Gold Coast Health Plan℠
A Public Entity

Pharmacy Newsletter

Q2 2026

JUNE 2026

www.goldcoasthealthplan.org

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 9

SECTION 5. Medi-Cal Physician-Administered Drugs (PAD) and Prior Authorization (PA) Requests 17

SECTION 6. Medicare GLP-1 Bridge Demonstration Pilot Program 18

SECTION 7. Key points from 2026 Global Initiative for Chronic Obstructive Lung Disease Guidelines 20

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 26

PN Q2 2026

The Pharmacy Newsletter is published quarterly for the provider community of Gold Coast Health Plan by the Communications Department.

Information in the Pharmacy Newsletter comes from a wide range of medical experts. If you have any questions regarding its content, please contact GCHP's Director of Pharmacy Lily Yip, at lyip@goldchp.org or 1-805-437-5873.

Director of Pharmacy Services:
Lily Yip, Pharm.D., APh, CDCES, BCACP

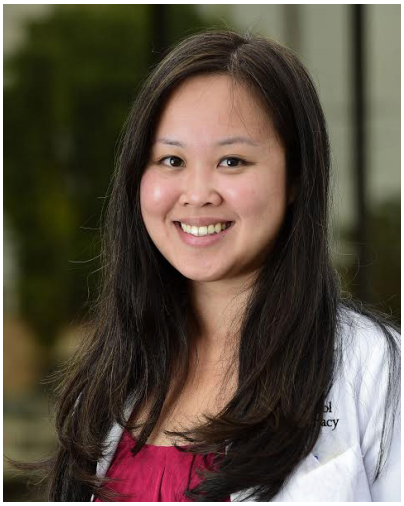
Acting Chief Medical Officer:
James Cruz, MD

Director of Communications:
Susana Enriquez-Euyoque

Editor-in-Chief:
Ifsha Buttitta

Copy Editor:
Alex Esparza

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

Where to Safely Dispose of Unused Medications

You can now search the California Board of Pharmacy website for local locations to dispose of unused medications. Pharmacies may offer two types of drug take-back services: on-site collection bins and/or envelopes for mailing back unused medications. This search tool only offers locations that are registered with the Board of Pharmacy.

Total Care Advantage (HMO D-SNP) Updates – Medicare Advantage Plan

Gold Coast Health Plan (GCHP) introduced a Medicare Advantage Dual Eligible Special Needs Plan for members who have both Medicare and Medi-Cal (Medi-Medi members) on Jan. 1, 2026.

Gold Coast Health Plan Total Care Advantage (HMO D-SNP) Part B Drugs

Medicare Part B covers physician-administered drugs (PADs) and biologics that are typically provided in a clinical setting (in-office, outpatient infusion centers). This includes chemotherapy infusions, IV infusions, and most injectable medications that are NOT self-administered. Certain preventive vaccines are also covered under Part B, including influenza, COVID-19, hepatitis B, and pneumococcal vaccines. In addition, Part B covers diabetic testing supplies, continuous glucose monitors (CGMs), durable medical equipment (DME), and drugs and biologics related to end stage renal disease (ESRD).

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

Part B medications are billed under the medical benefit. Gold Coast Health Plan (GCHP) will review prior authorization requests for some drugs that are administered at a physician's office. For a list of the Medicare Part B Drugs that require prior authorization and review for approval, please check the *Total Care Advantage Medicare Part B Drug List*. This list is updated quarterly in alignment with guidance and direction received by the Centers for Medicare & Medicaid Services (CMS) and the GCHP Pharmacy and Therapeutics (P&T) Committee.

To avoid delays or denials, providers should submit a completed prior authorization request with all necessary clinical documentation. You may submit prior authorization requests for Part B electronically on the *Provider Portal* (preferred) or manually by completing and faxing a *Prior Authorization Treatment Request Form*. Claims may be delayed or denied until the required information is received to establish medical necessity. PADs that are billed on a medical claim are the responsibility of GCHP.

*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.

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.

Most of the members will pay a copay for their medications under Medicare Part D. The amount they have to pay depends on their Low-Income Subsidy (LIS) level (also called Extra Help) which is dependent on a member's income and resources. Members can have a LIS level of 1, 2, or 3. Depending on which level they are assigned by the Social Security Administration, their co-pays would be defined as follows:

LIS Level	Generic Copay	Brand Copay
Level 1	$5.10	$12.65
Level 2	$1.60	$4.90
Level 3	$0	$0

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).

Part D medications are dispensed through contracted retail and mail-order pharmacies; prescriptions may be filled for up to a 100-day supply for maintenance medications. A list of contracted pharmacies can be found on the *GCHP website* or by visiting the *myPrime website*.

GCHP has contracted with Prime Therapeutics as the Pharmacy Benefit Manager (PBM) for the Part D pharmacy benefit for Total Care Advantage members. Prime Therapeutics is responsible for processing Part D pharmacy claims, some Part B pharmacy claims, and diabetic testing supplies (DTS) and continuous glucose monitors (CGMs) billed by pharmacies.

*NOTE: these medications and supplies may be subject to co-pays.

Medications covered by our Part D formulary that may require additional supporting documentation will require a Prior Authorization; drugs not covered on the Total Care Advantage Part D Formulary will require a *Formulary Exception*. Both prior authorizations and formulary exceptions should be submitted to Prime. All other forms can be found on the *MyPrime website*.

Total Care Advantage: Part B Drugs/Products managed by Prime Therapeutics under Pharmacy Benefit

- Diabetic testing supplies including continuous glucose monitors (CGMs)
- Nebulizer solutions for at home use (e.g. albuterol, budesonide)
- Oral anti-nausea drugs related to cancer
- Transplant/immunosuppressive drugs

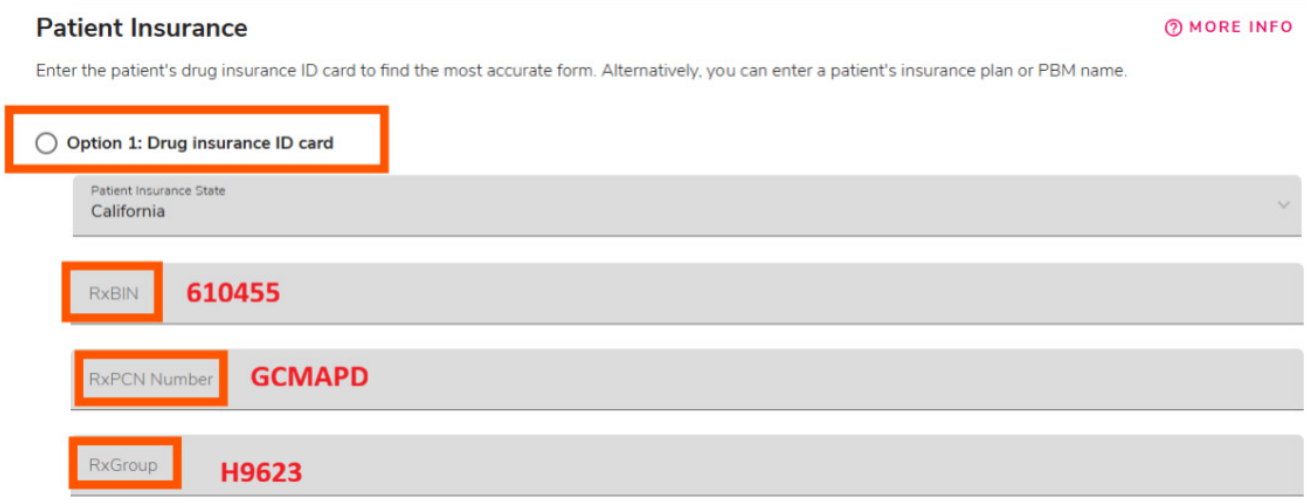
Preferred Diabetes Testing Supplies Manufacturers: *Abbott* and *Ascensia*	
Glucose Monitoring Systems (meter, tests strips, lancets)	Freestyle Lite Freestyle Freedom Lite Freestyle Precision Neo Freestyle Optium Neo Precision Xtra Contour Next EZ Contour Next GEN Contour Next ONE
Continuous Glucose Monitors (sensors, receiver, transmitter)	Dexcom G6 Dexcom G7 Freestyle Libre 2 PLUS Freestyle Libre 3 PLUS

ALL other brands of diabetic testing supplies/CGMs will require prior authorization submitted to Prime Therapeutics.

Total Care Advantage – Submitting Coverage Determination (CD) or Prior Authorization (PA) Requests

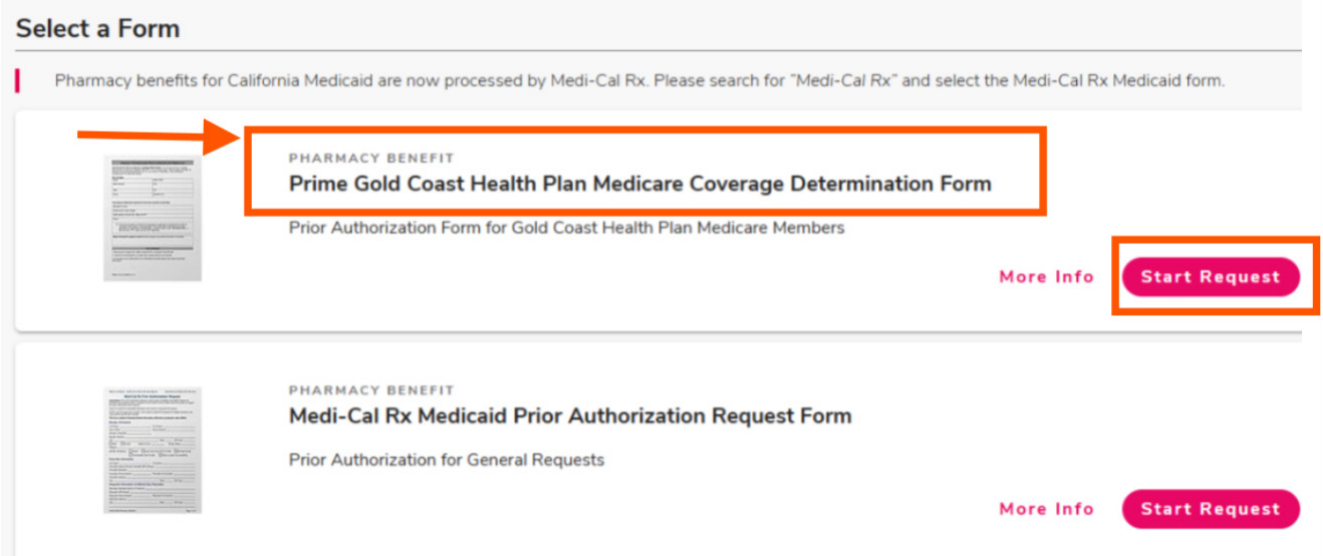
You can submit Prior Authorizations electronically using **CoverMyMeds**. For Total Care Advantage members – please use one of the two options below to ensure that the appropriate insurance information is entered:

- **Option 1:** Entering the **RxBIN 610455, RxPCN GCMAPD, RxGroup H9623** (which will take you directly to the Prime Gold Coast Health Plan Medicare Coverage Determination Form), or



- **Option 2:** When manually searching for the insurance plan or PBM name, enter **"California"** as the state, enter **"Gold Coast"** as the plan name, and selecting the **"Prime Gold Coast Health Plan Medicare Coverage Determination Form"** and not the Medi-Cal Rx Medicaid Prior Authorization Request Form (which is for Medi-Cal members only)

  - » **Search result will return 2 Forms. Select Prime Gold Coast Health Plan Medicare Coverage Determination Form**



- **Retain CMM Key# to follow up**

Contact Prime Therapeutics *Member Services* at **1-855-681-7966**, 24/7 for any questions or issues regarding pharmacy claims or prior authorizations.

Providers may also call Prime Therapeutics at **1-877-277-5449** – option 3 to submit prior authorizations for Part D verbally over the phone.

For more information regarding pharmacy services, please check the *GCHP pharmacy website*. For additional questions, contact the GCHP Pharmacy Team at 1-805-437-5738 or *Pharmacy@goldchp.org*.

Medi-Cal Rx Updates

Medi-Cal Rx Updated Drug Lookup Tool

The Drug Lookup Tool, located on the Medi-Cal Rx website, has been updated to be more user friendly. You can now use this tool to look up drugs by brand or generic and it will list the National Drug Code (NDC) and all dosages available in the marketplace. You can also use this tool to determine if a prior authorization (PA) is required or if there are any Code 1 restrictions. There is also a link to CoverMyMeds to submit an electronic prior authorization (ePA). For instructions on how to use this feature, click here.

General Medi-Cal Rx Information

The Medi-Cal Rx website contains the most accurate, up-to-date information related to prescription benefits. The website includes an overview and background information, frequently asked questions (FAQs), Bulletins & News, Contract Drugs List (CDL), Provider Manual and other helpful information. Please bookmark this website today and sign up for the Medi-Cal Rx Subscription Services.

All pharmacy claims and PA requests should be submitted to Medi-Cal Rx. For pharmacy billing, claims will process under: **BIN 022659, PCN 6334225, Group MEDICALRX**.

For assistance regarding a pharmacy claim or PA, please contact the Medi-Cal Rx Customer Service Center via phone at 1-800-977-2273, or email MediCalRxEducationOutreach@magellanhealth.com. Agents are available 24 hours a day, seven days a week, 365 days a year.

To submit a PA or appeals for a pharmacy claim to Medi-Cal Rx, please fax 1-800-869-4325. This information sheet contains important information regarding how to submit a PA or an appeal for a pharmacy claim to Medi-Cal Rx. You may also visit the Medi-Cal Rx Communication page for any upcoming bulletins and news.

If you need further assistance, contact the GCHP Pharmacy Department at 1-805-437-5738 or email at Pharmacy@goldchp.org.

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). This requirement also applies to pharmacists initiating prescriptions under their own scope of practice authority. Affiliation with a managed care plan (MCP) and/or enrollment as a provider with the federal Medicare program is not sufficient to meet the requirements for Medi-Cal enrollment.

DHCS will initiate a phased approach for full enforcement of this requirement soon, and more specific information will be released once available. The phased approach is intended to support a smooth transition, mitigate potential impacts to members, and ensure adequate time for prescribers to submit and DHCS to process Medi-Cal provider enrollment applications.

What Prescribers Need to Do

- ✓ Verify Medi-Cal Provider enrollment status using Enrolled Providers List
- ✓ If the Type 1 NPI is not found on the Enrolled Fee-for-Service (FFS) Provider List, submit an application with the DHCS Provider Application and Validation for Enrollment
- ✓ For more information, visit Provider Enrollment Requirement section on Medi-Cal Rx Education & Outreach

ICD-10-CM Diagnosis Code Requirement on Pharmacy Claims

- ✓ Effective fall 2026, ICD-10-CM diagnosis code(s) will be required for pharmacy claim adjudication. Please include ICD-10-CM Diagnosis code on all prescriptions.
- ✓ Apply to all pharmacy claims submitted on and after the implementation date, including claims for refills.
- ✓ For more information, visit ICD-10-CM Diagnosis Code Requirement section on Medi-Cal Rx Education & Outreach.

Medi-Cal Rx, Changes Effective January 1, 2026

The state Department of Health Care Services (DHCS) has implemented a series of Medi-Cal Rx coverage updates in alignment with the 2025–2026 State Budget. These changes include, but are not limited to, select over-the-counter (OTC) products, OTC prenatal vitamins, and step therapy requirements. For more information refer to Reminder: Changes to Medi-Cal Rx Effective January 1, 2026.

Coverage Policies for Select OTC Products

Coverage policies for select OTC products for Medi-Cal members under Medi-Cal Rx have been updated. Refer to the Medi-Cal Rx Contract Drugs List (CDL) for more information.

- Multivitamin combination products are no longer covered for members 21 years of age and older.
- Poly-Vi-Sol® and Poly-Vi-Sol with Iron are covered for members 1 year of age and younger.
- The following single-ingredient vitamins, dry eye products, and antihistamine have a Code I age limit of younger than 21 years of age:
  - ✓ Niacin
  - ✓ Vitamin A
  - ✓ Vitamin B Complex No.3/Folic/C/Biotin
  - ✓ Vitamin C
  - ✓ Vitamin D3 (excluding D3 50,000 units)
  - ✓ Vitamin E
  - ✓ Carboxymethylcellulose sodium (CMC)
  - ✓ Propylene glycol
  - ✓ Fexofenadine (tablets)
    Note: Coverage for members 21 years of age and older may be considered with a PA request demonstrating medical necessity.
- The following first- and second-generation antihistamines have a Code I age limit of younger than 12 years of age:
  - ✓ Fexofenadine (suspension)
  - ✓ Loratadine (chewable tablets, rapid tablets and liquid)
  - ✓ Brompheniramine maleate (liquid) *
  - ✓ Chlorpheniramine maleate (liquid) *
  - ✓ Dexbrompheniramine maleate (chewable tablets and liquid) * – Diphenhydramine HCL (liquid) *
  - ✓ Pyrilamine maleate (liquid) *

- ✓ Triprolidine (drops, syrup) *
- ✓ Cetirizine HCL (liquid)
  Note: Coverage for members 12 years of age and older may be considered with a PA request demonstrating medical necessity. Products marked with an asterisk (*) will continue to have a Code I minimum age limit of 2 years.

- OTC Prenatal multivitamins have a Code I diagnosis restriction for use during pregnancy or lactation conditions for members between 10 and 60 years of age.
- Prenatal multivitamins, single-ingredient vitamins, and antihistamines are restricted to a 90- to 100-day supply per fill. The initial fill is approvable for less than a 90-day supply to ensure the Medi-Cal member can tolerate the drug. Subsequent fills/refills of the medications will require a minimum **90- to 100-day supply** per fill.

Step Therapy

Medi-Cal Rx will continue to prefer the use of drugs/products listed on the CDL(s) on the Contract Drugs & Covered Products Lists page prior to considering approval of a drug/product requiring a PA request.

- Providers should consider prescribing covered therapies that may not require a PA.
- If a covered drug/product is not clinically appropriate, submit a PA request establishing medical necessity.
- Providers are required to include drugs/products tried and considered and the reason(s) why those drugs/products do not meet the needs of the member when submitting PA requests. Refer to the Reminder: Establishing Medical Necessity alert.

Continuation of therapy, which refers to when a member previously used or is currently using the drug/product, does not suffice as justification for approval. This change impacts all members regardless of eligibility, age, and specialty program enrollment.

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. Below is a list of the most recent changes to the CDL for Medi-Cal Rx.

Drug Name	Description	Effective Date
Cosibelimab-ipdl	Added to the CDL with labeler restriction (LR).	March 1, 2026
Difluprednate	Added to the CDL.	March 1, 2026
Efavirenz/Lamivudine/ Tenofovir Disoproxil Fumarate	LR added to 600 mg/300 mg/300 mg tablets.	March 1, 2026
Ensartinib HCL	Added to the CDL with LR.	March 1, 2026
Loteprednol Etabonate	LR added to ophthalmic ointment and 0.38% gel drops.	March 1, 2026
Leuprolide Acetate	Additional formulation (vial) added to the CDL with LR.	March 1, 2026
Mometasone Furoate	Additional formulation (nasal spray) added to the CDL.	March 1, 2026
Mosunetuzamab-axgb	Additional strengths (5 mg/0.5 ml and 45 mg/ml) added to the CDL with LR.	March 1, 2026
Nivolumab and Hyaluronidase-nvhy	Additional strength (300 mg-5,000 units/2.5 ml) added to the CDL with LR.	March 1, 2026
Tapinarof	Added to the CDL with quantity limit (QL).	March 1, 2026

Drug Name	Description	Effective Date
Amivantamab and Hyaluronidase-lpuj	Additional strengths (2400 mg – 30000 units/15 ml and 3520 mg – 44000 units/22 ml) added to the CDL with labeler restriction (LR).	April 1, 2026
Benralizumab *	Added to the restriction. CDL with LR, quantity limit (QL), and diagnosis	April 1, 2026
Budesonide	Oral Powder for CDL. Inhalation formulation removed from the	April 1, 2026
Docetaxal	LR removed.	April 1, 2026
Estradiol	Additional formulation (gel packets) added to the CDL.	April 1, 2026
Estradiol/Levonorgestrel	Added to the CDL with LR.	April 1, 2026
Estradiol/Norethindrone Acetate	Added to the CDL; patches added with LR.	April 1, 2026
Everolimus	LR removed.	April 1, 2026
Fluticasone Furoate	**Effective May 1, 2026:** LR added.	April 1, 2026
Malathion	Added to the CDL.	April 1, 2026
Maraviroc	LR removed from tablets	April 1, 2026
Necitumumab	Effective June 1, 2026: Removed from the CDL.	April 1, 2026
Pemetrexed Disodium	LR removed.	April 1, 2026
Semaglutide (Wegovy) *	Added to the CDL with LR, QL, and diagnosis restriction.	April 1, 2026
Somatropin FlexPro) (Norditropin	**Effective June 1, 2026:** 30 mg/3 ml pen injector removed from CDL.	April 1, 2026
Varicella Zoster Vaccine	Additional formulation (syringe) added to the CDL.	April 1, 2026
Apixaban	Additional formulations (sprinkle capsules and tablets for suspension) added to CDL with LR.	May 1, 2026
Dupixent *	Additional diagnosis added.	May 1, 2026
Estrogens, Conjugated	**Effective June 1, 2026:** LR added.	May 1, 2026
Estrogens, Conjugated and Medroxyprogesterone Acetate	LR added.	May 1, 2026
Insulin Glargine (rDNA Origin)	**Effective July 1, 2026:** LR 00002 removed.	May 1, 2026
Lithium Carbonate	Additional strength (600 mg capsules) added to CDL.	May 1, 2026
Milnacipran HCL	**Effective June 1, 2026:** LR added.	May 1, 2026
Paliperidone Palmitate	LR added to 273 mg/0.875 ml, 410 mg/1.315 ml, 546 mg/1.75 ml, 819 mg/2.625 ml, 1092 mg/3.5 ml, 1560 mg/5 ml strengths. **Effective June 1, 2026:** LR added to 39 mg/0.25 ml, 78 mg/0.5 ml, 117 mg/ 0.75 ml, 156 mg/ml, 234 mg/1.5 ml strengths.	May 1, 2026
Risperidone	**Effective June 1, 2026:** LR added to long-acting injection kit.	May 1, 2026
Spinosad	Additional LR (84635) added.	May 1, 2026
Tazemetostat	Removed from CDL.	May 1, 2026
Ziftomenib	PA required.	May 1, 2026
Aripiprazole	LR added to kits and vials.	June 1, 2026
Aripiprazole Lauroxil	LR added.	June 1, 2026

Drug Name	Description	Effective Date
Azilsartan Medoxomil	LR added.	June 1, 2026
Buprenorphine	LR added to syringes.	June 1, 2026
Elinzanetant	Added to CDL with LR.	June 1, 2026
Fluticasone/Vilanterol	**Effective July 1, 2026:** Additional strength (50-25 mcg) and LR added to CDL.	June 1, 2026
Hydrochlorothiazide	New dosage form (oral suspension) added to CDL.	June 1, 2026
Mirabegron	**Effective July 1, 2026:** LR added.	June 1, 2026
Propranolol HCL	LR removed from 4.28 mg/ml liquid.	June 1, 2026
Tenofovir Alafenamide	LR added.	June 1, 2026
Umeclidinium Bromide/ Vilanterol Trifenatate	**Effective July 1, 2026:** LR added.	June 1, 2026
Vilazodone HCL	Added to CDL.	June 1, 2026

Changes to the Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations Rx

View the Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations 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 on a monthly basis. Below is a list of the most recent changes to the Contract Drug List for Medi-Cal Rx.

Drug Name	Description	Effective Date
Mometasone Furoate	Added to the Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations.	March 1, 2026
Brompheniramine Maleate	Age restriction updated.	April 1, 2026
Cetirizine HCL	Age restriction added to liquid.	April 1, 2026
Chlorpheniramine Maleate	Age restriction updated for liquid.	April 1, 2026
Dexbrompheniramine Maleate	Age restriction updated for chewable tablets and liquid.	April 1, 2026
Diphenhydramine HCL	Age restriction updated for liquid.	April 1, 2026
Fexofenadine	Age restriction added to suspension.	April 1, 2026
Ivermectin	Added to the Medi-Cal Drugs and Cough/Cold Rx Contract Drugs Preparations. List – Over-the-Counter	April 1, 2026
Loratadine	Age restriction added to chewable tablets, rapid tablets, and liquid.	April 1, 2026
Pyrilamine Maleate	Age restriction updated.	April 1, 2026
Triprolidine	Age restriction updated.	April 1, 2026
Vitamins-Mineral *	Diagnosis restriction added.	April 1, 2026
Multivitamins	Age restriction added.	May 1, 2026
Niacin	Age restriction added.	May 1, 2026
Poly-Vi-Sol	Age restriction updated	May 1, 2026
Poly-Vi-Sol with Iron	Age restriction updated	May 1, 2026
Vitamin A (retinol, retinoic acid)	Age restriction added.	May 1, 2026

Drug Name	Description	Effective Date
Vitamin B Comp No.3/Folic/C/ Biotin	Age restriction added.	May 1, 2026
Vitamin C (ascorbic acid)	Age restriction added.	May 1, 2026
Vitamin D3 (cholecalciferol)	Age restriction added to all strengths except 1250 mcg (50,000 units).	May 1, 2026
Vitamin E (DI, tocopheryl acetate)	Age restriction added.	May 1, 2026

Changes to the List of Contracted Enteral Nutrition Products

The List of Contracted Enteral Nutrition Products *spreadsheet* has been updated on the Medi-Cal Rx Web Portal. View the web portal for the most recent changes. Below is a list of the most recent changes, effective July 01, 2026.

The following products will be added to the List:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)
Mead Johnson & Company, LLC	Enfamil® Liquid Human Milk Fortifier Standard Protein 4/6 Cartons, 5.5 oz bottles, 24 bottles per case	00087513480
Mead Johnson & Company, LLC	Enfamil Liquid Human Milk Fortifier High Protein 4/6 Cartons, 5.5 oz bottles, 24 bottles per case	00087513478

The following products will be deleted from the List:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)
Abbott® Nutrition	Perative®, 1 L, ready to hang	70074062724
Abbott® Nutrition	Perative, 8 oz, recloseable carton	70074064815
Abbott® Nutrition	Similac® Human Milk Fortifier, 0.169 oz 6/24 pks, 5 ml packets, 144 per case	70074056650
Abbott® Nutrition	Similac Special Care® 24, 59 ml	70074067447
Abbott® Nutrition	Similac Special Care 30, 59 ml	70074067449
Mead Johnson & Company, LLC	Enfamil Human Milk Fortifier powder, 0.71 g, 200 sachets per case	00087201448
Nestlé® HealthCare Nutrition	Compleat® Pediatric Peptide 1.5, unflavored, 6 x 1000 mL	43900022872
Nestlé® HealthCare Nutrition	Peptamen Junior® PHGG, vanilla, 24 x 250 mL	43900036159
Nestlé® HealthCare Nutrition	Peptamen Junior, strawberry, 24 x 250 ml	98716060140
Nestlé® HealthCare Nutrition	Peptamen Junior with Prebio, vanilla, 24 x 250 ml	98716016261
Nestlé® HealthCare Nutrition	Peptamen® with Prebio, 6 x 1000 ml Ultrapak bags	98716012804

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)
Nestlé® HealthCare Nutrition	Vivonex® Pediatric, unflavored, 36 x 48.5 g, powder packets	43900071319
Nestlé® HealthCare Nutrition	Vivonex RTF, 6 x 1000 ml	43900036280

Note: Product addition or inclusion on the list does not guarantee supply nor individual specific coverage. Products deleted from the list will no longer be reimbursable, even with an approved prior authorization (PA) request, on or after the effective date of deletion.

Changes to Disposable Insulin Delivery Devices

Below are the most recent changes to the Medi-Cal Rx Contracted Disposable Insulin Delivery Devices, that has been posted to the Medi-Cal Rx Web Portal as of June 01, 2026. View the web portal for the most updated list. The effective date of the changes is Sept. 1, 2026.

The following products will be deleted from the list:

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	MAC/MAPC Price Per Each
V-Go® 20 Disposable Insulin Delivery, 20 insulin units, package size of 30 pods	08560940003	$17.39
V-Go 30 Disposable Insulin Delivery, 30 insulin units, package size of 30 pods	08560940002	$17.39
V-Go 40 Disposable Insulin Delivery, 40 insulin units, package size of 30 pods	08560940001	$17.39

Changes to COVID-19 Antigen Tests

Below are the most recent changes to the List of Contracted COVID-19 Antigen Tests, that has been posted to the Medi-Cal Rx Web Portal as of May 1, 2026. View the web portal for the most updated list.

The following products will be deleted from the list:

Manufacturer	Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)
CorDx, Inc	CorDx COVID-19 Ag Home Test, 2 Pack (Effective May 1, 2026)	50042055912
CorDx, Inc	CorDx COVID-19 Ag Home Test, 2 Pack (Effective May 1, 2026)	50042055967
Nano-Ditech Corp.	Nano-Check™ COVID-19 Antigen Test, 2 tests (Effective July 01, 2026)	95160000286

Find A Pharmacy

To find the nearest pharmacy where prescriptions can be picked up, use the Medi-Cal Rx Find a Pharmacy tool. Medi-Cal members can now pick up their prescriptions at Costco Pharmacies. Costco membership is not required to access their pharmacy. Please review the state Department of Health Care Services (DHCS) press release.

Medi-Cal Rx Contracted Mail Order Pharmacy FAQs:

Frequently Asked Questions	Gojji Pharmacy	Burts Pharmacy
1. Medi-Cal Rx contracted pharmacies with mail order service available to GCHP members	Gojji Pharmacy (909) 693-3376 www.gojji.com NPI 1790045292	Burts Pharmacy (805) 498-6675 https://burtsrx.com NPI 1235255886
2. What other languages are available?	Interpreter service including Spanish	Multilanguage including Spanish
3. Are they able to ship controlled medications?	No	No
4. Are they able to ship insulin or other refrigerated medications?	Yes	No
5. Do they provide tracking service for the shipment?	Yes, upon request	Yes
6. Is same day shipping available?	No	Yes
7. Do they handle specialty drugs?	No	Yes
8. Do they provide compounded medications?	No	Yes
9. Do they notify the member when the shipment goes out?	Yes, if the Member agrees to SMS	Yes

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

Physician-Administered Drugs (PADs) include all infused, injectable drugs provided or administered to a member that is billed by a provider on a medical claim by a Procedure Code (i.e., J-Code). These providers include, but are not limited to, physician offices, clinics, outpatient infusion centers, and hospitals.

Gold Coast Health Plan (GCHP) maintains risk for 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. Any request for a PAD medication (administered at a provider's office or infusion / hospital facility) via Procedure Code (i.e., J-Code) requiring a PA must be submitted as a Prior Authorization Treatment Request Form to GCHP to be considered for coverage under the medical benefit. For the most part, PADs are covered under the medical benefit and billed by the provider on a medical claim to GCHP. The provider will need to purchase the drugs from their wholesaler, distributor, or manufacturer (or another internal process at their site of practice) and then administer to the member and later bill GCHP for reimbursement.

Please use GCHP's List of Services Requiring Prior Authorizations (see list of Physician Administered Drugs) for the most updated list. You can also find the PAD list and the Prior Authorization Treatment Request Form in the Medical Drug Benefit section located on the GCHP website, under Pharmacy Services for Providers.

Completing a Prior Authorization Treatment Request Form will help expedite the claims processing. If you do not obtain approval, your claims may be delayed or denied until we receive the information needed to establish medical necessity.

For the most part, PADs that require PA are not billable under Medi-Cal Rx as a pharmacy benefit. The only PADs that are potentially reimbursable under Medi-Cal Rx are included in this list.

As a reminder, all pharmacy benefits billed on a pharmacy claim have transitioned to Medi-Cal Rx and are no longer the responsibility of GCHP. In addition, there are some classes of medications that are carved out of the GCHP benefit and are to be reviewed / billed to the California Medi-Cal FFS for authorization consideration and reimbursement for both pharmacy and medical claims.

Coming July 1, 2026: Medicare GLP-1 Bridge Demonstration Pilot Program

Starting July 1, 2026, the Centers for Medicare & Medicaid Services (CMS) will launch the Medicare GLP-1 Bridge, a short-term demonstration program designed to expand access to certain GLP-1 medications for eligible Medicare Part D beneficiaries for weight loss indication. The program will run through Dec. 31, 2027.

- **Expanded access:** Eligible Medicare patients may receive select GLP-1 medications (Foundayo, Wegovy, Zepbound Kwikpen) used for weight loss indications only. GLP-1 medications used for type 2 diabetes, obstructive sleep apnea, and noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) indications are eligible for Part D coverage.
- Medicare Part D beneficiary must not be receiving a GLP-1 medication through their Part D plan and do not have type 2 diabetes, moderate-to-severe obstructive sleep apnea, or fatty liver disease.
- **Separate from Part D:** The Medicare GLP-1 Bridge operates **outside of the Medicare Part D benefit**. Total Care Advantage (GCHP's Medicare Advantage Dual Special Needs Plan, or D-SNP) and Medi-Cal Rx do not administer, control, or have any affiliation with this program.
- **No Part D plan responsibility:** Medicare Part D plans will **not cover or assume financial risk** for GLP-1 drugs provided under this program.
- **Centralized administration:** CMS will use a **single, centralized processor**—separate from Part D plans—to handle:
  - Prior authorization
  - Claims processing
  - Payment to pharmacies
- **Patient cost-sharing:** Eligible beneficiaries will have a $50 copay regardless of their income level. Because this program is not part of the Part D benefit, the copay,
  - Does not apply to the Part D deductible
  - Does not count toward True Out-of-Pocket (TrOOP) costs
  - Does not include Low-Income Subsidy (LIS) support, even for beneficiaries who qualify for LIS
  - Cannot bill $50 copay to other health coverage including Medi-Cal
  - Not eligible for Medicare Prescription Payment Program
- **Prior Authorization:** Will be accepted electronically via CoverMyMeds or by fax using the Medicare GLP-1 Bridge Prior Authorization Request Form. Prior authorization will not be accepted or processed before July 1, 2026.
  - **Clinical Criteria for approval**
    - To reduce excess body weight and maintain weight reduction in combination with current and ongoing lifestyle modification including structured nutrition and physical activity consistent with the applicable FDA approved label AND
    - At least 18 years of age and has a BMI (body mass index) greater than or equal to 35 at the time of initiation of GLP-1 therapy OR
    - At least 18 years of age and BMI greater than or equal to 30 at the time of initiating GLP-1 therapy with a diagnosis of one or more of the following:
      - ✓ heart failure with preserved ejection fraction

- ✓ uncontrolled hypertension (defined as systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg
- ✓ chronic kidney disease stage 3a or above OR

› At least 18 years of age and BMI greater or equal to 27 at the time of initiating GLP-1 therapy with a diagnosis of one or more of the following:

- ✓ pre-diabetes (as defined by American Diabetes Association guidelines)
- ✓ previous myocardial infarction
- ✓ previous stroke
- ✓ symptomatic peripheral artery disease.

» Prior authorization request for continuation of therapy, submit the beneficiary's BMI **PRIOR** to starting the GLP-1 medication.

» Pharmacies must submit a claim to the Bridge Program **prior to requesting prior authorization** to verify member eligibility. Providers should send the prescription to the pharmacy first and ensure the pharmacy submits the claim to the Bridge Program before any prior authorization is initiated.

» Once approved, the prior authorization will remain valid through the end of the program (Dec. 31, 2027). New prior authorization requests are not required for dose adjustments.

- Prescriptions are limited to a 28- or 30-day supply per fill, including fills through mail-order pharmacies
- Pen Needles are NOT covered under this program.
- **Pharmacy Claims Processing:** Refer to the payer sheet for more information.
  - » Plan Name/Group Name: GLP1Bridge
  - » Member ID: Medicare Beneficiary Identifier (MBI) or Medicare Number as it appears on the Medicare card
  - » RxBIN: 028918
  - » RxPCN: MEDDGLP1BR

For more information, refer to Medicare GLP-1 Bridge | CMS, Medicare GLP-1 Bridge Information for Prescribers, Medicare GLP-1 Bridge Provider Fact Sheet or Medicare GLP-1 Bridge Information for Pharmacies

Key Points from 2026 Global Initiative for Chronic Obstructive Lung Disease (GOLD) Report

View the GOLD report here.

Diagnosis and Assessment

- Chronic Obstructive Pulmonary Disease (COPD) is often underdiagnosed, with an estimated 70-80% of unidentified cases globally, including approximately 71% in the United States.
- The most relevant genetic risk factor for COPD identified to date are mutations in the SERPINA1 gene that lead to alpha-1 antitrypsin deficiency.
- COPD results from complex interactions between genetic susceptibility and environmental exposure over time.
- Some individuals may present with structural lung lesions (e.g. emphysema) or physiological abnormalities without airflow obstruction. These individuals may be classified as having "pre-COPD." The term PRISm (preserved ratio impaired spirometry; [$FEV_1/FVC \geq 0.7$] with reduced FEV_1 [<80%]) is used to describe patients with a normal FEV_1/FVC ratio but abnormal spirometry. Individuals with pre-COPD or PRISm may be at increased risk of developing airflow obstruction over time, although not all will progress.
- The realization that environmental factors other than tobacco smoking can contribute to COPD, that it can start early in life and affect young individuals, and that there are precursor conditions (Pre-COPD, PRISm), opens new windows of opportunity for its prevention, early diagnosis, and prompt and appropriate therapeutic intervention.
- A diagnosis of COPD should be considered in any patient who has dyspnea, chronic cough or sputum production, a history of recurrent lower respiratory tract infections and/or a history of exposure to risk factors for the disease, but spirometry showing the presence of a **post-bronchodilator $FEV_1/FVC < 0.7$ is mandatory** to establish the diagnosis of COPD.
- Concomitant chronic disease (multimorbidity) occur frequently in COPD patients, including cardiovascular disease, skeletal muscle dysfunction, metabolic syndrome, osteoporosis, depression, anxiety, and lung cancer. These comorbidities should be actively sought, and treated appropriately when present, because they influence health status, hospitalizations and mortality independently of the severity of airflow obstruction due to COPD.
- Emphasize disease activity to distinguish a patient's current clinical status from overall disease severity, focusing on dynamic changes such as worsening symptoms or recent exacerbations.
- GOLD Grades and Severity of Airflow Obstruction in COPD (based on post-bronchodilator FEV_1). COPD Patients ($FEV_1/FVC < 0.7$)

In patients with COPD ($FEV_1/FVC < 0.7$)		
GOLD 1	Mild	FEV_1 >/= 80% predicted
GOLD 2	Moderate	50% </= FEV_1 < 80% predicted
GOLD 3	Severe	30% </= FEV_1 < 50% predicted
GOLD$	Very Severe	FEV_1 < 30% predicted

- The World Health Organization recommends that all patients with a diagnosis of COPD should be screened once for alpha-1 antitrypsin deficiency (AATD).

Prevention and Management of COPD

- Inhaler technique and adherence need to be assessed regularly.
- People with COPD should receive all recommended vaccinations in line with the relevant local guidelines
  - » Yearly influenza vaccination
  - » SARS-CoV-2 (COVID-19) vaccination
  - » Either 1 dose of 21-valent pneumococcal conjugate vaccine (PCV21) or 1 dose of PCV20
  - » Tdap vaccination for COPD patients who were not vaccinated in adolescence
  - » Routine use of shingles vaccine in all COPD patients
  - » Respiratory syncytial virus (RSV) vaccine for individuals over 60 years and/or with chronic heart or lung disease
- **Initial Pharmacological Treatment** for patients who are naïve to maintenance pharmacological treatment

Exacerbation History (Per Year)	Pharmacological Treatment	
1 or more moderate or severe in the previous year	**LABA + LAMA*** Consider LABA+LAMA+ICS* if blood eosinophil >/= 300	
Zero (0)	**A bronchodilator**	**LABA + LAMA***
	mMRC 0-1, CAAT < 10	mMRC >/= 2, CAAT >/= 10

* Single inhaler therapy may be more convenient and effective than multiple inhalers
mMRC – modified Medical Research Council dyspnea questionnaire
CAAT – Chronic Airways Assessment Test

- **Maintenance Medications in COPD**

Generic Name	Brand Name	Inhaler Type	Duration of Action	MediCalRx Coverage	TCA Coverage
Short-Acting Beta2 Agonists (SABA)					
Albuterol	ProAir, Proventil, Ventolin	MDI, DPI	Variable but ~4-6 hours	Covered	Covered
Levalbuterol	Xopenex	MDI	Variable but ~4-6 hours	Covered	Covered
Long-Acting Beta2 Agonists (LABA)					
Arformoterol	Brovana	Nebulized solution	12 hours	PA required	Not covered
Formoterol	Foradil	DPI	12 hours	Not covered	Not covered
Indacaterol	Arcapta	DPI	24 hours	Not covered	Not covered
Olodaterol	Stiverdi	SMI	24 hours	Not covered	Not covered
Salmeterol	Serevent	DPI	12 hours	Covered	Covered
Short-Acting Muscarinic Antagonists (SABA)					
Ipratropium	Atrovent	MDI	6-8 hours	Covered	

Generic Name	Brand Name	Inhaler Type	Duration of Action	MediCalRx Coverage	TCA Coverage
Long-Acting Muscarinic Antagonists (LABA)					
Aclidinium	Tudorza	DPI	12 hours	PA required	Not covered
Tiotropium	Spiriva	DPI, SMI, MDI	24 hours	Covered	Covered (Spiriva Respimat)
Umeclidinium	Incruse Ellipta	DPI	24 hours	PA required	Covered
Revefenacin	Yupelri	Nebulized solution	24 hours	Not covered	Not covered
SABA+SAMA Combination					
Albuterol/ Ipratropium	Combivent, DuoNeb	DPI, Nebulized solution	Variable but ~4-6 hours	Covered (Combivent) Not covered (Duoneb)	Covered
LABA+LAMA Combination					
Formoterol/ aclidinium	Duaklir Pressair	DPI	12 hours	PA required	Not covered
Formoterol/ glycopyrrolate	Bevespi Aerosphere	MDI	12 hours	Covered	Not covered
Indacaterol/ glycopyrronium	Utibro Neohaler	DPI	12-24 hours	Not covered	Not covered
Vilanterol/ umeclidinium	Anoro Ellipta	DPI	24 hours	Covered	Covered
Olodaterol/ tiotropium	Stiolto Respimat	SMI	24 hours	Covered	Covered
LABA+ICS (Inhaled Corticosteroid) Combination					
Formoterol/ budesonide	Symbicort	MDI, DPI	12 hours	Covered (brand Symbicort)	Covered (generic)
Formoterol/ mometasone	Dulera	MDI	12 hours	Covered	Covered
Salmeterol/ fluticasone propionate	Advair	MDI, DPI	12 hours	Covered (brand Advair)	Covered (Advair HFA)
Vilanterol/ fluticasone furoate	Breo Ellipta	DPI	24 hours	Covered	Not covered (Advair Diskus)
LABA+LAMA+ICS Combination					
Fluticasone/ umeclidnium/ vilanterol	Trelegy Ellipta	DPI	24 hours	PA required	Covered
Budesonide/ formoterol/ glycopyrrolate	Breztri Aerosphere	DPI	12 hours	PA required	Covered

Generic Name	Brand Name	Inhaler Type	Duration of Action	MediCalRx Coverage	TCA Coverage
Phosphodiesterase (PDE) Inhibitors					
Roflumilast	Daliresp	Tablet	24 hours	PA required	PA required
Ensifentrine	Ohtuvayre	Nebulized suspension	12 hours	Not covered	Not covered
Biologics					
Dupilumab	Dupixent	Injectable	2 weeks	Covered	PA required

TCA = Total Care Advantage – GCHP's Medicare Advantage Dual Eligible Special Needs (DSNP) plan
PA = Prior Authorization

- Single-inhaler LABA+LAMA or triple therapy is preferred, when possible, to
  - Reduce inhaler errors
  - Improve adherence
  - Simplify regimens
- Inhaler technique and adherence to therapy should be assessed before concluding that the current therapy is insufficient.
- Bronchodilators
  - Inhaled bronchodilators in COPD are central to symptom management and commonly given on a regular basis to prevent or reduce symptoms.
  - Regular and as-needed use of SABA or SAMA improves FEV1 and symptoms.
  - Combination of SABA and SAMA are superior compared to either medication alone in improving FEV1 and symptoms.
  - LABAs and LAMAs are preferred over short-acting agents except for patients with only occasional dyspnea, and for immediate relief of symptoms in patients already on long-acting bronchodilators for maintenance therapy.
  - LABAs and LAMAs significantly improve lung function, dyspnea, health status and reduce exacerbation rates.
  - LAMAs have a greater effect on exacerbation reduction compared with LABAs.
  - When initiating treatment with long-acting bronchodilators the preferred choice is a combination of a LABA and a LAMA.
  - Combination treatment with a LABA and a LAMA increases FEV1 and reduces symptoms compared to monotherapy.
  - Avoid high doses of SABA due to potential side effects.
- Inhaled Corticosteroids
  - Regular treatment with ICS increases the risk of pneumonia especially in those with severe disease.
  - An ICS+LABA combination is more effective than the individual components in improving lung function and health status and reducing exacerbations in patients with exacerbations and moderate to very severe COPD.
  - The use of LABA+ICS is not encouraged but if there is an indication for an ICS then the combinations LABA+LAMA+ICS have been shown to be superior to LABA+ICS.
  - Triple inhaled therapy of LABA+LAMA+ICS improves lung function, symptoms and health status and reduces exacerbations, compared to LABA+ICS, LABA+LAMA or LAMA monotherapy.
  - If patients with COPD have features of asthma, then treatment should always contain an ICS.

  - Factors to consider when adding ICS to long-acting bronchodilators
    - History of hospitalization(s) for COPD exacerbations
    - > 2 moderate exacerbations of COPD per year
    - Blood eosinophils > 300 cells/uL
    - History of, or concomitant asthma
- PDE Inhibitors
  - Roflumilast improves lung function and reduces moderate and severe exacerbations in patients with chronic bronchitis, severe to very severe COPD and a history of exacerbations.
  - Ensifentrine improves lung function but an effect on exacerbations has not been evaluated in patients at increased risk for exacerbations.
- Antibiotics
  - Indicated for patients with purulent sputum, prior positive sputum culture or requiring mechanical ventilation.
  - Long-term azithromycin and erythromycin therapy reduces exacerbations over one year.
- Biologics
  - Reserve biologic use for patients with uncontrolled disease, specifically patients with frequent exacerbations despite optimized triple therapy and elevated eosinophil levels (≥300 cells/µL).
  - Dupilumab reduces exacerbations, improves lung function and quality of life in patients with moderate to severe COPD with a history of exacerbations, chronic bronchitis, and higher blood eosinophil counts (> 300 cells/uL).
- In patients with stable COPD and resting or exercise-induced moderate desaturation, long-term oxygen treatment should not be prescribed routinely.

Management of Exacerbations

- An exacerbation of COPD is defined as an event characterized by dyspnea and/or cough and sputum that worsens over < 14 days.
- Prior exacerbations remain the strongest predictor of future risk, alongside factors such as reduced lung function, higher symptom burden, reliever use, female sex, and comorbidities.
- Even a single exacerbation increases the risk of subsequent events. Consider the use of ICS-containing regimens in high-risk patients based on exacerbation history and high blood eosinophil counts (>300 cells/uL).
- Short-acting inhaled beta2-agonists, with or without short-acting anticholinergics, are recommended as the initial bronchodilators to treat an exacerbation.
- Maintenance therapy with long-acting bronchodilators should be initiated as soon as possible. In patients with frequent exacerbations and elevated blood eosinophil levels addition of inhaled corticosteroids to the double bronchodilator regimen should be considered.
- In patients with severe exacerbations, systemic corticosteroids can improve lung function (FEV1), oxygenation and shorten recovery time including hospitalization duration. Duration of therapy should not normally be more than 5 days.
- Antibiotics, when indicated, can shorten recovery time, reduce the risk of early relapse, treatment failure, and hospitalization duration. Duration of therapy should be five days.

COPD and Comorbidities

- In general, the presence of comorbidities should not alter COPD treatment and comorbidities should be treated per usual standards regardless of the presence of COPD.

- Cardiovascular diseases are common and important comorbidities in COPD
- Lung cancer is frequently seen in people with COPD and is a major cause of death
  - » Annual low-dose CT scan (LDCT) is recommended for lung cancer screening in people with COPD due to smoking according to recommendations for the general population
  - » Annual LDCT is not recommended for lung cancer screening in people with COPD not due to smoking due to insufficient data to establish benefit over harm
- Osteoporosis and depression/anxiety are frequent, important comorbidities in COPD, are often under-diagnosed, and are associated with poor health status and prognosis
- Gastroesophageal reflux (GERD) is associated with an increased risk of exacerbations and poorer health status.

Pharmacotherapy Management of COPD Exacerbation (PCE) Measure

- HEDIS quality metric evaluating the percentage of COPD exacerbations in adults (40+) resulting in a hospital or ED discharge that were treated with appropriate medication within specific timeframe. Tracks systemic corticosteroid dispensation within 14 days AND bronchodilator prescription dispensation within 30 days to prevent repeat attack
- Eligible Population (or denominator) – members 40 years of age and older with an acute inpatient discharge or ED visit for a primary diagnosis of COPD
- Numerator
  - » Systemic corticosteroid – persons who were dispensed a prescription for systemic corticosteroid on or 14 days after the discharge or ED visit
  - » Bronchodilator – persons who were dispensed a prescription for a bronchodilator on or 30 days after the discharge or ED visit
- Exclusion – individuals in hospice or who died during the measurement year
- Best Practices
  - » Medication reconciliation – reconcile medications immediately upon receipt of the discharge summary
  - » Follow-up care – ensure patients have a COPD action plan, including medication management and trigger avoidance

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
AUKELSO	DENOSUMAB-KYQQ	Indicated for treatment: • of postmenopausal women with osteoporosis at high risk for fracture. • to increase bone mass in men with osteoporosis at high risk for fracture. • of glucocorticoid-induced osteoporosis in men and women at high risk for fracture. • to increase bone mass in men at high risk for fracture receiving androgen.	Feb. 23, 2026
BOSAYA	DENOSUMAB-KYQQ	Indicated for treatment: • of postmenopausal women with osteoporosis at high risk for fracture. • to increase bone mass in men with osteoporosis at high risk for fracture. • of glucocorticoid-induced osteoporosis in men and women at high risk for fracture. • to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer.	Feb. 23, 2026
LOARGYS	PEGZILARGINASE-NBLN	adults and pediatric patients aged 2 years and older with Arginase 1 Deficiency (ARG1-D)	Feb. 24, 2026
YUVIWEL	NAVEPEGRITIDE	Indicated to increase linear growth in pediatric patients 2 years of age and older with achondroplasia with open epiphyses. This indication is approved under accelerated approval based on an improvement in annualized growth velocity. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).	March 2, 2026
RYBREVANT FASPRO	AMIVANTAMAB AND HYALURONIDASE-LPUJ	Indicated: • in combination with lazertinib for the first-line treatment of adult patients with locally advanced or metastatic NSCLC with EGFR exon 19 deletions or exon 21 L858R substitution mutations, as detected by an FDA-approved test	March 3, 2026

Brand Name	Generic Name	Indication	Date Available
KYGEVVI	DOXECITINE; DOXRIBTIMINE	Indicated for the treatment of thymidine kinase 2 deficiency (TK2d) in adults and pediatric patients with an age of symptom onset on or before 12 years.	March 13, 2026
ICOTYDE	ICOTROKINRA HYDROCHLORIDE	Indicated for the treatment of moderate-to-severe plaque psoriasis in adults and pediatric patients 12 years of age and older who weigh at least 40 kg who are candidates for systemic therapy or phototherapy.	March 18, 2026
NEREUS	TRADIPITANT	Indicated for the prevention of vomiting induced by motion in adults.	April 3, 2026
AVLAYAH	TIVIDENOFUSP ALFA-EKNM	Indicated for the treatment of neurologic manifestations of Hunter syndrome (Mucopolysaccharidosis type II, MPS II) when initiated in presymptomatic or symptomatic pediatric patients weighing at least 5 kg prior to advanced neurologic impairment.	April 22, 2026
BYSANTI	MILSAPERIDONE	Indicated for: • Treatment of schizophrenia in adults. • Acute treatment of manic or mixed episodes associated with bipolar I disorder in adults.	May 12, 2026
FILKRI	FILGRASTIM-LAHA	Indicated to: • Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever. • Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML). • Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g. febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT). • Reduce the incidence and duration of sequelae of severe neutropenia (e.g. fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia. • Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome)	May 13, 2026

Brand Name	Generic Name	Indication	Date Available
SAPHNELO	ANIFROLIMAB-FNIA	Indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE), who are receiving standard therapy.	May 14, 2026
IDVYNSO	DORAVIRINE AND ISLATRAVIR	Indicated as a complete regimen for the treatment of HIV-1 infection in adults to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen with no history of virologic treatment failure and no known substitutions associated with resistance to doravirine.	May 19, 2026
BAXFENDY	BAXDROSTAT	Indicated for adults with uncontrolled or resistant hypertension.	May 19, 2026
HEPCLUDEX	BULEVIRTIDE-GMOD	Indicated for the treatment of chronic HDV infection in adults without cirrhosis or with compensated cirrhosis. This indication is approved under accelerated approval based on participants who achieved a decrease in HDV RNA and alanine aminotransferase (ALT) normalization. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).	May 22, 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 Summary
Carbidopa/Levodopa	**FDA Is Requiring Warning about Vitamin B6 Deficiency and Associated Seizures for Drug Products Containing Carbidopa/Levodopa** The U.S. Food and Drug Administration (FDA) has notified application holders for all drug products containing carbidopa/levodopa that the Agency is requiring the addition of a warning, and corresponding revisions, to the prescribing information to state that these medications, approved to treat symptoms of Parkinson's disease, can cause vitamin B6 deficiency and vitamin B6 deficiency-associated seizures. The warning directs health care professionals to evaluate baseline vitamin B6 levels prior to starting patients on treatment with carbidopa/levodopa therapies and periodically while on treatment and to supplement with vitamin B6 as necessary. Health care professionals should evaluate vitamin B6 levels before starting patients on treatment with drug products containing carbidopa/levodopa, periodically during treatment, and if symptoms of vitamin B6 deficiency appear during treatment. Health care professionals should consider whether vitamin B6 supplementation is necessary. Higher doses of carbidopa/levodopa may increase the risk of vitamin B6 deficiency. Health care professionals should be aware that seizures associated with the use of a product containing carbidopa and levodopa do not respond to traditional anti-seizure medications but resolve after vitamin B6 administration. Furthermore, select anti-seizure medications may further worsen a vitamin B6 deficiency. Health care professionals should inform patients of these risks.
Tavneos (avacopan)	**FDA Identifies Cases of Serious Liver Injury in Patients Taking Tavneos (avacopan) for Severe Active Anti-neutrophil Cytoplasmic Autoantibody (ANCA)-associated Vasculitis.** The FDA is alerting patients and health care professionals about serious postmarketing cases, including fatal cases, of drug-induced liver injury (DILI) associated with Tavneos (avacopan). Some cases involved vanishing bile duct syndrome (VBDS), which is characterized by progressive destruction and disappearance of the bile ducts in the liver. This condition can slow or stop the flow of bile and may lead to permanent liver damage. VBDS is often accompanied by the yellowing of skin or eyes (jaundice), itchiness, and tiredness. Although hepatotoxicity is a serious adverse reaction for Tavneos identified in premarket clinical trials and described in product labeling, VBDS and DILI cases with fatal outcomes represent new safety concerns. FDA is continuing to monitor postmarketing cases of DILI, including VBDS, involving Tavneos and will provide updates as appropriate.

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
BREZTRI AEROSPHERE (budesonide; formoterol fumarate; glycopyrrolate)	Contraindications	BREZTRI AEROSPHERE is contraindicated in the following conditions: • Primary treatment of status asthmaticus or other acute episodes of COPD or asthma where intensive measures are required [see Warnings and Precautions (5.2)]. • Hypersensitivity to budesonide, glycopyrrolate, formoterol, or any of the excipients
LEQVIO (inclisiran sodium)	Contraindications	LEQVIO is contraindicated in patients with a prior serious hypersensitivity reaction to inclisiran or any of the excipients in LEQVIO. Serious hypersensitivity reactions have included anaphylaxis and angioedema
JUXTAPID (lomitapide mesylate)	Boxed Warning	JUXTAPID can cause elevations in transaminases. In the adult clinical trial, 10 (34%) of the 29 patients treated with JUXTAPID had at least one elevation in alanine aminotransferase (ALT) or aspartate aminotransferase (AST) three times the upper limit of normal (ULN). There were no concomitant clinically meaningful elevations of total bilirubin, international normalized ratio (INR), or alkaline phosphatase. In the pediatric clinical trial (5 to 17 years of age), 6 (14%) of the 43 patients experienced elevations in ALT and/or AST 3 times ULN. No concomitant clinically meaningful elevations in total bilirubin or alkaline phosphatase were observed. JUXTAPID also increases hepatic fat, with or without concomitant increases in transaminases. The median absolute increase in hepatic fat in adult patients was 6% after both 26 and 78 weeks of treatment, from 1% at baseline, measured by magnetic resonance spectroscopy (MRS). The median absolute increase in hepatic fat in pediatric patients aged 5 to 17 years was 4% after 24 weeks and 104 weeks of treatment, from 3% at baseline, measured by nuclear magnetic resonance (NMR). Hepatic steatosis associated with JUXTAPID treatment may be a risk factor for progressive liver disease, including steatohepatitis and cirrhosis.
RIZAFILM (rizatriptan benzoate)	Contraindications	Concurrent administration of propranolol in pediatric patients who weigh less than 40 kg.
PALYNZIQ (pegvaliase-pqpz)	Boxed Warning	*Box Warning in supplement 31 has been revised; please refer to the label for complete information* Administer the initial dose of PALYNZIQ under the supervision of a healthcare provider equipped to manage anaphylaxis, and closely observe patients for at least 60 minutes following injection. Prior to self-injection, confirm patient competency with self-administration, and patient's and observer's (if applicable) ability to recognize signs and symptoms of anaphylaxis and administer epinephrine, if needed.

Drug	Type of Change	Change
PREZCOBIX (cobicistat; darunavir ethanolate)	Contraindications	Darunavir and cobicistat are both inhibitors of the cytochrome P450 3A (CYP3A) isoform. PREZCOBIX should not be co-administered with medicinal products that are highly dependent on CYP3A for clearance and for which increased plasma concentrations are associated with serious and/or life-threatening events (narrow therapeutic index). Darunavir and cobicistat are both substrates of the cytochrome P450 3A (CYP3A) isoform. Co-administration of PREZCOBIX or PREZCOBIX PED with CYP3A inducers may lead to lower exposures of darunavir and cobicistat and potential loss of efficacy of darunavir and possible resistance.
EPRONTIA (topiramate)	Contraindications	EPRONTIA is contraindicated in patients with a history of hypersensitivity reaction to topiramate, EPRONTIA, or any of the inactive ingredients of EPRONTIA. Anaphylaxis and angioedema have occurred with topiramate
QSYMIA (phentermine hydrochloride; topiramate)	Contraindications	QSYMIA is contraindicated in patients: With known hypersensitivity to phentermine, topiramate or any of the excipients in QSYMIA, or idiosyncrasy to the sympathomimetic amines. Anaphylaxis and angioedema have occurred with topiramate.
TOPAMAX (topiramate) TOPAMAX SPRINKLE	Contraindications	TOPAMAX is contraindicated in patients with a history of hypersensitivity reaction to topiramate, TOPAMAX, or any of the inactive ingredients of TOPAMAX. Anaphylaxis and angioedema have occurred.
TROKENDI XR (topiramate)	Contraindications	TROKENDI XR is contraindicated in patients with: • recent alcohol use (i.e., within 6 hours prior to and 6 hours after TROKENDI XR use) • a history of hypersensitivity reaction to topiramate, TROKENDI XR, or any of the inactive ingredients of TROKENDI XR. Anaphylaxis and angioedema have occurred.
TZIELD (tepilizumab-mzwv)	Boxed Warning	WARNING: Viral Reactivation • Serious, life-threatening cases of viral reactivation, including Epstein-Barr virus (EBV) and cytomegalovirus (CMV) reactivation have been reported with TZIELD. Patients who are immunocompromised are at increased risk. The majority of serious cases occurred in patients who continued TZIELD treatment despite persistent, severe lymphopenia. • Test patients for active EBV and CMV infection prior to starting treatment. TZIELD is not recommended in patients with laboratory or clinical evidence of active EBV or CMV infection. Adhere to lymphocyte count monitoring requirements and discontinuation recommendations. Monitor patients for signs and symptoms of viral reactivation following TZIELD treatment and for at least 2 months following the last infusion. If viral reactivation is suspected, discontinue TZIELD.
QUDEXY XR (topiramate)	Contraindications	QUDEXY XR is contraindicated in patients with a history of hypersensitivity reaction to topiramate, QUDEXY XR, or any of the inactive ingredients of QUDEXY XR. Anaphylaxis and angioedema have occurred with topiramate

Drug	Type of Change	Change
SANDIMMUNE (cyclosporine)	Boxed Warning Contraindications	**Boxed Warning** WARNING: RECOMMENDATIONS FOR USE, USE WITH CORTICOSTERIODS, RISKS WITH INAPPROPRIATE SWITCHING, and MONITORING CYCLOSPORINE BLOOD LEVELS **Recommendations for Use** Only physicians experienced in immunosuppressive therapy and management of organ transplant patients should prescribe Sandimmune. Patients receiving Sandimuune should be managed in facilities equipped and staffed with adequate laboratories and supportive medical resources. The physician responsible for maintenance therapy should have complete information requisite for the follow-up of the patient. **Use with Corticosteroids** Sandimmune should be administered with adrenal corticosteroids but not with other immunosuppressive agents. Increased susceptibility to infection and the possible development of lymphoma may result from immunosuppression. **Risks with Inappropriate Switching Between Neoral Capsules (MODIFIED) and Sandimmune Capsules** Do not switch between Sandimmune capsules, 25 mg to Neoral capsules, MODIFIED, 25 mg (or between Sandimmune capsules, 100 mg to Neoral capsules, MODIFIED 100 mg) on a mg-to-mg basis to achieve the same total daily cyclosporine dosage. Inappropriate switching may lead to increased cyclosporine exposure which may increase the risk of cyclosporine-associated adverse reactions or decreased cyclosporine exposure which may decrease the efficacy of cyclosporine. **Monitoring Cyclosporine Blood Levels** The absorption of cyclosporine during chronic administration of Sandimmune capsules was found to be erratic. It is recommended that patients taking the Sandimmune capsules over a period of time be monitored at repeated intervals for cyclosporine blood concentrations and subsequent dosage adjustments be made in order to avoid toxicity due to high concentrations and possible organ rejection due to low absorption of cyclosporine. This is of special importance in liver transplants. Numerous assays are being developed to measure blood concentrations of cyclosporine. Comparison of concentrations in published literature to patient concentrations using current assays must be done with detailed knowledge of the assay methods employed.

Drug	Type of Change	Change
		Contraindications Sandimmune capsules and Sandimmune injection are contraindicated in patients with a hypersensitivity reaction to cyclosporine. Sandimmune injection is also contraindicated in patients with a history of a hypersensitivity reaction to Cremophor® EL (polyoxyethylated castor oil).
STAVZOR (valproic acid)	Contraindications	STAVZOR is contraindicated in patients: • divalproex sodium, sodium valproate, or valproic acid. Reactions have included multiorgan hypersensitivity, serious dermatologic reactions, and angioedema. • with known urea cycle disorders. • being treated for prophylaxis of migraine headaches who are pregnant or in women of childbearing potential who are not using effective contraception.
SYMBICORT (budesonide; formoterol fumarate)	Contraindications	SYMBICORT AEROSPHERE is contraindicated in the following conditions: • Primary treatment of status asthmaticus or other acute episodes of asthma or COPD where intensive measures are required. • Hypersensitivity to budesonide, formoterol, or any of the excipients.
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.
MAVENCLAD (cladribine)	Contraindications	MAVENCLAD is contraindicated: • in patients with current malignancy • in pregnant women and in females and males of reproductive potential who do not plan to use effective contraception during MAVENCLAD dosing and for 6 months after the lastdose in each treatment course for females, and 14 weeks for males. May cause fetal harm.

Drug	Type of Change	Change
MYDAYIS (amphetamine aspartate; amphetamine sulfate; dextroamphetamine saccharate; dextroamphetamine sulfate)	Contraindications	MYDAYIS is contraindicated in patients with: • Known hypersensitivity to amphetamine, or other components of MYDAYIS. Hypersensitivity reactions such as angioedema and anaphylactic reactions have been reported in patients treated with other amphetamine products [see Adverse Reactions (6.2)]. • Concomitant treatment with monoamine oxidase inhibitors (MAOIs), and also within 14 days of stopping MAOIs (including MAOIs such as linezolid or intravenous methylene blue), because of an increased risk of hypertensive.
NYVEPRIA (pegfilgrastim-apgf)	Contraindications	NYVEPRIA is contraindicated in patients with a history of a serious hypersensitivity reaction to pegfilgrastim products or filgrastim products. Reactions have included anaphylaxis.
METHOTREXATE SODIUM (methotrexate sodium)	Boxed Warning	WARNING: EMBRYO-FETAL TOXICITY, HYPERSENSITIVITY REACTIONS SEVERE ADVERSE REACTIONS, AND RISK OF MEDICATION ERRORS • Methotrexate tablets when inadvertently administered once daily have resulted in death.
XATMEP (methotrexate sodium)	Boxed Warning	WARNING: SEVERE TOXIC REACTIONS, INCLUDING EMBRYO-FETAL TOXICITY, AND RISK OF MEDICATION ERRORS • Oral methotrexate when inadvertently administered once daily has resulted in death

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
RimabotulinitoxinB Intramuscular Injection	• Solstice Neurosciences	**Products Affected** • Myobloc intramuscular injection, Solstice Neurosciences, Inc., 5000 unit/mL, 0.5 mL vial, 1 count, NDC 10454-0710-10 • Myobloc intramuscular injection, Solstice Neurosciences, Inc., 5000 unit/mL, 1 mL vial, 1 count, NDC 10454-0711-10 • Myobloc intramuscular injection, Solstice Neurosciences, Inc., 5000 unit/mL, 2 mL vial, 1 count, NDC 10454-0712-10 **Reason for the Shortage:** • Solstice Neurosciences did not provide a reason for the shortage. **Available Products:** • There are no presentations available **Estimated Resupply Dates** • Solstice Neurosciences has all Myobloc presentations on back order and the company cannot estimate a release date.
Bacitracin Ophthalmic Ointment	• Padagis	**Products Affected:** • Bacitracin ophthalmic ointment, Padagis, 500 unit/gram, 3.5-gram tube, NDC 00574-4022-35 **Reason for the Shortage:** • Padagis temporarily discontinued bacitracin ophthalmic ointment in July 2024. **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.

Drug Product	Affected Manufacturers	Summary
Moxifloxacin Injection	• Fresenius Kabi • Mylan Institutional (Viatris)	**Products Affected:** • Moxifloxacin injection, Fresenius Kabi, 400 mg/250 mL, premixed bag, 12-count, NDC 63323-0850-74 - discontinued • Moxifloxacin injection, Mylan Institutional (Viatris), 400 mg/250 mL, premixed bag, 12 count, NDC 67457-0323-25 **Reason for the Shortage:** • Fresenius Kabi recently discontinued moxifloxacin injection. • Viatris did not provide a reason for the shortage. They are sole suppliers of moxifloxacin injection. **Available Products:** • There are no presentations available **Estimated Resupply Dates:** • Viatris has moxifloxacin 400 mg/250 mL premixed bags on back order and the company estimates a release date of mid- to late-November 2026.
Mercaptopurine Tablets	• Hikma • Mylan (Viatris) • Quinn Pharmaceuticals	**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 • Mercaptopurine tablet, Quinn Pharmaceuticals, 50 mg, bottle, 250 count, NDC 69076-0913-2 **Reason for the Shortage:** • Hikma did not provide a reason for the shortage. • Quinn has mercaptopurine tablets on shortage due to manufacturing issues. The company has temporarily discontinued mercaptopurine 50 mg tablets. **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. • Quinn has temporarily discontinued mercaptopurine 50 mg tablets in 25 count and 250 count bottles and the company cannot estimate a release date.

Drug Product	Affected Manufacturers	Summary
Benzphetamine Hydrochloride Tablets	KVK Tech	**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. **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
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.

Drug Product	Affected Manufacturers	Summary
Fluorescein Sodium and Proparacaine HCl Ophthalmic Solution	Altaire	**Products Affected:** • Flucaine ophthalmic solution, OCuSOFT, 0.25%/0.5%, 5 mL bottle, 1 count, NDC 54799-0507-21 - discontinued • Fluorescein sodium/proparacaine hydrochloride ophthalmic solution, Altaire, 0.25%/0.5%, 5 mL bottle, 1 count, NDC 59390-0205-05 **Reason for the Shortage:** • Altaire has recalled several medications due concerns over lack of sterility assurance. More information can be found at: https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/altaire-pharmaceuticals-inc-issues-voluntary-recall-multiple-ophthalmic-products-sold-ocusoft. • OCuSOFT discontinued Flucaine in January 2020. **Available Products:** • There are no presentations available. **Estimated Resupply Dates:** • Altaire has fluorescein/proparacaine 5 mL bottles 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
March 24, 2026	Magnesium Sulfate in Water	Amneal Pharmaceuticals LLC is voluntarily recalling one lot of Magnesium Sulfate in Water for Injection, USP, 4g/100mL, IV bag, to the hospital level. A Magnesium Sulfate in Water for Injection pouch was found to contain an IV bag of Tranexamic Acid in 0.7% Sodium Chloride Injection, 10 mg/mL.	Amneal Pharmaceuticals LLC	NDC: 70121-1720-3 Lot AH250162
April 28, 2026	Lactated Ringer's Injection, E7500, 1L	B. Braun Medical Inc. is voluntarily recalling two lots of Lactated Ringer's Injection, E7500, 1L, to the hospital/healthcare facility level. The product has been found to have particulate matter in solution.	B. Braun Medical Inc.	NDC:0264-7750-07 Lot #: J4P756 Exp Date: May 31, 2027 Lot #: J4S843 Exp Date: May 31, 2027
May 13, 2026	Doxorubicin Hydrochloride Liposome Injection 50mg/25 mL	Sun Pharma is voluntarily recalling within the U.S. to the hospital/user level, one batch of doxorubicin Hydrochloride Liposome Injection 50mg/25 mL. The single batch of 675 vials is being recalled due to the detection of glass particles in some vials during production.	Sun Pharmaceutical Industries, Inc.	NDC: 72603-200-01 Lot #: HAG2581B EXP Date: May 31, 2027

Gold Coast Health Plan℠
A Public Entity

Pharmacy Newsletter

Q2 2026

JUNE 2026

For additional information, contact the
Pharmacy Department at 1-805-437-5738.
Gold Coast Health Plan
711 East Daily Drive, Suite 106, Camarillo, CA 93010
www.goldcoasthealthplan.org