STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J.Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

Pharmaceutical and Therapeutics Committee

October 29th, 2025

Location: In Person
Time: Executive Session 2:30 PM - 3:30 PM
Time: Open Session 3:30 PM – 5:00 PM
St John XVIII Pastoral Center
100 Hodges Road
Charleston, WV 25301
(304) 558-1700

MINUTES

Committee Members Present:
Philip Galapon, MD FAAFP, Chair
Chris Terpening, PharmD, PhD
Toni DiChiacchio, DNP
Michael Cheshire, DO
Scott Brown, RPh, Vice Chair
David Gloss, MD
Laura Davisson, MD
Brian Hardman, FNP-C
Schelley Schliesser, PharmD
John Bernabei, RPh (JJ)
Mitzi Payne, MD
Krista Capehart, PharmD
Charles Rohrbaugh, RPh

Absent:

Division of Medicaid Staff Present:
Vicki Cunningham, PharmD, MS, Director
Bill Hopkins, Operations Manager
Doug Sorvig, Data Analyst
Lori Moles, RPH Appeals Pharmacist
Gail Goodnight, RPH Rebate Pharmacist
Kristen Boustany, PharmD

Contract Staff Present:
Change Healthcare/OptumRx
Joseph Bergondo, PharmD
Roberta Capp, MD
Paige Clayton, PharmD
Chris Dolfi, PharmD

Other Contract / State Staff Present:
Kevin McCann, Medical Director
Priya Shah, PharmD, DUR Coordinator

I. Call to Order

Philip Galapon, Chairman, called the meeting to order at 1:32 PM.

II. Welcome and Introductions

Philip Galapon welcomed all present to the committee meeting. Committee members, Bureau of Medical Services staff, and Change Healthcare staff introduced themselves.

III. Housekeeping Items / Updates

A. Approval of the August 27th Meeting Minutes

The Committee moved to approve the August 27th, 2025, Meeting Minutes, with the addition of the committee's discussion surrounding Anti-Obesity Class coverage on the statewide PDL. All were in favor of revisions.

B. PDL Compliance / Generic Percent Report Updates

Joe Bergondo provided an explanation of the PDL Compliance and Generic Percent reports.

- Joe Bergondo reviewed the Generic Percent Report; overall generic utilization for Q4 2023 was 85.5%.
- Joe Bergondo reviewed the PDL Compliance Report; overall compliance for Q4 2023 was 92.8%.

IV. Drug Class Announcements

- Androgenic Agents
- Angiotensin Modulators
- Antibiotics, Inhaled
- Anticonvulsants
- Antiemetics
- Antimigraine Agents, Acute
- Antiparasitics, Topical
- Antipsychotics, Atypical
- Antiretrovirals
- Antivirals, Oral
- Beta Blockers
- Bone Resorption Suppression & Related Agents
- Bronchodilators, Beta Antagonist
- COPD Agents
- Cytokine & Cam Antagonists
- Diabetes Agents, DPP-4 Inhibitors

- Diabetes Agents, SGLT2 Inhibitors
- Dry Eye Products
- Duchenne Muscular Dystrophy (DMD), Corticosteroids
- Heart Failure Treatments
- Immunomodulators, Atopic Dermatitis
- Ophthalmics for Allergic Conjunctivitis
- Opiate Dependence Treatments
- PAH Agents
- Platelet Aggregation Inhibitors
- Potassium Removing Agents

V. First Round of Extractions

Additional extractions presented by Committee members:

- No Additional Classes were extracted by the committee at this time

VI. Public Comments

- Christine Dube – Airsupra
- Nancy Nuguna - Yeztugo
- Catherine Ham - Qlipta
- April Baisden – Auvelity
- Brock Bizzell - Tyvaso
- Katie Rocanch- Trespire
- Andrien Delgado - Cobenfy
- Joseph Jones - Neffy
- Nicole Abolins – Nurtec ODT
- Judi Profit - Qelbree
- Azma Sikder -Symbravo
- Yelena Yankovskaya - Xolair
- Harsh Kuvadla – Caplyta, Tremfya

VII. Second Round of Extractions

Additional extractions presented by Committee members:

- Antidepressants, Other
- Bronchodilators, Beta Agonists

VIII. Motion for All Non-Extracted Categories to be Approved as Proposed

- Acne Agents, Topical
- Alzheimer's Agents
- Analgesics, Narcotics- Long Acting (Non-Parenteral)
- Analgesics, Narcotics- Short Acting (Non-Parenteral)
- Analgesics, Non-Narcotic Short Acting

- Anesthetics, Topical
- Antianginal & Anti-Ischemic
- Antibiotics, GI & Related Agents
- Antibiotics, Topical
- Antibiotics, Vaginal
- Anticoagulants
- Antidepressants, SSRIs
- Antifungals, Oral
- Antifungals, Topical
- Antihemophilia Factor Agents
- Antihypertensives, Sympatholytics
- Antihyperuricemics
- Antimigraine Agents, Prophylaxis
- Antiparkinson's Agents
- Antipsoriatics, Topical
- Bladder Relaxant Preparations
- BPH Treatments
- Calcium Channel Blockers
- Cephalosporins & Related Antibiotics
- Crohn's Disease Oral Steroids
- Diabetes Agents, Biguanides
- Diabetes Agents, GLP-1 Agonists
- Diabetes Agents, Insulins & Related Agents
- Diabetes Agents, Meglitinides
- Hypoglycemics, Miscellaneous Agents
- Epinephrine, Self-Injected
- Erythropoiesis Stimulating Proteins
- Fluoroquinolones, Oral
- Glucocorticoids, Inhaled
- Growth Hormones
- H. Pylori Treatment
- Hepatitis B Treatments
- Hepatitis C Treatments
- Hyperparathyroid Agents
- Hypoglycemia Treatments
- Immunomodulators, Genital Warts & Actinic Keratosis Agents
- Immunosuppressive, Oral
- Intranasal Rhinitis Agents
- Irritable Bowel Syndrome/Short Bowel Syndrome/Selected GI Agents
- Laxatives and Cathartics
- Leukotriene Modifiers
- Lipotropics, Other (Non-Statins)
- Lipotropics, Statins
- MABS, Anti-IL/IgE
- Major Adverse Cardiovascular Event (MACE) Reduction Agents, GLP-1 Agonists
- Macrolides

- Metabolic Dysfunction-Associated Steatohepatitis (MASH)
- Multiple Sclerosis Agents
- Neuropathic Pain
- NSAIDs
- Obstructive Sleep Apnea Agents
- Ophthalmic Antibiotics
- Ophthalmic Antibiotics/Steroid Combinations
- Ophthalmics, Anti-Inflammatories
- Ophthalmics, Glaucoma Agents
- Oral and Topical Contraceptives
- Otic Antibiotics
- Pancreatic Enzymes
- Pituitary Suppressive Agents, LHRH
- Progestins for Cachexia
- Proton Pump Inhibitors
- Sedative Hypnotics
- Skeletal Muscle Relaxants
- Steroids, Topical
- Stimulants & Related Agents
- Tetracyclines
- Ulcerative Colitis Agents
- Vaginal Ring Contraceptives
- Vasodilators, Coronary
- VMAT Inhibitors

A motion was made and seconded to accept all non-extracted categories as presented by Change Healthcare. All members were in favor, and the motion was approved.

IX. Break/Lunch and Executive Session

The committee adjourned at 10:31 AM for Executive Session and lunch until afternoon session.

X. New Business

A. New Drug Reviews

i. Androgenic Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
CLASS PA CRITERIA: A non-preferred agent will only be authorized if one of the exceptions on the PA form is present.		
ANDROGEL PUMP (testosterone)CL/PA* TESTIM (testosterone) testosterone cypionate vialCL/PA* testosterone enanthate vialCL/PA* testosterone gel 1.62%	ANDROGEL PACKETS (testosterone) ANDROID (methyltestosterone) AVEED (testosterone undecanoate) AZMIRO INJECTION (testosterone cypionate) FORTESTA (testosterone) JATENZO (testosterone undecanoate) METHITEST (methyltestosterone) methyltestosterone capsules NATESTO (testosterone) testosterone gel testosterone solution pump TESTRED (methyltestosterone) TLANDO (testosterone undecanoate) UNDECATREX (testosterone undecanoate) VOGELXO (testosterone) XYOSTED (testosterone enanthate)	*Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.

Charles Rohrbaugh made a motion to approve the changes to the Androgenic Agents class as recommended; the motion was seconded by Scott Brown. All members were in favor, and the motion was approved.

ii. Angiotensin Modulators

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANGIOTENSIN MODULATORSAP		
CLASS PA CRITERIA: Non-preferred agents require 14-day trials of each preferred agent in the same subclass, with the exception of the Direct Renin Inhibitors, before they will be approved, unless one of the exceptions on the PA form is present.		
ACE INHIBITORS		
benazepril captopril enalapril fosinopril lisinopril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) enalapril solution EPANED SOLUTION (enalapril)* LOTENSIN (benazepril) moexipril perindopril PRINIVIL (lisinopril) QBRELIS SOLUTION (lisinopril)** quinapril ZESTRIL (lisinopril)	*Epaned solution (enalapril solution) will be authorized with a diagnosis of hypertension, symptomatic heart failure or asymptomatic left ventricular dysfunction provided that the patient is less than (<) seven years of age **OR** is unable to ingest a solid dosage form due to documented oral-motor difficulties or dysphagia. **Qbrelis solution may be authorized for children six to 10 years of age who are unable to tolerate a solid dosage form. Qbrelis may also be authorized for older patients with clinical documentation indicating oral-motor difficulties or dysphagia
ACE INHIBITOR COMBINATION DRUGS		
benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ	LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil) trandolapril/verapamil quinapril/HCTZ ZESTORETIC (lisinopril/HCTZ)	

ARB COMBINATIONS		
irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/amlodipine/HCTZ olmesartan/HCTZ valsartan/amlodipine valsartan/HCTZ	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) telmisartan/amlodipine telmisartan/HCTZ TRIBENZOR (olmesartan/amlodipine/HCTZ) valsartan/amlodipine/HCTZ	

Scott Brown made a motion to approve the changes to the Angiotensin Modulators class; the motion was seconded by Chris Terpening. All members were in favor, and the motion was approved.

iii. Antibiotics, Inhaled

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIBIOTICS, INHALED		
CLASS PA CRITERIA: Non-preferred agents require a 28-day trial of a preferred agent and documentation of therapeutic failure before they will be approved, unless one of the exceptions on the PA form is present.		
BETHKIS (tobramycin) 300 mg/4 ml tobramycin 300 mg/5 ml (generic TOBI) tobramycin 300 mg/5 ml (generic KITABIS)	CAYSTON (aztreonam) KITABIS PAK (tobramycin) 300mg/5ml TOBI (tobramycin) TOBI PODHALER (tobramycin)	

Scott Brown made a motion to approve the changes to the Antibiotics Inhaled class as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor, and the motion was approved.

iv. Anticonvulsants

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTICONVULSANTS		
CLASS PA CRITERIA: For a diagnosis of seizure disorder, non-preferred agents require a 14-day trial of a preferred agent in the same subclass before they will be approved, unless one of the exceptions on the PA form is present; patients currently on established therapies shall be grandfathered. For all other diagnoses, non-preferred agents require a 30-day trial of a preferred agent in the same subclass before they will be approved, unless one of the exceptions on the PA form is present. In situations where AB-rated generic equivalent products are available, "Brand Medically Necessary" must be hand-written by the prescriber on the prescription for the brand name product to be reimbursed.		
valproic acid zonisamide	TRILEPTAL TABLETS (oxcarbazepine) TROKENDI XR (topiramate)*** vigabatrin tablet/powder pack VIGAFYDE (vigabatrin solution) VIMPAT SOLUTION, TABLETS (lacosamide) XCOPRI (cenobamate) ZONISADE SOLUTION (zonisamide)****** ZTALMY (ganaxolone)	compliance, as to why the clinical need cannot be met by using a preferred lacosamide agent, is provided.

Scott Brown made a motion to approve the changes to the Anticonvulsants class as recommended; the motion was seconded by Chris Terpening. All members were in favor, and the motion was approved.

v. Antidepressants, Other

The Antidepressants, Other class was extracted in the second round of extractions by the P&T Committee. There were no recommended changes to the PDL in this class and no motions or votes were needed. It was notated by the committee that they would recommend referring AUVELITY to the DUR committee for criteria discussions in the future.

vi. Antiemetics

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIEMETICS[AP]		
CLASS PA CRITERIA: See below for subclass criteria.		
COMBINATIONS		
DICLEGIS (doxylamine/pyridoxine) doxylamine/pyridoxine (generic DICLEGIS)	AKYNZEO (netupitant/palonosetron) BONJESTA (doxylamine/pyridoxine)	Non-preferred agents may only be approved after a trial and failure of a preferred agent unless one of the exceptions on the PA form is present.

Scott Brown made a motion to approve the changes to the Antiemetics class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved.

vii. Antimigraine Agents, Acute

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIMIGRAINE AGENTS, ACUTE[AP]		
CLASS PA CRITERIA: Non-preferred agents require three-day trials of each preferred unique chemical entity as well as a three-day trial using the same route of administration as the requested agent (if available), before they will be approved, unless one of the exceptions on the PA form is present.		
NURTEC ODT (rimegepant)* UBRELVY (ubrogepant)***	CAMBIA (diclofenac) D.H.E 45 AMPULE (dihydroergotamine)** dihydroergotamine injection, nasal spray** ELYXYB (celecoxib)	*Nurtec Orally Disintegrating Tablet (ODT) For a diagnosis of **Migraine Treatment**: requires three-day trials of two preferred chemically distinct triptans before it may be approved, unless one

Scott Brown made a motion to approve the changes to the Antimigraine Agents, Acute class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved.

viii. Antiparasitics, Topical

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIPARASITICS, TOPICAL[AP]		
CLASS PA CRITERIA: Non-preferred agents require trials of each preferred agent (which are age and weight appropriate) before they will be approved, unless one of the exceptions on the PA form is present.		
NATROBA (spinosad) permethrin 5% cream pyrethrins-piperonyl butoxide (OTC) spinosad (NDC 52246057004)	ELIMITE CREAM (permethrin) EURAX (crotamiton) ivermectin 0.5% lotion LICE EGG REMOVER (benzalkonium chloride) (OTC) lindane malathion OVIDE (malathion) PRURADIK (crotamiton) SKLICE (ivermectin) spinosad (all other NDC's) VANALICE (piperonyl/pyrethrum)	

Scott Brown made a motion to approve the changes to the Antiparasitics, Topical class as recommended; the motion was seconded by Chris Terpening. All members were in favor, and the motion was approved.

ix. Antipsychotics, Atypical and Combination

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIPSYCHOTICS, ATYPICAL AND COMBINATION		
CLASS PA CRITERIA: All antipsychotic agents require prior authorization for children up to 18 years of age. All PA requests for antipsychotics for children six years of age and younger will be reviewed by Medicaid's consultant psychiatrist. Non-preferred agents require 30-day trials of two preferred Atypical Antipsychotics approved or medically accepted for the member's diagnosis or indication, including the generic formulation of the requested agent (if available), before they will be approved unless one of the exceptions on the PA form is present. When determining requests for non-preferred products, any trial utilizing a preferred agent whose dose or duration was limited due to adverse effects or clear lack of efficacy will be considered complete only if the agent was being taken within the FDA approved therapeutic range.* Patients shall be grandfathered onto their existing therapy, provided the requested agent is being used according to the manufacturer label. Continuation of therapy for an off-label indication or non-standard dosage may be granted a 30-day prior authorization while the medical director reviews the request. *According to manufacturer dosing recommendations.		
olanzapine olanzapine ODT paliperidone ER PERSERIS (risperidone)CL/PA quetiapineAP for the 25 mg Tablet Only*** quetiapine ER risperidone ODT, solution, tablets UZEDY (risperidone)	GEODON (ziprasidone) GEODON IM (ziprasidone) INVEGA ER (paliperidone) LATUDA (lurasidone) LYBALVI (olanzapine/samidorphan)**** NUPLAZID (pimavanserin)***** olanzapine IMCL/PA olanzapine/fluoxetine	1. For a diagnosis of schizophrenia; **OR** 2. For a diagnosis of bipolar disorder; **OR** 3. When prescribed concurrently with other strengths of Seroquel in order to achieve therapeutic treatment levels. **Quetiapine 25 mg will not be authorized for use as a sedative hypnotic.**

Scott Brown made a motion to approve the changes to the Antipsychotics, Atypical and Combination class as recommended; the motion was seconded by Chris Terpening. All members were in favor, and the motion was approved.

XI. Antiretrovirals

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIRETROVIRALSAP		
CLASS PA CRITERIA: Non-preferred drugs require medical reasoning beyond convenience or enhanced compliance as to why the clinical need cannot be met with a preferred agent or combination of preferred agents. **NOTE**: Regimens consisting of preferred agents will result in no more than one additional unit per day over equivalent regimens composed of non-preferred agents. Patients already on a non-preferred regimen shall be grandfathered.		
PRODUCTS FOR PRE-EXPOSURE PROPHYLAXIS (PrEP)		
APRETUDE (cabotegravir) DESCOVY (emtricitabine/tenofovir alafenamide) emtricitabine/tenofovir alafenamide YEZTUGO TABLETS, VIAL (lenacapavir)	TRUVADA (emtricitabine/tenofovir alafenamide)	

Scott Brown made a motion to approve the changes to the Antiretrovirals class as recommended; the motion was seconded by Shelley Schliesser. All members were in favor, and the motion was approved.

XII. Antivirals, Oral

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
ANTIVIRALS, ORAL		
CLASS PA CRITERIA: Non-preferred agents require five-day trials of each preferred agent in the same subclass before they will be approved, unless one of the exceptions on the PA form is present.		

ANTI-INFLUENZA		
oseltamivir PAXLOVID (nirmatrelvir/ritonavir)	FLUMADINE (rimantadine) RELENZA (zanamivir) rimantadine TAMIFLU (oseltamivir) XOFLUZA (baloxavir)	**In addition to the Class Criteria**: The anti-influenza agents will be authorized only for a diagnosis of influenza.

Scott Brown made a motion to approve the changes to the Antivirals Oral class as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor, and the motion was approved.

XIII. Beta Blockers

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
BETA BLOCKERSAP		
CLASS PA CRITERIA: Non-preferred agents require 14-day trials of three chemically-distinct preferred agents, including the generic formulation of the requested non-preferred agent before they will be approved, unless one of the exceptions on the PA form is present.		
BETA BLOCKERS		
acebutolol atenolol betaxolol bisoprolol HEMANGEOL (propranolol)* metoprolol metoprolol ER nadolol	BETAPACE (sotalol) BYSTOLIC (nebivolol) CORGARD (nadolol) INDERAL LA (propranolol) INDERAL XL (propranolol) INNOPRAN XL (propranolol) KAPSPARGO SPRINKLE (metoprolol) LOPRESSOR tablets, solution (metoprolol)	*Hemangeol will be authorized for the treatment of proliferating infantile hemangioma requiring systemic therapy.

Scott Brown made a motion to approve the changes to the Beta Blockers class as recommended; the motion was seconded by Chris Terpening. All members were in favor, and the motion was approved.

XIV. Bone Resorption Suppression and Related Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
CLASS PA CRITERIA: See below for class criteria.		
BISPHOSPHONATES		
OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS		
	BONSITY (teriparatide) calcitonin EVISTA (raloxifene)* FORTEO (teriparatide)	Non-preferred agents require a six-month trial of a preferred Bisphosphonate agent before they will be approved, unless one of the exceptions on the PA form is present.

Scott Brown made a motion to approve the changes to the Bone Resorption Suppression and Related Agents class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved.

XV. Bronchodilators, Beta Agonist

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
BRONCHODILATORS, BETA AGONIST[AP]		
CLASS PA CRITERIA: Non-preferred agents require 30-day trials of each chemically distinct preferred agent in their corresponding subclass unless one of the exceptions on the PA form is present.		
INHALERS, SHORT-ACTING		
albuterol HFA AIRSUPRA (albuterol/budesonide) PROAIR HFA (albuterol)	PROAIR DIGIHALER (albuterol) XOPENEX HFA (levalbuterol)	

Scott Brown made a motion to approve the changes to the Bronchodilators, Beta Agonist class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved. It was notated by the committee that they would recommend referring AIRSUPRA to the DUR committee for criteria.

XVI. COPD Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
COPD AGENTS		
CLASS PA CRITERIA: Non-preferred agents require a 60-day trial of one preferred agent from the corresponding subclass before they will be approved, unless one of the exceptions on the PA form is present.		
ANTICHOLINERGIC[AP]		
ATROVENT HFA (ipratropium) INCRUSE ELLIPTA (umeclidinium) ipratropium nebulizer solution SPIRIVA HANDIHALER (tiotropium) SPIRIVA RESPIMAT (tiotropium)	TUDORZA (aclidinium) YUPELRI SOLUTION (revefenacin)	
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS[AP]		
albuterol/ipratropium nebulizer solution ANORO ELLIPTA (umeclidinium/vilanterol) COMBIVENT RESPIMAT (albuterol/ipratropium) STIOLTO RESPIMAT (tiotropium/olodaterol)	BEVESPI (glycopyrrolate/formoterol) DUAKLIR PRESSAIR (aclidinium/formoterol)* umeclidinium/vilanterol	***In addition to the Class PA Criteria:** Duaklir Pressair requires 60-day trials of each long-acting preferred agent, as well as a 60-day trial of Stiolto Respimat.

Scott Brown made a motion to approve the changes to the COPD Agents class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved.

XVII. Cytokine and CAM Antagonists

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**

CYTOKINE & CAM ANTAGONISTS CL/PA		
CLASS PA CRITERIA: Non-preferred agents require 90-day trials of all preferred agents which are indicated for the diagnosis, unless one of the exceptions on the PA form is present. *Patients stabilized for at least six months on their existing non-preferred regimen shall be grandfathered (provided the current therapy is for a labeled indication AND a more cost-effective biosimilar product is not available). In cases where a biosimilar exists but is also non-preferred, the PA vendor shall advise the provider which product is the most cost-effective agent. All off-label requests require review by the medical director.* **Full PA criteria may be found on the PA Criteria page by clicking the link.**		
ANTI-TNFs		
adalimumab-fkjp	ABRILADA (adalimumab-afzb)	
AVSOLA (infliximab-axxq)	adalimumab-aacf	
ENBREL (etanercept)	adalimumab-aaty	
HADLIMA (adalimumab-bwwd)	adalimumab-adbm	
HUMIRA (adalimumab)	adalimumab-adaz	
infliximab	AMJEVITA (adalimumab-atto)	
SIMLANDI (adalimumab-ryvk)	CIMZIA (certolizumab pegol)	
SIMPONI SUBCUTANEOUS (golimumab)	CYLTEZO (adalimumab-adbm)	

Scott Brown made a motion to approve the changes to the Cytokine and CAM Antagonists class as recommended; the motion was seconded by Michael Cheshire/Krista Capehart. All members were in favor, and the motion was approved.

XVIII. Diabetes Agents, DPP-4 Inhibitors

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
DIABETES AGENTS, DPP-4 INHIBITORS		
CLASS PA CRITERIA: Non-preferred agents are available only on appeal. **NOTE:** DPP-4 inhibitors will NOT be approved in combination with a GLP-1 agonist.		
JANUMET (sitagliptin/metformin)	alogliptin	
JANUMET XR (sitagliptin/metformin)	alogliptin/metformin	
JANUVIA (sitagliptin)	alogliptin/pioglitazone	
JENTADUETO (linagliptin/metformin)	BRYNOVIN SOLUTION (sitagliptin)	
TRADJENTA (linagliptin)	JENTADUETO XR (linagliptin/metformin)	

Scott Brown made a motion to approve the changes to the Diabetes Agents, DPP-4 Inhibitors class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved.

XIX. Diabetes Agents, SGLT2 Inhibitors

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
DIABETES AGENTS, SGLT2 INHIBITORS		
CLASS PA CRITERIA: Non-preferred agents will only be approved (in six-month intervals) if ALL of the following criteria have been met:		

1) Current A1C must be submitted. Agents in this class will not be approved for patients with a starting A1C of less than (<) 7%.
2) Documentation demonstrating 90 days of compliance on all current diabetic therapies is provided.
3) Documentation demonstrating treatment failure with all unique preferred agents in the same class.

Re-authorizations will require documentation of continued compliance on all diabetic therapies and A1C levels must reach goal (either an A1C of less than or equal to (≤) 8% or demonstrated continued improvement).

For all other FDA approved indications: A 30-day trial and failure of each preferred SGLT2 is required.

SGLT2 INHIBITORS		
FARXIGA (dapagliflozin) JARDIANCE (empagliflozin)	dapagliflozin INVOKANA (canagliflozin) STEGLATRO (ertugliflozin)	
SGLT2 COMBINATIONS		
GLYXAMBI (empagliflozin/linagliptin) SYNJARDY (empagliflozin/metformin) SYNJARDY XR (empagliflozin/metformin) TRIJARDY XR (empagliflozin/linagliptin/metformin) XIGDUO XR (dapagliflozin/metformin)	dapagliflozin/metformin INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SEGLUROMET (ertugliflozin/metformin STEGLUJAN (ertugliflozin/sitagliptin)	

Scott Brown made a motion to approve the changes to the Diabetes Agents, SGLT2 Inhibitors class as recommended; the motion was seconded by Chris Terpening. All members were in favor, and the motion was approved.

XX. Dry Eye Products

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
DRY EYE PRODUCTS **CLASS PA CRITERIA:** Non-preferred agents require a 60-day trial of the preferred agent(s).		
RESTASIS (cyclosporine) XIIDRA (lifitegrast)	CEQUA (cyclosporine) cyclosporine dropperette MIEBO RESTASIS MULTIDOSE (cyclosporine)* TYRVAYA (varenicline) TRYPTYR (acoltremon) VEVYE (cyclosporine)	*Restasis Multidose is approvable only on appeal and requires medical reasoning as to why the clinical need cannot be met with the preferred product (Restasis).

Scott Brown made a motion to approve the changes to the Dry Eye Products class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved.

XXI. Duchenne Muscular Dystrophy (DMD), Corticosteroids

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
DUCHENNE MUSCULAR DYSTROPHY (DMD), CORTICOSTEROIDS **CLASS PA CRITERIA:**		
AGAMREE (vamorolone) EMFLAZA (deflazacort)	deflazacort JAYTHARI (deflazacort)	

Scott Brown made a motion to approve adding The Duchenne Muscular Dystrophy (DMD), Corticosteroids class and medications as recommended; the motion was seconded by Michael Cheshire/Chris Terpening. All members were in favor, and the motion was approved.

XXII. Heart Failure Treatments

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
HEART FAILURE TREATMENTS		
This is not an all-inclusive list of agents available for the treatment of heart failure. Please see beta blockers and SGLT-2 agents.		
sacubitril/valsartan	ENTRESTO SPRINKLE CAPSULES (sacubitril/ valsartan)** KERENDIA (finerenone) INPEFA (sotagliflozin)*** ENTRESTO (sacubitril/valsartan) VERQUVO (vericiguat)****	*Entresto may be authorized only for patients greater than or equal to (≥) one year of age diagnosed with chronic heart failure **Entresto sprinkle capsules may be authorized for children who are one to nine years of age who are unable to ingest solid dosage forms. Therapy may be authorized for older patients with clinical documentation indicating oral-motor difficulties or dysphagia. ***Inpefa may be authorized for an FDA approved indication **AND** clinical reasoning must be provided as to why the medical need cannot be met with a preferred SGLT2 agent.

Scott Brown made a motion to approve the changes to the Heart Failure Treatments class as recommended; the motion was seconded by Laura Davisson. All members were in favor, and the motion was approved.

XXIII. Immunomodulators, Atopic Dermatitis

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
IMMUNOMODULATORS, ATOPIC DERMATITIS		
CLASS PA CRITERIA: Non-preferred agents require a 30-day trial of a medium-to-high potency topical corticosteroid **AND all** preferred agents in this class unless one of the exceptions on the PA form is present. Requirement for topical corticosteroids may be excluded with involvement of sensitive areas such as the face and skin folds.		
TOPICAL TREATMENTS		
OPZELURA CREAM (ruxolitinib)* tacrolimus ointment	EUCRISA (crisaborole)[AP]** pimecrolimus cream	*Full PA criteria may be found on the PA Criteria page by clicking the hyperlink

Scott Brown made a motion to approve the changes to the Immunomodulators, Atopic Dermatitis class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved.

XXIV. Immunomodulators, Atopic Dermatitis, Systemic

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
IMMUNOMODULATORS, ATOPIC DERMATITIS		
CLASS PA CRITERIA: Non-preferred agents require a 30-day trial of a medium-to-high potency topical corticosteroid **AND all** preferred agents in this class unless one of the exceptions on the PA form is present. Requirement for topical corticosteroids may be excluded with involvement of sensitive areas such as the face and skin folds.		
SYSTEMIC TREATMENTS		
ADBRY (tralokinumab)* DUPIXENT (dupilumab)* EBGLYSS (lebrikizumab)	CIBINQO (abrocitinib)* NEMLUVIO (nemolizumab-ilto)*	*Full PA criteria may be found on the PA Criteria page by clicking the hyperlink

Scott Brown made a motion to approve the changes to the Immunomodulators, Atopic Dermatitis, Systemic class as recommended; the motion was seconded by Michael Cheshire/Chris Terpening. All members were in favor, and the motion was approved.

XXV. Opiate Dependence Treatments

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
OPIATE DEPENDENCE TREATMENTS		
CLASS PA CRITERIA: Bunavail and Zubsolv may only be approved with a documented intolerance or allergy to Suboxone films AND buprenorphine/naloxone tablets.		
BRIXADI (buprenorphine)[CL/PA] buprenorphine/naloxone tablets KLOXXADO SPRAY (naloxone) naloxone cartridge/syringe/vial naloxone nasal spray (OTC) NARCAN NASAL SPRAY (naloxone) REXTOVY NASAL SPRAY (naloxone) SUBLOCADE (buprenorphine solution)[CL/PA]	BUNAVAIL (buprenorphine/naloxone) buprenorphine tablets buprenorphine/naloxone film lofexidine LUCEMYRA (lofexidine)* naloxone nasal spray (Rx) OPVEE (nalmefene) ZIMHI (naloxone hydrochloride)	*Full PA criteria may be found on the PA Criteria page by clicking the hyperlink.

Scott Brown made a motion to approve the changes to the Opiate Dependence Treatments class as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor, and the motion was approved.

XXVI. PAH Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
PAH AGENTS[CL/PA]		
CLASS PA CRITERIA: Non-preferred agents require a 30-day trial of a preferred agent before they will be approved, unless one of the exceptions on the PA form is present.		
PAH AGENTS – PROSTACYCLINS		
epoprostenol (generic VELETRI) VENTAVIS (iloprost)*	ORENITRAM ER (treprostinil) REMODULIN (treprostinil sodium) treprostinil (generic REMODULIN) TYVASO (treprostinil) TYVASO DPI (treprostinil) UPTRAVI (selexipag) VELETRI (epoprostenol) YUTREPIA (treprostinil)	pulmonary artery hypertension (WHO Group 1) in patients with NYHA Class III or IV symptoms.

Scott Brown made a motion to approve the changes to the PAH Agents class as recommended; the motion was seconded by Michael Cheshire/Chris Terpening. All members were in favor, and the motion was approved.

XXVII. Platelet Aggregation Inhibitors

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
PLATELET AGGREGATION INHIBITORS		
CLASS PA CRITERIA: Non-preferred agents require a 30-day trial of a preferred agent before they will be approved, unless one of the exceptions on the PA form is present.		
BRILINTA (ticagrelor) clopidogrel dipyridamole prasugrel ticagrelor 90 mg tablets (Generic BRILINTA 90mg)	clopidogrel kit dipyridamole/aspirin EFFIENT (prasugrel) PLAVIX (clopidogrel) ticagrelor 60 mg tablets (Generic BRILINTA 90mg) ZONTIVITY (vorapaxar)	

Scott Brown made a motion to approve the changes to the Platelet Aggregation Inhibitors class as recommended; the motion was seconded by Charles Rohrbaugh. All members were in favor, and the motion was approved.

XXVIII. Potassium Removing Agents

THERAPEUTIC DRUG CLASS		
PREFERRED AGENTS	**NON-PREFERRED AGENTS**	**PA CRITERIA**
POTASSIUM REMOVING AGENTS		
CLASS PA CRITERIA: Non-preferred agents require a 30-day trial of a preferred agent before they will be approved, unless one of the exceptions on the PA form is present.		
LOKELMA (sodium zirconium cyclosilicate) VELTASSA (patiromer calcium sorbitex)	KIONEX (sodium polystyrene sulfonate) SPS (sodium polystyrene sulfonate)	

Scott Brown made a motion to approve the changes to the Potassium Removing Agents class as recommended; the motion was seconded by Michael Cheshire. All members were in favor, and the motion was approved.

XXIX. Old Business

XXX. Other Business

XXXI. Next Meeting

The next P&T meeting is scheduled for January 28th, 2026, 2:00pm-5:00pm, virtual.

XXXII. Adjournment

The committee adjourned the meeting at 2:00p