



**PHARMACY AND THERAPEUTICS COMMITTEE  
MEDICARE MEETING MINUTES  
PPO-POS, HMO-POS, HMO-SNP  
May 13, 2025**

*Attendance:*

Microsoft Teams Meeting

*Yumna Ahmed, Pharmacy Student Intern; Dr. Paul Aitken, Medical Director; Dr. Rick Buzard, Associate Chief Medical Officer; Connie Chan, Staff/Clinical Pharmacist; Dr. Edgar Chou, Jefferson Health; Jerry Crawford, Staff/Clinical Pharmacist; Dr. Neal Demp, Community Behavior Health; Danielle Dolores, Director of Pharmacy; Dr. George E. Downs, Dean Emeritus and Professor, St. Joseph's University; Leah Finken, Clinical Programs Pharmacist; Sharon Ford, Staff/Clinical Pharmacist; Hailey Fry, Centennial Pharmacy; Paul Goebel, Assistant Director Pharmacy, Jefferson Enterprise; Dr. Merleen Harris-Williams, Medical Director; Yelena Hedrick, Staff/Clinical Pharmacist; 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; Hannah McCaffrey, Manager Pharmacy Regulations & Implementation; Brandi Mahler, Supervisor Pharmacy Technicians; Lisa Murray, Staff/Clinical Pharmacist; Kateryna Olchowecky, Clinical Programs Pharmacist; Maryana Prokopets, Staff/Clinical Pharmacist; Sara Sadiq, Staff/Clinical Pharmacist; Julie Samuel, Clinical Programs Pharmacist; Heather Scheckner, Clinical Pharmacist, Jefferson Health; Mike Smikovecus, Staff/Clinical Pharmacist; Robert Spencer, Staff/Clinical Pharmacist; Shelley Staffa, Clinical Pharmacist; Justin Steffan, Pharmacy Resident; Jessica Tran, Staff/Clinical Pharmacist; Fallan Vaisberg, Formulary Pharmacist; Ramesh Vangala, Vice President of Pharmacy Operations; Jeanine Zubrzycki, Staff/Clinical Pharmacist*

*Excused:*

*Gary Bledsoe, Staff/Clinical Pharmacist; Dr. Kevin Caputo, Magellan Health; Dr. Demian Elder, Medical Director; Sanjiv Raj, Associate VP Customer Engagement; Dr. Chris Squillaro, Medical Director, Magellan Behavioral Health; Brian Swift, Enterprise Vice President/Chief Pharmacy Officer, Jefferson Health*

*Minutes taken by: Joana Iverson*

**I. Administrative Update**

| TOPIC                          | DISCUSSION                                                                                       | ACTIONS                                                                       | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
|--------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------|------------------|----------|
| <i>Minutes Review/Approval</i> | <i>D. Dolores presented the minutes from the March 2025 meeting to the Committee for review.</i> | <i>The Committee approved the minutes from our last meeting as presented.</i> | <i>D. Dolores</i> | <i>Resolved</i>  |          |

| TOPIC                                       | DISCUSSION                                                         | ACTIONS | RESPONSIBLE PARTY   | RESOLVED/PENDING     | DUE DATE |
|---------------------------------------------|--------------------------------------------------------------------|---------|---------------------|----------------------|----------|
| <b>2026 Formulary Structure</b>             | <i>H. McCaffrey reviewed the 2026 Medicare formulary structure</i> |         | <i>H. McCaffrey</i> | <i>Informational</i> |          |
| <b>2026 Inflation Reduction Act Updates</b> | <i>H. McCaffrey reviewed the 2026 IRA updates</i>                  |         | <i>H. McCaffrey</i> | <i>Informational</i> |          |

## II. Drug Formulary Review/Update

| TOPIC                                            | DISCUSSION                                                                                                        |                             |                           |                            | ACTIONS                                                                                                                                            | RESPONSIBLE PARTY                                                                                                                                                                                        | RESOLVED/PENDING | DUE DATE |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|
| <b>2026 Prior Authorization Criteria Updates</b> | <i>The Committee reviewed the 2026 Prior Authorization Criteria updates. The Committee approved as presented:</i> |                             |                           |                            | <i>The Committee approved the 2026 Prior Authorization Criteria updates. It will be sent to CMS for approval. (See attached for voting detail)</i> | <i>F. Vaisberg<br/>J. Zubrzycki<br/>J. Crawford<br/>J. Tran<br/>J. Steffan<br/>M. Prokopets<br/>M. Smikovecus<br/>S. Sadiq<br/>S. Ford<br/>Y. Hedrick<br/>S. Jackson<br/>K. Olchowecky<br/>J. Samuel</i> | <i>Resolved</i>  |          |
|                                                  | <b>Criteria Name</b>                                                                                              | <b>6T Premium (HMO-SNP)</b> | <b>5T Core (PPO, HMO)</b> | <b>5T Value (PPO, HMO)</b> |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Acitretin</i>                                                                                                  | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Actimmune</i>                                                                                                  | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Acute Seizure Agents</i>                                                                                       | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Adalimumab</i>                                                                                                 | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Adempas</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Alosetron</i>                                                                                                  | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Alpha-1 Proteinase Inhibitors</i>                                                                              | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Alvaiz</i>                                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Arcalyst</i>                                                                                                   | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Arikayce</i>                                                                                                   | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Austedo</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Benlysta</i>                                                                                                   | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Besremi</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Bexarotene Gel</i>                                                                                             | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Bimzelx</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Botulinum Toxins</i>                                                                                           | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Brand Major Depressive Disorder Agents</i>                                                                     | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Briviact</i>                                                                                                   | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Bronchitol</i>                                                                                                 | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Carglumic Acid</i>                                                                                             | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Cayston</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>Cerdelga</i>                                                                                                   | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>CFTR Modulators</i>                                                                                            | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |
|                                                  | <i>CGRP Antagonists</i>                                                                                           | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                    |                                                                                                                                                                                                          |                  |          |

| TOPIC | DISCUSSION                                         |                 |          |                 | ACTIONS | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
|-------|----------------------------------------------------|-----------------|----------|-----------------|---------|-------------------|-------------------|----------|
|       | <i>Clobazam</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Cystaran</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Deferasirox</i>                                 | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Diacomit</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Dihydroergotamine Nasal</i>                     | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Doptelet</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Drizalma Sprinkle</i>                           | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Dronabinol</i>                                  | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Droxidopa</i>                                   | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Dupixent</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Enbrel</i>                                      | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Endothelin Receptor Antagonists</i>             | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Epclusa (previously sofosbuvir/velpativir )</i> | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Epidiolex</i>                                   | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Eprontia</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Exception Criteria</i>                          | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Fasenra</i>                                     | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Filgrastim Agents</i>                           | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Fintepla</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Firdapse</i>                                    | <i>N/A - NF</i> | <i>X</i> | <i>N/A - NF</i> |         |                   |                   |          |
|       | <i>Fycompa</i>                                     | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Gattex</i>                                      | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>GLP-1 Agonists</i>                              | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Haegarda</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Harvoni</i>                                     | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Diazepam</i>                              | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Antidepressants</i>                       | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Antiemetics</i>                           | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Antihistamines</i>                        | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Antiparkinsons</i>                        | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Antispasmodics</i>                        | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Butalbital Combinations</i>               | <i>N/A – NF</i> | <i>X</i> | <i>N/A – NF</i> |         |                   |                   |          |

| TOPIC | DISCUSSION                                         |                 |          |                 | ACTIONS | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
|-------|----------------------------------------------------|-----------------|----------|-----------------|---------|-------------------|-------------------|----------|
|       | <i>HRM - Lorazepam</i>                             | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Meclizine</i>                             | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Non-Benzodiazepine Sedative Hypnotics</i> | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>HRM - Skeletal Muscle Relaxants</i>             | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Icatibant</i>                                   | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Inbrija</i>                                     | <i>N/A – NF</i> | <i>X</i> | <i>N/A – NF</i> |         |                   |                   |          |
|       | <i>Increlex</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Injectable Testosterone Products</i>            | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Intravenous Immune Globulin (IVIG)</i>          | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Ivabradine (previously Corlanor)</i>            | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Kerendia</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Kesimpta</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Lanreotide Extended Release</i>                 | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>L-glutamine</i>                                 | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Libervant</i>                                   | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Lidocaine patches</i>                           | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Livtensity</i>                                  | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Mavyret</i>                                     | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Metirosine</i>                                  | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Mifepristone</i>                                | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Nexletol/Nexlizet</i>                           | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Norditropin</i>                                 | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Nuedexta</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Nuplazid</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Octreotide</i>                                  | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Ofev</i>                                        | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Opipza Oral Film</i>                            | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Oral Oncology Agents</i>                        | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Panretin</i>                                    | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |
|       | <i>Part D Insulin Supplies</i>                     | <i>X</i>        | <i>X</i> | <i>X</i>        |         |                   |                   |          |

| TOPIC | DISCUSSION                            |          |          |          | ACTIONS | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
|-------|---------------------------------------|----------|----------|----------|---------|-------------------|-------------------|----------|
|       | <i>Part D vs Part B</i>               | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Pegfilgrastim Agents</i>           | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Phosphodiesterase-5 Inhibitors</i> | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Pirfenidone</i>                    | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Posaconazole</i>                   | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Prevymis</i>                       | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Pyrimethamine</i>                  | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Quinine</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Regranex</i>                       | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Repatha</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Rezurock</i>                       | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Rinvoq/Rinvoq LQ</i>               | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Rufinamide</i>                     | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Sapropterin</i>                    | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Signifor</i>                       | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Sirturo</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Skyrizi</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Sodium Oxybate</i>                 | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Sodium Phenylbutyrate</i>          | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Somavert</i>                       | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Sotyktu</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Sympazan</i>                       | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Tadalafil for BPH</i>              | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Tasimelteon</i>                    | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Tavneos</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Teriparatide</i>                   | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Tetrabenazine</i>                  | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Tocilizumab</i>                    | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Topical Retinoids</i>              | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Topical Testosterone Products</i>  | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Tremfya</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Uptravi</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Ustekinumab</i>                    | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Valchlor</i>                       | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Velsipity</i>                      | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Verquvo</i>                        | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |
|       | <i>Vigabatrin</i>                     | <i>X</i> | <i>X</i> | <i>X</i> |         |                   |                   |          |

| TOPIC                                             | DISCUSSION                                                                                                         |                             |                           |                            | ACTIONS                                                                                                                                             | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------|
|                                                   | <i>Voriconazole (IV)</i>                                                                                           | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Vosevi</i>                                                                                                      | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Vowst</i>                                                                                                       | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Wakefulness-Promoting Agents</i>                                                                                | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Xcopri</i>                                                                                                      | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Xdemvy</i>                                                                                                      | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Xeljanz</i>                                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Xermelo</i>                                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Xgeva</i>                                                                                                       | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Xifaxan 550 mg</i>                                                                                              | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Xifaxan 200 mg</i>                                                                                              | <i>N/A – NF</i>             | <i>X</i>                  | <i>N/A – NF</i>            |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Xolair</i>                                                                                                      | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Ztalmy</i>                                                                                                      | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Zurzuva</i>                                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
| <b>2026 Prior Authorization Criteria Removals</b> | <i>The Committee reviewed the 2026 Prior Authorization Criteria Removals. The Committee approved as presented:</i> |                             |                           |                            | <i>The Committee reviewed the 2026 Prior Authorization Criteria Removals. It will be sent to CMS for approval. (See attached for voting detail)</i> | <i>S. Jackson</i> | <i>Resolved</i>   |          |
|                                                   | <b>Drug Name</b>                                                                                                   | <b>6T Premium (HMO-SNP)</b> | <b>5T Core (PPO, HMO)</b> | <b>5T Value (PPO, HMO)</b> |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Adalimumab-aacf</i>                                                                                             | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Apomorphine injection</i>                                                                                       | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Berinert</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Cinryze</i>                                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Deferiprone</i>                                                                                                 | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Lucemyra</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>NF</i>                  |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Myalept</i>                                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>NF</i>                  |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Nuzyra</i>                                                                                                      | <i>X</i>                    | <i>X</i>                  | <i>NF</i>                  |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Ocaliva</i>                                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>NF</i>                  |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Otezla</i>                                                                                                      | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Oxervate</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Pregabalin ER</i>                                                                                               | <i>X</i>                    | <i>X</i>                  | <i>NF</i>                  |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Ravicti</i>                                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>NF</i>                  |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Recorlev</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Sivextro</i>                                                                                                    | <i>X</i>                    | <i>X</i>                  | <i>NF</i>                  |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Sofosbuvir/velpat asvir</i>                                                                                     | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
|                                                   | <i>Taltz</i>                                                                                                       | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                                     |                   |                   |          |
| <b>2026 Step Therapy Criteria</b>                 | <i>The Committee reviewed the 2026 Step Therapy Criteria. The Committee approved as presented:</i>                 |                             |                           |                            | <i>The Committee reviewed the 2026</i>                                                                                                              | <i>S. Jackson</i> | <i>Resolved</i>   |          |

| TOPIC                           | DISCUSSION                                                                                       |                             |                           |                            | ACTIONS                                                                                                                           | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
|---------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|----------|
|                                 | <b>Drug Name</b>                                                                                 | <b>6T Premium (HMO-SNP)</b> | <b>5T Core (PPO, HMO)</b> | <b>5T Value (PPO, HMO)</b> | <i>Step Therapy Criteria. It will be sent to CMS for approval. (See attached for voting detail)</i>                               |                   |                  |          |
|                                 | <i>Brand Antipsychotic</i>                                                                       | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                   |                   |                  |          |
|                                 | <i>Eprontia</i>                                                                                  | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                   |                   |                  |          |
|                                 | <i>Febuxostat</i>                                                                                | <i>X</i>                    | <i>X</i>                  | <i>N/A - NF</i>            |                                                                                                                                   |                   |                  |          |
|                                 | <i>Jardiance</i>                                                                                 | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                   |                   |                  |          |
|                                 | <i>Sancuso</i>                                                                                   | <i>N/A – NF</i>             | <i>X</i>                  | <i>N/A - NF</i>            |                                                                                                                                   |                   |                  |          |
|                                 | <i>Spritam</i>                                                                                   | <i>X</i>                    | <i>X</i>                  | <i>X</i>                   |                                                                                                                                   |                   |                  |          |
| <b>2026 Formulary Additions</b> | <i>The Committee reviewed the 2026 Formulary Additions. The Committee approved as presented:</i> |                             |                           |                            | <i>The Committee reviewed the 2026 Formulary Additions. It will be sent to CMS for approval. (See attached for voting detail)</i> | <i>S. Jackson</i> | <i>Resolved</i>  |          |
|                                 | <b>Drug Name</b>                                                                                 | <b>6T Premium (HMO-SNP)</b> | <b>5T Core (PPO, HMO)</b> | <b>5T Value (PPO, HMO)</b> |                                                                                                                                   |                   |                  |          |
|                                 | <i>Abilify Maintena 300 mg PFS</i>                                                               | <i>T5, QL</i>               | <i>T5, QL</i>             | <i>T5, QL</i>              |                                                                                                                                   |                   |                  |          |
|                                 | <i>Abilify Maintena 300 mg vial</i>                                                              | <i>T5, QL</i>               | <i>T5, QL</i>             | <i>T5, QL</i>              |                                                                                                                                   |                   |                  |          |
|                                 | <i>Abilify Maintena 400 mg PFS</i>                                                               | <i>T5, QL</i>               | <i>T5, QL</i>             | <i>T5, QL</i>              |                                                                                                                                   |                   |                  |          |
|                                 | <i>Abilify Maintena 400 mg vial</i>                                                              | <i>T5, QL</i>               | <i>T5, QL</i>             | <i>T5, QL</i>              |                                                                                                                                   |                   |                  |          |
|                                 | <i>Bimzelx 160 mg/mL soln autoinjector</i>                                                       | <i>T5, PA, QL</i>           | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                   |                   |                  |          |
|                                 | <i>Bimzelx 160 mg/mL soln PFS</i>                                                                | <i>T5, PA, QL</i>           | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                   |                   |                  |          |
|                                 | <i>Bimzelx 320 mg/2mL soln autoinjector</i>                                                      | <i>T5, PA, QL</i>           | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                   |                   |                  |          |
|                                 | <i>Bimzelx 320 mg/2mL PFS</i>                                                                    | <i>T5, PA, QL</i>           | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                   |                   |                  |          |
|                                 | <i>Bromfenac sodium 0.07% solution</i>                                                           | <i>T4</i>                   | <i>T4</i>                 | <i>T4</i>                  |                                                                                                                                   |                   |                  |          |
|                                 | <i>Cefazolin sodium 2 gm recon soln</i>                                                          | <i>T4</i>                   | <i>T4</i>                 | <i>T4</i>                  |                                                                                                                                   |                   |                  |          |
|                                 | <i>Cefazolin sodium 3 gm recon soln</i>                                                          | <i>T4</i>                   | <i>T4</i>                 | <i>T4</i>                  |                                                                                                                                   |                   |                  |          |

| TOPIC | DISCUSSION                                          |               |               |               | ACTIONS | RESPONSIBLE PARTY | RESOLVED/<br>PENDING | DUE DATE |
|-------|-----------------------------------------------------|---------------|---------------|---------------|---------|-------------------|----------------------|----------|
|       | <i>Dabigatran etexilate mesylate 110 mg capsule</i> | <i>T3, QL</i> | <i>T3, QL</i> | <i>T3, QL</i> |         |                   |                      |          |
|       | <i>Dapagliflozin propanediol tablet</i>             | <i>T3, QL</i> | <i>T3, QL</i> | <i>T3, QL</i> |         |                   |                      |          |
|       | <i>Fluvastatin sodium 20 mg capsule</i>             | <i>T6, QL</i> | <i>T1, QL</i> | <i>T1, QL</i> |         |                   |                      |          |
|       | <i>Fluvastatin sodium 40 mg capsule</i>             | <i>T6, QL</i> | <i>T1, QL</i> | <i>T1, QL</i> |         |                   |                      |          |
|       | <i>Fluvastatin sodium ER 80 mg tablet</i>           | <i>T6, QL</i> | <i>T1, QL</i> | <i>T1, QL</i> |         |                   |                      |          |
|       | <i>Glatiramer acetate 20 mg/mL PFS</i>              | <i>T5, QL</i> | <i>T5, QL</i> | <i>T5, QL</i> |         |                   |                      |          |
|       | <i>Glatiramer acetate 40 mg/mL PFS</i>              | <i>T5, QL</i> | <i>T5, QL</i> | <i>T5, QL</i> |         |                   |                      |          |
|       | <i>Glatopa 20 mg/mL PFS</i>                         | <i>T5, QL</i> | <i>T5, QL</i> | <i>T5, QL</i> |         |                   |                      |          |
|       | <i>Glatopa 40 mg/mL PFS</i>                         | <i>T5, QL</i> | <i>T5, QL</i> | <i>T5, QL</i> |         |                   |                      |          |
|       | <i>Humira (2 syringe) 10 mg/0.1mL PFS</i>           | <i>T5, PA</i> | <i>T5, PA</i> | <i>T5, PA</i> |         |                   |                      |          |
|       | <i>Humira (2 syringe) 40 mg/0.4mL PFS</i>           | <i>T5, PA</i> | <i>T5, PA</i> | <i>T5, PA</i> |         |                   |                      |          |
|       | <i>Insulin aspart 100 unit/mL solution</i>          | <i>T3</i>     | <i>T3</i>     | <i>T3</i>     |         |                   |                      |          |
|       | <i>Insulin aspart flexpen 100 unit/mL</i>           | <i>T3</i>     | <i>T3</i>     | <i>T3</i>     |         |                   |                      |          |
|       | <i>Insulin aspart penfill 100 unit/mL soln cart</i> | <i>T3</i>     | <i>T3</i>     | <i>T3</i>     |         |                   |                      |          |
|       | <i>Lotemax 0.5% ointment</i>                        | <i>T4</i>     | <i>T4</i>     | <i>T4</i>     |         |                   |                      |          |
|       | <i>Mirabegron ER tablet</i>                         | <i>T3, QL</i> | <i>T3, QL</i> | <i>T3, QL</i> |         |                   |                      |          |

| TOPIC | DISCUSSION                                           |                   |                   |                   | ACTIONS | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
|-------|------------------------------------------------------|-------------------|-------------------|-------------------|---------|-------------------|------------------|----------|
|       | <i>Novolog Flexpen Relion 100 unit/mL pen</i>        | <i>T3</i>         | <i>T3</i>         | <i>T3</i>         |         |                   |                  |          |
|       | <i>Opipza Oral Film</i>                              | <i>T5, PA, QL</i> | <i>T5, PA, QL</i> | <i>T5, PA, QL</i> |         |                   |                  |          |
|       | <i>Novolog Relion 100 unit/mL solution</i>           | <i>T3</i>         | <i>T3</i>         | <i>T3</i>         |         |                   |                  |          |
|       | <i>Qulipta tablet</i>                                | <i>T3, PA, QL</i> | <i>T3, PA, QL</i> | <i>T3, PA, QL</i> |         |                   |                  |          |
|       | <i>Sotyktu 6 mg tablet</i>                           | <i>T5, PA, QL</i> | <i>T5, PA, QL</i> | <i>T5, PA, QL</i> |         |                   |                  |          |
|       | <i>Tiotropium bromide monohydrate 18 mcg cap</i>     | <i>T4, QL</i>     | <i>T4, QL</i>     | <i>T4, QL</i>     |         |                   |                  |          |
|       | <i>Tremfya 100 mg/mL PFS</i>                         | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Tremfya 200 mg/20mL solution</i>                  | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Tremfya 200 mg/2mL PFS</i>                        | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Tremfya Crohn's 200 mg/2mL soln autoinjector</i>  | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Tremfya One-Press 100 mg/mL soln autoinjector</i> | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Tremfya 100 mg/mL soln autoinjector</i>           | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Tremfya 200 mg/2mL soln autoinjector</i>          | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Trulance 3 mg tablet</i>                          | <i>T4, QL</i>     | <i>T4, QL</i>     | <i>T4, QL</i>     |         |                   |                  |          |
|       | <i>Tyenne 162 mg/0.9mL soln autoinjector</i>         | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Tyenne 162 mg/0.9mL PFS</i>                       | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |
|       | <i>Tyenne 200 mg/10mL solution</i>                   | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |         |                   |                  |          |

| TOPIC                          | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                   |                   | ACTIONS                                                                                                                                 | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|----------|
|                                | <i>Tyenne 400 mg/20mL solution</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |                                                                                                                                         |                   |                  |          |
|                                | <i>Tyenne 80 mg/4mL solution</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>T5, PA</i>     | <i>T5, PA</i>     | <i>T5, PA</i>     |                                                                                                                                         |                   |                  |          |
|                                | <i>Velsipity 2 mg tablet</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <i>T5, PA, QL</i> | <i>T5, PA, QL</i> | <i>T5, PA, QL</i> |                                                                                                                                         |                   |                  |          |
|                                | <i>Vosevi 400-100-100 mg tablet</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>T5, PA, QL</i> | <i>T5, PA, QL</i> | <i>T5, PA, QL</i> |                                                                                                                                         |                   |                  |          |
|                                | <i>Vyzulta 0.024% solution</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <i>T4</i>         | <i>T4</i>         | <i>T4</i>         |                                                                                                                                         |                   |                  |          |
| <b>2026 Formulary Removals</b> | <p><i>The Committee reviewed the 2026 Formulary Removals. The Committee approved as presented:</i></p> <p><i>All formularies:</i></p> <ul style="list-style-type: none"> <li><i>Adalimumab-aacf (2 pen) 40 mg/0.8mL autoinjector</i></li> <li><i>Adalimumab-aacf (2 syringe) 40 mg/0.8mL PFS</i></li> <li><i>Adalimumab-aacf(CD/UC/HS) 40 mg/0.8mL autoinj</i></li> <li><i>Adalimumab-aacf(PS/UV) 40 mg/0.8mL autoinjector</i></li> <li><i>Alogliptin benzoate</i></li> <li><i>Alogliptin-metformin hcl</i></li> <li><i>Alogliptin-pioglitazone</i></li> <li><i>Amoxicillin-pot clavulanate 400-57 mg chew tablet</i></li> <li><i>Apomorphine hcl 30 mg/3mL soln cart</i></li> <li><i>Apraclonidine hcl 0.5 % soln</i></li> <li><i>Apretude</i></li> <li><i>Auranofin 3 mg capsule</i></li> <li><i>Austedo XR titration pack 6 &amp; 12 &amp; 24 mg</i></li> <li><i>Avonex 30 mcg/0.5mL PFS</i></li> <li><i>Avonex pen 30 mcg/0.5mL autoinjector</i></li> <li><i>Azasite 1% soln</i></li> <li><i>Azathioprine sodium 100 mg soln</i></li> <li><i>Azithromycin 1 gm packet</i></li> <li><i>Berinert 500-unit kit</i></li> <li><i>Besivance 0.6% susp</i></li> <li><i>Bimatoprost 0.03% soln</i></li> <li><i>Briviact 50 mg/5mL IV soln</i></li> <li><i>Bromfenac sodium (once-daily) 0.09% soln</i></li> <li><i>Cefazolin sodium 100 gm soln</i></li> <li><i>Cefazolin sodium 300 gm soln</i></li> <li><i>Ciloxan 0.3% ointment</i></li> <li><i>Cinryze 500-unit soln</i></li> </ul> |                   |                   |                   | <p><i>The Committee reviewed the 2026 Formulary Removals. It will be sent to CMS for approval. (See attached for voting detail)</i></p> | <i>S. Jackson</i> | <i>Resolved</i>  |          |

| TOPIC | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ACTIONS | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
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|       | <ul style="list-style-type: none"> <li>• <i>Clindamycin phosphate (once-daily) 1% gel</i></li> <li>• <i>Clindamycin phosphate 300 mg/2mL soln</i></li> <li>• <i>Corlanor 5 mg/5mL soln</i></li> <li>• <i>Corlanor tablet</i></li> <li>• <i>Cycloset 0.8 mg tablet</i></li> <li>• <i>Cyproheptadine hcl 2 mg/5mL syrup</i></li> <li>• <i>Deferiprone 1000 mg tablet</i></li> <li>• <i>Deferiprone 500 mg tablet</i></li> <li>• <i>Demeclocycline hcl tablet</i></li> <li>• <i>Depo-estradiol 5 mg/mL oil</i></li> <li>• <i>Diphenoxylate-atropine 2.5-0.025 mg/5mL liquid</i></li> <li>• <i>Dorzolamide hcl-timolol mal pf 2-0.5 % soln</i></li> <li>• <i>Doxycycline monohydrate 150 mg tablet</i></li> <li>• <i>Droxia capsule</i></li> <li>• <i>Elixophyllin 80 mg/15mL elixir</i></li> <li>• <i>Epinastine hcl 0.05 % soln</i></li> <li>• <i>Ergoloid mesylate tablet</i></li> <li>• <i>Erythromycin ethylsuccinate 200 mg/5mL susp</i></li> <li>• <i>Flarex 0.1% susp</i></li> <li>• <i>Fluoxetine hcl 90 mg capsule DR</i></li> <li>• <i>Flutamide 125 mg capsule</i></li> <li>• <i>Fluvoxamine maleate ER capsule</i></li> <li>• <i>Glucagon emergency 1 mg/mL recon soln</i></li> <li>• <i>Harvoni 33.75-150 mg packet</i></li> <li>• <i>Hetlioz LQ</i></li> <li>• <i>Hydrocortisone butyrate ointment</i></li> <li>• <i>Hydrocortisone butyrate solution</i></li> <li>• <i>Ilevro 0.3% suspension</i></li> <li>• <i>Kisqali Femara (200 mg dose) 200 &amp; 2.5 mg tablet</i></li> <li>• <i>Lagevrio 200 mg capsule</i></li> <li>• <i>Leuprolide Acetate (3 Month) 22.5 mg injectable</i></li> <li>• <i>Lofexidine HCl 0.18 mg tablet</i></li> <li>• <i>Lucemyra 0.18 mg tablet</i></li> <li>• <i>Menest</i></li> <li>• <i>Mesalamine 800 mg tab DR</i></li> <li>• <i>Mesnex 400 mg tablet</i></li> <li>• <i>Miconazole 3 200 mg suppository</i></li> <li>• <i>Miglustat 100 mg capsule</i></li> <li>• <i>Mitigare 0.6 mg capsule</i></li> <li>• <i>Moxifloxacin hcl (2x day) 0.5% soln</i></li> </ul> |         |                   |                   |          |

| TOPIC | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ACTIONS | RESPONSIBLE PARTY | RESOLVED/<br>PENDING | DUE DATE |
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|       | <ul style="list-style-type: none"> <li>• <i>Myalept 11.3 mg recon soln</i></li> <li>• <i>Mycophenolate mofetil 500 mg recon soln</i></li> <li>• <i>Myrbetriq 8 mg/mL susp</i></li> <li>• <i>Myrbetriq tablet</i></li> <li>• <i>Nicotrol 10 mg inhaler</i></li> <li>• <i>Nuzyra 100 mg IV soln</i></li> <li>• <i>Nuzyra 150 mg tablet</i></li> <li>• <i>Ocaliva tablet</i></li> <li>• <i>Ofloxacin tablet</i></li> <li>• <i>Otezla 10 &amp; 20 &amp; 30 mg tablet</i></li> <li>• <i>Otezla 4 x 10 &amp; 51 x20 mg Tablet</i></li> <li>• <i>Otezla tablet</i></li> <li>• <i>Oxazepam capsule</i></li> <li>• <i>Oxervate 0.002 % soln</i></li> <li>• <i>Pioglitazone hcl-glimepiride tablet</i></li> <li>• <i>Pregabalin ER tablet</i></li> <li>• <i>Prolensa 0.07% soln</i></li> <li>• <i>Propranolol hcl soln</i></li> <li>• <i>Purixan 2000 mg/100mL susp</i></li> <li>• <i>Ravicti 1.1 gm/mL liquid</i></li> <li>• <i>Recorlev 150 mg tablet</i></li> <li>• <i>Ridaura 3 mg capsule</i></li> <li>• <i>Selzentry 25 mg tablet</i></li> <li>• <i>Selzentry 75 mg Tablet</i></li> <li>• <i>Sivextro 200 mg IV soln</i></li> <li>• <i>Sivextro 200 mg tablet</i></li> <li>• <i>Sofosbuvir-velpatasvir 400-100 mg tablet</i></li> <li>• <i>Solu-Medrol 2 gm soln</i></li> <li>• <i>Sprycel tablet</i></li> <li>• <i>Sucraid 8500 unit/mL soln</i></li> <li>• <i>Synjardy tablet</i></li> <li>• <i>Synjardy XR tablet</i></li> <li>• <i>Taltz 20 mg/0.25mL soln PFS</i></li> <li>• <i>Taltz 40 mg/0.5mL soln PFS</i></li> <li>• <i>Taltz 80 mg/mL soln autoinjector</i></li> <li>• <i>Taltz 80 mg/mL soln PFS</i></li> <li>• <i>Tazorac 0.05% cream</i></li> <li>• <i>Thalomid 150 mg capsule</i></li> <li>• <i>Thalomid 200 mg capsule</i></li> <li>• <i>Theophylline 80 mg/15mL elixir</i></li> </ul> |         |                   |                      |          |

| TOPIC | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ACTIONS | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
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|       | <ul style="list-style-type: none"> <li><i>Theophylline 80 mg/15mL soln</i></li> <li><i>Tivicay 10 mg tablet</i></li> <li><i>Tivicay 25 mg tablet</i></li> <li><i>Tramadol hcl (ER biphasic) tablet</i></li> <li><i>Trientine hcl 500 mg capsule</i></li> <li><i>Xtampza ER capsule</i></li> <li><i>Yargesa 100 mg capsule</i></li> <li><i>Zyprexa Relprevv</i></li> </ul> <p>6T DSNP Formulary Removals:</p> <ul style="list-style-type: none"> <li><i>Thalomid 150 mg capsule</i></li> <li><i>Thalomid 200 mg capsule</i></li> <li><i>Theophylline 80 mg/15mL elixir</i></li> <li><i>Theophylline 80 mg/15mL soln</i></li> <li><i>Tivicay 10 mg tablet</i></li> <li><i>Tivicay 25 mg tablet</i></li> <li><i>Tramadol hcl (ER biphasic) tablet</i></li> <li><i>Trientine hcl 500 mg capsule</i></li> <li><i>Xtampza ER capsule</i></li> <li><i>Yargesa 100 mg capsule</i></li> <li><i>Zyprexa Relprevv</i></li> <li><i>Cyclopentolate hcl 1% soln</i></li> <li><i>Darifenacin hydrobromide ER Tablet</i></li> <li><i>Deferasirox granules packet</i></li> <li><i>Deferasirox packet</i></li> <li><i>Desoximetasone 0.05% ointment</i></li> <li><i>Desoximetasone 0.25% ointment</i></li> <li><i>Diclofenac-misoprostol DR tablet</i></li> <li><i>Dotti patch</i></li> <li><i>Doxercalciferol capsule</i></li> <li><i>Estradiol patch</i></li> <li><i>Estring 7.5 mcg/24hr ring</i></li> <li><i>Fenofibric acid 135 mg DR capsule</i></li> <li><i>Fenofibric acid 45 mg DR capsule</i></li> <li><i>Firdapse 10 mg tablet</i></li> <li><i>Fluoxetine 10 mg and 20 mg hcl tablet</i></li> <li><i>Glyburide micronized tablet</i></li> <li><i>Hailey 24 fe 1-20 mg-mcg(24) tablet</i></li> <li><i>Inbrija 42 mg capsule</i></li> <li><i>Isosorbide dinitrate-hydralazine 20-37.5 mg tablet</i></li> <li><i>Junel Fe 24 1-20 mg-mcg(24) tablet</i></li> </ul> |         |                   |                   |          |

| TOPIC | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ACTIONS | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
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|       | <ul style="list-style-type: none"> <li>• <i>Lamotrigine dispersible tablet</i></li> <li>• <i>Larin 24 Fe 1-20 mg-mcg(24) tablet</i></li> <li>• <i>Levocetirizine dihydrochloride 2.5 mg/5mL soln</i></li> <li>• <i>Levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg</i></li> <li>• <i>Lojaimiess 0.1-0.02 &amp; 0.01 mg tablet</i></li> <li>• <i>Lupron depot (4-month) 30 mg</i></li> <li>• <i>Lupron depot (6-month) 45 mg</i></li> <li>• <i>Lyllana patch</i></li> <li>• <i>Methoxsalen rapid 10 mg capsule</i></li> <li>• <i>Methscopolamine bromide tablet</i></li> <li>• <i>Mexiletine hcl capsule</i></li> <li>• <i>Microgestin 24 Fe 1-20 mg-mcg tablet</i></li> <li>• <i>Miglitol tablet</i></li> <li>• <i>Naftifine hcl 1% cream</i></li> <li>• <i>Naftifine hcl 2% cream</i></li> <li>• <i>Naproxen DR 500 mg tablet</i></li> <li>• <i>Nizatidine 300 mg capsule</i></li> <li>• <i>Norethin-eth estradiol-Fe 0.4-35 mg-mcg chew</i></li> <li>• <i>Olopatadine hcl 0.6% soln</i></li> <li>• <i>Oxaprozin 600 mg tablet</i></li> <li>• <i>Paroxetine hcl ER Tablet</i></li> <li>• <i>Penicillin G pot in dextrose soln</i></li> <li>• <i>Perphenazine-amitriptyline tablet</i></li> <li>• <i>Polymyxin B sulfate 500000 unit recon soln</i></li> <li>• <i>Prempro tablet</i></li> <li>• <i>Ropinirole hcl ER tablet</i></li> <li>• <i>Sancuso 3.1 mg/24hr patch</i></li> <li>• <i>Tarina 24 Fe 1-20 mg-mcg(24) tablet</i></li> <li>• <i>Tazarotene 0.05% cream</i></li> <li>• <i>Tazarotene 0.05% gel</i></li> <li>• <i>Tazarotene 0.1% gel</i></li> <li>• <i>Timolol maleate (once-daily) 0.5 % soln</i></li> <li>• <i>Timolol maleate 0.5 % (daily) soln</i></li> <li>• <i>Tovet 0.05 % foam</i></li> <li>• <i>Tramadol hcl ER Tablet</i></li> <li>• <i>Trandolapril-verapamil hcl ER tablet</i></li> <li>• <i>Trelstar Mixject recon susp</i></li> <li>• <i>Viberzi tablet</i></li> <li>• <i>Wymzya Fe 0.4-35 mg-mcg chew tablet</i></li> <li>• <i>Xifaxan 200 mg Tablet</i></li> </ul> |         |                   |                  |          |

| TOPIC                                | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACTIONS                                                                                                                           | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
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|                                      | <p><i>5T Value Formulary Removals:</i></p> <ul style="list-style-type: none"> <li>• <i>Amoxicillin-pot clav ER 1000-62.5 mg tab 12h</i></li> <li>• <i>Betaxolol hcl tablet</i></li> <li>• <i>Butorphanol tartrate 10 mg/ml soln</i></li> <li>• <i>Carbidopa 25 mg tablet</i></li> <li>• <i>Darifenacin hydrobromide ER tablet</i></li> <li>• <i>Deferasirox granules packet</i></li> <li>• <i>Deferasirox packet</i></li> <li>• <i>Desoximetasone 0.05% ointment</i></li> <li>• <i>Desoximetasone 0.25% ointment</i></li> <li>• <i>Fenofibric acid 135 mg cap DR</i></li> <li>• <i>Fenofibric acid 45 mg cap DR</i></li> <li>• <i>Hydrocortisone valerate 0.2% ointment</i></li> <li>• <i>Inbrija 42 mg cap</i></li> <li>• <i>Lupron depot (4-month) 30 mg</i></li> <li>• <i>Lupron depot (6-month) 45 mg</i></li> <li>• <i>Naftifine hcl 1% cream</i></li> <li>• <i>Naproxen 500 mg tab DR</i></li> <li>• <i>Nizatidine 300 mg capsule</i></li> <li>• <i>Norethin-eth estradiol-Fe 0.4-35 mg-mcg chew tab</i></li> <li>• <i>Penicillin G pot in dextrose soln</i></li> <li>• <i>Prempro tablet</i></li> <li>• <i>Silodosin capsule</i></li> <li>• <i>Timolol maleate (once-daily) 0.5 % solution</i></li> <li>• <i>Timolol maleate 0.5 % (daily) solution</i></li> <li>• <i>Tramadol hcl ER tablet</i></li> <li>• <i>Wymzya Fe 0.4-35 mg-mcg chew tab</i></li> </ul> |                                                                                                                                   |                   |                   |          |
| <b>2026 Tier Updates</b>             | <p><i>The Committee reviewed the 2026 Tier Updates. The Committee approved as presented. Refer to separate Excel spreadsheets.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><i>The Committee reviewed the 2026 Tier Updates. It will be sent to CMS for approval. (See attached for voting detail)</i></p> | <i>S. Jackson</i> | <i>Resolved</i>   |          |
| <b>2026 Quantity Limit Additions</b> | <p><i>The Committee reviewed the 2026 Quantity Limit Additions. The Committee approved as presented.</i></p> <ul style="list-style-type: none"> <li>• <i>Abilify Maintena 300 mg PFS - 1 mL every 28 days</i></li> <li>• <i>Abilify Maintena 300 mg vial - 1 mL every 28 days</i></li> <li>• <i>Abilify Maintena 400 mg PFS - 1 mL every 28 days</i></li> <li>• <i>Abilify Maintena 400 mg vial - 1 mL every 28 days</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><i>The Committee reviewed the 2026 Quantity Limit Additions. It will be sent to CMS for approval. (See</i></p>                 | <i>S. Jackson</i> | <i>Resolved</i>   |          |

| TOPIC                                   | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ACTIONS                                                                                                                                            | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
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|                                         | <ul style="list-style-type: none"> <li><i>Dabigatran etexilate mesylate 110 mg capsule - 120 capsules every 30 days</i></li> <li><i>Dapagliflozin propanediol 10 mg tablet - 30 tablets every 30 days</i></li> <li><i>Dapagliflozin Propanediol 5 mg tablet - 30 tablets every 30 days</i></li> <li><i>Fluvastatin sodium 20 mg capsule - 60 capsules every 30 days</i></li> <li><i>Fluvastatin sodium 40 mg capsule - 60 capsules every 30 days</i></li> <li><i>Fluvastatin sodium ER 80 mg tablet - 30 tablets every 30 days</i></li> <li><i>Glatiramer acetate 20 mg/mL PFS - 30 mL every 30 days</i></li> <li><i>Glatiramer acetate 40 mg/mL PFS - 12 mL every 30 days</i></li> <li><i>Glatopa 20 mg/mL PFS - 30 mL every 30 days</i></li> <li><i>Glatopa 40 mg/mL PFS - 12 mL every 30 days</i></li> <li><i>Mirabegron ER 25 mg tablet - 30 tablets every 30 days</i></li> <li><i>Mirabegron ER 50 mg tablet - 30 tablets every 30 days</i></li> <li><i>Opipza 2 mg oral film - 30 films every 30 days</i></li> <li><i>Opipza 5 mg, 10 mg oral film - 90 films every 30 days</i></li> <li><i>Qulipta 10 mg tablet - 30 tablets every 30 days</i></li> <li><i>Qulipta 30 mg tablet - 30 tablets every 30 days</i></li> <li><i>Qulipta 60 mg tablet - 30 tablets every 30 days</i></li> <li><i>Sotyktu 6 mg tablet - 30 tablets every 30 days</i></li> <li><i>Tiotropium bromide monohydrate 18 mcg cap - 30 capsules every 30 days</i></li> <li><i>Trulance 3 mg tablet - 30 tablets every 30 days</i></li> <li><i>Velsipity 2 mg tablet - 30 tablets every 30 days</i></li> <li><i>Vosevi 400-100-100 mg tablet - 28 tablets every 28 days</i></li> </ul> | <i>attached for voting detail)</i>                                                                                                                 |                   |                   |          |
| <b>2025 Prior Authorization Updates</b> | <p><i>The Committee reviewed the 2025 Prior Authorization Criteria Updates. The Committee approved as presented:</i></p> <ul style="list-style-type: none"> <li><i>Acute Seizure Agents</i></li> <li><i>Brand Major Depressive Disorder Agents</i></li> <li><i>CGRP Antagonists</i></li> <li><i>Dupixent</i></li> <li><i>Adalimumab-bwwd</i></li> <li><i>Opipza Oral Film</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>The Committee reviewed the 2025 Prior Authorization Criteria Updates. It will be sent to CMS for approval. (See attached for voting detail)</i> | <i>S. Jackson</i> | <i>Resolved</i>   |          |
| <b>2025 Step Therapy Removals</b>       | <p><i>The Committee reviewed the 2025 Step Therapy Criteria Removals. The Committee approved as presented:</i></p> <ul style="list-style-type: none"> <li><i>Nurtec ODT</i></li> <li><i>Ubrelvy tablet</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>The Committee reviewed the 2025 Step Therapy Criteria Removals. It will be sent to CMS for approval. (See attached for voting detail)</i>       | <i>S. Jackson</i> | <i>Resolved</i>   |          |

| TOPIC                                     | DISCUSSION                                                                                                                                                                                                                                                                                  |                             |                           |                            | ACTIONS                                                                                                                           | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
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| <b>2025 Formulary Additions</b>           | <i>The Committee reviewed the 2025 Formulary Additions. The Committee approved as presented:</i>                                                                                                                                                                                            |                             |                           |                            | <i>The Committee reviewed the 2025 Formulary Additions. It will be sent to CMS for approval. (See attached for voting detail)</i> | <i>S. Jackson</i> | <i>Resolved</i>  |          |
|                                           | <b>Drug Name</b>                                                                                                                                                                                                                                                                            | <b>1T Premium (HMO-SNP)</b> | <b>5T Core (PPO, HMO)</b> | <b>5T Value (PPO, HMO)</b> |                                                                                                                                   |                   |                  |          |
|                                           | <i>Amnesteem 30 mg capsule</i>                                                                                                                                                                                                                                                              | <i>T1</i>                   | <i>T4</i>                 | <i>T4</i>                  |                                                                                                                                   |                   |                  |          |
|                                           | <i>Hadlima 40 mg/0.4 mL PFS</i>                                                                                                                                                                                                                                                             | <i>T1, PA, NDS</i>          | <i>T5, PA</i>             | <i>T5, PA</i>              |                                                                                                                                   |                   |                  |          |
|                                           | <i>Hadlima 40 mg/0.8 mL PFS</i>                                                                                                                                                                                                                                                             | <i>T1, PA, NDS</i>          | <i>T5, PA</i>             | <i>T5, PA</i>              |                                                                                                                                   |                   |                  |          |
|                                           | <i>Hadlima PushTouch 40 mg/0.4 mL auto-injector</i>                                                                                                                                                                                                                                         | <i>T1, PA, NDS</i>          | <i>T5, PA</i>             | <i>T5, PA</i>              |                                                                                                                                   |                   |                  |          |
|                                           | <i>Hadlima PushTouch 40 mg/0.8 mL auto-injector</i>                                                                                                                                                                                                                                         | <i>T1, PA, NDS</i>          | <i>T5, PA</i>             | <i>T5, PA</i>              |                                                                                                                                   |                   |                  |          |
|                                           | <i>Lurbipr 100 mg tablet</i>                                                                                                                                                                                                                                                                | <i>T1</i>                   | <i>T2</i>                 | <i>T2</i>                  |                                                                                                                                   |                   |                  |          |
|                                           | <i>Paxlovid 6 x 150 mg &amp; 5 x 100 mg therapy pack</i>                                                                                                                                                                                                                                    | <i>T1</i>                   | <i>T3</i>                 | <i>T3</i>                  |                                                                                                                                   |                   |                  |          |
|                                           | <i>Sunlenca 300 mg tablet</i>                                                                                                                                                                                                                                                               | <i>T1, QL, NDS</i>          | <i>T5, QL</i>             | <i>T5, QL</i>              |                                                                                                                                   |                   |                  |          |
|                                           | <i>Tazarotene 0.05% cream</i>                                                                                                                                                                                                                                                               | <i>T1, PA, QL</i>           | <i>T3, PA, QL</i>         | <i>NF</i>                  |                                                                                                                                   |                   |                  |          |
|                                           | <i>Vaxchora</i>                                                                                                                                                                                                                                                                             | <i>T1</i>                   | <i>T3</i>                 | <i>T3</i>                  |                                                                                                                                   |                   |                  |          |
|                                           | <i>Xelria FE 0.4-35 mg-mcg chewable tablet</i>                                                                                                                                                                                                                                              | <i>T1</i>                   | <i>T2</i>                 | <i>T2</i>                  |                                                                                                                                   |                   |                  |          |
| <b>2025 Formulary Removals</b>            | <i>The Committee reviewed the 2025 Formulary Removals. The Committee approved as presented:</i> <ul style="list-style-type: none"> <li><i>Diclofenac 1% topical gel</i></li> <li><i>Levofloxacin 0.5% ophthalmic solution</i></li> <li><i>Nitrolingual 0.4 mg/spray solution</i></li> </ul> |                             |                           |                            | <i>The Committee reviewed the 2025 Formulary Removals. It will be sent to CMS for approval. (See attached for voting detail)</i>  | <i>S. Jackson</i> | <i>Resolved</i>  |          |
| <b>2025 March and April FRF Formulary</b> | <i>The Committee reviewed the March and April FRF Formulary Additions Protected Class. The Committee approved as presented:</i>                                                                                                                                                             |                             |                           |                            | <i>The Committee reviewed the March and April FRF</i>                                                                             | <i>S. Jackson</i> | <i>Resolved</i>  |          |

| TOPIC                                                                   | DISCUSSION                                                                                                                          |                             |                           |                            | ACTIONS                                                                                                                                                              | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
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| <b>Additions Protected Class</b>                                        | <b>Drug Name</b>                                                                                                                    | <b>1T Premium (HMO-SNP)</b> | <b>5T Core (PPO, HMO)</b> | <b>5T Value (PPO, HMO)</b> | <i>Formulary Additions Protected Class. It will be sent to CMS for approval. (See attached for voting detail)</i>                                                    |                   |                  |          |
|                                                                         | <i>Abirtega 250 mg tablet</i>                                                                                                       | <i>T1, PA, QL, NDS</i>      | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Auranofin 3 mg capsule</i>                                                                                                       | <i>T1, NDS</i>              | <i>T5</i>                 | <i>NF</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Eulexin capsule</i>                                                                                                              | <i>T1, PA, NDS</i>          | <i>T5, PA</i>             | <i>T5, PA</i>              |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Leukeran tablet</i>                                                                                                              | <i>T1, NDS</i>              | <i>T5</i>                 | <i>T5</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Mercaptopurine 20 mg/mL suspension</i>                                                                                           | <i>T1, NDS</i>              | <i>T5</i>                 | <i>T5</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Opipza oral film</i>                                                                                                             | <i>T1, PA, QL, NDS</i>      | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Raldesy solution</i>                                                                                                             | <i>T1, PA, QL, NDS</i>      | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Revuforj 25 mg tablet</i>                                                                                                        | <i>T1, PA, QL, NDS</i>      | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Romvimza capsule</i>                                                                                                             | <i>T1, PA, QL, NDS</i>      | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Tabloid tablet</i>                                                                                                               | <i>T1</i>                   | <i>T4</i>                 | <i>T4</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Xpovio 40 mg (10 mg tablet) once weekly</i>                                                                                      | <i>T1, PA, QL, NDS</i>      | <i>T5, PA, QL</i>         | <i>T5, PA, QL</i>          |                                                                                                                                                                      |                   |                  |          |
| <b>2025 March and April FRF Formulary Additions Non-Protected Class</b> | <i>The Committee reviewed the March and April FRF Formulary Additions Non-Protected Class. The Committee approved as presented:</i> |                             |                           |                            | <i>The Committee reviewed the March and April FRF Formulary Additions Non-Protected Class. It will be sent to CMS for approval. (See attached for voting detail)</i> | <i>S. Jackson</i> | <i>Resolved</i>  |          |
|                                                                         | <b>Drug Name</b>                                                                                                                    | <b>1T Premium (HMO-SNP)</b> | <b>5T Core (PPO, HMO)</b> | <b>5T Value (PPO, HMO)</b> |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Feirza 1.5/30 28 day</i>                                                                                                         | <i>T1</i>                   | <i>T2</i>                 | <i>T2</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Feirza 1/20 28 day</i>                                                                                                           | <i>T1</i>                   | <i>T2</i>                 | <i>T2</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Lagevrio</i>                                                                                                                     | <i>T1</i>                   | <i>T3</i>                 | <i>T3</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Vimkunya</i>                                                                                                                     | <i>T1</i>                   | <i>T3</i>                 | <i>T3</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Vivotif</i>                                                                                                                      | <i>T1</i>                   | <i>T3</i>                 | <i>T3</i>                  |                                                                                                                                                                      |                   |                  |          |
|                                                                         | <i>Xarah FE 28 day</i>                                                                                                              | <i>T1</i>                   | <i>T2</i>                 | <i>T2</i>                  |                                                                                                                                                                      |                   |                  |          |
| <b>2025 March and April FRF Formulary Removals</b>                      | <i>The Committee reviewed the March and April FRF Formulary Removals. The Committee approved as presented:</i>                      |                             |                           |                            | <i>The Committee reviewed the March and April FRF Formulary Removals. It will be sent to CMS for</i>                                                                 | <i>S. Jackson</i> | <i>Resolved</i>  |          |
|                                                                         | <b>Drug Name</b>                                                                                                                    | <b>1T Premium (HMO-SNP)</b> | <b>5T Core (PPO, HMO)</b> | <b>5T Value (PPO, HMO)</b> |                                                                                                                                                                      |                   |                  |          |

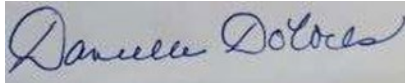
| TOPIC                                | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |          |          | ACTIONS                                                                                                                                                                                                                                                          | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|----------|
|                                      | <i>Amoxicillin-K clavulanate 400-57 mg chew tab</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <i>X</i> | <i>X</i> | <i>X</i> | <i>approval. (See attached for voting detail)</i>                                                                                                                                                                                                                |                   |                  |          |
|                                      | <i>Ampicillin sodium 125 mg recon solution</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>X</i> | <i>X</i> | <i>X</i> |                                                                                                                                                                                                                                                                  |                   |                  |          |
|                                      | <i>Gengraf 100 mg/mL solution</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <i>X</i> | <i>X</i> | <i>X</i> |                                                                                                                                                                                                                                                                  |                   |                  |          |
|                                      | <i>Leena 0.5/1/0.5-35 mg-mcg tablet</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>X</i> | <i>X</i> | <i>X</i> |                                                                                                                                                                                                                                                                  |                   |                  |          |
| <b>2025 Quantity Limit Additions</b> | <i>The Committee reviewed the Quantity Limit Additions. The Committee approved as presented:</i> <ul style="list-style-type: none"> <li><i>Abirtega 250 mg tablet - 120 tablets every 30 days</i></li> <li><i>Opipza 2 mg oral film - 30 films every 30 days</i></li> <li><i>Opipza 5 mg and 10 mg oral film - 90 films every 30 days</i></li> <li><i>Paxlovid 6 x 150 mg &amp; 5 x 100 mg therapy pack - 22 tablets every 30 days</i></li> <li><i>Raldesy solution - 1200 mL every 30 days</i></li> <li><i>Revuforj 25 mg tablet - 180 tablets every 30 days</i></li> <li><i>Romvimza capsule - 8 capsules every 28 days</i></li> <li><i>Sunlenca 300 mg tablet - 4 tablets every 28 days</i></li> <li><i>Tazarotene 0.05% cream - 60 grams every 30 days</i></li> <li><i>Xpovio 40 mg (10 mg tablet) once weekly - 16 capsules every 28 days</i></li> </ul> |          |          |          | <i>The Committee reviewed the Quantity Limit Additions. It will be sent to CMS for approval. (See attached for voting detail)</i>                                                                                                                                | <i>S. Jackson</i> | <i>Resolved</i>  |          |
| <b>2025 Quantity Limit Updates</b>   | <i>The Committee reviewed the Quantity Limit Updates. The Committee approved as presented:</i> <ul style="list-style-type: none"> <li><i>Gabapentin 800 mg tablet - 120 tablets every 30 days</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |          |          | <i>The Committee reviewed the Quantity Limit Updates. It will be sent to CMS for approval. (See attached for voting detail)</i>                                                                                                                                  | <i>S. Jackson</i> | <i>Resolved</i>  |          |
| <b>III. New Drug Review</b>          | <i>The following new Protected Class Drugs were reviewed and will be added to the formulary per CMS regulations:</i> <ul style="list-style-type: none"> <li><i>Penpulimab-kcqx Injection*</i></li> <li><i>Opdivo (nivolumab) Injection</i></li> <li><i>Vitrakvi (larotrectinib) Capsules and Oral Solution</i></li> <li><i>Jobevne (bevacizumab-nwgd) Injection*</i></li> <li><i>Opdivo (nivolumab) Injection</i></li> <li><i>Yuflyma (adalimumab-aaty) Injection</i></li> <li><i>Pluvicto (lutetium lu 177 vipivotide tetraxetan) Injection</i></li> <li><i>Imfinzi (durvalumab) Injection</i></li> <li><i>Cabometyx (cabozantinib) Tablets</i></li> <li><i>Conexence (denosumab-bnht) Injection*</i></li> <li><i>Bomyntra (denosumab-bnht) Injection*</i></li> </ul>                                                                                        |          |          |          | <i>Per CMS regulations, "The P&amp;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 market and will make a decision on each new FDA approved drug</i> | <i>R. John</i>    | <i>Resolved</i>  |          |

| TOPIC | DISCUSSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ACTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RESPONSIBLE PARTY | RESOLVED/ PENDING | DUE DATE |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------|
|       | <ul style="list-style-type: none"> <li>• <i>Keytruda (pembrolizumab) Injection</i></li> <li>• <i>Tevimbra (tislelizumab-jsgr) Injection</i></li> <li>• <i>Stoboclo (denosumab-bmwo) Injection - formerly CT-P41 *</i></li> <li>• <i>Osenvelt (denosumab-bmwo) Injection - formerly CT-P41 *</i></li> </ul> <p><i>The following medications are Formulary with new FDA-approved indications:</i></p> <ul style="list-style-type: none"> <li>• <i>Dupixent (dupilumab) Injection</i></li> <li>• <i>Valtoco (diazepam) Nasal Spray</i></li> <li>• <i>Jynneos (smallpox and mpox vaccine) Injection</i></li> </ul> <p><i>The following medications were reviewed and will be kept as Non-formulary. Prior Authorization criteria will be developed as needed:</i></p> <ul style="list-style-type: none"> <li>• <i>Camzyos (mavacamten) Capsules</i></li> <li>• <i>Isturisa (osilodrostat) Tablets</i></li> <li>• <i>Livmarli (maralixibat) Oral Solution and Tablets</i></li> <li>• <i>Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) Injection</i></li> <li>• <i>Uplizna (inebilizumab-cdon) Injection</i></li> <li>• <i>Tryvio (aprocitentan) Tablets</i></li> <li>• <i>Vanrafia (atrasentan) Tablets*</i></li> <li>• <i>Qfitlia (fitusiran) Injection*</i></li> <li>• <i>Vykat XR (diazoxide choline) Extended-Release Tablets - formerly DCCR*</i></li> <li>• <i>Blujepa (gepotidacin) Tablets*</i></li> <li>• <i>Egrifta WR (tesamorelin) Injection</i></li> <li>• <i>Amvuttra (vutrisiran) Injection</i></li> <li>• <i>Fabhalta (iptacopan) Capsules</i></li> <li>• <i>Tremfya (guselkumab) Injection</i></li> <li>• <i>Gozellix (gallium Ga 68 gozetotide) Injection Kit*</i></li> <li>• <i>Arbli (losartan potassium) Oral Suspension*</i></li> <li>• <i>Iluvien (fluocinolone acetonide) Intravitreal Implant</i></li> <li>• <i>Furoscix (furosemide) Injection</i></li> <li>• <i>Neffy (epinephrine) Nasal Spray</i></li> <li>• <i>TNKase (tenecteplase) Lyophilized Powder for Injection</i></li> <li>• <i>Soliris (eculizumab) Injection</i></li> <li>• <i>Odactra (house dust mite allergen extract) Sublingual Tablets</i></li> <li>• <i>Sublocade (buprenorphine) Sustained-Release Injection</i></li> <li>• <i>Omlyclo (omalizumab-igec) Injection*</i></li> <li>• <i>Encelto (revakinagene taroretccl-lwey) Intravitreal Implant - formerly NT-501 *</i></li> <li>• <i>Miudella (copper) Intrauterine System*</i></li> </ul> | <p><i>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&amp;T committee review. The expedited review process requires P&amp;T committees to make a decision within 90 days, rather than the normal 180-day requirement. At the end of the 90 day period, these drugs must be added to Part D plan formularies.” (See attached for voting detail.)</i></p> |                   |                   |          |

| TOPIC | DISCUSSION                                                                                                                                           | ACTIONS | RESPONSIBLE PARTY | RESOLVED/PENDING | DUE DATE |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------|------------------|----------|
|       | <ul style="list-style-type: none"> <li><i>Ctexli (chenodiol) Tablets*</i></li> </ul> <i>(* Previously discussed in New Drug Review for Medicaid)</i> |         |                   |                  |          |

#### IV. Adjournment

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



5/22/2025

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 | Demian Elder, MD | Edgar Chou, MD | Ramesh Vangala, PharmD | Comments          |
|--------------------------------------------------------------------------------|--------------------------|----------------------|---------------------|-----------------|------------------|------------|-------------|-----------------|-------------------|-----------------------------|------------------|----------------|------------------------|-------------------|
| <b><i>Minutes Review/Approval</i></b>                                          | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      | <i>March 2025</i> |
| <b><i>2026 Prior Authorization Criteria Updates</i></b>                        | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2026 Prior Authorization Criteria Removals</i></b>                       | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2026 Step Therapy Criteria</i></b>                                       | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2026 Formulary Additions</i></b>                                         | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2026 Formulary Removals</i></b>                                          | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2026 Tier Updates</i></b>                                                | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2026 Quantity Limit Additions</i></b>                                    | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 Prior Authorization Updates</i></b>                                 | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 Step Therapy Removals</i></b>                                       | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 Formulary Additions</i></b>                                         | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 Formulary Removals</i></b>                                          | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 March and April FRF Formulary Additions Protected Class</i></b>     | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 March and April FRF Formulary Additions Non-Protected Class</i></b> | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 March and April FRF Formulary Removals</i></b>                      | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 Quantity Limit Additions</i></b>                                    | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>2025 Quantity Limit Updates</i></b>                                      | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |
| <b><i>New Drug Review</i></b>                                                  | A                        | A                    | A                   | A               | A                | E          | E           | A               | A                 | A                           | E                | A              | A                      |                   |

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