PHARMACY AND THERAPEUTICS COMMITTEE
MEDICARE MEETING MINUTES
PPO-POS, HMO-POS, HMO-SNP
November 7, 2024

Attendance: *Microsoft Teams Meeting*
Gary Bledsoe, Staff/Clinical Pharmacist; Dr. Kevin Caputo, Magellan Health; Edgar Chou, Jefferson Health; Dr. Neal Demp, Community Behavior Health; Danielle Dolores, Director of Pharmacy; George E. Downs, Dean Emeritus and Professor, St. Joseph's University; Leah Finken, Clinical Programs Pharmacist; Sharon Ford, Staff/Clinical Pharmacist; Paul Goebel, Assistant Director Pharmacy, Jefferson; Merleen Harris-Williams, Medical Director; Yelena Hedrick, Staff/Clinical Pharmacist; Gia Ho, Pharmacy Student Intern; Samantha Jackson, Clinical Pharmacist; Ruth John, Pharmacy Resident; Lawrence Jones, Retired Executive Director, Pennsylvania Society of Health-System Pharmacists (PSHP); Kaylei Koerwitz, Manager Pharmacy Operations and Clinical Programs; Dr. Tania Kolev, Medical Director; Brandi Mahler, Supervisor Pharmacy Technicians; Hannah McCaffrey, Manager Pharmacy Regulations & Implementation; Lisa Murray, Staff/Clinical Pharmacist; Kateryna Olchowecky, Clinical Programs Pharmacist; Maryana Prokopets, Staff/Clinical Pharmacist; Sydney Rosenthal, Pharmacy Student Intern; Sara Sadiq, Staff/Clinical Pharmacist; Julie Samuel, Clinical Programs Pharmacist; Heather Scheckner, Clinical Pharmacist, Jefferson Health; Sajida Sikunder, Pharmacy Student Intern; Mike Smikovecus, Staff/Clinical Pharmacist; Robert Spencer, Staff/Clinical Pharmacist; Shelley Staffa, Clinical Pharmacist; Justin Steffan, Pharmacy Resident; Brian Swift, Enterprise Vice President/Chief Pharmacy Officer, Jefferson Health; Jessica Tran, Staff/Clinical Pharmacist; Fallan Vaisberg, Formulary Pharmacist; Ramesh Vangala, Vice President of Pharmacy Operations; Jeanine Zubrzycki, Staff/Clinical Pharmacist

Excused: *Justin Bittner, Medical Director; Connie Chan, Staff/Clinical Pharmacist; Jerry Crawford, Staff/Clinical Pharmacist; Demian Elder, Medical Director; Oluwatoyin Fadeyibi, Community Behavior Health; Sanjiv Raj, Associate VP Customer Engagement; Dr. Chris Squillaro, Medical Director, Magellan Behavioral Health*

Minutes taken by: Joana Iverson

I. Administrative Update

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
Minutes Review/Approval	*D. Dolores presented the minutes from the August 2024 meeting to the Committee for review.*	*The Committee approved the minutes from our last meeting as presented.*	*D. Dolores*	*Resolved*	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
Policies and Procedures for HMO and PPO	• *Coverage Determination and Prior Authorization* • *FDR Oversight* • *Medication Quality Assurance* • *Pharmacy and Therapeutics (P&T) Committee* • *Transition Policy* • *MTM Program* • *Direct Member Reimbursement*		*D. Dolores*	*Informational*	
	• *2025 HMO/PPO updates – Formulary Disruptions* • *2025 HMO/PPO Medication Therapy Management (MTM) Program*		*D. Dolores* *K. Koerwitz*	*Informational*	

II. Drug Formulary Review/Update

TOPIC	DISCUSSION				ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
2025 Prior Authorization Criteria Additions	*The Committee reviewed the 2025 Prior Authorization Criteria Additions. The Committee approved as presented:*				*The Committee approved the 2025 Prior Authorization Criteria Additions. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	
	Criteria Name	***1T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				
	Drizalma Sprinkle	*X*	*X*	*X*				
	L-glutamine oral powder	*X*	*X*	*X*				
2025 Prior Authorization Criteria Updates	*The Committee reviewed the Prior Authorization Criteria Updates. The Committee approved as presented:*				*The Committee approved the Prior Authorization Criteria Updates. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson* *M. Smikovecus* *Y. Hedrick* *J. Tran* *R. Spencer*	*Resolved*	
	Drug Name	***1T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				
	Adalimumab-aacf	*X*	*X*	*X*				
	Cayston	*X*	*X*	*X*				
	Doptelet	*X*	*X*	*X*				
	Fentanyl Citrate Transmucosal Lozenge	*X*	*X*	*X*				
	High Risk Medication - Anticholinergic Agents	*X*	*X*	*X*				
	IVIG	*X*	*X*	*X*				
	Livtencity	*X*	*X*	*X*				
	Miglustat	*X*	*X*	*X*				
	Sapropterin	*X*	*X*	*X*				

TOPIC	DISCUSSION				ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	Stelara	*X*	*X*	*X*				
2025 Formulary Additions	*The Committee reviewed the 2025 Formulary Additions. The Committee approved as presented:*				*The Committee reviewed the 2025 Formulary Additions. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	
	Drug Name	***1T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				
	Drizalma 20 mg, 30mg, 60 mg sprinkle capsule	*T1, QL*	*T4, QL*	*T4, QL*				
	Gemtesa 75 mg tablet	*T1, QL*	*T4, QL*	*T4, QL*				
	Opsumit 10 mg tablet	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Prempro 0.3-1.5 tablet	*T1*	*T3*	*T4*				
	Voranigo 40 mg tablet	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Lazcluze tablet	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Dasatinib tablet	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Lanreotide Acetate 120 mg/0.5mL solution	*T1, PA, NDS*	*T5, PA*	*T5, PA*				
	Truqap tablet therapy pack	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Cobenfy capsule	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Cobenfy Starter Pack	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
2025 Formulary Removals	*The Committee reviewed the 2025 Formulary Removals. The Committee approved as presented:* • *Calcium acetate 667 mg capsule* • *Calcium acetate 667 mg tablet* • *Lanthanum carbonate chewable tablet* • *Sevelamer carbonate packet* • *Sevelamer carbonate tablet*				*The Committee reviewed the 2025 Formulary Removals. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	
2025 Fall FRF Formulary Additions Protected Class	*The Committee reviewed the 2025 Fall FRF Formulary Additions Protected Class. The Committee approved as presented:*				*The Committee reviewed the 2025 Fall FRF Formulary Additions Protected Class. It will be sent*	*S. Jackson*	*Resolved*	
	Drug Name	***1T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				

TOPIC	DISCUSSION				ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	Ojemda	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*	*to CMS for approval. (See attached for voting detail)*			
	Retevmo tablet	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Vigafyde	*T1, QL, NDS*	*T5, QL*	*T5, QL*				
2025 Fall FRF Formulary Additions Non-Protected Class	*The Committee reviewed the 2025 Fall FRF Formulary Additions Non-Protected Class. The Committee approved as presented:*				*The Committee reviewed the 2025 Fall FRF Formulary Additions Non-Protected Class. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	
	Drug Name	***1T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				
	Austedo XR 18 mg	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Austedo XR Patient Titration 12, 18, 24, and 30 mg	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Azurette 28 day	*T1*	*T2*	*T3*				
	Entresto 15-16 mg sprinkle capsule	*T1, QL*	*T3, QL*	*T3, QL*				
	Entresto 6-6 mg sprinkle capsule	*T1, QL*	*T3, QL*	*T3, QL*				
	L-glutamine 5 gram packet	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Otezla 20 mg tablet	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Otezla 4 x 10 mg & 51 x 20 mg therapy pack	*T1, PA, QL, NDS*	*T5, PA, QL*	*T5, PA, QL*				
	Taltz 20 mg/0.25mL prefilled syringe	*T1, PA, NDS*	*T5, PA*	*T5, PA*				
	Taltz 40 mg/0.25mL prefilled syringe	*T1, PA, NDS*	*T5, PA*	*T5, PA*				
2025 Fall FRF Formulary Removals	*The Committee reviewed the 2025 Fall FRF Formulary Removals. The Committee approved as presented:*				*The Committee reviewed the 2025 Fall FRF Formulary Removals. It will be sent to CMS for approval. (See*	*S. Jackson*	*Resolved*	
	Drug Name	***1T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				
	Amoxicillin 200 mg/clavulanate	*X*	*X*	*X*				

TOPIC	DISCUSSION				ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	28.5 mg chew tablet				*attached for voting detail)*			
	Ciprofloxacin hcl 0.2% otic solution	*X*	*X*	*X*				
	Erythromycin stearate 250 mg tablet	*X*	*X*	*X*				
	Fluorouracil 0.5% cream	*X*	*X*	*X*				
	Leukeran	*X*	*X*	*X*				
	Natacyn	*X*	*X*	*X*				
	Sandimmune	*X*	*X*	*X*				
	Tabloid	*X*	*X*	*X*				
2025 Quantity Limit Additions	*The Committee reviewed the 2025 Quantity Limit Additions. The Committee approved as presented:* • *Austedo XR 18 mg - 30/30 days* • *Austedo XR Patient Titration 12, 18, 24, and 30 mg - 28/28 days* • *Cobenfy capsule - 60/30 days* • *Cobenfy Starter Pack - 56/28 days* • *Dasatinib 140 mg tablet - 30/30 days* • *Dasatinib 20 mg tablet - 90/30 days* • *Dasatinib 50 mg, 70 mg 80 mg, 100 mg tablet - 60/30 days* • *Drizalma 20 mg, 30mg, 60 mg sprinkle capsule - 60/30 days* • *Entresto sprinkle capsule 240/30 days* • *Gemtesa 75 mg tablet - 30/30 days* • *Lazcluze 240 mg tablet - 30/30 days* • *Lazcluze 80 mg tablet - 60/30 days* • *L-glutamine 5 gram packet - 180/30 days* • *Lofexidine 0.18 mg tablet - 16/day* • *Ojemda 100 mg tablet - 24/28 days* • *Ojemda 25mg/mL suspension - 96/28 days* • *Opsumit 10 mg tablet - 30/30 days* • *Otezla 20 mg tablet - 60/30 days* • *Otezla 4 x 10 mg & 51 x 20 mg therapy pack - 110/365 days* • *Retevmo 40 mg tablet - 90/30 days* • *Retevmo 80 mg, 120 mg, 160 mg tablet - 60/30 days* • *Truqap tablet 160 mg and 200 mg therapy pack - 64/28 days* • *Vigafyde 100 mg/mL solution - 900/30 days* • *Voranigo 10 mg tablet - 60/30 days*				*The Committee reviewed the 2025 Quantity Limit Additions. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	

<table>
<tr><th>TOPIC</th><th>DISCUSSION</th><th>ACTIONS</th><th>RESPONSIBLE PARTY</th><th>RESOLVED/ PENDING</th><th>DUE DATE</th></tr>
<tr><td></td><td>• Voranigo 40 mg tablet - 30/30 days</td><td></td><td></td><td></td><td></td></tr>
<tr><td>2025 Quantity Limit Removals</td><td>The Committee reviewed the 2025 Quantity Limit Removals. The Committee approved as presented:
• Descovy 200-25 mg tablet
• Emtricitabine-Tenofovir DF 100-150 mg tablet</td><td>The Committee reviewed the 2025 Quantity Limit Removals. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson
H. McCaffrey</td><td>Resolved</td><td></td></tr>
<tr><td>2024 Prior Authorization Criteria Review</td><td>The Committee reviewed the 2024 Prior Authorization Criteria Review. The Committee approved as presented:
• Endari
• Nurtec ST
• Ubrelvy ST
• Dupixent
• Fasenra
• Lucemyra</td><td>The Committee reviewed the 2024 Prior Authorization Criteria Review. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson
F. Vaisberg</td><td>Resolved</td><td></td></tr>
<tr><td>2024 Formulary Additions</td><td>The Committee reviewed the 2024 Formulary Additions. The Committee approved as presented:
<table>
<tr><th>Drug Name</th><th>6-Tier formulary (PPO-POS, HMO-POS)</th><th>1-Tier formulary (HMO-SNP)</th></tr>
<tr><td>Gallifrey 5 mg tablet</td><td>T2</td><td>T1</td></tr>
<tr><td>Novolin R 100 unit/mL solution</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolin N 100 unit/mL suspension</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolin 70/30 100 unit/mL suspension</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolin R Flexpen 100 unit/mL</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolin N Flexpen 100 unit/mL</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolin 70/30 Flexpen 100 unit/mL</td><td>T3</td><td>T1</td></tr>
<tr><td>Fiasp 100 unit/mL solution</td><td>T3</td><td>T1</td></tr>
<tr><td>Fiasp Flextouch 100 unit/mL</td><td>T3</td><td>T1</td></tr>
</table></td><td>The Committee reviewed the 2024 Formulary Additions. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
</table>

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<tr><td></td><td>
<table>
<tr><td>Fiasp Penfill 100 unit/mL solution cartridge</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolog Penfill 100 unit/mL solution cartridge</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolog Mix 70/30 100 unit/mL suspension</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolog Mix 70/30 Flexpen 100 unit/mL</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolog Flexpen 100 unit/mL</td><td>T3</td><td>T1</td></tr>
<tr><td>Novolog 100 unit/mL solution</td><td>T3</td><td>T1</td></tr>
<tr><td>Incruse Ellipta 62.5 mcg/actuation</td><td>T3, QL</td><td>T1, QL</td></tr>
<tr><td>Wixela</td><td>T3, QL</td><td>T1, QL</td></tr>
<tr><td>Truqap tablet therapy pack</td><td>T5, PA, QL</td><td>T1, PA, QL, NDS</td></tr>
<tr><td>Cobenfy capsule</td><td>T5, PA, QL</td><td>T1, PA, QL, NDS</td></tr>
<tr><td>Cobenfy Starter Pack</td><td>T5, PA, QL</td><td>T1, PA, QL, NDS</td></tr>
</table>
</td><td></td><td></td><td></td><td></td></tr>
<tr><td>2024 Additions Protected Class August/September/ October FRF)</td><td>
The Committee reviewed the Additions Protected Class (August/September/ October FRF). The Committee approved as presented:
<table>
<tr><th>Drug Name</th><th>6-Tier Formulary (PPO, HMO-POS)</th><th>1-Tier Formulary (HMO-SNP)</th></tr>
<tr><td>Retevmo tablet</td><td>T5, PA, QL</td><td>T1, PA, QL, NDS</td></tr>
<tr><td>Vigafyde 100 mg/mL solution</td><td>T5, QL</td><td>T1, QL, NDS</td></tr>
<tr><td>Ojemda tablet</td><td>T5, PA, QL</td><td>T1, PA, QL, NDS</td></tr>
<tr><td>Dasatinib tablet</td><td>T5, PA</td><td>T1, PA, NDS</td></tr>
<tr><td>Lazcluze tablet</td><td>T5, PA, QL</td><td>T1, PA, QL, NDS</td></tr>
<tr><td>Voranigo tablet</td><td>T5, PA, QL</td><td>T1, PA, QL, NDS</td></tr>
</table>
</td><td>The Committee reviewed the Additions Protected Class (August/ September/October FRF). It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2024 Additions Non-Protected Class (August/September/ October FRF)</td><td>
The Committee reviewed the Additions Non-Protected Class (August/September/ October FRF). The Committee approved as presented:
<table>
<tr><th>Drug Name</th><th>6-Tier Formulary (PPO, HMO-POS)</th><th>1-Tier Formulary (HMO-SNP)</th></tr>
<tr><td>Entresto sprinkle capsule</td><td>T3, QL</td><td>T1, QL</td></tr>
<tr><td>Zomig tablet</td><td>T2, QL</td><td>T1, QL</td></tr>
<tr><td>L-glutamine 5 gram packet</td><td>T5, PA, QL</td><td>T1, PA, QL, NDS</td></tr>
</table>
</td><td>The Committee reviewed the Additions Non-Protected Class (August/September/ October FRF). It will be sent to CMS</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
</table>

TOPIC	DISCUSSION			ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	MResvia 50 mcg/0.5mL suspension	*T3*	*T1*	*for approval. (See attached for voting detail)*			
	Otezla 20 mg tablet	*T5, PA*	*T1, PA, NDS*				
	Otezla 4 x 10 mg & 51 x 20 mg therapy pack	*T5, PA*	*T1 PA, NDS*				
	Austedo XR 18 mg	*T5, PA, QL*	*T1, PA, QL, NDS*				
	Austedo XR Patient Titration 12, 18, 24, and 30 mg	*T5, PA, QL*	*T1, PA, QL, NDS*				
	Taltz 20 mg/0.25mL prefilled syringe	*T5, PA*	*T1, PA, NDS*				
	Taltz 40 mg/0.25mL prefilled syringe	*T5, PA*	*T1, PA, NDS*				
	Lofexidine 0.18 mg tablet	*T5, PA, QL*	*T1, PA, QL, NDS*				
	Rinvoq LQ	*T5, PA, QL*	*T1, PA, QL, NDS*				
2024 Quantity Limit Additions	*The Committee reviewed the Quantity Limit Additions. The Committee approved as presented:* • *Austedo XR 18 mg - 30/30 days* • *Austedo XR Patient Titration 12, 18, 24, and 30 mg - 28/28 days* • *Cobenfy capsule - 60/30 days* • *Cobenfy Starter Pack -56/28 days* • *Dasatinib 140 mg tablet - 30/30 days* • *Dasatinib 20 mg tablet - 90/30 days* • *Dasatinib 50 mg, 70 mg 80 mg, 100 mg tablet - 60/30 days* • *Entresto sprinkle capsule - 240/30 days* • *Incruse Ellipta 62.5 mcg/actuation - 30/30 days* • *Lazcluze 240 tablet - 30/30 days* • *Lazcluze 80 tablet - 60/30 days* • *L-glutamine 5 gram packet - 180/30 days* • *Lofexidine 0.18 mg tablet - 16/day* • *Ojemda tablet - 24/28 days* • *Otezla 20 mg tablet - 60/30 days* • *Otezla 4 x 10 mg & 51 x 20 mg therapy pack - 110/365 days* • *Retevmo 40 mg tablet - 90/30 days* • *Retevmo 80 mg, 120 mg, 160 mg tablet - 60/30 days* • *Rinvoq LQ - 360/30 days* • *Truqap 160 mg and 200 mg tablet therapy pack - 64/28 days* • *Vigafyde 100 mg/mL solution - 900/30 days* • *Voranigo 10 mg tablet - 60/30 days* • *Voranigo 40 mg tablet - 30/30 days*			*The Committee approved the Quantity Limit Additions. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	

<table>
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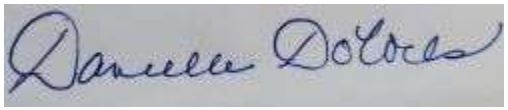
<tr><td></td><td>• Wixela - 60/30 days
• Zomig tablet - 9/30 days</td><td></td><td></td><td></td><td></td></tr>
<tr><td>2024 Quantity Limit Removals</td><td>The Committee reviewed the Quantity Limit Removals. The Committee approved as presented:
• Descovy
• Emtricitabine-Tenofovir DF 200-300 mg tablet</td><td>The Committee approved the Quantity Limit Removals. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2024 Formulary Removals (August/ September/October FRF)</td><td>The Committee reviewed the Formulary Removals (August/September/October FRF). The Committee approved as presented:
(The following drugs will remain on the formulary until the end of the benefit year.)
<table>
<tr><th>Drug Name</th><th>6-Tier Formulary (PPO, HMO-POS)</th><th>1-Tier Formulary (HMO-SNP)</th></tr>
<tr><td>Lexiva</td><td>X</td><td>X</td></tr>
<tr><td>Amoxicillin-pot clavulanate 200-28.5 mg chew tablet</td><td>X</td><td>X</td></tr>
<tr><td>Fluorouracil 0.5% cream</td><td>X</td><td>X</td></tr>
<tr><td>Efavirenz 200 mg, 50 mg capsule</td><td>X</td><td>X</td></tr>
<tr><td>Clenpiq</td><td>X</td><td>X</td></tr>
<tr><td>Sandimmune</td><td>X</td><td>X</td></tr>
<tr><td>Trizivir</td><td>X</td><td>X</td></tr>
<tr><td>Naloxone hydrochloride 40 mg/mL nasal spray</td><td>X</td><td>X</td></tr>
</table></td><td>The Committee approved the Formulary Removals (August/September/ October FRF). It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2024 Removals from Formulary</td><td>The Committee reviewed the Formulary Removals. The Committee approved as presented:
• Fentanyl lozenge - removed due to market withdrawal</td><td>The Committee approved the Formulary Removals.</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>III. New Drug Review</td><td>The following new Protected Class Drugs were reviewed and will be added to the formulary per CMS regulations:
• Vyloy (zolbetuximab-clzb) Injection*
• Selarsdi (ustekinumab-aekn) Injection
• Itovebi (inavolisib) Tablets*
• Imuldosa (ustekinumab-srlf) Injection*
• Opdivo (nivolumab) Injection
• Retevmo (selpercatinib) Capsules and Tablets
• Otulfi (ustekinumab-aauz) Injection*
• Cobenfy (xanomeline and trospium chloride) Capsules*</td><td>Per CMS regulations, “The P&T committee will make a reasonable effort to review a new FDA approved drug product (or new FDA approved indication) within 90 days of its release onto the</td><td>R. John</td><td>Resolved</td><td></td></tr>
</table>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	• *Tagrisso (osimertinib) Tablets* • *Sarclisa (isatuximab-irfc) Injection* • *Rybrevant (amivantamab-vmjw) Injection* • *Kisqali (ribociclib) Tablets* • *Keytruda (pembrolizumab) for Injection* • *Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) Injection** • *Boruzu (bortezomib) Injection** • *Lazcluze (lazertinib) Tablets** • *Imfinzi (durvalumab) Injection* • *Niktimvo (axatilimab-csfr) Injection** *The following medications are Formulary with new FDA-approved indications:* • *Abrysvo (respiratory syncytial virus vaccine) Injection* • *Dupixent (dupilumab) Injection* • *Fasenra (benralizumab) Injection* • *Dupixent (dupilumab) Injection* *The following medications were reviewed and will be kept as Non-formulary. Prior Authorization criteria will be developed as needed:* • *Botox Cosmetic (onabotulinumtoxinA) for Injection* • *Lumryz (sodium oxybate) Granules for Extended-Release Oral Suspension* • *Vyalev (foscarbidopa and foslevodopa) Injection - formerly ABBV-951** • *Hympavzi (marstacimab-hncq) Injection** • *Bimzelx (bimekizumab-bkzx) Injection* • *Ameluz (aminolevulinic acid) Gel* • *Flyrcado (flurpiridaz F 18) Injection** • *Aqneursa (levacetylleucine) Granules for Oral Suspension** • *Miplyffa (arimoclomol) Capsules** • *Bimzelx (bimekizumab-bkzx) Injection* • *FluMist (Influenza Virus Vaccine, Live, Intranasal) Nasal Spray* • *Ocrevus Zunovo (ocrelizumab & hyaluronidase-ocsq) Injection** • *Ebglyss (lebrikizumab-lbkz) Injection** • *Tremfya (guselkumab) Injection* • *Filspari (sparsentan) Tablets* • *ACAM2000 (Smallpox and Mpox (Vaccinia) Vaccine, Live)* • *Nymalize (nimodipine) Oral Solution* • *Pavblu (aflibercept-ayyh) Injection**	*market and will make a decision on each new FDA approved drug product (or new FDA approved indication) within 180 days of its release onto the market, or a clinical justification will be provided if this timeframe is not met. Formularies must include substantially all drugs in the six protected categories that are FDA approved by the last CMS specified HPMS formulary upload date for the upcoming contract year. New drugs or newly approved uses for drugs within the six classes that come onto the market after the CMS specified formulary upload date will be subject to an expedited P&T committee review. The expedited review process requires P&T committees to make a decision within 90 days, rather than the normal 180-day requirement. At the*			

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	• *Spikevax (Moderna COVID-19 Vaccine) (COVID-19 Vaccine, mRNA) Injection* • *Comirnaty (COVID-19 Vaccine, mRNA) Injection* • *NexoBrid (anacaulase-bcdb) Lyophilized Powder for Topical Gel* • *Livdelzi (seladelpar) Capsules** • *Furoscix (furosemide) Injection* • *Fabhalta (iptacopan) Capsules* *(* Previously discussed in New Drug Review for Medicaid)*	*end of the 90 day period, these drugs must be added to Part D plan formularies." (See attached for voting detail.)*			

IV. Adjournment

There being no further business to discuss, the meeting was adjourned. Next meeting is to be held February 2025.



12/17/2024

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Danielle Dolores, Director of Pharmacy Services Date: _____

APPENDIX I: VOTING GRID

	Danielle Dolores, PharmD	George Downs, PharmD	Lawrence Jones, RPh	Tania Kolev, MD	Hannah McCaffrey	Sanjiv Raj	Brian Swift	Kaylei Koerwitz	Heather Scheckner	Merleen Harris-Williams, MD	Justin Bittner, MD	Demian Elder, MD	Edgar Chou, MD	Ramesh Vangala, PharmD	Comments
Minutes Review/Approval	A	A	A	A	A	E	A	A	A	A	E	E	A	A	*August 2024*
2025 Prior Authorization Criteria Additions	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2025 Prior Authorization Criteria Updates	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2025 Formulary Additions	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2025 Formulary Removals	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2025 Fall FRF Formulary Additions Protected Class	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2025 Fall FRF Formulary Additions Non-Protected Class	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2025 Fall FRF Formulary Removals	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2025 Quantity Limit Additions	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2025 Quantity Limit Removals	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2024 Prior Authorization Criteria Review	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2024 Formulary Additions	A	A	A	A	A	E	A	A	A	A	E	E	A	A	

	Danielle Dolores, PharmD	George Downs, PharmD	Lawrence Jones, RPh	Tania Kolev, MD	Hannah McCaffrey	Sanjiv Raj	Brian Swift	Kaylei Koerwitz	Heather Scheckner	Merleen Harris-Williams, MD	Justin Bittner, MD	Demian Elder, MD	Edgar Chou, MD	Ramesh Vangala, PharmD	Comments
2024 Additions Protected Class August/September/ October FRF)	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2024 Additions Non-Protected Class (August/September/ October FRF)	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2024 Quantity Limit Additions	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2024 Quantity Limit Removals	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2024 Formulary Removals (August/ September/October FRF)	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
2024 Removals from Formulary	A	A	A	A	A	E	A	A	A	A	E	E	A	A	
New Drug Review	A	A	A	A	A	E	A	A	A	A	E	E	A	A	

*A = Approved as presented * R = Rejected * E = Excused from meeting * P = Precluded from vote due to conflict of interest