Attendance

[redacted]

Call to Order: 5:00pm

Approval of Minutes

Discussion	Action
February minutes – votes	10 Votes - accepted
Old Business: • April ad-hoc **New Business:** • None	No Discussion

New Products

Drug Name	Decision All Lines of Business (Where applicable)	Discussion	Vote Count
Quviviq (daridorexant) tablet	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Vabysmo (faricimab-svoa) injection	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Camzyos (mavacamten) capsule	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Ztalmy (ganaxolone) suspension	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Enjaymo (sutimlimab-jome) IV	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0

Pyrukynd (mitapivat) tablet	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Vonjo (pacritinib) capsule	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Cibinqo (abrocitinib) tablet	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 12 Do Not Add- 0
Pluvicto (lutetium Lu 177 vipivotide tetraxetan) injection	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0

Abbreviated New Products

Drug Name	Decision All Lines of Business (Where applicable)	Discussion	Vote Count
Acuvue Theravision with ketotifen	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Adlarity (donepezil) transdermal system	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Alymsys (bevacizumab-maly) IV	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Aspruzyo Sprinkle (ranolazine) ER granule	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Citalopram capsule	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Cuvrior (trientine tetrahydrochloride) tablet	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Dolutegravir, lamivudine, tenofovir alafenamide tab for susp	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Epsolay (benzoyl peroxide) cream	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0

Fleqsuvy (baclofen) oral suspension	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Igalmi (dexmedetomidine) SL film	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Nalmefene hydrochloride injection	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Nucala (mepolizumab) SQ	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Ozempic (semaglutide) SQ	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Releuko (filgrastim-ayow) injection	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Tlando (testosterone undecanoate) capsule	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Triumeq Pd tab for susp	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Vijoice (alpelisib) tab	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0
Xelstrym (dextroamphetamine) transdermal	☐ Must Add ☒ May Add ☐ Do Not Add	None	Must Add- 0 May Add- 10 Do Not Add- 0

New FDA Indications

Drug Name	Decision All Lines of Business (Where applicable)	Discussion	Vote Count
Actemra (tocilizumab) IV	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Fintepla (fenfluramine) oral soln	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Jardiance (empagliflozine) tablet	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Keytruda (pembrolizumab) IV	☒ No Change ☐ Change	None	No Change- 10 Change- 0

Lynparza (olaparib) tablet	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Methotrexate injection	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Nucala (mepolizumab) SQ	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Opdivo (nivolumab) IV	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Rinvoq (upadacitinib) tablet	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Skyrizi (risankizumab-rzaa) SQ	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Solosec (secnidazole) granules	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Ultomiris (ravulizumab-cwvz) IV	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Veklury (remdesivir) IV	☒ No Change ☐ Change	Expanded indication now also includes patients who are not hospitalized and have mild-moderate COVID-19 and are at high risk for progression to severe COVID-19.	No Change- 10 Change- 0
Vonvendi (von Willebrand factor) IV	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Xigduo XR (dapagliflozin/metformin) tablet	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Yescarta (axicabtagene) IV	☒ No Change ☐ Change	None	No Change- 10 Change- 0
Zerbaxa (ceftolozane and tazobactam) IV	☒ No Change ☐ Change	None	No Change- 10 Change- 0

DURs

	Discussion
Medicare	None
PA Medicaid	
DE Medicaid	

Formulary Revisions

PA Medicaid

Drug Name	Recommendation	Decision	Discussion	Vote Count
None	Add to formulary	☒ Add ☐ Do Not Add		Add- Do Not Add-

Condylox gel 5%	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0
Podophyllin resin powder	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0
Podocon solution	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0
Nutritional supplements	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0
Infant foods	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0
Wound dressings cream, gel and pads	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0
Soap, cleansers, liniments	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0
Brand Ecotrin 325mg DR tab	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0
Aspirin 600mg sup, 500mg tab, 500mg DR tab	Remove from formulary	☒ Remove ☐ Do Not Remove		Remove- 10 Do Not Remove-0

Formulary Revisions

DE Medicaid

Drug Name	Recommendation	Decision	Discussion	Vote Count
None	Add to formulary	☒ Add ☐ Do Not Add	None	Add- Do Not Add-
Condylox gel 5%	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0
Podophyllin resin powder	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0
Podocon solution	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0
Nutritional supplements	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0
Wound dressings cream gel and pads	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0
Soaps, cleansers, liniments	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0

Formulary Revisions

Medicare

Drug Name	Recommendation	Decision	Discussion	Vote Count
Brimonidine/timolol ophthalmic solution	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Hydroxychloroquine 100 and 300mg	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Glycopyrrolate tablets	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Esomeprazole	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Olmesartan/HCTZ	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Mometasone nasal spray	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Dificid tab & suspension	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Posaconazole tablet	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Amphotericin B liposome	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Lacosamide	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Lenalidomide	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
Basaglar insulin	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0
brand Combigan	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0
brand Ambisome	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0
brand Vimpat	Remove from formulary	☒ Remove ☐ Do Not Remove	None	Remove- 10 Do Not Remove-0
2023 Changes: Bafiertam, Baqsimi, Basaglar, Butrans, Dificid, Dupixent, esomeprazole, Fasenra, Gvoke, hydrochlorothiazide-olmesartan, Igalmi, Kerendia, lacosamide, lenalidomide, Lokelma, mometasone furoate nasal, naloxone nasal, Otezla, posaconazole, potassium chloride packets, prasugrel, Vemlidy, Vonjo, Vumerity, Xiidra, Ztalmy	Add to formulary	☒ Add ☐ Do Not Add	None	Add- 10 Do Not Add- 0

2023 Changes: Azopt, cephalexin tab, Chantix, apo-verenicline, Combigan, Coumadin, Dexilant, doxycycline 75 and 150 cap, Durezol, Elidel, Fulphila, Gammaked, ketoconazole, ketoprofen, Mozobil, mupirocin cream, naproxen susp, Narcan nasal, Nitro-DUR, Nivestym, Nucala, Pentam, Sporanox, Stelara, Toviaz, Trulance, Tygacil, Udenyca, Vandazole gel, Ventavis, Vimpat, Viramune susp, Zepatier	Remove from formulary	☒ Remove ☐ 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
Apremilast (Otezla) Benralizumab (Fasenra) Dexmedetomidine (Igalmi) Diroximel fumarate (Vumerity) Dupilumab (Dupixent) Ganazolone (Ztalmy) Lamivudine (Epivir-HBV) Mitapivat (Pyrukynd) Monomethylfumarate (Bafiertam) Sirolimus (Hyftor) 2% gel Sucroferric oxyhydroxide (Velphoro) Tenofovir alafenamide (Vemlidy)	☒ New Policy ☐ Policy Revision	☒ Approve as Written ☐ Do Not Approve as Written	None

Nucala Oxbryta Bentyl Zepatier Mavyret Harvoni Vosevi Epclusa Xeljanz Rinvoq Soriatane Praluent Prolastin Zemaira Rezurock Carbaglu Sympazan Dronabinol Fintepla Transmucosal fentanyl Auryxia Givlaari Lidocaine patch Orkambi Demerol Xatmap Zyprexa Relprevv Invega Sustenna Nuplazid Banzel Jakafi Kuvan Xermelo Jynarque Stelara Humira Enbrel Renflexis Inflectra Taltz Skyrizi Ubrelvy	☐ New Policy ☒ Policy Revisions	☒ Approve as Written ☐ Do Not Approve as Written	None

Cayston Briviact Onfi Human chorionic gonadotropin (HCG) Fycompa	☒ Retire	☒ Approve Retirement ☐ Do Not Approve Retirement	
Medicare Part B (medical)			
Faricimab-svoa (Vabysmo) Lonapegsomatropin-tcgd (Skytrofa) Ranibizumab-nuna (Byooviz) Ranibizumab (Susvimo)	☒ New Policy ☐ Policy Revision	☒ Approve as Written ☐ Do Not Approve as Written	None

Teprotumumab-trbw (Tepezza) Crizalizumab-tmca (Adakveo) Eculizumab (Soliris) Inebilizumab-cdon (Uplizna) Ravulizumab-cwvz (Ultomiris) Satralizumab-mwge (Enspryng) Benralizumab (Fasenra) Mepolizumab (Nucala) Omalizumab (Xolair) Reslizumab (Cinqair) Pegfilgrastim (Neulasta) Pegfilgrastim-apgf (Nyvepria) Pegfilgrastim-bmez (Ziextenzo) Pegfilgrastim-cbqv (Udenyca) Pegfilgrastim-jmdb (Fulphila) Filgrastim (Neupogen) Filgrastim-aafi (Nivestym) Filgrastim-sndz (Zarxio) Sargramostim (Leukine) TBO-filgrastim (Granix) Abatacept (Orencia) Certolizumab pegol (Cimzia) Golimumab (Simponi Aria) Infliximab (Remicade) Infliximab-abda (Renflexis) Infliximab-axxq (Avsola) Infliximab-dyyb (Inflectra) Infliximab-qbtx (Ixifi) Tildrakizumab-asmn (Ilumya) Tocilizumab (Actemra) Ustekinumab (Stelara) Vedolizumab (Entyvio) Darbepoetin alfa (Aranesp) Epoetin alfa (Epogen) Epoetin alfa (Procrit) Epoetin alfa-epbx (Retacrit) Methoxypolyethylene glycol-epoetin beta (Mircera) Porfimer sodium (Photofrin) Rituximab (Rituxan) Rituximab/hyaluronidase (Rituxan Hycela) Rituximab-abbs (Truxima) Rituximab-arrx (Riabni) Rituximab-pvvr (Ruxience) Aflibercept (Eylea) Brolucizumab-dbll (Beovu) Pegaptanib octasodium (Macugen)	☐ New Policy ☒ Policy Revisions	☒ Approve as Written ☐ Do Not Approve as Written	None

Ranibizumab (Lucentis) Verteporfin (Visudyne) Agalsidase beta (Fabrazyme) Bevacizumab (Avastin) Bevacizumab-awwb (Mvasi) Bevacizumab-bvzr (Zirabev)			
Medicare Operational Policies			
DUM Programs P&T Part D Reporting Submissions Pharmacy Oversight of Marketing Materials Program Audit Preparedness	☐ New Policy ☒ Policy Revision	☒ Approve as Written ☐ Do Not Approve as Written	None

Policies

PA Medicaid

Policy Name	New/Revision	Decision (vote is for all new and revised policies)	Discussion
Adbry (tralokinumab- ldrm) Cibinqo (abrocitinib) Leqvio (inclisiran) Tezpire (tezepelumab-ekko) Vyvgart (efgartigimod alfa-fcab)	☒ New Policy ☐ Policy Revision	☒ Approve as Written ☐ Do Not Approve as Written	None
Non-Formulary Medications and Medical Necessity Review Rituxan and biosimilars Tepezza (teprotumumab-trbw)	☐ New Policy ☒ Policy Revisions		None
PA Medicaid Operational Policies			
COVID-19 At Home Test Coverage Drug Utilization Review (DUR) Program Pharmacy Copays	☐ New Policy ☒ Policy Revisions	☒ Approve as Written ☐ Do Not Approve as Written	COVID-19 at home test coverage: policy exists to ensure we are meeting state requirement and aligning all MCOs.

Policies

DE Medicaid

Policy Name	New/Revision	Decision (vote is for all new and revised policies)	Discussion
Leqvio Vyvgart (efgartigimod alfa-fcab)	☒ New Policy ☐ Policy Revision	☒ Approve as Written ☐ Do Not Approve as Written	None

Asthma and Allergy Biologics Cytokine and CAM Antagonists Erythropoiesis Stimulating Agents Fabry Disease Medications Hepatitis C Agents Macular Degeneration Agents Non-Formulary/Non-Preferred Medication/Medical Necessity Review PCSK9 Inhibitors Rituxan (rituximab) Sickle Cell Agents Tepezza (teprotumumab-trbw)	☐ New Policy ☒ Policy Revisions		None
Dupixent (dupilumab) Regranex (becaplermin) Xolair (omalizumab)	☒ Retire		None
DE Medicaid Operational Policies			
None	☐ New Policy ☒ Policy Revisions	☒ Approve as Written ☐ Do Not Approve as Written	None

Final Discussion
None
Next Meeting Date: August 4, 2022
Time Meeting Adjourned: 5:30pm

Respectfully Submitted:

[redacted]