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 |
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| 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

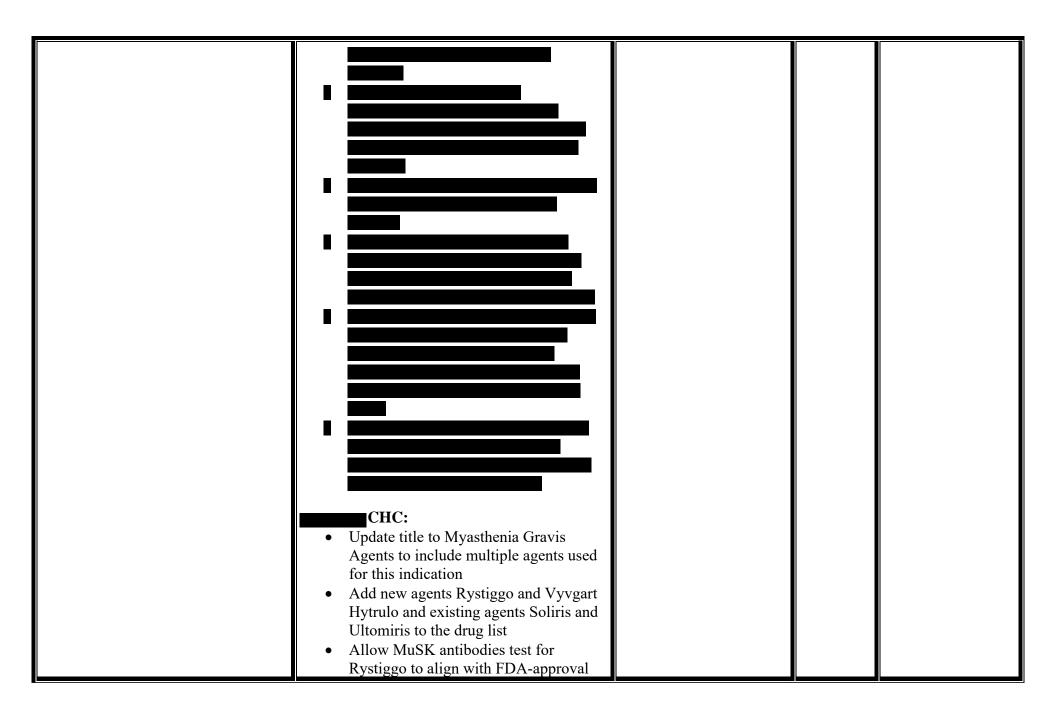
| Donald Beam, MD | Kendra Michael, MD | Lavdena Orr, MD | Rodney Wise, MD |
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| Robert Hockmuth, MD | Betty Muller, MD | Andrew Peterson, PharmD | |

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 5. Old Business | | Motion: Kirt Caton Second: Donald Cooper | | Jeffrey Kreitman |
| 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 |

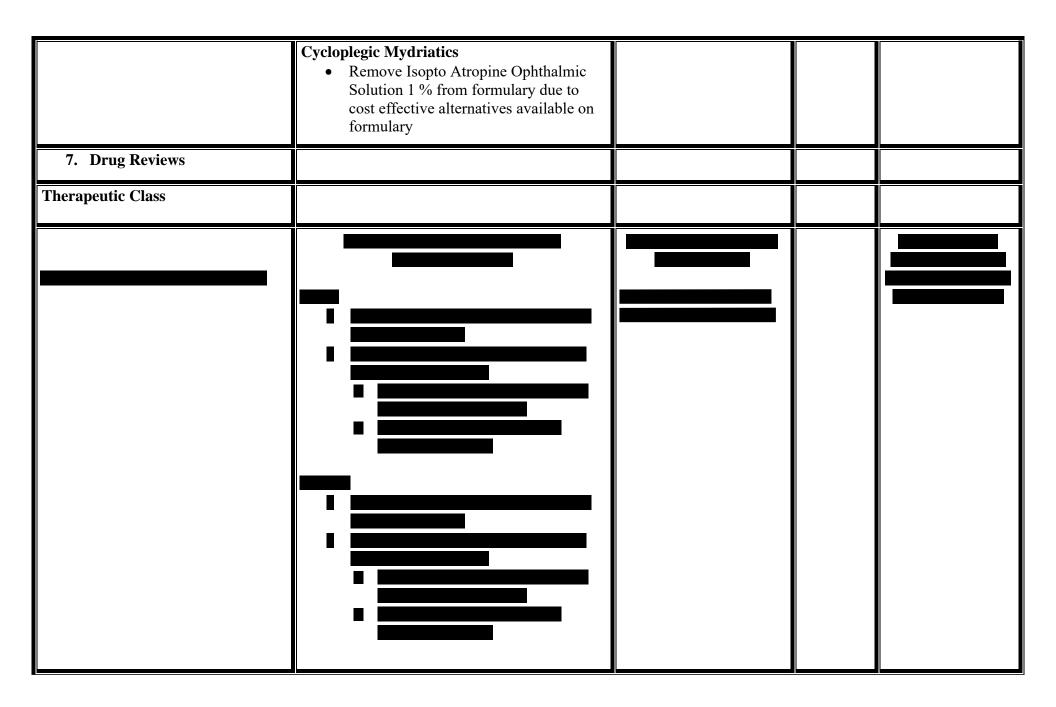
| CHC – Insulin Pumps | PerformRx makes the following recommendation: CHC: Retire the Insulin Pumps prior authorization criteria for CHC as it is now a state managed PDL class | Committee approved as recommended: Motion: David Batluck Second: Donald Cooper | PerformRx will update the criteria and formulary/PDL with any changes |
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| 6. New Business Myasthenia Gravis Agents | 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 |
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| Remove MG ADL score requirement as each trial for these agents used a different minimum and primary endpoint Allow previous trial with 1 conventional therapy and plasma exchange/IVIG as this significs more severe symptoms and interventional therapies Exclude concurrent use of these agents as there is no data on using them together Require trial with Vyvgart prior to Vyvgart Hytrulo was shown to be noninferior and is significantly more costly than Vyvgart or Rystiggo prior to the complement inhibitors Soliris and Ultomiris as they are mentioned in the guidelines for later line, refractory disease and are more costly. In reauthorization criteria, simplify to require documentation of clinical response as the outcomes measured in the trials varied for each agent |
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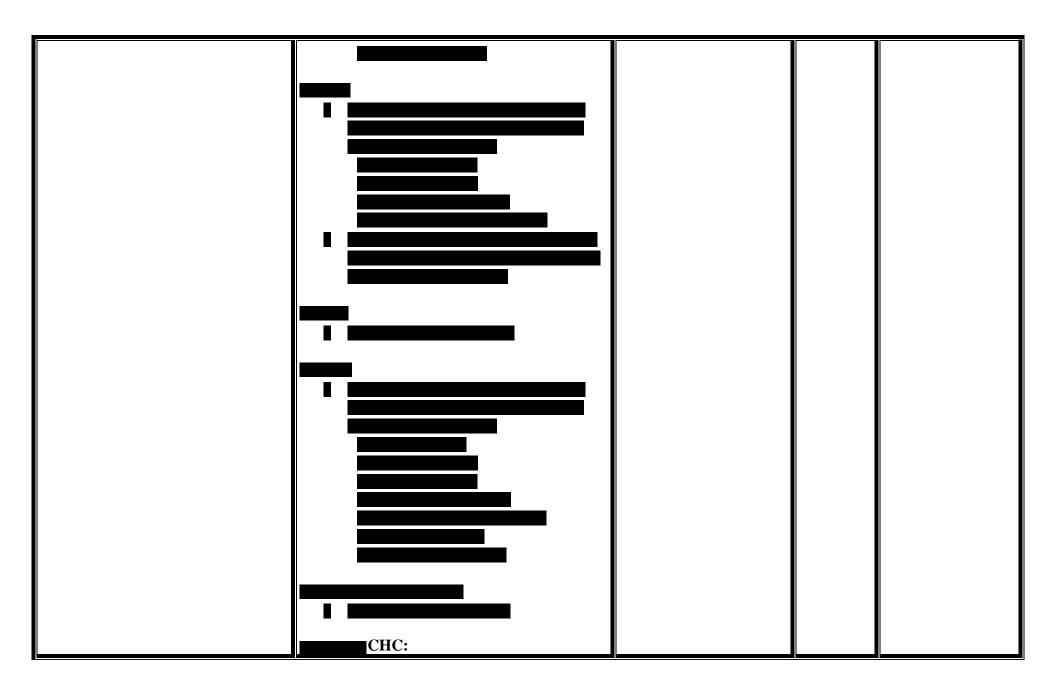
| | PerformRx makes the following | Committee approved as | PerformRx makes |
|----------------|---------------------------------------|-----------------------|-----------------|
| CHC OTC Review | recommendation: | recommended: | the following |
| | | | recommendation: |
| | CHC OTC: | Motion: David 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 | | |
| | 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 % | | |

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| 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 | | |
| Iron 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 | | |

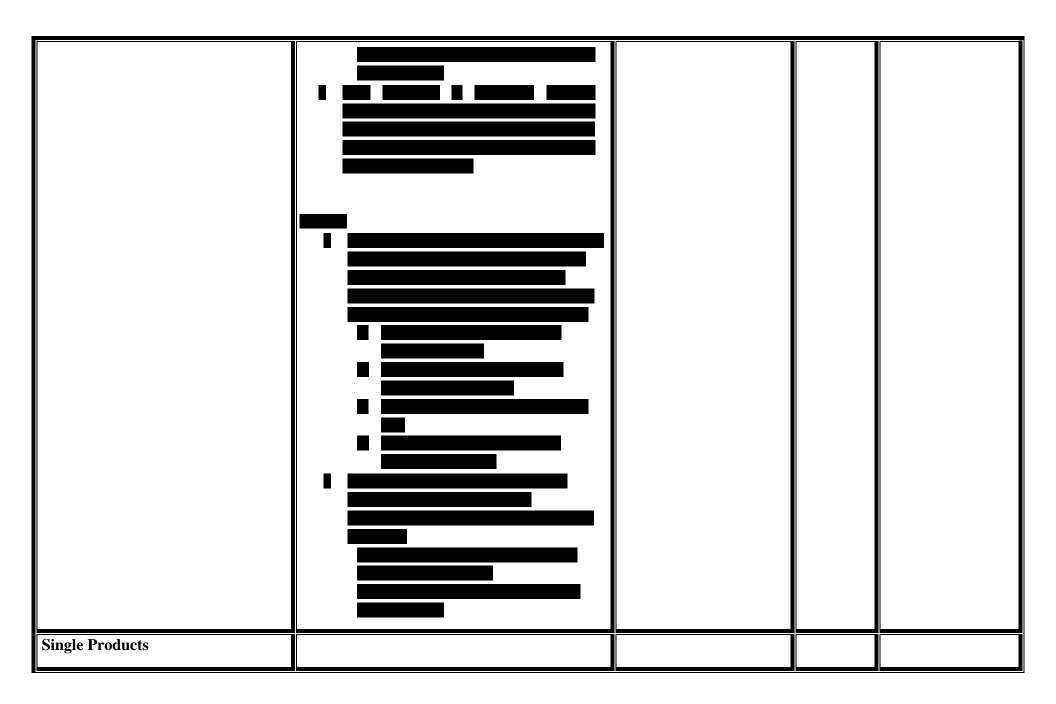


| Multivitamins | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: David Batluck Second: Donald Cooper | PerformRx will update the criteria and formulary/PDL with any changes |
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| | CHC: • Remove Quintabs Tablet, 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 | | |
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| 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 |



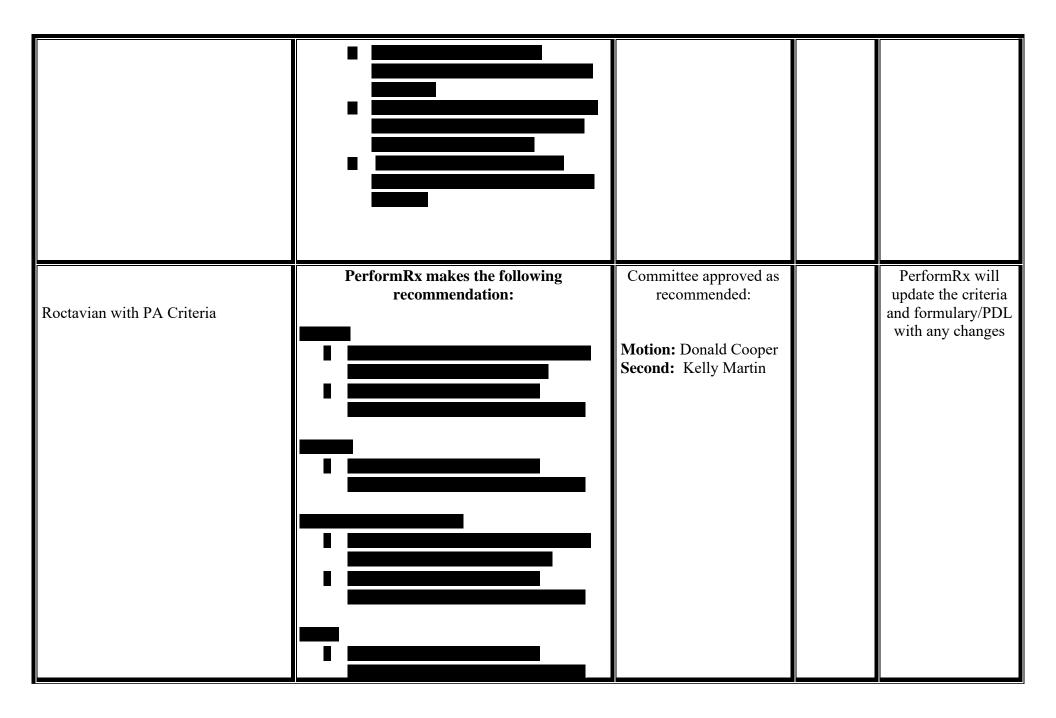
| Add a quantity limit of 100 strips per 30 days for Chemstrip® uGK to ensure appropriate use | | |
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| Elevidys with PA Criteria | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin | PerformRx will update the criteria and formulary/PDL with any changes |
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| | CHC: Add Elevidys) to T4 of the formulary with a prior authorization requirement | | |

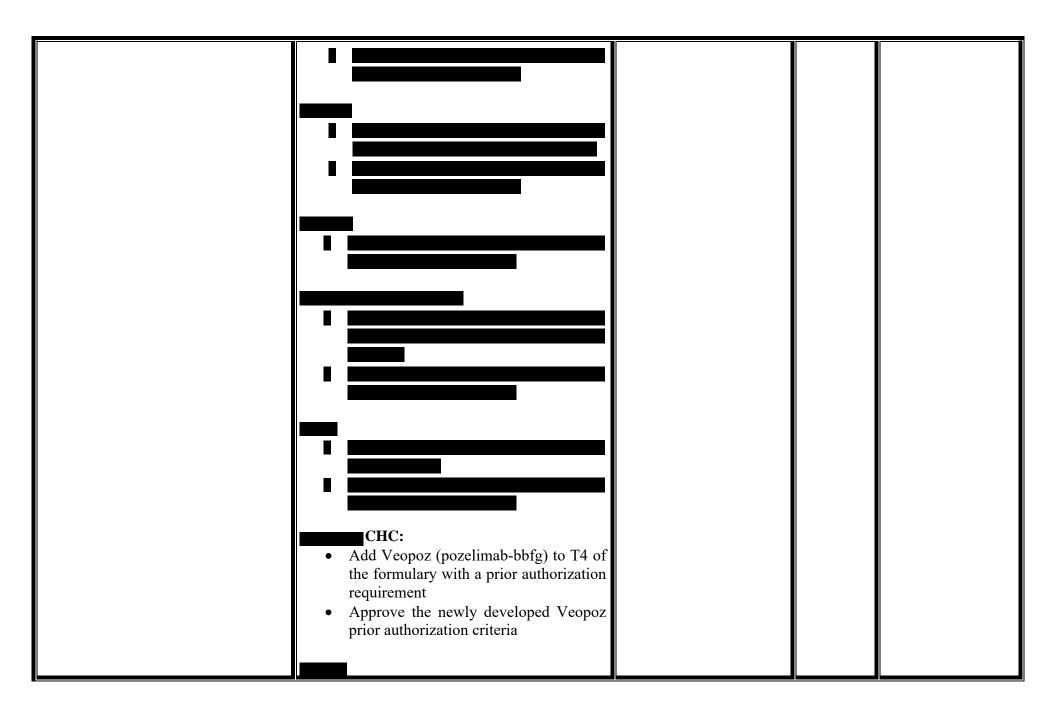
| | Approve the newly developed Elevidys (delandistrogene moxeparvovec-rokl) prior authorization criteria | | |
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| Izervay with PA Criteria | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: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

| Add Izervay (avacincaptad pegol) to Tier 4 with a prior authorization requirement Approve the updated Complement Inhibitors prior authorization criteria Remove Syfovre from the drugs list and associated criteria as it is a PDL drug managed by the state Add Izervay to the drug list Remove criteria for Myasthenia 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 Zervay treatment to 12 months to align with current FDA- approval |
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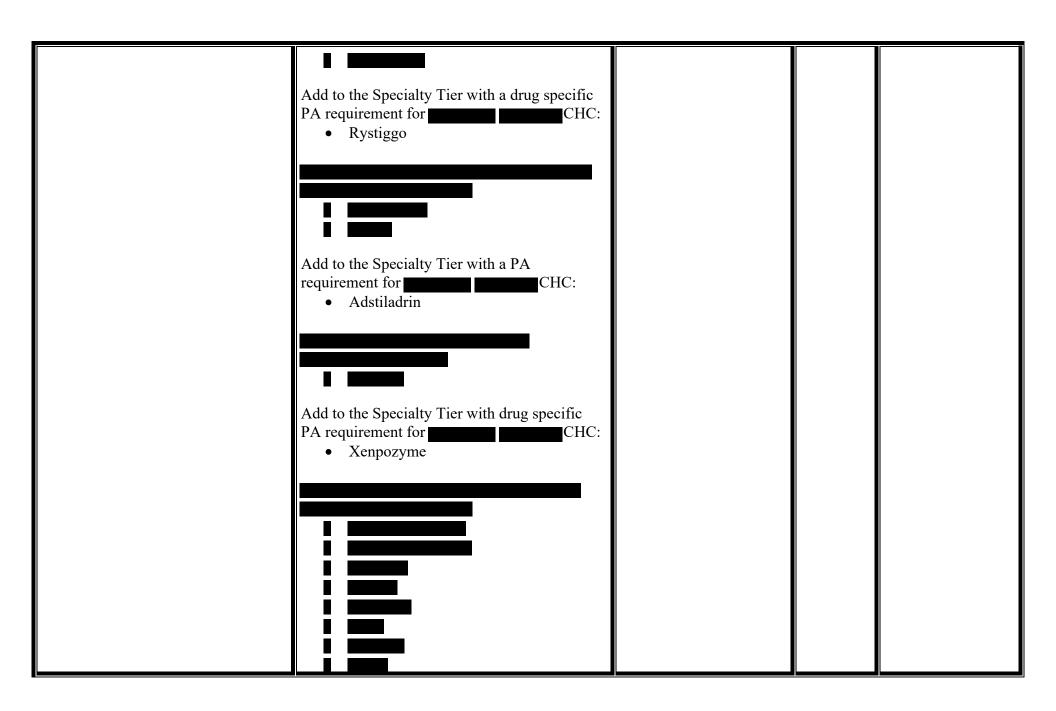
| | CHC: Keep Roctavian non-formulary with a prior authorization requirement Approve the newly developed Roctavian prior authorization criteria | | |
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| Lantidra with PA Criteria | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin | PerformRx will update the criteria and formulary/PDL with any changes |

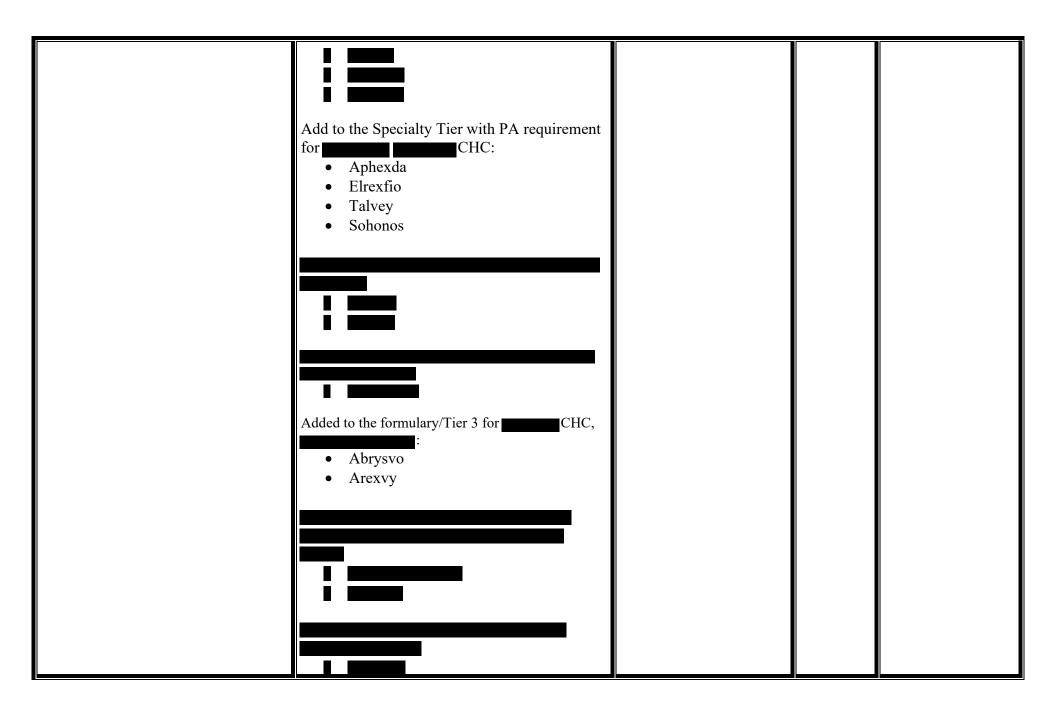
| | CHC: Add Lantidra (donislecel-jujn) to T4 of the formulary with a prior authorization requirement Approve the newly developed Lantidra prior authorization criteria | | |
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| Veopoz with PA Criteria | PerformRx makes the following recommendation: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

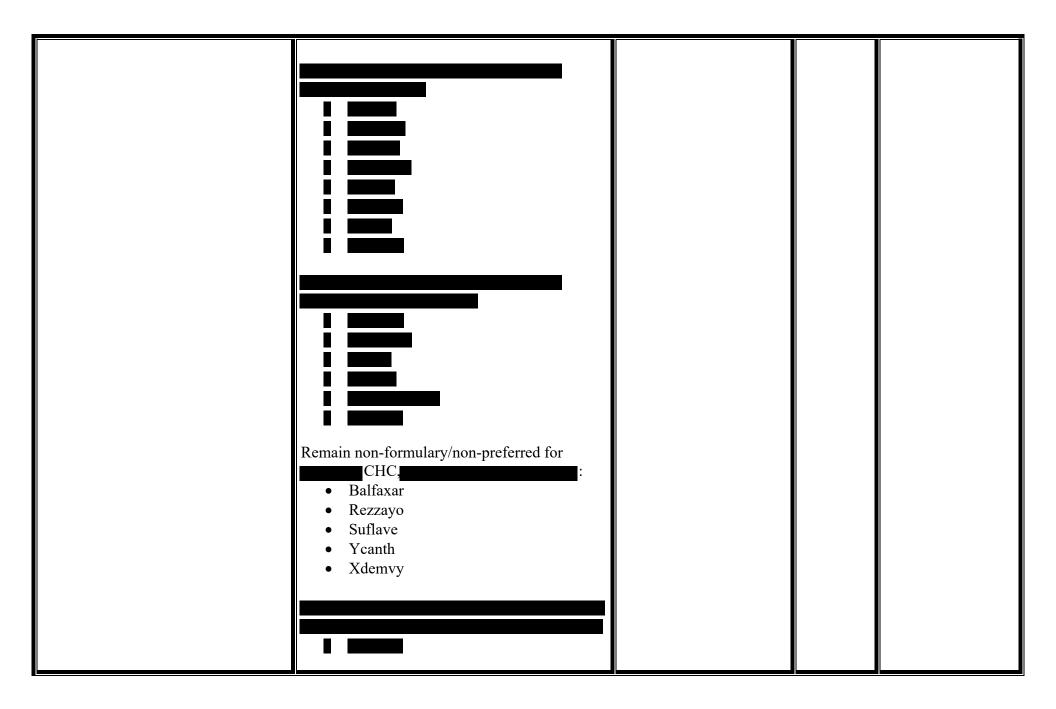


| Vyjuvek with PA Criteria | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Kelly Martin | PerformRx will update the criteria and formulary/PDL with any changes |
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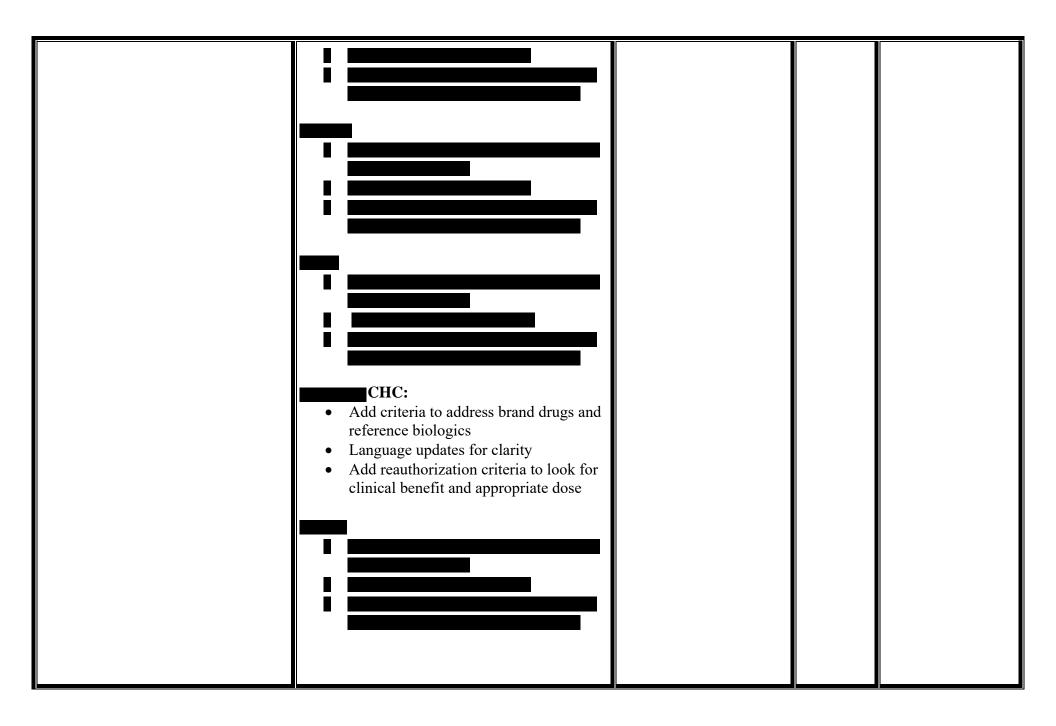
| | CHC: Add Vyjuvek (beremagene geperpavec-svdt) to T4 of the formulary with a prior authorization requirement Approve the newly developed Vyjuvek prior authorization criteria | | |
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| 8. New Products | PerformRx makes the following recommendation: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





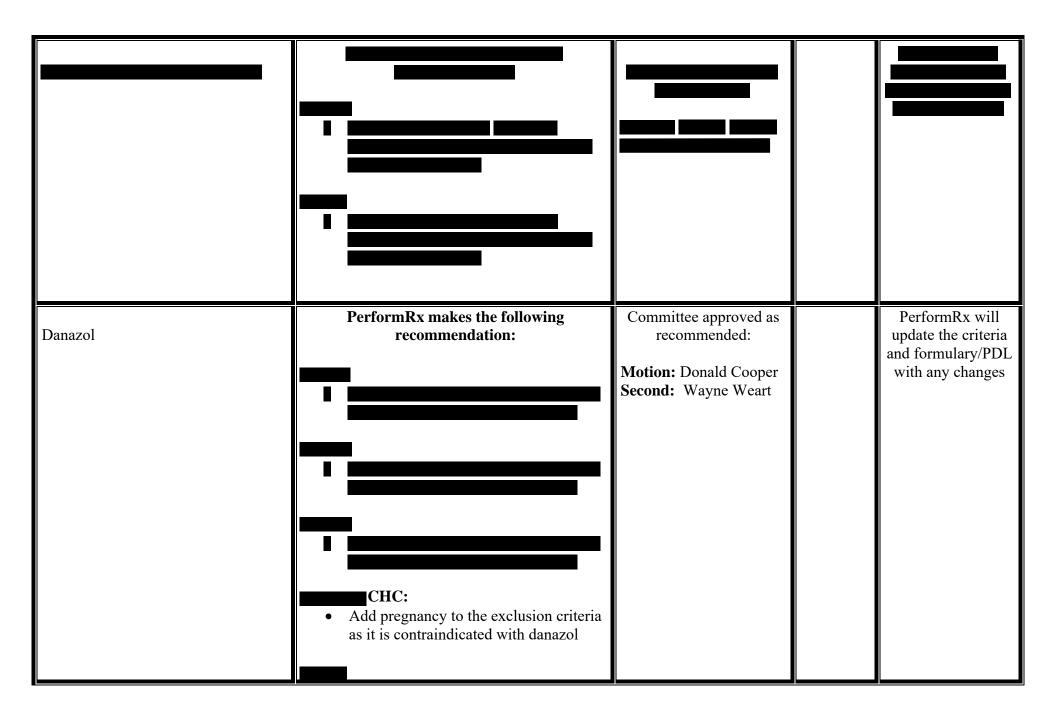


| 9. Prior Authorization Criteria Review | | | |
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| Prior Authorization Annual Criteria | | | |
| Non-Preferred Prior Authorization Required Medications | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald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

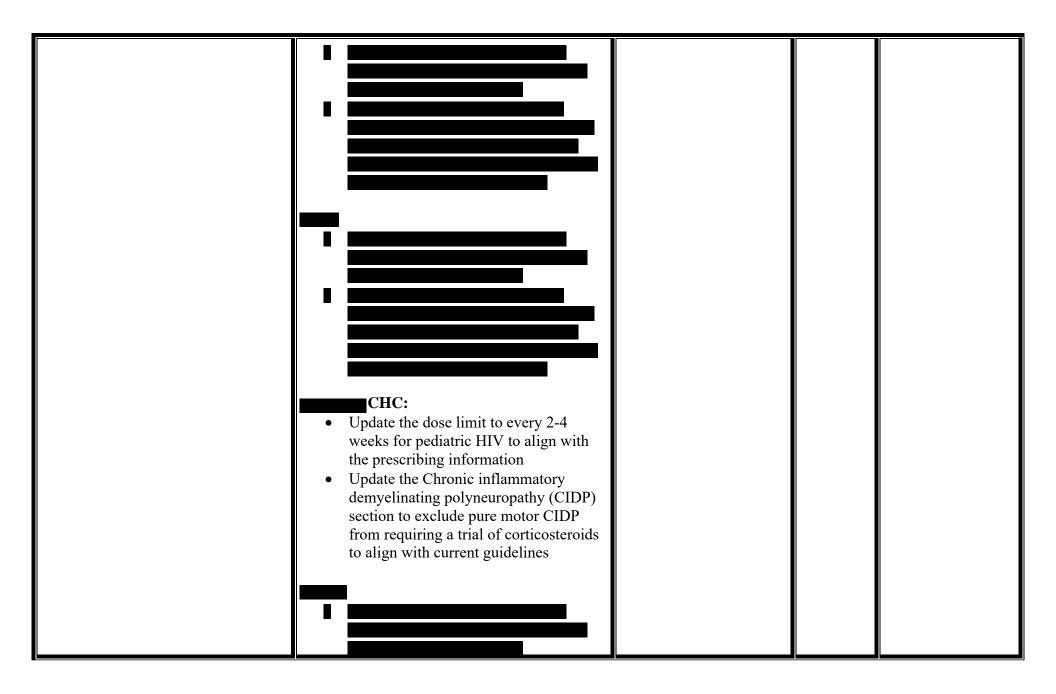


| Brand Drugs and Non-Specialty Reference Biologics | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | PerformRx will update the criteria and formulary/PDL with any changes |
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|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

| Specialty Drugs | 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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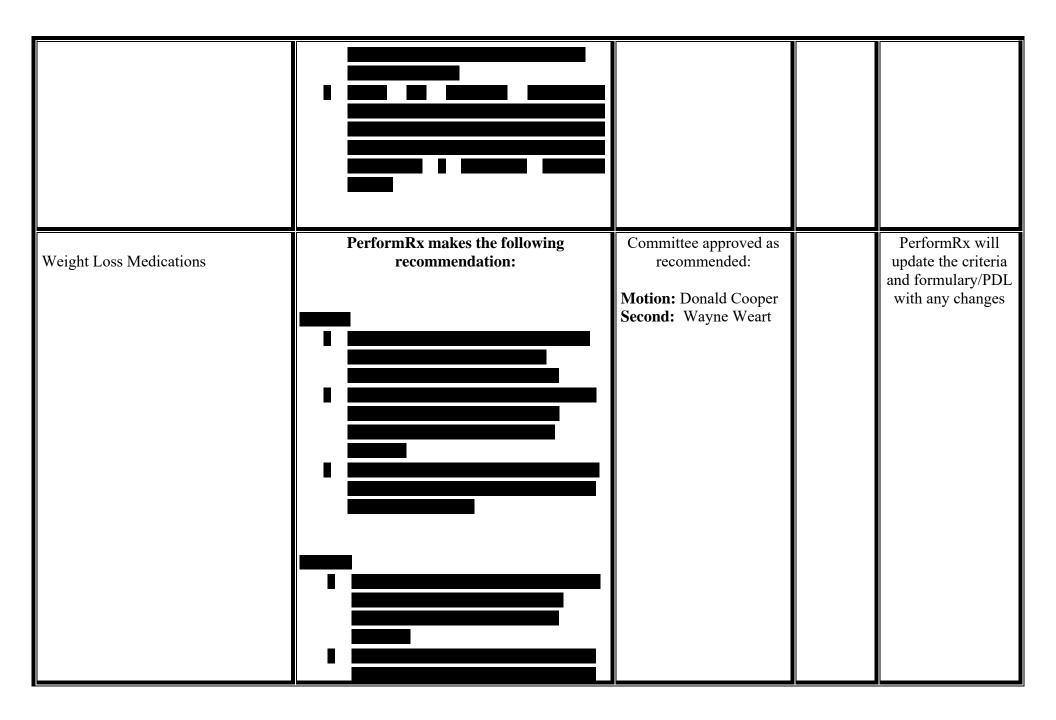


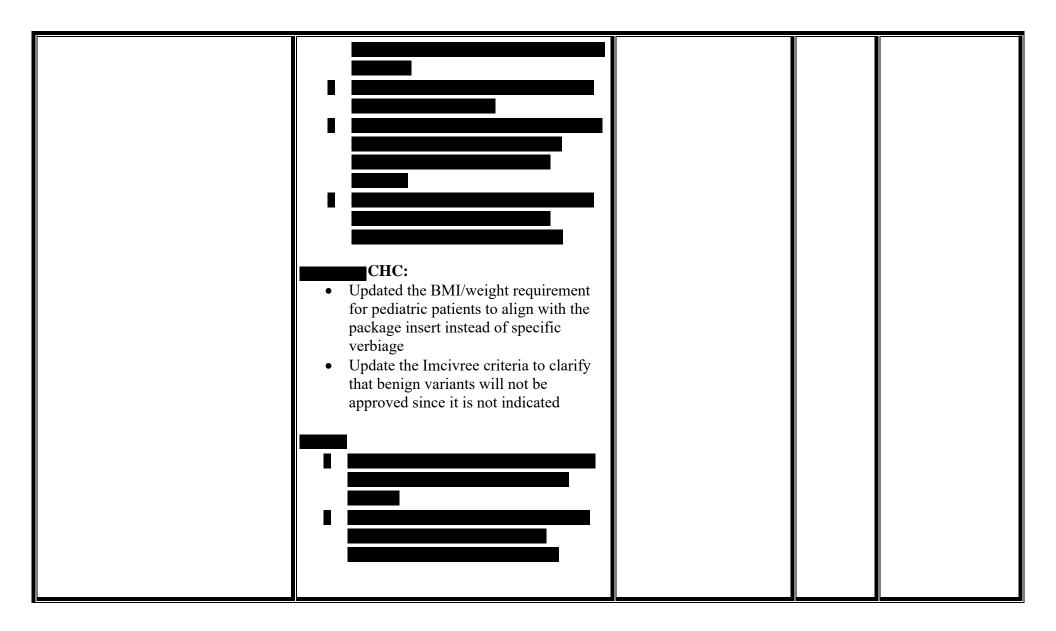
| Immune Globulins | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | PerformRx will update the criteria and formulary/PDL with any changes |
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| Sublingual Allergenic Extracts | 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 |
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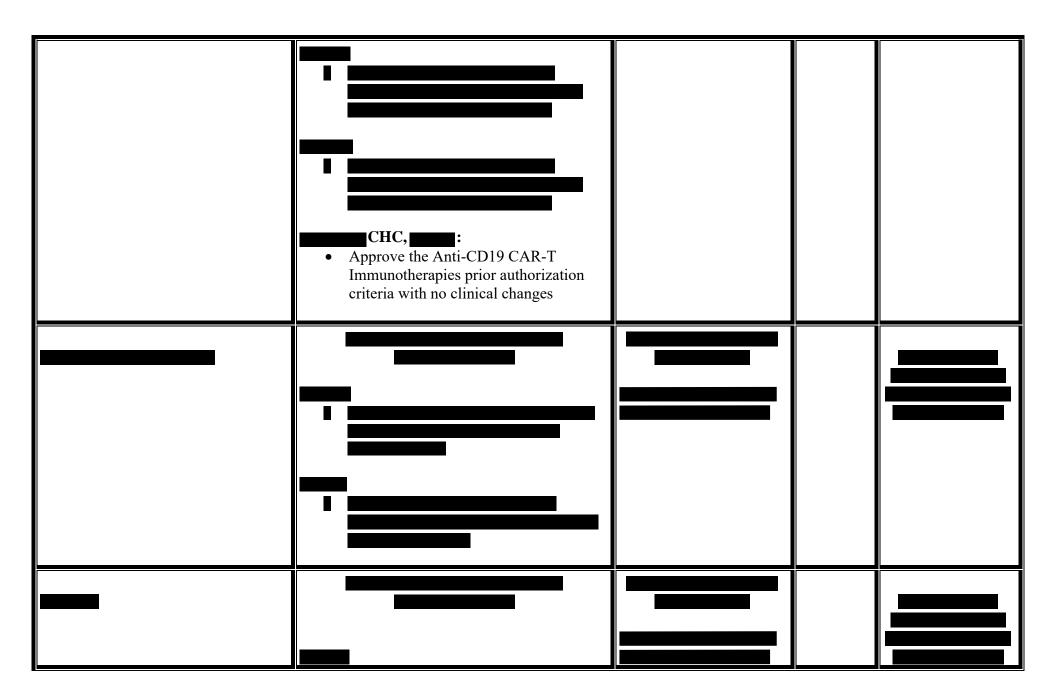
| CHC: • Update title to Sublingual Allergenic Extracts • Update the drug list and criterie to | | |
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| Update the drug list and criteria to include Grastek, Odactra, and Ragwitek Add the following products to the supplemental formulary as they were added to the Medicaid Drug Rebate Program: Grastek Odactra Ragwitek | | |

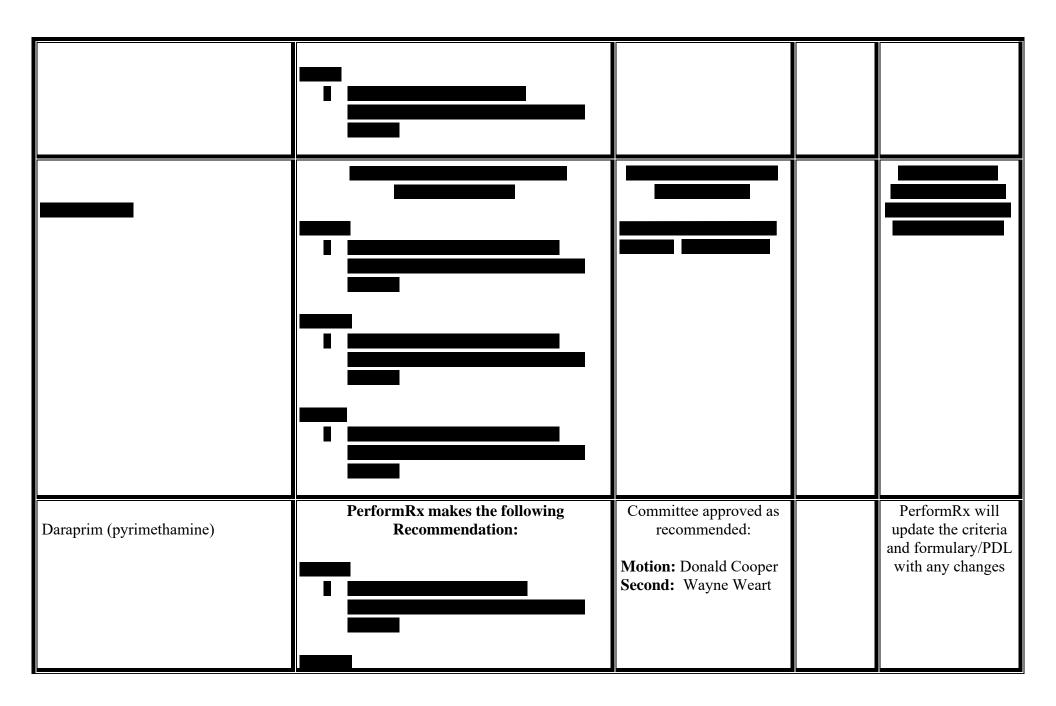


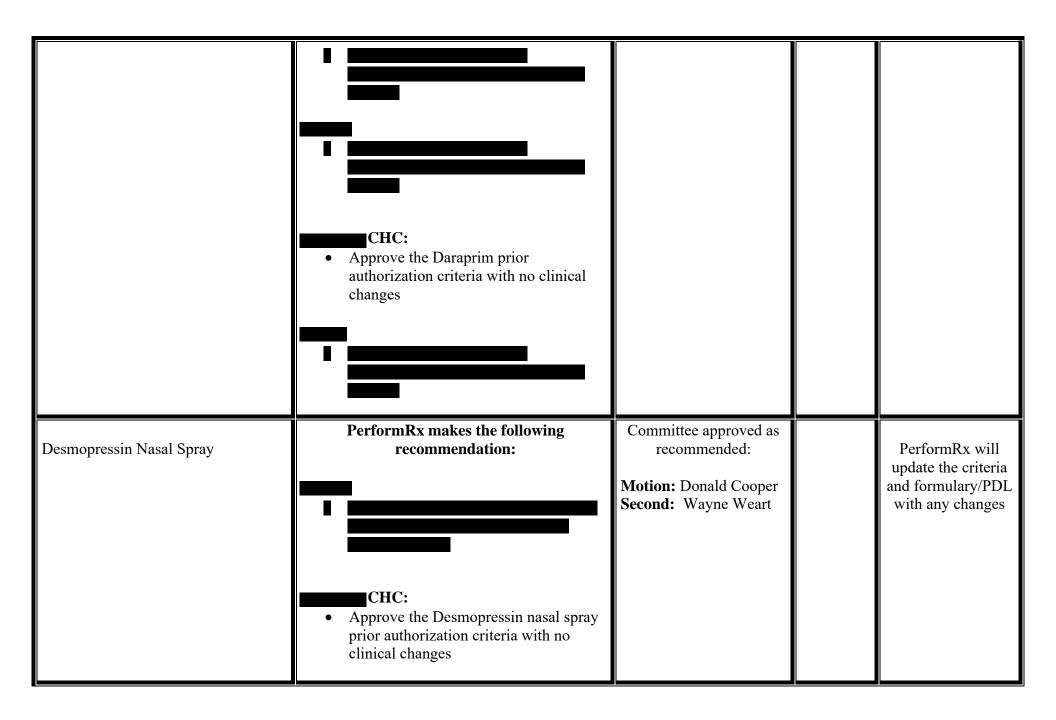


| Oncology Drugs | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | PerformRx will update the criteria and formulary/PDL with any changes |
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| CHC – Anti-FGF23 Monoclonal 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 |

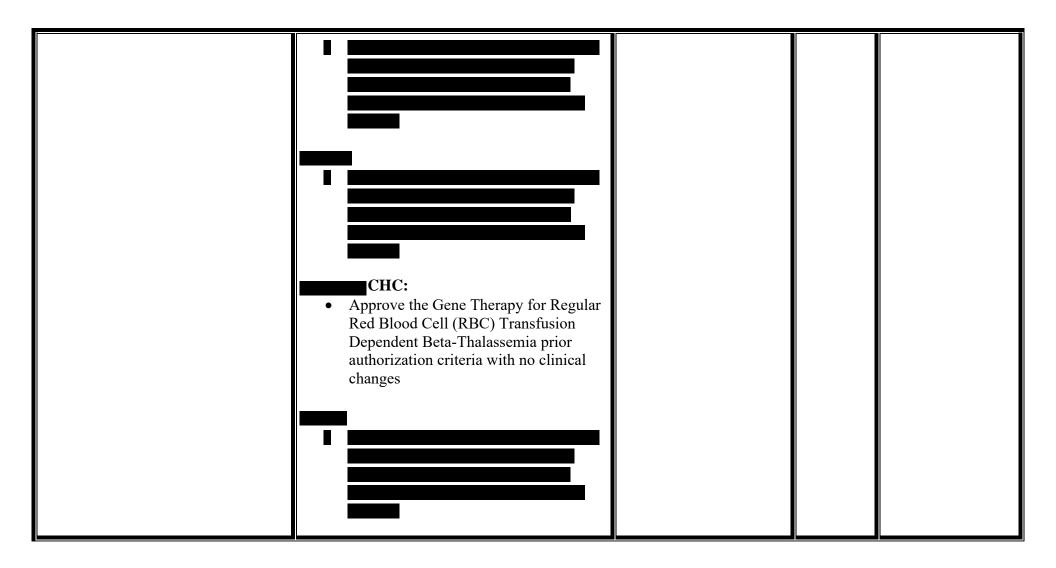
| B. Prior Authorization Criteria Annual Review without Clinical Changes: | Add the criteria for tumor-induced osteomalacia (TIO) until Evicore implementation | Second: Wayne Weart | |
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| Anti CD10 CAP, T.Immunotheronice | Porform Dy makes the following | Committee entroyed as | PerformRx will |
| Anti-CD19 CAR-T Immunotherapies | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | update the criteria and formulary/PDL with any changes |







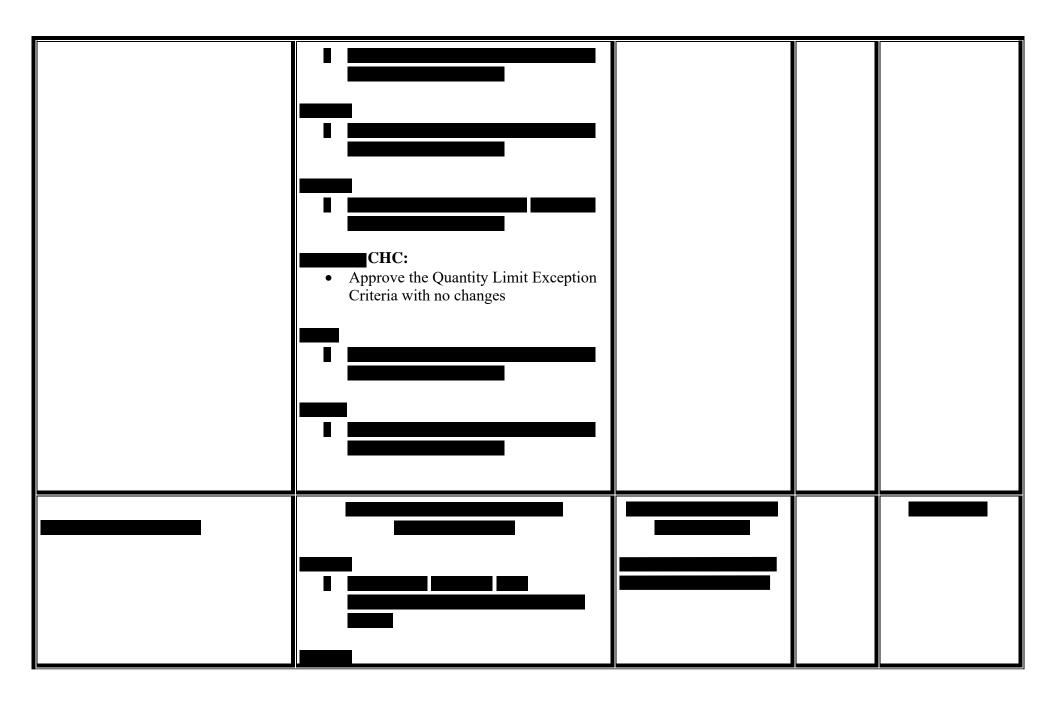
| Galafold (migalastat) | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | PerformRx will update the criteria and formulary/PDL with any changes |
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| Gene Therapy for Regular 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 |

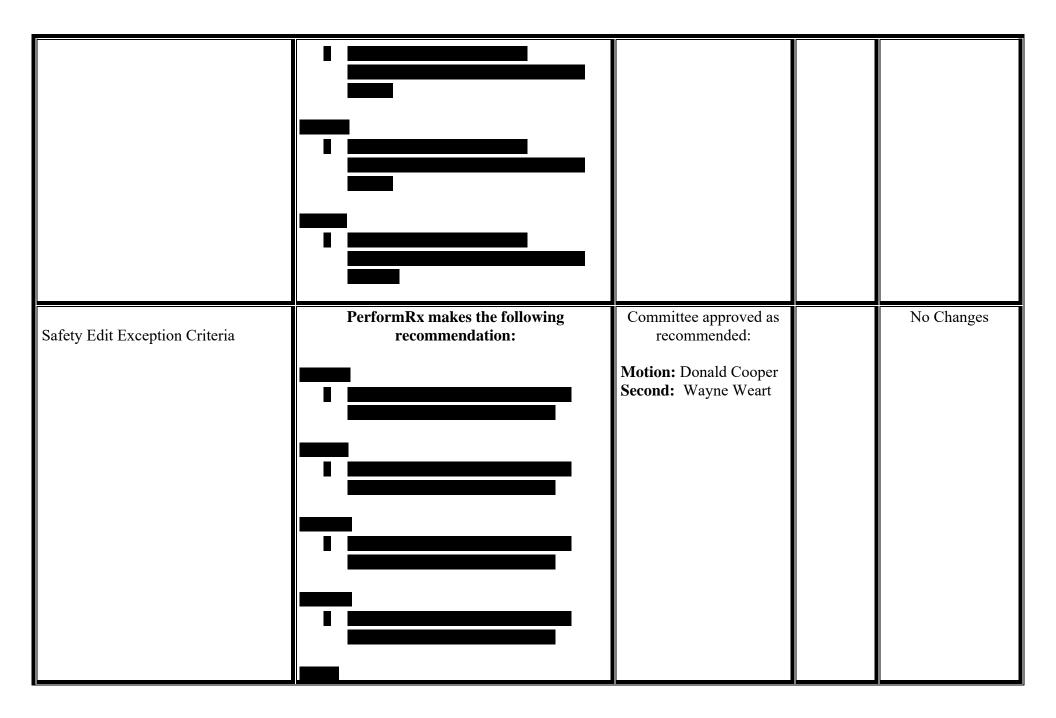


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| Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents | PerformRx makes the following recommendation: | Committee approved as recommended: | No Changes |
| | | Motion: Donald Cooper Second: Wayne Weart | |
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| | CHC:Approve the Neuromyelitis Optica | | |
| | Spectrum Disorder (NMOSD) Agents prior authorization criteria with no | | |
| | 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 |
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| | CHC: • Approve the Prior Authorization Exception Criteria with no clinical changes | | |
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| Quantity Limit Exception Criteria | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | No Changes |

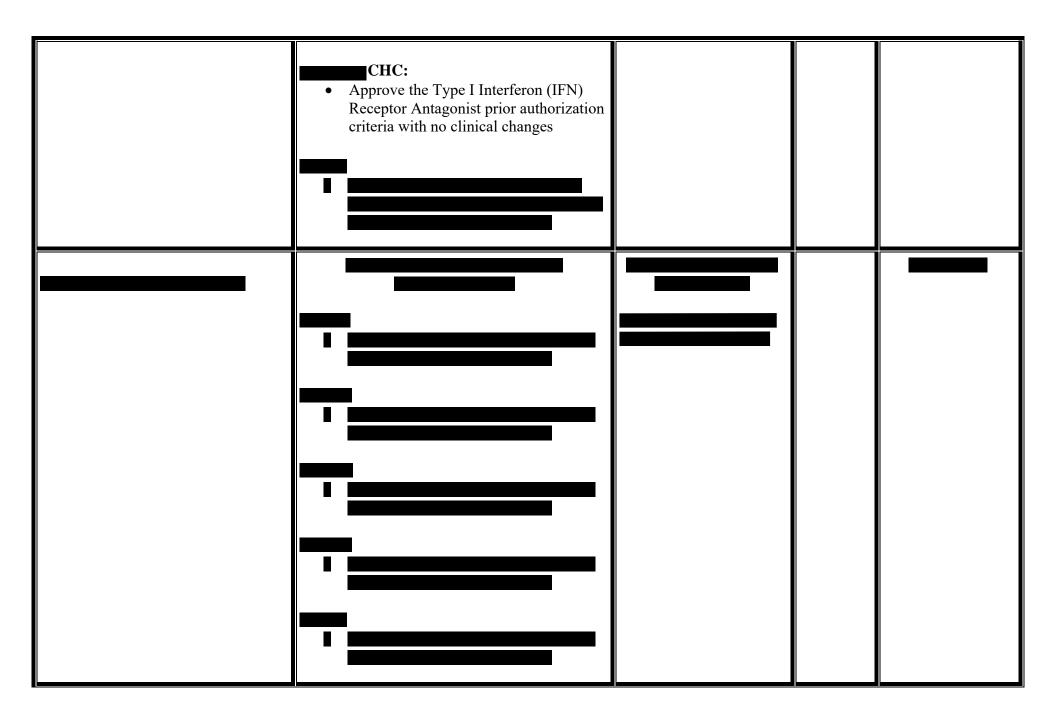




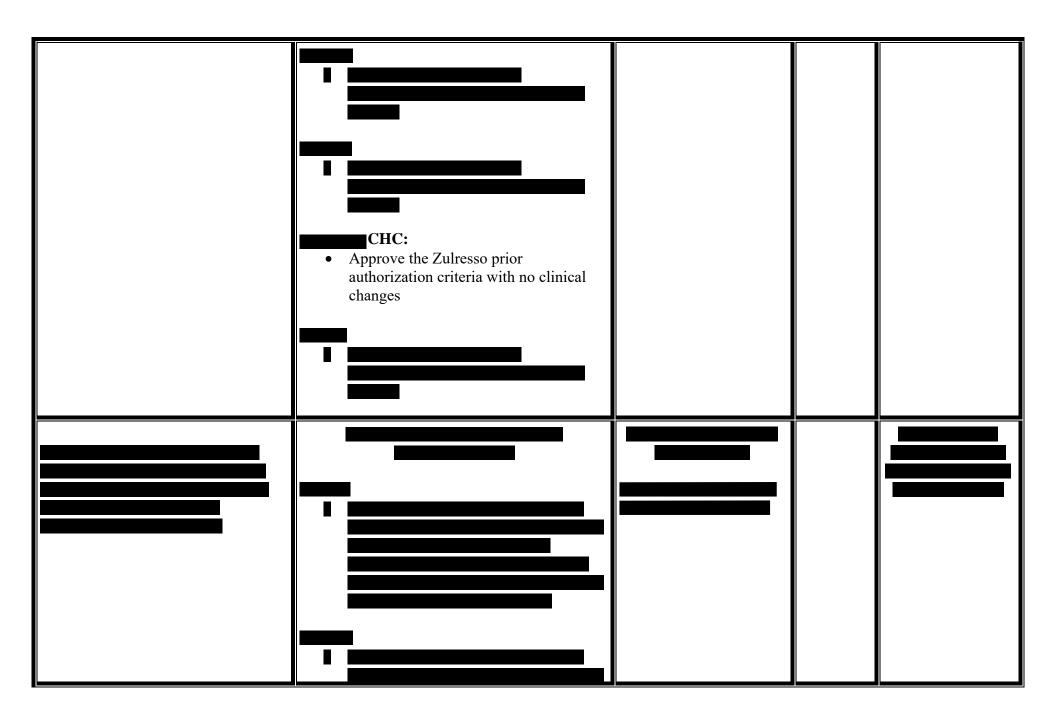
| | CHC: • Approve the Safety Edit Exception Criteria with no clinical changes | | |
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| Sleep Disorder Therapy | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | No Changes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

| Step Therapy Exception Criteria | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | No Changes |
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| Type I Interferon (IFN) Receptor Antagonist | PerformRx makes the following recommendation: | Committee approved as recommended: Motion: Donald Cooper Second: Wayne Weart | No Changes |
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| Zolgensma | PerformRx makes the following recommendation: | Committee approved as recommended: | No Changes |
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| | | Motion: Donald Cooper Second: Wayne Weart | |
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| | CHC: Approve the Zolgensma prior authorization with no clinical changes | | |
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| Zulresso | PerformRx makes the following recommendation: | Committee approved as recommended: | No Changes |
| | | Motion: Donald Cooper Second: Wayne Weart | |
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| CHC – Reblozyl | PerformRx makes the following recommendation: CHC: Approve the Reblozyl (luspatercept-aamt) 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 I. Lawyn, M

___02/20/2024_____ Date