



The following tables list the agenda items as well as the Options for Consideration that are scheduled to be presented and reviewed at the **October 13, 2026** meeting of the Pharmacy and Therapeutics Advisory Committee.

SINGLE AGENT REVIEWS

Agent	Options for Consideration
New Product to Market Hepcludex® (bulevirtide-gmod)	Non-PDL Approval Duration: 1 year initial, 1 year renewal <i>Hepcludex® (bulevirtide-gmod) is a viral entry inhibitor that is indicated for the treatment of chronic hepatitis delta virus (HDV) infection in adults without cirrhosis or with compensated cirrhosis.</i> Initial Approval Criteria: - Diagnosis hepatitis D virus infection; without cirrhosis or with compensated cirrhosis; AND - Prescribed by, or in consultation with, a hepatology/gastroenterology, infectious disease, transplant or other appropriate specialist; AND - Patient does NOT have decompensated cirrhosis (Child-Pugh B or C); AND - Documentation of the following clinical data - Recent (within 3 months) quantitative HDV RNA level (HDV viral load); AND - Elevated alanine aminotransferase (ALT) levels (> 34 U/L for females and > 49 U/L for males); AND - Prescriber attests that hepatitis B virus (HBV) infection is managed as clinically appropriate; AND - Patient must meet the minimum age recommended by the package insert for this FDA-approved indication. RENEWAL CRITERIA - Patient has experienced disease improvement or stabilization as evidenced by one of the following: - Reduction in HDV RNA levels or undetectable HDV RNA; OR - Reduction or normalization of ALT values. Quantity Limit: 1 vial per day
New Product to Market Xocova® (ensitrelvir)	Anti-Infective – Oral Antivirals, COVID-19: Non-Preferred Approval Duration: 1 month <i>Xocova (ensitrelvir) is an inhibitor of the SARS-CoV-2 main protease (Mpro), also referred to as 3C-like protease (3CLpro) or nonstructural protein 5 (nsp5) protease. Inhibition of SARS-CoV-2 Mpro renders it incapable of processing the viral polyproteins pp1a and pp1ab, preventing viral replication.</i> Initial Approval Criteria:





Agent	Options for Consideration
	- Member does not have known or suspected active COVID-19 infection at the time treatment is initiated; AND - Recent contact with and suspected exposure to COVID-19; AND - Treatment will be initiated as soon as possible and within 72 hours of symptom onset; AND - If the patient is a female of childbearing potential, the patient is not pregnant. Age Limit: ≥ 12 years of age Quantity Limit: 7 tablets per 5-day course and 1 fill per 30 days
New Product to Market Lynavoy® (limerixibat)	Gastrointestinal: Bile Salts: Non-Preferred Approval Duration: 1 year initial, 1 year renewal <i>Lynavoy® (limerixibat) is an ileal bile acid transporter (IBAT) inhibitor approved for cholestatic pruritus associated with primary biliary cholangitis (PBC) in adults.</i> Initial Approval Criteria: - Diagnosis of cholestatic pruritus associated with primary biliary cholangitis; AND - Patient meets two of the following: - Elevation of alkaline phosphatase (ALP levels > 220 IU/L); OR - Presence of antimitochondrial antibody (AMA) or other PBC-specific autoantibodies (including sp100 or gp210, if AMA is negative); OR - Histopathological evidence of primary biliary cirrhosis; AND - Patient does NOT have decompensated cirrhosis or prior or active hepatic decompensation events (variceal hemorrhage, ascites, hepatic encephalopathy); AND - Prescribed by, or in consultation with, a hepatology/gastroenterology; AND - Patient has a history of trial and therapeutic failure, allergy, contraindication (including potential drug-drug interactions with other medications), or intolerance to at least 1 pruritus treatment (ursodiol or cholestyramine); AND - Patient must meet the minimum age recommended by the package insert for this FDA-approved indication. RENEWAL CRITERIA - Patient does not have unexplained liver elevations or uncorrected vitamin deficiencies; AND - Patient has experienced reduction in pruritus. Quantity Limit: 2 tablets per day
New Product to Market Awigli® (insulin icodec-abae)	Diabetes: Insulin and Related Agents, Non-Preferred Approval Duration: 1 year





Agent	Options for Consideration
	<i>Awikli (insulin icodec-abae) is a once-weekly long-acting basal insulin for adults with type 2 diabetes mellitus.</i> Approval Criteria: - Diagnosis of type 2 diabetes mellitus; AND - Patient is at least 18 years of age; AND - Trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications), or intolerance of at least two preferred long-acting insulins. Renewal Criteria: - Patient is currently receiving Awikli and previously met initial approval criteria; AND - Patient demonstrates a positive clinical response to Awikli therapy; AND - Continued need for Awikli therapy is documented. Quantity Limit: 6 mL per 28 days
New Product to Market Lipfendra® (enlicitide)	Cardiovascular - Lipotropics: Non-Preferred Approval Duration: 6 months initial; 1 year renewal <i>Lipfendra (enlicitide) is a proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor indicated as an adjunct to diet and exercise to reduce low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).</i> Initial Approval Criteria: - Diagnosis of hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH); AND - Prescribed initially by, or in consultation with, a cardiologist, lipid specialist, endocrinologist, vascular medicine or other applicable specialist; AND - Prescriber submits documentation of low-density lipoprotein cholesterol (LDL-C) prior to/without PCSK9 inhibitor therapy; AND - One of the following: - Trial and failure to achieve LDL goal after 3 months of high intensity statin therapy (e.g., rosuvastatin 40 mg daily; OR - Patient does not tolerate statins (at least two statin trials of any length were unsuccessful due to adverse effects); AND - Trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance to Repatha. Renewal Criteria: - Prescriber submits clinical documentation (e.g., progress note or lab report) that demonstrates a reduction in LDL-C when compared to the baseline values. Quantity Limit: 1 tablet per day





Agent	Options for Consideration
New Product to Market Trutakna™ (atacept-vymj)	Non-PDL Approval Duration: 3 months initial; 1 year renewal - Trutkana (atacept-vymj) is an immune targeted biologic used to reduce proteinuria in adults with primary IGA nephropathy who are at risk for disease progression. Initial Approval Criteria: - Diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by kidney biopsy; AND - Patient is not currently receiving dialysis and has not undergone kidney transplantation; AND - Prescriber submits documentation that patient meets the definition of high risk of disease progression, defined as: - Proteinuria ≥ 1.0 g/day; OR - Urine protein-to-creatinine ratio (UPCR) ≥ 1.0 g/g; AND - Prescribed by, or in consultation with, a nephrologist or other appropriate specialist in the treatment of IgAN; AND - Patient is stable on a maximally tolerated dose of angiotensin-converting enzyme inhibitors (ACEI) or angiotensin receptor blockers (ARB) unless contraindicated. Renewal Criteria: - Patient is stable on a maximally tolerated dose of angiotensin-converting enzyme inhibitors (ACEI) or angiotensin receptor blockers (ARB) unless contraindicated; AND - Prescribed by, or in consultation with, a nephrologist or other appropriate specialist in the treatment of IgAN; AND - Prescriber submits clinical documentation that the patient has experienced disease improvement compared to baseline (such as reduction in proteinuria or UPCR) or stabilization. Age Limit: ≥ 18 years of age Quantity Limit: 4 mL per 28 days





NEW PDL CLASS

PDL Class	Options for Consideration
Hereditary Angioedema Agents	- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. - Agents not selected as preferred will be considered non-preferred and will require PA. - For any new chemical entity in the Hereditary Angioedema Agents class, require PA until reviewed by the P&T Committee.
Phenylketonuria Agents	- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. - Agents not selected as preferred will be considered non-preferred and will require PA. - For any new chemical entity in the Phenylketonuria Agents class, require PA until reviewed by the P&T Committee.

FULL PDL CLASSES: SCHEDULED REVIEW WITH PROPOSED CHANGES

PDL Class	Options for Consideration
Antiparasitics, Topical	- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. - Agents not selected as preferred will be considered non-preferred and will require PA. - For any new chemical entity in the Antiparasitics, Topical class, require PA until reviewed by the P&T Committee.
Cytokine & CAM Antagonists	- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. - Agents not selected as preferred will be considered non-preferred and will require PA. - For any new chemical entity in the Cytokine & CAM Antagonists class, require PA until reviewed by the P&T Committee.
GI Motility, Chronic	- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. - Agents not selected as preferred will be considered non-preferred and will require PA. - For any new chemical entity in the GI Motility, Chronic class, require PA until reviewed by the P&T Committee.
Laxatives & Cathartics	- DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity should be preferred. - Agents not selected as preferred will be considered non-preferred and will require PA. - For any new chemical entity in the Laxatives & Cathartics class, require PA until reviewed by the P&T Committee.





SGLT2 Inhibitors	- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. - Agents not selected as preferred will be considered non-preferred and will require PA. - For any new chemical entity in the SGLT2 Inhibitors class, require PA until reviewed by the P&T Committee.
Ophthalmics, Immunomodulators	- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. - Agents not selected as preferred will be considered non-preferred and will require PA. - For any new chemical entity in the Ophthalmics, Immunomodulators class, require PA until reviewed by the P&T Committee.

CONSENT AGENDA ITEMS

Consent Agenda

The following therapeutic classes have no recommended changes and may be voted on as a group under a consent agenda:

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| <ul style="list-style-type: none">Acne Agents, OralAcne Agents, TopicalAnti-Ulcer ProtectantsAntibiotics, TopicalAnticholinergics/AntispasmodicsAntidiarrhealsAntiemetics and Antivertigo AgentsAntifungals, TopicalAntipsoriatics, OralAntipsoriatics, TopicalAntivirals, TopicalBile SaltsH. Pylori TreatmentHistamine II Receptor BlockersImmunomodulators, AsthmaImmunomodulators, Atopic DermatitisImmunosuppressives, OralMultiple Sclerosis AgentsMuscular Dystrophy AgentsOphthalmics, AntibioticsOphthalmics, Antibiotic-Steroid Combinations | <ul style="list-style-type: none">Ophthalmics, AntihistaminesOphthalmics, Anti-Inflammatory SteroidsOphthalmics, AntiviralsOphthalmics, Beta BlockersOphthalmics, Carbonic Anhydrase InhibitorsOphthalmics, Combinations for GlaucomaOphthalmics, Glaucoma Agents (Other)Ophthalmics, Mast Cell StabilizersOphthalmics, MydriaticsOphthalmics, NSAIDsOphthalmics, Prostaglandin AgonistsOphthalmics, SympathomimeticsOtics, Anesthetics and Anti-InflammatoryOtics, AntibioticsProton Pump InhibitorsRosacea Agents, TopicalSteroids, TopicalUlcerative Colitis Agents |
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