Enterprise P&T Meeting
Committee Meeting Minutes
July 29, 2024

Voting Members Present

Christopher Antypas, PharmD	Donald Cooper, PharmD	Emily Kryger, PharmD	Christy Skibicki, MD
Michael Baer, MD	Tracey Davis, PharmD	Eric Peters, PharmD	Rani Whitfield, MD
David Batluck, DO	Rogers Elebra, PharmD	Andrew Peterson, PharmD	
Floyd (John) Brinley, MD	Fury Fecondo, PharmD	David Petkash, MD	
Robert Clifford, MD	Robert Hockmuth, MD	Jena Quinn, PharmD	

Excused Voting Members

Donald Beam, MD	Yavar Moghimi, MD		
Kirt Caton, MD	Michelle Murphy, PharmD		
Loretta Dumontet, MD	Wayne Weart, PharmD		
Lenaye Lawyer, MD			
Kelly Martin, PharmD			

Invited Guests Present

Bethany Baird, CPhT	Amanda Hunter, PharmD	Melissa Megrdichian, PharmD	Luke Stadler, PharmD
Linda Carreras, CPhT	Toks Kassim, PharmD	Sarah Pawlak, PharmD	Mali Thomas, CPhT
Patrick DeHoratius, PharmD	Lisa Kazakis	Alishia Richie, MD	Lauren Washington, CPhT
Natalie Dick, CPhT	Jeffrey Kreitman, PharmD	Ally Seitz, PharmD	Arlene Wiseman, PharmD
Rajneel Farley, PharmD	Lauren Megargell, PharmD	Ruth Smith, PharmD	

Issue	Discussion	Conclusion/Results	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:03 PM EST. name Welcomed all external and internal participants.	Informational Only	Jeffrey Kreitman
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only	Jeffrey Kreitman
[redacted]		[redacted]	[redacted]
4. Review and approval of April P&T and July Proxy Minutes		Committee approved as recommended: Motion: David Batluck Second: Don Cooper	Jeffrey Kreitman
5. Old Business			
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

6. New Business			
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
Sleep Disorder Therapy	**PerformRx makes the following recommendation:** [redacted] **KF/AHC[redacted]:**	Committee approved as recommended: **Motion**: Robert Hockmuth **Second:** Tracey Davis	PerformRx will update the criteria and formulary/PDL with any changes

	• Remove Lumryz from the policy as it is no longer rebatable under CMS regulation.		
Lantidra	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Robert Hockmuth **Second:** Tracey Davis	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] [redacted] **KF/AHC[redacted]:** • Retire the Lantidra (donislecel) prior authorization criteria due to lack of utilization and the product is no longer rebatable under CMS regulation. [redacted] [redacted]		
[redacted]	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted]	[redacted] [redacted] [redacted]

	[redacted]		
Elevidys	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Robert Hockmuth **Second:** Tracey Davis	PerformRx will update the criteria and formulary/PDL with any changes

	• [redacted] • [redacted] [redacted] • [redacted] • [redacted] • [redacted] **KF/AHC[redacted]:** • Remove requirement that patient must be ambulatory based on expanded approval for Elevidys. • Require attestation that antibody titers are less than 1:400 to align with labeling. • Require attestation that the patient's liver, platelet, and troponin-I levels have been assessed. [redacted] • [redacted] • [redacted]		

RSV Vaccine	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Robert Hockmuth **Second:** Tracey Davis	PerformRx will update the criteria and formulary/PDL with any changes

	KF/AHC [redacted]: • Add mResvia to the supplemental formulary with an age limit of 60 years and older. • Lower the age restriction of Arexvy to allow use for patients 50 years and older. • Add the age restriction of 18 years and older and removing the quantity limit (1/lifetime) for Abrysvo. [redacted]		
Pneumonia Vaccine	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Robert Hockmuth **Second:** Tracey Davis	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] • [redacted] [redacted] • [redacted] **KF/AHC[redacted]** • Add Capvaxive to the supplemental formulary with an age limit of 19 years and older and a quantity limit of 1 dose per lifetime. [redacted] • [redacted]		
Anti-CD19 CAR-T Immunotherapies	**PerformRx makes the following recommendation:** [redacted] • [redacted] • [redacted] • [redacted]	Committee approved as recommended: **Motion**: Robert Hockmuth **Second:** Tracey Davis	PerformRx will update the criteria and formulary/PDL with any changes

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]

KF/AHC[redacted]:

- Streamline prescriber restriction.
- Add criteria for Chronic Lymphocytic Leukemia to align with expanded indication for Breyanzi.
- Separate the various types of Non-Hodgkin's Lymphoma into different criteria sections and aligned with new indications for Breyanzi in Follicular Lymphoma and Small Lymphocytic Lymphoma.

[redacted]

- [redacted]
- [redacted]

[redacted]	[redacted]	[redacted]	[redacted]
7. Drug Reviews			
A. Therapeutic Class			
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
Hepatitis B Vaccines.	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion:** Michael Baer **Second:** David Batluck	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] [redacted] **KF/AHC/[redacted]:** • Add Heplisav-B to the supplemental formulary (T3) with an age limit minimum of 19 years and lifetime quantity limit of 2 doses per lifetime to increase access to vaccines. • Update the quantity limits to lifetime quantity limits for Prehevbrio (3 doses per lifetime), Engerix-B (4 doses per lifetime), and Recombivax HB (3 doses per lifetime). [redacted] [redacted]		
[redacted]	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted] [redacted]

	[redacted]	[redacted]	
Chelating Agents	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion:** Michael Baer **Second:** David Batluck ***Amendment***: *Michael Baer asked if the laboratory confirmed dx Wilson's disease required only one diagnosed test – criteria will be updated to spell out that only one test is required.	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] **KF/AHC[redacted]:** • No changes for these medications. • Approve the Chelating Agents prior authorization criteria: ○ Add requirement of confirmed testing for Wilson's disease. [redacted]		
B. Single Products			
Duvyzat	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion:** Don Cooper **Second:** Andrew Peterson *Chris Antypas asked if the generic Emflaza is on formularies and listed as an alternative? PerformRx will look into it for additional information.	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] [redacted] **KF/AHC[redacted]** • Add Duvyzat to Tier 4 with a prior authorization requirement. • Approve the newly developed Duvyzat prior authorization criteria. [redacted]		
Beqvez	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion:** Don Cooper **Second:** Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] • [redacted] • [redacted] [redacted] • [redacted] [redacted] • [redacted] • [redacted] **KF/AHC[redacted]:** • Add Beqvez to Tier 4 with a prior authorization requirement. • Update the Gene Therapy for Hemophilia B prior authorization criteria. [redacted] • [redacted] • [redacted]		
Voydeva	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion:** Don Cooper **Second:** Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted]
	
	KF/AHC[redacted]:
	• Add Voydeya to Tier 4 with a prior authorization requirement.
	• Update the Complement Inhibitors prior authorization criteria:
	  ○ Add Voydeya (danicopan) to the drug list.
	  ○ Add a Paroxysmal Nocturnal Hemoglobinuria (PNH) section to require Voydeya (danicopan) be used as add-on therapy per the package insert.
	
	[redacted]		

Xolremdi	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion:** Don Cooper **Second:** Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

[redacted]

KF/AHC[redacted]:

- Add Xolremdi to T4 of the formulary with a prior authorization requirement.
- Approve the newly developed Xolremdi prior authorization criteria.

[redacted]

	[redacted]		
Lenmeldy	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion:** Don Cooper **Second:** Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] • [redacted] • [redacted] **KF/AHC[redacted]:** • Add Lenmeldy to Tier 4 with a prior authorization requirement. • Approve the newly developed Lenmeldy prior authorization criteria. [redacted] • [redacted] • [redacted]		
New Products			
	PerformRx makes the following recommendation: [redacted] Add to Specialty Tier 4 with drug specific PA for KF/AHC[redacted] • Vijoice [redacted]	**Committee approved as recommended:** **Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

[redacted]

[redacted]

[redacted]

Remain nonformulary/non-preferred for KF/AHC/[redacted]

- Anktiva
- Cyclophosphamide
- Extencilline
- Hepzato
- Imdelltra
- Iqirvo
- Kionex

[redacted]

[redacted]

	[redacted]		
9. Prior Authorization Criteria Review			
A. Prior Authorization Annual Criteria			
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
	PerformRx makes the following recommendation:	Committee approved as recommended:	

BCMA Directed CAR T-Cell Therapy.	[redacted]	**Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] **KF/AHC[redacted]:** • Update language for Abecma as it received an expanded indication for use after two lines of prior therapy. • Update language for Carvykti as it is now approved for use in patients who have received at least one prior line of therapy. [redacted]		
Brineura	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

[redacted]

KF/AHC/[redacted]

	• Update the coverage duration to better align with trial efficacy data. • Update dosing information in the other criteria section to better align language with other policies. [redacted]		
Ileal bile acid transporter inhibitor (IBAT).	PerformRx makes the following recommendation: [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] **KF/AHC[redacted]:** • Allow use of Livmarli in progressive familial intrahepatic cholestasis to align with expanded indication. • Allow use of Bylvay in Alagille Syndrome to align with expanded indication. [redacted] [redacted] [redacted]		
Mucopolysaccharidosis II Agents (Elaprase).	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] **KF/AHC/[redacted]:** • Lessen prescriber restrictions as there are a wide variety of specialists that play a role in treatment. [redacted]		
Pyruvate Kinase Activators	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] **KF/AHC[redacted]:** • Remove splenectomy exclusion as the 2024 pyruvate kinase deficiency guidelines recommend Pyrukynd irrespective of whether or not a patient has had a splenectomy in the past. [redacted]		
Rituximab	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] **KF/AHC/**[redacted] • Remove requirement of methotrexate for non-severe GPA/MPA to align with the updated guidelines. [redacted]		
Synagis	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

[redacted]

[redacted]

[redacted]

[redacted]

KF/AHC[redacted]:

- Require documentation of a medical reason for not having a trial and failure, intolerance, or contraindication to Beyfortus (niresvimab) prior to using Synagis (palivizumab) as recommended in guidelines as it treats a broader population via a single dose versus a more narrow population via a multiple dose administration schedule.

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

	• Update the dosage requirement to documentation of the patient's weight to ensure appropriate dosing. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

[redacted]	[redacted]	[redacted]	[redacted]
B. Prior Authorization Criteria Annual Review without Clinical Changes:			
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
Anti-FGF23 Monoclonal Antibodies. 464	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	No Changes

	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] **KF/AHC[redacted]:** • Approve the Anti-FGF23 Monoclonal Antibodies prior authorization criteria with no clinical changes. [redacted] [redacted] [redacted] [redacted]		
[redacted] [redacted] [redacted]	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted]	[redacted] [redacted] [redacted] [redacted]	[redacted]

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

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

[redacted]	[redacted]	[redacted]	
Daybue	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	No Changes

	KF/AHC/[redacted]: • Approve the Daybue (trofinetide) prior authorization criteria with no clinical changes. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
Enzyme Replacement Therapies for Fabry Disease	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper	No Changes

	[redacted] [redacted] [redacted] [redacted] [redacted] **KF/AHC/[redacted]:** • Approve the Enzyme Replacement Therapies for Fabry Disease prior authorization criteria with no clinical changes. [redacted]	**Second:** Michael Baer	

Fecal Microbiota	**PerformRx makes the following recommendation:** [redacted] **KF/AHC/[redacted]:** • Approve the Fecal Microbiota prior authorization criteria with no changes. [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	No Changes
Increlex	**PerformRx makes the following recommendation:**	Committee approved as recommended:	

	[redacted] [redacted] [redacted] [redacted] [redacted] [redacted] **KF/AHC[redacted]:** • Approve the Increlex prior authorization criteria with no changes.	**Motion**: Don Cooper **Second:** Michael Baer	No Changes
Insulin-Like Growth Factor-1 Receptor Antagonists for Thyroid Eye Disease	**PerformRx makes the following recommendation:** [redacted] [redacted] [redacted] [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	No Changes

	[redacted] [redacted] [redacted] **KF/AHC[redacted]:** • Approve the Insulin-Like Growth Factor-1 Receptor (Igf-1r) Antagonists For Thyroid Eye Disease prior authorization criteria with no changes. [redacted]		
Joenja	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	No Changes

	[redacted] **KF/AHC/[redacted]** • Approve the Joenja prior authorization criteria with no changes. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]

	[redacted]		
Omisirge	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	No Changes

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

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

[redacted]	[redacted]	[redacted]	[redacted]
Skyclarys	**PerformRx makes the following recommendation:** [redacted]	Committee approved as recommended: **Motion**: Don Cooper **Second:** Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

	[redacted] **KF/AHC[redacted]** • Approve the Skyclarys (omaveloxolone) prior authorization criteria. • Add documentation of the modified FARS score ≥20 and ≤80 to align with the Enterprise criteria. [redacted]		
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

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

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

10. Recalls	**4/18/2024 – 7/17/2024** There were no Class 1 or 2 recalls impacting all lots for medications listed within Medispan	Informational	PerformRx
11. Adjournment	The meeting adjourned at 7:18 PM EST		Jeffrey Kreitman
	The next meeting November 4th, 202 6:00 PM- 8:00		

11/5/2024

Date