

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

Discussion	Action
November minutes	11 Votes - accepted
Old Business: <ul style="list-style-type: none"> December 2023 Ad-hoc Vote Results: 10 votes to Approve as written for all of the following: <ul style="list-style-type: none"> P&T Charter No change in PA and DE Medicaid Supplemental Formularies 	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)		
Zilbrysq (zilucoplan) 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
Adzynma (ADAMTS13, recombinant-krhn) 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
Loqtorzi (toripalimab-tpzi) 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
Augtyro (repotrectinib) 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

Ogsiveo (nirogacestat) 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
Velsipity (etrasimod) 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
OmvoH (mirikizumab-mrkz) IV/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
Agamree (vamorolone) oral 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
Fabhalta (iptacopan) cap	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	<p>██████ asked about vaccinations given the black box warning. ██████ responded that it is recommended for a complete or update vaccination for encapsulated bacteria at least 2 weeks prior to the first dose. In addition it is part of a REMS program as well.</p>	Must Add- 0 May Add- 11 Do Not Add- 0
Casgevvy (exagamglogene autotemcel) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	<p>██████ asked what the member would have to try and fail to get the drug since it seems like a great option. ██████ is going to follow up and respond back via email. ██████ stated the prevalence of SCD in PA and that it is an interesting drug.</p>	Must Add- 0 May Add- 11 Do Not Add- 0
Lyfgenia (lovotibeglogene autotemcel) IV	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	<p>██████ asked if the age of 12 was because of the clinical trial. ██████ responded that both agents were FDA approved at 12 y.o due to those enrolled in clinical trials. Anyone less than 12y.o. would be considered off-label and experimental.</p>	Must Add- 0 May Add- 11 Do Not Add- 0
Wainua (eplontersen) 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
Bimzelx (bimekizumab-bkzx) 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
Ryzneuta (efbemalenograstim alfa-wuxw) 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
Filsuvez (birch triterpenes) topical 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
Fruzaqla (fruquintinib) 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
Truqap (capivasertib) tablets	<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)		
Abacavir and Lamivudine Tablets for Oral Suspension	<input type="checkbox"/> Must Add <input checked="" type="checkbox"/> May Add <input type="checkbox"/> Do Not Add	<p>██████ asked about the wording of the formulation. ██████ responded that the tablets should be placed in the provided cup with 15-20 mL of drinking water (3 tablets can be placed in 15 mL but more than 3 tablets should be placed in 20 mL) and then swirl contents until tablets are completely dissolved and no lumps remain. After tablets are completely dissolved, the contents of the cup should be completely swallowed within 30 minutes. For children too young to drink from a cup, the contents of the cup may be drawn into a syringe and the medication given this way.</p>	Must Add- 0 May Add- 11 Do Not Add- 0
Alvaiz (eltrombopag) 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
Alyglo (immune globulin) 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
Avzivi (bevacizumab-tjnj) 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
Cabtreo (adapalene, benzoyl peroxide and clindamycin phosphate) topical 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
Combogesic (acetaminophen and ibuprofen) 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
Coxanto (oxaprozin) capsule	<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
iDose TR (travoprost) intracameral implant	<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
Iwilfin (eflornithine) 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
Ixchiq (chikungunya vaccine, live) 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

Penbraya (pentavalent meningococcal disease vaccine)	<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
Phyrago (dasatinib) 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
Qlosi (pilocarpine HCl) 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- 11 Do Not Add- 0
Rozlytrek (entrectinib) 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
Udenyca (pegfilgrastim-cbqv) on-body injector	<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
Voquezna (vonoprazan) 10 and 20 mg tablets	<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
Wezlana (ustekinumab-auub) IV & 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
Xphozah (tenapanor) 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
Zepbound (tirzepatide) 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
Zituvimet (metformin, sitagliptin) 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
Zituvio (sitagliptin) tablets	<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) 3% foam	<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
Zymfentra (infliximab-dyyb) 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

New FDA Indications

Drug Name	Decision	Discussion	Vote Count
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	All Lines of Business (Where applicable)		
Abacavir and Lamivudine Tablets for Oral Suspension	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Adbry (tralokinumab) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Cosentyx (secukinumab) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Cresemba (isavuconazonium sulfate) cap and IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Enbrel (etanercept) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Exparel (liposomal bupivacaine) injection	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Idacio (adalimumab-aacf) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Jaypirca (pirtobrutinib) tab	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Keytruda (pembrolizumab) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Orencia (abatacept) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Padcev (enfortumab) IV	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Rozlytrek (entrectinib) cap/pellet	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Tarpeyo (budesonide) capsules	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Tibsovo (ivosidenib) tabs	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Vabysmo (faricimab-svoa) intravitreal injection	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Voquezna (vonoprazan) tabs	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Voxzogo (vosoritide) SQ	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Welireg (belzutifan) tablet	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0

Wilate (von Willebrand Factor/Coagulation Factor VIII Complex [human])	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Xtandi (enzalutamide) cap/tab	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0
Yuflyma (adalimumab-aaty) injection	<input checked="" type="checkbox"/> No Change <input type="checkbox"/> Change	None	No Change- 11 Change- 0

DURs

	Discussion
PA Medicaid	None

Formulary Review & Revisions**PA Medicaid**

Drug Name	Recommendation	Decision	Discussion	Vote Count
None	Add	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Do Not Add	None	Add- 11 Do Not Add-0
None	Remove	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Do Not Remove	None	Remove- 11 Do Not Remove-0

Policies**PA Medicaid**

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
C5b and C3 Complement Inhibitors Gene Therapy Agents Myasthenia Gravis Medications Non-formulary Medications and Medical Necessity Review Palforzia Quantity Limits – January Sublingual Allergy Immunotherapy Zulresso and Zurzuva	<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

PA Medicaid Operational Policies			
None	<input checked="" type="checkbox"/> New Policy <input type="checkbox"/> Policy Revisions	<input checked="" type="checkbox"/> Approve as Written <input type="checkbox"/> Do Not Approve as Written	None
Clinical Policy Development Process Continuity of Care COVID-19 OTC At-Home Test Coverage Refill Too Soon Overrides	<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 23, 2024
Time Meeting Adjourned: 5:45 pm

Respectfully Submitted: