

**Attendance****Members present:** [REDACTED]**Guests:** [REDACTED]**Presenters:** [REDACTED]**Minute Recorder:** [REDACTED]**Call to Order:** 5:02 pm**Approval of Minutes**

| Discussion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Action              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| February minutes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13 Votes - accepted |
| <b>Old Business:</b> <ul style="list-style-type: none"><li>April Ad-hoc vote results:</li><li>11 Votes "May Add" for New Products:<ul style="list-style-type: none"><li>Blujepa (gepotidacin)</li><li>Datroway (datopotamab deruxtecan-dlnk)</li><li>Gomekli (mirdametinib)</li><li>Grafapex (treosulfan)</li><li>Romvimza (vimseltinib)</li></ul></li><li>11 Votes "No Change" for meds with new indications:<ul style="list-style-type: none"><li>Calquence (acalabrutinib)</li><li>Lumakras (sotorasib)</li><li>Vectibix (panitumumab)</li></ul></li></ul> <b>New Business:</b> <ul style="list-style-type: none"><li>None</li></ul> | No Discussion       |

**New Products**

| Drug Name                                                       | Decision                                                                                                                | Discussion | Vote Count                                  |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------|
|                                                                 | All Lines of Business<br>(Where applicable)                                                                             |            |                                             |
| Encelto (revakinagene tarorectel-<br>lwey) intravitreal implant | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |

|                               |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Journavx (suzetrigine) tablet | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | <p>██████ had a question about the may add and if it will be added to the formulary. ██████ responded that it is still in discussion and no decision has been made. ██████ commented that we should keep an open mind and revisit discussion given how it is safe and somewhat efficacious. ██████ commented that a lot of patients didn't get pain relief until they started on ibuprofen. The patients got more pain relief on the ibuprofen.</p> | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Qfitla (fitusiran) IV         | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None                                                                                                                                                                                                                                                                                                                                                                                                                                                | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Vanrafia (atrasentan) tablet  | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None                                                                                                                                                                                                                                                                                                                                                                                                                                                | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |

| Abbreviated New Products              |                                                                                                                         |            |                                             |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------|
| Drug Name                             | Decision                                                                                                                | Discussion | Vote Count                                  |
|                                       | All Lines of Business<br>(Where applicable)                                                                             |            |                                             |
| Arbli (losartain) suspension          | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Avtozma (tocilizumab-anoh) injection  | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Bomyntra (denosumab-bnht) injection   | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Brynovin (sitagliptin) oral solution  | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Conexxence (denosumab-bnht) injection | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Cortrophin Gel prefilled syringe      | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Ctexli (chenodial) tablet             | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Denosumab-dssb injection              | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None       | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |

|                                          |                                                                                                                         |      |                                             |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------|
| Emblaveo (aztreonam and avibactam)       | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Evrysdi (risdiplam) tablet               | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Gabarone (gabapentin) tablet             | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Hemiclor (chlorthalidone) tablet         | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Inzirgo (hydrochlorothiazide) suspension | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Jaythari (deflazacort) tablet            | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Jobevne (bevacizumab-nwgd) injection     | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Livmarli (maralixibat) tablet            | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Lopressor (metoprolol) oral solution     | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Merilog (insulin aspart-sjzz)            | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Miudella (copper intrauterine system)    | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Omlyclo (omalizumab-igec) SQ             | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Onapgo (apomorphine)                     | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Osenvelt (denosumab-bmwo) injection      | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |

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| Ospomyv (denosumab-dssb) injection  | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Stoboclo (denosumab-bmwo) injection | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Symbravo (meloxicam/rizatriptan)    | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Vykat XR (diazoxide choline) tablet | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |
| Xbryk (denosumab-dssb) injection    | <input type="checkbox"/> Must Add<br><input checked="" type="checkbox"/> May Add<br><input type="checkbox"/> Do Not Add | None | Must Add- 0<br>May Add- 13<br>Do Not Add- 0 |

| New FDA Indications                                 |                                                                                  |            |                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------|------------|----------------------------|
| Drug Name                                           | Decision                                                                         | Discussion | Vote Count                 |
|                                                     | All Lines of Business<br>(Where applicable)                                      |            |                            |
| Adcetris (brentuximab) injection                    | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Amvuttra (vutrisiran)                               | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Baqsimi (glucagon)                                  | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Cabometyx (cabozantinib)                            | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Dextenza (dexamethasone) ophthalmic insert          | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Dupixent (dupilumab) injection                      | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Eliquis (apixaban) tablet                           | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Enhertu (fam-trastuzumab deruxtecan-nxki) injection | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Fabhalta (iptocapan)                                | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |
| Furoscix (furosemide) injection                     | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None       | No Change- 13<br>Change- 0 |

|                                                                  |                                                                                  |      |                            |
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| Galzin (zinc acetate) capsule                                    | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Gvoke VialDx (glucagon)                                          | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Ibrance (palbociclib) capsule                                    | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Iluvien (fluocinolone acetonide) intravitreal                    | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Imfinzi (durvalumab)                                             | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Imfinzi (durvalumab) injection                                   | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Isturisa (osilodrostat)                                          | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Izervay (avacincapted pegol) intravitreal                        | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Moxidectin tablet                                                | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Neffy (epinephrine) nasal spray                                  | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Odactra (house dust mite allergen extract)                       | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide) tablet | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| OmvoH (mirakizumab-mrkz) injection                               | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Opdivo (nivolumab) injection                                     | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Ozempic (semaglutide) injection                                  | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Pluvicto (lutetium Lu 177 vipivotide tetraxetan)                 | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Posfrea (palonosetron) injection                                 | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Prezcobix (darunavir/cobicistat)                                 | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |

|                                           |                                                                                  |      |                            |
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| Rivfloza (nedosiran)                      | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Sivextro (tedizolid phosphate)            | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Soliris (eculizumab) injection            | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Spravato (esketamine) nasal spray         | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Sublocade (buprenorphine ER)              | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Susvimo (ranibizumab) injection           | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Synjardy<br>(empagliflozin/metformin)     | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Tevimbra (tislelizumab-jsgr)<br>injection | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| TNKase (Tenecteplase) injection           | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Tremfya (guselkumab)                      | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Tyenne (tocilizumab-aazg)                 | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Uplizna (inebilizumab-cdon)               | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Valtoco (diazepam) nasal spray            | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Welireg (belzutifan) tablet               | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |
| Yervoy (ipilimumab) injection             | <input checked="" type="checkbox"/> No Change<br><input type="checkbox"/> Change | None | No Change- 13<br>Change- 0 |

**DURs**

|             | Discussion |
|-------------|------------|
| PA Medicaid | None       |

**Formulary Review & Revisions****PA Medicaid**

| Drug Name | Recommendation | Decision | Discussion | Vote Count |
|-----------|----------------|----------|------------|------------|
|-----------|----------------|----------|------------|------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |        |      |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|------|----|
| Additions: BD Insulin syringes and AutoShield                                                                                                                                                                                                                                                                                                                                                                                                                                        | No change | Agreed | None | 13 |
| Deletions: Multivitamins that cost over \$50 per month, alprostadil injection, clemastine syrup, Ryclora solution, rituximab-abbs, rituximab-pvvr, Tabloid (thioguanine) 40mg tab, tretinoin 10mg cap, penicillamine 250mg tab, valproate sodium injection, sulfadiazine 500mg tab, Deet aerosol products (Off, Repel, Cutter insect repellents), Picaridin products (Natrappel, Sawyer), Permethrin 0.5% aerosol products (SM Bedding, Lice Bedding, Stop Lice, Bedding Spray, Rid) | No change | Agreed | None | 13 |

**Policies****PA Medicaid**

| Policy Name                                                                                                                                                                                                                                                                                                                                               | New/Revision                                                                               | Decision<br>(vote is for all policies)                                                                       | Discussion |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|
| Complement Inhibitors<br>Compounds<br>Daybue<br>Enspryng and Uplizna<br>Filspari<br>Gene Therapy Agents<br>Myasthenia Gravis Medications<br>Non-formulary/Medical Necessity<br>Oncology Medications, IV/Injectable<br>Palforzia<br>Quantity Limits<br>Rituxan<br>Selective Transthyretin (TTR) Stabilizers<br>Sublingual Allergy Immunotherapy<br>Tepezza | <input type="checkbox"/> New Policy<br><input checked="" type="checkbox"/> Policy Revision | <input checked="" type="checkbox"/> Approve as Written<br><input type="checkbox"/> Do Not Approve as Written | None       |

**PA Medicaid Operational Policies**

|                                                                                                      |                                                                                             |                                                                                                              |      |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|
| COVID-19 At-Home Test Coverage<br>Payment Methodology<br>PBM Oversight Recipient Restriction Program | <input type="checkbox"/> New Policy<br><input checked="" type="checkbox"/> Policy Revisions | <input checked="" type="checkbox"/> Approve as Written<br><input type="checkbox"/> Do Not Approve as Written | None |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|

| Final Discussion                  |
|-----------------------------------|
| None                              |
| Next Meeting Date: August 7, 2025 |
| Time Meeting Adjourned: 5:41pm    |

Respectfully Submitted:

[Redacted Signature]

Date: 5/15/2025

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