PHARMACY AND THERAPEUTICS COMMITTEE
MEDICARE MEETING MINUTES
PPO-POS, HMO-POS, HMO-SNP
October 30, 2025

Attendance: *Microsoft Teams Meeting*
Gary Bledsoe, Staff/Clinical Pharmacist; Dr. Edgar Chou, Jefferson Health; Jerry Crawford, Staff/Clinical Pharmacist; Dr. Neal Demp, Community Behavior Health; Danielle Dolores, Director Pharmacy Services; 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; Gia Ho, Pharmacy Resident; Jessica (Tran) Hoang-Le, Staff/Clinical Pharmacist; Samantha Jackson, Formulary Pharmacist; 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 & Implementations; Lisa Murray, Staff/Clinical Pharmacist; Maryana Prokopets, Staff/Clinical Pharmacist; Kateryna Puia, Clinical Programs Pharmacist; Sara Sadiq, Staff/Clinical Pharmacist; Heather Scheckner, Clinical Pharmacist, Jefferson Health; Mike Smikovecus, Staff/Clinical Pharmacist; Robert Spencer, Staff/Clinical Pharmacist; Shelley Staffa, Clinical Pharmacist; Justin Steffan, Staff/Clinical Pharmacist; Brian Swift, Enterprise Vice President/Chief Pharmacy Officer, Jefferson Health; Fallan Vaisberg, Formulary Pharmacist; Jeanine Zubrzycki, Staff/Clinical Pharmacist

Excused: *Dr. Paul Aitken, Medical Director; Dr. Rick Buzard, Associate Chief Medical Officer; Connie Chan, Staff/Clinical Pharmacist; Dr. Demian Elder, Medical Director; Ruth John, Staff/Clinical Pharmacist; Brandi Mahler, Supervisor Pharmacy Technicians; Sanjiv Raj, Associate VP Customer Engagement; Julie Samuel, Clinical Programs Pharmacist; Dr. Chris Squillaro, Medical Director, Magellan Behavioral Health*

Minutes taken by: Joana Iverson

I. Administrative Update

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

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
Policies and Procedures	*D. Dolores reviewed the policies and procedure updates.* • *Coverage Determination and Prior Authorization* • *FDR Oversight* • *Medication Quality Assurance* • *Pharmacy and Therapeutics (P&T) Committee* • *Transition Policy* • *MTM Program* • *Direct Member Reimbursement*	*The Committee approved the procedures as presented.*	*D. Dolores*	*Resolved*	
2026 MTM Program	*K. Koerwitz reviewed 2026 MTM program.*		*K. Koerwitz*	*Informational*	

II. Drug Formulary Review/Update

TOPIC	DISCUSSION				ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
2026 Prior Authorization Criteria Additions	*The Committee reviewed the 2026 Prior Authorization Criteria additions. The Committee approved as presented:*				*The Committee approved the 2026 Prior Authorization Criteria additions. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	
	Criteria Name	***6T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				
	Topiramate Oral Solution	*X*	*X*	*X*				
2026 Prior Authorization Criteria Updates	*The Committee reviewed the 2026 Prior Authorization Criteria Updates. The Committee approved as presented:*				*The Committee reviewed the 2026 Prior Authorization Criteria Updates. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	
	Criteria Name	***6T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				
	Adalimumab	*X*	*X*	*X*				
	Alvaiz	*X*	*X*	*X*				
	Austedo	*X*	*X*	*X*				
	Bimzelx	*X*	*X*	*X*				
	Doptelet	*X*	*X*	*X*				
	Dupixent	*X*	*X*	*X*				
	High-Risk Medication - Diazepam	*X*	*X*	*X*				
	High-Risk Medication - Lorazepam	*X*	*X*	*X*				
	Icatibant	*X*	*X*	*X*				
	Kerendia	*X*	*X*	*X*				

<table>
<tr><th>TOPIC</th><th>DISCUSSION</th><th>ACTIONS</th><th>RESPONSIBLE PARTY</th><th>RESOLVED/ PENDING</th><th>DUE DATE</th></tr>
<tr><td></td><td>
<table>
<tr><td>Mavyret</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Nuplazid</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Ofev</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Rezurock</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Rinvoq</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Sirturo</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Skyrizi</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Sodium Oxybate</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Tocilizumab</td><td>X</td><td>X</td><td>X</td></tr>
</table>
</td><td></td><td></td><td></td><td></td></tr>
<tr><td>2026 Prior Authorization Removals</td><td>The Committee reviewed the 2026 Prior Authorization Removals. The Committee approved as presented:
<table>
<tr><th>Drug Name</th><th>6T Premium (HMO-SNP)</th><th>5T Core (PPO, HMO)</th><th>5T Value (PPO, HMO)</th></tr>
<tr><td>Bronchitol</td><td>X</td><td>X</td><td>NF</td></tr>
<tr><td>Eprontia</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Regranex</td><td>X</td><td>X</td><td>X</td></tr>
</table>
</td><td>The Committee reviewed the 2026 Prior Authorization Removals. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2026 Step Therapy Criteria</td><td>The Committee reviewed the 2026 Step Therapy Criteria. The Committee approved as presented:
Spritam - removed 1000 mg and 750 mg tablet; both doses discontinued</td><td>The Committee reviewed the 2026 Step Therapy Criteria. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2026 Formulary Additions - FLW</td><td>The Committee reviewed the 2026 Formulary Additions. The Committee approved as presented:
<table>
<tr><th>Drug Name</th><th>6T Premium (HMO-SNP)</th><th>5T Core (PPO, HMO)</th><th>5T Value (PPO, HMO)</th></tr>
<tr><td colspan="4">FLW Protected Classes</td></tr>
<tr><td>Edurant PED 2.5 mg soluble tablet</td><td>T5, QL</td><td>T5, QL</td><td>T5, QL</td></tr>
<tr><td>Hernexeos 60 mg tablet</td><td>T5, PA, QL</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Ibtrozi 200 mg capsule</td><td>T5, PA, QL</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Modeyso 125 mg capsule</td><td>T5, PA, QL</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Perampanel 2 mg tablet</td><td>T4, PA, QL</td><td>T4, PA, QL</td><td>T4, PA, QL</td></tr>
</table>
</td><td>The Committee reviewed the 2026 Formulary Additions. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
</table>

TOPIC	DISCUSSION				ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	Perampanel 4, 6, 8, 10, 12 mg tablet	*T5, PA, QL*	*T5, PA, QL*	*T5, PA, QL*				
	Topiramate 25 mg/mL solution	*T4, PA, QL*	*T4, PA, QL*	*T4, PA, QL*				
	FLW Non-Protected Classes							
	Kerendia 40 mg tablet	*T3*	*T3*	*T3*				
	Orquidea 0.35 mg tablet	*T3*	*T2*	*T3*				
	Penmenvy	*T1*	*T1*	*T1*				
	Rivaroxaban 1 mg/mL suspension	*T3, QL*	*T3, QL*	*T3, QL*				
	Sacubitril-valsartan 24-26, 49-51, 97-103 mg tablet	*T3*	*T3*	*T3*				
	Tolvaptan 15, 30 mg tablet (generic jynarque)	*T5, PA*	*T5, PA*	*T5, PA*				
2026 Formulary Additions	*The Committee reviewed the 2026 Formulary Additions. The Committee approved as presented:*				*The Committee reviewed the 2026 Formulary Additions. It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	
	Drug Name	***6T Premium (HMO-SNP)***	***5T Core (PPO, HMO)***	***5T Value (PPO, HMO)***				
	Liomny 5, 25, 50 mcg tablet	*T3*	*T2*	*T3*				
	Luizza 1.5/30 tablet	*T3*	*T2*	*T3*				
	Luizza 1/20 tablet	*T3*	*T2*	*T3*				
	Myrbetriq 25, 50 mg tablet	*T3, QL*	*T3, QL*	*T3, QL*				
	Myrbetriq 8 mg/mL suspension	*T3, QL*	*T3, QL*	*T3, QL*				
	Valtya 1/35 tablet	*T2*	*T2*	*T2*				
	Zelvysia 100, 500 mg packet	*T5, PA*	*T5, PA*	*T5, PA*				
2026 Formulary Removals	*The Committee reviewed the 2026 Formulary Removals (all formularies). The Committee approved as presented:*				*The Committee reviewed the 2026*	*S. Jackson*	*Resolved*	

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<tr><td></td><td>Abelcet 5 mg/mL suspension
Entresto tablet
Eprontia 25 mg/mL solution
Fycompa tablet
Ixchiq
Jynarque 15, 30 mg tablet
Regranex 0.01% gel
Repatha Pushtronex System 420 mg/3.5mL
Spritam 750, 1000 mg tablet</td><td>Formulary Removals (all formularies). It will be sent to CMS for approval. (See attached for voting detail)</td><td></td><td></td><td></td></tr>
<tr><td>2026 Quantity Limit Additions</td><td>The Committee reviewed the 2026 Quantity Limit Additions. The Committee approved as presented.
Edurant PED 2.5 mg soluble tablet - 180/30 days
Hernexeos 60 mg tablet - 90/30 days
Ibtrozi 200 mg capsule - 90/30 days
Modeyso 125 mg capsule - 20/28 days
Myrbetriq 25, 50 mg tablet - 30/30 days
Myrbetriq 8 mg/mL suspension - 300/30 days
Perampanel 2, 4, 6, 8, 10, 12 mg tablet - 30/30 days
Rivaroxaban 1 mg/mL suspension - 620/30 days
Topiramate 25 mg/mL solution - 480/30 days</td><td>The Committee reviewed the 2026 Quantity Limit Additions. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>2025 Prior Authorization Criteria Updates</td><td>The Committee reviewed the 2025 Prior Authorization Criteria Updates. The Committee approved as presented:
Adalimumab-aacf
Exception Criteria
Kerendia
Xeljanz</td><td>The Committee reviewed the 2025 Prior Authorization Criteria Updates. It will be sent to CMS for approval. (See attached for voting detail)</td><td>F. Vaisberg
S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2025 Formulary Additions</td><td>The Committee reviewed the 2025 Formulary Additions. The Committee approved as presented:
<table>
<tr><th>Drug Name</th><th>1T Premium (HMO-SNP)</th><th>5T Core (PPO, HMO)</th><th>5T Value (PPO, HMO)</th></tr>
<tr><td>Brukinsa 160 mg tablet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Dapagliflozin propanediol 5, 10 mg</td><td>T1, QL</td><td>T3, QL</td><td>T3, QL</td></tr>
<tr><td>Liomny 5, 25, 50 mcg tablet</td><td>T1</td><td>T2</td><td>T3</td></tr>
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<tr><td>Luizza 1.5/30 1.5-30 mg-mcg tablet</td><td>T1</td><td>T2</td><td>T3</td></tr>
<tr><td>Luizza 1/20 1-20 mg-mcg tablet</td><td>T1</td><td>T2</td><td>T3</td></tr>
<tr><td>Prezcobix 675-150 mg tablet</td><td>T1, QL, NDS</td><td>T5, QL</td><td>T5, QL</td></tr>
<tr><td>Ticagrelor 60 mg tablet</td><td>T1</td><td>T3</td><td>T3</td></tr>
<tr><td>Valtya 1/35 mcg tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
<tr><td>Zelvysia 100, 500 mg packet</td><td>T1, PA, NDS</td><td>T5, PA</td><td>T5, PA</td></tr>
</table>
</td><td></td><td></td><td></td><td></td></tr>
<tr><td>2025 Formulary Removals</td><td>The Committee reviewed the 2025 Formulary Removals. The Committee approved as presented:
Calquence 100 mg capsule*
Lagevrio 200 mg capsule**
*Discontinued in 2022
**No longer considered a Part D drug</td><td>The Committee reviewed the 2025 Formulary Removals. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2025 August, September FRF Formulary Additions Protected Class</td><td>The Committee reviewed the August, September FRF Formulary Additions Protected Class. The Committee approved as presented:
<table>
<tr><th>Drug Name</th><th>1T Premium (HMO-SNP)</th><th>5T Core (PPO, HMO)</th><th>5T Value (PPO, HMO)</th></tr>
<tr><td>Edurant PED 2.5 mg soluble tablet</td><td>T1, QL, NDS</td><td>T5, QL</td><td>T5, QL</td></tr>
<tr><td>Hernexeos 60 mg tablet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Ibtrozi 200 mg capsule</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Modeyso 125 mg capsule</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Perampanel 2 mg tablet</td><td>T1, PA, QL</td><td>T4, PA</td><td>T4, PA</td></tr>
<tr><td>Perampanel 4, 6, 8 10, 12 mg tablet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
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</td><td>The Committee reviewed the August, September FRF Formulary Additions Protected Class. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2025 August, September FRF</td><td>The Committee reviewed the August, September FRF Formulary Additions Non-Protected Class. The Committee approved as presented:</td><td>The Committee reviewed the August, September FRF</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
</table>

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<tr><th>TOPIC</th><th>DISCUSSION</th><th>ACTIONS</th><th>RESPONSIBLE PARTY</th><th>RESOLVED/ PENDING</th><th>DUE DATE</th></tr>
<tr><td>Formulary Additions Non-Protected Class</td><td>
<table>
<tr><th>Drug Name</th><th>1T Premium (HMO-SNP)</th><th>5T Core (PPO, HMO)</th><th>5T Value (PPO, HMO)</th></tr>
<tr><td>Clinolipid 20% emulsion</td><td>T1, PA</td><td>T4, PA</td><td>T4, PA</td></tr>
<tr><td>Kerendia 40 mg tablet</td><td>T1, PA, QL</td><td>T4, PA, QL</td><td>T4, PA, QL</td></tr>
<tr><td>Orquidea 0.35 mg tablet</td><td>T1</td><td>T2</td><td>T3</td></tr>
<tr><td>Penmenvy</td><td>T1</td><td>T3</td><td>T3</td></tr>
<tr><td>Rivaroxaban 1 mg/mL suspension</td><td>T1,QL</td><td>T3, QL</td><td>T3, QL</td></tr>
<tr><td>Sacubitril-valsartan 24-26, 49-51, 97-103 mg tablet</td><td>T1, QL</td><td>T3, QL</td><td>T3, QL</td></tr>
</table>
</td><td>Formulary Additions Non-Protected Class. It will be sent to CMS for approval. (See attached for voting detail)</td><td></td><td></td><td></td></tr>
<tr><td>2025 August, September FRF Formulary Removals</td><td>The Committee reviewed the August, September FRF Formulary Removals. The Committee approved as presented:
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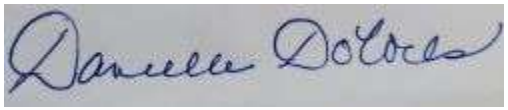
<tr><th>Drug Name</th><th>1T Premium (HMO-SNP)</th><th>5T Core (PPO, HMO)</th><th>5T Value (PPO, HMO)</th></tr>
<tr><td>Abelcet 5 mg/mL suspension</td><td>T1, PA</td><td>T4, PA</td><td>T4, PA</td></tr>
<tr><td>Bronchitol 40 mg capsule</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Epitol 200 mg tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
<tr><td>Ethynodiol diac-eth estradiol 1-50 mg-mcg tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
<tr><td>Idacio 40 mg/0.8mL prefilled syringe</td><td>T1, PA, NDS</td><td>T5, PA</td><td>T5, PA</td></tr>
<tr><td>Kelnor 1/50 tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
<tr><td>Norethin ace-eth estrad-FE 1-20 mg-mcg tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
<tr><td>Norethin-ethinyl estrad-FE 1-20/1-30/1-35 mg-mcg tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
<tr><td>Ocaliva 5, 10 mg tablet</td><td>T1, PA, NDS</td><td>T5, PA</td><td>NF</td></tr>
<tr><td>Regranex 0.01% gel</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Repatha Pushtronex System 420 mg/3.5mL</td><td>T1, PA, QL</td><td>T3, PA, QL</td><td>T3, PA, QL</td></tr>
<tr><td>Trecator 250 mg tablet</td><td>T1</td><td>T4</td><td>T4</td></tr>
</table>
</td><td>The Committee reviewed the August, September FRF Formulary Removals. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
<tr><td>2025 Quantity Limit Additions</td><td>The Committee reviewed the Quantity Limit Additions (all formularies). The Committee approved as presented:</td><td>The Committee reviewed the</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
</table>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	• *Brukinsa 160 mg tablet - 60/30 days* • *Dapagliflozin propanediol 5, 10 mg tablet - 30/30 days* • *Edurant PED 2.5 mg soluble tablet - 180/30 days* • *Ibtrozi 200 mg capsule - 90/30 days* • *Kerendia 40 mg tablet - 30/30 days* • *Modeyso 125 mg capsule - 20/28 days* • *Perampanel 2, 4, 6, 8 10, 12 mg tablet - 30/30 days* • *Prezcobix 675-150 mg tablet - 30/30 days* • *Rivaroxaban 1 mg/mL suspension - 620/30 days* • *Sacubitril-valsartan 24-26, 49-51, 97-103 mg tablet - 60/30 days*	*Quantity Limit Additions (all formularies). It will be sent to CMS for approval. (See attached for voting detail)*			
2025 Quantity Limit Updates	*The Committee reviewed the Quantity Limit Updates (all formularies). The Committee approved as presented:* • *Hernexeos 60 mg tablet - 180/30 days*	*The Committee reviewed the Quantity Limit Updates (all formularies). It will be sent to CMS for approval. (See attached for voting detail)*	*S. Jackson*	*Resolved*	
III. New Drug Review	*The following new Protected Class Drugs were reviewed and will be added to the formulary per CMS regulations:* • *Libtayo (cemiplimab-rwlc) Injection* • *Zepzelca (lurbinectedin) Injection* • *Inluriyo (imlunestrant) Tablets** • *Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph) Injection** • *Koselugo (selumetinib) Capsules* • *Inlexzo (gemcitabine) intravesical system - formerly TAR-200** • *Hernexeos (zongertinib) Tablets** • *Modeyso (dordaviprone) Capsules** • *Biktarvy (bictegravir, emtricitabine and tenofovir alafenamide) Tablets* *The following medications are Formulary with new FDA-approved indications:* • *mNEXSPIKE (COVID-19 Vaccine, mRNA) Injection* • *Nuvaxovid (COVID-19 Vaccine, Adjuvanted) Injectable Suspension* • *Comirnaty (COVID-19 Vaccine, mRNA) Injection* • *Repatha (evolocumab) Injection* • *Doptelet (avatrombopag) Tablets and Oral Granules* *The following medications were reviewed and will be kept as Non-formulary. Prior Authorization criteria will be developed as needed:*	*Per CMS regulations, "The P&T committee will make a reasonable effort to review a new FDA approved drug product (or new FDA approved indication) within 90 days of its release onto the market and will make a decision on each new FDA approved drug product (or new FDA approved indication) within 180 days of its release onto the market, or a clinical justification will be provided if this timeframe is not met. Formularies must*	*G. Ho*	*Resolved*	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	• *Simponi (golimumab) Injection* • *Jascayd (nerandomilast) Tablets** • *Lasix ONYU (furosemide) Injection** • *Zoryve (roflumilast) Cream and Foam* • *Rhapsido (remibrutinib) Tablets** • *Enoby (denosumab-qbde) Injection** • *Qivigy (immune globulin intravenous, human-kthm) Solution for Infusion** • *Clotic (clotrimazole) Otic Solution** • *Xtrenbo (denosumab-qbde) Injection** • *Palsonify (paltusotine) Tablets** • *Bondlido (lidocaine) Topical System** • *Evkeeza (evinacumab-dgnb) Injection* • *Tremfya (guselkumab) Injection* • *Forzinity (elamipretide hydrochloride) Injection** • *Opzelura (ruxolitinib) Cream* • *Enbumyst (bumetanide) Nasal Spray** • *Vonvendi (von willebrand factor (recombinant)) for Injection* • *Leqembi (lecanemab-irmb) Injection* • *Wayrilz (rilzabrutinib) Tablets** • *Filspari (sparsentan) Tablets* • *Dawnzera (donidalorsen) Injection** • *Wegovy (semaglutide) Injection* • *Tonmya (cyclobenzaprine hydrochloride) - formerly TNX-102 SL** • *Papzimeos (zopapogene imadenovec-drba) Injection** • *Brinsupri (brensocatib) Tablets** • *KETARx (ketamine hydrochloride) Injection** • *Ajovy (fremanezumab-vfrm) Injection* • *Alhemo (concizumab-mtci) Injection* • *Leqvio (inclisiran) Injection* • *Vizz (aceclidine) Ophthalmic Solution - formerly LNZ100** • *Avtozma (tocilizumab-anoh) Injection* • *Empaveli (pegcetacoplan) Injection* • *Sephience (sepiapterin) Oral Powder** • *Skytrofa (lonapegsomatropin-tcgd) Lyophilized Powder for Injection* • *Vostally (ramipril) Oral Solution** *(* Previously discussed in New Drug Review for Medicaid)*	*include substantially all drugs in the six protected categories that are FDA approved by the last CMS specified HPMS formulary upload date for the upcoming contract year. New drugs or newly approved uses for drugs within the six classes that come onto the market after the CMS specified formulary upload date will be subject to an expedited P&T committee review. The expedited review process requires P&T committees to make a decision within 90 days, rather than the normal 180-day requirement. At the end of the 90 day period, these drugs must be added to Part D plan formularies." (See attached for voting detail.)*			

IV. Adjournment

There being no further business to discuss, the meeting was adjourned. Next meeting is to be held February 2026.



11/14/2025

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	Comments
Minutes Review/Approval	A	A	A	A	A	E	A	A	A	A	E	A	*August 2025*
Policies and Procedures	A	A	A	A	A	E	A	A	A	A	E	A	
2026 Prior Authorization Criteria Additions	A	A	A	A	A	E	A	A	A	A	E	A	
2026 Prior Authorization Criteria Updates	A	A	A	A	A	E	A	A	A	A	E	A	
2026 Prior Authorization Removals	A	A	A	A	A	E	A	A	A	A	E	A	
2026 Step Therapy Criteria	A	A	A	A	A	E	A	A	A	A	E	A	
2026 Formulary Additions - FLW	A	A	A	A	A	E	A	A	A	A	E	A	
2026 Formulary Additions	A	A	A	A	A	E	A	A	A	A	E	A	
2026 Formulary Removals	A	A	A	A	A	E	A	A	A	A	E	A	
2026 Quantity Limit Additions	A	A	A	A	A	E	A	A	A	A	E	A	
2025 Prior Authorization Criteria Updates	A	A	A	A	A	E	A	A	A	A	E	A	
2025 Formulary Additions	A	A	A	A	A	E	A	A	A	A	E	A	
2025 Formulary Removals	A	A	A	A	A	E	A	A	A	A	E	A	
2025 August, September FRF Formulary Additions Protected Class	A	A	A	A	A	E	A	A	A	A	E	A	
2025 August, September FRF Formulary Additions Non-Protected Class	A	A	A	A	A	E	A	A	A	A	E	A	
2025 August, September FRF Formulary Removals	A	A	A	A	A	E	A	A	A	A	E	A	
2025 Quantity Limit Additions	A	A	A	A	A	E	A	A	A	A	E	A	
2025 Quantity Limit Updates	A	A	A	A	A	E	A	A	A	A	E	A	
New Drug Review	A	A	A	A	A	E	A	A	A	A	E	A	

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