Health Partners Plans

PHARMACY AND THERAPEUTICS COMMITTEE
MEDICARE MEETING MINUTES
February 23, 2023

Attendance: *Onsite*

Microsoft Teams Meeting
Yasmeen Alwethaiqi, Pharmacy Student Intern; Justin Bittner, Medical Director; Gary Bledsoe, Staff/Clinical Pharmacist; Connie Chan, Staff/Clinical Pharmacist; Jerry Crawford, Staff/Clinical Pharmacist; Dr. Neal Demp, Community Behavior Health; Danielle Dolores, Director of Pharmacy; George E. Downs, Dean Emeritus and Professor, St. Joseph's University; Demian Elder, Medical Director; Linda Evans, Magellan Health; Leah Finken, Clinical Programs Pharmacist; Sharon Ford, Staff/Clinical Pharmacist; Merleen Harris-Williams, Medical Director; Samantha Jackson, Clinical Pharmacist; Lawrence Jones, Director of Pharmacy, Phoenixville Hospital; Kaylei Koerwitz, Manager Pharmacy Operations and Clinical Programs; Dr. Tania Kolev, Medical Director; Kelvin Lu, Community Behavior Health; Brandi Mahler, Supervisor Pharmacy Technicians; Hannah McCaffrey, Manager Pharmacy Regulations & Implementation; Karleen Melody; Kateryna Olchowecky, Clinical Programs Pharmacist; Dr. Lou Parrott, Community Behavior Health; Maryana Prokopets, Staff/Clinical Pharmacist; Sanjiv Raj, Associate VP Customer Engagement; Sara Sadiq, Pharmacist; Julie Samuel, Clinical Programs Pharmacist; Heather Scheckner, Clinical Pharmacist, Jefferson Health; Robert Spencer, Staff/Clinical Pharmacist; Shelley Staffa, Clinical Pharmacist; Jessica Tran, Pharmacy Resident; Fallan Vaisberg, Formulary Pharmacist; Ramesh Vangala, Vice President of Pharmacy Operations; Jeanine Zubrzycki, Staff/Clinical Pharmacist; Diana Walczyk, Pharmacy Student, Community Behavior Health

Excused: *Kay Chan, Manager Pharmacy Benefit Design and Audits; Edgar Chou, Jefferson Health; Oluwatoyin Fadeyibi, Community Behavior 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
Minutes Review/Approval	*D. Dolores presented the minutes from the October 2022 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
2022 Review	*D. Dolores reviewed 2022 stats*		*D. Dolores*	*Informational*	
Medicare Formulary Overview	*H. McCaffrey presented an overview of the Medicare Formulary*		*H. McCaffrey*	*Informational*	

II. Drug Formulary Review/Update

<table>
<tr><th>TOPIC</th><th colspan="3">DISCUSSION</th><th>ACTIONS</th><th>RESPONSIBLE PARTY</th><th>RESOLVED/ PENDING</th><th>DUE DATE</th></tr>
<tr><td>Prior Authorization Criteria Revisions</td><td colspan="3">The Committee reviewed the Prior Authorization Criteria Revisions. The Committee approved as presented:
• Dupixent
• Orkambi
• Rinvoq
• Skyrizi</td><td>The Committee approved the Prior Authorization Criteria Revisions. It will be sent to CMS for approval. (See attached for voting detail)</td><td>F. Vaisberg</td><td>Resolved</td><td></td></tr>
<tr><td rowspan="6">Formulary Additions</td><td colspan="3">The Committee reviewed the Formulary Additions. The Committee approved as presented:</td><td rowspan="6">The Committee approved the Formulary Additions. It will be sent to CMS for approval. (See attached for voting detail)</td><td rowspan="6">F. Vaisberg</td><td rowspan="6">Resolved</td><td rowspan="6"></td></tr>
<tr><td>Drug Name</td><td>Prime/Complete/ Silver/Platinum</td><td>Special</td></tr>
<tr><td>Krazati 200 mg tab</td><td>T5, Oral Chemo Agents PA</td><td>T1, Oral Chemo Agents PA</td></tr>
<tr><td>Ozempic 2 mg/3ml soln pen</td><td>T3</td><td>T1</td></tr>
<tr><td>Rezlidhia 150 mg cap</td><td>T5, Oral Chemo Agents PA</td><td>T1, Oral Chemo Agents PA</td></tr>
<tr><td>Skyrizi 180 mg/1.2ml soln cart</td><td>T5, Skyrizi PA</td><td>T1, Skyrizi PA</td></tr>
<tr><td rowspan="5">Additions Protected Class (January FRF)</td><td colspan="3">The Committee reviewed the Additions Protected Class (January FRF). The Committee approved as presented:</td><td rowspan="5">The Committee reviewed the Additions Protected Class (January FRF). It will be sent to CMS for approval. (See attached for voting detail)</td><td rowspan="5">F. Vaisberg</td><td rowspan="5">Resolved</td><td rowspan="5"></td></tr>
<tr><td>Drug Name</td><td>Prime/Complete/ Silver/Platinum</td><td>Special</td></tr>
<tr><td>Calquence 100 mg</td><td>T5, Oral Chemo Agents PA</td><td>T1, Oral Chemo Agents PA</td></tr>
<tr><td>Caplyta 10.5mg</td><td>T5</td><td>T1</td></tr>
<tr><td>Caplyta 21 mg</td><td>T5</td><td>T1</td></tr>
</table>

TOPIC	DISCUSSION			ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	Descovy	*T5*	*T1*				
	Imbruvica 70mg/ml	*T5, Oral Chemo Agents PA*	*T1, Oral Chemo Agents PA*				
	Lenalidomide 2.5 mg	*T5, Oral Chemo Agents PA*	*T1, Oral Chemo Agents PA*				
	Lenalidomide 20 mg	*T5, Oral Chemo Agents PA*	*T1, Oral Chemo Agents PA*				
	Venlafaxine 112.5 mg ER	*T4*	*T1*				
	Zonisade 100 mg/5ml suspension	*T4*	*T1*				
Additions Non-Protected Class (January FRF)	*The Committee reviewed the Additions Non-Protected Class (January FRF). The Committee approved as presented:*			*The Committee approved the Additions Non-Protected Class (January FRF). It will be sent to CMS for approval. (See attached for voting detail)*	*F. Vaisberg*	*Resolved*	
	Drug Name	***Prime/Complete/ Silver/Platinum***	***Special***				
	Fingolimod 0.5 mg	*T5*	*T1*				
	Javygtor 100 mg	*T5*	*T1*				
	Javygtor 100 mg	*T5*	*T1*				
	Javygtor 500 mg	*T5*	*T1*				
	Jynneos 0.5 ml	*T3*	*T1*				
	Noxafil 300 mg	*T5, Posaconazole PA*	*T1, Posaconazole PA*				
	Orkambi 94 mg/75 mg oral granules	*T5, Orkambi PA*	*T1, Orkambi PA*				
	Pirfenidone 534 mg oral tablet	*T5, Pirfenidone PA*	*T1, Pirfenidone PA*				
	Roflumilast 0.5 mg oral tablet	*T4*	*T1*				
Quantity Limits	*The Committee reviewed the Quantity Limits. The Committee approved as presented:*			*The Committee approved the Quantity Limits. It will be sent to CMS for approval. (See attached for voting detail)*	*F. Vaisberg*	*Resolved*	
	Drug Name	***Prime/Complete/ Silver/Platinum***	***Special***				
	Caplyta 10.5mg	*30/30 days*	*30/30 days*				
	Caplyta 21 mg	*30/30 days*	*30/30 days*				
	Descovy	*30/30 days*	*30/30 days*				
	Lenalidomide 2.5 mg	*28/28 days*	*28/28 days*				
	Lenalidomide 20 mg	*28/28 days*	*28/28 days*				
	Fingolimod 0.5 mg	*30/30 days*	*30/30 days*				
	Noxafil 300 mg	*60/30 days*	*60/30 days*				
	Orkambi 94 mg/75 mg oral granules	*56/28 days*	*56/28 days*				

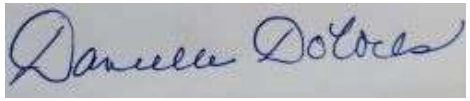
TOPIC	DISCUSSION			ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	Pirfenidone 534 mg oral tablet	*90/30 days*	*90/30 days*				
	Venlafaxine 112.5 mg ER	*30/30 days*	*30/30 days*				
Removals from Formulary (January FRF) – will remain on formulary until the end of the benefit year	*The Committee reviewed the Formulary Removals (January FRF). The Committee approved as presented:*			*The Committee approved the Formulary Removals (January FRF). It will be sent to CMS for approval. (See attached for voting detail)*	*F. Vaisberg*	*Resolved*	
	Drug Name	***Prime/Complete/ Silver/Platinum***	***Special***				
	Blephamide ointment	*T3*	*T1*				
	Digitek 0.125 mg	*T2, QL 30/30 days*	*T1, Ql 30/30 days*				
	Enbrel 25 mg/ml	*T5, Enbrel PA*	*T1, Enbrel PA*				
	FML ointment	*T3*	*T1*				
	Intron A 18000000 unit	*T5*	*T1*				
	Larissia 28 day pack	*T2*	*T1*				
	Pentacel	*T1*	*T1*				
	Skyrizi 150 mg dose pack	*T5, Skyrizi PA*	*T1, Skyrizi PA*				
III. New Drug Review	*The following new Protected Class Drugs were reviewed and will be added to the formulary per CMS regulations:* • *Jemperli (dostarlimab-gxly) Injection* • *Trodelvy (sacituzumab govitecan-hziy) Injection* • *Jaypirca* (pirtobrutinib) Tablets* • *Orserdu* (elacestrant) Tablets* • *Keytruda (pembrolizumab) for Injection* • *Tukysa (tucatinib) Tablets* • *Brukinsa (zanubrutinib) Capsules* • *Rykindo* (risperidone) for Extended-Release Injectable Suspension* • *Sunlenca* (lenacapavir) Injection and Tablets* • *Lunsumio (mosunetuzumab-axgb) Injection for IV Infusion* • *Tecentriq (atezolizumab) Injection* • *Vraylar (cariprazine) Capsules* • *Adstiladrin* (nadofaragene firadenovec-vncg) Suspension for Intravesical Use* • *Pemfexy (pemetrexed) Injection* • *Rezlidhia* (olutasidenib) Capsules* • *Sezaby* (phenobarbital sodium) Powder for Injection for IV infusion* • *Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn) Injection* • *Elahere (mirvetuximab soravtansine-gynx) Injection for IV Use*			*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*	*J. Tran*	*Resolved*	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	• *Adcetris (brentuximab vedotin) Injection* • *Imfinzi (durvalumab) Injection* • *Libtayo (cemiplimab-rwlc) Injection* • *Tecvayl* (teclistamab-cqyv) Injection for Subcutaneous Use* • *Imjudo* (tremelimumab-actl) Injection for IV use* *The following medications are Formulary with new FDA-approved indications:* • *Austedo (deutetrabenazine) Tablets* • *Rybelsus (semaglutide) Tablets* • *Adacel (Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed (Tdap* • *Rotarix (rotavirus vaccine, live attenuated) Oral Suspension* • *Rinvoq (upadacitinib) Extended-Release Tablets* • *Vemlidy (tenofovir alafenamide) Tablets* • *Menveo (meningococcal conjugate vaccine)* • *Lyumjev (insulin lispro-aabc) Injection* *The following medications were reviewed and will be kept as Non-formulary. Prior Authorization criteria will be developed as needed:* • *Filspari* (sparsentan) Tablets* • *Syfovre* (pegcetacoplan) Injection* • *Lamzede* (velmanase alfa-tycv) Lyophilized Powder for Injection* • *Cibinqo (abrocitinib) Tablets* • *Takhzyro (lanadelumab-flyo) Injection* • *Tezspire (tezepelumab-ekko) Injection* • *Jesduvroq* (daprodustat)* • *Odactra (house dust mite allergen extract) Sublingual Tablets* • *Brenzavvy* (bexagliflozin) Tablets* • *Airsupra* (albuterol and budesonide) Inhalation Aerosol* • *Leqembi* (lecanemab-irmb) Injection* • *Briumvi* (ublituximab-xiiy) Injection for IV Infusion* • *NexoBrid* (anacaulase-bcdb) Topical Gel* • *Xenoview* (xenon Xe 129 hyperpolarized) for Oral Inhalation* • *Wegovy (semaglutide) Injection)* • *Olpruva* (sodium phenylbutyrate) Oral* • *Actemra (tocilizumab) Injection* • *Tymlos (abaloparatide) Injection* • *Idacio (adalimumab-aacf) Injection for Subcutaneous use* • *Iyuzeh (latanoprost) Ophthalmic Solution*	*must include substantially all drugs in the six protected categories that are FDA approved by the last CMS specified HPMS formulary upload date for the upcoming contract year. New drugs or newly approved uses for drugs within the six classes that come onto the market after the CMS specified formulary upload date will be subject to an expedited P&T committee review. The expedited review process requires P&T committees to make a decision within 90 days, rather than the normal 180-day requirement. At the end of the 90 day period, these drugs must be added to Part D plan formularies." (See attached for voting detail.)*			

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	• *Asceniv (immune globulin intravenous, human – slra) Injection* • *Brexafemme (ibrexafungerp) Tablets* • *Rebyota* (fecal microbiota, live-jslm) Suspension for Rectal Use* • *Hemgenix* (etranacogene dezaparvovec-drlb) Suspension for IV Infusion* • *Tzield* (teplizumab-mzwv) Injection for IV Infusion* • *Liletta (levonorgestrel) Intrauterine Device*				

IV. Adjournment

There being no further business to discuss, the meeting was adjourned. Next meeting is to be held May 18, 2023.



3/6/2023

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Danielle Dolores, Director of Pharmacy Services Date: _____

APPENDIX I: VOTING GRID

	Danielle Dolores, PharmD	George Downs, PharmD	Lawrence Jones, RPh	Karleen Melody, PharmD	Tania Kolev, MD	Hannah McCaffrey	Sanjiv Raj	Brian Swift	Kaylei Koerwitz	Heather Scheckner	Merleen Harris-Williams, MD	Justin Bittner, MD	Demian Elder, MD	Edgar Chou, MD	Ramesh Vangala, PharmD	Comments
Minutes Review/Approval	A	A	A	A	A	A	A	E	A	A	A	A	A	E	A	*October 2022*
Prior Authorization Criteria Revisions	A	A	A	A	A	A	A	E	A	A	A	A	A	E	A	• *Dupixent* • *Orkambi* • *Rinvoq* • *Skyrizi*
Formulary Additions	A	A	A	A	A	A	A	E	A	A	A	A	A	E	A	• *Krazati 200 mg tab – Prime/Complete T5, Oral Chemo Agents PA; Special T1, Oral Chemo Agents PA* • *Ozempic 2 mg/3ml soln pen – Prime/Complete T3; Special T1* • *Rezlidhia 150 mg cap – Prime/Complete T5, Oral Chemo Agents PA; Special T1, Oral Chemo Agents PA* • *Skyrizi 180 mg/1.2ml soln cart – Prime/Complete T5, Skyrizi PA; Special T1, Skyrizi PA*
Additions Protected Class (January FRF)	A	A	A	A	A	A	A	E	A	A	A	A	A	E	A	• *Calquence 100 mg – Prime/Complete T5, Oral Chemo Agents PA; Special T1, Oral Chemo Agents PA* • *Caplyta 10.5mg – Prime/Complete T5; Special T1* • *Caplyta 21 mg – Prime/Complete T5; Special T1* • *Descovy – Prime/Complete T5; Special T1* • *Imbruvica 70mg/ml – Prime/Complete T5, Oral Chemo Agents PA; Special T1, Oral Chemo Agents PA* • *Lenalidomide 2.5 mg – Prime/Complete T5, Oral Chemo Agents PA; Special T1, Oral Chemo Agents PA* • *Lenalidomide 20 mg – Prime/Complete T5, Oral Chemo Agents PA; Special T1, Oral Chemo Agents PA* • *Venlafaxine 112.5 mg ER – Prime/Complete T4; Special T1* • *Zonisade 100 mg/5ml suspension – Prime/Complete T4; Special T1*
Additions Non-Protected Class (January FRF)	A	A	A	A	A	A	A	E	A	A	A	A	A	E	A	• *Fingolimod 0.5 mg – Prime/Complete T5; Special T1* • *Javygtor 100 mg – Prime/Complete T5; Special T1* • *Javygtor 100 mg – Prime/Complete T5; Special T1* • *Javygtor 500 mg – Prime/Complete T5; Special T1* • *Jynneos 0.5 ml – Prime/Complete T3; Special T1* • *Noxafil 300 mg – Prime/Complete T5, Posaconazole PA; Special T1, Posaconazole PA* • *Orkambi 94 mg/75 mg oral granules – Prime/Complete T5, Orkambi PA; Special T1, Orkambi PA* • *Pirfenidone 534 mg oral tablet – Prime/Complete T5, Pirfenidone PA; Special T1, Pirfenidone PA* • *Roflumilast 0.5 mg oral tablet – Prime/Complete T4; Special T1*
Quantity Limits	A	A	A	A	A	A	A	E	A	A	A	A	A	E	A	• *Caplyta 10.5mg - 30/30 days* • *Caplyta 21 mg - 30/30 days* • *Descovy - 30/30 days*

	Danielle Dolores, PharmD	George Downs, PharmD	Lawrence Jones, RPh	Karleen Melody, PharmD	Tania Kolev, MD	Hannah McCaffrey	Sanjiv Raj	Brian Swift	Kaylei Koerwitz	Heather Scheckner	Merleen Harris-Williams, MD	Justin Bittner, MD	Demian Elder, MD	Edgar Chou, MD	Ramesh Vangala, PharmD	Comments
																• *Lenalidomide 2.5 mg - 28/28 days* • *Lenalidomide 20 mg - 28/28 days* • *Fingolimod 0.5 mg - 30/30 days* • *Noxafil 300 mg - 60/30 days* • *Orkambi 94 mg/75 mg oral granules - 56/28 days* • *Pirfenidone 534 mg oral tablet - 90/30 days* • *Venlafaxine 112.5 mg ER - 30/30 days*
Removals from Formulary (January FRF)– will remain on formulary until the end of the benefit year	A	A	A	A	A	A	A	E	A	A	A	A	A	E	A	• *Blephamide ointment - Prime/Complete T3; Special T1* • *Digitek 0.125 mg - Prime/Complete T2, QL 30/30 days; Special T1, Ql 30/30 days* • *Enbrel 25 mg/ml - Prime/Complete T5, Enbrel PA; Special T1, Enbrel PA* • *FML ointment - Prime/Complete T3; Special T1* • *Intron A 18000000 unit - Prime/Complete T5; Special T1* • *Larissia 28 day pack - Prime/Complete T2; Special T1* • *Pentacel - Prime/Complete T1; Special T1* • *Skyrizi 150 mg dose pack; Prime/Complete T5, Skyrizi PA; Special T1, Skyrizi PA*
New Drug Review	A	A	A	A	A	A	A	E	A	A	A	A	A	E	A	*The following new Protected Class Drugs were reviewed and will be added to the formulary per CMS regulations:* • *Jemperli (dostarlimab-gxly) Injection* • *Trodelvy (sacituzumab govitecan-hziy) Injection* • *Jaypirca* (pirtobrutinib) Tablets* • *Orserdu* (elacestrant) Tablets* • *Keytruda (pembrolizumab) for Injection* • *Tukysa (tucatinib) Tablets* • *Brukinsa (zanubrutinib) Capsules* • *Rykindo* (risperidone) for Extended-Release Injectable Suspension* • *Sunlenca* (lenacapavir) Injection and Tablets* • *Lunsumio (mosunetuzumab-axgb) Injection for IV Infusion* • *Tecentriq (atezolizumab) Injection* • *Vraylar (cariprazine) Capsules* • *Adstiladrin* (nadofaragene firadenovec-vncg) Suspension for Intravesical Use* • *Pemfexy (pemetrexed) Injection* • *Rezlidhia* (olutasidenib) Capsules* • *Sezaby* (phenobarbital sodium) Powder for Injection for IV infusion* • *Rylaze (asparaginase erwinia chrysanthemi (recombinant)-rywn) Injection* • *Elahere (mirvetuximab soravtansine-gynx) Injection for IV Use* • *Adcetris (brentuximab vedotin) Injection* • *Imfinzi (durvalumab) Injection* • *Libtayo (cemiplimab-rwlc) Injection*

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