

Attendance

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Call to Order: 5:05pm**Approval of Minutes**

Discussion	Action
August minutes – votes	11 Votes - accepted
Old Business: <ul style="list-style-type: none"> None 	No Discussion
New Business: <ul style="list-style-type: none"> None 	

New Products

Drug Name	Decision	Discussion	Vote Count
	All Lines of Business (Where applicable)		
Zynteglo (betibeglogene autotemcel) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Skysona (elivaldogene autotemcel) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	[REDACTED]: do we need to cover these given how expensive they are? [REDACTED]: these are very rare conditions and we have policies to limit use for the gene therapies.	Must Add- 0 May Add- 11 Do Not Add- 0
Omlonti (omidenedapag isopropyl) ophthalmic drops	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Lytgobi (futibatinib) tab	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Spevigo (spesolimab-sbzo) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0

Sotyktu (deucravacitinib) tab	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Relyvrio (sodium phenylbutyrate and taurursodiol) packet	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	[REDACTED], it doesn't sound like this is very effective based on the rating scale. How does this compare to the other drugs? [REDACTED]: Radicava had similar efficacy and impact on the ALS rating scale.	Must Add- 0 May Add- 11 Do Not Add- 0
Xenpozyme (olipudase alfa-rpcp) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0

Abbreviated New Products			
Drug Name	Decision	Discussion	Vote Count
	All Lines of Business (Where applicable)		
Aponvie (aprepitant) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Auvelity (dextromethorphan hydrobromide, bupropion) ER tab	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Calquence (acalabrutinib) tablet	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Cimerli (ranibizumab-eqrn) injection	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Daxxify (daxibotulinumtoxinA-lanm) injection	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Furoscix (furosemide) injection	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Hadlima (adalimumab-bwwd) SQ	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Ithezo (chloroprocaine) ophthalmic gel	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Juvederm Volux XC (hyaluronic acid) injectable gel	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0

Kovnomep (omeprazole, sodium bicarbonate) susp	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Kyzatrex (testosterone undecanoate) cap	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Midazolam 10mg/0.7ml autoinjector	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Pedmark (sodium thiosulfate) injection	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Pheburane (sodium phenylbuturate) oral pellets	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Rolvedon (eflapegastim-xnst) injection	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Stimufend (pegfilgrastim-fpgk) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Tadliq (tadalafil) suspension	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Tascenso ODT (fingolimod) tablet	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Terlivaz (terlipressin) injection	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 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- 11 Do Not Add- 0
Ultomiris (eculizumab) SQ	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Vegzelma (bevacizumab-adcd) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
Xofluza (baloxavir marboxil) 2% granules for oral suspension	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0

Zoryve (roflumilast) cream	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	None	Must Add- 0 May Add- 11 Do Not Add- 0
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New FDA Indications			
Drug Name	Decision	Discussion	Vote Count
	All Lines of Business (Where applicable)		
Abrilada (adalimumab-afzb) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Amjevita (adalimumab-atto) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Benlysta (belimumab) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Boostrix (tetanus, diphtheria, acellular pertussis (Tdap) vaccine	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Diacomit (stiripentol) susp	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Dupixent (dupilumab) injection	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Enhertu (fam-trastuzumab-deruxtecan-nxki) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Firdapse (amifampridine) tablet	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Hadlima (adalimumab – bwwd)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Hyrimoz (adalimumab-adaz) injection	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Imbruvica (ibrutinib) tab/cap	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Imfinzi (durvalumab) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Lyumjev (insulin lispro-aabc) injection	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Mirena (levonorgestrel-releasing intrauterine system)	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0

Myfembree (relugolix, estradiol, and norethindrone acetate) tab	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Nubeqa (darolutamide) tab	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Opzelura (ruxolitinib) cream	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Orkambi (ivacaftor/lumacaftor) oral granule	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Oxlumo (lumasiran) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Pemazyre (pemigatinib) tab	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Rebinyn (coagulation factor IX [recombinant], GlycoPEGylated) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Retevmo (selpercatinib) caps	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Stelara (ustekinumab) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Vemlidy (tenofovir alafenamide) tablet	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Xofluza (baloxavir marboxil) tab/susp	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0

DURs	
	Discussion
Medicare	██████████: What was the tramadol DUR? Andrea Keck: appeals were assessed to see why they were denied & then overturned and found that many lacked appropriate information. Provider education was created.
PA Medicaid	
DE Medicaid	

Formulary Review & Revisions				
PA Medicaid				
Drug Name	Recommendation	Decision	Discussion	Vote Count
Omnipod Pod Pals	Add to formulary	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Do Not Add	None	Add- 11 Do Not Add-0

Excluded specialty vitamin products and vitamin mixtures	Remove from formulary	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Do Not Remove	None	Remove- 11 Do Not Remove-0
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Formulary Review & Revisions**DE Medicaid**

Drug Name	Recommendation	Decision	Discussion	Vote Count
Omnipod Pod Pals Sodium phenylbutyrate 500mg tab and powder	Add to formulary	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Do Not Add	None	Add- 11 Do Not Add-0
Excluded specialty vitamin products, vitamin mixtures, and natural products	Remove from formulary	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Do Not Remove	None	Remove- 11 Do Not Remove-0

Formulary Review & Revisions**Medicare**

Drug Name	Recommendation	Decision	Discussion	Vote Count
Omnipod Pod Pals Caplyta 10 and 21mg Quetiapine 150mg tab Priorix Vaccine Skyrizi SQ	Add to formulary	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Do Not Add	None	Add- 11 Do Not Add- 0
Clindamycin-P (clindamycin phosphate 1%) swab	Remove from formulary	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Do Not Remove	None	Remove- 11 Do Not Remove-0

Policies**Medicare Part D (pharmacy)**

Policy Name	New/Revision	Decision (vote is for all new and revised policies)	Discussion
None	<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
Nuvigil Provigil Skyrizi Xyrem	<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
None	<input checked="" type="checkbox"/> Retire	<input checked="" type="checkbox"/> Approve Retirement <input type="checkbox"/> Do Not Approve Retirement	None

Medicare Part B (medical)

Cimerli Skyrizi Xenpozyme	<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
Aralast NP Crysvita Elaprase Glassia Kalbitor Krystexxa Mepsevii Naglazyme Prolastin Remodulin Ruconest Tyvaso Ventavis Vimizim Voxzogo Xiaflex Zemaira	<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			
Delegate Oversight Handling Part D Drug Recalls, Discontinuations, and Shortages Opioid Management Strategy Program Oversight of PBM Parts B Versus D Medication Coverage	<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
None	<input checked="" type="checkbox"/> Retire	<input checked="" type="checkbox"/> Approve Retirement <input type="checkbox"/> Do Not Approve Retirement	None

Policies			
PA Medicaid			
Policy Name	New/Revision	Decision (vote is for all new and revised policies)	Discussion
Skysona Xenpozyme	<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

Aduhelm Alpha-1 Proteinase Inhibitors Crysvita Enzyme Replacement Therapy, Pompe Disease Gattex Immune Globulin Products Isturisa Myalept Neudexta Onpattro, Tegsedi, and Amvuttra Phenylketonuria Medications PAH Injectable Agents Qbrexza Quantity Limits Strensiq Sucraid Vyndaqel and Vyndamax Xiaflex Xywav	<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
PA Medicaid Operational Policies			
Clinical Policy Development Process Direct Member Reimbursement Pharmacy & Therapeutics Committee Pharmacy Access During Disasters Pharmacy Auxiliary Services Pharmacy Benefit Setup Pharmacy Care Coordination with BH-MCOs Pharmacy Copays Pharmacy Member Portal Recipient Restriction Program Second Level PBM Provider Pricing Dispute Resolution Process Specialty Pharmacy Program Split Fill Program	<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
Skysona Xenpozyme	<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

Aduhelm Alpha-1 Proteinase Inhibitors Antihemophilia agents and blood factor products Anti-Obesity Agents CGRP Inhibitors and Serotonin (5-HT) _{1F} Receptor Agonists Carisoprodol Chronic GI Motility Medications Cinacalcet Crysvita Cytokine and CAM Antagonists Enzyme Replacement Therapy, Pompe Disease Gattex Growth Hormone Hereditary Angioedema Agents Hyperkalemia Agents Immune Globulin Products Isturisa Krystexxa Lidoderm 5% Topical Patch Lyrica Marinol Myalept Neudexta Onpattro, Tegsedi, and Amvuttra Oral Isotretinoin Agents OriaHnn and Myfembree Phenylketonuria Medications Phosphate Binders Provigil and Nuvigil PAH Agents Qbrexza Quantity Limit and Dose Optimization Ravicti Stimulant Medications Strensiq Topical Immunomodulators Vyndaqel and Vyndamax Xiaflex Xifaxan Xywav and Xyrem	<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
Vyvanse to treat Binge Eating Disorder	<input checked="" type="checkbox"/> Retire	<input checked="" type="checkbox"/> Approve Retirement <input type="checkbox"/> Do Not Approve Retirement	None
DE Medicaid Operational Policies			
HHO Pharmacy – Health Related Social Needs 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

Clinical Pharmacy Prior Authorization Process Continuity of Care of Pharmaceutical Services COVID-19 OTC At-home Test and Oral Antiviral Coverage Disasters Drug Utilization Reviews Formulary Management Inclusions, Exclusions, and Exceptions Medication Therapy Management PBM Oversight Pharmacy & Therapeutics Committee Pharmacy and PCP Lock-in Program Pharmacy Audit of Denial Decisions Pharmacy Coding Requests Pharmacy Denial System Controls Pharmacy Member Portal Pharmacy Provider Call Center Accessibility Prescription Cost Sharing Prior Authorization of Drugs Refill Too Soon Overrides Specialty Pharmacy Program	<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
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Final Discussion

None

Next Meeting Date: February 2, 2023**Time Meeting Adjourned:** 5:33 pm