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	

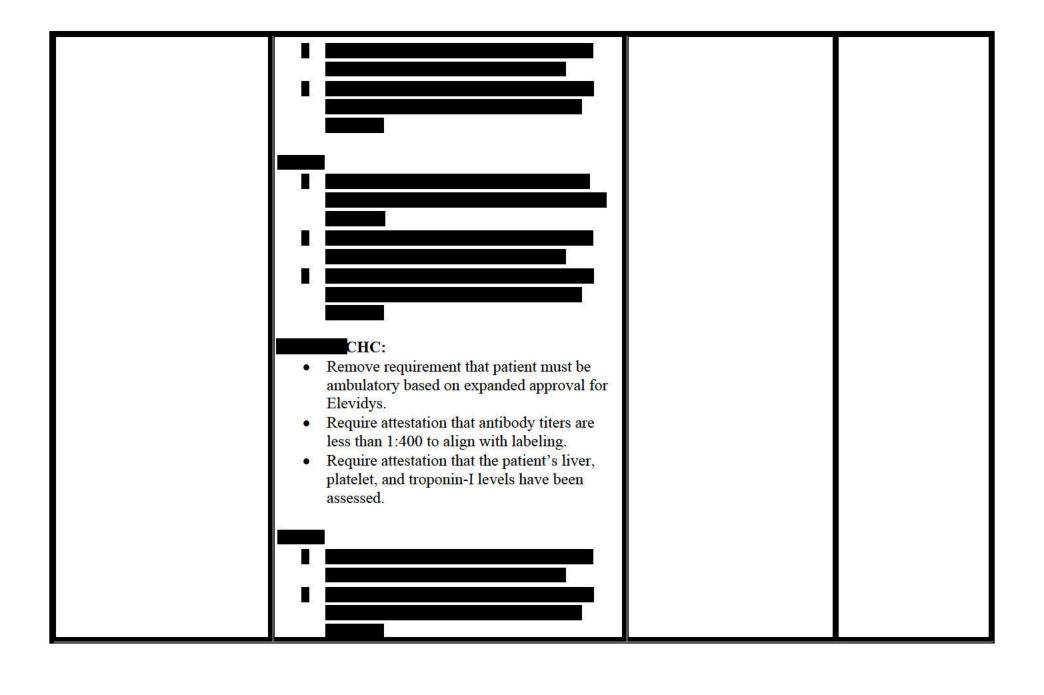
Issue	Discussion	Conclusion/Results	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:03 PM EST. name Welcomed all external and internal participants.	Informational Only	Jeffrey Kreitman
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only	Jeffrey Kreitman
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		·	

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

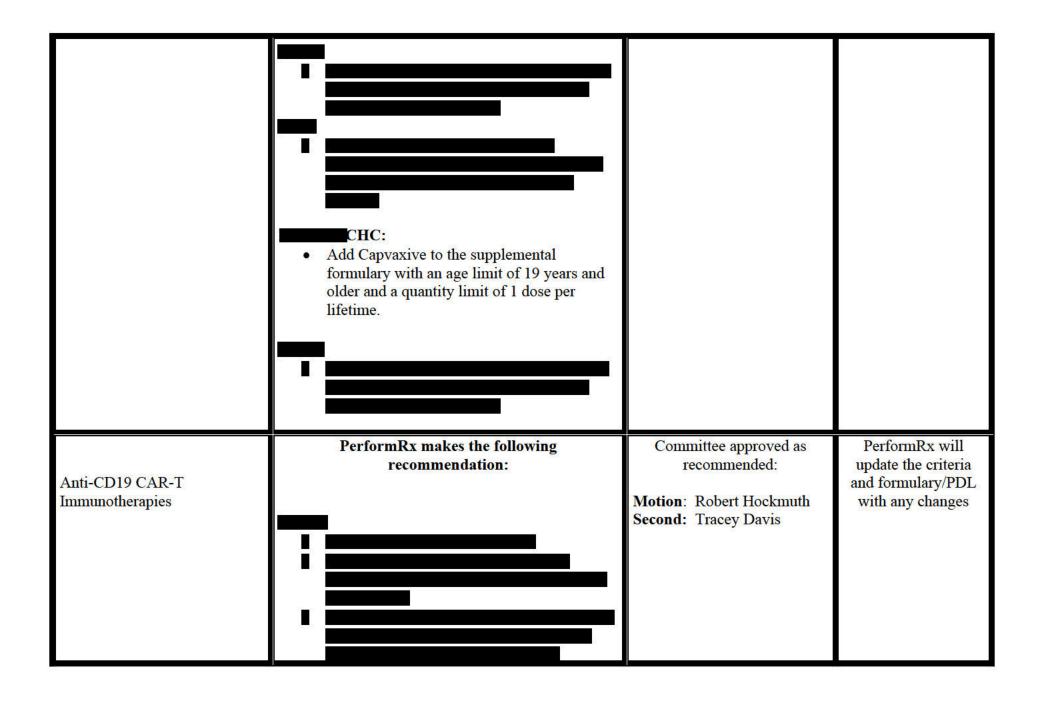
CHC: • Retire the Lantidra (donislecel) prior authorization criteria due to lack of utilization and the product is no longer rebatable under CMS regulation.	

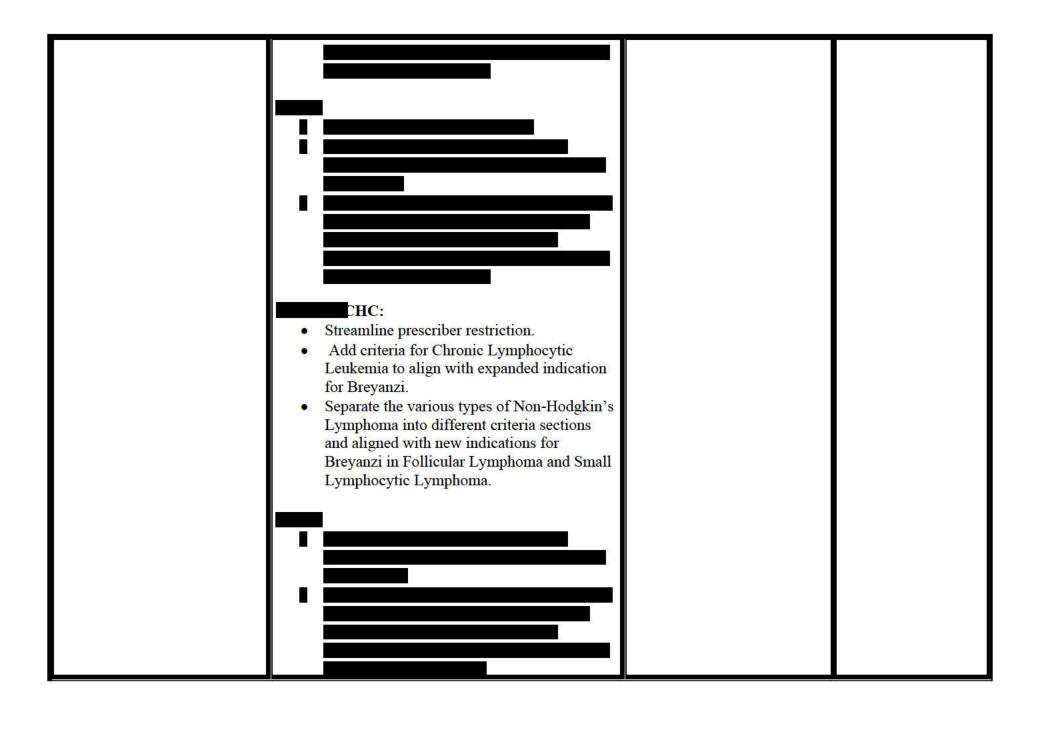
Elevidys	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Robert Hockmuth Second: Tracey Davis	PerformRx will update the criteria and formulary/PDL with any changes



	PerformRx makes the following	Committee approved as	PerformRx will
RSV Vaccine	recommendation:	recommended:	update the criteria
		No. Division	and formulary/PDL
		Motion: Robert Hockmuth	with any changes
		Second: Tracey Davis	
	<u> </u>		

	 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. 		
Pneumonia Vaccine	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Robert Hockmuth Second: Tracey Davis	PerformRx will update the criteria and formulary/PDL with any changes





7. Drug Reviews		
A. Therapeutic Class		

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

 CHC: 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). 	

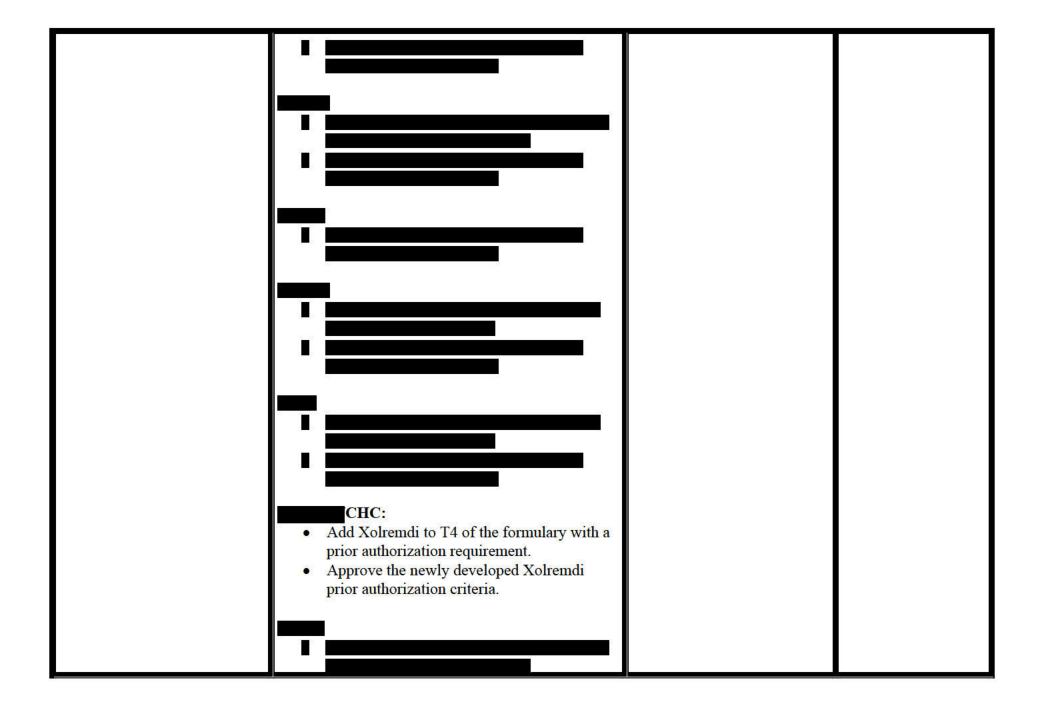
Chelating Agents	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Michael Baer Second: David Batluck Amendment: *Michael Baer asked if the laboratory confirmed dx Wilson's disease required only one diagnosed test – criteria will be updated to spell out that only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

B. Single Products	CHC: • No changes for these medications. • Approve the Chelating Agents prior authorization criteria: • Add requirement of confirmed testing for Wilson's disease.		
Duvyzat	PerformRx makes the following recommendation:	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

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

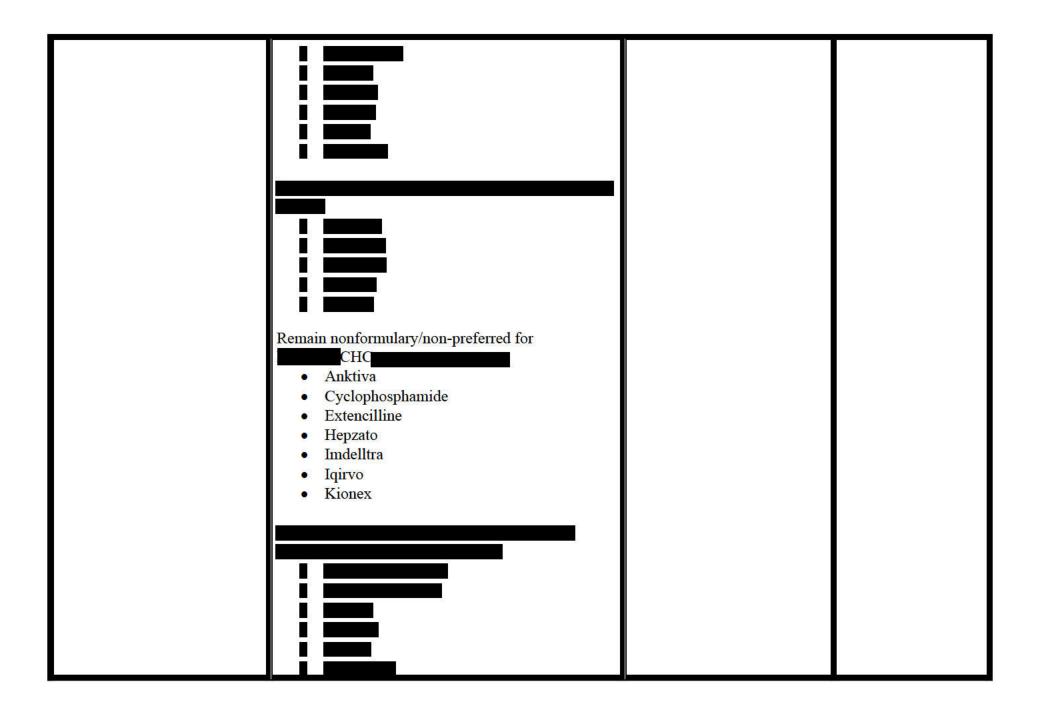
	 CHC: Add Beqvez to Tier 4 with a prior authorization requirement. Update the Gene Therapy for Hemophilia B prior authorization criteria. 		
Voydeva	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper Second: Andrew Peterson	PerformRx will update the criteria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

	CHC: • 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.		
Xolremdi	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper Second: Andrew Peterson	PerformRx will update the criteria and formulary/PDL with any changes



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

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

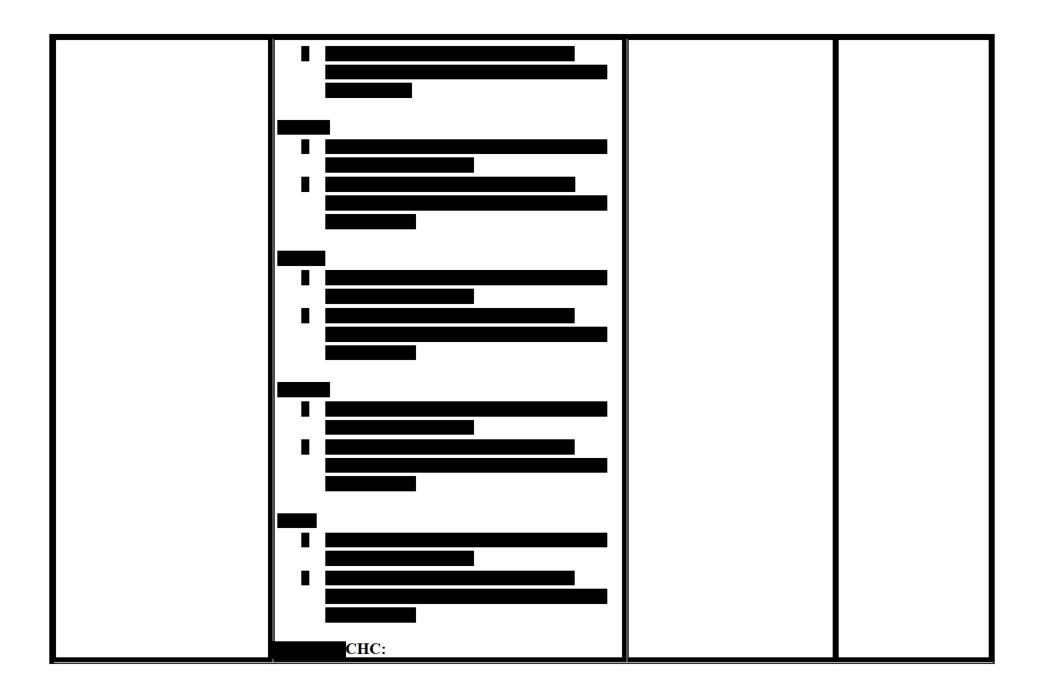


9. Prior Authorization Criteria Review		
A. Prior Authorization Annual Criteria		

PerformRx makes the following	Committee approved as	
PerformRx makes the following recommendation:	Committee approved as recommended:	

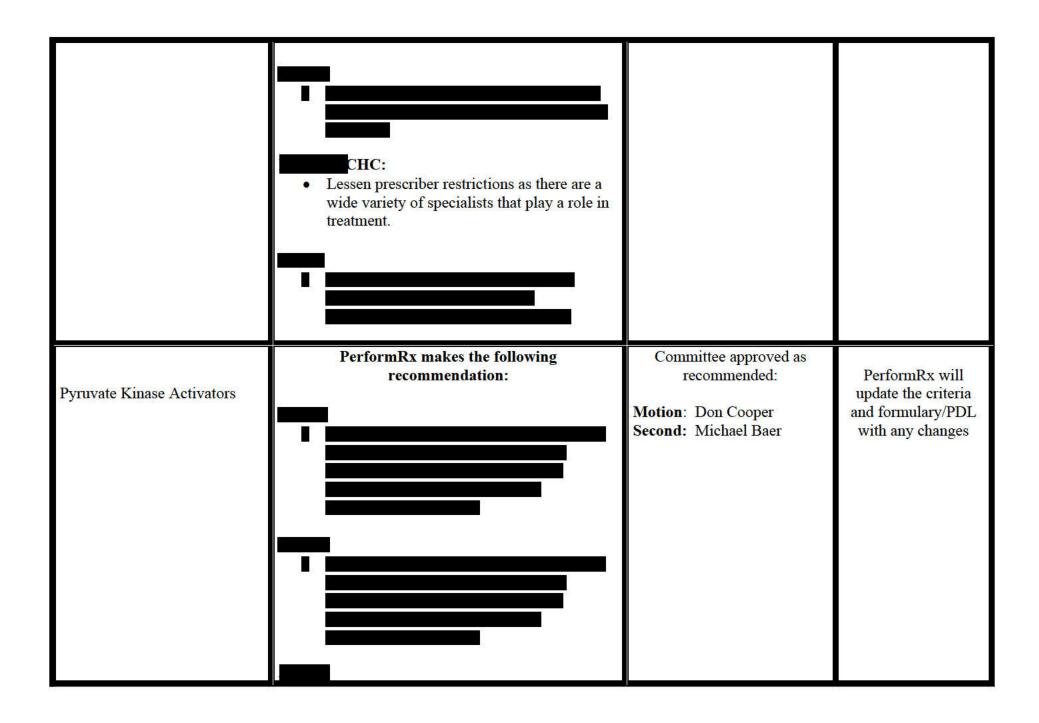
BCMA Directed CAR T-Cell Therapy.	Motion: Don Cooper Second: Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

	 CHC: 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. 		
Brineura	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

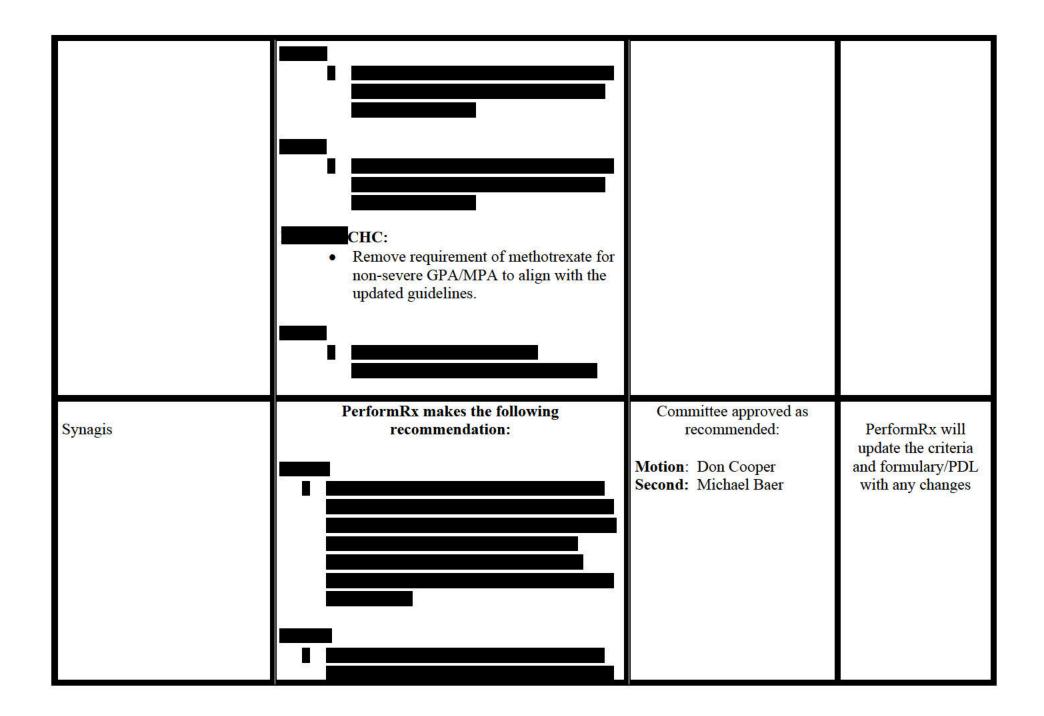


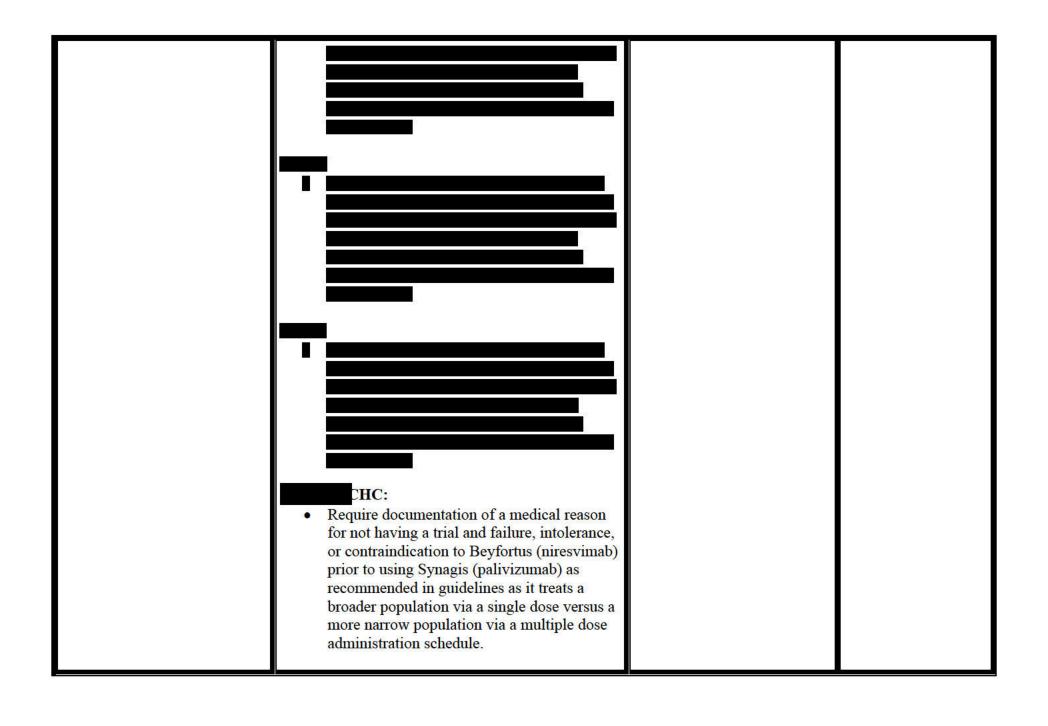
	 Update the coverage duration to better align with trial efficacy data. Update dosing information in the other criteria section to better align language with other policies. 		
Ileal bile acid transporter inhibitor (IBAT).	PerformRx makes the following recommendation:	Committee approved as recommended: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

	 CHC: 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. 		
Mucopolysaccharidosis II Agents (Elaprase).	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes



	CHC: • 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.		
Rituximab	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

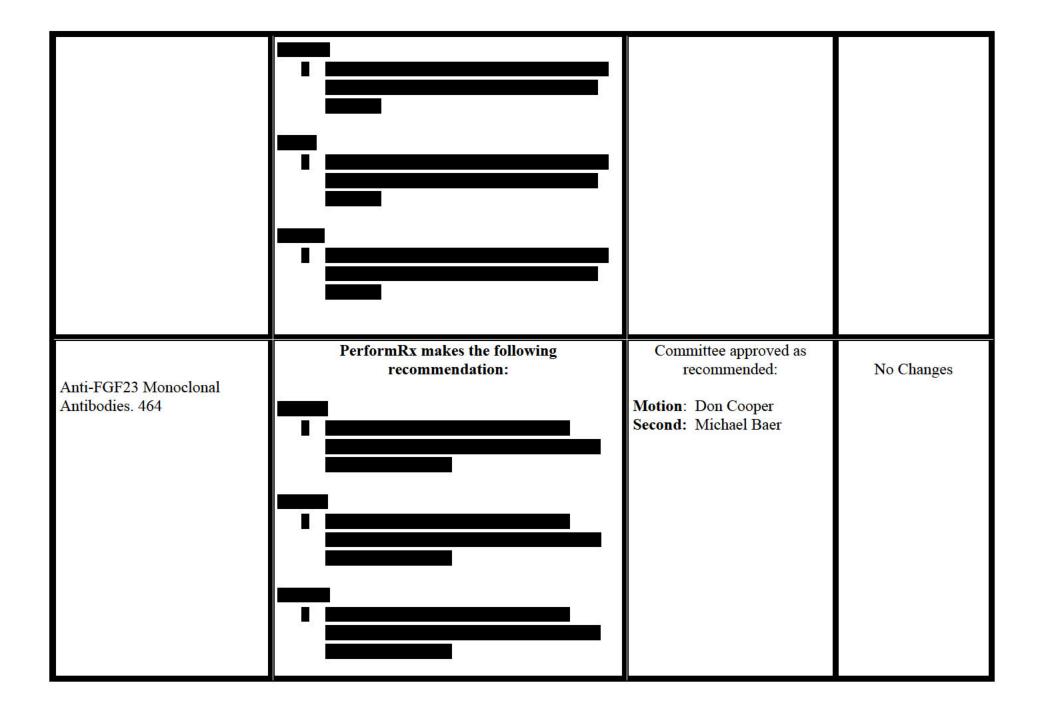


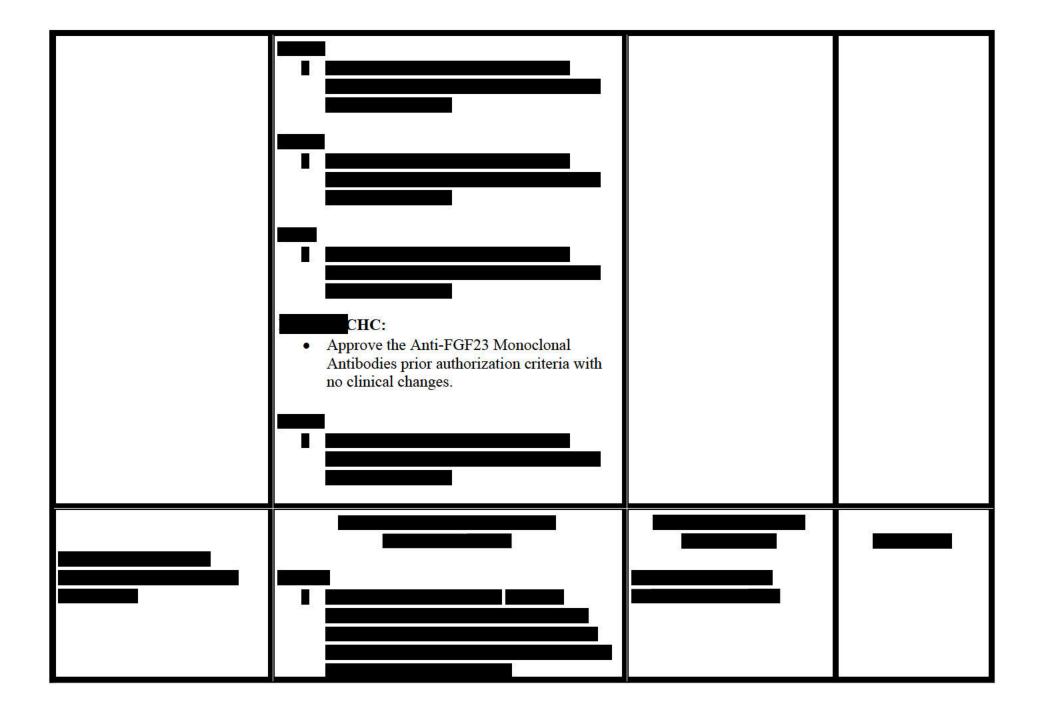


Vimizim	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	PerformRx will update the criteria and formulary/PDL with any changes

Update the dosage requirement to documentation of the patient's weight to ensure appropriate dosing.	

B. Prior Authorization Criteria Annual Review without Clinical Changes:		



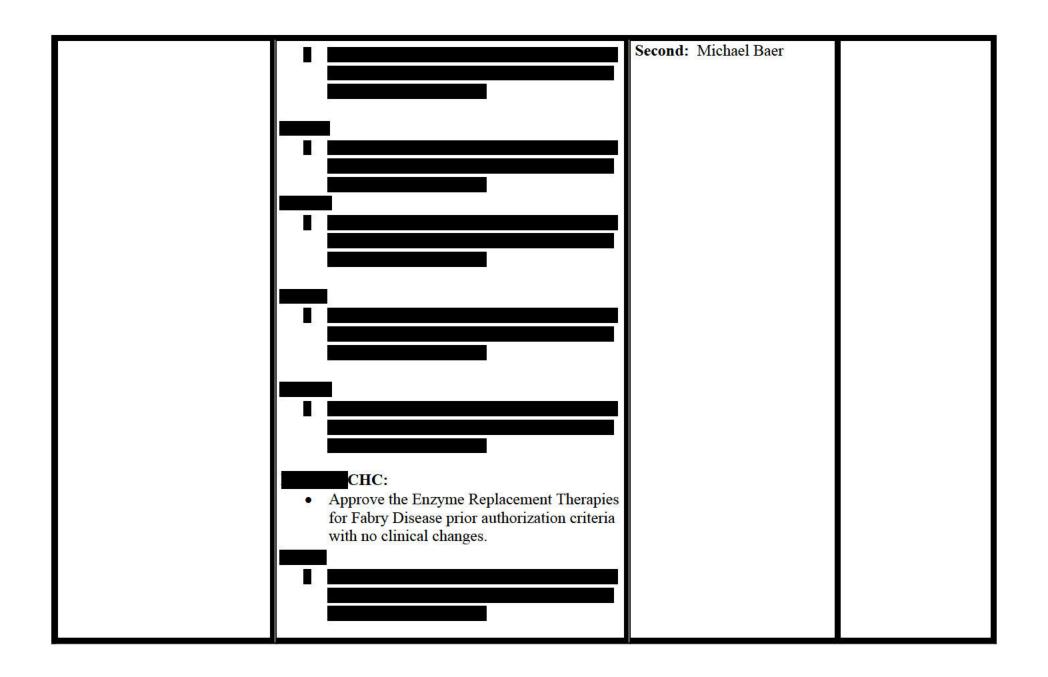


Camzyos	PerformRx makes the following recommendation: CHC: Approve the Camzyos prior authorization criteria with no clinical changes.	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	No Changes

Corticotropin	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	No Changes
	CHC: • Approve the Corticotropin prior authorization criteria with no clinical changes.		

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

	 CHC: Approve the Daybue (trofinetide) prior authorization criteria with no clinical changes. 		
Enzyme Replacement Therapies for Fabry Disease	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper	No Changes



Fecal Microbiota	PerformRx makes the following recommendation:	Committee approved as recommended:	No Changes
		Motion: Don Cooper Second: Michael Baer	
	СНС:		
	 Approve the Fecal Microbiota prior authorization criteria with no changes. 		
Increlex	PerformRx makes the following recommendation:	Committee approved as recommended:	

	CHC: 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:	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	No Changes

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

CHC: • Approve the Joenja prior authorization criteria with no changes.	

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

	 Approve the Omisirge prior authorization criteria with no clinical changes. 		
Qalsody	PerformRx makes the following recommendation:	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	No Changes

CHC: • Approve the Qalsody prior authorization criteria with no changes.	

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

 CHC: Approve the Skyclarys (omaveloxolone) prior authorization criteria. Add documentation of the modified FARS score ≥20 and ≤80 to align with the Enterprise criteria. 	

Verquvo	PerformRx makes the following recommendation: CHC: Approve the Verquvo prior authorization criteria with no clinical changes.	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	No Changes

Vijoice	PerformRx makes the following recommendation: CHC: Approve the Verquvo prior authorization criteria with no clinical changes.	Committee approved as recommended: Motion: Don Cooper Second: Michael Baer	No Changes

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		

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Date