

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

Excused voting interribers		
Donald Beam, MD	Loretta Dumontet, MD	
Kirt Caton, MD	Yavar Moghimi, MD	

Invited Guests Present

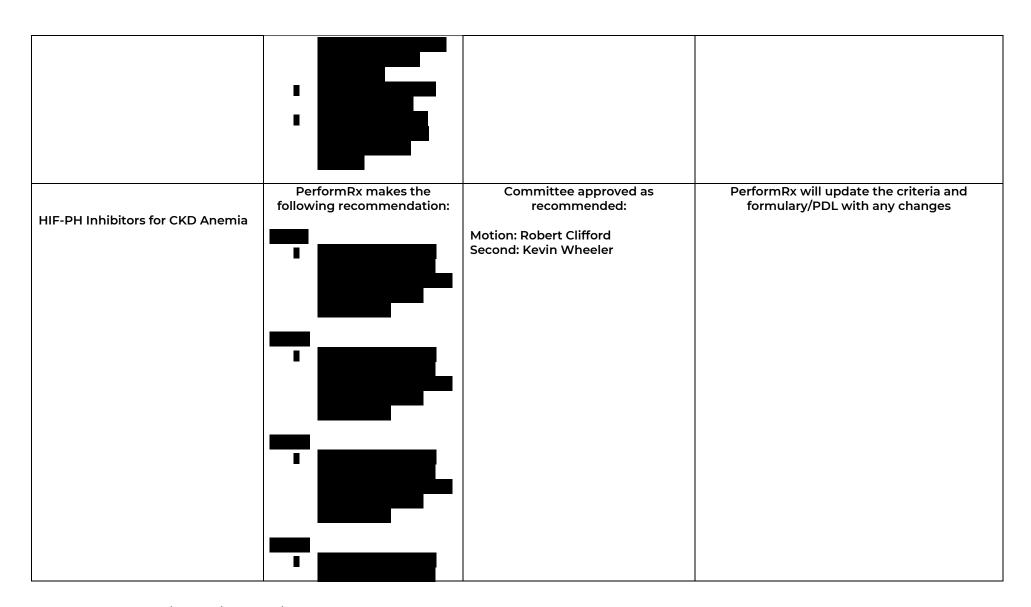
Christian Andreaggi, PharmD	Sheireen Huang, PharmD	Melissa Megrdichian, PharmD	Ruth Smith, PharmD
Linda Carreras, CPhT	Amanda Hunter, PharmD	Sarah Pawlak, PharmD	Luke Stadler, PharmD
Kathleen Clement	Jeffrey Kreitman, PharmD	Jeanine Plante, PharmD	Mali Thomas, CPhT



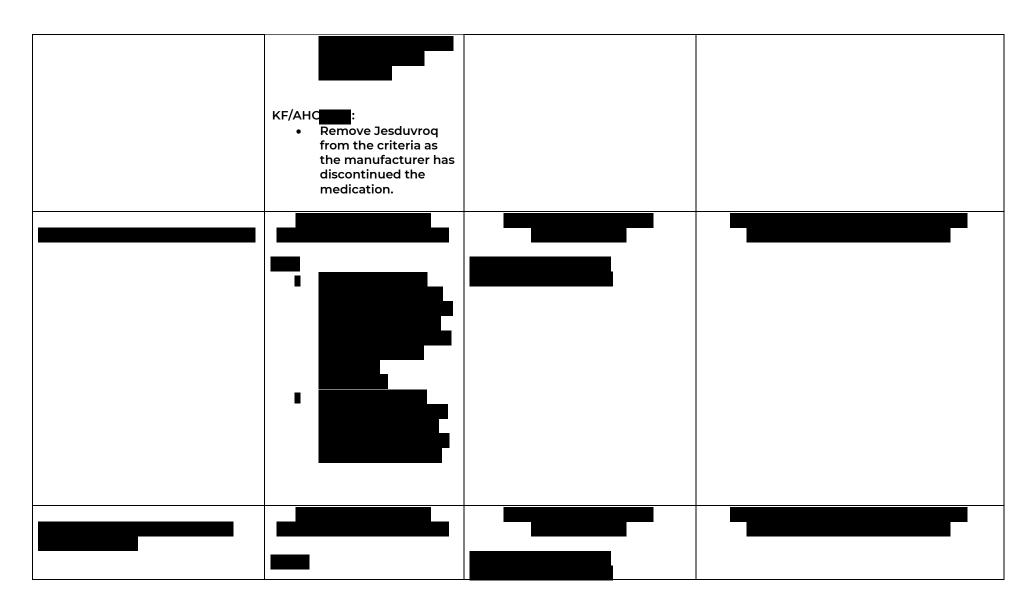
Patrick DeHoratius, PharmD	Natasha McGowan	Alishia Richie, MD	Lance Vinci, PharmD
Rajneel Farley, PharmD	Lauren Megargell, PharmD	Ally Seitz, PharmD	Arlene Wiseman, PharmD

ssue		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.				
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			2

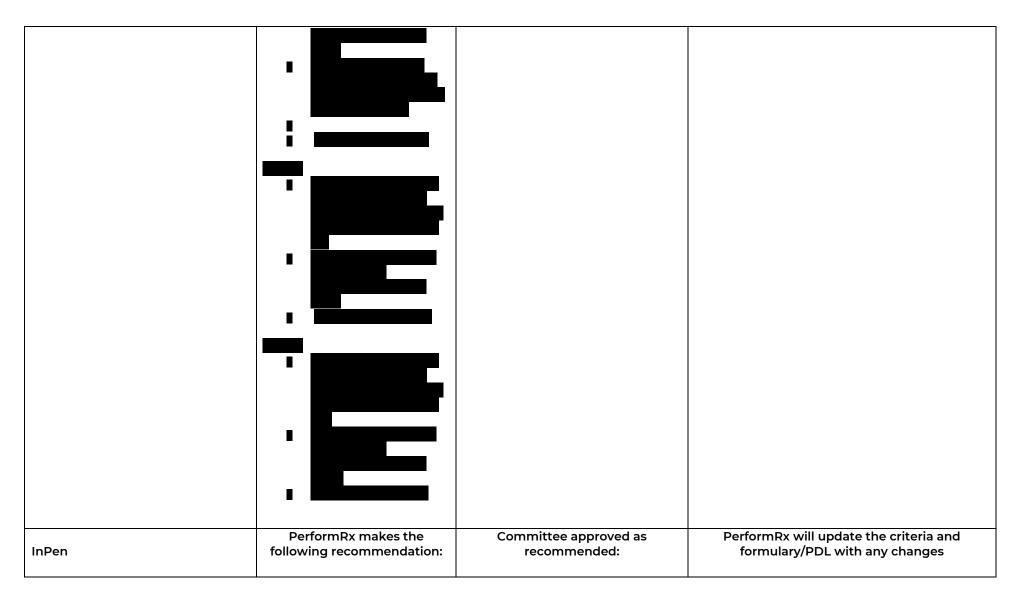








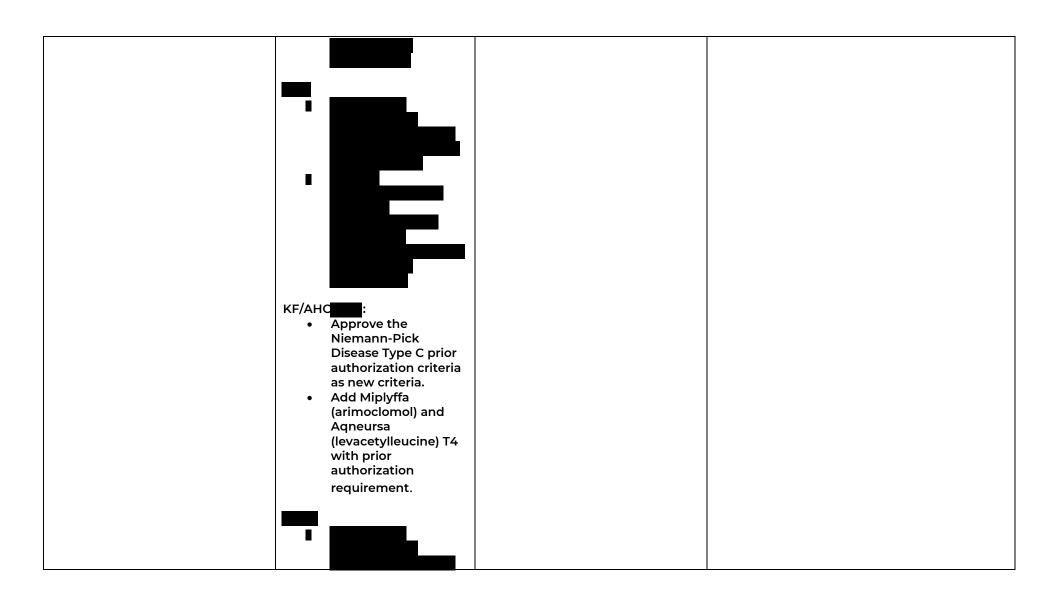






		Mariana Balanta Oliffand	T
		Motion: Robert Clifford	
		Second: Kevin Wheeler	
	Approve the newly developed InPen prior authorization criteria with no clinical changes.		
Niemann-Pick Disease Type C	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update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



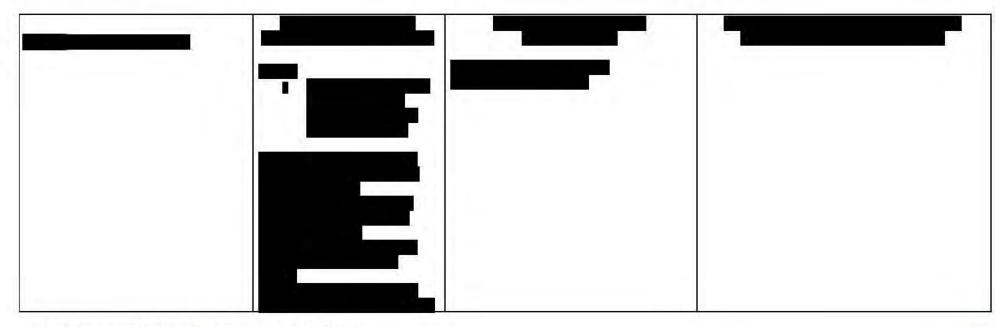




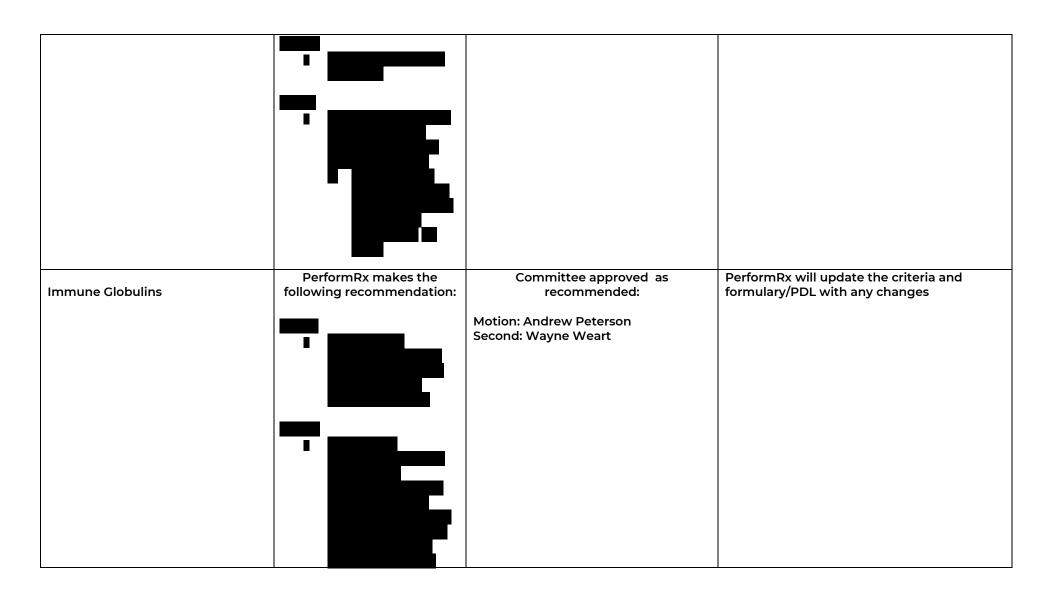
PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes
KF/AHC : • Approve the Zepbound for Obstructive Sleep	Motion: Robert Clifford Second: Kevin Wheeler Nay: Arlene Wiseman	Tracey Davis asked about clarifying 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
Apnea prior authorization criteria as new criteria.		
	KF/AHC: • Approve the Zepbound for Obstructive Sleep Apnea prior authorization criteria	following recommendation: Motion: Robert Clifford Second: Kevin Wheeler Nay: Arlene Wiseman KF/AHC • Approve the Zepbound for Obstructive Sleep Apnea prior authorization criteria



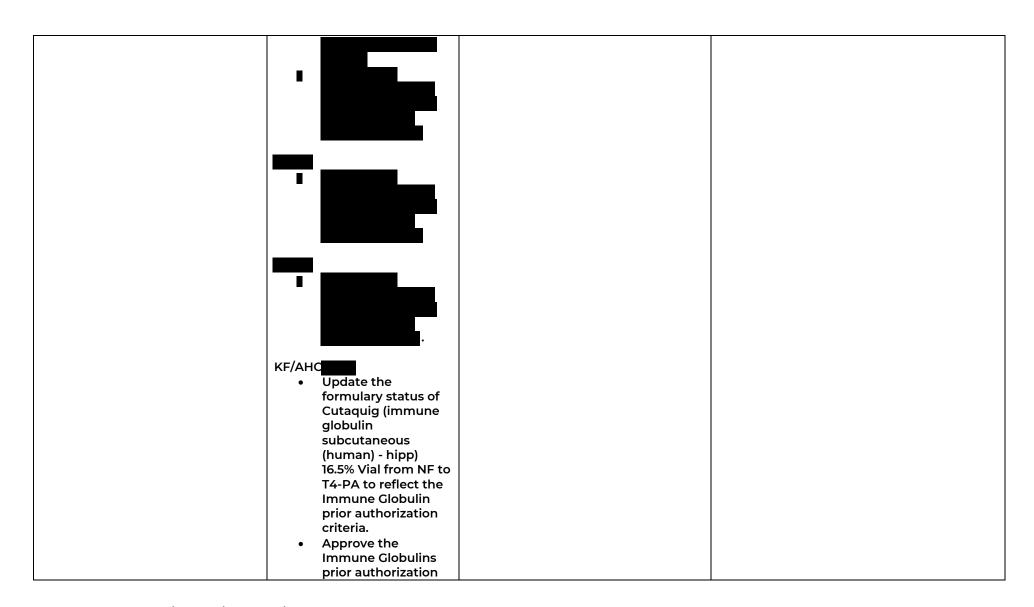
KF/AHC, Humidifiers	PerformRx makes the following recommendation: KF/AHC a. Remove Humidifiers and Vaporizers from the formulary.	Committee approved as recommended: Motion: Robert Clifford Second: Kevin Wheeler	PerformRx will update the criteria and formulary/PDL with any changes
7. Drug Reviews			



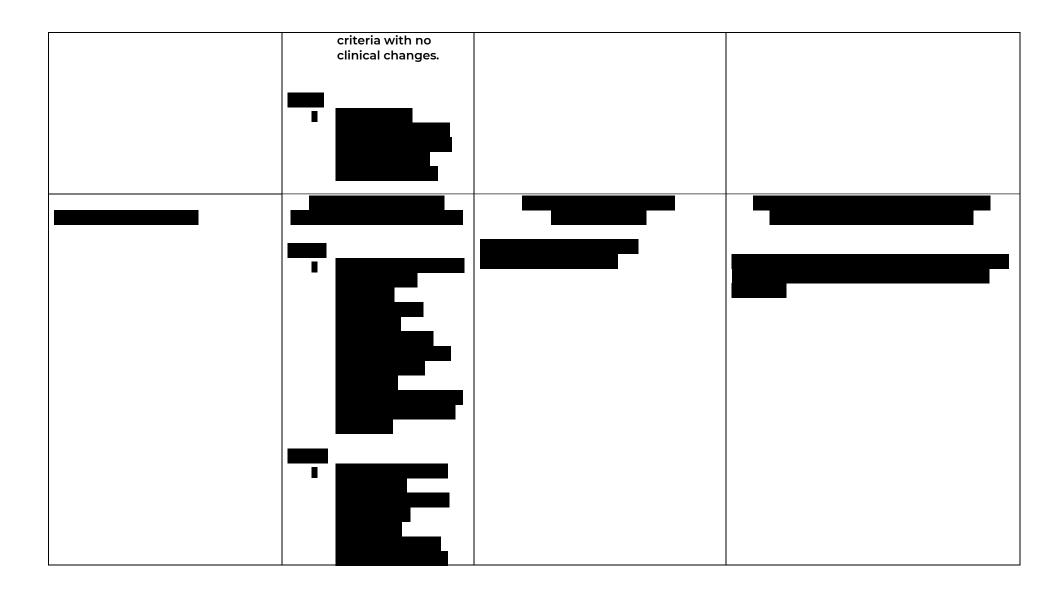








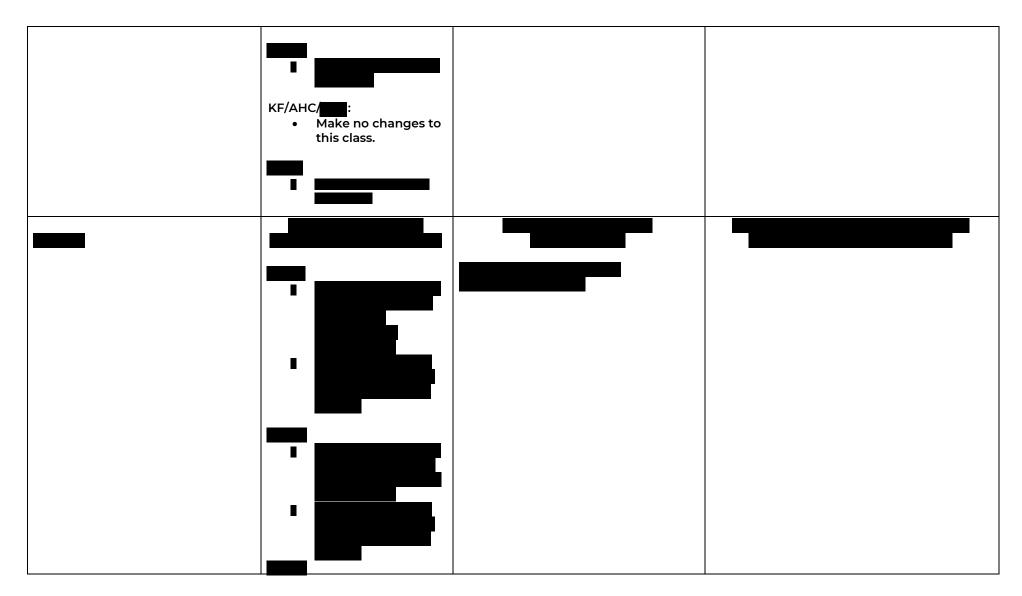






Fluoride Dental Preparations	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Andrew Peterson Second: Wayne Weart	No changes
	KF/AHC: • Make no changes to this class.		
B. Single Products			
Methergine	PerformRx makes the following recommendation:	Committee approved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





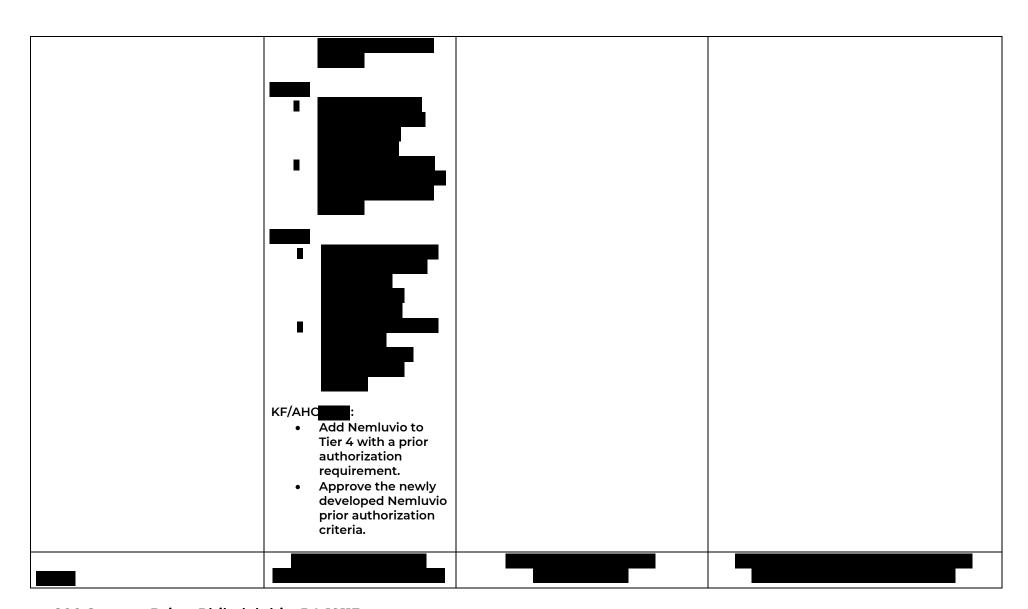


Yorvipath	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes
		Motion: Robert Hockmuth Second: Kelly Martin	



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

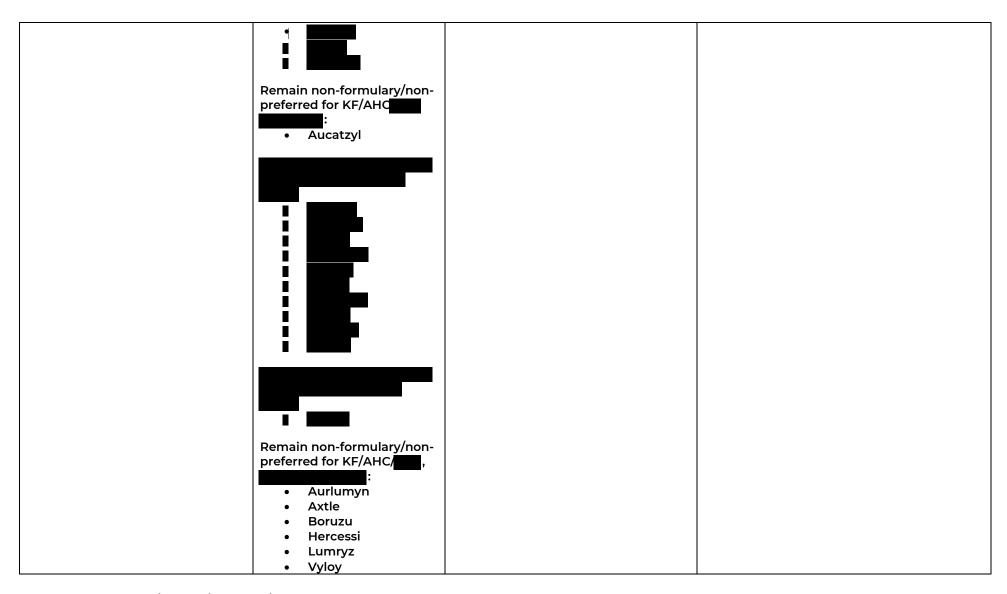




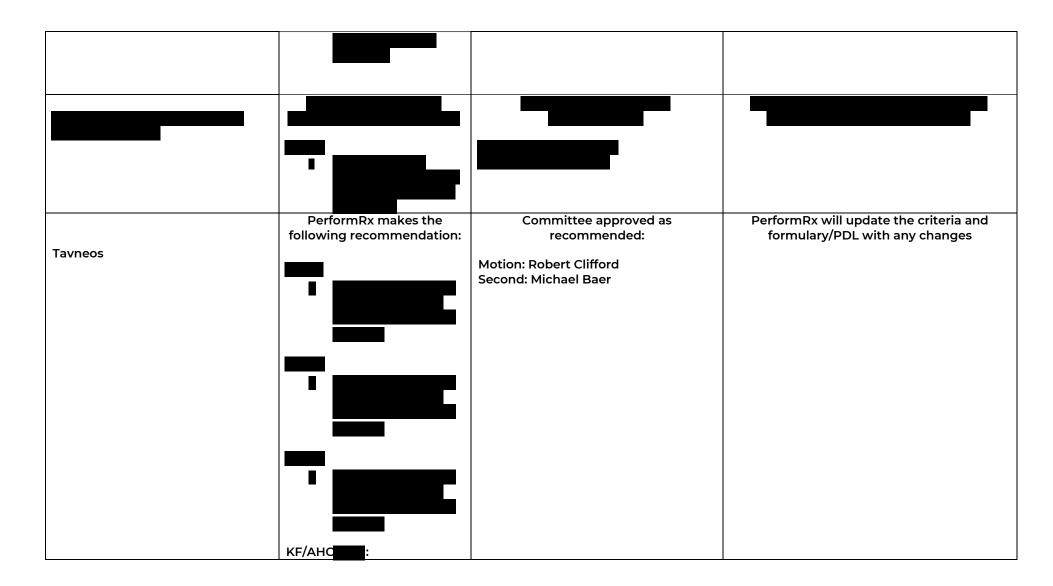


8. New Products			
	PerformRx makes the following recommendation:	Committee approved as recommended:	PerformRx will update the criteria and formulary/PDL with any changes
	Add to Specialty Tier 4 for KF/AHC : • Ziihera	Motion: Robert Clifford Second: Michael Baer	
	Add to Specialty Tier 4 with drug specific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





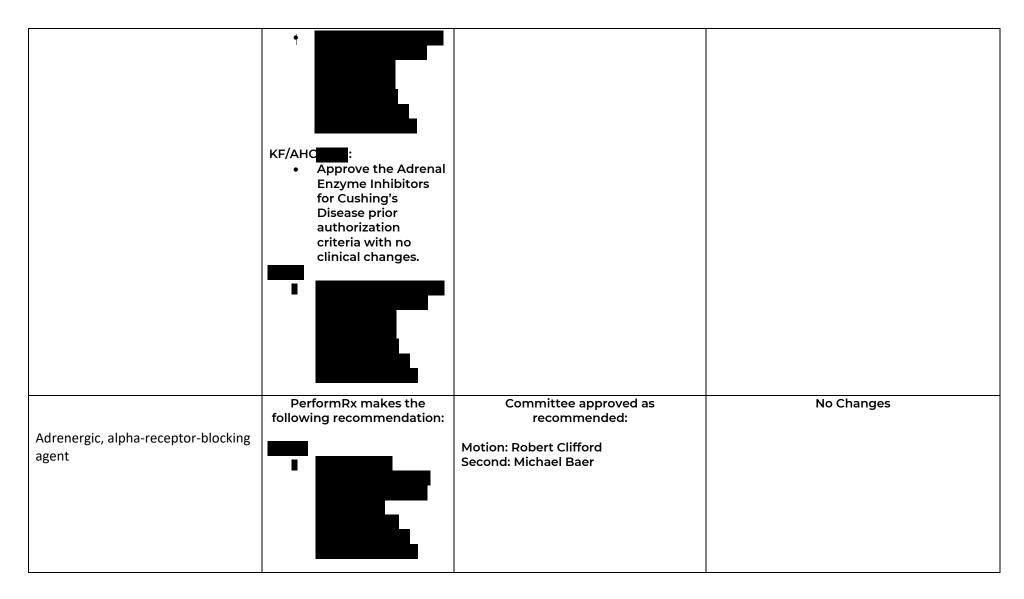




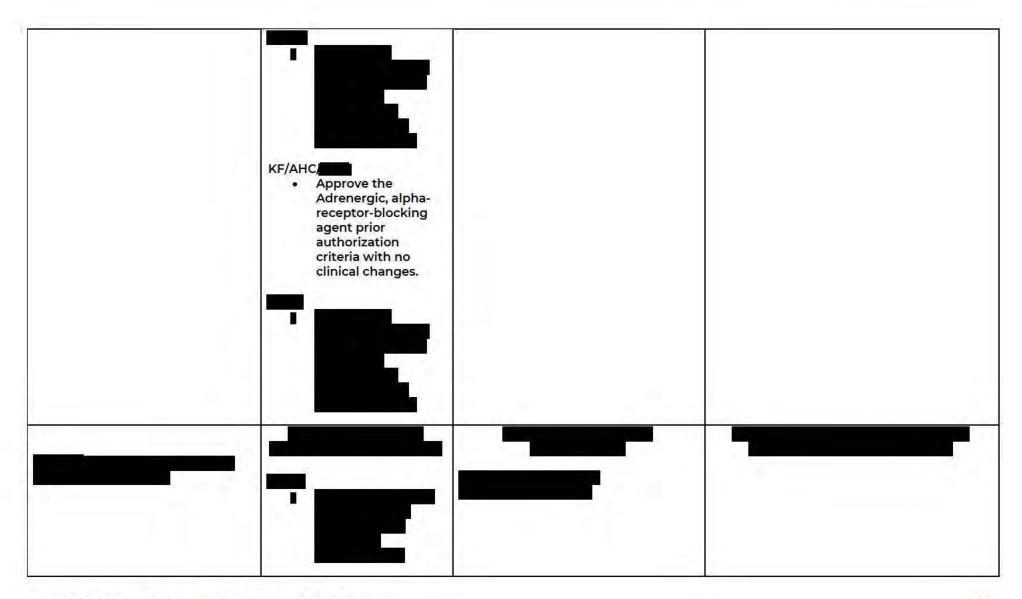


	 Update the renewal approval duration from 6 months to 12 months. 		
B. Prior Authorization Criteria Annual Review without Clinical Changes:			
Adrenal Enzyme Inhibitors for Cushing's Disease	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Robert Clifford Second: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





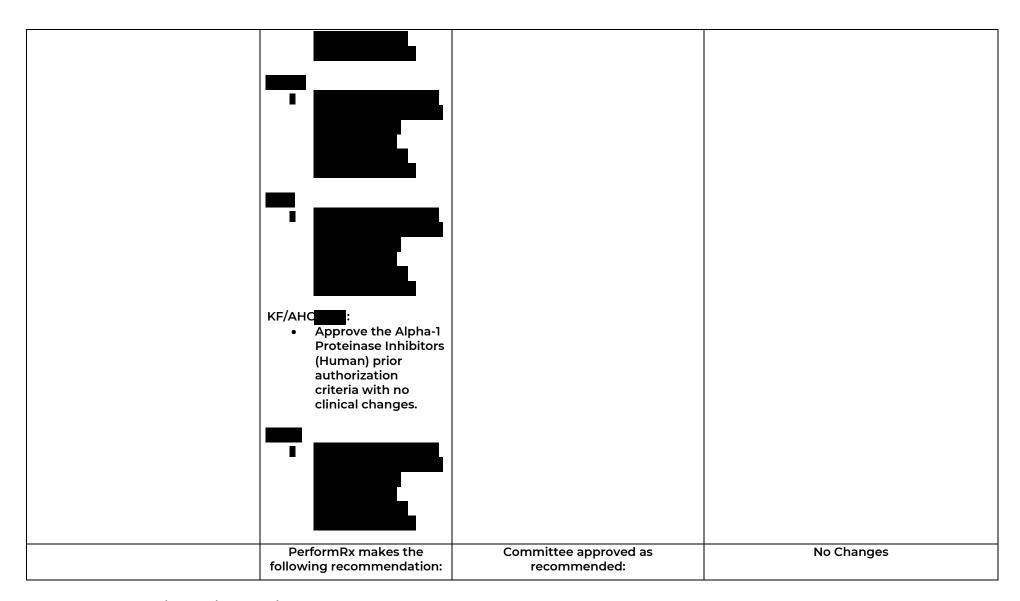




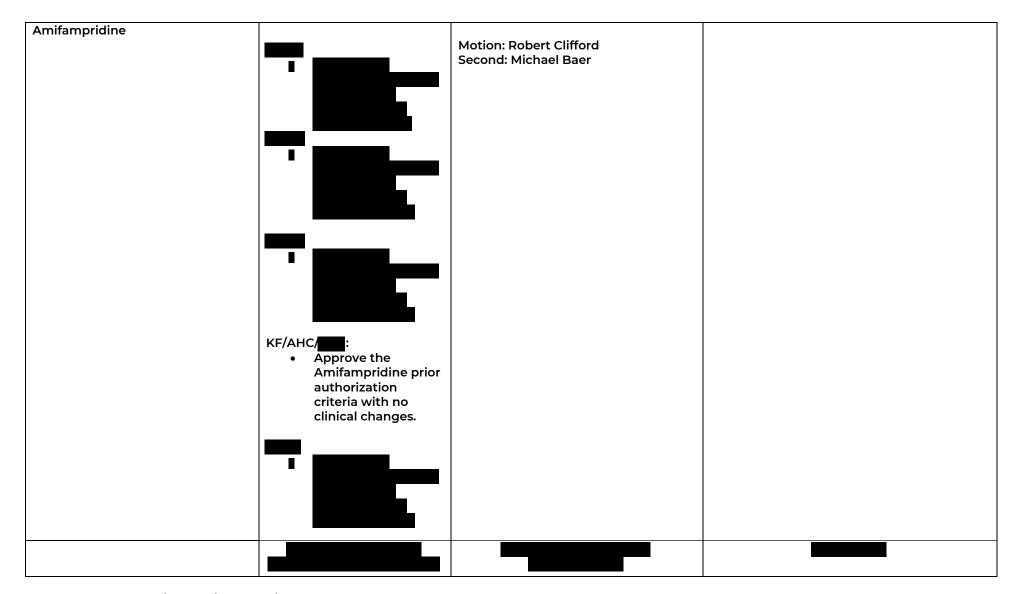


Alpha 1 Proteinase Inhibitors (Human)	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes

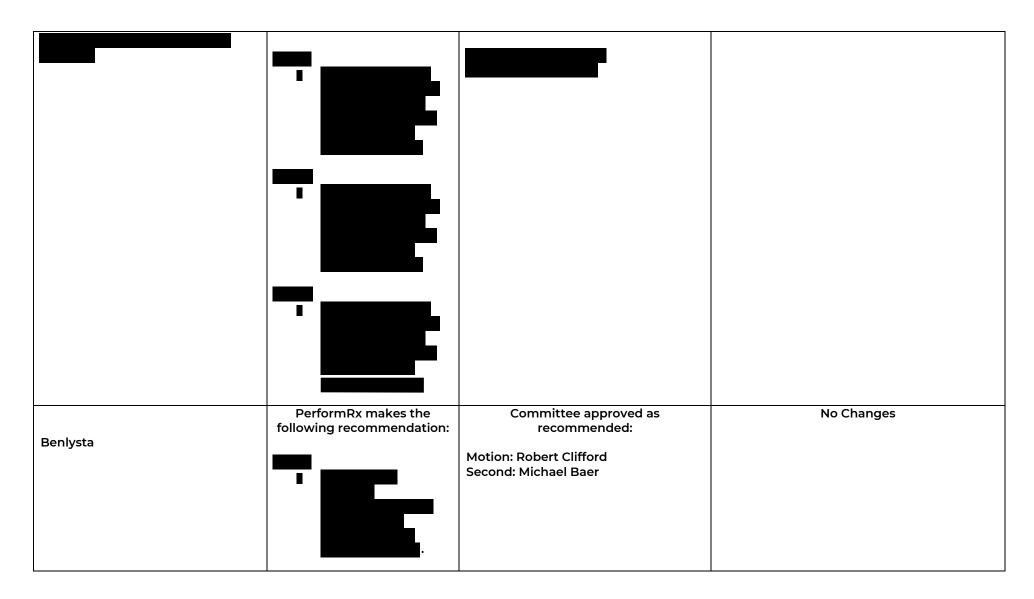
















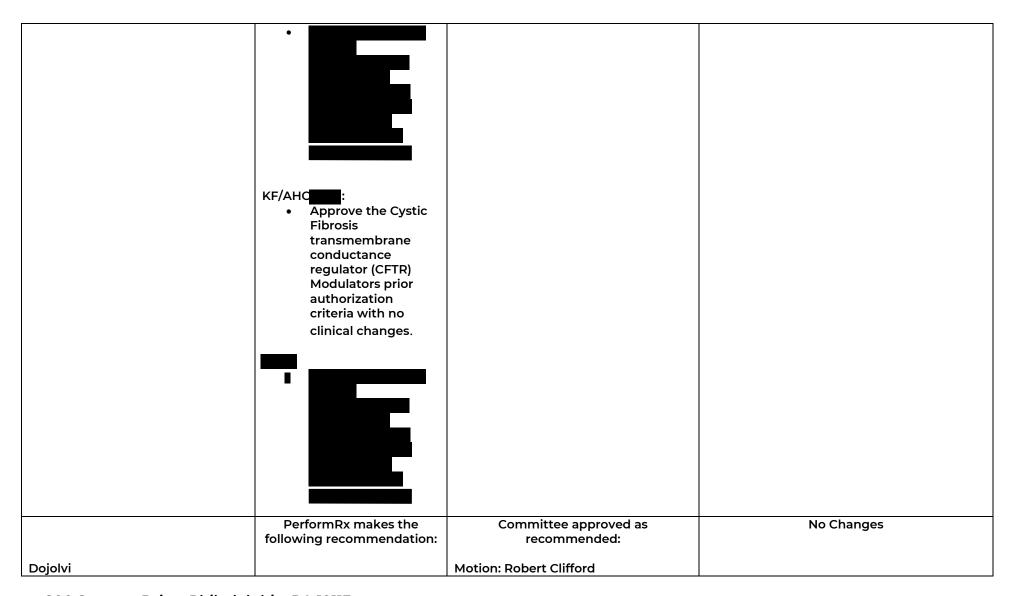


	criteria with no		
	clinical changes.		
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	PerformRx makes the	Committee approved as	No Changes
Corlanor	following recommendation:	recommended:	
	_	Motion: Robert Clifford	
		Second: Michael Baer	
		Second. Michael Bael	
	KF/AHC		
	KF/AIIG		

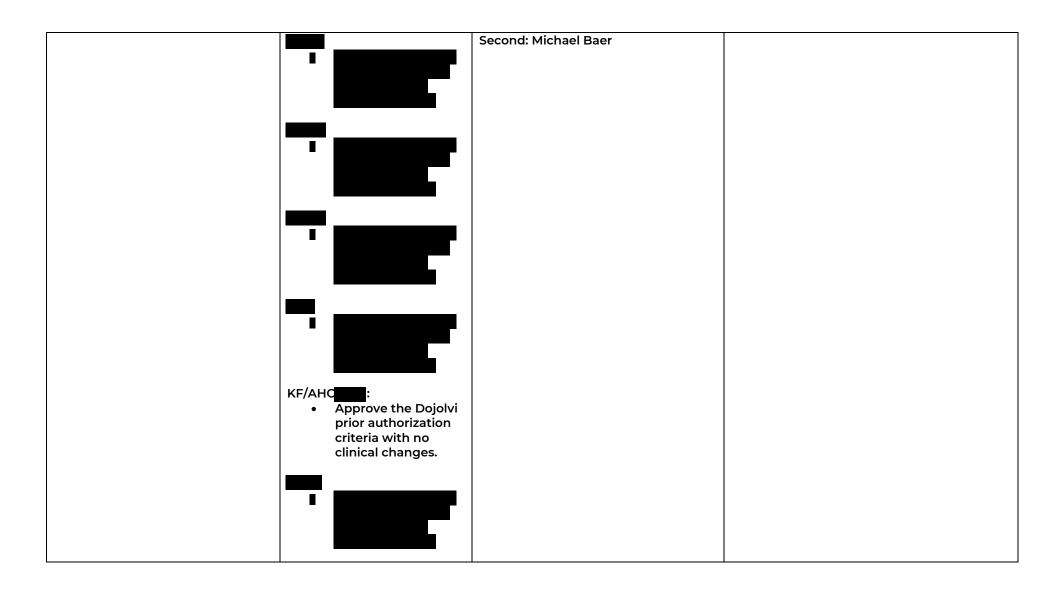


	Approve the Corlanor prior authorization criteria with no clinical changes.		
Cystic Fibrosis TF Modulators	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes









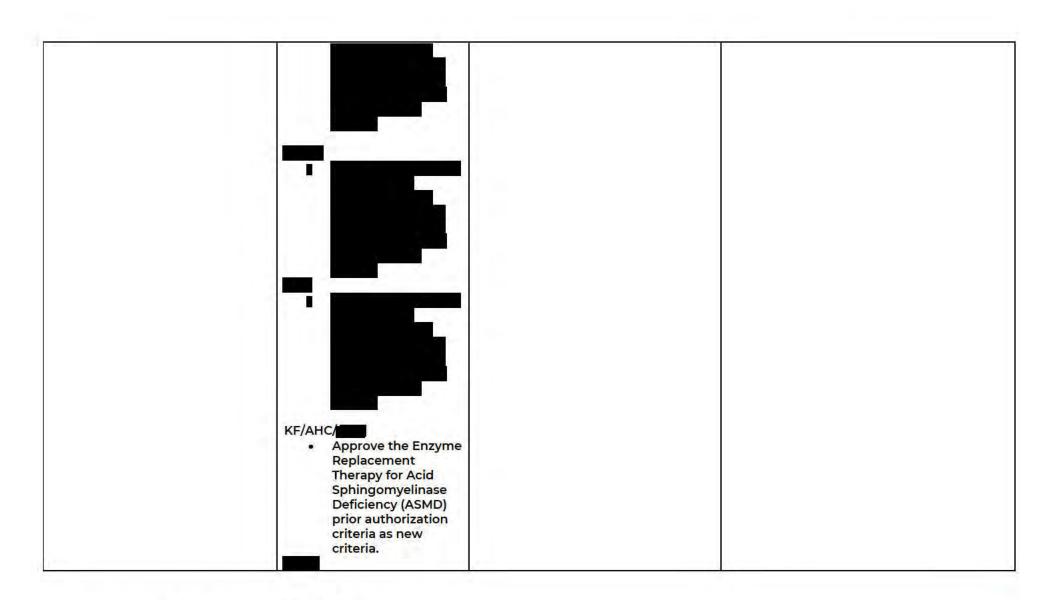


	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
Dose Rounding Limit Exception Criteria		Motion: Robert Clifford Second: Michael Baer	
	KF/AHC • Approve the Dose Rounding Limit Exception Criteria prior authorization criteria with no clinical changes.		

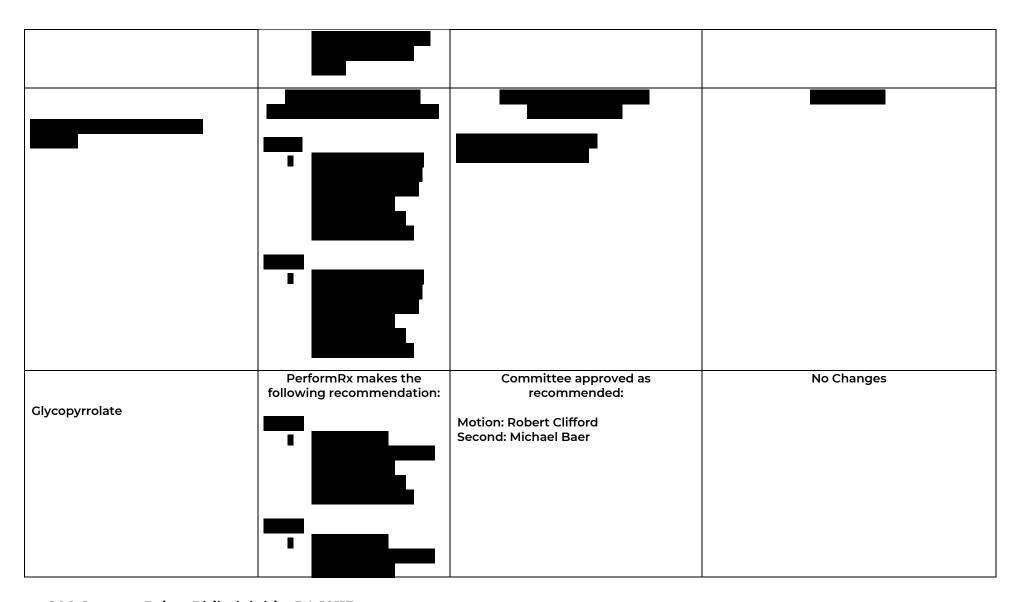


inzyme replacement therapy for	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
Enzyme replacement therapy for ASMD		Motion: Robert Clifford Second: Michael Baer	

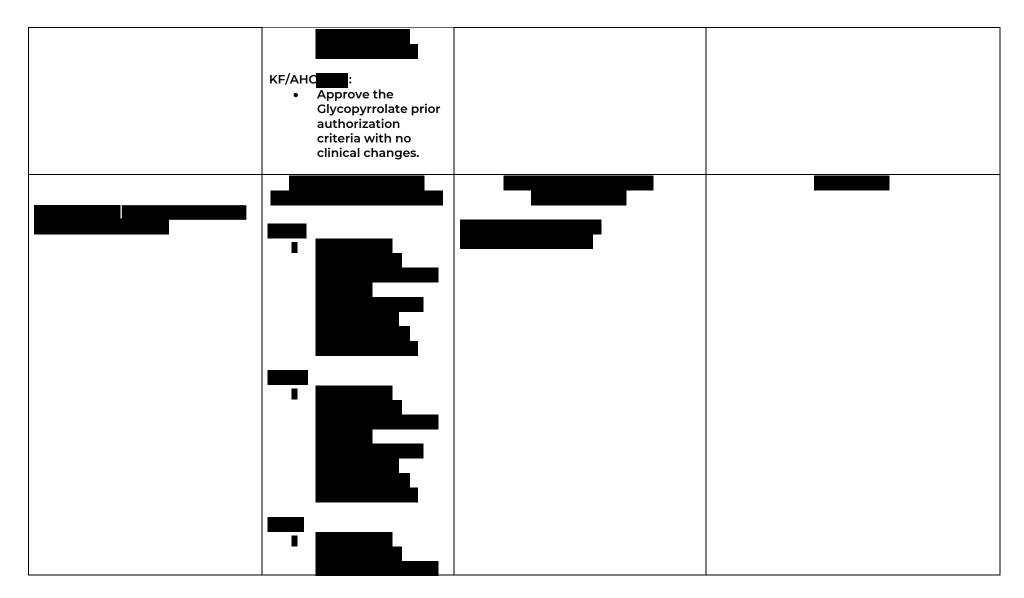




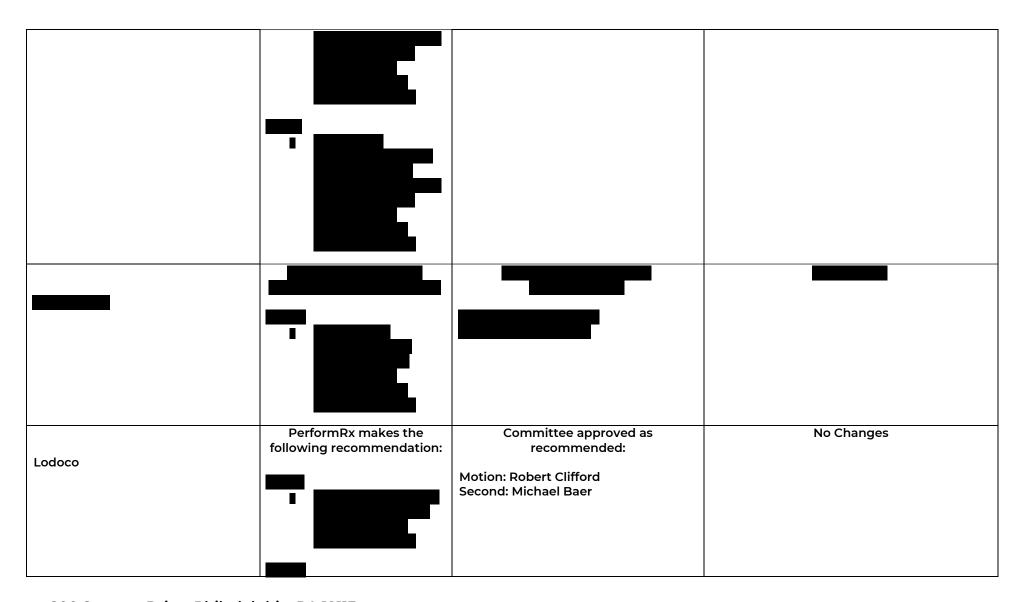




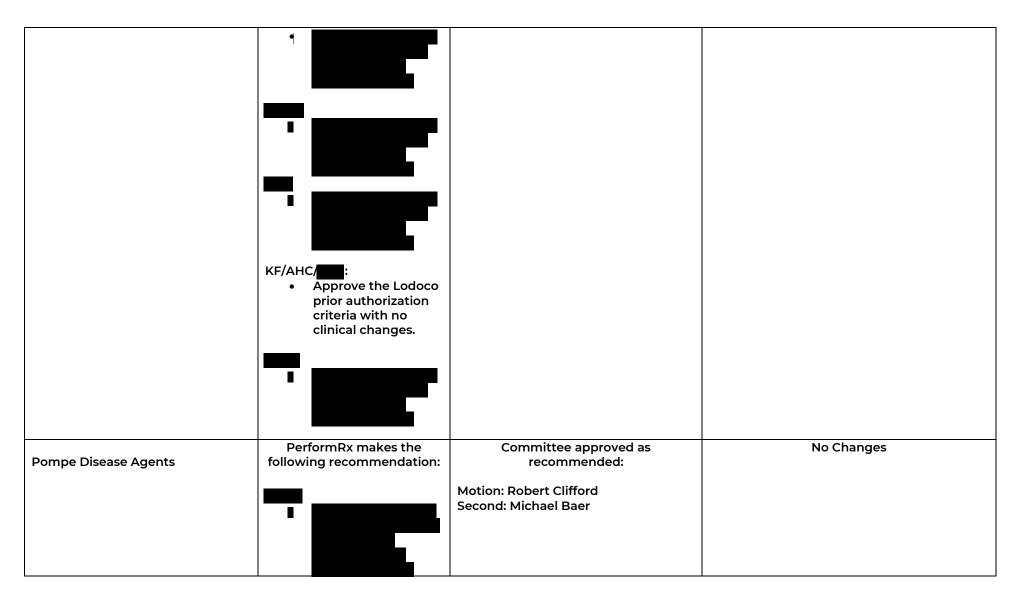




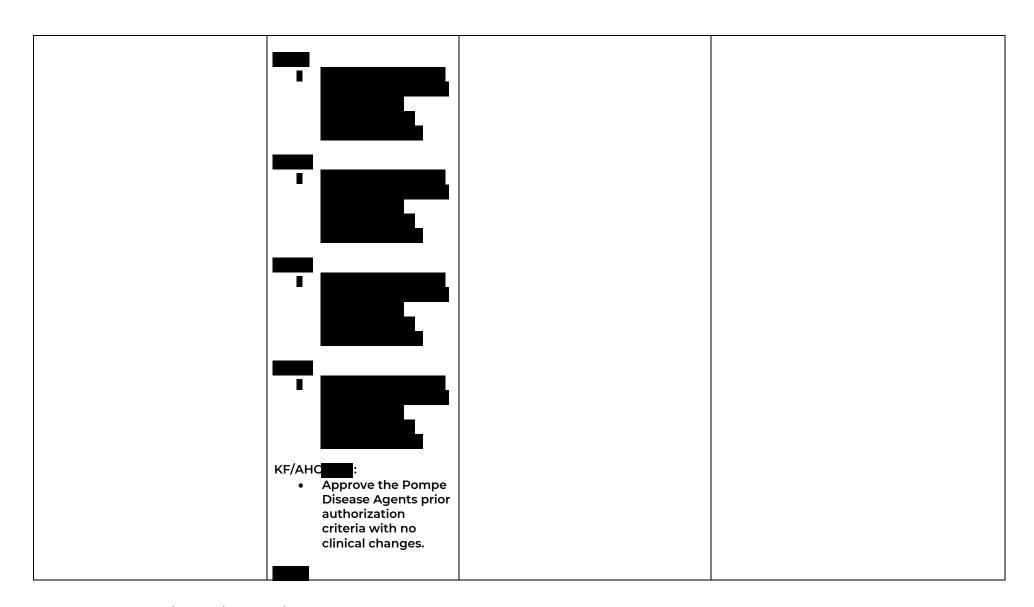














Presbyopia Agents	PerformRx makes the following recommendation: KF/AHC Approve the	Committee approved as recommended: Motion: Robert Clifford Second: Michael Baer	No Changes
	Presbyopia Agents prior authorization criteria with no clinical changes.		



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

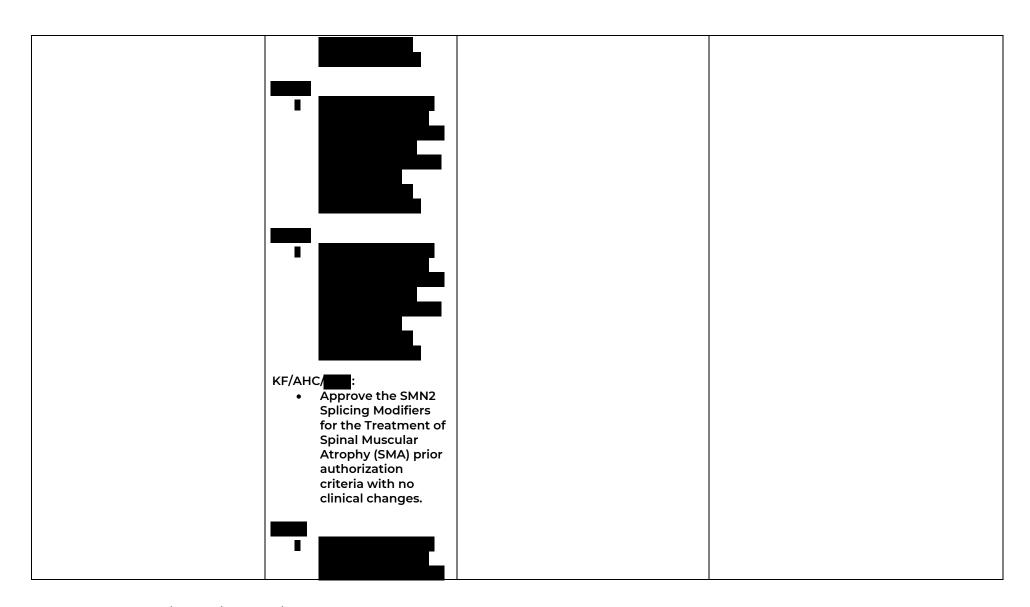


	Approve the Primary Hyperoxaluria Agents prior authorization criteria with no clinical changes.		
	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
Skysona	g		
		Motion: Robert Clifford Second: Michael Baer	
	-		



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

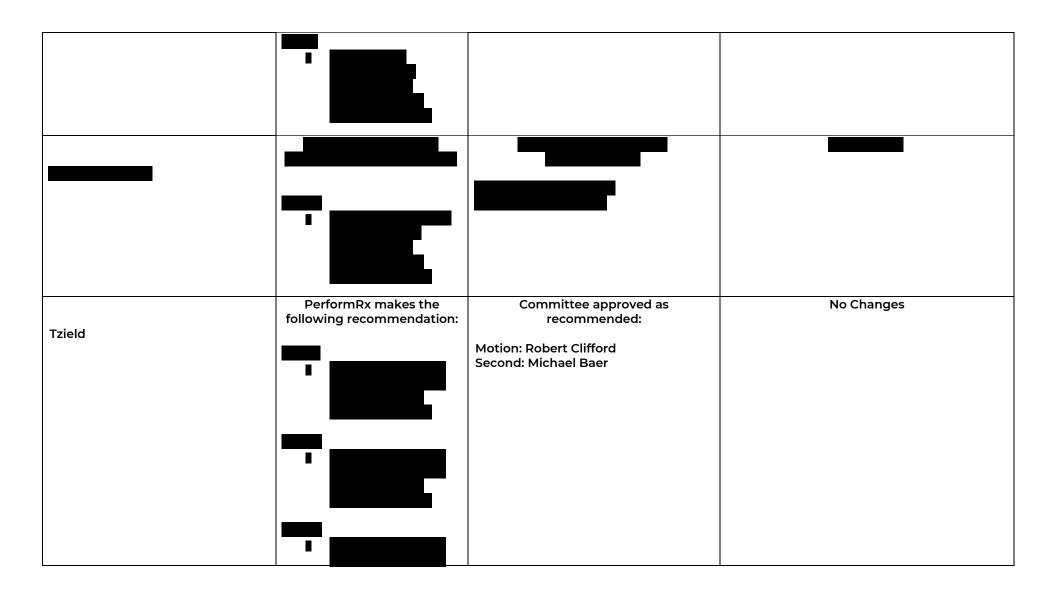




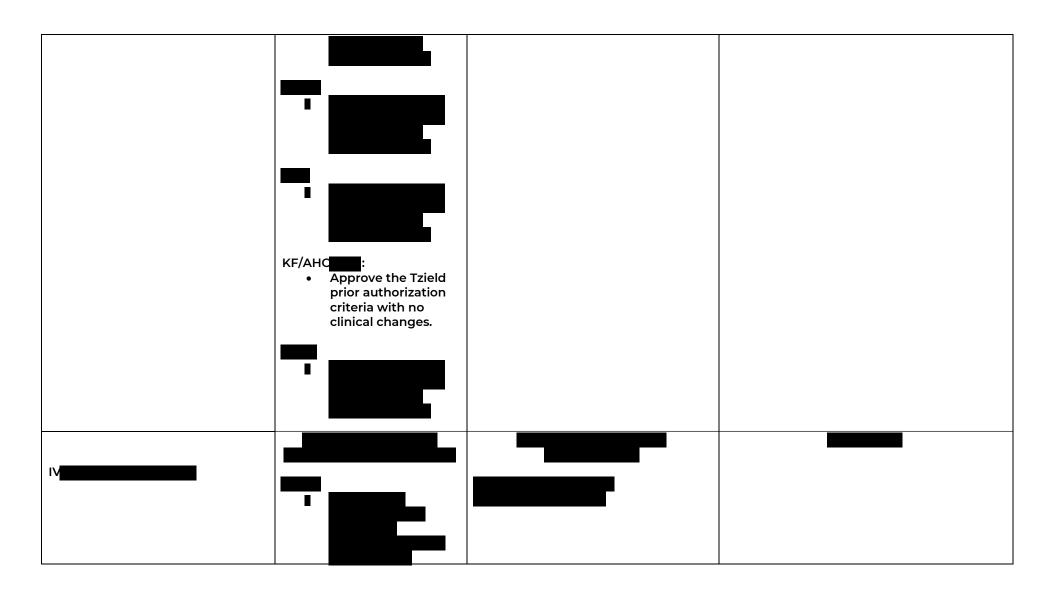


Sohonos	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
		Motion: Robert Clifford Second: Michael Baer	
	KF/AHC • Approve the Sohonos prior authorization criteria with no clinical changes.		











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



10. Recalls	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, 202 6:00 PM- 8:00 PM	IEST

Signature required Lengy L Lawyn, W