PHARMACY AND THERAPEUTICS COMMITTEE
MEDICAID/CHIP MEETING MINUTES
October 29, 2026

Attendance: *Microsoft Teams Meeting*
Dr. Paul Aitken, Medical Director; Vanessa Amilcar, Pharmacy Student Intern; Rojin Baniasadi, Pharmacy Resident; Kelly Bartolone, Staff/Clinical Pharmacist; Niki Bautista, Pharmacy Student Intern; Juby Benny, Pharmacy Student Intern; Gary Bledsoe, Staff/Clinical Pharmacist; Connie Chan, Staff/Clinical Pharmacist; Dr. Edgar Chou, Jefferson Health; Jerry Crawford, Staff/Clinical Pharmacist; Lauren Culbert, Pharmacy Student Intern; Danielle Dolores, Director Pharmacy Services; Dr. George E. Downs, Dean Emeritus and Professor, St. Joseph's University; Leah Finken, Clinical Programs Pharmacist; Sharon Ford, Staff/Clinical Pharmacist; Paul Goebel, Assistant Director Pharmacy, Jefferson Enterprise; Lauren Grantz, Administrator Outpatient Pharmacy Services, Jefferson Enterprise; Dr. Merleen Harris-Williams, Medical Director; Yelena Hedrick, Staff/Clinical Pharmacist; Gia Ho, Pharmacy Resident; Samantha Jackson, Formulary Pharmacist; Ruth John, Staff/Clinical Pharmacist; Sheenu Joseph, Staff/Clinical Pharmacist; Kaylei Koerwitz, Manager Pharmacy Operations and Clinical Programs; Dr. Tania Kolev, Medical Director; Hannah McCaffrey, Manager Pharmacy Regulations & Implementations; Derek McFerran, Vice President, Pharmacy Operations; Michele McKenna, Staff/Clinical Pharmacist; Lisa Murray, Staff/Clinical Pharmacist; Claudia Pinketti, Staff/Clinical Pharmacist; Ryan Prager, Staff/Clinical Pharmacist; Maryana Prokopets, Staff/Clinical Pharmacist; Julie Samuel, Clinical Programs Pharmacist; Heather Scheckner, Clinical Pharmacist, Jefferson Health; Mike Smikovecus, Staff/Clinical Pharmacist; Robert Spencer, Staff/Clinical Pharmacist; Shelley Staffa, Clinical Pharmacist; Justin Steffan, Staff/Clinical Pharmacist; Tara Swartz, Staff/Clinical Pharmacist; Michelle Tran, Pharmacy Resident; Dr. Frank Urbano, Medical Director; Fallan Vaisberg, Formulary Pharmacist; Reena Varghese, Staff/Clinical Pharmacist; Jeanine Zubrzycki, Staff/Clinical Pharmacist

Excused: *Dr. Neal Demp, Community Behavior Health; Kristen DeSorte, Staff/Clinical Pharmacist; Dr. Demian Elder, Medical Director; Hailey Fry, Centennial Pharmacy; Jessica Hoang-Le, Staff/Clinical Pharmacist; Lawrence Jones, Retired Executive Director, Pennsylvania Society of Health-System Pharmacists (PSHP); Brandi Mahler, Supervisor Pharmacy Technicians; Kateryna Puia, Clinical Programs Pharmacist; Sanjiv Raj, Associate VP Customer Engagement; Sara Sadiq, Staff/Clinical Pharmacist; Dr. Chris Squillaro, Medical Director, Magellan Behavioral Health*

Minutes taken by: Joana Iverson

I. Administrative Update

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING
Minutes Review/Approval	*D. Dolores presented the minutes from the August 2026 meeting to the Committee for review.*	*The Committee approved the minutes from our last meeting as presented.*	*D. Dolores*	*Resolved*

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING
Policies and Procedures	*D. Dolores presented an update on the annual review of Policies and Procedures* • *Pharmacy Prior Authorization* • *Pharmacy Operations and Responsibilities* • *Pharmacy Formulary Management* • *Immediate Need 5 Day and 15 Day* • *Drug Utilization Review* • *Recipient Restriction Program* • *Brand Medically Necessary/Generic First Policy*	*Informational*	*D. Dolores*	

II. 2026 Drug Formulary Review/Update

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING
2026 Non-PDL Prior Authorization Criteria Review	*The Committee reviewed the Non-PDL Prior Authorization criteria and approved as presented.* • *Bexarotene Gel* • *Camzyos* • *Corticotropin Injection Gel* • *Early Refills* • *Evrysdi* • *Gattex* • *Megestrol acetate (Megace ES)* • *Mifepristone* • *Non-Preferred Drug (Non-PDL)* • *Quantity Limit Exceptions* • *Strensiq* • *Tavneos* • *Vijoice* • *Voxzogo* • *Winrevair*	*The Committee approved as presented.*	*F. Vaisberg* *S. Staffa*	*Resolved*
Specialty Drug Additions	*The Committee reviewed the Specialty Drug Additions. The Committee approved as presented.* • *Pasatru 300mg/5mL injection* • *Tudriqev 1,000,000 unit/mL, 10,000,000 unit/mL injection* • *Zenbexus 0.75mg, 1mg capsules*	*The Committee approved as presented. It will be sent to PARP for approval.*	*F. Vaisberg*	*Resolved*

III. 2027 PDL Updates

Drugs moving or added to Preferred Status	*The Committee reviewed the Drugs moving or added to Preferred Status. The Committee approved as presented.* • *Owen Mumford Lancets*	*The Committee approved as presented. It will be sent to PARP for approval.*	*F. Vaisberg*	*Resolved*

	○ *Unilet* ○ *Unistik 3* ○ *Unistik 3 Extra* ○ *Unistik 3 Normal* • *Owen Mumford Pen Needles* ○ *Pentips* ○ *Unifine Pentips* ○ *Unifine Safecontrol* • *Trividia Lancets* ○ *Trueplus* ○ *Ultra Thin* • *Trividia Insulin Syringes* ○ *Trueplus* • *Accu-Chek Lancets* ○ *Accu-Chek Softclix* • *Trividia Health* ○ *Trueplus Pen Needles* • *Aranesp Syringe/Vial*[PA] • *Avtozma Autoinjector/Syringe/Vial*[PA] • *Bosunitinib tablet*[PA] • *Brukinsa tablet*[PA] • *Ciclopirox Shampoo* • *Eliquis Packet (Tablet for Suspension)* • *Eliquis Sprinkle Capsule* • *Enoby (denosumab-qbde 60 mg/mL) Syringe*[PA]*, Xtrenbo (denosumab-qbde 120 mg/1.7 mL) Vial*[PA] • *Ensacove capsule*[PA] • *Hernexeos tablet*[PA] • *Humalog Cartridge/Kwikpen/Tempo Pen/Vial 100 units/mL, Humalog Jr Kwikpen* • *Humalog Mix 75-25 Kwikpen, Humulin 70-30 Kwikpen* • *Hymovis Syringe/One Syringe*[PA] • *Ibtrozi capsule*[PA] • *Icosapent Ethyl Capsule* • *Isentress HD (raltegravir) Tablet* • *Jakafi XR tablet*[PA] • *Komzifti capsule*[PA] • *Koselugo sprinkle capsule*[PA] • *Lifyorli Dose Pack*[PA] • *Lokelma (sodium zirconium cyclosilicate) Powder Packet* • *Modeyso capsule*[PA] • *Nivestym (filgrastim-aafi) Syringe*[PA] • *Nivestym (filgrastim-aafi) Vial*[PA]			

<table>
<tr><td></td><td>Zurzuvae Capsule[PA]
Nufymco (ranibizumab-leyk) Vial[PA]
Omlyclo (omalizumab-igec) Syringe[PA]
Ozempic Tablet[PA], Wegovy Pen/Tablet[PA], Zepbound Kwikpen[PA]
Pavblu (aflibercept-ayyh) Syringe/Vial[PA]
Pazopanib tablet[PA]
Pifeltro Tablet
Prevymis Pellet Packet[PA]
Spravato (Nasal) Dose Pack[PA]
Starjemza Vial/Syringe[PA]
Sunlenca Tablet/Vial[PA]
Symtuza Tablet
Tafinlar tablet for suspension[PA]
Telmisartan-Hydrochlorothiazide Tablet
Tremfya One-Press Autoinjector/Pen/Syringe/Vial[PA]
Triluron Syringe[PA]
Trivisc Syringe[PA]
Vosevi Tablet[PA]
Yesafili (aflibercept-jbvf) Syringe[PA]
Yulithira tablet[PA]</td><td></td><td></td><td></td></tr>
<tr><td>Drugs moving to Non-Preferred Status (NPD drugs require PA)

Drug Name</td><td>The Committee reviewed the Drugs moving to Non-Preferred Status (NPD drugs require PA). The Committee approved as presented.

Alternative(s)</td><td>The Committee approved as presented. It will be sent to PARP for approval.</td><td>F. Vaisberg</td><td>Resolved</td></tr>
<tr><td>Adderall Tablet, Adderall XR Capsule</td><td>Dextroamphetamine-Amphetamine Tablet[AR<4y/o or ≥18y/o], Dextroamphetamine-Amphetamine ER Capsule[AR<4y/o or ≥18y/o]</td><td></td><td></td><td></td></tr>
<tr><td>All Lancets that are not Accu-Chek, Owen Mumford, or Trivida</td><td><u>Accu-Chek Lancets</u>
•Accu-Chek Softclix
<u>Owen Mumford Lancets</u>
•Unilet
•Unistik 3
•Unistik 3 Extra
•Unistik 3 Normal
Trividia Lancets
•Trueplus
•Ultra Thin</td><td></td><td></td><td></td></tr>
<tr><td>All Syringes and Pen Needles that are not Trivida or Owen</td><td><u>Trividia Insulin Syringes</u>
• Trueplus
<u>Owen Mumford Pen Needles</u></td><td></td><td></td><td></td></tr>
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Mumford	*• Pentips* *• Unifine Pentips* *• Unifine Safecontrol* *Trividea Health* *• Trueplus Pen Needles*			
Amlodipine-Valsartan-HCTZ Tablet, Trandolapril-Verapamil ER Tablet	*Amlodipine-Benazepril Capsule, Amlodipine-Olmesartan Tablet, Amlodipine-Valsartan Tablet, Olmesartan-Amlodipine-HCTZ Tablet, Telmisartan-Amlodipine Tablet*			
Amoxapine Tablet	*Amitriptyline Tablet, Clomipramine Capsule, Doxepin capsule, Imipramine HCl Tablet, Nortriptyline Capsule*			
Briviact (brivaracetam) Tablet	*Brivaracetam Tablet*			
Bupropion HCl XL (ER 24H) 450 mg Tablet (generic Forfivo XL)	*Bupropion HCl Tablet, Bupropion HCl SR (12H) 100 mg, 150 mg, 200 mg Tablet (generic Wellbutrin SR), Bupropion HCl XL (ER 24H) 150 mg, 300 mg Tablet (generic Wellbutrin XL)*			
Concerta Tablet	*Methylphenidate ER (24HR) 18 mg, 27 mg, 36 mg, 54 mg Tablet (generic Concerta ER)* $^{AR<4y/o\ or\ \geq 18y/o}$			
Differin (adapalene) 0.1% Cream	*Adapalene 0.1% Gel/Pump* $^{AR\geq 21y/o}$*, Adapalene 0.3% Gel Tube* $^{AR\geq 21y/o}$*, Differin 0.1% Gel* $^{AR\geq 21y/o}$			
Epogen Vial	*Aranesp Syringe/Vial*^{PA}*, Retacrit Vial*^{PA}			
Eylea Syringe/Vial	*Pavblu (aflibercept-ayyh) Syringe/Vial* ^{PA}*, Yesafili (aflibercept-jbvf) Syringe*^{PA}			
Fylnetra (pegfilgrastim-pbbk) Syringe, Neupogen (filgrastim) Syringe/Vial	*Fulphila (pegfilgrastim-jmdb) Syringe*^{PA}*, Granix (tbo-filgrastim) Syringe/Vial*^{PA}*, Nivestym (filgrastim-aafi) Syringe/Vial*^{PA}*, Releuko (filgrastim-ayow) Syringe/Vial*^{PA}			
Isosorbide Mononitrate Tablet	*Isosorbide Mononitrate ER Tablet*			
Jubbonti (denosumab-bbdz 60 mg/mL) Syringe, Wyost (denosumab-bbdz 120 mg/1.7 mL) Vial	*Enoby (denosumab-qbde 60 mg/mL) Syringe*^{PA}*, Xtrenbo (denosumab-qbde 120 mg/1.7 mL) Vial*^{PA}			

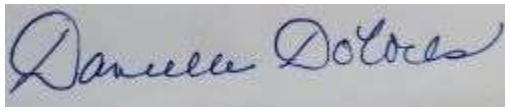
Lucentis Syringe	*Nufymco (ranibizumab-leyk) Vial[PA]*			
Micotrin AP (miconazole) Powder, Mycozyl AL (tolnaftate) Solution, Mycozyl AP (miconazole) Powder	*Miconazole cream/powder/solution, Tolnaftate cream/ solution/liquid spray/powder spray*			
Natroba (spinosad) Topical Suspension	*Spinosad Topical Suspension*			
Oxycontin Tablet	*Belbuca Film[PA], Buprenorphine Patch[PA], Fentanyl 12, 25, 50, 75, 100 mcg/hr Patch[PA], Morphine ER Tablet[PA], Tramadol ER (24H) Tablet[PA]*			
Praluent Pen	*Repatha Pushtronex/Sureclick/Syringe[PA]*			
Quinapril Tablet	*Benazepril Tablet, Captopril Tablet, Enalapril Tablet, Fosinopril Tablet, Lisinopril Tablet, Ramipril Capsule, Trandolapril Tablet*			
Striverdi Respimat, Ventolin HFA, Xopenex HFA	*Albuterol HFA, Albuterol Nebulizer Concentrate Solution, Albuterol Nebulizer Vial, Levalbuterol HFA, Levalbuterol Nebulizer Vial, Proair Respiclick, Serevent Diskus*			
Toujeo 300 units/mL Solostar				
Toujeo Max 300 units/mL Solostar	*Insulin Glargine Solostar/Max 300 units/mL, Lantus Solostar/Vial 100 units/mL*			
Vagifem Vaginal Tablet	*Estradiol Vaginal Cream, Estradiol Vaginal Tablet, Estring Vaginal Ring, Premarin Vaginal Cream, Yuvafem Vaginal Insert*			
Victoza (liraglutide) Pen	*Ozempic Pen/Tablet[PA], Trulicity Pen[PA], Wegovy Pen/Tablet[PA], Zepbound Kwikpen[PA]*			
Vyvanse Capsule	*Lisdexamfetamine Capsule[AR<4y/o or ≥18y/o]*			
2027 DHS Prior Authorization Criteria Review	*The Committee reviewed the 2027 DHS Prior Authorization Criteria Review. The Committee approved as presented.* • *Acne Agents, Oral* • *Analgesics, Opioid Long-Acting* • *Analgesics, Opioid Short-Acting* • *Androgenic Agents* • *Antidepressants, Other*	*The Committee approved as presented. It will be sent to PARP for approval.*	*F. Vaisberg*	*Resolved*

	• *Antiemetic-Antivertigo Agents* • *Antiparasitics, Topical* • *Antipsychotics* • *Blood Glucose Meters, Test Strips, and Lancets* • *Bone Density Regulators* • *Botulinum Toxins* • *Cytokine and CAM Antagonists* • *Estrogens* • *GLP-1 Receptor Agonists* • *Glucocorticoids, Inhaled* • *Growth Hormone* • *Hepatitis C Agents* • *HIV/AIDS Antiretrovirals* • *Insulin Syringes and Pen Needles* • *Lipotropics, Other* • *Macular Degeneration Agents* • *Multiple Sclerosis Agents* • *Obesity Treatment Agents* • *Oncology Agents, Breast Cancer* • *Ophthalmics, Anti-Inflammatories* • *Pituitary Suppressive Agents, LHRH* • *Potassium Removing Agents* • *Proton Pump Inhibitors* • *Skeletal Muscle Relaxants* • *Stimulants and Related Agents* • *VMAT2 Inhibitors*			
IV. New Drug Review	*The New Drug Review list was presented to the Committee. The following new products were reviewed and will be kept as non-formulary:* • *Hovilpri (pritelivir) Tablets* • *Emcitate (tiratricol) Tablets for Oral Suspension* • *Atebrioz (zilurgisertib) Tablets* • *Juvmo (tavapadon) Tablets* • *Lamlique (lamotrigine) Oral Suspension* • *Onswik (insulin efsitora alfa-gobe) Injection* • *Lyrfigtu (lirafugratinib) Capsules* • *Omcazio (cabozantinib) Capsules* • *Etcamah (camizestrant) Tablets* • *Mimrylo (rusfertide) Lyophilized Powder for Injection* • *Bixlenvo (bictegravir and lenacapavir) Tablets* • *Lisraya (brepocitinib) Tablets* • *Rasonque (daraxonrasib) Tablets*	*The Committee approved the New Drug Review as presented and recommended.*	*R. Baniasadi* *M. Tran*	*Resolved*

	• *Zenbexus (iberdomide) Capsules* • *Orzeyful (oveporexton) Tablets*			

V. Adjournment

There being no further business to discuss, the meeting was adjourned. Next meeting is to be held February 2027**.**



11/11/2026

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Danielle Dolores, Director of Pharmacy Services Date