PHARMACY AND THERAPEUTICS COMMITTEE
MEDICARE MEETING MINUTES
PPO-POS, HMO-POS, HMO-SNP
March 6, 2025

Attendance: *Microsoft Teams Meeting*
Gary Bledsoe, Staff/Clinical Pharmacist; Dr. Kevin Caputo, Magellan Health; Connie Chan, Staff/Clinical Pharmacist; Edgar Chou, Jefferson Health; Jerry Crawford, Staff/Clinical Pharmacist; Sahani de Silva, Pharmacy Student Intern; Dr. Neal Demp, Community Behavior Health; Dawson Do, Pharmacy Student Intern; Danielle Dolores, Director of Pharmacy; George E. Downs, Dean Emeritus and Professor, St. Joseph's University; Leah Finken, Clinical Programs Pharmacist; Sharon Ford, Staff/Clinical Pharmacist; Paul Goebel, Assistant Director Pharmacy, Jefferson Enterprise; 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; Brian Swift, Enterprise Vice President/Chief Pharmacy Officer, Jefferson Health; Jessica Tran, Staff/Clinical Pharmacist; Fallan Vaisberg, Formulary Pharmacist; Ramesh Vangala, Vice President of Pharmacy Operations; Jeanine Zubrzycki, Staff/Clinical Pharmacist

Excused: *Demian Elder, Medical Director; Merleen Harris-Williams, Medical Director; Sanjiv Raj, Associate VP Customer Engagement; Dr. Chris Squillaro, Medical Director, Magellan Behavioral Health*

Minutes taken by: Joana Iverson

I. Administrative Update

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
Minutes Review/Approval	*D. Dolores presented the minutes from the November 2024 meeting to the Committee for review.*	*The Committee approved the minutes from our last meeting as presented.*	*D. Dolores*	*Resolved*	
2024 Year in Review	*D. Dolores reviewed the 2024* • *Prior Authorizations*		*D. Dolores* *R. Vangala*	*Informational*	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	• *Top 10 Drugs and Drug Classes* • *Medicare membership as of 1/1/2025*				

II. Drug Formulary Review/Update

<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>Prior Authorization Criteria Updates</td><td>The Committee reviewed the 2025 Prior Authorization Criteria updates. The Committee approved as presented:
<table>
<tr><th>Criteria Name</th><th>1T Premium (HMO-SNP)</th><th>5T Core (PPO, HMO)</th><th>5T Value (PPO, HMO)</th></tr>
<tr><td>Adalimumab-aacf</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Botulinum Toxins</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>CFTR Modulators</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Corlanor</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Dupixent</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Fasenra</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Humira</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Lucemyra</td><td>X</td><td>X</td><td>NF</td></tr>
<tr><td>Otezla</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>Taltz</td><td>X</td><td>X</td><td>X</td></tr>
</table></td><td>The Committee approved the 2025 Prior Authorization Criteria updates. It will be sent to CMS for approval. (See attached for voting detail)</td><td>F. Vaisberg
M. Smikovecus
R. Spencer</td><td>Resolved</td><td></td></tr>
<tr><td>Prior Authorization Criteria Removals</td><td>The Committee reviewed the 2025 Prior Authorization Criteria Removals. 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>Fentanyl lozenge</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Benztropine 0.5 mg, 1 mg, 2 mg tab</td><td>T1, HRM Anticholinergic Agents no longer applies</td><td>T2, HRM Anticholinergic Agents no longer applies</td><td>T2, HRM Anticholinergic Agents no longer applies</td></tr>
</table></td><td>The Committee reviewed the 2025 Prior Authorization Criteria 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>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>Gomekli 1 mg, 2 mg capsule</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Gomekli 1 mg tablet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
</table></td><td>The Committee reviewed the 2025 Formulary Additions. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson</td><td>Resolved</td><td></td></tr>
</table>

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<tr><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>Prevymis 20 mg, 120 mg packet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
</table>
</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Formulary Removals</td><td>The Committee reviewed the 2025 Formulary Removals. The Committee approved as presented:
Fentanyl lozenge - Removed due to market withdrawal</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>December/January/ February FRF Formulary Additions Protected Class</td><td>The Committee reviewed the December/January/February 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>Augtyro 160 mg capsule</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Carbamazepine 200 mg chewable tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
<tr><td>Imkeldi 80 mg/mL solution</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Lumakras 240 mg tablet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Revuforj tablet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Topiramate 50 mg oral capsule</td><td>T1, ST – Nurtec</td><td>T2, ST – Nurtec</td><td>T3, ST - Nurtec</td></tr>
</table>
</td><td>The Committee reviewed the December/January/February 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>December/January/ February FRF Formulary Additions Non-Protected Class</td><td>The Committee reviewed the December/January/February FRF Formulary Additions Non-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>Adalimumab-aacf (2 syringe) 40 mg/0.8 mL PFS</td><td>T1, PA, NDS</td><td>T5, PA</td><td>T5, PA</td></tr>
<tr><td>Feirza 1.5/30 tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
<tr><td>Gallifrey 5 mg tablet</td><td>T1</td><td>T2</td><td>T3</td></tr>
<tr><td>Ivabradine hcl tablet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
</table>
</td><td>The Committee reviewed the December/January/February FRF Formulary Additions Non-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>
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<tr><td></td><td>
<table>
<tr><td>Lofexidine hcl 0.18 mg tablet</td><td>T1, PA, QL, NDS</td><td>T5, PA, QL</td><td>T5, PA, QL</td></tr>
<tr><td>Mesna 400 mg tablet</td><td colspan="2">T1, NDS</td><td>T5</td></tr>
<tr><td>Valtya 1/50 tablet</td><td>T1</td><td>T2</td><td>T2</td></tr>
</table>
</td><td></td><td></td><td></td><td></td></tr>
<tr><td>December/January/ February FRF Formulary Removals</td><td>The Committee reviewed the December/January/February 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>Ala-cort</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Azithromycin 1000 mg powder for oral suspension</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Clenpiq</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Droxia capsule</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Dupixent 150 mg/mL</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Ergoloid mesylates 1 mg tablet</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Humira pen 80 mg/0.8mL - starter package for pediatric UC</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Isosorbide mononitrate 10 mg, 20 mg</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Kisqali Femara co-pack 200</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Lagevrio*</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Levofloxacin 5 mg/mL ophthalmic solution</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Menest tablet</td><td>X</td><td>X</td><td>NF</td></tr>
<tr><td>Microgestin 24 Fe 28 day</td><td>X</td><td>X</td><td>NF</td></tr>
<tr><td>Naloxone hcl 40 mg/mL nasal</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Nicotrol</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Nymyo 28 day</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Phenytoin sodium 200 mg, 300 mg er capsule</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Prehevbrio**</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Quadracel</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Rotarix</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Selzentry tablet</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>TdVax</td><td>X</td><td>X</td><td>X</td></tr>
<tr><td>Tenivac</td><td>X</td><td>X</td><td>X</td></tr>
</table>
</td><td>The Committee reviewed the December/January/February FRF Formulary Removals. It will be sent to CMS for approval. (See attached for voting detail)</td><td>S. Jackson
H. McCaffrey</td><td>Resolved</td><td></td></tr>
</table>

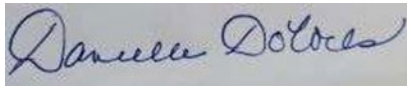
TOPIC	DISCUSSION				ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	Thalomid 200 mg, 150 mg capsule	*X*	*X*	*X*				
	Tivicay	*X*	*X*	*X*				
	Tramadol hcl ER 300 mg, 200 mg, 100 mg tablet	*X*	*X*	*NF*				
	Triderm	*X*	*X*	*X*				
	Tri-Nymyo 28-day pack	*X*	*X*	*X*				
	**Oral antivirals for COVID-19 with emergency use authorization (EUA) meet definition of a Part D drug until March 31, 2025* ***Starting 1/1/2025, hepatitis B vaccines will be covered under Part B*							
Quantity Limit Additions	*The Committee reviewed the Quantity Limit Additions. The Committee approved as presented:* • *Augtyro 160 mg capsule - 60/30 days* • *Gomekli 1 mg capsule - 42/28 days* • *Gomekli 1 mg tablet - 84/28 days* • *Gomekli 2 mg capsule - 84/28 days* • *Imkeldi 80 mg/mL solution - 280/28 days* • *Ivabradine hcl tablet - 60/30 days* • *Lofexidine hcl 0.18 mg tablet - 16/1 day (1T Premium, 5T Core); NF (5T Value)* • *Lumakras 240 mg tablet - 120/30 days* • *Prevymis 20 mg, 120 mg packet - 120/30 days* • *Revuforj 110 mg tablet - 120/30 days* • *Revuforj 160 tablet - 60/30 days*				*The Committee reviewed the Quantity Limit Additions. 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:* • *Adcetris (brentuximab vedotin) Injection* • *Romvimza (vimseltinib) Capsules** • *Ospomyv (denosumab-dssb) Injection** • *Xbryk (denosumab-dssb) Injection** • *Enhertu (fam-trastuzumab deruxtecan-nxki) Injection* • *Grafapex (treosulfan) Lyophilized Powder for Injection** • *Spravato (esketamine) Nasal Spray* • *Datroway (datopotamab deruxtecan-dlnk) Lyophilized Powder for Injection** • *Lumakras (sotorasib) Tablets* • *Calquence (acalabrutinib) Capsules and Tablets* • *Niktimvo (axatilimab-csfr) Injection* • *Tevimbra (tislelizumab-jsgr) Injection* • *Braftovi (encorafenib) Capsules*				*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*	*R. John*	*Resolved*	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING	DUE DATE
	• *Opdivo Qvantig (nivolumab and hyaluronidase-nvhy) Subcutaneous Injection** • *Ensacove (ensartinib) Capsules** • *Steqeyma (ustekinumab-stba) Injection** • *Unloxcyt (cosibelimab-ipdl) Injection** • *Imfinzi (durvalumab) Injection* • *Bizengri (zenocutuzumab-zbco) Injection** • *Yesintek (ustekinumab-kfce) Injection** • *Imkeldi (imatinib mesylate) Oral Solution** • *Ziihera (zanidatamab-hrii) Lyophilized Powder for Injection** • *Revuforj (revumenib) Tablets** • *Aucatzyl (obecabtagene autoleucel) Suspension for Intravenous Infusion** • *Danziten (nilotinib tartrate) Tablets** • *Jylamvo (methotrexate) Oral Solution* • *RoxyBond (oxycodone hydrochloride) Tablets* • *Scemblix (asciminib) Tablets* *The following medications are Formulary with new FDA-approved indications:* • *Ozempic (semaglutide) Injection* • *Trikafta (elexacaftor/tezacaftor/ivacaftor and ivacaftor) Tablets and Oral Granules* • *Gemtesa (vibegron) Tablets* *The following medications were reviewed and will be kept as Non-formulary. Prior Authorization criteria will be developed as needed:* • *Penmenvy (meningococcal groups A, B, C, W, and Y vaccine) Lyophilized Powder for Injection** • *Vimkunya (chikungunya vaccine, recombinant) Injection** • *Merilog (insulin aspart-szjj) Injection** • *Izervay (avacincaptad pegol) Intravitreal Solution* • *Gomekli (mirdametinib) Capsules and Tablets for Oral Suspension** • *Evrysdi (risdiplam) Powder for Oral Solution and Oral Tablets* • *Emblaveo (avibactam and aztreonam) Lyophilized Powder for Injection** • *Susvimo (ranibizumab) Injection for Intravitreal Use via Ocular Implant* • *Onapgo (apomorphine hydrochloride) Infusion Device - formerly SPN-830** • *Symbravo (meloxicam and rizatriptan) Tablets - formerly AXS-07** • *Journavx (suzetrigine) Tablets - formerly VX-548**	*release onto the market, or a clinical justification will be provided if this timeframe is not met. Formularies must include substantially all drugs in the six protected categories that are FDA approved by the last CMS specified HPMS formulary upload date for the upcoming contract year. New drugs or newly approved uses for drugs within the six classes that come onto the market after the CMS specified formulary upload date will be subject to an expedited P&T committee review. The expedited review process requires P&T committees to make a decision within 90 days, rather than the normal 180-day requirement. At the 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
	• *Leqembi (lecanemab-irmb) Injection* • *Avtozma (tocilizumab-anoh) Injection** • *Omvoh (mirikizumab-mrkz) Injection* • *Imcivree (setmelanotide) Injection* • *Zepbound (tirzepatide) Injection* • *Alhemo (concizumab-mtci) Injection** • *Alyftrek (deutivacaftor, tezacaftor and vanzacaftor)** • *Tryngolza (olezarsen) Injection** • *Symvess (acellular tissue engineered vessel-tyod) for Surgical Vascular Implantation** • *Ryoncil (remestemcel-L-rknd) Cell Suspension for Intravenous Infusion** • *Crenessity (crinecerfont) Capsules and Oral Solution** • *Nemluvio (nemolizumab) for Injection* • *Vtama (tapinarof) Cream* • *Acetadote (acetylcysteine) Injection* • *Attruby (acoramidis) Tablets** • *Rapiblyk (landiolol) Lyophilized Powder for Injection** • *Bimzelx (bimekizumab-bkzx) Injection* • *Kebilidi (eladocagene exuparvovec-tneq) Suspension for Intraputaminal Infusion – formerly Upstaza** • *Emrosi (minocycline hydrochloride) Extended-Release Capsule formerly DFD-29** • *Orlynvah (sulopenem etzadroxil and probenecid) Tablets** *(* Previously discussed in New Drug Review for Medicaid)*				

IV. Adjournment

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



3/24/202

_____ _____

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
Minutes Review/Approval	A	A	A	A	A	E	A	A	A	E	E	A	A	*November 2024*
Prior Authorization Criteria Updates	A	A	A	A	A	E	A	A	A	E	E	A	A	
Prior Authorization Criteria Removals	A	A	A	A	A	E	A	A	A	E	E	A	A	
Formulary Additions	A	A	A	A	A	E	A	A	A	E	E	A	A	
Formulary Removals	A	A	A	A	A	E	A	A	A	E	E	A	A	
December/January/February FRF Formulary Additions Protected Class	A	A	A	A	A	E	A	A	A	E	E	A	A	
December/January/February FRF Formulary Additions Non-Protected Class	A	A	A	A	A	E	A	A	A	E	E	A	A	
December/January/February FRF Formulary Removals	A	A	A	A	A	E	A	A	A	E	E	A	A	
Quantity Limit Additions	A	A	A	A	A	E	A	A	A	E	E	A	A	
New Drug Review	A	A	A	A	A	E	A	A	A	E	E	A	A	

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