

Attendance

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Call to Order: 5:02pm**Approval of Minutes**

Discussion	Action
November minutes – votes	10 Votes - accepted
Old Business: <ul style="list-style-type: none"> Results of the ad-hoc vote: <ul style="list-style-type: none"> New Products – “may add” for all products <ul style="list-style-type: none"> Tecvayli (teclistamab-cqyv) Imjudo (tremelimumab-actl) Elahere (mirvetuximab soravtansine-gynx) Rezlidhia (olutasidenib) Krazati (adagrasib) Lunsumio (mosunetuzumab-axgb) New Indications – “no change” to the current formulary status <ul style="list-style-type: none"> Imfinzi (durvalumab) Cotellic (cobimetinib) Libtayo (cemiplimab-rwlc) Adcetris (brentuximab) 	No Discussion
New Business: <ul style="list-style-type: none"> Electronic Honoraria payment is an option now. Please let [REDACTED] know if that is something that is wanted she can send the form to get completed. 	

New Products

Drug Name	Decision	Discussion	Vote Count
	All Lines of Business (Where applicable)		
Sunlenca (lenacapavir) tab & SQ	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0

Tzield (teplizumab) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Legembi (lecanemab) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	<p>██████ asked about pricing and if the side effects were less than Aduhelm or as severe. ██████ responded that the price was indeed half that of Aduhelm annually even with twice a month dosing. Side effects are the same but there is more guidance for providers how to manage them.</p> <p>██████ asked about adding to formulary and do we think it should be may add. ██████ responded due to state restrictions, we have to add or have the ability to add all FDA approved drugs.</p>	Must Add- 0 May Add- 10 Do Not Add- 0
Adstiladrin (nadofaragene firadenovec-vncg) intravesical	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Briumvi (ublituximab) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Hemgenix (etranacogene dezaparvovec) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	<p>██████ asked who the manufacturer was via IM and ██████ responded CSL Behring LLC. ██████ asked how many members had Hemophilia B within our membership. ██████ is going to email her an impact report for all LOB.</p>	Must Add- 0 May Add- 10 Do Not Add- 0

Abbreviated New Products			
Drug Name	Decision	Discussion	Vote Count
	All Lines of Business (Where applicable)		
Erelzi (etanercept-szszs) MDV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Idacio (adalimumab-aacf) SQ	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Iyuzeh (latanoprost ophthalmic solution)	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Jylamvo (methotrexate) oral solution & suspension	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Menveo (meningococcal conjugate vaccine)	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0

NexoBrid (anacaulase-bcdb) gel	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Olpruva (sodium phenylbuturate) granules for suspension	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Rebyota (fecal microbiota, live-jslm) kit	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Sezaby (phenobarbital) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Tascenso ODT (fingolimod) 0.5 mg tablet	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Turalio (pexidartinib) 125 mg cap	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Vivimusta (bendamustine) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0

New FDA Indications			
Drug Name	Decision	Discussion	Vote Count
	All Lines of Business (Where applicable)		
Actemra (tocilizumab) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Avycaz (ceftazidime/avibactam) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Brexafemme (ibrexafungerp) tablet	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Dupixent (dupilumab)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Ibrance (palbociclib) capsules	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Liletta (levonorgestrel)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Pemfexy (pemetrexed) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Precedex (dexmedetomidine)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0

Rinvoq (upadacitinib) tab	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Rubraca (rucaparib)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Tecentriq (atezolizumab) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Trulicity (dulaglutide)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Tymlos (abaloparatide)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Udenyca (pegfilgrastim-cbqv) injection	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Vraylar (cariprazine)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Wegovy (semaglutide) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Xeloda (capecitabine) tablets	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0
Zejula (niraparib) caps	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 10 Change- 0

DURs	
	Discussion
Medicare	None
PA Medicaid	
DE Medicaid	

Formulary Review & Revisions				
PA Medicaid				
Drug Name	Recommendation	Decision	Discussion	Vote Count
None	Add to formulary	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Do Not Add	None	Add- 10 Do Not Add-0

Formulary Review & Revisions				
DE Medicaid				
Drug Name	Recommendation	Decision	Discussion	Vote Count

Lactic Acid Lactic acid (ammonium lactate) cream 12%	Add to formulary	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Do Not Add	None	Add- 10 Do Not Add-0
Lactic acid (ammonium lactate) lotion 12%	Add to formulary	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Do Not Add	None	Add- 10 Do Not Add-0

Formulary Review & Revisions**Medicare**

Drug Name	Recommendation	Decision	Discussion	Vote Count
Jynneos Suspension for Injection Tasimelteon capsule Pirfenidone capsule Penciclovir cream	Add to formulary	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Do Not Add	None	Add- 10 Do Not Add- 0
Hetlioz (tasimelteon) capsule Esbriet (pirfenidone) capsule Denavir (penciclovir) cream	Remove from formulary	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Do Not Remove	None	Remove- 10 Do Not Remove-0

Policies**Medicare Part D (pharmacy)**

Policy Name	New/Revision	Decision (vote is for all new and revised policies)	Discussion
Auvelity (dextromethorphan/bupropion)	<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Policy Revision	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Rinvoq (upadacitinib) Vemlidy (tenofovir alafenamide) Benlysta IV & SQ (belimumab)	<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Policy Revisions	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None

Medicare Part B (medical)

Skysona (elivaldogene autotemcel) Zynteglo (betibeglogene autotemcel) Spevigo (spesolimab-sbzo) Stimufend (pegfilgrastim-fpgk) Rolvedon (eflapegrastim-xnst) Fynetra (pegfilgrastim-pbbk) Vegzelma (bevacizumab-adcd) Tzield (teplizumab-mzwv) Hemgenix (etranacogene dezaparvovec-drlb) Leqvio (inclisiran)	<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Policy Revision	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
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Evkeeza (evinacumab-dgnb) Benlysta IV (belimumab) Adakveo (crizalizumab-tmca) Zulresso (brexanolone)	<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Policy Revisions	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Medicare Operational Policies			
Coverage Determinations and Exceptions Toll-Free Pharmacy Call Center Medication Therapy Management Program (MTMP) Lost, Dropped, Stolen Medications Pharmacy Oversight of Marketing Materials Patient Safety Analysis Medication Adherence Measures Program Audit Preparedness	<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Policy Revision	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None

Policies			
PA Medicaid			
Policy Name	New/Revision	Decision (vote is for all new and revised policies)	Discussion
Relyvrio (sodium phenylbutyrate and taurursodiol) Tzield (teplizumab-mzwv)	<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Policy Revision	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Cough and Cold Medications for Children less than 4 Gene Therapy Agents Alzheimer's Anti-amyloid Monoclonal Antibodies Continuous Glucose Monitor Systems Formulary Management Non-Formulary Medication and Medications Requiring Medical Necessity Review Palfordia (peanut allergen powder) Quantity Limits - Jan 2023 Sublingual Allergy Immunotherapy (SLIT) Zulresso (brexanolone)	<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Policy Revisions	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Avastin (bevacizumab) Leqvio (inclisiran)	<input checked="" type="checkbox"/> Retire	<input checked="" type="checkbox"/> Approve Retirement <input type="checkbox"/> Do Not Approve Retirement	None
PA Medicaid Operational Policies			
Prior Authorization of Outpatient Drugs Formulary Management Clinical Policy Development Process Refill Too Soon Overrides Continuity of Care COVID-19 OTC At-Home Test Coverage PA Pharmacy Payment Methodology	<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Policy Revisions	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None

Policies

DE Medicaid			
Policy Name	New/Revision	Decision (vote is for all new and revised policies)	Discussion
Relyvrio (sodium phenylbutyrate and taurursodiol) Tzield (teplizumab-mzwv)	<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Policy Revision	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Cough and Cold Medication in Children IV/Injectable Iron Medications Gene Therapy Agents Alzheimer's Anti-amyloid Monoclonal Antibodies Antipsychotics for Children Younger than 18 Years of Age Asthma and Allergy Biologics Continuous Glucose Monitoring Systems Formulary Management Non-Formulary/Non-Preferred Medication/Medical Necessity Palforzia (peanut allergen powder) PCSK9 inhibitors (Leqvio and Evkeeza) Quantity Limits - Jan 2023 Sickle Cell Agents Spravato (esketamine) Sublingual Allergy Immunotherapy (SLIT) Topical Immunomodulators Zulresso (brexanolone)	<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Policy Revisions	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Avastin (bevacizumab) Evkeeza (evinacumab-dgnb) Leqvio (inclisiran)	<input checked="" type="checkbox"/> Retire	<input checked="" type="checkbox"/> Approve Retirement <input type="checkbox"/> Do Not Approve Retirement	None
DE Medicaid Operational Policies			
Health Related Social needs (HRSN) Program Pharmacy Regulatory Reporting	<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Policy Revision	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Prior Authorization of Drugs Drug Utilization Review (DUR) Program PBM Oversight Inclusions Exclusions Exceptions Clinical Pharmacy Prior Authorization Process Pharmacy Member Portal Prescription Cost Sharing COVID-19 OTC At-Home Test and Oral Antiviral Coverage	<input type="checkbox"/> New Policy <input checked="" type="checkbox"/> Policy Revisions	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Final Discussion			
None			

Next Meeting Date: May 18, 2023
Time Meeting Adjourned: 5:31 pm

[REDACTED]

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