine] or insulin glargine-yfgn.

Medi-Cal Rx allows a maximum day supply of up to **100 days for most covered maintenance medications**. For certain medications, initial fills may be limited to a 30-day supply to assess patient tolerance before a 100-day supply is authorized. Providers are encouraged to review the [CDL](#) for the most current quantity limits and coverage requirements.

Changes to the Contract Drugs List (CDL) for Medi-Cal Rx

View the [Medi-Cal Rx Contract Drugs List \(CDL\)](#) on the Medi-Cal Rx Web Portal for the most recent changes to the prescription and over-the-counter drugs lists. Revisions and/or deletions are made monthly. For recent monthly updates, please visit [Medi-Cal Rx Monthly Bulletin for September](#), [Medi-Cal Rx Monthly Bulletin for August](#), and [Medi-Cal Rx Monthly Bulletin for July](#).

Medi-Cal Physician-Administered Drugs or Medical Drug Benefit and Prior Authorization Requests

Gold Coast Health Plan (GCHP) maintains risk for Physician Administered Drugs (PADs), and with few exceptions, these medications are not billable under the California Medi-Cal pharmacy benefit program (Medi-Cal Rx). Certain PADs require prior authorization (PA) to ensure medical necessity prior to receiving the drug therapy. For more information on PADs that require prior authorization, applicable clinical guidelines, and instructions for submitting a prior authorization request, please visit [GCHP Pharmacy Services for Provider - Medi-Cal PAD](#).

Key Updates from 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia:

A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

View the guideline [here](#).

- Reinforces universal lipid screening at ages 9 to 11 years and recommends routine screening starting at age 19 with repeat testing at least every 5 years or sooner if additional ASCVD risk factors are present.
- The [PREVENT-ASCVD equation](#) should be used instead of the Pooled Cohort Equations (PCE) to estimate 10- and 30-year ASCVD risk for primary prevention.
- The ACC/AHA recommends clinicians use the CPR Model when making treatment decisions for lipid management in primary prevention. The CPR Model includes the following:
 1. Calculate 10-year ASCVD risk.
 2. Personalize the estimated risk to the specific patient by considering factors not included in the PREVENT equations.
 3. Reclassify through the selective use of coronary artery calcium (CAC) scans, and reassess treatment recommendations.
- Lifestyle modifications are an essential component of lipid management.
- For primary prevention, the low-density lipoprotein-cholesterol (LDL-C) goal should be < 100 mg/dL for those at borderline or intermediate risk and < 70 mg/dL for those at high risk. LDL-C levels should be reduced by ≥30%, optimally by ≥50%, in individuals at higher risk.
- In all adults, measurement of Lp(a) concentration is recommended at least once for ASCVD risk assessment.
- LDL-lowering therapy is recommended for primary prevention in certain patient populations regardless of LDL-C level, including adults aged 40 to 75 years with diabetes, chronic kidney disease (CKD) stage 3 or 4, or HIV.
- For secondary prevention in those at very high risk of ASCVD events, LDL-C should be reduced by ≥50% with a goal of LDL-C < 55 mg/dL. For those at lower risk, the LDL-C goal is < 70 mg/dL.
- Statins remain the cornerstone of primary and secondary prevention of ASCVD and are considered first-line pharmacotherapy for reducing LDL-C.
- If LDL-C levels are not adequately lowered by healthy lifestyle habits and statin therapy, adding a non-statin therapy is recommended. Evidence-based options include ezetimibe, bempedoic acid, and PCSK9 inhibitors.
- In adults aged 30 to 79 years without ASCVD or subclinical atherosclerosis and with an LDL-C level between 70 and 189 mg/dL (1.8-4.9 mmol/L), the PREVENT-ASCVD equations should be used to estimate 10-y ASCVD risk, with categorization as having low (<3%), borderline (3% to <5%), intermediate (5% to <10%), or high (≥10%) risk.
- In adults at intermediate risk or select adults at borderline risk who undergo CAC testing, if the CAC score is 0 AU and there is preference to avoid LLT and focus on lifestyle management and no higher risk conditions (FH or severe hypercholesterolemia ≥190 mg/dL, diabetes and age >40 y, current cigarette smoking, strong family history of premature ASCVD) are present, it is reasonable to defer therapy and reassess with repeat CAC testing in 3 to 7 y to personalize management.
- In adults at intermediate risk and select adults at borderline risk, if the CAC score is >0 AU, it is recommended to initiate LLT, particularly if the CAC score is ≥100 AU or ≥75th standardized percentile to reduce ASCVD risk.

- In adults with no prior ASCVD, if incidental CAC is identified on noncardiac CT scans (eg, by visual estimation or a validated artificial intelligence–based algorithm), the presence of coronary atherosclerosis should be considered during decision-making about initiation or intensification of LLT to reduce ASCVD risk.
- In adults at intermediate (5% to <10%) 10-y estimated risk for ASCVD, at least a moderate-intensity statin is recommended to achieve $\geq 30\%$ to 49% LDL-C reduction and to reduce ASCVD risk; for those in the higher end of this risk range, a high-intensity statin is beneficial to further reduce LDL-C by $\geq 50\%$ and reduce ASCVD risk.
- In adults at high ($\geq 10\%$) 10-y risk for ASCVD in whom LLT is initiated for primary prevention, high-intensity statin therapy is recommended to achieve an LDL-C reduction of $\geq 50\%$ to reduce the risk of ASCVD.
- In adults with severe hypercholesterolemia with an LDL-C ≥ 190 mg/dL (4.9 mmol/L) and without clinical ASCVD, additional ASCVD risk factors, HeFH, or subclinical atherosclerosis who are on maximally tolerated statin therapy, the addition of ezetimibe, a PCSK9 and/or bempedoic acid is recommended to achieve a goal of LDL-C <100 mg/dL (2.6 mmol/L) and a non-HDL-C goal of <130 mg/dL (3.4 mmol/L) and to reduce ASCVD risk.
- In adults with severe hypercholesterolemia with LDL-C ≥ 190 mg/dL (4.9 mmol/L) without clinical ASCVD but with clinical or genetic confirmation of HeFH, additional ASCVD risk factors, or documented coronary calcification, who are on maximally tolerated statin therapy, the addition of ezetimibe, a PCSK9 and/or bempedoic acid to achieve a goal of LDL-C <70 mg/dL (1.8 mmol/L) and non-HDL-C <100 mg/dL (2.4 mmol/L) is recommended to lower LDL-C and reduce ASCVD risk.
- In adults with severe hypercholesterolemia with LDL-C ≥ 190 mg/dL (4.9 mmol/L) with clinical ASCVD, who are on maximally tolerated statin therapy, the addition of ezetimibe, a PCSK9, or bempedoic acid is recommended to achieve a goal of LDL-C <55 mg/dL (1.4 mmol/L) and non-HDL-C <85 mg/dL (2.2 mmol/L) to lower LDL-C and reduce ASCVD risk.
- In adults 40 to 75 y of age with diabetes and without clinical ASCVD, moderate-intensity statin therapy is indicated to achieve $\geq 30\%$ to 49% reduction in LDL-C and a goal of LDL-C <100 mg/dL (2.6 mmol/L) and non-HDL-C <130 mg/dL (3.4 mmol/L) to reduce ASCVD risk.
- In adults with clinical ASCVD who are not at very high risk, high-intensity statin therapy should be initiated to achieve $\geq 50\%$ reduction in LDL-C and a goal of LDL-C <70 mg/dL (1.8 mmol/L) and non-HDL-C <100 mg/dL to reduce the risk of recurrent ASCVD events.
- In adults with a CAC score of ≥ 1000 AU, treatment with LDLC-lowering therapies with consideration of statin therapy as first-line is recommended to achieve a $\geq 50\%$ reduction in LDL-C and a goal of LDL-C <55 mg/dL (1.4 mmol/L) and non-HDL-C <85 mg/dL (2.2 mmol/L).
- In adults with a CAC score of ≥ 300 to 999 AU, treatment with LDL-C lowering therapies with consideration of statin therapy as first line is recommended to achieve at least a 50% lowering in LDL-C and a goal of LDL-C <70 mg/dL (1.8 mmol/L) and non-HDL-C <100 mg/dL (2.6 mmol/L).
- In adults with a CAC score of ≥ 100 to 299 AU or ≥ 75 th standardized percentile, treatment with LDL-C lowering therapies, with consideration of statins as first-line therapy, is recommended to achieve a goal LDL-C <70 mg/dL (1.8 mmol/L) and non-HDL-C <100 mg/dL (2.6 mmol/L).
- In adults with CKD stage 3 or higher and clinical ASCVD, LLT with high-intensity statin therapy with or without ezetimibe and/or a PCSK9 is recommended to achieve a $\geq 50\%$ reduction in LDL-C levels and a goal of LDL-C <55 mg/dL (1.4 mmol/L) and non-HDL-C <85 mg/dL (2.2 mmol/L) to reduce ASCVD risk.
- In people living with HIV aged 40 to 75 on stable combination antiretroviral therapy, statin therapy is recommended to reduce risk of a first ASCVD event and reduce the rate of coronary atherosclerosis progression.
- Adult cancer survivors with life expectancy of at least 2 years who otherwise qualify for LLT should be treated similarly to people without history of cancer to reduce the risk of ASCVD events.
- In adults with clinical ASCVD and LDL-C ≥ 55 mg/dL (1.4 mmol/L) and non-HDL-C ≥ 85 mg/dL on maximally tolerated statin with persistently elevated TG levels ≥ 150 to 999 mg/dL (1.7–11.3 mmol/L), intensification of LDL-C-lowering therapy is recommended to reduce ASCVD risk.
- In adults with familial chylomicronemia syndrome and fasting TG ≥ 1000 mg/dL (11.3 mmol/L), olezarsen (an apoC3 inhibitor) is recommended, as an adjunct to diet, to lower TG levels and reduce the risk of pancreatitis.

- In adults aged 40 to 75 y without a history of ASCVD or diabetes who have persistently elevated TG levels ≥ 150 to 499 mg/dL (≥ 1.7 –5.6 mmol/L), it is recommended to estimate 10-y ASCVD risk by the PREVENT equations to guide a benefit-risk discussion regarding further optimization of diet and lifestyle management as well as the potential initiation of statin therapy to reduce ASCVD risk.
- In individuals with clinical ASCVD and elevated Lp(a) who have not achieved LDL-C and non-HDL-C treatment goals on maximally tolerated statin therapy, the addition of a PCSK9 with proven cardiovascular benefit is recommended to achieve treatment goals and reduce ASCVD risk.

HMG-CoA Reductase Inhibitors (aka statins)

- First-line therapy for ASCVD risk reduction in nearly all patients
- Expected LDL-C reduction: 18%–55%

Expected % LDL-C reduction	High Intensity	Moderate Intensity	Low Intensity
	>50%	30-49%	<30%

- Atorvastatin, pitavastatin, and rosuvastatin have long half-lives that enable dosing any time of the day
- **Medi-Cal Rx Covered Statins:**

High Intensity	Moderate Intensity (30-49%)	Low Intensity (< 30%)
Atorvastatin 40-80 mg	Atorvastatin 10-20 mg	Simvastatin 10 mg
Rosuvastatin 20-40 mg	Rosuvastatin 5-10 mg	Pravastatin 10-20 mg
	Simvastatin 20-40 mg	Lovastatin 20 mg
	Pravastatin 40-80 mg	
	Lovastatin 40 mg	

- Common Medications That May interact with Statins

Avoid use with any statin	Can be used with a statin using a risk mitigation Strategy		
Gemfibrozil	Amiodarone Boceprevir Colchicine Danazol Dronedarone Fenofibrate Fosamprenavir (with or without ritonavir) Nefazodone Nirmatrevir/ritonavir Telaprevir Tipranavir/ritonavir Warfarin	Amlodipine Clarithromycin Cyclosporine Darunavir/ritonavir Fenofibric acid Itraconazole Lomitapide Nelfinavir Posaconazole Rifampin Telithromycin Verapamil	Atazanavir Cobicistat-containing products Diltiazem Erythromycin Fluconazole Ketoconazole Lpinavir/ritonavir Niacin (> 1g/d) Ranolazine Saquinavir/ritonavir Voriconazole

Other Lipid Lowering Agents

Class	Mechanism of Action	Drug name & Usual Dose	Medi-Cal Rx Coverage	TCA Coverage
Cholesterol absorption inhibitor	Blocks the sterol transporter protein, NPC1L1, to inhibit intestinal and biliary sterol absorption; increases LDL receptor expression on the surface of hepatocytes secondary to reduced hepatic sterol levels	Ezetimibe (Zetia) 10mg orally once daily	Covered	Covered
PCSK9 Inhibitors: monoclonal antibodies	Fully human monoclonal antibodies: binds to PCSK9 in the circulation and decreases degradation of LDL receptors	Alirocumab (Praluent) 75-100 mg subcutaneously every 2 weeks or 300mg every 4 weeks	Covered but limited to > 10 years of age #2 syringes or #1 kit per 28 days	Non-formulary (Prior Authorization (PA) required)
		Evolocumab (Repatha) 140 mg subcutaneously every 2wk	Prior authorization (PA) required	PA required
ATP citrate lyase inhibitor	Inhibits ATP citrate lyase in the liver to decrease cholesterol production upstream of HMG-Co reductase in the cholesterol synthesis pathway; increases LDL receptor expression on the surface of hepatocytes	Bempedoic Acid (Nexletol) 180mg orally once daily	PA required	PA required
PCSK9 inhibitor: small interfering RNA	Utilizes endogenous RNA interference mechanism and directs catalytic breakdown of mRNA for PCSK9 and decreases degradation of the LDL receptor	Inclisiran (Leqvio) 284 mg subcutaneously for initial dose followed by second dose in 3 months then every 6 months thereafter	PA required	Non-formulary
Bile acid sequestrants	Bind bile acids in the gut, interrupt enterohepatic recirculation of bile acids and impede their reabsorption, decrease bile acid pooling in the liver, increase conversion of cholesterol to bile acids; increase LDL receptor expression on the surface of hepatocytes	Cholestyramine 8-16 gm orally once or twice daily	Covered – cholestyramine powder in 378 gm can	Covered
		Colesevelam 3.75 mg orally once or twice daily	Covered	Non-formulary (PA required)
		Colestipol 2-16 gm orally once or multiple times daily	Covered – colestipol 1 gm tablet	Covered

Class	Mechanism of Action	Drug name & Usual Dose	Medi-Cal Rx Coverage	TCA Coverage
Microsomal TG transfer protein inhibitor	Binds and inhibits microsomal TG transfer protein, which is essential for the assembly of apoB-containing lipoproteins, and inhibiting synthesis of chylomicrons and VLDL, which lowers LDL-C	Lomitapide (Juxtapid) 5-60 mg orally once daily	PA required	Non-formulary (PA required)
ANGPTL3 inhibitor	Fully human monoclonal antibody that binds to and inhibits ANGPTL3; ANGPTL3 Inhibition enhances remnant lipoprotein clearance, reducing VLDL remnants and their conversion into LDL particles	Evinacumab (Evkeeza) 15 mg/kg IV every 4 weeks	PA required	Non-formulary (PA required)
Fibrates	Stimulates PPAR-alpha, which activates lipoprotein lipase and reduces apolipoprotein C-III production; increases lipolysis and elimination of TG-rich particles	Fenofibrate 40-200 mg orally once daily	Covered – fenofibrate 43mg, 67mg, 130mg, 134mg, 200mg capsules; 54mg, 160mg tablets	67mg, 135mg, 200mg capsules; 48mg, 54mg, 145mg, 160mg tablets
		Fenofibric acid 35-135 mg orally once daily		Covered
		Gemfibrozil 600 mg orally twice daily		Covered
Omega-3 fatty acids	Reduces hepatic VLDL TG synthesis and/or secretion; enhances TG clearance from circulating VLDL; other mechanisms are possible	Icosapent Ethyl (Vascepa) 4 gm orally twice daily with food	PA required	Non-formulary (PA required)
		Omega-3 fatty acids oral (Lovaza) 4 gm orally once or twice daily with food	Covered	Covered
Niacin	Reduces esterification of hepatic TG, decreases release of free fatty acids from adipose tissue and increases activity of lipoprotein lipase to enhance removal of TG-rich lipoprotein fatty acids	Niacin Extended Release (ER) 500-2000 mg orally once daily	Covered – niacin IR 50mg, 100mg, 250mg, 500mg tablet; Slo-Niacin, Niacin ER 500mg, 750mg, 1,000mg tablet	Non-formulary (PA required)
		Niacin Immediate Release (IR) 250-6000 mg orally 2-3 times daily		Non-formulary (PA required)
ApoC-III inhibitor: ASO directed therapy	Binds to and degrades apoC-III mRNA; reduces the apoC-III protein, leading to increased clearance of plasma TG and VLDL	Olezarsen (Tryngolza) 80mg subcutaneously once a monthly	PA Required	Non-formulary (PA required)

FDA Drug Recalls and Voluntary Withdrawals posted on GCHP Pharmacy Services website

FDA Class I, Class II drug recalls and voluntary withdrawals that may impact GCHP members has been posted on the [GCHP Pharmacy Services for Provider](#) website. To help ensure awareness of the most current recall and withdrawal notifications, providers should check this webpage regularly and take any appropriate action regarding affected medications. GCHP will directly notify members who may be impacted by these recalls or withdrawals. For additional information on recalls and voluntary withdrawals, please visit the [FDA Enforcement Report](#).

FDA Alerts

New to Marketplace Drugs

This information is a list of new drugs recently available in the marketplace. This is only a subset of all drugs that were approved and includes first-time approvals and any other significant drug approvals. [Click here](#) to access this information on the FDA website.

Brand Name	Generic Name	Indication	Date Available
LYNAVOY	LINERIXIBAT	Indicated for the treatment of cholestatic pruritus associated with primary biliary cholangitis (PBC) in adult patients. Limitations of Use Avoid use of LYNAVOY in patients with decompensated cirrhosis or those with prior or active hepatic decompensation events (e.g. variceal hemorrhage, ascites, hepatic encephalopathy)	June 10, 2026
NUFYMCO	RANIBIZUMAB-LEYK	Indicated for the treatment of serious retinal diseases like wet macular degeneration (AMD), diabetic macular edema (DME), and retinal vein occlusion (RVO)	June 18, 2026
VEPPANU	VEPDEGESTRANT	Indicated for the treatment of adults with estrogen receptor (ER)-positive, human epidermal growth factor receptor 2 (HER2)-negative, estrogen receptor-1 (ESR1)-mutated advanced or metastatic breast cancer, as detected by an FDA-authorized test, with disease progression following at least one line of endocrine therapy	June 22, 2026
LUMVOA	VELIGROTUG-VVZE	Indicated for the treatment of thyroid eye disease regardless of thyroid eye disease activity or duration.	June 26, 2026
SARCLISA ESCENA	ISATUXIMAB-IRFC	Indicated: - in combination with pomalidomide and dexamethasone, for the treatment of adult patients with multiple myeloma who have received at least 1 prior line of therapy including lenalidomide and a proteasome inhibitor. - in combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy. - in combination with bortezomib, lenalidomide and dexamethasone, for the treatment of adult patients with newly diagnosed multiple myeloma who are not eligible for autologous stem cell transplant (ASCT).	July 13, 2026

Brand Name	Generic Name	Indication	Date Available
AMBELVIST	GADOQUATRANE	Indicated in adult and pediatric patients, including term neonates, for use with magnetic resonance imaging (MRI) to detect and visualize lesions with abnormal vascularity in: - the central nervous system (brain, spine, and associated tissues), - the body (head and neck, thorax, abdomen, pelvis, and musculoskeletal system).	July 14, 2026
JIDEYTRO	ZIDESAMTINIB	Indicated for the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC) who received a prior ROS1 kinase inhibitor	July 27, 2026
LIPFENDRA	ENLICITIDE DECANOATE	Indicated for hypercholesterolemia and heterozygous familial hypercholesterolemia (HeFH).	Aug. 6, 2026
ZENBEXUS	IBERDOMIDE	Indicated in combination with daratumumab and hyaluronidase-fihj and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least 1 prior line of therapy including a proteasome inhibitor and an immunomodulatory agent. This indication is approved under accelerated approval based on minimal residual disease (MRD)-negative complete response (CR) at any time. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).	Aug. 17, 2026
TRUTAKNA	ATACICEPT-VYMJ	Indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) at risk for disease progression. This indication is approved under accelerated approval based on a reduction of proteinuria. It has not been established whether TRUTAKNA slows kidney function decline over the long-term in patients with IgAN. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory clinical trial.	Aug. 18, 2026

FDA Drug Safety Communications

This section includes drug alerts that were released in the last three months by the FDA that affect the prescription benefit for GCHP. [Click here](#) to access this information on the FDA's website.

Drug	Communication Link
Ferric Carboxymaltose (Injectafer)	FDA Adds Boxed Warning to Labeling for Ferric Carboxymaltose Injection (Injectafer) to Describe Risk of Low Phosphate Levels
Alli (orlistat)	FDA Approves Labeling Changes for Over-the-Counter (OTC) Weight Loss Drug alli (Orlistat) to Warn of Risk of Kidney Stones and Kidney Injury

Drug Safety Labeling Changes

This section includes new safety labeling changes or updated boxed warnings or contraindications. [Click here](#) to access this information on the FDA website.

Drug	Type of Change	Change
MAYZENT (siponimod fumaric acid)	Contraindications	MAYZENT is contraindicated in patients who have: • A CYP2C9*3/*3 genotype. • In the last 6 months experienced myocardial infarction, unstable angina, stroke, TIA, decompensated heart failure requiring hospitalization, or Class III or IV heart failure. • Presence of Mobitz type II second-degree, third-degree AV block, or sick sinus syndrome, unless patient has a functioning pacemaker. • Known hypersensitivity to siponimod, or to any of the inactive ingredients in MAYZENT. Observed reactions include angioedema.
NORVIR (ritonavir)	Contraindications	Non-opioid Analgesic (selective blocker of Nav1.8 sodium channels): suzetrigine
PROVOCHOLINE (methacholine chloride)	Contraindications	Provocholine is contraindicated in patients with: • Hypersensitivity to methacholine or other parasympathomimetic agents. Reactions have included rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. Baseline FEV1 < 60% predicted (adults or pediatric patients) or < 1.5 L (adults).
RIMACTANE (rifampin)	Contraindications	Rifampin Capsules are contraindicated in patients with a history of hypersensitivity to rifampin or any of the components, or to any of the rifamycins. Rifampin Capsules are contraindicated in patients who are also receiving ritonavir-boosted saquinavir due to an increased risk of severe hepatocellular toxicity. Rifampin Capsules are contraindicated in patients who are also receiving atazanavir, darunavir, fosamprenavir, saquinavir, tipranavir, cabotegravir, fostemsavir and lenacapavir (see prescribing information for SUNLENCA®) due to the potential of rifampin to substantially decrease plasma concentrations of these antiviral drugs, which may result in decreased antiviral efficacy and/or development of viral resistance. Rifampin Capsules are contraindicated in patients receiving praziquantel since therapeutically effective blood levels of praziquantel may not be achieved. In patients receiving rifampin who need immediate treatment with praziquantel alternative agents should be considered. However, if treatment with praziquantel is necessary, rifampin should be discontinued 4 weeks before administration of praziquantel. Treatment with rifampin can then be restarted one day after completion of praziquantel treatment.

Drug	Type of Change	Change
		Rifampin Capsules are contraindicated in patients receiving lurasidone. Concomitant use of lurasidone with strong CYP3A4 inducers (e.g., rifampin) decreased the exposure of lurasidone compared to the use of lurasidone alone.
STRATTERA (atomoxetine hydrochloride)	Boxed Warning Contraindications	WARNING: SUICIDAL THOUGHTS AND BEHAVIORS IN PEDIATRIC PATIENTS 6 YEARS OF AGE AND OLDER All STRATTERA-treated pediatric patients 6 years of age or older should be monitored and observed closely for suicidal thoughts and behavior, clinical worsening, or unusual changes in behavior, especially during the initial months of therapy or at times of dosage changes. Families and caregivers should be advised of the need for close observation and communication with the health care provider. Consider stopping STRATTERA in patients who experience emergent suicidal thoughts and behavior. STRATTERA increased the risk of suicidal ideation in pediatric patients aged 6 years of age and older with attention-deficit/hyperactivity disorder (ADHD) in short-term studies. STRATTERA is contraindicated in patients: With known hypersensitivity reaction to atomoxetine or other constituents of STRATTERA. Hypersensitivity reactions included anaphylaxis, angioneurotic edema, urticaria, and rash. Taking, or within 14 days of stopping, a monoamine oxidase inhibitor (MAOI) With narrow angle glaucoma. In clinical trials, STRATTERA use was associated with an increased risk of mydriasis. With pheochromocytoma or a history of pheochromocytoma. Serious reactions, including elevated blood pressure and tachyarrhythmia, have been reported in patients with pheochromocytoma or a history of pheochromocytoma who received STRATTERA. With severe cardiac or vascular disorders whose condition would be expected to deteriorate if they had a clinically important increase in blood pressure or heart rate (e.g., 15 to 20 mm Hg in blood pressure or 20 beats per minute in heart rate).
SUBVENITE (lamotrigine)	Boxed Warning	WARNING: SERIOUS SKIN RASHES In addition to age, factors that may increase the risk of occurrence or the severity of rash caused by lamotrigine include (1) coadministration of lamotrigine with valproate (includes valproic acid and divalproex sodium), (2) exceeding the recommended initial dose of SUBVENITE, (3) exceeding the recommended dose escalation for SUBVENITE, or (4) the presence of the HLA-B*1502 allele. However, cases have occurred in the absence of these factors.

Drug	Type of Change	Change
XATMEP (methotrexate sodium)	Boxed Warning	WARNING: SEVERE TOXIC REACTIONS, INCLUDING EMBRYO-FETAL TOXICITY, AND RISK OF MEDICATION ERROR Oral methotrexate when inadvertently administered once daily has resulted in death
ZYPREXA RELPREVV (olanzapine pamoate)	Boxed Warning	WARNING: POST-INJECTION DELIRIUM/SEDATION SYNDROME and INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS Post-Injection Delirium/Sedation Syndrome — Adverse events with signs and symptoms consistent with olanzapine overdose, in particular, sedation (including coma) and/or delirium, have been reported following injections of ZYPREXA RELPREVV. ZYPREXA RELPREVV must be administered in a certified healthcare setting with ready access to emergency response services. After each injection, patients must be observed at the healthcare setting by a healthcare professional for at least 3 hours. Because of this risk, ZYPREXA RELPREVV is available only through a restricted distribution program called ZYPREXA RELPREVV REMS and requires prescriber, healthcare setting, patient, and pharmacy enrollment.
BENLYSTA (belimumab)	Contraindications	BENLYSTA is contraindicated in patients with a prior history of: - Anaphylaxis with belimumab - Stevens-Johnson syndrome or toxic epidermal necrolysis with belimumab
BONSITY (teriparatide)	Contraindications	BONSITY is contraindicated in patients with a history of severe hypersensitivity to teriparatide or any of the inactive ingredients of BONSITY. Reactions have included anaphylaxis and angioedema.
FORTEO (teriparatide recombinant human)	Contraindications	FORTEO is contraindicated in patients with a history of severe hypersensitivity to teriparatide or any of the inactive ingredients of FORTEO. Reactions have included anaphylaxis and angioedema.
TERIPARATIDE (teriparatide)	Contraindications	Teriparatide Injection is contraindicated in patients with a history of severe hypersensitivity to teriparatide or any of the inactive ingredients of Teriparatide Injection. Reactions have included anaphylaxis and angioedema.
TYMLOS (abaloparatide)	Contraindications	TYMLOS is contraindicated in patients with a history of severe hypersensitivity to abaloparatide or any of the inactive ingredients of TYMLOS. Reactions have included anaphylaxis, angioedema, dyspnea, and urticaria.
YORVIPATH (palopegteriparatide)	Contraindications	YORVIPATH is contraindicated in patients with a history of severe hypersensitivity to palopegteriparatide or any of the inactive ingredients of YORVIPATH. Reactions have included anaphylaxis, angioedema, and urticaria.

Drug	Type of Change	Change
ADEMPAS (riociguat)	Boxed Warning Contraindications	Boxed Warning Adempas is contraindicated for use during pregnancy because it may cause fetal harm based on animal data. Exclude pregnancy prior to the start of treatment with Adempas. Advise use of effective contraception prior to initiation of treatment, during treatment, and for one month after treatment with Adempas 4. Contraindications 4.1 Pregnancy Use of Adempas is contraindicated in patients who are pregnant.
ACTOPLUS MET (metformin hydrochloride; pioglitazone hydrochloride)	Boxed Warning	Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g., carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, hepatic impairment, and mitochondrial diseases.
FORTAMET (metformin hydrochloride)	Boxed Warning	Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g., carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, hepatic impairment, and mitochondrial diseases.
GLUMETZA (metformin hydrochloride)	Boxed Warning	Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g., carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, hepatic impairment, and mitochondrial diseases.
FUROSCIZ (furosemide)	Contraindications	The On-body Infusor for FUROSCIX is contraindicated in patients with a history of hypersensitivity to medical adhesives
IMULDOSA (ustekinumab-srlf)	Contraindications	IMULDOSA is contraindicated in patients with clinically significant hypersensitivity to any ustekinumab product or to any of the excipients in IMULDOSA

Drug	Type of Change	Change
INJECTAFER (ferric carboxymaltose)	Boxed Warning	WARNING: SYMPTOMATIC HYPOPHOSPHATEMIA - INJECTAFER can cause severe, prolonged hypophosphatemia associated with serious outcomes, including hospitalization, osteomalacia and fractures requiring clinical intervention - Hypophosphatemia has occurred in patients with normal baseline phosphate levels and without apparent risk factors for hypophosphatemia - Check serum phosphate levels prior to a repeat course of treatment in patients at risk for low serum phosphate and in any patient who receives a repeat course of therapy within three months [see Dosage and Administration (2.1, 2.3)]. Correct pre-existing hypophosphatemia prior to administering INJECTAFER. - Advise patients receiving INJECTAFER about the risk of hypophosphatemia and to report any signs and symptoms of hypophosphatemia (e.g., fatigue, muscle weakness or pain, bone and joint pain, bone fractures).
INVOKAMET (canagliflozin; metformin hydrochloride)	Boxed Warning	Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g., carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, hepatic impairment, and mitochondrial diseases.
INVOKAMET XR (canagliflozin; metformin hydrochloride)		
JANUMET (metformin hydrochloride; sitagliptin phosphate)	Boxed Warning	Risk factors include renal impairment, concomitant use of certain drugs, age greater than 65 years old, radiological studies with contrast, surgery and other procedures, hypoxic states, excessive alcohol intake, hepatic impairment, and mitochondrial diseases. Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high-risk groups are provided in Full Prescribing Information.
JANUMET XR (metformin hydrochloride; sitagliptin phosphate)		
JENTADUETO (linagliptin; metformin hydrochloride)	Boxed Warning	Risk factors include renal impairment, concomitant use of certain drugs, age greater than 65 years old, radiological studies with contrast, surgery and other procedures, hypoxic states, excessive alcohol intake, hepatic impairment, and mitochondrial diseases. Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high-risk groups are provided in Full Prescribing Information.
JENTADUETO XR (linagliptin; metformin hydrochloride)		
KAZANO (alogliptin benzoate; metformin hydrochloride)	Boxed Warning	Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g., carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, hepatic impairment, and mitochondrial diseases
KALETRA (lopinavir; ritonavir)	Contraindications	Non-opioid Analgesic (selective blocker of Nav1.8 sodium channels): suzetrigine

Drug	Type of Change	Change
KOMBIGLYZE XR (metformin hydrochloride; saxagliptin hydrochloride)	Boxed Warning	Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g., carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, hepatic impairment, and mitochondrial diseases.
RIOMET ER (metformin hydrochloride)	Boxed Warning	Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g. carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, hepatic impairment, and mitochondrial diseases.
SEGLUROMET (ertugliflozin; metformin hydrochloride)	Boxed Warning	Risk factors include renal impairment, concomitant use of certain drugs, age greater than 65 years old, radiological studies with contrast, surgery and other procedures, hypoxic states, excessive alcohol intake, hepatic impairment, and mitochondrial diseases. Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high-risk groups are provided in Full Prescribing Information.
SYNJARDY (empagliflozin; metformin hydrochloride) SYNJARDY XR (empagliflozin; metformin hydrochloride)	Boxed Warning	Risk factors include renal impairment, concomitant use of certain drugs, age greater than 65 years old, radiological studies with contrast, surgery and other procedures, hypoxic states, excessive alcohol intake, hepatic impairment, and mitochondrial diseases. Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high-risk groups are provided in Full Prescribing Information.
TRIJARDY XR (empagliflozin; linagliptin; metformin hydrochloride)	Boxed Warning	Risk factors include renal impairment, concomitant use of certain drugs, age greater than 65 years old, radiological studies with contrast, surgery and other procedures, hypoxic states, excessive alcohol intake, hepatic impairment, and mitochondrial diseases. Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high-risk groups are provided in Full Prescribing Information.
XIGDUO XR (dapagliflozin propanediol; metformin hydrochloride)	Boxed Warning	Risk factors include renal impairment, concomitant use of certain drugs, age greater than 65 years old, radiological studies with contrast, surgery and other procedures, hypoxic states, excessive alcohol intake, hepatic impairment, and mitochondrial diseases. Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high-risk groups are provided in Full Prescribing Information.
YESINTEK (ustekinumab-kfce)	Contraindications	YESINTEK is contraindicated in patients with clinically significant hypersensitivity to any ustekinumab product or to any of the excipients in YESINTEK.

Drug	Type of Change	Change
ZITUVIMET (metformin hydrochloride; sitagliptin) ZITUVIMET XR (metformin hydrochloride; sitagliptin)	Boxed Warning	Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g., carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, hepatic impairment, and mitochondrial diseases
AUGMENTIN (amoxicillin; clavulanate potassium)	Contraindications	AUGMENTIN is contraindicated in patients with a previous history of cholestatic jaundice/hepatic dysfunction associated with treatment with amoxicillin/clavulanate potassium.
CAMCEVI ETM (leuprolide mesylate)	Contraindications	CAMCEVI ETM and CAMCEVI are contraindicated in patients known to be hypersensitive to GnRH, GnRH agonist analogs, or any of the excipients in CAMCEVI ETM or CAMCEVI. Anaphylactic reactions to GnRH agonist analogs have been reported in medical literature.
ENDOMETRIN (progesterone)	Contraindications	ENDOMETRIN is contraindicated in women with any of the following conditions: • Previous hypersensitivity reactions to progesterone or any of the ingredients of ENDOMETRIN [see <i>Description (11)</i>] • Abnormal vaginal bleeding that has an undiagnosed etiology • Known missed abortion or ectopic pregnancy • Hepatic adenoma, hepatocellular carcinoma, acute hepatitis, or severe (decompensated) cirrhosis • Current diagnosis of, or history of, a hormone-sensitive malignancy (e.g., breast cancer) • Active arterial or venous thromboembolism or severe thrombophlebitis, or a history of these events

Drug Shortages

This section documents drug shortages that were updated in the past 30 days that affect the prescription benefit for GCHP. [Click here](#) to access this information on the American Society of Health-System Pharmacists (ASHP) Resource Center's website.

Drug Product	Affected Manufacturers	Summary
Xifaxn (rifaximin) Tablets	Bausch Health	Products Affected - Xifaxan oral tablet, Bausch Health, 200 mg, bottle, 30 count, NDC 65649-0301-03 Reason for the Shortage: - Bausch Health stated that orders are being monitored and allocated according to the demand for its labeled use of the treatment of travelers' diarrhea. Available Products: - Xifaxan oral tablet, Bausch Health, 550 mg, bottle, 60 count, NDC 65649-0303-02 - Xifaxan oral tablet, Bausch Health, 550 mg, unit-dose carton, 60 count, NDC 65649-0303-03 Estimated Resupply Dates - Bausch Health has Xifaxan 200 mg tablets on allocation. Please contact your wholesaler if you are having issues obtaining product.
Penicillin G Benzathine	Pfizer	Products Affected: - Bicillin L-A intramuscular suspension for injection, Pfizer, 1,200,000 units, 2 mL syringe, 10 count, NDC 60793-0701-10 - Bicillin L-A intramuscular suspension for injection, Pfizer, 2,400,000 units, 4 mL syringe, 10 count, NDC 60793-0702-10 - Bicillin L-A intramuscular suspension for injection, Pfizer, 600,000 units, 1 mL syringe, 10 count, NDC 60793-0700-10 Reason for the Shortage: - Pfizer has Bicillin-LA on shortage due to increased demand. Pfizer is allocating resources towards manufacturing adult Bicillin-LA presentations due to increased syphilis infection rates. Once current supplies of the pediatric Bicillin-LA vials are depleted it is unclear when more product will be manufactured. A Dear Healthcare Professional Letter can be found at: https://www.fda.gov/media/169427/download.

Drug Product	Affected Manufacturers	Summary
		Available Products: - There is insufficient supply for usual ordering Estimated Resupply Dates: - Padagis has temporarily discontinued bacitracin ophthalmic ointment in 3.5-gram tubes and the company estimates product will be available in April 2027.
Penicillin G Benzathine/ Penicillin G Procaine	Pfizer	Products Affected: - Bicillin C-R intramuscular suspension for injection, Pfizer, 1,200,000 units (600,000 units penicillin G benzathine/600,000 units penicillin G procaine), 2 mL prefilled syringe, 10 count, NDC 60793-0600-10 - Bicillin C-R intramuscular suspension for injection, Pfizer, 1,200,000 units (600,000 units penicillin G benzathine/600,000 units penicillin G procaine), 2 mL pediatric prefilled syringe, 10 count, NDC 60793-0601-10 - Bicillin C-R 900/300 intramuscular suspension for injection, Pfizer, 1,200,000 units (900,000 units penicillin G benzathine/300,000 units penicillin G procaine), 2 mL pediatric prefilled syringe, 10 count, NDC 60793-0602-10 Reason for the Shortage: - Pfizer has Bicillin-CR on shortage due to increased demand and manufacturing delays. Pfizer is allocating resources towards manufacturing Bicillin-LA due to increased syphilis infection rates. A Dear Healthcare Professional Letter can be found at: https://www.fda.gov/media/169427/download. Available Products: - There are no presentations available Estimated Resupply Dates: - Pfizer has Bicillin-CR 1,200,000 units adult 2 mL syringes on long-term back order and the company cannot estimate a release date. The Bicillin-CR 1,200,000 units pediatric 2 mL syringes are on back order and the company cannot estimate a release date. The Bicillin-CR (900/300) 2 mL syringes are on back order and the company cannot estimate a release date.

Drug Product	Affected Manufacturers	Summary
Dextroamphetamine Extended-Release Capsules	Teva	Products Affected: - Dextroamphetamine sulfate oral extended release capsule, Teva, 10 mg, bottle, 90 count, NDC 45963-0304-09 - Dextroamphetamine sulfate oral extended release capsule, Teva, 15 mg, bottle, 90 count, NDC 45963-0305-09 - Dextroamphetamine sulfate oral extended release capsule, Teva, 5 mg, bottle, 90 count, NDC 45963-0303-09 Reason for the Shortage: - Teva did not provide a reason for the shortage. Available Products: - Dexedrine Spansule oral extended release capsule, Amneal, 10 mg, bottle, 90 count, NDC 64896-0674-10 Estimated Resupply Dates: - Teva has dextroamphetamine 5 mg, 10 mg, and 15 mg extended-release capsules in 90 count bottles on back order and the company estimates a release date in late-November 2026.
Mercaptopurine Tablets	- Hikma - Mylan (Viatris) - Quinn	Products Affected: - Mercaptopurine tablet, Hikma, 50 mg, bottle, 25 count, NDC 00054-4581-11 - Mercaptopurine tablet, Hikma, 50 mg, bottle, 250 count, NDC 00054-4581-27 - Mercaptopurine tablet, Mylan (Viatris), 50 mg, bottle, 25 count, NDC 00378-3547-52 - discontinued - Mercaptopurine tablet, Mylan (Viatris), 50 mg, bottle, 250 count, NDC 00378-3547-25 - discontinued - Mercaptopurine tablet, Quinn Pharmaceuticals, 50 mg, bottle, 25 count, NDC 69076-0913-02 - discontinued - Mercaptopurine tablet, Quinn Pharmaceuticals, 50 mg, bottle, 250 count, NDC 69076-0913-25 - discontinued Reason for the Shortage: - Hikma did not provide a reason for the shortage. - Quinn discontinued mercaptopurine 50 mg tablets in the first half of 2026. Available Products: - There is insufficient supply for usual ordering Estimated Resupply Dates: - Hikma has mercaptopurine 50 mg tablets in 25 count and 250 count bottles on allocation.

Drug Product	Affected Manufacturers	Summary
Benzphetamine HCl Tablets	- KVK-Tech - Epic Pharma	Products Affected: - Benzphetamine hydrochloride oral tablet, KVK-Tech, 50 mg, bottle, 30 count, NDC 10702-0040-03 - Benzphetamine hydrochloride oral tablet, KVK-Tech, 50 mg, bottle, 100 count, NDC 10702-0040-01 - Benzphetamine hydrochloride oral tablet, KVK-Tech, 50 mg, bottle, 500 count, NDC 10702-0040-50 Reason for the Shortage: - KVK-Tech did not provide a reason for the shortage. - Epic Pharma discontinued benzphetamine tablets. Available Products: - There are no presentations available Estimated Resupply Dates: - KVK-Tech has benzphetamine 50 mg tablets on long-term back order and the company cannot estimate a release date.

Drug Recalls

This section includes drug recalls that have been reported by the FDA this quarter. [Click here](#) to view this information on the FDA website. Click company name under Company column below for full alert.

Date	Drug Name	Recall Summary	Company	NDC, Lot #, and Expiration Date
July 20, 2026	Cetirizine HCl Tablets	Unique Pharmaceutical Laboratories is voluntarily recalling four lots of Cetirizine Hydrochloride Tablets USP 5 mg to the consumer level due to cross contamination with Ranitidine. See Cetirizine Hydrochloride Tablets USP 5 mg for more information.	Unique Pharmaceutical Laboratories	NDC: 16571-401-10 Lot # GY825029 GY825030 GY825031 GY825032 Exp Date: Oct. 2028
July 24, 2026	Cyclophosphamide for Injection	Sunna Pharmtech, Inc. is voluntarily recalling three lots of Cyclophosphamide for Injection, USP, 1g/vial and 2g/vial, to the User Level due to the presence of particulate matter identified as steel. See Cyclophosphamide for Injection for more information.	Sunna Pharmtech, Inc.	NDC: 81298-8112-1 81298-8112-1 81298-8114-1 Lot # C23019V1 C24015V1 V24010V1 Exp Date: Oct. 2026 Apr. 2027 Mar. 2027
July 24, 2026	Cefazoline in Dextrose Injectoin	Baxter International Inc. is voluntarily recalling Lot LD175708, Exp 14-Feb 2027 of Cefazolin in Dextrose Injection due to a report of particulate matter found in the solution identified as cardboard. See Cefazolin in Dextrose Injection for more information.	Baxter International Inc.	NDC: 0338-3508-41 Lot# LD175708 Exp Date: Feb. 14, 2027

Date	Drug Name	Recall Summary	Company	NDC, Lot #, and Expiration Date
July 27, 2026	Papaverine Hydrochloride Injection	American Regent, Inc. is conducting a nationwide voluntary recall of a single lot of Papaverine Hydrochloride Injection, USP, 60 mg/2 mL single dose vial to the consumer level. The product is being recalled due to the presence of particulate matter identified as glass and/or paraformaldehyde. See Papaverine Hydrochloride Injection, USP 60 mg/ 2 mL for more information.	American Regent, Inc.	NDC: 00517-4002-25 Lot#: 25202 Exp Date: Nov. 30, 2026
Aug. 5, 2026	Glutathione Injection	Victory Medical Center Pharmacy is voluntarily recalling certain lots of Compounded Glutathione 200 mg/mL Multi-Dose Vials to the patient level. The product is being recalled because pharmacy testing identified elevated bacterial endotoxin levels. See Compounded Glutathione 200 mg/mL Multi-Dose Vials for more information.	Victory Medical Center Pharmacy	Lot # 1980571, 1981940, 1984345 Exp Date: Aug. 27, 2026
Aug. 5, 2026	Morphine Sulfate Injection	Fresenius Kabi is voluntarily recalling one lot of Morphine Sulfate Injection USP, Simplist® 2 mg/1 mL due to a label mix-up. The MicroVault labeled as Morphine 2 mg/1 mL, may contain a Prefilled Syringe of Dilaudid 0.5 mg/0.5 mL. This recall is being conducted to the user level. See Morphine Sulfate Injection USP, Simplist® 2 mg/1 mL for more information	Fresenius Kabi	NDC: 76045-0004-11 Lot# 6402820 Exp Date: Dec. 2028

Date	Drug Name	Recall Summary	Company	NDC, Lot #, and Expiration Date
Aug. 11, 2026	Tyenne® (tocilizumab-aazg) Injection 400 mg/20 mL	Fresenius Kabi is recalling one lot of Tyenne® (tocilizumab-aazg) Injection 400 mg/20 mL (20 mg/mL) 20 mL vials to the user level. An internal investigation at the firm found the product to contain glass particles. See Tyenne Injection 400 mg/20 mL vial for more information.	Fresenius Kabi	NDC: 65219-594-20 Lot# 16UI07 Exp Date: Aug. 2028
Aug. 19, 2026	Lactated Ringers Injection	B. Braun Medical Inc. is voluntarily recalling one lot of Excel® Lactated Ringers Injection, 1000mL to the hospital/healthcare facility level, due to the presence of particulate matter in solution identified primarily as cellulose cotton fibers, with individual particles also identified as cellulose wood fiber polystyrene. See Excel® Lactated Ringers Injection, 1000mL for more information.	B. Braun	NDC: 0264-7750-00 Lot# J4H077 Exp Date: Nov. 30, 2026
Aug. 20, 2026	Glutathione 200 mg/mL	Optimal Balance Pharmacy is voluntarily recalling one lot of Compounded Glutathione 200 MG/ML 30 ML Multi-Dose Vials to the patient level. The product is being recalled because pharmacy testing identified elevated bacterial endotoxin levels. See Glutathione Injection 200MG/ML (30ML), Multi-Dose Vial for more information.	Optimal Balance Pharmacy	Lot# LG342009076 Exp Date: Oct. 4, 2026
Aug. 24, 2026	Thyroid Tablets	Vitruvias Therapeutics Inc. is voluntarily recalling one lot (Lot. No. 504950) of Thyroid Tablets, USP 30 mg to the consumer level. The product is being recalled because testing confirmed the potential for the product to be superpotent. See Thyroid Tablets, USP 30 mg for more information.	Vitruvias Therapeutics, Inc	NDC: 69680-0166-00 Lot# 504950 Exp Date: Sep. 30, 2026

Date	Drug Name	Recall Summary	Company	NDC, Lot #, and Expiration Date
Aug. 25, 2026	Anticoagulant Sodium Citrate Solution	Baxter International Inc. is voluntarily recalling one lot of Anticoagulant Sodium Citrate Solution due to the potential presence of particulate matter identified as fiberglass in the solution. See Anticoagulant Sodium Citrate Solution USP, 250 mL VIAFLEX Plastic Container for more information.	Baxter International Inc.	NDC: 00338-9669-01 Lot # Y493475 Exp Date: Dec. 31, 2027
Aug. 25, 2026	70% Dextrose Injection	Baxter International Inc. is voluntarily recalling one lot of 70% Dextrose Injection due to the potential presence of particulate matter identified as stainless steel particles in the solution. See 70% Dextrose Injection, USP in 2000 mL VIAFLEX Plastic Container for more information.	Baxter International Inc.	NDC: 00338-0719-06 Lot# Y495066 Exp Date: Jul 31, 2027
Aug. 25, 2026	Anticoagulant Sodium Citrate Solution	Baxter International Inc. is voluntarily recalling one lot of Anticoagulant Sodium Citrate Solution due to the potential presence of particulate matter identified as fiberglass in the solution. See Anticoagulant Sodium Citrate Solution USP, 250 mL VIAFLEX Plastic Container for more information.	Baxter International Inc.	NDC: 00338-9669-01 Lot# Y493475 Exp Date: Dec. 31, 2027
Aug. 26, 2026	0.9% Sodium Chloride Injection	Baxter International Inc. is voluntarily recalling two lots of 0.9% Sodium Chloride Injection due to the potential presence of particulate matter identified as fiberglass in the solution. See 0.9% Sodium Chloride Injection, USP, 500 mL VIAFLEX Plastic Container for more information.	Baxter International Inc.	NDC: 00338-0049-03 Lot# Y495523, Y495523A Exp Date: Oct. 31, 2027



**Gold Coast
Health Plan**SM
A Public Entity

Pharmacy Newsletter

Q3 2026

SEPTEMBER 2026

For additional information, contact the
Pharmacy Department at 1-805-437-5738.
Gold Coast Health Plan
4880 Santa Rosa Road, Camarillo, CA 93012
www.goldcoasthealthplan.org