Enterprise P&T Meeting Committee Meeting Minutes October 30, 2023

Voting Members Present

Christopher Antypas, PharmD	Tracey Davis, PharmD	Lenaye Lawyer, MD	Kirby Smith, MD
David Batluck, DO	Rogers Elebra, PharmD	Kelly Martin, PharmD	Wayne Weart, PharmD
Floyd (John) Brinley, MD	Fury Feconda, PharmD	Michelle Murphy, PharmD	Rani Whitfield, MD
Kirt Caton, MD	Lily Higgins, MD	Eric Peters, PharmD	
Donald Cooper, PharmD	Emily Kryger, PharmD	David Petkash, MD	

Excused Voting Members

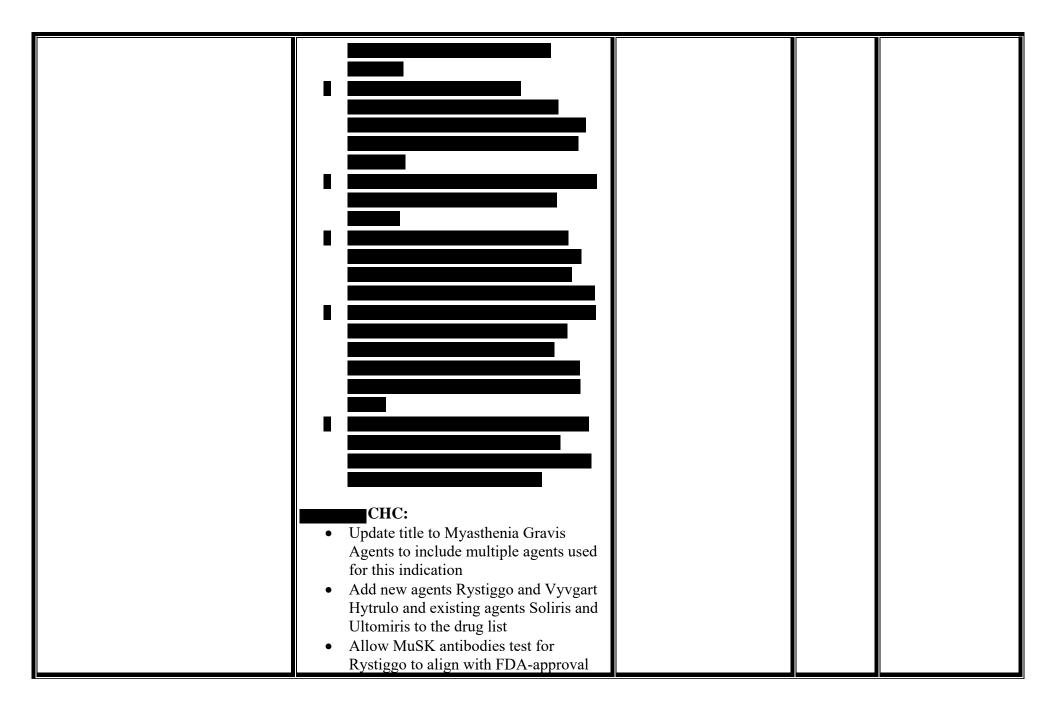
Donald Beam, MD	Kendra Michael, MD	Lavdena Orr, MD	Rodney Wise, MD
Robert Hockmuth, MD	Betty Muller, MD	Andrew Peterson, PharmD	

Invited Guests Present

Mali Thomas, CPhT	Patrick DeHoratius, PharmD	Patty Oaster	Erich Weiss, PharmD
Linda Carreras, CPhT	Amanda Hunter, PharmD	Jeanine Plante, PharmD	Arlene Wiseman, PharmD
Sheena Cherian, PharmD	Toks Kassim, PharmD	Ally Seitz, PharmD	Sarah Pawlak, PharmD
Kathleen Clement	Jeffrey Kreitman, PharmD	Luke Stadler, PharmD	Iryna Makukh, PharmD
Mike Colvin, PharmD	Christopher Meny, PharmD	Calla Vodoor, PharmD	Jasmine Chang, PharmD
Ruth Smith			

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:03 PM EST. Welcomed all external and internal participants.	Informational Only		Lenaye Lawyer
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only		Jeffrey Kreitman
4. Review and approval of July P&T and September Proxy Minutes		Motion: Kirt Caton Second: Donald Cooper		Jeffrey Kreitman
5. Old Business				
CHC – Continuous Glucose Monitors	PerformRx makes the following recommendation: CHC: Retire the Continuous Glucose Monitors prior authorization criteria for CHC as it is now a state managed PDL class	Committee approved as recommended: Motion: David Batluck Second: Donald Cooper		PerformRx will update the criteria and formulary/PDL with any changes

CHC – Insulin Pumps	PerformRx makes the following recommendation: CHC: Retire the Insulin Pumps prior authorization criteria for CHC as it is now a state managed PDL class	Committee approved as recommended: Motion: David Batluck Second: Donald Cooper	PerformRx will update the criteria and formulary/PDL with any changes
6. New Business	PerformRx makes the following	Committee engroved as	PerformRx will
Myasthenia Gravis Agents	recommendation:	Committee approved as recommended: Motion: David Batluck Second: Donald Cooper	update the criteria and formulary/PDL with any changes



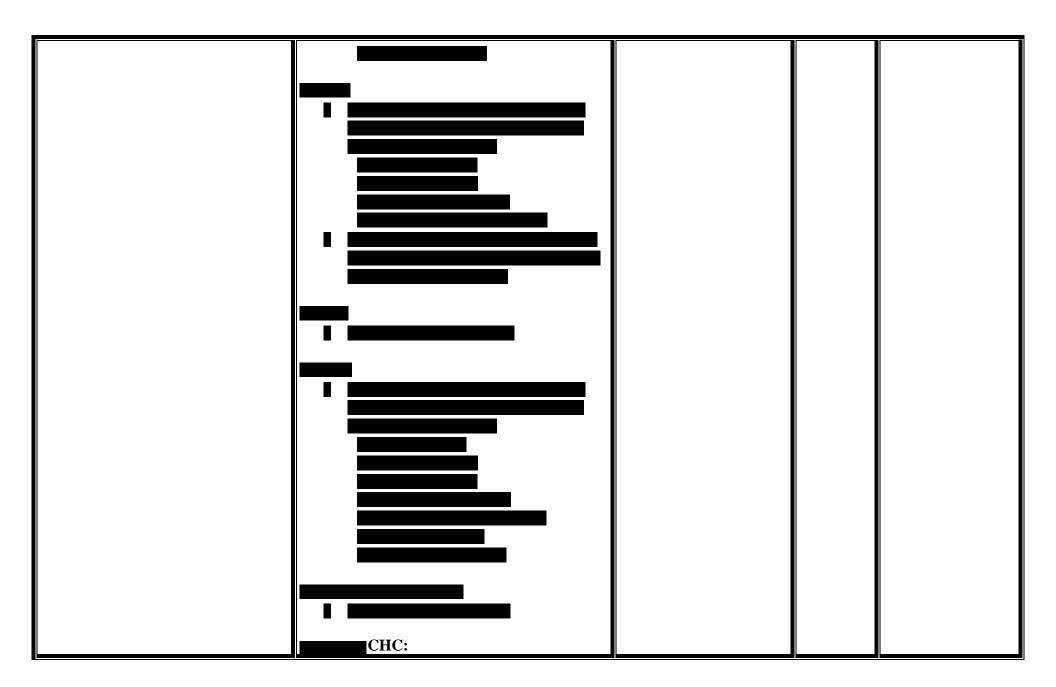
	PerformRx makes the following	Committee approved as	PerformRx makes
CHC OTC Review	recommendation:	recommended:	the following
elle elle ite ite ite	Tecommonation.	recommended.	recommendation:
	CHC OTC:	Motion: David Batluck	
	Cough/Cold/Allergy Combinations	Second: Donald Cooper	
	Remove Mucinex D Max Strength Oral		
	Tablet Extended Release 12 Hour 120-		
	1200 MG from formulary due to cost		
	effective alternatives available on		
	formulary		
	Lactobacillus:		
	Remove		
	i. Visbiome Oral Packet		
	ii. VSL#3 DS Oral Packet		
	iii. VSL#3 Oral Packet		
	due to cost effective alternatives		
	available on formulary		
	W. A.		
	Wart Remover		
	• Remove		
	i. Salicylic Acid Wart Remover		
	External Liquid 27.5 % ii. CVS Wart Remover External Liquid		
	17 %		
	iii. GNP Wart Remover External Liquid		
	17 %		
	iv. Wart Remover Maximum Strength		
	External Liquid 17 %		
	v. GNP Wart Remover External Liquid		
	17 %		
	vi. Liquid Wart Remover External		
	Liquid 17 %		

vii. RA Wart Remover Max Strength External Liquid 17 % viii. Wart Remover Maximum Strength External Liquid 17 % ix. TGT Wart Remover External Liquid 17 % x. Wart Remover Maximum Strength External Strip 40 %		
 Vitamin D Remove due to cost effective alternatives available on formulary alternatives Aqueous Vitamin D Oral Liquid 10MCG/ML Add D-Vite Pediatric Oral Liquid 10 MCG/ML and Vitamin D Infant Oral Liquid 10 MCG/ML to T3 without utilization management edits as cost-effective alternatives 		
 Remove BProtected Pedia Iron Oral Solution 75 (15 Fe) MG/ML from formulary due to cost effective alternatives available on formulary 		
Antimyasthenic/Cholinergic Agents • Remove Mestinon Oral Solution 60 MG/5ML from formulary due to cost effective alternatives available on formulary •		

	Cycloplegic Mydriatics • Remove Isopto Atropine Ophthalmic Solution 1 % from formulary due to cost effective alternatives available on formulary		
7. Drug Reviews			
Therapeutic Class			

Multivitamins	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: David Batluck Second: Donald Cooper	PerformRx will update the criteria and formulary/PDL with any changes

	CHC: Remove Quintabs Tablet, Hair, Skin And Nails Tablet, and One Daily Tablet from the formulary due to little to no utilization and availability of various cost-effective alternatives on the formulary		
Ketones	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: David Batluck Second: Donald Cooper	PerformRx will update the criteria and formulary/PDL with any changes



Add a quantity limit of 100 strips per 30 days for Chemstrip® uGK to ensure appropriate use		

Single Products		

Elevidys with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes
		Motion: Donald Cooper Second: Kelly Martin	
	CHC: • Add Elevidys) to T4 of the formulary		
	with a prior authorization requirement		

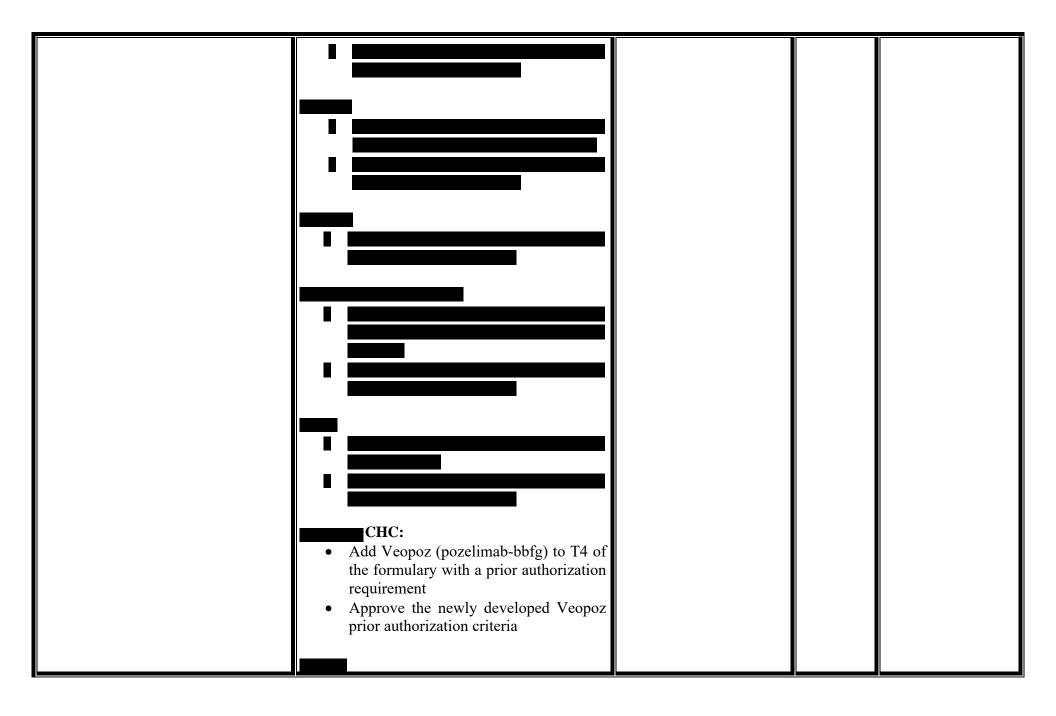
	Approve the newly developed Elevidys (delandistrogene moxeparvovec-rokl) prior authorization criteria		
Izervay with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

Gravis as it will be addressed in updated "Myasthenia Gravis" criteria Update age restrictions for geographic atrophy agents to align with trials Update best-corrected visual acuity (BCVA) requirements to account for varying methods used Limit Izervay treatment to 12 months to align with current FDA-approval
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Roctavian with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	 CHC: Keep Roctavian non-formulary with a prior authorization requirement Approve the newly developed Roctavian prior authorization criteria 		
Lantidra with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	CHC: • Add Lantidra (donislecel-jujn) to T4 of the formulary with a prior authorization requirement • Approve the newly developed Lantidra prior authorization criteria		
Veopoz with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

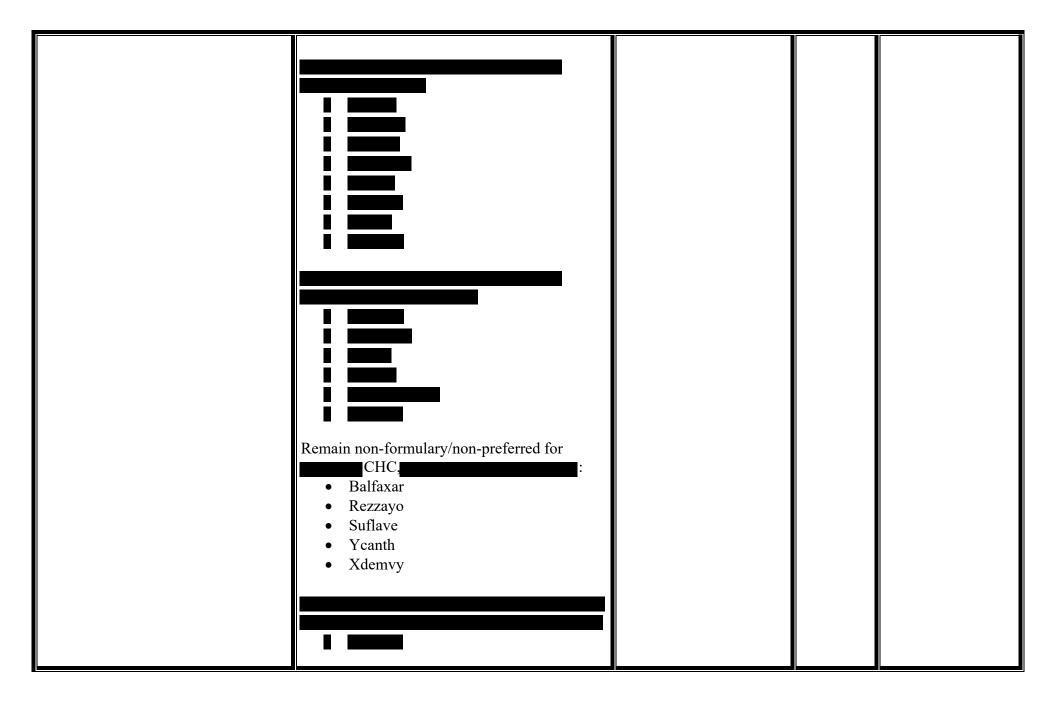


Vyjuvek with PA Criteria	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

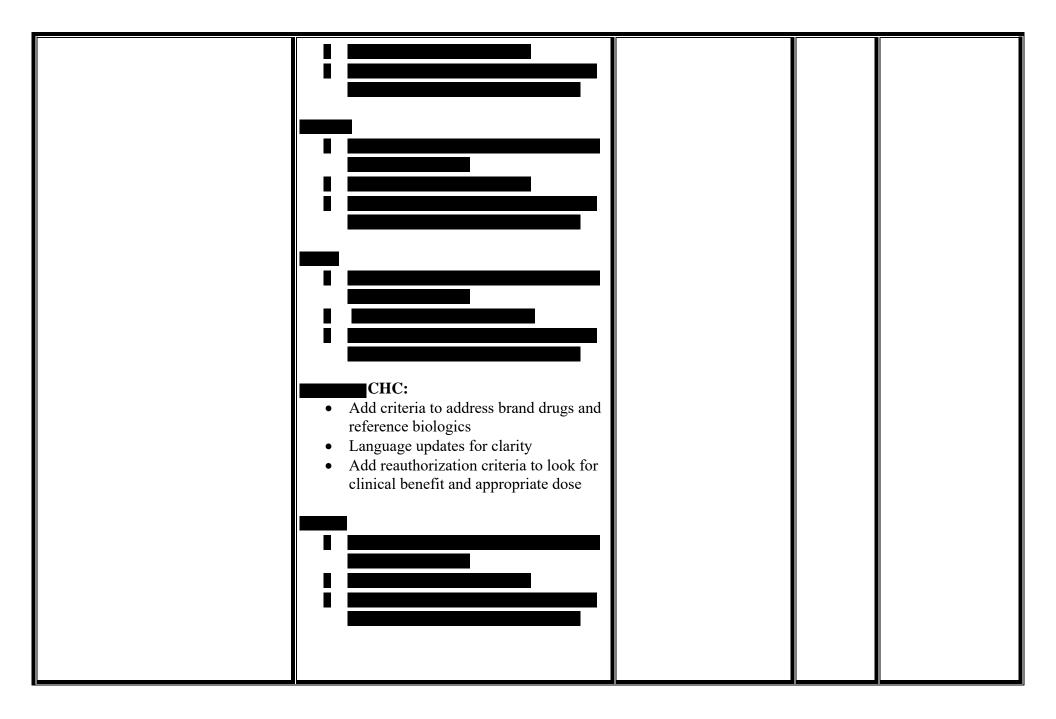
	CHC: • Add Vyjuvek (beremagene geperpavecsvdt) to T4 of the formulary with a prior authorization requirement • Approve the newly developed Vyjuvek prior authorization criteria		
8. New Products	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

PA re	to the Specialty Tier with a drug specific equirement for CHC: Rystiggo		
Add	to the Specialty Tier with a PA rement for CHC:		
	Adstiladrin		
PA re	to the Specialty Tier with drug specific equirement for CHC: Xenpozyme		

Add to the Specialty Tier with PA requirement for CHC: • Aphexda • Elrexfio • Talvey • Sohonos		
Added to the formulary/Tier 3 for CHC, Abrysvo Arexvy		



9. Prior Authorization Criteria Review			
Prior Authorization Annual Criteria			
Non-Preferred Prior Authorization Required Medications	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

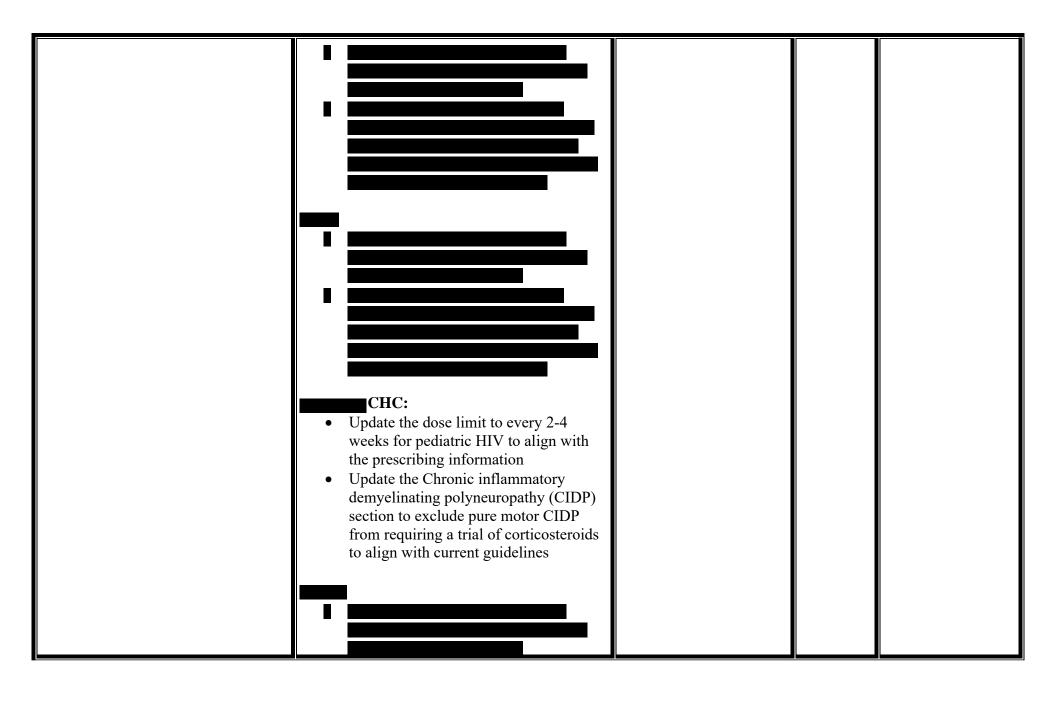


Brand Drugs and Non-Specialty Reference Biologics	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes
	CHC: • Retire the Brand Drug and Non-Specialty Reference Biologics prior authorization criteria		

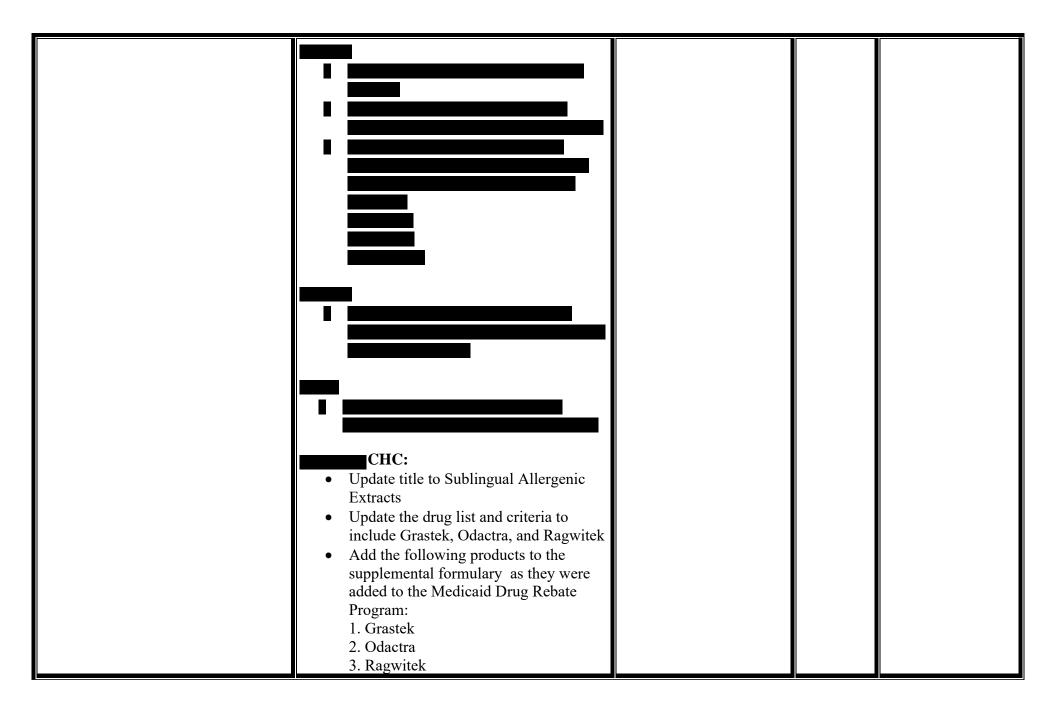
Specialty Drugs	PerformRx makes the following recommendation: CHC: Retire the Specialty Drugs prior authorization criteria	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

Danazol	PerformRx makes the following recommendation: CHC: Add pregnancy to the exclusion criteria as it is contraindicated with danazol	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

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	PerformRx makes the following	Committee approved as	PerformRx will
Immune Globulins	recommendation:	recommended:	update the criteria
			and formulary/PDL
		Motion: Donald Cooper	with any changes
		Second: Wayne Weart	



Sublingual Allergenic Extracts	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes



Weight Loss Medications	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

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Oncology Drugs	PerformRx makes the following recommendation: CHC: Update with generalized language updates to reflect approval of some oncology related gene therapies	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes
CHC – Anti-FGF23 Monoclonal Antibodies	PerformRx makes the following recommendation: CHC:	Committee approved as recommended: Motion: Donald Cooper	PerformRx will update the criteria and formulary/PDL with any changes

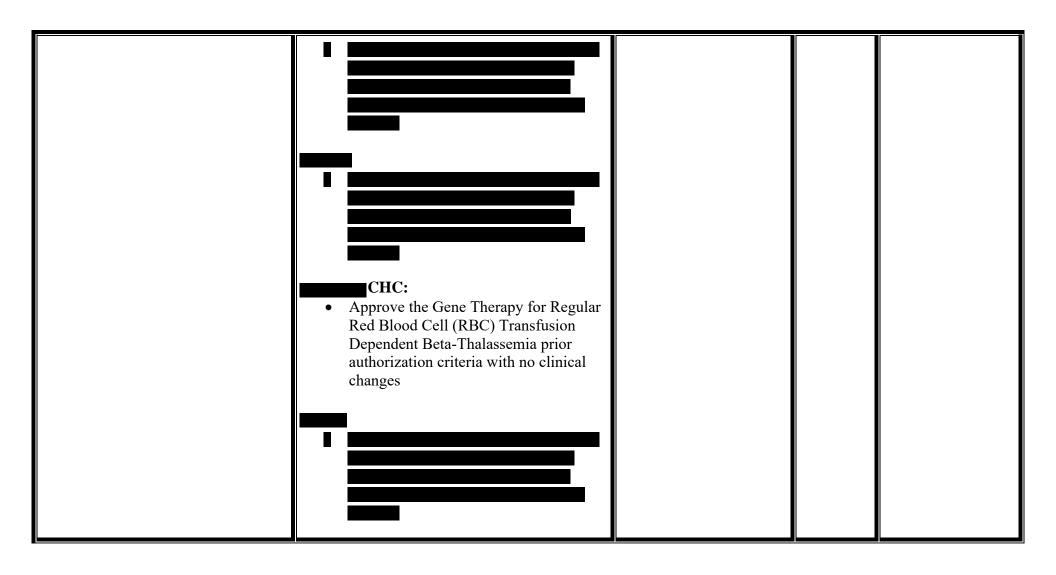
B. Prior Authorization Criteria	Add the criteria for tumor-induced osteomalacia (TIO) until Evicore implementation	Second: Wayne Weart	
Annual Review without Clinical Changes:			
Anti-CD19 CAR-T Immunotherapies	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

CHC, : • Approve the Anti-CD19 CAR-T Immunotherapies prior authorization criteria with no clinical changes		

Daraprim (pyrimethamine)	PerformRx makes the following Recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

	CHC: • Approve the Daraprim prior authorization criteria with no clinical changes		
Desmopressin Nasal Spray	PerformRx makes the following recommendation: CHC: Approve the Desmopressin nasal spray prior authorization criteria with no clinical changes	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes

Galafold (migalastat)	PerformRx makes the following recommendation: CHC: Approve the Galafold prior authorization criteria with no clinical changes	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes
Gene Therapy for Regular Red Blood Cell (RBC) Transfusion Dependent Beta-Thalassemia	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	PerformRx will update the criteria and formulary/PDL with any changes



Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
		Motion: Donald Cooper Second: Wayne Weart	
	 Approve the Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents prior authorization criteria with no clinical changes 		

Prior Authorization Exception Criteria	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart:	No Changes

	CHC: • Approve the Prior Authorization Exception Criteria with no clinical changes		
Quantity Limit Exception Criteria	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	No Changes

CHC: • Approve the Quantity Limit Exception Criteria with no changes		

Safety Edit Exception Criteria	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	No Changes

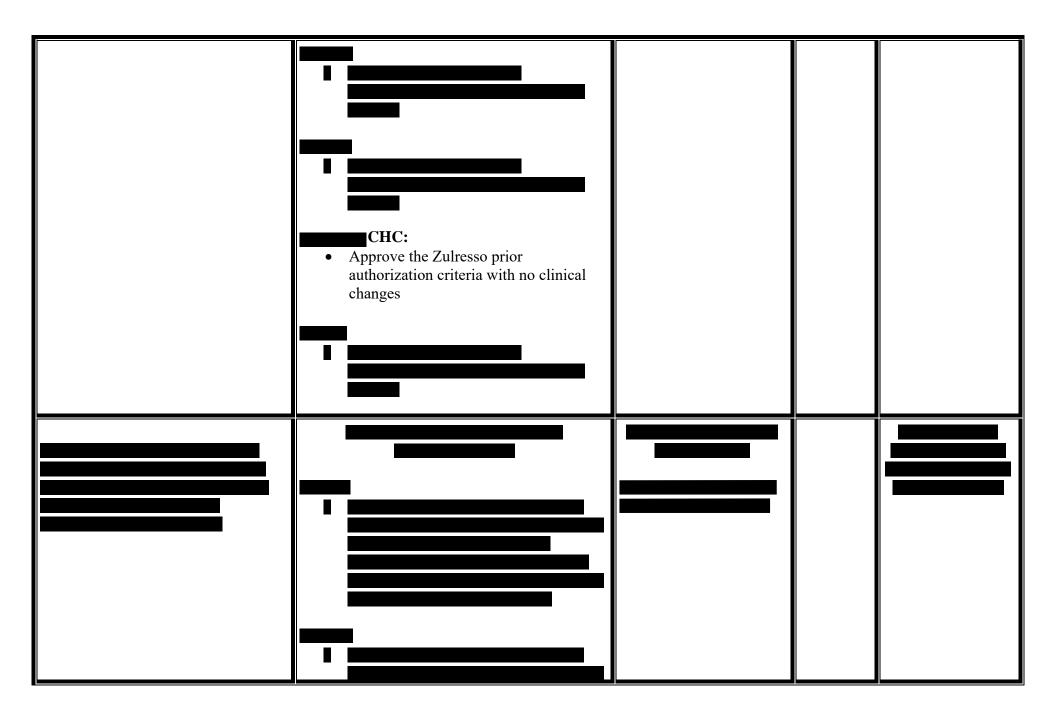
	CHC: • Approve the Safety Edit Exception Criteria with no clinical changes		
Sleep Disorder Therapy	PerformRx makes the following recommendation: CHC: Approve the Sleep Disorder Therapy prior authorization criteria with no changes	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	No Changes

Step Therapy Exception Criteria	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
		Motion: Donald Cooper Second: Wayne Weart	
	CHC: • Approve the Step Therapy Exception Criteria with no clinical changes		

Type I Interferon (IFN) Receptor Antagonist	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	No Changes

Recri	pprove the Type I Interferon (IFN) cceptor Antagonist prior authorization teria with no clinical changes		

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Zolgensma	PerformRx makes the following recommendation:	Committee approved as recommended:		No Changes
		Motion: Donald Cooper Second: Wayne Weart		
	CHC: • Approve the Zolgensma prior authorization with no clinical changes			
Zulresso	PerformRx makes the following recommendation:	Committee approved as recommended:		No Changes
		Motion: Donald Cooper Second: Wayne Weart		



CHC – Reblozyl	PerformRx makes the following recommendation: CHC: • Approve the Reblozyl (luspaterceptaamt) prior authorization criteria with no clinical changes	Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart	No Changes
10. Recalls	No Recalls	Informational	PerformRx
11. Adjournment	The meeting adjourned at 7:07 PM EST		Jeffrey Kreitman
	The next meeting February 5, 2024, from 6:00 PM- 8:00		

Lenaye L. Lawyn, M	
	02/20/2024
	Date