



**PHARMACY AND THERAPEUTICS COMMITTEE
 MEDICARE MEETING MINUTES
 PPO-POS, HMO-POS, HMO-SNP
 May 14, 2026**

Attendance:

Microsoft Teams Meeting

Gary Bledsoe, Staff/Clinical Pharmacist; Connie Chan, Staff/Clinical Pharmacist; Dr. Edgar Chou, Jefferson Health; Jerry Crawford, Staff/Clinical Pharmacist; Kristen DeSorte, Staff/Clinical Pharmacist; 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; Dr. Merleen Harris-Williams, Medical Director; Gia Ho, Pharmacy Resident; Samantha Jackson, Formulary Pharmacist; Ruth John, Staff/Clinical Pharmacist; Lawrence Jones, Retired Executive Director, Pennsylvania Society of Health-System Pharmacists (PSHP); Sheenu Joseph, Staff/Clinical Pharmacist; Kaylei Koerwitz, Manager Pharmacy Operations and Clinical Programs; Dr. Tania Kolev, Medical Director; Brandi Mahler, Supervisor Pharmacy Technicians; Hannah McCaffrey, Manager Pharmacy Regulations & Implementations; 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; Kateryna Puia, Clinical Programs Pharmacist; Sanjiv Raj, Associate VP Customer Engagement; Sara Sadiq, Staff/Clinical 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; Fallan Vaisberg, Formulary Pharmacist; Jeanine Zubrzycki, Staff/Clinical Pharmacist

Excused:

Dr. Paul Aitken, Medical Director; Dr. Neal Demp, Community Behavior Health; Dr. Demian Elder, Medical Director; Hailey Fry, Centennial Pharmacy; Yelena Hedrick, Staff/Clinical Pharmacist; Jessica Hoang-Le, Staff/Clinical Pharmacist; Julie Samuel, Clinical Programs Pharmacist; Dr. Chris Squillaro, Medical Director, Magellan Behavioral Health

Minutes taken by: Joana Iverson

I. Administrative Update

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING	DUE DATE
<i>Minutes Review/Approval</i>	<i>D. Dolores presented the minutes from the February 2026 meeting to the Committee for review.</i>	<i>The Committee approved the minutes from our last meeting as presented.</i>	<i>D. Dolores</i>	<i>Resolved</i>	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING	DUE DATE
PBM Update	<p><i>D. Dolores presented an update regarding the PBM</i></p> <ul style="list-style-type: none"> <i>Express Scripts new PBM starting January 1, 2027</i> <i>Claims Processor and Network Management</i> <i>Utilization Management and Formulary will not be delegated</i> 		<i>D. Dolores</i>	<i>Informational</i>	
2027 IRA Updates	<i>H. McCaffrey presented 2027 IRA updates</i>		<i>H. McCaffrey</i>	<i>Informational</i>	
BALANCE/Bridge Demonstration	<i>H. McCaffrey presented the Bridge Program</i>		<i>H. McCaffrey</i>	<i>Informational</i>	

II. Drug Formulary Review/Update

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING	DUE DATE
2027 Prior Authorization Criteria Updates	<p><i>The Committee reviewed the 2027 Prior Authorization Criteria updates. The Committee approved as presented:</i></p> <ul style="list-style-type: none"> <i>Adalimumab</i> <i>Adempas</i> <i>Aimovig</i> <i>Ambrisentan</i> <i>Arcalyst</i> <i>Armodafinil</i> <i>Austedo</i> <i>Auvelity NSO</i> <i>Benlysta</i> <i>Besremi NSO</i> <i>Bosentan</i> <i>Botulinum Toxins</i> <i>Brivaracetam NSO</i> <i>Carglumic Acid</i> <i>Cayston</i> <i>Cerdelga</i> <i>Clobazam NSO</i> <i>Deferasirox</i> <i>Denosumab - Oncology</i> <i>Diacomit NSO</i> <i>Doptelet</i> <i>Drizalma Sprinkle</i> <i>Dronabinol</i> 	<i>The Committee approved the 2027 Prior Authorization Criteria updates. It will be sent to CMS for approval. (See attached for voting detail)</i>	<p><i>J. Zubrzycki</i> <i>H. McCaffrey</i> <i>C. Pinketti</i> <i>S. Staffa</i> <i>L. Murray</i> <i>S. Joseph</i> <i>J. Crawford</i> <i>J. Steffan</i> <i>S. Ford</i> <i>M. Murray</i> <i>M. Prokopets</i> <i>F. Vaisberg</i> <i>R. Spencer</i> <i>M. Smikovecus</i> <i>R. Prager</i> <i>S. Jackson</i> <i>K. Puia</i></p>	<i>Resolved</i>	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING	DUE DATE
	<ul style="list-style-type: none"> • <i>Dulaglutide</i> • <i>Dupixent</i> • <i>Eltrombopag olamine</i> • <i>Emgality</i> • <i>Emsam NSO</i> • <i>Enbrel</i> • <i>Epidiolex NSO</i> • <i>Exception Criteria</i> • <i>Fasenra</i> • <i>Fetzima NSO</i> • <i>Fintepla NSO</i> • <i>Gattex</i> • <i>Haegarda</i> • <i>HRM - Anticholinergic – Amitriptyline NSO</i> • <i>HRM - Anticholinergic – Amoxapine NSO</i> • <i>HRM - Anticholinergic - Clomipramine NSO</i> • <i>HRM - Anticholinergic - Cyproheptadine</i> • <i>HRM - Anticholinergic - Desipramine NSO</i> • <i>HRM - Anticholinergic - Dicyclomine</i> • <i>HRM - Anticholinergic - Diphenoxylate-atropine</i> • <i>HRM - Anticholinergic - Doxepin NSO</i> • <i>HRM - Anticholinergic - Hydroxyzine</i> • <i>HRM - Anticholinergic - Imipramine NSO</i> • <i>HRM - Eszopiclone</i> • <i>HRM - Zaleplon</i> • <i>HRM - Zolpidem</i> • <i>Ingrezza</i> • <i>Kalydeco</i> • <i>Kerendia</i> • <i>Mifepristone</i> • <i>Modafinil</i> • <i>Nayzilam NSO</i> • <i>Nexletol</i> • <i>Nexlizet</i> • <i>Nintedanib</i> • <i>Nurtec</i> • <i>Omnitrope</i> • <i>Opsumit</i> • <i>Orkambi</i> • <i>Otezla</i> 				

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING	DUE DATE
	<ul style="list-style-type: none"> • <i>Perampanel NSO</i> • <i>Pirfenidone</i> • <i>Polypharmacy – Alprazolam/Opioids</i> • <i>Polypharmacy – Diazepam/Opioids NSO</i> • <i>Polypharmacy – Lorazepam/Opioids NSO</i> • <i>Polypharmacy – Temazepam/Opioids</i> • <i>Posaconazole</i> • <i>Prolastin-C</i> • <i>Qulipta</i> • <i>Raldesy NSO</i> • <i>Rezurock</i> • <i>Rinvoq</i> • <i>Semaglutide</i> • <i>Sildenafil</i> • <i>Sirturo</i> • <i>Skyrizi</i> • <i>Sympazan NSO</i> • <i>Tadalafil (PAH)</i> • <i>Tasimelteon</i> • <i>Tavneos</i> • <i>Teriparatide</i> • <i>Testosterone Products</i> • <i>Tetrabenazine</i> • <i>Tirzepatide</i> • <i>Tocilizumab</i> • <i>Topical Retinoids - Tazarotene</i> • <i>Topical Retinoids - Tretinoin</i> • <i>Tremfya</i> • <i>Trikafta</i> • <i>Trintellix NSO</i> • <i>Tymlos</i> • <i>Ubrelyvy</i> • <i>Uptravi</i> • <i>Ustekinumab</i> • <i>Valtoco NSO</i> • <i>Vowst</i> • <i>Vyndamax</i> • <i>Wegovy</i> • <i>Winrevair</i> • <i>Xdemvy</i> 				

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING	DUE DATE
	<ul style="list-style-type: none"> • <i>Xifaxan</i> • <i>Xolair</i> • <i>Zurzuvae NSO</i> 				
2027 Prior Authorization Criteria - No Clinical Updates	<p><i>The Committee reviewed the 2027 Prior Authorization Criteria – No Clinical Updates. The Committee approved as presented:</i></p> <ul style="list-style-type: none"> • <i>Acitretin</i> • <i>Actimmune</i> • <i>Alosetron</i> • <i>Arikayce</i> • <i>Bexarotene gel NSO</i> • <i>Bimzelx</i> • <i>Cresemba</i> • <i>Cystaran</i> • <i>Dihydroergotamine nasal</i> • <i>Droxidopa</i> • <i>Epclusa</i> • <i>Eucria</i> • <i>Filgrastim agents</i> • <i>HRM cyclobenzaprine</i> • <i>HRM meclizine</i> • <i>HRM promethazine</i> • <i>HRM trihexyphenidyl</i> • <i>Icatibant</i> • <i>Inbrija</i> • <i>Increlex</i> • <i>Ivabradine</i> • <i>Intravenous Immune Globulin (IVIG)</i> • <i>Kesimpta</i> • <i>Lanreotide extended release</i> • <i>L-glutamine</i> • <i>Lidocaine patches</i> • <i>Livtency</i> • <i>Mavyret</i> • <i>Metyrosine</i> • <i>Nuedexta</i> • <i>Nuplazid NSO</i> • <i>Octreotide</i> • <i>Opipza Oral Film NSO</i> • <i>Oral Oncology Agents NSO</i> • <i>Panretin NSO</i> 	<p><i>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</i></p>	<p><i>S. Jackson</i></p>	<p><i>Resolved</i></p>	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING	DUE DATE
	<ul style="list-style-type: none"> • <i>Part B vs D</i> • <i>Part D Insulin Supplies</i> • <i>Pegfilgrastim agents</i> • <i>Prevymis</i> • <i>Pyrimethamine</i> • <i>Quinine</i> • <i>Repatha</i> • <i>Revcovi</i> • <i>Rufinamide NSO</i> • <i>Sapropterin</i> • <i>Signifor</i> • <i>Sodium oxybate</i> • <i>Sodium phenylbutyrate</i> • <i>Somavert</i> • <i>Sotyktu</i> • <i>Tadalafil (BPH)</i> • <i>Tolvaptan (Jynarque)</i> • <i>Valchor NSO</i> • <i>Velsipity</i> • <i>Verquvo</i> • <i>Vigabatrin NSO</i> • <i>Voriconazole IV</i> • <i>Vosevi</i> • <i>Xcopri NSO</i> • <i>Xermelo</i> • <i>Ztalmy NSO</i> 				
2027 Prior Authorization Removals	<p><i>The Committee reviewed the 2027 Prior Authorization Removals. The Committee approved as presented:</i></p> <ul style="list-style-type: none"> • <i>Alvaiz</i> • <i>Brand Major Depressive Disorder Agents NSO</i> • <i>CFTR Modulators</i> • <i>CGRP Antagonists</i> • <i>Endothelin Receptor Antagonists</i> • <i>Firdapse</i> • <i>GLP-1 Agonists</i> • <i>High Risk Medication - Butalbital combinations</i> • <i>High Risk Medication - Non-BZD Sedative Hypnotics</i> • <i>High-Risk Medication - Antidepressants</i> • <i>High-Risk Medication - Antiemetics</i> • <i>High-Risk Medication - Antihistamines</i> 	<p><i>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</i></p>	<p><i>S. Jackson</i></p>	<p><i>Resolved</i></p>	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING	DUE DATE
	<ul style="list-style-type: none"> High-Risk Medication - Antiparkinsons High-Risk Medication - Antispasmodics High-Risk Medication – Diazepam High-Risk Medication - Lorazepam High-Risk Medication - Skeletal Muscle Relaxants High-Risk Medication - Temazepam Injectable Testosterone Products Nexletol/Nexlizet Norditropin Part D Insulin Syringes Phosphodiesterase-5 Inhibitors (PDE5i) Rezdifra Topical Retinoids Topical Testosterone Products Wakefulness-Promoting Agents Xeljanz Xifaxan 200 mg Xifaxan 550 mg 				
2027 Step Therapy Review	<p>The Committee reviewed the 2027 Step Therapy Review. The Committee approved as presented:</p> <ul style="list-style-type: none"> Caplyta ST NSO Cobenfy ST NSO Fanapt ST NSO Febuxostat ST Levetiracetam ST NSO Sancuso ST Secuado ST NSO Vralyar ST NSO 	The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)	S. Jackson	Resolved	

III. 2027 Formulary Changes

2027 Formulary Additions	The Committee reviewed the 2027 Formulary Additions. The Committee approved as presented:				The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)	S. Jackson D. Dolores H. McCaffrey	Resolved	
	Drug Name	6T Premium (HMO-SNP)	5T Core (HMO)	5T Value (PPO, HMO)				
	Azelaic acid 15% gel	NF	T4, QL	NF				
	Bimatoprost 0.03% solution	T2	T2	T2				
	Bomynta 120 mg/1.7mL PFS	T5, PA	T5, PA	T5, PA				

<i>Brimonidine tartrate-timolol 0.2-0.5% solution</i>	<i>T3</i>	<i>T3</i>	<i>T3</i>				
<i>Brivaracetam 10, 25, 50, 75, 100 mg tablet</i>	<i>T4, PA, QL</i>	<i>T4, PA, QL</i>	<i>T4, PA, QL</i>				
<i>Brivaracetam 10 mg/mL solution</i>	<i>T4, PA, QL</i>	<i>T4, PA, QL</i>	<i>T4, PA, QL</i>				
<i>Bromfenac sodium 0.09% solution</i>	<i>T4</i>	<i>T4</i>	<i>T4</i>				
<i>Cyclosporine (PF) 0.05% emulsion</i>	<i>T3, QL</i>	<i>T3, QL</i>	<i>T3, QL</i>				
<i>Eltrombopag olamine 12.5, 25 mg packet</i>	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>				
<i>Eltrombopag olamine 12.5, 25, 50, 75 mg tablet</i>	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>				
<i>Fenofibric acid 45, 135 mg DR capsule</i>	<i>T3</i>	<i>T3*</i>	<i>T3</i>				
<i>Fluticasone furoate-vilanterol 100-25, 200-25 mcg/act</i>	<i>T3, QL</i>	<i>T3, QL</i>	<i>T3, QL</i>				
<i>Gvoke 1 mg/0.2mL PFS and kit</i>	<i>T3</i>	<i>T3</i>	<i>T3</i>				
<i>Gvoke Hypopen 0.5 mg/0.1mL autoinjector</i>	<i>T3</i>	<i>T3</i>	<i>T3</i>				
<i>Gvoke Hypopen 1 mg/0.2mL autoinjector</i>	<i>T3</i>	<i>T3</i>	<i>T3</i>				
<i>Icosapent ethyl 0.5, 1 gm capsule</i>	<i>T3</i>	<i>T3</i>	<i>T3</i>				
<i>Ingrezza 40 & 80 mg pack</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Ingrezza 40, 60, 80 mg capsule</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				

<i>and sprinkle capsule</i>								
<i>Jubbonti 60 mg/mL PFS</i>	<i>T3, QL</i>	<i>T3, QL</i>	<i>T3, QL</i>	<i>T3, QL</i>				
<i>Levetiracetam 250, 500 mg soluble tablet</i>	<i>T4, ST</i>	<i>T4, ST</i>	<i>T4, ST</i>	<i>T4, ST</i>				
<i>Levonorgest-eth estrad 91 0.1-0.02/0.01 mg tablet</i>	<i>T2</i>	<i>T2*</i>	<i>T2</i>	<i>T2</i>				
<i>Lubiprostone 8, 24 mcg capsule</i>	<i>T3*, QL</i>	<i>T3*, QL</i>	<i>T3, QL</i>	<i>T3, QL</i>				
<i>Memantine hcl-donepezil hcl ER 24h capsule</i>	<i>T3</i>	<i>T3</i>	<i>T3</i>	<i>T3</i>				
<i>Miglitol 25, 50, 100 mg tablet</i>	<i>T6, QL</i>	<i>T1*, QL</i>	<i>T1, QL</i>	<i>T1, QL</i>				
<i>Nintedanib esylate 100, 150 mg capsule**</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Nyvepria 6 mg/0.6mL PFS</i>	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>				
<i>Omnitrope 5.8 mg, 5mg/1.5 mL, 10 mg/1.5mL solution</i>	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>				
<i>Otezla 10 & 20 & 30 mg pack</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Otezla 20, 30 mg tablet</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Otezla 4 x 10 & 51 x20 mg pack</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Otezla XR 75 mg tablet ER 24h</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Otezla/Otezla XR initiation pack</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Otulfii 130 mg/26mL solution</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Otulfii 45 mg/0.5mL PFS and solution</i>	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>				

<i>Otulf</i> 90 mg/mL PFS	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Propranolol</i> 20 mg/5mL, 40 mg/5mL solution	<i>T2</i>	<i>T2</i>	<i>NF</i>				
<i>Pyzchiva</i> 130 mg/26mL solution	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Pyzchiva</i> 45 mg/0.5mL autoinjector, PFS and solution	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>				
<i>Pyzchiva</i> 90 mg/mL autoinjector and PFS	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Quinapril-hydrochlorothiazide</i> tablet	<i>T6</i>	<i>T1</i>	<i>T1</i>				
<i>Simlandi</i> 40 mg/0.4mL autoinjector and PFS	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>				
<i>Simlandi</i> 80 mg/0.8mL autoinjector and PFS	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>				
<i>Simlandi</i> 20 mg/0.2mL PFS	<i>T5, PA</i>	<i>T5, PA</i>	<i>T5, PA</i>				
<i>Trandolapril-verapamil hcl ER</i> mg tablet	<i>T6</i>	<i>T1*</i>	<i>T1</i>				
<i>Tymlos</i> 3120 mcg/1.56mL pen	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Vemlidy</i> 25 mg tablet	<i>T5*, QL</i>	<i>T5*, QL</i>	<i>T5, QL</i>				
<i>Vyndamax</i> 61 mg capsule	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
<i>Wegovy</i> 0.25 mg, 0.5, 1.0, 1.7, 2.4 mg autoinjector	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>				
<i>Wegovy</i> 1.5, 4, 9, 25 mg tablet	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>				

	<i>Xifaxan 200 mg tablet</i>	<i>T4, PA, QL</i>	<i>T4*, PA, QL</i>	<i>T4, PA, QL</i>				
	<i>Yesintek 130 mg/26mL solution</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
	<i>Yesintek 45 mg/0.5mL PFS and solution</i>	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>	<i>T3, PA, QL</i>				
	<i>Yesintek 90 mg/mL PFS</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>	<i>T5, PA, QL</i>				
	<i>*Drug is formulary for 2026 benefit year</i>							
	<i>**Pending generic release on formulary reference file</i>							
2027 Formulary Removals	<i>The Committee reviewed the 2027 Formulary Removals. The Committee approved as presented:</i>				<i>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</i>	<i>S. Jackson</i>	<i>Resolved</i>	
	Drug Name	6T Premium (HMO-SNP)	5T Core (HMO)	5T Value (PPO, HMO)				
	<i>Alendronate sodium 70 mg/75mL solution</i>	<i>NF</i>	<i>T4*</i>	<i>NF**</i>				
	<i>Alvaiz tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
	<i>Aristada 441 mg, 662 mg, 882 mg, 1064 mg PFS</i>	<i>T5*, QL</i>	<i>T5*, QL</i>	<i>NF</i>				
	<i>Aristada Initio 675 mg/2.4mL PFS</i>	<i>T5*, QL</i>	<i>T5*, QL</i>	<i>NF</i>				
	<i>Baraclude 0.05 mg/mL solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
	<i>Brilinta 90 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
	<i>Briviact tablet and solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
	<i>Bromfenac sodium 0.07% solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
	<i>Brukinsa 80 mg cap</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
	<i>Butalbital-APAP-Caffeine 50-325-40 mg tablet</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				
	<i>Butalbital-ASA-Caffeine 50-325-40 mg capsule</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				

<i>Camrese lo 0.1-0.02 & 0.01 mg tablet</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				
<i>Cefixime 100 mg/5mL, 200 mg/5mL suspension</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Combigan 0.2-0.5% solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Copaxone PFS</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Dapagliflozin 5, 10 mg tablet (AG)</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Dilantin Infatabs 50 mg chewable</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Duavee 0.45-20 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>E.E.S. 400 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Endocet tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Epitol 200 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Firdapse 10 mg tablet</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				
<i>Flac 0.01% oil</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Fycompa 0.5 mg/mL suspension</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Gleostine capsule</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Glyburide micronized tablet</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				
<i>Haloette 0.12-0.015 mg/24hr ring</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Humira 80 mg and 40 mg/0.8mL autoinjector</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Humira 40 mg/0.4mL autoinjector and PFS</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Humira 10 mg/0.1mL, 20 mg/0.2mL, 40 mg/0.8mL PFS</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				

<i>Humira 10 mg/0.1mL PFS Starter Kit</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Humira-CD/UC/HS and Humira-Psoriasis/Uveitis Kit</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Kelnor 1/50 1-50 mg-mcg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Kisqali Femara 400 mg and 600 mg dose pack</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Lagevrio 200 mg capsule</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Lidocan 5% patch</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Lojaimiess 0.1-0.02 & 0.01 mg tablet</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				
<i>Loteprednol-tobramycin 0.5-0.3% suspension</i>	<i>NF</i>	<i>T3*</i>	<i>NF</i>				
<i>Lumigan 0.01% solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Lupron Depot 22.5 mg kit, 30 mg kit, 45 mg kit</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Lupron Depot-Ped (1-month) 7.5, 11.25, 15 mg kit</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Montelukast sodium 4 mg packet</i>	<i>NF</i>	<i>T4*, QL</i>	<i>NF</i>				
<i>Myrbetriq tablet and 8 mg/mL suspension</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Namzaric ER capsule</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Naproxen sodium 275, 550 mg tablet</i>	<i>NF</i>	<i>T3</i>	<i>NF**</i>				

<i>Norditropin Flexpro</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Norethin-eth estra-Fe 1-20/1-30/1-35 mg-mcg</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Norethin-eth estra-Fe 0.4-35 mg-mcg chewable</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				
<i>Ocella 3-0.03 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Ofev 100, 150 mg capsule***</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Ogsiveo 50 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Panzyga solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Posaconazole 40 mg/mL suspension</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Restasis single and multiuse 0.05% emulsion</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Rezdiffra tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Rivaroxaban 1 mg/mL suspension</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Rivaroxaban 2.5 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Sielara 130 mg/26mL solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Sielara 45 mg/0.5mL PFS and solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Sielara 90 mg/mL PFS</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Sumatriptan succinate 4 mg/0.5mL autoinjector</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Tazverik 200 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Teflaro solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Tilia Fe 1-20/1-30/1-35 mg-mcg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				

<i>Tramadol hcl 100, 200, 300 mg ER tablet</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				
<i>Tri-egest Fe 1-20/1-30/1-35 mg-mcg</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Ustekinumab 130 mg/26mL solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Ustekinumab 45 mg/0.5mL PFS and solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Ustekinumab 90 mg/mL PFS</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Vascepa 0.5, 1 gm capsule</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Vigafyde 100 mg/mL solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Vigpoder 500 mg packet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Xarah Fe 1-20/1-30/1-35 mg-mcg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Xarelto 1 mg/mL suspension</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Xarelto tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Xarelto Starter Pack 15 & 20 mg</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Xeljanz 1 mg/mL solution</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Xeljanz 5, 10 mg tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Xeljanz XR 11, 22 mg ER tablet</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Xelria Fe 0.4-35 mg-mcg chewable</i>	<i>NF**</i>	<i>NF</i>	<i>NF**</i>				
<i>Zegalogue 0.6 mg/0.6mL autoinjector and PFS</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>Zylet 0.5-0.3% suspension</i>	<i>NF</i>	<i>NF</i>	<i>NF</i>				
<i>*Drug will remain formulary for 2027 benefit year</i>							

	<p>**Drug was non-formulary for 2026 benefit year ***Pending release of generic on the formulary reference file</p>						
2027 Tier 5 Changes	<p>The Committee reviewed the 2027 Tier 5 Changes. The Committee approved as presented: The following drugs are moving from T5 to T4.</p> <ul style="list-style-type: none"> • Colistimethate Sodium (CBA) 150 mg solution • Darunavir 800 mg tablet • Diazoxide 50 mg/mL suspension • Dimethyl Fumarate 240 mg DR capsule • Emtricitabine-tenofovir DF 133-200 mg tablet • Etravirine 100, 200 mg tablet • Eulexin 125 mg capsule • Everolimus 0.5, 0.75, 1 mg tablet • Fanapt Titration Pack B and C • Fondaparinux Sodium 10 mg/0.8mL solution • Fosamprenavir 700 mg tablet • Linezolid 100 mg/5mL suspension • Maraviroc 150, 300 mg tablet • Nitazoxanide 500 mg tablet • Octreotide Acetate 1000 mcg/mL solution • Perampanel 4, 6,10, 8, 12 mg tablet • Posaconazole 100 DR mg tablet • Raldesy 10 mg/mL solution • Sympazan 5, 10, 20 mg film • Tetrabenazine 25 mg tablet • Toremifene citrate 60 mg tablet • Viracept 250, 625 mg tablet • Vraylar 0.5, 0.75, 1.5, 3, 4.5, 6 mg capsule <p>The following drugs are moving from T5 to T3.</p> <ul style="list-style-type: none"> • Humulin R U-500 KwikPen • Humulin R U-500 solution • Venclexta 50 mg tablet <p>See additional Excel Spreadsheets for complete list of 2027 Tiering Updates.</p>			<p>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</p>	S. Jackson	Resolved	
2027 Drugs Moving to \$0 Tier	<p>The Committee reviewed the 2027 Drugs Moving to \$0 Tier. The Committee approved as presented.</p>			<p>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</p>	S. Jackson	Resolved	
	6T Premium (HMO-SNP)	5T Core (PPO, HMO)	5T Value (PPO, HMO)				
	Amlodipine-valsartan-HCTZ tablet	Aliskiren tablet	Isoniazid 300 mg tablet				

	<i>Ciprofloxacin hcl 250, 500, 750 mg tablet</i>	<i>Miglitol tablet</i>	<i>Penicillin VK 250, 500 mg tablet</i>																																								
	<i>Isoniazid 300 mg tablet</i>	<i>Pitavastatin calcium tablet</i>	<i>Pitavastatin calcium tablet</i>																																								
	<i>Penicillin VK 250, 500 mg tablet</i>		<i>Telmisartan-amlodipine tablet</i>																																								
2027 Quantity Limit Updates	<p>The Committee reviewed the 2027 Quantity Limit Updates. The Committee approved as presented.</p> <ul style="list-style-type: none"> • Atorvastatin calcium 10, 20, 40 mg tablet - 30/30 days • Austedo XR 12 & 18 & 24 & 30 MG Titration Pack - 56/365 days • Bonsity 560 mcg/2.24mL pen - 2.24/28 days • Teriparatide 560 mcg/2.24mL pen - 2.24/28 days • Lorazepam 0.5, 1 mg tablet - 120/30 days 			<i>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</i>	<i>S. Jackson</i>	<i>Resolved</i>																																					
2027 Quantity Limit Additions	<p>The Committee reviewed the 2027 Quantity Limit Additions. The Committee approved as presented.</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>6T Premium (HMO-SNP)</th> <th>5T Core (HMO)</th> <th>5T Value (PPO, HMO)</th> </tr> </thead> <tbody> <tr> <td><i>Alendronate sodium 70 mg/75mL solution</i></td> <td><i>NF</i></td> <td><i>300/28 days</i></td> <td><i>NF</i></td> </tr> <tr> <td><i>Azelaic acid 15% gel</i></td> <td><i>NF</i></td> <td><i>50/30 days</i></td> <td><i>NF</i></td> </tr> <tr> <td><i>Brivaracetam 10, 25, 50, 75, 100 mg tablet</i></td> <td colspan="3"><i>60/30 days</i></td> </tr> <tr> <td><i>Brivaracetam 10 mg/mL solution</i></td> <td colspan="3"><i>600/30 days</i></td> </tr> <tr> <td><i>Cyclosporine (PF) 0.05% emulsion</i></td> <td colspan="3"><i>60/30 days</i></td> </tr> <tr> <td><i>Dupixent 200 mg/1.14mL autoinjector and PFS</i></td> <td colspan="3"><i>4.56/28 days</i></td> </tr> <tr> <td><i>Dupixent 300 mg/2mL autoinjector and PFS</i></td> <td colspan="3"><i>8/28 days</i></td> </tr> <tr> <td><i>Enbrel 25 mg/0.5mL PFS and solution</i></td> <td colspan="3"><i>4/28 days</i></td> </tr> </tbody> </table>			Drug Name	6T Premium (HMO-SNP)	5T Core (HMO)	5T Value (PPO, HMO)	<i>Alendronate sodium 70 mg/75mL solution</i>	<i>NF</i>	<i>300/28 days</i>	<i>NF</i>	<i>Azelaic acid 15% gel</i>	<i>NF</i>	<i>50/30 days</i>	<i>NF</i>	<i>Brivaracetam 10, 25, 50, 75, 100 mg tablet</i>	<i>60/30 days</i>			<i>Brivaracetam 10 mg/mL solution</i>	<i>600/30 days</i>			<i>Cyclosporine (PF) 0.05% emulsion</i>	<i>60/30 days</i>			<i>Dupixent 200 mg/1.14mL autoinjector and PFS</i>	<i>4.56/28 days</i>			<i>Dupixent 300 mg/2mL autoinjector and PFS</i>	<i>8/28 days</i>			<i>Enbrel 25 mg/0.5mL PFS and solution</i>	<i>4/28 days</i>			<i>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</i>	<i>S. Jackson</i>	<i>Resolved</i>	
Drug Name	6T Premium (HMO-SNP)	5T Core (HMO)	5T Value (PPO, HMO)																																								
<i>Alendronate sodium 70 mg/75mL solution</i>	<i>NF</i>	<i>300/28 days</i>	<i>NF</i>																																								
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<i>Enbrel 25 mg/0.5mL PFS and solution</i>	<i>4/28 days</i>																																										

<i>Enbrel PFS, Enbrel Mini, Enbrel SureClick 50 mg/mL solution</i>		<i>8/28 days</i>				
<i>Eysuvis 0.25% suspension</i>		<i>16.6/30 days</i>				
<i>Fluticasone furoate-vilanterol 100-25, 200-25 mcg/act</i>		<i>60/30 days</i>				
<i>Hydrocortisone 2.5% lotion</i>		<i>118/30 days</i>				
<i>Ingrezza 40 & 80 mg pack</i>		<i>28/180 days</i>				
<i>Ingrezza 40, 60, 80 mg capsule and sprinkle capsule</i>		<i>30/30 days</i>				
<i>Jubbonti 60 mg/mL PFS</i>		<i>1/180 days</i>				
<i>Levocetirizine 2.5 mg/5mL solution</i>	<i>NF</i>	<i>300/30 days</i>	<i>NF</i>			
<i>Lubiprostone 8, 24 mcg capsule</i>		<i>60/30 days</i>				
<i>Mesalamine 0.375 gm ER capsule</i>		<i>120/30 days</i>				
<i>Mesalamine 1.2 gm DR tablet</i>		<i>120/30 days</i>				
<i>Mesalamine 4 gm enema and 4 gm kit</i>		<i>1800/30 days</i>				
<i>Mesalamine 400 mg DR capsule</i>		<i>180/30 days</i>				
<i>Miglitol 25, 50, 100 mg tablet</i>		<i>90/30 days</i>				
<i>Otezla 10 & 20 & 30 mg pack</i>		<i>110/365 days</i>				
<i>Otezla 20, 30 mg tablet</i>		<i>60/30 days</i>				
<i>Otezla 4 x 10 & 51 x20 mg pack</i>		<i>110/365 days</i>				

<i>Otezla XR 75 mg tablet ER 24h</i>	<i>30/30 days</i>				
<i>Otezla/Otezla XR initiation pack</i>	<i>82/365 days</i>				
<i>Otulfı 45 mg/0.5mL PFS and solution</i>	<i>0.5/28 days</i>				
<i>Otulfı 90 mg/mL PFS</i>	<i>1/28 days</i>				
<i>Perampanel 0.5 mg/mL suspension</i>	<i>720/30 days</i>				
<i>Pyzchiva 45 mg/0.5mL autoinjector, PFS, solution</i>	<i>0.5/28 days</i>				
<i>Pyzchiva 90 mg/mL autoinjector, PFS</i>	<i>1/28 days</i>				
<i>Risedronate Sodium 30 mg tablet</i>	<i>30/30 days</i>				
<i>Tolvaptan 15 mg tab tablet pack</i>	<i>112/28 days</i>				
<i>Tolvaptan 30 & 15, 40 & 15, 60 & 30, 90 & 30 mg pack</i>	<i>56/28 days</i>				
<i>Tymlos 3120 mcg/1.56mL pen</i>	<i>1.56/30 days</i>				
<i>Varenicline Tartrate 0.5, 1 mg tablet</i>	<i>60/30 days</i>				
<i>Varenicline Tartrate Starter Pack</i>	<i>106/365 days</i>				
<i>Vemlidy 25 mg tablet</i>	<i>30/30 days</i>				
<i>Vyndamax 61 mg capsule</i>	<i>30/30 days</i>				
<i>Vyzulta 0.024% solution</i>	<i>5/30 days</i>				

	<i>Wegovy 0.25 mg, 0.5, 1.0 mg/0.5mL autoinjector</i>	<i>2/28 days</i>				
	<i>Wegovy 1.7 and 2.4 mg/0.75mL autoinjector</i>	<i>3/28 days</i>				
	<i>Wegovy 1.5, 4, 9, 25 mg tablet</i>	<i>30/30 days</i>				
	<i>Xolair 150 mg solution, autoinjector and PFS</i>	<i>8/28 days</i>				
	<i>Xolair 300 mg/2mL autoinjector and PFS</i>	<i>8/28 days</i>				
	<i>Xolair 75 mg/0.5mL autoinjector and PFS</i>	<i>1/28 days</i>				
	<i>Yesintek 45 mg/0.5mL PFS and solution</i>	<i>0.5/28 days</i>				
	<i>Yesintek 90 mg/mL PFS</i>	<i>1/28 days</i>				

IV. 2026 Review/Updates

2026 Prior Authorization Criteria Review	<p><i>The Committee reviewed the 2026 Prior Authorization Criteria. The Committee approved as presented.</i></p> <ul style="list-style-type: none"> <i>CFTR Modulators</i> <i>Dupixent</i> <i>Intravenous Immune Globulin (IVIG)</i> <i>Part D Insulin Syringes</i> <i>Posaconazole</i> 	<p><i>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</i></p>	<i>S. Jackson</i>	<i>Resolved</i>	
2026 Formulary Additions	<p><i>The Committee reviewed the 2026 Formulary Additions. The Committee approved as presented.</i></p> <ul style="list-style-type: none"> <i>E.E.S. 400 mg tablet - T4</i> <i>Eliquis (1.5 mg pack) tablet for suspension - T3, QL</i> <i>Eliquis (2 mg pack) tablet for suspension - T3, QL</i> <i>Eliquis 0.15 mg sprinkle capsule - T3, QL</i> <i>Eliquis 0.5 mg tablet for suspension - T3, QL</i> <i>Lifyorli 125 and 150 mg dose therapy pack - T5, PA</i> 	<p><i>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</i></p>	<i>S. Jackson</i>	<i>Resolved</i>	

	<ul style="list-style-type: none"> Ozempic 1.5, 4, 9 mg tablet - T3, PA, QL Perampanel 0.5 mg/mL suspension - T4, PA, QL Rilpivirine hcl 25 mg tablet - T5, QL Spiriva Respimat 2.5 mcg - T4, QL 																																																				
2026 March, April, May FRF Formulary Additions - Protected Class	<p>The Committee reviewed the 2026 March, April, May FRF Formulary Additions Protected Class. The Committee approved as presented.</p> <ul style="list-style-type: none"> Brivaracetam 10 mg/mL oral solution - T4, PA, QL Brivaracetam 10, 25, 50, 75, 100 mg tablet - T4, PA, QL Exxua titration pack 18.2 mg ER 24h tablet - T5, PA, QL Hyrnuo 10 mg tablet - T5, PA, QL Nilotinib d-tartrate 50, 150, 200 mg capsule - T5, PA, QL Phyrago 20, 50, 70, 80, 100, 140 mg tablet - T5, PA, QL Pomalidomide 1, 2, 3, 4 mg capsule - T5, PA, QL Vraylar 0.5, 0.75 mg capsule - T5, ST, QL Xpovio (80 mg once weekly) 80 mg tablet pack - T5, PA, QL 	The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)	S. Jackson	Resolved																																																	
2026 March, April, May FRF Formulary Additions – Non-Protected Class	<p>The Committee reviewed the 2026 March, April, May FRF Formulary Additions Non-Protected Class. The Committee approved as presented.</p> <table border="1"> <thead> <tr> <th>Drug Name</th> <th>6T Premium (HMO-SNP)</th> <th>5T Core (PPO, HMO)</th> <th>5T Value (PPO, HMO)</th> </tr> </thead> <tbody> <tr> <td>Bonsity 560 mcg/2.24mL pen</td> <td>T5, PA, QL</td> <td>T5, PA, QL</td> <td>T5, PA, QL</td> </tr> <tr> <td>Ceftaroline fosamil 400, 600 mg injection</td> <td>T5</td> <td>T5</td> <td>T5</td> </tr> <tr> <td>Doptelet 10 mg sprinkle capsule</td> <td>T5, PA</td> <td>T5, PA</td> <td>T5, PA</td> </tr> <tr> <td>Gammagard ERC 5 gm/50mL, 10 gm/100 mL solution</td> <td>T5, PA</td> <td>T5, PA</td> <td>T5, PA</td> </tr> <tr> <td>Hailey Fe 1/20 1-20 mg-mcg tablet</td> <td>T2</td> <td>T2</td> <td>T2</td> </tr> <tr> <td>Lagevrio 200 mg capsule</td> <td>T3</td> <td>T3</td> <td>T3</td> </tr> <tr> <td>Loteprednol-tobramycin 0.5-0.3% ophthalmic solution</td> <td>T3</td> <td>T3</td> <td>T3</td> </tr> <tr> <td>Shingrix 50 mcg/0.5mL PFS</td> <td>T1</td> <td>T1</td> <td>T1</td> </tr> <tr> <td>Sodium polystyrene sulfonate 15 gm/60mL suspension</td> <td>T3</td> <td>T3</td> <td>T3</td> </tr> <tr> <td>Viorele 0.15-0.02/0.01 mg (21/5) tablet</td> <td>T3</td> <td>T2</td> <td>T3</td> </tr> <tr> <td>Zelvysia 500 mg packet</td> <td>T5, PA</td> <td>T5, PA</td> <td>T5, PA</td> </tr> </tbody> </table>	Drug Name	6T Premium (HMO-SNP)	5T Core (PPO, HMO)	5T Value (PPO, HMO)	Bonsity 560 mcg/2.24mL pen	T5, PA, QL	T5, PA, QL	T5, PA, QL	Ceftaroline fosamil 400, 600 mg injection	T5	T5	T5	Doptelet 10 mg sprinkle capsule	T5, PA	T5, PA	T5, PA	Gammagard ERC 5 gm/50mL, 10 gm/100 mL solution	T5, PA	T5, PA	T5, PA	Hailey Fe 1/20 1-20 mg-mcg tablet	T2	T2	T2	Lagevrio 200 mg capsule	T3	T3	T3	Loteprednol-tobramycin 0.5-0.3% ophthalmic solution	T3	T3	T3	Shingrix 50 mcg/0.5mL PFS	T1	T1	T1	Sodium polystyrene sulfonate 15 gm/60mL suspension	T3	T3	T3	Viorele 0.15-0.02/0.01 mg (21/5) tablet	T3	T2	T3	Zelvysia 500 mg packet	T5, PA	T5, PA	T5, PA	The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)	S. Jackson	Resolved	
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<p>2026 March, April, May FRF Formulary Removals</p>	<p>The Committee reviewed the 2026 March, April, May FRF Formulary Removals. The Committee approved as presented.</p> <ul style="list-style-type: none"> • Bacitracin 500 unit/gm ointment • Cyclophosphamide 25 tablet • Erythromycin ethylsuccinate 400 mg tablet • Flac 0.01% oil • Glyburide micronized 1.5, 3, 6 mg tablet • Ibrance 75, 100 mg capsule • Levonorgestrel-ethinyl estrad 0.15-30 mg-mcg • Levora 0.15/30 (28) 0.15-30 mg-mcg tablet • Sronyx 0.1-20 mg-mcg tablet • Tazverik 200 mg tablet* • Tybost 150 mg tablet • Xpovio (40 mg once weekly) 40 mg pack • Zegalogue 0.6 mg/0.6mL autoinjector and PFS • Zydelig 100, 150 mg tablet <p>*True formulary deletion due to voluntary market withdrawal. These drugs will remain on the formulary until the end of the benefit year unless otherwise noted</p>	<p>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</p>	<p>S. Jackson</p>	<p>Resolved</p>	
<p>2026 Quantity Limit Additions</p>	<p>The Committee reviewed the 2026 March, April, May FRF Formulary Removals. The Committee approved as presented.</p> <ul style="list-style-type: none"> • Bonsity 560 mcg/2.24mL pen - 2.48/28 days • Brivaracetam 10 mg/mL oral solution - 600/30 days • Brivaracetam 10, 25, 50, 75, 100 mg tablet - 60/30 days • Eliquis (1.5 mg pack) tablet for suspension - 560/28 days • Eliquis (2 mg pack) tablet for suspension - 560/28 days • Eliquis 0.15 mg sprinkle capsule - 560/28 days • Eliquis 0.5 mg tablet for suspension - 70/28 days • Exxua titration pack 18.2 mg ER 24h tablet - 32/30 days • Hyrnuo 10 mg tablet - 120/30 days • Nilotinib d-tartrate 50, 150, 200 mg capsule - 120/30 days • Ozempic 1.5, 4, 9 mg tablet - 30/30 days • Perampanel 0.5 mg/mL suspension - 720/30 days • Phyrago 20 mg tablet - 90/30 days • Phyrago 50, 70, 80, 100, 140 mg tablet - 30/30 days • Pomalidomide 1, 2, 3, 4 mg capsule - 21/28 days • Rilpivirine hcl 25 mg tablet - 30/30 days • Spiriva Respimat 2.5 mcg - 4/30 days • Vraylar 0.5, 0.75 mg capsule - 30/30 days • Xpovio (80 mg once weekly) 80 mg tablet pack - 4/28 days 	<p>The Committee reviewed. It will be sent to CMS for approval. (See attached for voting detail)</p>	<p>S. Jackson</p>	<p>Resolved</p>	
<p>V. New Drug Review</p>	<p>The following new Protected Class Drugs were reviewed and will be added to the formulary per CMS regulations:</p>	<p>Per CMS regulations, “The</p>	<p>G. Ho</p>	<p>Resolved</p>	

	<ul style="list-style-type: none"> • <i>Tecartus (brexucabtagene autoleucel) Suspension for Intravenous Infusion</i> • <i>Lifyorli (relacorilant) Capsules*</i> • <i>Adstiladrin (nadofaragene firadenovec-vncg) Suspension for Intravesical Use</i> • <i>Opdivo (nivolumab) Injection</i> • <i>Tecvayli (teclistamab-cqyv) Injection</i> • <i>Hernexeos (zongertinib) Tablets</i> • <i>Braftovi (encorafenib) Capsules</i> • <i>Bysanti (milsaperidone) Tablets*</i> • <i>Calquence (acalabrutinib) Capsules and Tablets</i> • <i>Rybrevant Faspro (amivantamab and hyaluronidase-lpuj) Injection</i> <p><i>The following medications are Formulary with new FDA-approved indications:</i></p> <ul style="list-style-type: none"> • <i>Arexvy (respiratory syncytial virus vaccine, adjuvanted) Suspension for Intramuscular Injection</i> • <i>Sotyktu (deucravacitinib) Tablets</i> • <i>Dupixent (dupilumab) Injection</i> <p><i>The following medications were reviewed and will be kept as Non-formulary. Prior Authorization criteria will be developed as needed:</i></p> <ul style="list-style-type: none"> • <i>Eylea HD (aflibercept) Injection</i> • <i>Foundayo (orforglipron) Tablets*</i> • <i>Ponlimsi (denosumab-adet) Injection*</i> • <i>Spinraza (nusinersen) Injection</i> • <i>Alyftrek (deutivacaftor, tezacaftor and vanzacaftor) Tablets</i> • <i>Neffy (epinephrine) Nasal Spray</i> • <i>Awikli (insulin icodec-abae) Injection*</i> • <i>Kresladi (marnetegragegene autotemcel) Suspension for Intravenous Infusion*</i> • <i>Avlayah (tividenofusp alfa-eknm) Lyophilized Powder for Injection*</i> • <i>Imcivree (setmelanotide) Injection</i> • <i>Wegovy (semaglutide) Injection</i> • <i>Lynavoy (linerixibat) Tablets*</i> • <i>Icotyde (icotrokinra) Tablets*</i> • <i>Cosentyx (secukinumab) Injection</i> • <i>Wellcovorin (leucovorin calcium) Tablets</i> • <i>Pylarify (piflufolastat F18) Injection</i> • <i>Sogroya (somapacitan-beco) Injection</i> • <i>Palynziq (pegvaliase-pqpz) Injection</i> • <i>Yuwiwel (navepegritide) Lyophilized Powder for Injection - formerly TransCon CNP*</i> 	<p><i>P&T committee will make a reasonable effort to review a new FDA approved drug product (or new FDA approved indication) within 90 days of its release onto the market and will make a decision on each new FDA approved drug product (or new FDA approved indication) within 180 days of its release onto the market, or a clinical justification will be provided if this timeframe is not met. Formularies must include substantially all drugs in the six protected categories that are FDA approved by the last CMS specified HPMS formulary upload date for the upcoming contract year. New drugs or newly approved uses for drugs within the six classes that come onto the market after the CMS specified formulary upload date will be subject to an expedited P&T committee review. The expedited review process requires P&T committees to make a decision</i></p>			
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	<ul style="list-style-type: none"> • <i>Juxtapid (lomitapide) Capsules</i> • <i>Desmoda (desmopressin acetate) Oral Solution - formerly ET-600*</i> • <i>Loargys (pegzilarginase-nbln) Injection*</i> • <i>Elucirem (gadopiclenol) Injection</i> • <i>Wakix (pitolisant) Tablets</i> • <i>Adquey (difamilast) Ointment*</i> • <i>Enzeevu (aflibercept-abzv) Injection</i> • <i>Zepbound (tirzepatide) Injection</i> <p>(* Previously discussed in New Drug Review for Medicaid)</p>	<p><i>within 90 days, rather than the normal 180-day requirement. At the end of the 90 day period, these drugs must be added to Part D plan formularies.” (See attached for voting detail.)</i></p>			
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IV. Adjournment

There being no further business to discuss, the meeting was adjourned. Next meeting is to be held August 2026.



5/27/2026

Danielle Dolores, Director of Pharmacy Services

Date: _____

APPENDIX I: VOTING GRID

	Danielle Dolores, PharmD	George Downs, PharmD	Lawrence Jones, RPh	Tania Kolev, MD	Hannah McCaffrey	Sanjiv Raj	Kaylei Koerwitz	Heather Scheckner	Merleen Harris-Williams, MD	Demian Elder, MD	Edgar Chou, MD	Comments
<i>Minutes Review/Approval</i>	A	A	A	A	A	A	A	A	A	E	A	<i>February 2026</i>
<i>2027 Prior Authorization Criteria Updates</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Prior Authorization Criteria - No Clinical Updates</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Prior Authorization Removals</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Step Therapy Review</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Formulary Additions</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Formulary Removals</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Tier 5 Changes</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Drugs Moving to \$0 Tier</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Quantity Limit Updates</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2027 Quantity Limit Additions</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2026 Prior Authorization Criteria Review</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2026 Formulary Additions</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2026 March, April, May FRF Formulary Additions - Protected Class</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2026 March, April, May FRF Formulary Additions – Non-Protected Class</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2026 March, April, May FRF Formulary Removals</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>2026 Quantity Limit Additions</i>	A	A	A	A	A	A	A	A	A	E	A	
<i>New Drug Review</i>	A	A	A	A	A	A	A	A	A	E	A	

*A = Approved as presented * R = Rejected * E = Excused from meeting * P = Precluded from vote due to conflict of interest