Enterprise P&T Meeting
Committee
February 3, 2025

Voting Members Present

Christopher Antypas, PharmD	Tracey Davis, PharmD	Lenaye Lawyer, MD	David Petkash, MD
Michael Baer, MD Rogers	Rogers Elebra, PharmD	Kelly Martin, PharmD	Jena Quinn, PharmD
David Batluck, DO	Fury Fecondo, PharmD	Michelle Murphy, PharmD	Christy Skibicki, MD
Floyd (John) Brinley, MD	Robert Hockmuth, MD	Eric Peters, PharmD	Wayne Weart, PharmD
Robert Clifford, MD	Emily Kryger, PharmD	Andrew Peterson, PharmD	Rani Whitfield, MD

Excused Voting Members

Donald Beam, MD	Loretta Dumontet, MD		
Kirt Caton, MD	Yavar Moghimi, MD		

Invited Guests Present

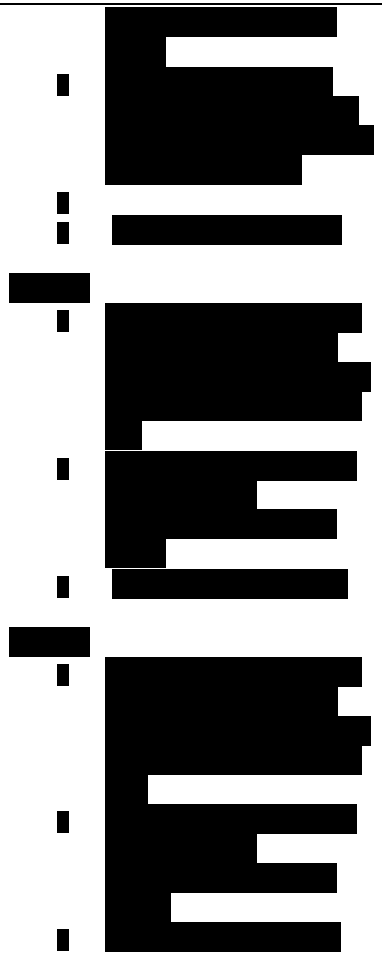
Christian Andreaggi, PharmD	Sheireen Huang, PharmD	Melissa Megrdichian, PharmD	Ruth Smith, PharmD
Linda Carreras, CPhT	Amanda Hunter, PharmD	Sarah Pawlak, PharmD	Luke Stadler, PharmD
Kathleen Clement	Jeffrey Kreitman, PharmD	Jeanine Plante, PharmD	Mali Thomas, CPhT

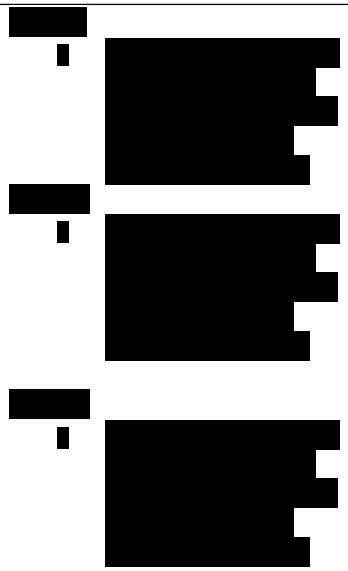
Patrick DeHoratius, PharmD	Natasha McGowan	Alishia Richie, MD	Lance Vinci, PharmD
Rajneel Farley, PharmD	Lauren Megargell, PharmD	Ally Seitz, PharmD	Arlene Wiseman, PharmD

Issue	Discussion	Conclusion/Results	Action/Person Responsible
1. Call to order	The meeting was called to order at 6:01 PM EST	Informational Only	Lenaye Lawyer
2. Conflicts of Interest Disclosure (COI)		Informational Only	Jeffrey Kreitman
3. [redacted]		[redacted]	[redacted]
4. Review and approval of November P&T Minutes (p.7)		Committee approved as recommended: Motion: Robert Hockmuth Second: Wayne Weart	Jeffrey Kreitman
5. Old Business			
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
HIF-PH Inhibitors for CKD Anemia	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Kevin Wheeler	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] KF/AHC[redacted]: • Remove Jesduvroq from the criteria as the manufacturer has discontinued the medication.		
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

			
InPen	**PerformRx makes the following recommendation:**	**Committee approved as recommended:**	**PerformRx will update the criteria and formulary/PDL with any changes**

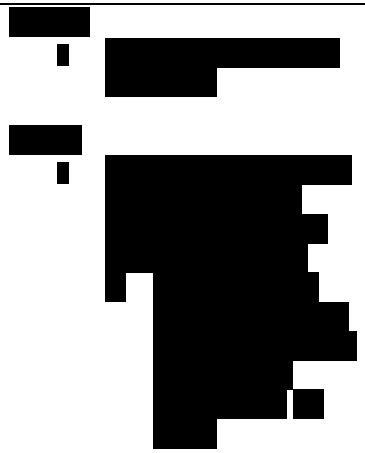
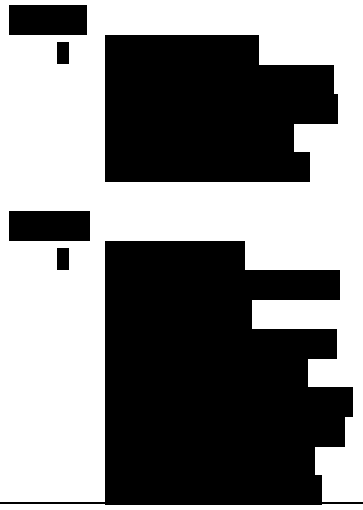
	[redacted]  KF/AHC[redacted]: • Approve the newly developed InPen prior authorization criteria with no clinical changes.	Motion: Robert Clifford Second: Kevin Wheeler	
Niemann-Pick Disease Type C	PerformRx makes the following recommendation: 	Committee approved as recommended: Motion: Robert Clifford Second: Kevin Wheeler	PerformRx will update the criteria and formulary/PDL with any changes

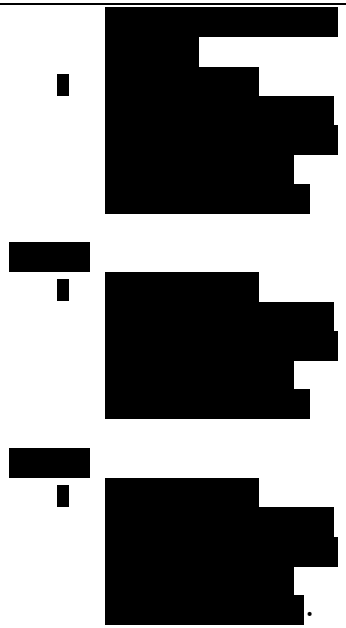
	[redacted] KF/AHC[redacted]: • Approve the Niemann-Pick Disease Type C prior authorization criteria as new criteria. • Add Miplyffa (arimoclomol) and Aqneursa (levacetylleucine) T4 with prior authorization requirement. [redacted]		

	[redacted]		
Zepbound	PerformRx makes the following recommendation: [redacted] KF/AHC[redacted]: • Approve the Zepbound for Obstructive Sleep Apnea prior authorization criteria as new criteria. [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Kevin Wheeler Nay: Arlene Wiseman	PerformRx will update the criteria and formulary/PDL with any changes Tracey Davis asked about clarifying the reauthorization criteria. She stated previous discussion had agreed to a reduction at the weight level vs the BMI. Tracey requests to remove the last bullet – "Patient has achieved and/or maintained a 5 % decrease in weight since baseline." Other committee members also agreed – Dr. Wheeler and Kelly Martin. **A motion and a second to amend the criteria to remove the last bullet referring to the "5% decrease in weight loss." – Approved by the committee. Action item: Include in the minutes that the last bullet, *"Patient has achieved and/or maintained a 5 % decrease in weight since baseline."* should be removed from the criteria**

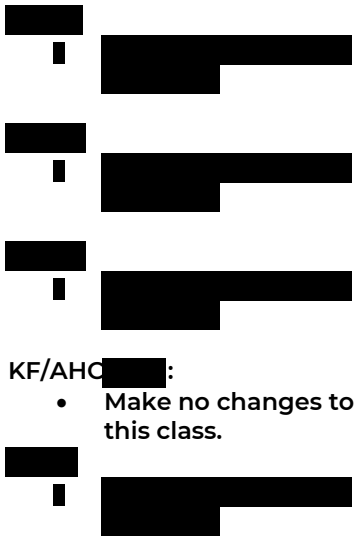
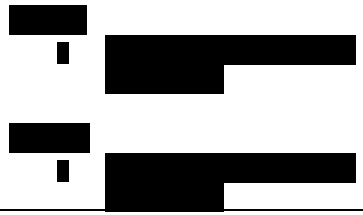
	[redacted]		
KF/AHC[redacted] Humidifiers	PerformRx makes the following recommendation: KF/AHC[redacted]: a. Remove Humidifiers and Vaporizers from the formulary.	Committee approved as recommended: Motion: Robert Clifford Second: Kevin Wheeler	PerformRx will update the criteria and formulary/PDL with any changes
7. Drug Reviews			
A. Therapeutic Class:			

[redacted]	[redacted]	[redacted]	[redacted]

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

	[redacted]  KF/AHC[redacted] • Update the formulary status of Cutaquig (immune globulin subcutaneous (human) - hipp) 16.5% Vial from NF to T4-PA to reflect the Immune Globulin prior authorization criteria. • Approve the Immune Globulins prior authorization		

	criteria with no clinical changes. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

Fluoride Dental Preparations	PerformRx makes the following recommendation:  KF/AHC[redacted]: • Make no changes to this class. 	Committee approved as recommended: Motion: Andrew Peterson Second: Wayne Weart	No changes
B. Single Products			
Methergine	PerformRx makes the following recommendation: 	Committee approved as recommended: Motion: Robert Hockmuth Second: Kelly Martin	No Changes

	[redacted] KF/AHC/[redacted]: • Make no changes to this class. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
Yorvipath	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Hockmuth Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

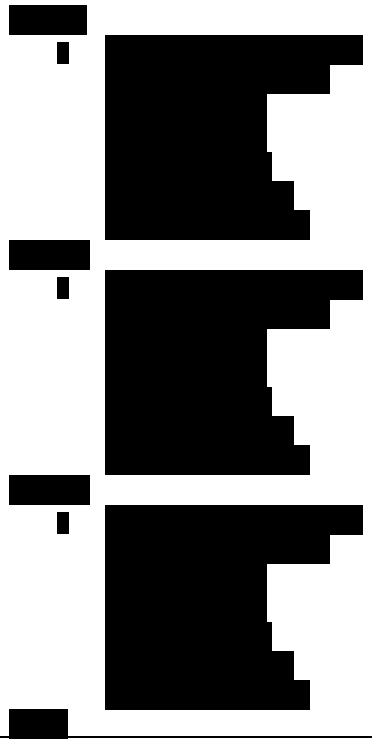
	[redacted] KF/AHC/[redacted]: • Add Yorvipath to Tier 4 with a prior authorization requirement. • Approve the newly developed Yorvipath prior authorization criteria. [redacted]		
Nemluvio	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Hockmuth Second: Kelly Martin	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] KF/AHC[redacted]: • Add Nemluvio to Tier 4 with a prior authorization requirement. • Approve the newly developed Nemluvio prior authorization criteria.		
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
8. New Products			
	PerformRx makes the following recommendation: **Add to Specialty Tier 4 for KF/AHC[redacted]:** • **Ziihera** **Add to Specialty Tier 4 with drug specific PA for KF/AHC[redacted]:** • **Aqneursa** • **Attruby** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Michael Baer**	**PerformRx will update the criteria and formulary/PDL with any changes**

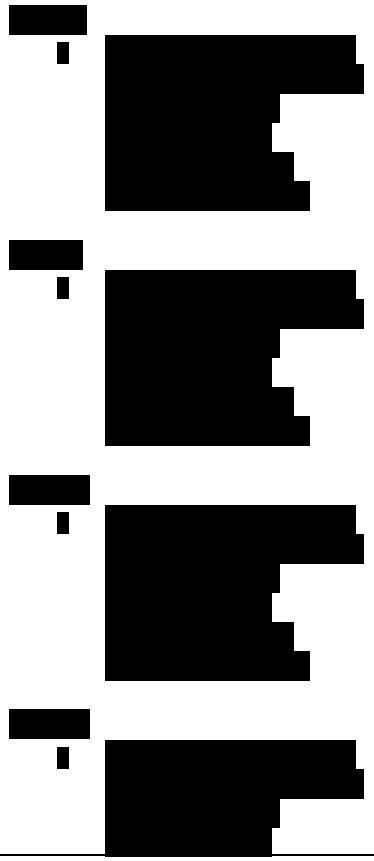
	[redacted] **Remain non-formulary/non-preferred for KF/AHC[redacted]:** • **Aucatzyl** [redacted] **Remain non-formulary/non-preferred for KF/AHC/[redacted], [redacted]:** • **Aurlumyn** • **Axtle** • **Boruzu** • **Hercessi** • **Lumryz** • **Vyloy**		

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
Tavneos	PerformRx makes the following recommendation: [redacted] KF/AHC[redacted]:	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

	• Update the renewal approval duration from 6 months to 12 months.		
B. Prior Authorization Criteria Annual Review without Clinical Changes:			
Adrenal Enzyme Inhibitors for Cushing's Disease	PerformRx makes the following recommendation: 	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

	• [redacted] KF/AHC[redacted]: • Approve the Adrenal Enzyme Inhibitors for Cushing's Disease prior authorization criteria with no clinical changes. [redacted]		
Adrenergic, alpha-receptor-blocking agent	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Michael Baer**	**No Changes**

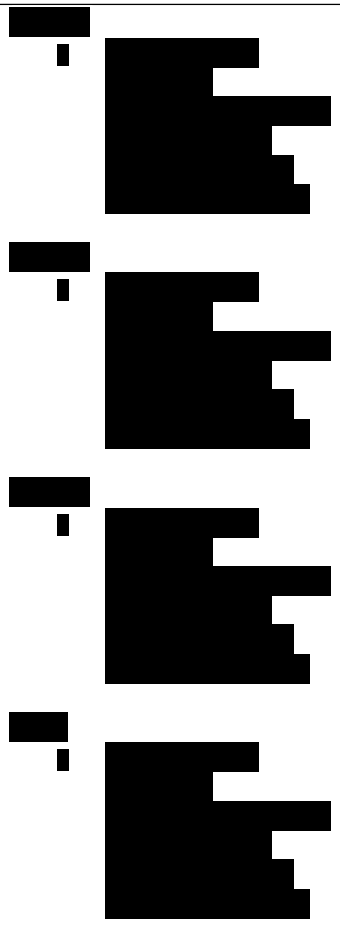
	[redacted] KF/AHC/[redacted] • Approve the Adrenergic, alpha-receptor-blocking agent prior authorization criteria with no clinical changes. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

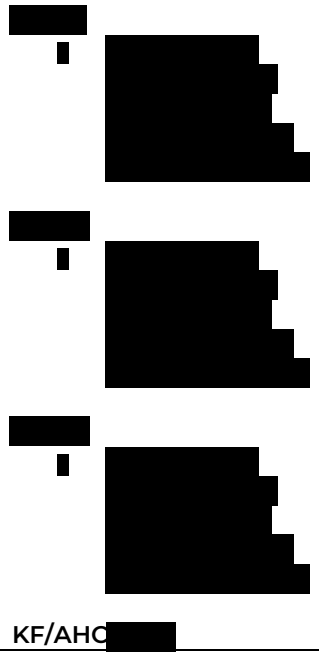
	[redacted].		
Alpha 1 Proteinase Inhibitors (Human)	**PerformRx makes the following recommendation:** 	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Michael Baer**	**No Changes**

	[redacted] KF/AHC[redacted]: • Approve the Alpha-1 Proteinase Inhibitors (Human) prior authorization criteria with no clinical changes. [redacted]		
	PerformRx makes the following recommendation:	**Committee approved as recommended:**	**No Changes**

Amifampridine	[redacted] [redacted] [redacted] **KF/AHC/[redacted]:** • **Approve the Amifampridine prior authorization criteria with no clinical changes.** [redacted]	**Motion: Robert Clifford** **Second: Michael Baer**	
	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	
Benlysta	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Michael Baer**	**No Changes**

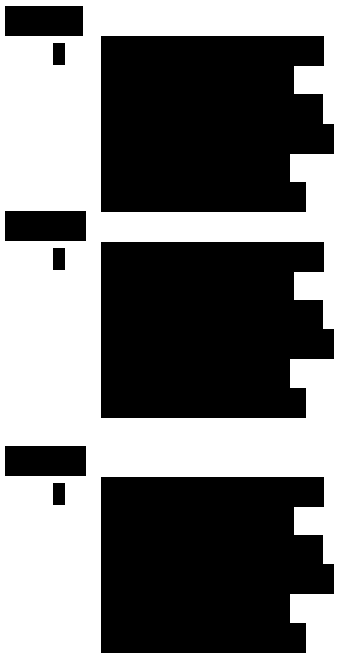
	[redacted]  **KF/AHC[redacted]:** • **Approve the Benlysta (belimumab) prior authorization**		

	criteria with no clinical changes. 		
Corlanor	PerformRx makes the following recommendation:  KF/AHC	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

	• Approve the Corlanor prior authorization criteria with no clinical changes. [redacted]		
Cystic Fibrosis TF Modulators	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

	• [redacted] KF/AHC[redacted]: • Approve the Cystic Fibrosis transmembrane conductance regulator (CFTR) Modulators prior authorization criteria with no clinical changes. [redacted]		
Dojolvi	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Robert Clifford	No Changes

	[redacted] [redacted] [redacted] [redacted] KF/AHC[redacted]: • Approve the Dojolvi prior authorization criteria with no clinical changes. [redacted]	Second: Michael Baer	

Dose Rounding Limit Exception Criteria	PerformRx makes the following recommendation:  KF/AHC[redacted]: • Approve the Dose Rounding Limit Exception Criteria prior authorization criteria with no clinical changes.	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes
	[redacted]	[redacted]	[redacted]

	[redacted]		
Enzyme replacement therapy for ASMD	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

	[redacted] KF/AHC/[redacted] • Approve the Enzyme Replacement Therapy for Acid Sphingomyelinase Deficiency (ASMD) prior authorization criteria as new criteria. [redacted]		

[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
Glycopyrrolate	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

	[redacted] KF/AHC[redacted]: • Approve the Glycopyrrolate prior authorization criteria with no clinical changes.		
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
Lodoco	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

	[redacted] KF/AHC/[redacted]: • Approve the Lodoco prior authorization criteria with no clinical changes. [redacted]		
Pompe Disease Agents	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

	[redacted]  [redacted]  [redacted]  [redacted]  **KF/AHC[redacted]:** • **Approve the Pompe Disease Agents prior authorization criteria with no clinical changes.** [redacted]		

	[redacted]		
Presbyopia Agents	**PerformRx makes the following recommendation:** [redacted] [redacted] **KF/AHC[redacted]:** • **Approve the Presbyopia Agents prior authorization criteria with no clinical changes.** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Michael Baer**	**No Changes**

	PerformRx makes the following recommendation:	**Committee approved as recommended:**	**No Changes**
Primary Hyperoxaluria Agents	[redacted]  [redacted]  [redacted]  [redacted]  **KF/AHC[redacted]:**	**Motion: Robert Clifford** **Second: Michael Baer**	

	• Approve the Primary Hyperoxaluria Agents prior authorization criteria with no clinical changes. [redacted]		
Skysona	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

	[redacted] KF/AHC[redacted]: • Approve the Skysona prior authorization criteria with no clinical changes. [redacted]		
SMN2 Splicing Modifiers for the Treatment of SMA	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

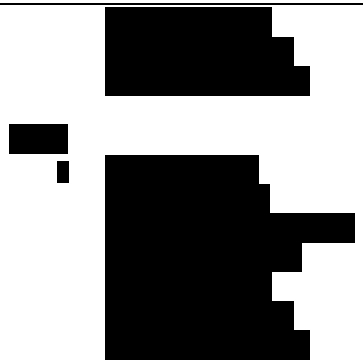
	[redacted] KF/AHC/[redacted]: • Approve the SMN2 Splicing Modifiers for the Treatment of Spinal Muscular Atrophy (SMA) prior authorization criteria with no clinical changes. [redacted]		

	[redacted]		
Sohonos	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] **KF/AHC[redacted]:** • **Approve the Sohonos prior authorization criteria with no clinical changes.**	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Michael Baer**	**No Changes**

	[redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
Tzield	**PerformRx makes the following recommendation:** [redacted]	**Committee approved as recommended:** **Motion: Robert Clifford** **Second: Michael Baer**	**No Changes**

	[redacted] KF/AHC[redacted]: • Approve the Tzield prior authorization criteria with no clinical changes. [redacted]		
IV[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
KF/AHC[redacted] Compound Products	PerformRx makes the following recommendation: KF/AHC[redacted]: • Approve the Compound Products prior authorization criteria with no clinical changes.	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

			
10. Recalls	**10/29/2024 – 1/27/2025** **Class 1 or 2 recalls impacting all lots for medications listed within Medispan:** **Date: 12/23/2024** **Product Name: Adrenalin® Chloride Solution (EPINEPHrine Nasal Solution, USP) for topical application 30mg/30mL (1mg/mL)** **Reasons: Potential for Administration Errors**	**Informational**	**PerformRx**
11. Adjourn	**The meeting adjourned at 7:28 PM EST**		**Lenaye Lawyer**
	The next meeting		

	April 28th, 2025 **6:00 PM- 8:00 PM EST**		

Signature required_____